2025

Prescription Drugs

Epidemiological Profile

Developed: October 2025

CONNECTICUT
Mental Health & Addiction Services

CPES
Center for Prevention Evaluation and Statistics

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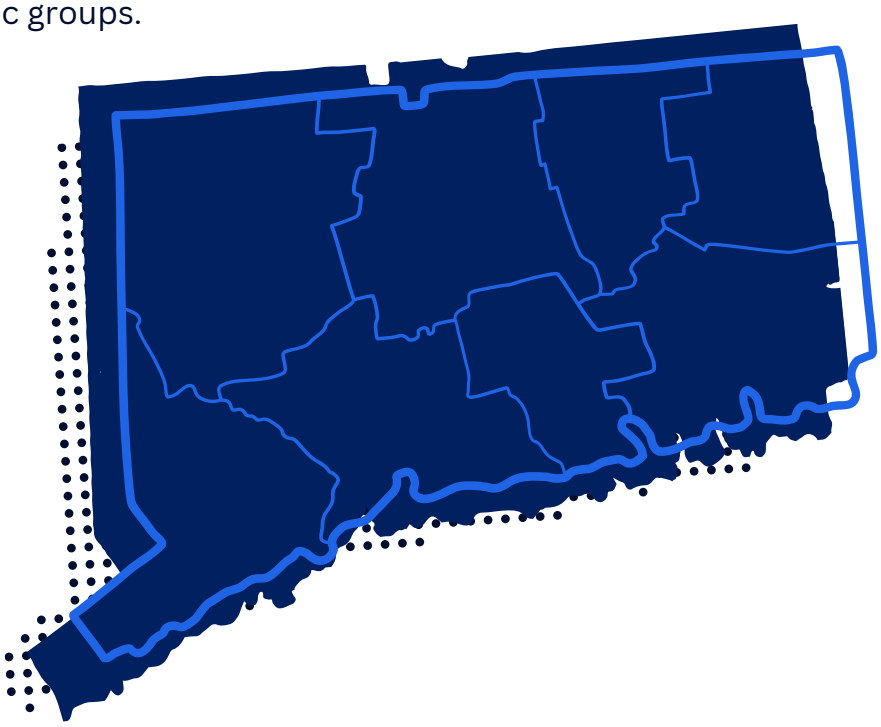
INTRODUCTION

Prescription drugs are medications that must be approved by a healthcare professional before they can be dispensed by a licensed pharmacist.[1,2] These medications are generally intended for use by specific individuals to address particular medical conditions. In the United States (US), they are regulated by the US Food and Drug Administration (FDA) to ensure safety and efficacy.[2] Common categories of prescription drugs important to substance use epidemiology include opioids for pain relief, cough, and diarrhea (e.g., codeine, morphine); central nervous system (CNS) depressants for anxiety, panic, and sleep disorders (diazepam, clonazepam); and stimulants for attention deficit/hyperactivity disorder (ADHD) and narcolepsy treatment (methylphenidate, amphetamines).[1,3]

In this profile, the term "prescription drug misuse" refers to taking a medication in a way or dosage that differs from what was prescribed or using it for purposes other than medical treatment. This can involve an individual either misusing their own prescription or using medication intended for another person.[3,4]

This epidemiological profile explores the misuse of prescription drugs, such as opioid pain relievers and benzodiazepines, in Connecticut. Data on prescription drugs and misuse, risk factors, groups at risk, and effects and consequences have been synthesized to present a high-level summary. In addition, the profile examines prescription drug misuse across demographic groups.

