

Alcohol, Tobacco, Substance Use, and Exposure

DEFINITION

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

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco, and other substances by youth impact 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 developing substance abuse disorders because their brains are still developing; the prefrontal cortex, which is responsible for decision-making and risk-assessment, and is not mature until the mid-20s.^{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 abuse, 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} 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 the increased use of marijuana.^{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 adequate funding for multi-sector youth development, treatment, and recovery services.¹⁰

In Rhode Island in 2018-2019, 2% of youth ages 12-17 (about 1,000) needed but did not receive specialty treatment for their alcohol use problem, the 20th highest rate among all states. Three percent of Rhode Island youth ages 12-17 (about 2,000), needed but did not receive specialty treatment for their illicit drug use, the 11th highest rate among all states on this measure.¹¹



Tobacco Use Among Rhode Island Youth

- ◆ **In 2019, 32% 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). Current use is defined as use on at least one day during the 30 days before the survey.**¹²
- ◆ **E-Cigarettes:** E-cigarettes and electronic vapor products are harmful to youth. They 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.¹³
- ◆ **E-Cigarettes:** Nationally in 2020, 20% of high school students reported current e-cigarette use, down from 28% in 2019.¹⁴ In Rhode Island in 2019, 30% of high school students reported current use of e-cigarettes and 49% reported ever using e-cigarettes.¹⁵ Rhode Island law prohibits the use of e-cigarettes in schools.¹⁶
- ◆ **Cigarettes:** Cigarette use has reached record low levels among U.S. middle and high school students.¹⁷ In 2019, 4% of Rhode Island high school students reported currently smoking cigarettes. Forty-six percent of Rhode Island high school students who reported current cigarette use in 2019 also reported trying to quit smoking in the past year.¹⁸
- ◆ **Hookah, cigars, and smokeless tobacco:** The prevalence of youth hookah, cigar, and smokeless tobacco use has declined nationally and in Rhode Island.¹⁹ In 2019, 6% of Rhode Island high school students reported currently smoking tobacco in a hookah, 5% 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, 88% 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 a 23% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.²⁶

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Current Substance Use, Rhode Island High School Students by Select Subgroups, 2019

	ALCOHOL USE*	E-CIGARETTE USE*	CIGARETTE USE*	MARIJUANA USE*	PRESCRIPTION DRUG MISUSE**
Female	23%	31%	2%	22%	11%
Male	20%	28%	6%	24%	9%
Black, Non-Hispanic	13%	18%	3%	17%	13%
White, Non-Hispanic	24%	36%	4%	25%	9%
All other races, Non-Hispanic	NA	NA	NA	NA	NA
Multiple races, Non-Hispanic	NA	NA	NA	NA	NA
Hispanic	17%	20%	5%	20%	11%
9th Grade	11%	21%	2%	12%	7%
10th Grade	19%	25%	3%	22%	8%
11th Grade	22%	35%	4%	28%	14%
12th Grade	36%	42%	8%	33%	12%
All Students	22%	30%	4%	23%	10%

Source: 2019 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 ever took 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.

◆ Among Rhode Island high school students in 2019, 22% reported current alcohol consumption, 23% reported current marijuana use, 30% reported current use of e-cigarettes, 11% reported current binge drinking, 4% reported current cigarette use, 4% reported currently using over the counter drugs to get high, and 10% reported ever misusing prescription pain medication.²⁷

◆ In 2019, a majority of Rhode Island high school students reported that they have never smoked a cigarette (82%) or used an e-cigarette product (51%).²⁸

◆ Cigarette excise taxes are a potential funding stream for state tobacco control programs.²⁹ Between SFY 2002-2021, Rhode Island cigarette tax revenue increased from \$79.4 million to \$160 million and state tobacco control funding decreased from \$3 million to \$201,009. Only .13% of the cigarette tax in SFY 2021 went toward tobacco control and smoking cessation programs.^{30,31,32,33}

Family and Community Exposure

◆ Having parents or friends who use tobacco, alcohol, and other drugs, as well as living in communities where there is drug use, are risk factors for teen substance use.³⁴ In Rhode Island in 2019, 28% of middle school students and 25% of high school students reported living with someone who smokes cigarettes. Nearly one in seven (13%) 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. Nearly one in seven (13%) Rhode Island 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.³⁵

Exposure to Substances at Birth

◆ Neonatal abstinence syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids. Neonatal opioid withdrawal syndrome, more specifically, refers to the withdrawal symptoms related to opioid exposure. Not all substance exposed newborns are diagnosed with NAS.^{36,37}

◆ In Rhode Island in 2020, 82 newborns were diagnosed with NAS, at a rate of 80 per 10,000 newborn hospitalizations, which represents a decrease from 2019 at 100 per 10,000 newborn hospitalizations.³⁸

◆ NAS rates will not decrease until Opioid Use Disorder rates decrease in the general population. Adequate treatment options and services for those struggling with Opiate Use Disorder are needed before and during pregnancy, at birth, and throughout parenting for the whole family.³⁹ The Rhode Island Department of Health has launched a public awareness campaign to support the unique needs of pregnant people and mothers who use substances and their substance-exposed newborns.⁴⁰

References

^{1,46} *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.

³ Substance Abuse and Mental Health Services Administration. (2017). *National survey on drug use and health: Comparison of 2014-2015 and 2015-2016 population percentages (50 states and the District of Columbia).* Retrieved March 13, 2020, from www.samhsa.gov

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