

2016

Rhode Island Community Profiles 2016

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RHODE ISLAND COMMUNITY PROFILES 2016

Prepared by:

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Department of Epidemiology
Brown University School of Public Health**

**On behalf of the Rhode Island State Epidemiology and Outcomes Workgroup
[December 2016]**

INTRODUCTION

The purpose of this report is to identify and present documentation on substance use (i.e., alcohol, tobacco, and other drugs) and mental health indicators for both adults and youth in the communities of Rhode Island as compared to the State. In particular, we focus on demographics, prevalence indicators, risk and protective factors, and consequences.

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

It is important to note that this is a working document. The Rhode Island Community Profiles 2016 is understood to be an evolving document, to be improved and updated regularly both with additional indicators and years of data, when available.

ACKNOWLEDGEMENTS

Thank you to SEOW membership and BHDDH staff. Funding for this report comes from the Substance Abuse and Mental Health Services Administration Award number U579SP020159.

The Brown University Team

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- Anna Cimini, MA

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- Candace Rodgers, MPH, CHES, SPF-PFS Project Director
- Daniel Fitzgerald, Rhode Island Prevention Coordinator

NOTE: For the purposes of this report “New Shoreham” and “Block Island” are synonymous and “Block Island” will be referenced throughout.

Suggested Citation: Rosenthal SR, Cimini A, Buka SL. On behalf of the State Epidemiology and Outcomes Workgroup of Rhode Island and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Rhode Island Community Profiles 2016. Cranston, RI: Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, 2016.

CONTENTS OF THE PROFILE

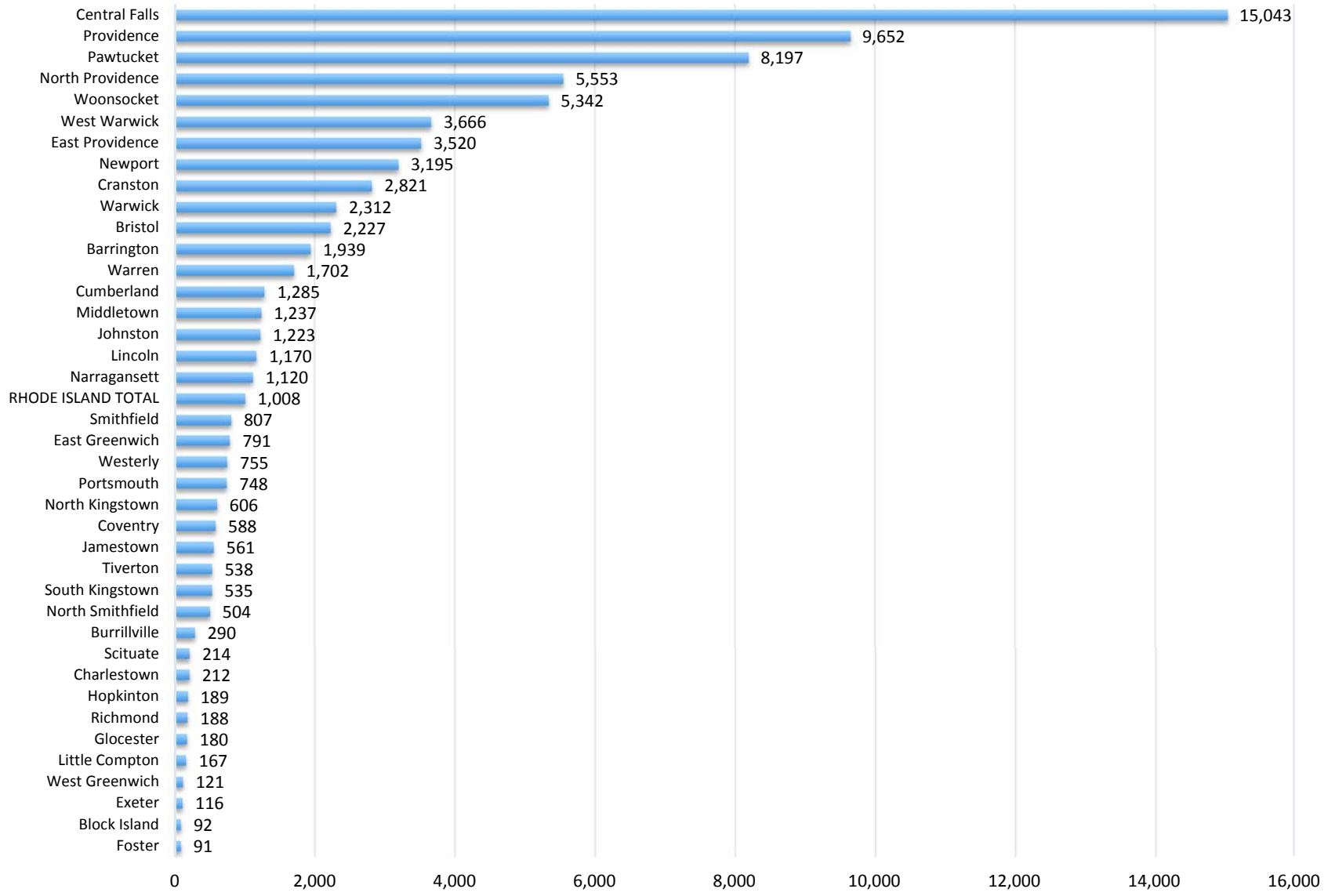
Overall Demographics

Population per Square Mile in Rhode Island Communities	4
Gender Distribution in Rhode Island Communities	5
Age Distribution in Rhode Island Communities	6
Racial/Ethnic Distribution in Rhode Island Communities	7
Unemployment in Rhode Island Communities	8
Below Federal Poverty Level in Rhode Island Communities	9

Community Profiles

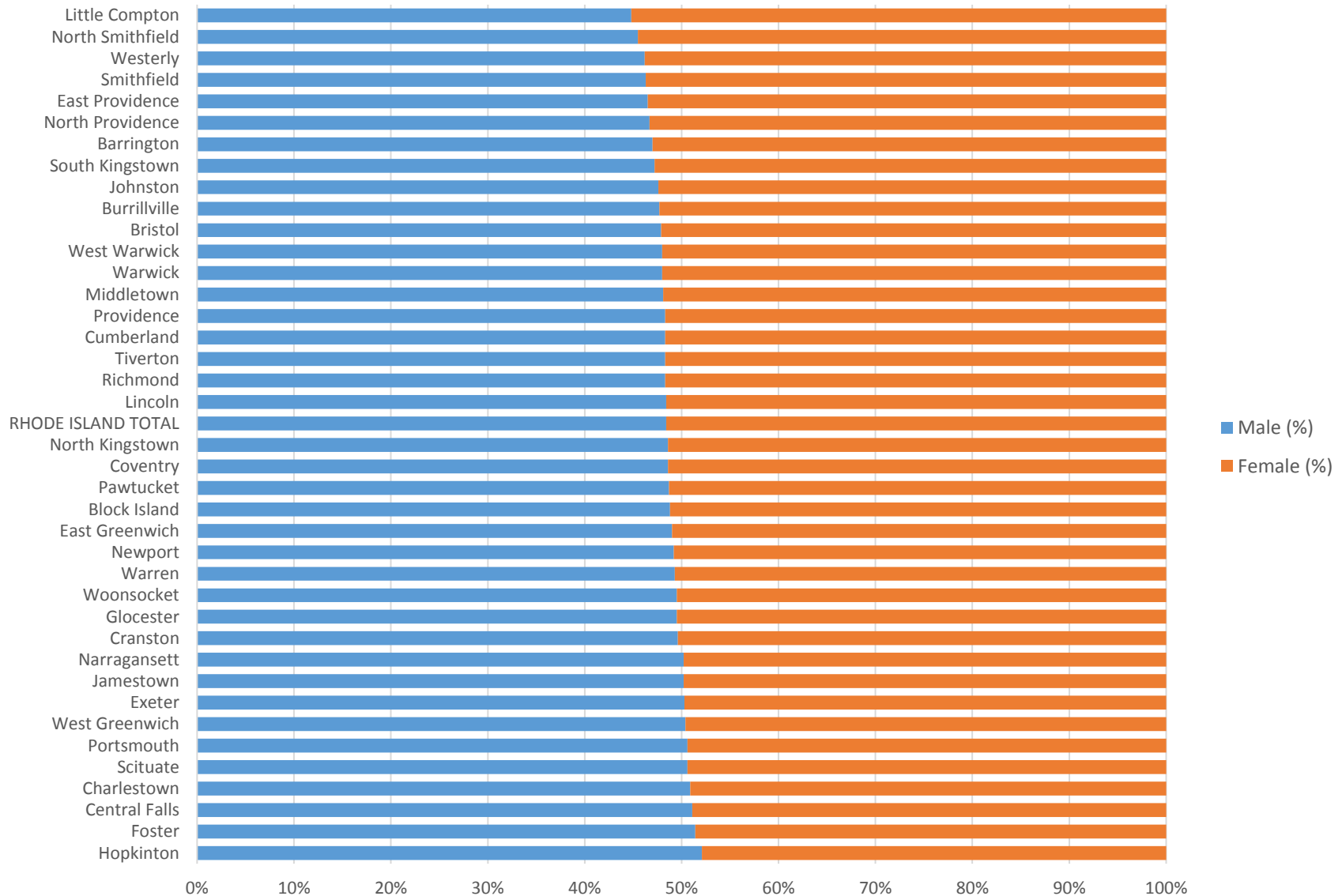
Barrington	10
Block Island	18
Bristol	26
Burrillville	34
Central Falls	42
Charlestown	50
Coventry	58
Cranston	66
Cumberland	74
East Greenwich	82
East Providence	90
Exeter	98
Foster	106
Glocester	114
Hopkinton	122
Jamestown	130
Johnston	138
Lincoln	146
Little Compton	154
Middletown	162
Narragansett	170
Newport	178
North Kingstown	186
North Providence	194
North Smithfield	202
Pawtucket	210
Portsmouth	218
Providence	226
Richmond	234
Scituate	242
Smithfield	250
South Kingstown	258
Tiverton	266
Warren	274
Warwick	282
West Greenwich	290
West Warwick	298
Westerly	306
Woonsocket	314

POPULATION PER SQUARE MILE IN RHODE ISLAND COMMUNITIES



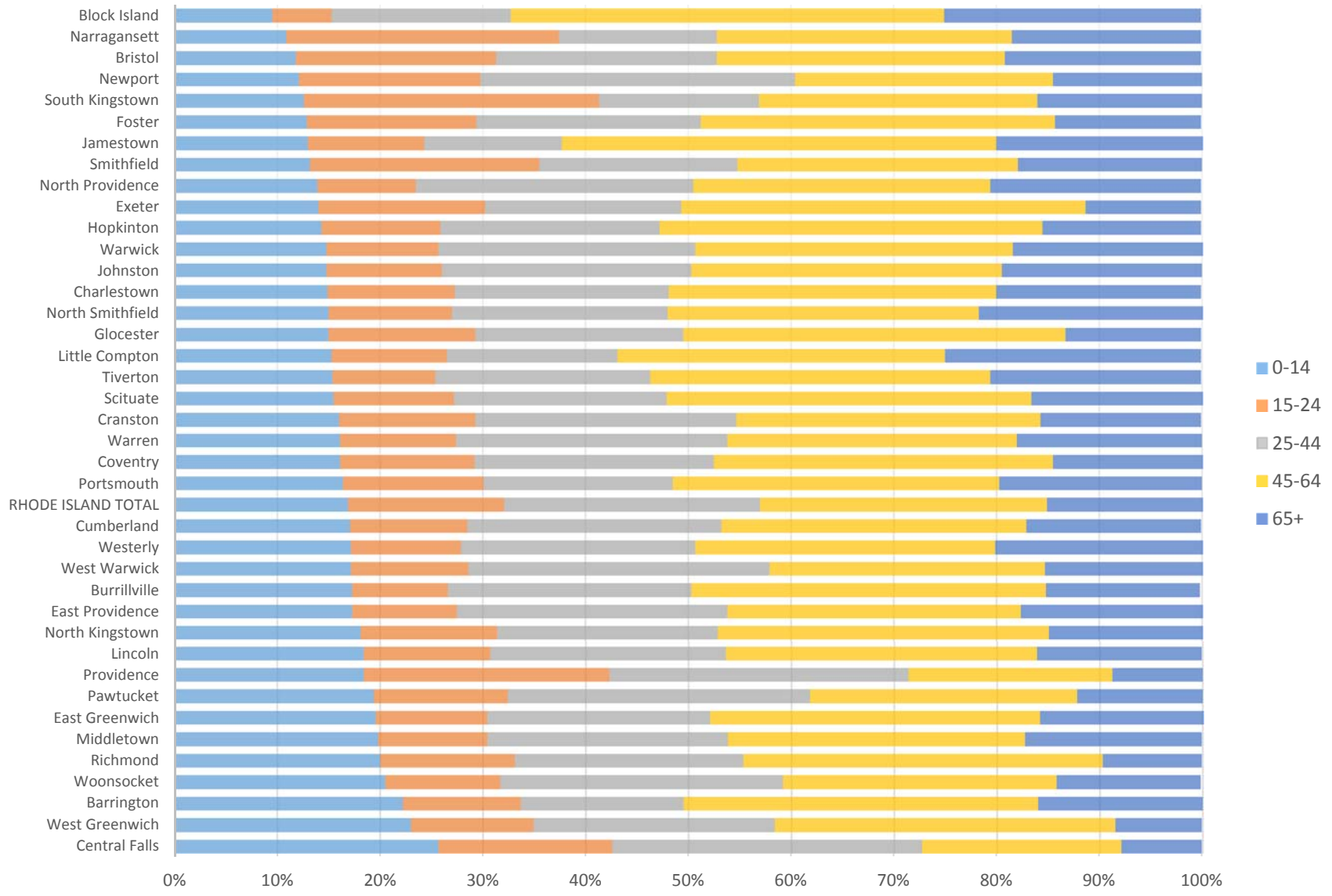
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

GENDER DISTRIBUTION IN RHODE ISLAND COMMUNITIES



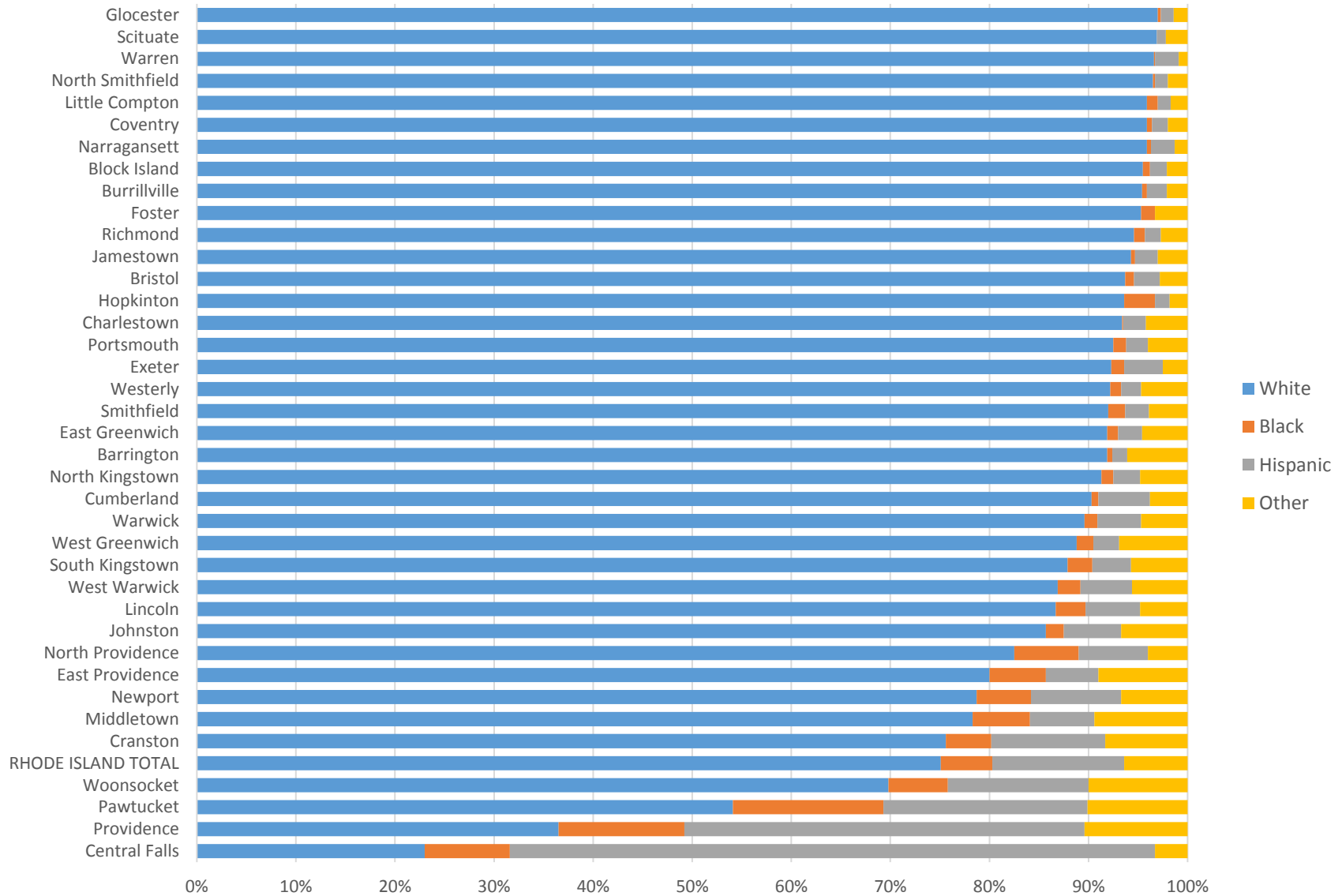
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

AGE DISTRIBUTION IN RHODE ISLAND COMMUNITIES



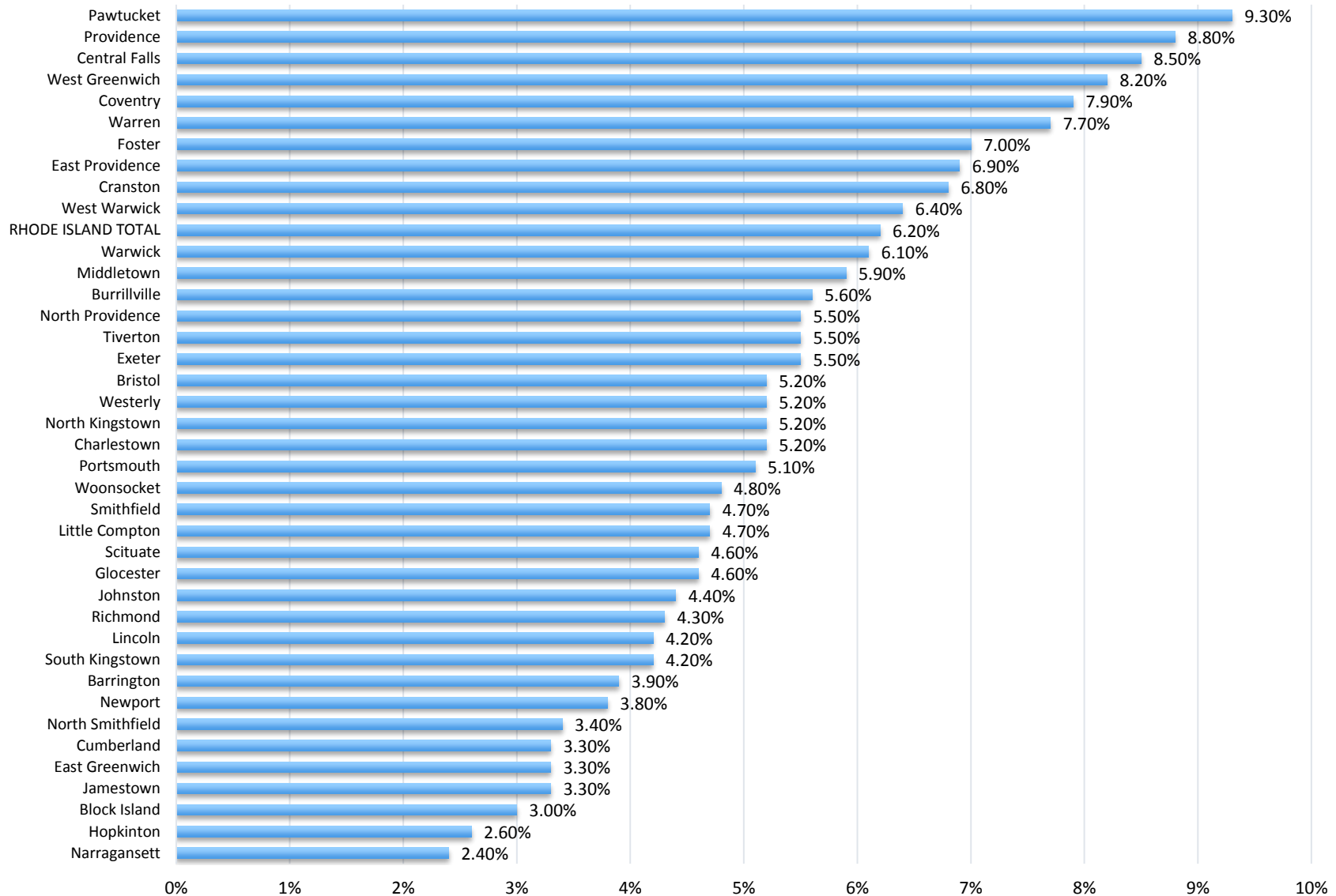
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

RACIAL/ETHNIC DISTRIBUTION IN RHODE ISLAND COMMUNITIES



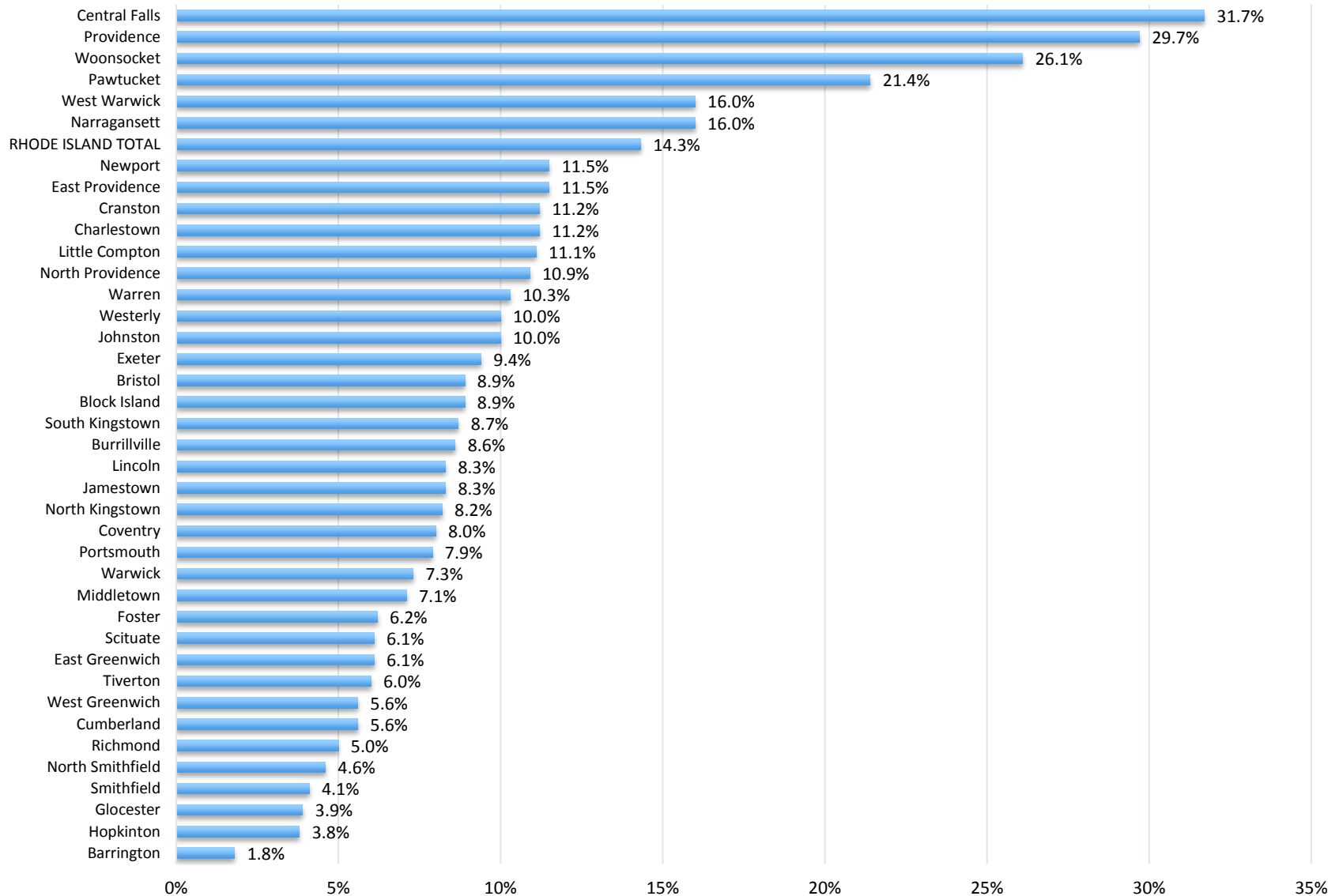
Source: 2014 American Communities Survey 5-Year Aggregated Estimates

UNEMPLOYMENT IN RHODE ISLAND COMMUNITIES



Source: 2014 American Communities Survey 5-Year Aggregated Estimates

BELOW FEDERAL POVERTY LEVEL IN RHODE ISLAND COMMUNITIES



Source: 2014 American Communities Survey 5-Year Aggregated Estimates

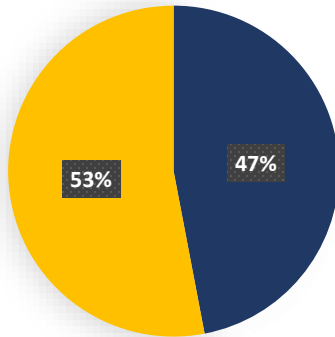
BARRINGTON

Demographics

Total Population: 16,290

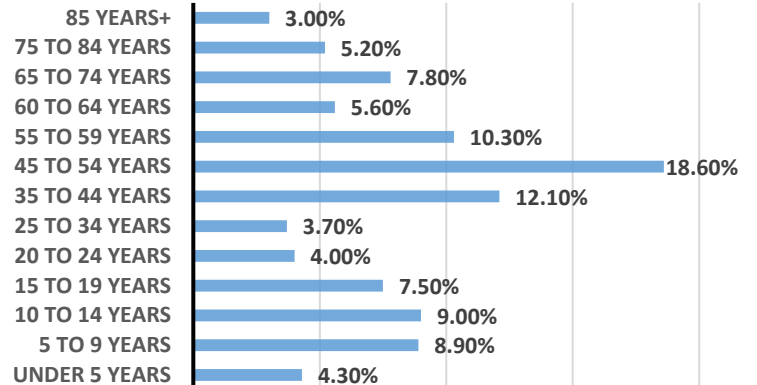
Total Households: 6,068

GENDER

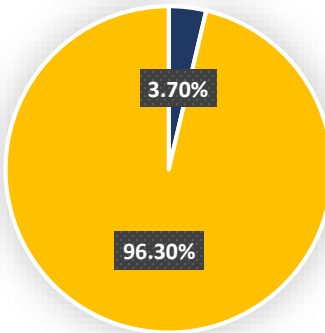


■ Male (%) ■ Female (%)

AGE

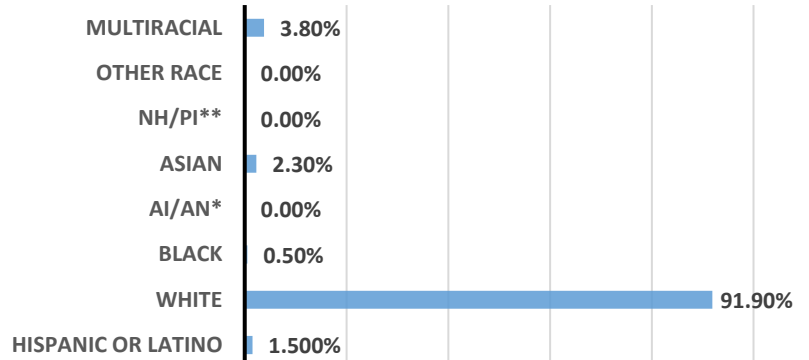


HEALTH INSURANCE



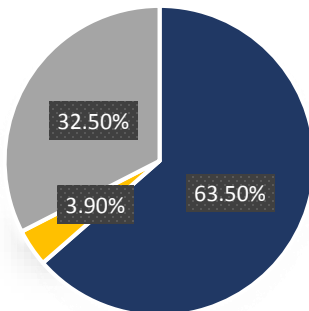
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

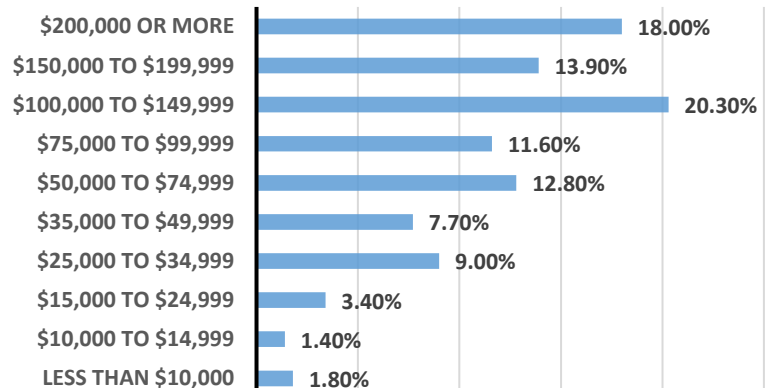
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

*Note: 0% Armed forces for this municipality

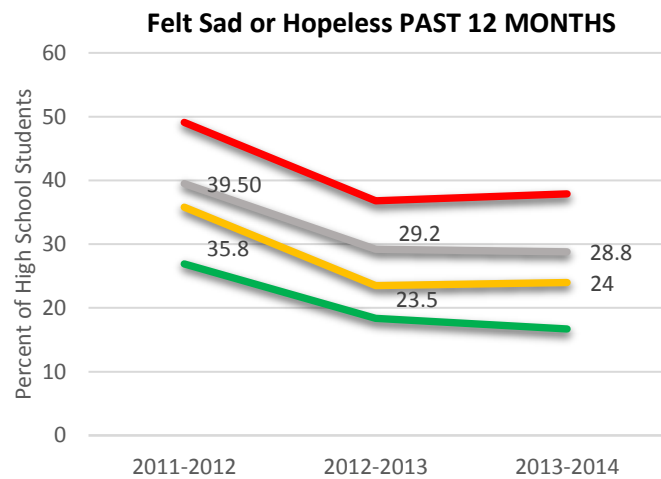
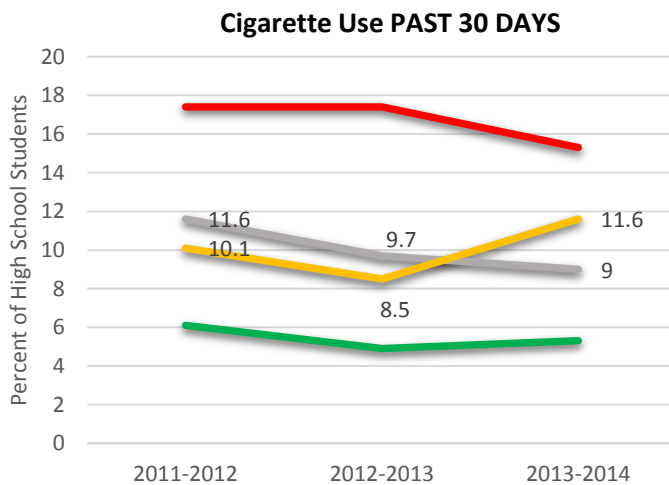
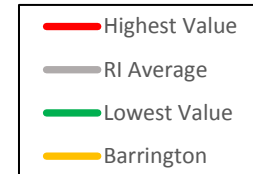
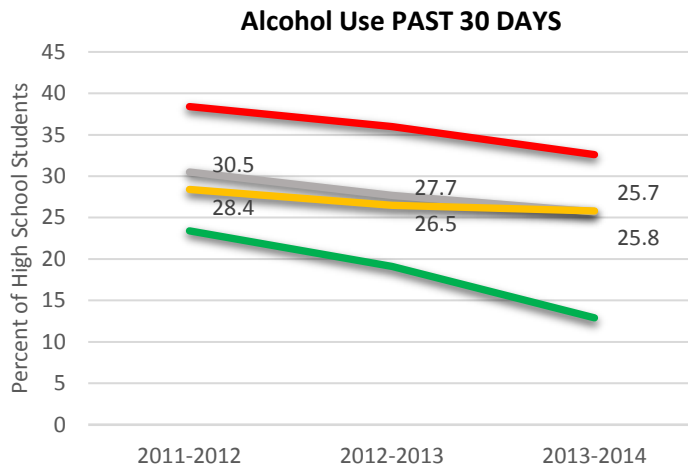
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

BARRINGTON

Prevalence – High School



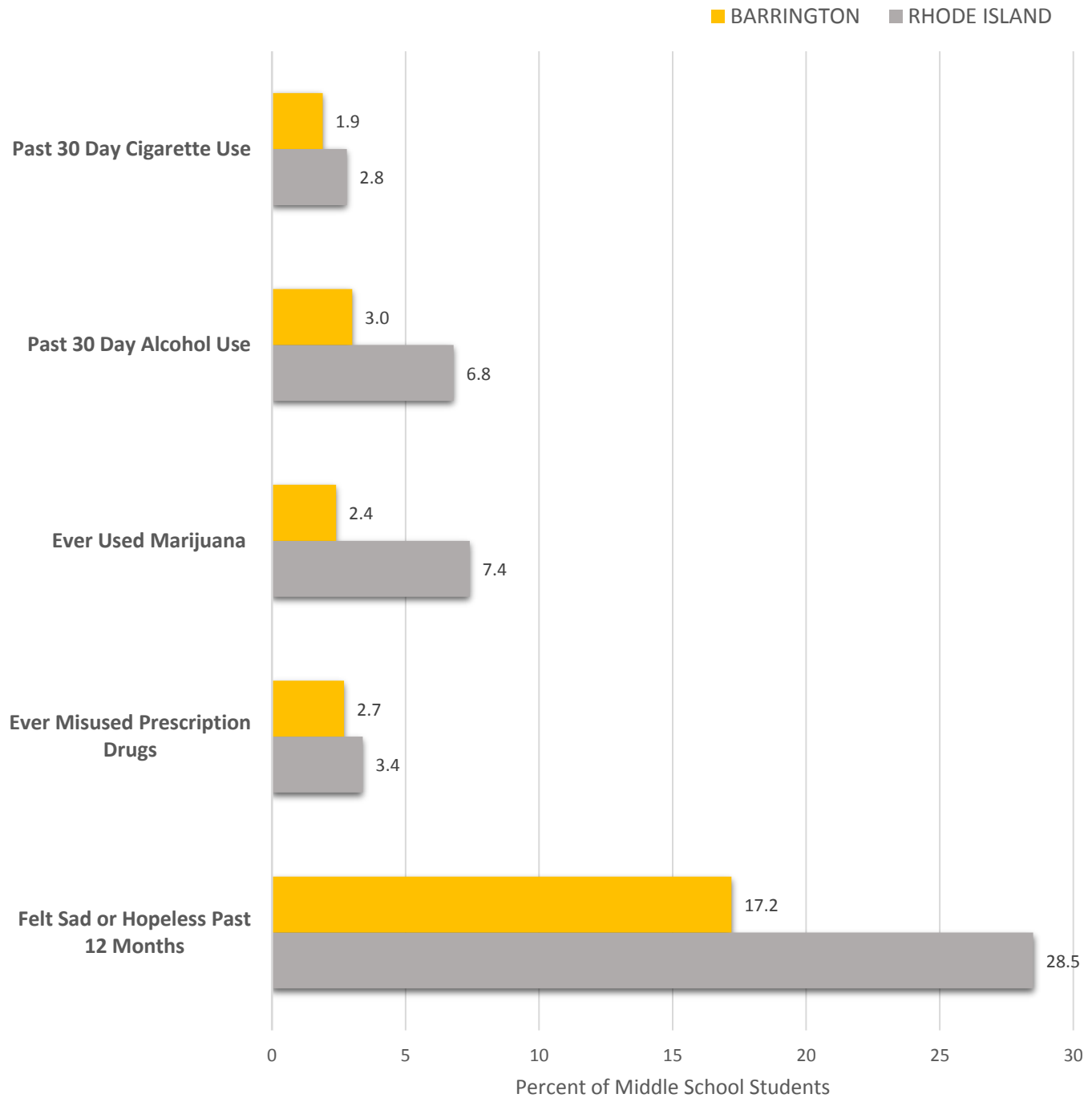
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	BARRINGTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.2%
2013-2014	9.5%	8.9%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	51.8%
2013-2014	60.8%	66.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	51.0%
2013-2014	55.7%	48.9%

BARRINGTON

Prevalence – Middle School

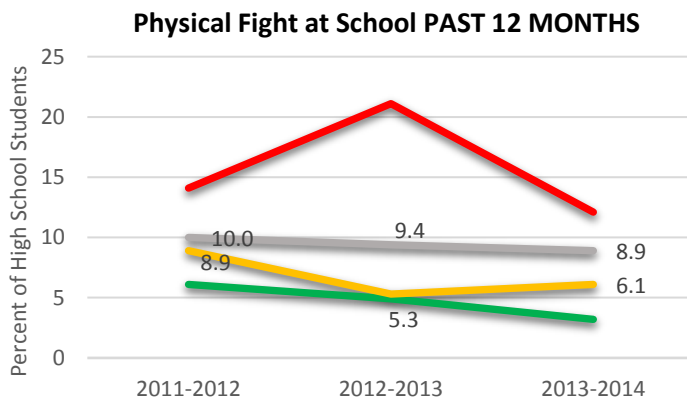
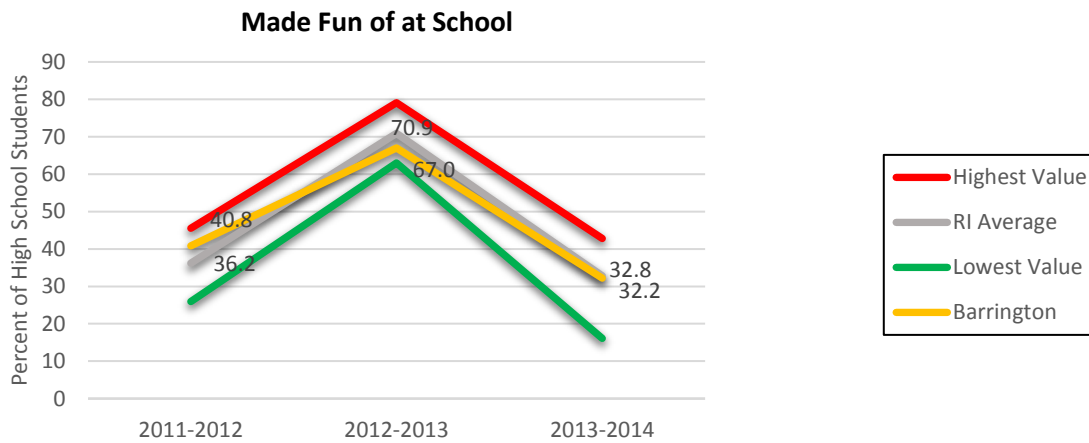
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

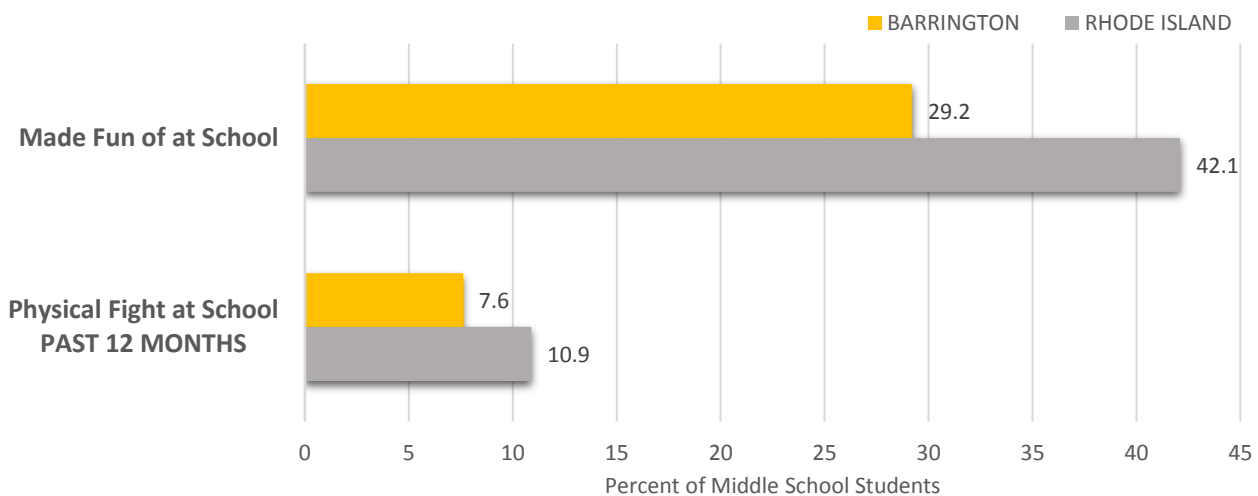
BARRINGTON

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

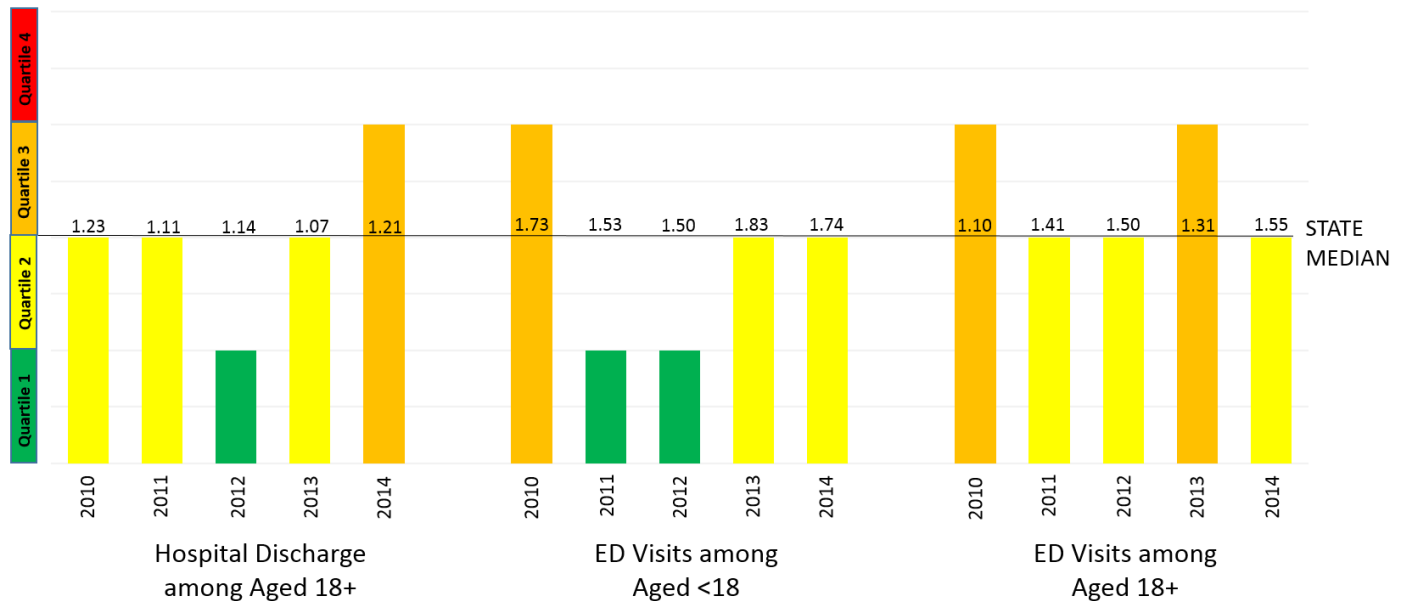


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

BARRINGTON

Consequences - Overdose

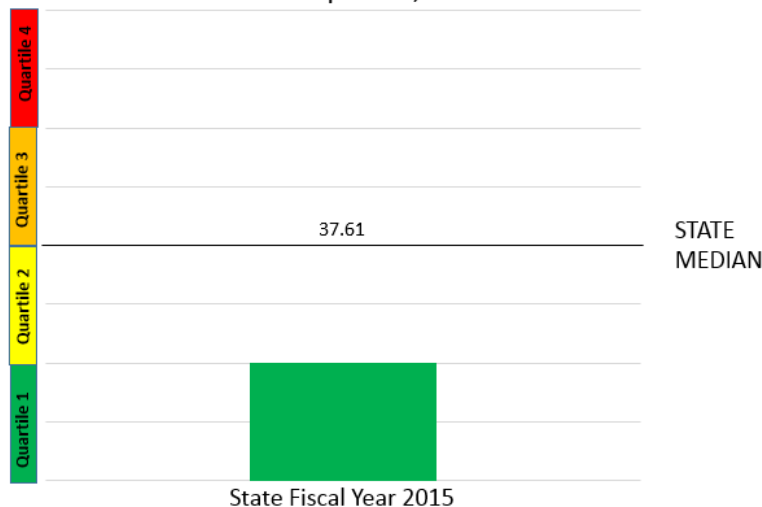
Barrington Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Barrington Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

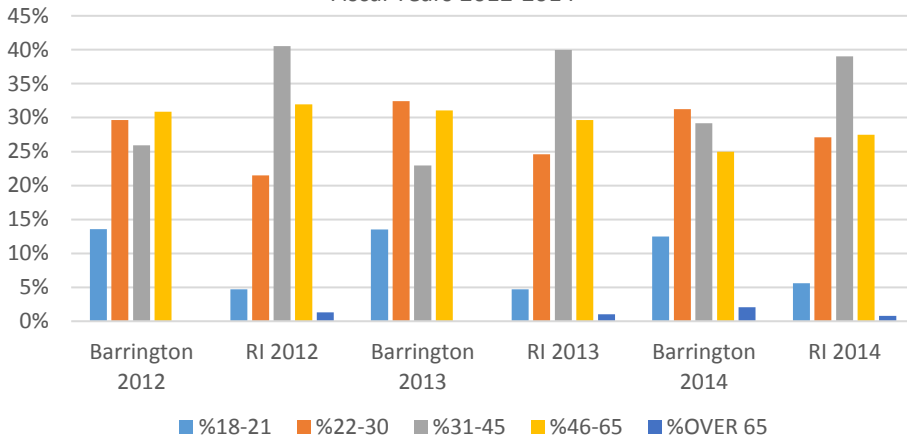
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

BARRINGTON

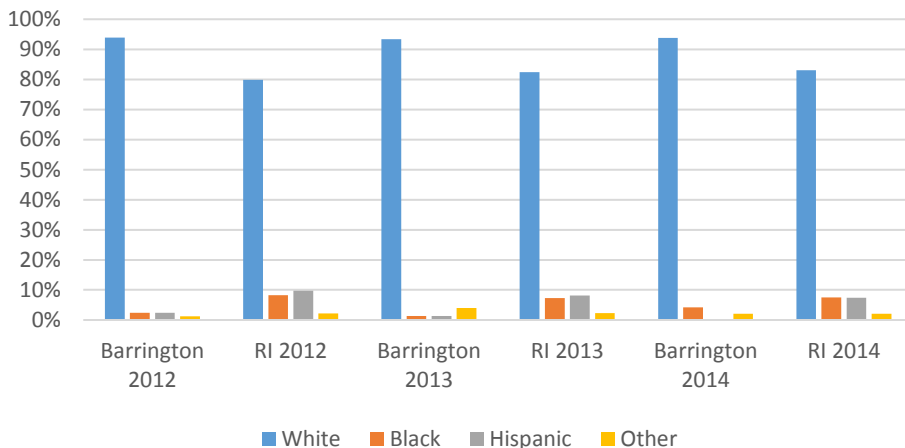
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



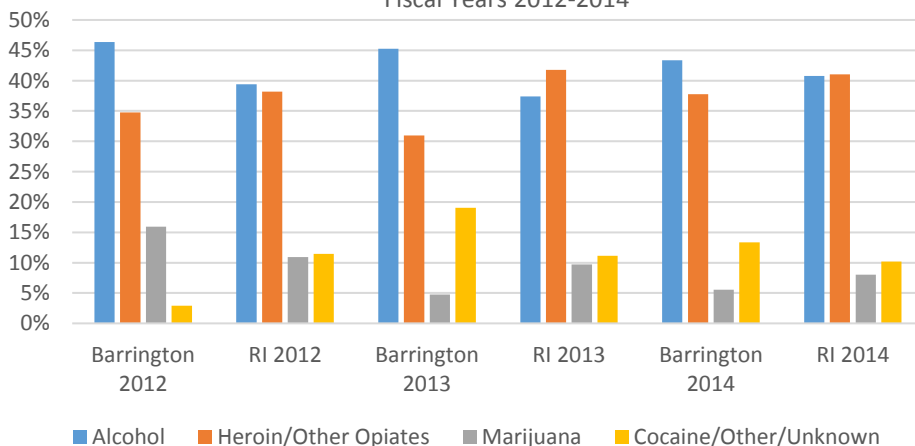
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

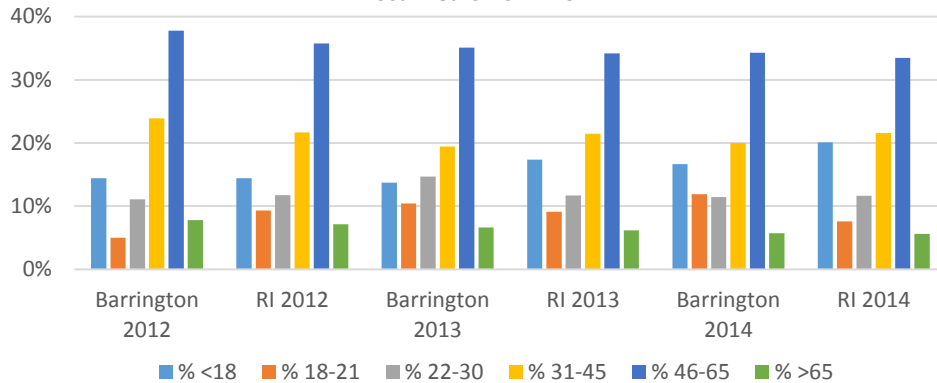


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

BARRINGTON

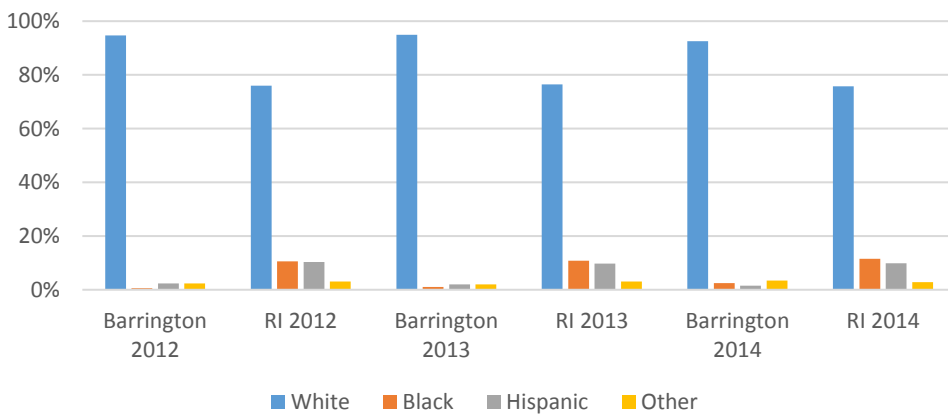
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



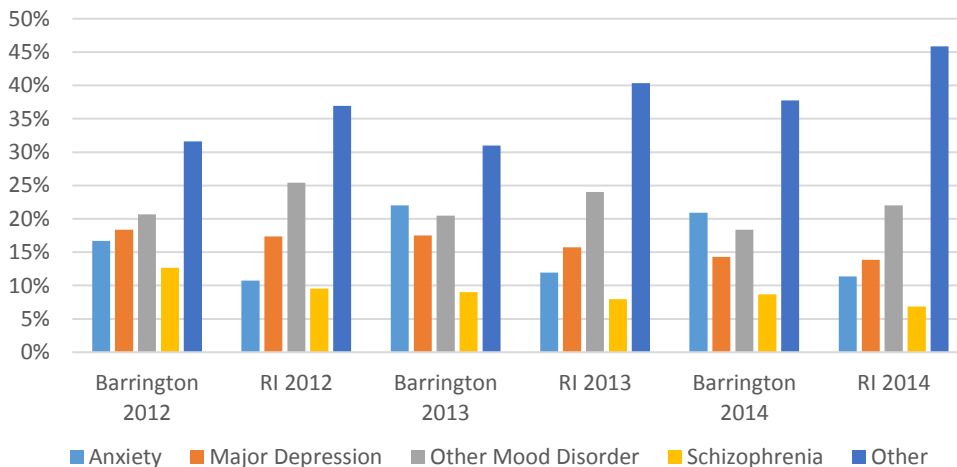
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

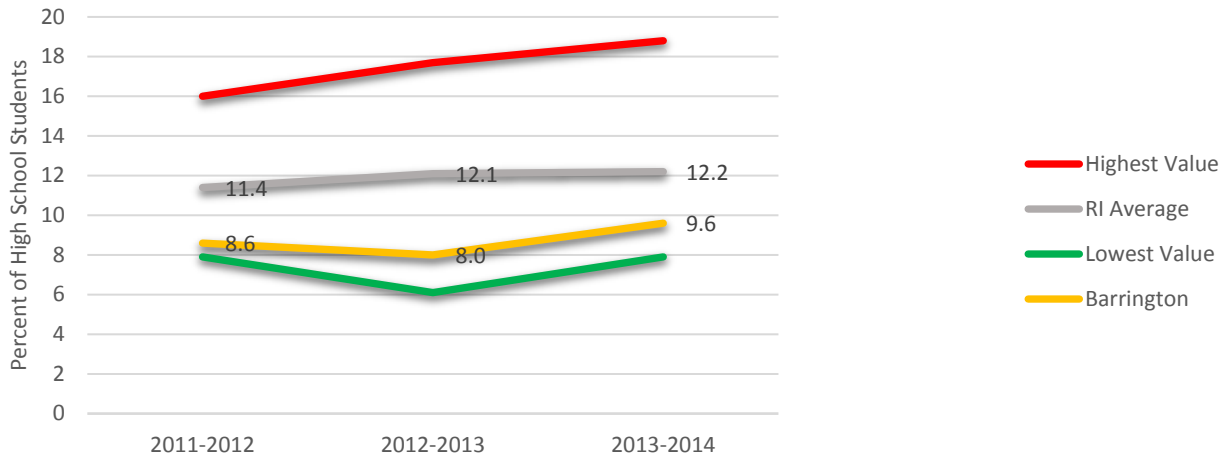


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

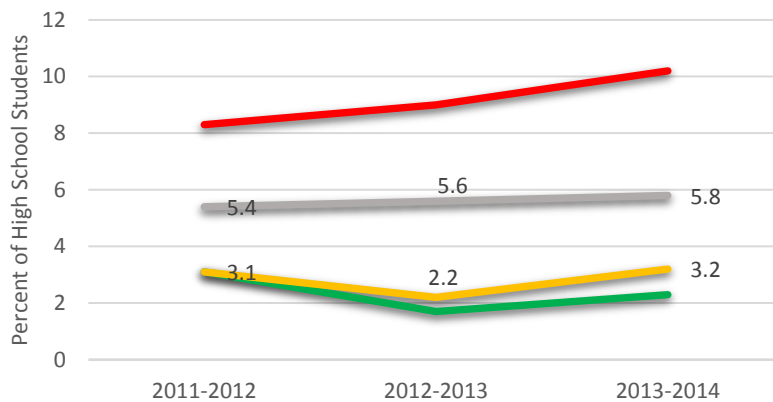
BARRINGTON

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

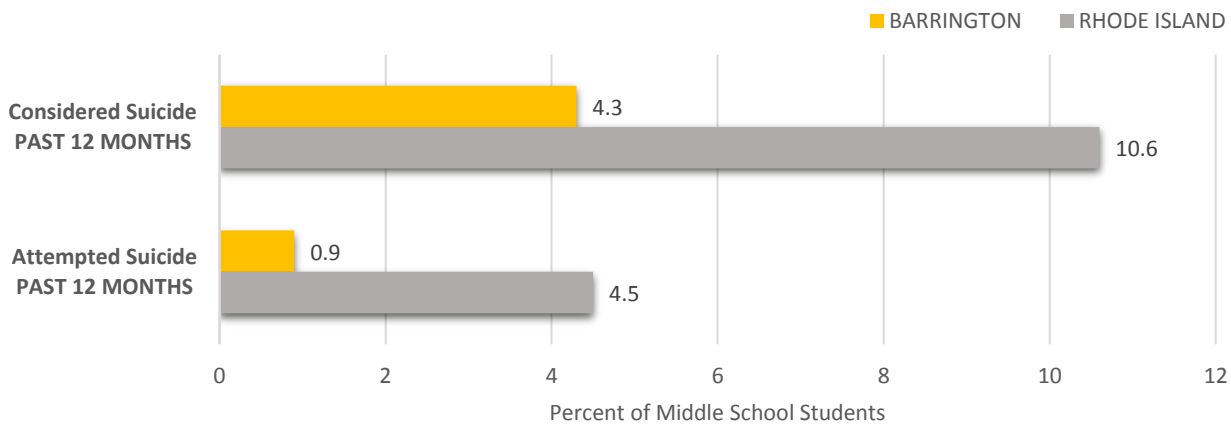


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

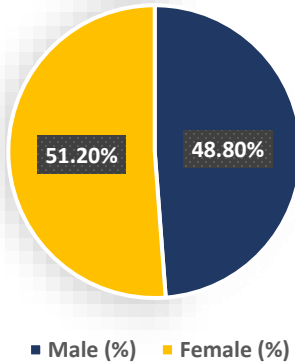
BLOCK ISLAND

Demographics

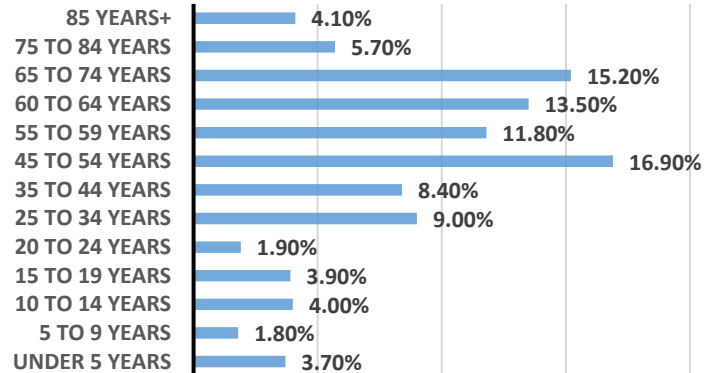
Total Population: 893

Total Households: 418

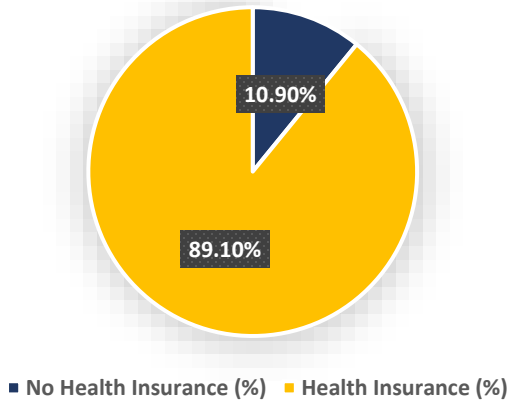
GENDER



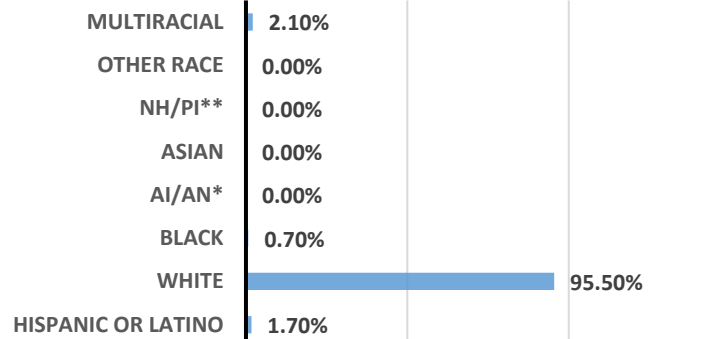
AGE



HEALTH INSURANCE

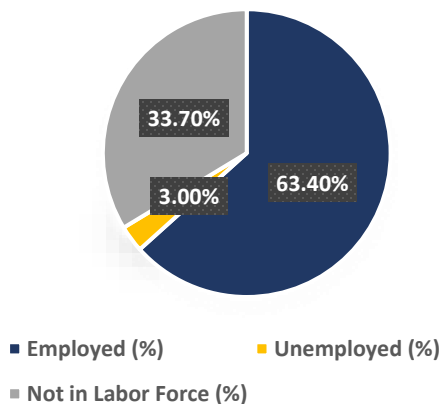


RACE/ETHNICITY

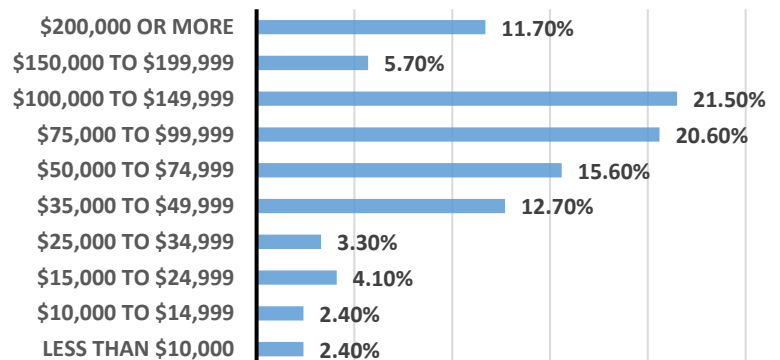


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

BLOCK ISLAND

Prevalence – High School

NO HIGH SCHOOL PREVALENCE DATA ARE
AVAILABLE FOR BLOCK ISLAND.

BLOCK ISLAND

Prevalence – Middle School

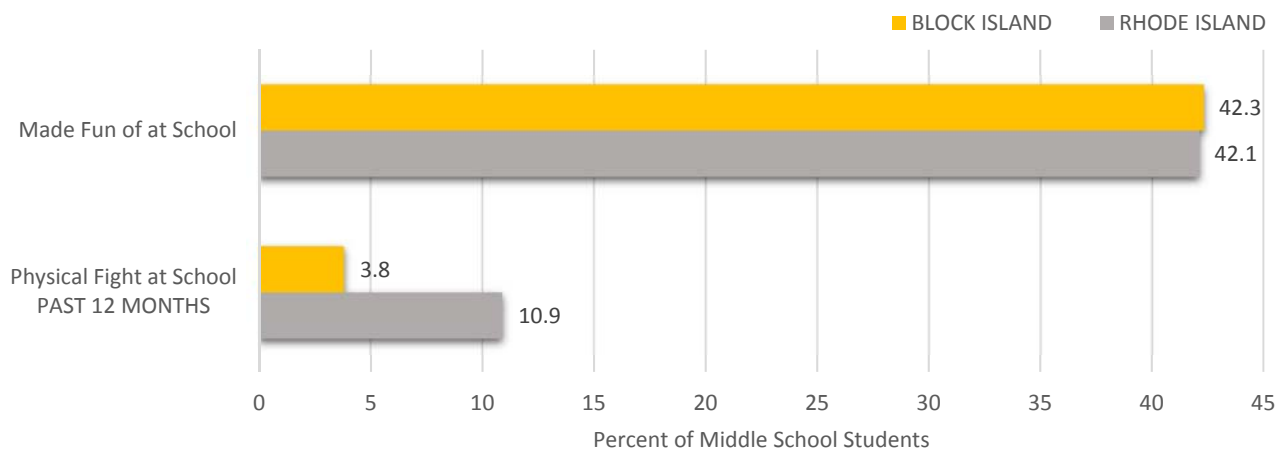
NO MIDDLE SCHOOL PREVALENCE DATA ARE
AVAILABLE FOR BLOCK ISLAND.

BLOCK ISLAND

Risk and Protective Factors

NO HIGH SCHOOL RISK AND PROTECTIVE FACTOR DATA ARE AVAILABLE FOR BLOCK ISLAND.

2013-2014 Middle School Prevalence

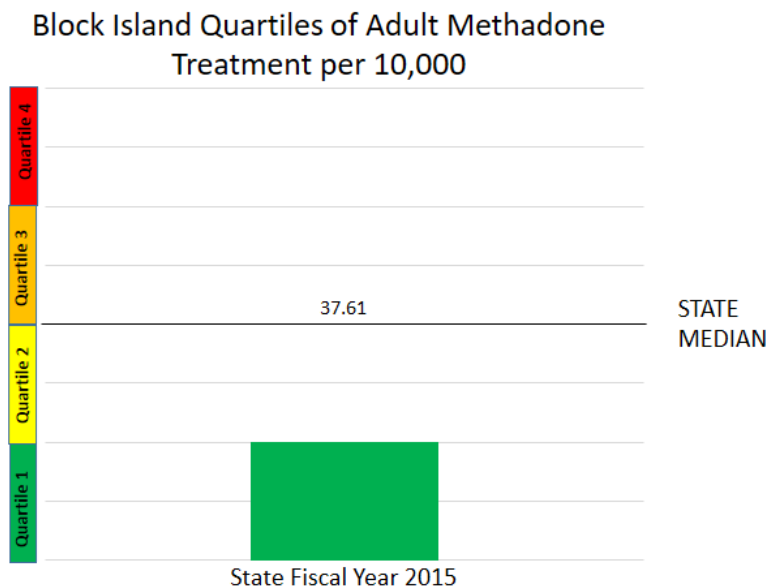


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

BLOCK ISLAND

Consequences - Overdose

NO OVERDOSE RATES ARE AVAILABLE FOR BLOCK ISLAND DUE TO UNRELIABLE YEAR-ROUND AND SUMMER POPULATION ESTIMATES.



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

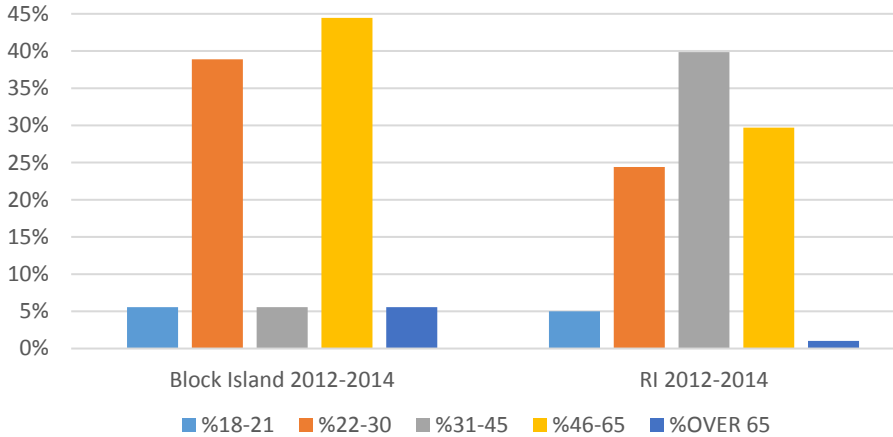
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

BLOCK ISLAND

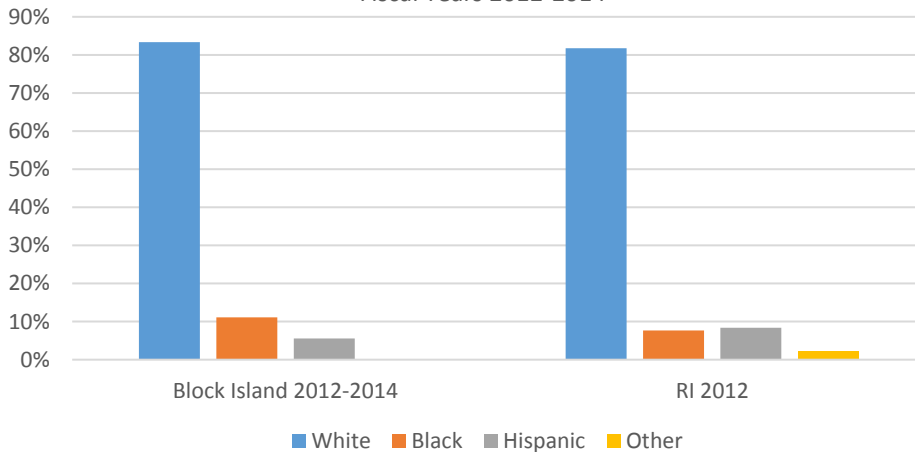
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



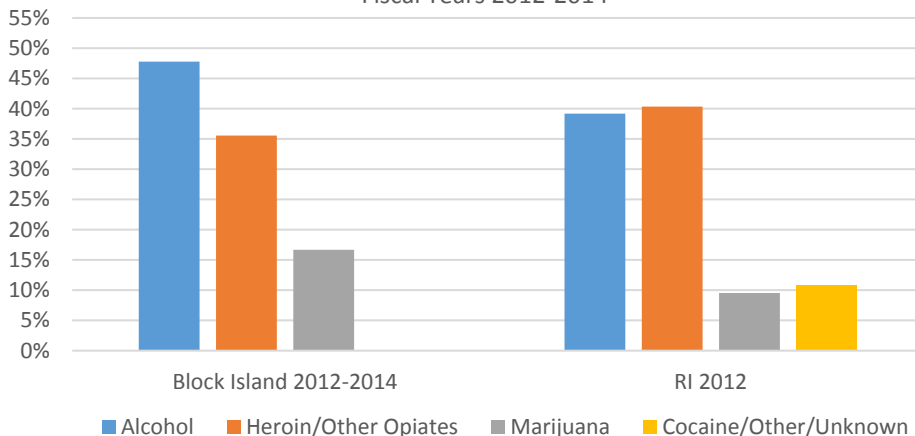
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

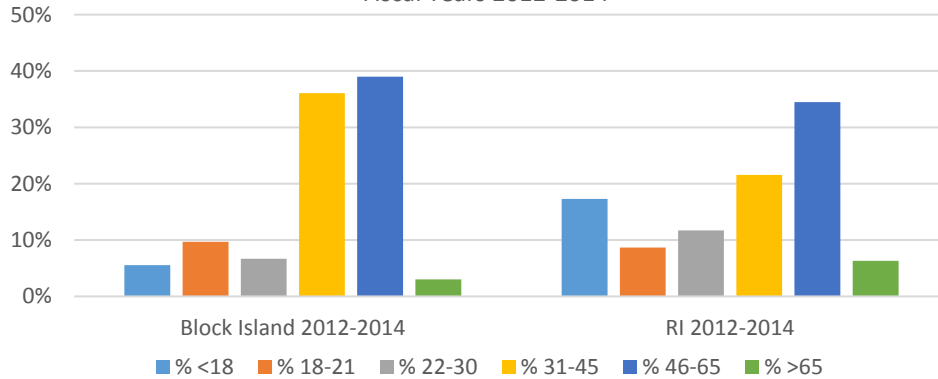


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

BLOCK ISLAND

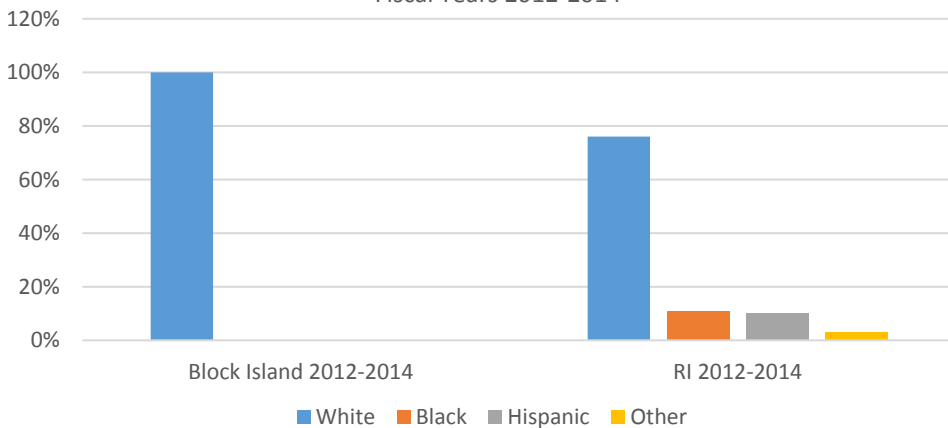
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



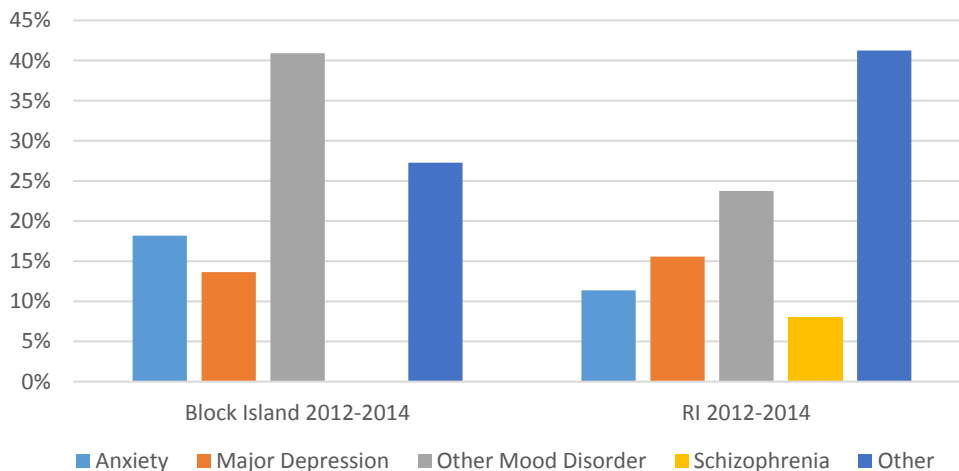
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

BLOCK ISLAND

Consequences – Suicidality

NO HIGH SCHOOL NOR MIDDLE SCHOOL
SUICIDALITY DATA ARE AVAILABLE FOR
BLOCK ISLAND.

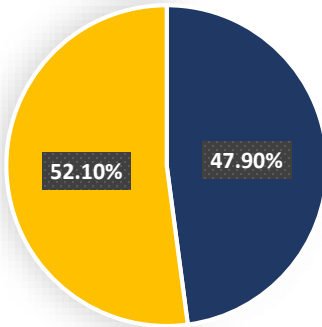
BRISTOL

Demographics

Total Population: 22,493

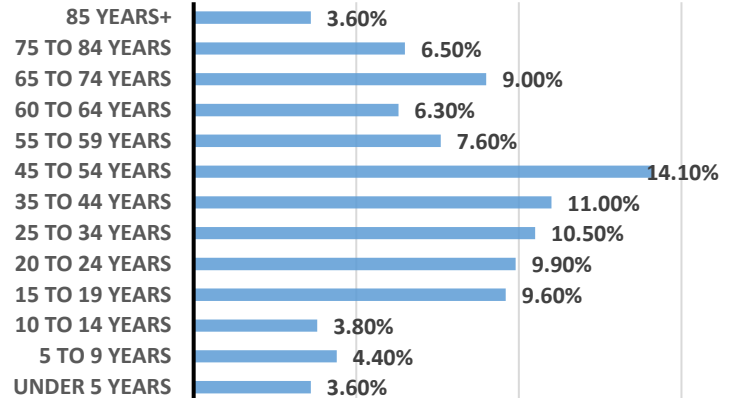
Total Households: 8,545

AGE

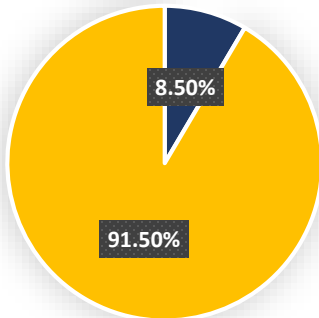


Male (%) Female (%)

AGE

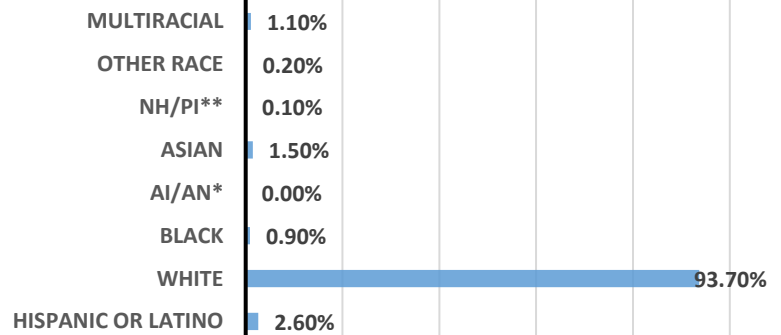


HEALTH INSURANCE



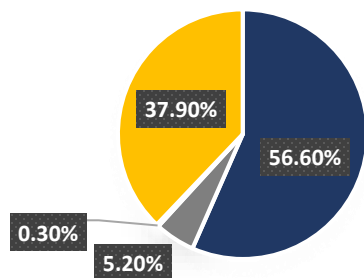
No Health Insurance (%) Health Insurance (%)

RACE/ETHNICITY



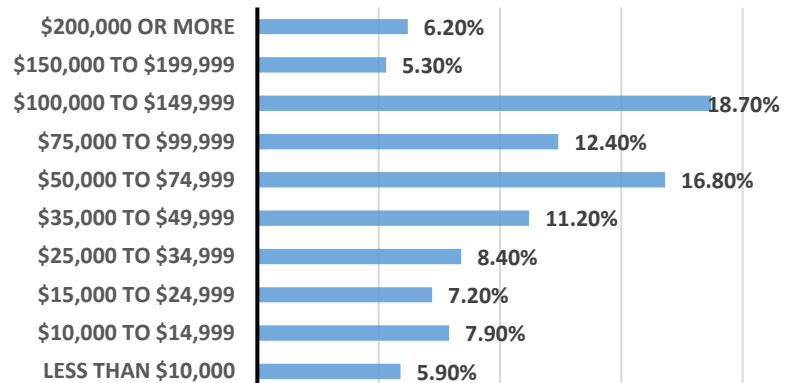
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



Employed (%) Unemployed (%)
Armed Forces (%) Not in Labor Force (%)

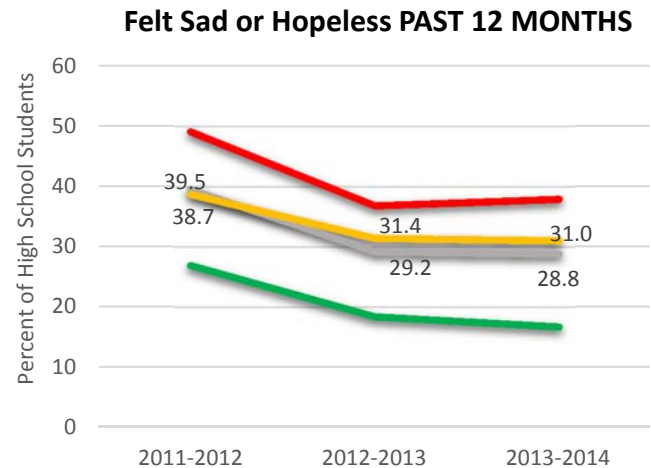
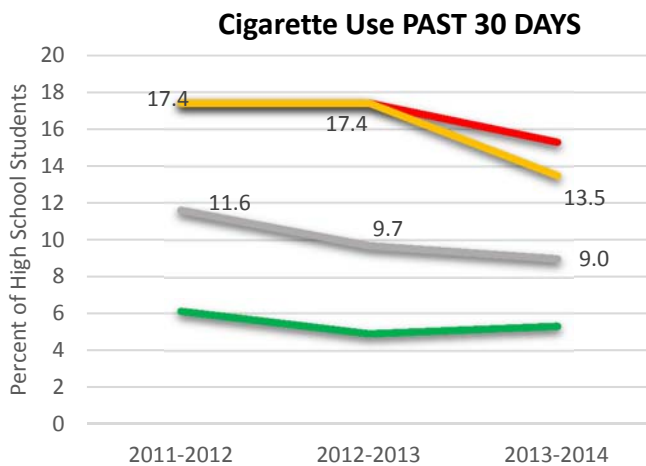
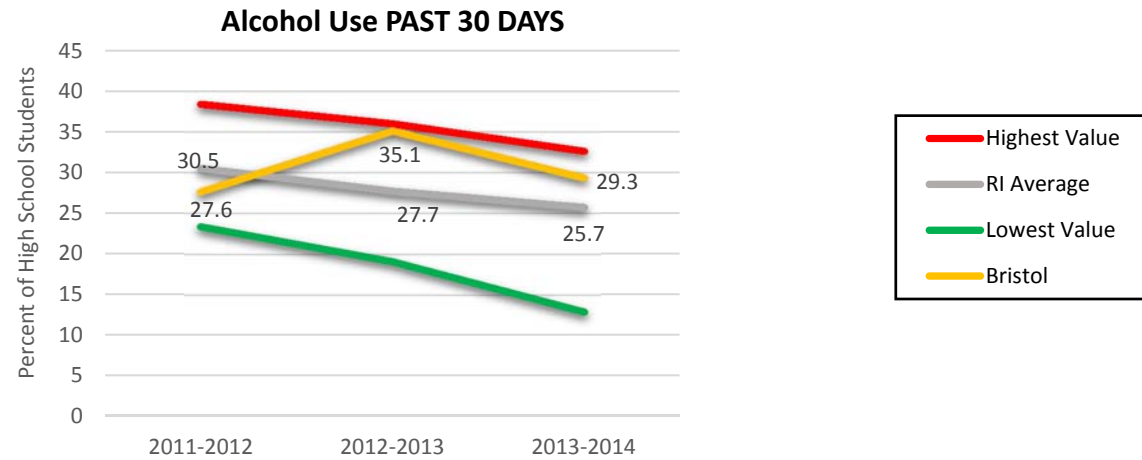
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

BRISTOL

Prevalence – High School



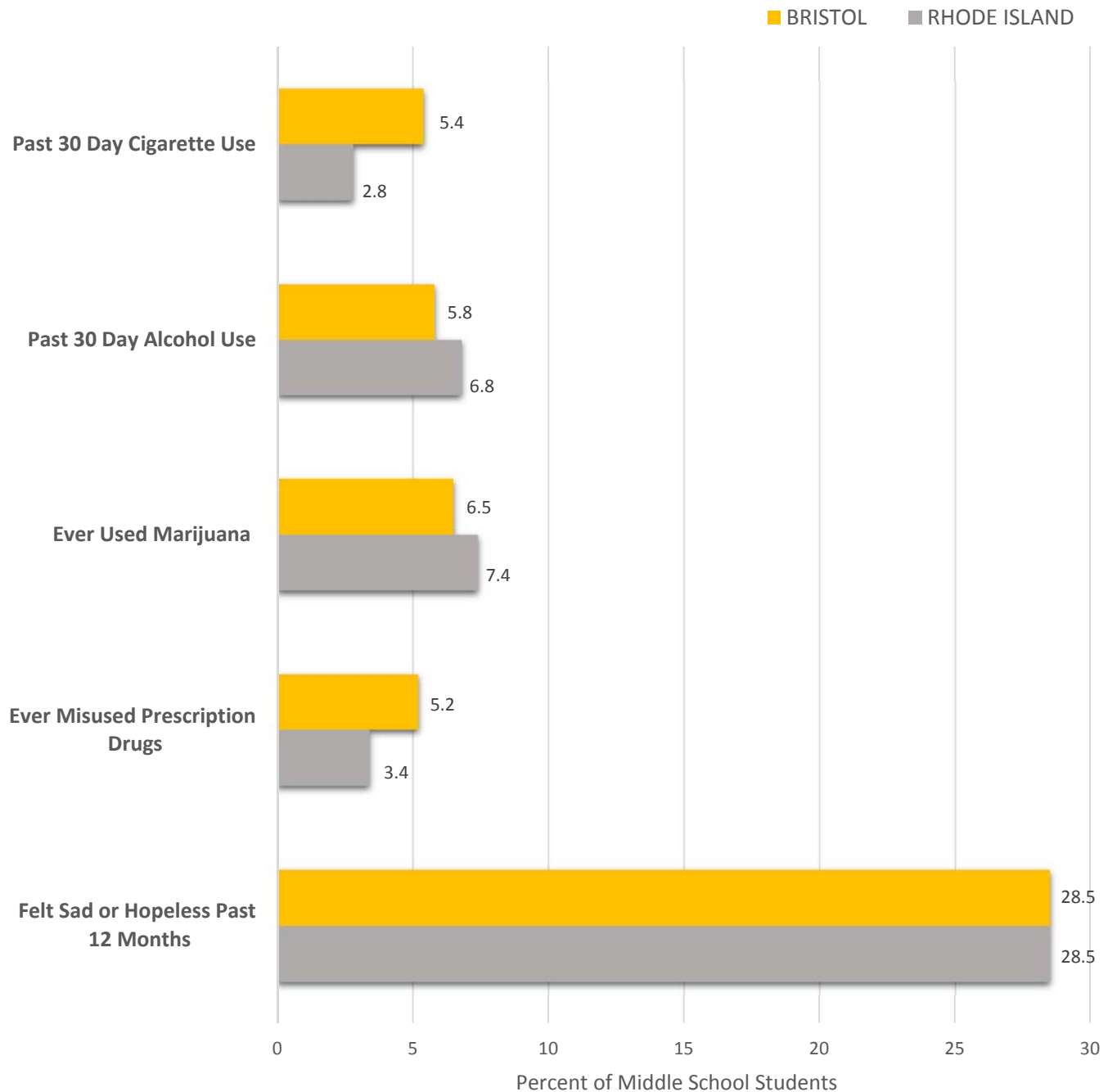
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	BRISTOL
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	13.2%
2013-2014	9.5%	14.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	65.9%
2013-2014	60.8%	64.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	62.1%
2013-2014	55.7%	56.9%

BRISTOL

Prevalence – Middle School

2013-2014 Middle School Prevalence

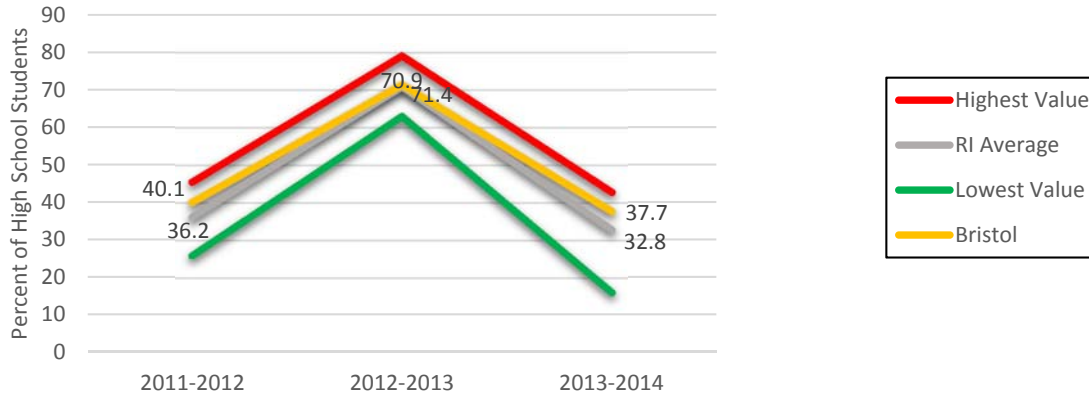


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

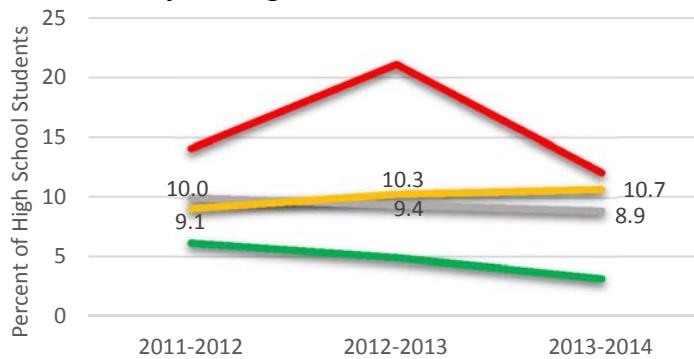
BRISTOL

Risk and Protective Factors

Made Fun of at School

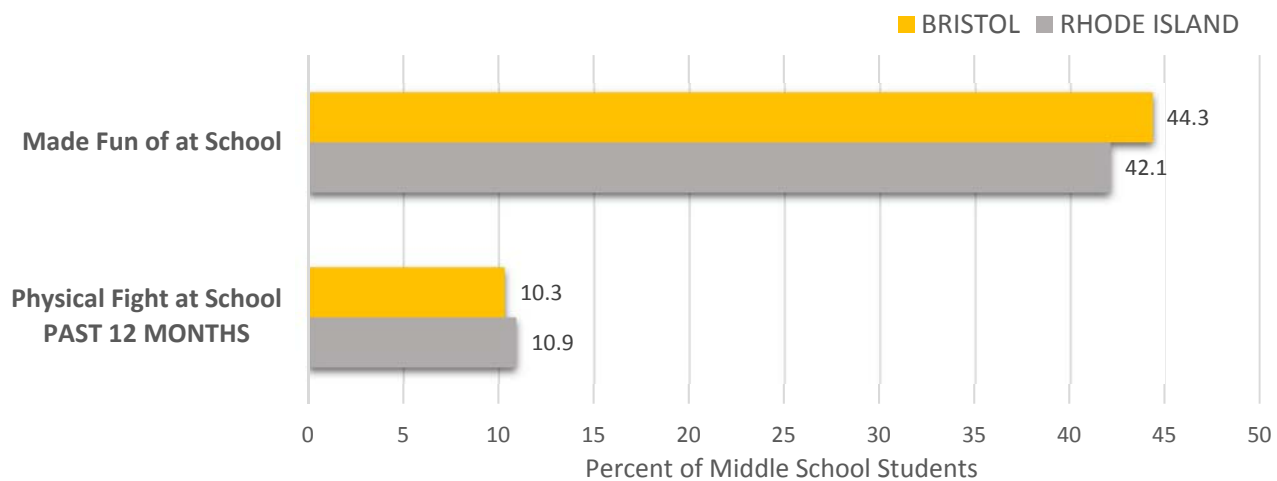


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

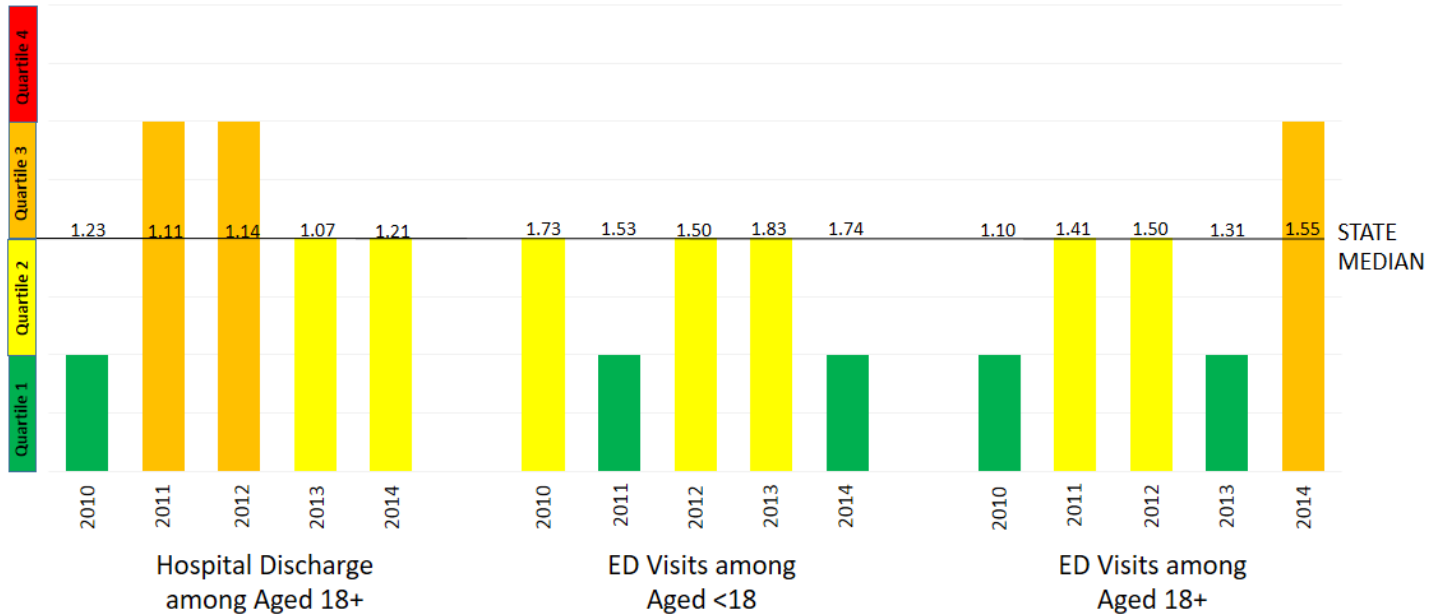


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

BRISTOL

Consequences - Overdose

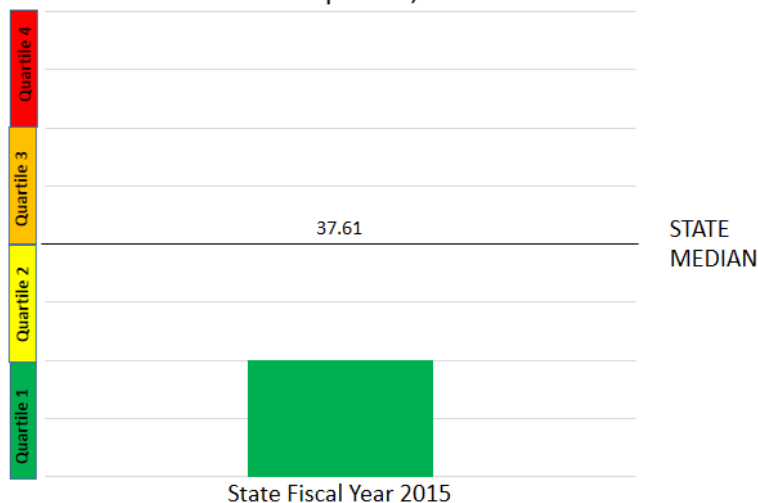
Bristol Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Bristol Quartiles of Adult Methadone Treatment per 10,000



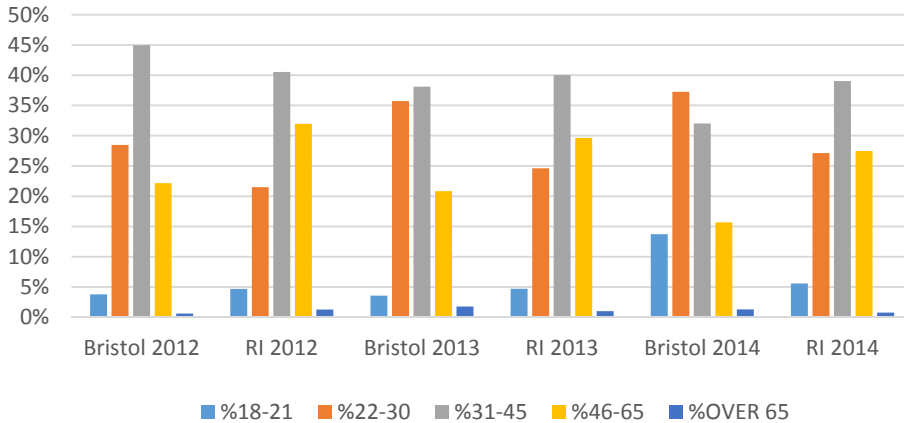
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

BRISTOL

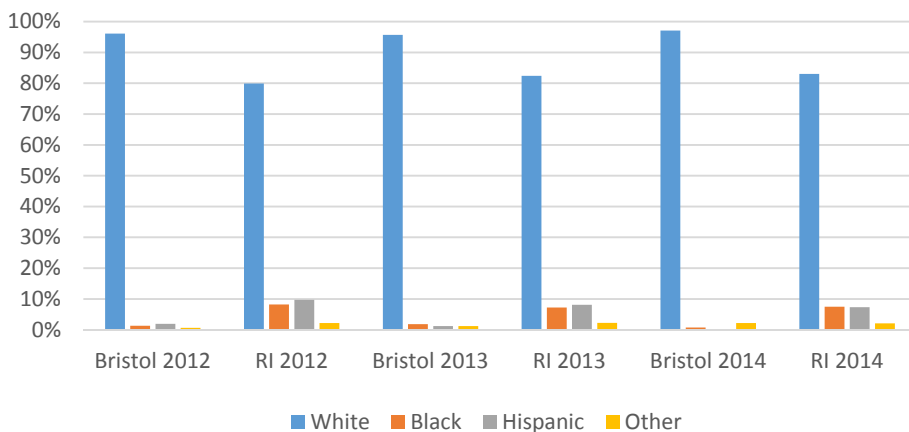
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



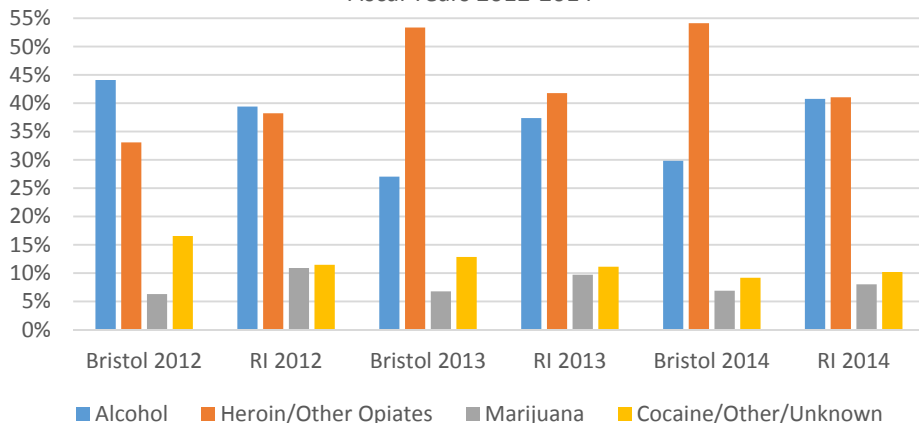
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

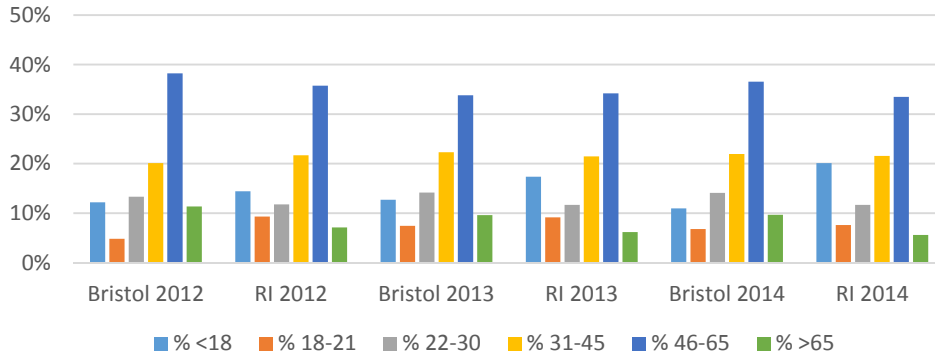


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

BRISTOL

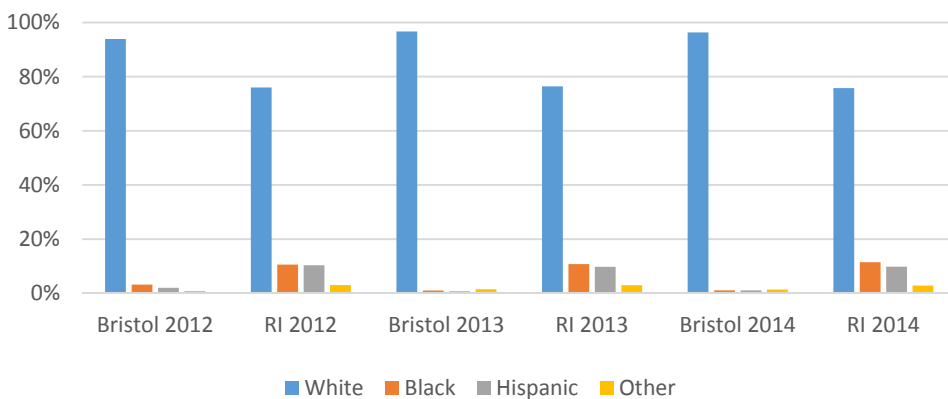
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



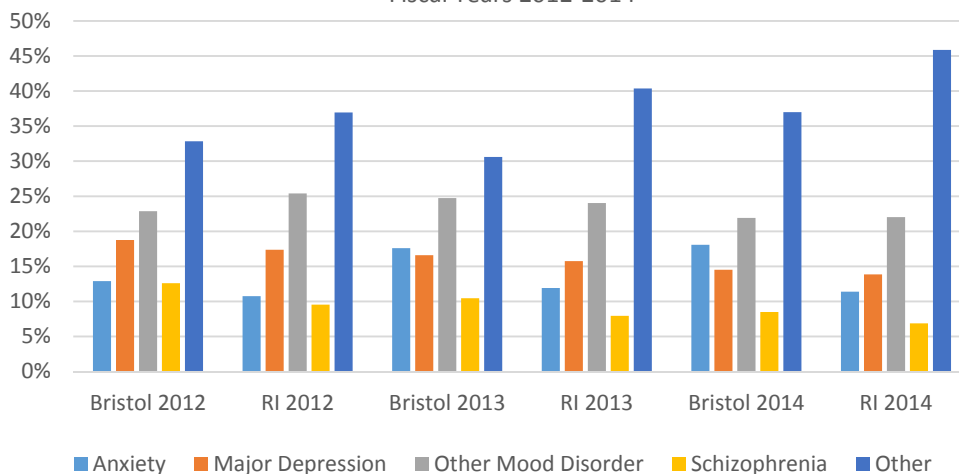
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

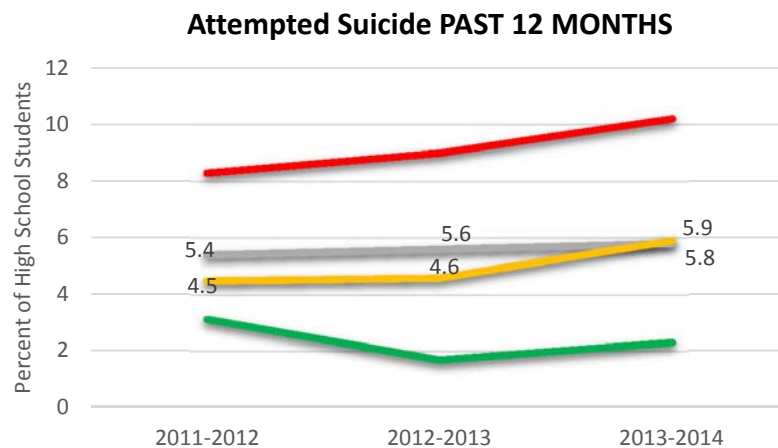
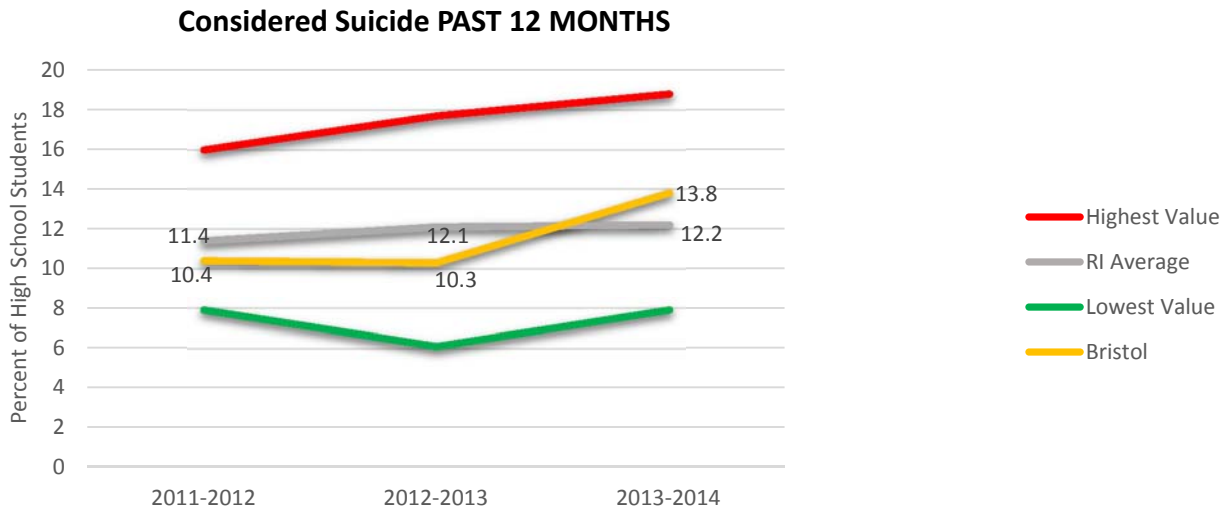
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

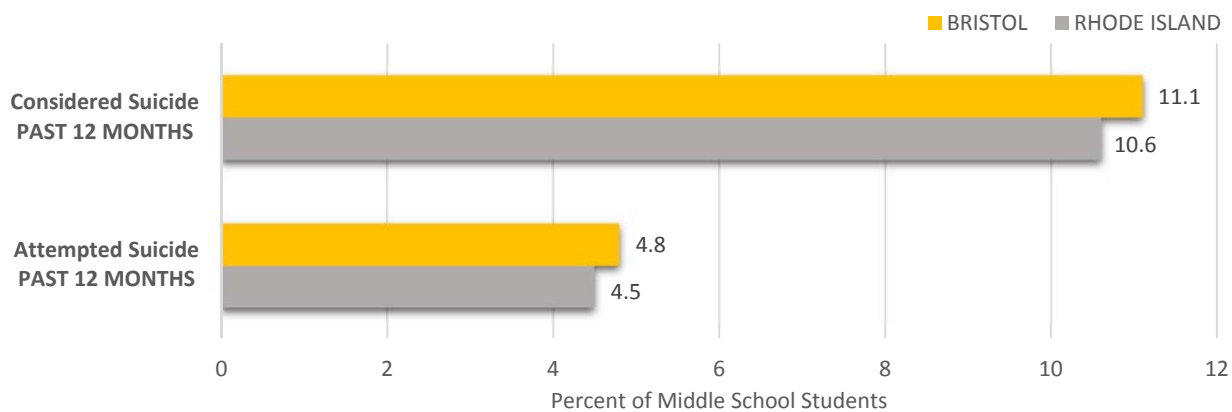
BRISTOL

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



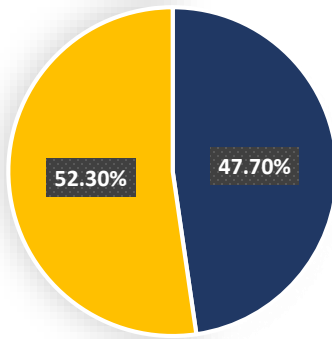
BURRILLVILLE

Demographics

Total Population: 16,108

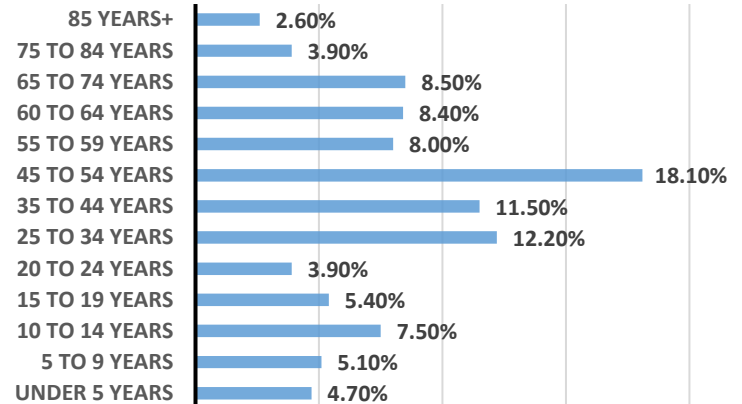
Total Households: 6,415

GENDER

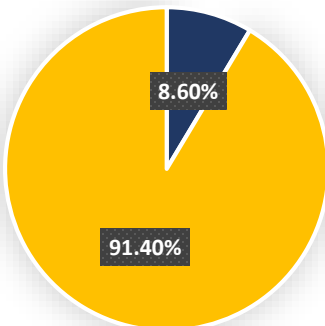


■ Male (%) ■ Female (%)

AGE

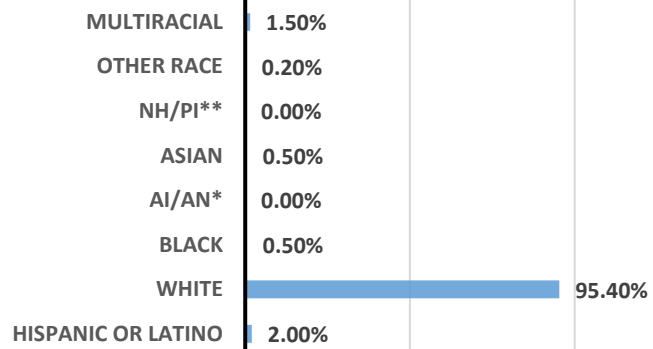


HEALTH INSURANCE



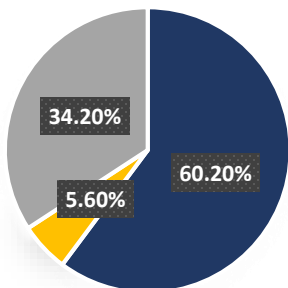
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

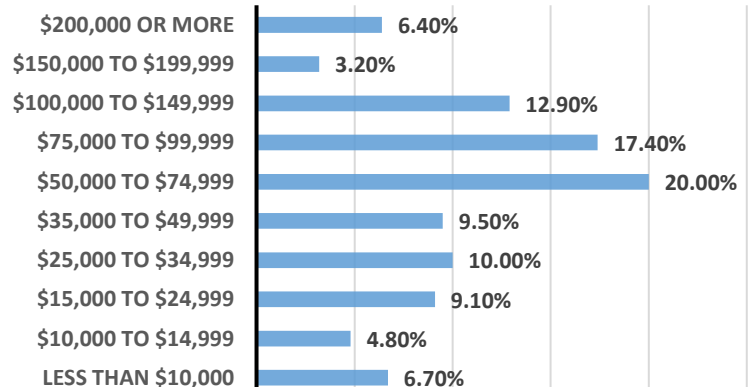
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

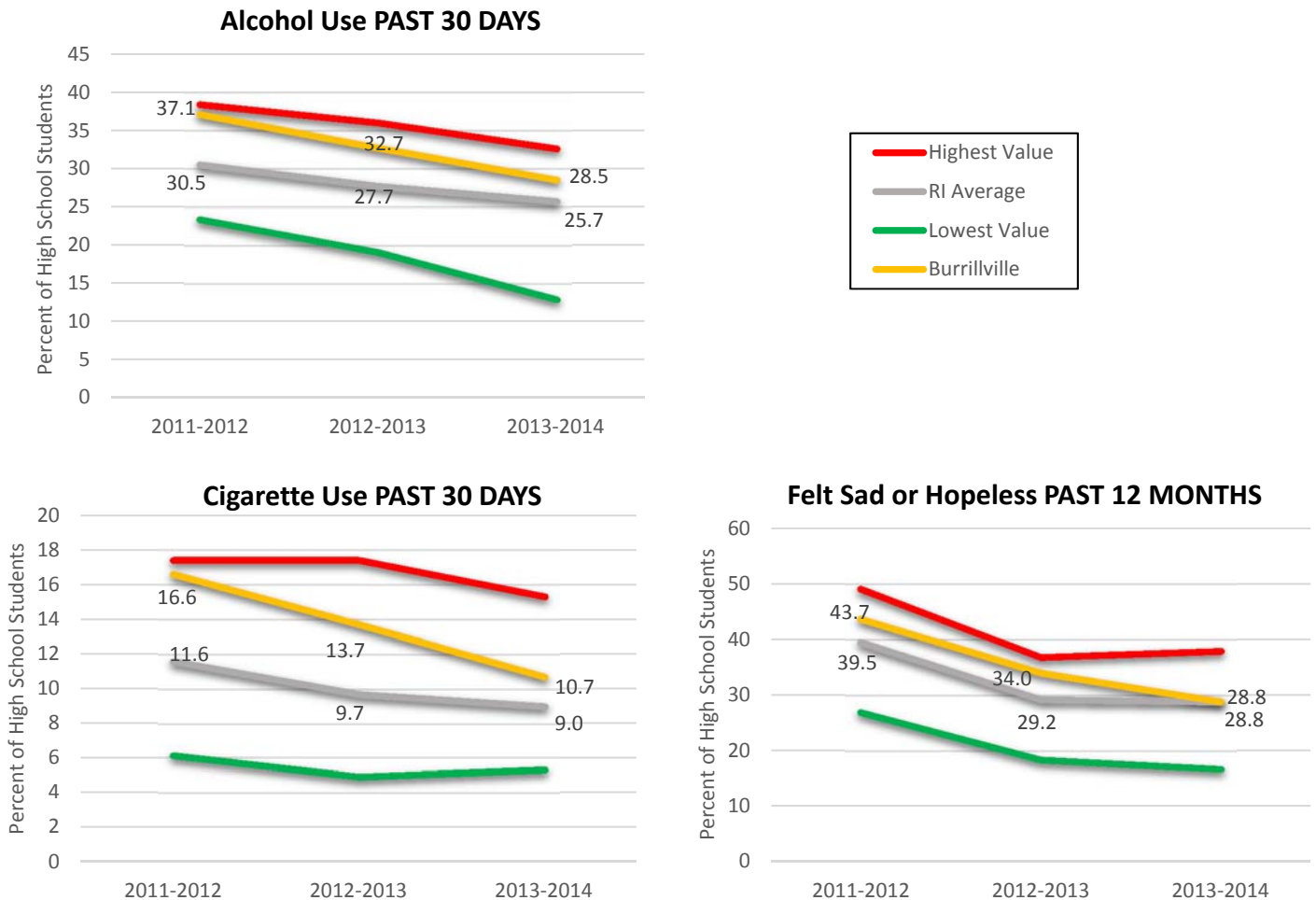
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

BURRILLVILLE

Prevalence – High School



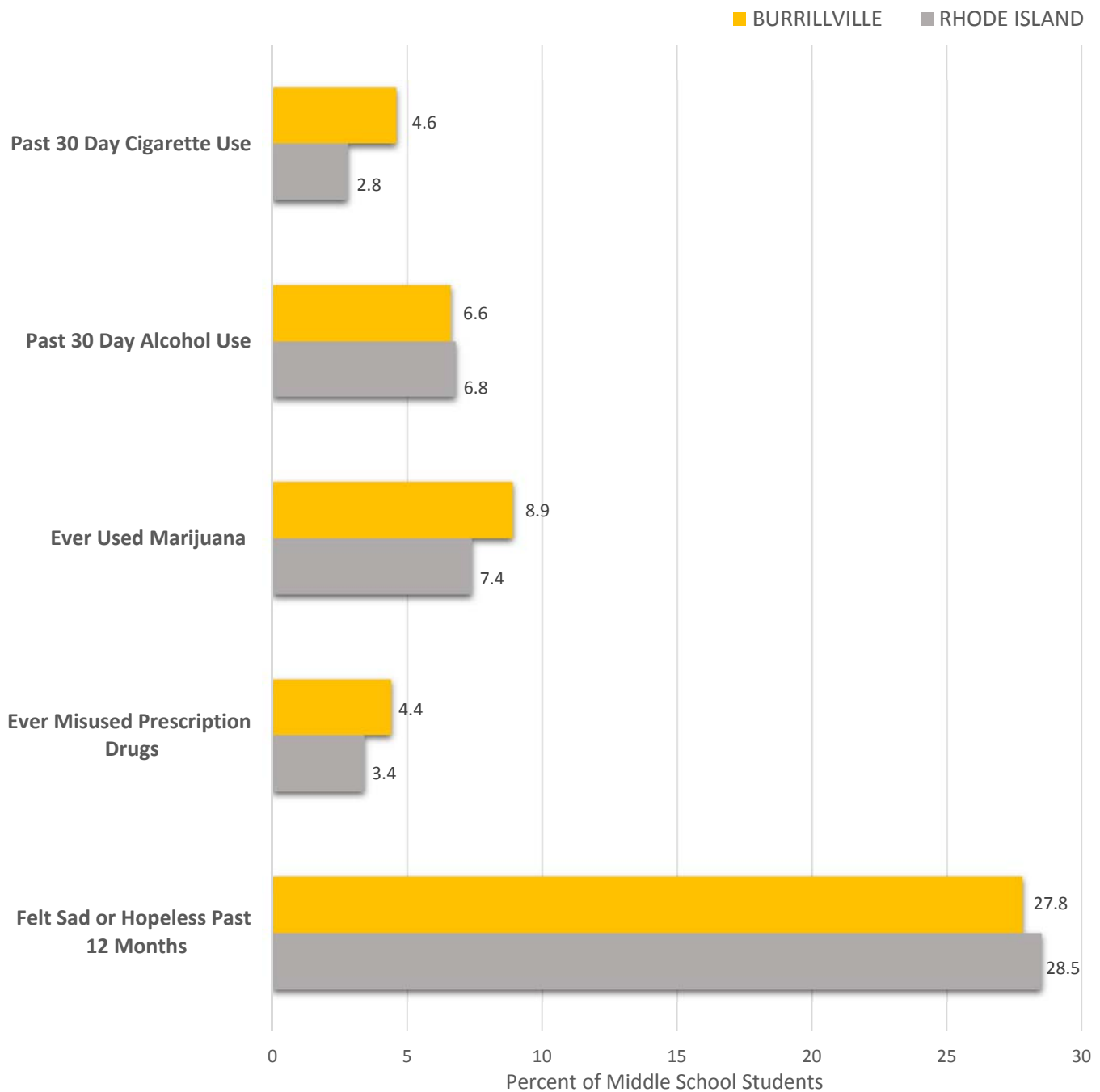
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	BURRILLVILLE
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.7%
2013-2014	9.5%	7.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	59.3%
2013-2014	60.8%	51.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	54.9%
2013-2014	55.7%	34.0%

BURRILLVILLE

Prevalence – Middle School

2013-2014 Middle School Prevalence

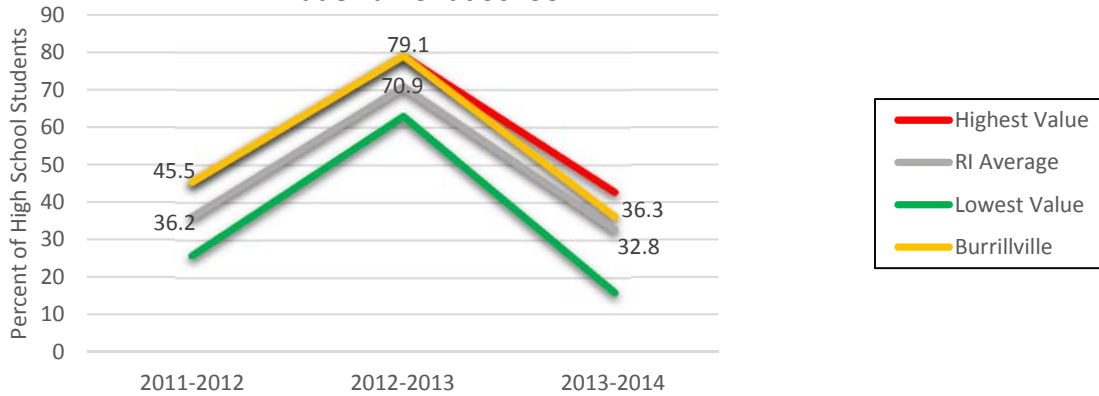


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

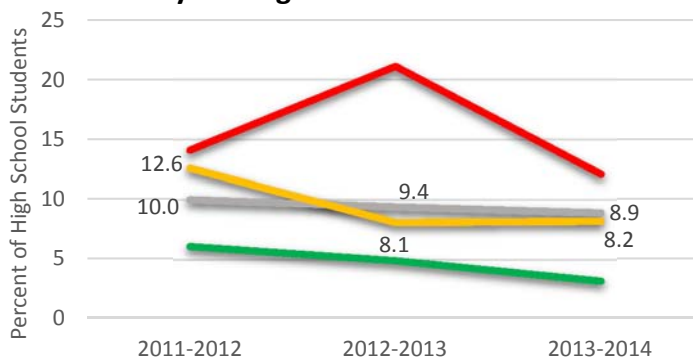
BURRILLVILLE

Risk and Protective Factors

Made Fun of at School

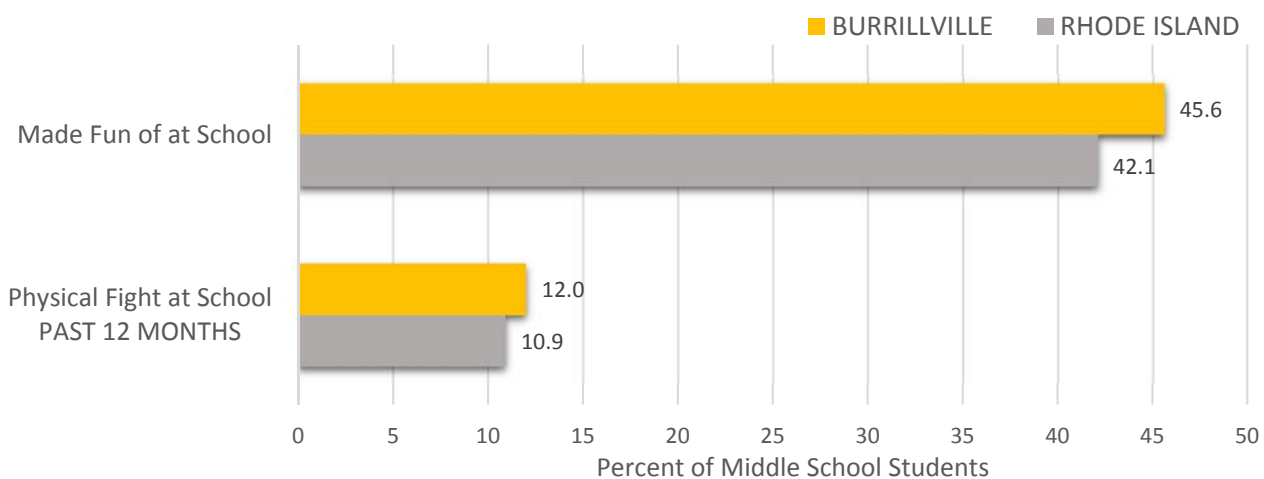


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

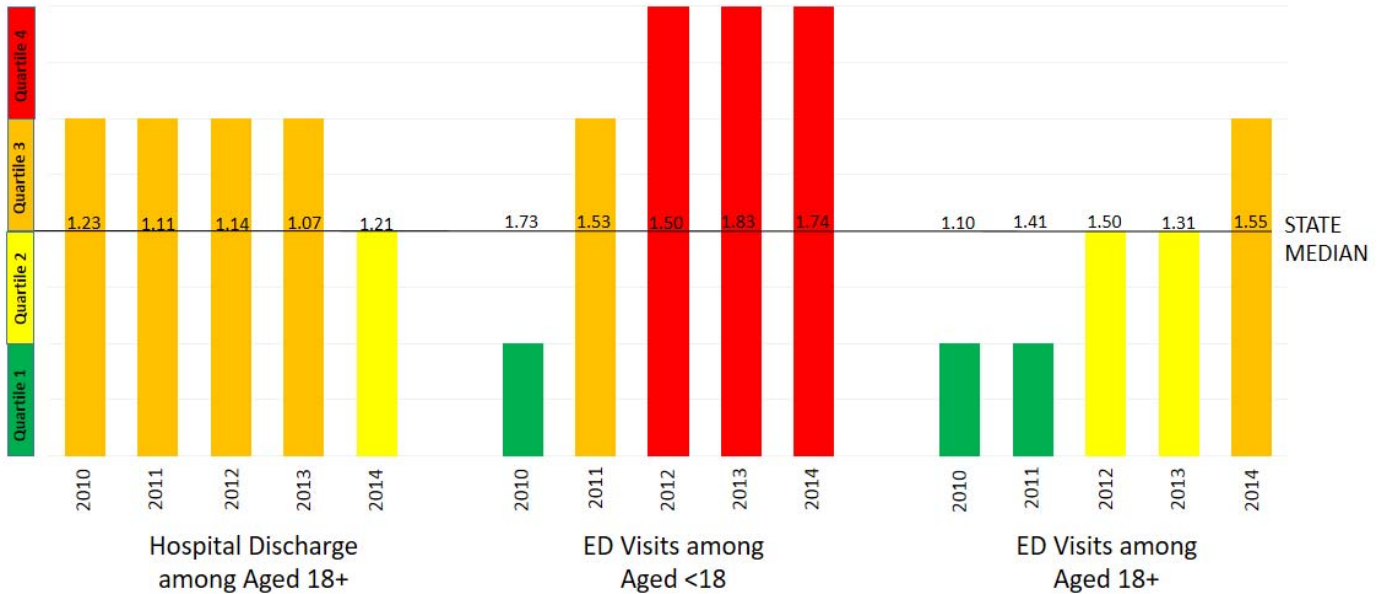


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

BURRILLVILLE

Consequences - Overdose

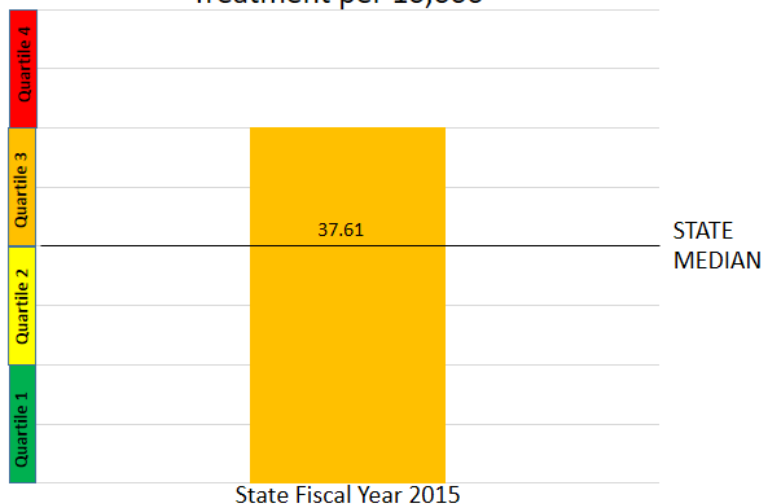
Burrillville Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Burrillville Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

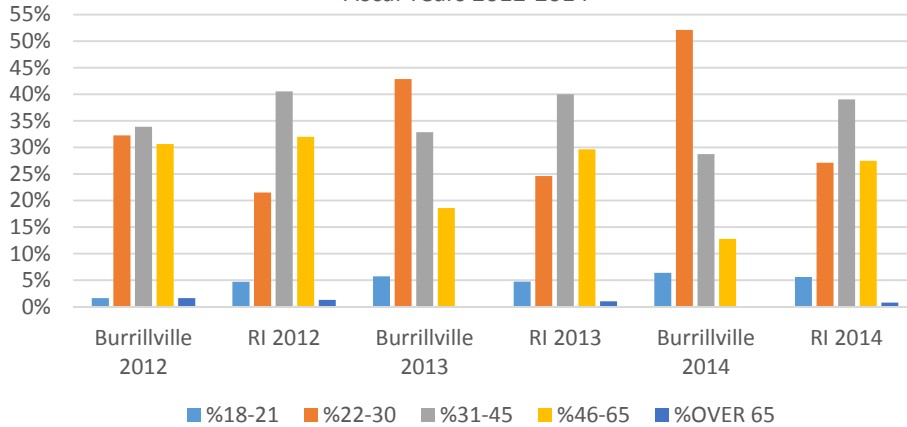
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

BURRILLVILLE

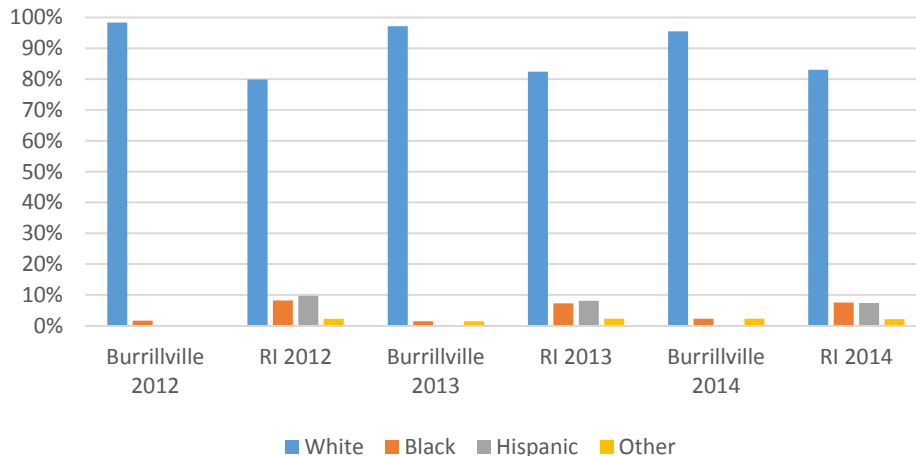
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



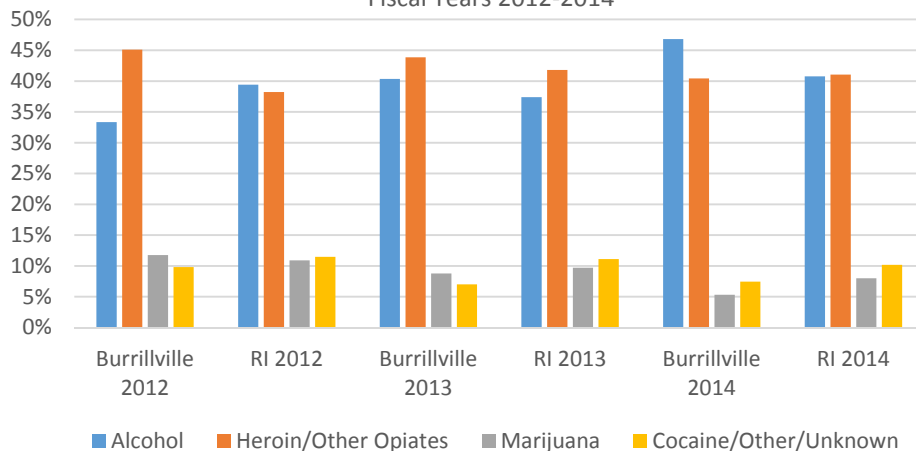
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

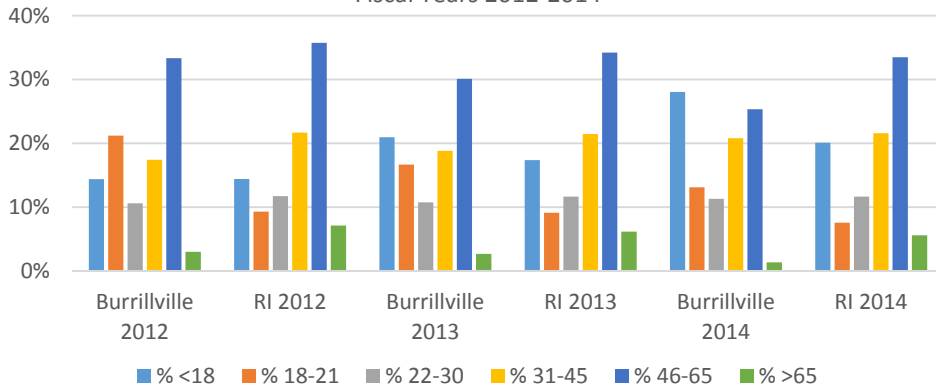


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

BURRILLVILLE

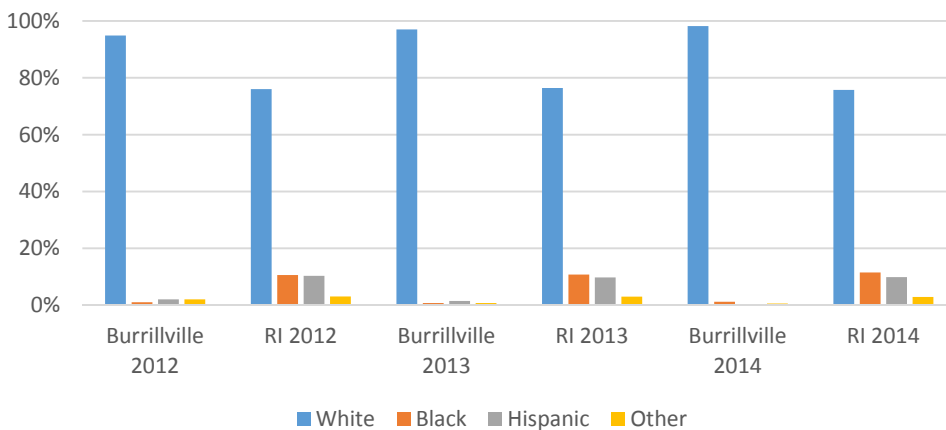
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



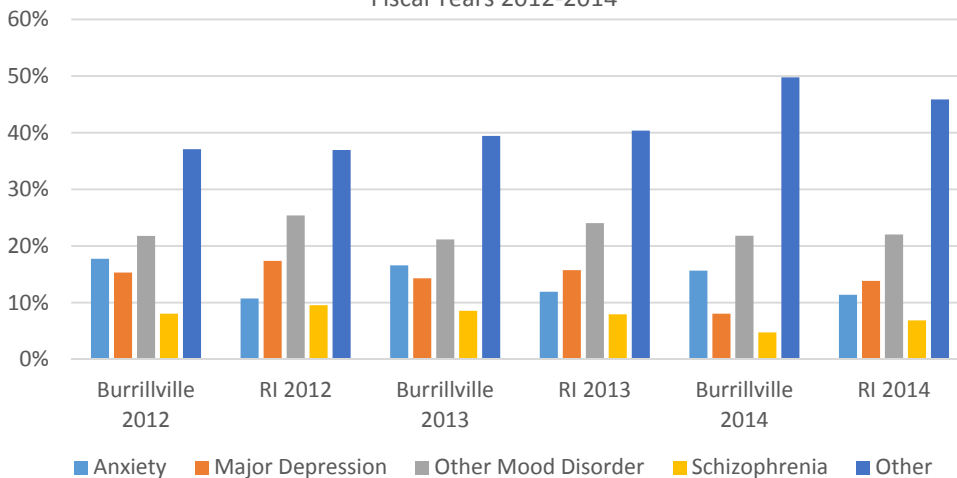
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

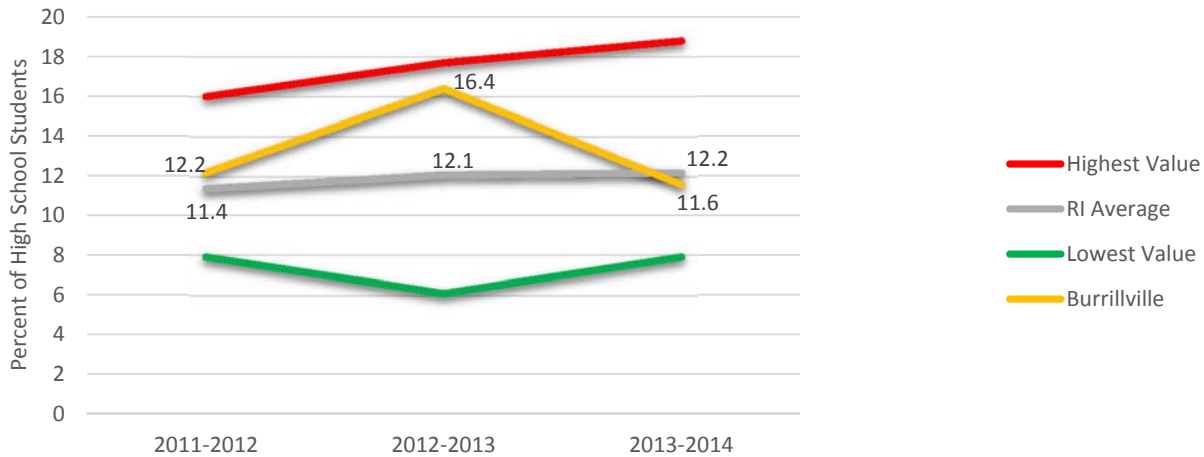


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

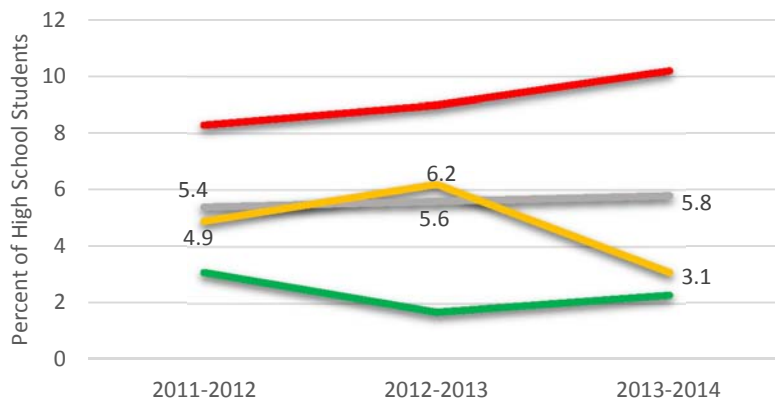
BURRILLVILLE

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

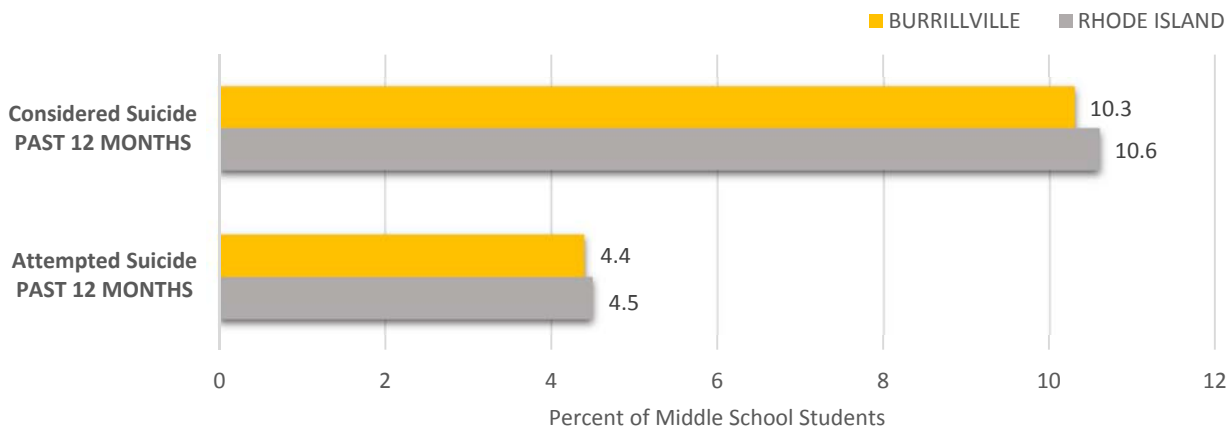


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

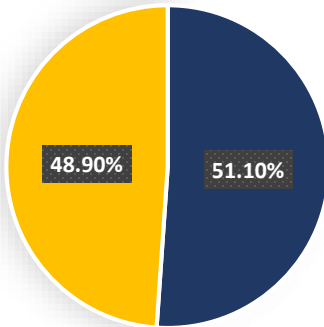
CENTRAL FALLS

Demographics

Total Population: 19,406

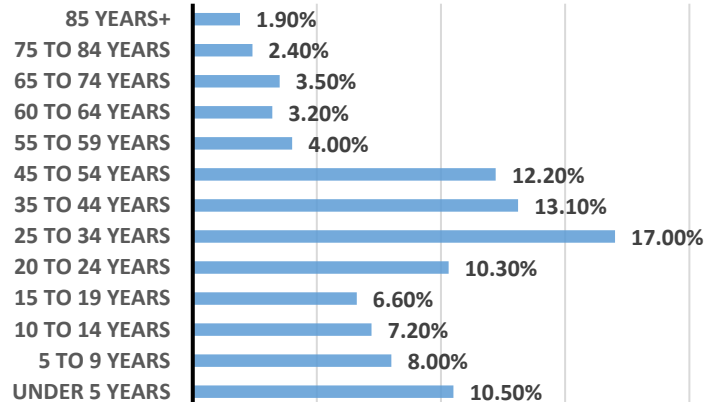
Total Households: 6,415

GENDER

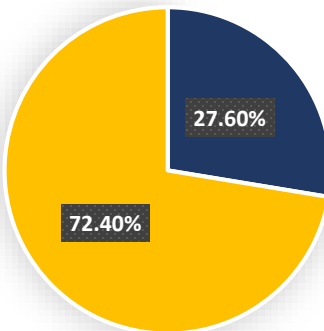


■ Male (%) ■ Female (%)

AGE

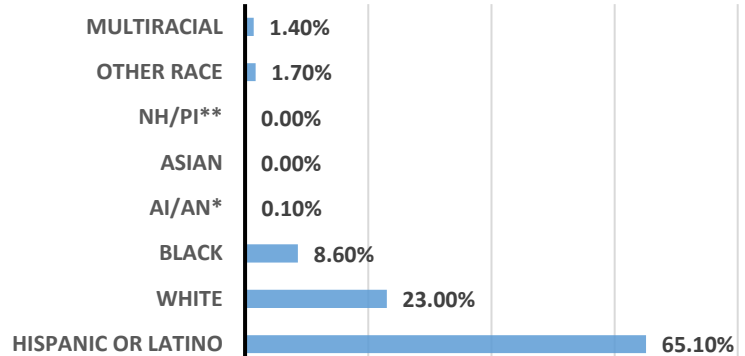


HEALTH INSURANCE



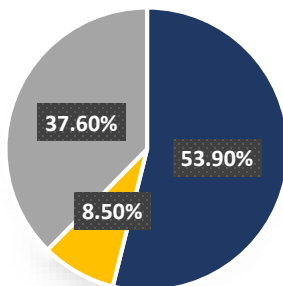
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

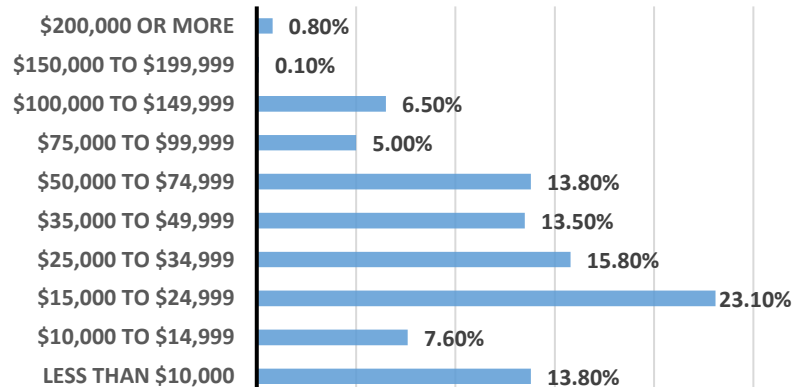
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

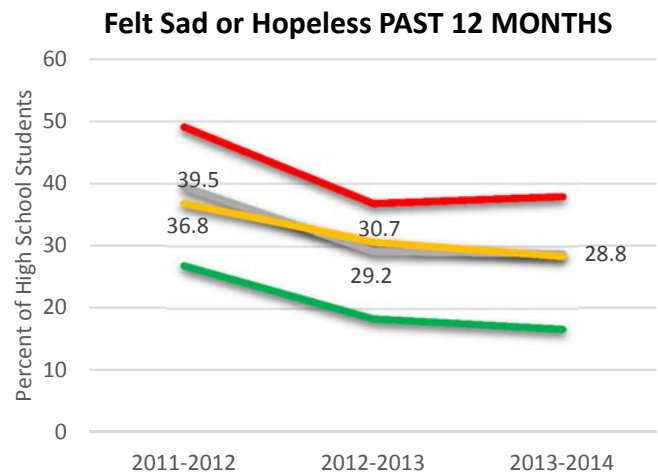
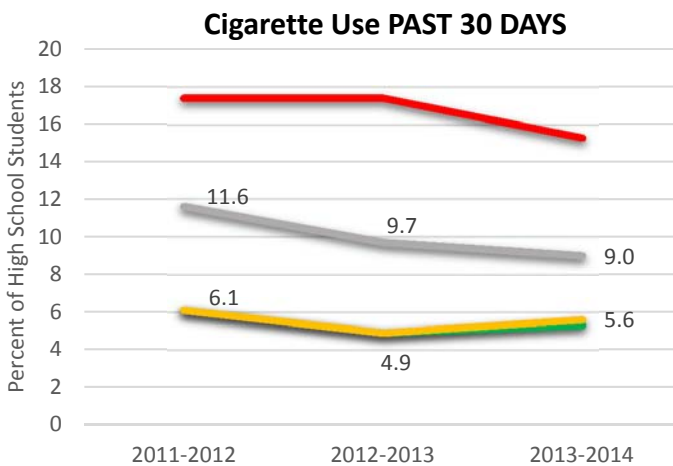
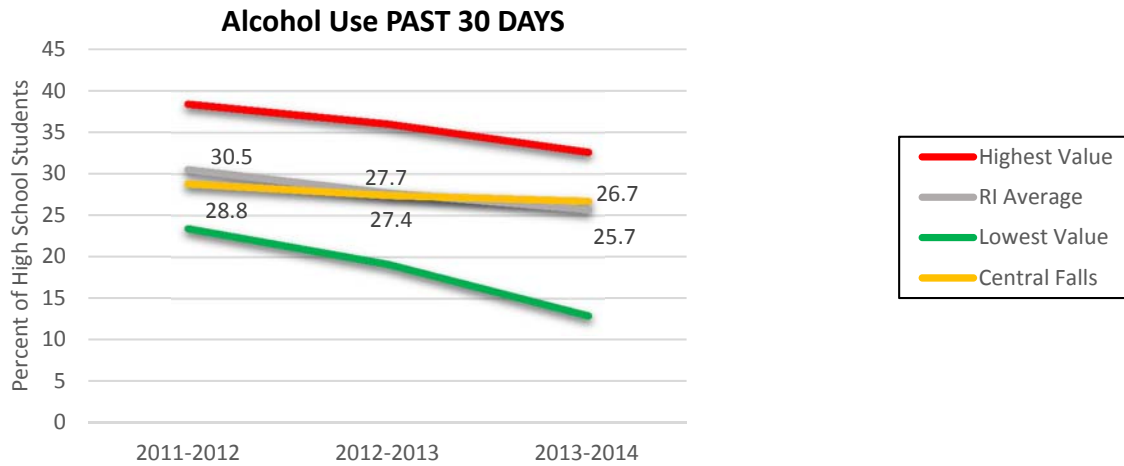
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

CENTRAL FALLS

Prevalence – High School



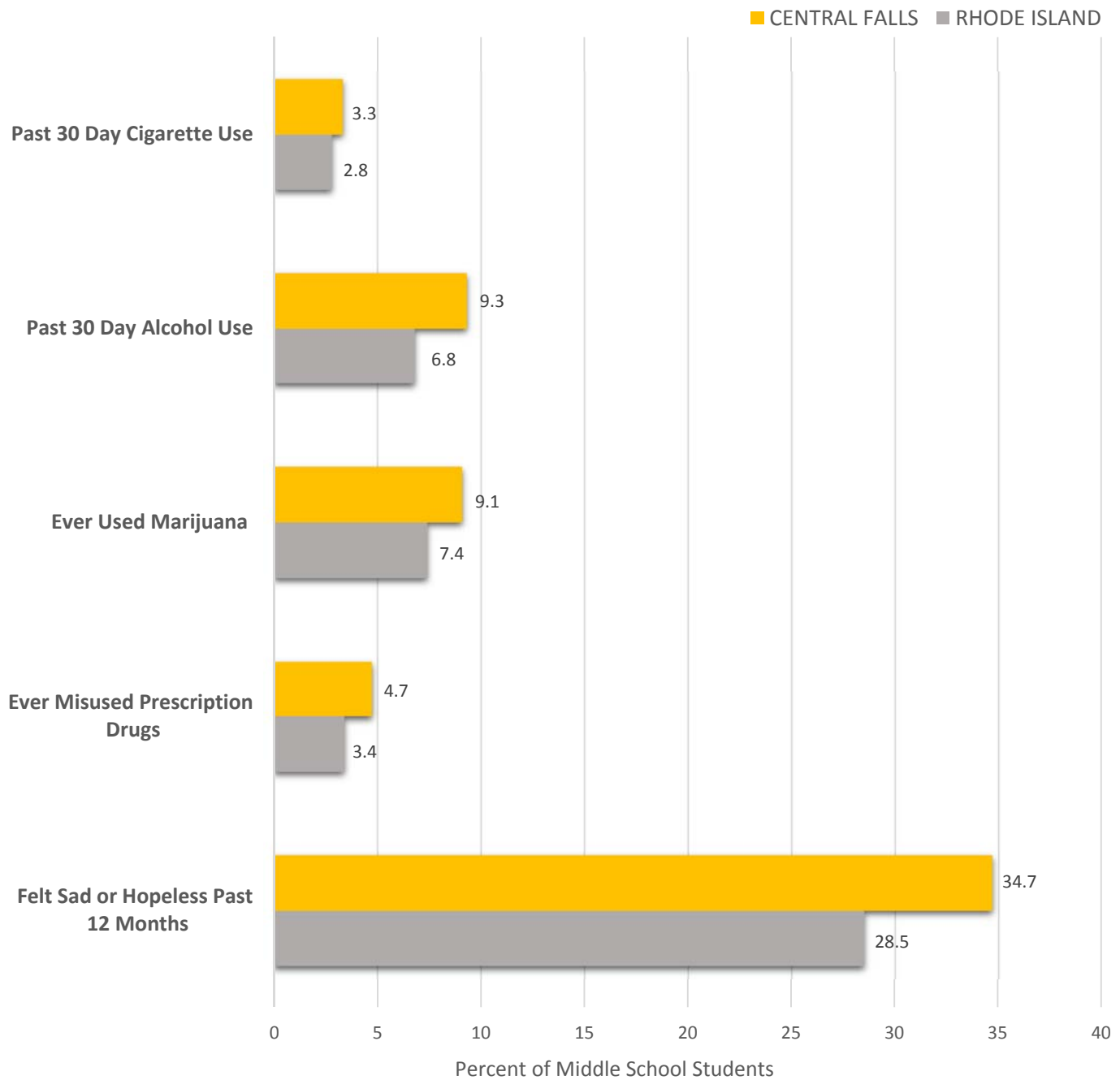
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	CENTRAL FALLS
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.5%
2013-2014	9.5%	8.8%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	45.5%
2013-2014	60.8%	46.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	55.6%
2013-2014	55.7%	55.2%

CENTRAL FALLS

Prevalence – Middle School

2013-2014 Middle School Prevalence

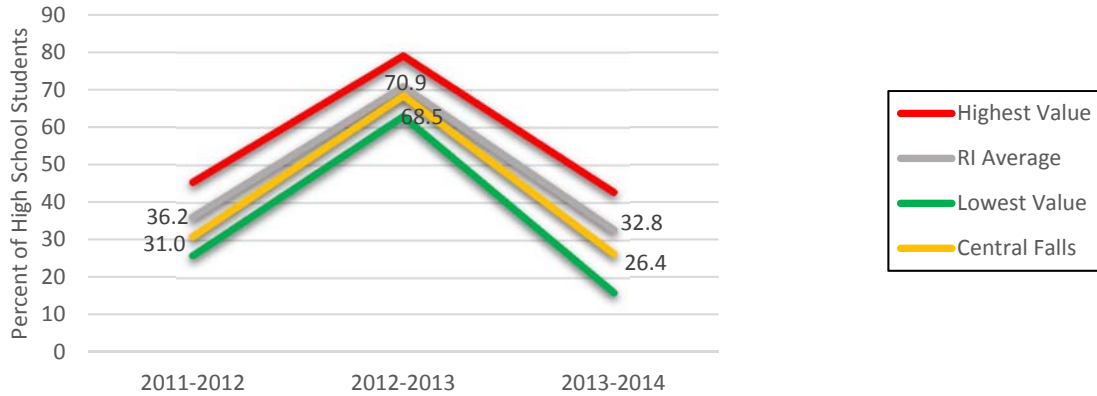


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

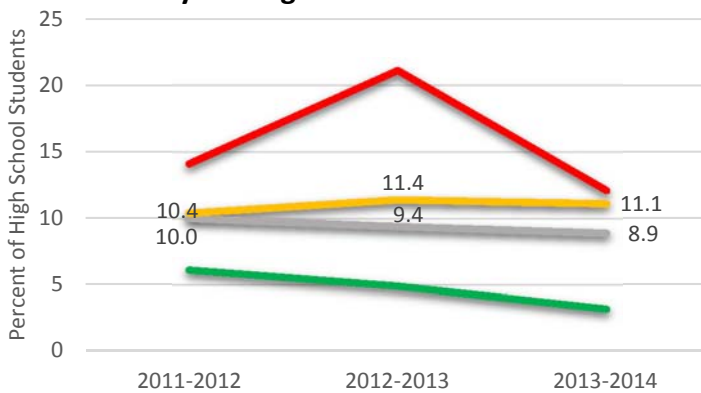
CENTRAL FALLS

Risk and Protective Factors

Made Fun of at School

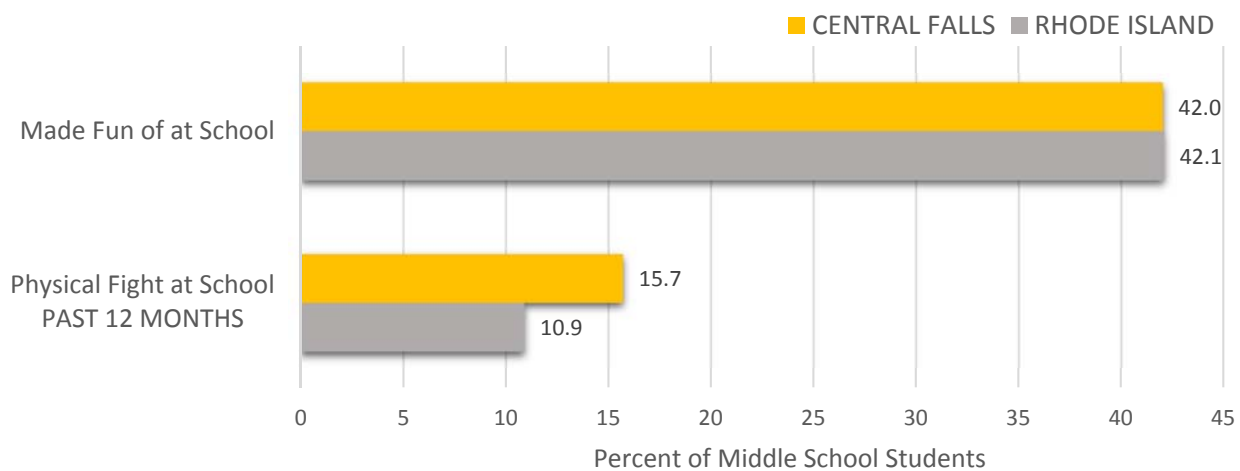


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

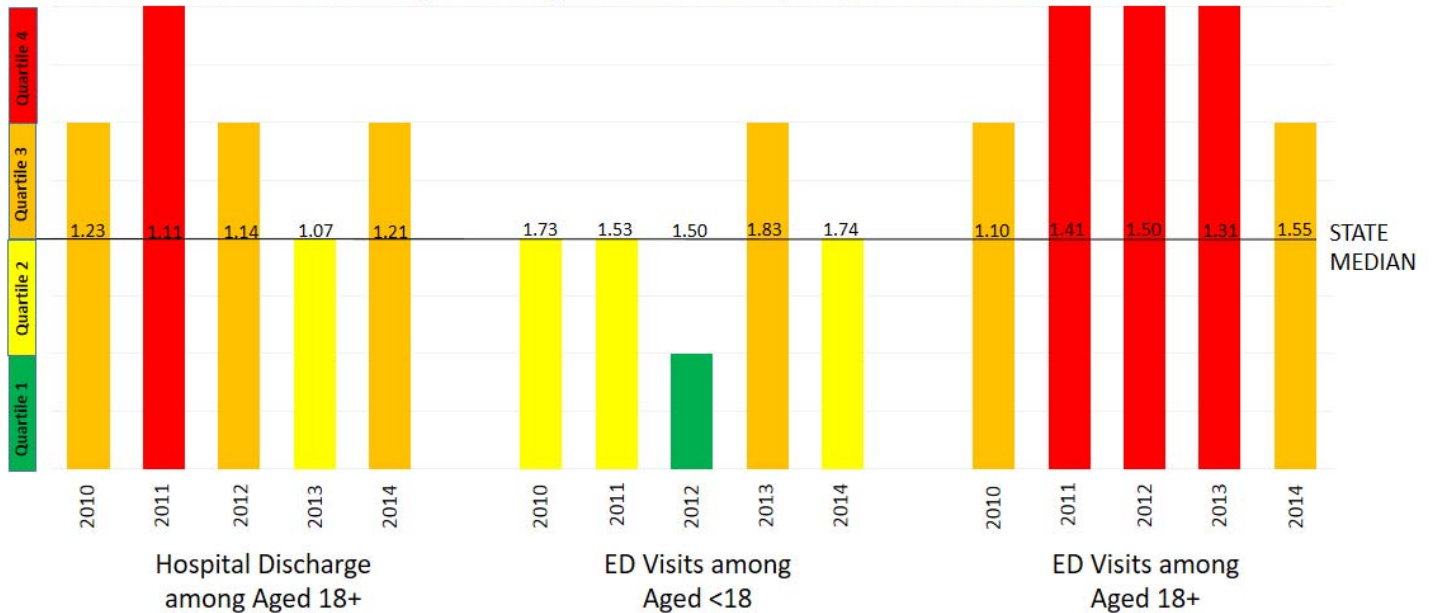


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

CENTRAL FALLS

Consequences - Overdose

Central Falls Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Central Falls Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

