

# Fourteenth BIENNIAL

Statewide Survey

of Alcohol and Drug Use

Among California Students

in Grades 7, 9 and 11

Highlights

2011 – 13



# HIGHLIGHTS

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Results of the 14<sup>th</sup> Biennial Student Survey,  
Grades 7, 9 & 11

## Alcohol and Other Drug Use Among California Students, 2011-2013

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# Preface and Acknowledgments

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This report highlights the key findings on alcohol and other drug (AOD) use from the 14<sup>th</sup> biennial statewide California Student Survey (CSS), conducted by WestEd during the 2011-2013 school years. The survey was conducted under contract from the California Department of Alcohol and Drug Programs (DADP), with the collaboration of the California Department of Education (CDE).<sup>1</sup>

This important work of regularly collecting substance use data from students themselves began in 1985. In 1991, the California Legislature mandated the Office of the Attorney General to continue a regular, biennial schedule of administration (Health and Safety Code section 11605). From 1993 until 2007, DADP and CDE partnered with the Attorney General in co-sponsoring the survey. In 2009, DADP took over the survey sponsorship, with the assistance of CDE.

In this report, comparisons to the results from previous surveys are generally limited to the immediately preceding CSS in 2009/10 (13<sup>th</sup> Biennial). Changes in the survey method warrant caution in interpreting differences in the results between the two surveys. The most significant change was embedding the sample and data collection within the process of local district administration of CDE's companion *California Healthy Kids Survey* (CHKS), which incorporates the CSS questions. This change was needed to ensure representative state data in response to declining participation in the CSS. Because school districts generally administer the CHKS once every two years, and at different times during the year, the Biennial Survey data-collection period had to be extended an extra year, through spring 2013, to capture the data from all schools in the state sample.

Only the results for alcohol and other drug use are summarized in these *Highlights*. Percentages are rounded to the nearest whole number in the text. The tables in Appendix B contain the detailed results to the tenth of a percentage.<sup>2</sup>

Statewide data for other questions on the survey are available in the complete set of 2011-2013 Statewide CHKS Results on the survey website ([chks.wested.org](http://chks.wested.org)). On this website, you can also search for results through the Query CHKS System, a partnership with Kidsdata.<sup>3</sup>

We are grateful for the continued support of DADP and CDE and their recognition of the importance of ongoing monitoring of alcohol and other drug use by California youth. At DADP, Dr. Stephen Bright served as project monitor.

This project would not have been possible without the cooperation of the superintendents, principals, and teachers at the participating schools. Their commitment and professionalism

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<sup>1</sup> Effective with the passage of the 2013-2014 Budget Act and associated legislation, the Department of Alcohol and Drug Programs (ADP) no longer exists as of July 1, 2013. All ADP programs and staff transferred to the [Department of Health Care Services](#) (DHCS), Substance Use Disorders Prevention, Treatment, and Recovery Services Division.

<sup>2</sup> We apply a conservative standard to interpreting changes in statistical prevalence over time. A difference of 3 percentage points or more is noted without qualification. A difference of approximately 2 points, but less than 3, may be noted, but with appropriate qualification. Smaller differences are generally disregarded unless reflecting a continuing trend over more than 2 survey periods.

<sup>3</sup> For more information: [www.kidsdata.org](http://www.kidsdata.org)

have made this survey a continued reality. At WestEd, Tom Hanson developed and implemented the new sampling plan. Jeff Polik provided overall project supervision. Michal Clingman supervised the school recruitment and preparation of the data tables, with the assistance of Ben Trigg.

**Gregory Austin and Rodney Skager**  
**Project Directors, WestEd**



# Abbreviations

## **Surveys and Agencies**

CDE	California Department of Education.
CSS	The California Student Survey. Also known as the Biennial Statewide California Healthy Kids Survey (see below).
CHKS	California Healthy Kids Survey, a companion survey to the CSS for local data collection, sponsored by the California Department of Education. The CHKS includes all CSS questions, either in the general Core Module (required of all users) or the supplementary Substance Use Module. For further information, see <a href="http://chks.wested.org">chks.wested.org</a> .
DADP	California Department of Alcohol and Drug Programs. As of July 1, 2013, the DADP has been reconstituted as the Substance Use Disorders Prevention, Treatment, and Recovery Services Division of the Department of Health Care Services.

## **Drugs and Drug-Related Behaviors**

AOD (ATOD)	Alcohol (tobacco) and other drugs.
Alcoholic Drink	One can/bottle of beer or wine cooler, glass of wine, mixed drink, or shot glass of distilled spirits (liquor).
Binge Drinking	Consuming 5 drinks or more in a row on the same occasion.
Drugs	In this report, substances (e.g., marijuana) other than alcohol or tobacco.
Inhalants	Drugs that users “sniff” or “huff” to get “high,” such as glue, gasoline, paint fumes, aerosol sprays, and poppers.
Methamphetamine	Crystal meth, speed, ice, crank, or any amphetamine.
Painkillers	Prescription painkillers such as OxyContin, Vicodin, Percodan.
Polydrug Use	Use of two or more different drugs on the same occasion.

## **Prevalence Measures**

Current Use	Any use 30 days prior to the survey.
Daily Use	Once a day or more often. For the past 30 days, using 20 or more days.
Lifetime Use	Any use over respondent's lifetime (i.e., ever use).
Recent Use	Any use in the past six months.
Weekly Use	Once a week or more often, based on the use in the past six months, or use on three or more of the past 30 days.



# 1. Background and Overview

This report summarizes the results regarding alcohol and other drug (AOD) use from the 14<sup>th</sup> biennial statewide *California Student Survey* (CSS) in grades 7, 9, and 11. The survey was administered between fall 2011 and winter 2013 to 39,165 students enrolled in a randomly-selected sample of 109 schools. A significant change was made in the survey method used since 1985 in agreement with the funding agency (California Department of Alcohol and Drug Programs) and the California Department of Education (CDE). To more effectively and efficiently collect valid, representative statewide data, the sample selection and data collection were embedded within the process of local administration by school districts of the CDE's *California Healthy Kids Survey* (CHKS), completing a process of integration of the two surveys that began in 1999.<sup>4</sup> Therefore, the CSS is now better named the *Biennial State CHKS*.

Key findings are summarized below. Overall, results were mixed. Due to the change in the survey method, comparison of the current results to the previous CSS in 2009/10 must be treated with caution. However, there were no significant changes in the sample characteristics and the main results are consistent with two trends observed in 2009/10.

- First, indicators of *overall* alcohol consumption continued to decline, especially among high school students. Although previous declines in two high-risk indicators (binge drinking and drinking-driving involvement) leveled off, no drinking indicator increased.
- Second, the increase in the frequency of marijuana use among older students in 2009/10 was a harbinger of a rising trend in marijuana use today, a trend that appears rooted in more positive attitudes and availability.

## Key Findings

- Any *current AOD use* was reported by 15% of 7<sup>th</sup> graders, 26% of 9<sup>th</sup>, and 39% of 11<sup>th</sup>, a slight reduction from 2009 because of lower alcohol use.
- Despite recent declines, *current drinking* still occurs among one-third of 11<sup>th</sup> graders, and 16% are likely weekly drinkers and 22% binge drinkers.
- By 11<sup>th</sup> grade, almost half of students have at least experimented with *drug use* and one-quarter are current users.
- Among 11<sup>th</sup> graders, lifetime *marijuana* use rose to 45%, almost three-fourths of which used four or more times (32% overall). Current use occurs among just under one-quarter of 11<sup>th</sup> graders, and daily use increased by two points to 8%.
- Likely contributing to this rise in marijuana use were declines in perceived harm and use disapproval, and increases in the percentages perceiving that availability is very easy and estimates of peer use—overall indicating a normalization of use.
- Results for other drugs were mixed. Among 11<sup>th</sup> graders, there were two-point increases in the lifetime use of *methamphetamine* (6%) and *heroin* (4%). Although

<sup>4</sup> For information about the CHKS, visit [chks.wested.org](http://chks.wested.org).

the prevalence rates for these high-risk drugs are still low, in the case of heroin this was a doubling in the prevalence rate. The only notable declines in drug use were three-point reductions in the lifetime use of *inhalants* among 9<sup>th</sup> graders (to 11%) and *Ecstasy* in both high school grades (to 13% among 11<sup>th</sup>), reversing a previous rising trend.

- Ever trying a *prescription painkiller* remained stable at 11% in 9<sup>th</sup> grade and 19% in 11<sup>th</sup>, making it the second most utilized class of drugs after marijuana (excluding cold/cough medicine which was at 22%) for 11<sup>th</sup> graders.
- About 8% of 9<sup>th</sup> graders and 15% of 11<sup>th</sup> graders are likely at *high-risk from AOD use* based on patterns of heavy use or experiencing multiple indicators of use-related problems or dependency indicators, and 3%-4% admitted they needed help. But only 6% of 11<sup>th</sup>-grade respondents talked to someone about stopping use, and only 2% actually attended a counseling or support group.
- The previous decline in current AOD use *on school property* appears to have stalled, except for 9<sup>th</sup> graders where there was a three-point decrease in use of any illegal drug/pill other than marijuana.

These findings substantiate the need expressed two years ago to devote more resources to drug prevention efforts, especially in light of the ending of federal Safe and Drug Free Schools program funding to school districts in July 2010.

### Survey Administration History and Method

The initial Biennial Surveys (starting 1985-86) focused on substance use and were developed, sponsored, and administered at the request of the Attorney General of California (John K. Van de Kamp). Over time, the focus of the CSS was enlarged to include questions on other health-risk behaviors, personal resiliency, and school climate, in part to promote comparability with the CHKS, which began in 1999 to provide local data to the state's schools. All the questions in the CSS were included in the CHKS, the great majority in the Core module, which is required of all districts. The rest were incorporated into a supplemental module on substance use that districts could elect to use.

By 2011, it had become evident that obtaining a representative state CSS sample was no longer viable. Schools had become increasingly reluctant to conduct the survey in the face of high stakes testing accountability and declining resources, particularly when they conducted their own CHKS. In the 13<sup>th</sup> Biennial, there occurred a 25% reduction in overall school participation. Comparisons to prior CSS results thus had to be treated with caution because of doubt about how representative the 2009/10 data were of the state, although the results were consistent with previous findings and trends.

In collaboration, the CDE and DADP agreed to solve this problem by further merging the CSS and CHKS and embedding the state sample and data collection into CHKS local administration starting with the 14<sup>th</sup> Biennial. As explained in Appendix A, this involved the following changes:

- Randomly selecting a representative statewide sample of schools and providing them an incentive to conduct the CHKS with all the questions in the CSS instrument (e.g., the CHKS Core and supplemental substance use modules);
- Extending the data collection period from one to two years, because the sampling plan required including all secondary schools in the state and most districts administered the survey only once every two years and at different times in the year; and
- Ending outside proctoring of the survey (by WestEd staff) and relying on the usual CHKS method of using school staff to administer the survey following detailed instructions based on the CSS protocol.

Overall, the change fulfilled its intended purpose. Recruitment of schools was simplified, fewer replacement schools had to be contacted when an original sample school declined to participate, and the final number of schools in the sample that completed the survey rose to 109 out of a target of 110,<sup>5</sup> compared to 74 in 2009/10. These schools surveyed 39,165 students compared to 8,390 two years ago. However, only 65 of these schools completed administration of both the Core module and the supplemental AOD/CSS questions. Although the middle school results for this module still appear to be representative, differences between the ethnicity of high school respondents compared to the Core module indicate the 9<sup>th</sup> and 11<sup>th</sup> grade data may not be as representative. Thus, the results from the supplemental module are presented separately, following the Core item results.

The Biennial Survey was conducted under conditions of strict confidentiality. The anonymity of participants was assured. Participation by school districts, schools, and students was voluntary, and the latter required parental consent. Since 2005, following changes in state law, “passive” parental consent has been allowed in addition to written consent, depending on district policy. The survey was administered either online or on paper depending on district policy. As previously noted, the protocol was approved by the state’s Committee for the Protection of Human Subjects, Office of Statewide Health Planning and Development.

