Highlights from the MetroWest Adolescent Health Survey

Informing data-driven school and community health policies and practices

2016 MetroWest Region Middle School Report

GRADES 7-8

Spring 2017

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MetroWest Region Middle School Report

Background

The 2016 MetroWest Adolescent Health Survey (MWHAS) marks the beginning of a new decade in monitoring trends in adolescent health behaviors to advance school and community prevention efforts. Since 2006, the MWAHS has been administered every other year in communities served by the MetroWest Health Foundation, with the goal of supporting data-driven improvements in health programs and policies at the local and regional levels. In 2016 alone, over 40,000 students were surveyed in 26 school districts, providing important adolescent health data on key areas of concern and emerging health issues. Over the course of the initiative, the MWHAS data has greatly enhanced school and community efforts to prevent harm from risky behaviors and improve adolescent physical, mental, and emotional wellbeing.

Methodology

The 2016 middle school MWAHS was administered to a census of students in grades 7 and 8 in all 24 school districts in the MetroWest region that contain middle schools. 18 school districts chose to include 6th grade students; these findings are described in a separate report. As in previous survey waves, local procedures were followed to inform parents/guardians of the survey and give them the choice to opt out their child(ren). Students were also informed that their participation was voluntary and that no names or other identifying information were being collected. Data collection at each school was guided by a protocol that protected the privacy of students’ responses.

In total, 12,307 students in grades 7 and 8 completed the 2016 survey, representing 93% of the youth in the 24 school districts. The data allow for an examination of behavioral trends across six time points from 2006 to 2016. This report summarizes current youth behaviors on key health indicators in the areas of substance use, violence, bullying, mental health, and physical activity. Current data from 2016 is provided by gender and grade, and trends over the six waves of the MWAHS are highlighted.
Key Findings: Substance Use

Cigarette smoking has declined at every time point since the MWAHS began. Only 3% of youth have tried a cigarette in their lifetime, down steadily from 10% in 2006. Twice as many youth (6%) have tried an electronic cigarette.

Cigarette Smoking

» Current cigarette smoking (in the past 30 days) has also decreased at every survey, from 4% in 2006 to 1% in 2016. Both females and males in middle school are smoking less.
» Males are more likely to experiment with cigarettes than females (4% vs. 2%), but use is low among both genders.
» A small number of youth initiate smoking during middle school, with lifetime use increasing from 2% in 7th grade to 4% in 8th grade.
» Lifetime smoking is lower among MetroWest 8th grade students (4%) compared with 8th grade students in Massachusetts (9%) and the nation (10%), though recent smoking in MetroWest and Massachusetts is similar at 2%. The substantial decline in smoking is consistent with state data as well as national trends among 8th grade youth from the Monitoring the Future study.

Electronic Cigarettes

» 6% of middle school youth have tried an electronic cigarette or other electronic vapor product in their lifetime, and 3% have used one in the past 30 days. (Data in this section refers to use of electronic cigarettes or other electronic vapor products.)
» Consistent with use of conventional cigarettes, middle school males are more likely than females to have tried electronic cigarettes (7% vs. 4%).
» Experimentation with electronic cigarettes increases from 3% in 7th grade to 8% in 8th grade.
» Three-quarters of youth (77%) perceive that using electronic cigarettes is of moderate or great risk, up from 64% in 2014.
» Reports from 2014 to 2016 suggest a very slight decline in current use of electronic cigarettes, but data from future years will determine if this is the beginning of a downward trend. The most recent Monitoring the Future study found a slight decline in current electronic cigarette use in 2016.
Alcohol Use

Alcohol use among middle school youth has declined by more than half. Reports of lifetime drinking decreased at every time point, from 22% in 2006 to 11% in 2014, and down further to 10% in 2016.

