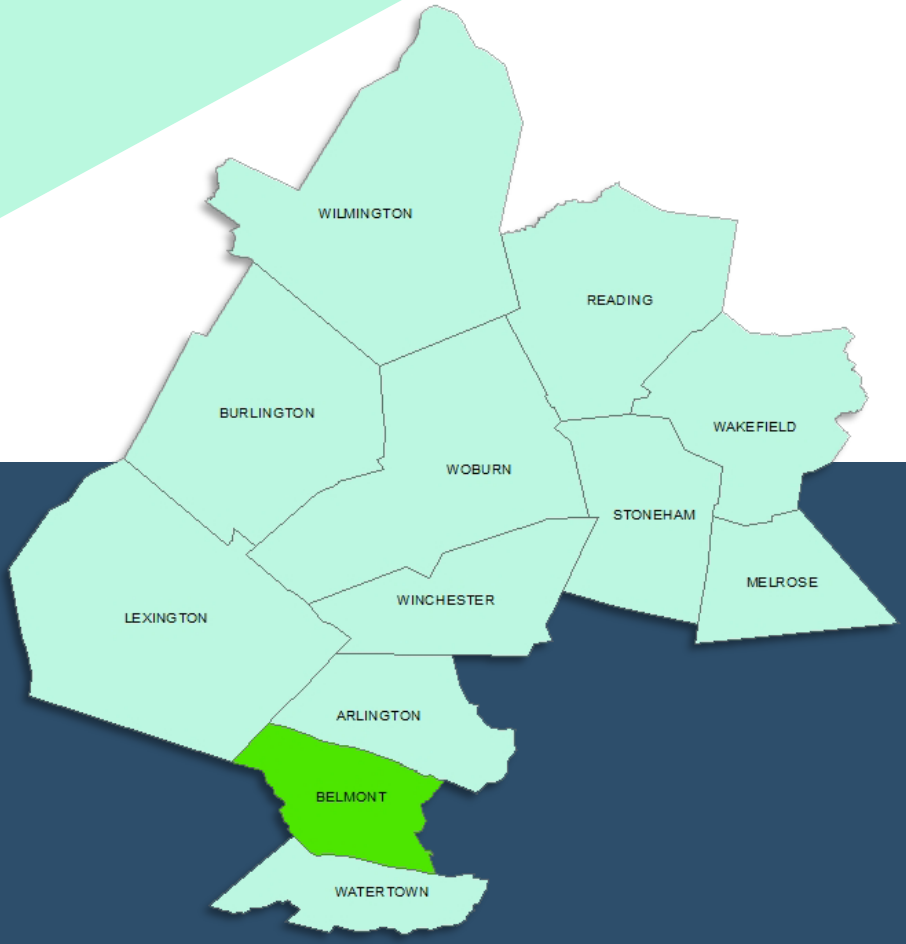
2019

YOUTH RISK BEHAVIOR ASSESSMENT (YRBS)



Middlesex League

Belmont Report

Acknowledgements

The 2019 Middlesex League Youth Risk Behavior Assessment (YRBS) was prepared by **John Snow, Inc. (JSI)**.

JSI is a public health management consulting and research organization dedicated to improving the health of individuals and communities. JSI provided technical assistance to administer the survey, collect and compile data from participating school districts, analyze the surveys, and develop the reports.

None of this would have been made possible without the time, guidance, and efforts of the superintendents and health coordinators from participating school districts.

These districts include:

Arlington	Melrose
Burlington	Stoneham
Belmont	Winchester
Wilmington	Woburn
Wakefield	Watertown
Reading	

Their commitment to the health and safety of students will support their academic success and help students establish lifelong healthy behaviors.

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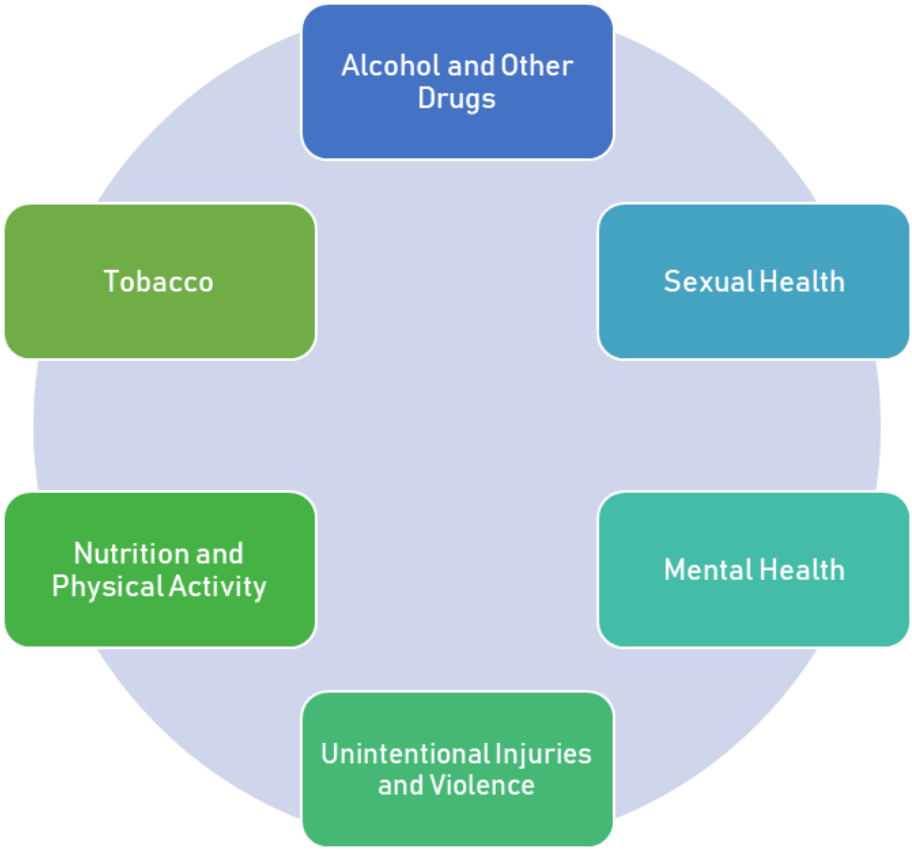
Introduction

What is the YRBS?

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 and continues today to monitor certain risky health behaviors and other priority areas among school-aged youth and young adults. Data collected through the anonymous, biennial, and voluntary Youth Risk Behavior Survey (YRBS) allows for the YRBSS to determine the prevalence of risky health behaviors; assess general trends health behaviors over time, examine the co-occurrence of health behaviors; provide comparison data for geographies and subpopulations; and monitor progress toward achieving Healthy People objectives and program indicators. These health behaviors include the following areas:



Introduction

Middlesex League YRBS

Nearly every state in the nation administers the YRBS through a cooperative agreement with the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC). As part of this agreement, the MA Department of Public Health draws data from a representative sample of cities and towns in the Commonwealth to develop a report of the health risks facing the Commonwealth's youth.

Although this effort is extremely valuable, individual cities and towns are not required to conduct their own assessments and the Commonwealth's YRBS is not designed to provide information on the variation that exists across the state.

Beginning in 2017, the Middlesex League, which includes the school districts of Arlington. Burlington, Belmont, Lexington, Melrose, Stoneham, Reading, Wakefield, Watertown, Wilmington, Winchester, and Woburn, decided to collaborate on the YRBS to provide comparative data specific to their region. Local superintendents and health coordinators agreed to develop a common YRBS instrument to be administered every two years based on the core YRBS developed by the CDC and used by the Massachusetts Department of Public Health. The initial 2017 YRBS included the districts of: Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester, and Woburn.

This would allow these individual school districts and the region overall to better understand and respond to the health risks facing youth in their communities, as well as to promote information sharing and coordination across the school districts, health officials, and other community-based service providers.

The Middlesex League seeks to continue to leverage the power of the coalition and maintain a regional benchmark to compare and track themselves against throughout time. This 2019 YRBS builds upon their initial 2017 assessment, and has added the districts of Wilmington, Belmont, Watertown, and Reading.

Methods & Approach

District Involvement

The Middlesex League Youth Risk and Behaviors Survey is a cross-sectional biennial survey of middle and high school students (grades 6-12) from the 12 school districts comprising the Middlesex League. All schools in the district were eligible to participate.

Superintendents from the 12 school districts of the Middlesex League participated in introductory calls with John Snow, Inc. (JSI) to determine their participation in the collaborative survey effort this year.

For the 2019 survey year, JSI worked with 11 school districts (Arlington, Belmont, Burlington, Melrose, Reading Stoneham, Wakefield, Watertown, Wilmington, Winchester, and Woburn) to administer the survey, collect and analyze data, and write reports of the findings. One school district was unable to participate.

Methods & Approach

Survey Development

Survey development was done in an iterative process in which participating school districts provided JSI with examples of the surveys used in previous years of administrations. These surveys were compared to surveys of other districts and to the CDC version of the YRBS.

From these sources, JSI developed a "master survey" that included all questions from the CDC version, as well as a small selection of additional questions drawn from district surveys. JSI proposed this survey to participating schools, leaving the option open for schools to either remove or add selected questions critical for the district to collect.

Schools that were recipients of the Drug Free Communities (DFC) grant or the STOP Act grant were required to ask a series of questions about drug and alcohol use as well as perceptions. To simplify versions of the survey, all schools agreed to ask the DFC and STOP Act questions. All participating schools decided to adopt the JSI version of the survey and additions to or deletions from that content remained minor.

Survey Administration & Consent Process

JSI designed a self-administered online survey in SurveyGizmo with appropriate customization of the instrument for each district. Once the survey was finalized, JSI worked with each school district to develop a plan and schedule to administer the survey, and supported districts with confidentiality practices, the student opt-out process, and privacy assurances.

Schools obtained passive parental permission i.e. parents were mailed a form explaining the purpose of the survey and given the opportunity to opt their child out of taking the survey. Participation was voluntary and had the opportunity to opt out the survey. Schools were given a period of 2 months to administer surveys (between March and April 2019). Survey administration occurred over 1-2 days during regular class periods and supervised by school staff including superintendents, principals and health teachers.

