

2013 Youth Survey Summary Report Newtown, Connecticut

Administered April, 2013

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ACKNOWLEDGEMENTS

This youth survey was sponsored by the Newtown Prevention Council and Newtown Public Schools, and was conducted under the Drug-Free Communities Support Program grant from the federal Department of Health and Human Services. It is designed to ascertain prevalence, attitudes and behaviors related to use of substances (tobacco, alcohol, and illicit drugs). This is the third Newtown survey administered by Quantitative Services. Newtown parents were also surveyed in 2013; results are reported separately.

The youth survey was derived from the Connecticut Governor's Prevention Initiative for Youth (GPIY) survey. The original GPIY survey was administered in paper format in Newtown in 2002, 2005, and 2007, using materials provided by the Connecticut Department of Mental Health and Addiction Services (DMHAS). The surveys in 2009, 2011, and 2013 were given on-line, using SurveyMonkey.com, with wording of questions the same as in the GPIY survey. Changes in the 2013 survey were made to conform to current core measures language, and to include recently introduced substances. Minor additions and clarifications developed by prevention coalitions in towns across Connecticut are included, and are gratefully acknowledged. The survey has been approved by the Drug Free Communities team.

As with previous surveys, the author sincerely appreciates the efforts of Judy Blanchard, Newtown District Health Coordinator; Dr. Linda Gejda, Assistant Superintendent; and the administration and teachers of the Newtown Public Schools. Special thanks go to the youths who shared their personal experiences and opinions. All results of the survey are anonymous, and cannot be traced to any individuals. Results are reflective of the entire community, not primarily its schools. This report is structured according to Newtown Youth Survey reports of 2009 and 2011. Comparisons utilize the five previous Newtown reports [1,2,3,4,5], and the national Monitoring The Future (MTF) surveys [6]. The data on which this report is based are subject to confidentiality regulations of HIPAA [7] and FERPA [8]

DISCLAIMER

Opinions expressed herein are the views of the author and may not necessarily reflect the views, official policy or position of Newtown Public Schools, the Connecticut Department of Mental Health and Addiction Services (DMHAS), the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Health and Human Services, or any other associated organization.

SUMMARY

The availability of data from six surveys of Newtown youth, spanning the 12 years from 2002 to 2013, allows for tracking of trends in substance use and key related factors. The substances being tracked include cigarettes, alcohol, and marijuana, plus a variety of illicit drugs and the abuse of OTC meds and prescription meds without one's own medical order or prescription. Newtown data can be placed in context with national data, comparing with annual Monitoring The Future survey results posted on the web.

Greatest success has been registered with cigarette smoking, which has been declining nationally over the past decade or more. Smoking among younger Newtown youth has remained well below national averages, and prevalence among youth in grades 11-12 has fallen dramatically, and is now about one-half national figures. Lessons from the positive results with cigarette smoking include the fact that educating about dangerous effects of a substance (tobacco) can persuade youth not to engage. But the effort requires many years, and is probably subject to reversal if efforts slack.

The success in reducing underage drinking in Newtown is confirmed by several facts. Reported lifetime and 30-day alcohol use by Newtown middle school youth in grades 7-8 has remained less than national prevalences, and has steadily declined since 2002. Among Newtown high school youth, grades 9-12, drinking was above national averages early in the 2000's, but is now at or below national levels. The ease with which youth can obtain alcohol has decreased, 2009 to 2013, and is similar to national experience. Fewer Newtown youth report in 2013 that "most" of their close friends drink. Figures for the perception that regular alcohol use carries little or no risk of harm have remained under 10% for all Newtown youth. Adult modeling of alcohol consumption appears to have improved in Newtown, especially among high school youth, who report fewer alcohol-related problems in their families.

The picture with marijuana use in Newtown is similar to cigarettes and alcohol in some regards, but there are special concerns. Use of marijuana at least once in their lifetime by Newtown youth in grades 7-10 is well below national averages, and had been trending down. A recent uptick in use may signal a new trend or may be a statistical anomaly of this highly variable measure – only time will tell. Lifetime use in grades 11-12 remained about the same (about 45%), 2011 to 2013, near national averages. But use at least once in the previous 30 days in grades 11-12 increased from 24% to 38% in the same period, and more intense use (more than 10 of the past 30 days) increased from 8% to 11%. This pattern suggests that no more older youth are experimenting with marijuana, but those who do are more likely to become chronic users. Also of concern is the fact that lifetime marijuana users reported starting earlier than previously, even younger than with cigarettes or alcohol. Finally, marijuana users in Newtown in grades 11-12 in 2013 were much more likely (24-fold) to have used other illicit substances, a finding similar to other Connecticut towns.

