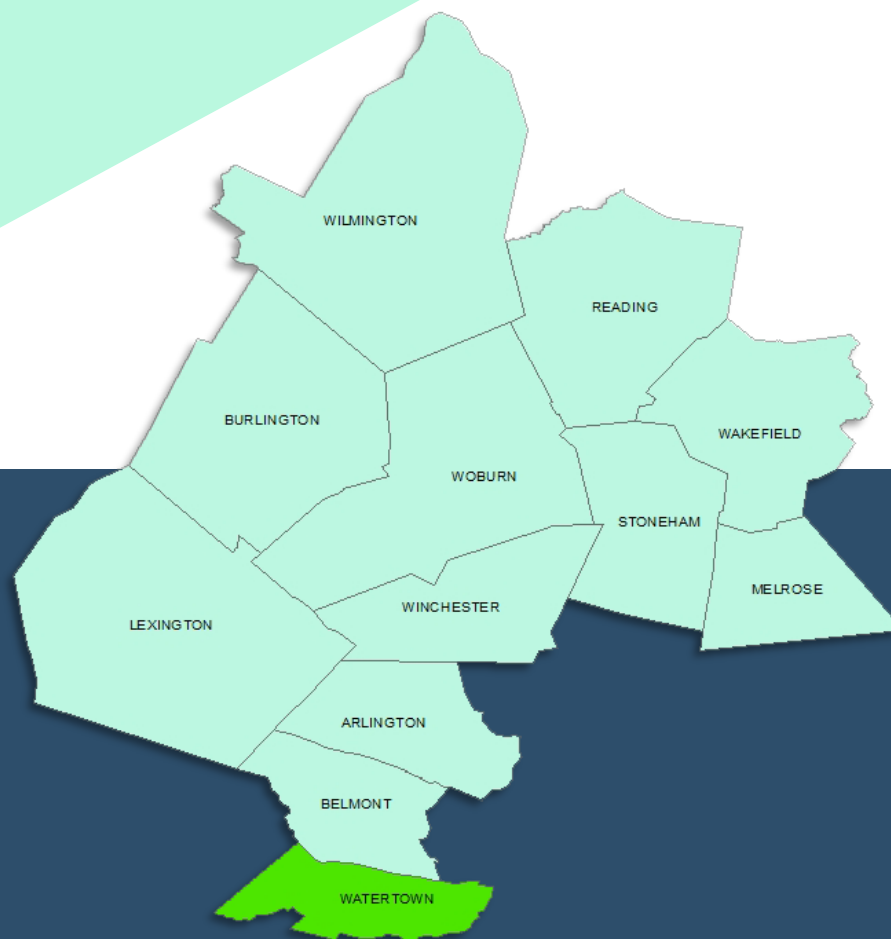


# 2019



## YOUTH RISK BEHAVIOR ASSESSMENT (YRBS)



**Middlesex League**

---

# Watertown Report

# Acknowledgements

The 2019 Middlesex League Youth Risk Behavior Assessment (YRBS) was prepared by **John Snow, Inc. (JSI)**.

JSI is a public health management consulting and research organization dedicated to improving the health of individuals and communities. JSI provided technical assistance to administer the survey, collect and compile data from participating school districts, analyze the surveys, and develop the reports.

None of this would have been made possible without the time, guidance, and efforts of the superintendents and health coordinators from participating school districts.

These districts include:

Arlington	Melrose
Burlington	Stoneham
Belmont	Winchester
Wilmington	Woburn
Wakefield	<b>Watertown</b>
Reading	

Their commitment to the health and safety of students will support their academic success and help students establish lifelong healthy behaviors.

A final and very special thanks goes to **Lahey Health**. Lahey Health's important and generous financial contributions funded a series of district-level reports for each participating school district, as well as the regional report for the entire Middlesex League.



# Table of Contents

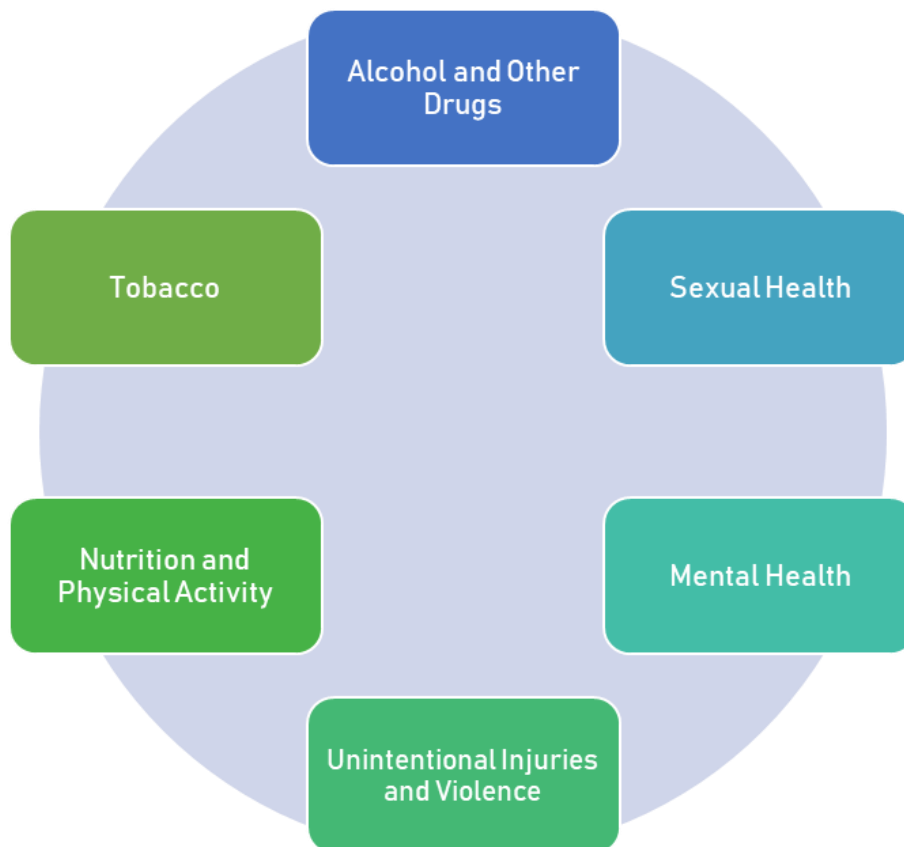
<b>Acknowledgements .....</b>	<b>1</b>
<b>Table of Contents.....</b>	<b>2</b>
<b>Introduction.....</b>	<b>3</b>
What is the YRBS? .....	3
Middlesex League YRBS .....	4
<b>Methods &amp; Approach.....</b>	<b>5</b>
District Involvement .....	5
Survey Development.....	6
Survey Administration & Consent Process .....	6
Data Cleaning & Analysis.....	7
<b>Key Findings .....</b>	<b>8</b>
Note.....	10
<b>Unintentional Injuries &amp; Violence.....</b>	<b>11</b>
Unintentional Injuries.....	11
Violence .....	14
<b>Mental Health .....</b>	<b>17</b>
<b>Substance Use.....</b>	<b>20</b>
Tobacco Use & Smoking .....	20
Alcohol .....	23
Other Drugs.....	24
<b>Sexual Behavior &amp; HIV.....</b>	<b>28</b>
<b>Nutrition &amp; Physical Activity.....</b>	<b>31</b>
<b>Perceptions of Risk and Approval.....</b>	<b>34</b>
<b>Appendix.....</b>	<b>35</b>
Table A: High School Responses .....	35
Table B: Drug Free Communities Responses.....	44
Table C: Middle School Responses .....	46

# Introduction

---

## What is the YRBS?

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 and continues today to monitor certain risky health behaviors and other priority areas among school-aged youth and young adults. Data collected through the anonymous, biennial, and voluntary Youth Risk Behavior Survey (YRBS) allows for the YRBSS to determine the prevalence of risky health behaviors; assess general trends health behaviors over time, examine the co-occurrence of health behaviors; provide comparison data for geographies and subpopulations; and monitor progress toward achieving Healthy People objectives and program indicators. These health behaviors include the following areas:



# Introduction

## Middlesex League YRBS

Nearly every state in the nation administers the YRBS through a cooperative agreement with the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC). As part of this agreement, the MA Department of Public Health draws data from a representative sample of cities and towns in the Commonwealth to develop a report of the health risks facing the Commonwealth's youth.

Although this effort is extremely valuable, individual cities and towns are not required to conduct their own assessments and the Commonwealth's YRBS is not designed to provide information on the variation that exists across the state.

---

Beginning in 2017, the Middlesex League, which includes the school districts of Arlington, Burlington, Belmont, Lexington, Melrose, Stoneham, Reading, Wakefield, Watertown, Wilmington, Winchester, and Woburn, decided to collaborate on the YRBS to provide comparative data specific to their region. Local superintendents and health coordinators agreed to develop a common YRBS instrument to be administered every two years based on the core YRBS developed by the CDC and used by the Massachusetts Department of Public Health. The initial 2017 YRBS included the districts of: Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester, and Woburn.

This would allow these individual school districts and the region overall to better understand and respond to the health risks facing youth in their communities, as well as to promote information sharing and coordination across the school districts, health officials, and other community-based service providers.

The Middlesex League seeks to continue to leverage the power of the coalition and maintain a regional benchmark to compare and track themselves against throughout time. This 2019 YRBS builds upon their initial 2017 assessment, and has added the districts of Wilmington, Belmont, Watertown, and Reading.

# Methods & Approach

---

## District Involvement

The Middlesex League Youth Risk and Behaviors Survey is a cross-sectional biennial survey of middle and high school students (grades 6-12) from the 12 school districts comprising the Middlesex League. All schools in the district were eligible to participate.

Superintendents from the 12 school districts of the Middlesex League participated in introductory calls with John Snow, Inc. (JSI) to determine their participation in the collaborative survey effort this year.

For the 2019 survey year, JSI worked with 11 school districts (Arlington, Belmont, Burlington, Melrose, Reading Stoneham, Wakefield, Watertown, Wilmington, Winchester, and Woburn) to administer the survey, collect and analyze data, and write reports of the findings. One school district was unable to participate.



# Methods & Approach

## Survey Development

Survey development was done in an iterative process in which participating school districts provided JSI with examples of the surveys used in previous years of administrations. These surveys were compared to surveys of other districts and to the CDC version of the YRBS.

From these sources, JSI developed a “master survey” that included all questions from the CDC version, as well as a small selection of additional questions drawn from district surveys. JSI proposed this survey to participating schools, leaving the option open for schools to either remove or add selected questions critical for the district to collect.

Schools that were recipients of the Drug Free Communities (DFC) grant or the STOP Act grant were required to ask a series of questions about drug and alcohol use as well as perceptions. To simplify versions of the survey, all schools agreed to ask the DFC and STOP Act questions. All participating schools decided to adopt the JSI version of the survey and additions to or deletions from that content remained minor.

