2025

Alcohol Epidemiological Profile

Developed: July 2025

CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

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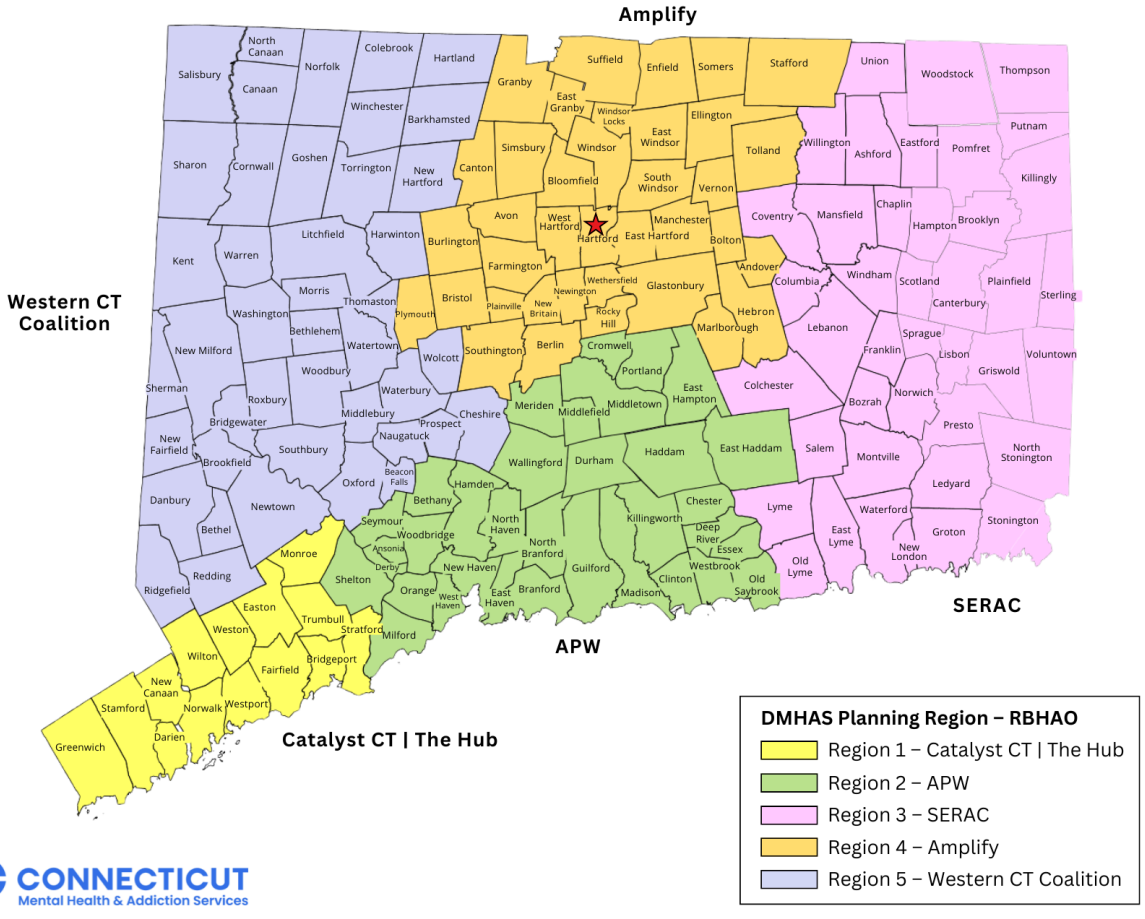
INTRODUCTION

In this profile, "alcohol use" refers to the consumption of alcoholic beverages, drinks that contain alcohol, a central nervous system depressant.[1] Alcoholic beverages include beer, wine, and spirits (liquor), which are produced through fermentation or distillation of various grains, fruits, and tubers, with alcohol content ranging from 3% to 50%.[2] While alcohol possession and use is legal for adults, the legal drinking age in Connecticut is 21 years of age.[3]

This epidemiological profile explores alcohol use in Connecticut. Data on consumption, impact, groups at risk, and risk factors at the state and regional levels have been synthesized to provide a comprehensive picture of this issue.

Connecticut consists of five planning regions, designated by the Department of Mental Health and Addiction Services (DMHAS), each of which is managed by a Regional Behavioral Health Action Organization (RBHAO).



BACKGROUND

There has been a shift in alcohol use behavior in recent years, including methods of alcohol access. Alcohol home delivery and "to-go" alcohol sales, initiated largely as a response to the pandemic quarantine, have increased at-home access to alcohol.[4] While local data on increases in use during that period are not available, one in five American adults (21+) who reported past 30-day alcohol use had alcohol delivered at least once.[5] Since ease of access to alcohol is a known risk factor for increased use, it is expected that the convenience of home delivery and to-go sales may lead to an overall increase in alcohol consumption.[6]

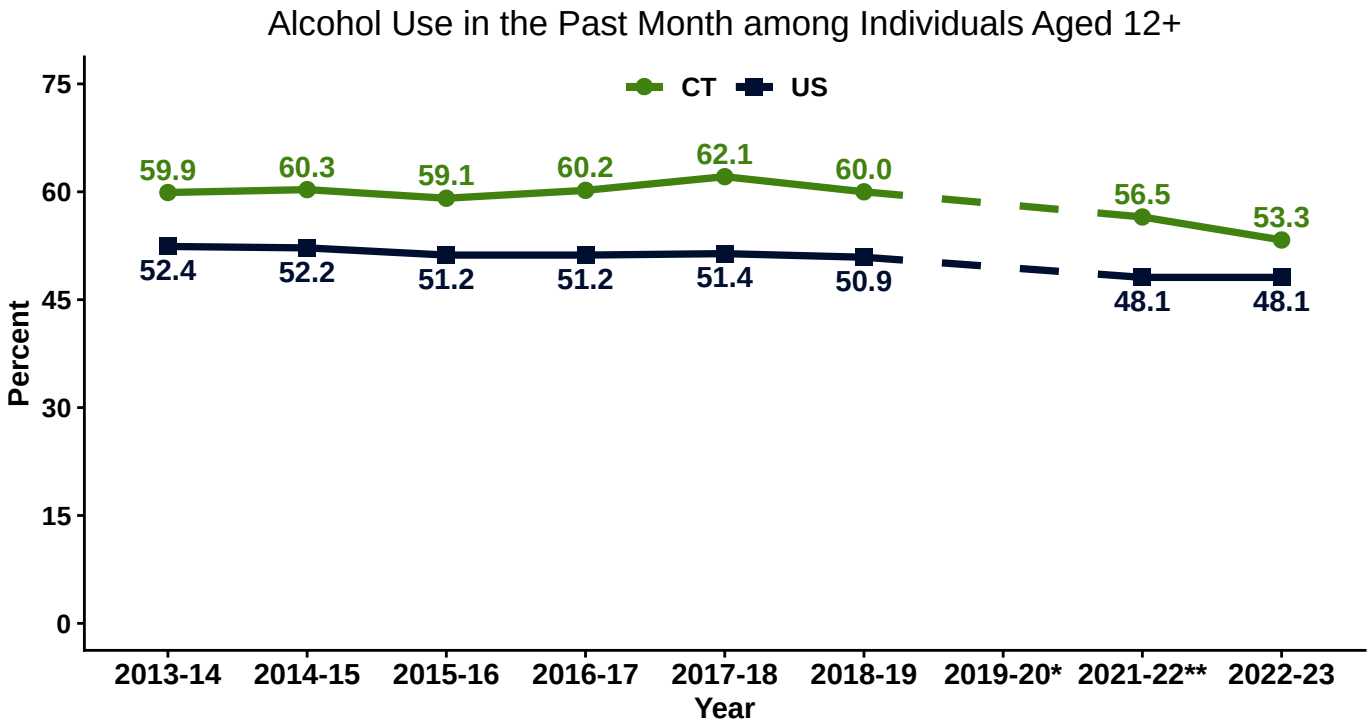
Increased availability of alcohol through delivery services has raised concerns about an increase in youth access. While online alcohol purchases are no longer novel, and compliance laws for the minimum legal purchase age are enforced for on-site liquor outlets, the expanded use of third-party delivery services creates the opportunity for individuals under the legal age to easily access alcohol due to lack of age verification at time of delivery.[5] For example, a recent study found that participants under the legal age were more likely to be gifted alcohol or purchase alcohol since ID checking occurred least often for both home delivery and to-go purchases.[7]