Success with reduced tobacco use among youth through education suggests that the same general approach could succeed with marijuana. As we enter an era of increasing access and decreasing approbation towards "medicinal" marijuana, informing youth of the hazards of cannabinoids is likely to be increasingly important, to counter the false message of "harmlessness", widespread among youth and some parents. This effort is likely to be very long-term, similar to cigarettes.

The abuse of prescription meds by youth (for recreational use, without a prescription) has increased nationally in recent years, and is a cause of great concern. In Newtown, such abuse is well below national averages, but is not negligible, and it is important to monitor trends closely. Some effective elements in combatting abuse are: take-back programs, a no-questions drug depository in

the police station, educating parents about securing their meds, and persuading doctors to limit prescriptions of addictive pain meds.

Because of the tragic event in Newtown in December of 2012, special attention was paid to perceptions among youth of their personal safety, in school and in their neighborhood, and how perceptions may have changed. In Newtown surveys, respondents have been asked to register their level of agreement (in a 4-level scale from “strongly disagree” to “strongly agree”) to two questions: “I feel safe at school”, and “My community is a safe place”. Disagreement with both statements was low, less than 10%, and there was little change between 2011 and 2013. In fact, youth in grades 9-10 responded in a more positive manner. The surveys also include an 18-point battery of questions about self-concept, both positive (e.g., “I am good at making decisions”) and negative (e.g., “I feel no one understands me”). Average responses to the six negative questions suggested that feelings of mild depression may have increased in 2013. However, a more thorough analysis failed to confirm any statistical significance of this effect. The absence of negative feelings among middle school and high school students in Newtown is doubtlessly due, at least in part, to the intensive counseling efforts that have taken place.

RESULTS AND DISCUSSION

Background

The 2013 survey continues the practice Newtown Public Schools began in the early 1990’s, of surveying to determine the prevalence of substance use and associated perceptions and behaviors among the youth of the community, and the perceptions and behaviors of youth. Newtown surveys have been consistently given during April, and this one was given April 8-11, 2013. A complementary parent survey was given April 8 to May 17, 2013. Totals of 911 youth in grades 7-12 and 770 of their parents completed their respective surveys. Parent results are reported separately.

The 2013 youth survey was essentially the same as in 2009 and 2011, with minor changes to core measures language, and with the addition of a few newly available substances. All Newtown youth surveys have been either the Governor’s Prevention Initiative for Youth (GPIY) paper survey (2002, 2005, and 2007), or an on-line adaptation of the same survey using SurveyMonkey.com® (2009, 2011, and 2013). In 2013, random samples of 125 to 177 students per grade in grades 7-12 were surveyed, and results are reported in 2-grade intervals. Since 2009, surveys have been sponsored by the Newtown Prevention Council, a coalition for prevention of youth substance abuse, and by Newtown Public Schools. The surveys in 2011 and 2013 were conducted as part of the evaluation requirement of a Drug-Free Communities grant from the Department of Health and Human Services.

The GPIY survey measures the prevalence of use among Newtown youth of tobacco, alcohol, marijuana, other illicit drugs, and prescription drugs without one’s own prescription. It also collects information related to risks and assets of the community. This report summarizes findings and trends, by tracking data from previous Newtown surveys, and comparing with national results published as *Monitoring the Future, National Results on Adolescent Drug Use* [6] (MTF). Complete summary tables of results are contained in a separate document.

