

Alcohol, Drug and Cigarette Use by Teens

DEFINITION

Alcohol, drug and cigarette use by teens is the percentage of middle school students and high school students who report having used alcohol, cigarettes or illegal drugs (such as marijuana, uppers, or downers) at least once in the 30 days prior to taking the School Accountability for Learning and Teaching (SALT) Student Survey during the 2003-2004 school year.

SIGNIFICANCE

The use of substances threatens the health and safety of children, families and communities. For nearly a decade, the number of adolescents using tobacco and illegal drugs has been slowly decreasing both in Rhode Island and nationwide, while the age at first use has increased.^{1,2,3,4} The age when young people first start using alcohol, tobacco and illicit drugs is a predictor of later alcohol and drug problems, especially if use begins before the age of 15.⁵

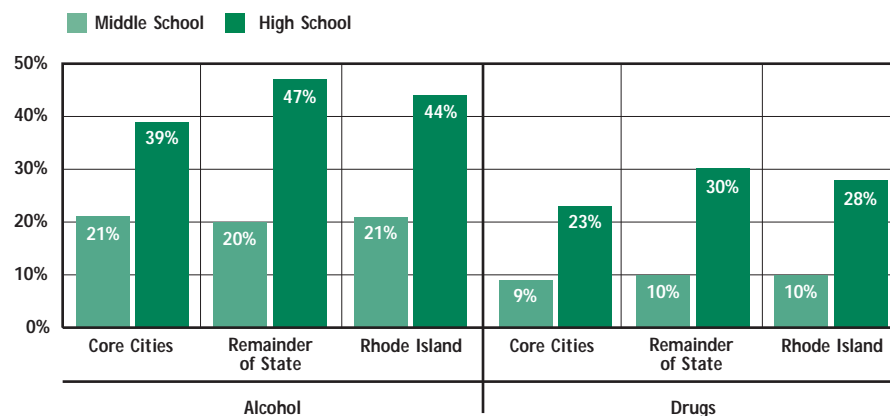
Research shows that the key risk periods for alcohol, cigarette and other drug abuse are during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations, and the transition to high

school, which presents additional social and emotional challenges as well as greater exposure to drugs, substance abusers, and social activities involving drugs and alcohol.⁶

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender and race/ethnicity. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, academic failure, and poverty. Protective factors include a strong parent-child bond, parental involvement and consistent discipline, academic competence and a strong neighborhood attachment.⁷

Early intervention with risk factors has a greater impact than interventions that occur later in a child's life. Family intervention can strengthen protective factors among young children by teaching parents better communication skills and appropriate discipline. School programs can begin to prevent substance abuse as early as pre-school by addressing risk factors such as aggressive behavior, poor social skills, and academic difficulties.⁸

Reported Use of Alcohol and Drugs, Core Cities, Remainder of State and Rhode Island, 2003-2004 School Year



Source: Felner, R. (2004). *Rhode Island SALT Survey Reports, Student Reports of Health Risk Practices by Grade Level*. Rockland, IL: National Center on Public Education and Policy. Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in the past 30 days.

- ◆ Students in the core cities generally reported lower rates of alcohol and drug use than all students statewide at both the middle school and high school levels.
- ◆ Twenty-one percent of middle school students and 44% of high school students in Rhode Island reported using alcohol in the previous month.⁹
- ◆ One in ten (10%) middle school students and more than one in four (28%) high school students in Rhode Island reported using illegal drugs such as marijuana, uppers, or downers.¹⁰

Cigarette Use

- ◆ Students in the core cities generally reported lower rates of cigarette use than all students statewide. Nine percent of middle school students and 23% of high school students in Rhode Island reported using cigarettes in the previous month.¹¹

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Table 21.

