

# Highlights from the MetroWest Adolescent Health Survey

*Informing data driven school and community  
health policies and practices*

2014

## MetroWest Region Middle School Report

GRADES 7-8



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## MetroWest Region Middle School Report

### Background

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The 2014 MetroWest Adolescent Health Survey (MWAHS) marks a decade-long, ground-breaking initiative to support data-driven improvements in adolescent health in the 25 communities served by the MetroWest Health Foundation (MHF). Since 2006, the MWAHS has been administered every other year to monitor trends in health and risk behaviors and identify emerging health issues at the local and regional levels. With over 40,000 students surveyed in 2014 alone, this regional census is one of the largest adolescent health surveys in the country. Yet it maintains a local focus, with the goal of providing comprehensive data on issues of local concern to inform schools and communities as they strive to enhance policies and programs, improve prevention efforts, and set priorities for achieving a healthier youth population.

### Methodology

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The 2014 middle school MWAHS was administered to a census of students in grades 7 and 8 in all 24 school districts in the MetroWest region that contain middle schools. 17 school districts chose to include 6<sup>th</sup> grade students; these findings are described in a separate report. As in previous survey waves, local procedures were followed to inform parents of the survey and give them the choice to opt out their child(ren). Students were also informed that their participation was voluntary and that no names or other identifying information were being collected. Data collection at each school was guided by a protocol that protected the privacy of students' responses.

In total, 12,191 students in grades 7 and 8 completed the 2014 survey, representing 93% of the youth in the 24 school districts. The data allow for an examination of behavioral trends across five time points from 2006 to 2014. This report summarizes current youth behaviors on key health indicators in the areas of substance use, violence, bullying, mental health, and physical activity. Current data from 2014 is provided by gender and grade, and trends over the five waves of the MWAHS are highlighted.

## Key Findings: Substance Use

### Cigarette Smoking

*Cigarette smoking has continued to decrease among middle school youth over the last decade. After declining from 10% in 2006 to 6% in 2012, reports of lifetime smoking declined further to 4% in 2014. However, a small proportion of middle school youth (6%) have experimented with electronic cigarettes.*

- » Current cigarette smoking (in the past 30 days) decreased from 4% in 2006 to 2% in 2012; in 2014, only 1% of youth reported smoking in the past 30 days. Both females and males are smoking less.
- » Reports of lifetime smoking are slightly higher among males (5%) compared with females (3%), and current smoking is very similar (1-2%). As smoking has declined, the difference between males and females has diminished.
- » Despite the notable decrease in smoking, some youth continue to initiate smoking in middle school. Reports of lifetime smoking increase from 3% in 7<sup>th</sup> grade to 6% in 8<sup>th</sup> grade.
- » As in prior years, fewer MetroWest middle school youth smoke than Massachusetts youth. For example, only 6% of MetroWest 8<sup>th</sup> grade youth have smoked in their lifetime, compared to 14% of Massachusetts 8<sup>th</sup> grade youth.<sup>1</sup>
- » 6% of middle school youth have tried an electronic cigarette in their lifetime, and 4% have used one in the past 30 days. (2014 was the first year that youth were asked about electronic cigarettes and other electronic vapor products, defined as products that create a mist or vapor that you breathe in like smoke.)
- » Consistent with conventional cigarette smoking, males are more likely than females to use electronic cigarettes. For example, 8% of males have tried an electronic cigarette in their lifetime, compared with 5% of females.

