

SUMMARY OF FINDINGS

Results from the 2015 Gloucester Student Health Survey

What issues do Gloucester youth face? Have these changed over time? Are they the same as in other places? What can we do to support Gloucester youth? In an effort to answer such questions, the Healthy Gloucester Collaborative through the Gloucester Health Department, and the Gloucester Public Schools administered the Gloucester Student Health Survey in April 2015 to all public school students in grades 6-12 (1,193 student responses analyzed). Social Science Research and Evaluation, Inc., a private non-profit research firm in Burlington, consulted on survey design, implementation, analyses, and reporting. Because similar surveys were conducted in 2003, 2007, 2009, 2011, and 2013, we can examine how health and mental health issues are changing in Gloucester. The results are expected to help community leaders plan and evaluate policies and programming while developing the most effective ways to support young people. The information can also help parents understand challenges their children face and encourage them to work in planning prevention and response strategies.

Largely based on the Centers for Disease Control and Prevention's *Youth Risk Behavior Survey*, questions on the anonymous and confidential survey covered topics concerning behaviors and assets, ranging from demographic and background items (e.g., gender, age, grade, participation in activities), to student substance use (e.g., alcohol, tobacco, other drugs), to other health issues such as stressors, suicide, violence and safety, sexual behavior, dietary behavior, and physical activity. Survey organizers stress that the results can present a skewed picture of Gloucester youth because much of the data concerns risky behaviors such as substance use and violence. It is important to emphasize the many positive aspects of adolescent life, the fact that these issues are not confined solely to youth, and that they are community issues that require the attention of all community members and organizations. It is also critical to remember that these issues are not unique to Gloucester, but exist in all communities, and that Gloucester is taking a positive step toward acknowledging, addressing, and preventing them. Some of the main survey findings related to substance use, violence and safety, and health are summarized below. Additional results are available in a separate Executive Summary. Contact Ann-Marie Jordan of the Gloucester Public Schools at 978-281-9816, or Joan Whitney of the Healthy Gloucester Collaborative at 866-964-4602, for additional information.

Substance Use

Alcohol: Alcohol is the most popular substance among youth, including youth in Gloucester. Compared to other substances, use of alcohol starts earliest and increases most dramatically, with three-quarters of Gloucester 12th graders (75%) reporting that they have ever consumed alcohol. 5% of middle schoolers and 39% of high schoolers reported drinking in the 30 days prior to the survey, a measure of current use. 25% of high schoolers reported binge drinking – having five or more drinks in a row within a couple of hours – in this same timeframe, meaning that 64% of high school drinkers (those who reported current alcohol use) engaged in binge drinking. Gloucester youth report that alcohol is fairly easy to obtain and that their most common source is a “3rd party” adult other than a parent, usually an adult friend. Trend data are promising. Since 2007, high school rates of both current alcohol use (56% 2007, 51% 2009, 45% 2011, 42% 2013, 39% 2015) and current binge drinking (41%, 36%, 32%, 30%, 25%) have decreased. Rates of these behaviors, however, remain higher in Gloucester than among Massachusetts high school students (current use – 39% Gloucester 2015 vs. 36% MA 2013; current binge drinking – 25% vs. 19%).

Cigarettes: Less than 1% of middle school students and 9% of high school students reported that they smoked cigarettes in the 30 days prior to the survey, peaking at 15% among 12th graders. Rates of current cigarette use among Gloucester middle school (8% 2009, 6% 2011, 0.9% 2013, 0.9% 2015) and high school (27% 2009, 24% 2011, 15% 2013, 9% 2015) students have declined substantially since 2009, and the high school rate (9%) is now below the state average (11%).

Marijuana: Marijuana use is the most commonly used illegal drug, with 5% of middle school students and 31% of high schoolers reporting that they used it in the 30 days prior to the survey. In fact, the rate of current marijuana use among Gloucester high school students (31%) was more than triple the rate of cigarette use (9%). Reported use increased rapidly with age, from 0% to 12% between the 6th and 8th grades, to 21% in 9th grade, and up to 43% in 12th grade. In contrast to declines in the use of alcohol and cigarettes, current marijuana use among Gloucester high

school students has remained fairly steady since 2003 (34% 2003, 32% 2007, 33% 2009, 34% 2011, 34% 2013, 31% 2015) and remains above the state average (25%).