Graphs of lifetime use of cigarettes, alcohol, marijuana and inhalants display prevalence and trends in Newtown and in national MTF statistics. In the graphs, the lines (solid for Newtown, dashed for national) are least-squares linear regression plots, and represent the 12-year trends, 2002 through 2013. National data are published annually for grades 8, 10, and 12, with the most recent report in 2012, whereas Newtown data are reported by combining grades, 7-8, 9-10, and 11-12. Since prevalence of use of all substances almost always increases with grade (i.e., age), prevalences in Newtown in the Graphs 1-4 may appear slightly lower than national, due to inclusion of data from the lower grade. However, trends within Newtown data and slopes of national MTF data provide valid comparisons. One set of figures (Graphs 5) make direct comparisons of prevalences, Newtown 2011 and 2013 vs. MTF 2012, for grades 8, 10, and 12. Table 6 displays prevalences of 30-day use of cigarettes, alcohol and marijuana for grades 8, 10, and 12, for the three years for which Newtown data were available.

Prevalence of alcohol, tobacco and drug use among youth

Trends in the lifetime use of cigarettes by Newtown youth in all grades surveyed are decreasing more rapidly than national prevalences (Graphs 1.1, 2.1, 3.1), continuing a long-term pattern. Alcohol use is also decreasing at rates equal to or greater than MTF rates, and prevalences are considerably less than national among younger youth (Graphs 1.2, 2.2, 5). In grade 12, lifetime drinking prevalence has decreased, and is now only slightly higher than national averages (Graphs 3.2, 5).

Trends in the use of marijuana present a different picture from cigarettes or alcohol. In grades 7-10, there was an uptick in the prevalence of lifetime use in 2013 (Graphs 1.3, 2.3), and 30-day use increased as well. In grades 11-12, the lifetime prevalence of marijuana use in 2013 was 44%, about the same as in 2011 (Graph 3.3). However, the 30-day use of marijuana among youth in grades 11-12 increased from 24% in 2011 to 38% in 2013, and reported use during more than 10 of the previous 30 days increased from 8% in 2011 to 11% in 2013. Thus, although experimentation with marijuana has not changed, among users it appears to have become more chronic and intense. Lifetime marijuana use in grades 8 and 10 in Newtown is much lower than national averages, but is slightly higher in grade 12 (Graph 5).

In 2013, the prevalence of the use of most illicit substances other than marijuana by Newtown youth has remained low, with few changes since 2011 (lifetime use, Table 1). Decreases were reported for sedatives (“downers” like Quaalude) and for abuse of OTC meds, but use of tranquilizers has increased. Some youth have tried synthetic cannabinoids like K2 or Spice, although these substances are no longer legally available.

National and state authorities are concerned about increasing abuse of addictive pain meds (like oxycodone) and stimulants (like Ritalin or Adderall). Abuse of opioid pain meds is leading to opiate addiction and alarming increases in use of heroin (cheaper, more available) in many U.S. communities. Lifetime use of prescription meds of any type was reported by 14% of Newtown youth in grades 11-12. Take-back programs for unused prescriptions are being implemented, to limit their supply. Newtown has a permanent drug drop-box at police headquarters. Coalitions in other states report success in persuading medical authorities to urge doctors to limit prescriptions of addictive pain meds to four pills, not 30 or more as is commonplace. Success usually involves having influential medical professionals as coalition supporters.

Table 1. Lifetime use of illicit drugs, and medicines without own prescription or order.

Substance	Prevalence of any use in lifetime					
	Grades 7-8		Grades 9-10		Grades 11-12	
	% 2011	% 2013	% 2011	% 2013	% 2011	% 2013
Cocaine	1.2	0.6	1.6	1.3	2.6	3.1
Crack (rock)	0.6	0.3	1.3	1.0	0.3	0.0
Hallucinogens (e.g., LSD)	0.6	0.3	1.6	3.0	6.5	5.2
K2 (synthetic cannabinoid)	**	0.0	**	1.0	**	4.3
Spice (syn. cannabinoid)	**	1.2	**	0.7	**	2.4
Bath Salts	**	0.3	**	1.8	**	0.4
Heroin	1.2	0.3	0.6	1.0	0.6	0.4
Angel Dust (PCP)	0.6	0.0	0.3	1.0	0.6	0.4
MDMA (Ecstasy)	0.0	0.6	1.3	1.7	6.0	5.5
Ketamine	0.6	0.0	0.3	1.4	0.9	1.6
GHB	0.0	0.0	0.0	0.0	0.0	0.4
Methamphetamine	0.3	0.3	0.6	1.4	1.0	0.4
Steroids	1.2	1.5	0.3	1.1	1.2	0.0
Downers (e.g., quaaludes)	4.0	2.1	2.9	2.7	6.1	0.8
Tranquilizers	0.6	3.6	0.0	4.5	1.3	5.8
Uppers (stimulants)	1.2	1.2	1.6	1.4	3.6	1.3
OTC meds to get high	6.5	1.2	5.3	3.4	15.6	10.7
Rx meds (e.g., Oxycontin, Adderall, Ritalin, Vicodin)	**	7.9	**	9.9	**	14.4