Student Reports of Alcohol, Drug and Cigarette Use by Student Grade Level, Rhode Island, 2003-2004

SCHOOL DISTRICT	ALCOHOL USE		DRUG USE		CIGARETTE USE	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	19%	50%	10%	31%	8%	26%
Bristol-Warren	23%	42%	8%	24%	10%	21%
Burrillville	27%	47%	13%	28%	14%	29%
Central Falls	21%	36%	9%	18%	8%	15%
Chariho	20%	51%	13%	37%	13%	29%
Coventry	14%	45%	7%	34%	8%	28%
Cranston	21%	45%	10%	25%	10%	21%
Cumberland	16%	45%	9%	29%	10%	22%
East Greenwich	10%	44%	3%	27%	3%	19%
East Providence	30%	52%	11%	37%	13%	31%
Exeter-West Greenwich	18%	40%	9%	28%	7%	22%
Foster-Glocester	31%	48%	19%	39%	16%	34%
Jamestown	27%	NA	15%	NA	11%	NA
Johnston	26%	47%	11%	29%	9%	23%
Lincoln	25%	41%	18%	27%	19%	21%
Little Compton	19%	NA	5%	NA	6%	NA
Middletown	16%	49%	4%	34%	5%	27%
Narragansett	12%	47%	7%	32%	7%	24%
New Shoreham	NA	50%	NA	33%	NA	16%
Newport	17%	45%	8%	35%	7%	29%
North Kingstown	20%	49%	11%	35%	12%	26%
North Providence	23%	45%	8%	28%	8%	22%
North Smithfield	16%	43%	12%	33%	13%	28%
Pawtucket	22%	38%	9%	23%	8%	19%
Portsmouth	13%	50%	7%	30%	6%	24%
Providence	22%	39%	10%	22%	8%	18%
Scituate	15%	42%	8%	24%	8%	25%
Smithfield	18%	46%	8%	26%	9%	26%
South Kingstown	15%	46%	7%	32%	6%	22%
Tiverton	20%	50%	7%	32%	7%	24%
Warwick	24%	46%	10%	28%	10%	24%
West Warwick	16%	35%	7%	22%	8%	22%
Westerly	19%	51%	9%	31%	10%	26%
Woonsocket	22%	39%	11%	26%	10%	19%
Core Cities	21%	39%	9%	23%	8%	19%
Remainder of State	20%	47%	10%	30%	10%	25%
Rhode Island	21%	44%	10%	28%	9%	23%

NA = Community has no middle school or no high school

Data are for students reporting use in the 30 days prior to the date the SALT Survey was administered.

Sources of Data for Table/Methodology

Rhode Island SALT Survey Reports, School Year 2003-2004. Retrieved from Information Works at www.infoworks.ride.uri.edu.

The School Accountability for Learning and Teaching (SALT) Student Survey is administered during one 60-minute class period each school year. All students in grades 4-12 in Rhode Island complete the survey, with the exceptions of students who have been excused by their parents and students with Individual Education Plans (IEPs) who are unable to take the survey. Grades included in middle and high school vary by district. For the Rhode Island percentage, middle school includes grades 5-8 and high school includes grades 9-12. Results are available at www.infoworks.ride.uri.edu.

Response rates for each of these questions, for all districts and at all grade levels, ranged from 82% to 99%. Nationally, a response rate of 60% or greater is considered acceptable.

References for Indicator

- ^{1,5} *Substance abuse: The nation's number one health problem.* (2001). Princeton, NJ: The Robert Wood Johnson Foundation.
- ² Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2004, December 21). *Overall drug use continues gradual decline; but use of inhalants rises.* Ann Arbor, MI: University of Michigan News and Information Services. Retrieved January 18, 2005 from www.monitoringthefuture.org.
- ³ Johnston, L.D., O'Malley, P.M., Bachman, J.G. & Schulenberg, J.E. (2004, December 21). *Cigarette smoking among American teens continues to decline, but more slowly than in the past.* Ann Arbor, MI: University of Michigan News and Information Services. Retrieved January 18, 2005 from www.monitoringthefuture.org.
- ⁴ *Rhode Island Youth Risk Behavior Survey, 1997-2003.* Rhode Island Department of Health, Office of Health Statistics.
- ^{6,7,8} *Preventing drug use among children and adolescents, second edition.* (2003). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.
- ^{9,10,11} Felner, R. (2004). *Rhode Island SALT Survey Reports, School Year 2003-2004.* Rockland, IL: National Center on Public Education and Policy.