CALIFORNIA healthy kids SURVEY

Student Engagement and Well-Being in California, 2019–21

Results of the Eighteenth Biennial State California Healthy Kids Survey, Grades 7, 9, and 11

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To download: https://data.calschls.org/resources/18th_Biennial_State_1921.pdf

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Department Forward

The *Eighteenth Biennial State California Healthy Kids Survey* (CHKS) continues the important work of assessing students statewide every two years that began in 1985 and became mandated by the California Legislature in 1991. Survey administration and preparation of this report, based on data collected between Fall 2019 and Spring 2021, was funded by the Department of Health Care Services (DHCS) in collaboration with the California Department of Education (CDE).

These results provide a detailed picture of the well-being of California secondary students and how well California schools are meeting student needs. The survey and this report cover key indicators of student engagement, positive development, mental health, and risk behavior, particularly substance use.

Administration of this *Eighteenth Biennial State CHKS* faced unique challenges created by the outbreak of the COVID-19 pandemic that began in March 2020—the first year of the two-year data collection cycle. The resulting conditions, as well as the impacts of the pandemic itself, affect the comparability of the results to previous surveys. Future surveys will determine whether the current results are unique to this time period or reflect longer-term trends, but it is important to emphasize three aspects of the current findings.

First, the decline in academic motivation and lack of progress in boosting pupil developmental supports provided by school staff is not surprising given the challenges from school building closures and the shift to remote learning. Yet the 2017–19 survey findings already indicated that far more attention needs to be devoted to fostering safe, supportive, and engaging schools, a state priority under the *Local Control Accountability Funding Formula* enacted in 2013. Although the 2019–21 survey years were unique, the same conclusion can be drawn as we returned to in-school instruction in 2021–22.

Second, and especially troubling, is the continuation of a long-term rise in chronic, debilitating sadness or hopelessness among secondary students in all grades and the high rate of suicide ideation among high school students. Mental health has clearly deteriorated for substantial numbers of youth, particularly for female students, who had almost twice the risk of chronic sadness as males. Again, pandemic-related factors contributed to these trends. Hopefully, as these conditions dissipate we will see a turnaround in the next survey, however, that hope does

not negate the immediate need to devote attention and resources to addressing the mental health needs of our youth, which were already increasing before the pandemic. Improving student mental health is a priority of both our agencies. California legislation made major investments in 2021–22 for schools and communities to address the adolescent mental health crisis worsened by the pandemic. For example, as a part of Governor Newsom's Master Plan for Kids' Mental Health, the state made a one-time, $4.7 billion investment in the Children and Youth Behavioral Health Initiative (CYBHI), which is a multiyear, multi-department package of investments that reimagines the systems that support behavioral health for all California's children, youth, and their families. The initiative focuses on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs for children and youth ages 0–25, through an online platform, expansion of school-based behavioral health services, and expansion of the infrastructure for providing behavioral health care through community partnerships. As part of the 2022 Budget Act, Assembly Bill 130 provided $2.8 billion in support grants for local education agencies (LEAs) to develop full-service community schools to provide mental health, family, and social services. The declines in mental health among youth noted in the report further underscore the need for schools to focus on behavioral and mental health.

Third, the most positive results, overall, were a continuation of the previous declines in alcohol and cigarette use, and new evidence of a decline in the use of marijuana and other drugs, as well as use of vaping devices. While this is good news, it is possible that some of these declines are related to unique pandemic circumstances, which isolated students at home and disrupted peer interactions, thereby reducing some factors that influence use. It is important for school districts and community organizations to continue to carefully monitor youth substance use to determine whether use will rise again as conditions return to normal, particularly in the face of the decline in mental health among youth that may contribute to more substance use as a coping mechanism.

Our thanks to all the school administrators, teachers, parents, and students for their contribution to this *Eighteenth Biennial State CHKS*. Additional thanks to the many school districts throughout the state that use their local CHKS data to guide school, prevention, and health program improvement.

California Department of Health Care Services
California Department of Education

Table of Contents

Department Forward i

List of Exhibits vi

List of Tables vii

Introduction 1

- Survey Content 2
- Survey History and Method 4
- Sampling Strategy 5
- Survey Administration 6
- Sample Characteristics 9
- Alcohol and Other Drugs (AOD) Module 10
- The Report 11

Overview of Key Findings 12

- School Climate and Pupil Engagement 12
- Developmental Supports from School Staff 13
- Substance Use 13
- Cigarette Use and Vaping 14
- Mental Health 14
- Summary and Discussion 15

Pupil Engagement and Support 17

- Key Findings, Eighteenth Biennial State CHKS, 2019–21 17
- Academic Motivation 18
- Attendance 19
- Academic Performance 21
- School Developmental Supports 21
- Discussion 23

AOD Use 24
- Key Findings, Eighteenth Biennial State CHKS, 2019–21 24
- Overall AOD Use 24
- Alcohol 25
- Marijuana 26
- Other Drugs 28
- Level of Drug Use 30
- Driving Under the Influence of AOD 31
- Influences on AOD Use 31
- Discussion 33

Vaping and Cigarette Smoking 35
- Key Findings, Eighteenth Biennial State CHKS, 2019–21 35
- Cigarette Smoking 36
- Vaping 37
- Substances Consumed in Vaping Devices 40
- Attitudes 41
- Discussion 41

Mental Health 43
- Key Findings, Eighteenth Biennial State CHKS, 2019–21 43
- Chronic Sadness 43
- Suicide Ideation 46
- School Absenteeism and Substance Use 48
- Discussion 49

References 52

Core Module Tabular Results 56
- 1. Summary of Key Indicators 57
- 2. Survey Sample 58
- 3. Demographics 60
- 4. School Performance, Supports, and Engagement 68
- 5. Social and Emotional Health 77

6. AOD Use 78
7. Tobacco Use 88
8. Other Physical and Mental Health Risks 91
9. Race/Ethnic Breakdowns 93
10. Gender Breakdowns 100
AOD Module Tabular Results 104
1. Summary of Key Indicators 105
2. Survey Sample 106
3. Alcohol, Tobacco, and Marijuana Consumption Patterns 107
4. Reasons for and Consequences of AOD Consumption 111
5. Supports to Reduce AOD Use 115
6. Availability 117
7. Influences on Alcohol, Tobacco, and Other Drug (ATOD) Use 119

LIST OF EXHIBITS

EXHIBIT 1. Core Module Measures Prior to and After Onset of Pandemic 3
EXHIBIT 2. Summary of CHKS Content Assessed by AOD Module 4
EXHIBIT 3. Survey Administration Timing by Season and Survey Year 7
EXHIBIT 4. Distribution of Respondents Receiving In-Person, Hybrid, and Remote Instruction, 2020–21 8
EXHIBIT 5. Student Survey Response Rates by Survey Administration, 2020–21 10
EXHIBIT 6. Academic Motivation by Administration Period 18
EXHIBIT 7. Academic Motivation by Survey Year and Instructional Model, 2019–21 19
EXHIBIT 8. School Attendance by Administration Period 20
EXHIBIT 9. School Attendance by Survey Year and Instructional Model, 2019–21 20
EXHIBIT 10. Caring Adult Relationships by Administration Period 22
EXHIBIT 11. 30-Day Alcohol and Marijuana Use by Administration Period 25
EXHIBIT 12. 30-Day Alcohol Use by Survey Year and Instructional Model, 2019–21 26
EXHIBIT 13. 30-Day Marijuana Use by Survey Year and Instructional Model, 2019–21 28
EXHIBIT 14. Lifetime Alcohol and Marijuana Use by Administration Period 29
EXHIBIT 15. Lifetime Marijuana Use by Mode of Consumption and Survey Year 30
EXHIBIT 16. Peer and Parental Disapproval of Respondent AOD Use by Administration Period 32
EXHIBIT 17. Lifetime Cigarette Smoking by Administration Period 35
EXHIBIT 18. 30-Day Cigarette Smoking by Administration Period 36
EXHIBIT 19. Lifetime Vaping by Administration Period 38
EXHIBIT 20. 30-Day Vaping by Administration Period 39
EXHIBIT 21. 30-Day Vaping by Survey Year and Instructional Model, 2019–21 40
EXHIBIT 22. Substances Ever Vaped, 2019–21 41
EXHIBIT 23. Chronic Sadness/Hopelessness by Administration Period 44
EXHIBIT 24. Chronic Sadness/Hopelessness by Survey Year and Instructional Model, 2019–21 45
EXHIBIT 25. Chronic Sadness/Hopelessness by Gender and Administration Period 46
EXHIBIT 26. Suicide Ideation by Administration Period 47
EXHIBIT 27. Suicide Ideation by Gender and Administration Period 48

LIST OF TABLES

Table A1.1 Key Indicators of School Climate, Pupil Engagement, and Student Well-being, by Grade and Administration Period 57

Table A2.1 Student Sample Characteristics 58

Table A2.2 Survey Administration Window, by Grade and Administration Period 58

Table A2.3 Instructional Modality, by Grade and Administration Period 59

Table A3.1 Gender of Sample, by Grade and Administration Period 60

Table A3.2 Sexual Orientation, by Grade and Administration Period 60

Table A3.3 Gender Identity, by Grade and Administration Period 61

Table A3.4 Race or Ethnicity, by Grade and Administration Period 61

Table A3.5 Living Situation, by Grade and Administration Period 62

Table A3.6 Highest Education of Parents, by Grade and Administration Period 63

Table A3.7 Free or Reduced-Price Meals Eligibility, by Grade and Administration Period 63

Table A3.8 Language Spoken at Home, by Grade and Administration Period 64

Table A3.9 English Language Proficiency – All Students, by Grade and Administration Period 65

Table A3.10 English Language Proficiency – Home Language Other Than English, by Grade and Administration Period 66

Table A3.11 Military-Connected Family Status, by Grade and Administration Period 67

Table A4.1 Grades, Past 12 Months, by Grade and Administration Period 68

Table A4.2 Absences, Past 30 Days, by Grade and Administration Period 69

Table A4.3 Reasons for Absence, Past 30 Days, by Grade and Administration Period 70

Table A4.4 School Environment, Academic Motivation, and Promotion of Parent Involvement Scales, by Grade and Administration Period 71

Table A4.5 Caring Relationships Scale Questions, by Grade and Administration Period 72

Table A4.6 High Expectations Scale Questions, by Grade and Administration Period 73

Table A4.7 Academic Motivation Scale Questions, by Grade and Administration Period 74

Table A4.8 Academic Motivation Scale Questions, by Grade and Administration Period – Continued 75

Table A4.9 Promotion of Parent Involvement Scale Questions, by Grade and Administration Period 76

Table A5.1 Chronic Sad or Hopeless Feelings, Past 12 Months, by Grade and Administration Period 77

Table A5.2 Seriously Considered Attempting Suicide, Past 12 Months, by Grade and Administration Period 77

Table A6.1 Summary Measures of Level of AOD Use and Perceptions, by Grade and Administration Period 78

Table A6.2	Summary of AOD Lifetime Use, by Grade and Administration Period	79
Table A6.3	Lifetime AOD Use, by Grade and Administration Period	80
Table A6.3	Lifetime AOD Use, by Grade and Administration Period – Continued	81
Table A6.3	Lifetime AOD Use, by Grade and Administration Period – Continued	82
Table A6.4	Methods of Marijuana Consumption, by Grade and Administration Period	83
Table A6.5	Current AOD Use, Past 30 Days, by Grade and Administration Period	84
Table A6.6	Frequency of Current AOD Use, Past 30 Days, by Grade and Administration Period	85
Table A6.7	Lifetime Drunk or High, by Grade and Administration Period	86
Table A6.8	Lifetime Drunk or "High" on School Property, by Grade and Administration Period	86
Table A6.9	Drinking While Driving, Lifetime, by Grade and Administration Period	87
Table A7.1	Summary of Key CHKS Tobacco Indicators, by Grade and Administration Period	88
Table A7.2	Lifetime Tobacco Use, by Grade and Administration Period	89
Table A7.3	Current Drug Use and Daily Use, by Grade and Administration Period	90
Table A8.1	Eating of Breakfast, by Grade and Administration Period	91
Table A8.2	Cyberbullying, Past 12 Months, by Grade and Administration Period	91
Table A8.3	Gang Involvement, by Grade and Administration Period	92
Table A9.1	School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period	94
Table A9.1	School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period – Continued	95
Table A9.1	School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period – Continued	96
Table A9.2	Cigarette Smoking in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period	97
Table A9.3	Any Alcohol Use in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period	97
Table A9.4	Any Marijuana Use in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period	98
Table A9.5	Chronic Sad or Hopeless Feelings in the Past 12 Months by Race/Ethnicity, Grade, and Administration Period	98
Table A9.6	Seriously Considered Attempting Suicide, Past 12 Months by Race/Ethnicity, Grade, and Administration Period	99
Table A10.1	School Supports and Engagement by Gender, Grade, and Administration Period	101
Table A10.2	AOD Use and Mental Health Measures by Gender, by Grade and Administration Period	102
Table A10.2	AOD Use and Mental Health Measures by Gender, by Grade and Administration Period – Continued	103

Table B1.1	Key Indicators of AOD Use, by Grade and Administration Period	105
Table B2.1	Student Sample for AOD Module	106
Table B3.1	Age of Onset of AOD Use, by Grade and Administration Period	107
Table B3.2	Age of Onset – Tobacco Use, by Grade and Administration Period	108
Table B3.3	Usual Alcohol Consumption Level, by Grade and Administration Period	109
Table B3.4	Usual Marijuana Consumption Level, by Grade and Administration Period	109
Table B3.5	E-Cigarette Consumption, by Grade and Administration Period	110
Table B4.1	Reasons for AOD Use in the Past 12 Months, by Grade and Administration Period	111
Table B4.2	Problems Caused by AOD Use, by Grade and Administration Period	112
Table B4.3	AOD Use Caused Negative Experiences, by Grade and Administration Period	113
Table B4.4	Likelihood of Suspension, Expulsion, Transfer Because of AOD Use/Possession, by Grade and Administration Period	114
Table B5.1	Needed Counseling for Use, by Grade and Administration Period	115
Table B5.2	Likelihood of Finding Help at School for Quitting or Reducing Use, by Grade and Administration Period	115
Table B5.3	Talked with Parent About AOD Use, by Grade and Administration Period	116
Table B6.1	Sources for Obtaining Alcohol, by Grade and Administration Period	117
Table B6.2	Sources for Obtaining Marijuana, by Grade and Administration Period	118
Table B7.1	Personal Disapproval of AOD Use, by Grade and Administration Period	119
Table B7.2	Parent Disapproval of ATOD Use, by Grade and Administration Period	120
Table B7.2	Parent Disapproval of ATOD Use, by Grade and Administration Period – Continued	121
Table B7.3	Peer Disapproval of ATOD Use, by Grade and Administration Period	122
Table B7.3	Peer Disapproval of ATOD Use, by Grade and Administration Period – Continued	123
Table B7.4	Heard, Read, or Watched Any Anti-ATOD Messages, Past 12 Months, by Grade and Administration Period	124

Introduction

This report provides detailed results from the *Eighteenth Biennial State CHKS* as administered to a randomly selected, representative state sample of secondary students in grades 7, 9, and 11 from Fall 2019 through Spring 2021. DHCS provided financial support for the statewide survey, which was conducted by WestEd. CDE funded the development of the survey instrument and provides ongoing support for its administration and use by local school districts. The survey is part of the nation's largest and longest continuing state effort to regularly assess the needs and strengths of its students to guide educational, health, prevention, and youth development efforts and to help ensure all youth thrive and succeed. It is part of the CDE's *California School Climate, Health, and Learning Survey System* (CalSCHLS). Over the past decade, about 70% of districts in the state have regularly administered the survey, the majority every other year. Statewide and district survey results are available from the CalSCHLS website (https://calschls.org).

The survey was conducted under conditions of strict anonymity and confidentiality. Participation by school districts, schools, and students was voluntary, and parental consent was required. The survey protocols were approved by the state's Committee for the Protection of Human Subjects, Office of Statewide Health Planning and Development. Data collection for the 2019–21 *Biennial State CHKS* differed dramatically from all previous administrations in that the great majority of 2020–21 surveys were not administered to students on school sites (in classrooms or other school buildings) because of school building closures caused by the COVID-19 pandemic. The survey was administered while students were participating in school remotely from their residences which likely contributed to a drop in student participation rates. School building closures also required changes to the survey instruments, notably the removal of previous questions related to school climate.

The 2019–21 results reveal a surprising increase in overall school attendance, yet dramatic declines in academic motivation, student mental health, and substance use. Little evidence of increases or declines in school-provided developmental supports for students was evident. Although the cross-sectional, anonymous method used in this survey limits the ability to determine the causes for these declines, pandemic-related factors likely contributed to many of them. But the conditions under which the survey was administered warrant caution in

interpreting the meaning of the results and whether they represent long-term trends.

Following this *Introduction*, there is an *Overview of Key Findings* and more detailed summaries of four topics: *Pupil Engagement and Supports*, *AOD Use*, *Tobacco Use and Vaping*, and *Mental Health*.

Survey Content

The survey consisted of the CHKS Core Module and AOD Module. The Core Module includes a broad range of key indicators, many measured by multi-item scales, that an expert advisory panel determined are important to (1) guide state and local efforts to improve schools and academic achievement—particularly in creating safe, supportive, and engaging school environments; (2) reduce and prevent student substance use and other risky behaviors (e.g., violence and bullying); and (3) foster resilience, mental health, and overall well-being.

