2024 Cannabis Health Statistics Report Supplement:

Behavioral Risk Factor Surveillance System 2022 Supplemental Tables

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State of Connecticut Connecticut Department of Public Health

Manisha Juthani, MD, Commissioner

Prepared by: Jack King, MPH Epidemiologist II

Epidemiology Unit Chronic Diseases and Injury Prevention Section Community, Family Health, and Prevention Branch





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Demographics		Percentage	CV	95% CI		Ν	
Total		16.0	4.1	14.7	17.3	361,200	
	18-34 years	27.9	6.5	24.3	31.4	164,500	
Age	35-54 years	15.7	7.0	13.5	17.8	102,400	
	55+ years	9.6	7.1	8.2	10.9	92,500	
Condor	Female	13.5	6.7	11.7	15.2	160,400	
Gender	Male	18.8	5.2	16.9	20.7	200,800	
	Hispanic	12.9	11.9	9.9	15.9	44,500	
Daca and Ethnicity	NH Black	18.7†	15.2	13.2	24.3	39,400	
Race and Ethnicity	NH White	16.3	4.8	14.7	17.8	233,900	
	NH Other	17.0†	15.7	11.7	22.2	33,900	
Veteran Status	Yes	12.7	13.8	9.3	16.2	21,100	
veteran Status	No	16.2	4.3	14.9	17.6	339,800	
	\$25K+	17.5	4.6	16.0	19.1	261,300	
Income	< \$25K	14.3	11.7	11.0	17.6	35,100	
	Missing	12.3	12.0	9.4	15.2	64,800	
Education	> HS	15.3	5.0	13.8	16.8	218,900	
Education	HS or Less	17.4	7.2	15.0	19.9	142,000	
Sexual Orientation	LGBT/Other	30.4	9.9	24.5	36.3	68,800	
Sexual Orientation	Straight	14.4	4.5	13.1	15.7	290,900	
Poor Mental Health	Yes	30.1	7.6	25.6	34.6	101,800	
	No	13.6	4.9	12.3	14.9	255,700	
1+ Chronic Condition	Yes	15.1	5.8	13.3	16.8	163,900	
	No	16.8	5.8	14.9	18.7	197,300	
Disability	Yes	20.9	6.9	18.0	23.7	127,300	
Disability	No	14.2	5.2	12.8	15.6	232,900	
Current Smoker	Yes	36.5	7.4	31.2	41.8	80,500	
	No	13.6	4.8	12.4	14.9	276,400	
Excessive Drinker	Yes	31.9	6.2	28.0	35.8	120,200	
EXCESSIVE DITINKEP	No	13.0	5.3	11.6	14.3	236,600	

Past Month Cannabis Use

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

⁺Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

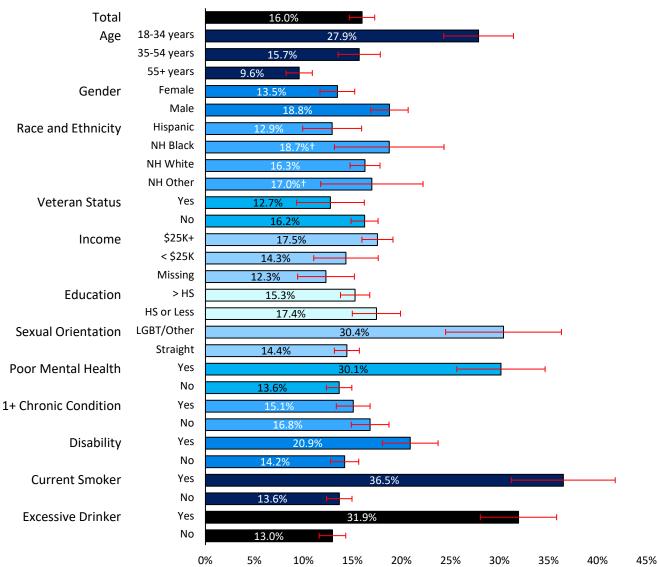
*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Past Month Cannabis Use

Bar Chart of Prevalence by Demographics



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

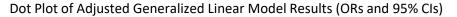
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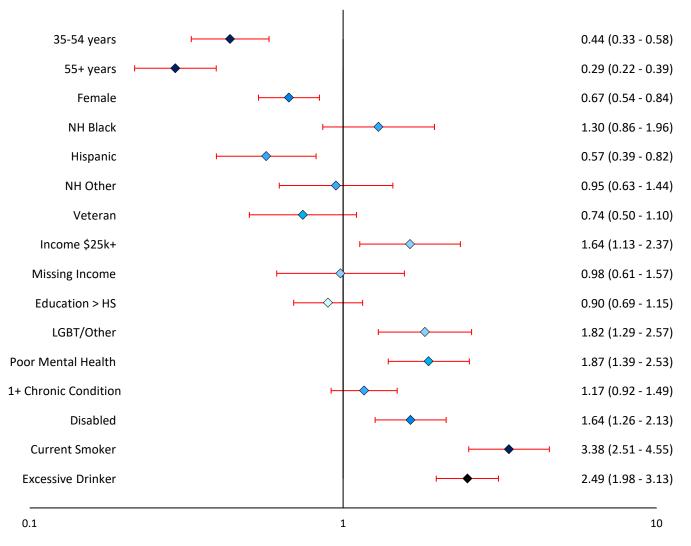
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Error bars represent 95% confidence intervals around prevalence estimates.

Past Month Cannabis Use





Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Past Month Cannabis Use

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, there were 7,730 with responses to the outcome variable. 6,942 complete cases were used in model.

Past Month Cannabis Use

Summary of Findings

Prevalence

16.0% (approximately 361,200 Connecticut adults) used cannabis within 30 days of responding to the survey. **Bivariate/Unadjusted Comparisons**

Bivariate analyses suggest younger age, male gender, incomes at or above \$25,000 (relative to missing income), LGBT sexual orientation, poor mental health, having a disability, being a current smoker, and being an excessive drinker are associated with past month cannabis use.

Generalized Linear Model

Adjusting for covariates does not markedly alter the interpretation of the bivariate relationships above; however, some relationships emerged after controlling for other relevant variables. The model suggests Hispanic race and ethnicity is a negative predictor (relative to non-Hispanic White race and ethnicity) of past month cannabis use. It also indicates higher past month use among those with incomes at or above \$25,000 than among those with incomes less than \$25,000.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the outcome variable. 6,942 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Past month cannabis use among adults is associated with age, gender, race and ethnicity, income, sexual orientation, mental health status, disability status, smoking status, and drinking behavior.