» Current drinking (in the past 30 days) has also decreased steadily, from 9% in 2006 to 4% in 2014, and remaining at that level in 2016.
» Drinking has declined substantially among both females and males in middle school. For example, lifetime drinking decreased from 18% in 2006 to 8% in 2016 among females, and from 26% to 12% among males.
» Binge drinking has remained steady at 1% since 2012, after dropping from 3% in 2006. (Binge drinking in 2016 is defined as consuming four or more drinks in a row for females or five or more drinks in a row for males on one or more occasions in the past 30 days. This does not take into account body weight or other factors that influence intoxication levels).
» 2% of youth have ridden in a car driven by a high school student who has been drinking in their lifetime. Reports have been steady since this data was first collected in 2012.
» More males than females initiate alcohol use in middle school (12% vs. 8%); current drinking is only slightly higher among males than females (4% vs. 3%).
» Despite the decline in drinking in the region, many youth continue to initiate drinking during the middle school years. Lifetime drinking nearly doubles from 7% in 7th grade to 13% in 8th grade, and current drinking rises from 2% to 5%.
» Reports of drinking in MetroWest continue to be lower than in Massachusetts and the nation. For example, 13% of 8th grade youth in the region reported using alcohol in their lifetime, compared with 20% of 8th grade youth statewide\(^1\) and 23% of 8th grade youth nationally.\(^2\) The declines in drinking in MetroWest are consistent with state and national trends.
Marijuana Use

Marijuana use in middle school has declined in recent surveys. After remaining similar from 2006 to 2012 at 4-5%, lifetime marijuana use is now reported by less than 3% of students.

» Current marijuana use (in the past 30 days) has decreased from 3% in 2006 to just over 1% in 2016. Both females and males are reporting less marijuana use.
» Consistent with prior surveys, marijuana use is higher among males than females, but is low among both genders. For example, current use is reported by 2% of males and 1% of females.
» A small number of youth initiate marijuana use in middle school. From 7th grade to 8th grade, lifetime use increases from 1% to 4%.
» Fewer MetroWest 8th grade youth have used marijuana in their lifetimes (4%) compared with 8th grade youth in the state (10%)\(^1\) and nationally (13%).\(^2\) There have been declines in recent years among middle school youth in MetroWest, the state, and the nation.

Inhalant Use

Use of inhalants has decreased substantially over the course of the MWAHS. Only 3% of middle school youth have used inhalants, which is similar to 2014 levels and down substantially from 2006 levels (8%).

» Inhalant use has declined notably among both females (from 8% in 2006 to 2% in 2016) and males (from 9% to 3%). (Inhalant use is defined as sniffing glue, breathing the contents of spray cans, or inhaling any paints or sprays to get high.)
» Reports of lifetime inhalant use increase only slightly from 7th grade (2%) to 8th grade (3%).
» Fewer MetroWest 8th grade youth have used inhalants compared to 8th grade youth nationwide (3% vs. 8%); the decrease in the MetroWest region is consistent with national trends.\(^2\)
Key Findings: Violence

Physical fighting among middle school youth has declined considerably since the early years of the MWAHS. Lifetime reports of fighting decreased steadily from 45% in 2006 to 32% in 2016. Weapon carrying has not changed substantially in recent surveys.

Physical Fighting

» Lifetime reports of fighting on school property have decreased by half from 19% in 2006 to 9% in 2014, and remained at that level in 2016.
» There have been substantial declines in fighting among females and males. For example, fighting on school property decreased from 30% in 2006 to 15% in 2016 among males, and from 8% to 3% among females.
» Despite these declines among both genders, overall reports of fighting are nearly three times higher among males than females, and reports of fighting at school are more than four times higher among males.
» Reports of fighting are similar by grade. For example, 9% of 7th grade youth and 10% of 8th grade youth reported fighting on school property in their lifetime.