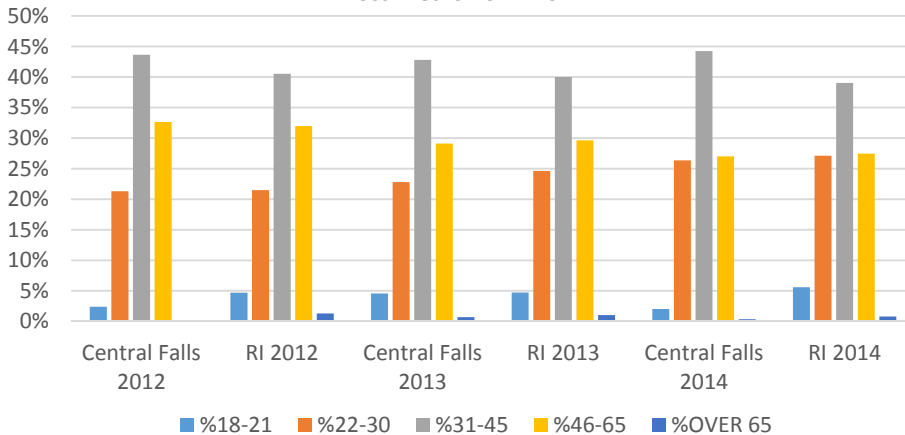
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

CENTRAL FALLS

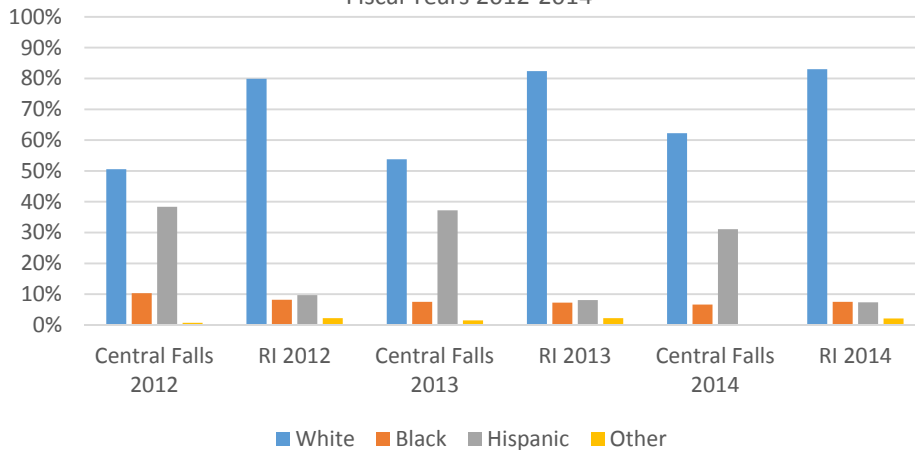
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



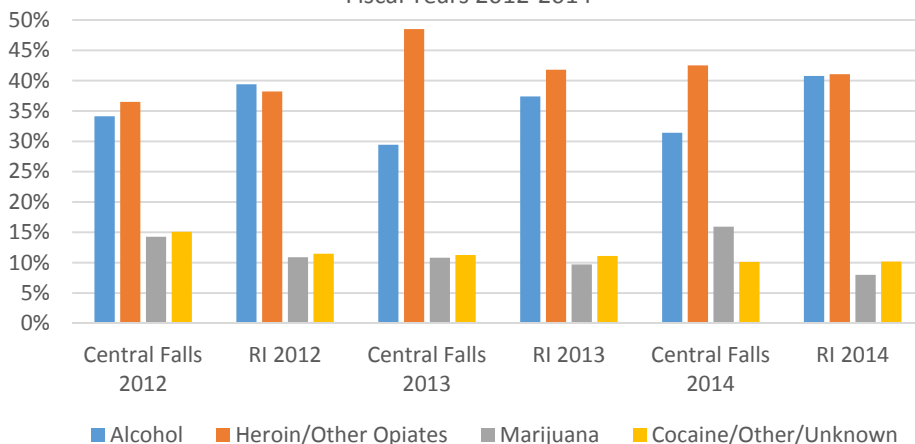
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

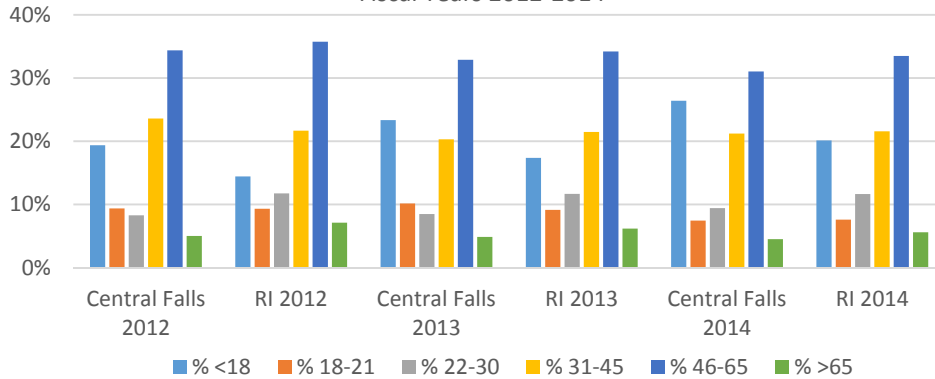


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

CENTRAL FALLS

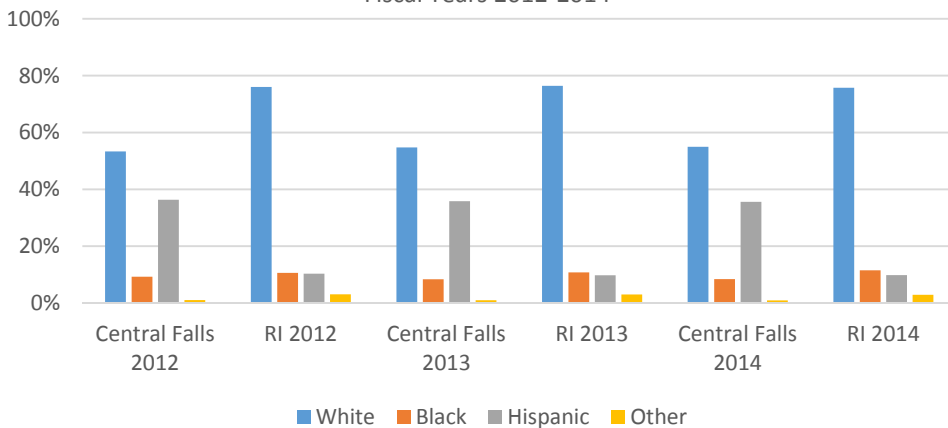
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



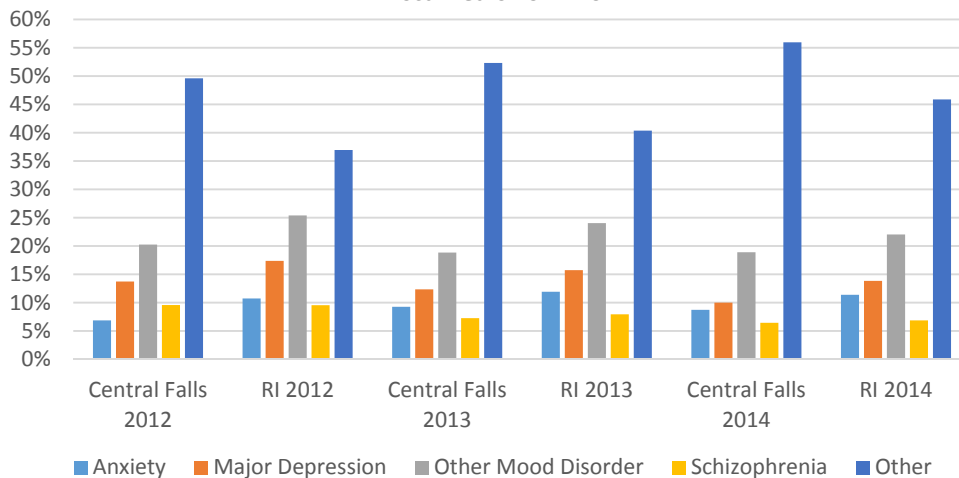
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

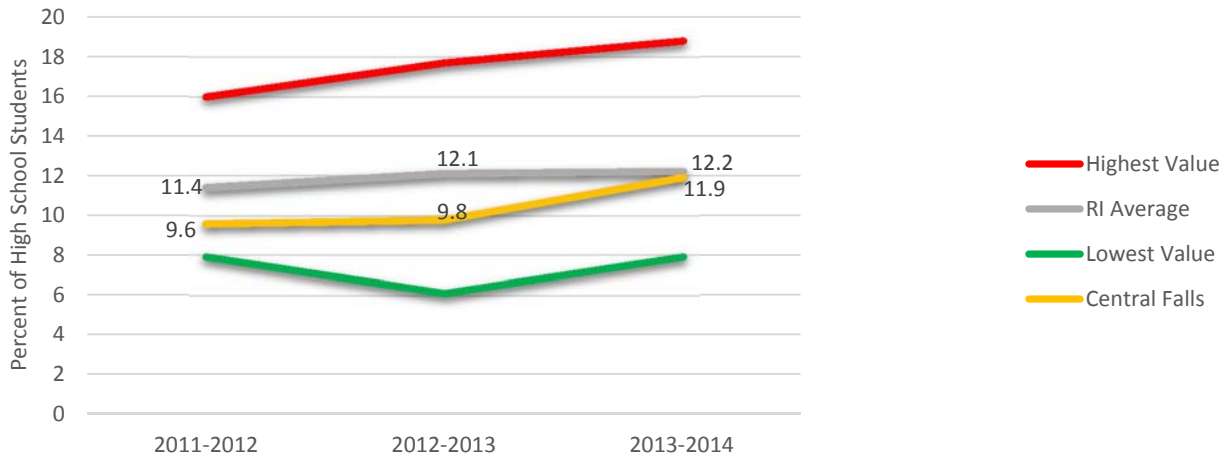


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

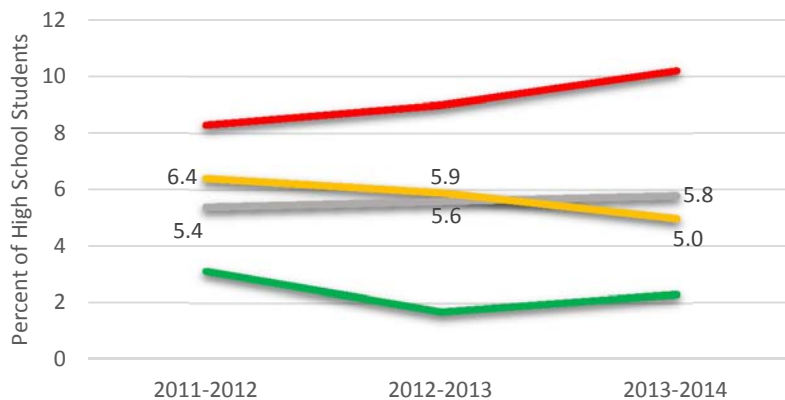
CENTRAL FALLS

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

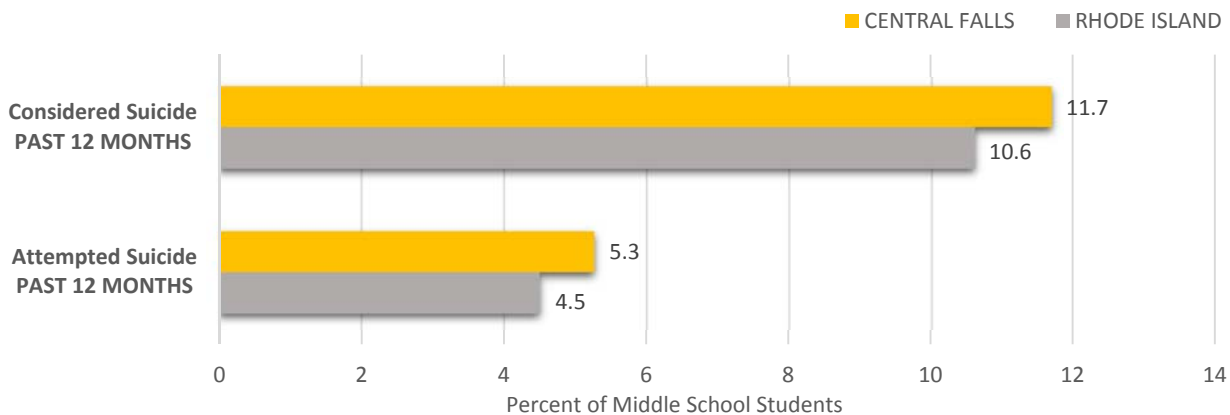


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

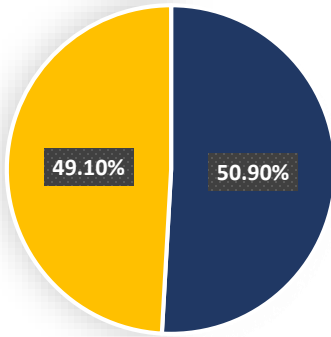
CHARLESTOWN

Demographics

Total Population: 7,788

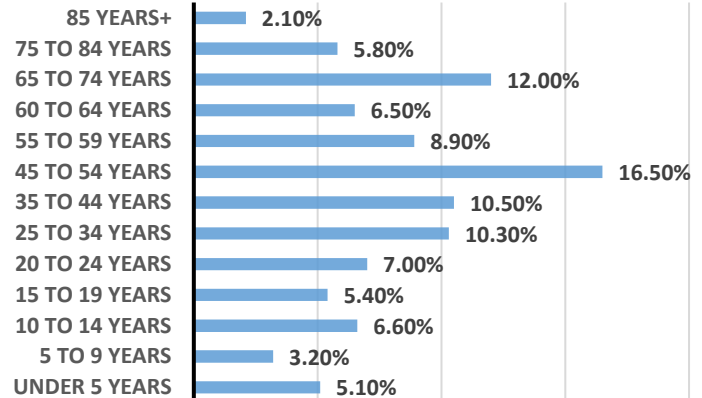
Total Households: 3,173

GENDER

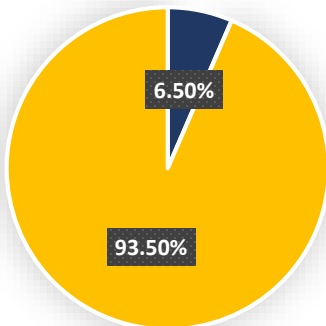


■ Male (%) ■ Female (%)

AGE

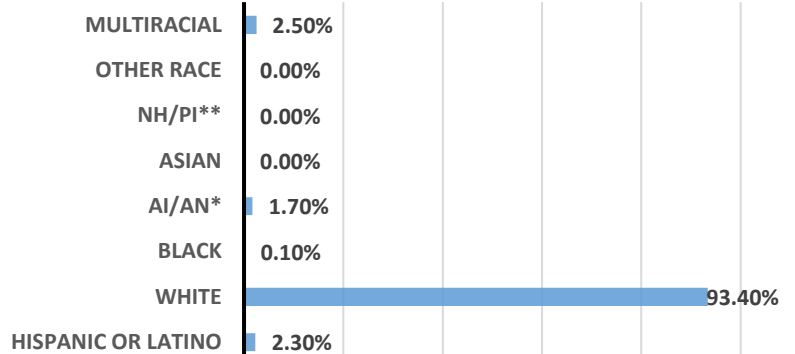


HEALTH INSURANCE



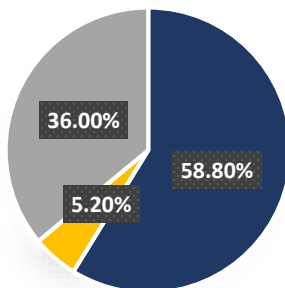
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

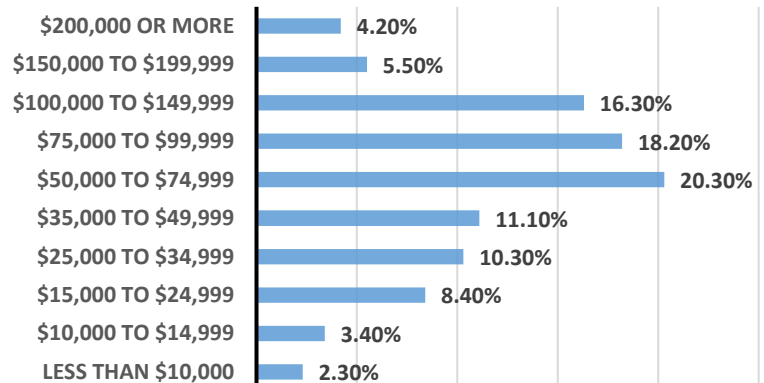
EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

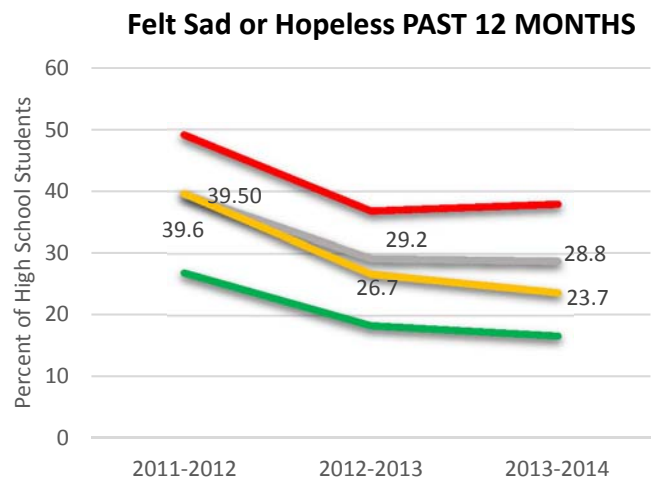
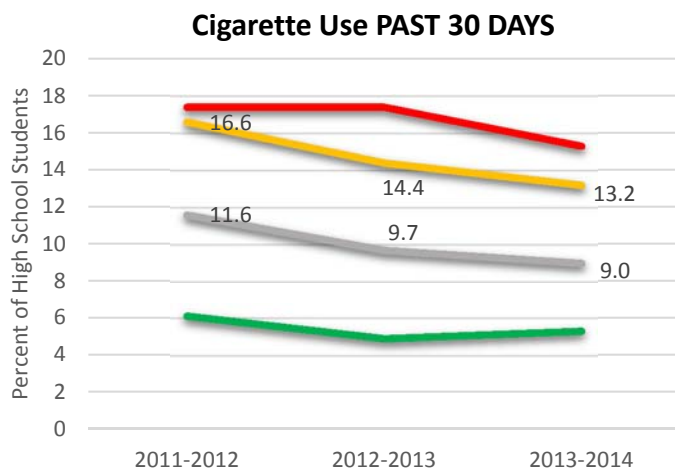
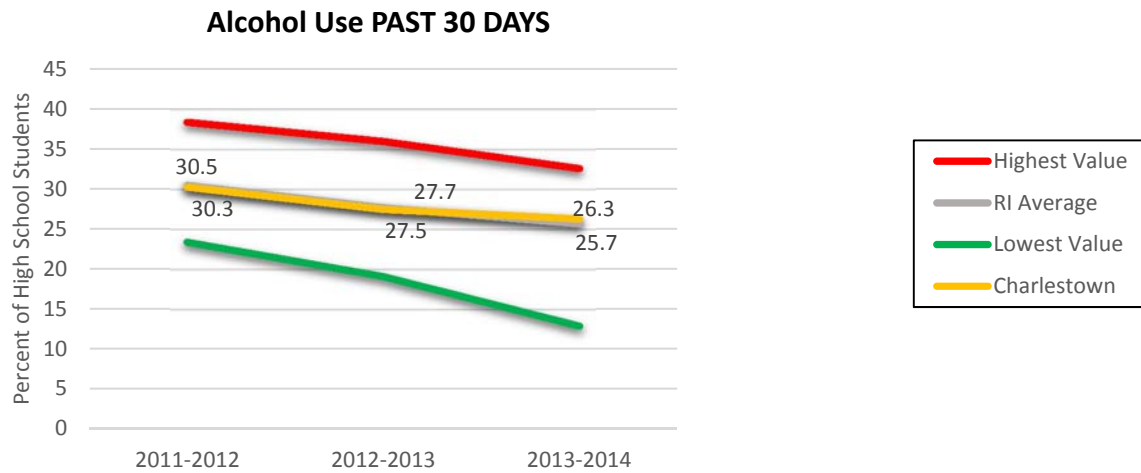
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

CHARLESTOWN

Prevalence – High School



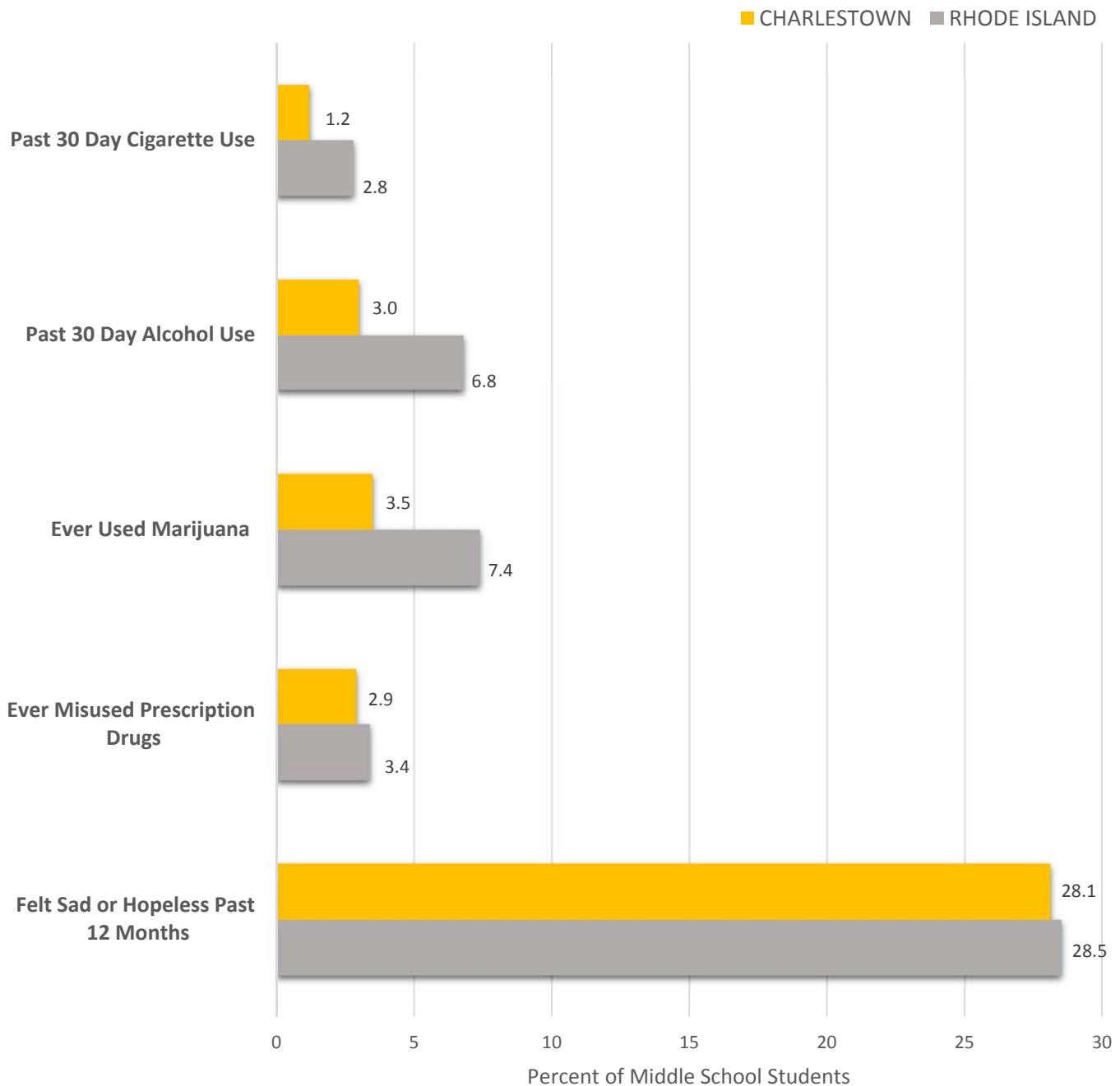
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	CHARLESTOWN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.8%
2013-2014	9.5%	8.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	59.5%
2013-2014	60.8%	67.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	59.7%
2013-2014	55.7%	45.2%

CHARLESTOWN

Prevalence – Middle School

2013-2014 Middle School Prevalence

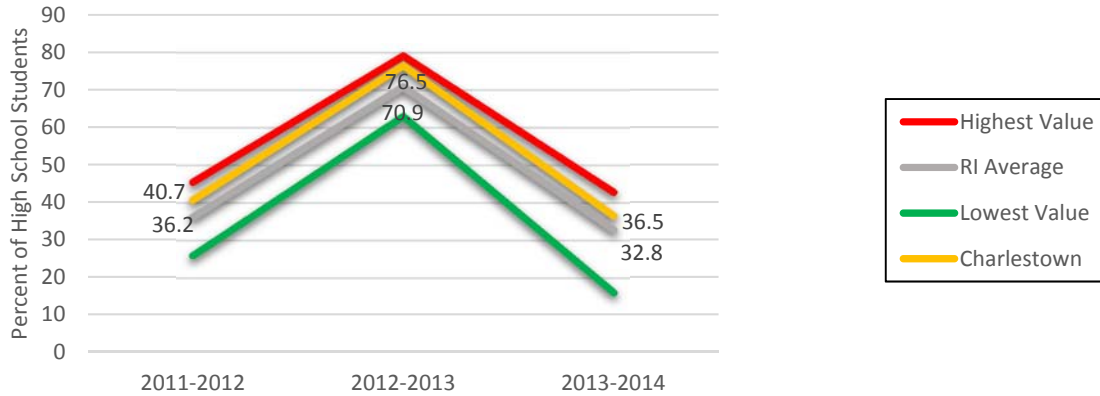


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

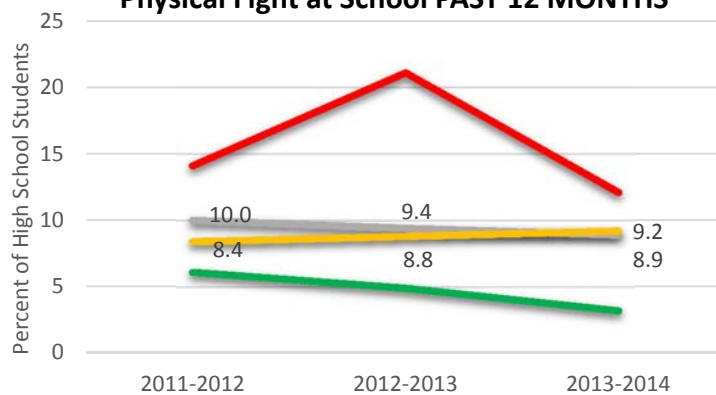
CHARLESTOWN

Risk and Protective Factors

Made Fun of at School

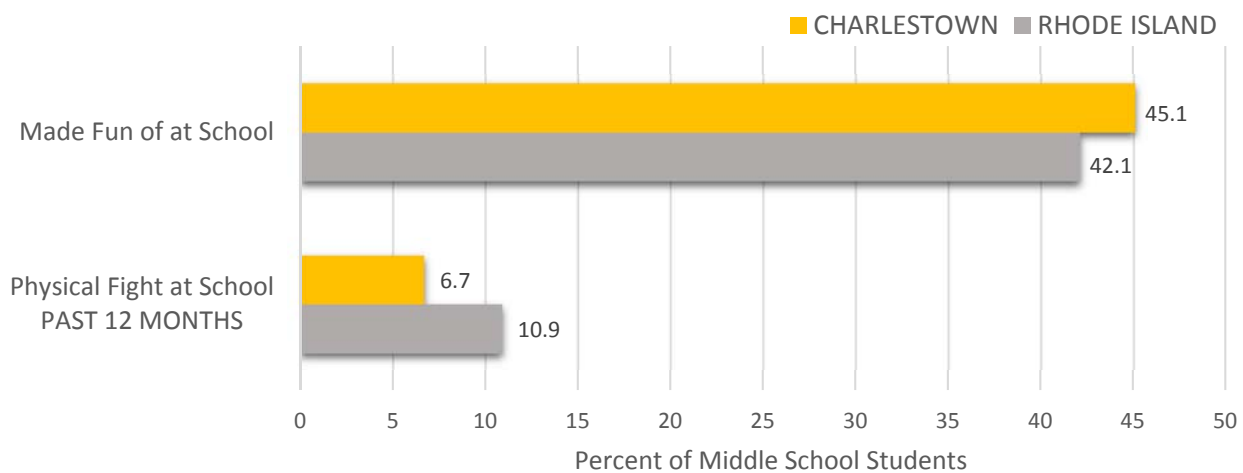


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

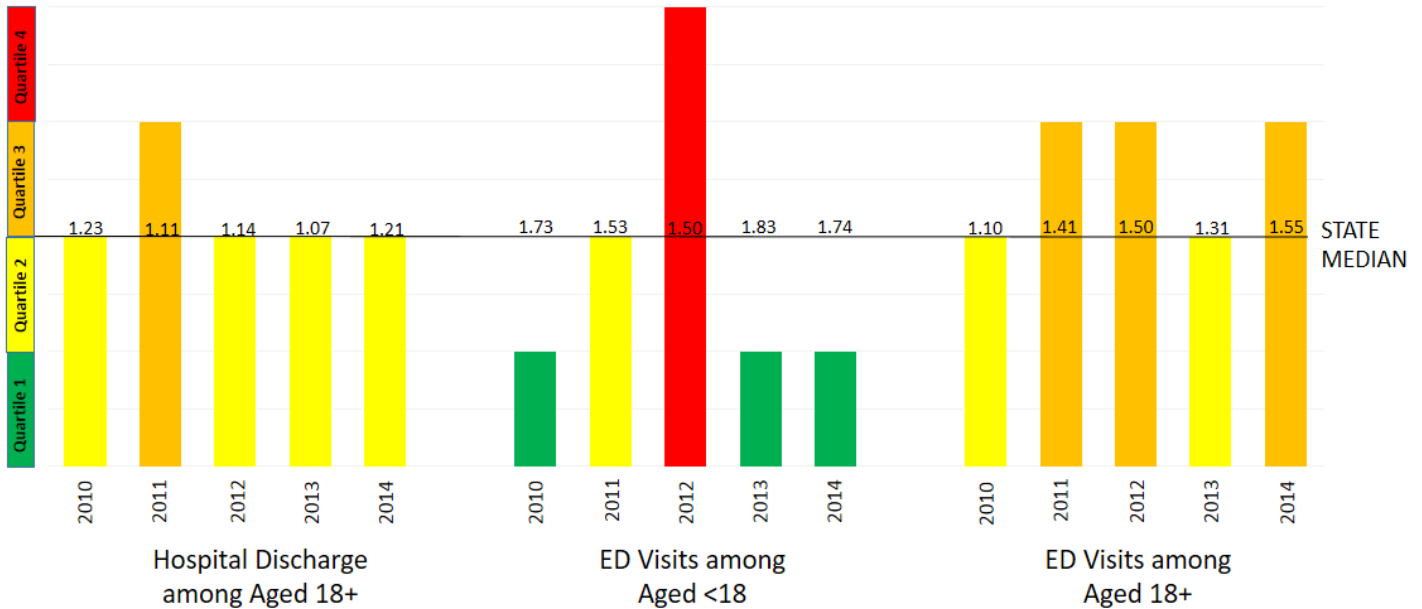


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

CHARLESTOWN

Consequences - Overdose

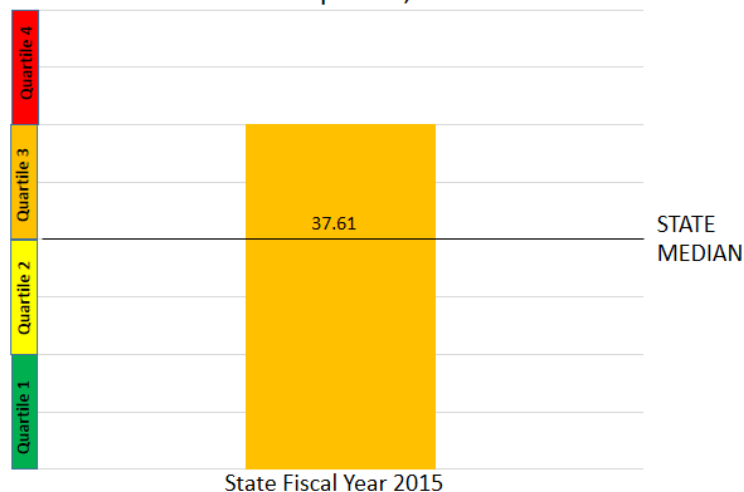
Charlestown Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Charlestown Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

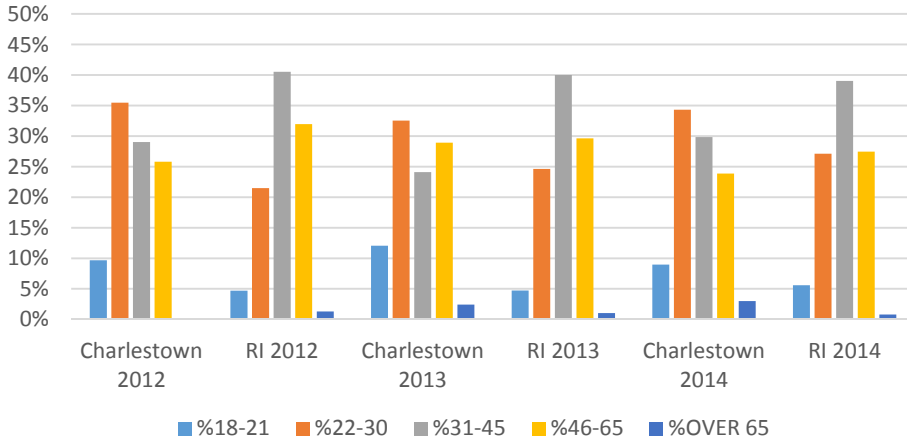
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

CHARLESTOWN

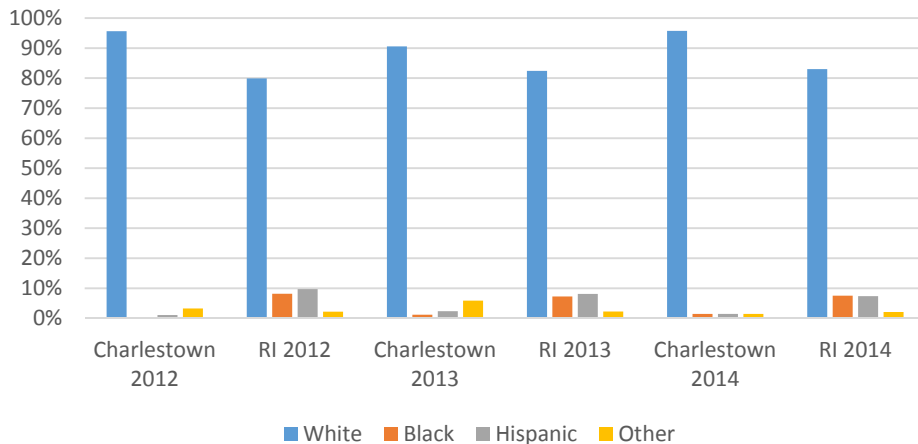
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



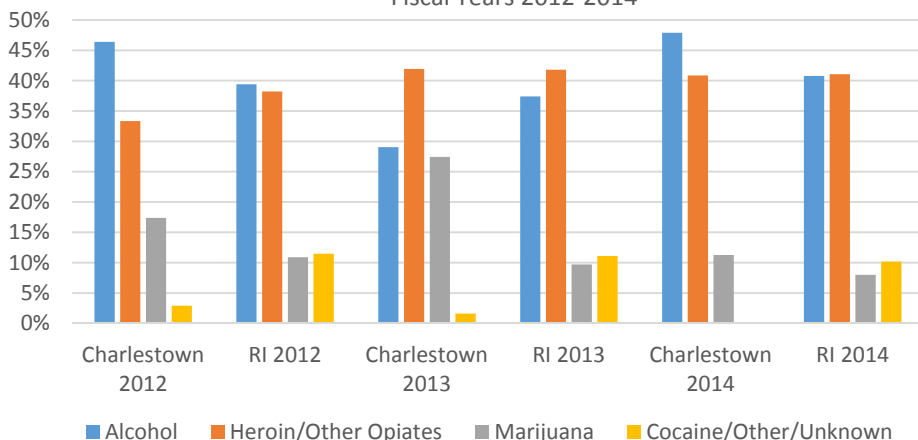
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

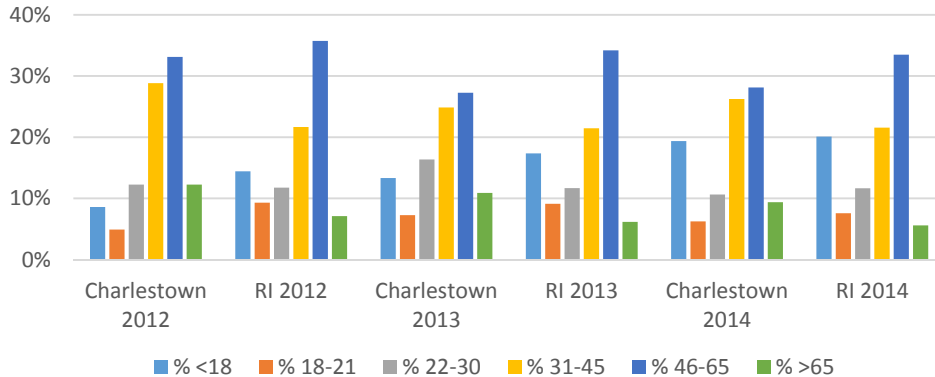


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

CHARLESTOWN

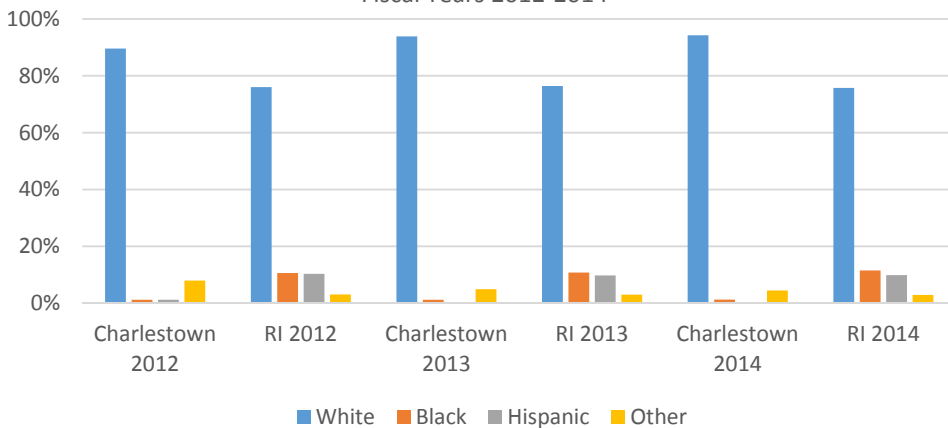
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



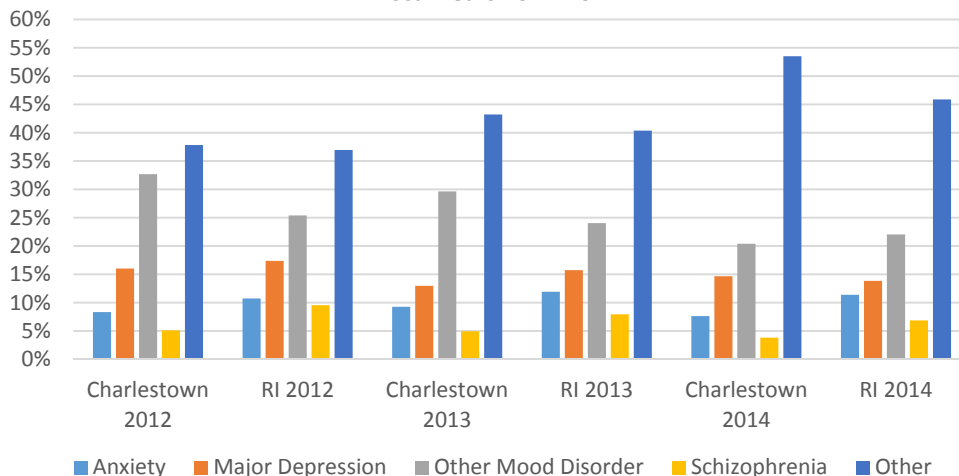
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

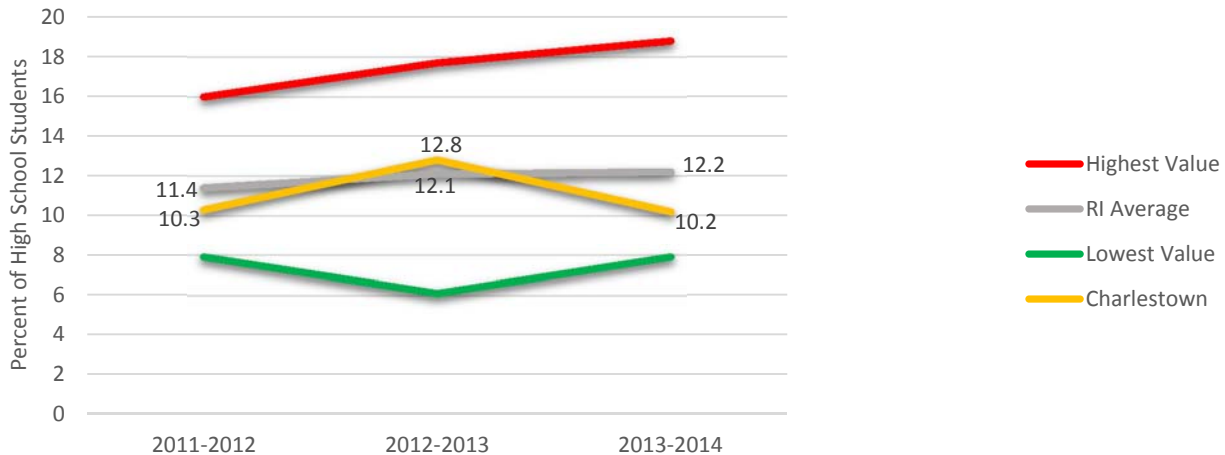


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

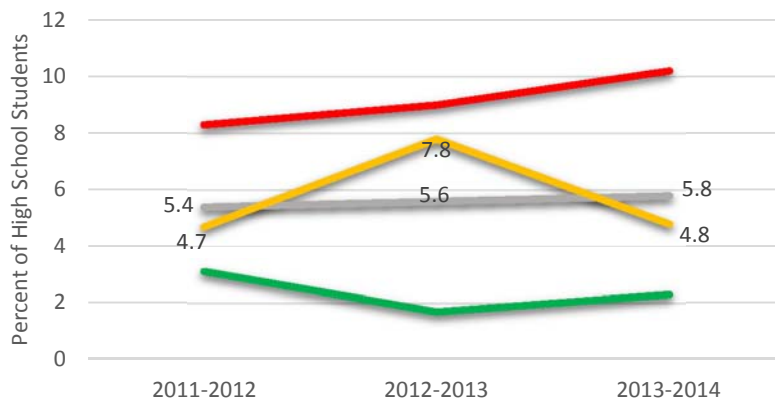
CHARLESTOWN

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

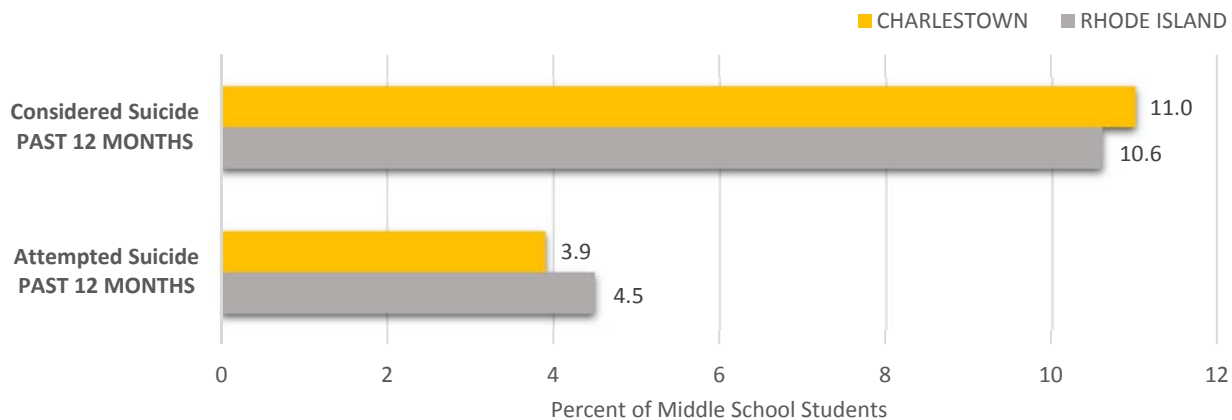


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



COVENTRY

Demographics

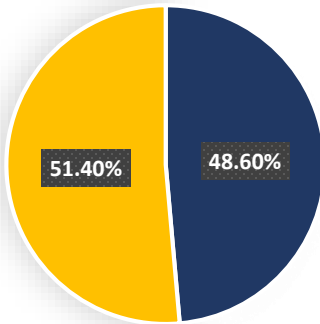
Total Population:

34,992

Total Households:

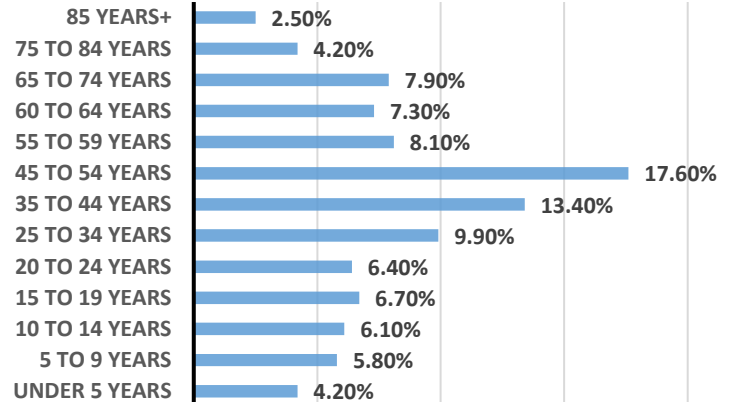
13,653

GENDER

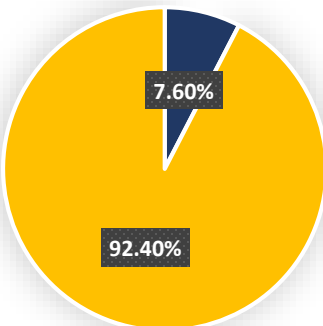


■ Male (%) ■ Female (%)

AGE

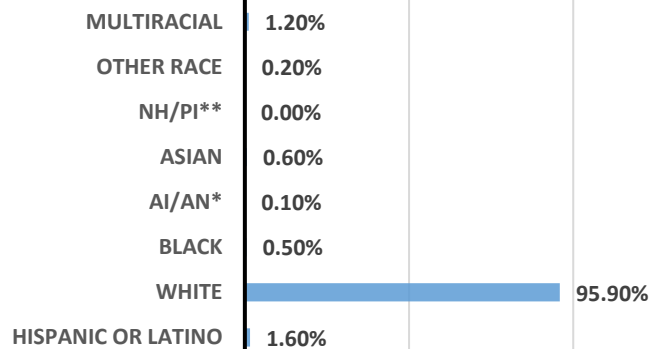


HEALTH INSURANCE



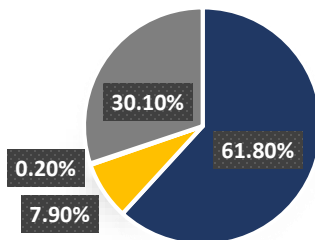
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



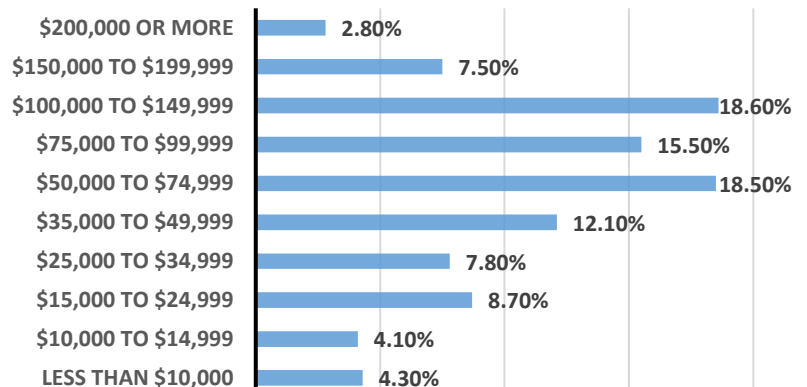
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

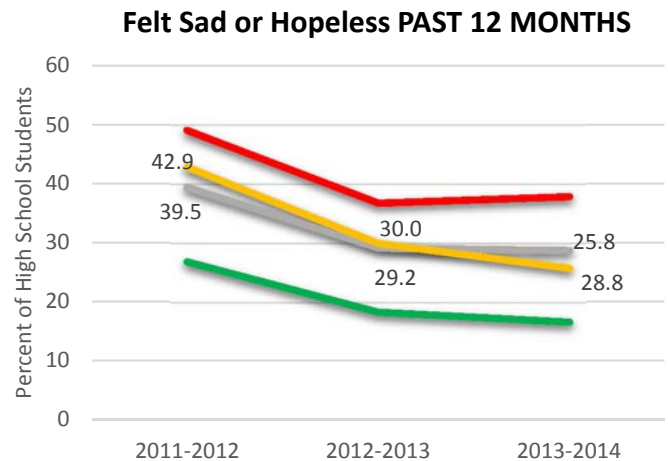
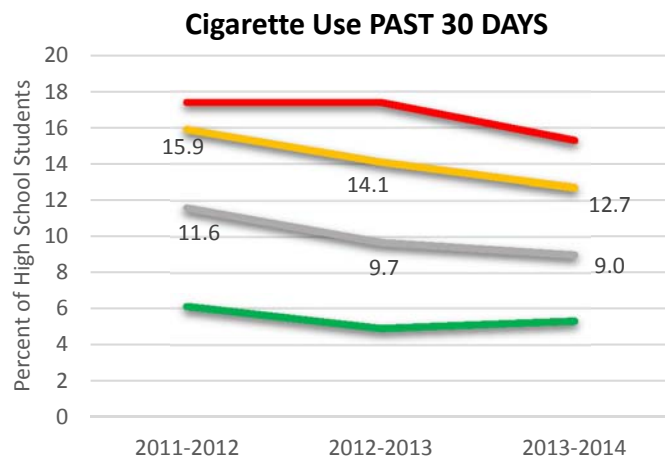
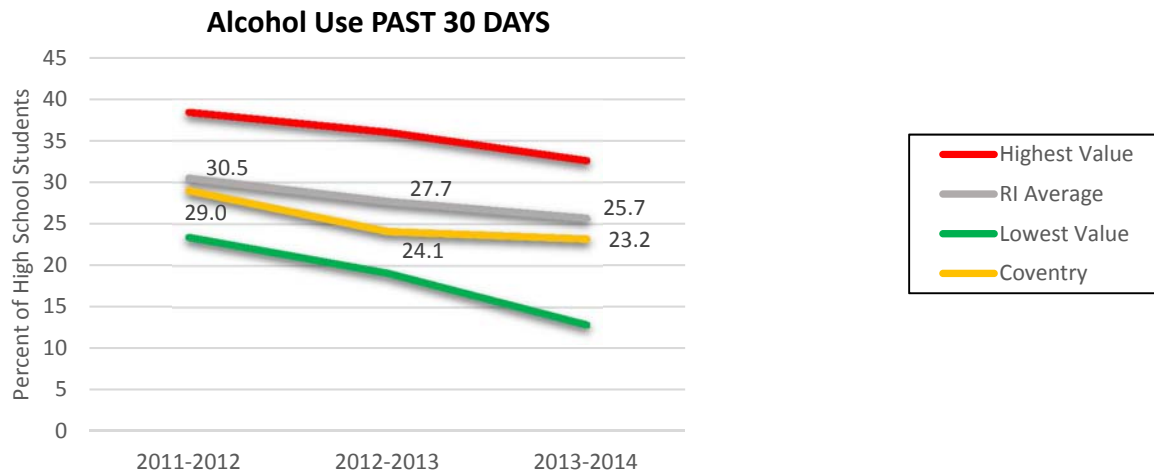
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

COVENTRY

Prevalence – High School



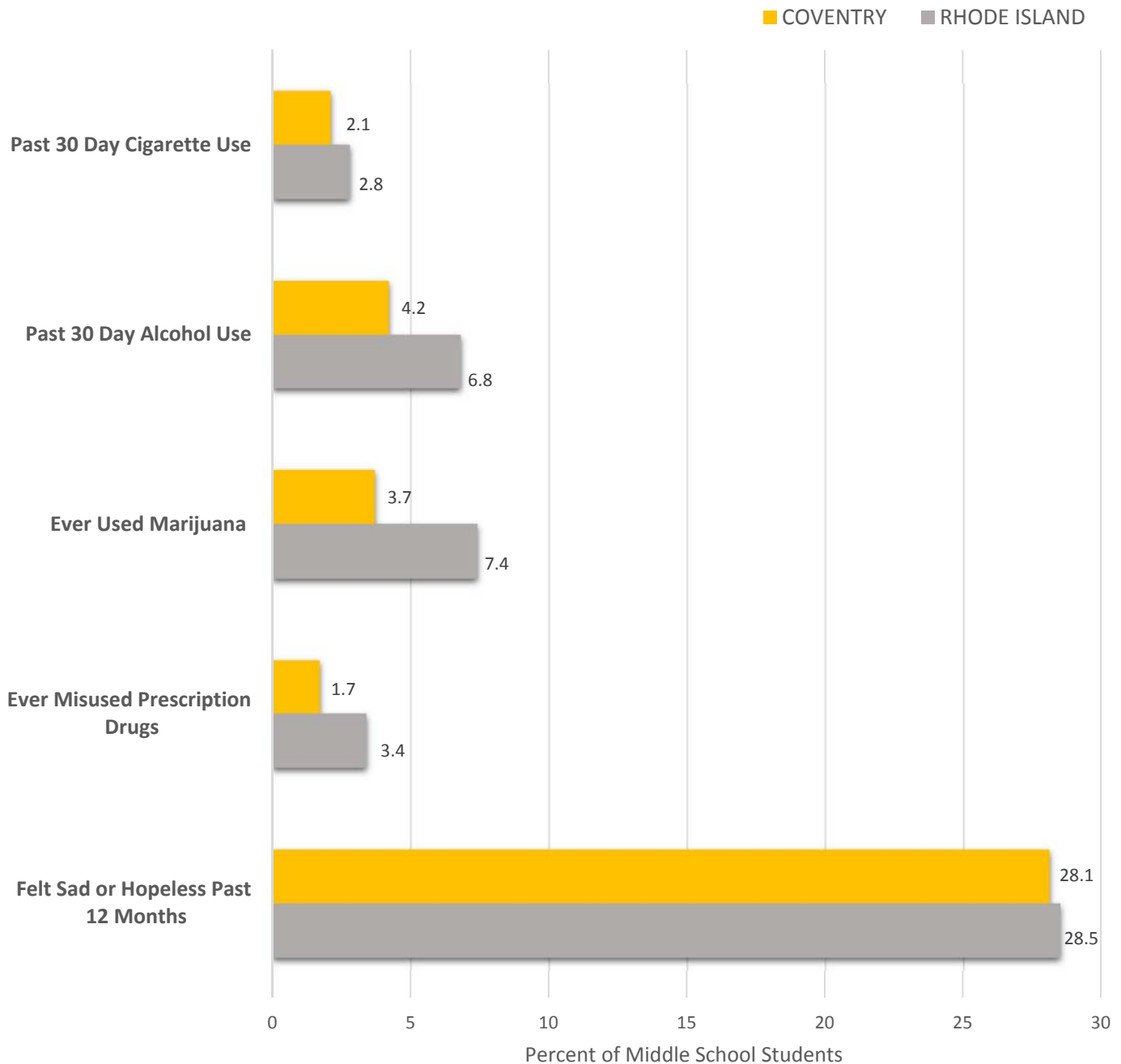
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	COVENTRY
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.0%
2013-2014	9.5%	8.2%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	59.0%
2013-2014	60.8%	63.1%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	59.0%
2013-2014	55.7%	55.8%

COVENTRY

Prevalence – Middle School

2013-2014 Middle School Prevalence

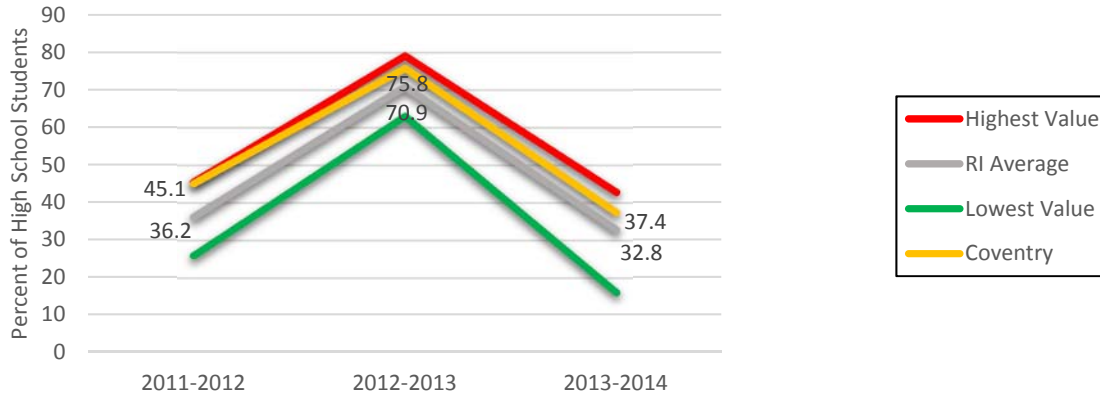


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

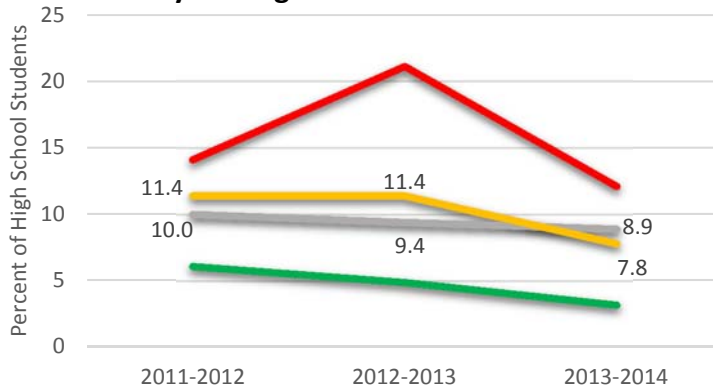
COVENTRY

Risk and Protective Factors

Made Fun of at School

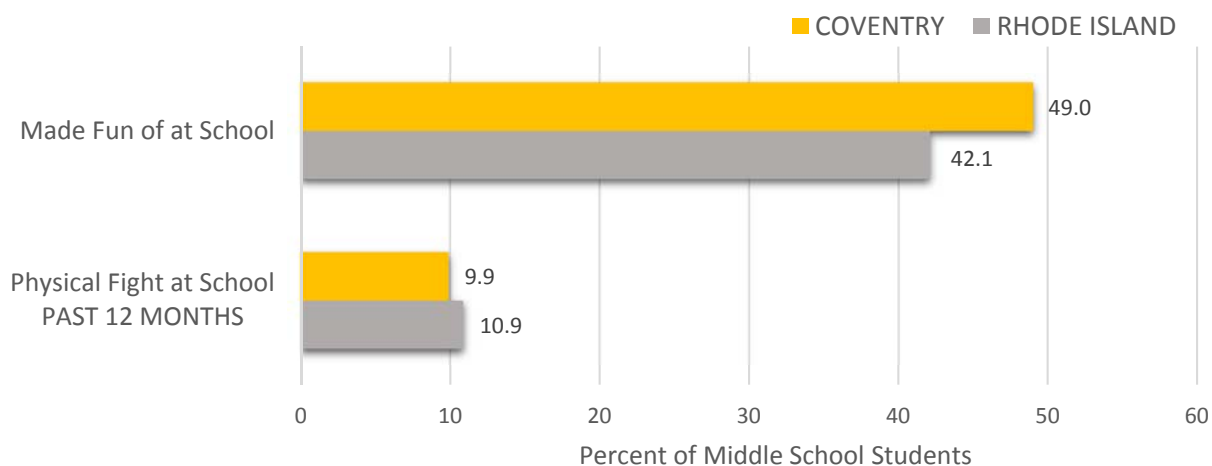


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

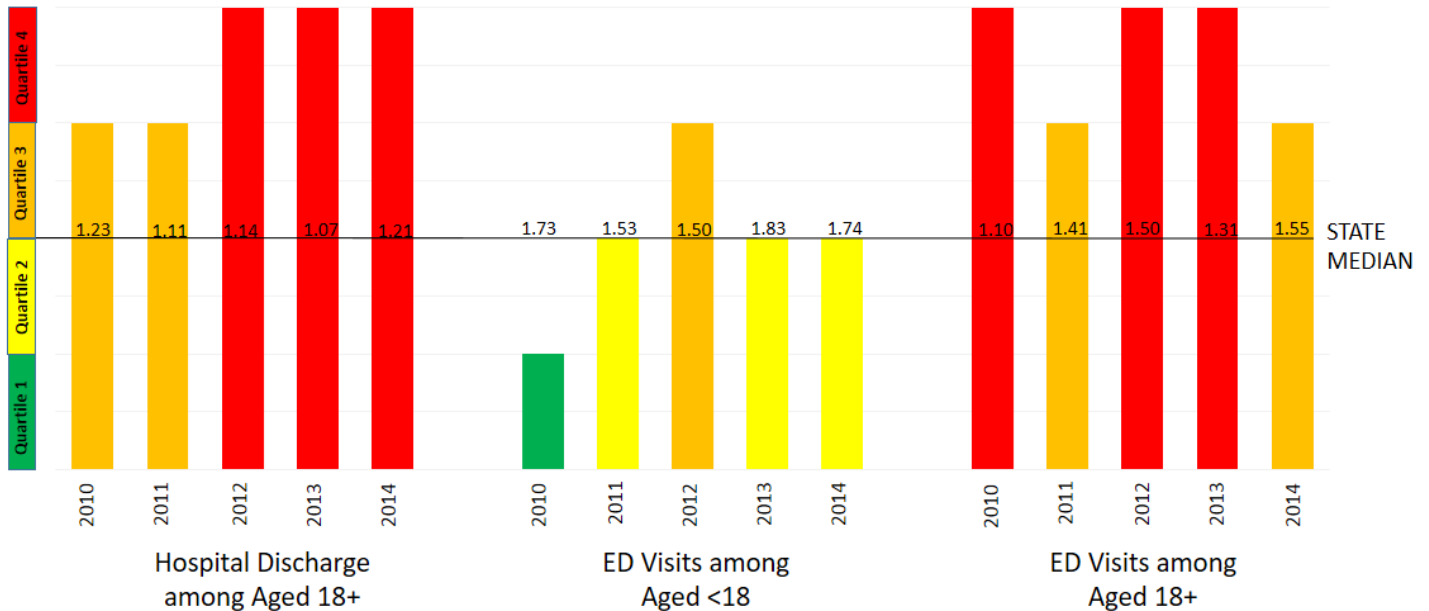


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

COVENTRY

Consequences - Overdose

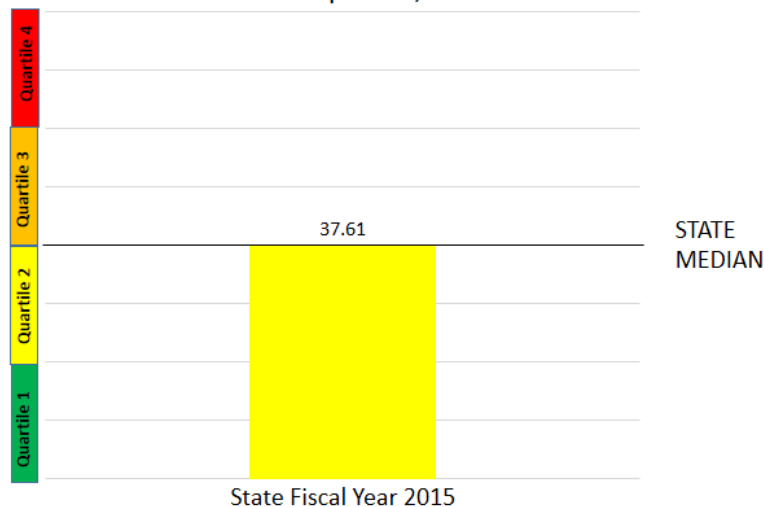
Coventry Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Coventry Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

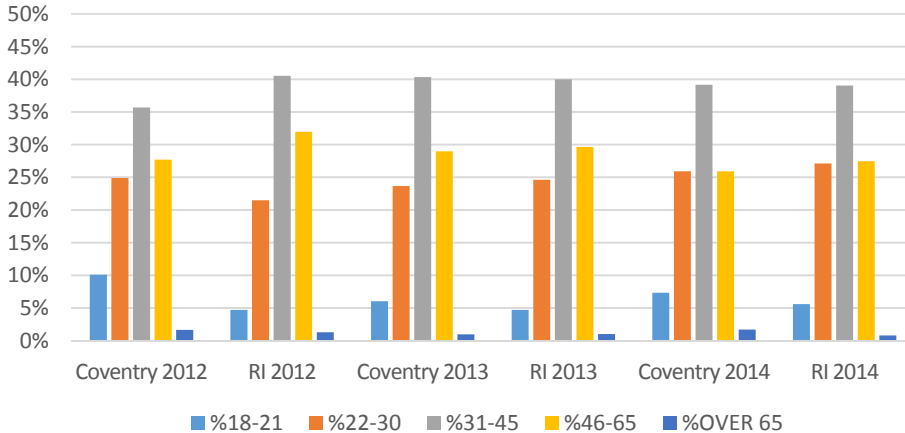
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

COVENTRY

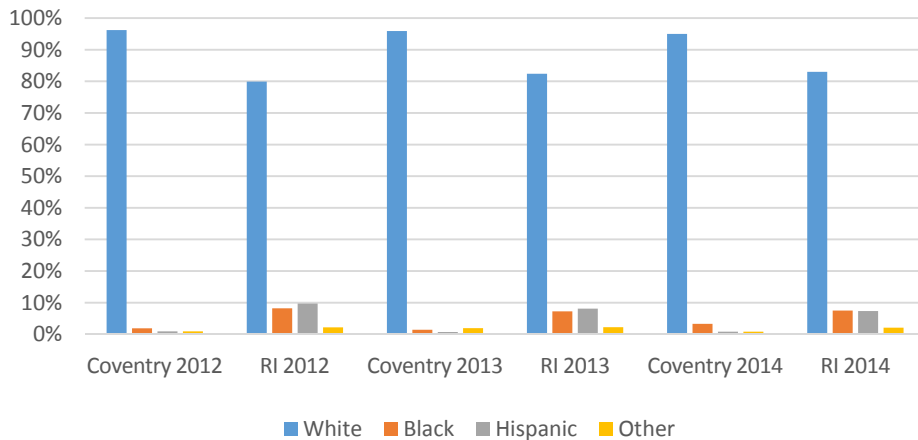
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



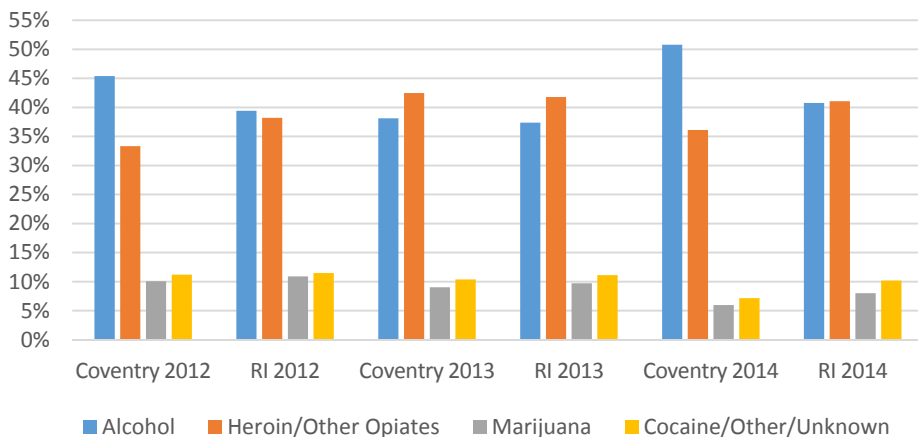
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

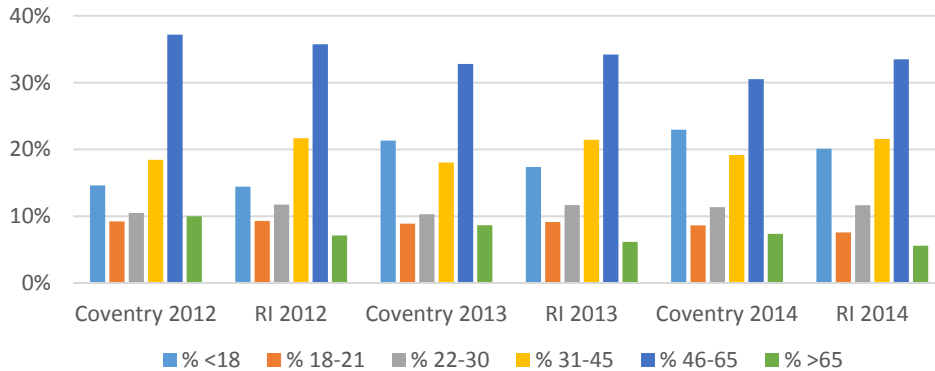


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

COVENTRY

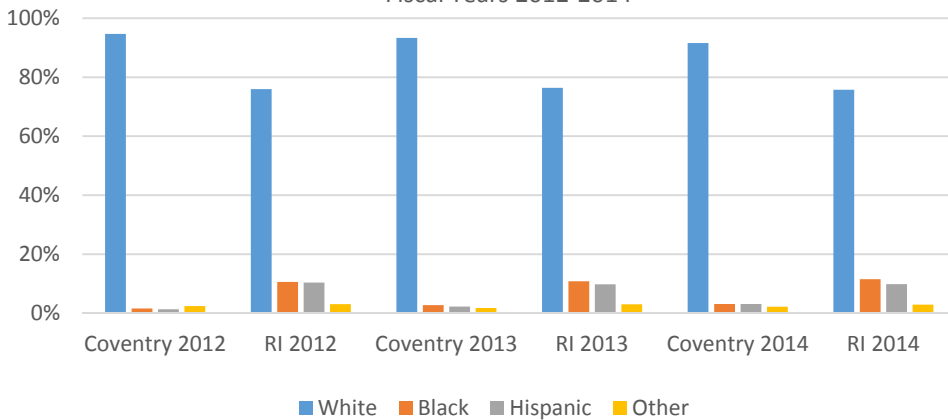
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



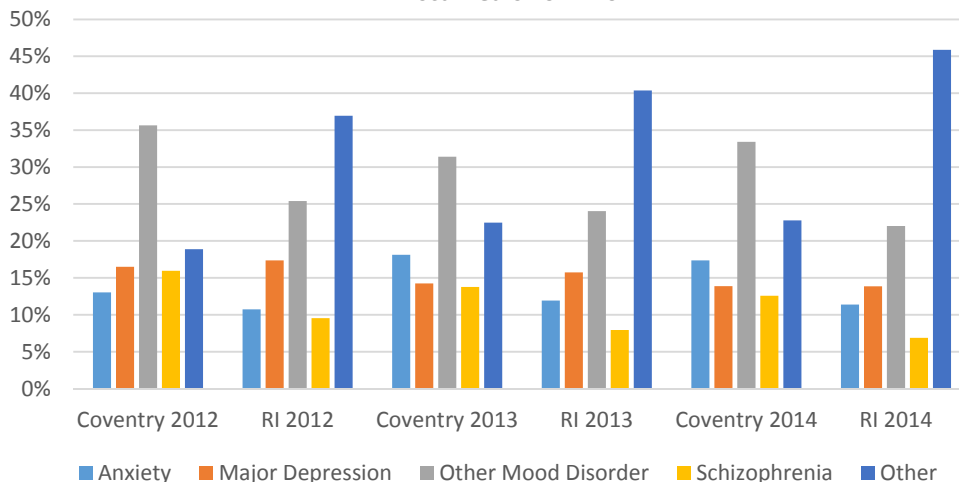
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

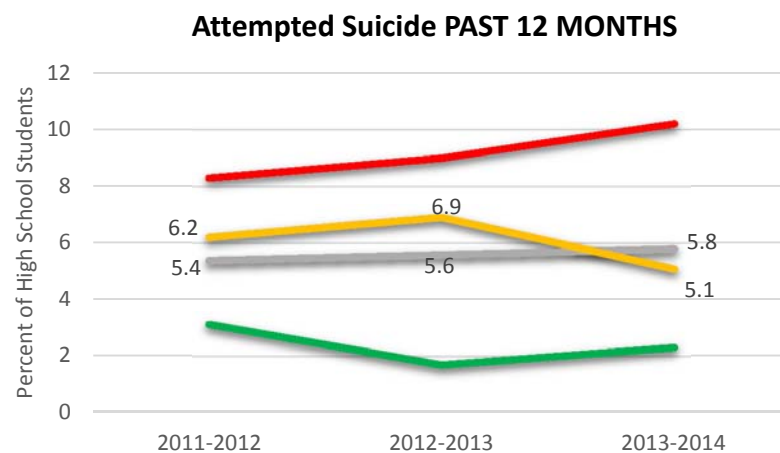
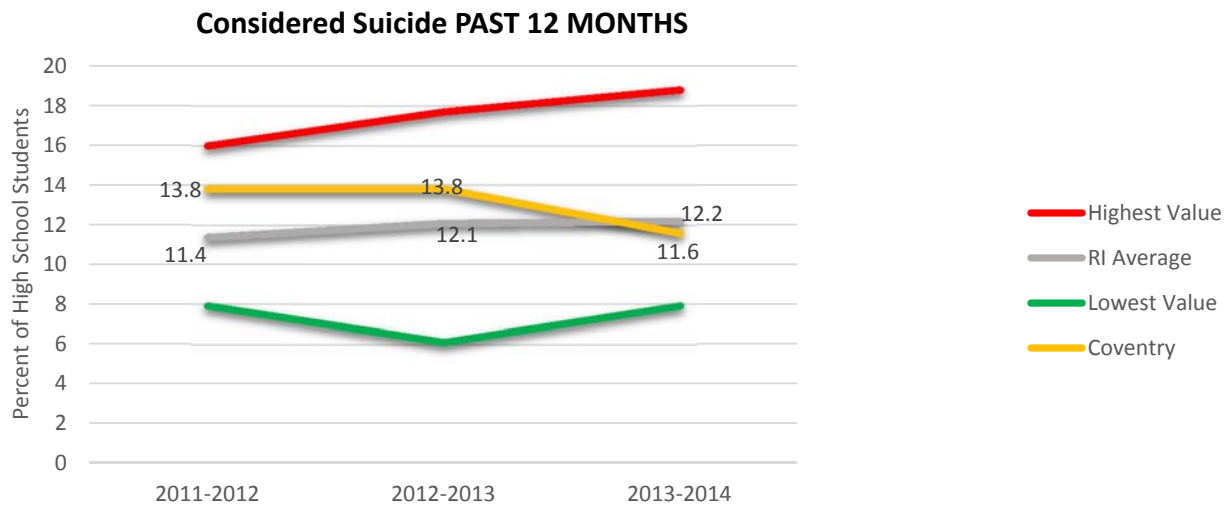
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

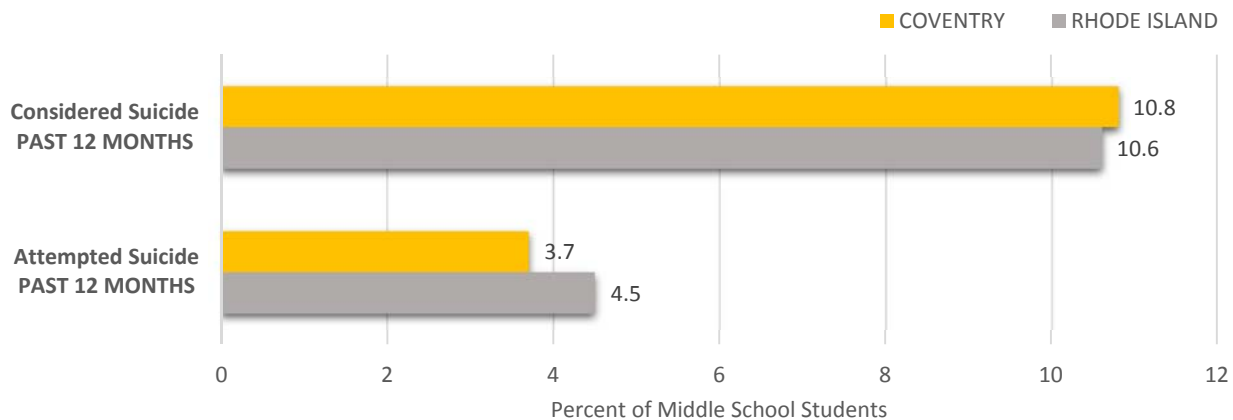
COVENTRY

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

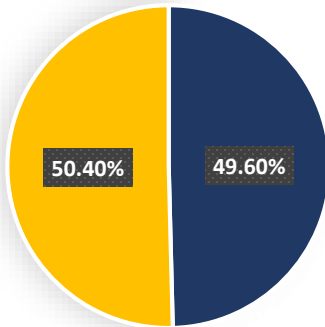
CRANSTON

Demographics

Total Population: 80,680

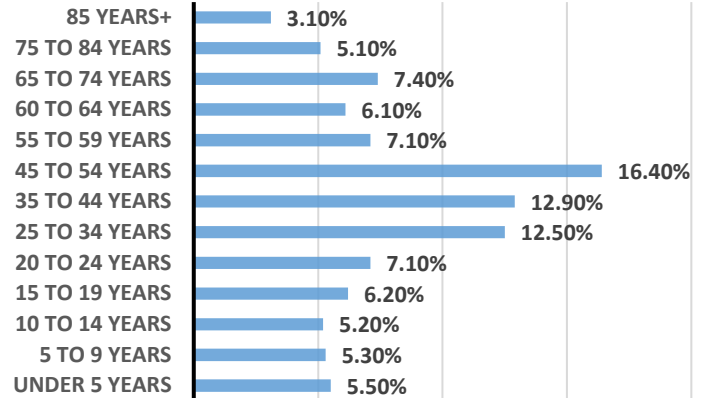
Total Households: 30,536

GENDER

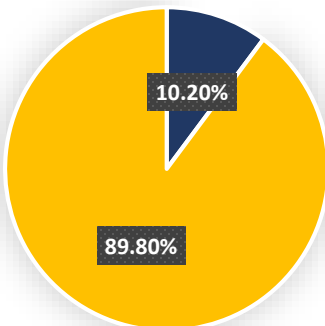


■ Male (%) ■ Female (%)

AGE

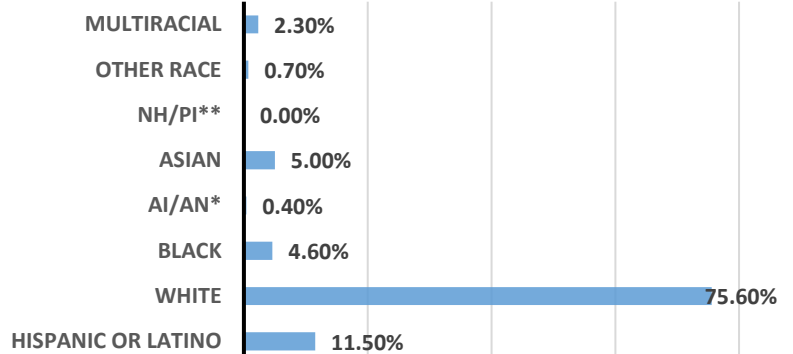


HEALTH INSURANCE



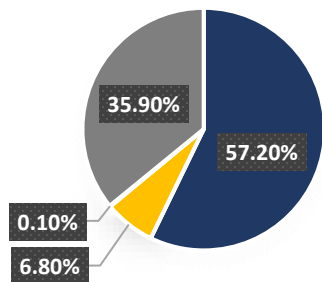
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



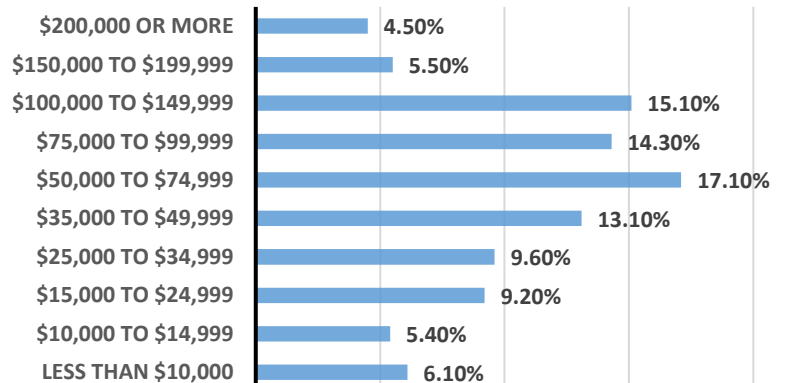
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

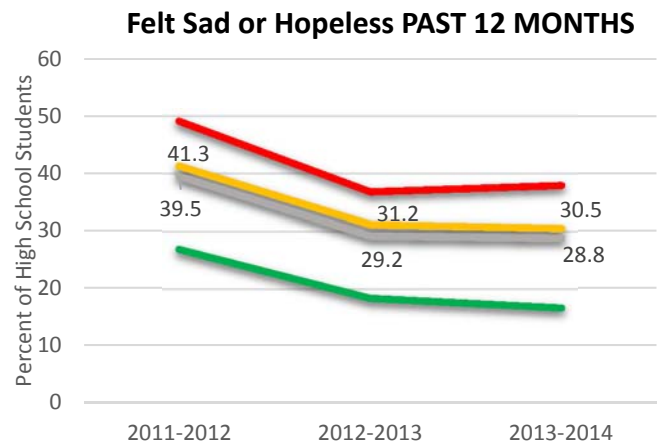
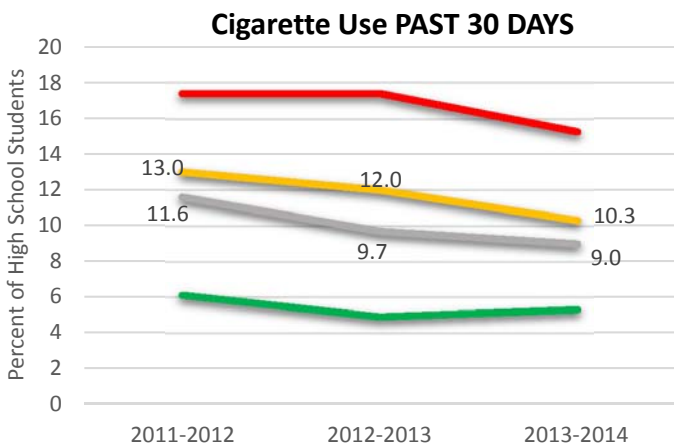
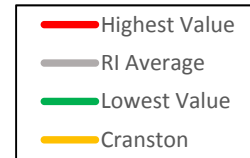
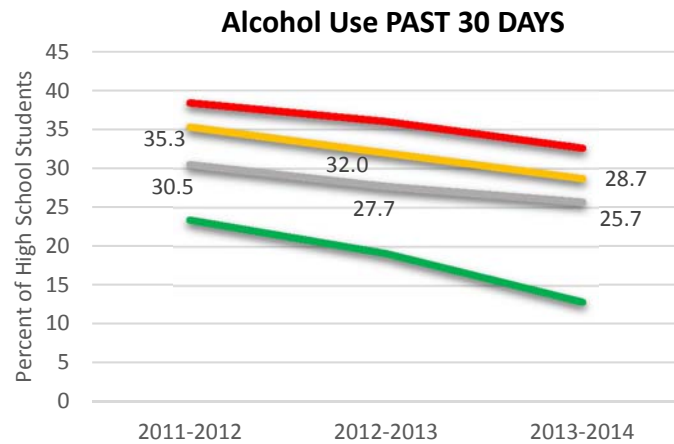
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

CRANSTON

Prevalence – High School



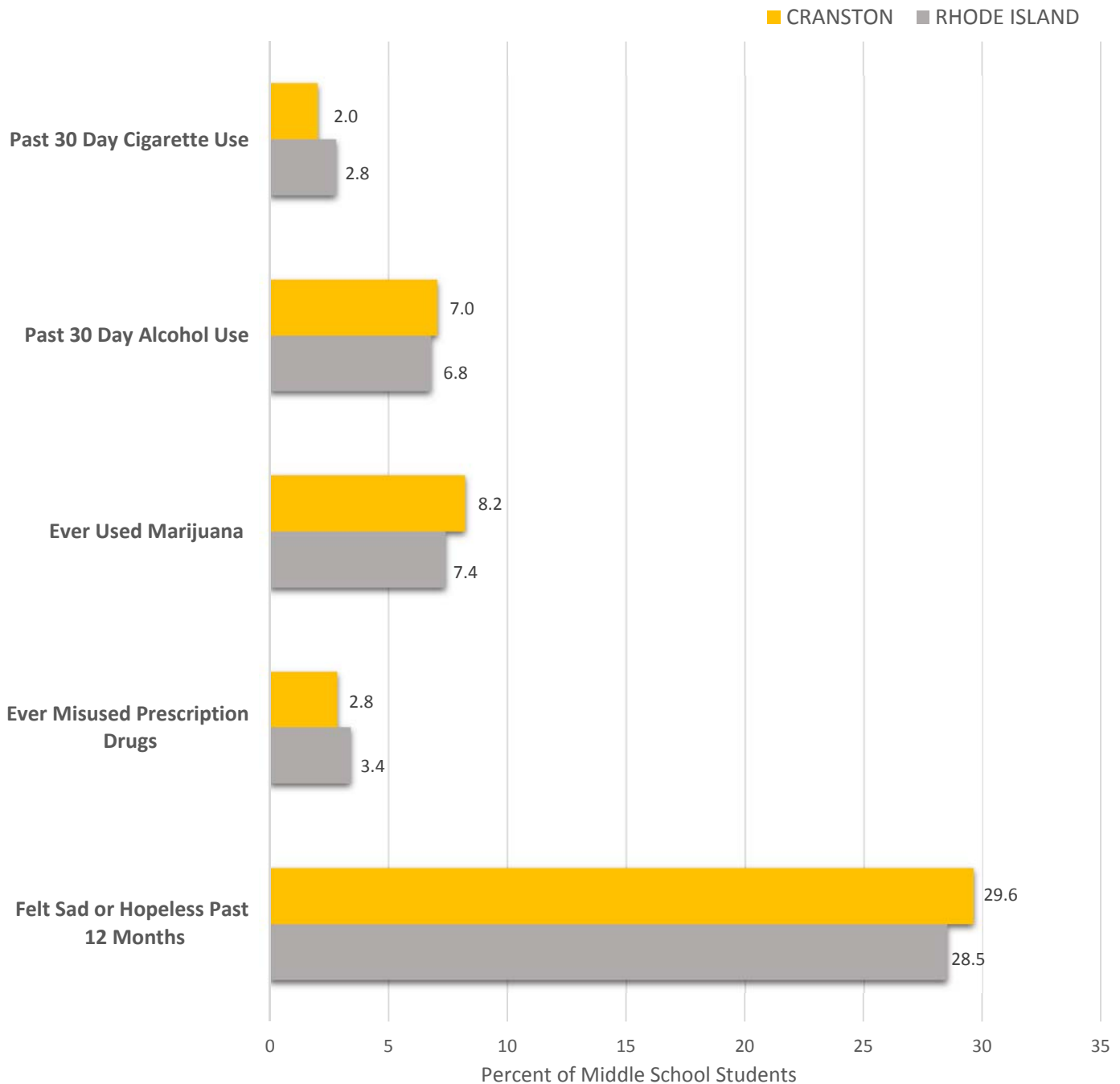
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	CRANSTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	14.7%
2013-2014	9.5%	12.2%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	60.3%
2013-2014	60.8%	61.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	62.5%
2013-2014	55.7%	61.7%

CRANSTON

Prevalence – Middle School

2013-2014 Middle School Prevalence

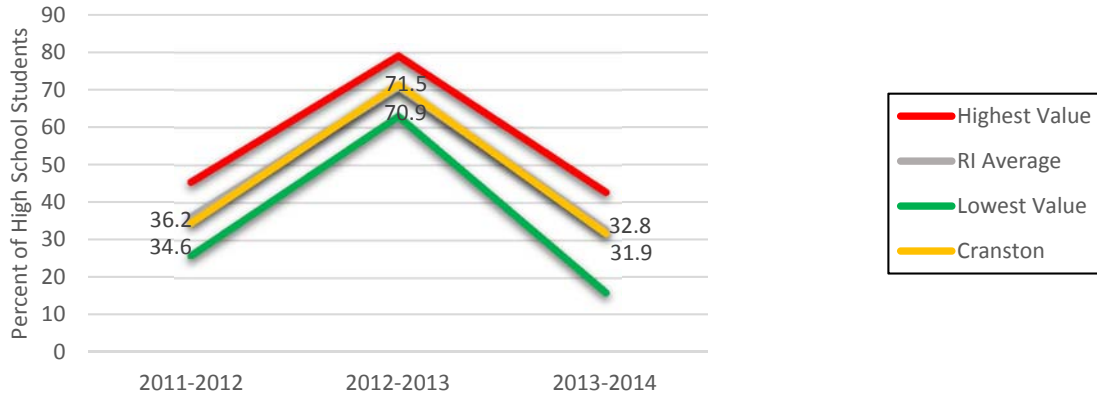


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

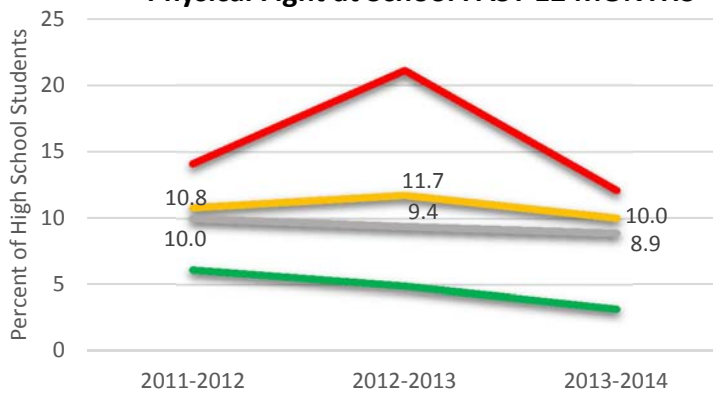
CRANSTON

Risk and Protective Factors

Made Fun of at School

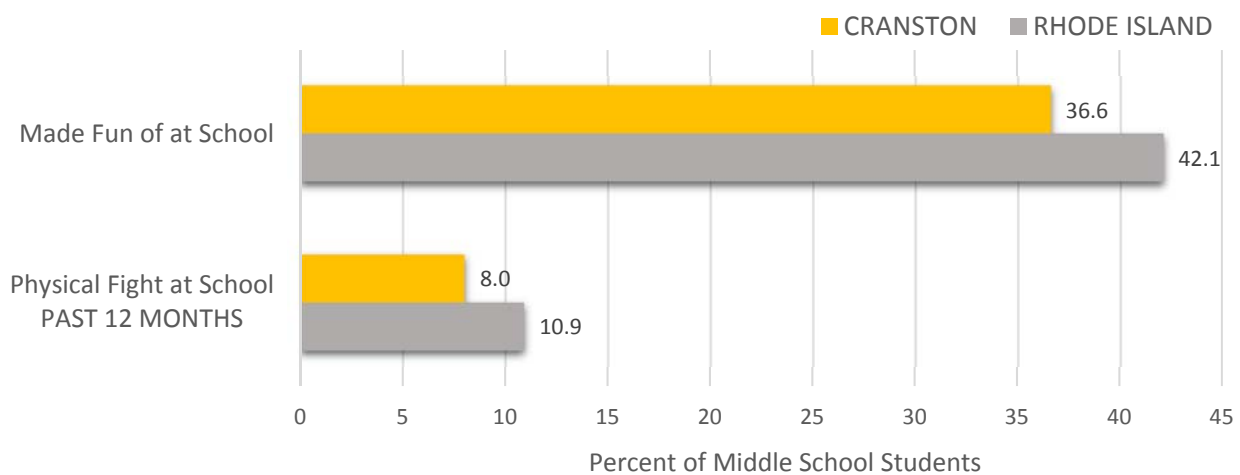


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

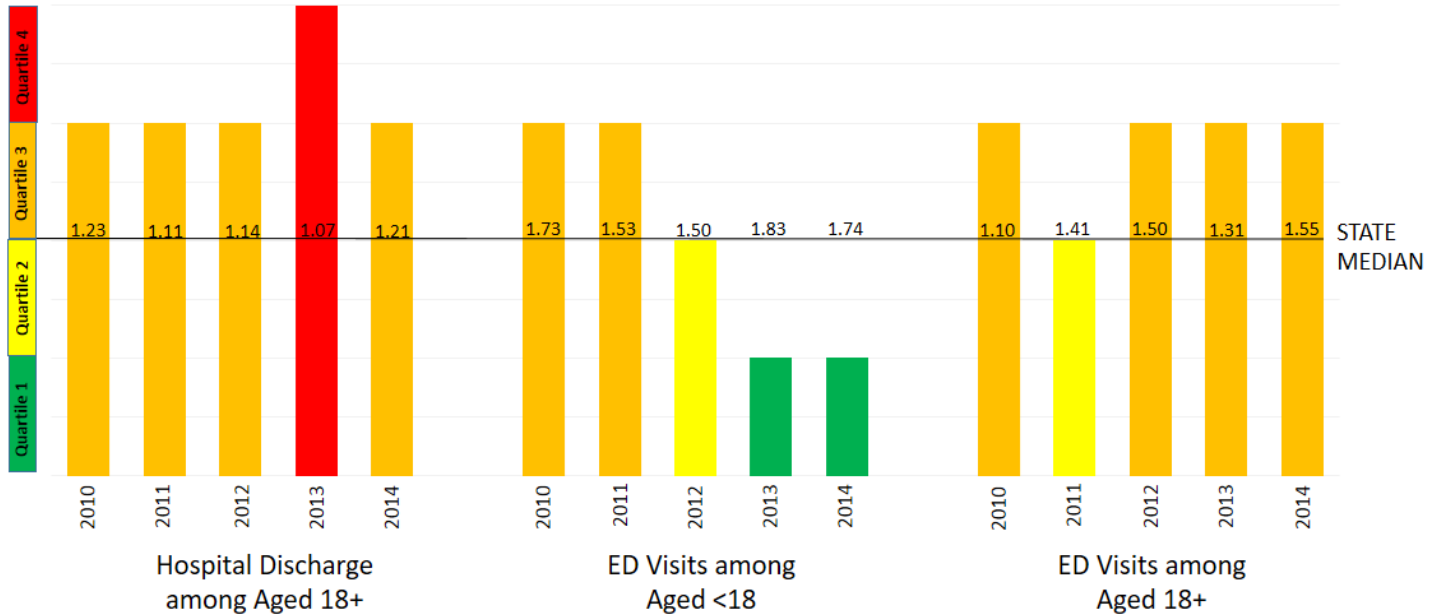


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

CRANSTON

Consequences - Overdose

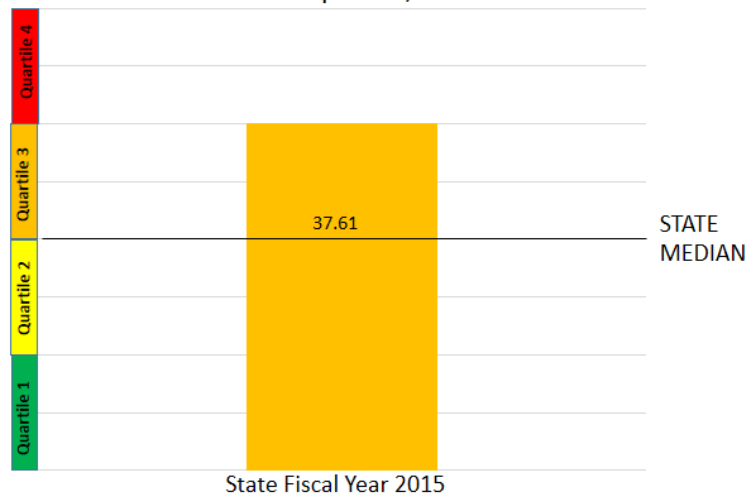
Cranston Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Cranston Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

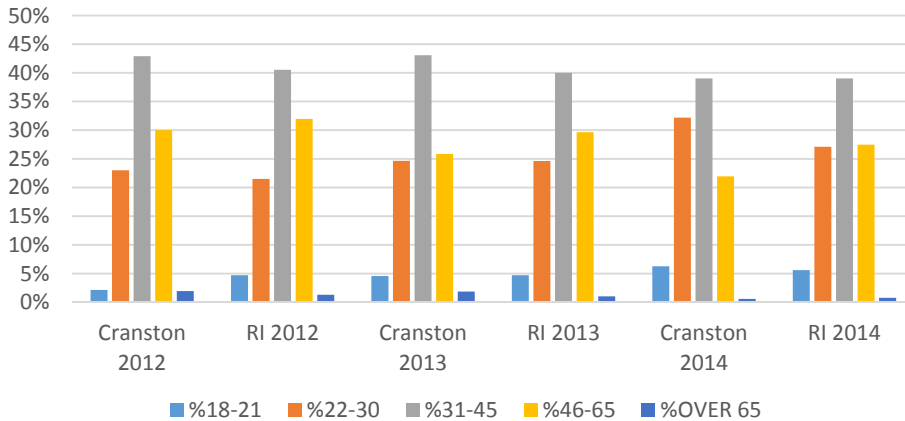
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

CRANSTON

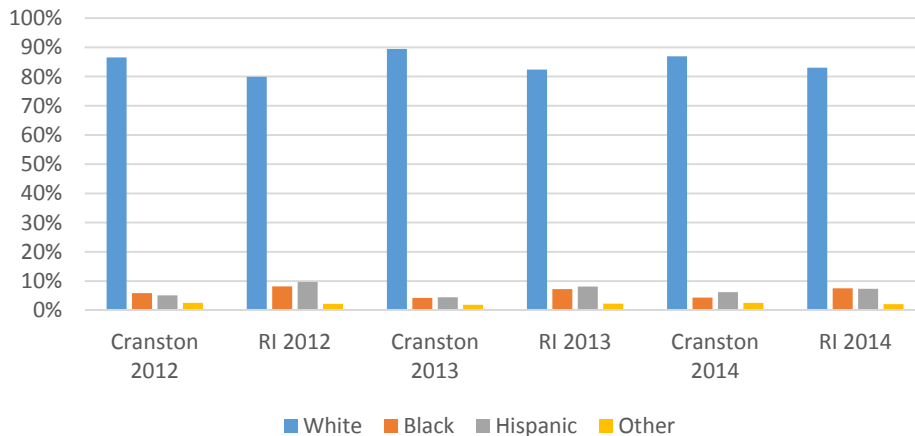
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



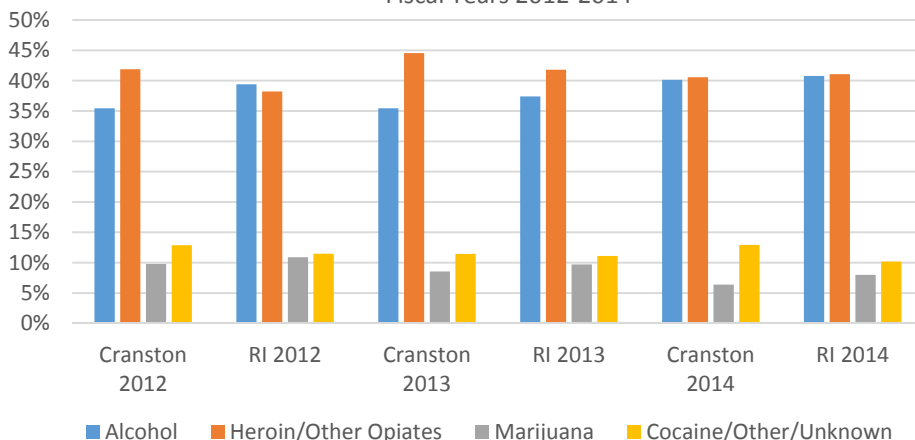
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

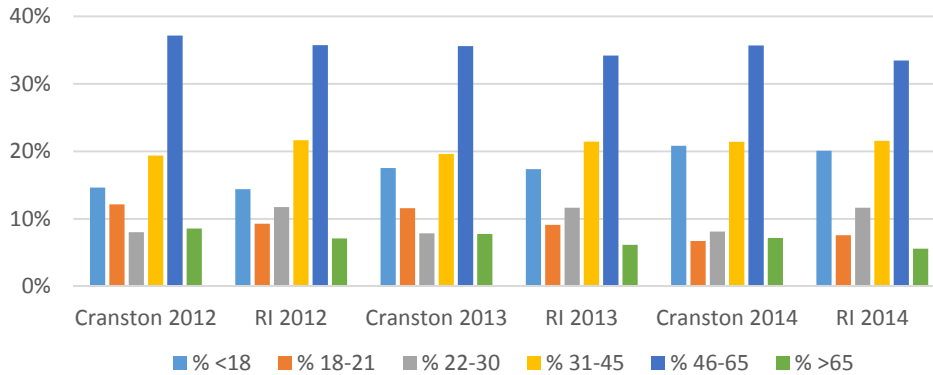


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

CRANSTON

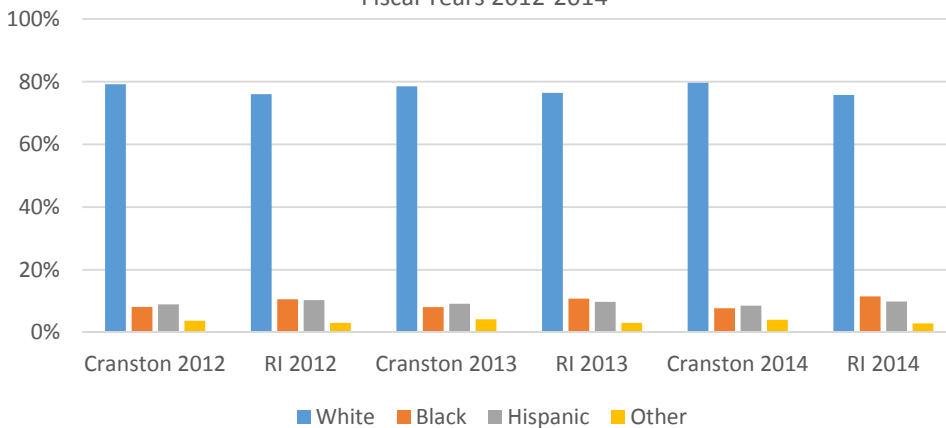
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



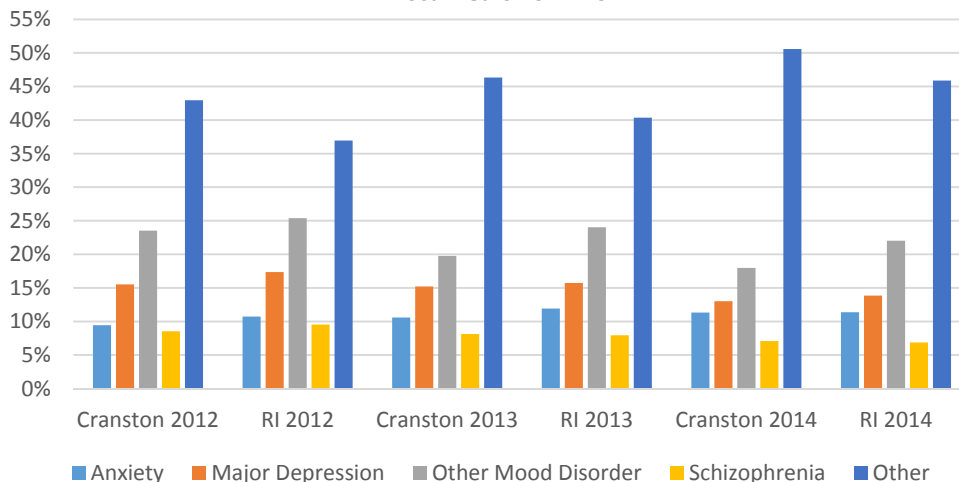
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

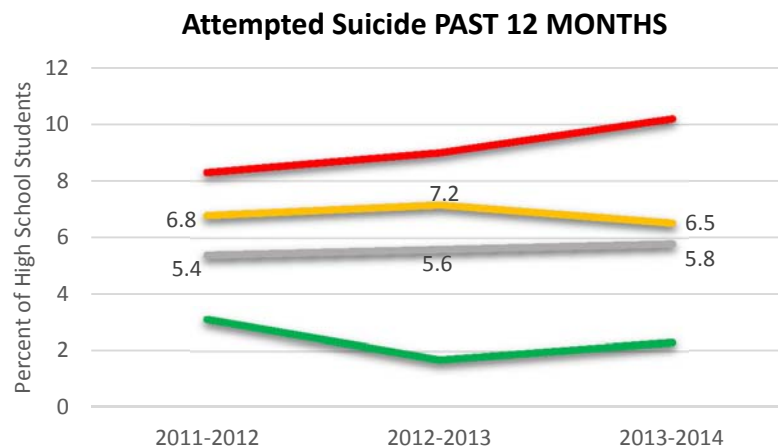
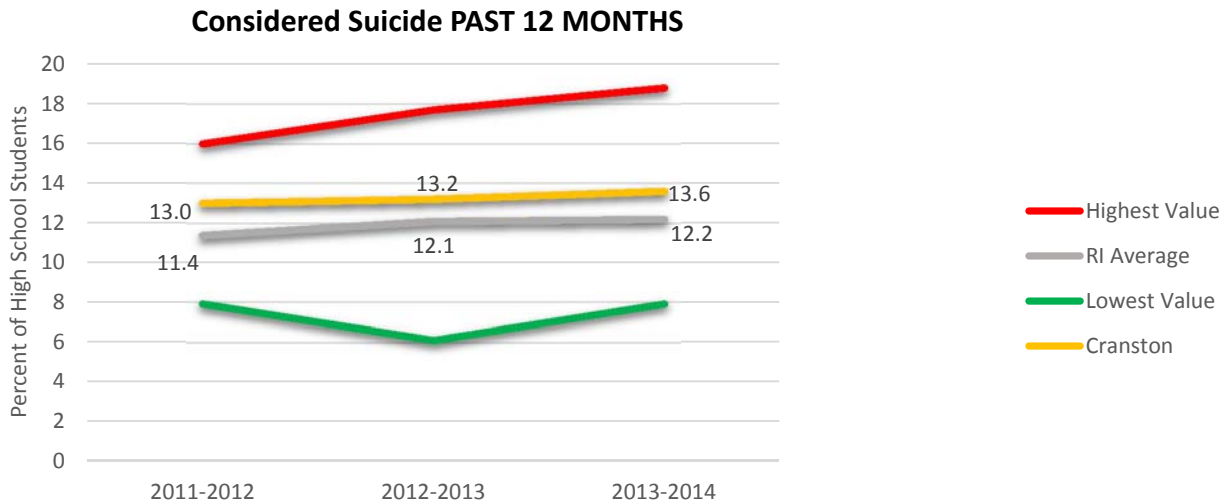
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

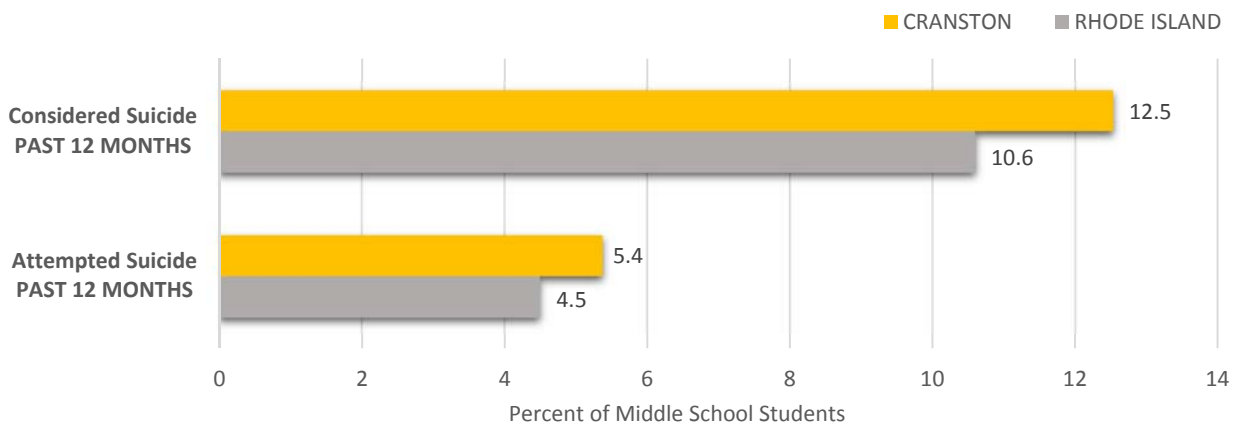
CRANSTON

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

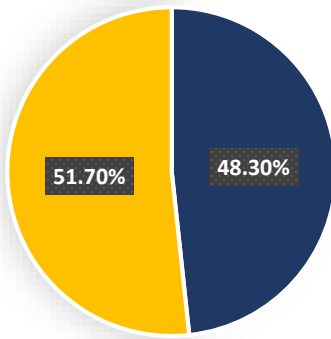
CUMBERLAND

Demographics

Total Population: 33,930

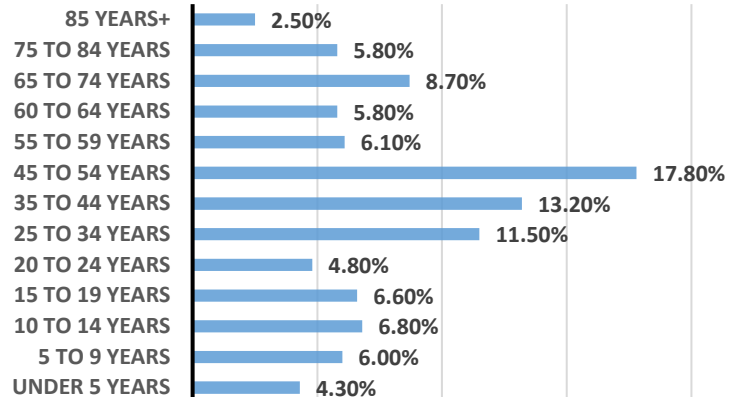
Total Households: 13,553

GENDER

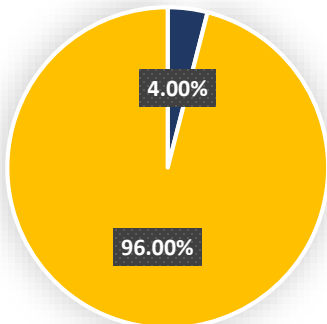


■ Male (%) ■ Female (%)

AGE

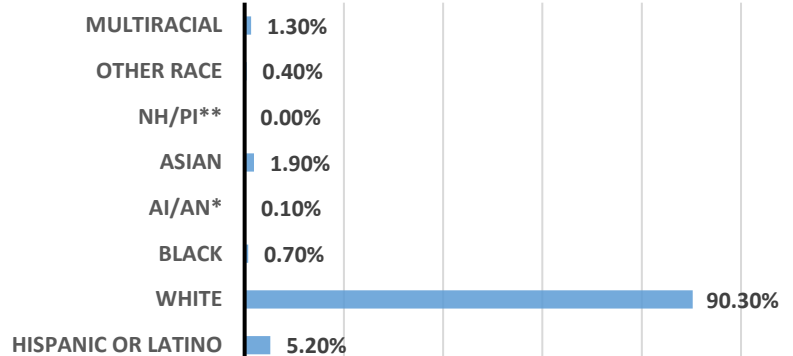


HEALTH INSURANCE



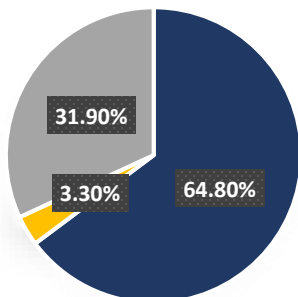
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



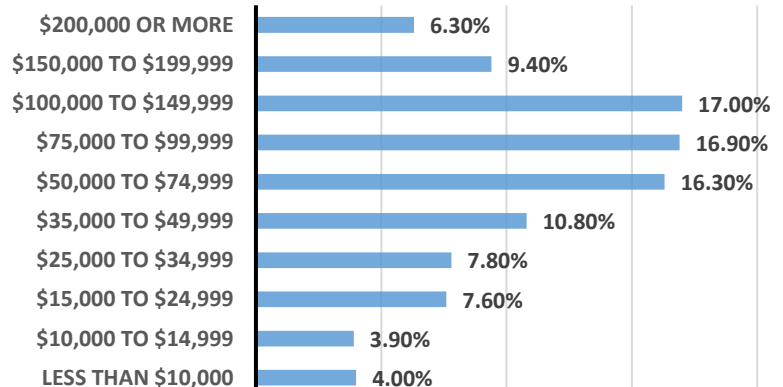
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

ANNUAL HOUSEHOLD INCOME

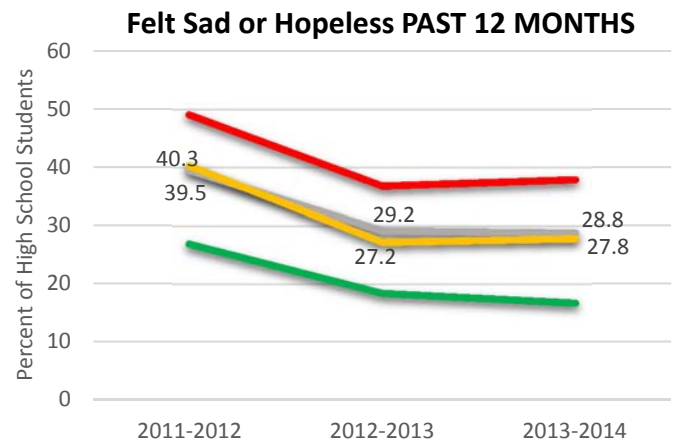
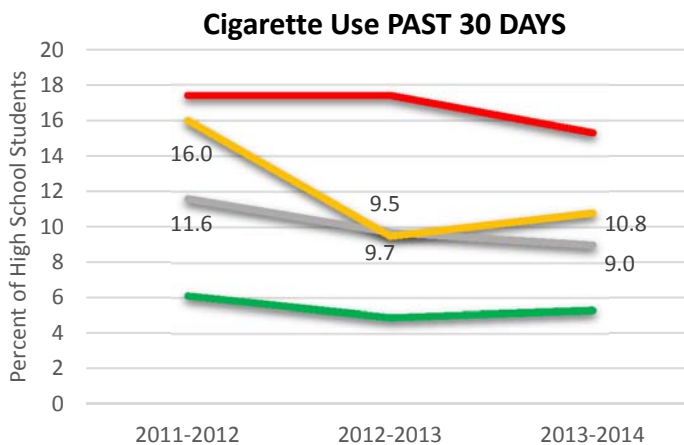
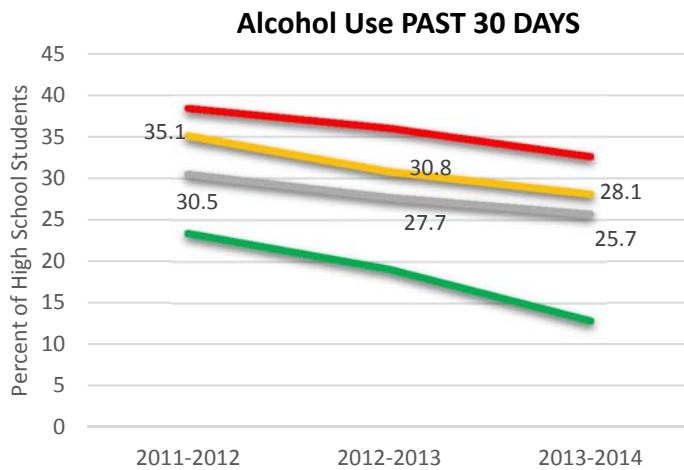


* Note: 0% Armed forces for this municipality

SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

CUMBERLAND

Prevalence – High School



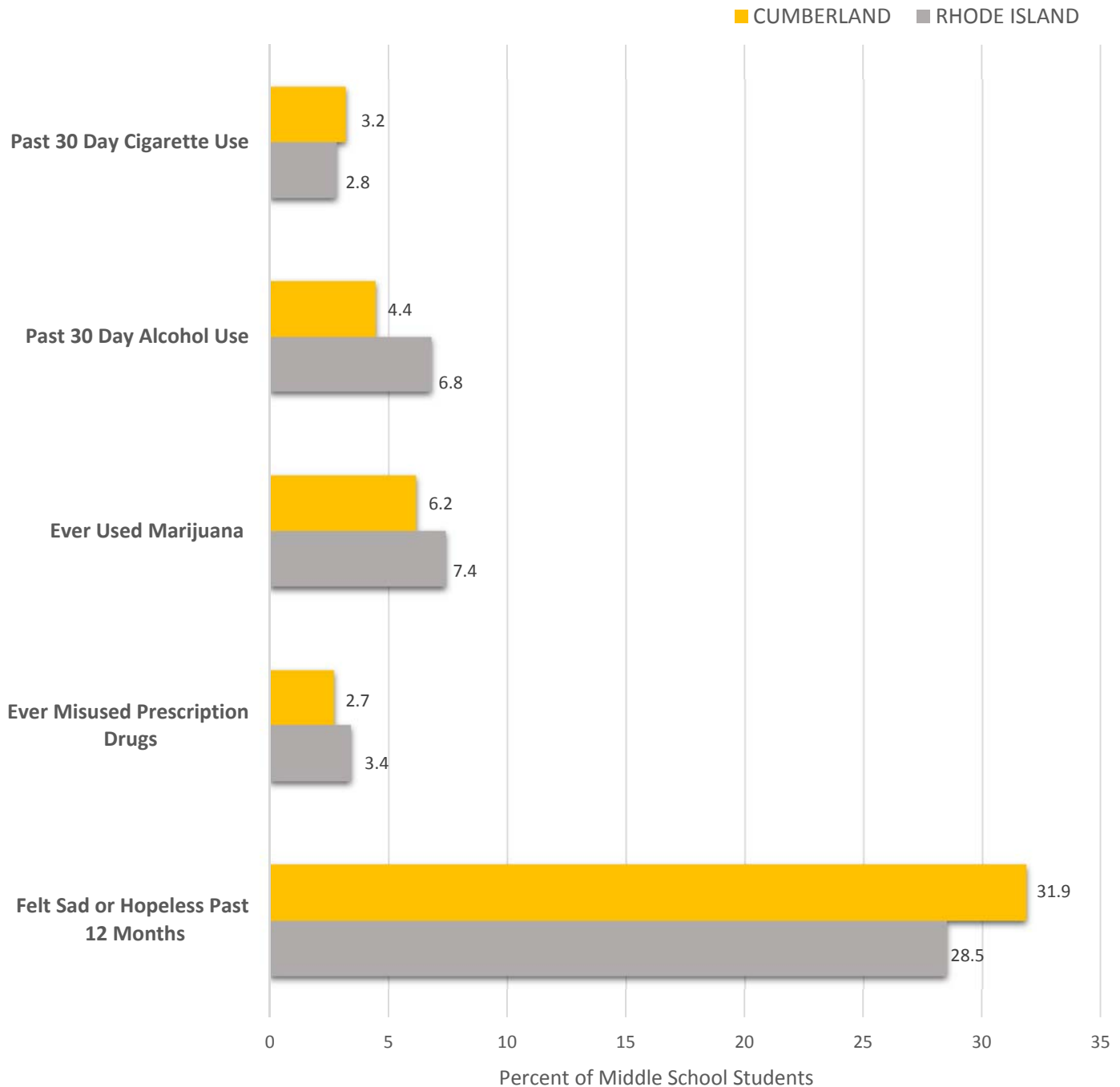
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	CUMBERLAND
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.7%
2013-2014	9.5%	11.9%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	60.7%
2013-2014	60.8%	66.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	12.6%
2013-2014	55.7%	65.1%

CUMBERLAND

Prevalence – Middle School

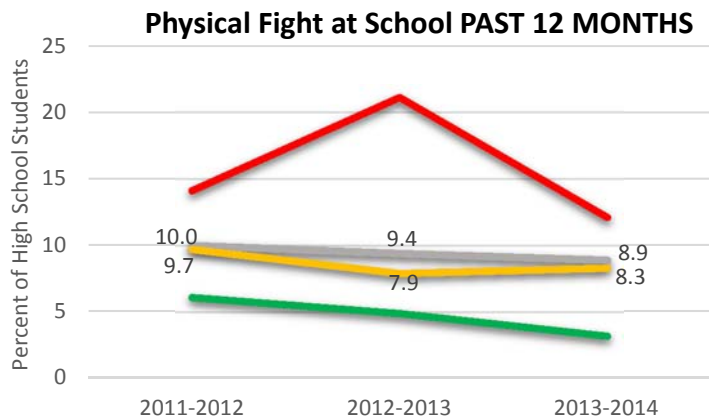
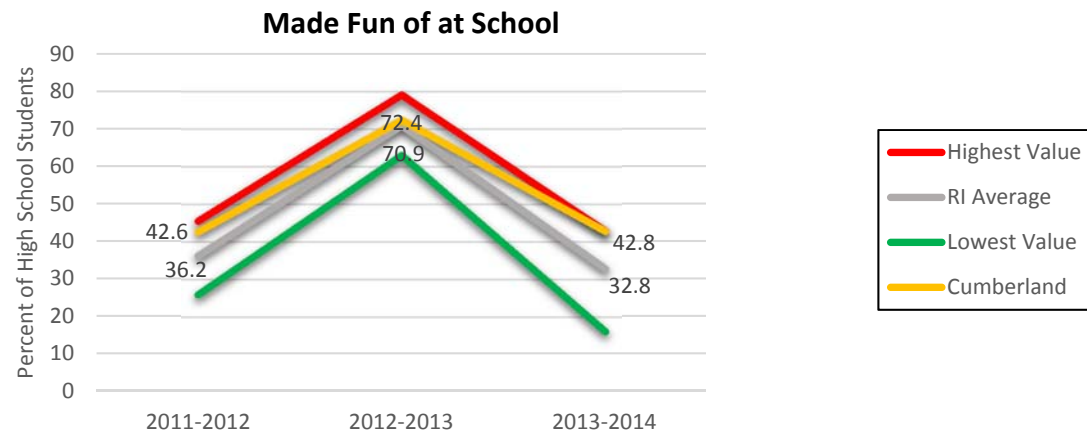
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

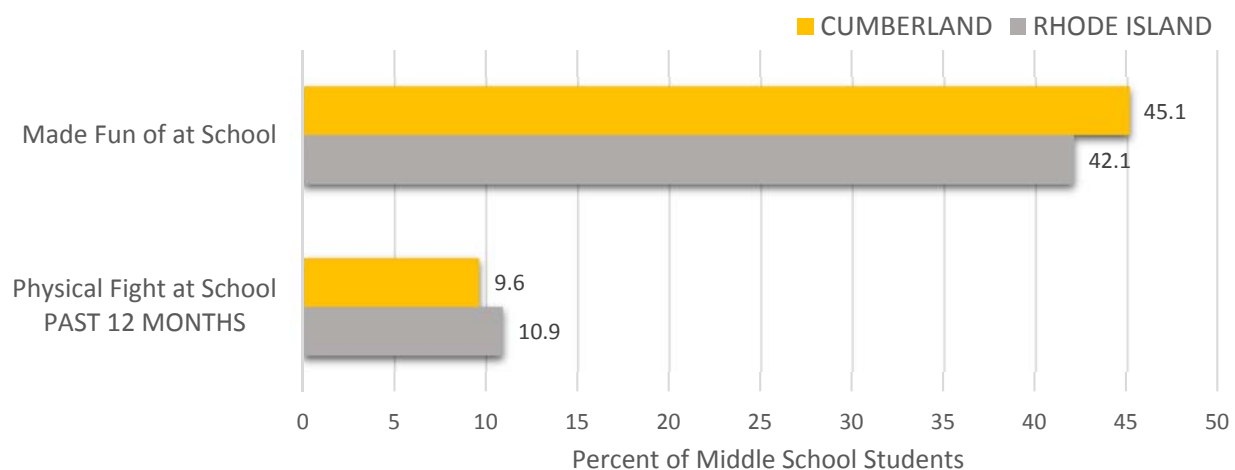
CUMBERLAND

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

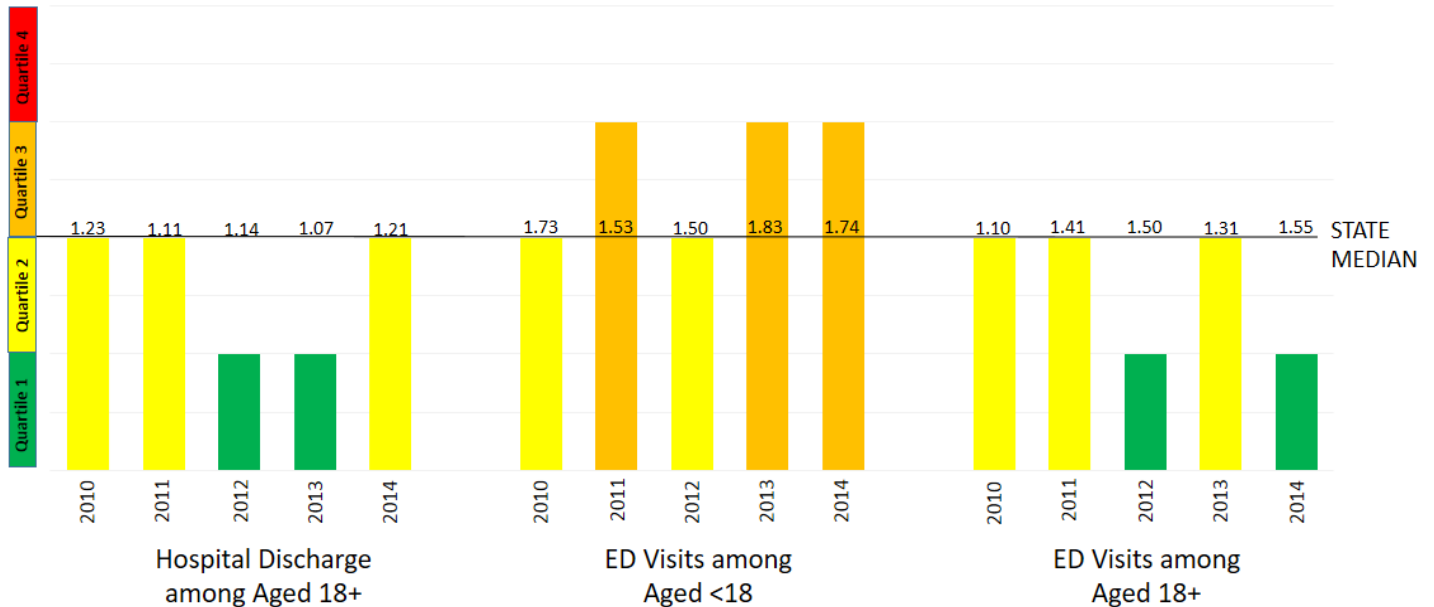


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

CUMBERLAND

Consequences - Overdose

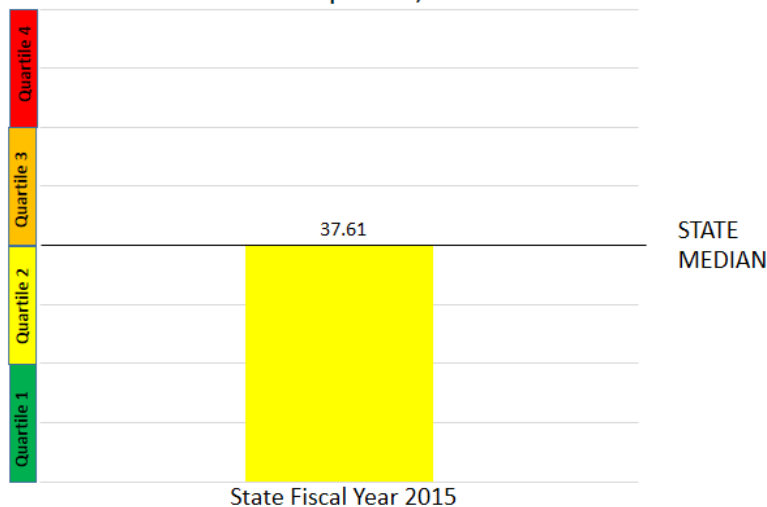
Cumberland Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Cumberland Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

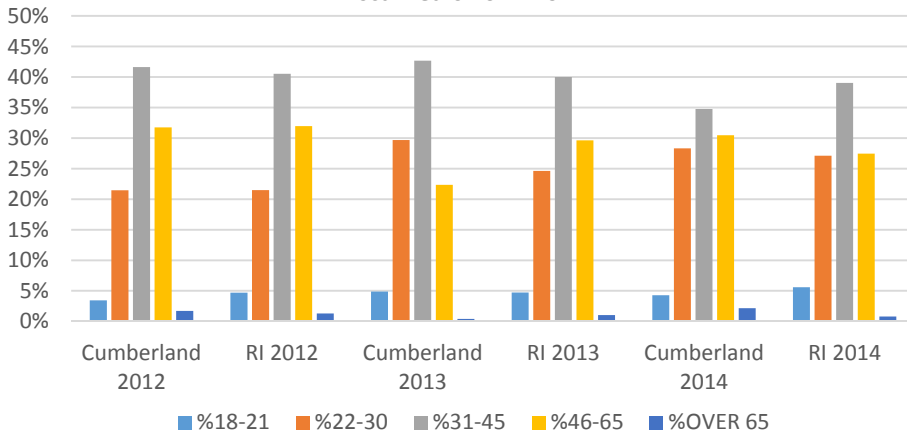
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

CUMBERLAND

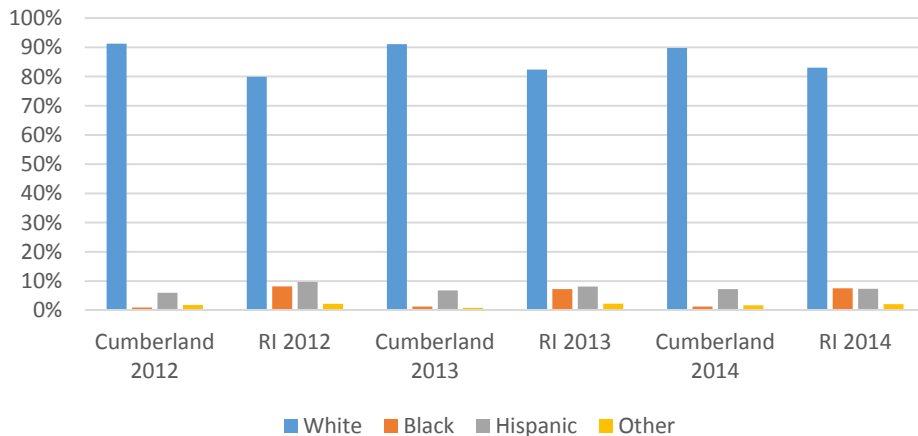
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



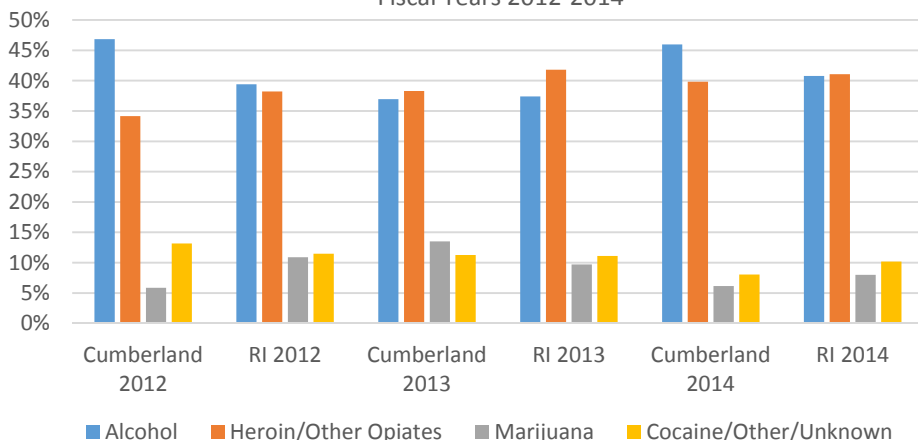
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

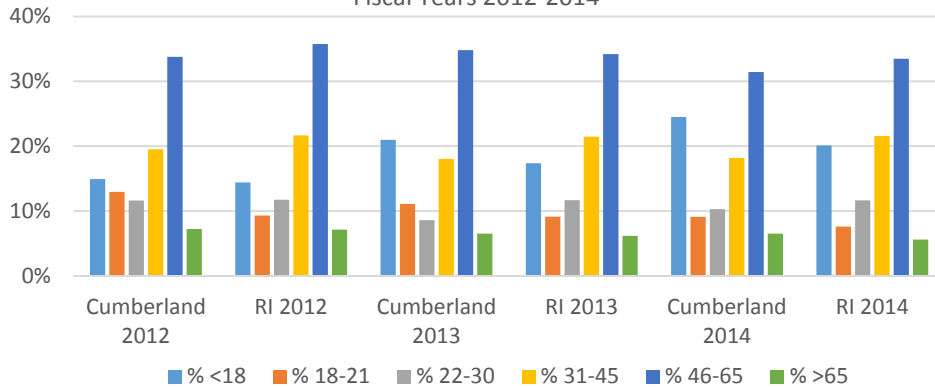


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

CUMBERLAND

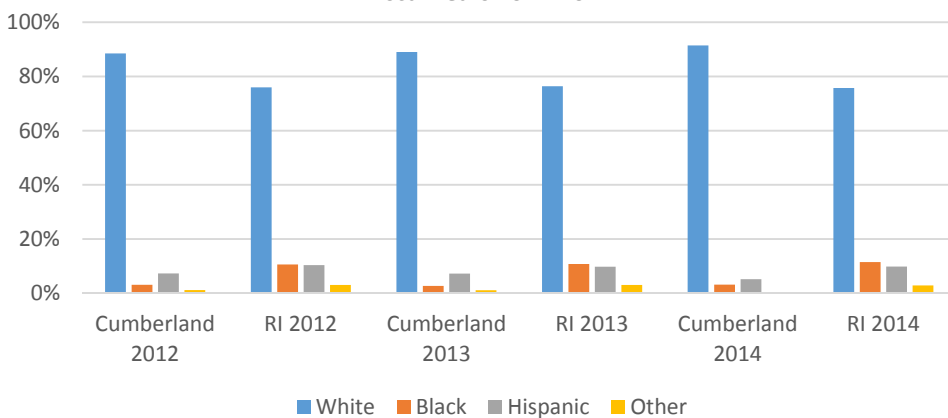
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



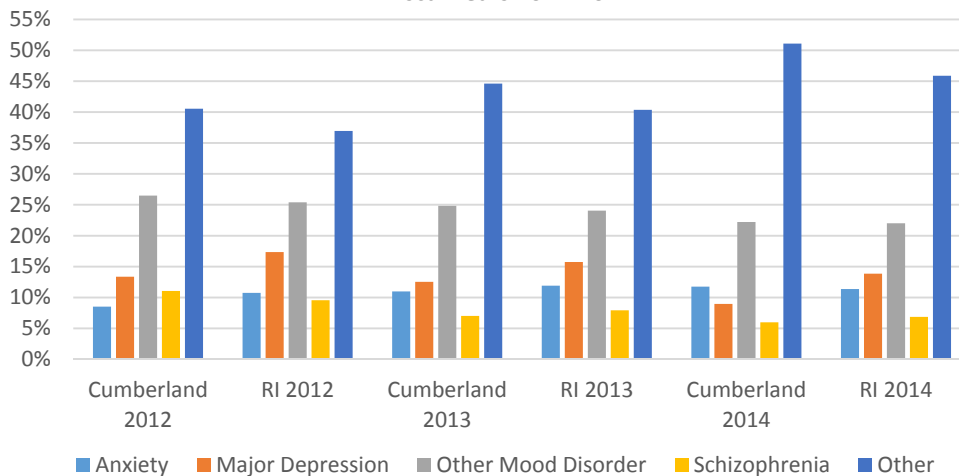
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

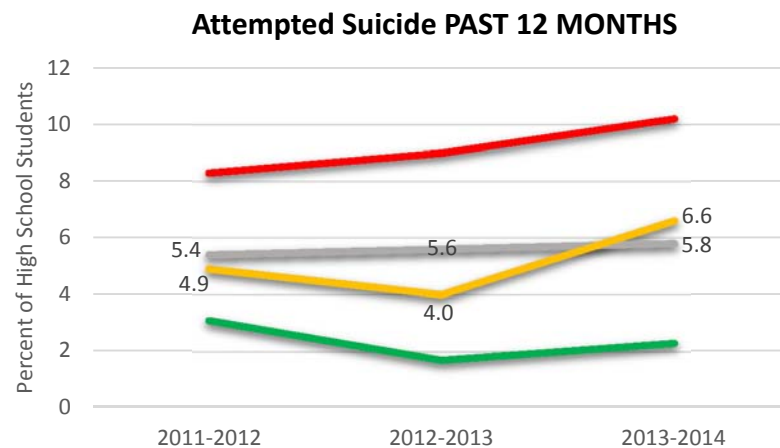
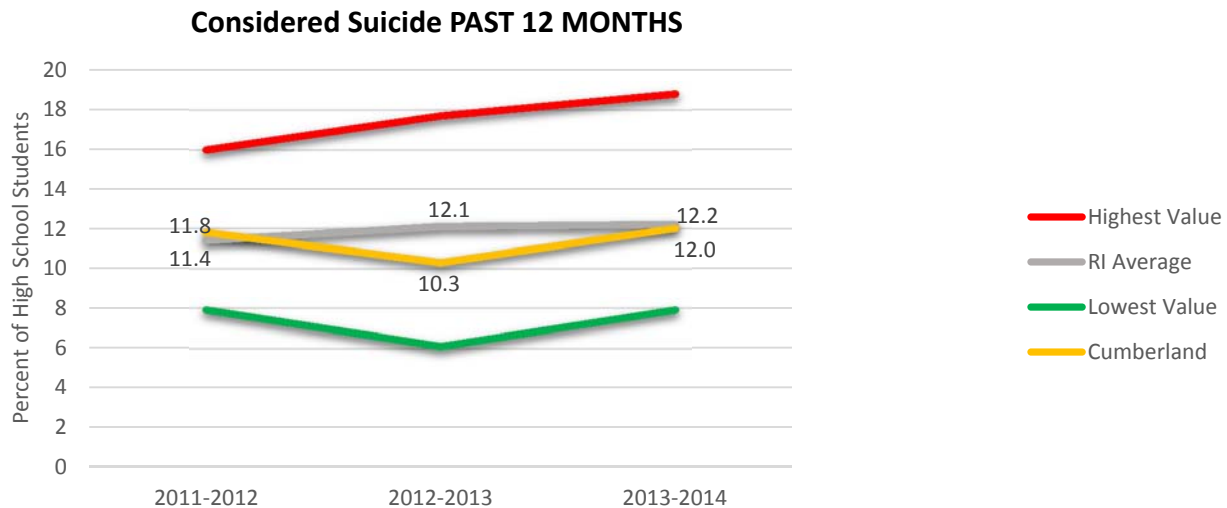
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



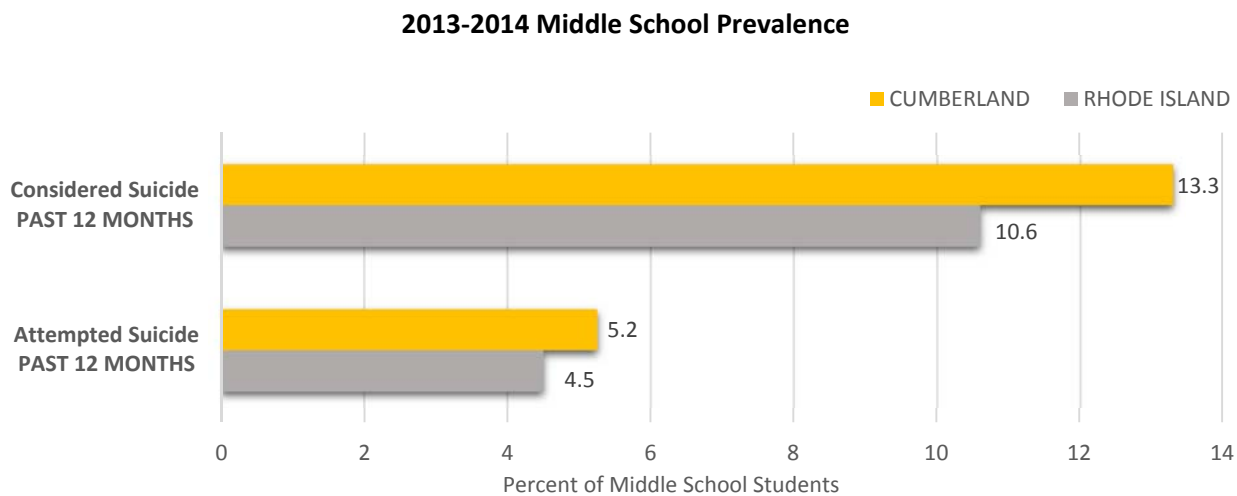
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

CUMBERLAND

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.