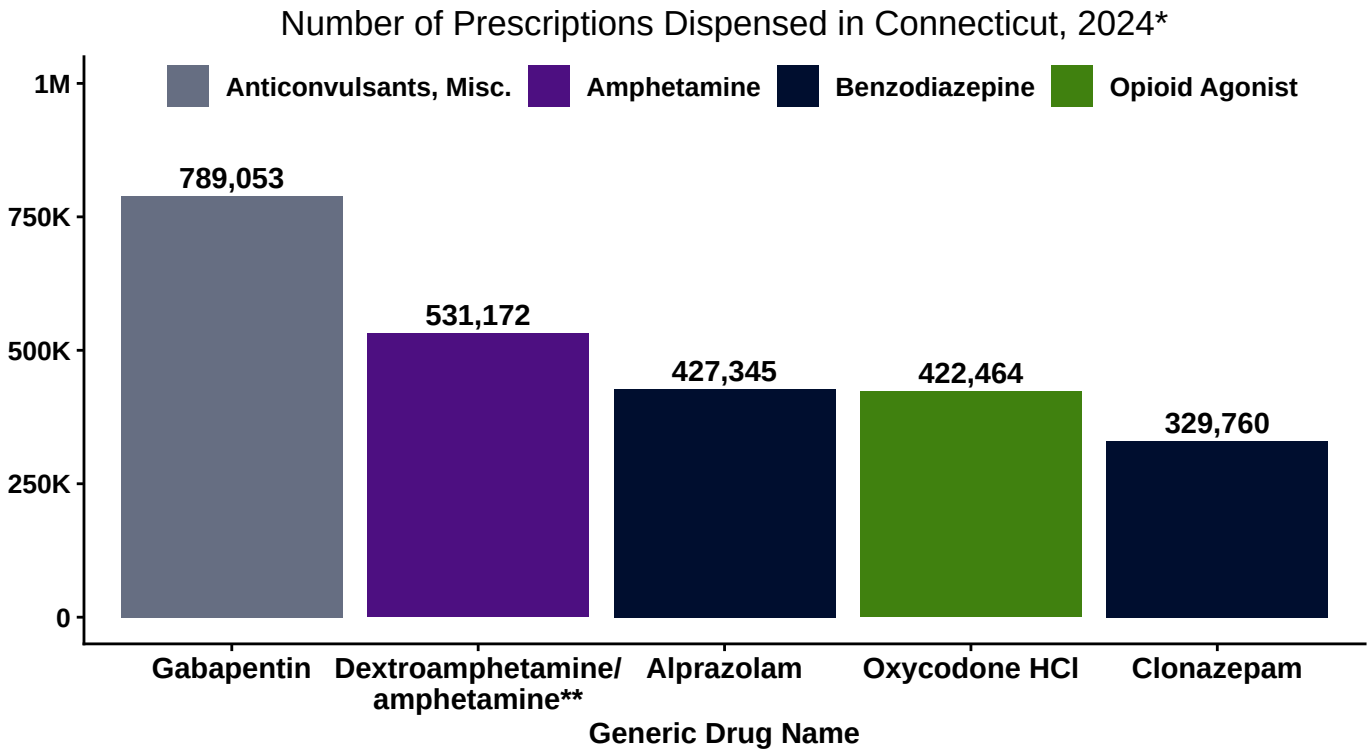


BACKGROUND

In Connecticut and at the national level, there was a significant increase in prescribing beginning in the early 1990's, particularly for opioid agonists (e.g., oxycodone), which made these drugs more easily accessible.
People receive prescriptions for various reasons such as managing chronic pain, treating physical health conditions (chronic and acute illnesses), and addressing mental health concerns.[5] Many people may be unaware of the addictive properties and potential for overdose of some prescription drugs, while some individuals perceive prescription drugs as less harmful than illicit drugs, increasing the tendency for misuse.[6,7]

In 2024, about ten million prescriptions were dispensed for any reason in Connecticut.[8] The top five most common medications dispensed in 2024, aside from medical marijuana, were:

