

Alcohol, Drug, and Tobacco Use

DEFINITION

Alcohol, drug, and tobacco use 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} Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.³

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. 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.^{4,5}

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.^{6,7} 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.^{8,9}

Prevention and reduction in teen substance abuse can be achieved by enacting policies that support prevention, screening, early intervention, treatment, and recovery. Policy examples include preventing underage substance use and sales to minors, improving school climate and academic achievement, enacting sentencing reform, and sustaining adequate funding for multi-sector youth development, treatment, and recovery services.¹⁰

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 percentage among all states on this measure.¹¹

Tobacco Use Among Rhode Island Youth

- ◆ **Cigarettes:** Cigarette use has reached record low levels among U.S. middle and high school students.¹² In 2015, 7% of Rhode Island middle school students reported ever trying cigarette smoking (down from 16% in 2007) and 1% reported smoking cigarettes in the past 30 days. Rhode Island has the lowest current cigarette use rate for both middle and high school students (5%) in the nation among ranked states in 2015.^{13,14}
- ◆ **Electronic Vapor Products:** Among U.S. adolescents in 2016, e-cigarettes use was higher than use of traditional tobacco cigarettes or any other tobacco product.¹⁵ In Rhode Island in 2015, 16% of middle school students reported ever using an electronic vapor product and 8% reported current use in the past 30 days. Hispanic students (12%), eighth graders (10%), and males (8%) reported the highest use. In 2015, 41% of Rhode Island high school students reported ever using an electronic vapor product and 19% reported use in the past 30 days. Rhode Island had the third lowest middle school rate and sixth lowest high school rate for current vapor use among ranked states in 2015.^{16,17}
- ◆ **Hookah:** The prevalence of smoking tobacco using a hookah has declined nationally for the past two years and most use is occasional.¹⁸ In 2015, 12% of Rhode Island high school students reported using a hookah in the past 30 days. Rates of current use were highest among 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, 1% of middle school students and 8% of high school students reported smoking cigars in the past 30 days. Current cigar use was highest among high school seniors (13%) and males (12%), and Hispanic (9%), Black non-Hispanic (8%), and White non-Hispanic (8%) students. Rhode Island had the lowest middle school rate and seventh lowest high school rate for current cigar use among ranked states in 2015.^{21,22}
- ◆ **Smokeless Tobacco:** After rising in the mid-2000s, use of smokeless tobacco by U.S. adolescents has been in decline since 2010.²³ In 2015, 1% of Rhode Island middle school and 5% of Rhode Island high school students reported current use of smokeless tobacco, with high school males (8%), seniors (8%), and Black, Non-Hispanic (7%) youth reporting the highest levels of use. In 2015, Rhode Island had the lowest middle school rate and fifth lowest high school rate for use of smokeless tobacco among ranked states.^{24,25}

Ever Tried Substance, Rhode Island Middle School Students by Select Subgroups, 2015

	ALCOHOL USE*	ELECTRONIC VAPOR PRODUCT USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE***
Female	19%	14%	8%	7%	4%
Male	14%	17%	7%	7%	4%
Black	20%	21%	9%	9%	6%
White	14%	11%	7%	5%	3%
All other races	15%	15%	8%	7%	4%
Multiple races	NA	21%	6%	17%	8%
Hispanic	21%	24%	7%	8%	3%
6th Grade	9%	9%	5%	2%	2%
7th Grade	18%	17%	8%	7%	5%
8th Grade	22%	20%	9%	11%	4%
<i>ALL STUDENTS</i>	<i>16%</i>	<i>16%</i>	<i>7%</i>	<i>7%</i>	<i>4%</i>

Source: 2015 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. *Use is defined as students who answered yes to 'ever using' each substance. **Prescription drug misuse is defined as those without a doctor's prescription. NA is not available due to small sample size.

- ◆ Among Rhode Island middle school students in 2015, 16% reported ever drinking alcohol, 16% reported ever trying electronic vapor products, 7% reported ever smoking a cigarette, 7% reported ever trying marijuana, and 4% reported ever misusing prescription drugs.²⁶
- ◆ In Rhode Island in 2015, 26% of high school students reported current (i.e., in the past 30 days) alcohol consumption, 24% reported current marijuana use, 19% reported current electronic vapor product use, 13% reported current binge drinking, 6% reported current prescription drug misuse, and 5% reported current cigarette use.²⁷
- ◆ In 2015, a majority of Rhode Island middle school students reported that they have never taken a prescription drug without a doctor's prescription (96%), smoked a cigarette (93%), used marijuana (93%), used an electronic vapor product (84%), nor consumed alcohol (84%).²⁸

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.²⁹ In Rhode Island in 2015, 34% of middle school students and 32% of 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 it 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.³⁰

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 other drugs during pregnancy.³¹
- ◆ In Rhode Island in 2015, 114 babies were diagnosed with NAS, a rate of 103.8 per 10,000 births; up from 97 babies (92.0 per 10,000 births) in 2014 and nearly triple the rate of 37.2 in 2006. Eighty-seven percent of babies born with NAS between 2011 and 2015 in Rhode Island were born to White mothers, 84% had Medicaid coverage, and 36% lived in the four core cities.³²
- ◆ Mothers' smoking during pregnancy is associated with adverse outcomes for children, including preterm births, low birthweight, and infant mortality.³³ 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.³⁴
- ◆ In Rhode Island between 2011 and 2015, 7% (4,007) 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 (12.9%) and preterm births (12.1%) compared to mothers who did not smoke (6.8% and 8.5% respectively).³⁵

References

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