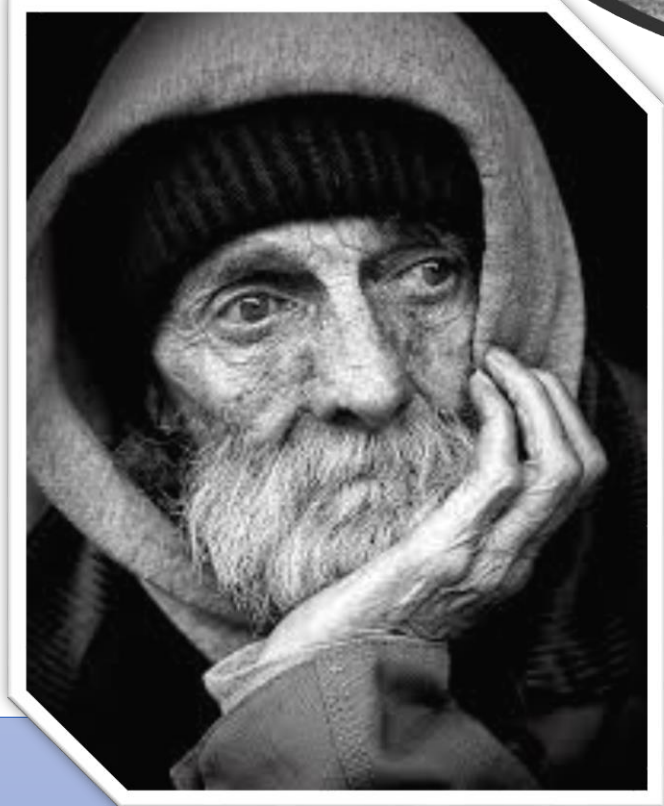


BEHAVIORAL HEALTH IN RHODE ISLAND (2019): STATE EPIDEMIOLOGICAL PROFILE



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*On Behalf of the State Epidemiological Outcomes Workgroup
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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 Health, the Brown University School of Public Health, the University of Rhode Island (URI), 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.

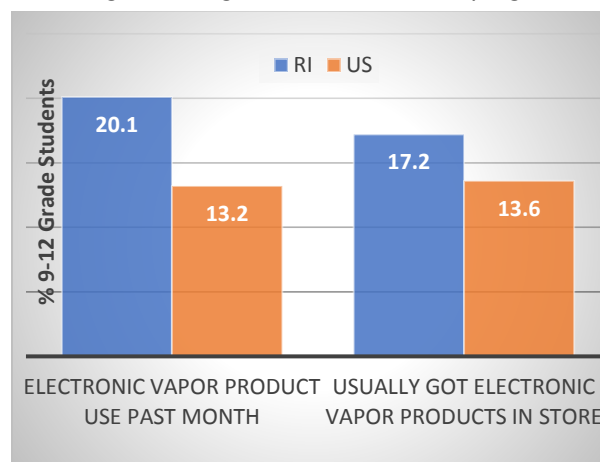
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Key Findings

Tobacco & Electronic Vapor Products

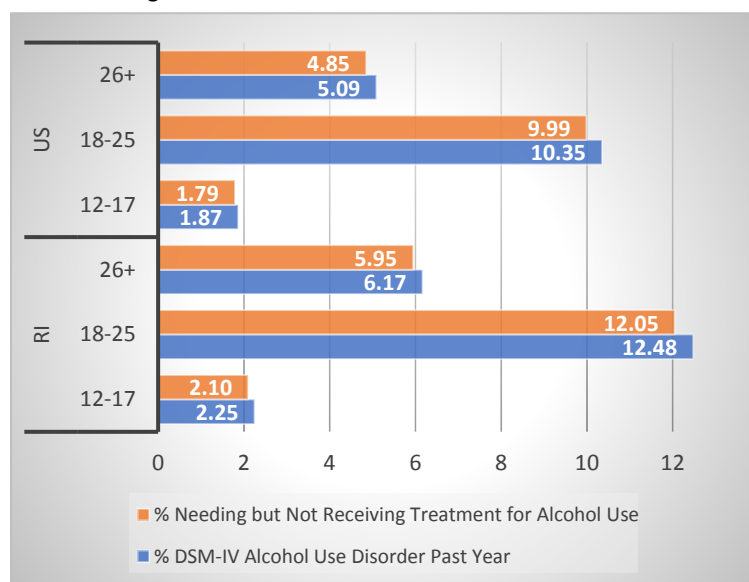
The use of cigarettes and other non-electronic tobacco products among Rhode Island high school students has been consistently lower than the nation since 2011. Yet, among those students who smoke cigarettes, RI students are much more likely to smoke 10 or more cigarettes per day than students across all other northeastern states. Adults and teens use tobacco and perceive smoking risk as expected given national estimates. Vaping rates are also as expected among RI adults, but **past month electronic vapor product use among RI high school students now surpasses the national average by 50%**, with 20.1% of students reporting use, among the highest rates in the northeast. Also, **underage high school students using vapor products in RI are much more likely to purchase these products in store** than those in other northeastern states and across the nation.

Figure 1. High School Student Vaping



Source: YRBSS 2017

Figure 2. Alcohol Disorder and Unmet Need



Source: NSDUH 2016-2017

Alcohol

The risky use of alcohol among RI high school students has been comparable to or consistently lower than the nation since 2011. Despite expected perceptions of harm from drinking across all ages 12+ years in RI, **rates of alcohol use among both adults and teens, alcohol use disorder, and unmet treatment need are all well above national levels**, yet comparable to other northeastern states. Similarly, alcohol use and binge drinking among 12-20 year old's in RI exceed the nation, with only Massachusetts and Vermont surpassing these rates in the northeast.

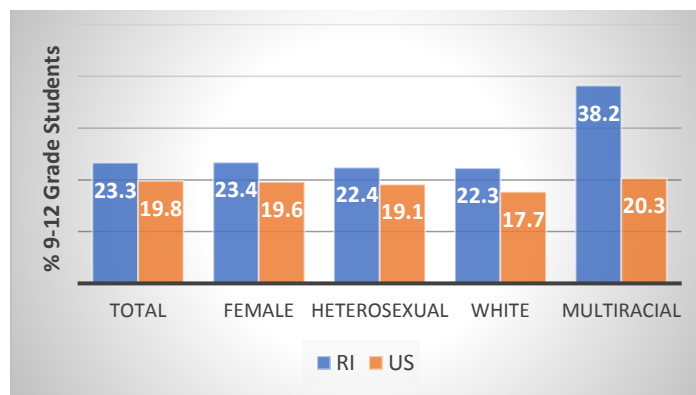
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Marijuana

Rhode Island high school students are just as likely to ever try marijuana or synthetic marijuana or initiate marijuana use early as other students across the nation. However, RI students have an 18% increased risk of past month marijuana use above the national average, with a prevalence of 23.3%—a prevalence comparable to other neighboring states. **Particular students more likely to report current marijuana use relative to the nation include female, heterosexual, white, and multiracial students.**

Rhode Island residents of all ages 12+ years are more likely to currently use marijuana than others in the US, with almost 32% of 18-25 year olds reporting past month use. In addition, **Rhode Islanders aged 18+ years old perceive less harm from marijuana than the nation**, though these perceptions are consistent with other states in the northeast.

Figure 3. Past Month Marijuana Use

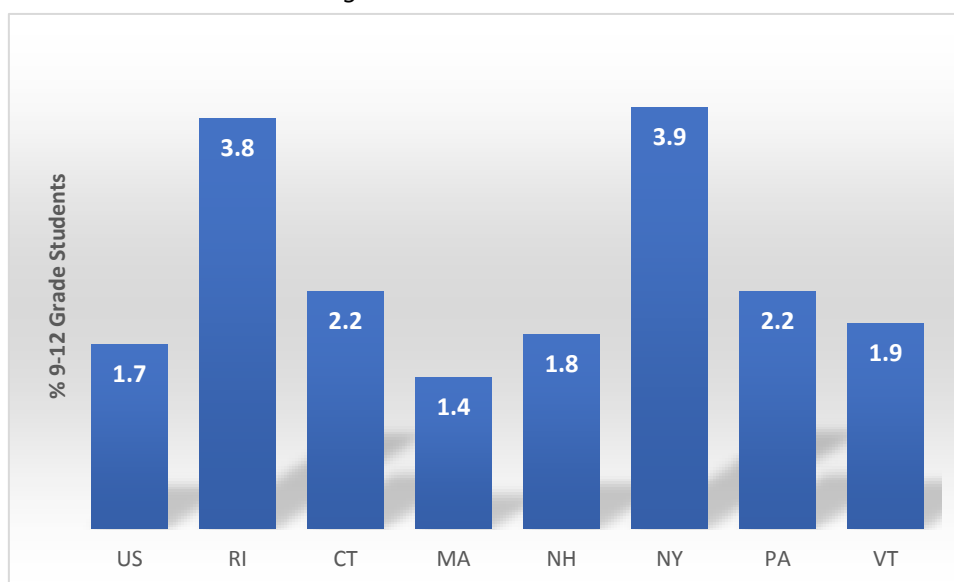


Source: YRBSS 2017

Heroin & Opioids

While pain reliever misuse and perceptions of harm from heroin among Rhode Islanders aged 12+ years are consistent with the US population, heroin use continues to be a concern. **Since 2015 RI high school student prevalence of ever using heroin has been about twice the national prevalence and is among the highest in the northeast.** Similarly, past year heroin use in RI has exceeded the nation for all age groups 12+ years since 2014. Finally, the opioid overdose death rate in RI continues to increase, but is consistent with rates in other states in New England.

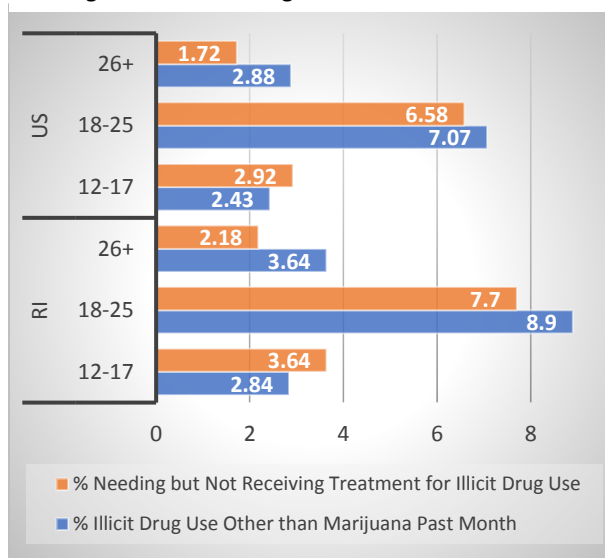
Figure 4. Ever Used Heroin



Source: YRBSS 2017

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Figure 5. Illicit Drug Use and Unmet Need



Source: NSDUH 2016-2017

Other Drugs & Consequences

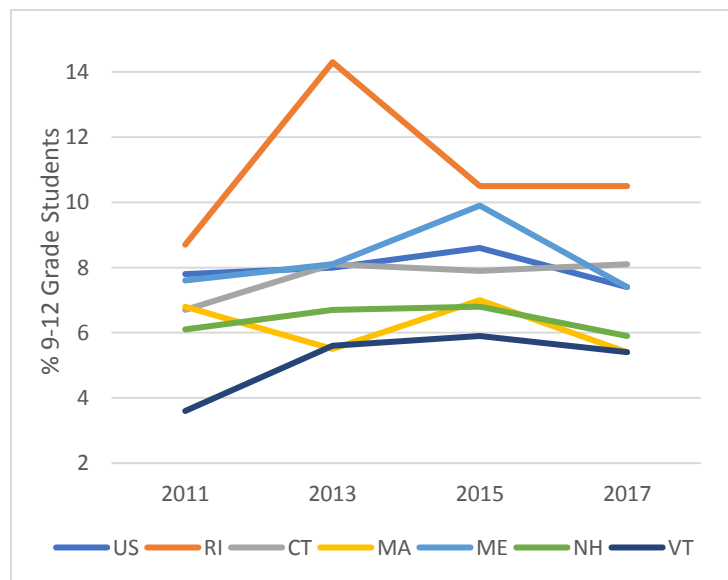
High school students in RI, particularly males, have concerning rates of steroid misuse relative to the nation (4.6% vs. 2.9%, respectively), but have expected rates of cocaine, ecstasy, and prescription pain medication misuse. Rhode Island residents (12+) have excessive rates of illicit drug use other than marijuana with some of the highest rates in the northeast for 12-17 and 26+ year olds. **Rhode Islanders also have concerning rates of needing but not receiving treatment for their drug use, with the highest prevalence in the northeast for 12-17 year olds in 2016-2017 (3.64%).** Despite expected perceptions of harm from cocaine among Rhode Islanders, cocaine use in the past year is concerning for all age groups (12+). Substance-related mortality rates in RI

are comparable to the national average for: malignant neoplasms, circulatory system disease, chronic lower respiratory disease, alcoholic liver disease, and alcohol-induced. However, the **drug-induced death rate in RI continues to increase and surpass the national average.**

Mental Health

Mental health outcomes in RI tend to be comparable to the nation. However, **RI high school students are more likely to attempt suicide (10.5%) or suffer injury from attempted suicide (3.8%) and these are among the highest rates in the region.** RI male high school students, in particular, have this excess risk. Rhode Island residents (12+) are more likely to receive mental health services in the past year than national estimates. **Yet, adults in RI (18-64), males, and racial/ethnic minorities are more likely to suffer from frequent mental distress.** Finally, mortality from mental and behavioral disorders in RI continues to be significantly higher than the nation.

