

# The 2007 Vermont Youth Risk Behavior Survey

Summary of Results for Participating Schools in the

## **BURLINGTON SCHOOL DISTRICT**

Every two years since 1985, the Department of Health's Division of Alcohol and Drug Abuse Programs and the Department of Education's Comprehensive School Health Program have sponsored a survey of Vermont students. The Vermont Youth Risk Behavior Survey (YRBS) measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the "resiliency" of young people by reducing high risk behaviors and promoting healthy behaviors. The YRBS enables us to:

- **monitor trends** in the health behaviors of Vermont students
- **compare Vermont** students with a national sample of students
- **plan, evaluate, and improve** community programs which prevent health problems and promote healthy behaviors

In 2007, school staff administered the YRBS to 28,918 eighth to twelfth grade Vermont students in 144 schools representing 60 supervisory unions. Participation by both schools and individual students was completely voluntary. To protect student privacy, the questionnaire was anonymous. Therefore, it is impossible to identify an individual student's responses. **This report summarizes the results of the survey for the Burlington School District.** The schools that participated were: Edmunds Middle School, L.C. Hunt Middle School and Burlington High School. The behaviors have been divided into categories:

- ✓ **Injuries, Violence, and Safety**
- ✓ **Use of Alcohol, Tobacco, and Other Drugs (ATOD)**
- ✓ **Attitudes and Perceptions about ATOD Use**
- ✓ **Sexual Behavior**
- ✓ **Body Weight and Nutrition**
- ✓ **Physical Activity**
- ✓ **Measures of Youth Assets**

## How to use the YRBS:

The YRBS provides one important piece of the evaluation puzzle. It can help detect changes in risk behaviors over time. It can help identify differences among ages, grades, and genders. It can help target prevention efforts to specific groups of students, and can indicate whether or not policies and programs are having their intended effect on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, and for planning and evaluating programs.

- **Starting the Conversation:** Use the YRBS to begin a conversation with young people about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? What ideas do they have about ways to promote healthy behaviors? From their perspective, what seems to be working and what is not working?
- **Increasing Awareness:** The YRBS provides an opportunity to break through “denial” and to make community members aware of the risks that their young people face. It can also dispel myths and correct misinformation about the average teenager. The YRBS can be used to accentuate the positive and to celebrate the fact that many students are abstaining from behaviors that endanger their health and their ability to succeed.
- **Planning and Evaluating Programs:** The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in your community. It can even inform communities about strategies to address those weaknesses.

## **A Word of Caution**

Unless your supervisory union has conducted its own surveys, the YRBS probably represents the most complete and most recent information available about risk behaviors among your students. However, the YRBS has some limitations that you should keep in mind when interpreting the results.

- **Sampling & Data Quality:** This report is based on all the students who completed the survey in your supervisory union. Some schools may not have participated, some students may have been absent on the day the survey was administered, and other students may have declined to participate or incorrectly filled out the survey. It is likely that the results are representative of your student population, but we cannot be sure. However, several precautions were taken to ensure the reliability and validity of the results. First, the questionnaire has been carefully designed and thoroughly tested by Centers for Disease Control and Prevention. Second, the survey was anonymous to encourage students to be honest and forthright. Third, over 100 consistency checks were run on the data to exclude careless, invalid, or logically inconsistent answers. These precautions can reduce most sources of error, but not all.
- **Comparing Your Results:** It is natural to want to know how your supervisory union compares to the state overall or to other supervisory unions. We urge caution in making such comparisons, because many risk behaviors are associated with age. A school with a large percentage of older students will likely have a higher prevalence of these risk behaviors than a school with a small percentage of older students. In addition, the statewide results are “weighted” in order to compensate for differences between the sample and the population of all 8th to 12th grade students in Vermont. The supervisory union results are not “weighted”.
- **What, not Why:** The YRBS can indicate what students are doing. It can also suggest the groups of students (e.g., male vs. female, 8th graders vs. 12th graders) who are more likely to engage in these behaviors. However, the survey does not answer the most important question: Why are they doing it?

## **Thanks!**

We are grateful to the principals and superintendents who chose to participate in the YRBS and to the teachers and school staff who administered the survey or in other ways supported this effort. We are also VERY grateful to the students who took the time and effort to share with us a piece of their lives. This report is our way of thanking all of you. We hope that you will find the survey report informative and useful.

The next YRBS is scheduled for 2009. We encourage you to participate again, because you will be able to assess changes in student behaviors and to evaluate the effectiveness of your prevention or intervention programs over the next two years. If you have questions or comments about the YRBS, please contact Kelly Hale LaMonda at the Vermont Department of Health (802-863-7246).

---

# Table of Contents

---

**INTRODUCTION** ..... i

**BASIC INFORMATION** ..... 1

**INJURIES, VIOLENCE, AND SAFETY** ..... 2

    Physical Fighting ..... 4

    Weapons and Fear ..... 7

        Bullying ..... 8

    Vehicle Safety

        Safety Belts ..... 9

        Bicycle Helmets ..... 11

        Crashes ..... 12

        Driving Under the Influence ..... 13

    Suicide ..... 17

**ALCOHOL, TOBACCO, AND OTHER DRUGS** ..... 18

    Alcohol Use ..... 20

    Tobacco Use ..... 25

    Marijuana Use ..... 29

    Cocaine Use ..... 32

    Other Drug Use ..... 33

**ATTITUDES AND PERCEPTIONS ABOUT ATOD** ..... 35

    Disapproval of ATOD use ..... 36

    Perceived Harmfulness of ATOD ..... 37

    Perceived Availability of ATOD ..... 38

**SEXUAL BEHAVIOR** ..... 40

**BODY WEIGHT AND NUTRITION** ..... 49

    Body Weight ..... 51

    Nutrition ..... 53

**PHYSICAL ACTIVITY** ..... 55

**MEASURES OF YOUTH ASSETS** ..... 58

# Basic Information

## Understanding This Report:

- The results of the 2007 Vermont YRBS are presented as data tables, pie charts, and bar graphs. All results are expressed as percentages of students who endorsed the responses being reported. The percentages in some pie charts may not add up to 100 percent due to rounding.
- This report includes 10 year trends for several behaviors. Some or all of the schools in your supervisory union may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.
- To protect student anonymity, results from grades or other subgroups with fewer than 20 students are not reported. In those cases, NA (not available) appears instead of a numerical figure.
- **Healthy Vermonters 2010:** Vermont has established goals for promoting health and reducing risk behaviors in *Healthy Vermonters 2010*. Goals relevant to the behaviors surveyed by the YRBS are included in the report for your reference. For more information, see *The Health Status of Vermonters and Healthy Vermonters 2010*, available from the Vermont Department of Health.

**Remember to look at the flip side!!** In most cases the majority of adolescents are NOT engaging in risky behaviors. Although most of the charts are oriented to examining the prevalence of risk behaviors, please do not forget about the percent of adolescents who are NOT engaging in the behavior!

## YRBS PARTICIPANTS IN YOUR SUPERVISORY UNION

	GRADE*					GENDER*		All
	8	9	10	11	12	F	M	
<b>Number enrolled**</b>	294	306	306	310	250	725	863	1588
<b>Number who participated</b>	207	192	197	147	138	474	490	994*
<b>Response rate</b>	0.70	0.63	0.64	0.47	0.55	0.65	0.57	0.63

\* NOTE: Some students did not indicate their grade and/or gender.

\*\*based on October 1<sup>st</sup> enrollment figures.

## ✓ Injuries, Violence, and Safety

This section deals with personal safety and violence, and includes questions about physical fights, bullying, dating violence, weapons, vehicle safety, and suicide.

---

- **Physical Fighting:** Physical fighting is a marker for problem behaviors and is associated with serious injury. Abuse by an intimate partner is common among adolescents and is associated with risk behaviors among both males and females. Forced sex is associated with negative psychosocial and mental health among adolescents.
- **Weapons and Fear:** During adolescence, homicide rates in the US increase substantially from 1.3 per 100,000 in youth aged 10 to 14 to 10.6 per 100,000 in youth aged 15 to 19. Homicide is the second leading cause of death among all youth aged 15 to 19. Firearms intensify violence and increase the likelihood of fatality in a conflict. In 2003, 82 percent of homicide victims 15 to 19 were killed with firearms.

**Bullying** and being victimized by bullies have been increasingly recognized as health problems for children, because of their association with a range of adjustment problems, including poor psychological adjustment, poor academic achievement, and violent behavior.

- **Vehicle Safety - Safety Belts and Bicycle Helmets:** Motor vehicle crash injuries are the leading cause of death among youth aged 15 to 19 in the US. For instance, 50 percent (11 out of 22) among 15 to 19 year olds in Vermont in 2004 were due to motor vehicle crashes. Proper use of safety belts reduces the risk of fatal injury to front seat passengers by 45 percent and risk of moderate to critical injury by 50 percent. Head injury is the leading cause of death in bicycle crashes. Bicycle helmets may prevent approximately 56 percent of bicycle-related deaths, 65-88 percent of bicycle-related brain injuries and 65 percent of serious injuries to the upper and middle regions of the face.
- **Vehicle Safety - Driving Under the Influence:** In 2003, alcohol use was associated with 39 percent of motor vehicle related fatalities nationwide and 32 percent in Vermont. Alcohol-related crashes also cause serious injury and permanent disability and ranks as the leading cause of spinal cord injury among adolescents and young adults. Research examining drugs *other than alcohol* indicates cannabis (marijuana) is by far the most prevalent drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims. In 2005, 21 percent of Vermont seniors reported driving after using marijuana.

## ✓ Injuries, Violence, and Safety (cont.)

---

- **Suicide:** Suicide is the third leading cause of death among US youth aged 15 to 19 and is the second leading cause of death among VT youth. The US suicide rate for people aged 15 to 19 was 8.2 per 100,000 in 2004 down from a high of 10.9 per 100,000 in 1994. From 2002 to 2004, Vermont's suicide rate among 15 to 24 year olds was similar to the national average with a rate of 9.6 deaths per 100,000, compared to 10.0 deaths per 100,000 nationwide.
- 

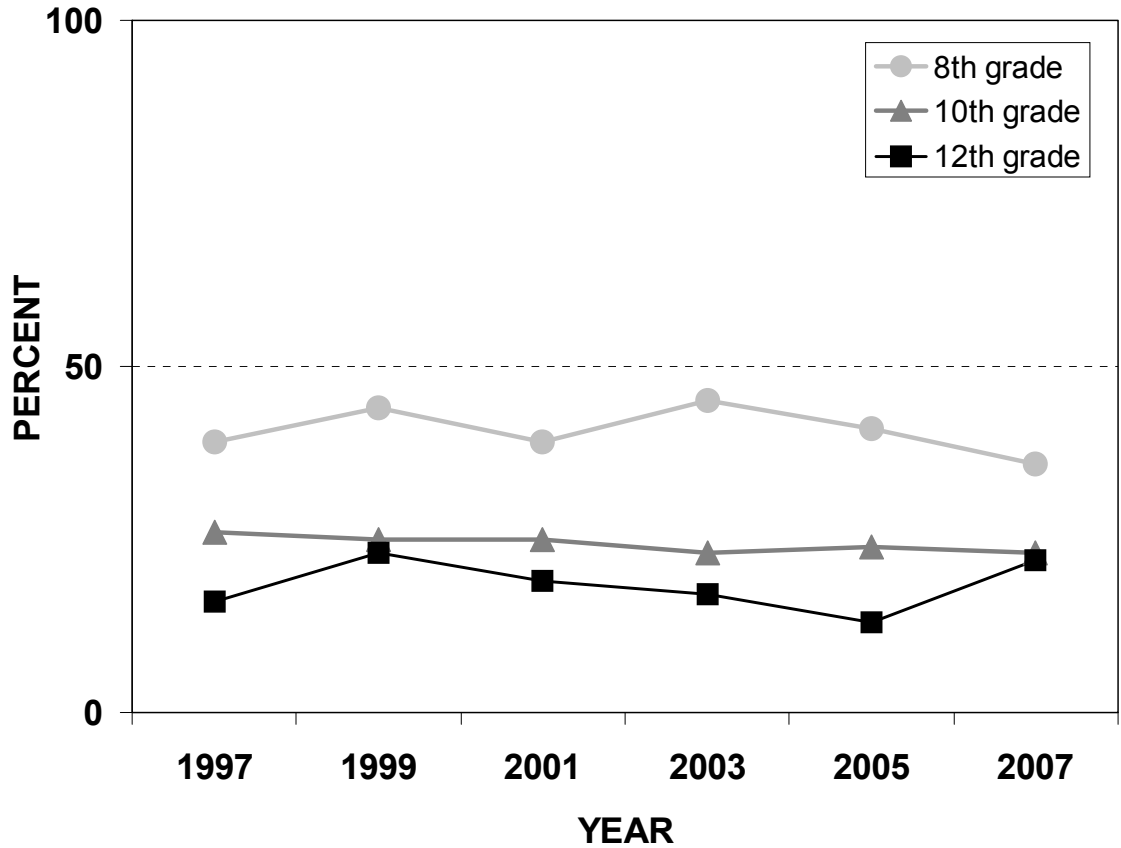
### **Related *Healthy Vermonters 2010* Goals:**

- Increase the percentage of people who always use safety belts to at least 92 percent.
- Further reduce physical assaults by intimate partners to less than 3.6 per 1,000 people age 12 and older.
- Reduce alcohol-related motor vehicle deaths to less than 4 per 100,000.
- Reduce suicide attempts by adolescents to less than 1 percent.
- Reduce suicide deaths to less than 6 per 100,000 people.

■ **Physical Fighting**

**Physical Fighting 1997 to 2007**

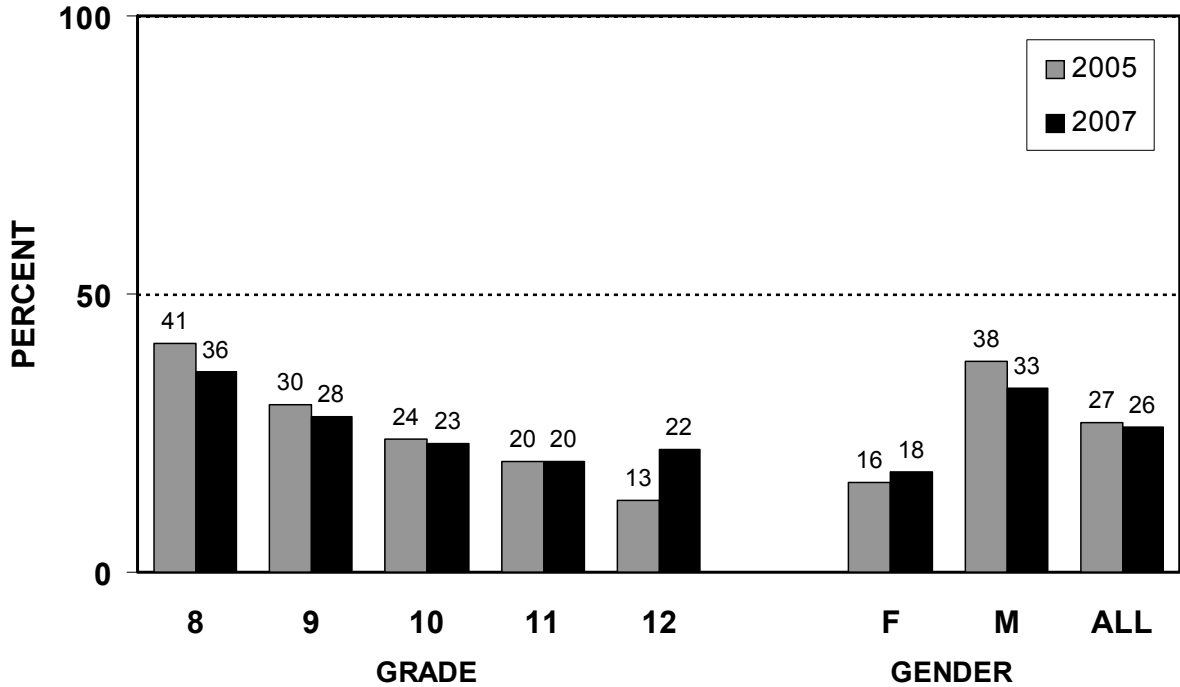
Percent of students who were in a physical fight during the past 12 months



\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ **Physical Fighting**

**Percent of students who were in a physical fight during the past 12 months**



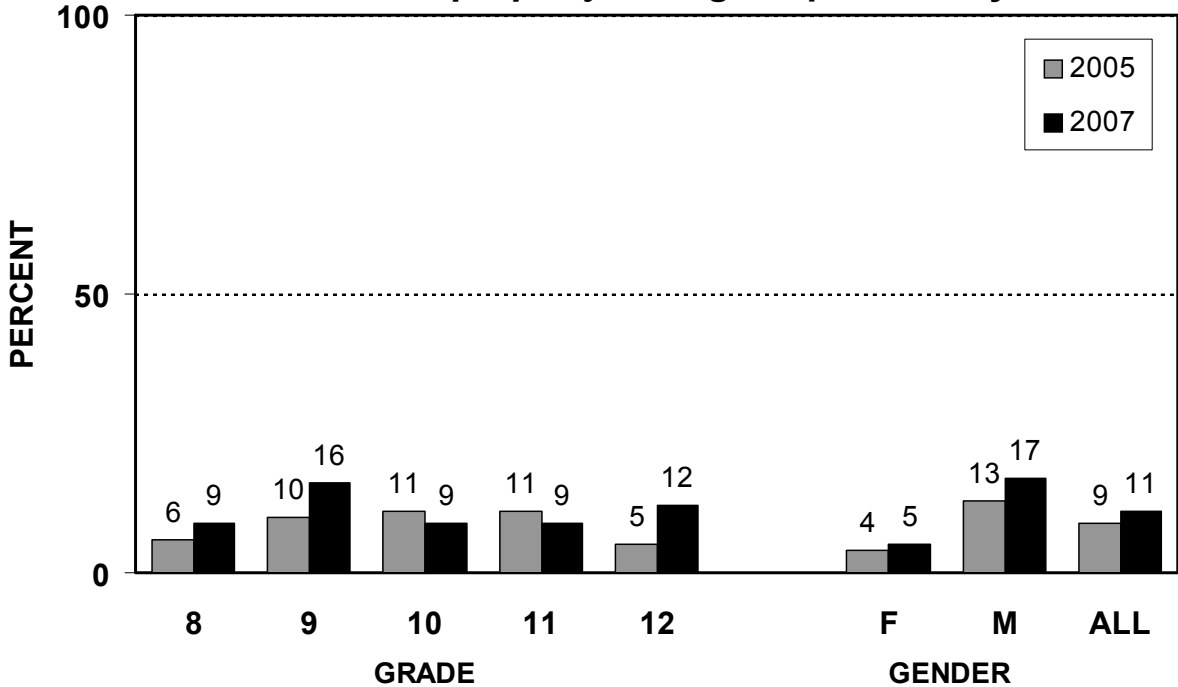
PHYSICAL FIGHTING	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who, during the past 12 months:									
Were in a physical fight and had to be treated by a doctor or nurse	7	5	5	5	3	3	7	5	4
Were in a physical fight on school property	14	15	13	6	9	6	17	12	13

