

# Communities That Care Survey

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OLD ROCHESTER REGIONAL SCHOOL DISTRICT 2016 RESULTS



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## Acknowledgments & Funding Disclosure

This report was prepared for the Old Rochester Regional School District with support from the faculty and staff at the Old Rochester Regional Junior High School and Old Rochester Regional High School. This report was funded by the Marion-Rochester Health District.

## Executive Summary

In October and November 2016, the Communities That Care Survey was conducted at Old Rochester Regional Junior High School and Old Rochester Regional High School. 1174 students in grades 7 through 12 participated in the survey. The Communities That Care Survey measures the prevalence of risky behaviors such as delinquency and substance use as well as protective and risk factors that are associated with these behaviors in youth. Some of the key findings are listed below.

- ORR students generally report feeling connected to the neighborhood that they live in. Eighty-six percent report liking their neighborhood and 91% report feeling safe in their neighborhood.
- A majority of High School students report that it would be easy to get marijuana in their neighborhood (53%) and almost half (45%) report that it would be easy to get alcohol in their neighborhood.
- ORR students generally report protective family environments. Students perceive that their parents would think it is wrong to use substance and to partake in other destructive behaviors. Students generally feel attached to parents.
- Students report mixed experiences in the school environment. Perception of school climate differs between Junior High and High school students.
- Female students are significantly more likely than male students to report negative perceptions of themselves.
- Depending on the grade between one fifth (7<sup>th</sup> grade) and one third (12<sup>th</sup> grade) report feeling sad or depressed on most days.
- Perceptions of the risks of drug and alcohol use decreases significantly with grade.
- Significantly fewer ORR students report ever trying cigarettes or ever trying alcohol as compared to state and national rates. Rates of ever trying alcohol, illicit drugs, or tobacco appears to have decreased from the spring 2015 survey. (It is possible that this may be due to differences in when the survey was administered.)
- Rates of ever trying alcohol, marijuana or other drugs increase significantly between grades. Only 15% of 7<sup>th</sup> graders report having every tried alcohol, marijuana, or another drug in their lifetime compared to 72% of 12<sup>th</sup> graders.
- Among Junior High students the most commonly tried drugs were: alcohol (11.5%), sniffing glue (4%), use of prescription drugs without a doctor's prescription (3%) and marijuana (2%).
- Among High School students the most commonly tried drugs were: alcohol (48%), marijuana (29%), and use of prescription drugs without a doctor's prescription (8%).

The results of this report can be used to promote protective factors and decrease risk factors and risk behaviors that have short- and long-term health benefits.

## About

The Communities that Care Survey is used with students in 7<sup>th</sup> through 12<sup>th</sup> graders in schools throughout the nation. The survey is intended to identify the levels of risk and protective factors among youth and inform prevention efforts. All of the risk and protective factors in the survey have been shown to be predictive of negative behaviors and outcomes later in life. More information about the development, validity and reliability of the survey can be found in Glaser, Lee Van Horn, Arthur, Hawkins and Catalano (2005)<sup>1</sup>. Topics that the survey covers include: substance use, antisocial behaviors, and delinquency.

The survey can be accessed in full at: <http://store.samhsa.gov/product/Communities-That-Care-Youth-Survey/CTC020>.

Parents and guardians were notified electronically about the administration of the survey and were allowed to opt their children out of the survey. Surveys were self-administered electronically using Survey Monkey during the school day during October and November 2016. Student participation was voluntary and students could skip any question at any point. Students were not asked questions that may identify them as the respondent, such as name, address, town, birth date, student ID number, etc. All responses are confidential. Responses are reported in aggregate.

## How to Use the Results in this Report

The data presented in this report have the potential to be a powerful catalyst for awareness and programming about risk and protective behaviors within our community; however, it is important to note that there are limitations to the data.

- The Communities That Care data **may be able to identify differences** in the rates of behaviors between the Old Rochester Regional School district and statewide and/or national rates. The data may be able to identify differences in rates between different class years, age, genders, and over time. While this is the inaugural year of the CTC survey in the Old Rochester Regional School District, when comparable data is available from other sources, it has been presented in this report.
- The CTC data **can begin dialogues** between the youth and school faculty, staff and administrators, as well as with parents, family members and the greater community. Similarly, the data can be used to raise awareness of issues or successes within the community.

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<sup>1</sup> Glaser, Renita R., et al. "Measurement properties of the Communities That Care® Youth Survey across demographic groups." *Journal of Quantitative Criminology* 21.1 (2005): 73-102. Accessed: <http://link.springer.com/article/10.1007/s10940-004-1788-1> on 14 January 2017.

- The CTC data **can help set priorities** in the community as well as in the school. These priorities lead to appropriate programming and evaluation in upcoming years. Many schools use the CTC data to leverage funding opportunities that make innovative programming possible and sustainable.
- The CTC data **can celebrate positive behaviors!** Most youth make good decisions regarding their health and well-being. It is as important to acknowledge the positive school culture, neighborhood, and family elements as it is to identify areas needing improvement.

Please note that there are limitations to the data reported here and their use:

- **The data is reported by the students themselves.** While precautions were made to encourage the students to be honest with their responses, this report can only include the responses (honest or not) that the students gave. All students were encouraged to participate, but there was not 100% participation among the students.
- The CTC data is **not intended to distribute blame.** The results presented are intended to begin a positive dialogue that encourages healthy behaviors. The results are not meant to be a reflection of the student body's character or faculty and family members' commitment to students.
- The CTC data is **not intended to be a comparison between districts.** Because the survey is standardized, it can seem natural to want to compare the results of your district to neighboring districts. This is discouraged because the complex differences between two districts may be difficult to identify.
- The CTC data is **not intended to stand alone.** Further investigation and conversations with students, families, and faculty are an important next step.

#### A note about the data and analysis:

When available, comparisons have been made between ORR and state and national data. State, national and previous ORR data come from a complementary survey, the Youth Risk Behavior Survey. The surveys are not identical, but do share items. No state or national data are available for the Middle School YRBS. As a result when making state and national comparisons, only data collected in the High School Survey is compared. State and national data can be accessed: <https://www.cdc.gov/healthyyouth/data/yrbs/>. State and national data are from 2015, which are the most recent published data. Differences between state and national data and ORR may reflect national time trends instead of differences between ORR behaviors and the other data. Statistical significance was calculated at  $\alpha=0.05$ , unless otherwise noted.

A note about comparing data in this report to the previous YRBS data:

The Communities that Care Survey and Youth Risk Behaviors Survey are complementary surveys. While they both provide important information about the health and wellness of the students, the questions asked are not the same. The implication of this is that any comparisons that are made between to the two surveys should be done **cautiously**.

Specifically it should be noted that the CTC survey data presented here:

1. Often measure risk and protective factors and not necessarily the risk behaviors themselves;
2. Have similar (but not matching) questions in the YRBS data. The differences between the question wordings can give different results even if the underlying theme is the same<sup>2</sup>;
3. Were collected in October, as compared to April (which is when the previous survey was conducted). Timing during the year may explain some of the variation in students' perceptions, behaviors, and development. Significant developmental events throughout the year (i.e. exams, social activities, seasonal changes) are likely to impact students. To have truly comparable data, survey should be administered at the same time each year.

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<sup>2</sup> For example, if we asked the students in one survey "Are you feeling sad?" and in the other survey "Have you been sad in the past two weeks?", we could very easily get two very different answers even though both questions are asking about the student's sadness.

## Demographic Data

Please note: The data reported in the following tables reflect the distribution of the data collected and may not match official enrollment data.

Grade	Male	Female	Missing	Total
7	108 (47%)	106 (46%)	16 (7%)	230
8	107 (47%)	113 (49%)	10 (4%)	230
9	79 (48%)	82 (50%)	3 (2%)	164
10	90 (47%)	99 (52%)	1 (0%)	190
11	75 (46%)	84 (52%)	3 (2%)	162
12	92 (51%)	87 (48%)	2 (1%)	181
Ungraded/Skipped	3 (18%)	5 (29%)	9 (53%)	17
<b>Total</b>	<b>554 (47%)</b>	<b>576 (49%)</b>	<b>44 (4%)</b>	<b>1174</b>

Table 1: Gender of Respondents by Grade

Age	Number of Respondents	Percentage of Respondents
12 years or younger	178	16%
13 years	222	19%
14 years	184	16%
15 years	184	16%
16 years	180	15%
17 years	176	15%
18 years or older	42	4%
Skipped	8	1%

Table 2: Age of Respondents

Race/Ethnicity	Percentage
White	90.5%
Reporting Any Racial or Ethnic Minority	14.5%

Table 3: Racial/Ethnic Makeup of Respondents<sup>3</sup>

For the purposes of comparisons made within this report, it is important to note that Massachusetts and national data are weighted to reflect the total population of students in grades 9 through 12 in the state and nation, respectively. The demographic makeup of the ORR is slightly different than that of Massachusetts or the United States; a significantly higher percentage of the ORR student body is White, Non-Hispanic than the state or nation<sup>4</sup>.

<sup>3</sup>Because of low cell counts, the ethnic designation “Hispanic or Latino” and racial designations of “American Indian or Alaska Native”, “Asian”, “African American”, “Native Hawaiian or Pacific Islander” and “Other” were grouped to create the Racial or Ethnic Minority group. Students were able to select more than one racial and ethnic category so percentages sum to greater than 100%.

<sup>4</sup> For more information on racial and ethnic distributions, please visit: <http://datacenter.kidscount.org/>



## Risk and Protective Factors

The Communities that Care Survey asks youth about risk and protective factors. Risk factors are those conditions that makes a student more likely to be involved in and/or susceptible to negative behaviors and outcomes. Conversely, protective factors are those conditions that lower a student's susceptibility to these negative behaviors and outcomes. The groups of risk and protective factors are factors related to the: (1) neighborhood/community, (2) family, (3) school, (4) peers, and (5) individual.

### Neighborhood and Community Risk and Protective Factors

Youth who have a positive view of their neighborhood and feel attached to their neighborhood are less likely to engage in risky behaviors and are more likely to have positive outcomes and overall well-being. Overall perceptions of their community were high in most domains across grade levels. The lowest scoring domain were in questions related to community positive reinforcement for achievement: Less than half of students reported that "there are people in my neighborhood who are proud of me when I do something well" and less than one third of students reported "my neighbors notice when I am doing a good job and let me know".

