

## 2019 PROFILE: ILLICIT DRUGS IN SOUTHWEST CONNECTICUT

See also: profiles on marijuana, heroin, cocaine, and prescription drugs in Southwest CT

**Illicit drugs** is a term that includes both *illegal substances*, such as cannabis (marijuana and synthetic marijuana), cocaine (including crack), ecstasy, hallucinogens, heroin, inhalants, ketamine, and methamphetamine, and also *prescription drugs that are used illicitly*, such as prescribed opioids, sedatives, tranquilizers, stimulants, steroids, and over the counter medications that are used other than as prescribed or by someone without a prescription. Depending on the substance, the effects will vary; however, most illicit drugs carry health risks, including addiction, overdose and even death. Some illicit drugs can be easily obtained from a person's own home, which can increase the likelihood of addiction and misuse among family members or youth (e.g., babysitters).

### Magnitude:

Nationally, around 3% of teens and adults report past-year illicit drug use disorder, according to National Survey of Drug Use and Health (NSDUH) data. The prevalence of illicit drug use disorder has been a bit higher in the state but lower in Southwest CT (SW CT), as shown in the adjacent figure, "Illicit Drug Use Disorder in US, CT and SW CT."

Illicit Drug Use Disorder in the Past Year among Individuals Aged 12 or Older, by Geographic Area

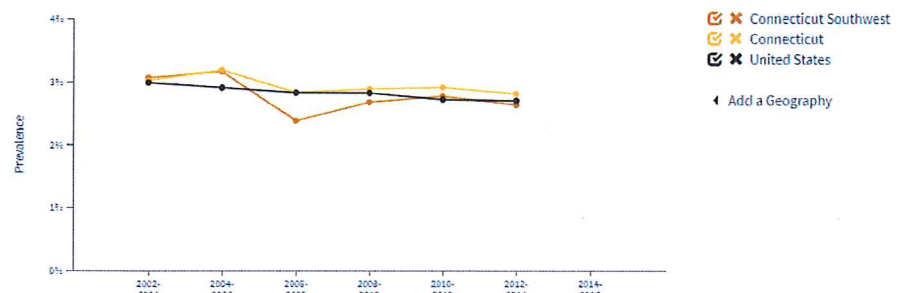


Figure 14: Illicit Drug Use Disorder in US, CT and SW CT

Source: NSDUH

The following figure, "Illicit Drug Use in SW CT by Drug," shows the prevalence of illicit drug use in the region from 2002 to 2016:

Prevalence among Individuals Aged 12 or Older in Connecticut Southwest, by Outcome

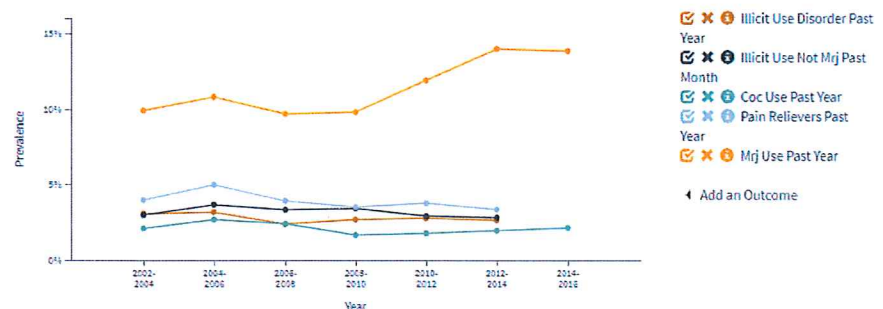


Figure 15: Illicit Drug Use in SW CT by Drug

Source: NSDUH

- Marijuana (in yellow) has consistently been the most used illicit drug in the region, with 14% of teens and adults reporting in 2014-16 that they had used marijuana in the past year. Consumption

of marijuana has been increasing as the use of other illicit drugs (in black) has decreased.