SOURCE: Rhodes Island Department of Education SurveyWorks

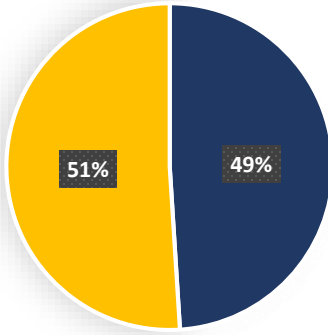
EAST GREENWICH

Demographics

Total Population: 13,118

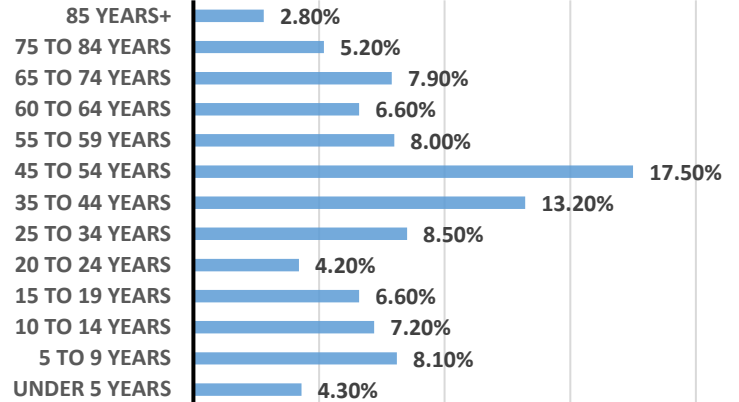
Total Households: 5,018

GENDER

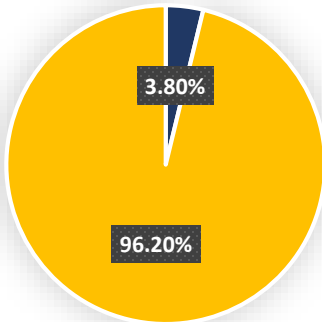


■ Male (%) ■ Female (%)

AGE

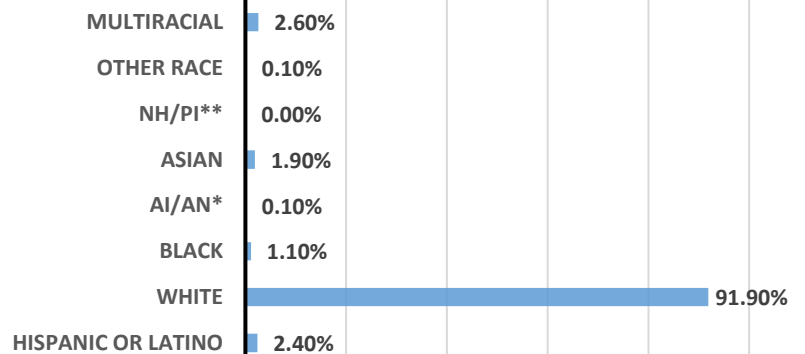


HEALTH INSURANCE



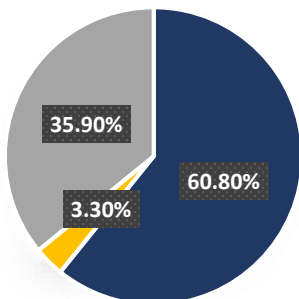
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

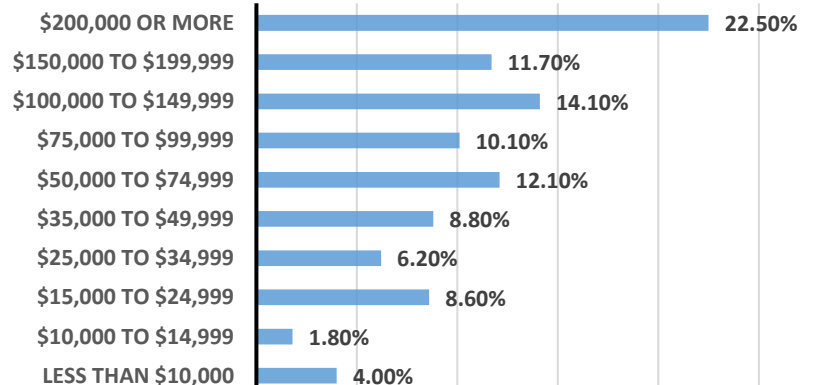
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

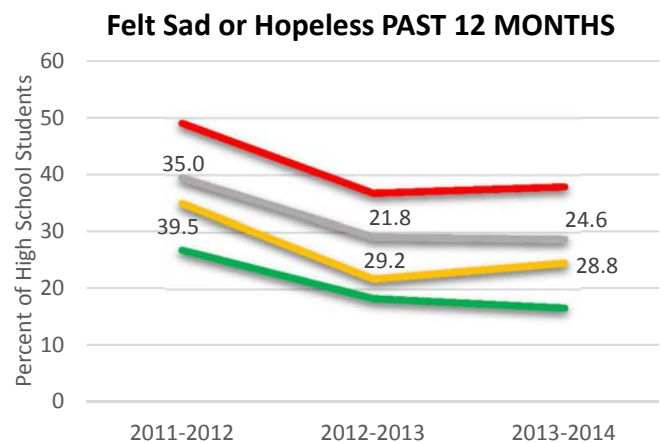
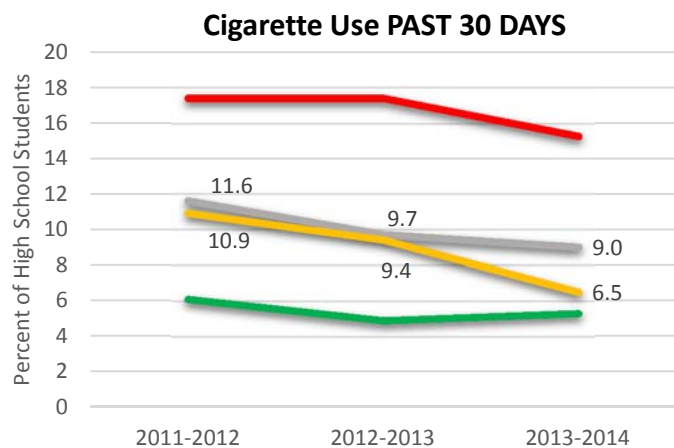
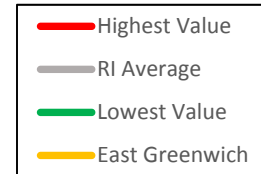
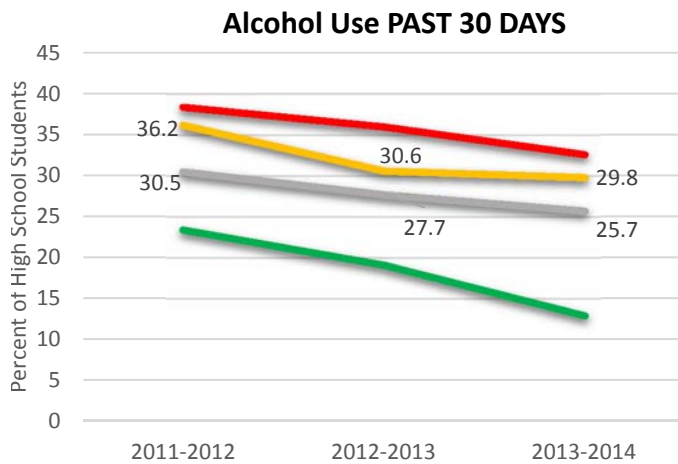
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

EAST GREENWICH

Prevalence – High School



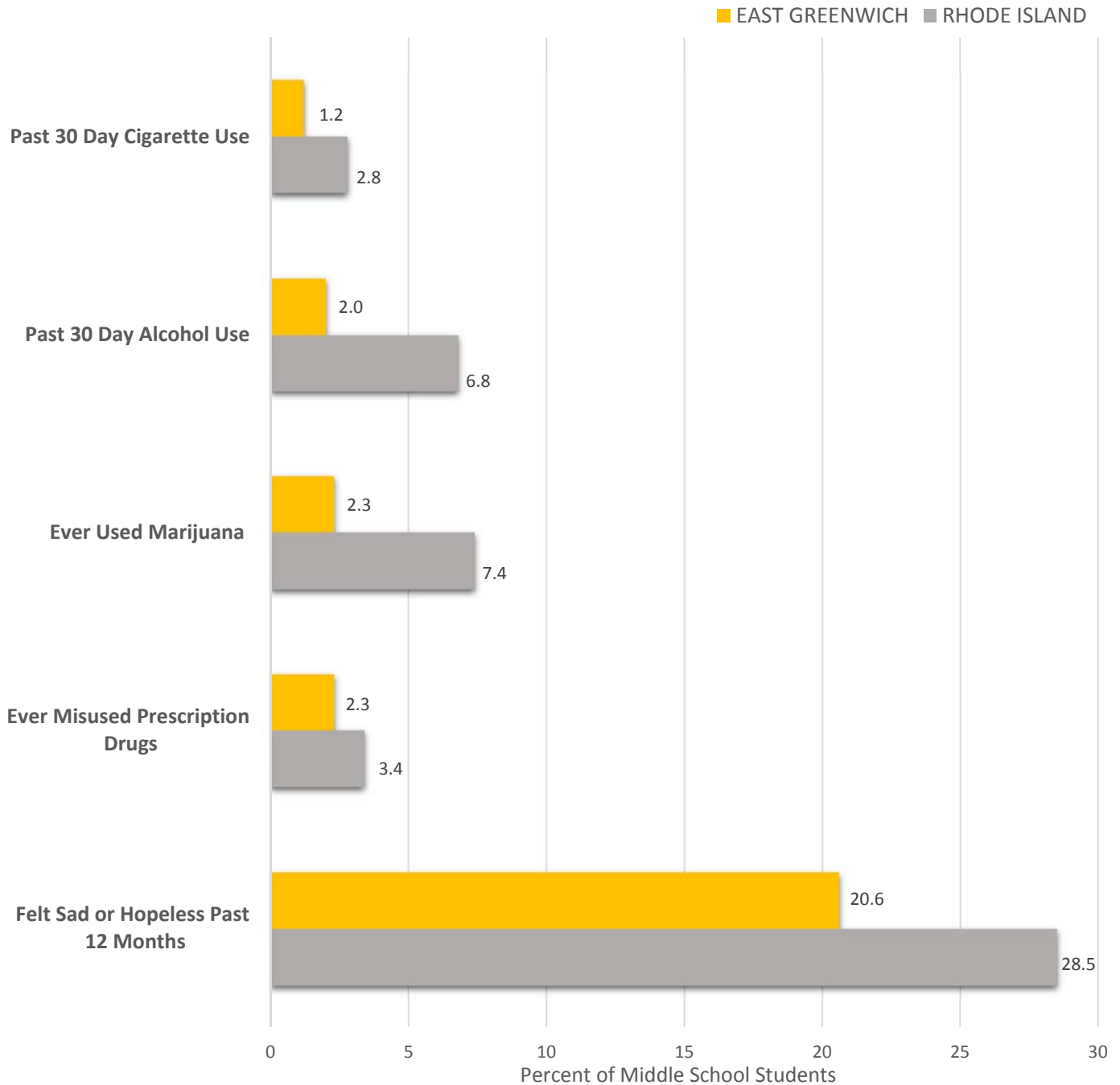
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	EAST GREENWICH
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.5%
2013-2014	9.5%	7.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	62.5%
2013-2014	60.8%	66.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	61.1%
2013-2014	55.7%	56.3%

EAST GREENWICH

Prevalence – Middle School

2013-2014 Middle School Prevalence

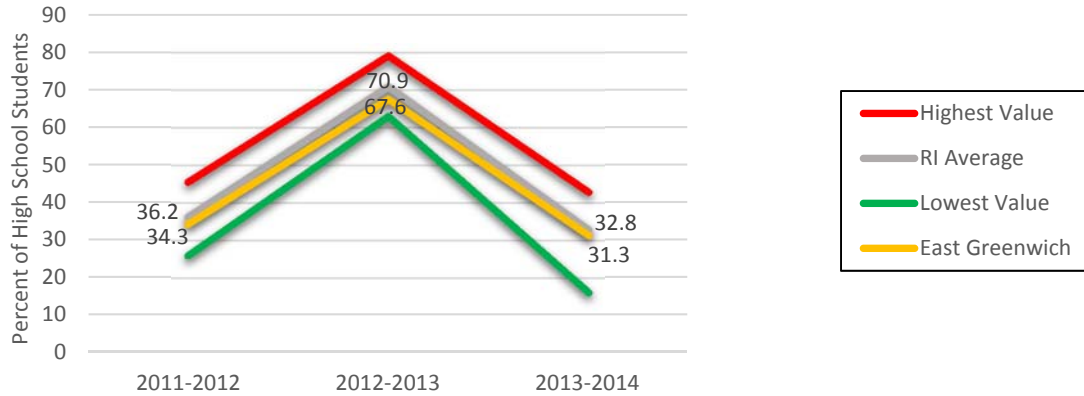


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

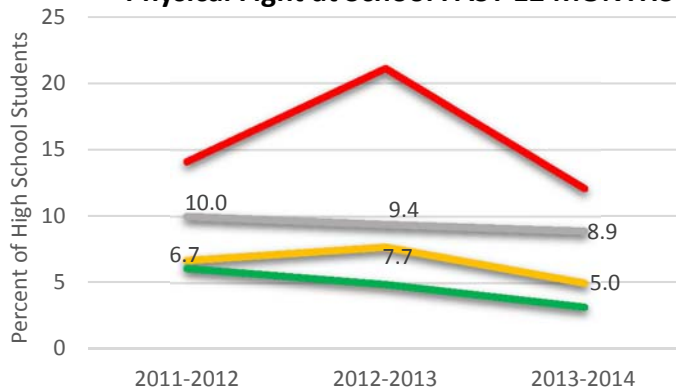
EAST GREENWICH

Risk and Protective Factors

Made Fun of at School

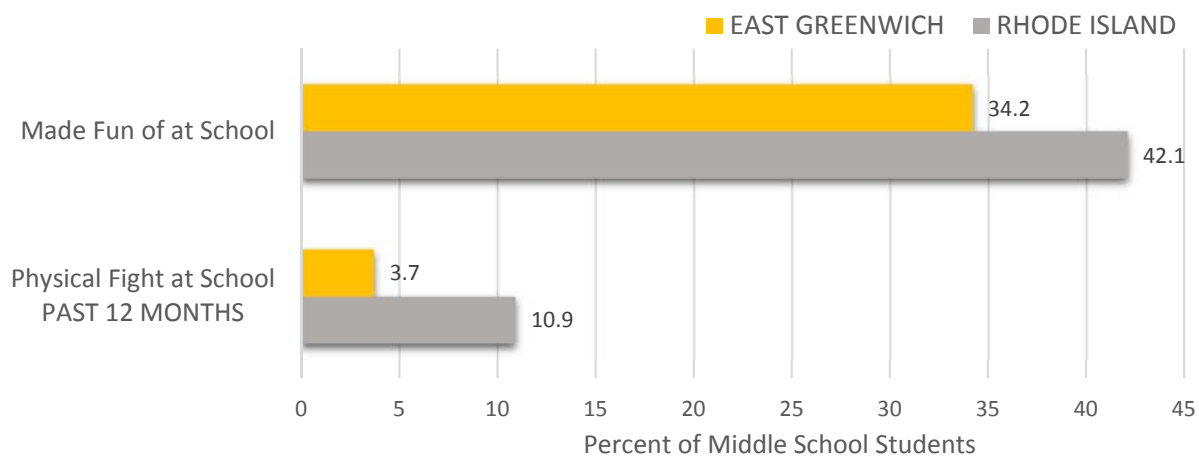


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

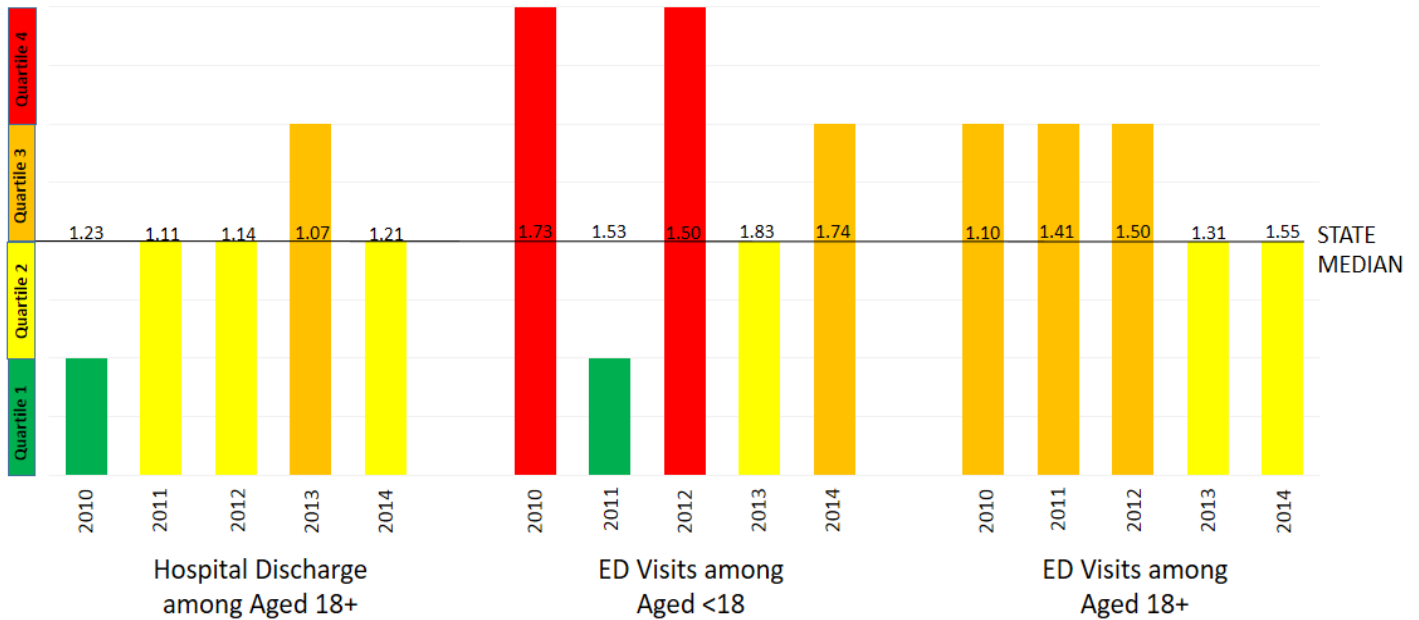


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

EAST GREENWICH

Consequences - Overdose

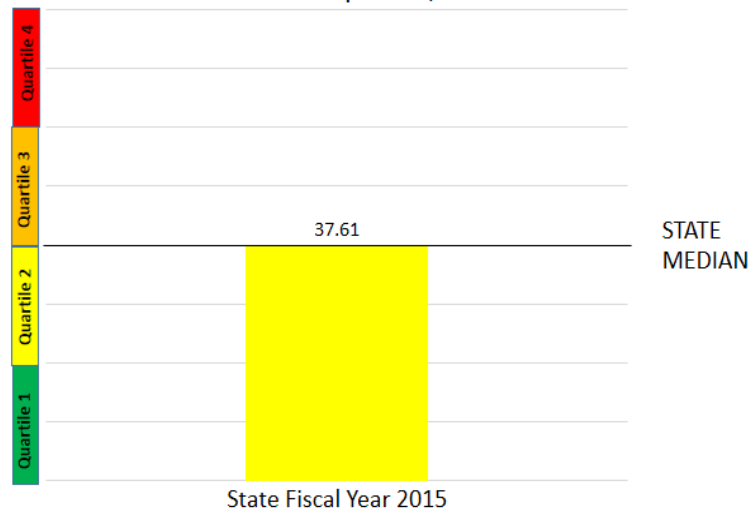
East Greenwich Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

East Greenwich Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

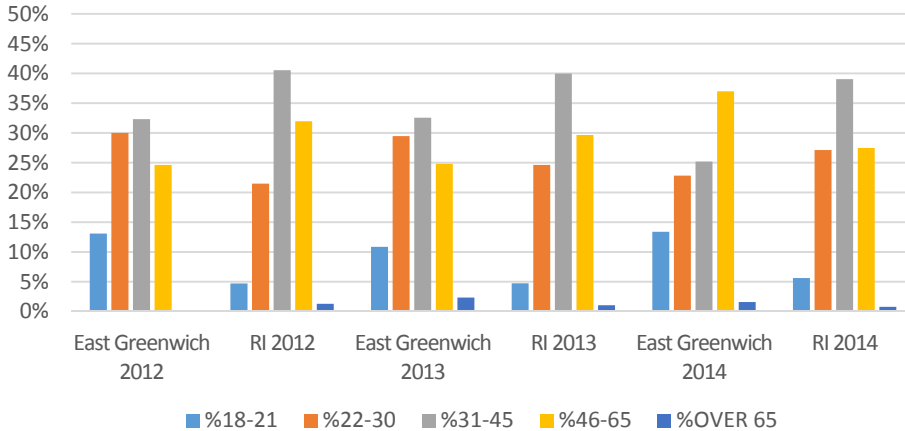
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

EAST GREENWICH

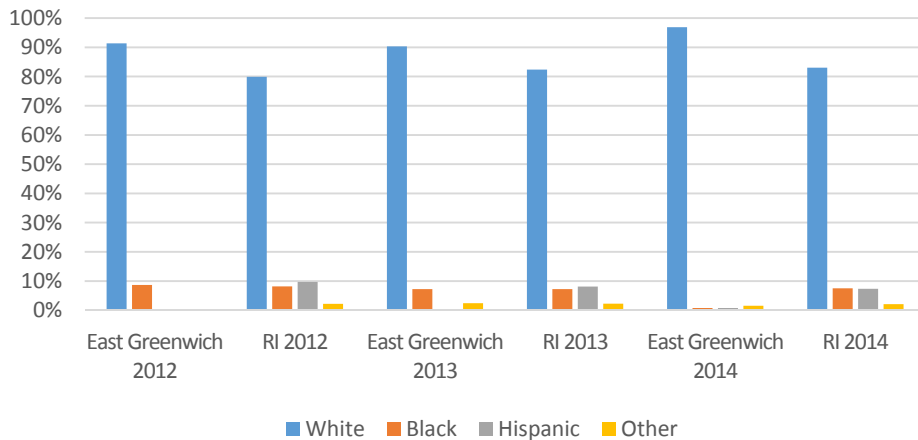
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



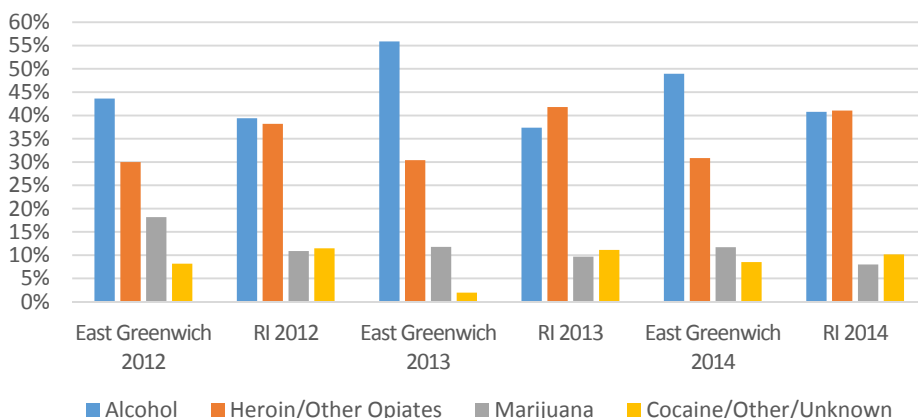
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

EAST GREENWICH

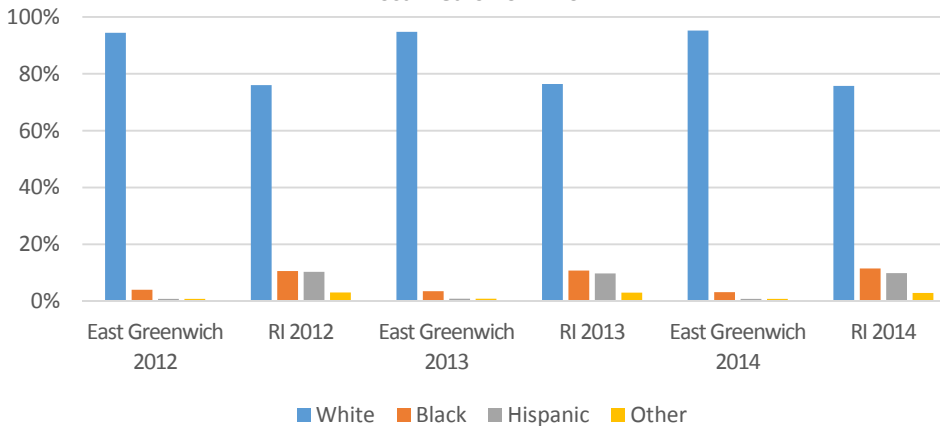
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



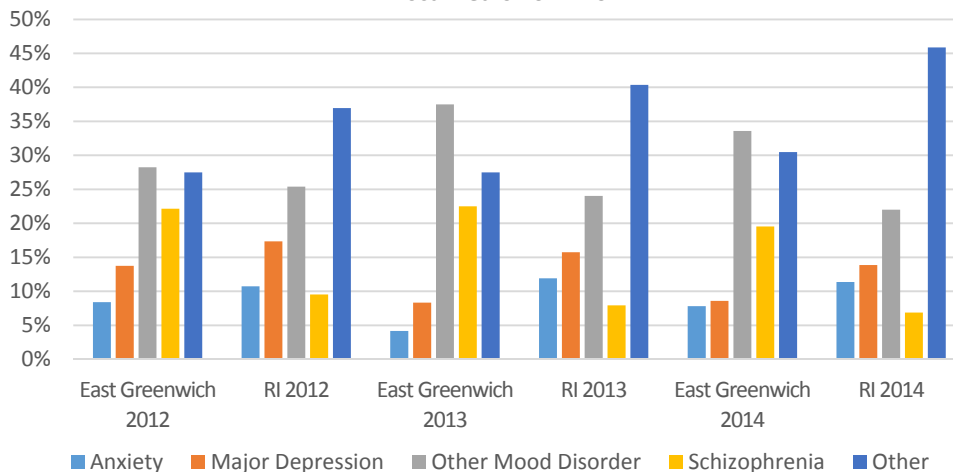
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

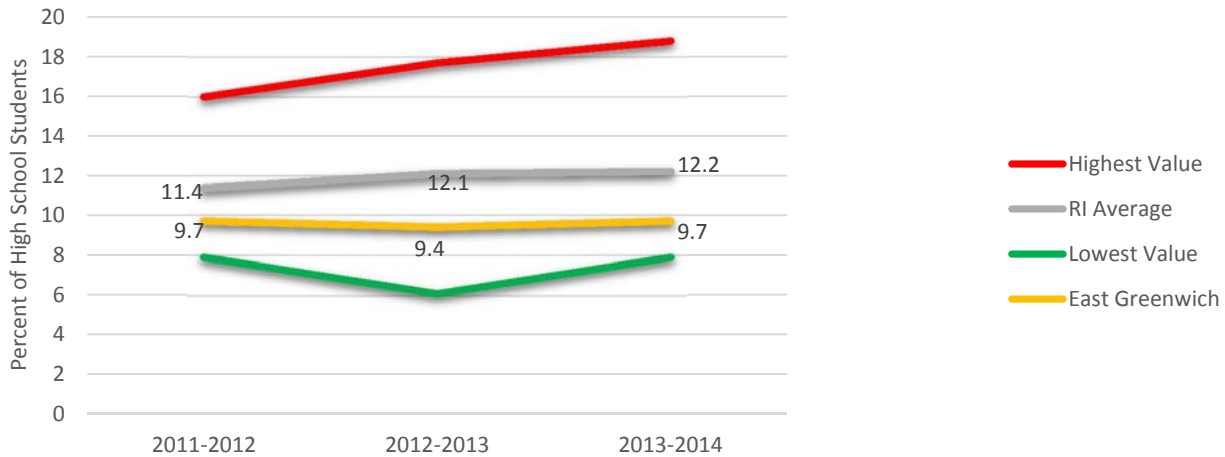


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

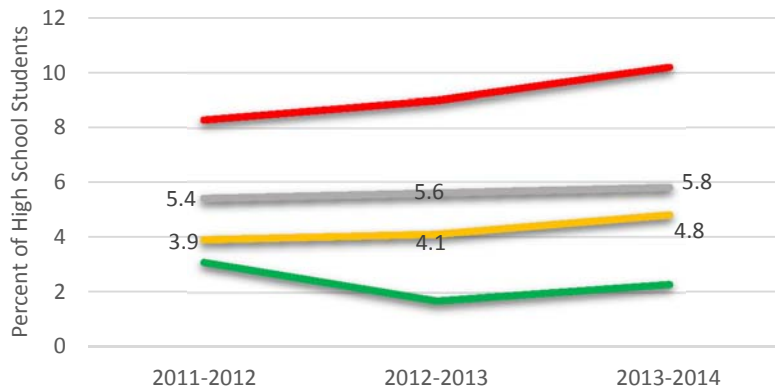
EAST GREENWICH

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

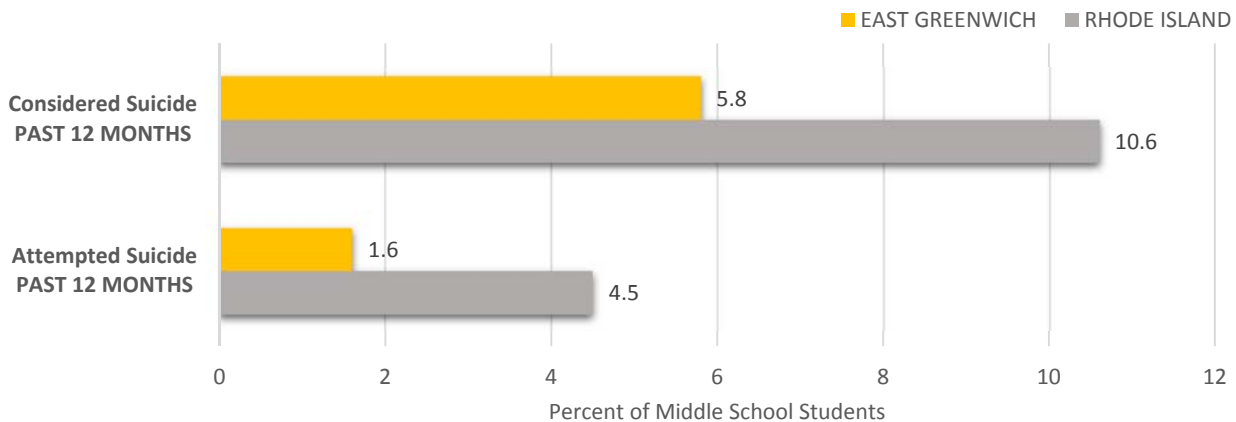


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

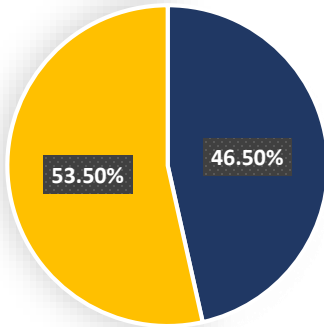
EAST PROVIDENCE

Demographics

Total Population: 47,166

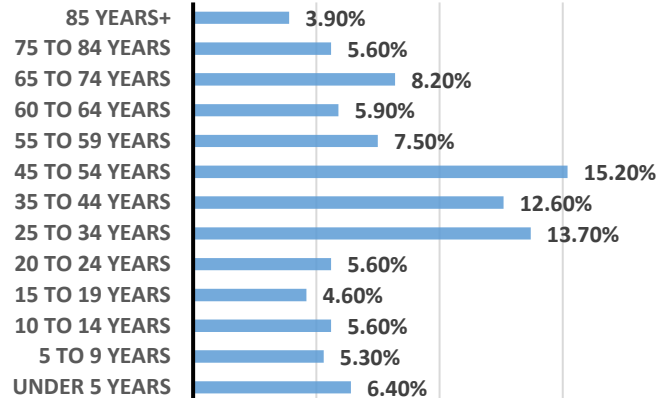
Total Households: 19,896

GENDER

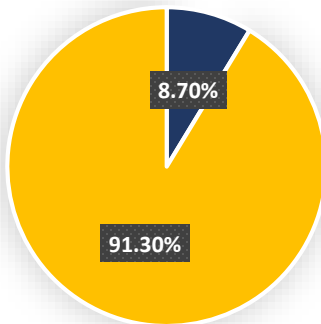


■ Male (%) ■ Female (%)

AGE

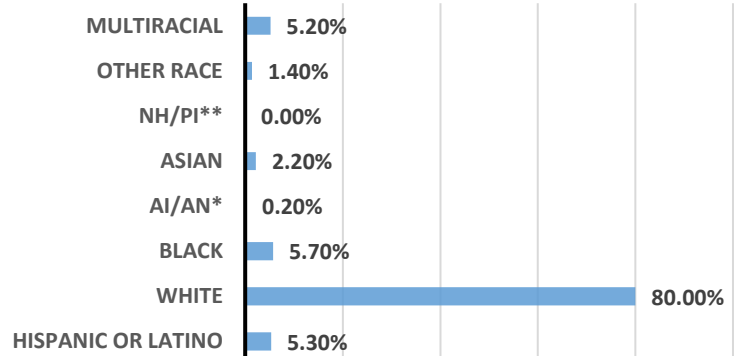


HEALTH INSURANCE



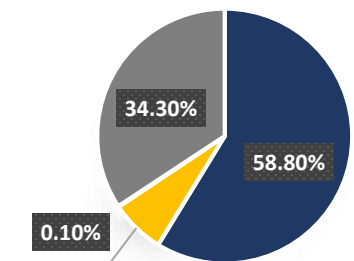
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



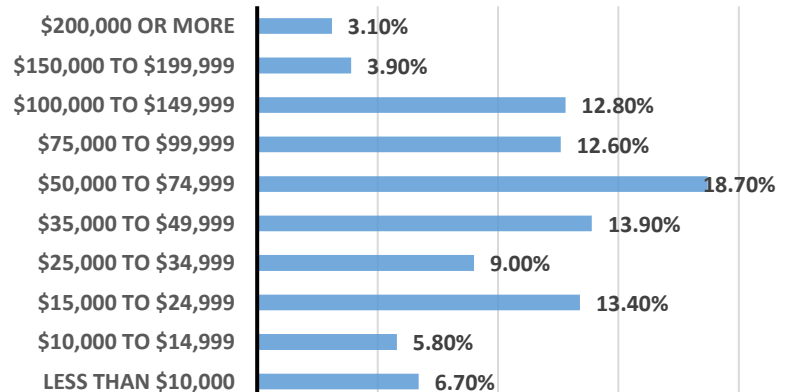
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

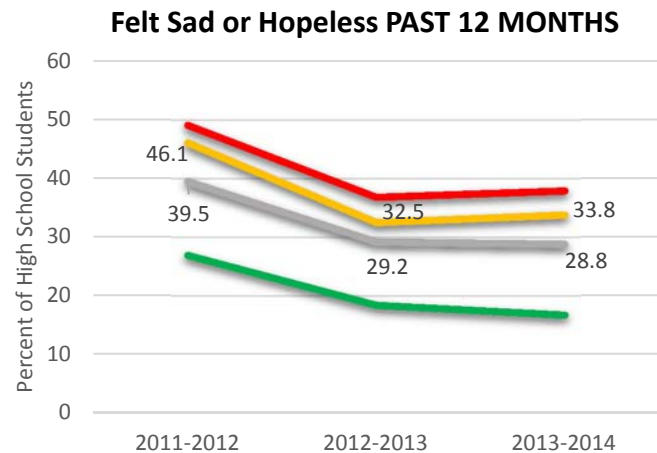
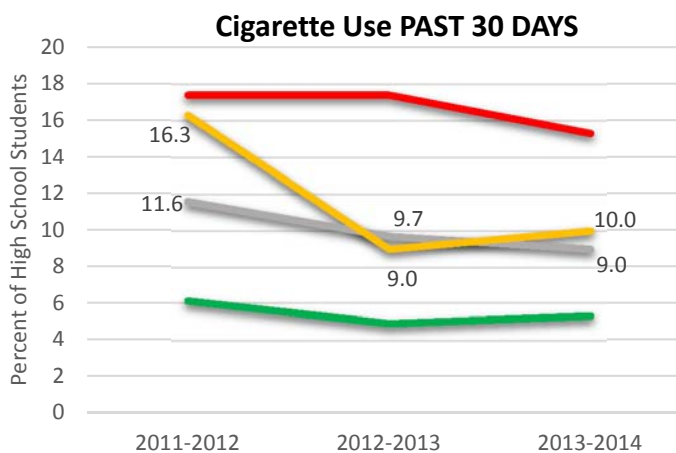
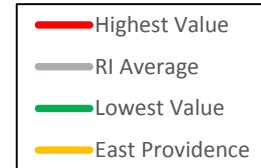
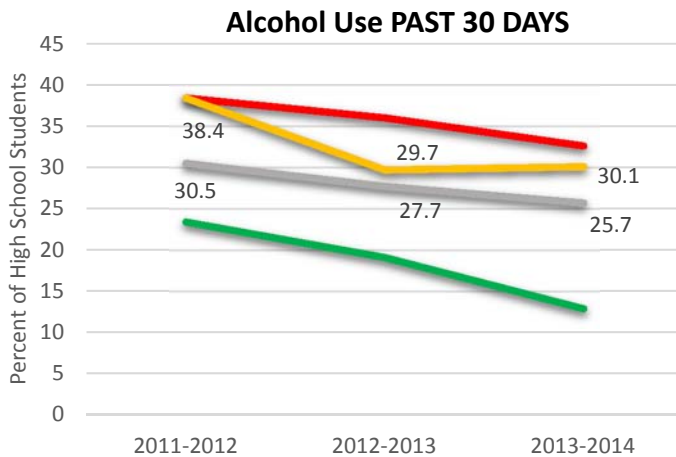
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

EAST PROVIDENCE

Prevalence – High School



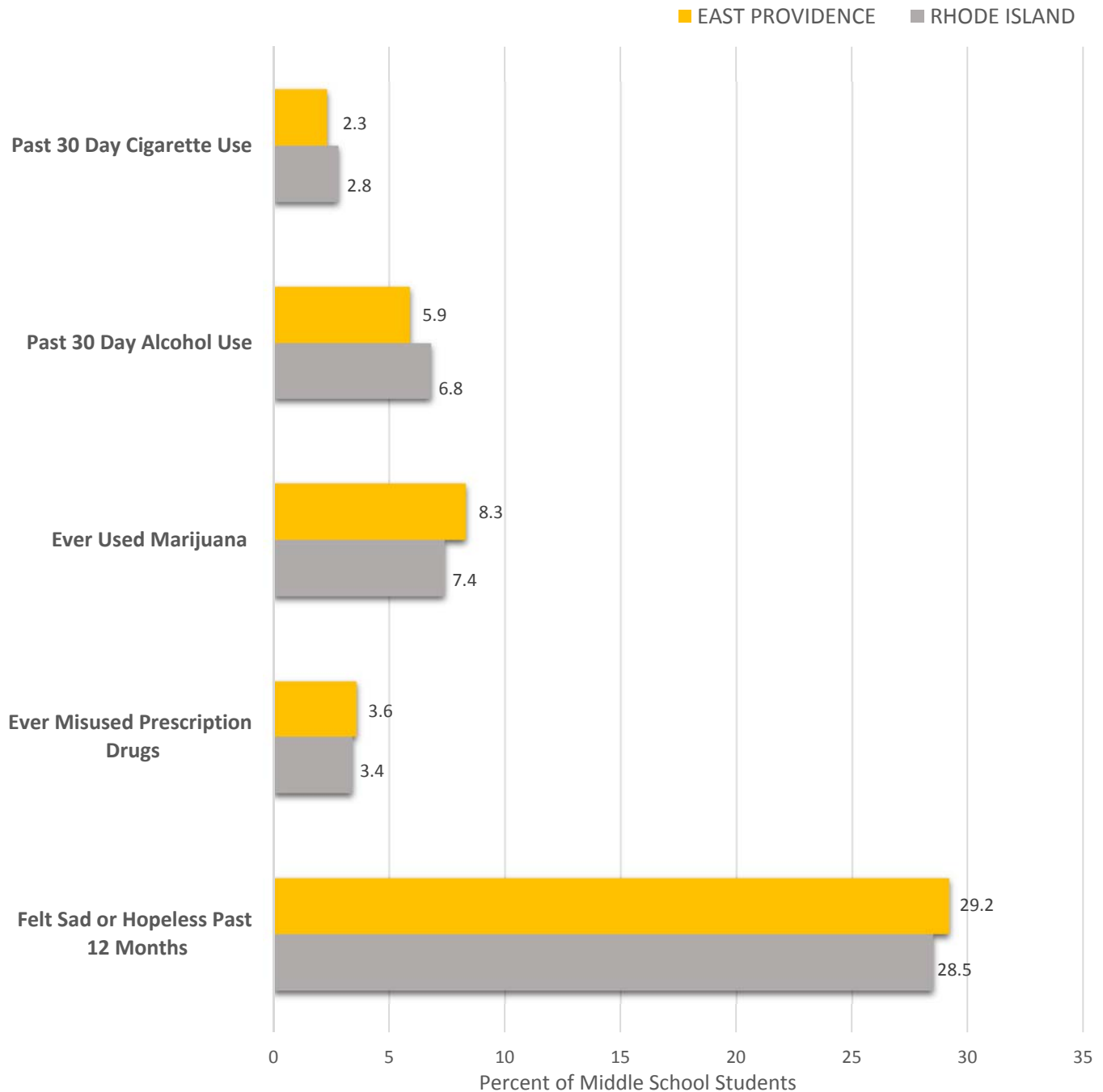
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	EAST PROVIDENCE
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.0%
2013-2014	9.5%	11.5%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	58.5%
2013-2014	60.8%	62.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	53.0%
2013-2014	55.7%	61.7%

EAST PROVIDENCE

Prevalence – Middle School

2013-2014 Middle School Prevalence

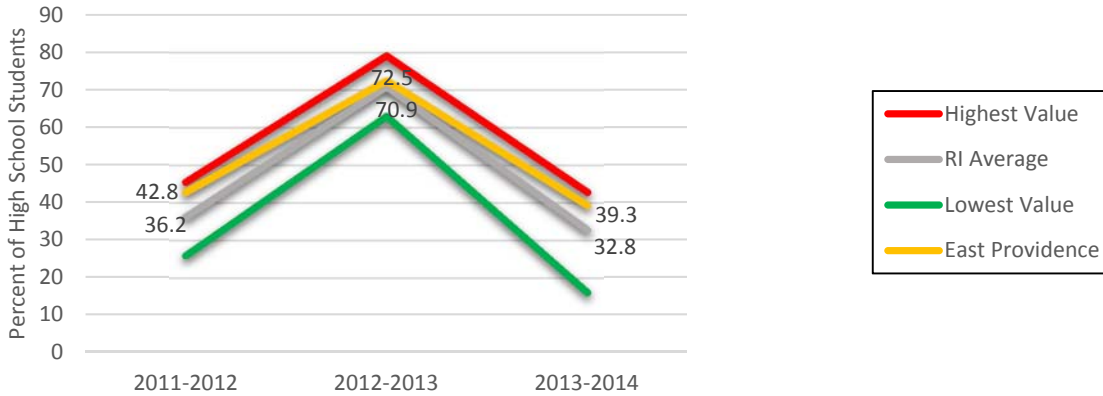


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

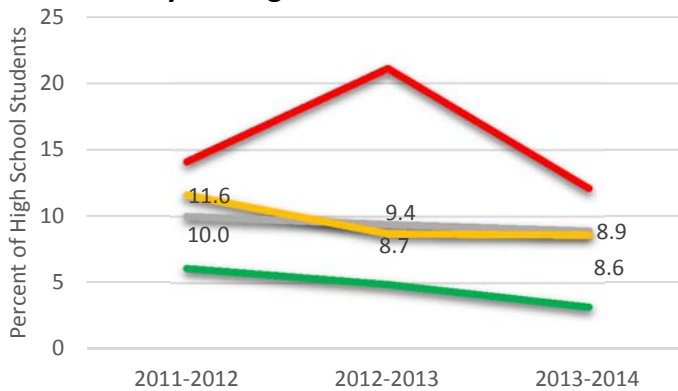
EAST PROVIDENCE

Risk and Protective Factors

Made Fun of at School

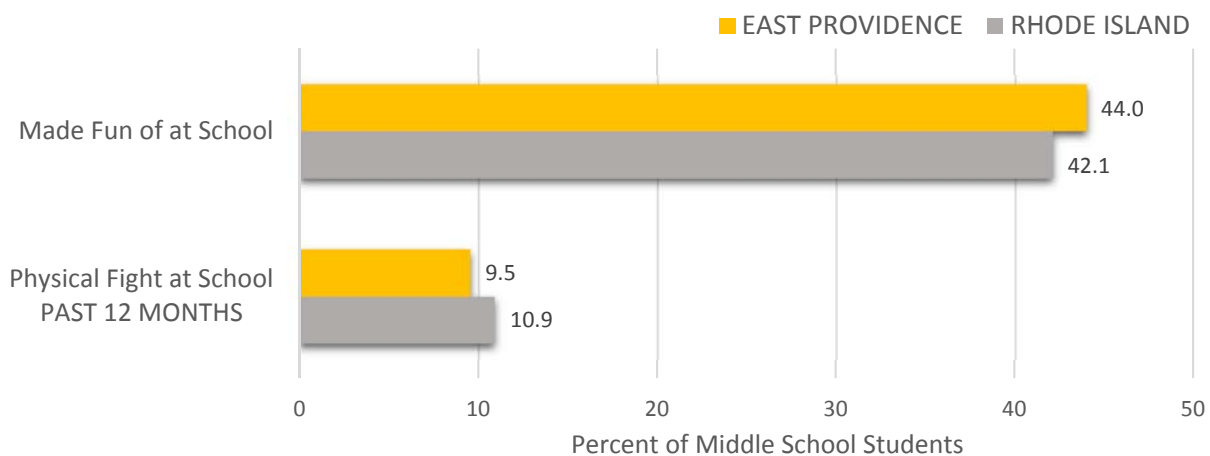


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

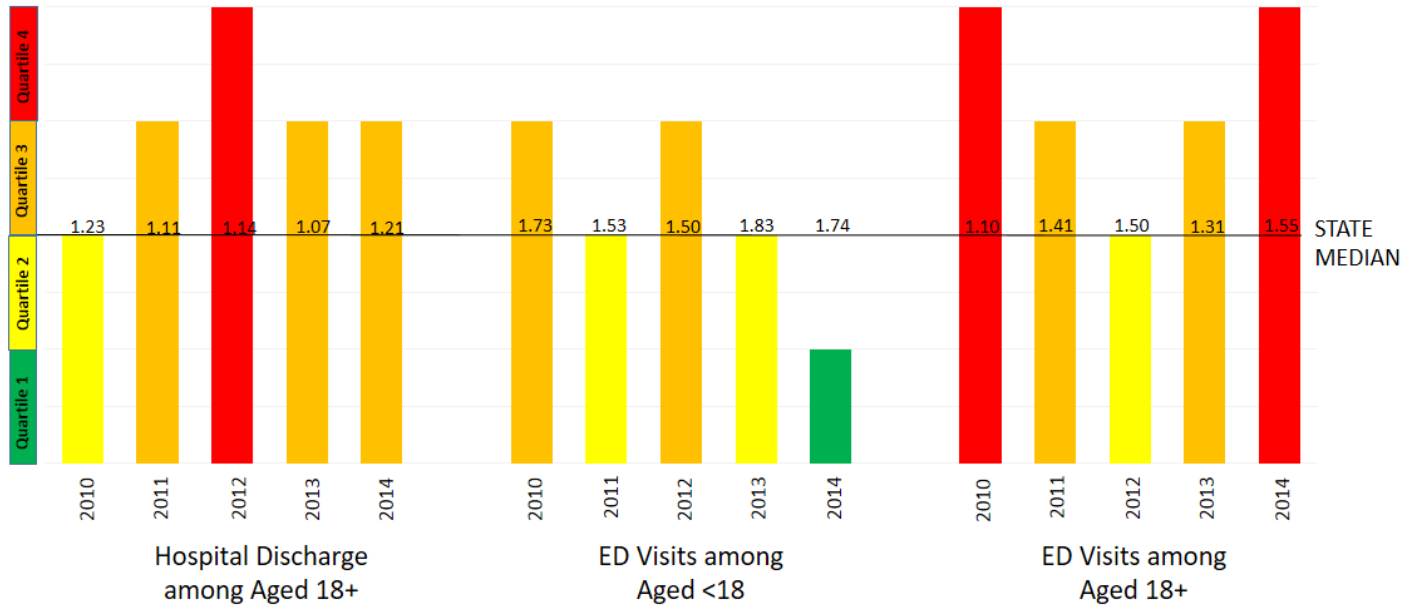


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

EAST PROVIDENCE

Consequences - Overdose

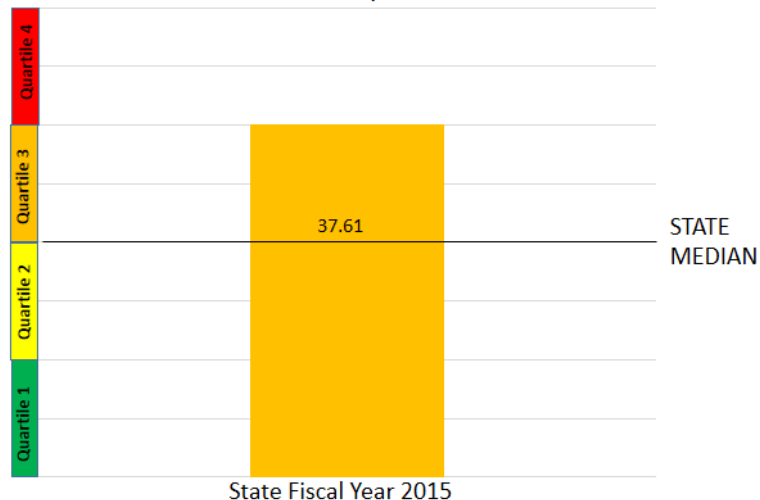
East Providence Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

East Providence Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

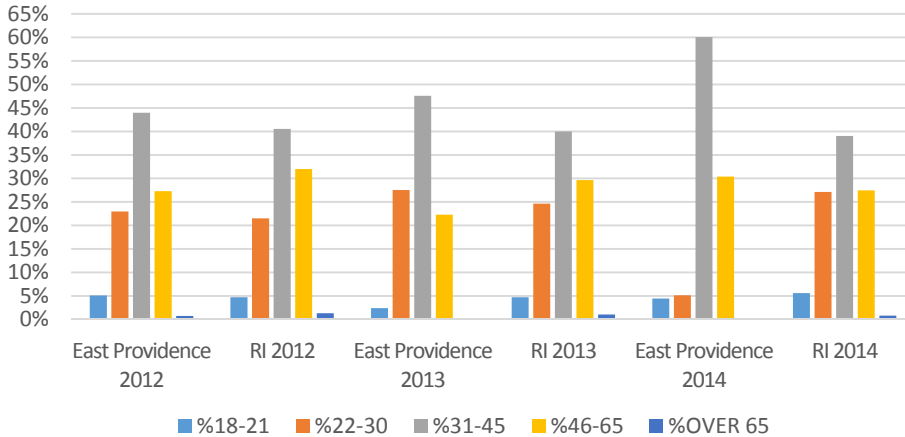
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

EAST PROVIDENCE

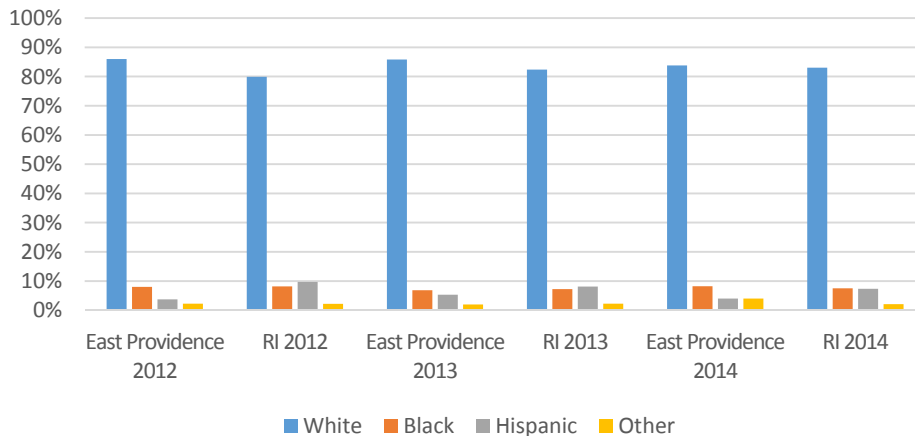
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



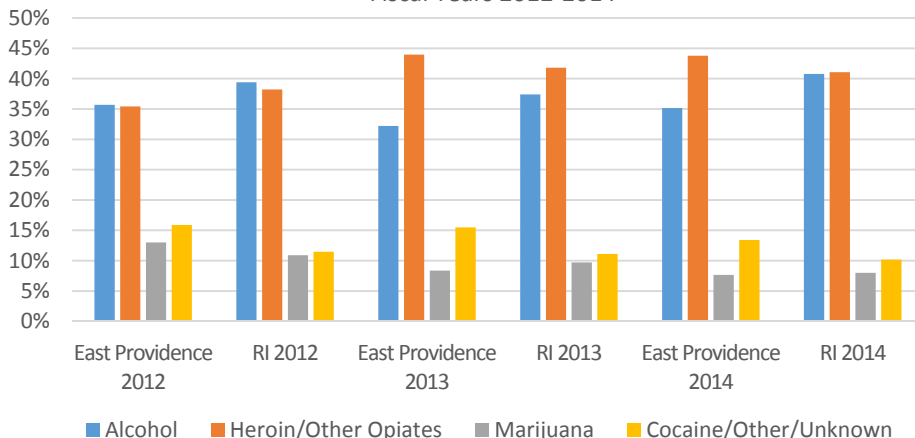
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

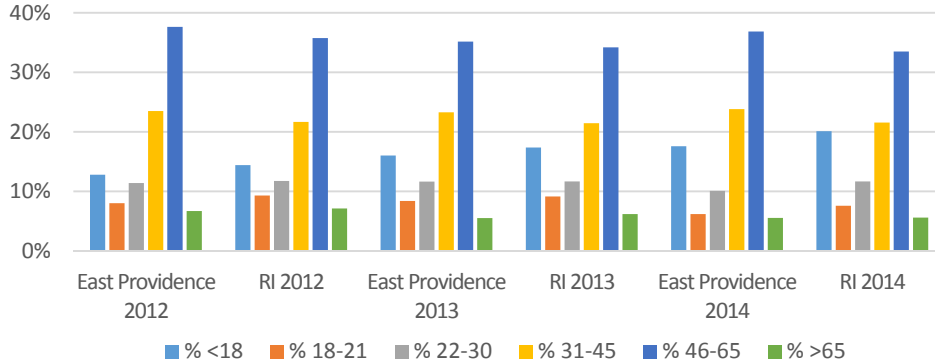


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

EAST PROVIDENCE

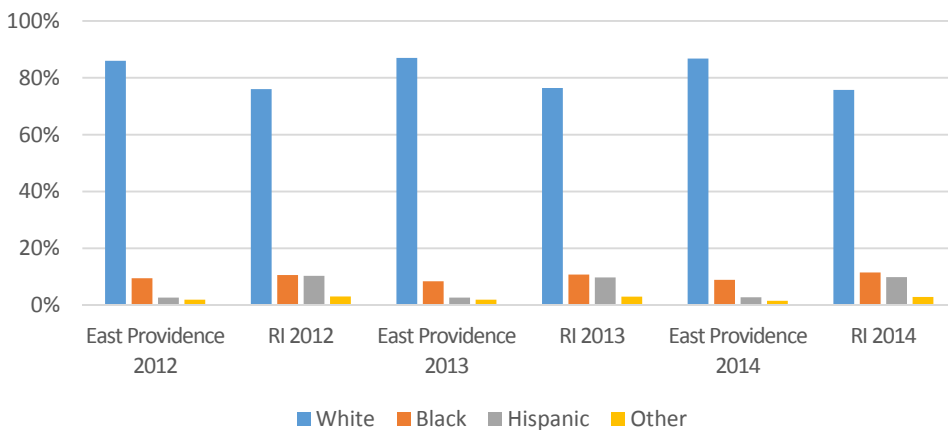
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



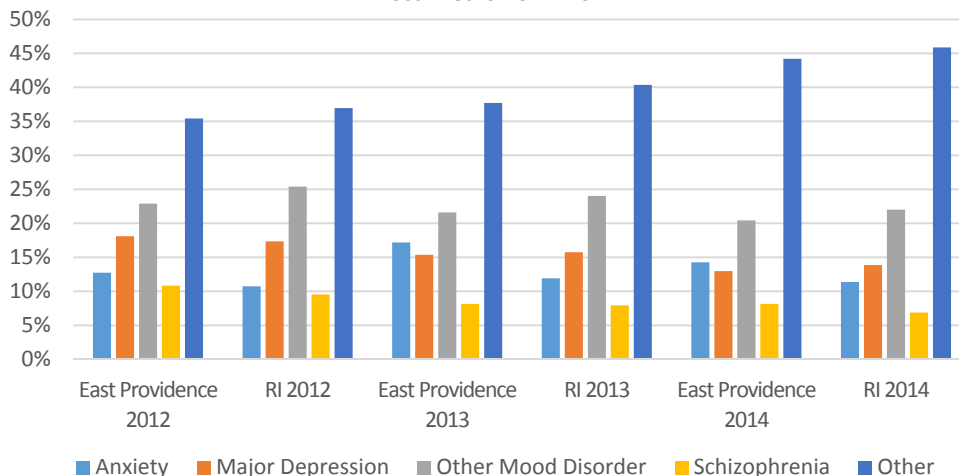
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

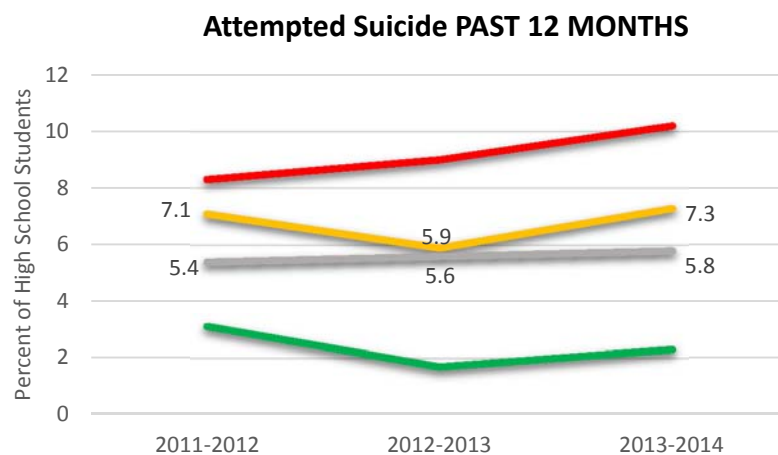
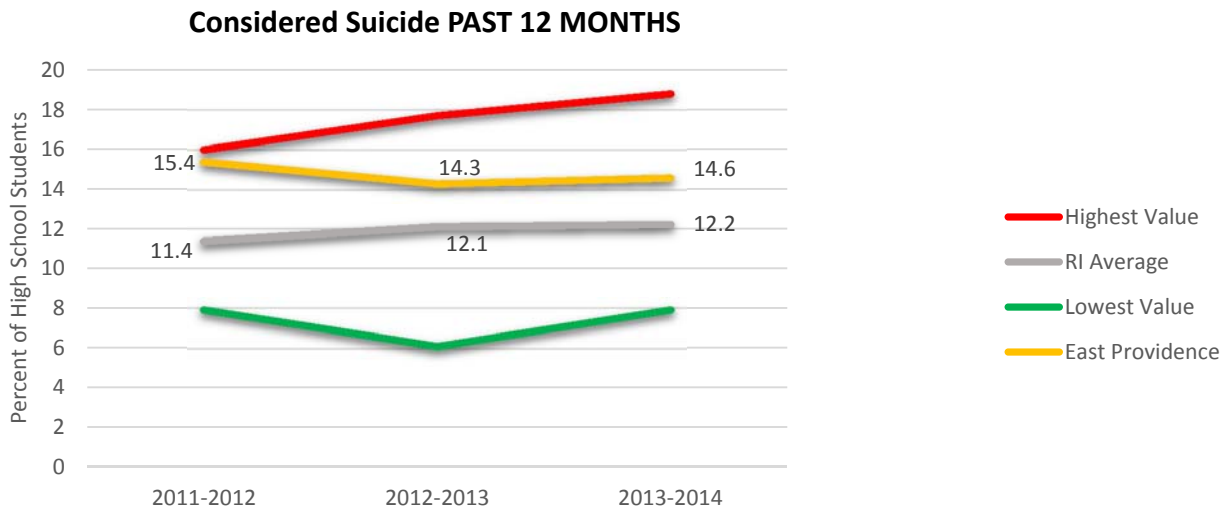
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

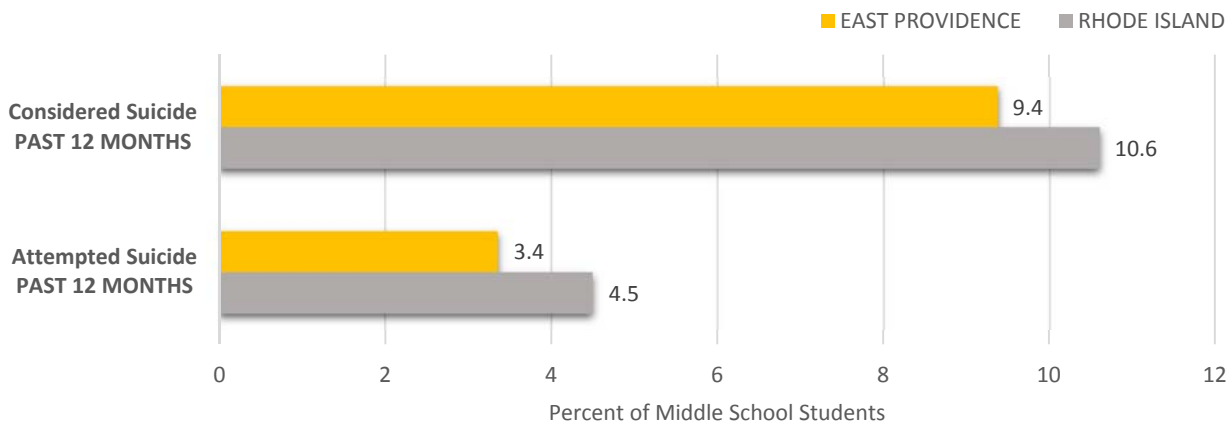
EAST PROVIDENCE

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

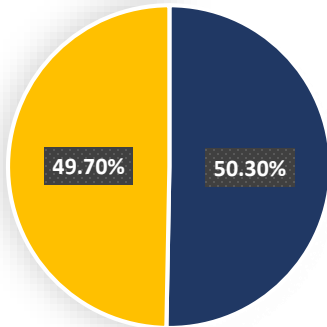
EXETER

Demographics

Total Population: 6,673

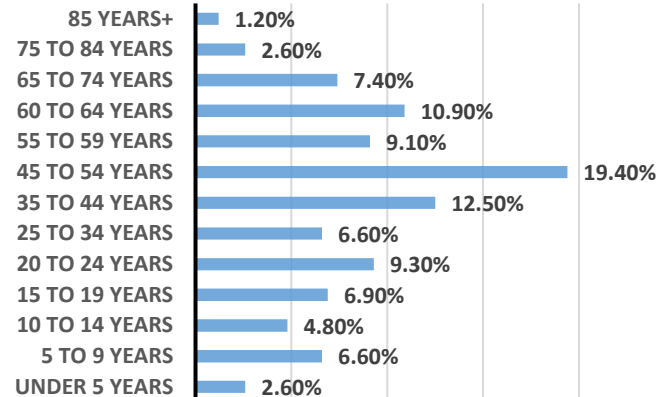
Total Households: 2,390

GENDER

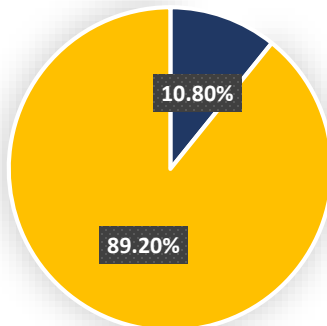


■ Male (%) ■ Female (%)

AGE

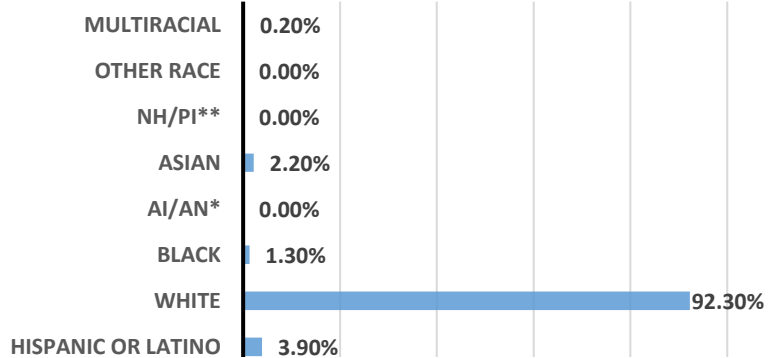


HEALTH INSURANCE



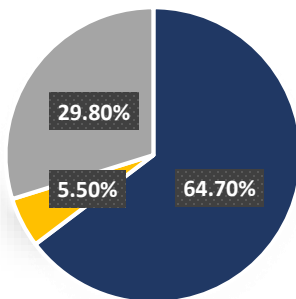
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

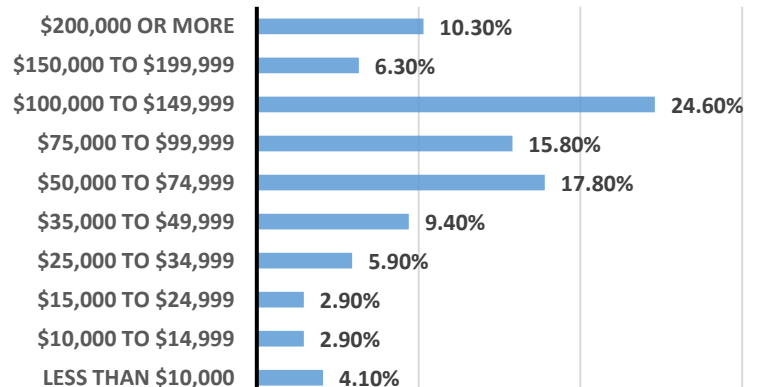
EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

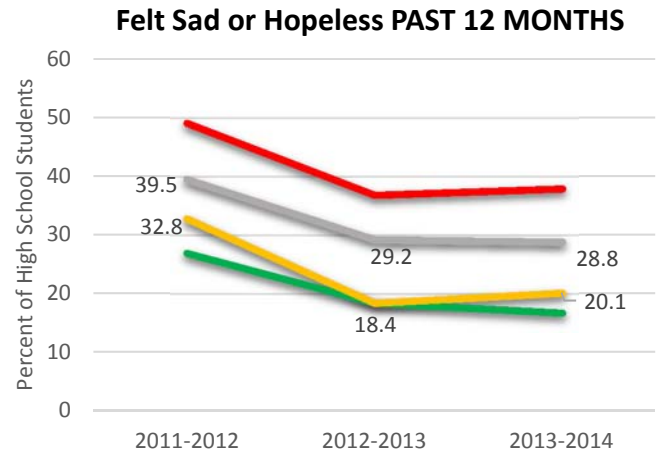
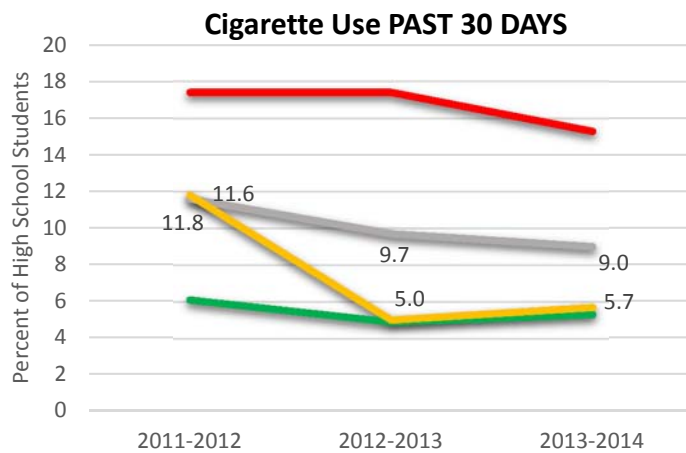
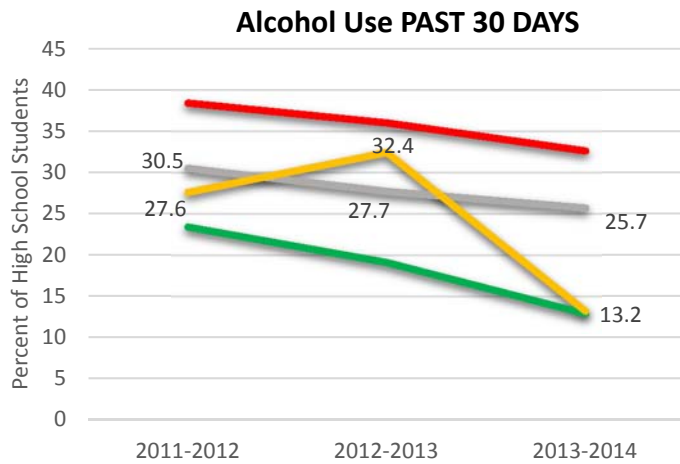
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

EXETER

Prevalence – High School



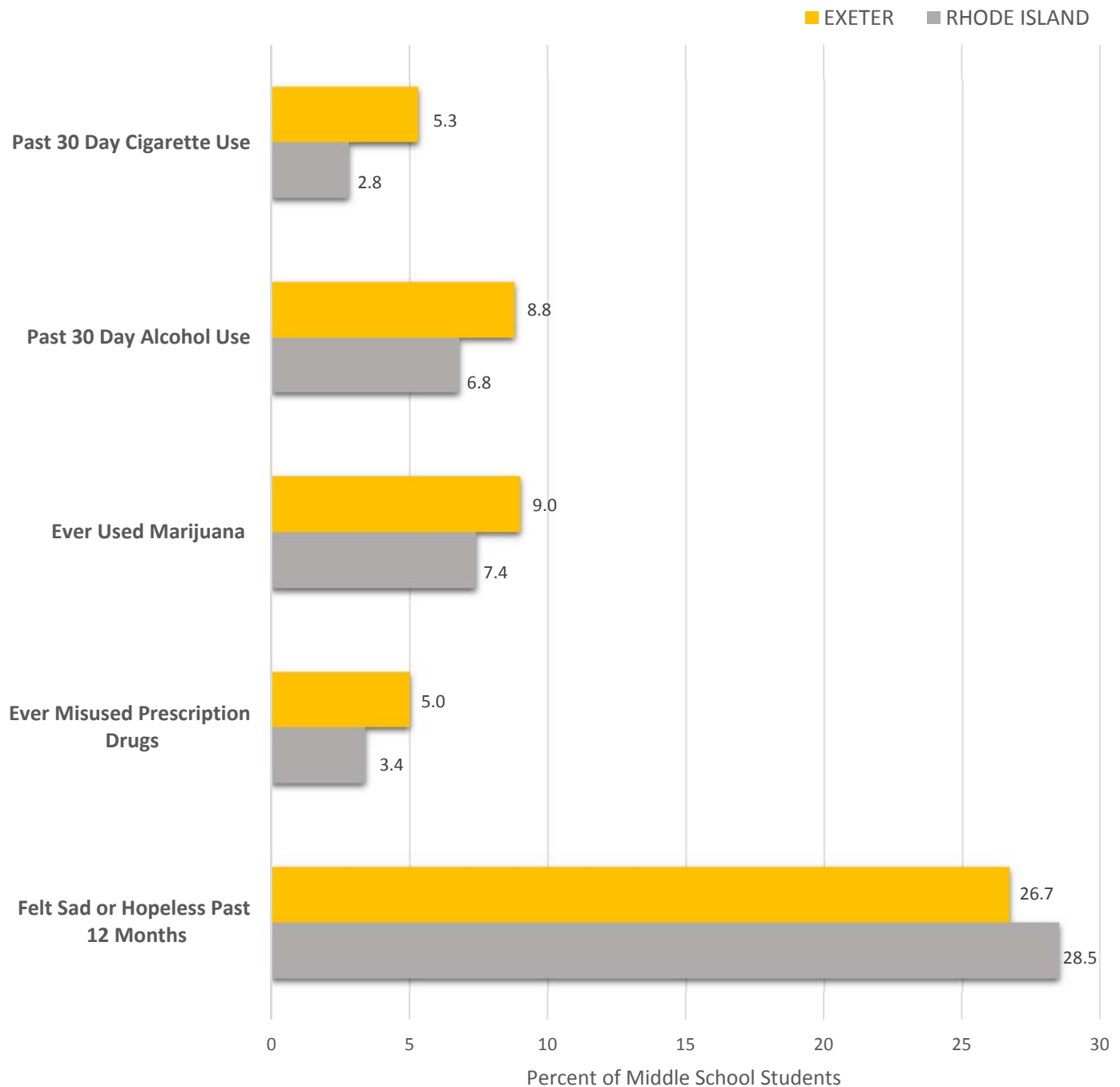
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	EXETER
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	5.2%
2013-2014	9.5%	4.8%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	56.7%
2013-2014	60.8%	54.2%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	48.1%
2013-2014	55.7%	44.0%

EXETER

Prevalence – Middle School

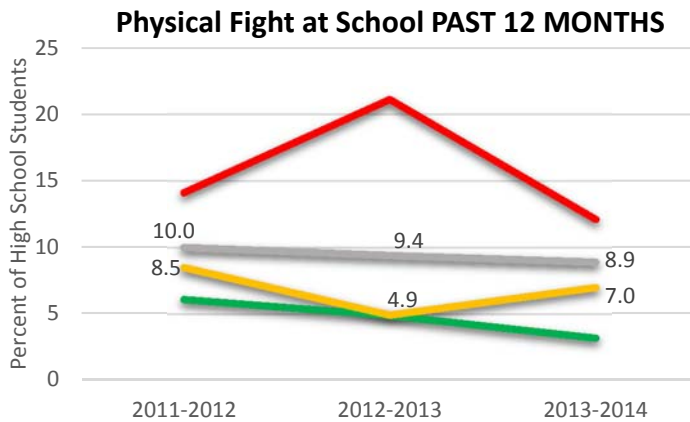
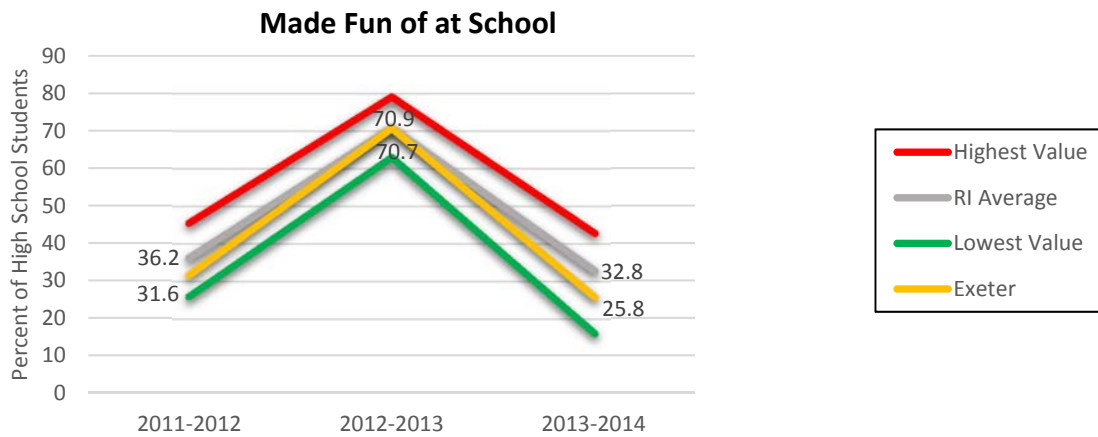
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

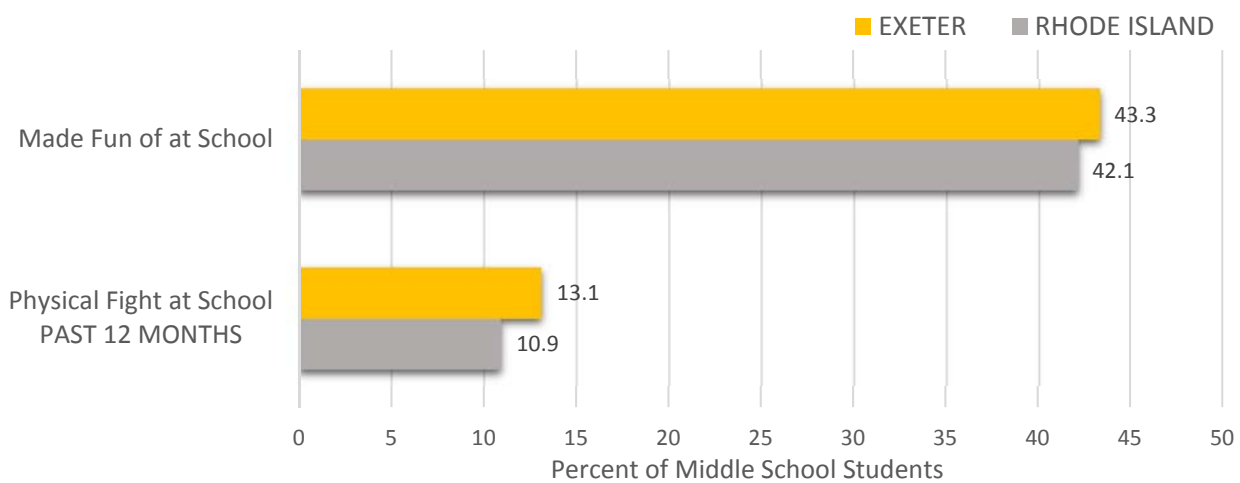
EXETER

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

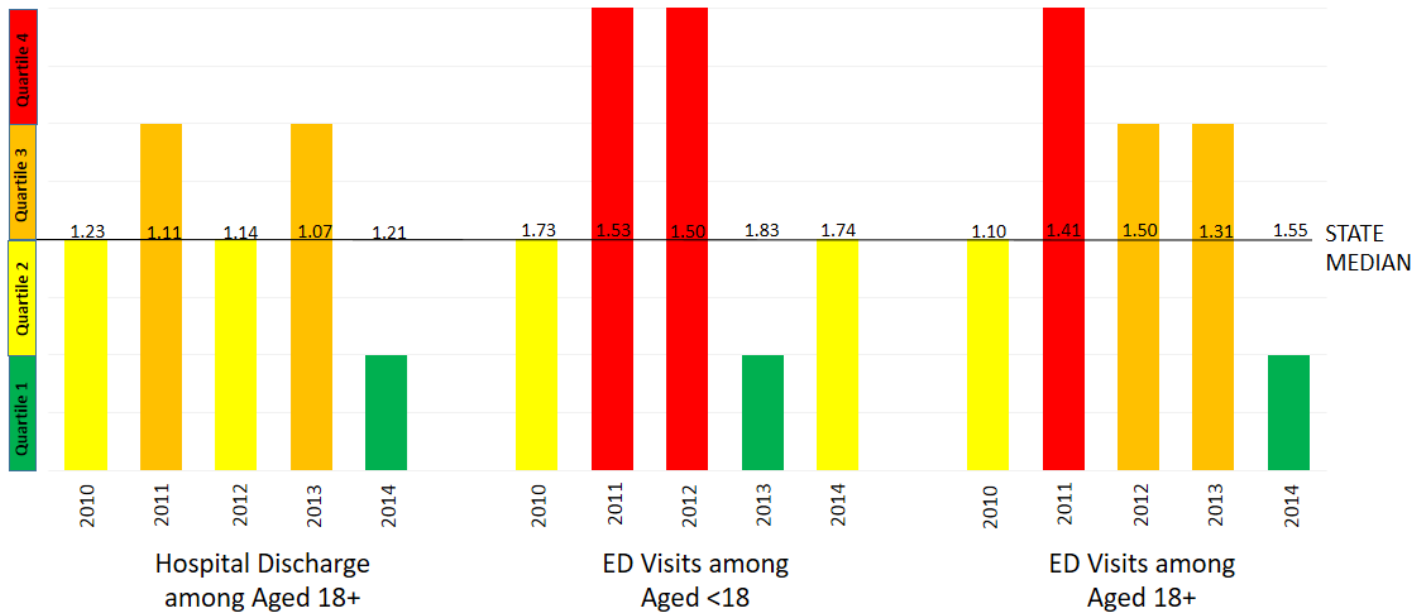


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

EXETER

Consequences - Overdose

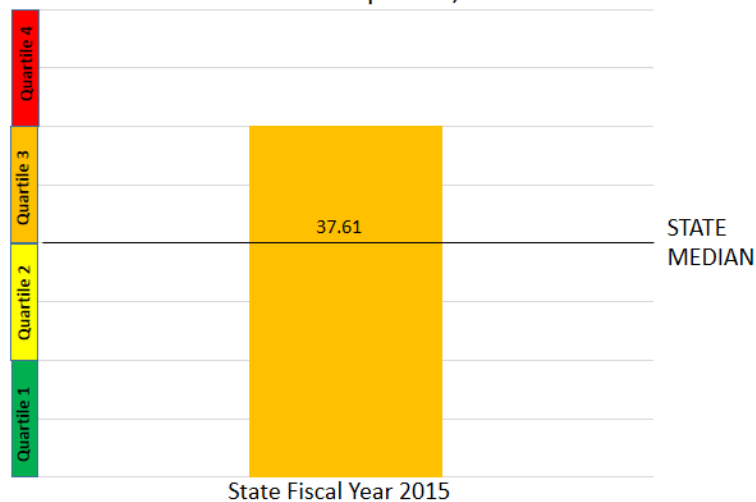
Exeter Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Exeter Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

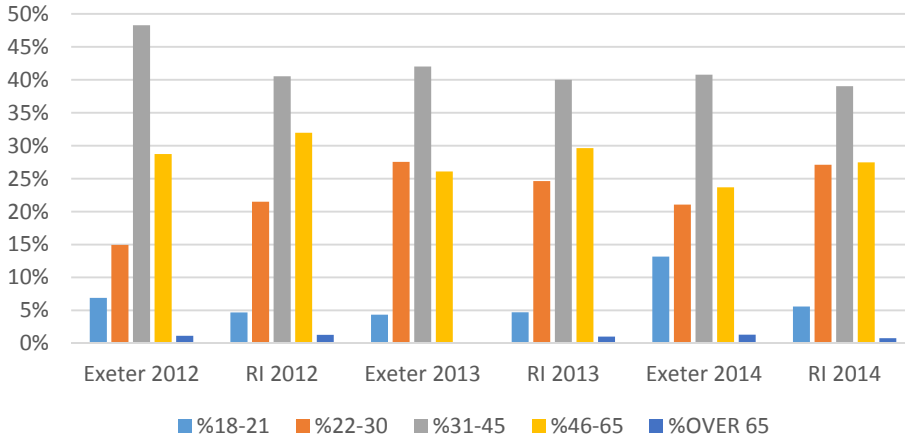
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

EXETER

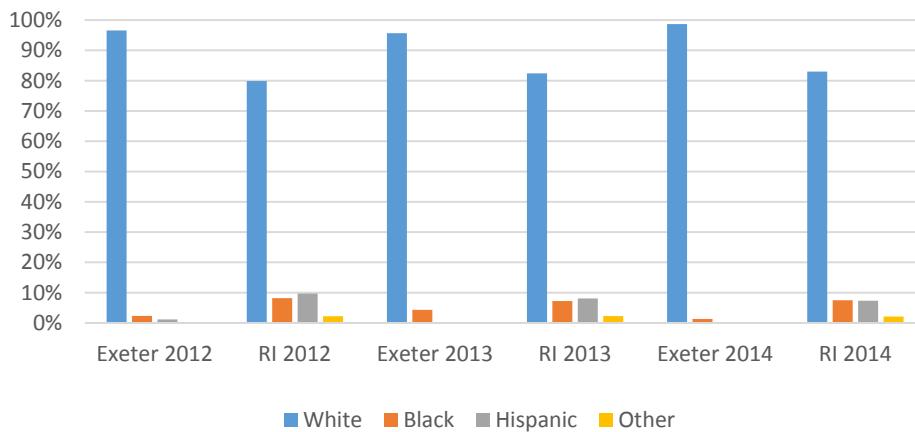
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



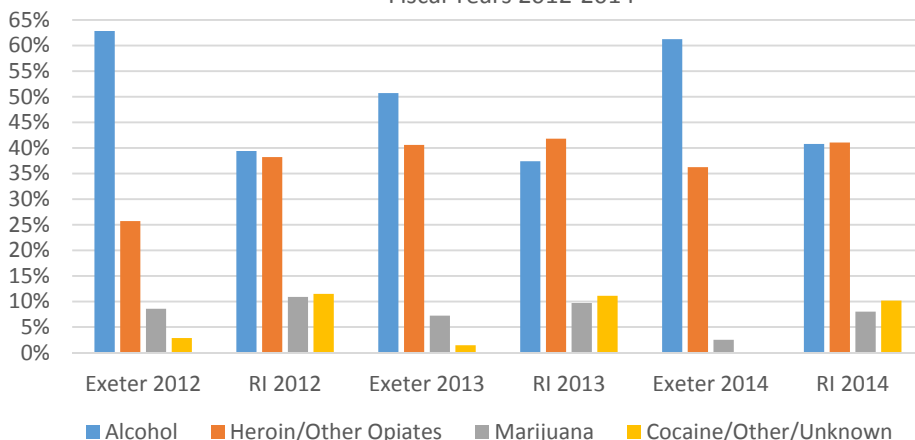
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

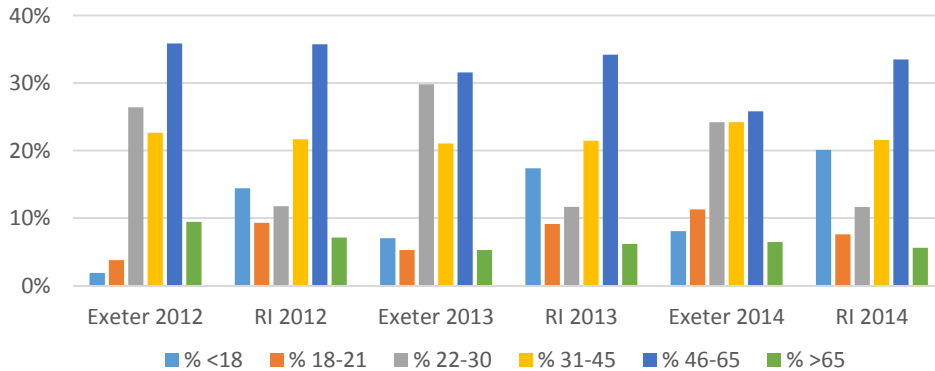


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

EXETER

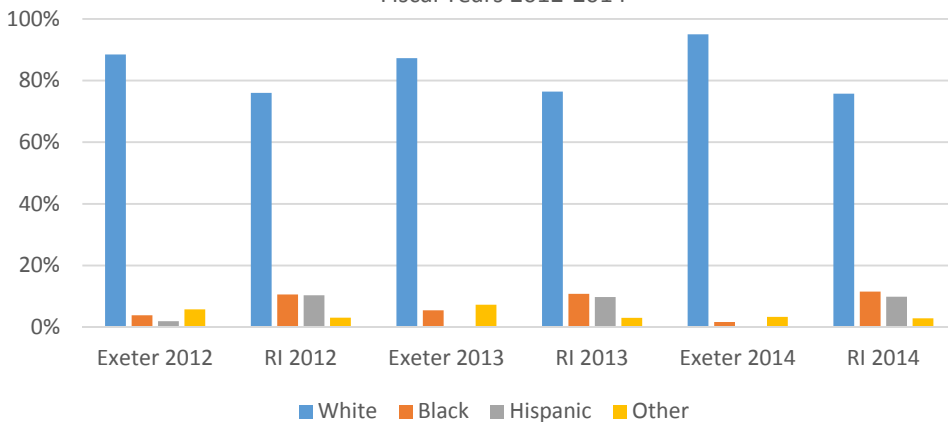
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



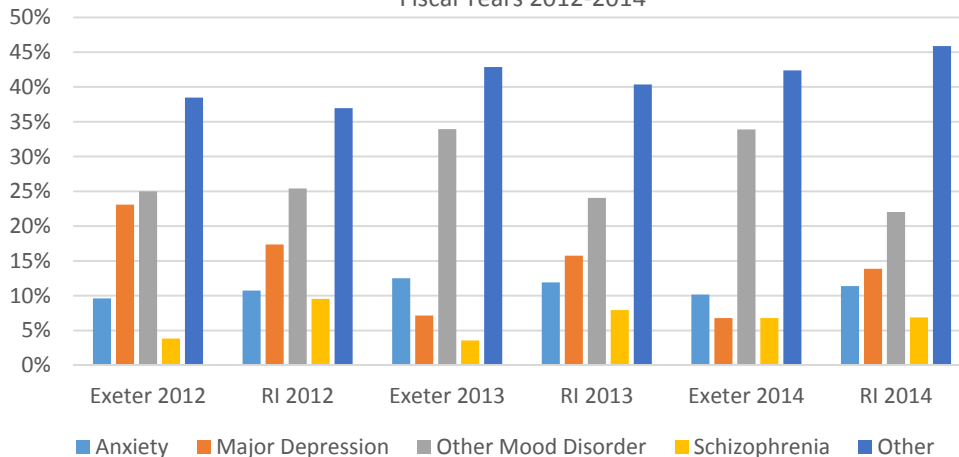
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

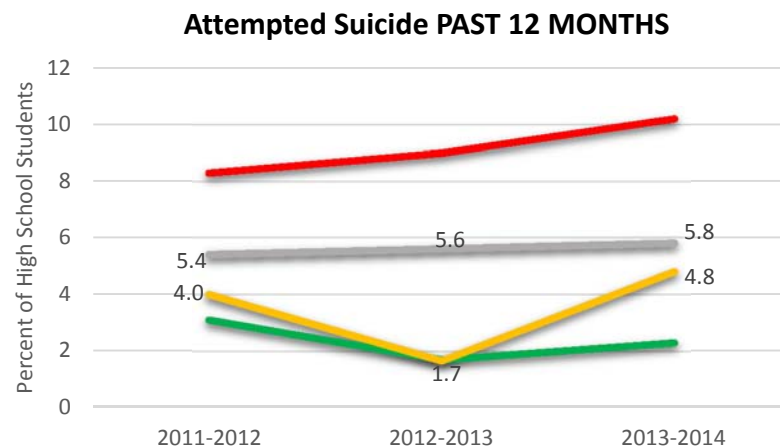
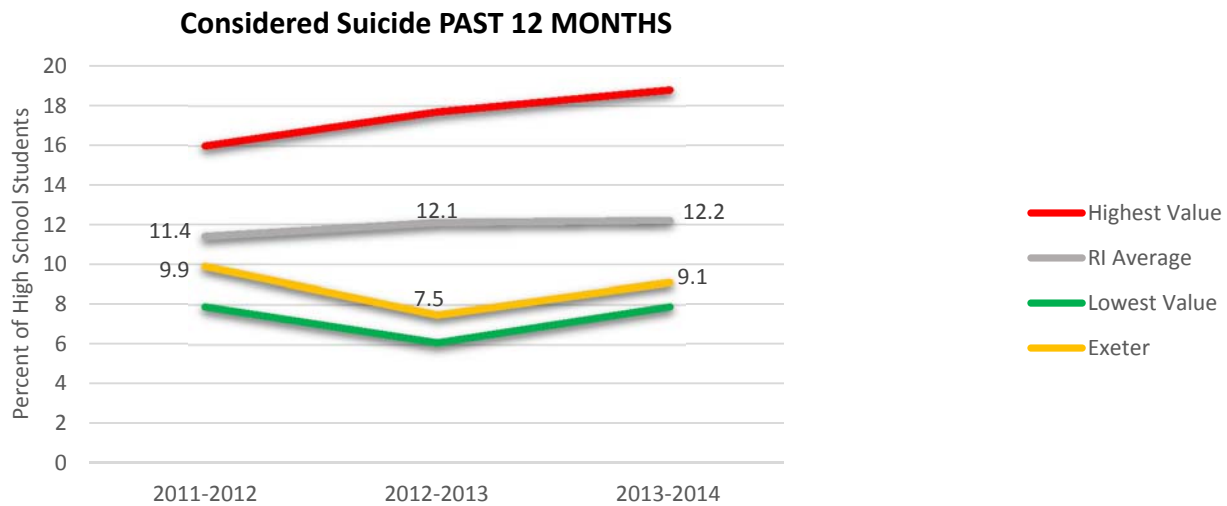
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

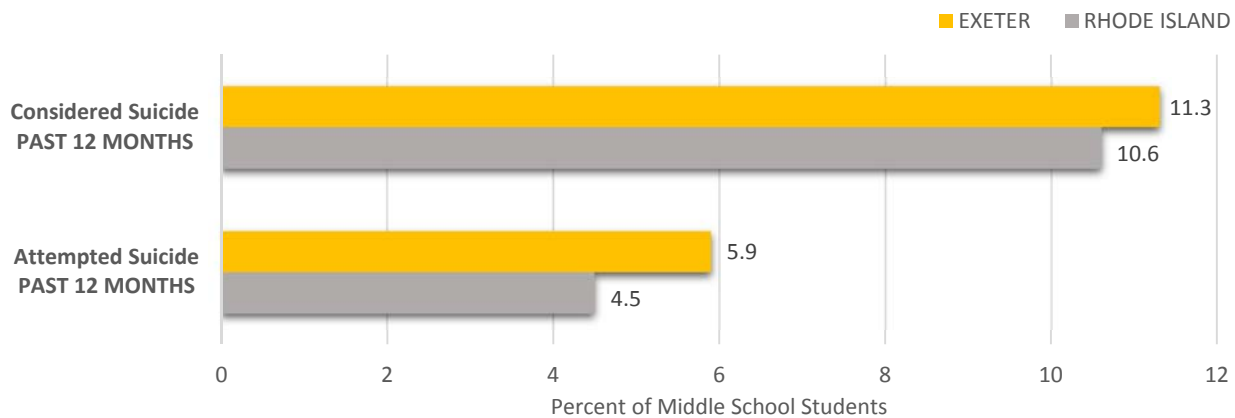
EXETER

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

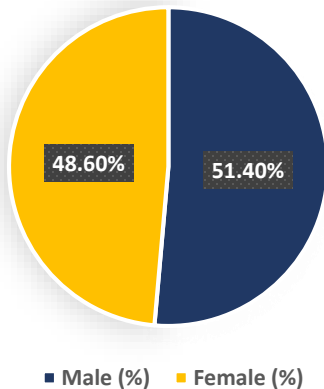
FOSTER

Demographics

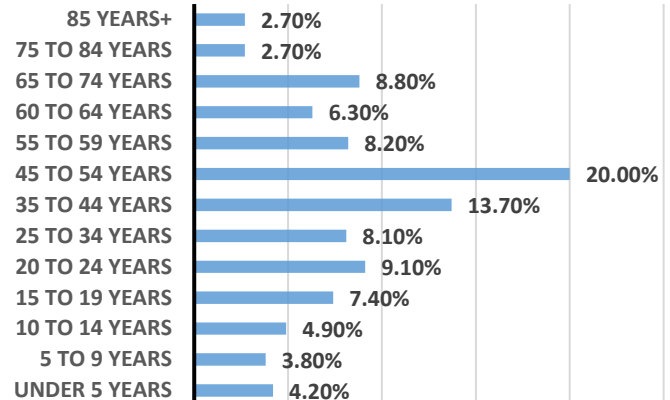
Total Population: 4,642

Total Households: 1,631

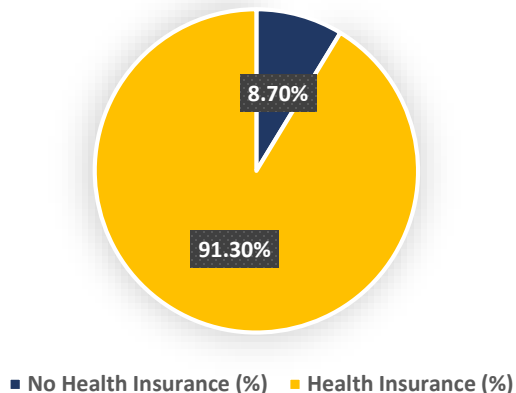
GENDER



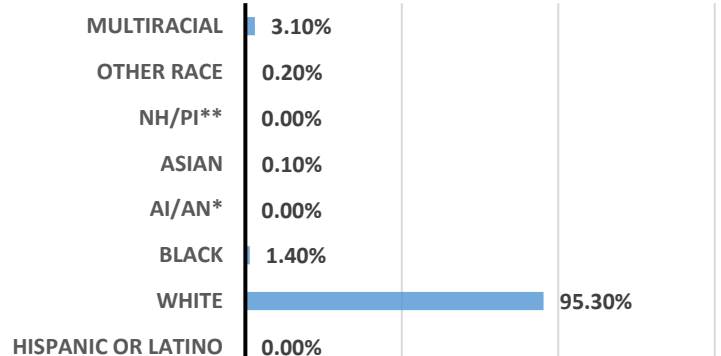
AGE



HEALTH INSURANCE

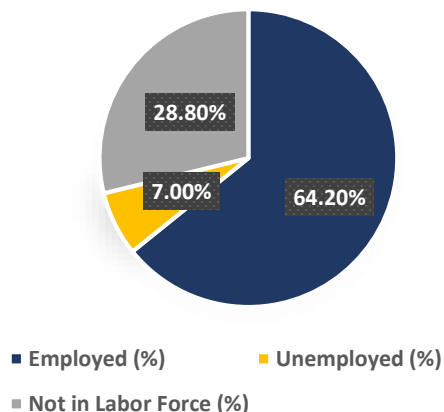


RACE/ETHNICITY

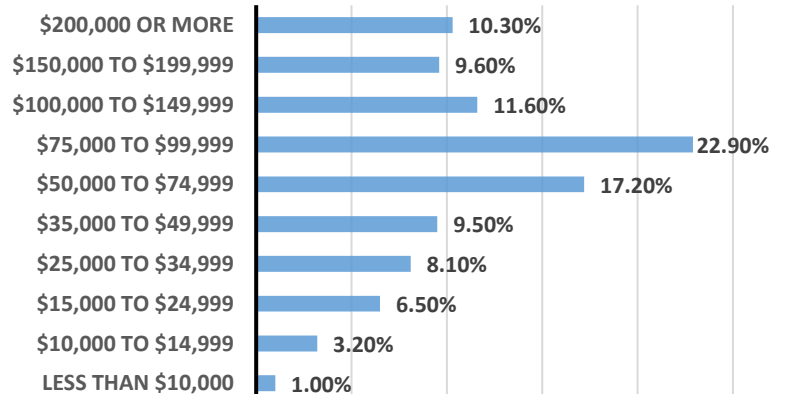


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



ANNUAL HOUSEHOLD INCOME

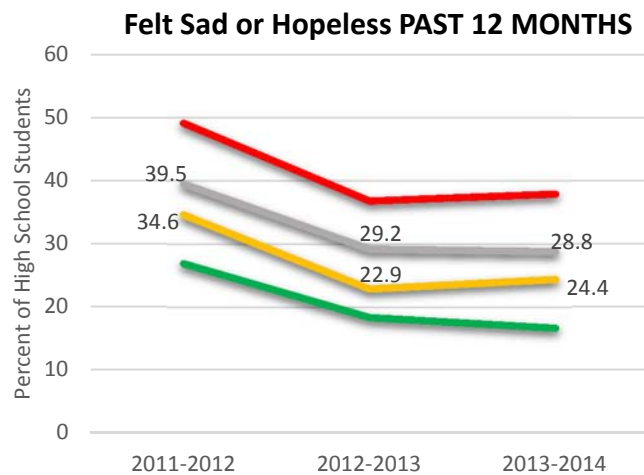
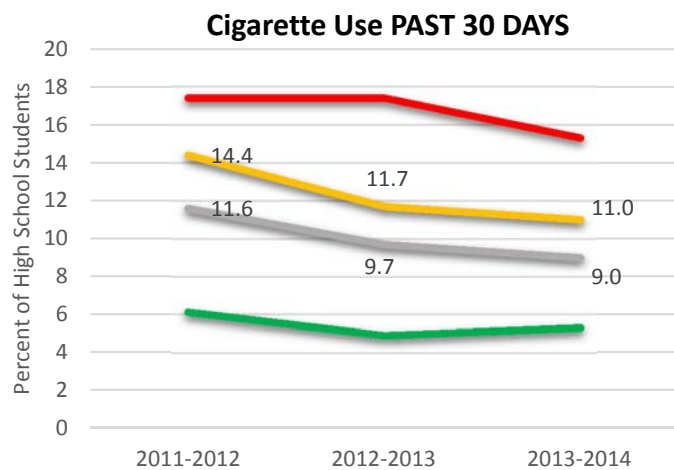
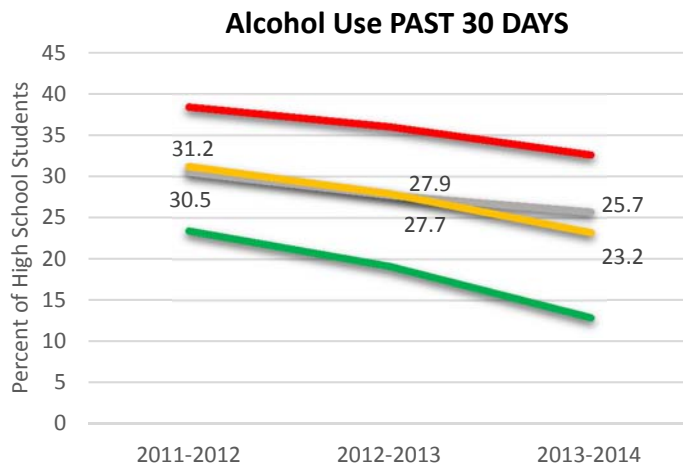


* Note: 0% Armed forces for this municipality

SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

FOSTER

Prevalence – High School



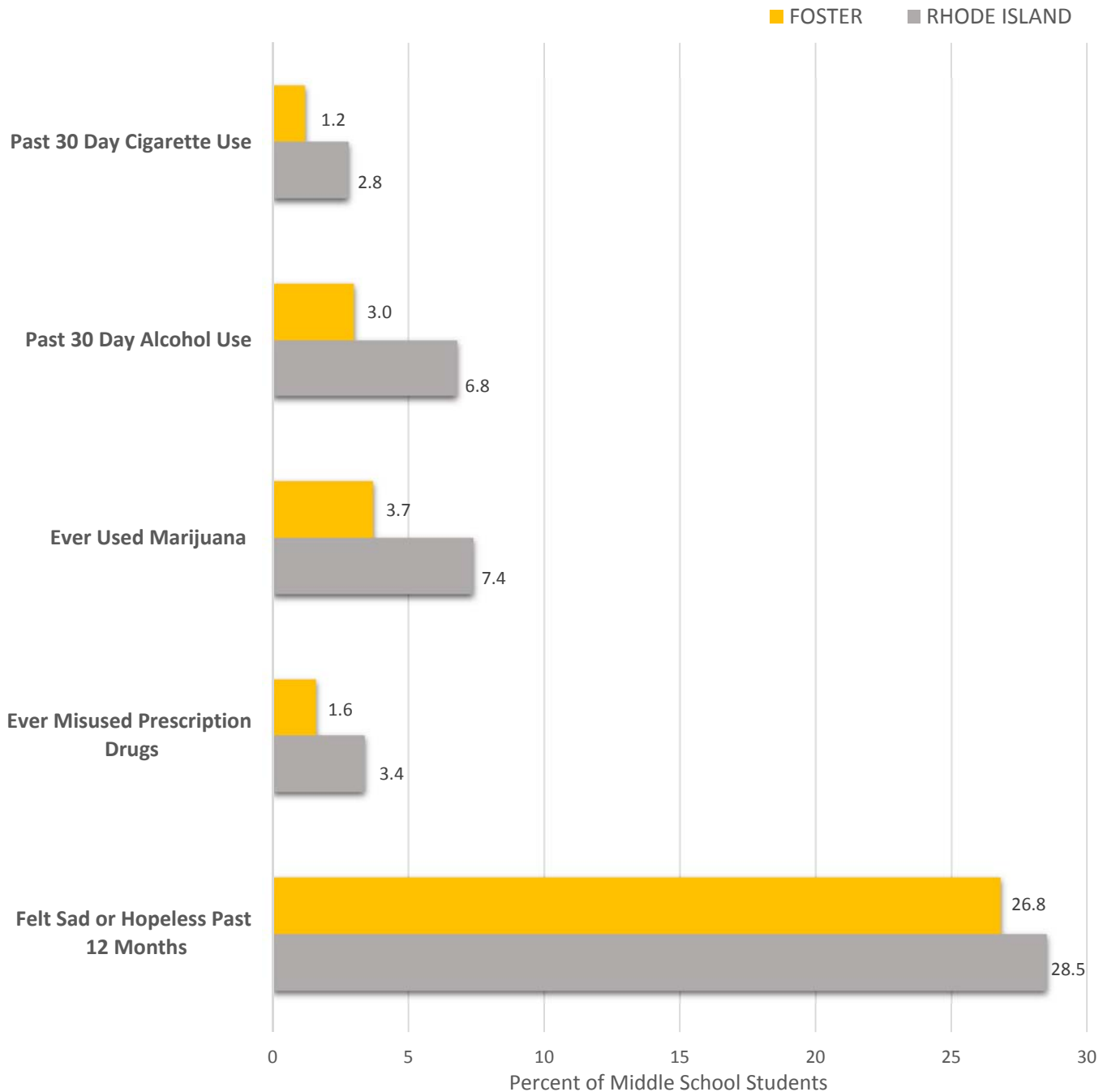
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	FOSTER
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.5%
2013-2014	9.5%	13.0%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	51.4%
2013-2014	60.8%	69.6%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	55.4%
2013-2014	55.7%	58.6%

FOSTER

Prevalence – Middle School

2013-2014 Middle School Prevalence

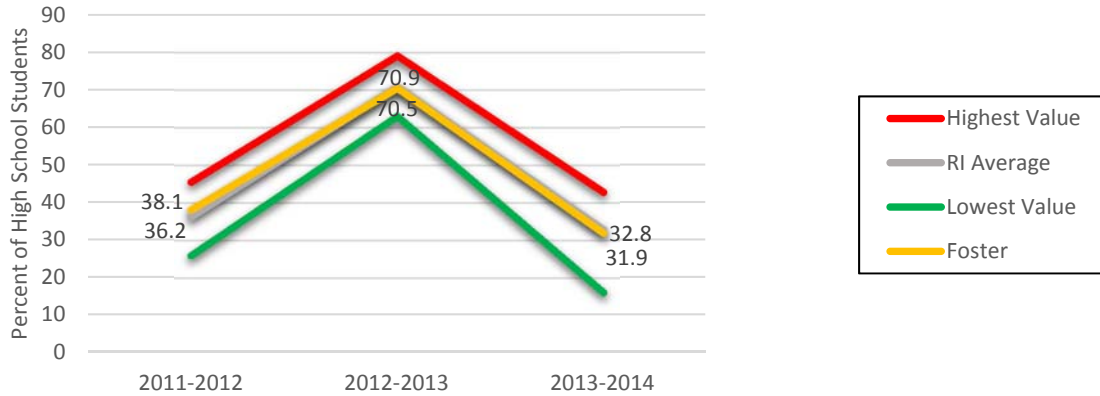


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

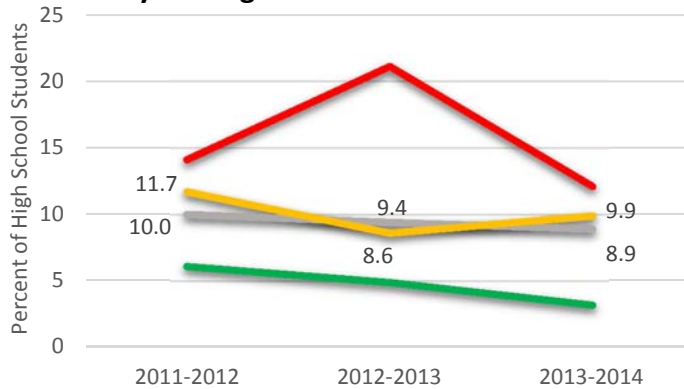
FOSTER

Risk and Protective Factors

Made Fun of at School

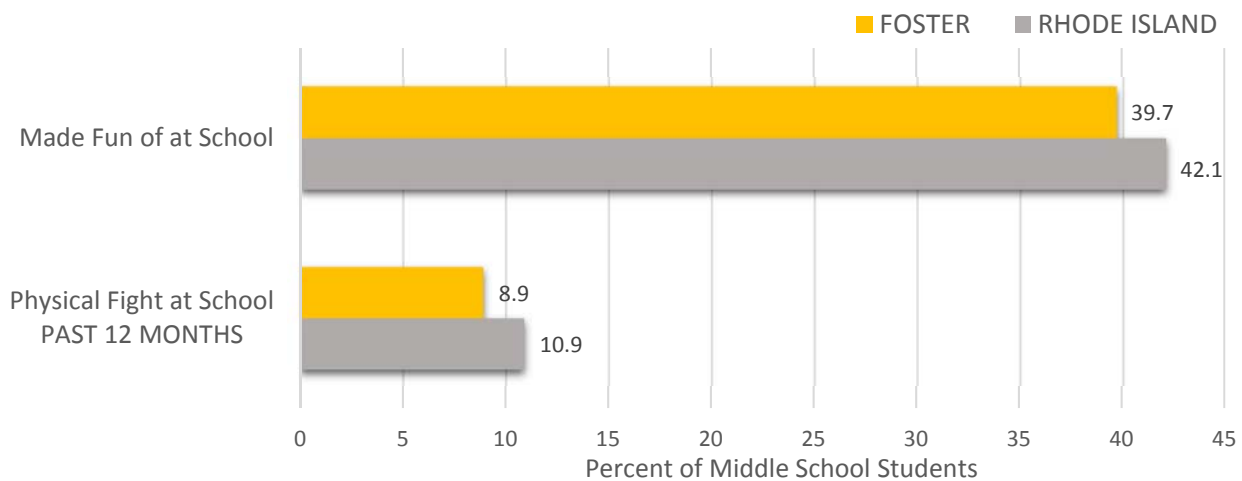


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

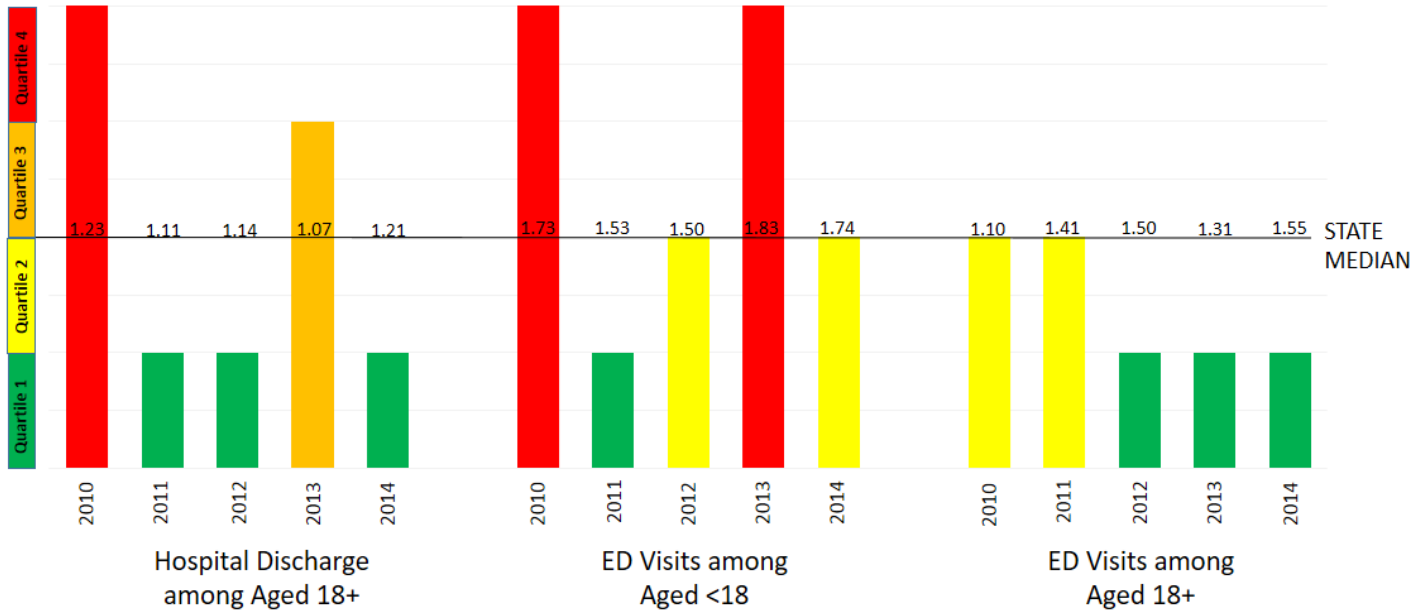


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

FOSTER

Consequences - Overdose

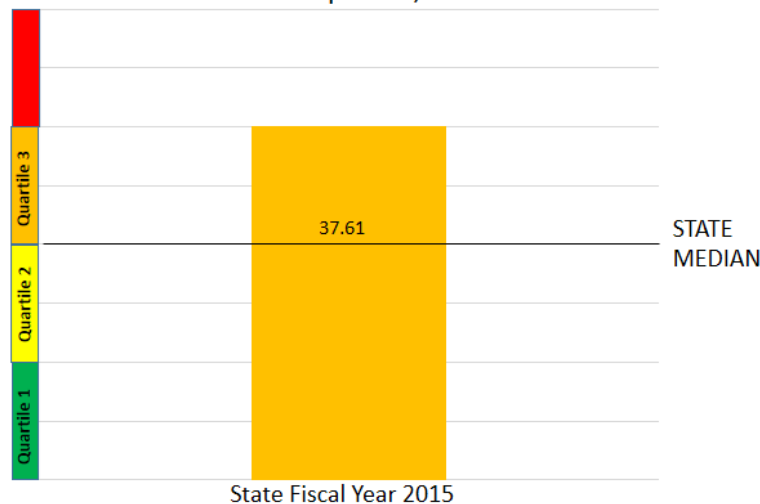
Foster Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Foster Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

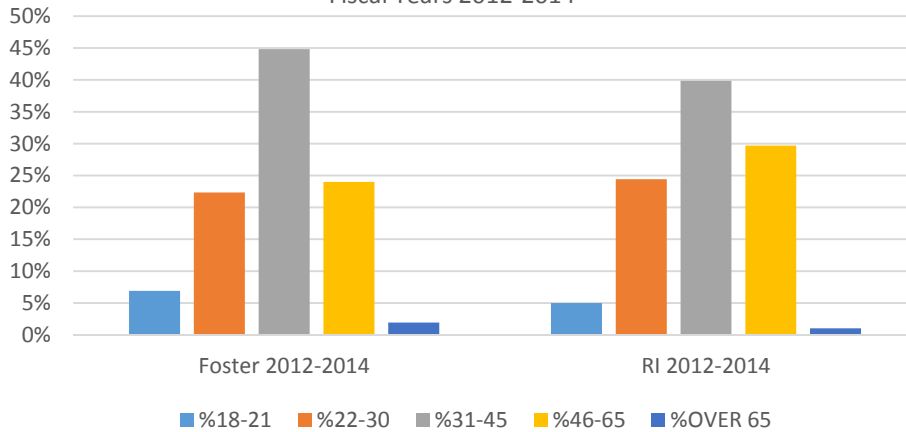
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

FOSTER

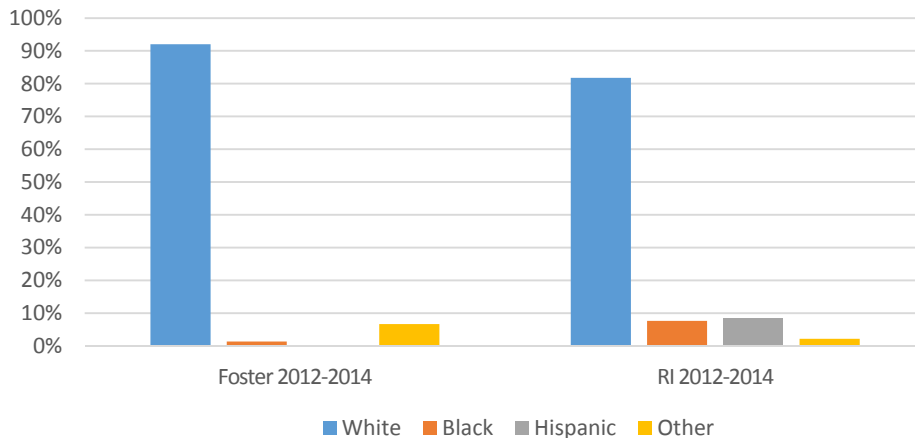
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



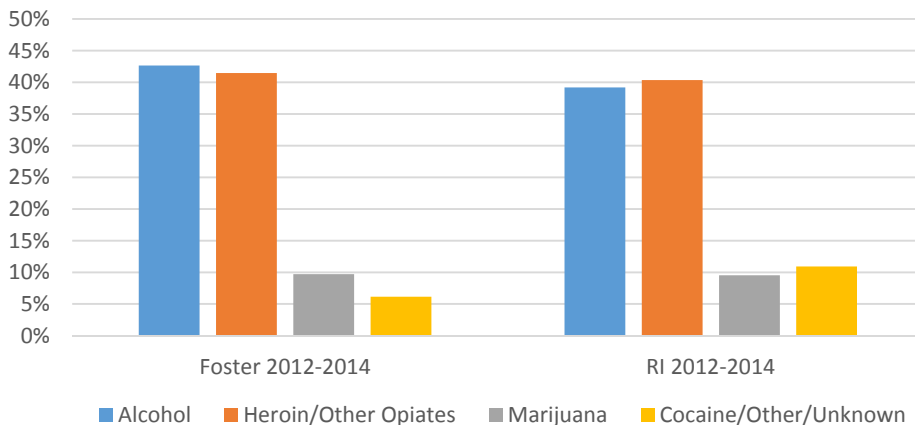
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

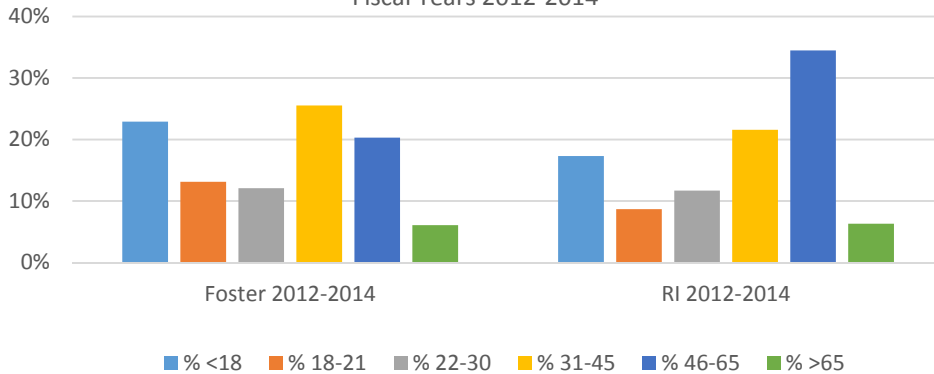


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

FOSTER

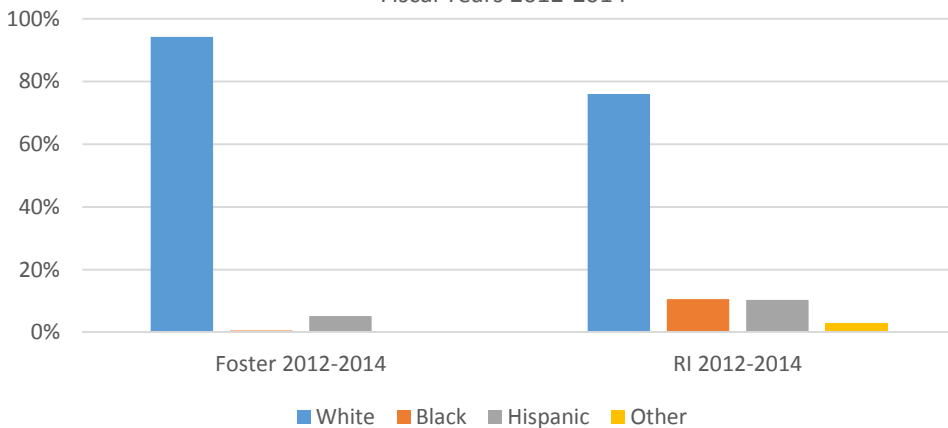
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



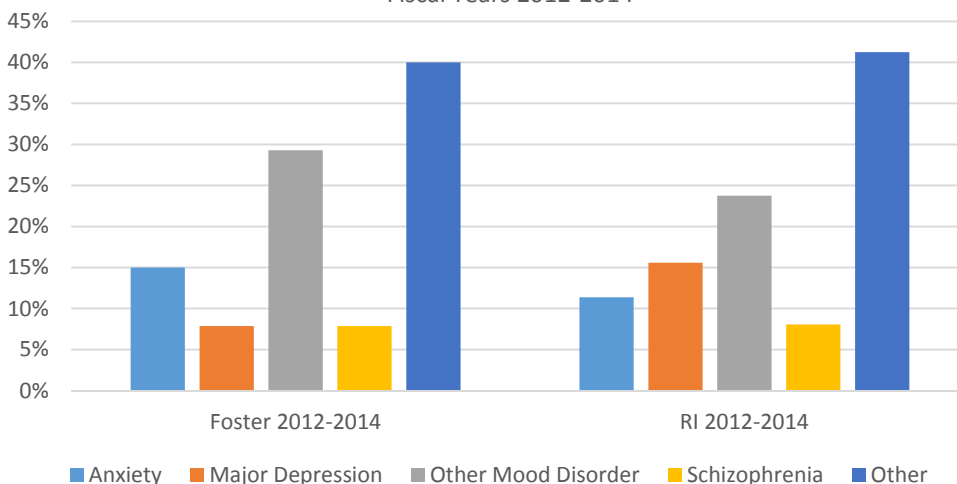
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

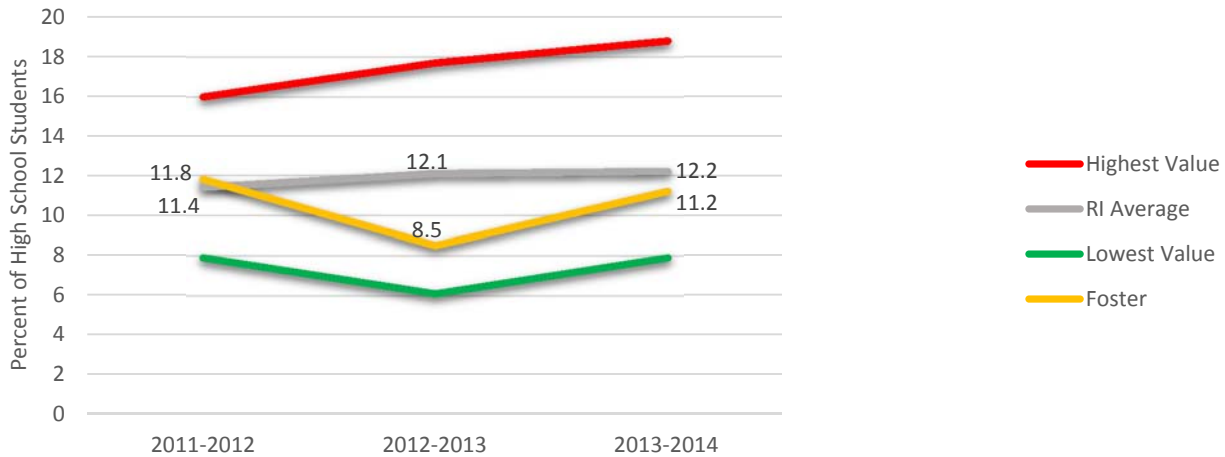


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

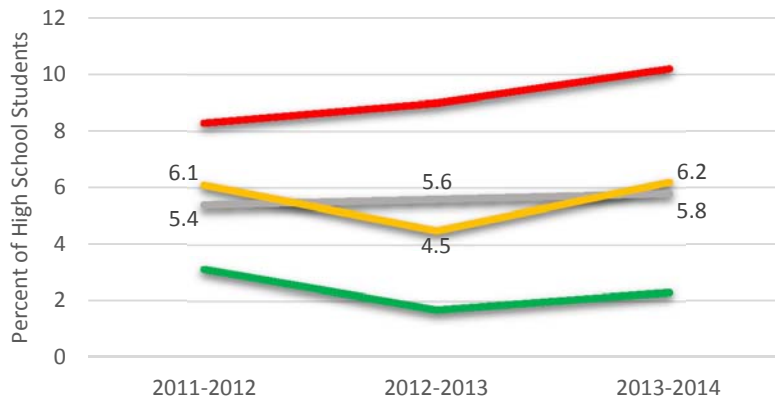
FOSTER

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

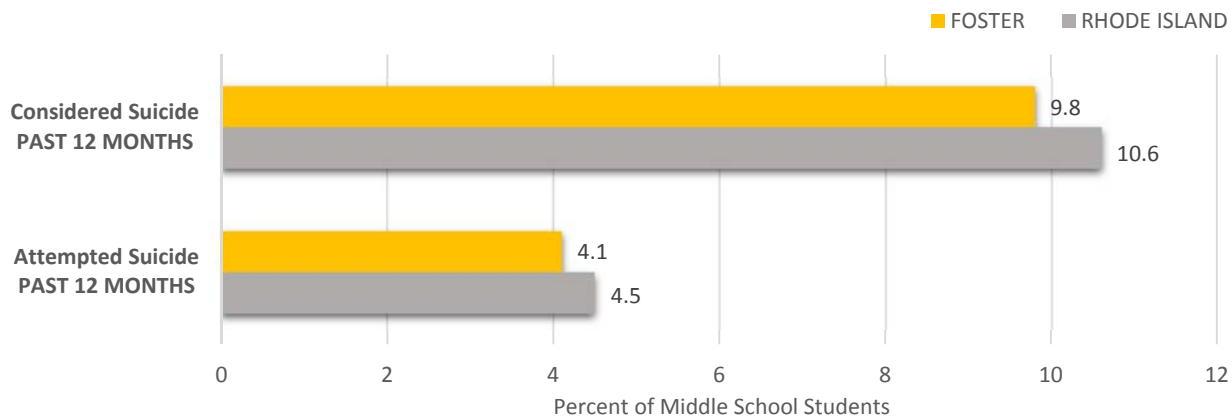


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

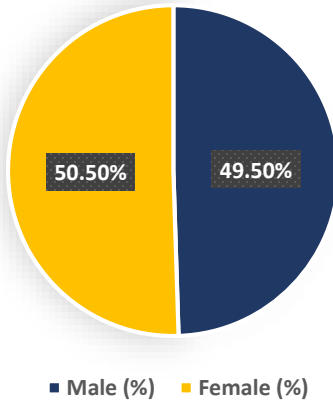
GLOCESTER

Demographics

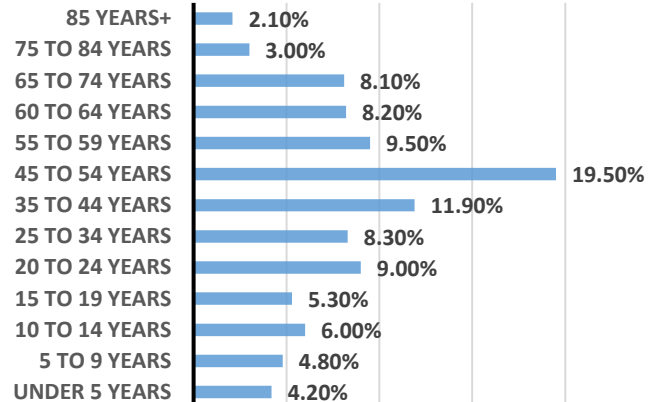
Total Population: 9,844

Total Households: 3,599

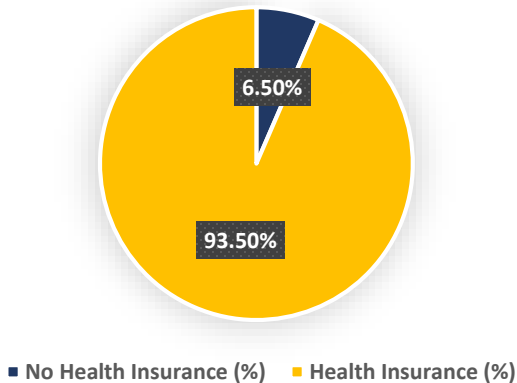
GENDER



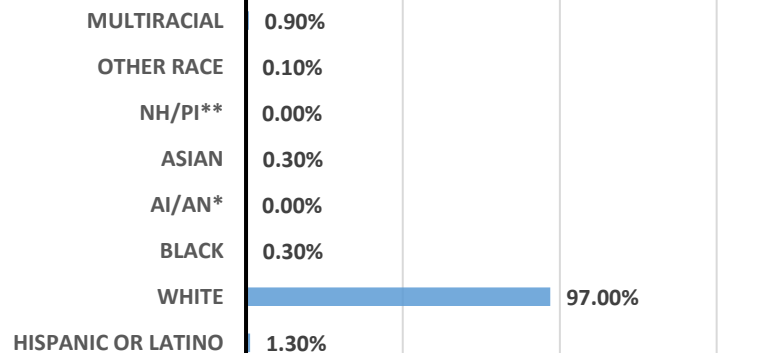
AGE



HEALTH INSURANCE

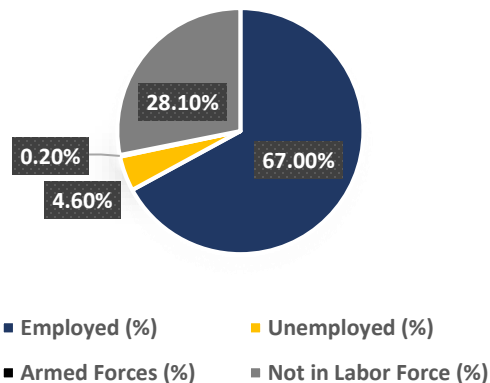


RACE/ETHNICITY

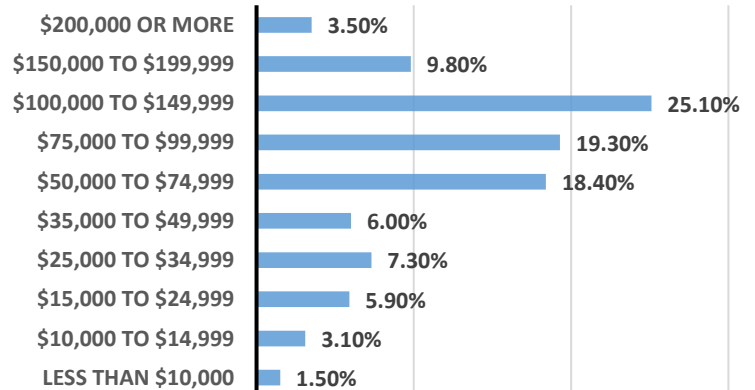


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



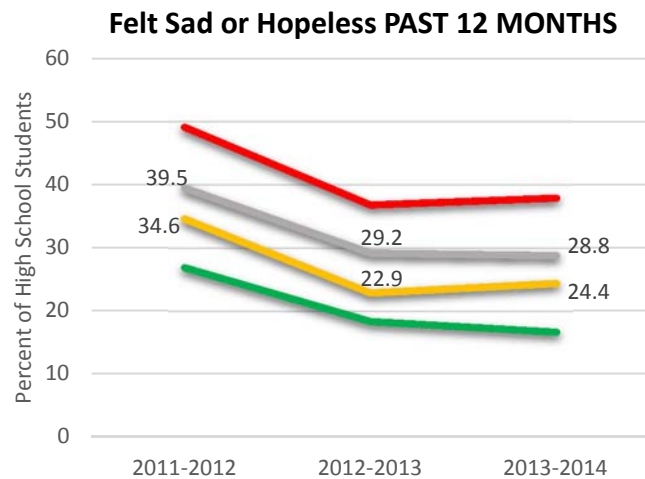
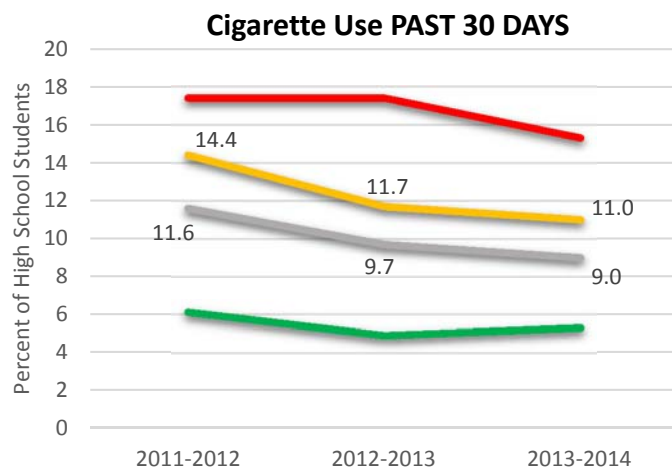
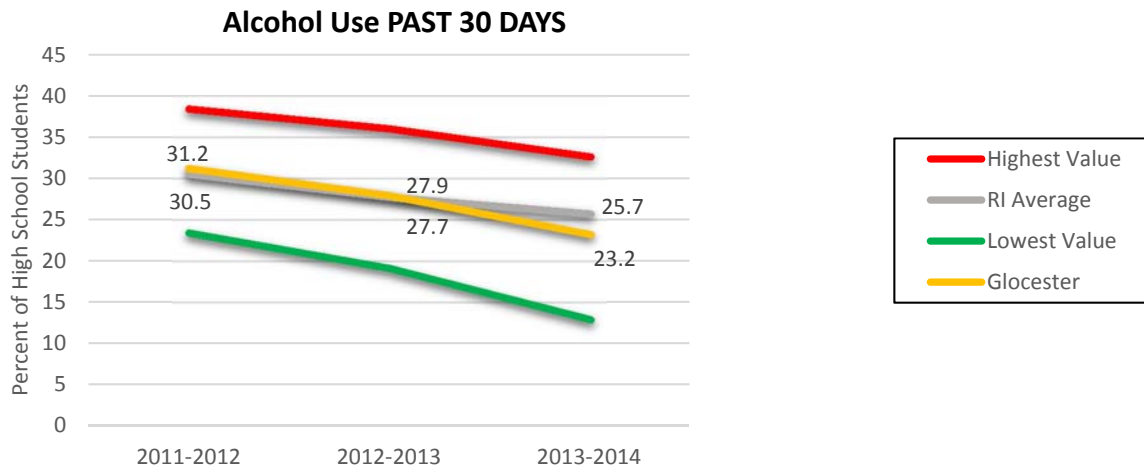
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

GLOCESTER

Prevalence – High School



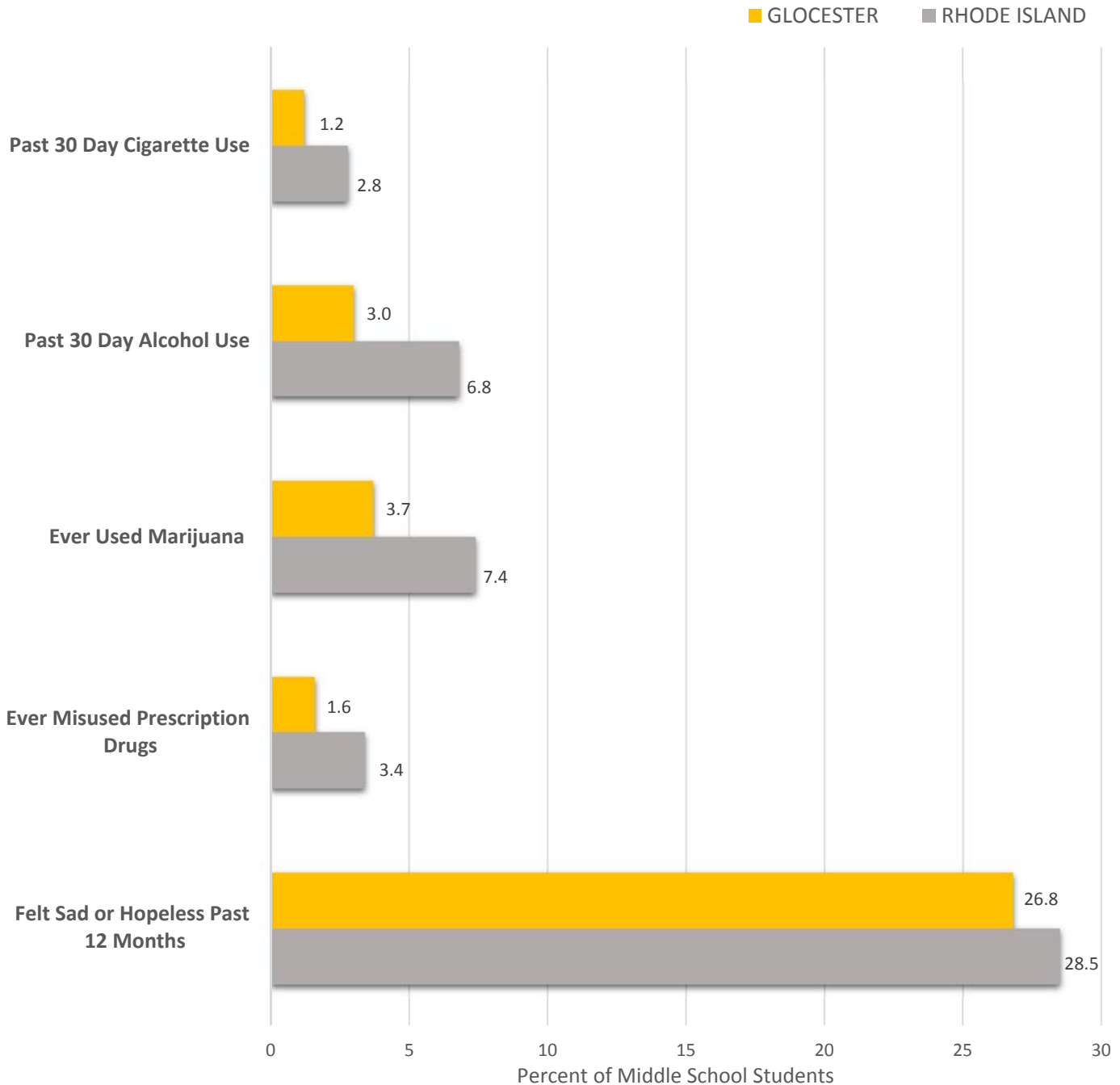
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	GLOCESTER
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.5%
2013-2014	9.5%	13.0%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	51.4%
2013-2014	60.8%	69.6%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	55.4%
2013-2014	55.7%	58.6%

GLOCESTER

Prevalence – Middle School

2013-2014 Middle School Prevalence

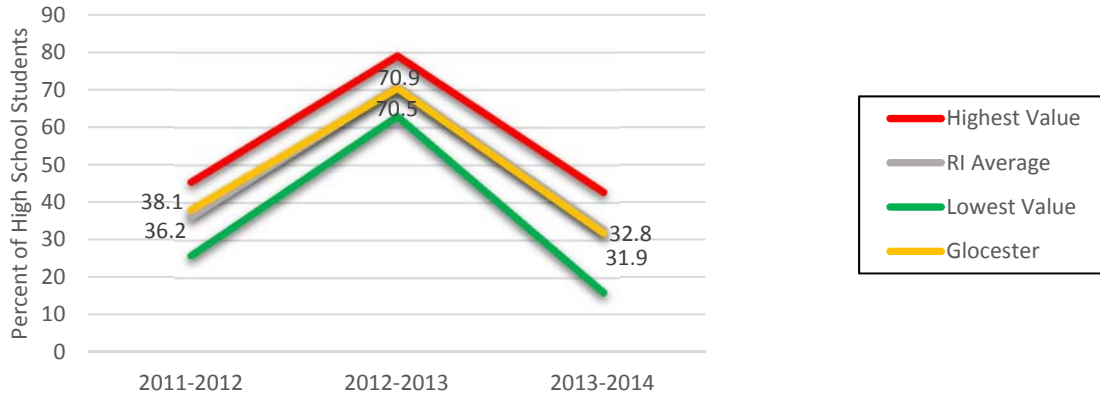


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

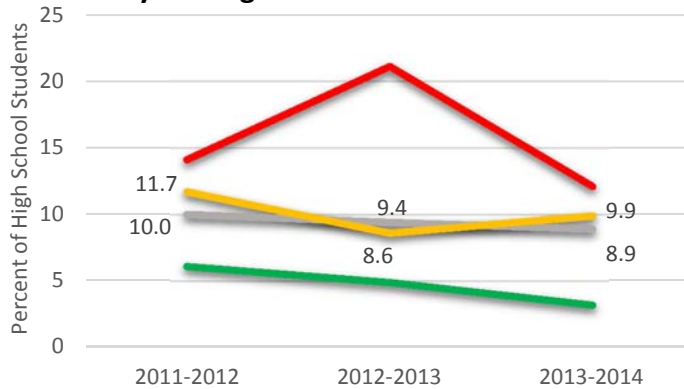
GLOCESTER

Risk and Protective Factors

Made Fun of at School

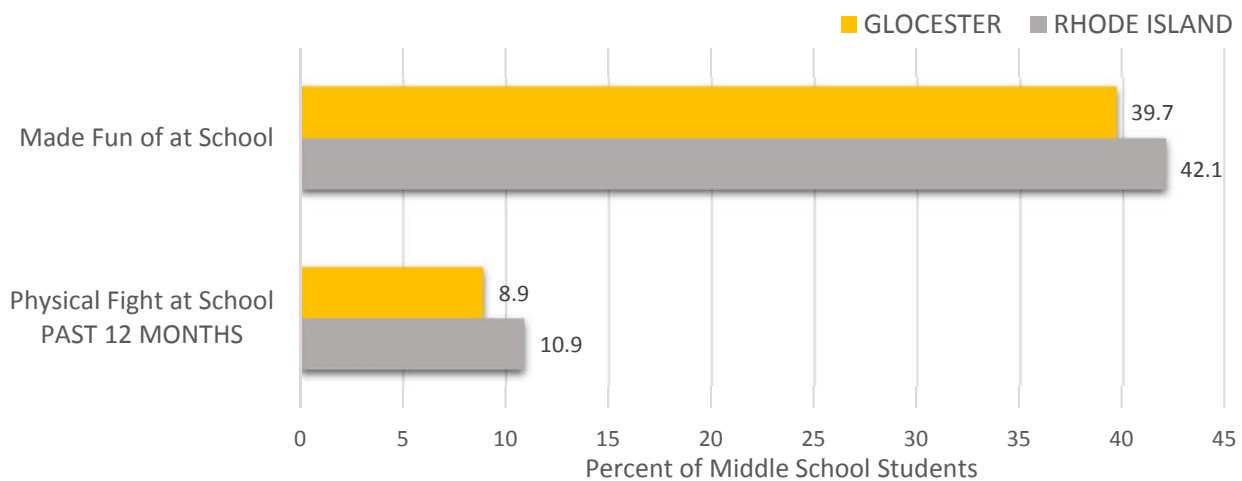


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

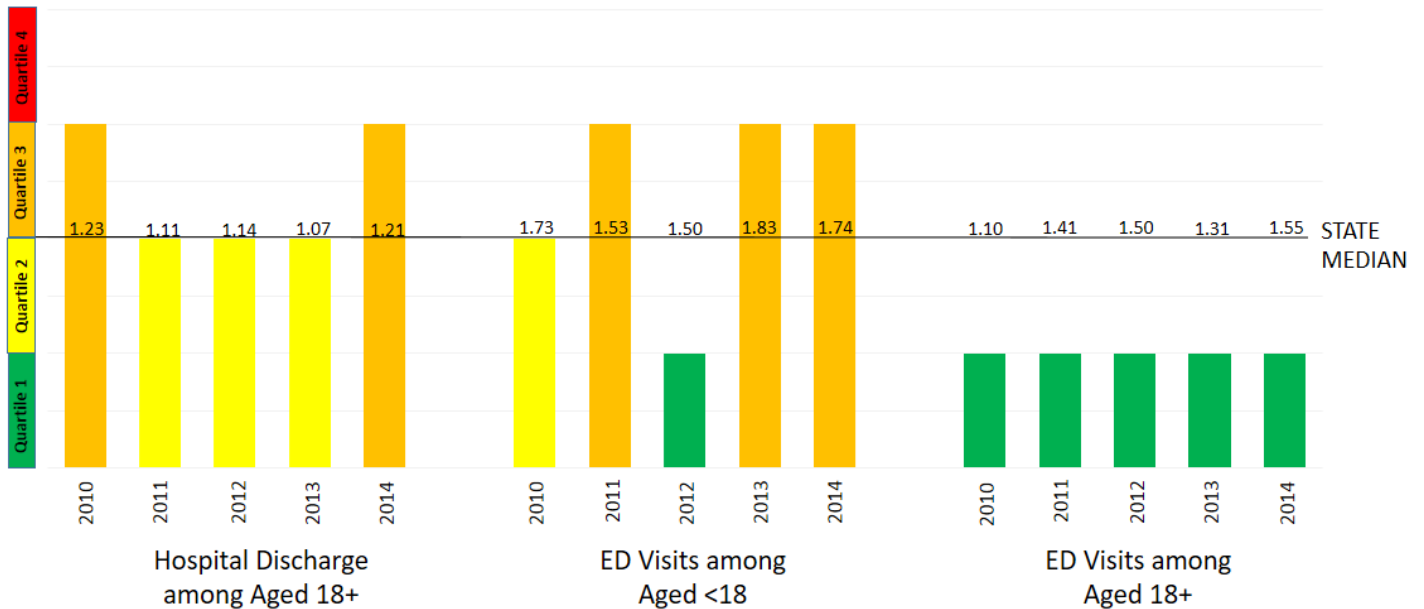


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

GLOCESTER

Consequences - Overdose

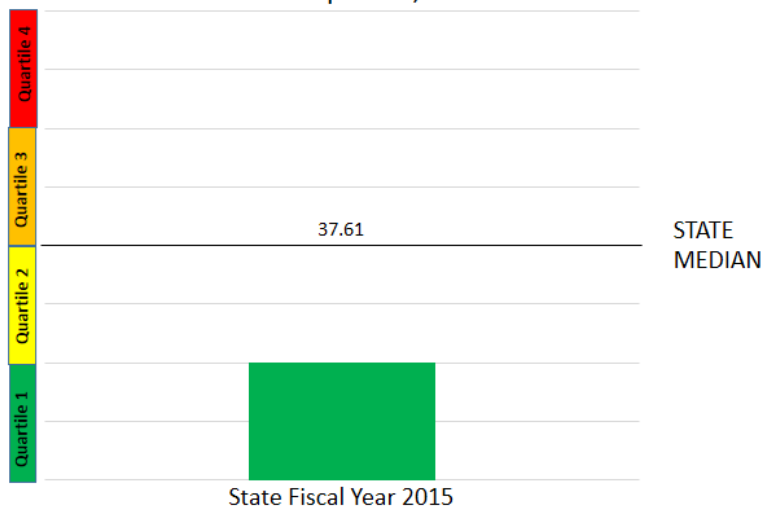
Glocester Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Glocester Quartiles of Adult Methadone Treatment per 10,000



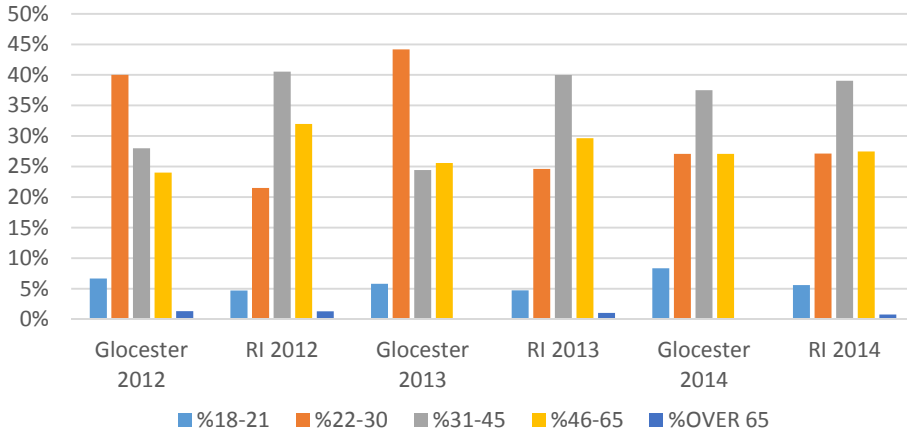
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

GLOCESTER

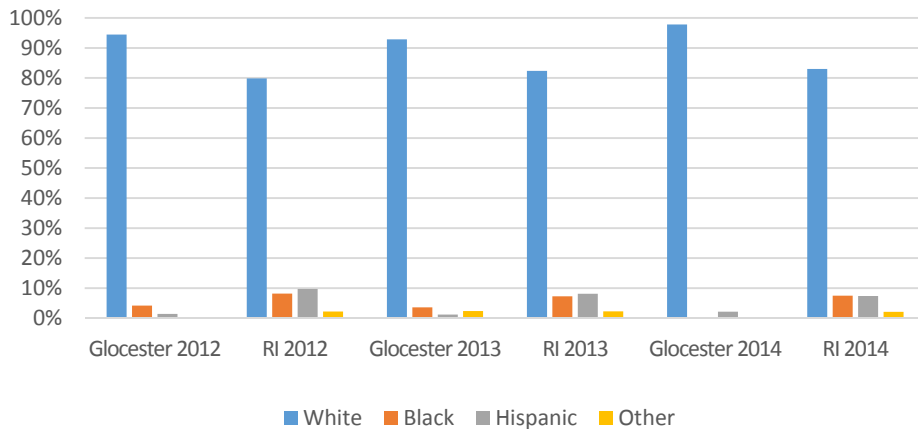
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



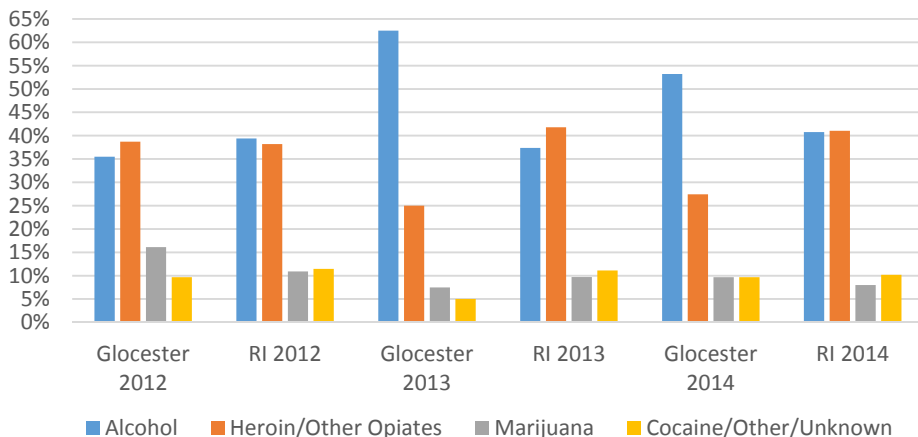
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

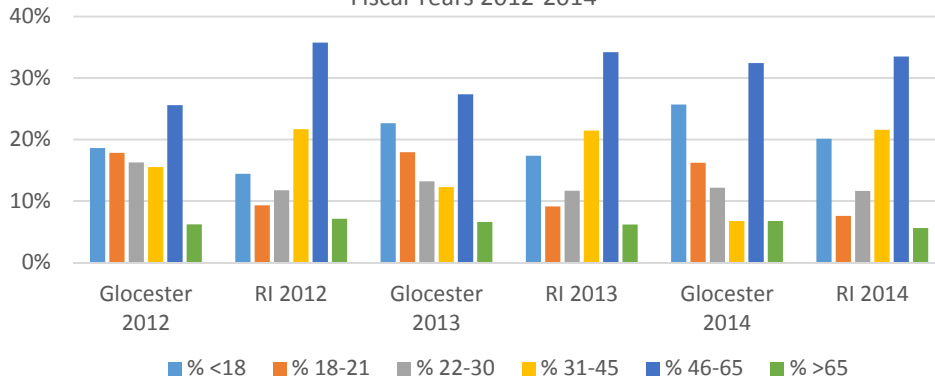


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

GLOCESTER

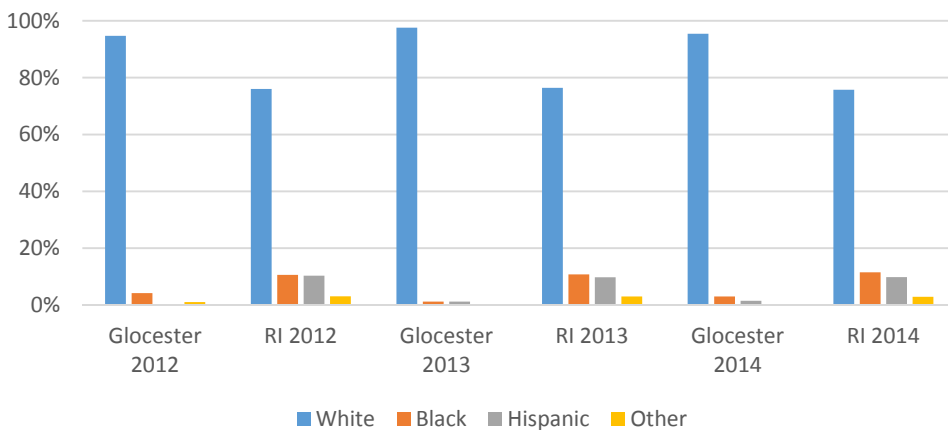
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



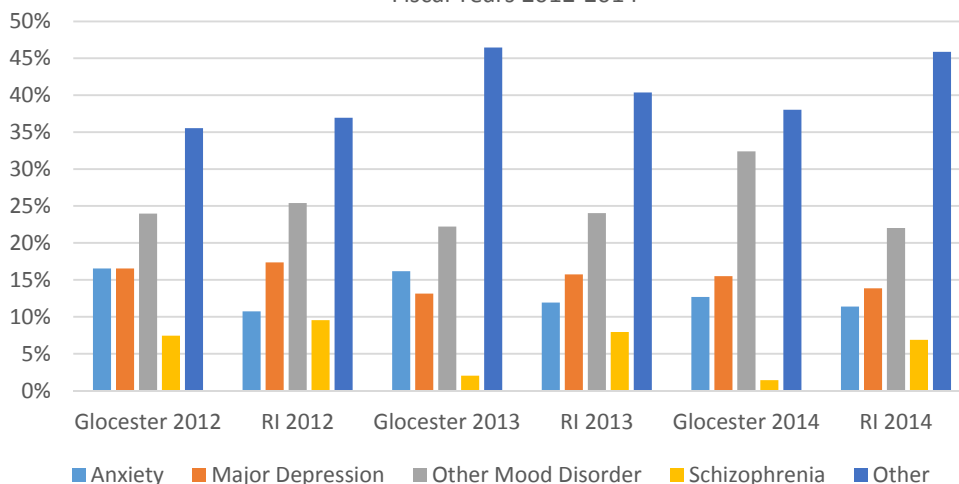
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

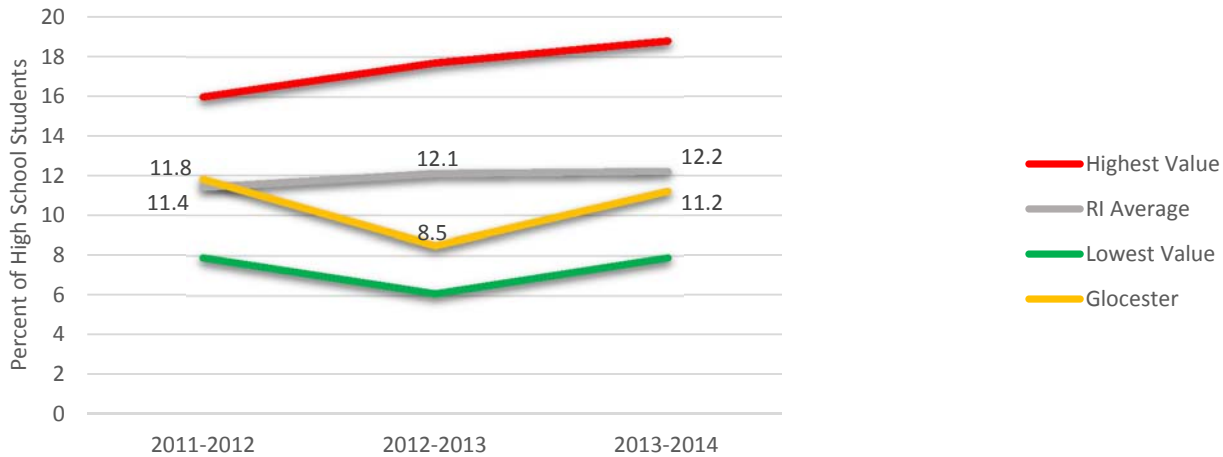


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

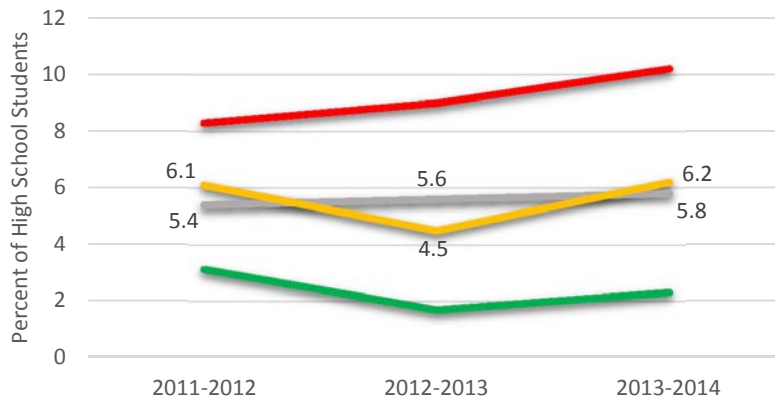
GLOCESTER

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

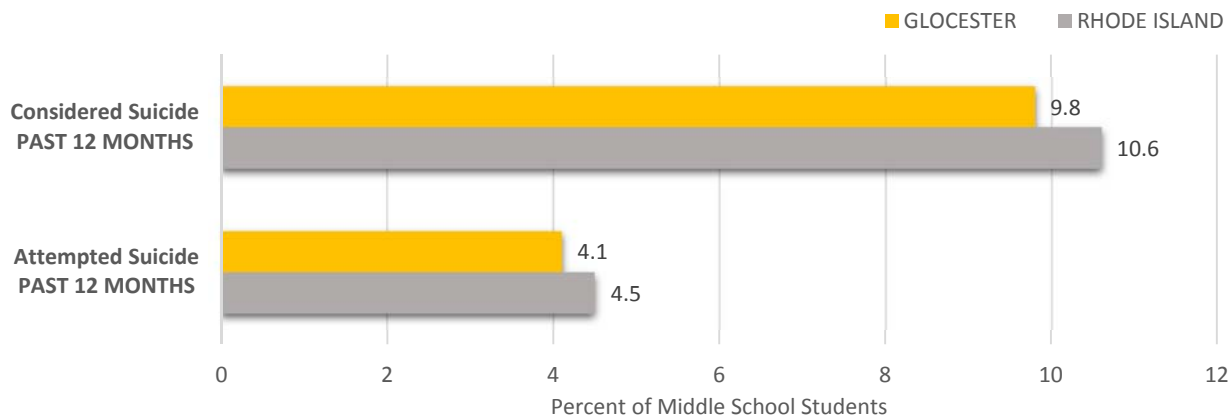


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

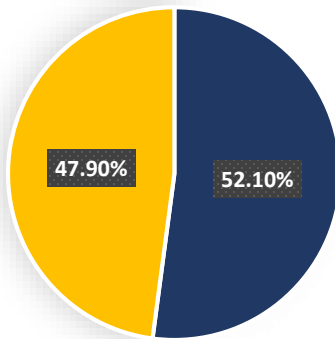
HOPKINTON

Demographics

Total Population: 8,144

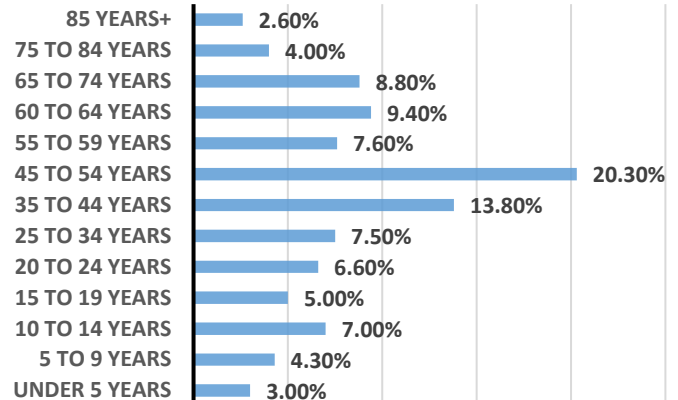
Total Households: 3,398

GENDER

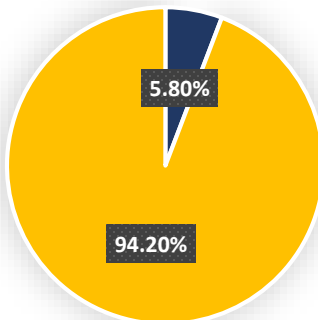


■ Male (%) ■ Female (%)

AGE

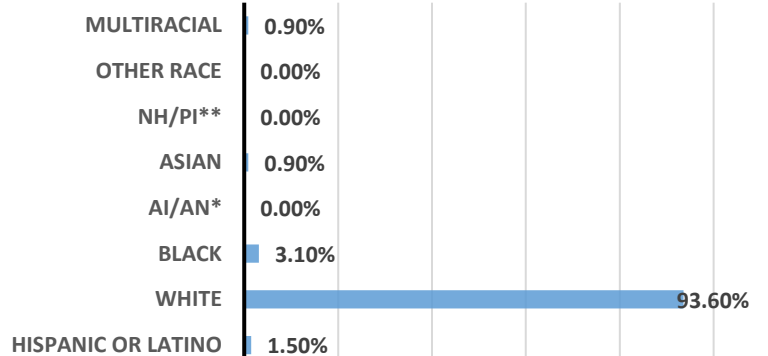


HEALTH INSURANCE



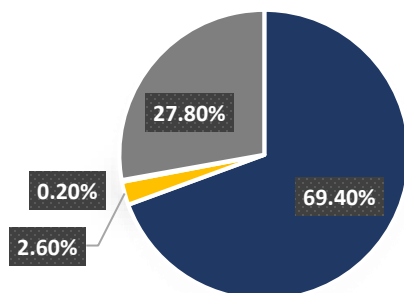
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



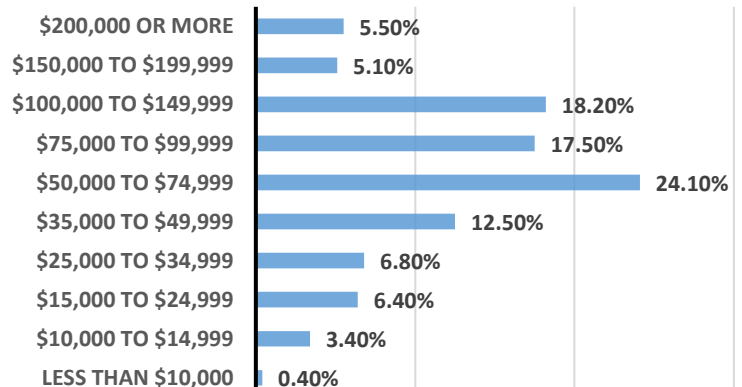
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

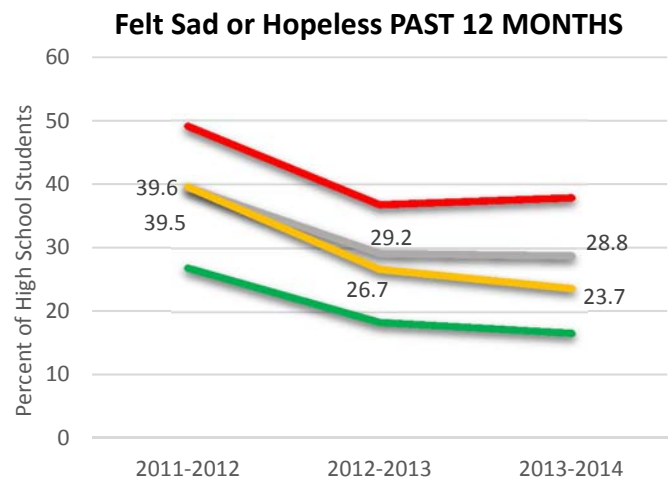
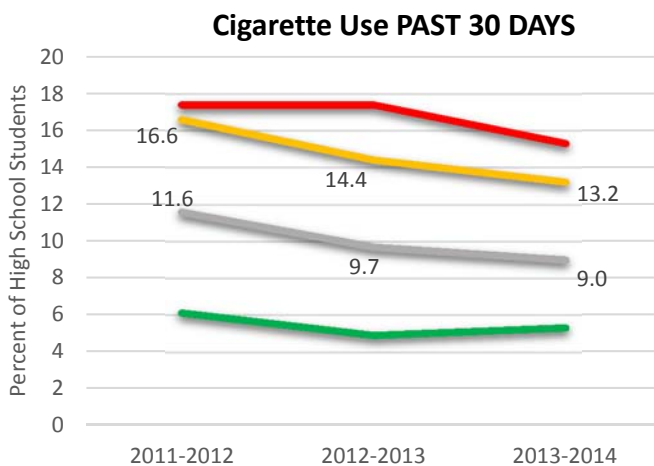
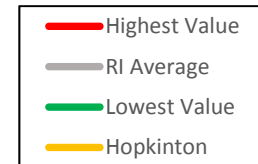
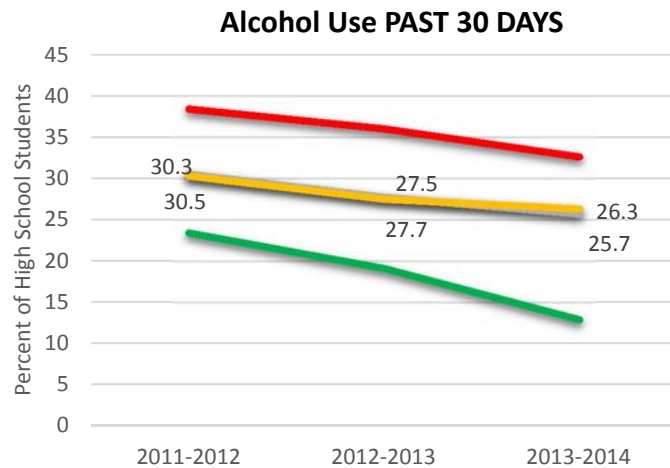
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

HOPKINTON

Prevalence – High School



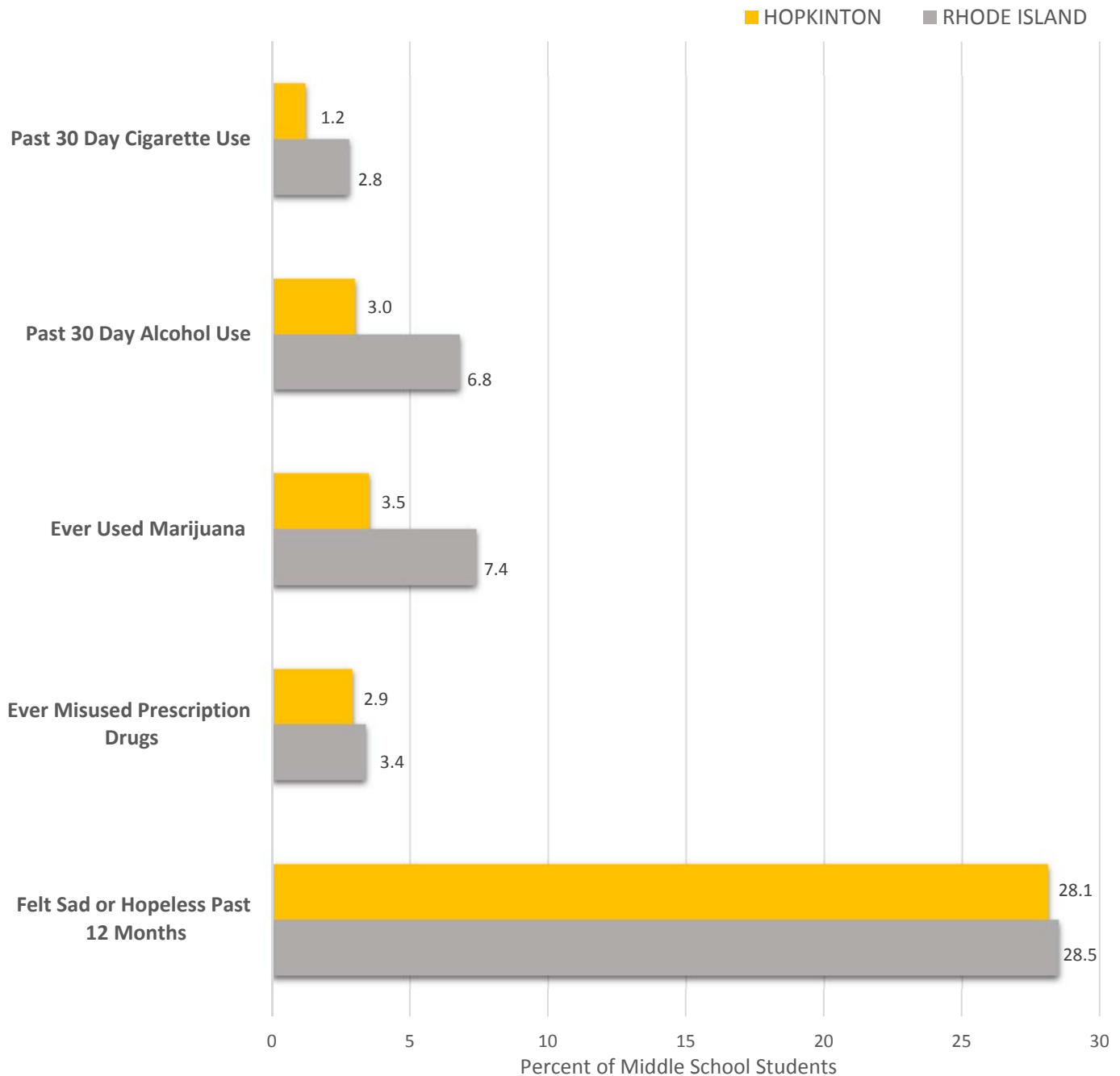
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	HOPKINTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.8%
2013-2014	9.5%	8.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	59.5%
2013-2014	60.8%	67.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	59.7%
2013-2014	55.7%	45.2%

HOPKINTON

Prevalence – Middle School

2013-2014 Middle School Prevalence

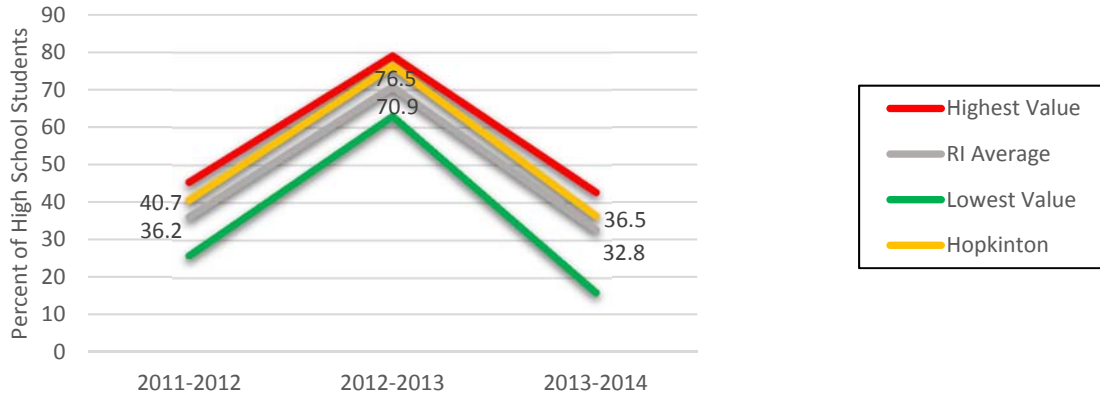


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

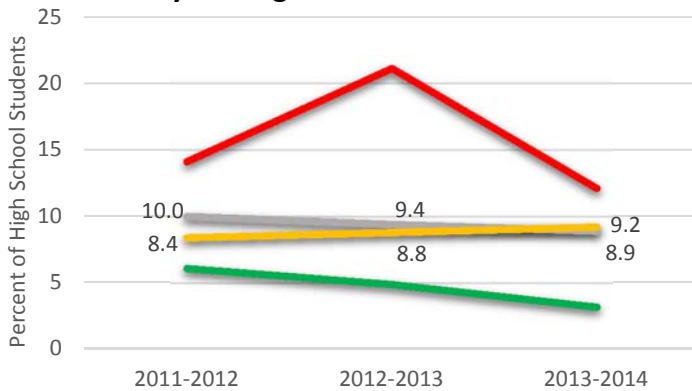
HOPKINTON

Risk and Protective Factors

Made Fun of at School

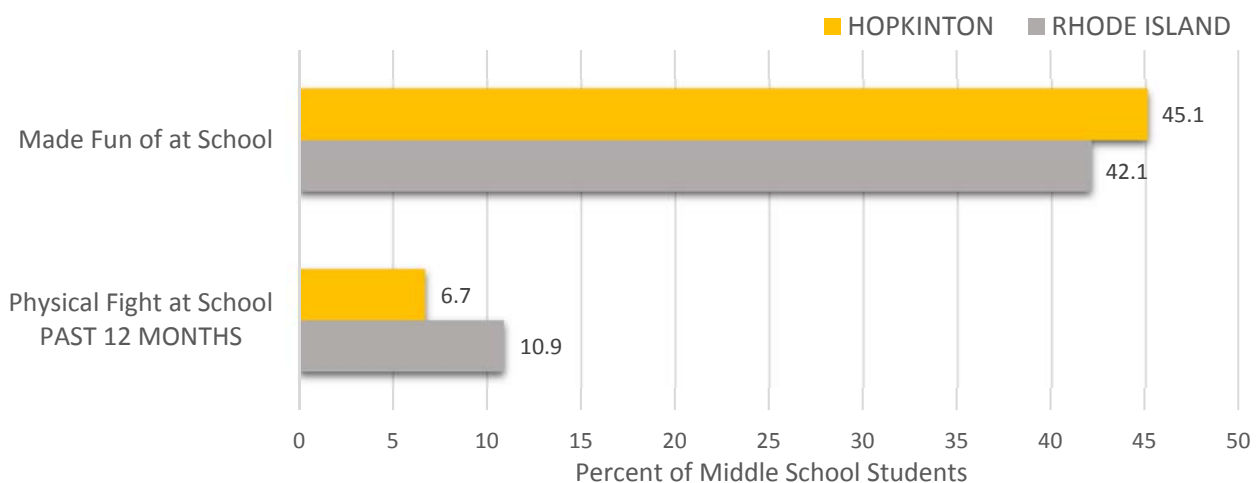


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

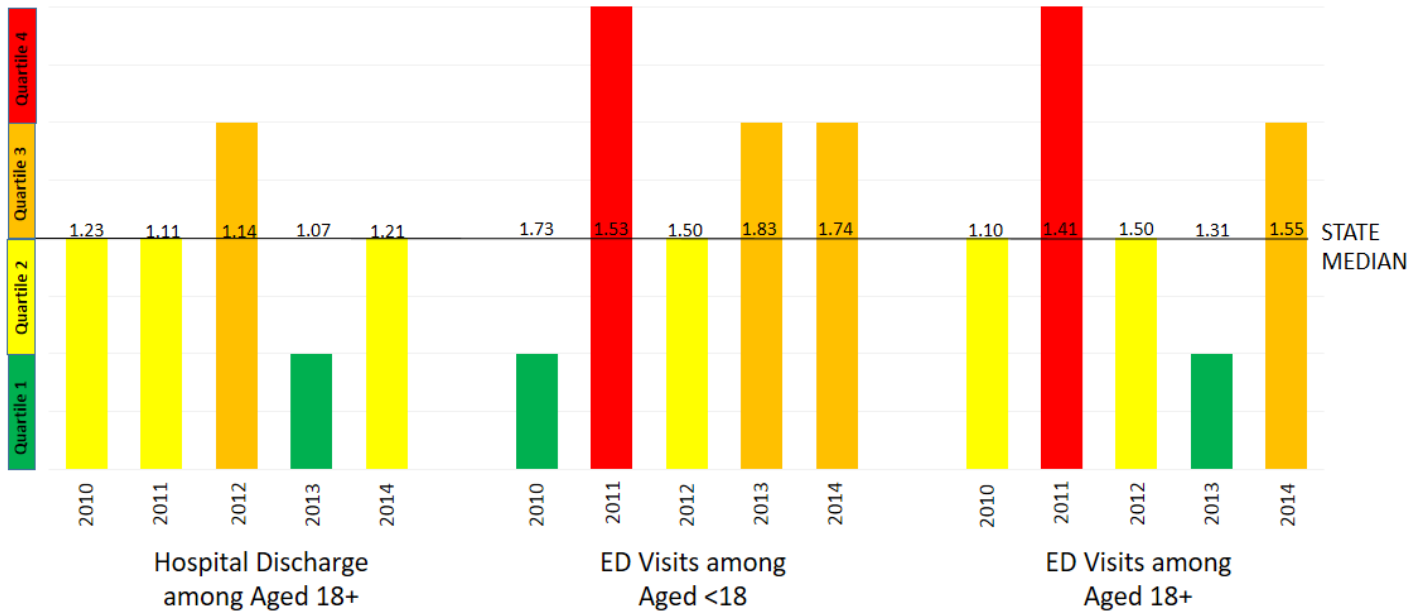


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

HOPKINTON

Consequences - Overdose

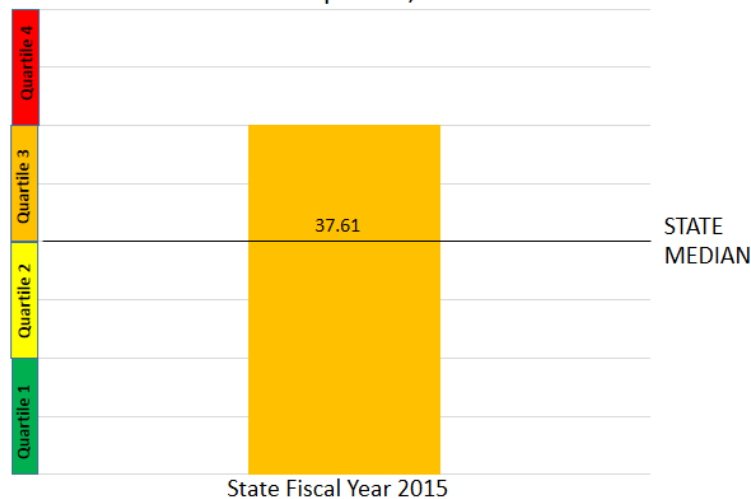
Hopkinton Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Hopkinton Quartiles of Adult Methadone Treatment per 10,000