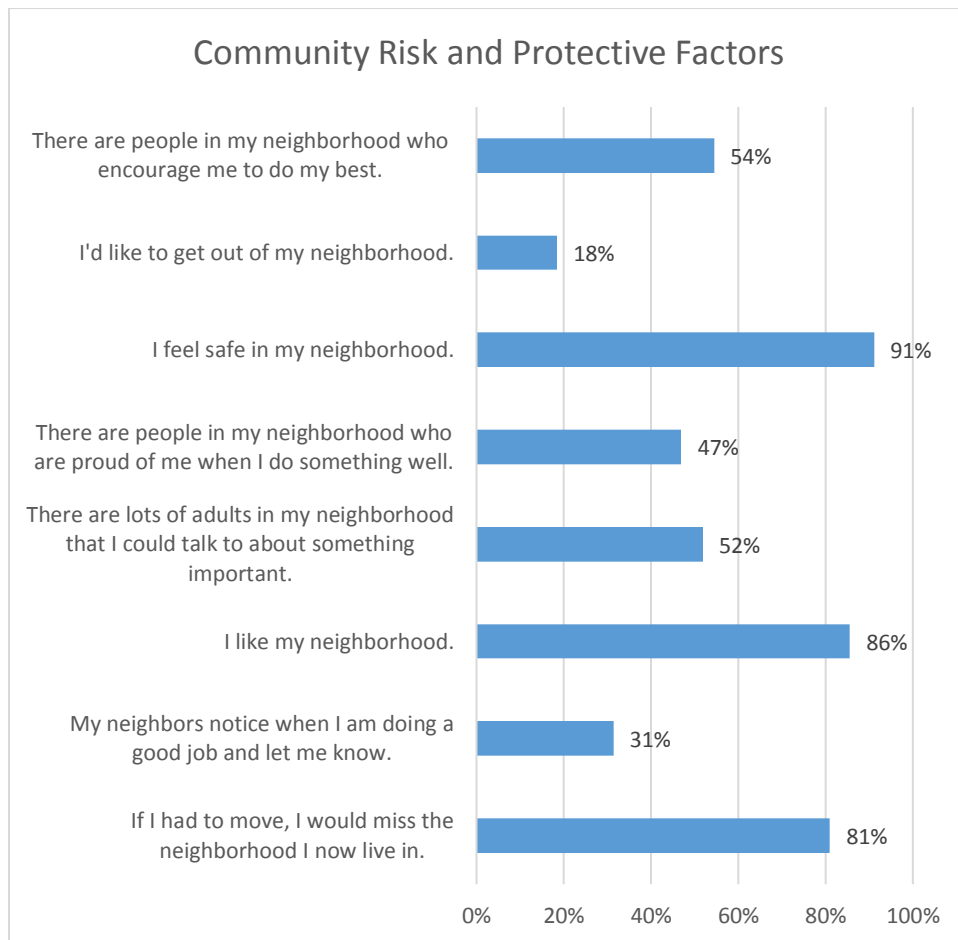


Figure 1: Community Risk and Protective Factors

The vast majority of students reported liking their neighborhood (86%) and feeling safe in their neighborhood (91%).

Students were asked how easy they thought it would be to get access to certain risky items in their community. A statistically significant greater portion of High School students thought that it would be easy to get access to all items compared to Junior High students. High School students were significantly more likely to report that getting some marijuana was easy compared to getting some alcohol. Similarly, High School students were significantly more likely to report that it was easy to get some alcohol compared to get some cigarettes.

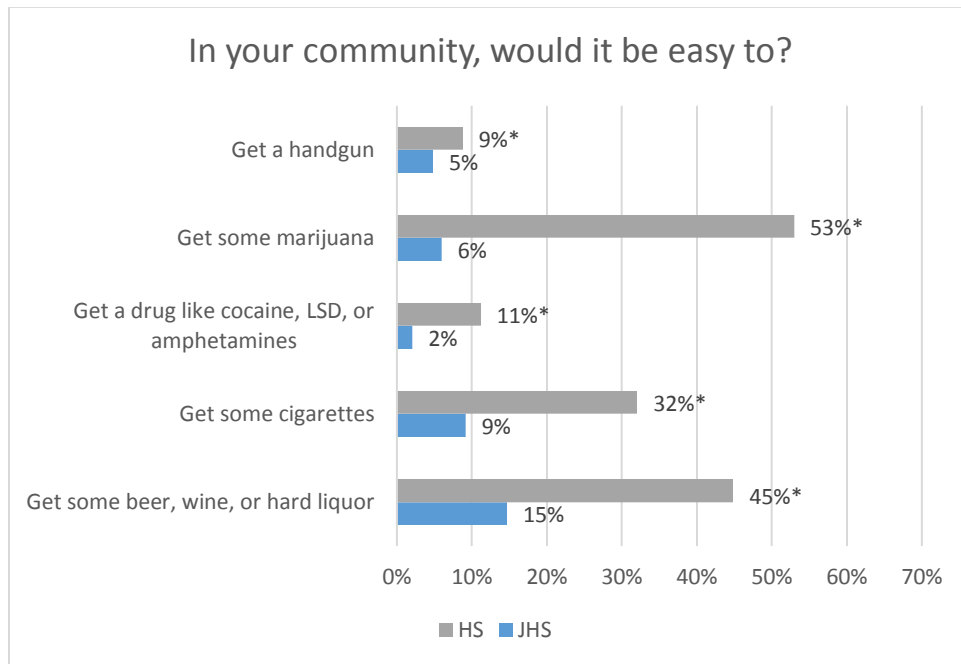
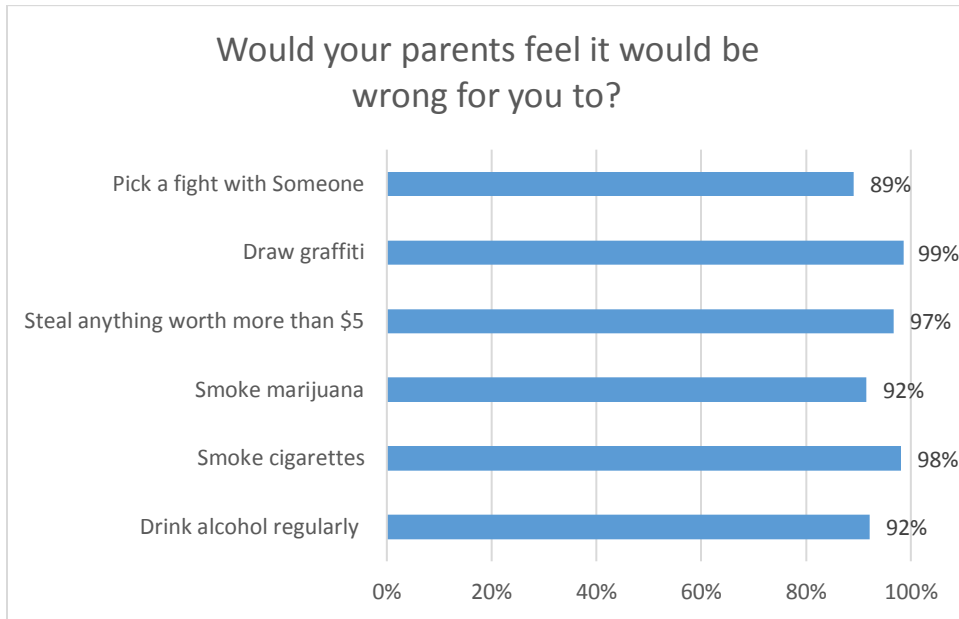


Figure 2: Perception of Community Access to Risk, by School

When asked what they thought most adults in their neighborhood would think if kids their age smoked marijuana, drank alcohol, or smoked cigarettes, 85%, 84% and 93% of students reported adults would think it is “wrong” or “very wrong”.

More than half of students (58%) reported knowing an adult personally who got drunk or high in the past year and almost one third of students (32%) reported knowing an adult who used marijuana, crack, cocaine or another drug in the past year.

