DUTCHESS COUNTY YOUTH DEVELOPMENT SURVEY TREND ANALYSIS

AUGUST 1, 2020 EDEN RESEARCH & EVALUATION

Key Findings

- Just under 50% of youth report disapproving of e-cigarette and vaping; a small increase from previous years.
- Perceptions of peer disapproval of using prescription pain medications without a doctor's orders remains high and stable suggesting an excellent opportunity for prevention messaging.
- Among 8th graders the perception that parents disapprove of using prescription pain medication without a doctor's orders is declining; this suggests an important area for intervention.
- While only 3% of students report ever using heroin, applying the more accurate sample size of 2017, this translates to 165 students participating in this high risk, highly addictive behavior in grades 8, 10, and 12 alone.
- The proportion of students reporting depressive symptoms shows a slow but steady increase from 2015 to 2019; one in five youth reporting that "sometimes I think that life is not worth it."
- Self-reported cyberbullying in 2019 suggests that nearly 1000 students experienced this just among students in the three participating grades.
- In 2019 a handgun was taken to school at least 36 times; it is important to note that in 2019 only half as many students responded.

Student Sample

This trend analysis examines the results from the Dutchess County Youth Development Study (YDS) for the years of 2015, 2017, and 2019. This study explores potential changes in both protective factors and risk factors self-reported by Dutchess County youth. All three surveys were conducted as on-line, in-school anonymous surveys among students in the 8th, 10th, and 12th grade. Participation by district did vary somewhat. In 2015, 5,499 students participated with nearly equal distribution across grades 8th, 10th, and 12th (33%, 36%, 31% accordingly). In 2017, 5,899 students participated again with fairly equal distributions across 8th, 10th, and 12th grades (36%, 33%, and 32%). The participation dropped in 2019 to 2,887 with the greatest drop in high school participation resulting in 53% being 8th grade, 24% 10th and 23% 12th grade. As a result, a margin of error of 3% should be applied to the 10th and 12th grade meaning true results could fall anywhere from 3% above and below what is reported. No notable changes across years are seen in the gender and race/ethnicity distributions (Figs. 1 and 2). Note, race/ethnicity was asked differently across surveys. In 2015 and 2017 it was a single question in 2019 it was a separate option for each; as a result the responses "multiple" is excluded from the 2019 chart but included in the others.

Protective Environments

Youth Protective Behaviors

In 2015 younger students were far more likely to feel that skipping school was wrong. By 2017 we see a reduction among 8th graders closing the gap between these students and those in high school who remained relatively flat over the three time periods (Fig. 3). Perceptions that it is wrong to drink alcohol regularly or use prescription pain medications without a doctor's orders showed little change over time (Figs. 4 and 5). Alcohol consumption was most often disavowed by 8th graders while unprescribed prescription pain medication use was viewed as similarly and mostly wrong by all grades. Conversely, while a strong disapproval of marijuana use declined, but remained high for 8th graders, a decline by grade and over time is noted among 10th and 12th graders (Fig. 6). There appears to be small increases in disapproval of E-Cigarettes and Vaping across all grades; however these remain below 50% among the high school students (Figs. 7 and 8) suggesting an important area for intervention.

Peer Protective Behaviors

Social norming is derived from perception of approval or disapproval from peers. Youth report high disapproval from their peers in regard to smoking cigarettes and this has shown a small but steady improvement (Fig. 9). While 8th graders continue to report high perceived peer disapproval of marijuana use, this decreases with age and has decreased slightly over time across all grades (Fig. 10). There is little difference across grades and over time in perceived peer disapproval of prescription pain medication (without a doctor's orders) use (Fig. 11); however this remains relatively strong and provides a potential opportunity area for social norming intervention.

Parent Protective Behaviors

Perceptions of parental disapproval further supports social norming in discouraging at risk behaviors. Similarly to perceptions of peer disapproval youth perceptions of parental disapproval toward smoking tobacco dropped from 2015 to 2017 but shows an increase in 2019 and remains high (Fig. 12). Perceptions of parental disapproval toward marijuana show a similar pattern (Fig. 13). This pattern of high disapproval in 2015, a reduction in 2017, followed by improvements in 2019 is further noted when looking at parental perceptions toward prescription pain medication (without a doctor's order) except among 8th graders (Fig 14). Should this continue, this may be an important intervention need in the future.

School and Activity Protective Environments

Students' reports of having opportunities to talk with teachers one to one and feeling safe in one's school remains high across grades and over time (Figs. 15 and 16). Similarly there is relative stability to perceived availability of extracurricular opportunities (Fig. 17). The only possible exceptions are a potential decline in perceived access to scouting and boys and girls clubs and a perceived increased access to arts, music, and theater clubs.

