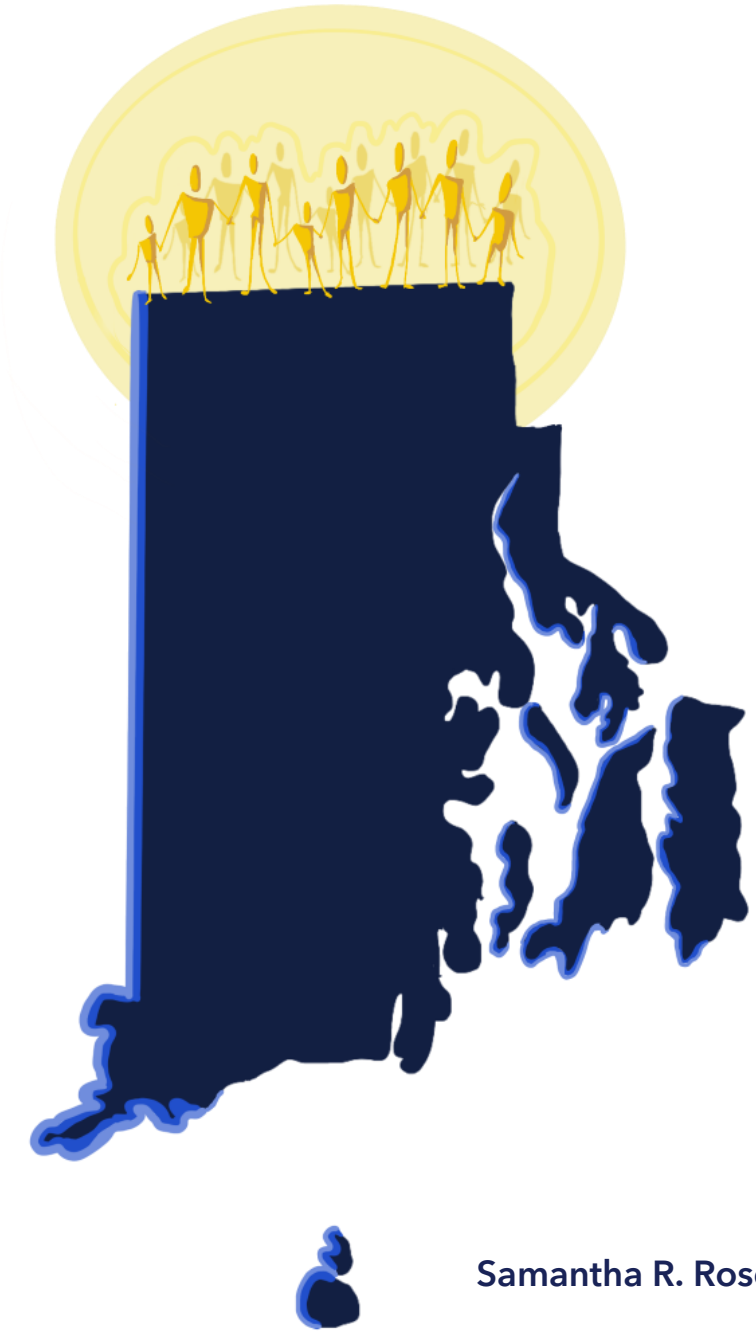
2022 BEHAVIORAL HEALTH IN RHODE ISLAND:

STATE EPIDEMIOLOGICAL PROFILE



Samantha R. Rosenthal, PhD, MPH

On Behalf of the State Epidemiological Outcomes Workgroup June 2022

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Introduction

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the single state authority for substance misuse 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 various stakeholders throughout the state including the Rhode Island Department of Children, Youth & Families, Department of Health, the Brown University School of Public Health, the University of Rhode Island (URI), Johnson & Wales University (JWU) and other community-based organizations.

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, misuse, 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, misuse, 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, misuse, 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, misuse 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 (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); Rhode Island Student Assistance Services, the State Epidemiological Outcomes Workgroup (SEOW); the Regional Prevention Task Forces; and the University of Rhode Island evaluation team.

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 sub-populations (e.g. youth, adult, racial/ethnic, gender, sexual orientation, education, income).
- Mental and behavioral health outcomes including injury and violence.
- Potential risk and protective factors associated with substance use and mental illness.

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Key Findings

Tobacco

Generally, cigarette smoking is decreasing among youth and adults of all ages in Rhode Island. A similar trend can be seen nationally. However, among high school students who do smoke cigarettes in RI, they smoke more frequently than the national average: 1.6% vs. 1.1% smoking cigarettes daily in the past month, respectively.

Equity Lens

This frequency in RI is relatively consistent with other northeastern states but **driven disproportionately by males and sexual minorities.**

Equity Lens

The prevalence of accessing vape products from a store was ranked as the third highest state in the northeast, and males were more likely to report accessing products this way.

Vaping

High school student vaping in RI is comparable to the nation, but RI high school students were more likely to report getting their vaping products from a store. No data for adult vaping relative to the nation are available and this continues to be a gap in surveillance.

Alcohol

Alcohol use and abuse continue to be a concern in Rhode Island, but the story is complicated. While school-based surveys of high school students suggest drinking behaviors relative to the nation show sustained progress relative to the nation, results from a household survey suggest alcohol use and binge drinking are a concern for 12-25 years. Discrepancies in these results may be due to sampling strategy or small sample size. Alcohol use disorder, as well as an unmet need for treatment, is a primary concern for young adults 18-25 years. Youth (12-17 years) perception of harm from binge drinking is also low relative to the national average. Adults 18+ years show comparable rates of alcohol use, binge drinking, and drinking and driving as adults across the nation.

Equity Lens

RI has the second highest rates of past month drinking and binge drinking for 12–17-year-olds and 18–25-year-olds after New Hampshire and Vermont. The rate of alcohol use disorder for 18–25-year-olds is also third highest in the northeast after Connecticut and Vermont. However, the rate of unmet need for alcohol use disorder treatment of 18–25-year-olds is comparable with other northeastern states. Youth (12-17 years) perceptions of harm from binge drinking are one of the lowest in the northeast region.

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Marijuana

Marijuana use is another major concern for Rhode Island. Again, while the school-based survey suggests high school students have comparable rates of use to the nation, the household survey suggests otherwise. The household survey suggests marijuana use in RI continues to be worse than the nation across all age groups aged 12+ years. Perception of harm from smoking marijuana is also unusually low for those 26+ years.

Equity Lens

Youth (12-17 years) marijuana use, though high relative to the nation, is comparable to other northeastern states. However, marijuana use for those 18+ years is among the highest in the northeast.

Equity Lens

Reports of heroin use by high school students are high for the northeast region, second only to New York. While high school student reports were high across sex and sexual orientation groups, sexual minorities and Hispanic students carried a disproportionate burden. While the opioid overdose death rate is of concern, it is comparable to other states in the region.

Heroin & Opioids

Heroin, opioids, and overdose continue to be an area of concern in the state. However, recent progress has been seen for adult heroin use and pain reliever use disorder across all age groups. The school-based high school student survey suggests heroin use is a continuing concern relative to the nation. Despite any recent progress, the opioid overdose death rate is still a continuing concern. Of note, though the most recently available data have been examined, this does not account for changes in heroin or opioid use that may have occurred since the global pandemic.

Other Drugs & Consequences

Youth illicit drug use in RI is comparable to the nation, even showing reduced risk of youth prescription pain medication misuse and methamphetamine use. Yet, the story is much more concerning for adults. Illicit drug use is a continuing concern for young adults (18-25 years) including cocaine use. There is also a concerning unmet need for treatment among all age groups, particularly 18–25-year-olds. The drug-induced and alcohol-induced death rates are also concerning relative to the national averages.

Equity Lens

Illicit drug use, not including marijuana, was concerning for young adults (18-25 years), but is comparable to other states in the region. The same is true for adult illicit drug use disorder, but RI has one of the highest rates among those 26+ years. Of particular concern, RI has the highest rate of unmet treatment need for young adult (18-25 years) drug use disorder in the region

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Mental Health

Mental health in Rhode Island across all age groups is generally comparable to the nation with a few exceptions. While suicide ideation and plans of suicide were as expected, youth (high school students) and adult (26+ years) suicide attempt rates were higher than expected. The death rate from mental and behavioral disorders continues to be a concern for the state over time.

Equity Lens

High school student suicide attempts, though higher than expected across all sex, sexual orientation, and racial/ethnic groups, were highest among sexual minorities and students of color.

Injury & Violence

Youth (high school student) violence and injury tend to be better than expected or comparable to the nation with a couple exceptions. Rhode Island high school students were more likely to carry a weapon or have a physical fight at school than other students across the nation. Sexual dating violence among high school students continues to be a concern for the state. While traffic fatalities show progress relative to the nation, Rhode Island continues to have a disproportionately high proportion of drivers in fatal crashes under the influence of substances. Similarly, while Rhode Island shows sustained progress for child maltreatment fatalities, the child maltreatment victimization rate continues to be a concern and has been for many years.

Equity Lens

While weapon carrying in high school was higher than expected, this rate is comparable to the northeast region. Yet, Rhode Island high school students reported the highest prevalence of physical fighting on school property of all states with available data in the northeast. Weapon carrying and physical fighting at school were significantly more common among male and sexual minority students. Hispanic students were also more likely to engage in both behaviors than their counterparts across the nation. Rhode Island had a higher-than-expected prevalence of sexual dating violence among high school students, and this was the second highest prevalence of states in the northeast. This burden disproportionately affects females and sexual minorities, with almost 1 in 3 reporting. The proportion of drivers in fatal crashes under the influence in RI is almost 90% higher than the national average and is second highest among all northeastern states.

***Comments on Equity Lens**: While data sources were utilized to examine disparities as much as possible, limitations exist. Only some surveillance systems collect information on region, sex, sexual orientation, and race/ethnicity. When surveillance systems lack these attributes, there is no evidence to examine from an equity lens. No surveillance system included this report collected attributes related to gender, particularly gender minority status, a known risk factor for a multitude of mental and behavioral health problems.*

***Other important notes:** Though this report compiles various data sources and most recent data, included indicators are only captured through 2019 or 2020 depending on the surveillance system. None of these data would reflect changes in mental and behavioral health that would have coincided with the onset of or sustained global COVID-19 pandemic.*

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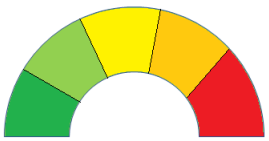
Methods

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. Unfortunately, for the statewide profile, this excludes two useful behavioral health surveys administered solely within the state: the Rhode Island Student Survey (RISS) among middle and high school students, and the Rhode Island Young Adult Survey (RIYAS) among those aged 18-25 years in residence. Synthesizing the data sources used in this 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.
- Examining indicators identified as concerning from a health equity lens.