### Summary of Prior Findings

The early- to mid-1990s was a period of rising AOD use, finally leveling off in 1997. The 1999 survey revealed that overall prevalence of use mainly declined, markedly for some of the most commonly-used substances. Although part of that decline was probably due to changes in item wording, subsequent surveys confirmed that the previous rising trend had ended. In 2001, no meaningful increases in use were identified, and there were reversals on some key indicators, especially in overall use of alcohol. In 2003, declines in overall use continued for alcohol and extended to other drugs and heavy AOD use, although it remained disturbingly high among high school students.

In 2005, this declining trend appeared to level off. The picture across grades and substances changed very little. Differences for specific substances were few, small, and often inconsistent in direction. The 2005 survey further provided the first data on the extent of illicit use of

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<sup>5</sup> In actuality, 100% of the targeted number of schools participated, as one of the sampled schools with 9<sup>th</sup> and 11<sup>th</sup> graders included students in grades 7 through 12, and thus did not have an eligible feeder school to recruit.

prescription painkillers, used in the past six months by 14% of 11<sup>th</sup> graders, and other medicinal drugs. Overall, the results were a warning against complacency and reinforced the need to provide services to heavy substance users.

For 2007, assessment of AOD use trends was complicated by changes in survey items. However, for questions that were not changed, overall prevalence rates remained stable. Most important, *there was no unequivocal evidence of declines on any measure.*<sup>6</sup> As a result, it seemed safe to conclude that the downward trend in overall use during the early years of the decade had ended. The 2007 survey was the second in a row delivering a strong warning about the need for more effective approaches to AOD prevention and intervention.<sup>7</sup>

In 2009, results were mixed. There was little change among 7<sup>th</sup> graders. Among high school students, especially 11<sup>th</sup> graders, notable reductions occurred in several indicators of use of alcohol, illegal drugs other than marijuana, and AOD use at school. In contrast, overall drug use and use of marijuana and prescription painkillers was level. Moreover, indicators of frequent marijuana use increased among 11<sup>th</sup> graders, as did use of Ecstasy. These mixed results warranted a repeat of the call against complacency. In this light, the cutbacks that were occurring in federal drug prevention funding for schools and communities were observed as a troubling development. The data from the 2011-2013 survey, two years later, substantiate these concerns, particularly in the case of marijuana.

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<sup>6</sup> Methamphetamine use in the past six months for 11<sup>th</sup> graders did decline, but not current or lifetime use.

<sup>7</sup> In addition, new questions on recreational use of diverted prescription and over-the-counter (OTC) drugs, added in response to the 2005 findings, revealed that neglecting to assess the extent of their use results in underestimates of overall substance use.

## 2. Results

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This section summarizes the main survey findings from the Core Module for overall prevalence data for each category of substance use, use-related problems, and correlates that may account for use-related trends, followed by the results from the supplementary (AOD) module.

### Alcohol and Drug Use Prevalence

#### Alcohol (Tables A2.1, A2.4, A2.5, A2.8, A2.11, A3.1)

Continuing the trend observed in 2009/10, *overall* alcohol drinking declined or remained level.

**Lifetime abstinence** (never drank alcohol) increased in each grade: by four points in 7<sup>th</sup>, by eight points in 9<sup>th</sup>, and 2 points in 11<sup>th</sup>, to 81%, 62%, and 39%, respectively. **Current drinking** (past 30 days) of a full glass declined by 3-4 points in each grade, to 11% in 7<sup>th</sup>, 20% in 9<sup>th</sup>, and 33% in 11<sup>th</sup>.

Nevertheless, 61% of 11<sup>th</sup> graders had tried alcohol and over half of these lifetime drinkers are still current users. One-sixth (16%) of 11<sup>th</sup> graders reported drinking three or more of the past 30 days, an indicator of weekly drinking.

Most indicators of level of involvement or risk, however, remained relatively stable, including two that had previously declined. **Binge drinking** (5 or more drinks within a couple of hours) declined by only one point in both high school grades. Rates of binge drinking roughly doubled between each grade level, rising from 5% in 7<sup>th</sup> grade, to 11% in 9<sup>th</sup> and 22% in 11<sup>th</sup>. **Drinking and driving** involvement, after a pronounced decline in 2009/10, remained at 17% in 9<sup>th</sup> grade and 25% in 11<sup>th</sup>. However, for 7<sup>th</sup> grade, *ever ridden in a car driven by someone who had been drinking* increased five percentage points to 42%.

The percentage of secondary students reporting ever being “**very drunk/sick**” did decline in 9<sup>th</sup> grade by 3 points to 21% (compared to 28% in 2007) but remained level in 11<sup>th</sup>, as did the percentage in both grades who **liked to get moderately or really drunk** when they drank. By 11<sup>th</sup> grade, 12% of students reported liking to get really drunk.

#### Marijuana (Tables A2.1, A2.4, A2.5)

In 2009/10, overall marijuana use was generally stable, especially among 7<sup>th</sup> graders, but some indicators of regular use increased modestly in high school, especially among 11<sup>th</sup> graders. For 2011-2013, there again was little change in 7<sup>th</sup> grade, results were mixed in 9<sup>th</sup>, and most indicators increased in 11<sup>th</sup>. **Lifetime use** remained stable in 9<sup>th</sup> grade (26%), but it increased in 7<sup>th</sup> grade by 2 points, to 10%, and in 11<sup>th</sup> grade by four points,

to 45%, approaching the statistical cutoff for being normative (used by half or more of students). Moreover, among 11<sup>th</sup> graders use on four or more occasions increased by two points to 32%.

**Current use** was stable at 7% in 7<sup>th</sup>, 15% in 9<sup>th</sup>, and 24% in 11<sup>th</sup> grades. However, there was a modest rising trend in daily use among upper graders, with a two-point increase in 11<sup>th</sup> to 8%.

### Inhalants (Tables A2.1, A2.4)

About one-in-ten secondary students, regardless of grade, has at least tried a hydrocarbon-based inhalant (e.g., glue, paint, aerosol sprays, gasoline, poppers, or gases). Among 7<sup>th</sup> graders, lifetime use has remained stable at around 10% for the past three surveys. In this age group, use of inhalants has been at about the same level or slightly exceeded the use of marijuana throughout the history of the survey. At the upper grades, lifetime inhalant use declined by 3 points in 9<sup>th</sup> (to 11%) and was level in 11<sup>th</sup> (at 13%).

**Current use** was level at all grades at 5%, or about half the lifetime rate.

### Ecstasy/LSD/Psychedelics (Tables A2.1, A2.4)

**Lifetime use** of Ecstasy rose steadily in the first decade of the century, for 2009/10 showing the largest increase for use of any substance. This rising trend now appears to be reversing. Lifetime use of Ecstasy declined three points among high school students, to 6% in 9<sup>th</sup> grade and 13% in 11<sup>th</sup>.

**Current use** of Ecstasy, LSD, or other psychedelic (combined) declined very slightly by one point in 9<sup>th</sup> grade to 4% and by two points in 11<sup>th</sup> to 5%. In an exception to this trend, lifetime LSD/psychedelic use was stable in 9<sup>th</sup> grade (5%) and increased three points in 11<sup>th</sup> to 8.5%.

### Other Drugs (Tables A2.1, A2.4)

Use of other specified drugs remained relatively stable among 9<sup>th</sup> graders, but among 11<sup>th</sup> graders there were two-point increases in lifetime *methamphetamine/amphetamine* use (to 6%), reversing a previous general declining trend, and in *heroin* use (doubling to 4%).

The findings for use of *any other illegal drug or pill* were mixed. In 9<sup>th</sup> grade, both lifetime and current use were down two points (to 9% and 5%, respectively). In 11<sup>th</sup>, lifetime use was up two points to 13.5% and current use was stable at 6%.

### Medicinal Drugs and Cold/Cough Medications (Table 2.2)

In a separate question, high school students were asked for more information about their recreational use of medicinal drugs/pills, defined as use “**without a doctor’s order (to get ‘high’ or ‘stoned’)**.” The 2009 findings confirmed the troubling extent of lifetime use of prescription medications to get high (without a doctor’s prescription) revealed in 2007. Results for 2011-2013 show little improvement.



Ever trying a *prescription painkiller* remained stable at 11% and 19%, for 9<sup>th</sup> and 11<sup>th</sup> graders, making it the most popular class of drugs after marijuana among the older students (excluding cold/cough medicine, which was at 22%).

Around 3%-6% of 9<sup>th</sup> graders and 4%-7% of 11<sup>th</sup> reported use of *tranquilizers/sedatives*, *diet pills*, *attention deficit medications* (e.g., Ritalin, Adderall), and *barbiturates*. There was little change in these categories, except two-point decreases in both the use of tranquilizers/sedatives and attention deficit medications among 9<sup>th</sup> graders.

In addition, 19% of 9<sup>th</sup> and 22% of 11<sup>th</sup> graders had used a *cold/cough medicine* for the same purpose, down two points in 9<sup>th</sup> grade and level in 11<sup>th</sup>.

Use of *any of these medicinal drugs* was reported by 23.5% of 9<sup>th</sup> graders and 29% of 11<sup>th</sup>, with no clear trend evident compared to 2009/10; the percentage was lower in 9<sup>th</sup> grade and higher in 11<sup>th</sup>.

### Any Drug Use (Tables A2.1, A2.2, A2.4)

The totals for *any drugs* were, by ascending grade, 15.5%, 30%, and 47% for lifetime use, and 9%, 17%, and 25% for current use. The lifetime percentage among 11<sup>th</sup> graders was three-points higher than in 2009/10, but current use was two-points lower. Based on the frequency of current use, 3% of 7<sup>th</sup> graders, 8% of 9<sup>th</sup>, and 14% of 11<sup>th</sup> were classified as *heavy drug users*. These percentages are the same as estimated for 2009/10.

Factoring in the more detailed information about medicinal drug use derived from the separate series of questions, including cold and cough medicine, resulted in much higher total lifetime drug use rates of 50% in 9<sup>th</sup> grade and 67% in 11<sup>th</sup>. These percentages are also significantly higher than estimated in 2009/10 (by six points in 9<sup>th</sup> and 14 points in 11<sup>th</sup>).

*Thus, conservatively, it appears that two-thirds of 11<sup>th</sup> graders are at least drug experimenters. One-quarter are current drug users, with over half of them likely heavy users.*

### Any Alcohol or Other Drug Use (Tables A2.1, A2.4)

Calculations for lifetime use of *any alcohol or other drug* were 25%, 43%, and 64%, by ascending grade, only slightly higher (by 3-5 points) than the percentages for lifetime alcohol (full drink) alone. Any current AOD use was reported by 15%, 26%, and 39%. These percentages are lower than in 2009/10, reflecting the decline in alcohol prevalence rates.

## Problem-related Indicators

### Use on School Property (Tables A2.6, A2.7)

In 9<sup>th</sup> and 11<sup>th</sup> grades, *current* use of alcohol, marijuana, and *any* other illegal drug or pill on school property all remained level after declining in 2009/10, as did the aggregate of *any AOD use* on school property (the three categories combined). In one exception, in 9<sup>th</sup> grade *any illegal drug or pill* decreased three percentage points to 4%. About one-tenth of high school students used alcohol, marijuana, or other drugs at school at least once during the past 30 days.

Results for *ever being drunk or high on drugs* on school property were also relatively stable, except for a two-point decrease among 11<sup>th</sup> graders for one or two times (to 9.4%) and a two-point increase for those reporting seven or more times (to 9.5%), suggesting a shift to more frequent intoxication on school campuses.

School-related use was much lower among 7<sup>th</sup> graders, but these indicators were one of the few that increased among them. Current AOD use on school property was up about two points in all categories: to 5% for alcohol, 4% for marijuana, 3% for any illegal drug/pill, and 7% for any AOD use. Being drunk/high on school property at least once was also two points higher, at 6%.

### Use-related Problems Experienced (Table A3.3)

High school students were asked to indicate whether they had ever experienced any of eleven pharmacological, personal, school, or social problems due to their own use of alcohol or other drugs. Eight percent of 9<sup>th</sup> and 15% of 11<sup>th</sup> graders reported two or more such problems from their AOD use.

