



SUICIDE

WCTC

- The Region 5 Suicide Advisory Board (R5SAB), in addition to attending monthly CTSAB meetings and subcommittee meetings, holds quarterly meetings to provide educational opportunities and networking for members, including grief support partners.
- A quarterly R5SAB newsletter including data, upcoming learning opportunities, and more is distributed to over 2000 people.
- We prioritize suicide postvention including local Suicide Postvention Information Networks (SPINs), with “What is Postvention?” trainings and SPIN discussion meetings.
- Question, Persuade, Refer (QPR) suicide prevention trainings are hosted frequently across the region to raise awareness and help decrease stigma across the lifespan, including monthly trainings for law enforcement.
- Communities have Gizmo’s Pawesome Guide to Mental Health in their libraries and schools with read-alongs frequently hosted.
- Local efforts around bridge signage seek to decrease lethal means access.

Suicide is a problem across the lifespan; however, it is the second leading cause of death among people 10–14 years old, third leading cause of death among people 15–24, and fourth among people 35–54 years old.¹



74 suicide deaths (47 male and 27 female) in Region 5, with the most deaths in the 45–64 age range.²



Preliminary data suggests 21 female deaths and 39 male deaths for a total of 60 deaths in Region 5, with most in the 25–44 age range.²



In Region 5 there were 3,991,211 requests for crisis intervention and suicide during 2021. In 2022 the number of requests increased to 4,663.³



2021 Region 5 suicide death data found for those whose circumstances were known (n=72), the most common risk factor was mental illness.²

10-17 years

Age group with highest rate of ED visits for suicidal ideation in 2022⁴
(numbers then decreased with age)

1,575

Individuals trained by WCTC in QPR (2021-22)

59.7%

Key informants in Region 5 whose community is capable of providing suicide prevention efforts⁵

Females, a subpopulation of concern, reported higher rates of ever attempting suicide in all schools surveyed in Region 5 between 2021-2022; a continued trend when compared to previous years. Looking at depression and general depressed mood as a suicide risk factor, female students reported higher (in most cases almost double) rates of feeling sad or hopeless most or all of the time in the last month than males.⁶

The **LGBTQ+ community** are a group of concern statewide and in Region 5. 2022 school survey data from one Region 5 school district showed significantly higher rates of depression and suicide in students who identified as Bisexual; Mostly/Only Gay/Lesbian when compared to Only Straight/Heterosexual classmates.⁶

Action Steps

- Post resources on websites (i.e. 988, 211, 741-741, Mobile Crisis, Trevor Project, AFSP, CSSRS, Poison Control 1-800-222-1222, etc.)
- Coordinate trainings including (Youth, Teen) Mental Health First Aid, CIT for Police, QPR, and others, including train-the-trainer events to enhance capacity
- Promote mental health screening in primary care and pediatrician offices
- Advocate for policies requiring firearm courses to include safe storage and suicide prevention content and dissemination of trigger locks at firearm classes and with each firearm sale

1 CDC (2019) Suicide Prevention
2 CT DPH (2021). CTVDRS
3 211counts.org

4 Connecticut Department of Public Health EpiCenter Syndromic Surveillance System
5 Community Readiness Survey, 2021
6 Region 5 School Survey Data, 2021-2022



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MENTAL HEALTH

- Mental health training and capacity building is a strength in Region 5 through trainings like (Youth, Teen) Mental Health First Aid, Question, Persuade, Refer (QPR), SBIRT, and more.
- There are three Catchment Area Councils (CACs) that aim to provide education and raise awareness about important issues impacting those living with mental illness.
- Gizmo's Pawesome Guide to Mental Health and accompanying curriculum, important mental health promotion resources for all ages, have a strong presence in libraries and schools, including through public read-alongs.
- Community Care Teams (Danbury, Waterbury and newly established in Torrington) have proven to be effective in improving the lives and health of those with mental health and substance use concerns who were frequently utilizing emergency department services.
- School-based health centers across the region increase access to behavioral health supports and services for young people with success.

