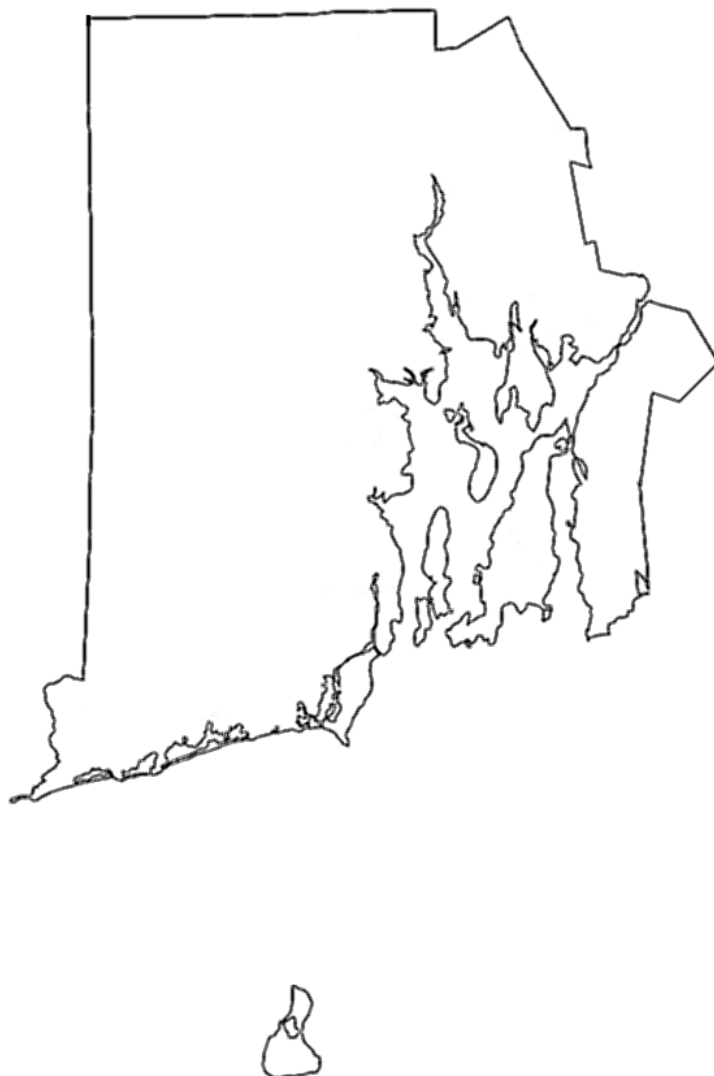


SUBSTANCE USE AND MENTAL HEALTH IN RHODE ISLAND (2017)

A STATE EPIDEMIOLOGICAL PROFILE



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INTRODUCTION

The purpose of this report is to identify and review substance use (i.e., alcohol, tobacco, and other drugs) and mental health indicators for both adults and youth in the state of Rhode Island as compared to the United States. Additionally, Rhode Island was compared to neighboring and regional states in New England (CT, ME, MA, NH, RI, VT) and the Northeast (NY, NJ, PA).

The report is designed to be used as a resource by various RI state agencies, such as the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH); the State Epidemiological Outcomes Workgroup (SEOW); and Regional Prevention Task Forces in RI.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

The purpose of this report is to identify and review substance use (i.e., alcohol, tobacco, and other drugs) and mental health indicators for both adults and youth in the state of Rhode Island as compared to the United States. Additionally, Rhode Island was compared to neighboring and regional states in New England (CT, ME, MA, NH, RI, VT) and the Northeast (NY, NJ, PA).

The Profile is guided by an outcomes-based framework, and as such, identifies specific areas of need, as well as potential risk and protective factors, from several ecological levels. Data summarized in the Profile can be used to inform and assist in data-driven state- and community-level planning and decision-making processes relevant to substance use and mental health issues across the state of Rhode Island by providing a comprehensive set of key indicators describing the magnitude and distribution of:

- Substance use consumption patterns (e.g. alcohol, tobacco, and other drugs), as well as their adverse consequences across various subpopulations (e.g. youth, adult, racial/ethnic subpopulations).
- Mental and behavioral health outcomes.
- Potential risk and protective factors associated with substance use and mental illness.

OVERVIEW OF MAIN FINDINGS

The “Key Findings at a Glance” section below highlights major areas of progress and concern noted in this report.

For many areas, overall use of substances by RI youth falls below national averages – including any use of cigarettes, binge drinking, and use of prescription drugs. In addition, youth in RI are less likely to report that they are considering or planning suicide than other youth in the nation. However, while RI high school students overall are less likely to smoke cigarettes than their US peers, those who smoke do so at higher levels (10 cigarettes or more per day) than others in the US – a trend that has persisted since 2013. Results for alcohol use among school-age youth are mixed, with one survey suggesting higher rates among RI students, and another that rates are consistently lower than US levels. While thoughts of suicide are low, since 2009 RI students are more likely to have attempted suicide. New information also indicate that RI high school students were more likely to report being physically forced to have sexual intercourse, to carry a weapon and engage in physical fights on school property than US averages.

For the adult population, several concerns remain despite some areas of progress over recent years. While data suggest areas of improvement for some forms of alcohol use, rates of alcohol abuse and dependence exceed national averages for all age groups in data from 2014-2015. While RI has low rates of traffic fatalities compared to the US, when there is a fatal motor vehicle crash, alcohol is more commonly involved than among the nation as a whole – a trend evident since 2010. Use of marijuana, cocaine and heroin among Rhode Islanders exceed national values as are rates of diagnosed mental illness among persons 26 and older.

KEY FINDINGS AT A GLANCE

Youth: Areas of Progress

- Among **high school students**, current tobacco use (cigarettes, cigars and smokeless tobacco), use of electronic vapor products and initial use of tobacco before age 13 is less prevalent in Rhode Island than the nation.
- Rhode Island continues to fare better than the nation for **high school student** binge drinking past month and initial use of alcohol before age 13 since 2009. While a concern in 2013, most recent 2015 data suggest that both high school student alcohol use in the past month or having ever drunk alcohol are both less prevalent in Rhode Island than for the nation.
- Rhode Island **high school students** show sustained progress for prescription drug misuse (past year) relative to the US since 2011.
- Despite increases in reports of **high school students** considering suicide, and planning suicide, Rhode Island still fares better than the nation and has since 2011.
- 2015 data indicate an improvement in the rate of child maltreatment fatalities per 100,000 since 2014 for Rhode Island relative to the nation.
- Rhode Island **high school students** show recent progress in 2015 relative to the nation for various indicators such as being electronically bullied and being bullied on school property.

Youth: Areas of Concern

- The proportion of **high school students** who smoked more than 10 cigarettes per day exceeded the nation in 2013, and has continued to exceed the nation with the most recent 2015 data; **High school student** reports of obtaining cigarettes from a store or gas station have exceeded the nation consistently since 2009.
- Alcohol use in the past month among **12-17 year olds** exceeded the nation in 2014-2015. DSM-IV alcohol use disorder in the past year among **18-25 year olds** exceeds the United States average.
- Since 2009, Rhode Island **high school students** continue to fare worse than the nation in terms of attempted and injurious attempted suicide in the past year.
- Since 2013, Rhode Island **high school students** were more likely to report being physically forced to have sexual intercourse than the US average.
- As of 2015, Rhode Island **high school students** were more likely than their peers across the nation to report carrying a weapon at school and physically fighting on school property. Rhode Island has consistently (past 5 years) exceeded the nation when comparing child maltreatment victims (per 1,000).

Adults: Areas of Progress

- In 2014, adult alcohol use in the past month and adult binge drinking in the past month exceeded the nation. However, most recent 2015 data show these indicators have declined and become comparable to the nation. DSM-IV alcohol use disorder in the past year among **26+ year olds** has been decreasing since 2011 and, despite previously being identified as exceeding the nation, is comparable to the nation as of 2014-2015.

- Serious mental illness (past year) and having had at least one major depressive episode (past year) among **18+ year olds** in Rhode Island has shown modest recent improvement relative to US estimates in 2014-2015 according to the NSDUH.
- According to the NVSS, RI continues to have lower rates of adult intentional self-harm, violent crime, and homicide compared to the nation since 2012.
- For both traffic fatalities per 1,000, and traffic fatalities involving alcohol per 1,000, Rhode Island continues to fare better than the national averages since 2011.

Adults: Areas of Concern

- DSM-IV alcohol dependence in the past year in Rhode Island exceeded the nation in 2013-2014 and 2014-2015 for ages **18+ years**. Compared to the US, Rhode Island continues to have a greater proportion of fatal motor vehicle crashes involving alcohol as well as a greater proportion of drivers in fatal motor vehicle crashes in which alcohol was involved since 2010.
- Marijuana use in the past month in Rhode Island has exceeded the national average for the past 8 years across **all age groups** older than 12 years.
- Past year cocaine use has increased from 2013 to 2015 and is more prevalent among those **12+ years** than the national average.
- Rates of opioid overdose deaths in RI continue to far exceed national averages. Heroin use during the past year in Rhode Island among all ages exceeds national levels, most notably among **12-25 year olds**. Reports of having ever used heroin among **high school students** also continue to exceed national levels.
- RI adults aged **26+ years** continue to have a higher prevalence of any mental illness in the past year relative to the national average for both 2013-2014 and 2014-2015.

METHODS

Sources of data included in the Profile are those that provide behavioral health outcomes, with valid and reliable national estimates over time, as well as regional or state comparisons. Some state-specific data have been included to further investigate areas of interest (e.g. substance abuse and mental health admissions). The sources of data compiled in the Profile are often publically available, yet the Profile offers several distinct advantages by:

- Combining, summarizing, and presenting all relevant data in a unified, easy-to-read manner.
- Providing national and regional comparisons for the selected key indicators.
- Providing temporal trends for the selected key indicators.

This report is organized by substantive area in following seven topics: Rhode Island demographic and sociodemographic context, tobacco, alcohol, marijuana, heroin/opioids, other drugs, mental health, and injury/violence.

This reports relies heavily on comparison of state to national averages. Consistent with past reports, indicators were deemed CONCERNING (marked red) if Rhode Island exceeded the national average by 15% or more based on the most recent data or PROMISING (marked green) if Rhode Island was 15% or more below the national average based upon the most recent data. When any indicator was identified as CONCERNING, sub-population analyses were investigated by region, age group, gender, sexual

orientation, and race/ethnicity as data availability allowed. Within each substantive topic of the report, indicators were categorized as:

- Sustained Progress if the two most recent data points were identified as PROMISING.
- Recent Progress relative to the nation if the most recent data indicated substantial improvement compared to the prior year data point (e.g., prior data were CONCERNING but most recent data point was not, or the prior year data point was comparable to the nation but most recent data point was PROMISING);
- Comparable to the nation if the most recent data for RI were within 14% of the US values;
- New Concern if the most recent data point was identified as CONCERNING while the prior data point was not;
- Continuing Concern if the two most recent data points were identified as CONCERNING;
- Data No Longer Available if no data were available for the most recent year.

In the body of the report, table headers are color-coded. Tables comparing Rhode Island and United States prevalence are shown in blue, tables comparing RI prevalence to other states in the northeast are shown in grey, tables examining results according to gender and sexual orientation are shown in orange, and those examining by race/ethnicity are shown in green. All other table headers are black.

KEY FINDINGS

• RHODE ISLAND DEMOGRAPHIC AND SOCIODEMOGEOGRAPHIC CONTEXT

- RI is located in the New England region of the US Northeast. It is geographically the smallest US state with an estimated population in 2010 of 1,056,426, with the majority of the population being ethnically or racially White and over 20 years of age (Table 1.4.0).
- RI as compared to the US has a larger elderly population (aged 65+), with a slightly larger proportion of persons ages 25+ with a bachelor degree or higher (Table 1.4.1).
- The unemployment rate in RI has decreased over time; and has subsequently surpassed the national unemployment rate and is for the first time in years comparatively lower than the nation, Massachusetts, and Connecticut (Table 1.4.2.)
- As evident from data shown in Table 1.4.3, RI as compared to the US and regional states had a lower prevalence of homeless population, with the exception of Vermont.
- When looking at the uninsured rates of the nation and New England region, RI (5.7%) was better than the national average (9.4%) and comparable to other northeastern states (Table 1.4.4).

• TOBACCO

- The proportion of **high school students** who smoked more than 10 cigarettes per day exceeded the nation in 2013, and has continued to exceed the nation with the most recent 2015 data. Yet, smoking more than 10 cigarettes per day among Rhode Island high school students is comparable to levels reported throughout the northeast. Both white and heterosexual high school students in Rhode Island were more likely to report smoking 10+ cigarettes per day compared to national estimates.
- **High school student** reports of obtaining cigarettes from a store or gas station have exceeded the nation consistently since 2009 and Rhode Island has the highest proportion

in the northeast region. Heterosexual, bisexual, gay, and lesbian students exceeded the national average for rates of obtaining cigarettes from a store or gas station.

- In 2015 **high school students** in RI were more likely to obtain cigarettes from the internet than the national average, but prevalence was relatively low compared to other New England states. Gay, lesbian, and bisexual student prevalence far exceeded the national average.
- Among **high school students**, current tobacco use and current electronic vapor product use in Rhode Island is less prevalent than national averages.
- Other indicators that show lower prevalence than the nation among **high school students** are smoking cigarettes 20+ days in the past month, initial use of tobacco before age 13, using cigarettes, cigars or smokeless tobacco in the past month, smoking cigarettes daily in the past month, and having ever smoked a cigarette.

- **ALCOHOL**

- DSM-IV alcohol use disorder in the past year among **18-25 year olds** continues to exceed the United States average since 2011-2012, and Rhode Island has one of the highest prevalence rates in the region, with only Vermont and New Hampshire exceeding Rhode Island.
- DSM-IV Alcohol Dependence in the past year in Rhode Island exceeded the nation in 2013-2014 and 2014-2015 for ages **18+ years**, and Rhode Island also has highest prevalence among northeast states for DSM-IV alcohol dependence in the past year among **18-25 year olds** and has one of the highest prevalence rates among those **26+ years**, with only New Hampshire and Vermont exceeding Rhode Island.
- Alcohol use in the past month among **12-17 year olds** exceeded the nation in the most recent year of data (2014-2015), but has previously exceeded the nation from 2007-2008 to 2012-2013. Yet, Rhode Island is comparable to other northeastern states when looking at alcohol use in the past month among **12-17 year olds**.
- Rhode Island continues to fare better than the nation for **high school student** binge drinking past month and initial use of alcohol before age 13 since 2009.
- DSM-IV alcohol use disorder in the past year among **26+ year olds** has been decreasing since 2011 and, despite previously being identified as exceeding the nation, is comparable to the nation as of 2014-2015.
- In 2014, **adult** alcohol use in the past month and **adult** binge drinking in the past month exceeded the nation. However, most recent 2015 data show these indicators have become comparable to the nation.
- In 2013 Rhode Island **high school student** alcohol use in the past month or having ever drank alcohol were comparable to the national average. However, most recent 2015 data suggest Rhode Island high school student alcohol use in the past month or having ever drank alcohol are both less prevalent in Rhode Island than the nation.

- **MARIJUANA**

- Marijuana use in the past month in Rhode Island has exceeded the national average for the past 8 years across **all age groups** older than 12 years. Prevalence of past month marijuana use among Rhode Islanders aged **12-17 years** ranks second highest in the northeast after Vermont. Prevalence of past month marijuana use among Rhode Islanders aged **18-25 years** is comparable to other northeast states, but prevalence of past month marijuana use among Rhode Islanders aged **26+ years** is relatively high for the region.

- **HEROIN/OPIOIDS**

- **High school student** reports of having ever used heroin remains a concern for Rhode Island compared to the national average in 2015, ranking highest in New England. Reported use among all high school students, regardless of sexual orientation and race/ethnicity (except Asian), exceed the national average.
- Reported rates of heroin use in the past year is identified as a new concern for persons **ages 12-25 years** for RI compared to the US in 2014-2015. Yet, Rhode Island levels of reported heroin use is comparable to other northeastern states.
- Rates of opioid overdose deaths in RI continue to far exceed national averages since 2010.

- **OTHER DRUGS**

- Cocaine use (past year) for Rhode Island relative to the nation continue to be a concern among **18-25 year olds**, and has recently become concerning for all other age groups in 2014-2015 as well. Yet, Rhode Island rates of past year cocaine use is comparable to other states in the region for **all ages**.
- Substance abuse admissions in Rhode Island continue to increase over time, and particularly the number of heroin admissions has drastically increased in the past five years. Though reports of lifetime use of cocaine, inhalants, and ecstasy among **high school students** has increased over time, RI still remains comparable to the national averages.
- Rhode Island **high school students** show sustained progress for prescription drug misuse (past year) relative to the US since 2011.
- Vital statistics indicate that malignant neoplasm deaths and diseases of the heart in Rhode Island, having previously been higher than the national average in 2014, have become comparable to the nation in 2015.

- **MENTAL HEALTH**

- Rhode Island adults aged **26+ years** continue to have a higher prevalence of any mental illness in the past year relative to the national average for both 2013-2014 and 2014-2015.
- Since 2009, Rhode Island **high school students** continue to fare worse than the nation in terms of attempted and injurious attempted suicide in the past year. Rhode Island has the highest prevalence of attempted suicide and injurious attempted suicide in the northeast. An examination of sexual orientation and racial disparities suggests that gay, lesbian, sexual orientation not sure, Asian, Black, and Hispanic populations exceed the national averages for attempted suicide, while all demographic groups of RI high school students exceed the national average for injurious attempted suicide (except for multiple races).
- The prevalence of serious mental illness (past year) and having at least one major depressive episode (past year) has decreased over time among Rhode Island **aged 18+** residents, and is now slightly more comparable to the nation in 2014-2015. The prevalence of having thoughts of suicide (past year) among Rhode Islanders continues to be comparable to the nation across all ages.
- Despite increases in reports of **high school students** feeling sad or hopeless, considering suicide, and planning suicide in the past year, Rhode Island still fares better than the nation and has since 2011.

- **INJURY/VIOLENCE**

- Since 2013, Rhode Island **high school student** reports of ever being physically forced to have sexual intercourse continue to exceed the national average. Reported rates of forced sexual intercourse in RI are highest in the region, and demographic examination suggests that heterosexual, gay, lesbian, bisexual, Asian, and Hispanic populations in particular in Rhode Island exceed the national average.
- As of 2015, Rhode Island **high school student** rates of carrying a weapon at school and physically fighting on school property surpassed the nation. RI is relatively comparable to the region for high school student reports of carrying a weapon at school, but is the highest in the region for reports of physically fighting on school property. Further examination suggests that those exceeding the national average for carrying a weapon at school identify as gay, lesbian, bisexual, sexual orientation not sure, Black and Hispanic. Those exceeding the national average in terms of physically fighting on school property include high school students identifying as gay, lesbian, bisexual, sexual orientation not sure, Asian, Hispanic, and multiple race.
- Compared to the US, Rhode Island continues to have a greater proportion of fatal motor vehicle crashes involving alcohol as well as a greater proportion of drivers in fatal motor vehicle crashes involving alcohol since 2010. Rhode Island also ranks highest in the region for the proportion of fatal motor vehicle crashes involving alcohol.
- 2015 data indicate an improvement in the rate of child maltreatment fatalities per 100,000 since 2014 for Rhode Island relative to the nation.
- Rhode Island **high school students** show recent progress in 2015 relative to the nation for various indicators such as being electronically bullied and being bullied on school property.
- For both traffic fatalities per 1,000, and traffic fatalities involving alcohol per 1,000, Rhode Island continues to fare better than the national averages since 2011.