The most frequent specific problem reported for AOD use was “forget what happened or pass out” (7% of 9<sup>th</sup> and 14% of 11<sup>th</sup>). This was followed by (a) problems with emotions, nerves or mental health and (b) trouble/problems with the police, both at 6% of 9<sup>th</sup> and 10% of 11<sup>th</sup>. Only 2%-4% of 9<sup>th</sup> and 5%-6% of 11<sup>th</sup> graders reported other problems including missing school, problems with school work, damaging a friendship, fighting with other kids, having unwanted/unprotected sex, money problems, and physically hurting one’s self.

### Dependency-related Problems and Cessation (Table A3.4)

High school students were asked whether — if they use alcohol, marijuana, or another drug — they had experienced any of a series of ten conditions that could be signs they were at risk of dependency. Around 10% of 11<sup>th</sup> grade students (range 9%-12%) chose each of the following signs of dependency: (a) increasing the amount they drank/used in order to get the same effect as before; (b) drinking/using when alone; (c) using after deciding they would not do so; and (d) using more than intended. Among 11<sup>th</sup> graders, 7% reported that they “spent a lot of time getting, using, or being ‘hung over’.” For 9<sup>th</sup>

graders, the percentages were generally a little over half of those for 11<sup>th</sup> graders. There was very little variation in these results from 2009/10.

Among 11<sup>th</sup> graders, 12% reported that they had thought about reducing or stopping AOD use. However, they were only half as likely to talk to someone about stopping (6%), and only 2% actually attended a counseling or support group.

More than one of the ten dependency indicators on the survey were reported by 8% of 9<sup>th</sup> graders and 15.5% of 11<sup>th</sup> graders — the same percentages that reported more than one use-related problem.

## Correlates of Use

In regard to use of alcohol and marijuana, the survey asks a series of four questions about major factors that have been found to influence use involvement: perceived harm, disapproval of peer use, estimates of peer use, and perceived availability.

### Perceived Risk of Harm (Table A4.1)

Students were asked “how much do people risk harming themselves physically or in other ways” from occasional and frequent use of alcohol and marijuana. Even in 11<sup>th</sup> grade, 50%-75% of students now report that people moderately to greatly risk harming themselves when they use these substances once or twice a week. But overall, perceived harm-risk was down compared to the previous survey, especially for marijuana.

### Occasional Use

Currently, only about half of high school students considered there was moderate or great risk of harm from occasional use of alcohol, as well as half of 11<sup>th</sup> graders for marijuana.

- **Alcohol.** There were increases in every grade in the percentages perceiving *no harm* in occasionally drinking alcohol, up 10 points in 7<sup>th</sup> grade, five points in 9<sup>th</sup>, and 4 points in 11<sup>th</sup>. The percentages declined from 26% to 18% across grades. Perceptions of *great harm* were unchanged in 7<sup>th</sup> grade but did increase in 9<sup>th</sup> and 11<sup>th</sup> by three points (to 29% and 26%). Thus, among high school students, there were about equal increases in the students feeling there was *no harm* and *great harm* in occasional drinking.
- **Marijuana.** The perception of *no harm-risk* from occasional marijuana use increased seven points in the upper grades, with relatively little variation in the percentages across ascending grades, at 25%, 22%, and 27%. There were also declines in the percentages reporting *great* and *moderate harm*, except *great harm* among 11<sup>th</sup> remained stable. Thus, in contrast to the mixed results for alcohol, there was a general reduction in perceived harm-risk for occasional marijuana use.

## Frequent Use

To assess perceived harm of *frequent use*, students were asked about plausible patterns for each substance: using marijuana 1-2 times per week, and consuming 5 or more drinks 1-2 times per week. Overall, there is evidence of a weakening of perceived harm-risk of frequent use for both substances but particularly marijuana. This is the second survey in a row in which perceived harm of frequent marijuana use has declined.

- **Alcohol.** The percentages who rated drinking *5+ drinks of alcohol once or twice a week* as posing *great harm* was 44% in 7<sup>th</sup> grade but then rose to 50% among high school students. In 7<sup>th</sup> grade, this is five points lower than in 2009/10, but in 9<sup>th</sup> grade it increased by four percentage points. But even larger increases were evident in the percentages for *no-harm*, up by 11 points in 7<sup>th</sup> grade, five points in 9<sup>th</sup>, and five points in 11<sup>th</sup>, to 24%, 16%, and 12%, respectively. Substantial decreases also were evident for *moderate harm*.
- **Marijuana.** The percentages rating marijuana smoking *once or twice a week* as posing *great harm* dropped by nine points in grade 7 (to 49%) and by five points in 11<sup>th</sup> (to 38%). The *no-harm* percentage further increased by 11 points in 7<sup>th</sup>, seven points in 9<sup>th</sup>, and eight points in 11<sup>th</sup> to 25%, 21% and 24%. High school students see less harm in weekly marijuana use than weekly binge drinking; in the case of 11<sup>th</sup> graders, they were twice as likely to see *no harm* in weekly marijuana use.

## Personal Disapproval of Peer Use (Table A4.2)

Similar to the results for perceived harm, there was a weakening in disapproval of “someone your age” using marijuana. The percentage *neither approving nor disapproving* increased in every grade level by 2-4 points for both using once or twice and once a month or more. Strong disapproval, which held level in 2009/10, declined by 1-2 points across grades for both indicators. Moreover, the results differed little in regard to experimentation (using once or twice) versus using once a month or more often. Only about one-third of 11<sup>th</sup> graders strongly disapproved of either.

## Perceived Availability (Difficulty) (Table A4.4)

In 7<sup>th</sup> grade, about one-third of students reported that alcohol was *very or fairly easy* to obtain, and about one-quarter for marijuana. In high school, the percentage increased dramatically, especially for marijuana. In both upper grades, students found relatively little difference in the availability of alcohol or marijuana: over one half of 9<sup>th</sup> graders and almost three-quarters of 11<sup>th</sup> said that both alcohol and marijuana were very/fairly easy to get. Today, over half of 11<sup>th</sup> graders (54%) find it very easy to get marijuana. *The majority of high school students see very little difference between the availability of substances based on whether they are, for adults, legal to use (alcohol) or illegal (marijuana). They find it easy to get both.*

Moreover, although the percentages for *very easy* alcohol availability declined about three points in 7<sup>th</sup> and 9<sup>th</sup> grade, it increased for marijuana by three points in 7<sup>th</sup> grade and,

most disconcerting, by five points in 11<sup>th</sup>, to 54%. This follows a five-point increase in the perception that marijuana was very/fairly easy to get among 11<sup>th</sup> graders in 2009/10.

### Perceived Marijuana Use by Peers (Table A4.3)

Respondents were asked to estimate the percentage of their same-age peers who had tried marijuana at least once. Belief that “lots of other kids are doing it” is a rationalization for initiation. It is reasonable to assume that the percent of respondents who reported that half or more of students engaged in each of these behaviors is a meaningful benchmark to establish that the behavior is perceived as “normal” or “common.” In 2009/10, the percentages of 9<sup>th</sup> and 11<sup>th</sup> graders estimating that half or more of the students in their grade had tried marijuana increased by five and seven points, respectively, to 48% of 9<sup>th</sup> graders and 66% of 11<sup>th</sup>. No further increases occurred in 2011-2013, but these results still indicate that marijuana experimentation is viewed as normative.

## Supplemental Substance Use Questions

In this section, we summarize the results reported by the students that also completed the CHKS supplemental substance use (AOD) module, which included all the questions on the CSS that were not included in the Core module. As shown in Table B1.1, far fewer schools in the sample administered this module (n=64), only 25 schools in 7<sup>th</sup> grade compared to 34 in 9<sup>th</sup> and 40 in 11<sup>th</sup>. The final sample of students was 20,117, with almost half as many students for 7<sup>th</sup> grade (4,640) than for 9<sup>th</sup> (8,044) and 11<sup>th</sup> (7,433) grades. Despite its larger size, the high school sample was less representative of the state demographically than the middle school. Taken as a whole, greater caution is warranted in treating the results from this module as representative of the state than is the case with the Core module.

### Use in the Past Six Months (Tables B2.1-2.9)

Students reported on the frequency they have used alcohol or other drugs in the past six months. These results were very similar to those in 2009/10. The biggest change was an increase in the percentages reporting no use of alcohol use, down seven to eleven points, depending on grade, to 87% in 7<sup>th</sup>, 72.5% in 9<sup>th</sup>, and 54.5% in 11<sup>th</sup>. Use of Ecstasy was down four points in 9<sup>th</sup> grade and five points in 11<sup>th</sup>. These findings are consistent with the data from the Core sample.

Among upper grades, there also was a slight decline in the percentages that reported polydrug use, or consuming one or more substance (including alcohol) together, by four points in 9<sup>th</sup> grade and six points in 11<sup>th</sup>, to 6.5% and 12%.

Marijuana use in the past six months also showed a slight decline, down slightly two to three percentage points for the upper grades.

### Cessation Efforts and Supports (Tables A3.4, B3.1-3.4)

The percentage of students responding that they had tried at least once to quit drinking alcohol was 9% in 9<sup>th</sup> and 13% in 11<sup>th</sup>, the same as in 2009/10. For marijuana, the percentage of students in the total sample reporting any quit attempt was 9% and 16%, respectively, both down about two to three points. This was about one-fourth to one-fifth of the sample, respectively, that reported ever using alcohol and one-third of the sample for marijuana. These measures have remained relatively level since 2003.

Only 3% of 9<sup>th</sup> graders (down two points) and 4% of 11<sup>th</sup> reported ever feeling that they needed help (such as counseling or treatment) for their AOD use, and as mentioned previously, only 2% of 11<sup>th</sup> graders reported that they actually attended a counseling or support group. About 40% in both grades thought it likely or very likely that a student would find help at the school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs. One-third in 9<sup>th</sup> and 37.5% in 11<sup>th</sup> thought it not likely, the highest percentage of any single option. The remainder reporting that they did not know.

### Sources of Alcohol (Table B4.1)

Respondents were asked how most kids at their school who drink alcohol usually get it. They were provided a list of eight specific sources plus an “other” option. Almost all percentages for specific sources were lower than in 2009/10, except for *at school*.

As in the past, *at parties or events outside school* was the most frequently selected source, although the percentages were markedly lower than in 2009/10, by 10 to 17 points. *From friends or another teenager* was consistently the second highest reported source across grades, a reminder of the dangers of associating with peers involved in high-risk behaviors. Also lower were the percentages for *at their own home* or *from adults at a friends’ home*.

In contrast, the *school* as a source of alcohol was up by 4.5 points in 7<sup>th</sup> grade and 3 points in 9<sup>th</sup>. This finding is interesting in that current use on school property in 7<sup>th</sup> grade was the only alcohol-use indicator that showed an increase.

The only other notable finding is an increase of twelve points in the percentage of 7<sup>th</sup> graders who reported that they *did not know* how kids get alcohol (to 60%), a finding consistent with the overall reductions in alcohol drinking observed.

### Involvement in Drug Sales (Table B4.2)

Fewer 9<sup>th</sup> graders reported that they had sold drugs to someone in the past twelve months than in 2009/10, by 5 points (to 7%), but results were relatively level in 11<sup>th</sup>, at 10%.

### 3. Summary and Conclusions

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To summarize, the results of the 2011-2013 Biennial State Survey were mixed, as they were for the previous two surveys. In the most promising finding, the overall prevalence of alcohol drinking continues to decline, if at times modestly, in all grades. No major indicator increased significantly, continuing the trend observed in 2009/10. However, past improvements in two indicators — binge drinking and drinking-driving involvement — stalled. *Current drinking still occurs among four-in-ten 11<sup>th</sup> graders, with 16% reporting drinking 3 or more days out of the past 30 days, an indicator of weekly drinking, and binge drinking occurs among 22%.*

For drug use, the results were much less encouraging. Among 7<sup>th</sup> graders, there was little change in drug use in general, as was true in 2009/10. The two most notable changes that did occur were modest two-point increases in lifetime marijuana use prevalence, which was stable in 2009/10, and in AOD use at school. Among high school students, the results of the past two surveys indicate a rising trend in marijuana use and, for 2011-2013, an uptick in the use of methamphetamine and heroin among 11<sup>th</sup> graders, although use is still at low levels. Moreover, the decline in AOD use at school reported in 2009/10 appears to have stalled.