Weapon Carrying

» 16% of youth have carried a weapon in their lifetime. Reports have been similar at 15-16% since 2012, and are lower than 2006 levels (18%).
» Weapon carrying declined among males from 28% in 2006 to 23% in 2014 but was slightly higher at 25% in 2016. Among females, weapon carrying has been in the range of 5-7% over the course of the MWAHS.
» Weapon carrying on school property declined from 3% in 2006 to 1% in 2010 and has stayed at that level over the last three surveys.
» Consistent with gender patterns for physical fighting, overall reports of weapon carrying are more than three times higher among males than females (25% vs. 7%).
» Lifetime reports of carrying a weapon increase from 14% in 7th grade to 18% in 8th grade.
Key Findings: Bullying and Cyberbullying

The number of middle school students bullied at school has declined steadily over the last four surveys. Reports of bullying on school property decreased by more than half from a peak of 43% in 2008 to 24% in 2014, and down further to 21% in 2016. In contrast, cyberbullying has remained at 19% since 2014, up from 16% in 2006.

Bullying

» Reports of overall bullying victimization in the past 12 months also decreased by half, from a high of 49% in 2008 to 29% in 2014, further declining to 25% in 2016.
» School bullying has declined substantially among both females and males, but the recent decline is driven mostly by females. Among females, school bullying declined from a high 45% in 2008 to 27% in 2014, and declined further to 21% in 2016. Among males, school bullying declined from 41% in 2008 to 21% in 2014, and remained similar at 20% in 2016.
» As a result of the recent decline in school bullying among females, the gap in gender reports has diminished. Whereas females reported more bullying at school than males in earlier surveys, in 2016, reports on school property are nearly the same by gender (21% for females and 20% for males). However, more females than males still report bullying victimization overall (27% vs. 23%).
» 9% of males and 7% of females report bullying someone else in the past 12 months, and 6% of males and 4% of females did so on school property.
» Reports of bullying on school property are slightly higher in 7th grade (22%) compared with 8th grade (19%).
» Data on verbal harassment was collected for the first time in 2016. 12% of youth reported being verbally harassed in the past 12 months due to their race, ethnicity or culture, 6% due to their sexual orientation, 6% due to a disability, and 27% due to their appearance (height, weight, or how they look).
» Many bullying victims do not seek help from adults. Among students bullied at school in the past year, fewer than half (41%) had talked to a school adult, and 58% had talked to a parent or other adult outside of school about being bullied.
» One in three middle school youth (32%) have intervened as bystanders in the past 12 months by trying to stop a student from bullying someone else at school, and 15% have told an adult at school that someone was being bullied.
» School bullying among 8th grade youth in MetroWest (19%) is substantially lower than among 8th grade youth in Massachusetts (30%).
Cyberbullying

» Reports of cyberbullying victimization in the past 12 months were similar from 2006 to 2012 at 16-17%, but increased to 19% in 2014 and remained at that level in 2016.

» Over the entire course of the MWAHS, cyberbullying has increased more for females than males; however, in recent years, the increase is greater for males. Specifically, reports among males decreased from 13% in 2006 to a low of 11% in 2012, but then increased over the last two surveys to 15% in 2016. Among females, cyberbullying increased from 18% in 2006 to 24% in 2014, with slightly fewer females (23%) reporting cyberbullying in 2016.

» 6% of both females and males report cyberbullying someone else in the past year.

» Cyberbullying victimization increases slightly by grade, from 18% in 7th grade to 20% in 8th grade.

» More than four out of ten youth (43%) spend three or more hours online on the average school day, and 17% spend three or more hours on social media sites per day. Many more females (22%) than males (13%) report this level of social media use.

» Youth who spend more three or more hours on social media per day are twice as likely to report cyberbullying victimization (35% vs. 16%) and perpetration (15% vs. 4%) than youth who spend less time on social media.

» The vast majority of cyberbullying victims do not seek help from adults. Among students who were cyberbullied in the past year, only one in five (19%) had talked to an adult at school about being cyberbullied, and 37% had talked to a parent or other adult outside of school. These numbers are substantially lower than those reported by school bullying victims.

» 15% of youth have tried to stop a student from cyberbullying someone else. More females than males (18% vs. 11%) have tried to intervene in this way. Also, 4% of youth took action by telling an adult at school that someone was being cyberbullied, and 9% told a parent or other adult outside of school.