Figure 6. Past Year Attempted Suicide

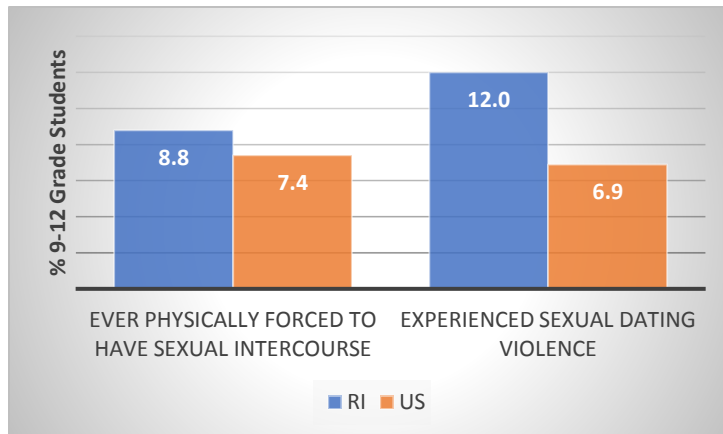


Source: YRBSS 2017

Injury & Violence

The traffic fatality rate and percent of distracted drivers in fatal motor vehicle crashes in RI are consistently below the national average, as are the RI crime rates, suicide rates, and homicide rates. Rhode Islanders are comparable to others across the nation in terms of texting and driving, wearing their seat belt, and being bullied. Yet, **RI has twice the proportion of drivers under the influence in fatal crashes as the national average**, second only to New Hampshire in the northeast.

Figure 7. Sexual Violence among High School Students



Source: YRBSS 2017

RI high school students are more likely to carry a weapon at school, physically fight on school property, and suffer from a sports concussion relative to the nation and other northeastern states. In particular, non-white students are more likely to carry a weapon at school, while male, sexual minority, and non-white students are more likely to engage in physical fights at school relative to the nation. Male, gay or lesbian, and non-white students are more likely to suffer from a sports concussion than those nationally. **RI has the highest rates of sexual violence among high school students in the northeast, with 8.8% having ever been physically forced to have sexual intercourse and 12.0% experiencing sexual dating violence.** Though females have a higher prevalence, RI male, heterosexual, Hispanic, and white students were more likely to have been physically forced to have sexual intercourse than those across the nation. Finally, despite having comparable child maltreatment fatality rates to the nation, RI continues to exceed the national average for child maltreatment rates.

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. 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, easy-to-read manner.
- Providing national and regional comparisons for the selected key indicators.
- Providing temporal trends for the selected key indicators.
- Providing sub-population analysis for indicators identified as concerning.

A full list of data sources utilized in the report can be found in the Appendix. This report is organized by substantive area in following seven topics: 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 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, race/ethnicity, education, and income 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** 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 **PROMISING**, 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, or an indicator newly available was identified as **CONCERNING**;
- **Continuing Concern** if the two most recent data points were identified as **CONCERNING**.

Demographics

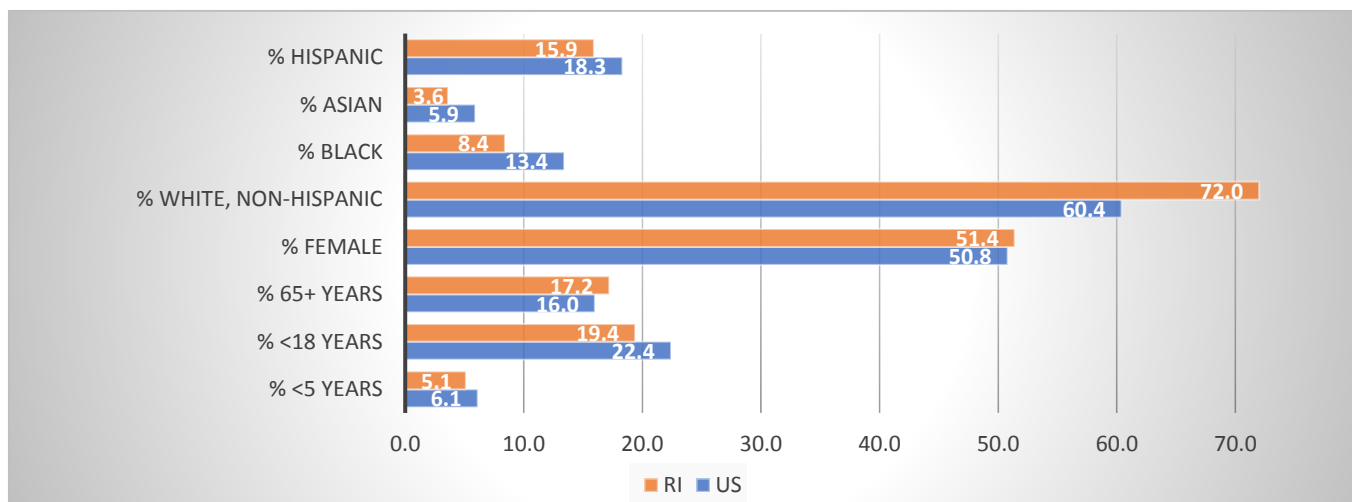
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Rhode Island (RI) is located in the New England region of the Northeast of the United States. RI is geographically the smallest US state, bordering Massachusetts (MA) to the north and east and Connecticut (CT) to the west. The 2018 Census Bureau estimates the population of RI at 1,057,315, only a 0.4% increase since 2010, with the majority 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, 2018



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 slightly greater percent of foreign born and non-English primary speaking residents than the nation, with comparable population graduating high school, but more receiving a bachelor's degree or higher than the national average (33.0% vs. 30.9%, respectively). RI residents are slightly

Table 1: RI vs. US Socioeconomic Characteristics

FOREIGN BORN AND LANGUAGE	US	RI
Foreign born persons, 2013-2017	13.4%	13.7%
Language other than English spoken at home, 2013-2017	21.3%	22.0%
EDUCATION		
High school graduate or higher age 25+, 2013-2017	87.3%	87.3%
Bachelor's degree or higher age 25+, 2013-2017	30.9%	33.0%
INCOME		
Per capita income past year (2017 dollars), 2013-2017	\$31,177	\$33,315
Median household income (2017 dollars), 2013-2017	\$57,652	\$61,043
Persons in poverty, 2018	11.8%	12.9%
OTHER		
Households with broadband internet, 2013-2017	87.2%	86.4%

Source: United States Census Bureau, State & County QuickFacts

11.8% for the entire US. Rhode Islanders are slightly less likely than the nation to have broadband internet, with 86.4% versus 87.2%, respectively.

wealthier than the national average according to per capita income and median household income; however, poverty rates are higher in RI. Per capita income for RI was larger than the US at \$33,315 compared to \$31,177. Additionally, between 2013 and 2017, the median RI household income was \$61,043, larger than the national median (\$57,652). An estimated 12.9% of Rhode Islanders are below the poverty level, compared to

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Given how small RI is, there is a relatively small civilian labor force of 560,000. This workforce is comparable to other small New England states like Maine, New Hampshire and Vermont. Unemployment in RI (3.6%) is comparable to other northeastern states.

As the poverty rate and unemployment have decreased, there have also been decreases in homelessness in RI from 2007 to 2018 of about 20%, and only 5% of those homeless (10 per 10,000) are unsheltered. Among those homeless in RI, about 70% are individuals, while 30% are people in

families. 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, are more common in RI (22 per 100,000) than all other northeastern states except New York. 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 2: RI vs. Region Labor Force Data for October, 2019

	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Civilian Labor Force (hundred thousand persons, seasonally adjusted)	5.6	19.2	38.5	6.9	7.7	44.8	95.2	65.2	3.4
Unemployment (% of labor force, seasonally adjusted)	3.6	3.6	2.9	2.8	2.6	3.2	4.0	4.2	2.2

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

Table 3: RI vs. Region Homelessness per 10,000 in 2018

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Change in Total Homelessness (%), 2007-2018	-14.6	-19.8	-11.3	32.7	-4.6	-35.5	-45.7	46.8	-16.7	24.7
Overall Homeless	17	10	11	29	19	11	11	47	11	21
% Unsheltered	35	5	15	5	4	11	17	5	13	6
Homeless Individuals	11	7	6	10	11	6	7	20	6	12
Homeless People in Families	6	3	5	19	8	5	4	27	4	8
Chronically Homeless Individuals	2.7	2.2	0.8	2.0	1.5	1.0	1.4	3.0	1.0	2.2
Homeless Veterans	1.2	1.0	0.5	1.4	0.9	1.1	0.6	0.6	0.8	1.7
Homeless Unaccompanied Youth*	1.1	0.4	0.5	0.7	1.1	0.6	0.6	1.5	0.5	1.6
Homeless Parenting Youth*	0.3	0.2	0.2	0.9	0.2	0.2	0.3	1.4	0.3	0.5

NOTE: *Youth were defined as <25 years old. All rates were calculated using 2018 annual estimates of the resident population from U.S. Census Bureau, Population Division. Source: United States Census Bureau, Annual Homeless Assessment Report (AHAR)

At 5%, the proportion of the RI population that is uninsured is below the entire US (9%) and is comparable to most other states in the region. Compared to the US (49%), RI had a higher percentage of health insurance coverage by employer (51%).

Table 4: RI vs. Region Health Insurance Coverage (%), 2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Uninsured	9	5	6	3	8	6	8	6	6	4
Employer	49	51	54	55	49	57	56	49	52	46
Other Private	7	6	6	5	7	6	6	6	6	5
Medicaid	21	24	20	24	18	19	17	26	20	28
Medicare	14	14	14	13	17	17	13	12	16	16
Other Public	1	1	1	1	2	1	1	1	1	1

Source: Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017.

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 by 63% since, with 24% of the population enrolled.

The proportion aged 0-18 supported by Medicaid in RI (38%) was slightly lower than the national average (39%), but generally consistent with other states in the region; in RI, 21% 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 larger proportion of persons of higher income (under 100% of the federal poverty level) at 78%, the highest proportion in the region and much higher than the overall US at 61%.

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

Table 5: RI vs. Region Medicaid Coverage (%) among Nonelderly, 2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Age										
0-18	39	38	34	35	31	32	31	41	36	54
19-64	15	21	17	22	14	10	13	23	16	24
Federal Poverty Level										
Under 100%	61	78	71	76	66	68	61	74	67	72
100-199%	43	55	56	65	46	41	48	56	47	68
200-399%	18	24	24	31	12	19	19	26	17	32
400%+	5	7	6	8	5	4	5	8	5	8
Race/Ethnicity										
White	16	18	13	17	18	15	11	18	16	30
Black	34	39	35	42	31	20	31	38	40	56
Hispanic	32	49	43	56	31	27	30	43	41	32

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 2008-2017

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Tobacco

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Tobacco Indicator Performance

Tobacco Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Smoking Cigarettes 20+ Days Past Month		YRBSS					
Initial Tobacco Use Before Age 13		YRBSS					
Smoked Cigarettes Past Month		YRBSS					
Tobacco Use Past Month		YRBSS					
Smoked 10+ Cigarettes Per Day Past Month		YRBSS					
Smoked Cigarettes Daily Past Month		YRBSS					
Smokeless Tobacco Use Past Month		YRBSS					
Smoked Cigars Past Month		YRBSS					
Used Cigs, Cigars, Or Smokeless Past Month		YRBSS					
Ever Smoked a Cigarette		YRBSS					
Tobacco Use Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Perceived Risk of Smoking	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Cigarette Use Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Smoking Past Month		BRFSS					
Smokeless Tobacco Use Past Month		BRFSS					

Sustained Progress

High school students in Rhode Island fare better than the nation consistently since 2011 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 (past month), currently smoking cigarettes daily (past month), and having ever smoked a cigarette (Table 1). Most of these cigarette-related behaviors are also decreasing in prevalence in Rhode Island and across the nation like past month cigarette use, daily cigarette use, and having ever smoked a cigarette. According to the BRFSS, adults in RI have consistently reported less smokeless tobacco use than the nation (Table 6).

Comparable to the Nation

Despite decreasing prevalence, RI high school students fare comparably to the nation for reports of smokeless tobacco use (past month), smoking cigars in the past month, and using cigarettes, cigars, or smokeless tobacco in the past month (Table 1). According to the NSDUH, past month use of tobacco and past month use of cigarettes continues to decrease in Rhode Island and the nation over time. RI residents aged 12+ years continue to have comparable perceptions of risk from smoking (Table 5). According to the BRFSS, a similar trend can be seen for adult current smoking (past month) which has been consistently decreasing over time and continues to be comparable to the national average since 2011 (Table 6).

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New Concern

A newly collected indicator on the YRBSS in 2017 suggests RI high school students are significantly more likely to report past month tobacco use than the national average (Table 3). This is likely attributed to the use of electronic vapor products, since all other cigarette, cigar, and smokeless tobacco indicators are inconsistent. The increased prevalence among RI students relative to the nation remained across all gender, sexual orientation, and racial groups (Tables 3, 4). Also, RI prevalence is highest among all northeastern states with available data (Table 2).