Neighborhood Protective Environments

Student perception of police intervention should a youth be caught smoking marijuana or drinking alcohol remain steady if not somewhat improved from 2015 to 2017; however, these each showed a decline across all grades in 2019 (Figs. 18 and 19). While half of middle school aged students perceive police involvement to reduce these behaviors in the community, few high school aged students concur. That said, it is plausible that this is mostly speculation on the part of the younger students and perhaps reflect a greater tendency to engage in these behaviors in private among older students. Most students, across all grades report feeling safe in their neighborhoods and this shows only improvement with time (Fig. 20).

Risk Behaviors

Tobacco Use

Cigarette smoking is relatively low but increases to nearly 1 in 5 high school seniors reporting ever smoking (Fig. 21). There seemed to be a small decline in this behavior across all grades from 2015 to 2017 followed by a small increase in 2019. The use of e-cigarettes and vaping show similar prevalence; however the rates are remaining steady with small increases among high school seniors (Figs. 22 and 23). It would be important to begin strong interventions for these behaviors before the rate gets higher and therefore harder to impact.

Alcohol Use

Youth reports of ever using alcohol appeared to show a decline from 2015 to 2017 followed by a potential increase in 2019 (Fig. 24). Half of students in the 10th grade and nearly 70% of seniors report ever consuming alcohol. These patterns follow for current (past 30 day alcohol use) (Fig. 25). It appears 50-70% of students who report ever using alcohol are current users. Binge drinking consists of having five or more drinks at one sitting. Report of this has shown an increase over time across all age groups (Fig. 26).

Marijuana Use

Reports of ever using marijuana remained stable from 2015 to 2017 filled by small increases in 2019 (Fig. 27). Among 8th graders, 80% of ever users are current users. Among 10th graders this drops to 73% of ever users being current users. Among 12th graders this drops further with 67% of ever users being current users (Fig. 28). Use of synthetic marijuana is very low and shows very little change over time and across grade (Fig. 29).

Opioid Use

Lifetime heroin use remains low; however after a small decline in 2017 there was an increase in 2019 to levels above 2015 (Fig. 30). Although only about 3% of students report this behavior, heroin use is highly addictive. If we apply the 2017 sample size, this translates to 165 high risk students among a sample that represents only half of the grades in the County. Opioid addiction is commonly initiated from experimentation with prescription pain medications found in medicine cabinets or sold on the streets. While also low, but twice that of lifetime heroin use, there was a slight increase in reported ever use of prescription pain medications (without a doctor's orders) (Fig. 31). Current use of non-prescribed prescription pain medications shows some decline (Fig. 32). That said, just over 30% of youth who report ever using unprescribed prescription pain medication are current users across all three age groups.

Other Drug Use

Use of inhalants, cocaine, and psychedelics remains low across the three time period and three grades (Figs. 33, 34, and 35). While these rates remained stable or showed a small drop from 2015 to 2017, some increases are noted in 2019.

Depressive Symptoms

Students were asked four questions that, while they do not diagnose depression, identify a risk of depression and therefore the associated risk of substance abuse. Students are asked their level of agreement with the statements: "sometimes I think life isn't worth it; "at times I think I am no good at all;" "I am inclined to think I am a failure;" and "I feel depressed or sad most days." The proportion of students agreeing with these statements have shown a slow but steady increase from 2015 to 2019 with no notable difference across grades (Figs. 36 to 39). Over a

quarter of students report sometimes feeling life is not worth it and being inclined to see themselves as failures. Over 40% report at times feeling no good at all and depressed or sad most days.

Bullying

There appears to be a slight reduction in self-reported bullying from 2015 to 2019 particularly among 8th and 12th graders (Fig. 40). The pattern among those reported ever bullied (outside of school) is similar (Fig. 41). Those reporting ever being cyberbullied shows a similar prevalence of under 20%) with a mild decrease for those in 8th grade and a mild increase among those in high school (Fig. 42). While these rates are proportionately small compared to many of the rates provided in this report, the self-reported cyberbullying of approximately 17% accounts for nearly 1000 students in Dutchess County if we apply the 2017 count; this is just among students in the three participating grades.

Handguns

Approximately four percent of students report ever carrying a handgun; this shows little difference across grades and no change over time (Fig. 43). When asked about carrying a handgun by a member of the youth's closest four friends, the rate is higher and shows an increase from 2017 to 2019 (Fig. 44). Among students who responded in 2017, a handgun was taken to school a total of 45 times (Fig. 45). In 2019 a handgun was taken to school at least 36 times; it is important to note that in 2019 only half as many students responded.

Other Risk Behaviors

Very few youth (approximately 5%) identify that they attacked another person to hurt them; these rates are similar across grades and over time (Fig.46). That said approximately half of youth feel it is alright to beat someone up if they started the fight; this is slightly higher in the 10th grade and shows some decline in 2019 among 12th graders (Fig. 47). Approximately ten percent of youth report having driven with someone who was drinking in the past month; this shows little change over time or across grades (Fig. 48). The rate of ever arrested and past year sold illegal drugs remains low and similar across grades (Figs. 49 and 50). There appears to be a slight reduction in the percent of youth reporting skipping school in the past month (Fig. 51).

RESULTS: FIGURES





































































