** Data not available.

Alcohol use by peers

Responses to the question "How many of your close friends drink beer, wine, wine coolers, or hard liquor?" show relatively constant levels from 2002 to 2009 (Table 2). Decreases in 2011 among peers of youth in grades 9-12 (high school) have continued in 2013. These decreases are consistent with self-reports of decreased drinking by the same youth, noted above.

Table 2.

Year	Drinking by "Most" Close Friends		
	Grades:		
	7-8	9-10	11-12
	%	%	%
2002	1.5	18.9	50.5
2005	3.2	21.4	54.1
2007	1.4	26.2	53.5
2009	1.5	25.3	49.3
2011	3.1	13.5	41.8
2013	1.2	12.6	31.4

Perceived availability of alcohol

The survey question was asked, “If you wanted to, how easy would it be for you to get beer, wine, wine coolers, or hard liquor?” The percentage answering “very easy” or “sort of easy” increased among all youth between 2007 and 2009 (when the survey format was changed), but has been decreasing or remaining constant in Newtown since 2009 (Graphs 4.1, 4.2, 4.3). Nationally, access has been steadily decreasing among all youth since 2002. Current levels of access in Newtown are similar to national figures.

Perceived risk of harm from regular alcohol use

The survey asked, “How much do you think people about your age risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, or liquor) every day?” Four levels of response were allowed: none, very little, some, and a lot. Youth in grades 7-12 responded similarly, and there are no consistent trends in perceptions (Table 3). This question is a “core measure”, with lower perception of risk generally correlated with higher prevalence of drinking.

Table 3.

Year	Little or no risk from regular alcohol		
	Grades:		
	7-8	9-10	11-12
	%	%	%
2002	7.2	10.0	13.7
2005	10.5	7.4	9.4
2007	4.7	7.2	9.1
2009	9.9	8.5	9.0
2011	7.4	5.2	6.5
2013	7.6	7.4	7.9

Family member with alcohol problem

The question was asked, “Has anyone in your family (such as a parent, brother or sister, not including you) ever used alcohol so that it created problems at home, at work, or with friends?” The percentage of “Yes” for youth in grades 11-12 was constant from 2005 to 2011, and decreased in 2013. For other youth, excessive family drinking continued to decrease in 2013 (Table 4).

Table 4.

Year	Alcohol problem in family		
	Grades:		
	7-8	9-10	11-12
	%	%	%
2005	24.0	26.8	30.3
2007	20.2	26.1	28.3
2009	13.5	23.2	24.6
2011	13.2	19.2	27.2
2013	12.8	13.8	19.5

Age of initiation of substance use

Youth who indicated that they had tried using a substance at some time in their lives were asked at what age they first: (1) smoked a cigarette, (2) tried alcohol, more than just a sip, and (3) used marijuana. Early initiation has been associated with more severe substance problems later in life. The age of first using cigarettes and alcohol has remained constant, but first use of marijuana occurred at an earlier age in 2013 than in previous years, among youth of all ages (Table 5). First use of marijuana reportedly occurred at an earlier age than either alcohol or cigarettes.

Table 5. Average age of initiation, lifetime users.

Substance	Year	Grades:		
		7-8	9-10	11-12
		years	years	years
Cigarettes	2007	11.8	13.0	**
	2009	11.8	13.4	14.5
	2011	*	13.9	15.0
	2013	12.2	13.7	15.0
Alcohol	2007	11.4	13.3	**
	2009	11.8	13.4	14.5
	2011	10.9	13.8	15.0
	2013	11.6	13.8	15.0
Marijuana	2007	12.0	14.1	**
	2009	11.8	13.4	14.5
	2011	*	14.0	14.8
	2013	11.0	12.6	13.9

* Too few to calculate statistic. ** Data not available.