Data Cleaning & Analysis

Online administration of the survey allowed for results to be immediately transferred to JSI's secure computer servers, where the data were aggregated and analyzed using SAS 9.4 (SAS Institute Inc., Cary, NC). Overall rate of completion was checked for each survey. Records with fewer than 30 valid responses for high schools and fewer than 25 responses for middle schools (shorter overall survey length) were removed. Logical edits on each questionnaire were performed and responses that conflicted in logical terms were both set to missing. A descriptive analysis of survey responses was conducted and summary reports were developed for each district, highlighting key findings in comparison to the Middlesex League region, Commonwealth, and national averages, whenever possible .

Key Findings

The Middlesex YRBS asks youth to report risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults. Six major health behaviors that are related to the leading causes of illness and death among youth in the United States (e.g., motor vehicle crashes, unintentional injuries, homicide, suicide, sexually transmitted disease), as well as the chronic diseases and associated risk factors that impact adults (e.g., hypertension, diabetes, cardiovascular disease, cancer) have been identified and categorized as the following:

- Behaviors that contribute to unintentional injuries and violence
- Behaviors related to mental health
- Smoking and Tobacco use
- Alcohol and other drug use
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV infection
- Unhealthy dietary behaviors and physical inactivity

Key Findings

These behaviors are frequently interrelated and, while their ultimate outcomes are often not presented until adulthood, the behaviors are established very early during childhood and adolescence.

The YRBS was conducted in Belmont during the spring of 2019 to assess these behaviors among middle and high school students. The following is a brief review of key findings from the Middlesex League YRBS. The findings are organized into six sections that correspond with the priority health behaviors that have been previously identified. In addition to the key findings from the survey, the relevance and implications of each priority health behavior are described.

Before discussing the key findings, it is important to acknowledge the population distribution of the district in consideration. Table 1 and Table 2 show the distribution of survey respondents by sex, race, and grade across high school students and middle school students, respectively.

Table 1. Distribution of Belmont high school respondents

	Male N (%)	***Female N (%)***
Total	523 (47.8)	571 (52.2)
Level		
Grade 9	145 (27.8)	155 (27)
Grade 10	147 (28.2)	144 (25.2)
Grade 11	117 (22.4)	153 (26.8)
Grade 12	114 (21.8)	119 (20.8)
Race/Ethnicity		
AI/AN/NH/PI*	2 (0.4)	1 (0.2)
Asian	110 (21.2)	101 (18)
Black or African American	23 (4.4)	19 (3.4)
White	343 (66.4)	401 (71.2)
Multi-Racial	39 (7.6)	41 (7.2)

*American Indian/Alaska Native/Native Hawaiian/Pacific Islander

Table 2. Distribution of Belmont middle school respondents

	Male N (%)	***Female N (%)***
Total	323 (48.4)	344 (51.6)
Level		
Grade 6	1 (0.4)	0(0)
Grade 7	169 (52.8)	174 (50.8)
Grade 8	150 (46.8)	169 (49.2)
Race/Ethnicity		
AI/AN/NH/PI*	2 (0.6)	5 (1.6)
Asian	46 (15)	56 (17.2)
Black or African American	19 (6.2)	12 (3.6)
White	208 (68)	231 (70.8)
Multi-Racial	31 (10.2)	22 (6.8)

*American Indian/Alaska Native/Native Hawaiian/Pacific Islander

Note:

It is important to note that the 2019 Middlesex League YRBS regional and district-level reports are structured to present information around the landscape of major health behaviors related to the leading causes of illness and death among youth in the United States , report a general summary of key findings regarding the prevalence of these health-related behaviors within the Middlesex League, and provide the relevant data tables in the appendices. The aim of these reports is to promote a better understanding of the health risks facing youth in these communities, and in order to develop a comprehensive grasp of the information collected through the YRBS, it is strongly encouraged to refer to the data tables while reading the entirety of the report.

It is also important to make note that due to their participation in the initial 2017 YRBS, the districts of Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester, and Woburn will have comparable 2017 district-specific data to observe trends, but the districts of Wilmington, Belmont, Watertown, and Reading will not.

Unintentional Injury & Violence

Unintentional Injury

Unintentional injuries are defined as accidental injuries where the harmful outcome was not sought, occurred in a short period of time, or normal body functions were blocked by external means, e.g., drowning. Some of the most common unintentional injuries result from motor vehicle crashes, falls, fires and burns, drowning, poisonings, and suffocation. According to the CDC in 2017, the United States saw that 40.6% of deaths among persons aged 10–24 years were due to unintentional injury, making this the leading cause of death for this age group. [1]

The 2019 Belmont district YRBS asked questions related to driving under the influence, distracted driving, and other related behaviors.

Belmont high school students fared better than their counterparts across the Middlesex League region across all areas related to unintentional injury. Belmont high schools students were less likely to ride in a car with a driver who'd been drinking, drive a car while drinking or using marijuana, and text/email while driving compared to their Middlesex League region counterparts.

The following are key findings from this section for Belmont high school students:

- Among Belmont students who had driven a vehicle, 4.0% reported driving when they had been drinking alcohol and 10.6% reported driving when they had been using marijuana. In Middlesex, 4.4% of students reported driving when they had been drinking alcohol and 13.6% reported driving while using marijuana. In the Commonwealth, 5.7% of high school students reported driving while they had been drinking.

- 11% of Belmont students reported riding with a driver who had been drinking alcohol. This is similar to the Middlesex League region (11.9%), but lower than the Commonwealth (14.4%).

[1] Heroin, M. (2019). Deaths: Leading causes for 2017. National Vital Statistics Reports. National Center for Health Statistics, 68 (6).

Unintentional Injury

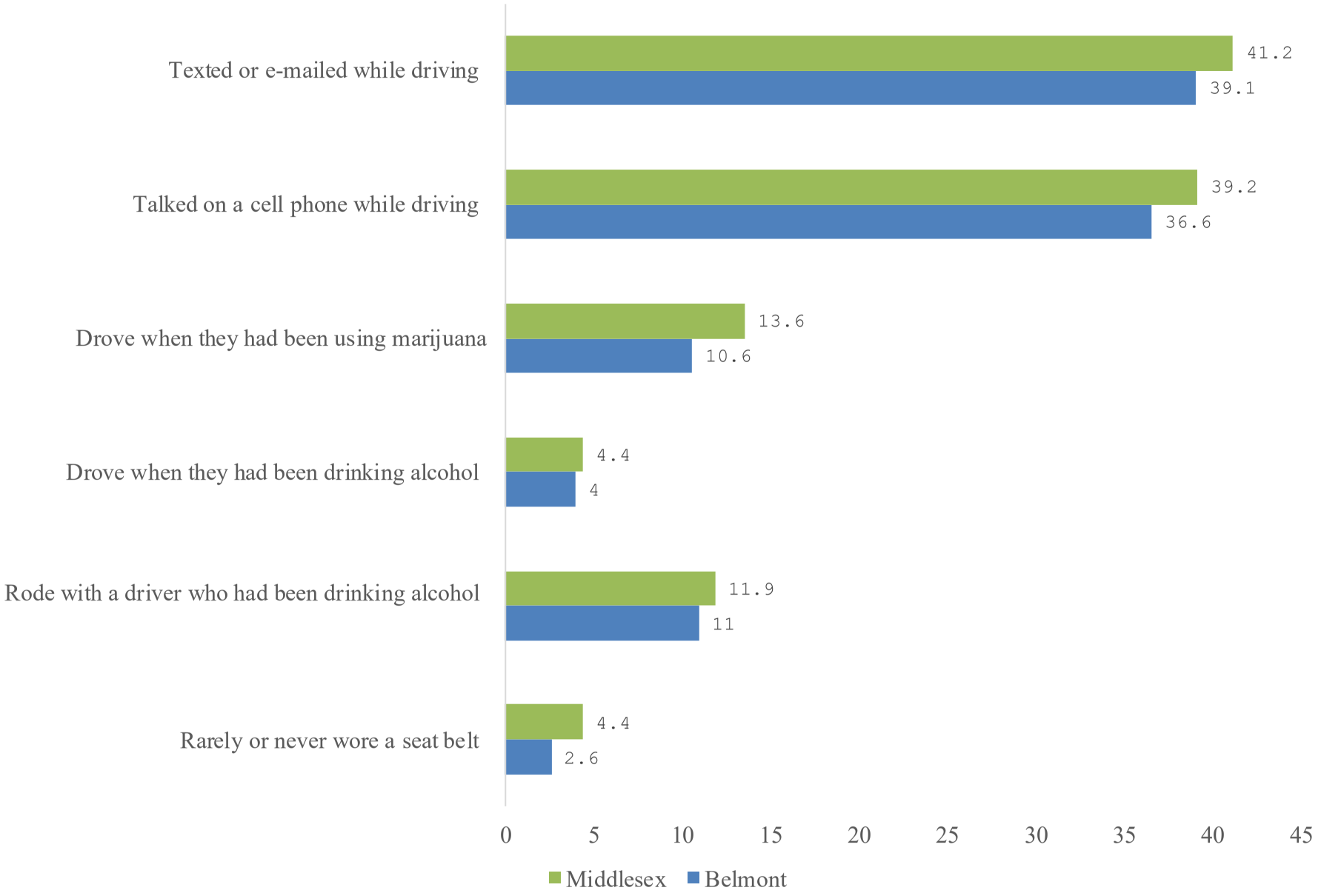
- 36.6% of Belmont students reported talking on the phone while driving compared to 39.2% in the Middlesex League. Additionally, 39.1% of students reported texting or emailing while driving compared to 41.3% in the Middlesex League.

Belmont middle school students fared better than their Middlesex League counterparts with respect to wearing a helmet when riding a bike, rollerblading or skateboarding and wearing seatbelts while in a car. However, Belmont students were slightly more likely to ride in a car with someone who'd been drinking. With respect to violence, Belmont students were also less likely to be bullied electronically or on school property relative to their Middlesex League region counterparts; however, they were markedly more likely to carry a weapon and be in a physical fight relative to the Middlesex League.