Shaped by parental and adolescent drinking behaviors and family norms, parental permissiveness toward adolescent drinking has increased over the past few years.[8] Increased at-home access, stressors, and other normative changes over the past few years may have increased parental permissiveness toward adolescent drinking. Based on a study using data from the longitudinal Parent and Adolescent Sibling Study (PASS), approximately 1 in 6 parents reported allowing at least one of their adolescent children to drink at home during the pandemic lockdown whereas before the shutdown they did not allow it.[8] During this same period, an increase in alcohol use was associated with rising psychological distress, suggesting that individuals may turn to drinking to combat isolation and increased anxiety.[9]

These shifts in norms, access, and permissiveness further increase the risk of youth alcohol use and related consequences.

PREVALENCE

The *prevalence* of past-month alcohol use in Connecticut has been consistently higher than the national prevalence for the past decade.[10]



*State estimates for these years are no longer available due to impact of COVID-19 on survey methodology.
**Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology.
Source: National Survey on Drug Use and Health (NSDUH), 2013-2023

Recent local survey results indicate that prevalence of *binge drinking* differs slightly across DMHAS regions.[11] In 2024, the prevalence of past 30-day binge drinking was lowest in Region 3 (22.0%) and highest in Region 2 (27.0%).

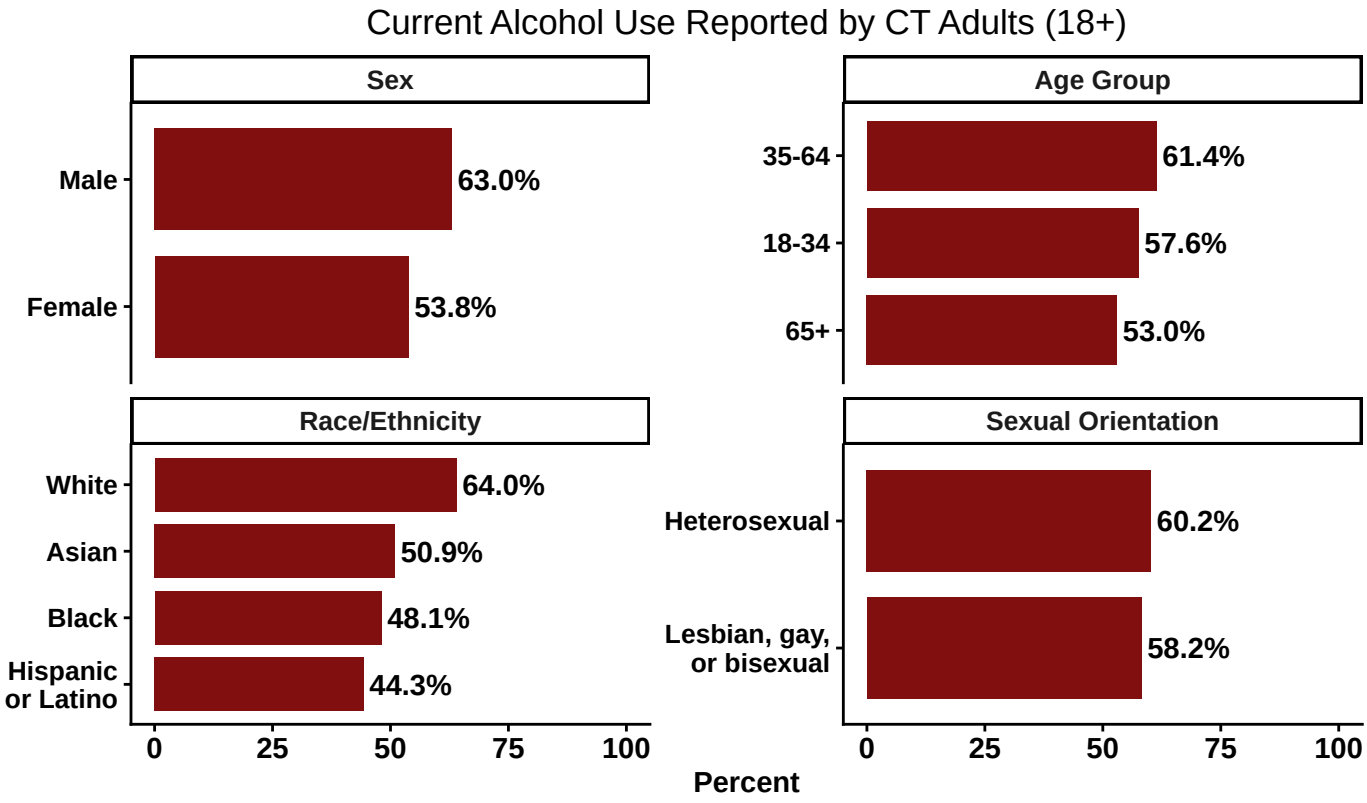
DCWS 2024 Substate Estimates[7]: Percent Reporting Past Month Binge Drinking*

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
Binge drinking	26.0	26.6	27.0	22.0	26.9	24.8

Binge drinking is defined as drinking five or more drinks (for males) or four or more drinks (for females) on an occasion on 1 or more days in the past 30 days

