2025

Cocaine & Stimulants

Epidemiological Profile

Developed: November 2025

CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

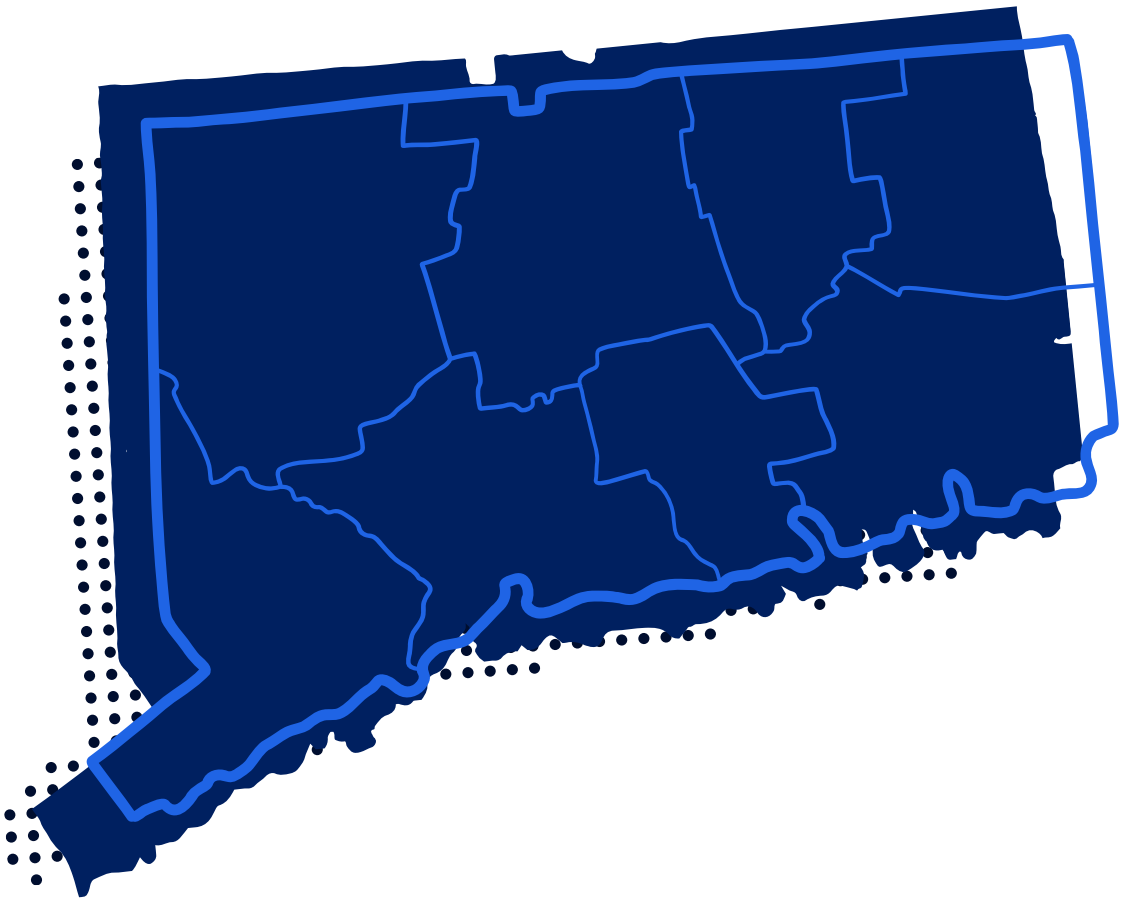
Table of Contents

INTRODUCTION	02
PREVALENCE	04
RISK & PROTECTIVE FACTORS	07
EFFECTS & CONSEQUENCES	10
CONCLUSIONS & CONSIDERATIONS	14
ADDITIONAL RESOURCES	15
GLOSSARY	16
REFERENCES	17

INTRODUCTION

Stimulants are a class of drugs that increase the activity of the central nervous system (CNS).[1] They can be classified as ***prescription stimulants*** *such as amphetamines (e.g. Adderall, Dexedrine) and methylphenidate (e.g. Ritalin, Concerta) that are legally prescribed for conditions such as attention deficit hyperactivity disorder (ADHD), and* ***recreational stimulants*** *such as cocaine, methamphetamine, and MDMA (commonly known as "ecstasy" or "molly") that are illegal.[2]*

This epidemiological profile explores the use of cocaine and other recreational stimulants in Connecticut. Data on stimulant use, risk factors, groups at risk, and effects and consequences have been synthesized to present a high-level summary. In addition, the profile examines stimulant use across demographic groups.