A full list of data sources can be found in the Appendix. This report is organized by substantive areas: Rhode Island demographic and sociodemographic context, tobacco, electronic vapor products, alcohol, marijuana, heroin & opioids, other drugs & consequences, mental health, and injury & violence. This report relies heavily on comparison of state to national averages. Consistent with past reports, indicators were deemed **CONCERNING** if Rhode Island exceeded the national average by 15% or more based on the most recent data or **PROMISING** if Rhode Island was 15% or more below the national average. When any indicator was identified as **CONCERNING**, sub-population analyses were investigated through a health equity lens by region, age group, gender, sexual orientation, race/ethnicity, education, and income as data availability allowed. Within each substantive topic of the report, indicators were categorized as:



SUSTAINED PROGRESS	The two most recent data points were identified as **PROMISING**.
RECENT PROGRESS	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 **PROMISING**, or the prior year data point was comparable to the nation, but most recent data point was **PROMISING**).
COMPARABLE TO THE NATION	The most recent data for RI were within 14% of the US values.
NEW CONCERN	The most recent data point was identified as **CONCERNING** while the prior data point was not, or an indicator newly available was identified as **CONCERNING.**
CONTINUING CONCERN	The two most recent data points were identified as **CONCERNING**.

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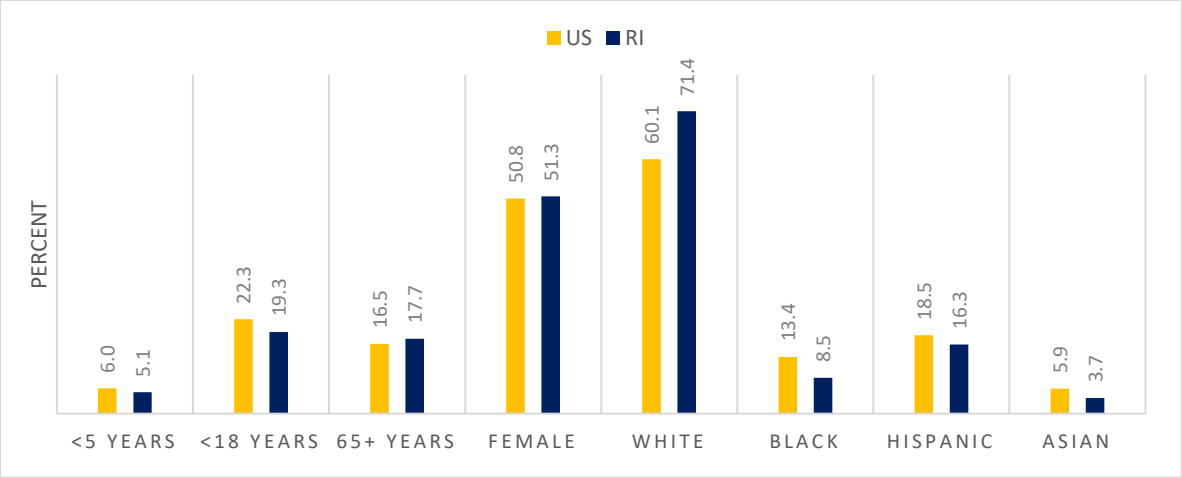
Demographics

Rhode Island (RI) is in the New England region of the Northeast of the United States. RI is geographically the smallest US state, bordering Massachusetts (MA) to the north and east and Connecticut (CT) to the west. The 2021 Census Bureau estimates the population of RI at 1,095,610 a 3.6% increase since 2018, with most of the population being ethnically/racially white, non-Hispanic. Rhode Island also has greater population density than the broader United States, ranked third in the country after the District of Columbia and New Jersey.

Figure 1. RI vs. US Population by Age, Race/Ethnicity and Sex, July 2021



NOTE: Race groups include those reporting only one race; Hispanics may be of any race, so also are included in applicable race categories. American Indian/Alaska Native, Native Hawaiian/Other Pacific Islanders, and multiracial groups are excluded due to small sample size. *Source: United States Census Bureau, State & County QuickFacts*

Rhode Island has a comparable percent of foreign born and slightly higher percent of non-English primary speaking residents than the nation, with slightly higher population graduating high school, but more receiving a bachelor's degree or higher than the national average (34.2% vs. 32.1%, respectively). RI residents are wealthier than the national average according to per capita income and median household income; and poverty rates are a bit lower in RI. Per capita income for RI was larger than the US at $36,121 compared to $34,103. Additionally, between 2015 and 2019, the median RI household income was $67,167, larger than the national median ($62,843). An estimated 10.6% of Rhode

Table 1: RI vs. US Socioeconomic Characteristics

SOCIOECONOMIC CHARACTERISTICS	US	RI
FOREIGN BORN AND LANGUAGE		
Foreign born persons, 2015-2019	13.6%	13.6%
Language other than English spoken at home, 2015-2019	21.6%	22.4%
EDUCATION		
High school graduate or higher age 25+, 2015-2019	88.0%	88.8%
Bachelor's degree or higher age 25+, 2015-2019	32.1%	34.2%
INCOME		
Per capita income past year (2019 dollars), 2015-2019	$34,103	$36,121
Median household income (2019 dollars), 2015-2019	$62,843	$67,167
Persons in poverty, 2019	11.4%	10.6%
OTHER		
Households with broadband internet, 2015-2019	82.7%	84.0%

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Islanders are below the poverty level, compared to 11.4% for the entire US. Rhode Islanders are slightly more likely than the nation to have broadband internet, with 84.0% versus 82.7%, respectively.

Given how small RI is, there is a relatively small civilian labor force of 568,564. This workforce is comparable to other small New England states like Maine, New Hampshire, and Vermont. Unemployment in RI (4.2%) is comparable to other northeastern states.

Table 2: RI vs. Region Labor Force Data for January 2022

	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Civilian Labor Force (hundred thousand persons, seasonally adjusted)	5.7	18.7	37.7	6.8	7.6	46.4	93.9	63.7	3.3
Unemployment (% of labor force, seasonally adjusted)	4.2	5.3	4.8	4.1	2.9	5.1	5.3	5.4	3.0

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

As the poverty rate and unemployment have decreased, there have also been decreases in homelessness in RI from 2007 to 2020 of about 20%, and about 10% of those homeless are unsheltered. The prevalence of chronically homeless individuals, those with a disability who have been continuously homeless for more than a year or have had at least four episodes of homelessness equally a combined total of more than a year over the last three years, in RI is comparable (1.8 per 100,000) to other northeastern state. RI has fewer homeless unaccompanied youth than all states in the northeast but is relatively consistent with other states in terms of homeless veterans.

Table 3: RI vs. Region Homelessness per 10,000 in 2020

HOMELESSNESS INDICATORS	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Change in Total Homelessness (%), 2007-2020	-10.3	-19.5	-35.2	18.8	-20.5	-25.5	-44.2	45.8	-17.5	7.2
Overall Homeless	18	10.4	8.1	26.1	15.6	12.3	10.9	46.9	10.4	17.8
% Unsheltered	39	9.8	11.2	7.2	6.7	20.8	18.4	5.0	13.9	10.3
Homeless Individuals	12.3	6.6	5.5	8.9	9.4	7.4	6.9	21.8	6.6	11.4
Homeless People in Families	5.2	3.5	2.6	16.8	5.9	4.7	3.5	24.2	3.7	5.8
Chronically Homeless Individuals	3.3	1.8	0.5	2.1	1.7	2.5	1.7	3.2	1.3	2.6
Homeless Veterans	1.1	0.8	0.6	1.2	0.8	0.8	0.6	0.6	0.8	1.1
Homeless Unaccompanied Youth*	1.0	0.2	0.4	0.7	1.0	0.5	0.6	1.5	0.6	1.5

NOTE: *Youth were defined as <25 years old. All rates were calculated using 2021 annual estimates of the resident population from U.S. Census Bureau, Population Division. *Source: United States Census Bureau, Annual Homeless Assessment Report (AHAR)*

At 4.3%, the proportion of the RI population that is uninsured is below that of the entire US (9.2%) and is comparable to or lower than most other states in the region. Compared to the US (49.6%), RI had a higher percentage of health insurance coverage by employer (54%). For Medicare coverage, RI is comparable to the nation and other states in the region. 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). RI expanded Medicaid in 2014 and enrollment has grown since, with 20.5% of the population enrolled.

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The proportion aged 0-18 supported by Medicaid in RI (36%) was lower than the national average (51%), and lower than all other states in the region; in RI, 64% of those on Medicaid are aged 19-64, well above the proportion nationally. Regarding the poverty level of those supported with expanded Medicaid coverage, RI covered a comparable proportion of persons of higher income (under 100% of the federal poverty level) at 35%, also comparable to other states in the region.

Table 4: RI vs. Region Health Insurance Coverage (%), 2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Uninsured	9.2	4.3	5.9	3.0	8.1	6.4	7.9	5.3	5.7	4.4
Employer	49.6	54.0	52.9	55.9	46.5	56.2	55.7	49.8	51.8	48.4
Other Private	5.9	5.9	4.8	5.4	5.7	5.3	5.4	5.8	5.1	4.8
Medicaid	19.8	20.5	21.5	22.1	20.0	13.2	16.6	25.7	20.2	23.9
Medicare	14.2	14.6	14.1	13.1	18.3	17.7	13.8	13.0	16.3	17.5
Military	1.4	0.8	0.7	0.5	1.5	1.2	0.5	0.4	0.8	1.0

Source: Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2019.