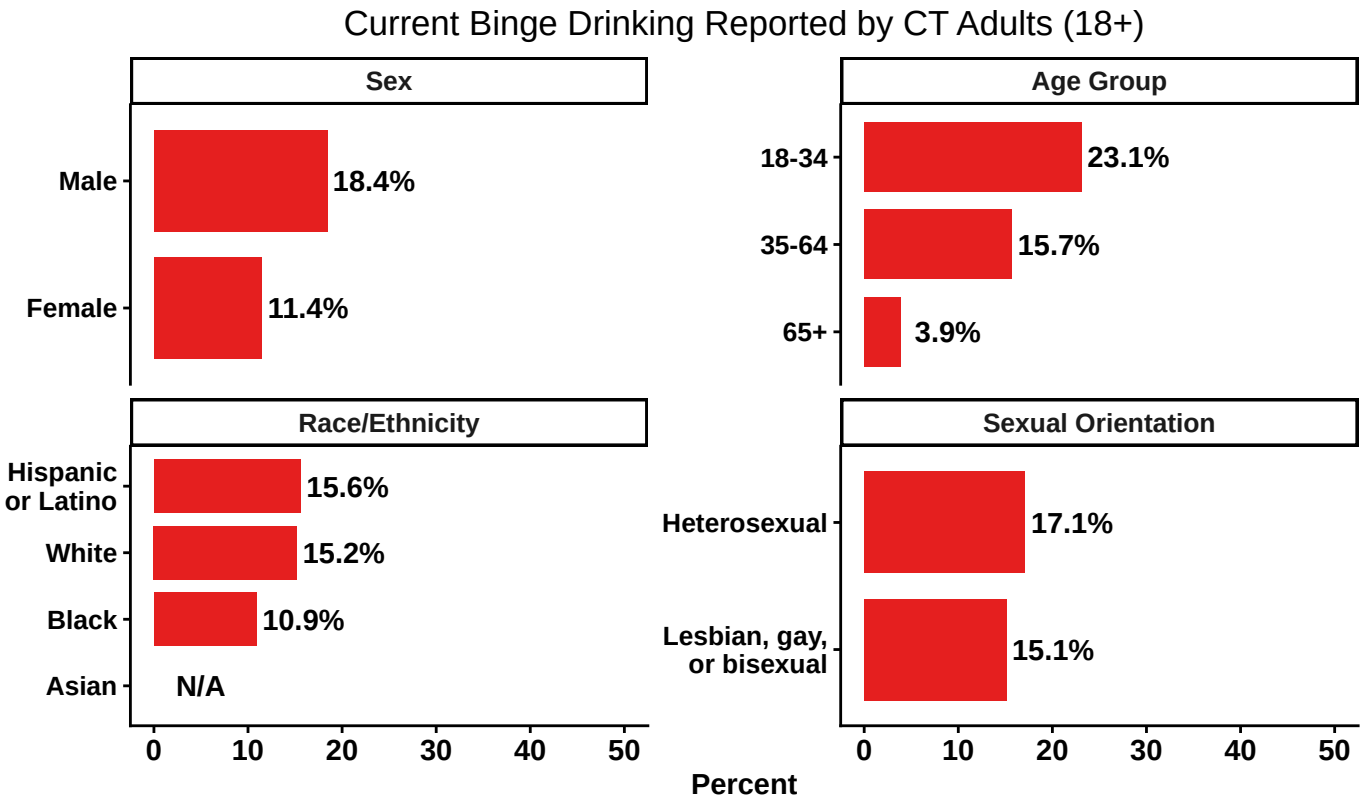
ADULT USE (AGES 18+)

Over half of all Connecticut adults report *current use of alcohol*.[12]
According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 58.3% of all Connecticut adults reported alcohol use in the 30 days prior to the survey.



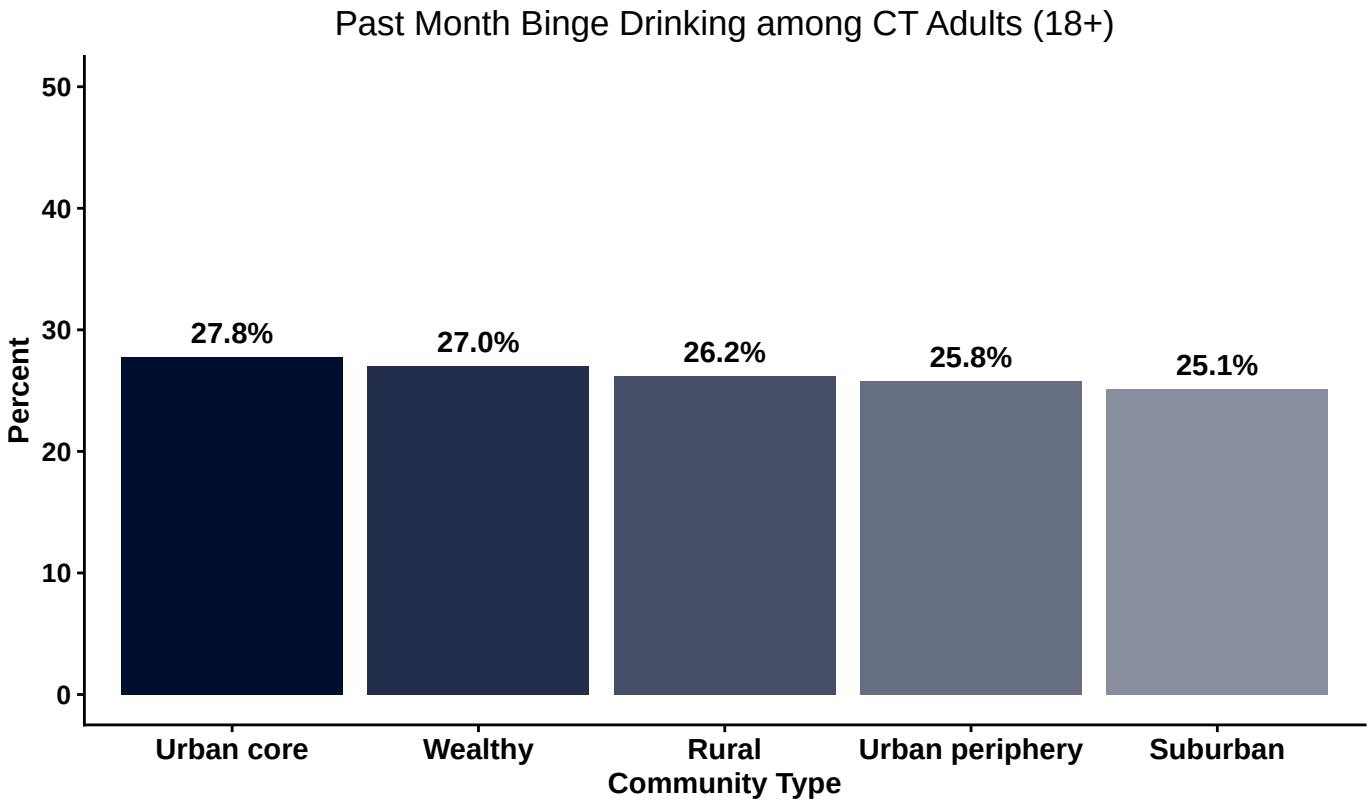
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

According to national data collected in 2023, less than one fifth of Connecticut adults reported engaging in binge drinking.[12] The 2023 BRFSS showed that 14.8% of all Connecticut adults reported past 30-day binge drinking.