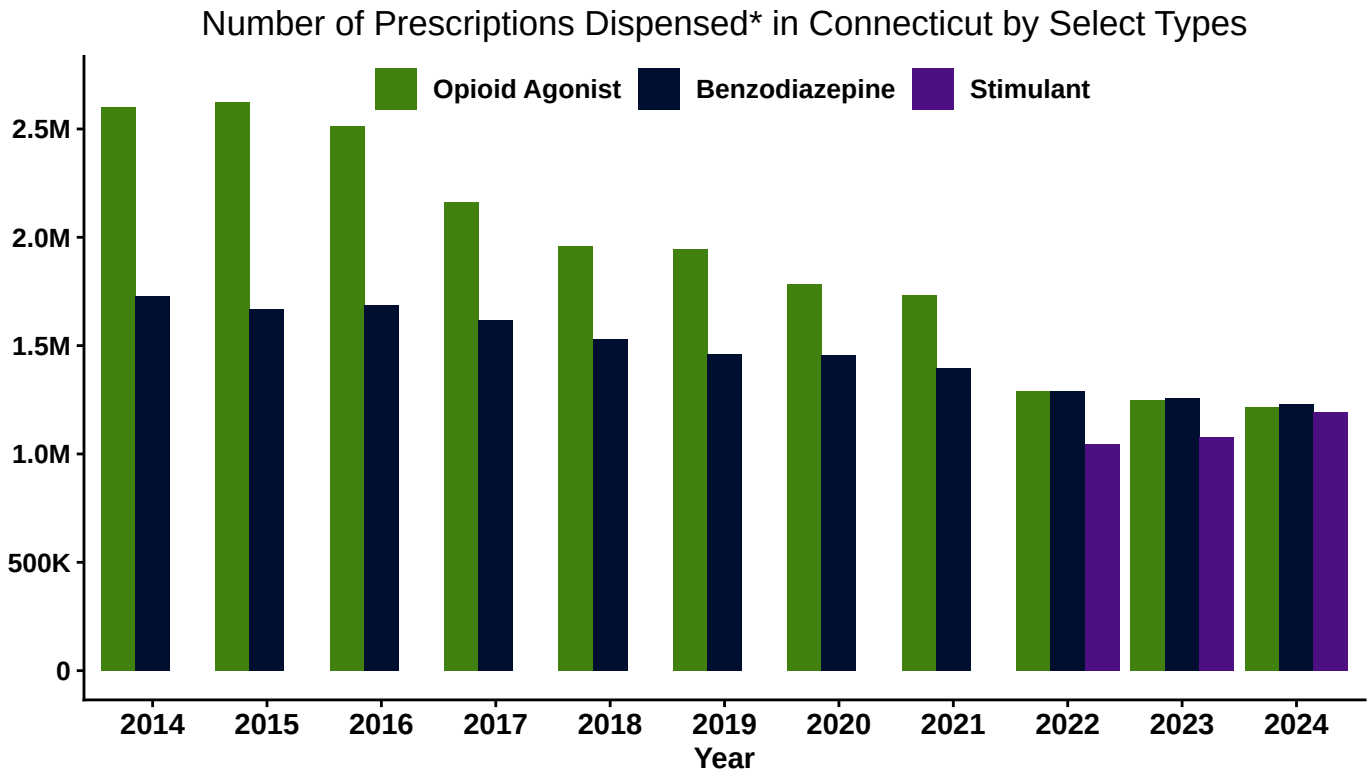
1. Gabapentin
2. Dextroamphetamine/amphetamine
3. Alprazolam
4. Oxycodone
5. Clonazepam



*Only includes dispensations to CT residents reported to the CT Prescription Monitoring & Reporting System (CPMRS).
**Dextroamphetamine/amphetamine = Dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate.
Source: CPMRS Data Story. Accessed September 9, 2025.