### Alcohol Use and Drinking and Driving

*Since 2006, drinking among middle school youth has decreased by half. Lifetime drinking decreased from 22% in 2006 to 12% in 2012, and then declined further to 11% in 2014.*

- » Current drinking (in the past 30 days) follows a similar pattern: Reports of current drinking decreased from 9% in 2006 to 5% in 2012, and then lowered to 4% in 2014.
- » There were notable declines in alcohol use among both females and males in the last decade.
- » The proportion of students who reported binge drinking decreased from 3% in 2006 to 1% in 2014. (Binge drinking is defined as consuming five or more drinks in a row on one or more occasions in the past 30 days.)
- » Reports of riding in a car with a driver who had been drinking have been similar at 14-15% from 2010 to 2014.
- » More males than females initiate alcohol use in middle school (13% vs. 9%). Current drinking is similar among males and females at 4%.
- » Despite the substantial declines in alcohol use, many youth continue to initiate drinking during middle school. Lifetime drinking doubles from 7% in 7<sup>th</sup> grade to 15% in 8<sup>th</sup> grade, and current drinking increases from 2% to 6%.
- » MetroWest middle school youth continue to report less drinking than youth statewide. For example, 6% of 8<sup>th</sup> grade youth in the MetroWest region reported current alcohol use, compared with 10% of 8<sup>th</sup> grade youth statewide.<sup>1</sup>

## Marijuana Use

*The 2014 data on marijuana use suggests a slight decline. From 2006 to 2012, lifetime marijuana use was similar at 4-5%; in 2014, 3% reported lifetime use.*

- » Current marijuana use (in the past 30 days) has decreased from 3% in 2006 to 2% in 2014. While this overall change is small, it consists of slight declines across multiple time points.
- » As in prior surveys, initiation of marijuana use is higher among males than females: 4% of males have tried marijuana in their lifetime, compared with 2% of females.
- » A small proportion of youth initiate marijuana use in middle school. From 7<sup>th</sup> grade to 8<sup>th</sup> grade, lifetime marijuana use increases from 1% to 5%.
- » Fewer MetroWest middle school youth are using marijuana than Massachusetts youth. Among 8<sup>th</sup> grade students, lifetime marijuana use is lower in the MetroWest region (5%) compared with the state (14%).<sup>1</sup>

## Inhalant Use

*Use of inhalants has steadily decreased in the last decade. Only 3% of youth reported lifetime inhalant use in 2014, compared with 8% in 2006.*

- » The decline in inhalant use was notable among females (from 8% in 2006 to 3% in 2012) and males (from 9% to 3%). (Inhalant use is defined as sniffing glue, breathing the contents of spray cans, or inhaling any paints or sprays to get high.)
- » Reports of inhalant use increase from 2% in 7<sup>th</sup> grade to 4% in 8<sup>th</sup> grade.
- » The decrease in inhalant use in the MetroWest region is consistent with national data on 8<sup>th</sup> grade youth from the *Monitoring the Future* study.<sup>2</sup>

## Key Findings: Violence

*Since 2008, fighting has declined steadily among middle school youth. Reports of fighting in the past 12 months decreased from 45% in 2008 to 35% in 2012, and lowered further to 33% in 2014. Weapon carrying has been similar since 2010 at 14-15%.*

### Physical Fighting

- » Physical fighting is notably lower among both genders: Lifetime reports decreased from 62% in 2006 to 48% in 2014 among males, and from 26% to 19% among females.
- » Half as many youth reported fighting on school property in 2014 (9%) compared with 2006 (19%). The decrease was substantial among both males (from 30% in 2006 to 15% in 2014) and females (from 8% to 4%).
- » While fighting declined substantially among both genders, fighting is reported by more than twice as many males as females, both overall and on school property.
- » Reports of fighting are similar in 7<sup>th</sup> and 8<sup>th</sup> grades. For example, 9% of 7<sup>th</sup> grade youth and 10% of 8<sup>th</sup> grade youth reported fighting on school property in their lifetime.

### Weapon Carrying

- » Weapon carrying has been similar from 2010 to 2014 at 14-15%, after declining from 18% in 2006. This decline is driven by a small decline among males, from 28% in 2006 to 23% in 2014. During this time, weapon carrying was similar among females.
- » Weapon-carrying on school property has been low since 2006 (3%), but declined even further to 1% in 2014.
- » Consistent with gender patterns for physical fighting, weapon-carrying is substantially higher among males (23%) compared with females (7%).
- » Lifetime reports of carrying a weapon increase from 14% in 7<sup>th</sup> grade to 17% in 8<sup>th</sup> grade.