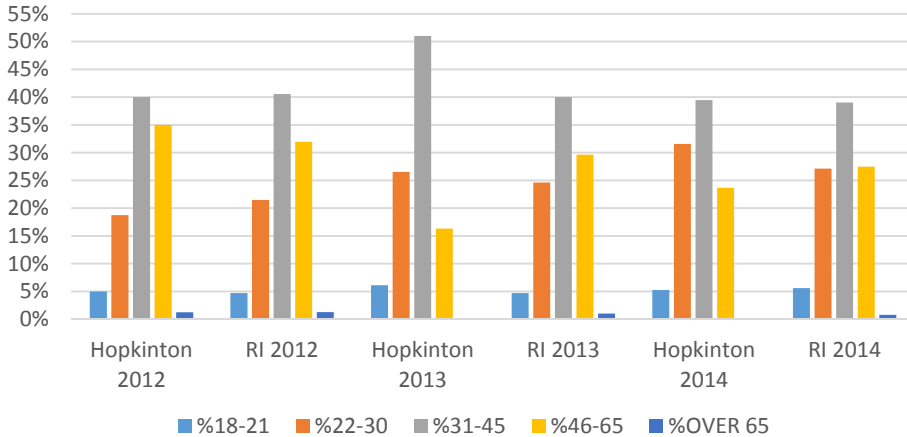
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

HOPKINTON

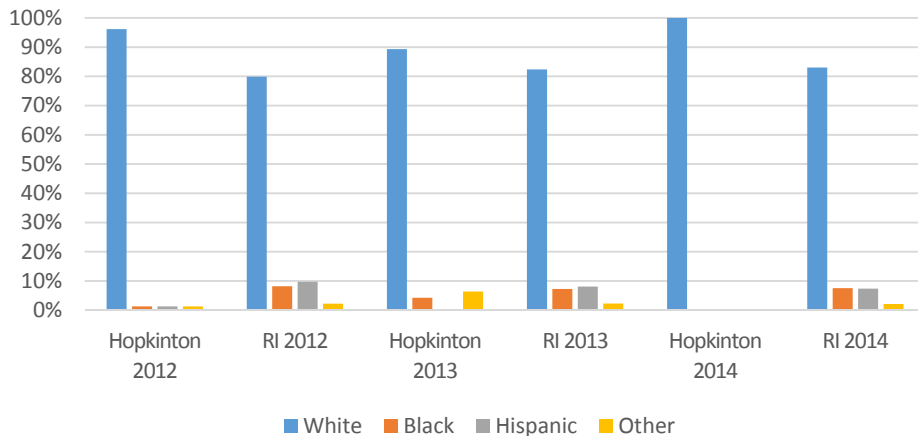
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



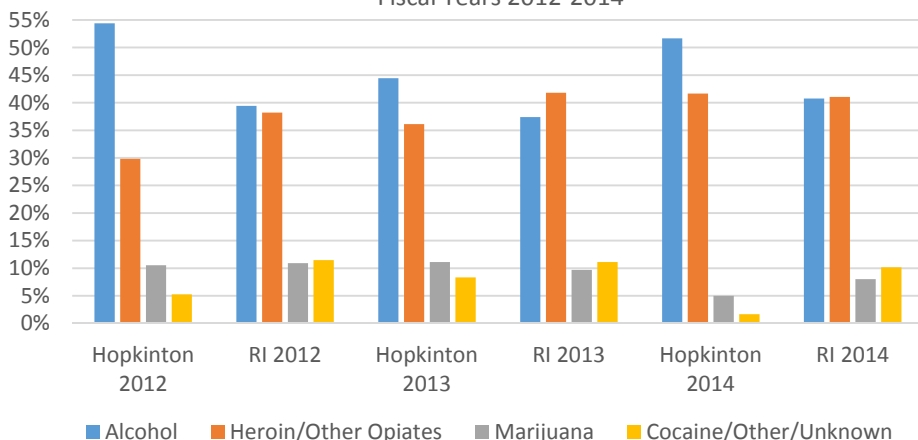
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

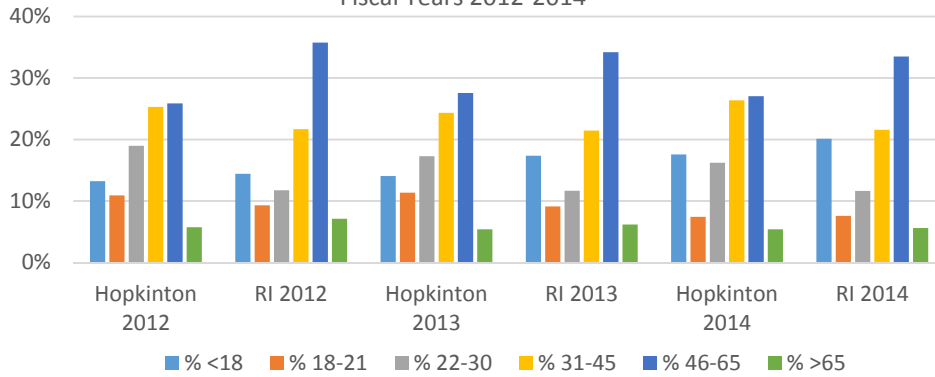


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

HOPKINTON

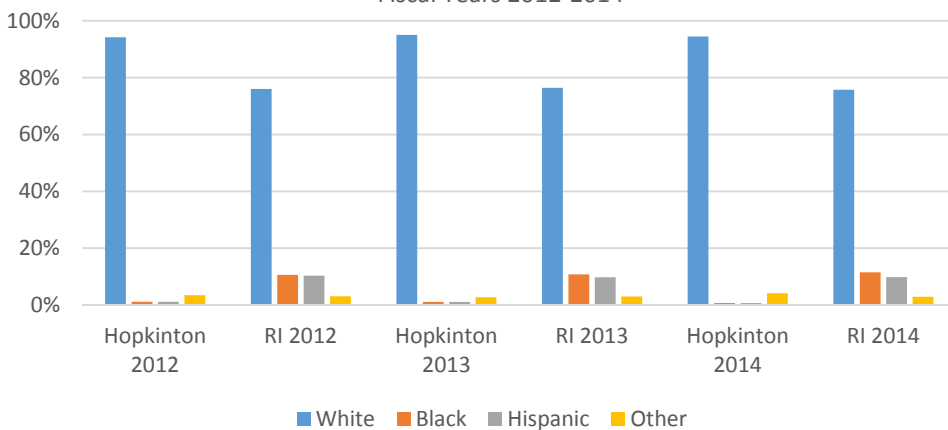
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



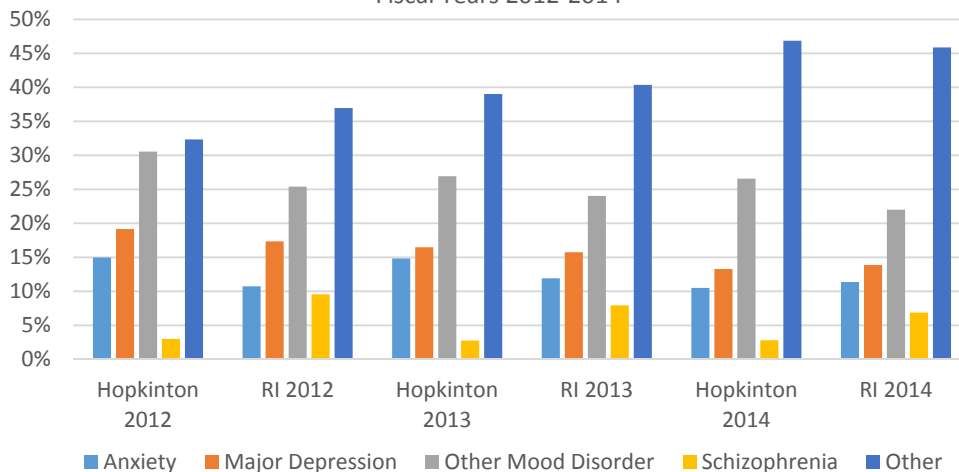
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

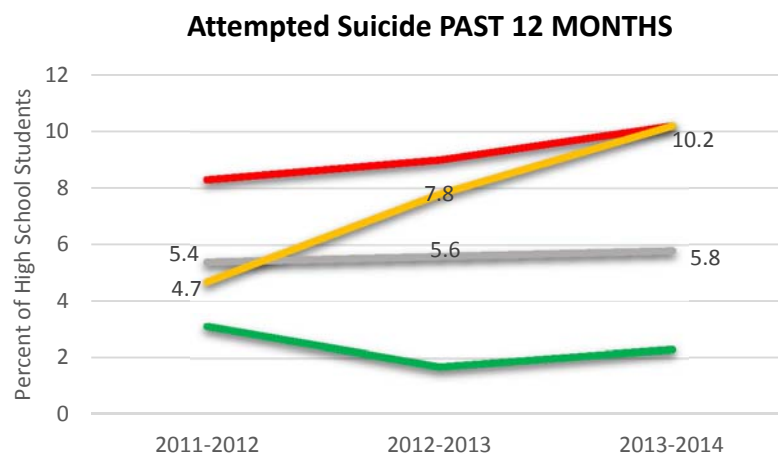
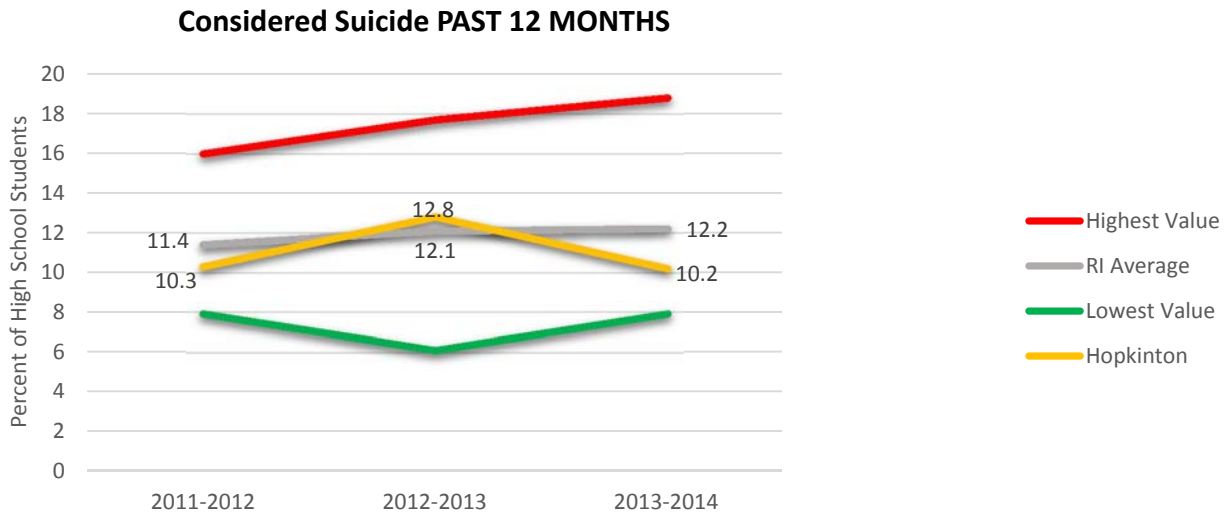
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

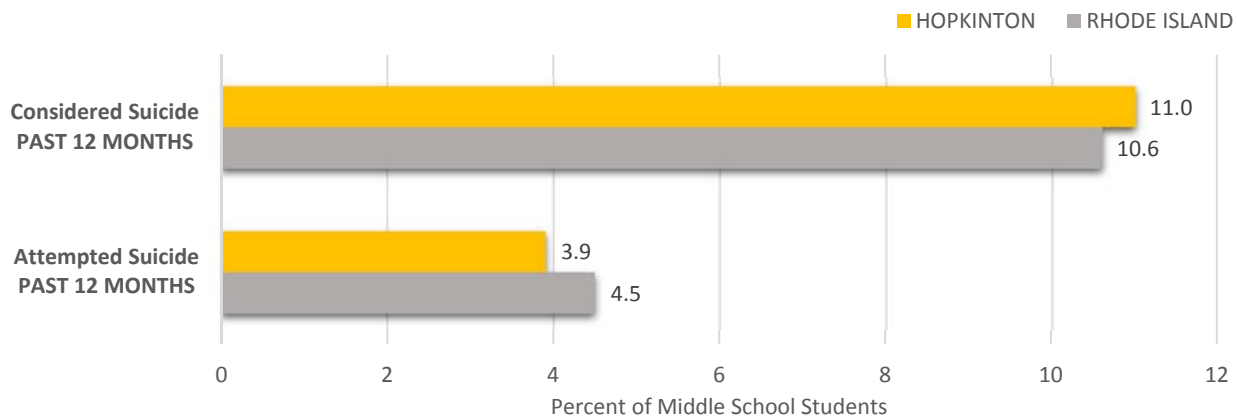
HOPKINTON

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



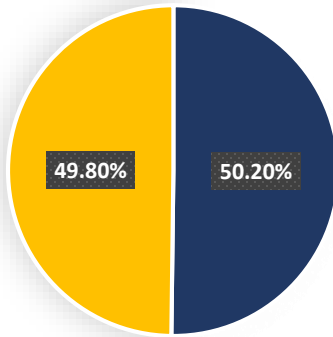
JAMESTOWN

Demographics

Total Population: 5,444

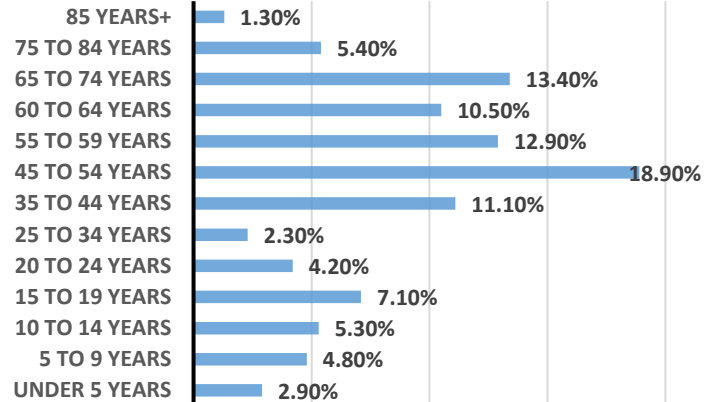
Total Households: 2,438

GENDER

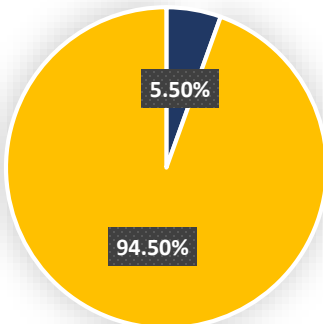


■ Male (%) ■ Female (%)

AGE

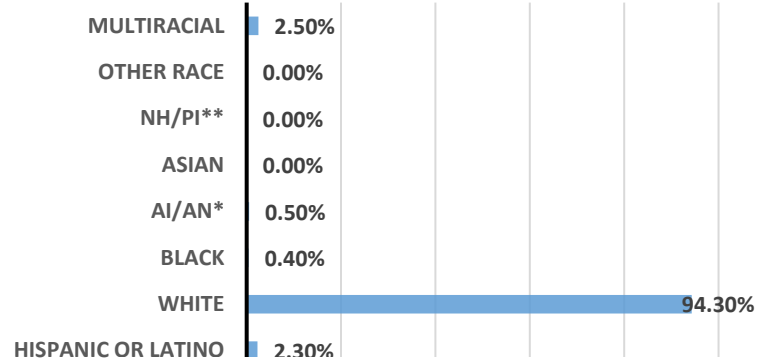


HEALTH INSURANCE



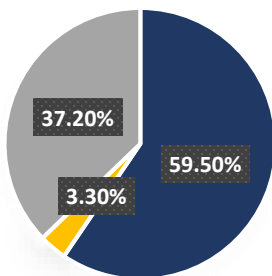
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

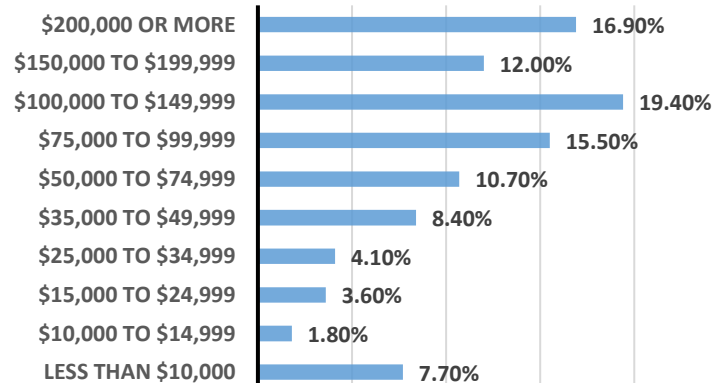
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

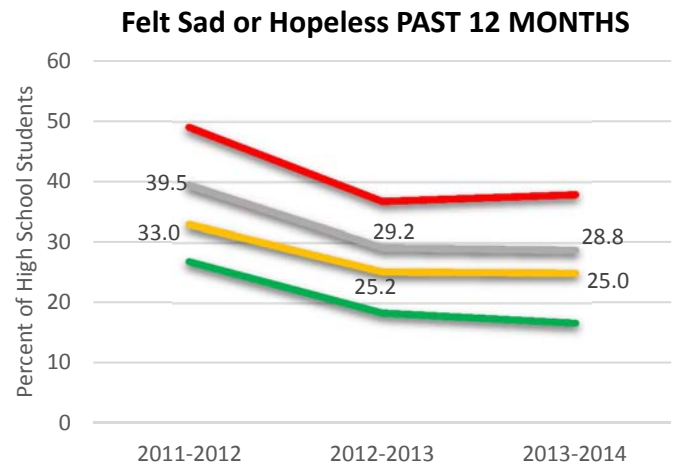
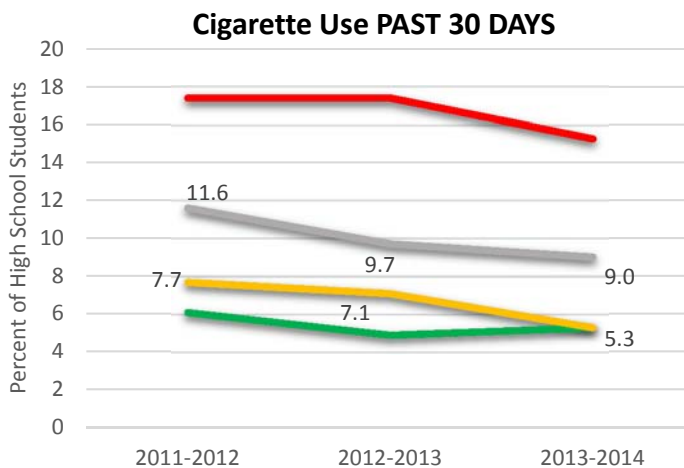
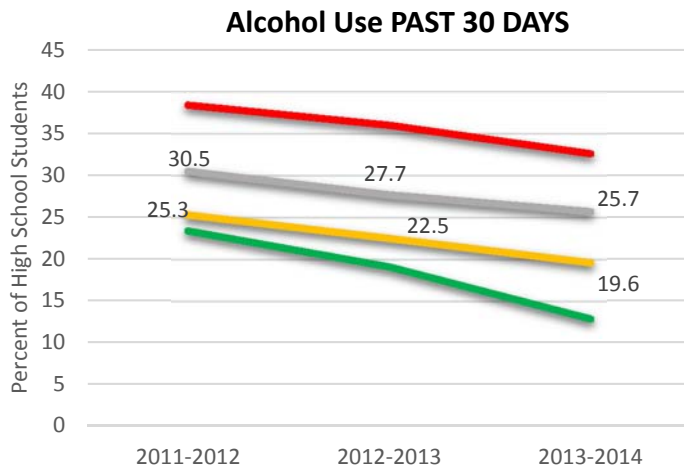
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

JAMESTOWN

Prevalence – High School



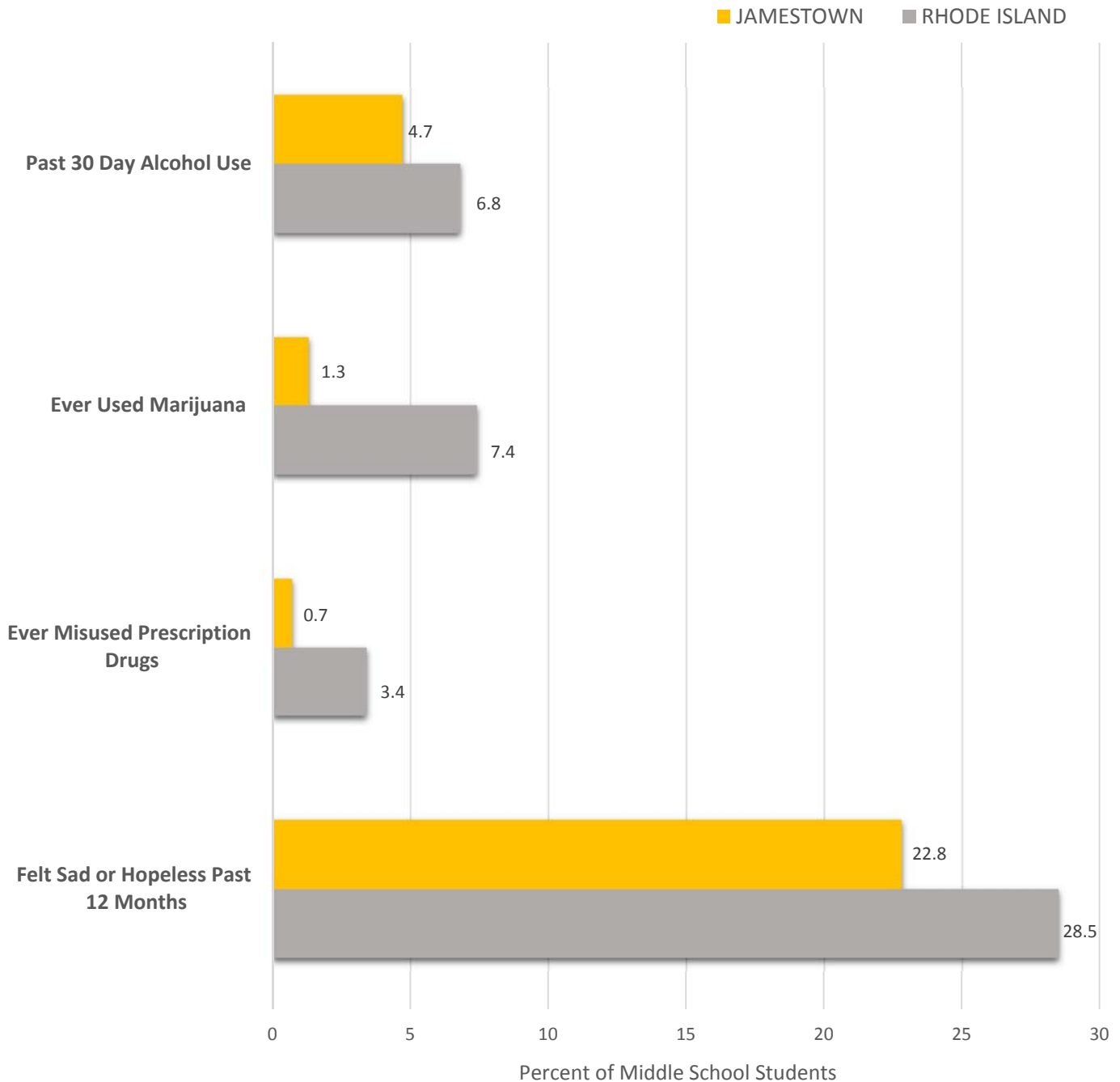
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	JAMESTOWN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	8.2%
2013-2014	9.5%	6.3%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	55.2%
2013-2014	60.8%	65.6%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	11.7%
2013-2014	55.7%	61.9%

JAMESTOWN

Prevalence – Middle School

2013-2014 Middle School Prevalence

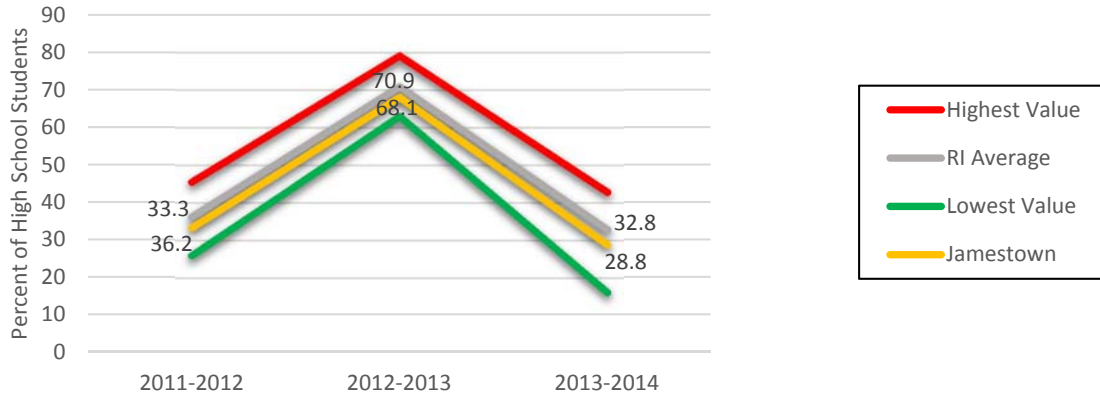


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

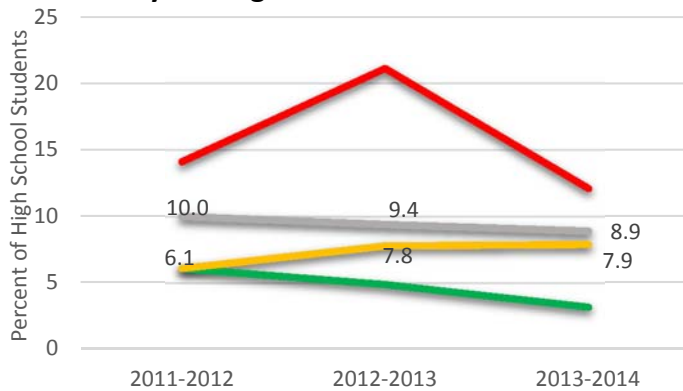
JAMESTOWN

Risk and Protective Factors

Made Fun of at School

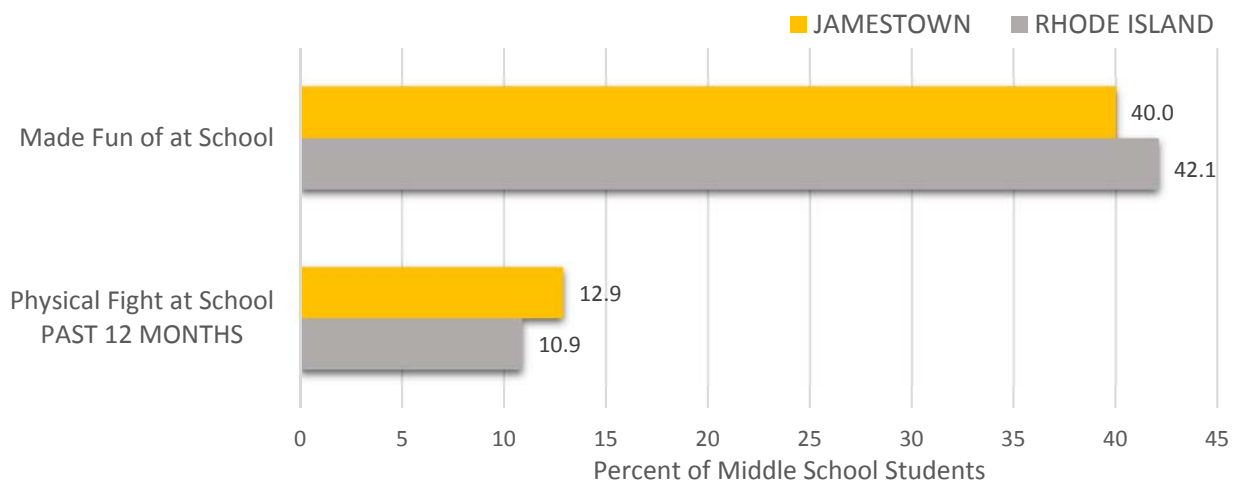


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

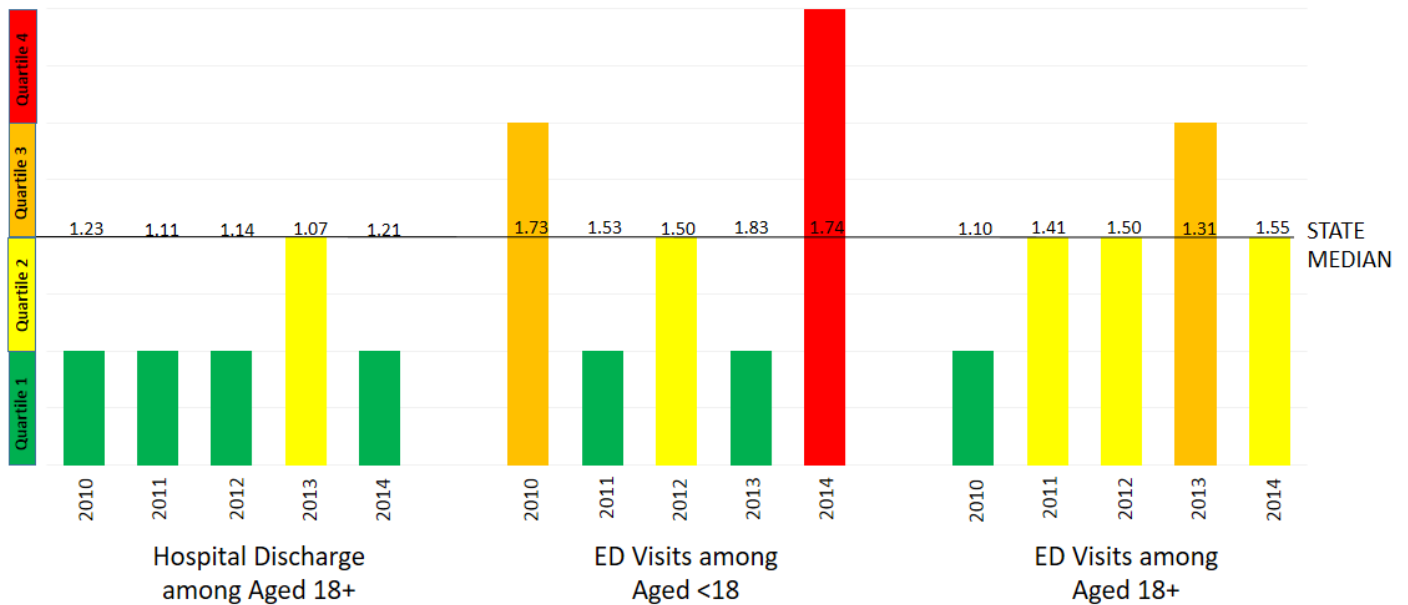


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

JAMESTOWN

Consequences - Overdose

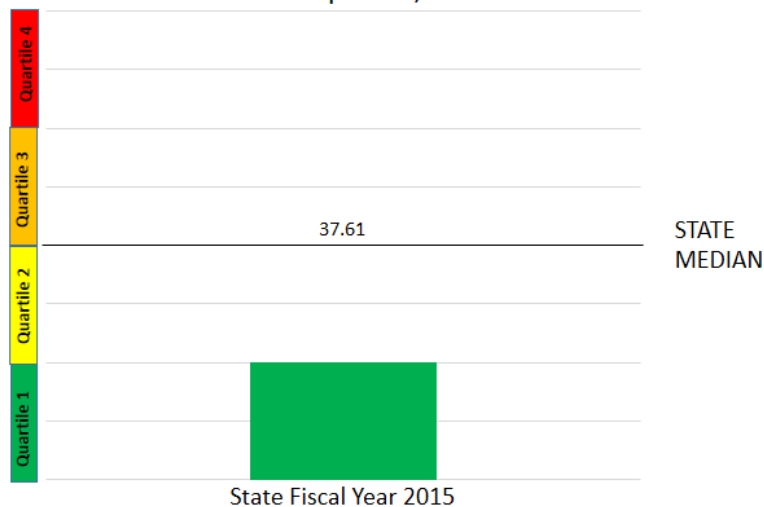
Jamestown Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Jamestown Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

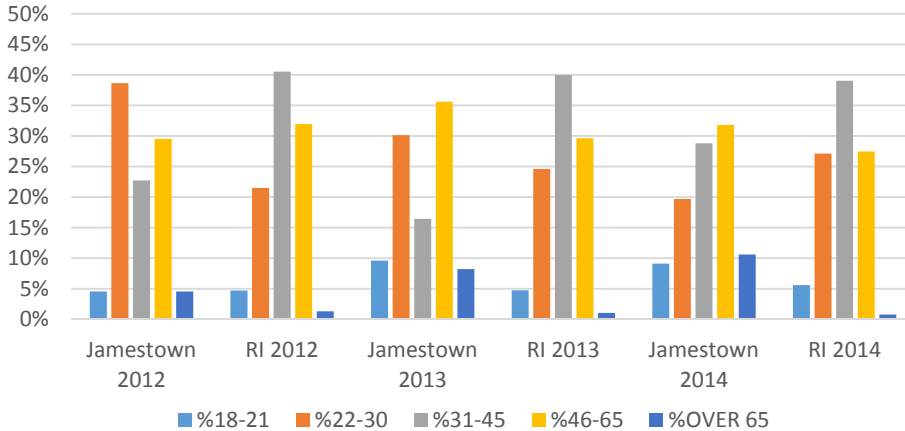
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

JAMESTOWN

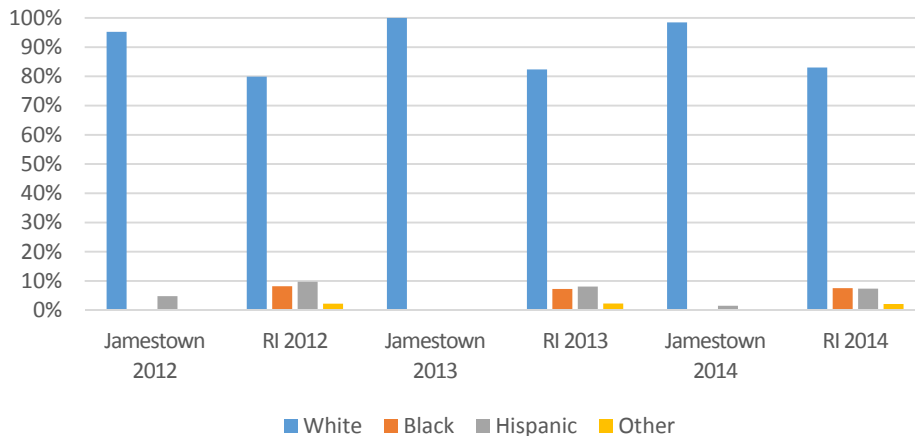
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



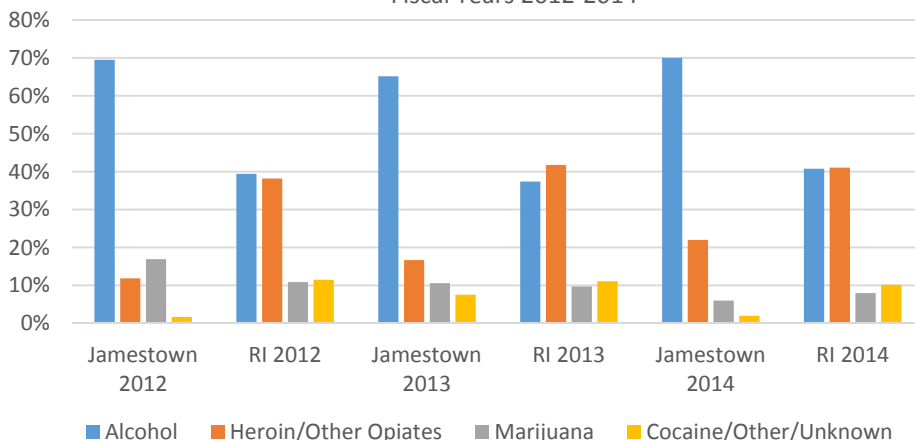
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

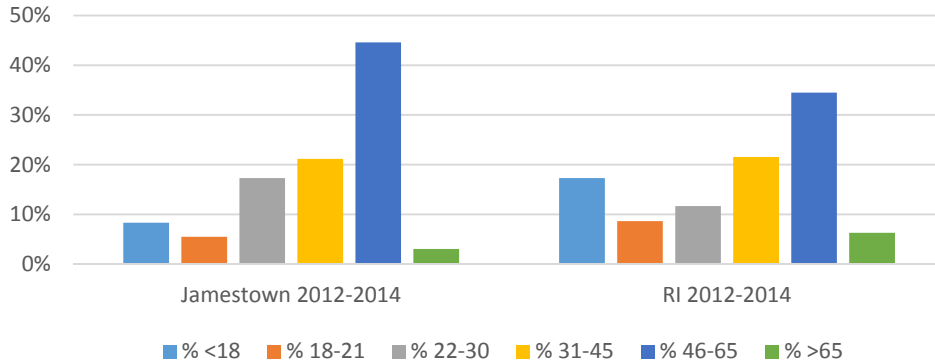


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

JAMESTOWN

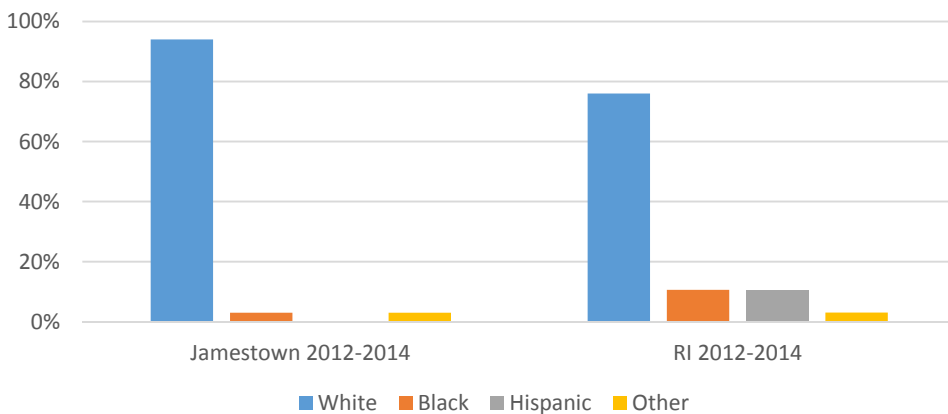
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



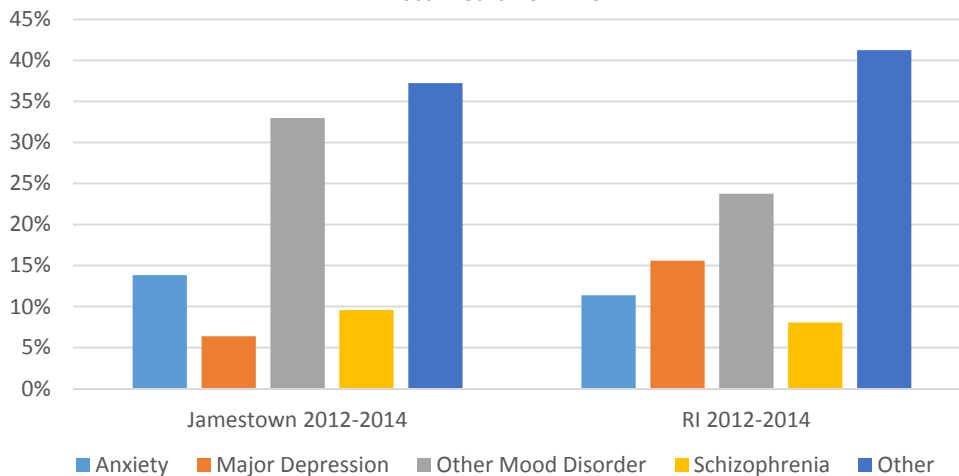
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Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

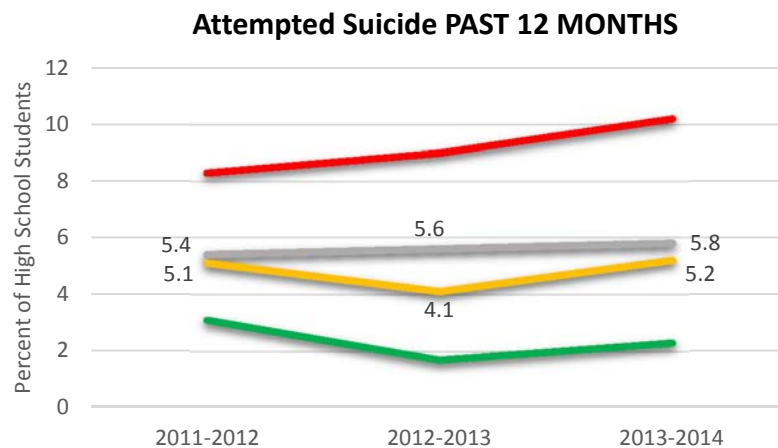
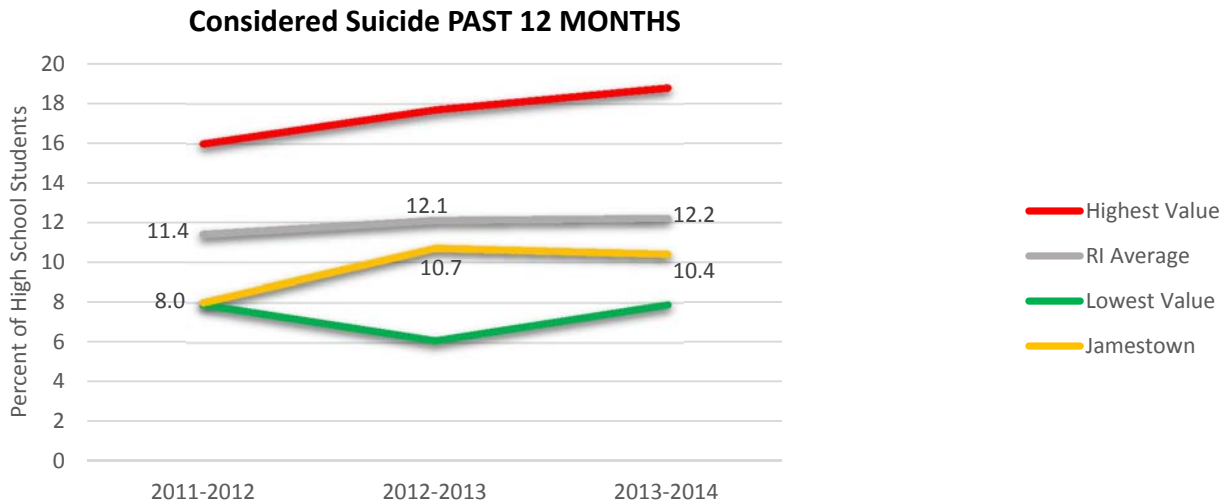
Mental Health Admissions by Primary Diagnosis,
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NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

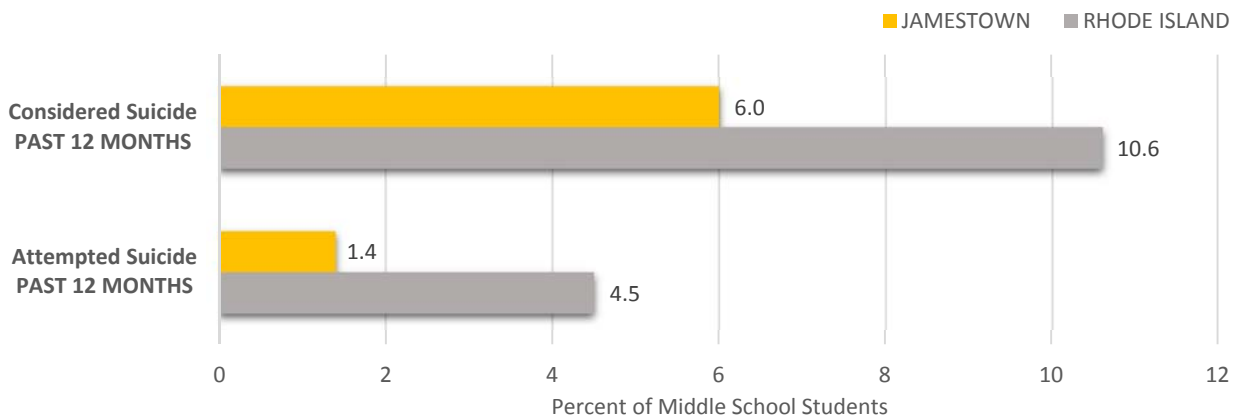
JAMESTOWN

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



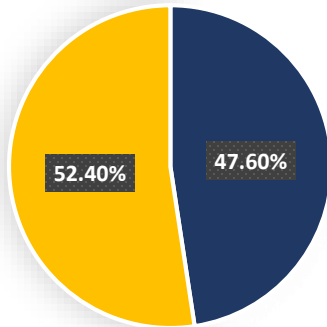
JOHNSTON

Demographics

Total Population: 28,987

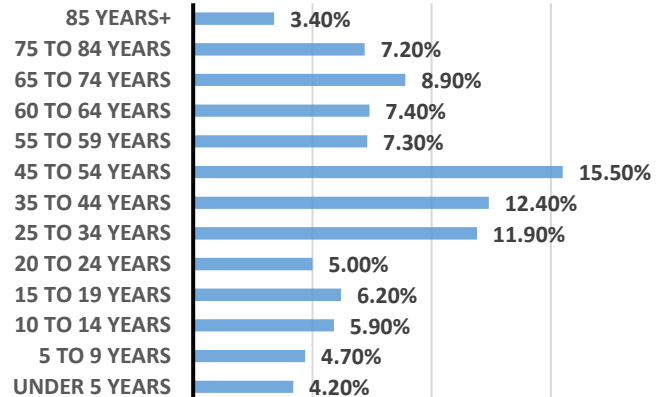
Total Households: 11,709

GENDER

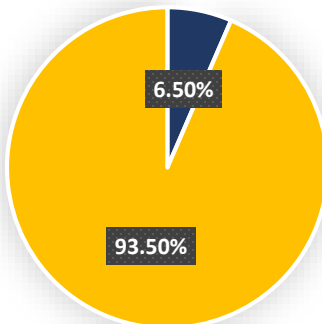


■ Male (%) ■ Female (%)

AGE

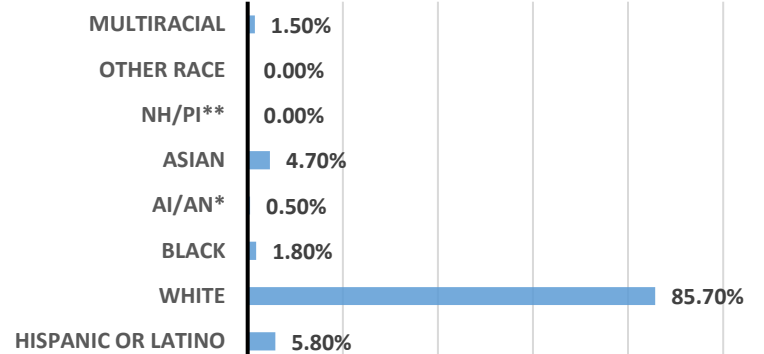


HEALTH INSURANCE



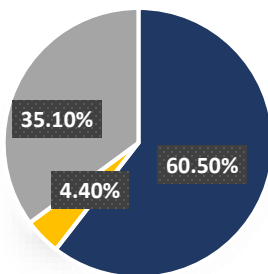
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

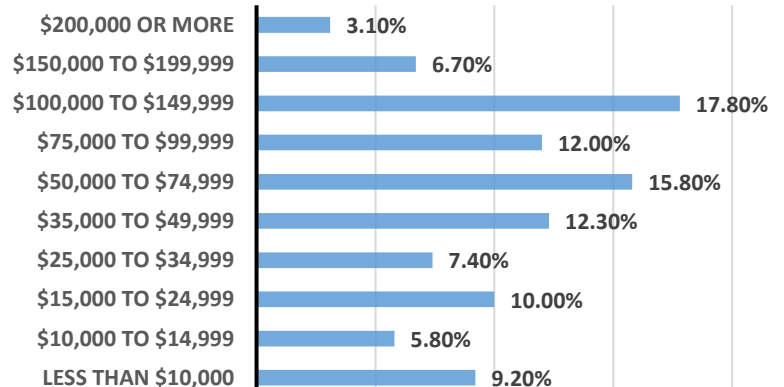
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

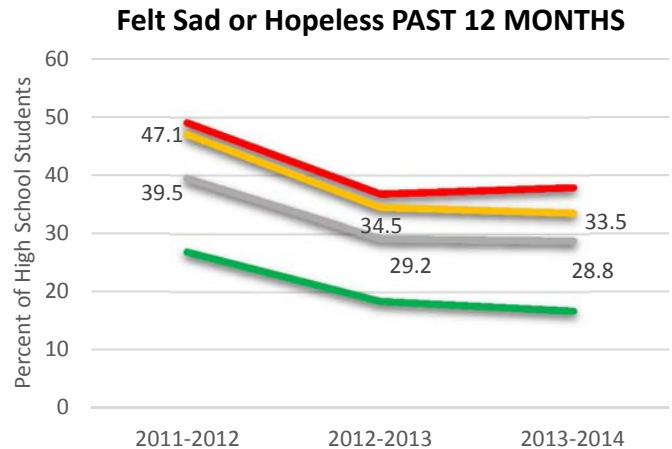
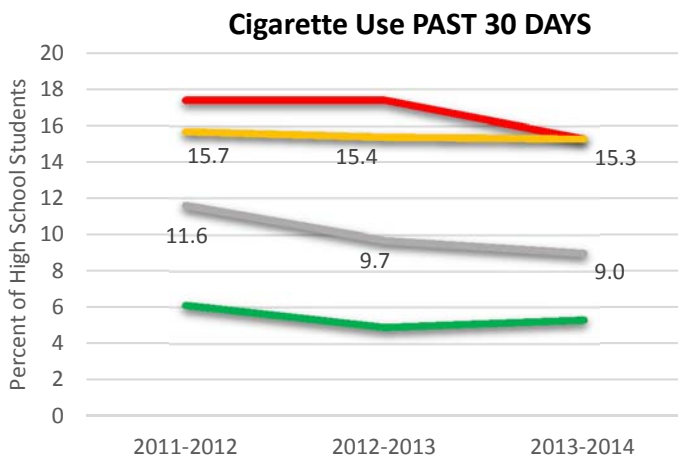
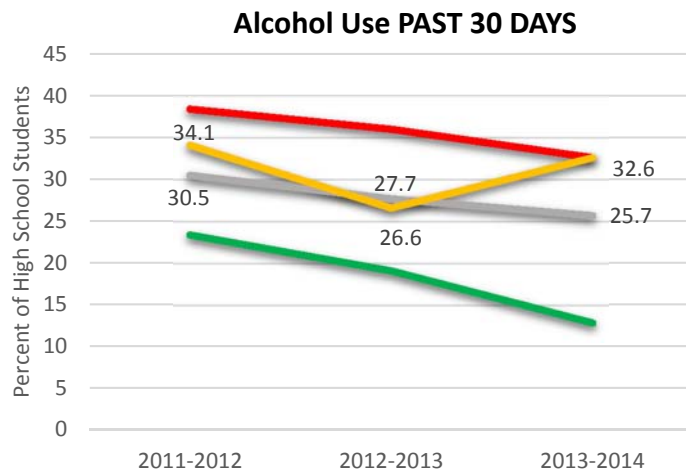
* Note: 0% Armed forces for this municipality

ANNUAL HOUSEHOLD INCOME



JOHNSTON

Prevalence – High School



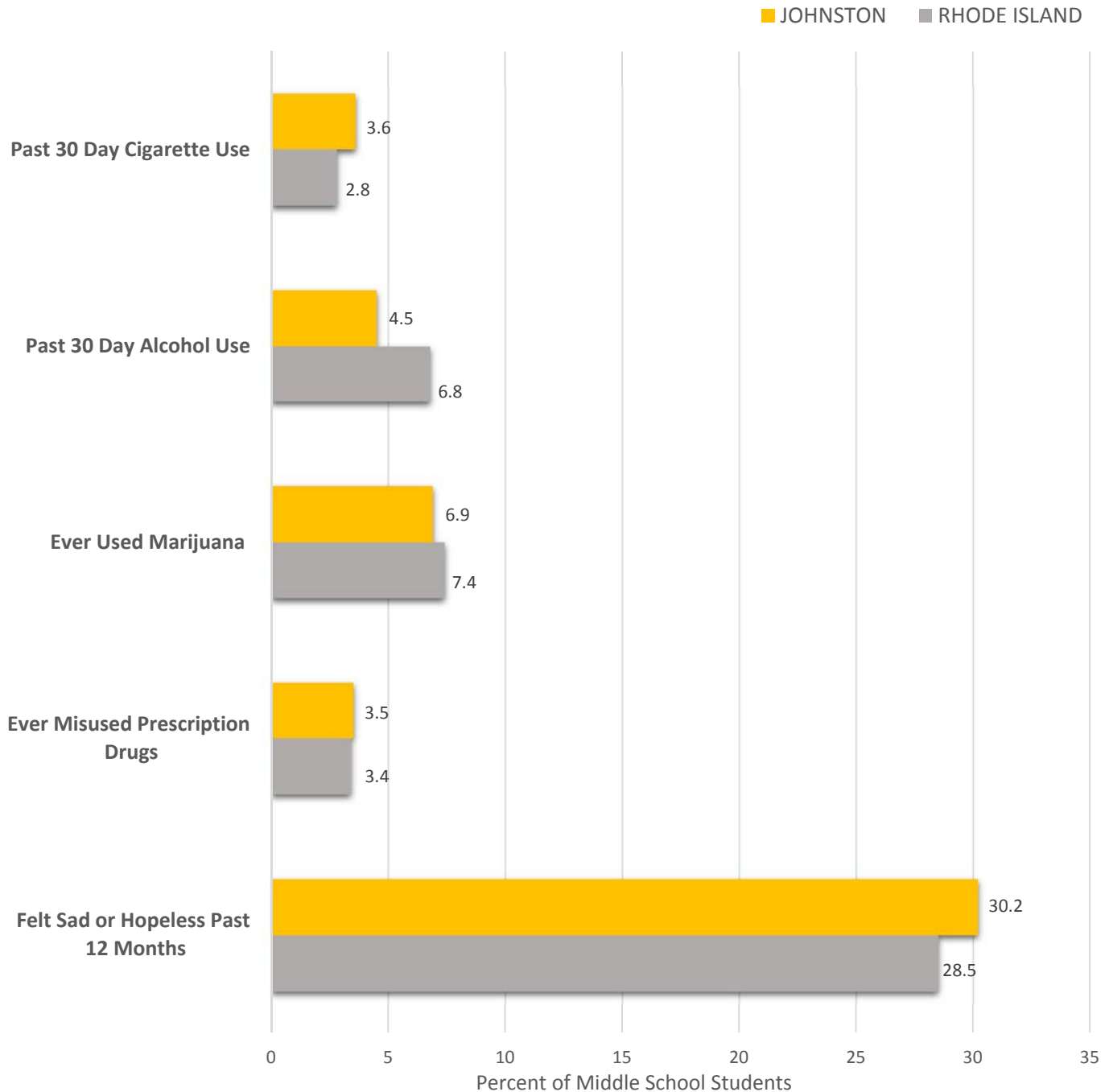
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	RHODE ISLAND	JOHNSTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.1%
2013-2014	9.5%	13.1%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	58.0%
2013-2014	60.8%	67.4%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	58.4%
2013-2014	55.7%	62.4%

JOHNSTON

Prevalence – Middle School

2013-2014 Middle School Prevalence

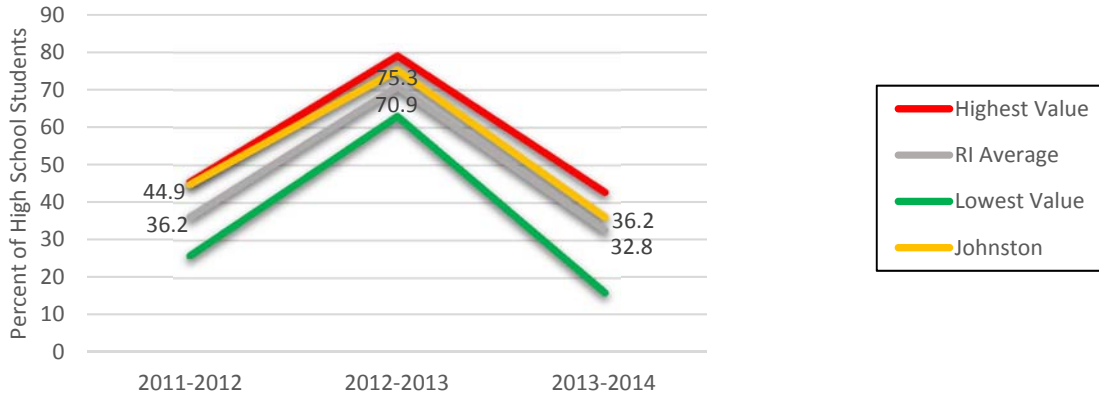


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

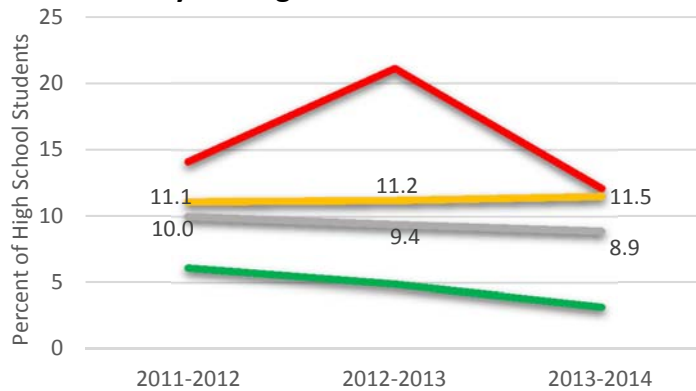
JOHNSTON

Risk and Protective Factors

Made Fun of at School

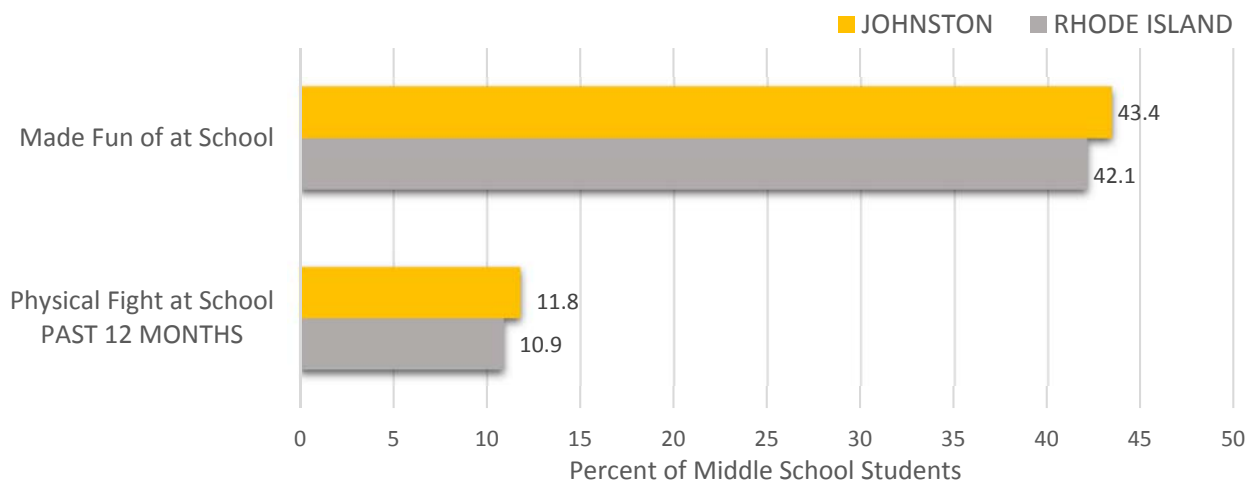


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

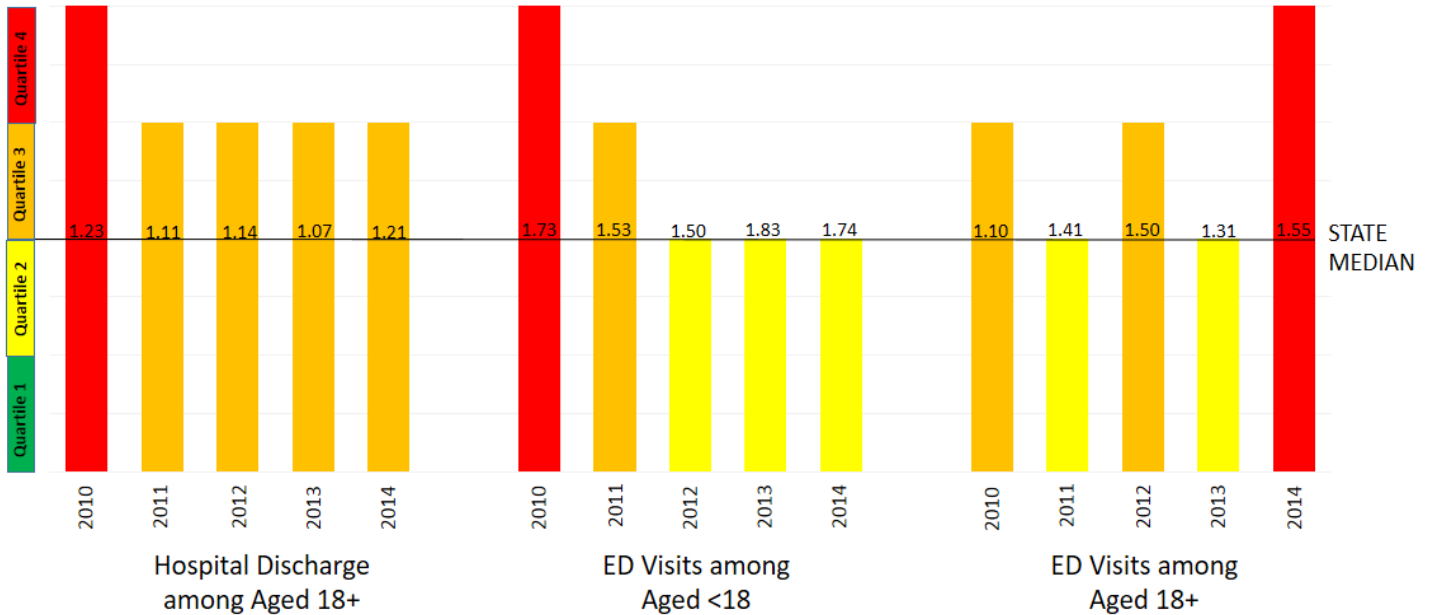


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

JOHNSTON

Consequences - Overdose

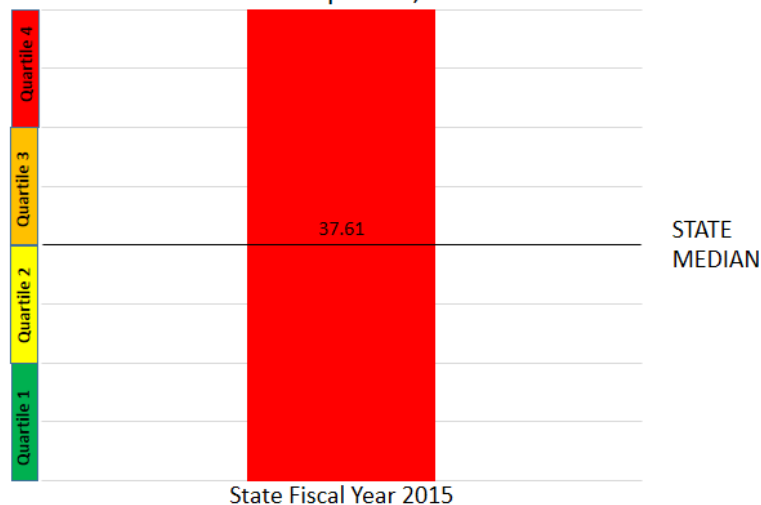
Johnston Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Johnston Quartiles of Adult Methadone Treatment per 10,000



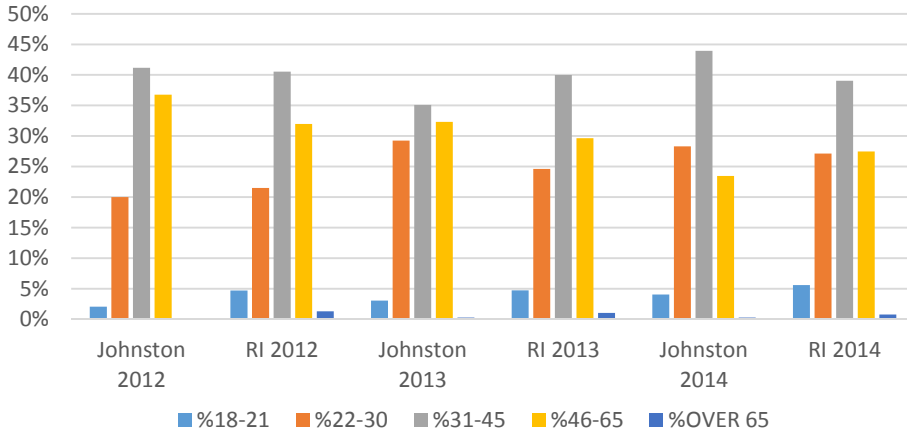
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

JOHNSTON

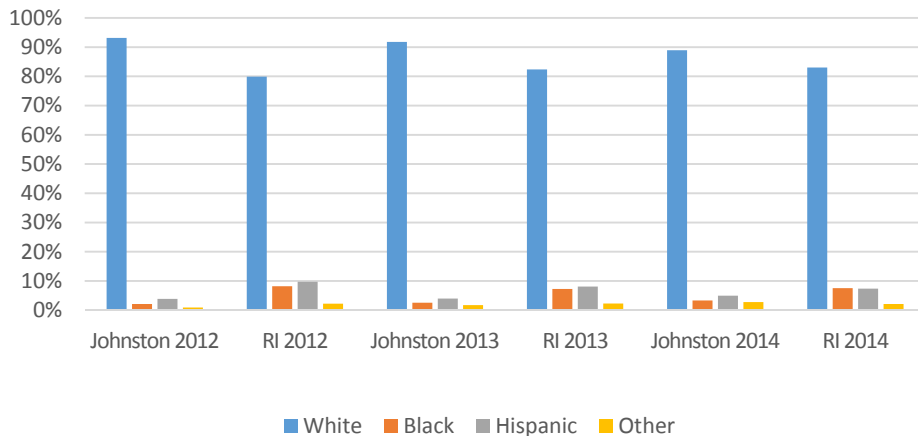
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



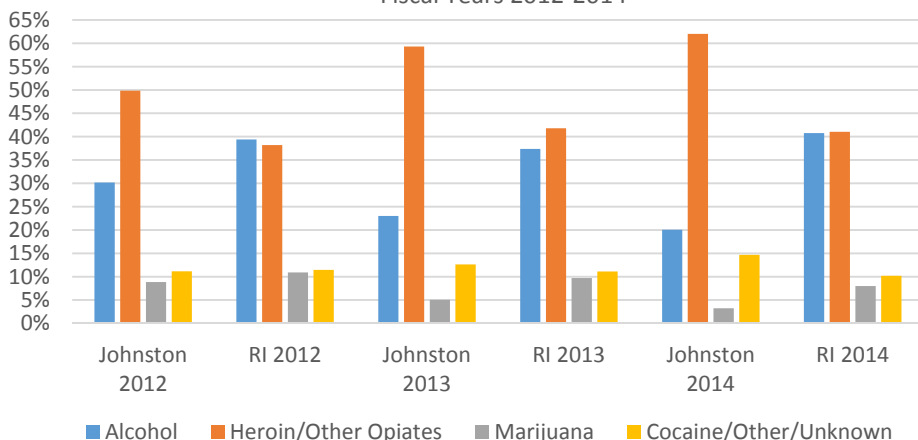
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

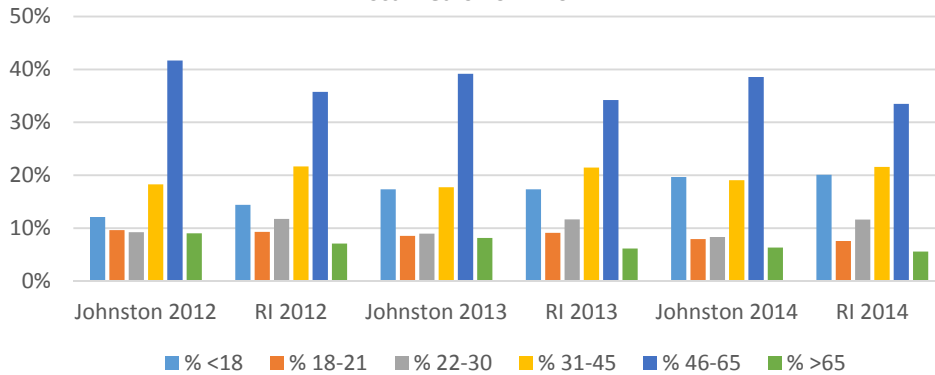


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

JOHNSTON

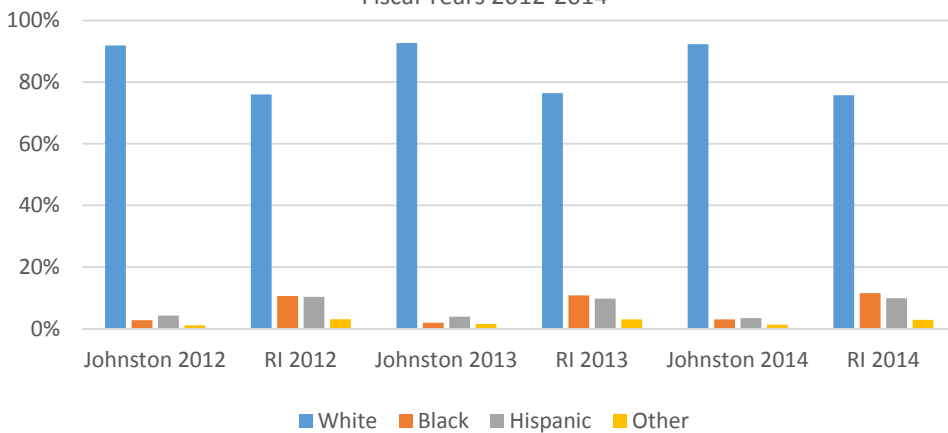
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



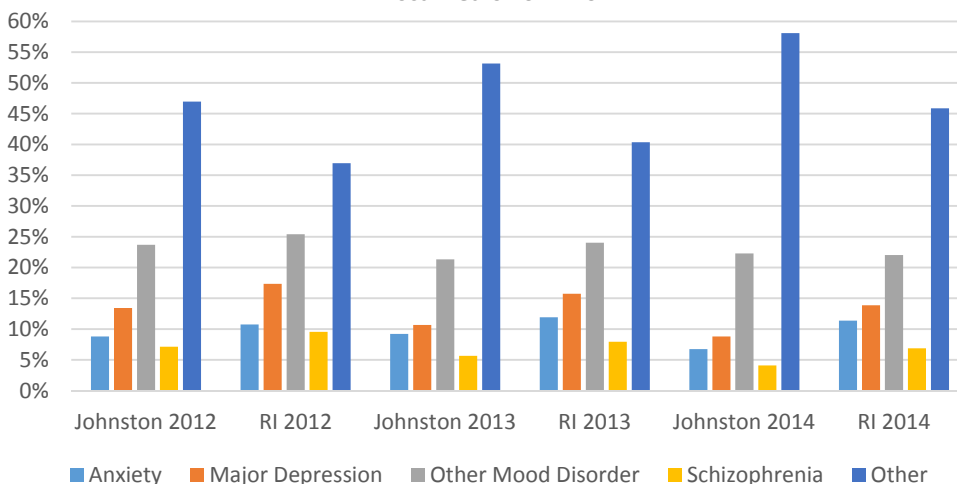
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

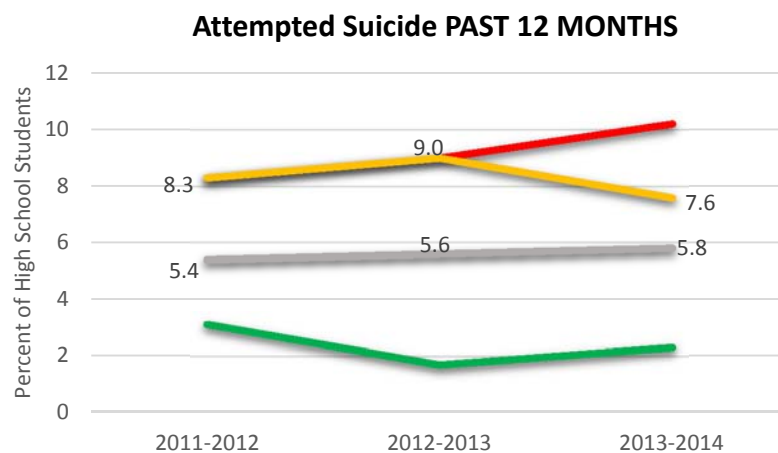
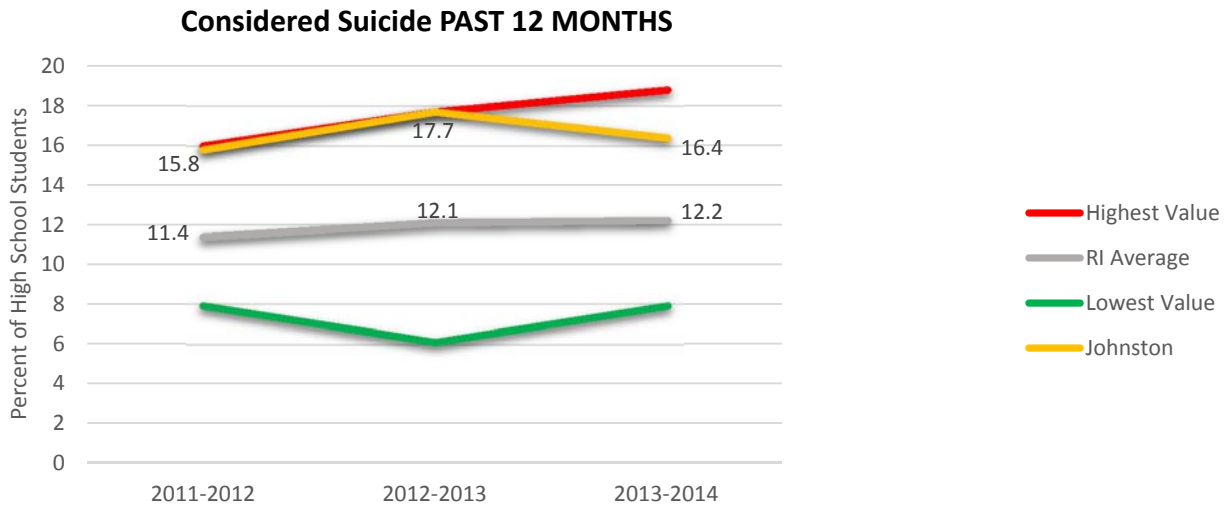
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

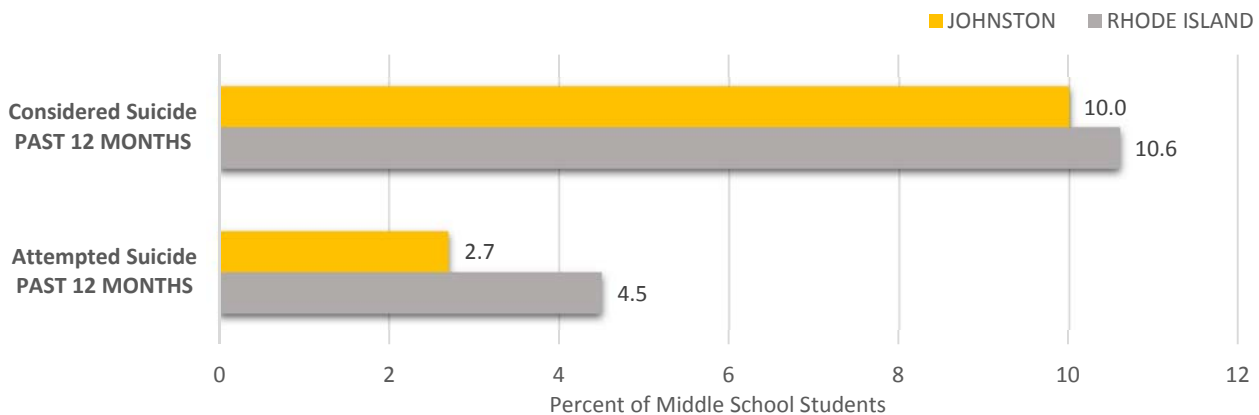
JOHNSTON

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



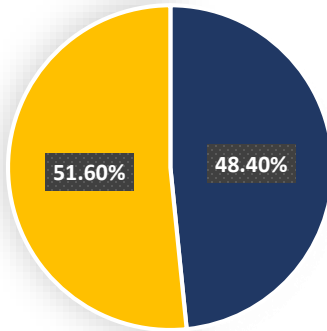
LINCOLN

Demographics

Total Population: 21,300

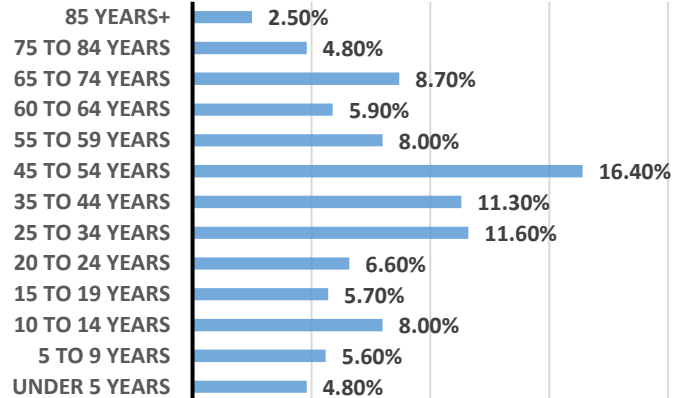
Total Households: 8,187

GENDER

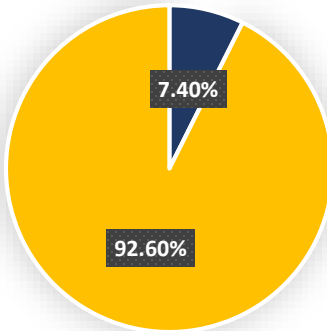


■ Male (%) ■ Female (%)

AGE

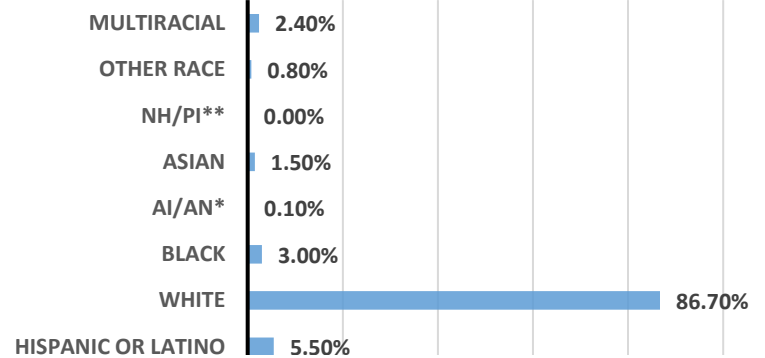


HEALTH INSURANCE



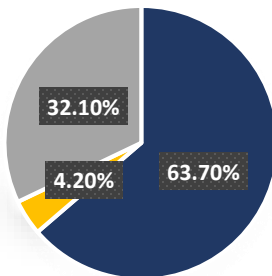
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

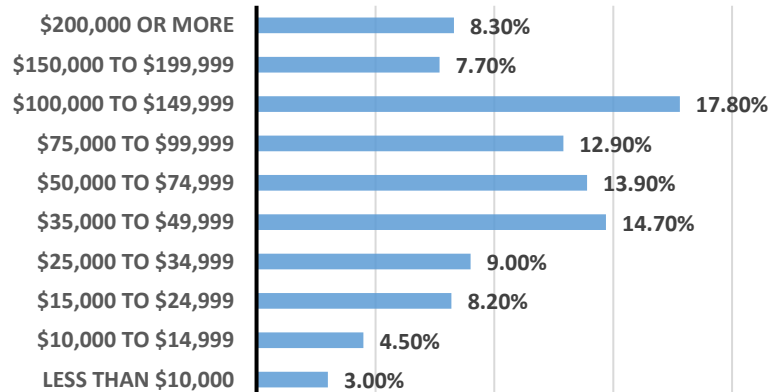
EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

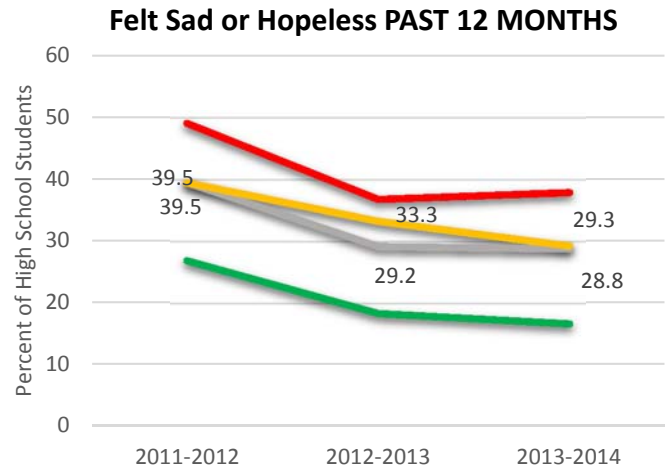
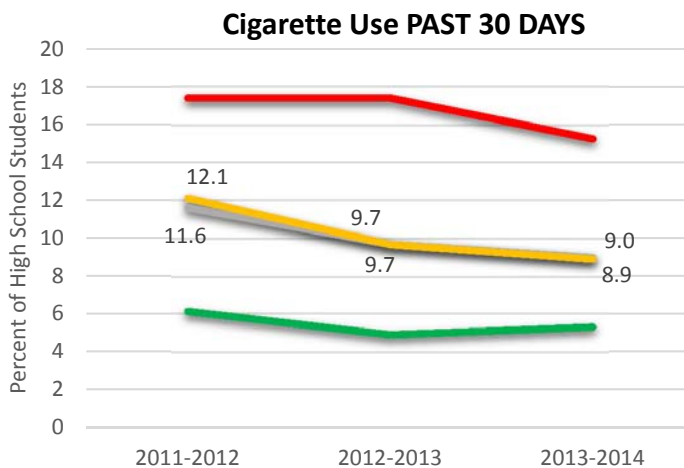
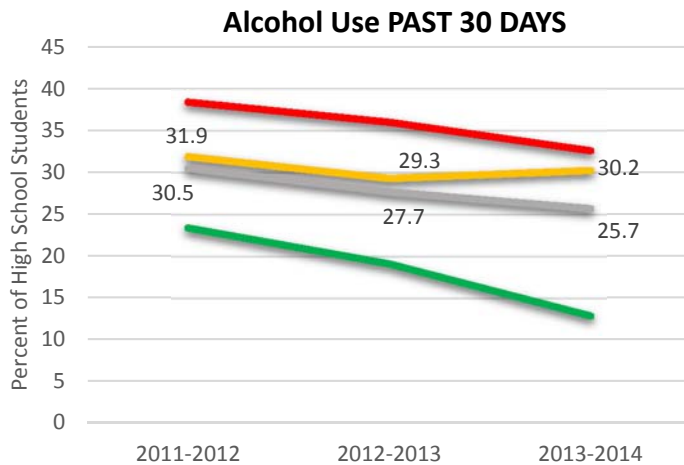
* Note: 0% Armed forces for this municipality

ANNUAL HOUSEHOLD INCOME



LINCOLN

Prevalence – High School



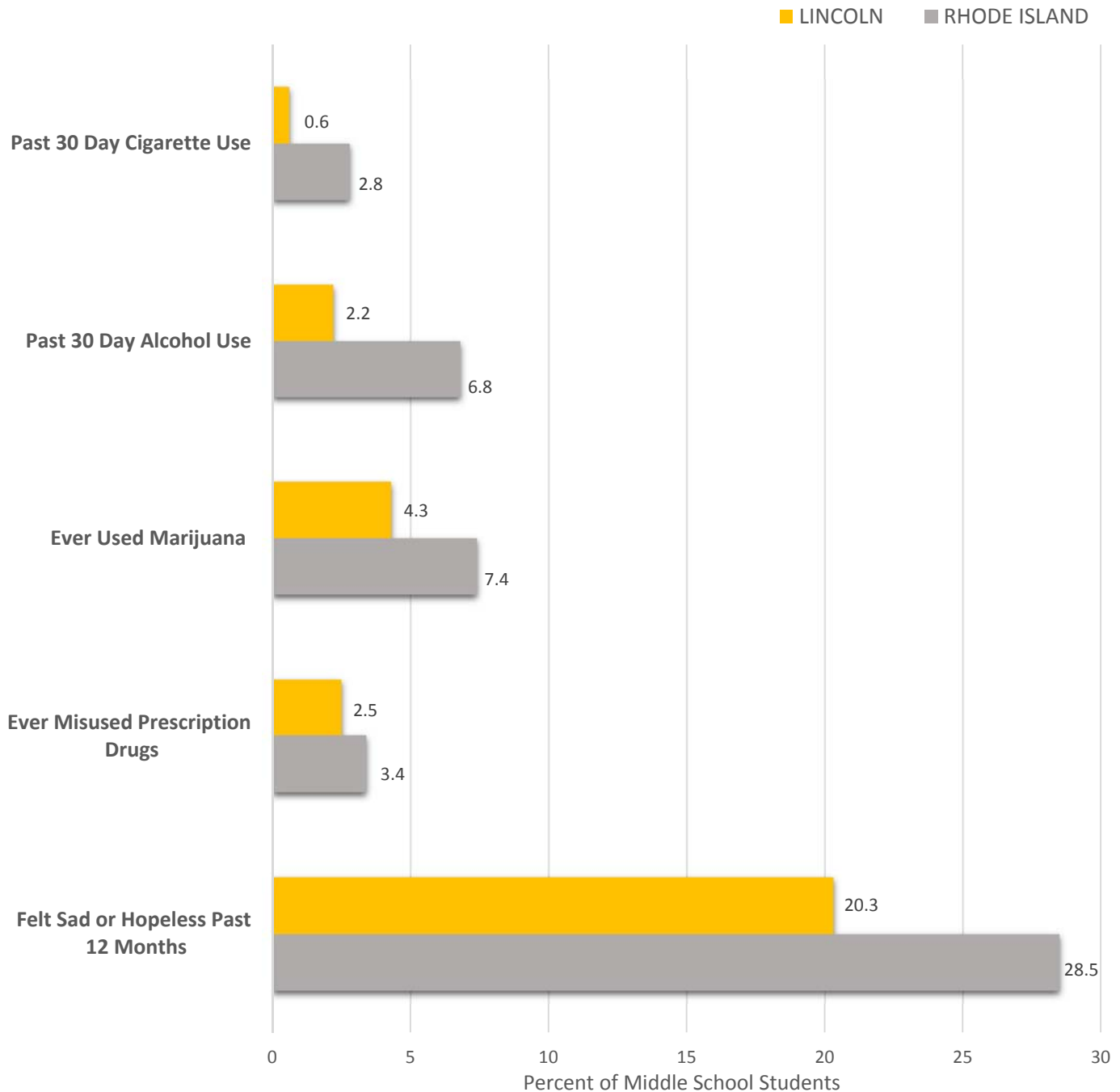
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	LINCOLN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	12.3%
2013-2014	9.5%	9.9%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	54.5%
2013-2014	60.8%	59.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	54.6%
2013-2014	55.7%	59.2%

LINCOLN

Prevalence – Middle School

2013-2014 Middle School Prevalence

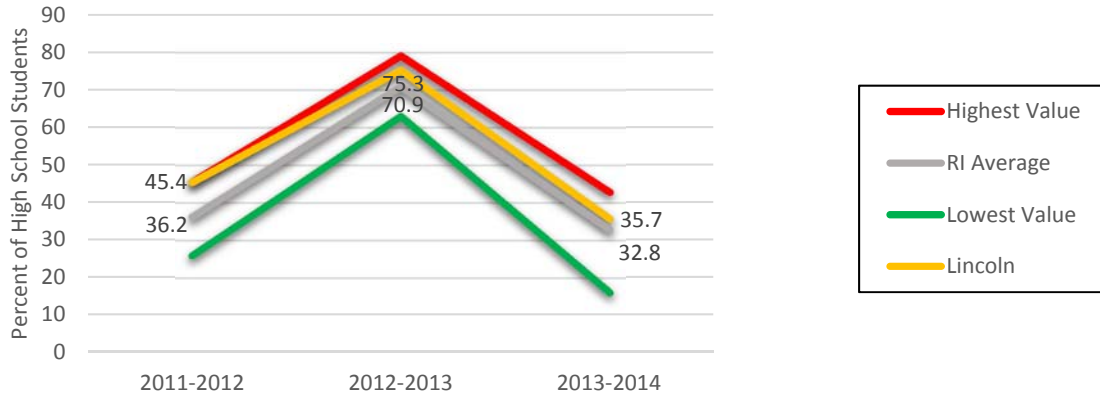


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

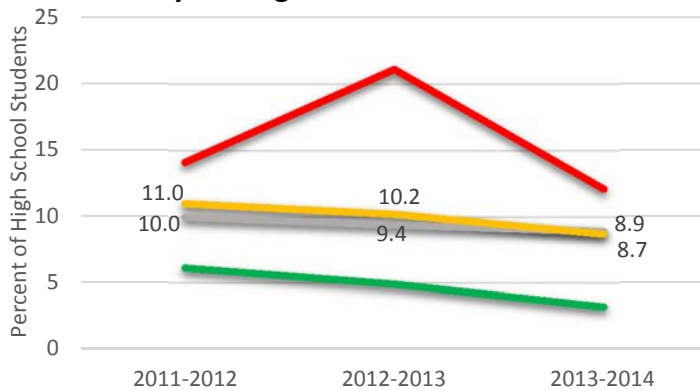
LINCOLN

Risk and Protective Factors

Made Fun of at School

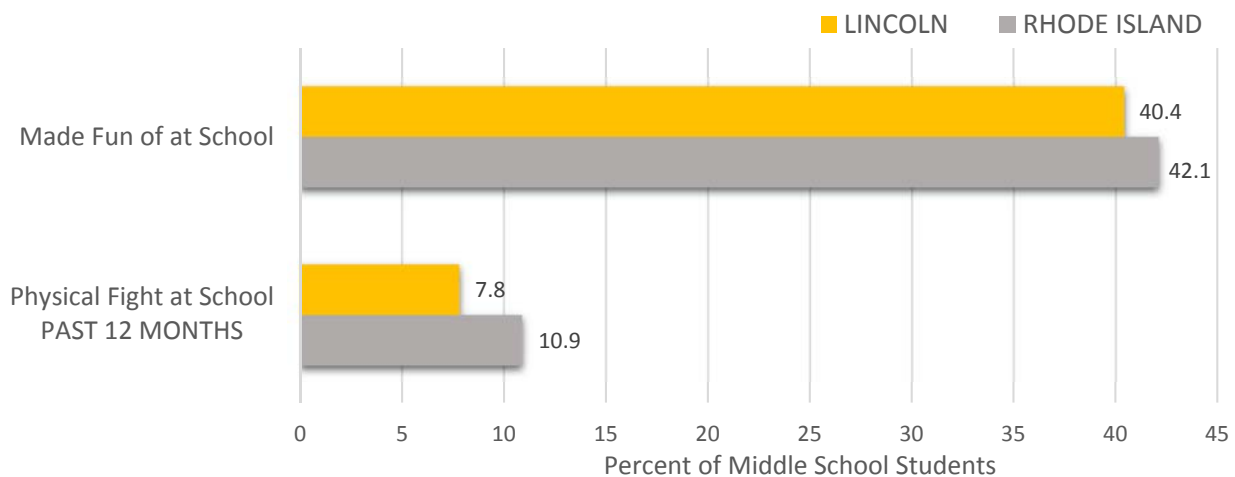


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

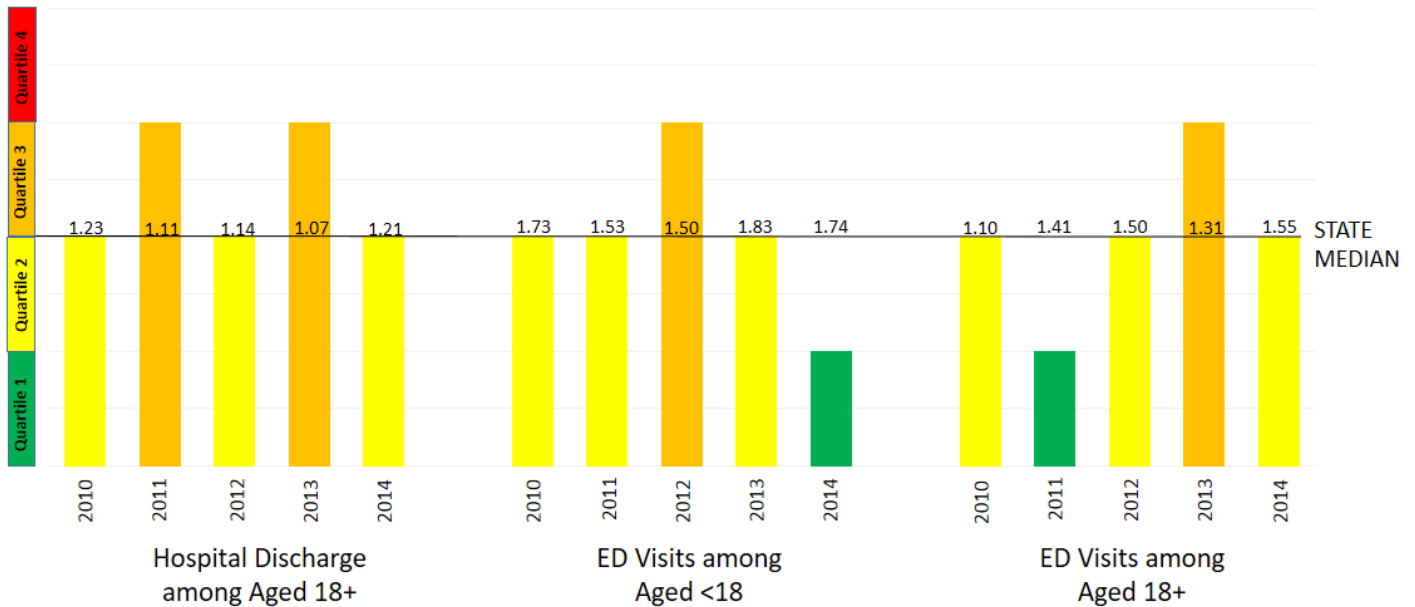


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

LINCOLN

Consequences - Overdose

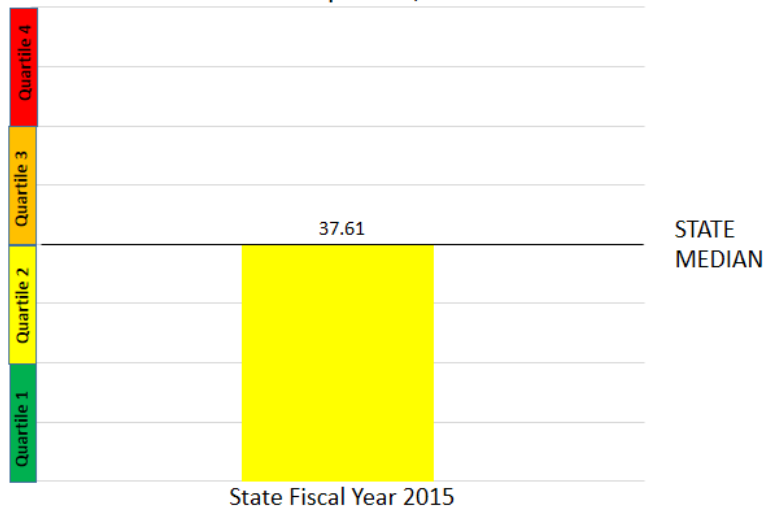
Lincoln Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Lincoln Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

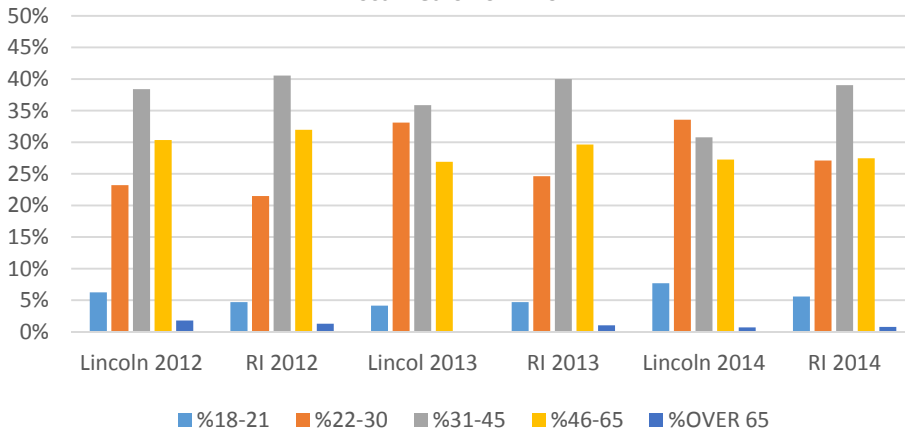
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

LINCOLN

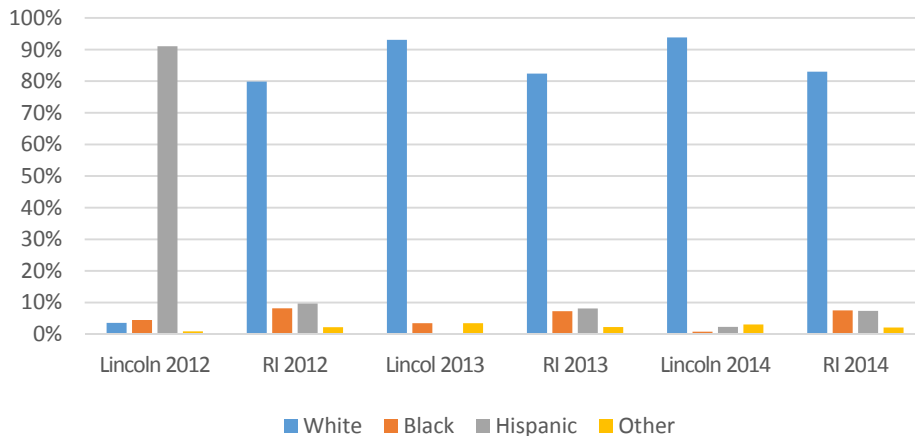
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



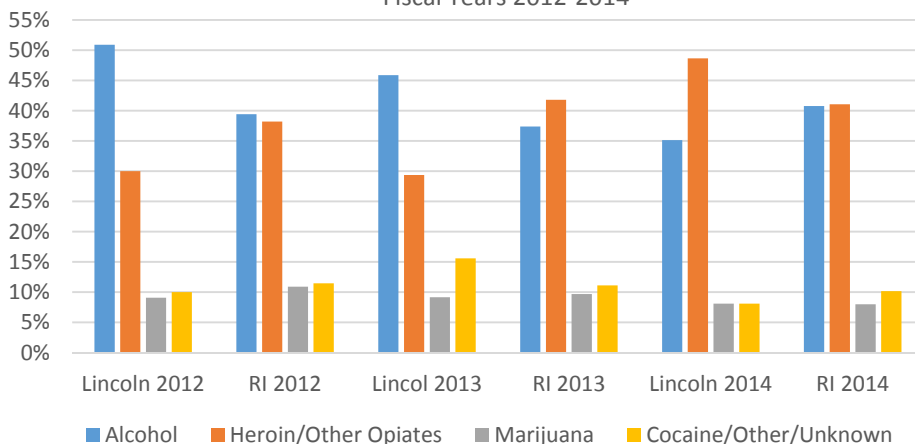
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

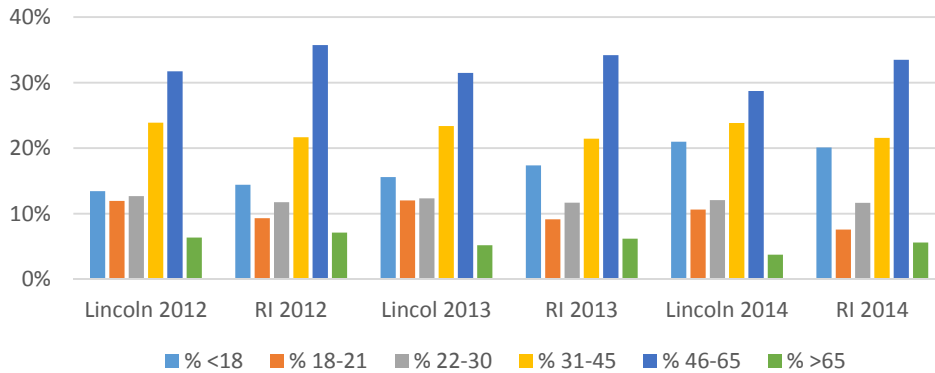


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

LINCOLN

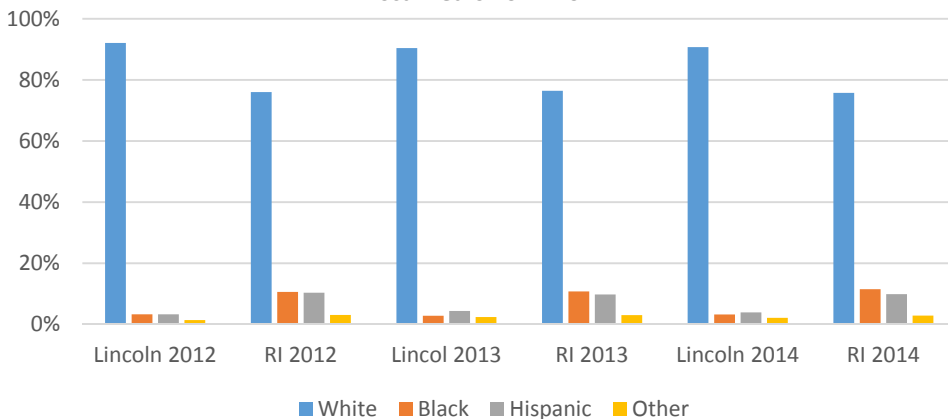
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



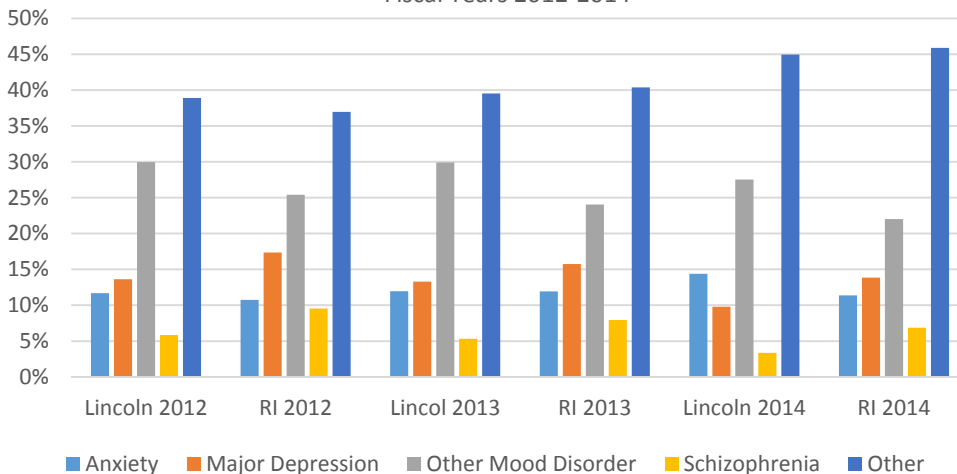
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

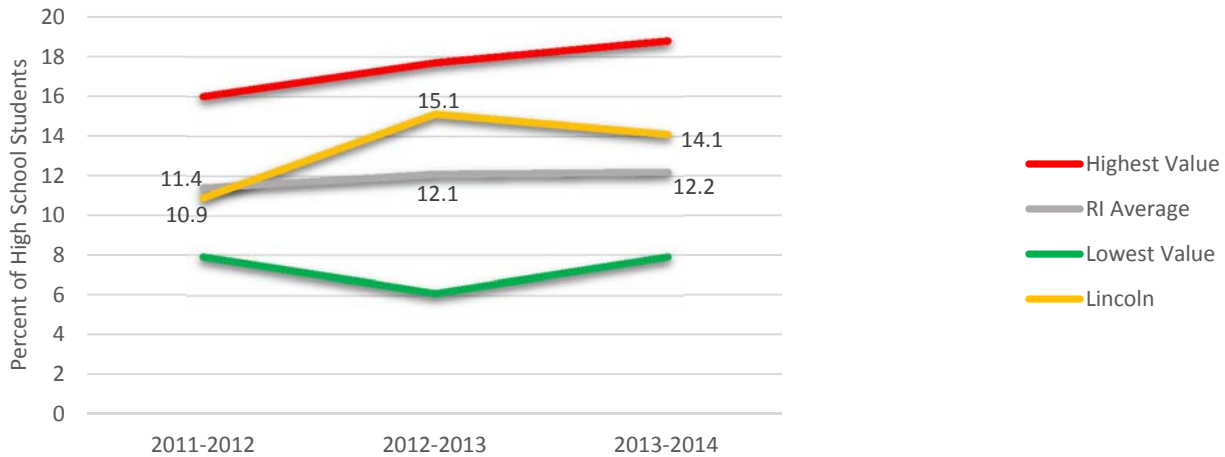


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

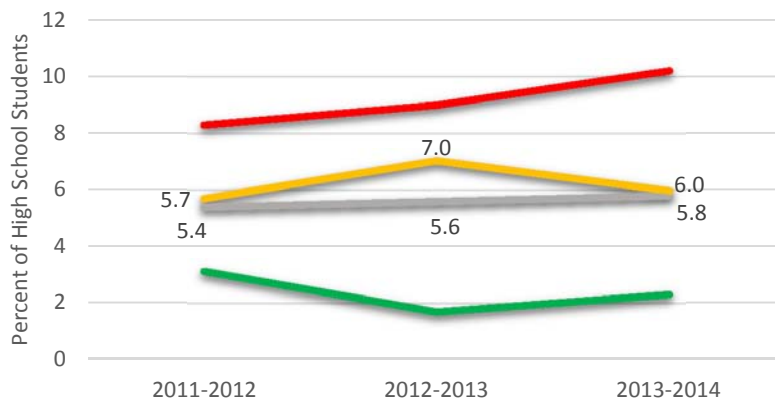
LINCOLN

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

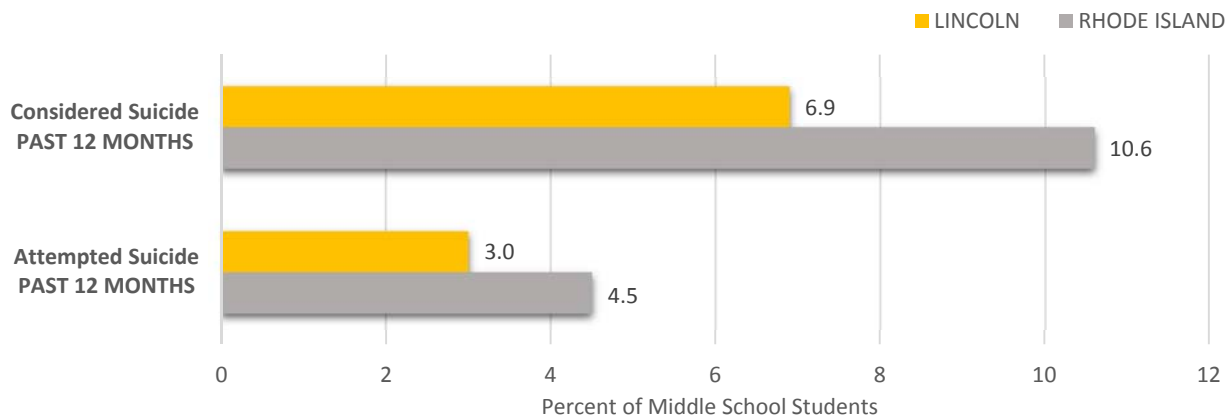


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



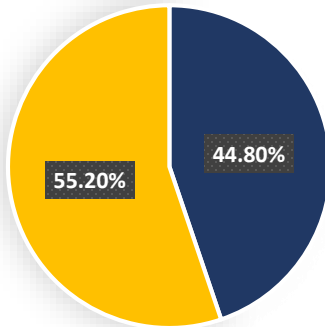
LITTLE COMPTON

Demographics

Total Population: 3,491

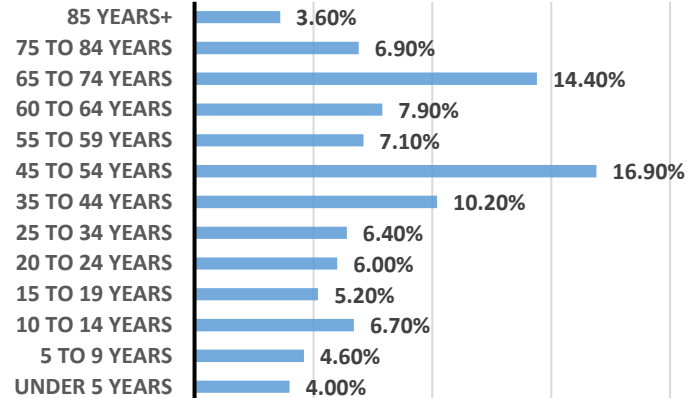
Total Households: 1,571

GENDER

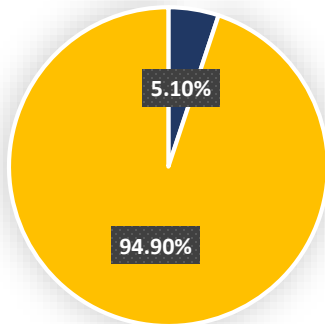


■ Male (%) ■ Female (%)

AGE

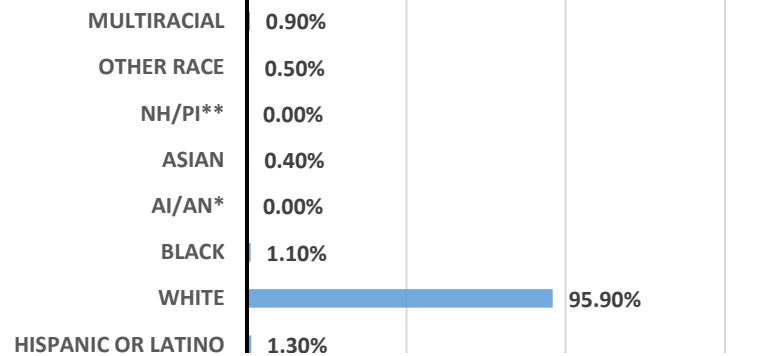


HEALTH INSURANCE



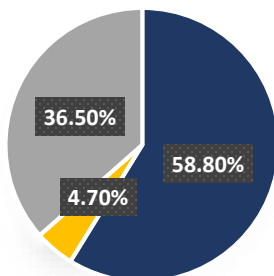
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

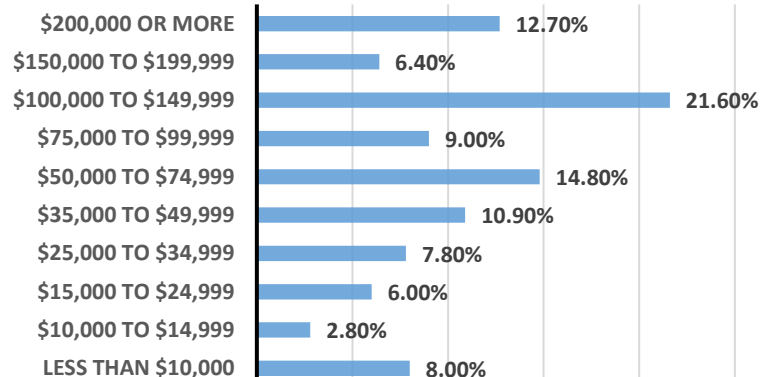
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

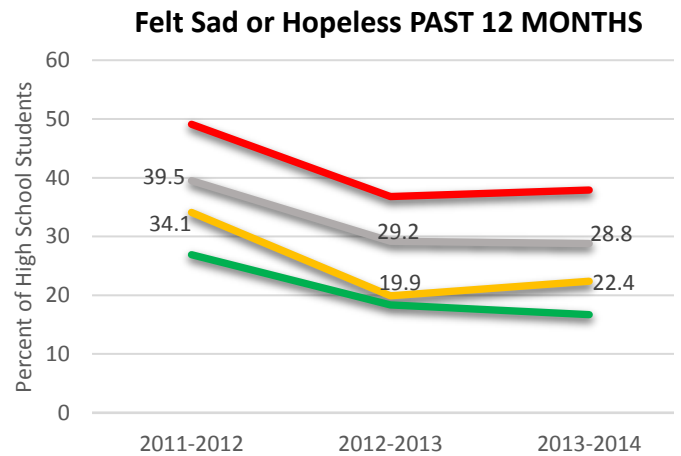
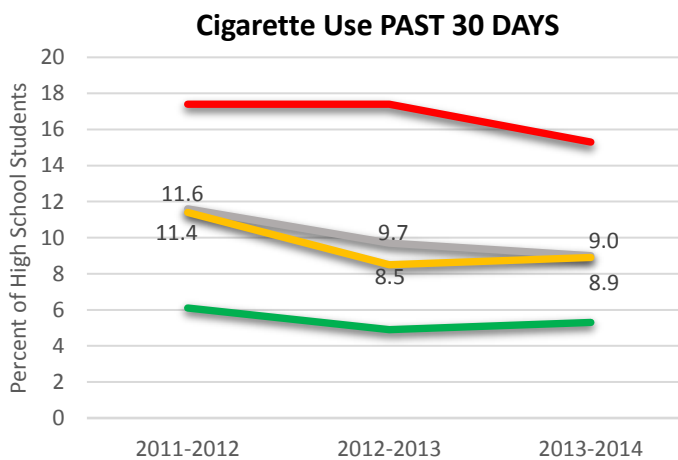
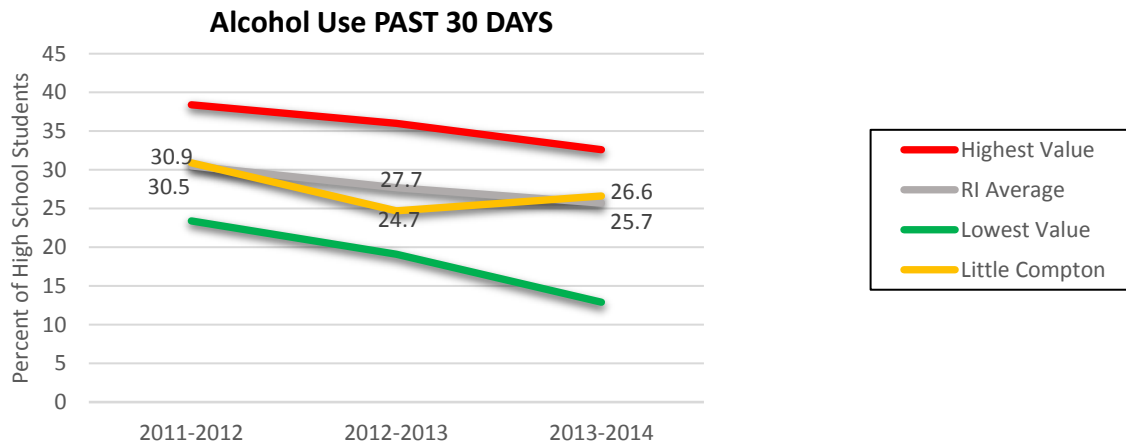
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

LITTLE COMPTON

Prevalence – High School



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	LITTLE COMPTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	6.5%
2013-2014	9.5%	8.8%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	61.8%
2013-2014	60.8%	62.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	54.2%
2013-2014	55.7%	51.7%

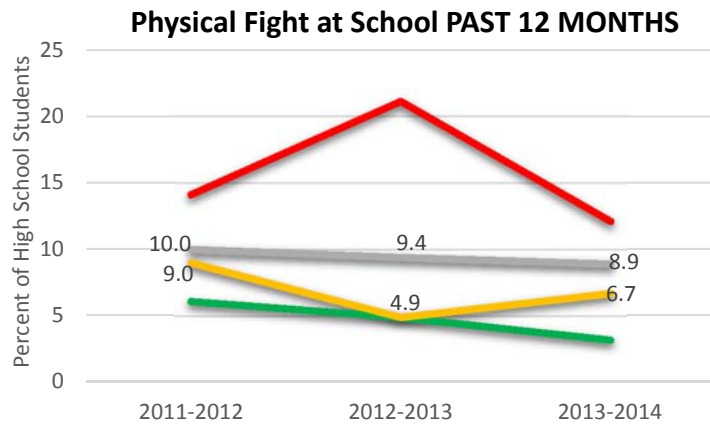
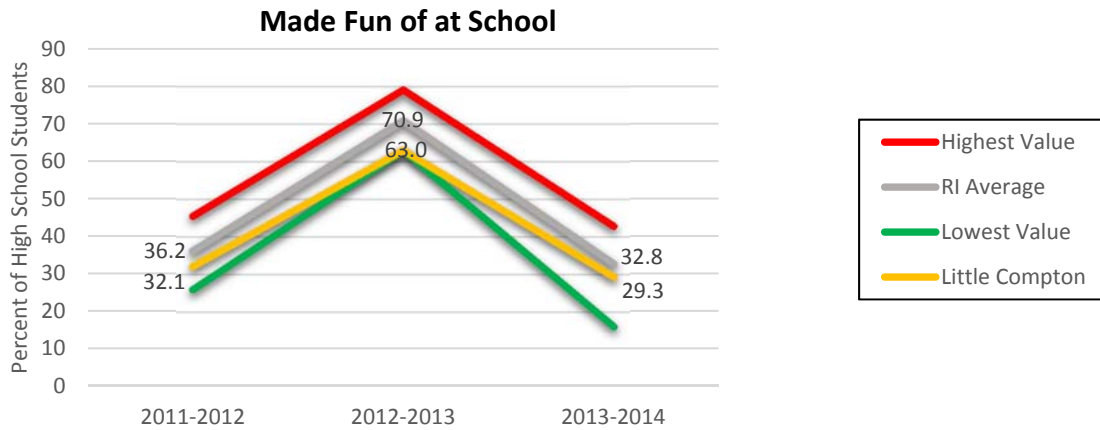
LITTLE COMPTON

Prevalence – Middle School

NO MIDDLE SCHOOL PREVALENCE DATA ARE
AVAILABLE FOR LITTLE COMPTON.

LITTLE COMPTON

Risk and Protective Factors



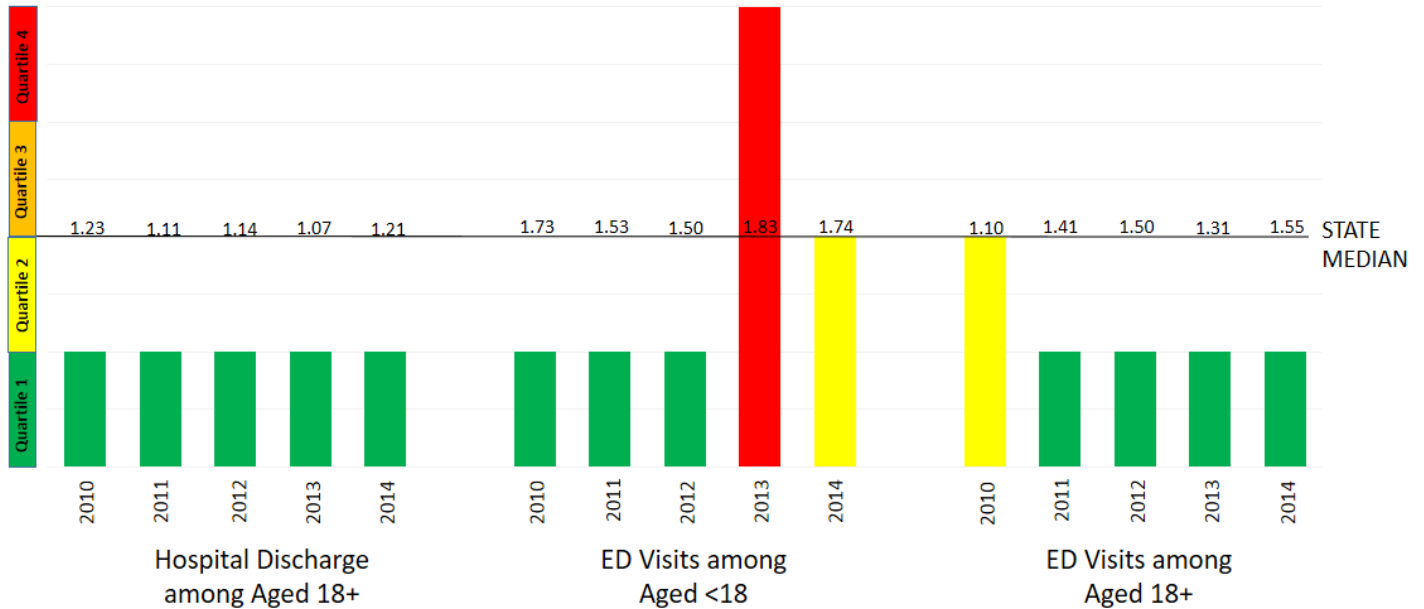
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

NO MIDDLE SCHOOL
RISK AND PROTECTIVE FACTOR DATA
ARE AVAILABLE FOR LITTLE COMPTON.

LITTLE COMPTON

Consequences - Overdose

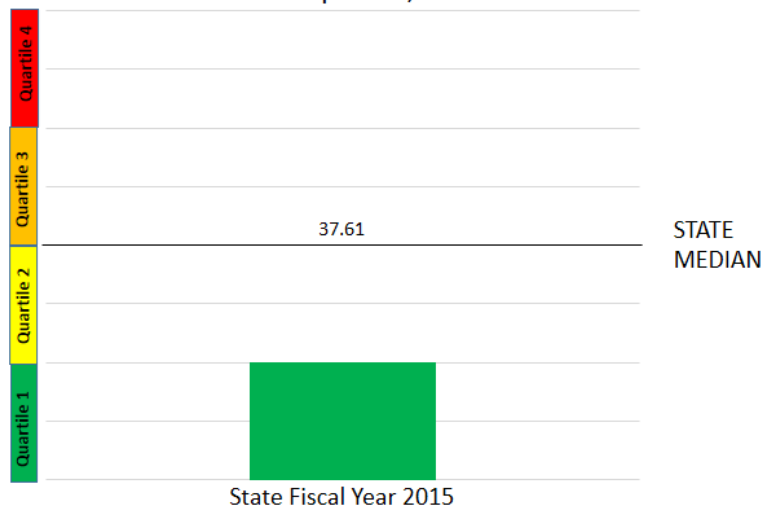
Little Compton Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Little Compton Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

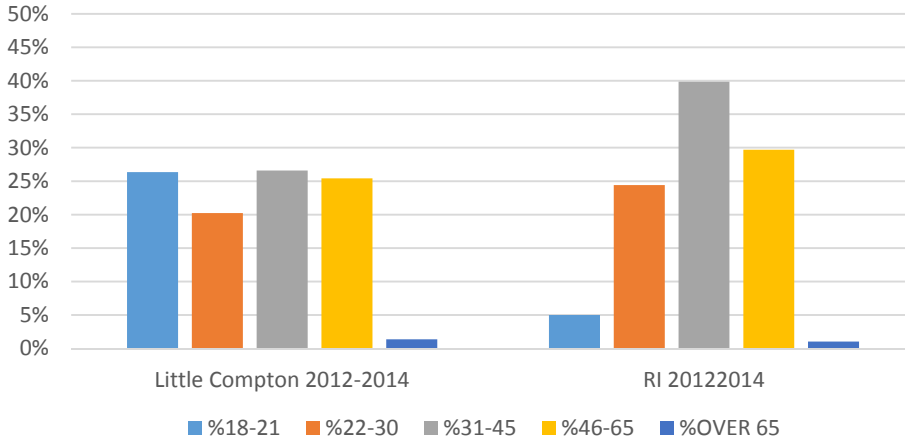
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

LITTLE COMPTON

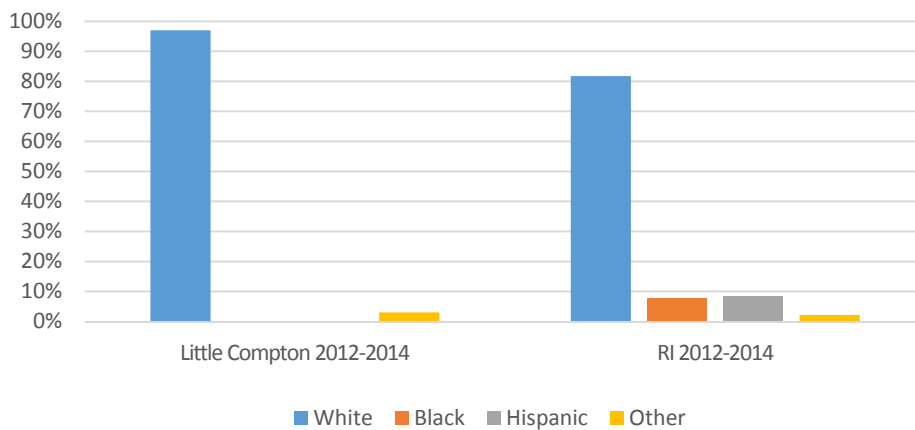
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



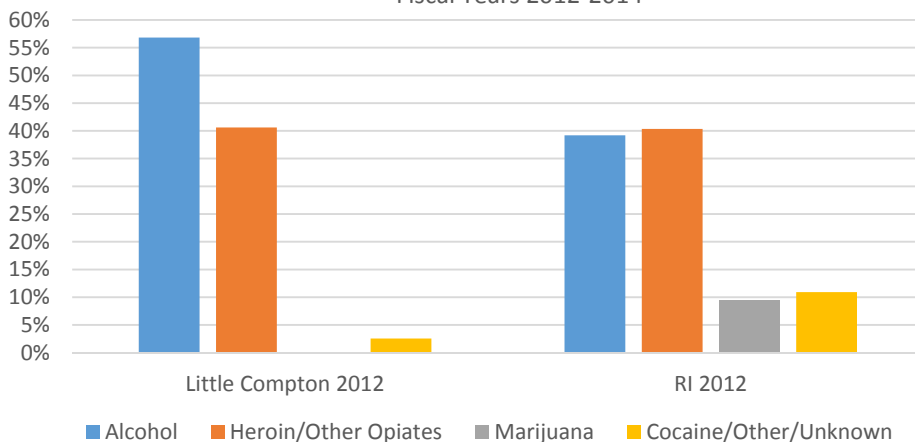
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

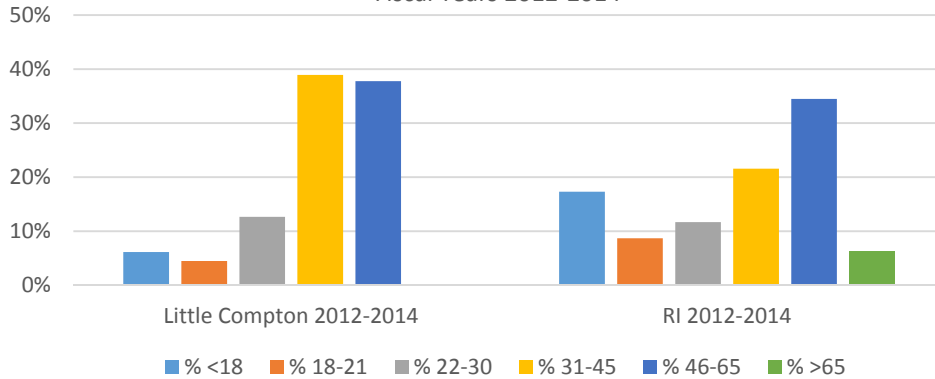


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

LITTLE COMPTON

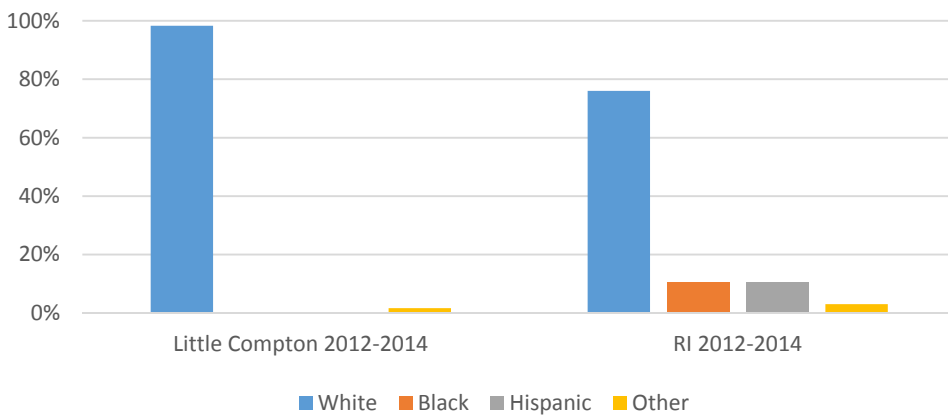
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



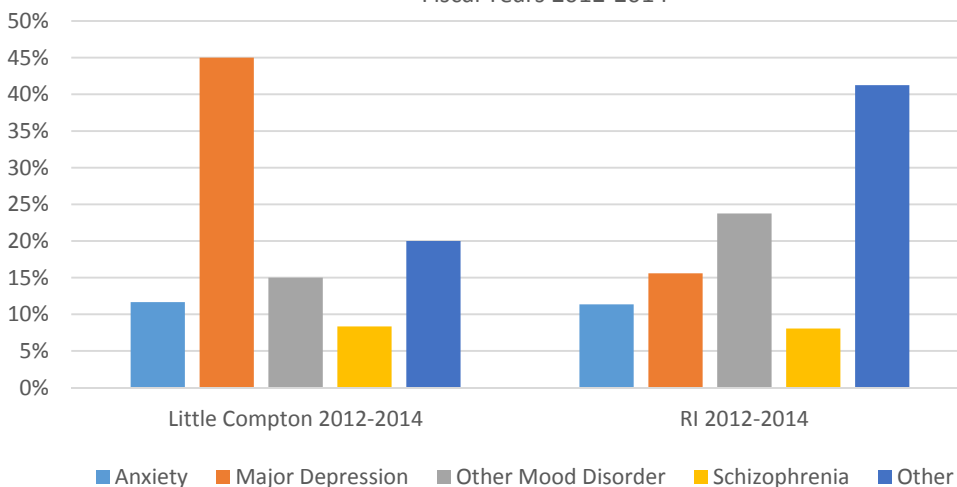
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

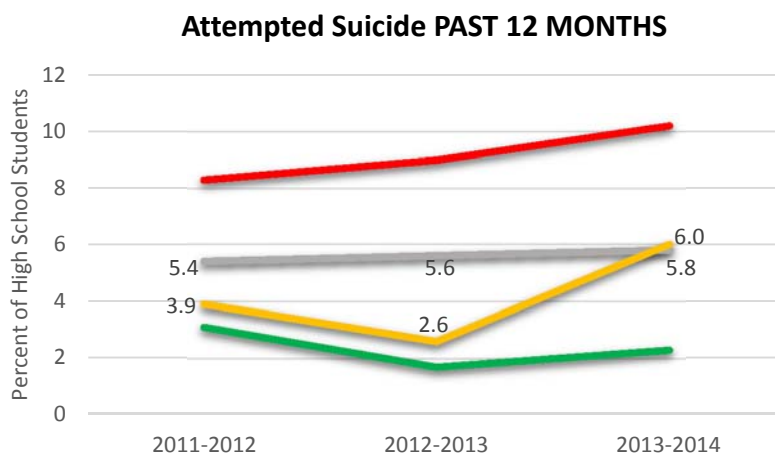
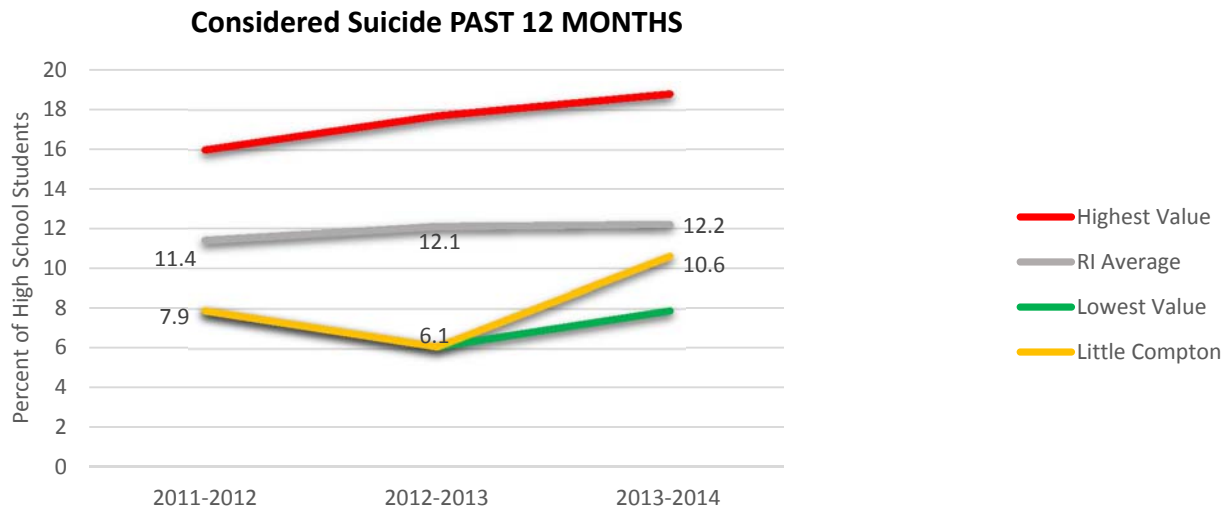
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

LITTLE COMPTON

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

NO MIDDLE SCHOOL SUICIDALITY
DATA ARE AVAILABLE FOR LITTLE COMPTON.

