

Data Driven Policymaking, Planning, & Program Development Across Agencies

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Presented to the Connecticut State Epidemiology
Workgroup
November 15, 2007

1

Substance Use Consumption Relevant Data Sources

- Dept of Public Health (DPH)
 - CT School Health Survey/Youth Risk Behavioral Surveillance Survey (YRBSS)
 - Behavioral Risk Factor Surveillance Survey (BRFSS)
- State Department of Education (SDE)
 - CT School Health Survey
- Dept of Mental Health & Addiction Services (DMHAS)
 - Governor's Prevention Initiative for Youth Student Survey
 - CORE Survey of CT College Students
 - National Survey of Drug Use and Health (NSDUH)
- Other federal agencies with state-specific data
 - Alcohol Epidemiology System – Dept of Revenue Services figures
 - Automation of Reports and Consolidated Orders – Dept of Consumer Protection Drug Control Division

2

Substance Use Consequences Relevant Data Sources

- DCF
 - Abuse/Neglect Cases
- DMHAS
 - Treatment Episode Data Set / SATIS
 - Mental Health Treatment Admissions
- DPH
 - Death Records
 - Hepatitis B Incidence
 - HIV/AIDS
- DPS
 - AOD-Related Crime Statistics
- Judicial
 - Court Case Dispositions
- SDE
 - AOD-Related School Suspensions & Expulsions
 - Drop-out Rates
- DOT
 - Fatal Accident Reporting System (FARS)
- OHCA
 - AOD-Related Hospital Discharges
- DMV
 - Per se DUI/DWI
- Non-state Sources
 - Costs of Underage Drinking

3

Other Relevant Data Sources

- OPM
 - Census Data
- DCP Division of Liquor Control
 - Liquor Licenses
- DECD
 - Town Profiles

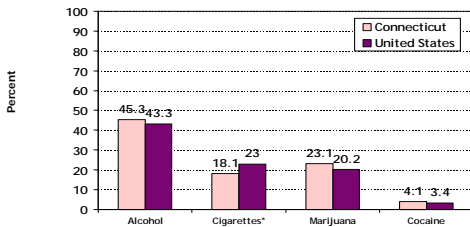
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SEW-Identified Priority Substances of Concern for Connecticut, 2005

1. Alcohol
2. Tobacco
3. Marijuana
4. Heroin
5. Cocaine
6. Prescription Drug Misuse

5

Percent of High School Students Reporting ATOD Use in the Past Month: Connecticut and United States, 2005



YRBSS, 2005 (CDC)
 * - Statistically Significant Difference (p<0.05)

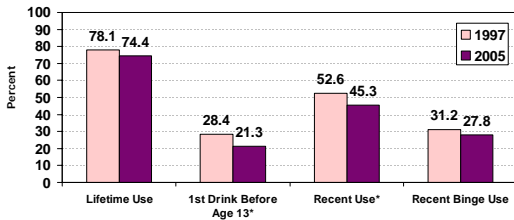
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Alcohol, Tobacco and Other Drug Use: Connecticut vs. United States

- Use of alcohol, marijuana or cocaine by Connecticut high school students compared to peers nationally is slightly higher but not statistically different.
- Cigarette use by high school students is statistically lower than their peers nationally.
- Alcohol use on high school property exceeds the national rate (6.4% vs. 4.3%).
- Past month use of alcohol (33.4% vs 28.5%) and binge drinking (21.7% vs 19.2%) by persons age 12-20 is slightly higher than national rate.
- Past month use by college students is slightly higher for CT (71.9%) vs. US (68.3%).

7

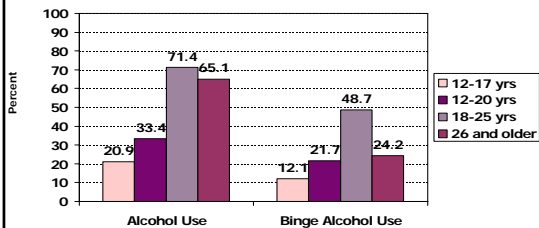
Percent of Connecticut High School Students Reporting Alcohol Use, 1997 and 2005



YRBSS, 1997 & 2005 (CDC and CT DPH)
* - Statistically Significant Decrease (p<0.05)

