



Addressing Adolescent Substance Use in Rhode Island

**For Presentation at the Children's Cabinet
November 30, 2023**

**RHODE
ISLAND**

Agenda: Addressing Adolescent Substance Use in Rhode Island

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Overview – Adolescent Substance Use Issues: Problem Definition

Problem Definition: Adolescent Substance Use

The developmental, social and clinical needs of adolescents (ages 10-19) are different from adults. As such solutions to address the problem need to be more than just adjusting / retrofitting the adult solutions.

- SAMHSA's guidelines recommend that youth in crisis from mental health and substance use disorders receive care in the least restrictive setting possible, and if it is safe, at home and in the community
- Guidelines for treatment require that youth and families have:
 - **Someone to Talk To: Crisis Call Centers**, including the new national [988 Suicide & Crisis Lifeline](#), offering 24/7/365 access to counselors with specialized training to respond to youth and families
 - **Someone to Respond: Mobile Response Teams**, to respond to crises at homes, schools and elsewhere in the community, keeping youth in their homes when safe to do so
 - **A Safe Place to Be: Crisis Receiving and Stabilization Services**, including in-home services, at crisis care facilities, emergency departments and hospital settings

Problem Definition: Adolescent Substance Use

- Our overall responses should be grounded on the core principles and values of the System of Care. (See page 7 of the [Rhode Island Behavioral Health System of Care for Children and Youth](#).)
- A focus on the social determinants of health is critical for sustained change and as such our efforts must address issues of bullying, exposure to violence, peer pressure, housing or food insecurity, etc.
- The State needs to have enough home and community-based services capacity to ensure hospitalization, police/criminal justice involvement is reduced, and to offer youths and their families, choice for timely access to stabilization services.
- Keeping true to the values of voice, choice, and equity, we want to center the voices and experiences of adolescents in the discussion, learning from them and ensuring we are equitably responding to the unique needs of youth based on age, race and ethnicity, sexual and gender identities, immigration status, homelessness and intellectual or developmental disabilities.

Children's Behavioral Health in RI: A Fragmented System

There are multiple children/youth programs across state government – with different authorities and multiple sets of resources.

The specific statutory authorities over mental health and substance use (which together make up what we refer to as behavioral healthcare) are divided in Rhode Island:

- ✓ **DCYF** has statutory authority over children's mental health for all Rhode Island children (not only those in DCYF care).
- ✓ **BHDDH** has statutory authority over adult behavioral health and substance use providers as well as substance use services for youth and transitional services for youth with behavioral health conditions entering adulthood.



Children's Behavioral Health in RI: A Fragmented System

These state agencies and programs provide critical services and supports for children's behavioral healthcare, working to seek the resources necessary to meet the need.

- ✓ **EOHHS/ Medicaid** serves as a large State funding source of behavioral health services for children in the state, serving 1/3 of Rhode Island's children
- ✓ **RIDOH** also is engaged in significant behavioral health services for children and youth, including suicide prevention, cannabis prevention, and the range of Family Home Visiting services.
- ✓ **RIDE** has behavioral health services in 10 school districts through the 3 SAMHSA Project AWARE grants, 7 school districts in 2 USDOE School Based Mental Health Services grants, and 5 districts in the SAMHSA Trauma Informed Services in Schools Co-Operative Agreement – and is supporting the Trauma Informed Schools Commission to develop their implementation plan (due April 1, 2024), and a final report (due June 30, 2024).
- ✓ **OHIC** has oversight of commercial insurance's array of children's behavioral health services
- ✓ The **Office of the Child Advocate** serves as the oversight agency to the Department of Children, Youth and Families, protecting the legal rights of children in State care and promoting policies and practices which ensure that children are safe.
- ✓ **Governor's Overdose Task Force** has a Prevention Work Group and a Substance Exposed Newborn Work Group – and as a Task Force addresses social determinants of health across the continuum of care.
- ✓ **Opioid Settlement Advisory Committee** funds programs in multiple areas, including youth prevention services.

