2025

Cannabis Epidemiological Profile

Developed: June 2025

CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

Table of Contents

INTRODUCTION 02

PREVALENCE 04

RISK & PROTECTIVE FACTORS 09

EFFECTS & CONSEQUENCES 12

CONCLUSIONS & CONSIDERATIONS 15

ADDITIONAL RESOURCES 16

GLOSSARY 17

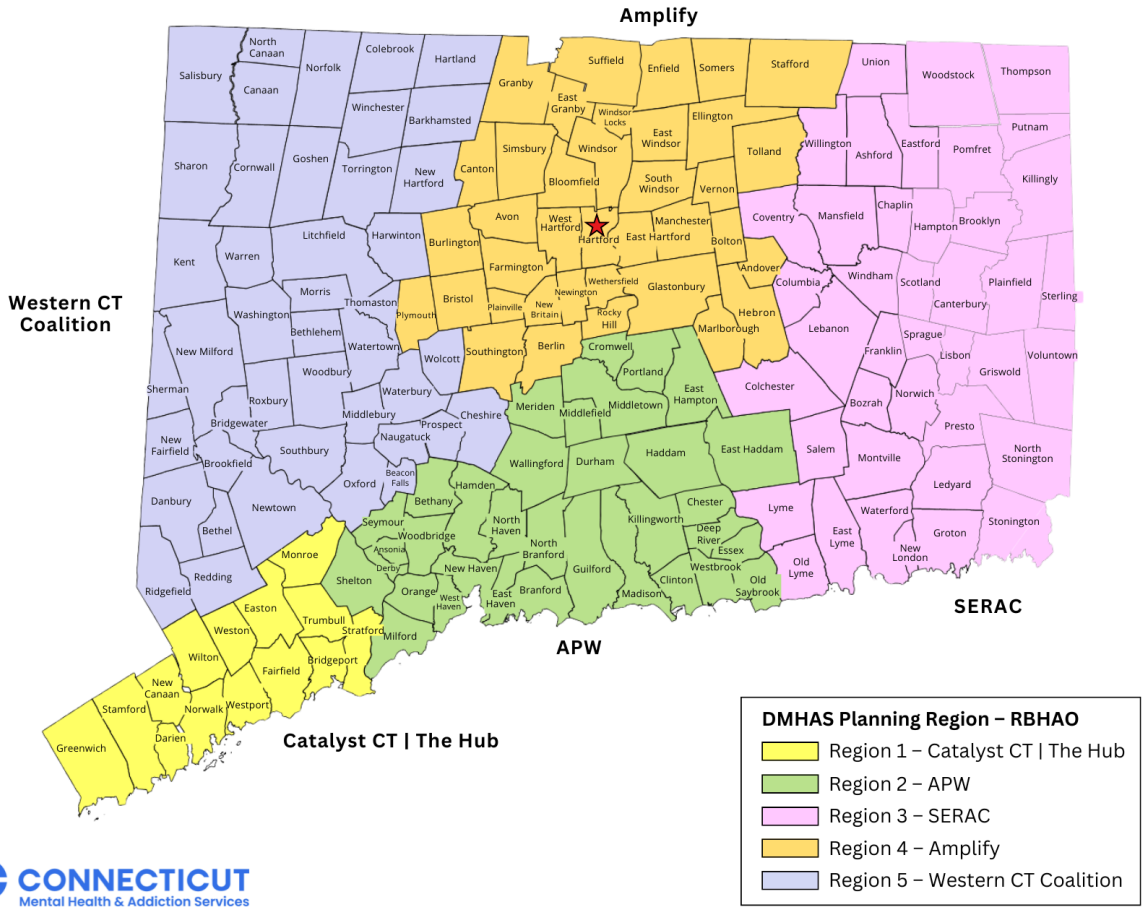
REFERENCES 19

INTRODUCTION

In this profile, the term "cannabis" refers to any product that is derived from the Cannabis sativa plant. The following profile uses the terms "cannabis" and "marijuana," depending on the source data or material.

This epidemiological profile aims to describe cannabis consumption in Connecticut. Data about cannabis use, its effects, perception of risk, and risk factors for use have been synthesized to present a high-level summary of the state's consumption patterns.

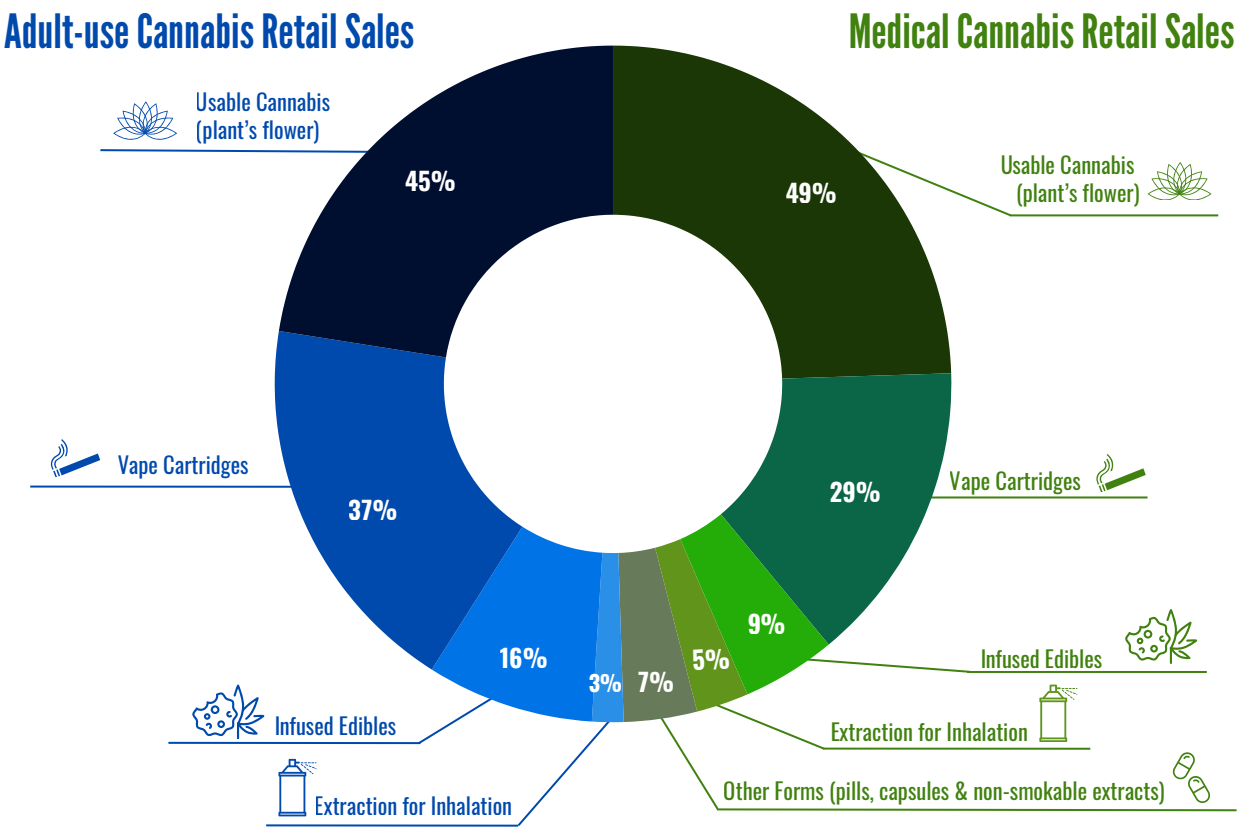
Connecticut consists of five planning regions, designated by the Department of Mental Health and Addiction Services (DMHAS), each of which is managed by a Regional Behavioral Health Action Organization (RBHAO).