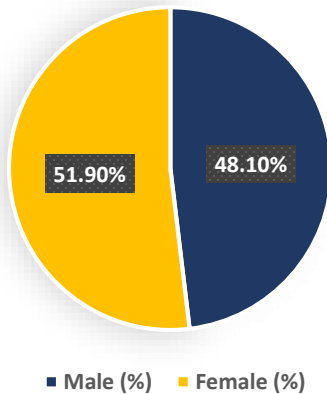
MIDDLETOWN

Demographics

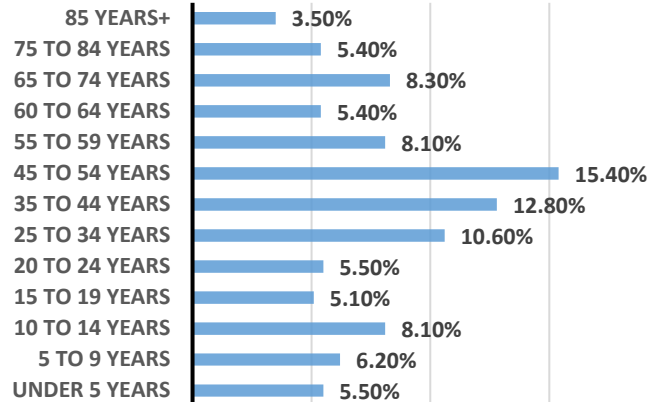
Total Population: 16,081

Total Households: 6,527

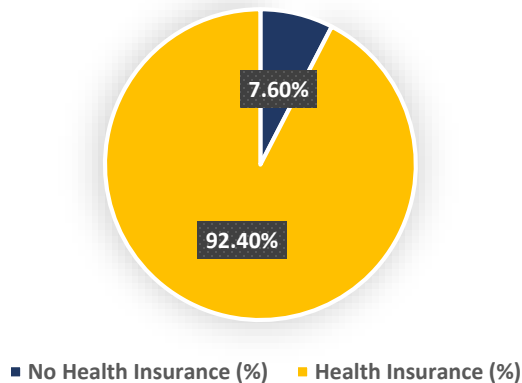
GENDER



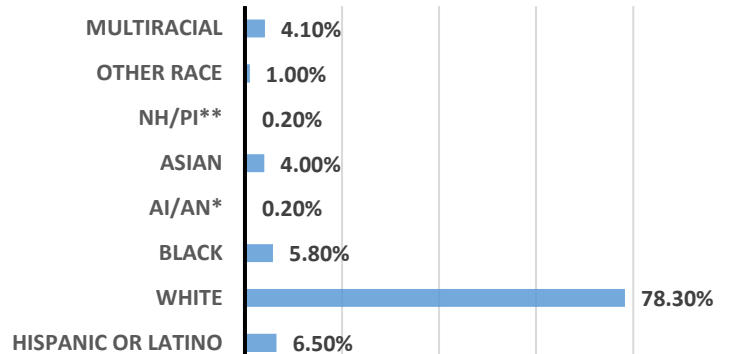
AGE



HEALTH INSURANCE

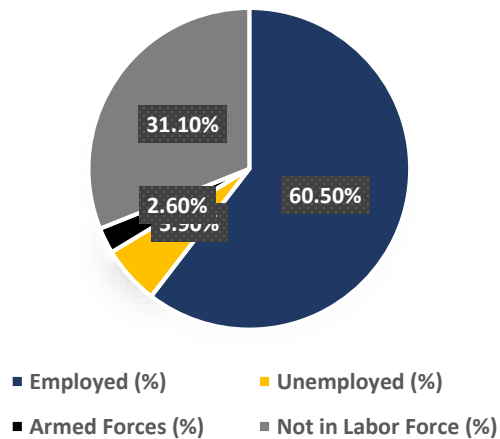


RACE/ETHNICITY

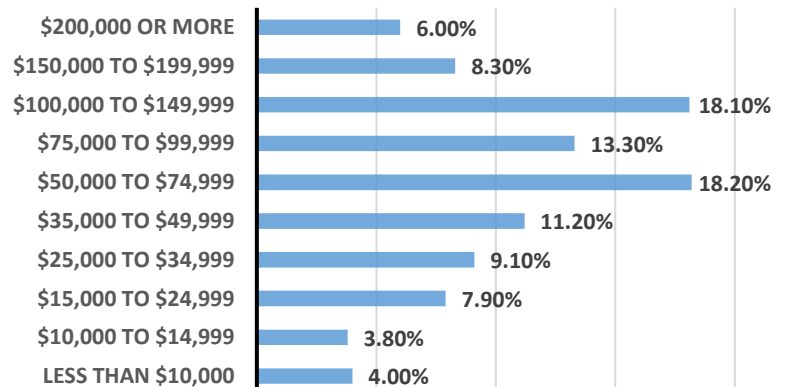


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



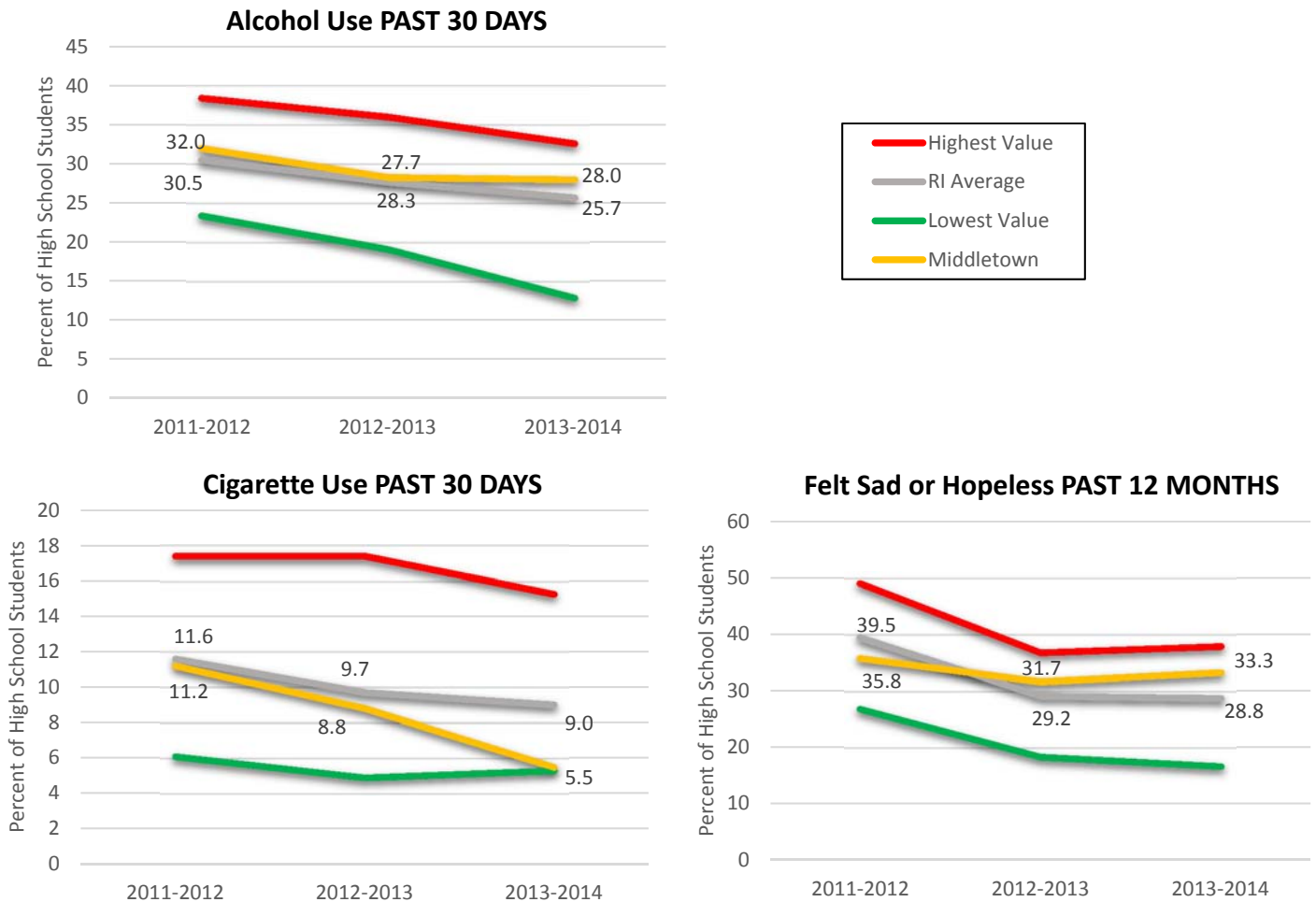
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

MIDDLETOWN

Prevalence – High School



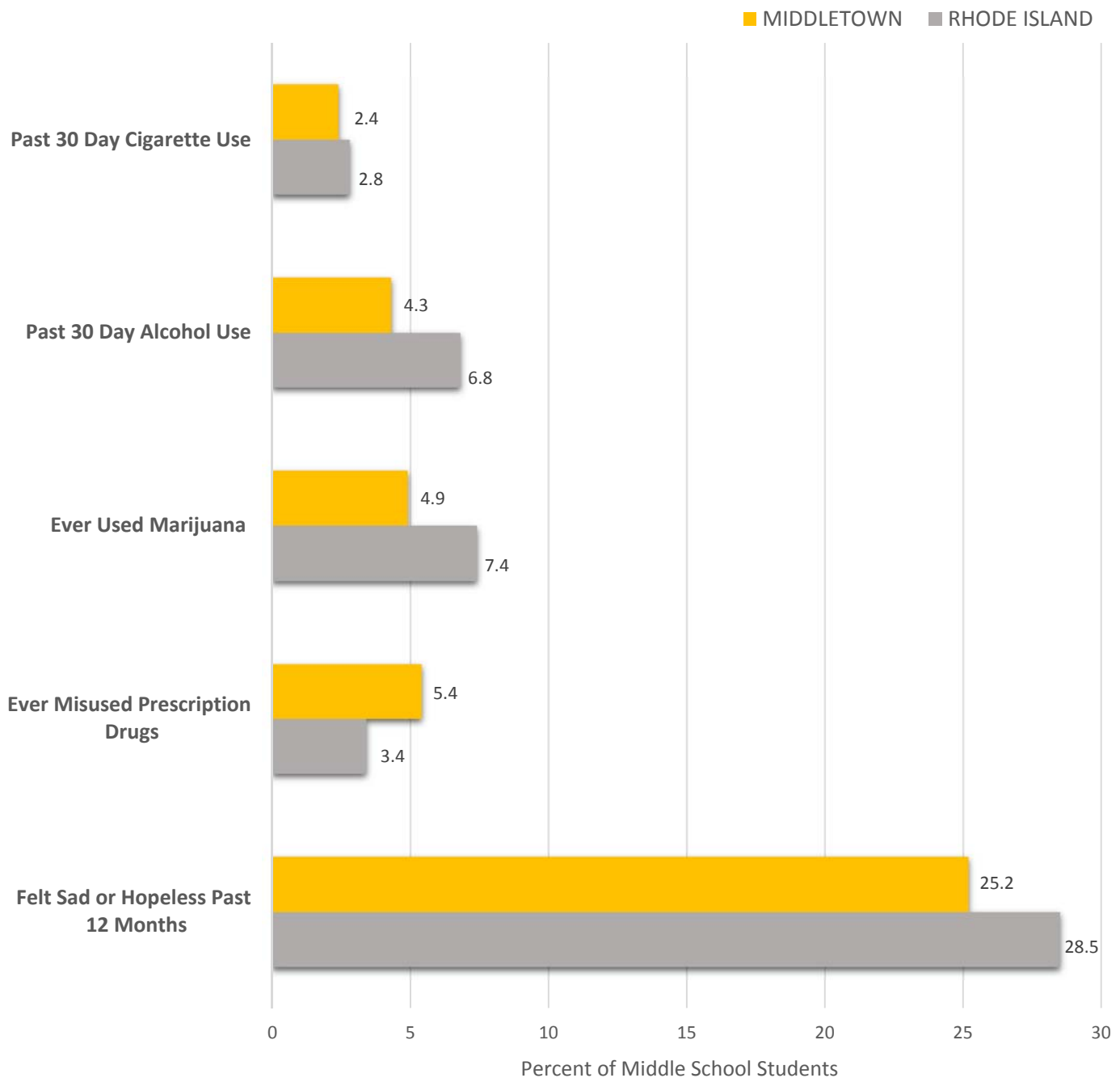
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	MIDDLETOWN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.8%
2013-2014	9.5%	8.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	50.7%
2013-2014	60.8%	55.1%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	56.3%
2013-2014	55.7%	55.6%

MIDDLETOWN

Prevalence – Middle School

2013-2014 Middle School Prevalence

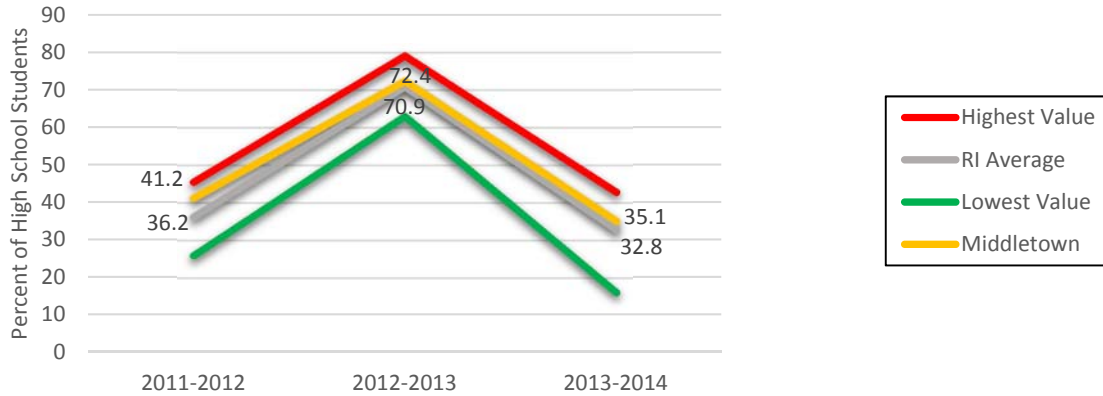


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

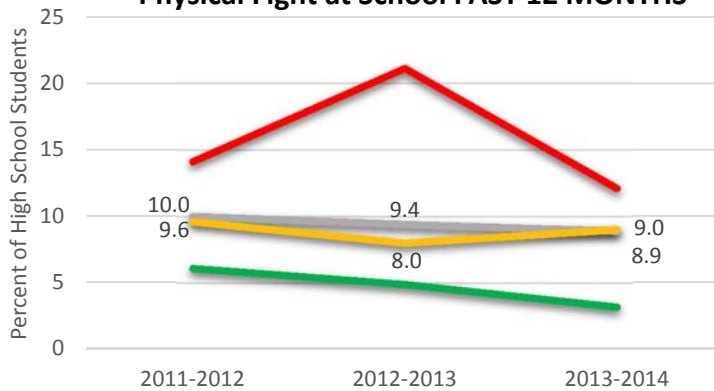
MIDDLETOWN

Risk and Protective Factors

Made Fun of at School

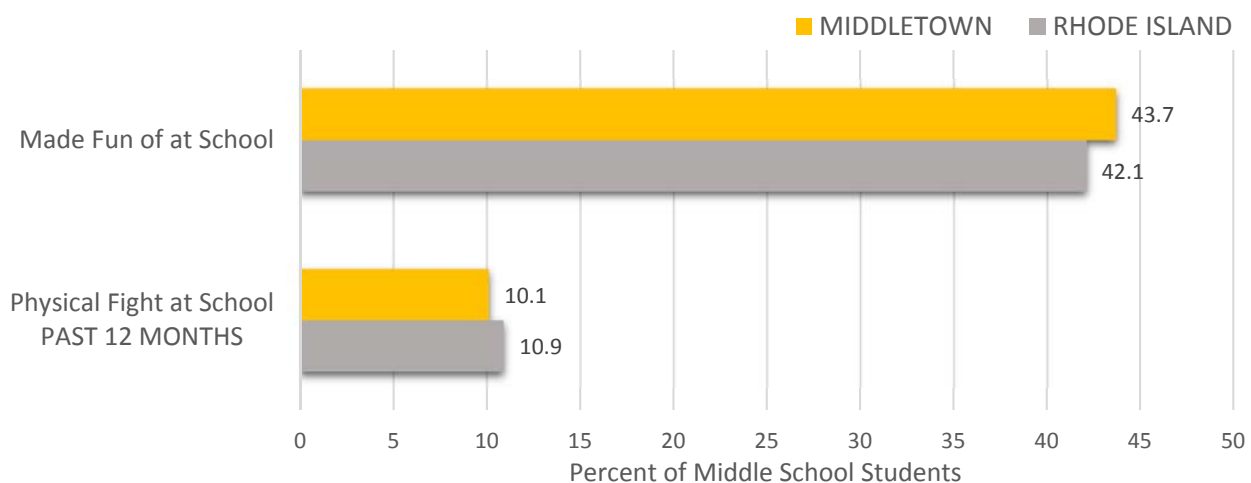


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

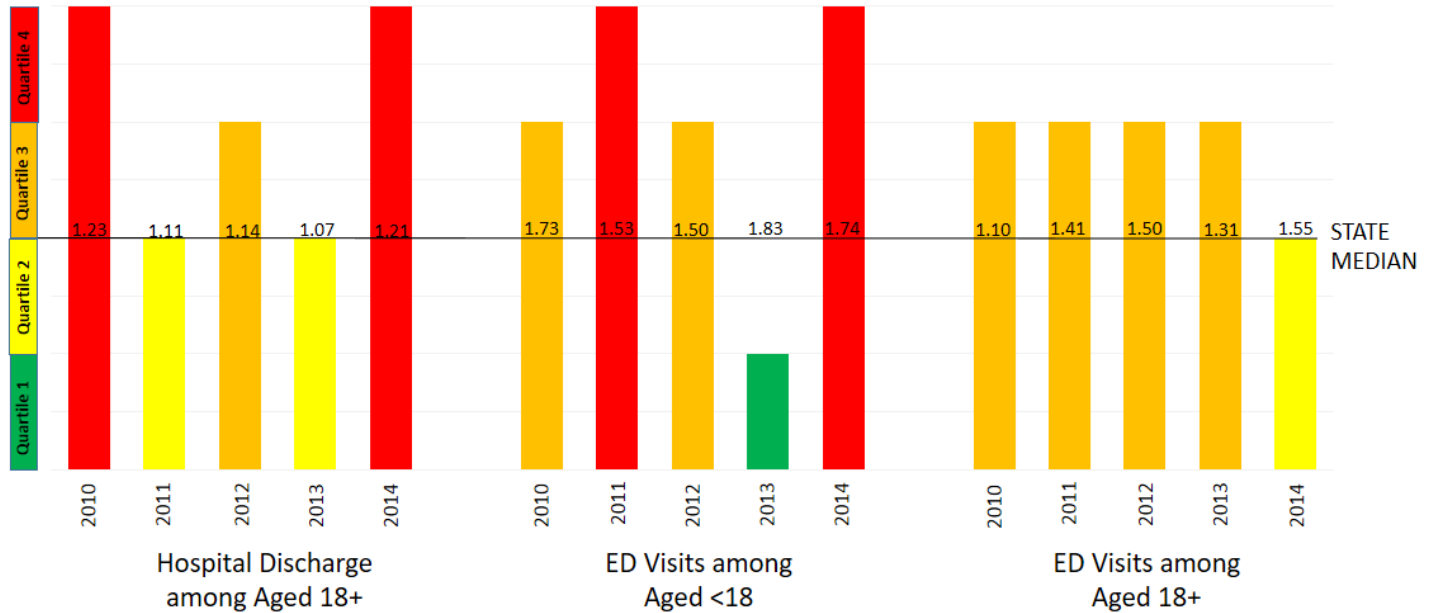


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

MIDDLETOWN

Consequences - Overdose

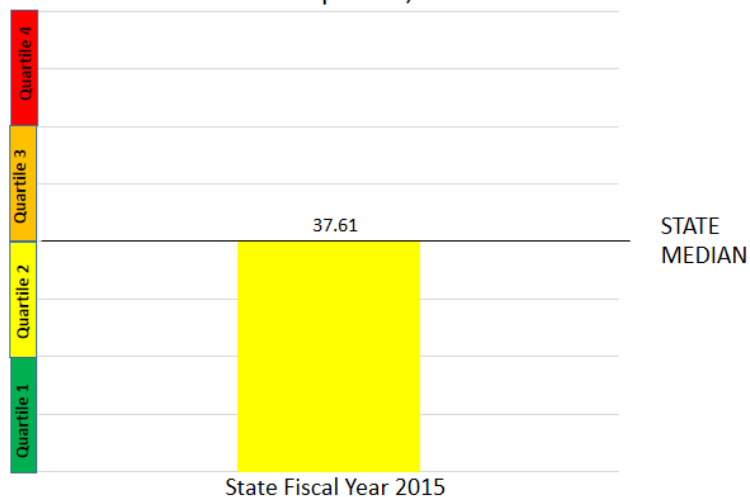
Middletown Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Middletown Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

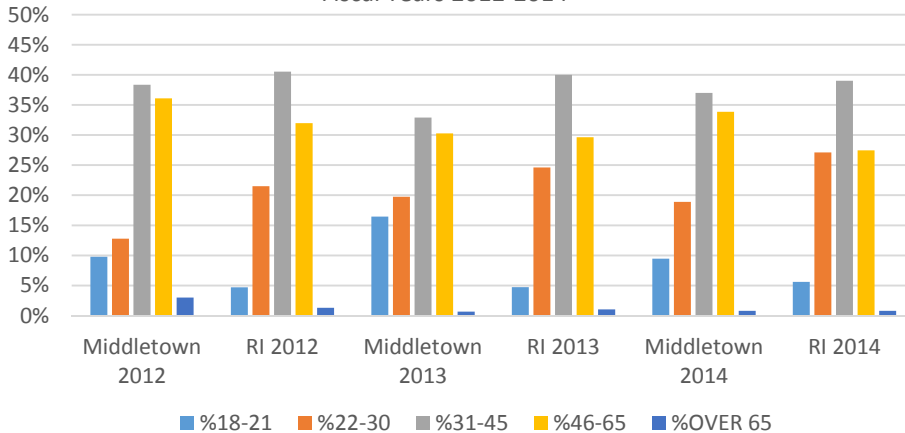
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

MIDDLETOWN

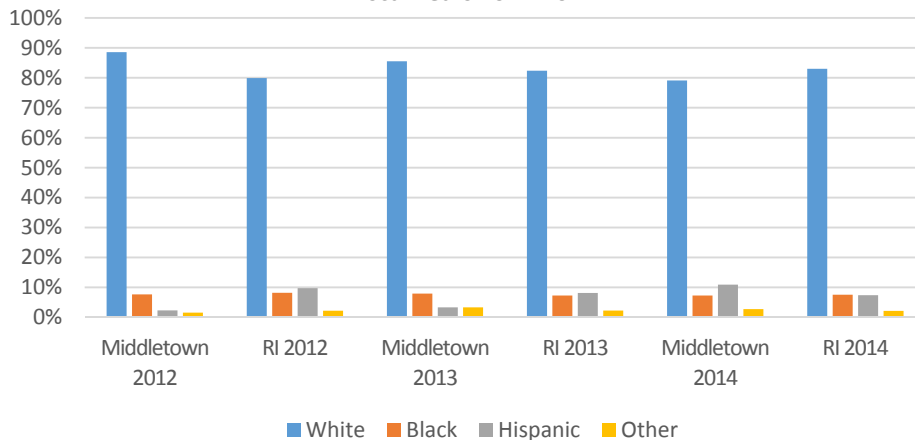
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



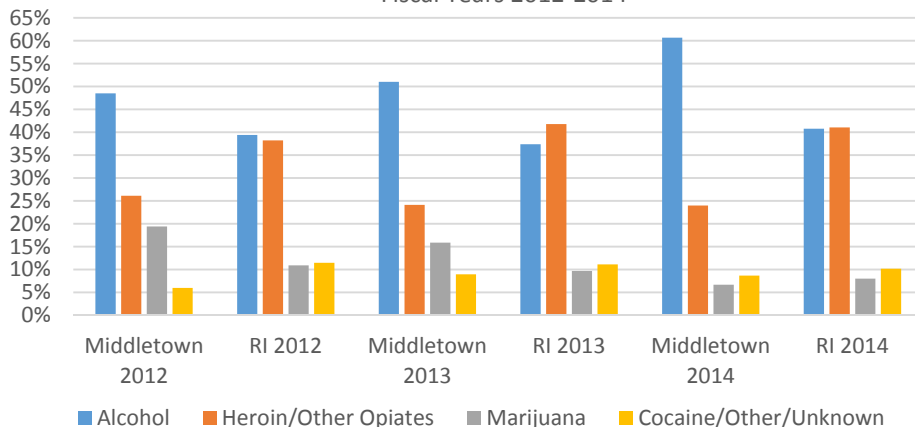
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

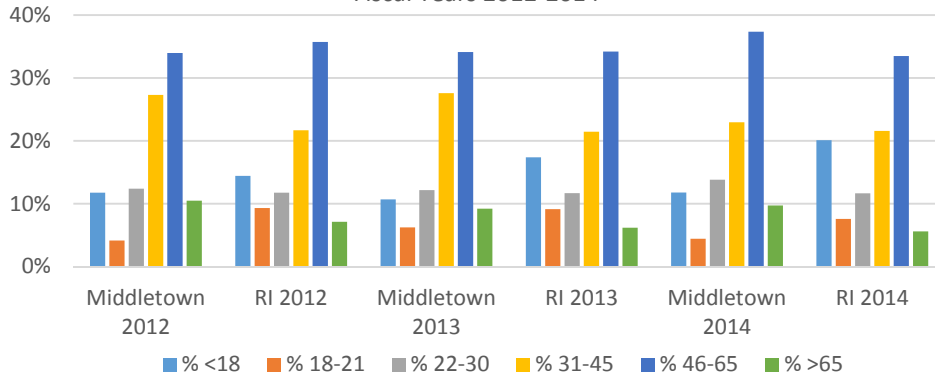


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

MIDDLETOWN

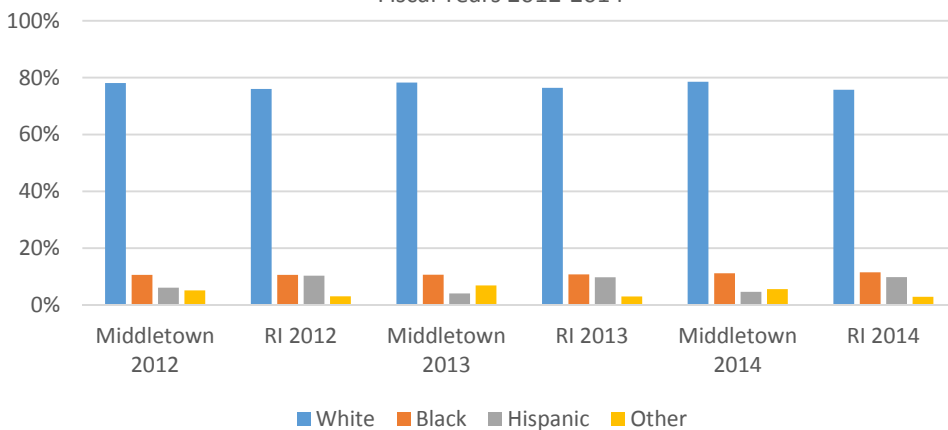
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



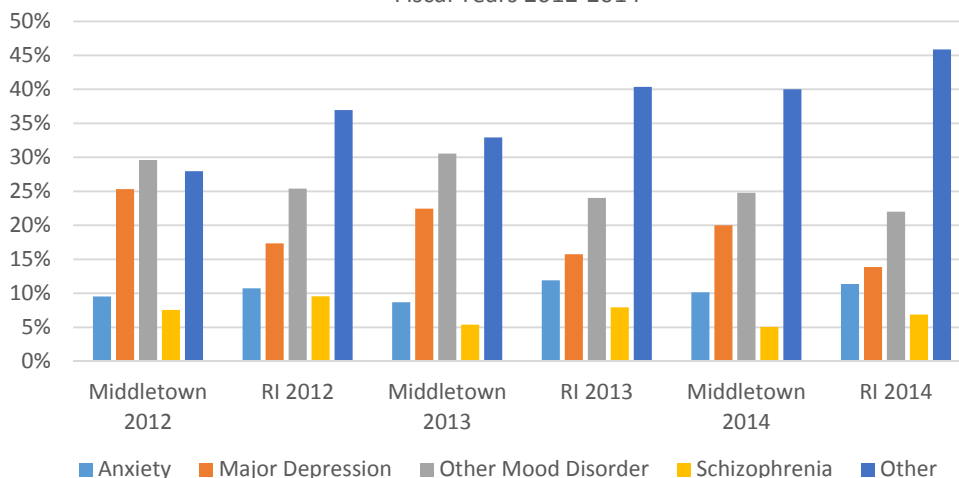
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

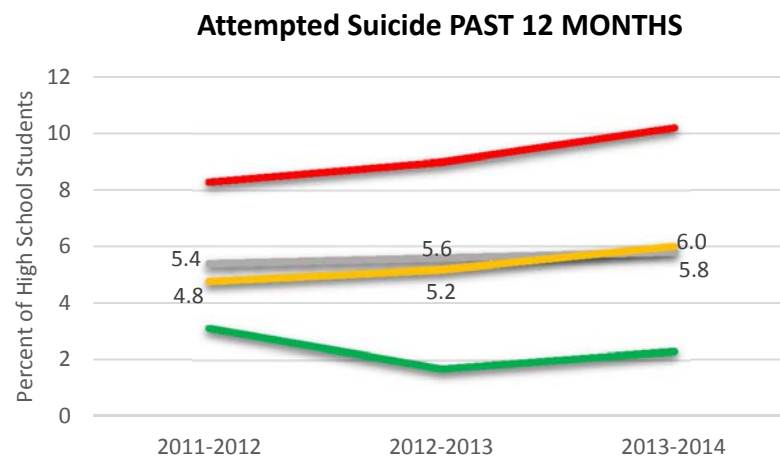
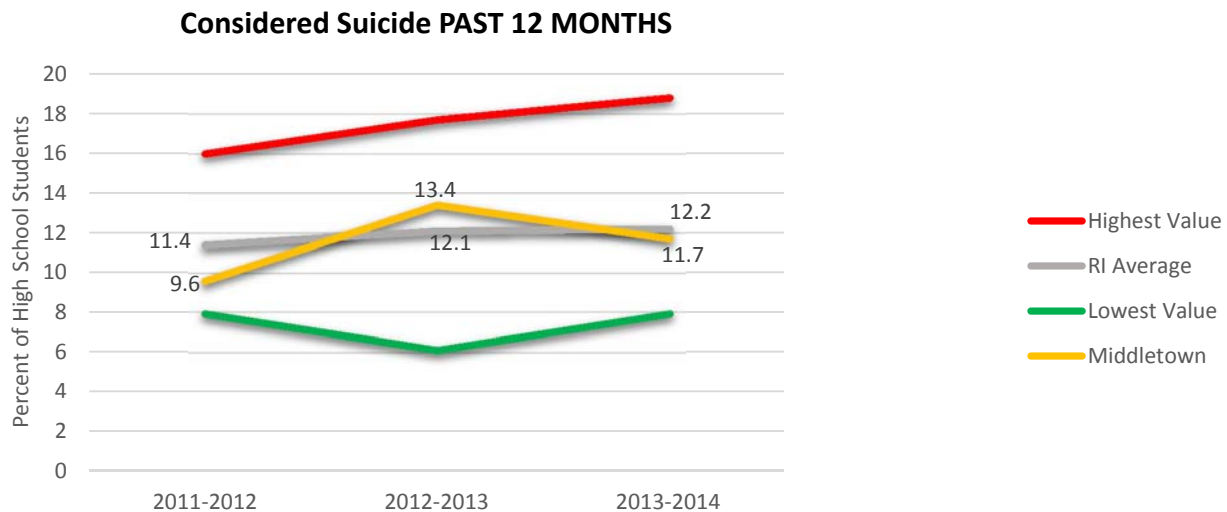
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

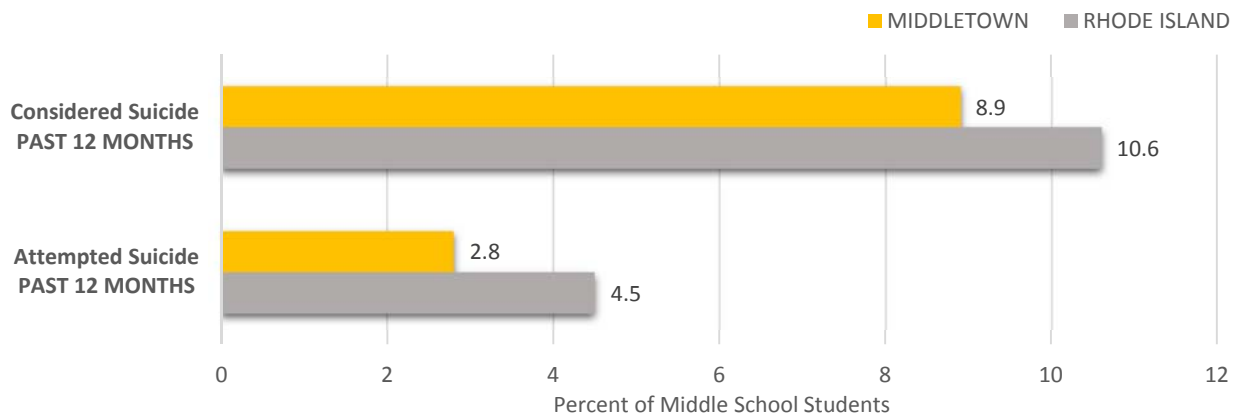
MIDDLETOWN

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



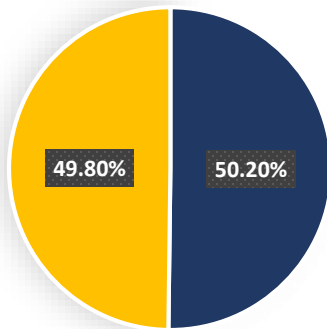
NARRAGANSETT

Demographics

Total Population: 15,786

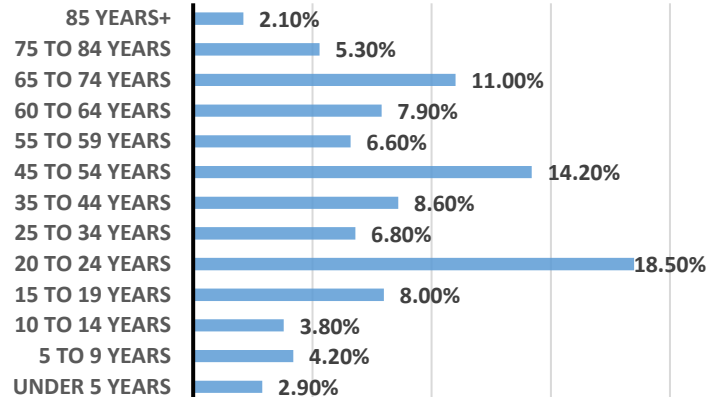
Total Households: 7,004

GENDER

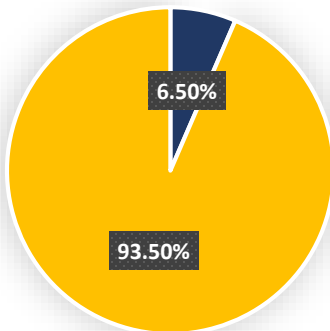


■ Male (%) ■ Female (%)

AGE

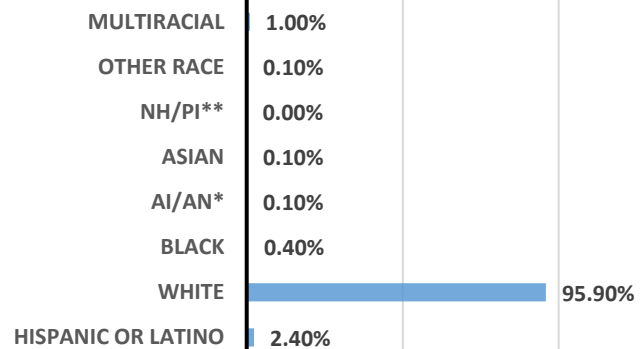


HEALTH INSURANCE



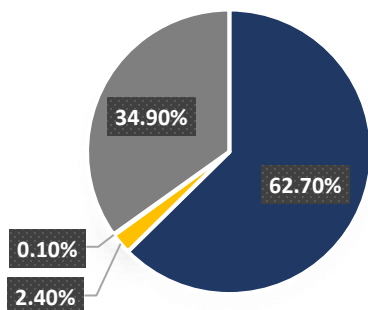
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



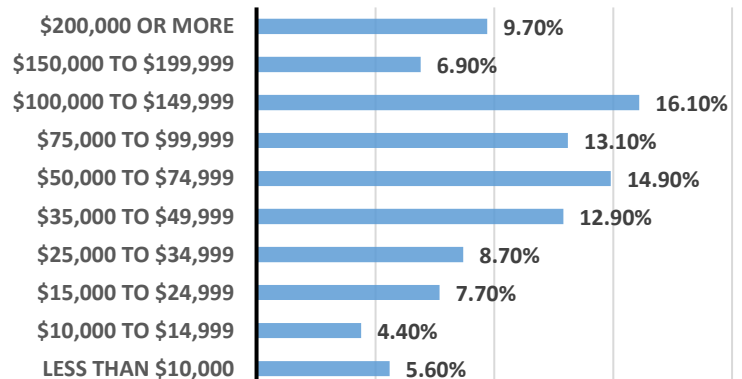
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

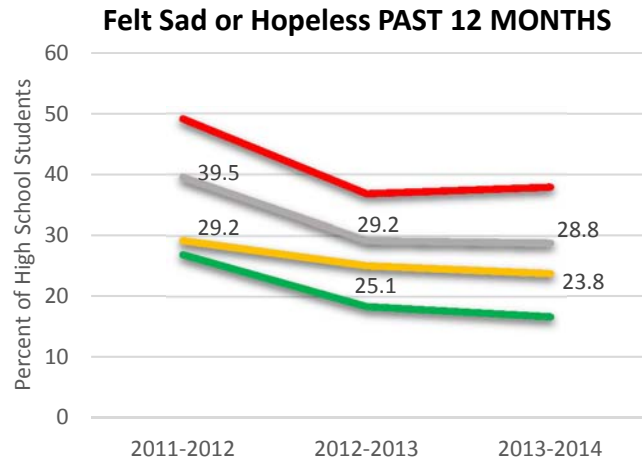
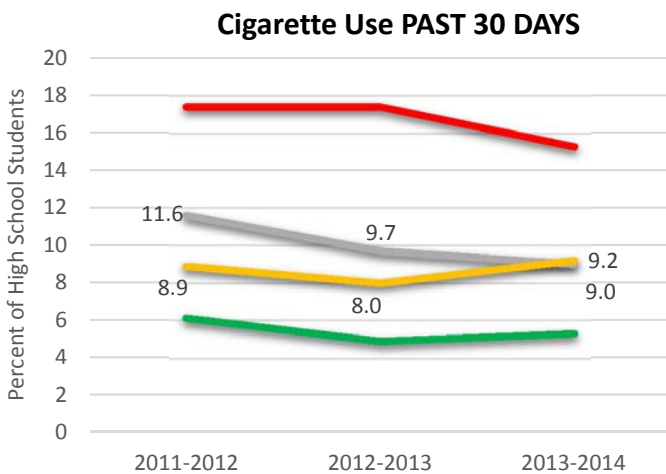
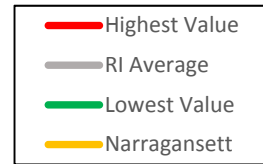
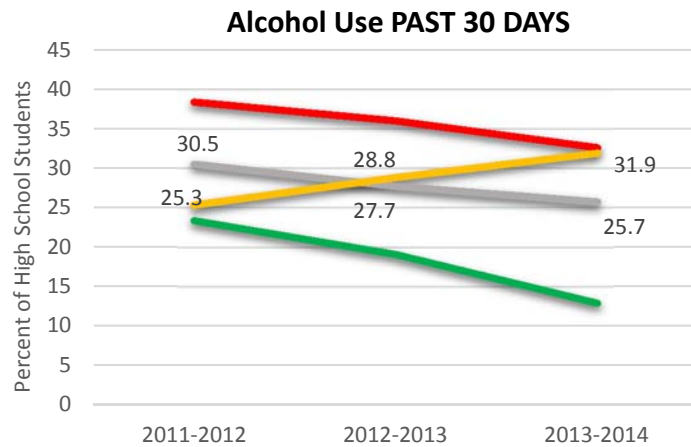
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

NARRAGANSETT

Prevalence – High School



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

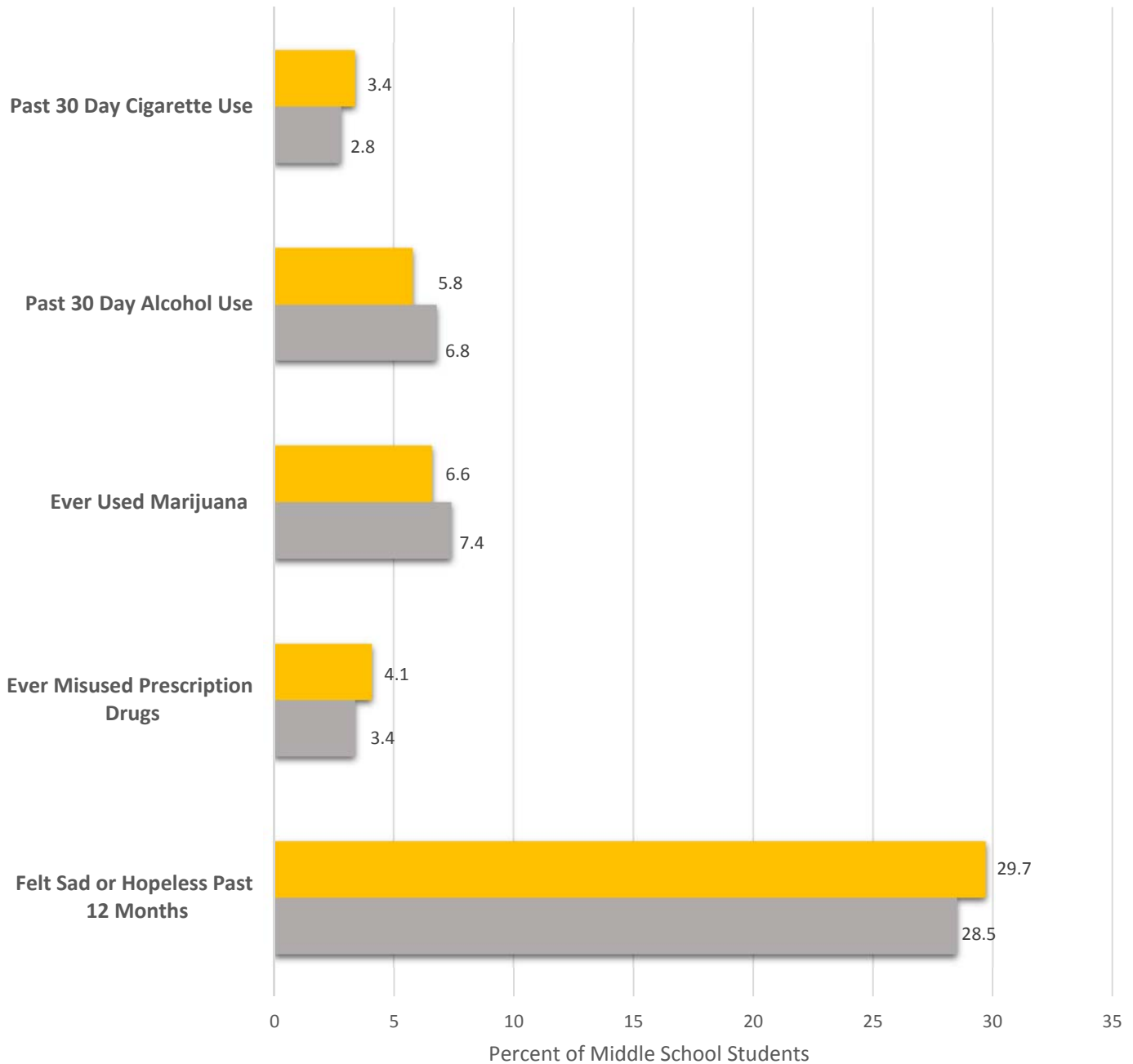
	RHODE ISLAND	NARRAGANSETT
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.6%
2013-2014	9.5%	9.7%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	61.7%
2013-2014	60.8%	63.4%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	56.5%
2013-2014	55.7%	60.9%

NARRAGANSETT

Prevalence – Middle School

2013-2014 Middle School Prevalence

■ NARRAGANSETT ■ RHODE ISLAND

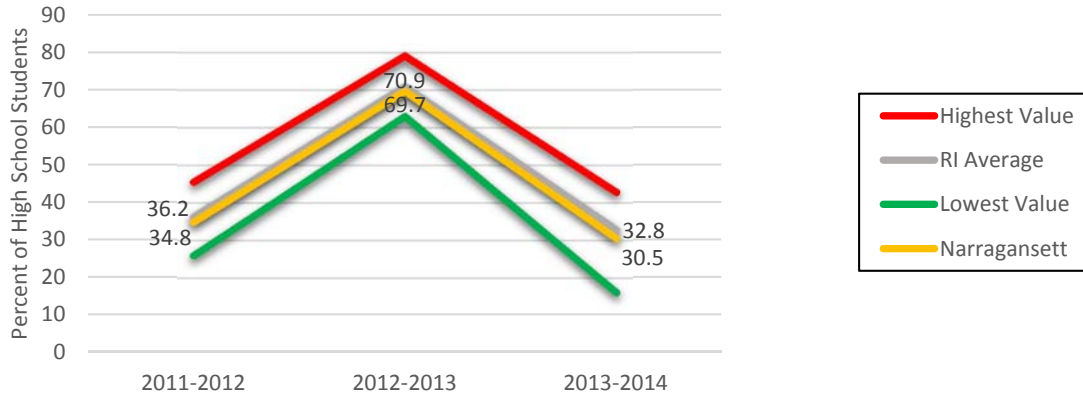


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

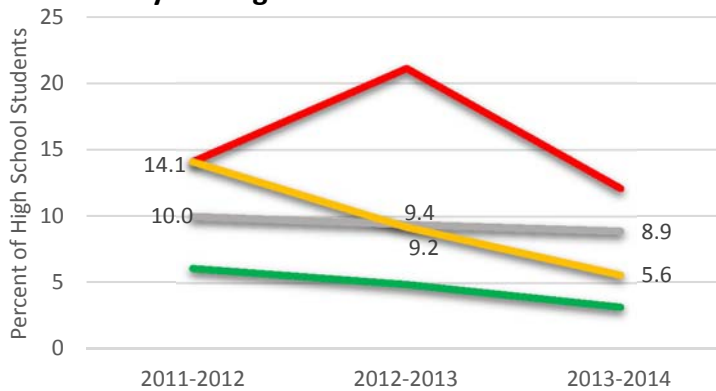
NARRAGANSETT

Risk and Protective Factors

Made Fun of at School

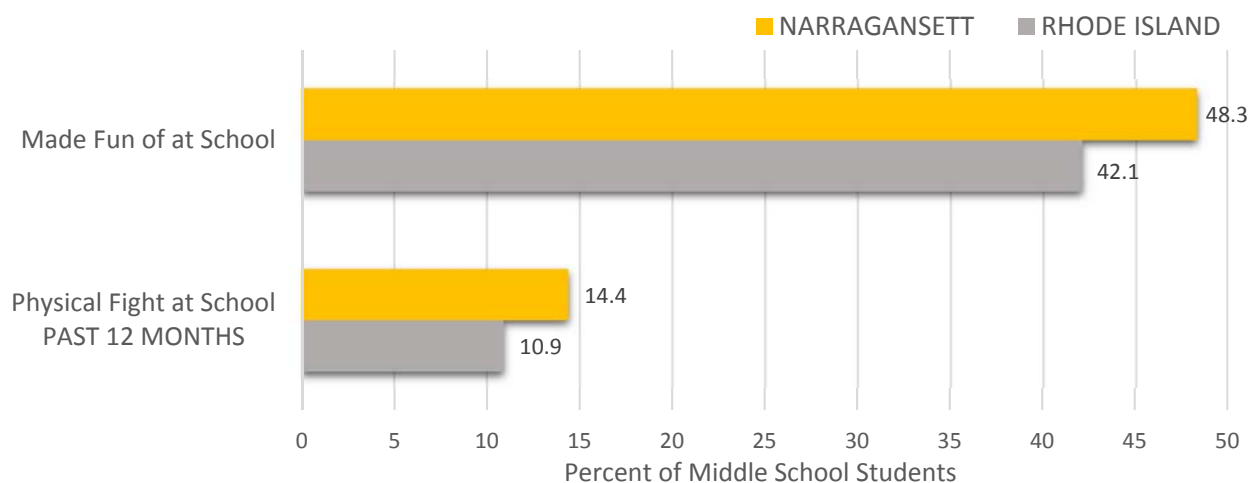


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

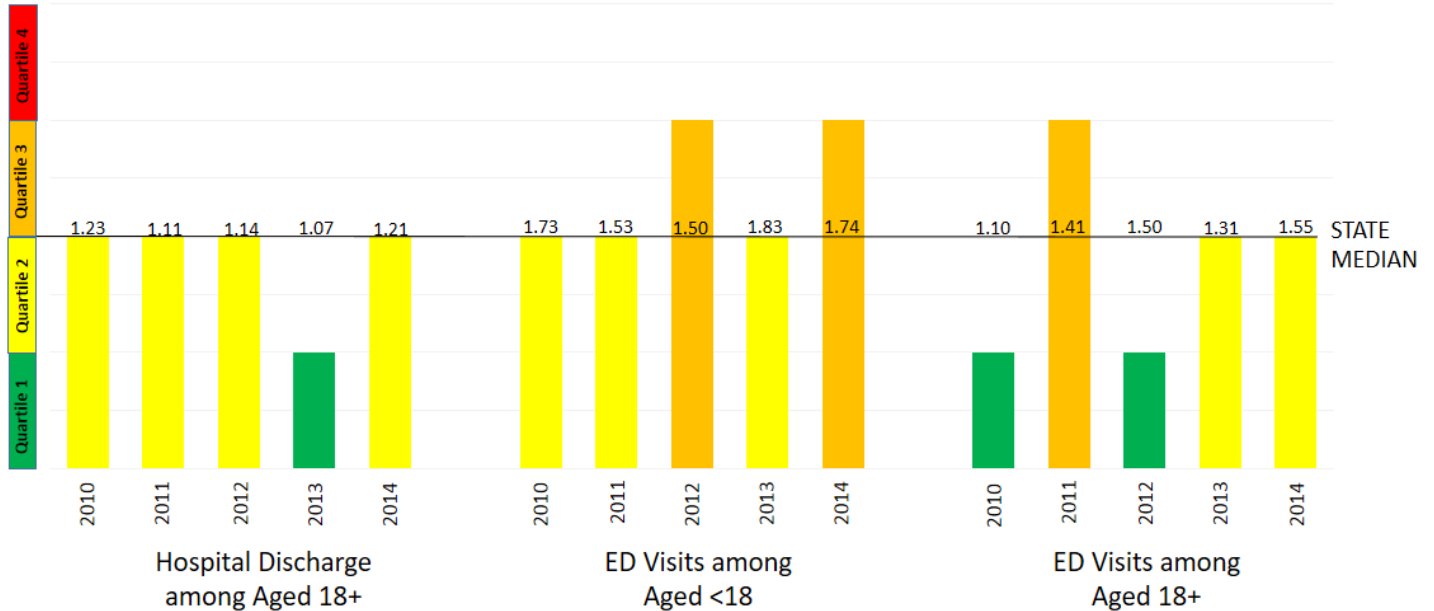


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

NARRAGANSETT

Consequences - Overdose

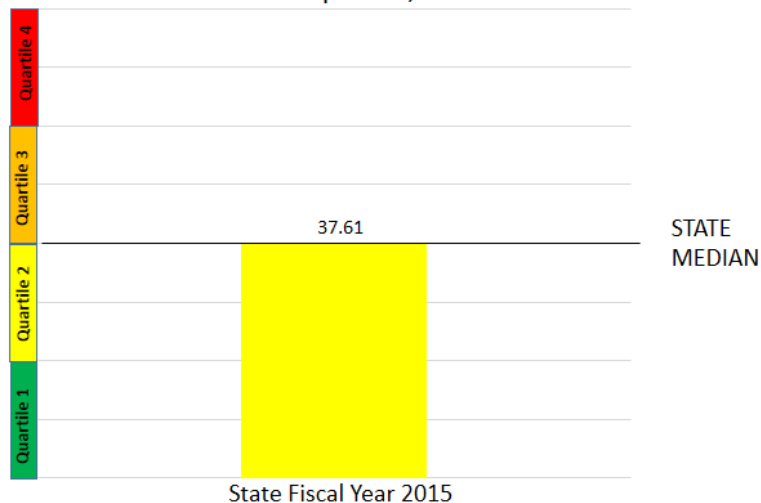
Narragansett Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Narragansett Quartiles of Adult Methadone Treatment per 10,000



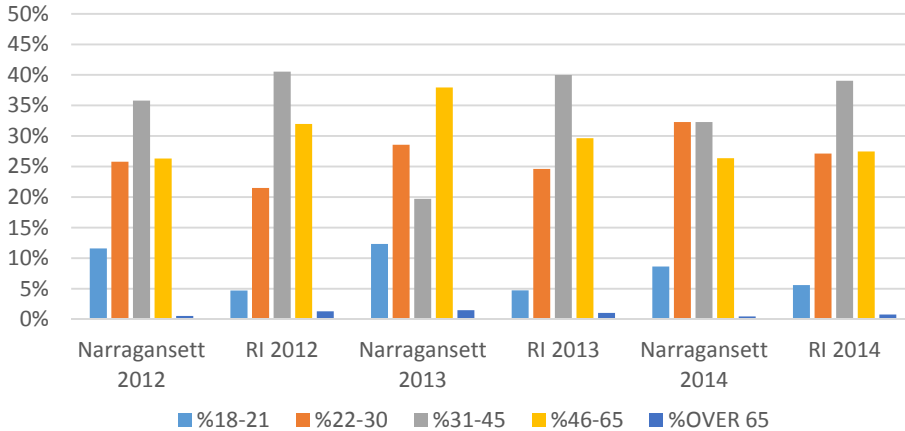
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

NARRAGANSETT

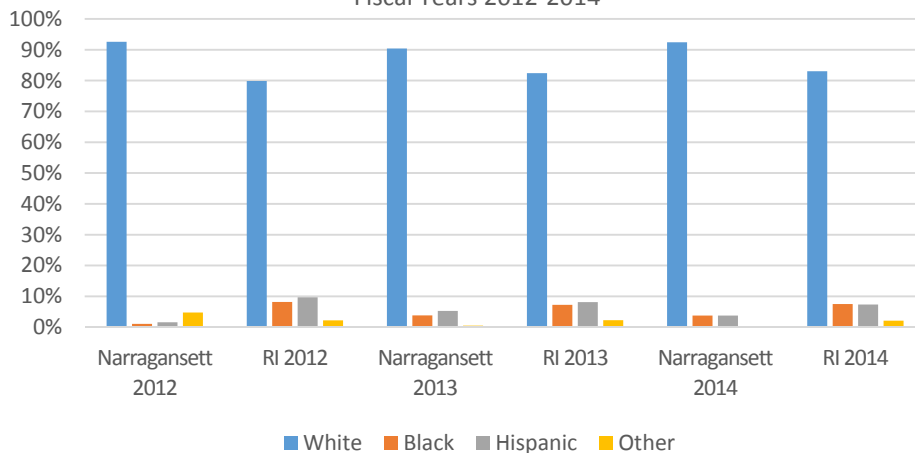
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



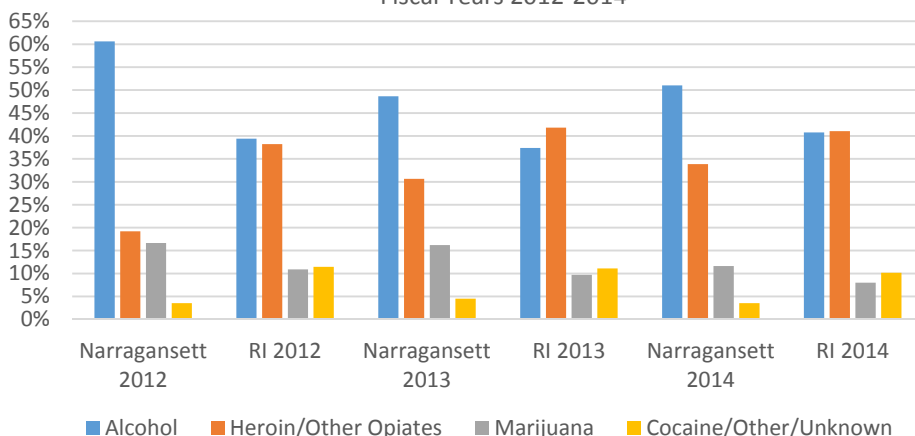
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

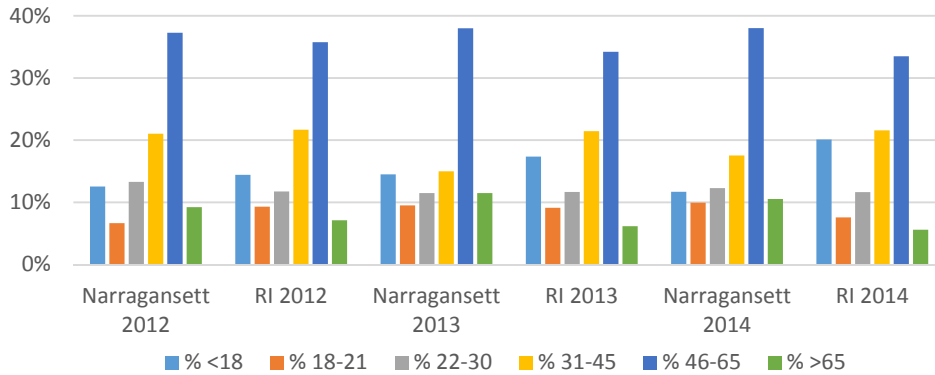


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NARRAGANSETT

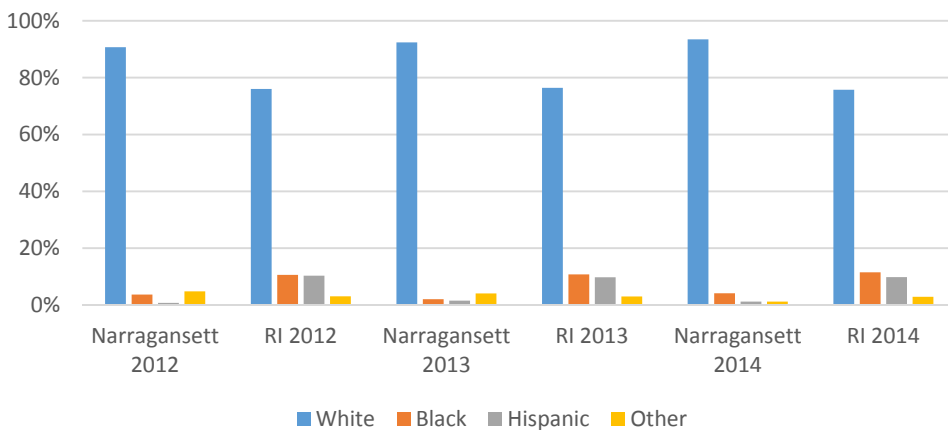
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



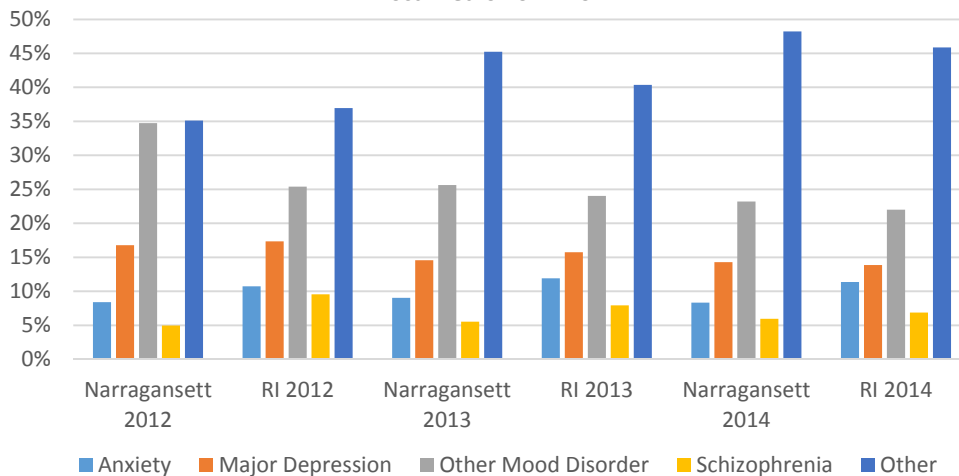
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

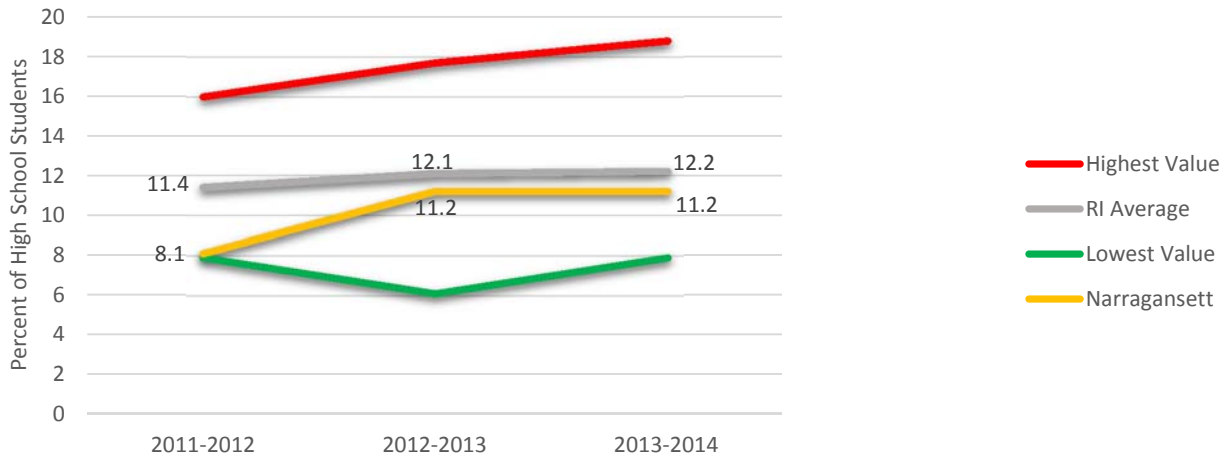


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

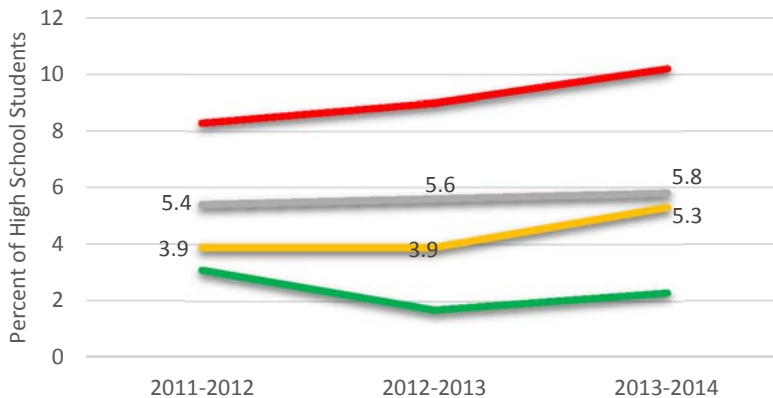
NARRAGANSETT

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

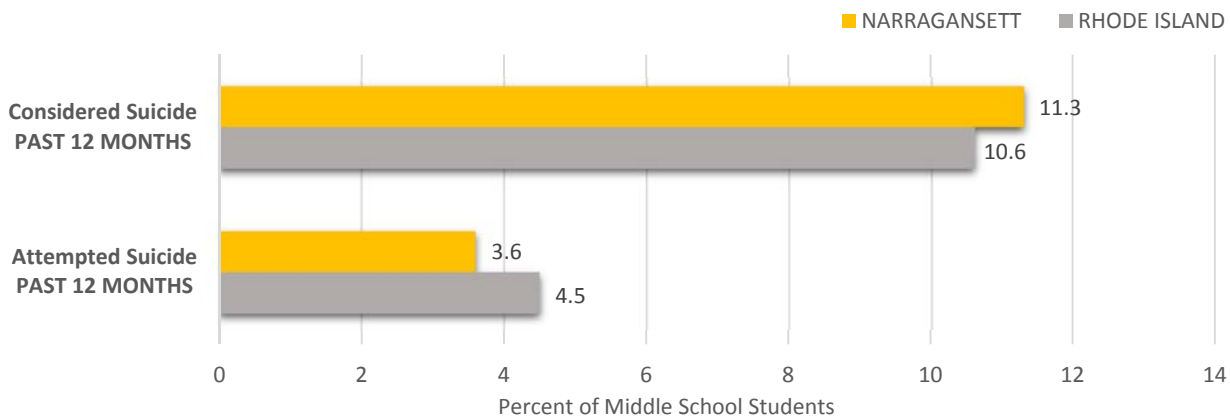


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



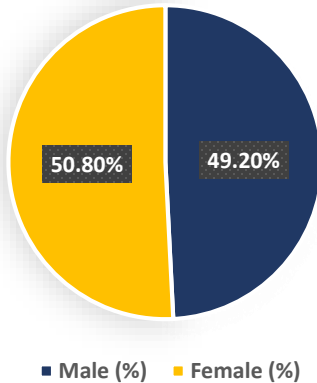
NEWPORT

Demographics

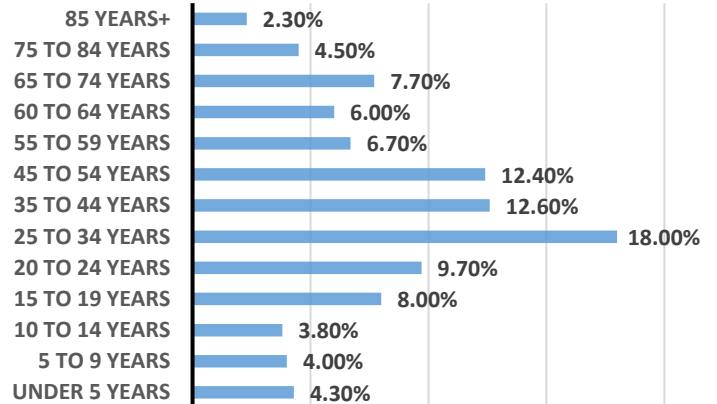
Total Population: 24,599

Total Households: 10,626

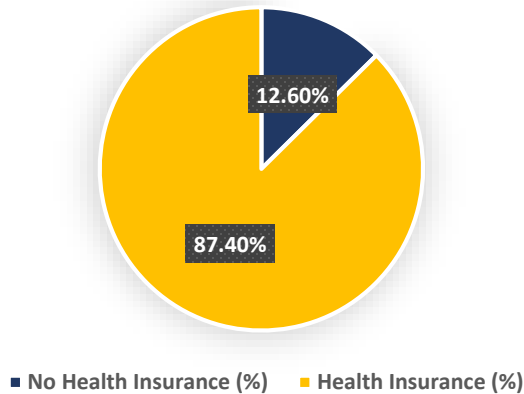
GENDER



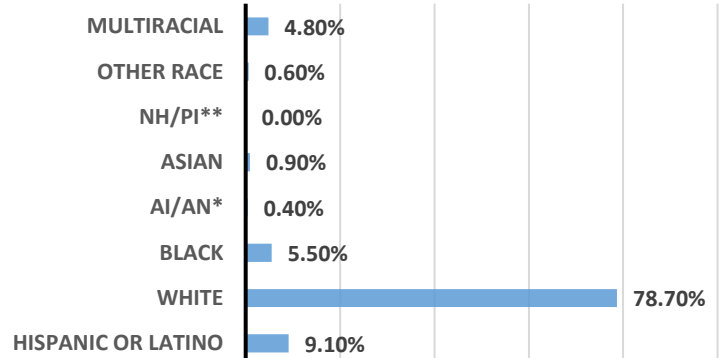
AGE



HEALTH INSURANCE

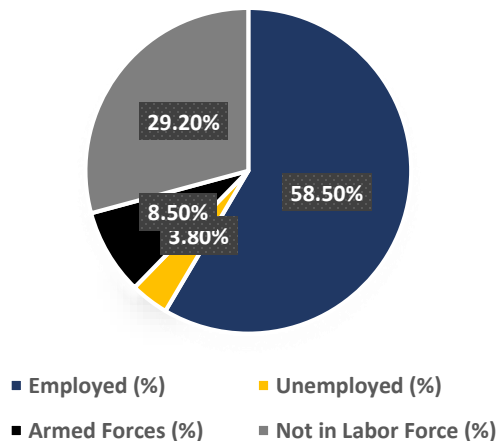


RACE/ETHNICITY

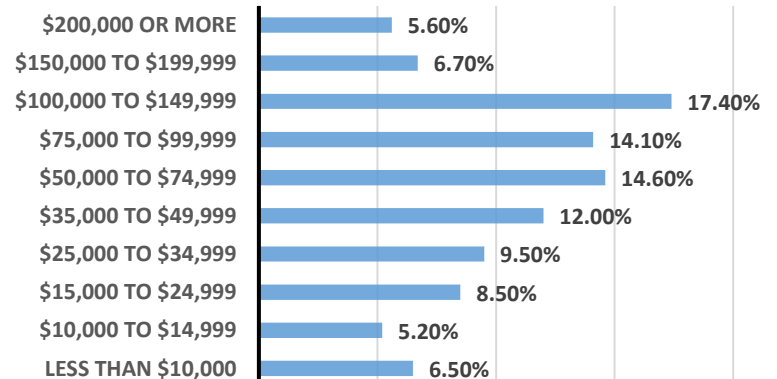


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



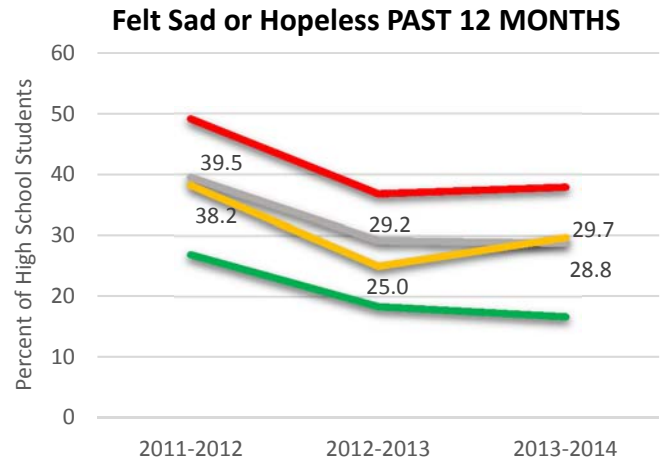
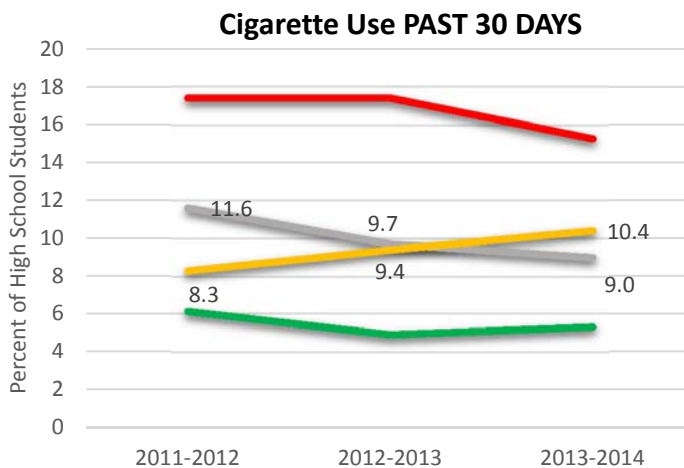
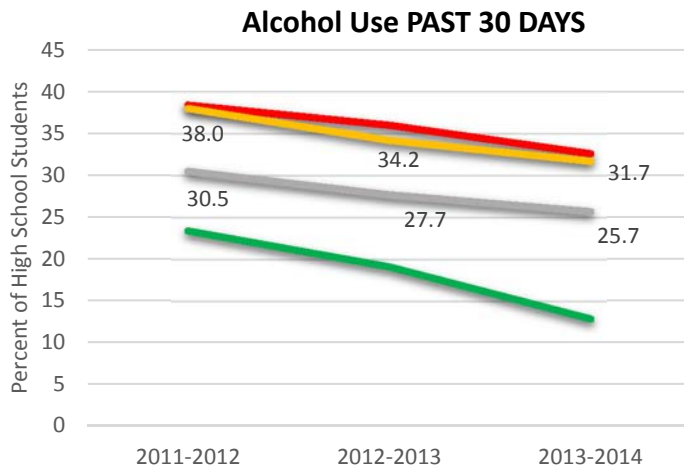
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

NEWPORT

Prevalence – High School



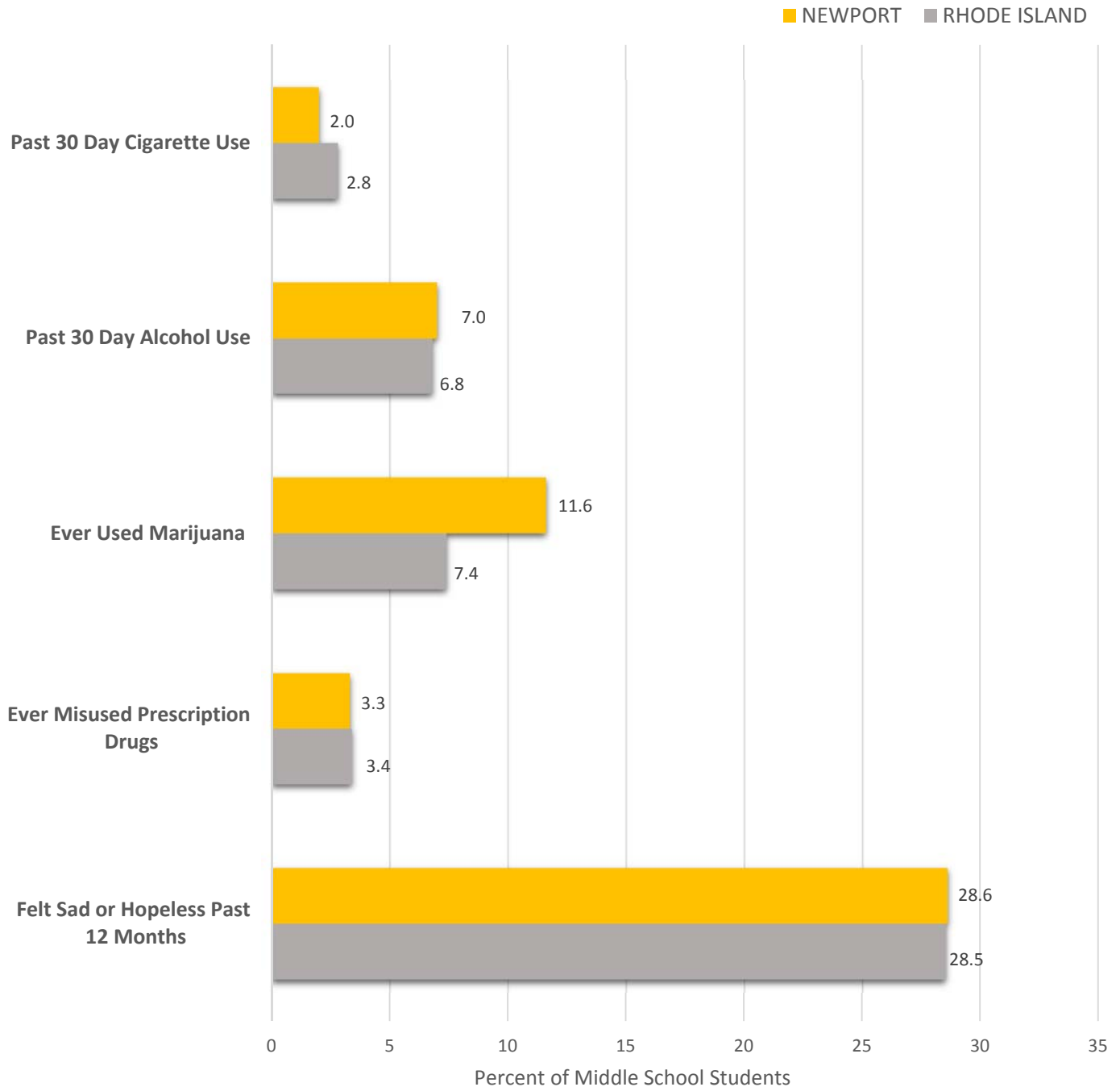
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	NEWPORT
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.9%
2013-2014	9.5%	11.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	47.6%
2013-2014	60.8%	68.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	63.9%
2013-2014	55.7%	60.3%

NEWPORT

Prevalence – Middle School

2013-2014 Middle School Prevalence

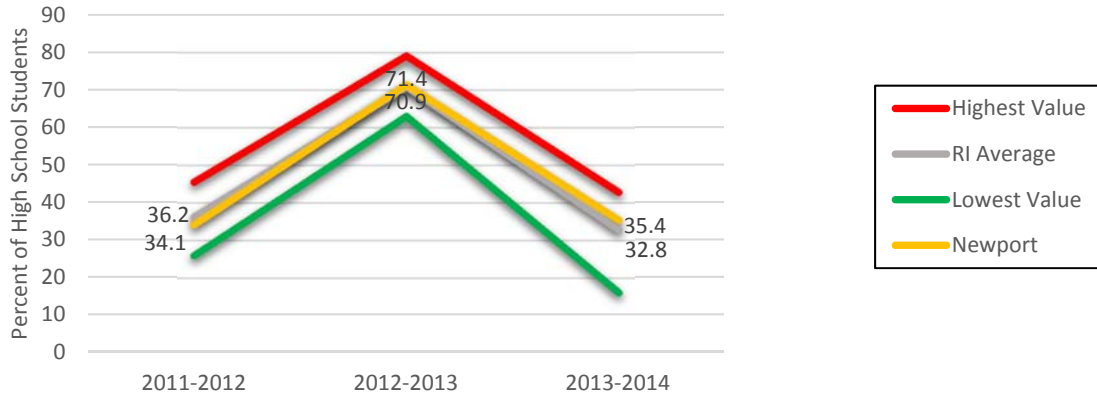


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

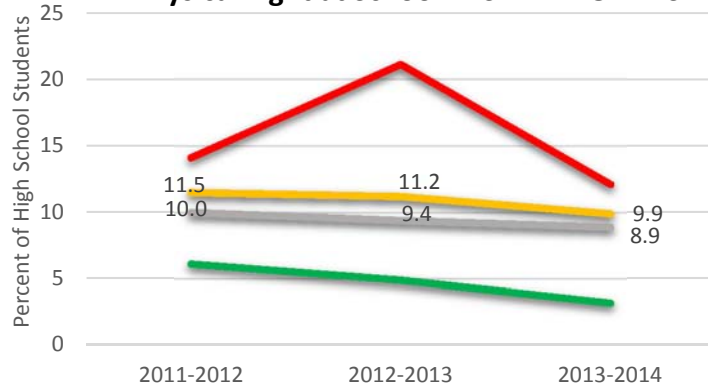
NEWPORT

Risk and Protective Factors

Made Fun of at School

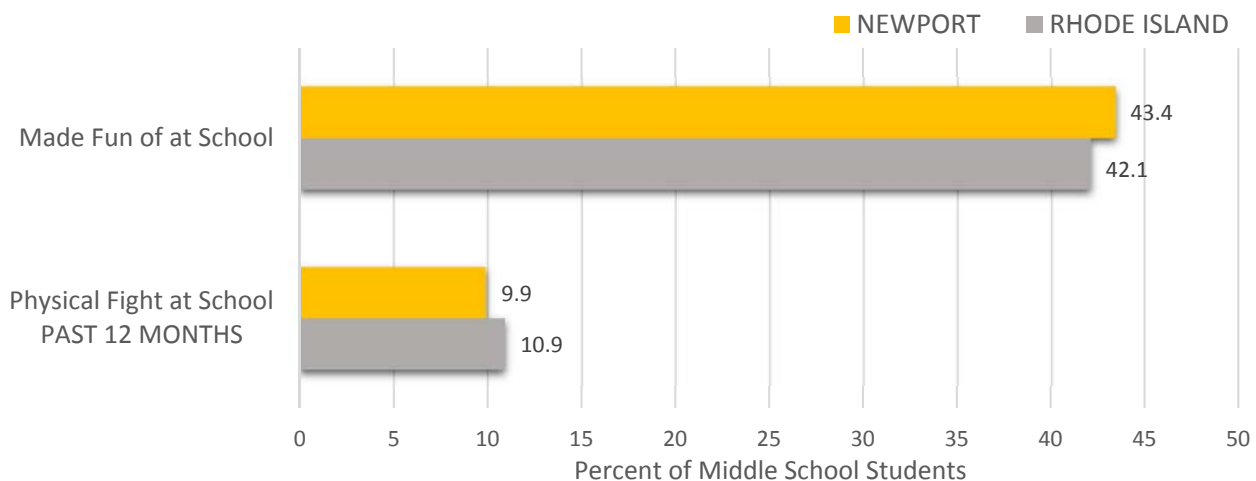


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

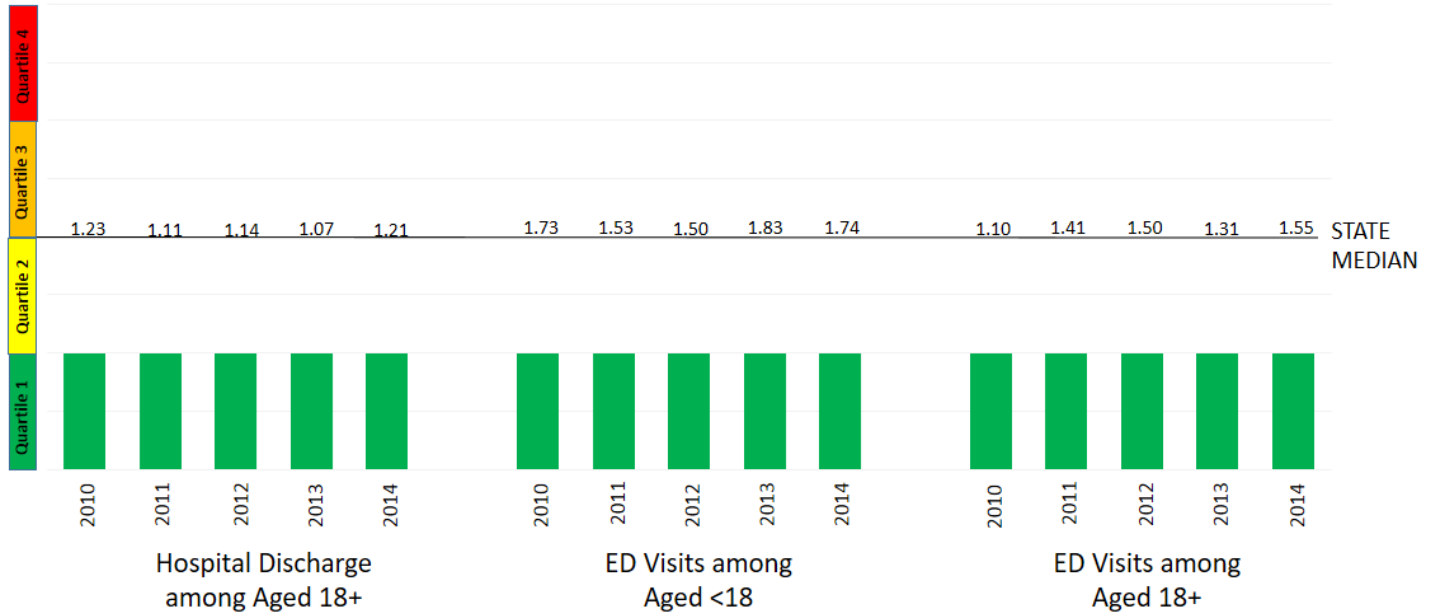


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

NEWPORT

Consequences - Overdose

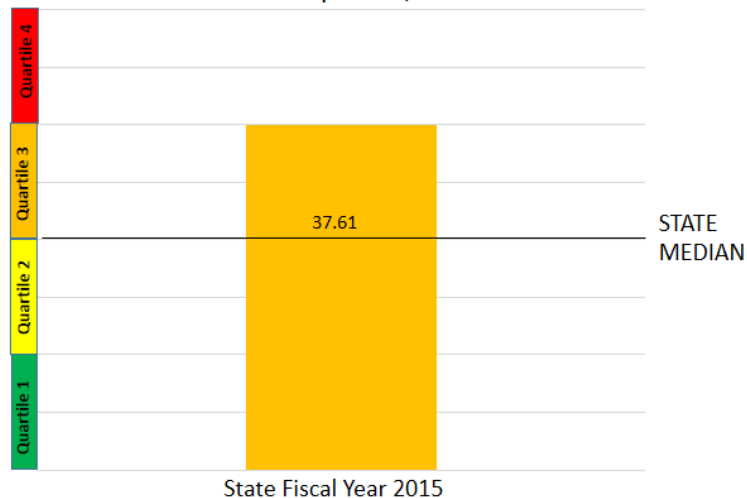
Newport Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Newport Quartiles of Adult Methadone Treatment per 10,000



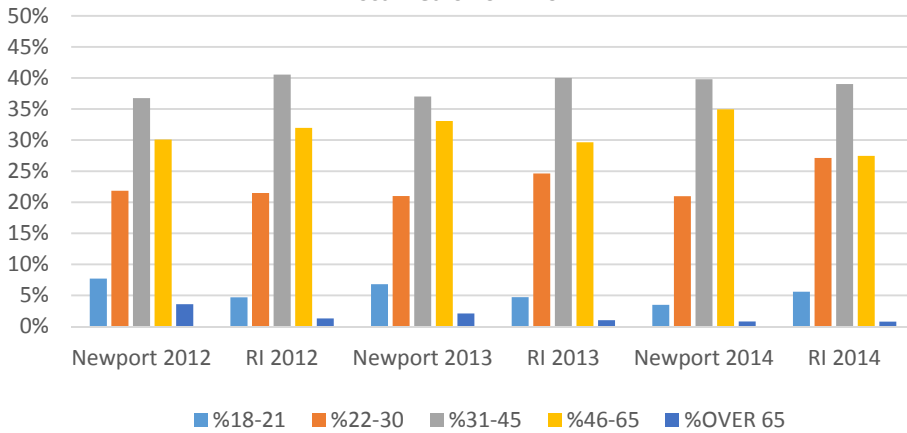
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

NEWPORT

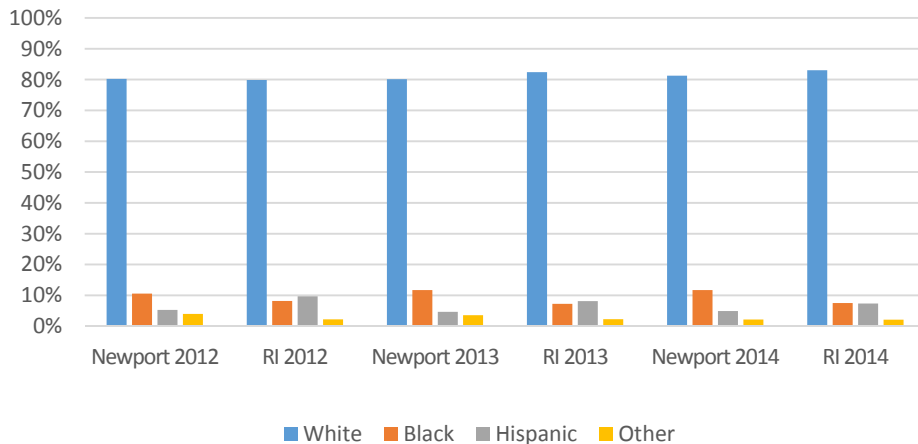
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



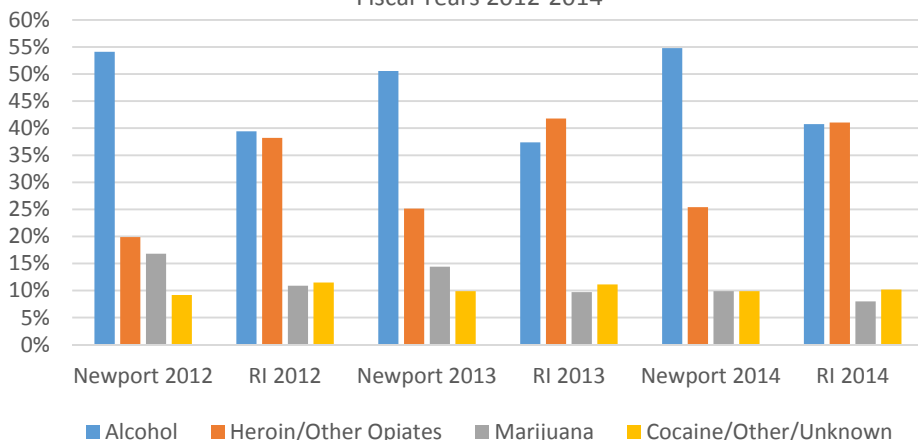
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

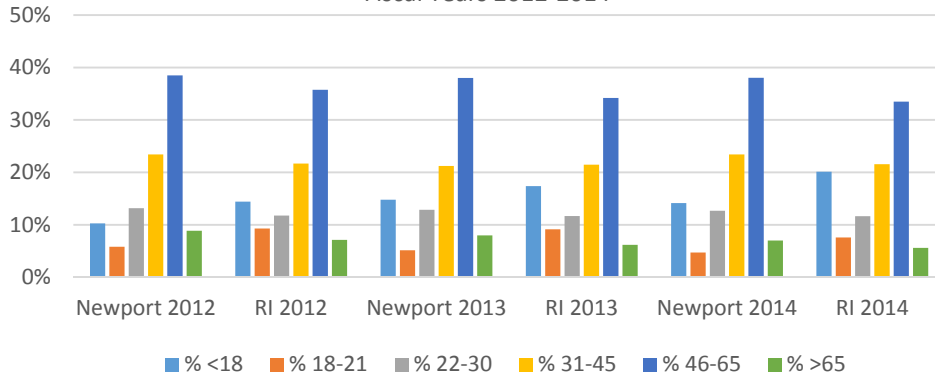


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NEWPORT

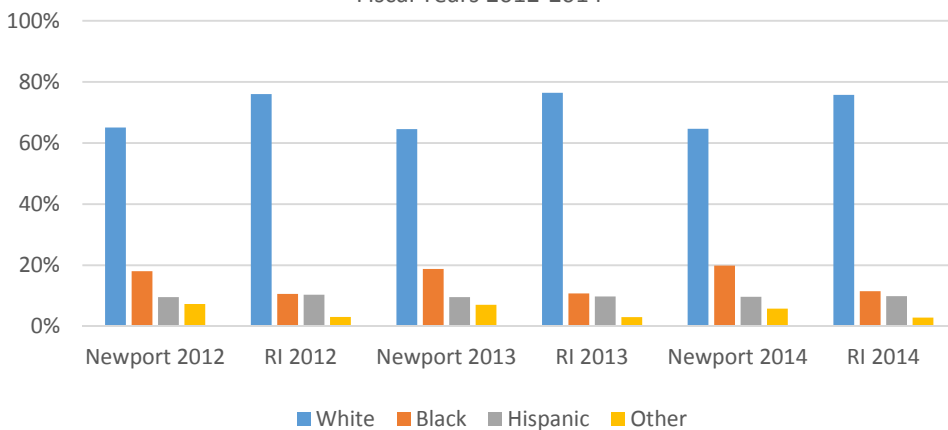
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



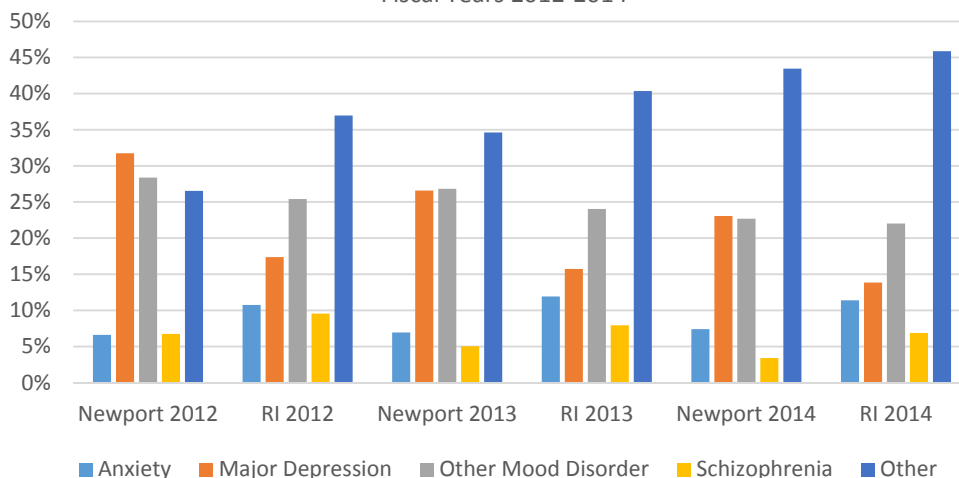
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

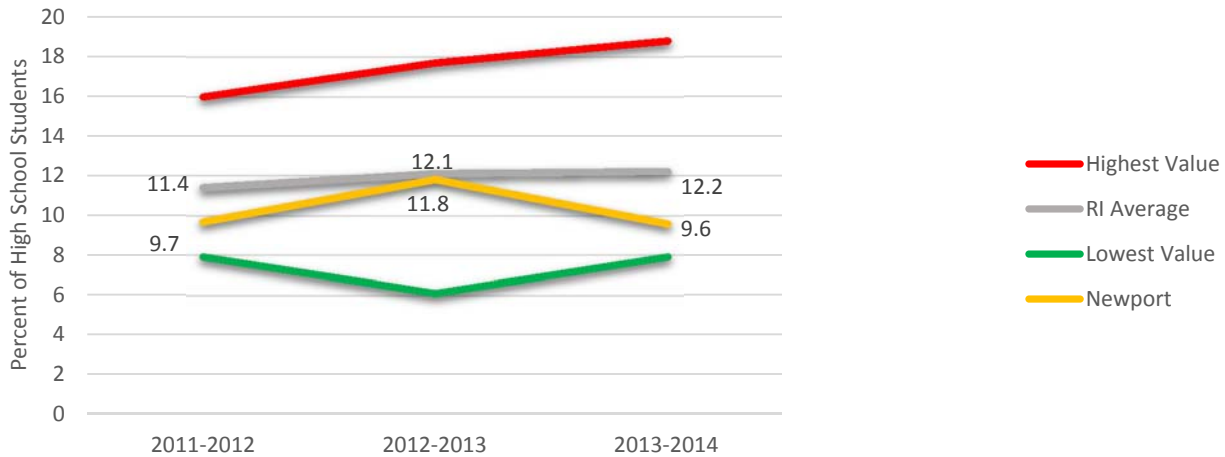


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

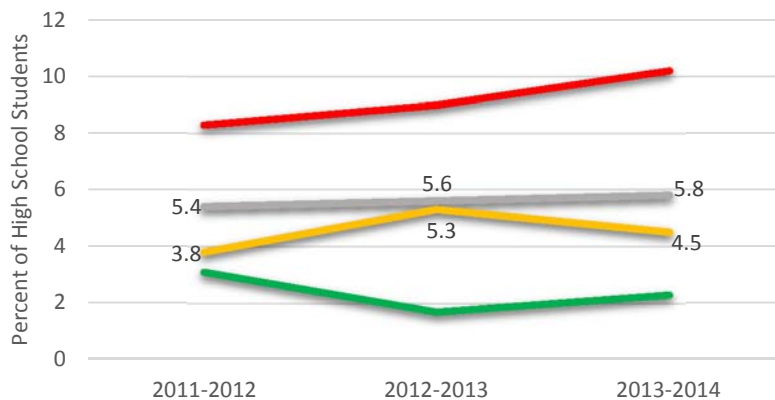
NEWPORT

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

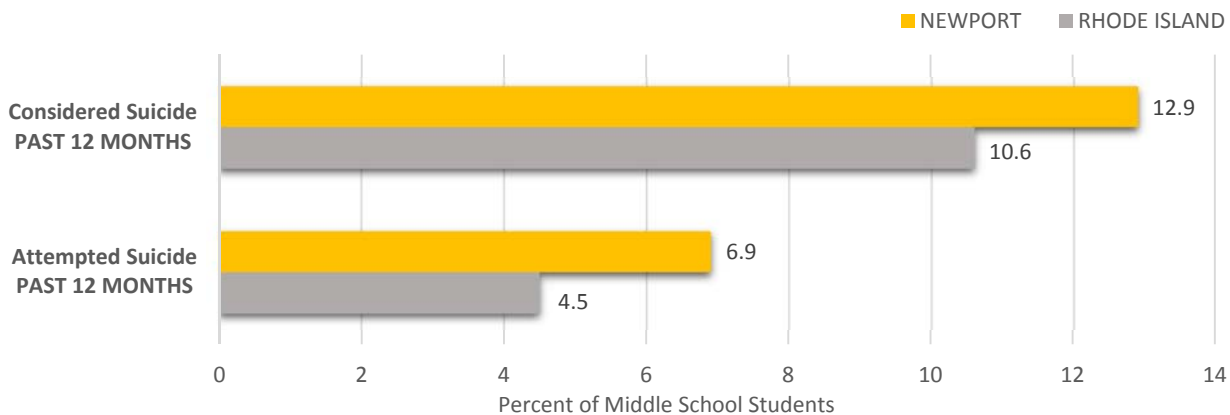


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



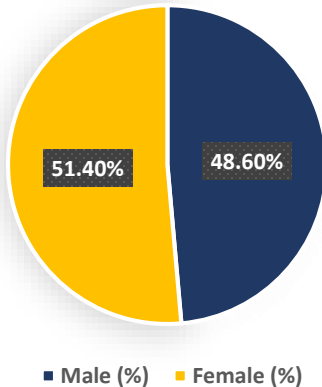
NORTH KINGSTOWN

Demographics

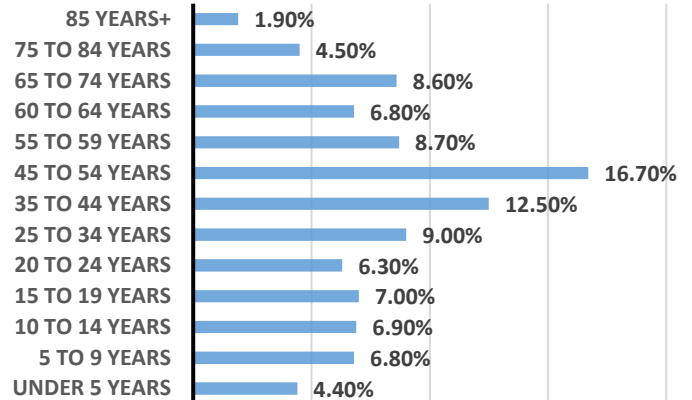
Total Population: 26,404

Total Households: 10,294

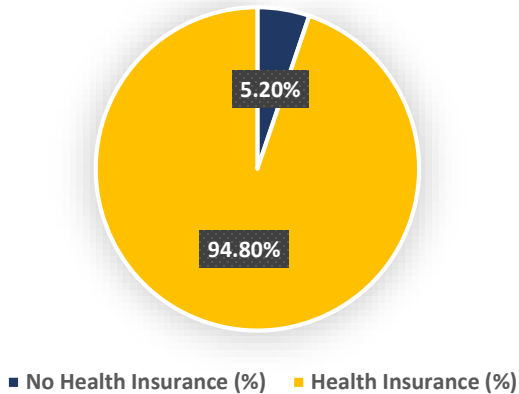
GENDER



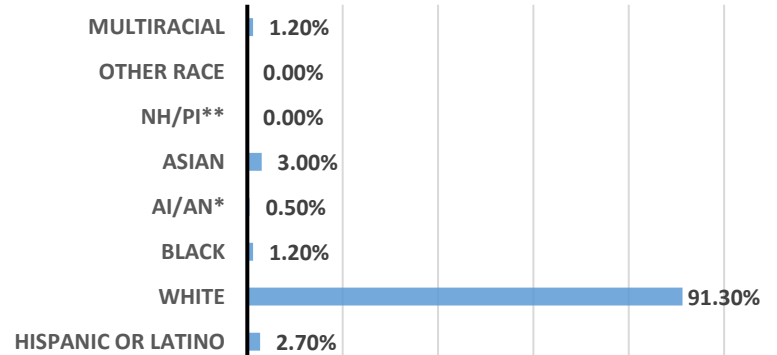
AGE



HEALTH INSURANCE

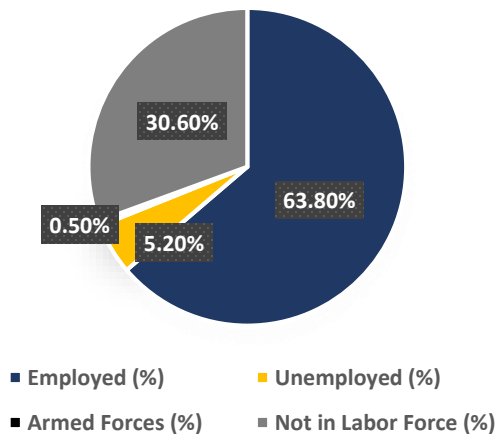


RACE/ETHNICITY

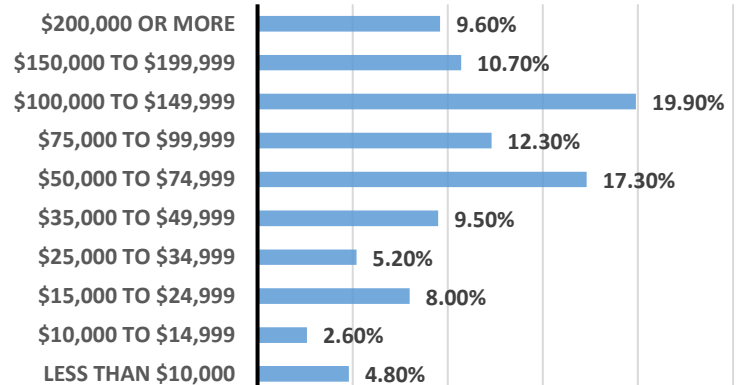


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



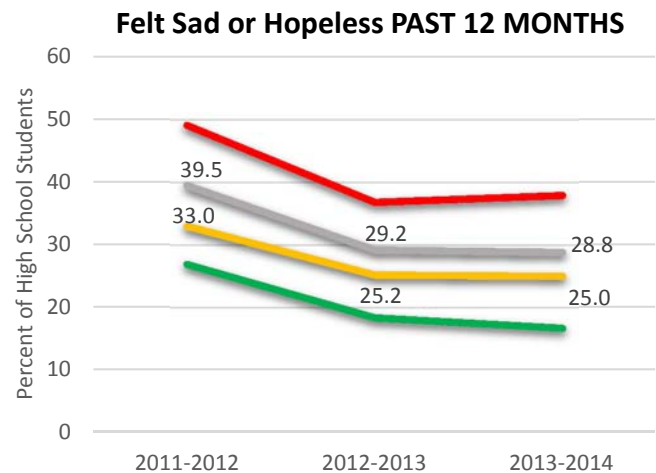
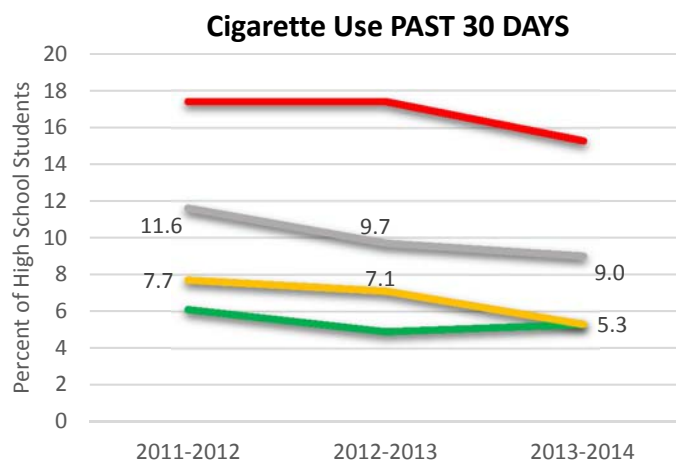
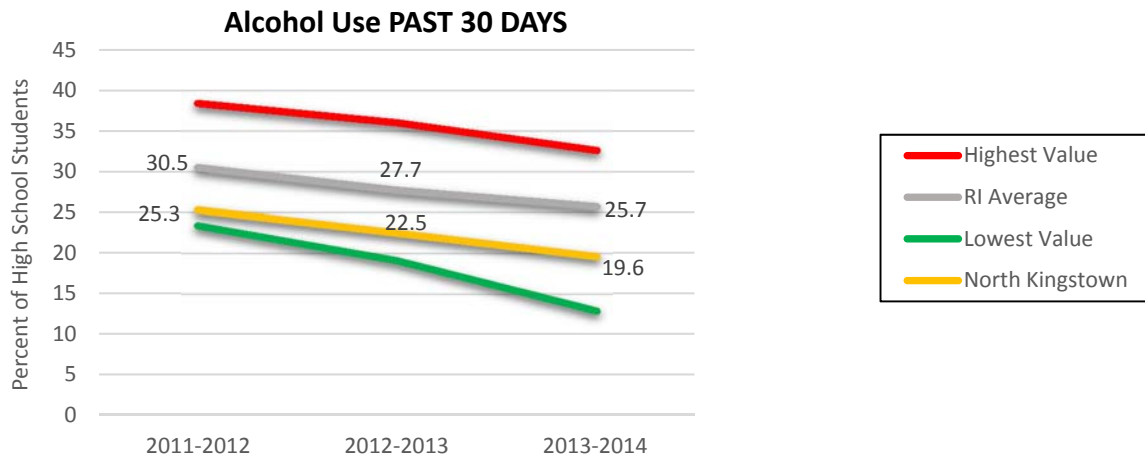
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

NORTH KINGSTOWN

Prevalence – High School



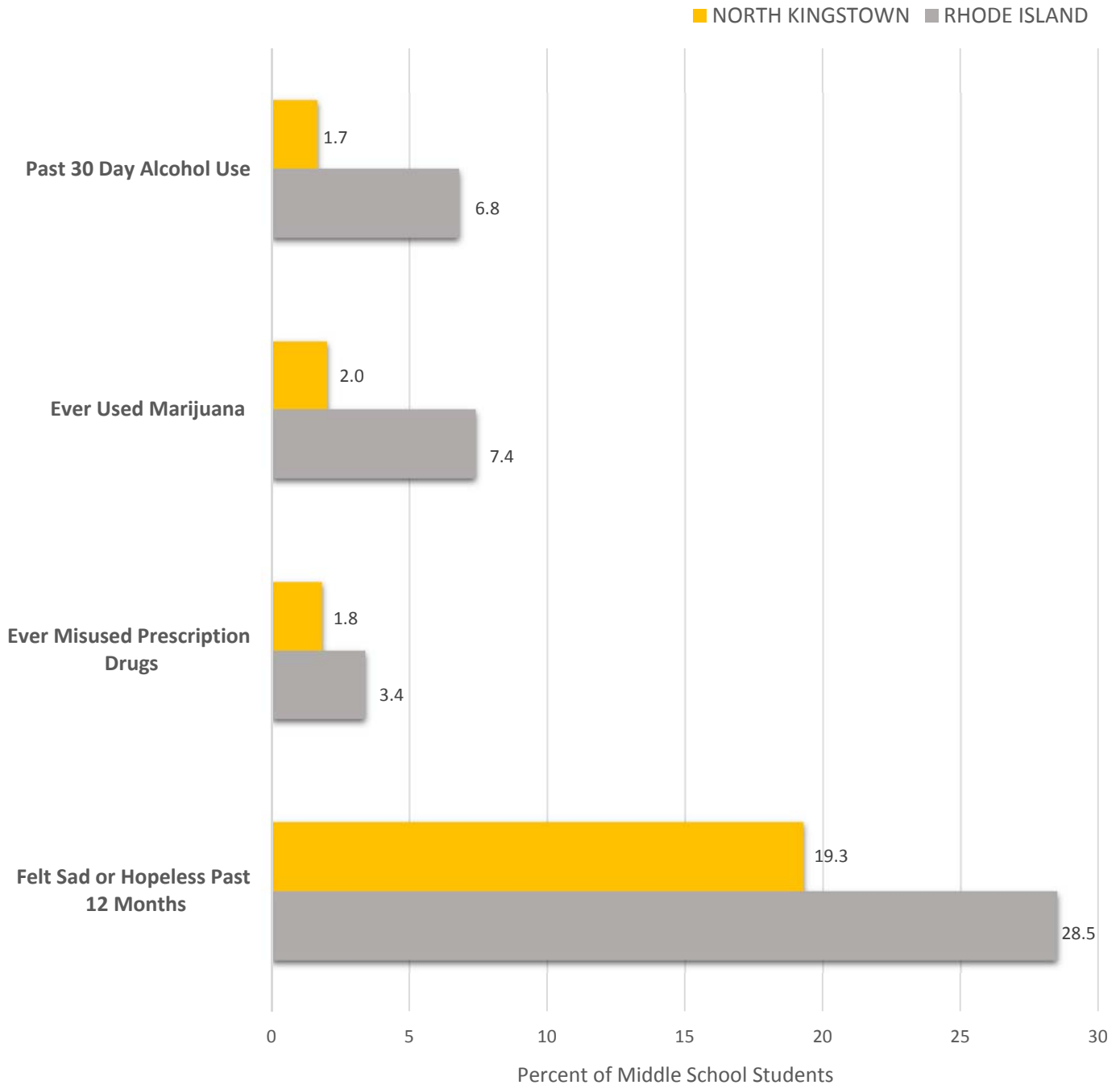
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	NORTH KINGSTOWN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	8.2%
2013-2014	9.5%	6.3%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	55.2%
2013-2014	60.8%	65.6%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	55.7%
2013-2014	55.7%	61.9%

NORTH KINGSTOWN

Prevalence – Middle School

2013-2014 Middle School Prevalence

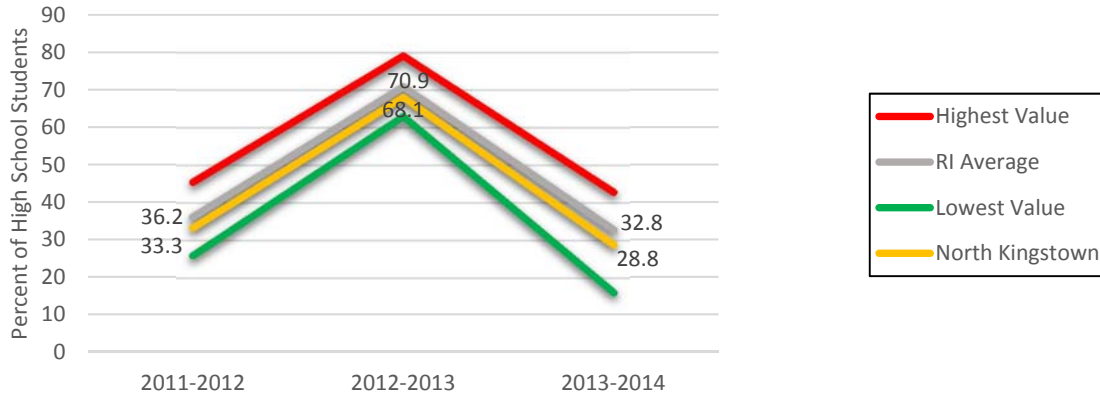


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

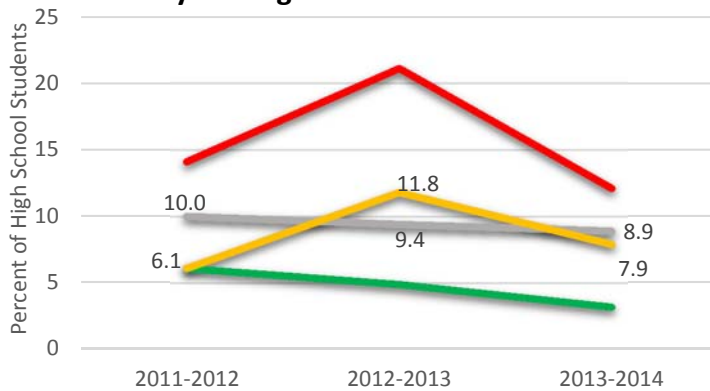
NORTH KINGSTOWN

Risk and Protective Factors

Made Fun of at School

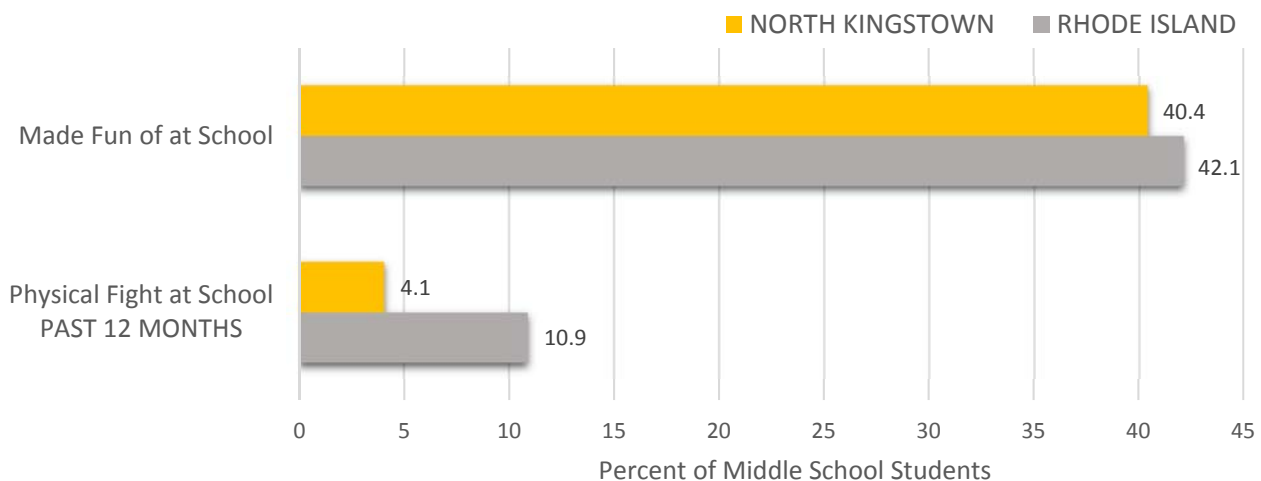


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

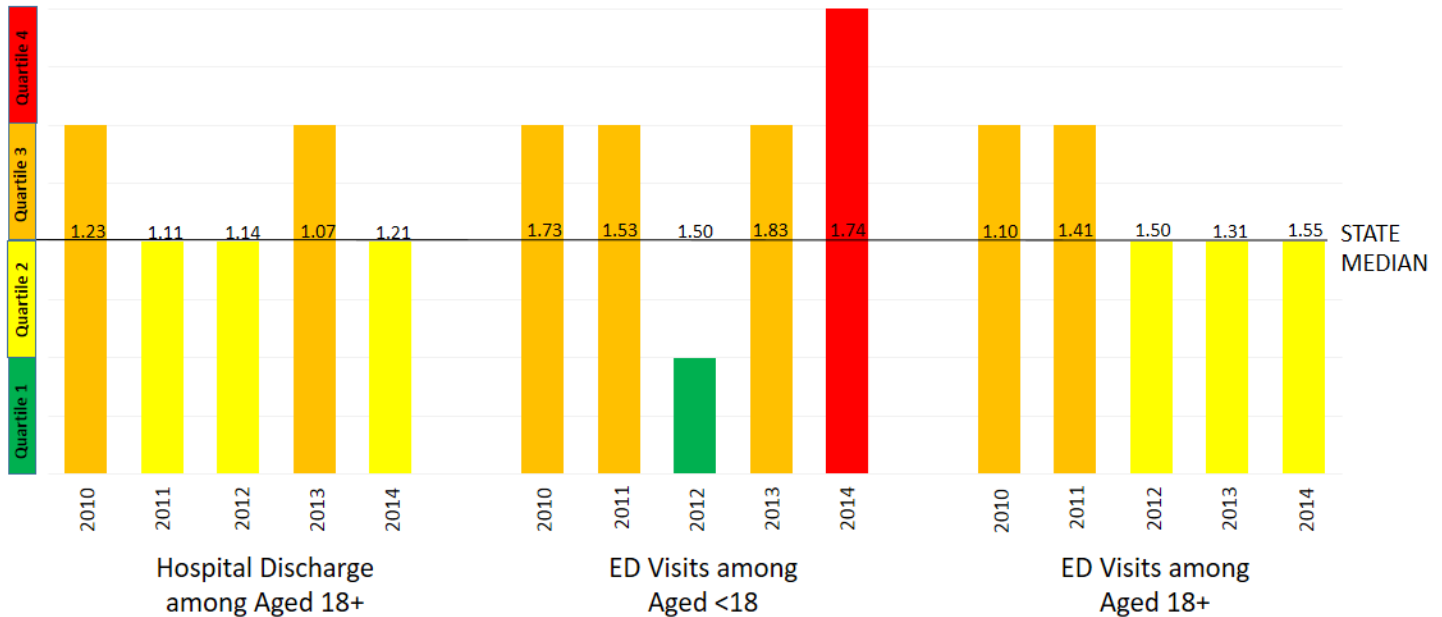


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

NORTH KINGSTOWN

Consequences - Overdose

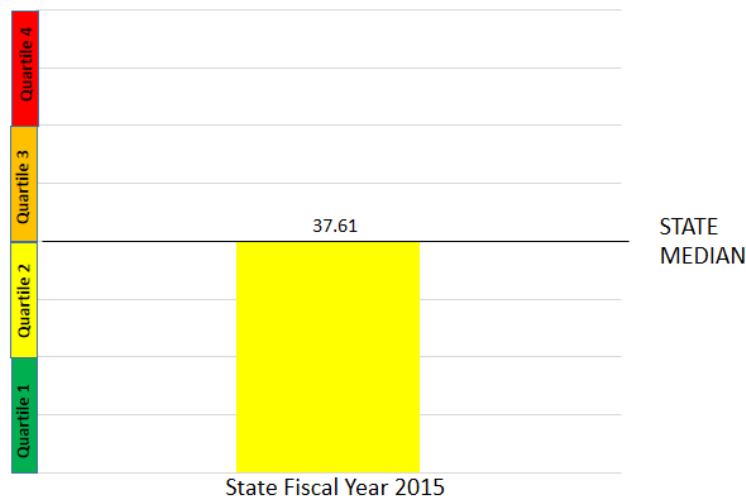
North Kingstown Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

North Kingstown Quartiles of Adult Methadone Treatment per 10,000



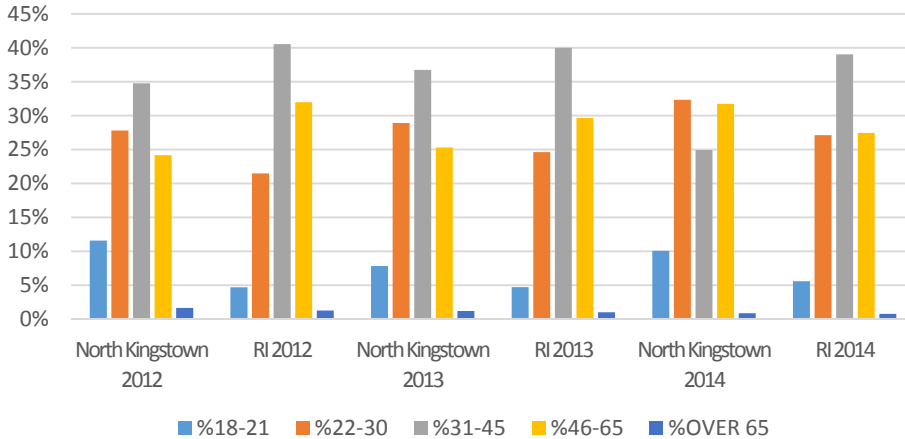
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

NORTH KINGSTOWN

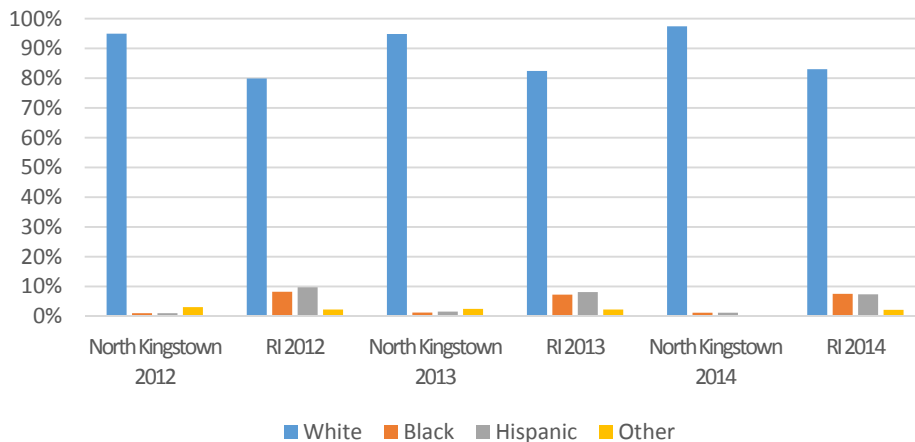
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



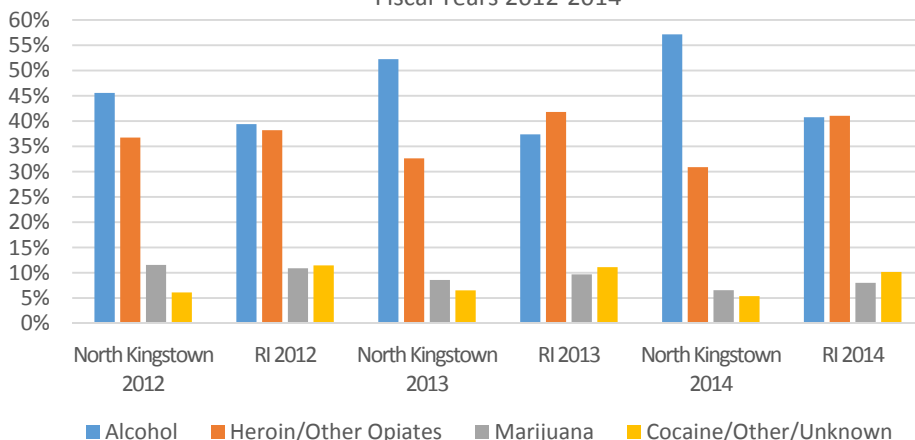
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

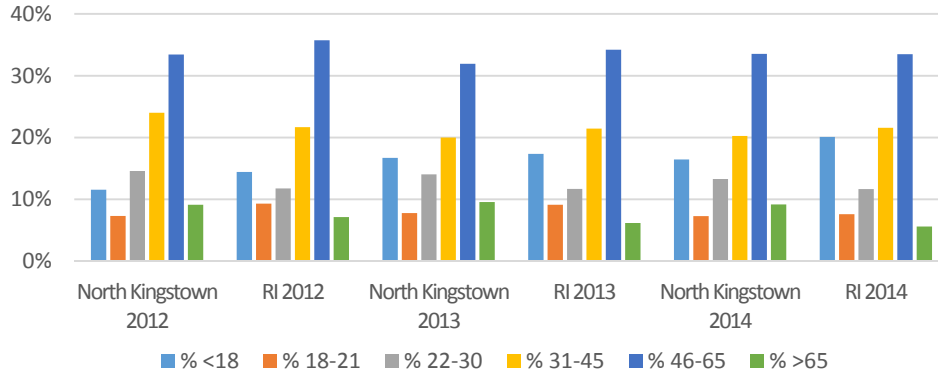


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NORTH KINGSTOWN

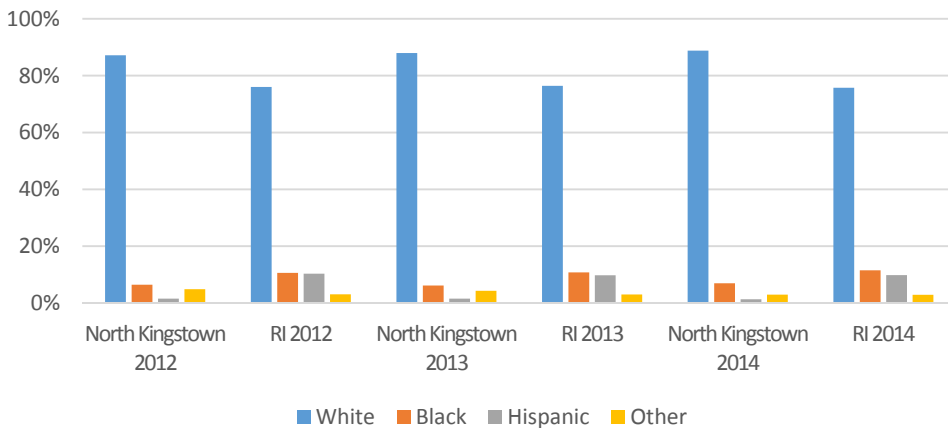
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



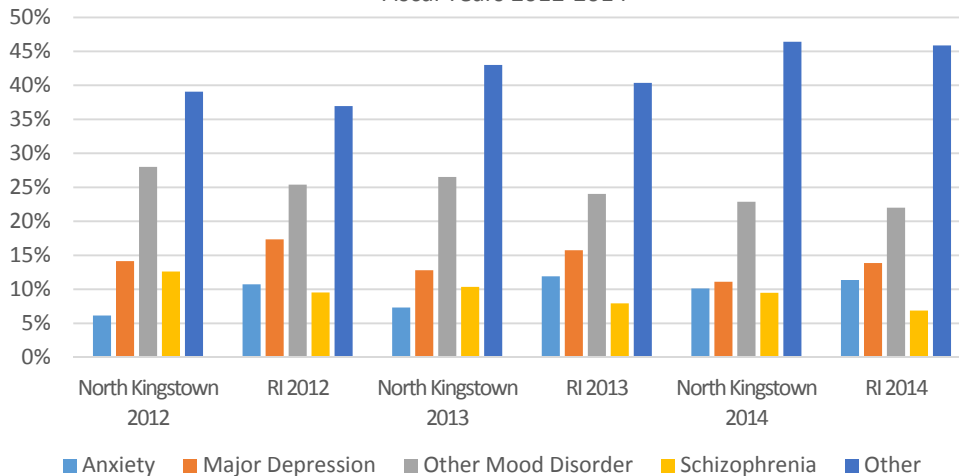
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

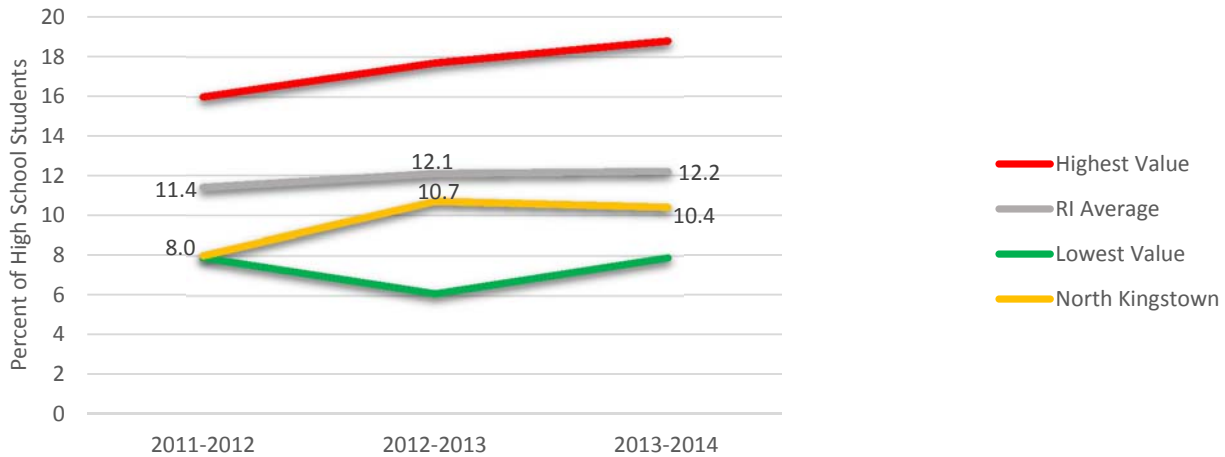


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

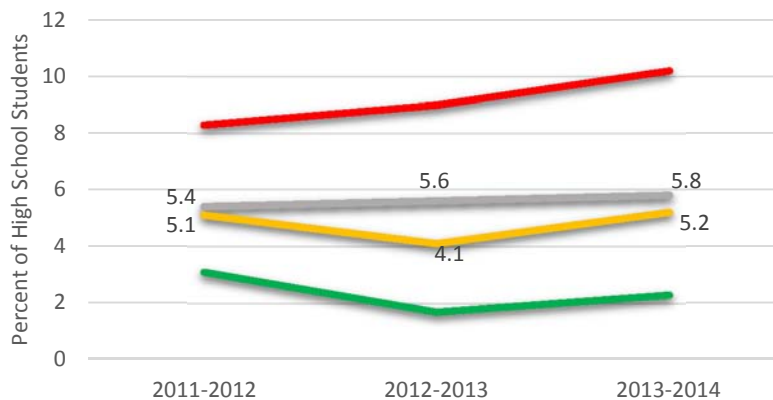
NORTH KINGSTOWN

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

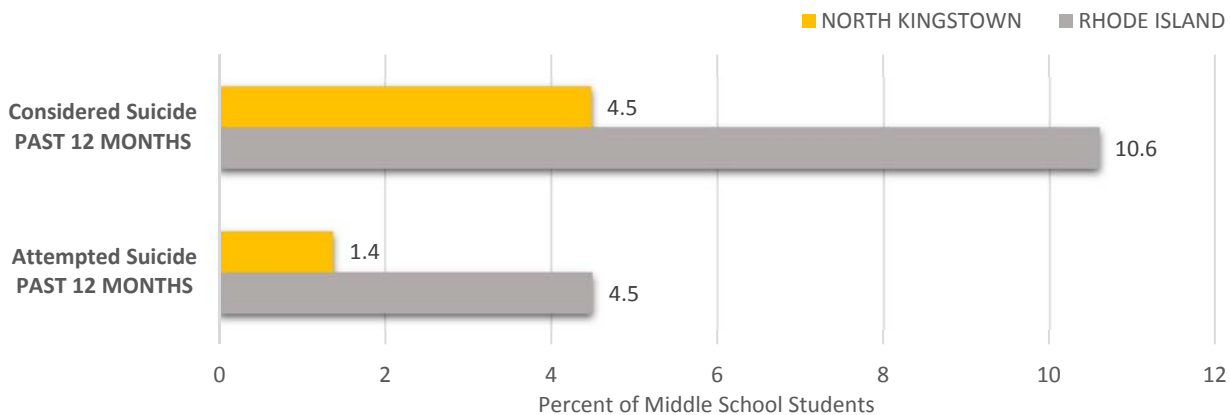


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



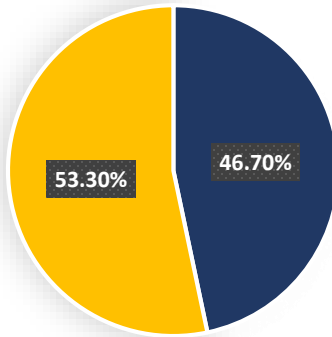
NORTH PROVIDENCE

Demographics

Total Population: 32,208

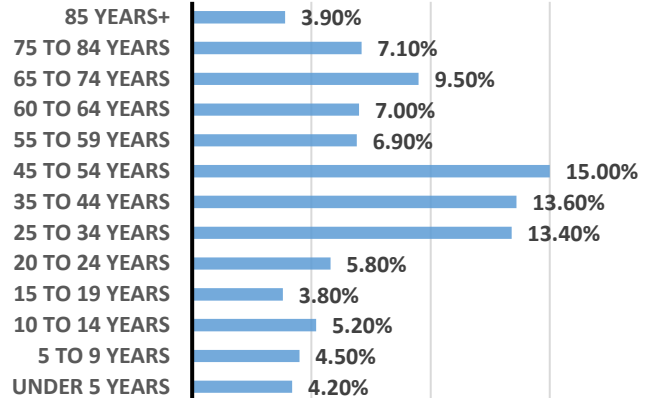
Total Households: 14,082

GENDER

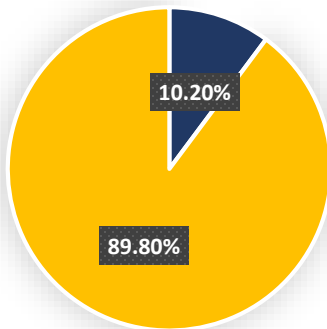


■ Male (%) ■ Female (%)

AGE

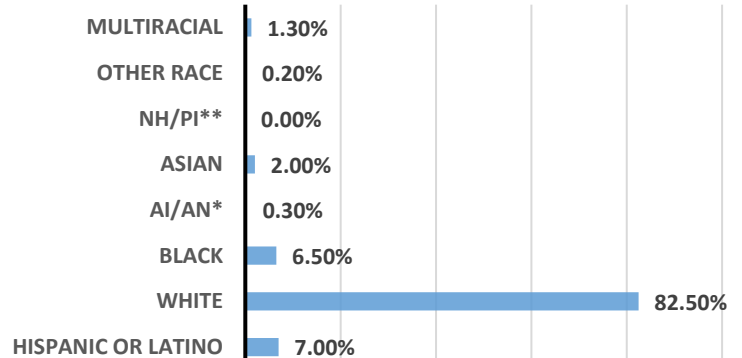


HEALTH INSURANCE



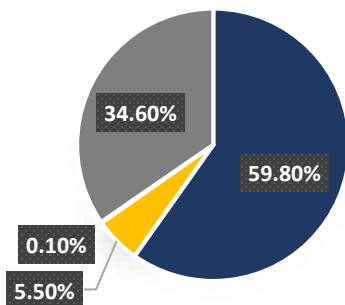
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



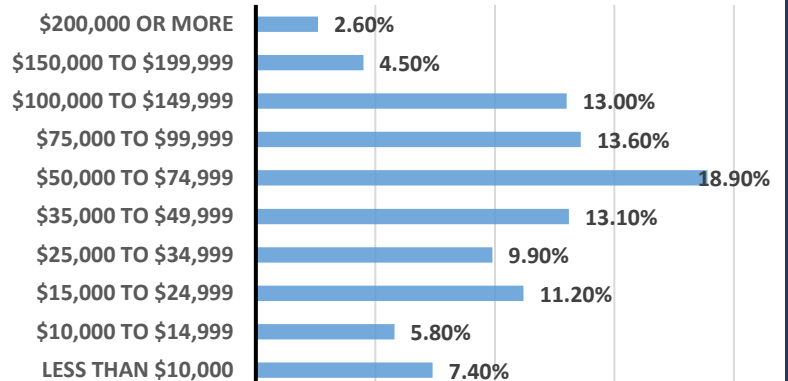
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

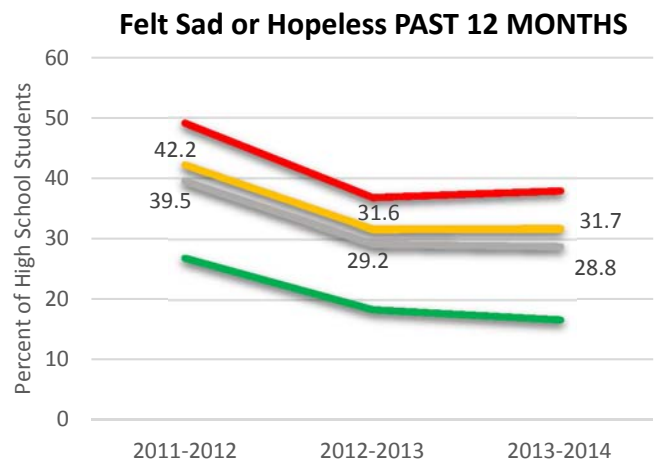
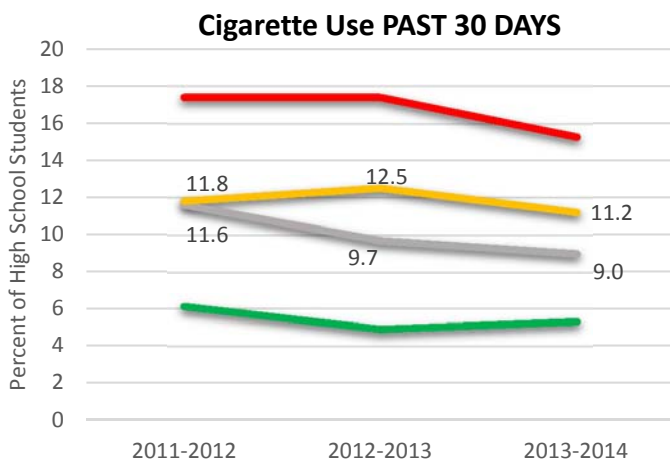
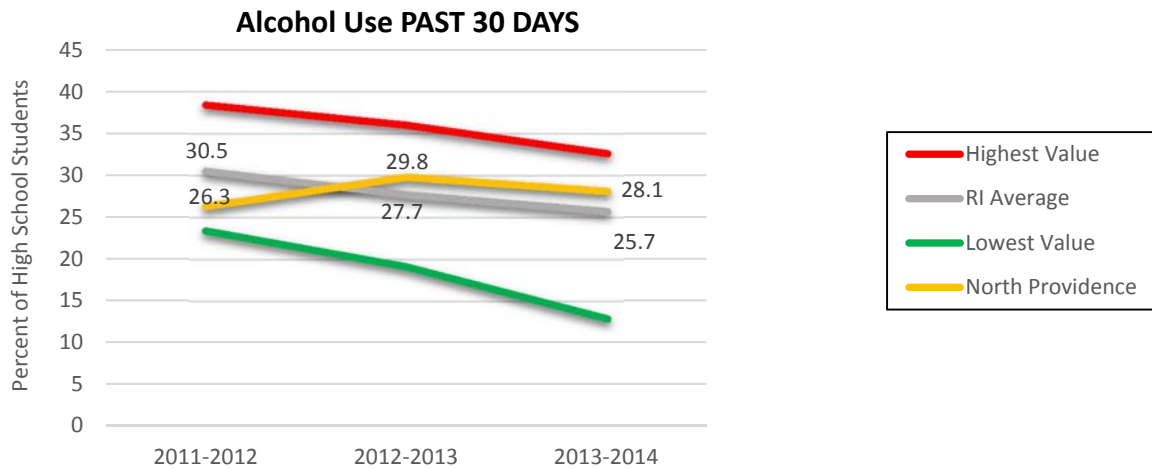
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

NORTH PROVIDENCE

Prevalence – High School



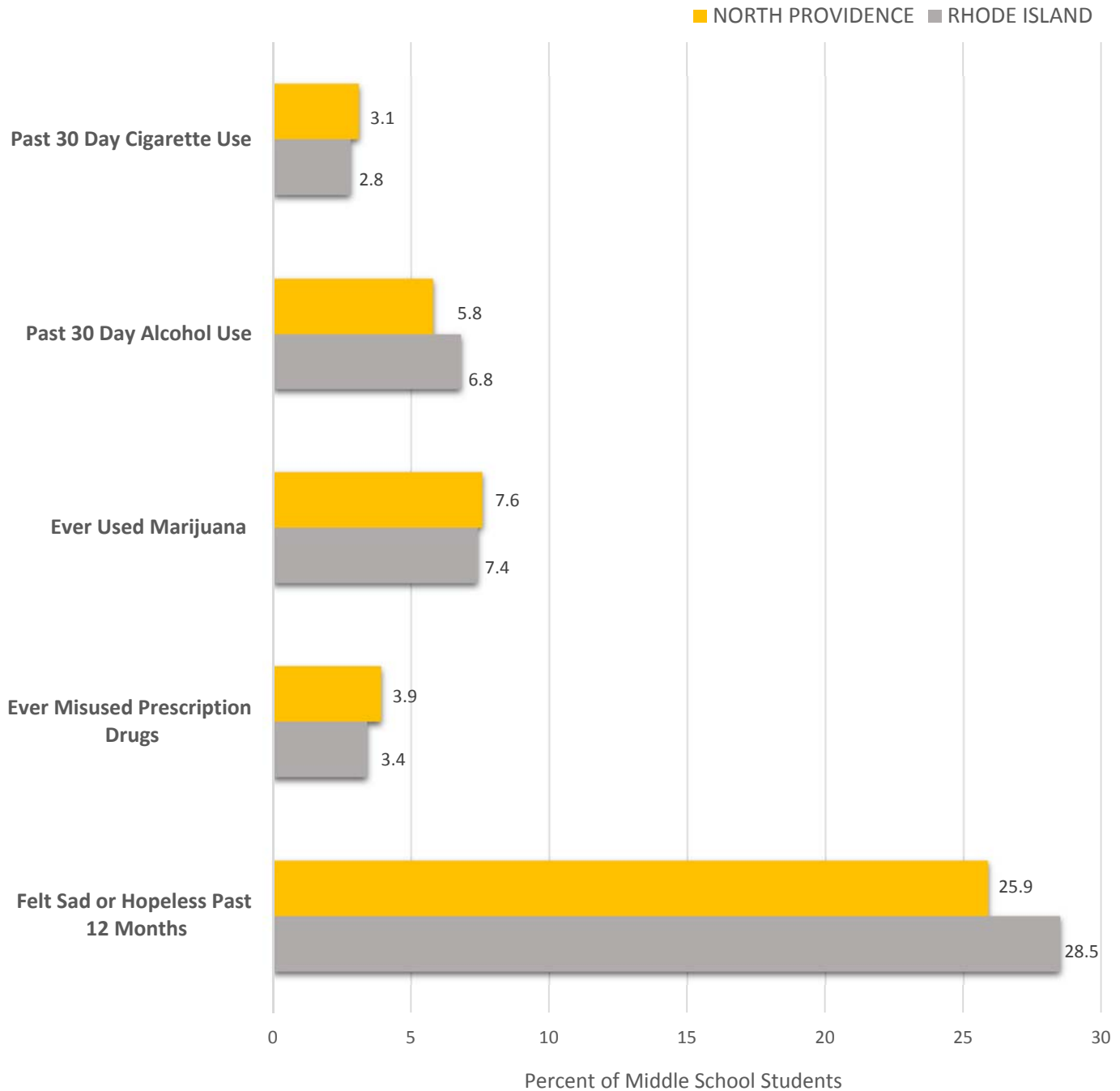
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	NORTH PROVIDENCE
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.5%
2013-2014	9.5%	8.7%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	60.2%
2013-2014	60.8%	53.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	53.9%
2013-2014	55.7%	47.1%

NORTH PROVIDENCE

Prevalence – Middle School

2013-2014 Middle School Prevalence

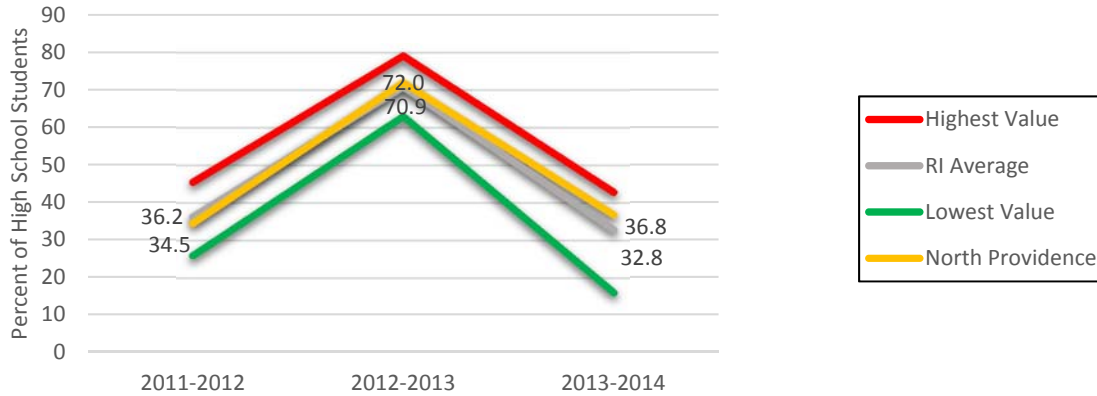


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

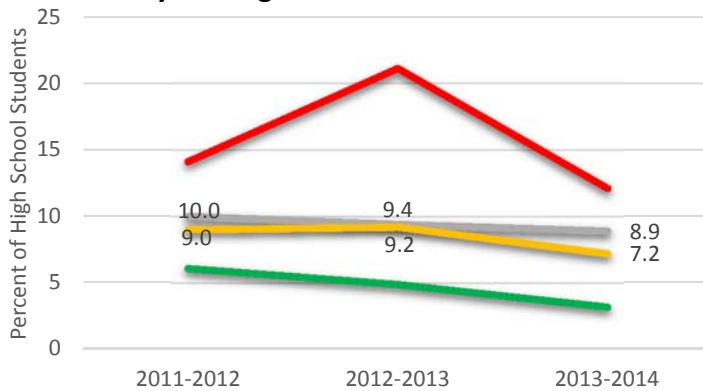
NORTH PROVIDENCE

Risk and Protective Factors

Made Fun of at School

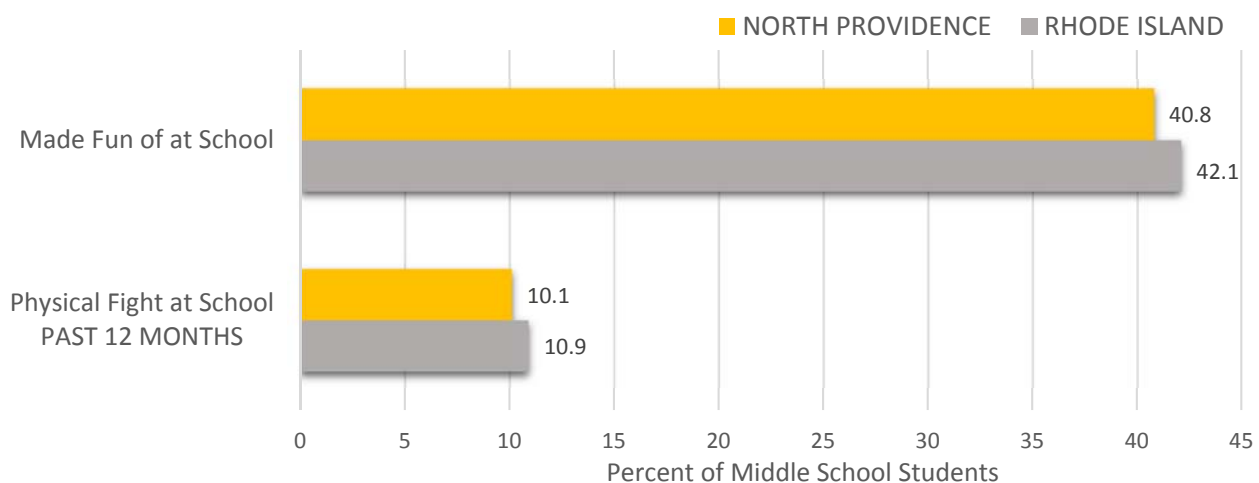


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

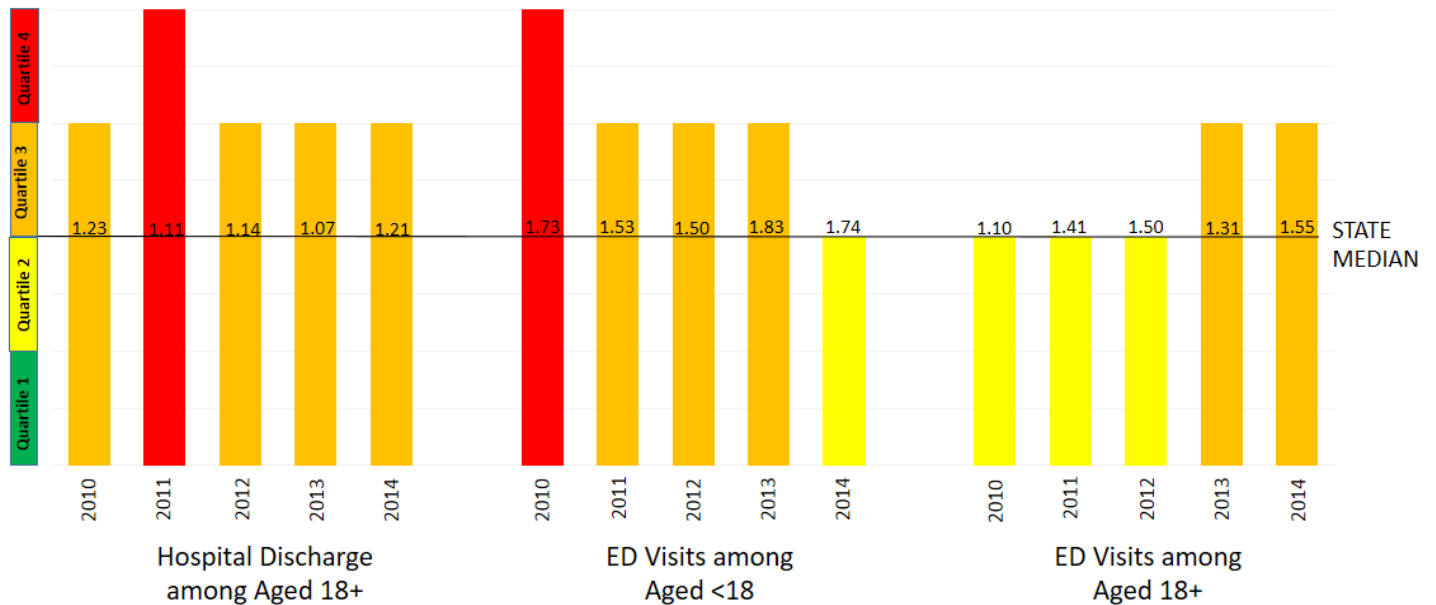


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

NORTH PROVIDENCE

Consequences - Overdose

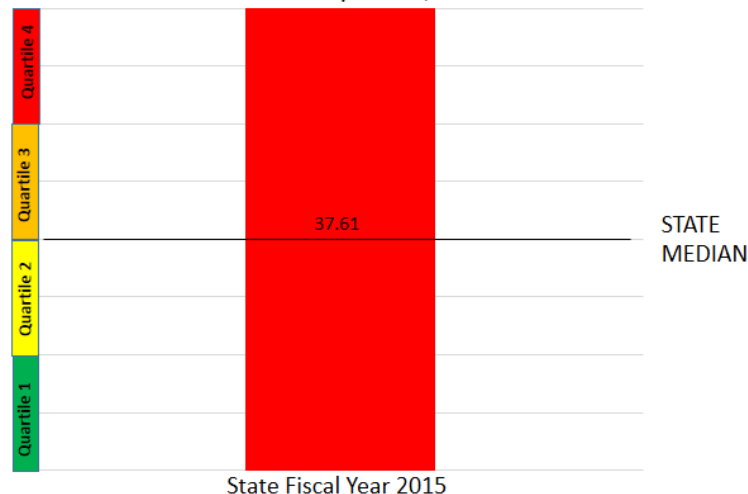
North Providence Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

North Providence Quartiles of Adult Methadone Treatment per 10,000



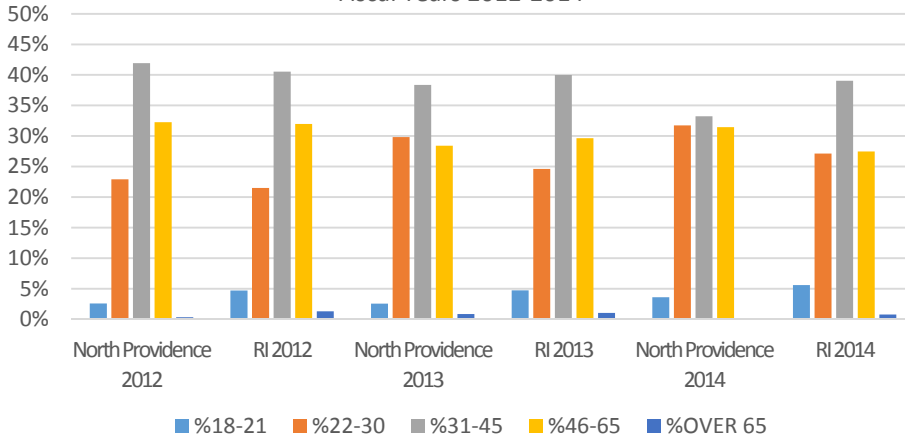
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

NORTH PROVIDENCE

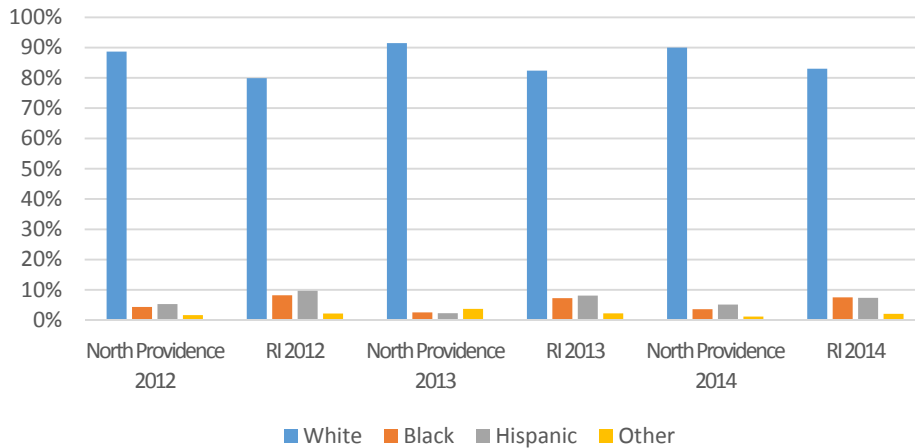
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



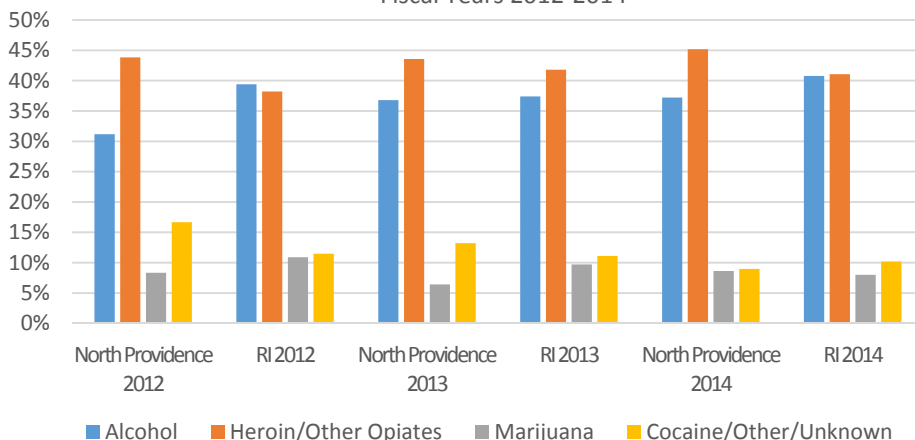
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

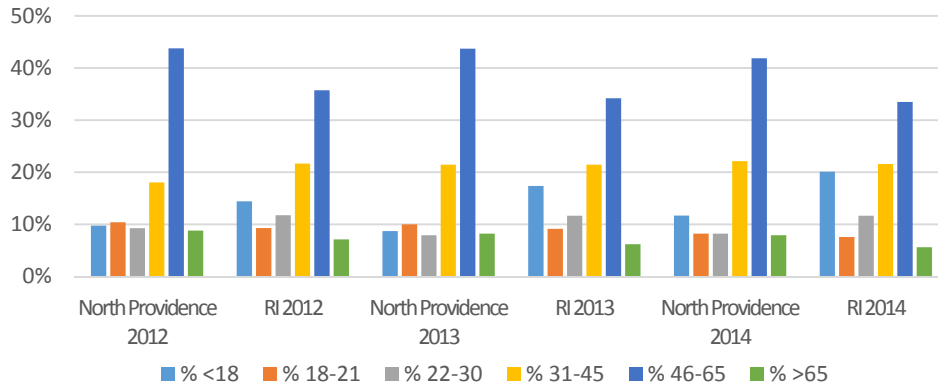


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NORTH PROVIDENCE

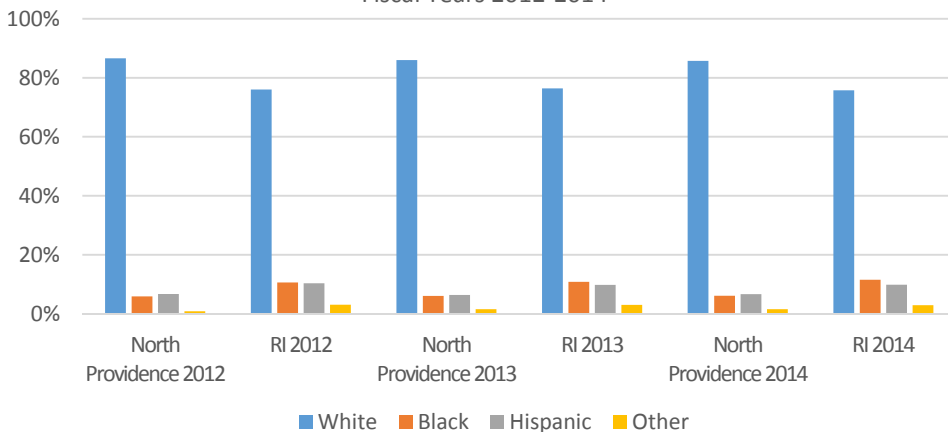
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



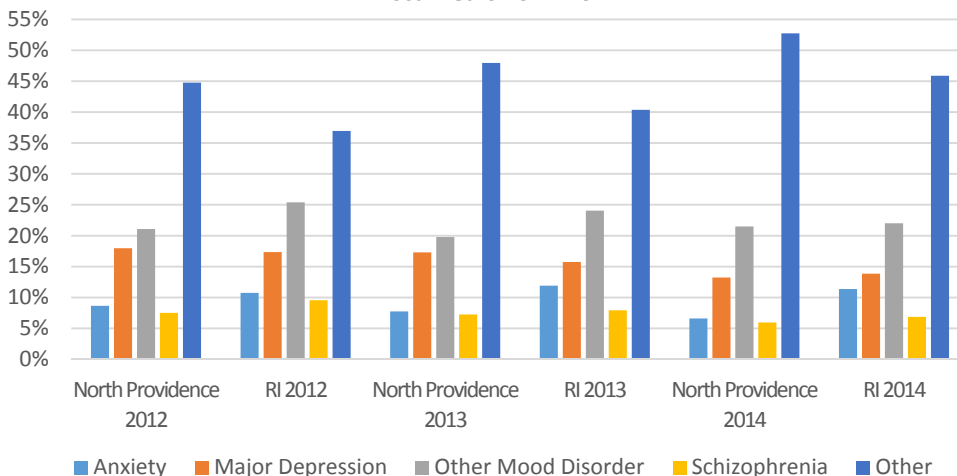
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

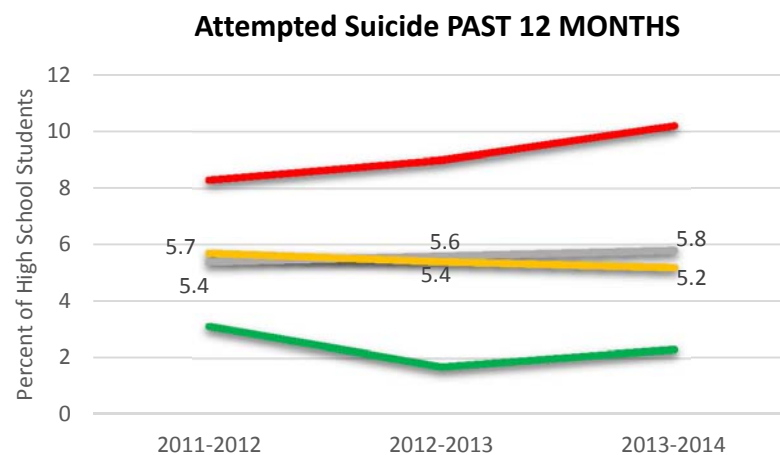
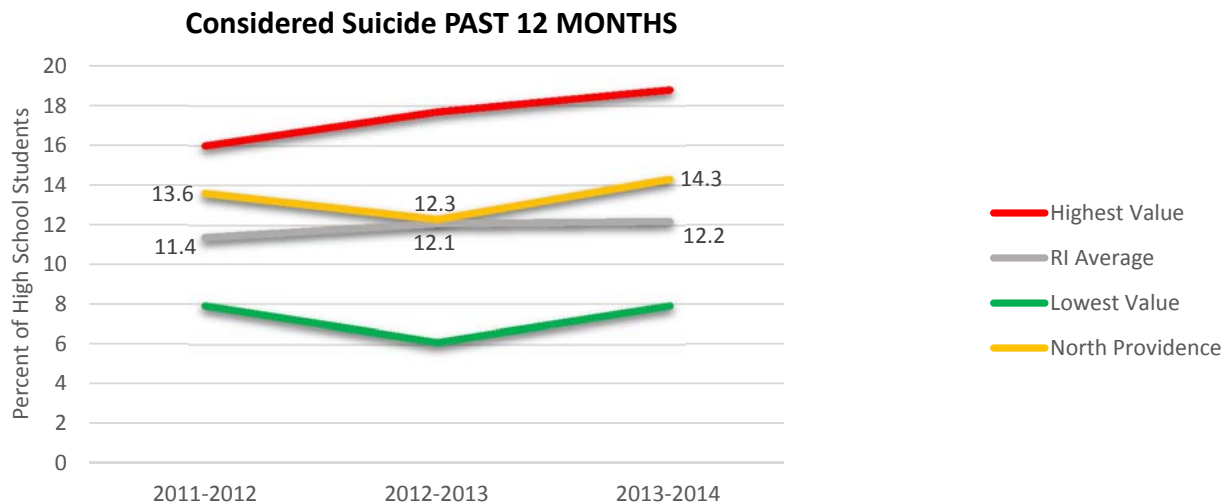
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

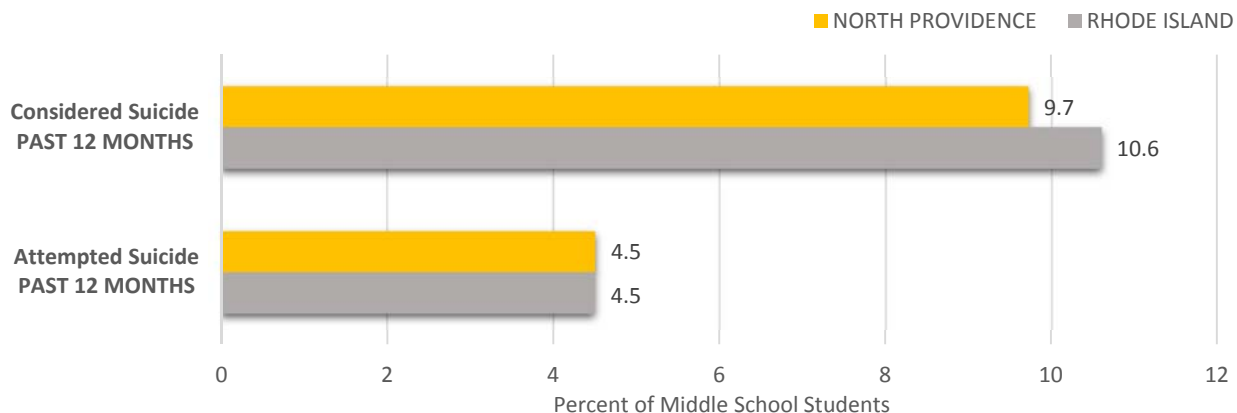
NORTH PROVIDENCE

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



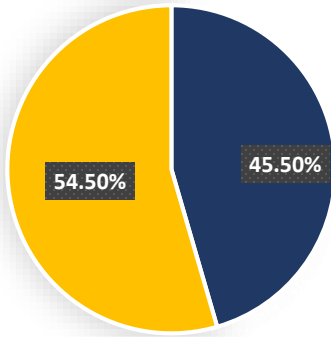
NORTH SMITHFIELD

Demographics

Total Population: 12,106

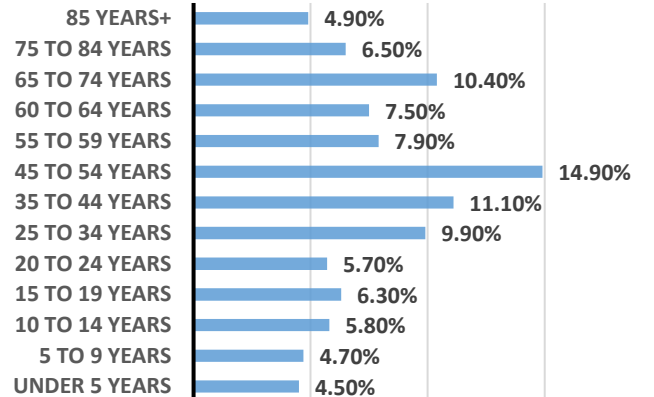
Total Households: 4,522

GENDER

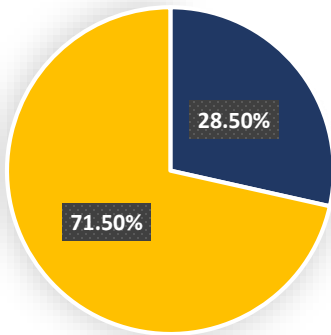


■ Male (%) ■ Female (%)

AGE

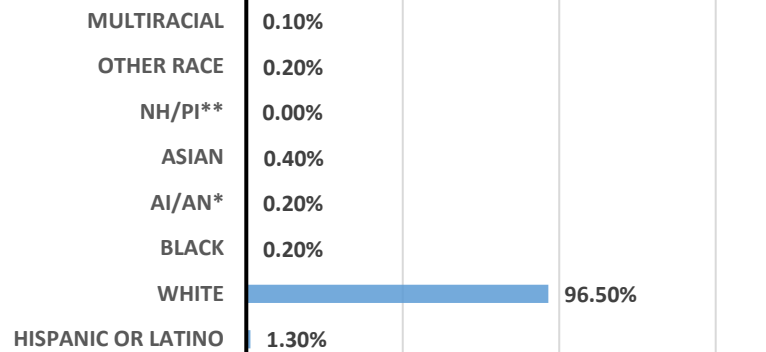


HEALTH INSURANCE



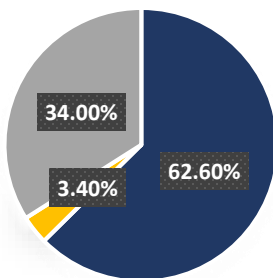
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

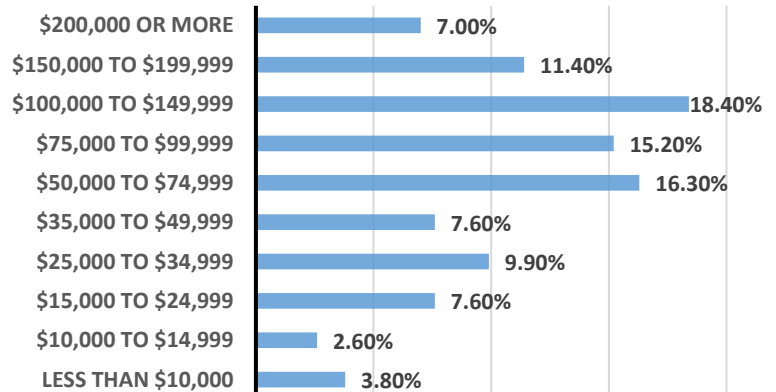
EMPLOYMENT



■ Employed (%) ■ Unemployed (%) ■ Not in Labor Force (%)

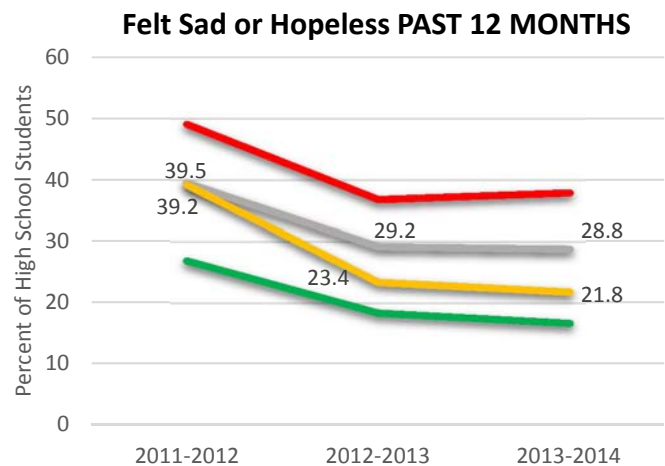
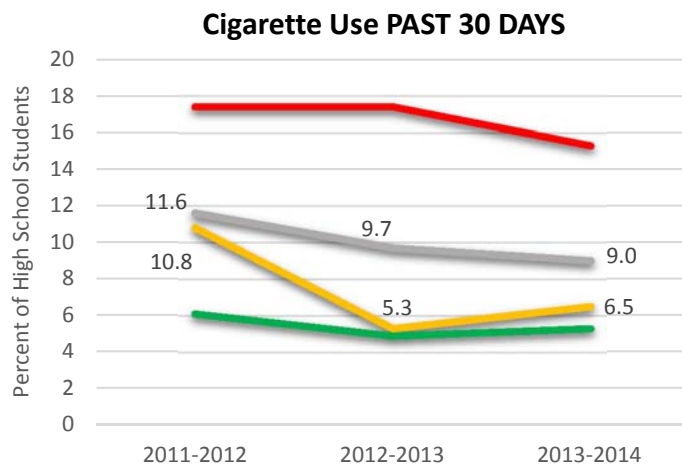
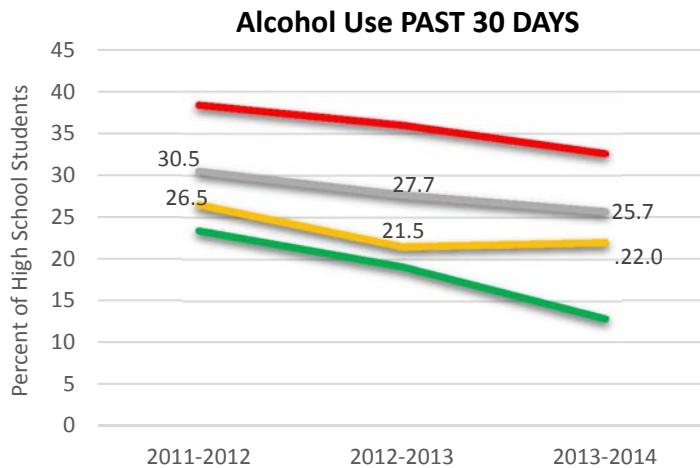
* Note: 0% Armed forces for this municipality

ANNUAL HOUSEHOLD INCOME



NORTH SMITHFIELD

Prevalence – High School



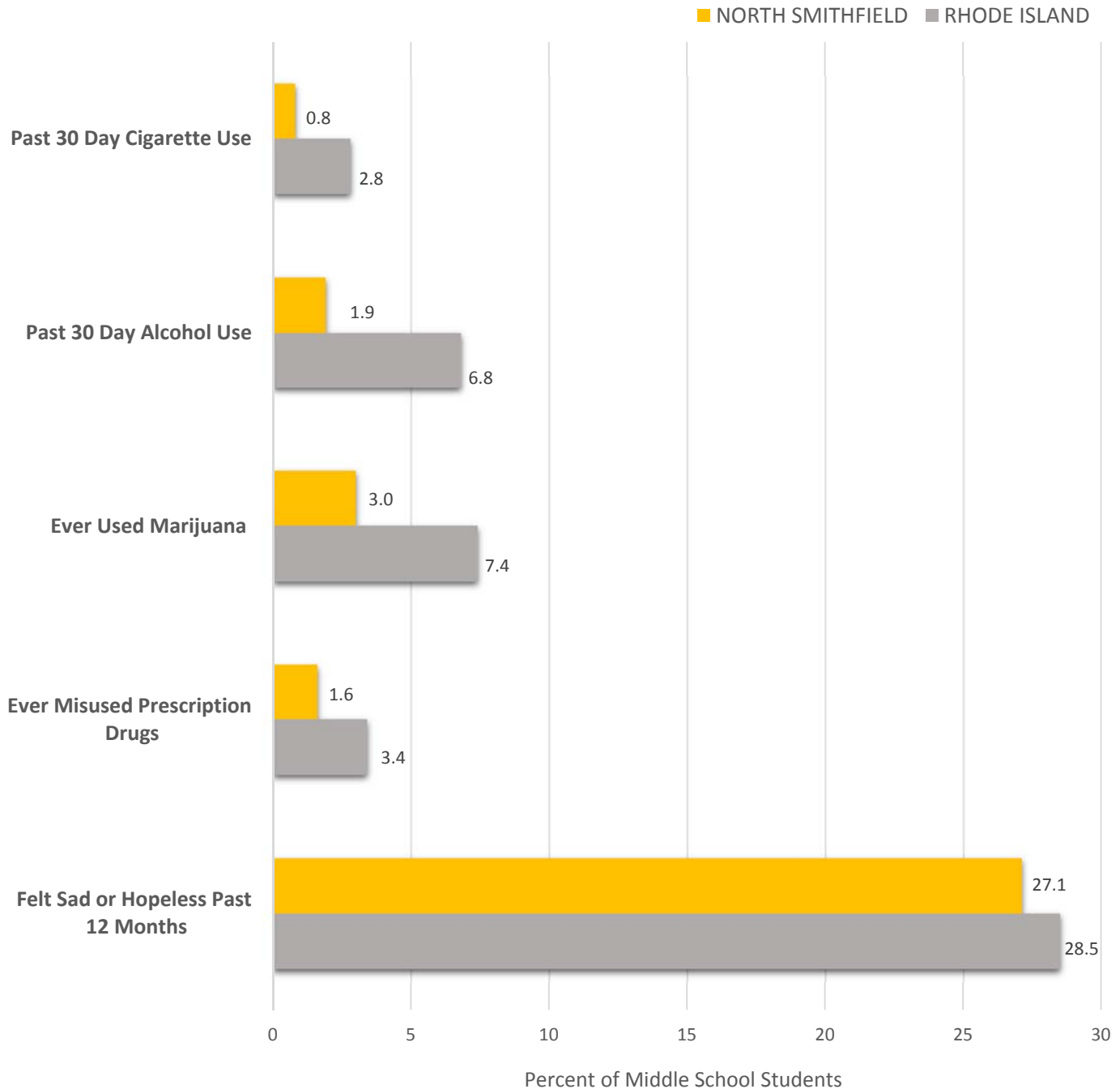
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	RHODE ISLAND	NORTH SMITHFIELD
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	8.3%
2013-2014	9.5%	6.1%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	51.1%
2013-2014	60.8%	52.4%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	67.7%
2013-2014	55.7%	50.0%

