Alcohol, Tobacco, and Substance Use

DEFINITION

Alcohol, tobacco, and substance use is the percentage of middle school and high school students who report using alcohol, tobacco products (including ecigarettes), and illicit substances.

SIGNIFICANCE

The use and/or abuse of alcohol, tobacco, and other substances by youth impacts the health and safety of themselves, 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 experimenting with substance use because their brains are still developing. The area of the brain responsible for impulse control and risk assessment is not developed until youth reach their twenties.^{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 use, 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 attachment to their communities. 6,7 Rates of substance use are higher among certain racial/ethnic groups and LGBTQ youth, compared to their peers. Among youth aged 12 to 20 in 2023, there were differences in alcohol, marijuana, nicotine, and illicit substance use by demographic group.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 providing adequate funding for multi-sector youth development, treatment, and recovery services.¹⁰

In Rhode Island in 2022, 12.1% of youth ages 12-17 (about 9,000) needed substance use treatment, while only 3.9% (about 3,000) actually received any substance use treatment in the past year.^{11,12}

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Tobacco Use Among Rhode Island Youth

- ♦ In 2023, 17% of Rhode Island high school students reported currently smoking cigarettes or using electronic vapor products (i.e., e-cigarettes, e-cigars, e-pipes, vaping pipes/pens, e-hookahs/pens), down from 32% in 2019. Current use is defined as use on at least one day during the 30 days before the survey.¹³
- ♦ E-Cigarettes: E-cigarettes and electronic vapor products contain, among other chemicals, nicotine which is highly addictive and can harm brain development. Some e-cigarette pods have as much or more nicotine as a pack of cigarettes.¹⁴ Nationally in 2024, 8% of high school students reported current e-cigarette use.¹⁵ In Rhode Island in 2023, 17% of high school students reported current use of e-cigarettes and 32% reported ever using e-cigarettes.¹⁶
- ♦ Cigarettes: Cigarette use has steadily declined among U.S. middle and high school students. Nationally, in 2024, 1% of students reported current cigarette use.¹7 In 2023, 3% of Rhode Island high school students reported currently smoking cigarettes.¹8
- ♦ Hookah, cigars, and smokeless tobacco: The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally.¹¹ In 2023, 4% of Rhode Island high school students reported currently smoking cigars, and 3% reported current use of smokeless tobacco.²⁰

Tobacco to 21

♦ The Centers for Disease Control and Prevention, the Institute of Medicine, and the American Academy of Pediatrics suggest that raising the minimum legal sale age for tobacco products to 21 may prevent or delay initiation of tobacco use by adolescents. ^{21,22,23} Nationally, nearly 90% of adult cigarette users who smoke daily report starting by age 18. ²⁴ On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products and electronic nicotine delivery systems from 18 to 21 years, effective immediately. ²⁵ Despite this law, there is still an 11% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups. ²⁶

Alcohol, Tobacco, and Substance Use

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Current Substance Use, Rhode Island Middle School and High School Students, 2022-2024

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	ALCOHOL USE*	CANNABIS USE* (EDIBLE)	CANNABIS USE* (SMOKING)	CIGA- RETTE USE*	E-CIGA- RETTE USE*	IN- HALENTS	PRESCRIPTION DRUG MISUSE**
Middle School Students, 2022	5.2%	NR	5.4%	1.8%	6.1%	3.1%	1.8%
Middle School Students, 2024	4.8%	2.4%	7.8%	2.0%	5.6%	3.5%	1.9%
High School Students, 2022	14.5%	NR	14.9%	3.5%	12.9%	2.1%	2.3%
High School Students, 2024	10.0%	3.5%	10.9%	2.8%	7.1%	2.0%	2.1%

Source: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2024). Rhode Island Student Survey. *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 ever taking prescription pain medicine without a doctor's prescription or differently than doctor told them to use it. NA is not available due to small sample size. NR is not reported in the 2022 survey.