» While school bullying in MetroWest is lower than in Massachusetts, cyberbullying is higher in MetroWest. 20% of MetroWest 8th grade youth report cyberbullying, compared with 16% of Massachusetts 8th grade youth.
Key Findings: Mental Health

Since 2006, reports of stress have risen slightly, with 16% of middle school youth reporting their life was very stressful in the past 30 days. While there may be recent improvements in depressive symptoms, reports of suicidal thoughts and behaviors have been similar since the beginning of the MWAHS.

Stress

» Reports of feeling life was “very” stressful in the past 30 days were similar at 12-13% from 2006 to 2012, but increased over the last two surveys to 16% in 2016.
» More females are experiencing stress, with reports increasing steadily from 16% in 2006 to 20% in 2016. Among males, reports of stress have risen recently from a low of 8% in 2012 to 11% in 2016, and are now similar to 2006 levels (10%).
» Consistent with prior surveys, reports of stress are nearly twice as high among females (20%) as males (11%).
» Reports of recent stress increase by grade, from 13% in 7th grade to 18% in 8th grade.
» Stress related to school issues is most common, reported by 44% of youth, followed by stress related to social issues (19%), and stress related to appearance issues (18%). (School issues include grades, homework, and tests; social issues include friendships, dating, teasing; appearance issues include weight and how you look.)
» Reports are substantially higher for females than males for these sources of stress. For example, 53% of females and 34% of males report stress due to school issues, and 25% of females and 13% of males report stress related to social issues.

Depressive Symptoms, Self-Injury, and Suicidality

» There was a notable decline in reports of depressive symptoms over the past two surveys, from 15% in 2014 to 10% in 2016; in prior surveys, reports ranged from 13-16%. Data from future years will show if this decline is the beginning of a trend. (Depressive symptoms are defined as feeling sad or hopeless almost every day for two or more weeks during the past 12 months.)
» Reports of depressive symptoms have declined among both males and females since 2006. Among males, there has been a somewhat steady decline from 14% in 2006 to 7% in 2016. Among females, depressive symptoms increased from 18% in 2006 to a high of 20% in 2014, and then lowered to 13% in 2016.
» Self-injury has not changed substantially over the six surveys. In 2016, 7% of youth reported self-injury in the past 12 months, slightly lower than 2014 reports (9%), with prior surveys ranging from 7-9%. From 2014 to 2016, there was a decline in reports among females (13% to 10%) whereas reports among males were steady at 5%. (Self-injury is defined as cutting, burning, or bruising oneself on purpose in the past 12 months.)
» Reports of suicidal thoughts and behaviors have remained similar. Since 2006, lifetime reports of seriously considering suicide have ranged from 9-11%, and have been steady at 11% since 2012. Reports of attempting suicide have been steady at 3% over all six surveys.
» Mental health problems continue to be much higher among females than males, consistent with prior surveys. In 2016, about twice as many females as males reported depressive symptoms (13% vs. 7%) and self-injury (10% vs. 5%), and more females also reported seriously considering suicide (13% vs. 9%).
» Reports of depressive symptoms are similar from 7th to 8th grade (10% to 11%), and self-injury increases from 6% in 7th grade to 9% in 8th grade.
» 3% of youth have been absent or missed some school in the past 30 days due to feeling sad or hopeless, or having thoughts about hurting themselves. This is reported by more females (4%) than males (2%).
» 12% of youth have talked to a parent/adult outside of school about feeling sad or hopeless, or having thoughts about hurting themselves in the past 12 months. 4% of youth have spoken to a teacher or other adult at school, and 4% have talked to a doctor, nurse, or health care provider.
» Reports of mental health problems are lower in MetroWest compared with the state. 11% of 8th grade MetroWest youth report depressive symptoms, compared with 20% of 8th grade youth in Massachusetts, and self-injury in MetroWest is also lower than in the state (9% vs. 17%).

Key Findings: Physical Activity,
Nutrition, Overweight/Obesity, and Sleep

Physical activity levels and overweight/obesity have remained similar among middle school youth since the MWAHS began. In 2016, 81% of students engaged in vigorous physical activity on 3 or more days per week, and one in five youth (20%) were overweight or obese.