- The next most used illicit drug within the region during this period, shown in gray, was pain relievers (which decreased from 2004-2012), followed by illicit drugs other than marijuana, shown in black, which have remained mostly stable at around 3%.
- The least used illicit drug was cocaine (shown in green), with 2% of teens and adults reporting past-year use of cocaine in 2014-16. Cocaine consumption has been relatively flat since 2008.



In focus groups conducted within SW CT in the past year, social services providers indicated that PCP was as or more prevalent than opioids among adults and that cocaine and spice were increasing. Regional youth data on illicit drugs is limited, but the statewide 2017 Youth Risky Behavior Survey (YRBS) found that among CT high school students, 34% ever tried marijuana, 10% ever took prescription medicine illicitly, 6% ever used inhalants, 6% ever used synthetic marijuana, 4% ever used cocaine, 3% ever used methamphetamines, 3% ever used ecstasy, 2% ever used heroin, and 2% ever injected an illegal drug.

While there is no reliable data on the extent of polysubstance use in SW CT, data from the Office of the Chief Medical Examiner (OCME) show that polysubstance use is the norm among those who die from accidental drug overdoses:

- In 92% of the 117 accidental drug overdoses within SW CT in 2018, multiple drugs (up to 6 at one time) were involved. The average was 2.4 drugs per overdose death.
- The most commonly involved drugs were fentanyl, heroin and other opioids (involved in 90% of deaths); benzodiazepines and cocaine (each involved in 34% of deaths); and/or methamphetamine (involved in 9%).
- 26% of the drug overdose deaths in the region in 2018 also involved alcohol.

A few other illicit drugs account for a very small number of deaths in SW CT over the past 3 years (2016 to 2018). In every case, these drugs were used in conjunction with other drugs:

- PCP - involved in 7 deaths.
- Buprenorphine - involved in 5 deaths. (Buprenorphine is an opioid antagonist and was present along with heroin in several deaths.)
- Carfentanil – involved in 4 deaths, all in 2017.
- U-4770 – involved in 3 deaths.
- Ketamine - involved in 2 deaths.
- Diphenhydramine (Benadryl) – involved in 1 death.

### **Risk Factors and Subpopulations At-Risk:**

- *Risk factors for illicit drug use* include: Early initiation of any substance; genetic factors, including family history of mental illness or substance use; nature of the drug; delivery mechanism; individual metabolism.
- *At-risk populations* include: Individuals with high stress, anxiety, depression or other mental illnesses; individuals in peer groups that use illicit drugs.

### **Burden:**

Drug dependence and abuse usually impact the lives of both the individual affected and their family. The impact can include: school dropout, loss of workplace productivity, treatment and hospitalization costs, criminal justice involvement (thefts, arrest and/or imprisonment), increased accidents, and increased mortality. The following statistics show some of the burden within SW CT:

- 1044 drug arrests were made in 2016.
- 748 individuals were admitted to DMHAS substance use treatment in one illustrative month (June 2016).
- 117 residents of SW CT died from accidental drug overdoses in 2018.

According to the National Institute on Drug Abuse (NIDA), substance abuse costs in the U.S. reach more than \$600 Billion per year. NIDA notes that drug treatment is much cheaper than alternatives: for example, one year of methadone maintenance costs ~\$4,700 per person compared with \$24,000 per person for one year of incarceration.



### **Regional Capacity & Service System Strengths:**

Within SW CT, there are public, nonprofit, and for-profit addiction treatment centers that treat both substance use and co-occurring mental health disorders, although cost / insurance can be barriers. More education and treatment is needed in languages other than English. There is a choice of free support groups based on several models (12 step, CT Community for Addiction Recovery, LifeRing, SMART Recovery, Refuge Recovery, Women in Sobriety, etc.). With state funding focused on opioids, communities are working to educate the public about the risks of legalizing marijuana. There has been little consistency in drug education in schools but there is regional interest in aligning educational campaigns.