Table 5: RI vs. Region Medicaid Coverage (%) among Nonelderly, 2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
AGE										
0-18	51	36	41	38	41	50	49	40	46	41
19-64	49	64	59	62	59	50	51	60	54	59
FEDERAL POVERTY LEVEL										
Under 100%	36	35	33	28	34	32	32	35	39	28
100-199%	32	25	30	29	37	32	30	30	31	36
200-399%	23	27	23	28	20	25	24	24	21	26
400%+	9	13	14	15	8	12	14	12	9	10
RACE/ETHNICITY										
White	41	47	40	47	88	83	33	36	54	92
Black	20	12	17	12	3	2	21	20	21	2
Hispanic	29	34	35	30	2	9	37	30	17	--

NOTE: USA excludes Puerto Rico. Medicaid includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another types of coverage, such as dual eligible who are also covered by Medicare.
Source: Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey 2008-2019

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Tobacco Performance

SUSTAINED PROGRESS

2019 YRBSS	High School Students	Smoked Cigarettes in the Past Month
		Ever Smoked a Cigarette
2020 BRFSS	Adults 18+	Smokeless Tobacco Use Past Month

RECENT PROGRESS

2019 YRBSS	High School Students	Smokeless Tobacco Use in the Past Month
		Used Cigarettes, Cigars, or Smokeless Tobacco in the Past Month

COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Smoked Cigars in the Past Month
		Ever Smoked a Cigarette
2020 BRFSS	Adults 18+	Smoking Cigarettes in the Past Month
2019-2020 NSDUH	Adolescents 12-17, Young Adults 18-25, Adults 26+	Tobacco Use in the Past Month
		Perceived Great Risk of Smoking a Pack per Day
		Cigarette Use in the Past Month

NEW CONCERN

2019 YRBSS	High School Students	Smoked Cigarettes 20+ Days in the Past Month
		Smoked Cigarettes Daily in the Past Month

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TOBACCO AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Tobacco Consumption (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Smoked Cigarettes 20+ Days Past Month	1.5	3.4	0.44	1.7	2.6	0.70	1.6	1.3	1.23
Cigarette Use Before Age 13	5.5	6.6	0.83	7.3	9.5	0.80	--	7.9	--
Smoked Cigarettes Past Month	4.8	10.8	0.44	6.1	8.8	0.70	4.2	6.0	0.70
Smoked Cigarettes Daily Past Month	1.1	2.3	0.48	1.2	2.0	0.60	1.6	1.1	1.45
Smokeless Tobacco Use Past Month	5.3	7.3	0.73	5.0	5.5	0.90	2.5	3.8	0.66
Smoked Cigars Past Month	8.4	10.3	0.81	6.8	8.0	0.90	5.1	5.7	0.89
Used Cigarettes, Cigars, or Smokeless Tobacco Past Month	13.3	18.5	0.72	11.9	14.0	0.90	7.6	10.5	0.72
Ever Smoked a Cigarette	22.4	32.3	0.69	19.5	28.9	0.67	17.5	24.1	0.73

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. *Sub-group data missing due to small sample size. *Source: Youth Risk Behavior Surveillance System (YRBSS)*

HEALTH EQUITY LENS

Table 2: State Variation in Tobacco Consumption (%), 2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Smoked Cigarettes 20+ Days Past Month										
2019	1.3	1.6	1.3	0.6	1.8	1.7	0.7	0.8	2.1	2.0
Smoked Cigarettes Daily Past Month										
2019	1.1	1.6	1.1	0.4	1.3	1.4	0.7	0.6	1.6	1.6

Table 3: Sexual and Gender Disparities in Tobacco Consumption (%), 2019

% of Students (grades 9-12) Reporting:		Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Smoked Cigarettes 20+ Days Past Month								
2019	**RI**	2.3	0.9	1.2	7.5	3.6	4.6	3.4
	US	1.4	1.2	1.1	4.2	2.1	2.6	2.5
	Ratio	1.64	0.75	1.09	1.79	1.71	1.77	1.36
Smoked Cigarettes Daily Past Month								
2019	**RI**	2.3	0.9	1.2	7.5	3.6	4.6	3.4
	US	1.3	0.9	0.9	4.1	1.4	2.0	2.4
	Ratio	1.77	1.00	1.33	1.83	2.57	2.3	1.42

Table 4: Racial Disparities in Tobacco Consumption (%), 2019

% of Students (grades 9-12) Reporting:		Asian	Black	Hispanic	White	Multiple Races
Smoked Cigarettes 20+ Days Past Month						
2019	**RI**	--	2.7	1.6	1.5	--
	US	0.4	0.4	1.4	1.6	2.2
	Ratio	--	6.75	1.14	0.94	--
Smoked Cigarettes Daily Past Month						
2019	**RI**	--	2.7	1.6	1.5	--
	US	0.4	0.4	1.2	1.3	1.4
	Ratio	--	6.75	1.33	1.15	--

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TOBACCO AMONG ADOLESCENTS, YOUNG ADULTS, & ADULTS

Table 5: Adolescent, Young Adult, and Adult Tobacco Indicators (%), 2015-2020

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Tobacco Use Past Month									
2015-2016	6.17	5.66	**1.09**	33.62	31.48	**1.07**	24.34	24.58	**0.99**
2016-2017	4.90	5.10	**0.96**	28.22	29.52	**0.96**	23.84	24.04	**0.99**
2017-2018	3.79	4.55	**0.83**	26.84	27.46	**0.98**	20.69	23.11	**0.90**
2018-2019	3.28	4.01	**0.82**	25.32	25.08	**1.01**	21.25	22.68	**0.94**
2019-2020	3.40	3.10	**1.10**	22.14	21.77	**1.02**	20.68	21.51	**0.96**
Perceived Great Risk of Smoking a Pack per Day									
2015-2016	68.14	68.71	**0.99**	69.71	68.29	**1.02**	76.61	74.04	**1.03**
2016-2017	68.47	68.24	**1.00**	68.66	67.57	**1.02**	75.12	73.44	**1.02**
2017-2018	65.80	66.27	**0.99**	69.08	67.04	**1.03**	75.98	73.11	**1.04**
2018-2019	65.80	65.16	**1.01**	67.33	66.86	**1.01**	74.81	72.98	**1.03**
2019-2020	66.52	66.12	**1.01**	68.10	66.36	**1.03**	73.01	72.24	**1.01**
Cigarette Use in the Past Month									
2015-2016	3.69	2.80	**1.31**	24.92	25.12	**0.99**	19.79	20.09	**0.99**
2016-2017	2.97	3.29	**0.90**	21.15	22.90	**0.92**	18.56	19.54	**0.95**
2017-2018	2.55	2.93	**0.87**	20.76	20.73	**1.00**	17.38	18.71	**0.93**
2018-2019	1.99	2.50	**0.80**	18.20	18.34	**0.99**	17.43	18.35	**0.95**
2019-2020	1.49	1.85	**0.81**	16.60	15.73	**1.06**	17.01	17.42	**0.98**

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 6: Adult Tobacco Indicators (%), 2013-2020

	2013	2014	2015	2016	2017	2018	2019	2020
Smoking Past Month								
RI	17.4	16.3	15.5	14.4	15.0	14.6	13.3	13.5
US	19.0	18.1	17.5	17.0	17.1	16.1	15.8	15.0
Ratio	**0.92**	**0.9**	**0.89**	**0.85**	**0.88**	**0.91**	**0.84**	**0.90**
Smokeless Tobacco Use Past Month								
RI	1.9	2.0	2.0	1.5	2.1	1.8	1.5	0.8
US	4.3	4.2	4.0	4.0	4.0	4.2	4.2	3.7
Ratio	**0.44**	**0.48**	**0.50**	**0.38**	**0.53**	**0.43**	**0.36**	**0.22**

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)*

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Vaping Performance

COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Ever Used Electronic Vapor Products
		Electronic Vapor Product Use in the Past Month
		Current Frequent Electronic Vapor Product Use
		Current Daily Electronic Vapor Product Use

CONTINUING CONCERN

2019 YRBSS	High School Students	Usually got Electronic Vapor Products in Store

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VAPING AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Electronic Vapor Product Use (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Ever Used Electronic Vapor Products	40.9	44.9	**0.91**	40.3	42.2	**0.95**	48.9	50.1	**0.98**
Electronic Vapor Product Use Past Month	19.3	24.1	**0.80**	20.1	13.2	**1.53**	30.1	32.7	**0.92**
Current Frequent Electronic Vapor Product Use	2.1	3.0	**0.70**	3.7	3.3	**1.12**	10.2	10.7	**0.95**
Current Daily Electronic Vapor Product Use	1.7	2.0	**0.85**	2.7	2.4	**1.13**	7.3	7.2	**1.01**
Usually got Electronic Vapor Products in Store	--	--	--	17.2	13.6	**1.26**	12.9	8.1	**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. Current Frequent Vapor Product Use Past Month includes using e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the 30 days. Usually Got Electronic Vapor Products in Store includes purchasing e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens at a convenience store, supermarket, discount store, gas station, or vape store, during the past 30 days, among students who currently used electronic vapor products and who were aged <18. *Sub-group data missing due to small sample size. *Source: Youth Risk Behavior Surveillance System (YRBSS)*

HEALTH EQUITY LENS

Table 2: State Variation in Usually Getting Electronic Vapor Products in a Store (%), 2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Usually got Electronic Vapor Products in Store										
2019	8.1	**12.9**	11.9	--	4.7	10.6	13.7	16.3	8.8	5.5

Table 3: Sexual and Gender Disparities in Usually Getting Electronic Vapor Products in a Store (%), 2019

% of Students (grades 9-12) Reporting:		Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Usually got Electronic Vapor Products in Store*								
2019	**RI**	16.3	8.9	13.3	--	5.8	11.7	--
	US	10.6	5.7	8.6	5.2	6.3	6.1	2.5
	Ratio	**1.54**	**1.56**	**1.55**	--	**0.92**	**1.92**	--

Table 4: Racial Disparities in Usually Getting Electronic Vapor Products in a Store (%), 2019

		Asian	Black	Hispanic	White	Multiple Races
Usually got Electronic Vapor Products in Store*						
2019	**RI**	--	--	--	12.2	--
	US	--	10.7	10.3	6.8	3.9
	Ratio	--	--	--	**1.79**	--

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Alcohol Performance

SUSTAINED PROGRESS

2019 YRBSS	High School Students	Alcohol Use in the Past Month
		Binge Drinking in the Past Month
		Initial Alcohol Use Before Age 13
		Rode in Car with Drinking Driver in Past Month
		Ever Drank Alcohol

RECENT PROGRESS

2019 YRBSS	High School Students	Someone Provided Alcohol to Them

COMPARABLE TO THE NATION

2019-2020 NSDUH	Adults 26+	Alcohol Use in the Past Month
		Binge Drinking in the Past Month
	Adolescents 12-17, Adults 26+	Alcohol Use Disorder Past Year
		Needing but not Receiving Treatment for Alcohol Use Disorder
	Adolescents 12-17, Young Adults 18-25	Perceived Great Risk of Binge Drinking Weekly
2020 BRFSS	Adults 18+	Alcohol Use in the Past Month
		Binge Drinking in the Past Month
		Drinking and Driving

NEW CONCERN

2019-2020 NSDUH	Adolescents 12-17	Alcohol Use in the Past Month
		Binge Drinking in the Past Month
		Perceived Great Risk of Binge Drinking Weekly