---

## Survey Administration & Consent Process

JSI designed a self-administered online survey in SurveyGizmo with appropriate customization of the instrument for each district. Once the survey was finalized, JSI worked with each school district to develop a plan and schedule to administer the survey, and supported districts with confidentiality practices, the student opt-out process, and privacy assurances.

Schools obtained passive parental permission i.e. parents were mailed a form explaining the purpose of the survey and given the opportunity to opt their child out of taking the survey. Participation was voluntary and had the opportunity to opt out the survey. Schools were given a period of 2 months to administer surveys (between March and April 2019). Survey administration occurred over 1-2 days during regular class periods and supervised by school staff including superintendents, principals and health teachers.

## Data Cleaning & Analysis

Online administration of the survey allowed for results to be immediately transferred to JSI's secure computer servers, where the data were aggregated and analyzed using SAS 9.4 (SAS Institute Inc., Cary, NC). Overall rate of completion was checked for each survey. Records with fewer than 30 valid responses for high schools and fewer than 25 responses for middle schools (shorter overall survey length) were removed. Logical edits on each questionnaire were performed and responses that conflicted in logical terms were both set to missing. A descriptive analysis of survey responses was conducted and summary reports were developed for each district, highlighting key findings in comparison to the Middlesex League region, Commonwealth, and national averages, whenever possible .



# Key Findings

---

The Middlesex YRBS asks youth to report risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults. Six major health behaviors that are related to the leading causes of illness and death among youth in the United States (e.g., motor vehicle crashes, unintentional injuries, homicide, suicide, sexually transmitted disease), as well as the chronic diseases and associated risk factors that impact adults (e.g., hypertension, diabetes, cardiovascular disease, cancer) have been identified and categorized as the following:

Behaviors that contribute to unintentional injuries and violence

Behaviors related to mental health

Smoking and Tobacco use

Alcohol and other drug use

Sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV infection

Unhealthy dietary behaviors and physical inactivity

## Key Findings

These behaviors are frequently interrelated and, while their ultimate outcomes are often not presented until adulthood, the behaviors are established very early during childhood and adolescence.

The YRBS was conducted in Watertown during the spring of 2019 to assess these behaviors among middle and high school students. The following is a brief review of key findings from the Middlesex League YRBS. The findings are organized into six sections that correspond with the priority health behaviors that have been previously identified. In addition to the key findings from the survey, the relevance and implications of each priority health behavior are described.

Before discussing the key findings, it is important to acknowledge the population distribution of the district in consideration. Table 1 and Table 2 show the distribution of survey respondents by sex, race, and grade across high school students and middle school students, respectively.

*Table 1. Distribution of Watertown high school respondents*

	<b>Male N (%)</b>	<b>Female N (%)</b>
<b>Total</b>	240 (50.5)	235 (49.5)
<b>Level</b>		
<b>Grade 9</b>	64 (26.6)	66 (27.8)
<b>Grade 10</b>	63 (26.2)	64 (27)
<b>Grade 11</b>	46 (19.2)	51 (21.6)
<b>Grade 12</b>	67 (28)	54 (22.8)
<b>Race/Ethnicity</b>		
<b>AI/AN/NH/PI*</b>	11 (4.8)	3 (1.4)
<b>Asian</b>	17 (7.4)	29 (13)
<b>Black or African American</b>	19 (8.4)	16 (7.2)
<b>White</b>	164 (72.2)	157 (70.8)
<b>Multi-Racial</b>	16 (7)	17 (7.6)

\*American Indian/Alaska Native/Native Hawaiian/Pacific Islander

*Table 2. Distribution of Watertown middle school respondents*

	<b>Male N (%)</b>	<b>Female N (%)</b>
<b>Total</b>	267 (50.6)	261 (49.4)
<b>Level</b>		
<b>Grade 6</b>	107 (40.2)	89 (34)
<b>Grade 7</b>	79 (29.6)	79 (30.2)
<b>Grade 8</b>	80 (30)	93 (35.6)
<b>Race/Ethnicity</b>		
<b>AI/AN/NH/PI*</b>	5 (2)	6 (2.4)
<b>Asian</b>	20 (8)	27 (11.2)
<b>Black or African American</b>	24 (9.6)	14 (5.8)
<b>White</b>	179 (71.6)	171 (70.6)
<b>Multi-Racial</b>	22 (8.8)	24 (10)

\*American Indian/Alaska Native/Native Hawaiian/Pacific Islander

## Note:

It is important to note that the 2019 Middlesex League YRBS regional and district-level reports are structured to present information around the landscape of major health behaviors related to the leading causes of illness and death among youth in the United States , report a general summary of key findings regarding the prevalence of these health-related behaviors within the Middlesex League, and provide the relevant data tables in the appendices. The aim of these reports is to promote a better understanding of the health risks facing youth in these communities, and in order to develop a comprehensive grasp of the information collected through the YRBS, it is strongly encouraged to refer to the data tables while reading the entirety of the report.

It is also important to make note that due to their participation in the initial 2017 YRBS, the districts of Arlington, Burlington, Melrose, Stoneham, Wakefield, Winchester, and Woburn will have comparable 2017 district-specific data to observe trends, but the districts of Wilmington, Belmont, Watertown, and Reading will not.

# Unintentional Injury & Violence

---

## Unintentional Injury

Unintentional injuries are defined as accidental injuries where the harmful outcome was not sought, occurred in a short period of time, or normal body functions were blocked by external means, e.g., drowning. Some of the most common unintentional injuries result from motor vehicle crashes, falls, fires and burns, drowning, poisonings, and suffocation. According to the CDC in 2017, the United States saw that 40.6% of deaths among persons aged 10–24 years were due to unintentional injury, making this the leading cause of death for this age group.<sup>1</sup>

The 2019 Watertown district YRBS asked questions related to driving under the influence, distracted driving, and other related behaviors.

Watertown high school students fared notably better than their Middlesex League counterparts in virtually all surveyed areas related to unintentional injuries. The only exception to this

trend was related to not wearing a seatbelt while riding in a car. In this case, the percentage of Watertown high school students was only slightly higher than the regional average. Otherwise, Watertown students compared to the Middlesex League were less likely to ride in a car with a driver who'd been drinking, drive when they had been drinking or using marijuana, talk on the phone while driving, and text/email while driving.

The following are key findings from this section for Watertown high school students:

- Among students who had driven a vehicle, 1.5% of Watertown students reported driving when they had been drinking alcohol and 5.9% reported driving when they had been using marijuana. In regards to the Middlesex League, 3.8% of high school students reported driving when they had been drinking alcohol and 13.6% reported driving while using marijuana. In the Commonwealth, 5.7% of high school students reported driving while they had been drinking.

---

<sup>1</sup> Heroin, M. (2019). Deaths: Leading causes for 2017. National Vital Statistics Reports. National Center for Health Statistics, 68 (6).

## Unintentional Injury

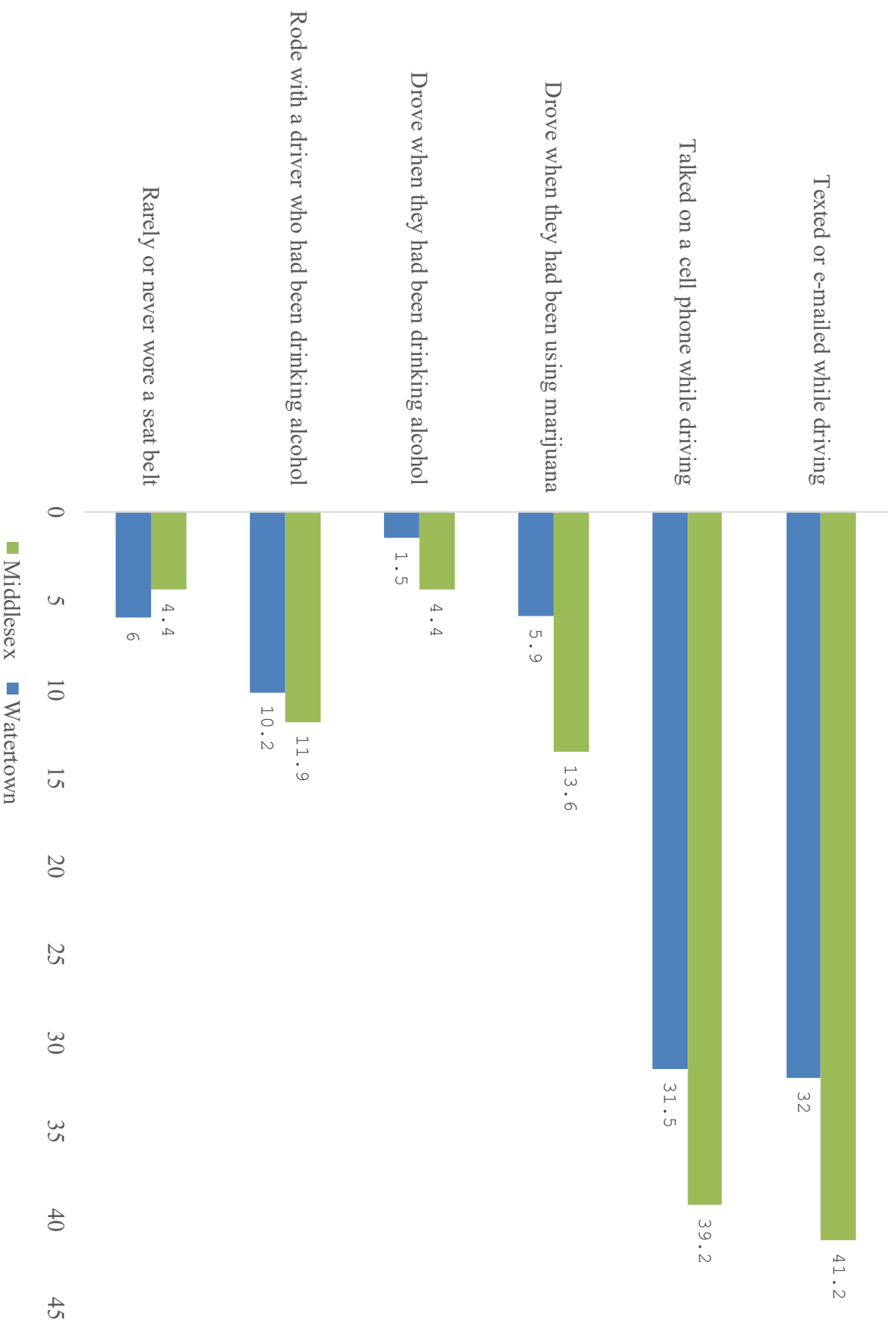
- 10.2% of students reported riding with a driver who had been drinking alcohol. This is slightly lower than the Middlesex League region (11.9%) and lower than the Commonwealth as a whole (14.4%).
- The percentage of Watertown high school students who reported talking on the phone while driving was lower to the Middlesex League regional average (31.5% vs. 39.5%). Additionally, percentage of Watertown students that reported texting or emailing while driving was substantially lower than the Middlesex League average (32.0% vs. 41.3%).
- A larger percentage of Watertown middle school students reported not wearing a helmet when riding a bicycle (34.5%) or wearing a seat belt when riding in a car (4.3%) compared to the Middlesex League region averages (28.7% and 1.9%, respectfully).
- A smaller percentage of Watertown middle school students reported riding in a car driven by someone who had been drinking alcohol (10.0%) relative to their Middlesex League region counterparts (12.5%).