Continuing Concern

The proportion of high school students who smoked more than 10 cigarettes per day exceeded the nation in 2013 through 2017, according to YRBSS (Table 2). While greater than national levels, smoking more than 10 cigarettes per day among Rhode Island high school smokers is also the highest level reported throughout the northeast region (Table 2). When examined by specific sub-populations, there was limited data availability due to small sample size.

Table 1: RI vs. US Tobacco Consumption among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	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	4.4	6.4	0.69	3.1	5.6	0.55	1.5	3.4	0.44	1.7	2.6	0.70
Initial Tobacco Use Before Age 13	7.1	10.3	0.69	5.6	9.3	0.60	5.5	6.6	0.83	7.3	9.5	0.80
Smoked Cigarettes Past Month	11.4	18.1	0.63	8.0	15.7	0.51	4.8	10.8	0.44	6.1	8.8	0.70
Tobacco Use Past Month	--	--	--	--	--	--	--	--	--	25.9	19.5	1.30
Smoked 10+ Cigarettes Per Day Past Month	8.6	7.8	1.10	13.0	8.6	1.51	11.7	7.9	1.48	18.1	9.7	1.90
Smoked Cigarettes Daily Past Month	3.2	4.8	0.67	2.3	4.0	0.58	1.1	2.3	0.48	1.2	2.0	0.60
Smokeless Tobacco Use Past Month	5.7	7.7	0.74	7.0	8.8	0.79	5.3	7.3	0.73	5.0	5.5	0.90
Smoked Cigars Past Month	13.3	13.1	1.01	9.4	12.6	0.75	8.4	10.3	0.81	6.8	8.0	0.90
Used Cigarettes, Cigars, Or Smokeless Tobacco Past Month	21.4	25.5	0.84	17.3	24.0	0.72	13.3	18.5	0.72	11.9	14.0	0.90
Ever Smoked a Cigarette	35.0	44.7	0.78	29.7	41.1	0.72	22.4	32.3	0.69	19.5	28.9	0.67

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. Tobacco Use Past Month includes those who smoked cigarettes or cigars or used smokeless tobacco or an electronic vapor product on at least 1 day during the past 30 days. Smoked 10+ Cigarettes per Day Past Month is defined as smoking more than 10 cigarettes in a single day on any day they smoked in the past 30 days, among students who currently smoked cigarettes. Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2: RI vs. Region Tobacco Consumption among High School Students (%), 2011-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Tobacco Use Past Month										
2017	19.5	25.9	--	24.6	22.5	--	--	19.3	18.7	18.9
Smoked 10+ Cigarettes Per Day Past Month										
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
2017	9.7	18.1	--	--	11.7	11.8	--	10.7	5.9	11.9

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 3: RI vs. US Gender and Sexual Orientation Disparities in Tobacco Consumption (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Tobacco Use Past Month								
2017	RI	29.7	20.9	24.3	40.4	33.1	34.7	32.6
	US	23.4	15.6	19.2	25.3	27.8	27.2	18.7
	RI/US Ratio	1.27	1.34	1.27	1.60	1.19	1.28	1.74
Smoked 10+ Cigarettes Per Day Past Month*								
2017	RI	--	--	12.3	--	--	--	--
	US	11.7	6.5	8.1	6.5	5.5	5.7	39.6
	RI/US Ratio	--	--	1.52	--	--	--	--

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)

Table 4: RI vs. US Racial Disparities in Tobacco Consumption (%), 2017

		Asian	Black	Hispanic	White	Multiple Races
Tobacco Use Past Month*						
2017	RI	--	17.2	21.7	28.5	24.7
	US	5.5	14.9	16.6	22.4	20.0
	RI/US Ratio	--	1.15	1.31	1.27	1.24
Smoked 10+ Cigarettes Per Day Past Month*						
2017	RI	--	--	--	--	--
	US	--	--	8.4	8.3	--
	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. *Sub-group data missing due to small sample size. Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 5: RI vs. US Tobacco Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Tobacco Use Past Month												
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
2015-2016	24.16	23.72	1.02	6.17	5.66	1.09	33.62	31.48	1.07	24.34	24.58	0.99
2016-2017	22.31	22.99	0.97	4.90	5.10	0.96	28.22	29.52	0.96	23.84	24.04	0.99
Perceived Risk of Smoking*												
2013-2014	74.02	71.06	1.04	66.58	65.28	1.02	70.85	66.43	1.07	75.43	72.55	1.04
2015-2016	74.94	72.80	1.03	68.14	68.71	0.99	69.71	68.29	1.02	76.61	74.04	1.03
2016-2017	73.68	72.21	1.02	68.47	68.24	1.00	68.66	67.57	1.02	75.12	73.44	1.02
Cigarette Use in the Past Month*												
2013-2014	20.10	21.05	0.95	4.72	5.25	0.90	28.01	29.49	0.95	20.29	21.53	0.94
2015-2016	19.19	19.23	1.00	3.69	2.80	1.31	24.92	25.12	0.99	19.79	20.09	0.99
2016-2017	17.66	18.47	0.96	2.97	3.29	0.90	21.15	22.90	0.92	18.56	19.54	0.95

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. *No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 6: RI vs. US Adult Tobacco Indicators (%), 2013-2018

	2013	2014	2015	2016	2017	2018
Smoking Past Month						
RI	17.4	16.3	15.5	14.4	15.0	14.6
US	19.0	18.1	17.5	17.0	17.1	16.1
RI/US Ratio	0.92	0.90	0.89	0.85	0.88	0.91
Smokeless Tobacco Use Past Month						
RI	1.9	2.0	2.0	1.5	2.1	1.8
US	4.3	4.2	4.0	4.0	4.0	4.2
RI/US Ratio	0.44	0.48	0.50	0.38	0.53	0.43

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)

Electronic Vapor Products

Tables

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[RI vs. US Adult E-Cigarette Indicators \(%\), 2016-2017](#).....TABLE 5



Electronic Vapor Product Indicator Performance

Electronic Vapor Product Indicators	Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Ever Used Electronic Vapor Products	YRBSS					
Electronic Vapor Product Use Past Month	YRBSS					
Current Frequent Electronic Vapor Product Use	YRBSS					
Current Daily Electronic Vapor Product Use	YRBSS					
Usually got Electronic Vapor Products in Store	YRBSS					
Ever E-Cig Use	BRFSS					
E-Cig Use Past Month	BRFSS					

Comparable to the Nation

RI high school students fare comparably to the nation for reports of having ever used electronic vapor products, current frequent vapor product use (past month), and current daily vapor product use (past month) (Table 1). According to the BRFSS data, a similar trend can be seen for adults having ever used e-cigarettes or current use (past month) (Table 5).

New Concern

Data pertaining to electronic vapor product use was not collected in the YRBSS until 2015 nor the BRFSS until 2016. One newer relevant indicator was introduced to the YRBSS in 2017, whether a student usually got their electronic vapor products in a store. The YRBSS 2017 data suggest RI high school students are significantly more likely to engage in electronic vapor product use in the past month and are more likely to get their electronic vapor products in a store (Table 3). Though all racial/ethnic, gender, and sexual orientation groups have higher prevalence than the nation for past month electronic vapor product use, RI prevalence is relatively consistent with other northeastern states (Table 2). However, RI has the highest percent of high school students reporting buying their products in store than all other northeastern states with data available. When examined by specific sub-populations, there was limited data availability due to small sample size.

Table 1: RI vs. US Electronic Vapor Product Use among High School Students (%), 2015-2017

% of Students (grades 9-12) Reporting:	2015			2017		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Ever Used Electronic Vapor Products	40.9	44.9	0.91	40.3	42.2	0.95
Electronic Vapor Product Use Past Month	19.3	24.1	0.80	20.1	13.2	1.53
Current Frequent Electronic Vapor Product Use	2.1	3.0	0.70	3.7	3.3	1.12
Current Daily Electronic Vapor Product Use	1.7	2.0	0.85	2.7	2.4	1.13
Usually got Electronic Vapor Products in Store	--	--	--	17.2	13.6	1.26

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. 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. Source: Youth Risk Behavior Surveillance System (YRBSS)

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Table 2: RI vs. Region Electronic Vapor Product Use among High School Students (%), 2015-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Electronic Vapor Product Use Past Month										
2015	24.1	19.3	--	23.7	16.8	25.0	--	21.7	24.1	15.3
2017	13.2	20.1	--	20.1	15.8	23.8	--	14.5	11.3	12.0
Usually got Electronic Vapor Products in Store										
2017	13.6	17.2	--	--	6.3	10.3	--	--	12.5	7.8

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 3: RI vs. US Gender and Sexual Orientation Disparities in Electronic Vapor Product Use (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Electronic Vapor Product Use Past Month								
2017	RI	22.3	17.0	20.1	26.5	19.4	21.1	17.7
	US	15.9	10.5	13.2	14.5	18.5	17.5	10.8
	RI/US Ratio	1.40	1.62	1.52	1.83	1.05	1.21	1.64
Usually got Electronic Vapor Products in Store*								
2017	RI	20.3	12.9	18.3	--	10.5	9.5	--
	US	15.6	10.8	14.1	5.9	11.6	10.5	21.3
	RI/US Ratio	1.30	1.19	1.30	--	0.91	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. *Sub-group data missing due to small sample size. Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 4: RI vs. US Racial Disparities in Electronic Vapor Product Use (%), 2017

		Asian	Black	Hispanic	White	Multiple Races
Electronic Vapor Product Use Past Month*						
2017	RI	--	12.3	16.2	22.7	19.8
	US	3.7	8.5	11.4	15.6	12.9
	RI/US Ratio	--	1.45	1.42	1.46	1.53
Usually got Electronic Vapor Products in Store*						
2017	RI	--	--	--	17.9	--
	US	--	14.5	10.8	14.8	--
	RI/US Ratio	--	--	--	1.21	--

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)

Table 5: RI vs. US Adult E-Cig Indicators (%), 2016-2017

	2016	2017
Ever E-Cig Use		
RI	20.8	19.7
US	21.9	20.7
RI/US Ratio	0.95	0.95
E-Cig Use Past Month		
RI	4.5	4.9
US	4.7	4.6
RI/US Ratio	0.96	1.07

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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Alcohol

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Alcohol Indicator Performance

Alcohol Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Alcohol Use Past Month		YRBSS					
Binge Drinking Past Month		YRBSS					
Initial Alcohol Use Before Age 13		YRBSS					
Rode in Car with Drinking Driver Past Month		YRBSS					
Ever Drank Alcohol		YRBSS					
Source of Alcohol		YRBSS					
Alcohol Use Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
DSM-IV Alcohol Use Disorder Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Needing but Not Receiving Treatment for Alcohol	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Perception of Great Risk of Having 5+ Drinks Once or Twice a Week	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Alcohol Use Past Month (Age 12-20)		NSDUH					
Binge Drinking Past Month (Age 12-20)		NSDUH					
Alcohol Use Past Month		BRFSS					
Binge Drinking Past Month		BRFSS					
Drinking and Driving		BRFSS					

Sustained Progress

Rhode Island continues to fare better than the nation for high school student past month alcohol use, binge drinking (past month), initial use of alcohol before age 13, and having ever drank alcohol since 2011. The prevalence of high school student past month alcohol use and binge drinking past month are decreasing in Rhode Island and across the nation (Table 6).

Recent Progress

Having previously been comparable to the nation, RI high school student reports of riding with a drinking driver (past month) recently improved relative to the US in 2017 YRBS data. Prevalence of riding with a drinking driver in the past month has been declining in RI and the nation since 2011 (Table 1).

Comparable to the Nation

In 2017, Rhode Island high school student reports of usually obtaining the alcohol they drank by someone giving it to them in the past 30 days were comparably prevalent to the national average (Table 1). NSDUH data regarding perception of harm from having 5+ drinks once or twice a week suggest RI resident perceptions for all age groups 12+ years are similar to national perceptions (Table 2). Annual BRFSS data show alcohol use (past month), binge drinking (past month) and

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drinking and driving among adults in Rhode Island has consistently been comparable to the nation since 2015 and prevalence has remained the same (Table 8).

New Concern

DSM-IV alcohol use disorder in the past year among 12-17 and 18-25 year olds exceed the United States average, according to data from 2016-2017 NSDUH (Table 2). However, these same rates are fairly consistent with other northeastern states (Table 4). Similarly, needing but not receiving treatment for alcohol use in the past month among 12-17 and 18-25 year olds exceeded the nation in the most recent year of data, but 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. Also, Rhode Island is comparable to other northeastern states when looking at needing but not receiving treatment for alcohol use in the past month among 12-17 and 18-25 year olds (Table 5).

Continuing Concern

Past month alcohol use among all age groups 12+ in RI exceed that of the nation for the past two years of available NSDUH data (2015-2016 and 2016-2017). While national alcohol use has steadily decreased over time, it has held relatively constant in RI and comparable to other northeastern states. DSM-IV alcohol use disorder in the past year among 26+ year olds exceed the United States average, according to data from 2015-2016 and 2016-2017 NSDUH (Table 2). This rate is also relatively high across the northeastern states, with only Massachusetts and Vermont exceeding RI (Table 4). Similarly, needing but not receiving treatment for alcohol use in the past month among 26+ year old Rhode Islanders exceeded the nation in the two most recent years of data; with only Massachusetts surpassing RI among the northeastern states (Table 5). Newly released indicators specific to 12 to 20-year olds, particularly alcohol use in the past month and binge drinking in the past month, suggest the Rhode Islanders consistently surpass the prevalence rates of the nation, exceeded only by Massachusetts and Vermont in the northeast (Table 6).