Data Review



What do we know today about adolescent
substance use in Rhode Island?



Overdose Burden Among Rhode Island Youth Younger than 18

November 30, 2023

Ben Hallowell, PhD, MPH

Rebecca Lebeau, PhD



Disclaimer for Data Terminology

- **Person-First Language**
 - Focusing on people’s individuality, personhood, and unique needs and experiences (e.g., people who use substances, people with substance use disorder).
- **Data Collection Terminology**
 - Terms used are directly taken from data collection instruments or surveys, including the terms “marijuana” and “drug use disorder.” It is important to recognize the history of racial and ethnic discrimination with which the term “marijuana” has been used, popularized, and connected to the War on Drugs.
- **Data Suppression Rules**
 - Suppressing all counts between one and four cases in accordance with [RIDOH’s Small Numbers Reporting Policy](#).

Fatal Overdose Burden

Accidental overdose deaths among Rhode Islanders younger than 18.

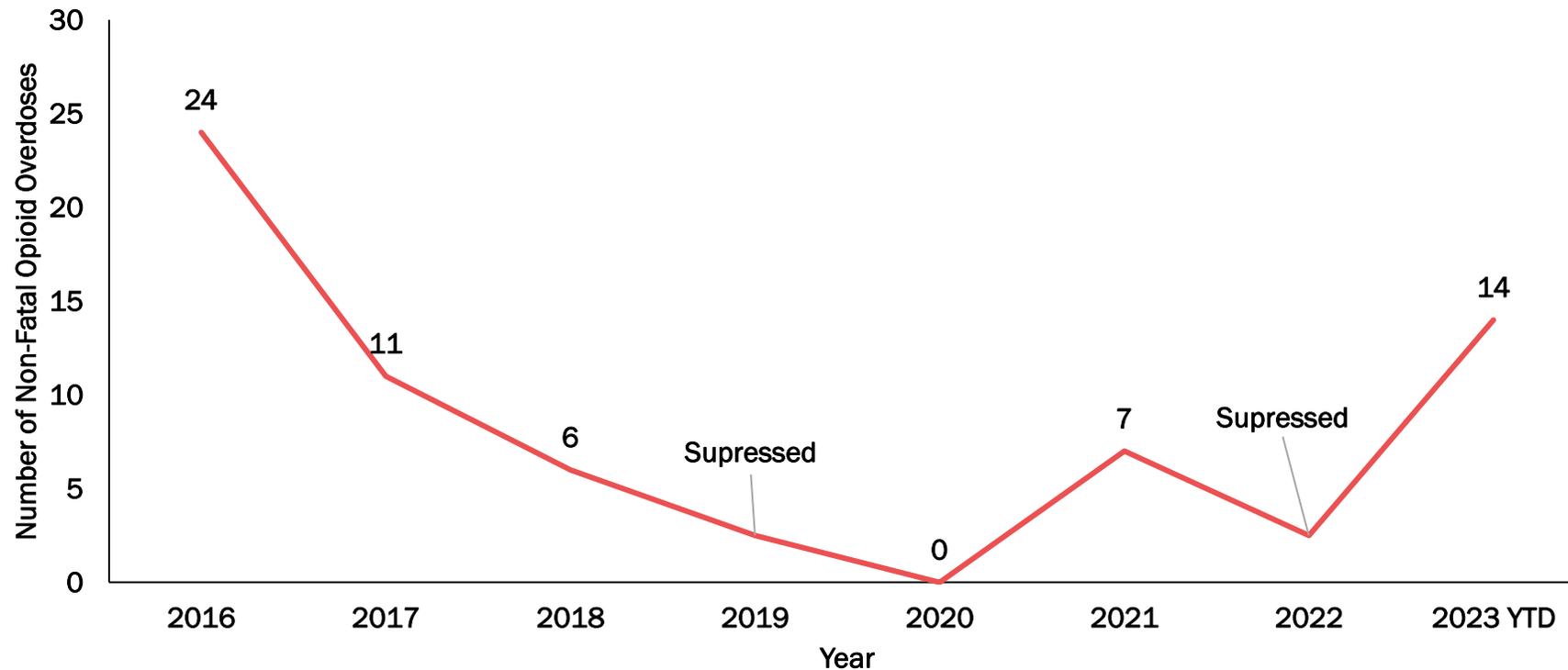
- **2009-2022:** Six fatal overdoses occurred in total. No year had more than one fatal overdose.
- **2023 YTD:** To date, less than five fatal overdoses occurred in 2023. There is a potential for five fatal overdoses to occur among this age group when 2023 data are finalized.