CONTINUING CONCERN

2019-2020 NSDUH	Young Adults 18-25	Alcohol Use in the Past Month
		Binge Drinking in the Past Month
		Alcohol Use Disorder Past Year
		Needing but not Receiving Treatment for Alcohol Use Disorder
	Underage 12-20	Alcohol Use in the Past Month
		Binge Drinking in the Past Month

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ALCOHOL USE AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Alcohol Indicators (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Alcohol Use Past Month	26.1	32.8	**0.80**	23.2	29.9	**0.78**	21.5	29.2	**0.74**
Binge Drinking Past Month	12.8	17.7	**0.72**	11.2	13.5	**0.83**	10.7	13.7	**0.78**
Initial Alcohol Use Before Age 13	11.4	17.2	**0.66**	12.1	15.5	**0.78**	10.2	15.0	**0.68**
Rode in Car with Drinking Driver Past Month	17.5	20.0	**0.88**	13.9	16.5	**0.84**	14.0	16.7	**0.84**
Someone Provided Alcohol to Them	39.2	44.1	**0.89**	38.2	43.5	**0.88**	33.8	40.5	**0.83**

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. *Someone provided alcohol to them is defined as those who usually got the alcohol they drank by someone giving it to them during the past 30 days, among students who currently drank alcohol. *Source: Youth Risk Behavior Surveillance System (YRBSS)*

ALCOHOL USE AMONG ADULTS

Table 2: RI vs. US Adult Alcohol Consumption (%), 2015-2020

	Alcohol Use Past Month			Binge Drinking Past Month			Drinking and Driving		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
2015	60.4	53.6	**1.13**	16.0	16.3	**0.98**	--	--	--
2016	61.8	54.0	**1.14**	15.8	16.9	**0.93**	4.3	4.0	**1.07**
2017	60.8	54.7	**1.11**	18.1	17.4	**1.04**	--	--	--
2018	60.8	53.5	**1.14**	16.5	16.2	**1.02**	3.1	3.2	**0.97**
2019	61.7	53.8	**1.15**	18.2	16.8	**1.08**	--	--	--
2020	58.4	52.4	**1.11**	15.1	15.7	**0.96**	2.2	2.3	**0.96**

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. Binge drinking is defined as males having 5+ drinks or females having 4+ drinks on one occasion. *Source: Behavioral Risk Factor Surveillance Survey (BRFSS)*

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Table 3: Adolescent, Young Adult, and Adult Alcohol Indicators (%) by Age Group, 2015-2020

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Alcohol Use Past Month									
2015-2016	12.10	9.60	**1.26**	67.35	58.30	**1.15**	65.1	55.60	**1.17**
2016-2017	11.01	9.54	**1.16**	67.96	56.74	**1.20**	63.9	55.22	**1.16**
2017-2018	10.39	9.43	**1.10**	65.04	55.73	**1.17**	61.9	55.57	**1.11**
2018-2019	10.42	9.19	**1.13**	66.17	54.72	**1.21**	62.2	55.15	**1.13**
2019-2020	11.35	8.83	**1.29**	66.11	52.93	**1.25**	62.3	54.77	**1.14**
Binge Alcohol Use Past Month									
2017-2018	5.22	4.97	**1.05**	43.06	35.89	**1.20**	27.1	24.95	**1.09**
2018-2019	4.80	4.78	**1.00**	42.59	34.58	**1.23**	26.90	24.82	**1.08**
2019-2020	5.48	4.50	**1.22**	41.64	32.82	**1.27**	25.4	23.70	**1.07**
DSM-IV Alcohol Use Disorder Past Year									
2015-2016	2.32	2.23	**1.04**	11.98	10.80	**1.10**	6.39	5.31	**1.20**
2016-2017	2.25	1.87	**1.20**	12.48	10.35	**1.21**	6.17	5.09	**1.21**
2017-2018	1.92	1.69	**1.14**	12.01	10.05	**1.20**	6.17	5.05	**1.22**
2018-2019	1.78	1.64	**1.09**	12.33	9.67	**1.28**	5.99	5.09	**1.18**
DSM-V Alcohol Use Disorder Past Year									
2019-2020	3.23	2.85	**1.13**	20.77	15.57	**1.33**	11.6	10.25	**1.13**
Needing but Not Receiving Treatment for DSM-IV Alcohol Use									
2015-2016	2.22	2.15	**1.03**	11.03	10.47	**1.05**	6.20	5.05	**1.23**
2016-2017	2.10	1.79	**1.17**	12.05	9.99	**1.21**	5.95	4.85	**1.23**
2017-2018	1.78	1.66	**1.07**	11.82	9.70	**1.22**	5.39	4.81	**1.12**
2018-2019	1.73	1.60	**1.08**	12.00	9.33	**1.29**	5.32	4.83	**1.10**
Needing but Not Receiving Treatment for DSM-V Alcohol Use									
2019-2020	2.80	2.75	**1.02**	17.9	15.21	**1.18**	11.4	9.97	**1.14**
Perceived Great Risk of Binge Drinking Weekly									
2015-2016	41.26	43.3	**0.95**	34.38	36.91	**0.93**	42.1	45.66	**0.92**
2016-2017	41.58	43.8	**0.95**	34.74	37.53	**0.93**	40.3	45.72	**0.88**
2017-2018	42.95	43.4	**0.99**	35.10	37.69	**0.93**	43.7	46.08	**0.95**
2018-2019	42.62	43.1	**0.99**	35.08	38.02	**0.92**	45.20	46.10	**0.98**
2019-2020	35.9	43.00	**0.83**	35.52	37.65	**0.94**	42.4	45.00	**0.94**

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. In 2019-2020, measures assessed DSM-V rather than DSM-IV which limits comparisons to prior years. Perceived Great Risk of Binge Drinking Weekly is defined as perceiving great risk from having 5+ drinks once or twice a week. *Source: National Survey on Drug Use and Health (NSDUH)*

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Table 4: State Variation in Alcohol Indicators (%), 2019-2020

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Alcohol Use Past Month										
12-17	8.83	**11.35**	10.53	10.03	10.27	11.68	9.58	9.87	8.56	11.51
18-25	52.93	**66.11**	60.56	57.62	57.63	66.5	55.81	52.29	54.53	66.29
26+	54.77	**62.26**	60.98	64.02	54.93	62.6	56.84	54.05	56.9	58.86
Binge Alcohol Use Past Month										
12-17	4.5	**5.48**	5.05	5.35	4.19	6	5.3	4.92	4.39	5.5
18-25	32.82	**41.64**	41.06	37.33	31.56	41.77	38.49	33.56	34.57	42.33
26+	23.7	**25.38**	24.25	26.16	20.45	25.34	24.81	22.03	24.45	22.14
DSM-V Alcohol Use Disorder in the Past Year										
12-17	2.85	**3.23**	3.32	3	3.08	2.71	3.52	3.24	2.73	3.67
18-25	15.57	**20.77**	21.89	19.5	18.2	18.33	17.77	16.59	15.66	21.49
26+	10.25	**11.62**	10.7	11.96	10.89	11.03	11.01	10.73	9.59	11.75
Needing but Not Receiving Treatment for DSM-V Alcohol Use Disorder										
12-17	2.75	**2.8**	3.68	2.94	2.97	3.67	4.54	1.71	2.87	3.38
18-25	15.21	**17.9**	19.16	15.48	16.8	21.14	19.35	16.93	16.14	20.77
26+	9.97	**11.38**	10.73	12.35	10.5	10.3	10.66	11.54	9.2	11.47
Perceived Great Risk of Binge Drinking Weekly										
12-17	43	**35.9**	41.77	43.88	38.63	36.87	41.27	44.16	43.97	34.83
18-25	37.65	**35.52**	33.38	38.23	32.89	30.64	36.9	36.76	35.35	30.51
26+	45	**42.42**	47.22	44.39	45.67	40.77	49.79	46.36	42.87	40.29

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. Perceived Great Risk of Binge Drinking Weekly is defined as perceiving great risk from having 5+ drinks once or twice a week. *Source: National Survey on Drug Use and Health (NSDUH)*

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ALCOHOL AMONG THOSE UNDERAGE, 12-20 YEARS

Table 5: RI vs. US Alcohol Indicators (%) Ages 12-20 Years, 2015-2020

	RI	US	Ratio
Alcohol Use Past Month			
2015-2016	24.94	19.83	**1.26**
2016-2017	25.70	19.50	**1.32**
2017-2018	27.40	19.25	**1.45**
2018-2019	27.14	18.67	**1.45**
2019-2020	22.92	17.32	**1.32**
Binge Drinking Past Month			
2015-2016	15.98	12.71	**1.25**
2016-2017	17.22	12.00	**1.43**
2017-2018	17.65	11.66	**1.51**
2018-2019	16.26	11.24	**1.45**
2019-2020	12.43	10.14	**1.23**

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)*

HEALTH EQUITY LENS

Table 6: State Variation in Alcohol Indicators (%) Ages 12-20 Years, 2019-2020

US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Alcohol Use Past Month									
17.32	**22.92**	23.4	20.77	18.83	20.6	19.25	17.77	16.23	26.83
Binge Drinking Past Month									
10.14	**12.43**	15.4	11.81	10.24	11.83	11.72	10.17	22.92	16.70

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Marijuana Performance

RECENT PROGRESS

2019 YRBSS	High School Students	Initial Marijuana Use Before Age 13

COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Marijuana Use in the Past Month
		Ever Used Synthetic Marijuana
		Ever Used Marijuana
2019-2020 NSDUH	Adolescents 12-17, Young Adults 18-25	Perceived Great Risk of Monthly Marijuana Use

CONTINUING CONCERN

2019-2020 NSDUH	Adolescents 12-17, Young Adults 18-25, Adults 26+	Marijuana Use in the Past Month
	Adults 26+	Perceived Great Risk of Monthly Marijuana Use

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MARIJUANA USE AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Marijuana Use (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Marijuana Use Past Month	23.6	21.7	**1.08**	23.3	19.8	**1.18**	23.0	21.7	**1.06**
Initial Marijuana Use Before Age 13	6.7	7.5	**0.89**	7.1	6.8	**1.04**	4.6	5.6	**0.82**
Ever Used Synthetic Marijuana	8.8	9.2	**0.95**	6.0	6.9	**0.87**	7.7	7.3	**1.05**
Ever Used Marijuana	38.7	38.6	**1.00**	36.9	35.6	**1.04**	37.7	36.8	**1.02**