As noted in Section 1, there already was evidence in 2009/10 that the previous declining trend in marijuana use might be reversing, or at least leveling off. The current results indicate general stability among 9<sup>th</sup> graders. Among 11<sup>th</sup> graders, however, there was evidence of a continued rising trend: lifetime use increased by four points to 45%, and half of that increase was among students who reported using four or more times. Current use overall was stable but still was reported by just under one-quarter of 11<sup>th</sup> graders, and daily use increased by almost two points among them. This, along with the two-point increase reported by 7<sup>th</sup> graders in lifetime use and the increases seen in 2009/10, suggests a rising trend.

The increases in AOD use on school property in 7<sup>th</sup> grade and the stalling of the previous declines among 11<sup>th</sup> grade high school students are also troubling and warrant monitoring. These are indicators of not only potentially heavy involvement that may impair a student's learning ability, among other problems, but also disengagement from school.

Moreover, it would appear that about 8% of 9<sup>th</sup> graders and 15% of 11<sup>th</sup> graders can be described as being high-risk AOD users based on patterns of heavy use or experiencing multiple indicators of use-related problems or dependency indicators, about the same levels as seen in the recent past. These percentages were found for reporting: (1) two or more of ten dependency indicators; (2) two or more of eleven use-related problems; and (3) heavy use in the past 30 days. Among 11<sup>th</sup> graders, about one-out-of-ten also reported each of the following individual high-risk behaviors:

- Being very drunk/sick from drinking alcohol seven or more times.

- Binge drinking three or more days in the past 30.
- Liking to drink until they felt it a lot or got really drunk.
- Liking to get really high or wasted when they used drugs.
- Using marijuana for ten or more of the past 30 days.
- Being drunk or high on school property seven or more times and also using alcohol or another drug on school property in the past 30 days.
- Driving a car after drinking or being driven by a friend who had been drinking three or more times.

Consistent with these results, 12% of 11<sup>th</sup> graders reported that they had *thought* about reducing or stopping AOD use. However, only half as many took it to the next level and *talked* to someone about stopping (6%) and only 2% actually attended a counseling or support group.

What factors may be influencing the trend in marijuana use? Because this is just a correlational study, no causal conclusions can be drawn from these results, but the data are very suggestive. Four factors assessed by the survey are likely to contribute to AOD use: easy availability, weak perceptions of harm and disapproval of use, and the perception that peers are using. All four factors may be playing a role.

- **Perceived Harm.** Perceived risk of harm from both occasional and frequent use of marijuana appears to be steadily declining since 2007/08, especially among 11<sup>th</sup> graders. In 2011-2013, the perception of no harm-risk from occasional marijuana use increased seven points in all grades, with around one-quarter of each grade endorsing this. Half of 11<sup>th</sup> graders reported only slight or no harm from smoking marijuana occasionally. About one quarter of secondary students now perceive no harm in weekly marijuana use, lower percentages than for weekly binge drinking.
- **Use Disapproval.** Consistent with these findings, there was a weakening in disapproval of “someone your age” using marijuana. Strong disapproval, which held level in 2009/10, declined by two points across grades for using both once or twice and once a month or more. Only about one-third of 11<sup>th</sup> graders strongly disapproved of either. High school students are less likely to strongly disapprove of monthly marijuana use than almost daily alcohol drinking (36% vs. 53%, respectively, in 11<sup>th</sup> grade).
- **Peer Use.** In 2009/10, the percentages of high school students estimating that half or more of the students in their grade had tried marijuana increased by seven points, to half of 9<sup>th</sup> graders and two-thirds of 11<sup>th</sup>. These estimates did not increase further in 2011-2013 but the results still indicate that marijuana experimentation is viewed as normative.
- **Availability.** In 2009/10, there was a five-point increase in perceived availability (very/fairly easy to get). In 2011-2013, the percentages reporting it was very easy to get marijuana increased by three points in 7<sup>th</sup> grade and by



five points in 11<sup>th</sup>, *to over half of students (54%)*. In both upper grades, students found relatively little difference in the availability of alcohol or marijuana, with almost three-quarters of seniors finding both substances were either fairly easy or very easy to obtain.

Regarding availability, although the survey does not include items gauging factors that might be influencing perceived availability, the growth in the number of medical marijuana outlets warrants further investigation.

Another external factor that may be playing a role in both the rise of marijuana use and the continued level of heavy AOD use is a weakening in prevention and intervention efforts. In the 2009/10 Biennial report, concerns were raised over whether current prevention efforts would be sustained in the face of several developments, leading to a future increase in AOD use. First, the Federal Safe and Drug Free Schools and Communities program (title IV) funding from the US Department of Education ended in July 2010. This program had funded both school- and community-based prevention efforts in almost every community for the past two decades. Schools also were experiencing a budget crisis and pressure to increase test scores. Anecdotal evidence from schools since then has supported these concerns. Addressing the needs of youth related to substance use may have become a lower priority in schools, despite the links between it and school attendance and academic performance.

That at least ten percent of high school students showed signs of heavy involvement and risk of dependence, and very few 11<sup>th</sup> graders took action to reduce use, minimally underscores the need to foster intervention programs, services, and messages that better support efforts to reduce substance use among heavy users, a consistent recommendation in previous CSS reports. Also evidence of this is the result from the supplemental module that almost 40% of 11<sup>th</sup> graders did not think it was likely that a student would receive help at school to reduce use. Identifying and assisting (rather than punishing) high-risk students as early as possible is essential when addressing substance use and related problems in the state.

With the notable exception of the promising declines in the overall prevalence of alcohol consumption and in Ecstasy use, there are numerous warning signs in the current results: the lack of progress in reducing binge drinking; the leveling off of the previous declines in current AOD use at school; the upticks in the use of methamphetamine and heroin, and, especially, the evidence over the past two surveys of a rise in marijuana use rooted in a weakening of attitudes and easier availability; and the ongoing level of high risk drug use. These findings confirm the concerns expressed in previous reports against complacency in the face of the general improvements in drug use seen in the early years of the century.



## Appendix A: Methods and Content

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As noted earlier, in 1999 the goals and content of the CSS were expanded through integration with the California Department of Education's *California Healthy Kids Survey* (CHKS), a comprehensive survey of health-risk behaviors, resilience factors, and school climate administered by school districts. Biennial CHKS administration was required by CDE in 2003 in compliance with the *No Child Left Behind Act* of 2001. All CHKS core questions were embedded within the CSS, enabling the CSS to generate representative, statewide norms against which local CHKS results can be compared. This arrangement made it possible for schools to combine CSS and CHKS administration, thereby reducing their overall survey burden while encouraging CSS participation.

Beginning in 2005, "passive" parental consent procedures were permitted for survey administration, whereas between 1995 and 2003 only written consent was allowed, as discussed below. The survey protocol was approved by the state Health and Welfare Agency's Committee for the Protection of Human Subjects, insuring that all rights of students and parents were observed. Participation was voluntary for the schools and students. No student took the survey whose parent(s) or guardian did not approve. All data was anonymous and confidential. Research staff at WestEd selected the statewide random sample of schools. For the most part, schools administered the survey in fulfillment of their district's CHKS administration, but in districts not administering the CHKS, WestEd staff recruited individual schools and either randomly selected three to four classrooms for each participating grade level or allowed the school to survey all students in each participating grade level.

The 14<sup>th</sup> CSS survey used the same basic sampling methods, human subject's protections, and instrument items as biennially approved by the state's Committee for the Protection of Human Subjects since 1995, but the data collection process was changed to address the decline in survey participation that occurred. After years of increasing school participation (in large part because of the integration with the CHKS), school resistance to participation increased. In 2009/10, 36 schools in the intended sample of 110 declined to participate (down 19 schools in 7<sup>th</sup> grade, 17 in 9<sup>th</sup>, and 16 in 11<sup>th</sup>). This appeared to be the result of four factors: (1) the survey participation was not required; (2) the federal Safe and Drug Free Schools program had ended, reducing funding for substance use prevention programs and, arguably, reducing attention to the issue; (3) school budget cuts; and (4) academic "accountability" pressure to not divert classroom instruction time to survey administration. These factors combined to create a situation in which schools were unwilling to undertake any endeavor that was not academic or required. This especially affected the CSS because many had their own local data on substance use from the CHKS. This raised the possibility of selection bias and created uncertainty over how representative the results were for the state as a whole. Although aspects of the sample (e.g., ethnicity) remained fairly consistent with previous years, suggesting representativeness, and the differences in the number of schools was adjusted by weighting on school social and demographic characteristics, the potential sampling bias

warranted caution in generalizing the findings to the entire student population in the state. Therefore, a word of caution accompanied the 2009/10 results about precise comparisons with previous survey findings.

In collaboration, the California Department of Education and the Department of Alcohol and Drug Programs agreed to solve this problem by merging the CSS sample data collection into its companion CHKS administration in order to reduce the labor and cost burden on schools from CSS participation. This involved the following changes:

- Randomly selecting a statewide sample of schools and providing them an incentive to conduct the CHKS with a set of additional questions on substance use along with the Core module (together, these two modules constitute the full CSS survey instrument);
- Extending the data collection period from one to two years, from the fall/winter of 2011 through the spring of 2013, because most districts administered the survey only once every two years and the sampling plan required including all secondary schools in the state;
- Ending outside proctoring (by WestEd staff) of the survey and relying on the usual CHKS method of using school staff, following a detailed administration protocol;
- The same items were administered as in previous years, without change, but the organization of the items within the questionnaire was modified. Instead of a single instrument, a supplemental CSS substance use module was added containing all the items on the CSS that are not already included in the CHKS Core; and
- Additional financial incentives were provided to further offset the burden to the schools and help ensure a high level of survey participation.

### Parental Consent and the Student Participation Rate

A change in state law allowed passive parental consent procedures to be used beginning in 2005.<sup>8</sup> Under passive consent, parents inform the school only if they do *not* want their child to participate in the survey. The new law applies only if the local School Board adopts a formal passive-consent policy implementing federal and state regulations. Schools are also required to undertake a series of notifications to ensure that all parents/guardians are informed of the survey and the consent procedures. Otherwise, no student could agree to participate in the survey without a signed consent form from a parent or guardian. This has resulted in a mix-consent process, with some schools requiring written permission, but the great majority using passive consent. About 70% of

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<sup>8</sup> See Education Code 51938(b), which stipulates: “Notwithstanding Section 51513, anonymous, voluntary, and confidential research and evaluation tools to measure pupils’ health behaviors and risks, including tests, questionnaires, and surveys containing age appropriate questions about the pupil’s attitudes concerning or practices relating to sex may be administered to any pupil in grades 7 to 12, inclusive, if the parent or guardian is notified in writing that this test, questionnaire, or survey is to be administered and the pupil’s parent or guardian is given the opportunity to review the test, questionnaire, or survey and to request in writing that his or her child not participate.”

students in the participating schools completed the survey in 2011-2013, down slightly from 75% in 2009.

## Sample

WestEd drew the main sample which consisted of 50 randomly-selected traditional high schools and ten continuation high schools for a total of 60 high schools. Feeder middle schools were added one-by-one (up to 50) once their corresponding traditional high schools agreed to participate.

In the new procedure, each school was assigned to a survey year (2011/12 or 2012/13) based on when its school district should be conducting its next biennial CHKS. In other words, the sample was selected the same way as in the past, but survey scheduling was extended over two school years. The sampling plan also included a randomly-selected subset of traditional and continuation high schools to serve as replacements in the event that schools were unable to participate at any time during the two years of survey administration.