Demographics Total		Percentage	CV	95%	% CI	Ν	
		8.0	6.4	7.0	9.1	182,100	
	18-34 years	14.2	10.5	11.3	17.1	83,800	
Age	35-54 years	8.0	10.5	6.4	9.7	52,500	
	55+ years	4.6	10.9	3.6	5.6	44,900	
Condor	Female	6.5	10.8	5.1	7.9	77,500	
Gender	Male	9.8	7.9	8.3	11.3	104,600	
	Hispanic	6.0†	18.0	3.9	8.1	20,500	
	NH Black	13.0++	21.2	7.6	18.4	27,300	
Race and Ethnicity	NH White	7.6	7.5	6.5	8.7	109,000	
	NH Other	10.7++	20.7	6.4	15.1	21,500	
Mataway Ctatura	Yes	6.2++	21.9	3.5	8.8	10,300	
Veteran Status	No	8.2	6.7	7.1	9.3	171,800	
	\$25K+	8.2	7.5	7.0	9.4	122,000	
Income	< \$25K	9.1†	15.4	6.4	11.8	22,300	
	Missing	7.2†	17.0	4.8	9.6	37,800	
Education	> HS	6.6	8.7	5.5	7.7	94,500	
Education	HS or Less	10.8	9.5	8.8	12.8	87,600	
Coveral Origination	LGBT/Other	15.8†	16.0	10.9	20.8	35,800	
Sexual Orientation	Straight	7.2	6.9	6.3	8.2	146,000	
Poor Mental Health	Yes	17.9	11.4	13.9	21.8	60,300	
Poor Mental Health	No	6.3	7.7	5.4	7.3	119,100	
	Yes	7.7	8.5	6.4	8.9	83,500	
1+ Chronic Condition	No	8.4	9.5	6.8	10.0	98,600	
Disability	Yes	12.5	9.6	10.2	14.9	76,400	
Disability	No	6.4	8.7	5.3	7.5	105,100	
Current Smaker	Yes	22.6	10.3	18.0	27.1	49,800	
Current Smoker	No	6.5	7.9	5.5	7.5	131,000	
Evenneive Drinker	Yes	14.1	10.9	11.1	17.1	53,000	
Excessive Drinker	No	7.0	8.0	5.9	8.1	127,200	

Daily/Near-Daily Cannabis Use

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

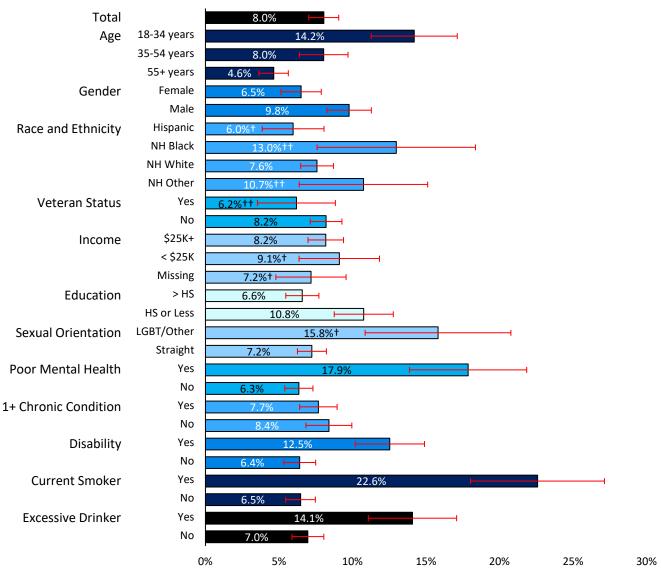
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N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Daily/Near-Daily Cannabis Use

Bar Chart of Prevalence by Demographics



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

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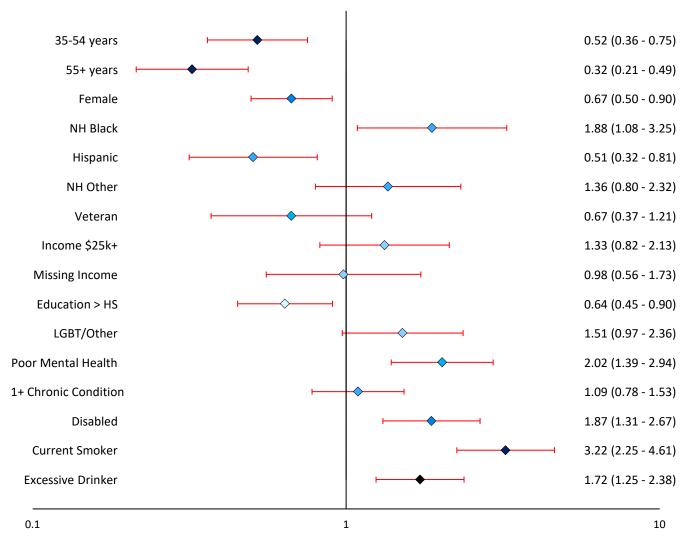
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Error bars represent 95% confidence intervals around prevalence estimates.

Daily/Near-Daily Cannabis Use

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Daily/Near-Daily Cannabis Use

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, there were 7,730 with responses to the outcome variable. 6,942 complete cases were used in model.

Daily/Near-Daily Cannabis Use

Summary of Findings

Prevalence

8.0% (approximately 182,100 Connecticut adults) used cannabis on at least 20 days within 30 days of responding to the survey (i.e., daily/near-daily cannabis use).

Bivariate Comparisons

Bivariate analyses suggest younger age, male gender, having a high school education or less, LGBT sexual orientation, poor mental health, having a disability, being a current smoker, and being an excessive drinker are associated with daily/near-daily cannabis use among adults.

Generalized Linear Model

Adjusting for covariates does not markedly alter the interpretation of most of the bivariate relationships above; however, some relationships did emerge or were attenuated after controlling for other relevant variables. The model suggests Hispanic race and ethnicity is a negative predictor and non-Hispanic Black race and ethnicity is a positive predictor of daily/near-daily cannabis use (relative to non-Hispanic White race and ethnicity). The relationship between sexual orientation and daily/near-daily cannabis use was attenuated somewhat after controlling for other covariates.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the outcome variable. 6,942 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Daily/near-daily cannabis use among adults is associated with age, gender, race and ethnicity, educational attainment, mental health status, disability status, smoking status, and drinking behavior.

BRFSS 2022 Supplemental Tables Daily/Near-Daily Cannabis Use among Past Month Cannabis Users

Demographics Total		Percentage	CV	95%	6 CI	N
		50.4	4.5	45.9	54.9	182,100
	18-34 years	51.0	7.6	43.4	58.5	83,800
Age	35-54 years	51.2	7.4	43.8	58.7	52,500
	55+ years	48.6	7.6	41.3	55.8	44,900
Canadan	Female	48.3	7.5	41.2	55.5	77,500
Gender	Male	52.1	5.5	46.4	57.7	104,600
	Hispanic	46.1	13.7	33.7	58.5	20,500
	NH Black	69.2	9.7	56.1	82.4	27,300
Race and Ethnicity	NH White	46.6	5.7	41.4	51.8	109,000
	NH Other	63.3	12.6	47.6	78.9	21,500
Mataway Chatura	Yes	48.5†	15.4	33.9	63.1	10,300
Veteran Status	No	50.6	4.7	45.9	55.2	171,800
	\$25K+	46.7	5.5	41.6	51.7	122,000
Income	< \$25K	63.5	9.1	52.2	74.8	22,300
	Missing	58.4	10.7	46.1	70.7	37,800
Education	> HS	43.1	6.5	37.7	48.6	94,500
Education	HS or Less	61.7	6.2	54.2	69.2	87,600
Coveral Origination	LGBT/Other	52.0	11.6	40.2	63.8	35,800
Sexual Orientation	Straight	50.2	4.8	45.4	55.0	146,000
Poor Mental Health	Yes	59.3	7.3	50.8	67.7	60,300
Poor Mental Health	No	46.6	5.7	41.4	51.8	119,100
1. Chronic Condition	Yes	50.9	6.2	44.7	57.1	83,500
1+ Chronic Condition	No	50.0	6.5	43.6	56.3	98,600
Disability	Yes	60.0	6.3	52.6	67.4	76,400
Disability	No	45.1	6.3	39.6	50.7	105,100
Current Smoker	Yes	61.9	7.6	52.7	71.0	49,800
Current Smoker	No	47.4	5.5	42.2	52.5	131,000
Evenneive Drinker	Yes	44.1	8.6	36.6	51.5	53,000
Excessive Drinker	No	53.8	5.3	48.2	59.3	127,200