The following are key findings from this section for Belmont middle school students:

- A lower percentage of Belmont middle school students reported not wearing a helmet when riding a bicycle (17.3%) and when rollerblading/skateboarding (37.9%) compared to the Middlesex League region averages (28.7% and 44.7%, respectfully).
- A larger percentage of Belmont middle school students reported riding in a car driven by someone who had been drinking alcohol (13.5%) relative to their Middlesex League region counterparts (12.5%).

Figure 1. Risk factors for unintentional injuries among HS students



Violence

Youth violence is defined as violence either against or committed by a child or adolescent. Issues most associated with youth violence include physical fighting, bullying, cyber-violence, dating violence, and child abuse and neglect.

According to the CDC in 2017, among people ages 10 to 24, 19.2% of deaths were due to suicide, while 14.4% of deaths were due to homicide.[1] Additionally, one in five high school students reported being bullied in 2018, with 15% of high schools and 22% of middle schools reporting frequent bullying.[2] A combination of risk factors, which comprise of individual, relationship, community, and societal factors, contribute to the overall perpetration of youth violence.

The 2019 Belmont district YRBS asked questions related to physical bullying, emotional abuse, sexual violence, and other questions regarding threats to safety.

Belmont high school students fared better than their Middlesex League region counterparts in almost all areas related to violence. The only two exceptions to this pattern are related student's property getting stolen or damaged during the school day and experiences with sexual violence by anyone. Belmont high school students fared notably better than students across the Commonwealth in areas related to violence when comparable data was available. A smaller percentage of Belmont students felt threated by violence, experienced bullying both electronically and on school property, and were involved in a physical fight.

The following are key findings from this section for Belmont high school students:

- A smaller percentage of Belmont students carried a weapon on school property (0.6%) compared to the Middlesex League regional average (1.3%).

- A smaller percentage of Belmont students reported being bullied on school property (11.1%) or electronically (8.5%) compared to their Middlesex League region counterparts (13.0% and 11.8% electronically).

- A larger percentage of Belmont students reported their property getting stolen or deliberately damaged during the school day at least once during the 12 months before

[2] Centers for Disease Control and Prevention. (2017). Youth risk behavior surveillance—United States. Morbidity and Mortality Weekly Report--Surveillance Summaries 2018, 67.

Violence

the survey (19.7%) compared to the Middlesex League regional average (17.1%).

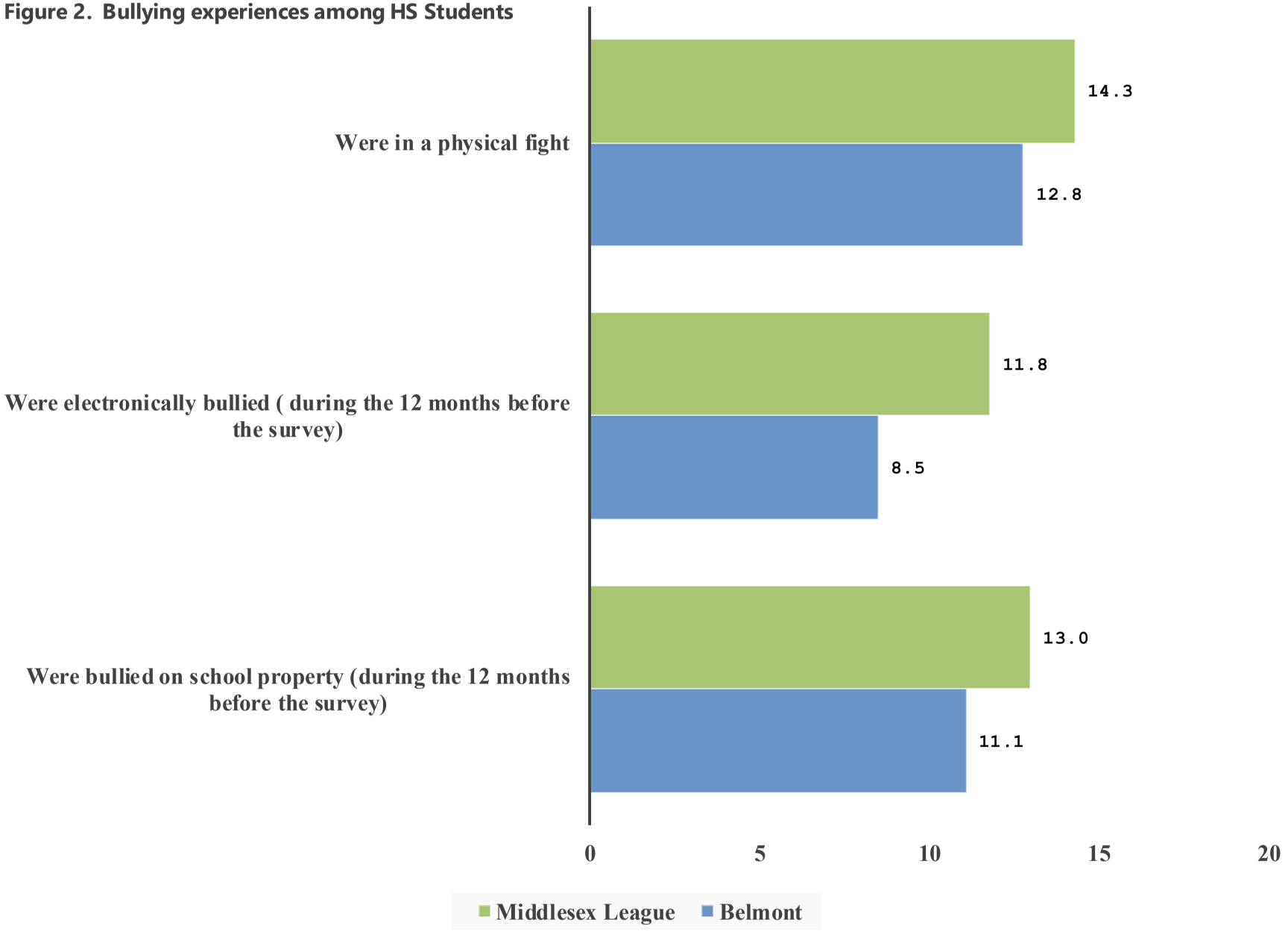
- 2.8% if Belmont students did not go to school because they felt unsafe at school or on their way to school. This is compared to 4.7% of students in the Middlesex League and 4.5% of students Commonwealth-wide.

With respect to violence, Belmont middle school students were also less likely to be bullied electronically or on school property relative to their Middlesex League region counterparts; however, they were markedly more likely to carry a weapon and be in a physical fight relative to the Middlesex League.

The following are key findings from this section for Belmont middle school students:

- With respect to carrying a weapon, Belmont middle school students reported markedly higher rates compared to the Middlesex League region (17.8% vs. 13.9%). Belmont students were also more likely to be in a physical fight (31.2%) compared to their Middlesex League counterparts (29.6%).
- A lower percentage of Belmont middle school students reported being bullied electronically (27.3%) or on school property (15.2%) relative to the Middlesex League region averages (30.1% and 16.7%).

Figure 2. Bullying experiences among HS Students



Mental Health

Mental Health

Mental health disorders impact 1 in 5 children ages 13-18 in the U.S.[3] In 2017, Nearly a third of high school students reported feeling sad or hopeless every day for two or more weeks in a row, inhibiting them from performing usual activities. This can ultimately have negative long-term effects that leave students feeling socially isolated and stigmatized, potentially impacting their academic performance, future employment, and overall health.

The 2019 Belmont district YRBS asked questions related to depression, suicide, stress, and behavioral health treatment.

Compared to the Middlesex League region, Belmont high school students fared better across all surveyed areas related to mental health including feeling sad or hopeless, wanting to do something to purposefully hurt themselves and having suicidal ideations.

The following are key findings from this section for Belmont high school students:

- Among Belmont high school students 24.0% reported that they felt sad or hopeless almost every day for two or more weeks in a row, which was lower to the Middlesex League region (26.5%) and to the Commonwealth (27.4%).

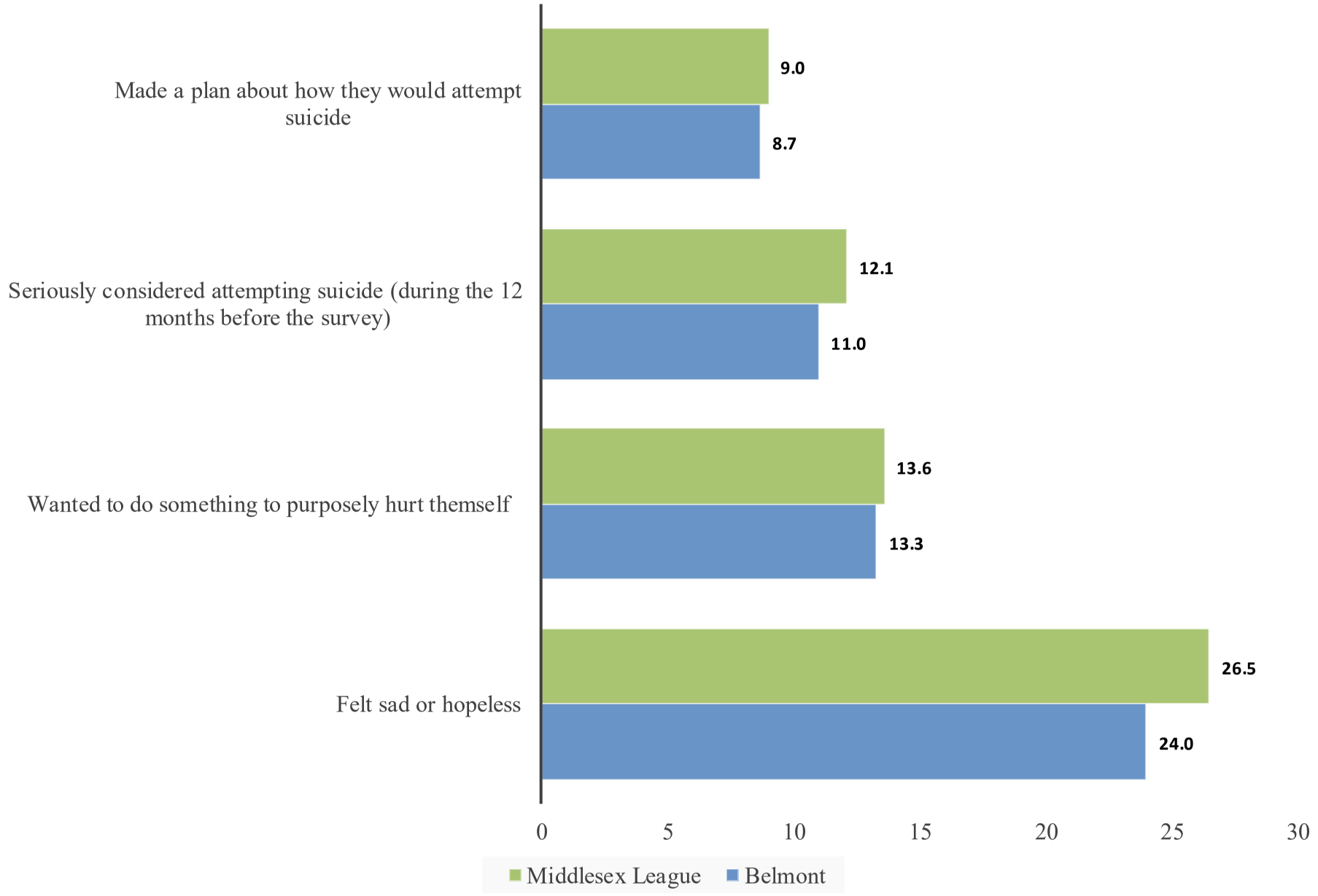
- Among Belmont high school students, 13.3% reported that they wanted to do something to purposely hurt themselves without wanting to die, which was lower than the average for high school students in the Middlesex League region (13.6%).