Following the completion of the survey participation-approval process, the majority of participating schools administered the survey to all students in grades 7, 9, and 11, as is typically done in CHKS administration. A small subset of sampled schools participated in the CSS, but not as part of their CHKS administration. In these schools, three randomly-selected classrooms per grade were selected to participate by WestEd's school survey coordinator. The classes had to be in a required subject so that all students in the school had an equal opportunity to be selected in the sample.

The final 2011-2013 sample consisted of 39,165 students (approximately 13,000 per grade) from 49 middle schools and 60 comprehensive and continuation high schools, with one grade 7-12 school overlapping, for a total of 110 schools (see Table A1.1). The larger number of high schools reflects inclusion of ten *continuation schools*, which do not have linked feeder middle schools. Data collected from continuation schools were weighted to be representative of the total state enrollment of students in these schools.<sup>9</sup>

- **Race/Ethnicity.** Unlike prior years, the 2011-2013 survey includes separate items that ask about ethnicity (Hispanic) and race. Nevertheless, the racial/ethnic composition of the grade-level samples are consistent with earlier surveys and reflect the ongoing school-enrollment decline in the relative percentages of white students (23%) and increase in Hispanics (50%).

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<sup>9</sup> In contrast, CHKS results (at the local level) are reported separately for 11<sup>th</sup> graders in comprehensive (traditional) high schools vs. those for students in continuation and other nontraditional schools. This distinction provides districts with data relevant to the needs of students in both types of schools. As continuation and other nontraditional-school students report significantly higher rates of substance use than their 11<sup>th</sup>-grade peers, *any differences between the CSS and CHKS samples should be taken into consideration in making comparisons between the results of the two surveys.* For data on substance use among continuation school students, see: Austin, G., & Abe, Y. (2002). *Continuation schools report: Findings on the use of alcohol, tobacco, and other drugs from the 8<sup>th</sup> Biennial Survey in grades 7, 9, and 11* (Sacramento: Office of the Attorney General); and Austin, G., Dixon, D., Bailey, J., & Berliner, B. (2008). *Continuation high schools and their students: What the data tell us* (San Francisco: WestEd).

- **Gender.** As in the past, females still slightly exceeded males in participation rates in 7<sup>th</sup> and 9<sup>th</sup> grades.

## Content of the Instrument

In fulfillment of its legislative mandate (and original purpose), the CSS focuses mainly on substance use. The survey assesses the overall prevalence (any use) and frequency of use of alcohol, tobacco, and a wide range of drugs (the latter significantly extended in the current survey), as well as forms of risky and abusive use including binge drinking, drinking and driving, and substance use at school. It also assesses perceived harm and other attitudes relevant to substance use; personal problems associated with alcohol and other drug (AOD) use; social influences such as availability as well as perceived use among peers and adults known to the student.

Over time, the information needs of the co-sponsoring agencies led to an expansion in coverage — particularly in regard to school violence, victimization, and safety — and to changes in questions. Most notably, in 1999, the CSS and CHKS content were integrated to enable state and local data comparability across a broader range of health-related behaviors. Since then, several items were added, or existing items were modified, in order to: (a) meet the requirements of the federal No Child Left Behind Act of 2001 for student assessment; (b) expand the value of the CSS for understanding the scope and nature of heavy AOD use; (c) bring the survey into compliance with the National Outcome Measures (NOMs) required by the Substance Abuse and Mental Health Services Administration (SAMHSA); and, most recently, (d) assess lifetime use of diverted prescription medications and over-the-counter (OTC) cold/cough/congestion medications, in response to developing concerns over their recreational use. As a result of these last two changes, many of the survey results for substance use in 2007, especially for lifetime and 30-day use trends, were considered a new baseline for making future comparisons.

In both 2009/10 and 2011-2013, there were minimal changes to the questions, none of which affected substance use items. However, because there was no longer a separate CSS instrument, districts received a financial incentive to administer a supplementary module of additional questions on AOD use that were in the CSS but not the CHKS Core. As discussed in Section 1 (Background and Overview), not all participating schools agreed to administer this supplementary AOD module or completed its administration. Thus, the sample for these questions is different from that of the Core module.

High schools that administered the supplementary module had greater percentages of Hispanic students and lower percentages of Asian students than high schools that did not administer the supplement — particularly in grade 11. For example, 50% of 9<sup>th</sup> graders and 52% of 11<sup>th</sup> graders reported that they were Hispanic in schools that administered the supplementary AOD module, compared to 46% and 43%, respectively, in schools that did not administer the supplement. No compositional differences were apparent for the middle school sample. Overall, however, these differences involving the high school sample suggest that the results for the questions on the supplementary AOD module may

not be generalizable to the state as a whole. The results for the supplementary AOD module questions are therefore discussed separately.

### Survey Administration

Unlike prior administrations of the CSS, the survey was administered by school staff rather than by WestEd proctors. Schools received detailed instructions for planning and proctoring the surveys and on-call technical assistance. These instructions include confidentiality requirements and a script to be read out loud before the survey that again informs the students about the survey content and gives them the opportunity to decline to participate, stressing that it is voluntary. Schools throughout the state have been successfully administering the CHKS for over ten years using these detailed instructions.

One of the purposes of the incentive to the CSS coordinator is to further insure that a key stakeholder at the local level will be making sure that the selected classrooms administer the CSS instrument and that no problems occur in proctoring.

Following the completion of survey administration, the person who administered the survey in each classroom was instructed to place the answer forms into the Data Transmittal Envelope provided by WestEd; fill out the information requested on the front of the Envelope to include date of the survey, number of students in the classroom, number of parent/students that declined to participate, final number of completed forms, and proctor signature; and forward the envelope to the survey coordinator for mailing to WestEd for data processing.

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# Section A – Core Module

## A1. Sample Characteristics

### A1.1 Sample Characteristics

	Grade 7		Grade 9		Grade 11	
<b>Final Number of Participating Schools</b>	50		53		60	
<b>Grade and Year</b>	Grade 7 2009/10	Grade 7 2011/13	Grade 9 2009/10	Grade 9 2011/13	Grade 11 2009/10	Grade 11 2011/13
<b>Final Number of Respondents</b>	2881	11,426	2565	14,647	2944	13,092

### A1.2 Age of Sample

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
12 years or younger	70.7	60.6	0.2	0.3	0.0	0.2
13 years old	27.8	36.8	1.6	1.4	0.0	0.0
14 years old	1.6	2.5	67.4	59.7	0.1	0.1
15 years old	0.0	0.1	27.6	36.2	1.2	1.5
16 years old	0.0	0.0	3.2	2.2	68.0	60.0
17 years old	0.0	0.0	0.0	0.1	28.7	36.2
18 years or older	0.0	0.1	0.1	0.1	2.0	2.0

Question HS/MS A.3: How old are you?

### A1.3 Gender of Sample

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Male	49.4	50.5	48.2	49.4	50.3	48.6
Female	50.6	49.5	51.8	50.6	49.7	51.4

Question HS/MS A.4: What is your sex?

## A1.4 Hispanic or Latino

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	N/A	49.8	N/A	51.0	N/A	50.4
Yes	N/A	50.2	N/A	49.0	N/A	49.6

*Question HS/MS A.6: Are you of Hispanic or Latino origin? Note: Due to changes in the method of categorizing race/ethnicity to align the survey with federal recommendations, the 2009-10 data could not be compared to 2011-13.*

## A1.5 Race

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
American Indian or Alaska Native	N/A	6.2	N/A	4.6	N/A	3.7
Asian	N/A	11.5	N/A	11.7	N/A	12.4
Black or African American	N/A	4.9	N/A	5.6	N/A	6.3
Native Hawaiian or Pacific Islander	N/A	2.3	N/A	2.5	N/A	2.8
White	N/A	27.5	N/A	32.4	N/A	35.5
Mixed (two or more) races	N/A	47.5	N/A	43.2	N/A	39.3

*Question HS/MS A.7: What is your race? Note: Due to changes in the method of categorizing race/ethnicity to align the survey with federal recommendations, the 2009-10 data could not be compared to 2011-13.*

## A1.6 Living Situation

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
A home with both parents	N/A	N/A	70.5	67.3	66.3	64.4
A home with only one parent	N/A	N/A	23.0	24.1	27.1	26.4
Other relative's home	N/A	N/A	3.1	2.6	3.8	3.0
A home with more than one family	N/A	N/A	2.6	2.6	2.0	2.4
Friend's home	N/A	N/A	0.3	0.2	0.5	0.5
Foster home, group care, or waiting placement	N/A	N/A	0.3	0.4	0.5	0.6
Hotel or motel	N/A	N/A	0.1	0.2	0.3	0.3
Migrant housing	N/A	N/A	0.8	0.2	0.5	0.1
Shelter	N/A	N/A	0.1	0.1	0.1	0.1
On the street (no fixed housing), car, van, park campground or abandoned building	N/A	N/A	0.5	0.7	0.4	0.7
Other transitional or temporary housing	N/A	N/A	0.5	0.2	0.2	0.2
Other living arrangements	N/A	N/A	1.9	1.4	0.9	1.2

*Question HS A.9: What best describes where you live? A home includes a house, apartment, trailer, or mobile home.*

### A1.7 Grades, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Mostly A's	25.5	25.8	21.2	23.8	16.4	17.5
A's and B's	35.4	35.9	28.8	30.8	27.9	30.7
Mostly B's	6.2	7.5	7.6	8.7	11.4	10.6
B's and C's	19.3	16.3	20.2	19.0	24.0	22.1
Mostly C's	3.6	3.3	4.6	5.2	8.2	6.8
C's and D's	6.2	7.2	8.3	7.7	8.5	8.1
Mostly D's	1.2	1.6	5.4	1.9	1.9	2.0
Mostly F's	2.5	2.4	4.1	2.8	1.7	2.3

*Question HS A.125/MS A.107: During the past 12 months, how would you describe the grades you mostly received in school?*

### A1.8 Truancy, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	79.1	80.5	61.6	69.6	45.6	51.5
1-2 times	11.1	10.9	15.5	15.0	22.7	19.0
A few times	6.3	5.5	13.0	9.7	17.4	17.8
Once a month	1.6	1.3	4.9	1.7	4.1	3.6
Once a week	0.7	0.5	2.7	1.1	4.5	3.0
More than once a week	1.2	1.4	2.2	3.0	5.8	5.0

*Question HS A.126/MS A.108: During the past 12 months, about how many times did you skip school or cut classes?*

### A1.9 Days Home Alone During Normal School Week

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Never	39.5	52.8	N/A	N/A	N/A	N/A
1 day	15.5	20.3	N/A	N/A	N/A	N/A
2 days	9.4	12.6	N/A	N/A	N/A	N/A
3 days	7.0	8.7	N/A	N/A	N/A	N/A
4 days	5.3	4.1	N/A	N/A	N/A	N/A
5 days	23.2	1.5	N/A	N/A	N/A	N/A

*Question MS A.102: In a normal school week, how many days are you home after school for at least one hour without an adult there?*

### A1.10 Migrant Education

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Yes	2.4	3.4	5.3	3.2	2.1	3.1
No	50.3	57.5	58.7	68.4	81.2	80.9
Don't know	47.3	39.1	36.0	28.4	16.7	16.0

*Question HS A.10/MS A.9: In the past three years, were you part of the Migrant Education program or did your family move to find work in agriculture?*

### A1.11 Military

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	N/A	81.0	N/A	87.8	N/A	91.4
Yes	N/A	13.5	N/A	9.1	N/A	7.0
Don't know	N/A	5.6	N/A	3.1	N/A	1.6

*Question HS A.132/MS A.114: Is your father, mother, or caretaker currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?*