## Key Findings: Bullying and Cyberbullying

*Many fewer students are reporting bullying at school, but cyberbullying may be rising. School bullying steadily decreased from a high of 43% in 2008 to 24% in 2014. In contrast, cyberbullying remained similar at 16-17% from 2006 to 2012 and increased slightly to 19% in 2014.*

### Bullying

- » Reports of overall bullying victimization in the past 12 months also decreased, from a high of 49% in 2008 to 29% in 2014.
- » Bullying on school property is substantially lower among both genders. From 2008 to 2014, reports of school bullying decreased from 45% to 27% among females, and from 41% to 21% among males.
- » Consistent with prior surveys, more females than males continue to report bullying victimization overall (33% vs. 24%) and on school property (27% vs. 21%).
- » Despite higher rates of victimization among females than males, 8% of both male and female youth reported bullying someone else in the past year.
- » Reports of overall bullying victimization and bullying on school property are similar in 7<sup>th</sup> and 8<sup>th</sup> grades.
- » Many bullying victims do not seek help from adults. Among students who were bullied at school in the past year, 39% had talked to a school adult and just over half (57%) had talked to a parent or other adult outside of school about being bullied.
- » About one-third of youth (35%) have intervened as bystanders by trying to stop a student from bullying someone else at school, and 17% have told an adult at school that someone else was being bullied.

### Cyberbullying

- » Reports of cyberbullying victimization in the past 12 months were similar from 2006 to 2012 at 16-17% and increased to 19% in 2014.
- » Cyberbullying continues to be an increasing problem among females. Reports of cyberbullying victimization among females increased from 18% in 2006 to 24% in 2014, whereas cyberbullying has been similar among males at 11-13% since 2006.
- » 6% of youth reported cyberbullying someone else in the past year. Despite the gender difference in victimization, reports of perpetration are similar by gender (6% for females, 5% for males).
- » Cyberbullying victimization increases somewhat by grade, from 17% in 7<sup>th</sup> grade to 20% in 8<sup>th</sup> grade.
- » The majority of cyberbullying victims do not seek help from adults. Among students who were cyberbullied in the past year, only 18% had talked to an adult at school and 34% had talked to a parent or other adult outside of school. These numbers are substantially lower than those reported by school bullying victims.
- » 15% of youth have tried to stop a student from cyberbullying someone else. Twice as many females as males (20% vs. 11%) have tried to intervene in this way as active bystanders. 6% of youth have told an adult at school that someone was being cyberbullied, and 9% told a parent or other adult outside of school.

## Key Findings: Mental Health

*Over the last decade, overall reports of mental health problems among MetroWest middle school youth have remained similar, though there may be an increase in mental health problems among females. In 2014, 20% of females and 10% of males reported feeling depressive symptoms in the past year.*

### Stress

- » Overall reports of feeling “very” stressed in the past 30 days have been similar at 12-14% since 2006. However, from 2006 to 2014, stress increased among females from 16% to 19% whereas it was similar among males.
- » Consistent with prior surveys, reports of stress are twice as high among females (19%) as males (9%).
- » From 7<sup>th</sup> to 8<sup>th</sup> grade, reports of recent stress increase from 11% to 17%.

