

## Problem Statement

Cocaine is a powerful and addictive nervous system stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a Schedule II drug, meaning that it has a high potential for abuse and dependence, but there is some acceptable medical use.

Cocaine binds to dopamine transporters, leading to an accumulation of dopamine, causing a euphoric feeling. Cocaine is primarily used intranasally, intravenously, orally, or by inhalation, and is often used with other licit and illicit substances. Cocaine may be intentionally combined with fentanyl and/or heroin and injected (“speedball”). Alternately, an individual may purchase cocaine that has fentanyl and/or heroin added without their knowledge, with increased risk of overdose, especially among non-opioid tolerant individuals. Some individuals use cocaine concurrently with alcohol, resulting in the production of cocaethylene, which tends to have a longer duration of action and more intense feelings than cocaine alone. The formation of cocaethylene is of particular concern because it may potentiate the cardiotoxic effects of cocaine or alcohol.

Nationwide, 4.8 million individuals aged 12 and older reported engaging in cocaine use in 2021. Use was the highest (3.5%) among ages 18 to 25.<sup>1</sup> The pandemic placed individuals across the lifespan at higher risk for engaging in substance use. Nationally, about one third of people who misused central nervous system stimulants in the past year used only cocaine. However, national perception of harm in relation to cocaine remains low and therefore can be said to contribute to the growing number of people who use and misuse this substance.<sup>1</sup>

According to 2021 data, 1.2% of Connecticut (CT) students reported using some form of cocaine in their lifetime. This is consistent with a decreasing trend since 2007, when the prevalence was 8.3%.<sup>2</sup>

## Magnitude (prevalence)

Across the state of CT from 2015-2021, cocaine was the 6th most common substance and 4.4% of those fatalities had cocaine in the bloodstream at the time of their death.<sup>3</sup> CT continues to see a steady rise in use. In 2015, there were 105 accidental drug intoxication deaths compared to 2021, 656 deaths. Two deaths in 2015 were a combination of fentanyl

and cocaine whereas 561 deaths in 2021 involved the same combination.<sup>3</sup> While these findings are consistent with the overall increase in the number of overdose fatalities in CT, it is important to understand the prevalence and potency of cocaine when illicitly mixed with other substances such as fentanyl.

In Southwest (SW) CT from 2015 to 2022 (as of 1/17/23) 450 overdoses involved cocaine.<sup>4</sup> While 2022 deaths are being finalized by the office of the Chief Medical Examiner, it is important to note that thus far, 2022 data is reflecting an increase in the number of cocaine involved overdose fatalities. In 2021, there were 70 cocaine involved overdose deaths whereas 2022 data thus far reflects 91 cocaine involved overdose deaths.<sup>4</sup>

The most common stimulant involved in overdose deaths in 2021 was cocaine (39.7%) statewide. Across the state, opioids and stimulants, in combination or alone, were responsible for 78.2% of fatal overdoses. 25.5% of those were a lethal combination of cocaine and fentanyl. Another 4.5% of fatal overdoses were cocaine with *no* other stimulants or opioids.<sup>4</sup>

The 2022 Community Readiness Survey revealed that within SW CT, cocaine was not identified [among any age group by key informants](#) as a top substance [of community concern](#)

## Risk Factors and Subpopulations at Risk

[for any age group.](#)<sup>8</sup>

Risk factors include:

- Family history of substance use (youth and adults),
- Lack of parental supervision (youth),
- Substance-using peers (youth and adults),
- Lack of school connectedness and low academic achievement (youth),
- Low perception of harm (youth, adults),
- Perception of cocaine risk is high state-wide and throughout all regions. All regions follow with similar high percentages of risk,
- Childhood trauma (youth and adults),
- Young adults ages 18 to 25 have a higher rate of current use than any other age group,<sup>1</sup>
- Men are more likely to use cocaine than women,
- Those with current or previous misuse of other illicit substances, such as marijuana and heroin/fentanyl,
- Individuals with mental health challenges.<sup>6</sup>
- 12.6% of suicides in the state of CT from 2015-2021 involved cocaine reflecting a high correlation between

substance use and suicide.<sup>3</sup>

- The presence of cocaine in an individual who had a positive drug result for cocaine at the time of a homicide across CT increased from 10.1% (2015-2019) to 15.1% (2020-2021).<sup>3</sup>

In 2021, cocaine use in the past year among people aged 12 or older did not differ among racial or ethnic groups. According to data from the 2021 CT School Health Survey, boys reported higher rates of use (1.7%) than girls (0.6%). The prevalence of lifetime cocaine use was highest among 9<sup>th</sup> and 11<sup>th</sup> graders (1.5% each).<sup>2</sup> Hispanic students reported higher rates (1.4%) than Black (0.4%) or White (1.2%) students.<sup>2</sup> Within SW CT, local youth surveys do not ask specific questions about cocaine.