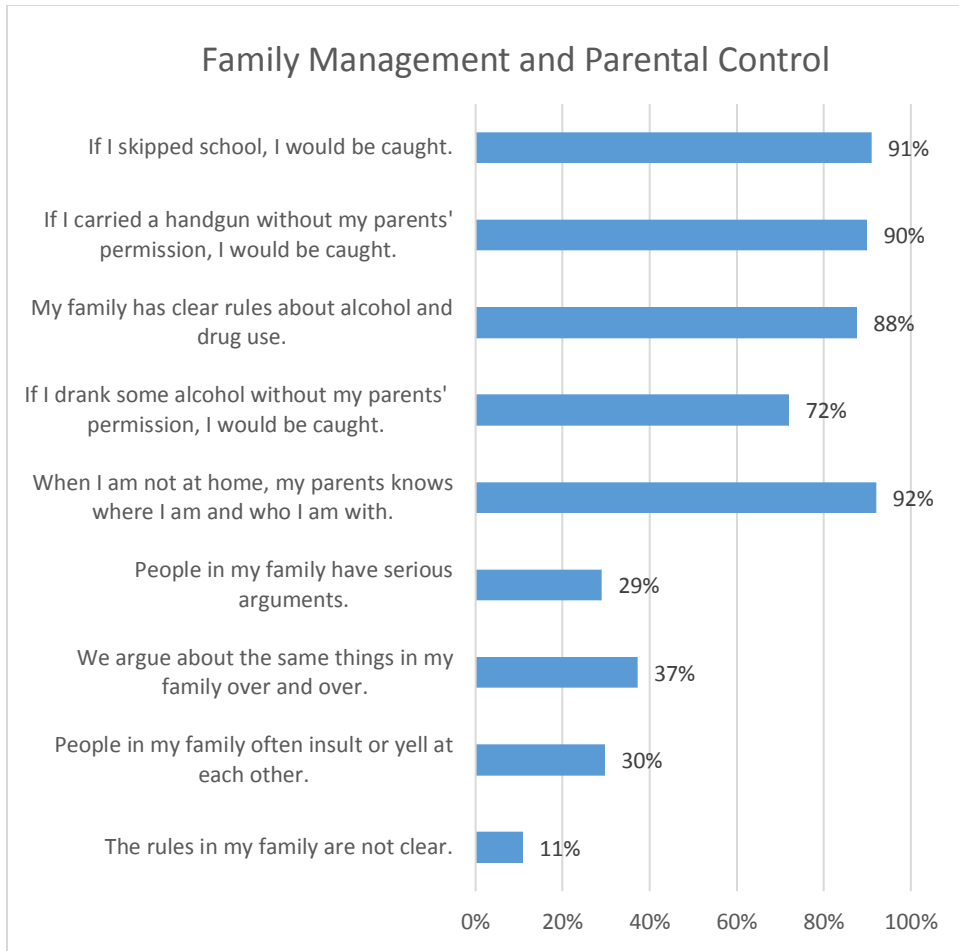
## Family Risk and Protective Factors



*Figure 3: Parental attitudes towards risk behavior*

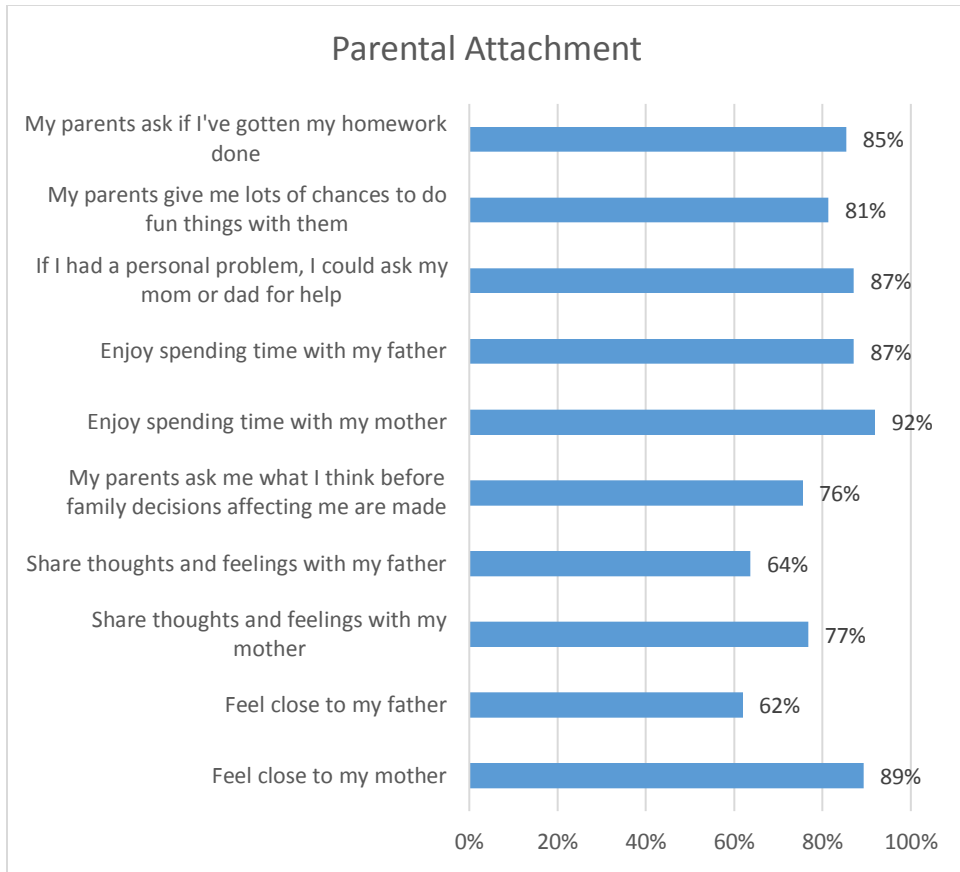
Students across grade levels overwhelmingly reported that they believed their parents would think it is wrong to participate in risky behaviors.

Almost one third of students reported having a family member with a severe alcohol or drug problem (not pictured).



*Figure 4: Family Management and Parental Control*

Students generally report feeling that their families have clear structure and rules and as well as attachment to their parents. These factors are protective. A subset of students (about 30%) reported family conflict which is a risk factors for negative behaviors and outcomes.



*Figure 5: Parental Attachment*

Students generally report feelings of attachment to their parents. While there are minor fluctuations between grades (with higher grades reporting marginally lower feelings of attachment), these are not significant and are not pictured. Perceptions of emotional support and connection to parents have been shown to increase adolescent resilience to adverse situation and improve outcomes and well-being.

## School Risk and Protective Factors

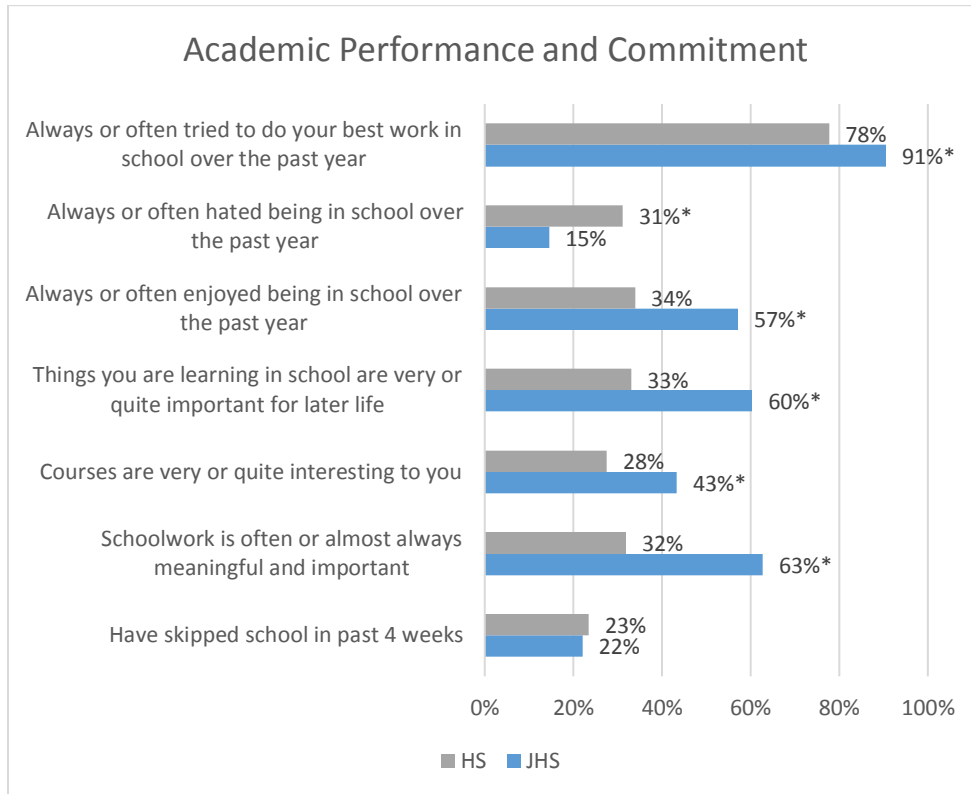
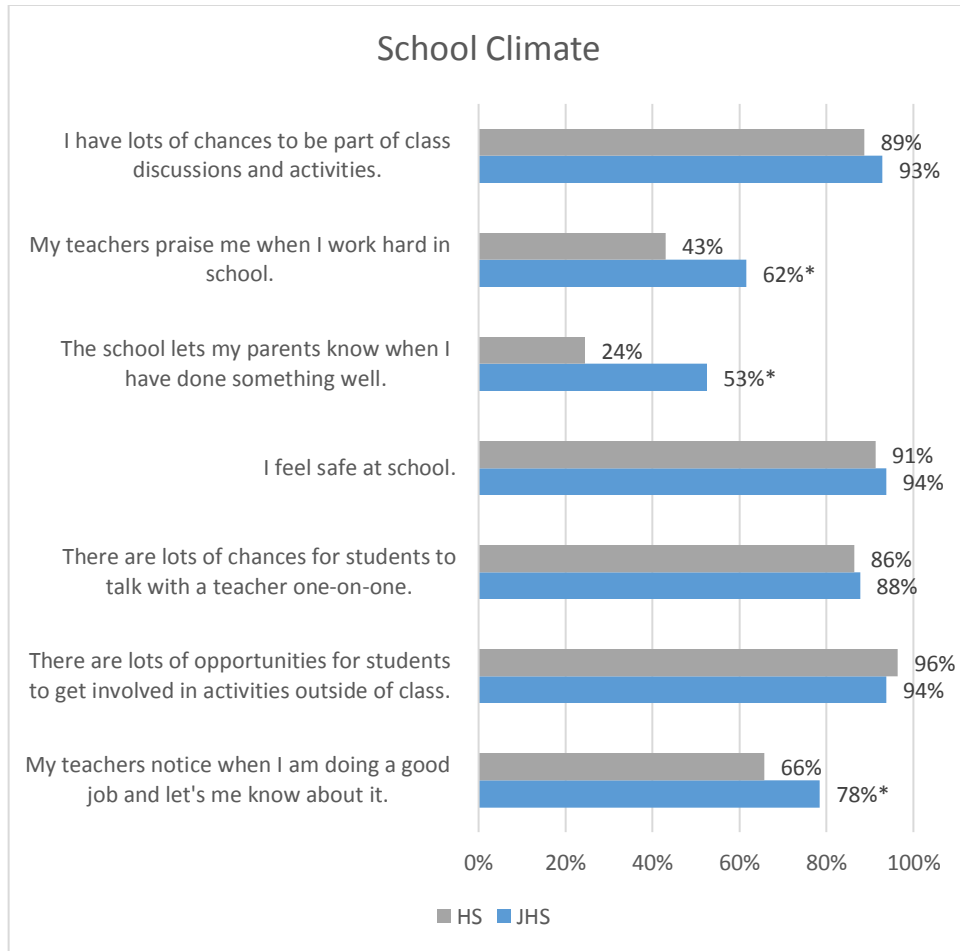


Figure 6: Academic Performance and Commitment

Students from the Junior High were significantly more likely to report positive academic perceptions as compared to the High School students. For both schools, the majority of students report always or often trying their best in school in the past year (78% for High School, 91% for Junior High School). Perceptions of the value of coursework and of the courses themselves vary significantly by school. Less than one in four students report having skipped school in the past month. Students' positive perceptions of school decrease with each consecutive grade and negative perceptions increase (not pictured).



*Figure 7: School Climate, by School*

Overall students from both the Junior High and High School reported a safe and supportive school climate. Students in the High School were significantly less likely to report that teachers would praise them when they work hard, that the school would let their parents know when they have done something well, and that their teachers would notice when they are doing a good job as compared to the students in the Junior High.