### Depressive Symptoms, Self-Injury, and Suicidality

- » In 2014, 15% of youth reported depressive symptoms in the past 12 months, which is similar to 2006-2008 levels and slightly higher than 2010-2012 levels (13%). Among females, there has been an increase in depressive symptoms from 15% in 2010 to 20% in 2014, whereas there was little change among males during this time (9-10%). (Depressive symptoms are defined as feeling sad or hopeless almost every day for two or more weeks during the past 12 months.)
- » 9% of youth reported self-injury in the past 12 months, with little overall change since 2006. Again, there is a small increase among females (from 9% in 2006 to 13% in 2014), but not among males. (Self-injury is defined as cutting, burning, or bruising oneself on purpose in the past 12 months.)
- » Suicidality has also remained similar. Since 2006, reports of seriously considering suicide were in the range of 9-11%, and reports of suicide attempts were steady at 3%. However, more females reported suicidal ideation in 2014 (15%) compared to 2006 (11%), whereas there was little change among males.
- » Mental health problems continue to be much higher among females than males, consistent with prior surveys. In 2014, twice as many females as males reported depressive symptoms (20% compared to 10%), self-injury (13% compared to 5%), and seriously considering suicide (15% compared to 8%).
- » Reports of depressive symptoms and self-injury increase by grade. For example, from 7<sup>th</sup> to 8<sup>th</sup> grade, self-injury increases from 7% to 11%.
- » 4% of youth have been absent or missed some school in the past 30 days due to feeling sad or hopeless, or having thoughts about hurting themselves. This is reported by more females (6%) than males (2%).
- » 15% of youth have talked to a parent/adult outside of school about feeling sad or hopeless, or having thoughts about hurting themselves in the past 12 months, up from 10% in 2012. Fewer youth (5%) have spoken to a teacher or other adult at school, and 4% have talked to a doctor, nurse, or health care provider.

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

*Over the last decade, physical activity levels and overweight/obesity have remained similar. In 2014, four out of five students (81%) reported engaging in vigorous physical activity on 3 or more days per week, and one in five youth (19%) were overweight or obese.*

### Physical Activity

- » Reports of vigorous physical activity were slightly lower in 2010 (77%), but have been steady at 80-81% since 2012.
- » Reports of playing on a sports team have increased somewhat, from 73% in 2006 to 78% in 2014.
- » Consistent with prior surveys, more males (85%) than females (77%) reported being physically active on three or more days a week.
- » Reports of physical activity are similar in 7<sup>th</sup> and 8<sup>th</sup> grades.
- » While the majority of students reported vigorous physical activity on 3 or more days per week, 34% of youth reported spending three or more hours a day on “screen time” that is not for school or homework. This is similar to 2012 levels and may be an indicator of unhealthy sedentary behavior.

### Nutrition

- » Fewer youth are drinking non-diet soda/soft drinks. The proportion of youth having one or more sodas on the day prior to the survey decreased substantially, from 51% in 2006 to 33% in 2014.
- » Since 2006, fruit and vegetable consumption did not change notably: 78% reported at least one serving of fruit on the day before the survey, and a similar proportion (80%) reported at least one serving of vegetables or green salad.
- » Consumption of three or more glasses of milk per day decreased from 37% in 2006 to 26% in 2014, though consumption of other milk/dairy products has remained similar (83-85%).

## Overweight/Obesity

- » The proportion of youth who were overweight or obese has been steady at 19-20% over the last decade. (Reports of overweight/obesity are based on self-reported height and weight, which is used to calculate body mass index. Overweight/obesity is defined as being in the 85<sup>th</sup> percentile or above for body mass index by age and gender, based on reference data.)
- » Consistent with prior years, males are more likely than females to be overweight/obese (22% compared to 17%).
- » Overweight/obesity is slightly higher in 8<sup>th</sup> grade (20%) than 7<sup>th</sup> grade (18%).

## Sleep

- » Only two-thirds of youth (64%) get 8 or more hours of sleep on an average school night.
- » Males are more likely to get 8 or more hours of sleep (68%) than females (60%).
- » The proportion of youth that get 8 or more hours of sleep decreases from 71% in 7<sup>th</sup> grade to 57% in 8<sup>th</sup> grade.
- » The MWAHS first asked about sleep in 2014, so no trend data is available.