## A2. Prevalence and Level of Substance Use

### A2.1 AOD Use, Lifetime

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol (one full drink)</b>						
0 times	76.1	80.6	54.2	62.0	37.1	39.0
1 time	6.9	7.1	9.0	8.6	7.2	6.8
2 to 3 times	11.1	5.8	14.7	10.3	11.0	12.1
4 or more times	6.9	6.4	22.2	19.0	44.7	42.0
<b>Marijuana</b>						
0 times	91.8	90.0	73.5	74.2	59.4	55.3
1 time	2.8	3.1	6.2	4.8	5.1	5.5
2 to 3 times	1.9	2.4	4.4	4.9	4.7	7.1
4 or more times	3.5	4.5	15.9	16.0	30.7	32.0
<b>Inhalants (to get high)</b>						
0 times	89.8	90.6	86.5	89.2	87.6	87.1
1 time	4.3	3.8	4.8	3.7	3.7	3.6
2 to 3 times	3.2	2.5	4.2	3.0	3.3	3.5
4 or more times	2.7	3.1	4.6	4.2	5.5	5.9
<b>Cocaine</b>						
0 times	N/A	N/A	94.7	95.5	92.9	91.5
1 time	N/A	N/A	2.5	1.2	2.7	2.6
2 to 3 times	N/A	N/A	1.6	1.3	1.4	2.1
4 or more times	N/A	N/A	1.2	2.0	3.1	3.8

## A2.1 AOD Use, Lifetime (cont.)

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Methamphetamine or any amphetamine</b>						
0 times	N/A	N/A	95.9	96.3	95.8	94.0
1 time	N/A	N/A	1.8	1.1	1.3	1.8
2 to 3 times	N/A	N/A	1.4	0.9	0.9	1.5
4 or more times	N/A	N/A	0.9	1.6	2.0	2.7
<b>LSD or other psychedelics</b>						
0 times	N/A	N/A	94.7	95.2	94.2	91.5
1 time	N/A	N/A	2.1	1.6	2.1	2.6
2 to 3 times	N/A	N/A	1.9	1.3	1.3	2.6
4 or more times	N/A	N/A	1.2	1.9	2.4	3.4
<b>Ecstasy</b>						
0 times	N/A	N/A	91.0	93.6	84.0	86.8
1 time	N/A	N/A	3.3	2.3	4.6	3.5
2 to 3 times	N/A	N/A	2.2	1.7	3.1	3.4
4 or more times	N/A	N/A	3.5	2.4	8.3	6.2
<b>Heroin</b>						
0 times	N/A	N/A	96.7	96.7	98.2	95.8
1 time	N/A	N/A	1.6	0.8	0.4	1.0
2 to 3 times	N/A	N/A	0.6	0.8	0.5	1.0
4 or more times	N/A	N/A	1.1	1.7	0.9	2.1
<b>Other illegal drug or pill</b>						
0 times	97.0	95.0	89.1	91.2	88.1	86.5
1 time	0.7	1.9	3.8	2.3	3.2	2.8
2 to 3 times	0.8	1.3	3.5	2.5	2.7	3.8
4 or more times	1.3	1.9	3.6	4.0	6.1	7.0
<b>Any of the above Drug Use</b>	13.4	15.5	31.7	29.7	44.2	46.9
<b>Any of the above AOD Use</b>	28.5	24.7	50.7	43.4	65.8	63.6

*Question HS A.43-47//MS A.41: During your life, how many times have you used or tried the following substances/pills or medications without a doctor's order...alcohol (one full drink)... marijuana...inhalants...cocaine...methamphetamine or any amphetamine...LSD or other psychedelics...Ecstasy...heroin...any other illegal drug or pill to get "high"?*

## A2.2 Recreational Use of Medicinal Drugs, Lifetime

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Prescription pain killers</b>						
0 times	N/A	N/A	87.7	89.0	81.1	81.4
1 time	N/A	N/A	4.8	3.3	4.1	4.2
4 or more times	N/A	N/A	4.7	4.4	9.1	8.8
<b>Barbiturates</b>						
0 times	N/A	N/A	97.7	97.2	97.6	96.3
1 time	N/A	N/A	0.5	0.8	0.6	1.0
4 or more times	N/A	N/A	1.4	1.2	1.3	1.7
<b>Tranquilizers or sedatives</b>						
0 times	N/A	N/A	93.8	95.8	94.6	93.3
1 time	N/A	N/A	3.5	1.2	1.5	1.7
4 or more times	N/A	N/A	2.1	1.7	2.4	3.0
<b>Cold/cough medicines</b>						
0 times	N/A	N/A	78.7	81.3	77.1	78.2
1 time	N/A	N/A	2.8	3.5	3.5	3.8
4 or more times	N/A	N/A	13.9	10.3	13.2	12.0
<b>Diet pills</b>						
0 times	N/A	N/A	94.0	93.9	94.7	93.8
1 time	N/A	N/A	1.4	1.2	1.1	1.3
4 or more times	N/A	N/A	3.5	3.3	2.6	3.4
<b>Ritalin™ or Adderall™</b>						
0 times	N/A	N/A	94.3	96.1	94.4	93.1
1 time	N/A	N/A	1.2	1.1	1.7	1.5
4 or more times	N/A	N/A	2.9	1.8	2.6	3.2
<b>Any Medicinal Drug Use</b>						
	N/A	N/A	27.3	23.5	32.1	28.9
<b>Any Use of the Above</b>						
	13.4*	N/A	44.0	50.3	53.5	67.3

Question HS A.48-52: During your life, how many times have you used or tried the following pills or medications without a doctor's order (to get "high" or "stoned")...prescription pain killers...barbiturates...tranquilizers or sedatives...cold/cough medicines...diet pills...Ritalin or Adderall? Note: \*Does not include medicinal drug use.



### A2.3 Age of Onset

	Grade 7 (%) By Age 12	Grade 9 (%) By Age 14	Grade 11 (%) By Age 16
<b>Alcohol (one full drink)</b>			
2009/10	28.0	49.6	65.9
2011/13	22.1	40.6	62.0
<b>Marijuana</b>			
2009/10	5.8	21.2	38.5
2011/13	6.9	21.3	41.8
<b>Other illegal drug</b>			
2009/10	3.1	11.2	17.2
2011/13	3.7	10.1	19.6

*Question HS A.56,59-60/MS A.45,48-49: About how old were you the first time you...had a full drink of an alcoholic beverage...used marijuana or hashish...used any other illegal drug, or pill to get "high"?*

### A2.4 Current AOD Use, Past 30 Days

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Alcohol (at least one drink)	15.3	11.2	23.5	20.2	37.3	33.0
Binge drinking (5 or more drinks in a row)	5.0	5.2	12.4	11.4	23.0	22.1
Marijuana	5.9	6.6	13.6	14.9	24.2	24.3
Inhalants	4.3	5.0	4.6	4.7	4.3	4.8
Cocaine	N/A	N/A	3.3	2.9	2.7	4.2
Methamphetamine or any amphetamine	N/A	N/A	3.8	2.7	1.8	3.3
Ecstasy, LSD or other psychedelics	N/A	N/A	5.0	3.7	7.3	4.8
Other illegal drug or pill	2.5	3.5	6.9	4.9	5.1	6.4
<b>Any Drug Use</b>	7.4	9.1	16.5	17.2	26.7	24.8
<b>Heavy Drug Use*</b>	2.8	3.3	8.0	8.4	14.3	14.4
<b>Any of the above AOD Use</b>	17.0	14.6	28.0	25.9	44.6	38.6
Two or more of the above at same time	N/A	N/A	5.7	6.6	13.3	11.6

*Question HS A.63-71/MS A.52-56: During the past 30 days, on how many days did you use...at least one drink of alcohol...five or more drinks of alcohol in a row, that is, within a couple of hours...marijuana...inhalants...cocaine...methamphetamine or any amphetamine...Ecstasy, LSD, or other psychedelics...any other illegal drug or pill to get "high"?*

*\*Heavy drug use calculated based on pattern of binge drinking, and alcohol or drug use on three or more days.*

## A2.5 Frequency of Current Alcohol and Marijuana Use, Past 30 days

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol</b>						
0 days	84.7	88.8	76.5	79.8	62.7	67.0
1 or 2 days	11.5	7.7	14.8	11.6	20.0	17.2
3 to 9 days	2.0	1.5	4.4	4.3	11.1	9.7
10 to 19 days	0.6	0.7	2.6	1.8	4.1	3.0
20 or more days (daily)	1.2	1.3	1.6	2.6	2.2	3.1
<b>Marijuana</b>						
0 days	94.0	93.4	86.4	85.1	75.8	75.7
1 or 2 days	3.4	3.2	5.8	5.6	8.4	8.4
3 to 9 days	1.1	1.2	3.6	3.5	6.6	5.2
10 to 19 days	0.3	0.7	1.5	1.9	3.3	3.1
20 or more days (daily)	1.2	1.4	2.7	3.8	5.9	7.6

Question HS A.63, 65/MS A.52, 54: During the past 30 days, on how many days did you use...alcohol...marijuana?

## A2.6 Any Current Alcohol and Marijuana Use on School Property, Past 30 Days

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol</b>						
0 days	96.7	94.8	93.6	93.4	93.0	93.3
1 to 2 days	2.2	3.3	3.8	3.9	4.8	3.7
3 or more days	1.1	1.8	2.6	2.8	2.2	3.0
<b>Marijuana</b>						
0 days	97.4	95.8	93.3	93.2	93.3	91.8
1 to 2 days	1.4	2.1	2.9	3.0	3.4	3.6
3 or more days	1.2	2.1	3.8	3.8	3.3	4.7
<b>Any illegal drug or pill</b>						
0 days	98.1	96.8	92.9	95.9	96.4	95.2
1 to 2 days	0.8	1.8	4.2	1.9	1.9	2.0
3 or more days	1.1	1.3	2.9	2.1	1.7	2.8
<b>Any of the above AOD Use</b>	4.9	7.4	11.6	10.0	11.7	11.4

Question HS A.73-75/MS A.58-60: During the past 30 days, on how many days on school property did you...have at least one drink of alcohol...smoke marijuana...use any other illegal drug or pill to get "high"?

## A2.7 Ever Drunk or High on School Property

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	96.2	94.4	84.4	86.3	76.2	75.3
1 to 2 times	2.5	3.2	7.9	6.4	11.5	9.4
3 to 6 times	0.6	1.1	3.8	3.1	4.8	5.8
7 or more times	0.7	1.4	3.9	4.2	7.5	9.5

Question HS A.55/MS A.44: During your life, how many times have you been drunk on alcohol or "high" on drugs on school property?

## A2.8 Ever Very Drunk or Sick from Drinking Alcohol

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	91.5	91.9	76.1	79.2	59.0	60.4
1 to 2 times	5.9	5.0	13.9	11.1	19.3	18.9
3 to 6 times	1.3	1.5	4.9	4.7	9.6	9.7
7 or more times	1.3	1.6	5.1	5.0	12.1	11.0

Question HS A.53/MS A.42: During your life, how many times have you been very drunk or sick after drinking alcohol?

## A2.9 Ever "High" from Using Drugs

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	92.4	91.4	77.6	77.1	62.9	60.3
1 to 2 times	3.9	4.2	7.9	7.3	8.7	9.1
3 to 6 times	2.1	1.7	2.7	4.4	5.3	7.1
7 or more times	1.6	2.7	11.8	11.1	23.1	23.5

Question HS A.54/MS A.43: During your life, how many times have you been "high" (loaded, stoned, or wasted) from using drugs?

## A2.10 Current Binge (Episodic Heavy) Drinking, Past 30 Days

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 days	95.1	94.8	87.6	88.6	77.0	77.9
1 to 2 days	2.5	2.9	7.7	6.1	11.1	11.0
3 or more days	2.4	2.4	4.7	5.2	11.9	11.1

Question HS A.64/MS A.53: During the past 30 days, on how many days did you use five or more drinks of alcohol in a row, that is, within a couple of hours?