Table 1: RI vs. US Alcohol Indicators among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Alcohol Use Past Month	30.0	38.7	0.78	30.9	34.9	0.89	26.1	32.8	0.80	23.2	29.9	0.78
Binge Drinking Past Month	18.3	21.9	0.84	15.3	20.8	0.74	12.8	17.7	0.72	11.2	13.5	0.83
Initial Alcohol Use Before Age 13	15.6	20.5	0.76	13.5	18.6	0.73	11.4	17.2	0.66	12.1	15.5	0.78
Rode in Car with Drinking Driver Past Month	21.9	24.1	0.91	20.1	21.9	0.92	17.5	20.0	0.88	13.9	16.5	0.84
Ever Drank Alcohol	62.0	70.8	0.87	-	66.2	-	52.5	63.2	0.83	50.4	60.4	0.83
Source of Alcohol*	-	40.0	-	32.2	41.8	0.77	39.2	44.1	0.89	38.2	43.5	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 of Alcohol 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)

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Table 2: RI vs. US Alcohol Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Alcohol Use Past Month												
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
2015-2016	61.03	51.70	1.18	12.10	9.60	1.26	67.35	58.30	1.15	65.05	55.60	1.17
2016-2017	60.15	51.21	1.17	11.01	9.54	1.16	67.96	56.74	1.20	63.88	55.22	1.16
DSM-IV Alcohol Use Disorder Past Year												
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
2015-2016	6.84	5.73	1.19	2.32	2.23	1.04	11.98	10.80	1.10	6.39	5.31	1.20
2016-2017	6.74	5.46	1.23	2.25	1.87	1.20	12.48	10.35	1.21	6.17	5.09	1.21
Needing but Not Receiving Treatment for Alcohol Use*												
2013-2014	7.07	6.20	1.14	2.74	2.62	1.05	15.5	12.22	1.27	5.95	5.61	1.06
2015-2016	6.56	5.48	1.20	2.22	2.15	1.03	11.03	10.47	1.05	6.20	5.05	1.23
2016-2017	6.49	5.22	1.24	2.10	1.79	1.17	12.05	9.99	1.21	5.95	4.85	1.23
Perception of Great Risk of Having 5+ Drinks Once or Twice a Week**												
2013-2014	37.37	40.79	0.92	37.91	39.09	0.97	29.07	33.36	0.87	39.36	42.27	0.93
2016-2017	39.63	44.50	0.89	41.58	43.83	0.95	34.74	37.53	0.93	40.31	45.72	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. *No data available for 2014-2015. **No data available for 2014-2015 or 2015-2016. Source: National Survey on Drug Use and Health (NSDUH)

Table 3: RI vs. Region Alcohol Use Past Month (%), by Age Group, 2014-2017

		Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2014-2015	12+	52.18	59.37	60.33	57.91	60.41	63.63	56.67	54.60	56.56	60.67	
	12-17	10.58	13.23	13.61	12.21	12.47	13.12	13.88	12.57	11.34	13.16	
	18-25	58.96	65.22	67.18	69.15	66.34	68.92	63.69	61.51	63.95	70.65	
	26+	56.04	63.25	64.76	60.89	64.39	68.72	60.63	58.01	60.32	63.80	
2015-2016	12+	51.70	61.03	59.09	59.17	56.97	63.54	53.56	54.65	55.78	60.17	
	12-17	9.60	12.10	11.21	11.31	11.71	11.49	10.55	11.37	10.02	12.86	
	18-25	58.30	67.35	67.37	69.57	64.86	69.23	61.28	62.60	62.27	69.00	
	26+	55.60	65.05	63.34	62.48	60.35	68.17	57.40	57.99	59.72	63.39	
2016-2017	12+	51.21	60.15	60.21	61.36	56.16	63.12	53.13	54.73	56.42	62.09	
	12-17	9.54	11.01	11.42	12.72	11.24	11.30	10.87	9.85	10.06	13.62	
	18-25	56.74	67.96	67.03	70.51	64.29	69.33	59.91	62.07	60.30	70.91	
	26+	55.22	63.88	64.73	64.91	59.37	67.56	56.99	58.29	60.79	65.34	

NOTE: Ratios greater than 1.14 indicate those indicators where RI exceeds the US average. Ratios less than 0.86 indicate those indicators where RI is below the US average. Source: National Survey on Drug Use and Health (NSDUH)

Table 4: RI vs. Region DSM-IV Alcohol Use Disorder Past Year (%), Age Group, 2014-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2014-2015	12+	6.14	6.98	6.90	6.70	5.33	7.20	5.72	6.41	6.45	6.95
	12-17	2.62	2.86	2.74	2.98	2.52	2.68	3.24	2.51	2.53	2.75
	18-25	12.64	13.38	13.00	12.58	12.07	14.12	11.42	11.59	13.26	15.50
	26+	5.91	6.16	6.40	6.07	4.69	6.59	5.15	5.95	5.79	5.89
2015-2016	12+	5.73	6.84	6.78	7.52	5.68	6.02	4.83	6.07	5.62	6.80
	12-17	2.23	2.32	2.82	2.56	2.42	2.28	2.19	2.21	2.12	2.60
	18-25	10.80	11.98	11.34	12.93	11.61	12.01	11.24	11.16	11.99	15.21
	26+	5.31	6.39	6.50	7.11	5.21	5.47	4.18	5.64	5.00	5.75
2016-2017	12+	5.46	6.74	6.10	7.12	5.62	6.13	4.71	5.67	4.97	7.26
	12-17	1.87	2.25	2.68	2.18	2.26	1.98	1.54	1.79	1.50	2.53
	18-25	10.35	12.48	11.18	14.10	10.50	12.94	11.11	9.80	10.32	16.03
	26+	5.09	6.17	5.68	6.44	5.29	5.52	4.13	5.41	4.52	6.20

NOTE: Ratios greater than 1.14 indicate those indicators where RI exceeds the US average. Ratios less than 0.86 indicate those indicators where RI is below the US average. Source: National Survey on Drug Use and Health (NSDUH)

Table 5: RI vs. Region Needing but Not Receiving Treatment for Alcohol Use (%), Age Group, 2015-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015-2016	12+	5.48	6.56	6.45	6.90	5.44	5.83	4.75	5.60	5.48	6.08
	12-17	2.15	2.22	2.62	2.33	2.39	2.17	2.17	2.09	2.03	2.39
	18-25	10.47	11.03	10.72	12.23	10.10	10.62	11.74	10.38	11.60	13.13
	26+	5.05	6.20	6.20	6.46	5.11	5.46	4.00	5.18	4.89	5.21
2016-2017	12+	5.22	6.49	5.77	6.70	5.41	5.95	4.61	5.43	4.90	6.65
	12-17	1.79	2.10	2.41	2.01	2.13	1.84	1.54	1.71	1.41	2.32
	18-25	9.99	12.05	10.21	13.13	9.80	11.83	11.08	9.36	10.19	14.44
	26+	4.85	5.95	5.44	6.09	5.14	5.46	4.00	5.19	4.46	5.72

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. *No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 6: RI vs. US Alcohol Indicators for Ages 12-20 Years, 2013-2017

	RI	US	RI/US Ratio
Alcohol Use Past Month			
2013-2014	31.07	22.76	1.37
2014-2015	28.02	21.57	1.30
2015-2016	24.94	19.83	1.26
2016-2017	25.70	19.50	1.32
Binge Drinking Past Month*			
2013-2014	19.26	22.76	0.85
2015-2016	15.98	12.71	1.25
2016-2017	17.22	12.00	1.43

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. *No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

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Table 7: RI vs. Region Alcohol Indicators (%) Ages 12-20 Years, 2014-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Alcohol Use Past Month										
2014-2015	21.57	28.02	27.67	29.63	25.68	27.78	25.97	24.72	24.79	30.60
2015-2016	19.83	24.94	26.24	29.24	24.83	28.06	21.18	23.24	22.43	19.63
2016-2017	19.50	25.70	23.92	31.78	24.13	25.45	20.97	20.64	20.92	28.21
Binge Drinking Past Month*										
2015-2016	12.71	15.98	16.60	18.32	16.22	17.85	13.08	15.43	15.25	20.65
2016-2017	12.00	17.22	15.82	22.14	15.16	15.79	12.35	13.36	13.85	19.60

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. *No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 8: RI vs. US Adult Alcohol Consumption (%), 2013-2018

	Alcohol Use Past Month			Binge Drinking Past Month			Drinking and Driving		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
2013	62.2	54.4	1.14	17.8	16.8	1.06	--	--	--
2014	63.2	53.1	1.19	18.4	16.0	1.15	4.0	3.3	1.21
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

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)

Marijuana

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Marijuana Indicator Performance

Marijuana Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Marijuana Use Past Month		YRBSS					
Initial Marijuana Use Before Age 13		YRBSS					
Ever Use Synthetic Marijuana		YRBSS					
Ever Use Marijuana		YRBSS					
Marijuana Use Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Perceptions of Great Risk of Smoking Marijuana Once a Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						

Comparable to the Nation

Rates of high school student initial use of marijuana before age 13, having ever used synthetic marijuana, and having ever used marijuana are comparable to the nation and have been since 2011 (Table 1). Since 2011-2012, data consistently showed Rhode Islanders aged 12-17 years had a lower perception of harm of marijuana compared to the nation, but the most recent data from 2016-2017 suggest these perceptions are comparable to the national average (Table 5).

New Concern

In 2013 and 2015 past month marijuana use among RI high school students was comparable to the nation, yet 2017 data show RI prevalence at 23.3%, whilst the national average is 19.8% (Table 1). Those RI high school students more likely to use marijuana (past month) than their national counterparts are female, heterosexual or not sure of their sexual orientation, white or multiple races.

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 1). Prevalence of past month marijuana use among Rhode Islanders aged 12+ years ranks third highest in the northeast after Vermont and Maine (Table 6). Since 2011-2012, data have consistently shown that Rhode Islanders 18-25 years and 26+ years are less likely to perceive marijuana as harmful compared to the nation (Table 7).

Table 1: RI vs. US Marijuana Use among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Marijuana Use Past Month	26.3	21.3	1.23	23.9	23.4	1.02	23.6	21.7	1.08	23.3	19.8	1.18
Initial Marijuana Use Before Age 13	7.1	8.1	0.88	6.8	8.6	0.79	6.7	7.5	0.89	7.1	6.8	1.04
Ever Use Synthetic Marijuana	--	--	--	--	--	--	8.8	9.2	0.95	6.0	6.9	0.87
Ever Use Marijuana	40.1	39.9	1.00	39.5	40.7	0.97	38.7	38.6	1.00	36.9	35.6	1.04

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: RI vs. Region Marijuana Use Past Month among High School Students (%), 2011-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2011	23.1	26.3	24.1	27.9	21.2	28.4	21.1	20.5	--	24.4
2013	23.4	23.9	26.0	24.8	21.3	24.4	21.0	21.4	--	25.7
2015	21.7	23.6	20.4	24.5	19.9	22.2	--	19.3	18.2	22.4
2017	19.8	23.3	20.4	24.1	18.8	23.1	--	18.4	17.7	23.5

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 3: RI vs. US Gender and Sexual Orientation Disparities in Marijuana Use Past Month (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
2017	RI	22.6	23.4	22.4	29.3	30.9	30.6	22.0
	US	20.0	19.6	19.1	30.0	30.8	30.6	18.9
	RI/US Ratio	1.13	1.19	1.17	0.98	1.00	1.00	1.16

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: Youth Risk Behavior Surveillance System (YRBSS)

Table 4: RI vs. US Racial Disparities in Marijuana Use Past Month (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races
2017	RI	--	26.7	22.6	22.3	38.2
	US	7.3	25.3	23.4	17.7	20.3
	RI/US Ratio	--	1.06	0.97	1.26	1.88

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

Table 5: RI vs. US Marijuana Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Marijuana Use Past Month												
2013-2014	12.75	7.96	1.60	10.69	7.22	1.48	28.90	19.32	1.50	9.92	6.11	1.62
2014-2015	13.02	8.34	1.56	10.19	7.20	1.42	28.89	19.70	1.47	10.39	6.55	1.59
2015-2016	15.21	8.60	1.77	10.50	6.75	1.56	32.00	20.30	1.58	12.65	6.88	1.84
2016-2017	15.75	9.23	1.71	9.49	6.46	1.47	31.86	21.45	1.49	13.51	7.56	1.79
Perceptions of Great Risk of Smoking Marijuana Once a Month*												
2013-2014	21.12	27.35	0.77	18.94	23.54	0.80	9.06	14.22	0.64	23.67	30.09	0.79
2015-2016	20.84	28.41	0.73	21.72	27.17	0.80	9.75	14.32	0.68	22.79	30.92	0.74
2016-2017	21.01	26.91	0.78	22.26	25.75	0.86	10.00	12.89	0.78	22.88	29.35	0.78