---

Watertown middle school students fared better to their Middlesex League region counterparts in surveyed areas related to wearing a helmet while skateboarding or rollerblading and riding in a car driven by someone who'd been drinking. A notably larger percentage of Watertown high school students reported not wearing a helmet while riding and bicycle and not wearing a seatbelt when riding in a car.

The following are key findings from this section for Watertown middle school students:

**Figure 1. Risk factors for unintentional injuries among HS students**



# Violence

Youth violence is defined as violence either against or committed by a child or adolescent. Issues most associated with youth violence include physical fighting, bullying, cyber-violence, dating violence, and child abuse and neglect.

According to the CDC in 2017, among people ages 10 to 24, 19.2% of deaths were due to suicide, while 14.4% of deaths were due to homicide.<sup>1</sup> Additionally, one in five high school students reported being bullied in 2018, with 15% of high schools and 22% of middle schools reporting frequent bullying.<sup>2</sup> A combination of risk factors, which comprise of individual, relationship, community, and societal factors, contribute to the overall perpetration of youth violence.

The 2019 Watertown district YRBS asked questions related to physical bullying emotional abuse, sexual violence, and other questions regarding threats to safety.

With respect to violence, Watertown high school students fared better than their Middlesex League counterparts in nearly all areas related to

violence. The only exception to this pattern was related to students being in a physical fight. Otherwise, Watertown high school students were less likely than their Middlesex League counterparts to carry a weapon, be a member of a gang, get in a physical fight on school property, and experience sexual or physical violence.

The following are key findings from this section for Watertown high school students:

- Watertown high school students were equally as likely to carry a weapon on school property (1.3%) compared to the Middlesex League regional average (1.3%).
- A smaller percentage of Watertown students reported being bullied on school property (9.6%) compared to the Middlesex League region (13.0%). Furthermore, a smaller percentage of Watertown students were bullied electronically (9.3%) relative to the Middlesex League region (11.8%).
- A larger percentage of Watertown high schools students reported being in a physical fight on school property in the previous 12 months (3.8%) compared to their Middlesex League counterparts (4.5%).

---

<sup>2</sup> Centers for Disease Control and Prevention. (2017). Youth risk behavior surveillance—United States. Morbidity and Mortality Weekly Report-- Surveillance Summaries 2018, 67.

## Violence

- Watertown high school students reported lower percentages of sexual violence (6.1%), sexual dating violence (3.5%) and physical dating violence (1.9%) compared to Middlesex League regional averages (7.5%, 4.8%, and 2.5%, respectively).
- A smaller percentage of Watertown middle school students reported being bullied electronically (29.0%) relative to the Middlesex League (30.1%). However, a larger percentage of Watertown students reported being bullied on school property (18.8%) relative to the Middlesex League region (16.7%).

---

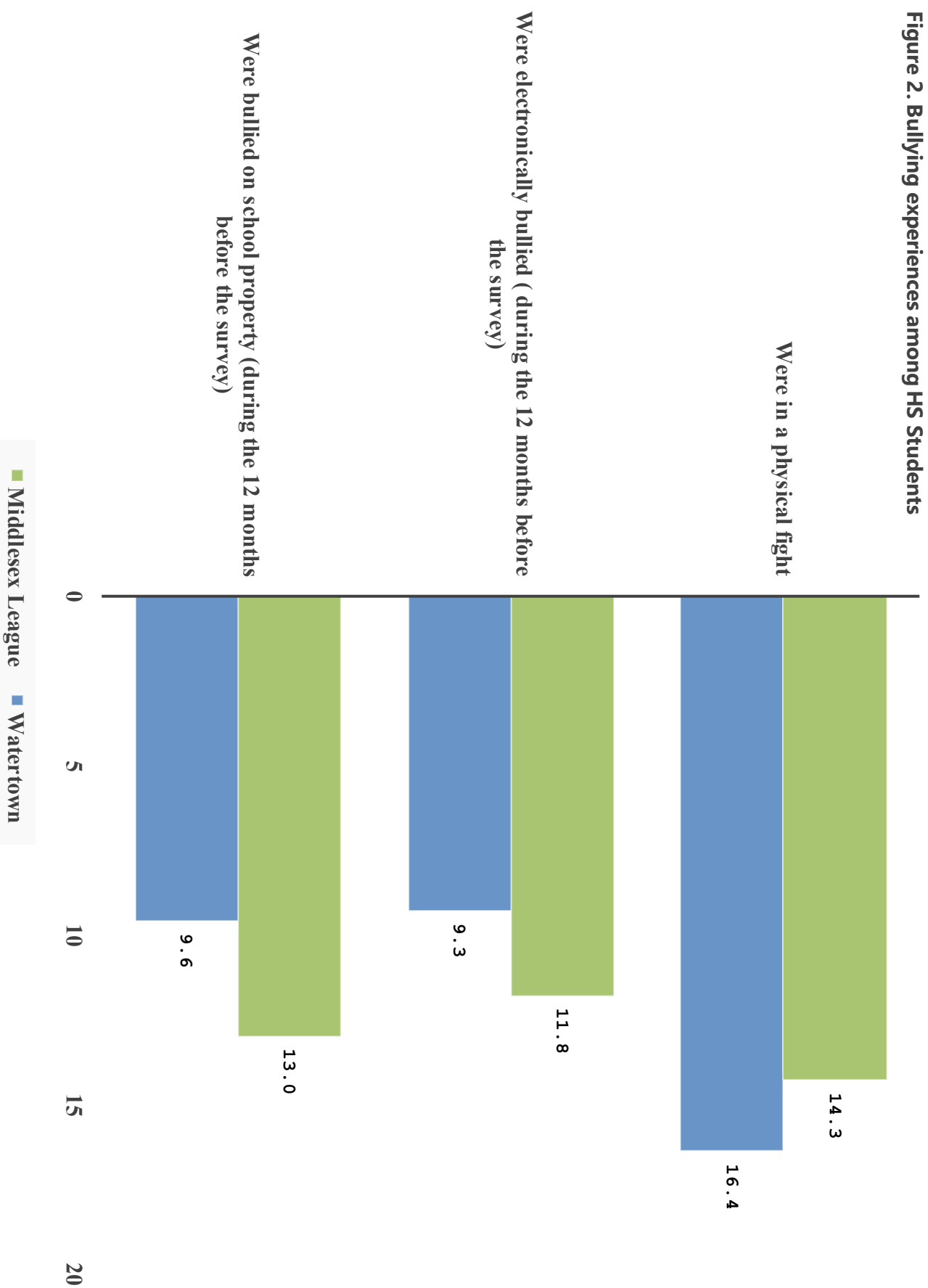
With respect to violence, Watertown middle school students were slightly more likely to report being in a physical fight on school property compared to their Middlesex League. However, compared to the region, a smaller proportion of Watertown high school students reported carrying a weapon and being electronically bullied.

The following are key findings from this section for Watertown middle school students:

- With respect to carrying a weapon, Watertown middle school students reported lower rates compared to the Middlesex League region (10.7% vs. 13.9%).
- Watertown students were slightly more likely to be in a physical fight (32.0%) compared to their Middlesex League counterparts (29.6%).



Figure 2. Bullying experiences among HS Students



# Mental Health

---

## Mental Health

Mental health disorders impact 1 in 5 children ages 13-18 in the U.S.<sup>3</sup> In 2017, Nearly a third of high school students reported feeling sad or hopeless every day for two or more weeks in a row, inhibiting them from performing usual activities. This can ultimately have negative long-term effects that leave students feeling socially isolated and stigmatized, potentially impacting their academic performance, future employment, and overall health.

The 2019 Watertown district YRBS asked questions related to depression, suicide, stress, and behavioral health treatment.

Compared to the Middlesex League region, Watertown high school students fared better across all surveyed areas related to mental health. Watertown high school students were less likely to report feeling overwhelming stress, wanting to do something to purposely hurt themselves, having suicidal ideation, and attempting suicide.

The following are key findings from this section for Watertown high school students:

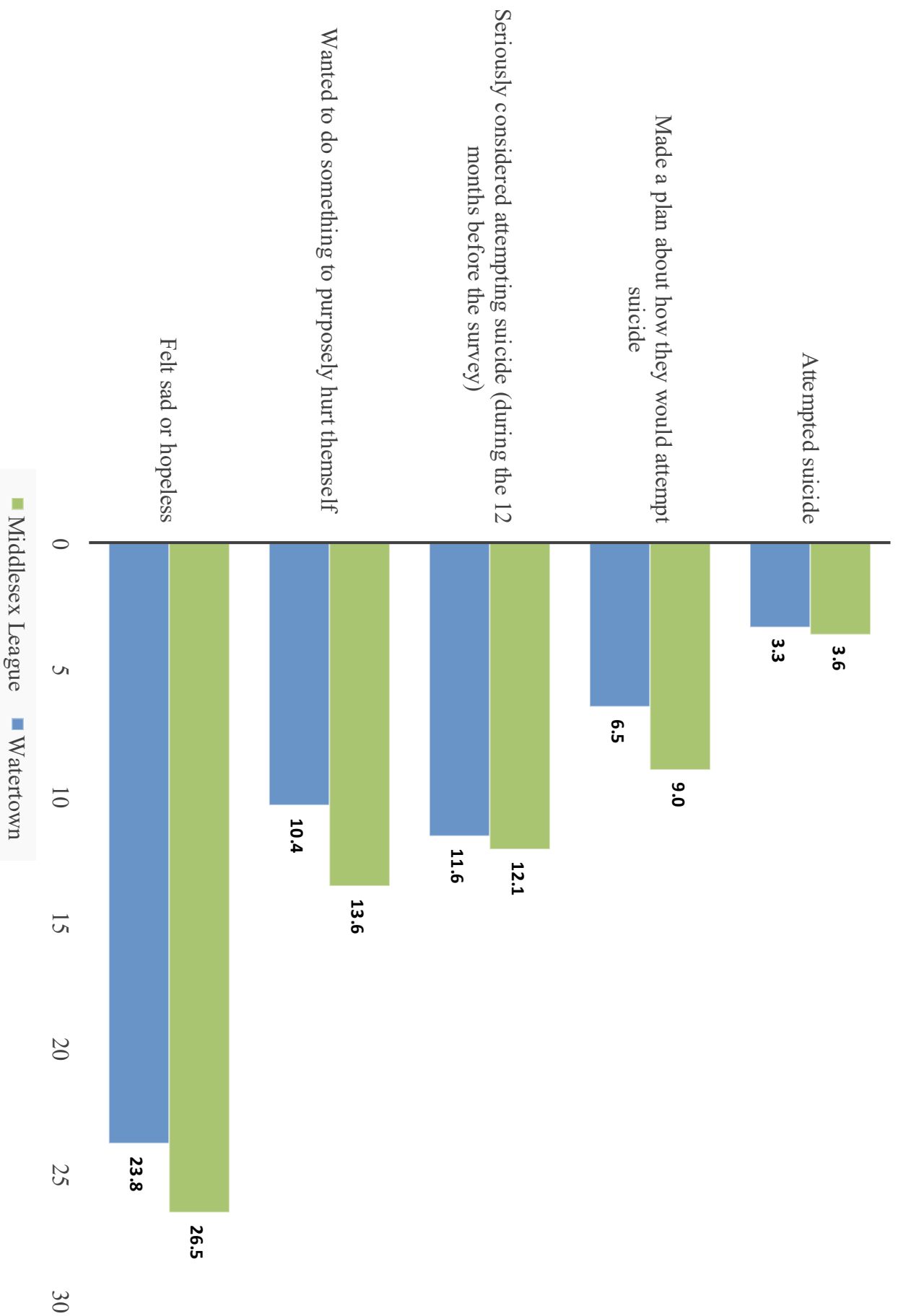
- Among Watertown high school students, 23.8% reported that they felt sad or hopeless almost every day for two or more weeks in a row. This was lower than the Middlesex League region (9.0%) and the Commonwealth (27.4%).
- 10.4% of Watertown high school students reported that they wanted to do something to purposely hurt themselves without wanting to die, which was lower than the average for high school students in the Middlesex League (13.6%).
- 11.6% of Watertown students seriously considered attempting suicide, 6.5% made a plan about how they would attempt suicide, and 3.3% actually attempted suicide. These rates are lower than the Middlesex League regional averages (12.4%, 9.0%, and 3.6%, respectively).

---

<sup>3</sup> Centers for Disease Control and Prevention (CDC). (2018.). 1991-2017 High School Youth Risk Behavior Survey Data. Retrieved from <http://nccd.cdc.gov/youthonline/>

<sup>4</sup> Kutcher, S., & Venn, D. (2008). Why youth mental health is so important. *Medscape Journal of Medicine*, 10(12), 275.

**Figure 3. Mental Health and Suicide among HS Students**



## Mental Health

Watertown middle school students were less likely to have suicidal ideations, make a plan about how they would attempt suicide, and attempt suicide compared to the Middlesex League. An approximately equal proportion of Watertown students who were taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problems. The two most negative stressors for Watertown middle school students and middle school students across the region were a “busy schedule,” and “School demands/expectations—such as assignments, homework, etc.” The two most stressful parts of school were “keeping up with school work” and “teachers expecting too much from [them].”

The following are key findings from this section for Watertown middle school students:

- With respect to suicide, Watertown middle school students were less likely to report that they seriously considered attempting suicide (11.3%), made a plan about how they would attempt suicide (6.6%), and actually attempted suicide (2.6%) relative the Middlesex League region (15.6%, 8.5%, and 3.2% respectively).
- 11.9% of Watertown middle school students

reported that they were currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problems. This was comparable to middle school students in the Middlesex League region (11.7%).

- The leading causes of negative stress for Watertown middle school students and students throughout the Middlesex League region were “School demands/expectations—such as assignments, homework, etc.” (reported by 30.8% of Watertown students) and a “busy schedule” (reported by 24.8% Watertown students).
- Watertown middle school students and middle school students throughout the Middlesex League region reported that the most stressful part of school was “keeping up with school work” (reported by 27.7% Watertown students) and “having to study things [they] did not understand” (reported by 18.7% Watertown students).

# Substance Use

---

## Tobacco Use & Smoking

Tobacco use among adolescents is increasing across the United States. In 2018, 1 in 4 high school students had used any type of tobacco product in the past 30 days, which is a considerable increase from reports in 2017.<sup>2</sup> A major factor contributing to the rise of adolescent tobacco use is the increased prevalence of e-cigarettes and palatable flavored tobacco products that are available in the market.

From 2017-2018, there was no observed change in utilization of other nicotine tobacco products, including traditional cigarettes; however, e-cigarette use among high school students increased from 11.7% to 20.8%.<sup>5</sup> Similar nationwide trends are present amongst middle school students. While utilization rates of other nicotine tobacco products maintained from 2017 to 2018, e-cigarette use jumped from 3.3% to 4.9% during this time.

The 2019 Watertown district YRBS asked questions related to cigarette use, smokeless tobacco, and electronic vapor products.

Watertown high school students were slightly more likely to have ever tried smoking and more likely to have tried smoking before age 13 compared to the Middlesex League. Watertown students were less likely to report using cigarettes, cigars, smokeless tobacco products, and electronic vapor product compared to the Middlesex League region.

The following are key findings from this section for Watertown high school students:

- Among Watertown high school students, 13.5% reported that they had ever tried cigarette smoking and 3.8% reported being current smokers. In comparison, 12.3% of Middlesex high school students reported ever trying cigarette smoking and 4.2% reported being current users.
- Among Watertown high school students 38.8% reported ever using an electronic vapor product and 20.5% reported being current users of electronic vapor products, compared to the Middlesex League region (40.1% and 24.3%, respectively).

---

<sup>5</sup> Gentzke, A., Creamer, M., Cullen, K., Ambrose, B., Willis, G., Jamal, A., & King, B. (2019). Vital Signs: Tobacco Product Use Among Middle and High School Students — United States, 2011–2018. *MMWR Morb Mortal Wkly Rep*, 68(6), 157–164.

## Tobacco Use and Smoking

- With respect to students who use any tobacco products and are trying to quit, 49.5% of Watertown high school students reported trying to quit using all tobacco products in the 12 months before the survey. This is slightly lower than the Middlesex League regional average of 47.0%.

---

Watertown middle school fared comparably to their Middlesex League counterparts with respect to survey areas related to tobacco use and smoking. Watertown middle school students were approximately equally likely to report using cigarettes, electronic vapor products, smokeless tobacco products, and cigars.

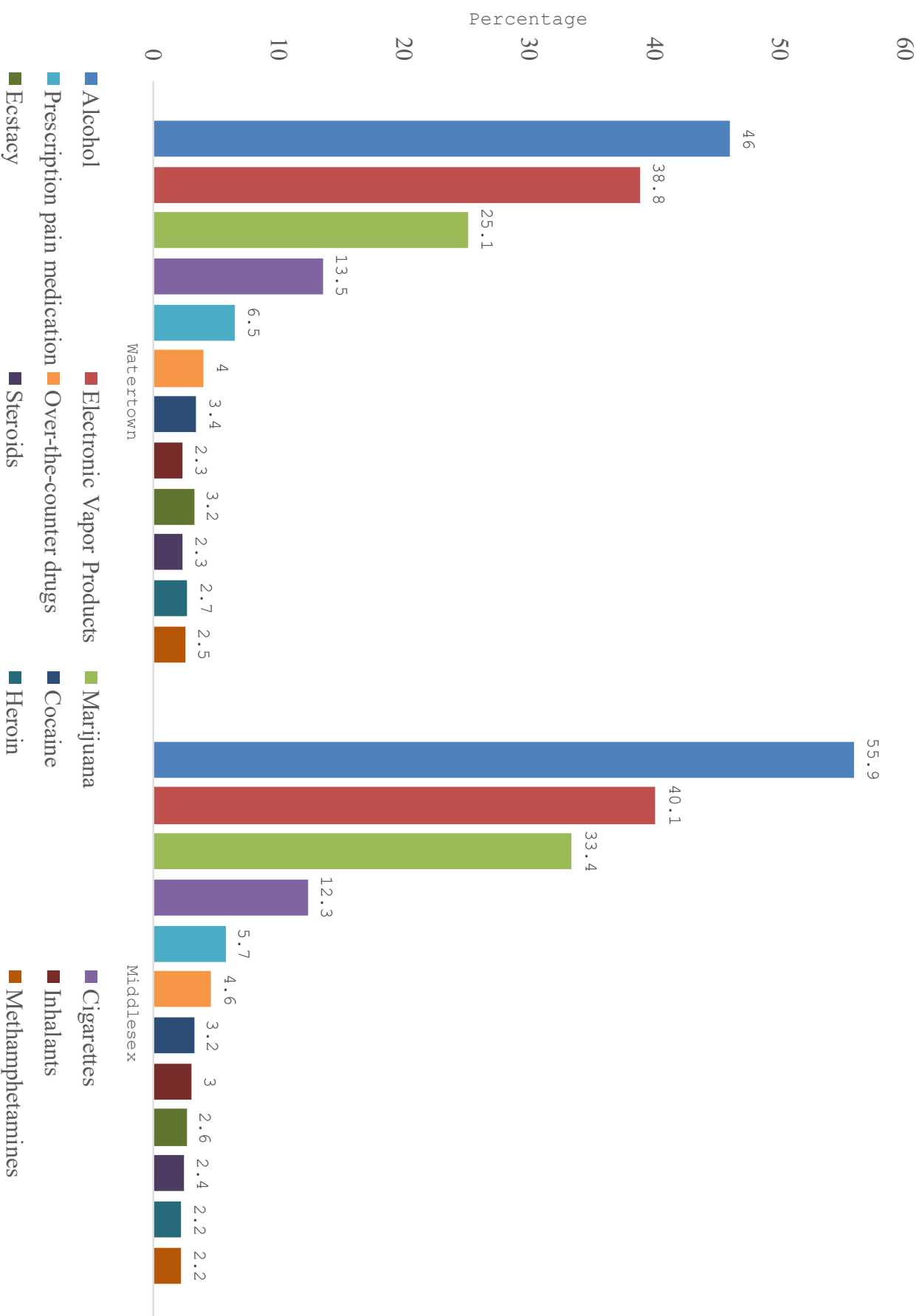
The following are key findings from this section for Watertown middle school students:

- A comparable percentage of Watertown middle school students reported ever using cigarettes (2.6%) and being current users of cigarettes (0.8%) relative to their Middlesex League region counterparts (2.3% and 0.5%, respectively).
- A comparable percentage of Watertown middle school students reported ever trying electronic vapor products (8.9%) compared to their Middlesex League counterparts

(8.8%), and a slightly larger percentage of Watertown students reported being current users of electronic products (4.4%) compared to their Middlesex League counterparts (3.8%).