■ **Physical Fighting**

<b>ABUSIVE BEHAVIOR and SELF HARM</b>	<b>GRADE</b>					<b>GENDER</b>		<b>ALL</b>	
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>F</b>	<b>M</b>	<b>2007</b>	<b>2005</b>
<b>Percent of students who's boy/girlfriend hit, slapped or physically hurt them during the past 12 months</b>	7	9	10	8	15	7	12	10	8
<b>Percent of students who have ever been:</b>									
<b>Touched against their wishes or forced to touch someone else</b>	11	12	12	10	13	15	9	12	12
<b>Forced to have sexual intercourse</b>	6	7	7	7	9	6	8	7	7
<b>Percent of students who, during the past 12 months, purposely hurt themselves (e.g., cut or burned) without wanting to die</b>	19	19	16	17	15	21	14	17	NA

■ **Weapons and Fear**

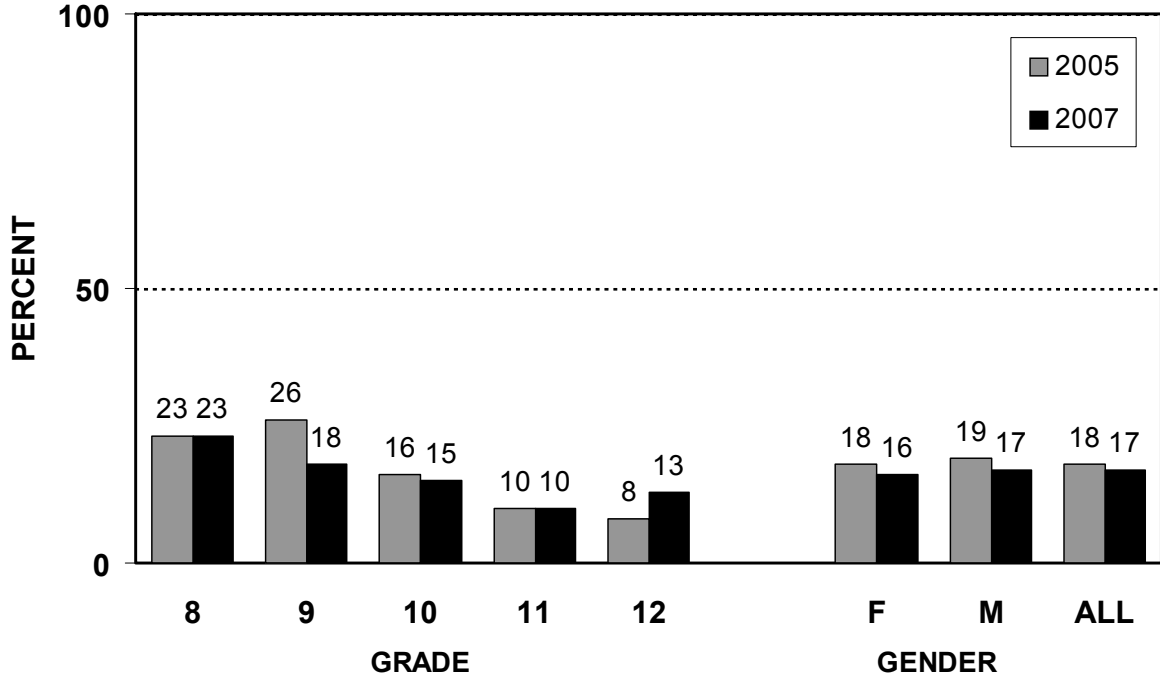
**Percent of students who carried a weapon such as a gun, knife, or club on school property during the past 30 days**



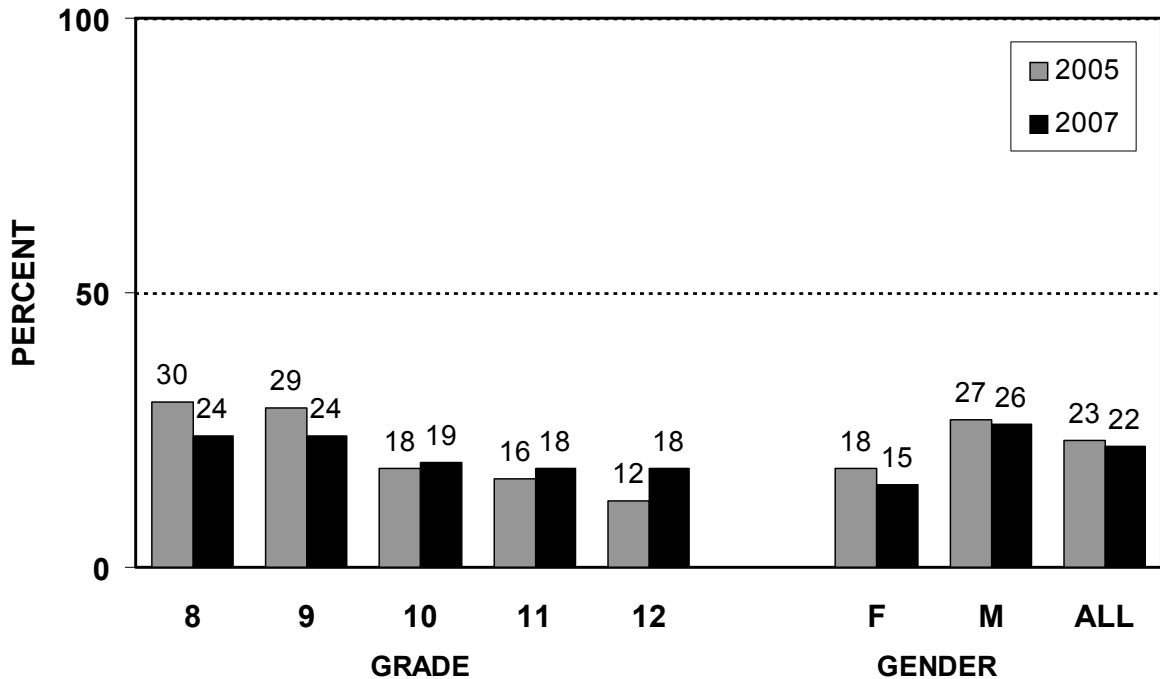
SAFETY, WEAPONS, & DAMAGE TO PROPERTY	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Did not go to school because they felt unsafe during the past 30 days	9	11	10	4	9	8	11	10	8
Were threatened or injured with a weapon on school property during the past 12 months	13	15	9	7	10	6	15	11	10
Said that someone had stolen or damaged their property on school property during the past 12 months	33	29	23	22	21	22	30	26	25

■ **Weapons and Fear**

**Percent of students who were bullied\* during the past 30 days**



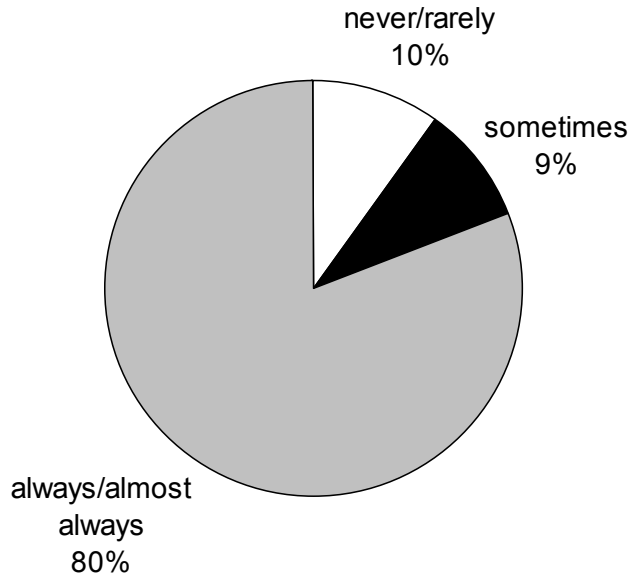
**Percent of students who bullied\* someone during the past 30 days**



\*For the purposes of the VT Youth Risk Behavior Survey, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her; or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property, a school bus or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way.

■ **Vehicle Safety - Safety Belts**

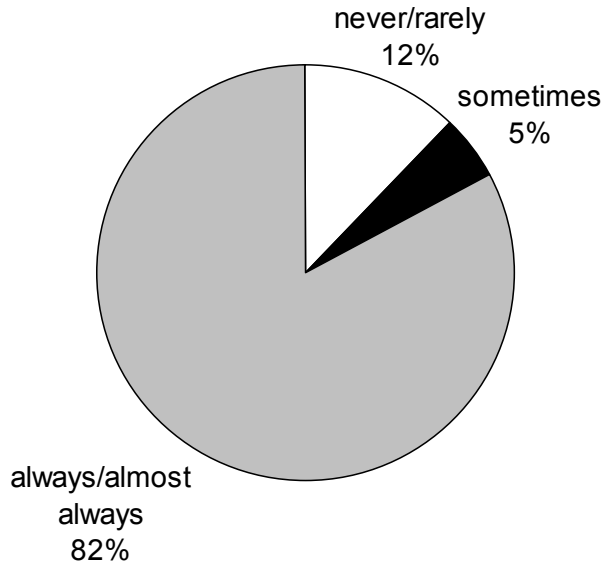
**Frequency of safety belt use among students when riding in a car driven by someone else**



SAFETY BELT USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
<b>Percent of students who wear a safety belt when <u>riding</u> in a car driven by someone else</b>									
<b>Always or almost always</b>	83	79	80	79	81	85	77	80	83
<b>Sometimes</b>	8	11	8	9	10	8	10	9	9
<b>Never or rarely</b>	9	9	12	12	9	7	13	10	8

## ■ Vehicle Safety - Safety Belts

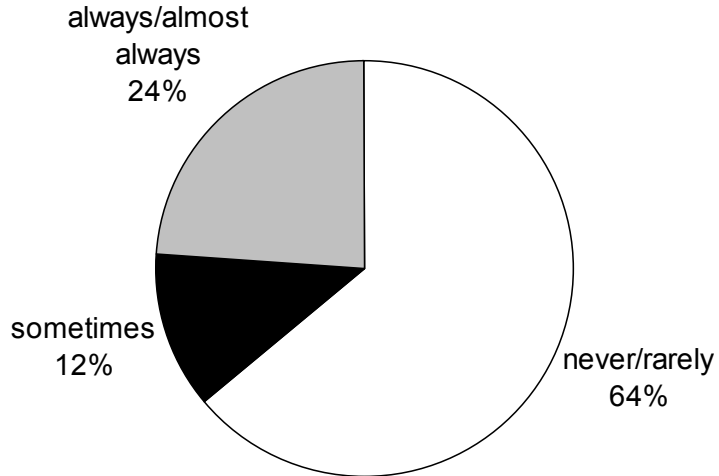
Frequency of safety belt use among students when driving a car  
(only among those students who drive)



SAFETY BELT USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who wear a safety belt when <u>driving</u> a car (only among those who drive)									
Always or almost always	74	84	83	86	83	89	78	82	84
Sometimes	2	9	2	4	7	4	6	5	6
Never or rarely	24	7	15	10	10	7	16	12	9

## ■ Vehicle Safety - Bicycle Helmets

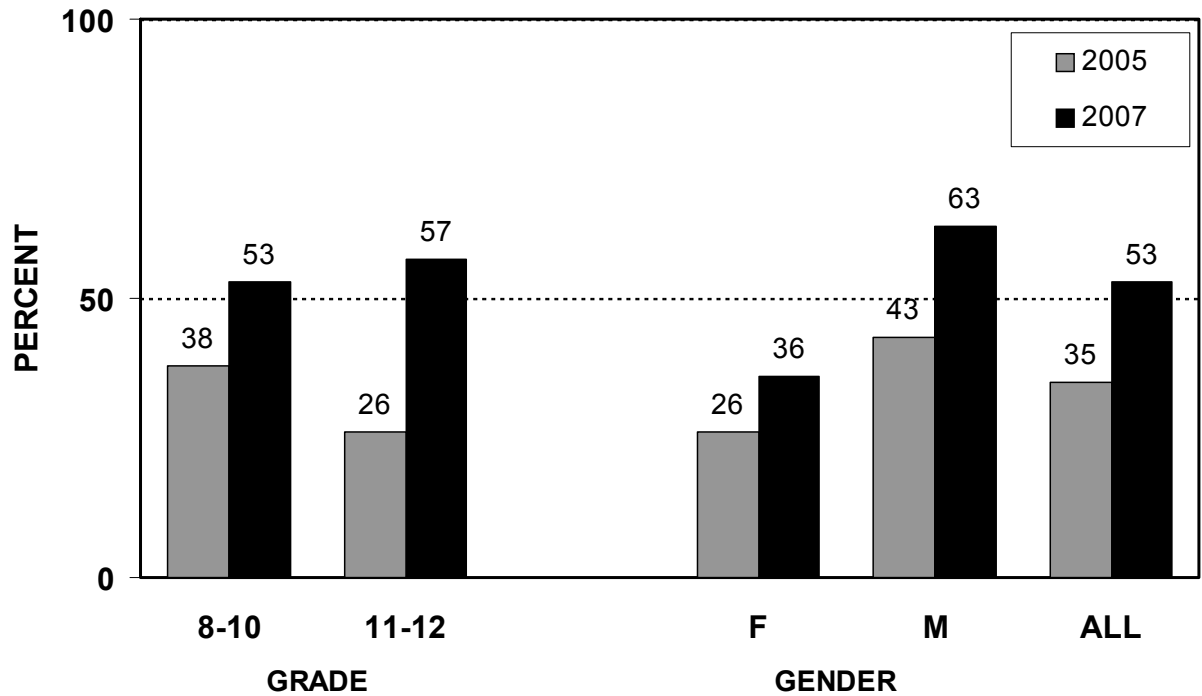
**Frequency of helmet use among students who rode a bicycle during the past 12 months**



BICYCLE HELMET USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Frequency of helmet use (in percents) among students who rode a bicycle in the past 12 months									
<b>Always or almost always</b>	26	25	20	19	23	26	22	24	24
<b>Sometimes</b>	13	12	14	11	8	15	9	12	13
<b>Never or rarely</b>	61	63	67	71	69	60	69	64	63

## ■ Vehicle Safety - Crashes

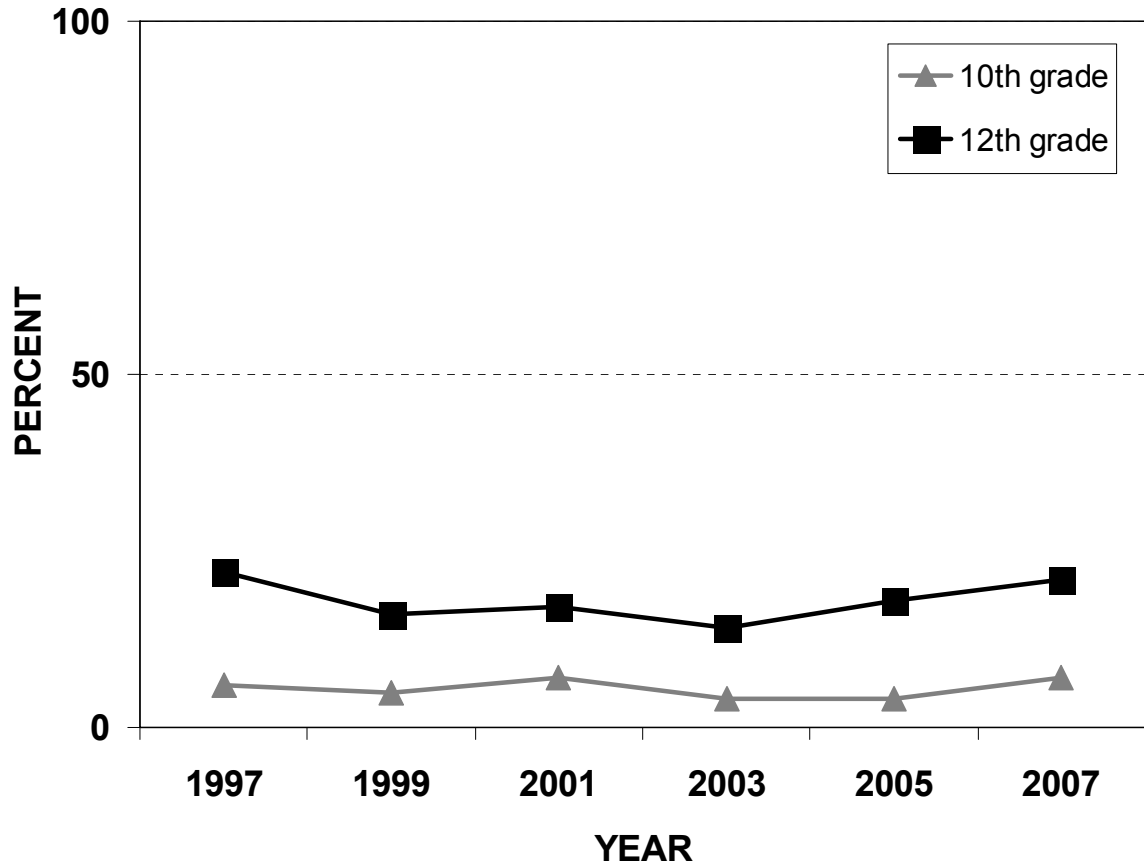
Percent of students who were injured in a crash and not wearing their safety belt during the past 12 months



## ■ Vehicle Safety - Driving Under the Influence

### Driving Under the Influence of Alcohol 1997 to 2007

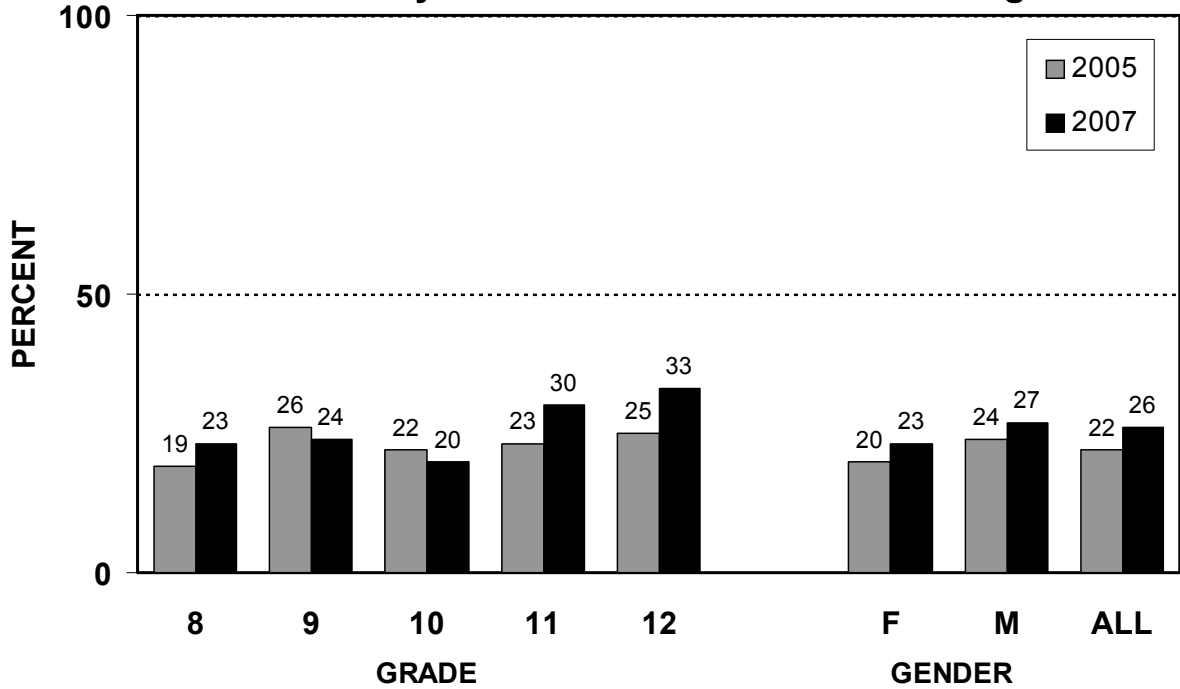
Percent of students who during the past 30 days drove a car or other vehicle when they had been drinking alcohol