- **DATA LIMITATIONS AND GAPS**

Even though this Profile seeks to provide a comprehensive summary of substance use and mental health-related indicators and risk or protective factors in the state of RI, there are data-related limitations the reader should keep in mind.

- The Profile is limited by the availability, accuracy and comprehensiveness of the original sources of data. Therefore, most recent years of data or demographic break-downs of indicators may not always be available. Every effort will be made to keep the Profile up-to-date.
- It is recommended that the reader review the Appendices, Data Sources to better understand the advantages and limitations inherent in each of the original data sources used for this Profile.
- Data provided in this Profile are presented without any demographic adjustments. Also, confidence intervals for these estimates were not included.
- Additionally, due to the data provided in this Profile are presented in crude form, the relationship between substance and alcohol use and short- and long-term consequences are not causal.

- At this time, the Profile focused primarily on the underage population as the key demographic sub-group of interest. Additionally, demographic breakdown to include racial, gender, and sexual orientation breakdowns were added to this version. Future versions will aim to continue and extend demographic breakdowns to other populations of interest, and include more health-status breakdowns.
- Rhode Island is densely populated, highly urban, and the smallest state in the US. It is also in close proximity to other large cities in the New England corridor (e.g. Boston, New York City).
- **SUMMARY**
The Profile contains most relevant data on statewide substance use and abuse (consumption patterns), alcohol consumption patterns, mental health, short- and long-term consequences, and risk and protective factors. Additionally, substance use and abuse, alcohol consumption patterns, and short- and long-term consequences by RI versus national averages and RI as compared to regional states including the New England and Tri-State regions. New to this Profile are more in-depth examination of indicators by sub-population such as race/ethnicity and sexual orientation. This Profile included more data of population, age groups, specific racial and ethnic groups, foreign born and language, education, income, labor force data including unemployment rates, homelessness status, and health insurance coverage.

In addition, this Profile provided data by age group and time-trend for many of the topics presented. Keeping the inherent limitations in mind, the data summarized in the Profile can therefore be utilized for promotion, prevention, treatment, recover and health-care planning for the State of Rhode Island.

1. INTRODUCTION

1.1. BACKGROUND

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the single state authority for substance abuse prevention and treatment and the state mental health authority, established the State Epidemiological Outcomes Workgroup (SEOW). BHDDH and SEOW report results of its activities to the Rhode Island Governor's Council on Behavioral Health. BHDDH continues its existing relationship with the Brown University School of Public Health, which has lead responsibility for epidemiologic analyses conducted by the SEOW, and the University of Rhode Island (URI) Department of Psychology that provides prevention evaluation services for BHDDH and the PFS.

The objectives of the SEOW are to: (1) Develop a set of key indicators, micro level to macro level, to describe the magnitude and distribution of substance use, abuse, and consequences, and mental illness as well as to develop a set of key indicators, micro level to macro level, of risk and protective factors associated with substance use, abuse, and consequences, and mental illness across the State of Rhode Island; (2) Identify, collect, manage, analyze, and interpret data on the prevalence of substance use, abuse, and consequences, and mental illness; relevant risk and protective factors at multiple ecological levels; (3) Based on these data, develop and communicate state-level and community-level epidemiologic profiles for promotion, prevention, treatment, recovery and policy implications for Rhode Island healthcare system; (4) Inform and recommend priorities for the State of Rhode Island based on the community and state-level epidemiological profile; and (5) Maintain and expand a systematic, ongoing monitoring system of the prevalence of substance use, abuse and consequences, mental illness, and relevant multilevel risk and protective factors.

As such, the SEOW mission is reflected in this Profile, which offers integrated and comprehensive data on magnitude and distribution of:

- Substance use and abuse, including both consumption patterns as well as short- and long- term consequences.
- Mental and behavioral health outcomes across the State of Rhode Island.
- Risk and protective factors associated with substance use and mental health.

1.2. PURPOSE

The purpose of the 2017 Rhode Island State Epidemiological Profile (Profile) is to inform and assist in data-driven state- and community-level planning and decision-making processes relevant to substance use and mental health issues across the State of Rhode Island by providing a user-friendly and comprehensive set of key indicators -- micro level to macro level -- describing the magnitude and distribution of:

- Substance use consumption patterns (alcohol, tobacco, and other drugs), as well as their negative consequences among various populations (i.e., youth, adults, minority groups).
- Mental and behavioral health outcomes across the State of Rhode Island as well as compared to the United States and regional comparisons.
- Potential risk and protective factors associated with substance use and mental health, highlighting existing health disparities across various populations.

The Profile identifies specific areas of need, as well as potential risk and protective factors at several ecological levels.

1.3. DATA OVERVIEW

The Profile contains most relevant data on statewide substance use and abuse (both consequences and consumption patterns), mental health issues, and relevant risk and protective factors.

- The Profile provides prevalence rates and/or raw counts for key substance, mental and behavioral health indicators of interest, as well as the associated risk and protective factors.
- Data are predominantly summarized in tabular form, with additional graphic representations of key indicators and/or temporal trends.
- Relevant data on sub-populations (i.e., age groups, racial/ethnic groups, etc.) are also provided when available.
- Sources and brief explanations are provided in most instances.
- When available, national and regional comparisons are provided, as well as temporal trends.

The sources of data compiled in the Profile are often publicly available, yet the Profile offers several distinct advantages by:

- Combining, summarizing and presenting all relevant data in a unified, user- friendly manner.
- Providing national and regional comparisons for the selected key indicators
- Providing temporal trends for the selected key indicators.

1.4. RHODE ISLAND DEMOGRAPHIC AND SOCIODEMOGRAPHIC CONTEXT

Rhode Island (RI) is located in the New England region of the Northeast of the United States. RI is geographically the smallest US state, bordering MA to the north and east and CT to the west.

The 2016 Census Bureau estimates the population of RI at 1,056,426, with the majority of the population being ethnically/racially White.

Table 1.4.0 summarizes basic demographic characteristics for the State of Rhode Island, offering comparison with national averages, as well as temporal trends (i.e., data from the 2000 and 2010 Census). In 2010, RI comprised a population that was predominantly White (81.4%), as compared to the US population (72.4%). Compared to the US, RI had higher proportions of people aged 20 to 24, 45 to 54, and 65 or older.

Data from the 2010 Census identified Rhode Island as the state with the second smallest population-growth rate in the nation (behind Michigan), with population change of only 0.4% from 2000 to 2010.

During this period the racial-ethnic composition of Rhode Island changed, such that between 2000 and 2010, Black or African American, Hispanic, and Asian populations increased from 4.5% to 5.7%, 8.7% to 12.4%, and 2.3% to 2.9%, respectively.

Table 1.4.0. Demographic Characteristics of RI and US, 2000-2010

	2000		2010	
	RI	US	RI	US
GENDER				
Male	48.0%	49.1%	48.4%	49.3%
Female	52.0%	50.9%	51.6%	50.7%
RACE				
White	85.0%	75.1%	81.4%	72.4%
Black or African American	4.5%	12.3%	5.7%	12.6%
Hispanic	8.7%	12.5%	12.4%	16.3%
Asian	2.3%	3.6%	2.9%	4.8%
Other	8.2%	9.0%	10.0%	10.2%
AGE				
Under 20	26.7%	28.6%	25.3%	27.2%
20 to 24	6.9%	6.7%	7.4%	6.9%
25 to 34	13.4%	14.2%	12.4%	13.5%
35 to 44	16.2%	16.0%	14.1%	14.0%
45 to 54	13.5%	13.4%	15.4%	14.6%
55 to 64	8.5%	8.6%	11.5%	11.1%
65 and over	14.5%	12.4%	14.1%	12.8%

Source: United States Census Bureau 2000 and 2010

There also appeared to be considerable within-state movement of the RI population. Providence and Washington counties increased in population between 2000 and 2010. More than 50% of the state's population resides in Providence County and the Providence metropolitan area (U.S. Census Bureau). Finally, most Rhode Island counties experienced either decrease or minimal growth among the youth population (i.e., under 18: U.S. Census Bureau).

Table 1.4.1 summarizes additional demographic characteristics of RI as compared to the US from 2010 to 2016. Population characteristics included are population, age groups, race/ethnicity, foreign born and language, education, and income.

According to the US Census Bureau and State and County QuickFacts, there were a higher proportion of persons 65 years and older (16.5%) in RI as compared to the US (15.2%) in 2016 and a lower proportion of persons under 5 years and under 18 years in age. Regarding race and ethnicity in 2016, RI as compared to the US still remains predominantly White, non-Hispanic or Latino at 73.3% compared to 61.3%, nationally. For both foreign born persons and language other than English spoken at home, RI had higher proportions than the overall US, 13.3% and 21.4%, respectively.

From 2011 to 2016, in RI for persons age 25+, 86.2% had a high school or higher education and 31.9% had a bachelor's degree or higher. As compared to the US, RI had a slightly larger proportion with a bachelor degree or higher.

An estimated 13.9% of Rhode Islanders are below the poverty level, compared to 13.5% for the entire US. Per capita income for RI was larger than the US at \$31,118 compared to \$28,930. Additionally, between 2011 and 2015, the median RI household income was \$56,852. This median was larger than the national median (\$53,889)

Table 1.4.1. Population Characteristics of RI and US, 2010-2016

POPULATION	US	RI
Population, 2016 estimate	323,127,513	1,056,426
Population, 2015 estimate	320,896,618	1,055,607
Population, 2014 estimate	318,857,056	1,055,173
Population, 2013 estimate	316,497,531	1,053,354
Population, percent change - April 1, 2010 to July 1, 2016	4.50%	0.37%
AGE GROUPS		
Persons under 5 years, percent, 2016	6.20%	5.20%
Persons under 18 years, percent, 2016	22.80	19.70%
Persons 65 years and over, percent, 2016	15.20%	16.50%
RACE/ETHNICITY		
Black or African American alone, percent, 2016 (a)	13.30%	8.10%
American Indian and Alaska Native alone, percent, 2016 (a)	1.30%	1.00%
Asian alone, percent, 2016 (a)	5.70%	3.60%
Native Hawaiian and Other Pacific Islander alone, percent, 2016 (a)	0.20%	0.20%
Two or More Races, percent, 2016	2.60%	2.70%
Hispanic or Latino, percent, 2016 (b)	17.80%	14.90%
White alone, not Hispanic or Latino, percent, 2016	61.30%	73.30%
FOREIGN BORN AND LANGUAGE		
Foreign born persons, percent, 2011-2015	13.20%	13.30%
Language other than English spoken at home, percent age 5+, 2011-2015	21.00%	21.40%
EDUCATION		
High school graduate or higher, percent age 25+, 2011-2015	86.70%	86.20%
Bachelor's degree or higher, percent of persons age 25+, 2011-2015	29.80%	31.90%
INCOME		
Per capita money income in past 12 months (2013 dollars), 2011-2015	\$28,930	\$31,118
Median household income, 2011-2015	\$53,889	\$56,852
Persons below poverty level, percent, 2011-2015	13.50%	13.90%
OTHER		
Veterans, 2011-2015	20,108,332	66,076
Persons per square mile, 2010	87.40	1,018.10
(a) Includes persons reporting only one race.		
(b) Hispanics may be of any race, so also are included in applicable race categories.		
Source: United States Census Bureau, State & County QuickFacts		

For RI, the number of persons employed has increased from November 2016 to May 2017 (Table 1.4.2). This was accompanied by a decrease in the RI unemployment rate, from 5.0% in November 2016 to 4.1% in May 2017. Along with these declines we observe that the most recent data for unemployment rate shows RI is lower than national levels.

Table 1.4.2. Labor Force Data for RI, MA and CT, 2016-2017

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
RI Civilian Labor Force*	551.1	550.6	551.0	552.3	554.1	555.5	555.5
RI Employment*	523.3	523.3	524.8	527.3	530.1	531.5	532.6
RI Unemployment*	27.7	27.2	26.1	25.0	23.9	23.9	22.8
RI Unemployment Rate**	5.0	4.9	4.8	4.5	4.3	4.3	4.1
MA Unemployment Rate**	3.1	3.1	3.2	3.4	3.6	3.9	4.2
CT Unemployment Rate**	4.5	4.4	4.5	4.7	4.8	4.9	4.9
US Unemployment Rate**	4.6	4.7	4.8	4.7	4.5	4.4	4.3

NOTE: *number of persons, in thousands, seasonally adjusted; **in percent, seasonally adjusted

SOURCE: U.S. Bureau of Labor Statistics (BLS)

During and following the recent recession and associated increases in unemployment, the region evidenced increases in homelessness due to bankruptcy among other reasons. Table 1.4.3 presents population estimates of homelessness for RI, the Northeast and the entire US. As shown, the estimated rates of homelessness in RI (0.11%) were lower than for the nation (0.17%) and region. This pattern is evident when considering different segments of the population as well - such as homeless families, youth, veterans and the chronically homeless.

Table 1.4.3. RI vs. Region Comparison by Families, Youth, Veterans, and Chronically Homeless; 2016

Estimates of Homeless People by State										
	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Homeless	549,928	1,160	3,902	19,608	2,241	1,366	8,895	86,352	15,339	1,117
2010 Census Population	309,349,689	1,052,567	3,574,097	6,547,629	1,328,361	1,316,470	8,791,894	19,378,102	12,702,379	625,741
% Homeless	0.17%	0.11%	0.11%	0.30%	0.17%	0.10%	0.10%	0.44%	0.12%	0.18%
Estimates of Family Homelessness by State										
Homeless Families	194,716	301	1,332	3,513	920	539	3,355	51,037	6,740	462
% Homeless Families	0.06%	0.03%	0.04%	0.05%	0.07%	0.04%	0.04%	0.26%	0.05%	0.07%
Estimates of Homeless Children and Youth by State										
Homeless Children & Youth	35,686	64	119	725	177	80	533	2,889	868	71
% Homeless Youth	0.01%	0.01%	0.00%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Estimates of Homeless Veterans by State										
Homeless Veterans	39,471	89	216	822	146	123	556	1,248	1,136	110
% Homeless Veterans	0.01%	0.01%	0.01%	0.02%	0.01%	0.01%	0.01%	0.01%	0.01%	0.02%
Estimates of Chronically Homeless Individuals by State										
Chronically Homeless	77,486	136	439	719	199	227	704	4,112	1,209	120
% Chronically Homeless	0.02%	0.01%	0.01%	0.01%	0.01%	0.02%	0.01%	0.02%	0.01%	0.02%
Source: United States Census Bureau, Annual Homeless Assessment Report (AHAR)										

Data on health insurance coverage is shown in Table 1.4.4. At 5.7%, the proportion of the RI population that is uninsured is below the entire US (9.4%) and is comparable to most other states in the region (with the exception of Massachusetts and Vermont with only 2.8% and 3.8% uninsured respectively). Compared to the US (55.7%), RI had a lower percentage of health insurance coverage by employer (48.9%); and amongst the middle of other states in the region. For Medicaid and Medicare coverage, RI ranks lower than the US, but comparable to other states in the region.

Table 1.4.4. Regional Comparisons of Health Insurance Coverage (%), 2015

	USA	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Uninsured Rate	9.4	5.7	6.0	2.8	8.4	6.3	8.7	7.1	6.4	3.8
Employer	55.7	48.9	52.2	53.0	44.6	55.3	53.4	47.0	50.3	45.9
Other Private	16.3	6.9	7.0	5.8	8.2	6.7	5.8	6.0	7.2	6.5
Medicaid	19.6	15.6	14.8	17.0	12.2	9.5	13.1	19.2	12.9	18.8
Medicare	16.3	4.8	4.7	3.6	5.4	4.6	4.7	4.3	4.6	4.9
Other Public	4.7	0.1	0.1	0.1	0.5	0.3	0.1	0.1	0.2	0.3

Source: 2015 Current Population Survey; United States Census Bureau.

Medicaid and the Children's Health Insurance Program (CHIP) commonly provides health coverage to nearly 60 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities (Centers for Medicare and Medicaid Services). Federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups as well (optional eligibility groups) (Centers for Medicare and Medicaid Services).

Brought about by the Affordable Care Act (ACA), many states have expanded coverage of eligibility groups especially for children, well above the federal minimums. Table 1.4.5 summarizes the non-elderly population covered by Medicaid in 2016. The proportion aged 0-18 supported by Medicaid in RI (41%) was lower than the national average (51%), but generally consistent with other states in the region. Regarding the poverty level of those supported with this expanded coverage, RI covered a larger proportion of persons of higher income (under 100% of the federal poverty level) at 39%, than the region (second to Massachusetts, 42%) and the overall US at 34%.

Table 1.4.5. Nonelderly with Medicaid (%), 2016

	USA	RI	CT	MA	ME	NH	NJ	NY
Age								
0-18	51	41	47	36	47	58	48	41
19-64	49	59	53	64	53	42	52	59
Federal Poverty Level								
Under 100%	34	39	26	24	42	27	28	30
100-199%	30	22	25	28	31	29	29	30
200-399%	23	26	31	30	17	31	27	25
400%+	12	13	18	18	N/A	12	16	14
Race/Ethnicity								
White	43	44	41	50	80	81	42	36
Black	18	9	14	12	N/A	N/A	20	20
Hispanic	30	37	38	32	N/A	9	30	32
Other	9	N/A	N/A	6	10	N/A	9	12

Note: N/A indicates estimates with very small sample size.