- An equal percentage of Watertown middle school students reported using smokeless tobacco products (0.8%) and cigars (0.8%) relative to their Middlesex League counterparts (0.8% and 0.7%, respectively).

**Figure 4. Lifetime use of alcohol, tobacco and other drugs among HS Students**



## Alcohol

Underage alcohol consumption is a major public health concern, as alcohol is the most common substance of abuse among American youth.

Underage drinking poses significant health and safety risks, particularly amongst youth who participate in binge drinking. That is, when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours.

Nationally in 2017, 8% of 8th graders and 33% of 12th graders reported consuming alcohol in the past 3 days.<sup>6</sup> Furthermore, 2% and 19% of 8th and 12th graders, respectively, reported binge drinking in the past 30 days.<sup>7</sup> Youth who drink alcohol are more likely to experience more school absences, failing or poor grades, alcohol related crashes or other unintentional injuries, and changes in brain development that may have consequences on their performance in school and long-term health.<sup>8</sup>

The 2019 Watertown district YRBS asked questions related to previous and current alcohol consumption.

With respect to alcohol, Watertown high school students fared better than their Middlesex

League counterparts with respect to nearly all surveyed areas related to alcohol. The only exception to this pattern was related to early adoption of alcohol (before age 13).

The following are key findings from this section for Watertown high school students:

- Among Watertown high school students 46.0% reported that they have ever drank alcohol, 18.0% reported that they currently drink alcohol (one or more times in the last month), and 11.3% reported that they “binge drank” (drinking 4 or more drinks in a row for females or 5 or more drinks in a row for males). Watertown fared better compared to the Middlesex League region (55.9%, 26.4% and 15.0%, respectively).

<sup>6</sup> Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. HHS Publication No. SMA, 16-4984.

<sup>7</sup> Johnston, L., Miech, R., O'Malley, P., Bachman, L., Schulenberg, J., & Patrick, M. (2019). Monitoring the Future national survey results on drug use 1975-2018. Ann Arbor: Institute for Social Research, University of Michigan.

<sup>8</sup> Office of the Surgeon General (US); National Institute on Alcohol Abuse and Alcoholism (US); Substance Abuse and Mental Health Services Administration (US). (2007). The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK44360/>



## Alcohol

Watertown middle school students fared worse off relative to their middle school counterparts across the Middlesex League region in survey questions related to alcohol use. A slightly larger proportion of Watertown students reported ever drinking alcohol, drinking before age 11, and currently drinking compared to the Middlesex League averages.

The following are key findings from this section for Watertown middle school students:

- Among Watertown middle school students, 14.7% reported ever trying alcohol, 6.2% reported drinking before age 11, and 2.5% reported currently drinking alcohol compared to the Middlesex League regional averages of 13.1%, 4.9%, and 2.2%, respectively.

## Other Drugs

The YRBS measured the abuse of illegal drugs and the misuse of prescription medications or other substances. Marijuana is the most commonly used illicit drug by both teenagers and adults in the United States.<sup>9</sup> It can increase the risk for accidents and injuries, including impaired driving, and is associated with poorer school performance, reduced life satisfaction, and use of other drugs.<sup>10</sup>

Other drugs also pose a public health concern for youth. Prescription drug misuse as a way to get high, relieve tension, increase alertness, and/or improve concentration and academic performance has become a growing problem for teenagers, as it can lead to addiction and overdose deaths.<sup>11</sup> Cocaine, heroin, cough and cold medicine, and other drugs, all affect body and mind development and pose damaging consequences for children and adolescents.

The 2019 Watertown district YRBS asked questions related to marijuana use, other illicit drug use, and prescription drug use.

With respect to drug use, Watertown high school students fared comparably or better than

---

<sup>9</sup> NIDA. (2018). Media Guide. Retrieved from <https://www.drugabuse.gov/publications/media-guide/>

<sup>10</sup> Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. *The New England journal of medicine*, 370(23), 2219–2227.

<sup>11</sup> Compton, W., & Volkow, N. (2006). Abuse of prescription drugs and the risk of addiction. *Drug and Alcohol Dependence*, 83(1), S4–S7.

## Other Drugs

the region in areas related to the use of marijuana, prescription drugs, steroids, synthetic marijuana, over the counter medications, and inhalants. A larger percentage of Watertown high school students reported using prescription pain medications (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet), cocaine, heroin, methamphetamine, and ecstasy. In these cases, the Watertown percentages were only slightly higher than the Middlesex League region.

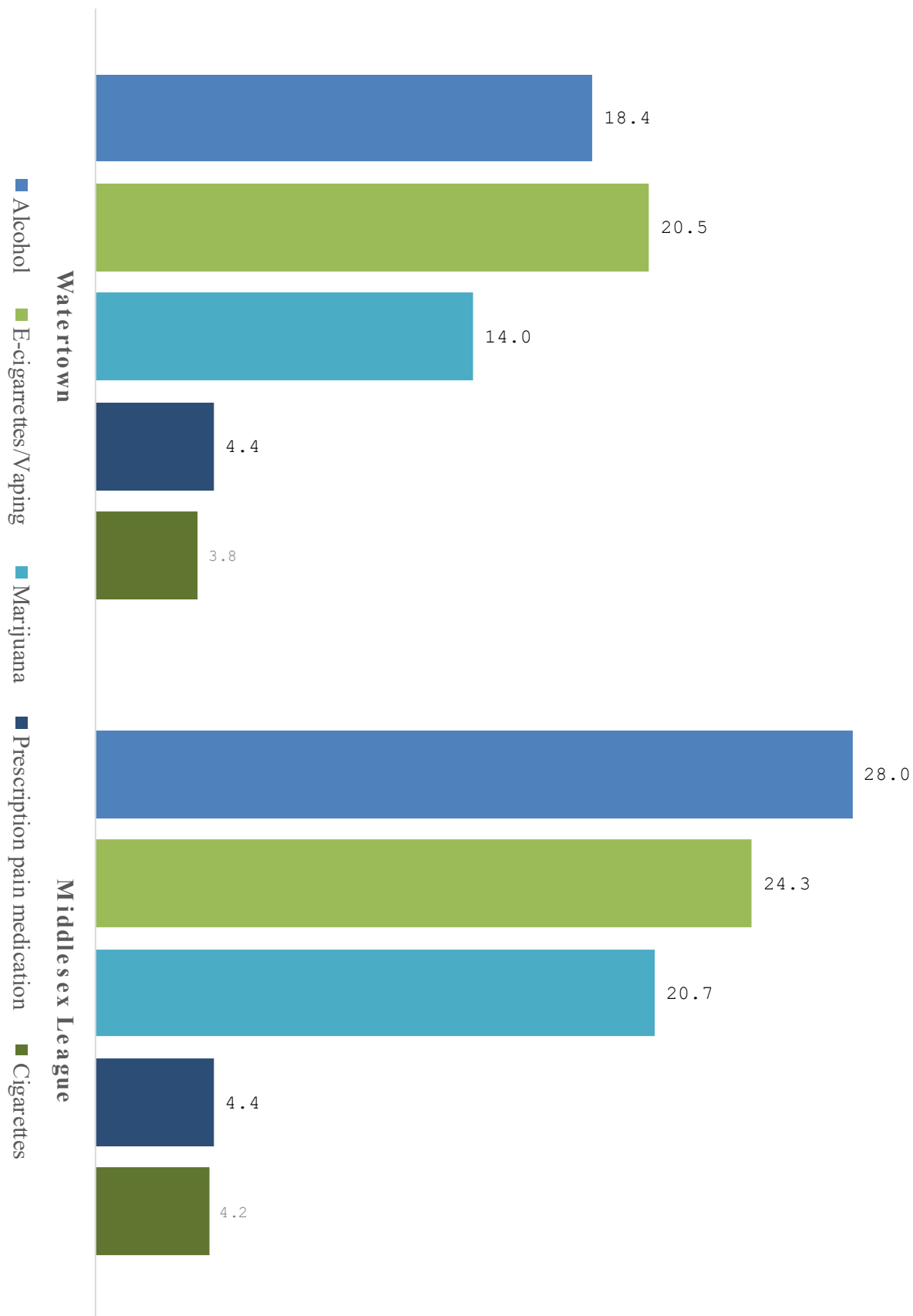
The following are key findings from this section for Watertown high school students:

- With respect to marijuana, 25.1% of Watertown high school students reported that they have used marijuana and 13.9% reported that they were current marijuana users. This is compared to the Middlesex League regional averages of 33.4% and 20.7%, respectively.
- With respect to all other illicit drugs (i.e., cocaine, heroin, methamphetamines, ecstasy, inhalants, and synthetic marijuana) the percentage of Watertown high school students who ever used each drug are low and range from 2.5% (methamphetamines) to 4.0% (synthetic marijuana). The percentage of

Watertown high school students that reported ever using prescription pain medication (6.5%) was higher than the Middlesex League regional average of 5.7% (Figure 4).

- A notably smaller percentage of Watertown high school students of students were offered, sold, or given an illegal drug on school property (7.1%) compared to 13.6% in the Middlesex League and 20.1% in the Commonwealth.

Figure 5. Past 30 day Substance use among HS students



## Other Drugs

Watertown students fared comparably relative to the Middlesex League region with respect to the illicit use of drugs such as marijuana, cocaine, prescription medications, prescription pain medications, and inhalants.

The following are key findings from this section for Watertown middle school students:

- With respect to marijuana, Watertown middle school students were slightly less likely to have ever used marijuana compared to their Middlesex League counterparts (2.3% vs. 3.1%).
- Watertown students were slightly more likely than Middlesex League region students to report ever using cocaine (1.5% vs. 0.8%) and equally likely to report ever using prescription drugs without a doctor's prescription (2.3% vs 2.2%), inhalants to get high (3.8% vs. 3.9%), and currently using prescription pain medication without a doctor's prescription (2.3% vs 2.2%)

# Sexual Behavior & HIV

---

## Sexual Behavior & HIV

Youth who engage in sexual behaviors are at risk for unintended health outcomes such as human immunodeficiency virus (HIV), other sexually transmitted diseases (STDs), and unintended pregnancy. Sexual minority youth including lesbian, gay, and bisexual high school students in particular are at substantial risk for serious health outcomes relative to their peers.

In 2017, a third of high school students reported having sexual intercourse. Of those students, 46% did not use a condom the last time they had sex and 14% did not use any contraception.<sup>2</sup> Schools can play a direct role in protecting students from HIV, STDs and unintentional pregnancies by providing effective education about healthy sexual practices and addressing the needs of sexually active and non-sexually active students.

The 2019 Watertown district YRBS asked questions related to sexual intercourse, sexting, pregnancy and disease prevention, and sexually transmitted infections (STIs).