- Among high school students in Belmont school district, 11.1% seriously considered attempting suicide and 8.7% made a plan about how they would attempt suicide. These rates are lower than the Middlesex League regional averages (12.4% and 9.0%, respectively).

[3] Centers for Disease Control and Prevention (CDC). (2018.). 1991-2017 High School Youth Risk Behavior Survey Data. Retrieved from http://nccd.cdc.gov/youthonline/

[4] Kutcher, S., & Venn, D. (2008). Why youth mental health is so important. Medscape Journal of Medicine, 10(12), 275.

Figure 3. Mental Health and Suicide among HS Students



Mental Health

Belmont middle school students were more likely to have suicidal ideations compared to their Middlesex League counterparts; however, a smaller percentage of Belmont students actually attempted suicide compared to the region. In comparison to the Middlesex League, a smaller proportion of Belmont middle school students who were taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problems. The two most negative stressors for Belmont middle school students were "busy schedule," and "School demands/expectations—such as assignments, homework, etc." while the two most stressful parts of school were "keeping up with school work" and "getting up early in the morning to go to school."

The following are key findings from this section for Belmont middle school students:

- With respect to suicide, Belmont middle school students were slightly more likely to report that they seriously considered attempting suicide (16.5%) and made a plan about how they would attempt suicide (9.8%) relative the Middlesex League region (15.6% and 8.5%, respectively). Belmont students were less likely than their Middlesex League counterparts to actually attempt suicide (2.3% vs. 3.2%).
- 10.3% of Belmont middle school students reported that they were currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problems, which was lower to middle school students in the Middlesex League region (11.7%).
- The leading causes of negative stress for Belmont middle school students and students throughout the Middlesex League region were "School demands/ expectations—such as assignments, homework, etc." (reported by 30.5% of Belmont students) and "busy schedule" (reported by 16.5% Belmont students).
- Belmont middle school students reported that the most stressful part of school was "keeping up with schoolwork" (reported by 20.3% of Belmont students) and "getting up early in the morning to go to school" (reported by 18.2% of Belmont students)

Substance Use

Tobacco Use & Smoking

Tobacco use among adolescents is increasing across the United States. In 2018, 1 in 4 high school students had used any type of tobacco product in the past 30 days, which is a considerable increase from reports in 2017.[2] A major factor contributing to the rise of adolescent tobacco use is the increased prevalence of e-cigarettes and palatable flavored tobacco products that are available in the market.

From 2017-2018, there was no observed change in utilization of other nicotine tobacco products, including traditional cigarettes; however, e-cigarette use among high school students increased from 11.7% to 20.8%.[5] Similar nation-wide trends are present amongst middle school students. While utilization rates of other nicotine tobacco products maintained from 2017 to 2018, e-cigarette use jumped from 3.3% to 4.9% during this time.

The 2019 Belmont YRBS asked questions related to cigarette use, smokeless tobacco, and electronic vapor products.

Belmont high school students fared considerably better than their counterparts across virtually all areas assessed. Belmont high school students are considerably less likely to have ever used and be current users of electronic vapor products than the Middlesex League region.

The following are key findings from this section for Belmont high school students:

- Among Belmont high school students 30.4% reported ever using an electronic vapor product and 18.5% reported being current users of electronic vapor products, compared to the Middlesex League region (40.1% and 24.3%).

- Among Belmont high school students who uses any tobacco products, 47.0% of Belmont high school students reported not trying to quit the 12 months before the survey, which is equal to the percentage of Middlesex League region students (47.0%).

[5] Gentzke, A., Creamer, M., Cullen, K., Ambrose, B., Willis, G., Jamal, A., & King, B. (2019). Vital Signs: Tobacco Product Use Among Middle and High School Students — United States, 2011–2018. MMWR Morb Mortal Wkly Rep, 68(6), 157–164.

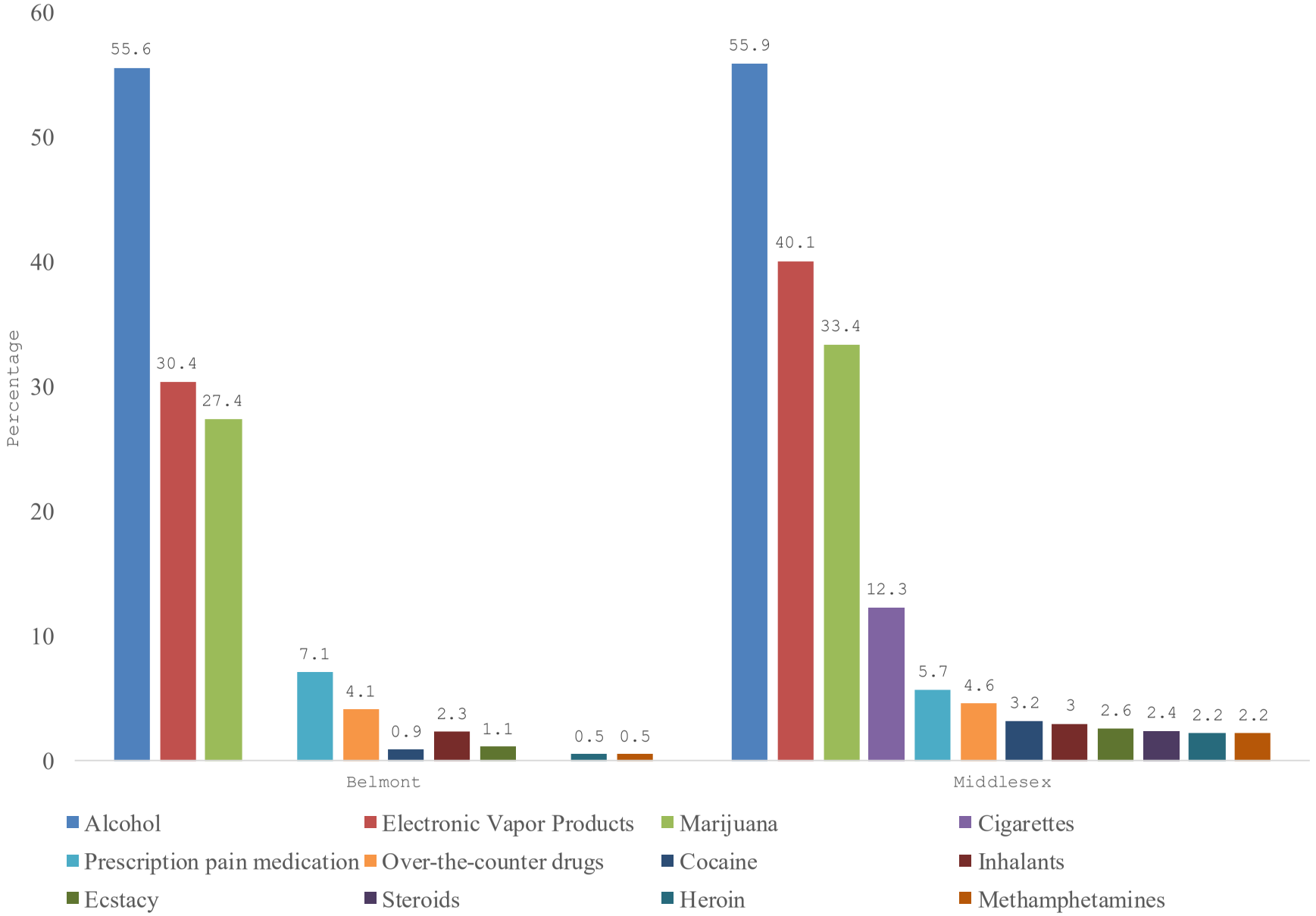
Tobacco Use and Smoking

Belmont middle school fared substantially better than their middle school counterparts across the Middlesex region in all survey areas related to tobacco use and smoking. Belmont students were less likely to have ever tried a cigarette, adopt cigarettes at an early age (before age 10), used and be current users of electronic vapor products, and use smokeless tobacco products.

The following are key findings from this section for Belmont middle school students:

- A smaller percentage of Belmont middle school students have ever tried cigarette smoking relative to the Middlesex League (0.8% vs 2.3%).
- A smaller percentage of Belmont middle school students reported ever trying electronic vapor products (4.1%) and being current users of electronic vapor products (1.2%) compared to their Middlesex League counterparts (8.8% and 3.8%, respectively).

Figure 4. Lifetime use of alcohol, tobacco and other drugs among HS Students



Alcohol

Underage alcohol consumption is a major public health concern, as alcohol is the most common substance of abuse among American youth. Underage drinking poses significant health and safety risks, particularly amongst youth who participate in binge drinking. That is, when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours.