Connecticut's laws and regulations governing the distribution and handling of controlled substances have set standards for safe dispensation and use. For example, Connecticut General Statutes (CGS) Sec. 21a-254 established the Connecticut Prescription Monitoring and Reporting System (CPMRS), a prescription monitoring database managed by the CT Department of Consumer Protection Drug Control Division's Prescription Monitoring Program (PMP). The CPMRS went live for prescribers and pharmacists on July 1, 2008 for documentation and monitoring of prescribed Schedule II through Schedule V drugs. Additionally, in 2015 and 2017, CT legislation restricted initial (as opposed to refill) opioid prescriptions for patients in outpatient settings to a seven-day supply for adults and a five-day supply for those under age 18.[9]

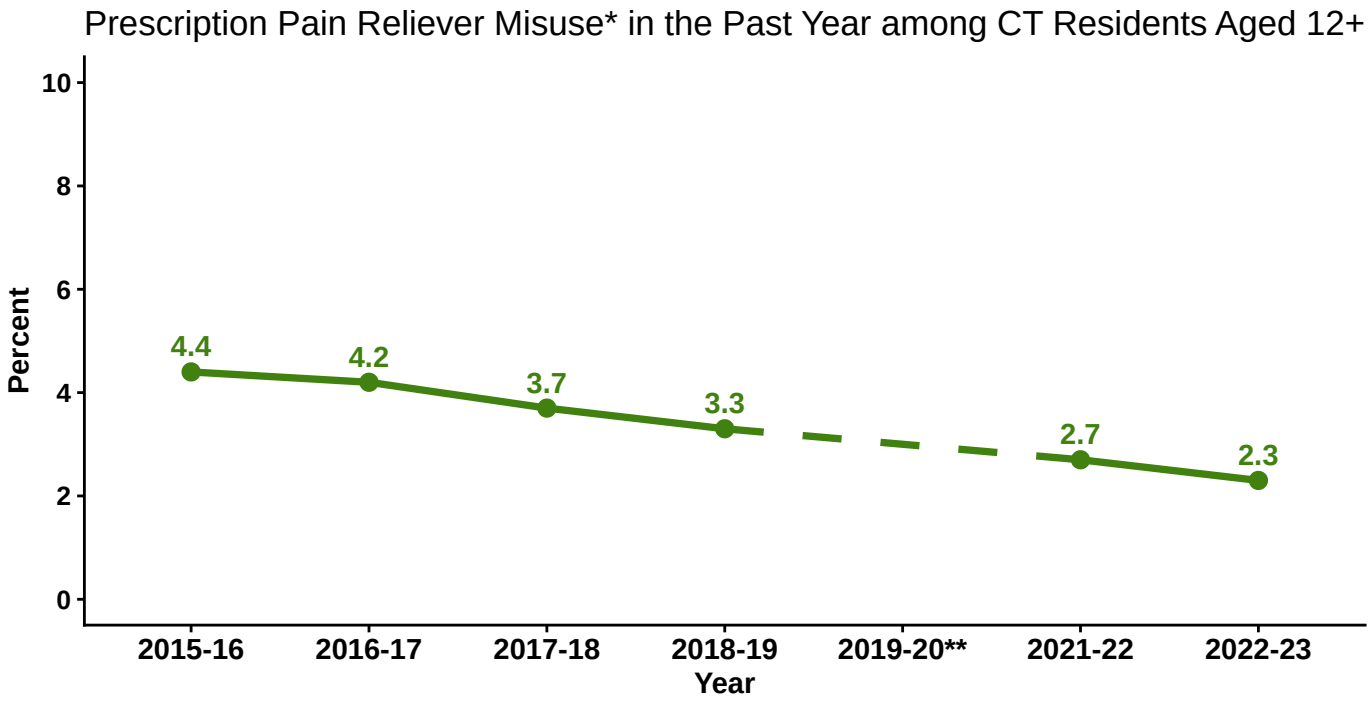
Dispensations for opioid agonists have decreased in the past decade.[8]



*Only includes dispensations to CT residents reported to the CT Prescription Monitoring & Reporting System (CPMRS).
Source: CPMRS Data Story. Accessed September 9, 2025.