## Key Findings: Protective Factors

*The majority of MetroWest youth report high levels of school attachment and the presence of supportive adults in their lives. Reports of these protective factors have been consistent since 2006 and are associated with lower levels of risk behaviors including substance use and violence, bullying victimization, and mental health problems.*

### School Attachment and Engagement

- » Three-quarters of youth reported being engaged in and connected with their school, as indicated by their agreement with statements such as, “I feel close to people at this school” (76%), “I am happy to be at this school” (73%), and “I feel safe in my school” (84%).
- » Overall reports of school attachment have been similar in the MetroWest region since 2006, though there is some small improvement in terms of the proportion of students who believe that teachers treat students fairly and that they feel safe at school.
- » Reports of school attachment are similar among males and females and are slightly lower in 8<sup>th</sup> grade than in 7<sup>th</sup> grade.
- » Youth who report high levels of school attachment are less likely than students who report low levels of attachment to engage in high-risk behaviors, including substance use and physical violence. They are also less likely to be victims of bullying and to report mental health problems.

### Adult Support

- » Seven out of ten youth (69%) have at least one teacher or other adult at school to talk to if they have a problem, and nine out of ten youth (92%) have a parent or other adult outside of school to talk to about things that are important to them.
- » Adult support at school is similar among both genders and is slightly higher in 7<sup>th</sup> grade (71%) than in 8<sup>th</sup> grade (67%). Reports of adult support outside of school follow a similar pattern.
- » Youth who report adult support either at school and/or at home are less likely to engage in substance use and violence, to be victims of bullying, and to report stress and other mental health problems.

## Conclusions

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Over the last decade, the MWAHS has provided insight into adolescent health trends, driving key decisions on health-related practices across the region. With each survey wave, the data paints a more resounding picture of advances to address behaviors. It also continues to identify emerging risks that demand greater attention.

Several findings show positive regional trends that have continued through the most recent 2014 survey:

- » Over the last decade, cigarette smoking among MetroWest middle school youth has declined by more than half. While electronic cigarette use is an emerging trend, the health consequences are not fully understood.
- » Half as many youth are initiating alcohol use in middle school compared with 2006. This decline is consistent with statewide trends and also took place in the context of targeted local and regional initiatives to reduce alcohol and other substance use, including community programs funded by the MHF.
- » Bullying on school property has dropped dramatically since 2008. Widespread school and community-based initiatives, including programs funded by the MHF, in combination with state anti-bullying legislation passed in 2010, may have contributed to these declines. While one in five youth still report bullying at school, communities are making headway in addressing this form of victimization.
- » Physical fighting continues to decline, and reports of fighting on school property have been cut in half. This decline in fighting may be related to anti-bullying efforts, including initiatives to improve school climate.

The following behaviors have been stable in recent years:

- » Marijuana use in middle school is slightly lower in 2014, though additional data is needed to determine if this trend will continue. While there are many factors that may influence students' decisions to initiate marijuana use, the 2009 decriminalization does not appear to be associated with a rise in use in the region.
- » Despite a decrease in physical fighting, weapon carrying has remained similar in recent years. Very few middle school youth reported carrying weapons on school property.
- » Reports of physical activity and overweight/obesity have not changed notably in the region since 2006.

Increases in harmful behaviors are noted in the following areas:

- » Overall cyberbullying victimization increased only slightly in 2014 among middle school youth, but there is a steady and notable increase in victimization among girls since 2006. Girls continue to be especially vulnerable to relational bullying (e.g., verbal bullying, exclusion) that can occur through social media.
- » Since 2006, overall reports of mental health problems have not changed substantially, but there are recent increases in depressive symptoms, self-injury, and suicidal ideation among girls. The MHF has made mental health a priority and is currently funding programs to address this concern among all youth.

The MWAHS shows substantial progress in reducing several behaviors, including substance use and school bullying. Nonetheless, some middle school youth continue to initiate harmful behaviors that may impact their physical and emotional health. Continued use of the MWAHS data to drive decisions around programs, policies, and practices will ensure that the greatest adolescent health challenges continue to be targeted across the region.

## References

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<sup>1</sup> Massachusetts Department of Elementary and Secondary Education and Massachusetts Department of Public Health (2014). Health and Risk Behaviors of Massachusetts Youth 2013. See: <http://www.doe.mass.edu/cnp/hprograms/yrbs/2013report.pdf>.