Other Drugs: Use of illegal drugs other than marijuana is less common, with less than 1% of Gloucester high school students (and even fewer middle schoolers) reporting current use of cocaine (0.6%), ecstasy (0.9%), heroin (0%), or methamphetamines (0.2%). A larger percentage (6%) reported having used prescription drugs without a doctor's prescription in the past 30 days. Trend data reveal little substantive change in use of these substances since 2007, and while comparative Massachusetts data on current use of these substances are not available, available data on lifetime use are promising, with levels of lifetime use below state averages.

Violence and Safety

Fighting, Weapons, and Bullying: The Gloucester Student Health Survey revealed that youth are generally safer when they are in school than when they are not in school. For example, students were *less* likely to report fighting and weapons carrying when they were in school than when they were out of school. There is one issue, however, that more commonly occurs in school and that is bullying. Being bullied is more common among younger students than older ones – 39% of Gloucester middle school students and 24% of high schoolers reported that they had been bullied at school in the 12 months prior to the survey. Middle school reports of being bullied at school declined from 42% in 2013 to 39% in 2015 and have decreased since 2007 (48% 2007, 47% 2009, 42% 2011, 42% 2013, 39% 2015). Rates among high school students also decreased between 2013 (27%) and 2015 (24%), reversing previous increases observed since 2009 (20% 2007, 18% 2009, 20% 2011, 27% 2013, 24% 2015), although the 2015 Gloucester high school rate of 24% remains above the 2013 statewide average of 17%. An additional item found that 24% of Gloucester middle school students and 20% of high school students had been bullied electronically (through e-mail, chat rooms, instant messaging, Web sites, or texting) in the 12 months prior to the survey, both above previous levels (MS – 17% 2011, 21% 2013, 24% 2015; HS – 14% 2011, 19% 2013, 20% 2015).

In addition to collecting data on personal bullying experiences, the Gloucester survey asked respondents if they had seen another student bullied in school in the 12 months prior to the survey. Gloucester middle and high school students were almost equally likely to report seeing someone else bullied in school, with rates among both groups declining since 2013 (MS – 66% 2013, 51% 2015; HS – 55%, 50%). Students were also asked how they responded the last time they saw someone else bullied in school, to assess whether they actively respond by trying to stop the bullying and/or telling a trusted adult about it. There was notable improvement in responses when observing bullying between 2013 and 2015, with an increase in active bystander actions like trying to stop the bullying (MS – 33% 2013, 43% 2015; HS – 28%, 36%) and telling a school adult (MS – 14%, 20%; HS – 5%, 8%), and a corresponding decline in not doing anything (MS – 50%, 37%; HS – 62%, 54%).

Dating Violence: The American Academy of Pediatrics reports that adolescents are more likely to experience sexually violent crimes than any other age group, and studies suggest that sexual violence can have a detrimental impact on psychological development. With this in mind, developers of the Gloucester Student Health Survey included questions in the high school survey about whether youth had ever been physically and/or sexually hurt by a date or someone they were going out with. A total of 7% of Gloucester high school students (3% males, 11% females) reported that they had ever been physically and/or sexually hurt by a date, a rate similar to those previously observed since 2003 (10% 2003, 9% 2007, 7% 2009, 9% 2011, 8% 2013, 7% 2015). Additionally, 4% (2% males, 5% females) reported that they had ever been forced by anyone to have sexual intercourse against their will, a rate similar to prior years (6% 2007, 5% 2009, 6% 2011, 5% 2013, 4% 2015).

Mental and Physical Health

Depression: 14% of Gloucester middle school youth and 26% of high schoolers reported that they had experienced depression in the 12 months prior to the survey (students were presented with a clinical definition of adolescent depression which asked if they had felt “so sad or hopeless almost every day for two weeks or more in a row that [they] stopped doing some usual activities”).

Self-Harm: 10% of middle schoolers and 18% of high schoolers reported that they hurt themselves on purpose (for example, by intentionally cutting, burning, or bruising themselves) in the same time period.