Source: Kaiser Family Foundation

2. BODY OF REPORT

2.1 Tobacco

Table 2.1.0 Summary of Tobacco Indicator Categorization

Tobacco Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Smoking Cigarettes 20+ days past month	YRBSS	•				
Initial use of tobacco before age 13	YRBSS	•				
Smoked Cigarettes past month	YRBSS	•				
Tobacco use past month	YRBSS	•				
Smoked More Than 10 Cigarettes Per Day (past month)	YRBSS					•
Smoked Cigarettes Daily (past month)	YRBSS	•				
Usually Obtained Cigarettes from Store or Gas Station (past month)	YRBSS					•
Usually Obtained Cigarettes from Internet (past month)	YRBSS				•	
Not Trying to Quit Smoking (past year)	YRBSS			•		
Smokeless Tobacco Use past month	YRBSS	•				
Smoked Cigars past month	YRBSS	•				
Used Cigarettes, Cigars, Or Smokeless Tobacco past month	YRBSS	•				
Ever Smoked a Cigarette	YRBSS	•				
Ever Used Electronic Vapor Products	YRBSS			•		
Electronic Vapor Product Use past month	YRBSS		•			
Tobacco use past month	NSDUH			•		
Smoking past month	BRFSS			•		

Sustained Progress (compared to nation)

High school students in Rhode Island fare better than the nation consistently since 2009 for several indicators, according to the YRBSS: smoking cigarettes 20+ days in the past month, initial use of tobacco before age 13, currently smoking cigarettes, currently smoking cigarettes frequently, currently smoke cigarettes daily, not trying to quit smoking, use of smokeless tobacco, currently smoke cigars, and having ever smoked a cigarette (Table 2.1.1). Most of these tobacco-related behaviors are also decreasing in prevalence in Rhode Island and across the nation. As of 2015 a new indicator was added to the Rhode Island YRBSS pertaining to high school students currently using an electronic vapor product. Though not sustained progress, due to the availability of only a single data point, the single data point suggests Rhode Island prevalence is below the nation (Table 2.1.5).

Comparable to the Nation

According to the NSDUH, past month use of tobacco continues to decrease in Rhode Island and the nation over time. RI residents aged 12+ years continue to have comparable prevalence of past month tobacco use to the nation (Table 2.1.6). According to the BRFSS, a similar trend can be seen for adult current smoking which has been consistently decreasing over time and continues to be comparable to the national average since 2011 (Table 2.1.7). As of 2015 a new indicator was added to the RI YRBSS pertaining to high school students having ever used an electronic vapor

product. The single and only available data point suggests Rhode Island prevalence is similar to the nation (Table 2.1.5).

New Concern

In the 2015 administration of the Rhode Island YRBSS, a new indicator was introduced regarding obtaining cigarettes from the internet. This new indicator showed that RI exceeds the national average (Table 2.1.1), but fared relatively well compared to New England (limited data were available for some northeastern states; Table 2.1.2). It is important to note that although this indicator meets the threshold for 15% increased prevalence in Rhode Island relative to the nation, the magnitude of the prevalence is very small and therefore the 15% increase may be negligible. Gay, lesbian, and bisexual student prevalence far exceeded the national average (limited data were available by gender and certain sexual orientations; Table 2.1.3) Racial breakdown for Rhode Island student reports of obtaining cigarettes from the internet were not available due to small sample size (Table 2.1.4).

Continuing Concern

The proportion of high school students who smoked more than 10 cigarettes per day exceeded the nation in 2013, according to YRBSS, and has continued to exceed the nation with the most recent 2015 data (Table 2.1.1; Figure 2.1.1). While greater than national levels, smoking more than 10 cigarettes per day among Rhode Island high school students is comparable to levels reported throughout the northeast region (Table 2.1.2). When examined by specific sub-populations, there was limited data availability due to small sample size. Both white and heterosexual high school students in Rhode Island were more likely to report smoking 10+ cigarettes per day compared to national estimates (limited data were available for other demographic subgroups; Tables 2.1.3-4). High school student reports of obtaining cigarettes from a store or gas station have exceeded the nation consistently since 2009 (Table 2.1.1; Figure 2.1.2). In the northeast region, Rhode Island has the highest proportion of high school students reporting obtaining cigarettes from a store or gas station among states with available data (Table 2.1.2). Further investigation of the limited data available revealed that heterosexual, bisexual, gay, and lesbian identifying students exceeded the national average for reports of obtaining cigarettes from a store or gas station (limited data were available for other demographic subgroups; Tables 2.1.3-4).

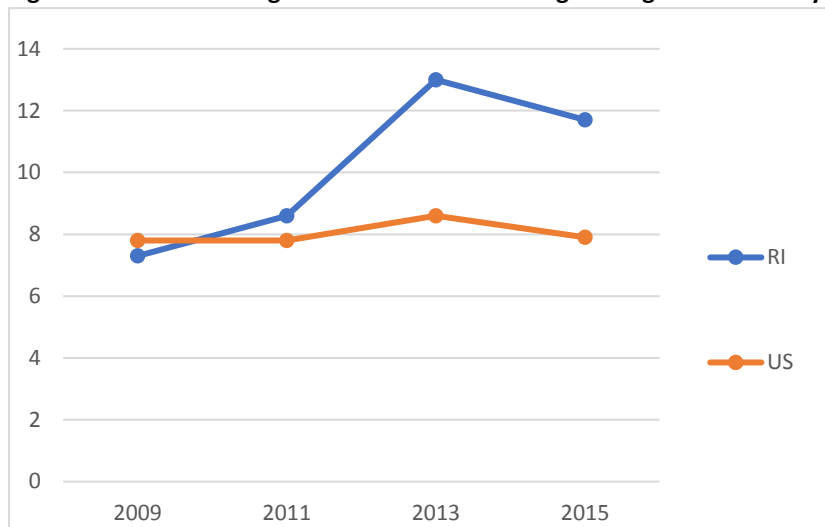
Table 2.1.1. RI vs. US Tobacco Consumption among High School Students, 2009-2015

% of Students (grades 9-12) Reporting:	2009			2011			2013			2015		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Smoking Cigarettes 20+ days past month	5.40	7.30	0.74	4.40	6.40	0.69	3.10	5.60	0.55	1.50	3.40	0.44
Initial use of tobacco before age 13	8.40	10.70	0.79	7.10	10.30	0.69	5.60	9.30	0.60	5.50	6.60	0.83
Smoked Cigarettes past month	13.30	19.50	0.68	11.40	18.10	0.63	8.00	15.70	0.51	4.80	10.80	0.44
Tobacco use past month	--	--		--	--		--	--		25.10	31.40	0.80
Smoked More Than 10 Cigarettes Per Day past month	7.30	7.80	0.93	8.60	7.80	1.10	13.00	8.60	1.51	11.70	7.90	1.48
Smoked Cigarettes Daily past month	3.90	5.30	0.73	3.20	4.80	0.67	2.30	4.00	0.58	1.10	2.30	0.48
Usually Obtained Cigarettes from Store or Gas Station (past month)	25.00	14.10	1.77	25.50	14.00	1.82	28.70	18.10	1.58	20.50	12.60	1.63
Usually Obtained Cigarettes from Internet (past month)	--	--		--	--		--	--		1.20	1.00	1.20
Not Trying to Quit Smoking (past year)	53.70	49.20	1.09	51.50	50.10	1.03	48.10	52.00	0.93	54.00	54.60	0.99
Smokeless Tobacco Use past month	6.10	8.90	0.68	5.70	7.70	0.74	7.00	8.80	0.79	5.30	7.30	0.73
Smoked Cigars past month	10.10	14.0	0.72	13.30	13.10	1.01	9.40	12.60	0.75	8.40	10.30	0.81
Used Cigarettes, Cigars, Or Smokeless Tobacco past month	21.10	27.90	0.76	21.40	25.50	0.84	17.30	24.0	0.72	13.30	18.5	0.72
Ever Smoked a Cigarette	39.40	46.30	0.85	35.00	44.70	0.78	29.70	41.10	0.72	22.40	32.30	0.69

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

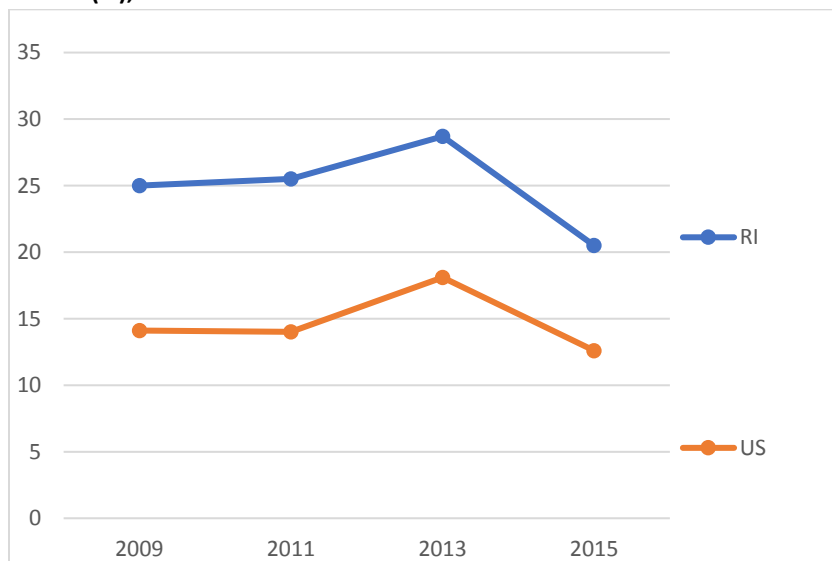
Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.1.1. RI vs US High School Student Smoking 10+ Cigarettes Per day in the Past Month (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.1.2. RI vs US High School Student Usually Obtaining Cigarettes from a Store or Gas Station in the Past Month (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.1.2. RI vs. Region Cigarette Consumption among High School Students, 2007-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Smoked More Than 10 Cigarettes Per Day (Past Month)										
2007	10.7	12.0	--	--	12.3	--	--	12.4	--	15.9
2009	7.8	7.3	--	--	17.6	--	5.7	13.3	8.8	13.4
2011	7.8	8.6	--	--	15.3	--	7.1	16.3	--	10.6
2013	8.6	13.0	--	--	12.7	13.7	12.5	15.7	--	--
2015	7.9	11.7	--	--	14.6	14.2	--	11.6	8.0	11.7
Usually Obtained Cigarettes from Store/Gas Station (Past Month)										
2007	16.0	27.0	--	--	--	--	--	--	--	--
2009	14.1	25.0	--	--	--	--	--	--	13.5	--
2011	14.0	25.5	--	--	9.6	--	--	--	--	6.9
2013	18.1	28.7	--	--	7.6	13.7	--	--	--	--
2015	12.6	20.5	--	--	6.9	13.6	--	--	15.1	8.5
Usually Obtained Cigarettes from Internet (Past Month)										
2015	1.0	1.2	--	--	2.2	2.4	--	--	1.8	1.7

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.1.3. RI vs US Gender and Sexual Orientation Disparities in Cigarette Use among High School Students (%), 2015

	Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Smoked More than 10 Cigarettes Daily (Past Month)							
RI	--	--	13.2	--	8.8	7.2	--
US	9.2	5.9	6.3	5.8	8.2	7.7	27.7
RI/US Ratio	--	--	2.09	--	1.07	0.94	--
Usually Obtained Cigarettes from Store or Gas Station (Past Month)							
RI	--	--	27.0	--	10.7	11.5	--
US	16.5	7.7	13.6	10.7	4.1	5.5	21.0
RI/US Ratio	--	--	1.98	--	2.60	2.09	--
Usually Obtained Cigarettes from the Internet (Past Month)							
RI	--	--	0.6	--	0.0	1.6	--
US	1.4	0.3	1.0	0.0	0.4	0.3	--
RI/US Ratio	--	--	0.60	--	0.00	5.33	--

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.1.4. RI vs. US Racial Disparities in Cigarette Use among High School Students (%), 2015

	Asian	Black	Hispanic	White	Multiple Races
Smoked More than 10 Cigarettes Daily (Past Month)					
RI	--	--	--	6.7	--
US	--	7.5	9.3	5.7	--
RI/US Ratio	--	--	--	1.17	--
Usually Obtained Cigarettes from Store or Gas Station (Past Month)					
RI	--	--	--	--	--
US	--	--	17.5	9.7	--
RI/US Ratio	--	--	--	--	--
Usually Obtained Cigarettes from the Internet (Past Month)					
RI	--	--	--	--	--
US	--	--	0.8	0.1	--
RI/US Ratio	--	--	--	--	--

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.1.5. RI vs. US Electronic Vapor Product Use among High School Students (%), 2015

% of Students (grades 9-12) Reporting:	2015		
	RI	US	RI/US Ratio
Ever Used Electronic Vapor Products	40.90	44.90	0.91
Electronic Vapor Product Use Past Month	19.30	24.10	0.80

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.1.6. RI vs. US Tobacco Use Past Month (%) by Age Group, 2011-2015

Age Group	12+			12-17			18-25			26+		
Tobacco Use Past Month (%)												
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2011-2012	28.05	26.60	1.05	9.97	9.30	1.07	40.49	38.75	1.04	27.70	26.67	1.04
2012-2013	26.91	26.10	1.03	8.52	8.24	1.03	37.78	37.55	1.00	26.87	26.34	1.02
2013-2014	24.19	25.36	0.95	6.80	7.42	0.92	35.37	36.04	0.98	23.98	25.72	0.93
2014-2015	23.45	24.56	0.95	5.86	6.50	0.90	34.58	32.02	1.08	23.29	25.14	0.93

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.1.7. RI vs. US Smoking Past Month (%), 2011-2015

	2011	2012	2013	2014	2015
RI	20.00	17.40	17.40	16.30	15.50
US	21.10	19.60	19.00	18.10	17.50
RI/US Ratio	0.95	0.89	0.92	0.90	0.89

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

2.2 Alcohol

Table 2.2.0 Summary of Alcohol Indicator Categorization

Alcohol Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Alcohol Use Past Month (12-17)	NSDUH				•	
Alcohol Use Past Month (18+)	NSDUH			•		
DSM-IV Alcohol Use Disorder Past Year (12-17)	NSDUH			•		
DSM-IV Alcohol Use Disorder Past Year (18-25)	NSDUH					•
DSM-IV Alcohol Use Disorder Past Year (26+)	NSDUH		•			
DSM-IV Alcohol Dependence Past Year (12-17)	NSDUH			•		
DSM-IV Alcohol Dependence Past Year (18+)	NSDUH					•
Alcohol use past month	YRBSS		•			
Binge drinking past month	YRBSS	•				
Initial use of alcohol before age 13	YRBSS	•				
In car with drinking driver past month	YRBSS			•		
Ever Drank Alcohol	YRBSS		•			
Source of Alcohol	YRBSS			•		
Alcohol use past month	BRFSS			•		
Binge drinking past month	BRFSS			•		
Heavy drinking past month	BRFSS			•		

Sustained Progress (compared to nation)

Rhode Island continues to fare better than the nation for high school student binge drinking past month and initial use of alcohol before age 13 since 2009. The prevalence of high school student binge drinking past month and initial use of alcohol before age 13 are decreasing in Rhode Island and across the nation (Table 2.2.5).

Recent Progress (compared to nation)

DSM-IV alcohol use disorder in the past year among 26+ year olds has been decreasing since 2011 and, despite previously being identified as exceeding the nation, is comparable to the nation as of 2014-2015 (Table 2.2.1). In 2014, BRFSS data suggested adult alcohol use in the past month and adult binge drinking in the past month exceeded the nation. However, most recent 2015 data show these indicators have become comparable to the nation (Table 2.2.6). YRBSS data from 2013 showed Rhode Island high school student alcohol use in the past month or having ever drank alcohol were comparable to the national average. However, most recent 2015 data suggest Rhode Island high school student alcohol use in the past month or having ever drank alcohol are both less prevalent in Rhode Island than the nation (Table 2.2.5).

Comparable to the Nation

Alcohol use in the past month for adults aged 18+ years are comparable to the national average. DSM-IV alcohol use disorder among 12-17 year olds in Rhode Island has continually decreased since 2007-2008 and has consistently been comparable to the nation since 2007-2008 (Table 2.2.1). The same is true for alcohol dependence among 12-17 year olds in Rhode Island since 2013-2014 (Table 2.2.1). Annual BRFSS data show heavy drinking in the past month among adults in Rhode Island has consistently been comparable to the nation since 2011 and prevalence has remained the same (Table 2.2.6). High school student reports of riding in a car with a driver who had been drinking in the past month has been comparable to the nation since 2011 according to

the YRBSS (Table 2.2.5). In 2013, Rhode Island high school reports of usually obtaining the alcohol they drank by someone giving it to them in the past 30 days was less prevalent than the nation. However, for 2015 the prevalence is comparable to the national average (Table 2.2.5).

New Concern

Alcohol use in the past month among 12-17 year olds exceeded the nation in the most recent year of data, but has previously exceeded the nation from 2007-2008 to 2012-2013 (Table 2.2.1; Figure 2.2.3). Yet, Rhode Island is comparable to other northeastern states when looking at alcohol use in the past month among 12-17 year olds (Table 2.2.4).

Continuing Concern

DSM-IV alcohol use disorder in the past year among 18-25 year olds continues to exceed the United States average, according to data from NSDUH (Table 2.2.1; Figure 2.2.1). Rhode Island has one of the highest prevalence rates of DSM-IV alcohol use disorder in the past year for 18-25 year olds, with only Vermont and New Hampshire exceeding Rhode Island (Table 2.2.2). Similarly, DSM-IV Alcohol Dependence in the past year in Rhode Island exceeded the nation in 2013-2014 and 2014-2015 for ages 18+ years (Table 2.2.1; Figure 2.2.2). Rhode Island also has highest prevalence among northeast states for DSM-IV alcohol dependence in the past year among 18-25 year olds and has one of the highest prevalence rates among those 26+ years, with only New Hampshire and Vermont exceeding Rhode Island (Table 2.2.3).

Data No Longer Available

In previous years, rates of needing but not receiving treatment for alcohol use among 18-25 year olds in Rhode Island has exceeded the nation. Unfortunately, for most recent data collection of the NSDUH in 2014-2015, state-level data for needing but not receiving treatment for alcohol use is no longer available (Table 2.2.7). Since 2009, Rhode Island has had lower rates of high school drinking and driving in the past month compared to the nation. However, as of most recent YRBSS data collection in 2015, Rhode Island data for drinking and driving in the past month are unavailable (Table 2.2.5).