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)*

MARIJUANA AMONG ADOLESCENTS, YOUNG ADULTS, & ADULTS

Table 2: Adolescent, Young Adult, and Adult Marijuana Indicators (%), 2015-2020

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Marijuana Use Past Month									
2015-2016	10.50	6.75	**1.56**	32.00	20.30	**1.58**	12.65	6.88	**1.84**
2016-2017	9.49	6.46	**1.47**	31.86	21.45	**1.49**	13.51	7.56	**1.79**
2017-2018	8.61	6.56	**1.31**	29.26	22.12	**1.32**	12.70	8.25	**1.54**
2018-2019	8.30	7.02	**1.18**	31.00	22.54	**1.38**	13.40	9.39	**1.43**
2019-2020	7.75	6.63	**1.17**	36.26	23.02	**1.58**	15.57	10.48	**1.49**
Perceived Great Risk of Monthly Marijuana Use									
2015-2016	21.72	27.17	**0.80**	9.75	14.32	**0.68**	22.79	30.92	**0.74**
2016-2017	22.26	25.75	**0.86**	10.00	12.89	**0.78**	22.88	29.35	**0.78**
2017-2018	21.12	23.61	**0.89**	9.91	12.14	**0.82**	22.37	27.92	**0.80**
2018-2019	18.67	22.67	**0.82**	9.10	11.87	**0.77**	20.67	26.56	**0.78**
2019-2020	19.41	22.81	**0.85**	10.38	11.8	**0.88**	20.54	24.37	**0.84**

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. The color scheme of RI/US Ratios for perceptions of great risk of smoking marijuana once a month are flipped to account for the fact that greater perception of risk is more desirable. *Source: National Survey on Drug Use and Health (NSDUH)*

HEALTH EQUITY LENS

Table 3: State Variation in Marijuana Indicators (%) by Age Group, 2019-2020

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Marijuana Use Past Month										
12-17	6.63	**7.75**	10.12	10.54	9.83	9.35	7.06	7.78	6.03	10.90
18-25	23.02	**36.26**	30.59	30.41	34.89	28.52	25.63	22.99	21.49	41.44
26+	10.48	**15.57**	11.2	15.18	15.55	12.76	7.54	10.71	9.23	19.63
Perceived Great Risk of Monthly Marijuana Use										
12-17	22.81	**19.41**	16.82	16.63	16.92	15.66	25.1	25.76	21.36	15.06
18-25	11.8	**10.38**	9.20	9.28	6.21	6.10	13.28	13.32	9.94	6.45
26+	24.37	**20.54**	19.71	16.15	18.03	16.10	27.42	26.38	21.95	15.52

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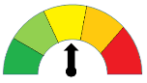
Opioid Performance

RECENT PROGRESS

2019-2020 NSDUH	Young Adults 18-25, Adults 26+	Heroin Use in the Past Year
	Adolescents 12-17, Young Adults 18-25, Adults 26+	Pain Reliever Use Disorder in the Past Year



COMPARABLE TO THE NATION

2019-2020 NSDUH	Adolescents 12-17, Young Adults 18-25, Adults 26+	Pain Reliever Misuse in the Past Year
		Perceived Great Risk from Trying Heroin

CONTINUING CONCERN

2019 YRBSS	High School Students	Ever Used Heroin
2020 NVSS	All Ages	Opioid Overdose Death Rate

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OPIOID USE AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US for Having Ever Used Heroin (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015	2017	2019
RI	3.6	3.8	2.4
US	2.1	1.7	1.8
Ratio	**1.71**	**2.24**	**1.33**

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)*

HEALTH EQUITY LENS

Table 2: State Variation in Having Ever Used Heroin (%), 2015-2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015	2.1	**3.6**	2.2	1.7	--	2.4	--	4.8	2.0	2.3
2017	1.7	**3.8**	2.2	1.4	--	1.8	--	3.9	2.2	1.9
2019	1.8	**2.4**	1.8	1.9	--	1.5	1.1	5.8	1.1	1.9

Table 3: Sexual and Gender Disparities in Having Ever Used Heroin (%), 2019

		Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
2019	**RI**	2.8	1.5	1.6	11.2	0.9	3.4	9.5
	US	2.3	1.0	1.2	6.2	3.2	3.8	6.2
	Ratio	**1.22**	**1.50**	**1.33**	**1.81**	**0.28**	**0.89**	**1.53**

Table 4: Racial Disparities in Having Ever Used Heroin (%), 2019

		Asian	Black	Hispanic	White	Multiple Races
2019	**RI**	--	3.0	4.0	1.1	--
	US	0.5	3.4	2.4	0.9	1.6
	Ratio	--	**0.88**	**1.67**	**1.22**	--

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Table 5: Adolescent, Young Adult, and Adult Opioid Indicators (%), 2015-2019

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Heroin Use Past Year									
2015-2016	0.09	0.00	**9.00**	0.74	0.30	**2.47**	0.42	0.10	**4.20**
2016-2017	0.06	0.05	**1.20**	0.69	0.64	**1.08**	0.43	0.32	**1.34**
2017-2018	0.06	0.05	**1.20**	0.55	0.54	**1.02**	0.42	0.30	**1.40**
2018-2019	0.04	0.02	**2.00**	0.36	0.36	**1.00**	0.38	0.30	**1.27**
2019-2020	--	--	**--**	0.13	0.22	**0.59**	0.24	0.34	**0.71**
Pain Reliever Misuse Past Year									
2015-2016	3.55	3.72	**0.95**	7.99	7.82	**1.02**	4.29	4.00	**1.07**
2016-2017	3.32	3.31	**1.00**	7.42	7.13	**1.04**	4.22	3.79	**1.11**
2017-2018	2.38	2.93	**0.81**	6.53	6.32	**1.03**	3.64	3.56	**1.02**
2018-2019	1.87	2.53	**0.74**	4.91	5.33	**0.92**	3.21	3.43	**0.94**
2019-2020	1.71	1.93	**0.89**	5.18	4.63	**1.12**	3.51	3.43	**1.02**
Pain Reliever Use Disorder Past Year									
2017-2018	0.40	0.41	**0.98**	0.85	0.86	**0.99**	0.57	0.60	**0.95**
2018-2019	0.38	0.38	**1.00**	0.70	0.65	**1.08**	0.53	0.56	**0.95**
2019-2020	0.22	0.32	**0.69**	0.58	0.80	**0.73**	0.73	0.91	**0.80**
Perceived Great Risk from Trying Heroin									
2015-2016	64.05	65.41	**0.97**	82.91	82.80	**1.00**	88.01	88.23	**0.99**
2016-2017	63.88	65.92	**0.97**	81.28	82.76	**0.98**	87.84	88.85	**0.98**
2017-2018	62.99	65.41	**0.96**	81.27	82.54	**0.98**	88.48	89.28	**0.99**
2018-2019	64.07	63.72	**1.01**	82.46	82.47	**1.00**	88.33	88.74	**1.00**
2019-2020	61.73	62.03	**1.00**	82.26	81.25	**1.01**	85.91	87.12	**0.99**

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. Pain reliever misuse is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told. *Source: National Survey on Drug Use and Health (NSDUH)*

Table 6: State Variation in Opioid Overdose Death Rate per 100,000 (Age-Adjusted), 2013-2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2013	7.9	**18.1**	12.3	13.3	9.9	11.8	7.6	8.3	7.8	11.6
2014	9.0	**19.8**	15.2	17.0	13.7	23.4	8.2	8.6	9.0	11.0
2015	10.4	**23.5**	19.2	23.3	19.3	31.3	9.8	10.8	11.2	13.4
2016	13.3	**26.7**	24.5	29.7	25.2	35.8	16.0	15.1	18.5	18.4
2017	14.9	**26.9**	27.7	28.2	29.9	34.0	22.0	16.1	21.2	20.0
2019	15.5	**23.3**	31.7	28.9	26.4	29.1	28.4	14.9	25.1	20.7

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. Among the deaths with drug overdose as the underlying cause, the type of opioid involved is indicated by the following ICD-10 multiple cause-of-death codes: opioids (T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6); natural and semisynthetic opioids (T40.2); methadone (T40.3); synthetic opioids, other than methadone (T40.4); and heroin (T40.1). Age-adjusted death rates were calculated by applying age-specific death rates to the 2000 U.S. standard population age distribution. Deaths from illegally-made fentanyl cannot be distinguished from pharmaceutical fentanyl in the data source. For this reason, deaths from both legally prescribed and illegally produced fentanyl are included in these data. *Source: National Vital Statistics System (NVSS)*

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Other Drugs Performance

SUSTAINED PROGRESS

2019 YRBSS	High School Students	Ever Misused Prescription Pain Medication
2019-2020 NSDUH	Adults 26+	Methamphetamine Use in the Past Year

RECENT PROGRESS

2019-2020 NSDUH	Adolescents 12-17	Methamphetamine Use in the Past Year

COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Ever Used Cocaine
		Ever Used Ecstasy
2019-2020 NSDUH	Adolescents 12-17	Illicit Drug Use Disorder in the Past Year
		Binge Drinking in the Past Month
	Adolescents 12-17, Adults 26+	Illicit Drug Use Other than Marijuana in the Past Month
		Needing but Not Receiving Treatment for Substance Use
		Cocaine Use in the Past Year
		Perceived Great Risk from Using Cocaine Monthly
	Young Adults 18-25	Perceived Great Risk from Using Cocaine Monthly
		Methamphetamine Use in the Past Year
2019 NVSS	Adults 18+	Malignant Neoplasms Death Rate
		Circulatory System Disease Death Rate

NEW CONCERN

2019-2020 NSDUH	Young Adults 18-25	Needing but Not Receiving Treatment for Substance Use
	Young Adults 18-25, Adults 26+	Illicit Drug Use Disorder in the Past Year
2019 NVSS	All Ages	Alcohol-induced Death Rate

CONTINUING CONCERN

2019-2020 NSDUH	Young Adults 18-25	Illicit Drug Use Other than Marijuana in the Past Month
		Cocaine Use in the Past Year
	Adolescents 12-17, Young Adults 18-25, Adults 26+	Any Illicit Drug Use in the Past Month
		Needing but Not Receiving Treatment for Illicit Drug Use
2020 NVSS	All Ages	Drug-induced Death Rate

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OTHER DRUG USE AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Other Drug Use (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Ever Used Cocaine	4.8	5.2	**0.92**	4.4	4.8	**0.92**	3.4	3.9	**0.87**
Ever Used Ecstasy	5.1	5.0	**1.02**	3.9	4.0	**0.98**	3.3	3.6	**0.92**
Ever Misused Prescription Pain Medication	--	--	--	9.8	14.0	**0.70**	10.0	14.3	**0.70**