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2023

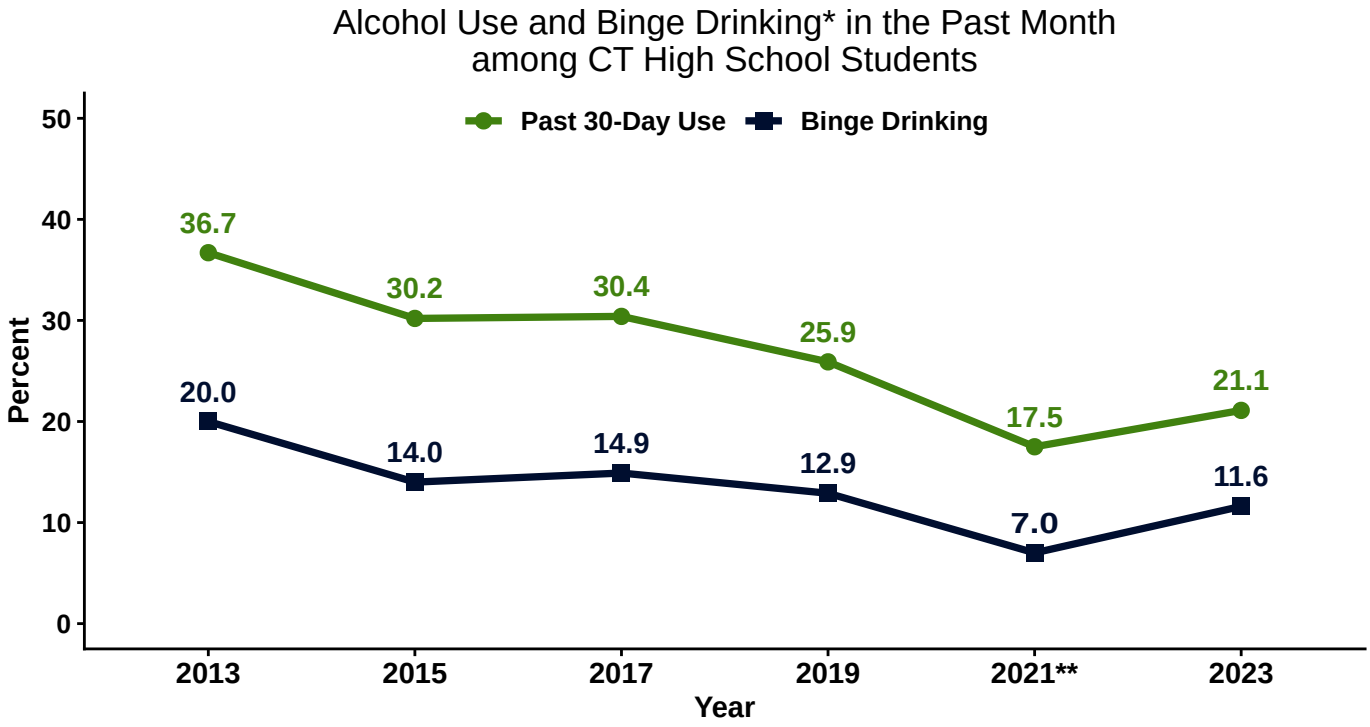
Prevalence of binge drinking among Connecticut adults is relatively similar across *community types*. However, residents of urban core communities have the highest reported prevalence of past 30-day binge drinking whereas suburban residents have the lowest.[11]



Source: DataHaven Community Wellbeing Survey (DCWS), 2024

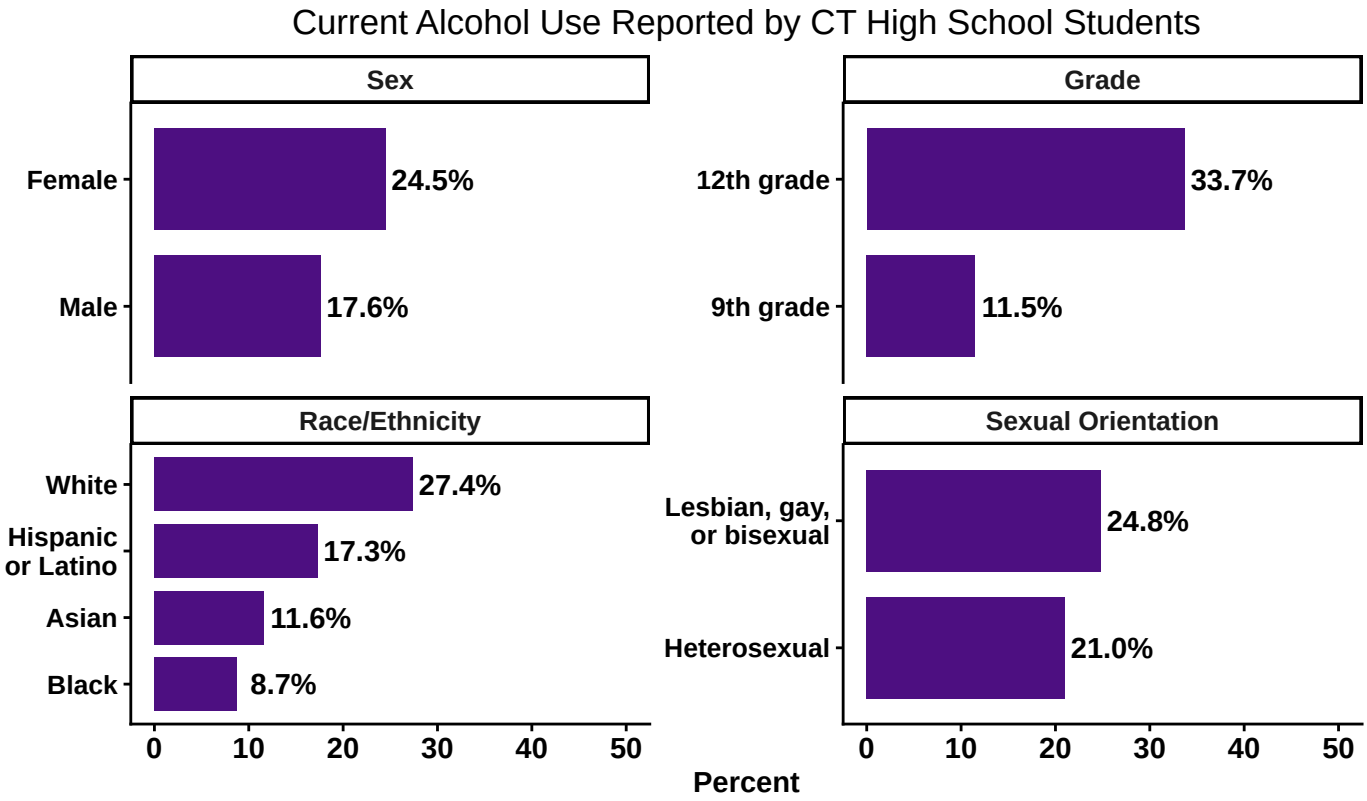
YOUTH USE (12-17)