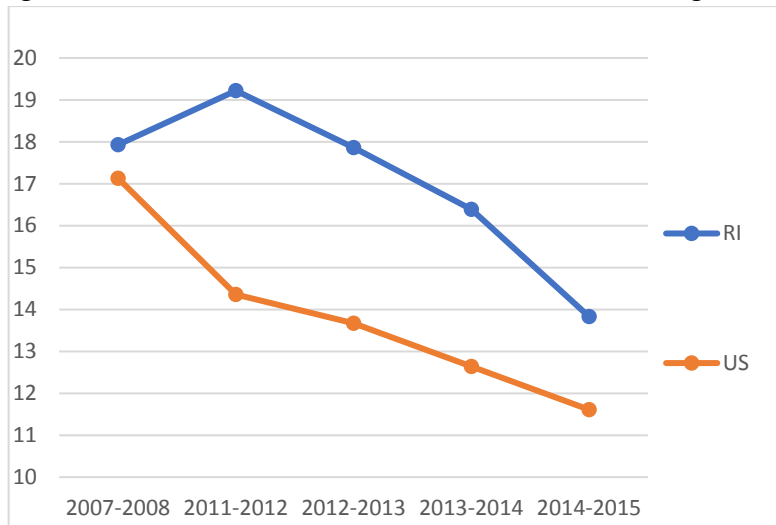
Table 2.2.1. RI vs. US Alcohol Use and Dependence (%) by Age Group, 2007-2015

Age Group	12+			12-17			18-25			26+		
Alcohol Use Past Month (%)												
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2007-2008	61.62	51.39	1.20	20.74	15.38	1.35	74.80	61.18	1.22	64.19	54.44	1.18
2011-2012	63.35	51.94	1.22	15.74	13.11	1.20	73.46	60.45	1.22	66.80	55.33	1.21
2012-2013	59.38	52.13	1.14	14.27	12.23	1.17	69.37	59.91	1.16	62.48	55.73	1.12
2013-2014	57.82	52.42	1.10	13.21	11.55	1.14	65.30	59.6	1.10	61.28	56.18	1.09
2014-2015	59.37	52.18	1.14	13.23	10.58	1.25	65.22	58.96	1.11	63.25	56.04	1.13
DSM-IV Alcohol Use Disorder Past Year (%)												
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2007-2008	7.78	7.74	1.04	5.33	5.16	1.03	17.93	17.13	1.05	6.20	6.11	1.01
2011-2012	8.92	6.64	1.33	3.87	3.61	1.07	19.22	14.36	1.34	7.51	5.69	1.32
2012-2013	8.48	6.70	1.27	3.19	3.11	1.03	17.86	13.67	1.31	7.27	5.95	1.22
2013-2014	7.70	6.50	1.18	2.86	2.76	1.04	16.39	12.64	1.30	6.59	5.91	1.18
2014-2015	6.98	6.14	1.14	2.86	2.62	1.09	13.83	11.61	1.19	6.16	5.64	1.09
DSM-IV Alcohol Dependence Past Year (%)												
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2013-2014	3.64	3.04	1.20	1.09	1.01	1.08	6.89	5.61	1.23	3.30	2.86	1.15
2014-2015	3.53	2.97	1.19	0.96	0.95	1.01	6.22	5.18	1.20	3.31	2.84	1.17

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

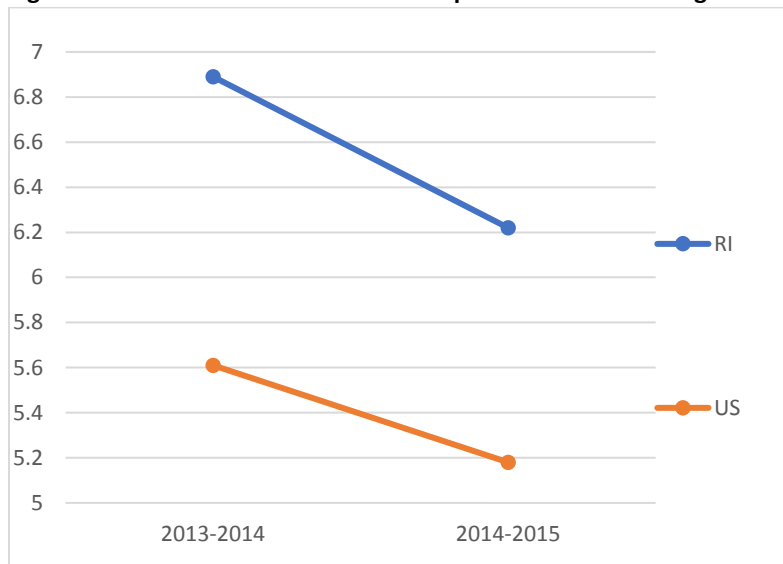
Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.2.1. RI vs US DSM-IV Alcohol Use Disorder Past Year Ages 18+ (%), 2007-2015



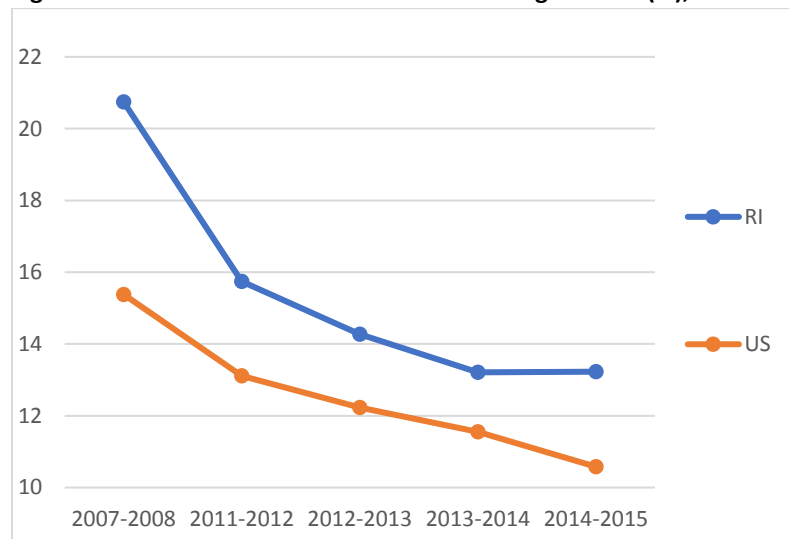
Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.2.2. RI vs US DSM-IV Alcohol Dependence Past Year Ages 18+ (%), 2013-2015



Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.2.3. RI vs US Alcohol Use Past Month Ages 12-17 (%), 2007-2015



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.2.2. RI vs Region DSM-IV Alcohol Use Disorder Past Year (%), Ages 18-25, 2011-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2011-2012	14.36	19.22	16.21	16.29	15.31	16.98	15.82	13.03	14.30	17.01
2012-2013	13.67	17.86	14.42	14.88	15.00	19.17	14.23	12.90	14.69	15.97
2013-2014	12.64	16.39	14.15	14.37	13.39	17.17	11.92	11.92	14.00	14.89
2014-2015	11.61	13.83	13.00	12.58	12.07	14.12	11.42	11.59	13.26	15.50

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.2.3. RI vs Region DSM-IV Alcohol Dependence Past Year (%), All Ages, 2015

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
12+	2.97	3.53	3.16	3.09	2.29	3.52	2.50	3.33	3.10	3.73
12-17	0.95	0.96	0.92	0.91	0.86	0.88	0.91	1.02	0.88	0.96
18-25	5.18	6.22	6.02	5.52	3.86	5.85	4.83	5.43	4.78	6.15
26+	2.84	3.31	2.96	2.90	2.22	3.44	2.33	3.23	3.07	3.59

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.2.4. RI vs Region Alcohol Use Past Month (%), Ages 12-17, 2011-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2011-2012	13.11	15.74	17.63	15.59	12.44	14.39	17.47	16.56	13.45	17.25
2012-2013	12.23	14.27	14.18	14.49	12.36	14.76	13.64	14.35	13.09	14.83
2013-2014	11.55	13.21	12.77	13.30	11.86	14.63	14.31	12.86	12.87	13.76
2014-2015	10.58	13.23	13.61	12.21	12.47	13.12	13.88	12.57	11.34	13.16

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.2.5. RI vs. US Alcohol Use among High School Students (%), 2009-2015

% of Students (grades 9-12) Reporting:	2009			2011			2013			2015		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Alcohol use past month	34.00	41.80	0.81	30.00	38.70	0.78	30.90	34.90	0.89	26.10	32.80	0.80
Binge drinking past month	18.70	24.20	0.77	18.30	21.90	0.84	15.30	20.80	0.74	12.80	17.70	0.72
Initial use of alcohol before age 13	15.80	21.10	0.75	15.60	20.50	0.76	13.50	18.60	0.73	11.40	17.20	0.66
Drinking and driving past month	7.20	9.70	0.74	6.50	8.20	0.79	8.50	10.00	0.85	-	7.80	-
In car w/ driver who had been drinking (past month)	23.10	28.30	0.82	21.90	24.10	0.91	20.10	21.90	0.92	17.50	20.00	0.88
Ever Drank Alcohol	63.90	72.50	0.88	62.00	70.80	0.87	-	66.20	-	52.50	63.20	0.83
Source of Alcohol*	-	42.2	-	-	40.00	-	32.20	41.80	0.77	39.20	44.10	0.89

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

*Usually obtained the alcohol they drank by someone giving it to them in the past 30 days

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.2.6. RI vs. US Alcohol Consumption (%), 2011-2015

	Alcohol Use Past Month			Binge Drinking Past Month			Heavy Drinking Past Month		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2011	62.50	57.00	1.10	19.70	18.30	1.08	6.70	6.60	1.02
2012	61.00	55.10	1.11	17.20	16.90	1.02	6.20	6.10	1.02
2013	62.20	54.40	1.15	17.80	16.80	1.06	6.20	6.20	1.00
2014	63.20	53.10	1.19	18.40	16.00	1.15	6.20	5.90	1.05
2015	60.40	53.60	1.13	16.00	16.30	0.98	6.20	5.90	1.05

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Table 2.2.7. RI vs. US Needing But Not Receiving Treatment for Alcohol Use (%) by Age Group, 2011-2014

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	8.3	6.32	1.31
	12-17	3.72	3.46	1.08
	18-25	18.75	13.94	1.35
	26+	6.8	5.36	1.27
2012-2013	12+	7.91	6.4	1.24
	12-17	3.1	2.96	1.05
	18-25	17.03	13.34	1.28
	26+	6.69	5.63	1.19
2013-2014	12+	7.07	6.2	1.14
	12-17	2.74	2.62	1.05
	18-25	15.5	12.22	1.27
	26+	5.95	5.61	1.06
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average.

Ratios smaller than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

2.3 Marijuana

Table 2.3.0 Summary of Marijuana Indicator Categorization

Marijuana Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Marijuana Use Past Month (12+)	NSDUH					•
Marijuana Use Past Month	YRBSS			•		
Initial Use of Marijuana Before Age 13	YRBSS			•		
Ever Synthetic Marijuana Use	YRBSS			•		
Ever Use Marijuana	YRBSS			•		

Comparable to the Nation

Rates of high school student past month marijuana use, initial use of marijuana before age 13, and having ever used marijuana are comparable to the nation in 2015 and prevalence continues to decrease since 2009 (Table 2.3.3). In 2015 a new indicator was added for high school students having ever used synthetic marijuana. Data for this new indicator suggest Rhode Island high school students are just as likely as the nation's high school students to have ever used synthetic marijuana (Table 2.3.3).

Continuing Concern

Marijuana use in the past month has been a concern in Rhode Island compared to the national average for the past 8 years across all age groups older than 12 years (Table 2.3.1; Figure 2.3.1). Prevalence of past month marijuana use among Rhode Islanders aged 12-17 ranks second highest in the northeast after Vermont. Prevalence of past month marijuana use among Rhode Islanders aged 18-25 is comparable to other northeast states, but prevalence of past month marijuana use among Rhode Islanders aged 26+ years is relatively high for the region (Table 2.3.2).

Data No Longer Available

Since 2011-2012, data had consistently shown Rhode Islanders 12+ years had a lower perception of harm of marijuana compared to the nation. However, data is no longer available for perceptions of great risk of smoking marijuana once a month for Rhode Island as of 2014-2015 (Table 2.3.4).

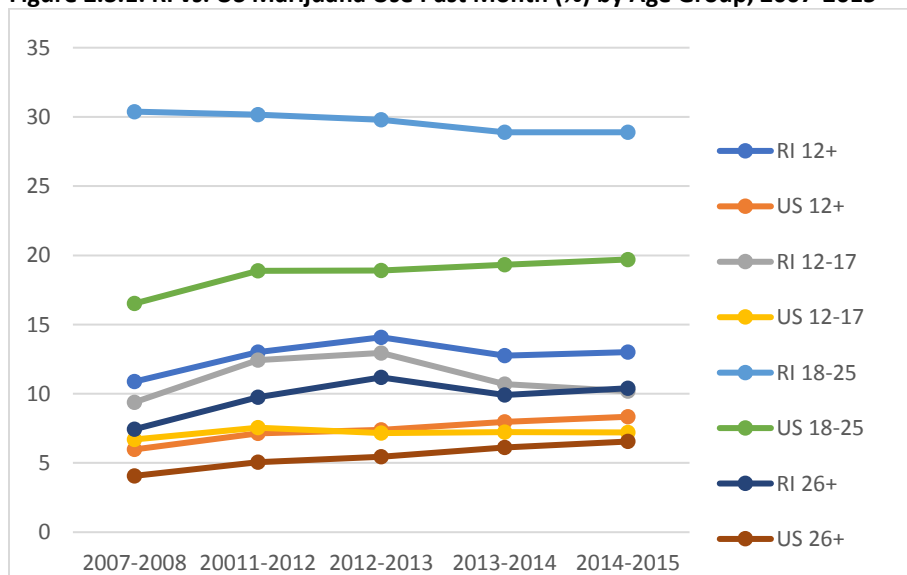
Table 2.3.1. RI vs. US Marijuana Use Past Month (%) by Age Group, 2007-2015

	Age Group	RI	US	RI/US Ratio
2007-2008	12+	10.88	5.98	1.82
	12-17	9.39	6.70	1.40
	18-25	30.38	16.52	1.84
	26+	7.44	4.07	1.83
2011-2012	12+	13.00	7.13	1.82
	12-17	12.44	7.55	1.65
	18-25	30.16	18.89	1.60
	26+	9.74	5.05	1.93
2012-2013	12+	14.08	7.40	1.90
	12-17	12.95	7.15	1.81
	18-25	29.79	18.91	1.58
	26+	11.18	5.45	2.05
2013-2014	12+	12.75	7.96	1.60
	12-17	10.69	7.22	1.48
	18-25	28.90	19.32	1.50
	26+	9.92	6.11	1.62
2014-2015	12+	13.02	8.34	1.56
	12-17	10.19	7.20	1.42
	18-25	28.89	19.70	1.47
	26+	10.39	6.55	1.59

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.3.1. RI vs. US Marijuana Use Past Month (%) by Age Group, 2007-2015



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.3.2. RI vs Region Marijuana Use Past Year (%), All Ages, 2015

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
12+	8.34	13.02	9.59	11.68	13.66	12.06	7.01	9.56	7.73	14.74
12-17	7.20	10.19	8.34	9.22	10.01	9.44	6.81	7.55	6.98	10.86
18-25	19.70	28.89	24.99	27.39	29.72	29.12	18.96	22.69	19.97	34.95
26+	6.55	10.39	7.25	9.21	11.84	9.65	5.23	7.54	6.02	11.61

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.3.3. RI vs. US Marijuana Use (%), 2009-2015

% of Students (grades 9-12) Reporting:		Using marijuana past month	Initial use of marijuana before age 13	Ever synthetic use of marijuana	Ever Used Marijuana
2009	RI	26.30	8.30	--	39.90
	US	20.80	7.50	--	36.80
	Ratio RI/US	1.26	1.11	--	1.08
2011	RI	26.30	7.10	--	40.10
	US	21.30	8.10	--	39.90
	Ratio RI/US	1.23	0.88	--	1.00
2013	RI	23.90	6.80	--	39.50
	US	23.40	8.60	--	40.70
	Ratio RI/US	1.02	0.79	--	0.97
2015	RI	23.60	6.70	8.80	38.70
	US	21.70	7.50	9.20	38.60
	Ratio RI/US	1.08	0.89	0.95	1.00

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.3.4. RI vs. US Perceptions of Great Risk of Smoking Marijuana Once a Month (%) by Age Group, 2011-2015

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	23.89	31.37	0.76
	12-17	20.08	27.02	0.74
	18-25	11.39	17.37	0.66
	26+	26.76	34.36	0.78
2012-2013	12+	22.18	29.5	0.75
	12-17	20.46	25.34	0.81
	18-25	10.79	15.81	0.68
	26+	24.59	32.4	0.76
2013-2014	12+	21.12	27.35	0.77
	12-17	18.94	23.54	0.80
	18-25	9.06	14.22	0.64
	26+	23.67	30.09	0.79
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

2.4 Heroin/Opioids

Table 2.4.0 Summary of Heroin/Opioid Indicator Categorization

Heroin/Opioid Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Heroin Use Past Year (12-25)	NSDUH				•	
Heroin Use Past Year (26+)	NSDUH			•		
Opioid Overdose Deaths per 100,000	CDC					•
Ever Use Heroin	YRBSS					•

New Concern

Results from the NSDUH (Table 2.4.9) suggest that the prevalence of past year heroin use has increased from 2013 – 2015 and now exceeds US levels for all age groups (most notably for those ages 25 and under). When compared to the northeast region, however, Rhode Island is comparable to nearby states (Table 2.4.10).

Continuing Concern

Data from the YRBSS (Tables 2.4.1 – 2.4.5) show that high school student reports of having ever used heroin remain higher than the national average, having previously been identified as a concern in 2005. RI high school student reports of having ever used heroin rank among the highest in the northeast, second only to New York. When broken down by sexual orientation and racial identity, all demographic groups (except Asian) exceed the national average. Rhode Island opioid overdose deaths per 100,000 (Table 2.4.6) far exceed the national average. Rhode Island has had the highest rate of opioid overdose death in the northeast since 2010, being surpassed only by New Hampshire since 2014. According to Rhode Island hospital discharge data (Table 2.4.8), emergency department visits and hospitalizations for prescription drug overdose have remained relatively constant. However, the proportion of overdose emergency department visits for those aged under 21 years has increased from 20.21% in 2011 to 24.15% in 2016. Similarly, the proportion of overdose hospitalizations for those aged under 21 years has increased from 12.66% in 2011 to 15.28% in 2016.