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

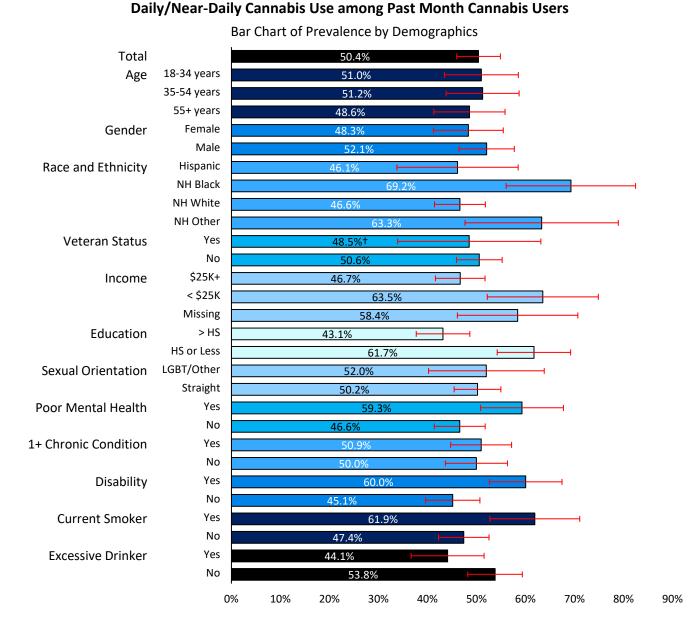
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++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

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++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

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"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

Daily/Near-Daily Cannabis Use among Past Month Cannabis Users

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% Cls)

35-54 years	F	•	1.13 (0.69 - 1.85)
55+ years	⊢		0.89 (0.52 - 1.55)
Female	⊢		0.83 (0.55 - 1.25)
NH Black		·	 2.10 (1.05 - 4.20)
Hispanic	├─── ◆		0.62 (0.33 - 1.16)
NH Other			 1.67 (0.75 - 3.69)
Veteran	⊢		0.75 (0.36 - 1.54)
Income \$25k+	└─── ◇		0.73 (0.39 - 1.39)
Missing Income	⊢−−−− ♦		0.97 (0.42 - 2.22)
Education > HS	└────		0.50 (0.33 - 0.76)
LGBT/Other	⊢		0.90 (0.51 - 1.60)
Poor Mental Health	<u> </u>	•	1.39 (0.86 - 2.24)
1+ Chronic Condition	└─── ◆		0.93 (0.61 - 1.43)
Disabled	F	······	1.45 (0.94 - 2.25)
Current Smoker		•	1.29 (0.76 - 2.17)
Excessive Drinker	⊢		0.73 (0.49 - 1.09)
	-	L	10

Notes:

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Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Daily/Near Daily Cannabis Use among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,081 complete cases were used in model.

Daily/Near-Daily Cannabis Use among Past Month Cannabis Users

Summary of Findings

Prevalence

50.4% of past month cannabis users (approximately 182,100 Connecticut adults) used cannabis on at least 20 days within 30 days of responding to the survey (i.e., daily/near-daily cannabis use).

Bivariate Comparisons

Bivariate analyses suggest non-Hispanic Black race and ethnicity (relative to non-Hispanic White race and ethnicity), having income less than \$25,000 (relative to income at or above \$25,000), at or below high school educational attainment, disability status, and being a current smoker were associated with daily/near-daily cannabis use among past month cannabis users.

Generalized Linear Model

The model suggests non-Hispanic Black race and ethnicity is a positive predictor of daily/near-daily cannabis use (relative to non-Hispanic White race and ethnicity). The model also suggests an association between lower educational attainment and daily/near-daily cannabis use. Other associations were attenuated after adjustment for covariates.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the outcome variable. 1,169 of these respondents used cannabis in the past month. 1,081 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Daily/near-daily cannabis use among past month cannabis users is associated with race and ethnicity and educational attainment. Other relationships that were apparent in bivariate analyses were attenuated after adjusting for covariates in the generalized linear model. Most variables included in the generalized linear model were poor at distinguishing daily/near-daily cannabis users from less frequent cannabis users.

BRFSS 2022 Supplemental Tables DUIC among Past Month Cannabis Users

Demographics Total		Percentage	CV	95% CI		Ν
		19.0	9.1	15.6	22.4	66,200
	18-34 years	24.6	12.8	18.4	30.8	39,400
Age	35-54 years	18.4†	15.1	12.9	23.9	17,800
·	55+ years	10.0++	20.2	6.1	14.0	9,000
Canadan	Female	12.5†	16.3	8.5	16.5	19,500
Gender	Male	24.3	10.5	19.3	29.3	46,600
	Hispanic	14.3++	26.6	6.8	21.7	5,900
	NH Black	28.3++	24.5	14.7	41.9	10,200
Race and Ethnicity	NH White	18.6	11.5	14.4	22.8	42,600
	NH Other	18.7++	28.0	8.5	29.0	6,200
Matawaw Ctatura	Yes	*	38.1	*	*	*
Veteran Status	No	*	9.3	*	*	*
	\$25K+	20.4	10.2	16.4	24.5	51,700
Income	< \$25K	15.7††	26.8	7.4	23.9	5,400
	Missing	14.9++	26.3	7.2	22.5	9,100
Education	> HS	19.8	11.0	15.5	24.1	42,300
Education	HS or Less	17.8†	15.7	12.3	23.3	23,900
Sexual Orientation	LGBT/Other	17.5††	21.8	10.0	25.0	11,700
Sexual Orientation	Straight	19.4	9.9	15.7	23.2	54,500
Poor Mental Health	Yes	19.0†	17.0	12.7	25.3	18,900
POOT METILAI HEAILII	No	19.1	10.8	15.1	23.1	46,800
1+ Chronic Condition	Yes	15.4	14.8	10.9	19.8	24,500
	No	22.1	11.5	17.1	27.0	41,700
Disability	Yes	16.7†	15.9	11.5	21.9	20,700
Disability	No	20.4	11.0	16.0	24.7	45,500
Current Smoker	Yes	19.2†	17.6	12.6	25.8	14,600
	No	18.4	10.5	14.6	22.2	49,400
Excessive Drinker	Yes	29.0	12.9	21.7	36.3	33,200
EXCESSIVE DITINE	No	14.0	11.6	10.8	17.2	32,200

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

DUIC = Driving Under the Influence of Cannabis

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

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++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

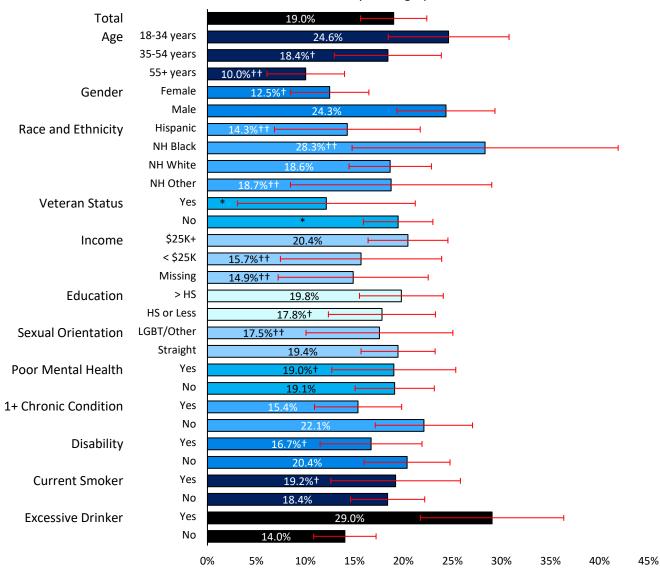
*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