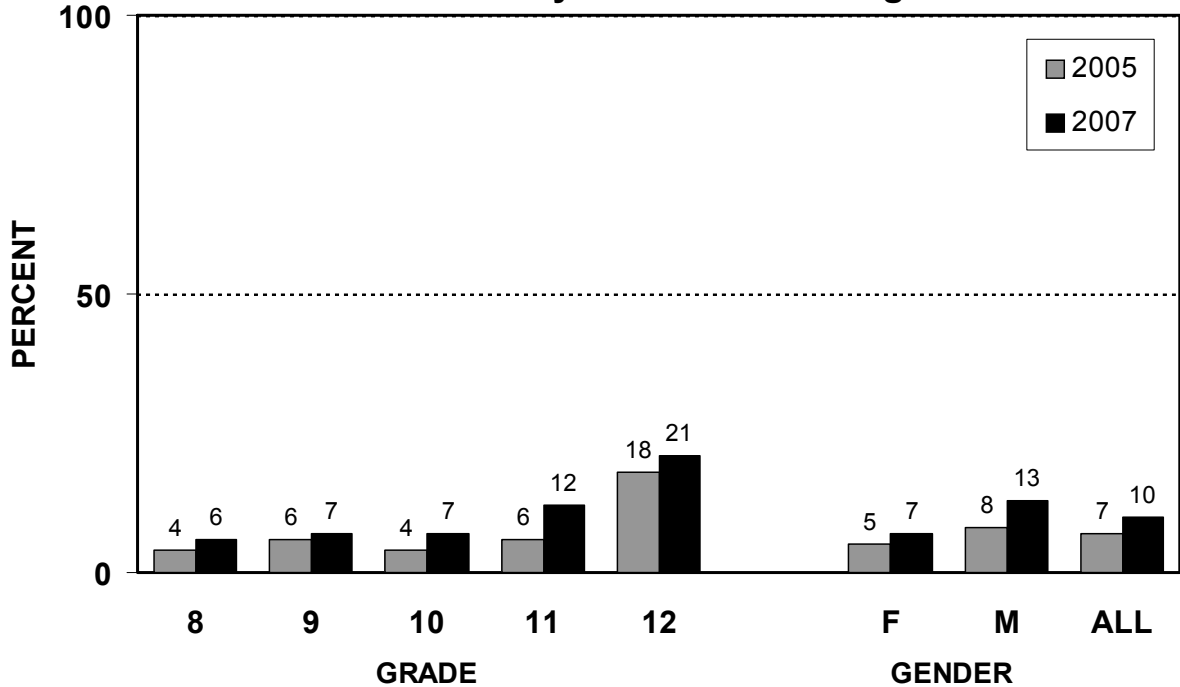
\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ **Vehicle Safety - Driving Under the Influence**

**Percent of students who during the past 30 days rode in a car or other vehicle driven by someone who had been drinking alcohol**



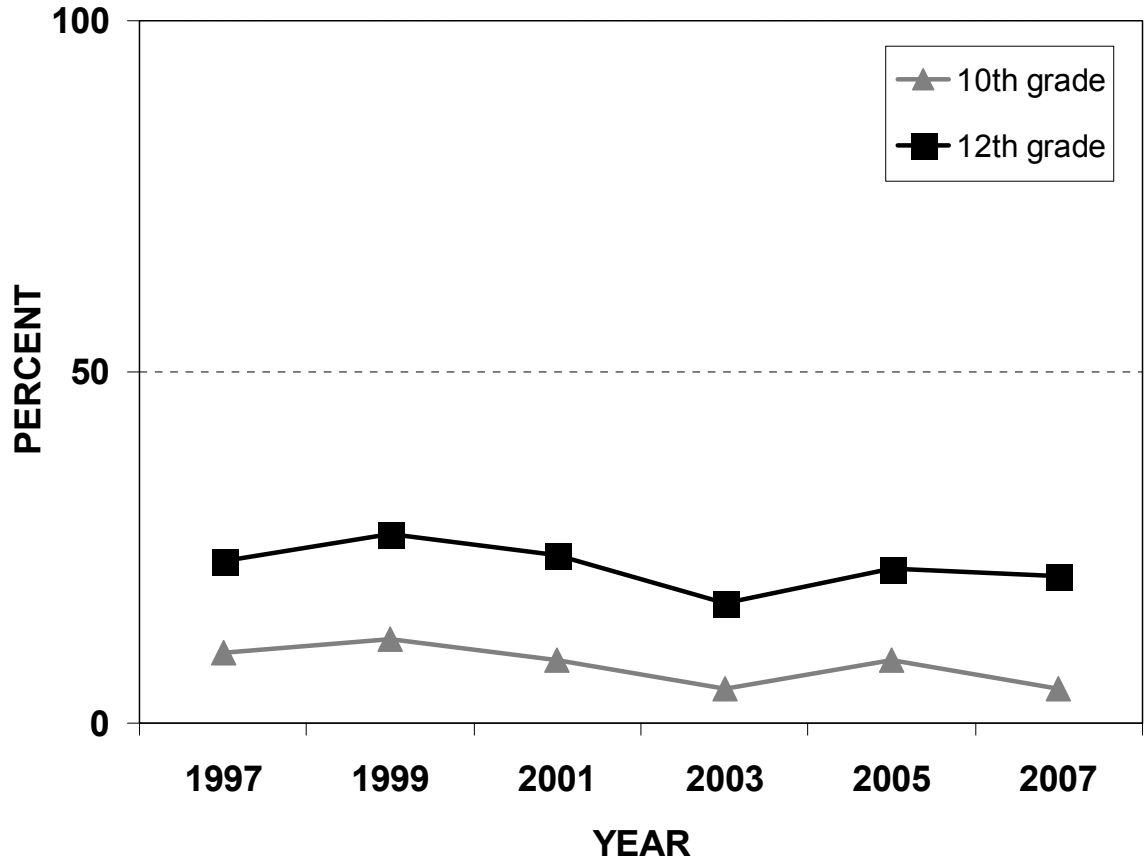
**Percent of students who during the past 30 days drove a car or other vehicle when they had been drinking alcohol**



■ **Vehicle Safety - Driving Under the Influence**

**Driving Under the Influence of Marijuana 1997 to 2007**

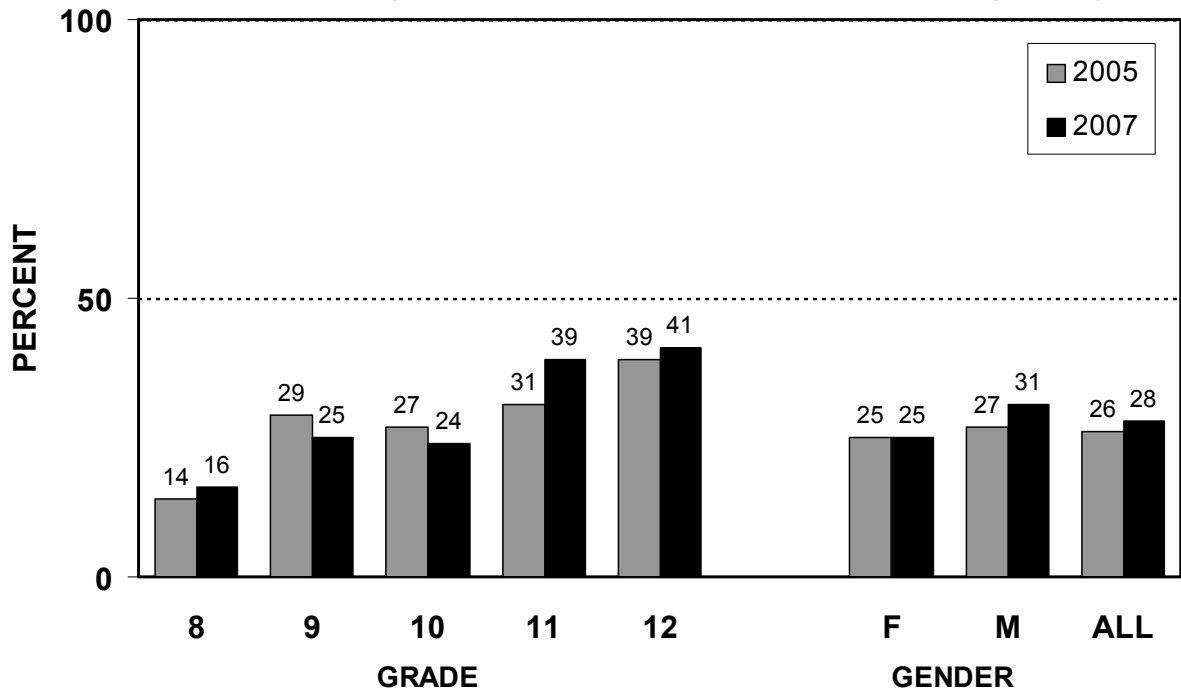
Percent of students who during the past 30 days drove a car or other vehicle when they had been smoking marijuana



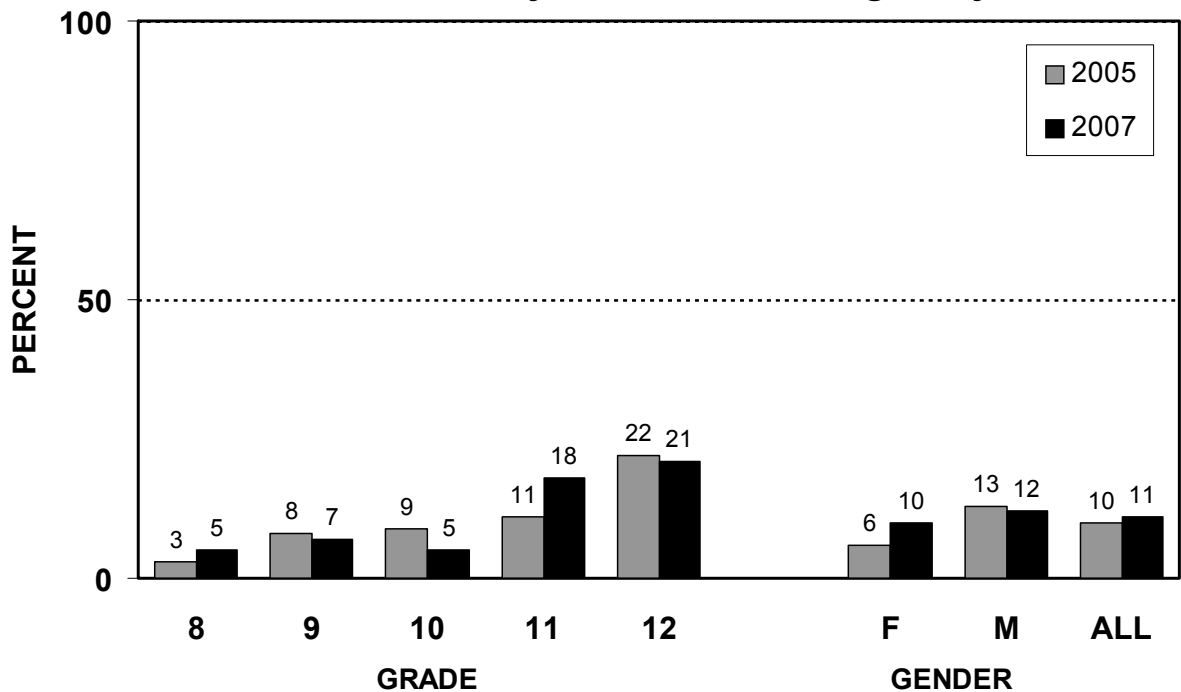
\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

## ■ Vehicle Safety - Driving Under the Influence

Percent of students who during the past 30 days rode in a car or other vehicle driven by someone who had been smoking marijuana



Percent of students who during the past 30 days drove a car or other vehicle when they had been smoking marijuana



■ **Suicide**

SUICIDE CONCERNS	GENDER		ALL	
	F	M	2007	2005
<b>Percent of students who, during the past 12 months:</b>				
<b>Felt so sad or hopeless almost every day for at least 2 weeks that they stopped doing some usual activities</b>	28	18	23	26
<b>Made a plan about how to attempt suicide</b>	12	9	11	13
<b>Actually attempted suicide</b>	6	9	8	9
<b>Attempted suicide and required medical treatment</b>	2	4	3	3

## ✓ Alcohol, Tobacco, and Other Drugs

The questions in this section ask students about their use of alcohol, tobacco products, marijuana, inhalants, cocaine, steroids, heroin, hallucinogens, methamphetamines, and prescription drugs. The questions ask the age at which students first used alcohol, cigarettes, marijuana, and inhalants and how often they use them now.

- **Alcohol Use** is a major contributing factor in one half to two-thirds of all homicides and serious assaults, and over one third of all motor vehicle crash fatalities. Approximately 100,000 American deaths per year are attributable to misuse of alcohol. Heavy drinking among youth has been linked to physical fights, property destruction, academic and job problems, trouble with law enforcement authorities, risky sexual behavior, and use of cigarettes, marijuana, cocaine, and other illegal drugs.
- **Tobacco Use** is the single most preventable cause of death in the United States, contributing to more than one of every five deaths. Cigarette smoking increases the risk of heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix. In addition, cigarette smokers are more likely than nonsmokers to drink alcohol, use marijuana and cocaine, engage in a physical fight, carry a weapon, and attempt suicide. Smokeless tobacco use primarily begins in adolescence, with an average age of initiation of 16.7 years. Approximately 75 percent of oral cavity and pharyngeal cancers are attributed to the use of smoked and smokeless tobacco.
- **Marijuana Use** is associated with smoking-related respiratory damage, temporary short-term memory loss, decreased motivation, and psychological dependence. Other reactions include feelings of unease, anxiety, or restlessness. More teens enter treatment with a primary diagnosis for marijuana dependence than for all other illicit drugs combined.
- **Inhalant Use** is the deliberate inhalation or sniffing of common products found in homes and schools, like glue and cleaners, and some gases intended for medical or dental purposes to obtain a “high”. Short-term effects of inhalant use include headache, ringing in ears, coughing, vomiting, pain in the chest, muscles or joints or even sudden death. Long-term risks vary, but include, brain and nervous system damage, and toxic effects to the lungs, liver, and kidneys. Inhalants are easy to get, inexpensive and difficult to detect, and experimentation typically begins in the preteen years.

---

## ✓ Alcohol, Tobacco, and Other Drugs (cont'd)

---

- **Other Drug Use** is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STD), including HIV infection. In spite of improvements in recent years, illicit drug use is greater among high school students and other young adults in the United States than in any other industrialized nation in the world.
- 

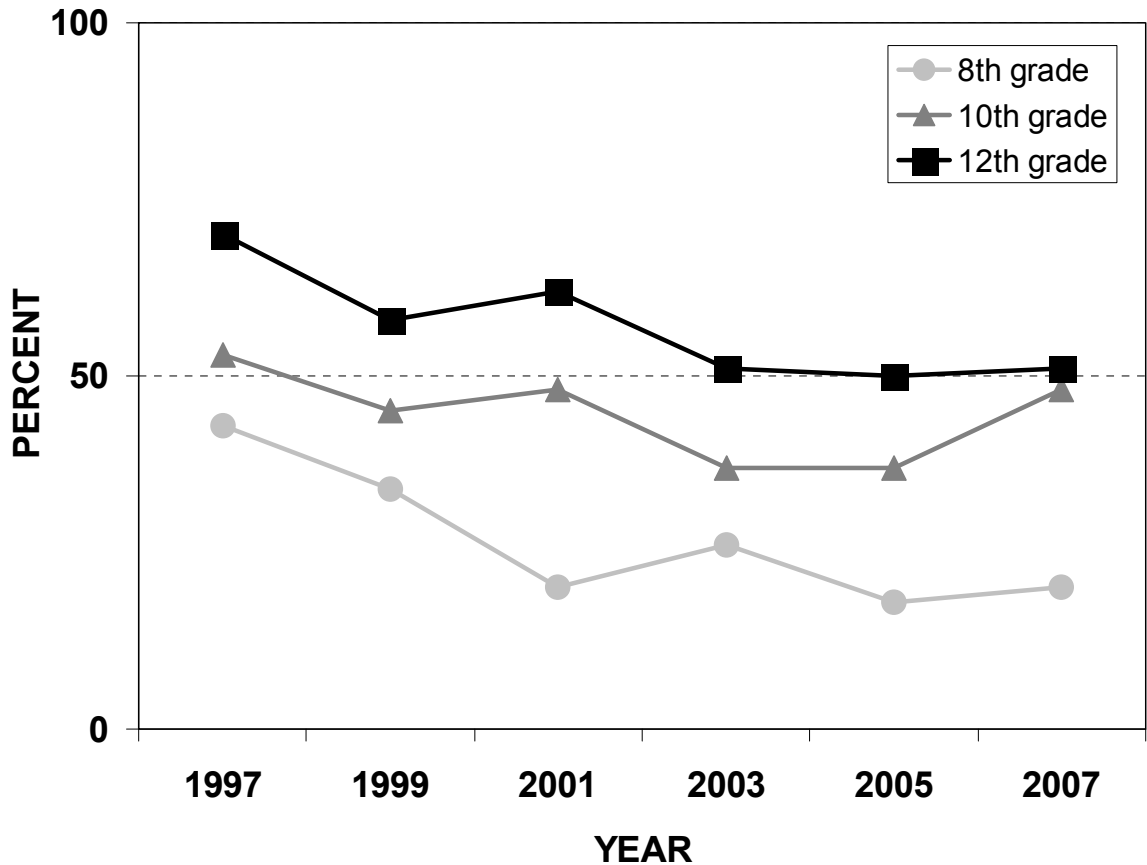
### **Related *Healthy Vermonters 2010* Goals:**

- Reduce the percentage of youth who use alcohol prior to age 13 to 0 percent.
- Reduce the percentage of youth who engage in binge drinking in the past month to 3 percent or less.
- Reduce the percentage of youth who smoked cigarettes in the past month to 16 percent or less.
- Reduce the percentage of youth who used spit tobacco in the past month to 1 percent or less.
- Reduce the percentage of youth who smoked cigars, cigarillos, or little cigars in the past month to 8 percent or less.
- Reduce the percentage of youth who used marijuana in the past month to 0.7 percent or less.