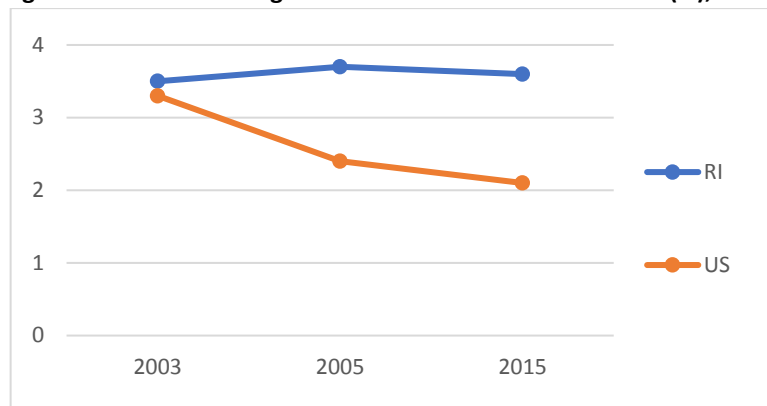
Table 2.4.1. RI vs. US Ever Use Heroin (%), 2003-2015

% of Students (grades 9-12) Reporting:	2003	2005	2015
RI	3.50	3.70	3.60
US	3.30	2.40	2.10
RI/US Ratio	1.06	1.54	1.71

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.4.1. RI vs. US High School Students Ever Use Heroin (%), 2003-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.4.2. RI vs. Region Ever Use Heroin among High School Students (%), 2003-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2003	3.3	3.5	--	3.0	3.3	2.3	--	1.8	--	3.2
2005	2.4	3.7	4.3	2.4	3.5	2.1	1.4	1.8	--	3.1
2013	2.2	--	3.4	--	--	2.7	2.4	3.7	--	3.1
2015	2.1	3.6	2.2	1.7	--	2.4	--	4.8	2.0	2.3

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

*no data for Rhode Island from 2007-2013

Table 2.4.3. RI vs. US Gender and Sexual Orientation Disparities for Heroin Use among High School Students (%), 2015

	Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
RI	5.3	1.5	2.0	17.2	10.1	12.0	11.5
US	2.7	1.2	1.3	12.2	3.9	6.0	9.3
RI/US Ratio	1.96	1.25	1.53	1.41	2.59	2.00	1.24

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.4.4. RI vs. US Racial Disparities for Heroin Use among High School Students (%), 2015

	Asian	Black	Hispanic	White	Multiple Races
RI	2.4	4.7	6.3	1.7	4.1
US	2.2	2.7	2.6	1.3	3.3
RI/US Ratio	1.09	1.74	2.42	1.31	1.24

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

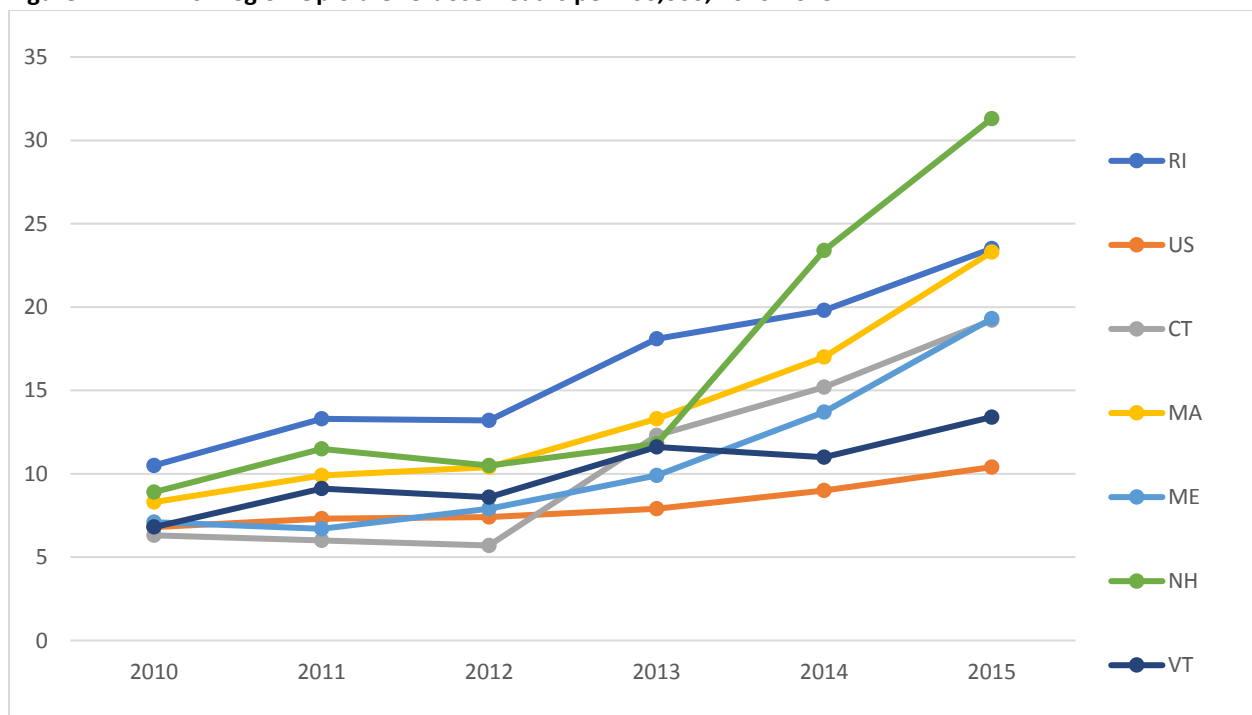
Table 2.4.5. RI vs. Region Opioid Overdose Deaths per 100,000, 2010-2015

	US	RI	CT	MA	ME	NH	VT
2010	6.8	10.5	6.3	8.3	7.1	8.9	6.8
2011	7.3	13.3	6.0	9.9	6.7	11.5	9.11
2012	7.4	13.2	5.7	10.4	7.9	10.5	8.6
2013	7.9	18.1	12.3	13.3	9.9	11.8	11.6
2014	9.0	19.8	15.2	17.0	13.7	23.4	11.0
2015	10.4	23.5	19.2	23.3	19.3	31.3	13.4

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Overdose Death Rates and Opioid Death Rates are age-adjusted. Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution.

Figure 2.4.2. RI vs. Region Opioid Overdose Deaths per 100,000, 2010-2015



Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Overdose Death Rates and Opioid Death Rates are age-adjusted. Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution.

Table 2.4.6. RI Prescription Drug Overdose, 2011-2015

	2011	2012	2013	2014	2015	2016
Emergency Department Visits Related to Prescription Drug Overdose						
Total # Visits	2,944	2,978	2,827	2,689	2,589	2,625
Age: Under 21 (%)	20.21	19.98	21.86	25.10	23.29	24.15
Age: 21+ (%)	79.79	80.02	78.14	74.90	76.71	75.85
Hospitalizations Related to Prescription Drug Overdose						
Total # Visits	1,367	1,273	1,287	1,317	1,317	1,309
Age: Under 21 (%)	12.66	11.15	12.43	15.03	14.27	15.28
Age: 21+ (%)	87.34	88.85	87.57	84.97	85.73	84.72

Note: ICD system changed from ICD-9-CM to ICD-10-CM prior to 4th quarter of 2015. Some of the differences observed across years may be due to coding differences

Case definition: Any diagnostic or e-code meeting the following criteria:

ICD-9-CM: 960-979 (not including: 965.01, 969.6, 970.81); E850.1-E858 (not including: E854.1); E950.0-E950.5; E980.0-E980.5

ICD-10-CM: T36-T50 (not including: T40.1, T40.5, T40.7, T40.8, T40.9) with 7th digit 'A'

Cases excluded if primary diagnostic code: 965.01, 969.9, 970.81, E850.0, E854.1, T40.1, T40.5, T40.7, T40.8, T40.9.

Source: Rhode Island Hospital Discharge Data 2011-2016; patient population includes RI residents in RI hospitals

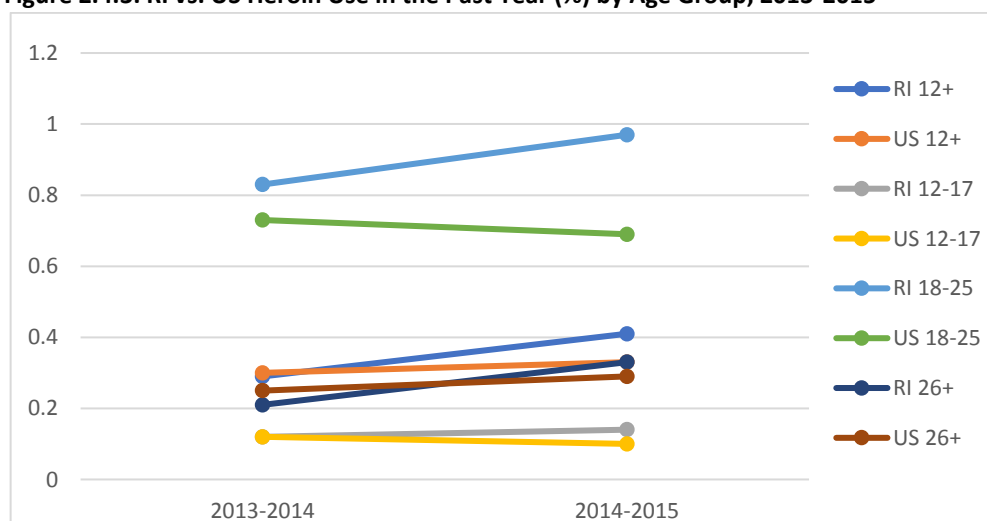
Table 2.4.7. RI vs. US Heroin Use in the Past Year (%) by Age Group, 2013-2015

	2013-2014				2014-2015			
Age Group	12+	12-17	18-25	26+	12+	12-17	18-25	26+
RI	0.29	0.12	0.83	0.21	0.41	0.14	0.97	0.33
US	0.30	0.12	0.73	0.25	0.33	0.10	0.69	0.29
RI/US Ratio	0.97	1.00	1.14	0.84	1.24	1.40	1.41	1.14

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.4.3. RI vs. US Heroin Use in the Past Year (%) by Age Group, 2013-2015



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.4.8. RI vs Region Heroin Use Past Year (%), All Ages, 2015

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
12+	0.33	0.41	0.87	0.23	0.58	0.62	0.68	0.52	0.55	0.77
12-17	0.10	0.14	0.10	0.08	0.17	0.22	0.16	0.11	0.15	0.18
18-25	0.69	0.97	1.07	0.65	1.21	1.90	1.30	0.79	1.13	1.47
26+	0.29	0.33	0.93	0.18	0.54	0.46	0.65	0.52	0.50	0.72

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

2.5 Other Drugs

Table 2.5.0 Summary of Other Drug Indicator Categorization

Other Drugs Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Cocaine Use Past Year (18-25)	NSDUH					•
Cocaine Use Past Year (12-17; 26+)	NSDUH				•	
Malignant Neoplasms Deaths	NVSS		•			
Diseases of Heart Deaths	NVSS		•			
Chronic Lower Respiratory Diseases Deaths	NVSS			•		
Chronic Liver Disease and Cirrhosis Deaths	NVSS			•		
Ever Cocaine Use	YRBSS			•		
Ever Inhalant Use	YRBSS			•		
Ever Ecstasy Use	YRBSS			•		
Prescription Drug Misuse Past Year	YRBSS	•				

Sustained Progress (compared to nation)

According to YRBSS data, high school student reports of past year prescription drug misuse is decreasing over time in Rhode Island and relative to the nation, decreasing from 14.10% in 2011 to 11.60% in 2015 (Table 2.5.4). In Rhode Island, the number of individuals served each fiscal year for substance abuse treatment continues to increase, from 10,161 in 2012 to 15,435 in 2016.

Recent Progress (compared to nation)

Though modest, there has been improvements in Rhode Island mortality due to malignant neoplasms and diseases of the heart relative to the nation in 2015 (Table 2.5.5).

Comparable to the Nation

According to the YRBSS, Rhode Island high school reports of ever using cocaine were lower than US values in 2013. However, 2015 data show Rhode Island is comparable to the nation for high school student having ever used cocaine (Table 2.5.6). In 2009, Rhode Island high school student reports of having ever used inhalants was promising relative to the nation, but no data were available in 2011 and 2013 (Table 2.5.7). For 2015, the YRBSS shows Rhode Island is comparable to the nation for high school students having ever used inhalants. Similarly, Rhode Island high school students are similar to those across the nation for the prevalence of having ever used ecstasy (Table 2.5.8). Rhode Island mortality due to chronic lower respiratory disease and chronic liver disease or cirrhosis are similar to the national average (Table 2.5.5).

New Concern

According to NSDUH, prevalence for past year cocaine use among 12-17 year olds and those 26+ years continues to increase and has become a concern for Rhode Island relative to the nation in 2014-2015. Past year cocaine use for 12-17 year olds in Rhode Island is also relatively high for the region, below only New Hampshire and Vermont, whereas Rhode Island past year cocaine use for those 26+ years is comparable to the northeast region.

Continuing Concern

Past year cocaine use based upon NSDUH data (Table 2.5.1) continues to be a concern among 18-25 year olds relative to the nation with a prevalence of 5.85 % in 2013-2014 and 7.64% in 2014-2015. Rhode Island past year cocaine use prevalence among 18-25 year olds is also relatively high for the northeast region behind only New Hampshire and Vermont (Table 2.5.2). Substance abuse

admissions within Rhode Island continue to increase over time, as do heroin admissions - from 2,773 in fiscal year 2012 to 4,927 in fiscal year 2016 (from 23.3% of admissions to 35.8%) (Table 2.5.3).

Data No Longer Available

Several indicators from NSDUH are no longer available for Rhode Island for 2014-2015 including: (1) needing but not receiving treatment for drug use, which was a concern for Rhode Island 26+ year olds relative to the nation in 2013-2014; (2) the past year nonmedical use of pain relievers, for which Rhode Island was comparable to the nation for all ages in 2013-2014; (3) any illicit drug use in the past month, which has previously and consistently been a concern for all age groups in Rhode Island relative to the nation since 2011-2012; and (4) DSM-IV drug abuse or dependence, which has previously and consistently been a concern for all age groups in Rhode Island relative to the nation since 2011-2012. YRBSS high school student reports of having illegal drugs at school has consistently been comparable to the nation, but this indicator was no longer available at the state level for 2015. Similarly, high school student reports of having ever used methamphetamines has consistently been comparable to the nation, but this indicator was no longer available at the state level for 2015.

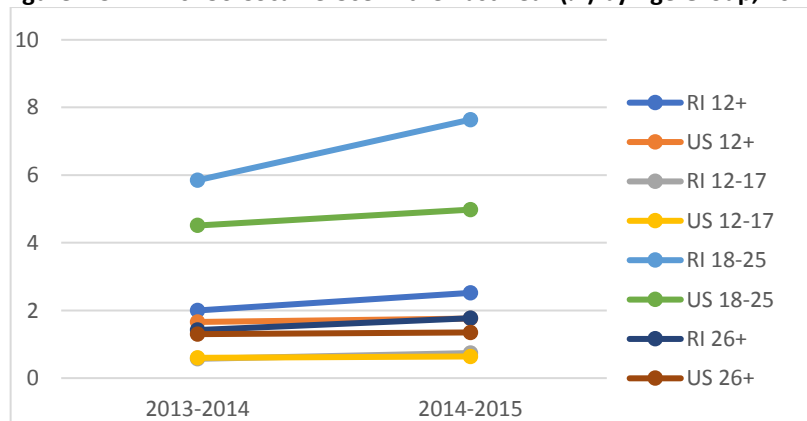
Table 2.5.1 RI vs. US Cocaine Use in the Past Year (%) by Age Group, 2013-2015

Age Group	2013-2014				2014-2015			
	12+	12-17	18-25	26+	12+	12-17	18-25	26+
RI	2.00	0.57	5.85	1.42	2.52	0.74	7.64	1.77
US	1.66	0.60	4.51	1.30	1.76	0.64	4.98	1.35
RI/US Ratio	1.20	0.95	1.30	1.09	1.43	1.16	1.53	1.31

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.5.1 RI vs. US Cocaine Use in the Past Year (%) by Age Group, 2013-2015



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.5.2. RI vs Region Cocaine Use Past Year (%), All Ages, 2015

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
12+	1.76	2.52	2.43	2.45	1.79	3.07	1.72	2.54	1.62	2.67
12-17	0.64	0.74	0.67	0.71	0.65	0.83	0.60	0.73	0.54	0.81
18-25	4.98	7.64	7.60	7.28	6.41	10.54	4.55	6.29	4.71	9.33
26+	1.35	1.77	1.80	1.79	1.27	2.13	1.42	2.10	1.24	1.70

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.5.3. Substance Abuse Only Admissions in Rhode Island

	FY2012 N(%)	FY2013 N(%)	FY2014 N(%)	FY2015 N(%)	FY2016 N(%)
Number of Admits	11,906	12,511	12,369	12,096	13,771
Unique Individual Admits	8,389	8,498	8,336	8,165	8,685
Unique Individuals Served	10,161	13,607	14,054	14,319	15,435
Gender					
Male	8,199 (68.86)	8,667 (69.28)	8,454 (68.35)	8,330 (68.87)	9,538 (69.26)
Female	3,707 (31.14)	3,844 (30.72)	3,914 (31.65)	3,765 (31.13)	4,233 (30.74)
Age (Mean [Range])	37.11 [18, 86]	36.72 [18, 85]	37.14 [18, 91]	37.37 [18, 114]	37.22 [18, 84]
Age Category					
18-21 years	779 (6.54)	834 (6.67)	718 (5.80)	573 (4.74)	615 (4.47)
22-30 years	3,290 (27.63)	3,658 (29.24)	3,659 (29.58)	3,608 (29.83)	4,189 (30.42)
31-45 years	4,725 (39.69)	4,881 (39.01)	4,711 (38.09)	4,674 (38.64)	5,385 (39.10)
46-65 years	3,041 (25.54)	3,058 (24.44)	3,183 (25.73)	3,155 (26.08)	3,498 (25.40)
Over 65 years	71 (0.60)	80 (0.64)	98 (0.79)	86 (0.71)	84 (0.61)
Race/Ethnicity					
White	9,524 (82.31)	10,149 (83.49)	10,024 (84.36)	9,580 (84.67)	11,089 (84.23)
Hispanic	960 (8.30)	929 (7.64)	833 (7.01)	784 (6.93)	913 (6.94)
Hawaiian/ Pacific Islander	37 (0.32)	67 (0.55)	47 (0.40)	34 (0.30)	46 (0.35)
Black	831 (7.18)	808 (6.65)	772 (6.50)	753 (6.65)	903 (6.86)
Asian	62 (0.54)	64 (0.53)	70 (0.59)	65 (0.57)	84 (0.64)
Native American	157 (1.36)	139 (1.14)	136 (1.14)	99 (0.87)	130 (0.99)
Educational Attainment					
Less than HS	3,442 (28.91)	3,268 (26.12)	2,990 (24.17)	2,832 (23.41)	3,252 (23.61)
HS Grad	6,630 (55.69)	7,118 (56.89)	7,375 (59.62)	7,107 (58.75)	7,990 (58.02)
More than HS	1,503 (12.62)	1,769 (14.14)	1,740 (14.07)	1,729 (14.29)	2,017 (14.65)
Unknown	331 (2.78)	356 (2.85)	264 (2.13)	428 (3.54)	512 (3.72)
Primary Substance at Admission					
Alcohol	4,809 (40.39)	4,846 (38.73)	4,455 (36.02)	4,837 (39.99)	5,541 (40.24)
Heroin	2,773 (23.29)	3,513 (28.08)	4,306 (34.81)	4,119 (34.05)	4,927 (35.78)
Other Opiates	1,711 (14.37)	1,595 (12.75)	1,366 (11.05)	1,144 (9.45)	1,134 (8.24)
Marijuana	1,243 (10.44)	1,088 (8.70)	900 (7.28)	837 (6.92)	811 (5.89)
Cocaine	909 (7.63)	880 (7.03)	875 (7.07)	766 (6.33)	876 (6.36)
Other	246 (2.07)	286 (2.29)	264 (2.13)	247 (2.04)	325 (2.36)
Unknown	215 (1.81)	303 (2.42)	203 (1.64)	146 (1.21)	157 (1.14)
<p>NOTE: All values except "unique individuals" are measured as treatment admissions and individuals could be double-counted. Percent distributions were calculated among admissions not unique individuals. "Other" primary substances include: barbiturates, benzodiazepines, ecstasy, GHB, inhalant, methadone, methamphetamines, other amphetamines, other hallucinogenic, other sedative, other stimulant, over-the-counter drugs, PCP, steroids, and other tranquilizers.</p> <p>Source: Rhode Island Behavioral Health On-Line Data Service (BHOLD)</p>					