- ◆ In 2024, 4.8% of Rhode Island middle school students reported current alcohol consumption (down from 5.2% in 2022), 5.6% reported current use of e-cigarettes (down from 6.1% in 2022), and 2.4% reported current edible cannabis use.²⁷
- ◆ In 2024, 7.8% of Rhode Island middle school students reported currently smoking cannabis (up from 5.4% in 2022), 3.5% reported current inhalant use, 2.0% reported current cigarette use, and 1.9% reported prescription drug misuse.²8
- ◆ In 2024, 10.9% of Rhode Island high school students reported currently smoking cannabis (down from 14.9% in 2022), 10.0% reported current alcohol consumption (down from 14.5% in 2022), and 7.1% reported current use of e-cigarettes (down from 12.9% in 2022).²⁹
- ♦ In 2024, 3.5% of Rhode Island high school students reported current edible cannabis use, 2.8% reported current cigarette use, and 2.1% reported prescription drug misuse.³⁰
- ♦ In 2024, 25% of Rhode Island high school students reported ever consuming alcohol, 18% reported ever smoking cannabis, 15% reported ever using e-cigarettes, and 4% reported ever misusing prescription drugs.³¹



Cigarette Taxes

♦ Cigarette taxes are a potential funding stream for state tobacco control programs, as well as a strategy for reducing consumption among kids and adults.³² The FY 2025 budget included a 25-cent tax increase on the price of cigarettes and a tax on the purchase of Electronic Nicotine Delivery Systems (ENDS), including vapes, and codified existing regulations prohibiting ENDS flavors, other than menthol.³³

Family and Community Exposure

- ♦ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is substance use, are risk factors for teen substance use.³⁴
- ◆ Most high school students who misused prescription drugs in the past 30 days (29%) reported receiving it from a family member. Most high school students who consumed alcohol in the past 30 days reported receiving it from a family member (33%).³⁵
- ♦ More than one in ten (13%) of Rhode Island high school students who used an ecigarette during the past 30 days reported buying it in a store without an ID, despite laws prohibiting sales to youth under age 21.36

References

- ^{1.46} Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General. (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. https://pubmed.ncbi.nlm.nih.gov/28252892/
- ² Nath, A., Choudhari, S. G., Dakhode, S. U., Rannaware, A., & Gaidhane, A. M. (2022). Substance abuse amongst adolescents: An issue of public health significance. *Cureus*, 14(11), e31193. https://pubmed.ncbi.nlm.nih.gov/36505140/
- 3.11 Substance Abuse and Mental Health Services Administration. (2024). 2021 National Survey on Drug Use and Health: Model-based prevalence estimates (50 states and District of Columbia). https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates
- 5.7.9.10.34 Trust for America's Health and Well Being Trust.
 (2019). Addressing a Crisis: Cross-Sector Strategies to
 Prevent Adolescent Substance Use and Suicide.
 https://www.tfah.org/reportdetails/adsandadolescents/
- 8 Richesson, D., Magas, I., Brown, S., Linman, S., Hoenig, J.M. (2024). Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/repo rts/rpt47095/National%20Report/National%20Rep ort/2023-nsduh-annual-national.htm

(continued on page 182)

References

- ¹⁷ Centers for Disease Control, Injury Prevention and Control. (2022). 10 leading causes of nonfatal emergency department visits, United States. Retrieved March 5, 2024, from www.wisqars.cdc.gov
- 18 Rhode Island Department of Health, Center for Health and Data Analysis, 2023.
- ¹⁹ Rhode Island Department of Human Services. (n.d.). Weatherization Assistance Program. Retrieved March 5, 2024, from www.dhs.ri.gov
- ²⁰ Rhode Island Department of Human Services, Weatherization Assistance Program data, 2023.