■ Alcohol Use

**Alcohol Use 1997 to 2007**

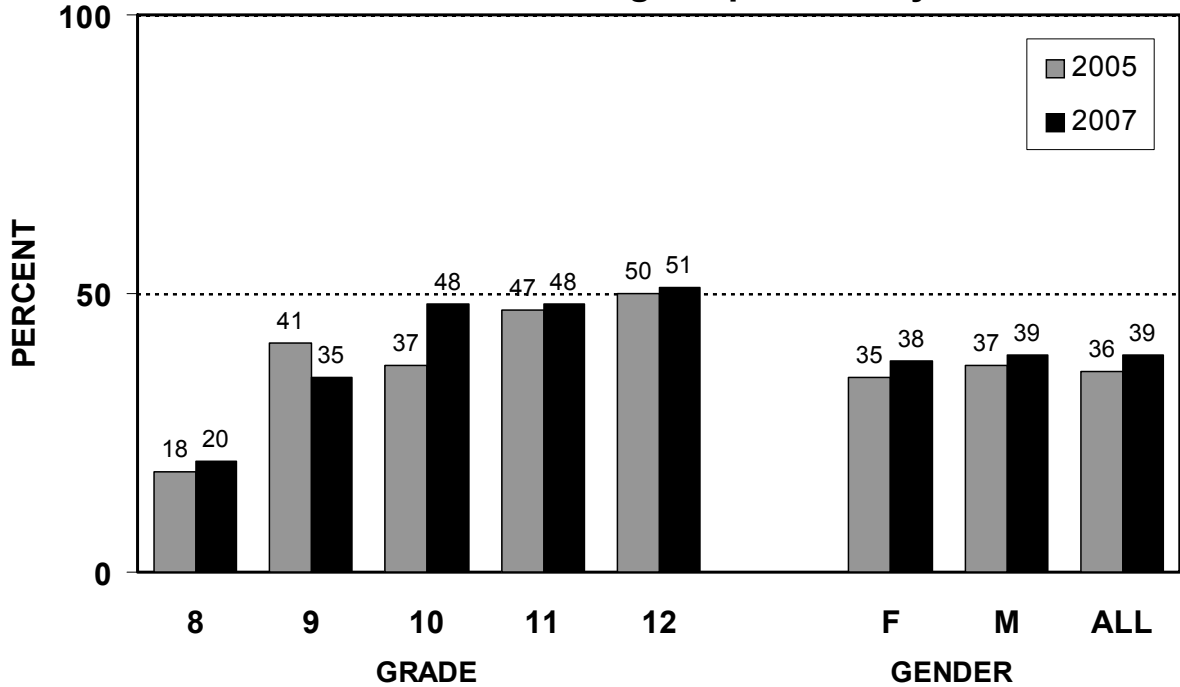
Percent of students who drank alcohol during the past 30 days



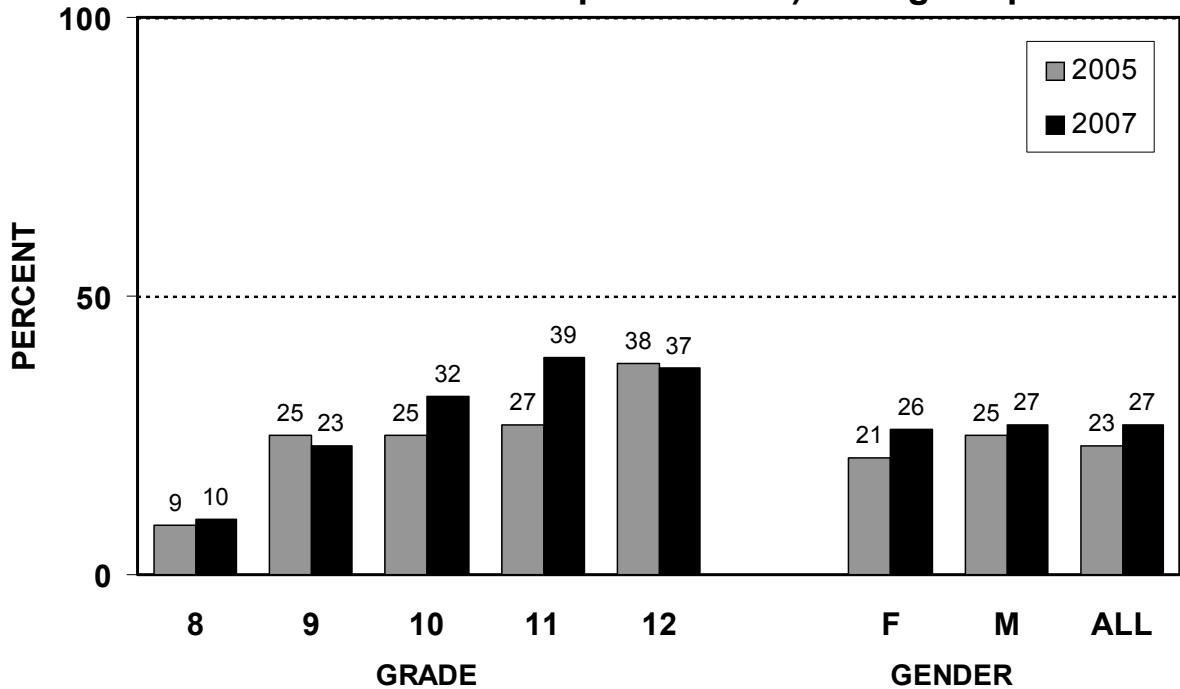
\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ Alcohol Use

Percent of students who consumed at least one drink of alcohol during the past 30 days



Percent of students who binged on alcohol (had five or more drinks of alcohol in a row within a couple of hours) during the past 30 days



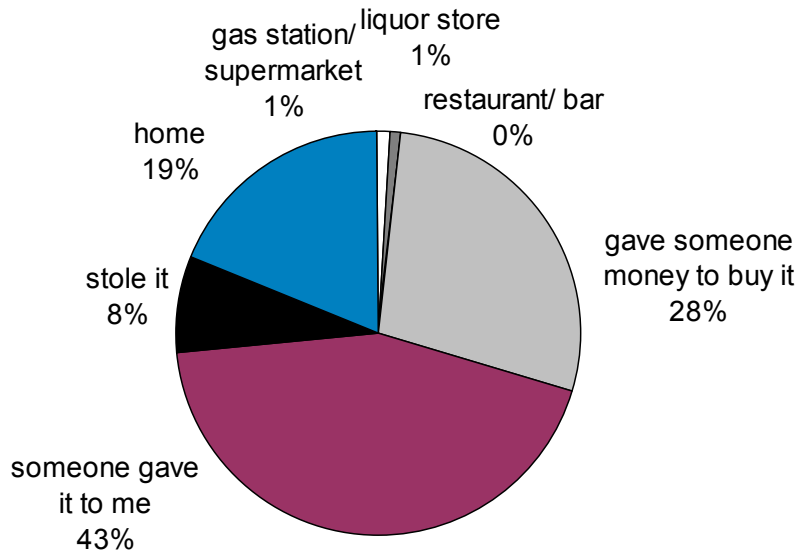
■ **Alcohol Use**

ALCOHOL USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Have ever had a drink of alcohol, other than a few sips	38	53	66	77	77	61	60	61	63
First consumed alcohol, other than a few sips, prior to age 13	24	19	17	22	17	19	21	20	22
Drank alcohol on 3 to 9 days during the past 30 days	6	18	20	18	27	17	16	17	16
Drank alcohol on 10 or more days during the past 30 days	4	4	6	13	11	4	10	7	5
Binged on alcohol 3 or more days in the past 30 days	5	10	13	21	19	11	14	12	10
Drank alcohol on school property during the past 30 days	3	9	7	4	5	3	8	6	5

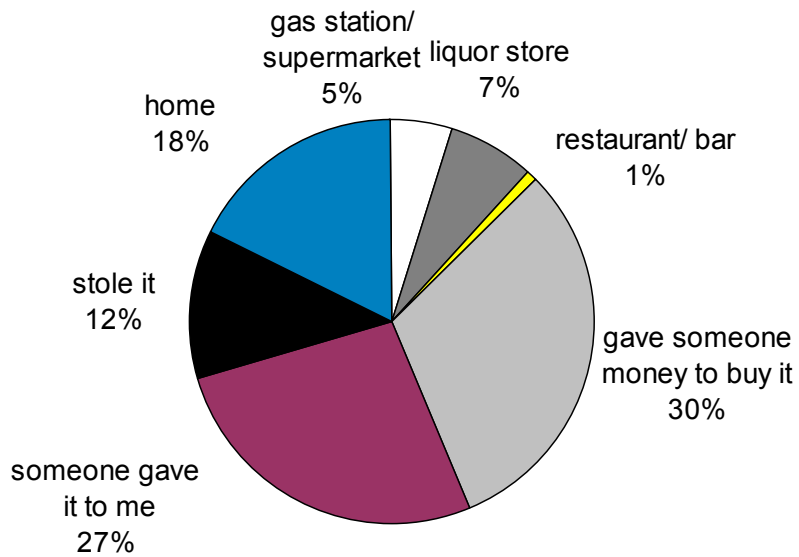
## Alcohol Use

**Where students get their alcohol**  
(only among students who drank during the past 30 days)

### FEMALES



### MALES

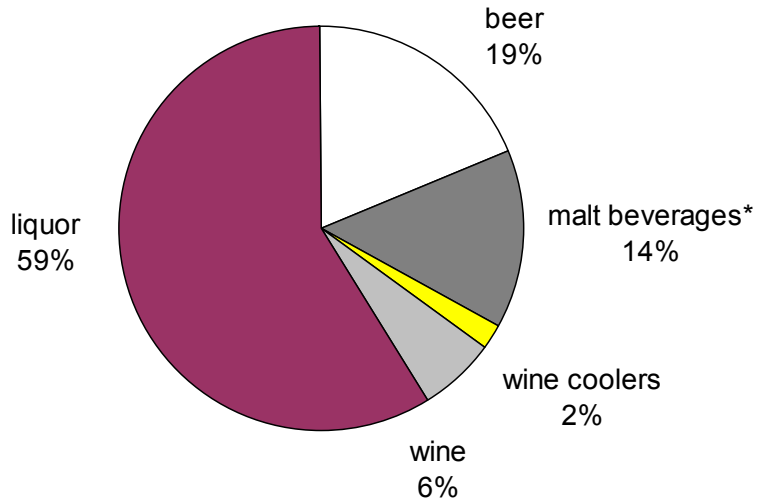


## Alcohol Use

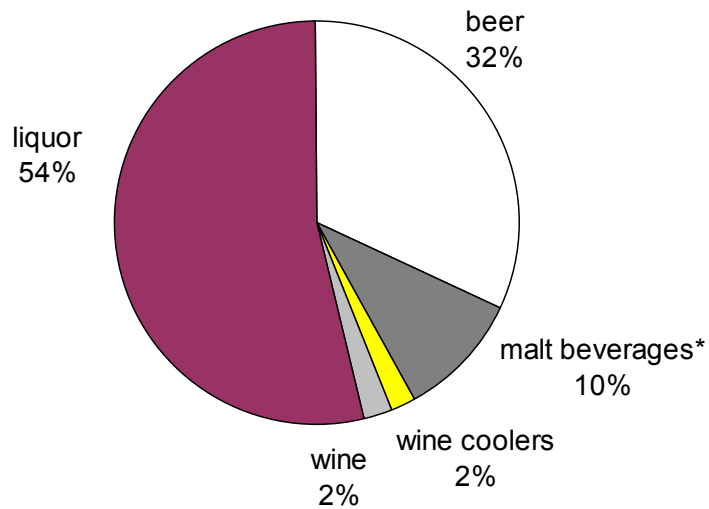
### What students drink

(only among students who drank during the past 30 days)

#### FEMALES



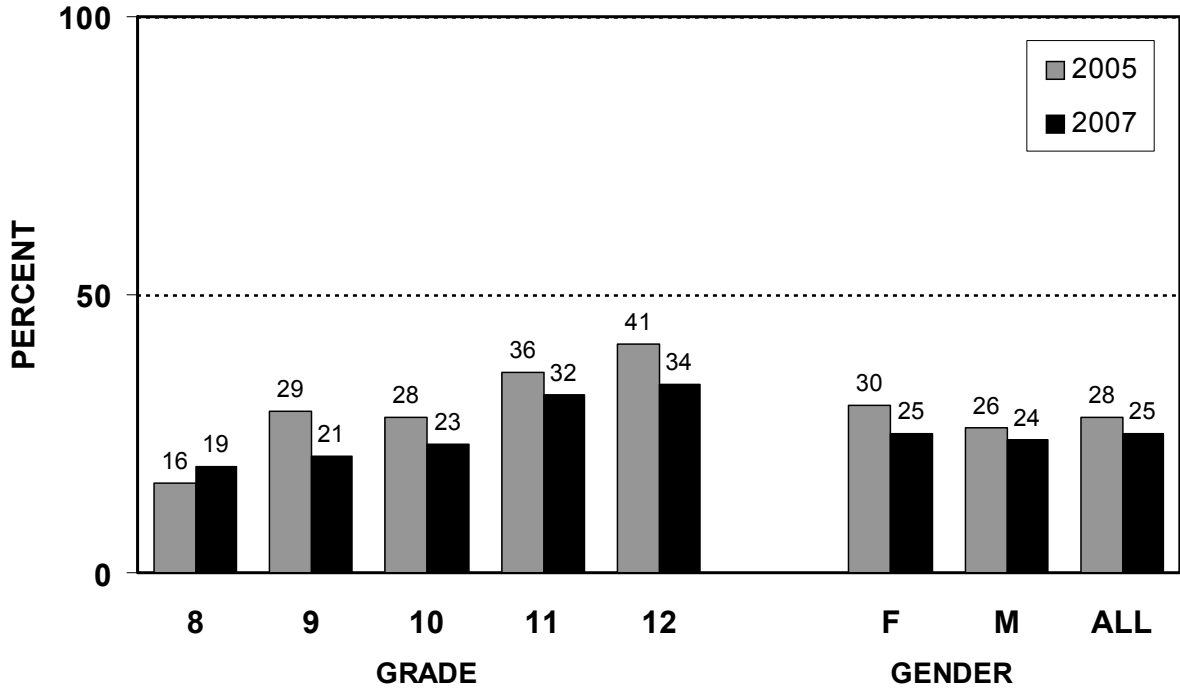
#### MALES



\*Malt beverages, such as Smirnoff Ice, Bacardi Silver, or Hard Lemonade.

■ Tobacco Use

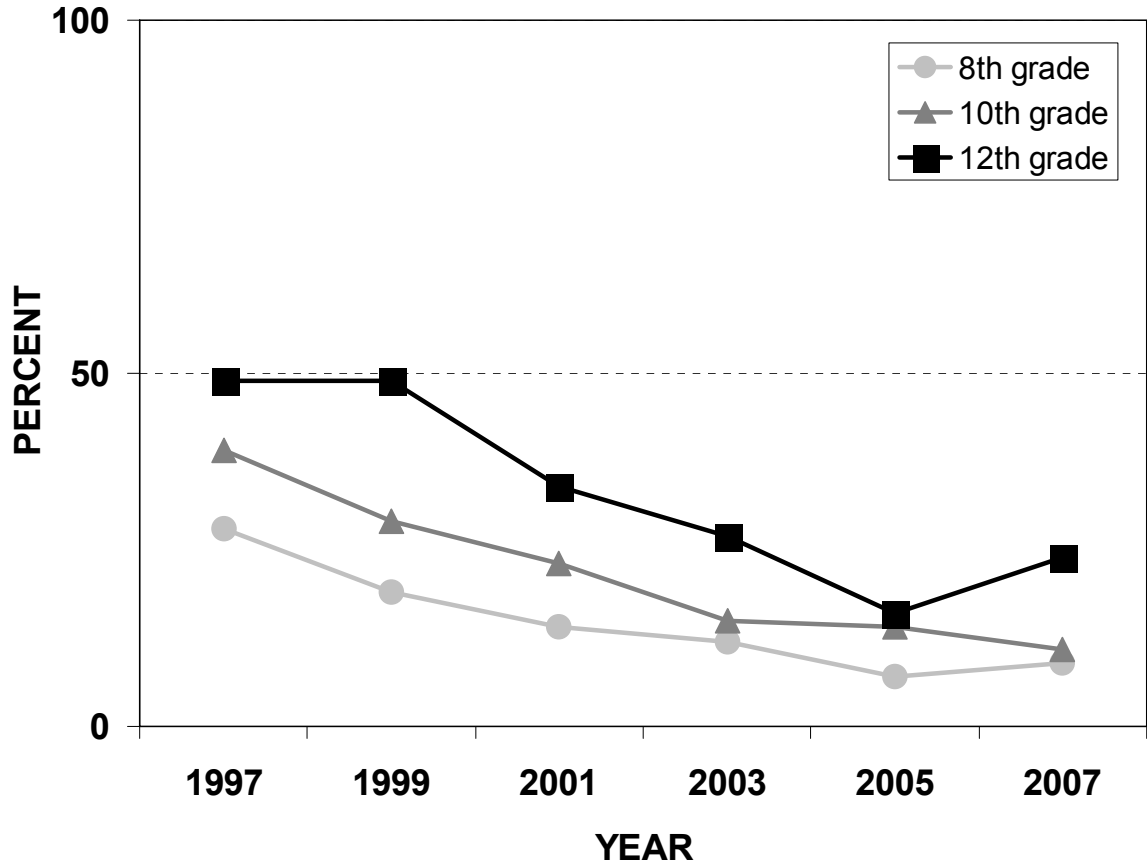
Percent of students who have ever smoked a whole cigarette



■ Tobacco Use

**Cigarette Smoking 1997 to 2007**

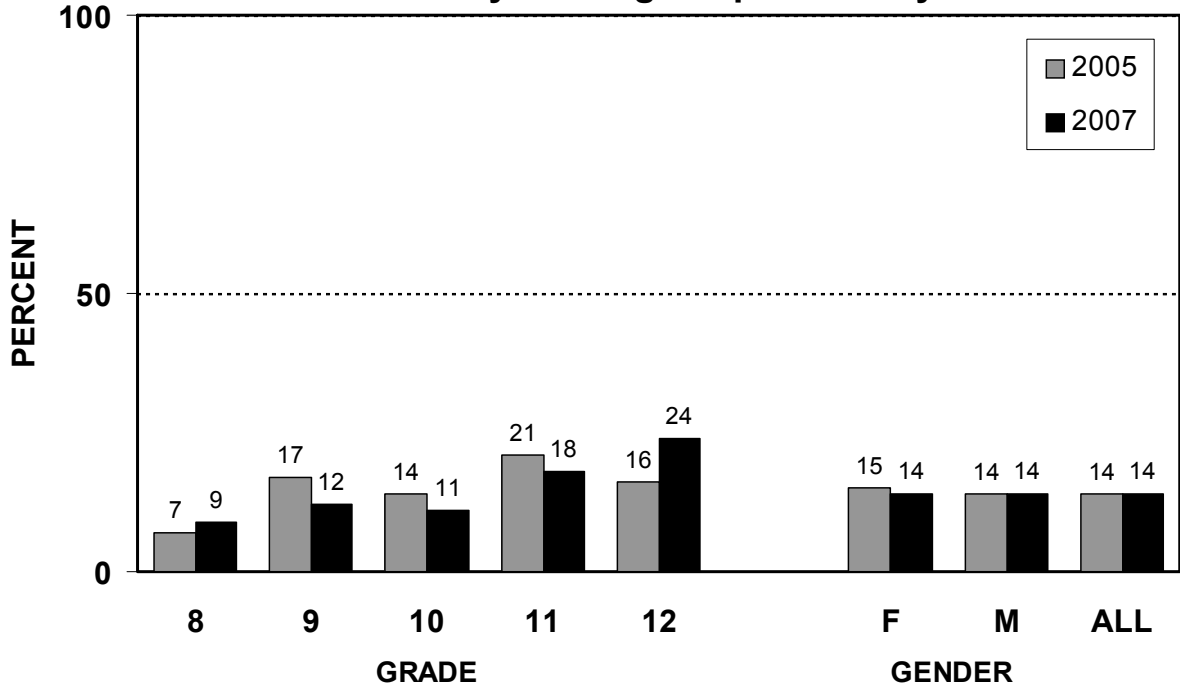
Percent of students who smoked cigarettes during the past 30 days



