

# Alcohol, Drug, and Cigarette Use by Teens

## DEFINITION

*Alcohol, drug and cigarette use by teens* is the percentage of seventh-grade, ninth-grade, and twelfth-grade students who have used alcohol or marijuana in the past month or are current smokers. Seventh-grade data are taken from the *2001 Youth Tobacco Survey*. Ninth and twelfth-grade data are taken from the *2001 Rhode Island Youth Risk Behavior Survey*.

## SIGNIFICANCE

While the number of adolescents using drugs and tobacco is slowly decreasing both in Rhode Island and nationwide, youth are starting to use alcohol, tobacco and illicit drugs at increasingly younger ages.<sup>1,2,3,4</sup> 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 age 15.<sup>5</sup>

The use of substances threatens the health and safety of children, families, and communities. Of the more than 2 million deaths each year in the United States, approximately one in four is attributable to alcohol, tobacco and illicit drug use.<sup>6</sup> Substance use can result in family violence and mistreatment of children.<sup>7</sup> Prenatal exposure to alcohol,

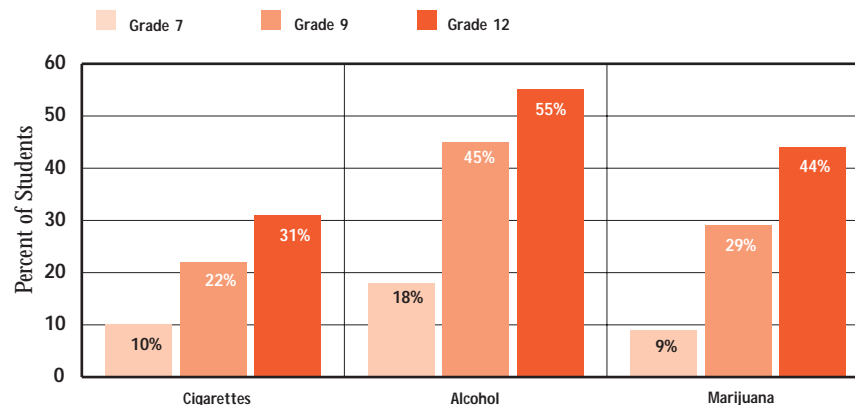
tobacco, or drugs *in utero* is linked to psychological, cognitive, and physical problems in children.<sup>8</sup>

Children who are not engaged in school, have high rates of school failure, lack connections with caring adults, and have feelings of peer rejection are at increased risk of substance abuse during adolescence.<sup>9,10,11</sup> For both cigarette and alcohol use, the greatest risk factors among youths are frequent problems with school work and the number of friends who either smoke or drink regularly.<sup>12</sup>

Tobacco use is the chief preventable cause of death in the United States.<sup>13</sup> If current smoking patterns continue, an estimated 5 million children and youths alive today will die prematurely of a smoking-related disease, of which 23,500 will be from Rhode Island.<sup>14,15</sup> Tobacco use among adolescents is a predictor of other drug use, especially among females.<sup>16</sup>

According to the National Institute on Drug Abuse, drug treatment reduces use by 40 to 60 percent.<sup>17</sup> Social skills training has been shown to reduce substance use in early adolescents.<sup>18</sup> Family and friends play critical roles in motivating substance abusers to enter treatment and maintain sobriety.<sup>19</sup>

Use of Cigarettes, Alcohol, and Marijuana, by Student Grade Level, Rhode Island, 2001

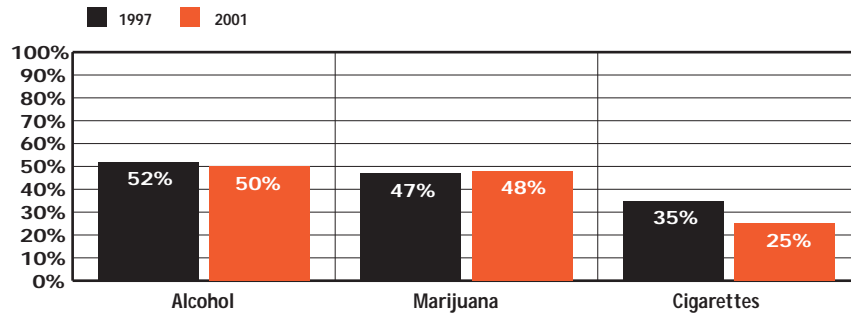


*Student has used cigarettes, alcohol, or marijuana in the past month.*

Sources: Seventh-grade data are from the *2001 Youth Tobacco Survey*, Rhode Island Department of Health, Office of Health Statistics. Ninth and twelfth-grade data are from the *2001 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Office of Health Statistics.