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. *Data unavailable for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 6: RI vs. Region Marijuana Use Past Month (%) by Age Group, 2014-2017

Age Group		US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2014-2015	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	18.97	34.95
	26+	6.55	10.39	7.25	9.21	11.84	9.65	5.23	7.54	6.02	11.61
2015-2016	12+	8.60	15.21	9.36	11.85	14.69	12.06	6.77	9.68	8.20	16.96
	12-17	6.75	10.50	7.95	8.68	9.70	8.06	5.72	7.28	6.25	9.44
	18-25	20.30	32.00	26.94	27.58	30.85	28.30	20.55	23.38	20.04	38.16
	26+	6.88	12.65	6.66	9.45	13.00	9.93	4.83	7.65	6.55	14.00
2016-2017	12+	9.23	15.75	10.59	13.38	15.81	12.90	7.15	9.47	8.23	18.64
	12-17	6.46	9.49	7.91	8.91	9.89	8.64	5.16	6.75	5.59	10.75
	18-25	21.45	31.86	30.35	30.27	34.38	28.93	22.34	23.35	21.38	38.80
	26+	7.56	13.51	7.69	10.94	13.89	10.86	5.12	7.50	6.48	15.91

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: National Survey on Drug Use and Health (NSDUH)

Table 7: RI vs. Region Perceptions of Great Risk of Smoking Marijuana Once a Month (%) by Age Group, 2015-2017

Age Group		US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015-2016	12+	28.41	20.84	23.76	22.14	19.65	18.78	32.12	28.51	24.78	18.23
	12-17	27.17	21.72	24.73	23.37	20.37	23.74	30.66	27.79	26.68	20.62
	18-25	14.32	9.75	11.29	11.56	7.86	7.79	14.16	14.43	10.88	7.70
	26+	30.92	22.79	25.69	23.86	21.19	20.01	35.00	30.97	26.78	19.85
2016-2017	12+	28.41	21.01	22.00	19.61	18.07	18.97	32.09	27.18	24.10	15.46
	12-17	27.17	22.26	22.39	20.33	19.33	22.78	29.71	26.53	25.24	17.10
	18-25	14.32	10.00	10.42	9.02	7.90	7.55	13.18	13.15	11.67	6.83
	26+	30.92	22.88	23.86	21.37	19.33	20.36	35.18	29.52	25.97	16.82

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)

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Heroin & Opioids

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Heroin & Opioid Indicator Performance

Heroin/Opioid Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Ever Use Heroin		YRBSS					
Heroin Use Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Nonmedical Use of Pain Relievers Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Opioid Overdose Death Rate		NVSS					

Comparable to the Nation

Results from the NSDUH (Table 5) suggest that the prevalence of nonmedical use of pain relievers (past year) and perceptions of risk from heroin among all age groups 12+ years are comparable to the national average. Generally, 12-17 year olds perceive heroin use to be much less harmful than all other age groups.

Continuing Concern

Data from the YRBSS (Table 1) 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 2015. RI high school student reports of having ever used heroin rank among the highest in the northeast, second only to New York (Table 2). When broken down by sexual orientation and racial identity, all demographic groups (except Asian and multiracial) exceed the national average, with males, sexual minorities, blacks and Hispanics most likely to report use (Tables 3,4). NSDUH data suggest consistent findings—with all age groups 12+ years in Rhode Island exceeding the nation for heroin use in the past year (Table 5). Yet, RI is comparable to other northeastern states (Table 6). Despite this ongoing concern, 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. Rhode Island age-adjusted opioid overdose deaths per 100,000 (Table 7). far exceed the national average. Rhode Island has had the highest rate of opioid overdose death in previous years, however since 2017, RI has been surpassed by Connecticut, Massachusetts, Maine, and New Hampshire (Table 7).

Table 1: RI vs. US Ever Use Heroin among High School Students (%), 2015-2017

% of Students (grades 9-12) Reporting:	2015	2017
RI	3.6	3.8
US	2.1	1.7
RI/US Ratio	1.71	2.24

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. No data available 2007-2013. Source: Youth Risk Behavior Surveillance System (YRBSS)

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Table 2: RI vs. Region Ever Use Heroin among High School Students (%), 2015-2017

	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

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 3: RI vs. US Gender and Sexual Orientation Disparities in Ever Use Heroin (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
2017	RI	5.1	1.6	2.2	16.1	7.4	9.3	15.9
	US	2.4	0.9	1.1	5.1	3.1	3.5	7.7
	RI/US Ratio	2.13	1.78	2.00	3.16	2.39	2.66	2.06

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. Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 4: RI vs. US Racial Disparities in Ever Use Heroin (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races
2017	RI	--	7.4	5.0	2.4	1.0
	US	1.5	2.2	1.8	1.1	3.1
	RI/US Ratio	--	3.36	2.78	2.18	0.32

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)

Table 5: RI vs. US Heroin & Opioid Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Heroin Use Past Year												
2013-2014	0.29	0.30	0.97	0.12	0.12	1.00	0.83	0.73	1.14	0.21	0.25	0.84
2014-2015	0.41	0.33	1.24	0.14	0.10	1.40	0.97	0.69	1.41	0.33	0.29	1.14
2015-2016	0.44	0.10	4.40	0.09	0.00	9.00	0.74	0.30	2.47	0.42	0.10	4.20
2016-2017	0.43	0.34	1.26	0.06	0.05	1.20	0.69	0.64	1.08	0.43	0.32	1.34
Nonmedical Use of Pain Relievers Past Year												
2013-2014	4.15	4.06	1.02	4.25	4.67	0.91	8.31	8.32	1.00	3.35	3.26	1.03
2014-2015	-	-	-	-	-	-	-	-	-	-	-	-
2015-2016	4.75	4.46	1.07	3.55	3.72	0.95	7.99	7.82	1.02	4.29	4.00	1.07
2016-2017	4.59	4.17	1.10	3.32	3.31	1.00	7.42	7.13	1.04	4.22	3.79	1.11
Perceptions of Great Risk from Trying Heroin Once or Twice												
2015-2016	85.35	85.44	0.99	64.05	65.41	0.97	82.91	82.80	1.00	88.01	88.23	0.99
2016-2017	84.99	86.00	0.98	63.88	65.92	0.97	81.28	82.76	0.98	87.84	88.85	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. Nonmedical use of pain relievers 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; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs. Perception of harm from trying heroin data were not available prior to 2015-2016. Source: National Survey on Drug Use and Health (NSDUH)

Table 6: RI vs. Region Heroin Use in the Past Year (%) by Age Group, 2014-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2014-2015	12+	0.33	0.41	0.87	0.23	0.58	0.62	0.68	0.52	-	0.77
	12-17	0.10	0.14	0.10	0.08	0.17	0.22	0.16	0.11	-	0.18
	18-25	0.69	0.97	1.07	0.65	1.21	1.90	1.30	0.79	-	1.47
	26+	0.29	0.33	0.93	0.18	0.54	0.46	0.65	0.52	-	0.72
2015-2016	12+	0.10	0.44	0.71	0.36	0.48	0.87	0.51	0.42	0.44	0.56
	12-17	0.00	0.09	0.07	0.03	0.02	0.14	0.09	0.08	0.11	0.15
	18-25	0.30	0.74	1.21	0.66	1.15	1.90	0.92	0.63	0.84	1.19
	26+	0.10	0.42	0.70	0.35	0.43	0.79	0.50	0.42	0.41	0.49
2016-2017	12+	0.34	0.43	0.70	0.42	0.51	0.68	0.45	0.30	0.58	0.48
	12-17	0.05	0.06	0.06	0.03	0.05	0.09	0.05	0.04	0.08	0.08
	18-25	0.64	0.69	1.31	0.62	1.24	1.43	0.82	0.46	1.04	1.05
	26+	0.32	0.43	0.68	0.43	0.45	0.62	0.44	0.30	0.57	0.42

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 7: RI vs. Region Opioid Overdose Death Rate per 100,000 (Age-Adjusted), 2013-2017

	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

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)

Other Drugs & Consequences

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Other Drugs & Consequences Indicator Performance

Other Drugs Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Ever Use Cocaine		YRBSS					
Ever Use Ecstasy		YRBSS					
Ever Misuse Prescription Pain Medication		YRBSS					
Ever Misuse Steroids		YRBSS					
Illicit Drug Use Other than Marijuana Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Illicit Drug Use Past Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Needing but Not Receiving Treatment for Illicit Drug Use	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Needing but Not Receiving Treatment for Substance Use	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Cocaine Use Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Perceptions of Great Risk from Using Cocaine Once a Month	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Methamphetamine Use Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Malignant Neoplasms Death Rate		NVSS					
Circulatory System Disease Death Rate		NVSS					
Chronic Lower Respiratory Disease Death Rate		NVSS					
Alcoholic Liver Disease Death Rate		NVSS					
Drug-induced Death Rate		NVSS					
Alcohol-induced Death Rate		NVSS					

Recent Progress

According to a new indicator in 2017 YRBSS data, high school student reports of prescription pain medication misuse are significantly lower in Rhode Island than the nation, with prevalence of 9.8% versus 14.0%, respectively (Table 1). A new indicator in 2016-2017 NSDUH data suggest 18-25-year olds and those 26+ years in Rhode Island are less likely to use methamphetamines than their counterparts across the nation, with prevalence estimates below 0.5% (Table 10).

Comparable to the Nation

According to the YRBSS, Rhode Island high school student reports of ever using cocaine and ever using ecstasy have been comparable to US values since 2015 (Table 1). Needing but not receiving

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treatment for substance use among 26+ year olds in RI was a concern in 2015-2016 but is comparable to the nation according to most recent 2016-2017 NSDUH data (Table 5). Rhode Islanders aged 12+ years have comparable perceptions of harm from cocaine as their counterparts across the nation (Table 10). A new indicator in 2016-2017 NSDUH data suggest 12-17-year olds in Rhode Island are just as likely to use methamphetamines as others in the US (Table 10). Rhode Island mortality has been comparable to the nation since 2014 for death due to: malignant neoplasms, circulatory system disease, chronic lower respiratory disease, and alcoholic liver disease. Alcohol-induced mortality in RI has historically exceed that of the nation, but most recent data from 2017 suggest improvement relative to the nation—and are now comparable (Table 12).

New Concern

A new indicator to RI YRBS in 2015, having ever misused steroids, shows RI high school student reports exceed that of the nation in 2017, with 4.6% and 2.9%, respectively (Table 2). Few states have data for steroid misuse, but RI does exceed PA prevalence. All sexual orientation and racial groups of students were more likely to misuse steroids than national estimates except females and those who are multiracial (Tables 3,4) According to NSDUH, prevalence for past month illicit drug use other than marijuana among 12-17 year olds continues to increase and has become a concern for Rhode Island relative to the nation in 2016-2017 (Table 5). Rhode Island also has the highest rate across all northeastern states (Tables 6, 7).

Continuing Concern

According to NSDUH, prevalence for past month illicit drug use other than marijuana among 18-25 and 26+ year olds has remained a concern for Rhode Island relative to the nation in 2015-2016 and 2016-2017 (Table 5). For 18-25-year olds in 2016-2017, illicit drug use other than marijuana in the past month was comparable to other northeastern states. However, among those 26+ years, RI has the highest rate in the northeast (Table 6). Similarly, NSDUH data suggest all age groups 12+ years in Rhode Island continue to exceed the nation for any illicit drug use in the past month (Table 5), with those 12-17 years old having the highest rate in the northeast in 2016-2017, those 18-25 years comparable to other northeastern states, and those 26+ years surpassed only by Vermont. Rhode Islanders across all age groups have higher rates of needing but not receiving treatment for illicit drug use compared to the nation since 2015-2016; the same is true among 12-17 and 18-25-year olds needing but not receiving treatment for substance use (Table 5). RI is second only to Vermont for 12-17-year olds needing but not receiving treatment for substance use, while rates for 18-25 year olds are comparable to other northeastern states. Past year cocaine use based upon NSDUH data (Table 10) continues to be a concern among all age groups relative to the nation since 2014-2015, with a prevalence of 7.68% among RI 18-25-year olds in 2016-2017. Rates of past year cocaine use for all age groups 12+ years are comparable to other northeastern states (Table 11). Drug-induced mortality in RI has consistently increased and exceeded that of the nation since 2014 (Table 13). Drug-induced mortality in RI is highest among 35-44 year olds and exceeds the national rate for all age groups except those 55-64 years old. Drug-induced mortality for 45-54-year olds in RI is among the highest in the northeast, after Pennsylvania and Massachusetts (Table 13). These rates were higher than the nation's for all racial/ethnic and gender groups (Tables 14, 15).

Table 1: RI vs. US Other Drug Use among High School Students (%), 2013-2017

% of Students (grades 9-12) Reporting:	2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Ever Use Cocaine	4.5	5.5	0.82	4.8	5.2	0.92	4.4	4.8	0.92
Ever Use Ecstasy	--	--	--	5.1	5.0	1.02	3.9	4.0	0.98
Ever Misuse Prescription Pain Medication	--	--	--	--	--	--	9.8	14.0	0.70
Ever Misuse Steroids	--	3.2	--	3.8	3.5	1.09	4.6	2.9	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. Prescription pain med 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. Steroid misuse was defined as ever taking steroids without a doctor's prescription including pills or shots.

Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 2: RI vs. Region Ever Misuse Steroids among High School Students (%), 2015-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015	3.5	3.8	--	--	--	--	--	--	2.5	--
2017	2.9	4.6	--	--	--	--	--	--	2.7	--

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 3: RI vs. US Gender and Sexual Orientation Disparities in Ever Misuse Steroids (%), 2017

		Male	Female	Hetero-sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
2017	RI	5.5	2.7	3.2	16.0	7.1	9.1	13.2
	US	3.3	2.4	2.3	8.2	5.5	6.1	6.5
	RI/US Ratio	1.67	1.13	1.30	1.95	1.29	1.49	2.03

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 4: RI vs. US Racial Disparities in Ever Misuse Steroids (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races
2017	RI	--	8.7	5.1	3.4	0.5
	US	2.7	3.6	3.5	2.2	2.9
	RI/US Ratio	--	2.42	1.46	1.55	0.17

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

Table 5: RI vs. US Other Drug Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Illicit Drug Use Other than Marijuana Past Month												
2015-2016	4.23	3.42	1.24	2.64	2.71	0.97	9.63	7.32	1.32	3.41	2.86	1.19
2016-2017	4.31	3.38	1.28	2.84	2.43	1.17	8.90	7.07	1.26	3.64	2.88	1.26
Any Illicit Drug Use Past Month												
2013-2014	14.53	9.77	1.48	12.14	9.11	1.33	31.02	21.75	1.42	11.67	7.81	1.49
2014-2015	--	--	--	--	--	--	--	--	--	--	--	--
2015-2016	16.57	10.36	1.59	12.47	8.34	1.50	33.63	22.75	1.48	13.90	8.54	1.63
2016-2017	17.45	10.90	1.60	11.81	7.88	1.50	33.07	23.69	1.40	15.24	9.18	1.66
Needing but Not Receiving Treatment for Illicit Drug Use												
2013-2014	2.86	2.35	1.22	3.69	3.29	1.12	7.18	6.40	1.12	1.96	1.55	1.26
2014-2015	--	--	--	--	--	--	--	--	--	--	--	--
2015-2016	3.68	2.53	1.45	4.61	3.14	1.47	8.76	6.62	1.32	2.66	1.78	1.49
2016-2017	3.07	2.45	1.25	3.64	2.92	1.25	7.70	6.58	1.17	2.18	1.72	1.27
Needing but Not Receiving Treatment for Substance Use												
2015-2016	8.53	7.08	1.20	5.68	4.38	1.30	16.48	14.34	1.15	7.39	6.20	1.19
2016-2017	7.96	6.82	1.17	4.61	3.89	1.19	16.40	14.07	1.17	6.79	5.98	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. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, Hallucinogens, inhalants, or methamphetamine. Illicit Drug Use Other Than Marijuana includes the misuse of prescription psychotherapeutics or the use of 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 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* 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). Needing But Not Receiving Substance Use Treatment refers to respondents who are classified as needing illicit drug or alcohol treatment, but who did not receive illicit drug or alcohol treatment at a specialty facility. Source: *National Survey on Drug Use and Health (NSDUH)*

Table 6: RI vs. Region Illicit Drug Use Other than Marijuana in the Past Month (%) by Age Group 2015-17

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015-2016	12+	3.42	4.23	3.68	3.75	2.75	3.88	2.91	3.42	3.59	4.68
	12-17	2.71	2.64	2.65	2.25	2.61	2.28	2.14	2.22	2.20	2.15
	18-25	7.32	9.63	9.27	8.44	6.32	11.40	7.48	6.91	7.61	13.92
	26+	2.86	3.41	2.89	3.10	2.28	2.86	2.32	2.96	3.11	3.32
2016-2017	12+	3.38	4.31	3.73	4.26	2.97	3.66	2.74	3.30	3.36	4.71
	12-17	2.43	2.84	2.27	2.29	2.14	2.63	1.92	1.91	2.02	2.40
	18-25	7.07	8.90	9.26	9.19	7.40	10.37	6.68	6.89	7.79	14.55
	26+	2.88	3.64	3.00	3.62	2.45	2.73	2.25	2.87	2.81	3.23

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. Illicit Drug Use Other Than Marijuana includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Source: *National Survey on Drug Use and Health (NSDUH)*

Table 7: RI vs. Region Any Illicit Drug Past Month (%) by Age Group, 2013-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2013-2014	12+	9.77	14.53	9.91	13.23	13.50	12.60	7.96	10.42	9.20	14.46
	12-17	9.11	12.14	9.53	9.69	10.82	11.10	7.95	9.41	8.88	12.73
	18-25	21.75	31.02	24.25	31.09	29.11	32.01	19.19	22.04	22.24	32.30
	26+	7.81	11.67	7.65	10.49	11.60	9.74	6.27	8.53	7.11	11.55
2015-2016	12+	10.36	16.57	10.95	14.01	14.86	13.43	8.13	11.16	10.51	18.20
	12-17	8.34	12.47	9.48	10.32	10.96	8.98	6.90	8.43	7.60	10.90
	18-25	22.75	33.63	28.86	30.10	31.20	32.23	23.31	25.14	22.97	40.00
	26+	8.54	13.90	8.21	11.61	13.03	10.94	6.01	9.12	8.87	15.12
2016-2017	12+	10.90	17.45	12.33	16.00	16.35	14.28	8.45	11.06	10.15	19.41
	12-17	7.88	11.81	9.64	10.90	10.67	9.87	6.37	7.86	6.73	11.80
	18-25	23.69	33.07	32.68	33.41	36.10	32.43	25.09	25.04	23.74	40.32
	26+	9.18	15.24	9.34	13.55	14.25	11.93	6.22	9.12	8.42	16.53

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. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 8: RI vs. Region Needing but Not Receiving Treatment for Illicit Drug Use (%) by Age Group 2013-17

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2013-2014	12+	2.35	2.86	2.47	2.71	2.26	2.39	2.13	2.52	2.34	2.66
	12-17	3.29	3.69	3.13	3.43	2.89	3.57	2.93	3.03	2.78	3.14
	18-25	6.40	7.18	7.63	7.50	7.24	7.23	6.46	6.24	6.40	8.02
	26+	1.55	1.96	1.56	1.79	1.50	1.50	1.39	1.82	1.63	1.68
2015-2016	12+	2.53	3.68	3.26	3.15	2.45	2.87	1.84	2.49	2.41	3.28
	12-17	3.14	4.61	3.70	3.00	2.93	3.05	2.41	2.76	2.23	3.23
	18-25	6.62	8.76	8.55	7.54	6.3	8.17	5.59	6.78	6.09	9.72
	26+	1.78	2.66	2.35	2.41	1.84	2.02	1.22	1.75	1.85	2.15
2016-2017	12+	2.45	3.07	3.11	3.03	2.70	2.66	1.85	2.52	2.23	3.30
	12-17	2.92	3.64	3.25	2.90	2.90	2.92	2.40	2.80	2.14	3.25
	18-25	6.58	7.70	8.71	7.47	7.35	8.51	5.52	7.02	5.47	10.33
	26+	1.72	2.18	2.18	2.28	2.06	1.73	1.25	1.76	1.47	2.09

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. Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. No data available for 2014-2015. Source: National Survey on Drug Use and Health (NSDUH)

Table 9: RI vs. Region Needing but Not Receiving Treatment for Substance Abuse (%) by Age 2015-2017

Age Group		US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015-2016	12+	7.08	8.53	8.47	8.78	7.18	7.63	5.82	7.13	6.86	8.31
	12-17	4.38	5.68	5.17	4.61	4.85	4.35	3.75	4.10	3.47	4.93
	18-25	14.34	16.48	16.77	18.04	15.12	16.64	14.25	14.75	15.63	20.66
	26+	6.20	7.39	7.51	7.62	6.34	6.56	4.80	6.18	5.85	6.49
2016-2017	12+	6.82	7.96	7.51	8.75	7.69	7.80	7.80	7.05	6.12	8.75
	12-17	3.89	4.61	4.54	4.26	4.64	4.17	4.17	3.73	2.97	4.87
	18-25	14.07	16.40	16.35	19.02	15.55	18.13	18.13	14.19	13.58	21.49
	26+	5.98	6.79	6.42	7.46	6.93	6.58	6.58	6.24	5.30	6.91

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. Needing But Not Receiving Substance Use Treatment refers to respondents who are classified as needing illicit drug or alcohol treatment, but who did not receive illicit drug or alcohol treatment at a specialty facility. No data available prior to 2015-2016. Source: National Survey on Drug Use and Health (NSDUH)

Table 10: RI vs. US Cocaine and Methamphetamine Indicators (%) by Age Group, 2013-2017

Age Group	12+			12-17			18-25			26+		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Cocaine Use Past Year												
2013-2014	2.00	1.66	1.20	0.57	0.60	0.95	5.85	4.51	1.30	1.42	1.30	1.09
2014-2015	2.52	1.76	1.43	0.74	0.64	1.16	7.64	4.98	1.53	1.77	1.35	1.31
2015-2016	2.79	0.70	3.98	0.84	0.20	4.20	8.90	1.70	5.24	1.88	0.60	3.13
2016-2017	2.66	2.03	1.31	0.70	0.53	1.32	7.68	5.88	1.31	1.97	1.59	1.24
Perceptions of Great Risk from Using Cocaine Once a Month												
2015-2016	71.89	68.96	1.04	56.54	57.65	0.98	65.07	61.92	1.05	74.84	71.42	1.04
2016-2017	71.55	67.42	1.06	56.01	56.01	1.00	63.91	59.38	1.07	74.62	70.15	1.06
Methamphetamine Use Past Year												
2016-2017	0.39	0.56	0.70	0.15	0.16	0.94	0.44	0.93	0.47	0.40	0.55	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. Source: National Survey on Drug Use and Health (NSDUH)

Table 11: RI vs. Region Cocaine Use Past Year (%), by Age Group, 2014-2017

Age Group		US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2014-2015	12+	1.76	2.52	2.43	2.45	1.79	3.07	1.72	2.54	1.52	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
2015-2016	12+	0.70	2.79	2.48	2.80	1.82	2.78	1.93	2.37	1.87	3.02
	12-17	0.20	0.84	0.62	0.73	0.86	1.13	0.55	0.45	0.56	1.14
	18-25	1.70	8.90	9.07	9.07	6.44	10.84	6.63	5.77	5.22	10.83
	26+	0.60	1.88	1.62	1.94	1.30	1.69	1.38	2.01	1.48	1.84
2016-2017	12+	2.03	2.66	2.74	3.05	1.86	2.20	1.87	2.46	1.98	3.50
	12-17	0.53	0.70	0.60	0.64	0.70	0.89	0.49	0.44	0.54	0.93
	18-25	5.88	7.68	8.36	9.35	6.62	8.81	6.48	5.79	5.57	12.24
	26+	1.59	1.97	2.08	2.22	1.33	1.32	1.34	2.13	1.58	2.23

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)

Table 12: RI vs. US Substance Related Age-Adjusted Death Rates per 100,000, 2014-2017

	2014			2015			2016			2017		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Malignant Neoplasms	170.8	165.7	1.03	166.7	162.9	1.02	162.0	160.0	1.01	158.5	156.6	1.01
Circulatory System Disease	200.8	219.9	0.91	202.3	222.7	0.91	192.2	219.4	0.88	199.7	219.4	0.91
Chronic Lower Respiratory Disease	36.0	40.5	0.89	36.9	41.6	0.89	31.3	40.6	0.77	36.2	40.9	0.89
Alcoholic Liver Disease	5.2	5.4	0.96	6.0	5.7	1.05	6.5	5.9	1.10	5.1	5.9	0.86
Drug-induced	23.9	15.5	1.54	28.9	17.2	1.68	31.1	20.8	1.50	31.2	22.8	1.37
Alcohol-induced	10.7	8.5	1.26	11.9	9.1	1.31	12.1	9.5	1.27	9.6	9.6	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 than the US average. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, 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 Nov 15, 2019 1:42:28 PM Alcoholic liver disease deaths include ICD-10 codes K70.0 (Alcoholic fatty liver); K70.1 (Alcoholic hepatitis); K70.2 (Alcoholic fibrosis and sclerosis of liver); K70.3 (Alcoholic cirrhosis of liver); K70.4 (Alcoholic hepatic failure); K70.9 (Alcoholic liver disease, unspecified). Sources: National Vital Statistics System (NVSS)

Table 13: RI vs. Region Drug-induced Deaths per 100,000 by Age Group, 2015-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015	15-24	10.0	15.6	13.9	18.4	--	23.4	13.9	10.5	18.4	--
	25-34	28.0	57.2	40.8	59.2	49.2	87.1	34.0	24.4	55.6	39.1
	35-44	29.6	41.9	37.8	51.7	42.6	73.6	28.5	23.6	48.3	31.1
	45-54	31.9	52.1	42.0	44.8	34.7	43.3	27.3	27.4	44.5	34.7
	55-64	23.3	47.0	29.6	22.2	18.7	20.3	16.6	20.3	26.7	--
2016	15-24	12.8	15.1	13.9	19.5	17.8	32.8	19.0	14.1	26.0	--
	25-34	35.9	57.3	54.1	72.8	62.4	99.6	52.6	35.0	80.4	57.8
	35-44	36.6	49.6	50.4	70.3	63.0	77.5	37.6	31.3	71.9	53.2
	45-54	36.5	69.5	50.4	53.6	46.1	47.3	39.3	33.0	62.5	30.1
	55-64	27.7	34.7	33.1	37.3	21.4	23.3	24.4	24.7	36.0	--
2017	15-24	13.0	--	18.7	15.7	15.4	24.5	22.1	11.8	28.6	--
	25-34	39.8	52.4	63.7	67.4	82.1	95.5	62.1	35.8	95.6	52.1
	35-44	40.6	67.2	62.7	64.9	72.7	68.4	51.8	34.9	89.3	54.6
	45-54	39.8	57.9	49.2	58.4	54.2	55.1	51.6	37.0	65.1	28.7
	55-64	30.0	31.6	33.5	36.3	25.5	26.3	33.9	26.5	43.1	--