Overall, Watertown high school students were equally as sexually active as their regional counterparts. While a smaller percentage of

Watertown students who were currently sexually active reported drinking or using drugs before their last sexual intercourse, a notably larger percentage reported not using a condom during their last sexual intercourse compared to the regional average. In regards to screening and education, a larger proportion of Watertown high school students were tested for HIV or other sexually transmitted diseases and were more likely to be taught about HIV, how to use condoms, and birth control methods in school relative to their regional counterparts.

The following are key findings from this section for Watertown high school students:

- An approximately equal percentage of Watertown high school students reported ever having sex (26.6%) and being currently sexually active (18.1%) relative to the Middlesex League region (25.9% and 18.8%, respectively).
- While a smaller proportion of Watertown high school students reported drinking or using drugs before their last sexual intercourse compared to the Middlesex League (15.7% vs. 20.1%), a larger proportion of Watertown students reported not using a condom

## Sexual Behavior & HIV

(43.5%) and were equally likely to report not using any method to prevent pregnancy (8.9%) relative to their Middlesex League counterparts (35.3% and 8.8%, respectively).

- With respect to sexual messages, 34.2% of Watertown high school students reported that they had ever sent or received sexual messages, nude or semi-nude pictures, or videos electronically. This percentage is lower than the rate for the Middlesex League region (37.5%).

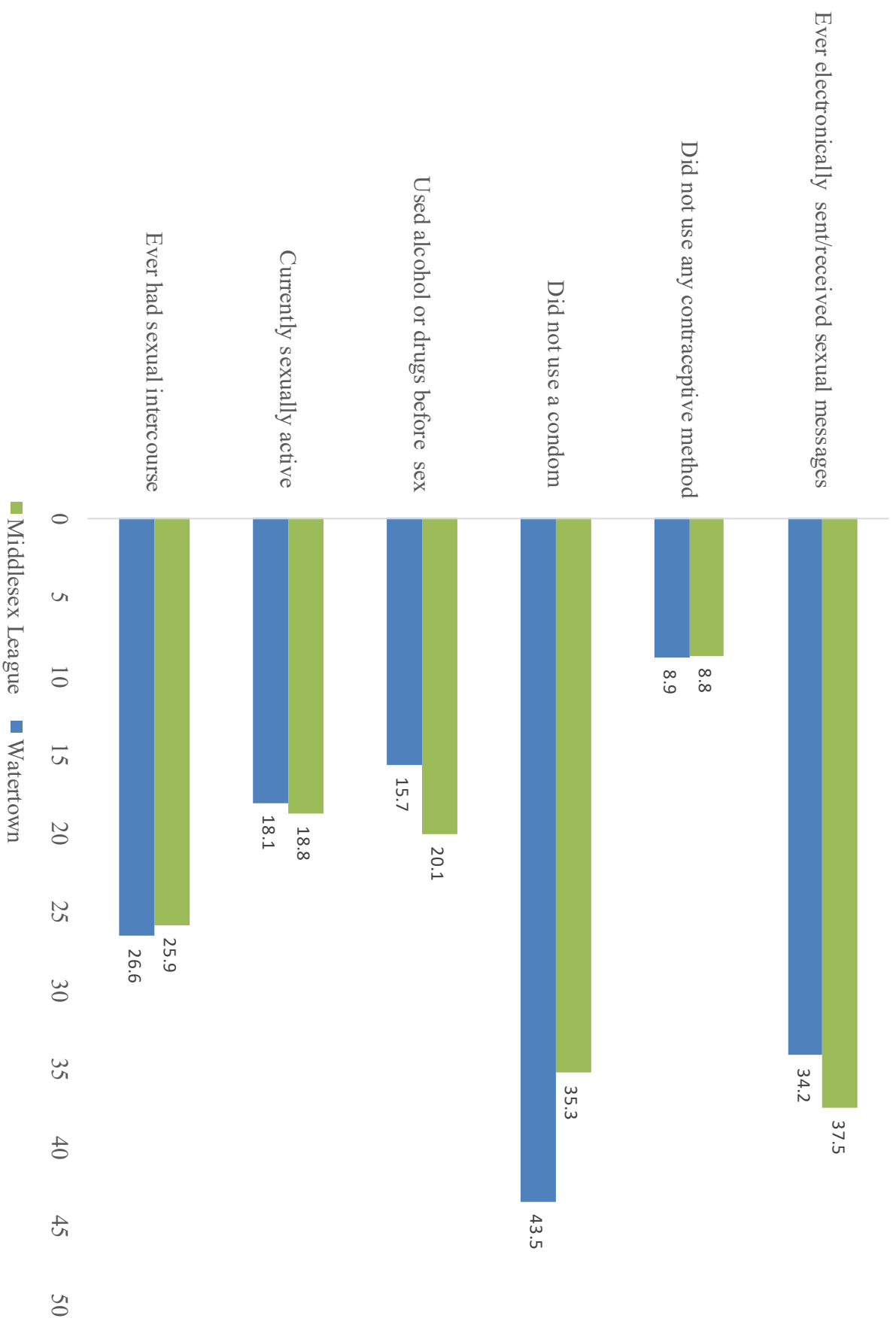
---

Watertown middle school students were more likely to report ever having sexual intercourse compared to their Middlesex League counterparts. Furthermore, a larger percentage of Watertown middle school students who reported having sexual intercourse indicated they did not use a condom compared to middle school students in the Middlesex League overall. An equal proportion of Watertown middle school students reported having sexual intercourse before age 10 and having sexual intercourse with 4 or more persons compared to the Middlesex League.

The following are key findings from this section for Watertown middle school students:

- A larger percentage of Watertown middle school students reported ever having sexual intercourse (4.1%) compared to their Middlesex League region counterparts (2.8%).
- With regards to condom use during sexual intercourse, over half (55.0%) of Watertown middle school students who had sexual intercourse did not use a condom. This is slightly higher to the Middlesex League average (51.2%).

**Figure 7. Reported Sexual behaviors among HS Students**



# Nutrition & Physical Activity

---

## Nutrition & Physical Activity

Healthy eating and regular physical activity are essential for maintaining physical and mental health of youth. Together, this reduces the risk of developing chronic diseases, such as hypertension, heart disease, cancer, and diabetes. To reduce the risk of chronic disease, it is suggested that adolescents should be consuming at least five servings of fruit and vegetables and engage in 60 minutes of physical activity daily.<sup>12</sup>

Evidence suggests that physical activity and physical fitness improve academic performance and that time dedicated to physical activity in school helps facilitate this.<sup>13</sup> Similarly, eating a healthy breakfast is associated with improved cognitive function, reduced absenteeism, and improved mood.<sup>14</sup>

The 2019 Watertown district YRBS asked questions related to nutrition, physical activity, and overweight and obesity.

Compared to Middlesex League averages, Watertown high school students were more likely to not eat breakfast, not be physically active for at least 60 minutes per day, use the computer for 3+ hours per day on average, and describe themselves as overweight. A larger percentage of Watertown students were overweight and obese compared to the region as well.

The following are key findings from this section for Watertown high school students.

- A larger percentage of Watertown high school students did not eat breakfast on all 7 days during the previous week (61.6%) compared to the Middlesex League region (59.0%).
- Among Watertown high school students, 48.9% reported playing video games or using a computer for 3+ hours per day on average compared to 44.4% of students in the region.

<sup>12</sup> Dziewaltowski, D., Estabrooks, P., & Johnston, J. (2002). Healthy Youth Places promoting nutrition and physical activity. *Health Education Research*, 17(5), 541–551.

<sup>13</sup> Committee on Physical Activity and Physical Education in the School Environment; Food and Nutrition Board; Institute of Medicine; Kohl HW III, Cook HD, editors. (2013). *Educating the Student Body: Taking Physical Activity and Physical Education to School*. National Academies Press.

<sup>14</sup> Adolphus, K., Lawton, C. L., & Dye, L. (2013). The effects of breakfast on behavior and academic performance in children and adolescents. *Frontiers in human neuroscience*, 7, 425. doi:10.3389/fnhum.2013.00425



## Nutrition & Physical Activity

- A slightly larger percentage of Watertown students were obese (11.5%) and/or overweight (14.8%) compared to their Middlesex League region counterparts (8.4% and 12.8%, respectively).
- Among Watertown high school students, 31.5% of Watertown high school students described themselves as slightly overweight or very overweight. To compare, The Middlesex League region reported 27.5% and the Commonwealth reported 28.1% .

---

Watertown middle school students fared worse compared to their Middlesex League counterparts with respect to eating breakfast at all during the previous week, being physically active, watching TV or using a computer for 3+ hours per day on average, and students describing themselves as overweight.

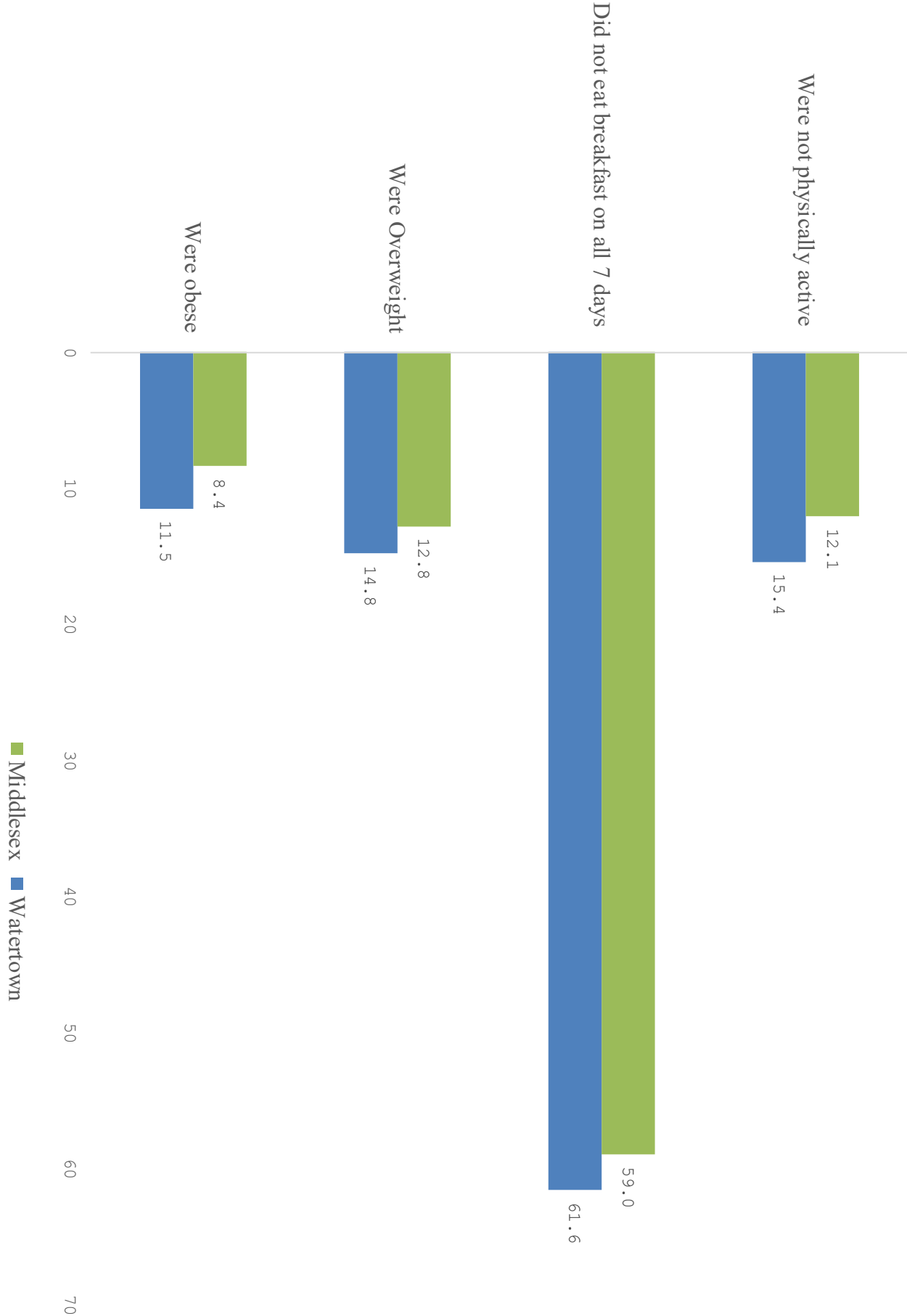
The following are key findings from this section for Watertown middle school students.