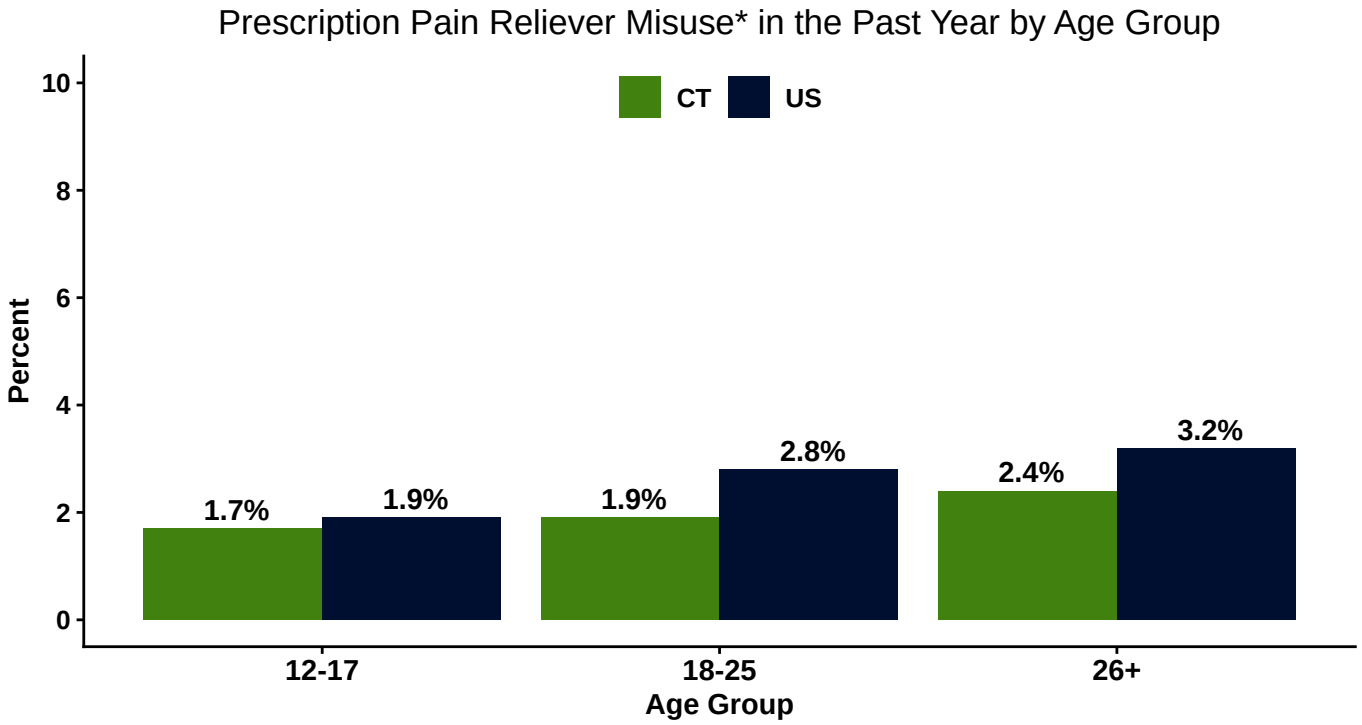
PREVALENCE

Misuse of prescription pain relievers in CT has been declining since 2015 and reflects a national decline in *prevalence*.[10]



*Misuse of prescription pain relievers (excludes over-the-counter drugs) is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor.
**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

Prevalence of prescription pain reliever misuse in Connecticut is slightly lower than the national prevalence. Misuse of prescription pain relievers is most prevalent among adults ages 26 and older, compared to youth (12-17) and young adults (18-25).[11]