Cohort comparisons

Table 6 was prepared to allow tracking of individual groups of youth, and for comparisons: youth of the same ages in different years; genders; and each of the three substances. An authentic cohort analysis requires following the same individuals over time. But because of anonymity requirements, this analysis uses random samples from each group, not necessarily the same individuals, and there can be no correction for entry and exit of students to/from the district.

One group with consistently lower prevalences for use of all 3 substances were girls who were in grade 8 in 2009 and grade 10 in 2011. However, reported prevalences in this group rebounded in 2013. Similar patterns were not seen with their male classmates. The progressive decrease in cigarette smoking by grade 12 boys, 2009 to 2013, can be seen clearly. By 2013, prevalence of 30-day use of marijuana exceeded cigarette smoking by more than 4-fold among boys, and more than 2-fold among girls.

Table 6. Prevalence of 30-Day Use

Substance	Year of Survey	Grade	Prevalence by Gender	
			Female	Male
Cigarettes	2009	8	2.3	3.5
		8	3.5	1.4
		8	2.6	0.0
	2011	10	5.2	5.7
		10	1.6	7.1
		10	7.7	5.3
	2013	12	22.5	33.3
		12	10.2	18.6
		12	14.0	11.9
Alcohol	2009	8	4.6	12.6
		8	9.4	2.9
		8	5.3	3.6
	2011	10	32.8	25.0
		10	17.7	22.9
		10	21.8	25.3
	2013	12	67.6	46.2
		12	44.3	48.8
		12	44.6	44.0
Marijuana	2009	8	0.0	3.5
		8	4.7	2.9
		8	2.7	3.7
	2011	10	12.1	20.9
		10	9.7	18.1
		10	15.8	20.3
	2013	12	22.9	30.8
		12	25.6	27.1
		12	32.1	48.1

Community and School Safety

All the Newtown youth surveys have included a few questions about how relative safety is perceived. Agreement or disagreement with two key safety questions showed no marked effects, comparing 2013 with 2009 and 2011 (Table 7). The surveys also included a battery of 18 self-concept questions, asking about both negative and positive feelings. The average scores of six questions related to mild depression were compared across the three years. It appeared that disagreement with these questions may have decreased in 2013, signaling a possible increase in mild depressive feelings. A more thorough analysis was carried out, using factor analysis. Factor analysis identifies groups of questions to which similar answers are given by many respondents. Self-concept data separated into 3 factors, related to: negative or depressive feelings, positive feelings, and mild hyperactivity. Three factor scores were calculated, as the degree to which each respondent was associated with each factor. Three analyses of variance were performed, with each of the three factors as dependent variable, and with predictor variables of year, grade, and the year-by-grade interaction. Neither survey year nor the interaction term had a significant effect on any of the factors, but grade did. Thus, statistical evidence is lacking that self-concept was more negative in 2013 than in 2009 or 2011.

Table 7.

Disagree or Strongly Disagree with the statements:	Year	Grades		
		7-8	9-10	11-12
I feel safe at school		%	%	%
	2009	12.7	12.5	9.8
	2011	10.0	11.8	8.1
	2013	10.4	7.5	8.1
My community is a safe place	2009	16.0	17.9	8.9
	2011	14.0	18.5	11.3
	2013	12.3	12.3	11.3
Feelings of depression or loneliness*	2009	85.3	81.8	82.4
	2011	80.6	83.5	78.1
	2013	76.8	77.2	74.7

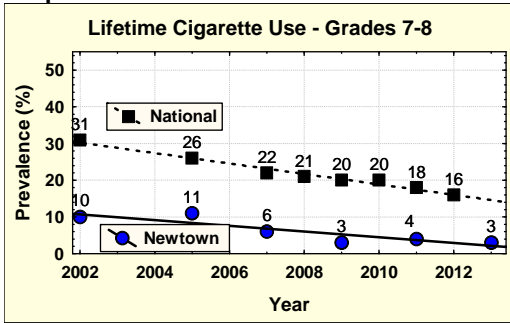
* Averages of "strongly disagree" or "disagree" with the following statements:

- I feel no one understands me.
- At times, I think I am no good at all.
- I feel lonely.
- I feel no one really cares about me.
- I feel I do not have much to be proud of.
- I feel sad most of the time.

