

Alcohol, Drug, and Tobacco Use by Teens

DEFINITION

Alcohol, drug, and tobacco use by teens is the percentage of middle school and high school students who report having used alcohol, illegal drugs, or tobacco products.

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco, and other drugs by youth poses health and safety risks to them, their families, their schools, and their communities.^{1,2,3} Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.⁴

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle school and high school, when young people experience new academic, social, and emotional challenges.⁵ Adolescents are especially vulnerable to developing substance abuse disorders because their brains are still developing; the prefrontal cortex, responsible for decision-making and risk-assessment, is not mature until the mid-20s.⁶

Pathways for becoming a substance user involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors are associated with increased drug use and include early aggressive behavior,

poor school achievement, peer and parental substance abuse, chaotic home environment, and poverty. Protective factors lessen the risk of drug use, and include a strong parent-child bond, healthy school environment, academic competence, and neighborhood pride.^{7,8} For over three decades, Hispanic and Black high school seniors in the U.S. have generally had lower rates of substance use than their White peers, but recently these differences have narrowed due to an increased use of marijuana among Black students.^{9,10}

Teen substance abuse can be prevented or reduced by enacting policies that support prevention, screening, early intervention, treatment, and recovery. Policy examples include preventing the sale of substances to minors, improving school climate and academic achievement, enacting sentencing reform, and sustaining adequate funding for multi-sector youth development, treatment, and recovery services.¹¹

In Rhode Island in 2013-2014, 3% of youth ages 12-17 needed but did not receive specialty treatment for their alcohol use problem, which is the 15th highest rate among all states. Four percent of Rhode Island youth ages 12-17 needed but did not receive any specialty treatment for their illicit drug use. Rhode Island has the seventh highest state percentage on this measure.¹²



Tobacco Use Among Rhode Island Youth

- ◆ **Cigarettes:** Cigarette use has reached record low levels among U.S. middle and high school students.¹³ In 2015, 5% of Rhode Island high school students reported smoking cigarettes in the past 30 days, which is a statistically significant decrease from 2013, when 8% reported current cigarette smoking. Nearly half (46%) of Rhode Island high school students who reported current cigarette use in 2015 also reported trying to quit smoking in the past year.¹⁴
- ◆ **Electronic Vapor Products:** Among U.S. adolescents in 2015, e-cigarette use was higher than use of traditional tobacco cigarettes or any other tobacco product.¹⁵ In Rhode Island in 2015, 41% of high school students reported ever using an electronic vapor product and 19% reported using an electronic vapor product in the past 30 days. Current use was highest among Rhode Island high school seniors (25%), White students (21%), and males (20%).¹⁶ In 2014, Rhode Island became one of 48 states to prohibit the sale of electronic nicotine delivery systems to minors.¹⁷
- ◆ **Hookah:** The prevalence of smoking tobacco using a hookah has been rising among adolescents nationally since 2010, with most use being less than two occasions.¹⁸ In 2015, 12% of Rhode Island high school students reported using a hookah to smoke tobacco in the past 30 days. Rates of current use were highest among Rhode Island Hispanic students (16%), seniors (15%), and females (13%).¹⁹
- ◆ **Cigars:** Use of small cigars (cigarillos) among U.S. adolescents has declined significantly since 2010.²⁰ In Rhode Island in 2015, 8% of high school students reported smoking cigars in the past 30 days. Current cigar use was highest among Rhode Island high school seniors (13%) and males (12%), as well as among Hispanic (9%), Black (8%), and White (8%) students.²¹
- ◆ **Smokeless Tobacco:** After rising in the mid-2000s, use of smokeless tobacco by U.S. adolescents has been in decline since 2010.²² In 2015, 5% of Rhode Island high school students reported using smokeless tobacco, with males (8%), seniors (8%), and Black (7%) youth reporting the highest levels of use.²³