(continued from page 79)

References for Healthy Weight

- 7 Stierman B, Afful J, Carroll MD, Chen TC, Davy O, Fink S, et al. (2021). National health and nutrition examination survey 2017—March 2020 prepandemic data files—development of files and prevalence estimates for selected health outcomes. National Health Statistics Reports; no 158. National Center for Health Statistics.
- s.13.14.15 Brown University School of Public Health analysis of BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Cigna HealthCare, Neighborhood Health Plan of Rhode Island, United Healthcare and Point32Health collected by the Department of Health, 2025.
- ^{10,16} Mahmood, N., Matsuzaki, M., Sanchez, B.N., & Sanchez-Vaznaugh, E. (2022). Racial/ethnic disparities in childhood obesity: The role of school segregation. *Obesity (Silver Spring)* 30(5), 1116-1125.
- ¹¹ Lange, S.J., Kompaniyets, L., Freedman, D.S., Kraus, E.M., Porter, R.,...Goodman, A.B. (2021). Longitudinal trends in body mass index before and during the covid-19 pandemic among persons aged 2-19 years United States, 2018-2020. MMWR Morbidity Mortality Weekly Report 70(37) 1278-1283.
- National Center for Chronic Disease Prevention and Health Promotion. (2012). Rhode Island: State nutrition, physical activity, and obesity profile. Centers for Disease Control and Prevention
- ¹⁷ U.S. Department of Agriculture and U.S. (2020). *Dietary guidelines for Americans 2020-2025.*
- ¹⁸ Blue Cross & Blue Shield of Rhode Island and Brown University School of Public Health. (2024). RI Life Index.
- 19.21 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, 2023.

- ²⁰ U.S. Department of Health and Human Services. (2018). Physical activity guidelines for Americans, 2nd Edition.
- ²⁵ Lifespan. (2020) Children and weight gain: An epidemic during a pandemic. Retrieved March 1, 2024, from www.lifespan.org/lifespan-living/children-andweight-gain-during-pandemic

(continued from page 81)

References for Births to Teens

- ¹⁵ Ventura, S. J., Hamilton, B. E. & Mathews, T.J. (2014). National and state patterns of teen births in the United States, 1940-2013. *National Vital* Statistics Reports, 63(4), 1-33.
- ¹⁴ Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. (2023). Births: Final data for 2021. *National Vital Statistics Reports*, 72(1), 1-52
- 15.17.19.22.23 Rhode Island Department of Health, Center for Health Data and Analysis, 2008-2022.
- ²¹ Maslowsky, J., Powers, D., Hendrick, E., & Al-Hamoodahd, L. (2019). County-level clustering and characteristics of repeat versus first teen births in the United States, 2015-2017. *Journal of Adolescent Health*, 65(5): 674–680.
- ²⁴ Centers for Disease Control and Prevention. (2023). Health care providers and teen pregnancy prevention.
- ²⁵ Rhode Island Department of Health, Center for Health Data and Analysis, *Youth Risk Behavior Survey*, 2023.
- ²⁶ Sexually transmitted disease rates in youth, by year, Rhode Island, 2012-2023. (2025). Rhode Island Department of Health, Division of Preparedness, Response, Infection Diseases & Emergency Medical Services; Center for HIV, Hepatitis, STDs, and TB Epidemiology.

(continued from page 83)

References for Alcohol, Tobacco, and Substance Use

- ¹² Substance Abuse and Mental Health Services Administration. 2021-2022 National Survey on Drug Use and Health: Model-based estimated totals (in thousands) (50 states and District of Columbia), Retrieved March 19, 2024, from www.samhsa.gov
- 13.16.18.20 Rhode Island Department of Health. (2023). Youth Risk Behavior Survey. https://health.ri.gov/data/adolescenthealth/