- A larger proportion of Watertown middle school students reported that they did not eat breakfast at all (9.9%) during the week

compared to their Middlesex League region counterparts (7.4%).

- A larger percentage of Watertown middle school students were not physically active at least 5 days or more during the week (41.8%) compared to their Middlesex League region counterparts (38.2%).
- Watertown middle school students reported that they watched TV for 3 or more hours a day (15.4%) and that they played video or computer games or used a computer for 3 or more hours a day (42.8%) at higher rates compared to their Middlesex League region counterparts (12.9% and 35.8%, respectively).
- Watertown middle school students were more likely to describe themselves as overweight (27.8%) and less likely to indicate that they were not trying to lose weight (70.5%) compared to their Middlesex League region counterparts (24.3% and 65.1%, respectively).

Figure 8. Nutrition and Physical Activity Among HS students



# Perceptions of Risk & Approval

---

## Perceptions of Risk & Approval

An important determinant of youth engagement in unsafe health behaviors is their perception towards the corresponding risks involved. With this, collecting data on perceptions of risk through the Middlesex League YRBS can offer better insight towards developing prevention programs and delivering positive health promotion messages to students.

The 2019 Watertown district YRBS asked questions related to students' personal perceptions of risk regarding smoking behaviors and alcohol, marijuana, and other drug use. To supplement this, students were asked how their parents and friends approved of these behaviors as well.

Watertown high school students perceived the greatest risk for harm when using prescription drugs that are not prescribed to them, and perceived the least risk for harm when it came to smoking marijuana once or twice a week. In regards to marijuana use, over half of the students see themselves at little to no risk of harm.

The following are key findings from this section for Watertown high school students.

- 55.5% of Watertown high school students see themselves at little or no risk of hurting themselves physically or in other ways when it comes to smoking marijuana once or twice a week (29.5% and 25.5%, respectively). With respect to perceiving higher risk, 23.8% of students saw themselves at moderate risk while 21.3% saw themselves at great risk of harm.
- 68.2% of students see themselves at a great risk if they use prescription drugs that were not prescribed to them, while slightly over 12% of students see themselves at little or no risk (5.6% and 6.5%, respectively).
- 7.9% of Watertown students see themselves at little or no risk of harm when smoking one or more packs of cigarettes per day (7.9% and 10.0%, respectively), and 23.8% of students saw themselves at little or no risk of harm when having one or more alcoholic beverages nearly everyday (15.6% and 8.2%, respectively).

Table A: Watertown's High School Responses with Middlesex League, Commonwealth, and National Comparisons						
Fares worse than the Middlesex League	Watertown		Middlesex		MA*	US*
	n	%	n	&	%	%
UNINTENTIONAL INJURIES AND VIOLENCE						
Rarely or never wore a seat belt (when riding in a car driven by someone else)	29	6.0	413	4.4	.	5.9
Rode with a driver who had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey)	49	10.2	1105	11.9	14.4	16.5
Drove when they had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	3	1.5	209	4.4	5.7	5.5
Drove when they had been using marijuana (also called grass, pot, or weed, in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	12	5.9	642	13.6	.	13.0
Talked on a cell phone while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	64	31.5	1590	39.2	.	.
Texted or e-mailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	65	32.0	1911	41.3	35.6	39.2
Carried a weapon (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	27	5.6	559	6.0	11.1	15.7

Carried a weapon on school property (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	6	1.3	119	1.3	2.7	3.8
Carried a gun (on at least 1 day during the 12 months before the survey, not counting the days when they carried a gun only for hunting or for a sport such as target shooting)	7	1.5	159	2.1	2.7	4.8
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	17	3.6	434	4.7	4.5	6.7
Were threatened or injured with a weapon on school property (such as a gun, knife, or club, one or more times during the 12 months before the survey)	18	3.7	362	3.9	4.8	6.0
Were in a physical fight (one or more times during the 12 months before the survey)	78	16.4	1320	14.3	17.8	23.6
Were in a physical fight on school property (one or more times during the 12 months before the survey)	18	3.8	367	4.5	.	.
Was a member of a gang (one or more times during the past 12 months)	24	5.0	322	5.0	.	.
Were ever physically forced to have sexual intercourse (when they did not want to)	17	3.6	325	4.7	6.8	7.4
Experienced sexual violence by anyone (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by anyone, one or more times during the 12 months before the survey)	29	6.1	635	7.5	10.4	9.7

Experienced sexual dating violence (being forced to do sexual things they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	17	3.5	448	4.8	5.8	6.9
Experienced physical dating violence (being physically hurt on purpose by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	9	1.9	233	2.5	5.6	8.0
Were bullied on school property (during the 12 months before the survey)	46	9.6	1214	13.0	14.6	19.0
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey)	45	9.3	1101	11.8	13.6	14.9
<b>MENTAL HEALTH</b>						
Felt like they were under overwhelming stress (during the past 12 months)	341	70.7	2637	79.2	.	.
Wanted to do something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose (at least once in the past 12 months)	50	10.4	1269	13.6	.	.
Felt sad or hopeless (almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey)	114	23.8	2460	26.5	27.4	31.5
Seriously considered attempting suicide (during the 12 months before the survey)	56	11.6	1123	12.1	12.4	17.2
Made a plan about how they would attempt suicide (during the 12 months before the survey)	31	6.5	831	9.0	10.9	13.6

Attempted suicide (one or more times during the 12 months before the survey)	16	3.3	294	3.6	5.4	7.4
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	4	.8	73	1.0	1.9	2.4
<b>TOBACCO USE AND SMOKING</b>						
Ever tried cigarette smoking (even one or two puffs)	65	13.5	1006	12.3	19.6	28.9
First tried cigarette smoking before age 13 years (even one or two puffs)	20	4.2	161	2.6	5.7	9.5
Smoked more than 10 cigarettes per day (on the days they smoked during the 30 days before the survey)	4	.8	75	.9	.	9.7
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	18	3.8	304	4.2	6.4	8.8
Currently smoked cigars (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days before the survey)	15	3.1	294	4.5	6.7	8.0
Currently used smokeless tobacco (on at least 1 day during the 30 days before the survey)	14	2.9	245	3.4	4.8	5.5
Ever used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	186	38.8	3714	40.1	41.1	42.2
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)	98	20.5	2253	24.3	20.1	13.2
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, during the 12 months before the survey, among students who used any tobacco products during the 12 months before the survey)	52	49.5	1076	47.0	.	58.6

ALCOHOL AND OTHER DRUGS						
Ever drank alcohol (at least one drink of alcohol, on at least 1 day during their life)	211	46.0	5018	55.9	56.2	60.4
Had their first drink of alcohol before age 13 years (other than a few sips)	40	8.7	614	7.7	.	15.5
Currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	85	18.0	2428	26.4	31.4	29.8
Had at least one drink of alcohol (at least one day during the past 30 days)	87	18.4	2585	28.0	.	.
Had at least one drink of alcohol on school property (at least one day during the past 30 days)	7	1.5	187	2.0	.	.
Attended parties held in homes in your school district where alcohol use by teens is allowed (during the past 12 months)	96	20.0	387	25.7	.	.
Reported current binge drinking (four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours, on at least 1 day during the 30 days before the survey)	54	11.3	1393	15.0	15.9	13.5
Reported 10 or more as the largest number of drinks they had in a row (within a couple of hours, during the 30 days before the survey)	15	3.2	326	3.5	.	4.4
Ever used marijuana (also called grass, pot, or weed, one or more times during their life)	118	25.1	3084	33.4	37.9	35.6
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	19	15.7	266	8.6	4.4	6.8
Used marijuana or hashish (during the 30 days before the survey)	66	14.0	1939	21.0	.	.
Currently used marijuana (also called grass, pot, or weed, one or more times during the 30 days before the survey)	66	13.9	1917	20.7	24.1	19.8



Used marijuana on school property (at least once during the past 30 days)	19	4.0	598	6.5	.	.
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet, one or more times during their life)	31	6.5	529	5.7	.	14.0
Used prescription drugs not prescribed to them (during the 30 days before the survey)	21	4.4	405	4.4	.	.
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	11	2.3	194	2.4	.	2.9
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	16	3.4	291	3.1	4.1	4.8
Ever used heroin (also called smack, junk, or China White, one or more times during their life)	13	2.7	206	2.2	1.4	1.7
Ever used methamphetamines (also called speed, crystal, crank, or ice, one or more times during their life)	12	2.5	207	2.2	1.7	2.5
Ever used ecstasy (also called MDMA, one or more times during their life)	15	3.2	240	2.6	2.8	4.0
Ever used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks, one or more times during their life)	19	4.0	389	4.2	5.0	6.9
Took over-the-counter medication, including cough syrup, to get high (at least once during their life)	19	4.0	421	4.6	.	.
Ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)	8	1.7	160	2.0	.	1.5

Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	11	2.3	279	3.0	.	6.2
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	34	7.1	1260	13.6	20.1	19.8
<b>SEXUAL BEHAVIORS AND HIV</b>						
Ever had sexual intercourse	123	26.6	2342	25.9	35.3	39.5
Had sexual intercourse for the first time before age 13 years	11	2.3	201	2.2	2.4	3.4
Had sexual intercourse with four or more persons during their life	30	6.4	488	5.3	6.7	9.7
Were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey)	85	18.1	1725	18.8	25.0	28.7
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	20	15.7	500	20.1	18.2	18.8
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	54	43.5	829	35.3	42.2	46.2
Did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	11	8.9	200	8.8	9.6	13.8
Had been pregnant or gotten someone pregnant (at least once)	12	2.6	196	2.1	.	.
Ever sent received sexual messages or nude or semi-nude pictures or videos electronically	162	34.2	3468	37.5	.	.
Were never tested for human immunodeficiency virus (HIV) (not counting tests done if they donated blood)	361	76.3	6124	75.1	89.5	90.7

Have been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts (ever in their life)	52	11.0	706	8.7	.	.
Had been taught about AIDS or HIV infection in school	330	69.9	5703	69.3	.	.
Had been taught in school about birth control methods	363	77.4	5184	63.2	.	.
Had been taught in school about how to use condoms	358	75.7	4298	46.5	.	.
Talked with their parents or other adults in their family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy (at least once)	193	40.8	3693	39.9	.	.
Have an adult in their school who can help find sexual health services (HIV, STD and pregnancy testing, access to birth control) or support around their sexuality	164	34.7	2977	36.2	.	.
Felt comfortable asking an adult at school if they needed help finding sexual health services	106	22.4	1828	22.2	.	.
<b>NUTRITION AND PHYSICAL ACTIVITY</b>						
Did not eat breakfast on all 7 days (during the 7 days before the survey)	293	61.6	5466	59.0	63.7	64.7
Were not physically active for a total of at least 60 minutes per day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	73	15.4	1118	12.1	15.1	15.4
Played video or computer games or used a computer for 3 or more hours per day (Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work, on an average school day)	232	48.9	4106	44.4	47.9	43.0
Did not go to physical education (PE) classes on 1 or more days (in an average week when they were in school)	153	32.1	2492	33.5	40.5	48.3

Did not play on at least one sports team (counting any teams run by their school or community groups, during the 12 months before the survey)	185	38.8	2388	29.0	.	45.7
Had a concussion from playing a sport or being physically active one or more times (during the 12 months before the survey)	75	15.8	1149	12.4	.	15.1
Described themselves as slightly or very overweight	150	31.5	2547	27.5	28.1	31.5
Were not trying to lose weight	262	54.9	5402	58.3	56.2	52.9
Were obese ( $\geq$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	52	11.5	676	8.4	.	.
Were overweight ( $\geq$ 85th percentile but $<$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	67	14.8	1034	12.8	.	.
Has long-term disabilities (long-term means 6 months or more)	62	13.1	808	10.9	.	.
Has physical disabilities or long- term health problems (Long-term means 6 month or more)	52	11.2	764	10.3	.	.
Were ever told by a doctor or nurse that they had asthma	102	21.7	1353	21.5	.	22.5
Never saw a dentist (for a check-up, exam, teeth cleaning, or other dental work)	8	1.7	88	1.2	.	1.5
Takes medicine or receiving treatment from a doctor or other health professional for any type of behavioral health, mental health condition or emotional problem	71	15.1	1581	17.2	.	.
Did not get 8 or more hours of sleep (on an average school night)	340	71.6	7049	76.4	80.2	74.6
Has at least one teacher or other adult in your school that you can talk to if you have a problem	277	58.6	5484	59.6	.	.

Can talk to an adult (or adults) about things that are important	397	91.3	1281	91.8	.	.
Have parents or other adults in their family serving on active duty in the military	28	5.9	442	6.0	.	.
Slept in a place other than a parent's or guardian's home	8	1.7	131	1.6	.	.
Slept away from their parents or guardians house because they were kicked out, ran away, or were abandoned (during the 30 days before the survey)	10	2.1	177	2.1	.	.

Table B: Watertown's High School Responses to Drug Free Communities Questions								
	No Risk		Slight Risk		Moderate Risk		Great Risk	
	n	%	n	%	n	%	n	%
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?	48	10.0	38	7.9	87	18.1	307	64.0
How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?	55	11.4	106	22.0	181	37.6	139	28.9
How much do you think people risk harming themselves when they have five or more drinks of an alcoholic beverage once or twice a week?	43	9.0	89	18.6	150	31.3	197	41.1
How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?	39	8.2	74	15.6	155	32.7	206	43.5
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?	121	25.5	140	29.5	113	23.8	101	21.3
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?	31	6.5	27	5.6	94	19.7	326	68.2

	Not at All Wrong		A Little Bit Wrong		Wrong		Very Wrong	
How wrong do your parents feel it would be for you to smoke tobacco?	20	4.1	12	2.5	86	17.8	365	75.6
How wrong do your friends feel it would be for you to smoke tobacco?	46	9.6	82	17.1	181	37.7	171	35.6
How wrong do your parents feel it would be for you to use electronic vapor products?	19	4.0	38	7.9	122	25.4	302	62.8
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	20	4.2	24	5.0	86	18.0	347	72.7
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	49	10.3	72	15.1	162	34.0	194	40.7
How wrong do your parents feel it would be for you to smoke marijuana?	25	5.2	53	11.1	90	18.9	309	64.8
How wrong do your friends feel it would be for you to smoke marijuana?	132	27.7	106	22.3	104	21.8	134	28.2
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	18	3.8	18	3.8	50	10.5	391	82.0
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	26	5.5	31	6.5	107	22.4	313	65.6

**Table C: Watertown's Middle School Responses with Middlesex League Comparisons**

<div>Fares worse than the Middlesex League</div>	Watertown		Middlesex	
	n	%	n	%
<b>UNINTENTIONAL INJURIES AND VIOLENCE</b>				
Never or rarely wore a helmet when riding a bicycle (among those who rode a bicycle)	155	34.5	1904	28.7
Never or rarely wore a helmet when rollerblading or riding a skateboard (among those who rollerbladed or rode a skateboard)	88	43.3	1318	44.7
Never or rarely wore a seatbelt when riding in a car	23	4.3	148	1.9
Rode in a car driven by someone who had been drinking alcohol	53	10.0	957	12.5
Carried a weapon (such as, a gun, knife, or club)	57	10.7	1064	13.9
Were in a physical fight	170	32.0	2262	29.6
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media)	153	29.0	2297	30.1
Were bullied on school property	100	18.8	1274	16.7
<b>MENTAL HEALTH</b>				
Seriously thought about attempting suicide	60	11.3	1182	15.6
Made a plan about how they would attempt suicide	35	6.6	649	8.5
Attempted suicide	14	2.6	241	3.2
Are currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problem (from a doctor or other health professional)	62	11.9	887	11.7
<b>Sources that cause the most negative stress</b>				
Busy schedule (school, activities, sports, etc.)	128	24.8	1786	23.6
Parent/family demands/expectations about academics, grades, etc.	80	15.5	1039	13.7
Difficulty getting enough sleep	29	5.6	496	6.6
Extracurricular activity demands or pressures	9	1.7	157	2.1

School demands/expectations—such as assignments, homework, etc.	159	30.8	2411	31.9
Social pressures from friends, peers, etc.	32	6.2	284	3.8
Other family or personal issues which cause emotional stress for you	37	7.2	699	9.2
Worrying about the future such as college, career, etc.	42	8.1	686	9.1
<b>School related factors that cause the most stress</b>				
Having to study things you do not understand	98	18.7	1200	15.8
Teachers expecting too much from you	82	15.7	1124	14.8
Keeping up with schoolwork	145	27.7	1667	22.0
Having to concentrate too long during the school day	34	6.5	651	8.6
Having to study things you are not interested in	60	11.5	934	12.3
Pressure of study	28	5.4	495	6.5
Getting up early in the morning to go to school	42	8.0	1074	14.2
Going to school	34	6.5	440	5.8
<b>TOBACCO USE AND SMOKING</b>				
Ever tried cigarette smoking (even one or two puffs)	14	2.6	171	2.3
Tried cigarette smoking before age 10 years (for the first time, even one or two puffs)	6	1.1	42	.6
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	4	.8	34	.5
Currently smoked cigarettes frequently (on 20 or more days during the 30 days before the survey)	3	.6	17	.3
Currently smoked more than 5 cigarettes per day (more than 5 cigarettes per day on the days they smoked, during the past 30 days before the survey)	3	.6	9	.2
Used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	47	8.9	669	8.8
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)	23	4.4	291	3.8



Currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on at least 1 day during the 30 days before the survey)	4	.8	49	.8
Currently smoked cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey)	4	.8	40	.7
<b>ALCOHOL AND OTHER DRUGS</b>				
Ever drank alcohol (other than a few sips)	76	14.7	981	13.1
Drank alcohol before age 11 years (for the first time other than a few sips)	32	6.2	368	4.9
Currently drank alcohol (at least one drink of alcohol during the 30 days before the survey)	13	2.5	169	2.2
Ever used marijuana	12	2.3	239	3.1
Tried marijuana before age 10 years (for the first time)	4	.8	42	.6
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase)	6	1.1	61	.8
Ever sniffed glue, breathed the contents of spray cans, or inhaled paints or sprays to get high	20	3.8	294	3.9
Ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor said to use it (counting drugs such as codeine, Vicodin, OxyCotin, Hydrocodone, and Percocet)	17	3.2	241	3.2
During the past 30 days, took prescription medication not prescribed to them	12	2.3	164	2.2
<b>SEXUAL BEHAVIORS AND HIV</b>				
Had sexual intercourse	21	4.1	186	2.8
Had sexual intercourse before age 10 years (for the first time)	3	.6	55	.8
Had sexual intercourse with four or more persons (during their life)	6	1.1	71	1.1

Did not use a condom (during last sexual intercourse, among students who have had sexual intercourse)	11	55.0	84	51.2
<b>NUTRITION AND PHYSICAL ACTIVITY</b>				
Did not eat breakfast at all during the week (during the 7 days before the survey)	52	9.9	568	7.4
Did not eat breakfast on at least one day during the week (during the 7 days before the survey)	240	45.6	3762	49.2
Were not physically active at least 60 minutes per day on at least one day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	40	7.7	387	5.1
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	218	41.8	2895	38.2
Watched TV for 3 or more hours per day (on an average school day)	81	15.4	978	12.9
Played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)	226	42.8	2724	35.8
Did not play on at least 1 sports team (during the past 12 months, counting teams run by school or community groups)	159	30.0	1565	23.3
Had a concussion from playing a sport or being physically active (one or more times during the 12 months before the survey)	68	12.9	1042	13.7
Described themselves as slightly or very overweight	146	27.8	1849	24.3
Were not trying to lose weight	317	60.4	4938	65.1