2019 Connecticut Epidemiological Profile: Cocaine

A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

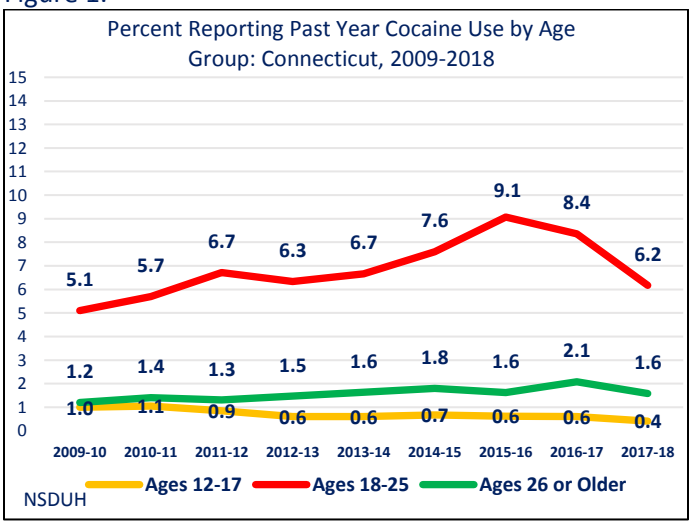
Cocaine is a powerful and addictive nervous system stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a Schedule II drug, meaning that it has a high potential for abuse and dependence, but there is some acceptable medical use.[1]

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,[2] 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.[3] The formation of cocaethylene is of particular concern because it may potentiate the cardiotoxic effects of cocaine or alcohol.[3]

After increasing through 2015, recent data shows use of cocaine declining in Connecticut. The 2017-2018 National Survey on Drug Use and Health (NSDUH) estimated about 2.0% of Connecticut residents over the age of 12 reported past year cocaine use. This is slightly lower than the U.S. overall rate (2.1%).[4] Despite this promising trend in use, Department of Drug Enforcement Administration (DEA) data for Connecticut indicates an increase in drug seizures involving cocaine in recent years.[5]

Though declining in the past few years, cocaine use in Connecticut has been particularly high among young adults (Figure 1). Among 18 to 25 year-olds, 6.2% reported past year use of cocaine, compared to 1.6% of those ages 26 and older, and 0.4% of those ages 12-17. Fewer youth and young adults report perception of great risk from using cocaine once a month (57.6% and 57.5%, respectively) than those over the ages of 26 (71.4%) .[3]

Figure 1.



According data from the 2019 Connecticut School Health Survey (CT YRBSS), 2.6% of high school students reported using some form of cocaine in their lifetime.[6] This is consistent with a decreasing trend since 2007, when the prevalence was 8.3%.[6] In 2019, males reported higher rates (3.6%) than females (2.5%). The prevalence of lifetime cocaine use was highest among 12th graders (2.9%). Black students reported higher rates (4.8%) than Hispanic (2.7%) or White (2.1%) students, though the difference was not statistically significant.[6]

At-Risk Populations

- Young adults ages 18 to 25 have a higher rate of current use than any other age group[2]

[1] United States Drug Enforcement Administration (DEA)
[2] NIDA
[3] Pennings, EJ., Leccese, AP., & de Wolff, FA. (2002) Effects of concurrent use of alcohol and cocaine.
[4] NSDUH (2017-2018)
[5] US DEA, Diversion Control Division, 2014-2018. Springfield, VA: US Drug Enforcement Administration. Retrieved from: https://www.nflis.deadiversion.usdoj.gov/Resources/NFLISPublicResourceLibrary.aspx
[6] Connecticut School Health Survey, 2019 (CT YRBSS)

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- Males are more likely to use cocaine than females[4]
- Those with current or previous misuse of other illicit substances, such as marijuana and heroin/fentanyl
- Individuals with mental health challenges[2]

Among youth, risk factors include:

- Family history of substance use[7]
- Lack of parental supervision[2]
- Substance-using peers[6]
- Lack of school connectedness and low academic achievement[6]
- Childhood trauma[6]

Consequences

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. [2]

Long-term 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[2]

- Cocaine users are also at risk for contracting bloodborne diseases such as HIV and hepatitis C via needle sharing and other risky behavior[2]
- Users are at risk of accidental overdose, especially in the presence of alcohol or other drugs.[2]
- In 2019, cocaine was the primary drug in 7.7% of all Connecticut substance use treatment admissions. This represents 5,904 admissions. [8]
- Overdose deaths involving cocaine increased about 34% in Connecticut, from 345 in 2018 to 463 in 2019.[9]
- More than 7 in 10 (72%) of overdose deaths involving cocaine in 2019 occurred in urban core or urban periphery communities.
- Cocaine-involved deaths have been linked to fentanyl-contaminated cocaine in Connecticut.[10] In 2019, almost 9 in 10 (85%) cocaine-involved deaths in Connecticut (n=463) also involved fentanyl.

Connecticut SEOW Prevention Data Portal

For more data and information on cocaine use in Connecticut, visit the

Connecticut SEOW Prevention Data Portal
http://preventionportal.ctdata.org/

[7] CDC (2019) High-Risk Substance Use Among Youth
[8] Connecticut Department of Mental Health and Addiction Services, (2019)
[9] CT Office of the Chief Medical Examiner, 2019
[10] Tomassoni AJ. MMWR 2017;66:107-111.