BACKGROUND

The state of Connecticut legalized the use of medical cannabis in 2012.
The US Food and Drug Administration (FDA) has only approved three cannabinoids to date for medical use: cannabidiol (CBD), dronabinol, and nabilone.[1] Unregulated cannabinoid products have limited data to support their use among clinical populations.

On July 1st, 2021, adult-use cannabis was legalized.
Legalization of adult-use cannabis, sometimes referred to as recreational, allowed individuals 21 years of age or older to possess and consume up to 1.5 ounces of cannabis. Retail sales for adult-use cannabis began on January 10, 2023.[2] However, cannabis remains illegal under federal law.[3]

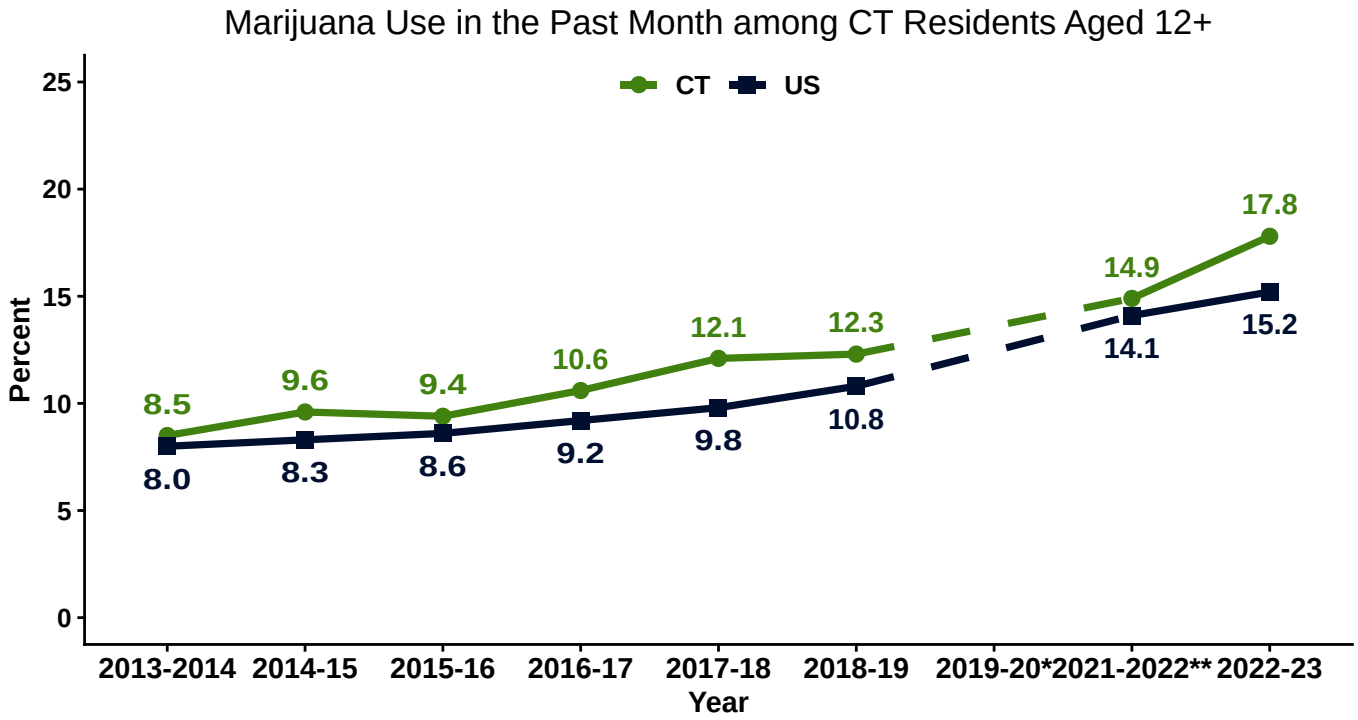


Source: 2024 Cannabis Retail Sales by Product Type | Connecticut Data

As of May 1st, 2025, 71 licensed cannabis and medical marijuana retail locations are operating across Connecticut.[4] Usable cannabis, or the plant's flower, accounted for about half of the state's retail sales for both adult-use cannabis and medical cannabis in 2024.