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. Prescription pain medication misuse was defined as ever taking prescription pain medications, including codeine, Vicodin, Oxycontin, hydrocodone or Percocet, without a doctor's prescription or differently than how a doctor told them to use it. *Source: Youth Risk Behavior Surveillance System (YRBSS)*

DRUG USE AMONG ADOLESCENTS, YOUNG ADULTS, & ADULTS

Table 2: RI vs. US Other Drug Indicators (%) by Age Group, 2015-2020

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Illicit Drug Use Other than Marijuana Past Month									
2015-2016	2.64	2.71	**0.97**	9.63	7.32	**1.32**	3.41	2.86	**1.19**
2016-2017	2.84	2.43	**1.17**	8.90	7.07	**1.26**	3.64	2.88	**1.26**
2017-2018	2.55	2.39	**1.07**	8.32	6.56	**1.27**	3.48	2.88	**1.21**
2018-2019	2.12	2.37	**0.89**	7.00	6.07	**1.15**	3.53	2.99	**1.18**
2019-2020	1.93	1.81	**1.07**	6.47	5.44	**1.19**	3.54	3.24	**1.09**
Any Illicit Drug Use Past Month									
2015-2016	12.47	8.34	**1.50**	33.63	22.75	**1.48**	13.90	8.54	**1.63**
2016-2017	11.81	7.88	**1.50**	33.07	23.69	**1.40**	15.24	9.18	**1.66**
2017-2018	10.54	7.96	**1.32**	31.46	24.04	**1.31**	14.75	9.82	**1.50**
2018-2019	10.06	8.37	**1.20**	32.70	24.40	**1.34**	15.46	10.90	**1.42**
2019-2020	9.88	7.71	**1.28**	34.76	24.43	**1.42**	17.81	12.15	**1.47**
DSM-IV Illicit Drug Use Disorder Past Year									
2017-2018	2.99	2.85	**1.05**	8.56	7.48	**1.14**	2.14	2.13	**1.00**
2018-2019	3.40	3.16	**1.08**	8.32	7.54	**1.10**	2.09	2.25	**0.93**
DSM-V Illicit Drug Use Disorder Past Year									
2019-2020	4.18	4.85	**0.86**	16.97	14.56	**1.17**	6.67	5.63	**1.18**
Needing but Not Receiving Treatment for DSM-IV Illicit Drug Use									
2015-2016	4.61	3.14	**1.47**	8.76	6.62	**1.32**	2.66	1.78	**1.49**
2016-2017	3.64	2.92	**1.25**	7.70	6.58	**1.17**	2.18	1.72	**1.27**
2017-2018	2.89	2.69	**1.07**	7.85	6.92	**1.13**	2.03	1.83	**1.11**
2018-2019	3.36	2.99	**1.12**	7.64	7.09	**1.08**	2.02	1.98	**1.02**
Needing but Not Receiving Treatment for DSM-V Illicit Drug Use									
2019-2020	4.70	4.76	**0.99**	17.09	14.18	**1.21**	5.89	5.24	**1.12**
Needing but Not Receiving Treatment for DSM-IV Substance Use									
2015-2016	5.68	4.38	**1.30**	16.48	14.34	**1.15**	7.39	6.20	**1.19**
2016-2017	4.61	3.89	**1.19**	16.40	14.07	**1.17**	6.79	5.98	**1.14**
2017-2018	3.85	3.62	**1.06**	16.63	14.07	**1.18**	6.53	6.00	**1.09**
2018-2019	4.29	3.89	**1.10**	17.57	13.83	**1.27**	6.34	6.14	**1.03**
Needing but Not Receiving Treatment for DSM-V Substance Use									
2019-2020	6.71	6.18	**1.09**	27.89	23.66	**1.18**	13.59	13.27	**1.02**

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. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, Hallucinogens, inhalants, or methamphetamine. Respondents were classified as needing substance use treatment if they met the criteria for illicit drug or alcohol use disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders* or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center). *Source: National Survey on Drug Use and Health (NSDUH)*

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DRUG USE AMONG ADOLESCENTS, YOUNG ADULTS, & ADULTS

Table 3: RI vs. US Cocaine and Methamphetamine Indicators (%) by Age Group, 2015-2020

Age Group	12-17			18-25			26+		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Cocaine Use Past Year									
2015-2016	0.84	0.20	**4.20**	8.90	1.70	**5.24**	1.88	0.60	**3.13**
2016-2017	0.70	0.53	**1.32**	7.68	5.88	**1.31**	1.97	1.59	**1.24**
2017-2018	0.56	0.48	**1.17**	7.34	5.99	**1.23**	1.99	1.67	**1.19**
2018-2019	0.43	0.42	**1.02**	6.66	5.54	**1.20**	1.67	1.63	**1.02**
2019-2020	0.35	0.36	**0.97**	7.49	4.80	**1.56**	1.88	1.66	**1.13**
Perceptions of Great Risk from Using Cocaine Once a Month									
2015-2016	56.54	57.65	**0.98**	65.07	61.92	**1.05**	74.84	71.42	**1.04**
2016-2017	56.01	56.01	**1.00**	63.91	59.38	**1.07**	74.62	70.15	**1.06**
2017-2018	53.13	54.92	**0.97**	56.51	62.82	**0.90**	71.84	74.50	**0.96**
2018-2019	53.76	54.03	**1.00**	57.31	62.64	**0.91**	69.37	73.73	**0.94**
2019-2020	52.33	53.29	**0.98**	57.42	60.95	**0.94**	65.72	71.49	**0.92**
Methamphetamine Use Past Year									
2016-2017	0.15	0.16	**0.94**	0.44	0.93	**0.47**	0.40	0.55	**0.73**
2017-2018	0.20	0.18	**1.11**	0.51	0.95	**0.54**	0.51	0.65	**0.78**
2018-2019	0.17	0.17	**1.00**	0.62	0.81	**0.77**	0.49	0.75	**0.65**
2019-2020	0.08	0.13	**0.62**	0.70	0.66	**1.06**	0.59	0.93	**0.63**

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)*

HEALTH EQUITY LENS

Table 4: State Variation in Other Drug Use (%) by Age Group, 2019-2020

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Illicit Drug Use Other than Marijuana in the Past Month										
12-17	1.81	**1.93**	1.60	2.20	2.31	2.00	1.50	1.68	1.67	2.19
18-25	5.44	**6.47**	6.28	6.75	6.44	6.50	5.69	5.53	5.63	7.23
26+	3.24	**3.54**	3.31	4.08	2.83	2.93	2.67	3.63	2.98	3.03
Any Illicit Drug Use in the Past Month										
12-17	7.71	**9.88**	11.02	11.67	10.43	9.96	8.81	9.41	6.87	12.41
18-25	24.43	**34.76**	33.66	31.78	34.50	30.54	27.70	25.19	23.28	41.12
26+	12.15	**17.81**	12.78	17.35	17.52	13.71	8.14	12.14	10.84	20.74
DSM-V Illicit Drug Use Disorder in the Past Year										
12-17	4.85	**4.18**	5.18	4.26	5.80	5.64	3.78	6.33	4.33	7.23
18-25	14.56	**16.97**	16.15	15.11	17.82	18.18	16.34	11.21	12.56	18.69
26+	5.63	**6.67**	5.23	6.71	6.11	5.83	4.92	5.65	5.82	6.01
Needing but Not Receiving Treatment for DSM-V Illicit Drug Use Disorder										
12-17	4.76	**4.70**	6.47	5.06	5.33	6.51	4.98	6.19	4.03	5.53
18-25	14.18	**17.09**	15.13	15.13	14.77	16.73	16.43	11.29	11.13	15.71
26+	5.24	**5.89**	4.52	5.97	5.45	5.16	4.32	5.08	4.91	5.07
Needing but Not Receiving Treatment for DSM-V Substance Use Disorder										
12-17	6.18	**6.71**	6.37	6.68	7.82	7.26	6.72	6.15	6.55	8.09
18-25	23.66	**27.89**	29.71	25.32	28.68	26.91	26.37	23.25	23.50	31.88
26+	13.27	**13.59**	13.43	14.97	14.82	14.39	13.47	12.91	13.01	14.20
Cocaine Use in the Past Year										
12-17	0.36	**0.35**	0.25	0.47	0.11	0.40	0.34	0.35	0.25	0.27
18-25	4.80	**7.49**	6.02	5.76	6.52	7.28	5.55	5.16	4.25	7.90
26+	1.66	**1.88**	1.59	1.82	1.80	2.12	1.58	2.44	1.57	1.92

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Table 5: RI vs. US Substance Related Age-Adjusted Death Rates per 100,000, 2017-2020

	2017			2018			2019			2020		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Malignant Neoplasms	158.5	156.6	**1.01**	155.6	153.1	**1.02**	157.4	150.0	**1.05**	145.8	148.1	**0.98**
Circulatory System Disease	199.7	219.4	**0.91**	199.9	217.1	**0.92**	201.8	214.6	**0.94**	195.2	224.4	**0.87**
Drug-induced	31.2	22.8	**1.37**	31.0	21.8	**1.42**	30.2	22.8	**1.32**	39.0	29.5	**1.32**
Alcohol-induced	9.6	9.6	**1.00**	12.4	9.9	**1.25**	11.5	10.4	**1.11**	16.4	13.1	**1.25**

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 than the US average. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database released December 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on March 20, 2022 1:42:28. *Source: National Vital Statistics System (NVSS)*

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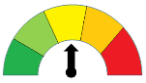
Mental Health Performance

RECENT PROGRESS

2019-2020 NSDUH	Young Adults 18-25	Made Any Suicide Plans in the Past Year



COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Felt Sad or Hopeless in the Past Year
		Considered Suicide in the Past Year
		Planned a Suicide Attempt in the Past Year
2019-2020 NSDUH	Young Adults 18-25	Any Mental Illness in the Past Year
		Received Mental Health Services in the Past Year
		Attempted Suicide in the Past Year
	Young Adults 18-25, Adults 26+	Serious Mental Illness in the Past Year
		Had at least one Major Depressive Episode in the Past Year
		Had Serious Thoughts of Suicide in the Past Year
	Adults 26+	Made Any Suicide Plans in the Past Year
2019 BRFSS	Adults 18+	Ever Told You Have Depression
		Frequent Mental Distress

NEW CONCERN

2019-2020 NSDUH	Adults 26+	Any Mental Illness in the Past Year
		Attempted Suicide in the Past Year

CONTINUING CONCERN

2019 YRBSS	High School Students	Attempted Suicide in the Past Year
2019-2020 NSDUH	Adults 26+	Received Mental Health Services in the Past Year
2020 NVSS	All Ages	Mental and Behavioral Disorder Death Rate