Mental health refers to emotional, psychological, and social well-being. It determines how individuals handle stress, relate to others, and make life choices. Factors contributing to mental health problems include biological factors, life experiences, and family history.



School survey data suggests eating disorders are a mental health issue of concern for youth in Region 5, particularly when compared to 2019 school survey data.¹



According to key informants, anxiety was the prominent concern for young people aged 12-17 (69%) and depression was the prominent concern for older adults 66 and older (84%).²

#1

Mental health was ranked the highest priority during the 2019 Priority Setting process in Region 5.²

52.9%

Key informants think political support for mental health promotion is an asset in their community²

77.3%

Surveyed students reported they did not feel sad or hopeless most or all of the last month¹

There is concern around the **LGBTQ+ community** and mental health. 2022 surveys in one Region 5 school district found significantly higher rates of depression and eating disorders in students who identified as Bisexual; Mostly/Only Gay/Lesbian when compared to Only Straight/Heterosexual peers.¹

In 2022 the Litchfield County Opioid Taskforce surveyed residents in Litchfield County about LGBTQIA+ issues, including LGBTQ-specific care, where findings suggest a need for a diverse workforce that is more representative of the communities they serve.³

Action Steps

- Coordinate trainings including (Youth, Teen) Mental Health First Aid, CIT for Police, QPR, and others, including train-the-trainer events to enhance capacity
- Promote mental health screening in primary care and pediatrician offices
- Advocate for policy requiring evidence-based suicide prevention and mental health education in schools
- Promote peer support groups within workplaces and schools
- Link mental health promotion with physical health promotion including importance of diet, sleep and movement
- Work with community partners to increase inclusive language, spaces, and programs to meet the identified needs
- Coordinate Gizmo's Pawesome Guide to Mental Health read-alongs and use of the curriculum

¹ Region 5 School Survey Data, 2021-2022

² 2021 Community Readiness Survey

³ LCOTF LGBTQIA+ Community Input Survey, 2022



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ALCOHOL

Western CT continues to encourage, stimulate, and take interest in alcohol free opportunities:

- Region 5 has a variety of peer support groups and programs.
- The region offers recovery assistance with Recovery Coaching and Recovery Support Specialists.
- Western CT has robust behavioral health services.
- 24 locally grown prevention councils promote wellness with the intention of reducing substance use.
- Danbury, Waterbury, and Torrington have Community Care Teams (CCTs) that help individuals in their recovery journey.
- Free and "suggested donation" events promote sober and sober curious adult activities (e.g. open mic nights.)



84%

Of students in Western CT reported being alcohol free within the past month.¹



In 2021 Region 5 experienced an estimated

494

crashes involving a driver under the influence.²



60%

of students say they've been to one or more parties where other kids were drinking by 12th grade.³

Connecticut has the 9th highest prevalence of current alcohol use among people 12+

56.6%⁴

82.5% Of high school students reported no use of alcohol in the past month⁵

Alcohol continues to be the most frequently used substance nationally and in Connecticut.

High school females, a subpopulation of concern, are two times more likely than their male counterparts to report past month drinking (29.2% and 14.2%, respectively) and binge drinking (8.5% vs 5.6%). These results came from the 2021 Connecticut School Health Survey. This occurrence is aligning with female youth reports of feeling sad or hopeless most or all of the time in the last month than males (almost double the rate of males.) "By age group and sex, female adolescents aged 12–17 years accounted for the largest increases in the number and proportion of visits for overall mental health conditions."

Action Steps

- Establish a female youth focused peer mentorship programming.
- Continue to increase availability of sober and sober curious events.
- Coordinate screenings (SBIRT and ASBIRT) and training of trainers.
- Promote the use of screening tools across the health field.
- Coordinate youth educational opportunities (tMHFA and Botvin LifeSkills Training).