According to The Hub's key informant focus group, community members and providers in the region indicate an increase in cocaine usage in the past several years.<sup>9</sup> According to feedback gathered from The Hub's key informant focus group, a treatment provider and local Community Care Team outreach worker who participated in this focus group from our region

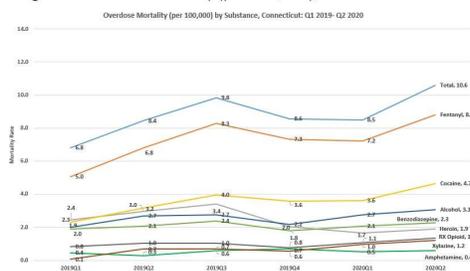
**Burden (consequences)**

both disclosed that they have seen an increase in cocaine use amongst adults.<sup>7</sup>

Physical short-term consequences of cocaine use include

- Increased heart rate and blood pressure,
- Restlessness, irritability, and anxiety,
- Tremors and vertigo,
- Hypersensitivity to sight, sound, and touch,
- Large amounts can result in bizarre, unpredictable, and violent behavior

Region 1 Overdose Mortality (per 100,000), Q1 2019- Q2 2020



Long-term physical consequences of cocaine use include:

- **Tolerance, requiring higher and more frequent doses,**
- Sensitization, where less cocaine is needed to produce anxiety, convulsions, or other toxic effects (increasing risk of overdose),
- Loss of appetite leading to malnourishment,
- Increased risk of stroke and inflammation of the heart muscle,
- Movement disorders such as Parkinson's disease,
- Impairment of cognitive function,
- Cocaine users are also at risk for contracting blood-borne diseases such as HIV and hepatitis C via needle sharing and other risky behavior,<sup>3</sup>
- Users are at risk of accidental overdose, especially in the presence of alcohol or other drugs<sup>3</sup>
- In 2022, there were 26,710 total treatment admission for cocaine. Region One made up for only ---% of these cases (see chart below).

Treatment Admissions: Primary Drug – Crack Cocaine<sup>10</sup>

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
FY2020	19,074	2,703	5,584	2,640	4,877	3,287
FY2021	4,432	573	1,086	574	1,461	738
FY2022	1,137	127	354	176	288	192

- In FY 21, it was found that there were 2187 cases in which cocaine was identified as the primary drug of choice at the time of admission.<sup>8</sup>
- In 2021, overdose deaths involving cocaine increased to 70 in SW CT,<sup>4</sup>
- In 2021, OCME reported 579 overdose deaths involving cocaine across the state of Connecticut.<sup>9</sup>

**Commented [VO1]:** The regional totals do not make sense. Additionally, the regional numbers do not equate to the statewide tally either.

**Commented [SE2R1]:** Yes this doesn't look right at all. I will need a little time to refer to the source data to make sense of this, and then we can discuss. You were provided with your regional tx data, correct?

**Commented [VO3]:** Footnote from CPES? What is the source? I don't think this number and the original footnote align.

**Commented [SE4R3]:** This footnote should be DMHAS EQMI or the DMHAS Statistical Report, depending on the source of the actual numbers.

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**Commented [VO5]:** We do not have DMHAS Treatment FY 2020

Data reflects that the likelihood of an individual's

overdosing from cocaine alone is rare;<sup>7</sup> the rate of overdoses which involve cocaine and fentanyl is becoming increasingly responsible for fatalities. Additionally, upward trends in cocaine usage may also lead to increased overall overdose rates due to the illicit and potent combinations of cocaine and fentanyl.<sup>4</sup>

Per the accidental drug intoxication death report by the OCME, it shows Connecticut has seen an increase in the number of cocaine-involved overdoses since 2015. Additional to the upward trends of cocaine use, individuals are also accessing poly-substances, a mix of drugs such as cocaine with fentanyl. Also, some fentanyl users may utilize cocaine to balance effects as needed.

### Capacity and Service System Strengths

#### Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	5.37	5.14	5.55	5.21	5.59	5.25
2022	5.31	5.72	5.36	4.89	5.25	5.12

According to the 2022 Community Readiness Survey within SW CT, there were reports of increased community readiness for substance misuse prevention, including cocaine.<sup>5</sup>

SW CT has seen a decrease in the perception of harm in regards to cocaine consumption. However, in SW CT there are over 30 public and nonprofit addiction treatment facilities, private substance use treatment facilities (Mountainside, Clearpoint, Newport Academy, TurnBridge), and specialty hospital programs such as the Addiction Recovery Program at Greenwich Hospital and Silver Hill Hospital, which specializes in behavioral health treatment. Treatment options include inpatient, outpatient, and Intensive Outpatient (IOP) programs. Several programs are catered to address the specific needs of women, men and young adults.

Most provider agencies provide support to clients with co-occurring mental health and substance use disorders. Specialized treatment supports include the Families in Recovery Program (Norwalk), separate IOPs for women and men, and programs in Spanish particularly at CASA in Bridgeport. Child and Family Guidance of Greater Bridgeport runs a teen substance use program in Bridgeport and Norwalk.

Education about cocaine is provided in school health classes as part of information about illicit drugs, often taught by the School Resource Officers. Presentations on illicit drugs and emerging drug trends are available through The Hub and other partners. While the number of overdoses involving cocaine has steadily increased, there have been numerous efforts to increase awareness and availability of harm reduction measures such as Naloxone Nasal Spray and Fentanyl Testing Strips.

#### Footnotes:

<sup>1</sup> NSDUH, 2021

<sup>2</sup> CT School Health Survey, 2021

<sup>3</sup> CT Violent Death Reporting System, 2015-2021

<sup>4</sup> CT Department of Public Health, 2021

<sup>5</sup> Community Readiness Survey, 2022

<sup>6</sup> National Institute on Drug Abuse (NIDA)

<sup>7</sup> The Hub Stakeholder Focus Group, 2022

<sup>8</sup> CT DMHAS Annual Statistical Report, 2021

<sup>9</sup> CT Office of the Chief Medical Examiner (2021)

<sup>10</sup> DMHAS Treatment Admissions FY 21/22

