

# SUMMARY OF FINDINGS

## Results from the 2017 Gloucester Youth 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 Youth Health Survey in March 2017 to all public school students in grades 6-12 (1,075 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 previously conducted, 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. 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, safety and mental health, and physical 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 81% of Gloucester 12<sup>th</sup> graders reporting that they have ever consumed alcohol. 3% of middle schoolers and 42% of high schoolers reported drinking in the 30 days prior to the survey, a measure of current use. 29% 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 69% 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 a common source is a “3<sup>rd</sup> party” adult other than a parent, usually an adult friend. Alcohol use among high school students increased in 2017 after previously declining since 2007 – current alcohol use (56% 2007, 51% 2009, 45% 2011, 42% 2013, 39% 2015, 42% 2017), current binge drinking (41%, 36%, 32%, 30%, 25%, 29%) – and rates of these behaviors remain higher in Gloucester than among Massachusetts high school students (current use – 42% Gloucester 2017 vs. 34% MA 2015; current binge drinking – 29% vs. 18%).

**Tobacco:** Less than 1% of middle school students and 5% of high school students reported that they smoked cigarettes in the 30 days prior to the survey, peaking at 9% among 12<sup>th</sup> graders. Rates of current cigarette use among Gloucester middle school (4% 2007, 8% 2009, 6% 2011, 0.9% 2013, 0.9% 2015, 0.4% 2017) and high school (27% 2007, 27% 2009, 24% 2011, 15% 2013, 9% 2015, 5% 2017) students have declined substantially since 2009, and the high school rate (5%) is now below the state average (8%). For the first time in 2017, the Gloucester survey also assessed use of electronic tobacco products, such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens. Electronic tobacco use was more common than cigarette use, with 2% of middle school students and 10% of high school students reporting current use (well below the MA rate of 24%).

**Marijuana:** Marijuana use is the most commonly used illegal drug, with 1% of middle school students and 35% 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 (35%) was seven times the rate of cigarette use (5%). Reported use increased rapidly with age, from 0% to 5% between the 6<sup>th</sup> and 8<sup>th</sup> grades, to 23% in 9<sup>th</sup> grade, and up to 51% in 12<sup>th</sup> grade. While current marijuana use among Gloucester high school youth has remained largely consistent over time (32% 2007, 33% 2009, 34% 2011, 34% 2013, 31% 2015, 35% 2017), use increased between 2015 and 2017 and remains above the state average (35% Gloucester, 25% MA). Considered fairly difficult to obtain by most middle school students, the perception changes with age/grade and, by the 12<sup>th</sup> grade, close to 90% of Gloucester youth think it is easy to get marijuana (86% of 12<sup>th</sup> graders reported that it was "fairly easy" or "very easy" to obtain marijuana).

**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 (1%), ecstasy (0.6%), heroin (0%), or methamphetamines (0%). A larger percentage (3%) 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.

## Safety and Mental Health

**Bullying:** Being bullied is more common among younger students than older ones – 37% of Gloucester middle school students and 23% 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 39% in 2015 to 37% in 2017 and have decreased since 2007 (48% 2007, 47% 2009, 42% 2011, 42% 2013, 39% 2015, 37% 2017). Rates among high school students also decreased between 2015 (24%) and 2017 (23%), continuing a decline since 2013 that reversed previous increases observed since 2009 (20% 2007, 18% 2009, 20% 2011, 27% 2013, 24% 2015, 23% 2017). Gloucester 2017 rates are above 2015 statewide averages (MS – 37% Gloucester, 33% MA; HS – 23% Gloucester, 16% MA). An additional item found that 23% of Gloucester middle school students and 18% of high school students had been bullied electronically (through texting, e-mail, or social media) in the 12 months prior to the survey, with rates down slightly from 2015 (MS – 17% 2011, 21% 2013, 24% 2015, 23% 2017; HS – 14% 2011, 19% 2013, 20% 2015, 16% 2017).

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 declining since 2013 (MS – 62% 2011, 66% 2013, 51% 2015, 51% 2017; HS – 52%, 55%, 50%, 41%). 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. While there was little change between 2015 and 2017 in response behavior, there has been historical improvement in the response of students when observing bullying, particularly among middle school students. For example, the percentage of middle school students who reported that they told a trusted school adult the last time they saw someone else being bullied increased from 9% in 2011, to 14% in 2013, 20% in 2015, and 22% in 2017.