For response context:

- **2022 statewide burden:** 436 fatal overdoses
- **2023 statewide burden:** About 430 fatal overdoses. There have been 255 fatal overdoses confirmed to date.

Non-Fatal Opioid Overdoses Reported by Rhode Island Hospitals

Overall, non-fatal opioid overdoses occurring among individuals younger than 18 represent 0.5% of non-fatal overdoses in Rhode Island.



Source: 48-Hour Opioid Overdose Reporting System

Notes: 2023 data were updated as of November 14, 2023. Data from 2019 and 2022 have been suppressed due to the RIDOH Small Numbers Reporting Policy.



Buprenorphine Treatment for Opioid Use Disorder

Rhode Islanders younger than 18 who filled one or more buprenorphine prescriptions for the treatment of opioid use disorder.

- **2018-2023 YTD:** 15 Rhode Islanders younger than 18 filled one or more buprenorphine prescriptions for opioid use disorder.
- In 2022, five individuals filled at least one prescription.

For response context:

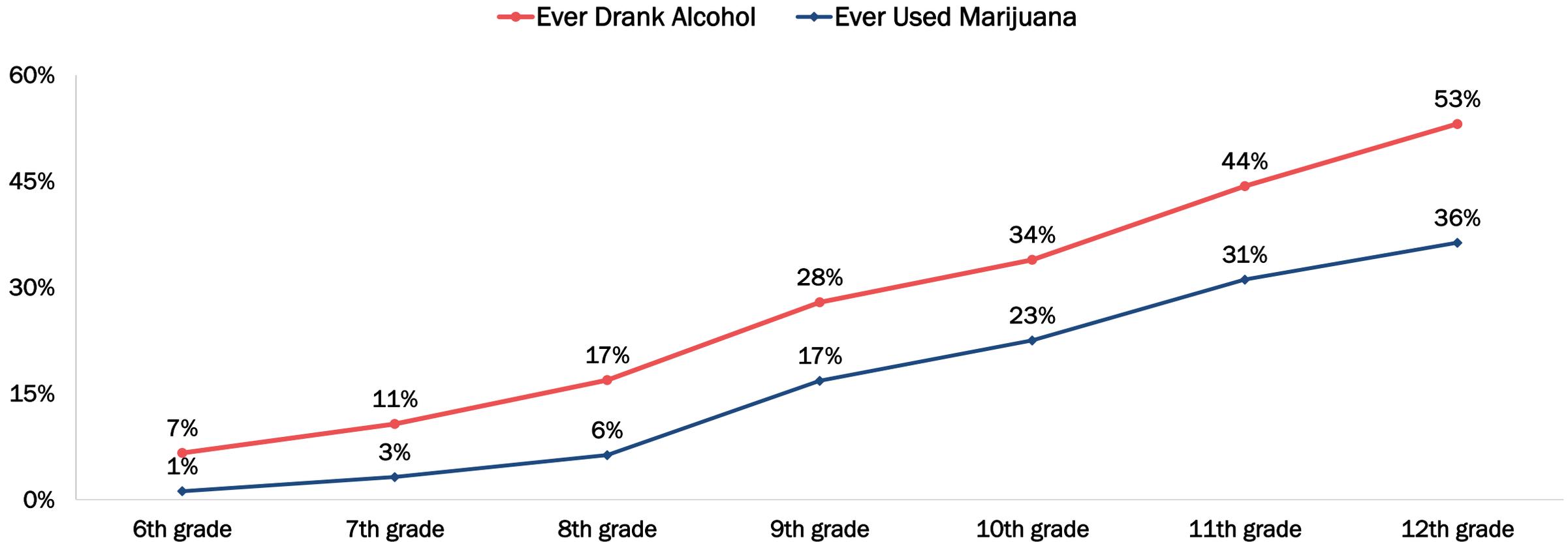
- Since 2016, about 6,000 unique individuals filled one or more buprenorphine prescriptions for opioid use disorder annually.