In response to the pandemic, the CHKS Core Module had to be modified in 2020–21 to provide districts with more relevant data to help them better support students participation in three different instructional models: remote instruction from home, in-person instruction in school buildings, or both remote and in-person instruction (hybrid). Students were directed to questions only relevant to the instructional model (remote, in-school, hybrid) used. In 2020–21, approximately 73% of students in sample schools participated in school via remote instruction at the time of survey administration. These students took the survey from their homes. Moreover, questions about experiences in school buildings—including questions about school connectedness, school safety, and substance use in school—were not available for the *Eighteenth Biennial State CHKS* random sample because students attending school remotely could not answer these questions. To provide local education agencies (LEAs) with data relevant to the pandemic, questionnaire items were added to the Core Module assessing remote school routines, physical exercise, social–emotional distress, social skills, and peer and family supports. To make room for these items, several other items had to be dropped from the Core Module, including questions about alcohol, tobacco, and drug availability; perceptions of use; and cessation attempts. Exhibit 1 provides a summary of measures from the Core Module available in the *Seventeenth* and *Eighteenth Biennial State CHKS*.

The AOD Module provides additional information on patterns of substance use, factors that may be influencing it (correlates), and adverse consequences. Exhibit 2 provides a list of the questions related to substance use in the AOD Module.

EXHIBIT 1.

Core Module Measures Prior to and After Onset of Pandemic

	2017–19	2019–21
School Performance, Supports, and Engagement		
Absences	●	●
Reasons for Absence	●	●
School Grades	●	●
Developmental Supports		
Caring Relationships With Adults at School	●	●
High Expectations at School	●	●
Meaningful Participation at School	●	
School Connectedness	●	
Academic Motivation	●	●
Promotion of Parental Involvement in School	●	●
Quality of School Physical Environment	●	
School Violence, Victimization, and Safety		
Perceived Safety at School	●	
Harassment and Bullying Victimization at School	●	
Violence Victimization at School	●	
ATOD Use		
Lifetime Use	●	●
30-day Use	●	●
30-day Use on School Property	●	
Lifetime Drunk/High on School Property	●	●
Cessation Attempts	●	
Perceived Harm From AOD Use	●	
Perceived Availability of Alcohol or Marijuana	●	
Other Physical and Mental Health Risks		
Sleep Duration	●	●
Morning Fasting (Breakfast)	●	●
Chronic Sadness	●	●
Suicide Ideation	●	●
Gang Involvement	●	

***Notes*. Fewer questions were available in 2019–21 because the Core Module was modified for students participating in school remotely in 2020–21.**

EXHIBIT 2.

Summary of CHKS Content Assessed by AOD Use Module

AOD Supplemental Module

- Age of initiation
- Adverse AOD effects (11 indicators)
- AOD dependency indicators (10 indicators)
- Problems from AOD use (high school (HS) only)
- Dependency-related experiences (HS only)
- Drinking and drug use styles (how usually used)
- Perceived need for help (HS only)
- Likelihood of getting help at school for use (HS only)
- Likelihood suspended/expelled if use/possess at school (HS only)
- How/where most kids get alcohol
- Attitudes: Peer use and peer/parent attitudes toward use
- Prevention: Parental discussion and media exposure

Survey History and Method

The work of biennially collecting needs-related data from a representative state sample of secondary students began in 1985 with the California Student Survey (CSS) of Substance Use under the sponsorship of the Office of the Attorney General. In 1991, the California Legislature mandated biennial survey administration (HSC Section 11605). Since 2015–17, DHCS has been the contracting agency.[1]

The original CSS focused on assessing substance use and safety. In 1997, the CDE incorporated CSS into its new CHKS, which uses a series of modules to assess more broadly health-risk behaviors, youth development (protective factors), school climate, and learning indicators. This student survey later was expanded with companion school staff and parent surveys to form the CalSCHLS.

In 2011, state agencies supporting the biennial survey decided to replace the CSS instrument with the CHKS Core and AOD Modules, which combined were equivalent to the CSS, and to

[1] Effective with the passage of the 2013–2014 Budget Act and associated legislation, the Department of Alcohol and Drug Programs (DADP) no longer exists as of July 1, 2013. All DADP programs and staff transferred to the Department of Health Care Services (DHCS), Substance Use Disorders Program, Policy, and Fiscal Division.

integrate state survey administration into local CHKS data collection. This was done with three goals in mind: reduce the overall survey burden on schools, improve survey participation, and improve the ability to compare local and representative state data.

Districts with schools that participated in the state sample and administered both the Core and AOD Modules received the following incentives:

- A waiver of the $0.40 per-student fee for up to 900 students per survey grade level districtwide;
- A gift card for each sample school ($300 per high school/$200 per middle and continuation school) to compensate for the labor by school staff in coordinating the survey;
- Printed instrument booklets that could be used throughout the district (if the survey is not administered online); and
- A free school-level CHKS report for each sample school.

Sampling Strategy

All secondary schools in the state had an equal opportunity to be selected in the sample. WestEd randomly selected 50 schools that served students in grades 9 through 12 and then 50 schools that served 7th graders from within the same district or a feeder (e.g., an elementary district that feeds into a union or high school district).[2] A separate sample of 20 continuation high schools was also drawn, an increase from previous years to help ensure representative data for these schools. Sample schools were drawn proportionately within six sampling regions: Bay Area, Los Angeles County, San Diego County, Northern California, Southern California, and Central California.[3]

Within each sampling region, WestEd oversampled so that if any school/district declined participation, the next school on the list would be contacted. Of the 120 schools sampled, 30 were replaced by oversampled schools due to the original school declining to participate. If an original school or replacement did not agree to administer the AOD Module, but did agree to administer the CHKS Core Module, the school was maintained in the sample to preserve its integrity and better ensure valid, representative data for the Core Module items. To ensure that an adequate number of sample schools completed the AOD Module, replacement schools (54 schools total) willing to do both modules were recruited, one for each primary-sample

[2] If a school serving students in grades 9 through 12 was sampled that also served students in grade 7 (e.g., a K–12 school), 7th graders from that school were included in the sample and an additional school that feeds students into the school was *not* sampled.

[3] Continuation schools were drawn proportionately from four strata: Bay Area, Los Angeles County, San Diego County/Northern California/Southern California, and Central California.

school that only completed the CHKS Core. Only data collected from the AOD Module were used from this second group of replacement schools, not data from the Core Module.

Almost all participating schools opted to survey all students in each grade. In a handful of large traditional schools, two classrooms per grade were randomly selected for a sample pool of 60 students per grade (based on an average classroom size of 30). The classes had to be in a required subject so that all students had the opportunity to be selected in the sample. Observations from schools that sampled classrooms were weighted to account for within-school classroom sampling. Continuation schools administered the survey to all students, but only the results for students who identified themselves as being in grades 9 or 11 were used for final data analysis.[4]

Survey Administration

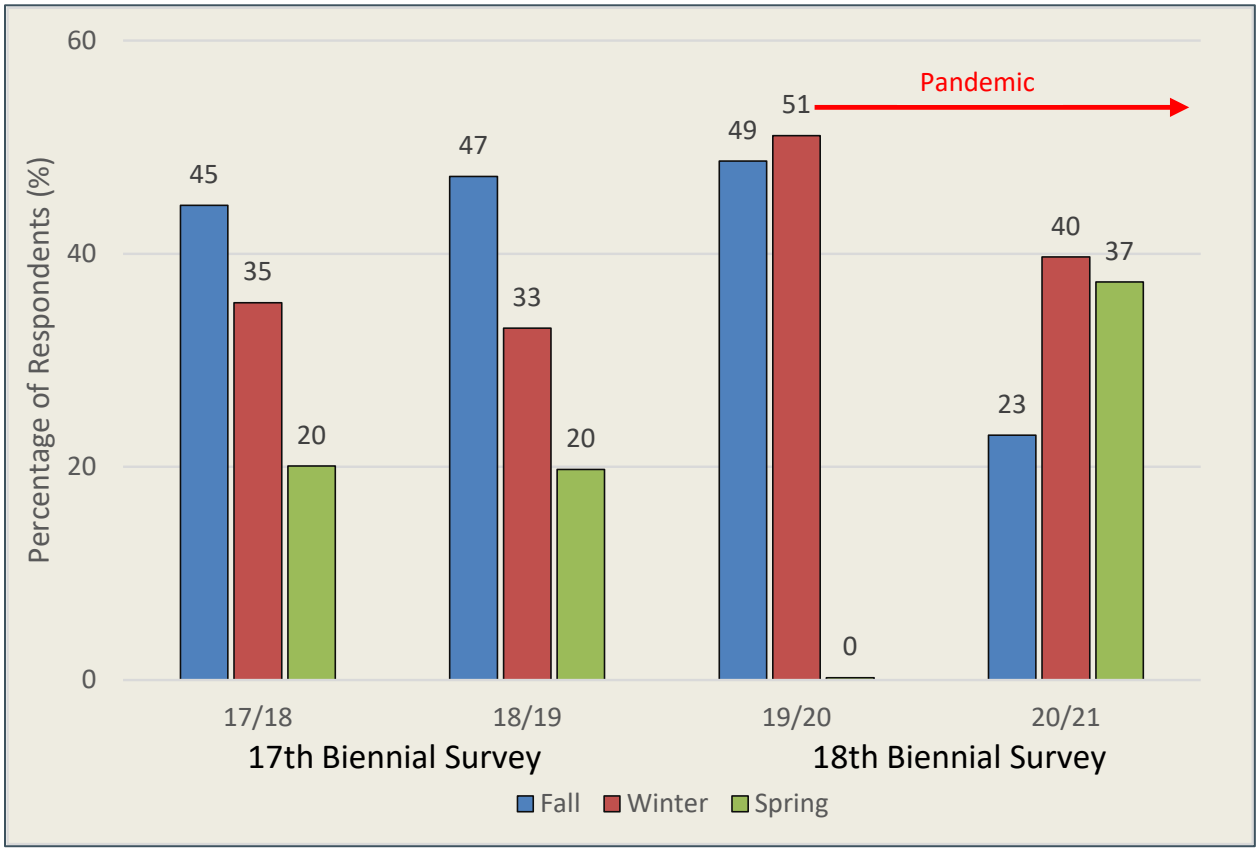
Given that most districts administer the CHKS once every two years, at a time of their own choosing, integrating *Biennial State CHKS* and local CHKS data collection required the data collection to take place over a two-year period. School staff administered the survey following detailed instructions provided by WestEd that ensure uniform data collection procedure and the protection of all student and parental rights to privacy and confidentiality. Each student's participation was voluntary, anonymous, and required parental consent. In compliance with current state law, "passive" (opt-out) parental consent is required. All participating districts administered the survey online.

Data collection for the *Eighteenth Biennial State CHKS* differed dramatically from previous administrations due to the COVID-19 pandemic. First, survey administration in the 2019–20 academic year ceased in mid-March 2020 when the vast majority of California schools ended in-person instruction and nearly all students continued their schooling remotely. In a typical year, 20% of respondents complete the survey after March (Exhibit 3).

[4] Results for nontraditional schools are reported separately in the district CHKS reports to help districts identify and address the needs of these students. Previous state and local surveys have shown significantly higher substance use and other risk behaviors among continuation school students compared to their traditional school peers. One might expect, therefore, that *Biennial State CHKS* results would indicate slightly higher levels of risk behavior compared to local results overall. However, an analysis comparing the results for 2013–15 for 11th graders revealed that excluding the continuation school respondents from the sample only lowered the results slightly because statewide they are such a small proportion of enrollment.

EXHIBIT 3.

Survey Administration Timing by Season and Survey Year



Source: Biennial State California Healthy Kids Survey Data, 2017–19 and 2019–21
Fall is defined as October through December, winter as January through March, and spring as April through June.

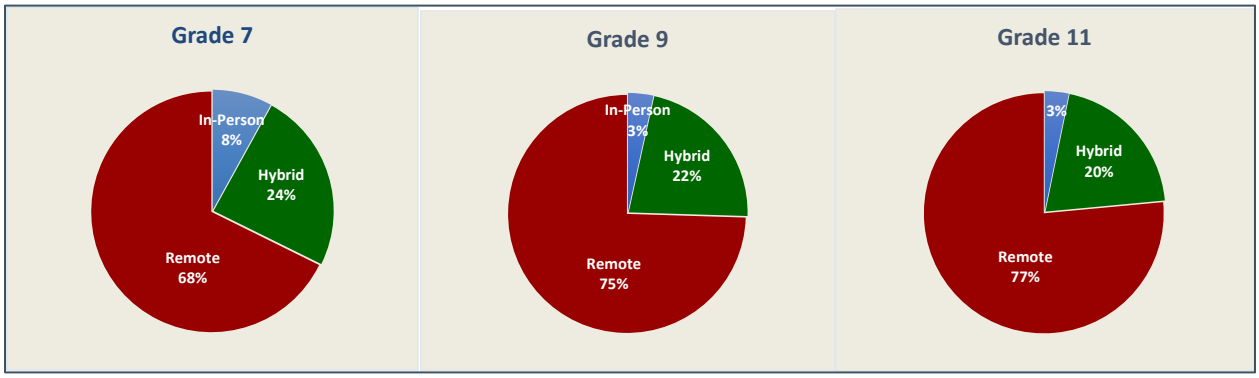
Second, school buildings remained closed for most of the 2020–21 academic year. As of the end of March 2021, the majority of students in California were still distance learning (COVID-19 School Data Hub, 2023).

The consequences of pandemic-related school building closures on the timing of survey administration can be seen in Exhibit 3, which shows that, for the *Eighteenth Biennial State CHKS*, just a handful of students took the survey in Spring 2020. Moreover, schools were less likely to administer the survey in Fall 2020 than in a typical survey year. Only 23% of schools administered the survey in Fall 2020–21 compared to 45–47% in a typical survey year.[5]

[5] Typically, approximately 60% of participants take the survey during the first year of the biennial period and 40% take the survey during the second year. This pattern held true for the *Eighteenth Biennial State CHKS*.

EXHIBIT 4.

Distribution of Respondents Receiving In-Person, Hybrid, and Remote Instruction, 2020–21



Source: Biennial State California Healthy Kids Survey Data, 2019–21

To accommodate all students in 2020–21, regardless of whether they were attending school in person or not, survey respondents were asked if they attended school in person every weekday (in-person instructional model), they participated in school remotely from home (remote instructional model), or they participated in school both remotely and in-person (hybrid instructional model). Based on their responses, students were directed to questions only relevant to their instructional model. Questions asking about experiences in school buildings were only available for the minority of students who attended school in person (in-person and hybrid instructional models) at the time of survey administration. In 2020–21, only 32% of 7th graders, 25% of 9th graders, and 23% of 11th graders reported that they attended school in person full- or part-time and thus were eligible for questions about experiences in school buildings—including questions asking about school connectedness, school safety, and substance use in school (Exhibit 4). In addition, students participating in school remotely (73% of the sample in 2020–21) took the survey in their homes rather than in classroom settings, as is typical when the survey is administered in school buildings. This may have affected student responses to questions about sensitive matters.

Although the *Biennial State CHKS* is designed to provide statewide prevalence estimates during a two-year time window, the onset of the pandemic in March 2020 complicates the interpretation of the results. To aid in interpretation and to ascertain the potential effects of the pandemic, the results in the report are sometimes disaggregated by survey year to depict how the results differ in 2019–20 and 2020–21.

Sample Characteristics

Tables A2.1 and B2.1 provide the number of districts, schools, and student respondents who completed the Core and AOD Modules, respectively, by grade.

Core Module

For the Core Module, the target number of schools was met in each of the three grade levels (N=51, 51, and 69).[6] However, the number of student respondents was appreciably lower than in 2017–19 in each grade with about 1,000 respondents in 7th; 2,500 in 9th; and 3,000 in 11th (N=10,555; 15,078; and 13,495). This decline can be attributed to the disruption caused by the lack of in-person schooling, reducing the ease at which students could be recruited. This decline in participation is further demonstrated by the severe drop-off in response rates in 2020–21. Between 2019–20 and 2020–21, average response rates dropped by 16 percentage points among 7th graders (from 86% to 70%), 25 percentage poitns among 9th graders (76% to 51%), and 23 percentage points among 11th graders (72% to 49%) (Exhibit 5).