<sup>2</sup> Johnston, L. D., O'Malley, P. M., Miech, R.A., Bachman, J. G., & Schulenberg, J. E. (2014). *Monitoring the Future national survey results on drug use: 2014 Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute for Social Research, The University of Michigan. See: <http://monitoringthefuture.org//pubs/monographs/mtf-overview2014.pdf>.

## MetroWest Region Middle School Students (Grades 7-8) 2006-2014 Trends in Key Indicators\*

	Year of Survey (%)				
	2006 <i>(6,875)</i>	2008 <i>(10,650)</i>	2010 <i>(11,597)</i>	2012 <i>(12,224)</i>	2014 <i>(12,191)</i>
<b>SUBSTANCE USE</b>					
Lifetime cigarette smoking	9.6	8.4	5.7	6.2	4.1
Current cigarette smoking (past 30 days)	3.9	3.7	2.4	2.1	1.4
Lifetime alcohol use	21.9	20.2	13.2	12.4	11.0
Current alcohol use (past 30 days)	9.0	8.6	4.9	5.0	4.0
Binge drinking (past 30 days) <sup>†</sup>	2.5	2.5	1.5	1.4	1.0
Rode with driver who had been drinking (lifetime)	18.7	20.5	15.2	14.3	15.3
Lifetime marijuana use	4.8	5.2	4.1	4.1	3.1
Current marijuana use (past 30 days)	3.0	3.3	2.2	2.4	1.8
Lifetime inhalant use	8.3	7.1	5.2	4.2	3.0
<b>VIOLENCE</b>					
Physical fighting (lifetime)	44.5	45.3	39.3	35.0	33.4
Physical fighting on school property (lifetime)	18.9	16.8	12.4	9.8	9.4
Carried a weapon (lifetime)	17.6	16.3	13.7	15.1	15.2
Carried weapon on school property (lifetime)	3.3	2.5	1.4	1.4	1.1
<b>BULLYING VICTIMIZATION</b>					
Bullying victim (past 12 months)	43.9	48.9	37.7	32.4	28.8
Bullying victim on school property (past 12 months)	38.8	42.7	31.7	26.7	23.5
Cyberbullying victim (past 12 months)	15.6	15.9	17.2	16.6	18.6
<b>MENTAL HEALTH</b>					
Life "very" stressful (past 30 days)	13.3	13.6	12.1	12.5	14.1
Depressive symptoms (past 12 months)	15.6	15.2	12.8	12.8	15.0
Self-injury (past 12 months)	7.7	8.5	6.7	7.8	9.0
Considered suicide (lifetime)	9.9	10.9	9.4	10.5	11.2
Attempted suicide (lifetime)	3.0	3.0	2.6	3.0	3.2
<b>PHYSICAL ACTIVITY AND BODY WEIGHT</b>					
Exercised for ≥20 minutes on 3 or more days/week	78.7	79.0	76.9	80.3	80.8
Overweight or obese <sup>‡</sup>	20.4	19.8	19.5	19.0	19.2

\* Source: MetroWest Adolescent Health Survey

† Consumed 5 or more drinks in a row on one or more occasions

‡ Students who were ≥85th percentile for body mass index by age and gender, based on reference data