- ◆ In Rhode Island, nearly half (45%) of students have used alcohol by 9th grade and almost one in five (18%) have used alcohol by 7th grade.<sup>20</sup> Research indicates that more than 40% of those who start drinking at age 14 or younger will develop alcohol dependence.<sup>21</sup>
- ◆ More than one out of four sexually-active teenagers in Rhode Island used alcohol or drugs before their last sexual intercourse.<sup>22</sup> Teens who use alcohol are seven times more likely to have sex than teens who do not and are more likely to have sex at a younger age.<sup>23</sup> These teens are at greater risk of sexually-transmitted infections and/or becoming pregnant.<sup>24</sup>
- ◆ Binge drinking, defined as having five or more drinks in a row within a few hours, puts children at greater risk of school failure, suicide attempts or suicidal thoughts, and entrance into the juvenile justice system.<sup>25</sup> In 2001, 31% of Rhode Island teens reported binge drinking in the past 30 days. Of this group, almost half were age 15 or younger.<sup>26</sup>

Alcohol, Marijuana and Cigarette Use Among High School Students, Rhode Island, 1997 and 2001



Student has used cigarettes or alcohol in the past month. Student has used marijuana during lifetime.

Source: 1997 Rhode Island Youth Risk Behavior Survey (1997) and 2001 Rhode Island Youth Risk Behavior Survey (2001). Rhode Island Department of Health, Office of Health Statistics.

◆ Drug and alcohol use among teenagers is generally decreasing nationwide.<sup>27,28,29</sup> In Rhode Island, substance use in high school has leveled off or declined since 1997.<sup>30,31</sup>

◆ According to the SALT Survey for the 2001-2002 school year, just over one in ten (12%) middle school students reported being offered drugs at school.<sup>32</sup> Almost one in five (19%) high school students reported peer pressure to use drugs or tobacco.<sup>33</sup>

## Prevention and Treatment to Combat Teen Drug Use

◆ Rhode Island received a \$9 million State Incentive Grant from the federal Center for Substance Abuse and Prevention to prevent and treat teen drug use. The State Incentive Grant has three major goals: to develop a comprehensive state prevention plan; to measure progress in reducing alcohol, tobacco and other drug prevalence among youth aged 12 to 17; and to coordinate, leverage and/or redirect substance abuse prevention funding. The grant is administered by the Rhode Island Department of Mental Health, Retardation and Hospitals.<sup>34</sup>

### References for Indicator

- <sup>1,27</sup> Johnston, L. D., O'Malley, P.M., and Bachman, J. G. (2002). *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2001*. Bethesda, MD: National Institute on Drug Abuse.
- <sup>2,28,31,32,33</sup> SALT Survey: Rhode Island State Report, 2001-2002 (2002). Providence, RI: National Center on Public Education and Social Policy, University of Rhode Island.
- <sup>3,13,20,22,26,29,30</sup> 2001 Rhode Island Youth Risk Behavior Survey. Rhode Island Department of Health, Office of Health Statistics.
- <sup>4,5,6,7,8,14,16,21</sup> Substance Abuse: The Nation's Number One Health Problem (February 2001). Prepared by the Schneider Institute for Health Policy at Brandeis University for The Robert Wood Johnson Foundation. Princeton, NJ: The Robert Wood Johnson Foundation.
- <sup>9,12</sup> Blum, R.W., Beuhring, T., and Rinehart, P.M. (2000). *Protecting Teens: Beyond Race, Income and Family Structure*. Minneapolis, MN: Center For Adolescent Health and The Robert Wood Johnson Foundation.
- <sup>10</sup> Whitaker, L. (2001). "Substance Abuse Prevention: What Works and What Doesn't" in *Advances*, Issue 2, The Robert Wood Johnson Foundation.
- <sup>11,18</sup> "Substance Abuse: Predicting It, Preventing It" in *SAMHSA News*, Vol. IX, No. 2. (Spring 2001).
- <sup>15</sup> *Investment in Tobacco Control: State Highlights* (2001). Atlanta, GA: Centers for Disease Control and Prevention, Office on Smoking and Health.
- <sup>17</sup> *Alcohol, Other Drugs, and Child Welfare Highlights* (2001). Washington, DC: Child Welfare League of America.
- <sup>19</sup> *Principles of Drug Addiction Treatment: A Research-Based Guide* (2000). Washington, DC: U.S. Department of Health and Human Services, National Institute on Drug Abuse, National Institutes of Health.
- <sup>23,25</sup> *Teen Tippers: America's Underage Drinking Epidemic* (February 2002). New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.
- <sup>24</sup> *Substance Use and Risky Sexual Activity* (February 2002). New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.
- <sup>34</sup> Rhode Island's State Incentive Grant (2002). Rhode Island Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health Care.