## A2.11 Desired Level of Alcohol Consumption, Drinking Style or Preference

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Don't drink alcohol	70.5	77.1	52.0	60.8	38.4	42.0
Just a sip or two	17.5	13.5	16.6	14.0	10.9	12.4
Enough to feel it a little	7.1	4.7	16.4	10.7	18.6	15.0
Enough to feel it moderately	2.9	2.7	9.3	8.5	20.7	18.9
Until I feel it a lot or get really drunk	2.0	1.9	5.7	6.0	11.4	11.7

*Question HS A.76/MS A.63: How do you like to drink alcohol?*

## A2.12 Usual Level of Highness When Using Drugs

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Don't use drugs	N/A	N/A	74.5	75.8	63.5	61.3
Not high at all	N/A	N/A	3.4	2.8	2.7	3.3
A little high	N/A	N/A	5.7	5.7	7.5	8.0
Moderately high	N/A	N/A	9.1	8.1	13.2	15.4
Really high or wasted	N/A	N/A	7.3	7.6	13.1	12.1

*Question HS A.77: If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?*

## A3. AOD - Related Problems and Dependency

### A3.1 Ever Driven after Drinking (Respondent or by Friend)

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Never</b>	N/A	N/A	84.0	82.6	76.0	75.4
<b>Any</b>	N/A	N/A	16.0	17.4	24.0	24.6
1 time	N/A	N/A	4.5	5.2	5.8	7.3
2 times	N/A	N/A	3.0	4.1	4.8	5.8
3 to 6 times	N/A	N/A	4.2	3.6	6.9	5.8
7 or more times	N/A	N/A	4.3	4.5	6.5	5.7

*Question HS A.89: During your life, how many times have you driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?*

### A3.2 Ever Been a Passenger in a Car Driven by Someone Who Had Been Drinking

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Never</b>	62.8	58.1	N/A	N/A	N/A	N/A
<b>Any</b>	37.2	41.9	N/A	N/A	N/A	N/A
1 time	12.4	14.1	N/A	N/A	N/A	N/A
2 times	8.5	8.8	N/A	N/A	N/A	N/A
3 to 6 times	6.9	8.5	N/A	N/A	N/A	N/A
7 or more times	9.4	10.5	N/A	N/A	N/A	N/A

*Question MS A.81: In your life, how many times have you ridden in a car driven by someone who had been drinking alcohol?*

### A3.3 Occurrence of Problems while Using Alcohol/Drugs

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Does not apply, never used alcohol/drugs	N/A	N/A	N/A	68.8	N/A	48.1
Problems with emotions, nerves, mental health	N/A	N/A	N/A	6.3	N/A	10.1
Trouble or problems with the police	N/A	N/A	N/A	5.6	N/A	9.5
Money problems	N/A	N/A	N/A	2.3	N/A	4.7
Miss school	N/A	N/A	N/A	3.1	N/A	6.0
Problems with school work	N/A	N/A	N/A	4.4	N/A	6.3
Fight with other kids	N/A	N/A	N/A	3.1	N/A	4.9
Damage a friendship	N/A	N/A	N/A	4.1	N/A	6.2
Physically hurt or injure yourself	N/A	N/A	N/A	3.1	N/A	5.2
Unwanted or unprotected sex	N/A	N/A	N/A	3.0	N/A	5.9
Forget what happened or pass out	N/A	N/A	N/A	6.6	N/A	13.7
Other problems	N/A	N/A	N/A	3.2	N/A	5.1
More than one problem	N/A	N/A	N/A	8.1	N/A	15.1
Never had problems when I've used alcohol/drugs	N/A	N/A	N/A	17.5	N/A	29.1

*Question HS A.90: Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? (Mark All That Apply.) Please note: Because all that apply are marked, total percentages may exceed 100%. Due to changes in the question wording, the 2009-10 data could not be compared to 2011-13.*

### A3.4 Occurrence of Experiences Related to Dependency while Using Alcohol/Drugs

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Does not apply, have not used alcohol or drugs	N/A	N/A	67.0	71.1	48.6	50.7
Had to increase use to get same effect as before	N/A	N/A	5.4	6.5	12.8	12.4
Spent a lot of time getting, using, or being "hung over" from using	N/A	N/A	3.5	3.9	6.0	6.8
Used alcohol or drugs a lot more than intended	N/A	N/A	3.1	4.7	7.4	8.8
Used alcohol or drugs when alone	N/A	N/A	6.0	6.5	11.1	12.0
Alcohol/drug use often kept you from going to school, working, recreational activities or hobbies	N/A	N/A	1.9	2.6	4.0	4.7
Often didn't feel OK unless had something to drink or used a drug	N/A	N/A	1.6	2.8	4.1	4.4
Thought about reducing or stopping use	N/A	N/A	6.4	6.0	15.1	11.9
Told yourself not going to use, but used anyway	N/A	N/A	3.3	5.1	9.4	8.5
Spoke with someone about reducing or stopping use	N/A	N/A	1.9	3.4	7.8	5.9
Attended counseling, program, or group to reduce/stop use	N/A	N/A	0.7	1.3	1.5	2.0
More than one experience	N/A	N/A	5.7	7.9	13.1	15.5
Use alcohol or drugs, but have not experienced any of these things	N/A	N/A	N/A	14.4	N/A	25.1

*Question HS A.97: If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (Mark All That Apply.) Please note: Because all that apply are marked, total percentages may exceed 100(%).*

## A4. Substance Use Correlates

### A4.1 Perceived Harm-Risk of Alcohol and Marijuana Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol - Drink occasionally</b>						
Great harm	27.8	28.5	26.5	29.2	23.2	26.0
Moderate harm	24.8	22.3	26.3	23.8	25.3	23.9
Slight harm	31.4	23.2	32.5	27.5	37.9	32.4
None	16.0	25.9	14.7	19.5	13.6	17.7
<b>Alcohol - 5+ drinks once or twice a week</b>						
Great harm	48.6	44.1	45.8	50.0	50.8	49.9
Moderate harm	26.4	22.2	31.7	24.2	28.9	26.4
Slight harm	11.9	9.6	12.0	10.1	12.8	11.6
None	13.0	24.2	10.4	15.7	7.5	12.1
<b>Marijuana - Smoke occasionally</b>						
Great harm	45.2	42.1	40.4	37.0	29.3	29.0
Moderate harm	28.6	22.3	27.1	23.4	23.7	20.2
Slight harm	11.6	10.5	17.4	17.3	26.8	24.2
None	14.7	25.1	15.1	22.3	20.2	26.7
<b>Marijuana - Smoke once or twice a week</b>						
Great harm	58.0	48.8	47.7	46.6	42.8	38.0
Moderate harm	18.5	17.1	26.3	19.5	25.9	21.1
Slight harm	8.9	8.6	12.4	13.0	15.2	17.3
None	14.6	25.4	13.6	20.9	16.1	23.6

*Question HS A.80-83/MS A.66-69: How much do people risk harming themselves physically and in other ways when they do the following?...drink alcohol occasionally...have 5 or more drinks of an alcoholic beverage once or twice a week...smoke marijuana occasionally...smoke marijuana once or twice a week*



#### A4.2 Personal Disapproval of Using Alcohol or Marijuana

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol - One or two drinks nearly every day</b>						
Neither approve nor disapprove	19.1	20.7	26.5	24.6	23.7	25.8
Somewhat disapprove	16.9	12.9	21.5	19.7	21.0	21.4
Strongly disapprove	64.0	66.3	51.9	55.7	55.2	52.8
<b>Marijuana or Hashish - Once or twice</b>						
Neither approve nor disapprove	19.2	22.4	31.6	35.6	45.1	48.2
Somewhat disapprove	16.6	13.5	22.4	20.8	21.7	20.3
Strongly disapprove	64.1	64.1	46.1	43.6	33.2	31.5
<b>Marijuana - Once a month or more</b>						
Neither approve nor disapprove	20.5	22.1	30.6	34.3	41.7	45.5
Somewhat disapprove	12.6	12.1	20.0	17.9	20.2	18.8
Strongly disapprove	66.9	65.9	49.4	47.7	38.2	35.7

*Question HS A.92-94/MS A.76-78: How do you feel about someone your age doing the following?...having one or two drinks of an alcoholic beverage nearly every day... trying marijuana or hashish once or twice...using marijuana once a month or more*

#### A4.3 Perception of Percent of Marijuana Experience among Peers

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
None of them	31.3	44.3	9.3	16.2	5.0	8.0
10 percent	28.8	25.5	13.5	12.9	5.0	6.6
20 percent	11.4	8.4	10.4	9.0	6.8	5.9
30 percent	7.6	5.8	11.5	9.0	9.5	6.9
40 percent	7.3	3.3	7.0	7.2	8.1	6.8
50 percent	7.9	6.1	17.8	15.3	16.3	15.5
60 percent	1.2	1.4	6.1	6.2	8.3	8.4
70 percent	1.3	1.4	5.0	7.3	12.4	10.7
80 percent	1.5	1.2	10.0	7.4	12.2	12.2
90 percent	1.0	1.0	7.1	5.7	12.7	11.6
All of them	0.6	1.5	2.4	3.7	3.8	7.3
Total 50% or more	13.5	12.6	48.4	45.6	65.7	65.7

*Question HS A.88/MS A.74: Think about a group of 100 students in your grade. About how many students have...ever tried marijuana?*

#### A4.4 Perceived Difficulty of Obtaining Alcohol and Marijuana

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
<b>Alcohol</b>						
Very difficult	14.6	13.5	6.4	6.6	4.7	4.8
Fairly difficult	12.1	11.0	9.6	8.3	7.4	6.5
Fairly easy	17.6	15.5	25.6	23.4	27.9	25.2
Very easy	18.2	15.6	35.8	33.4	45.4	46.7
Don't know	37.6	44.4	22.6	28.4	14.6	16.7
<b>Marijuana</b>						
Very difficult	24.3	18.9	7.3	7.8	5.1	4.9
Fairly difficult	11.0	9.6	6.6	7.0	6.4	3.8
Fairly easy	10.4	10.7	22.0	18.3	23.3	18.7
Very easy	12.2	14.8	37.6	36.4	48.6	53.9
Don't know	42.1	46.0	26.4	30.5	16.6	18.7

Question HS A.85-86/MS A.71-72: How difficult is it for students in your grade to get alcohol or marijuana if they really want them?

#### A4.5 Offered Illegal Drugs on School Property, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	86.4	85.7	65.7	72.9	62.9	66.7
1 time	6.0	7.2	12.0	10.2	9.6	10.2
2 to 3 times	3.8	3.4	8.6	7.8	11.9	9.4
4 or more times	3.8	3.8	13.7	9.1	15.6	13.8

Question HS A.107/MS A.89: During the past 12 months, how many times on school property have you been offered, sold or given an illegal drug?

#### A4.6 Talked to Parents or Guardian about Dangers of Tobacco, Alcohol, or Drug Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	40.6	44.1	50.7	47.1	50.6	47.0
Yes	59.4	55.9	49.3	52.9	49.4	53.0

Question HS A.98/MS A.61: During the past 12 months, have you talked with at least one of your parents (or guardian) about the dangers of tobacco, alcohol, or drug use?

#### A4.7 Heard, Read, or Watched any Messages about Not Using Alcohol, Tobacco, or Drugs

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	19.8	22.4	19.9	31.1	20.3	30.8
Yes	80.2	77.6	80.1	68.9	79.7	69.2

*Question HS A.99/MS A.62: During the past 12 months, have you heard, read or watched any messages about not using alcohol, tobacco, or drugs?*

# Section B - Supplemental AOD Module

## B1. Sample Characteristics

### B1.1 Sample Characteristics

	Grade 7		Grade 9		Grade 11	
<b>Final Number of Participating Schools</b>	25		34		40	
	Grade 7 09/10	Grade 7 11/13	Grade 9 09/10	Grade 9 11/13	Grade 11 09/10	Grade 11 11/13
<b>Final Number of Respondents</b>	2,881	6,400	2,565	10,335	2,944	9,233

### B1.2 Age of Sample

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
12 years or younger	70.7	55.1	0.2	0.1	0.0	0.0
13 years old	27.8	41.1	1.6	0.8	0.0	0.0
14 years old	1.6	2.5	67.4	59.5	0.1	0.1
15 years old	0.0	0.0	27.6	37.4	1.2	1.0
16 years old	0.0	0.0	3.2	1.9	68.0	58.1
17 years old	0.0	0.0	0.0	0.1	28.7	38.6
18 years or older	0.0	0.1	0.1	0.1	2.0	2.1

Question HS/MS A.3: How old are you?

### B1.3 Gender of Sample

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Male	49.4	48.2	48.2	48.1	50.3	46.4
Female	50.6	51.8	51.8	51.9	49.7	53.4

Question HS/MS A.4: What is your sex?