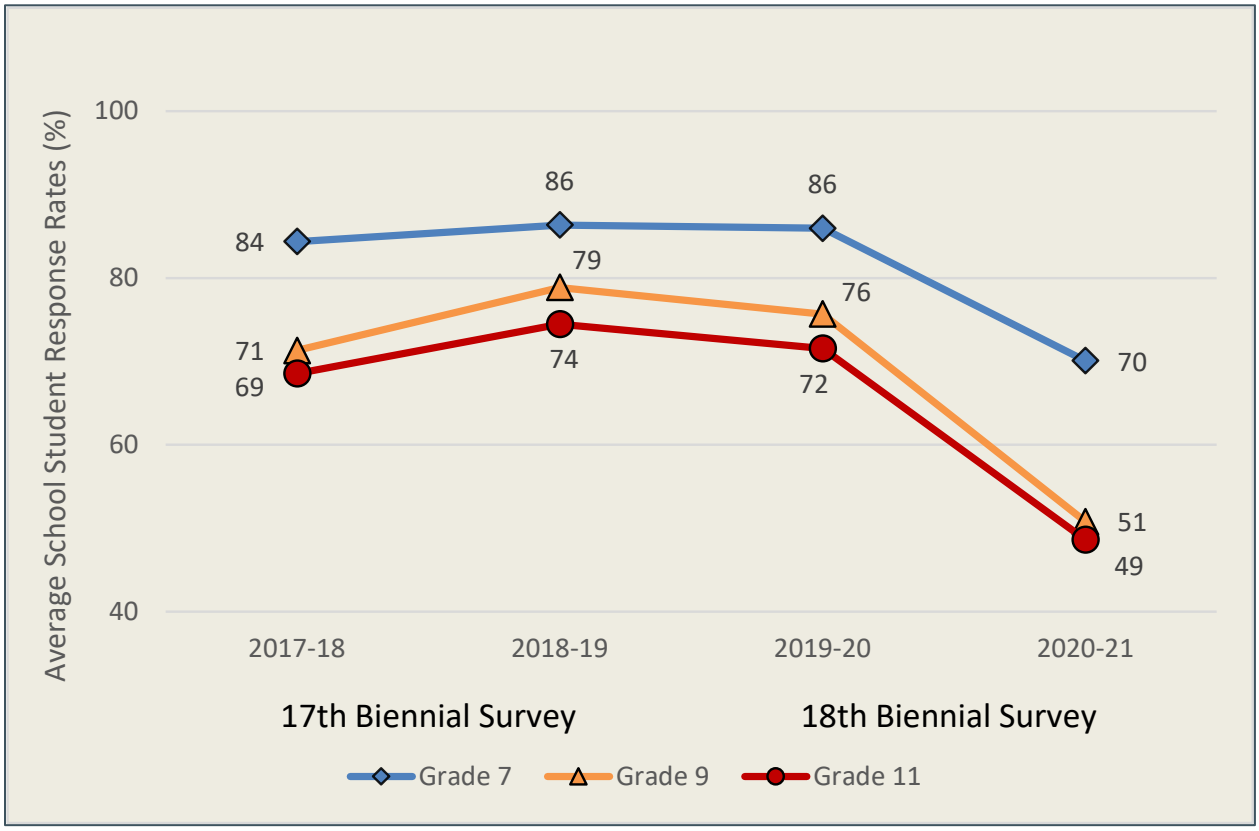
Average response rates across the entire 2019–21 period ranged from 59% for 11th graders to 78% for 7th graders, dropping between 16 and 23 percentage points from 2017–19. Although data were weighted to account for differential responses and prior analyses of CHKS, data suggest that response rates do not appreciably affect prevalence estimates (Hanson & Puckett, 2021). Nevertheless, the *Eighteenth Biennial State CHKS* results should be interpreted cautiously, particularly for 9th and 11th graders.

The composition of the sample with respect to gender, race/ethnicity, and living situation was equivalent to the past survey, but the sample included more students of higher socioeconomic status than in 2017–19. There was a 4–6% increase in respondents whose parents were college graduates and an 8–10% increase in respondents who did not receive subsidized meals. In another notable change, high school students were less likely to indicate their sexual orientation as straight.

[6] Participating schools included four schools serving students in grades 7, 9, and 11; 47 schools with students in grade 7 only; 46 schools serving students in grades 9 and 11; and 20 continuation schools. No surveys were obtained from 11th graders in one of the 46 schools serving students in grades 9 and 11.

EXHIBIT 5.

Student Survey Response Rates by Survey Administration, 2020–21



Source: Biennial State California Healthy Kids Survey Data, 2017–19 and 2019–21

AOD Module

There are relatively small differences between the Core and AOD Module samples. Although the goal was for all sample schools to administer both modules, some sampled districts only agreed to administer the Core Module. They were kept in the sample to preserve its integrity. Replacement schools were recruited to administer the AOD supplement. Fifty-four (54) schools that administered the Core Module did not administer the AOD Module and were substituted with 51 replacement schools that did administer the AOD Module for the AOD supplement sample.

The number of districts and schools in the sample was about the same as in the last survey for grades 7 and 9 (51 and 50) and seven schools higher in 11th because of the oversampling of continuation schools. As was the case with the Core Module sample, there was a decline in the number of respondents in each grade by over 1,000–2,000 depending on grade, to 8,143 in 7th; 11,472 in 9th; and 11,012 in 11th. Student response rates in schools that administered the AOD Module were slightly higher than the Core Module sample: 80% for 7th graders, 68% for

9th graders, and 63% for 11th graders. As with the Core Module sample, response rates dropped considerably in 2020–21. Overall, the results for the Core and AOD Module questions are equally representative of students in the state.

The Report

The data presented in this report were weighted to reflect overall student enrollment and its composition by race/ethnicity. The tables are organized by topic as outlined in the *Table of Contents*. The results for the Core Module and the AOD Module are reported separately because of the differences in the samples, although they are equally representative of the state. Table A1.1 summarizes the results for several key Core Module indicators. Selected results by race/ethnicity and gender are reported for key indicators in Sections A9 and A10.[7] Multi-item scales are identified by the capitalization of their names (e.g., Academic Motivation). The tables dealing with risk behaviors or other problem indicators include the percentages of youth who responded negatively (did not report the behavior or problem). It is just as important to identify the positive behaviors of youth as the problems they exhibit.

The tables include the results from each survey since 2013–15 to provide more insight into long-term trends. When interpreting changes in statistical prevalence over time, small differences of around one percentage point should be generally disregarded unless reflecting a continuing trend. As previously noted, the *Eighteenth Biennial State CHKS* results are sometimes disaggregated by survey year to aid in understanding how the onset of the pandemic may have affected the results.

[7] The CalSCHLS Public Dashboards (calschls.org/reports-data/public-dashboards/) can be used to examine and graphically display results across these and other population groups.

Overview of Key Findings

The following summarizes key trends.[8] More detailed results are available in the topical summaries.

In the 2017–19 survey, the most positive findings were increases in school attendance and, among high school students, continued declines in alcohol use and cigarette smoking. But the declines in marijuana use before 2017 appeared to have stalled and there was a slight increase in vaping. There was little evidence of improvement in school climate and pupil engagement, a steady decline in perceived safety, and an increases in chronic sadness.

For 2019–21, results continued to show improvements in **school attendance**, **alcohol use**, and **cigarette smoking**, as well as declines in **marijuana use** and **vaping**. Most worrisome was the increasing trend in **chronic sadness**, a drop in **academic motivation**, and no meaningful improvement in **pupil supports**. Many of these results were, at least in part, a product of conditions related to COVID-19.

School Climate and Pupil Engagement

School climate and pupil engagement generally decline as students progress through secondary school, with the biggest drop between 7th and 9th grades. Assessing trends on these survey indicators between 2015–17 and 2017–19 in middle schools was problematic. They generally showed markedly positive increases in 2015–17 but then declined by almost equal amounts in 2017–19, returning to levels close to those of 2013–15. Such positive peaks in 2015–17 did not occur among high school students. This suggested that the 2015–17 middle school results were an anomaly, a momentary spike, and that the declines in 2017–19 needed to be treated with some caution.

For 2019–21, results were mixed.

- The percentage of students reporting that they did not miss any school in the past 30 days improved by five to seven points across grades, continuing the substantial

[8] Because of the pandemic-related school building closures, the biennial results for 2019–21 exclude school safety indicators. It is important to reiterate that in 2017–19 perceived school safety (safe or very safe) dropped markedly in all grades (7, 9, 11) to the lowest rates in the last six years (to 61%, 55%, 54%, repectively)—one of the survey's most troubling findings—and that previous declines in victimization and fighting at school appeared to have had stalled. Among high school students, perceived school safety had been declining since 2011–13.

upward trend in **school attendance** that occurred in 2017–19. There was also a sligt reduction in **chronic absenteeism** (missing three or more days).

- Most concerning, **academic motivation** dropped markedly in all three grades, by four points in 7th grade, six points in 9th, and seven points in 11th. These are the lowest levels ever reported on the survey. In 11th grade, only 64% agreed that they were academically motivated on the items comprising the scale (compared to 71% and 66% in 7th and 9th grade, respectively).

Developmental Supports from School Staff

There has been little progress since 2013–15 in schools providing students with three developmental supports that research has linked to positive educational, social–emotional, and behavioral outcomes: **caring adult relationships**, **high expectations**, and **opportunities for meaningful participation**. Current percentages are generally about the same or slightly lower than in 2017–19.[9] Only about six in ten secondary students report caring adult relationships. It is noteworthy that student perceptions of caring adult relationships and high expectations appear to have been unaffected by school building closures and COVID-19. However, overall, there has been little meaningful change in developmental supports since 2013–15.

Substance Use

One of the most positive findings of 2017–19 was a pronounced decline in alcohol drinking in all grades since 2011–13, but there was little change in marijuana use after declines in the previous surveys. In 2019–21, there were unprecedented declines across indicators of alcohol and other drug use.

- **Any current alcohol use** (past 30 days) has been steadily declining since 2013–15 to rates now less than half of what they were among 7th (3%), 9th (7%), and 11th graders (14%). **Binge drinking** (five drinks in a row) was down another one point in high school grades and is now only reported by 3% of 9th graders and 7% of 11th graders, compared to 10% and 18% in 2013–15.
- **Any current alcohol or drug use** has been steadily declining over the past decade and is down from 2017–19 by two points in 7th grade (4.5%) and by four points in both grades 9th (10%) and 11th (19%). These rates are less than half of what they were in 2013–15. Most of this decline is due to reductions in current alcohol use.
- A change in the survey questions in 2017–19 to specify that "marijuana use" refers to smoking, oral ingestion (eating/drinking), or vaping limited conclusions that could be drawn about trends in use, but **current marijuana use** prevalence rates were level after

[9] Opportunities for meaningful participation at school was not assessed for students participating in school remotely in 2020–21, therefore comparable data is not available for comparison with prior administrations.

having consistently declined since 2011–13. For 2019–21, results suggest that marijuana use declined substantially since 2017–19. Current use was down by half in 7th grade (1.5%) and down about four points in both 9th (6%) and 11th (12%) grades. These rates are very similar to those for alcohol, as was the case in 2017–19, whereas they were much lower before then. Lifetime use rates are also down substantially.

- Reductions also occurred for engaging in each of three **methods of marijuana ingestion** (smoking, vaping, and oral ingestion) with one exception: vaping marijuana remained level among 11th graders. About one-fifth of high school students reported ever vaping, and they were more likely to have vaped marijuana than a nicotine/tobacco product.

Cigarette Use and Vaping

Cigarette smoking continued its decade-long steady, substantial decline and the use of vaping devices declined as well.

- Less than 1% of 7th graders now report **ever smoking** a whole cigarette and only 3% of 9th graders and 5% of 11th report ever smoking. **Current smoking** was reported by less than 1% of 9th graders and by 2% of 11th, less than one-quarter of 2013–15 rates.
- Since 2017–19, **30-day use of a vaping device** was down by half in 7th grade to 2%, by three points in 9th to 6%, and one point in 11th to 10% after having increased slightly in 2017–19. These rates are substantially higher than for cigarette smoking and likely reflect both a shift from smoking cigarettes to vaping tobacco and the greater variety of substances that are used in vaping devices, particularly marijuana.

Mental Health

In perhaps the most concerning finding, reports of experiencing chronic, debilitating **sadness/hopelessness** rose in all three grades: up two points in 7th (32%), four points in 9th (37%), and six points in 11th (42%), continuing the increasing trend of 2017–19. These are the highest levels reported in the past six years. Females had a far greater risk of chronic sadness: 40% compared to 21% for males in 7th grade, 47% compared to 25% in 9th, and 52% compared to 31% in 11th. Moreover, since 2017–19, chronic sadness increased more for females than males (five points compared to two points in 9th and seven compared to three points in 11th).

Fortunately, **contemplating suicide** changed little at 14%, 15%, and 16%, similar to levels in 2017–19.[10] Although suicide ideation rates remained relatively steady for both males and females since 2015–17, females continued to have substantially higher rates of contemplating suicide, with 2019–21 rates twice that of males in 7th and 9th grade (17% compared to 8% for

[10] The suicide ideation question was not asked of 7th graders prior to the 2018–19 academic year.

males in 7th grade, 20% compared to 9% in 9th). Among 11th graders, 20% of females reported seriously contemplating suicide compared to 12% of males.

Summary and Discussion

The results of the *Eighteenth Biennial State CHKS* are mixed. The most concerning results are the substantial drop in academic motivation and continued rise in chronic sadness, as well as the lack of improvement in suicide ideation, which is still reported by almost one-sixth of secondary students. In contrast, the continuation and broadening of the decline in substance use and vaping is welcomed news. Nevertheless, that one-tenth of 11th graders still were current users of vaping devices and marijuana warrants attention. Marijuana is now used as frequently as alcohol among secondary students.

Caring relationships between students and adults at school and high expectations remained stable. The fact that these developmental supports did not further deteriorate during the onset of the pandemic is remarkable. Moreover, the percentage of students reporting that they did not miss any school increased and chronic absenteeism decreased slightly.

These results should be interpreted cautiously given the different and difficult circumstances under which the data was collected. Student response rates declined precipitously in 2020–21, especially among 9th and 11th graders, and response rates were likely lowest among students who were disengaged from school and involved in more health-risk behaviors. Also, approximately 70% of students completed their surveys in their homes that year rather than in classroom settings where the presence of parents may have affected their responses on sensitive topics.

Some of these trends undoubtedly are related to pandemic-related conditions, as discussed in more detail in the topic summaries. The decline in academic motivation, mental health, and substance use is not surprising. The pandemic disrupted students' interactions and relationships with their peers, teachers, and school staff; disrupted family life; exposed students to economic hardship and family illness; and reduced student engagement in both educational, extracurricular, and social activities. The results confirm concerns about the adverse effects of these conditions on student learning, mental health, and wellness.

Conversely, these conditions likely had a positive effect on reducing substance use by increasing parental supervision and restricting product access and interactions with peers. The continued increase in overall school attendance is surprising given the disruptions to schooling caused by the pandemic, but may also reflect the greater number of students participating in school remotely under parental supervision. Although the *Eighteenth Biennial State CHKS* was not designed to provide single-year prevalence estimates, a comparison of the results for 2019–20

and 2020–21 showed that declines in indicators of learning engagement, substance use, and mental health occurred primarily in 2020–21 during the height of the pandemic.

Research suggests that one strategy to promote greater pupil engagement and well-being is to provide students with more of the developmental supports measured by the CHKS, particularly caring relationships, which have been found to enhance school connectedness, social–emotional competencies, and academic success. Although it is good news that caring relationships and high expectations did not decline given the adverse consequences of the pandemic, the lack of progress in improving these supports since 2013–15 does not bode well.

While the *Eighteenth Biennial State CHKS* was administered during a period that was uniquely different from the preceding three surveys, in some cases the pandemic seems to have exacerbated long-term trends in substance use, mental health, and student engagement. Ongoing CHKS monitoring is critically important to determine how these trends may change as the pandemic subsides. Overall, the results provide evidence of the need for improving mental health services, school climate, and student supports that promote greater learning engagement and well-being.

Pupil Engagement and Support

Key Findings, Eighteenth Biennial State CHKS, 2019–21

A major focus of the CHKS is assessing pupil engagement, school climate and safety, and the developmental supports students receive from school staff (caring relationships, high expectations, and opportunities for meaningful participation) that are linked to positive student educational, social–emotional, and health outcomes. Pupil engagement and school climate are two of the priorities that the state requires school districts to monitor and show improvement in their Local Control and Accountability Plan (LCAP).[11]

In 2017–19, one of the most positive results of the *Seventeenth Biennial State CHKS* was an increase in student-reported school attendance in all grades, but other indicators of pupil engagement, support, and performance showed no improvement. Academic motivation, school connectedness, and academic performance were generally level among high school students, with school connectedness little changed since 2011–13. Among 7th graders, results generally reverted to the levels of 2013–15 after marked improvements in 2015–17, a spike which in retrospect may have been an anomaly. Similarly, there was no progress in improving student perceptions of receiving developmental supports from staff.

In 2019–21, results were mixed and disconcerting. There was a rise in overall school attendance and a decline in chronic absenteeism. The most concerning pupil engagement finding was a decline in academic motivation. No other engagement indicator showed improvement. These results are likely due to the disruptions in schooling and changes in data collection caused by COVID-19. Approximately 30% of the 2019–21 survey sample (70% in 2020–21) reported that they were participating in school remotely from home when they took the survey,[12] and there were markedly different results on some indicators across the two years of data collection.

[11] See California Education Code, Sections 52060(a-d). Another LCAP school climate indicator is perceived safety at school. Note that most LCAP reporting requirements were suspended in 2019–20 and 2020–21 because of pandemic-related school building closures. Moreover, students participating in school remotely in 2020–21 were not given the opportunity to answer the perceived safety at school item.

[12] As discussed in the Introduction, the school closures and shift to remote learning also required changes in the survey instrument. Several questions related to learning engagement and school climate were not included in all the *Biennial CHKS* instruments administered in the second year of data collection.

What is clear is that as schools return to in-person learning, more attention needs to be focused on fostering supportive and engaging school climates, particularly in high schools.