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2015

	ALCOHOL USE	BINGE DRINKING*	TOBACCO USE**	MARIJUANA USE	PRESCRIPTION DRUG MISUSE***
Female Students	30%	14%	21%	23%	6%
Male Students	22%	12%	28%	24%	7%
Black Students	20%	11%	21%	24%	5%
White Students	28%	13%	26%	24%	5%
Multiple Race Students	28%	13%	28%	26%	12%
Hispanic Students	27%	14%	23%	23%	8%
9th Grade Students	15%	6%	20%	13%	6%
10th Grade Students	22%	10%	24%	19%	5%
11th Grade Students	30%	15%	21%	28%	5%
12th Grade Students	37%	21%	34%	33%	7%
ALL STUDENTS	26%	13%	25%	24%	6%

Source: 2015 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. Current use is defined as students who answered yes to using respective substances in the 30 days prior to the survey. *Binge drinking is defined as drinking five or more drinks within a couple of hours. **Tobacco includes cigarettes, smokeless tobacco, cigars, or electronic vapor products. ***Prescription drug misuse is defined as those without a doctor's prescription.

◆ Among Rhode Island high school students in 2015, 26% reported current (i.e., in the past 30 days) alcohol consumption, 25% reported current tobacco use, 24% reported current marijuana use, 13% reported current binge drinking, 6% reported current prescription drug misuse, and 5% reported using over-the-counter drugs to get high during the past 30 days.²⁴

◆ In Rhode Island In 2015, 9% of high school students reported ever (i.e., in their lifetime) using synthetic marijuana, 6% reported ever using inhalants, 5% reported ever using ecstasy, 5% reported ever using cocaine, 4% reported ever using heroin, and 4% reported ever taking steroids without a doctor's prescription.²⁵

◆ In 2015, a majority of Rhode Island high school students reported that they have never taken a prescription drug without a doctor's prescription (88%), tried cigarette smoking (78%), used marijuana (61%), nor used an electronic vapor product (59%). Nearly half (48%) of Rhode Island high school students also reported never having consumed alcohol.²⁶

Family and Community Risk Factors

◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities in which there is drug dealing and use are risk factors for teen substance use.²⁷ In Rhode Island in 2015, 32% of Rhode Island high school students reported living with someone who smokes cigarettes. One in five (22%) Rhode Island high school students under age 18 who used an electronic vapor product during the past 30 days reported buying them in a store (despite laws prohibiting such purchases). One in ten (10%) high school students who had ever taken a prescription drug without a doctor's prescription reported buying it at school.²⁸

Babies Born with Exposure to Substances

◆ Babies born with exposure to opioids (pain medication) face immediate and long-term negative outcomes. Neonatal Abstinence Syndrome (NAS) refers to the withdrawal and negative effects experienced by newborns born to mothers who use opioids and/or other drugs during pregnancy.²⁹

◆ In Rhode Island in 2014, 97 babies were diagnosed with NAS, a rate of 92 per 10,000 births, up from 76 babies (for a rate of 72 per 10,000 births) in 2013 and more than double the rate of 37.2 in 2006. Eighty-eight percent of babies born with NAS between 2010 and 2014 in Rhode Island were born to White mothers, 85% had Medicaid coverage, and 34% lived in the four core cities and 66% lived in the remainder of the state.³⁰

◆ Mothers' smoking during pregnancy is associated with adverse outcomes for children, including preterm births, low birthweight, and infant mortality.³¹ Nationally, one in ten women who gave birth in 2014 smoked during the three months before they became pregnant and nearly one-quarter of those women quit smoking before pregnancy.³²

◆ In Rhode Island between 2010 and 2014, 8% (4,130) of all births were to women who smoked during their pregnancy. During that time, Rhode Island mothers who smoked had higher percentages of low birthweight (12.3%) and preterm births (12.0%) compared to mothers who did not smoke (6.9% and 8.7% respectively).³³

References

¹ Binge drinking. (2015). Washington, DC: Child Trends.

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