Alcohol use and binge drinking is common among Connecticut youth.
About 1 in 5 high school students reported that they drank alcohol in the past 30 days and about 1 in 10 reported that they engaged in binge drinking. However, the prevalence of 30-day alcohol use and binge drinking among high school students has continued to decline since 2013.[13] Connecticut's 10-year decrease in alcohol use among youth reflects the national trend.[14]



*For 2013-2015, binge drinking was defined as having 5 or more drinks in a row, regardless of sex. For 2017 and on, binge drinking is defined as having 5 or more drinks in a row for males and 4 or more for females.
**Caution should be taken when comparing 2021 results to other years due to differences in survey methodology.
Source: Connecticut School Health Survey (CSHS), 2013-2023

Among high school students, past 30-day alcohol use prevalence is higher among female students, 12th graders, White students, and lesbian, gay, or bisexual students.[13]



Source: Connecticut School Health Survey (CSHS), 2023

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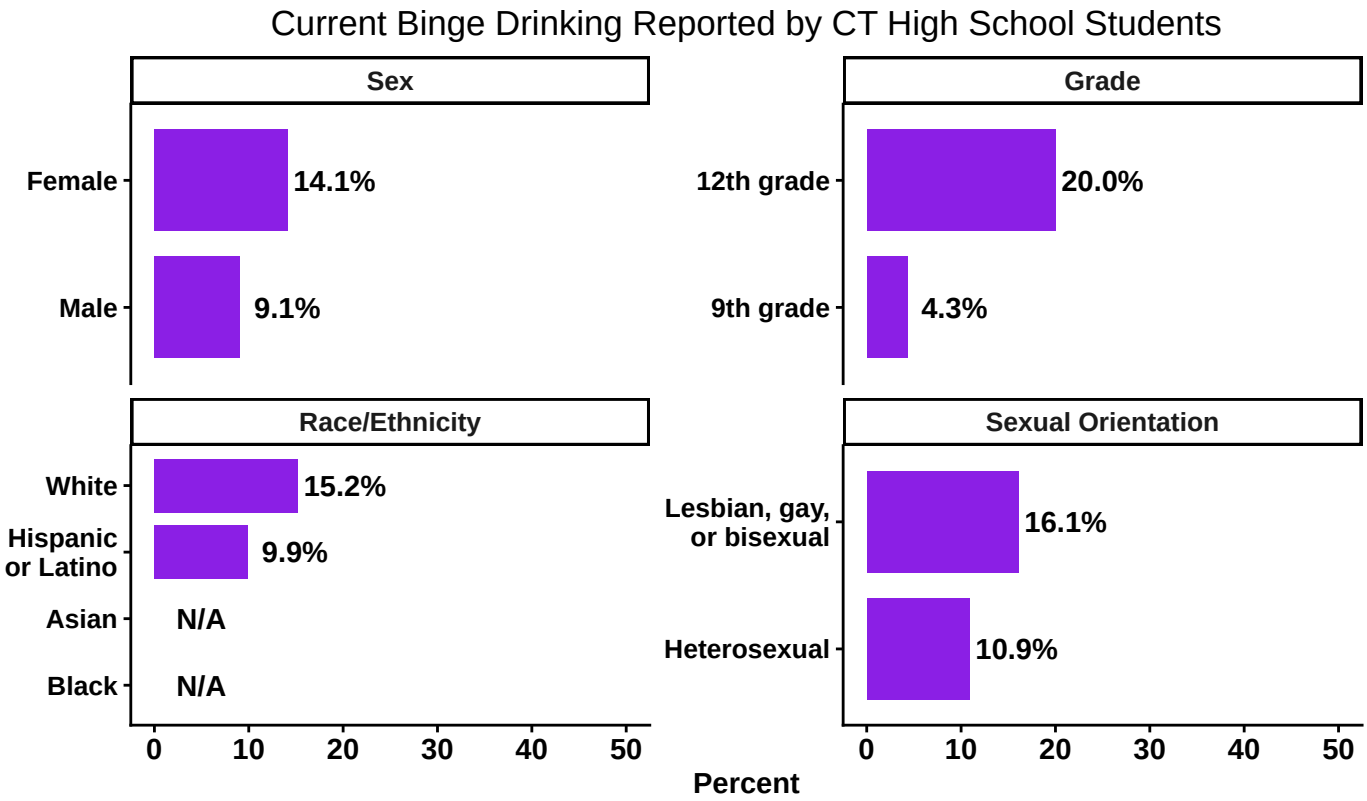


Source: Connecticut School Health Survey (CSHS), 2023

RISK & PROTECTIVE FACTORS

Alcohol misuse—defined as drinking in a manner, situation, amount, or frequency that could cause harm to the person who drinks or to those around them—over time increases the risk of *Alcohol Use Disorder* (AUD).[15]

Alcohol use and misuse is influenced by various conditions and circumstances. Risk factors are characteristics at the individual, social, and environmental level that can increase risk for alcohol use and misuse.

Risk Factors for Alcohol Use & Misuse [16,18,19,20,21]

Individual	Social & Environmental
• Biological factors • Age • Family history of substance use or substance use disorder (SUD) • History of misusing other substances (licit or llicit) • Prior or current substance use • Mental health conditions • History of *adverse childhood experiences (ACEs)* • Low perception of risk of harm • Impulsivity and sensation seeking • Academic and/or behavioral health problems in school	• Social, family, and/or peer norms that encourage or tolerate underage drinking • Lack of parental supervision and involvement • Poor parent-child communication • Availability of alcohol • Proximity to local access points for alcohol • Advertising or marketing that encourages use • Childhood trauma • Exposure to stressors in living environment or neighborhood • Limited access to basic resources • Stressful life situations

Protective factors are conditions or circumstances that protect individuals against alcohol use and misuse. Similar to risk factors, protective factors exist at various levels relative to the individual.