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: National Vital Statistics System (NVSS)

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Table 14: RI vs. US Racial Disparities in Age-Adjusted Drug-induced Deaths per 100,000, 2015-2017

		American Indian or Alaska Native*	Asian or Pacific Islander*	Black*	Hispanic	White
2015	RI	--	--	--	24.6	31.7
	US	22.0	3.0	13.2	8.2	21.8
	RI/US Ratio	--	--	--	3.00	1.45
2016	RI	--	--	--	16.7	37.0
	US	25.6	3.5	18.3	10.1	25.9
	RI/US Ratio	--	--	--	1.65	1.43
2017	RI	--	--	--	20.7	35.8
	US	27.9	3.7	21.9	11.2	28.8
	RI/US Ratio	--	--	--	1.85	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 than the US average. *RI data for American Indian or Alaska Native, Asian or Pacific Islander, and Black suppressed due to small sample size. Sources: National Vital Statistics System (NVSS)

Table 15: RI vs. US Gender Disparities in Age-Adjusted Drug-induced Deaths per 100,000, 2015-2017

		Male	Female
2015	RI	41.7	16.6
	US	21.9	12.5
	RI/US Ratio	1.90	1.33
2016	RI	44.9	17.9
	US	27.6	14.2
	RI/US Ratio	1.63	1.26
2017	RI	41.5	21.0
	US	30.5	15.2
	RI/US Ratio	1.36	1.38

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: National Vital Statistics System (NVSS)

Mental Health

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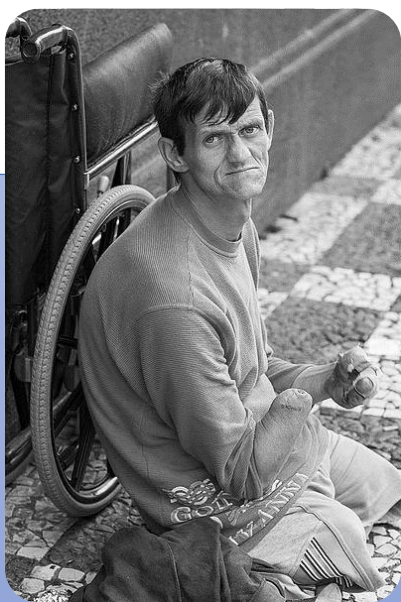
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Mental Health Indicator Performance

Mental Health Indicators		Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
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					
Serious Mental Illness Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Any Mental Illness Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Had at least one Major Depressive Episode Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Received Mental Health Services Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Had Serious Thoughts of Suicide Past Year	Age 12-17	NSDUH					
	Age 18-25						
	Age 26+						
Ever Told You Have Depression		BRFSS					
Frequent Mental Distress		BRFSS					
Mental and Behavioral Disorder Death Rate		NVSS					

Comparable to the Nation

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, considering suicide in the past year, and planning suicide in the past year (Table 1). Similarly according to NSDUH data, all age groups 12+ years 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, having had at least one major depressive episode in the past year, and having serious thoughts of suicide in the past year (Table 5). Adults aged 18+ years in RI, according to the BRFSS, also have comparable rates to the nation for having ever been told they have depression (Table 7).

Continuing Concern

As identified by the YRBSS, high school student reports of attempted suicide and injurious attempted suicide continue to be more prevalent in Rhode Island than the nation (Table 1). Compared to the region (Table 2), Rhode Island has the highest prevalence of high school student attempted suicide (10.5%) in 2017 and among the highest for prevalence of injurious attempted suicide (3.8%). When examining by gender, sexual orientation and racial disparities (Tables 3,4), rates of attempted suicide among Rhode Island high school students are higher than the nation for males, and all sexual orientation groups. Racial groups in Rhode Island who fare worse than the nation for attempted suicide are Hispanic, white, and multiracial high school students. The

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same applies for injurious attempted suicide, where all subgroups in Rhode Island, regardless of gender, race/ethnicity or sexual orientation, exceed the national averages (Tables 3,4). Rates of receiving mental health services in the past year are increasing and continue to be higher in Rhode Island relative to the nation for those aged 18+ years, as identified by NSDUH (Table 5). Rhode Island rates of mental health service receipt are among the highest in the region (Table 6). Frequent mental distress, defined as poor mental health for 14 or more days in the past 30 days according to the BRFSS, is significantly higher among RI adults than the national average in 2017 and 2018. In particular, 18-44 and 45-64-year olds have more frequent mental distress than others nationally, as do males, blacks, Hispanics, those with less than a high school education and those with some college (Tables 9-11). Mental and behavioral health death rates in RI have exceeded the nation by about 50% for the past few years (Table 12). However, further sub-group examination is not feasible due to small sample size.

Table 1: RI vs. US Mental Health Indicators among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Felt Sad Or Hopeless Past Year	24.6	28.5	0.86	25.8	29.9	0.86	26.4	29.9	0.88	29.4	31.5	0.93
Considered Suicide Past Year	12.3	17.0	0.72	13.9	17.0	0.82	14.1	17.7	0.80	15.9	17.2	0.92
Planned Suicide Past Year	10.7	12.8	0.83	9.9	13.6	0.72	12.1	14.6	0.83	13.6	13.6	1.00
Attempted Suicide Past Year	8.7	7.8	1.11	14.3	8.0	1.79	10.5	8.6	1.22	10.5	7.4	1.42
Injurious Attempted Suicide Past Year	3.9	2.4	1.62	--	2.7	--	4.1	2.8	1.46	3.8	2.4	1.58

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: RI vs. Region Suicide Indicators among High School Students (%), 2011-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Attempted Suicide Past Year										
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
2017	7.4	10.5	8.1	5.4	7.4	5.9	--	10.1	7.4	5.4
Injurious Attempted Suicide Past Year										
2011	2.4	3.9	--	2.3	--	2.4	2.1	2.6	--	--
2013	2.7	--	--	1.9	--	2.5	--	2.4	--	2.0
2015	2.8	4.1	--	2.8	--	2.5	--	4.4	2.6	--
2017	2.4	3.8	--	1.9	--	2.0	--	4.1	3.0	--

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)

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Table 3: RI vs. US Gender and Sexual Orientation Disparities in Suicide Indicators (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
	Attempted Suicide Past Year							
2017	RI	9.4	10.3	7.0	34.6	25.8	27.8	15.0
	US	5.1	9.3	5.4	18.6	24.2	23.0	14.3
	RI/US Ratio	1.84	1.11	1.30	1.90	1.10	1.20	1.70
	Injurious Attempted Suicide Past Year							
2017	RI	3.5	3.4	2.5	10.1	11.1	10.9	7.6
	US	1.5	3.1	1.7	9.6	6.9	7.5	5.6
	RI/US Ratio	2.33	1.10	1.47	1.05	1.61	1.45	1.36

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 4: RI vs. US Racial Disparities in Suicide Indicators (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races
	Attempted Suicide Past Year					
2017	RI	--	10.2	15.0	7.6	12.9
	US	5.7	9.8	8.2	6.1	10.8
	RI/US Ratio	--	1.04	1.83	1.25	1.19
	Injurious Attempted Suicide Past Year					
2017	RI	--	5.3	5.2	2.7	4.6
	US	2.7	3.4	2.8	1.9	3.5
	RI/US Ratio	--	1.56	1.86	1.42	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. *Sub-group data missing due to small sample size. Source: Youth Risk Behavior Surveillance System (YRBSS)

Table 5: RI vs. US Mental Health Indicators (%) by Age Group, 2013-2017

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
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
2015-2016	4.24	4.13	1.03	5.71	5.46	1.05	3.97	3.91	1.02
2016-2017	4.52	4.38	1.03	7.07	6.68	1.06	4.06	4.01	1.01
Any Mental Illness in the Past Year									
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
2015-2016	19.23	18.07	1.06	23.60	21.89	1.08	18.43	17.44	1.06
2016-2017	19.59	18.57	1.05	24.76	23.93	1.03	18.67	17.69	1.06
Had at Least One Major Depressive Episode in the Past Year									
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
2015-2016	7.23	6.70	1.08	11.17	12.63	0.88	6.52	6.06	1.08
2016-2017	7.41	6.89	1.08	13.30	13.01	1.02	6.57	6.07	1.08
Received Mental Health Services in the Past Year									
2015-2016	18.96	14.28	1.33	16.54	12.28	1.35	19.40	14.61	1.33
2016-2017	19.73	14.60	1.35	18.57	13.90	1.34	19.94	14.72	1.35
Had Serious Thoughts of Suicide in the Past Year									
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	3.62	3.34	1.08
2015-2016	4.49	4.04	1.11	9.55	8.57	1.11	3.57	3.30	1.08
2016-2017	4.78	4.19	1.14	10.62	9.64	1.10	3.73	3.31	1.13

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)

Table 6: RI vs. Region Received Mental Health Services in the Past Year (%) by Age Group, 2015-2017

	Age Group	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
2015-2016	18+	14.28	18.96	17.05	18.86	19.37	20.72	12.67	14.47	16.35	20.39
	18-25	12.28	16.54	15.28	16.59	17.37	20.55	11.82	12.10	13.06	22.34
	26+	14.61	19.40	17.33	19.25	19.64	20.75	12.80	14.86	16.86	20.05
2016-2017	18+	14.60	19.73	16.61	19.69	19.16	19.12	12.45	14.16	16.39	21.38
	18-25	13.90	18.57	18.42	17.31	19.18	19.88	12.09	13.83	15.59	23.04
	26+	14.72	19.94	16.31	20.11	19.15	19.00	12.51	14.21	16.51	21.09

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 7: RI vs. US Adult Depression Indicators (%), 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Ever Told You Have Depression								
RI	22.00	20.30	22.20	20.60	21.30	22.30	23.10	20.80
US	17.50	17.60	18.70	18.70	18.90	17.30	20.00	19.60
RI/US Ratio	1.26	1.15	1.19	1.10	1.13	1.29	1.16	1.06
Frequent Mental Distress								
RI	--	13.3	12.8	11.3	11.0	12.4	13.5	14.6
US	--	11.7	11.7	11.3	11.0	11.2	11.7	12.0
RI/US Ratio	--	1.14	1.09	1.00	1.00	1.11	1.15	1.22

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. 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 Age Disparities in Frequent Mental Distress (%), 2018

Table 3. RI vs. US Age Disparities in Frequent Mental Distress (%), 2018				
		18-44 Years	45-64 Years	65+ Years
2018	RI	18.0	14.7	7.2
	US	14.1	12.8	7.9
	RI/US Ratio	1.28	1.15	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. RI data for American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and Other Race suppressed due to small sample size. 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 9: RI vs. US Gender Disparities in Frequent Mental Distress (%), 2018

		Male	Female
2018	RI	13.4	15.5
	US	10.4	14.3
	RI/US Ratio	1.29	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. RI data for American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and Other Race suppressed due to small sample size. 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 10: RI vs. US Racial/Ethnic Disparities in Frequent Mental Distress (%), 2018

Table 10: RI VS. US Racial/Ethnic Disparities in Frequent Mental Distress (%), 2018									
		American Indian or Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	Multi- racial	Other Race	White
2018	RI	--	--	16.4	--	18.8	20.4	--	14.1
	US	18.7	7.7	13.2	12.6	11.6	20.8	13.5	12.5
	RI/US Ratio	--	--	1.24	--	1.49	0.98	--	1.13

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. RI data for American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and Other Race suppressed due to small sample size. 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 11: RI vs. US Education Disparities in Frequent Mental Distress (%), 2018

		Less than High School	High School Grad	Some College	College Grad
2018	RI	26.6	14.2	15.4	7.0
	US	17.2	13.2	12.8	7.1
	RI/US Ratio	1.55	1.08	1.20	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 than the US average. RI data for American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and Other Race suppressed due to small sample size. 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 12: RI vs. US Mental Health Related Age-Adjusted Death Rates per 100,000, 2014-2017

		2014			2015			2016			2017		
		RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Mental and Behavioral Disorder		54.4	40.9	1.33	55.3	36.3	1.52	51.3	34.6	1.48	52.7	34.7	1.52

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)

Injury & Violence

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Injury & Violence Indicator Performance

Injury/Violence Indicators	Data Source	Sustained Progress	Recent Progress	Comparable to the Nation	New Concern	Continuing Concern
Texting and Driving	YRBSS					
Rarely or Never Wore Seat Belt	YRBSS					
Carried Weapon at School Past Month	YRBSS					
Physical Fight on School Property Past Year	YRBSS					
Missed School Because They Felt Unsafe	YRBSS					
Sports Concussion Past Year	YRBSS					
Electronically Bullied	YRBSS					
Bullied On School Property	YRBSS					
Drank Alcohol or Used Drugs Before Last Sexual Intercourse	YRBSS					
Ever Physically Forced to Have Sexual Intercourse	YRBSS					
Experienced Physical Dating Violence	YRBSS					
Experienced Sexual Dating Violence	YRBSS					
Do Not Always Wear a Seatbelt	BRFSS					
Fatalities per Vehicle Miles Traveled	NHTSA					
Traffic Fatality Rate	NHTSA					
Drivers Involved in Fatal Crash Under the Influence of Alcohol, Drugs, or Medication	NHTSA					
Drivers Involved in Fatal Crash Distracted	NHTSA					
Child Maltreatment Victimization Rate	NCANDS					
Child Maltreatment Fatality Rate	NCANDS					
Violent Crime Rate	UCR					
Rape Rate	UCR					
Property Crime Rate	UCR					
Suicide Rate	NVSS					
Homicide Rate	UCR					

Sustained Progress

Data from the National Highway Traffic Safety Administration indicate that traffic fatality rates and the proportion of drivers in fatal crashes who were distracted in Rhode Island are consistently below the national rates (Table 10). Crime rates in Rhode Island from the Uniform Crime Reports, specifically violent crime, property crime, and homicide rates, are regularly lower than the nation (Table 13). According to the National Vital Statistics Survey, Rhode Island also has consistently lower rates of suicide than the nation, though 2018 data were not yet available (Table 13).