PREVALENCE

The *prevalence* of 30-day cannabis use has been steadily increasing in the state and has been higher than the national prevalence for the past decade.[5]



*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

Past month cannabis use has historically been similar across regions.[6]

NSDUH 2016-2018 Substate Estimates: Percent Reporting Past Month Use of Cannabis by Age Group

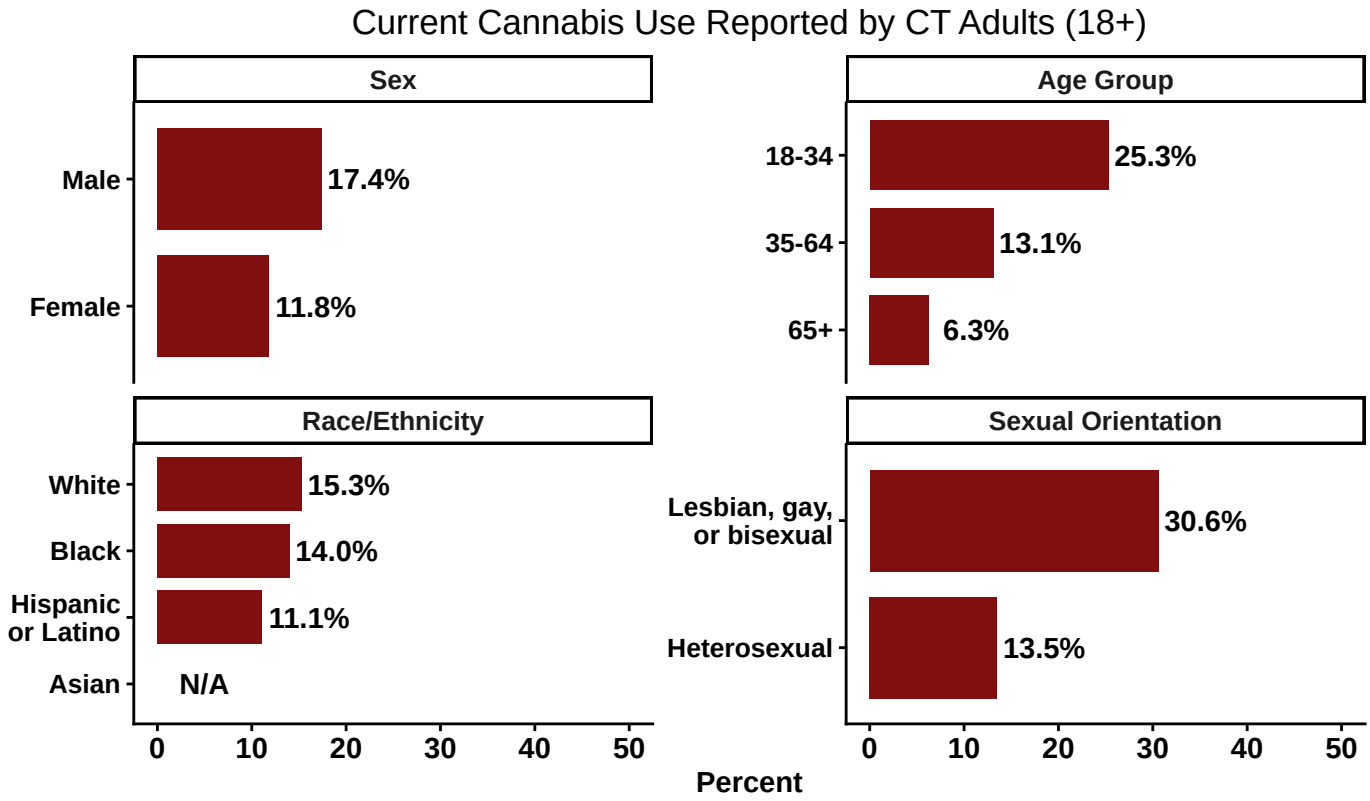
Age	CT	Region 1	Region 2	Region 3	Region 4	Region 5
12-17	8.0	7.6	7.8	7.4	8.5	8.2
18-25	29.6	27.4	30.3	*	31.6	*
26+	8.2	7.0	8.2	8.2	9.2	8.0

*****Low precision; no estimate reported.*

Table will be updated when most recent data are released.

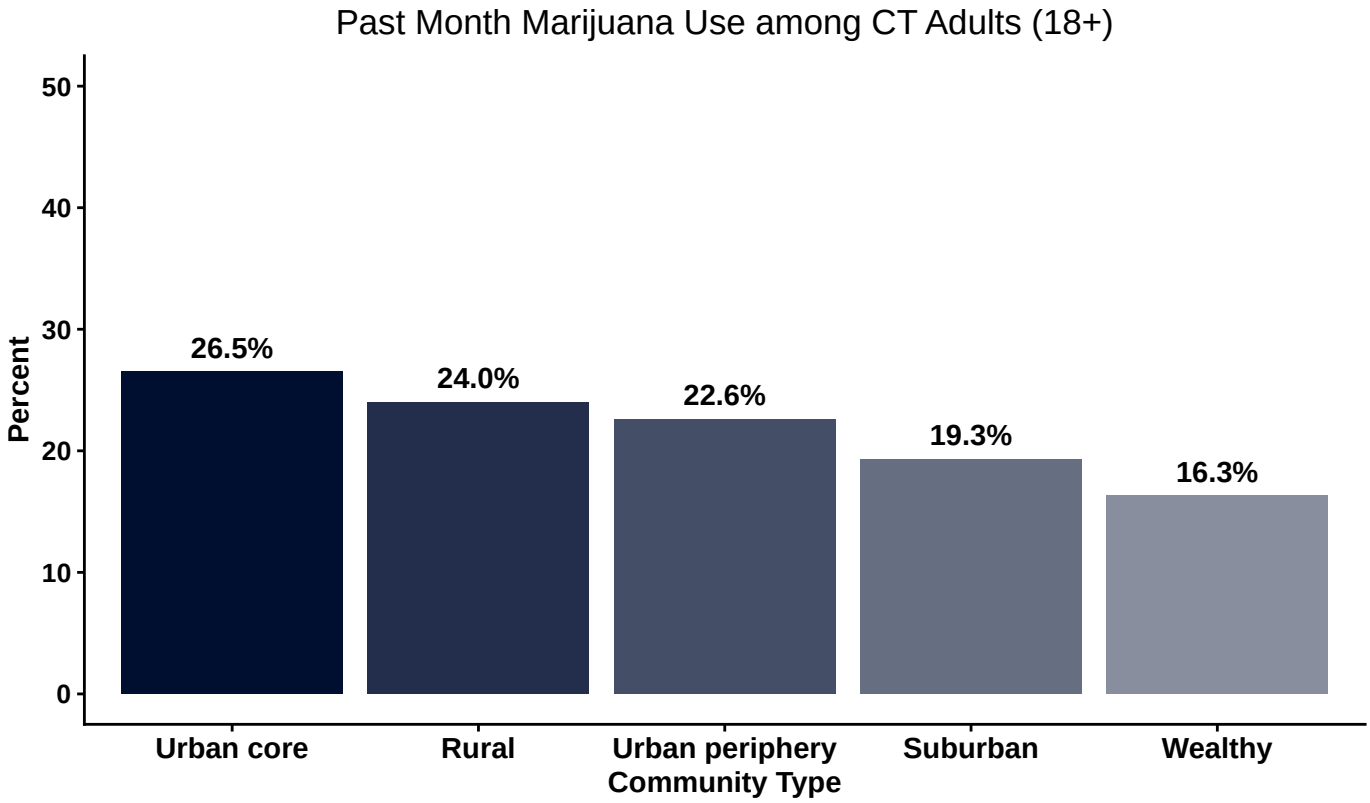
ADULT USE (AGES 18+)