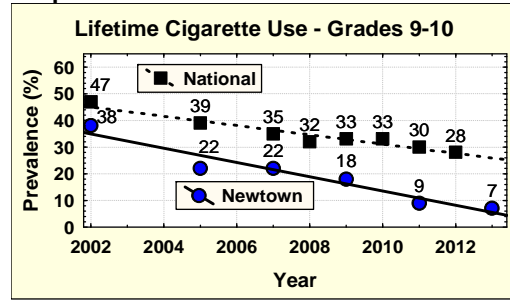
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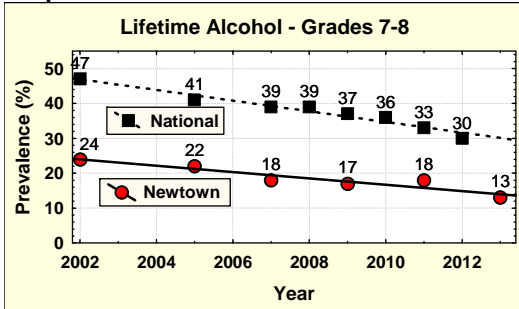
Graph 1.1



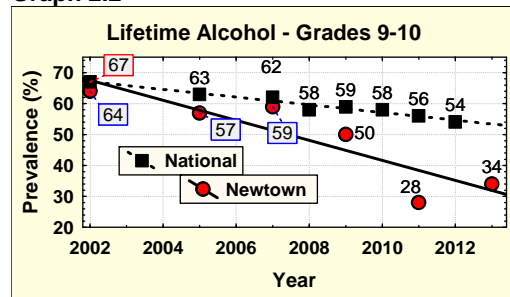
Graph 2.1



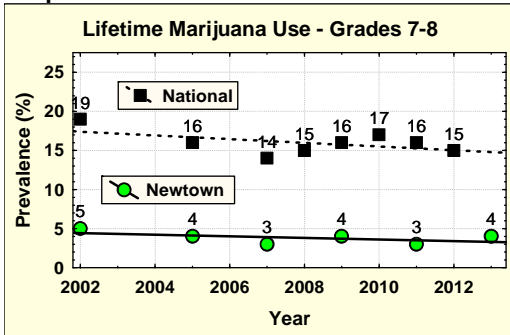
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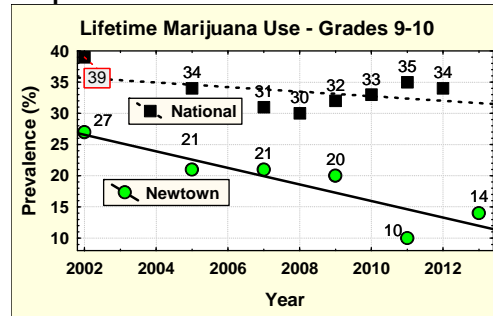
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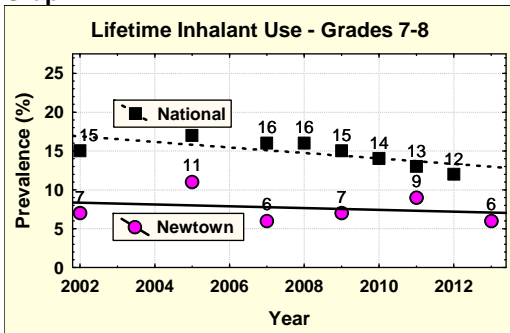
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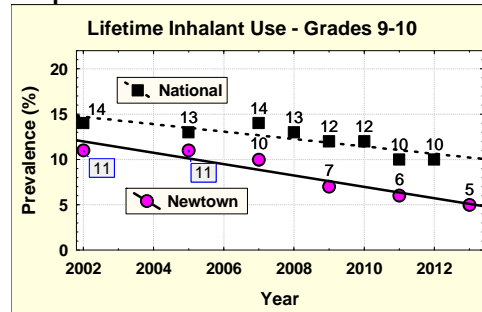
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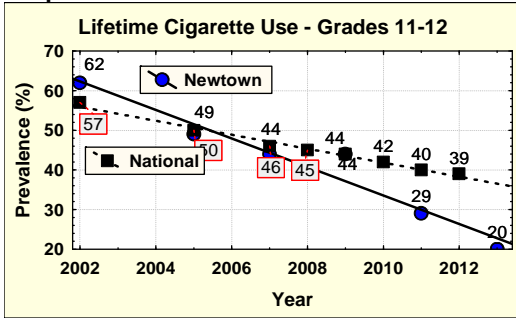
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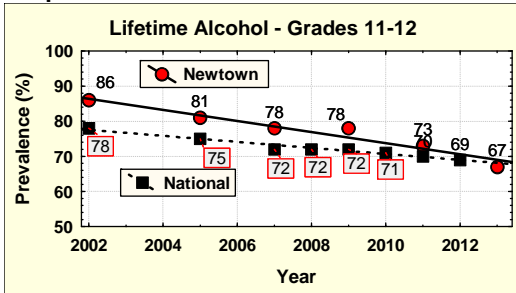
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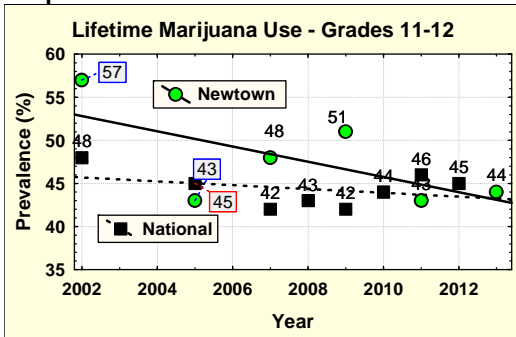
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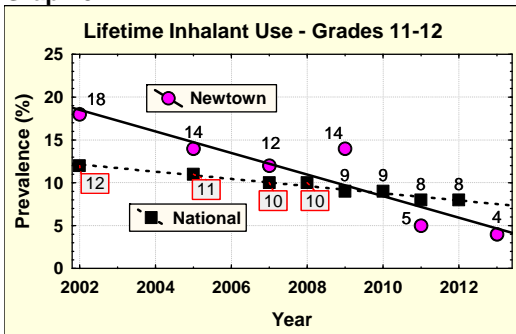
Graph 3.2