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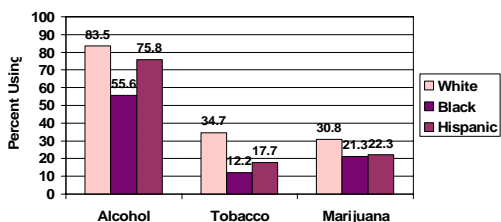
Past Month Alcohol Use and Binge Drinking by Age Group, Connecticut, 2004-2005



Source: SAMHSA, National Survey on Drug Use and Health (NSDUH)

9

Past Month Substance Use by Race/Ethnicity: Connecticut State University Students, 2006



Source: CSU CORE Survey

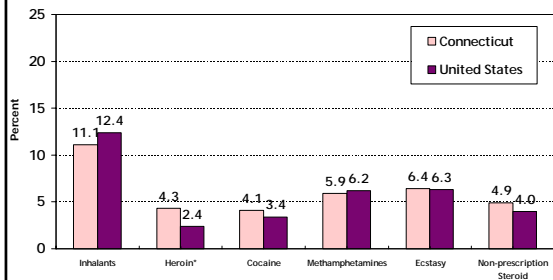
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Alcohol and Tobacco Use Trends in Connecticut

- Statistically significant decreases between 1997 and 2005 in the rates of high school students who started drinking before age 13 and who drank in the past month.
- However, of those drinking in the past 30 days, 61% report binge drinking (5 or more drinks per occasion)
- Overall, one-fifth of underage persons report binge drinking and almost half of those 18-25 binge drink.
- Tobacco use by high school students continues to drop both in new initiates and recent users.
- Among college students, whites followed by Hispanics have the highest rates of alcohol, tobacco, and marijuana use.

11

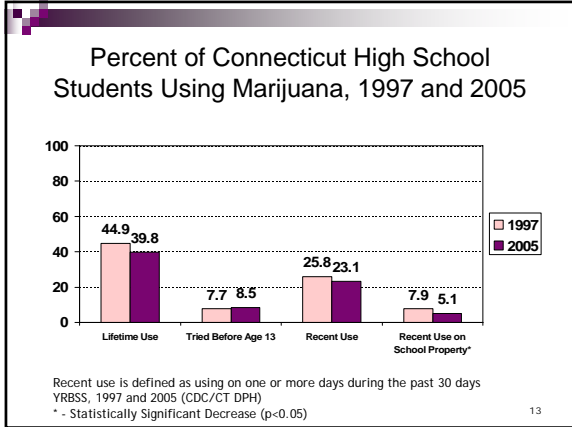
Percent of High School Students Reporting Lifetime Drug Use: Connecticut and United States, 2005

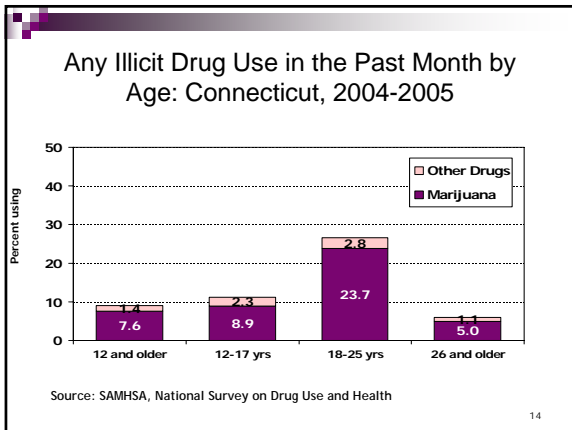


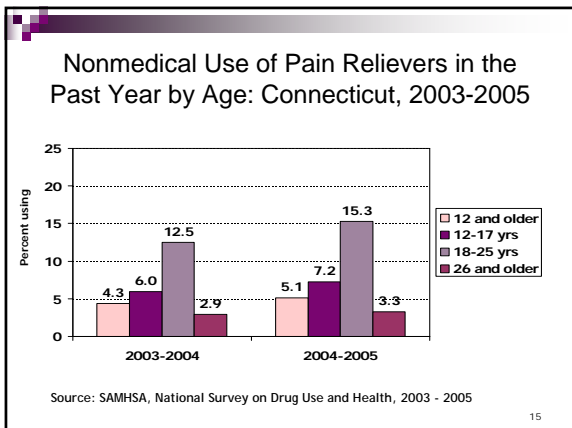
YRBSS, 2005

* - Statistically Significant Difference (p<0.05)

