

# 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, on the *SurveyWorks!* student survey, report having used alcohol, illegal drugs, or cigarettes.

## 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.<sup>1,2,3</sup> Rhode Island ranks among the states with the highest percentages of adolescents reporting use of alcohol and many types of illicit drugs.<sup>4</sup>

Key risk periods for alcohol, tobacco, and other drug abuse occur during major life transitions, including the shifts to middle and high school, when young people experience new academic, social, and emotional challenges.<sup>5</sup> 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.<sup>6</sup>

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, lack of parental supervision, peer substance abuse, and poverty. Protective factors lessen the risk of drug use, and include a strong parent-child bond, healthy school environment, academic competence, and a strong neighborhood attachment.<sup>7,8</sup> For over three decades, Hispanic and Black high school seniors in the U.S. have had lower rates of substance use than their White peers.<sup>9</sup>

Effective early family and school interventions strengthen protective factors and reduce risk factors to help prevent substance use among young people.<sup>10</sup> If implemented nationwide, effective school-based substance abuse prevention programs are estimated to save \$18 for every \$1 invested.<sup>11</sup> Adolescent substance use should be identified and addressed as soon as possible. Treatment in adolescence can prevent more serious addiction later in life.<sup>12</sup>

In Rhode Island in 2011-2012, 4% of youth ages 12-17 needed but did not receive specialty treatment for their alcohol use problem, which is the 14th highest rate among all 50 states. Four percent of Rhode Island youth ages 12-17 also did not receive any specialty treatment for their illicit drug issues despite being in need. Rhode Island has the 19th highest percentage among all states on this measure.<sup>13</sup>

## Substance Use and Related Behaviors, Rhode Island Middle School and High School Students, 2013

	MIDDLE SCHOOL	HIGH SCHOOL
Ever had a drink of alcohol in their life	22%	NA
Ever rode in vehicle driven by someone who had been drinking alcohol	19%	NA
Ever used marijuana in their life	9%	40%
Ever taken a prescription drug without a doctor's prescription	6%	14%
Ever used any form of cocaine	3%	5%

Source: 2013 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis. NA = Question not asked.

◆ Among Rhode Island high school students in 2013, 31% reported drinking alcohol, 15% reported binge drinking (consuming five or more drinks within a couple of hours), and 20% rode in a vehicle driven by someone who had been drinking alcohol one or more times in the past 30 days. About one in four (24%) high school students reported using marijuana one or more times within the past month.<sup>14</sup>

## Tobacco Use Among Rhode Island Youth

◆ Cigarette smoking among U.S. adolescents has reached record low levels.<sup>15,16,17</sup> In 2013, 8% of Rhode Island high school students reported smoking cigarettes in the past 30 days, a 77% decrease statewide since 1997.<sup>18</sup>

◆ In 2013, over half (52%) of Rhode Island high school students who reported current cigarette use also reported trying to quit smoking in the past year.<sup>19</sup>

◆ The use of smokeless tobacco and cigars is growing among U.S. adolescents.<sup>20,21</sup> In 2013 in Rhode Island, 7% of high school students reported using smokeless tobacco and 9% reported smoking cigars in the previous month.<sup>22</sup> Nationally, the percentage of middle and high school students using electronic cigarettes (e-cigarettes) more than doubled from 2011 to 2012.<sup>23</sup>

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Table 26. Alcohol, Marijuana, Prescription Drug, and Cigarette Use by Student Grade Level, Rhode Island, 2012-2013