Nationally in 2017, 8% of 8th graders and 33% of 12th graders reported consuming alcohol in the past 3 days.[6] Furthermore, 2% and 19% of 8th and 12th graders, respectively, reported binge drinking in the past 30 days.[7] Youth who drink alcohol are more likely to experience more school absences, failing or poor grades, alcohol related crashes or other unintentional injuries, and changes in brain development that may have consequences on their performance in school and long-term health.[8]

The 2019 Belmont district YRBS asked questions related to previous and current alcohol consumption.

With respect to alcohol and drug use, the percentages for Belmont high school students are consistently less than the percentages for high school students in the Middlesex League region and in the Commonwealth. This pattern persists for almost all the questions in this section of the survey. The only exception regards the early adoption of alcohol (before age 13). In this case, the percentage of early alcohol adopters in Belmont is only slightly higher the Middlesex League average.

The following are key findings from this section for Belmont high school students:

- Among Belmont high school students 55.6% reported that they have ever drank alcohol, 22.5% reported that they currently drank alcohol (one or more times in the last month), and 12.5% reported that they "binge drank" (drinking 4 or more drinks in a row for females of 5 or more drinks in a row for males). Belmont fared comparatively or better compared to the Middlesex League region in all respects (55.9%, 26.4% and 15.0%, respectively).

[6] Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. HHS Publication No. SMA, 16–4984.

[7] Johnston, L., Miech, R., O'Malley, P., Bachman, L., Schulenberg, J., & Patrick, M. (2019). Monitoring the Future national survey results on drug use 1975-2018. Ann Arbor: Institute for Social Research, University of Michigan.

[8] Office of the Surgeon General (US); National Institute on Alcohol Abuse and Alcoholism (US); Substance Abuse and Mental Health Services Administration (US). (2007). The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK44360/

Alcohol

Belmont middle school students fared better than their middle school counterparts across the Middlesex League in survey questions related to alcohol use. Belmont students were less likely to drink alcohol at an early age (before age 11) and currently drink alcohol compared to the Middlesex League region.

The following are key findings from this section for Belmont middle school students:

- Among Belmont middle school students, 12.2% reported ever trying alcohol and 2.1% reported currently drinking alcohol. Both these figures are lower than the Middlesex League regional averages (13.1% and 2.2%, respectively).

Other Drugs

The YRBS measured the abuse of illegal drugs and the misuse of prescription medications or other substances. Marijuana is the most commonly used illicit drug by both teenagers and adults in the United States.[9] It can increase the risk for accidents and injuries, including impaired driving, and is associated with poorer school performance, reduced life satisfaction, and use of other drugs.[10]

Other drugs also pose a public health concern for youth. Prescription drug misuse as a way to get high, relieve tension, increase alertness, and/or improve concentration and academic performance has become a growing problem for teenagers, as it can lead to addiction and overdose deaths.[11] Cocaine, heroin, cough and cold medicine, and other drugs, all affect body and mind development and pose damaging consequences for children and adolescents.

The 2019 Belmont School YRBS asked questions related to marijuana use, other illicit drug use, and prescription drug use.

The percentages for alcohol and drug use for Belmont high school students are consistently less than the percentages for high school students in the Middlesex League region and in the Commonwealth. This pattern persists for almost all the questions in this section of the survey. The only exceptions are regarding taking prescription pain medication without a doctor's prescription, and getting offered, sold or given illegal drugs on school property.

The following are key findings from this section for Belmont high school students:

- With respect to marijuana, 27.4% of Belmont high school students reported that they have ever used marijuana and 14.8% reported that they were current marijuana users. Belmont percentages are smaller than the Middlesex League regional averages (33.4% and20.7%, respectively).

- With respect to all other illicit drugs (i.e., cocaine, heroin, methamphetamines, ecstasy, inhalants, and synthetic marijuana) the percentage of Belmont students who ever used each drug are low and range from 0.5% (heroin and methamphetamines) to 2.9% (synthetic marijuana). These percentages are less than the percentages for the Middlesex League and Commonwealth overall (Figure 4).

[9] NIDA. (2018). Media Guide. Retrieved from https://www.drugabuse.gov/publications/media-guide/

[10] Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. The New England journal of medicine, 370(23), 2219–2227.

[11] Compton, W., & Volkow, N. (2006). Abuse of prescription drugs and the risk of addiction. Drug and Alcohol Dependence, 83(1), S4–S7.

Other Drugs

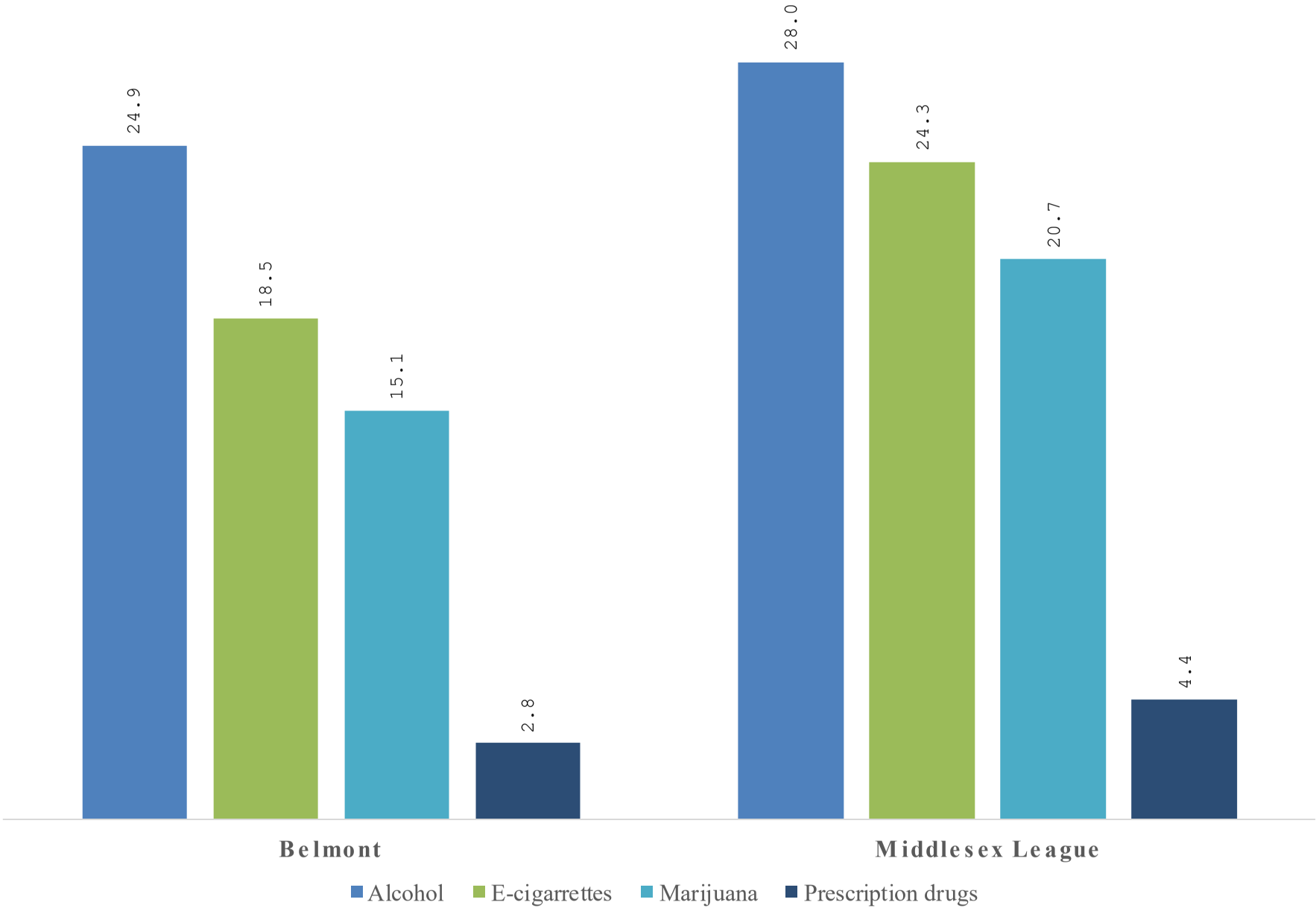
- A larger percentage of Belmont high school students of students were offered, sold, or given an illegal drug on school property (15.0%), compared to 13.6% in Middlesex League and 20.1% in the Commonwealth.

Belmont students fared better than the Middlesex League region with respect to the use of illicit drugs such as marijuana, cocaine, prescription medications, prescription pain medications, and inhalants.

The following are key findings from this section for Belmont middle school students:

- Belmont middle school students were less likely to have ever used marijuana compared to their Middlesex League counterparts (1.0% vs. 3.1%).
- Belmont students were less likely than Middlesex League region students to report ever using cocaine, steroids, prescription drugs, without a doctor's prescription, inhalants to get high, and prescription pain medication without a doctor's prescription.

Figure 5. Past 30 day Substance use among HS students



Sexual Behavior & HIV

Sexual Behavior & HIV

Youth who engage in sexual behaviors are at risk for unintended health outcomes such as human immunodeficiency virus (HIV), other sexually transmitted diseases (STDs), and unintended pregnancy. Sexual minority youth including lesbian, gay, and bisexual high school students in particular are at substantial risk for serious health outcomes relative to their peers.

In 2017, a third of high school students reported having sexual intercourse. Of those students, 46% did not use a condom the last time they had sex and 14% did not use any contraception.[2] Schools can play a direct role in protecting students from HIV, STDs and unintentional pregnancies by providing effective education about healthy sexual practices and addressing the needs of sexually active and non-sexually active students.

The 2019 Belmont district YRBS asked questions related to sexual intercourse, sexting, pregnancy and disease prevention, and sexually transmitted infections (STIs).

Overall, Belmont high school students engaged in less sexual activity. However, a larger percentage of students who were sexually active participated in risky sexual behaviors compared to their Middlesex League region counterparts. With respect to education and testing, Belmont high school students were slightly more likely to be tested for HIV or other sexually transmitted diseases and taught about birth control methods in school including condom use and AIDS or HIV infection in school.