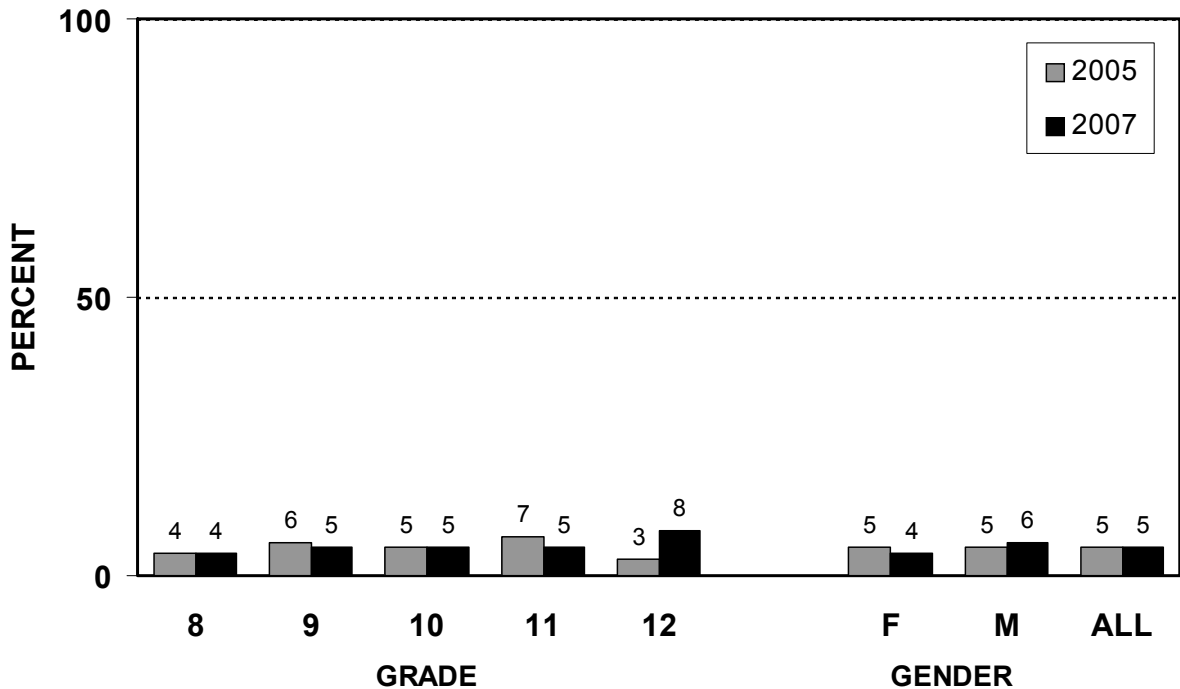
\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ Tobacco Use

Percent of students who smoked cigarettes one or more days during the past 30 days



Percent of students who smoked cigarettes every day during the past 30 days

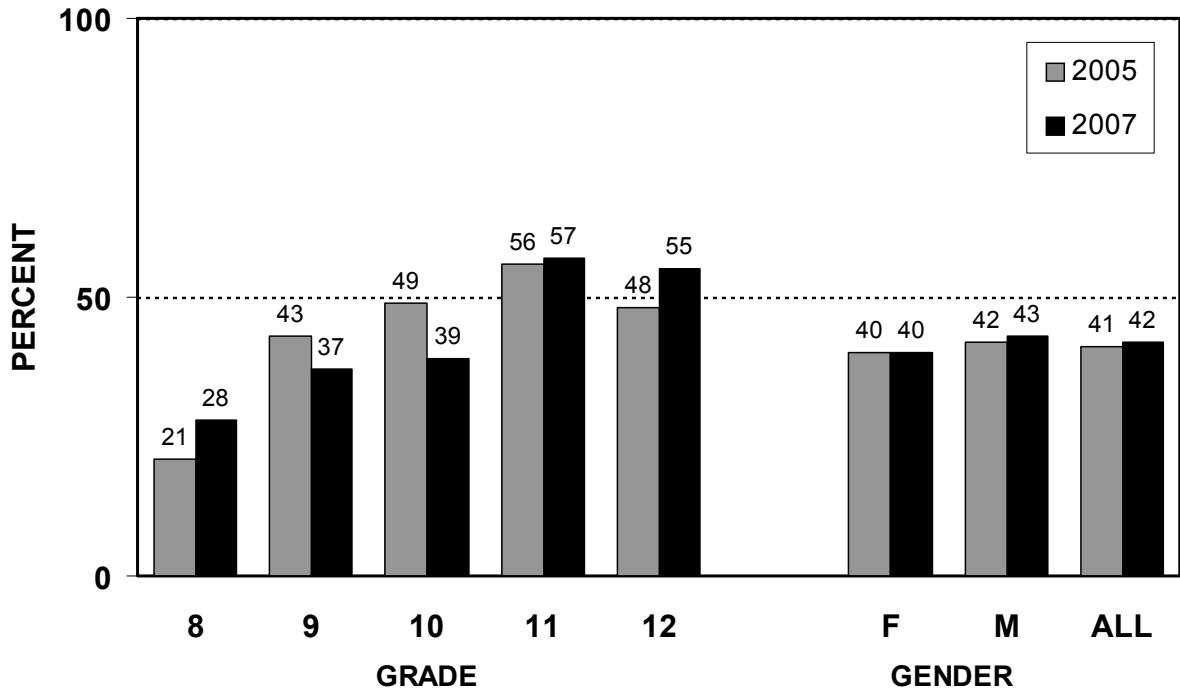


■ **Tobacco Use**

TOBACCO USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Smoked a whole cigarette prior to age 13	14	12	12	11	10	13	12	13	13
Smoked more than 10 cigarettes on days smoked during the past 30 days	3	4	4	3	6	2	6	4	2
Smoked more than a pack on days smoked during the past 30 days	2	4	3	1	3	1	5	3	1
Used chewing tobacco or snuff during the past 30 days	5	6	6	3	7	2	9	6	3
Percent of students who, during the past 7 days:									
Were in the same room with someone who was smoking cigarettes	49	54	49	58	53	55	50	52	55
Were in a car with someone who was smoking cigarettes	32	39	37	42	38	42	34	38	39

## ■ Marijuana Use

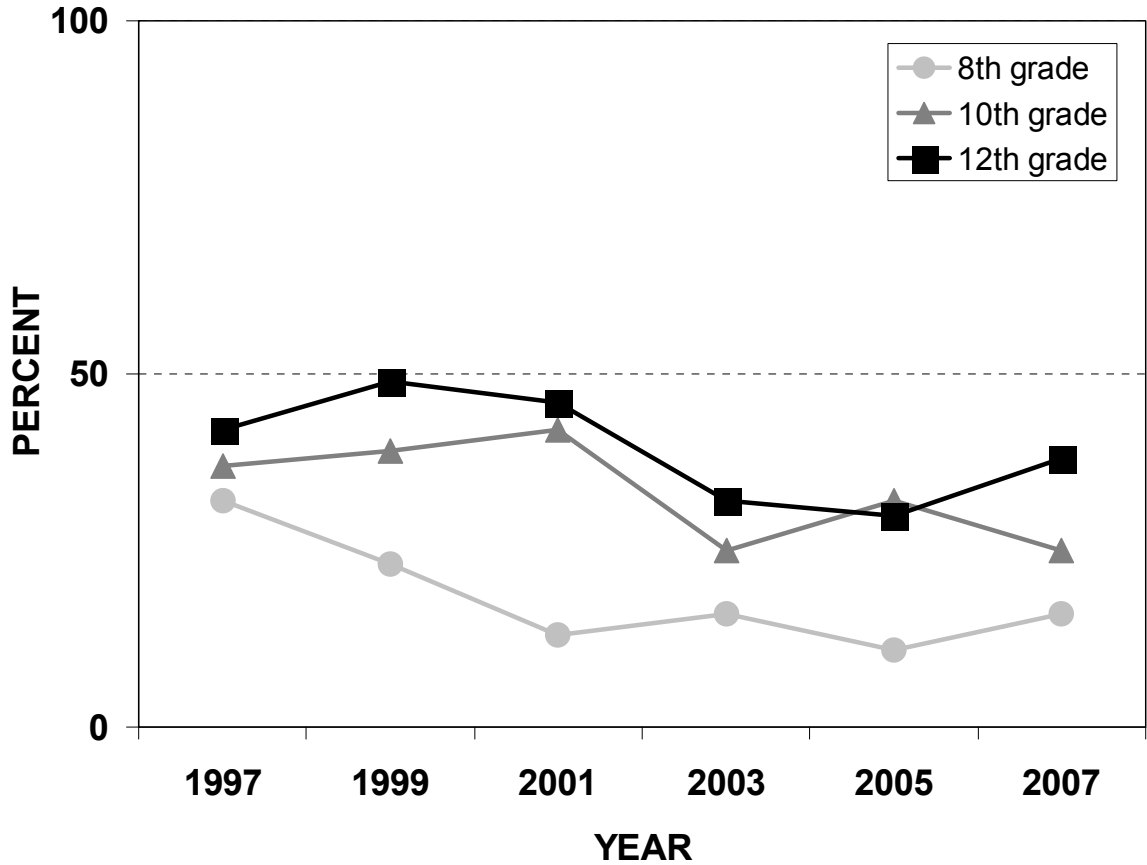
Percent of students who have ever tried marijuana



■ **Marijuana Use**

**Marijuana Use 1997 to 2007**

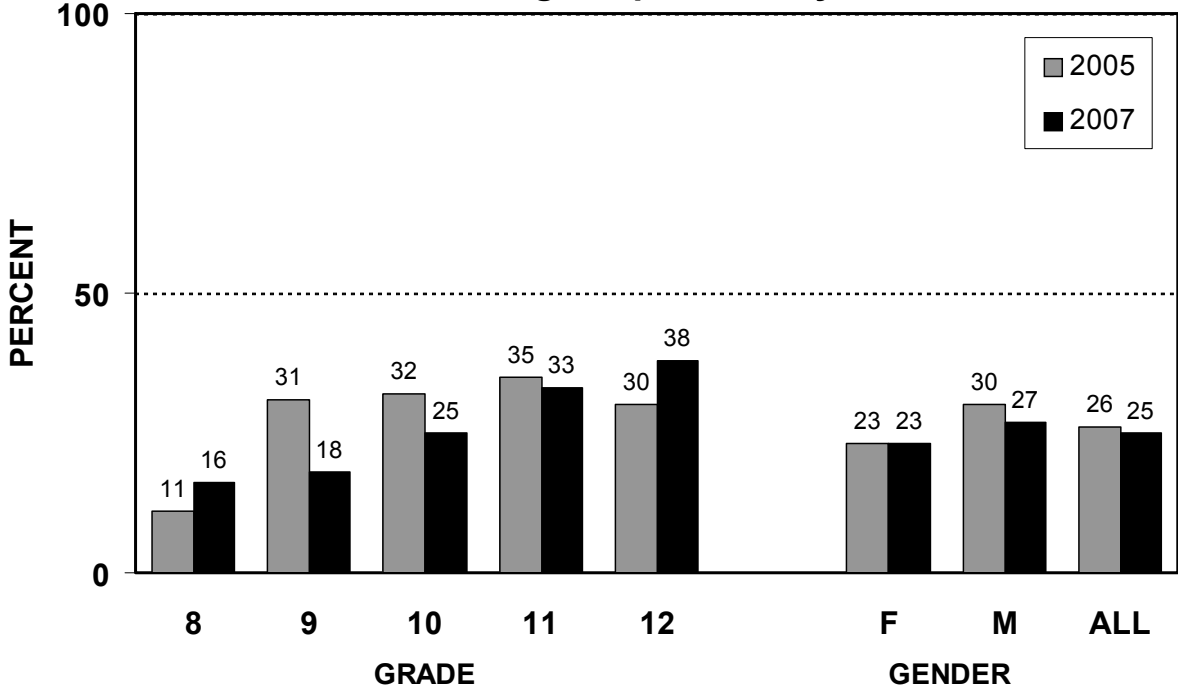
Percent of students who used marijuana one or more times during the past 30 days



\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ **Marijuana Use**

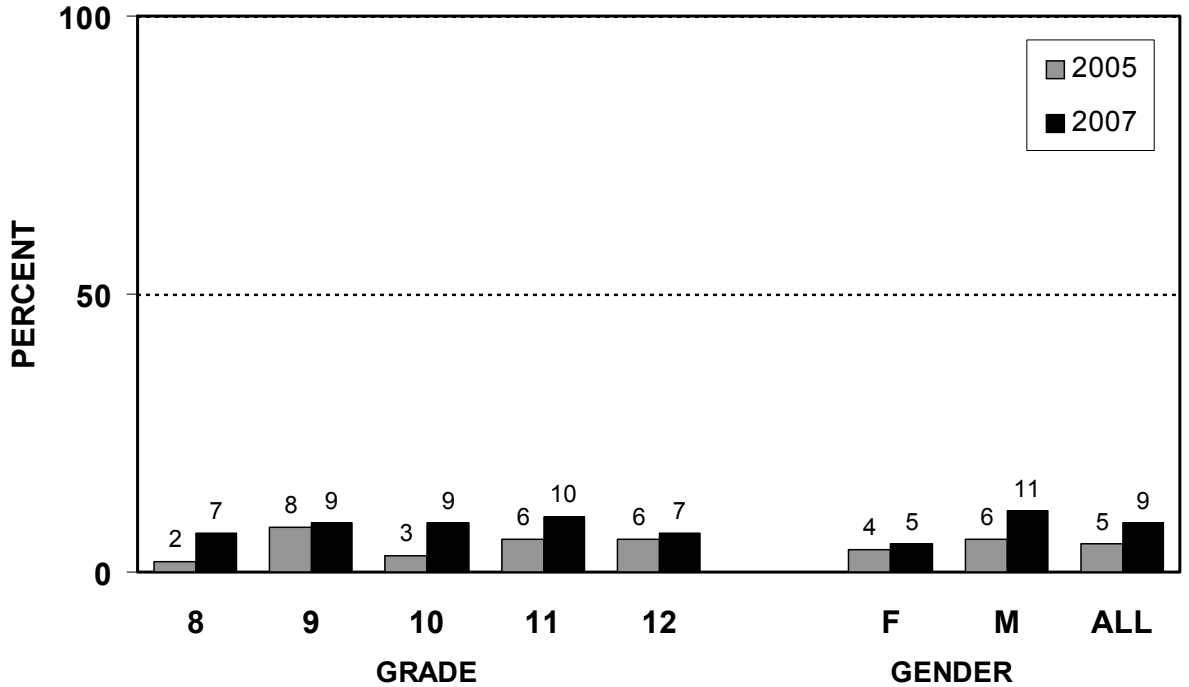
**Percent of students who used marijuana one or more times during the past 30 days**



MARIJUANA USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
<b>Percent of students who:</b>									
<b>Used marijuana prior to age 13</b>	16	15	8	8	4	9	13	12	11
<b>Used marijuana 3 to 9 times during the past 30 days</b>	4	3	6	5	11	6	5	5	7
<b>Used marijuana 10 or more times during the past 30 days</b>	7	10	9	22	18	10	14	12	12
<b>Used marijuana one or more times on school property in the past 30 days</b>	4	6	9	13	15	7	10	9	9

## ■ Cocaine Use

Percent of students who used cocaine one or more times during the past 30 days



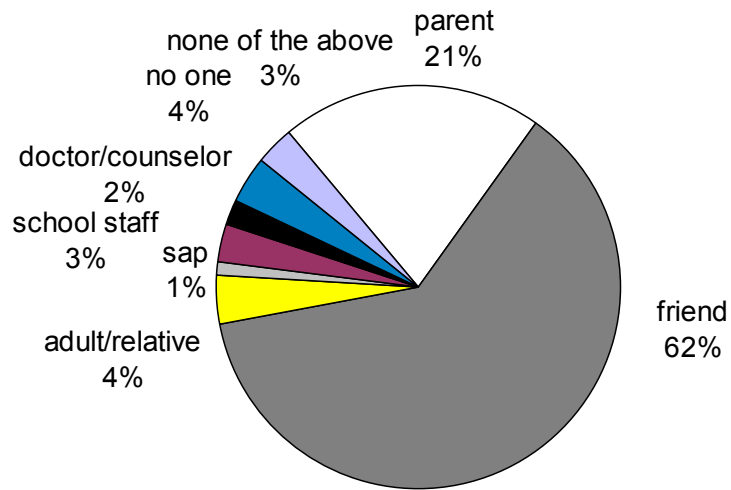
■ **Other Drug Use**

OTHER DRUG USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who during their lifetime have:									
<b>Taken steroid pills or shots without a prescription</b>	4	7	6	2	7	3	7	5	3
<b>Used inhalants</b>	14	10	11	8	10	10	12	11	11
<b>Used heroin</b>	4	7	6	5	5	3	8	6	4
<b>Used methamphetamines</b>	6	8	8	4	11	5	10	8	6
<b>Used hallucinogens</b>	7	13	12	15	18	10	14	13	10
<b>Used prescription drug not prescribed</b>	14	10	12	16	20	14	14	14	NA
<b>Used a needle to inject any illegal drug into their body</b>	5	7	5	4	4	2	7	5	4
Percent of students who were offered, sold, or given an illegal drug <i>on school property</i> during the past 12 months	21	24	22	21	21	18	26	22	24

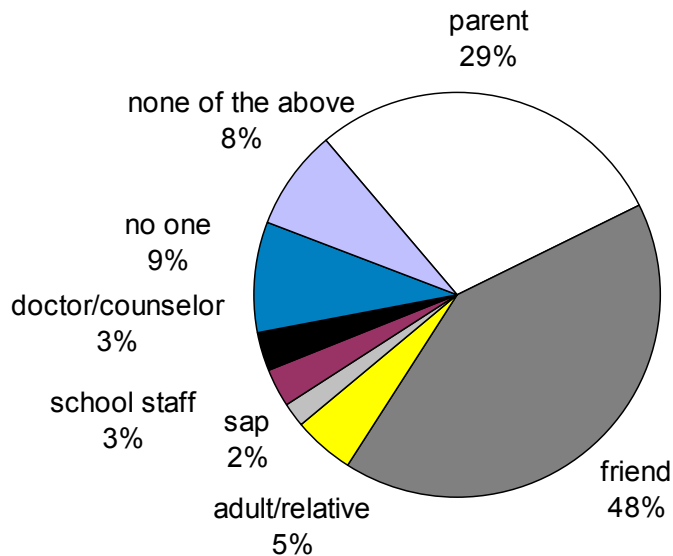
## Other Drug Use

If you had a problem with tobacco, alcohol, or other drugs, who would you be most likely to talk to about it?

### FEMALES



### MALES



## ✓ Attitudes and Perceptions about ATOD Use

The questions in this section ask students how easy it is to get alcohol, tobacco, and marijuana, whether they think it is wrong for someone their age to use alcohol, tobacco, and marijuana, their perception of how wrong their parents and other adults in their community think it is for someone their age to use alcohol, tobacco, and marijuana, how harmful they think it is to use alcohol, tobacco, and marijuana.