Cannabis use is widespread among Connecticut's young adults.
According to the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 25.3% of Connecticut adults ages 18-34 report using cannabis in the past 30 days.[7] Other data sources support this finding.[8,9]



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

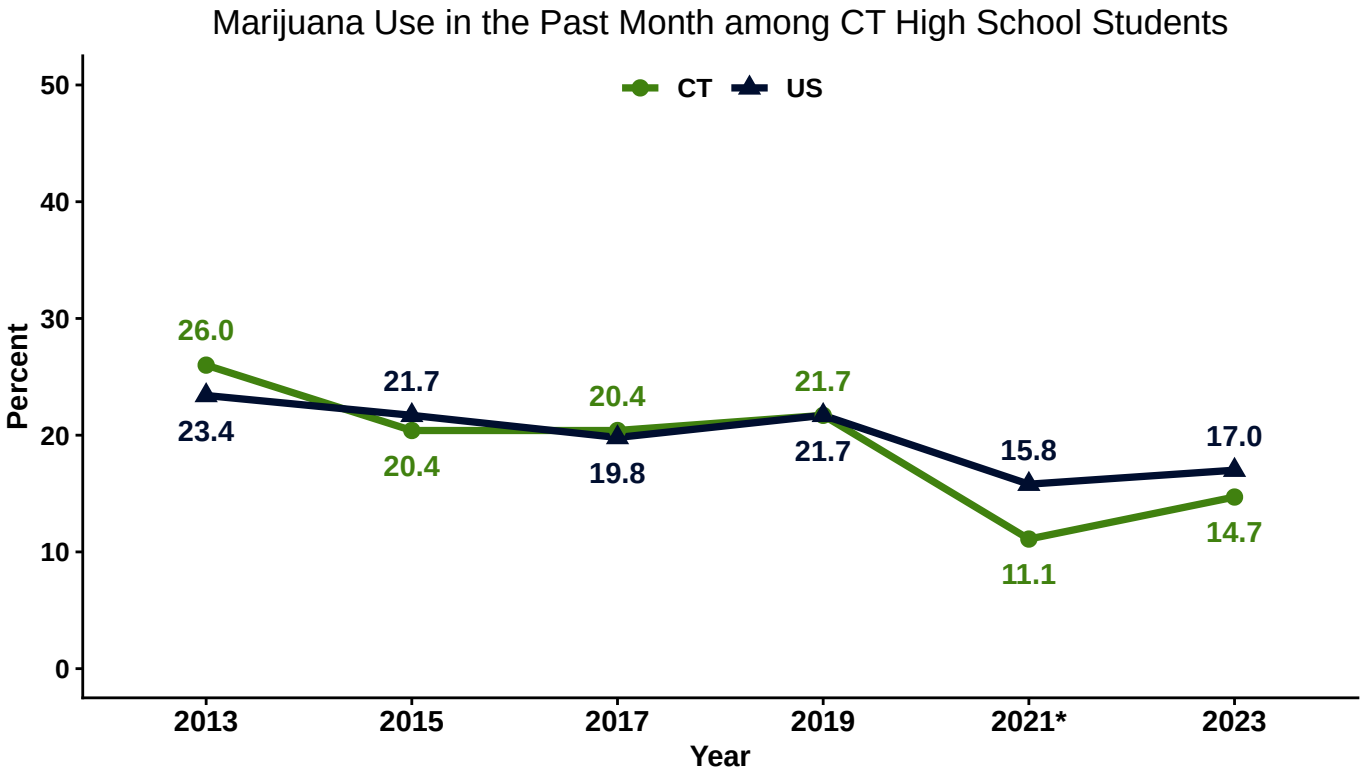
A lower percentage of adult residents in wealthy communities report 30-day use of cannabis compared to other *community types*.[9]