NORTH SMITHFIELD

Prevalence – Middle School

2013-2014 Middle School Prevalence

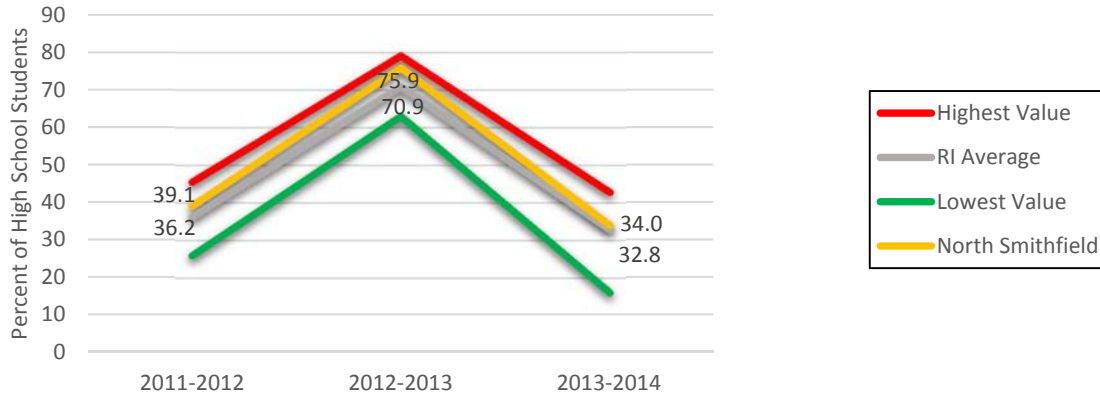


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

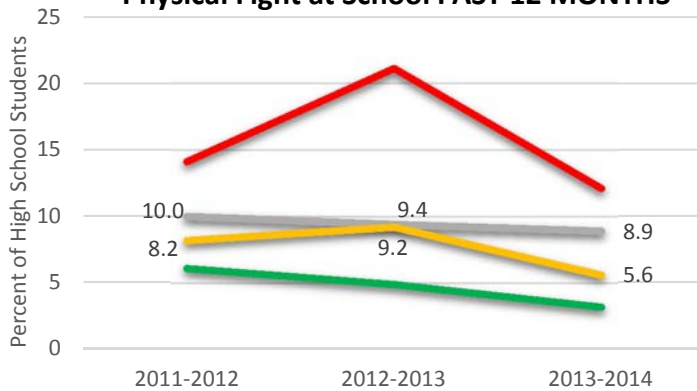
NORTH SMITHFIELD

Risk and Protective Factors

Made Fun of at School

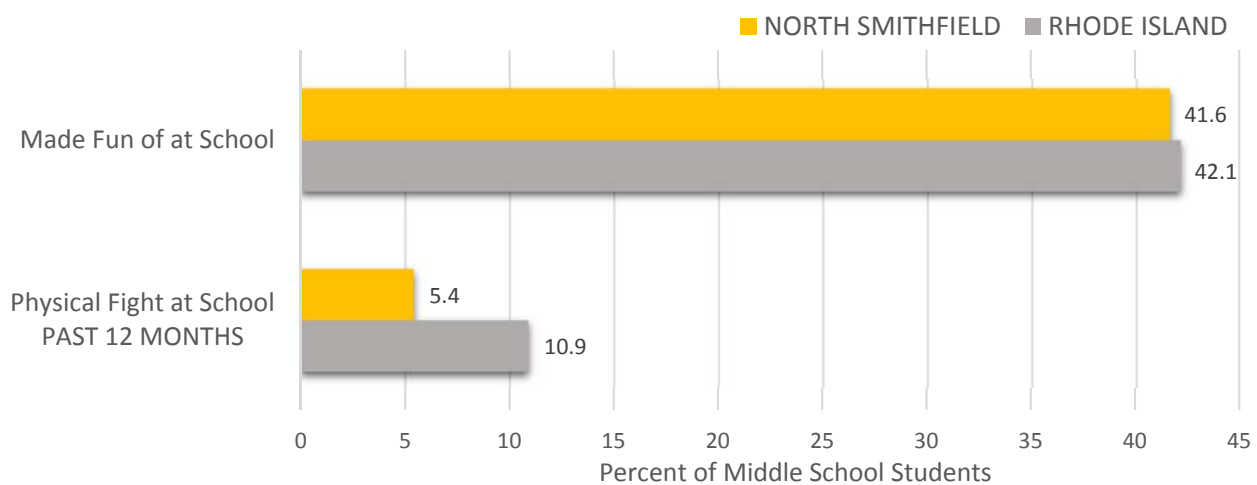


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

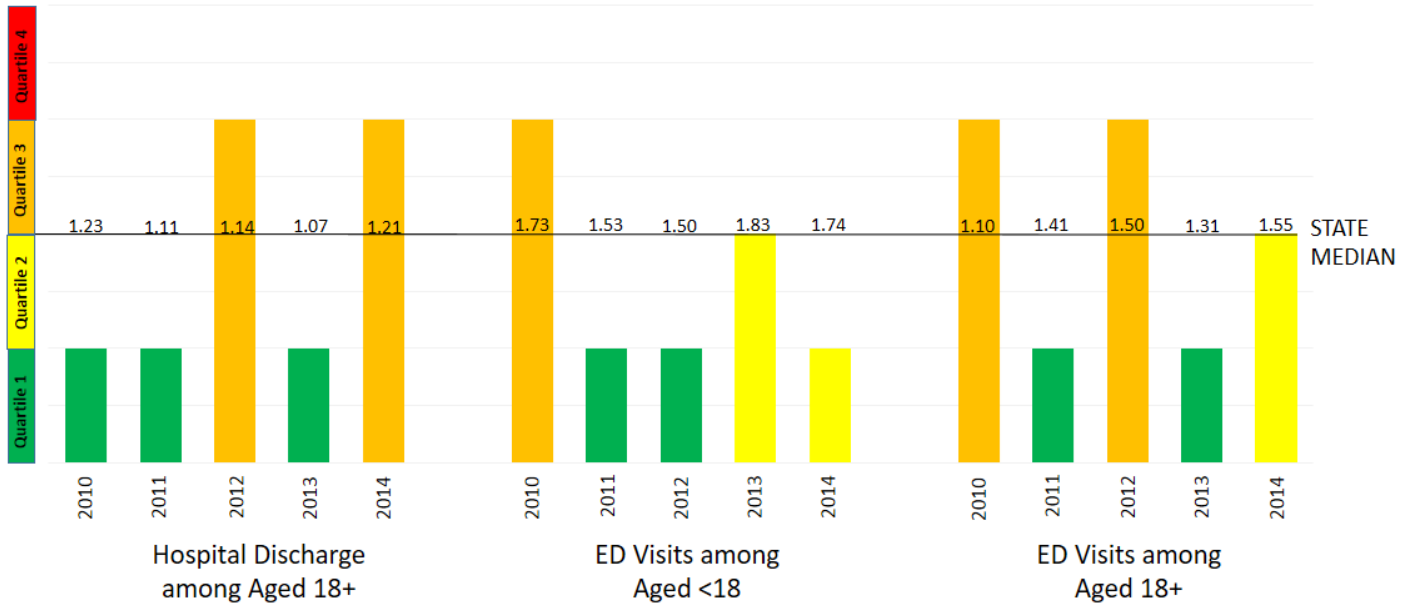


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

NORTH SMITHFIELD

Consequences - Overdose

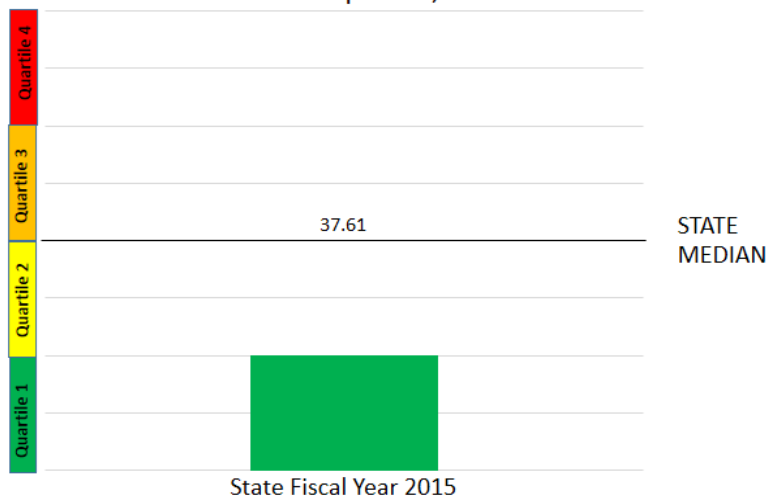
North Smithfield Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

North Smithfield Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

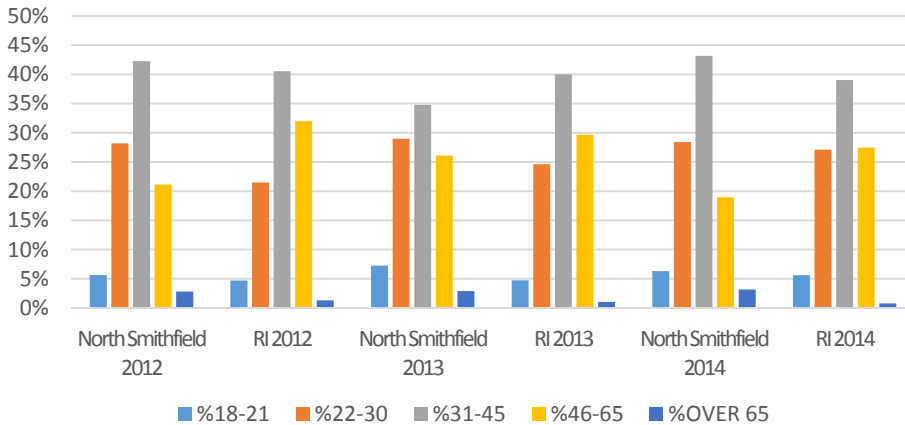
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

NORTH SMITHFIELD

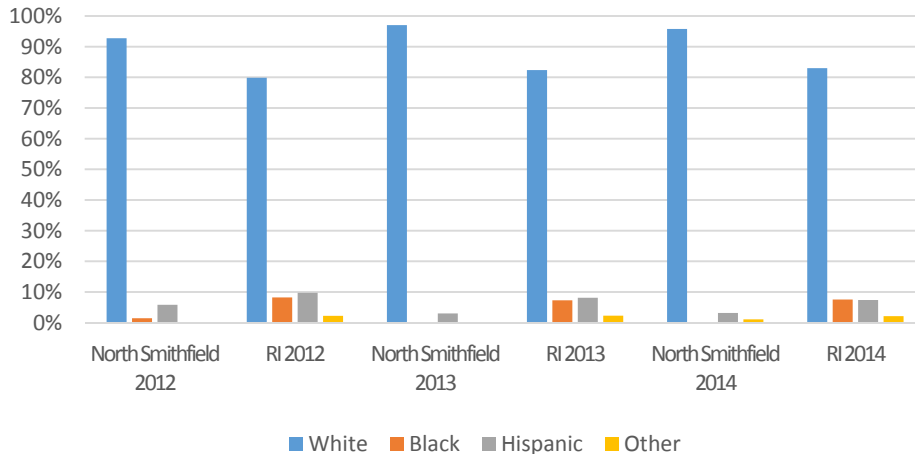
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



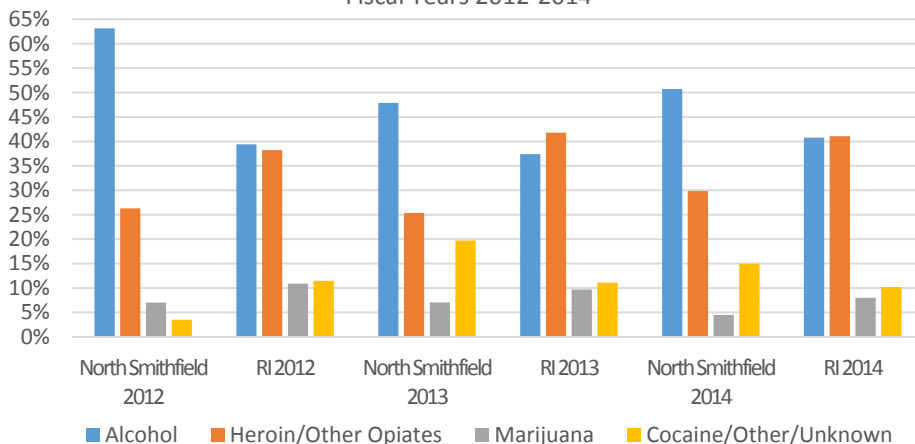
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

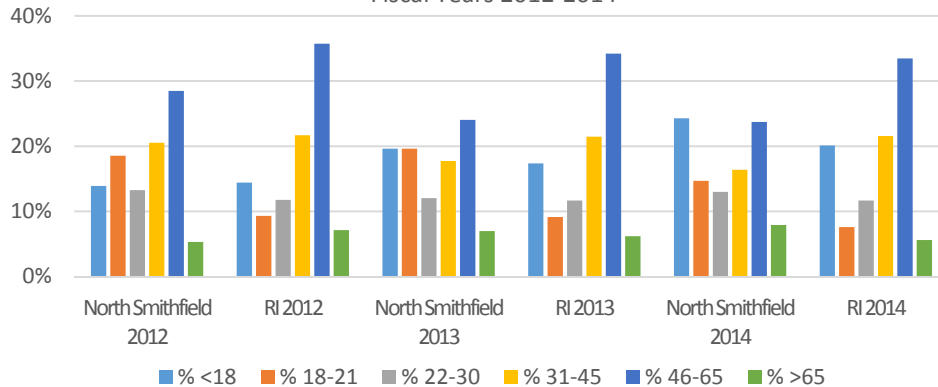


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

NORTH SMITHFIELD

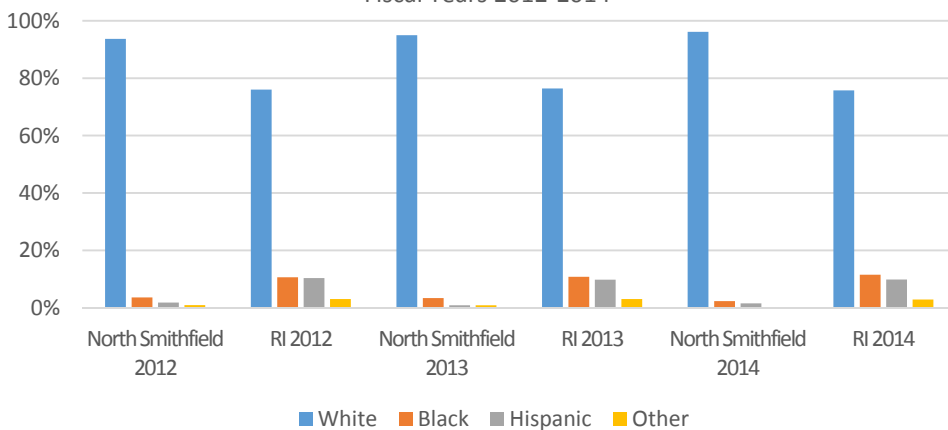
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



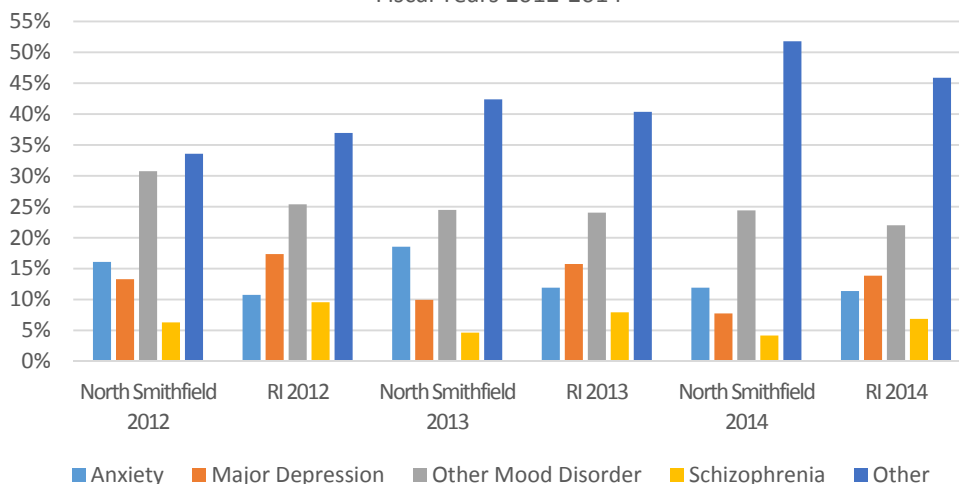
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

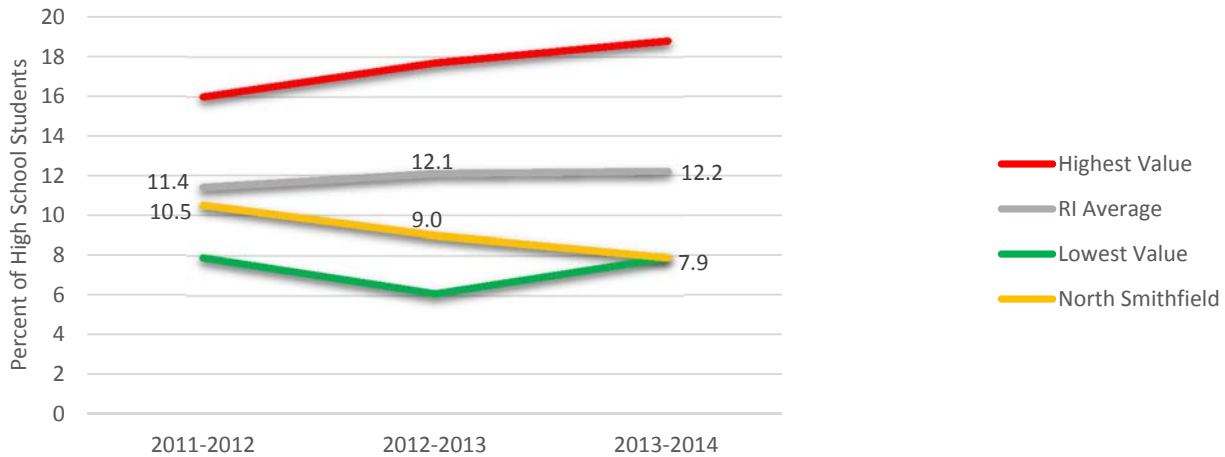


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

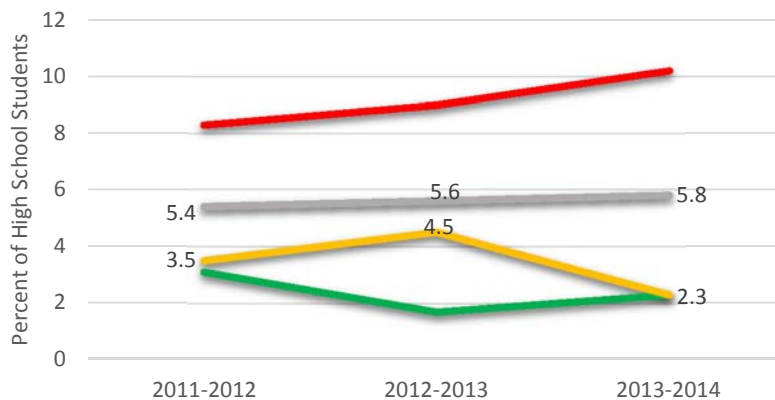
NORTH SMITHFIELD

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

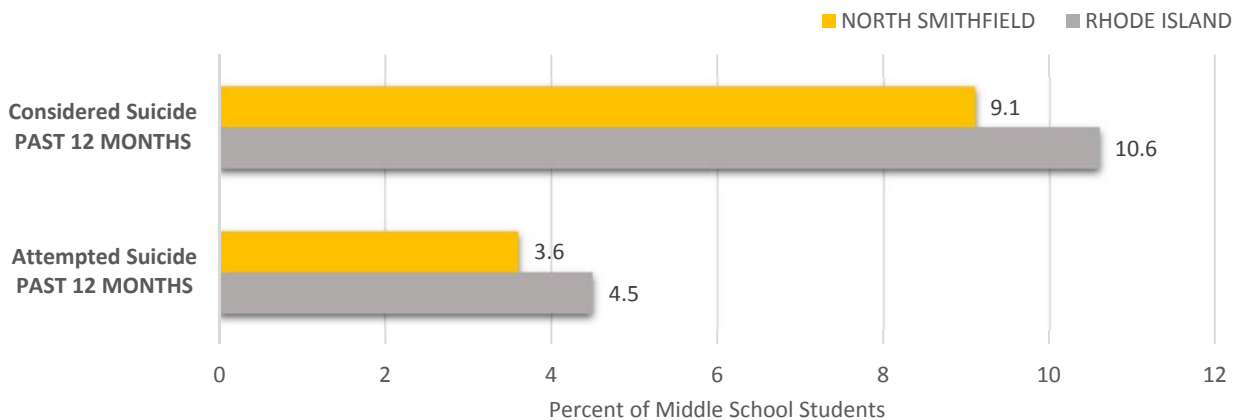


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



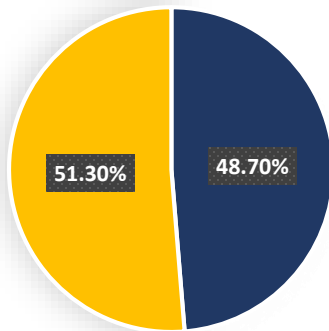
PAWTUCKET

Demographics

Total Population: 71,313

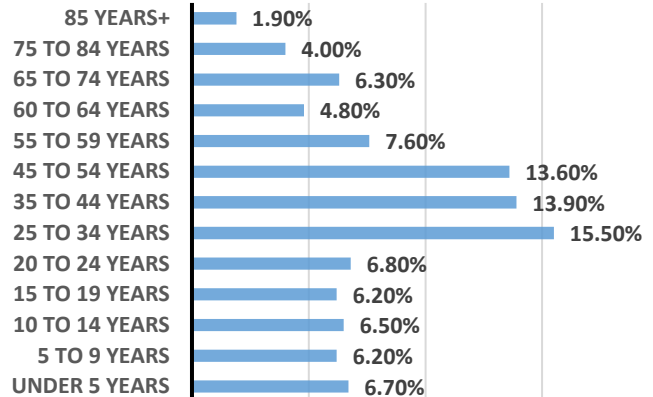
Total Households: 28,124

GENDER

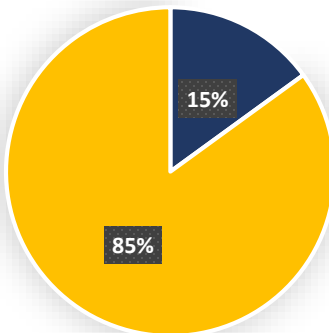


■ Male (%) ■ Female (%)

AGE

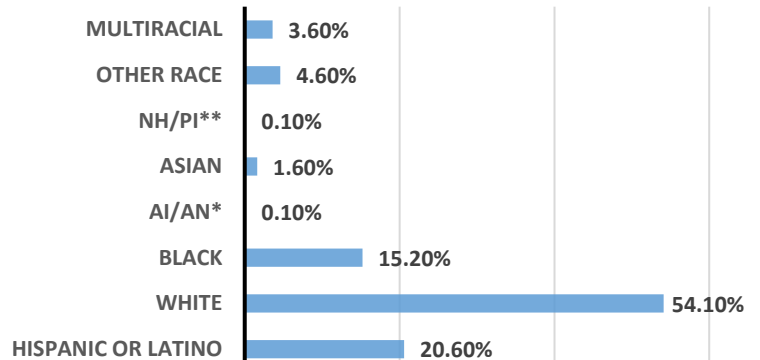


HEALTH INSURANCE



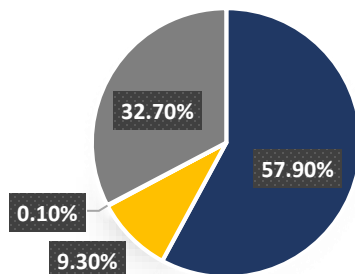
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



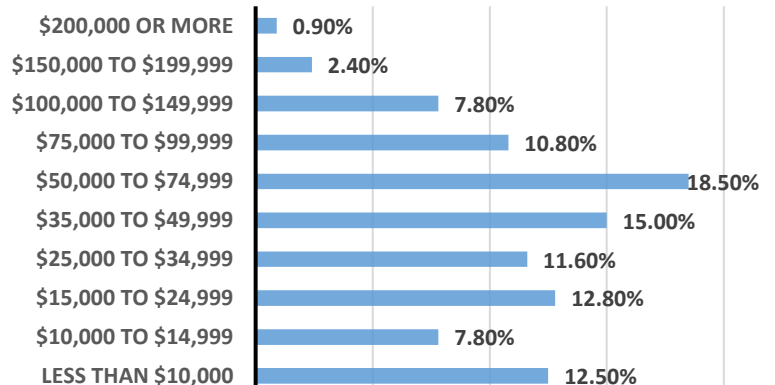
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

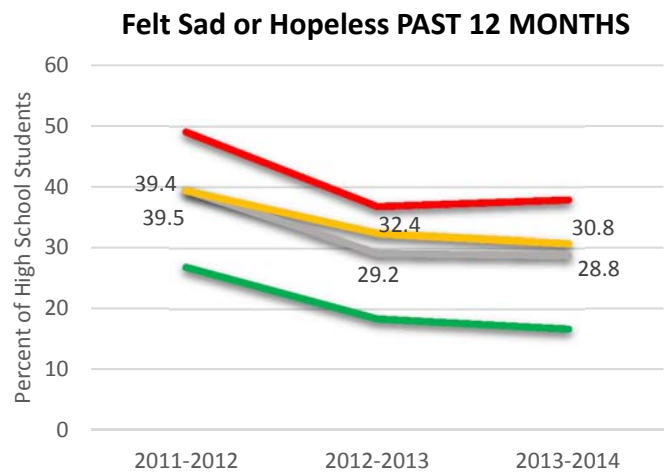
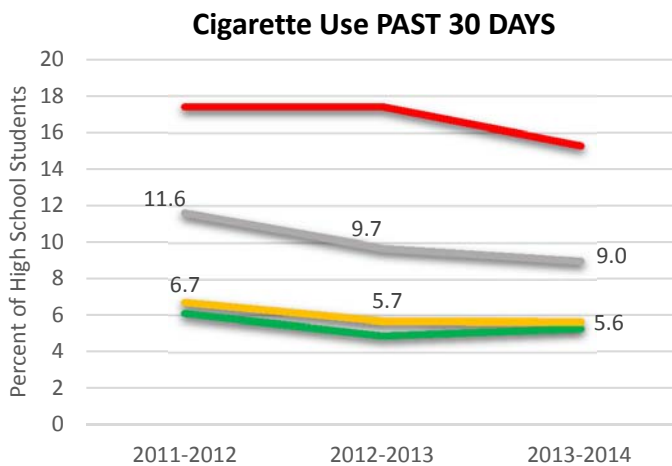
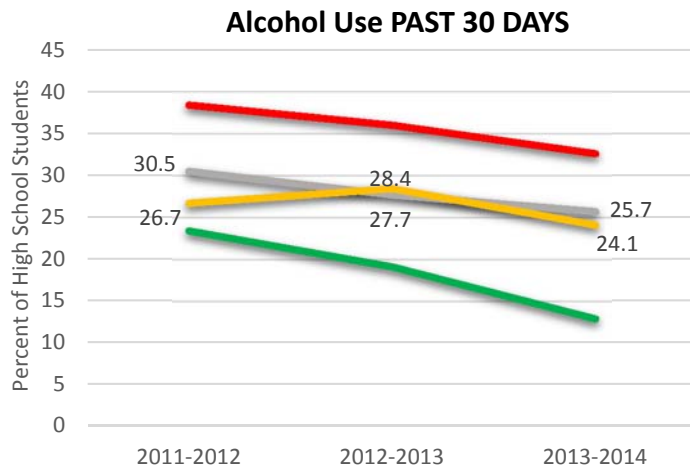
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

PAWTUCKET

Prevalence – High School



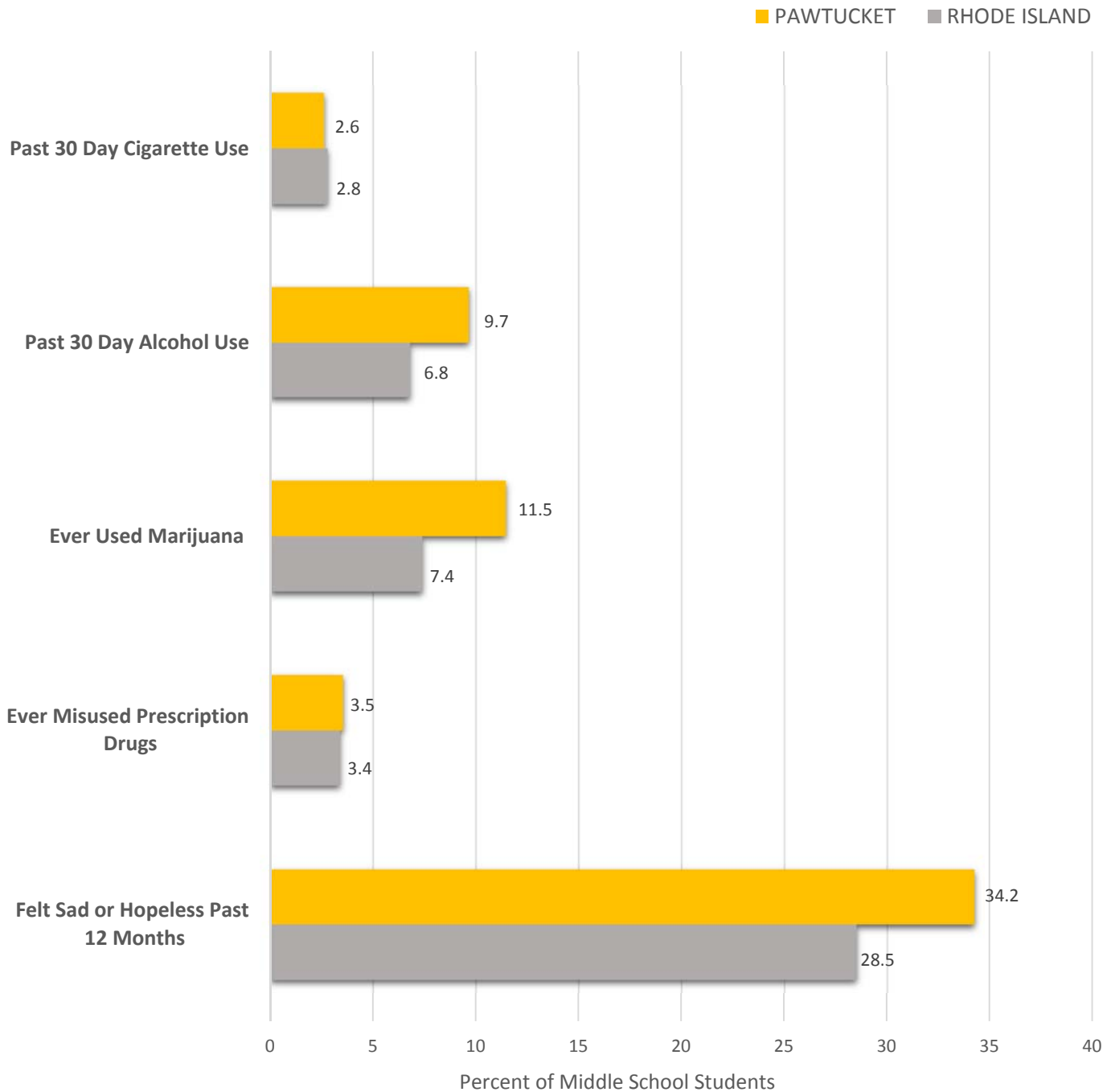
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	PAWTUCKET
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.1%
2013-2014	9.5%	8.5%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	52.8%
2013-2014	60.8%	56.0%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	60.2%
2013-2014	55.7%	42.8%

PAWTUCKET

Prevalence – Middle School

2013-2014 Middle School Prevalence

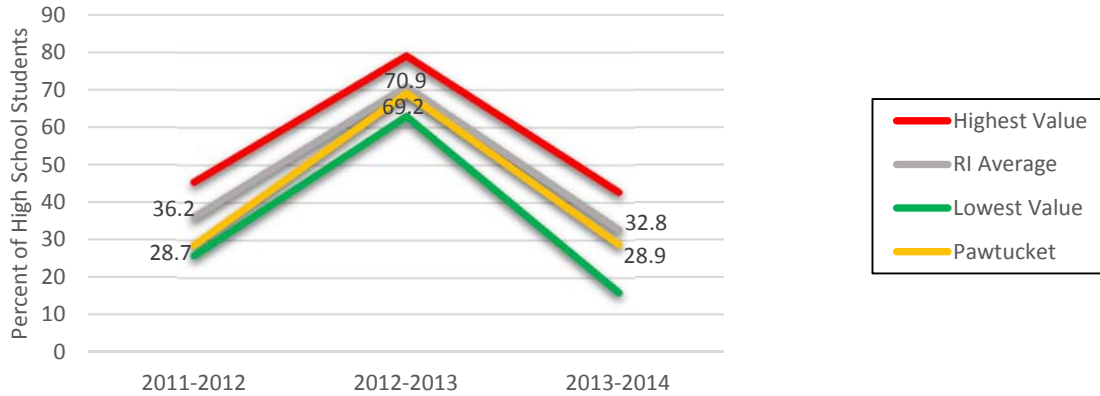


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

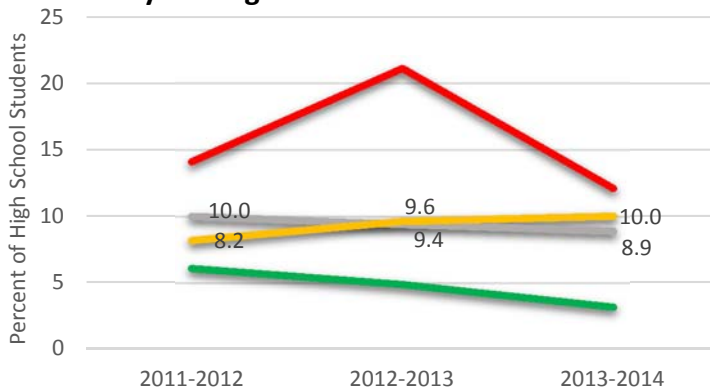
PAWTUCKET

Risk and Protective Factors

Made Fun of at School

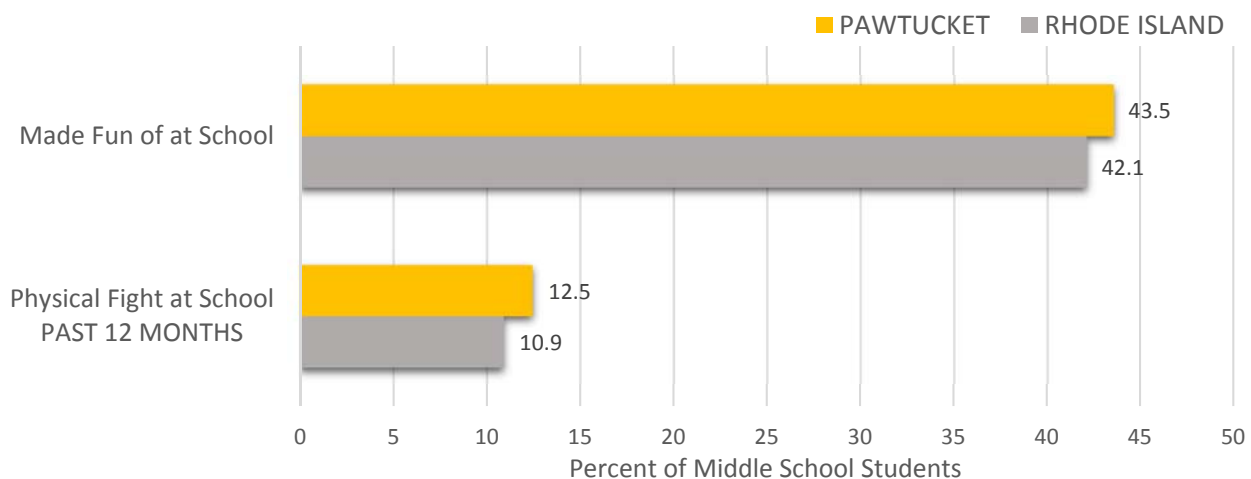


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

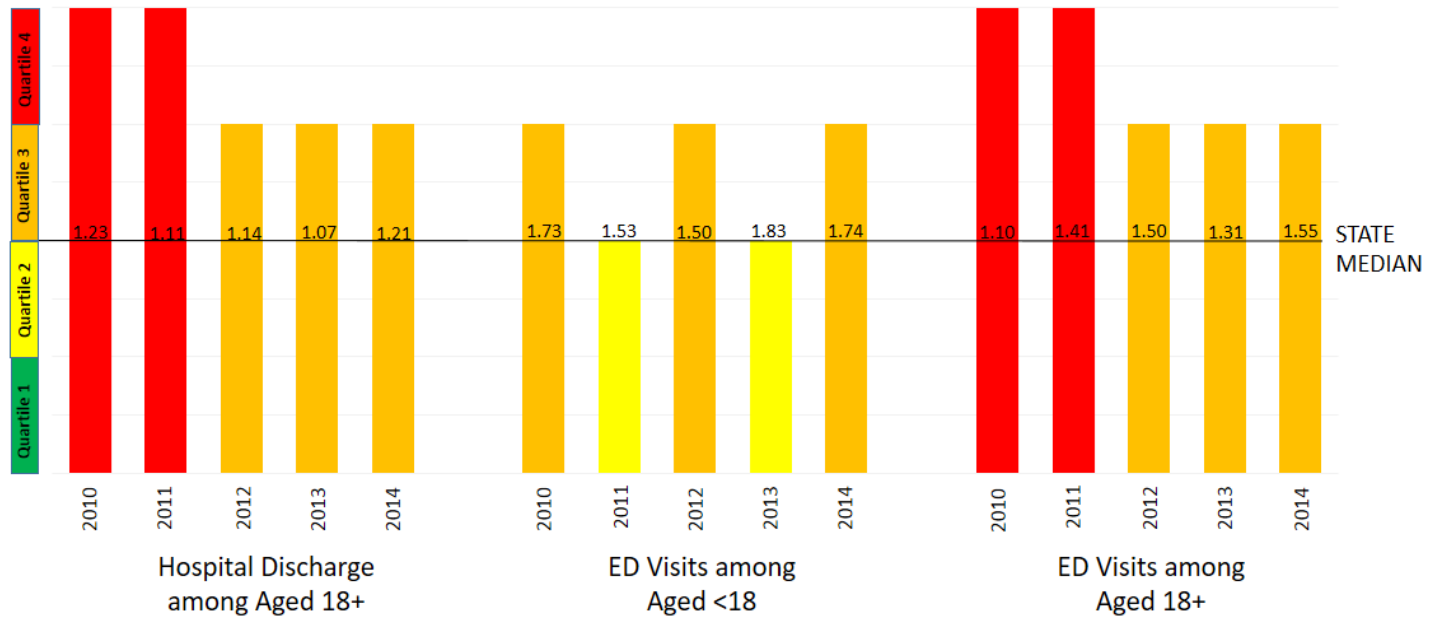


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

PAWTUCKET

Consequences - Overdose

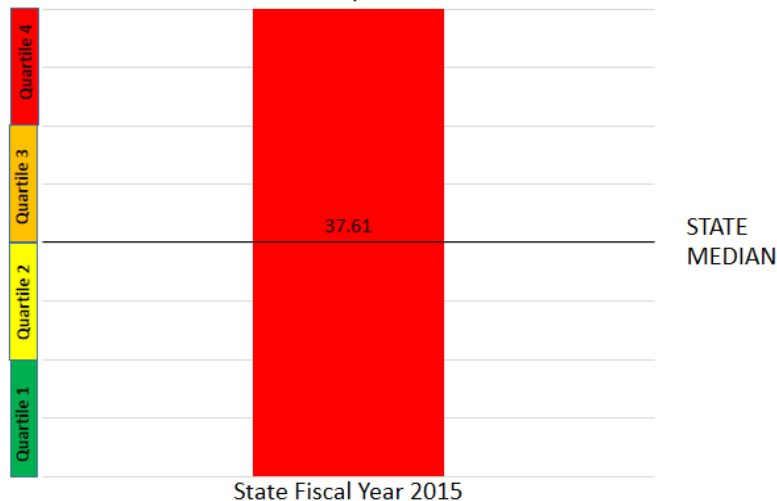
Pawtucket Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Pawtucket Quartiles of Adult Methadone Treatment per 10,000



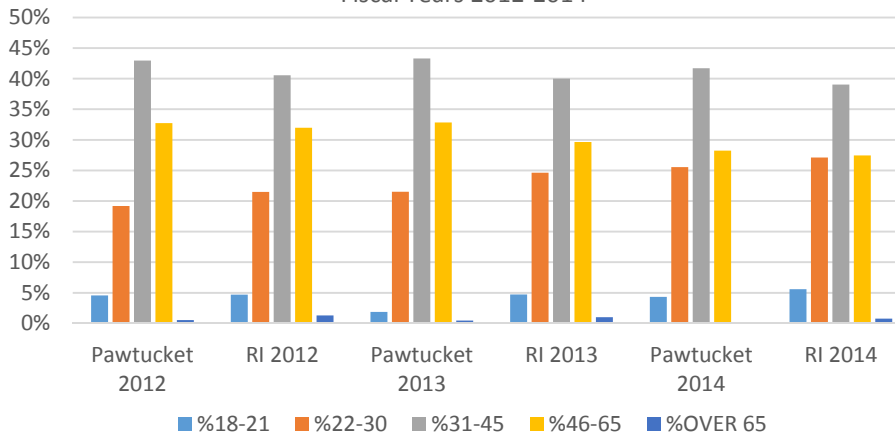
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

PAWTUCKET

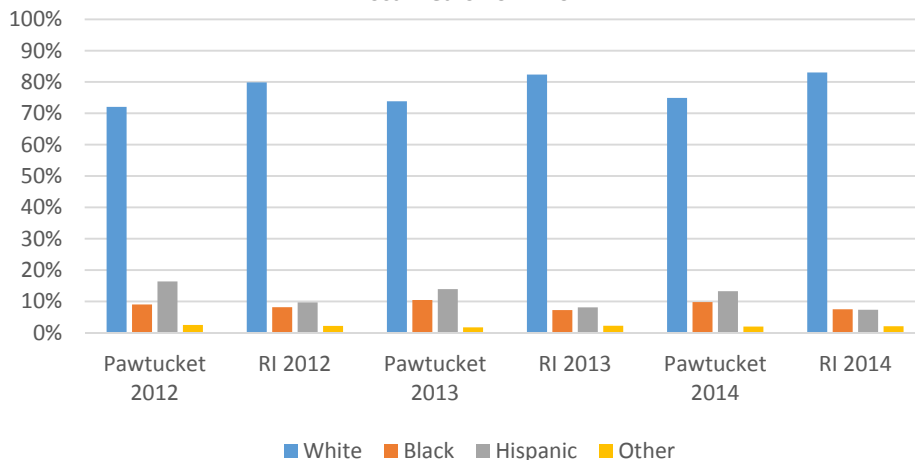
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



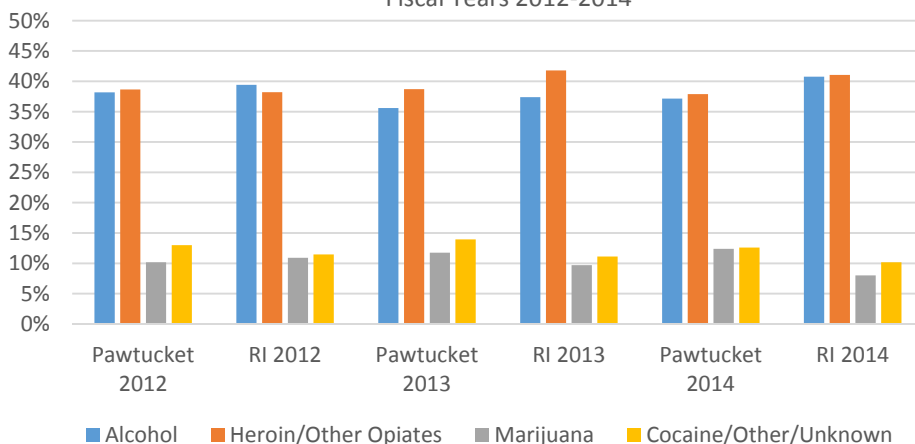
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

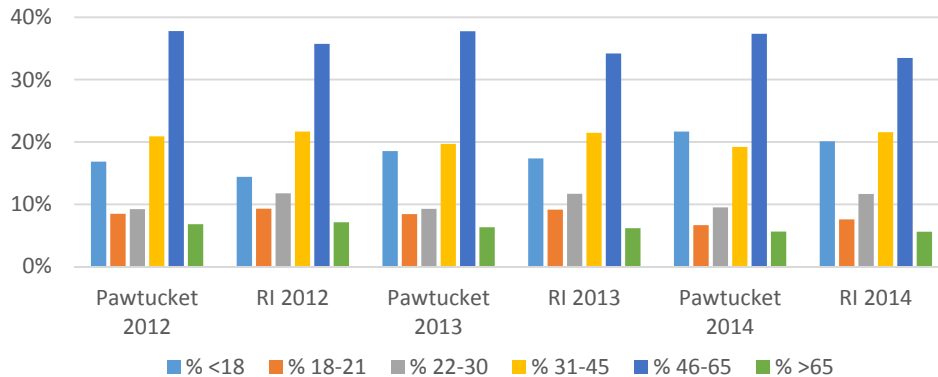


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

PAWTUCKET

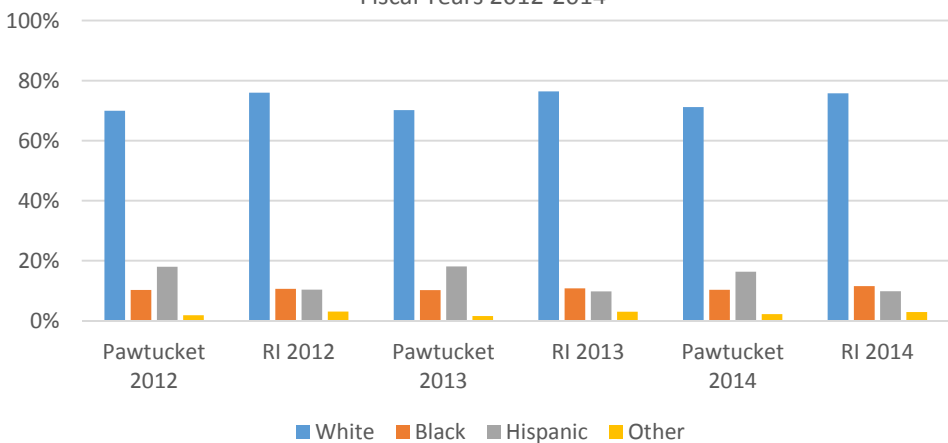
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



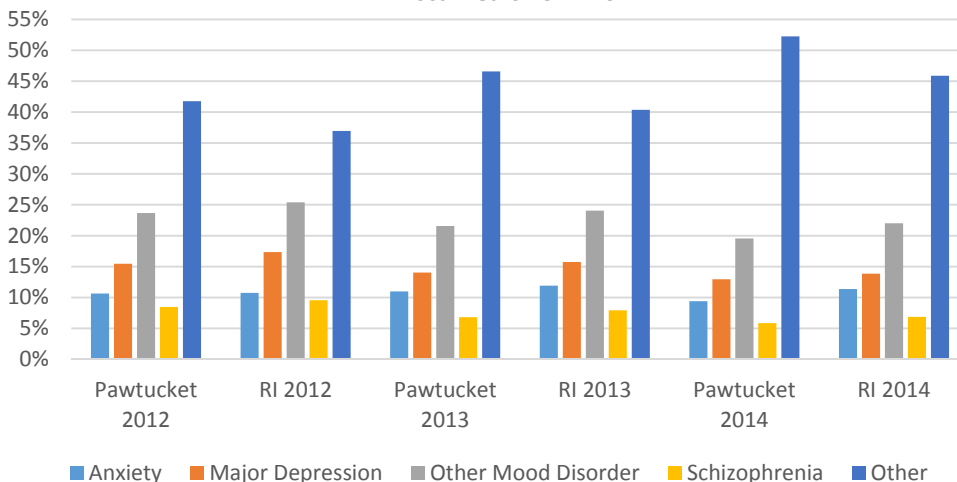
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

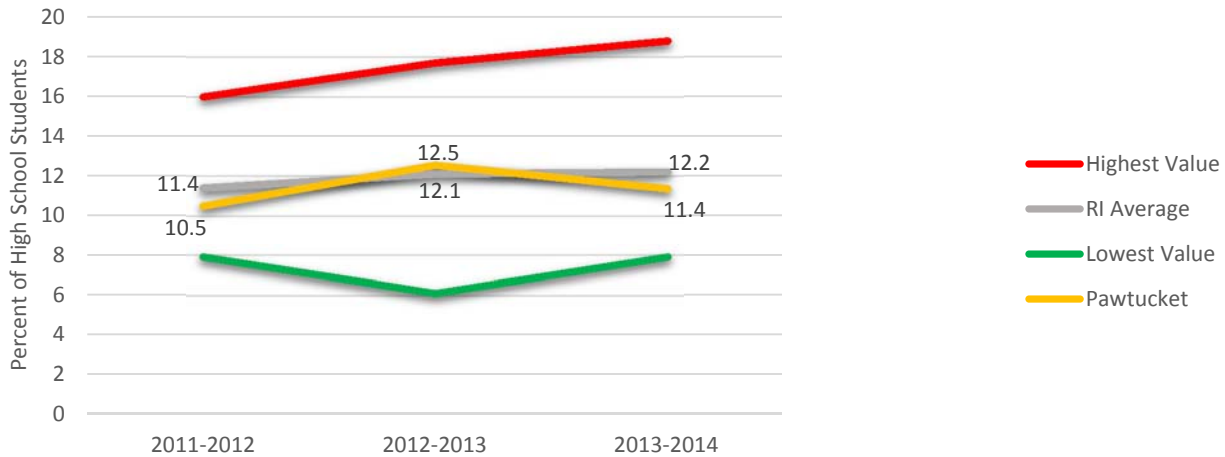


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

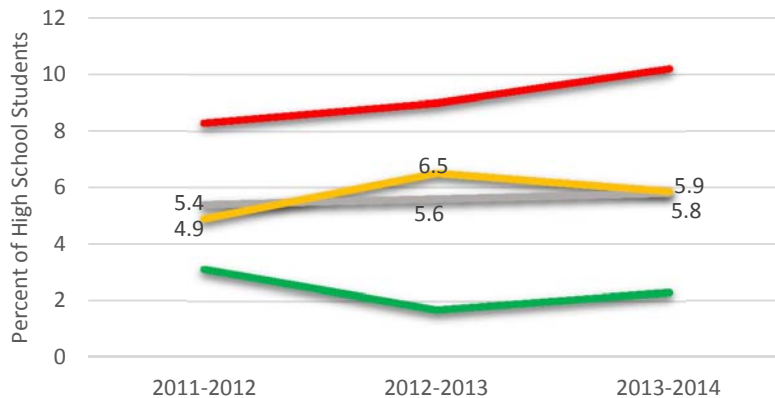
PAWTUCKET

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

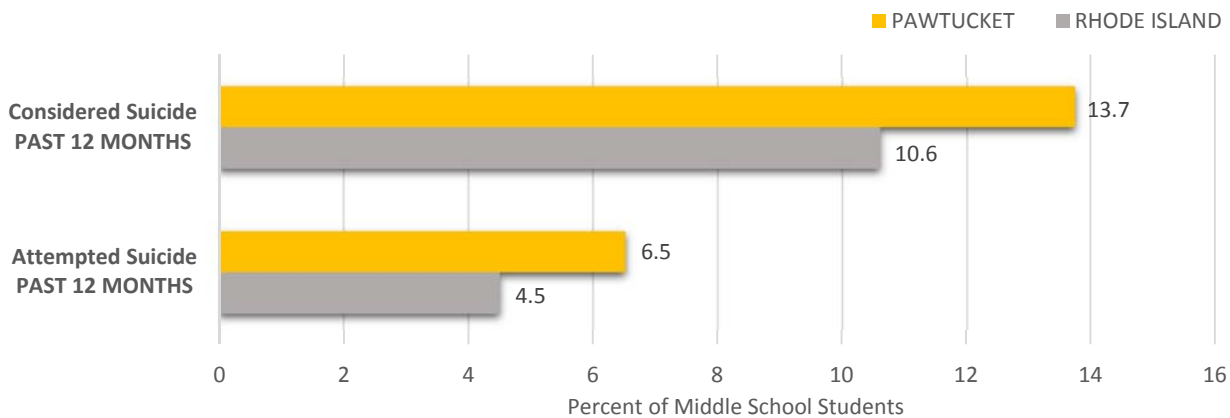


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



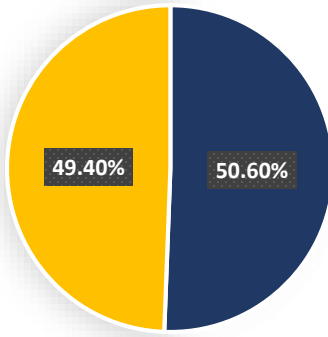
PORTSMOUTH

Demographics

Total Population: 17,352

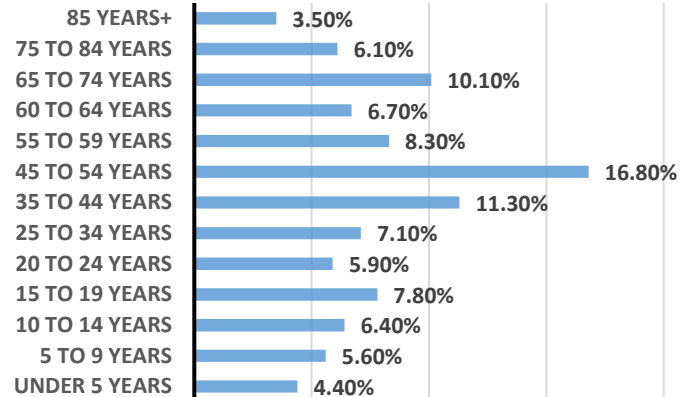
Total Households: 6,983

GENDER

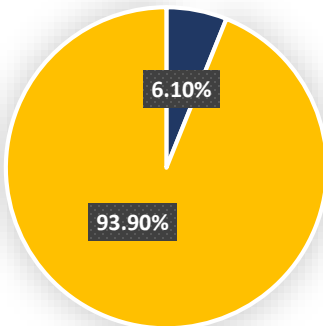


■ Male (%) ■ Female (%)

AGE

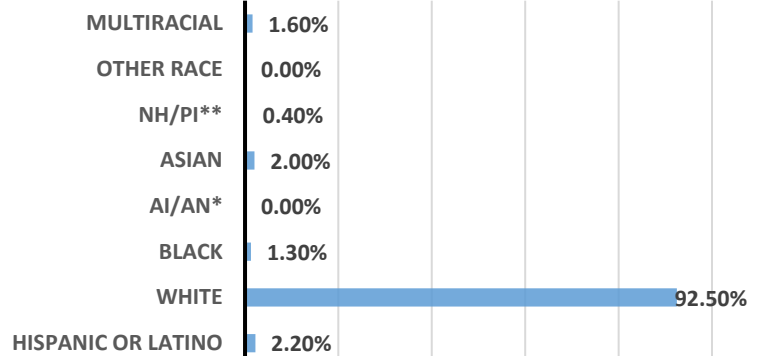


HEALTH INSURANCE



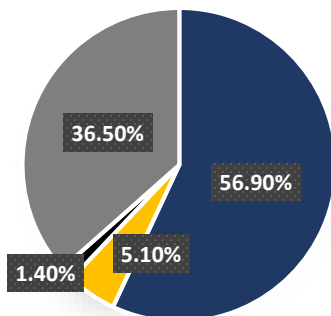
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



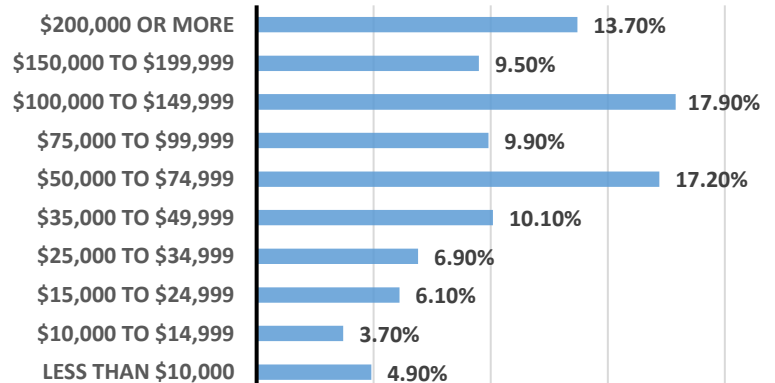
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

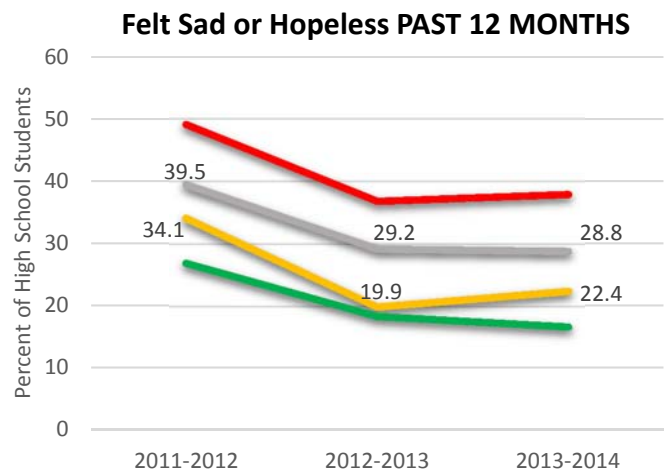
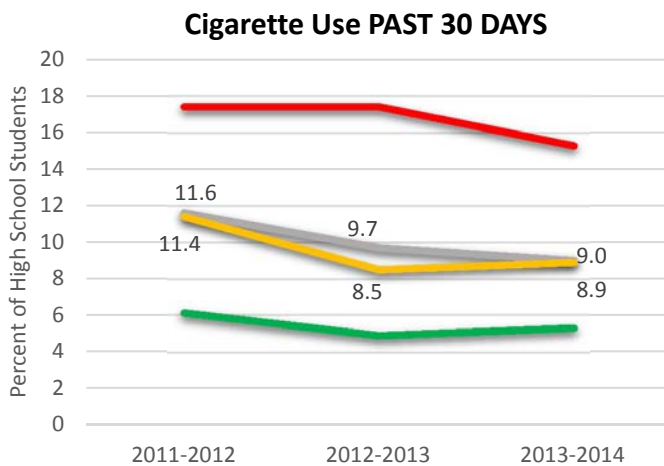
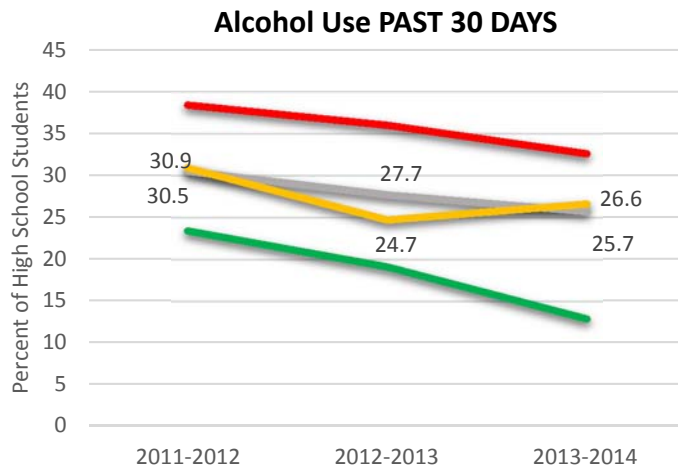
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

PORTSMOUTH

Prevalence – High School



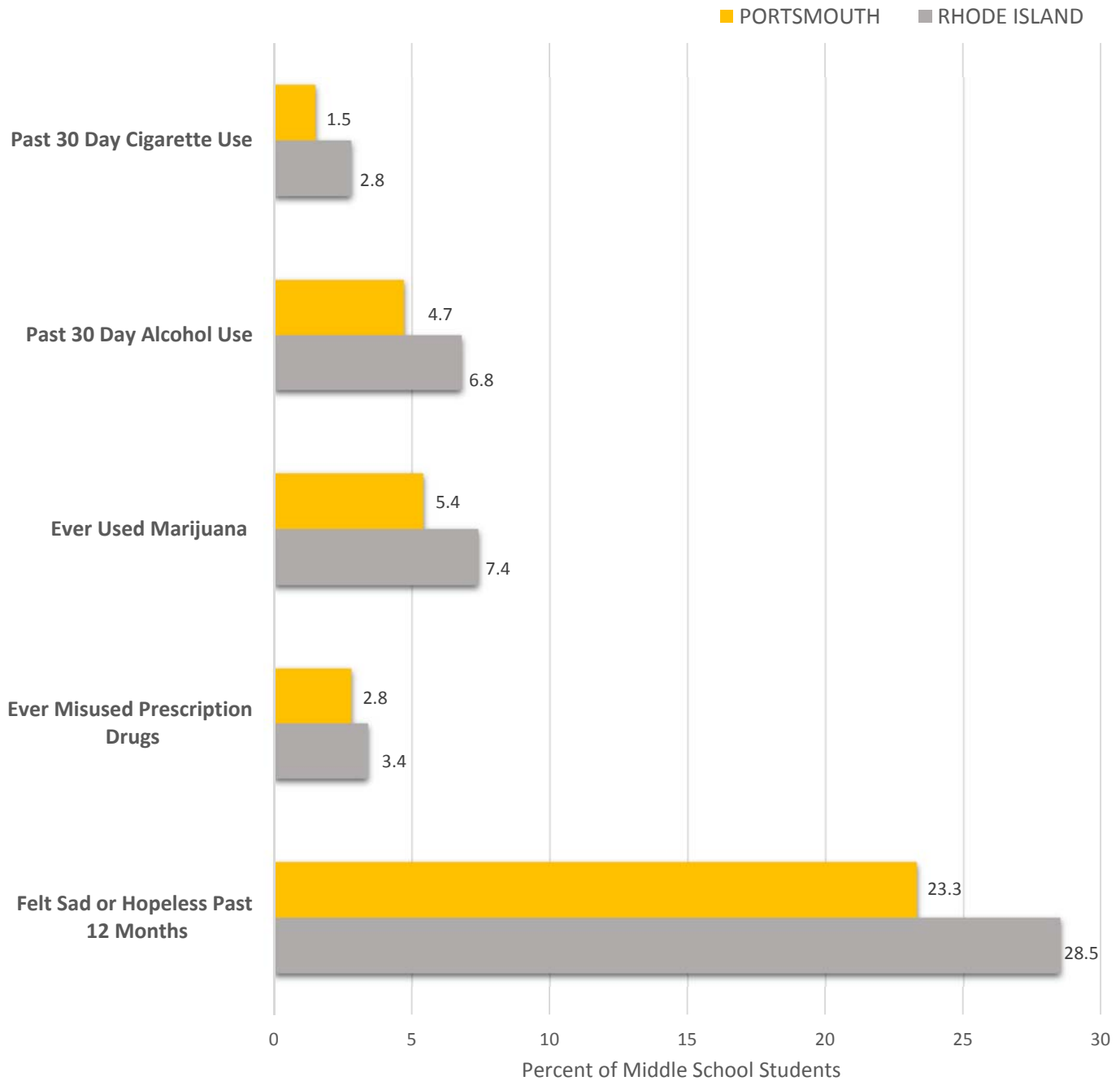
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	PORTSMOUTH
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	6.5%
2013-2014	9.5%	8.8%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	61.8%
2013-2014	60.8%	62.3%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	54.2%
2013-2014	55.7%	51.7%

PORTSMOUTH

Prevalence – Middle School

2013-2014 Middle School Prevalence

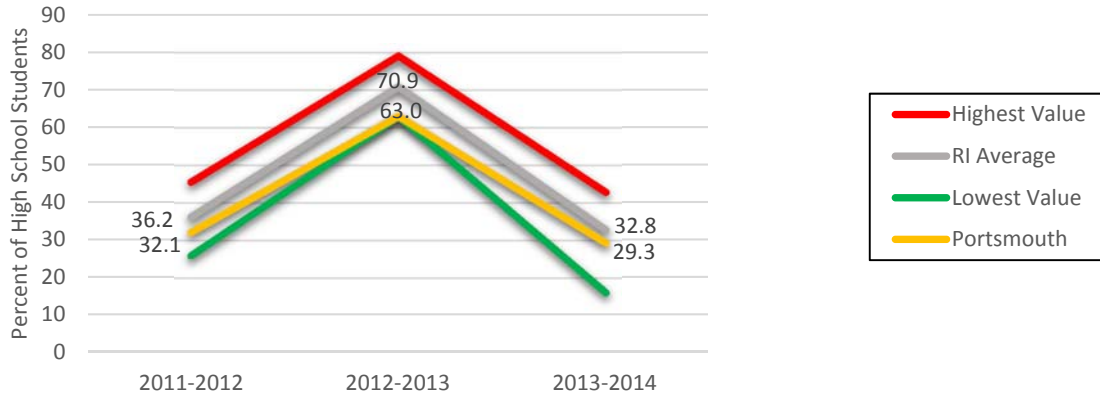


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

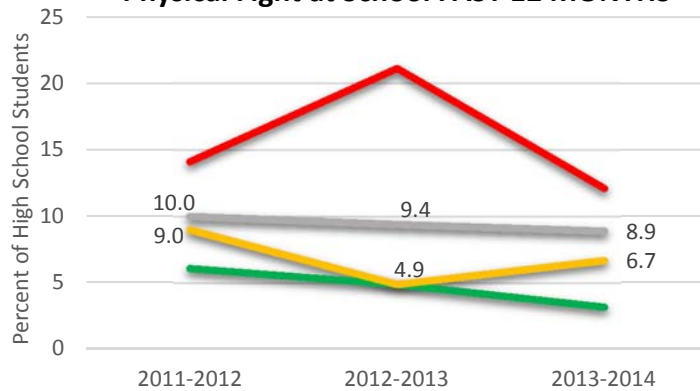
PORTSMOUTH

Risk and Protective Factors

Made Fun of at School

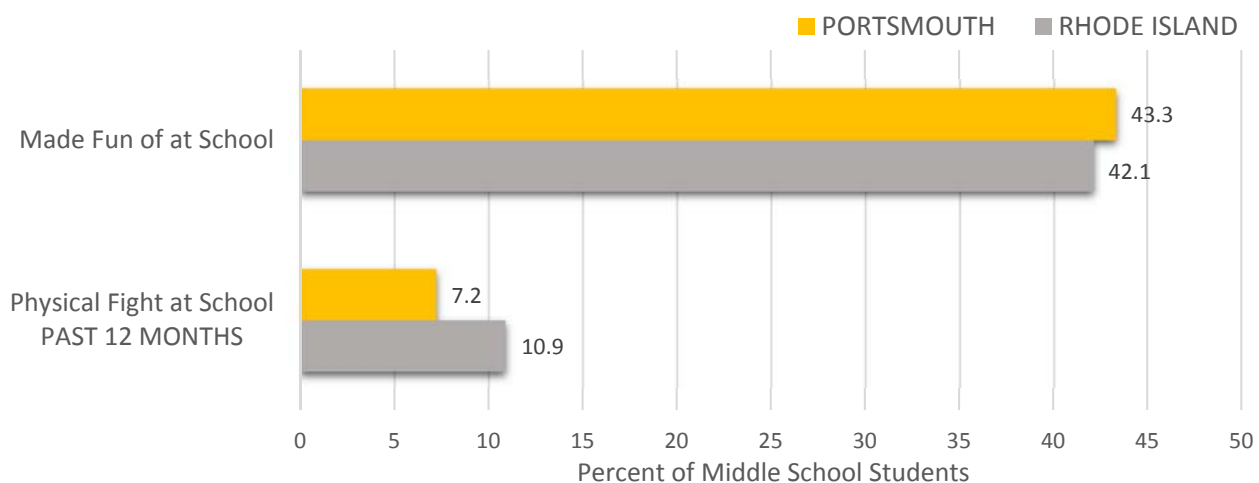


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

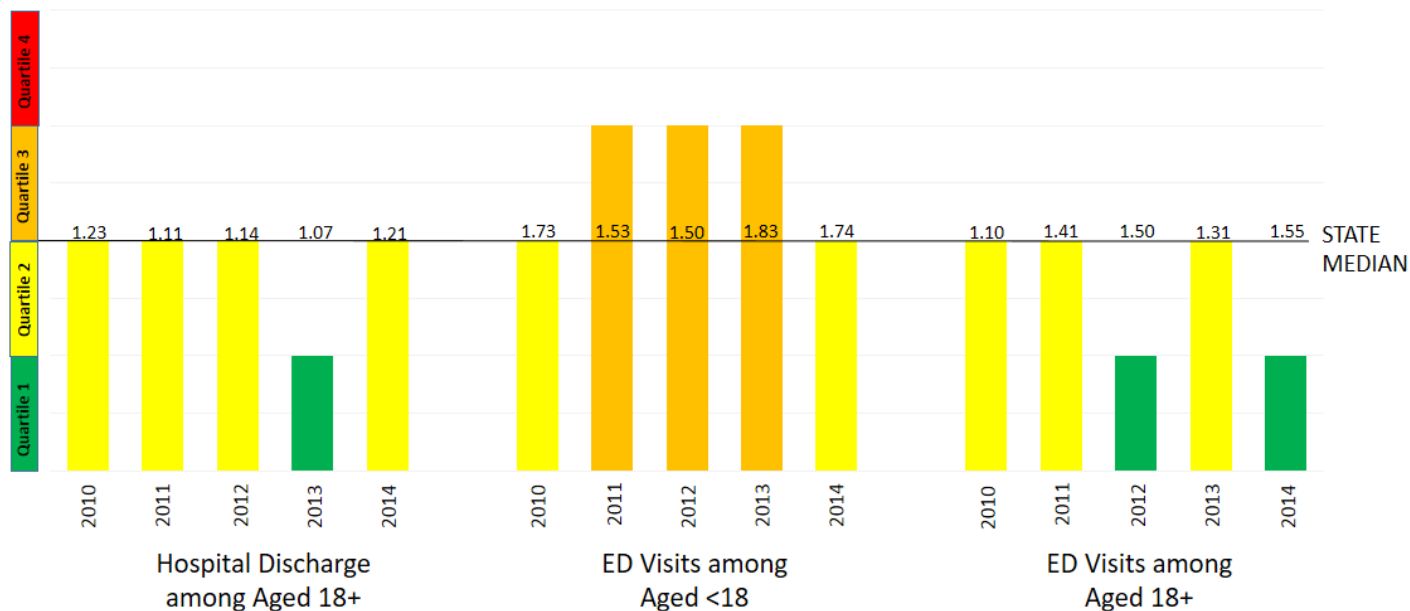


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

PORTSMOUTH

Consequences - Overdose

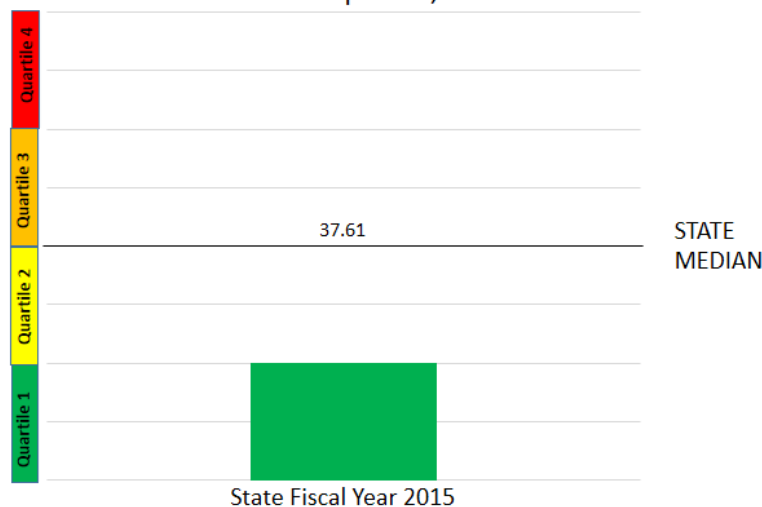
Portsmouth Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Portsmouth Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

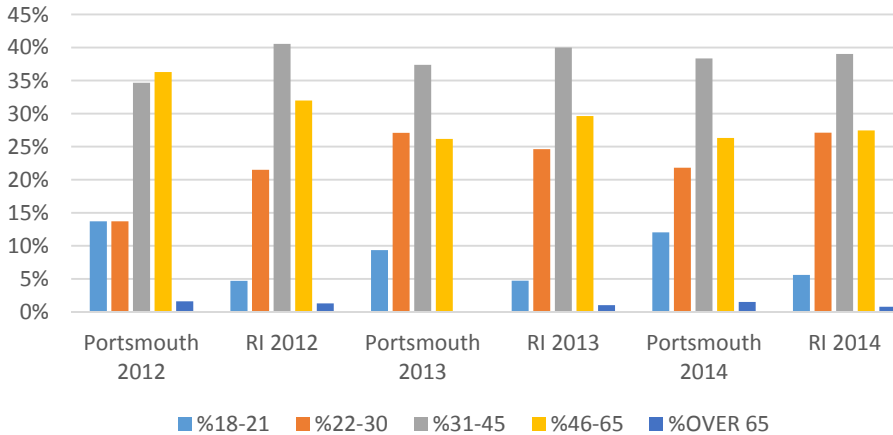
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

PORTSMOUTH

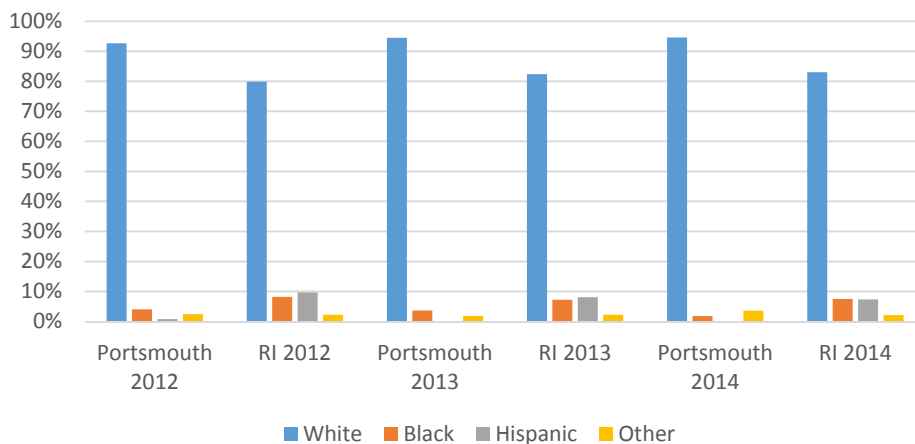
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



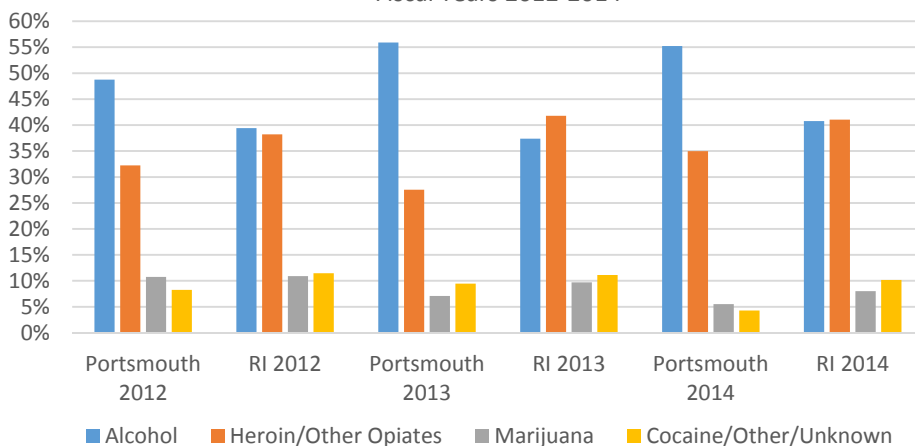
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

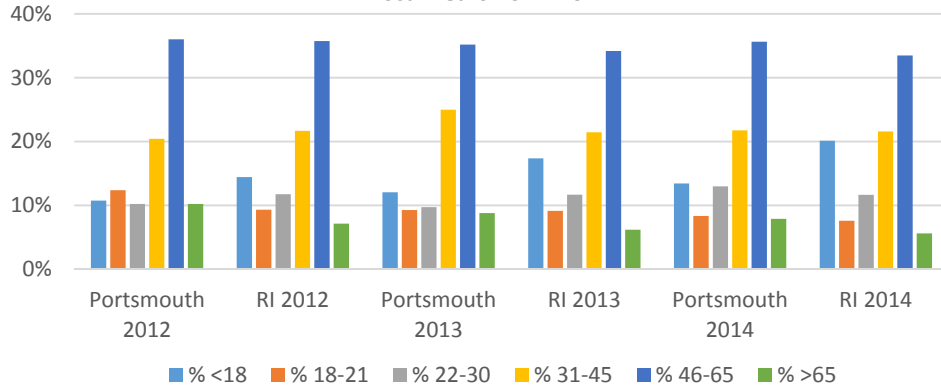


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

PORTSMOUTH

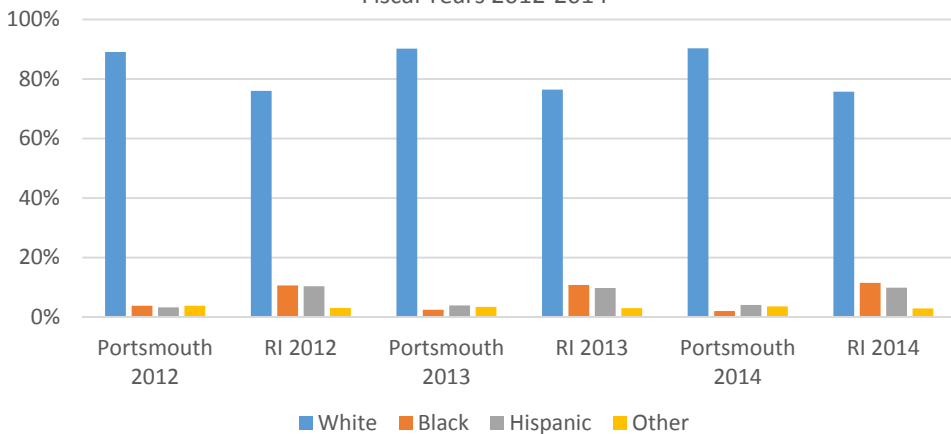
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



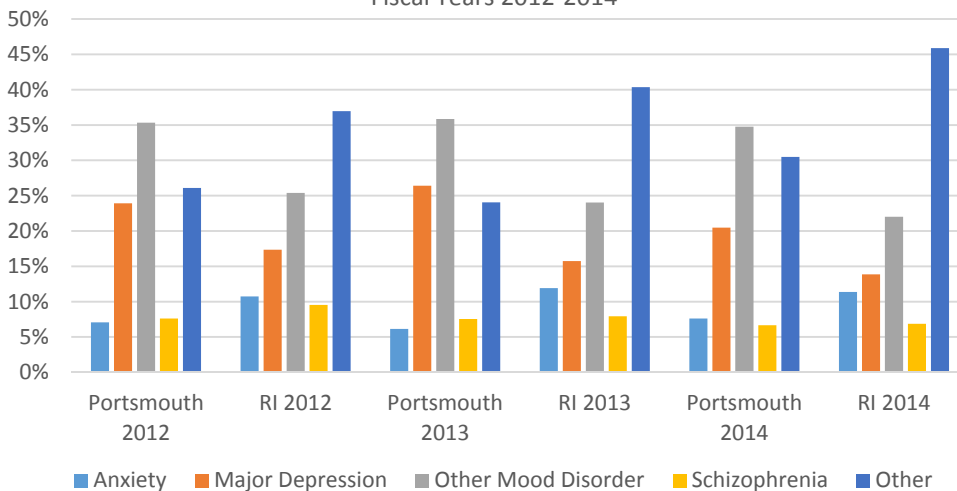
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

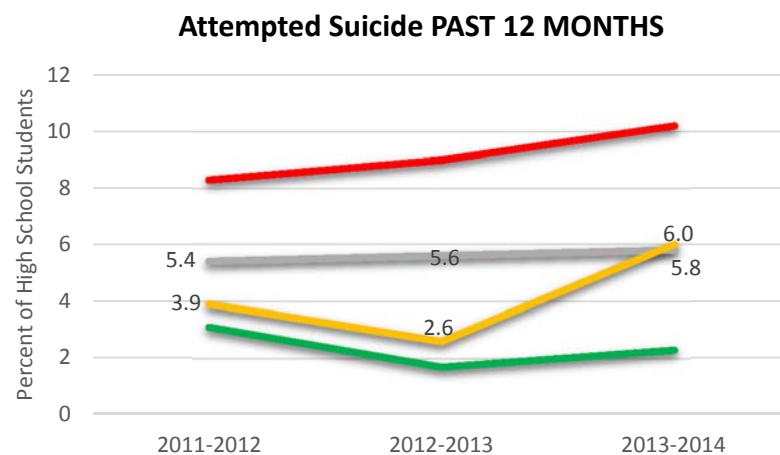
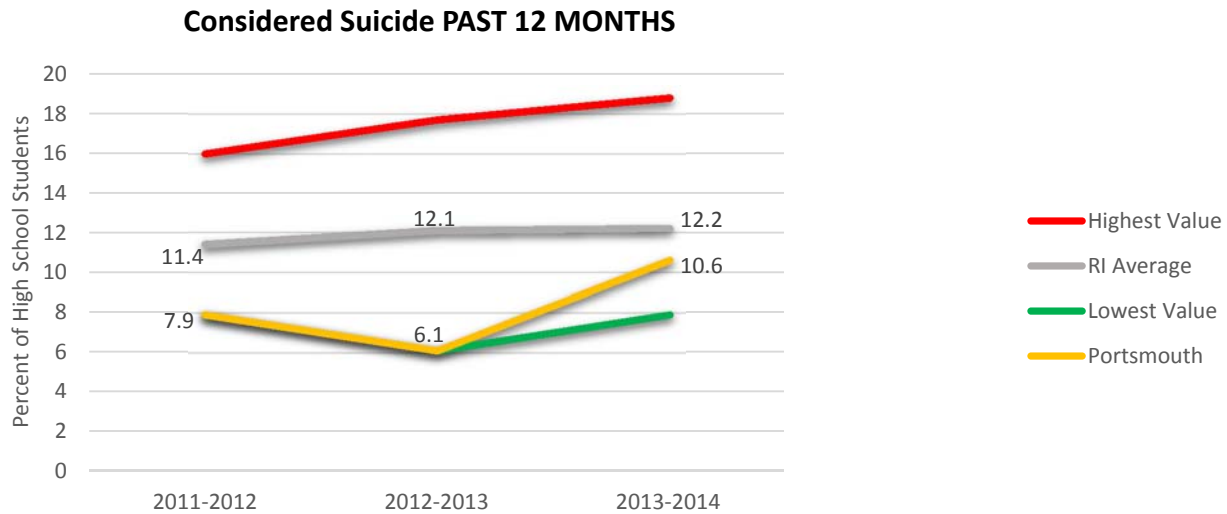
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



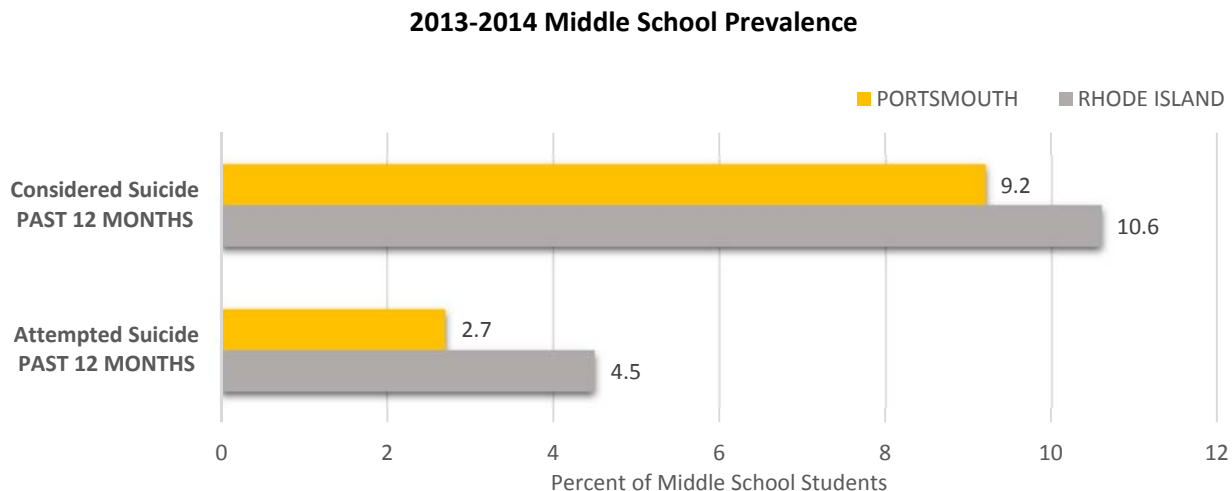
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

PORTSMOUTH

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.



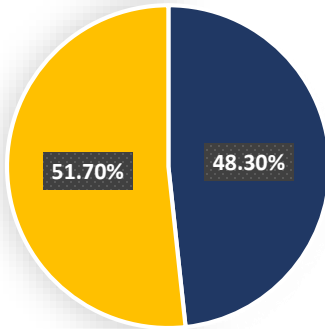
PROVIDENCE

Demographics

Total Population: 178,562

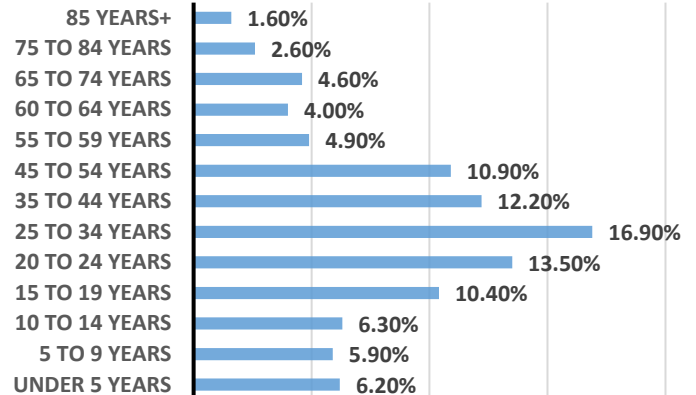
Total Households: 60,967

GENDER

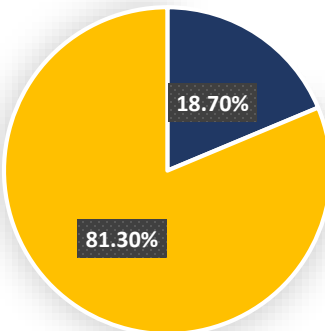


■ Male (%) ■ Female (%)

AGE

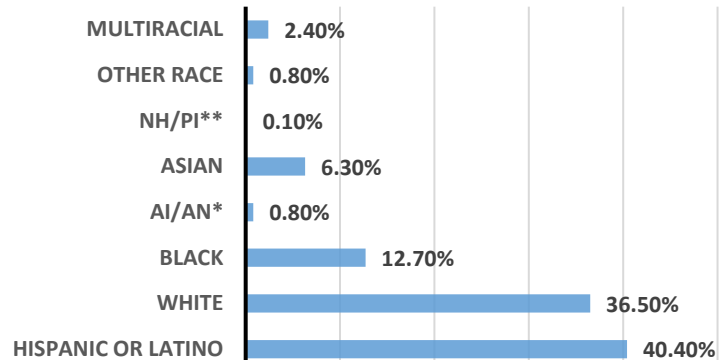


HEALTH INSURANCE



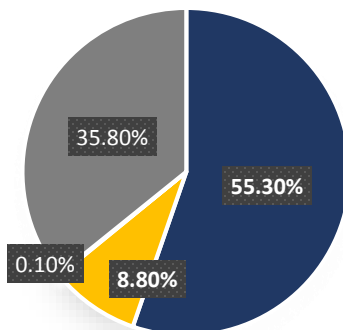
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



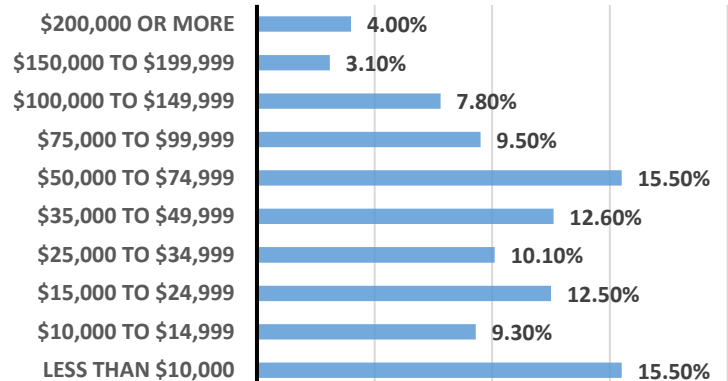
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

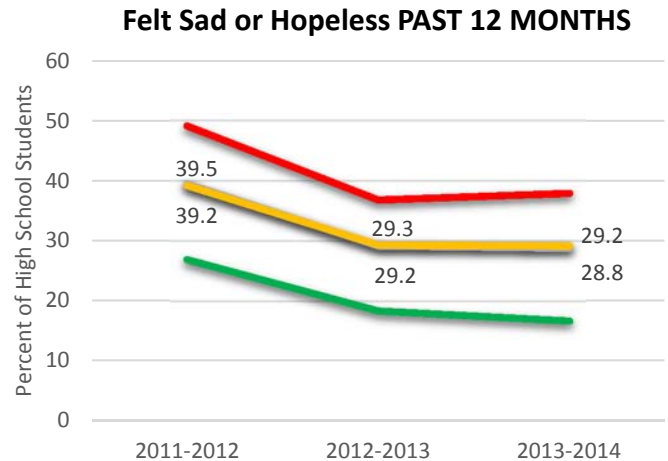
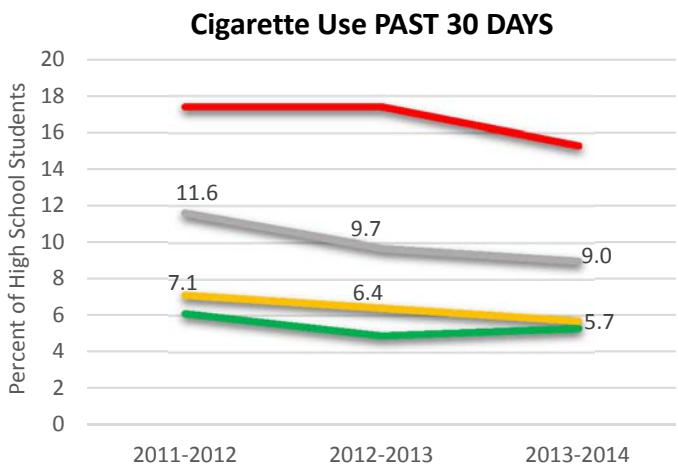
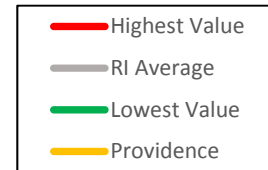
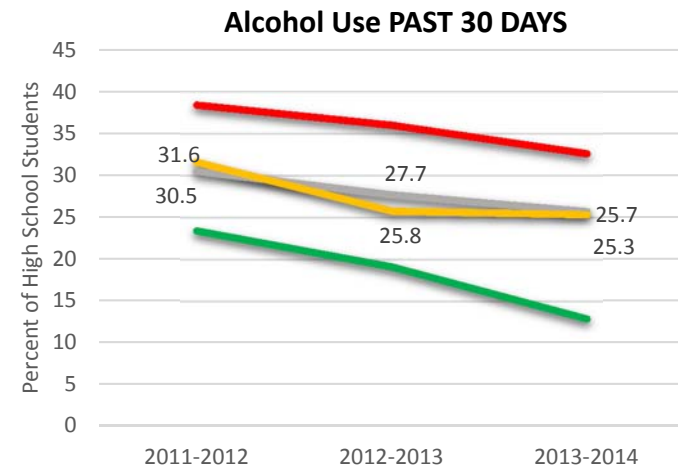
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

PROVIDENCE

Prevalence – High School



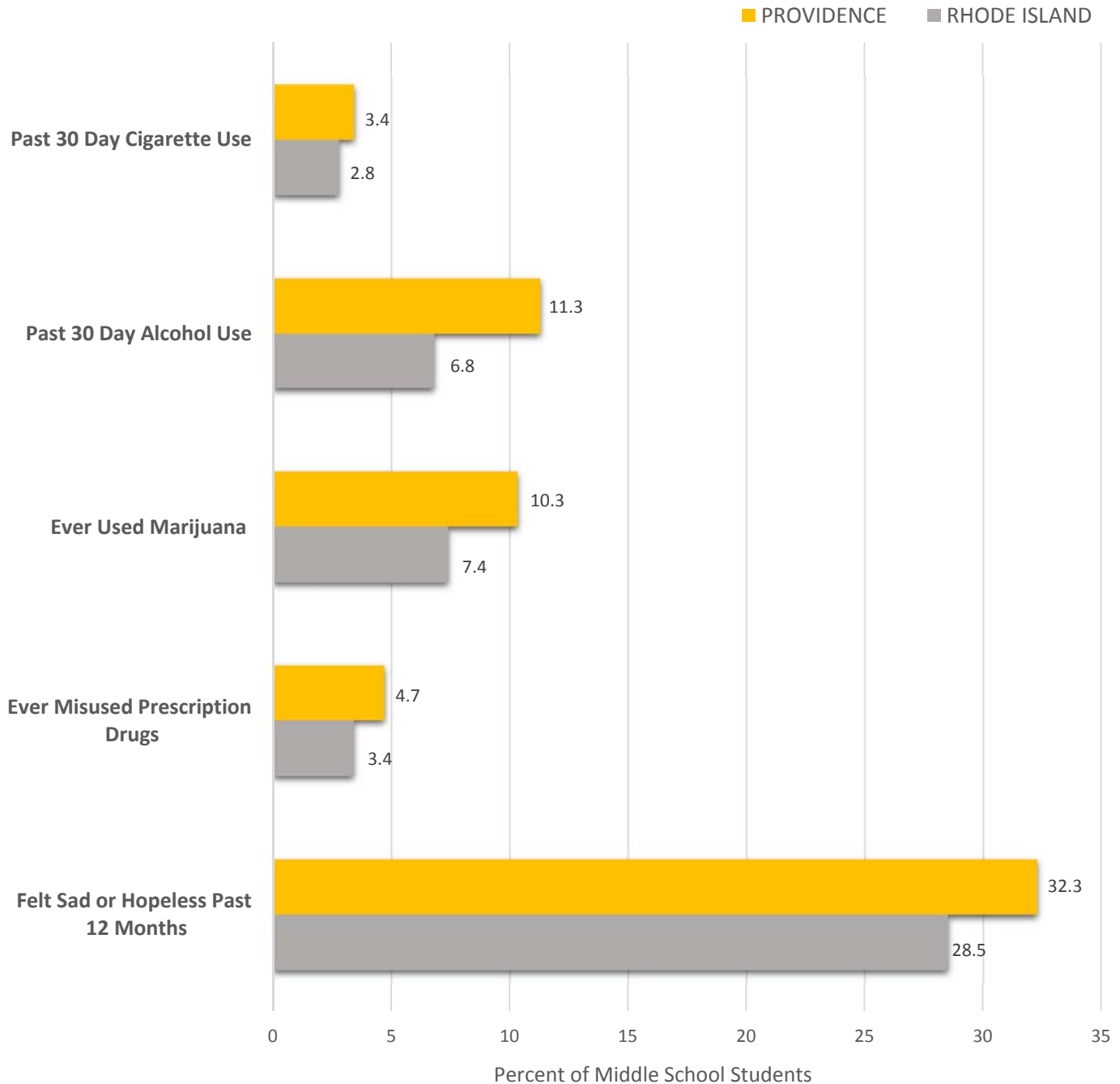
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	PROVIDENCE
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.7%
2013-2014	9.5%	8.3%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	49.2%
2013-2014	60.8%	56.2%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	51.6%
2013-2014	55.7%	48.6%

PROVIDENCE

Prevalence – Middle School

2013-2014 Middle School Prevalence

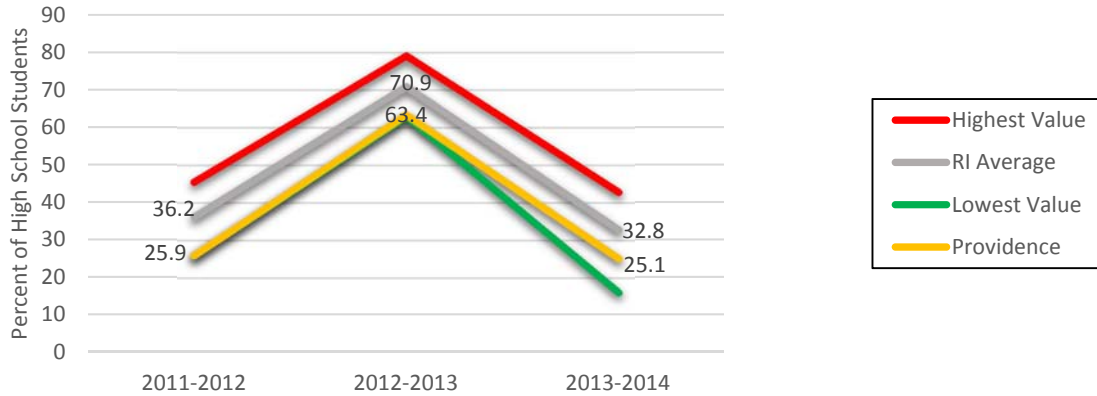


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

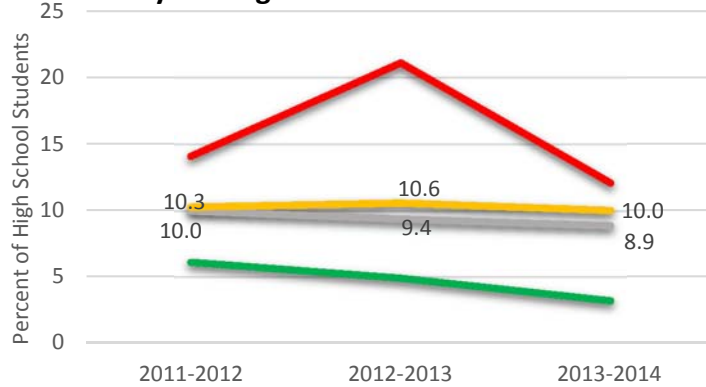
PROVIDENCE

Risk and Protective Factors

Made Fun of at School

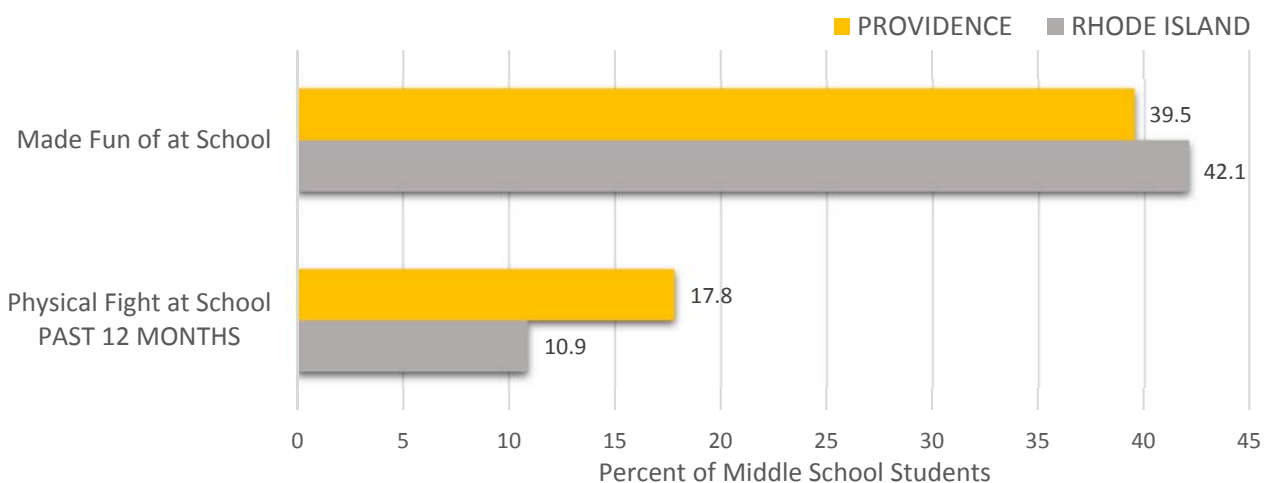


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

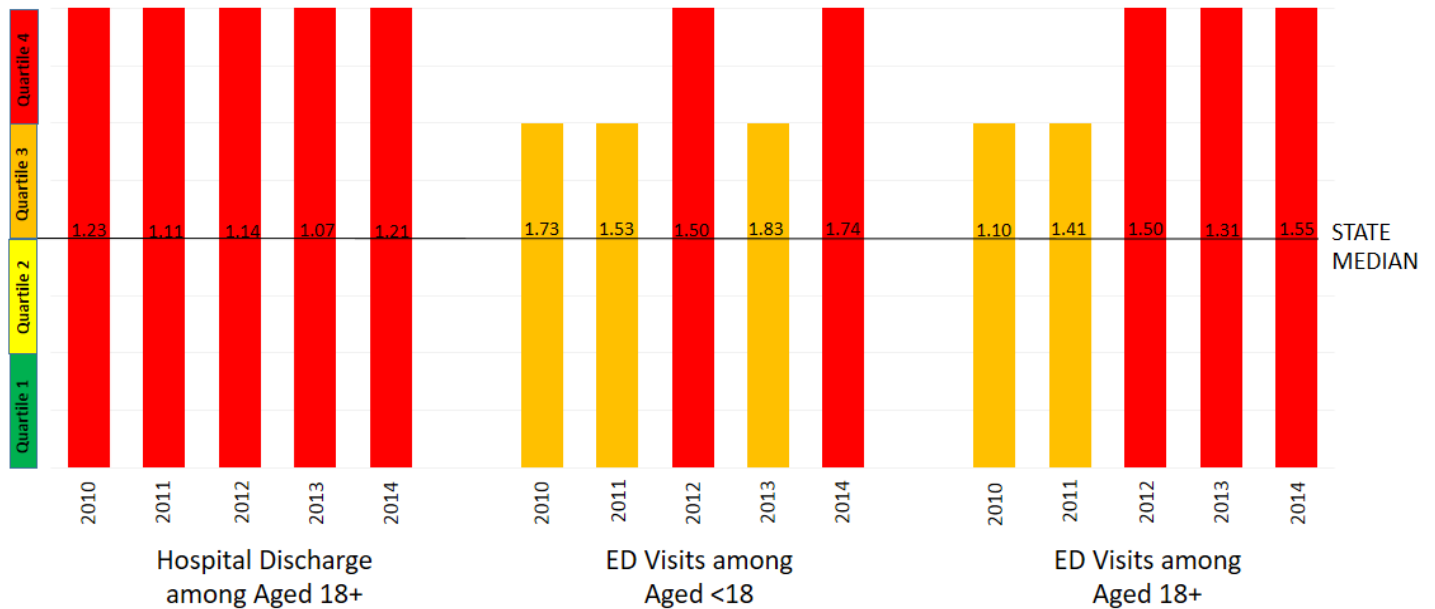


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

PROVIDENCE

Consequences - Overdose

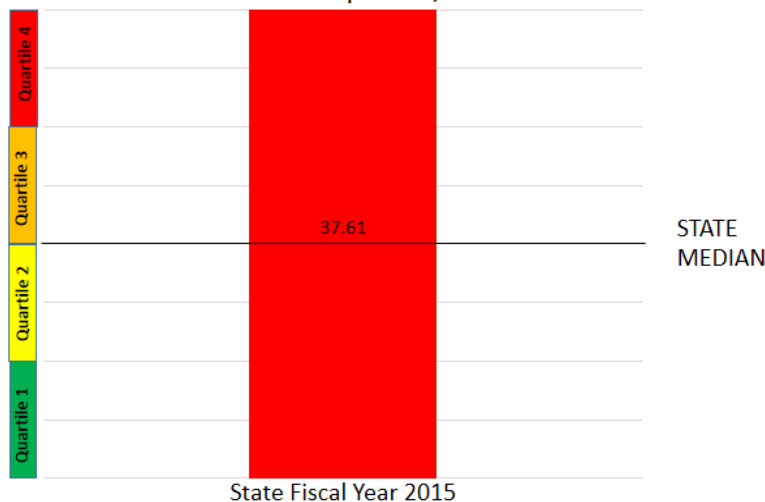
Providence Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Providence Quartiles of Adult Methadone Treatment per 10,000



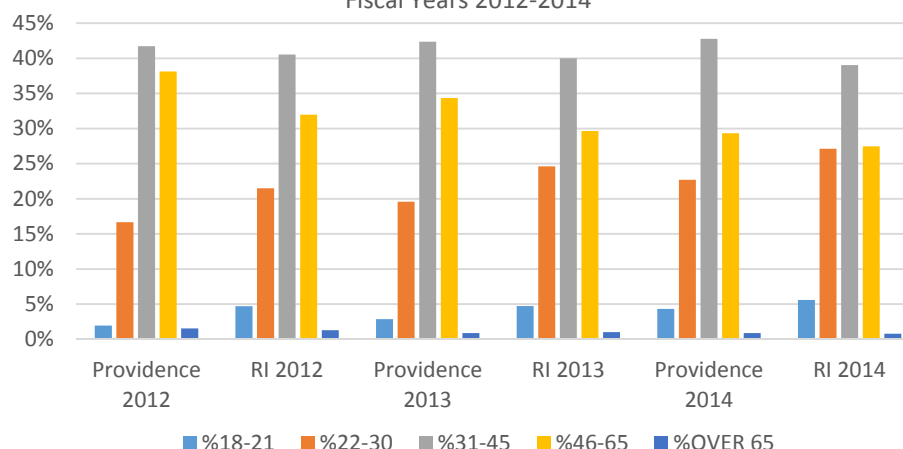
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

PROVIDENCE

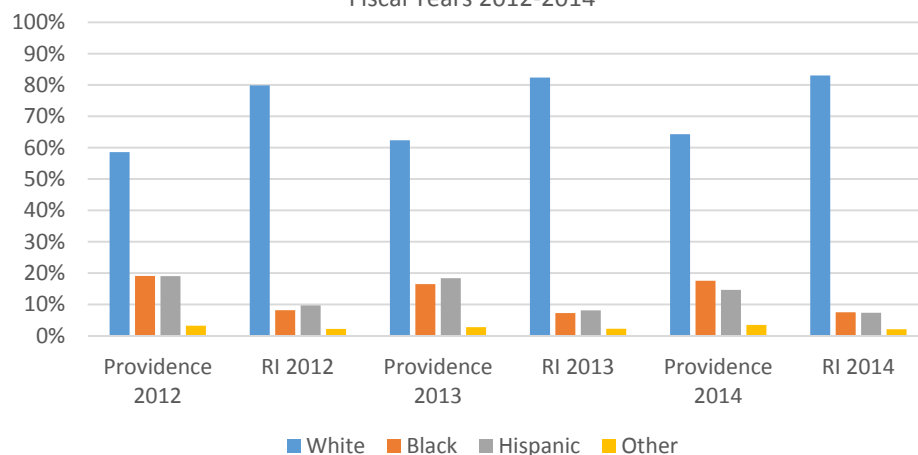
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



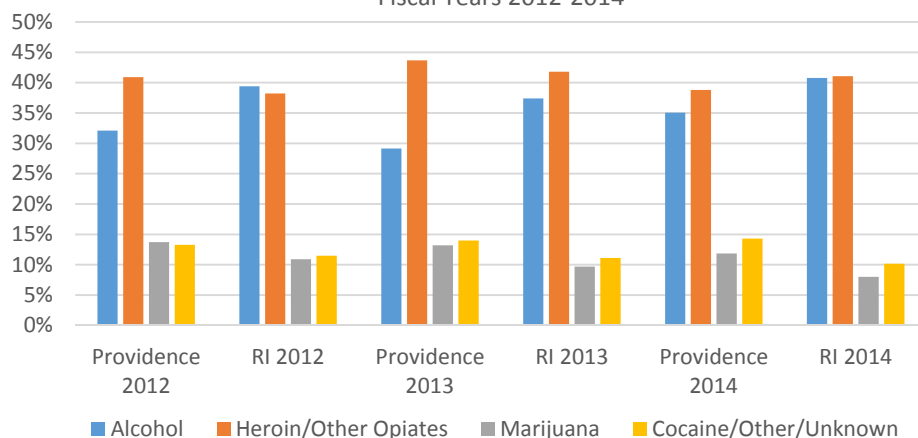
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

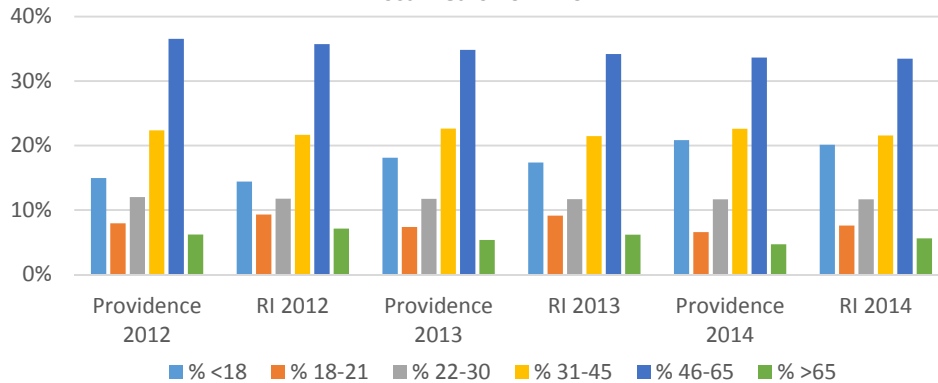


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

PROVIDENCE

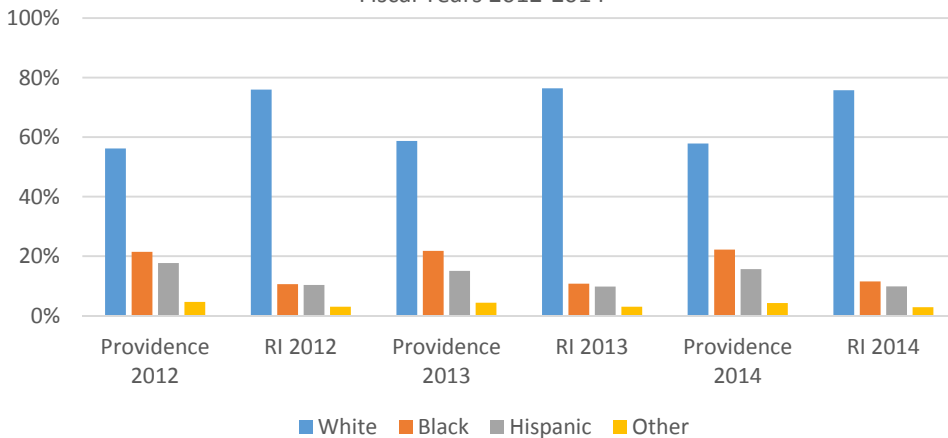
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



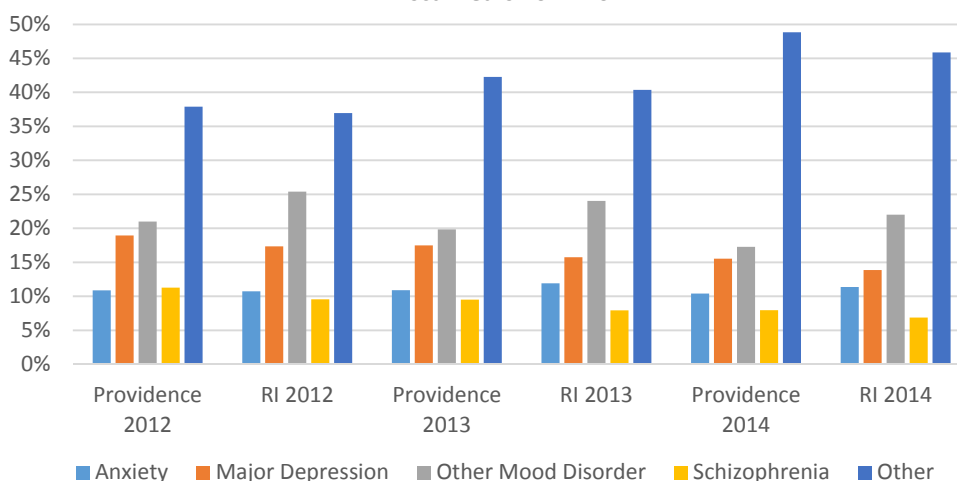
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

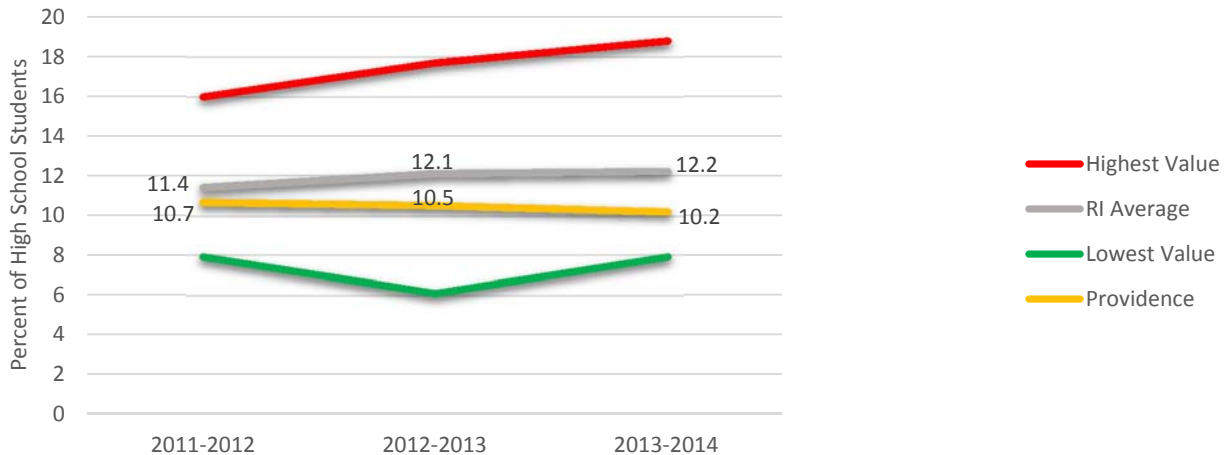


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

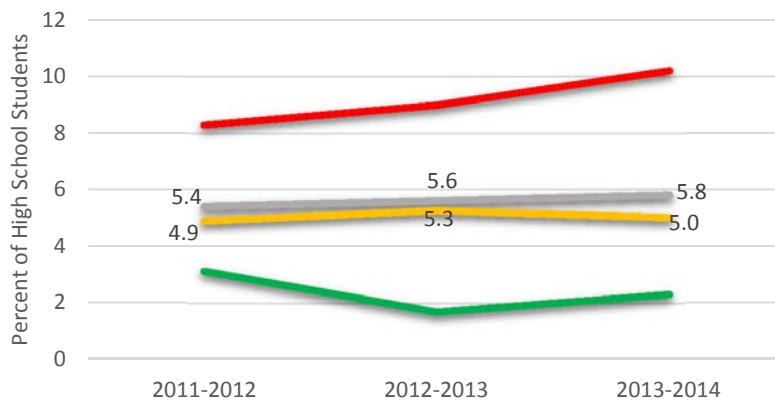
PROVIDENCE

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

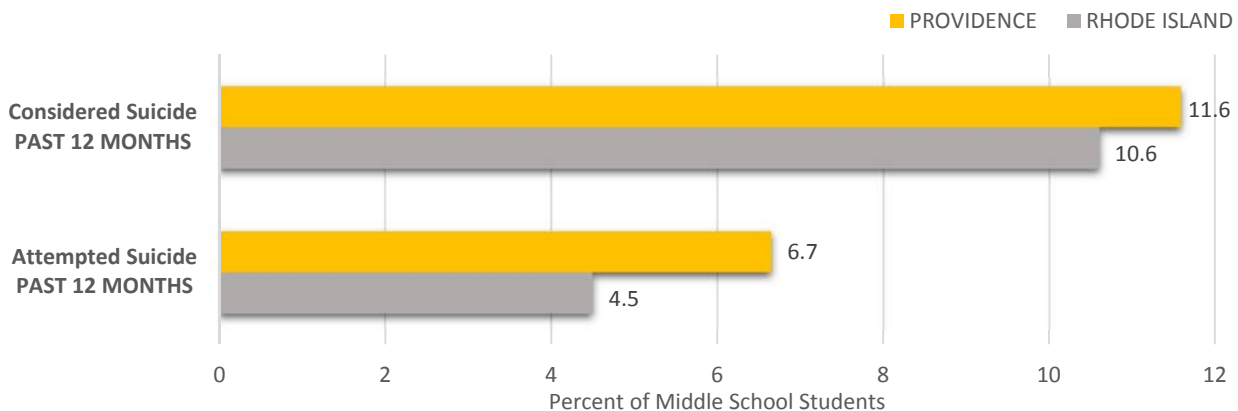


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



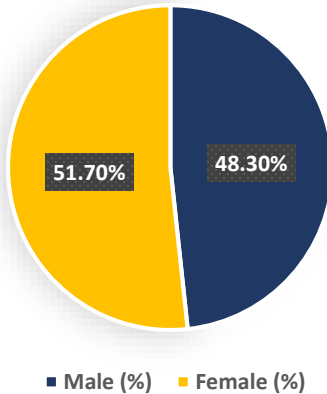
RICHMOND

Demographics

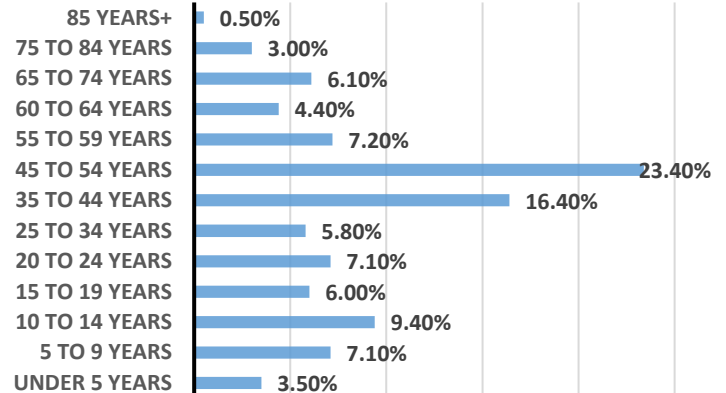
Total Population: 7,648

Total Households: 2,746

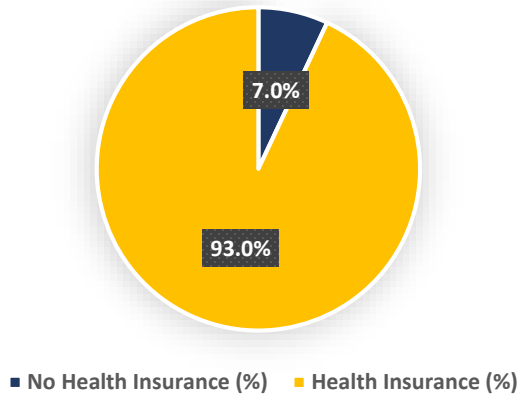
GENDER



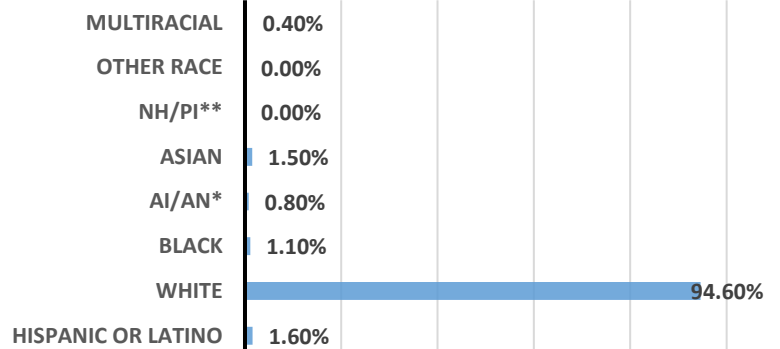
AGE



HEALTH INSURANCE

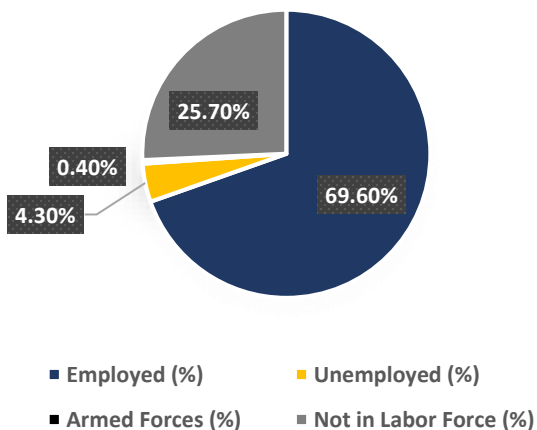


RACE/ETHNICITY

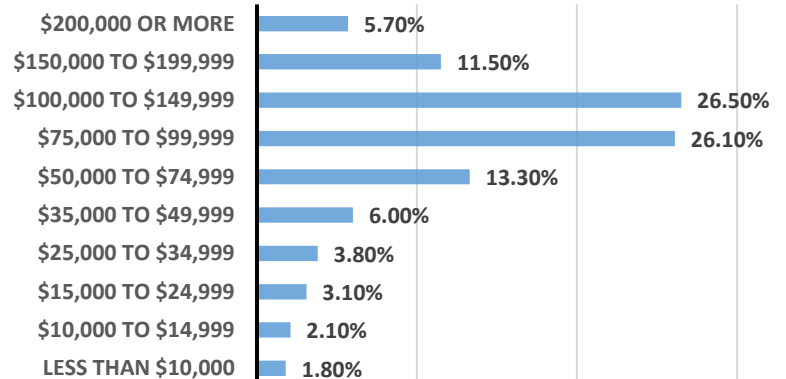


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



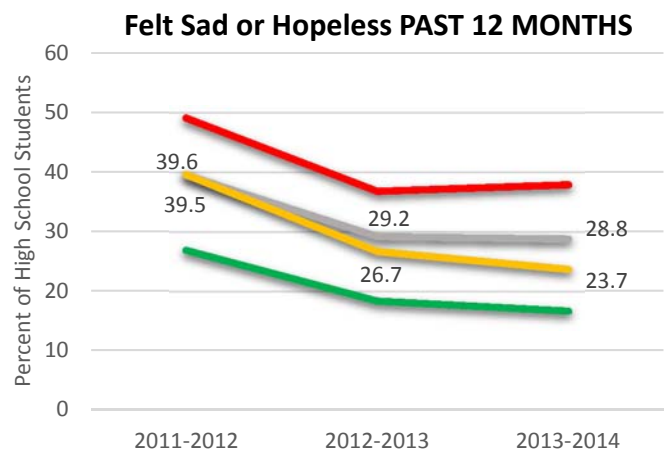
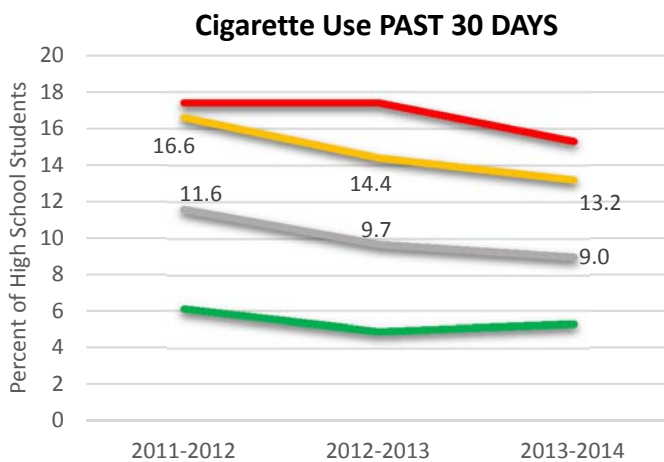
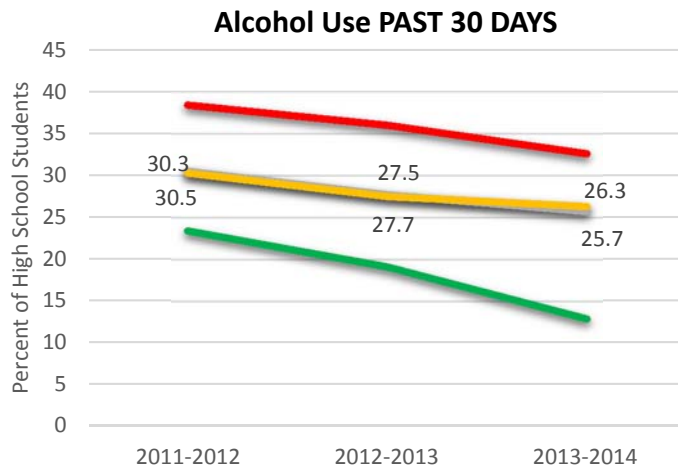
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

RICHMOND

Prevalence – High School



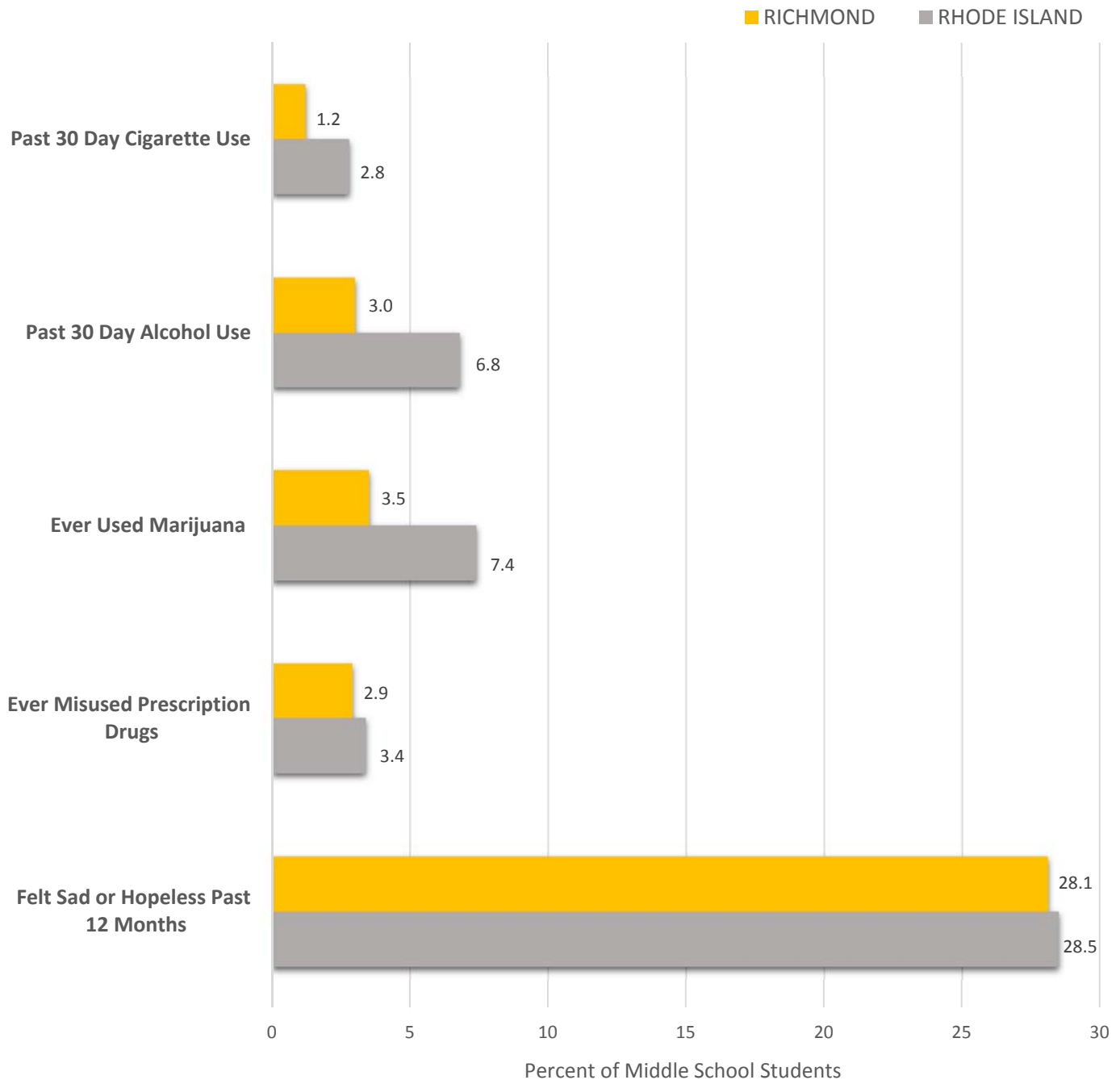
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	RICHMOND
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.8%
2013-2014	9.5%	8.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	59.5%
2013-2014	60.8%	67.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	59.7%
2013-2014	55.7%	45.2%

RICHMOND

Prevalence – Middle School

2013-2014 Middle School Prevalence

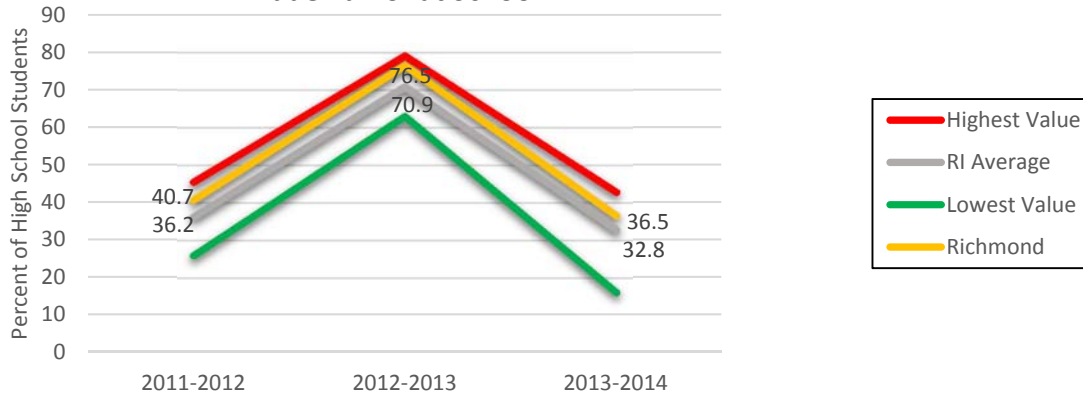


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

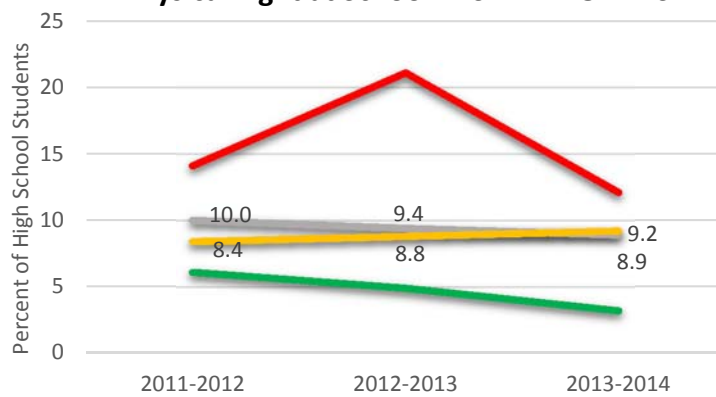
RICHMOND

Risk and Protective Factors

Made Fun of at School

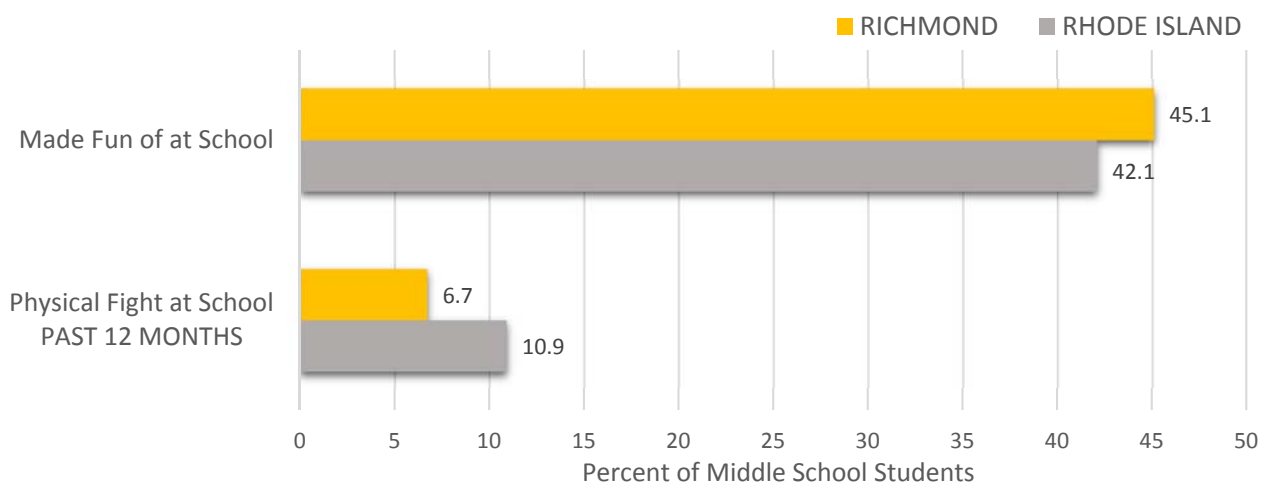


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

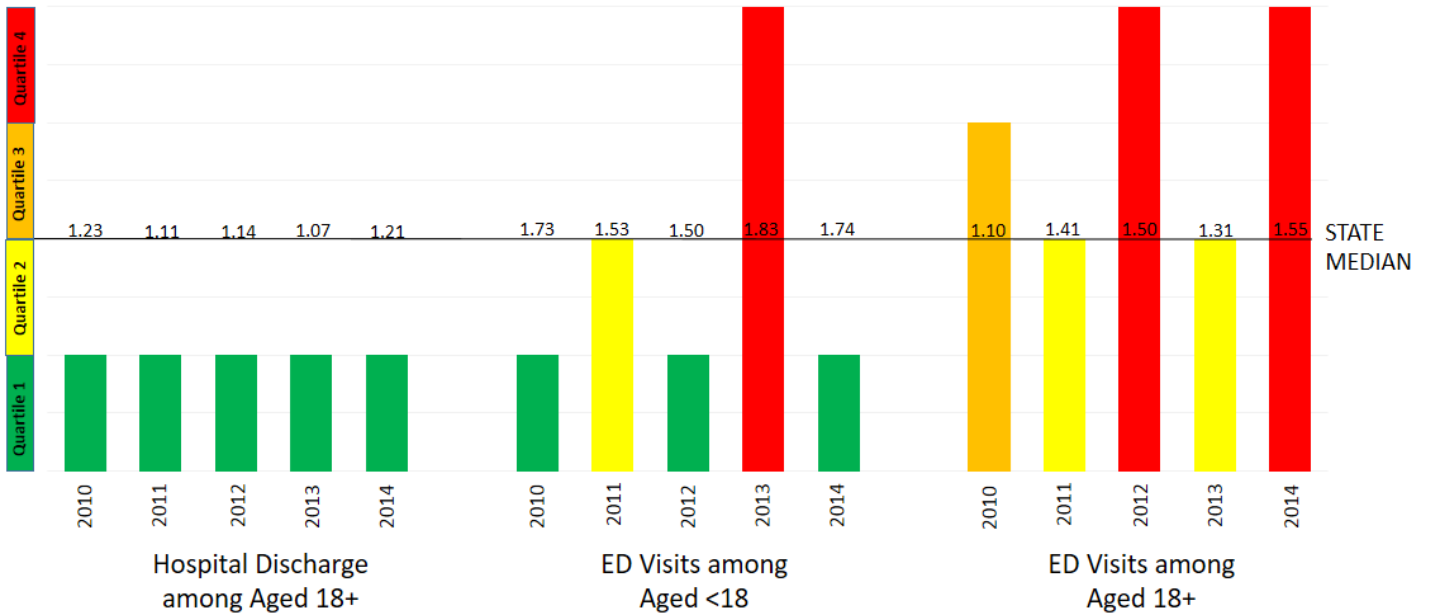


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

RICHMOND

Consequences - Overdose

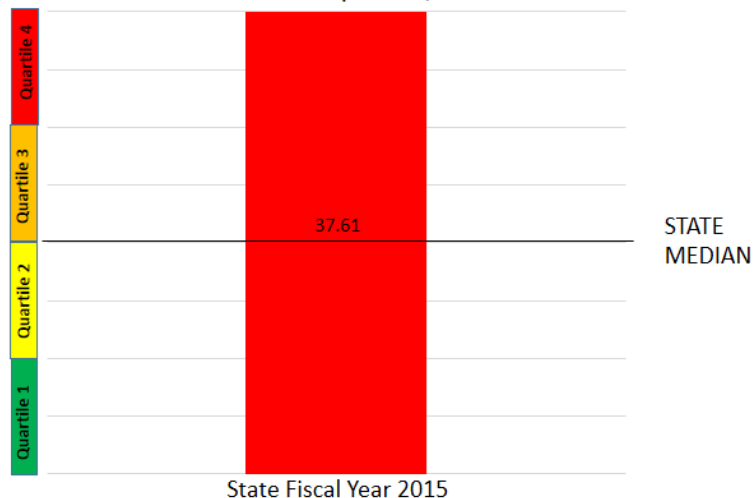
Richmond Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Richmond Quartiles of Adult Methadone Treatment per 10,000



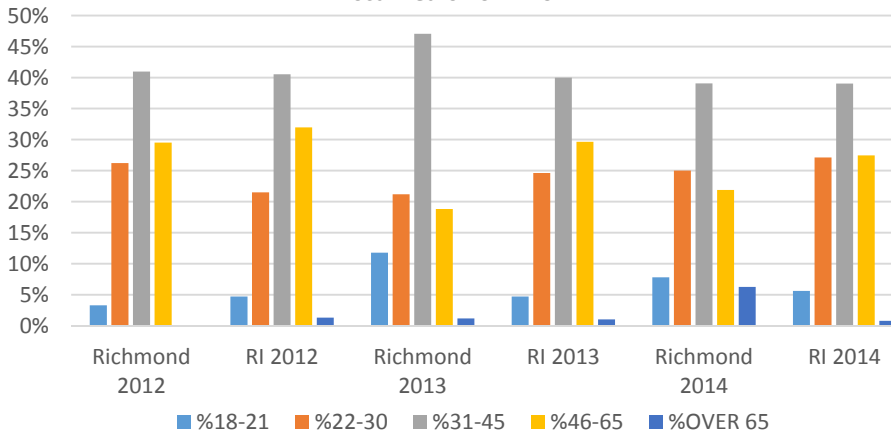
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

RICHMOND

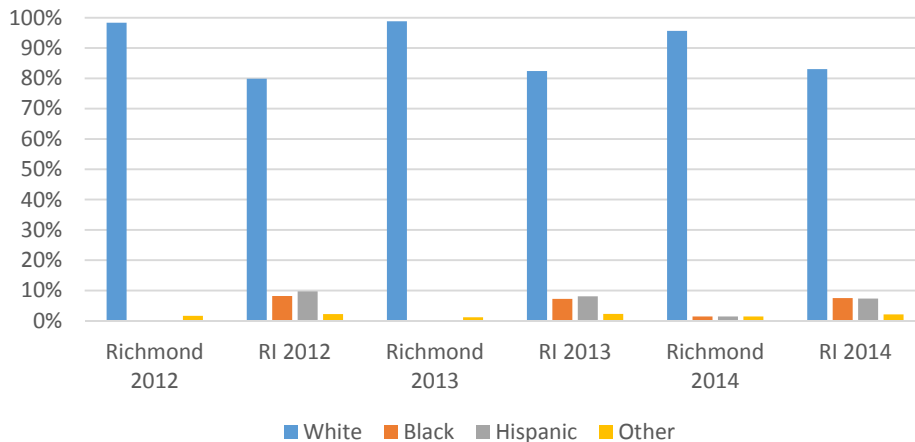
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



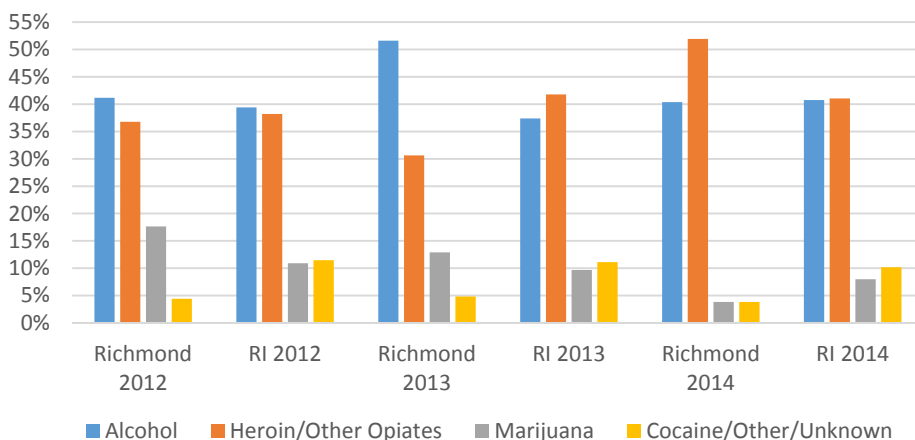
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

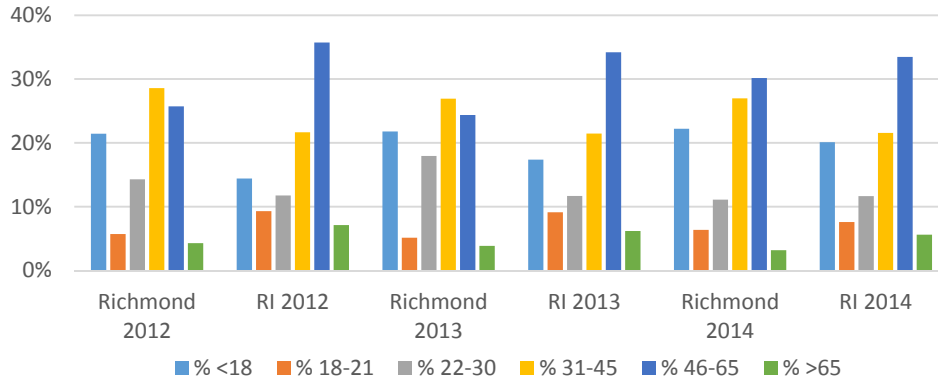


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

RICHMOND

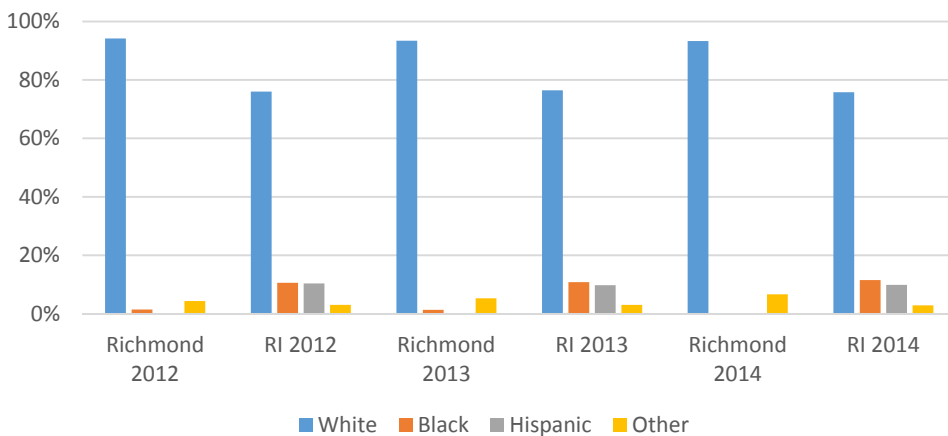
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



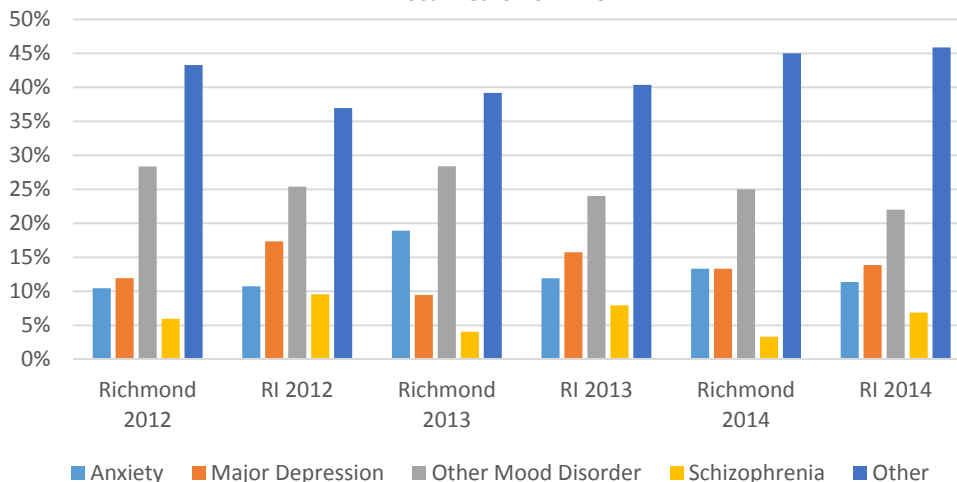
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

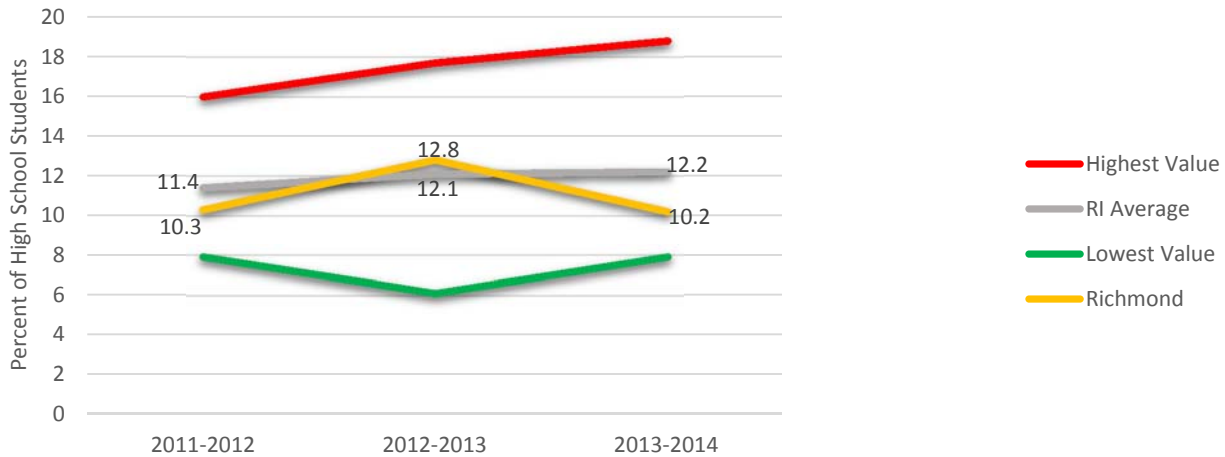


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

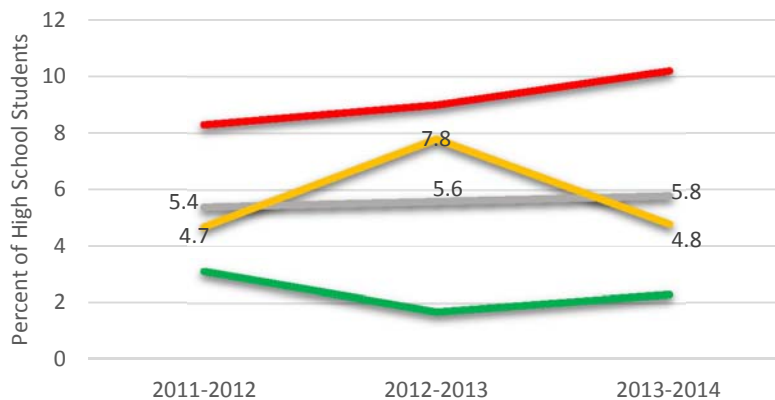
RICHMOND

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

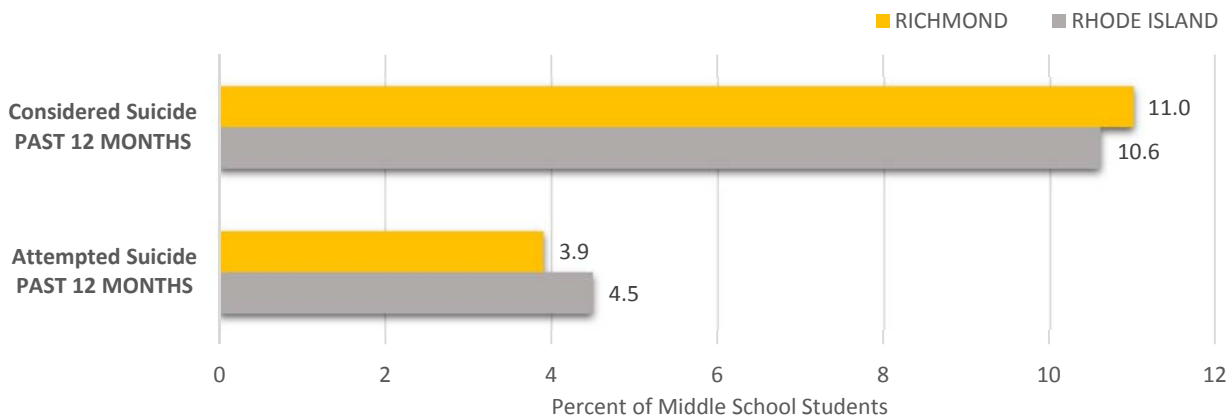


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



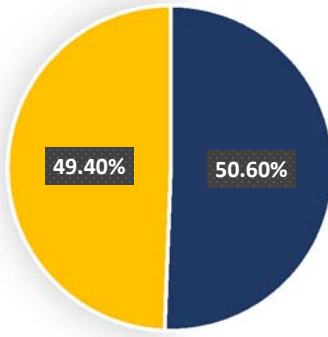
SCITUATE

Demographics

Total Population: 10,414

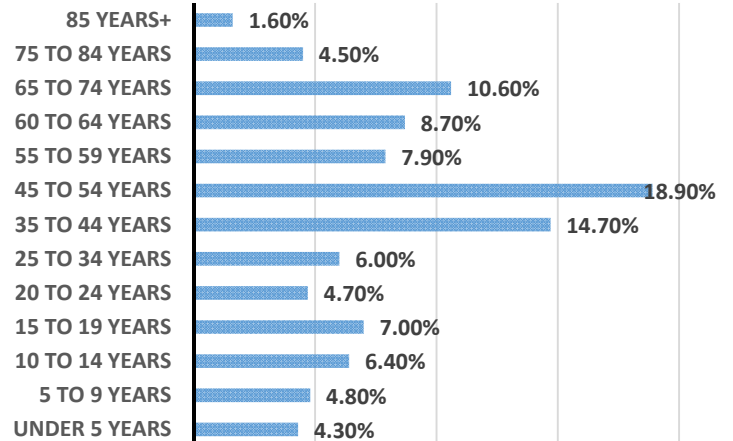
Total Households: 4,018

GENDER

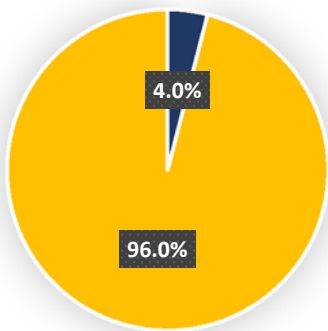


■ Male (%) ■ Female (%)

AGE

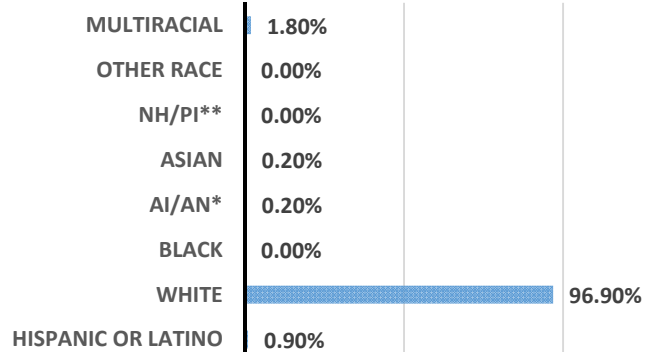


HEALTH INSURANCE



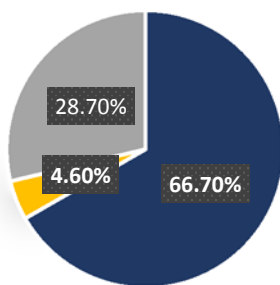
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

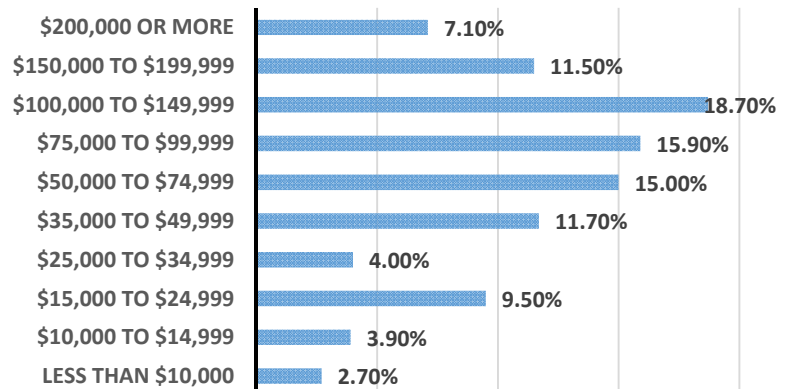
EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Not in Labor Force (%)

* Note: 0% Armed forces for this municipality

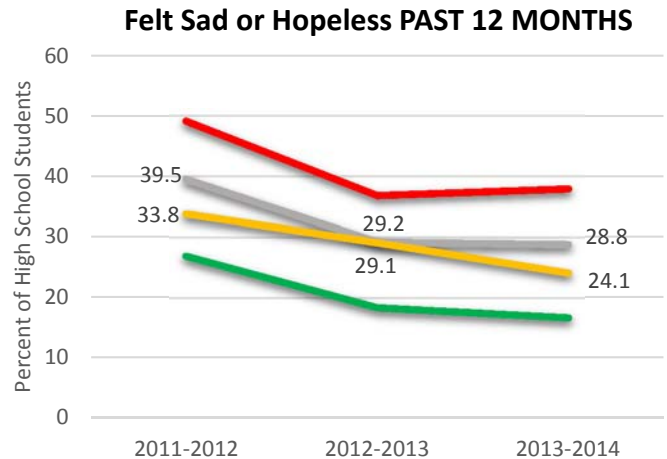
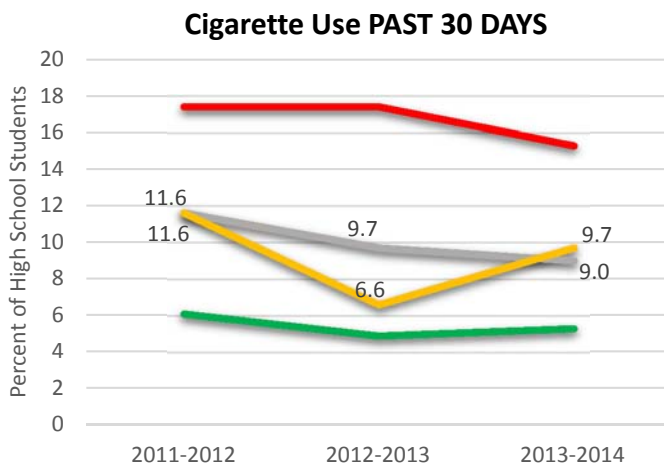
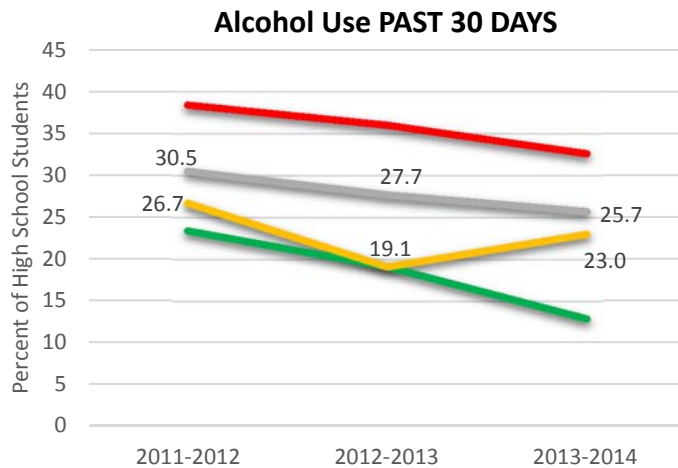
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

SCITUATE

Prevalence – High School



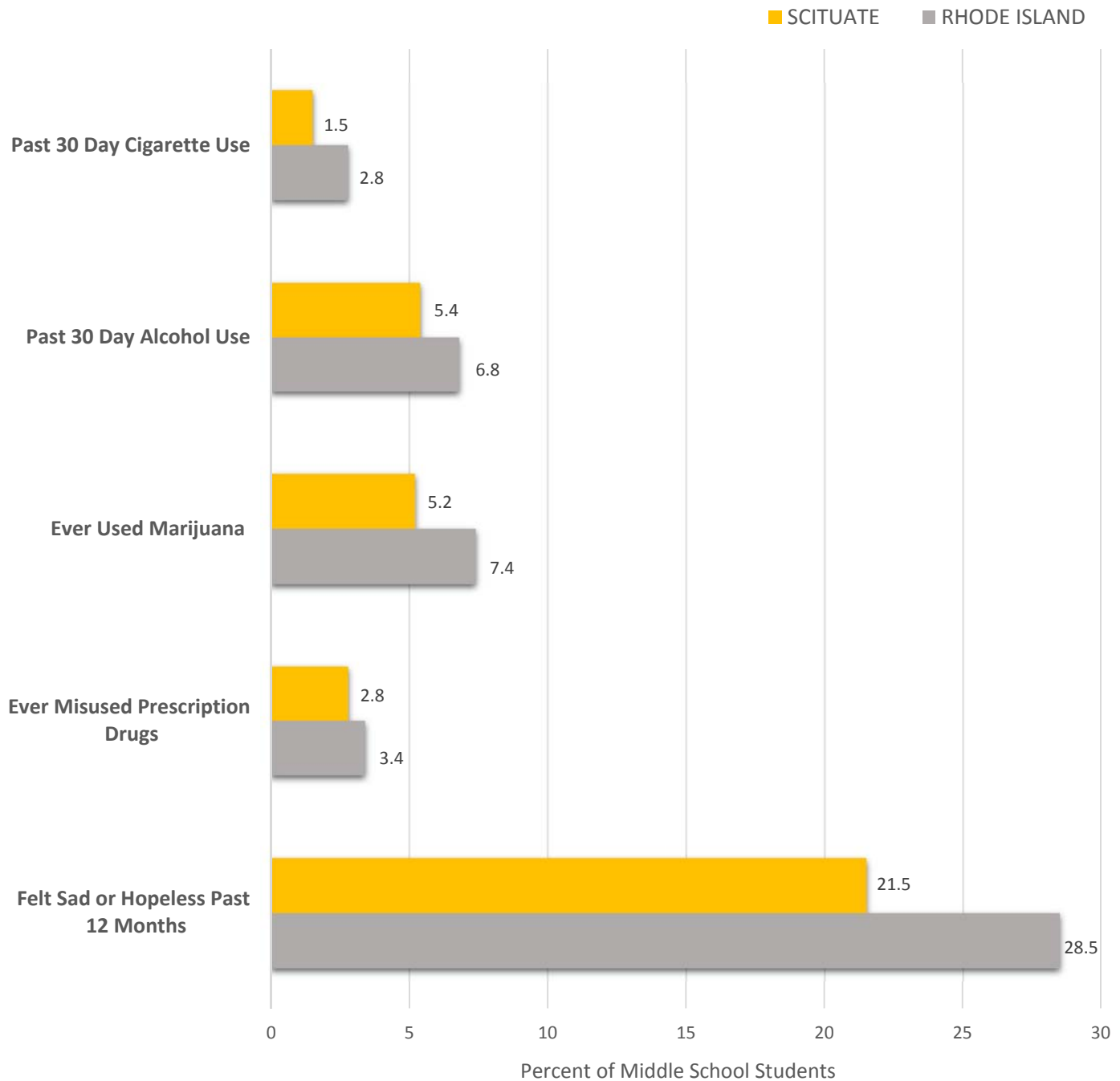
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	SCITUATE
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	7.9%
2013-2014	9.5%	8.9%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	51.1%
2013-2014	60.8%	66.7%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	58.1%
2013-2014	55.7%	59.5%