Graph 3.3



Graph 3.4

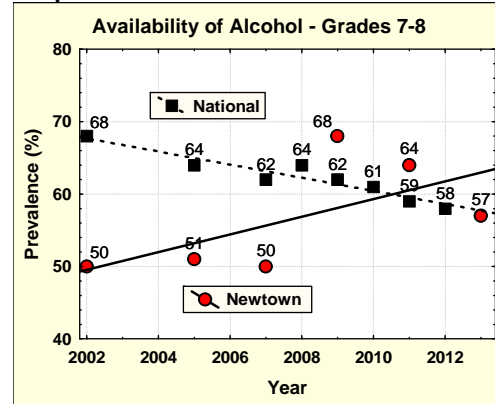


Graph 4.

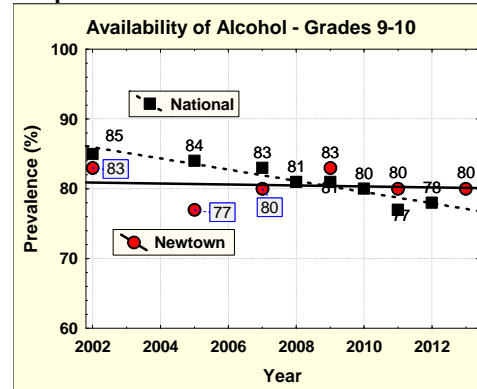
Availability of Alcoholic Beverages

Q: If you wanted to, how easy would it be for you to get alcoholic beverages?
A: Very Easy OR Sort Of Easy

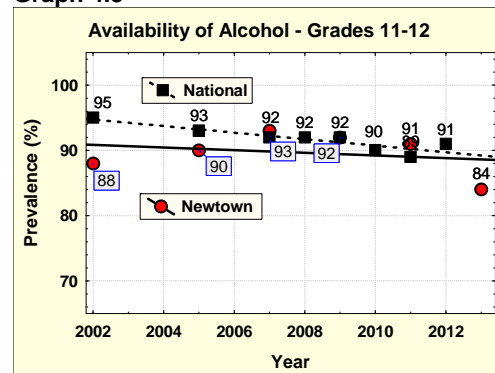
Graph 4.1



Graph 4.2



Graph 4.3



Graph 5.
Lifetime Use (% Prevalence vs. Grade)