BACKGROUND

Cocaine is a powerful and addictive CNS stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a a Schedule II drug, meaning that it has a high potential for misuse and dependence, but there is some acceptable medical use.[3] 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.[4]

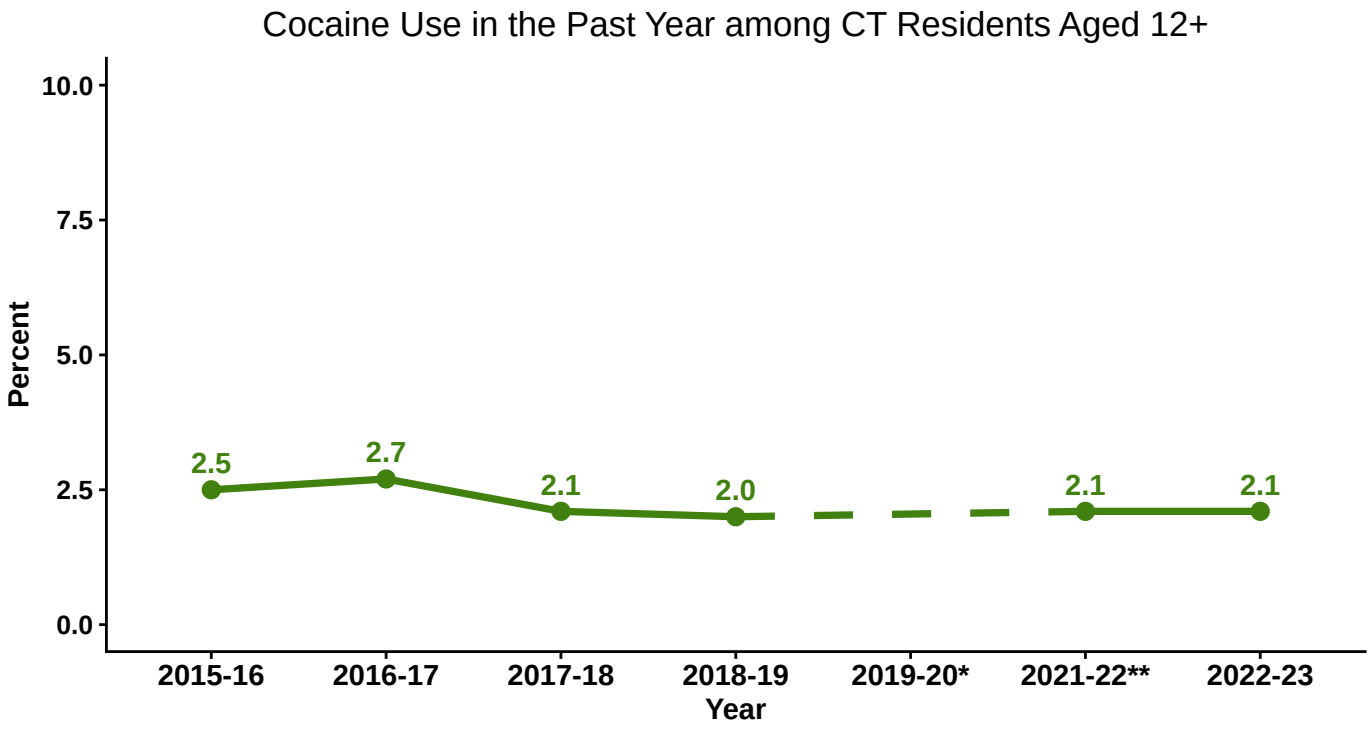
About 2% of Connecticut adults (18+) reported using cocaine in the past year; however, in 2024, more than half of fatal overdoses in Connecticut involved cocaine.[5,6] While use of cocaine and other stimulants in Connecticut has remained low compared to other substances, cocaine's increasing involvement in accidental drug-related deaths has made it an issue of focus.

Less than 1% of Connecticut adults (18+) reported using methamphetamine in the past year.[5] Methamphetamine is a synthetic stimulant and is a Schedule II drug. This drug is usually manufactured in pill or powder form, but when converted to shiny bluish-white rocks or crystals, it is referred to as "crystal meth" or "ice." Methamphetamine has been an issue of concern throughout the United States since 2005 and has been increasingly prevalent in drug-involved overdose deaths over the past decade.[7] However, the stimulant's presence in drug-involved deaths in Connecticut has been less frequent compared to cocaine.[6]

Non-medical use of prescription stimulants, such as amphetamines and methylphenidate prescribed for Attention Deficit Hyperactivity Disorder (ADHD), is a documented practice, particularly among young adults.[8] The practice of non-medical use of prescription stimulants by college students makes this age group a population of particular concern for stimulant use and related issues.[5,9]