12





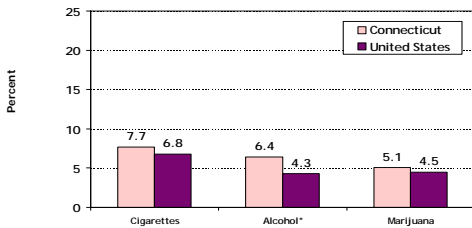


Use of Other Drugs in Connecticut

- In 2005, CT high school students used drugs other than alcohol at comparable rates as the nation, with the exception of cocaine (4.1% vs 3.4%) and heroin (4.3% vs 2.4%).
- Marijuana use by high school students dropped slightly between 1997 and 2005, but the differences were not statistically significant.
- Nonmedical use of prescription drugs, particularly pain killers, is on the rise especially among those 18-25 years old.
- Overall, use of marijuana and other drugs is highest among young adults age 18-25.

16

Percent of High School Students Reporting ATOD Use on School Property in the Past Month: Connecticut, 2005



YRBSS, 2005
* - Statistically Significant Difference (p<0.05)

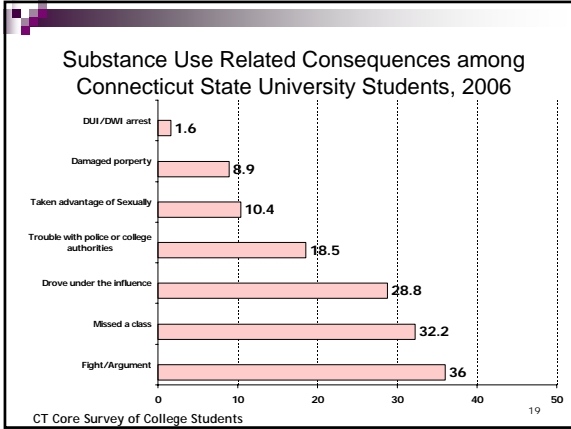
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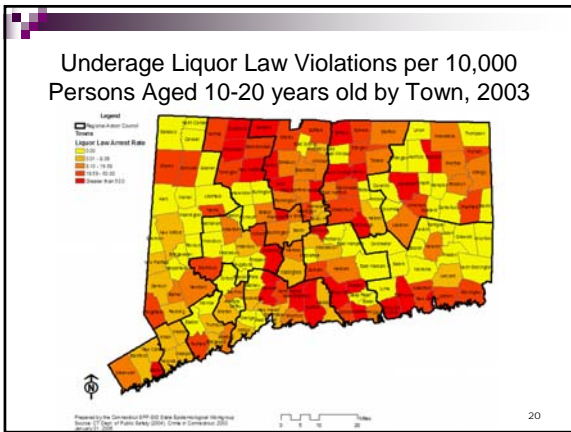
ATOD Related School Suspensions and Expulsions: Connecticut, 2005-2006

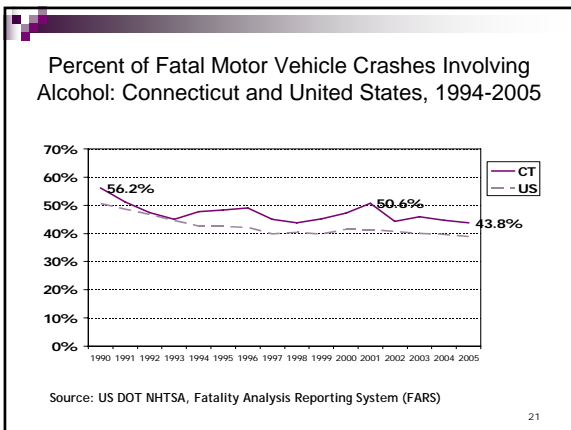
Substance	No. of Suspensions and Expulsions	Rate per 1000 6-12 Graders
Alcohol use, possession or sale	801	2.6
Illegal Drug use, possession or sale	1395	4.5
Over-the counter/Prescription drugs	84	0.3
Tobacco use, possession or sale	1845	6.0
All Alcohol, Tobacco, and Other Drugs	4125	13.4

