

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. These transitions include shifts to middle school and high school, when youth 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 to substance use involve the relationship between risk and protective factors, which vary in their effect on different people. Risk factors include early aggressive behavior, poor school achievement, peer and parental

substance abuse, chaotic home environment, and poverty. Protective factors lessen the risk of substance use, and include a strong parent-child bond, healthy school environment, academic competence, and attachment to their communities.^{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}

Enacting policies that support prevention, screening, early intervention, treatment, and recovery can prevent and reduce teen substance abuse. Policy examples include preventing underage substance use and restricting 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 treatment for an alcohol use problem, which is the 15th highest rate nationally. Four percent of Rhode Island youth ages 12-17 needed but did not receive any treatment for illicit drug use, which is the seventh highest rate nationally on this measure.¹¹

Tobacco Use Among Rhode Island Youth

- ◆ In 2017, 26% of Rhode Island high school students reported currently smoking cigarettes or cigars, or using smokeless tobacco or e-cigarettes (i.e. e-cigars, e-pipes, vaping pipes/pens, e-hookahs/pens). Current use is defined as use on at least one day during the 30 days before the survey.¹²
- ◆ **Cigarettes:** Cigarette use has reached record low levels among U.S. middle and high school students.¹³ In 2017, 6% of Rhode Island high school students reported currently smoking cigarettes. Fifty-nine percent of Rhode Island high school students who reported current cigarette use in 2017 also reported trying to quit smoking in the past year.¹⁴
- ◆ **E-Cigarettes:** Among U.S. adolescents in 2016, e-cigarette use was higher than use of traditional tobacco cigarettes or any other tobacco product.¹⁵ In Rhode Island in 2017, 20% of high school students reported current use of e-cigarettes and 40% reported ever using e-cigarettes. The Rhode Island General Assembly passed legislation prohibiting the use of e-cigarettes in schools, effective January 1, 2018.^{16,17}
- ◆ **Hookah:** The prevalence of smoking tobacco with a hookah has declined nationally for the past two years and most use is occasional.¹⁸ In 2017, 5% of Rhode Island high school students reported currently smoking tobacco in a hookah.¹⁹
- ◆ **Cigars:** Use of small cigars, or cigarillos, among U.S. adolescents has declined significantly since 2010.²⁰ In Rhode Island in 2017, 7% of high school students reported currently smoking cigars.²¹
- ◆ **Smokeless Tobacco:** After rising in the mid-2000s, use of smokeless tobacco by U.S. adolescents has declined since 2010.²² In 2017, 5% of Rhode Island high school students reported current use of smokeless tobacco.²³
- ◆ **Tobacco to 21:** The Institute of Medicine and the Centers for Disease Control and Prevention (CDC) suggest that raising the minimum legal sale age (MLA) for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents. The American Academy of Pediatrics also recommends increasing the MLA to 21.^{24,25,26} Rhode Island's minimum sale age is 18 years. Nationally, as of January 2018, five states have set the age to 21 (CA, HI, ME, NJ, OR).^{27,28}

Current Substance Use, Rhode Island High School Students by Select Subgroups, 2017

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE***
Female	26%	17%	5%	23%	3%
Male	20%	22%	7%	23%	4%
Black, Non-Hispanic	19%	12%	1%	27%	4%
White, Non-Hispanic	25%	23%	7%	22%	3%
All other races, Non-Hispanic	NA	16%	1%	19%	2%
Multiple races, Non-Hispanic	29%	20%	6%	38%	1%
Hispanic	20%	16%	6%	23%	4%
9th Grade	16%	17%	6%	15%	4%
10th Grade	20%	21%	5%	20%	5%
11th Grade	26%	22%	4%	26%	3%
12th Grade	33%	21%	9%	33%	2%
All Students	23%	20%	6%	23%	4%

Source: 2017 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. **Prescription drug misuse is defined as those without a doctor's prescription. NA is not available due to small sample size.

- ◆ Among Rhode Island high school students in 2017, 23% reported current alcohol consumption, 23% reported current marijuana use, 20% reported current use of e-cigarettes, 11% reported current binge drinking, 6% reported current cigarette use, 5% reported currently using over the counter drugs to get high, and 4% reported currently misusing prescription drugs.²⁹
- ◆ In 2017, 81% of Rhode Island high school students reported that they have never smoked a cigarette and 60% reported they have never used an e-cigarette product.³⁰
- ◆ Cigarette excise taxes pose a potential funding stream for state tobacco control programs.³¹ Between SFY 2002-2017, Rhode Island cigarette tax revenue increased from \$79.4 million to \$138.7 million while state tobacco control funding decreased from \$3 million to \$377,000. Only 0.27% of the cigarette tax in SFY 2017 went toward tobacco control and smoking cessation programs.^{32,33,34}

Family and Community Risk Factors

- ◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is drug dealing and substance use are risk factors for teen substance use.³⁵ In Rhode Island in 2017, 35% of middle school students and 33% of high school students reported living with someone who smokes cigarettes. One in six (17%) Rhode Island high school students under age 18 who used an e-cigarette during the past 30 days reported buying it in a store, despite laws prohibiting sales to minors. One in seven (14%) high school students who had ever taken a prescription drug without a doctor's prescription reported taking it from a friend or relative without their knowledge.³⁶

Babies Born with Exposure to Substances

- ◆ Babies born with exposure to opioids (pain medication) face immediate and potential 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.³⁷
- ◆ In Rhode Island in 2016, 96 babies were diagnosed with NAS, a rate of 89.5 per 10,000 births; down from 114 babies (103.8 per 10,000 births) in 2015 but more than double the rate of 37.2 in 2006. Eighty-six percent of babies born with NAS between 2012 and 2016 in Rhode Island were born to White mothers, 86% were born to mothers who were covered by Medicaid, and 38% lived in the four core cities.³⁸
- ◆ Smoking during pregnancy is associated with adverse outcomes for children, including preterm births, low birthweight, and infant mortality.³⁹ 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 did not smoke during pregnancy.⁴⁰
- ◆ In Rhode Island between 2012 and 2016, 7% (3,843) 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 (13%) and preterm births (12%) compared to mothers who did not smoke (7% and 9% respectively).⁴¹

References

^{1,4,6} Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. (2016). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

² Substance-free youth. (2015). Washington, DC: Child Trends.

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