1 Search Institute Attitudes and Behaviors and SERAC surveys, 2021

2 Connecticut Crash Data Repository

3 Search Institute Attitudes and Behaviors and SERAC surveys, 2021

4 NSDUH (2019–2020)

5 DPH, 2021 Connecticut School Health Survey



COCAINE

- The continued presence and availability of cocaine in Region 5 remains a priority among law enforcement, behavioral health, and prevention providers.
- The region continues to elevate awareness of cocaine related harm through community groups, coalition work, and behavioral health programs.
- Region 5 has 25 documented harm reduction locations.
- Over 500 "harm reduction kits" were distributed in Region 5 to reduce transmission of disease, engage individuals with helping professionals, and promote safety.

Action Steps:

- Provide education on cocaine contaminated with fentanyl.
- Increase overdose prevention in these subpopulations.
- Infuse healthcare with intercultural practices.
- Promote partnerships between traditional healers and Western health care providers.
- Share information about risks associated with cocaine use is included in prevention programs.



According to data from the 2021 Connecticut School Health Survey (CT YRBSS), only

1.2%

of Connecticut high school students reported using some form of cocaine in their lifetime.¹



In 2021, help was asked for

2,061

times by individuals regarding their cocaine use.²



(NSDUH) data showed

97.98%

of Connecticut respondents reported **no** past year use of cocaine³

43% of Connecticut drug related deaths involved cocaine in 2021.⁴

From 2019–2022, Connecticut treatment admissions for cocaine decreased by

80%⁵

- 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. These types of substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.



- **Latinx** individuals living in region 5's urban cores and urban peripheries are using cocaine at higher rates than other subpopulations. We know that a lack of high-quality health care in underserved neighborhoods, perceived discrimination during clinical encounters, and difficulty accessing culturally competent care often prevent people with the greatest health need from accessing necessary care. The health disparities through lack of access and/or engagement in treatment within the urban communities is a contributing factor to the overall burden to public health.
- Family history of substance use (youth and adults)
- Lack of parental supervision (youth)
- Substance-using peers (youth and adults)
- Lack of school connectedness and low academic achievement (youth)
- Low perception of risk/harm (youth, adults)
- Childhood trauma (youth and adults)
- Young adults ages 18 to 25 have a higher rate of current use than any other age group²
- Males are more likely to use cocaine than females
- Those with current or previous misuse of

1,4,5 Connecticut Department of Mental Health and Addiction Services, (2022)

2 CT DMHAS 2021 Treatment Admissions

3 NSDUH 2020



CANNABIS

- Treatment providers in the region offer programs for cannabis use disorder (CUD).
- The Community Care Teams in Waterbury, Danbury and Torrington are helping to connect populations at risk to various levels of treatment- including 12-step programs and family supports that are available in our area.
- A byproduct of the work our LPCs are doing with vaping prevention is an increased focus on cannabis and THC as well. Local data collected indicated risk of youth use of THC with vapes. They are utilizing the vaping and cannabis toolkit provided by CT Clearinghouse this year.



In Region 5, youth perception of risk is lowest for cannabis. Alcohol, tobacco, and prescription drugs all have a perception of risk between 87 and 90% while cannabis is an outlier with

63% ¹



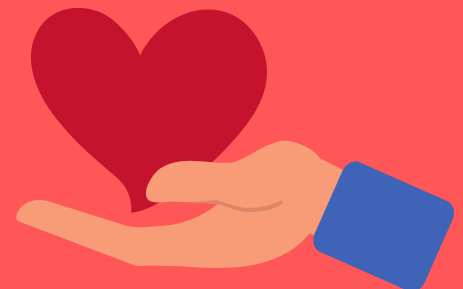
In Region 5,
90.3%
of high school youth and

98%

of middle schoolers chose to abstain from cannabis in the past month. ²



In Region 5, key informants report that their communities are concerned about youth and young adult use of cannabis. ³



29.5%

of outpatient clients at one provider in Region 5 were being treated primarily for cannabis in 2019–2020.