---

- **Disapproval of ATOD use:** Peer disapproval of substance abuse is inversely related to adolescents' reports of use. For example, multiyear tracking of the results of the Monitoring the Future Survey indicates that the prevalence of marijuana use among youth declines as the percentage of youth expressing disapproval of marijuana increases; similarly, an increase in the prevalence of marijuana use among youth during the early 1990s coincided with an apparent decline in the percentage of parents and peers expressing strong disapproval.
- **Perceived harmfulness of ATOD use:** The perception of risk in using alcohol and other drugs is an important factor in decreasing use. Data have shown that as perception of harmfulness decreases, there is a tendency for use to increase. Therefore, it is important for youth to be informed of the risks of using alcohol, tobacco, and other drugs.
- **Perceived availability of ATOD:** The more available alcohol, tobacco, and other drugs are in a community, the higher the risk that young people will use them. Increased use is also associated with the perception that substances are readily available, regardless if the perception is accurate.

■ **Disapproval of ATOD Use**

DISAPPROVAL OF ATOD USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who think their parents think it is <i>wrong or very wrong</i> for them to:									
<b>Smoke cigarettes</b>	95	93	94	92	86	94	91	92	92
<b>Drink alcohol</b>	86	84	82	75	70	85	77	81	80
<b>Use marijuana</b>	92	87	87	79	80	89	85	86	87
Percent of students who think it is <i>wrong or very wrong</i> for someone their age to:									
<b>Smoke cigarettes</b>	82	86	84	80	67	82	79	81	81
<b>Drink alcohol</b>	72	61	47	39	38	53	54	53	52
<b>Use marijuana</b>	76	70	57	54	53	64	62	63	60

■ **Perceived Harmfulness of ATOD Use**

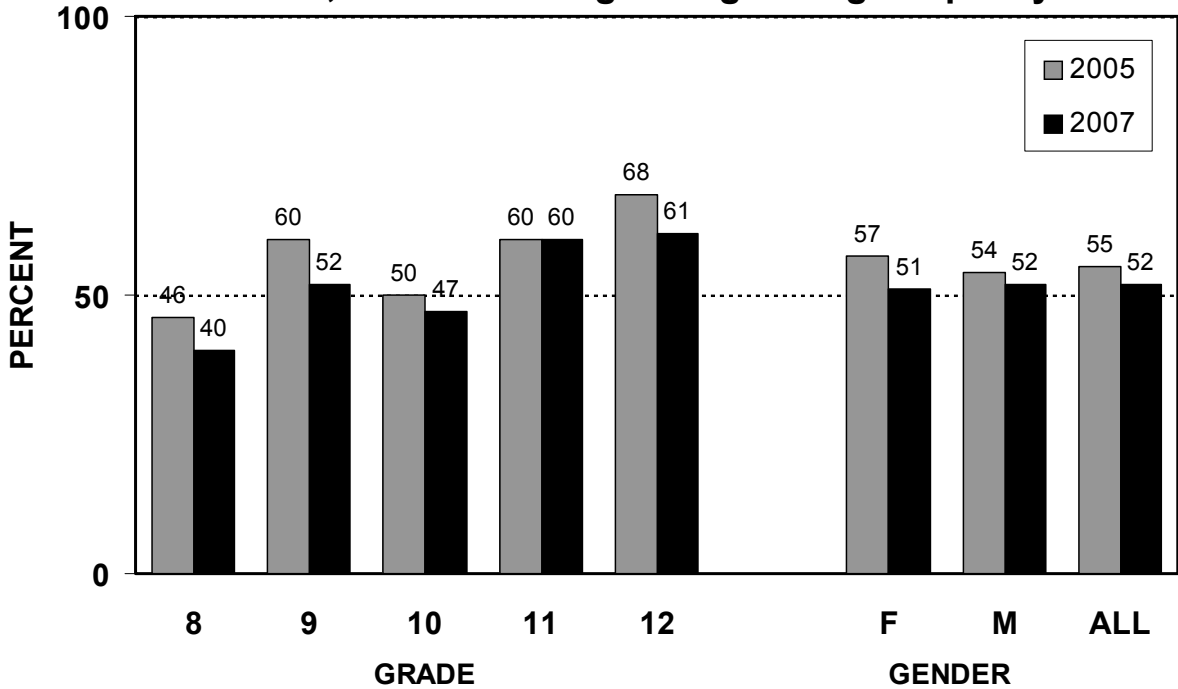
PERCEIVED HARMFULNESS	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who think that there is <i>great</i> risk in people harming themselves from:									
Smoking one or more packs of cigarettes/day	59	58	66	69	67	70	59	64	67
Drinking one or two alcoholic drinks nearly every day	31	30	38	25	30	35	28	32	32
Using marijuana regularly	55	45	41	36	34	46	40	43	42

■ **Perceived Availability of ATOD**

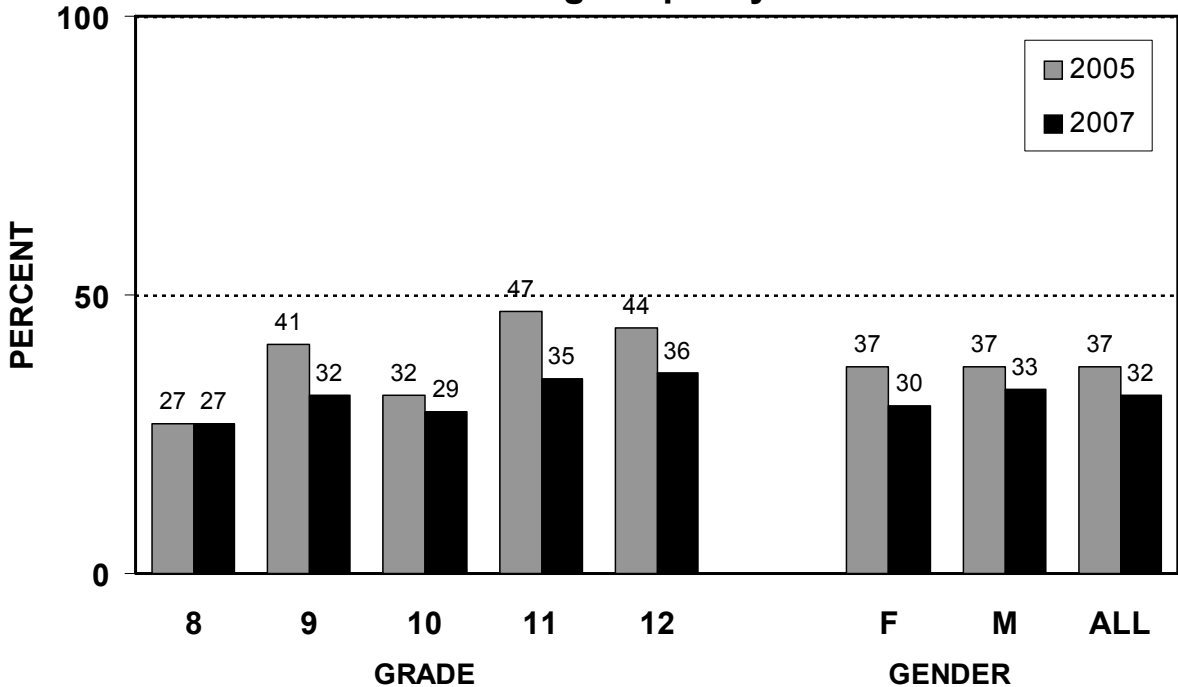
AVAILABILITY OF ATOD	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who report that it is easy to get:									
<b>Cigarettes</b>	52	62	65	77	83	63	69	66	67
<b>Alcohol</b>	59	69	71	82	80	70	73	71	70
<b>Marijuana</b>	41	60	65	76	74	58	66	62	62

■ **Perceived Availability of ATOD**

**Percent of students who know an adult who has used marijuana, cocaine, or another illegal drug during the past year**



**Percent of students who know an adult who has sold drugs during the past year**



## ✓ Sexual Behavior

The questions in this section ask students about sexual behaviors that contribute to HIV infection, and other sexually transmitted diseases. More specifically, the questions measure whether they have had sexual intercourse, the age at which they first had sex, the frequency with which they have sex, with whom they have sex, alcohol and drug use related to sexual intercourse and whether they use contraception.

---

- **Early sexual activity** and multiple sexual partners are associated with an increased risk of unwanted pregnancy and sexually transmitted diseases (STD), including HIV infection, and negative effects on social and psychological development. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse. Of the 12 million new cases of STDs per year in the United States, 25 percent are among teens. STDs may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcome and maternal and child health.

- **AIDS** is the eighth leading cause of death for youth aged 15 to 24 in the United States. It is estimated that 25 percent of all new cases of HIV each year occur in people aged 13 to 21. While heterosexual transmission was once uncommon, recent trends indicate that growing numbers of individuals are at risk of contracting HIV in this way. Many people, especially adolescents, do not have the knowledge, awareness, and skills necessary to prevent their becoming infected. Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV.

In Vermont, 456 residents were diagnosed as having AIDS as of March 31, 2007. Many more Vermonters are at risk of acquiring HIV infection through unprotected sex with multiple partners or intravenous drug use. No area of the state remains unaffected.

- **Gay and Lesbian Youth:** Although many lesbian, gay, and bisexual adolescents lead happy and healthy lives, others face tremendous challenges to growing up physically and mentally healthy. Compared to heterosexual youth, lesbian, gay, and bisexual young people are at higher risk for depression, alcohol and other drug use, suicide, HIV infection, and other sexually transmitted diseases.

✓ **Sexual Behavior (cont'd)**

---

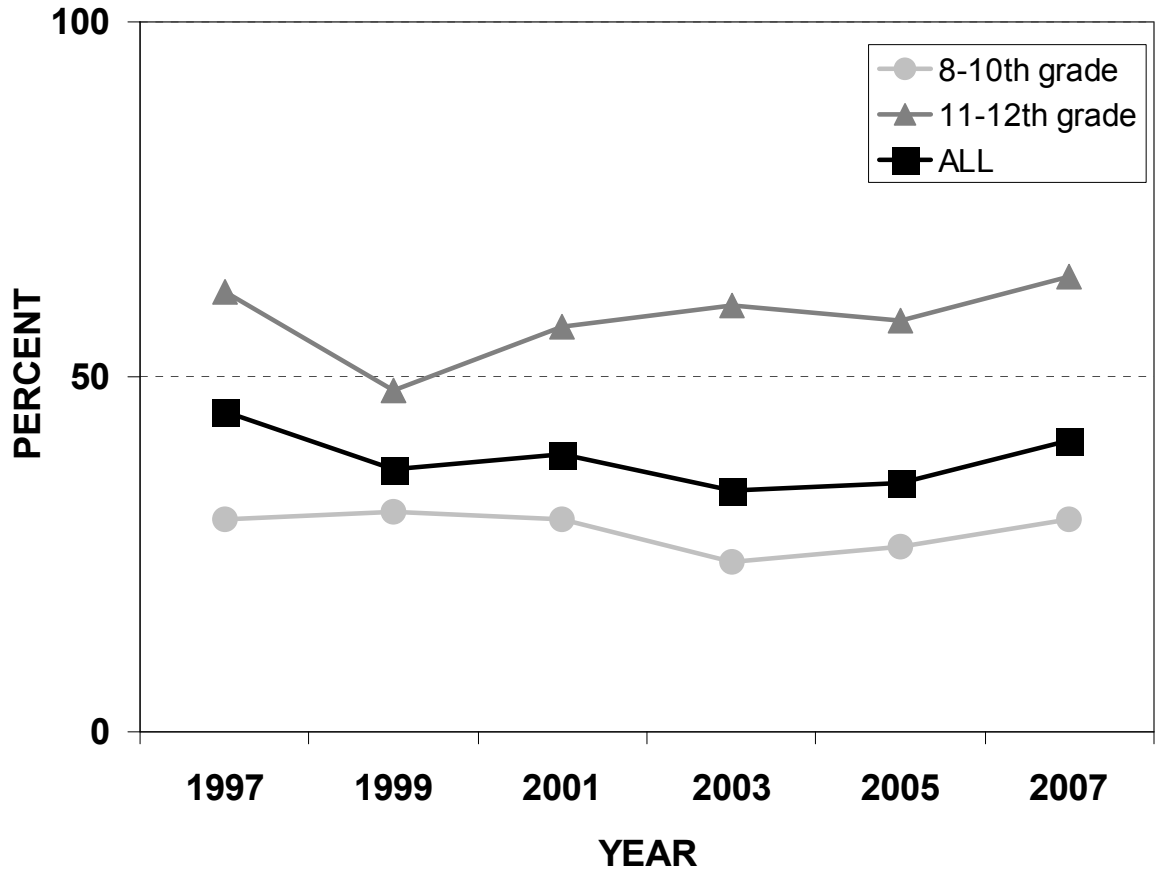
**Related *Healthy Vermonters 2010* Goals:**

- Increase the percentage of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.
- Reduce HIV infection among adolescents and adults.
- Further reduce the percentage of people ages 15-24 with Chlamydia trachomatis infection.

■ **Sexual Behavior**

**Sexual Intercourse 1997 to 2007**

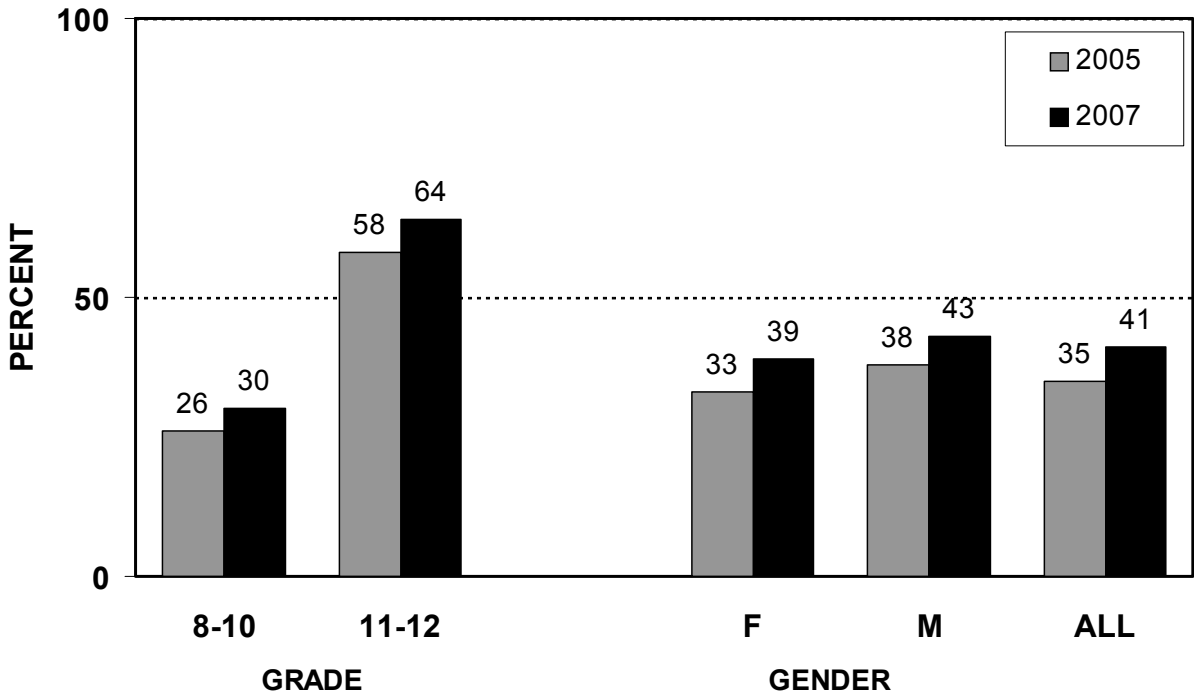
Percent of students who have ever had sex



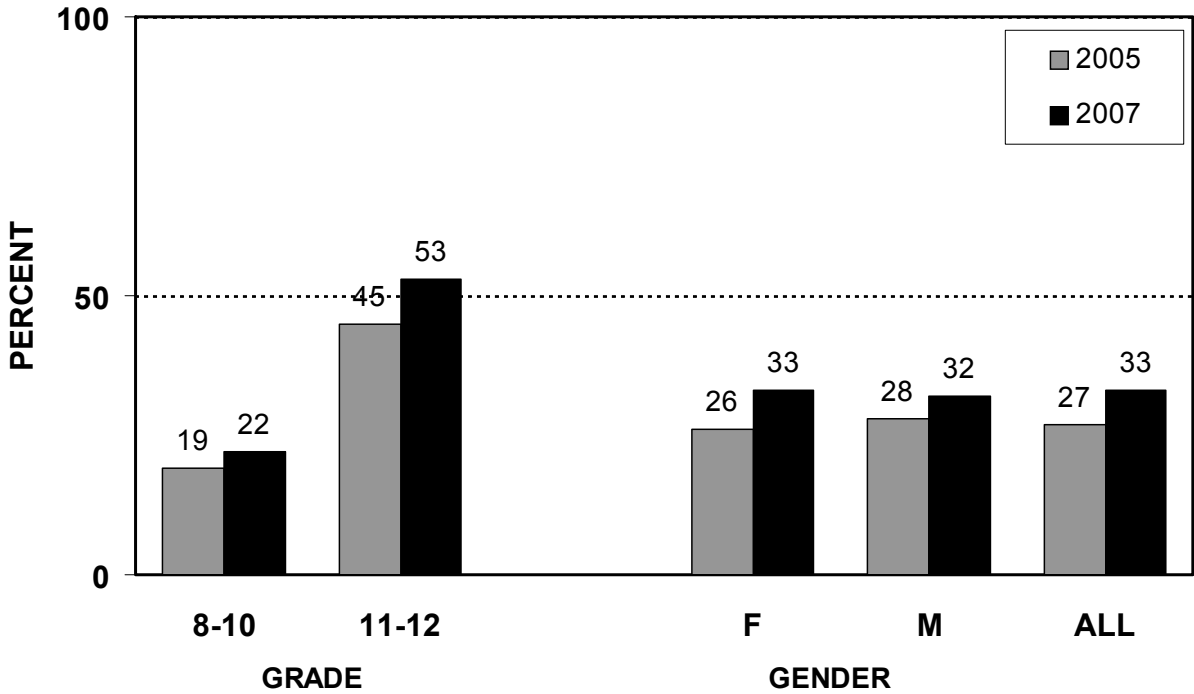
\*If your supervisory union is made up of multiple schools, some or all of the schools may not have participated in previous years and therefore the trend may have a break and/or the data may not be directly comparable across years. Please consult your previous reports to find out which of your schools participated or you can email/call Kelly Hale LaMonda ([khale@vdh.state.vt.us](mailto:khale@vdh.state.vt.us) 802-863-7246) for more information.