Physical Activity
» Reports of vigorous physical activity have been steady at 80-81% since 2012. (Vigorous physical activity is defined as exercising for at least 20 minutes that makes you sweat and breathe hard on three or more of the past seven days.)
» Consistent with prior surveys, more males (84%) than females (78%) reported vigorous physical activity on three or more days a week.
» Reports of physical activity are similar in 7th and 8th grades.
» While the majority of students reported vigorous physical activity on at least three days per week, 34% of youth reported spending three or more hours a day on “screen time” that is not for school or homework. This has been similar since 2012 when this data was first collected, and may be an indicator of unhealthy sedentary behavior.
» Reports of physical activity among 8th grade youth are higher in MetroWest (80%) compared with 8th grade youth in Massachusetts (74%).
Nutrition

» Consumption of non-diet soda/soft drinks has continued to decline. The proportion of youth having one or more sodas on the day prior to the survey decreased substantially, from 51% in 2006 to 33% in 2014, and further to 31% in 2016.

» 87% of youth reported eating at least one serving of fruit on the day before the survey, and 80% reported consuming at least one serving of vegetables or green salad. Fruit consumption in 2016 (87%) is higher than in prior years (78-84%), whereas vegetable consumption has remained similar at 80-82% across all surveys.

» 57% of youth ate breakfast on all 7 days in the past week, with more males than females reporting this (62% vs. 52%).

Overweight/Obesity

» The proportion of youth who were overweight or obese has been steady at 19-20% over the last decade. (Reports of overweight/obesity are based on self-reported height and weight, which is used to calculate body mass index. Overweight/obesity is defined as being in the 85th percentile or above for body mass index by age and gender, based on reference data.)

» Consistent with prior years, males are more likely than females to be overweight/obese (22% compared to 17%).

» Fewer 8th grade youth in MetroWest are overweight/obese (20%) compared with 8th grade youth in Massachusetts (24%).

Sleep

» Fewer than two-thirds of middle school youth (62%) get 8 or more hours of sleep on an average school night. This is slightly lower than 2014 levels (64%), when this data was first collected.

» Males are more likely to get 8 or more hours of sleep (66%) than females (58%).

» The proportion of youth that get 8 or more hours of sleep decreases from 68% in 7th grade to 56% in 8th grade.
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Key Findings: Protective Factors

More than seven out of ten middle school youth (72%) have an adult at school to talk to if they have a problem, and more than nine out of ten youth (93%) have a supportive adult outside of school. About three-quarters of youth report high levels of school connectedness. Youth with these protective factors report lower levels of harmful behaviors, including substance use, violence, bullying victimization, and mental health problems.

Adult Support

» The proportion of youth who have an adult at school to talk to if they have a problem has increased notably, from 63% in 2006 to 69% in 2014, and further to 72% in 2016.
» Reports of adult support outside of school by parents or other adults have increased from 89% in 2006 to 93% in 2016. (This is defined as having at least one adult outside of school to talk to about things that are important.)
» Adult support, both at school and outside of school, is similar by gender and grade.
» While most MetroWest middle school youth report having adult support in their lives, youth without adult support are more likely to report a variety of risk behaviors. For example, youth without adult support at home are more likely to report lifetime alcohol use (25% vs. 9%), lifetime marijuana use (8% vs. 2%), school bullying victimization (36% vs. 19%), and depressive symptoms (34% vs. 9%).

School Attachment and Engagement

» Three-quarters of youth report being engaged in and connected with their school, as indicated by their agreement with statements such as, “I feel close to people at this school” (75%), “I am happy to be at this school” (72%), and “I feel safe in my school” (85%).
» Overall reports of school attachment have been similar during the course of the MWAHS.
» There are no notable differences in reports of school attachment among females and males.
» Reports of school attachment decrease slightly from 7th grade to 8th grade.
» Youth who report high levels of school attachment are less likely than students who report low levels of attachment to engage in high-risk behaviors, including substance use and physical violence. They are also less likely to be victims of bullying and to report mental health problems.
Conclusions

Over six surveys and more than a decade, the MWAHS has continued to provide a basis for data-driven improvements in health programs and practices, both at the local and regional levels. Since 2006, each wave of the survey has identified areas of continued progress in the region, while also bringing attention to new or existing areas of concern.