Youth Risk Behavior Survey Methodology

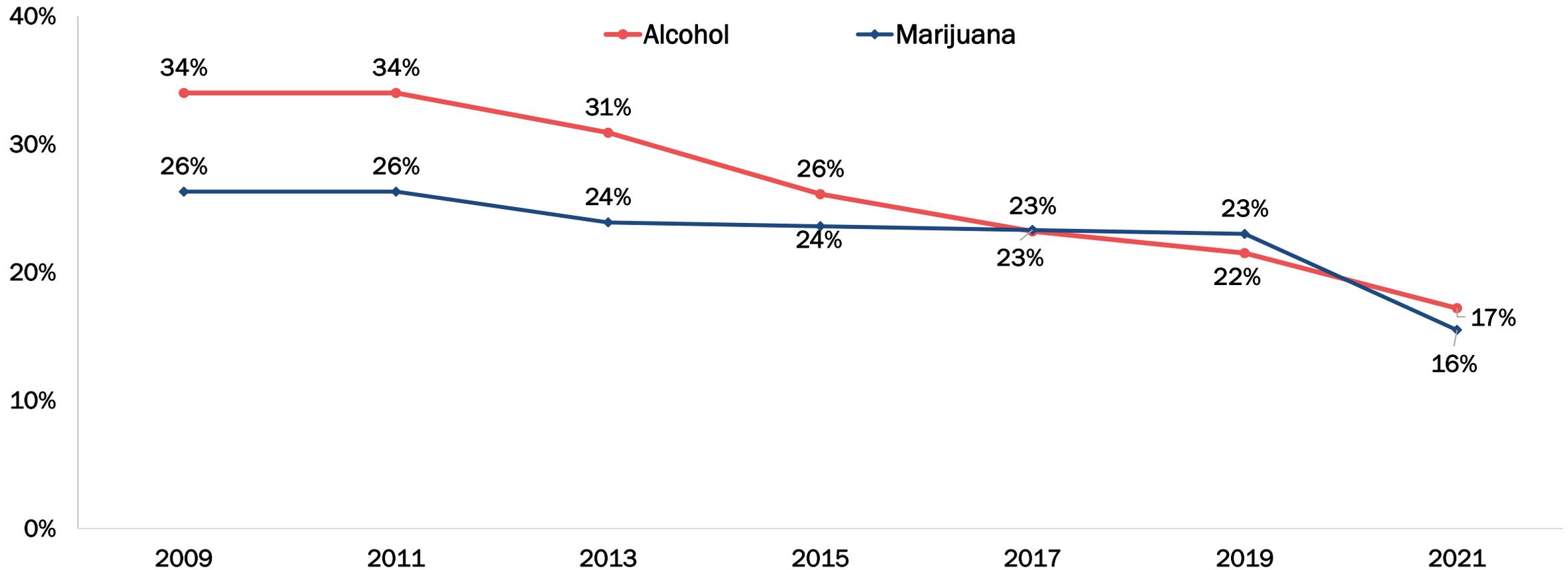
How are Youth Risk Behavior Survey (YRBS) data collected?

- The YRBS is a biennial national survey of public high school and middle school students developed by the Centers for Disease Control and Prevention (CDC).
- The survey monitors health risk behaviors related to leading causes of morbidity and mortality among youth.
- Rhode Island has administered the high school YRBS since 1995 and the middle school YRBS since 2007.
- Each administration year, a sample of public high schools and middle schools have been selected for participation in the survey.
- Each administration year, approximately 3,000 students from 25 high schools and 2,000 students from 25 middle schools are selected to participate.
- A 60% response rate is required to achieve weighted data. Using statistical methods, data from participating schools are weighted to obtain statewide estimates.