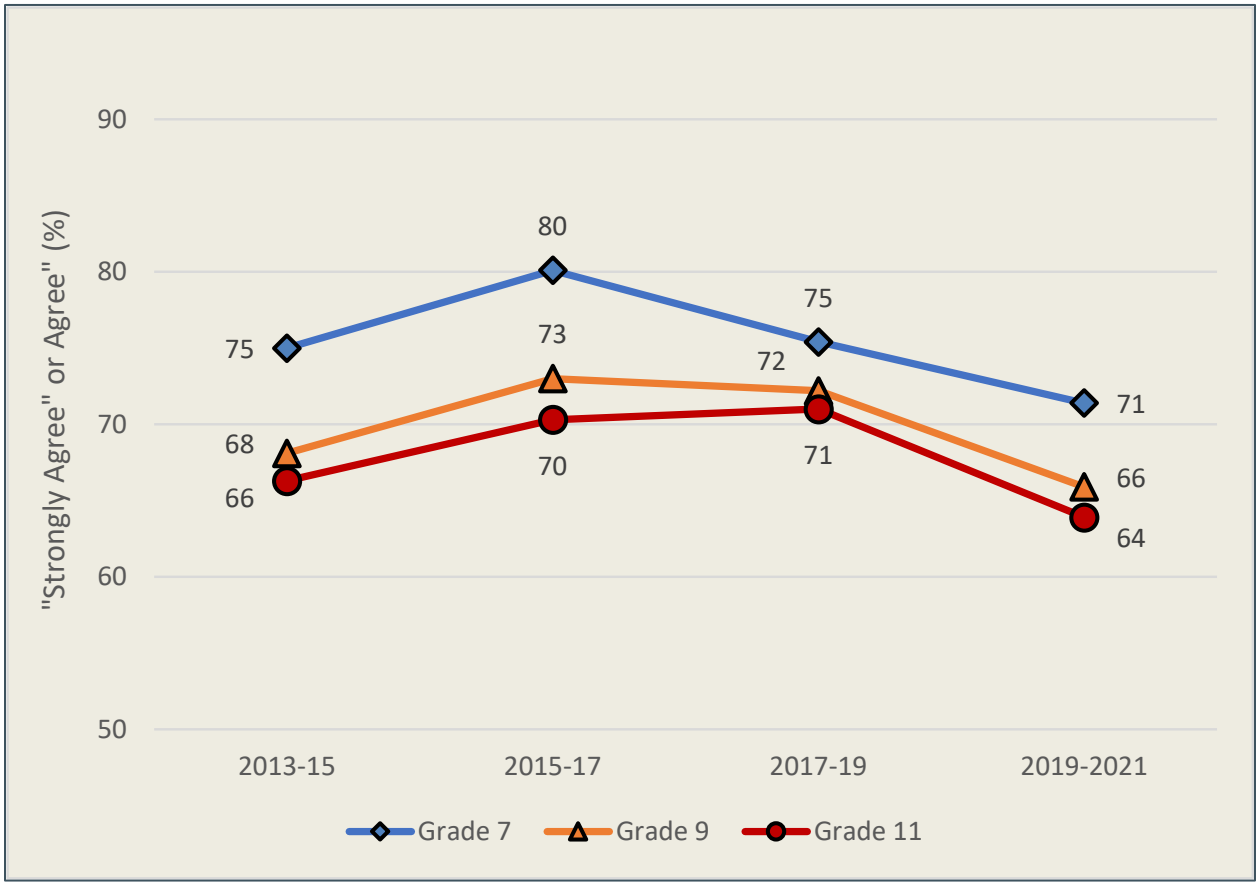
Academic Motivation

The average percentage of students indicating agreement (agree or strongly agree) with the four-item Academic Motivation scale declined substantially (by four to seven points) in all grades to 71% in 7th, 66% in 9th, and 64% in 11th. These are the lowest levels reported since the scales were added to the survey in 2013–14. The declines since 2017–19 were largely due to reductions in the percentages of students strongly agreeing with each question in the scale (Exhibit 6 and Table A4.10).

Within the 2019–21 period, academic motivation declined the most (by ten points) in the 2020–21 academic year with the lowest rates reported by students who attended school both in-person and remotely (hybrid instruction). This suggests that pandemic-related factors were mostly responsible for the decline (Exhibit 7).

EXHIBIT 6.

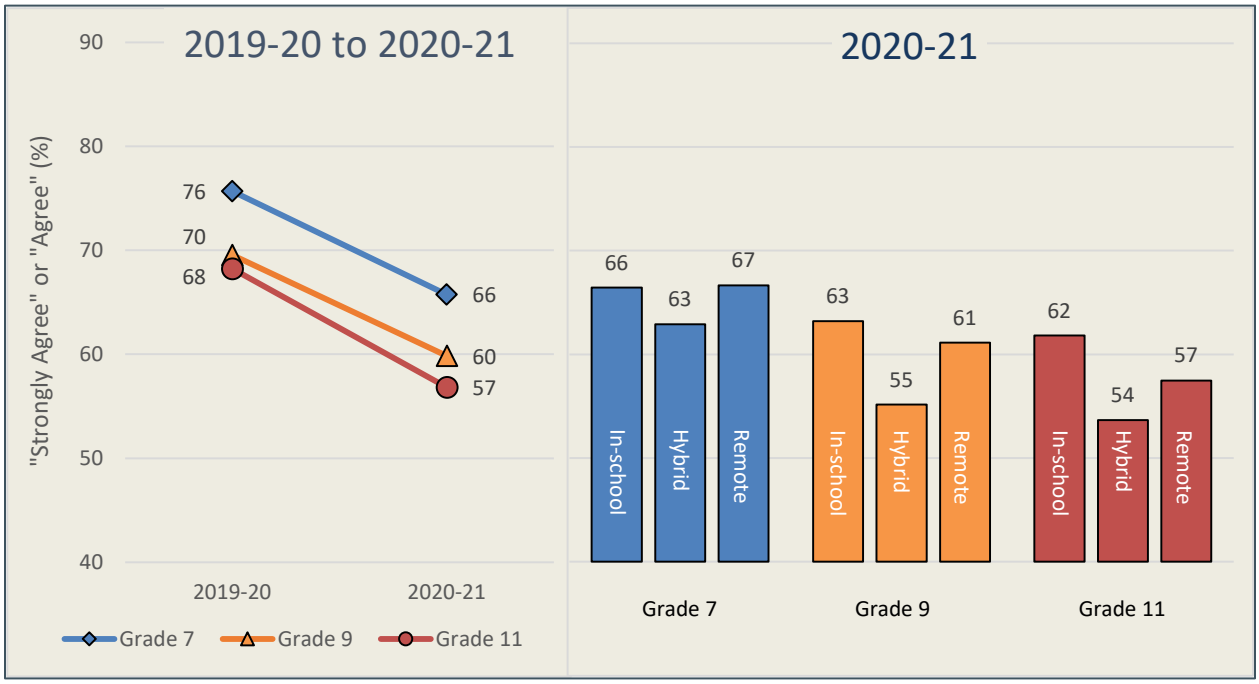
Academic Motivation by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 7.

Academic Motivation by Survey Year and Instructional Model, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

Attendance

Student self-reported overall school attendance continued to increase in 2019–21 and chronic absenteeism declined. The increase in overall school attendance would seem surprising given the disruption in schooling and decline in academic motivation, but unique pandemic-related conditions likely played a role.

- When asked about the reasons for school absences, the percentage of students reporting that they **did not miss any school** in the past 30 days improved by five to seven points across grades to 55% in 7th grade, 51% in 9th, and 46% in 11th. This continues the substantial upward trend that occurred in 2017–19. Among 7th graders, this indicator has steadily improved by thirteen points since 2013–15 (Exhibit 8 and Table A4.3).
- On a separate item asking specifically about past 30-day absenteeism, no-absence results were very similar and **chronic absenteeism** declined by two to three percentage points with 11% of 7th graders, 12% of 9th, and 14% of 11th missing school three or more days (Table A4.2).
- Within the 2019–21 period, the percentage of students reporting that they did not miss any school in the past 30 days was substantially higher in 2020–21 than in 2019–20, increasing from 50% to 60% among 7th graders, from 47% to 58% among 9th graders,

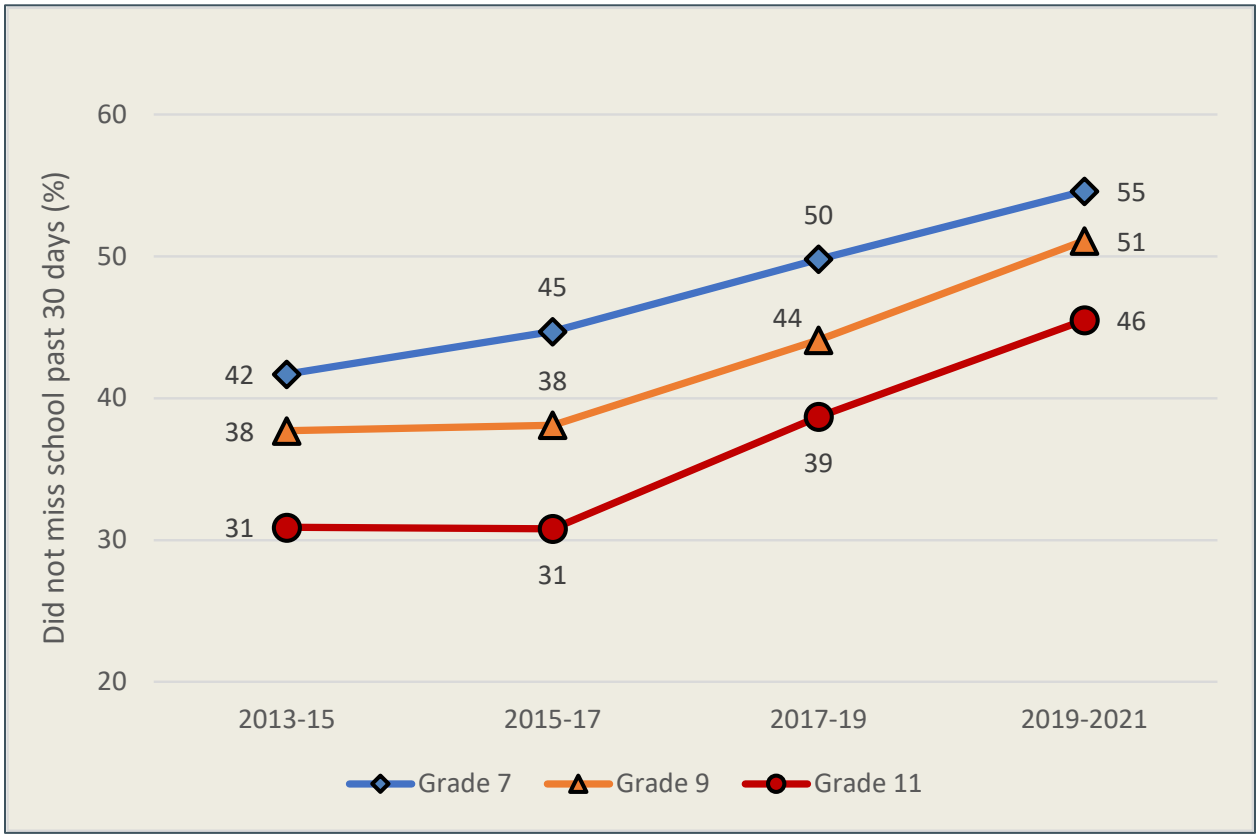
and from 41% to 53% among 11th graders. Student reported attendance was higher in 2020–21 than in 2019–20 regardless of the instructional model (Exhibit 9).

- There were no notable changes in the reasons for absences, except for a drop in all grades for physical illness as occurred as well in 2017–19 (Table A4.3).

It is important to note that student response rates were lower in 2020–21 than in 2019–20, and it is possible that students who did not attend school regularly were less likely to participate in the survey. This would artificially increase estimated attendance rates. However, similar 2020–21 increases in the percentage of students who did not miss any school are evident in CDE's statewide absenteeism data, suggesting that the *Biennial State CHKS* attendance results capture actual attendance increases (CDE, 2022a). Unlike the *Biennial State CHKS* results, CDE's statewide data indicates that there was a slight increase in chronic absenteeism rates between 2018–19 and 2020–21 (CDE, 2022b).

EXHIBIT 8.

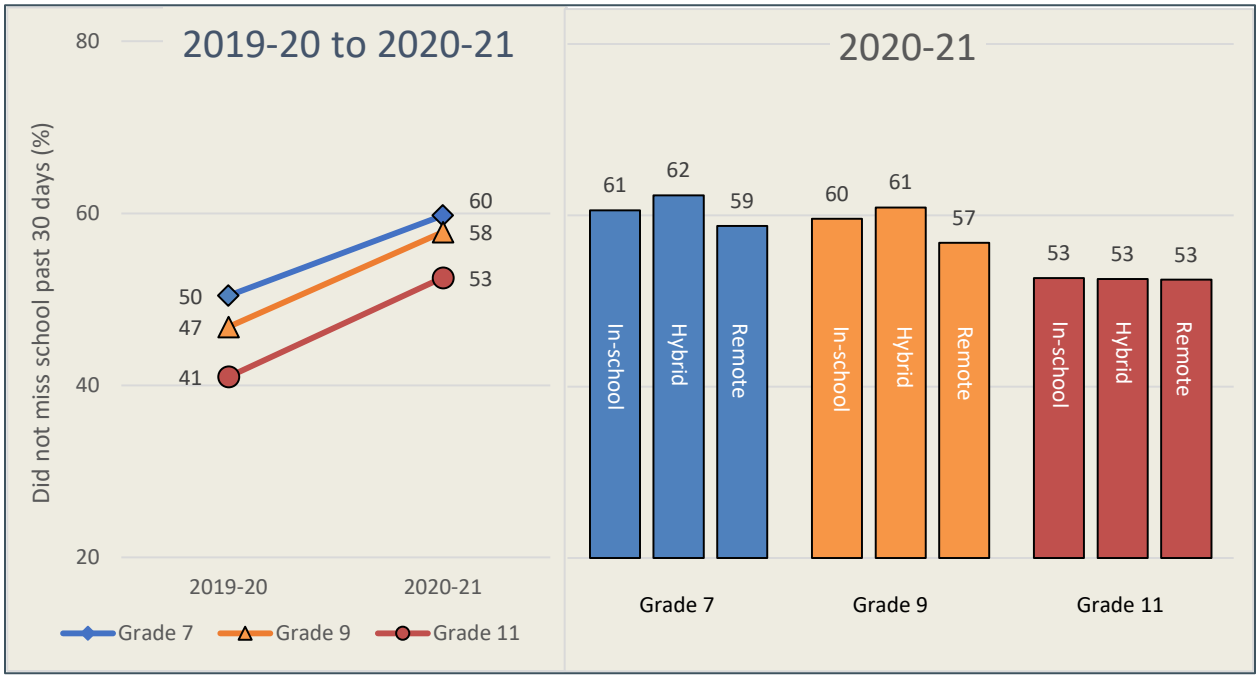
School Attendance by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 9.

School Attendance by Survey Year and Instructional Model, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

Academic Performance

Results were mixed for self-reported academic performance. Over half of the respondents in each grade reported usually receiving grades of mostly A's and B's, 58% of 7th graders, 54% of 9th, and 53% of 11th. Among 11th graders, this is a five-point increase compared to 2017–19 but only a slight increase in the other grades. Rates were also slightly higher for receiving mostly D's and F's (Table A4.1).