The following are key findings from this section for Belmont high school students:

- A smaller percentage of Belmont high school students reported ever having sex (20.1%) and being currently sexually active defined by having sex in the previous 3 months (14.2%) relative to the Middlesex League region (25.9% and 18.8%, respectively).

- A larger percentage of Belmont high school students who were currently sexually active reported drinking or using drugs before last sexual intercourse (21.8%), not using a condom during last sexual intercourse (37.7%), and not using any method of contraception (10.2%) compared to the Middlesex League regional averages (20.1%, 35.3% and 8.8%, respectively).

Sexual Behavior & HIV

- With respect to sexual messages, 32.4% of Belmont high school students reported that they had ever sent or received sexual messages or nude or semi-nude pictures or videos electronically. These percentages are lower than the rates for the Middlesex League region (37.5%).

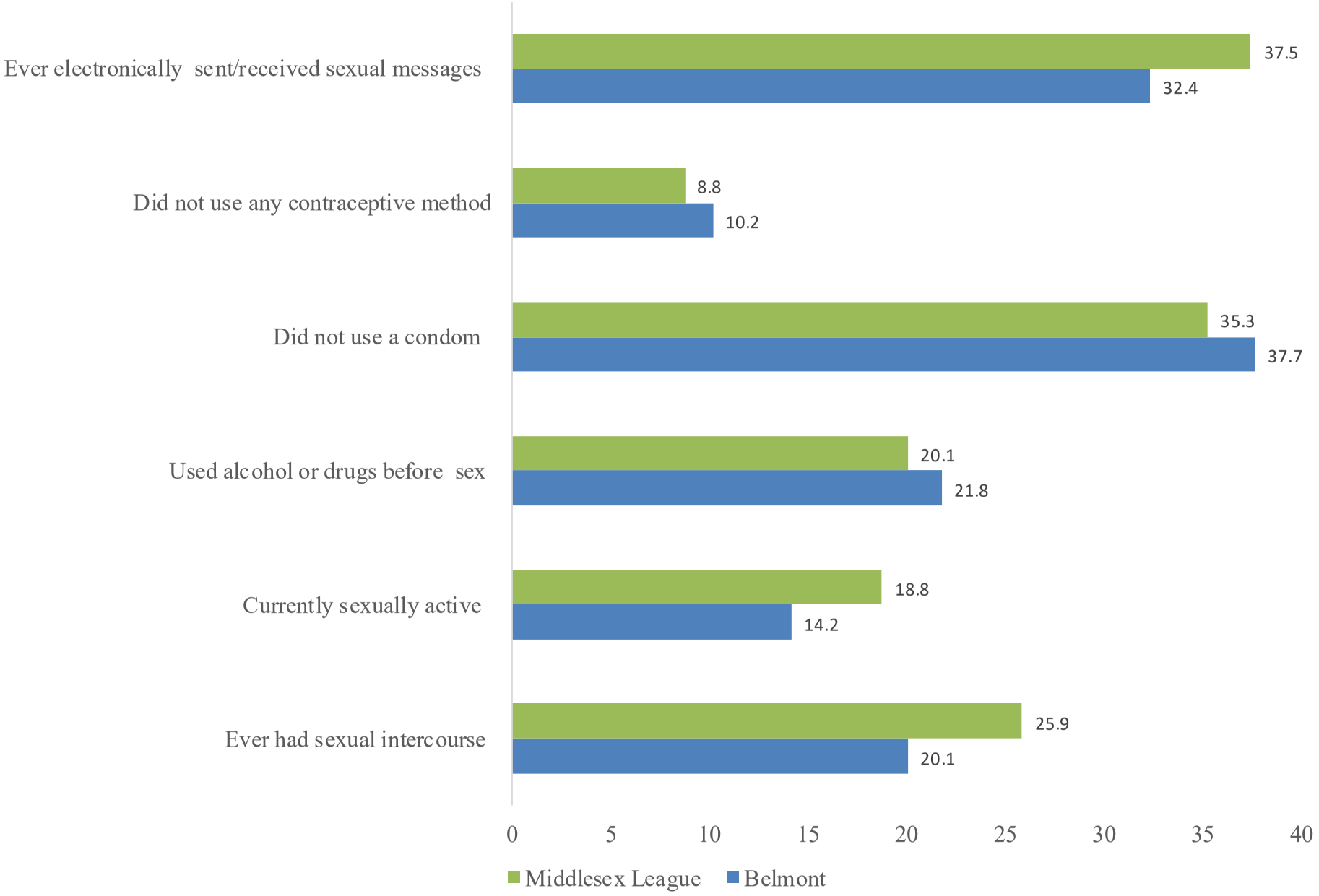
Belmont middle school students fared better than their Middlesex counterparts across all survey questions regarding sexual behavior. Belmont students were less likely to report ever having sexual intercourse, early-adoption of sexual intercourse (before age 10), having sexual intercourse with 4 or more persons, and not using a condom during sexual intercourse.

The following are key findings from this section for Belmont middle school students:

- A comparable percentage of Belmont middle school students reported ever having sexual intercourse (2.7%) compared to their Middlesex League region counter parts (2.8%).

- With regards to condom use during sexual intercourse, over a third (35.7%) of Belmont middle school students who had sexual intercourse did not use a condom, which is lower than the Middlesex League average (51.2%).

Figure 6. Reported Sexual behaviors among HS Students



Nutrition & Physical Activity

Nutrition & Physical Activity

Healthy eating and regular physical activity are essential for maintaining physical and mental health of youth. Together, this reduces the risk of developing chronic diseases, such as hypertension, heart disease, cancer, and diabetes. To reduce the risk of chronic disease, it is suggested that adolescents should be consuming at least five servings of fruit and vegetables and engage in 60 minutes of physical activity daily. [12]

Evidence suggests that physical activity and physical fitness improve academic performance and that time dedicated to physical activity in school helps facilitate this.[13] Similarly, eating a healthy breakfast is associated with improved cognitive function, reduced absenteeism, and improved mood. [14]

The 2019 Belmont district YRBS asked questions related to nutrition, physical activity, and overweight and obesity.

Compared to Middlesex League region averages, Belmont high school students are more likely to not be physically active at least 60 minutes per day during the week and not go to physical education (PE). Belmont high school students were less likely to eat fruit or drink 100% fruit juice, be trying to lose weight and get at least 8 hours of sleep on an average school night.

The following are key findings from this section for Belmont high school students.

- Among Belmont high school students, 3.0% of students did not eat fruit or drink 100% fruit juice in the 7 days before the survey, compared to 4.9% of high school students in the Middlesex League region and 5.8% of high school students in the Commonwealth.

[12] Dzewaltowski, D., Estabrooks, P., & Johnston, J. (2002). Healthy Youth Places promoting nutrition and physical activity. Health Education Research, 17(5), 541–551.

[13] Committee on Physical Activity and Physical Education in the School Environment; Food and Nutrition Board; Institute of Medicine; Kohl HW III, Cook HD, editors. (2013). Educating the Student Body: Taking Physical Activity and Physical Education to School. National Academies Press.

[14] Adolphus, K., Lawton, C. L., & Dye, L. (2013). The effects of breakfast on behavior and academic performance in children and adolescents. Frontiers in human neuroscience, 7, 425. doi:10.3389/fnhum.2013.00425

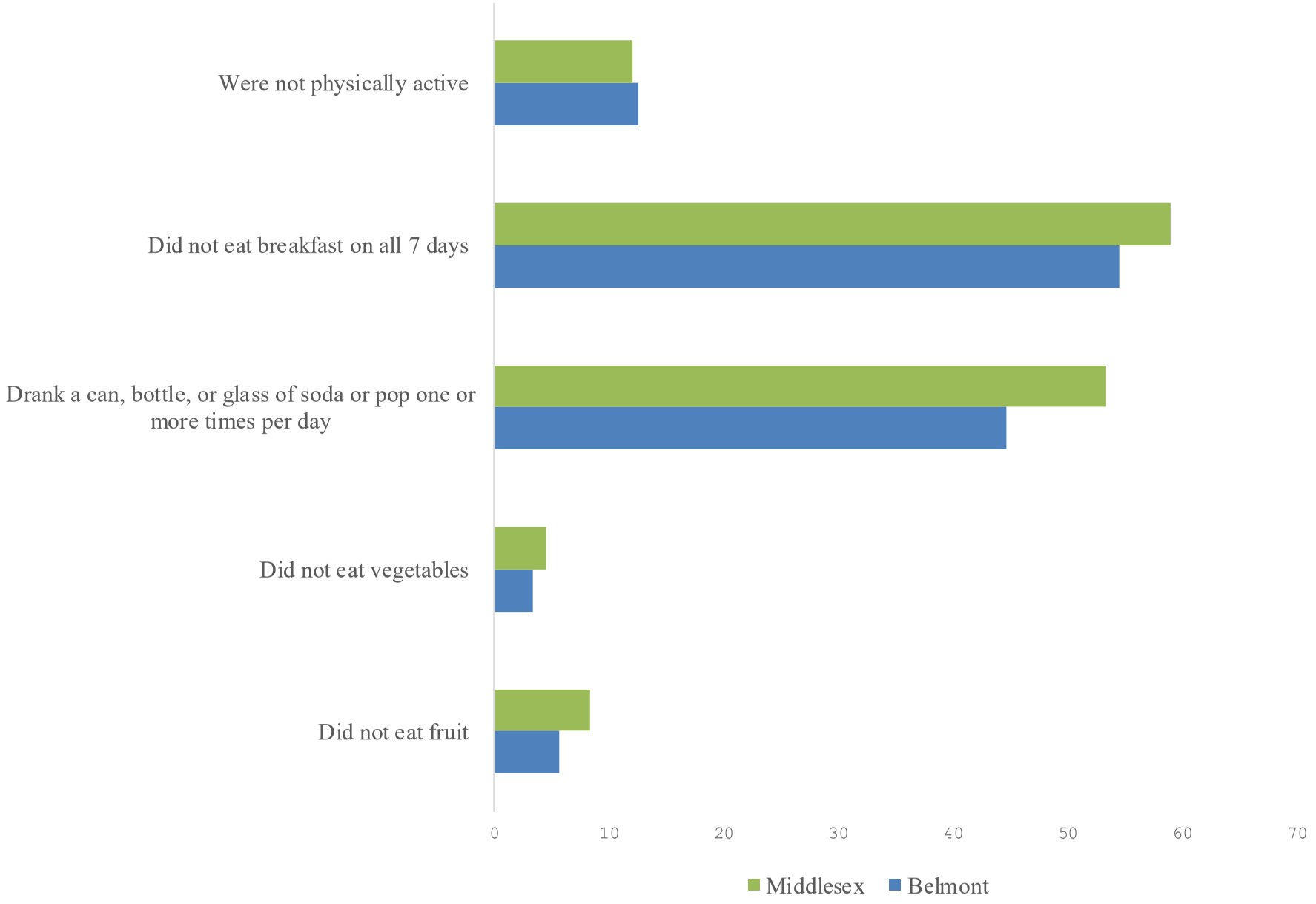
Nutrition & Physical Activity

- A smaller percentage of Belmont students were obese (6.1%) and or overweight (9.7%) compared to their Middlesex League region counterparts (8.4% and 12.8%, respectively).