For many of the behaviors covered on the survey, there have been substantial improvements over the past decade that have continued through the most recent 2016 survey:

» Very few middle school youth are smoking cigarettes, with current levels at one-third those first measured in 2006. These declines are consistent with state and national trends.
» Alcohol use has continued to decline at every survey. While some youth initiate alcohol use during the middle school years, much progress has been made over the last decade alongside local and regional initiatives aimed at reducing alcohol and other substance use and associated consequences.
» While marijuana use has always been low among MetroWest middle school youth, it continues to decline despite the 2009 decriminalization, 2012 legalization of medical marijuana use, and the dialogue around the 2016 legalization of marijuana use for adults 21 and over in Massachusetts. The next survey will give an indication of how marijuana use among youth may be impacted once retail marijuana outlets open in the state.
» School bullying among middle school youth has declined by more than half since it peaked in 2008. This may be related to several targeted bullying prevention and intervention efforts, including school-based programs to improve school climate and increase social emotional learning, bullying prevention initiatives in several schools sponsored by the MetroWest Health Foundation, and increased awareness and action following the 2010 state anti-bullying legislation.

The following areas show progress or stabilization in recent surveys:

» Slightly fewer youth are using electronic cigarettes, but with data collected only in the two most recent surveys, it is too early to tell whether this decline is the beginning of a downward trend.
» Related to the decline in school bullying, physical fighting on school property dropped substantially in the earlier years of the MWAHS but has not decreased further in recent surveys. Reports of weapon carrying on school property have remained very low.

The areas of cyberbullying and adolescent mental health continue to demand attention:

» One in five youth continue to report cyberbullying, which has risen since the MWAHS began, despite the substantial declines in school bullying. While cyberbullying has increased more for females than males overall, recent data also shows an increase among males for the first time.
» Reports of stress are higher among middle school youth, particularly among girls, with school-related stress being the most common cause of stress. Despite this rise in stress, the 2016 survey data suggests a notable improvement in depressive symptoms. In addition, there has not been any recent change in suicidal thoughts and behaviors. The contributors to adolescent mental health are multiple and complex, but there have been many positive efforts in communities across the region including: implementation of screening and prevention programming in schools, coordination of school and community mental health programs and
services, and transition programs to support students returning from treatment to re-enter the school environment. Many such local efforts have been supported by the MetroWest Health Foundation’s adolescent mental health grant program.

The 6th administration of the MWAHS shows substantial and meaningful progress in reducing harm among adolescents, particularly in the areas of substance use and school bullying. While many youth continue to report behaviors that may endanger their physical and emotional health, the MWAHS helps to ensure that efforts to address these risks are driven by local data, targeted to each communities’ needs, and supported by regional prevention initiatives.

References


Middle School
Key Indicators

2006–2016 Trends
2016 Gender Patterns
2016 Grade Patterns
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**SUBSTANCE USE**

- **Lifetime cigarette smoking**
  - 2006: 9.6%
  - 2008: 8.4%
  - 2010: 5.7%
  - 2012: 6.2%
  - 2014: 4.1%
  - 2016: 2.9%

- **Current cigarette smoking (past 30 days)**
  - 2006: 3.9%
  - 2008: 3.7%
  - 2010: 2.4%
  - 2012: 2.1%
  - 2014: 1.4%
  - 2016: 1.1%

- **Lifetime alcohol use**
  - 2006: 21.9%
  - 2008: 20.2%
  - 2010: 13.2%
  - 2012: 12.4%
  - 2014: 11.0%
  - 2016: 10.2%

- **Current alcohol use (past 30 days)**
  - 2006: 9.0%
  - 2008: 8.6%
  - 2010: 4.9%
  - 2012: 5.0%
  - 2014: 4.0%
  - 2016: 3.7%