## Peer Risk and Protective Factors

Students were asked to think about the behavior of their four closest friends in the past year. The figure below shows the percentage who reported that none of their closest friends did the behaviors indicated. Items marked with an asterisk (\*) indicate that students in the High School were more likely to report that they have friends who had done these things in the past year. Overall, students were less likely to report that at least one of their best friends had done a risk behavior (Figure 8) than to report that at least one of their friends had done a protective behavior (Figure 9).

Students generally reported that there was no, very little or little chance that they would be seen as cool if they smoked cigarettes (96%) or carried a handgun (96%). Among Junior High students, almost all students reported that there was no, very little or little chance that they would be seen as cool if they began drinking alcohol regularly (97%) or smoked marijuana (96%).

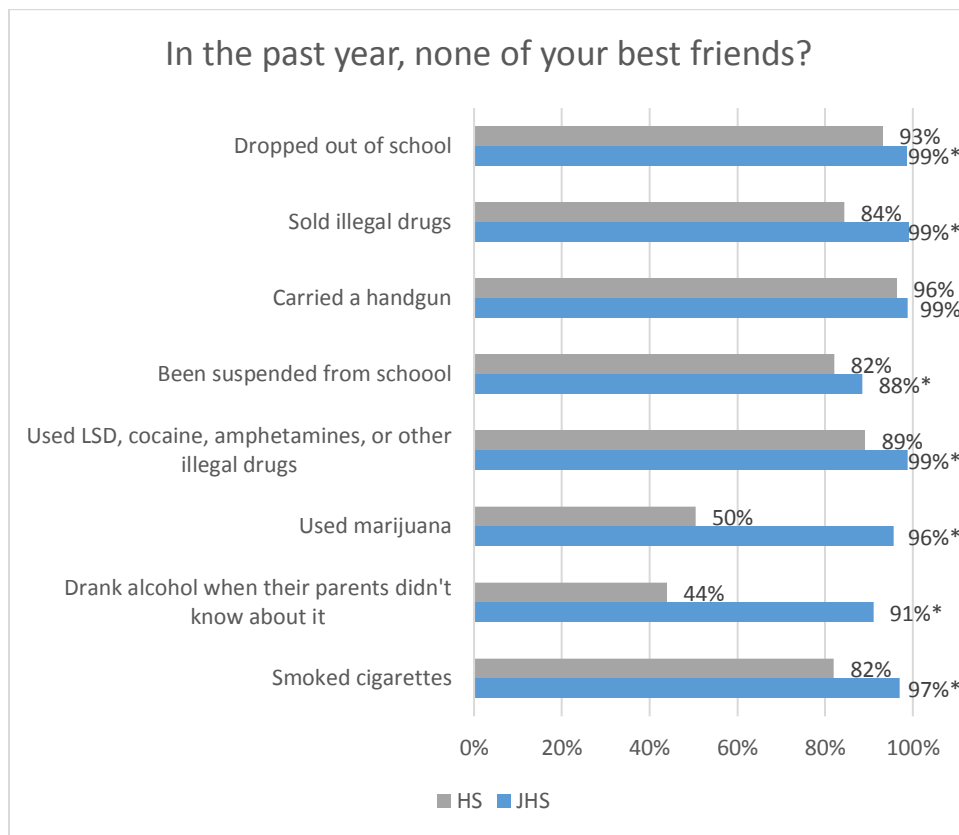
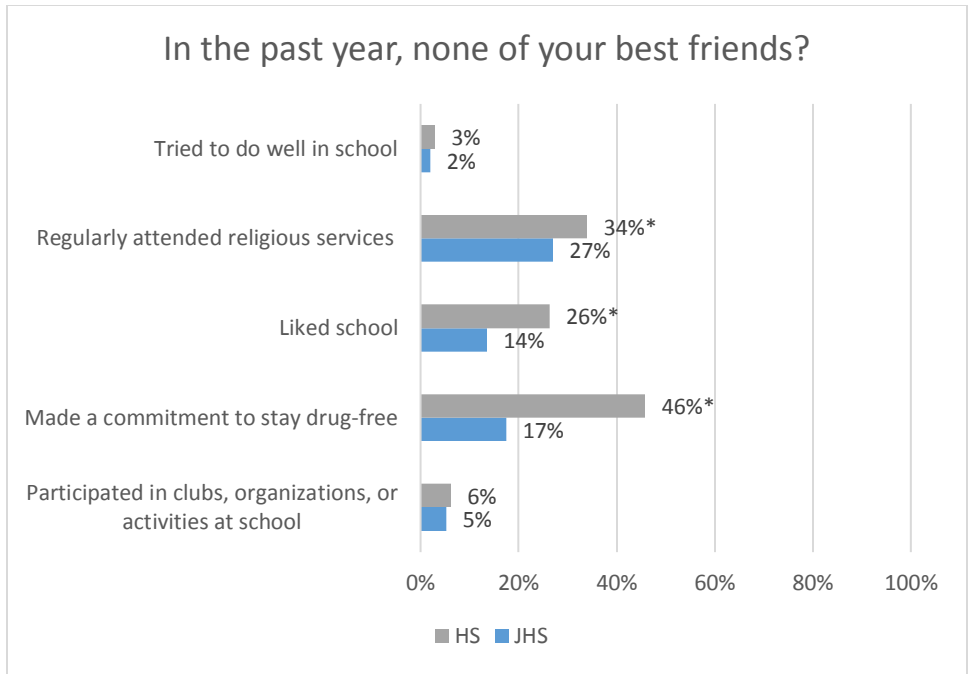


Figure 8: Best Friends' Risk Behavior, by Schools

<sup>s</sup> Note for clarification: Students were asked about the behavior of their best friends. These behaviors are considered "risk behaviors"; however, this chart represents the number of students that reported **none** of their best friends have done these risk behaviors.





*Figure 9: Best Friends' Protective Behavior, by Schools*

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Ⓔ Note for clarification: Students were asked about the behavior of their best friends. These behaviors are considered "protective behaviors"; however, this chart represents the number of students that reported **none** of their best friends have done these protective behaviors.

## Individual Risk and Protective Factors

Individual perceptions and attitudes are associated with risk behaviors. When asked a series of questions about mental health, students reported if the statement was applicable to them.

Figure 10 shows results by grade and Figure 11 shows results by gender.