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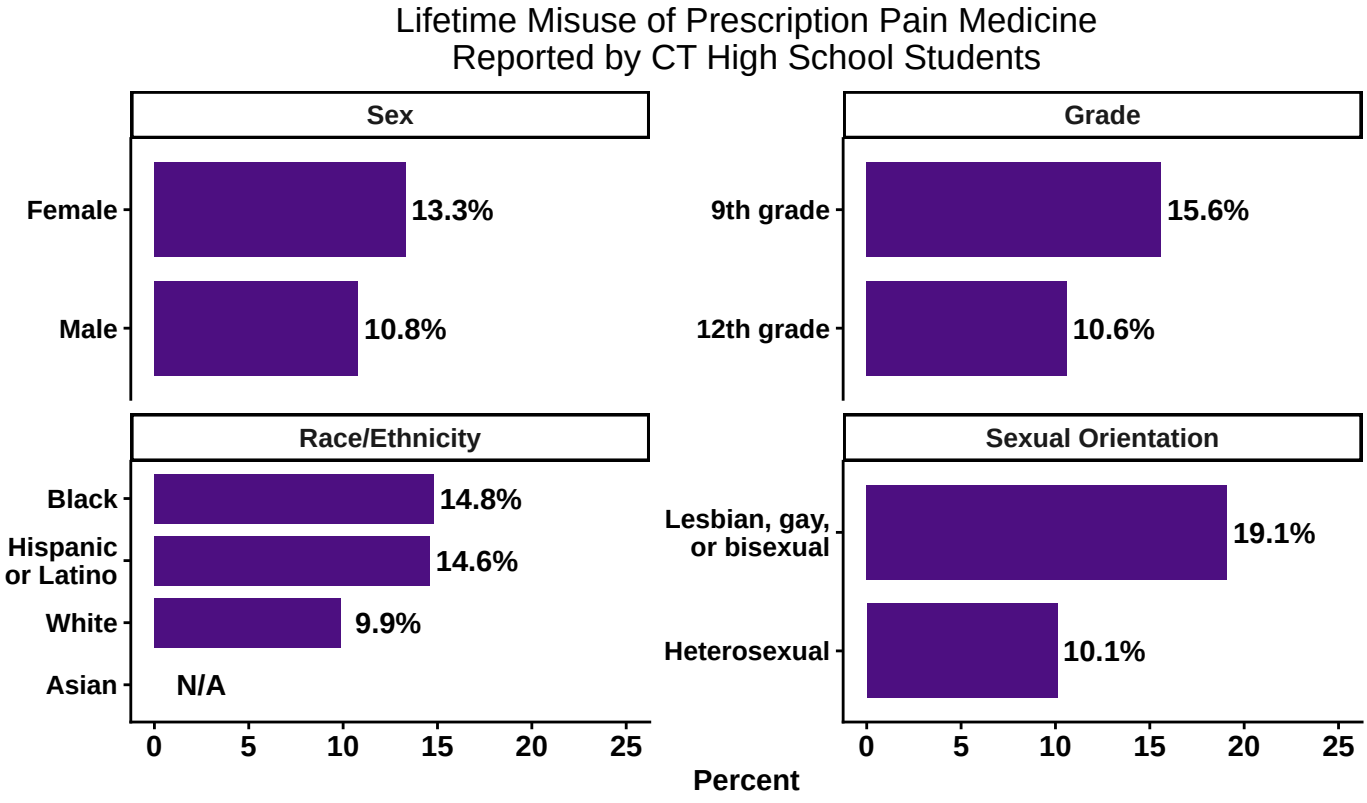
Source: National Survey on Drug Use and Health (NSDUH), 2022-2023

YOUTH USE (12-17)

Misuse of prescription drugs is a concern, especially among youth.
About one in ten high school students (12.2%) report having misused prescription pain medicine such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet **in their lifetime.**[12] In addition, 1.7% of CT youth (12-17) reported misusing prescription pain relievers **in the past year.**[11]

A higher percentage of female, 9th grade, Black, Hispanic, and lesbian, gay, or bisexual students report lifetime prescription pain medicine misuse compared to male, 12th grade, White, and heterosexual students, respectively.[12]



Source: Connecticut School Health Survey (CSHS), 2023

RISK & PROTECTIVE FACTORS

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

Risk Factors for Prescription Drug Misuse [13,14,15,16,17,18,19]

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 • Lack of knowledge about the addictive properties of some prescription medications such as opioids • Chronic pain • Impulsivity and sensation seeking • Academic and/or behavioral health problems in school	• Social, family, and/or peer norms that encourage or tolerate prescription drug use • Lack of parental supervision and involvement • Easy access to prescription medications (e.g., in the home) • Over-prescription • 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 prescription drug misuse. Similar to risk factors, protective factors exist at various levels relative to the individual.