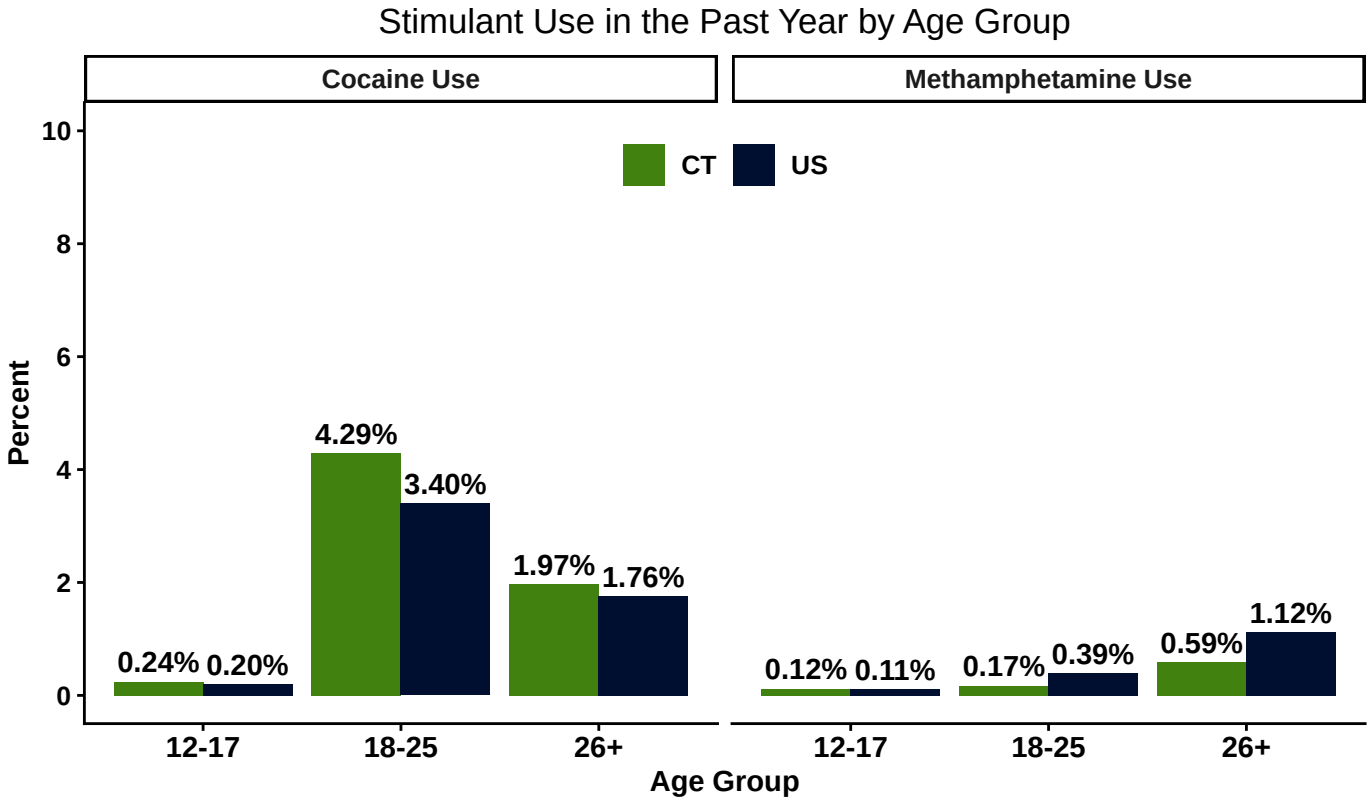
PREVALENCE

Past-year cocaine use among Connecticut residents aged 12 and older remained consistent at about 2% between 2017 and 2023.[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), 2015-2023

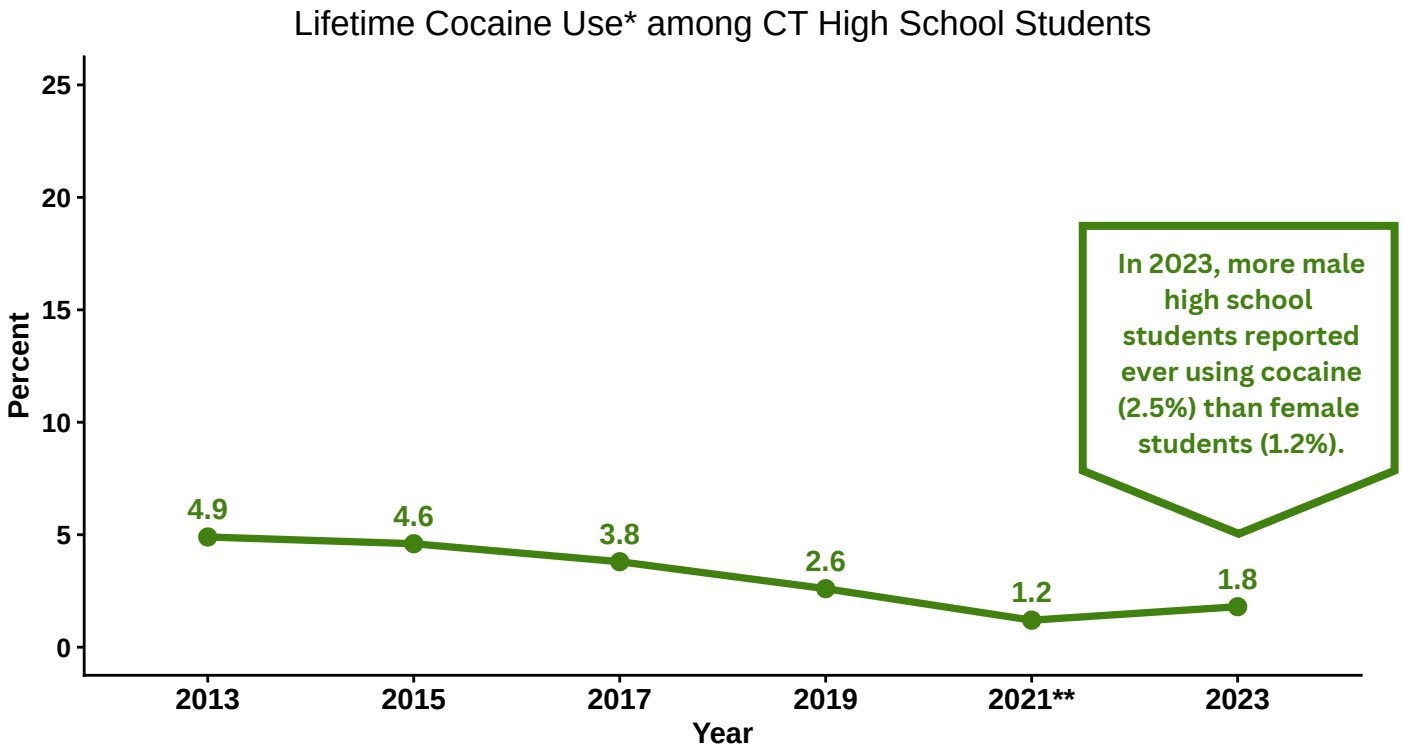
A higher percentage of Connecticut residents report using cocaine in the past year compared to methamphetamine. A higher percentage of young adults (18-25) report past-year cocaine use compared to other age groups, whereas methamphetamine use is highest in adults older than 25. Past-year cocaine and methamphetamine use are very rarely reported by youth (12-17). For 18 to 25-year-olds, reported cocaine use in Connecticut is slightly higher than the US *prevalence*, whereas methamphetamine use is slightly lower than the US prevalence.[5]