SCITUATE

Prevalence – Middle School

2013-2014 Middle School Prevalence

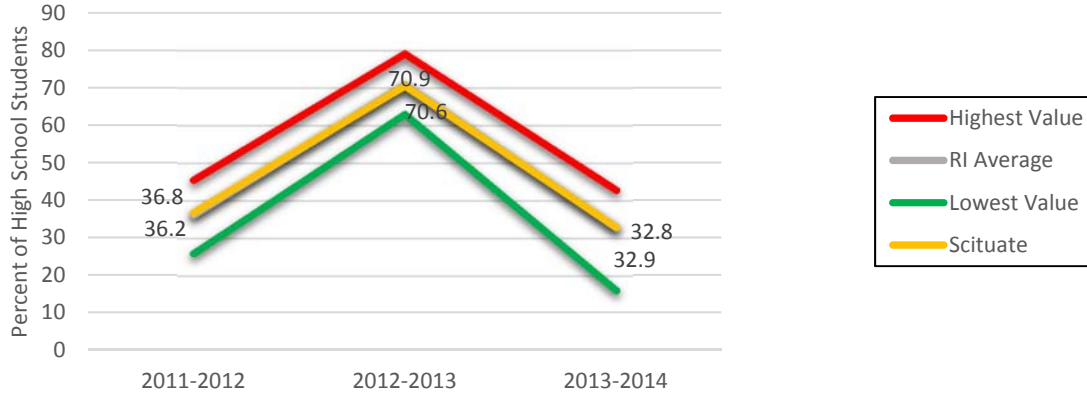


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

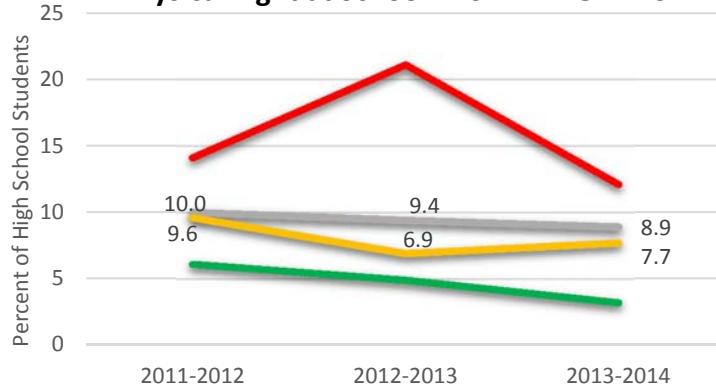
SCITUATE

Risk and Protective Factors

Made Fun of at School

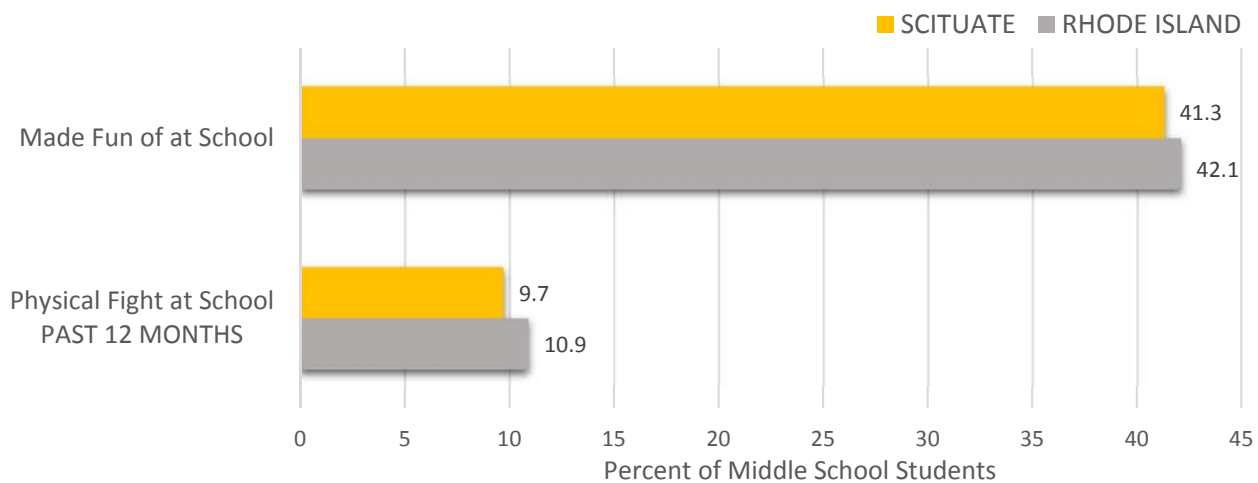


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

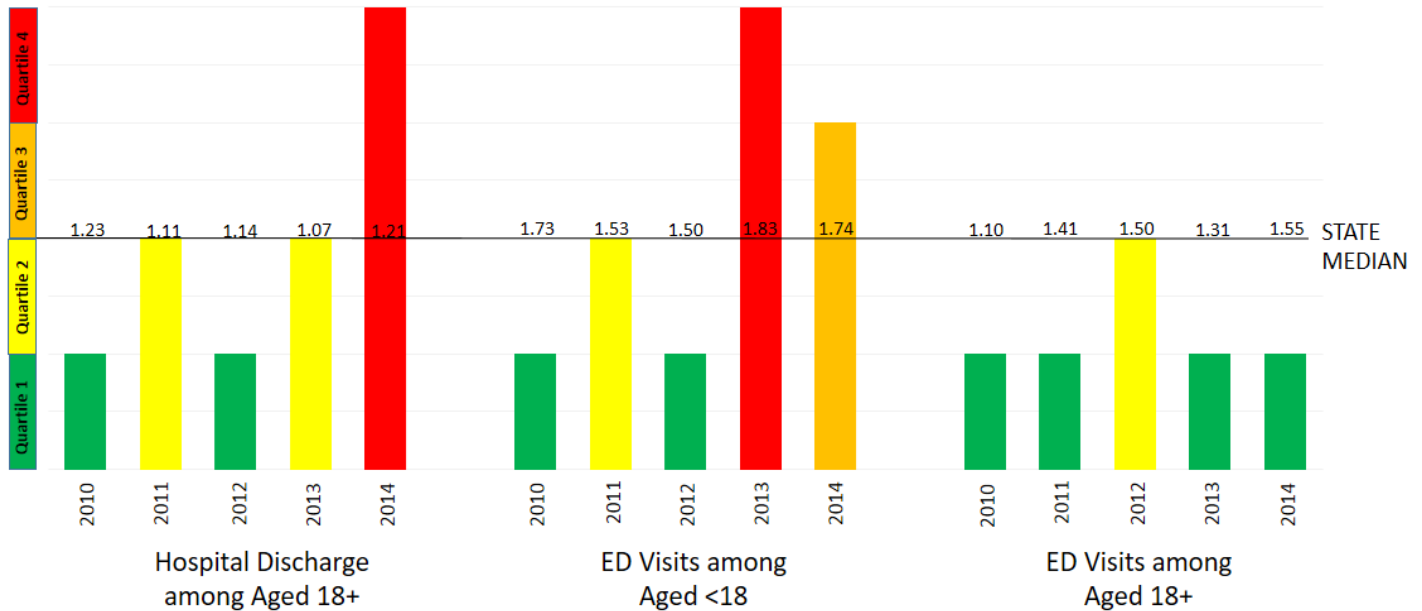


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SCITUATE

Consequences - Overdose

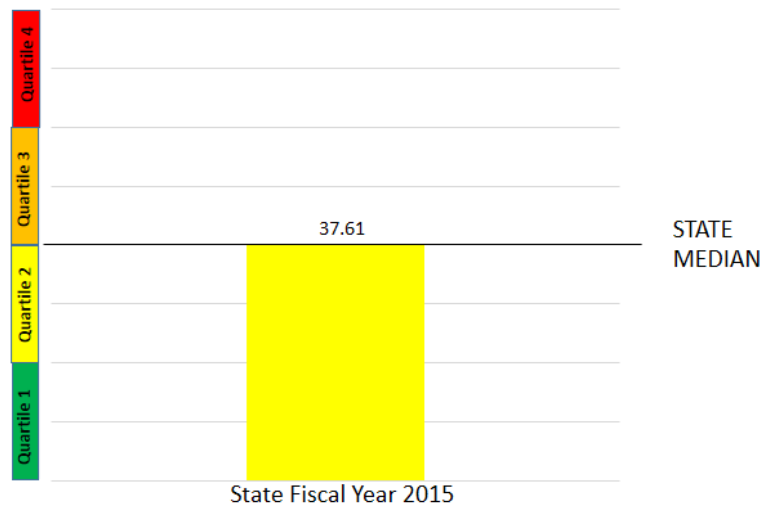
Scituate Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Scituate Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

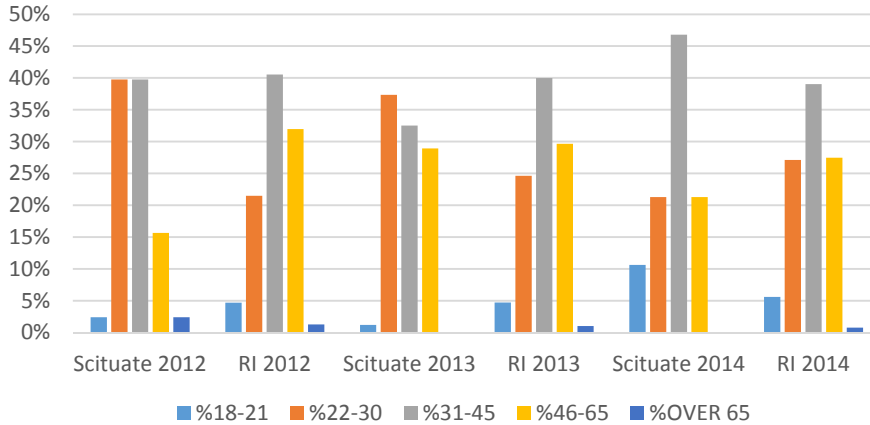
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

SCITUATE

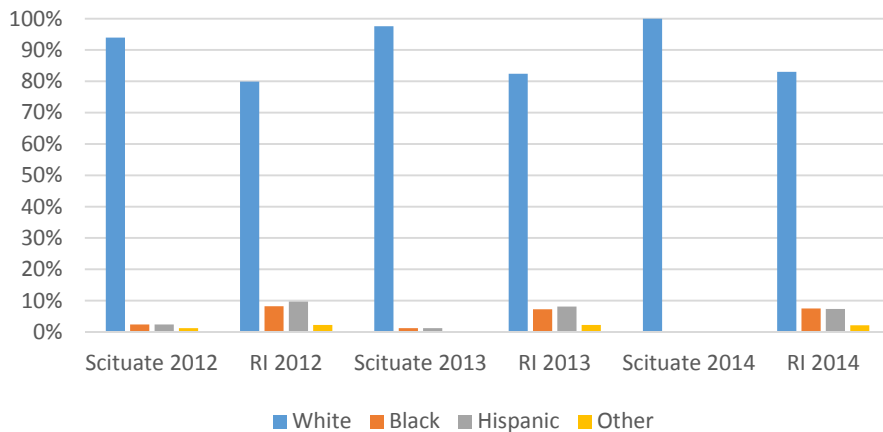
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



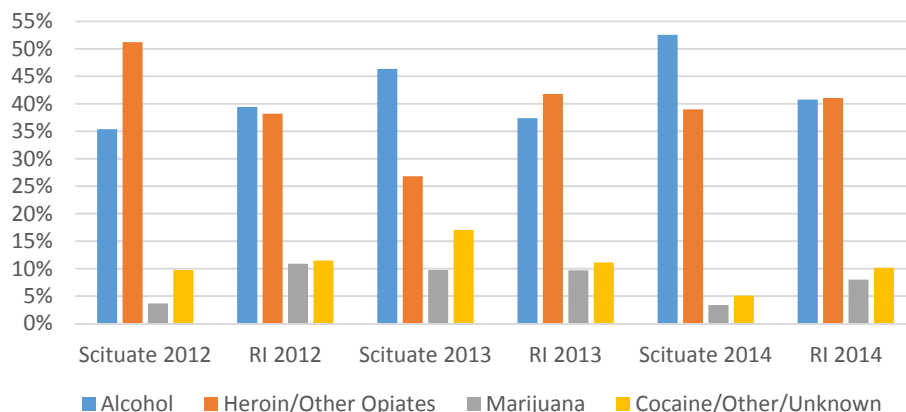
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

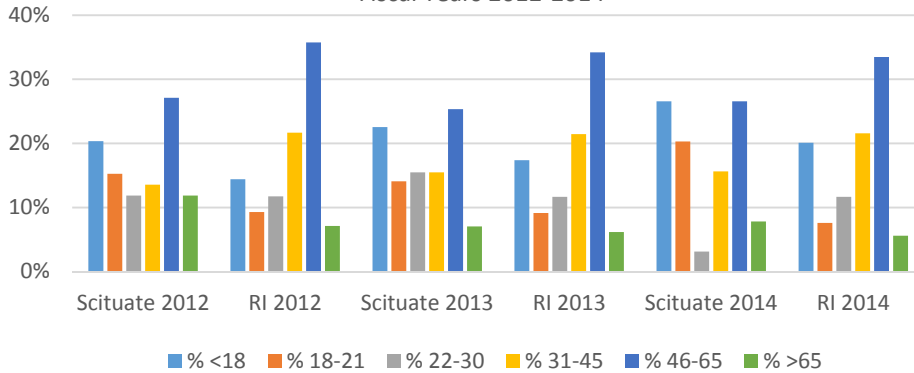


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

SCITUATE

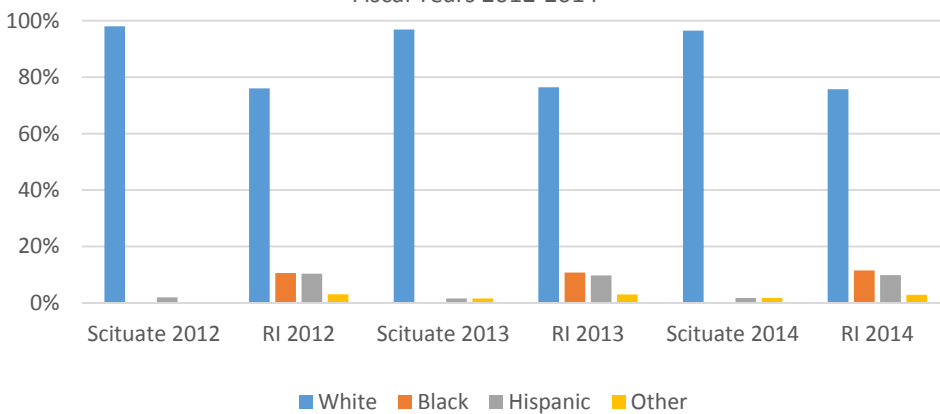
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



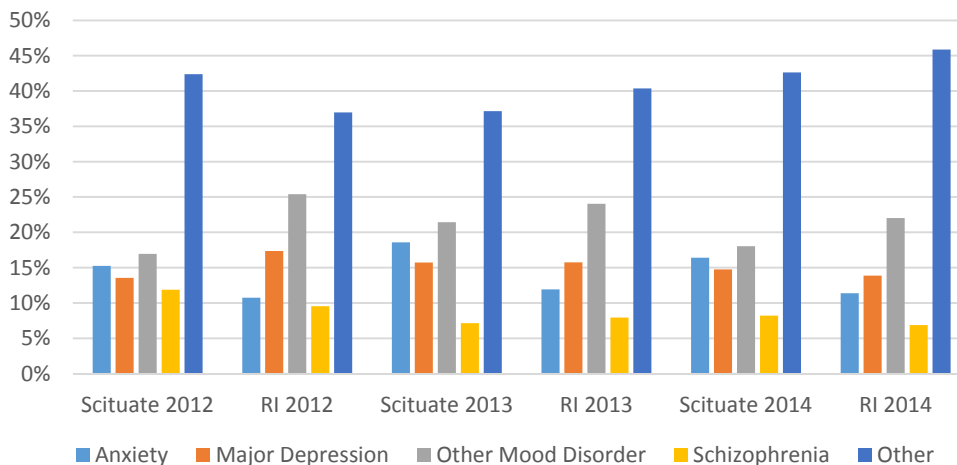
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

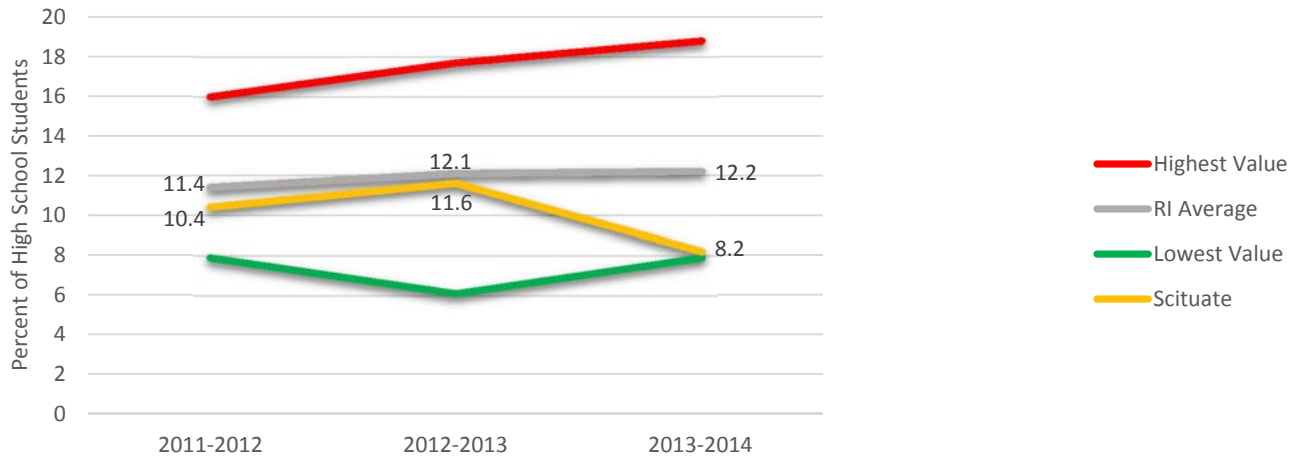


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

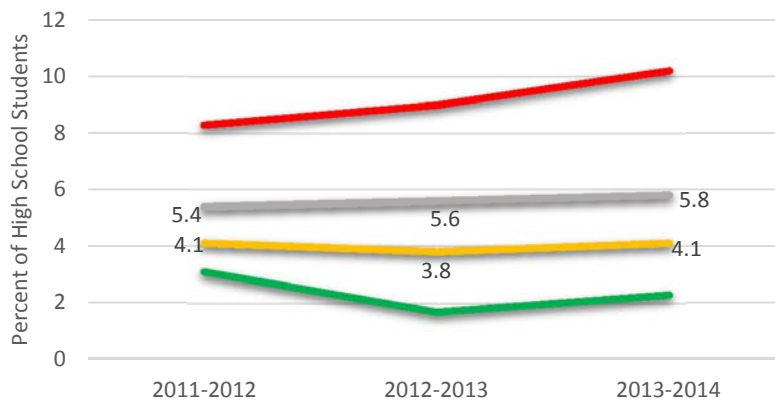
SCITUATE

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

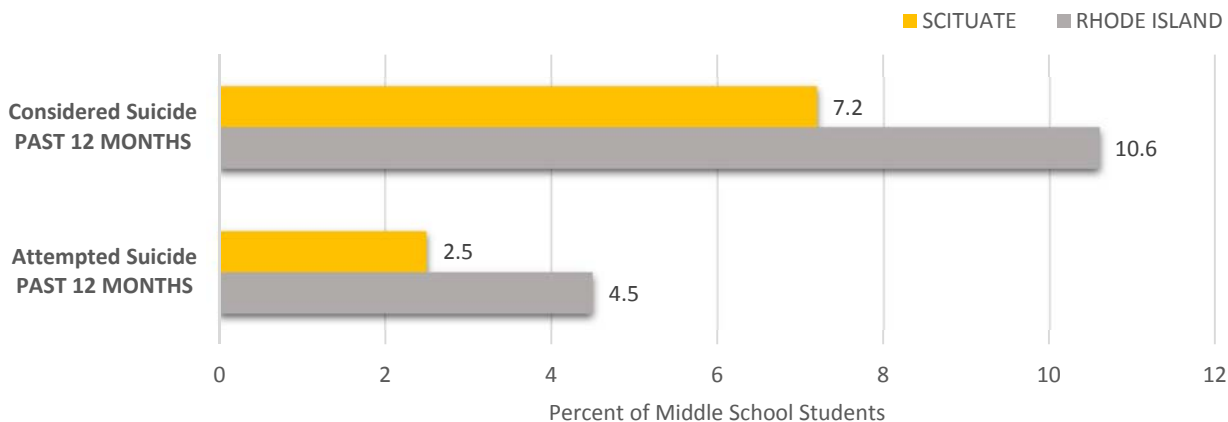


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



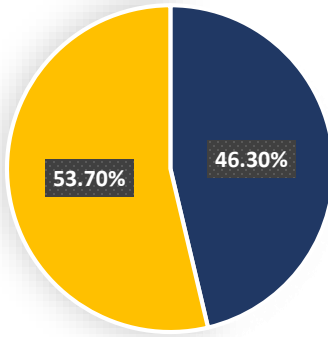
SMITHFIFELD

Demographics

Total Population: 21,478

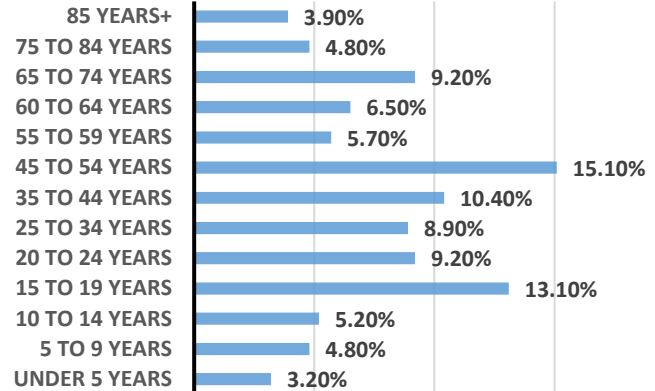
Total Households: 7,024

GENDER

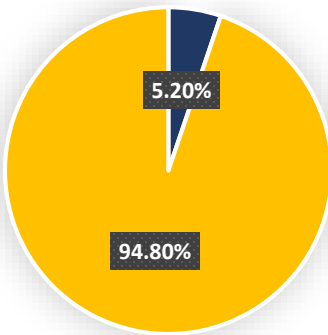


■ Male (%) ■ Female (%)

AGE

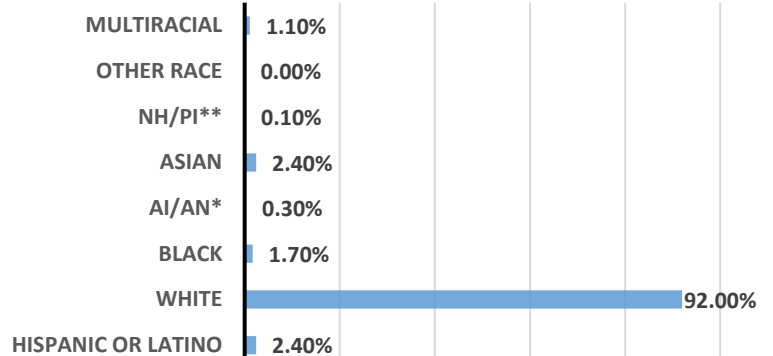


HEALTH INSURANCE



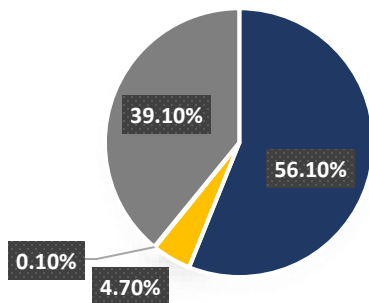
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



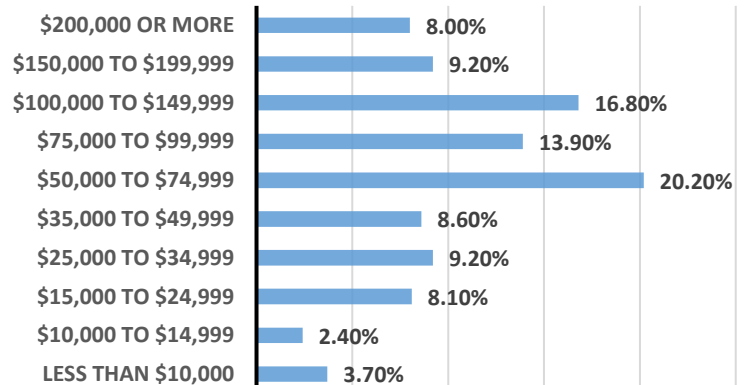
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

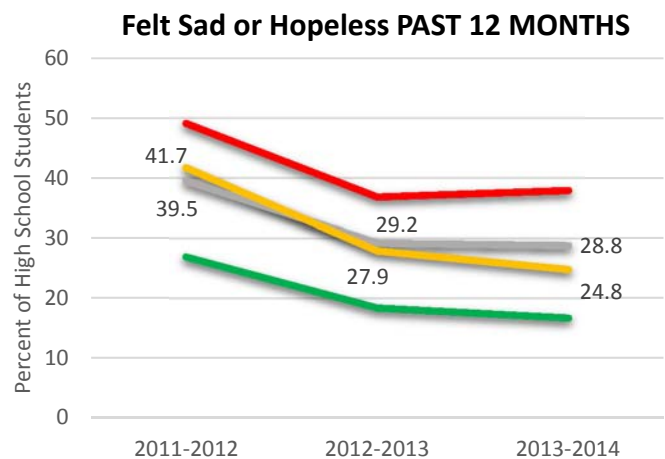
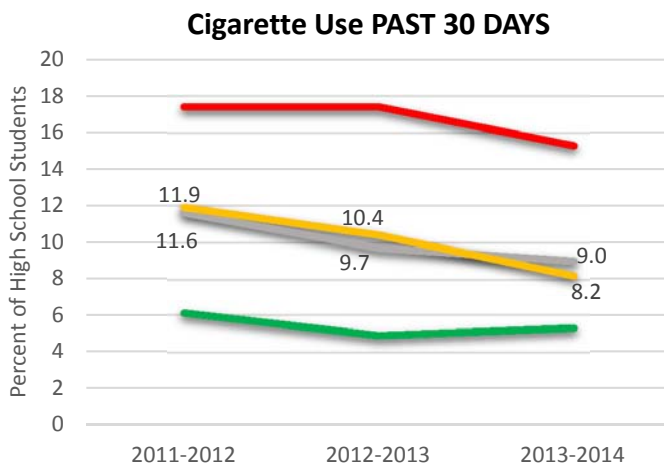
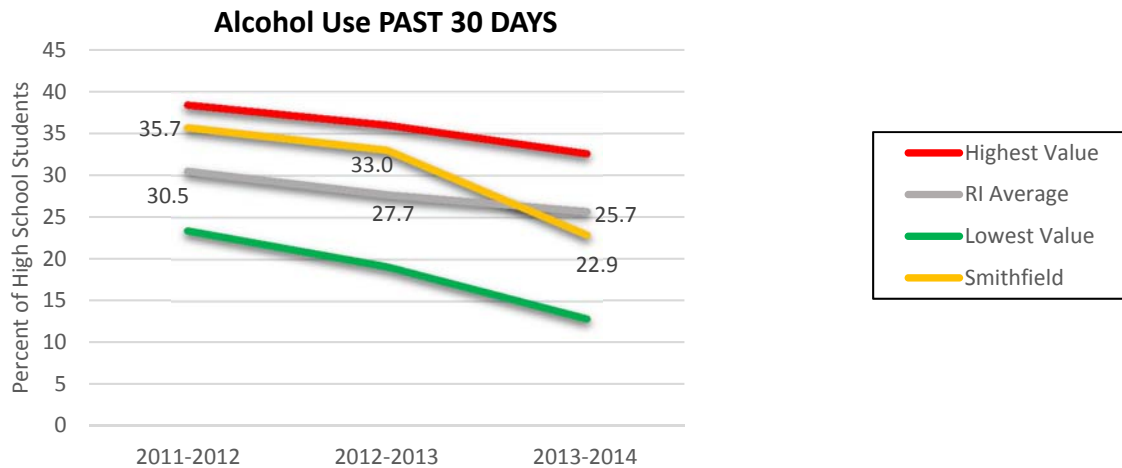
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

SMITHFIELD

Prevalence – High School



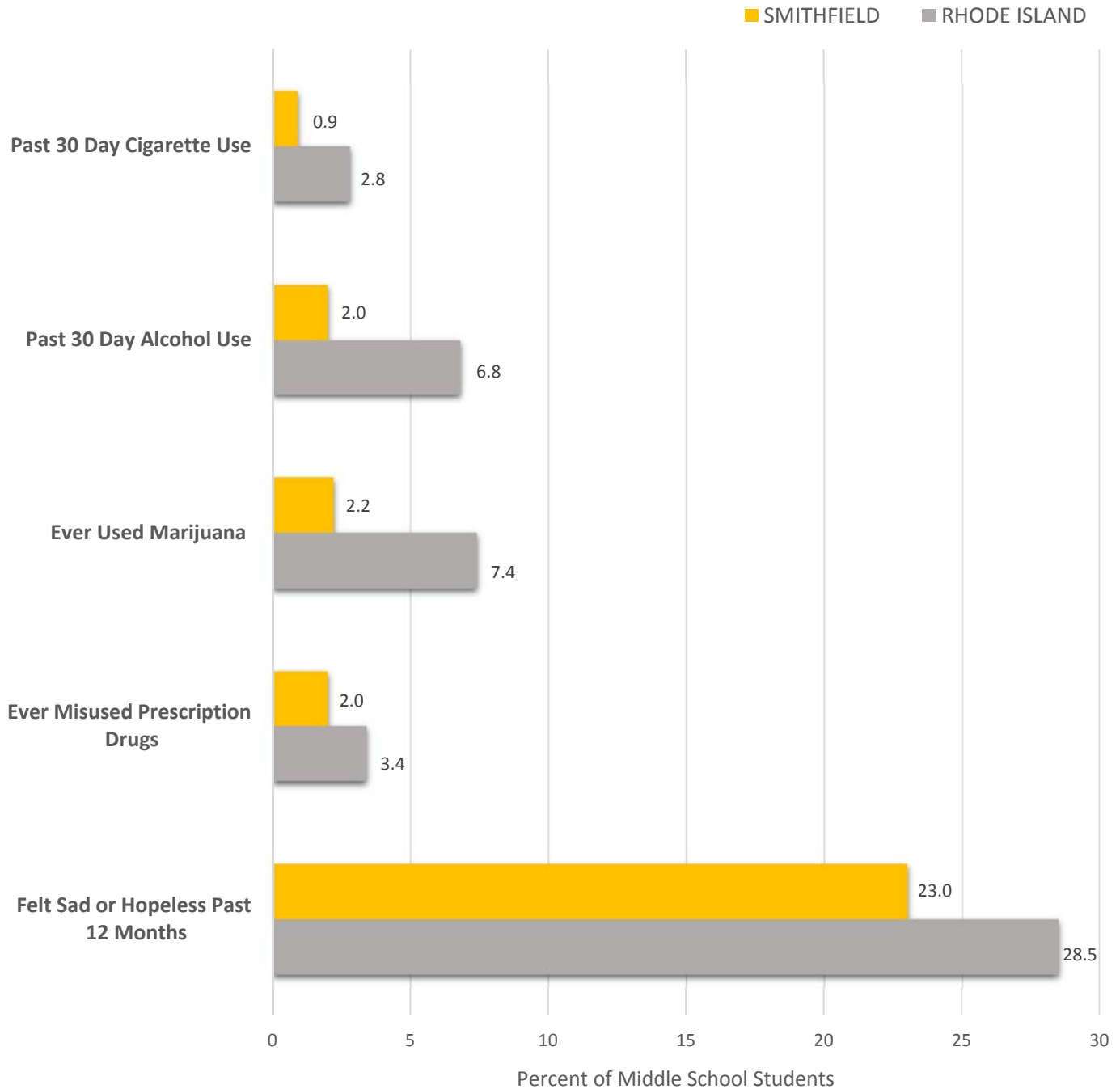
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	SMITHFIELD
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	12.9%
2013-2014	9.5%	10.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	60.9%
2013-2014	60.8%	66.0%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	58.0%
2013-2014	55.7%	64.5%

SMITHFIELD

Prevalence – Middle School

2013-2014 Middle School Prevalence

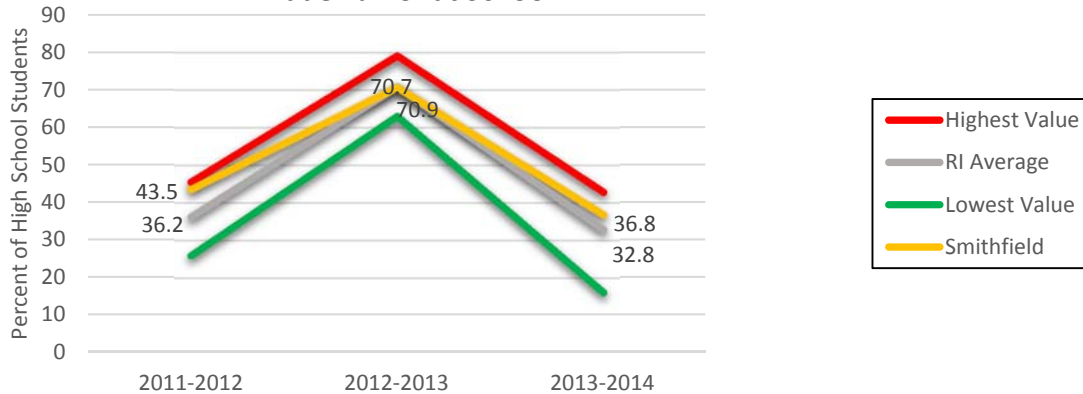


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

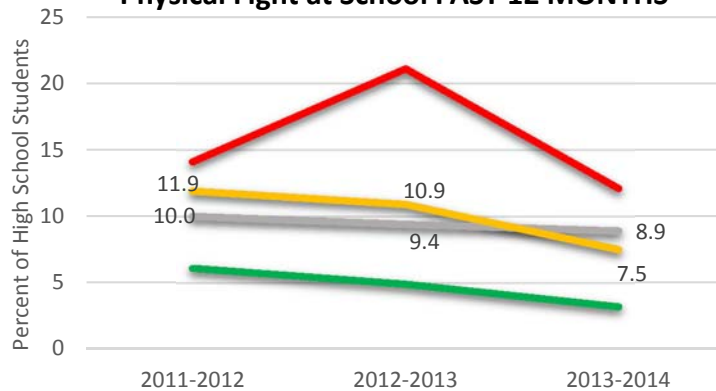
SMITHFIELD

Risk and Protective Factors

Made Fun of at School

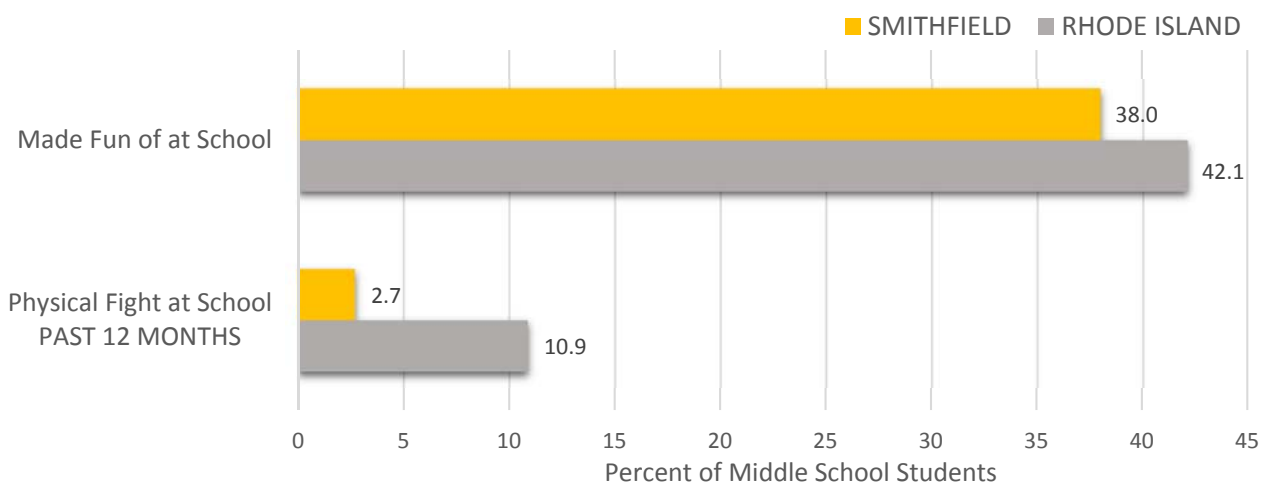


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

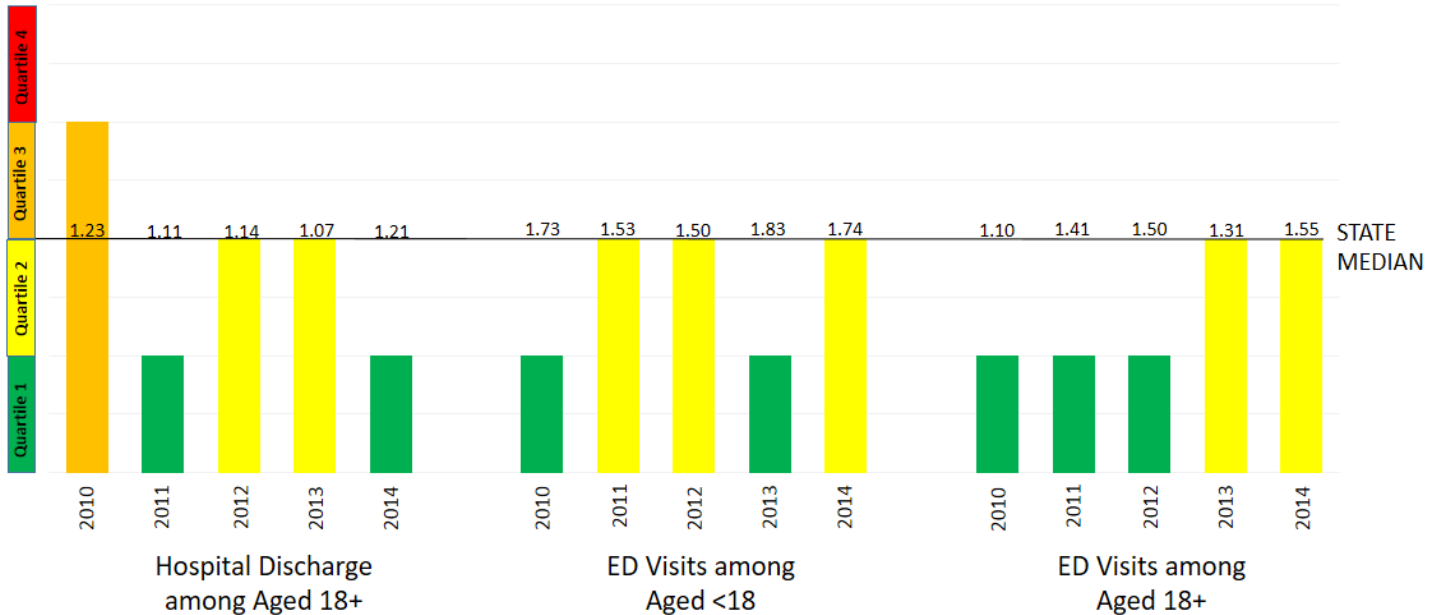


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SMITHFIELD

Consequences - Overdose

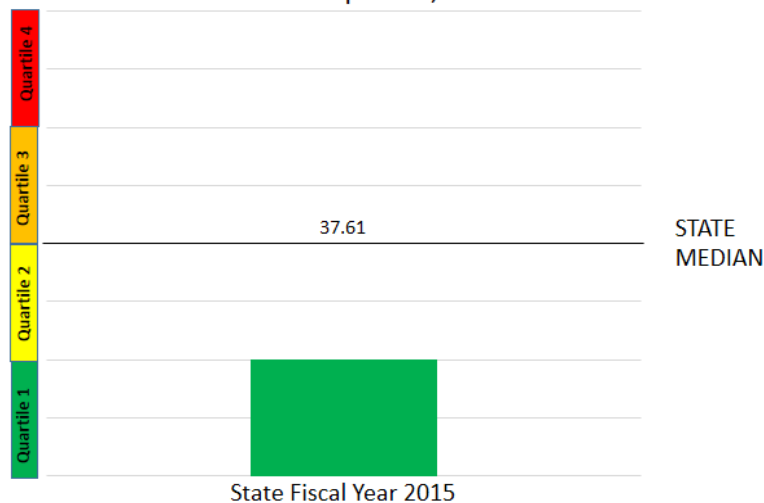
Smithfield Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Smithfield Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

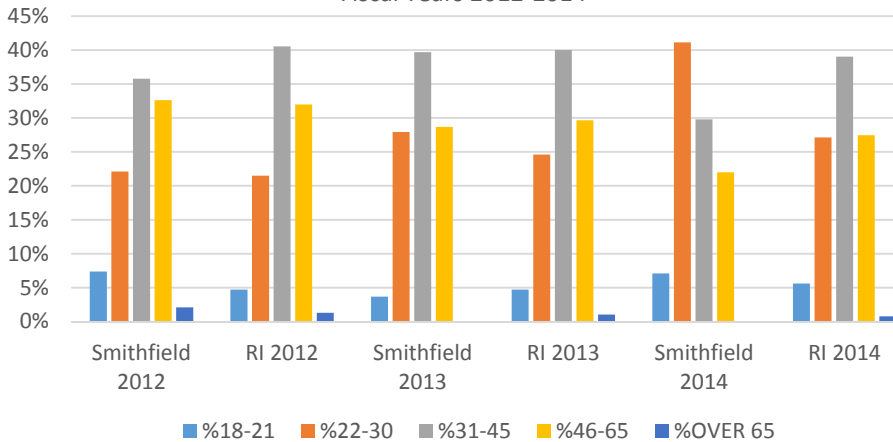
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

SMITHFIELD

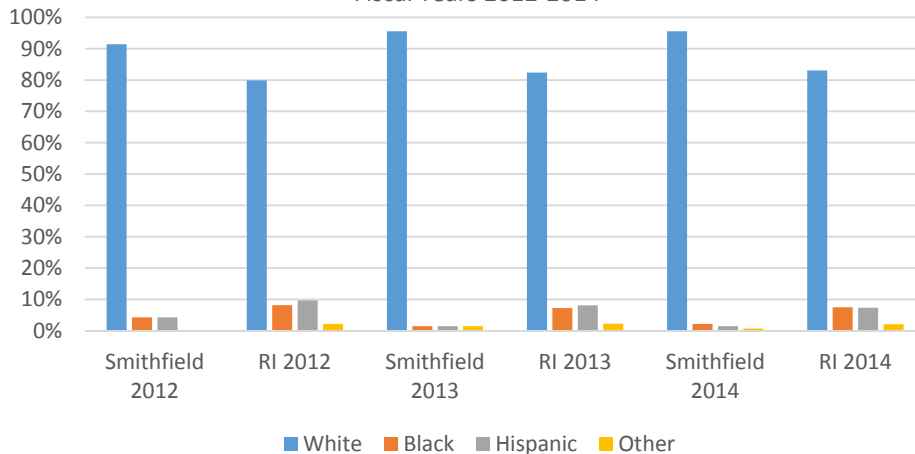
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



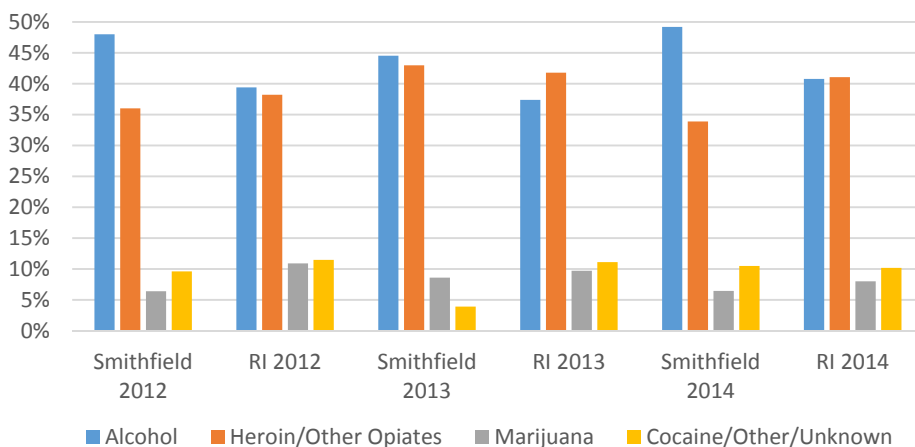
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

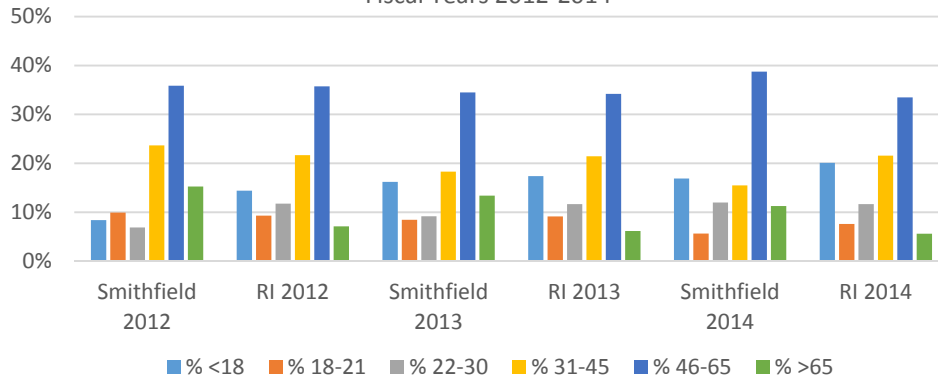


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

SMITHFIELD

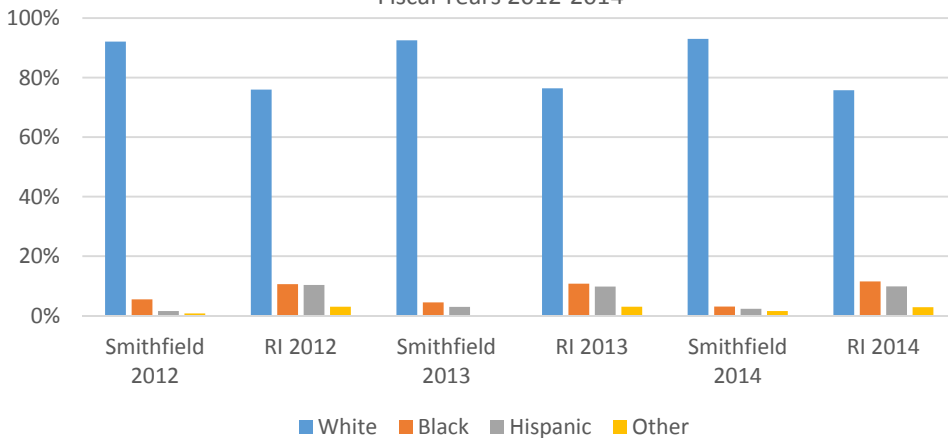
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



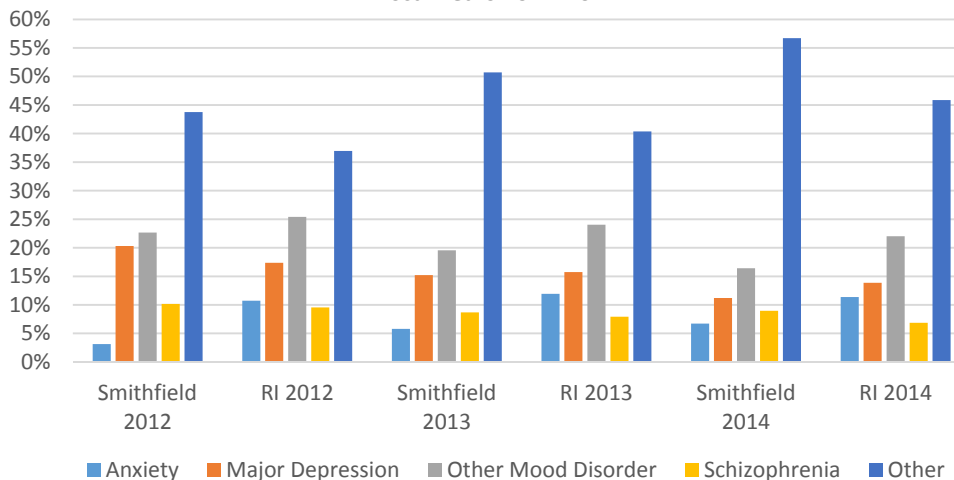
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

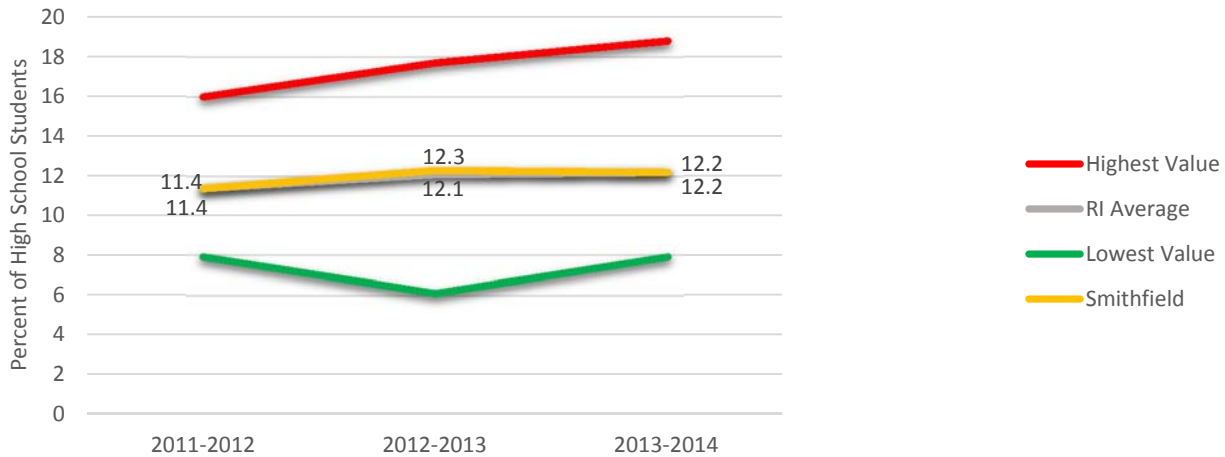


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

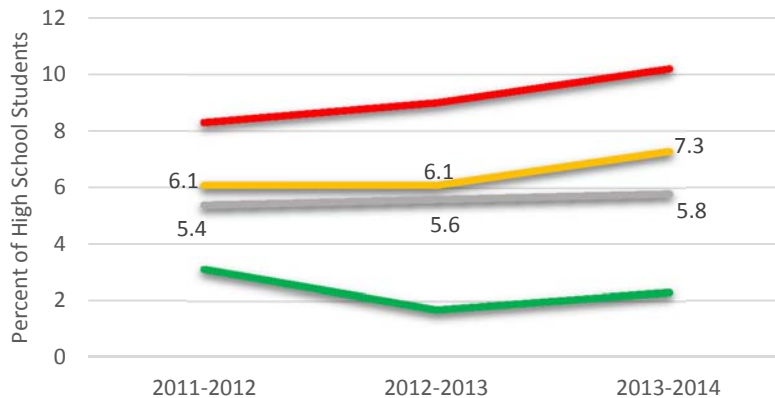
SMITHFIELD

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

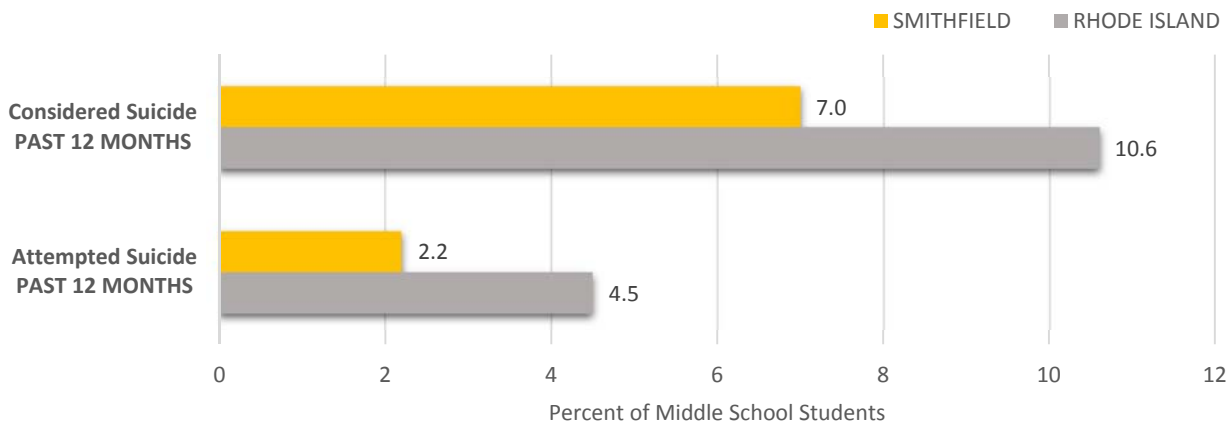


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



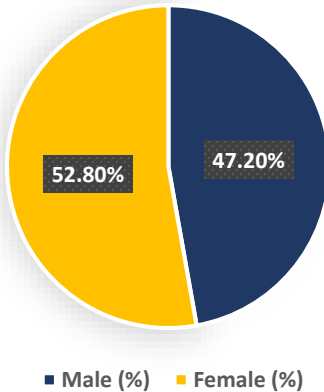
SOUTH KINGSTOWN

Demographics

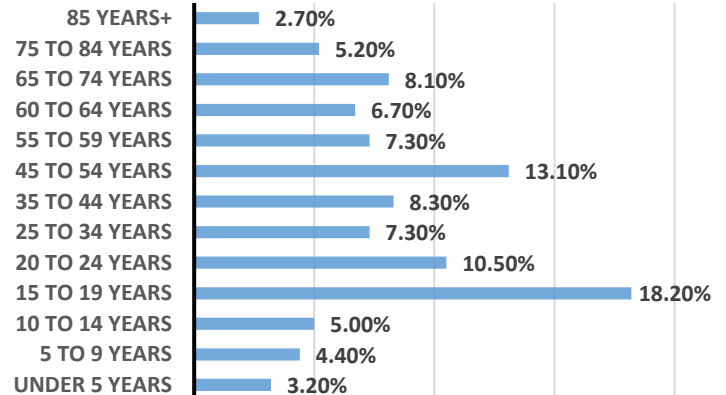
Total Population: 30,546

Total Households: 10,489

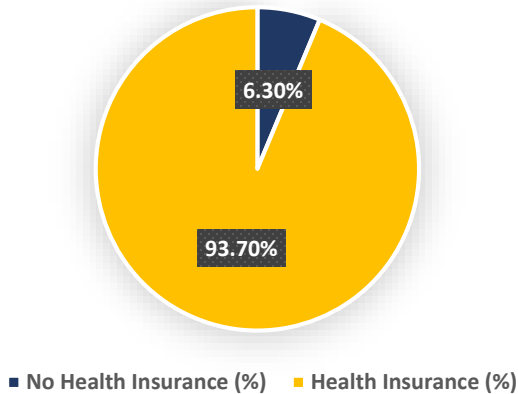
GENDER



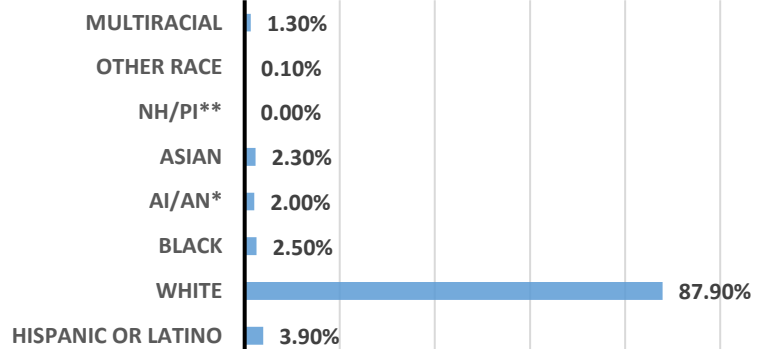
AGE



HEALTH INSURANCE

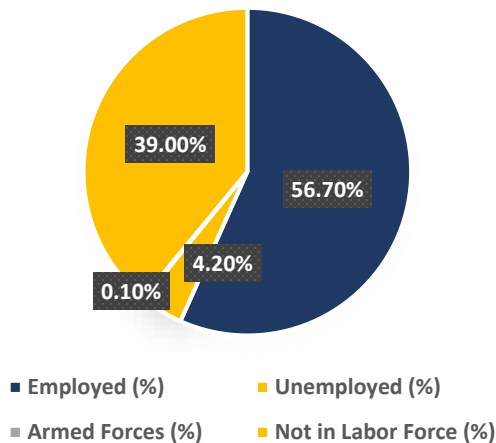


RACE/ETHNICITY

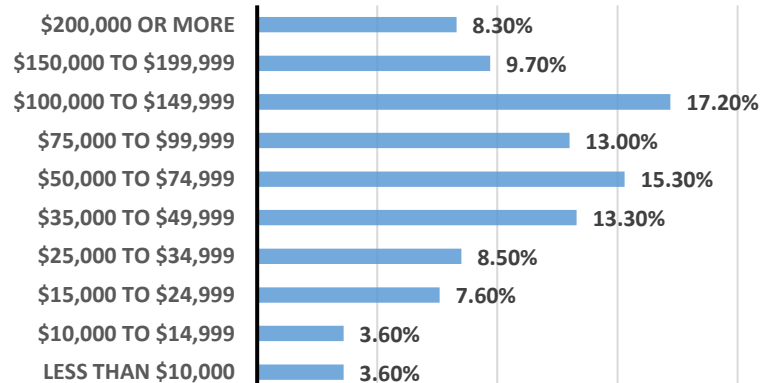


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



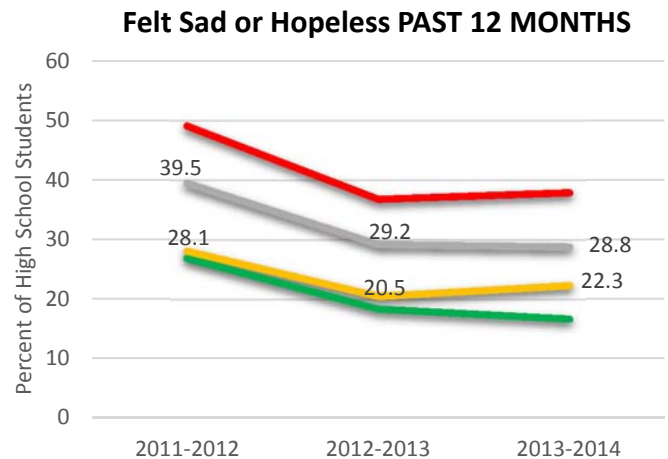
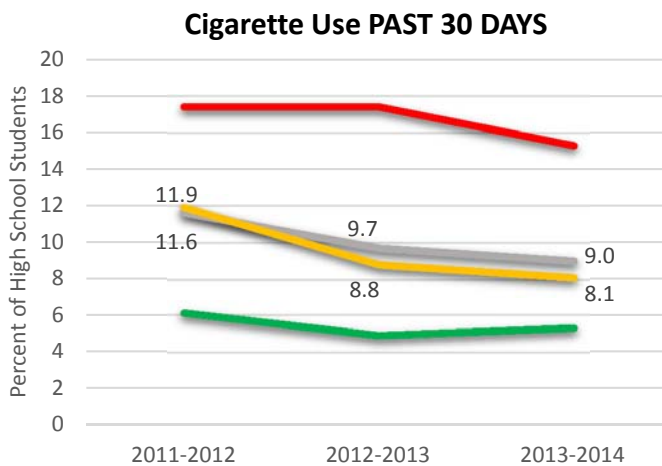
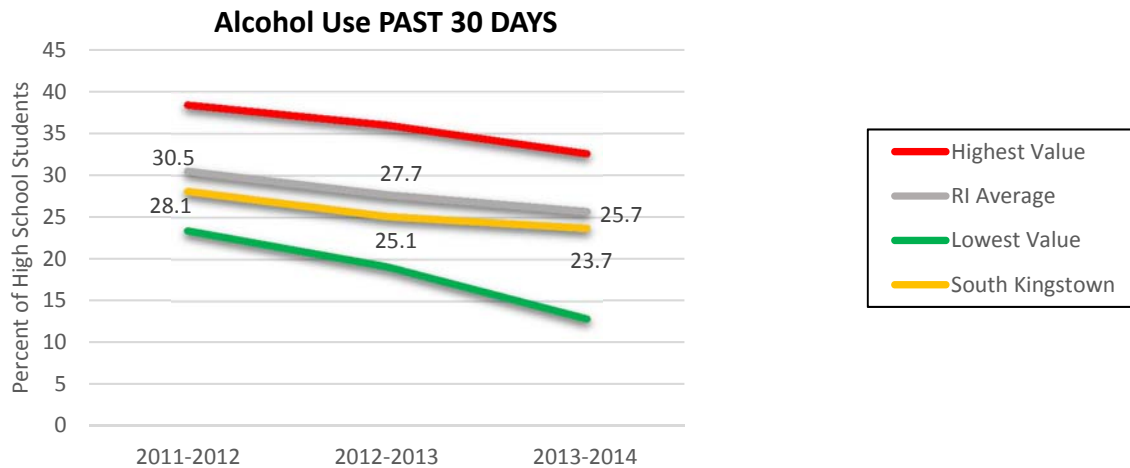
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

SOUTH KINGSTOWN

Prevalence – High School



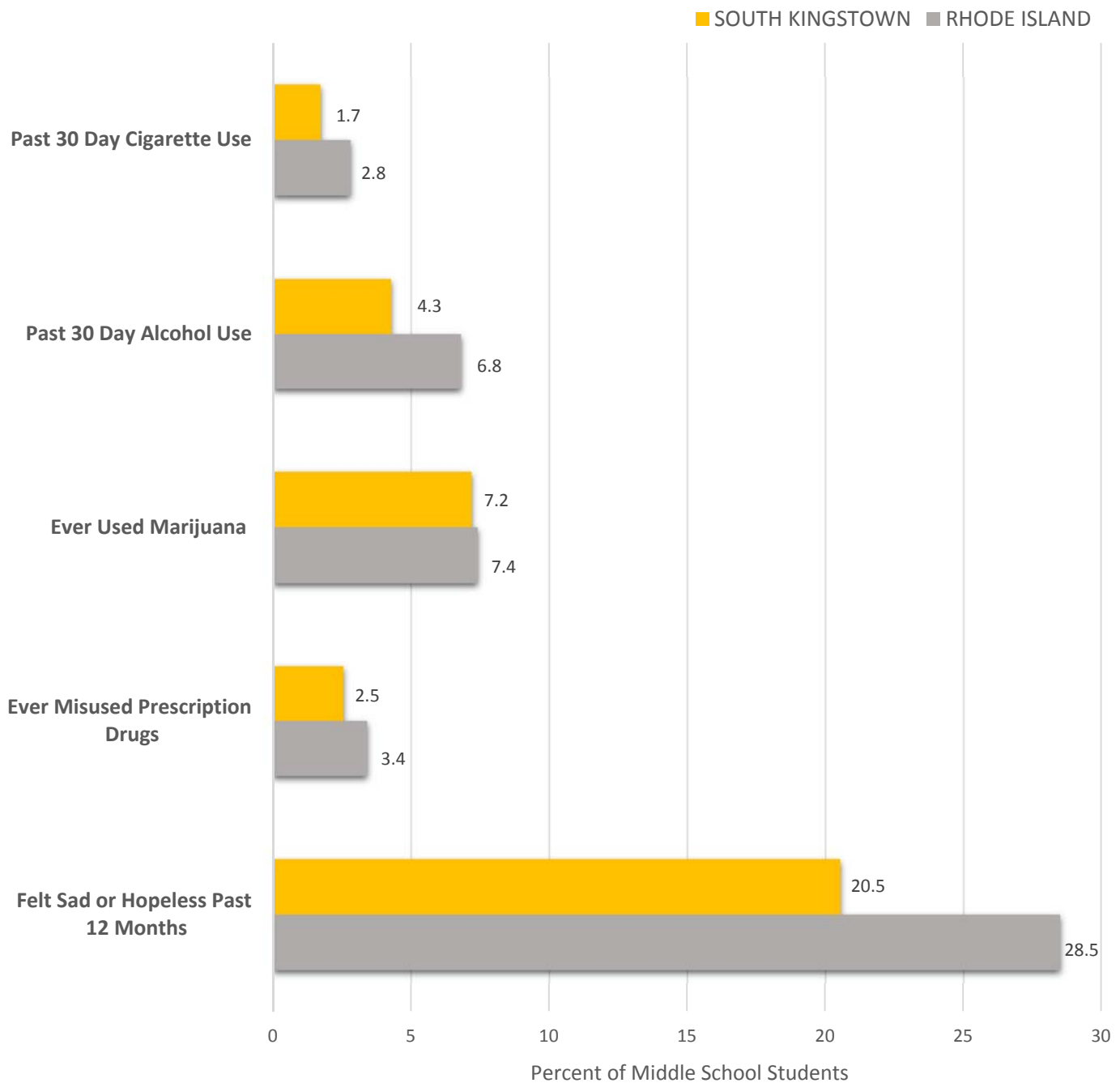
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	SOUTH KINGSTOWN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.4%
2013-2014	9.5%	8.9%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	62.2%
2013-2014	60.8%	64.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	64.9%
2013-2014	55.7%	70.3%

SOUTH KINGSTOWN

Prevalence – Middle School

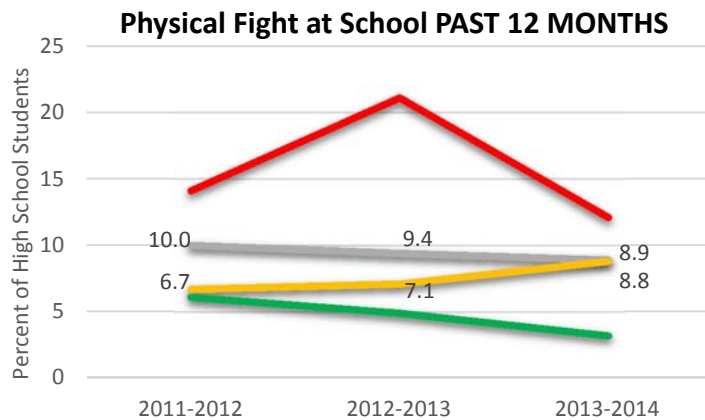
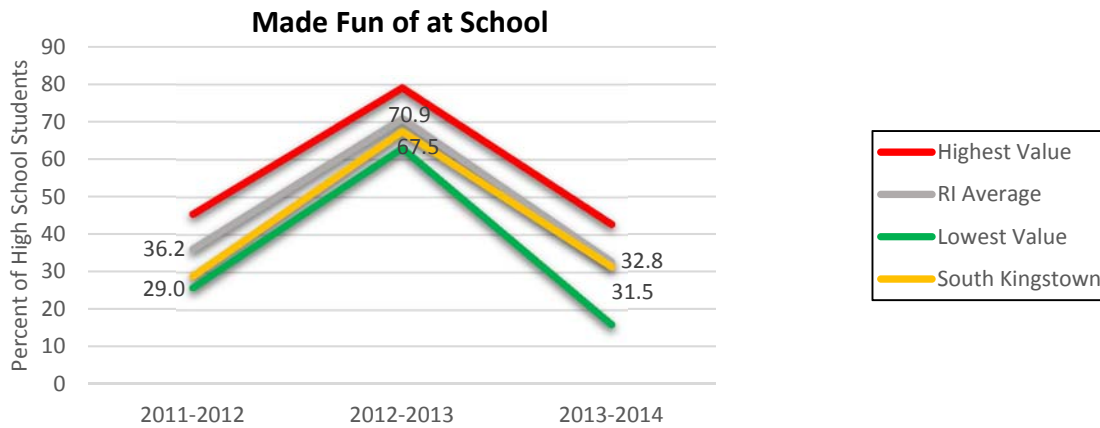
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

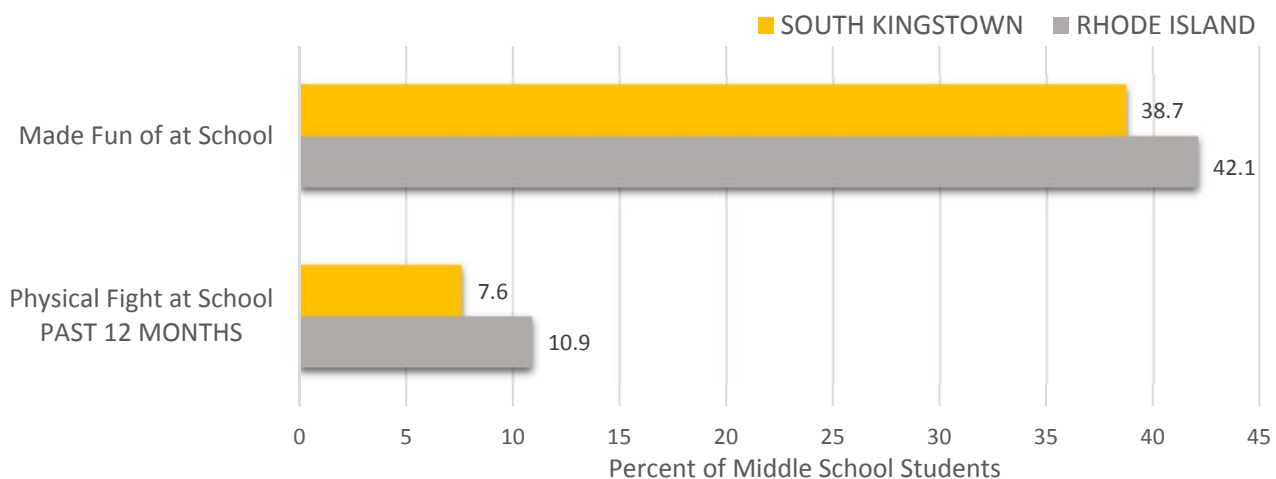
SOUTH KINGSTOWN

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

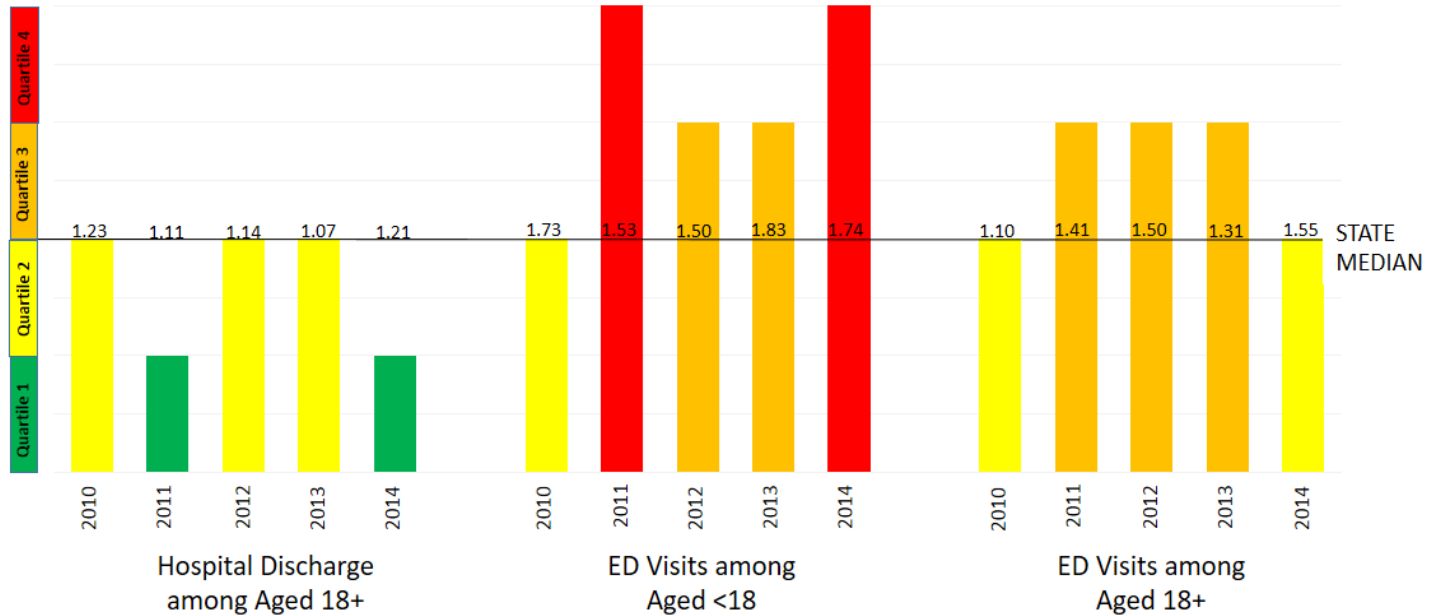


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

SOUTH KINGSTOWN

Consequences - Overdose

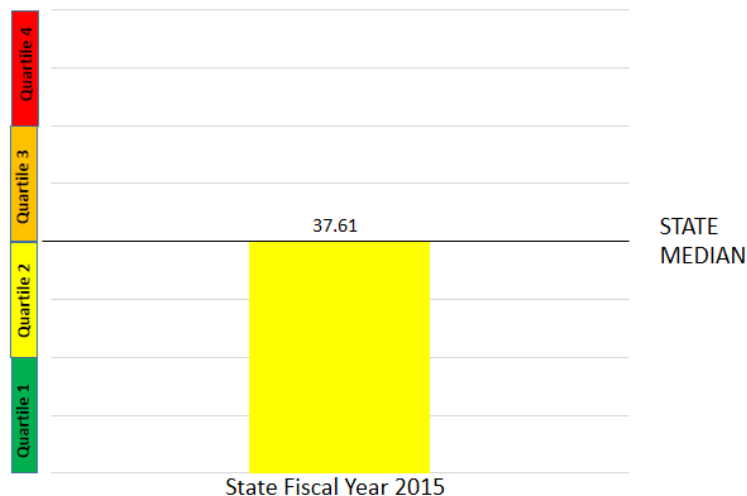
South Kingstown Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

South Kingstown Quartiles of Adult Methadone Treatment per 10,000



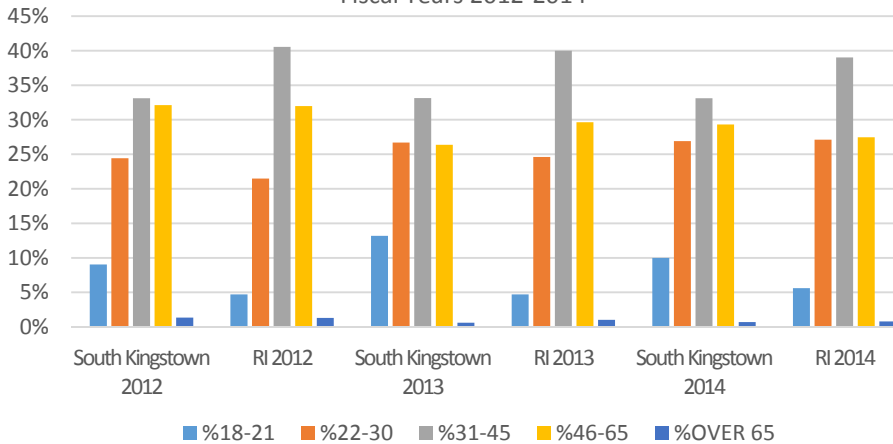
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOUTH KINGSTOWN

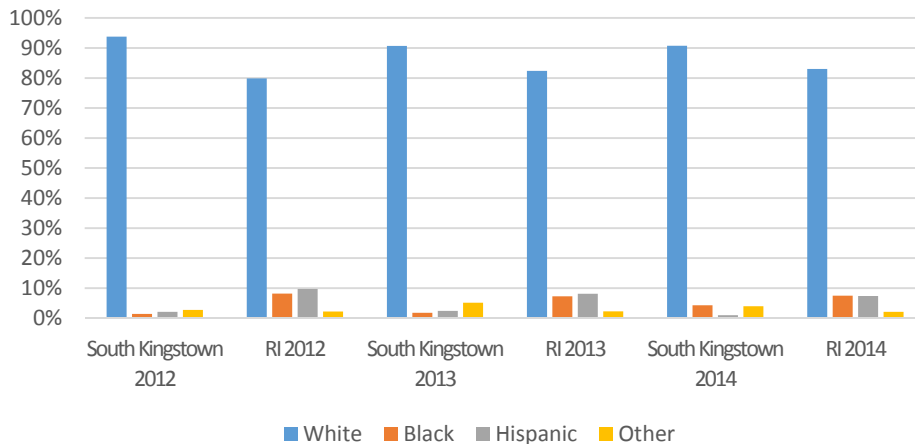
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



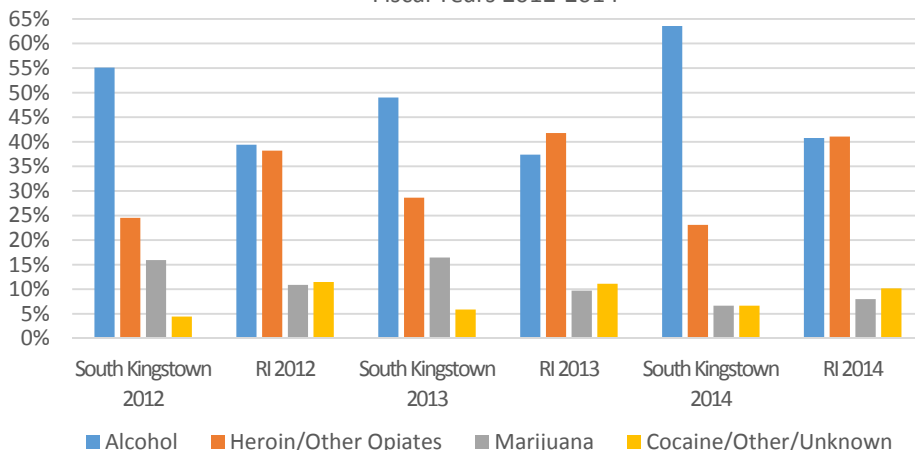
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

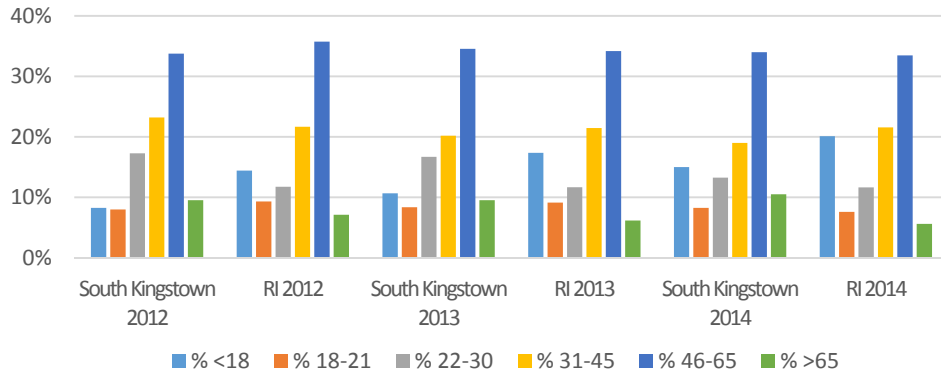


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

SOUTH KINGSTOWN

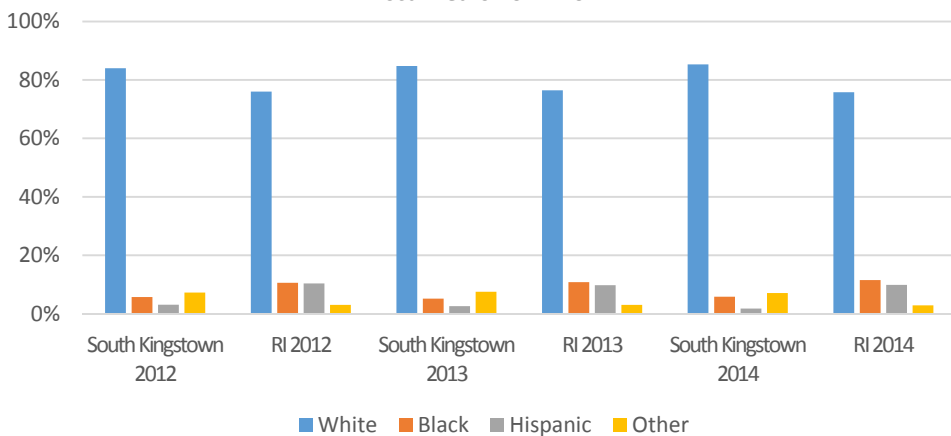
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



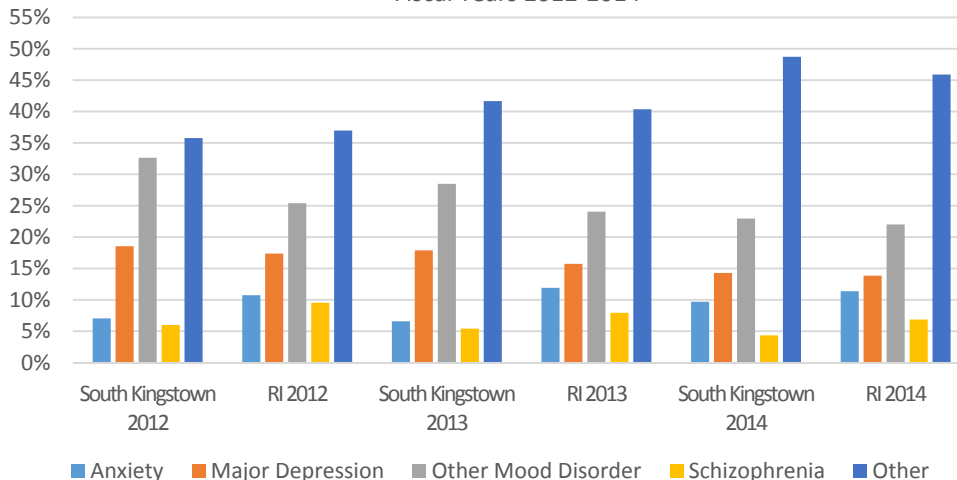
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

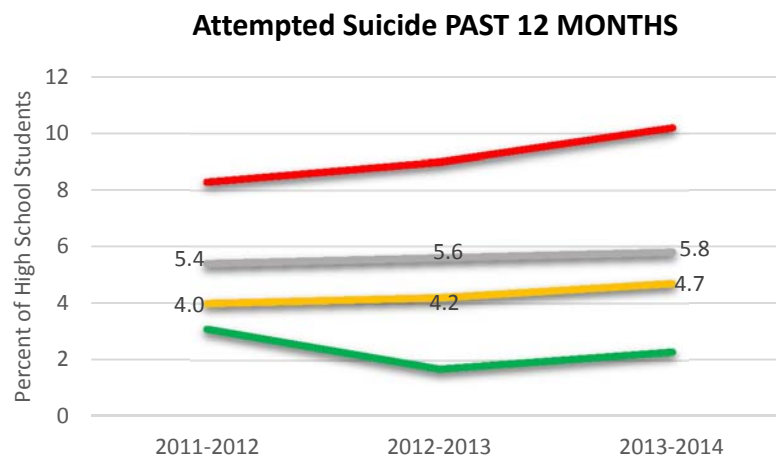
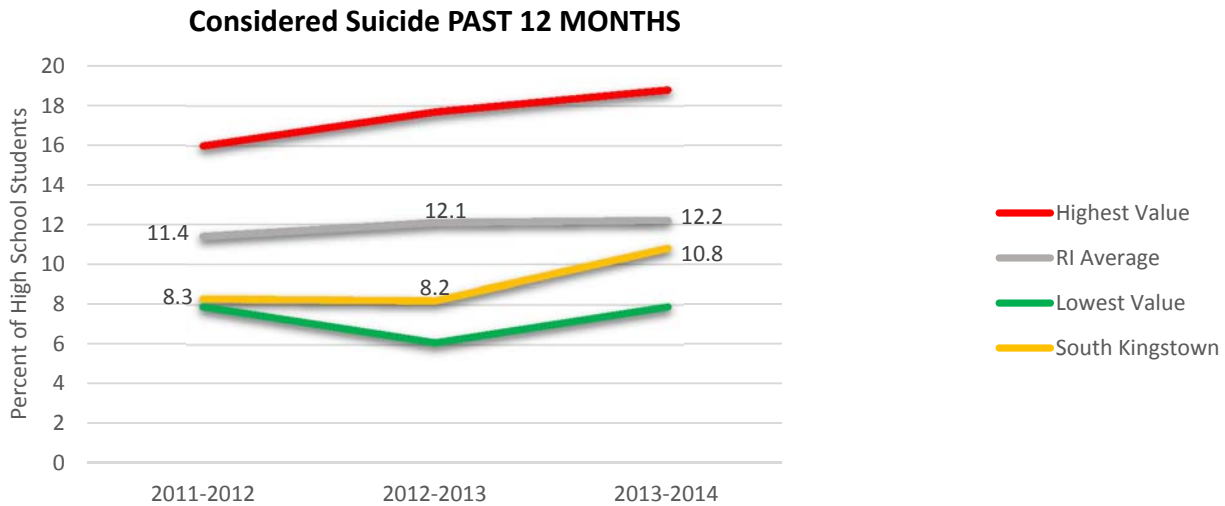
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



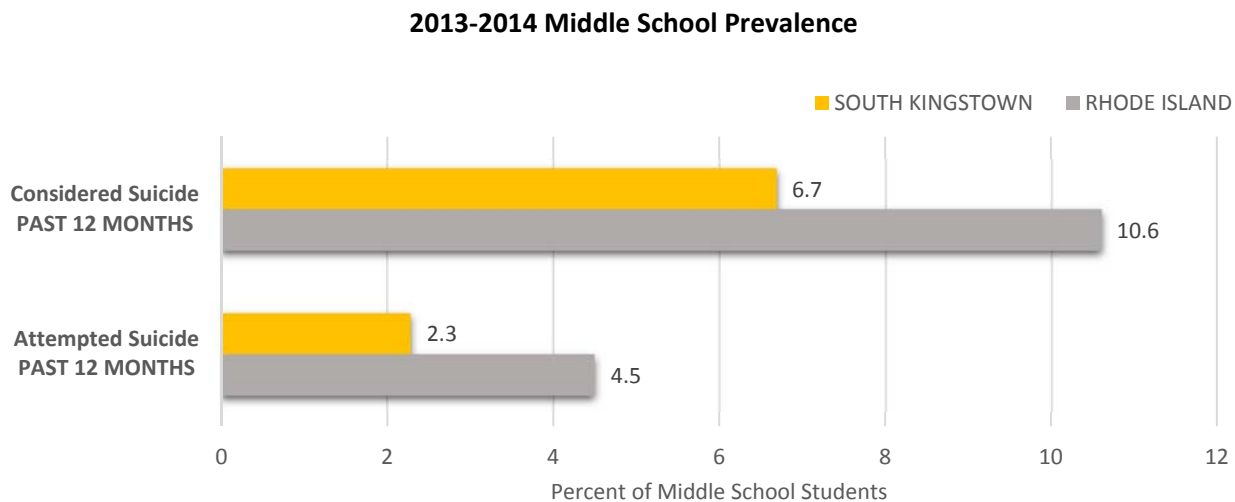
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

SOUTH KINGSTOWN

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.



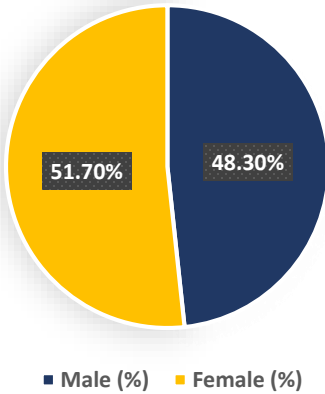
TIVERTON

Demographics

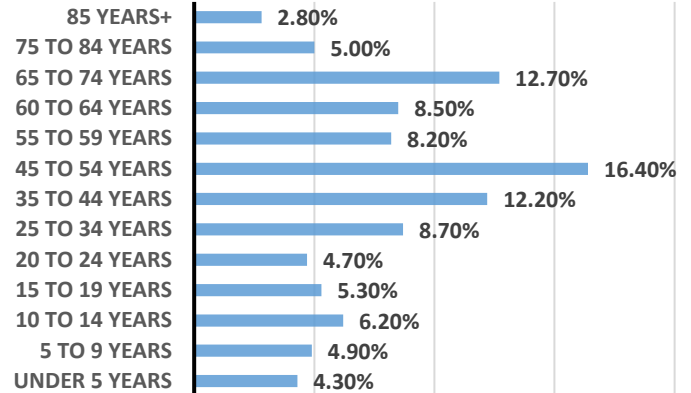
Total Population: 15,805

Total Households: 6,688

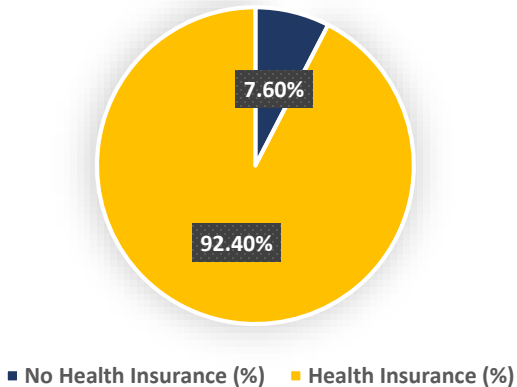
GENDER



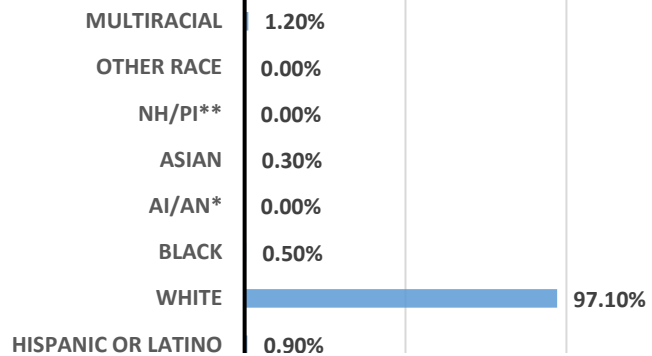
AGE



HEALTH INSURANCE

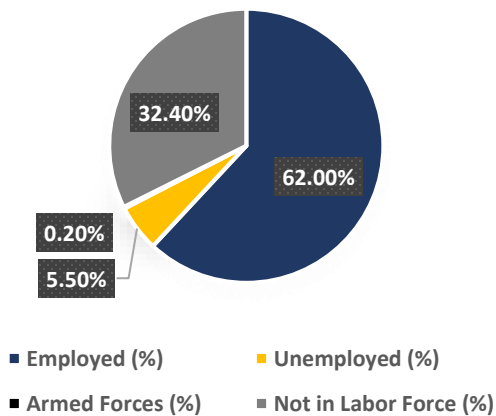


RACE/ETHNICITY

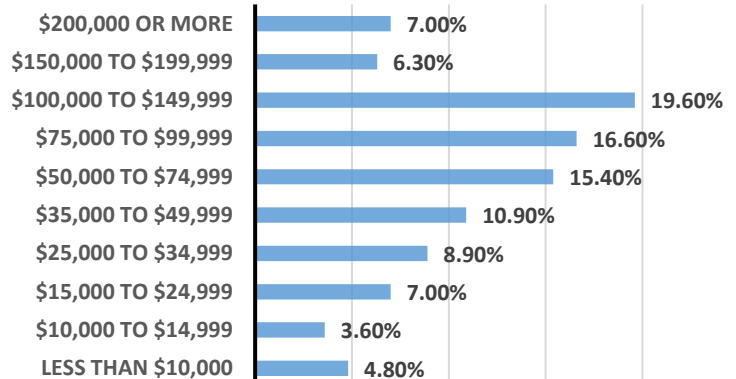


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



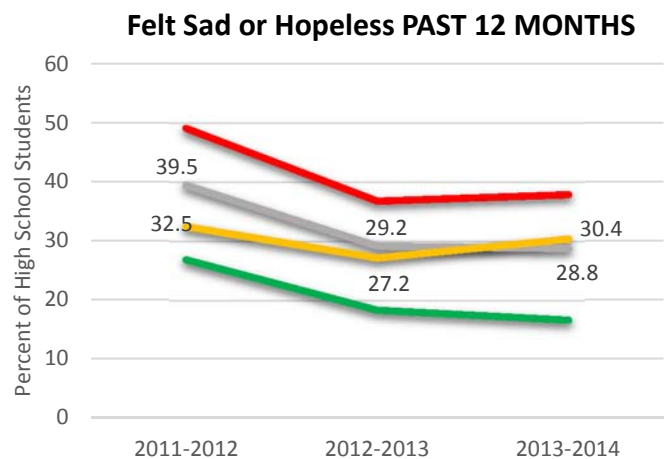
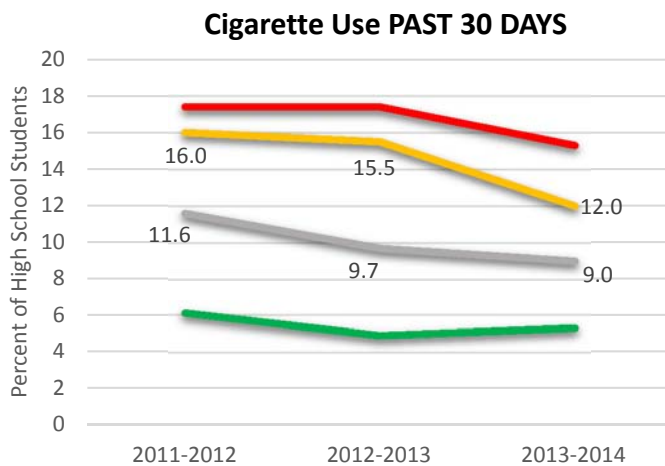
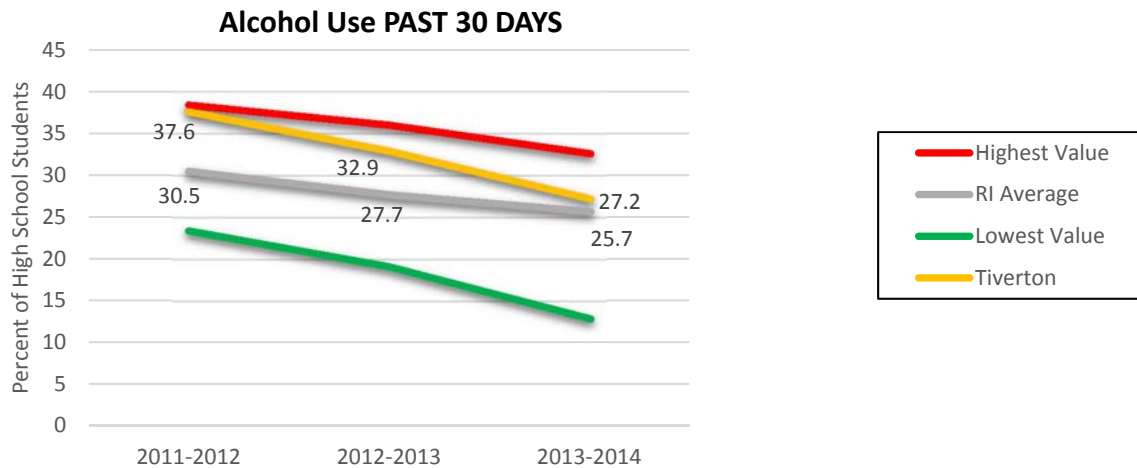
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

TIVERTON

Prevalence – High School



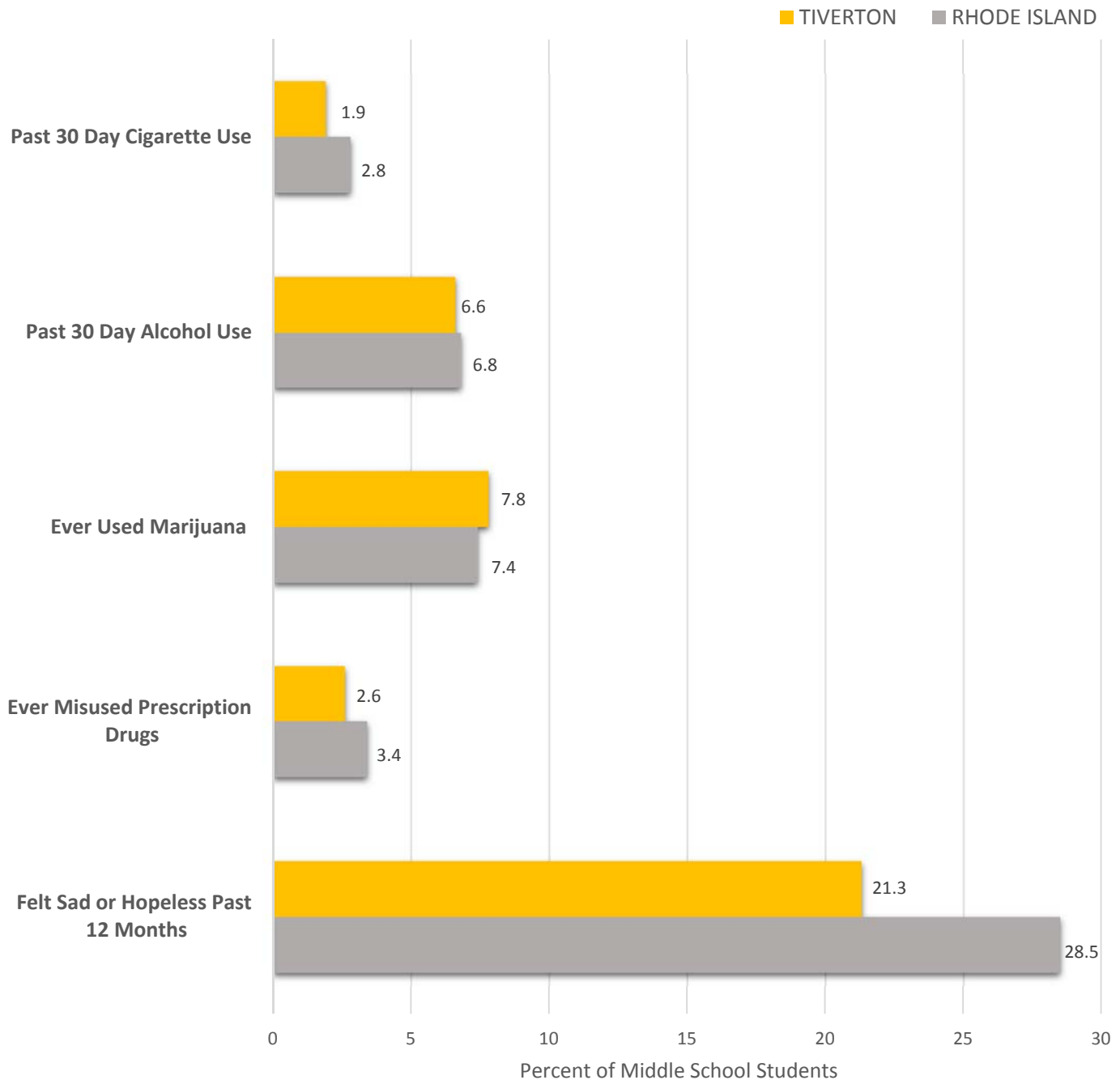
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	TIVERTON
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.0%
2013-2014	9.5%	10.0%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	58.2%
2013-2014	60.8%	65.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	51.2%
2013-2014	55.7%	45.6%

TIVERTON

Prevalence – Middle School

2013-2014 Middle School Prevalence

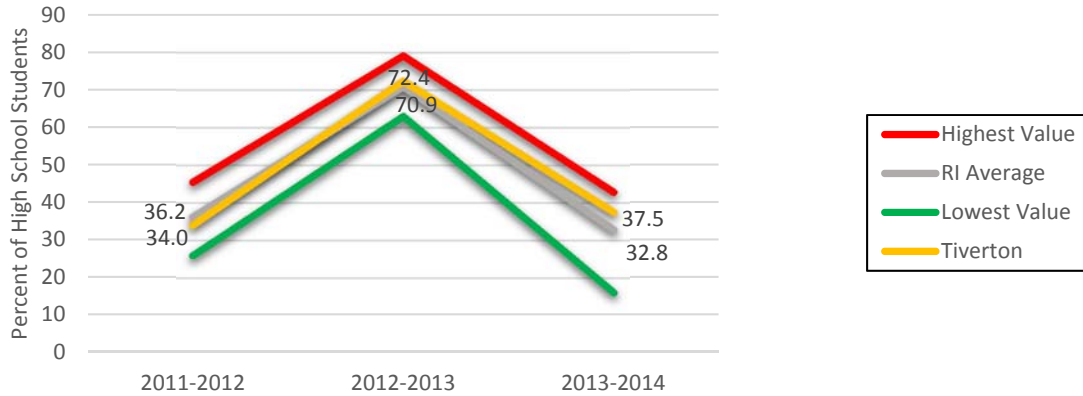


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

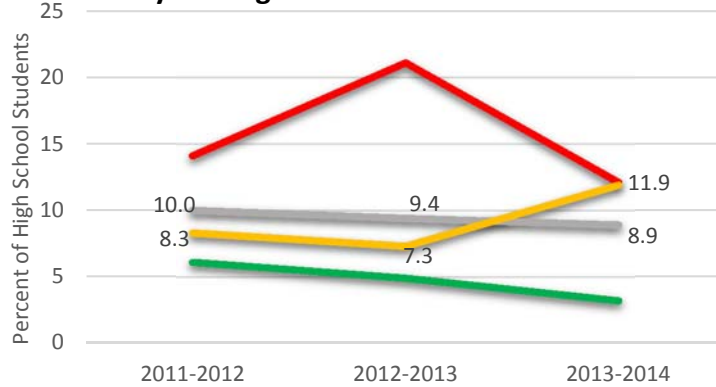
TIVERTON

Risk and Protective Factors

Made Fun of at School

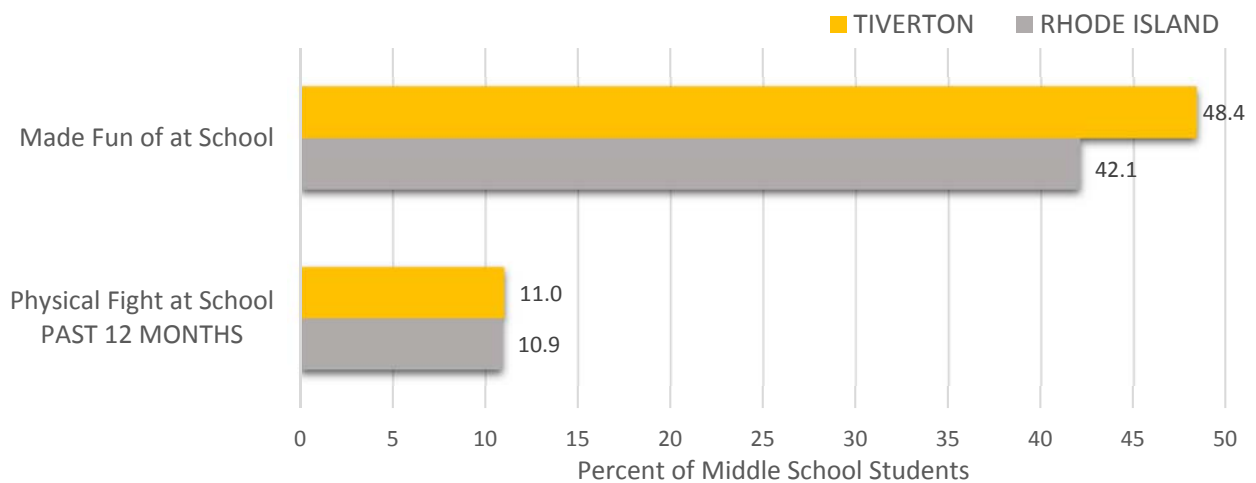


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

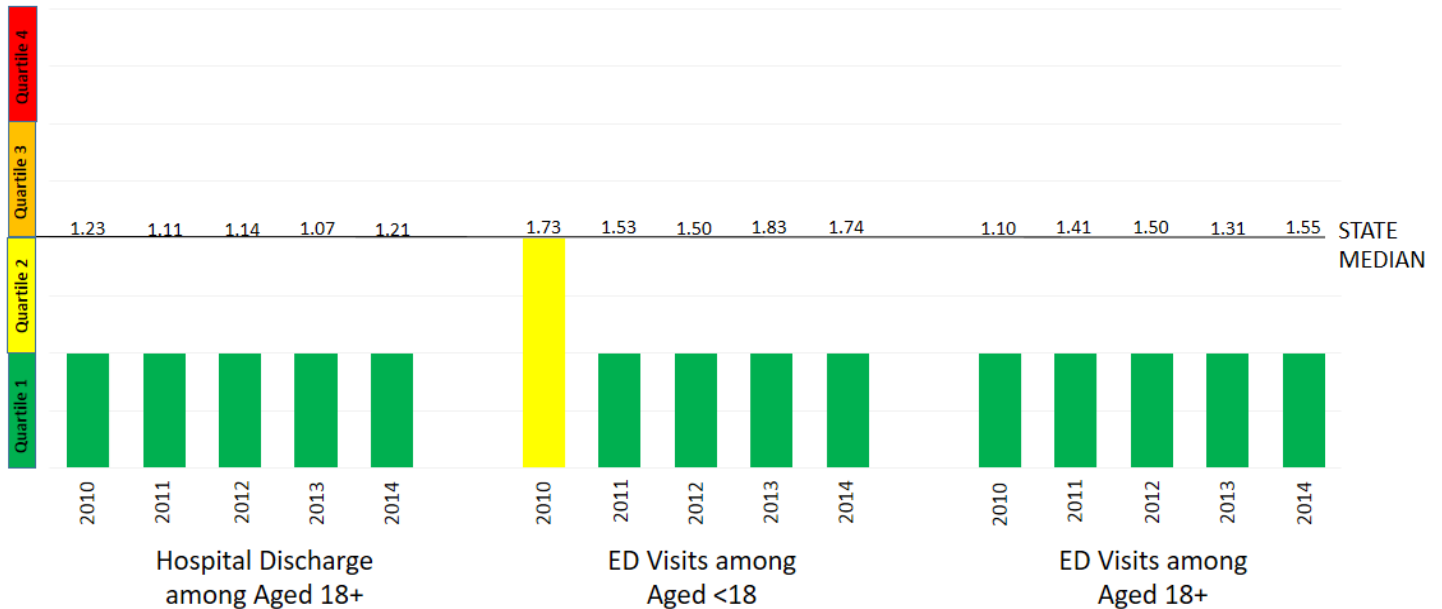


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

TIVERTON

Consequences - Overdose

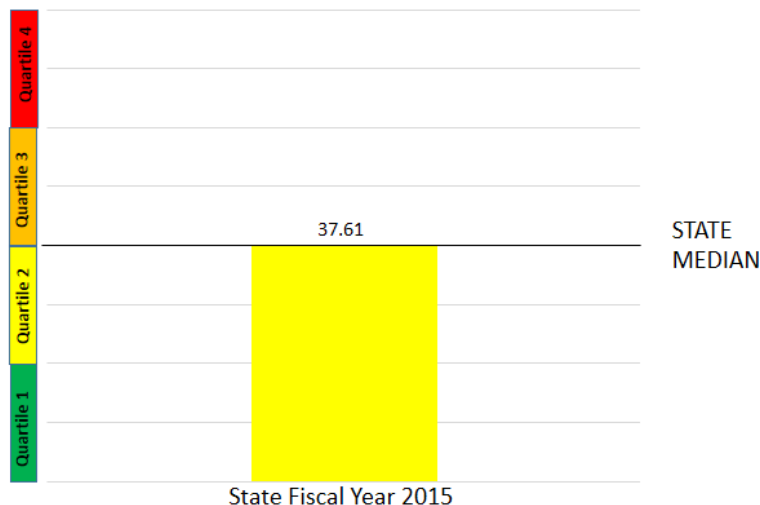
Tiverton Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Tiverton Quartiles of Adult Methadone Treatment per 10,000



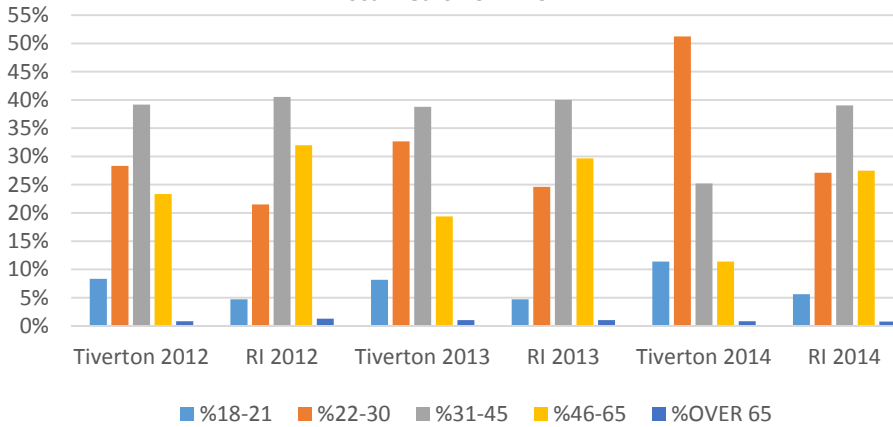
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

TIVERTON

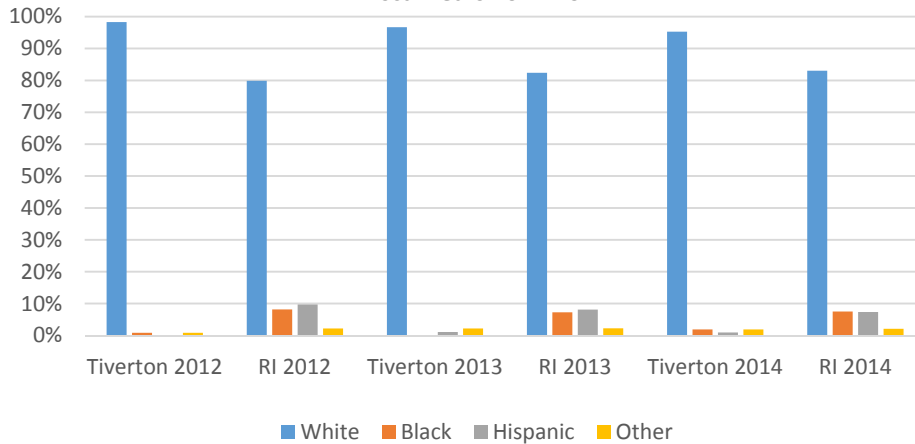
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



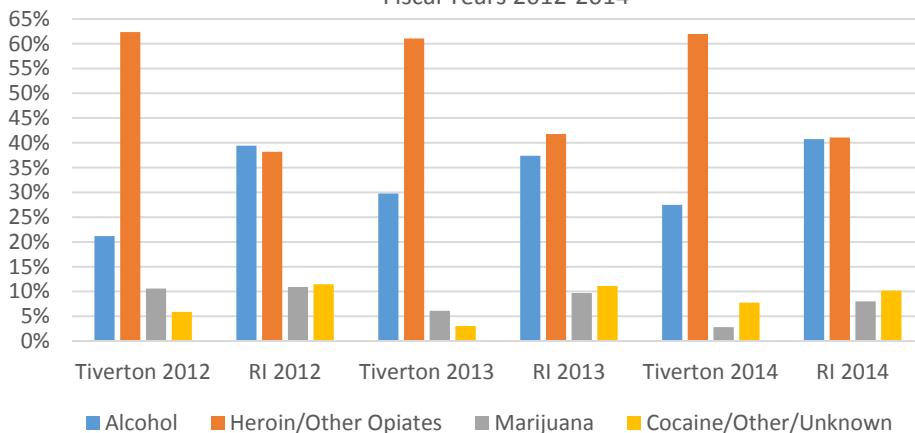
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

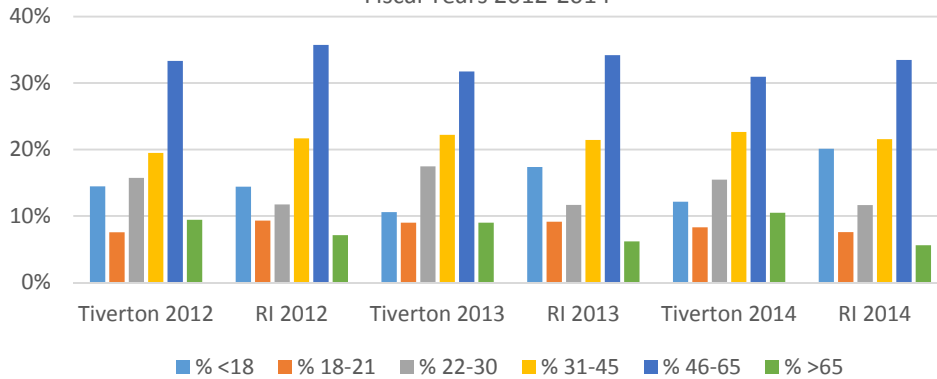


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

TIVERTON

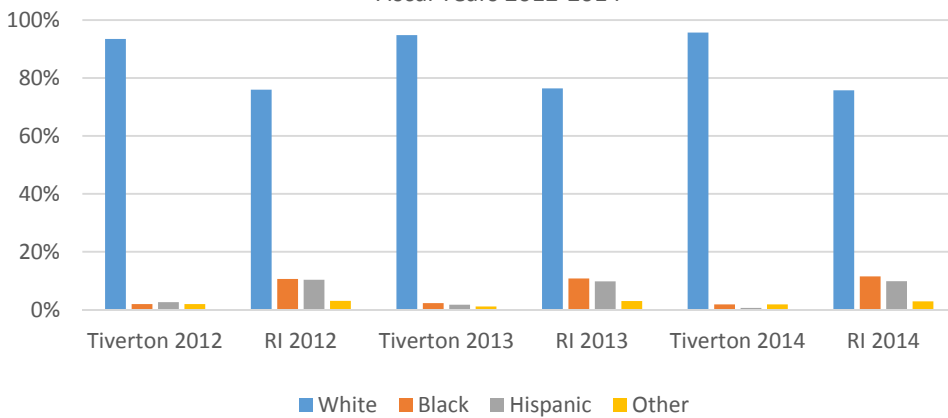
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



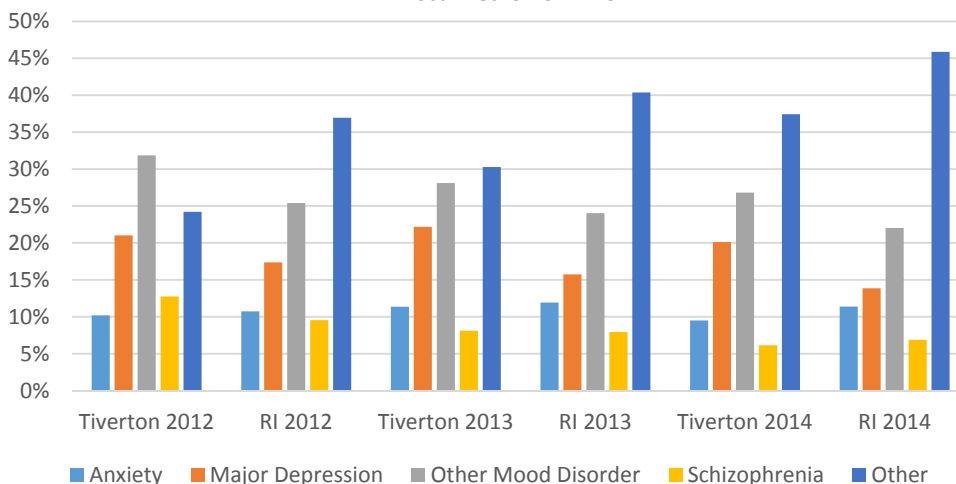
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

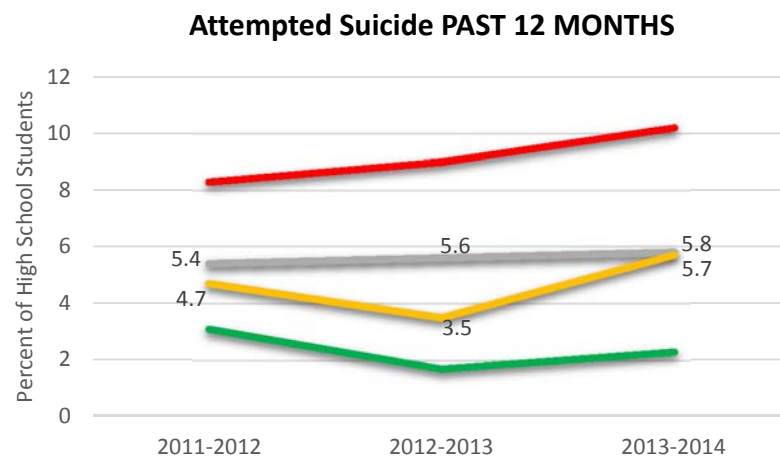
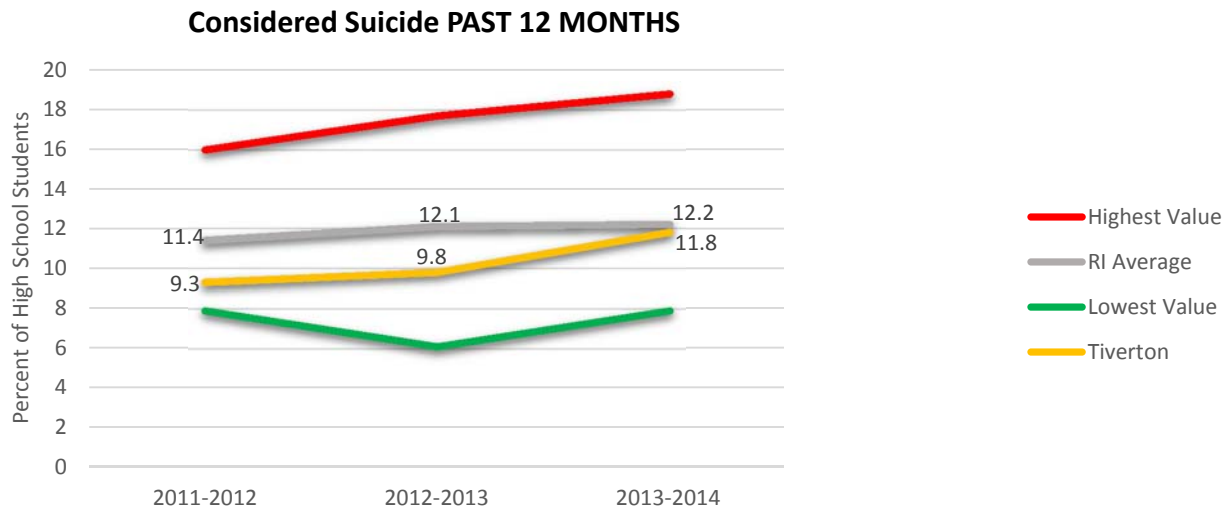
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

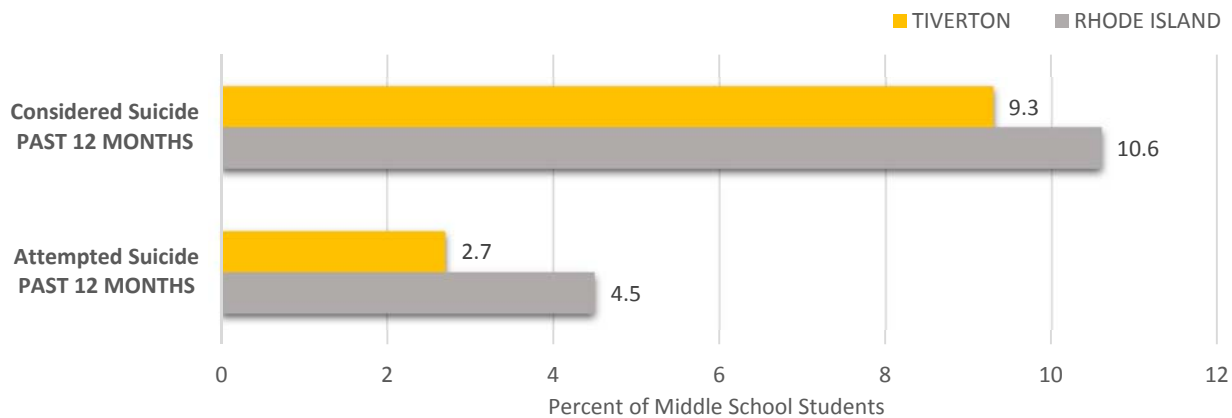
TIVERTON

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



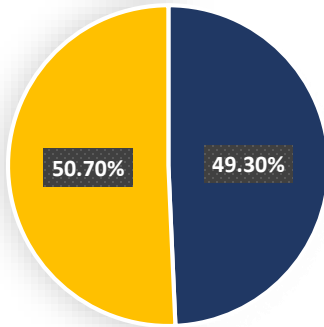
WARREN

Demographics

Total Population: 10,555

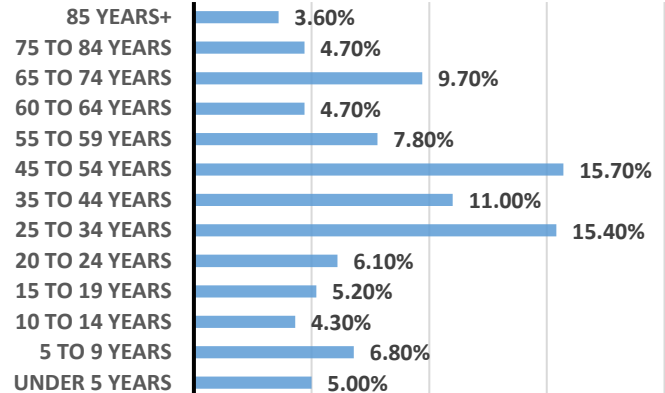
Total Households: 4,554

GENDER

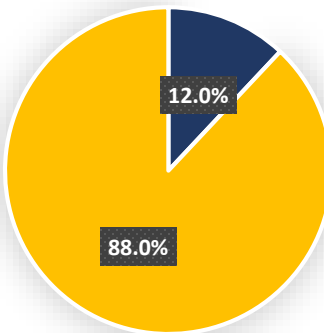


Male (%) Female (%)

AGE

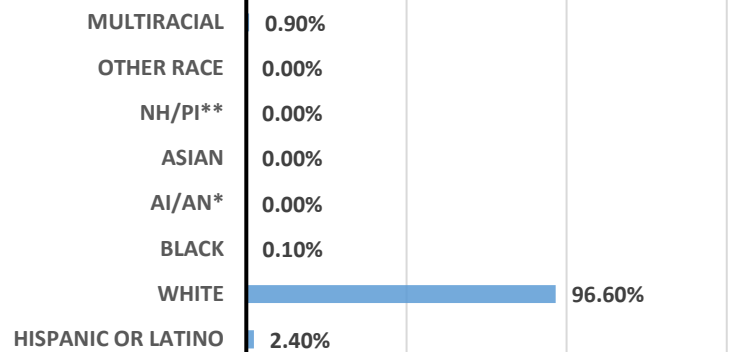


HEALTH INSURANCE



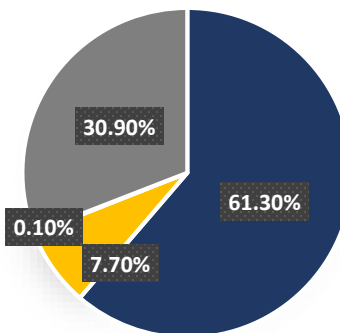
No Health Insurance (%) Health Insurance (%)

RACE/ETHNICITY



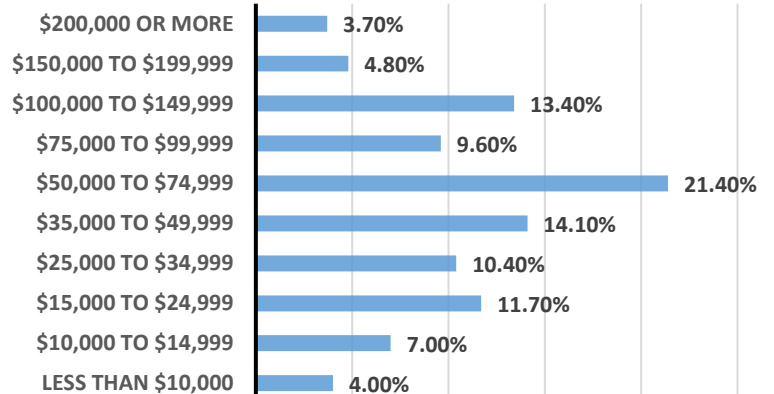
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



Employed (%) Unemployed (%)
Armed Forces (%) Not in Labor Force (%)

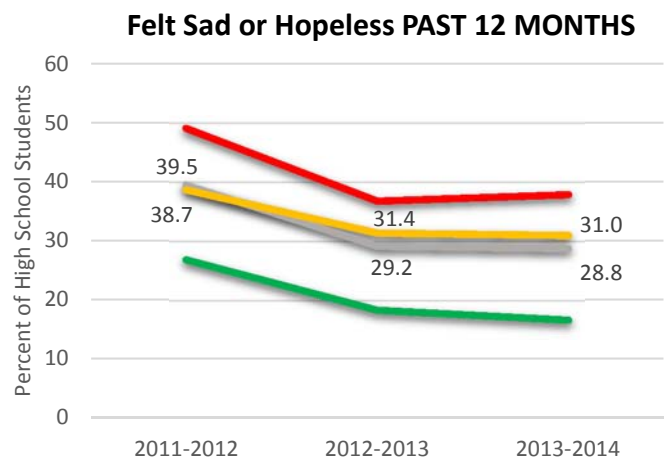
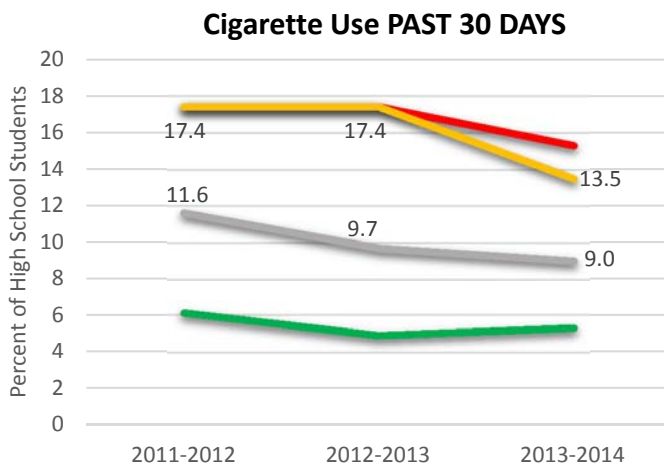
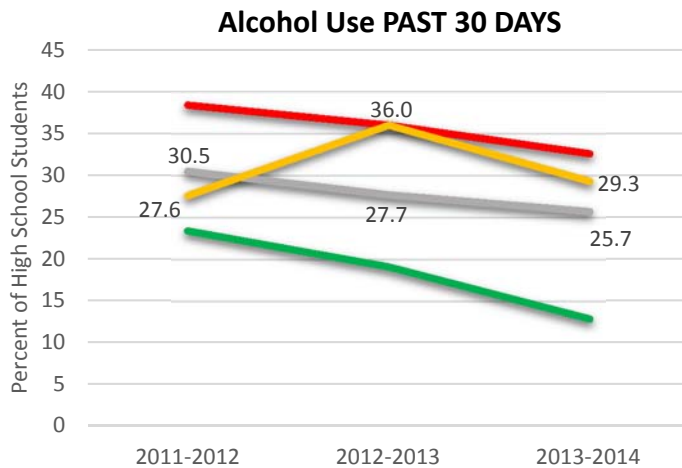
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

WARREN

Prevalence – High School



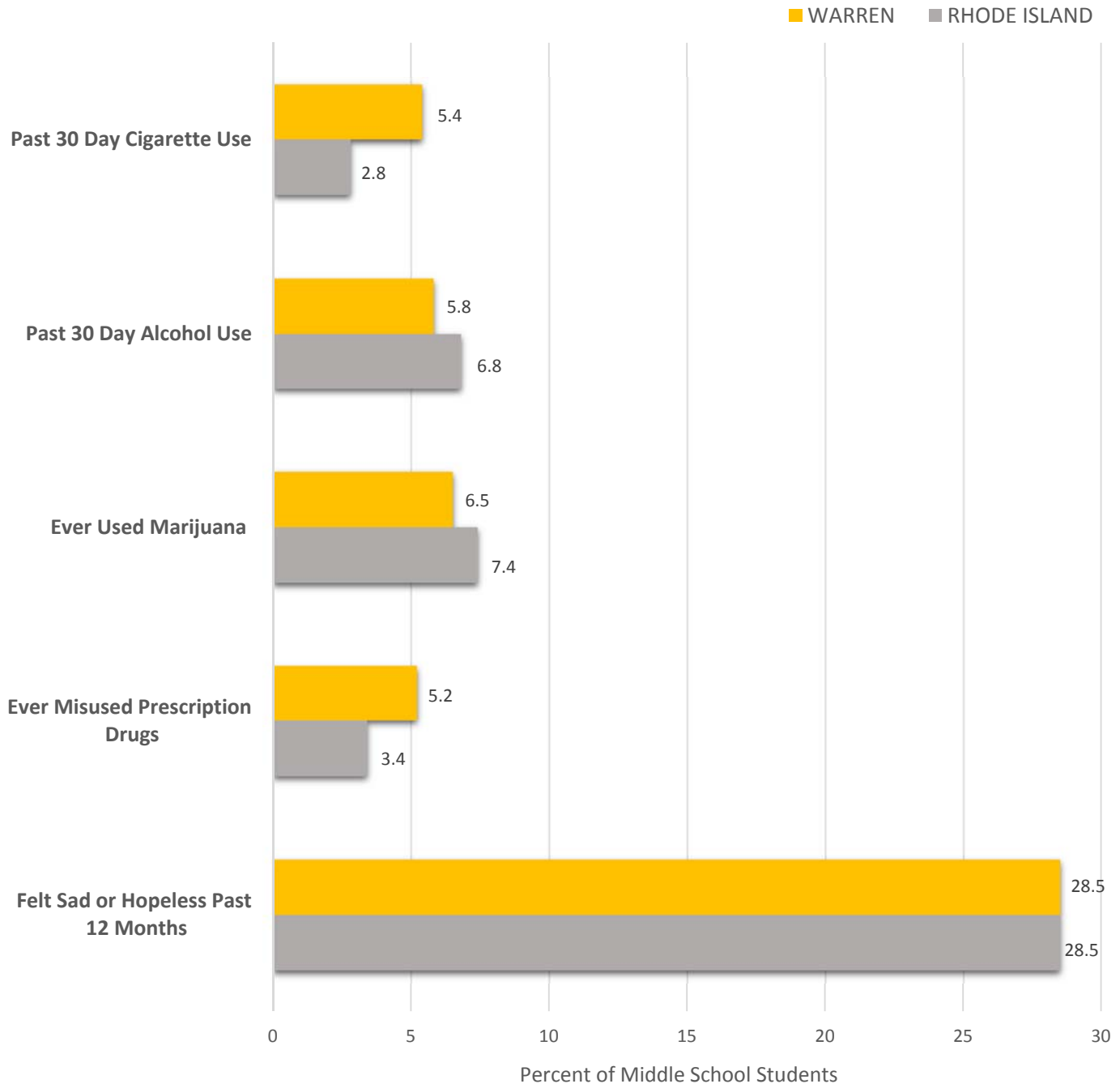
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WARREN
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	8.3%
2013-2014	9.5%	14.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	65.9%
2013-2014	60.8%	64.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	62.1%
2013-2014	55.7%	56.9%

WARREN

Prevalence – Middle School

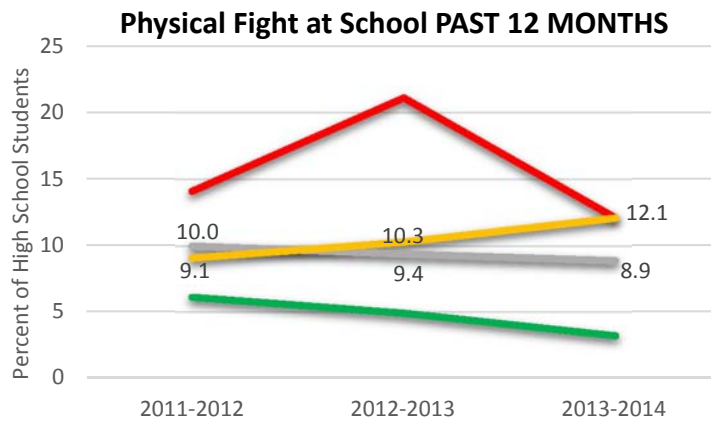
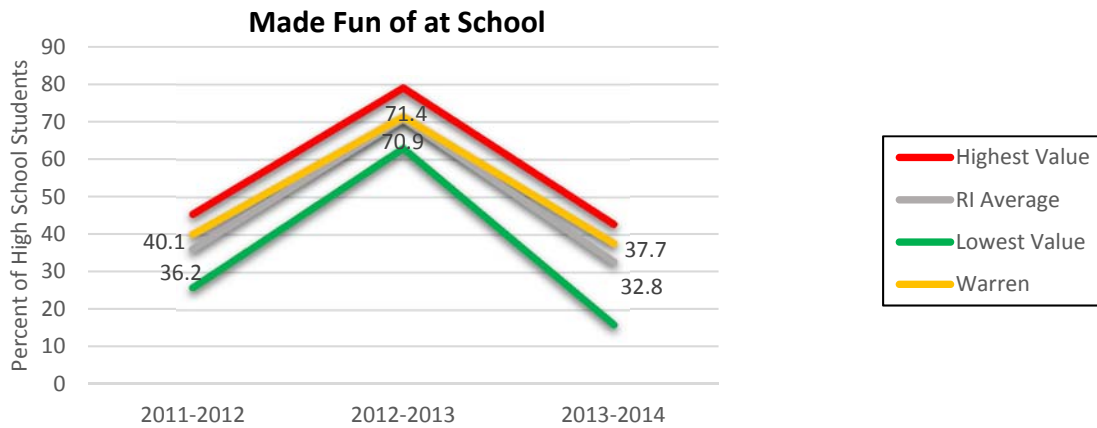
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

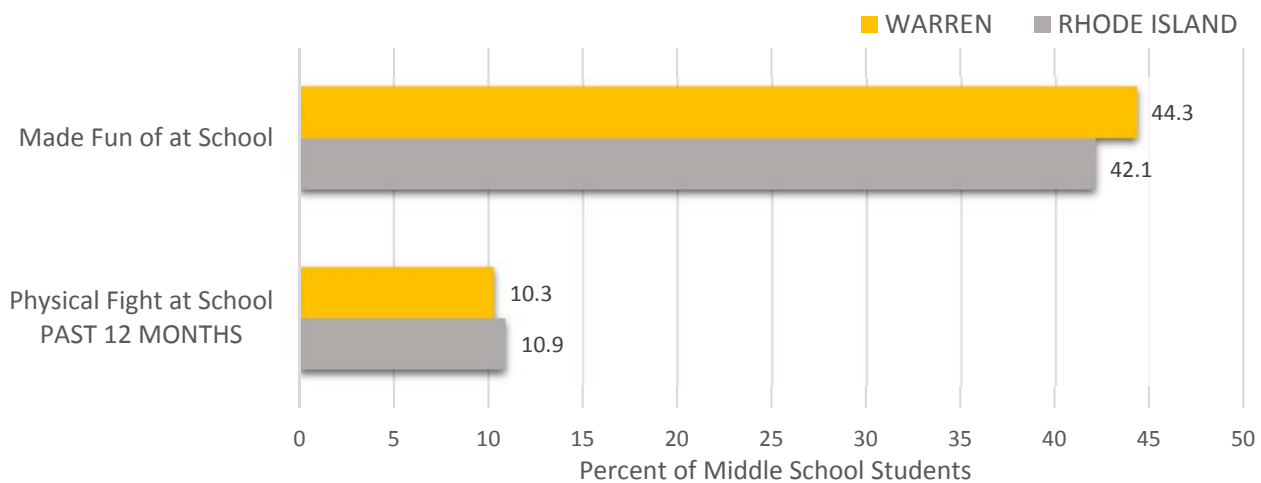
WARREN

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

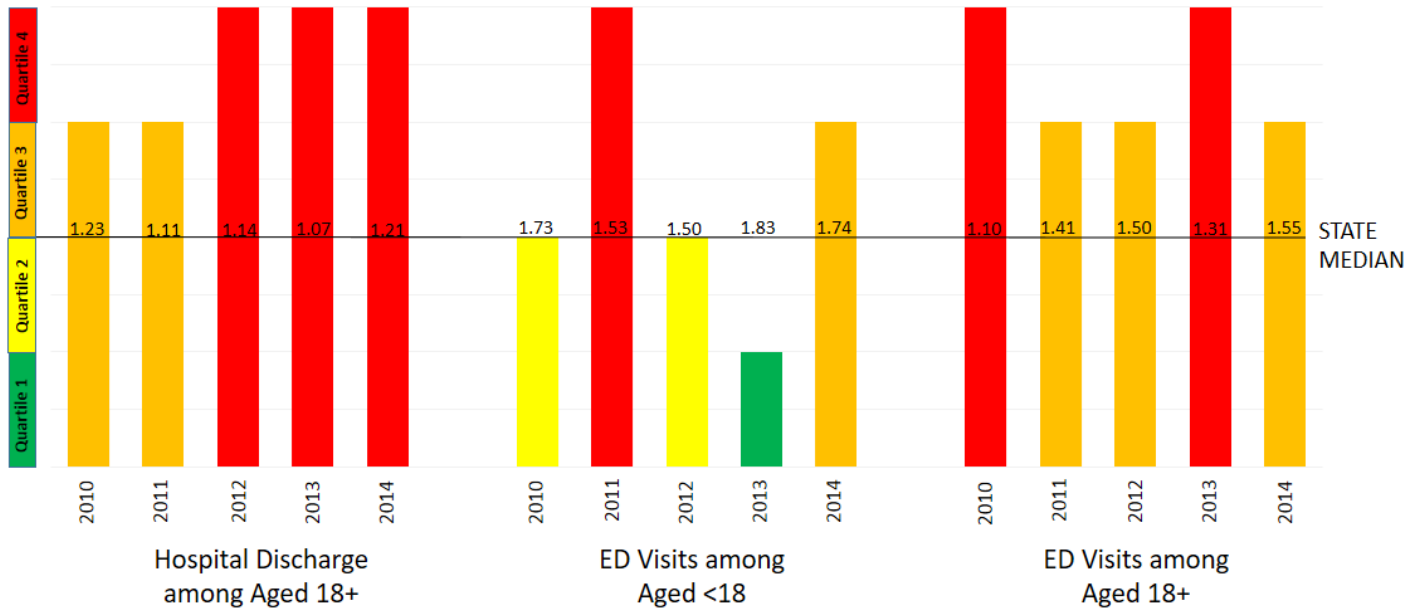


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WARREN

Consequences - Overdose

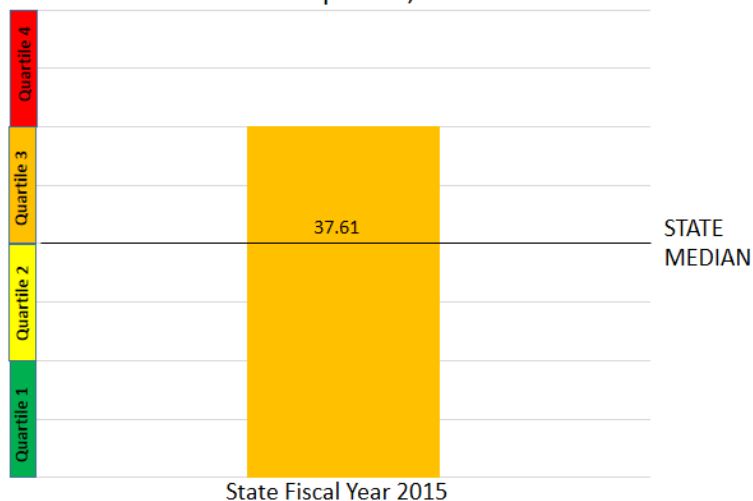
Warren Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Warren Quartiles of Adult Methadone Treatment per 10,000



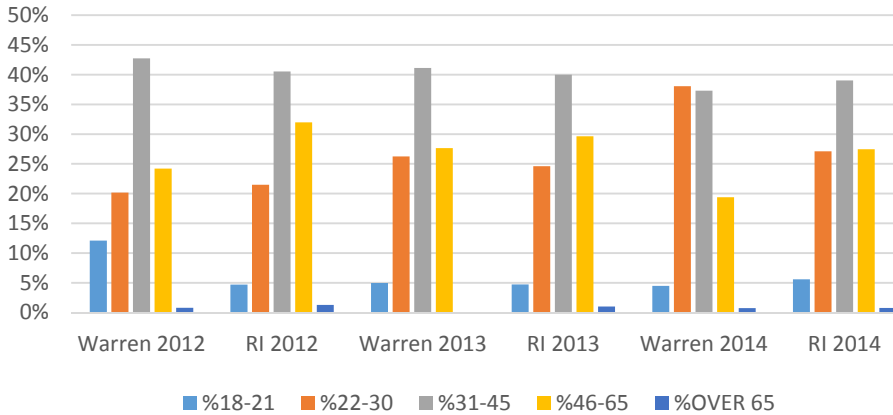
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

WARREN

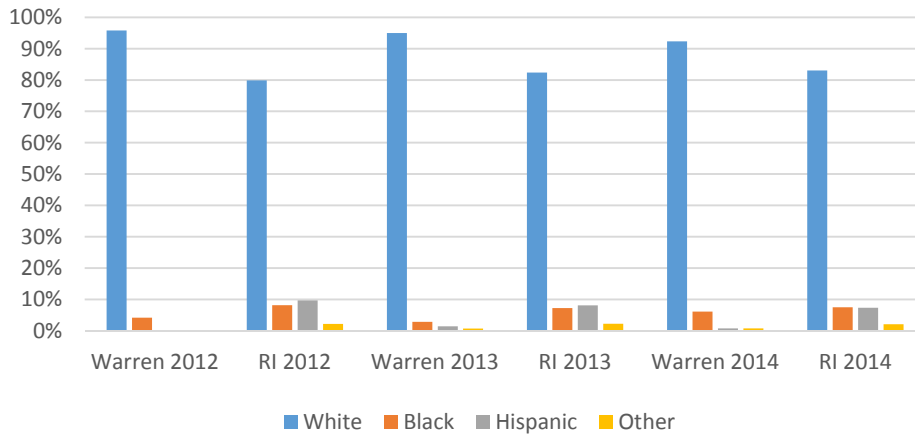
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



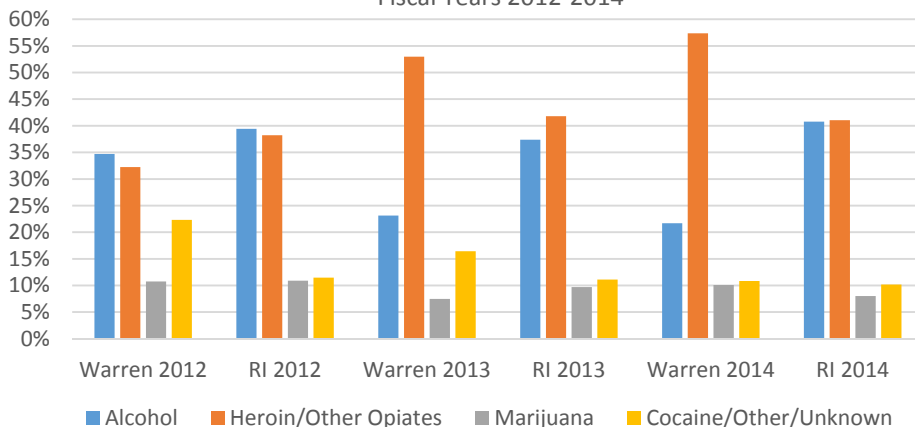
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

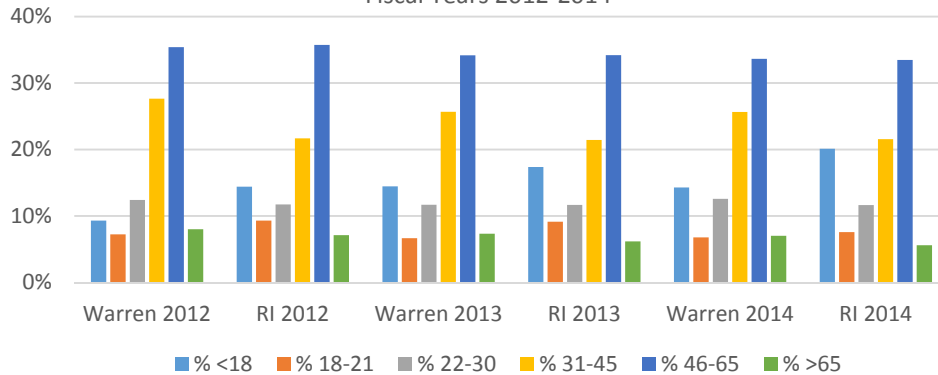


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WARREN

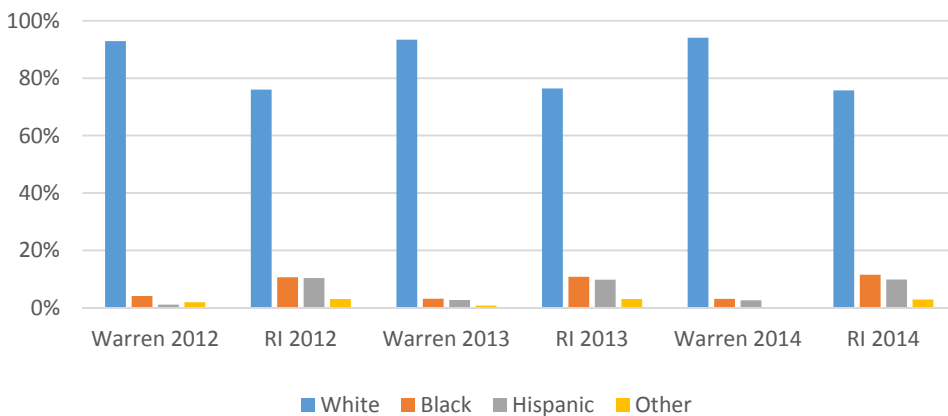
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



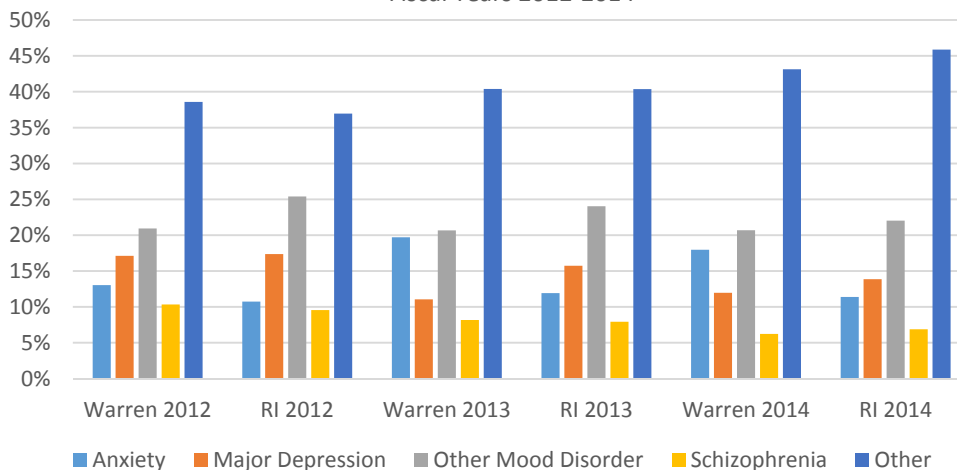
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

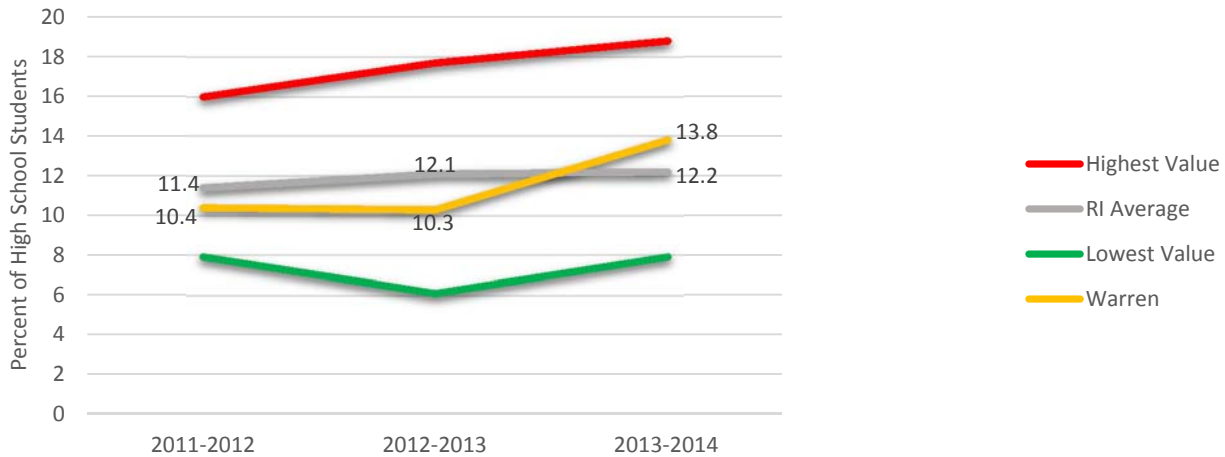


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

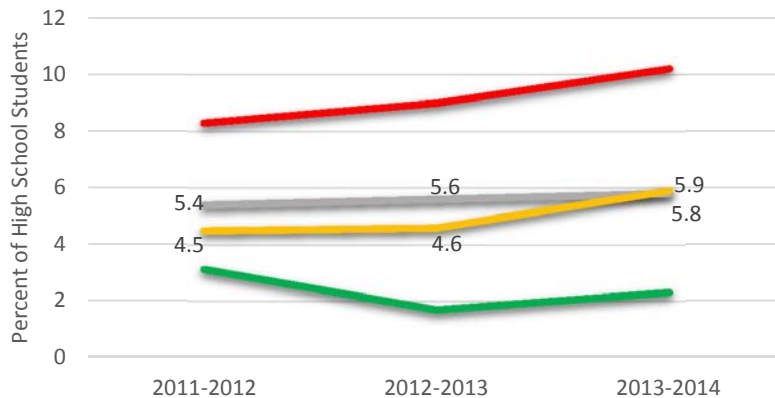
WARREN

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

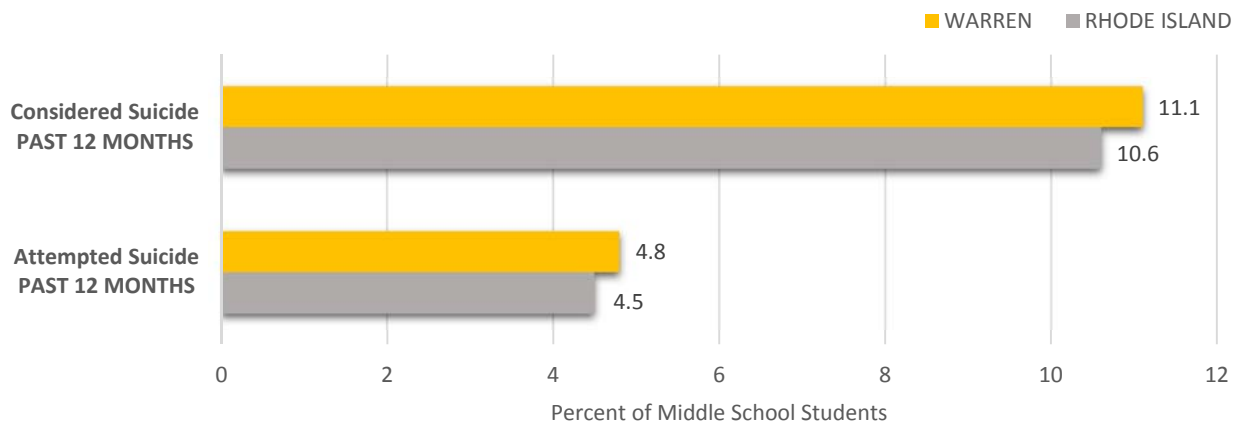


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



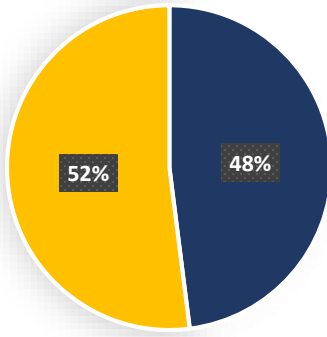
WARWICK

Demographics

Total Population: 82,065

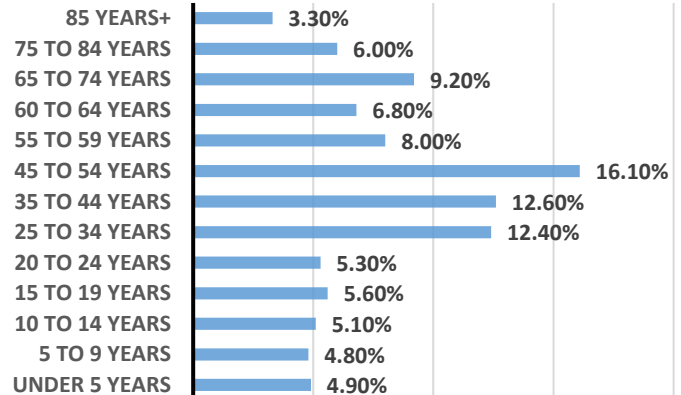
Total Households: 35,156

GENDER

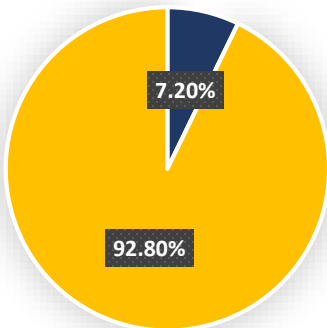


■ Male (%) ■ Female (%)

AGE

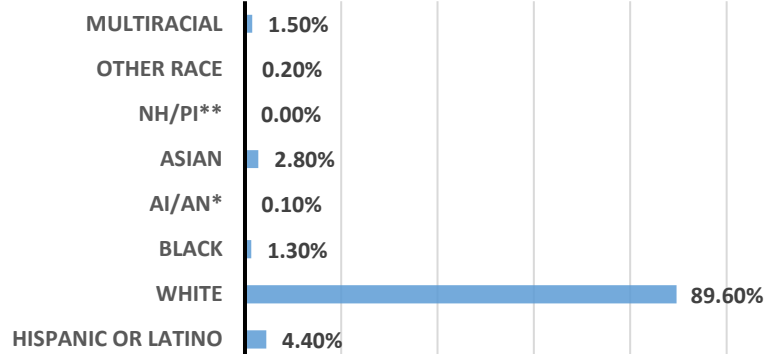


HEALTH INSURANCE



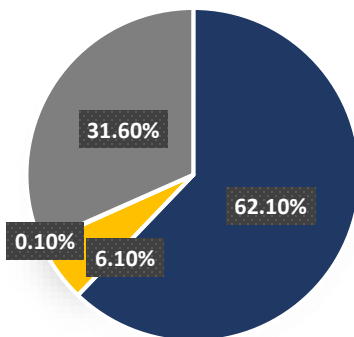
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



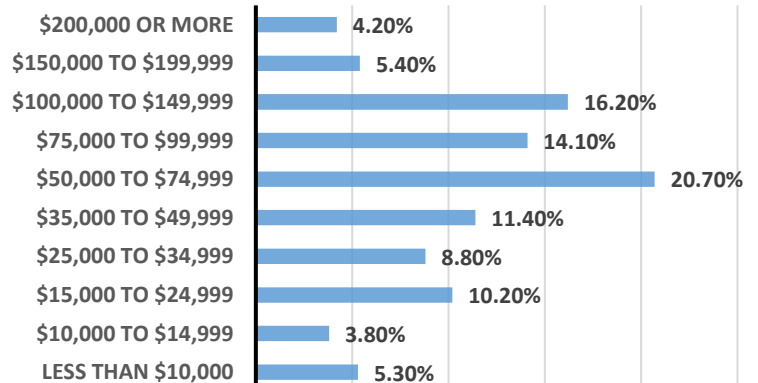
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

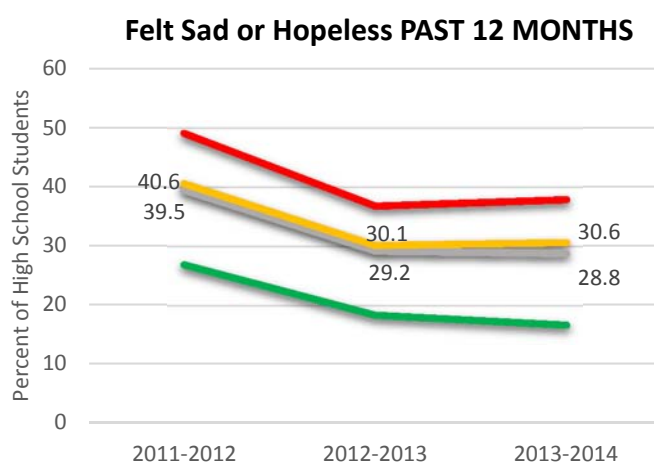
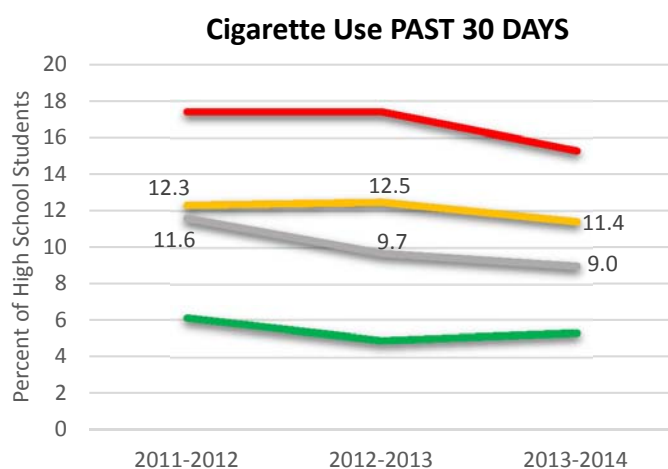
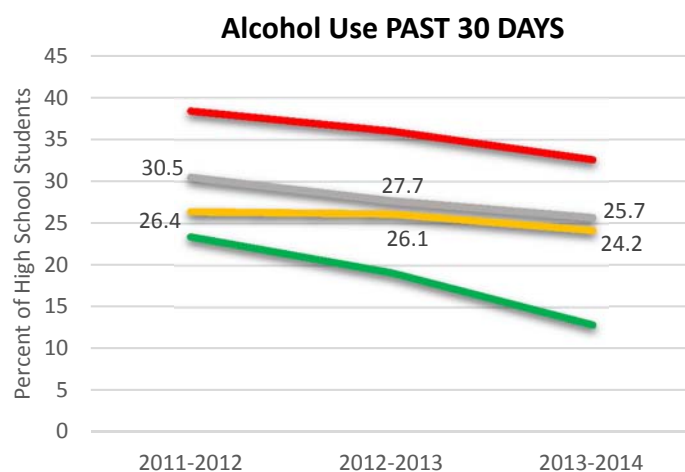
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