School Developmental Supports

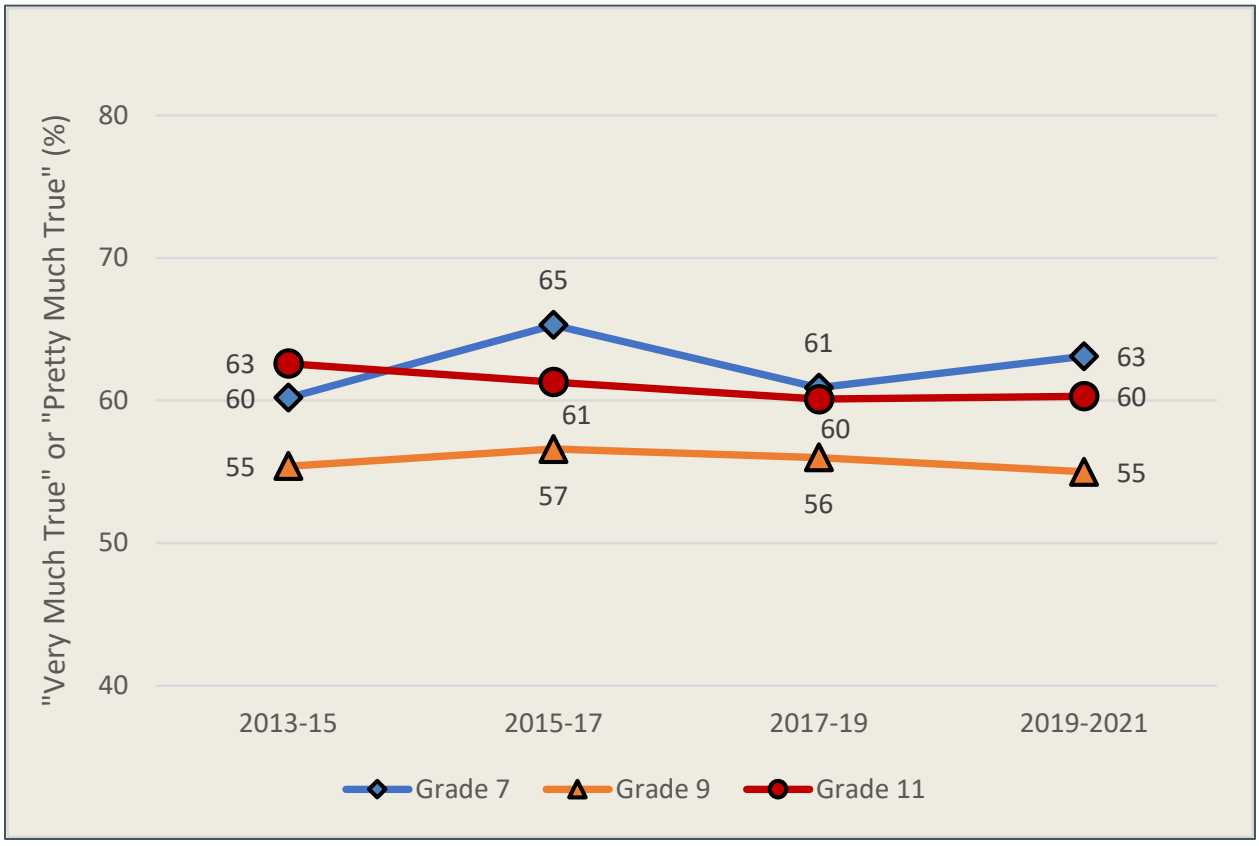
Research has shown that when schools (or families or communities) provide three developmental supports—caring adult relationships, high expectations, and opportunities for meaningful participation—students are more likely to report more positive academic, social–emotional, and health outcomes. These supports are fundamental attributes of a positive school climate and foster higher levels of school connectedness and academic motivation. Looking at the average percentage of students who reported that it was "pretty much" or "very much true" that they received each of these supports, there is little evidence of short- or long-term improvement. In high schools, most of the percentages have been about the same or declined slightly since 2013–15. In 7th grade, percentages spiked in 2015–17 but have then dropped to previous levels. Whereas engagement indicators tend to decline across grades, 9th graders consistently report the lowest developmental support at school. That there wasn't

a decline in developmental supports in the face of pandemic-related challenges is an indication of the efforts teachers and other school staff took to maintain a supportive climate in 2020 and 2021 (Table A4.4).

- **Caring Adult Relationships**. There was a two-point increase in experiencing a caring adult at school in 7th grade, to 63%. But there were no changes among high school students, at 55% in 9th and 60% in 11th, rates very similar to those of the previous three administrations (Exhibit 10 and Table A4.5).
- **High Expectations**. Around seven in ten secondary students have experienced high-expectation messages, at 76% in 7th grade, 67% in 9th, and 68% in 11th. These rates are little changed from 2017–19 or the previous three surveys (except for the 2015–17 spike in 7th grade) (Table A4.6).

EXHIBIT 10.

Caring Adult Relationships by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Discussion

The increases in overall school attendance seem surprising given the disruptions caused by the pandemic, which undoubtedly contributed to the decline in academic motivation. But the increases in school attendance evident on the *Biennial State CHKS* are consistent with attendance rate increases observed in the state based on CDE's aggregated enrollment and absenteeism data submitted and certified by school districts and charter schools (California Department of Education, 2022a).

Overall, these mixed 2019–21 results need to be treated with caution given the effects of unique pandemic-related conditions. Nevertheless, that academic motivation declined and no engagement indicator except overall attendance has shown consistent improvement since 2013–15 is cause for concern. Even the 2019–21 increase in overall attendance may be a short-term increase due to the pandemic.

One reason for the absence of improvement in engagement indicators may be the continuation of low levels of caring adult relationships and other developmental supports students receive, especially in high school. These supports have been linked to school connectedness and more positive educational outcomes. That there was not a decline in perceived developmental supports during the pandemic is remarkable and demonstrates the exceptional efforts teachers and other school staff took to maintain a supportive climate. But it is clear that schools need to focus more on ensuring that students returning to their classrooms experience them as supportive and engaging environments, as called for under the state's *Local Control Funding Formula* (LCFF).

Alcohol and Drug Use

Key Findings, Eighteenth Biennial State CHKS, 2019–21

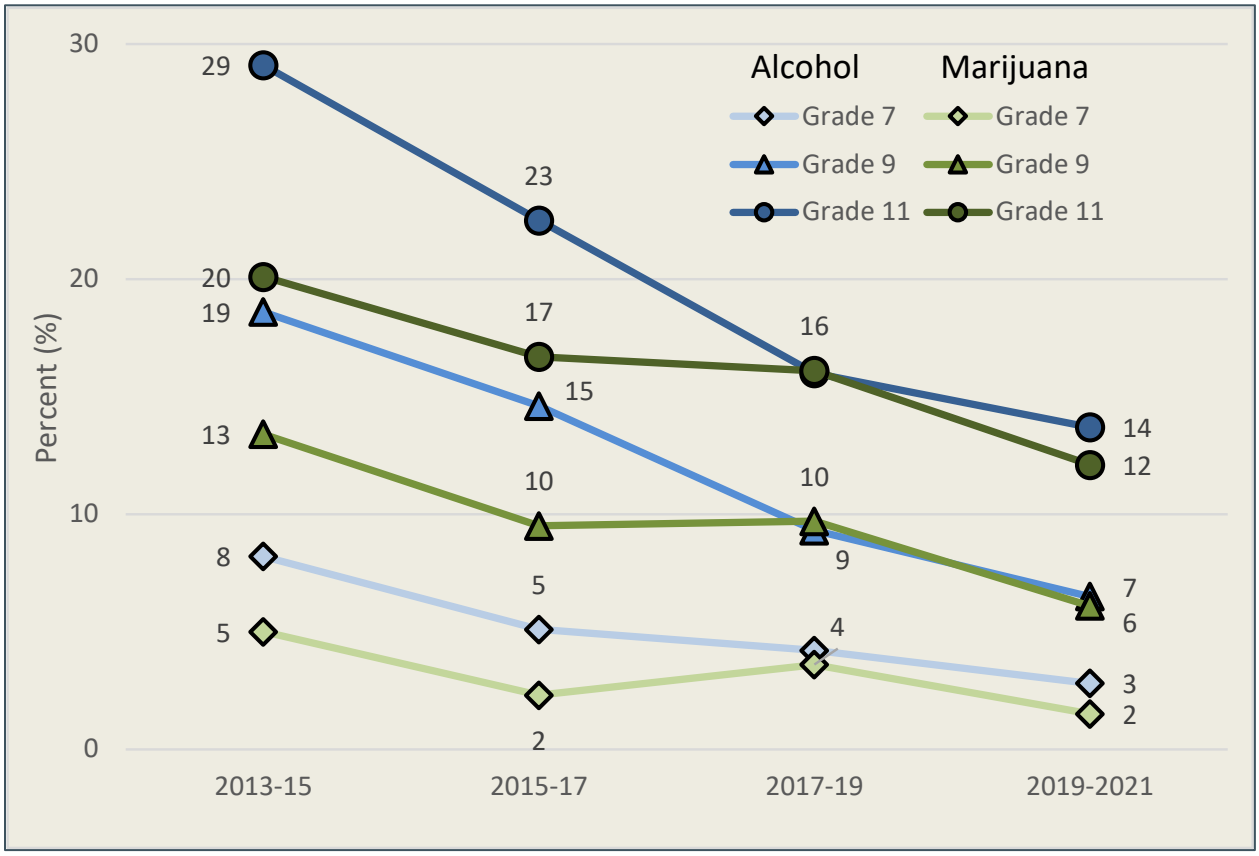
In 2017–19, alcohol use continued to decline after dropping substantially in 2015–17. But the declining trend in marijuana use since 2011–13 appeared to be leveling, although there was some uncertainty due to the changes in the survey items. In 2019–21, perhaps the most promising survey finding is an unprecedented reduction in almost every major indicator of AOD use with no evidence of any meaningful increase. The data also suggest that a shift in substance use preference from alcohol to marijuana has occurred over the past two administrations despite the declines in use for both.

Overall Alcohol and Drug Use

- Rates for **any current (past 30-day) AOD use** have been steadily declining over the past decade. Compared to 2017–19, use is down by another two to five percentage points to 4% in 7th grade, 10% in 9th, and 19% in 11th. These results are less than half those in 2013–15 for 7th and 9th graders (11% and 24%, respectively) and almost half for 11th graders (35%). Most of this trend is related to alcohol use, but notable declines also occurred for marijuana and smaller declines for inhalants and prescription drugs (see below), resulting in a decline of two to four points in any drug use (Table A6.5).
- Reports of **ever being very drunk on alcohol or "high" on drugs** have only been about 3% or less among 7th graders since 2015–17. Among high school students, there has been a general decline since 2013–15 with three-point reductions between 2017–19 and 2019–21 to 16% for alcohol and 21% for drugs among 11th graders. Frequency of intoxication also declined slightly with 11% of 11th graders reporting being high on drugs seven or more times (versus 3% for alcohol) (Table A6.7).
- There was also a small but consistent decline across substances and grades in the reported **age of onset**, a delay that may reduce the level of future involvement. Among 11th graders, onset by age 15 or younger dropped by around two points for both marijuana and alcohol (Table B3.1).

EXHIBIT 11.

30-Day Alcohol and Marijuana Use by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Alcohol

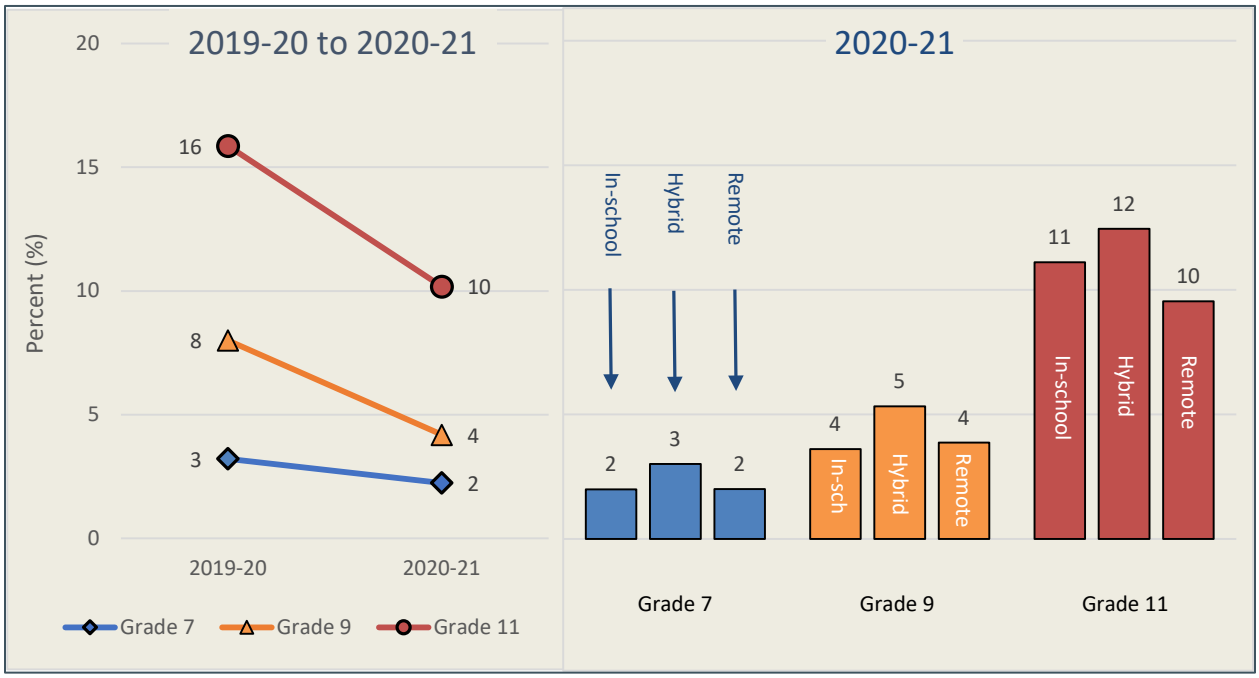
- **Any current alcohol use** (one drink or more in the past 30 days) has been steadily declining over the past decade. For 2019–21, rates were down further by one to two points to 3%, 7%, and 14%, by ascending grade. These are the lowest levels since an assessment of this indicator started in 1993 when it stood at 22%, 38%, and 47% (Exhibit 11, Table A6.5, and Table A6.6).
- Within the 2019–21 period, **current alcohol use** primarily declined in the 2020–21 academic year by one, four, and six points among 7th, 9th, and 11th graders when most school buildings were closed due to the pandemic. Although use rates were lower in 2020–21, students who attended school in-person, remotely, and both in-person and remotely (hybrid) reported similar levels of use (Exhibit 12).
- **Current binge drinking** (five drinks in a row at a single setting) also has been steadily declining since 2011–13. In 2017–19, it was already almost nonexistent among

7th graders at 1%. For 2019–21, it was down another one point in the high school grades, reported by 3% of 9th graders and 7% of 11th graders, less than half the rates in 2013–15 (10% and 18%) (Table A6.5 and A6.6).

- **Ever being very drunk or sick after drinking alcohol** declined two points among 9th and 11th graders to 7% and 14%, respectively, continuing a decline that began in 2011–13 (Table A6.7).

EXHIBIT 12.

30-Day Alcohol Use by Survey Year and Instructional Model, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

Marijuana

In 2017–19, all the questions about marijuana were changed from asking about use in general to specifying smoking, vaping, and/or oral ingestion (e.g., use of edibles). This change made it difficult to ascertain trends since 2015–17. Overall, the lack of notable changes in use indicators along with a rise in more positive attitudes about marijuana use and perceived availability suggested that the long-term decline in adolescent marijuana use had stabilized (Austin et al., 2021).

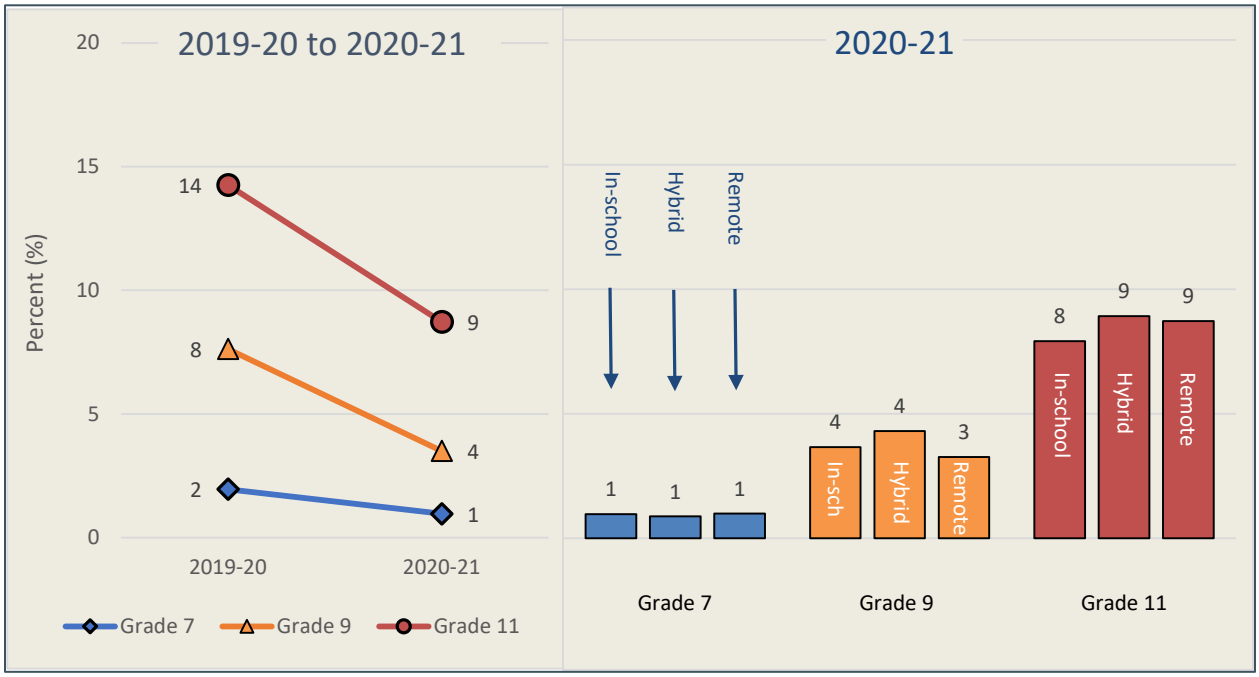
The 2019–21 results are more encouraging, showing reductions in indicators using the same survey item as in the previous survey.

- **Lifetime marijuana use** was reported by 3%, 12%, and 25%, by ascending grade, with declines of three points in 7th grade and five points in 9th and 11th. For 7th grade, these rates are around half of those in 2013–15; for 9th and 11th grades, about one-third. These declines are consistent with the delay in use onset also observed (Exhibit 14, Table A6.2, and Table B3.1).
- **Current marijuana use** is at 2%, 6%, and 12%. Compared to 2017–19, it is down by half in 7th grade and by about four points in both 9th and 11th grades (Exhibit 11, Table A6.5, and Table A6.6).
- Pandemic-related school closures in 2020–21 coincided with steep drops in **current marijuana use**, with one-year drops of one, four, and five points between 2019–20 and 2020–21. Although rates dropped considerably in 2020–21, they did not differ by instructional model (Exhibit 13).
- Indicators of **frequent or heavy marijuana use** also declined. The percentage of students who liked to use marijuana until they felt it a lot declined slightly (about one point) to 3% and 7% in 9th and 11th grade respectively, as did the percentage who like to feel it moderately in 11th.
- Reductions also occurred in trying each of three **methods of administration** (smoking, vaping, and eating/drinking) by about two points in 7th grade and three to five points for high school students, with the exception of no change in vaping among 11th graders. Across all grade levels, students are more likely to vape marijuana than smoke it, as discussed further in the summary of *Tobacco Use and Vaping*. All three methods declined in 2020–21 compared to 2019–20, but vaping declined the least among secondary students (Exhibit 15 and Table A6.4).
- Although policymakers and practitioners have paid a great deal of attention to vaping nicotine/tobacco, 11th graders were more likely to have vaped marijuana (16%) than a nicotine/tobacco product (13%). In 2017–19, this was the case with 7th and 9th graders as well (Table B3.5).