Source: DataHaven Community Wellbeing Survey (DCWS), 2024

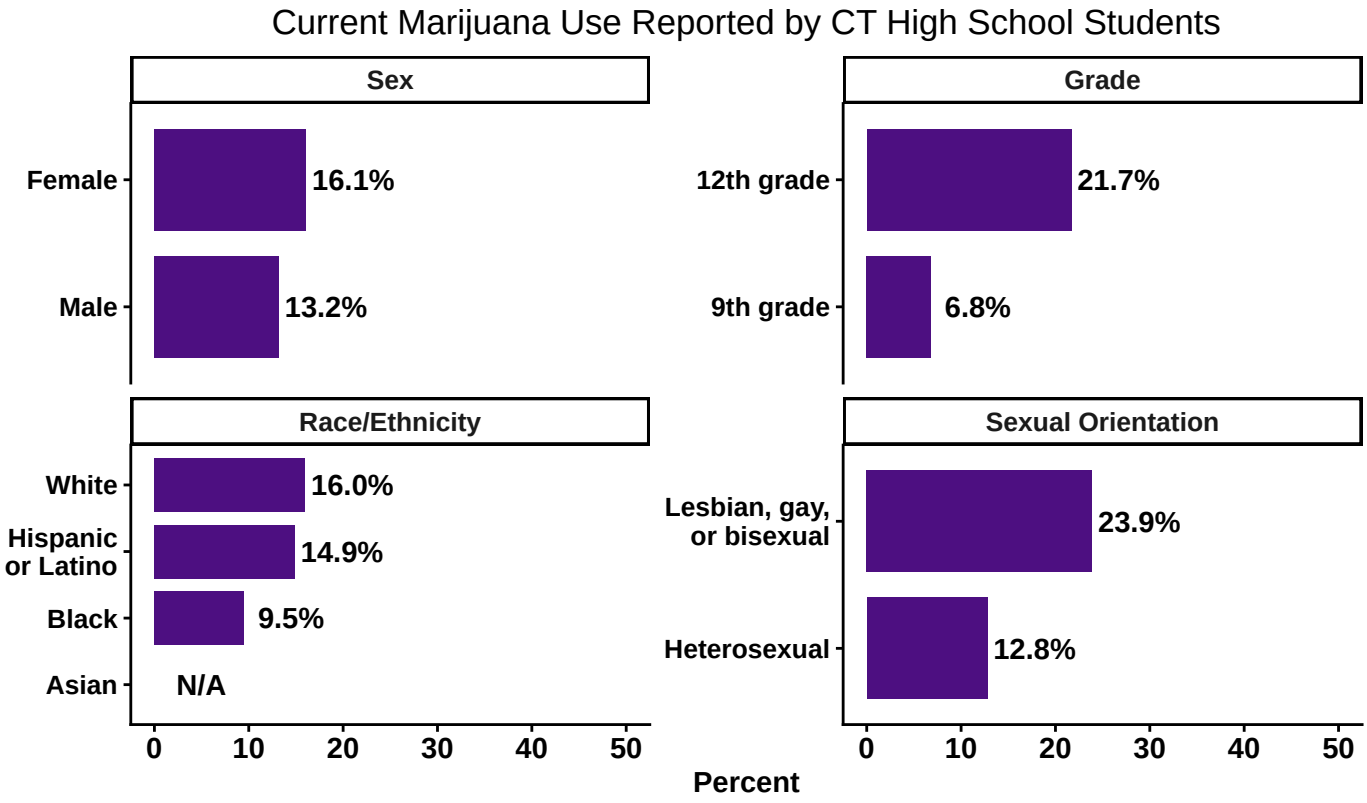
YOUTH USE (12-17)

Among high school students, prevalence of 30-day cannabis use remained static from 2015 to 2019 on both national and state levels but appears to be slightly decreasing in more recent years.[10]



*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

Demographic patterns in 30-day use among high school students mirror those of adults, with slight differences by sex.[10]



Source: Connecticut School Health Survey (CSHS), 2023

RISK & PROTECTIVE FACTORS

Cannabis 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 cannabis use and misuse.

Risk Factors for Cannabis Use & Misuse [11,12,13,14]

Individual	Social & Environmental
• Biological factors • Age • Family history of substance use or substance use disorder (SUD) • History of misusing other substances (licit or illicit) • 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 cannabis use • Lack of parental supervision and involvement • Low bonding to school environment • Availability of cannabis • Proximity to local access points for cannabis • Childhood trauma • Exposure to stressors in living environment or neighborhood • Limited access to basic resources • Stressful life situations

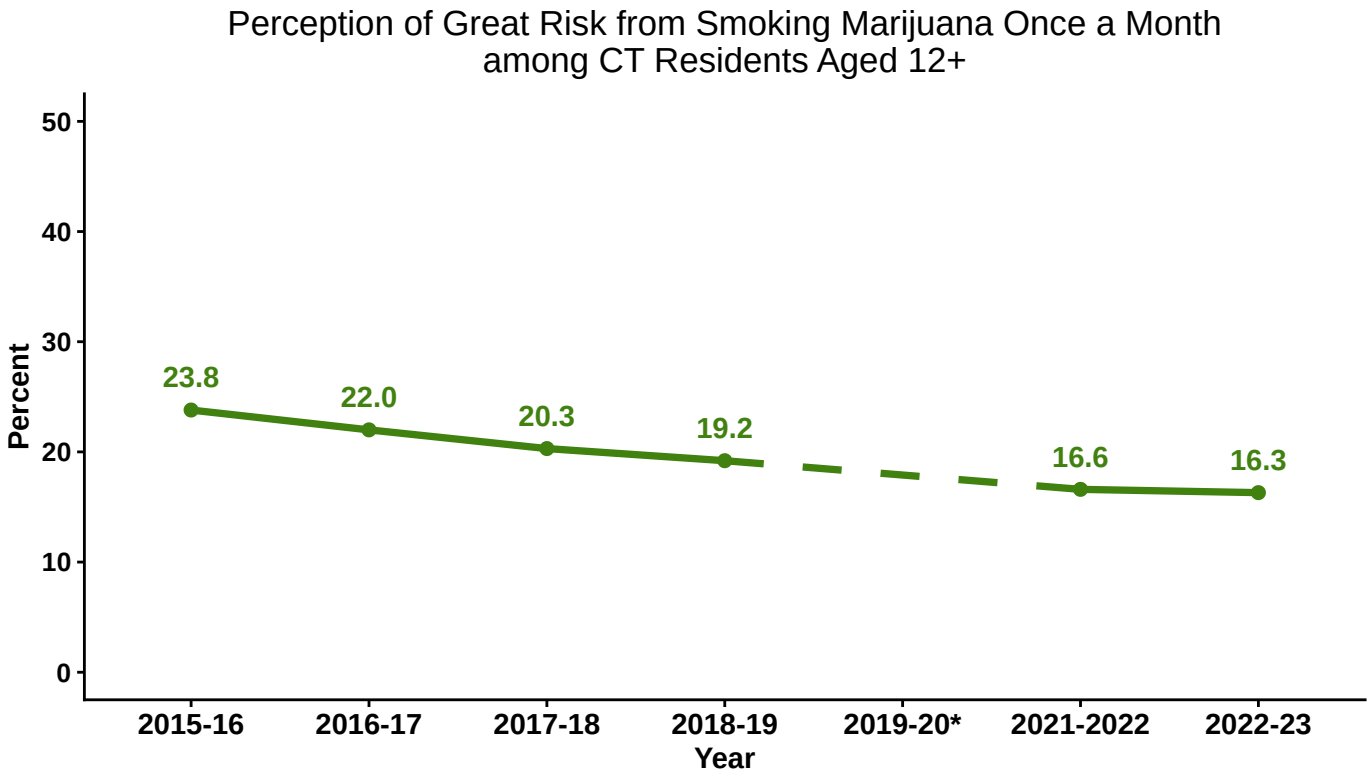
Protective factors are conditions or circumstances that protect individuals against cannabis use and misuse. Similar to risk factors, protective factors exist at various levels relative to the individual.