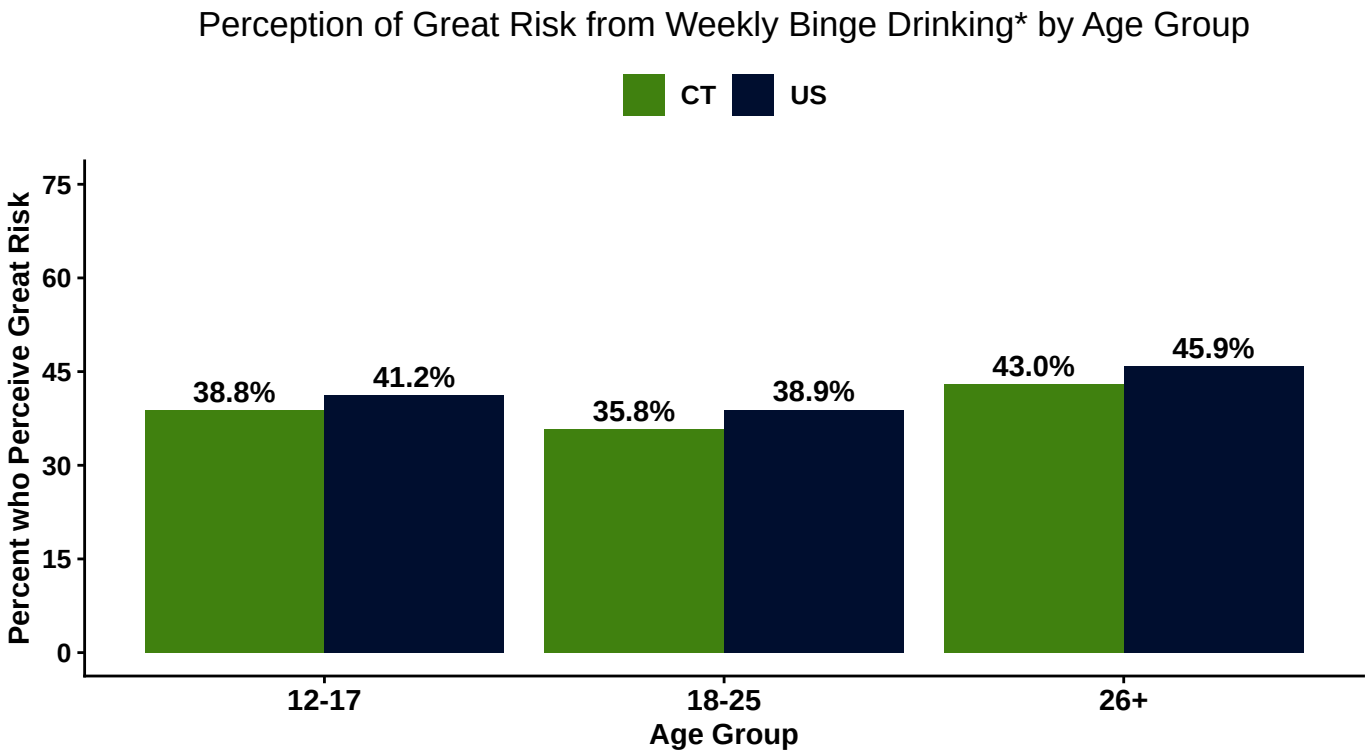
Protective Factors against Alcohol Use & Misuse [16]

Individual	Social & Environmental
• Effective coping and problem-solving skills • Healthy lifestyle (e.g., sufficient exercise, diet, and sleep, etc.) • Religious or spiritual practices	• Social connectedness and/or support • Supportive relationships • Secure attachments in childhood • Participation in group activities outside of work and school • Adequate access to resources

PERCEPTION OF RISK

Fewer Connecticut residents perceive weekly binge drinking to be of great risk compared to their peers nationwide.[22] Approximately 42% of Connecticut residents report that they perceive binge drinking once or twice a week to be of great risk compared to 45% in the US. In addition, the percentage of Connecticut residents who report perceiving great risk from this behavior has **remained relatively static since 2015**.

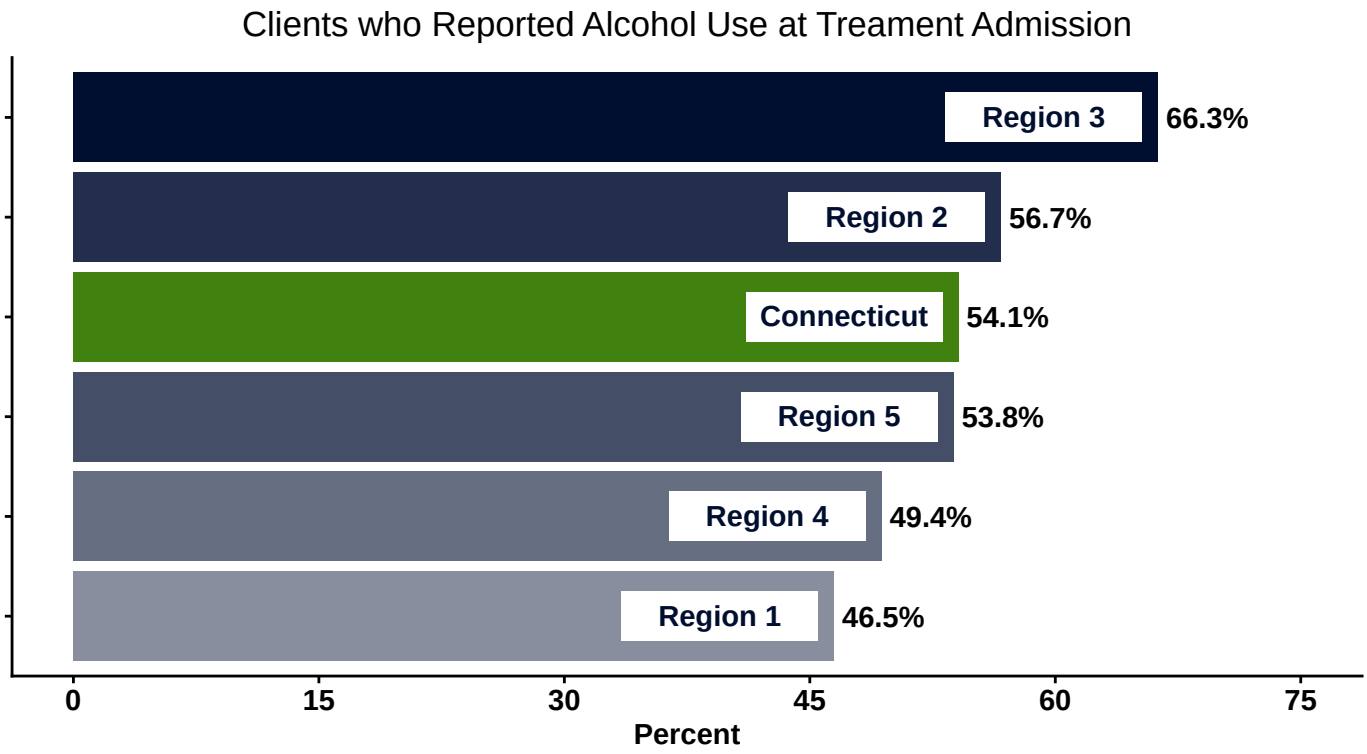
Compared to other age groups, a lower percentage of young adults (18-25) report that they perceive weekly binge drinking to be a great risk.[22]



*Weekly binge drinking is defined as having five or more drinks of an alcoholic beverage once or twice a week, regardless of sex.
Source: National Survey on Drug Use and Health (NSDUH), 2022-2023

EFFECTS & CONSEQUENCES

In Connecticut, alcohol use was reported as the primary substance in about half (54.1%) of *unduplicated treatment admissions*.[23] Region 3 had the highest percentage of treatment admissions with alcohol as the primary substance (66.3%) in *SFY* 2024 and Region 1 had the lowest (46.5%).