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MENTAL HEALTH AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Mental Health Indicators (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Felt Sad Or Hopeless Past Year	26.4	29.9	**0.88**	29.4	31.5	**0.93**	32.3	36.7	**0.88**
Considered Suicide Past Year	14.1	17.7	**0.80**	15.9	17.2	**0.92**	13.3	18.8	**0.71**
Planned Suicide Past Year	12.1	14.6	**0.83**	13.6	13.6	**1.00**	12.1	15.7	**0.77**
Attempted Suicide Past Year	10.5	8.6	**1.22**	10.5	7.4	**1.42**	14.7	8.9	**1.65**

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)*

HEALTH EQUITY LENS

Table 2: State Variation in Attempted Suicide (%), 2015-2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015	8.6	**10.5**	7.9	7.0	9.9	6.8	--	9.9	7.5	5.9
2017	7.4	**10.5**	8.1	5.4	7.4	5.9	--	10.1	7.4	5.4
2019	8.9	**14.7**	6.7	7.3	8.5	7.0	5.9	8.5	7.8	6.5

Table 3: Sexual and Gender Disparities in Attempted Suicide (%), 2019

		Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
2019	**RI**	15.5	13.5	13.3	22.7	21.2	21.6	19.4
	US	6.6	11.0	6.4	19.5	24.5	23.4	16.1
	Ratio	**2.35**	**1.23**	**2.08**	**1.16**	**0.87**	**0.92**	**1.20**

Table 4: Racial Disparities in Attempted Suicide (%), 2019

		Asian	Black	Hispanic	White	Multiple Races
2019	**RI**	--	18.3	17.7	12.1	--
	US	7.7	11.8	8.9	7.9	12.9
	Ratio	--	**1.55**	**1.99**	**1.53**	--

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Table 5: RI vs. US Mental Health Indicators (%) by Age Group, 2015-2020

Age Group	18-25			26+		
Serious Mental Illness in the Past Year						
	RI	US	Ratio	RI	US	Ratio
2015-2016	5.71	5.46	1.05	3.97	3.91	1.02
2016-2017	7.07	6.68	1.06	4.06	4.01	1.01
2017-2018	7.77	7.59	1.02	4.44	4.06	1.09
2018-2019	8.64	8.14	1.06	4.43	4.40	1.01
2019-2020	8.75	9.16	0.96	5.06	4.86	1.04
Any Mental Illness in the Past Year						
2015-2016	23.60	21.89	1.08	18.43	17.44	1.06
2016-2017	24.76	23.93	1.03	18.67	17.69	1.06
2017-2018	24.97	26.04	0.96	20.68	17.88	1.16
2018-2019	29.21	27.85	1.05	21.20	18.60	1.14
2019-2020	30.15	30.00	1.01	23.10	19.35	1.19
Had at Least One Major Depressive Episode in the Past Year						
2015-2016	11.17	12.63	0.88	6.52	6.06	1.08
2016-2017	13.30	13.01	1.02	6.57	6.07	1.08
2017-2018	12.56	13.40	0.94	7.27	6.14	1.18
2018-2019	16.13	14.48	1.11	7.45	6.43	1.16
2019-2020	16.56	16.09	1.03	7.83	6.89	1.14
Received Mental Health Services in the Past Year						
2015-2016	16.54	12.28	1.35	19.40	14.61	1.33
2016-2017	18.57	13.90	1.34	19.94	14.72	1.35
2017-2018	17.39	15.03	1.16	20.64	14.89	1.39
2018-2019	19.42	16.19	1.20	20.42	15.48	1.32
2019-2020	20.84	18.36	1.14	19.84	16.26	1.22
Had Serious Thoughts of Suicide in the Past Year						
2015-2016	9.55	8.57	1.11	3.57	3.30	1.08
2016-2017	10.62	9.64	1.10	3.73	3.31	1.13
2017-2018	11.11	10.73	1.04	3.53	3.32	1.06
2018-2019	11.71	11.39	1.03	3.37	3.51	0.96
2019-2020	11.32	11.56	0.98	4.15	3.80	1.09
Made Any Suicide Plans Past Year						
2018-2019	4.28	3.69	1.16	0.99	1.00	0.99
2019-2020	3.09	3.99	0.77	1.03	0.93	1.11
Attempted Suicide Past Year						
2018-2019	2.06	1.87	1.10	0.18	0.37	0.49
2019-2020	1.58	1.85	0.85	0.53	0.31	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. Mental Health Services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.
Source: National Survey on Drug Use and Health (NSDUH)

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Table 6: State Variation in Mental Health Indicators (%) by Age Group, 2019-2020

Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Any Mental Illness in the Past Year										
18-25	30.00	**30.15**	28.78	30.66	32.21	34.43	31.00	27.63	30.91	31.22
26+	19.35	**23.10**	17.20	19.85	20.29	22.19	16.46	17.50	18.03	22.46
Received Mental Health Services in the Past Year										
18-25	18.36	**20.84**	19.99	22.95	23.22	27.76	16.98	17.75	23.31	--
26+	16.26	**19.84**	16.17	20.32	20.79	19.42	14.83	15.45	16.81	--
Attempted Suicide in the Past Year										
18-25	1.85	**1.58**	1.78	1.79	2.13	2.33	1.76	1.27	2.12	1.61
26+	0.31	**0.53**	0.33	0.36	0.44	0.32	0.25	0.42	0.39	0.40

MENTAL HEALTH AMONG YOUNG ADULTS & ADULTS

Table 7: RI vs. US Adult Mental Health Indicators (%), 2015-2020

	2015	2016	2017	2018	2019	2020
Ever Told You Have Depression						
RI	21.3	22.3	23.1	20.8	19.6	21.1
US	18.9	17.3	20.0	19.6	19.7	19.2
Ratio	**1.13**	**1.29**	**1.16**	**1.06**	**0.99**	**1.10**
Frequent Mental Distress						
RI	11.0	12.4	13.5	14.6	13.9	13.3
US	11.0	11.2	11.7	12.0	13.8	13.1
Ratio	**1.00**	**1.11**	**1.15**	**1.22**	**1.01**	**1.02**

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. Frequent Mental Distress is defined by those reporting their mental health was not good 14 or more days in the past 30 days. *Source: Behavioral Risk Factor Surveillance Survey (BRFSS)*

Table 8: RI vs. US Mental Health Related Age-Adjusted Death Rates per 100,000, 2017-2020

	2017			2018			2019			2020		
	RI	**US**	**Ratio**	**RI**	**US**	**Ratio**	**RI**	**US**	**Ratio**	**RI**	**US**	**Ratio**
Mental and Behavioral Disorder	52.7	34.7	**1.52**	51.8	34.0	**1.52**	54.1	33.2	**1.63**	55.6	36.3	**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 than the US average. Mental and behavioral disorder deaths categorized by ICD-10 codes F01-F99. Sub-group analyses are unavailable due to small sample size. *Sources: National Vital Statistics System (NVSS)*

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Injury & Violence Performance

SUSTAINED PROGRESS

2019 FARS	All Ages	Fatalities per Vehicle Miles Traveled
		Traffic Fatality Rate
		Distracted Drivers Involved in Fatal Crashes
2019 NCANDS	Children <18	Child Maltreatment Fatality Rate
2020 NVSS	All Ages	Suicide Rate
		Firearm Mortality Rate
2020 UCR	All Ages	Violent Crime Rate
		Property Crime Rate
		Homicide Rate

RECENT PROGRESS

2019 YRBSS	High School Students	Texting and Driving
		Electronically Bullied
		Bullied on School Property
		Drank Alcohol or Used Drugs Before Last Sex
		Experienced Physical Dating Violence

COMPARABLE TO THE NATION

2019 YRBSS	High School Students	Rarely or Never Wore a Seat Belt
		Missed School Because They Felt Unsafe
		Sports Concussion in the Past Year
		Ever Physically Forced to Have Sexual Intercourse
2020 BRFSS	Adults 18+	Do Not Always Wear a Seat Belt
2020 UCR	All Ages	Rape Rate

NEW CONCERN

2019 FARS	All Ages	Substance-impaired Drivers Involved in Fatal Crashes

CONTINUING CONCERN

2019 YRBSS	High School Students	Carried a Weapon at School in the Past Month
		Engaged in a Physical Fight at School in the Past Year
		Experienced Sexual Dating Violence
2019 NCANDS	All Ages	Child Maltreatment Victimization Rate

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INJURY & VIOLENCE AMONG HIGH SCHOOL STUDENTS

Table 1: RI vs. US Injury & Violence Indicators (%), 2015-2019

% of Students (grades 9-12) Reporting:	2015			2017			2019		
	RI	US	Ratio	RI	US	Ratio	RI	US	Ratio
Texting and Driving	45.7	41.5	1.10	37.3	39.2	0.95	32.3	39.0	0.83
Rarely or Never Wore Seat Belt	5.9	6.1	0.97	6.7	5.9	1.14	6.1	6.5	0.94
Carried Weapon at School Past Month	4.8	4.1	1.17	5.1	3.8	1.34	3.7	2.8	1.32
Physical Fight on School Property Past Year	9.1	7.8	1.16	10.5	8.5	1.24	9.6	8.0	1.20
Missed School Because Felt Unsafe	6.0	5.6	1.07	6.9	6.7	1.03	8.4	8.7	0.97
Sports Concussion Past Year	--	--	--	17.6	15.1	1.17	16.3	15.1	1.08
Electronically Bullied	12.4	15.5	0.80	14.2	14.9	0.95	13.0	15.7	0.83
Bullied On School Property	15.5	20.2	0.77	17.0	19.0	0.91	16.4	19.5	0.84
Drank Alcohol or Used Drugs Before Last Sex	--	20.6	--	17.3	18.8	0.92	16.4	21.2	0.77
Ever Physically Forced to Have Sex	8.1	6.7	1.21	8.8	7.4	1.19	7.8	7.3	1.07
Experienced Physical Dating Violence	8.8	9.6	0.92	9.0	8.0	1.13	6.6	8.2	0.80
Experienced Sexual Dating Violence	9.6	10.6	0.90	12.0	6.9	1.74	10.7	8.2	1.30