Table 2.5.4. RI vs US Drug-Related Death Rates per 1,000, 2007-2015

Substance Use Consequences Indicators:	2010			2012			2014			2015		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Malignant Neoplasms Deaths	2.15	1.86	1.16	2.05	1.86	1.10	2.13	1.86	1.15	2.11	1.85	1.14
Diseases of Heart Deaths	2.21	1.94	1.14	2.25	1.91	1.18	2.22	1.93	1.15	2.25	1.97	1.14
Chronic Lower Respiratory Diseases Deaths	0.48	0.45	1.08	0.48	0.46	1.05	0.48	0.46	1.04	0.48	0.48	1.00
Chronic Liver Disease and Cirrhosis Deaths	0.12	0.10	1.14	0.13	0.11	1.19	0.11	0.12	0.92	0.13	0.13	1.06

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Sources: National Vital Statistics System (NVSS)

Table 2.5.5. RI vs. US Other Drug Use among High School Students (%), 2009-2015

% of Students (grades 9-12) Reporting:	2009	2011	2013	2015
Ever Cocaine Use				
RI	5.40	5.90	4.50	4.80
US	6.40	6.80	5.50	5.20
RI/US Ratio	0.84	0.87	0.82	0.92
Illegal Drugs on School Property				
RI	25.20	22.40	22.60	-
US	22.70	25.60	22.10	21.70
RI/US Ratio	1.11	0.88	1.02	-
Ever Inhalant Use				
RI	8.70	-	-	6.20
US	11.70	-	-	7.00
RI/US Ratio	0.74	-	-	0.89
Ever Ecstasy Use				
RI	5.90	-	-	5.10
US	6.70	-	-	5.00
RI/US Ratio	0.88	-	-	1.02
Ever Methamphetamine Use				
RI	-	-	3.30	-
US	-	-	3.20	3.00
RI/US Ratio	-	-	1.03	-
Prescription Drug Misuse Past Year				
RI	-	14.10	13.50	11.60
US	-	20.70	17.80	16.80
RI/US Ratio	-	0.68	0.76	0.69

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.5.6. RI vs. US Nonmedical Use of Pain Relievers in Past Year by Age Group, 2007-2015

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	5.23	4.57	1.14
	12-17	5.46	5.64	0.97
	18-25	11.66	9.96	1.17
	26+	3.96	3.5	1.13
2012-2013	12+	5.29	4.51	1.17
	12-17	5.45	5	1.09
	18-25	10.58	9.47	1.12
	26+	4.26	3.6	1.18
2013-2014	12+	4.15	4.06	1.02
	12-17	4.25	4.67	0.91
	18-25	8.31	8.32	1.00
	26+	3.35	3.26	1.03
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.5.7. RI vs. US Any Illicit Drug Use Past Month (%) by Age Group, 2007-2015

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	15.61	8.95	1.74
	12-17	15.16	9.82	1.54
	18-25	32.88	21.39	1.54
	26+	12.33	6.69	1.84
2012-2013	12+	15.76	9.27	1.70
	12-17	15.12	9.18	1.65
	18-25	31.77	21.44	1.48
	26+	12.75	7.19	1.77
2013-2014	12+	14.53	9.77	1.49
	12-17	12.14	9.11	1.33
	18-25	31.02	21.75	1.43
	26+	11.67	7.81	1.49
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.5.8. RI vs. US DSM-IV Drug Abuse or Dependence (%) by Age Group, 2007-2015

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	3.07	2.67	1.04
	12-17	4.89	4.31	1.13
	18-25	8.11	7.66	1.06
	26+	1.89	1.61	1.17
2012-2013	12+	3.72	2.71	1.37
	12-17	4.97	3.76	1.32
	18-25	8.99	7.59	1.18
	26+	2.57	1.74	1.48
	18+	3.61	2.6	1.39
2013-2014	12+	3.38	2.64	1.28
	12-17	4.04	3.5	1.15
	18-25	8.11	7	1.16
	26+	2.41	1.79	1.35
	18+	3.31	2.55	1.30
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-
	18+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.5.9. RI vs. US Needing But Not Receiving Treatment for Drug Use (%) by Age Group, 2011-2015

	Age Group	RI	US	RI/US Ratio
2011-2012	12+	2.56	2.38	1.08
	12-17	4.05	3.97	1.02
	18-25	7.06	7.03	1.00
	26+	1.52	1.38	1.10
2012-2013	12+	2.99	2.42	1.24
	12-17	4.28	3.49	1.23
	18-25	8.05	6.94	1.16
	26+	1.88	1.51	1.25
	18+	2.87	2.31	1.24
2013-2014	12+	2.86	2.35	1.22
	12-17	3.69	3.29	1.12
	18-25	7.18	6.4	1.12
	26+	1.96	1.55	1.26
	18+	2.79	2.25	1.24
2014-2015	12+	-	-	-
	12-17	-	-	-
	18-25	-	-	-
	26+	-	-	-
	18+	-	-	-

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average.

Ratios smaller than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

2.6 Mental Health

Table 2.6.0 Summary of Mental Health Indicator Categorization

Mental Health Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Serious Mental Illness Past Year (18-25)	NSDUH			•		
Serious Mental Illness Past Year (26+)	NSDUH		•			
Any Mental Illness Past Year (18-25)	NSDUH			•		
Any Mental Illness Past Year (26+)	NSDUH					•
Had at least one Major Depressive Episode Past Year (18-25)	NSDUH			•		
Had at least one Major Depressive Episode Past Year (26+)	NSDUH		•			
Felt Sad or Hopeless Past Year	YRBSS			•		
Considered Suicide Past Year	YRBSS	•				
Planned Suicide Past Year	YRBSS	•				
Attempted Suicide Past Year	YRBSS					•
Injurious Attempted Suicide Past Year	YRBSS					•
Thoughts of Suicide Past Year	NSDUH			•		

Sustained Progress

YRBSS data suggest high school students in Rhode Island remain less likely to report planning suicide and considering suicide compared to high school students across the nation (Table 2.6.3).

Recent Progress (relative to the nation)

According to NSDUH data, past year serious mental illness among those 26+ years in Rhode Island, though identified as a concern for 2013-2014 data, is now slightly closer to national values in 2014-2015. Also having previously been identified as a concern, those aged 26+ years in Rhode Island are more comparable to those across the nation to have had at least one major depressive episode in the past year.

Comparable to the Nation

According to NSDUH data, 18-25 year olds in Rhode Island have comparable mental health experience to the nation overall for past year serious mental illness, having any mental illness in the past year, and having had at least one major depressive episode in the past year. These mental health indicators for 18-25 year olds in Rhode Island have consistently been comparable to the nation since at least 2011. Also, adults aged 18+ years in Rhode Island have a comparable prevalence of thoughts of suicide as the nation (Table 2.6.7). Rhode Island high school students, according to the YRBSS, have consistently been similar to high school students across the nation for rates of feeling sad or hopeless in the past year.

Continuing Concern

Rates of any diagnosed mental illness in the past year continues to be higher in Rhode Island relative to the nation for those aged 26+ years, as identified by NSDUH (Table and Figure 2.6.1). Rhode Island rates are among the highest in the region with a prevalence of 20.2% for any mental illness in the past year, second highest after New Hampshire (Table 2.6.2). As identified by the YRBSS, high school student reports of attempted suicide, though decreasing, and injurious attempted suicide continue to be more prevalent in Rhode Island than the nation (Table 2.6.3).

Compared to the region (Table 2.6.4), Rhode Island has the highest prevalence of high school student attempted suicide (14.3%) and among the highest for prevalence of injurious attempted suicide (4.1%). When examining by gender, sexual orientation and racial disparities (Table 2.6.5-6), rates of attempted suicide among Rhode Island high school students are higher than the nation for males, gay and lesbian students as well as those who report their sexual orientation as not sure. Racial groups in Rhode Island who fare worse than the nation for attempted suicide are Asian, Black, and Hispanic high school students. The same applies for injurious attempted suicide, where all subgroups in Rhode Island, regardless of gender, race/ethnicity or sexual orientation, exceed the national averages (except for those identifying as multiple race).

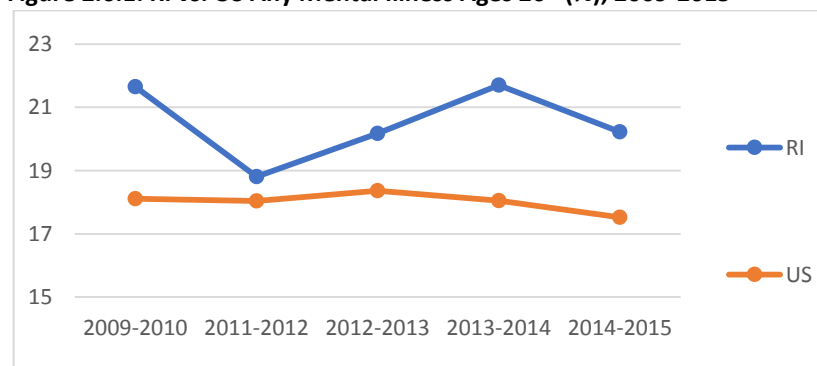
Table 2.6.1. RI vs. US Adult Mental Health Indicators, 2009-2015

Age Group		18+			18-25			26+		
Serious Mental Illness in the Past Year (%)										
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	
2009-2010	4.92	3.88	1.27	4.38	3.63	1.21	5.02	3.92	1.28	
2011-2012	4.25	3.97	1.07	4.27	3.95	1.08	4.25	3.98	1.07	
2012-2013	4.90	4.14	1.18	4.47	4.17	1.07	4.99	4.14	1.21	
2013-2014	4.77	4.15	1.15	4.79	4.52	1.06	4.76	4.09	1.16	
2014-2015	4.51	4.05	1.11	5.13	4.92	1.04	4.39	3.91	1.12	
Any Mental Illness in the Past Year (%)										
2009-2010	21.30	18.10	1.18	19.42	18.02	1.08	21.65	18.11	1.20	
2011-2012	18.80	18.19	1.03	18.80	19.06	0.99	18.81	18.04	1.04	
2012-2013	20.13	18.53	1.09	19.93	19.50	1.02	20.17	18.36	1.10	
2013-2014	21.60	18.29	1.18	21.09	19.75	1.07	21.70	18.05	1.20	
2014-2015	20.50	18.01	1.14	22.01	20.89	1.05	20.22	17.52	1.15	
Had at Least One Major Depressive Episode in the Past Year (%)										
2009-2010	7.95	6.70	1.19	9.33	8.15	1.14	7.69	6.45	1.19	
2011-2012	7.65	6.72	1.14	8.79	8.61	1.02	7.43	6.39	1.16	
2012-2013	8.46	6.77	1.25	9.74	8.81	1.11	8.21	6.41	1.28	
2013-2014	7.68	6.63	1.16	9.89	9.00	1.10	7.27	6.22	1.17	
2014-2015	7.08	6.64	1.07	9.81	9.79	1.00	6.57	6.11	1.08	

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Figure 2.6.1. RI vs. US Any Mental Illness Ages 26+ (%), 2009-2015



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.6.2. RI vs Region Past Year Any Mental Illness (%), Age 26+, 2009-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Any Mental Illness in the Past Year										
2009-2010	18.11	21.65	--	--	--	--	--	--	--	--
2011-2012	18.04	18.81	16.57	16.97	19.93	18.34	14.29	18.55	17.68	19.20
2012-2013	18.36	20.17	17.10	18.92	21.46	18.21	15.13	18.61	17.47	19.3
2013-2014	18.05	21.70	16.19	19.87	20.36	19.98	15.62	17.08	17.02	20.30
2014-2015	17.52	20.22	16.78	18.50	18.61	20.68	15.52	16.36	17.62	19.73
Serious Mental Illness in the Past Year										
2009-2010	3.92	5.02	--	--	--	--	--	--	--	--
2011-2012	3.98	4.25	3.15	3.68	4.33	4.03	2.97	3.57	4.04	4.85
2012-2013	4.14	4.99	3.28	4.21	4.96	3.79	3.16	3.71	4.01	5.56
2013-2014	4.09	4.76	3.37	4.12	5.39	4.47	3.37	3.66	3.86	5.56
2014-2015	3.91	4.39	3.21	3.64	5.01	5.08	3.34	3.76	3.79	4.80
One Major Depressive Issue in the Past Year										
2009-2010	6.45	7.69	--	--	--	--	--	--	--	--
2011-2012	6.39	7.43	5.88	5.91	7.03	6.81	5.12	5.96	6.48	7.47
2012-2013	6.41	8.21	5.95	6.34	7.76	6.44	5.75	6.05	6.14	7.07
2013-2014	6.22	7.27	5.65	6.98	7.85	7.29	5.99	5.83	6.11	7.59
2014-2015	6.11	6.57	6.21	6.59	7.30	8.00	5.91	5.91	6.26	7.49

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

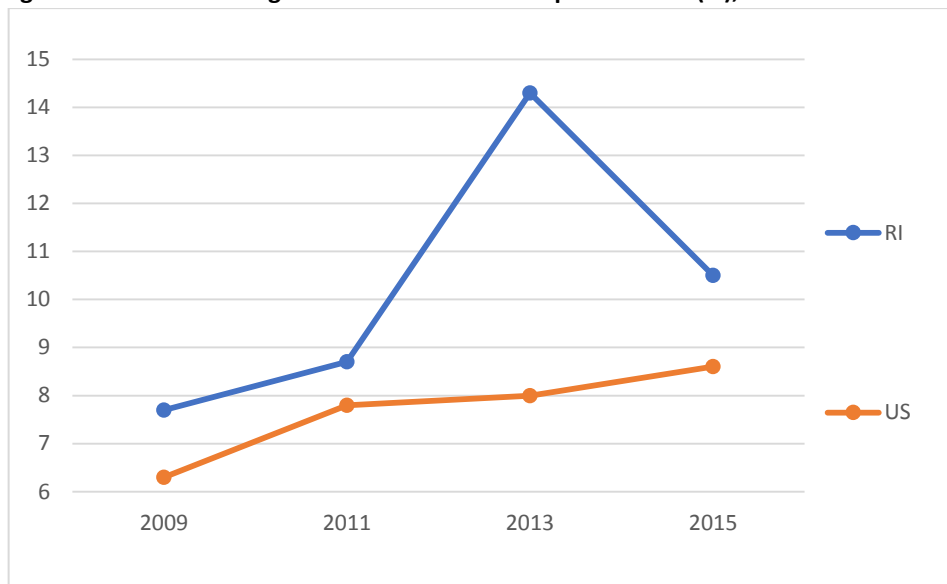
Table 2.6.3. RI vs. US Suicide Indicators among High School Students (%), 2009-2015

	% of Students (grades 9-12) Reporting:	Felt Sad Or Hopeless (Past Year)	Considered Suicide (Past Year)	Planned Suicide (Past Year)	Attempted Suicide (Past Year)	Injurious Attempted Suicide (Past Year)
2009	RI	25.00	11.80	11.30	7.70	3.30
	US	26.10	15.80	10.90	6.30	1.90
	Ratio RI/US	0.96	0.86	1.04	1.22	1.74
2011	RI	24.60	12.30	10.70	8.70	3.90
	US	28.50	17.00	12.80	7.80	2.40
	Ratio RI/US	0.86	0.72	0.83	1.11	1.62
2013	RI	25.80	13.90	9.90	14.30	--
	US	29.90	17.00	13.60	8.00	2.70
	Ratio RI/US	0.86	0.82	0.72	1.79	--
2015	RI	26.40	14.10	12.10	10.50	4.10
	US	29.90	17.70	14.60	8.60	2.80
	Ratio RI/US	0.88	0.80	0.83	1.22	1.46

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.6.2. RI vs. US High School Students Attempted Suicide (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.6.4. RI vs. Region Suicide Indicators (%), 2009-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Attempted Suicide (Past Year)										
2007	6.9	9.3	9.8	7.6	4.8	5.5	--	7.6	--	6.2
2009	6.3	7.7	7.4	6.8	7.9	4.7	--	7.4	5.7	4.3
2011	7.8	8.7	6.7	6.8	7.6	6.1	6.0	7.1	--	3.6
2013	8.0	14.3	8.1	5.5	8.1	6.7	9.9	7.1	--	5.6
2015	8.6	10.5	7.9	7.0	9.9	6.8	--	9.9	7.5	5.9
Injurious Attempted Suicide (Past Year)										
2007	2.0	4.0	--	2.8	1.5	2.2	--	2.7	--	1.5
2009	1.9	3.3	2.7	2.6	--	1.6	--	2.8	1.7	1.6
2011	2.4	3.9	--	2.3	--	2.4	2.1	2.6	--	--
2013	2.7	--	--	1.9	--	2.5	--	2.4	--	--
2015	2.8	4.1	--	2.8	--	2.5	--	4.4	2.6	2.0

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.6.5. RI vs. US Gender and Sexual Orientation Disparities for Suicide Indicators among High School Students (%), 2015

	Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Attempted Suicide (Past Year)							
RI	8.3	12.5	7.1	34.2	32.6	33.1	23.7
US	5.5	11.6	6.4	21.3	31.8	29.4	13.7
RI/US Ratio	1.51	1.07	1.11	1.60	1.03	1.13	1.73
Injurious Attempted Suicide (Past Year)							
RI	3.8	4.4	2.5	18.8	13.0	14.5	12.3
US	1.9	3.7	2.0	4.9	10.8	9.4	4.7
RI/US Ratio	2.0	1.19	1.25	3.84	1.20	1.54	2.62

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.6.6. RI vs. US Racial Disparities for Suicide Indicators among High School Students (%), 2015

	Asian	Black	Hispanic	White	Multiple Races
Attempted Suicide (Past Year)					
RI	10.3	16.6	14.0	7.7	12.7
US	7.8	8.9	11.3	6.8	15.2
RI/US Ratio	1.32	1.87	1.24	1.13	0.84
Injurious Attempted Suicide (Past Year)					
RI	5.1	8.2	4.6	2.9	4.3
US	1.5	3.8	3.7	2.1	4.7
RI/US Ratio	3.40	2.16	1.24	1.38	0.91

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.6.7. RI vs. US Thoughts of Suicide Past Year, 2009-2015

% of Age Group Reporting:	18+			18-25			26+		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
2009-2010	4.56	3.78	1.21	6.90	6.36	1.08	4.11	3.33	1.23
2011-2012	4.05	3.77	1.07	6.89	7.03	0.98	3.51	3.21	1.09
2012-2013	4.33	3.89	1.11	7.34	7.33	1.00	3.75	3.30	1.14
2013-2014	4.21	3.94	1.07	7.92	7.44	1.06	3.50	3.34	1.05
2014-2015	4.42	3.99	1.11	8.62	7.88	1.09	3.65	3.34	1.09