Protective Factors against Prescription Drug Misuse [13]

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

EFFECTS & CONSEQUENCES

Direct and indirect effects of prescription drug misuse exist for individuals, and the communities and systems in which they exist.[3]

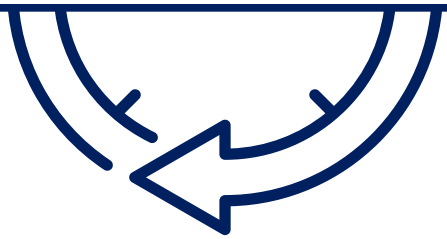
Short-term Effects [14,20,21]

- Brain stimulation ("high")
- Altered mood and cognition
- Impaired judgement
- Hallucinations
- Engagement in risky behaviors
- Changes in blood pressure and respiration
- Heart problems
- Increase in body temperature
- Drowsiness and other sleep issues
- Dizziness
- Constipation



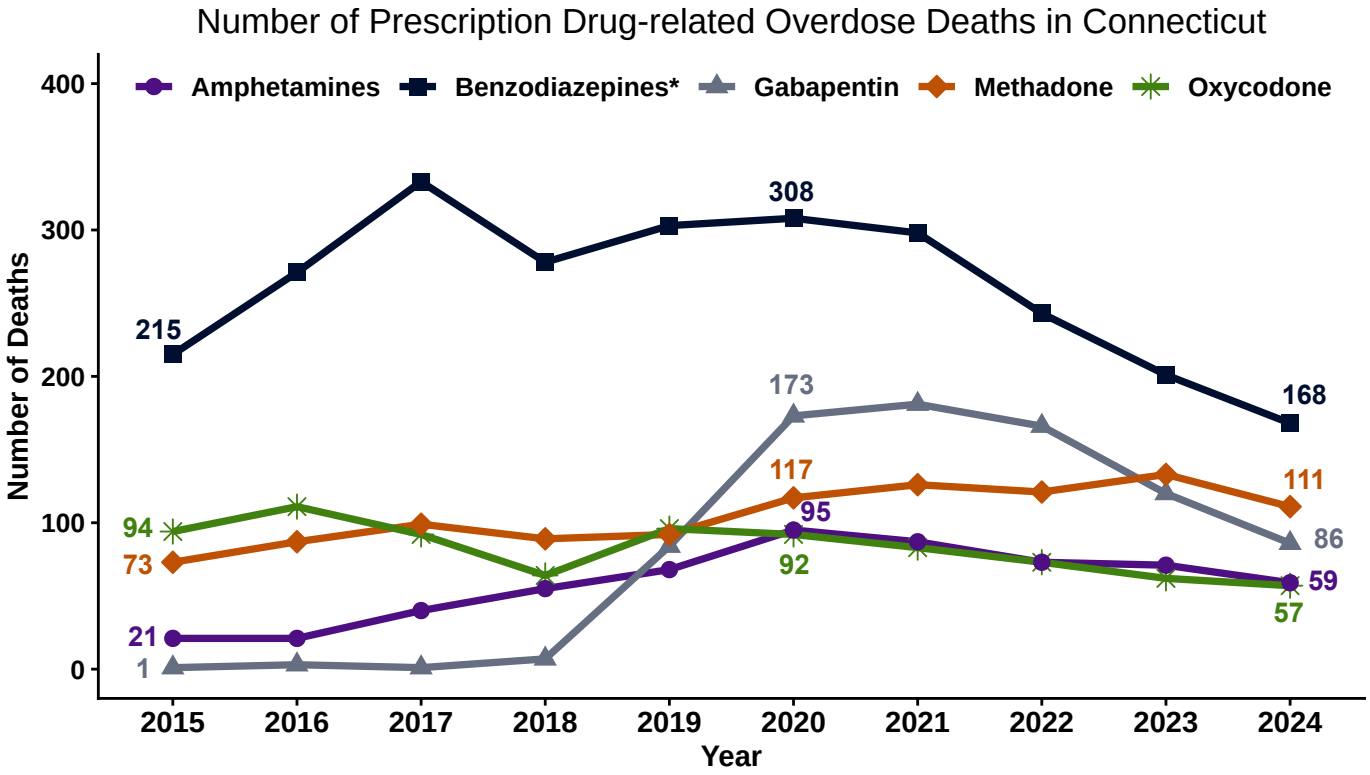
Long-term Consequences [14,20]