While these declines in marijuana use are welcome news, the continued popularity of marijuana still warrants attention. Rates of current use are very similar for marijuana and alcohol, whereas marijuana use rates were much lower than alcohol use rates before 2017–19. This indicates that an important shift in preferences has occurred despite the decline in use of both substances. One reason for this shift may be the rise in availability of vaping devices and edibles.

EXHIBIT 13.

30-Day Marijuana Use by Survey Year and Instructional Model, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

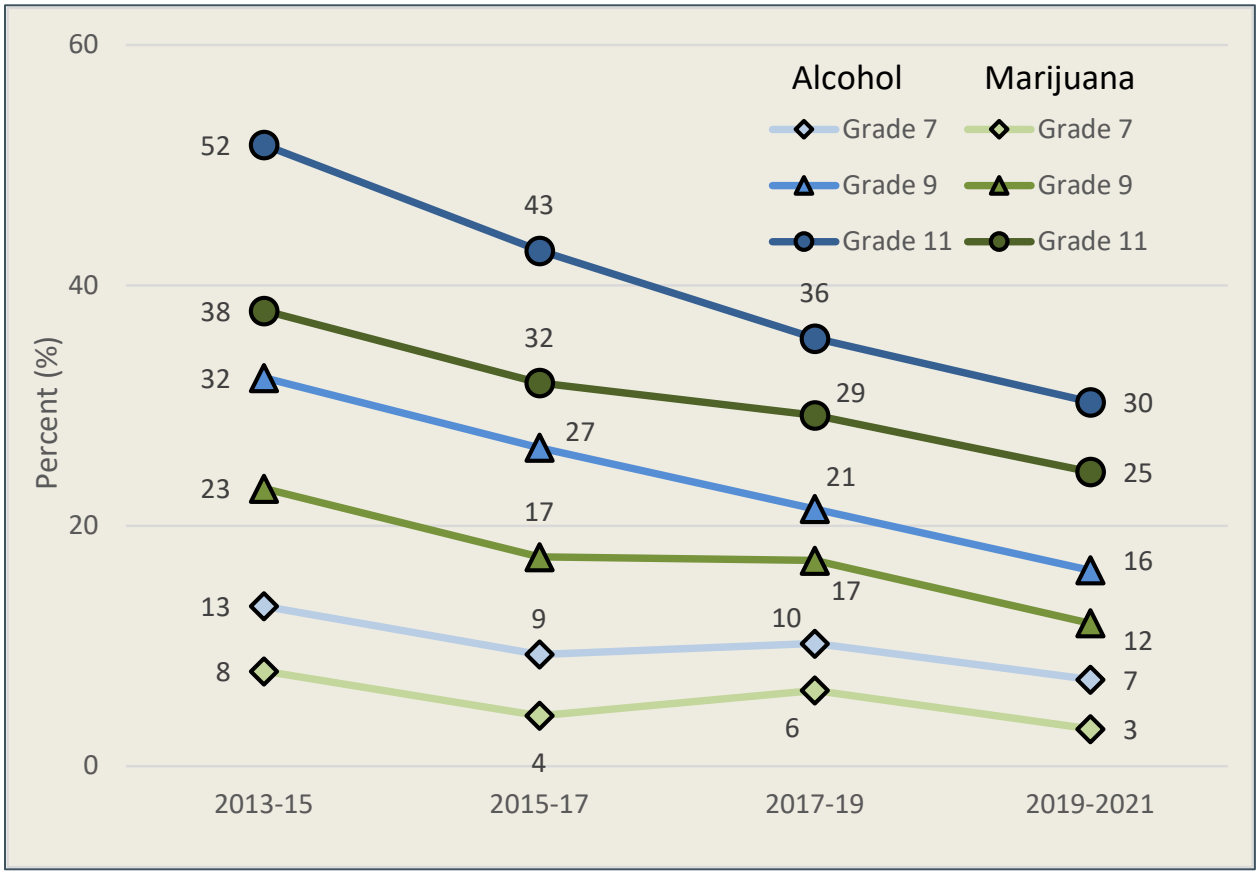
Other Drugs

There were no notable changes in current (30-day) or lifetime use for **any other drug categories** besides marijuana, although there were some very slight reductions.

- Among high school students, **current use of prescription drugs** to get "high"—which reached only 2% in 2017–19, the lowest level since 2013–15—continued to decline in 2019–21 to 1% (Table A6.5).
- **Current inhalant use** has been declining since 2013–15, now down slightly to 1% in each grade (Table A6.5).
- Among 11th graders, although there were also no major changes in **lifetime use** of any non-marijuana drug, the most commonly used substance was **cold/cough** and **prescription medications** to get "high," at 7% (down over one percentage point); followed by **ecstasy** and **Ritalin** at 4%, **inhalants** and **appetite suppressants** at 3%, and **cocaine/methamphetamine** and **heroin** at 2% and 1%, respectively (Tables A6.2 and A6.3).

EXHIBIT 14.

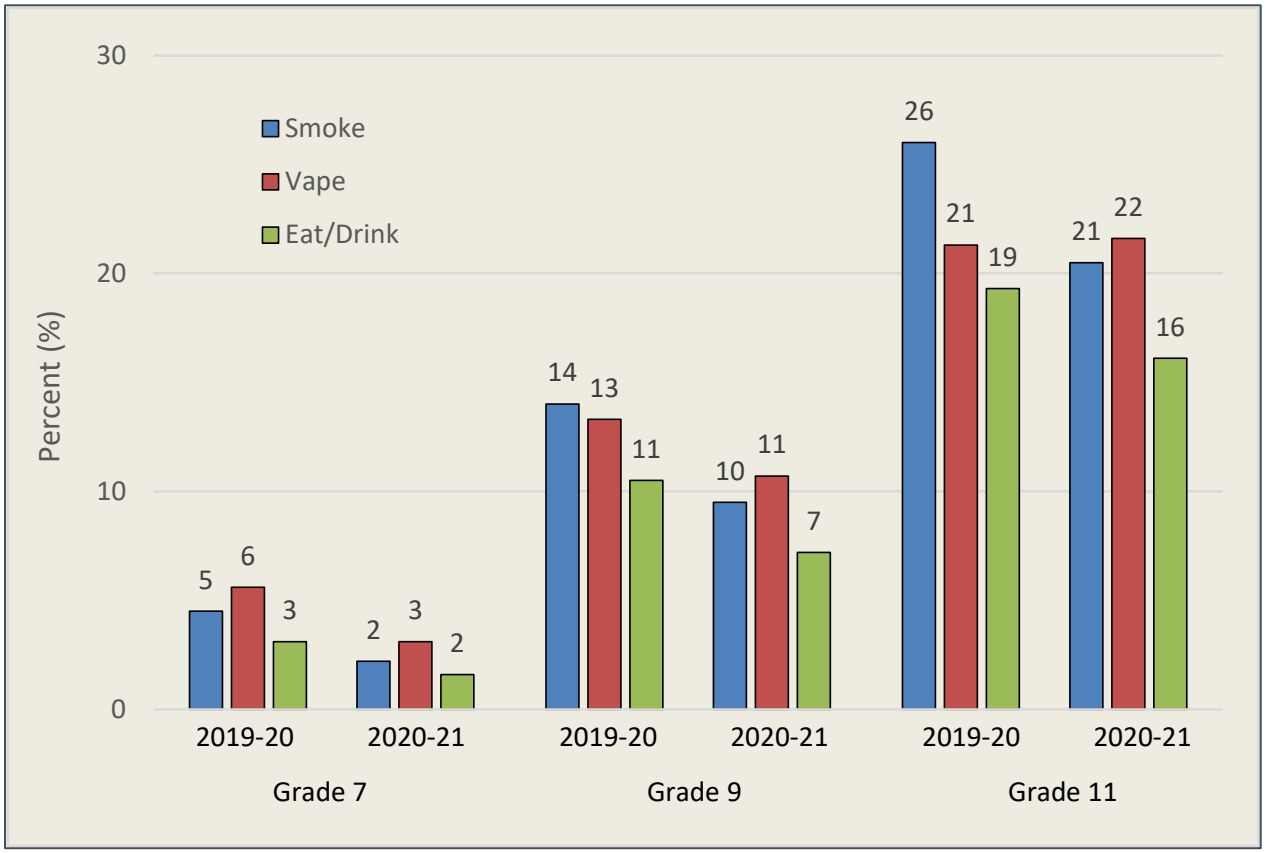
Lifetime Alcohol and Marijuana Use by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 15.

Lifetime Marijuana Use by Mode of Consumption and Survey Year



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Level of Drug Use

- **Current heavy drug use** was down in all grades by one to two points to 1%, 4%, and 8%. This continues a declining trend since 2013–15 (when rates were 4%, 10%, and 15%), with the biggest drop in 2015-17[13] (Table A6.5).
- Reports of **ever being high on drugs** declined in all grades by two points in 7th to 2% and by four and five points in 9th and 11th grades, to 10% and 21%, respectively. This continues a declining trend that began in 2011–13. Getting high seven or more times also has declined steadily among high school students since 2013–15, to 4% and 11% (Table A6.7).

[13] Heavy drug use was calculated based on pattern of combined current drug use on three or more days (marijuana, inhalants, prescription pain medicine to get "high" (high school only) or any other illegal drug/pill to get "high").

Driving Under the Influence of Alcohol or Drugs

Driving while under the influence of alcohol or another drug, or riding in a car driven by a friend who had been, continues its long-term decline. The rate for this ever occurring declined slightly in 9th and 11th grade to 7% and 12%, respectively. About 3% of 9th graders and 6% of 11th reported doing so three or more times (Table A6.9).

Influences on AOD Use

Because of the changes in the survey instrument that were necessary to assess the impact of remote learning, the usual representative state data on perceived harm and availability could not be collected. However, data from the AOD Module indicates that, consistent with the declines in use, there was an increase in more negative perceptions of use. Although disapproval indicators for marijuana use increased, 11th graders reported less peer and parental disapproval for marijuana than for other substances.

Strong Personal Disapproval (AOD Module)

Substantial improvements occurred in all grades and categories for strong personal disapproval of use, with the most improvements occurring in 7th grade (Table B7.1).

- **Daily Alcohol**. Strong personal disapproval of having one to two drinks nearly every day rose four points in 7th grade to 64%, one point in 9th to 50%, and two points in 11th to 46% (Table B1.1).
- **Marijuana Experimentation**. A pronounced rise (about three to four points) in strong disapproval of marijuana experimentation (trying once or twice) occurred: to 60% in 7th, 37% in 9th, and 25% in 11th, compared to pronounced declines in 2017–19.
- **Monthly Marijuana Use**. Similar improvements of three to five points occurred for using marijuana once a month or more often, to 68%, 48%, and 35%.

Peer and Parental Disapproval (AOD Module)

Not surprisingly, perceived disapproval is higher in 7th than 11th grades, and parent disapproval rates were higher than peer disapproval rates. The most encouraging finding is that peer disapproval increased compared to 2017–19, especially for marijuana, even though rates were lower for marijuana than for other indicators.

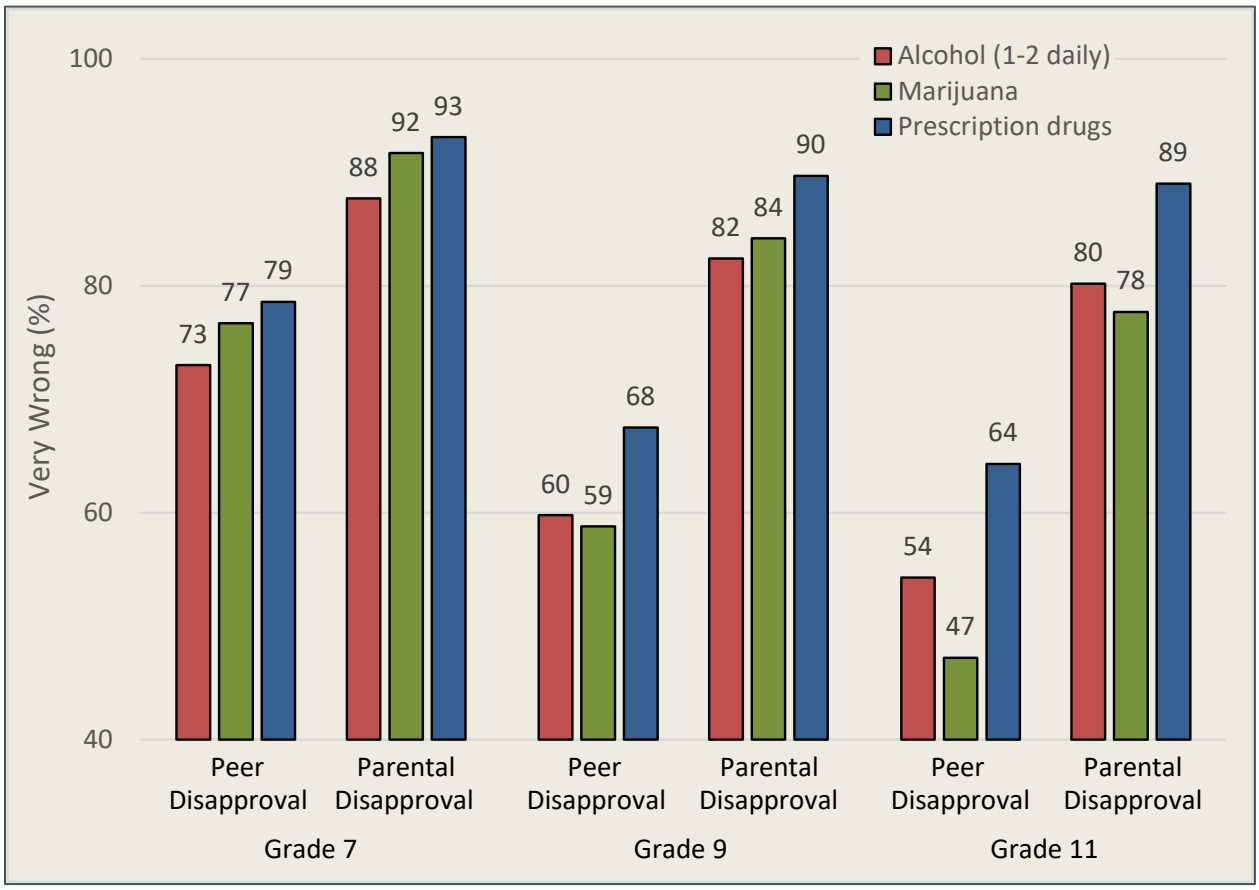
- Perceived **peer disapproval** ("very wrong") of use by respondents increased by at least two points in almost all substance categories across grades (except for daily alcohol drinking and tobacco smoking among 9th graders). The biggest increases were for marijuana (three to four percentage points depending on grade). Nevertheless, among 11th graders the lowest rate was for marijuana (47%), followed by vaping (50%), daily

drinking (54%), smoking tobacco (62%), and prescription drugs (64%) (Exhibit 16 and Table B7.3).

- Results for perceived **parental use disapproval** ("very wrong") of use by the respondents were stable across grades and substance categories, except for a two-point increase for marijuana among 11th graders. Similarly to peer disapproval, 11th graders perceived less parental disapproval for their using any marijuana (78%) than for daily drinking (80%), using a vaping device (83%), smoking tobacco (86%), and using a prescription drug to get high (89%) (Table B7.2).

EXHIBIT 16.

Peer and Parental Disapproval of Respondent AOD Use by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Perceived Availability (AOD Module)

Because the main Core Module questions about AOD availability were not included in the 2020–21 survey administered to students attending school remotely, the extent to which availability perceptions coincided with the onset of the pandemic—and changed compared to 2017–19—could not be assessed. However, questions on the AOD Module suggest that reduced access to AOD occurred and may have been an important contributor to the decline in AOD use (Tables B6.1 and B6.2).

- There were substantial declines in the percentages of respondents identifying where "most students" who were users get their alcohol and marijuana, especially in peer-related sources that would be affected by social distancing and school closures (friends, parties, school).
- Also suggestive of a decline in perceived availability was an increase in the percentages reporting that they did not know where alcohol and marijuana were procured.

Discussion

These *Eighteenth Biennial State CHKS* results confirm the declines in marijuana use (as well as cigarette smoking and vaping) found in an analysis of single-year 2020–21 local district CHKS data and are consistent with the results of other AOD surveys conducted during this period, including the national *Monitoring the Future* survey (Hanson & Puckett, 2021; Johnston et al., 2022).