Protective Factors against Cannabis Use & Misuse [11]

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

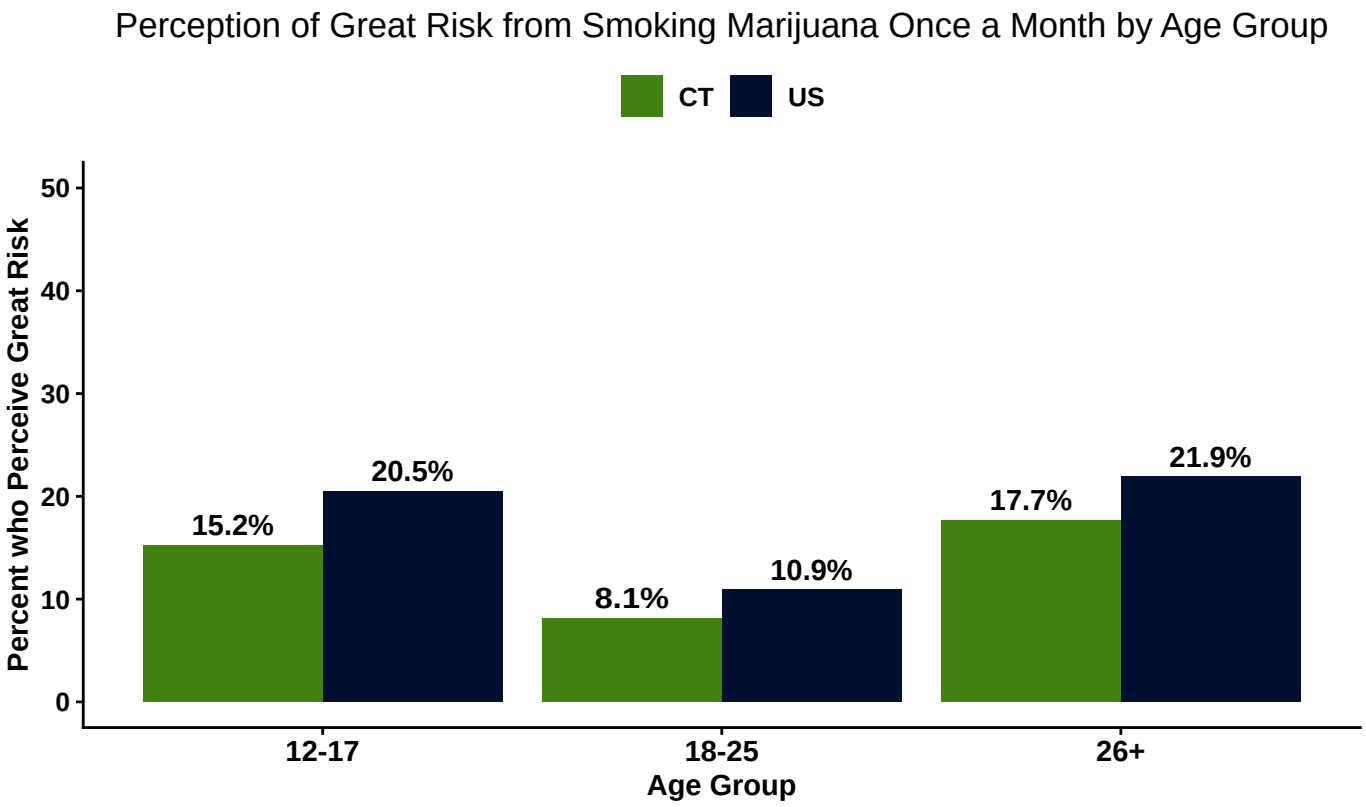
PERCEPTION OF RISK

The percentage of residents who report that they perceive great risk from smoking marijuana once a month has been steadily decreasing since 2015.[15]



*State estimates for these years are no longer available due to impact of COVID-19 on survey methodology.
Source: National Survey on Drug Use and Health (NSDUH), 2015-2023

Compared to their peers nationwide, a lower percentage of Connecticut residents perceive smoking cannabis once a month poses a great risk.[8]
A lower percentage of young adults (18-25) report that they perceive smoking marijuana once a month to be a great risk compared to other age groups.[8]

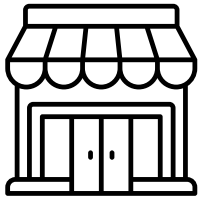


Source: National Survey on Drug Use and Health (NSDUH), 2022-2023

Special Consideration

Youth use and perception of harm have been linked to the presence and proximity of cannabis retail locations. Exposure to advertisements for medical marijuana and retail cannabis have been found to be associated with cannabis use and intentions to use among youth populations.[1] Considering this risk factor, Connecticut's recent legalization of cannabis for adult use may impact the state's youth population and their consumption. Other environmental risk factors for cannabis use include poverty, neighborhood and school characteristics, and access to health or treatment resources.

The prevalence of environmental risk factors often differs by racial and ethnic group as well as socioeconomic group and community type.



EFFECTS & CONSEQUENCES

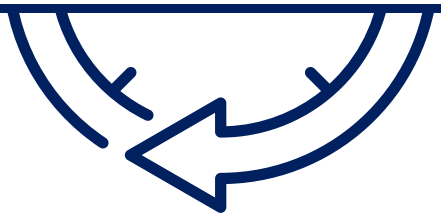
The evidence for and the understanding of the effects and consequences of cannabis are evolving as research is conducted and cannabis use is monitored. As such, the following effects and consequences are subject to change with future research.