- National Center for Chronic Disease Prevention and Health Promotion (U.S.). Office on Smoking and Health. (2019). E-cigarettes and youth toolkit for partners: how you can help end the epidemic. https://stacks.cdc.gov/view/cdc/127513
- 15.17 Jamal, A., Park-Lee, E., Birdsey, J., West, A., Cornelius, M., Cooper, M.R., Cowan, H., Wang, J., Sawdey, M.D., Cullen, K.A., Navon, L.. (2024). Tobacco product use among middle and high school students — National youth tobacco survey, United States, 2024. MMWR Morbidity Mortality Weekly Report, 73(41):917-924.
- Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2018). Monitoring the future national survey results on drug use: 1975-2017: Overview, key findings on adolescent drug use. Ann Arbor, MI: Institute for Social Research, The University of Michigan.
- ²¹ Centers for Disease Control and Prevention. (2015). Three out of four American adults favor making 21 the minimum age of sale for tobacco products. https://archive.cdc.gov/www_cdc_gov/media/releases /2015/p0707-tobacco-age.html
- ²² Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products (2015). Public health implications of raising the minimum age of legal access to tobacco products. https://pubmed.ncbi.nlm.nih.gov/26269869/
- ²³ American Academy of Pediatrics. (2015). Public policy to protect children from tobacco, nicotine, and tobacco Smoke. https://publications.aap.org/pediatrics/article/136/5/ 998/33899/Public-Policy-to-Protect-Children-From-Tobacco?autologincheck=redirected
- ²⁴ Centers for Disease Control and Prevention. (2024). *Youth and tobacco use.* Retrieved December 19, 2024, from https://www.cdc.gov/tobacco/php/datastatistics/youth-data-tobacco/index.html
- ²⁵ U.S. Food and Drug Administration. (2019). Newly signed legislation raises minimum age of sale of tobaccoproducts to 21. https://www.fda.gov/tobaccoproducts/retail-sales-tobacco-products/tobacco-21
- ²⁶ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2024). Annual Synar Survey, FFY 2025, R.I.
- 27.28.29.39.31.35.36 Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2024). Rhode Island Student Survey.

- ³² American Lung Association. (2024). Cigarette & tobacco taxes. https://www.lung.org/policy-advocacy/tobacco/tobacco-taxes
- ³³ House Fiscal Advisory Staff, General Assembly. (2024). FY 2025 Budget at a glance.

(continued from page 87)

References for Child and Teen Deaths

- Centers for Disease Control and Prevention. (n.d.).

 Leading causes of death from 2018-2022, Ages 1-14,

 United States. Retrieved December 16, 2024, from

 www.wisqars.cdc.gov
- 8 Centers for Disease Control and Prevention. (n.d.). Leading causes of death from 2018-2022, Ages 1-14, Rhode Island. Retrieved December 16, 2024, from www.wisqars.cdc.gov
- Ocenters for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). Web-based Injury Statistics Query and Reporting System (WISQARS) injury mortality report: Unintentional deaths and injuries due to all injury among persons aged 1 to 17 Years, 2019 to2023, United States. Retrieved April 7, 2025, from https://wisqars.cdc.gov/infographics/
- DeGeorge, K.C., Neltner, C.E., and Neltner, B.T. (2020). Prevention of unintentional childhood Injury. American Family Physician, 102(7):411-417.
- McPherson, L., O'Brien, J. G., Miller, K., Svetaz, M. V. (2021). Adolescent health: Prevention of injury and death. Family Physician Essentials, 507: 19-25.
- National Academies of Sciences, Engineering, and Medicine. (2020). Promoting positive adolescent health behaviors and outcomes: Thriving in the 21st century. The National Academies Press.
- 14.15.21 Rhode Island Department of Health, Center for Health Data and Analysis, 2019-2023.
- ^{16,17,18} National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2019-2023. Analysis by the Rhode Island Department of Transportation, 2024.
- ^{19,20} Rhode Island Department of Health, Center for Health Data and Analysis. (2023). 2023 Rhode Island Youth Risk Behavior Survey.
- 22.23 Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2019-2023.