Note. The data represented here is solely based on DMHAS-funded and -operated substance use and mental health programs and does not reflect data on all individuals receiving treatment in the state.
Source: DMHAS Evaluation, Quality Management & Improvement (EQMI) Division, FY24

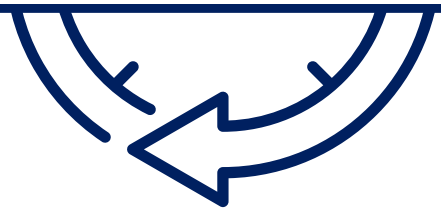
Acute intoxication **can have consequences that include injuries due to falls, alcohol poisoning, or accidental overdose from drug interactions.[24]**

Short-term Effects [24,25,26]

- Brain stimulation ("high")
- Altered mood
- Lowered inhibitions
- Reduced coordination and balance
- Slurred speech
- Engagement in risky behaviors (e.g., driving under the influence)
- Difficulty thinking and problem solving
- Impaired judgement and memory
- Slowed reaction time
- Reduced heart rate
- Blackouts
- Alcohol poisoning



Long-term Consequences [24,25,27,28]



- Altered brain development
- Cognitive issues
- Mental health issues
- Sexual dysfunction
- Use of other substances
- Alcohol Use Disorder (AUD) or other Substance Use Disorder (SUD)
- High blood pressure and risk of stroke
- Cardiomyopathy
- Digestive issues
- Liver disease (e.g., cirrhosis)
- Weakened immune system
- Coma
- Drug-related fatality (with other drugs)

Heavy drinking has consequences on the adolescent brain.
Heavy drinking during this critical phase of development can impair essential brain maturation. Engaging in heavy drinking can hasten the natural decline in gray matter volume within the frontal cortex—a process that normally occurs in early adolescence—and obstruct the expected growth of white matter volume in later adolescence.[27]

Special Consideration

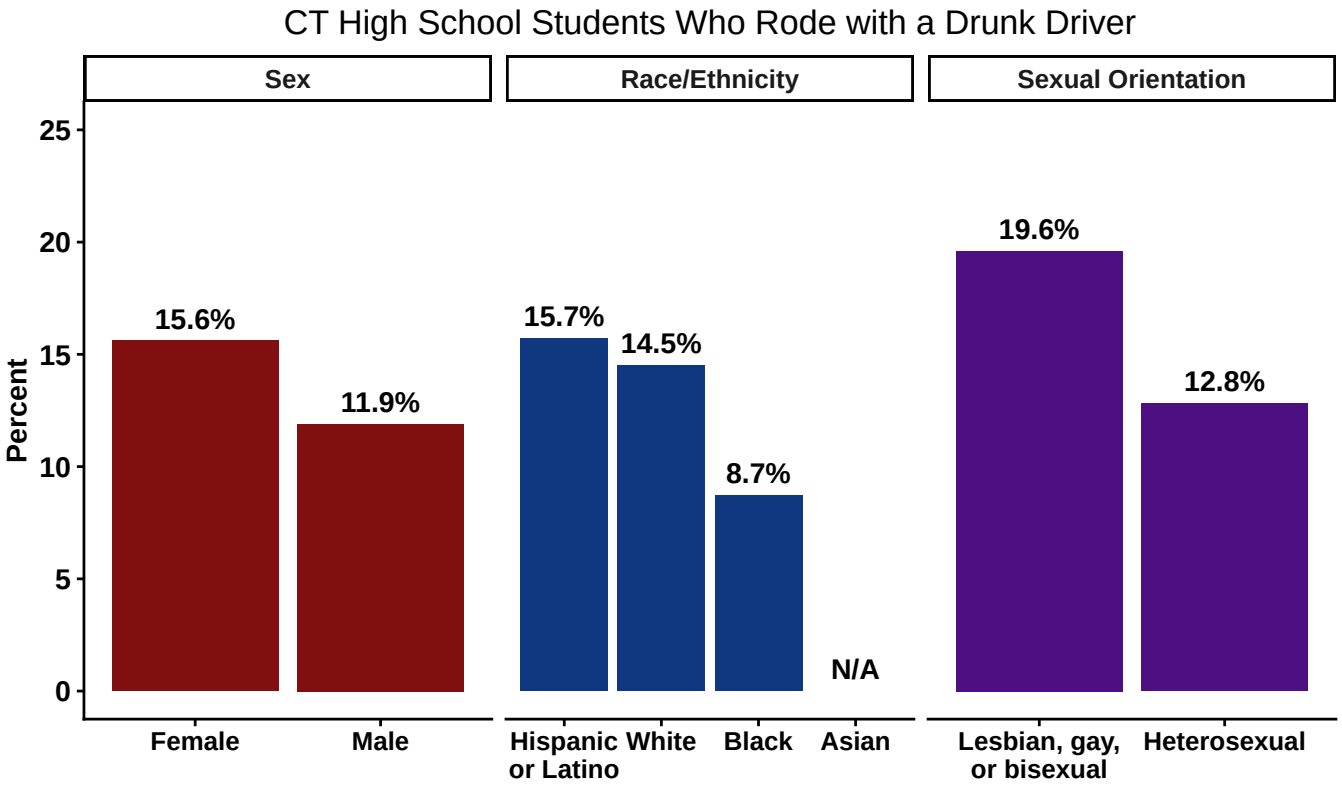
The prevalence of past-year Alcohol Use Disorder is highest among young adult populations, and the overall prevalence is higher in Connecticut compared to the nation.[23] Consuming alcohol during adolescence carries significant risks and should not be viewed as a typical or inevitable aspect of teenage development.[29]