- **Binge drinking (past 30 days)**
  - 2006: 2.5%
  - 2008: 2.5%
  - 2010: 1.5%
  - 2012: 1.4%
  - 2014: 1.0%
  - 2016: 1.0%

- **Lifetime marijuana use**
  - 2006: 4.8%
  - 2008: 5.2%
  - 2010: 4.1%
  - 2012: 4.1%
  - 2014: 3.1%
  - 2016: 2.5%

- **Current marijuana use (past 30 days)**
  - 2006: 3.0%
  - 2008: 3.3%
  - 2010: 2.2%
  - 2012: 2.4%
  - 2014: 1.8%
  - 2016: 1.4%

- **Lifetime inhalant use**
  - 2006: 8.3%
  - 2008: 7.1%
  - 2010: 5.2%
  - 2012: 4.2%
  - 2014: 3.0%
  - 2016: 2.6%

**VIOLENCE**

- **Physical fighting (lifetime)**
  - 2006: 44.5%
  - 2008: 45.3%
  - 2010: 39.3%
  - 2012: 35.0%
  - 2014: 33.4%
  - 2016: 31.5%

- **Physical fighting on school property (lifetime)**
  - 2006: 18.9%
  - 2008: 16.8%
  - 2010: 12.4%
  - 2012: 9.8%
  - 2014: 9.4%
  - 2016: 9.4%

- **Carried a weapon (lifetime)**
  - 2006: 17.6%
  - 2008: 16.3%
  - 2010: 13.7%
  - 2012: 15.1%
  - 2014: 15.2%
  - 2016: 16.0%

- **Carried weapon on school property (lifetime)**
  - 2006: 3.3%
  - 2008: 2.5%
  - 2010: 1.4%
  - 2012: 1.4%
  - 2014: 1.1%
  - 2016: 1.0%

**BULLYING VICTIMIZATION**

- **Bullying victim (past 12 months)**
  - 2006: 43.9%
  - 2008: 48.9%
  - 2010: 37.7%
  - 2012: 32.4%
  - 2014: 28.8%
  - 2016: 25.1%

- **Bullying victim on school property (past 12 months)**
  - 2006: 38.8%
  - 2008: 42.7%
  - 2010: 31.7%
  - 2012: 26.7%
  - 2014: 23.5%
  - 2016: 20.6%

- **Cyberbullying victim (past 12 months)**
  - 2006: 15.6%
  - 2008: 15.9%
  - 2010: 17.2%
  - 2012: 16.6%
  - 2014: 18.6%
  - 2016: 18.8%

**MENTAL HEALTH**

- **Life "very" stressful (past 30 days)**
  - 2006: 13.3%
  - 2008: 13.6%
  - 2010: 12.1%
  - 2012: 12.5%
  - 2014: 14.1%
  - 2016: 15.6%

- **Depressive symptoms (past 12 months)**
  - 2006: 15.6%
  - 2008: 15.2%
  - 2010: 12.8%
  - 2012: 12.8%
  - 2014: 15.0%
  - 2016: 10.4%

- **Self-injury (past 12 months)**
  - 2006: 7.7%
  - 2008: 8.5%
  - 2010: 6.7%
  - 2012: 7.8%
  - 2014: 9.0%
  - 2016: 7.4%

- **Considered suicide (lifetime)**
  - 2006: 9.9%
  - 2008: 10.9%
  - 2010: 9.4%
  - 2012: 10.5%
  - 2014: 11.2%
  - 2016: 10.7%

- **Attempted suicide (lifetime)**
  - 2006: 3.0%
  - 2008: 3.0%
  - 2010: 2.6%
  - 2012: 3.0%
  - 2014: 3.2%
  - 2016: 2.7%

**PHYSICAL ACTIVITY AND BODY WEIGHT**

- **Exercised for ≥20 minutes on 3 or more days/week**
  - 2006: 78.7%
  - 2008: 79.0%
  - 2010: 76.9%
  - 2012: 80.3%
  - 2014: 80.8%
  - 2016: 80.7%

- **Overweight or obese†**
  - 2006: 20.4%
  - 2008: 19.8%
  - 2010: 19.5%
  - 2012: 19.0%
  - 2014: 19.2%
  - 2016: 19.7%

* From 2006 to 2014, binge drinking was defined as 5 or more drinks in a row on one or more occasion for all students. In 2016, binge drinking was defined as 4 or more drinks in a row for females and 5 or more drinks in a row for males.