DUIC among Past Month Cannabis Users

Bar Chart of Prevalence by Demographics



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

DUIC = Driving Under the Influence of Cannabis

NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

DUIC among Past Month Cannabis Users



35-54 years	⊢ ◆		0.74 (0.44 - 1.24)
55+ years	↓		0.44 (0.23 - 0.86)
Female	└────		0.45 (0.29 - 0.71)
NH Black		├ ────	2.11 (1.04 - 4.29)
Hispanic	⊢	1	0.83 (0.39 - 1.78)
NH Other			1.14 (0.54 - 2.43)
Veteran	~		0.52 (0.17 - 1.55)
Income \$25k+		↓ ◆ −−−−−−	1.11 (0.52 - 2.33)
Missing Income	┝────		0.80 (0.30 - 2.09)
Education > HS	H	->I	1.10 (0.64 - 1.87)
LGBT/Other	⊢−−−		0.89 (0.48 - 1.64)
Poor Mental Health		↓	1.11 (0.65 - 1.90)
1+ Chronic Condition	►		0.84 (0.49 - 1.45)
Disabled		↓ ◆ −−−−−	1.18 (0.67 - 2.09)
Current Smoker		♦ 1	1.04 (0.58 - 1.87)
Excessive Drinker		↓	1.93 (1.21 - 3.06)
0.1		1	10

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

DUIC = Driving Under the Influence of Cannabis, OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School Model Dependent Variable: DUIC among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,047 complete cases were used in model.

DUIC among Past Month Cannabis Users

Summary of Findings

Prevalence

19.0% of past month cannabis users (approximately 66,200 Connecticut adults) drove under the influence of cannabis (DUIC) within 30 days of responding to the survey.

Bivariate Comparisons

Bivariate analyses suggest younger age (relative to the oldest age category), male gender, and excessive drinking are associated with DUIC.

Generalized Linear Model

The model suggests younger age (relative to the oldest age category), male gender, non-Hispanic Black race and ethnicity (relative to non-Hispanic White race and ethnicity) and excessive drinking are associated with DUIC after adjusting for covariates.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,047 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

DUIC is associated with age, gender, race and ethnicity, and drinking behavior.

BRFSS 2022 Supplemental Tables Contemplated Quitting among Past Month Cannabis Users

Demographics Total		Percentage	CV	95% CI		Ν
		16.5	10.7	13.0	19.9	57,500
	18-34 years	24.7	13.6	18.1	31.3	39,400
Age	35-54 years	11.6++	20.5	7.0	16.3	11,200
C C	55+ years	7.4†	18.8	4.7	10.2	6,800
Candan	Female	11.6††	22.3	6.5	16.7	18,300
Gender	Male	20.4	11.6	15.8	25.1	39,200
	Hispanic	28.0†	18.9	17.6	38.4	11,700
Deep and Ethnisity	NH Black	26.9++	28.9	11.7	42.2	9,900
Race and Ethnicity	NH White	12.1†	15.3	8.5	15.8	27,600
	NH Other	*	34.0	*	*	*
Viatoran Status	Yes	*	33.7	*	*	*
Veteran Status	No	*	11.1	*	*	*
	\$25K+	13.1	13.3	9.7	16.5	32,900
Income	< \$25K	21.8++	23.4	11.8	31.8	7,600
	Missing	27.1++	22.0	15.4	38.8	17,000
Education	> HS	13.9	14.4	10.0	17.9	29,900
Education	HS or Less	20.6†	15.7	14.2	26.9	27,700
Coveral Origentation	LGBT/Other	17.4††	27.6	8.0	26.8	11,700
Sexual Orientation	Straight	16.3	11.4	12.7	19.9	45,800
Deer Mentel Heelth	Yes	22.4†	16.2	15.3	29.6	22,300
Poor Mental Health	No	13.4	14.7	9.5	17.3	33,000
1+ Chronic Condition	Yes	11.4†	16.7	7.7	15.1	18,100
1+ Chronic Condition	No	20.7	13.3	15.3	26.1	39,400
Disability	Yes	17.4†	18.0	11.3	23.6	21,700
Disability	No	15.7	13.4	11.6	19.8	35,200
Current Smoker	Yes	19.1†	18.4	12.2	26.0	14,600
Current Smoker	No	15.8	12.9	11.8	19.8	42,600
Evenesive Drinker	Yes	16.6†	17.2	11.0	22.2	18,700
Excessive Drinker	No	16.2	13.8	11.8	20.5	37,500

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

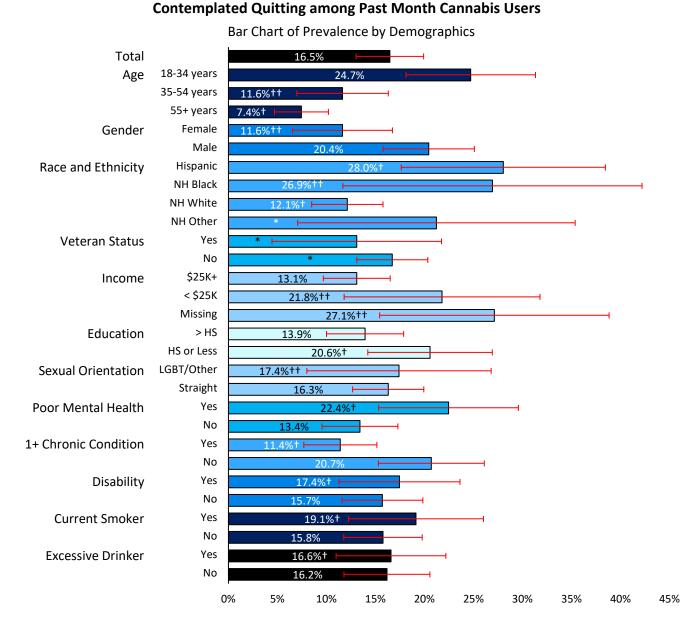
⁺Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

+Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

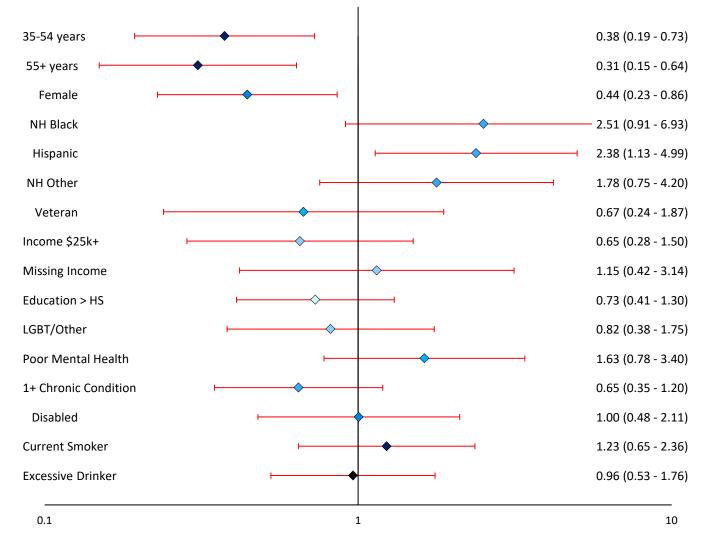
*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

Contemplated Quitting among Past Month Cannabis Users

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Comtemplated Quitting among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,058 complete cases were used in model.