- Substantially fewer students in Belmont drank soda one or more times in a day compared to the Middlesex League region. Among Belmont high school students, 44.7% consumed soda one or more times in a day. This figure is lower than both the Middlesex League region (53.4%), but substantially higher than the Commonwealth average (10.5%).

- Among Belmont high school students, 22.7% of Belmont high school students described themselves as slightly overweight of very overweight, compared to high school students 27.5% in the Middlesex League region and 28.1% Commonwealth-wide.

Figure 7. Nutrition and Physical Activity Among HS students



Nutrition & Physical Activity

Belmont middle school students fared better than their middle school counterparts across the Middlesex League region in almost every area related to nutrition and physical activity. The exceptions to this pattern were regarding eating breakfast, being physically active on 5 days or more a week and playing on at least 1 sports team. In these cases, Belmont's percentage for middle school students were only slightly to the Middlesex League region. Belmont middle school students were more likely than their Middlesex League region counterparts to eat breakfast during the week, be physically active for at least 60 minutes on at least 1 day per week, and attend physical education class.

The following are key findings from this section for Belmont middle school students.

- A smaller proportion of Belmont middle school students reported that they did not eat breakfast on at least one day (44.5%) or at all (4.3%) during the week compared to their Middlesex League region counterparts (49.2% and 7.4%, respectively).

- A larger percentage of Belmont middle school students were not physically active at least 5 days or more during the week (38.8%) compared to their Middlesex League region counterparts (38.2%).

- Belmont middle school students reported that they watched TV for 3 or more hours a day (9.3%) and that they played video or computer games or used a computer for 3 or more hours a day (31.9%) at lower rates compared to their Middlesex League region counterparts (about 12.9% and 35.8%, respectively).

- Belmont middle school students were slightly less likely to describe themselves as overweight (20.5%) and more likely to indicate that they were not trying to lose weight (73.0%) compared to their Middlesex League region counterparts (24.3% and 65.1%, respectively).

Perceptions of Risk & Approval

Perceptions of Risk & Approval

An important determinant of youth engagement in unsafe health behaviors is their perception towards the corresponding risks involved. With this, collecting data on perceptions of risk through the Middlesex League YRBS can offer better insight towards developing prevention programs and delivering positive health promotion messages to students.

The 2019 Belmont district YRBS asked questions related to students' personal perceptions of risk regarding smoking behaviors and alcohol, marijuana, and other drug use. To supplement this, students were asked how they believed their parents and friends approved of these behaviors as well.

Belmont high school students perceived the greatest risk for harm when using prescription drugs that are not prescribed to them, and perceived the least risk for harm when it came to smoking marijuana once or twice a week. In regards to marijuana use, slightly over half of the students see themselves at little to no risk of harm.

The following are key findings from this section for Belmont high school students.

- 73.6% of Belmont high school students see themselves at a moderate to high risk of harming themselves physically or in other ways if they use e-cigarettes or other devices. Very few students see themselves at no risk at all (5.4%).

- 68.6% of students see themselves at a great risk if they use prescription drugs that were not prescribed to them, while slightly over 7% of students see themselves at little to no risk (4.8% and 2.5%, respectively).

- 19.9% of students see themselves at little to no risk of harm when drinking one or two drinks of an alcoholic beverage nearly every day (15.9% and 4.0%, respectively), and 16.5% of students saw themselves at little to no risk of harm when having five or more drinks of an alcoholic beverage once or twice a week nearly everyday (12.3% and 4.2%,

Table A: Belmont's High School Reponses with Middlesex League, Commonwealth, and National Comparisons						
*Massachusetts and United States comparison data are from the 2017 CDC YRBS **Fares worse than Middlesex League**	Belmont		Middlesex		MA*	US*
	n	%	n	%	%	%
UNINTENTIONAL INJURIES AND VIOLENCE						
Rarely or never wore a seat belt (when riding in a car driven by someone else)	29	2.6	413	4.4	.	5.9
Rode with a driver who had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey)	120	11.0	1105	11.9	14.4	16.5
Drove when they had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	20	4.0	209	4.4	5.7	5.5
Drove when they had been using marijuana (also called grass, pot, or weed, in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	51	10.6	642	13.6	.	13.0
Talked on a cell phone while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	172	36.6	1590	39.2	.	.
Texted or e-mailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	183	39.1	1911	41.3	35.6	39.2
Carried a weapon (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	43	3.9	559	6.0	11.1	15.7
Carried a weapon on school property (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	7	.6	119	1.3	2.7	3.8

Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	31	2.8	434	4.7	4.5	6.7
Were threatened or injured with a weapon on school property (such as a gun, knife, or club, one or more times during the 12 months before the survey)	32	2.9	362	3.9	4.8	6.0
Were in a physical fight (one or more times during the 12 months before the survey)	140	12.8	1320	14.3	17.8	23.6
Their property (such as their car, clothing, or books) was stolen or deliberately damaged during the school day (during the 12 month before the survey)	215	19.7	342	17.1	.	.
Were ever physically forced to have sexual intercourse (when they did not want to)	41	3.8	325	4.7	6.8	7.4
Experienced sexual violence by anyone (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by anyone, one or more times during the 12 months before the survey)	84	7.7	635	7.5	10.4	9.7
Experienced sexual dating violence (being forced to do sexual things they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	42	3.8	448	4.8	5.8	6.9
Experienced physical dating violence (being physically hurt on purpose by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	17	1.6	233	2.5	5.6	8.0
Were bullied on school property (during the 12 months before the survey)	122	11.1	1214	13.0	14.6	19.0

Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey)	93	8.5	1101	11.8	13.6	14.9
Have a healthy activity or behavior that helps you relieve stress (Examples include listening to music, meditating, and taking care of your body by getting enough sleep, exercising, and eating healthy foods)	878	80.1	3218	81.9	.	.
MENTAL HEALTH						
Wanted to do something to purposely hurt themself without wanting to die, such as cutting or burning yourself on purpose (at least once in the past 12 months)	146	13.3	1269	13.6	.	.
Felt sad or hopeless (almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey)	262	24.0	2460	26.5	27.4	31.5
Seriously considered attempting suicide (during the 12 months before the survey)	120	11.0	1123	12.1	12.4	17.2
Made a plan about how they would attempt suicide (during the 12 months before the survey)	95	8.7	831	9.0	10.9	13.6
TOBACCO USE AND SMOKING						
Ever used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	331	30.4	3714	40.1	41.1	42.2
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)	202	18.5	2253	24.3	20.1	13.2
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, during the 12 months before the survey, among students who used any tobacco products during the 12 months before the survey)	101	47.0	1076	47.0	.	58.6

ALCOHOL AND OTHER DRUGS						
Ever drank alcohol (at least one drink of alcohol, on at least 1 day during their life)	587	55.6	5018	55.9	56.2	60.4
Had their first drink of alcohol before age 13 years (other than a few sips)	87	8.3	614	7.7	.	15.5
Currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	244	22.5	2428	26.4	31.4	29.8
Had at least one drink of alcohol (at least one day during the past 30 days)	270	24.9	2585	28.0	.	.
Had at least one drink of alcohol on school property (at least one day during the past 30 days)	4	.4	187	2.0	.	.
Reported current binge drinking (four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours, on at least 1 day during the 30 days before the survey)	137	12.5	1393	15.0	15.9	13.5
Reported 10 or more as the largest number of drinks they had in a row (within a couple of hours, during the 30 days before the survey)	31	2.9	326	3.5	.	4.4
Ever used marijuana (also called grass, pot, or weed, one or more times during their life)	297	27.4	3084	33.4	37.9	35.6
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	14	4.6	266	8.6	4.4	6.8
Used marjuana or hashish (during the 30 days before the survey)	164	15.1	1939	21.0	.	.
Currently used marijuana (also called grass, pot, or weed, one or more times during the 30 days before the survey)	162	14.8	1917	20.7	24.1	19.8
Used marijuana on school property (at least once during the past 30 days)	46	4.2	598	6.5	.	.

Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet, one or more times during their life)	78	7.1	529	5.7	.	14.0
Used prescription drugs not prescribed to them (during the 30 days before the survey)	31	2.8	405	4.4	.	.
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	10	.9	291	3.1	4.1	4.8
Ever used heroin (also called smack, junk, or China White, one or more times during their life)	6	.5	206	2.2	1.4	1.7
Ever used methamphetamines (also called speed, crystal, crank, or ice, one or more times during their life)	6	.5	207	2.2	1.7	2.5
Ever used ecstasy (also called MDMA, one or more times during their life)	12	1.1	240	2.6	2.8	4.0
Ever used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks, one or more times during their life)	32	2.9	389	4.2	5.0	6.9
Took over-the-counter medication, including cough syrup, to get high (at least once during their life)	44	4.0	421	4.6	.	.
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	25	2.3	279	3.0	.	6.2
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	164	15.0	1260	13.6	20.1	19.8
SEXUAL BEHAVIORS AND HIV						
Ever had sexual intercourse	216	20.1	2342	25.9	35.3	39.5
Had sexual intercourse for the first time before age 13 years	17	1.6	201	2.2	2.4	3.4
Had sexual intercourse with four or more persons during their life	41	3.8	488	5.3	6.7	9.7

Were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey)	155	14.2	1725	18.8	25.0	28.7
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	51	21.8	500	20.1	18.2	18.8
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	81	37.7	829	35.3	42.2	46.2
Did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	21	10.2	200	8.8	9.6	13.8
Had been pregnant or gotten someone pregnant (at least once)	9	.8	196	2.1	.	.
Ever sent received sexual messages or nude or semi-nude pictures or videos electronically	354	32.4	3468	37.5	.	.
Had been taught about AIDS or HIV infection in school	999	91.6	5703	69.3	.	.
Had been taught in school about birth control methods	912	83.8	5184	63.2	.	.
Had been taught in school about how to use condoms	595	54.5	4298	46.5	.	.
Talked with their parents or other adults in their family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy (at least once)	478	43.8	3693	39.9	.	.
Have an adult in their school who can help find sexual health services (HIV, STD and pregnancy testing, access to birth control) or support around their sexuality	383	35.1	2977	36.2	.	.
Felt comfortable asking an adult at school if they needed help finding sexual health services	202	18.5	1828	22.2	.	.
NUTRITION AND PHYSICAL ACTIVITY						

Did not eat fruit or drink 100% fruit juices (such as orange juice, apple juice, or grape juice, not counting punch, Kool-Aid, sports drinks, or other fruit-flavored drinks, during the 7 days before the survey)	32	3.0	379	4.9	5.8	5.6
Did not eat fruit in past 7 days	62	5.7	643	8.3	.	.
Did not eat vegetables (green salad, potatoes (not counting French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey)	35	3.3	309	4.5	6.9	7.2
Drank a can, bottle, or glass of soda or pop one or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	485	44.7	4120	53.4	10.5	18.7
Did not eat breakfast on all 7 days (during the 7 days before the survey)	593	54.6	5466	59.0	63.7	64.7
Were not physically active for a total of at least 60 minutes per day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	137	12.6	1118	12.1	15.1	15.4
Played video or computer games or used a computer for 3 or more hours per day (Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work, on an average school day)	406	37.3	4106	44.4	47.9	43.0
Did not go to physical education (PE) classes on 1 or more days (in an average week when they were in school)	379	34.9	2492	33.5	40.5	48.3
Did not play on at least one sports team (counting any teams run by their school or community groups, during the 12 months before the survey)	284	26.1	2388	29.0	.	45.7
Had a concussion from playing a sport or being physically active one or more times (during the 12 months before the survey)	114	10.5	1149	12.4	.	15.1

Described themselves as slightly or very overweight	247	22.7	2547	27.5	28.1	31.5
Were not trying to lose weight	666	61.2	5402	58.3	56.2	52.9
Were obese (>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	63	6.1	676	8.4	.	.
Were overweight (>= 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	100	9.7	1034	12.8	.	.
OTHER HEALTH-RELATED BEHAVIORS						
Has long-term disabilities (long-term means 6 moths or more)	106	9.8	808	10.9	.	.
Has physical disabilities or long- term health problems (Long-term means 6 month or more)	97	8.9	764	10.3	.	.
Never saw a dentist (for a check-up, exam, teeth cleaning, or other dental work)	5	.5	88	1.2	.	1.5
Takes medicine or receiving treatment from a doctor or other health professional for any type of behavioral health, mental health condition or emotional problem	182	16.8	1581	17.2	.	.
Did not get 8 or more hours of sleep (on an average school night)	838	77.1	7049	76.4	80.2	74.6
Has at least one teacher or other adult in your school that you can talk to if you have a problem	564	51.9	5484	59.6	.	.
Can talk with at least one parent or other adult family members about things that are important to them	862	79.5	6295	81.6	.	.
Slept in a place other than a parent's or guardian's home	6	.5	131	1.6	.	.
Slept away from their parents or guardians house because they were kicked out, ran away, or were abandoned (during the 30 days before the survey)	18	1.6	177	2.1	.	.

Table B: Belmont's High School Responses to Drug Free Communities Questions								
	No Risk		Slight Risk		Moderate Risk		Great Risk	
	n	%	n	%	n	%	n	%
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?	.	.	.	.	.	.	.	.
How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?	59	5.4	230	21.0	471	43.0	335	30.6
How much do you think people risk harming themselves when they have five or more drinks of an alcoholic beverage once or twice a week?	46	4.2	134	12.3	373	34.3	535	49.2
How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?	44	4.0	174	15.9	397	36.3	478	43.7
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?	193	17.6	375	34.3	316	28.9	210	19.2
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?	27	2.5	53	4.8	264	24.1	751	68.6
	Not at All Wrong		A Little Bit Wrong		Wrong		Very Wrong	
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	25	2.3	53	4.9	253	23.3	756	69.5
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	63	5.8	207	19.0	414	38.0	405	37.2
How wrong do your parents feel it would be for you to smoke marijuana?	43	3.9	135	12.3	249	22.8	667	61.0
How wrong do your friends feel it would be for you to smoke marijuana?	334	30.6	253	23.1	229	21.0	277	25.3
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	17	1.6	33	3.0	185	16.9	858	78.5
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	31	2.8	101	9.3	341	31.3	615	56.5

Table C: Belmont's Middle School Reponses with Middlesex League Comparisons				
	Belmont		Middlesex	
	n	%	n	%
UNINTENTIONAL INJURIES AND VIOLENCE				
Never or rarely wore a helmet when riding a bicycle (among those who rode a bicycle)	102	17.3	1904	28.7
Never or rarely wore a helmet when rollerblading or riding a skateboard (among those who rollerbladed or rode a skateboard)	89	37.9	1318	44.7
Never or rarely wore a seatbelt when riding in a car	10	1.5	148	1.9
Rode in a car driven by someone who had been drinking alcohol	91	13.5	957	12.5
Carried a weapon (such as, a gun, knife, or club)	119	17.8	1064	13.9
Were in a physical fight	209	31.2	2262	29.6
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media)	182	27.3	2297	30.1
Were bullied on school property	102	15.2	1274	16.7
MENTAL HEALTH				
Seriously thought about attempting suicide	107	16.5	1182	15.6
Made a plan about how they would attempt suicide	65	9.8	649	8.5
Attempted suicide	15	2.3	241	3.2
Are currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problem (from a doctor or other health professional)	68	10.3	887	11.7
Sources that cause the most negative stress				
Busy schedule (school, activities, sports, etc.)	110	16.5	1786	23.6
Parent/family demands/expectations about academics, grades, etc.	92	13.8	1039	13.7
Difficulty getting enough sleep	40	6.0	496	6.6
Extracurricular activity demands or pressures	28	4.2	157	2.1
School demands/expectations—such as assignments, homework, etc.	203	30.5	2411	31.9
Social pressures from friends, peers, etc.	35	5.3	284	3.8
Other family or personal issues which cause emotional stress for you	67	10.1	699	9.2
Worrying about the future such as college, career, etc.	90	13.5	686	9.1

School related factors that cause the most stress Having to study things you do not understand	93	14.0	1200	15.8
Teachers expecting too much from you	70	10.5	1124	14.8
Keeping up with schoolwork	135	20.3	1667	22.0
Having to concentrate too long during the school day	59	8.9	651	8.6
Having to study things you are not interested in	120	18.1	934	12.3
Pressure of study	47	7.1	495	6.5
Getting up early in the morning to go to school	121	18.2	1074	14.2
Going to school	19	2.9	440	5.8
TOBACCO USE AND SMOKING				
Ever tried cigarette smoking (even one or two puffs)	5	.8	171	2.3
Tried cigarette smoking before age 10 years (for the first time, even one or two puffs)	1	.1	42	.6
Used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	27	4.1	669	8.8
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)	8	1.2	291	3.8
Currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on at least 1 day during the 30 days before the survey)	1	.1	49	.8
ALCOHOL AND OTHER DRUGS				
Ever drank alcohol (other than a few sips)	79	12.2	981	13.1
Drank alcohol before age 11 years (for the first time other than a few sips)	31	4.8	368	4.9
Currently drank alcohol (at least one drink of alcohol during the 30 days before the survey)	14	2.1	169	2.2
Ever used marijuana	7	1.0	239	3.1
Tried marijuana before age 10 years (for the first time)	1	.2	42	.6

Ever used cocaine (any form of cocaine, such as powder, crack, or freebase)	3	.4	61	.8
Ever sniffed glue, breathed the contents of spray cans, or inhaled paints or sprays to get high	16	2.4	294	3.9
Ever taken prescription medicine without a doctor's prescription or differently than how a doctor said to use it (counting drugs such as codeine, Vicodin, OxyCotin, Hydrocodone, and Percocet)	19	2.9	241	3.2
During the past 30 days, took prescription medication not prescribed to them	7	1.1	164	2.2
SEXUAL BEHAVIORS AND HIV				
Had sexual intercourse	18	2.7	186	2.8
Had sexual intercourse before age 10 years (for the first time)	4	.6	55	.8
Had sexual intercourse with four or more persons (during their life)	5	.8	71	1.1
Did not use a condom (during last sexual intercourse, among students who have had sexual intercourse)	5	35.7	84	51.2
NUTRITION AND PHYSICAL ACTIVITY				
Did not eat breakfast at all during the week (during the 7 days before the survey)	29	4.3	568	7.4
Did not eat breakfast on at least one day during the week (during the 7 days before the survey)	299	44.5	3762	49.2
Were not physically active at least 60 minutes per day on at least one day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	25	3.8	387	5.1
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	258	38.8	2895	38.2
Watched TV for 3 or more hours per day (on an average school day)	62	9.3	978	12.9

Played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)	212	31.9	2724	35.8
Did not attend physical education classes on 1 or more days (in an average week when they were in school)	7	1.1	296	5.3
Did not play on at least 1 sports team (during the past 12 months, counting teams run by school or community groups)	161	24.1	1565	23.3
Had a concussion from playing a sport or being physically active (one or more times during the 12 months before the survey)	80	12.0	1042	13.7
Described themselves as slightly or very overweight	136	20.5	1849	24.3
Were not trying to lose weight	482	73.0	4938	65.1