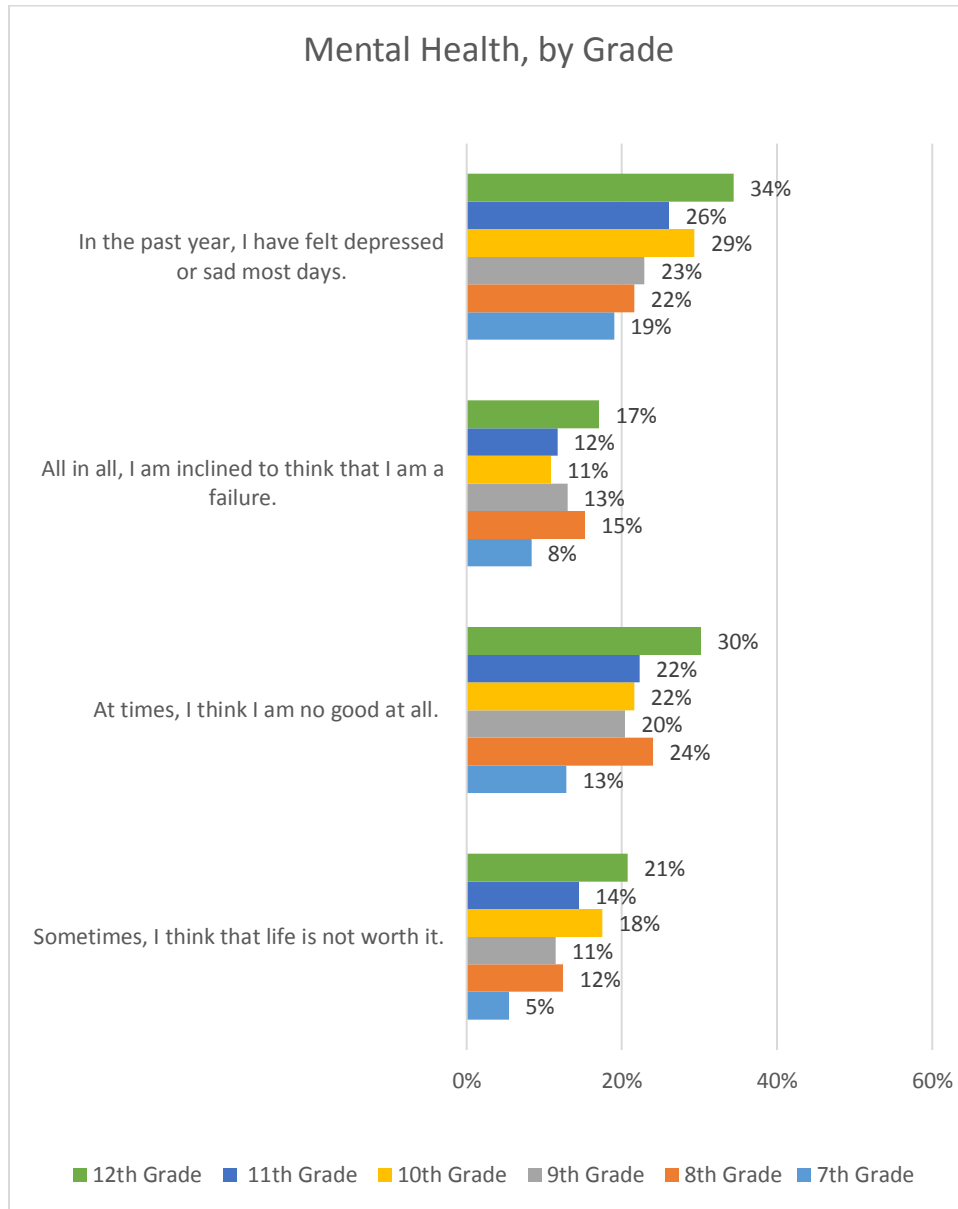
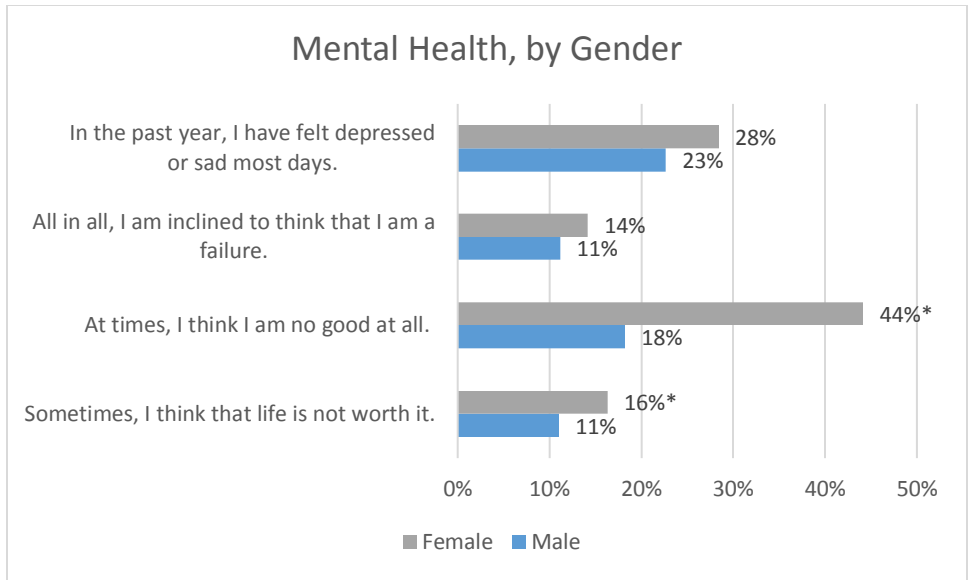
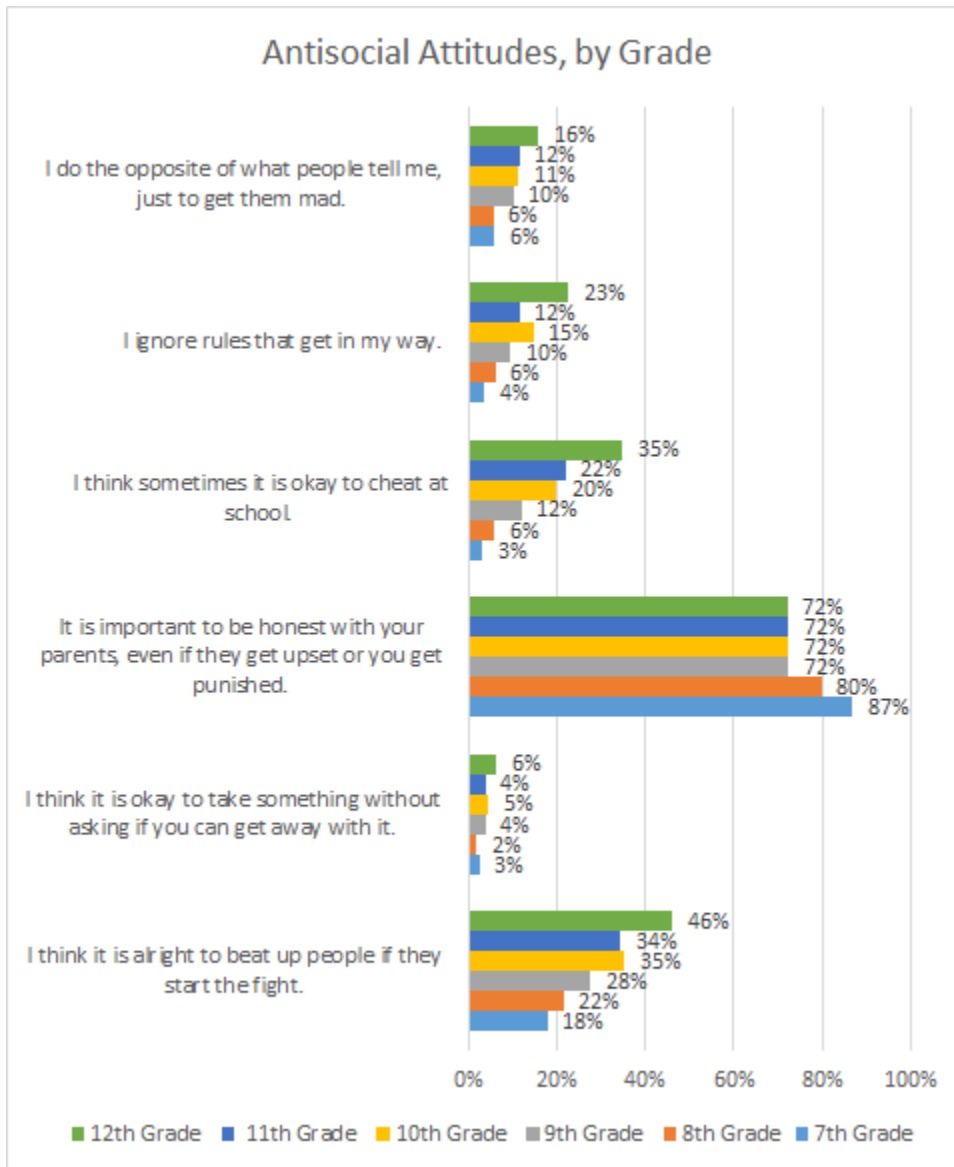


Figure 10: Mental Health, by Grade



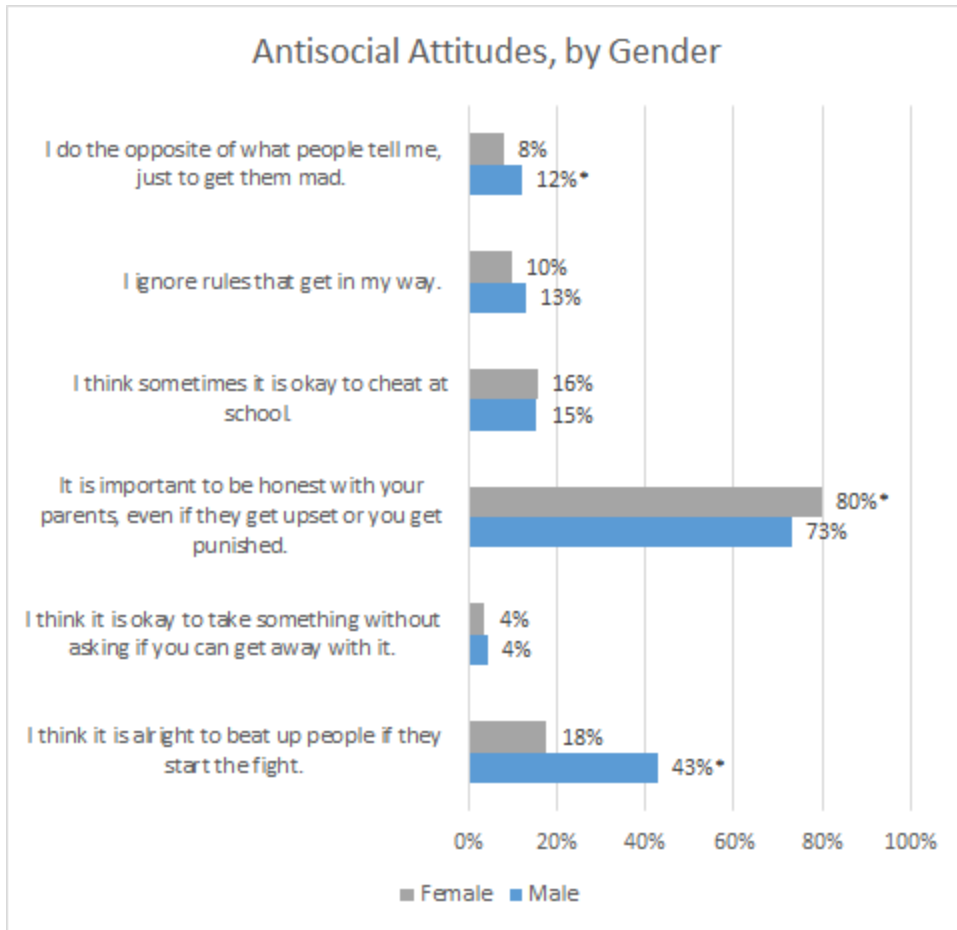
*Figure 11: Mental Health, by Gender*

Female students were statistically more likely to report feeling that “At times, I feel like I am no good at all” (44% of females, 18% of males) and more likely to feel like life it not worth it (16% versus 11%).



*Figure 12: Antisocial Attitudes, by Grade*

General trends indicate that higher endorsement of antisocial or rebellious attitudes among older students (Figure 12). These behaviors are associated with risk taking in adolescence and later in life.



*Figure 13: Antisocial Attitudes, by Gender*

Generally, females and males reported similar endorsement of antisocial attitudes. However, female students were more likely to report that it is important to be honest with your parents (80% for females, 73% for males) and male students were more likely to report that it is alright to beat someone up if they start the fight (43% of males, 18% of females). It is also important to note that the majority of both genders believe that it is important to be honest with your parents, and that is not alright to beat someone up.

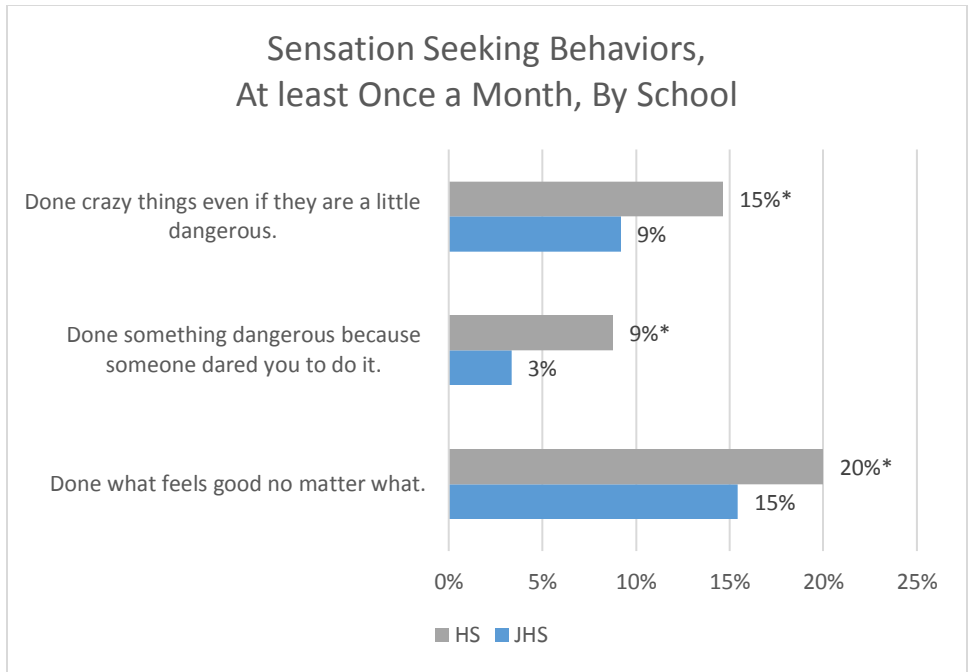


Figure 14: Sensation Seeking Behaviors, By School

Sensation seeking behaviors were low across grades, schools, and genders, although High School students and male students were more likely to report sensitive seeking behaviors.