Cannabis remains illegal under federal law (dea.gov). In Connecticut, medical marijuana became available in 2012 and non-medical marijuana sales became legal on July 1, 2021.

- The current knowledge level of the dangers of cannabis as a substance with potential for misuse is misunderstood.
- Perception of harm survey data from Region 5 shows that, compared to other substances, cannabis is believed to be less dangerous.
- Vaping devices provide an opportunity for youth use of cannabis—in the form of THC oils or "dabs."
- **Millennials** account for over half of cannabis bought in dispensaries, and Gen Z is rising quickly.
- Most sales breakdowns work out to around 60% **men** using cannabis, but the gender gap is closing.
- While American Indians or Alaska natives and black or African American people are most likely to use cannabis, the difference between them and white Americans is small and closing.
- **People who completed some college or an associate's degree** are the most likely to use cannabis, followed by high school graduates.
- 29% of **unemployed people** smoke cannabis, compared to around one in five who are either part or full-time employed.
- **People of lower socioeconomic status** are more likely to use cannabis.



OPIOIDS

- Our communities are actively involved in overdose prevention.
- Region 5 providers offer syringe exchange programs, fentanyl test strips, and other harm reduction practices
- WCTC holds on-going naloxone trainings and distribution for those who are interested in receiving it.
- Statewide and local media campaigns encourage safe disposal of RX drugs and information about the risks associated with non-prescription pills.



During 2022,

98%

of all fatal overdoses were
opioid-related.

83.2%

contained Fentanyl and

13.8%

contained Xylazine.¹



Between 2019 and 2021
there was a

175%

increase in Xylazine
involved overdoses in
Region 5.²



2022 DEA lab reports
indicated that

23%

of Fentanyl powder and

7%

of Fentanyl pills contained
Xylazine.³



1,053

Individuals were trained in Opioid Education and Narcan Administration in Region 5 (2022).

Opioids are a class of drug used to reduce moderate to severe pain. Opioids used for pain relief are usually safe when taken for a short time and as prescribed by a health care provider, but they can be highly addictive and as a result have often been misused. Patients may develop a tolerance which leads to drug seeking behaviors and can result in obtaining illicit drugs such as heroin or fentanyl. According to the 2021 National Survey on Drug Use and Health (NSDUH) Model Based Estimates Prevalence for States, less than one percent (0.27%) of Connecticut residents 18 or older have used heroin in the past year, a rate slightly lower than the national average (0.43%).

- **People who are addicted to other substances** are more likely to meet criteria for heroin use disorder. Compared to people without an addiction, those who have an alcohol use disorder are twice as likely to become addicted to heroin. People with cannabis use disorder are 3 times more likely, while those addicted to cocaine are 15 times more likely, and those addicted to prescription pain medications are 40 times more likely to become addicted to heroin.
- Use among **high school students** is of particular concern, as it is often linked to continued use and substance use disorder in the future. The 2021 Connecticut School Health Survey shows that Hispanic youth reported the highest overall rate (1.1%), which is higher than the prevalence for Black non-Hispanics and White non-Hispanics (0.4% each). One percent of boys and .2% of girls reported ever use of heroin.

1, 2 <https://portal.ct.gov/OCME/Statistics>

3 Key informant interview. Robert Lawlor NE HIDTA



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PROBLEM GAMBLING

- Region 5 has a robust Problem Gambling Awareness Team dedicated to educating our communities about the potential risks of gambling. The team also promotes harm reduction strategies and connecting those in need to help.
- The MCCA Bettor Choice Program offers disordered gambling treatment to individuals and their families (persons affected) at little to no cost. CT has its own dedicated helpline available 24/7.
- Through our strong relationships with the Local Prevention Councils (LPCs), we raise awareness at the local level. The LPCs utilize their web pages, community events, social media, and host trainings focused on reducing harm related to gambling.
- 3 youth groups in Region 5 created public service announcements aimed at preventing problem gambling and gaming.