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

YOUTH USE (12-17)

The percentage of high school students who report lifetime cocaine use has steadily declined over the past decade. The percentage of male students (2.5%) who reported lifetime cocaine use in 2023 was twice that of female students (1.2%).[11]



*Use of any form of cocaine, including powder, crack, or freebase, one or more times during their life.
**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

RISK & PROTECTIVE FACTORS

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

Risk Factors for Stimulant Misuse [12,13,14,15,16]

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 • Enduring high levels of stress • History of *adverse childhood experiences (ACEs)* • Early use or exposure to stimulants (e.g., while in utero) • 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 stimulant use • Lack of parental supervision and involvement • Proximity to local access points for stimulant drugs • Childhood trauma • Exposure to stressors in living environment or neighborhood • Limited access to basic resources • Stressful life situations

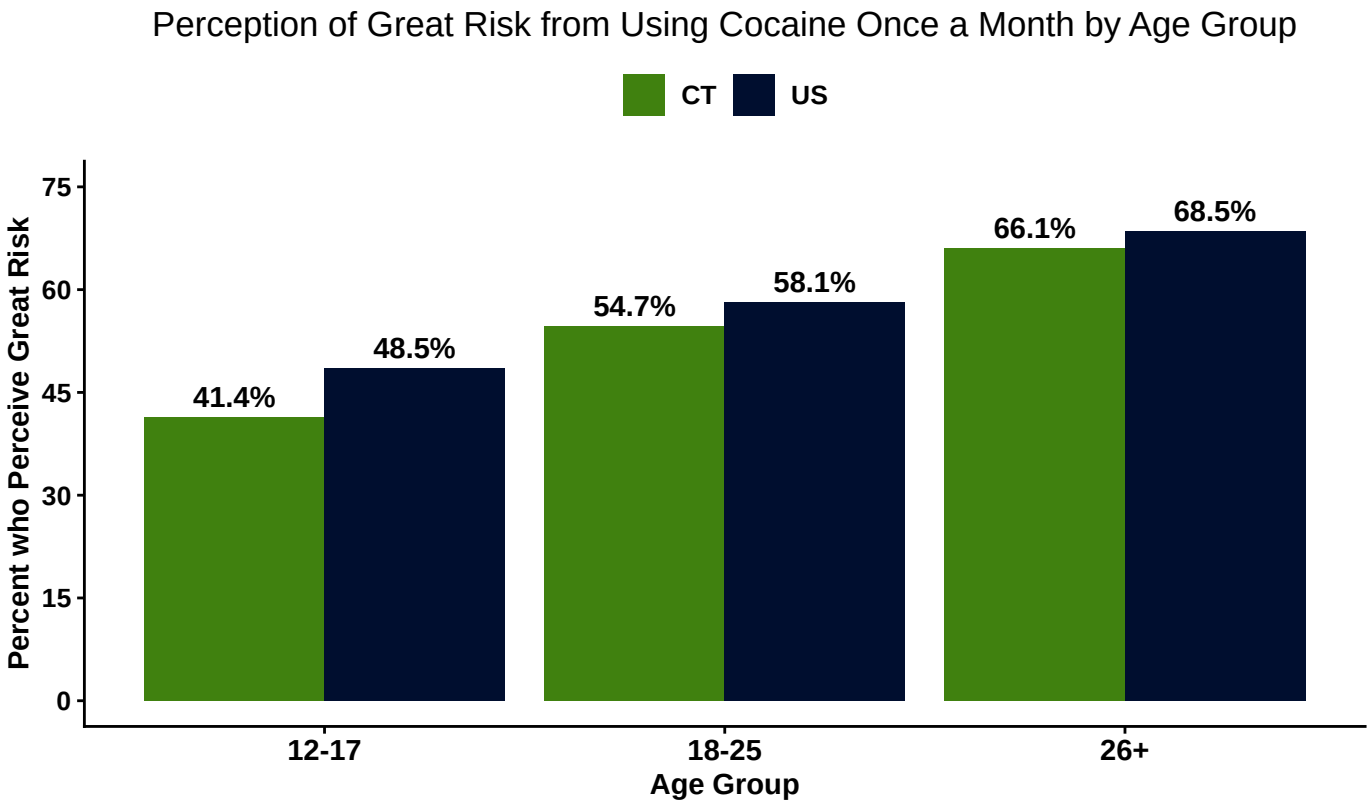
Protective factors are conditions or circumstances that protect individuals against stimulant misuse. Similar to risk factors, protective factors exist at various levels relative to the individual.