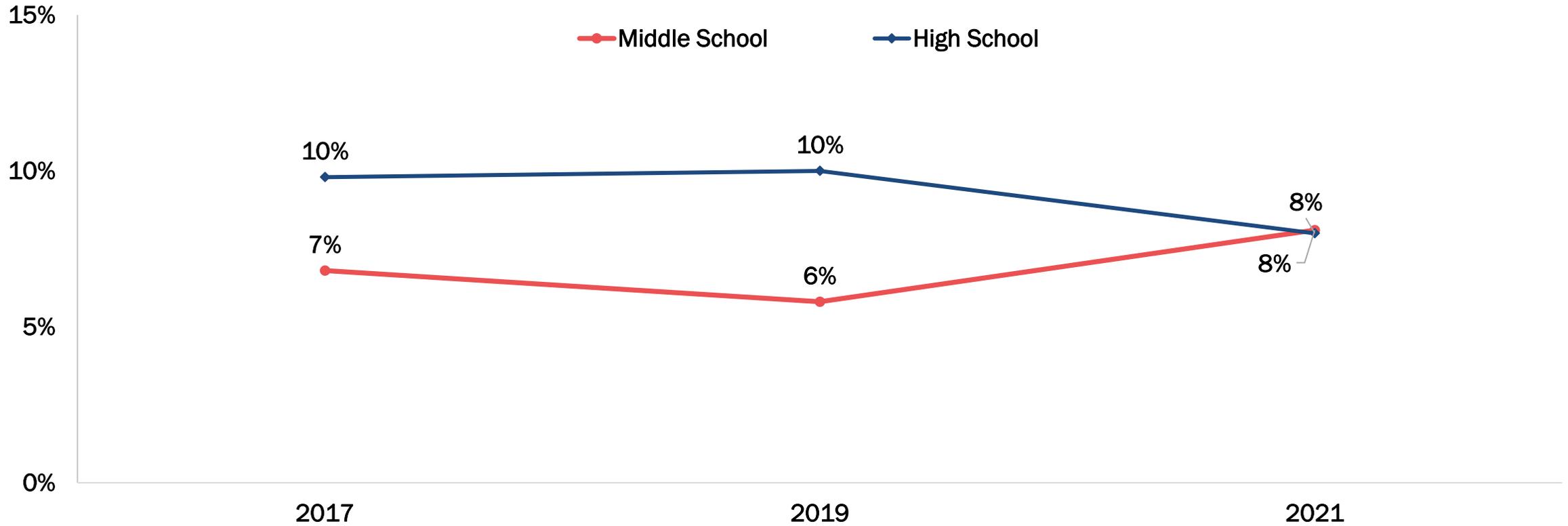
Lifetime Substance Use Among Rhode Island Middle and High School Students in 2021, by Grade



Trends in Current (Past 30 Days) Substance Use Among Rhode Island High School Students



Lifetime Prescription Opioid Misuse Among Rhode Island Middle and High School Students



Lifetime Illicit Drug Use Among Rhode Island High School Students

The Percentage of High School Students Who:	2009	2011	2013	2015	2017	2019	2021
Ever Used Cocaine	5.4	5.9	4.5	4.8	4.4	3.4	2.2
Ever Used Heroin				3.6	3.8	2.4	1.7
Ever Used Ecstasy				5.1	3.9	3.3	2.6



Adverse Childhood Experiences and Substance Use

For the first time in 2021, the YRBS asked questions related to adverse childhood experiences and substance use.

- According to the 2021 YRBS, **18% of middle schoolers** and **24% of high schoolers** have ever lived with someone who was having a problem with alcohol or drug use.