## B1.4 Hispanic or Latino

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	N/A	52.0	N/A	51.5	N/A	48.7
Yes	N/A	48.0	N/A	48.5	N/A	51.3

*Question HS/MS A.6: Are you of Hispanic or Latino origin? Note: Due to changes in the method of categorizing race/ethnicity to align the survey with federal recommendations, the 2009-10 data could not be compared to 2011-13.*

## B1.5 Race

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
American Indian or Alaska Native	N/A	6.2	N/A	4.6	N/A	3.7
Asian	N/A	11.5	N/A	11.7	N/A	12.4
Black or African American	N/A	4.9	N/A	5.6	N/A	6.3
Native Hawaiian or Pacific Islander	N/A	2.3	N/A	2.5	N/A	2.8
White	N/A	27.5	N/A	32.4	N/A	35.5
Mixed (two or more) races	N/A	47.5	N/A	43.2	N/A	39.3

*Question HS/MS A.7: What is your race? Note: Due to changes in the method of categorizing race/ethnicity to align the survey with federal recommendations, the 2009-10 data could not be compared to 2011-13.*

## B2. Prevalence and Level of Substance Use

### B2.1 Frequency of Alcohol Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	80.4	87.1	61.3	72.5	45.8	54.5
1 to 2 times	11.3	6.6	19.3	11.0	16.4	14.0
A few times	4.9	3.2	10.9	9.4	17.6	15.5
Once a month	0.9	0.8	3.1	2.2	4.8	5.2
Once a week	0.6	0.6	2.1	1.7	7.7	4.6
A few times a week	1.3	0.7	2.6	1.5	6.7	3.7
Once a day or more	0.6	1.1	0.6	1.8	1.0	2.5

*Question HS/MS G.1: During the past 6 months, about how many times did you use an alcoholic drink without a doctor's orders?*

## B2.2 Frequency of Marijuana Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	93.1	92.3	78.7	81.6	67.3	68.8
1 to 2 times	2.9	3.1	7.8	5.2	8.7	8.1
A few times	1.4	1.7	3.8	4.9	6.6	7.1
Once a month	0.6	0.7	1.6	1.5	2.8	2.7
Once a week	0.7	0.5	3.1	1.5	3.5	2.4
A few times a week	0.8	0.4	2.8	2.4	6.0	4.4
Once a day or more	0.5	1.3	2.3	2.8	5.1	6.4

*Question HS/MS G.2: During the past 6 months, about how many times did you use marijuana without a doctor's orders?*

## B2.3 Frequency of Inhalant Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	92.9	94.5	92.0	94.5	94.0	94.1
1 to 2 times	3.3	2.3	4.7	2.2	1.9	2.1
A few times	2.1	1.1	1.8	1.1	1.5	1.3
Once a month	0.2	0.4	0.6	0.3	1.2	0.5
Once a week	0.2	0.5	0.1	0.3	0.5	0.3
A few times a week	0.8	0.3	0.5	0.3	0.6	0.5
Once a day or more	0.5	0.9	0.3	1.2	0.2	1.2

*Question HS/MS G.3: During the past 6 months, about how many times did you use inhalants without a doctor's orders?*

## B2.4 Frequency of Stimulant Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	96.5	96.8	97.1	95.9
1 to 2 times	N/A	N/A	2.2	0.9	1.0	1.0
A few times	N/A	N/A	0.4	0.5	0.8	0.8
Once a month	N/A	N/A	0.2	0.4	0.3	0.3
Once a week	N/A	N/A	0.4	0.2	0.2	0.1
A few times a week	N/A	N/A	0.2	0.2	0.4	0.4
Once a day or more	N/A	N/A	0.2	1.1	0.3	1.4

*Question HS G.4: During the past 6 months, about how many times did you use methamphetamine or amphetamines without a doctor's orders?*

## B2.5 Frequency of Cocaine Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	97.4	96.6	95.2	95.0
1 to 2 times	N/A	N/A	1.5	0.9	2.1	1.6
A few times	N/A	N/A	0.4	0.5	1.0	0.9
Once a month	N/A	N/A	0.3	0.4	0.5	0.5
Once a week	N/A	N/A	0.0	0.3	0.5	0.3
A few times a week	N/A	N/A	0.1	0.3	0.5	0.3
Once a day or more	N/A	N/A	0.2	1.1	0.3	1.4

*Question HS G.5: During the past 6 months, about how many times did you use cocaine without a doctor's orders?*

## B2.6 Frequency of LSD or Other Psychedelic Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	97.0	96.5	95.5	95.2
1 to 2 times	N/A	N/A	1.4	1.1	2.3	1.6
A few times	N/A	N/A	0.7	0.5	1.1	1.0
Once a month	N/A	N/A	0.4	0.3	0.3	0.3
Once a week	N/A	N/A	0.1	0.2	0.2	0.2
A few times a week	N/A	N/A	0.1	0.2	0.2	0.4
Once a day or more	N/A	N/A	0.3	1.3	0.4	1.3

*Question HS G.7: During the past 6 months, about how many times did you use LSD or other psychedelics without a doctor's orders?*

## B2.7 Frequency of Ecstasy Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	92.3	95.8	88.8	93.6
1 to 2 times	N/A	N/A	3.6	1.6	3.1	2.2
A few times	N/A	N/A	2.1	0.6	3.1	1.6
Once a month	N/A	N/A	0.6	0.3	2.0	0.5
Once a week	N/A	N/A	0.6	0.2	1.1	0.3
A few times a week	N/A	N/A	0.4	0.3	1.6	0.5
Once a day or more	N/A	N/A	0.3	1.2	0.4	1.4

*Question HS G.8: During the past 6 months, about how many times did you use Ecstasy without a doctor's orders?*

## B2.8 Frequency of Any Other Illegal Drug or Pill Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	97.1	96.3	92.2	94.4	92.3	92.4
1 to 2 times	0.8	1.4	3.3	1.8	2.2	2.4
A few times	0.4	0.6	2.1	1.3	1.4	1.7
Once a month	0.3	0.2	0.9	0.4	1.0	0.7
Once a week	0.4	0.4	0.3	0.4	0.9	0.5
A few times a week	0.3	0.2	0.5	0.4	1.3	0.7
Once a day or more	0.7	0.8	0.8	1.3	0.8	1.6

*Question HS G.9/MS G.5: During the past 6 months, about how many times did you use any other illegal drug or pill to get "high" without a doctor's orders?*

## B2.9 Frequency of Polydrug Use, Past Six Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	89.7	93.5	81.3	87.7
1 to 2 times	N/A	N/A	3.9	2.2	5.1	3.6
A few times	N/A	N/A	2.1	1.5	5.1	3.2
Once a month	N/A	N/A	1.2	0.7	1.4	1.5
Once a week	N/A	N/A	0.7	0.4	4.1	1.2
A few times a week	N/A	N/A	1.9	0.5	2.0	1.0
Once a day or more	N/A	N/A	0.5	1.2	1.0	1.8

*Question HS G.10: During the past 6 months, about how many times did you use two or more drugs at the same time without a doctor's orders?*

## B2.10 Use of Steroids, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
None, have used no steroids	N/A	N/A	98.6	97.0	98.5	96.6
Some, have taken a few times	N/A	N/A	1.2	1.7	1.0	1.8
Regularly, have been on a program of steroid use	N/A	N/A	0.2	1.3	0.5	1.6

*Question HS G.11: During the past 12 months, have you taken any steroids to build up muscle or increase performance or endurance?*



## B2.11 Use of Performance-enhancing Supplements, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No	N/A	N/A	95.1	96.4	96.7	95.5
Some, have taken a few times	N/A	N/A	3.4	2.1	2.2	2.0
Regularly, have been on a program of supplement use	N/A	N/A	1.5	1.5	1.1	2.5

*Question HS G.12: During the past 12 months, did you use any banned performance-enhancing supplement that claims to build muscle or increase strength or endurance?*

## B3. Prevention and Cessation

### B3.1 Attempts to Stop Alcohol Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Any attempt	N/A	N/A	10.2	8.9	12.8	12.6
1 time	N/A	N/A	5.4	4.9	6.8	6.7
2 to 3 times	N/A	N/A	2.8	1.8	3.5	2.8
4 or more times	N/A	N/A	2.0	2.2	2.5	3.1

*Question HS G.15: How many times have you tried to quit or stop using alcohol?*

### B3.2 Attempts to Stop Marijuana Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Any attempt	N/A	N/A	12.0	8.9	18.4	16.4
1 time	N/A	N/A	6.2	4.2	9.6	8.6
2 to 3 times	N/A	N/A	2.7	2.0	4.9	4.1
4 or more times	N/A	N/A	2.6	2.7	3.9	3.7

*Question HS G.16: How many times have you tried to quit or stop using marijuana?*

### B3.3 Felt Need for Help for AOD Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
No, I never used alcohol or other drugs	N/A	N/A	61.5	76.4	47.7	59.5
No, but I do use alcohol or other drugs	N/A	N/A	33.3	20.9	47.9	36.8
Yes, I have felt that I needed help	N/A	N/A	5.2	2.7	4.4	3.6

*Question HS G.17: Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?*

### B3.4 Likelihood Students Will Find Help at School for Stopping AOD Use

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
Very likely	N/A	N/A	19.5	20.1	15.8	19.5
Likely	N/A	N/A	22.6	20.2	24.4	21.6
Not likely	N/A	N/A	34.1	33.4	42.6	37.5
Don't know	N/A	N/A	23.8	26.4	17.2	21.4

*Question HS G.18: In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?*

## B4. Substance Use Correlates

### B4.1 Sources of Alcohol

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
At school	6.5	11.0	9.3	11.8	9.9	11.0
At parties or events outside school	31.2	21.0	46.9	33.4	61.9	45.1
At their own home	28.2	17.0	31.7	21.4	42.4	28.4
From adults at friends' homes	11.1	7.0	15.5	12.6	26.0	20.2
From friends or another teenager	28.5	19.0	38.8	23.5	50.6	33.2
Get adults to buy it for them	9.2	6.0	16.2	13.0	33.4	22.9
Buy it themselves at a store	4.4	5.0	11.0	8.2	20.1	14.5
At bars, clubs, or gambling casinos	2.5	2.0	4.5	3.1	5.6	4.1
Other	11.2	9.0	11.0	10.1	15.7	12.0
Don't know	47.9	60.0	29.8	30.2	20.0	22.2

*Question HS G.13/MS G.6: How do most kids at your school who drink alcohol usually get it? (Mark All That Apply.)*

### B4.2 Sold Drugs, Past 12 Months

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0 times	N/A	N/A	88.2	93.3	88.9	89.8
1 time	N/A	N/A	3.3	2.5	3.2	2.8
2 to 3 times	N/A	N/A	4.4	1.7	3.2	2.8
4 or more times	N/A	N/A	4.1	2.4	4.7	4.6

*Question HS G.21: During the past 12 months, how many times have you sold drugs to someone?*

### B4.3 Estimate of Peer Alcohol Use Prevalence

	Grade 7 09/10 (%)	Grade 7 11/13 (%)	Grade 9 09/10 (%)	Grade 9 11/13 (%)	Grade 11 09/10 (%)	Grade 11 11/13 (%)
0	39.4	47.0	N/A	N/A	N/A	N/A
10	27.4	25.0	N/A	N/A	N/A	N/A
20	8.2	9.0	N/A	N/A	N/A	N/A
30	6.3	6.0	N/A	N/A	N/A	N/A
40	4.0	3.0	N/A	N/A	N/A	N/A
50	8.2	5.0	N/A	N/A	N/A	N/A
60	1.1	1.0	N/A	N/A	N/A	N/A
70	1.6	1.0	N/A	N/A	N/A	N/A
80	1.4	1.0	N/A	N/A	N/A	N/A
90	1.6	1.0	N/A	N/A	N/A	N/A
100	0.9	1.0	N/A	N/A	N/A	N/A

*Question MS G.7: Think about a group of 100 students in your grade. About how many students have drunk alcohol at least once a month?*