Protective Factors against Stimulant Misuse [12]

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

Less than half of youth (41.4%) report perceiving that using cocaine once a month poses a great risk. Perception of risk increases with age; more than half of young adults (54.7%) and two thirds of adults aged 26 and older (66.1%) report perceiving that cocaine use once a month poses a great risk.[5]



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

EFFECTS & CONSEQUENCES

Due to increased brain activity from stimulant use, a variety of short-term physical and psychological effects can occur.[1] Additionally, chronic use or misuse of stimulants can result in severe biological and behavioral effects and damage.[1,17]

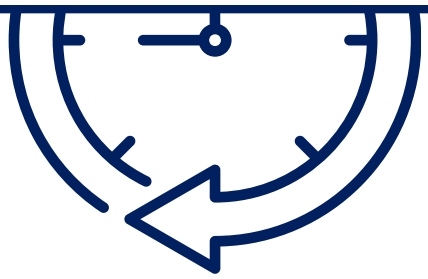
Short-term Effects [17,18]

- Brain stimulation ("high")
- Altered mood
- Impaired judgement
- Restlessness, agitation, and anxiety
- Paranoia
- Panic attacks
- Hallucinations
- Altered perceptions of reality
- Increased heart rate, blood pressure, and respiration
- Increased body temperature and perspiration
- Dilated pupils and blurred vision
- Tremors, jitteriness, and muscle twitching
- Decreased appetite
- Nausea, vomiting, and abdominal cramps
- Cardiac arrest
- Unintentional overdose and death



Long-term Consequences [12,17,19]

- Cognitive issues
- Mental health issues
- Stimulant-induced psychosis
- Use of other substances
- Stimulant Use Disorder (StUD) or other Substance Use Disorder (SUD)
- High blood pressure and risk of stroke
- Cardiovascular disease
- Dental issues (methamphetamine)
- Malnutrition and weight loss
- Sexual dysfunction
- Drug-related fatality

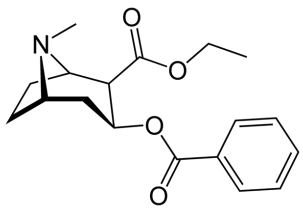


Long-term Consequences of Injection Use

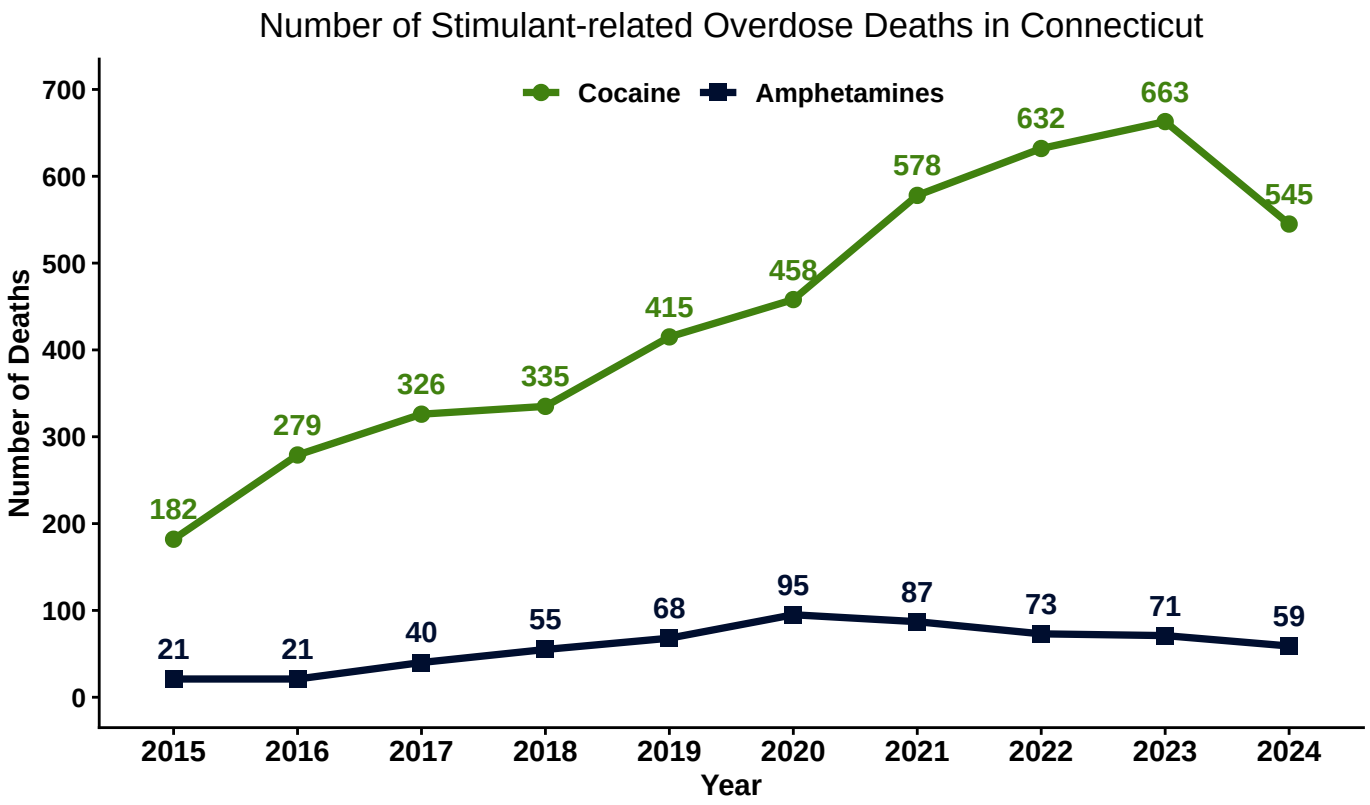
- Skin Infections
- Hepatitis B, C
- HIV