- Cognitive issues
- Mental health issues
- Use of other substances
- Substance Use Disorder (SUD)
- Organ damage
- Drug-related fatality
- Decreased school or work performance



At the community/systems level, prescription drug misuse effects are also reflected in treatment admissions, emergency room visits, and overdose deaths.

Benzodiazepines are the prescription drug category most commonly involved in overdose deaths. However, the number of overdose deaths that involve **benzodiazepines** (excluding *designer benzodiazepines*) have been decreasing since 2020. Since 2020, **methadone** has been involved in over 100 overdose deaths per year and, beginning in 2023, has been the second most commonly involved prescription drug in overdose deaths. **Gabapentin**-involved overdose deaths rose sharply during 2019 and 2020 but have been decreasing since 2021. Furthermore, the number of **oxycodone**-involved deaths has been steadily decreasing since 2019, and the number of **amphetamine**-involved overdose deaths has been decreasing since 2021.[22]



*Excludes designer benzodiazepines.
Source: Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2025 (CT DPH). Accessed September 2, 2025.

Polysubstance use plays a contributing role in unintentional substance-involved deaths, with more than one substance found in the systems of many of those who died of unintentional overdose. For example, in 2023, prescription opioids were identified in 6.1% of Connecticut's fentanyl-involved deaths. Since prescription drugs such as methadone, benzodiazepines, gabapentin, and oxycodone are often prescribed for diagnosed medical or behavioral health conditions, including methadone for treatment of opioid use disorder, it is unclear whether their presence in decedents' systems represents intentional misuse or simply co-occurrence due to ongoing prescribed use.[23]

CONCLUSION & CONSIDERATIONS

Key takeaways:

- Misuse of prescription pain relievers has steadily decreased since 2015 on both the state and national levels.
- The prevalence of prescription pain reliever misuse in Connecticut is slightly lower than the national level and is highest among adults ages 26 and older compared to young adults (18-25) and youth (12-17).
- About one in ten CT high school students report misusing prescription pain medicine in their lifetime. A higher percentage of high school students who are female, Black, Hispanic, lesbian, bisexual, or gay or in the 9th grade report lifetime misuse of prescription pain medicine compared to male, White, heterosexual, and 12th grade students, respectively.
- Compared to other prescription drugs, benzodiazepines (excluding designer benzodiazepines) are the most commonly involved drugs in overdose deaths.

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 prescription drug use in Connecticut, visit the:

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

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

CT Department of Consumer Protection (DCP) Prescription Drug Monitoring Program (PMP) Consolidated Data Resource Guide: CPMRS Data Consolidated Guide

CT DCP PMP Data Story: https://data.ct.gov/stories/s/a2js-37an/

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.
Designer benzodiazepines	A new class of psychoactive substances, illicitly produced to mimic the effects of prescription benzodiazepines like Xanax or Valium. They are synthesized with minor chemical modifications to bypass existing drug laws and sold online, often as "research chemicals" (e.g., diclazepam, flubromazepam, and pyrazolam). Their production is unregulated, they have unpredictable potency, and they pose the potential for fatal overdose, particularly when combined with other central nervous system depressant opioids.
Dispense	The act of delivering a prescription drug product to a patient or caregiver in a properly labeled container for subsequent use. This process includes selecting, measuring, labeling, and packaging the medication to ensure its suitability and proper use by the patient.
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)

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