Short-term Effects [16,17]

- Brain stimulation (“high”)
- Altered mood and senses
- Reduced coordination and balance
- Slowed reaction time
- Difficulty thinking and problem solving
- Impaired judgement and memory
- Psychosis, including hallucinations and delusions
- Engagement in risky behaviors (e.g., driving under the influence)
- Increased heart rate
- Bronchodilation



Long-term Consequences [16,18]



- Altered brain development
- Cognitive issues
- Mental health issues
- Use of other substances
- Cannabis Use Disorder (CUD) or other Substance Use Disorder (SUD)
- *Cannabinoid Hyperemesis Syndrome (CHS)*
- Breathing issues
- Impaired lung function

Special Considerations for Populations at Risk for Consequences



Adolescents and young people
Disruption of normal brain development



Pregnant individuals and fetuses
Fetal exposure affecting brain development



Breastfeeding individuals
Infant exposure affecting brain development



Infants and Children
Accidental consumption affecting brain development



Individuals with mental health disorders
Exacerbated symptoms and increased risk for substance use disorders



Individuals taking other medications
Interactions with prescription medications, increasing risk of adverse effects



People with chronic medical conditions
Exacerbation of conditions and interaction with prescription medication

Source: Addictions, Drug & Alcohol Institute (ADAI)

The increase in use of cannabis concentrates means that individuals are consuming more THC with each use. The inhalation of extremely concentrated forms of THC, referred to as *dabbing*, is an increasingly common method of cannabis consumption.[19] Concentrates of THC, the main psychotropic cannabinoid derived from the marijuana plant, are more potent than the average sample of cannabis plant material. These extracts can contain 39-69% THC and some can have THC concentrations up to 95%.[20]

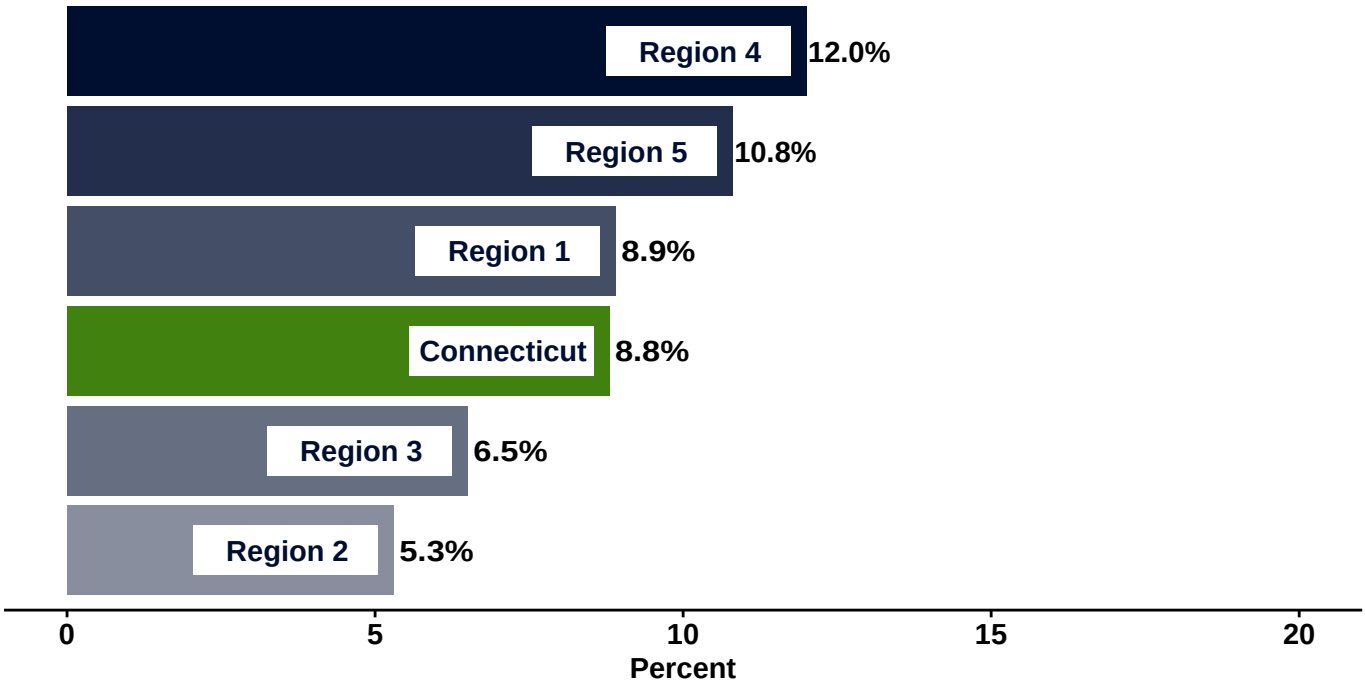
Vaping and other uses of highly THC-concentrated products are linked to negative health outcomes.

- A 2019 national outbreak of e-cigarette, or vaping product use-associated lung injury (EVALI) was linked to vaping THC.[21]
- Butane hash oil is associated with lung damage, structural brain changes, psychosis, and cognitive dysfunction.[19]
- Epidemiological studies have found that the use of highly potent cannabis products is associated with the risk of cannabis use disorder (CUD) and psychosis.[22]

Substance use treatment admissions for young adults in CT were more likely to list cannabis as the primary substance compared to the U.S.
In 2021, the percentage of all substance use treatment admissions for those aged 18 to 24 in Connecticut that listed cannabis as the primary substance at admission (28.2%) was higher than the US (22.6%).[23]

Region 4 had a slightly higher *unduplicated treatment admission* rate for cannabis. Furthermore, Regions 4 and 5 had a higher unduplicated treatment admission rate than the state as a whole whereas the other three regions had a similar or lower rate.[24]

Clients Who Reported Cannabis as Primary Substance of Use at Treament Admission



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

CONCLUSIONS & CONSIDERATIONS

Key takeaways:

- The prevalence of regular cannabis use was consistently higher in Connecticut than the U.S. over the past decade.
- In Connecticut, prevalence of cannabis use increases as students age, peaking in young adulthood (18-34).
- Lesbian, gay, or bisexual adults and high school students report higher rates of cannabis use compared to their heterosexual peers.
- Prevalence of self-reported cannabis use was slightly higher among female high school students compared to males. In contrast, prevalence among male adults was higher than females.
- Perception of risk from cannabis use was lowest among young adults (18-25).