**Depression, Self-Harm, and Suicidality:** 18% of Gloucester middle school youth and 24% 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”). 12% of middle schoolers and 17% of high schoolers reported that they hurt themselves on purpose (for example, by intentionally cutting, burning, or bruising themselves) in the same time period. Students were also 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 (12% MS, 11% HS), made a plan to commit suicide (8% MS, 7% HS), attempted suicide (2% MS, 3% 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, 18% of males and 32% of females reported experiencing depression, 12% of males and 23% of females reported self-harm, 7% of males and 14% of females reported seriously considering suicide, 6% of males and 7% of

females reported planning suicide, and 2% of males and 4% 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 slight but consistent decreases in these issues in 2017, with rates remaining largely consistent over time: reported depression (22% 2007, 21% 2009, 22% 2011, 28% 2013, 26% 2015, 24% 2017), hurt self on purpose (13%, 13%, 13%, 16%, 18%, 17%), seriously considered suicide (10%, 8%, 9%, 12%, 13%, 11%), planned to commit suicide (8%, 6%, 7%, 8%, 9%, 7%), attempted suicide (3%, 3%, 3%, 3%, 5%, 3%). In contrast, rates among middle school students increased overall between 2015 and 2017, often to their highest historical levels: reported depression (14% 2015, 18% 2017), hurt self on purpose (10%, 12%), seriously considered suicide (10%, 12%), made a plan to commit suicide (5%, 8%), attempted suicide (3%, 2%). Rates among 2017 Gloucester students were generally below those for 2015 Massachusetts students: reported depression (MS – 18% Gloucester, 16% MA; HS – 24% Gloucester, 27% MA), self-harm (MS – 12%, 16%; HS – 17%, 18%), seriously considered suicide (MS – 12%, 8%; HS – 11%, 15%), made a plan to commit suicide (MS – MA data not available; HS – 7%, 12%), attempted suicide (MS – 2%, 4%; HS – 3%, 7%).

**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 – 86%, HS – 85%), followed by a school adult (MS – 75%, HS – 77%), and a non-family adult outside of school (MS – 52%, HS – 42%). Available high school trend data reveal continued improvement in connectedness to a *school adult* since 2007: trusted school adult (58% 2007, 66% 2009, 71% 2011, 70% 2013, 74% 2015, 77% 2017), family adult (75%, 79%, 80%, 84%, 83%, 85%), non-family adult (50%, 49%, 45%, 48%, 45%, 42%). While middle school trends have increased overall since 2007, rates have often varied from year-to-year and declined in 2017: trusted school adult (66% 2007, 56% 2009, 71% 2011, 67% 2013, 78% 2015, 75% 2017), family adult (83%, 83%, 85%, 87%, 88%, 86%), non-family adult (55%, 50%, 57%, 53%, 57%, 52%).

## Physical Health

**Sexual Issues:** A total of 37% of Gloucester high school students reported that they had ever had sexual intercourse in their lifetime, increasing from 12% among 9<sup>th</sup> graders, to 36% among 10<sup>th</sup> graders, 42% among 11<sup>th</sup> graders, and 66% among 12<sup>th</sup> graders. The overall rate declined in 2017 and continued slight but consistent decreases since 2009 (50% 2007, 51% 2009, 48% 2011, 47% 2013, 46% 2015, 37% 2017). Similar proportions of 2017 Gloucester (37%) and 2015 Massachusetts (36%) high school students reported ever having sexual intercourse, with differences varying by grade (9<sup>th</sup> – 12% Gloucester, 14% MA; 10<sup>th</sup> – 36% Gloucester, 31% MA; 11<sup>th</sup> – 42% Gloucester, 42% MA; 12<sup>th</sup> – 66% Gloucester, 60% MA). Sexually active Gloucester students were less likely than their Massachusetts peers to report using a condom during their last sexual experience (59% Gloucester 2017, 63% MA 2015), and the Gloucester rate decreased in 2017, continuing a pattern of decline since 2013 (65% 2007, 64% 2009, 60% 2011, 71% 2013, 63% 2015, 59% 2017).

**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. 48% of Gloucester middle school students (similar to 49% among MA 2015 middle school students) and 60% of high school students (above 45% among MA 2015 high school students) reported this level of activity in 2017. While there has been historical consistency in recommended physical activity among Gloucester high school students (56% 2009, 55% 2011, 58% 2013, 56% 2015, 60% 2017), there has been a decline among middle school students (65%, 60%, 62%, 59%, 48%).