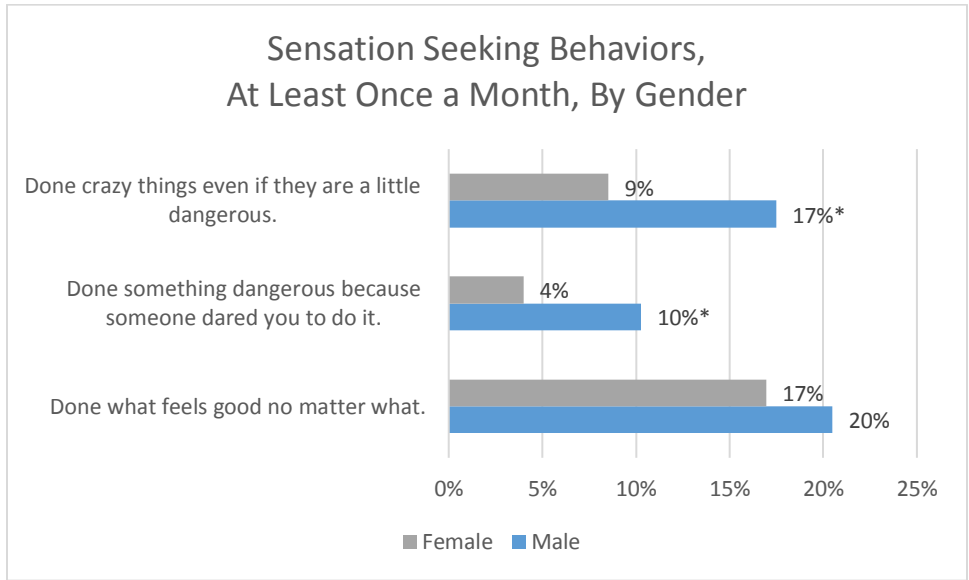


Figure 15: Sensation Seeking, By Gender

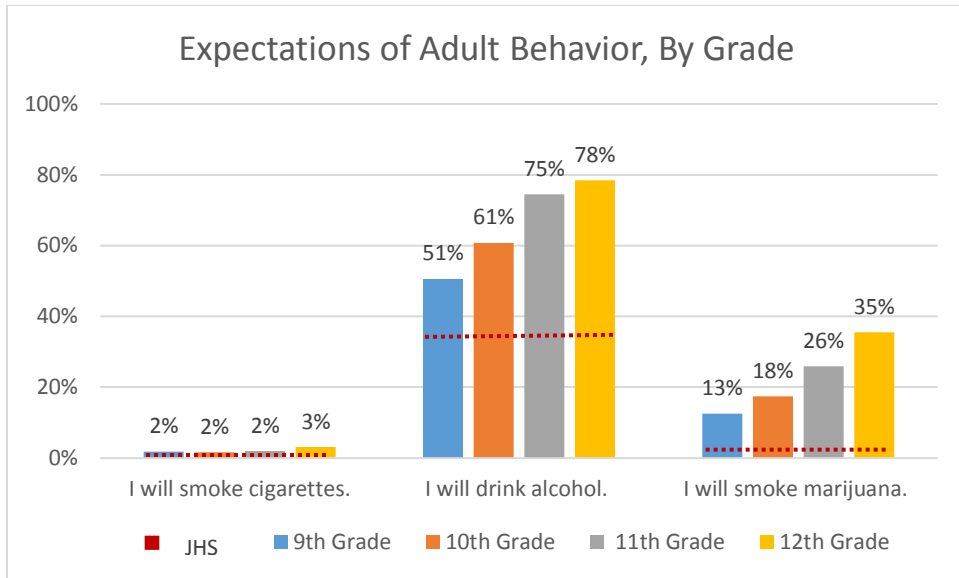


Figure 16: Expectations of Adult Behavior, By Grade

Almost all students believe that they will not smoke cigarettes as an adult. Students are more likely to believe that they will drink alcohol and smoke marijuana as an adult as they get older. There are significant differences between expectations of their own adult behaviors between Junior High School students and High School students.

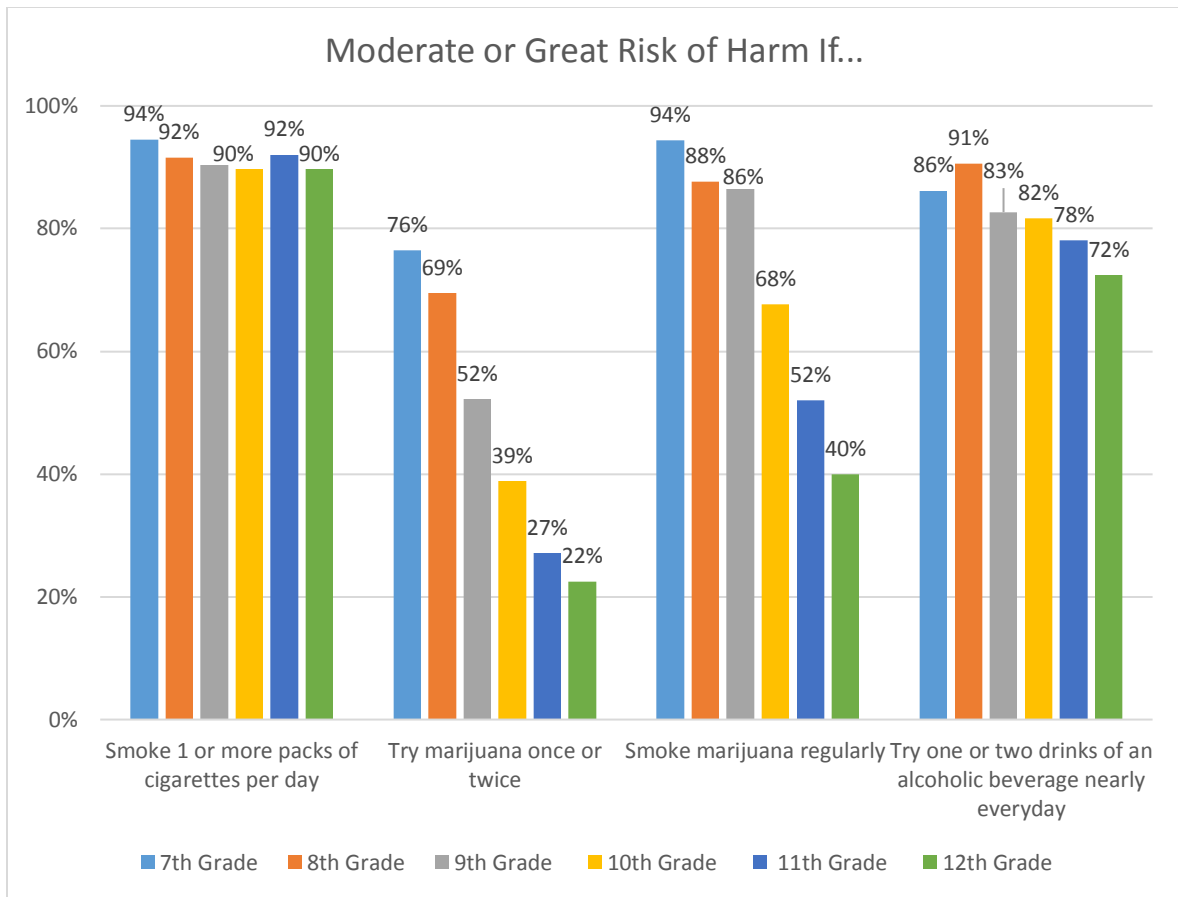


Figure 17: Perception of Risk, By Grade

Perception of risk of using substances decreases with grade level across substances (with the exception of cigarettes). Differences between grade levels are particularly prevalent with marijuana use; three out of four 7<sup>th</sup> graders report risk of harm for trying marijuana while less than one in four of 12<sup>th</sup> graders report the same. Almost all of 7<sup>th</sup> graders (94%) report risk of harm if someone smokes marijuana regularly, while only 40% of 12<sup>th</sup> graders report the same.



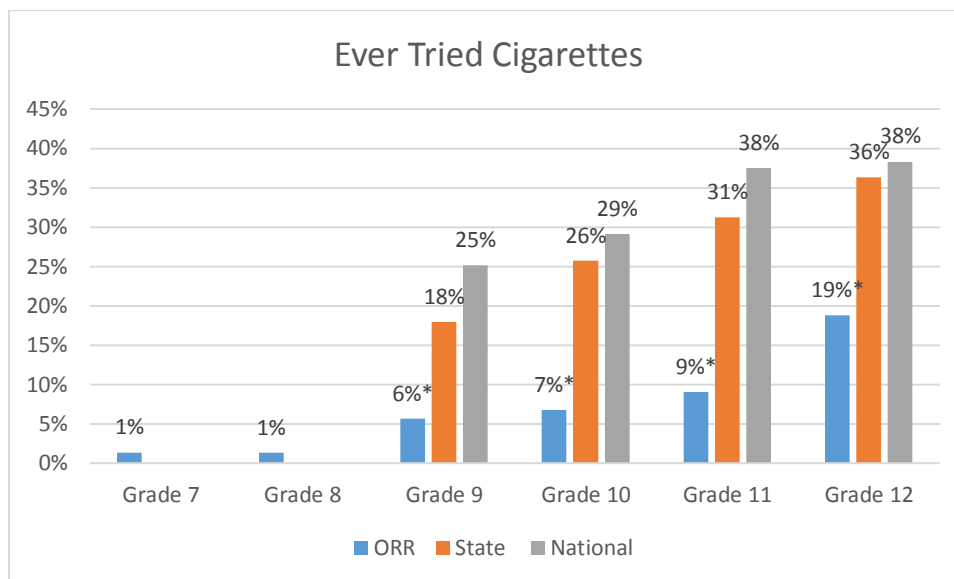
## Risk Behaviors

### Tobacco Use

Cigarette smoking and tobacco use are causes of the four most common preventable causes of death in the United States: (1) disease of the heart, (2) cancer, (3) chronic lower respiratory disease, and (4) cerebrovascular diseases.<sup>7</sup> Over 80% of adult smokers report starting smoking before age 18.<sup>8</sup> Because their brains are still developing, youth are especially vulnerable to the consequences of tobacco, alcohol and drug use.