Special Consideration

The concurrent use of cocaine with alcohol results in the production of cocaethylene, which tends to have a longer duration of action and more intense effects than cocaine alone. The formation of cocaethylene is of particular concern because it may exacerbate the cardiotoxic effects of cocaine or alcohol.[20]

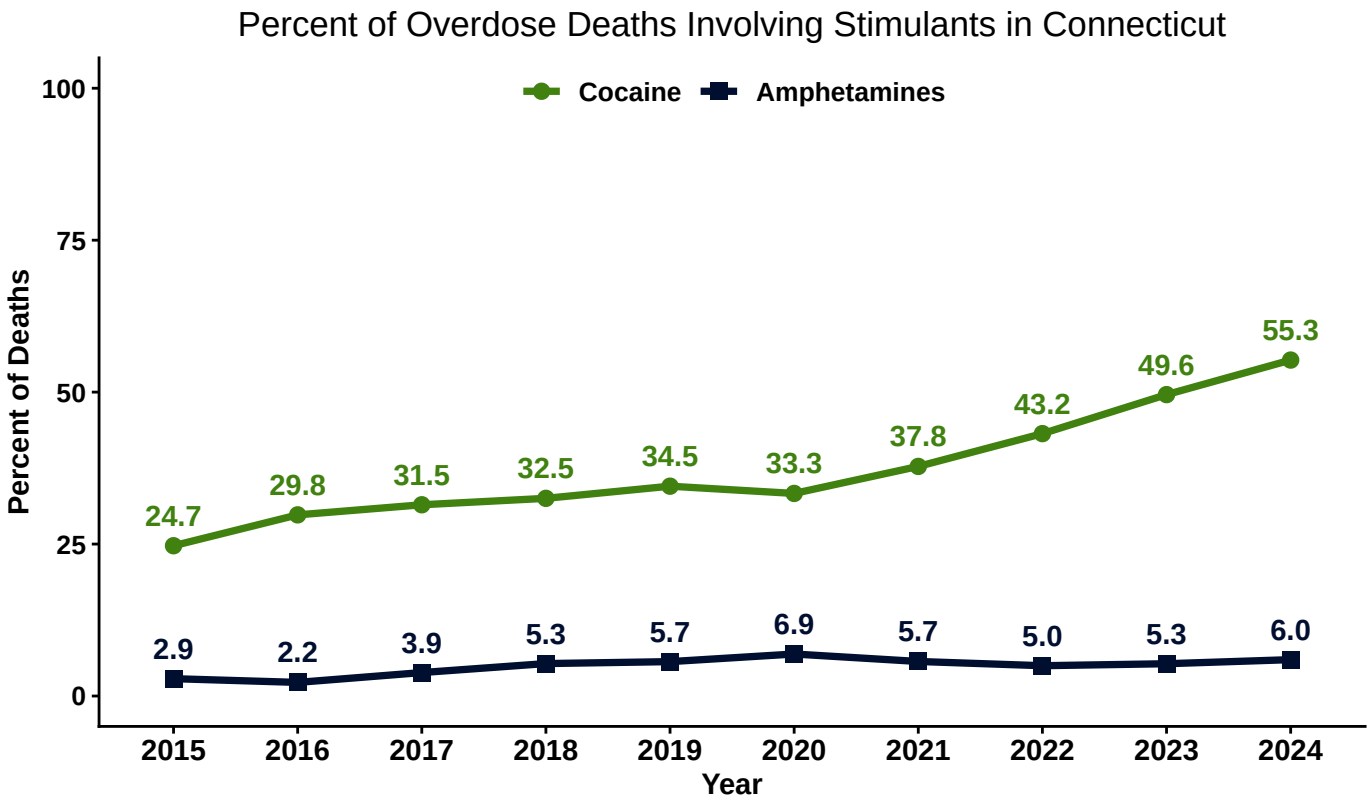


The number of cocaine-related overdose deaths consistently increased from 2015 to 2023 before declining in 2024. The number of amphetamine-related overdose deaths has remained consistent but less prevalent than cocaine-related deaths over the past decade, reaching a peak of 95 deaths in 2020.[6]



Source: Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2025 (CT DPH). Accessed October 14, 2025.

The percentage of overdose deaths that involve cocaine has consistently increased since 2020. In contrast, the percentage of fatal overdoses that involve amphetamines has remained stable and comparatively low over the past decade.[6]



Source: Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2025 (CT DPH). Accessed October 14, 2025.