† Students who were ≥85th percentile for body mass index by age and gender, based on reference data.
<table>
<thead>
<tr>
<th></th>
<th>Gender (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female (6,030)</td>
<td>Male (6,183)</td>
</tr>
<tr>
<td><strong>SUBSTANCE USE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime cigarette smoking</td>
<td>2.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Current cigarette smoking (past 30 days)</td>
<td>0.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Lifetime alcohol use</td>
<td>7.9</td>
<td>12.3</td>
</tr>
<tr>
<td>Current alcohol use (past 30 days)</td>
<td>3.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Binge drinking (past 30 days)*</td>
<td>0.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Lifetime marijuana use</td>
<td>1.6</td>
<td>3.2</td>
</tr>
<tr>
<td>Current marijuana use (past 30 days)</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Lifetime inhalant use</td>
<td>2.1</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>VIOLENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical fighting (lifetime)</td>
<td>16.2</td>
<td>46.2</td>
</tr>
<tr>
<td>Physical fighting on school property (lifetime)</td>
<td>3.3</td>
<td>15.2</td>
</tr>
<tr>
<td>Carried a weapon (lifetime)</td>
<td>6.9</td>
<td>24.8</td>
</tr>
<tr>
<td>Carried weapon on school property (lifetime)</td>
<td>0.4</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>BULLYING VICTIMIZATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying victim (past 12 months)</td>
<td>27.1</td>
<td>23.0</td>
</tr>
<tr>
<td>Bullying victim on school property (past 12 months)</td>
<td>21.4</td>
<td>19.7</td>
</tr>
<tr>
<td>Cyberbullying victim (past 12 months)</td>
<td>22.7</td>
<td>14.9</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life &quot;very&quot; stressful (past 30 days)</td>
<td>20.4</td>
<td>10.8</td>
</tr>
<tr>
<td>Depressive symptoms (past 12 months)</td>
<td>13.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Self-injury (past 12 months)</td>
<td>9.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Considered suicide (lifetime)</td>
<td>12.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Attempted suicide (lifetime)</td>
<td>3.3</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>PHYSICAL ACTIVITY AND BODY WEIGHT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercised for ≥20 minutes on 3 or more days/week</td>
<td>77.5</td>
<td>84.1</td>
</tr>
<tr>
<td>Overweight or obese†</td>
<td>17.0</td>
<td>22.4</td>
</tr>
</tbody>
</table>

* From 2006 to 2014, binge drinking was defined as 5 or more drinks in a row on one or more occasion for all students. In 2016, binge drinking was defined as 4 or more drinks in a row for females and 5 or more drinks in a row for males.
† Students who were ≥85th percentile for body mass index by age and gender, based on reference data.
# MetroWest Region Middle School Students (Grades 7-8)
## 2016 Grade Patterns for Key Indicators
*MetroWest Adolescent Health Survey*

<table>
<thead>
<tr>
<th></th>
<th>Grade</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>(6,065)</td>
<td>(6,242)</td>
</tr>
<tr>
<td><strong>SUBSTANCE USE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime cigarette smoking</td>
<td>1.8</td>
<td>4.0</td>
</tr>
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<td>10.1</td>
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<td>17.8</td>
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<td>79.6</td>
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<td>19.8</td>
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† Students who were ≥85th percentile for body mass index by age and gender, based on reference data.
This report was prepared by
Education Development Center, Inc. (EDC) in Waltham, MA.

For technical assistance in interpreting and utilizing the MWAHS data, please contact:
Shari Kessel Schneider, MSPH, MetroWest Adolescent Health Survey Project Director
617-969-7100 or MetroWestSurvey@edc.org

For information about EDC, visit our website at www.edc.org.