Considerations:

- It is still too early to assess the effects of legalization of adult-use cannabis within Connecticut. Further data needs to be collected to determine the impact of legalization.
- 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.
- 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.
- Recent data for NSDUH substate estimates for Connecticut's five regions are not available due to the impact of the COVID-19 pandemic on survey methodology.
- 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 cannabis use in Connecticut, visit the:

Be in the Know: https://beintheknowct.org/

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

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

DataHaven: https://ctdatahaven.org/

GLOSSARY

Term	Definition
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.
Cannabinoid Hyperemesis Syndrome (CHS)	A condition in which a patient experiences cyclical nausea, vomiting, and abdominal pain after using cannabis. (For more information)
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.
Dabbing	The recreational use of extremely concentrated tetrahydrocannabinol, the main psychotropic cannabinoid derived from the marijuana plant.
Prevalence	The proportion of a population who have a specific characteristic 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.
Risk factors	Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

GLOSSARY

Term	Definition
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.

REFERENCES

1. U.S. Food & Drug Administration. FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD). FDA Web site. https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd. Updated July 16, 2024.

2. Igram M, Sott-Smith B. Connecticut dispensaries make their first recreational marijuana sales Tuesday. Connecticut Public Web site. https://www.ctpublic.org/2023-01-10/connecticut-dispensaries-make-their-first-recreational-marijuana-sales-tuesday. Published January 10, 2023.

3. United States Drug Enforcement Administration. Drug Scheduling. United States Drug Enforcement Administration Web site. https://www.dea.gov/drug-information/drug-scheduling.

4. Connecticut Data. Licensed Cannabis and Medical Marijuana Retail Locations | Connecticut data. https://data.ct.gov/Business/Licensed-Cannabis-and-Medical-Marijuana-Retail-Loc/42yd-3x3d/about_data. Created January 25, 2023. Updated May 1, 2025.

5. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health (NSDUH), 2023. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2023. Last updated February 13, 2025.

6. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health (NSDUH), 2016-2018. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases/2016-2018. Last updated February 24, 2025.

7. CDC. 2023 Behavioral Risk Factor Surveillance System (BRFSS) Survey Data and Documentation. CDC. https://www.cdc.gov/brfss/annual_data/annual_2023.html. Last Reviewed February 28, 2025.

8. Substance Abuse and Mental Health Services Administration. 2022-2023 National Surveys on Drug Use and Health (NSDUH): Model-Based Prevalence Estimates (50 States and The District of Columbia). https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases/2022-2023. Last Updated February 27, 2025.

9. DataHaven and Siena College Research Institute. DataHaven Community Wellbeing Survey (DCWS), 2024. https://www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey. Published November 11, 2024.

REFERENCES

10 CT Department of Public Health. 2023 Connecticut School Health Survey (CSHS). Connecticut's Official State Website. https://portal.ct.gov/dph/health-information-systems--reporting/hisrhome/connecticut-school-health-survey. Updated 2025.

11 NIDA. Prevention. National Institute on Drug Abuse website. Published September 14, 2023. Accessed December 19, 2025. https://nida.nih.gov/research-topics/prevention#risk-and-protective-factors-impact

12 NIDA. Co-Occurring Disorders and Health Conditions. National Institute on Drug Abuse website. Published September 30, 2024. Accessed December 19, 2025. https://nida.nih.gov/research-topics/co-occurring-disorders-health-conditions

13 CDC. About Adverse Childhood Experiences. Centers for Disease Control and Prevention website. Adverse Childhood Experiences (ACEs). Published September 24, 2025. Accessed December 19, 2025. https://www.cdc.gov/aces/about/index.html

14 CDC. Percentage of high school students who used drugs, by type of grades earned (mostly A's, B's, C's, or D's/F's) — United States, National Youth Risk Behavior Survey, 2015. Centers for Disease Control and Prevention website. Healthy Schools. Published September 24, 2025. Accessed December 19, 2025. https://archive.cdc.gov/www_cdc_gov/healthyschools/health_and_academics/pdf/Drug-Use-and-Academics-YRBS.pdf

15 Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health (NSDUH), 2015-2022. https://datatools.samhsa.gov/saes/state. Last Updated February 27, 2025.

16 NIDA. Cannabis (Marijuana). Updated September 24, 2024. Accessed January 13, 2026. https://nida.nih.gov/research-topics/cannabis-marijuana

17 NIDA. Commonly abused drugs chart. Published February 2007. Accessed January 13, 2026. https://nida.nih.gov/sites/default/files/cadchart.pdf

18 Pulmonology Advisor. Inhaled cannabis linked to risk for asthma, COPD. Published October 10, 2025. Accessed January 13, 2026. https://www.pulmonologyadvisor.com/news/inhaled-cannabis-linked-to-risk-for-asthma-copd/

19 Mullins MF. Cannabis dabbing: An emerging trend. Nursing. 2021;51(5):46–50. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8078006/. doi: 10.1097/01.NURSE.0000743108.72528.d8.

REFERENCES

20 Bidwell LC, Martin-Willett R, Karoly HC. Advancing the science on cannabis concentrates and behavioural health. Drug Alcohol Rev. 2021;40(6):900-913. doi:10.1111/dar.13281

21 CDC. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. CDC website. https://archive.cdc.gov/www_cdc_gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html. Updated February 25, 2020. Last Reviewed August 3, 2021.

22 Matheson J, Le Foll B. Cannabis Legalization and Acute Harm from High Potency Cannabis Products: A Narrative Review and Recommendations for Public Health. Front Psychiatry. 2020;11:591979. Published 2020 Sep 23. doi:10.3389/fpsyt.2020.591979

23 Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS) 2021. https://www.samhsa.gov/data/report/2021-teds-detailed-tables. Published November 29, 2023.

24 Connecticut Department of Mental Health and Addiction Services. (2024, December 16). Data extracted from the DMHAS Enterprise Data Warehouse.