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Survey on Drug Use and Health (NSDUH)

Table 2.6.8. Mental Health only and Mental Health/Substance Abuse Co-Occurring Admissions in Rhode Island

	FY2012 N(%)	FY2013 N(%)	FY2014 N(%)	FY2015 N(%)	FY2016 N(%)
Number of Admits	13,454	11,654	11,174	10,751	13,173
Unique Individual Admits	9,567	8,729	8,357	8,191	10,162
Unique Individuals Served	15,181	19,186	19,769	19,827	20,030
Gender					
Male	6,675 (49.61)	5,963 (51.17)	5,712 (51.12)	5,542 (51.55)	6,674 (50.66)
Female	6,779 (50.39)	5,691 (48.83)	5,461 (48.88)	5,208 (48.45)	6,499 (49.34)
Age at Admit (Mean [Range])	41.4 [18, 94]	39.73 [18, 111]	40.46 [18, 96]	41.13 [18, 113]	42.14 [18, 90]
Age at Admit Category					
18-21 years	895 (6.65)	1,000 (8.58)	827 (7.40)	694 (6.46)	759 (5.76)
22-30 years	2,589 (19.24)	2,443 (20.96)	2,283 (20.43)	2,237 (20.81)	2,583 (19.61)
31-45 years	4,520 (33.60)	4,026 (34.55)	3,852 (34.47)	3,420 (31.81)	4,126 (31.32)
46-65 years	4,972 (36.96)	3,874 (33.24)	3,876 (34.69)	4,039 (37.57)	5,135 (38.98)
Over 65 years	478 (3.55)	311 (2.67)	336 (3.01)	361 (3.36)	570 (4.33)
Race/Ethnicity					
White	9,793 (78.85)	8,462 (79.52)	8,182 (80.40)	7,503 (78.71)	9,271 (79.10)
Hispanic	921 (7.42)	622 (5.85)	465 (4.57)	476 (4.99)	609 (5.20)
Hawaiian/ Pacific Islander	28 (0.23)	19 (0.18)	16 (0.16)	11 (0.12)	25 (0.21)
Black	1,377 (11.09)	1,287 (12.09)	1,316 (12.93)	1,338 (14.04)	1,555 (13.27)
Asian	119 (0.96)	81 (0.76)	82 (0.81)	97 (1.02)	82 (0.70)
Native American	182 (1.47)	170 (1.60)	116 (1.14)	107 (1.12)	179 (1.53)
Educational Attainment					
Less than HS	4,048 (30.09)	3,259 (27.96)	3,221 (28.83)	3,240 (30.14)	3,853 (29.25)
HS Grad	6,586 (48.95)	5,737 (49.23)	5,683 (50.86)	5,358 (49.84)	6,845 (51.96)
More than HS	1,439 (10.70)	1,424 (12.22)	1,260 (11.28)	1,181 (10.99)	1,422 (10.79)
Unknown	1,381 (10.26)	1,234 (10.59)	1,010 (9.04)	972 (9.04)	1,053 (7.99)
NOTE: All values except "unique individuals" are measured as treatment admissions and individuals could be double-counted. Percent distributions were calculated among admissions not unique individuals. Source: Rhode Island Behavioral Health On-Line Data Service (BHOLD)					

2.7 Injury/Violence

Table 2.7.0 Summary of Injury/Violence Indicator Categorization

Injury/Violence Indicators	Data Source	Sustained Progress (compared to nation)	Recent Progress (compared to nation)	Comparable to the Nation	New Concern	Continuing Concern
Texting and Driving	YRBSS			•		
Carried Weapon at School	YRBSS				•	
Physical Fight On School Property	YRBSS				•	
Missed School Because They Felt Unsafe at School or On Way to School	YRBSS			•		
Electronically Bullied	YRBSS		•			
Bullied On School Property	YRBSS		•			
Ever Physically Forced To Have Sexual Intercourse	YRBSS					•
Experienced Physical Dating Violence	YRBSS			•		
Experienced Sexual Dating Violence	YRBSS			•		
Traffic Fatalities Per 1,000	NHTSA	•				
Traffic Fatalities Involving Alcohol Per 1,000	NHTSA	•				
% Fatal MV Crashes inv. Alcohol	NHTSA					•
% Drivers in Fatal MV Crashes inv. Alcohol	NHTSA					•
Child Maltreatment Victimization (per 1,000)	NCANDS					•
Child Maltreatment Fatalities (per 100,000)	NCANDS		•			
Violent Crime rate per 1,000	UCR	•				
Property Crime rate per 1,000	UCR	•				
Suicide per 1,000	NVSS	•				
Homicide per 1,000	NVSS	•				
Do not always wear a seatbelt	BRFSS			•		

Sustained Progress

Data from the NHTSA indicate that traffic fatalities per 1,000 and traffic fatalities involving alcohol per 1,000 in Rhode Island are consistently below the national rates. Crime rates in Rhode Island from the UCR, specifically violent crime and property crime, are lower than the nation. Property crime rates are also decreasing over time in Rhode Island. According to the National Vital Statistics Survey, Rhode Island also has consistently lower rates of suicide and homicide than the nation.

Recent Progress (relative to the nation)

According to YRBSS data, high school students in Rhode Island have improved in 2015, as compared to 2013, relative to the nation for having been electronically bullied in the past year of being bullied on school property. In 2013 the prevalence of bullying, electronically or at school, was comparable to the nation, but has decreased and become promising relative to the nation in 2015. Child abuse and neglect data show that the child maltreatment fatality rate, which had previously been concerning in Rhode Island, has dropped lower than the national average in 2015, reaching zero fatalities.

Comparable to the Nation

High school student reports of texting and driving were first collected in 2013 and continue to be comparable to the nation according to the YRBSS (Table 2.7.1). Other violence indicators in the YRBSS that continue to be comparable to the nation for Rhode Island include high school student

reports of missing school because a student felt unsafe, sexual dating violence, and physical dating violence. According to the BRFSS, rates of adults reporting not always wearing a seat belt are also comparable to the national average.

New Concern

Most recent YRBSS data reveal that high school student reports of carrying a weapon at school and physically fighting on school property are new concerns for Rhode Island relative to the nation in 2015 (Table 2.7.1). In 2013 reports of carrying a weapon at school had been comparable to the nation and reports of physical fighting on school property had been well below the national average. In 2015 when compared to the region, Rhode Island is comparable for high school students carrying a weapon at school, but has the highest prevalence in the northeast for physically fighting on school property with 9.1% reporting (Table 2.7.9).. Further breakdown by demographic characteristics show that high school students who are male, sexual minority, black, and Hispanic are more likely to report carrying a weapon at school than the national averages for these groups. The sub-populations exceeding the national averages for physically fighting on school property include females, sexual minorities, Asians and Hispanic high school students (Table 2.7.10-11).

Continuing Concern

Rhode Island high school student reports of having ever been physically forced to have sexual intercourse continue to exceed national rates (8.10% in RI; 6.70% nationwide – Table and Figure 2.7.1). Rhode Island rates exceed other states in the region (Table 2.7.2), and females, Asians, and Hispanics and all sexual orientation groups all exceeded national values (Table 2.7.3-4). The percentage of motor vehicle crashes involving alcohol and the percentage of drivers in fatal motor vehicle crashes involving alcohol in Rhode Island are consistently above the nation, ranking highest in the northeast (Tables 2.7.5-7; Figures 2.7.2-3). Another ongoing concern for Rhode Island relative to the nation is child maltreatment victimization, which has been above the national average since 2011 (Table 2.7.8; Figure 2.7.4).

Data No Longer Available

There are no longer Rhode Island data available for high school student reports of being threatened or injured on school property from the YRBSS.

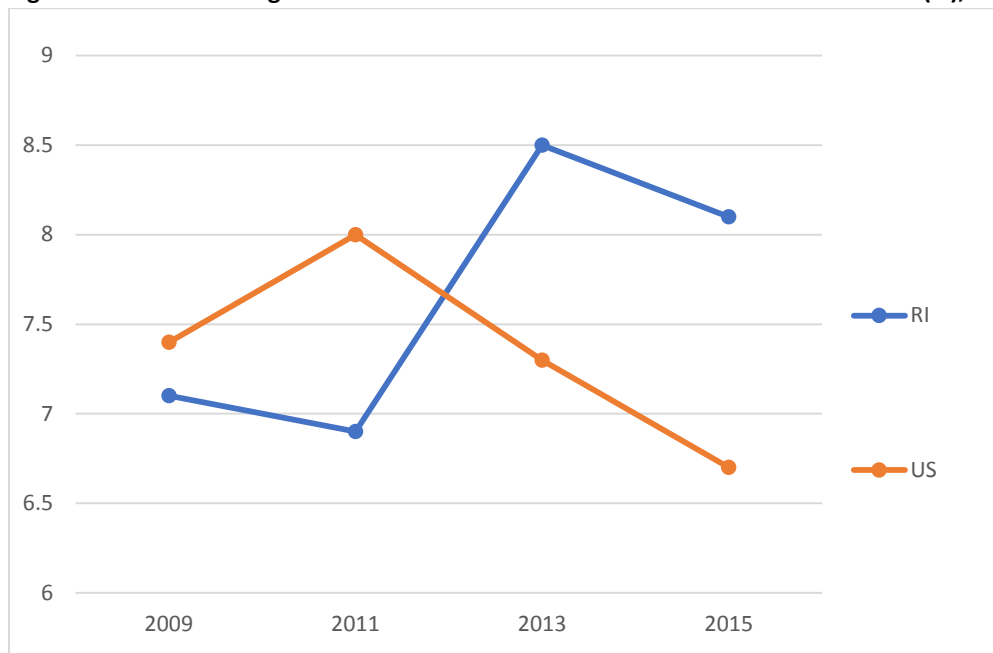
Table 2.7.1. RI vs. US Injury/Violence Indicators among High School Students (%), 2009-2015

% of Students (grades 9-12) Reporting:	2009			2011			2013			2015		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Texting and Driving	--	--	--	--	--	--	36.50	41.40	0.88	45.70	41.50	1.10
Carried Weapon at School	4.00	5.60	0.71	4.00	5.40	0.74	5.00	5.20	0.96	4.80	4.10	1.17
Threatened or Injured on School Property	6.50	7.70	0.84	--	7.40	--	6.40	6.90	0.93	--	6.00	-
Physical Fight On School Property	9.10	11.10	0.82	7.80	12.00	0.65	6.30	8.10	0.78	9.10	7.80	1.16
Missed School Because They Felt Unsafe at School or On Way to School	7.40	5.00	1.48	5.90	5.90	1.00	7.20	7.10	1.01	6.00	5.60	1.07
Were Electronically Bullied	--	--		15.30	16.20	0.94	14.30	14.80	0.97	12.40	15.50	0.80
Were Bullied On School Property	16.00	19.90	0.82	19.10	20.10	0.95	18.10	19.60	0.92	15.50	20.20	0.77
Were Ever Physically Forced To Have Sexual Intercourse	7.10	7.40	0.96	6.90	8.00	0.86	8.50	7.30	1.16	8.10	6.70	1.21
Experienced Physical Dating Violence	--	--		--	--		8.40	10.30	0.81	8.80	9.60	0.92
Experienced Sexual Dating Violence	--	--		--	--		8.80	10.40	0.85	9.60	10.60	0.90

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.7.1. RI vs US High School Students Ever Forced to Have Sexual Intercourse (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.7.2. RI vs. Region Ever Physically Forced to Have Sexual Intercourse among High School Students (%), 2007-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2007	7.8	10.1	9.7	--	8.1	7.2	--	8.6	--	--
2009	7.4	7.1	7.4	--	10.7	7.0	7.7	7.8	6.8	--
2011	8.0	6.9	7.3	--	8.0	6.1	8.0	7.4	--	--
2013	7.3	8.5	9.2	--	7.6	5.7	8.4	--	--	7.6
2015	6.7	8.1	7.8	5.5	7.1	6.3	--	--	6.4	6.6

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.7.3. RI vs. US Gender and Sexual Orientation Disparities for Ever Forced Sexual Intercourse among High School Students (%), 2015

	Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
RI	6.4	9.8	6.4	16.6	20.9	19.7	13.8
US	3.1	10.3	5.4	11.4	19.8	17.8	12.6
RI/US Ratio	2.06	0.95	1.19	1.46	1.50	1.11	1.10

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.7.4. RI vs. US Racial Disparities for Ever Forced Sexual Intercourse among High School Students (%), 2015

	Asian	Black	Hispanic	White	Multiple Races
RI	6.9	8.3	11.1	6.8	9.6
US	4.2	7.3	7.0	6.0	12.1
RI/US Ratio	1.64	1.14	1.59	1.13	0.79

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.7.5. RI vs. US Traffic Fatalities (%), 2011-2015

	2011	2012	2013	2014	2015
Traffic Fatalities Per 1,000					
RI	6.27	6.08	6.17	4.83	4.26
US	10.4	10.8	10.4	10.3	10.9
RI/US Ratio	0.60	0.56	0.59	0.47	0.39
Traffic Fatalities Involving Alcohol Per 1,000					
RI	2.47	2.66	2.18	1.61	1.80
US	3.16	3.29	3.19	3.12	3.19
RI/US Ratio	0.78	0.81	0.68	0.52	0.56

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: The National Highway Traffic Safety Administration (NHTSA)

Table 2.7.6. RI vs. US Traffic Fatalities (%), 2011-2015

	2010			2012			2014			2015		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
% Fatal MV Crashes inv. Alcohol	40%	31%	1.29	43%	30%	1.43	34%	30%	1.13	41%	29%	1.41
% Drivers in Fatal MV Crashes inv. Alcohol	40%	31%	1.29	44%	31%	1.42	33%	30%	1.10	42%	29%	1.45

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Fatality Analysis Reporting System (FARS)

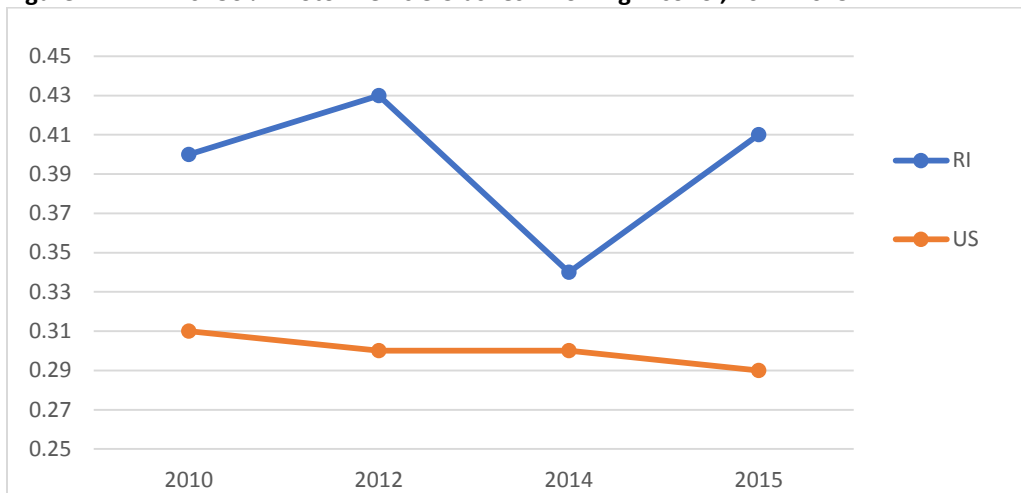
Table 2.7.7. RI vs Region Percent (%) of Fatal Motor Vehicle Crashes Involving Alcohol, 2010-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2010	31	40	37	34	24	31	30	30	31	23
2012	30	43	37	32	28	29	27	29	31	32
2015	29	41	38	30	35	30	20	27	30	28

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

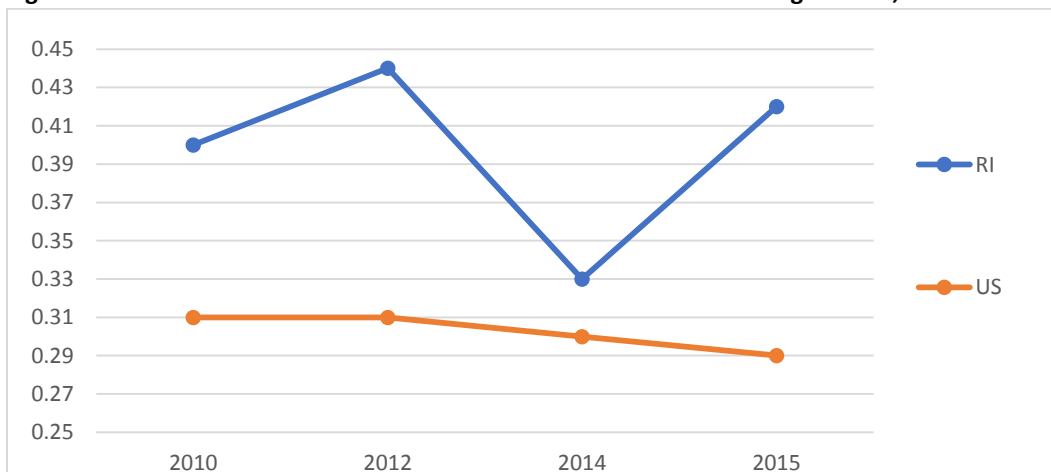
Source: Fatality Analysis Reporting System (FARS)

Figure 2.7.2. RI vs. US % Motor Vehicle Crashes involving Alcohol, 2011-2015



Source: Fatality Analysis Reporting System (FARS)

Figure 2.7.3. RI vs. US % Drivers in Fatal Motor Vehicle Crashes involving Alcohol, 2011-2015



Source: Fatality Analysis Reporting System (FARS)

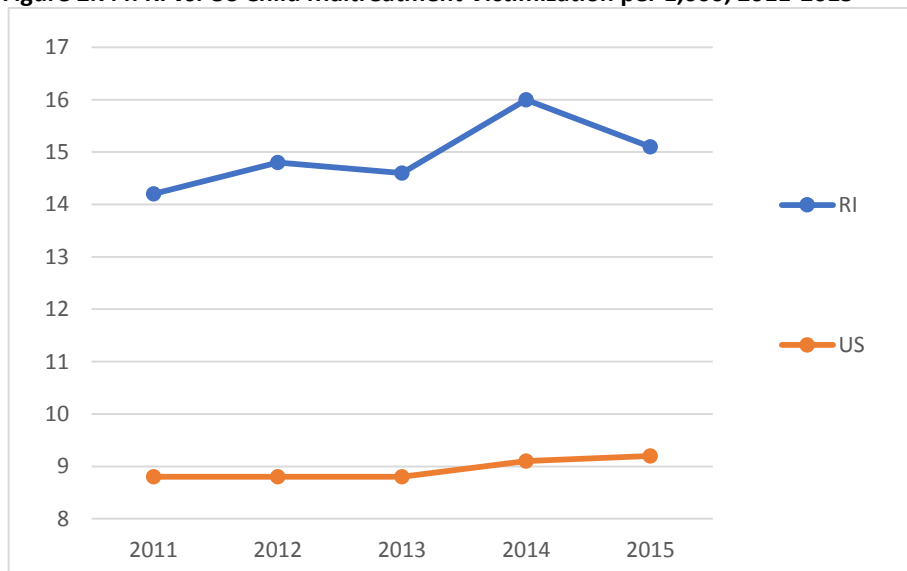
Table 2.7.8. RI vs. US Child Maltreatment, 2011-2015