■ **Sexual Behavior**

**Percent of students who have ever had sexual intercourse**

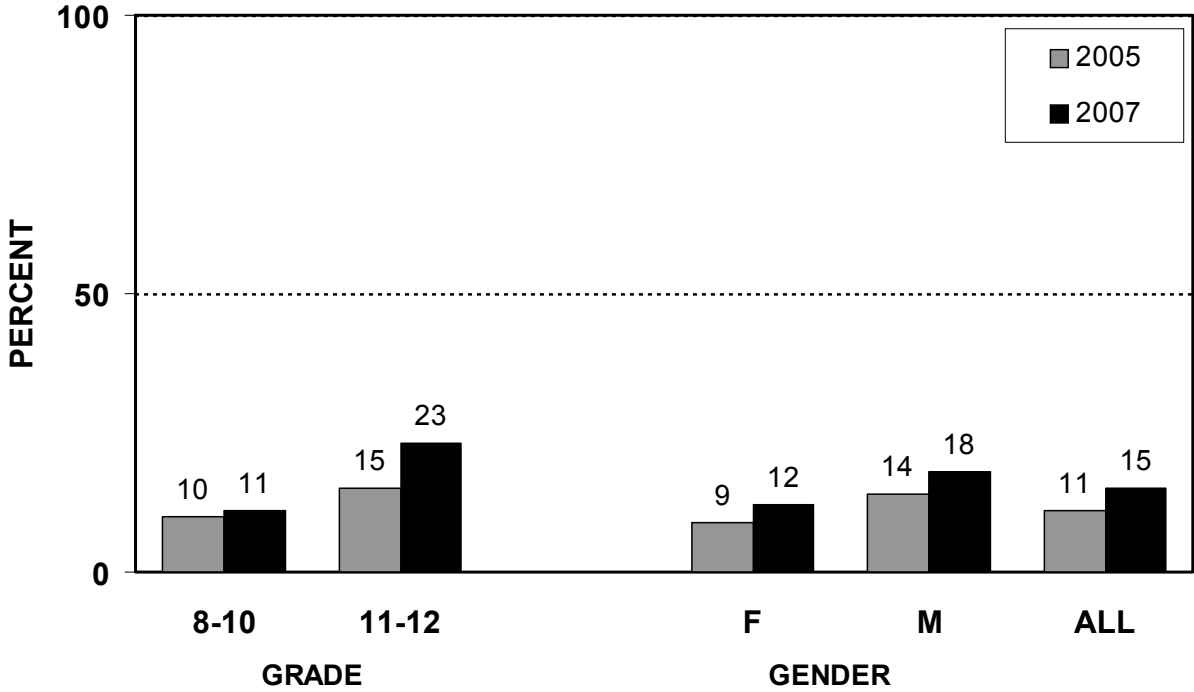


**Percent of students who have had sexual intercourse during the past 3 months**

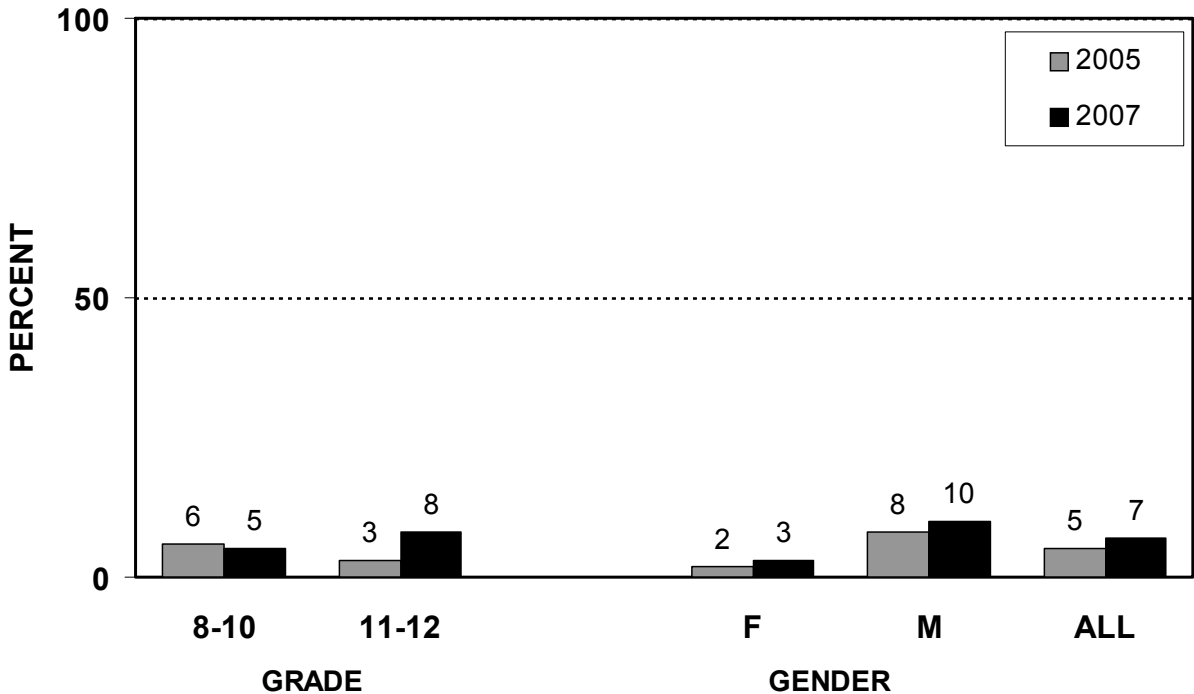


■ **Sexual Behavior**

**Percent of students who have had sexual intercourse with four or more people during their lifetime**



**Percent of students who have had sexual intercourse with 3 or more people during the past 3 months**



■ **Sexual Behavior**

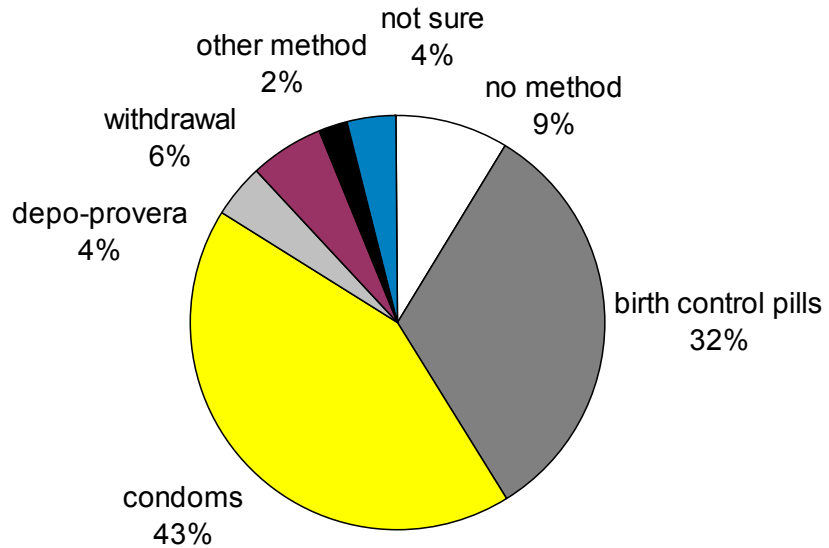
SEXUAL BEHAVIOR	GRADE		GENDER		ALL	
	8-10	11-12	F	M	2007	2005
<b>Percent of students who:</b>						
<b>First had sexual intercourse prior to age 13</b>	9	4	4	12	8	7
<b>Used drugs or alcohol before their most recent sexual experience*</b>	35	29	28	33	32	37
<b>Used a condom during their most recent sexual experience*</b>	69	57	62	65	64	70

\* NOTE: Includes only students who said that they have had sexual intercourse.

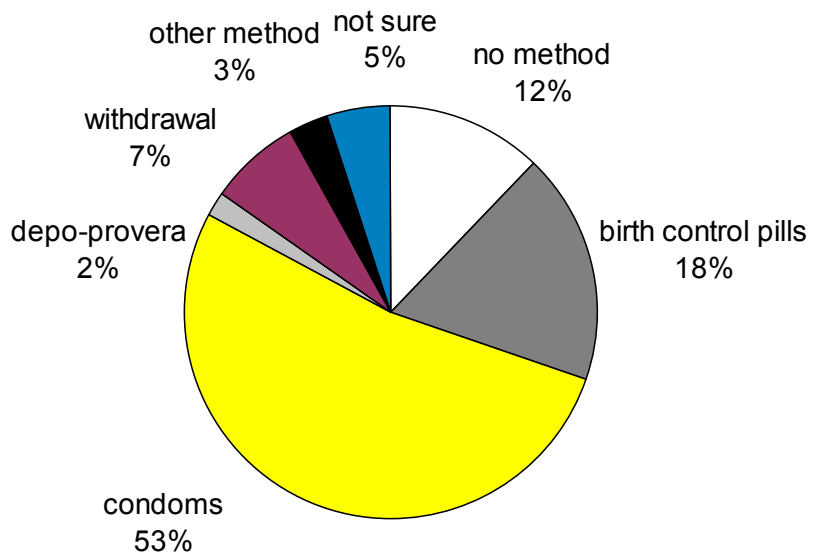
## Sexual Behavior

What method did you or your partner use to prevent pregnancy the last time you had sexual intercourse?\*

### FEMALES



### MALES

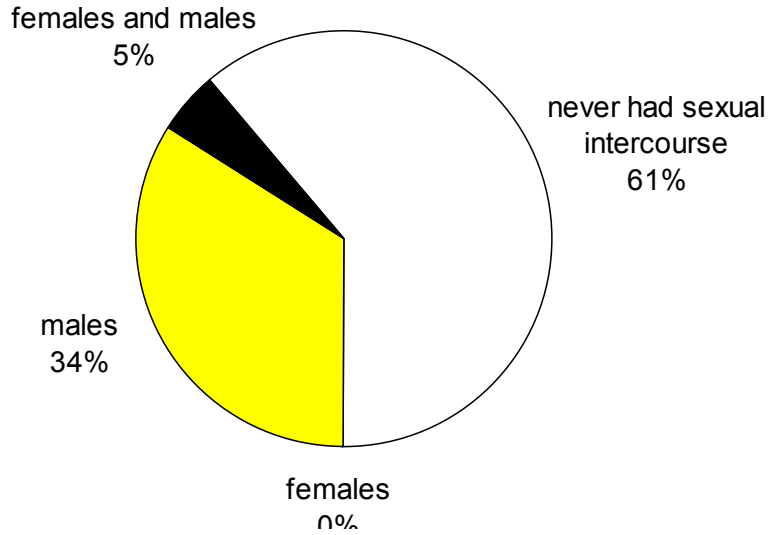


\*NOTE: Includes only students who said that they have had sexual intercourse

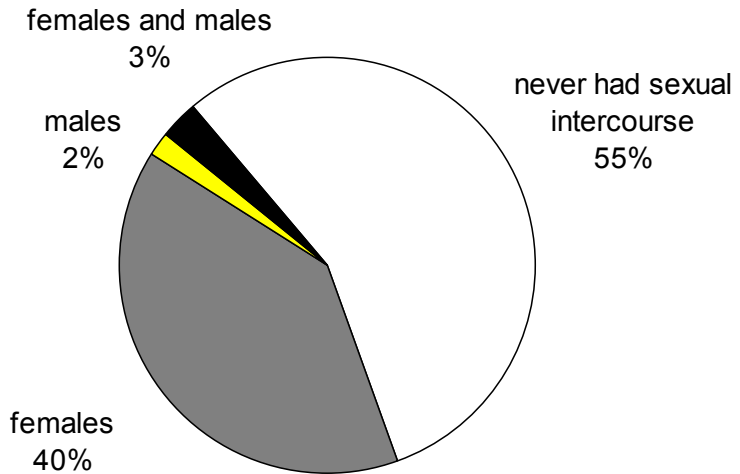
## ■ Sexual Behavior

The persons with whom you have had sexual intercourse are:

### FEMALES

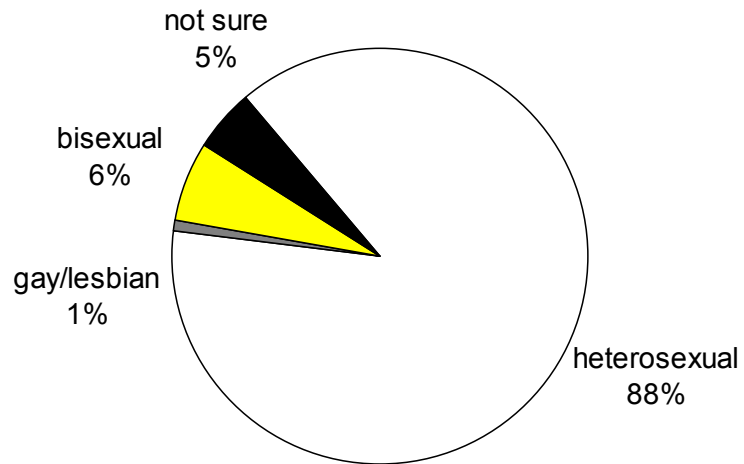


### MALES



## ■ Sexual Orientation

Self-reported sexual orientation



## ✓ **Body Weight and Nutrition**

This section asks students their height and weight, how they feel about their weight and what, if anything, they are doing to control their weight. The questions also inquire about how often students eat breakfast, eat fruits and vegetables, drink milk, and drink soda.

---

- In the United States, there are more than twice as many **overweight** children and more than three times as many overweight adolescents as there were in 1980. Overweight and obesity acquired during childhood or adolescence may persist into adulthood. Approximately 400,000 deaths a year in the US are currently associated with overweight and obesity and, left unabated, overweight and obesity may soon overtake tobacco as the leading cause of death. Obesity in childhood and adolescence is associated with negative psychological and social consequences and adverse health outcome, including type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.

Overemphasis on thinness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia. Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors, such as fasting and self-induced vomiting which can lead to abnormal physical and psychological development. It is estimated that as many as seven to eight percent of females in the US suffer from anorexia nervosa and/or bulimia nervosa during their lifetime.

- **Nutrition:** Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer. Milk is by far the largest single source of calcium for adolescents, but it is estimated that about half of adolescent males and more than 80 percent of adolescent females do not meet dietary recommendations for calcium intake. Calcium is essential for the formation and maintenance of bones and teeth; low calcium intake during the first two to three decades of life is an important risk factor in the development of osteoporosis. In recent years, soft drink consumption has significantly increased among children and adolescents. Consumption of sugar-sweetened drinks, including soft drinks, appears to be associated with being at increased risk for overweight in children.

✓ **Body Weight and Nutrition (cont'd)**

---

**Related *Healthy Vermonters 2010* Goals:**

- Reduce the percentage of youth who are obese or overweight.
- Increase the percentage of people who eat at least two daily servings of fruit.
- Increase the percentage of people who eat at least three daily servings of vegetables.

■ **Body Weight**

BODY WEIGHT	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who are at risk for being overweight (85 <sup>th</sup> BMI percentile)	9	11	15	9	10	11	12	11	14
Percent of students who are overweight (95 <sup>th</sup> BMI percentile)	12	13	13	11	17	7	19	13	11
Percent of students who describe themselves as:									
Underweight	24	12	15	14	17	13	19	16	15
About the right weight	52	62	57	63	54	58	57	58	58
Overweight	24	26	28	22	28	29	24	26	27
Percent of students who are:									
Trying to lose weight	33	38	37	36	34	50	25	37	38
Trying to gain weight	14	12	16	16	17	5	23	14	13
Trying to stay the same weight	20	26	22	23	22	22	24	23	21
Doing nothing about their weight	33	25	25	26	28	23	28	26	28

■ **Body Weight**

**What males and females did in the past 30 days to control their weight**



UNHEALTHY WEIGHT CONTROL	GRADE					ALL	
	8	9	10	11	12	2007	2005
Percent of students who during the past 30 days:							
Vomited or took laxatives	5	7	5	3	4	5	5
Took diet pills, powders, or liquids	5	6	7	3	5	6	4

■ **Nutrition**

<b>BREAKFAST</b>	<b>GRADE</b>					<b>GENDER</b>		<b>ALL</b>	
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>F</b>	<b>M</b>	<b>2007</b>	<b>2005</b>
<b>Percent of students who:</b>									
<b>Eat breakfast 3 days a week or more</b>	78	71	74	76	84	75	77	76	NA
<b>Eat breakfast every day</b>	48	39	44	34	42	38	46	42	NA

<b>FRUITS AND VEGETABLES</b>	<b>GRADE</b>					<b>GENDER</b>		<b>ALL</b>	
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>F</b>	<b>M</b>	<b>2007</b>	<b>2005</b>
<b>Percent of students who:</b>									
<b>Eat 2 or more servings of fruit per day</b>	40	37	39	43	39	38	41	40	39
<b>Eat 3 or more servings of vegetables per day</b>	25	24	29	25	24	25	25	25	21
<b>Eat 5 or more servings of fruits and vegetables per day</b>	37	34	32	32	32	32	35	34	29

■ **Nutrition**

MILK AND SODA CONSUMPTION	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Drink 1 or more glasses of <i>milk</i> per day	54	55	59	46	45	50	57	53	53
Drink 3 or more glasses of <i>milk</i> per day	24	18	28	18	14	17	25	21	22
Drink 1 or more glasses of <i>soda</i> per day	24	23	23	25	21	16	32	24	NA
Drink 3 or more glasses of <i>soda</i> per day	11	13	11	10	9	6	15	11	NA

## ✓ Physical Activity

This section asks students how often they engage in physical activity and physical education classes. Students are also asked how often they watch television and play on the computer for fun or play video games.

---

- **Regular physical activity** helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat; reduces feelings of depression and anxiety; and promotes psychological well-being. In the long term, regular physical activity decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.
  
- **School physical education classes:** Major decreases in vigorous physical activity occur during grades 9 through 12, particularly for girls; by 12<sup>th</sup> grade, more than half of female students in the US are not participating regularly in vigorous physical activity. School physical education classes can increase adolescent participation in physical activity and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.
  
- **Television viewing** is the principal sedentary leisure time behavior in the US. Studies have shown that television viewing in young people is related to obesity and violent or aggressive behavior. Using the computer for fun and playing video games have become increasingly common sedentary leisure time activities among young people as well.