Contemplated Quitting among Past Month Cannabis Users

Summary of Findings

Prevalence

16.5% of past month cannabis users (approximately 57,500 Connecticut adults) reported they often thought that they should quit or cut down on their marijuana use, or tried to do so more than once, but without success.

Bivariate Comparisons

Bivariate analyses suggest younger age, Hispanic race and ethnicity (relative to non-Hispanic White), and having no chronic conditions are associated with having contemplated quitting cannabis. It should be noted that estimates by race and ethnicity had low validity and should be interpreted with caution.

Generalized Linear Model

The model suggests younger age, male gender, and Hispanic race and ethnicity (relative to non-Hispanic White race and ethnicity) are associated with having contemplated quitting cannabis after adjusting for covariates. The relationship between having no chronic conditions and having contemplated quitting was attenuated after adjusting for covariates in the model.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,058 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Having contemplated quitting cannabis is associated with age, gender, and race and ethnicity.

Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use

Demographics Total		Percentage	CV	95% CI		Ν
		47.4	1.9	45.6 49.2		960,500
	18-34 years	32.4	5.8	28.7	36.0	183,200
Age	35-54 years	47.5	3.3	44.5	50.6	277,700
C	55+ years	57.0	2.3	54.4	59.5	476,200
Canalan	Female	50.7	2.6	48.1	53.2	533,300
Gender	Male	43.9	2.9	41.4	46.4	427,200
	Hispanic	55.1	4.5	50.3	60.0	166,100
	NH Black	44.7	7.5	38.1	51.3	76,700
Race and Ethnicity	NH White	46.4	2.3	44.3	48.4	609,100
	NH Other	44.2	9.3	36.2	52.2	80,100
Mataran Status	Yes	49.2	5.7	43.7	54.6	72,400
Veteran Status	No	47.3	2.0	45.4	49.2	887,000
	\$25K+	45.1	2.3	43.1	47.2	616,700
Income	< \$25K	52.8	5.5	47.1	58.5	110,500
	Missing	52.0	4.5	47.4	56.5	233,400
Education	> HS	46.3	2.2	44.3	48.3	612,200
Education	HS or Less	49.9	3.7	46.3	53.4	344,000
Service Origination	LGBT/Other	42.1	7.7	35.8	48.4	90,700
Sexual Orientation	Straight	47.9	2.0	46.0	49.8	859,700
Deer Montel Heelth	Yes	35.9	7.0	31.0	40.8	115,600
Poor Mental Health	No	49.8	2.0	47.9	51.7	830,200
	Yes	50.3	2.6	47.8	52.9	484,200
1+ Chronic Condition	No	44.8	2.8	42.4	47.3	476,300
Dischility	Yes	47.3	4.1	43.5	51.1	252,300
Disability	No	47.4	2.2	45.3	49.4	701,700
Current Smoker	Yes	40.1	7.2	34.4	45.8	79,400
Current Smoker	No	48.4	2.0	46.4	50.3	876,000
Evenneive Drinker	Yes	37.0	5.6	33.0	41.1	130,100
Excessive Drinker	No	49.6	2.1	47.6	51.6	805,200

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

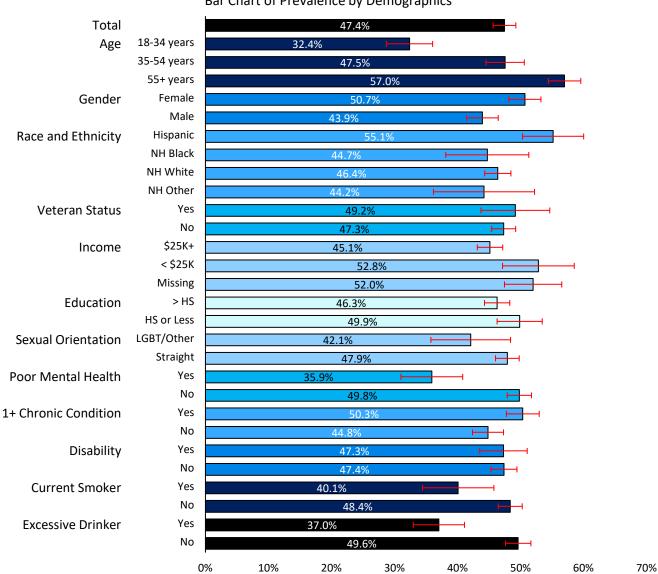
++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

BRFSS 2022 Supplemental Tables Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use



Bar Chart of Prevalence by Demographics

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

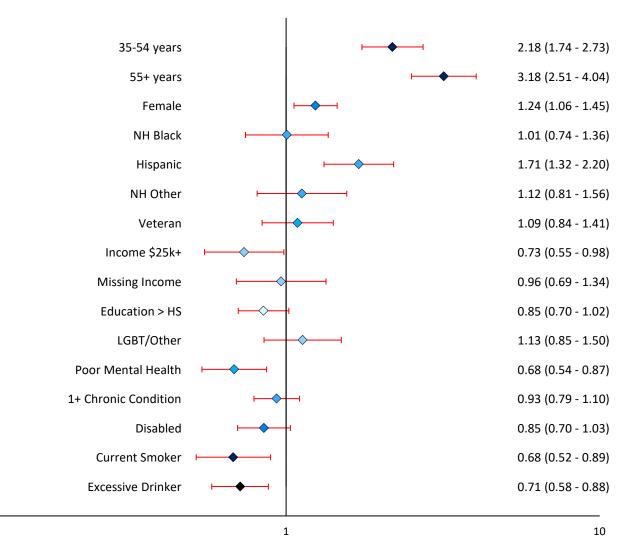
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"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use



Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% Cls)

Notes:

0.1

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, there were 6,944 with responses to the outcome variable. 6,313 complete cases were used in model.

Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use

Summary of Findings

Prevalence

47.4% (approximately 960,500 Connecticut adults) reported they think daily or near daily use of marijuana or cannabis poses moderate or great risk of harming the average adult's health.

Bivariate Comparisons

Bivariate analyses suggest older age, female gender, Hispanic race and ethnicity (relative to non-Hispanic White), missing income relative to incomes at or above \$25,000, not having poor mental health, having one or more chronic conditions, not being a cigarette smoker, and not drinking to excess are associated with a moderate to great perceived risk of daily/near-daily cannabis use to the average adult's health.

Generalized Linear Model

The model suggests middle to older age, female gender, Hispanic race and ethnicity (relative to non-Hispanic White race and ethnicity), having an income below \$25,000 (relative to income at or above \$25,000), not having poor mental health, not being a cigarette smoker, and not drinking to excess are associated with a moderate to great perceived risk of daily/near-daily cannabis use to the average adult's health after adjusting for covariates.

Limitations

Of 9,784 total respondents, there were 6,994 with responses to the outcome variable. 6,313 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Less than half of the adult population report moderate or great perceived risk of daily/near-daily cannabis use to the average adult's health. Perceiving moderate or great risk of daily/near-daily cannabis use to the average adult's health is associated with age, gender, race and ethnicity, income, mental health status, smoking status, and drinking behavior.