The consensus among researchers is that these declines were related to the unique conditions produced by the COVID-19 pandemic. Beginning in the spring of 2020, school building closures and social distancing requirements likely increased the amount of supervised time that youth spent with parents and family and decreased the amount of time youth spent with peers, including limiting extracurricular activities and in-person interaction. This limited access to substances, opportunities to use them, and the influences of AOD-using peers. Supportive of this, pandemic-related school closures in 2020–21 coincided with the steepest declines in current alcohol and marijuana use on this *Biennial State CHKS*.

Whether these findings reflect a long-term change or are just a short-term product of pandemic conditions remains to be seen. There is evidence elsewhere that substance use increased once stay-at-home orders were rescinded (Dumas et al., 2022). The rise in chronic sadness and the relative popularity of marijuana despite the recent decline in use does not bode well for sustaining low AOD use. Ongoing monitoring of substance use behaviors and risk factors is

essential. With youth returning to school and more normal social interactions, prevention efforts are important to help ensure no resurgence of use occurs.

The evidence for a decline in marijuana use is especially noteworthy given that the previous decline in use had stalled in 2017–19. The *Seventeenth Biennial State CHKS* report and the supplemental marijuana report linked the evidence that the previous decline in marijuana use had stalled due to three factors: a weakening of negative attitudes about use, a rise in perceptions of availability, and the spread of oral ingestion and vaping (Austin et al., 2020; 2021). The decline in use in 2019–21 would appear to at least in part be related to changes in these conditions. Attitudes toward use appear to have become more negative.

This suggests that adolescent marijuana use may increase again once pandemic conditions subside. Four other findings from the *Eighteenth Biennial State CHKS* underscore the need to pay particular attention to marijuana use: marijuana use now appears to be just as common as alcohol use among secondary students; parental and peer disapproval was lower for marijuana than for other substances; although use of vaping devices, in general, has declined, the practice remains very popular (see next section); and 11th graders are more likely to vape marijuana than smoke it (or smoke tobacco). Given the role that vaping devices may play in concealing marijuana use on school property, the return to in-school instruction itself may portend a rise in use in 2021–23. This indicates that prevention efforts need to target this specific pattern of use.

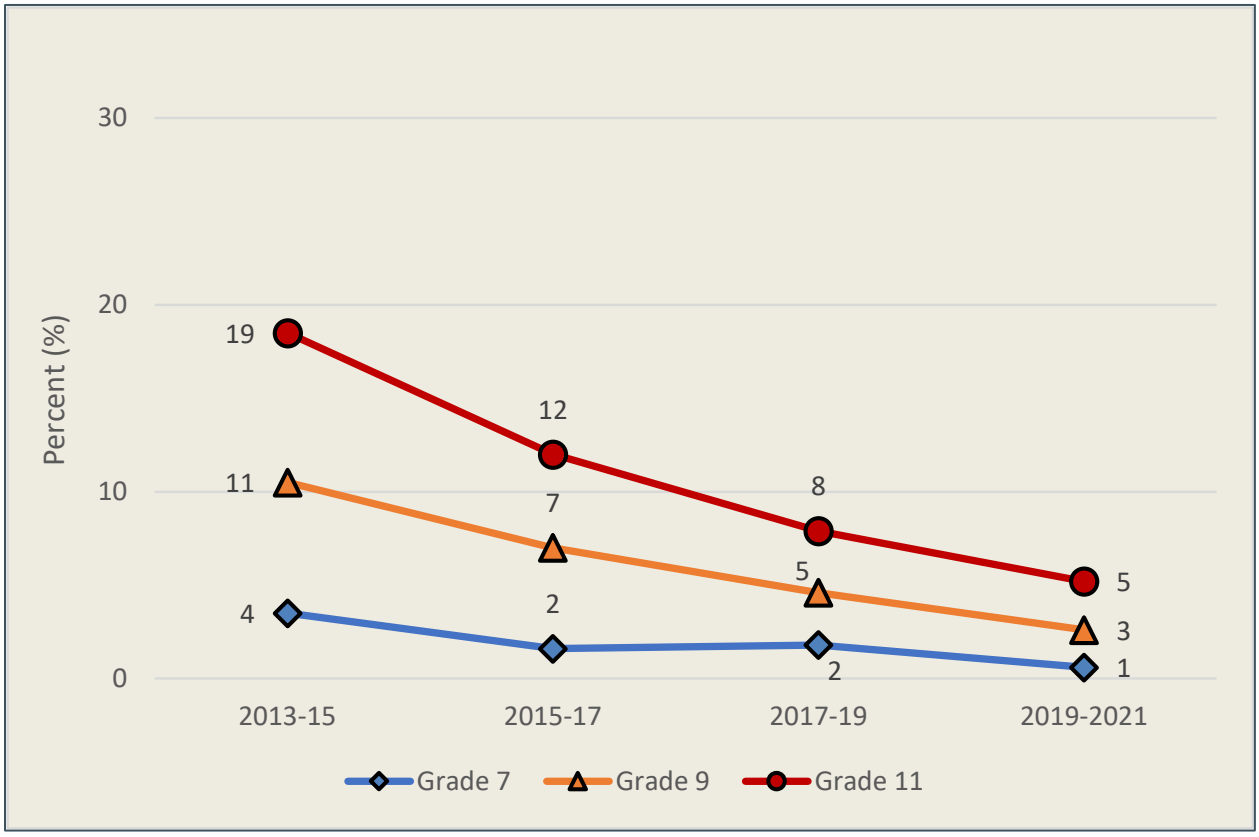
Vaping and Cigarette Smoking

Key Findings, Eighteenth Biennial State CHKS, 2019–21

Data from the *Eighteenth Biennial State CHKS* shows that cigarette smoking in 2019–21 continued its steady, decade-long decline to almost negligible levels among young adolescents. This positive trend is offset by the contemporaneous rise in the use of vaping devices or e-cigarettes to consume both tobacco and marijuana. Although vaping too showed a decline in 2019–21, this may be a short-term product of COVID-19 conditions and vaping remains a public health problem that warrants ongoing prevention efforts.

EXHIBIT 17.

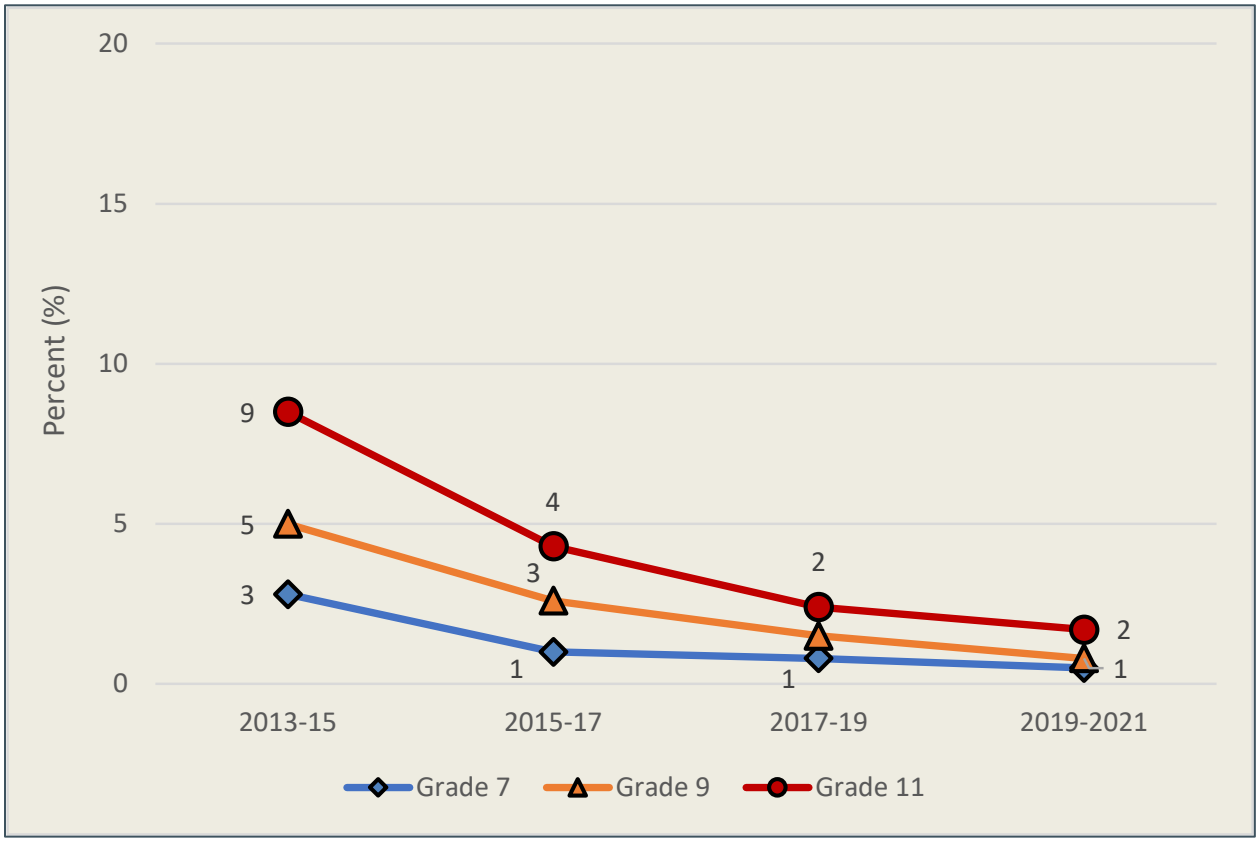
Lifetime Cigarette Smoking by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 18.

30-Day Cigarette Smoking by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Cigarette Smoking

Cigarette smoking among adolescents has declined to unprecedented levels in California.

- Less than 1% of 7th graders reported **ever smoking a whole cigarette**, and only 3% of 9th graders and 5% of 11th reported ever smoking, about one-third of the percentages in 2013–15 (4%, 11%, and 19%, respectively) (Exhibit 17 and Table A7.2).
- Among 11th graders, **lifetime frequency rates** were about the same for smoking a cigarette only one time and for four or more times (2% and 3%), with fewer respondents reporting two to three times. This suggests students are most likely to fall into two camps: single experimenters and those that become more regular users (Table A7.2).
- **Current smoking** (past 30 days) was reported by less than 1% of 9th graders and by 2% of 11th, less than one-quarter of 2013–15 rates. Daily smoking barely occurs at all among high school students (0.05% and 0.17%) (Exhibit 18, Table A7.2, and Table A7.3).

Vaping

This dramatic decline in cigarette smoking is, at least in part, the result of a shift to vaping tobacco or nicotine. Vaping involves the use of a battery-powered device to heat a liquid or plant material that releases chemicals in an inhalable aerosol. While cigarette smoking was declining over the past decade, vaping was increasing, surpassing cigarette smoking in popularity nationally and in California (Creamer et al., 2020; Wang et al., 2021; Zhu et al., 2021). In 2013–15, when the CHKS first assessed vaping, 8% of 7th graders, 13% of 9th, and 16% of 11th reported they were current vapers (past 30 days). In 2015–17, current vaping dropped dramatically and then held fairly steady in 2017–19 at 4%, 9%, and 11%, compared to only 1–2% for current cigarette smoking. The 2013–15 rates may have been so much higher because vaping devices had only been recently introduced and lots of experimentation was occurring that later subsided. Still, that about ten percent of high school students were current users of vaping devices was a major public health concern.

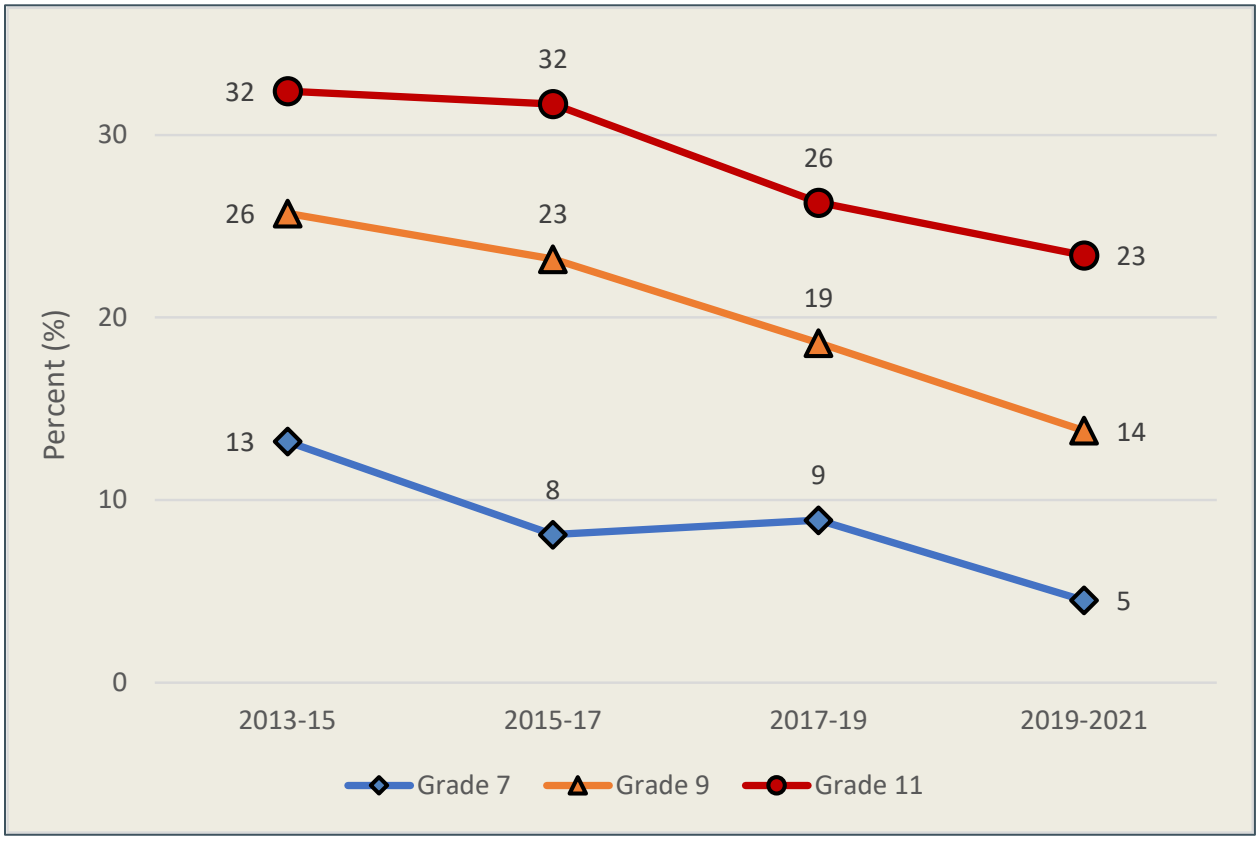
Use of a vaping device in 2019–21 was substantially lower than in 2017–19.

- **Lifetime vaping** was down four percentage points in 7th grade (to 5%), five points in 9th (to 14%), and three points in 11th (to 23%). It was down from eight to twelve points across grades compared to 2013–15 (Exhibit 19 and Table A7.2).
- **Current vaping** was down by half in 7th grade (to 2%), by three points in 9th (to 6%), and one point in 11th (to 10%). Current vaping rates are now less than half those of 2013–15 among 7th graders (2% from 8%) and 9th graders (6% from 13%) (Exhibit 20 and Table A7.3).
- Within the 2019–21 period, current vaping declined substantially in the 2020–21 academic year at the height of COVID-19 school building closures by two, four, and six points for 7th, 9th, and 11th graders. Current use was lower in 2020–21 for students in all instructional models, but students participating in school remotely exhibited the lowest rates (Exhibit 21).

Eleventh graders now are almost five times more likely to have ever used a vaping device than smoked a cigarette (23% versus 5%) and over four times more likely to be current vapers than cigarette smokers (10% versus 2%). But these differing trends also reflect that a wide variety of other substances are being consumed through vaping devices (Table A7.2).

EXHIBIT 19.