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 1). Other violence indicators in the YRBSS that continue to be comparable to the nation for Rhode Island include high school student reports of rarely wearing a seat belt, missing school because a student felt unsafe, being electronically bullied, bullied on school property, using substances before last sexual intercourse, and experiencing physical dating violence (Table 5). According to the BRFSS, rates of adults reporting not always wearing a seat belt are also comparable to the national average (Table 8). RI is also

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comparable to the nation for its traffic fatality rate per vehicle miles traveled, child maltreatment fatality rate, and rape rate (Tables 12, 13).

New Concern

High school student reports of sports concussions, a new indicator to RI YRBSS in 2017, show RI students have a higher prevalence than the national average (Table 2); in particular, male, sexual minority, black, Hispanic, and multiracial students were more likely than those across the nation to suffer from a sports concussion (Tables 3,4). Having previously been comparable to the nation, RI reports of sexual dating violence among high school students are increasing over time and have surpassed the nation in 2017 (Table 5). This excess prevalence is highest in the region and holds for all gender, sexual orientation, and racial groups (Tables 7,8). Finally, in 2017, RI had two times the proportion of Drivers in Fatal crashes under the influence of alcohol, drugs, or medication compared to the nation (Table 10). This proportion was among the highest of the northeastern states, surpassed only by New Hampshire (Table 11).

Continuing Concern

Rhode Island high school student reports of carrying a weapon to school and physical fighting at school in the past year have continued to surpass the nation since 2015 (Table 1). RI high school students fare worse than the nation for weapon carrying at school in the past month for all gender, sexual orientation, and race groups except white students (Tables 3,4); however, the rate is comparable to other states in the region (Table 2). As for physical fights on school property, RI has the highest prevalence of all northeastern states, and male, sexual minority, Hispanic, white, and multiracial students fare worse than those across the nation (Tables 3,4). Similarly, reports of ever having been physically forced to have sexual intercourse have continued to exceed national rates since 2013 (Table 5). Rhode Island rates exceed all other states in the region (Table 6), and all gender, sexual orientation, and racial groups exceeded national values (Tables 7,8). Another ongoing concern for Rhode Island relative to the nation is child maltreatment victimization, which has been above the national average since 2011 (Table 12).

Table 1: RI vs. US Injury & Violence Indicators among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Texting and Driving	--	--	--	36.5	41.4	0.88	45.7	41.5	1.10	37.3	39.2	0.95
Rarely or Never Wore Seat Belt	10.1	7.7	1.31	5.7	7.6	0.75	5.9	6.1	0.97	6.7	5.9	1.14
Carried Weapon at School Past Month	4.0	5.4	0.74	5.0	5.2	0.96	4.8	4.1	1.17	5.1	3.8	1.34
Physical Fight On School Property Past Year	7.8	12.0	0.65	6.3	8.1	0.78	9.1	7.8	1.16	10.5	8.5	1.24
Missed School Because Felt Unsafe	5.9	5.9	1.00	7.2	7.1	1.01	6.0	5.6	1.07	6.9	6.7	1.03
Sports Concussion Past Year	--	--	--	--	--	--	--	--	--	17.6	15.1	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: Youth Risk Behavior Surveillance Survey (YRBSS)

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Table 2: RI vs. Region Violence among High School Students (%), 2011-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Carried a Weapon at School Past Month										
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
2017	3.8	5.1	5.4	2.7	5.3	3.6	--	3.4	2.2	6.9
Physically Fought on School Property Past Year										
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
2017	8.5	10.5	--	5.8	5.2	--	--	--	7.4	6.5
Sports Concussion Past Year										
2017	15.1	17.6	16.8	--	--	14.4	--	--	14.3	17.9

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 3: RI vs. US Gender and Sexual Orientation Disparities in Injury & Violence Indicators (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Carried a Weapon at School Past Month								
2017	RI	6.8	2.6	4.3	10.2	8.7	9.0	9.0
	US	5.6	1.9	3.4	7.1	5.5	5.9	4.9
	RI/US Ratio	1.21	1.37	1.26	1.44	1.58	1.53	1.84
Physical Fight on School Property Past Year								
2017	RI	20.0	14.1	9.0	17.4	13.4	14.3	20.2
	US	17.1	13.0	8.3	9.9	9.5	9.6	11.8
	RI/US Ratio	1.17	1.08	1.08	1.76	1.41	1.49	1.71
Sports Concussion Past Year								
2017	RI	20.0	14.1	16.3	23.1	16.1	17.7	29.0
	US	17.1	13.0	15.0	15.7	15.6	15.7	17.2
	RI/US Ratio	1.17	1.08	1.09	1.47	1.03	1.13	1.69

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 System (YRBSS)

Table 4: RI vs. US Racial Disparities in Injury & Violence Indicators (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races
Carried a Weapon at School Past Month						
2017	RI	-	5.30	7.60	3.70	7.80
	US	2.2	3.6	3.5	3.8	4.1
	RI/US Ratio	-	1.47	2.17	0.97	1.90
Physical Fight on School Property Past Year						
2017	RI	-	10.9	13.7	8.5	16.5
	US	3.7	15.3	9.4	6.5	9.2
	RI/US Ratio	-	0.71	1.46	1.31	1.79
Sports Concussion Past Year						
2017	RI	--	28.7	22.2	14.3	16.7
	US	13.1	17.0	14.9	14.6	14.0
	RI/US Ratio	--	1.69	1.49	0.98	1.19

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)

Table 5: RI vs. US Relationship Injury & Violence Indicators among High School Students (%), 2011-2017

% of Students (grades 9-12) Reporting:	2011			2013			2015			2017		
	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US	RI	US	Ratio RI/US
Electronically Bullied	15.3	16.2	0.94	14.3	14.8	0.97	12.4	15.5	0.80	14.2	14.9	0.95
Bullied On School Property	19.1	20.1	0.95	18.1	19.6	0.92	15.5	20.2	0.77	17.0	19.0	0.91
Drank Alcohol or Used Drugs Before Last Sexual Intercourse	20.8	22.1	0.94	--	22.4	--	--	20.6	--	17.3	18.8	0.92
Ever Physically Forced to Have Sexual Intercourse	6.9	8.0	0.86	8.5	7.3	1.16	8.1	6.7	1.21	8.8	7.4	1.19
Experienced Physical Dating Violence	--	--	--	8.4	10.3	0.81	8.8	9.6	0.92	9.0	8.0	1.13
Experienced Sexual Dating Violence	--	--	--	8.8	10.4	0.85	9.6	10.6	0.90	12.0	6.9	1.74

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 6: RI vs. Region Sexual Violence among High School Students (%), 2011-2017

	US	RI	CT	MA	ME	NH	NJ	NY	PA	VT
Ever Physically Forced to Have Sexual Intercourse										
2011	8.0	6.9	7.3	--	8.0	6.1	8.0	7.4	--	5.6
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
2017	7.4	8.8	7.5	6.8	7.3	5.8	--	--	8.7	6.1
Experienced Sexual Dating Violence										
2013	10.4	8.8	11.1	--	--	10.2	--	11.8	--	--
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

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)

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Table 7: RI vs. US Gender and Sexual Orientation Disparities in Sexual & Physical Violence (%), 2017

		Male	Female	Hetero- sexual	Gay or Lesbian	Bisexual	Gay, Lesbian, or Bisexual	Sexual Orientation Not Sure
Ever Physically Forced to Have Sexual Intercourse								
2017	RI	7.6	9.5	7.0	19.1	18.5	18.6	13.6
	US	3.5	11.3	5.4	21.2	22.1	21.9	13.1
	RI/US Ratio	2.17	0.84	1.30	0.90	0.84	0.85	1.04
Experienced Sexual Dating Violence								
2017	RI	7.7	15.1	10.2	24.4	19.9	20.7	21.5
	US	2.8	10.7	5.5	12.1	16.8	15.8	14.1
	RI/US Ratio	2.75	1.41	1.85	2.02	1.18	1.31	1.52

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 8: RI vs. US Racial Disparities in Sexual & Physical Violence (%), 2017

		Asian*	Black	Hispanic	White	Multiple Races*
Ever Physically Forced to Have Sexual Intercourse						
2017	RI	--	6.2	10.0	8.4	8.0
	US	4.6	7.6	7.3	7.3	9.6
	RI/US Ratio	--	0.82	1.37	1.15	0.83
Experienced Sexual Dating Violence						
2017	RI	--	8.5	15.4	10.8	--
	US	7.7	4.8	6.9	6.9	9.6
	RI/US Ratio	--	1.77	2.23	1.57	--

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 Survey (YRBSS)

Table 9: RI vs. US Do Not Always or Nearly Always Wear a Seatbelt (%), 2016-2018

	2016	2017	2018
RI	5.70	4.00	5.90
US	6.00	5.70	6.30
RI/US Ratio	0.95	0.70	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. Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Table 10: RI vs. US Traffic Fatalities, 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Fatality Rate per 100 Million Vehicle Miles Traveled							
RI	0.84	0.82	0.84	0.66	0.57	0.64	1.04
US	1.10	1.14	1.10	1.08	1.15	1.19	1.16
RI/US Ratio	0.76	0.72	0.76	0.61	0.50	0.54	0.90
Traffic Fatalities Per 100,000							
RI	6.27	6.08	6.17	4.84	4.26	4.82	7.83
US	10.42	10.76	10.40	10.28	11.05	11.69	11.40
RI/US Ratio	0.60	0.56	0.59	0.47	0.39	0.41	0.69
Drivers in Fatal Crash Under the Influence of Alcohol, Drugs, or Medication (%)							
RI	4.9	17.2	9.6	10.9	15.5	12.1	20.4
US	13.9	14.0	13.5	12.1	11.4	11.0	10.5
RI/US Ratio	0.29	1.23	0.71	0.90	1.36	1.10	1.94
Drivers Involved in Fatal Crash Distracted (%)							
RI	3.7	2.3	7.2	0.0	1.7	4.5	2.9
US	7.1	6.9	6.6	6.8	6.7	6.2	5.7
RI/US Ratio	0.52	0.33	1.09	0.00	0.25	0.73	0.51

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 11: RI vs. Region Drivers Involved in Fatal Crash Under the Influence (%), 2015-2017

	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

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 12: RI vs. US Child Maltreatment, 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Child Maltreatment Victimization per 1,000							
RI	14.2	14.8	14.6	16.1	15.1	14.2	14.9
US	8.8	8.8	8.8	9.1	9.2	9.1	9.1
RI/US Ratio	1.61	1.68	1.66	1.76	1.64	1.56	1.64
Child Maltreatment Fatalities per 100,000							
RI	1.40	0.50	0.50	2.80	0.00	1.93	2.41
US	2.11	2.18	2.09	2.14	2.26	2.36	2.32
RI/US Ratio	0.66	0.23	0.24	1.31	0.00	0.82	1.04

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)

Table 13: RI vs. US Crime, Suicide and Homicide Rates per 1,000, 2015-2018

	2015			2016			2017			2018		
	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio	RI	US	RI/US Ratio
Violent Crime*	2.43	3.73	0.65	2.39	3.98	0.60	2.34	3.95	0.59	2.19	3.81	0.57
Rape*	0.44	0.39	1.13	0.42	0.41	1.02	0.43	0.42	1.02	0.46	0.43	1.07
Property Crime*	18.98	24.87	0.76	17.88	24.51	0.73	17.59	23.63	0.74	16.61	22.00	0.76
Age-Adjusted Suicide**	0.112	0.133	0.84	0.112	0.135	0.83	0.118	0.140	0.84	--	--	--
Homicide*	0.027	0.055	0.49	0.027	0.054	0.50	0.020	0.053	0.38	0.015	0.050	0.30

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

Appendix

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Data Sources

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>

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<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>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>