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)*

HEALTH EQUITY LENS

Table 2: State Variation in Injury & Violence Indicators (%), 2015-2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Carried a Weapon at School Past Month										
2015	4.1	4.8	6.2	3.2	5.8	--	--	4.5	2.0	7.7
2017	3.8	5.1	5.4	2.7	5.3	3.6	--	3.4	2.2	6.9
2019	2.8	3.7	3.5	1.8	4.6	2.8	2.1	--	1.3	4.9
Physically Fought on School Property Past Year										
2015	7.8	9.1	--	5.6	4.9	6.4	--	--	6.8	7.4
2017	8.5	10.5	--	5.8	5.2	--	--	--	7.4	6.5
2019	8.0	9.6	--	6.4	5.5	7.9	9.1	--	7.3	--
Experienced Sexual Dating Violence										
2015	10.6	9.6	11.5	7.5	--	11.7	--	14.7	9.3	--
2017	6.9	12.0	10.0	5.8	--	7.3	--	10.0	5.6	10.1
2019	8.2	10.7	11.8	6.0	--	7.8	--	7.3	6.1	--

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Table 3: Sexual and Gender Disparities in Injury & Violence Indicators (%), 2019

	Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Carried a Weapon at School Past Month							
RI	4.3	2.5	2.7	15.4	6.2	8.3	7.2
US	3.7	1.7	2.1	4.7	4.2	4.3	6.9
Ratio	**1.16**	**1.47**	**1.29**	**3.28**	**1.48**	**1.93**	**1.04**
Physical Fight on School Property Past Year							
RI	11.9	6.6	9.3	18	8.3	10.6	7.8
US	11.4	4.4	7.8	8.4	8.2	8.2	9.6
Ratio	**1.04**	**1.50**	**1.19**	**2.14**	**1.01**	**1.29**	**0.81**
Experienced Sexual Dating Violence							
RI	4.4	16.2	7.4	--	30.1	32.6	15
US	3.8	12.6	6.7	7.2	18.8	16.4	15
Ratio	**1.16**	**2.42**	**1.10**	**--**	**1.60**	**1.99**	**1.00**

Table 4: Racial Disparities in Injury & Violence Indicators (%), 2019

	Asian	Black	Hispanic	White	Multiple Races
Carried a Weapon at School Past Month					
RI	--	3.1	6.0	2.4	--
US	1.3	4.2	3.1	2.1	3.3
Ratio	--	**0.74**	**1.94**	**1.14**	--
Physical Fight on School Property Past Year					
RI	--	12.7	11.6	7.1	--
US	4.9	15.5	7.8	6.4	11.0
Ratio	--	**0.82**	**1.49**	**1.11**	--
Experienced Sexual Dating Violence					
RI	--	--	13	10.3	--
US	8.3	6.2	8.7	8.1	10.1
Ratio	--	--	**1.49**	**1.27**	--

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INJURY & VIOLENCE AMONG ADULTS

Table 5: Adults Who Do Not Always or Nearly Always Wear a Seatbelt (%), 2016-2020

	2016	2017	2018	2019	2020
RI	5.7	4.0	5.9	--	5.1
US	6.0	5.7	6.3	--	5.8
Ratio	**0.95**	**0.70**	**0.94**	**--**	**0.88**

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)*

INJURY & VIOLENCE AMONG CHILDREN

Table 6: Child Maltreatment, 2013-2019

	2013	2014	2015	2016	2017	2018	2019
Child Maltreatment Victimization per 1,000							
RI	14.6	16.1	15.1	14.2	14.9	17.7	15.6
US	8.8	9.1	9.2	9.1	9.1	9.2	8.9
Ratio	**1.66**	**1.76**	**1.64**	**1.56**	**1.64**	**1.92**	**1.75**
Child Maltreatment Fatalities per 100,000							
RI	0.50	2.80	0.00	1.93	2.41	0.49	1.47
US	2.09	2.14	2.26	2.36	2.32	2.39	2.50
Ratio	**0.24**	**1.31**	**0.00**	**0.82**	**1.04**	**0.21**	**0.59**

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 Data Archive on Child Abuse and Neglect (NCANDS)*

INJURY & VIOLENCE AMONG ALL AGES

Table 7: Injury & Violence Rates per 1,000, 2017-2020

	2017			2018			2019			2020		
	RI	**US**	**Ratio**	**RI**	**US**	**Ratio**	**RI**	**US**	**Ratio**	**RI**	**US**	**Ratio**
Violent Crime*	2.34	3.95	**0.59**	2.19	3.81	**0.57**	2.23	3.81	**0.59**	2.31	3.99	**0.58**
Rape*	0.43	0.42	**1.02**	0.46	0.43	**1.07**	0.47	0.44	**1.07**	0.39	0.39	**1.00**
Property Crime*	17.59	23.63	**0.74**	16.61	22.00	**0.76**	15.4	21.31	**0.72**	12.46	19.58	**0.64**
Age-Adjusted Suicide**	0.118	0.140	**0.84**	0.098	0.148	**0.66**	0.11	0.145	**0.78**	0.096	0.142	**0.68**
Age-adjusted Firearm Mortality**	3.9	--	**--**	3.3	11.9	**0.28**	4.6	11.9	**0.39**	5.1	13.6	**0.38**
Homicide*	0.020	0.053	**0.38**	0.015	0.05	**0.3**	0.03	0.051	**0.49**	0.030	0.065	**0.46**

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 than the US average. *Sources: Uniform Crime Reports (UCR)*, National Vital Statistics System (NVSS)***

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Table 8: Traffic Fatalities, 2014-2019

	2014	2015	2016	2017	2018	2019
Fatality Rate per 100 Million Vehicle Miles Traveled						
RI	0.66	0.57	0.64	1.04	0.74	0.75
US	1.08	1.15	1.19	1.16	1.14	1.11
Ratio	**0.61**	**0.50**	**0.54**	**0.90**	**0.65**	**0.68**
Traffic Fatalities Per 100,000						
RI	4.84	4.26	4.82	7.83	5.57	5.38
US	10.28	11.05	11.69	11.40	11.28	11.00
Ratio	**0.47**	**0.39**	**0.41**	**0.69**	**0.49**	**0.49**
Drivers in Fatal Crash Under the Influence of Alcohol, Drugs, or Medication (%)						
RI	10.9	15.5	12.1	20.4	11.0	18.9
US	12.1	11.4	11.0	10.5	10.4	10.1
Ratio	**0.90**	**1.36**	**1.10**	**1.94**	**1.06**	**1.87**
Drivers Involved in Fatal Crash Distracted (%)						
RI	0.0	1.7	4.5	2.9	--	1.4
US	6.8	6.7	6.2	5.7	5.2	5.9
Ratio	**0.00**	**0.25**	**0.73**	**0.51**	**--**	**0.24**

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: Fatality Analysis Reporting System (FARS)*

HEALTH EQUITY LENS

Table 9: State Variation in Drivers Involved in Fatal Crashes Under the Influence (%), 2015-2019

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015	11.4	**15.5**	13.4	4.2	18.9	28.2	8.3	8.4	12.3	26.1
2016	11.0	**12.1**	7.5	11.8	16.6	29.5	9.4	7.6	9.3	33.8
2017	10.5	**20.4**	9.0	7.5	9.6	26.1	9.1	6.3	9.1	20.4
2018	10.4	**11.0**	14.3	10.7	9.6	28.0	7.6	8.2	10.0	25.6
2019	10.1	**18.9**	13.4	3.6	12.2	21.5	7.1	8.4	8.1	17.6

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Appendix

SELECTED SEOW MEMBERSHIP

***Co-chair**

Samantha Borden, PhD, MPH*
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Colleen Caron, PhD*
Director of Data, Evaluation, and Research
RI Department of Children, Youth and Families

Karen Flora, MA
SPF-PFS 2018 Project Director
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Samantha Rosenthal, PhD, MPH
Associate Professor, Johnson & Wales University
Adjunct Associate Professor, Brown School of Public Health

REPRESENTED ORGANIZATIONS

Brown School of Public Health
Johnson & Wales University
RI Department of Children, Youth and Families
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
RI Department of Health
RI Department of Transportation
University of Rhode Island

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DATA SOURCES

Source	Sponsoring Agency	Methodology
Annual Homeless Assessment Report (AHAR) 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. https://www.hudexchange.info/hdx/guides/ahar/	United States Department of Housing and Urban Development (DHUD)	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. **Frequency of Assessment:** Annual. **Target Population:** United States
Behavioral Risk Factor Surveillance System (BRFSS) 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. http://www.cdc.gov/brfss/index.htm	The Centers for Disease Control and Prevention (CDC)	A cross-sectional telephone survey conducted by state health departments with technical and methodological assistance provided by the CDC. **Frequency of Assessment:** Data collected monthly every year. **Target Population:** Non-institutionalized adults in the United States.
Bureau of Labor Statistics (BLS) 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. http://www.bls.gov	United States Department of Labor	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. **Frequency of Assessment:** Monthly and Annual. **Target Population:** United States

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Fatality Analysis Reporting System (FARS) A nationwide census providing NHTSA, Congress, and the American public yearly data regarding fatal injuries suffered in motor vehicle traffic crashes. http://www.nhtsa.gov/FARS	The National Highway Traffic Safety Administration (NHTSA)	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. **Frequency of Assessment:** Annual. **Target Population:** United States
National Child Abuse and Neglect Data System A voluntary national data system with annual data on child abuse and neglect across the country. https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands	US Department of Health & Human Services, Children's Bureau	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. **Frequency of Assessment:** Annual. **Target Population:** United States
National Survey of Drug Use and Health (NSDUH) 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. http://nsduhweb.rti.org	The Substance Abuse and Mental Health Services Administration (SAMHSA)	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. **Frequency of Assessment:** Annual. **Target Population:** Individuals in the United States aged 12 and older.

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National Vital Statistics System (NVSS) 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. http://www.cdc.gov/nchs/nvss.htm	The Centers for Disease Control and Prevention (CDC)	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. **Frequency of Assessment:** On-going; published annually. **Target Population:** All deaths occurring in the United States.
Uniform Crime Reports (UCR) 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. http://www.fbi.gov/about-us/cjis/ucr	Federal Bureau of Investigation (FBI)	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. **Frequency of Assessment:** Annual. **Target Population:** United States
United States Census The United States Census counts every resident in the United States. http://www.census.gov/programs-surveys/decennial-census.html	United States Census Bureau	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. **Frequency of Assessments:** Every 10 years. **Target Population:** Every resident in the United States.
Youth Risk Behavior Surveillance System (YRBSS) Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. http://www.cdc.gov/HealthyYouth/yrbs ****NOTE: Data for 2021 are unavailable due to disruption from the COVID-19 pandemic.*	The Centers for Disease Control and Prevention (CDC)	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. **Frequency of Assessments:** Bi-Annual. **Target Population:** Students in grades 9-12 in the United States.

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