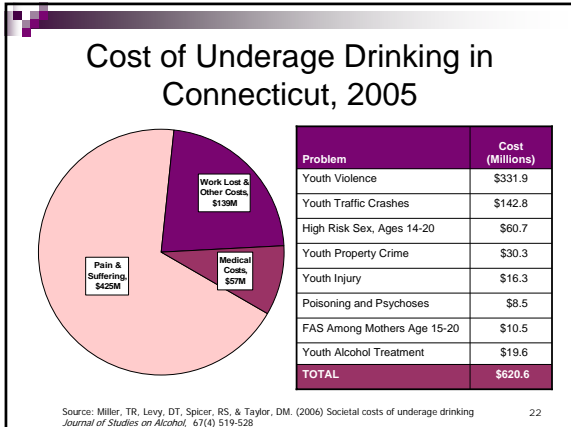
Source: CT State Department of Education

18



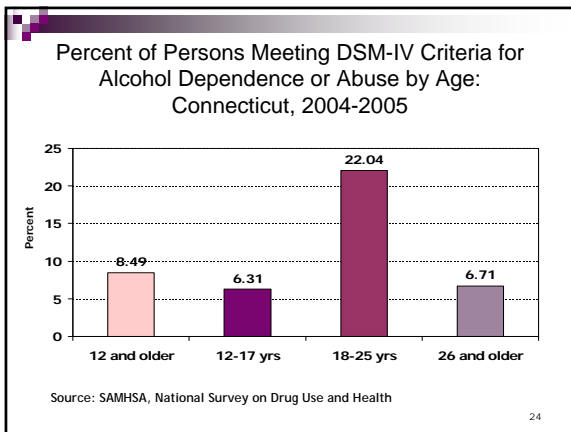


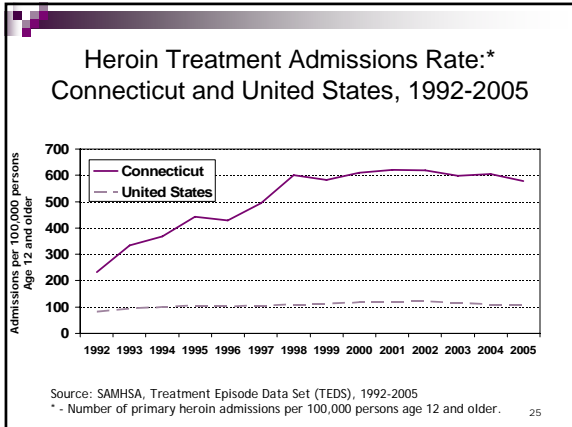


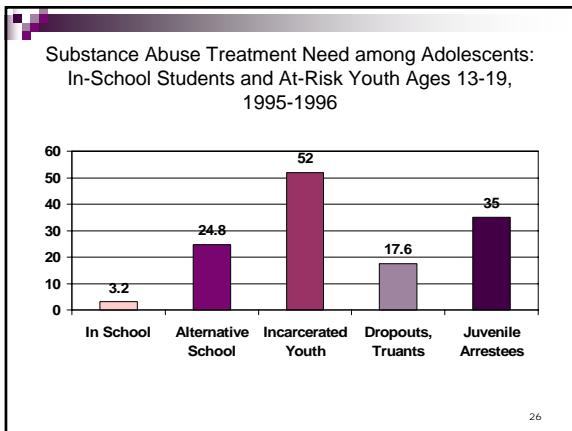


Alcohol and Other Drug Use Consequences in Connecticut

- Some measures of alcohol-attributable consequences in CT are better than the nation (e.g., violent and property crime, suicide, homicide, liver disease and cirrhosis death rates).
- Although alcohol-involved fatal crashes have dropped over the last 15 years, Connecticut exceeds the national rate and places in the top percentile.
- The cost of underage drinking is estimated at over \$620M, with youth violence and traffic accidents accounting for more than half of the total
- While approximately one-third of college students reported driving after drinking, few were arrested.







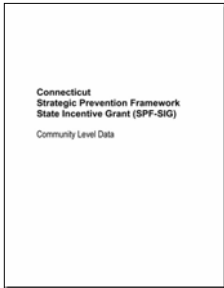
Alcohol and Other Drug Abuse/Dependence in Connecticut

- Young adults have treatment need rates almost three times that of the general population (22% vs. 8.5%)
- From 2003 to 2006, the number of admissions by young adults reporting heroin, other opiates (e.g. vicodin) and cocaine problems grew. Heroin had the highest proportionate increase at 18%.
- Connecticut has some of the nation's highest rates for heroin admissions.
- Admissions for marijuana and alcohol problems for young adults dropped between 2003 to 2006.
- At-risk youth have the highest rates of treatment need.

Available Community-Level Data



SEW Web site:
www.commed.uhc.edu/healthservices/sew/



28