Ten percent of High School students reported ever smoking a cigarette, compared to 27% statewide and 32% nationally (not pictured)<sup>9</sup>. 98.65% of Junior High school students reported never trying cigarette smoking. ORR students are statistically significantly **less** likely to have ever tried smoking and try smoking at older ages than their national and statewide peers. Among ORR 12<sup>th</sup> graders, males were significantly more likely to have ever tried cigarette smoking (27% for males versus 9% for females).

Compared to ORR data from 2015, significantly fewer students report having smoked cigarettes at all grade levels and genders. However, students in the Class of 2017 are more likely to report having tried smoking in 12<sup>th</sup> grade than did when they were in 10<sup>th</sup> grade (13% in 2015 versus 19% in 2016).



<sup>7</sup> Yoon PW, Bastian BB, Anderson RN, Collins JL, Jaffe HW. Potentially Preventable Deaths from the Five Leading Causes of Death, United States, 2008-2010. *Morbidity and Mortality Weekly Report* 2014; 63(17): 369-375.

<sup>8</sup> Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–1228.

<sup>9</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS) Youth Online Data Analysis Tool. Data from 2015. <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Figure 18: Ever Tried Cigarette Smoking

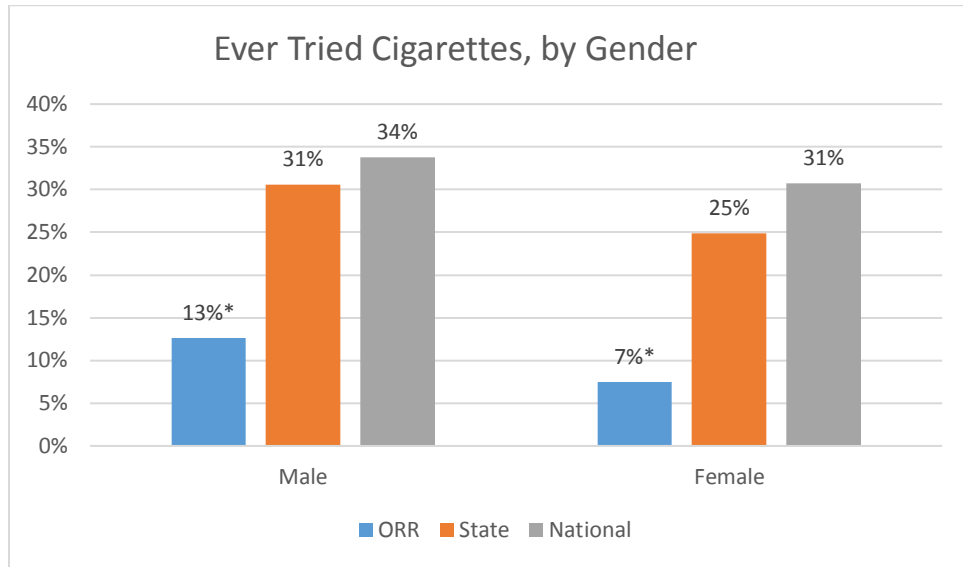


Figure 19: Ever Tried Cigarette Smoking, by Gender

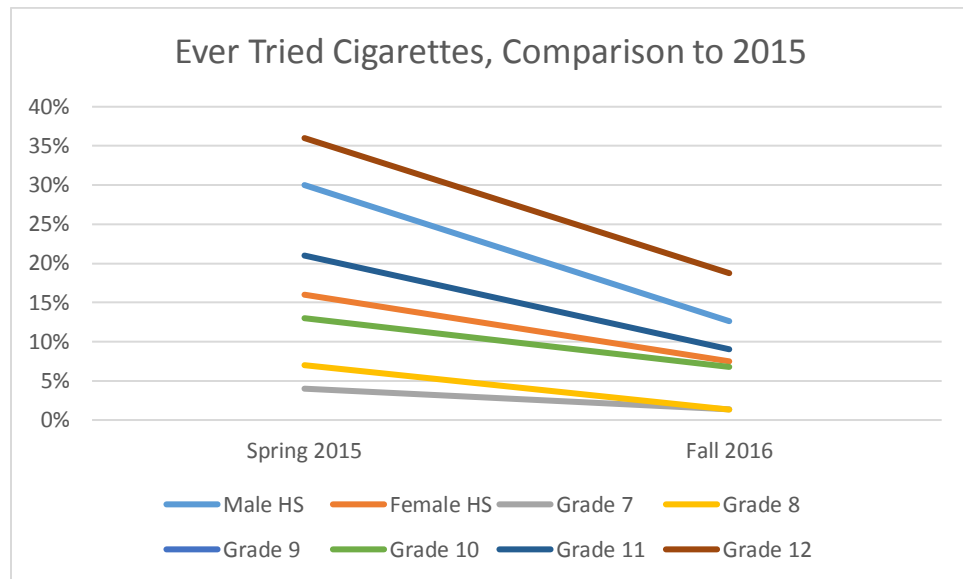


Figure 20: Ever Tried Cigarettes, Comparison to 2015

Among the 7% of respondents from Grades 7 through 12 who reported having ever smoked a cigarette, 64% reported not having smoked a cigarette in the past 30 days and 16% reported smoking at least one cigarette a day in the past 30 days.

Less than 1% of Junior High School Students and 7% of High School students report having ever used smokeless tobacco. 3% of High School Students report current use of smokeless tobacco (use of smokeless tobacco at least once in the past 30 days). Smokeless tobacco use at ORR is significantly lower than State and National use.

## Alcohol Use

Despite laws aimed at preventing adolescent alcohol consumption, alcohol is the most commonly used illicit drug. Heavy drinking and early initiation of alcohol use are associated with alcohol dependence, violent behaviors, sexually risk behaviors, other drug use, and brain development impairment.<sup>10</sup>

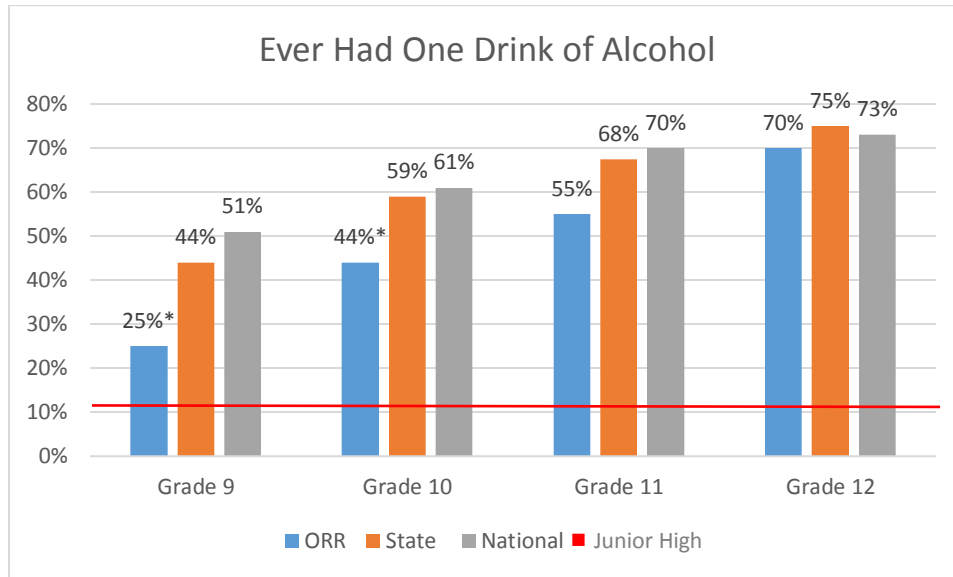


Figure 21: Ever Had One Drink of Alcohol

Fifty-eight percent of ORR High School respondents reported ever having at least one drink of alcohol which is aligned with state rates. The proportion of students reporting having ever drunk alcohol remains steady in 7<sup>th</sup> and 8<sup>th</sup> grade (11%) and increases throughout High School. Significantly fewer Grade 9 and 10 students report ever having one drink of alcohol compared to state and national rates. Grade 11 and 12 reported percentages are comparable to these rates. Of those who reported ever having had a drink of alcohol, 33% report having had their first drink between ages 13 and 14 and 40% report having had their first drink between 15 and 16 years old.

Compared to the Spring 2015 YRBS survey, significantly fewer Grade 10 students report having ever had a drink of alcohol. It should be noted that 18% of students in the cohort that are currently in Grade 9, 18% of the students currently in Grade 10, and 64% of the students currently in Grade 12 reported having ever had a drink of alcohol in Spring 2016.

Alcohol use in the past 30 days was very low among 7<sup>th</sup> and 8<sup>th</sup> Graders, with less than 2% of students in each grade reporting consumption. While the majority of students did **not** consume

<sup>10</sup> National Institute on Alcohol Abuse and Alcoholism. Underage Drinking: A Major Public Health Problem. Alcohol Alert 2003; 59. Accessed: <http://pubs.niaaa.nih.gov/publications/aa59.htm>.

alcohol in the past 30 days, reported use and frequency of use was significantly higher among 11<sup>th</sup> and 12<sup>th</sup> grade students.

Past 30 day alcohol use among 9<sup>th</sup> and 10<sup>th</sup> grade students was statistically significantly less than alcohol use among their peers state and nationwide. Use among 11<sup>th</sup> and 12<sup>th</sup> grade students was comparable to state and national rates.

Among those who had drunk alcohol in the past 30 days, 35% reported drinking 5 or more drinks in one sitting in the 2 past weeks. (Because of wording differences between surveys, these statistics cannot be compared to state or national rates, or to previous surveys.)