Special Consideration

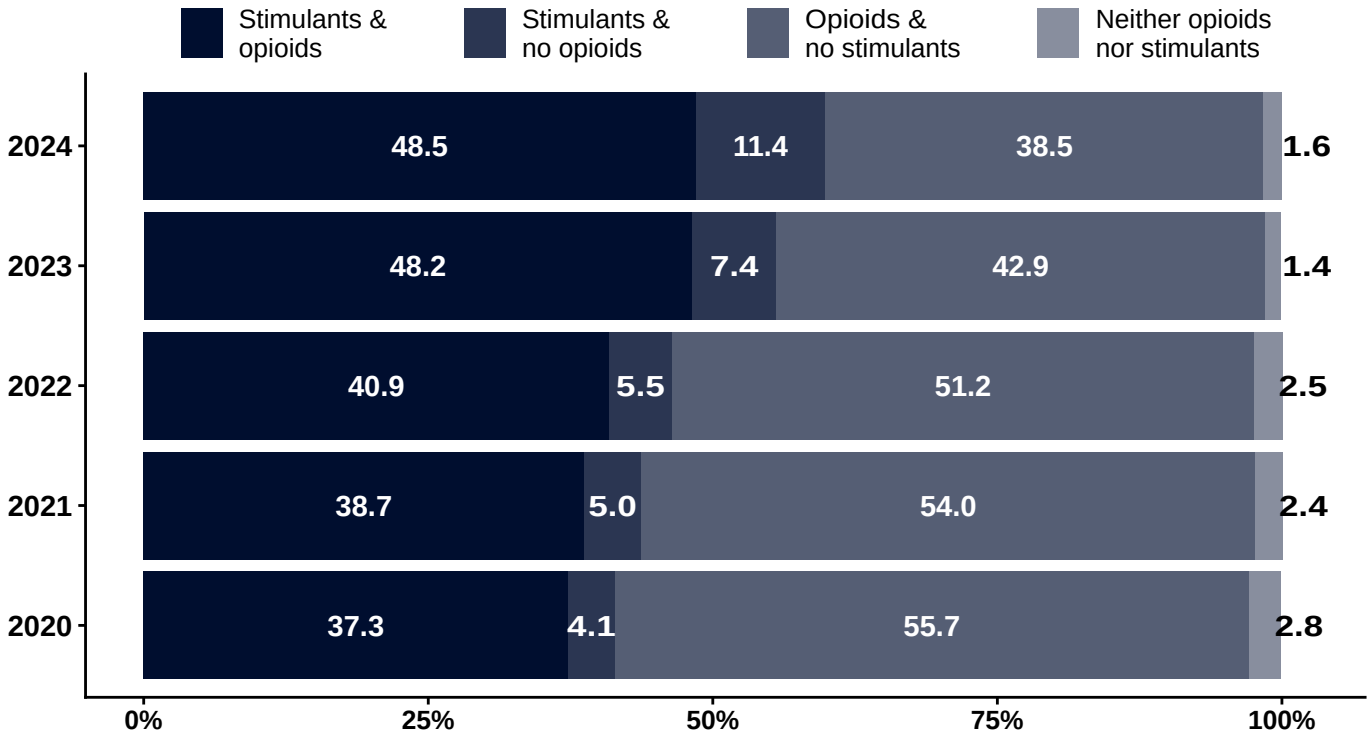
Cocaine may be intentionally combined with fentanyl and/or heroin and injected (referred to as "speedball"). Alternately, an individual may purchase cocaine that has fentanyl and/or heroin added without their knowledge, increasing the risk of overdose, especially among non-opioid tolerant individuals.[21,22]



The majority of cocaine-involved overdose deaths in Connecticut also involve fentanyl. The number of fatal overdoses in Connecticut that involve both cocaine and fentanyl increased between 2013 and 2023 before declining in 2024. However, this decrease may reflect the overall decline in overdose deaths rather than a decline in fatal overdoses involving these two substances. In 2024, 77.5% of cocaine-involved fatal overdoses in the state also involved fentanyl.[6]

In Connecticut, nearly half (48.5%) of the overdose deaths that occurred in 2024 involved both stimulants and opioids. One third (33.4%) of all fatal overdosesin 2024 involved cocaine and *illegally-made fentanyl* and 10.1% involved cocaine with no other opioids.[23]

Distribution of Overdose Deaths by Opioid and Stimulant Involvement in Connecticut



Source: State Unintentional Drug Overdose Reporting System (SUDORS) Dashboard, CDC. Accessed November 13, 2025.

CONCLUSIONS & CONSIDERATIONS

Key takeaways:

- In 2024, cocaine was involved in more than half of Connecticut's fatal overdoses and the percentage of deaths that involve it has risen steadily since 2020.
- The number of cocaine deaths rose annually from 2015 to 2023, dipping slightly in 2024, while amphetamine deaths stayed comparatively low and stable, peaking in 2020.
- While past-year cocaine use has historically been low among Connecticut residents, there is a higher prevalence of reported cocaine use among adults ages 18-25.
- Connecticut high school students' lifetime cocaine use has fallen from 4.9% (2013) to 1.8% (2023); however, males reported use at twice the rate of females (2.5% vs. 1.2%) in 2023.
- In Connecticut, 48.5% of overdose deaths in 2024 involved both stimulants and opioids (increased from 37.3% in 2020). One third (33.4%) of fatal overdoses involved cocaine with illicitly manufactured fentanyl, while 10.1% involved cocaine without any opioids.