Suicidality: Students were asked whether they had seriously considered suicide, made a plan to commit suicide, and actually attempted suicide in the 12 months prior to the survey: considered suicide (10% MS, 13% HS), made a plan to commit suicide (5% MS, 9% HS), attempted suicide (3% MS, 5% HS).

These mental health concerns tended to increase in the middle school years and then vary throughout the high school years. There were some substantive differences in reports by males and females. Among Gloucester high school students, 17% of males and 33% of females reported experiencing depression, 11% of males and 24% of females reported self-harm, 10% of males and 16% of females reported seriously considering suicide, 6% of males and 12% of females reported planning suicide, and 2% of males and 7% of females reported actually attempting suicide. Survey organizers stress that these data should be viewed in context with other statistics that reveal that males are more likely than females to actually die from committing suicide. Available high school trend data reveal increases in these issues in 2015, continuing a trend observed in 2013 after prior consistency since 2003: reported depression (23% 2003, 22% 2007, 21% 2009, 22% 2011, 28% 2013, 26% 2015), hurt self on purpose (17%, 13%, 13%, 13%, 16%, 18%), seriously considered suicide (14%, 10%, 8%, 9%, 12%, 13%), planned to commit suicide (13%, 8%, 6%, 7%, 8%, 9%), attempted suicide (9%, 3%, 3%, 3%, 3%, 5%). Available comparisons between 2013 Massachusetts and 2015 Gloucester high school students for these issues vary: reported depression (26% Gloucester, 22% MA), hurt self on purpose (MA data not available), seriously considered suicide (13% Gloucester, 12% MA), made a plan to commit suicide (9% Gloucester, 11% MA), attempted suicide (5% Gloucester, 6% MA).

Social Supports: Respondents were asked whether they have people to talk to about problems, specifically trusted school adults, family adults, and other non-family adults outside of school. Gloucester youth were most likely to report having a family adult to talk to (MS – 88%, HS – 83%), followed by a school adult (MS – 78%, HS – 74%), and a non-family adult outside of school (MS – 57%, HS – 45%). Available high school trend data reveal 2015 levels similar to those observed in most prior years, with continued improvement in connectedness to a school adult since 2007: trusted school adult (63% 2003, 58% 2007, 66% 2009, 71% 2011, 70% 2013, 74% 2015), family adult (77%, 75%, 79%, 80%, 84%, 83%), non-family adult (47%, 50%, 49%, 45%, 48%, 45%). Middle school trends were similar with an increases between 2013 and 2015: trusted school adult (66% 2007, 56% 2009, 71% 2011, 67% 2013, 78% 2015), family adult (83%, 83%, 85%, 87%, 88%), non-family adult (55%, 50%, 57%, 53%, 57%).

Sexual Issues: A total of 46% of Gloucester high school students reported that they had ever had sexual intercourse in their lifetime, increasing from 18% among 9th graders, to 40% among 10th graders, 58% among 11th graders, and 69% among 12th graders. These rates have continued to hover at approximately 50% over time (48% in 2003, 50% in 2007, 51% in 2009, 48% in 2011, 47% in 2013, 46% in 2015). A larger proportion of 2015 Gloucester (46%) than 2013 Massachusetts (38%) high school students reported ever having sexual intercourse and this difference is generally consistent across grades with the exception of grade 9 (9th – 18% Gloucester, 18% MA; 10th – 40% Gloucester, 31% MA; 11th – 58% Gloucester, 47% MA; 12th – 69% Gloucester, 58% MA). Sexually active Gloucester students continue to be more likely than their Massachusetts peers to report using a condom during their last sexual experience (63% Gloucester 2015, 58% MA 2013), and while the Gloucester rate decreased in 2015, it has remained relatively consistent over time (62% 2003, 65% 2007, 64% 2009, 60% 2011, 71% 2013, 63% 2015).

Physical Activity: An item in the Gloucester survey assessed how many youth engage in the U.S. Surgeon General's recommended 60 or more minutes of physical activity on at least 5 days in a week. 59% of Gloucester middle school students and 56% of high school students reported this level of activity, a rate noticeably higher than the state high school average of 44%. While there has been historical consistency in recommended physical activity among Gloucester high school students (56% 2009, 55% 2011, 58% 2013, 56% 2015), there has been a slight decline among middle school students (65%, 60%, 62%, 59%).