WARWICK

Prevalence – High School



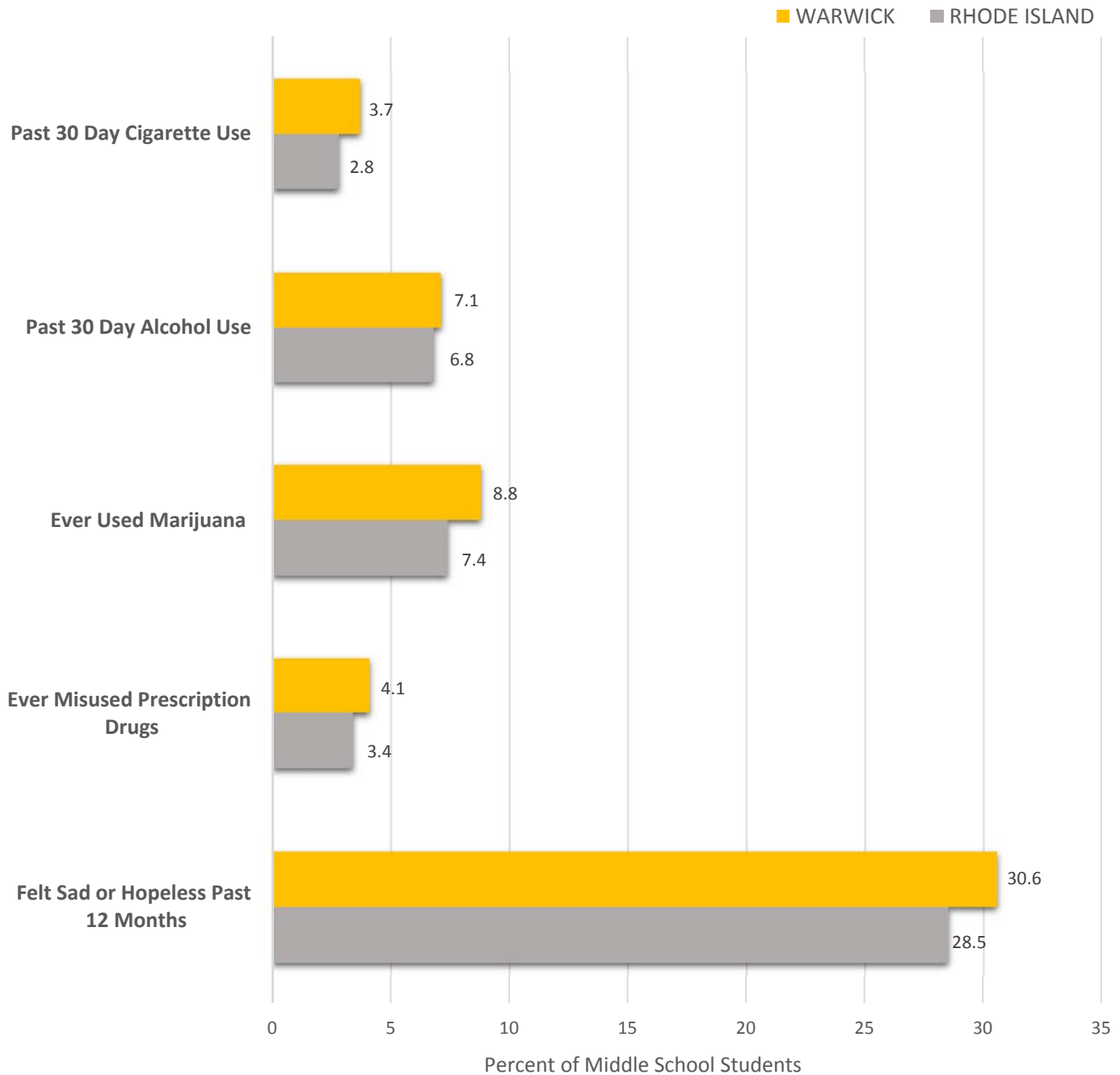
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WARWICK
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	11.8%
2013-2014	9.5%	11.4%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	57.3%
2013-2014	60.8%	59.5%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	60.2%
2013-2014	55.7%	56.1%

WARWICK

Prevalence – Middle School

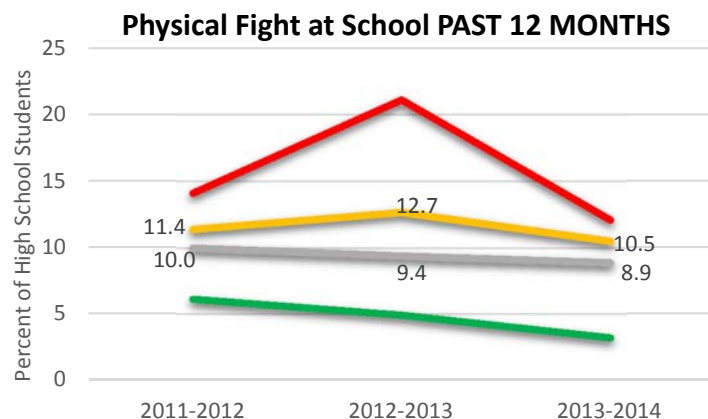
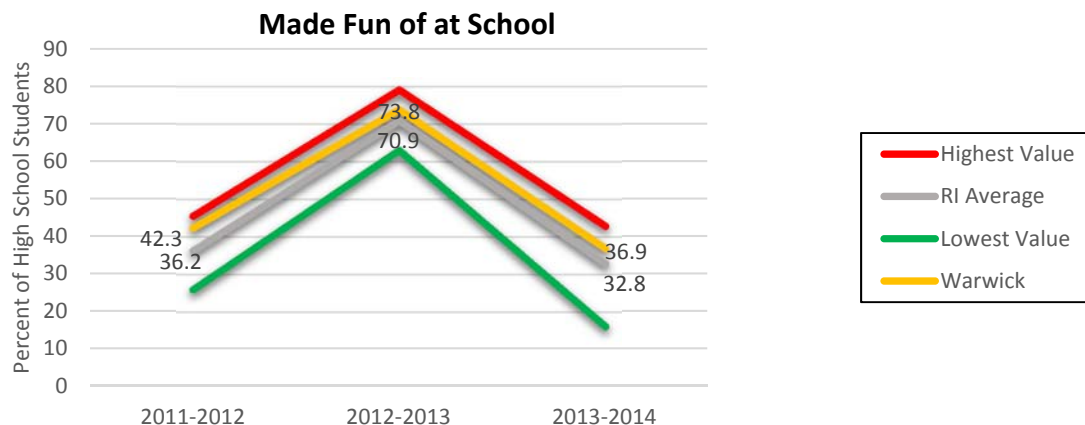
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

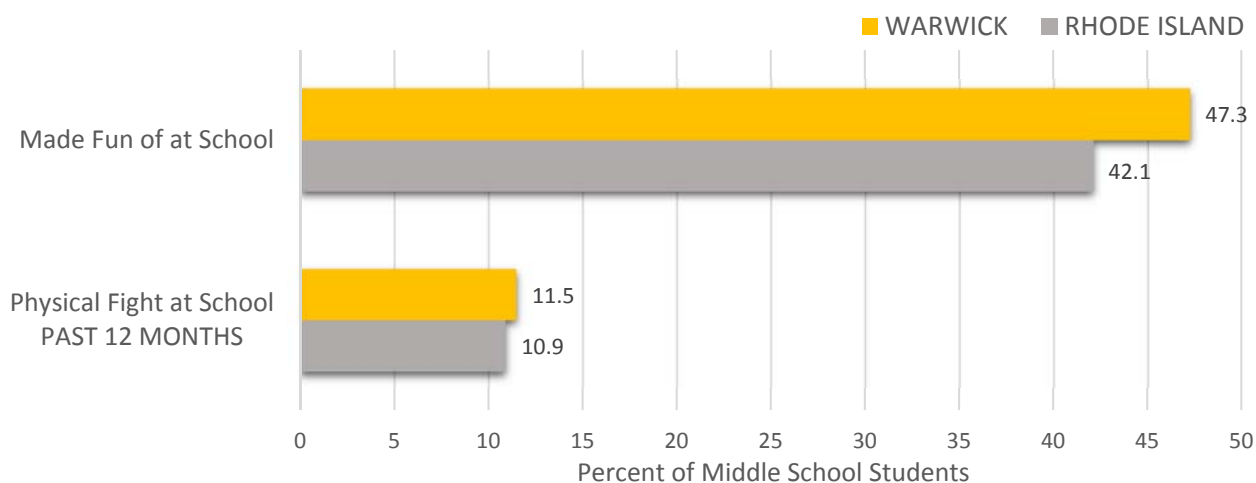
WARWICK

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

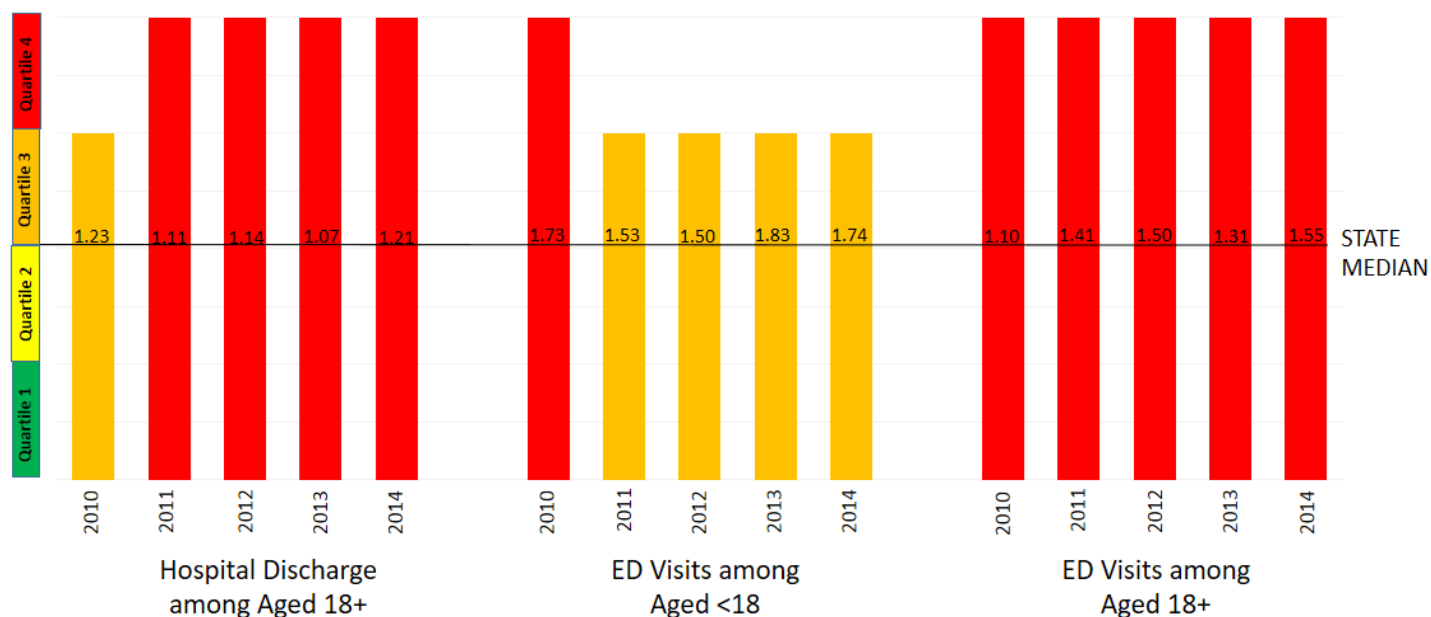


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WARWICK

Consequences - Overdose

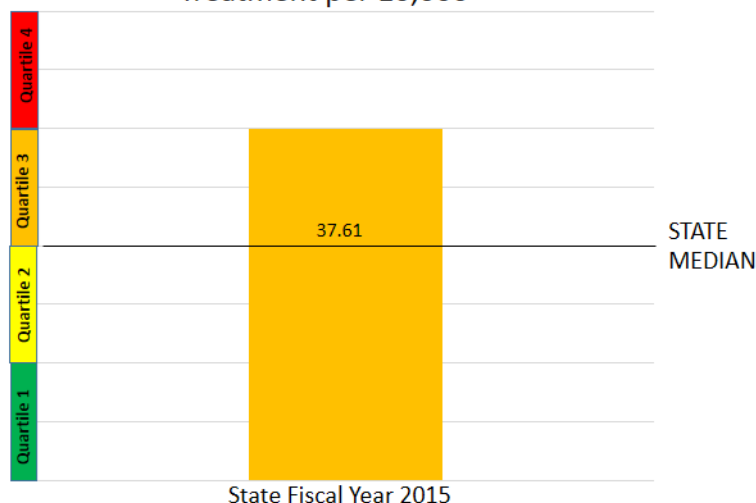
Warwick Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Warwick Quartiles of Adult Methadone Treatment per 10,000



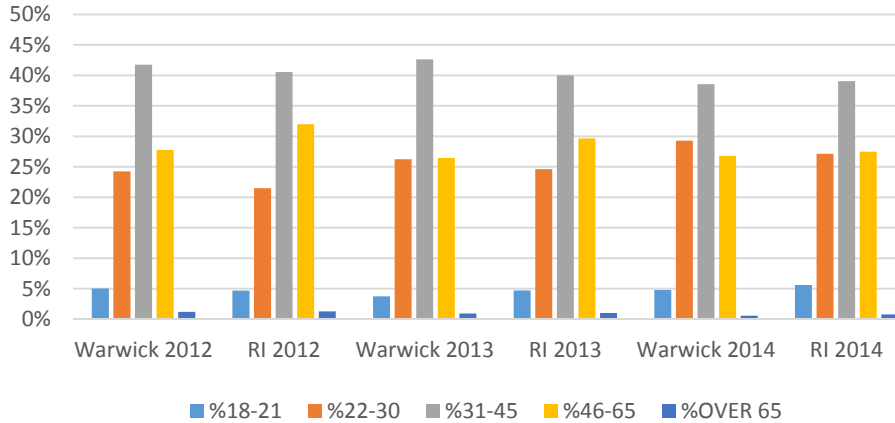
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

WARWICK

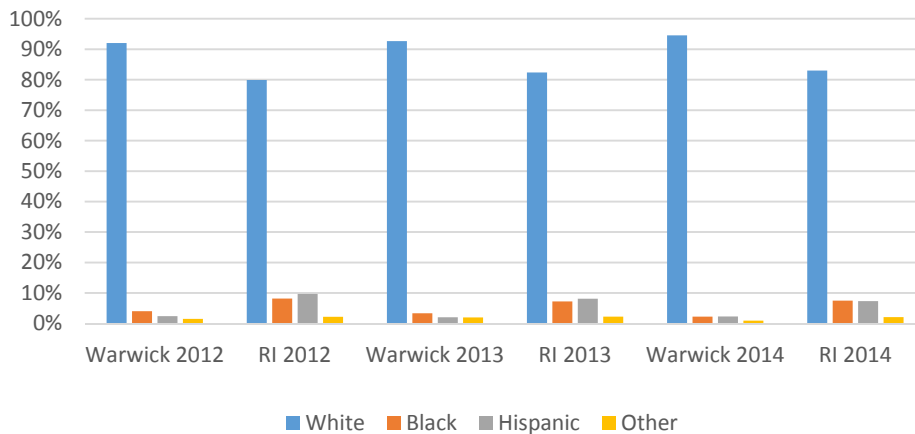
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



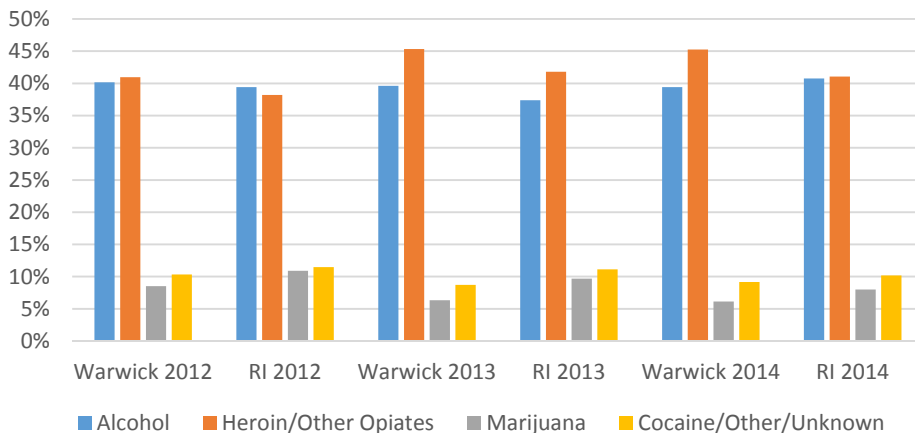
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

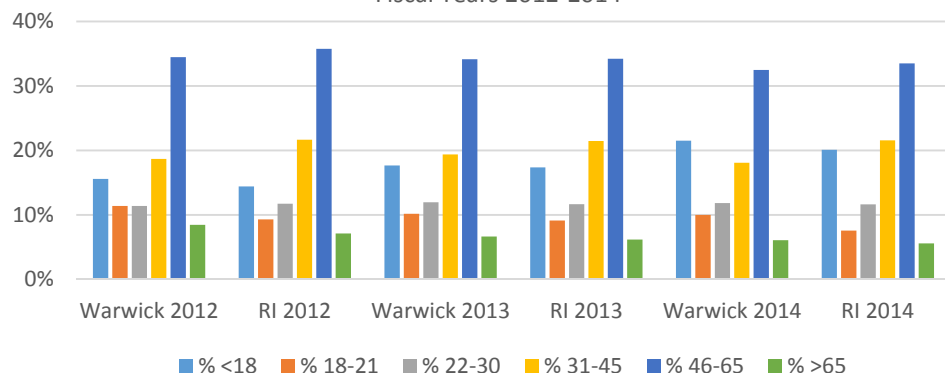


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WARWICK

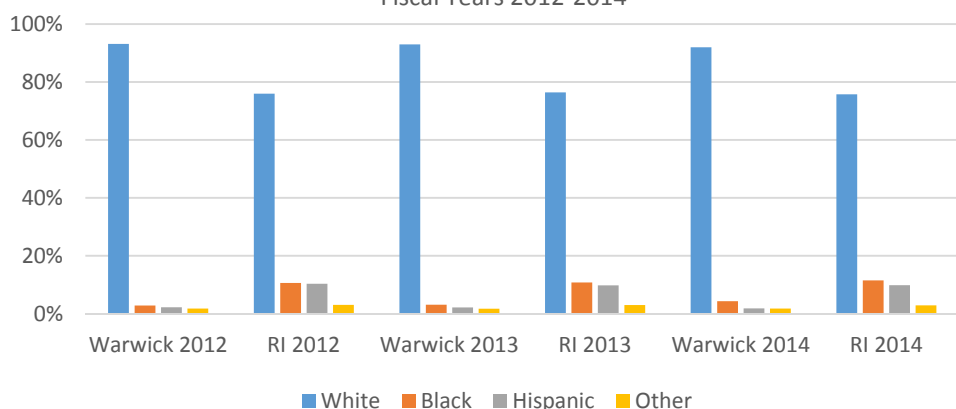
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



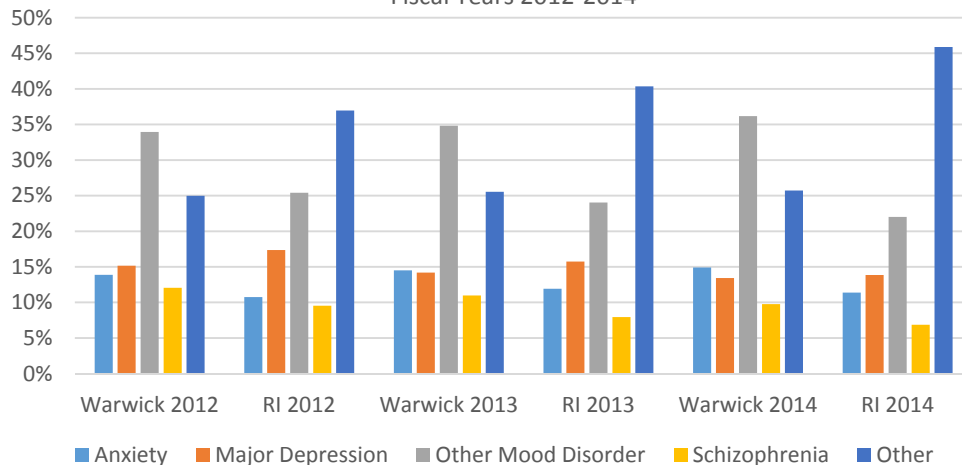
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

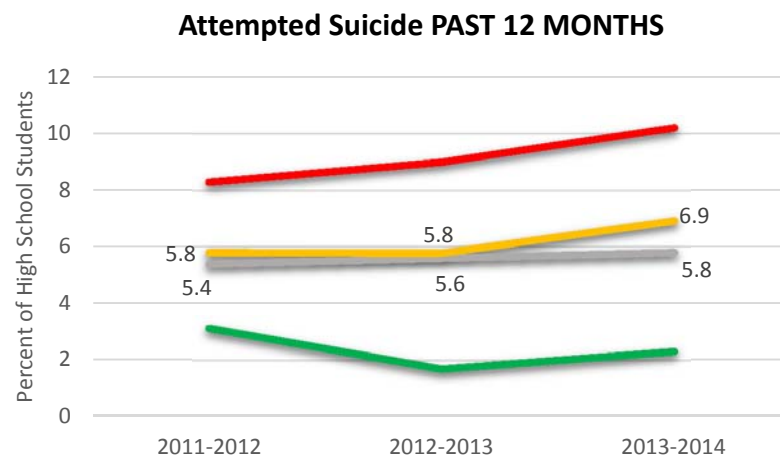
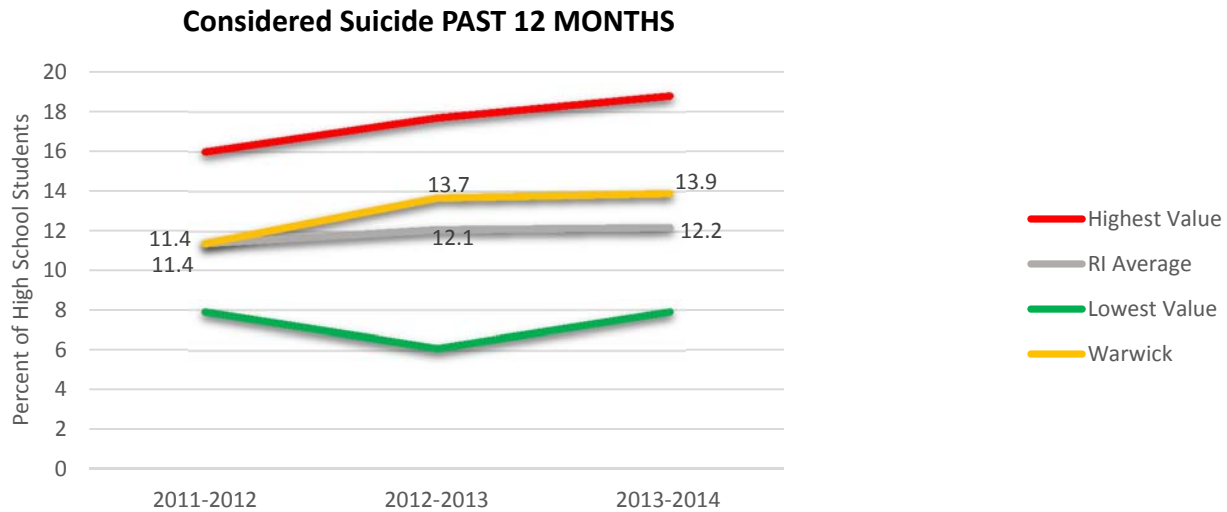
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

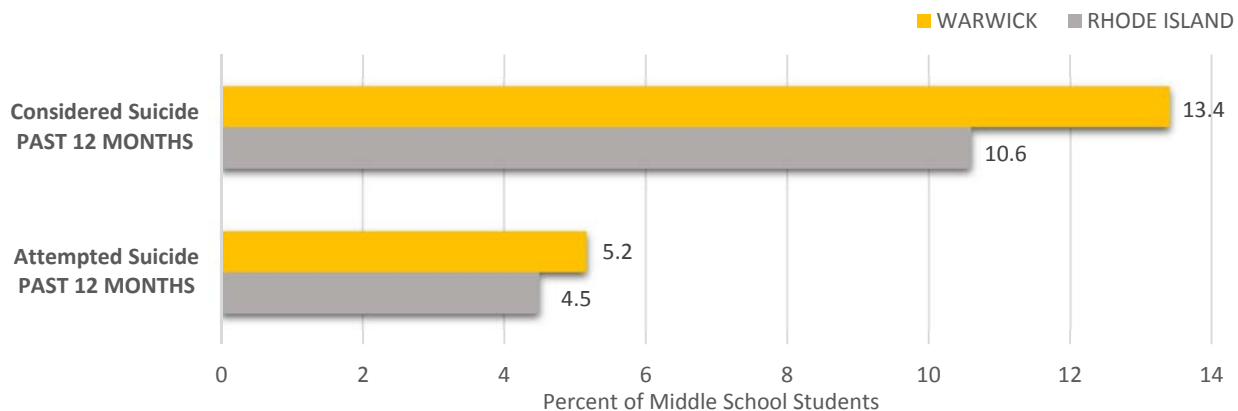
WARWICK

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



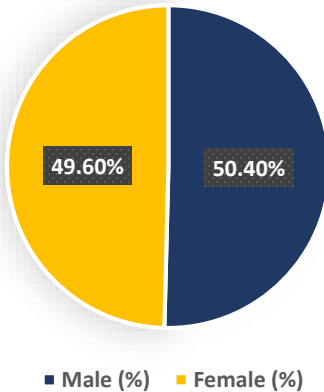
WEST GREENWICH

Demographics

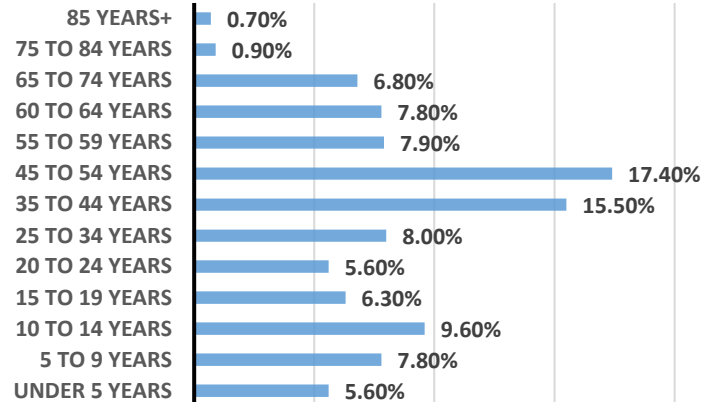
Total Population: 6,118

Total Households: 2,109

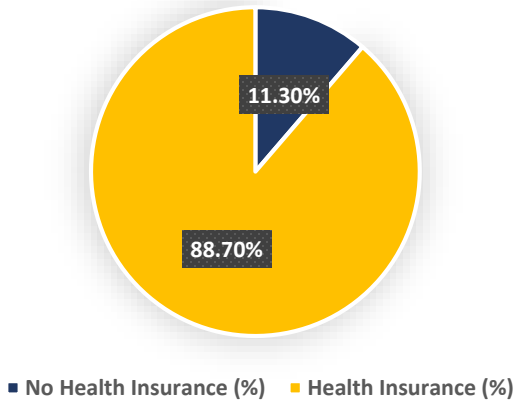
GENDER



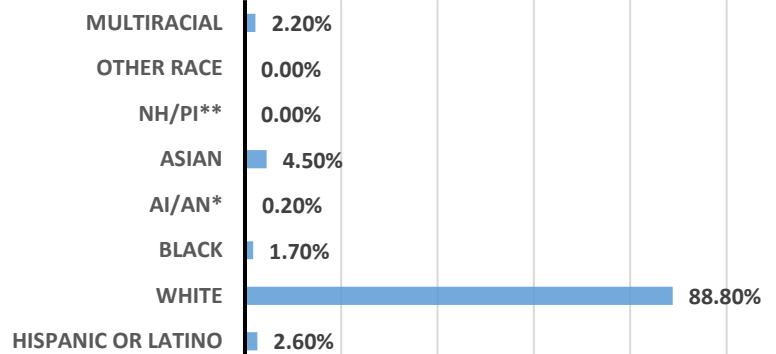
AGE



HEALTH INSURANCE

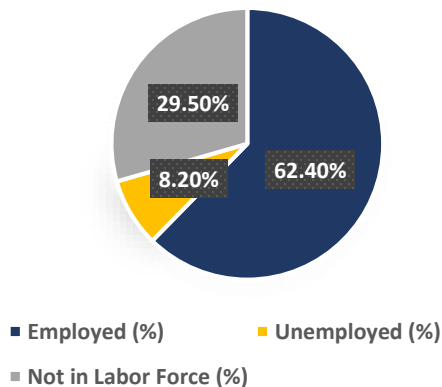


RACE/ETHNICITY



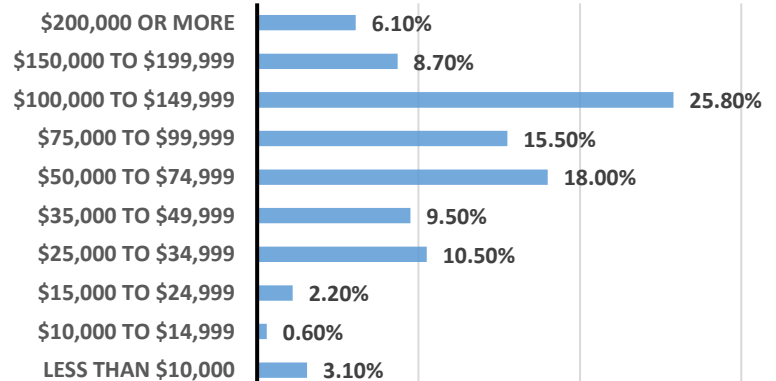
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



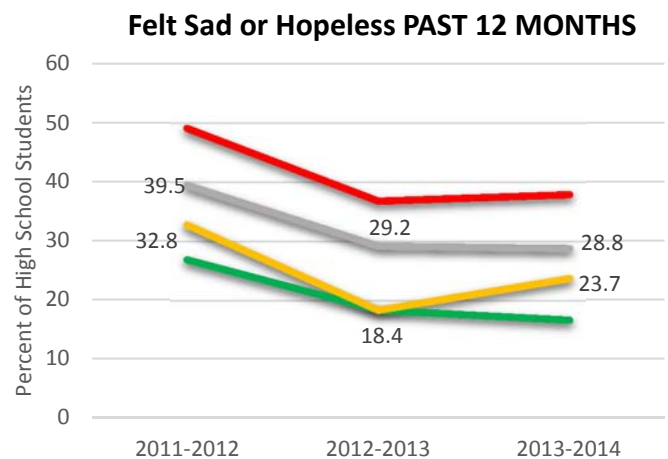
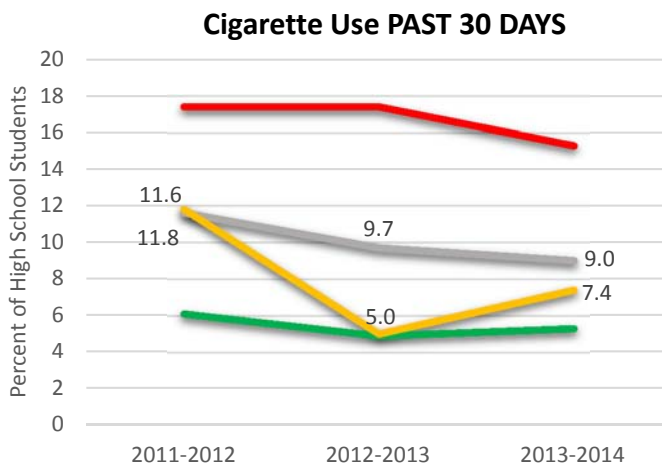
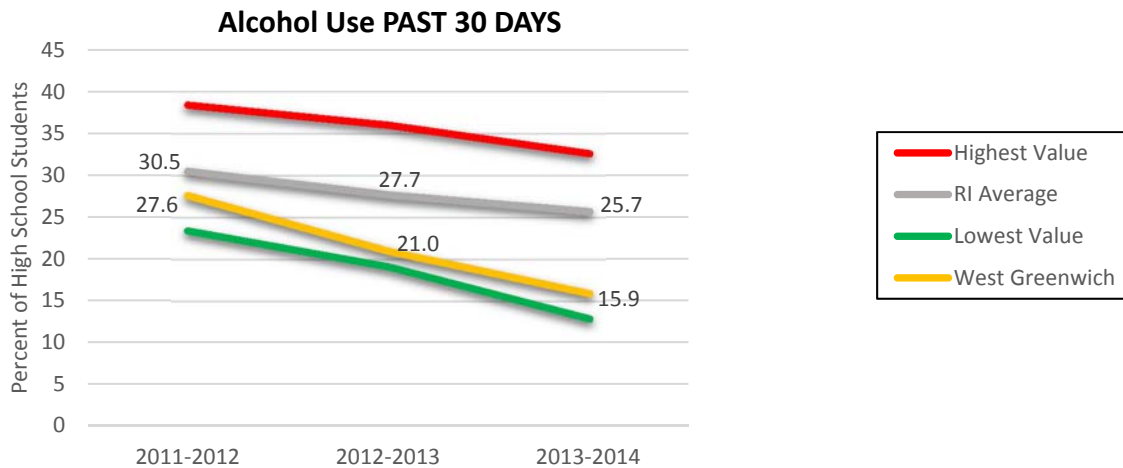
* Note: 0% Armed forces for this municipality

ANNUAL HOUSEHOLD INCOME



WEST GREENWICH

Prevalence – High School



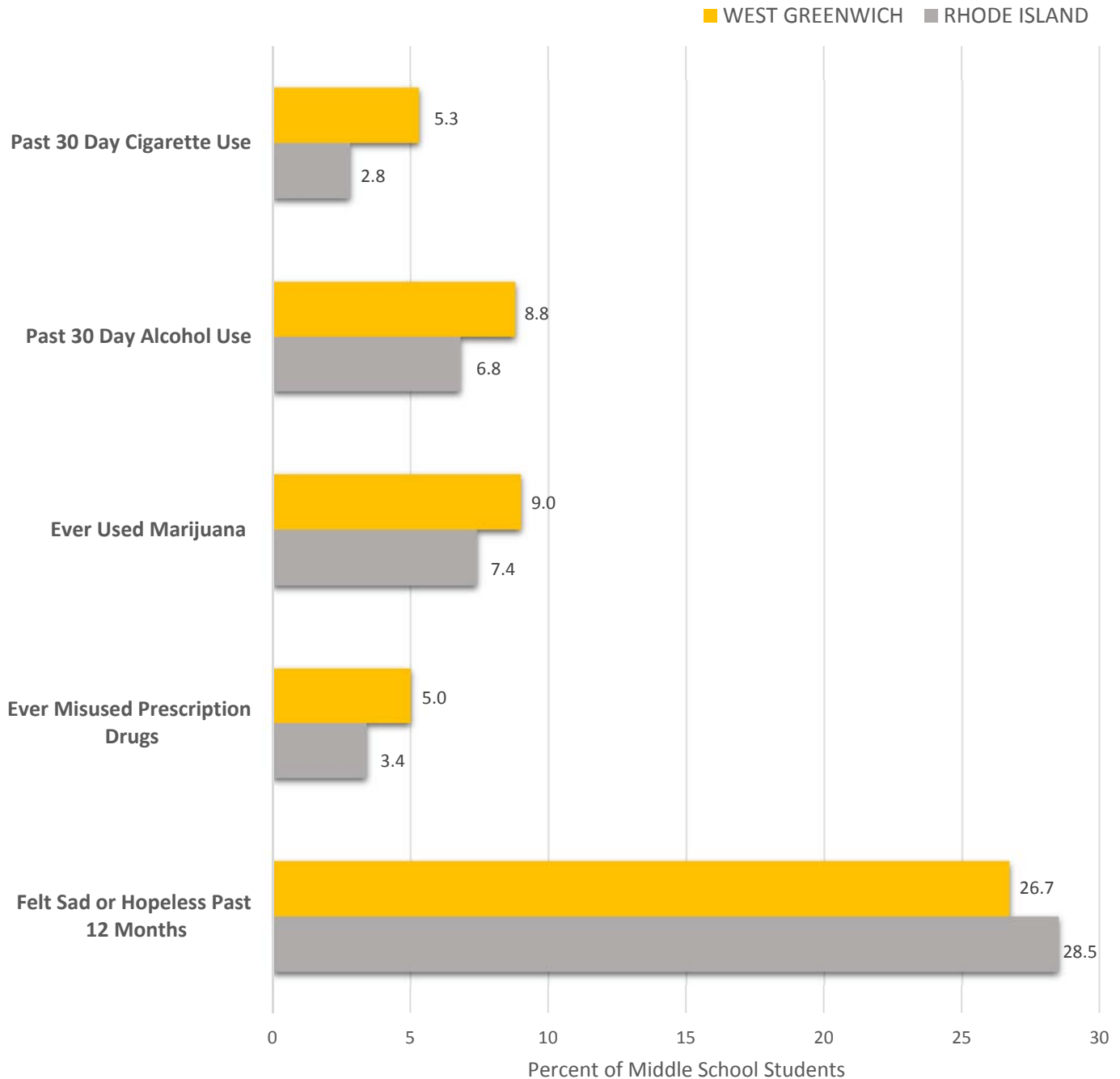
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WEST GREENWICH
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	5.2%
2013-2014	9.5%	7.1%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	56.7%
2013-2014	60.8%	53.2%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	48.1%
2013-2014	55.7%	50.8%

WEST GREENWICH

Prevalence – Middle School

2013-2014 Middle School Prevalence

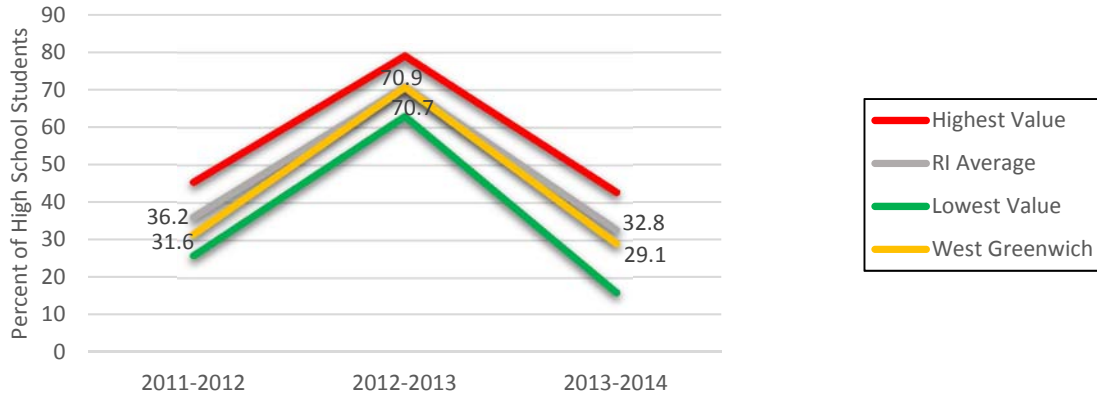


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

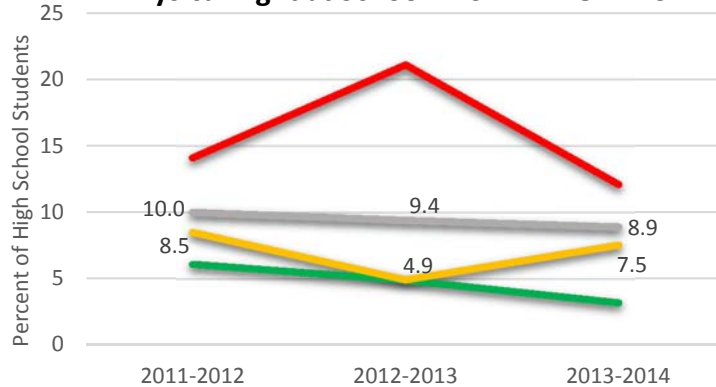
WEST GREENWICH

Risk and Protective Factors

Made Fun of at School

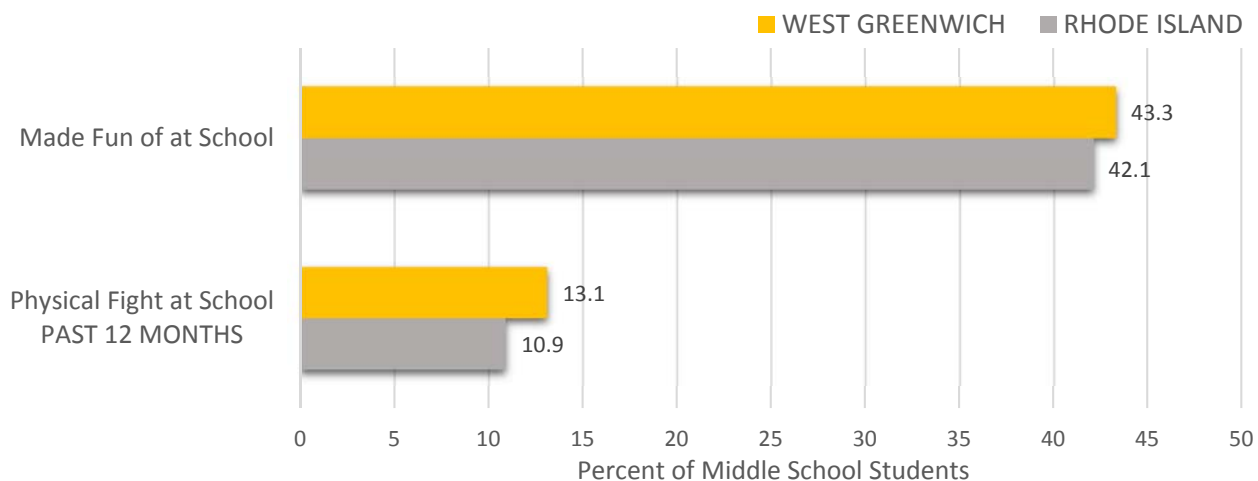


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

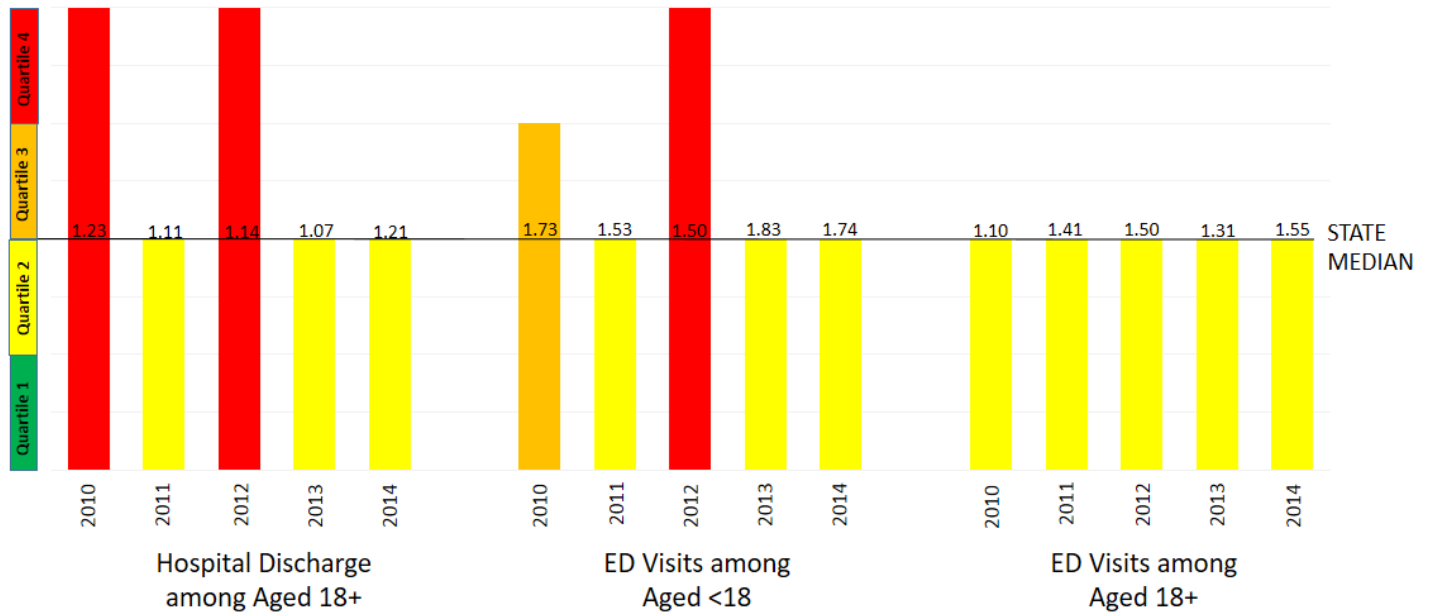


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WEST GREENWICH

Consequences - Overdose

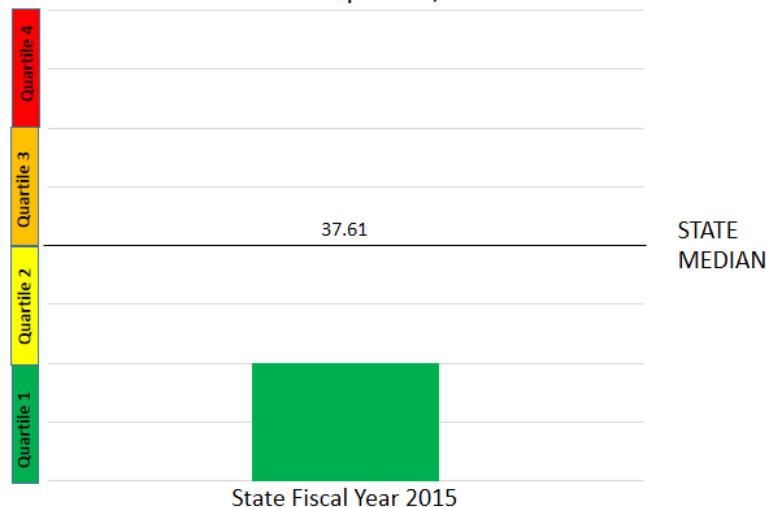
West Greenwich Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

West Greenwich Quartiles of Adult Methadone Treatment per 10,000



NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

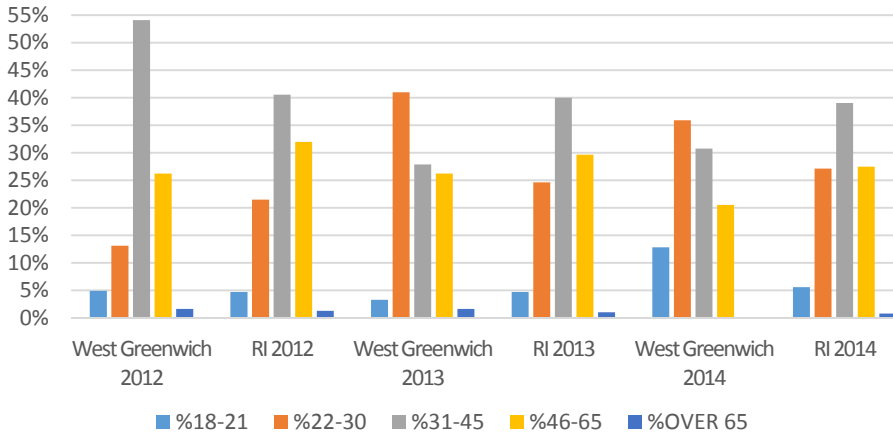
SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

SOURCE: Overdose Data (RIDOH); Methadone Data (BHDDH)

WEST GREENWICH

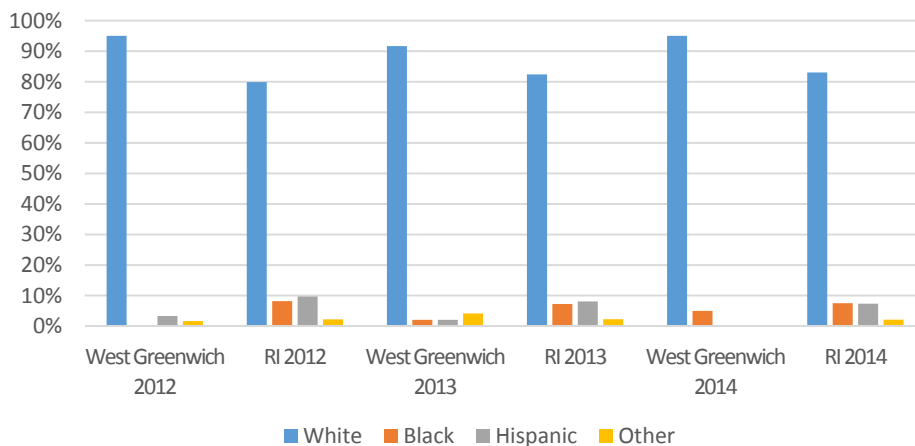
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



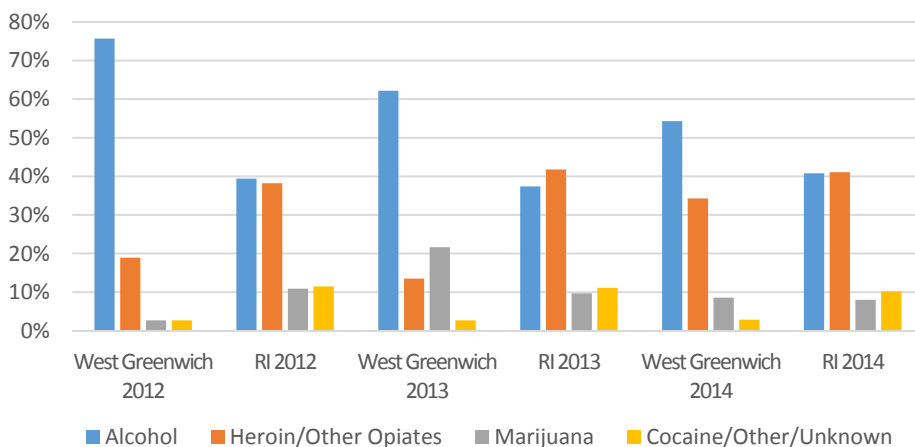
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

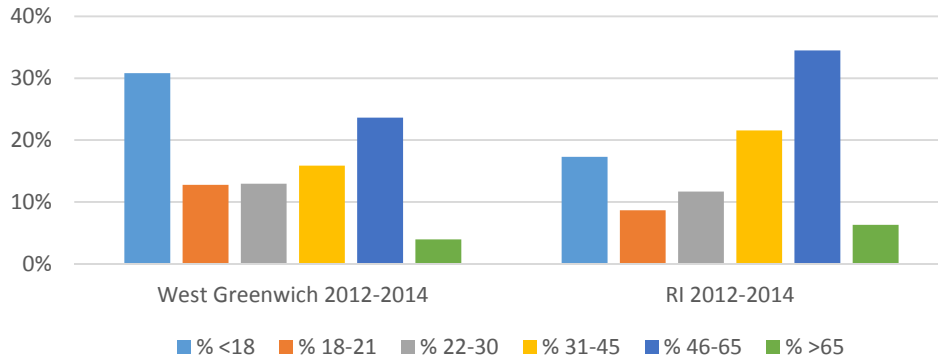


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WEST GREENWICH

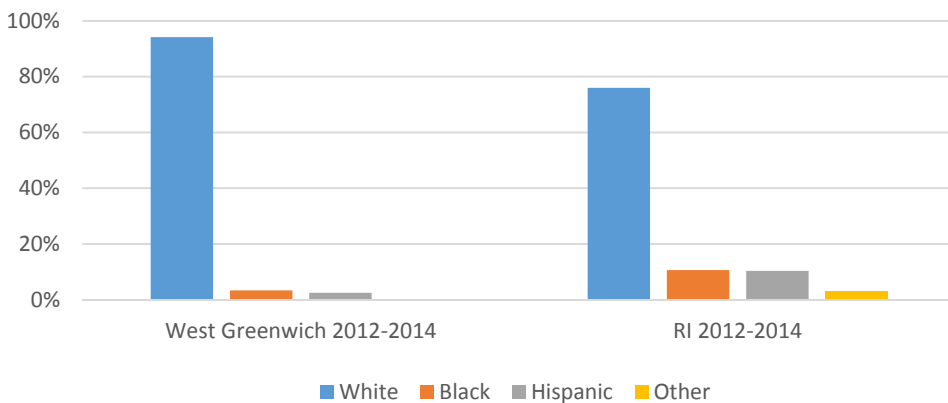
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



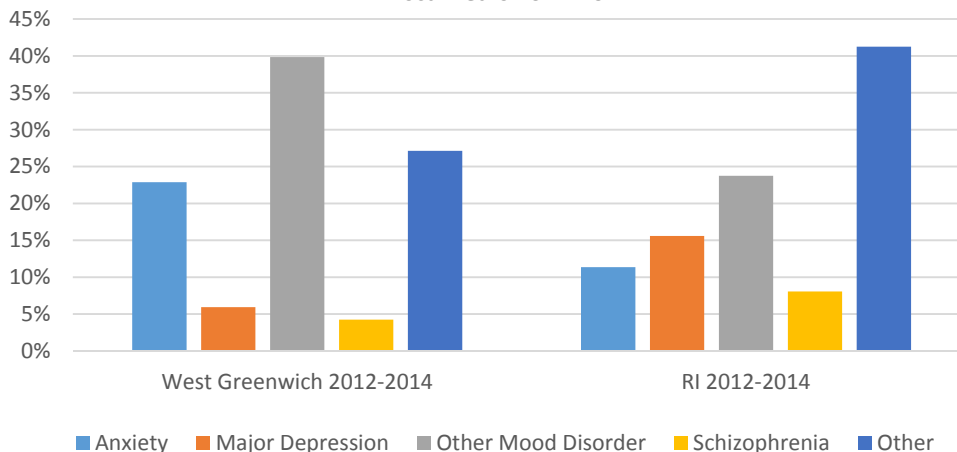
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

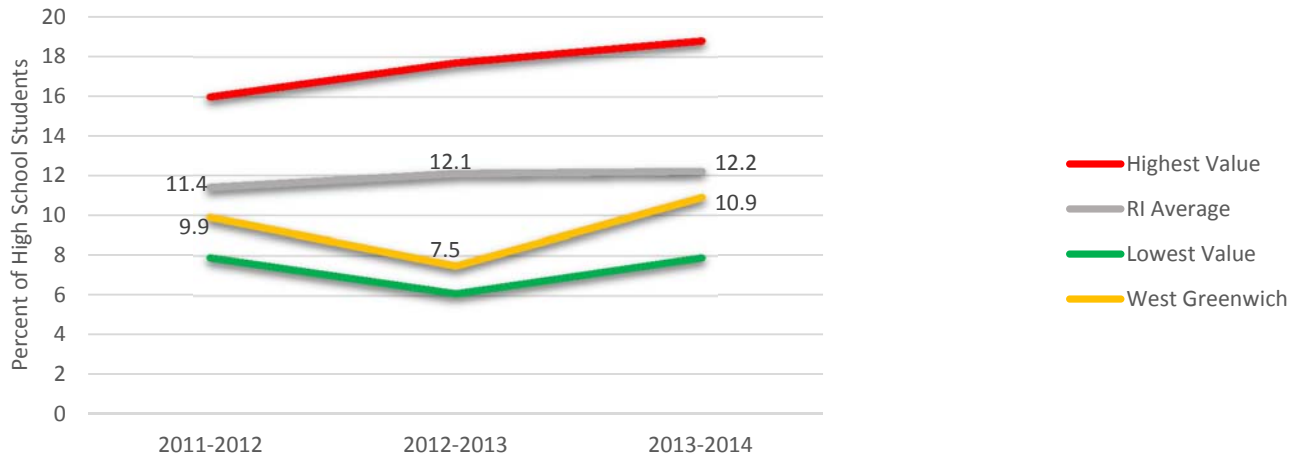


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

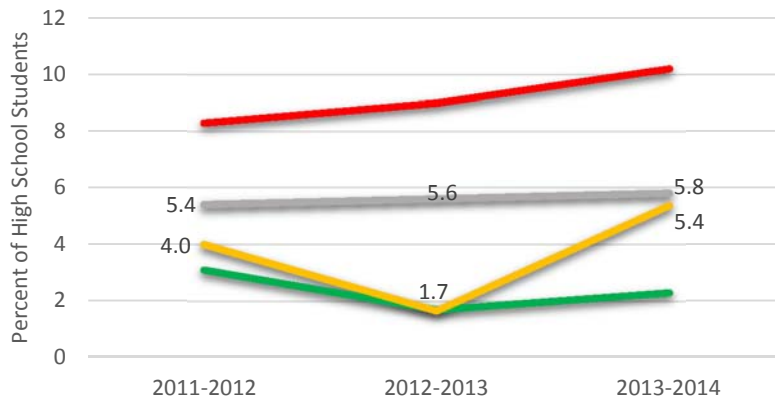
WEST GREENWICH

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS

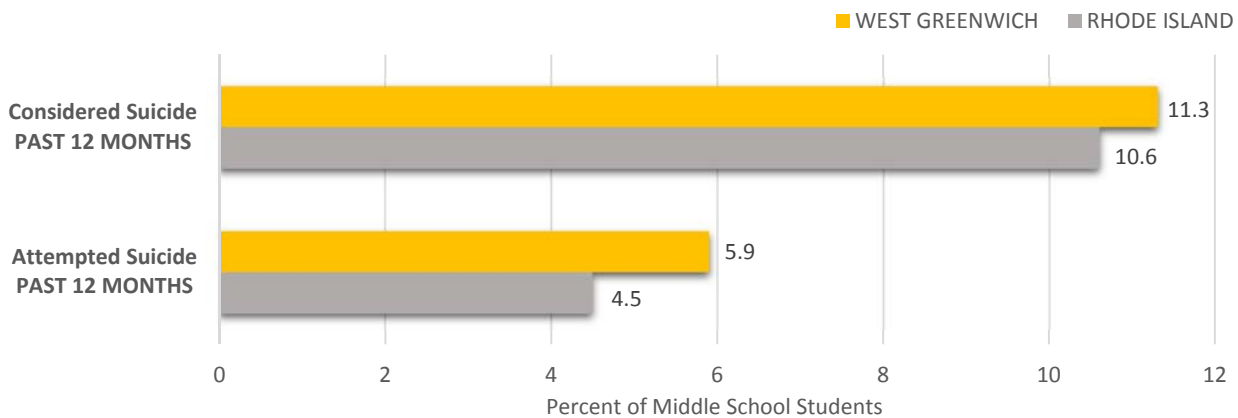


Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



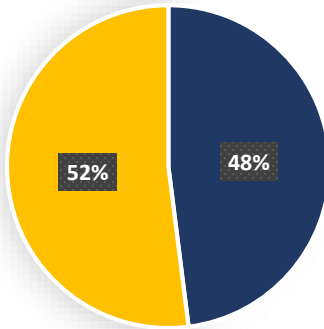
WEST WARWICK

Demographics

Total Population: 28,960

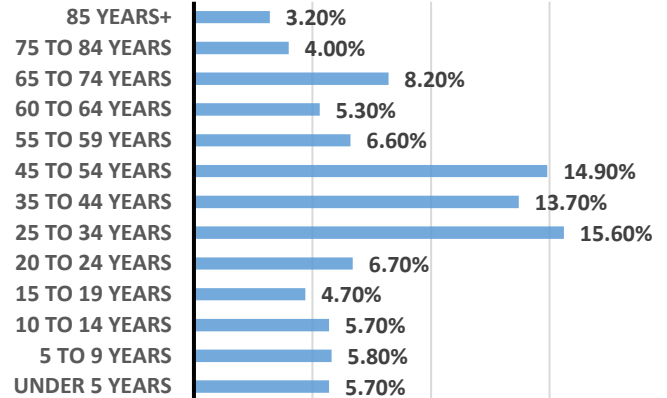
Total Households: 12,492

GENDER

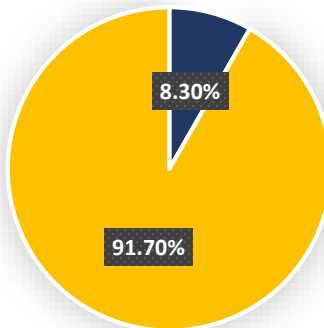


■ Male (%) ■ Female (%)

AGE

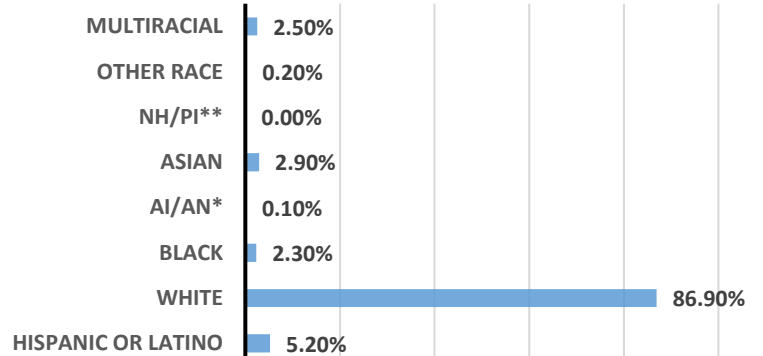


HEALTH INSURANCE



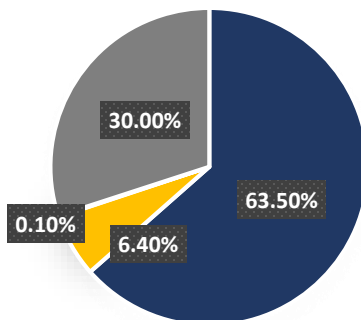
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



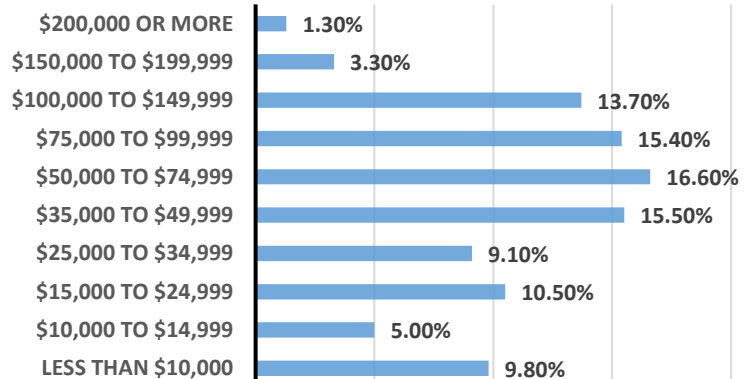
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

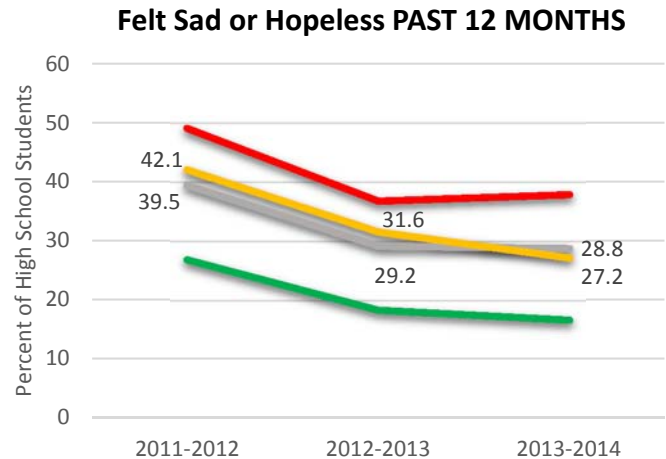
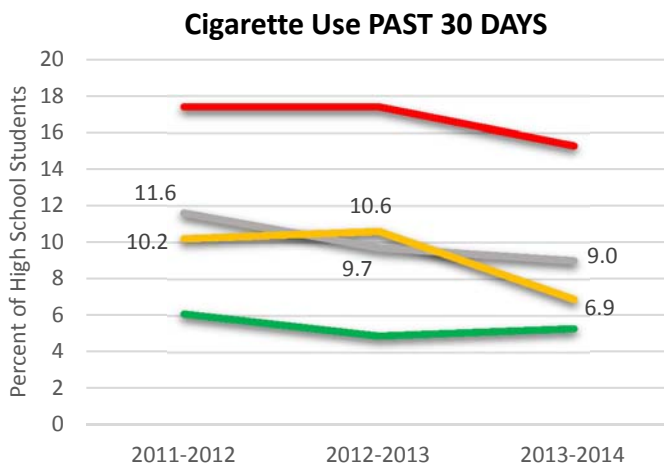
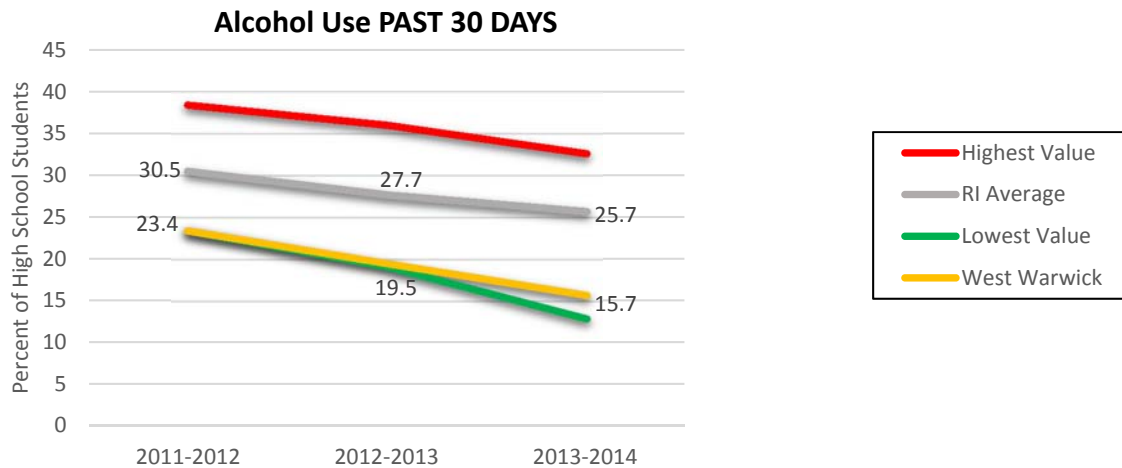
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

WEST WARWICK

Prevalence – High School



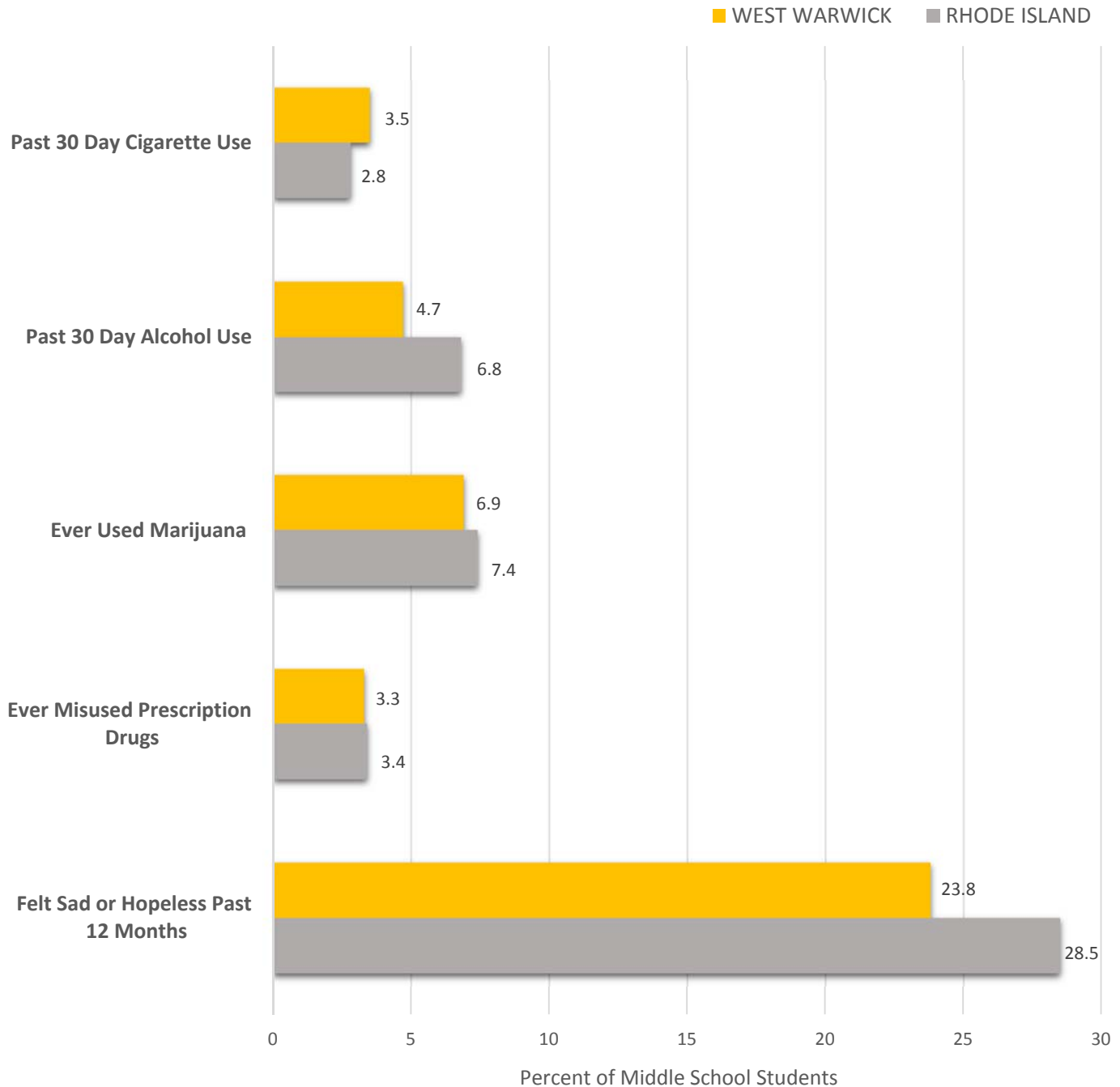
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WEST WARWICK
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	7.5%
2013-2014	9.5%	5.6%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	55.4%
2013-2014	60.8%	61.8%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	57.4%
2013-2014	55.7%	40.7%

WEST WARWICK

Prevalence – Middle School

2013-2014 Middle School Prevalence

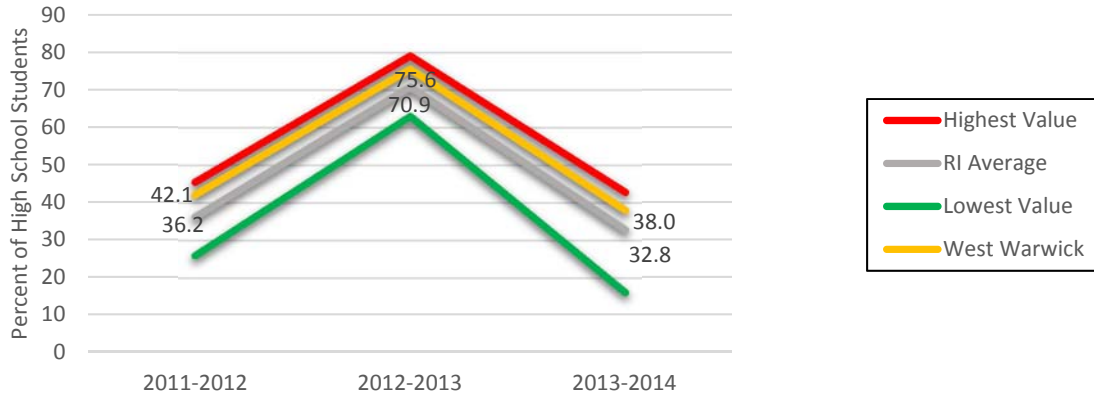


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

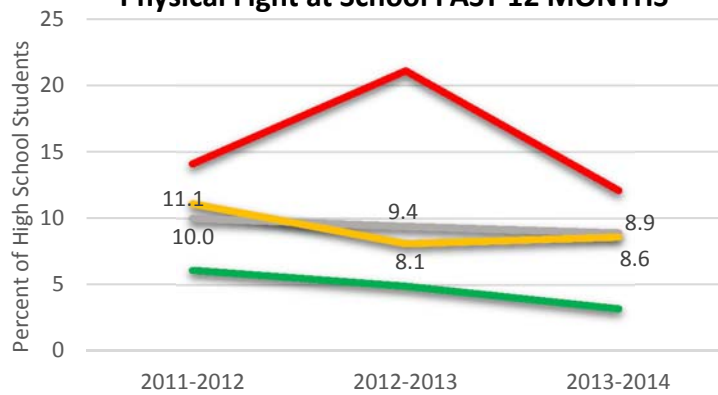
WEST WARWICK

Risk and Protective Factors

Made Fun of at School

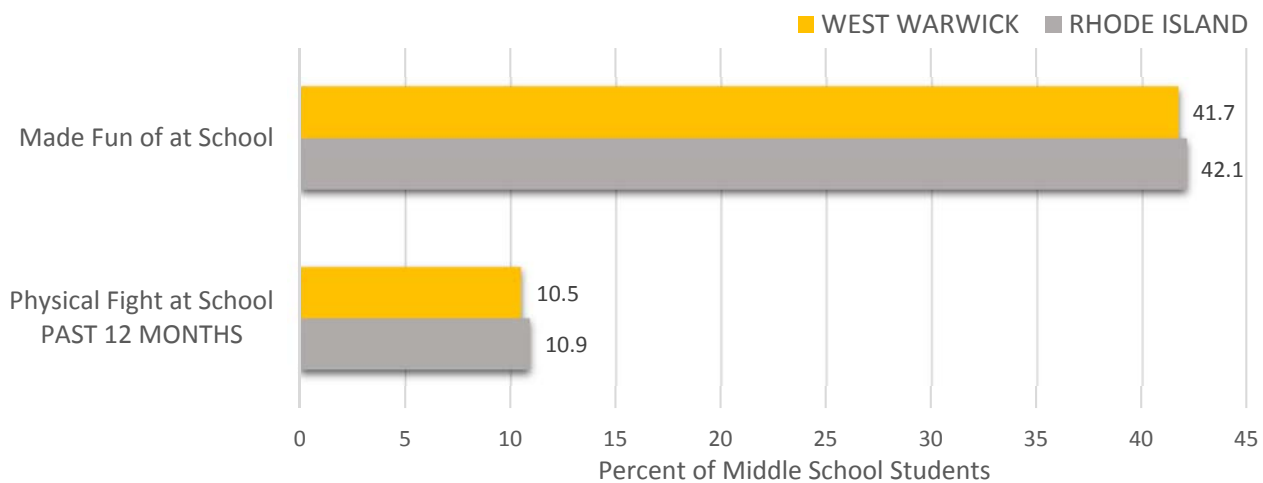


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

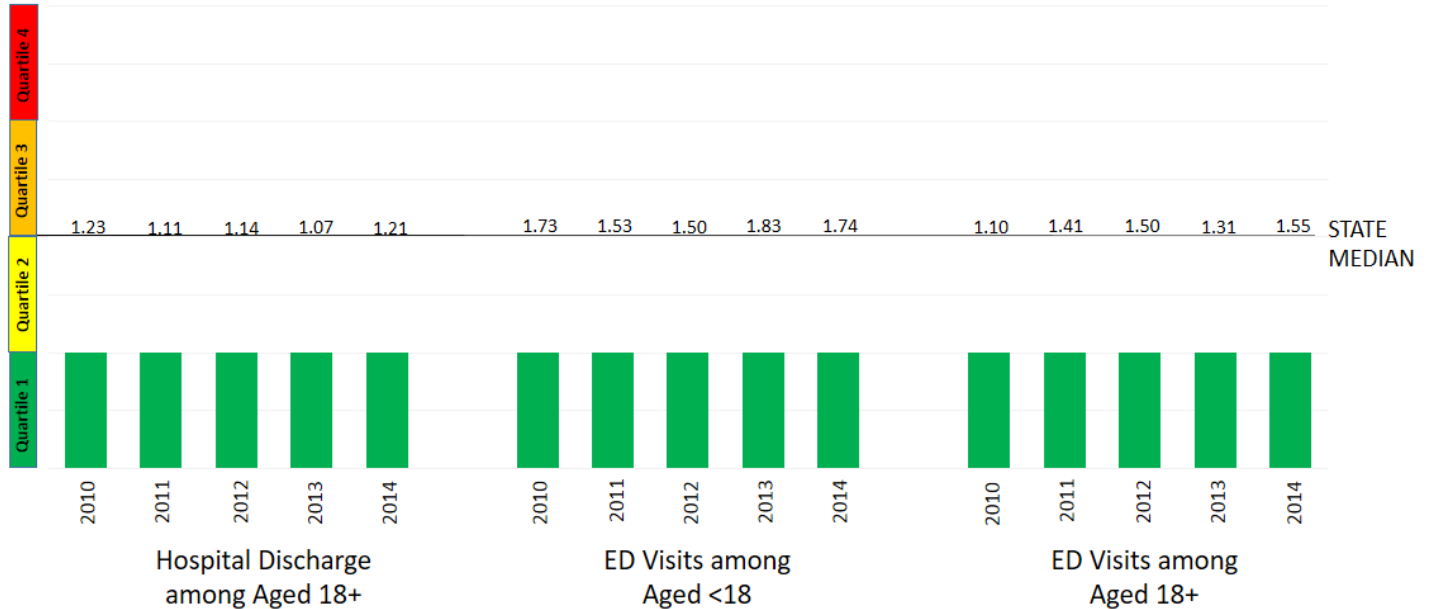


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WEST WARWICK

Consequences - Overdose

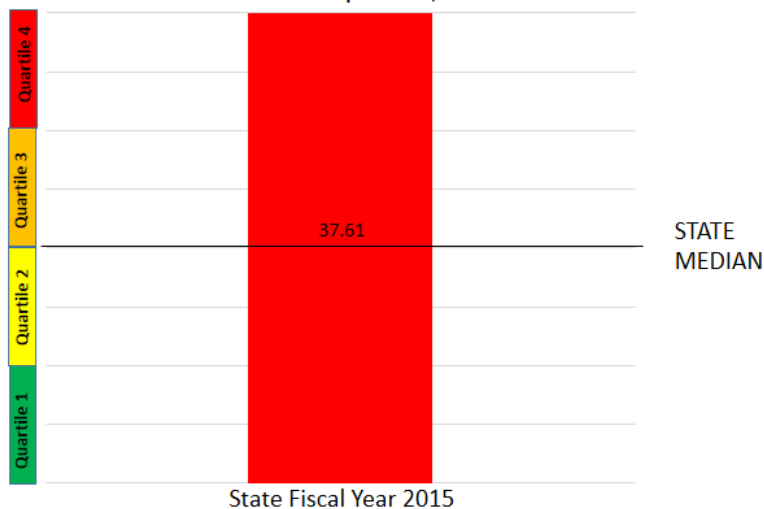
West Warwick Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

West Warwick Quartiles of Adult Methadone Treatment per 10,000



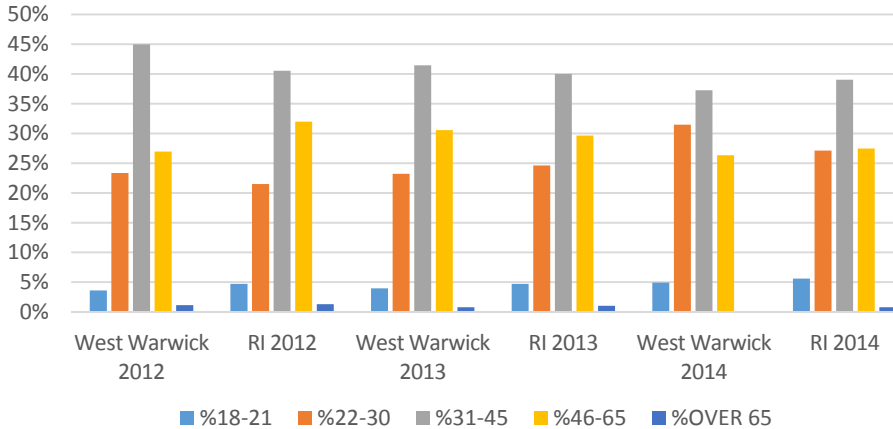
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

WEST WARWICK

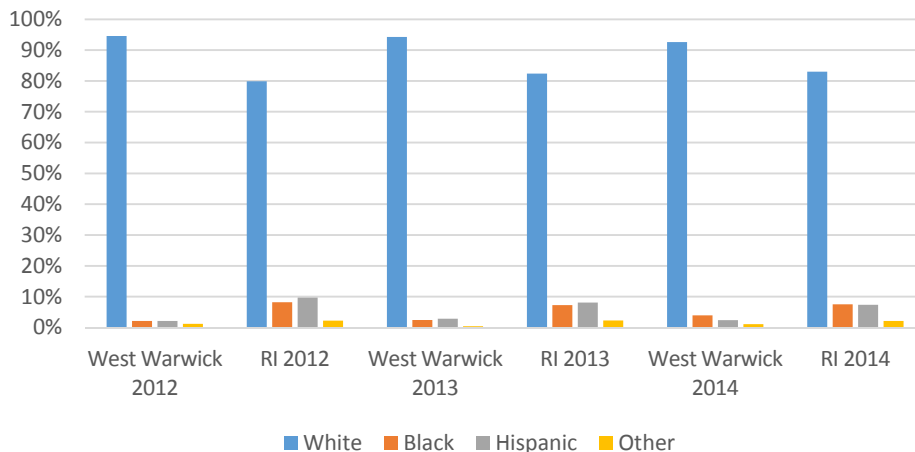
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



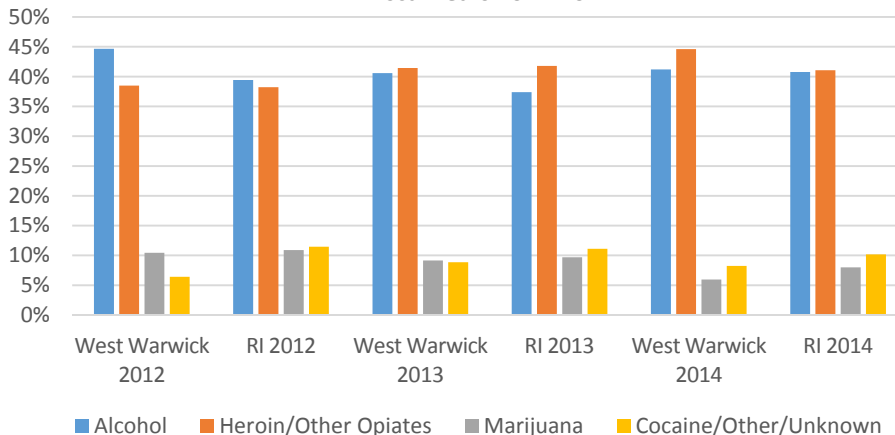
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

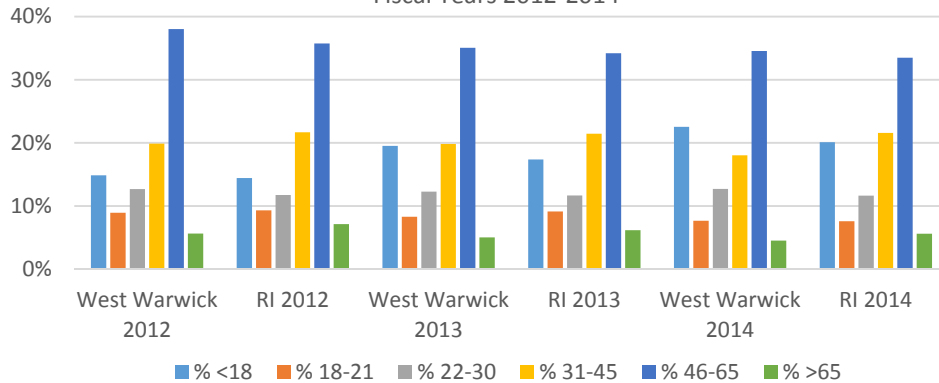


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WEST WARWICK

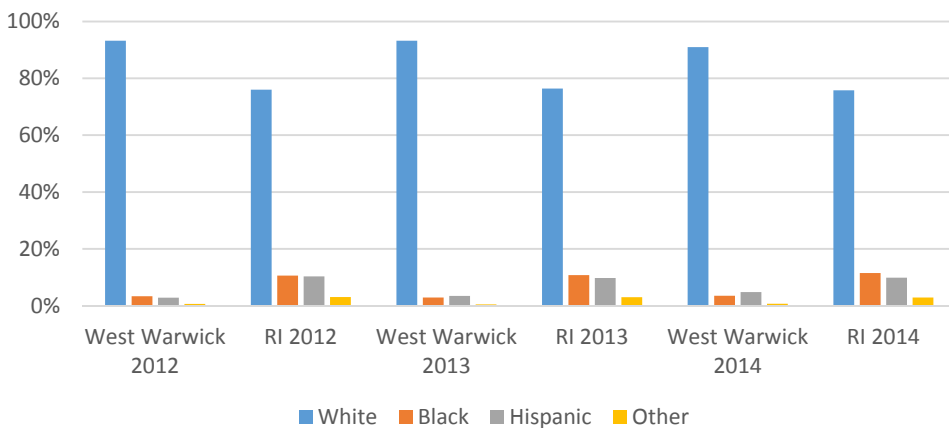
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



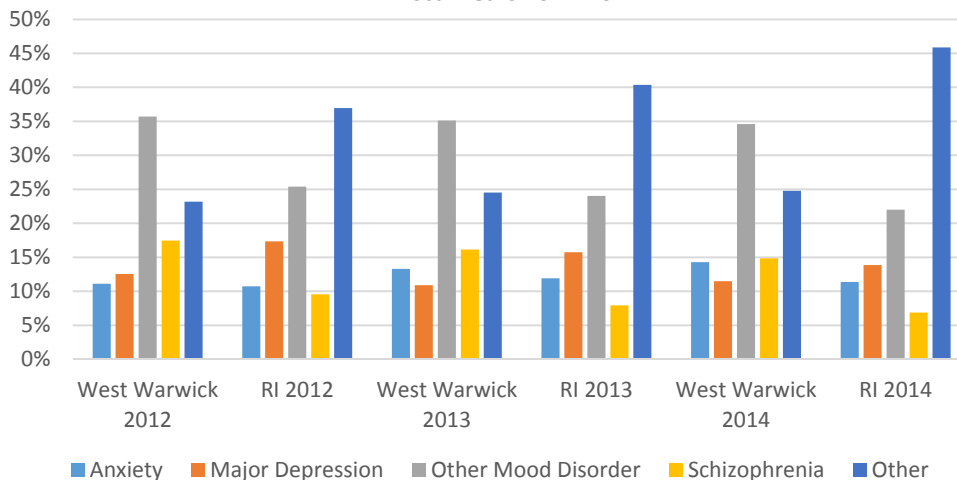
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

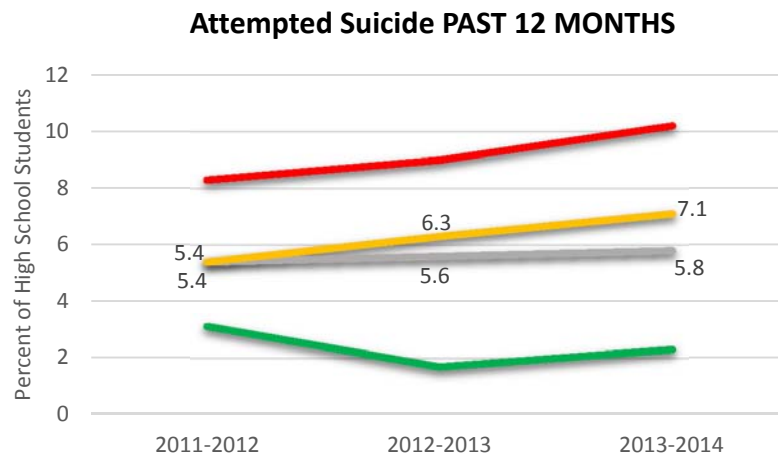
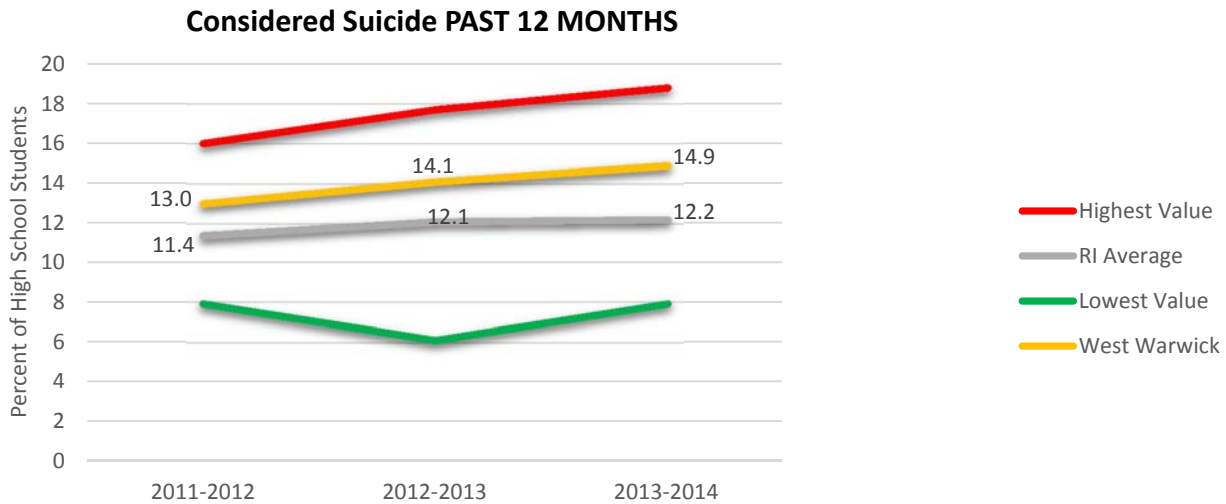
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

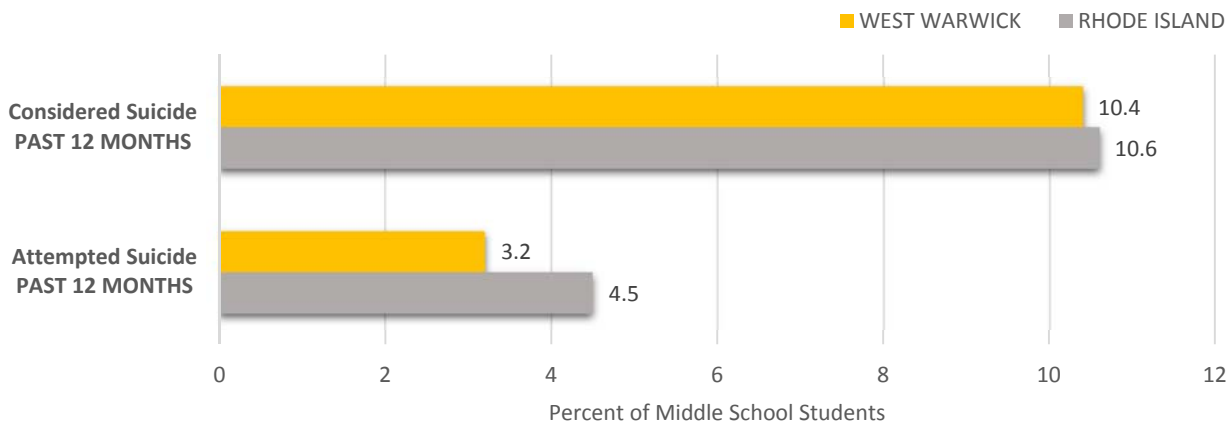
WEST WARWICK

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



SOURCE: Rhodes Island Department of Education SurveyWorks

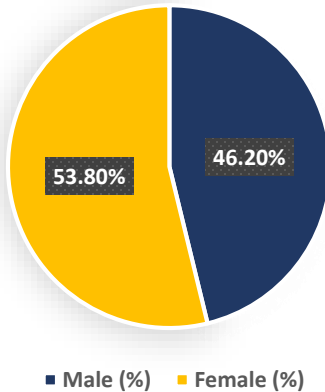
WESTERLY

Demographics

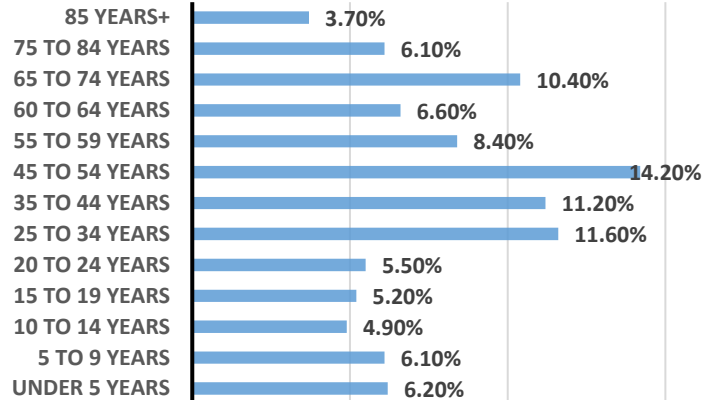
Total Population: 22,727

Total Households: 9,579

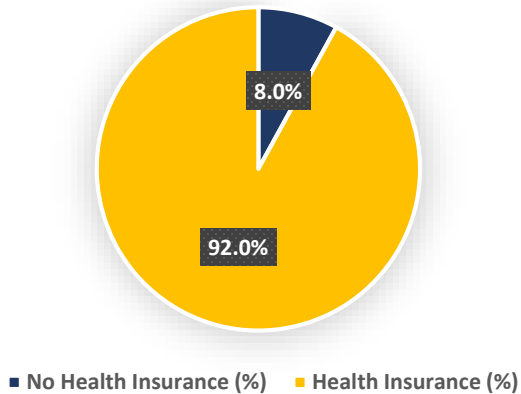
GENDER



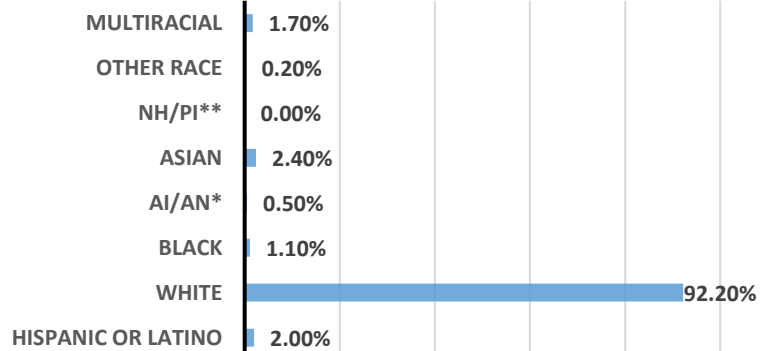
AGE



HEALTH INSURANCE

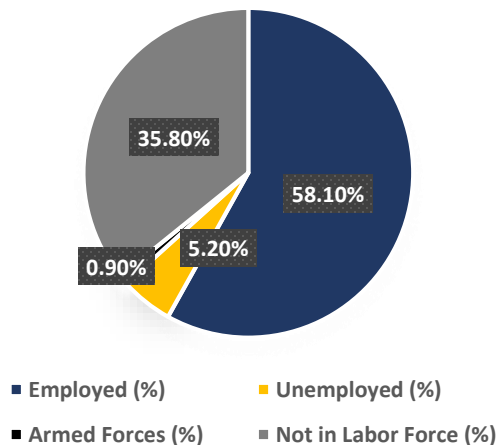


RACE/ETHNICITY

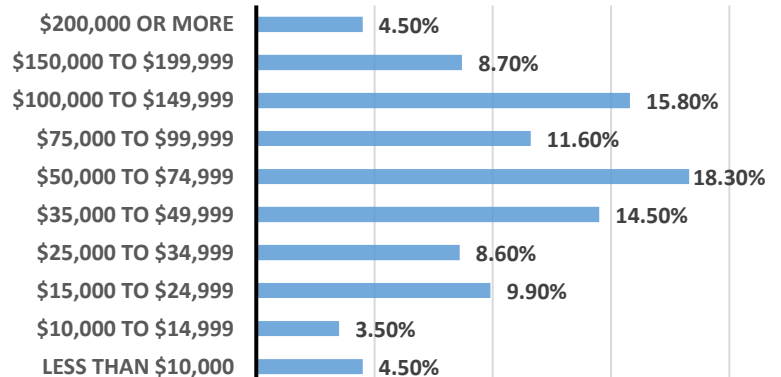


**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



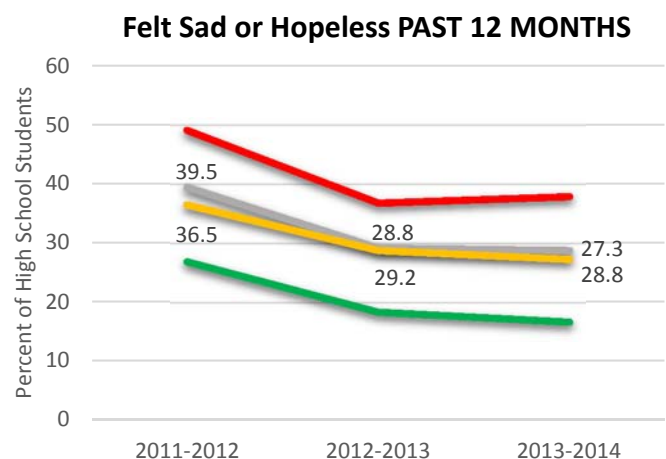
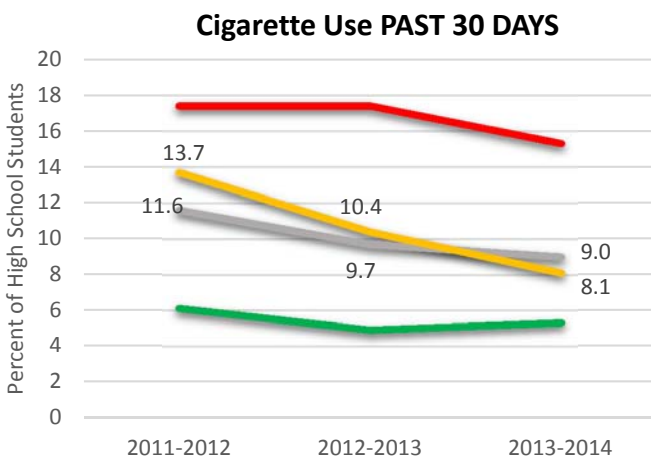
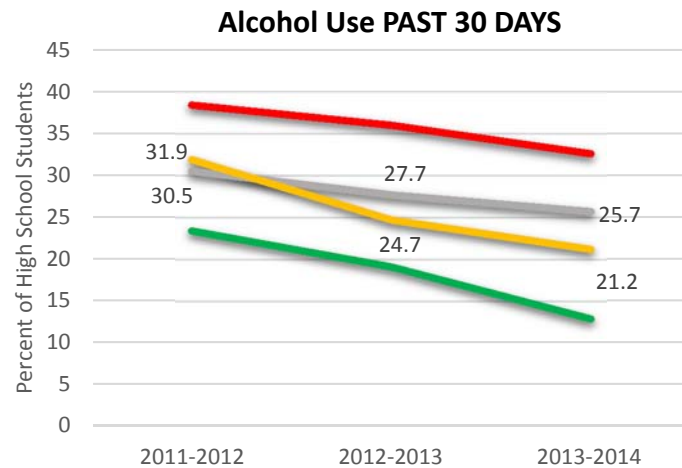
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

WESTERLY

Prevalence – High School



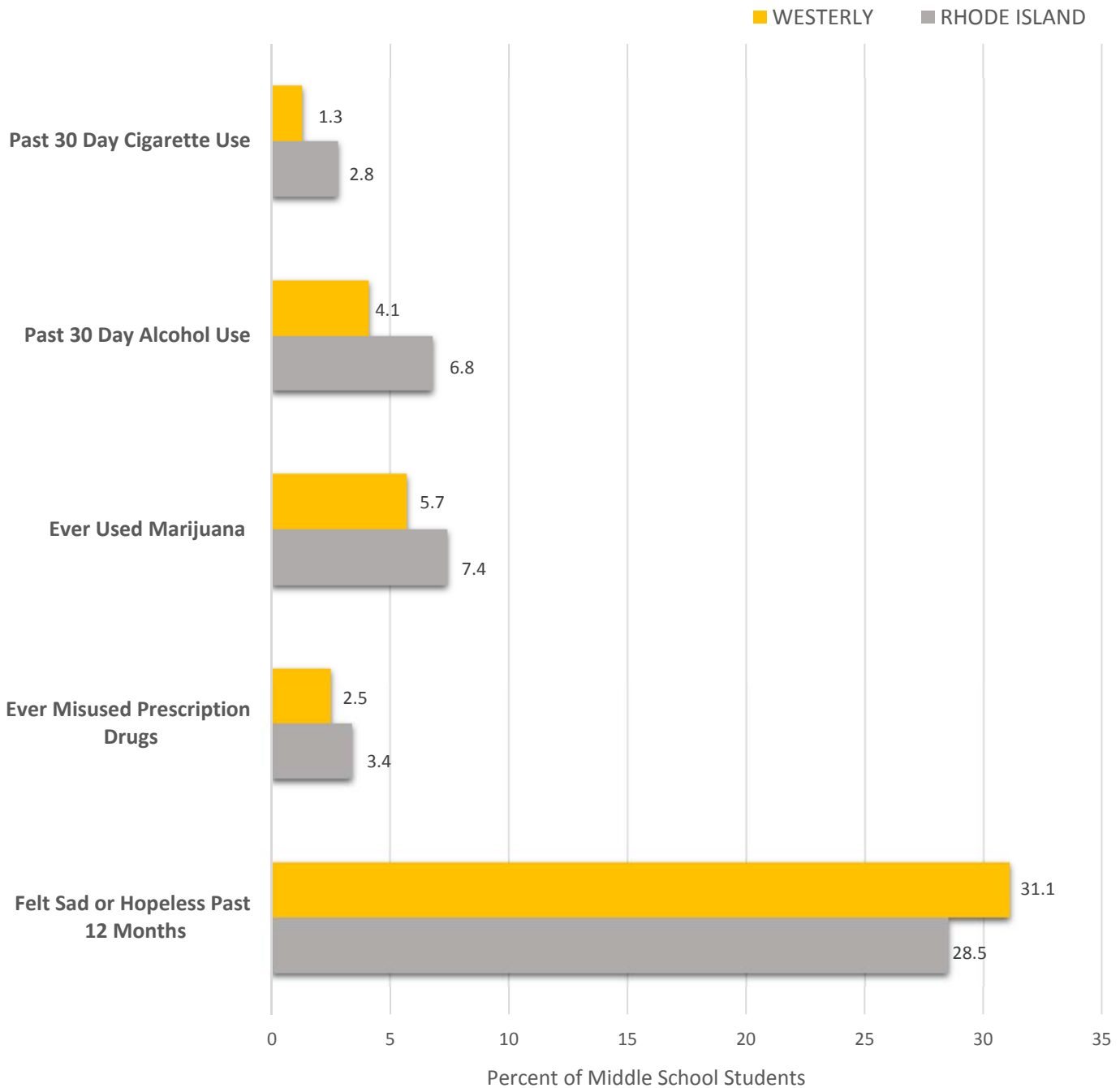
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WESTERLY
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	9.3%
2013-2014	9.5%	7.5%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	64.6%
2013-2014	60.8%	62.0%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	49.1%
2013-2014	55.7%	45.3%

WESTERLY

Prevalence – Middle School

2013-2014 Middle School Prevalence

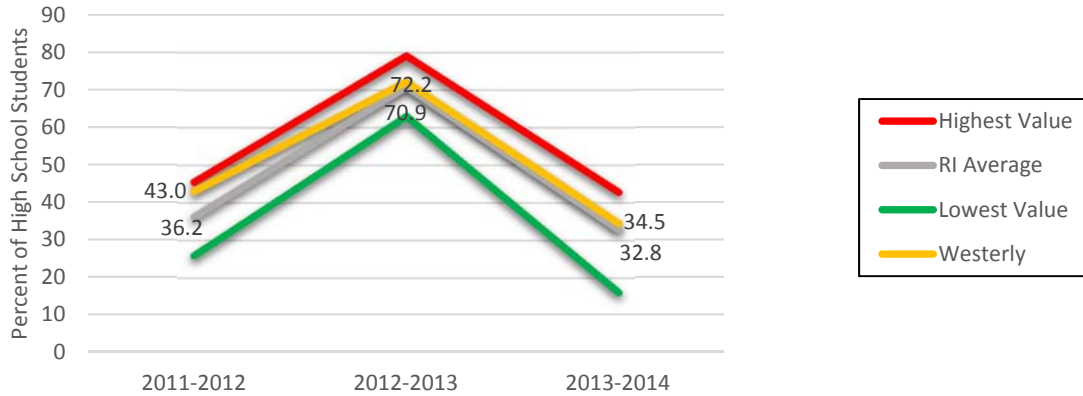


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

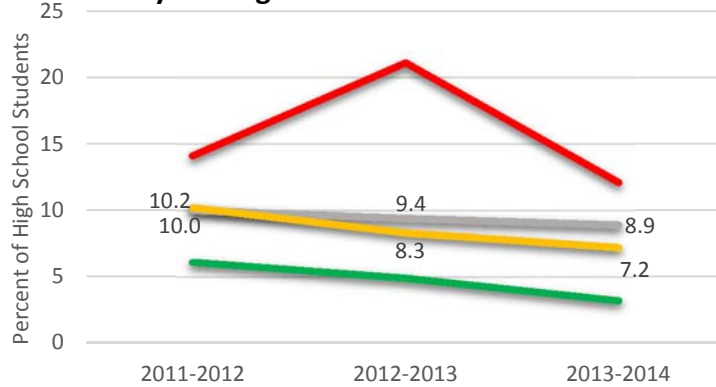
WESTERLY

Risk and Protective Factors

Made Fun of at School

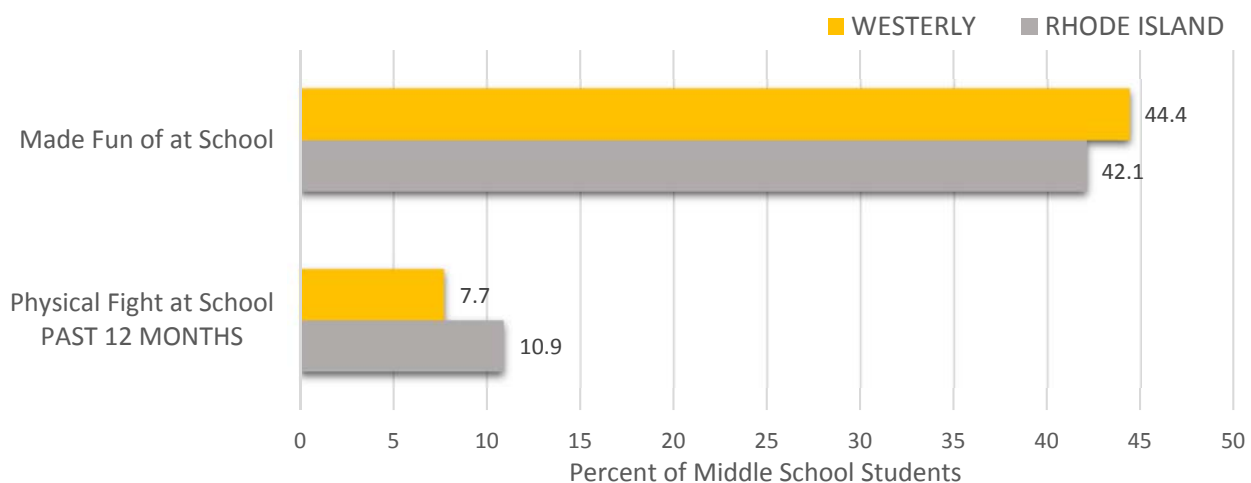


Physical Fight at School PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

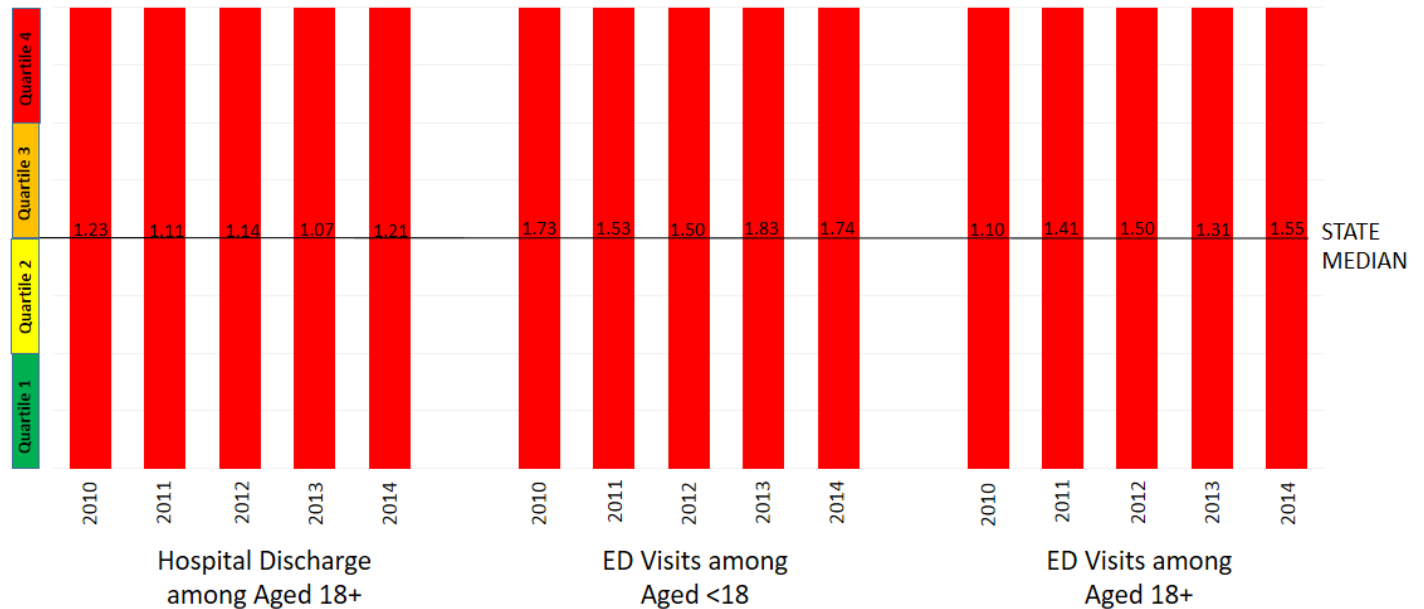


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WESTERLY

Consequences - Overdose

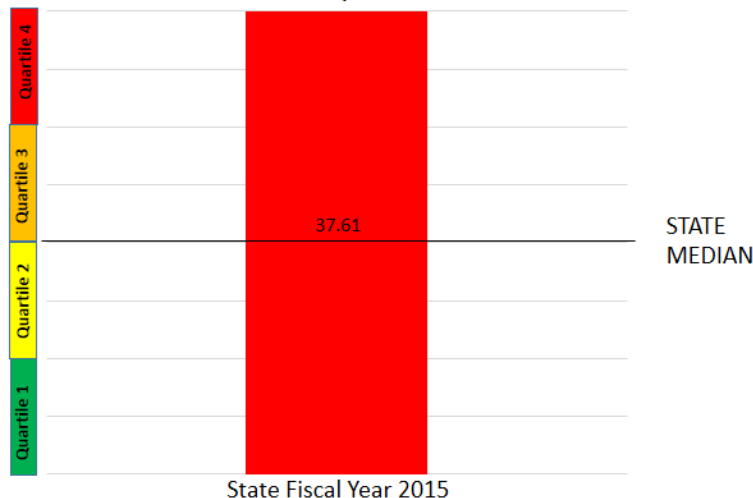
Westerly Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Westerly Quartiles of Adult Methadone Treatment per 10,000



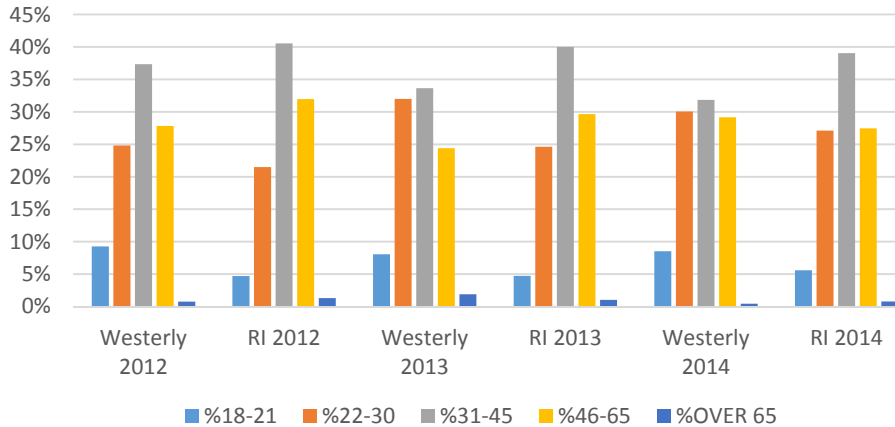
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

WESTERLY

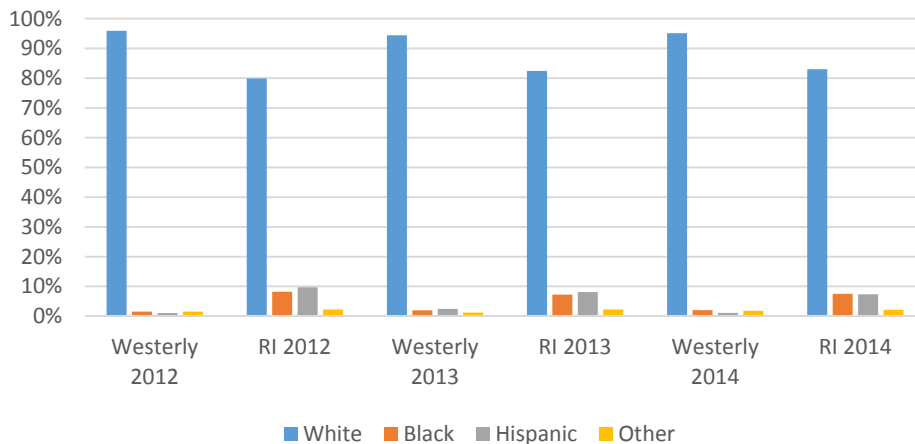
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



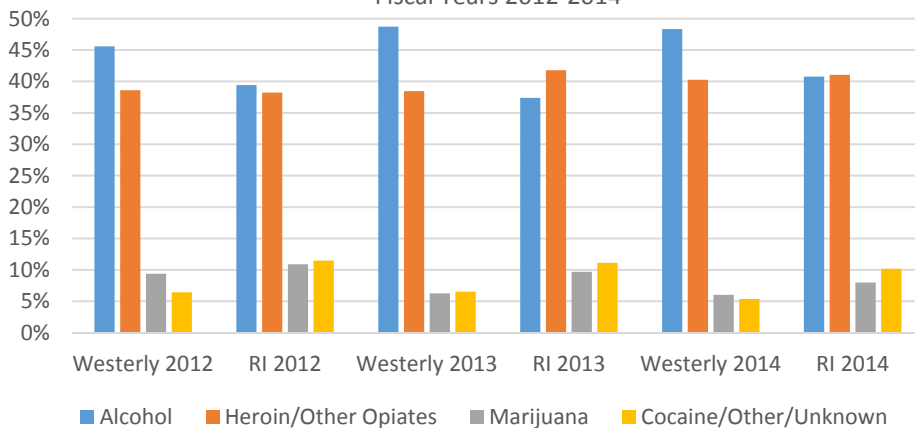
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

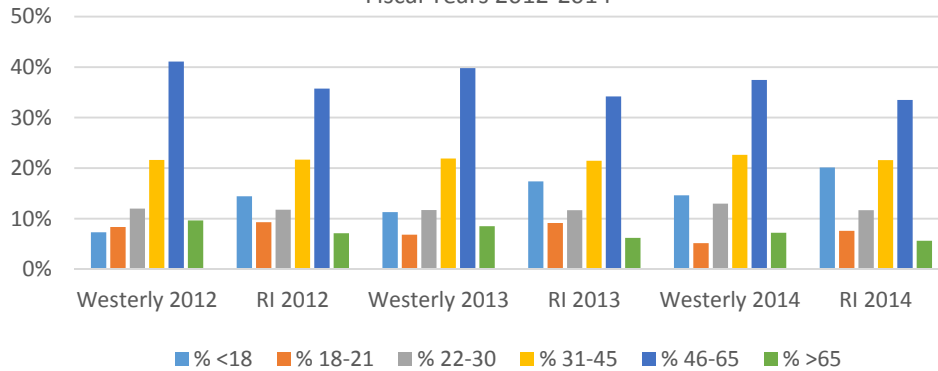


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WESTERLY

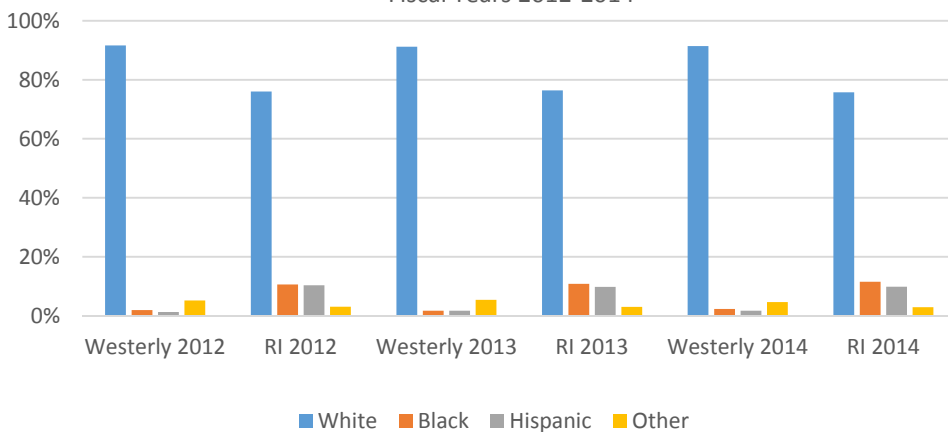
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



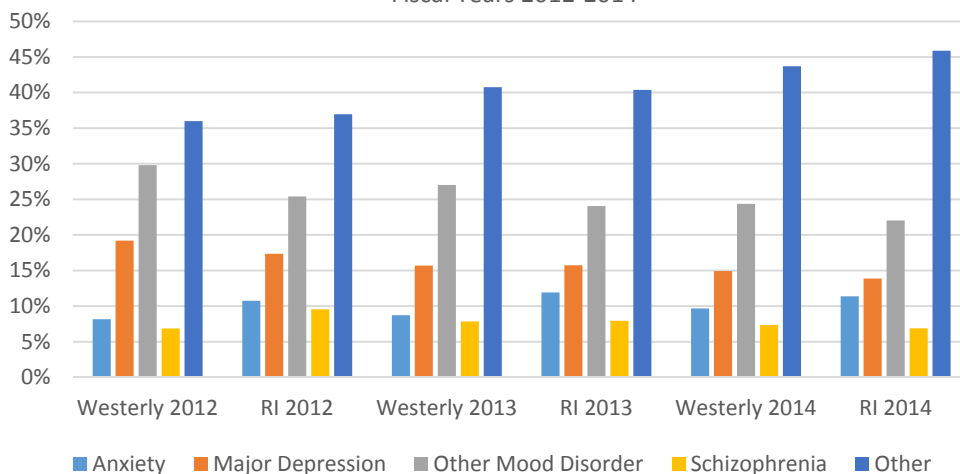
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

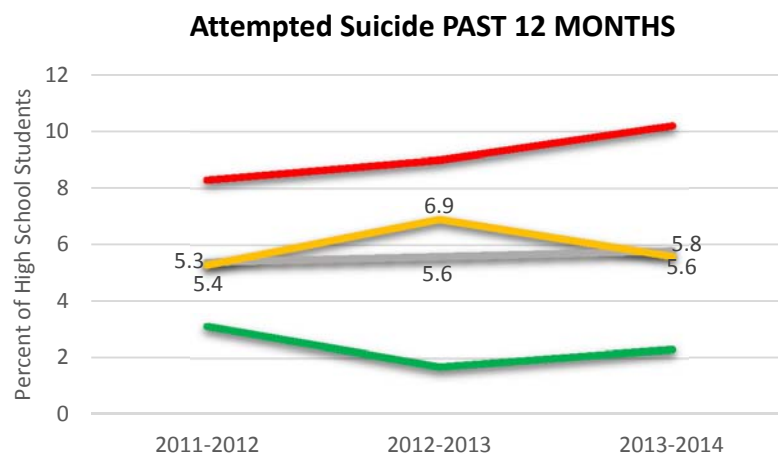
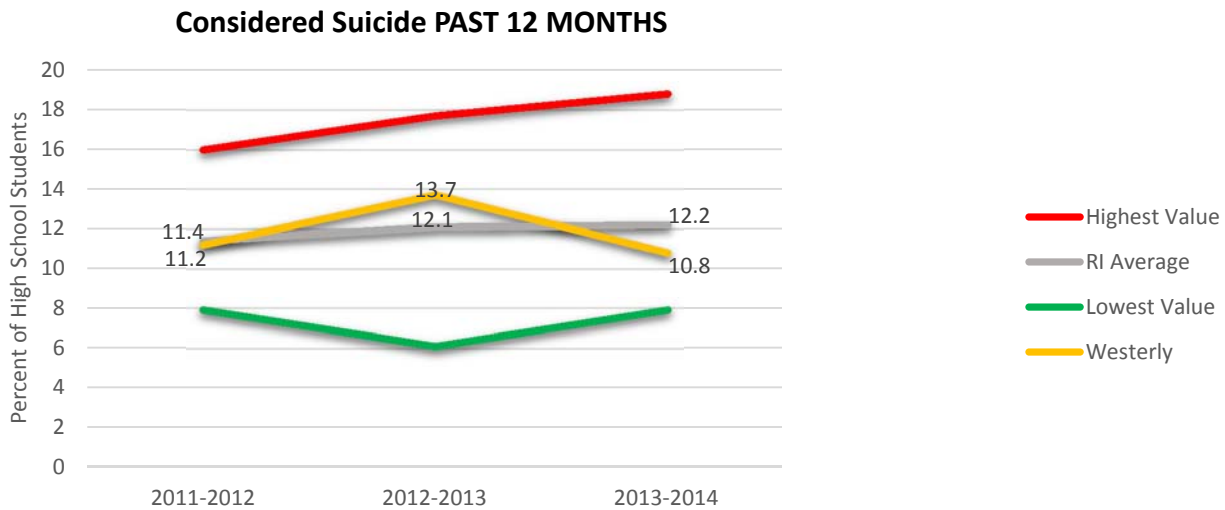
Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

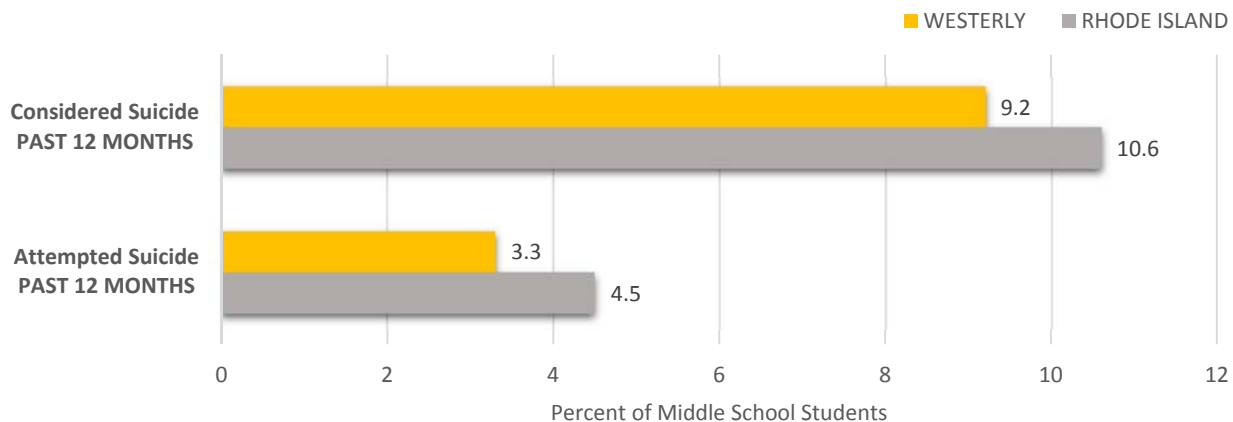
WESTERLY

Consequences – Suicidality



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence



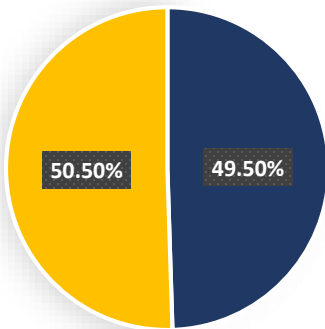
WOONSOCKET

Demographics

Total Population: 41,136

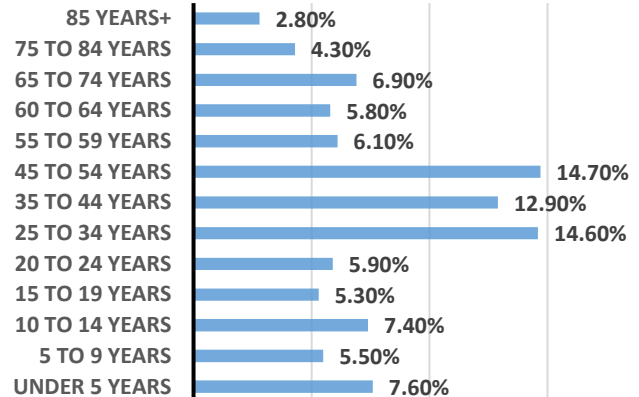
Total Households: 16,979

GENDER

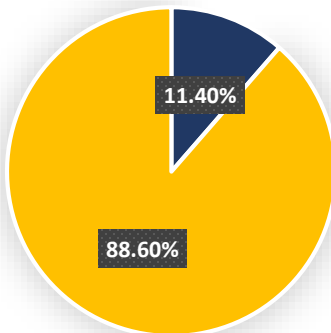


■ Male (%) ■ Female (%)

AGE

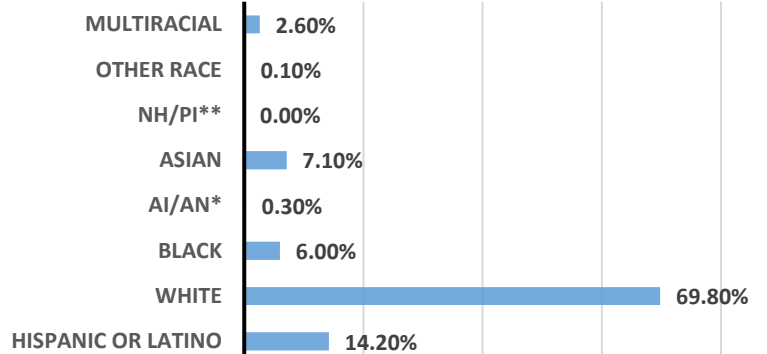


HEALTH INSURANCE



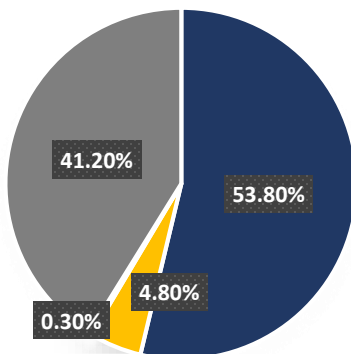
■ No Health Insurance (%) ■ Health Insurance (%)

RACE/ETHNICITY



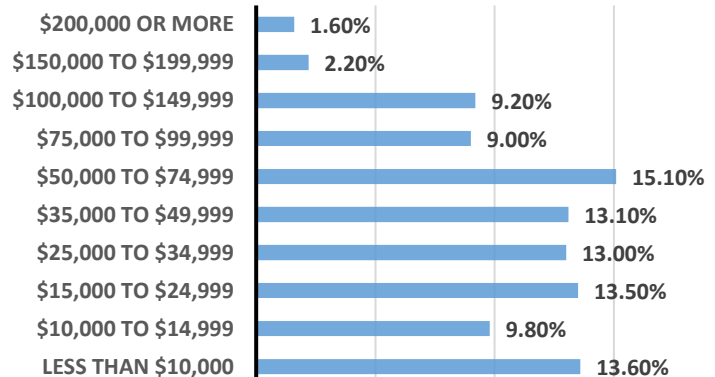
**Native Hawaiian or Pacific Islander; *American Indian or Alaska Native

EMPLOYMENT



■ Employed (%) ■ Unemployed (%)
■ Armed Forces (%) ■ Not in Labor Force (%)

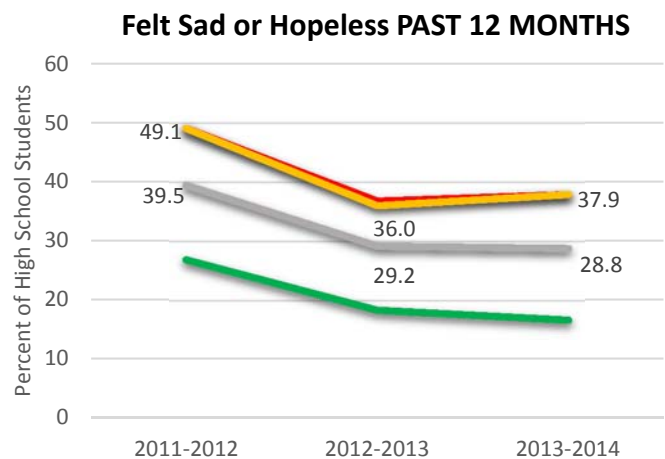
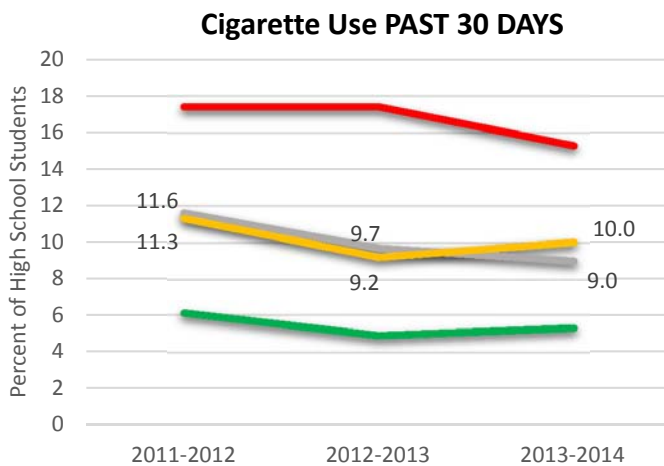
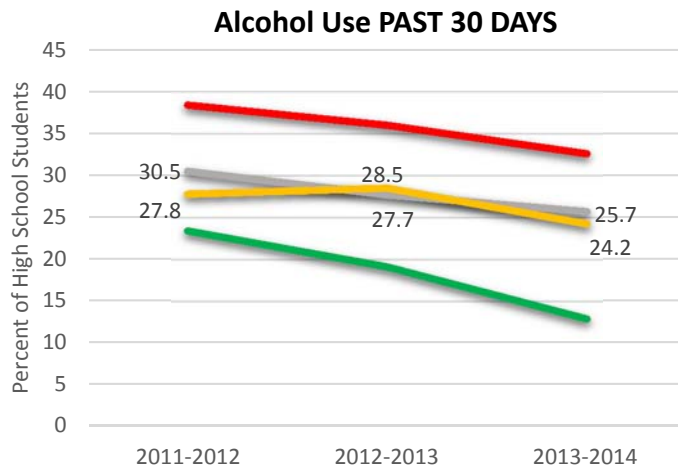
ANNUAL HOUSEHOLD INCOME



SOURCE: All demographic variables are from 2014 American Community Survey 5-Year Aggregated Estimates

WOONSOCKET

Prevalence – High School



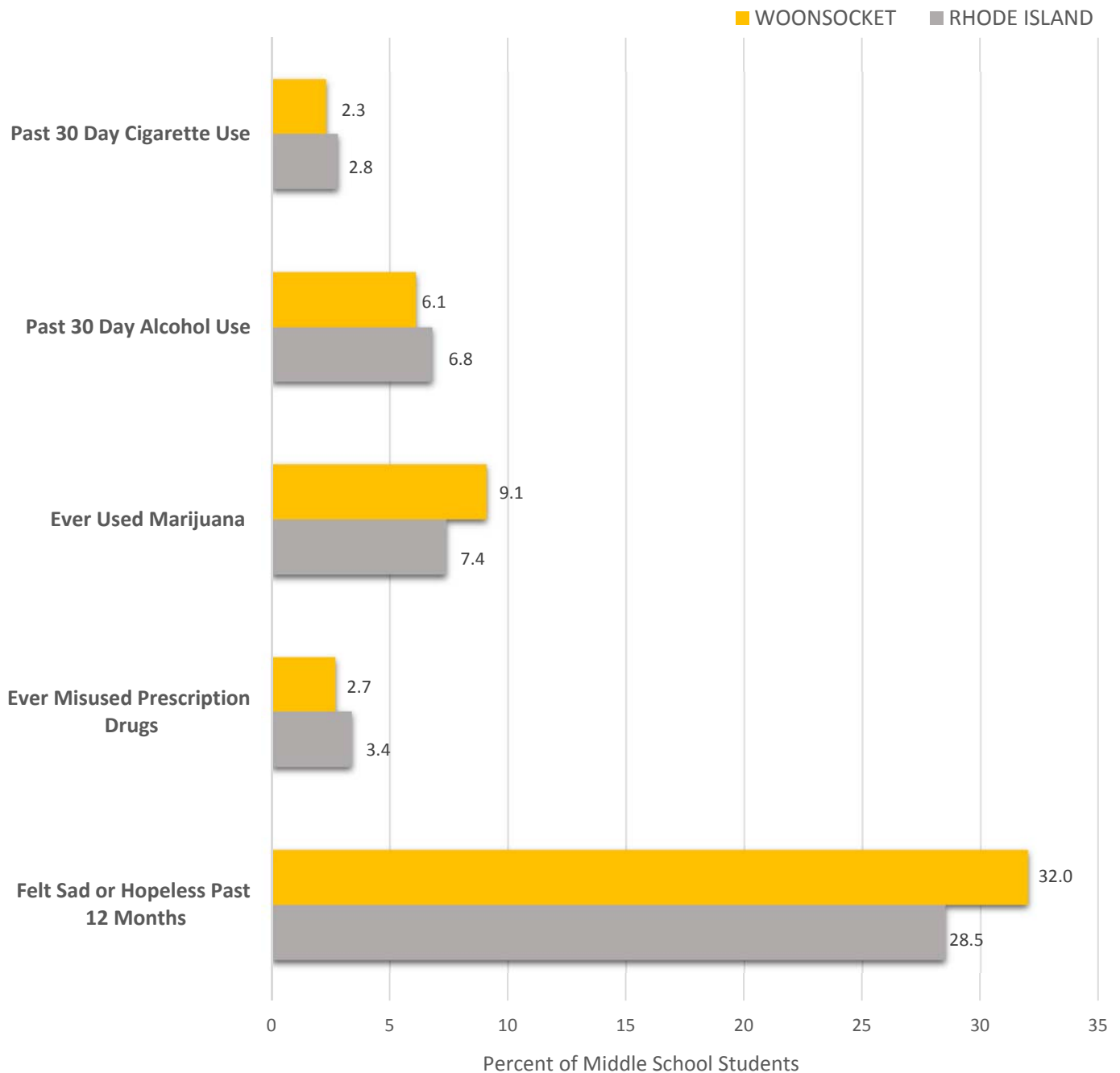
NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

	RHODE ISLAND	WOONSOCKET
Under the influence of alcohol at school PAST 12 MONTHS		
2012-2013	10.7%	10.6%
2013-2014	9.5%	9.7%
Marijuana use PAST 30 DAYS		
2012-2013	57.0%	53.0%
2013-2014	60.8%	55.9%
Prescription Drug Misuse PAST 30 DAYS		
2012-2013	57.4%	53.4%
2013-2014	55.7%	55.0%

WOONSOCKET

Prevalence – Middle School

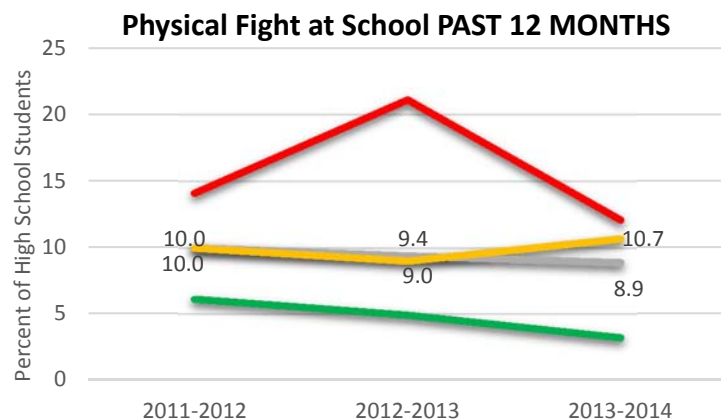
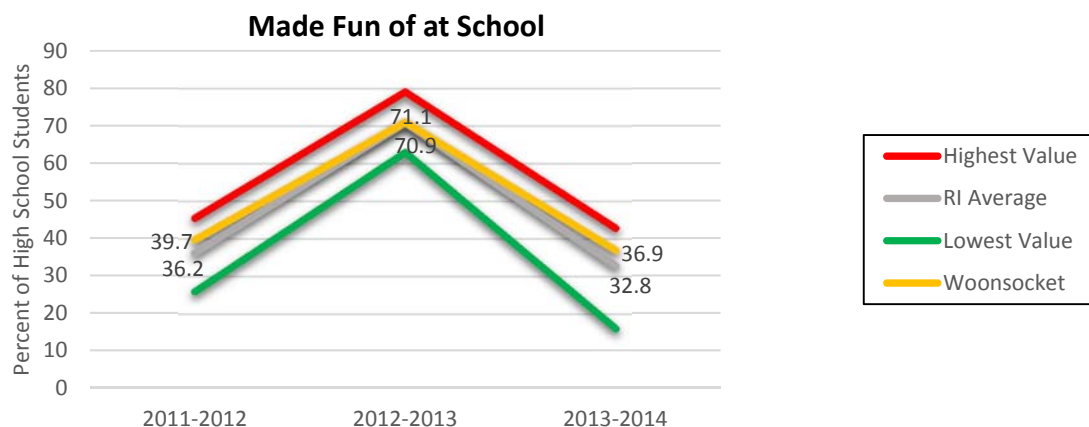
2013-2014 Middle School Prevalence



NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

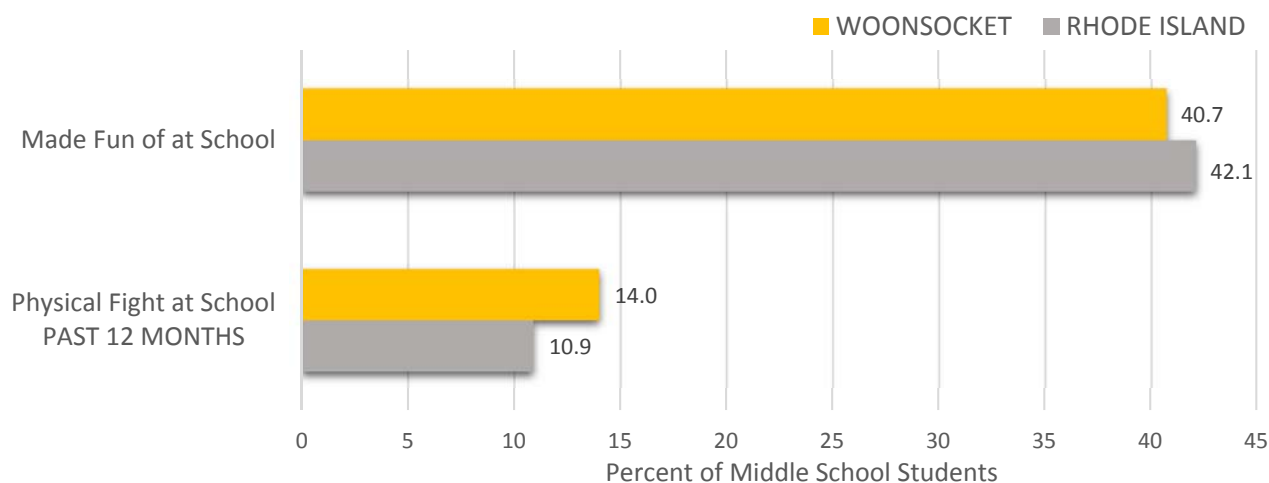
WOONSOCKET

Risk and Protective Factors



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

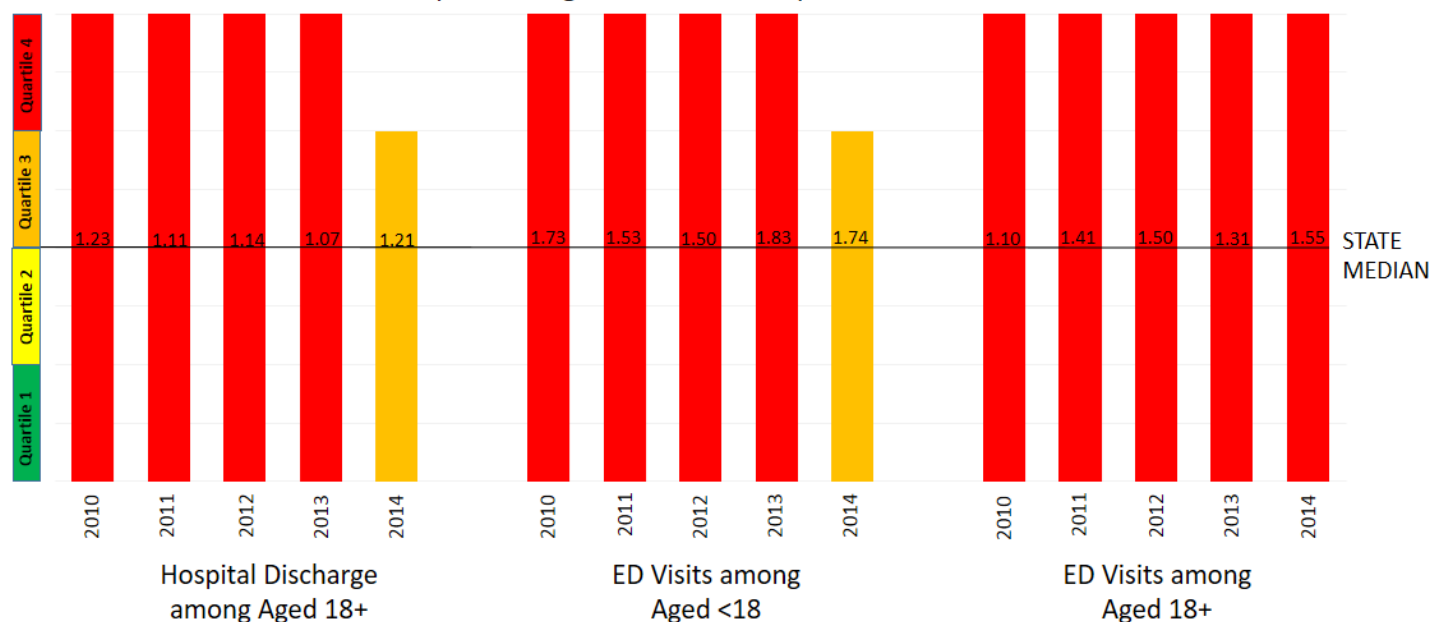


NOTE: Due to changes in survey questions from year to year, trend comparisons for middle school data were unavailable.

WOONSOCKET

Consequences - Overdose

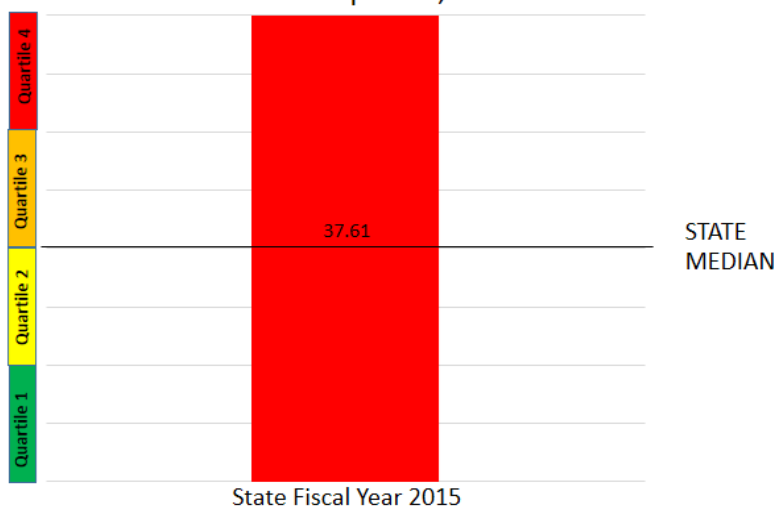
Woonsocket Quartiles of Prescription Drug Overdose Visits per 1,000 from State Fiscal Years 2010-2014



NOTE: Median estimates for all years and groups are statistically unstable (RSEs between 20 and 30%) and need to be interpreted with caution.

SOURCE: Numerators – Hospital Discharge Data and ED Data. Denominators – Appropriate <18 or 18+ population, American Community Survey 2014 5-year Aggregated Estimates

Woonsocket Quartiles of Adult Methadone Treatment per 10,000



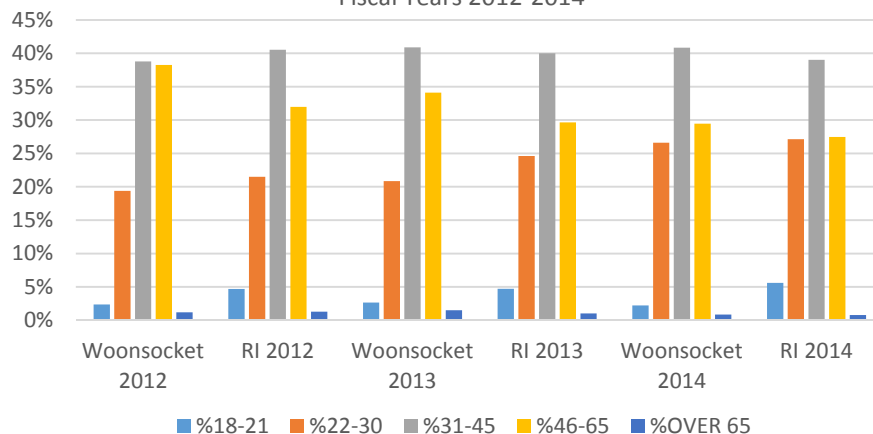
NOTE: Median estimate is statistically unstable (RSEs between 20 and 30%) and needs to be interpreted with caution.

SOURCE: Numerator – Behavioral Health On-Line Database. Denominator – 18+ population from American Community Survey 2014 5-year Aggregated Estimates

WOONSOCKET

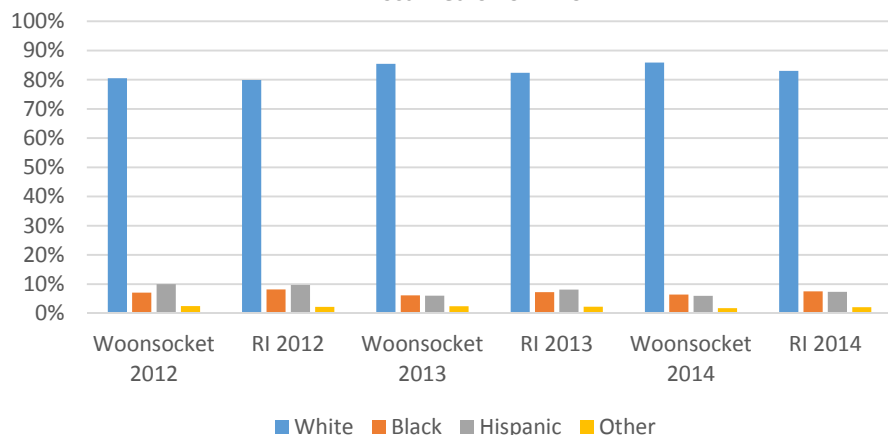
Consequences – Substance Abuse Admissions

Substance Abuse Admissions by Age Group,
Fiscal Years 2012-2014



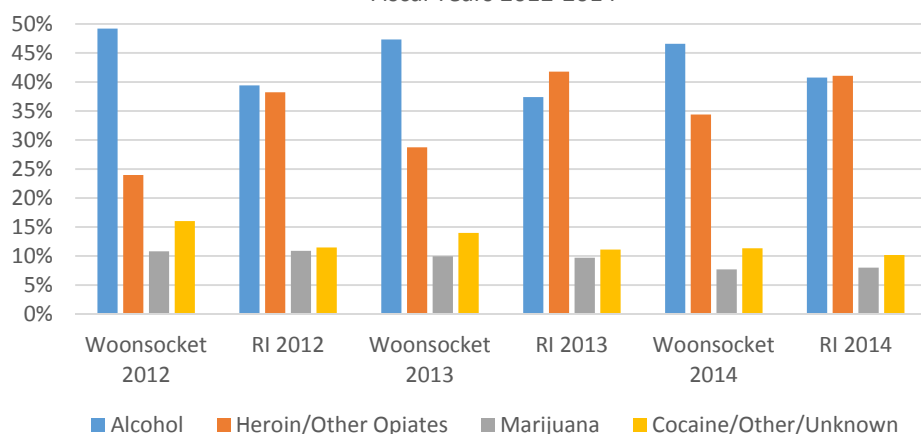
NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions under 18, with unknown municipality, out of state, or with unknown age were excluded.

Substance Abuse Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality, out of state, or with unknown race/ethnicity were excluded.

Substance Abuse Admissions by Primary Substance,
Fiscal Years 2012-2014

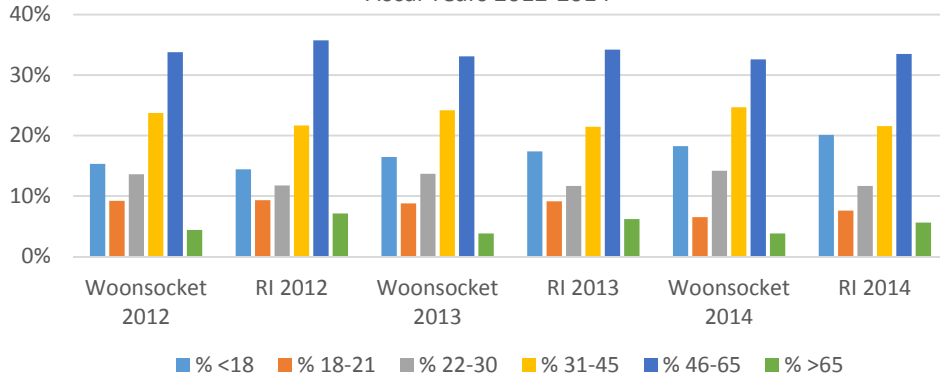


NOTE: Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown municipality or out of state were excluded.

WOONSOCKET

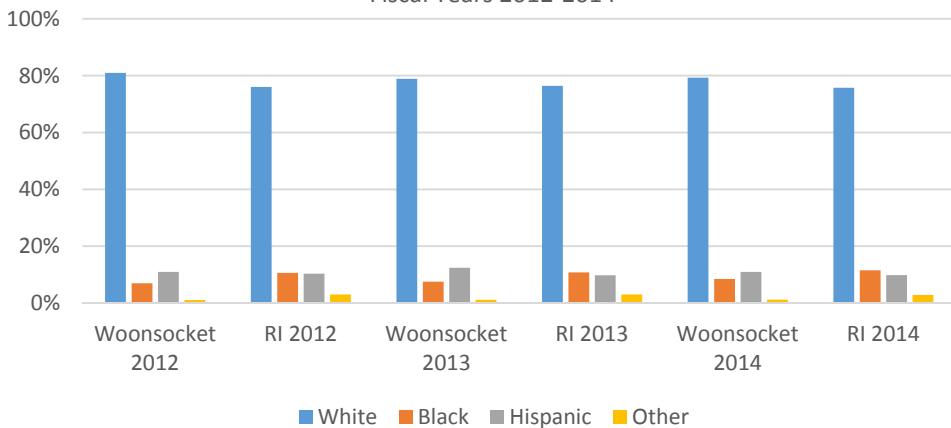
Consequences – Mental Health Admissions

Mental Health Admissions by Age Group,
Fiscal Years 2012-2014



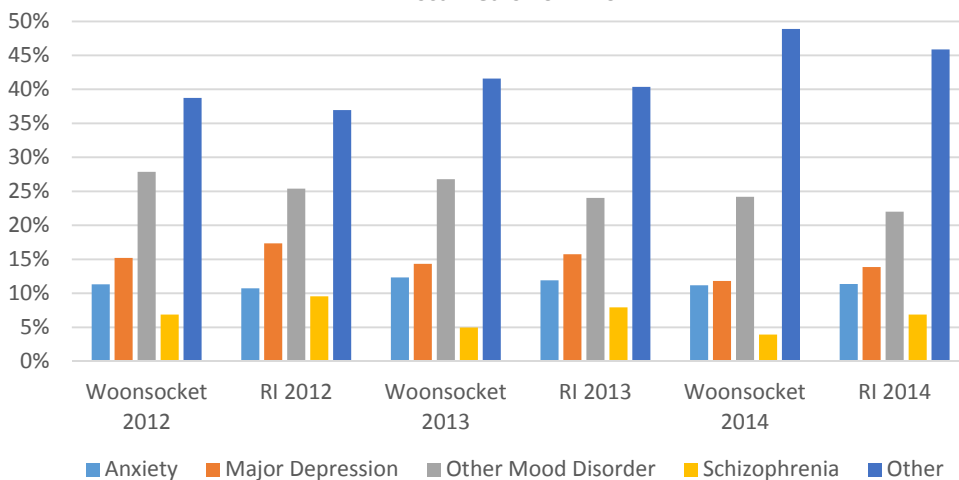
NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times.

Mental Health Admissions by Race/Ethnicity,
Fiscal Years 2012-2014



NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Admissions with unknown race/ethnicity were excluded.

Mental Health Admissions by Primary Diagnosis,
Fiscal Years 2012-2014

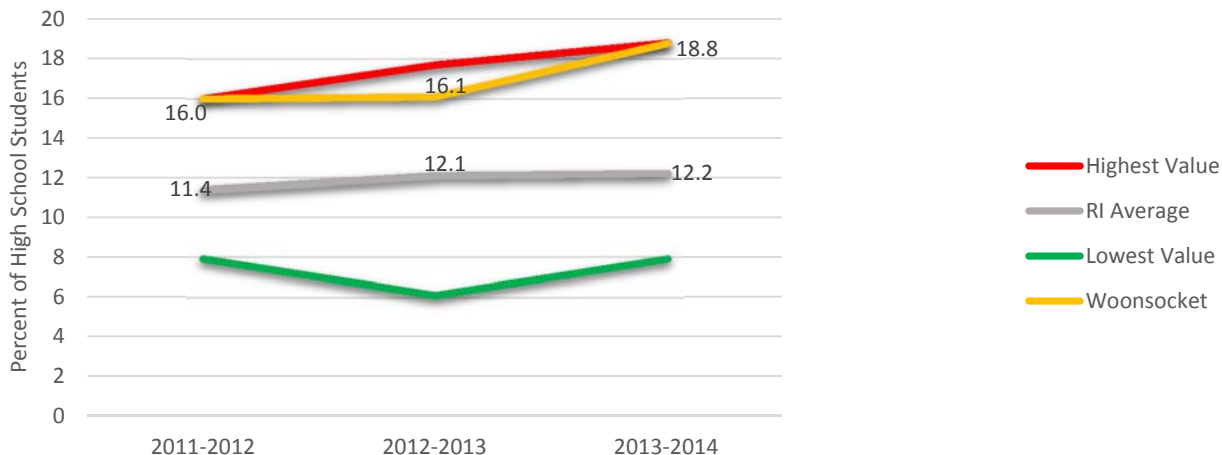


NOTE: Mental Health admissions may be for mental health treatment or co-morbid mental health and substance abuse treatment. Admissions may not be unique individuals; patients could have presented for treatment multiple times. Anxiety (ICD-9-CM: 300.00-02, 300.21-23, 300.29-30, 308.30, 309.21, 309.81) Major Depression (ICD-9-CM: 296.2-296.3) Other Mood Disorder (ICD-9-CM: 296.0, 296.4-296.89, 296.9, 300.4, 301.13, 311) Schizophrenia (ICD-9-CM: 295) Other (Adjustment Disorder 309.00, 309.24, 309.28, 309.30, 309.40; Attention Deficit Disorder 314; Conduct Disorder 312.80, 312.90, 313.81; Dementia 290, 293-294; Autism 299, 315; Other Psychotic Disorder 297-298; Personality Disorder 312.30-39; No diagnosis or Unknown)

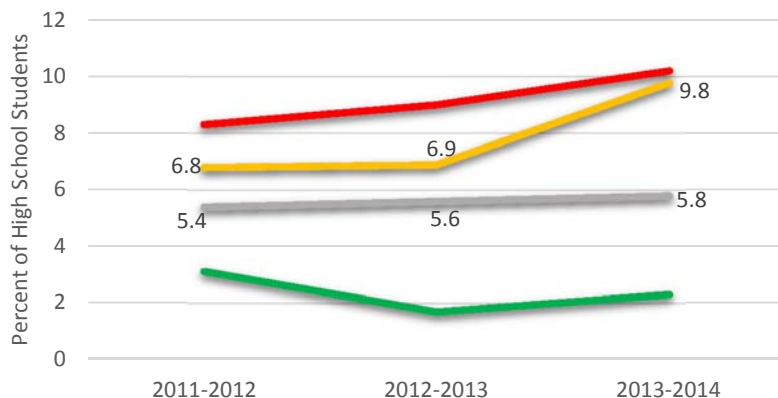
WOONSOCKET

Consequences – Suicidality

Considered Suicide PAST 12 MONTHS



Attempted Suicide PAST 12 MONTHS



NOTE: Highest/lowest indicates the highest/lowest value across all communities in a given school year; Highest/Lowest community may vary by school year.

2013-2014 Middle School Prevalence