SCHOOL DISTRICT	ALCOHOL USE (CURRENT)		MARIJUANA USE (EVER)		PRESCRIPTION DRUG USE (EVER)		CIGARETTE USE (CURRENT)	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	5%	26%	6%	31%	4%	12%	3%	8%
Bristol Warren	11%	35%	10%	43%	7%	22%	6%	17%
Burrillville	4%	32%	5%	40%	4%	17%	2%	14%
Central Falls	11%	27%	10%	30%	4%	6%	2%	5%
Chariho	6%	27%	6%	35%	5%	16%	4%	14%
Coventry	5%	24%	5%	37%	3%	17%	2%	14%
Cranston	6%	31%	5%	40%	3%	16%	2%	12%
Cumberland	4%	31%	6%	39%	2%	13%	3%	9%
East Greenwich	3%	31%	1%	28%	1%	10%	1%	10%
East Providence	9%	30%	10%	41%	5%	13%	4%	9%
Exeter-West Greenwich	8%	20%	7%	18%	4%	7%	4%	4%
Foster-Glocester	6%	27%	7%	32%	4%	14%	3%	12%
Jamestown	3%	NA	2%	NA	1%	NA	--	NA
Johnston	8%	27%	8%	36%	4%	14%	3%	16%
Lincoln	5%	26%	5%	35%	2%	16%	1%	9%
Little Compton	1%	NA	0%	NA	0%	NA	--	NA
Middletown	6%	29%	7%	40%	3%	15%	4%	9%
Narragansett	5%	29%	6%	34%	6%	13%	3%	8%
New Shoreham	--	--	4%	22%	0%	11%	--	--
Newport	8%	34%	11%	46%	2%	16%	3%	9%
North Kingstown	2%	22%	2%	32%	2%	12%	1%	7%
North Providence	7%	30%	7%	41%	3%	14%	2%	12%
North Smithfield	2%	21%	2%	24%	0%	8%	1%	5%
Pawtucket	10%	29%	10%	38%	3%	9%	3%	6%
Portsmouth	6%	25%	6%	30%	3%	10%	2%	9%
Providence	12%	26%	11%	33%	4%	9%	3%	5%
Scituate	6%	19%	3%	30%	2%	11%	3%	6%
Smithfield	3%	33%	3%	40%	2%	17%	1%	10%
South Kingstown	6%	25%	6%	34%	5%	13%	2%	9%
Tiverton	8%	33%	11%	43%	4%	10%	5%	16%
Warwick	5%	26%	6%	36%	3%	15%	3%	13%
West Warwick	5%	19%	8%	32%	4%	11%	3%	11%
Westerly	5%	25%	8%	35%	2%	15%	2%	10%
Woonsocket	8%	29%	9%	41%	4%	13%	3%	9%
Four Core Cities	--	--	--	--	--	--	--	--
Remainder of State	--	--	--	--	--	--	--	--
Rhode Island	7%	28%	7%	36%	3%	13%	3%	10%

## Sources of Data for Table/Methodology

Data are from the *SurveyWorks!* student survey tool that was administered during the 2012-2013 school year.

Due to adoption of a new survey tool by the Rhode Island Department of Education, Alcohol, Drug, and Cigarette Use by Teens in this Factbook can only be compared with Factbooks since 2011.

Data reported as “current” use are for students who answered yes that they ever “have drunk beer, wine or other alcohol (other than for religious ceremonies)” and that they “have drunk alcohol between one and 30 days in the past month” and for those who answered yes that they “have ever smoked a cigarette, even one or two puffs” and that they “have smoked a cigarette in the past 30 days.”

Data reported as “ever” use are for students who answered yes that they “have tried marijuana (pot, grass, hash)” and those who answered yes that they “have tried prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s permission.” Data on the use of any illicit drugs not available in the *SurveyWorks!* high school student survey.

NA: Community has no high school.

-- Insufficient data or data not available.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

See Methodology section for additional information about *SurveyWorks!*

## References

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<sup>30</sup> Jacobs, D. E. & Baeder, A. (2009). *Housing interventions and health: A review of the evidence*. Columbia, MD: National Center for Healthy Housing.

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<sup>6</sup> *Eat smart, move more: Rhode Island: A plan for action 2010-2015*. (2010). Providence, RI: Rhode Island Department of Health.

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<sup>18,21,22,23,24,26,30</sup> *2013 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis.

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<sup>20</sup> American Academy of Pediatrics, Council on Sports Medicine and Fitness and Council on School Health. (2006). Active healthy living: Prevention of childhood obesity through increased physical activity. *Pediatrics*, 117(5), 1834-1842.

<sup>28</sup> Rhode Island's Coordinated School Health Program. (2014). *Physical Education*. Retrieved March 3, 2014, from www.thriveri.org

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