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.
- Data at the DMHAS planning region level were not available at the time of developing this profile and thus were 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.
- 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

ADDITIONAL RESOURCES

For more data and information on cocaine and other stimulants in Connecticut, visit the:

CDC SUDORS Dashboard: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html

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.
Illegally-made fentanyl (IMF)	The SUDORS dashboard classifies fentanyl as likely illegally made using toxicology, scene, and witness evidence. In the absence of sufficient evidence to classify fentanyl as illicit or prescription, SUDORS data classifies fentanyl as illegally made. All fentanyl analogs except alfentanil, remifentanil, and sufentanil (which have legitimate human medical use) are included as “Illegally-made fentanyls.”
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.
Stimulants	A class of psychoactive drugs that increase the activity of the central nervous system.
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).

REFERENCES

1. Farzam K, Faizy RM, Saadabadi A. Stimulants. ncbi.nlm.nih.gov. Last Update July 2, 2023. Accessed November 7, 2025. https://www.ncbi.nlm.nih.gov/books/NBK539896/

2. Centers for Disease Control and Prevention. Stimulants. cdc.gov. Published July 17, 2025. Accessed November 7, 2025. https://www.cdc.gov/overdose-prevention/about/stimulant-overdose.html

3. US Drug Enforment Administration. Controlled Substance Schedules. deadiversion.usdoj.gov. Accessed November 7, 2025. https://www.deadiversion.usdoj.gov/schedules/schedules.html#:~:text=Schedule%20II/IIN%20Controlled%20Substances,amobarbital%2C%20glutethimide%2C%20and%20pentobarbital.

4. National Institute on Drug Abuse. Cocaine. Published March 2024. Accessed November 7, 2025. nida.nih.gov. https://nida.nih.gov/research-topics/cocaine

5. Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH State Estimates, 2022-2023. samhsa.gov. Accessed October 14, 2025. https://www.samhsa.gov/data/data-wecollect/nsduh-national-survey-drug-use-and-health/state-releases

6. Department of Public Health. Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2025. portal.ct.gov. First Published June 17, 2020. Last Published October 24, 2025. Accessed October 14, 2025. https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

7. Tanz LJ, Miller KD, Dinwiddie AT, Gladden RM, Asher A, Baldwin G, Nesbit B, O'Donnell J. Drug overdose deaths involving stimulants—United States, January 2018–June 2024. MMWR Morb Mortal Wkly Rep. 2025;74(32):491-499.

8. Butler SF, Faraone SV, Rostain AL, et al. Non-medical use of prescription stimulants among college students: non-oral routes of administration, risk factors, motivations, and pathways. Front Psychiatry. 2021;12:667118. doi:10.3389/fpsyt.2021.667118

9. Wei, J., & Sinnott, SM. Harms and benefits of non-medical methylphenidate use among young adults: a scoping review of the literature. Journal of Substance Use. 2023; 30(2):199–204. https://doi.org/10.1080/14659891.2023.2293808

10. Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (NSDUH) 2015-2023. samhsa.gov. Accessed October 14, 2025. https://datatools.samhsa.gov/saes/state

REFERENCES

11 Connecticut State Department of Public Health (DPH). Connecticut School Health Survey (CSHS). portal.ct.gov. Published 2023. https://portal.ct.gov/dph/health-information-systems--reporting/hisrhome/connecticut-school-health-survey?language=en_US

12 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

13 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

14 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

15 Richardson GA, Larkby C, Goldschmidt L, Day NL. Adolescent initiation of drug use: effects of prenatal cocaine exposure. J Am Acad Child Adolesc Psychiatry. 2013;52(1):37-46. doi:10.1016/j.jaac.2012.10.011

16 SAMHSA. Prescription Stimulant Misuse and Prevention Among Youth and Young Adults. November 2021. Accessed December 19, 2025. Publication No. PEP21-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. https://www.campusdrugprevention.gov/sites/default/files/2021-11/PEP21-06-01-003_Stimulant_advisory_Nov2021.pdf

17 Substance Abuse and Mental Health Services Administration, Treatment for Stimulant Use Disorders, Treatment Improvement Protocol (TIP) Series, No. 33. ncbi.nlm.nih.gov. Chapter 2—How Stimulants Affect the Brain and Behavior. Published 1999. Updated 2021. https://www.ncbi.nlm.nih.gov/sites/books/NBK576548/

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

19 Soltaninejad M, Naderi Y, Rouhi L, Banazadeh M. Substance abuse and sexual functioning: an overview of mechanisms. Addict Health. 2024;16(4):286-296. doi:10.34172/ahj.1515

20 Pergolizzi J, Breve F, Magnusson P, LeQuang JAK, Varrassi G. Cocaethylene: When Cocaine and Alcohol Are Taken Together. Cureus. 2022;14(2):e22498. Published 2022 Feb 22. doi:10.7759/cureus.22498

REFERENCES

21 Bailey K, Abramovitz D, Patterson TL, et al. Correlates of recent overdose among people who inject drugs in the San Diego/Tijuana border region. Drug Alcohol Depend. 2022;240:109644. doi:10.1016/j.drugalcdep.2022.109644

22 Ondocsin, J., Holm, N., Mars, S.G. et al. The motives and methods of methamphetamine and 'heroin' co-use in West Virginia. Harm Reduct J 20, 88 (2023). https://doi.org/10.1186/s12954-023-00816-8

23 Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Updated November 12, 2025. Accessed November 13, 2025. https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html