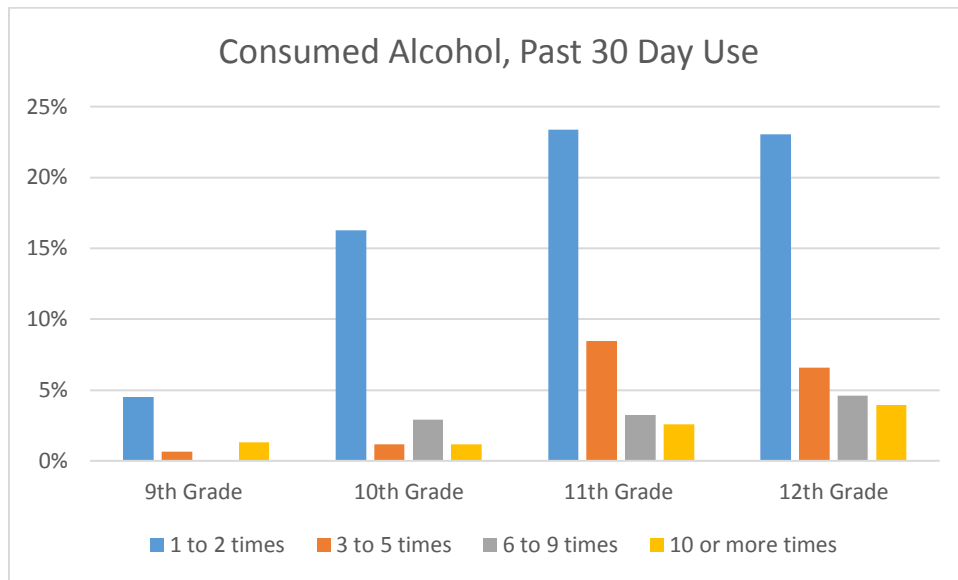


Figure 22: Consumed Alcohol Past 30 Day Use

## Other Drug Use

Drug use among youth is associated with heavy alcohol use, risky sexual behaviors, delinquency, mental health problems, suicide, and poor academic achievement.<sup>11</sup> The following questions address the use of illegal drugs and/or misuse of prescription drugs.<sup>12</sup>

Among 7<sup>th</sup> grade and 8<sup>th</sup> grade students, 8% and 9% of students respectively report ever having tried cocaine, marijuana, heroin, LSD, ecstasy, methamphetamines, sniffing glue, or using

<sup>11</sup> Murphey D, Barry M, Vaughn B, Guzman L, Terizan M. Adolescent Health Highlight: Use of Illicit Drugs. Child Trends 2013; 11. Accessed: <http://www.childtrends.org/wp-content/uploads/2013/09/Illicit-drug-use-Highlight-9.13.pdf>.

<sup>12</sup> Note: The Communities that Care survey asks students about use of a fictitious drug, “Derbisol”. Reporting use of this made-up drug was used as an indicator that a student was not answering the survey honestly and thus students who reported “Derbisol” use were not included in drug use analysis.

prescription drugs without a doctor’s prescription. Among these, having ever tried sniffing glue (4%), prescriptions drugs (including pain relievers, stimulants and tranquilizers) (3%), and marijuana (2%) use were the most common in the Junior High School. Fifteen percent of 7<sup>th</sup> graders and 17 percent of 8<sup>th</sup> graders report ever having tried any of the drugs named above and/or ever having tried alcohol.

Among HS students, 15% of 9<sup>th</sup> graders, 33% of 10<sup>th</sup> graders, 33% of 11<sup>th</sup> graders, and 55% of 12<sup>th</sup> graders report having ever tried using any of the drugs listed above. In this age group, lifetime marijuana use was the most common, with ever having used ranging from 9% among 9<sup>th</sup> graders to 51% among 12<sup>th</sup> graders. Second most common in this age group was use of prescription drugs without a doctor’s prescription, ranging from 3% among 9<sup>th</sup> graders to 12% among 12<sup>th</sup> graders. Twenty-nine percent of 9<sup>th</sup> graders, 49% of the 10<sup>th</sup> graders, 58% of 11<sup>th</sup> graders and 72% of 12<sup>th</sup> graders report ever having tried any of the drugs named above and/or ever having tried alcohol. (See Table below.)

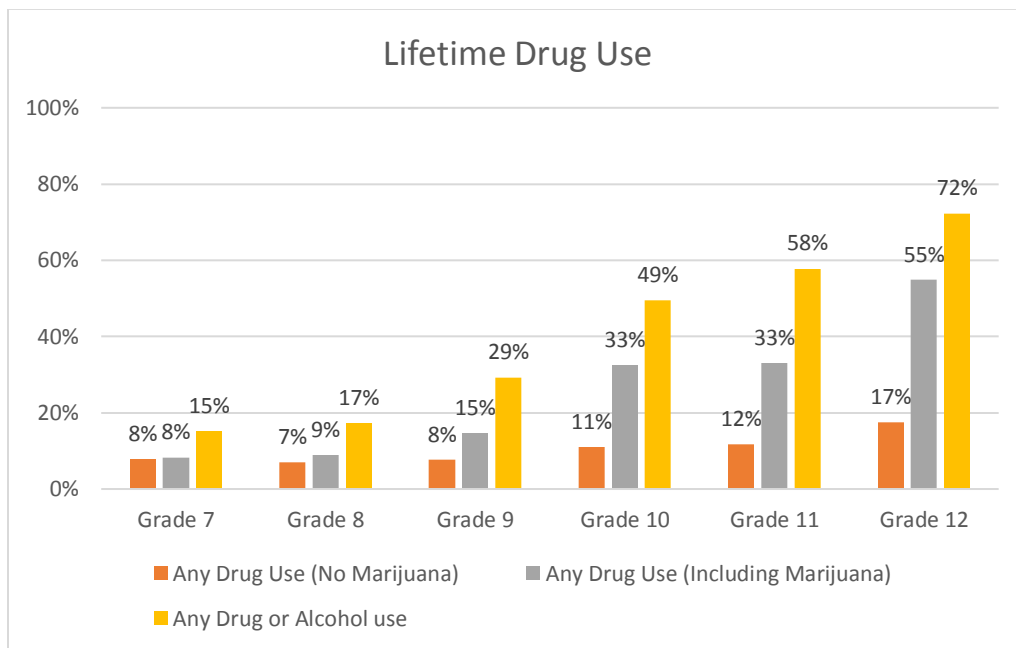


Figure 23: Lifetime Drug Use

Considering that tobacco, alcohol and “illicit drug” use are all detrimental to brain development and to long-term health, it is important to consider the proportion of students who have ever used any of these substances. Sixteen of Junior High students and 53% of High School students report ever drinking alcohol or using the tobacco products or illicit drugs named above. Proportions of students reporting having ever tried alcohol, marijuana, or any illicit drug have decreased since the spring 2015 survey (Figures 24 and 25). It is important to note that while

this is suggestive of improvements the students were surveyed at different times of the year which may explain some of the difference. Also it is important to note that the 2015 survey did not include 9<sup>th</sup> graders who typically have less experience having ever tried alcohol or drugs and this could explain some of the differences seen at the High School level.

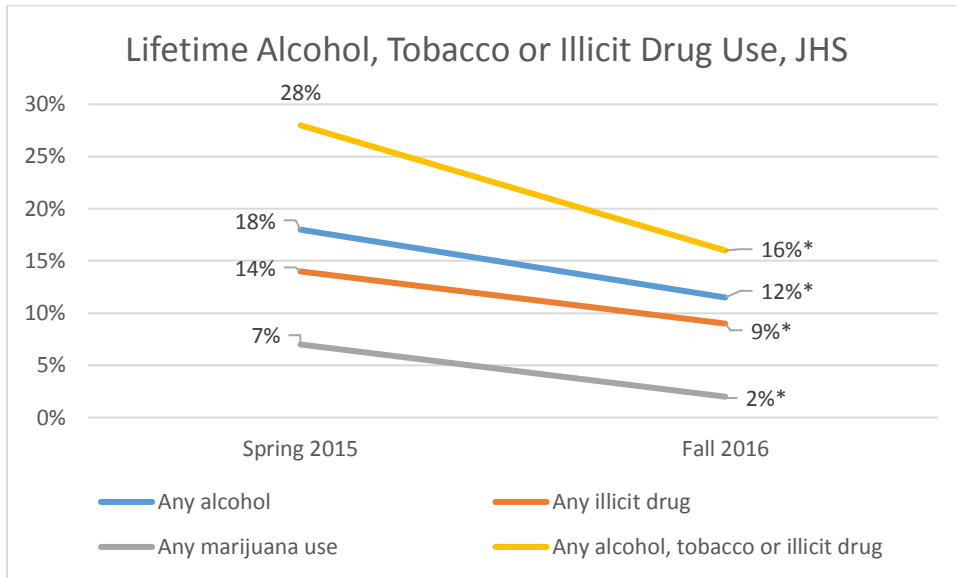


Figure 24: Lifetime Alcohol, Tobacco or Illicit Drug Use, JHS

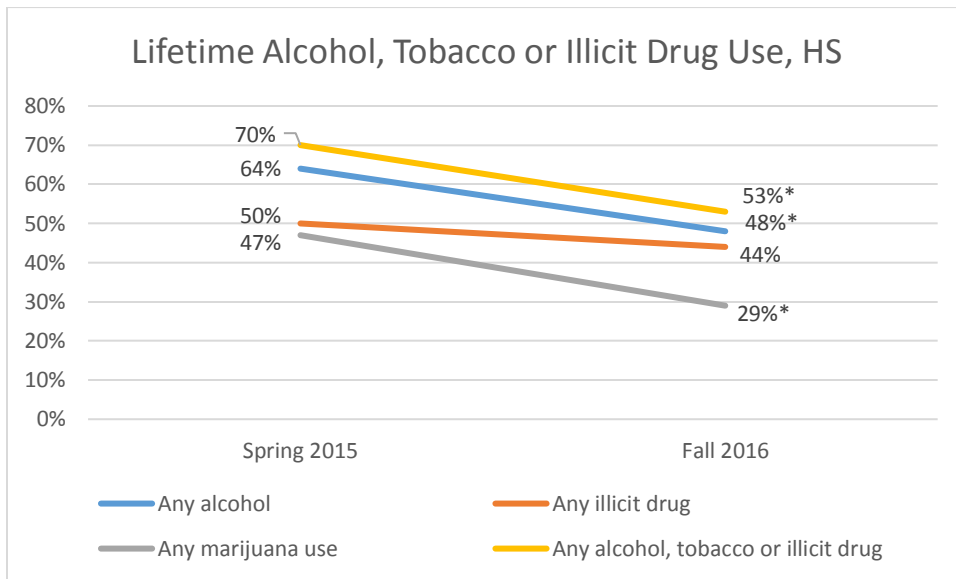


Figure 25: Lifetime Alcohol, Tobacco, or Illicit Drug use, HS