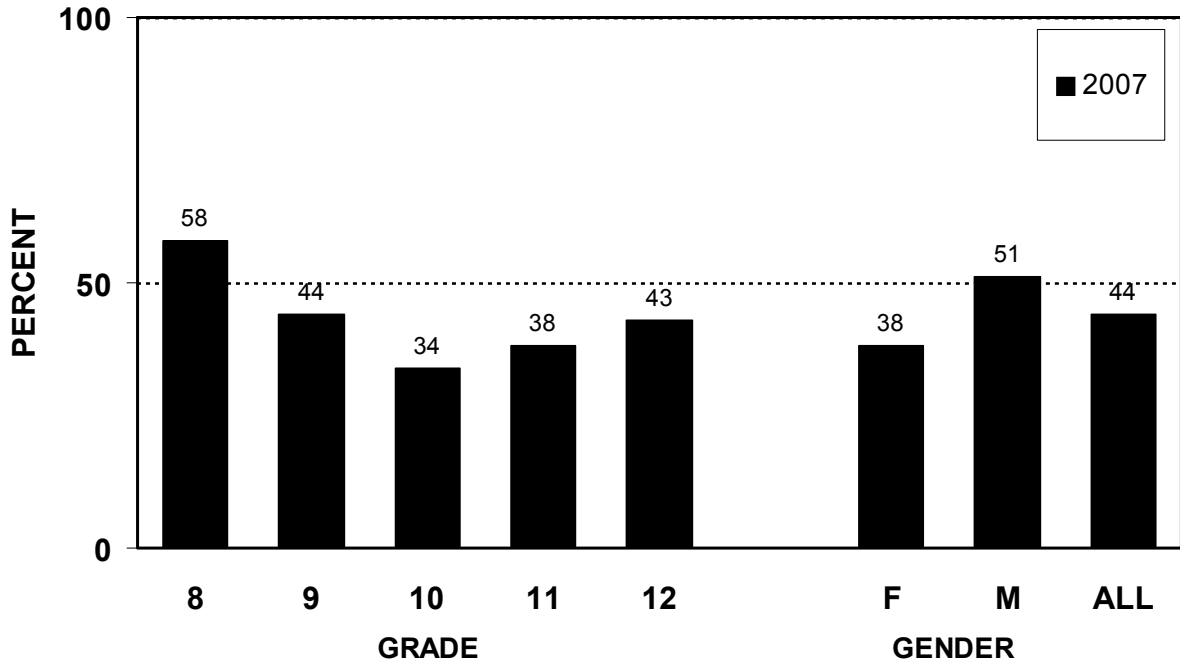
---

### **Related *Healthy Vermonters 2010* Goals:**

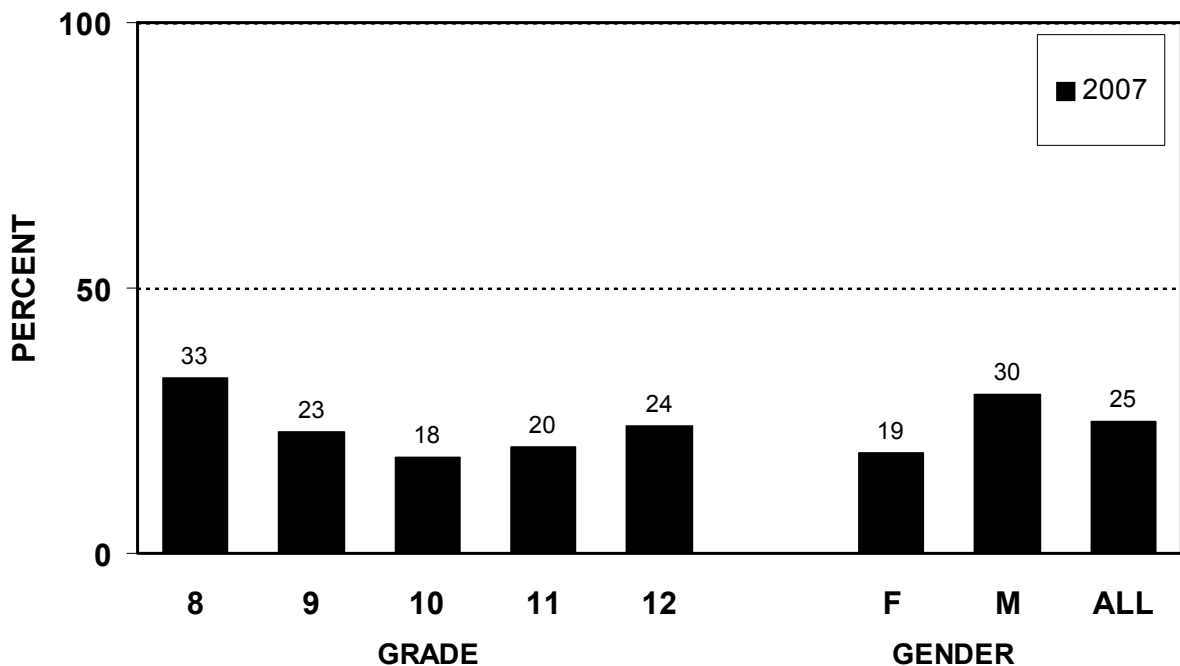
- Increase the percentage of middle and junior high schools that require daily physical education for all students.

■ **Physical Activity**

**Percent of students who participated in at least 60 minutes of physical activity on five or more days during the past 7 days**



**Percent of students who participated in at least 60 minutes of physical activity every day during the past 7 days**



## ■ Physical Activity

PHYSICAL EDUCATION	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who participated in:									
Physical education classes at least once during the past 7 days	94	87	47	18	19	57	60	58	62
Physical education classes 5 days during the past 7 days	4	7	4	5	4	2	7	5	3

TV AND COMPUTER GAMES	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Spend 3 or more hours per school day watching TV or playing on the computer	37	41	34	35	41	33	40	37	37
Spend 5 or more hours per school day watching TV or playing on the computer	16	16	10	11	12	10	16	13	11

## ✓ Measures of Youth Assets

Healthy development depends not only on avoiding harmful behavior, but on strengthening the sources of positive influence in our lives. This section asks students about the grades they receive in school, how often their parents talk to them about school, how often they eat meals with their family, how often they are involved in clubs or organizations, how often they volunteer their time helping their community, their perception about students' role in deciding what happens in school, and their perception of how they are valued by their communities.

---

- **Grades in School:** Above-average school performance is viewed as one of many developmental assets (i.e., factors promoting positive development) for youth. Studies have shown that students who get higher grades in school are less likely to use cigarettes, alcohol, or marijuana, and are more likely to postpone sexual intercourse. In 2005, 73 percent of 8-12<sup>th</sup> graders in Vermont reported that their school performance was above average.
- **Parents' Involvement in School:** One of the strongest predictors of students' success in school is the extent to which their parents stay involved with their schoolwork—asking about academic progress, attending teacher conferences, and so on. In addition, a national study of adolescent health found that youth who reported a “connectedness” to their parents/family and school were the least likely to engage in risky behaviors. Parental expectations regarding school achievement were also associated with lower levels of risk behaviors. Only 27 percent of 6th to 12th grade students surveyed across the United States reported that their parents are involved in helping them succeed in school.
- **Family meals:** Mealtimes can be important opportunities for family members to connect with one another and strengthen relationships. Teens who regularly eat meals with their family are more likely to get better grades in school, and to initiate sexual activity later, than teens who do not. They are also less likely to get into fights, contemplate suicide, smoke cigarettes, drink, and use drugs. Even after controlling for other kinds of family connectedness, more frequently sharing meals with family is associated with teens' lower substance use, fewer depression symptoms, and better grades. Parents' presence at family meals is also associated with adolescents' higher consumption of fruits, vegetables, and dairy foods.

---

## ✓ Measures of Youth Assets

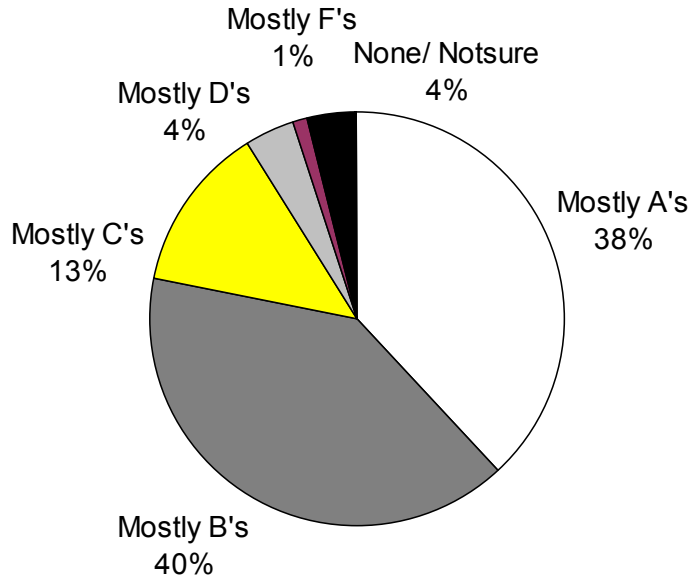
---

- **Participation in youth programs and service to community:** Research shows that involvement in constructive, supervised extra-curricular activities is associated with reduced likelihood of involvement in risky behaviors such as school failure, drug use, and crime. In addition, evidence is emerging that students who participate in such activities are also more likely to engage in other “thriving” behaviors.
  
- **Youth as resources:** Youth are not simply objects of adult efforts to modify their behaviors. Rather, if given the opportunities, they can make significant contributions to their families, schools, and communities. Adolescents, especially, need to exercise decision-making power in as many settings as is practical, so that they can develop into competent adults. Schools are a natural setting for youth to share in decisions that affect their lives.
  
- **Youth valued by their community:** It stands to reason that young people respond positively when they perceive they are valued by others in their community. In 2005, 45 percent of 8-12<sup>th</sup> graders in Vermont reported feeling valued in their community.

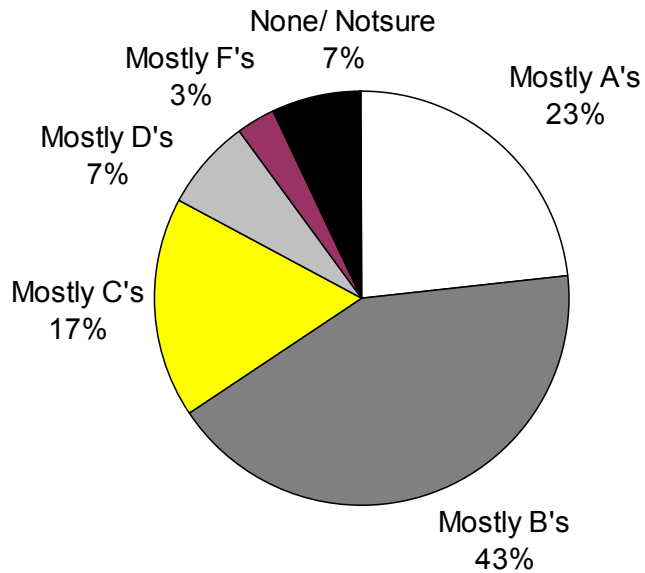
## ■ Measures of Youth Assets

### Students' grades

#### FEMALES



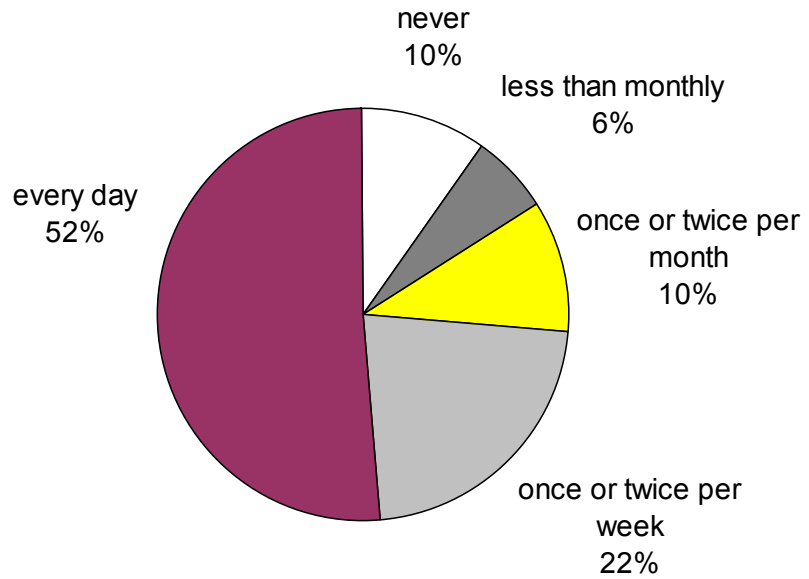
#### MALES



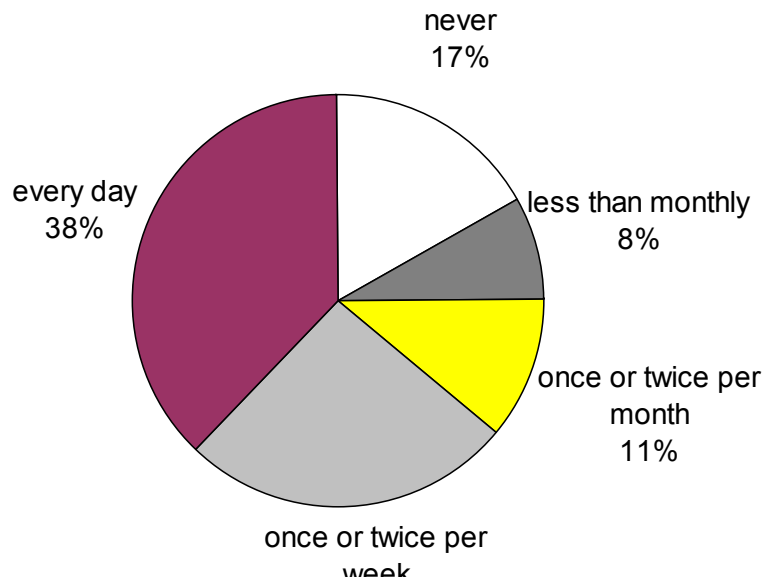
## ■ Measures of Youth Assets

How often does one of your parents talk with you about what you are doing in school?

### FEMALES

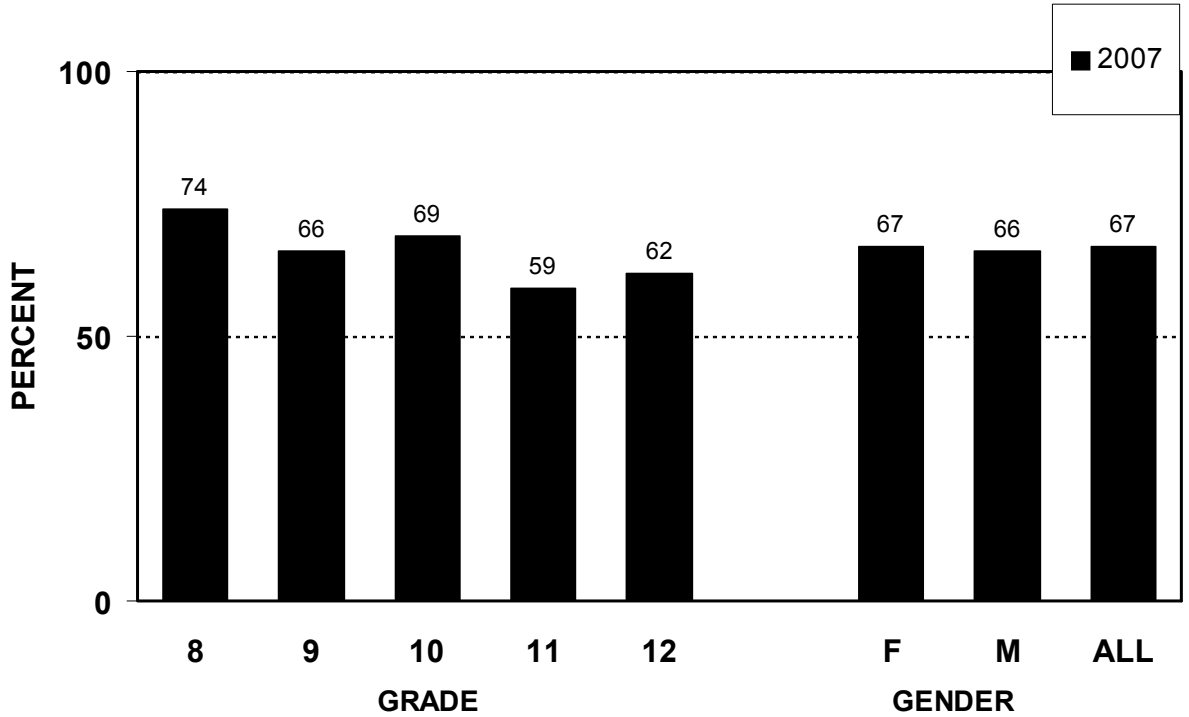


### MALES



■ **Measures of Youth Assets**

**Percent of students who ate a meal with their family three or more times during the past 7 days**



FAMILY MEALS	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Ate a meal with their family <i>every day</i> during the past 7 days	41	32	25	20	20	28	29	28	NA
Did not eat a meal with their family during the past 7 days	13	21	16	18	22	16	19	17	NA

■ **Measures of Youth Assets**

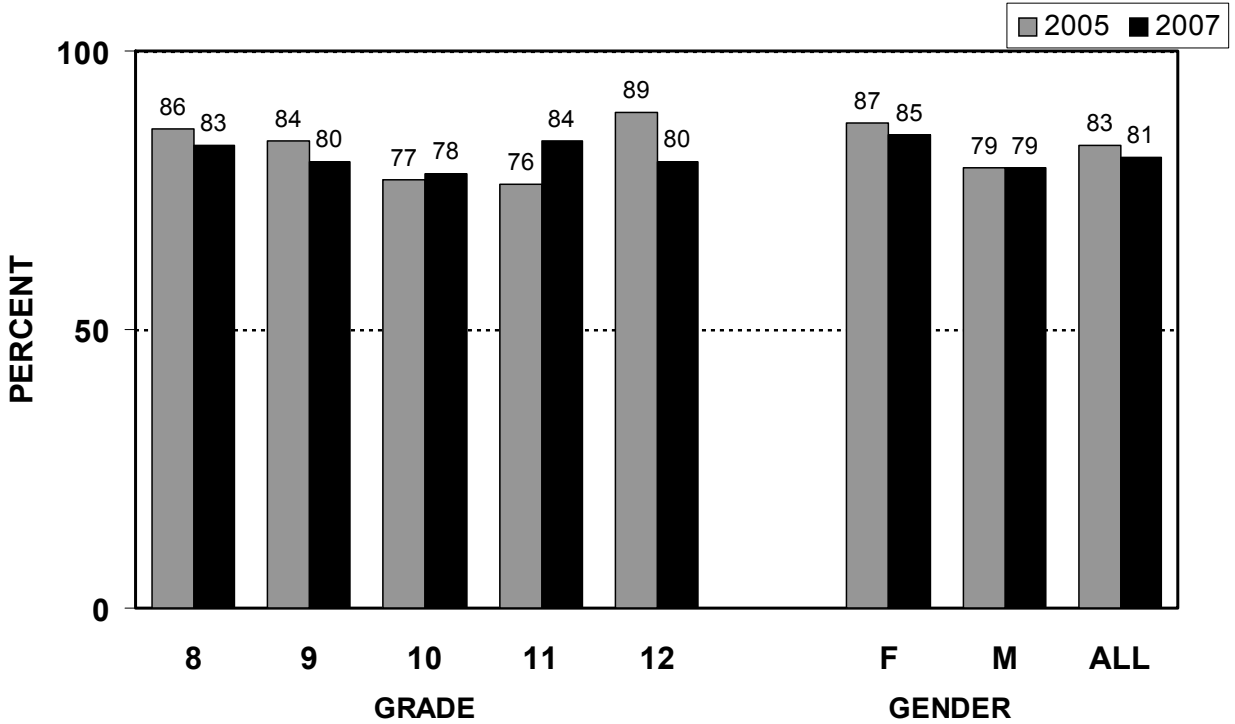
PARTICIPATION IN YOUTH PROGRAMS	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who:									
Spend 1 or more hours per week in clubs or organizations outside of school (not including sports)	39	46	43	35	36	37	43	40	40
Spend 3 or more hours per week in clubs or organizations outside of school (not including sports)	19	19	19	17	18	16	22	19	20

■ **Measures of Youth Assets**

<b>SERVICE TO COMMUNITY</b>	<b>GRADE</b>					<b>GENDER</b>		<b>ALL</b>	
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>F</b>	<b>M</b>	<b>2007</b>	<b>2005</b>
<b>Percent of students who:</b>									
<b>Spend 1 or more hours per week volunteering their time to make their community a better place to live</b>	41	46	50	44	55	48	46	47	49
<b>Spend 3 or more hours per week volunteering their time to help others make their community a better place to live</b>	13	11	12	18	17	13	13	13	13

■ **Measures of Youth Assets**

**Percent of students who have an adult in their life they can usually turn to for help and advice**



YOUTH VALUED BY THEIR COMMUNITY	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	2007	2005
Percent of students who agree with the following statements:									
Students help decide what goes on in my school	52	60	49	54	50	54	50	52	44
In my community, I feel like I matter to people	49	51	47	49	49	47	51	49	49