	Age Group		
	12-17	**18-25**	**26+**
US	2.9	15.7	10.4
Connecticut	3.7	20.3	11.6



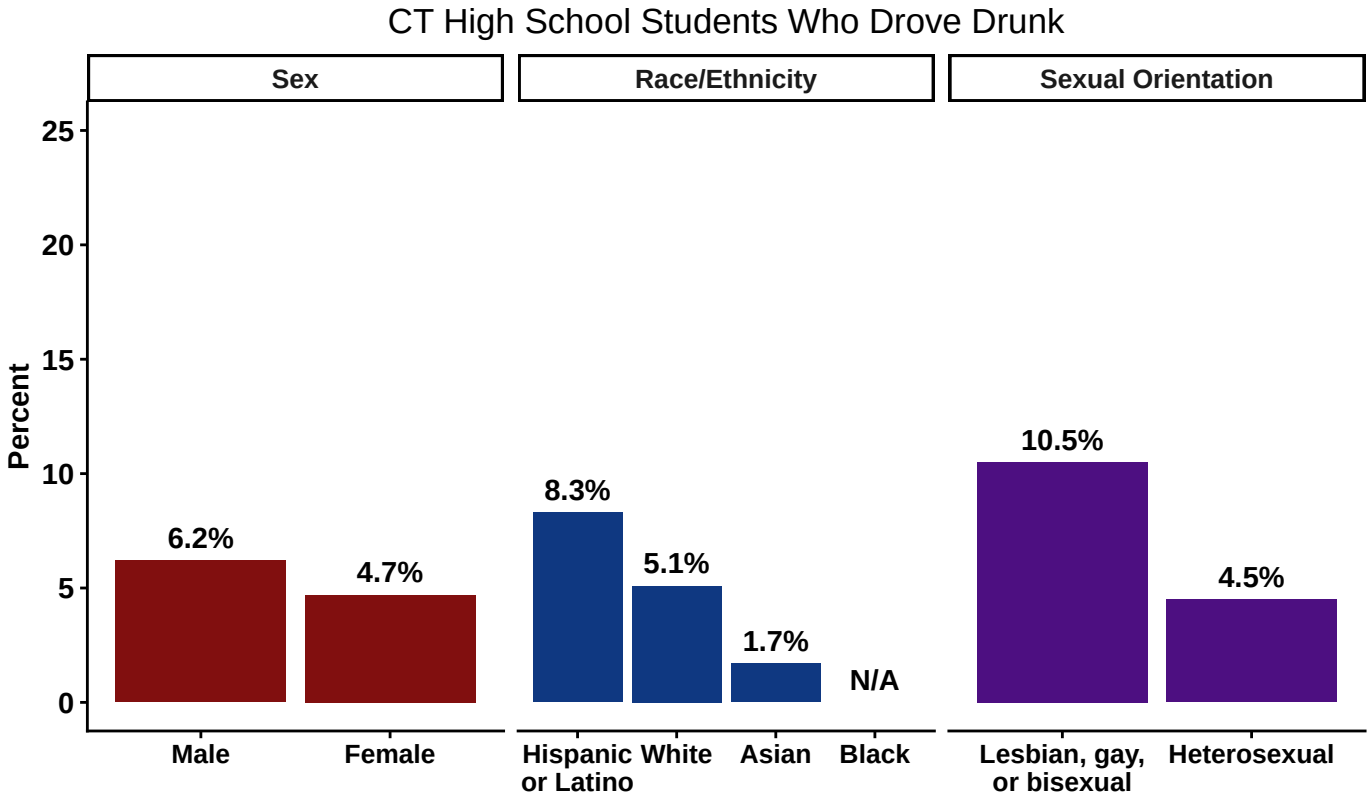
RISKY BEHAVIORS

Overall, 13.8% of CT high schoolers report that, in the past 30 days, they rode with a driver who had been drinking alcohol.[13] A higher percentage of female, Hispanic, and lesbian, gay, or bisexual students reported that they have engaged in this behavior.



Source: Connecticut School Health Survey (CSHS), 2023

A small percentage of high schoolers (5.5%) reported that they had driven a car or other vehicle when they had been drinking one or more times in the past 30 days.[13] A higher percentage of male, Hispanic, and lesbian, gay, or bisexual students reported that they have driven after drinking.



Source: Connecticut School Health Survey (CSHS), 2023

CONCLUSIONS & CONSIDERATIONS

Key takeaways:

- Alcohol remains the most widely used substance both nationally and in Connecticut, with Connecticut's adult use prevalence consistently exceeding the national average since 2013.
- Adult alcohol use prevalence is generally similar across Connecticut's community types (urban core, urban periphery, suburban, rural, wealthy), but is highest in urban core communities and lowest in suburban communities.
- Alcohol consumption and binge drinking are most prevalent among White adults in Connecticut and more prevalent among adult males than females; the prevalence of these behaviors is similar for heterosexual and lesbian, gay, or bisexual adults.
- Prevalence of current alcohol use and binge drinking is lowest among older adults (65+), while current use is highest among adults 35-64, and binge drinking is highest among young adults (18-34).
- Alcohol use among Connecticut youth has trended steadily downward over the past decade, in line with national prevalence.
- Similar to patterns in the adult population, White high school students report the highest prevalence of current alcohol use and binge drinking.
- Unlike adults, female high school students have a higher reported prevalence of current alcohol use and binge drinking than male students.
- Current alcohol consumption and binge drinking are most prevalent among high school seniors compared to other grade groups, leading to a peak in binge drinking prevalence in young adulthood.
- A higher percentage of lesbian, gay, or bisexual students reported current alcohol use and binge drinking compared to their heterosexual peers, as well as riding with a driver who had been drinking, and driving a vehicle themselves after consuming alcohol.

Considerations:

- This profile makes use of multiple data sources; the most recent data available from these sources are utilized in developing this profile.
- Due to changes in federal guidance, analyses based on some sociodemographic *subpopulations* are not included.
- As of writing this profile, up-to-date regional estimates of current alcohol use are not available. Therefore, regional estimates of binge drinking have been used as a proxy.
- Prevalence estimates from the 2021 Connecticut School Health Survey data should be interpreted with caution and should not be considered an accurate timepoint in trend analyses due to a COVID-precipitated shift to Fall semester administration from its traditional Spring administration. Prevalence estimates from the 2021 data should be interpreted with caution because (1) the reporting of risk behaviors tends to be lower in the fall semester and (2) the survey asked about students' behavior in the past 12 months which included a time when there were restricted opportunities for social interaction due to COVID-19.
- Contextual factors, such as COVID changes in norms and access and other emergent substances and issues, should be considered when interpreting the data in this profile.
- Prevalence estimates are omitted from this profile if they meet the following criteria:
  - **CSHS:** (a) cell count < 30 OR (b) coefficient of variation > 0.30
  - **CT BRFSS:** (a) cell count < 50 OR (b) coefficient of variation > 0.30
- The treatment data presented in this profile represents data collected from DMHAS-funded and -operated substance use and mental health programs and does not reflect data on all individuals receiving treatment in the state.

ADDITIONAL RESOURCES

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

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

CTData Collaborative: https://www.ctdata.org/

DataHaven: https://ctdatahaven.org/

GLOSSARY

Term	Definition
Acute intoxication	A clinically harmful condition that usually follows the ingestion of a large amount of alcohol.
Adverse childhood experiences (ACEs)	Potentially traumatic events that occur in childhood (e.g., abuse, neglect, and household challenges) that may increase the risk for mental health problems, chronic illnesses, health-risk behaviors, and adverse social outcomes later in life.
Alcohol Use Disorder	A medical condition that impairs an individual's ability to control their drinking behavior despite negative effects on their social life, work, or health.
Binge drinking	For female individuals, having 4 or more drinks on one occasion. For male individuals, having 5 or more drinks on one occasion.
Community type	Method of classifying communities using the Five Connecticuts (5CT), a classification system originally developed by Don Levy, Orlando Rodriguez, and Wayne Villemez. For more information, visit DataHaven's website.
Current alcohol use	Use of alcohol in 30 days prior to survey. May be referred to as past 30-day use.
Prevalence	The proportion of a population who have a specific characteristics in a given time period. It may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Protective factors	Individual, social, or environmental characteristics that reduce individuals' vulnerability to negative health outcomes.

GLOSSARY

Term	Definition
Risk factors	Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
SFY	State fiscal year; the period of July 1st to June 30th. E.g., SFY24 refers to July 1st, 2023 to June 30th, 2024.
Subpopulation	A subgroup of a larger population of individuals or cases. It describes a specific group of individuals with common characteristics (e.g., race/ethnicity, age, risk factors)
Unduplicated treatment admission	Each client admitted for treatment was counted only once, rather than counting every admission.

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