Most people engage in gambling behaviors responsibly and without harm.

1% of Americans meet the criteria for severe gambling problems



The vast majority of youth in our region do not gamble (86%) and we heard through focus groups that they understand the risks



Athletes have been identified as a population vulnerable to gambling problems due to the legalization and normalization of sports betting in CT



We saw an increase in the number of Community Readiness Survey participants indicating the importance of problem gambling and problem gaming prevention **(40.4% in 2022 vs 21.7% in 2020)**

Since October 2021 when CT expanded gambling opportunities, **sports and online casino wagers totaling \$14.7 billion** have been reported by the Department of Consumer Protection³

The #1 and #2 reasons people from Region 5 call the CT Problem Gambling Helpline are **casino gambling** and **sports betting**

MCCA Bettor Choice has reported an uptick in younger **male clients aged 20–35** struggling with sports betting

Protecting those within our communities from the harmful effects of gambling:

Responsible Play the CT Way offers strategies like setting time and spending limits



Self-exclusion options within apps and at casinos and other brick and mortar locations

Addressing co-occurring behavioral health conditions like poor mental health or substance misuse



Promoting financial literacy

Engaging with our state and local leaders to limit exposure to advertising

Preventing youth access. The legal age in CT to participate in lottery, keno and bingo is 18; those under 21 are prohibited from casino gambling and sports betting



Setting screen time limits for adults and youth and monitoring online gaming activities. Consider screen-free family time.

¹ National Council on Problem Gambling

² Search Institute Attitudes and Behaviors Survey data

³ CT Department of Consumer Protection Gaming Revenue Statistics and Documents (October 2021-January 2023)



TOBACCO & ENDS

- The local prevention councils (LPCs) in Region 5 are collectively focused on reducing youth use of e-cigarettes and vaping. Their work includes comprehensive strategies like information dissemination, skill building, and campaign messaging.
- "Quit Kits" supporting cessation have been distributed at many of our secondary schools and college campuses.
- We collaborate with the CT Tobacco Prevention and Enforcement Program (TPEP) and local law enforcement to ensure retailer compliance checks are conducted regularly.
- Positive Community Norms messaging promotes health and addresses misperception gaps regarding use of e-cigarettes among youth.



Most adults in CT do not use tobacco (83%)¹

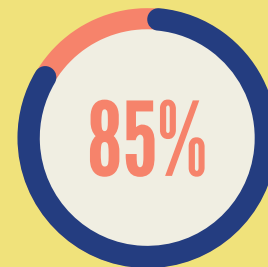


Military veterans use tobacco products at higher rates, especially those age 18-25³



While most youth in region 5 do not use ENDS or cigarettes, vaping rates are higher (15%) than smoking rates (2%)²

Of those who are vaping, 27% reported vaping "flavored liquid without nicotine"²

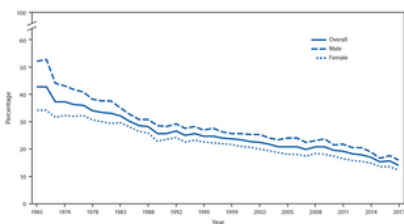


of youth who use e-cigarettes say flavoring is their primary reason for vaping⁴

Tobacco waste like filters made of plastic, e-cigarette batteries, and biohazardous liquid nicotine must be disposed of and recycled properly in order to protect our environment.

CDC research suggests that for every \$1 spent on tobacco prevention, CT can save \$55 in tobacco-related healthcare costs.

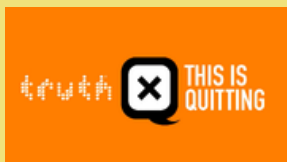
Region 5 saw a 26% increase in e-cigarette retailers from 2019 to 2023. There are 51 retailers in Waterbury alone.