	2011	2012	2013	2014	2015
Child Maltreatment Victimization (per 1,000)					
RI	14.2	14.8	14.6	16.0	15.1
US	8.8	8.8	8.8	9.1	9.2
RI/US Ratio	1.61	1.68	1.66	1.76	1.64
Child Maltreatment Fatalities (per 100,000)					
RI	1.40	0.50	0.50	2.80	0.00
US	2.11	2.18	2.09	2.14	2.25
RI/US Ratio	0.66	0.23	0.24	1.31	0.00

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: National Data Archive on Child Abuse and Neglect (NCANDS)

Figure 2.7.4. RI vs. US Child Maltreatment Victimization per 1,000, 2011-2015



Source: National Data Archive on Child Abuse and Neglect (NCANDS)

Table 2.7.9. RI vs. Region Violence among High School Students (%), 2007-2015

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Carried a Weapon at School (Past Month)										
2007	5.9	4.9	5.5	5.0	4.9	5.8	--	4.7	--	9.6
2009	5.6	4.0	3.9	4.4	--	8.8	3.1	4.8	3.3	9.0
2011	5.4	4.0	6.6	3.7	8.0	--	--	4.2	--	9.1
2013	5.2	5.0	6.6	3.1	7.1	--	2.7	4.0	--	10.4
2015	4.1	4.8	6.2	3.2	5.8	--	--	4.5	2.0	7.7
Physically Fought on School Property (Past Year)										
2007	12.4	9.6	10.5	9.1	10.1	11.3	--	12.2	--	--
2009	11.1	9.1	9.6	8.7	9.1	9.1	--	11.4	9.9	--
2011	12.0	7.8	8.7	7.1	7.9	9.9	--	--	--	--
2013	8.1	6.3	--	4.6	5.7	6.9	--	--	--	--
2015	7.8	9.1	--	5.6	4.9	6.4	--	--	6.8	7.4

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2.7.10. RI vs. US Gender and Sexual Orientation Disparities for Violence among High School Students (%), 2015

	Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Carried a Weapon at School (Past Month)							
RI	7.0	2.1	3.4	13.5	11.9	12.3	11.1
US	5.9	2.0	3.7	9.4	5.2	6.2	7.1
RI/US Ratio	1.19	1.05	0.92	1.44	2.29	1.98	1.56
Physically Fought on School Property (Past Year)							
RI	11.1	6.6	7.2	27.2	14.1	17.7	19.5
US	10.3	5.0	7.1	11.8	11.0	11.2	14.6
RI/US Ratio	1.08	1.32	1.01	2.31	1.28	1.58	1.34

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Youth Risk Behavior Surveillance System (YRBSS)

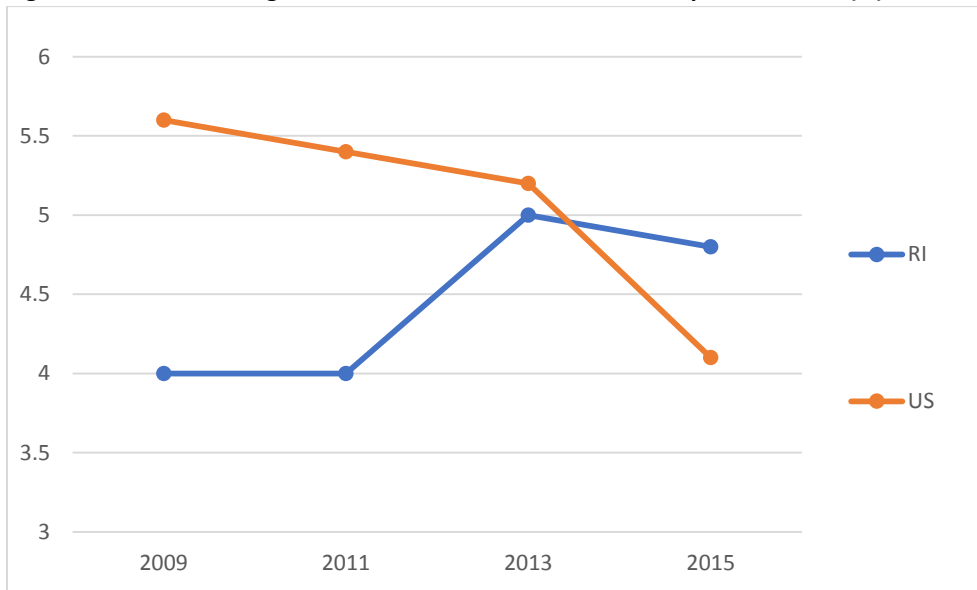
Table 2.7.11. RI vs. US Racial Disparities for Violence among High School Students (%), 2015

	Asian	Black	Hispanic	White	Multiple Races
Carried a Weapon at School (Past Month)					
RI	2.0	6.0	7.4	2.8	3.5
US	2.3	3.4	4.5	3.7	5.7
RI/US Ratio	0.87	1.76	1.64	0.76	0.61
Physically Fought on School Property (Past Year)					
RI	8.2	8.6	14.5	5.6	14.2
US	6.3	12.6	8.9	5.6	9.3
RI/US Ratio	1.30	0.68	1.63	1.00	1.53

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

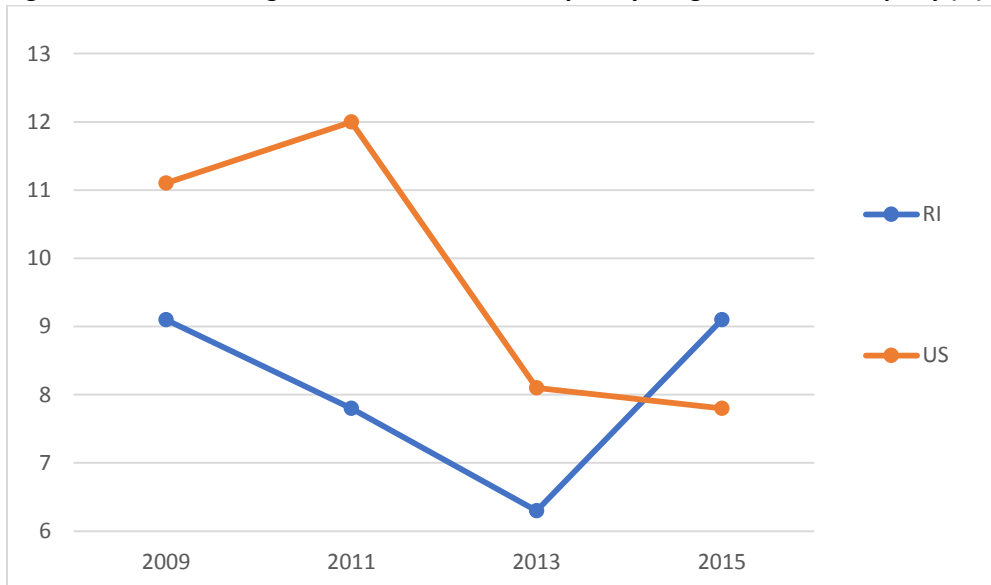
Source: Youth Risk Behavior Surveillance System (YRBSS)

Figure 2.7.5. RI vs US High School Students that Carried a Weapon at School (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Figure 2.7.6. RI vs US High School Students that Physically Fought on School Property (%), 2009-2015



Source: Youth Risk Behavior Surveillance Survey (YRBSS)

Table 2.7.12. RI vs US Crime, Suicide and Homicide Rates, 2010-2015

	2010			2012			2014			2015		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Violent Crime rate per 1,000*	2.57	4.05	0.63	2.53	3.88	0.57	2.19	3.76	0.58	2.43	3.73	0.65
Property Crime rate per 1,000*	25.61	29.46	0.87	25.72	28.68	0.90	21.74	25.96	0.84	18.98	24.87	0.76
Suicide per 1,000**	0.12	0.12	0.99	0.10	0.129	0.78	0.107	0.134	0.80	0.120	0.137	0.88
Homicide per 1,000**	0.03	0.05	0.49	0.029	0.053	0.55	0.026	0.05	0.52	0.027	0.055	0.49

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Sources: Uniform Crime Reports (UCR)*, National Vital Statistics System (NVSS)**

Table 2.7.13. RI vs. US Do Not Always Wear a Seatbelt (%), 2011-2015

	2011	2012	2013	2014	2015
RI	18.00	16.20	12.80	13.10	11.70
US	13.60	15.30	12.90	14.60	13.50
RI/US Ratio	1.32	1.06	0.99	0.92	0.87

Note: Ratios greater than 1.14 indicate those consumption patterns where RI exceeds the US average. Ratios less than 0.86 indicate those consumption patterns where RI is below the US average.

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

3. DATA LIMITATIONS AND GAPS

Even though this Profile seeks to provide a comprehensive summary of substance use and mental health-related indicators and risk or protective factors in the state of RI, there are data-related limitations that the reader should keep in mind.

- The Profile is limited by the availability, accuracy and comprehensiveness of the original sources of data. Therefore, most recent years of data or demographic break-downs of indicators may not always be available. Every effort will be made to keep the Profile up-to-date.
- It is recommended that the reader review the Data Sources described in the Appendices to better understand the advantages and limitations inherent in each of the original data sources used for this Profile.
- Data provided in this Profile are presented in crude form, without any demographic adjustments. Also, confidence intervals for these estimates were not included.
- Future Profiles will aim to continue and extend demographic breakdowns to additional populations of interest, and include more racial, gender, and health-status breakdowns.
- Rhode Island is densely populated, highly urban, and the smallest state in the US. It is also in close proximity to other large cities in the New England corridor (e.g. Boston, New York City).

4. SUMMARY

The Profile contains most relevant data on statewide substance use and abuse, mental health, and injury and violence. Most indicators for RI are compared to national results, and when meeting the criterion for a concerning indicator, regional results are included for other states in New England and the Tri-State region as available. Also, most concerning indicators were examined by gender, sexual orientation, and race/ethnicity as data availability allowed. New to this Profile are the injury/violence section, as well as the examination by sub-populations for sexual orientation, gender, and racial attributes. In addition, this Profile provided data by age group and time-trends for many of the topics presented. Keeping the inherent limitations in mind, the data summarized in the Profile can therefore be utilized for promotion, prevention, treatment, recovery and health-care planning for the State of Rhode Island.

5. APENDICES

5.1 DATA SOURCES

A complete list of data sources utilized in this report is presented in Table 5.1.0.

Table 5.1.0. Data Sources used in the Profile		
Source	Sponsoring Agency	Methodology
<p>Annual Homeless Assessment Report (AHAR)</p> <p>The Annual Homeless Assessment Report reports provide the latest counts of homelessness nationwide – including counts of individuals, persons in families, and special population groups such as veterans and chronically homeless people.</p> <p>https://www.hudexchange.info/hdx/guides/ahar/</p>	<p>United States Department of Housing and Urban Development (DHUD)</p>	<p>The AHAR is based on two data sources, 1) one-night, Point-in-Time (PIT) counts of both sheltered and unsheltered homeless populations and 2) Homeless Management Information System (HMIS) electronic administrative databases designed to record and store client-level information on homeless persons.</p> <p>Frequency of Assessment: Annual.</p> <p>Target Population: United States</p>
<p>Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>A state-based system of health surveys that collects information on health risk behaviors, preventative health practices, and health care access primarily related to chronic disease and injury.</p> <p>http://www.cdc.gov/brfss/index.htm</p>	<p>The Centers for Disease Control and Prevention (CDC)</p>	<p>A cross-sectional telephone survey conducted by state health departments with technical and methodological assistance provided by the CDC.</p> <p>Frequency of Assessment: Data collected monthly every year.</p> <p>Target Population: Non-institutionalized adults in the United States.</p>
<p>Bureau of Labor Statistics (BLS)</p> <p>The BLS is the principal fact-finding agency for the Federal Government in the broad field of labor economics and statistics. The mission of BLS is to collect, analyze, and disseminate essential economic information to support public and private decision-making.</p> <p>http://www.bls.gov</p>	<p>United States Department of Labor</p>	<p>The Local Area Unemployment Statistics (LAUS) program produces labor force data. The Current Population Survey (CPS) is a monthly survey of households conducted by the Bureau of Census for the BLS, providing data on the labor force, employment, unemployment, persons not in the labor force, hours of work, earnings, and other demographic and labor force characteristics.</p> <p>Frequency of Assessment: Monthly and Annual.</p> <p>Target Population: United States</p>

<p>Fatality Analysis Reporting System (FARS)</p> <p>A nationwide census providing NHTSA, Congress, and the American public yearly data regarding fatal injuries suffered in motor vehicle traffic crashes.</p> <p>http://www.nhtsa.gov/FARS</p>	<p>The National Highway Traffic Safety Administration (NHTSA)</p>	<p>The FARS is a crash census system in which a set of files has been built documenting all qualifying fatal crashes. To be included, a crash had to involve a motor vehicle traveling on a traffic way customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.</p> <p>Frequency of Assessment: Annual.</p> <p>Target Population: United States</p>
<p>National Child Abuse and Neglect Data System</p> <p>A voluntary national data system with annual data on child abuse and neglect across the country.</p> <p>https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands</p>	<p>US Department of Health & Human Services, Children's Bureau</p>	<p>The National Child Abuse and Neglect Data System (NCANDS) is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. NCANDS was established in response to the Child Abuse Prevention and Treatment Act of 1988.</p> <p>Frequency of Assessment: Annual.</p> <p>Target Population: United States</p>
<p>National Survey of Drug Use and Health (NSDUH)</p> <p>A survey that provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.</p> <p>http://nsduhweb.rti.org</p>	<p>The Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>A scientific random sample of US households, with the professional interviewer visiting each selected household. After answering a few general questions, one or two residents of the household may be asked to participate in the survey by completing an interview.</p> <p>Frequency of Assessment: Annual.</p> <p>Target Population: Individuals in the United States aged 12 and older.</p>
<p>National Vital Statistics System (NVSS)</p> <p>The National Center for Health Statistics (NCHS) collects and disseminates the Nation's official vital statistics. These data are provided through contracts between NCHS and vital registration systems legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.</p> <p>http://www.cdc.gov/nchs/nvss.htm</p>	<p>The Centers for Disease Control and Prevention (CDC)</p>	<p>Data are provided through contracts between NCHS and vital registration systems legally responsible for the registration of vital events. Standard forms for the collection of the data and model procedures for the uniform registration of the events are developed and recommended for nationwide use.</p> <p>Frequency of Assessment: On-going; published annually.</p> <p>Target Population: All deaths occurring in the United States.</p>

<p>The Rhode Island Department of Children, Youth and Families (RI DCYF)</p> <p>The mission of DCYF is to assist families with their primary responsibility to raise their children to become productive members of society. The Data and Evaluation Office performs and coordinates data analysis on families and children in DCYF care to guide program development, evaluate programs and inform policies.</p> <p>http://www.dcyf.ri.gov/data_evaluation.php</p>	<p>The Rhode Island Secretariat for Health and Human Services (EOHHS)</p>	<p>The Rhode Island Family Information System (RIFIS) is the data collection system for the Family and Community System of Care (FCSC) initiative of the RI DCYF. The lead and partner agencies within the Family Care Community Partnerships (FCCPs) use RIFIS to track the child, family and service information associated with wraparound service planning and delivery.</p> <p>Frequency of Assessment: On-going; Annually</p> <p>Target Population: Children, Youth, and Families of Rhode Island</p>
<p>Uniform Crime Reports (UCR)</p> <p>The UCR Program is a voluntary city, university and college, county, state, tribal and federal law enforcement program that provides a nationwide view of crime based on the submission of statistics by law enforcement agencies throughout the country.</p> <p>http://www.fbi.gov/about-us/cjis/ucr</p>	<p>Federal Bureau of Investigation (FBI)</p>	<p>Data collected from State agencies. Within the UCR Program, there are two methods of collecting crime data: the traditional Summary reporting system and the National Incident-Based Reporting System (NIBRS). To ensure these data are uniformly reported, the FBI provides contributing law enforcement agencies with a handbook that explains how to classify, define, and score offenses.</p> <p>Frequency of Assessment: Annual.</p> <p>Target Population: United States</p>
<p>United States Census</p> <p>The United States Census counts every resident in the United States.</p> <p>http://www.census.gov/programs-surveys/decennial-census.html</p>	<p>United States Census Bureau</p>	<p>The United States Census tells us who we are and where we are going as a nation. States use the census to redraw their congressional districts. Communities use it to plan where to build schools, roads, and hospitals. Governments use it to allot funds and support.</p> <p>Frequency of Assessments: Every 10 years.</p> <p>Target Population: Every resident in the United States.</p>
<p>Youth Risk Behavior Surveillance System (YRBSS)</p> <p>Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults.</p> <p>http://www.cdc.gov/HealthyYouth/yrbs</p>	<p>The Centers for Disease Control and Prevention (CDC)</p>	<p>YRBSS includes a national school-based survey conducted by CDC as well as state, territorial, and local school-based surveys conducted by education and health agencies.</p> <p>Frequency of Assessments: Bi-Annual.</p> <p>Target Population: Students in grades 9-12 in the United States.</p>

5.2 SEOW MEMBERSHIP

Organizational Affiliation	SEOW Role/Responsibility	Member Name
John Snow Inc.	Member: attend meetings, respond to interim communications, and draft/review committee products	Melinda Stylos-Allen
University of RI	Member: attend meetings, respond to interim communications, and draft/review committee products	Dr. Dorothy Skierkowski
University of RI	Member: attend meetings, respond to interim communications, and draft/review committee products	Dr. Paul Florin
Brown University	Staff Co-Chair	Dr. Stephen Buka
Brown University	Staff Research Associate	Dr. Samantha Rosenthal
RI Department of Children, Youth and Families	Staff Co-Chair	Dr. Colleen Caron
RI Department of Health	Member: attend meetings, respond to interim communications, and draft/review committee products	Tara Cooper
RI Department of Health	Member: attend meetings, respond to interim communications, and draft/review committee products	Sam Viner-Brown
RI Department of Human Services	Member: attend meetings, respond to interim communications, and draft/review committee products	Ann Martino
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	Staff Project Director, Partnership for Success Grant	Candace Rodgers
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals	Staff National Prevention Network (NPN) and State Director of Prevention Services	Elizabeth Farrar