## MetroWest Region Middle School Students (Grades 7-8) 2014 Gender Patterns for Key Indicators\*

	Gender (%)		Total (%)
	Female (5,951)	Male (6,143)	(12,191)
<b>SUBSTANCE USE</b>			
Lifetime cigarette smoking	3.4	4.7	4.1
Current cigarette smoking (past 30 days)	1.1	1.6	1.4
Lifetime alcohol use	9.4	12.5	11.0
Current alcohol use (past 30 days)	3.6	4.3	4.0
Binge drinking (past 30 days) <sup>†</sup>	0.8	1.2	1.0
Rode with driver who had been drinking (lifetime)	16.3	14.5	15.3
Lifetime marijuana use	2.2	4.0	3.1
Current marijuana use (past 30 days)	1.2	2.4	1.8
Lifetime inhalant use	2.9	3.1	3.0
<b>VIOLENCE</b>			
Physical fighting (lifetime)	18.8	47.5	33.4
Physical fighting on school property (lifetime)	3.7	14.9	9.4
Carried a weapon (lifetime)	6.6	23.3	15.2
Carried weapon on school property (lifetime)	0.6	1.6	1.1
<b>BULLYING VICTIMIZATION</b>			
Bullying victim (past 12 months)	33.3	24.4	28.8
Bullying victim on school property (past 12 months)	26.5	20.5	23.5
Cyberbullying victim (past 12 months)	24.2	13.1	18.6
<b>MENTAL HEALTH</b>			
Life "very" stressful (past 30 days)	19.2	9.0	14.1
Depressive symptoms (past 12 months)	20.0	10.0	15.0
Self-injury (past 12 months)	13.4	4.7	9.0
Considered suicide (lifetime)	14.6	7.9	11.2
Attempted suicide (lifetime)	4.5	1.8	3.2
<b>PHYSICAL ACTIVITY AND BODY WEIGHT</b>			
Exercised for ≥20 minutes on 3 or more days/week	77.1	84.5	80.8
Overweight or obese <sup>‡</sup>	16.6	21.6	19.2

\* Source: MetroWest Adolescent Health Survey

† Consumed 5 or more drinks in a row on one or more occasions

‡ Students who were ≥85th percentile for body mass index by age and gender, based on reference data

## MetroWest Region Middle School Students (Grades 7-8) 2014 Grade Patterns for Key Indicators\*

	Grade (%)		Total (%) (12,191)
	7 <sup>th</sup> (6,137)	8 <sup>th</sup> (6,054)	
<b>SUBSTANCE USE</b>			
Lifetime cigarette smoking	2.5	5.7	4.1
Current cigarette smoking (past 30 days)	0.5	2.3	1.4
Lifetime alcohol use	6.9	15.1	11.0
Current alcohol use (past 30 days)	2.0	6.0	4.0
Binge drinking (past 30 days) <sup>†</sup>	0.4	1.6	1.0
Rode with driver who had been drinking (lifetime)	11.9	18.8	15.3
Lifetime marijuana use	1.3	4.9	3.1
Current marijuana use (past 30 days)	0.6	3.0	1.8
Lifetime inhalant use	2.0	4.0	3.0
<b>VIOLENCE</b>			
Physical fighting (lifetime)	32.1	34.8	33.4
Physical fighting on school property (lifetime)	8.6	10.3	9.4
Carried a weapon (lifetime)	13.5	16.8	15.2
Carried weapon on school property (lifetime)	0.6	1.5	1.1
<b>BULLYING VICTIMIZATION</b>			
Bullying victim (past 12 months)	28.2	29.4	28.8
Bullying victim on school property (past 12 months)	23.1	23.9	23.5
Cyberbullying victim (past 12 months)	16.8	20.4	18.6
<b>MENTAL HEALTH</b>			
Life "very" stressful (past 30 days)	11.0	17.1	14.1
Depressive symptoms (past 12 months)	12.9	17.2	15.0
Self-injury (past 12 months)	7.3	10.6	9.0
Considered suicide (lifetime)	8.9	13.5	11.2
Attempted suicide (lifetime)	2.3	4.0	3.2
<b>PHYSICAL ACTIVITY AND BODY WEIGHT</b>			
Exercised for ≥20 minutes on 3 or more days/week	81.3	80.3	80.8
Overweight or obese <sup>‡</sup>	18.2	20.1	19.2

\* Source: MetroWest Adolescent Health Survey

† Consumed 5 or more drinks in a row on one or more occasions

‡ Students who were ≥85th percentile for body mass index by age and gender, based on reference data

This report was prepared by the Health and Human Development Division at  
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For information about EDC, visit our website at [www.edc.org](http://www.edc.org).