The U.S has seen a sharp decline in tobacco use among adults over the last 50 years

Strategies to reduce tobacco use, including ENDS, among adults and youth

A ban of all flavored tobacco, including menthol, would reduce youth access. Vapes flavored with tobacco only could reduce harm for adults who wish to switch from combustible cigarettes



Promotion of helplines and other cessation supports, E-cigarette take-back programs, coupled with education on safe disposal



Support mental health and wellness with a focus on healthy coping skills

Restorative or Alternatives to Suspension programs within schools and communities support youth



Enforcement of Tobacco 21 law and collaboration with retailers to protect youth access (28% of youth surveyed in region 5 said they got their device from a vape shop)

Education regarding the harmful effects of nicotine and cannabis²

¹ 2021 Behavioral Risk Factor Surveillance System

² Search Institute Attitudes and Behaviors Survey data

³ The American Lung Association State of Tobacco Control, 2023

⁴ 2022 National Youth Tobacco Survey



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PRESCRIPTION DRUGS

- Print materials, billboards, and PSAs featuring the Change the Script campaign are used by Western CT Coalition and Local Prevention Councils to actively raise awareness for prescription drug safe storage and safe disposal. This encourages community members to talk with their doctors about the drugs they are prescribed and highlights the lifesaving effects of naloxone.
- Region 5 has a multitude of medication drop boxes often located in local police departments. Many Region 5 communities participate in National Drug Take Back Days each April and October.



In seven Region 5 schools, past

30-day

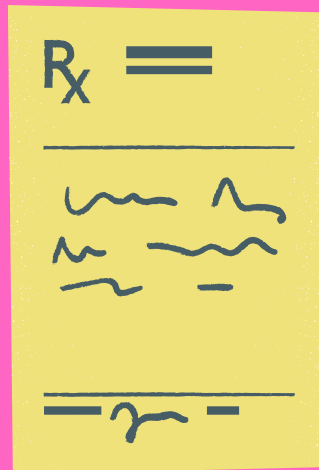
use of prescription drugs not prescribed was slightly lower in females compared to males. ¹



According to reports from the Office of the Chief Medical Examiner (OCME), Region 5 experienced

222

opioid -involved fatalities in 2022. ²



Approximately

8.1%

of opioid overdose fatalities in Region 5 involved a prescription opioid, but only one of the overdoses involved only prescription opioids. ³

91.5%

of high school students in Region 5 reported not ever taking prescription drugs without a doctor's prescription

The most misused prescription drugs include painkillers (opioids), central nervous system depressants (tranquilizers, sedatives, benzodiazepines) and stimulants.

- **Opioid** painkillers work by mimicking the body's natural pain-relieving chemicals, so the user experiences pain relief.
- Tranquilizers, sedatives, and benzodiazepines are **central nervous system depressants** often prescribed for anxiety, panic attacks and sleep disorders. Examples include Xanax, Valium, Klonopin, Ativan and Librium. These drugs can also slow normal brain function.
- **Stimulants** increase alertness, attention, and energy by enhancing the effects of norepinephrine and dopamine in the brain. They can produce a sense of euphoria and are prescribed for attention-deficit/hyperactivity disorder (ADHD), narcolepsy and depression.

- Those with past year use of other substances.
- People who take high daily dosages of opioid pain relievers.
- People who use multiple controlled prescription medications.
- Individuals with disabilities are at increased risk of prescription opioid misuse and use disorders.
- The majority of fatal overdoses occurred among non-Hispanic whites, with male deaths occurring 1.3-2.8 times more frequently than females in each racial/ethnic group.
- The elderly population may be at risk of consequences of prescription drug misuse, as they use prescription medications more frequently and can experience medication errors.
- Hispanic students had the highest rates of taking prescription drugs without a doctor's prescription (12.5%)

1, 3 Search Institute Attitudes and Behaviors Survey, 2022

2 Connecticut Office of the Chief Medical Examiner, 2019