BRFSS 2022 Supplemental Tables Medical Reason for Use among Past Month Cannabis Users

Demographics Total		Percentage	CV	95%	6 CI	Ν
		23.5	8.0	19.9	27.2	81,900
	18-34 years	12.9†	19.0	8.1	17.7	20,600
Age	35-54 years	28.3	12.8	21.2	35.3	27,100
C C	55+ years	37.7	9.9	30.4	45.0	34,100
Constant	Female	32.1	10.4	25.5	38.6	49,300
Gender	Male	16.8	12.2	12.8	20.8	32,700
	Hispanic	29.8++	21.3	17.3	42.2	12,400
Designed False (site)	NH Black	*	30.7	*	*	*
Race and Ethnicity	NH White	22.2	9.7	18.0	26.5	50,900
	NH Other	36.0++	22.9	19.8	52.1	11,800
	Yes	36.1++	20.9	21.3	50.8	7,500
Veteran Status	No	22.8	8.5	19.0	26.6	74,500
	\$25K+	20.4	10.2	16.3	24.5	51,600
Income	< \$25K	51.6	11.8	39.6	63.6	18,000
	Missing	20.5++	21.2	12.0	29.1	12,400
Education	> HS	23.8	9.9	19.2	28.4	51,100
Education	HS or Less	23.2	13.6	17.0	29.4	30,800
	LGBT/Other	18.1++	24.2	9.5	26.7	12,000
Sexual Orientation	Straight	24.9	8.4	20.8	29.0	69,900
Door Montol Hoolth	Yes	31.4	13.5	23.1	39.7	30,600
Poor Mental Health	No	20.6	9.9	16.6	24.6	50,900
1. Chuania Canditian	Yes	37.7	8.2	31.6	43.7	59,800
1+ Chronic Condition	No	11.7†	16.8	7.9	15.6	22,200
Dischility	Yes	40.2	9.6	32.6	47.7	49,900
Disability	No	14.4	12.1	11.0	17.8	32,000
Commont Canalysis	Yes	26.7†	15.9	18.4	35.0	20,200
Current Smoker	No	22.5	9.4	18.4	26.7	60,500
Europeine Drinker	Yes	8.7††	21.2	5.1	12.3	9,900
Excessive Drinker	No	30.7	8.5	25.6	35.8	70,500

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

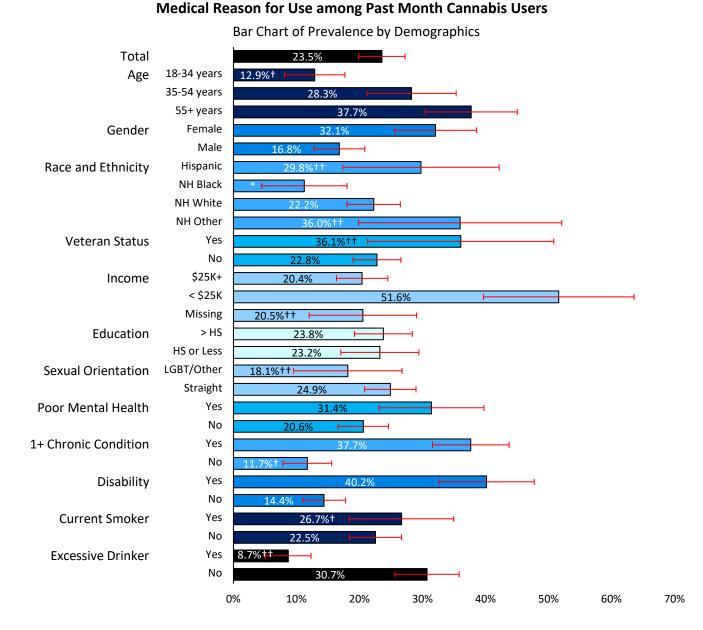
⁺Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

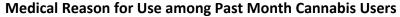
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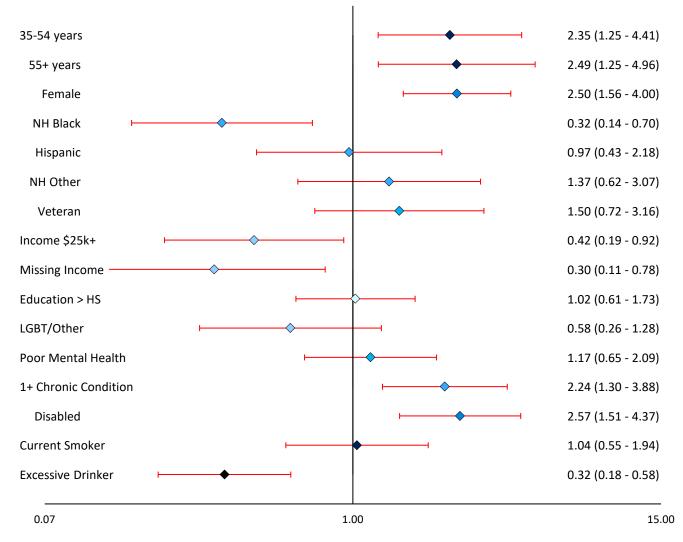
*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.



Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% Cls)



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Medical Reason for Use among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,052 complete cases were used in model.

Medical Reason for Use among Past Month Cannabis Users

Summary of Findings

Prevalence

23.5% of past month cannabis users (approximately 81,900 Connecticut adults) reported they usually use cannabis for medical reasons.

Bivariate Comparisons

Bivariate analyses suggest middle to older age, female gender, having an income less than \$25,000, having one or more chronic conditions, having a disability, and not drinking to excess (though this estimate had limited validity) were associated with medical cannabis use.

Generalized Linear Model

The model suggests middle to older age, female gender, having an income below \$25,000, having one or more chronic conditions, having a disability, and not drinking to excess were associated with medical cannabis use after adjusting for covariates. Non-Hispanic Black adults had lower odds of medical cannabis use than non-Hispanic Whites.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,052 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Medical cannabis use is associated with age, gender, race and ethnicity, income, chronic conditions, disability status, and drinking behavior.

BRFSS 2022 Supplemental Tables Non-Medical Reason for Use among Past Month Cannabis Users

Demographics Total		Percentage	CV	95%	6 CI	N 142,600
		41.0	5.4	36.7	45.3	
	18-34 years	45.9	8.4	38.4	53.4	73,400
Age	35-54 years	38.1	9.6	30.9	45.2	36,500
	55+ years	35.4	9.4	28.8	41.9	32,000
Gender	Female	31.5	10.1	25.3	37.7	48,400
	Male	48.5	6.0	42.8	54.2	94,200
	Hispanic	42.0†	15.3	29.4	54.6	17,500
	NH Black	45.7†	19.0	28.6	62.7	16,600
Race and Ethnicity	NH White	44.2	5.9	39.0	49.3	101,100
	NH Other	*	37.5	*	*	*
Veteran Status	Yes	38.6†	17.8	25.1	52.0	8,000
	No	41.1	5.6	36.6	45.6	134,500
Income	\$25K+	46.2	5.6	41.1	51.2	116,700
	< \$25K	21.1++	20.7	12.5	29.6	7,300
	Missing	30.7†	18.0	19.9	41.5	18,600
Education	> HS	44.5	6.1	39.2	49.8	95,700
	HS or Less	35.1	10.7	27.7	42.4	46,500
Sexual Orientation	LGBT/Other	30.6†	15.7	21.2	40.0	20,300
	Straight	43.3	5.6	38.5	48.0	121,600
Deen Mentel Heelth	Yes	24.8	13.9	18.0	31.5	24,100
Poor Mental Health	No	47.3	5.6	42.1	52.5	116,800
1+ Chronic Condition	Yes	27.9	9.8	22.5	33.3	44,300
	No	52.0	6.4	45.5	58.5	98,300
Disability	Yes	22.4	13.4	16.5	28.3	27,800
	No	51.1	5.6	45.5	56.7	113,900
Current Smoker	Yes	31.6	13.3	23.4	39.9	24,000
	No	44.1	5.8	39.0	49.1	118,200
Excessive Drinker	Yes	57.4	6.7	49.8	64.9	65,400
	No	32.9	7.8	27.8	37.9	75,500