Burden Estimates of Substance Use in Rhode Island, 2021

Estimated Number of Individuals Who Reported:	Among Individuals 12 and Older	Among Individuals 12 to 17
Illicit Drug Use in the Last Month	187,000	8,000
Illicit Drug Use Other Than Marijuana in the Past Month	41,000	2,000
Marijuana Use in the Past Month	166,000	7,000
Opioid Misuse in the Past Year	33,000	1,000
Alcohol Use in the Past Month	506,000	6,000
Binge Alcohol Use in the Past Month	228,000	4,000
Tobacco Product Use in the Past Month	174,000	2,000

Burden Estimates of Substance Use in Rhode Island, 2021

Estimated Number of Individuals Who Reported:	Among Individuals 12 and Older	Among Individuals 12 to 17
Drug Use Disorder in the Past Year	97,000	8,000
Opioid Use Disorder in the Past Year	20,000	1,000
Alcohol Use Disorder in the Past Year	103,000	3,000
Substance Use Disorder in the Past Year	175,000	8,000

Rhode Island Student Survey Methodology

How are data collected for the Rhode Island Student Survey?

- The Rhode Island Student Survey is a biennial survey of public high school and middle school students developed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, the Rhode Island Department of Health, and the Rhode Island Department of Education.
- The survey examines the occurrence of substance use, bullying, depression, suicide and violence.
- This survey is a convenience sample and is not weighted.
- In 2022, 20,411 students took the survey from 23 school districts across the state.
- Most students (74%) were enrolled in sixth, seventh, or eighth grade.
- Providence middle and high school students did not participate in the survey.

Access and Availability

Among high school students who reported using alcohol, marijuana, and/or prescription medication not prescribed to them, many individuals obtained substances from family or friends.

- **Alcohol**
 - A family member gave it to me for free. (32%)
 - A friend gave it to me for free. (31%)
- **Marijuana**
 - A friend gave it to me for free. (54%)
 - I bought it from a friend. (38%)
 - A family member gave it to me for free. (19%)
- **Prescription Drugs (not prescribed to them)**
 - I took it from someone. (26%)
 - A family member gave it to me for free. (26%)
 - A friend gave it to me for free. (22%)
 - I bought it from a friend. (19%)



Questions or Comments?

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Local Resources

Cathy Schultz,
Director of the Governor's
Overdose Task Force (EOHHS)

Snapshot of Resources

- **Treatment SUD and Mental Health includes**
 - Bradley, Hasbro, and Butler Hospitals can all carry out substance use withdrawal management and stabilization in their inpatient beds, but none of them have any dedicated substance use treatment beds.
 - Outpatient Services
- **Opioid Settlement Funding includes**
 - Community Based Youth Prevention Programs - 8 non-profits through Rhode Island Foundation
- **Other Resources include**
 - Jim Gillen Teen Center (The Providence Center)
- **Prevention includes**
 - Regional Prevention Coalitions
 - Tobacco Free Kids
 - Rhode Island Student Assistance Program
 - Project AWARE
 - Teen Institute
 - Incredible Years (to mitigate Adverse Childhood Experiences, or ACES)

What's Going Right for Our Youth

- RIDE and RIDOH are working together on helpful communications efforts based on information from the Rhode Island Youth Risk Behavioral Surveys – promoting information from a peer perspective.
- These posters are distributed throughout schools and are printed in English, Spanish, and Portuguese.

Many Students Are Substance Free

You can make smart choices.

Here's what your classmates had to say about using tobacco and other substances:



88% of students say they've never smoked cigarettes.

Smoking causes cancer, heart disease, and lung disease. It can also increase your risk for other chronic diseases. If you smoke and want to quit, text "Start My Quit" to 36072 to get connected to free and confidential support. Source: Centers for Disease Control and Prevention (CDC)



68% of students say they've never tried vaping.

When you vape, you inhale nicotine and other cancer-causing chemicals. Nicotine is a highly addictive chemical that affects your brain and can make it harder to pay attention and learn new things. Source: Tobaccofreekids.org



74% of students say they've never tried marijuana.

Marijuana changes the way your brain develops. It affects how you learn, think, and feel. This substance also changes your breathing and heart rate, increasing your risk of disease. Source: National Institute on Drug Abuse



61% of students say they've never tried alcohol.

Drinking alcohol can lead to chronic conditions like high blood pressure and liver disease. It can also cause you to make decisions you wouldn't typically make. Source: CDC



92% of students didn't binge drink in the last 30 days.

Having many alcoholic drinks at one time, known as binge drinking, is dangerous. It increases your risk of liver damage and your risk of being injured or in an accident. Source: CDC



92% of students say they've never misused prescription medication.

If your doctor didn't prescribe it for you, don't take it. Stay away from prescription medication.

There are healthier ways to manage stress and have a good time with friends. If you're using substances and want to stop, there is help available to you:

Speak to a behavioral health professional at your school or find a Student Assistance Counselor at risas.org/about/participating-schools



Visit mylifemyquit.com



RIDE Rhode Island
Department
of Education

The Youth Risk Behavior Survey was conducted during the fall of 2021 by the Rhode Island Departments of Health and Education, and the Centers for Disease Control and Prevention (CDC). To learn more, visit health.rhodeisland.gov/data/adolescenthealth



What's Going Right for Our Youth

- We know our youth are experience significant challenges.
- Using their words and perspectives is a good way to talk with them about those challenges.

Relationships Matter

Keeping relationships healthy is part of good self-care.

Here's what your classmates had to say about their relationships:

21%
of students
are currently
sexually
active.

*There's no need to rush if you're not ready for sexual activity. Choosing to become sexually active is **your choice**.*

57%
of sexually
active
students used
a condom
the last time
they had
intercourse.

*Download the RightTime app to get **free condoms** and learn how to protect yourself.*

9%
of students
experienced
physical or
sexual dating
violence.

*Healthy relationships are built on **respect**. Your partner shouldn't hurt you or try to control you.*

17%
of students
were bullied
electronically
or on school
grounds.

*Healthy friendships and respectful relationships with classmates matter too. Talk to an adult you **trust** if you experience bullying.*

Want to know more about creating and supporting healthy relationships for yourself and others?

Love is Respect



RightTime app

Youth Have Supports – But We Need to Do More

- The campaign shares these posters in schools throughout the state, promoting 988 and Student Assistance Counselors – and helps normalize asking for help.

- Find more YRBS info here:
<https://health.ri.gov/flipbook/YRBSResults2021.php#book/14>



Who Can You Turn To?

We all struggle with managing our emotions sometimes. *You're not the only one.*

Here's what your classmates had to say about their mental health:

38%
of high school students felt sad or depressed during the last year.

Everybody feels down or sad sometimes. But depression is different. With support, you can overcome this condition.

22%
of high school students reported receiving the help they needed when feeling anxious or depressed.

Talking about your challenges is an important way to take care of yourself. It's OK to tell someone else what you're going through.

1 in 3
high school students have lived with someone who was depressed or suicidal.

When someone you live with is struggling, it can be hard to know what to do. Talking to someone can help.

57%
of high school students say they have at least one teacher or adult in their school they can talk to if they have a problem.

Reach out when you're facing challenges or feeling down.

If you or a friend are experiencing a mental health crisis, call or text **988** to reach the National Suicide & Crisis Lifeline. You can call, text, or chat **24 hours a day, 7 days a week.**

You can get help from a behavioral health professional at your school or from a Student Assistance Counselor. Visit risas.org



RIDE Rhode Island Department of Education

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Discussion: Gaps, Challenges, and Opportunities for addressing Adolescent Substance Use in Rhode Island

Facilitated by

EOHHS Assistant Secretary Ana Novais

**RHODE
ISLAND**

Discussion Questions

The state's interagency team is aligning our existing plans that address adolescent substance use and is prioritizing getting additional input from youth themselves.

- Does this approach make sense to the Cabinet members? Are there any adaptations you would suggest?
- Are there other plans or planning processes that you want to make sure are included in this work?
- Are there additional gaps you would you like to add to the list today?
- And are there additional action steps would you like to add today?

Next Steps



How we will continue working together to implement proposed recommendations.