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

⁺Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Bar Chart of Prevalence by Demographics Total 41.0% 18-34 years Age 45.9% 35-54 years 38.1% 55+ years 35.4% Female Gender Male 48.5 Hispanic **Race and Ethnicity** 42 0%-NH Black NH White ЛЛ NH Other Veteran Status Yes 38.6%† No 41.1% \$25K+ Income 46.2% < \$25K 21.1%++ Missing 30.7%† > HS Education 44.5% HS or Less 35.1% LGBT/Other Sexual Orientation 30.6%† Straight 43.3% Poor Mental Health Yes 24.8% No 47 3 1+ Chronic Condition Yes No Yes Disability 4% No Yes **Current Smoker** 31.6% No 44.1% **Excessive Drinker** Yes 57.4% No 32.9% 20% 30% 0% 10% 40% 50% 60%

BRFSS 2022 Supplemental Tables Non-Medical Reason for Use among Past Month Cannabis Users

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

*Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

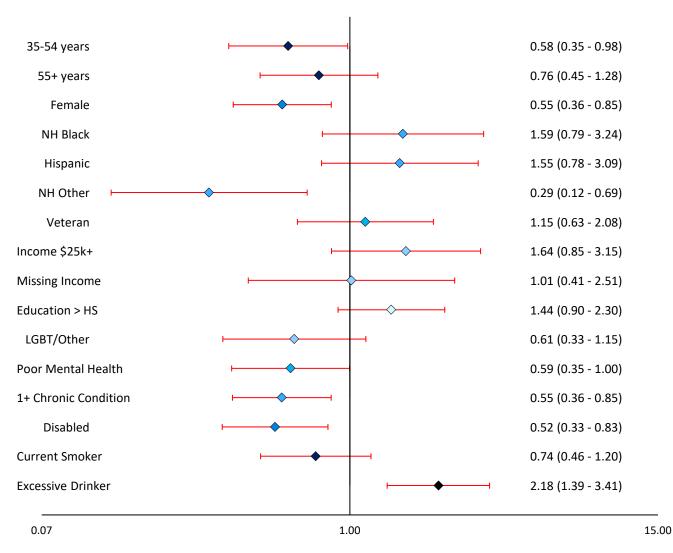
*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

See appendices for detailed methods.

70%



Non-Medical Reason for Use among Past Month Cannabis Users

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Non-Medical Reason for Use among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,052 complete cases were used in model.

Non-Medical Reason for Use among Past Month Cannabis Users

Summary of Findings

Prevalence

41.0% of past month cannabis users (approximately 142,600 Connecticut adults) reported they usually use cannabis for non-medical reasons.

Bivariate Comparisons

Bivariate analyses suggest male gender, having an income at or above \$25,000 (relative to an income below \$25,000), not having poor mental health, not having any chronic conditions, not having a disability, and drinking to excess were associated with non-medical cannabis use.

Generalized Linear Model

The model suggests male gender, not having poor mental health, not having a chronic condition, not having a disability, and drinking to excess were associated with non-medical cannabis use after adjusting for covariates. Non-Hispanic Other race and ethnicity (relative to non-Hispanic White) had lower odds of non-medical cannabis use. Middle-aged respondents had slightly lower odds of reporting non-medical cannabis use than younger adults, but this relationship did not hold for adults aged 55 years or older.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,052 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Non-medical cannabis use is associated with age, gender, race and ethnicity, mental health status, not having chronic conditions, disability status, and drinking behavior.

Both Medical and Non-Medical Reason for Use among Past Month Cannabis Users

Demographics Total		Percentage	CV	95%	6 CI	Ν	
		35.5	6.6	30.9	40.1	123,400	
	18-34 years	41.2	9.8	33.3	49.1	65,900	
Age	35-54 years	33.7	10.5	26.7	40.6	32,200	
	55+ years	26.9	13.1	20.0	33.8	24,300	
Condor	Female	36.5	10.5	28.9	44.0	56,000	
Gender	Male	34.7	8.3	29.0	40.3	67,400	
	Hispanic	28.2†	19.0	17.7	38.7	11,700	
Daga and Ethnicity	NH Black	43.1++	21.9	24.6	61.6	15,700	
Race and Ethnicity	NH White	33.6	8.0	28.3	38.9	76,900	
	NH Other	50.2†	17.2	33.3	67.1	16,500	
Votoron Status	Yes	25.4††	27.4	11.8	39.0	5,300	
Veteran Status	No	36.1	6.8	31.3	40.9	118,000	
Income	\$25K+	33.4	7.6	28.4	38.4	84,500	
	< \$25K	27.3†	17.4	18.0	36.7	9,500	
	Missing	48.7	14.0	35.4	62.1	29,400	
Education	> HS	31.7	8.9	26.2	37.2	68,200	
	HS or Less	41.7	9.8	33.7	49.7	55,200	
Sexual Orientation	LGBT/Other	51.2	12.0	39.2	63.2	33,900	
	Straight	31.9	7.5	27.2	36.5	89,500	
Poor Mental Health	Yes	43.8	10.9	34.4	53.2	42,600	
Poor Mental Health	No	32.1	8.3	26.9	37.3	79,200	
1. Chronic Condition	Yes	34.5	9.0	28.4	40.6	54,700	
1+ Chronic Condition	No	36.3	9.4	29.6	43.0	68,700	
Disability	Yes	37.4	10.5	29.7	45.2	46,500	
	No	34.5	8.5	28.8	40.2	76,900	
Current Smoker	Yes	41.7	11.5	32.3	51.1	31,600	
	No	33.4	8.1	28.1	38.6	89,500	
Evenesive Drinker	Yes	33.9	11.3	26.4	41.4	38,700	
Excessive Drinker	No	36.4	8.2	30.5	42.3	83,500	

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval, NH = Non Hispanic, HS = High School

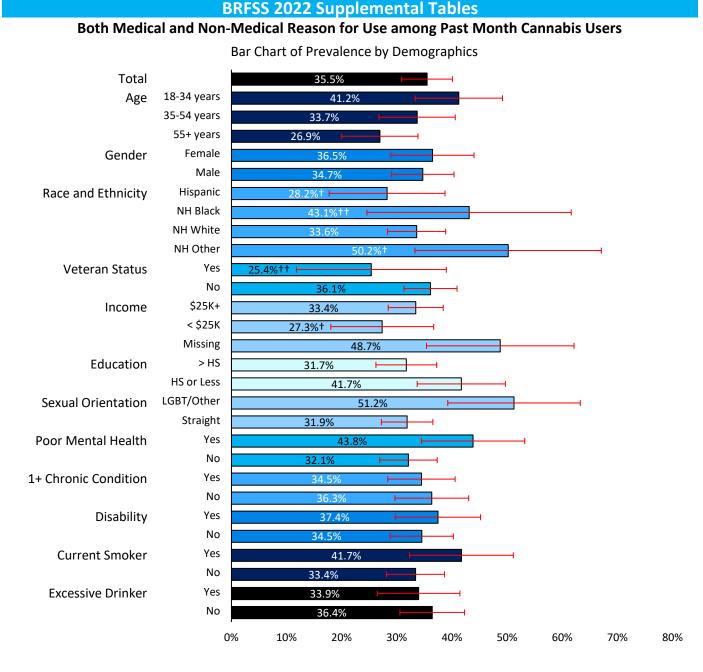
+Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall total: those without responses to demographic questions are not presented separately here, except in the case of income.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.



Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

NH = Non Hispanic, HS = High School

+Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

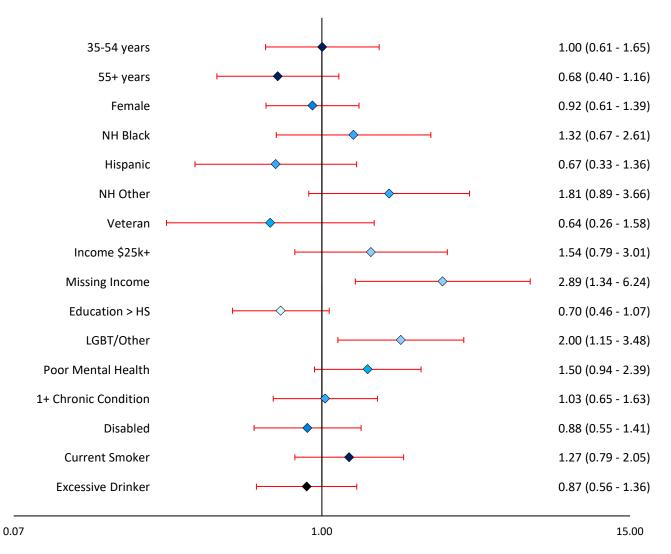
++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

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"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Error bars represent 95% confidence intervals around prevalence estimates.

Both Medical and Non-Medical Reason for Use among Past Month Cannabis Users



Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% Cls)

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

OR = Odds Ratio, CI = Confidence Interval, NH = Non Hispanic, HS = High School

Model Dependent Variable: Both Medical and Non-Medical Reason for Use among Past Month Cannabis Users

Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Sexual Orientation, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Of 9,784 total respondents, 1,169 used cannabis at least one time in the past month. 1,052 complete cases were used in model.

Both Medical and Non-Medical Reason for Use among Past Month Cannabis Users

Summary of Findings

Prevalence

35.5% of past month cannabis users (approximately 123,400 Connecticut adults) reported they usually use cannabis for both medical and non-medical reasons.

Bivariate Comparisons

Bivariate analyses suggest LGBT sexual orientation is the only variable associated with reporting both medical and non-medical reasons for cannabis use.

Generalized Linear Model

The model suggests missing income (relative to income below \$25,000) and LGBT sexual orientation were associated with both medical and non-medical cannabis use after adjusting for covariates.

Limitations

Of 9,784 total respondents, there were 7,730 with responses to the question about past month cannabis use. 1,169 of these respondents used cannabis in the past month. 1,052 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion

Using cannabis for both medical and non-medical reasons is associated with missing income and sexual orientation. The variables included in the generalized linear model were generally poor at distinguishing both medical and nonmedical reason cannabis users from principally medical or principally non-medical users.

Source	Percentage	CV	95%	6 CI	Ν
Medical Dispensary	34.0	6.6	29.6	38.4	114,800
Retail Marijuana Store	24.2	8.2	20.3	28.0	81,600
Bought from Friend	19.7	10.1	15.8	23.6	66,400
Got It for Free/Shared	9.6	11.8	7.4	11.8	32,300
Got It Somewhere Else	7.1†	17.5	4.7	9.5	23,900
Grocery or Convenience Store	2.7++	27.8	1.2	4.1	9,000
Grow It Yourself/Someone Grew for You	2.5++	24.6	1.3	3.6	8,300
Online	*	41.5	*	*	*

Usual Source of Cannabis among Adult Past Month Cannabis Users

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval

+Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Method of Cannabis Use among Adult Past Month Cannabis Users

Method	Percentage	CV	95%	6 CI	Ν
Smoke	76.1	2.5	72.3	79.8	272,600
Eat	44.2	5.2	39.8	48.7	158,700
Vape	28.8	7.0	24.8	32.7	103,000
Dab	11.9	13.2	8.8	14.9	41,900
Other	8.3†	15.1	5.9	10.8	29,600

Notes:

Data Source: Connecticut Behavioral Risk Factor Surveillance System, 2022

CV = Coefficient of Variation, CI = Confidence Interval

+Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.

++Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.

*Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.

N = corresponding number of adults in the population, rounded to nearest 100.

"Missing Income" added as a discrete category because 1,509 of the 2,546 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

BRFSS 2022 Supplemental Tables				
Appendix A: Survey Questions				
Торіс	Question Text			
Past Month Cannabis Use	During the past 30 days, on how many days did you use marijuana or cannabis?			
Driving Under the Influence of	During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of			
Cannabis (DUIC)	using marijuana or cannabis?			
Contemplated Quitting	Have you often thought that you should quit or cut down on your marijuana use, or tried to c more than once, but without success?			
Perceived Health Risk	How much do you think daily or near daily use of marijuana or cannabis risks harming the average adult's health?			
Primary Reason for Cannabis Use	When you used marijuana or cannabis during the past 30 days, was it usually:			
Medical	For medical reasons			
Non-Medical For non-medical reasons				
Both	For both medical and non-medical reasons			
Usual Source of Cannabis	How do you USUALLY get the marijuana that you use?			
Medical Dispensary	Buy it from a medical dispensary			
Retail Marijuana Store	Buy it from a retail marijuana store			
Bought from Friend	Buy it from a friend or someone else			
Got It for Free/Shared	Get it for free or share someone else's			
Got It Somewhere Else	Get it from somewhere else			
Grocery or Convenience Store	Buy it from a grocery store, gas station, mall, or other convenience store			
Grow It	Grow it yourself at home or have someone grow it for you			
Online	Buy it from an online store			
Method of Cannabis Use	During the past 30 days, did you			
Smoke	smoke it (for example, in a joint, bong, pipe or blunt)?			
Eat	eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola or alcohol)?			
Vape	vaporize it (For example in an e-cigarette-like vaporizer or another vaporizing device)?			
Dab	dab it (for example, using a dabbing rig, knife, or dab pen)?			
Other	use it in some other way?			

Appendix B: Statistical Methods

Software:	R version 4.1.3, survey package version 4.1-1		
Survey Design:	svydesign(id=~1, strata = ~ststr, weights = ~llcpwt)		
Percentage	svymean(, na.rm=T)		
CV	cv(svyciprop(, na.rm=TRUE, method = "mean", df=Inf))		
95% CI	svyciprop(, na.rm=TRUE, method = "mean", df=Inf)		
Ν	svytotal(, na.rm=T) rounded to nearest 100		
Model	svyglm(formula, design, family = quasibinomial())		