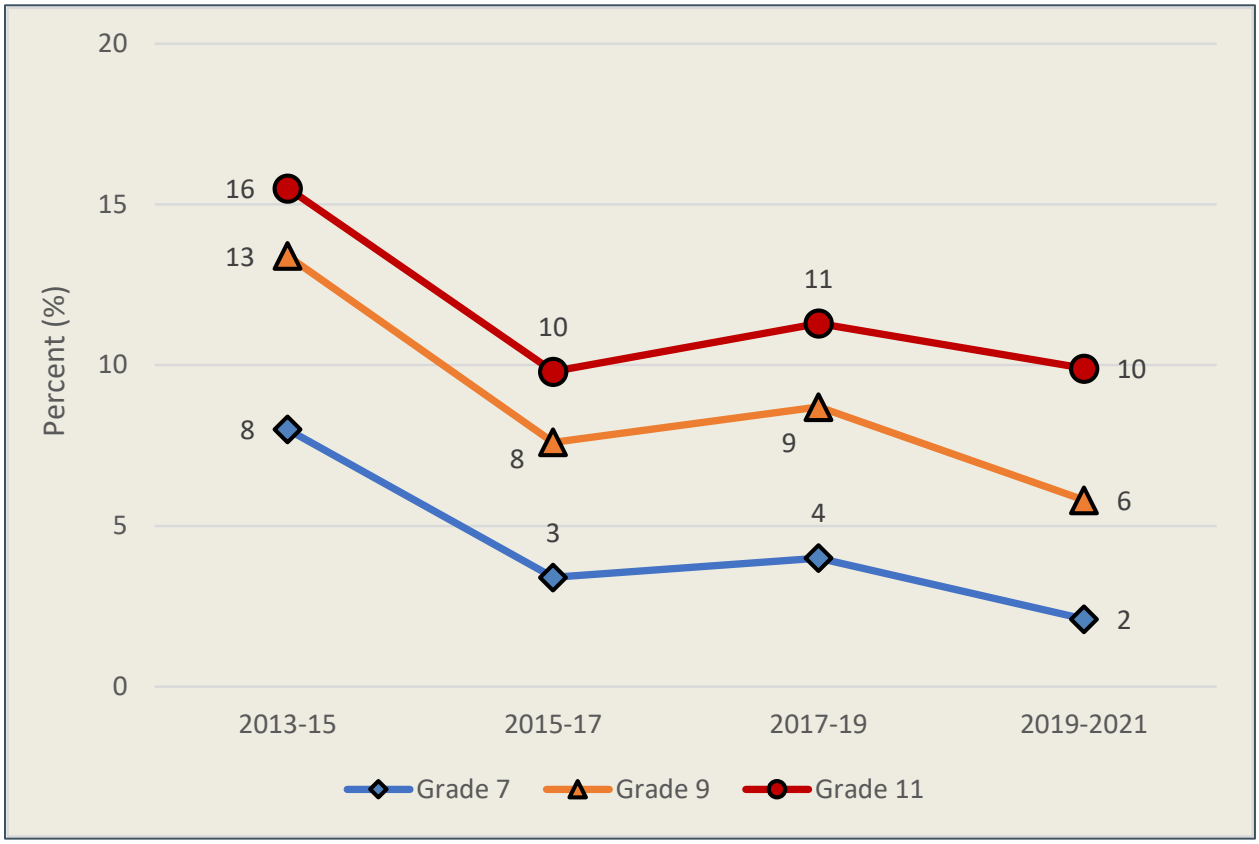
Lifetime Vaping by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 20.

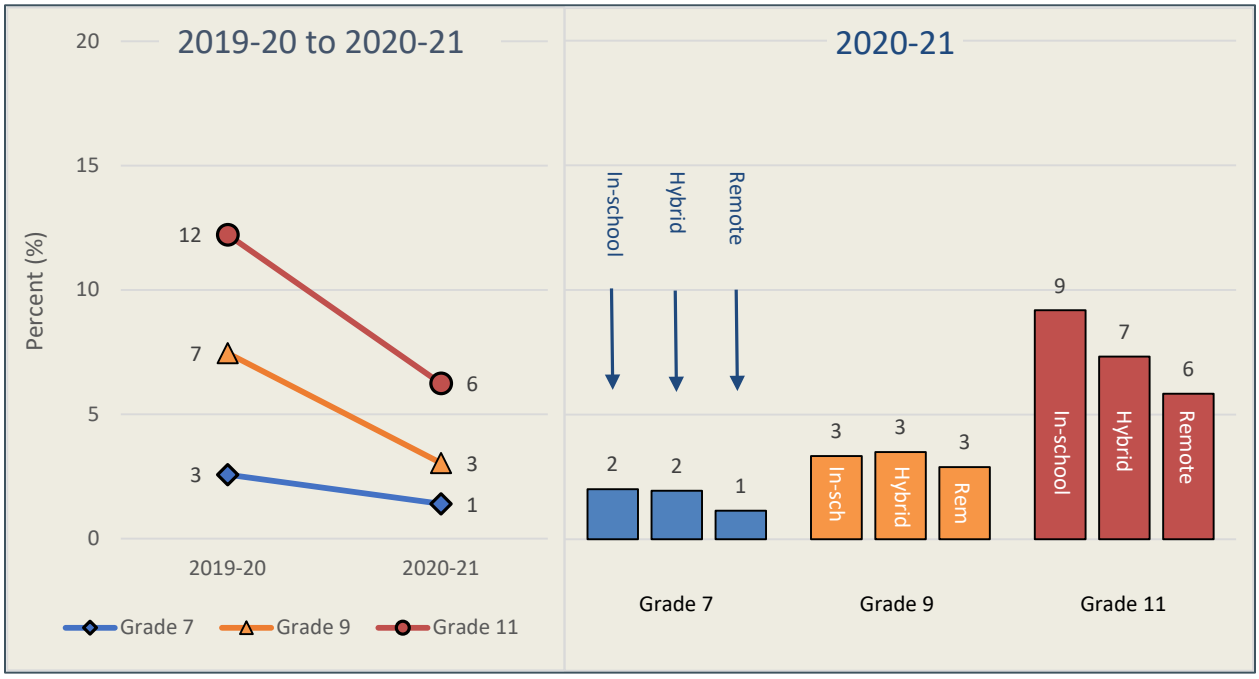
30-Day Vaping by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 21.

30-Day Vaping by Survey Year and Instructional Model, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

Substances Consumed in Vaping Devices

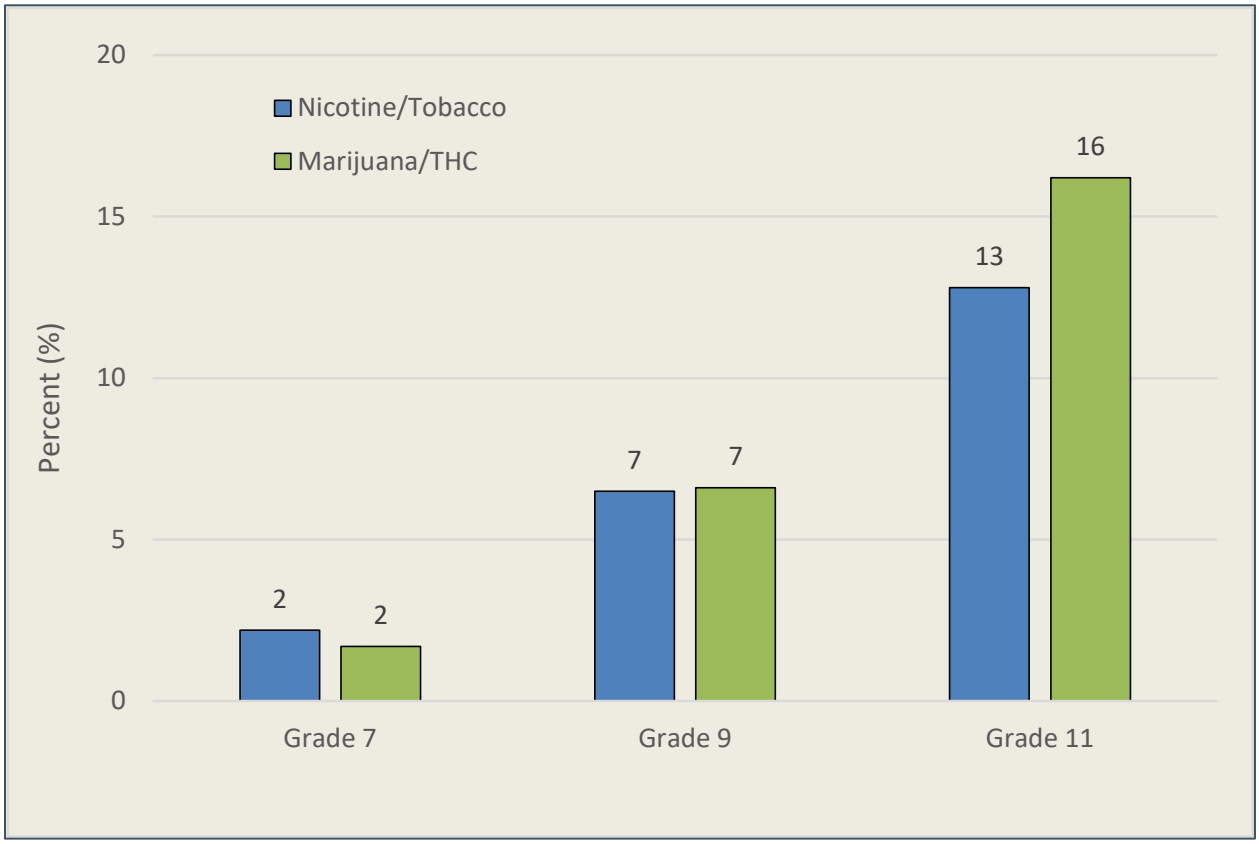
On the AOD Module, respondents were asked what substances they had ever used in a vaping device. Results indicate that a shift from cigarette smoking to tobacco vaping clearly has occurred, but also that the rise in the use of vaping devices is also rooted in other substances being consumed with them, particularly marijuana. (Exhibit 22 and Table B3.5)

- Whereas current cigarette smoking is now at negligible levels (only 2% even in 11th grade), vaping nicotine or tobacco was reported by 2% of 7th graders, 7% of 9th, and 13% of 11th (Exhibit 22).
- About the same percentages have ever vaped marijuana/THC as vaped tobacco in 7th (2%) and 9th grades (7%) and, as found in the 2017–19 survey, 11th graders were more likely to vape marijuana than tobacco (16% versus 13%) (Exhibit 22).

Reported products vaped differ little from 2017–19, although nicotine/tobacco did increase two points in 11th grade and marijuana/THC was down slightly in 9th to the same level as tobacco. What this underscores is that although much of the discussion of vaping risks has focused on tobacco, the devices are as popular, if not more popular, for consuming marijuana (Table B3.5).

EXHIBIT 22.

Substances Ever Vaped, 2019–21



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019–21

Attitudes

Only half of 11th graders thought their peers would consider it very wrong if the respondent used vaping devices, about the same results as for using marijuana (47%), but significantly lower than for smoking tobacco (62%). Perceived parental disapproval (very wrong) of vaping was higher at 83%, surpassing disapproval of marijuana use (78%), but again, lower than for tobacco smoking (87%) (Tables B7.2 and B7.3).

Discussion

Contributing to the rise in the use of vaping devices at the beginning of the decade as an alternative to cigarette smoking was widespread advertising, accessibility, product flavoring, and the belief that vaping was healthier than smoking (Creamer et al., 2020). Results for perceived peer and parental disapproval would indicate that the use of vaping devices is still seen more positively than tobacco smoking.

The almost elimination of cigarette smoking and the reduction in vaping among California adolescents are cause for great celebration. It also appears that California is making greater progress in turning around the rapid rise in vaping than the nation as a whole. National *Youth Risk Behavior Surveillance* and *Monitoring The Future* data indicate that vaping was increasing through 2019, while the *Biennial State CHKS* and *California Student Tobacco Survey* show that vaping in California is now half the national average (Creamer et al., 2020; Johnston et al., 2022; Zhu et al., 2021).

There has been a decline in vaping since 2019 in both California and the nation as a whole (Gaiha et al., 2020; Gentzke et al., 2020; Hanson & Puckett, 2021; Johnston et al., 2022; Kreslake et al., 2021). This decline can be attributed to the same conditions that influenced the decline in AOD use: social isolation, school closures, and reduced availability during the COVID-19 pandemic. Indicative of this, the decline in vaping primarily occurred in 2020–21 at the height of the pandemic and among students who were participating in school remotely.

That vaping was already decreasing before the pandemic bodes well for buffering California against a resurgence of the practice as conditions return to normal. But it is still troubling that around one-quarter of 11th graders have tried a vaping device, one-tenth are still current users, and only half thought their peers considered it very wrong to use them.

Although adolescent e-cigarette use is likely less hazardous to health than cigarette smoking, there are serious health concerns associated with tobacco vaping (U.S. Department of Health and Human Services, 2016; National Academies of Sciences, Engineering, and Medicine, 2018). Additionally, there is much-needed research on the impact of the rise in vaping marijuana, as well as other products, on long-term health risks (Sun et al., 2021). Most vaping research and concerns about vaping have focused on nicotine and tobacco, but the current data show that the devices are now as popular for consuming marijuana as tobacco, if not more so. One reason for this may be the device's value for making marijuana use less detectable (Austin et al., 2021). Indicative of this, in 2017–19 around 5% of high school students had used a vaping device on school property in the past 30 days, about the same percentage that reported using marijuana on school property and half the total for any current vaping.[14]

Prevention efforts need to specifically target marijuana vaping as well as tobacco. Ongoing monitoring and prevention efforts are important to ensure further reductions as pandemic-related conditions that helped suppress vaping subside.

[14] Questions about substance use on school property were not available on the *Eighteenth Biennial State CHKS* because of school closures. These questions were not included on the surveys given to remote learners in the 2020–21 academic year.

Mental Health

Key Findings, Eighteenth Biennial State CHKS, 2019–21

More than one-in-three high school students in the nation experienced persistent feelings of sadness or hopelessness in 2019, a 40% increase since 2009 (Centers for Disease Control, 2020a). Suicide was also the second-leading cause of death for children aged 10 to 14 in 2020, and the third-leading cause for teens aged 15 to 19 (Centers for Disease Control, 2020b). Numerous reports suggest adolescent mental health has suffered further during the pandemic.

The results of the *Eighteenth Biennial State CHKS* add to the evidence of a growing mental health crisis for adolescents. There were marked increases in rates of chronic sadness with wide disparities across gender and racial/ethnic groups. Suicide ideation among high school students changed little but remained at disturbingly high levels. The survey results also shed light on the adverse effects of poor mental health on school absenteeism and the evidence of its links with substance use.

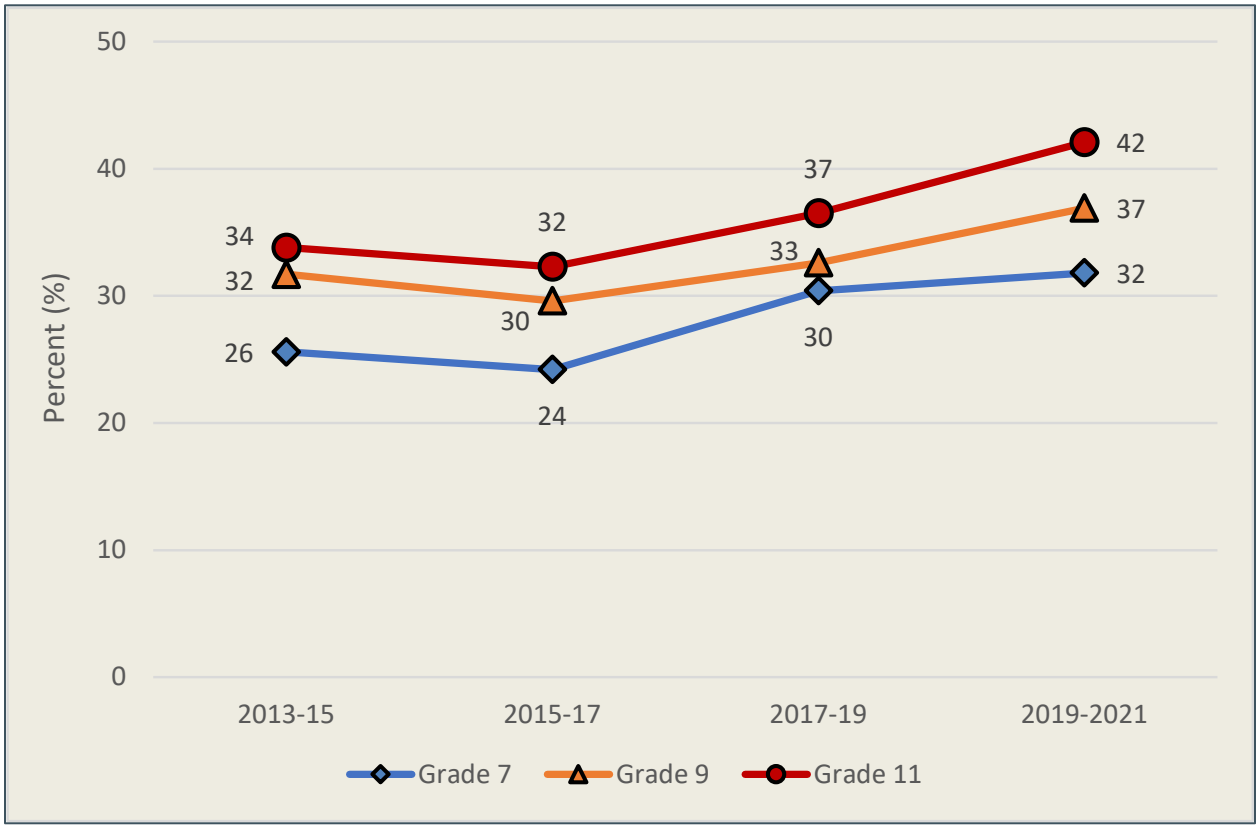
Chronic Sadness

Feelings of incapacitating, chronic sadness or hopelessness rose by two percentage points in 7th grade to 32%, by four points to 37% in 9th, and by five points to 42% in 11th after already having risen markedly in 2017–19. These are the highest levels reported over the past decade. Since 2015–17, chronic sadness has increased by about eight to ten points, depending on grade (Exhibit 23 and Table A5.1).

Although the *Eighteenth Biennial State CHKS* was not designed to provide single-year prevalence estimates, chronic sadness appeared to increase substantially in 2020–21 at the height of the pandemic with one-year increases of six points among 7th graders and ten points among 9th and 11th graders. Moreover, students participating in school remotely in 2020–21 reported the highest rates of chronic sadness (37%, 47%, and 49%, by ascending grade), followed by students in hybrid (35%, 40%, and 45%), and in-person (27%, 30%, and 37%) instruction(Exhibit 24).

EXHIBIT 23.

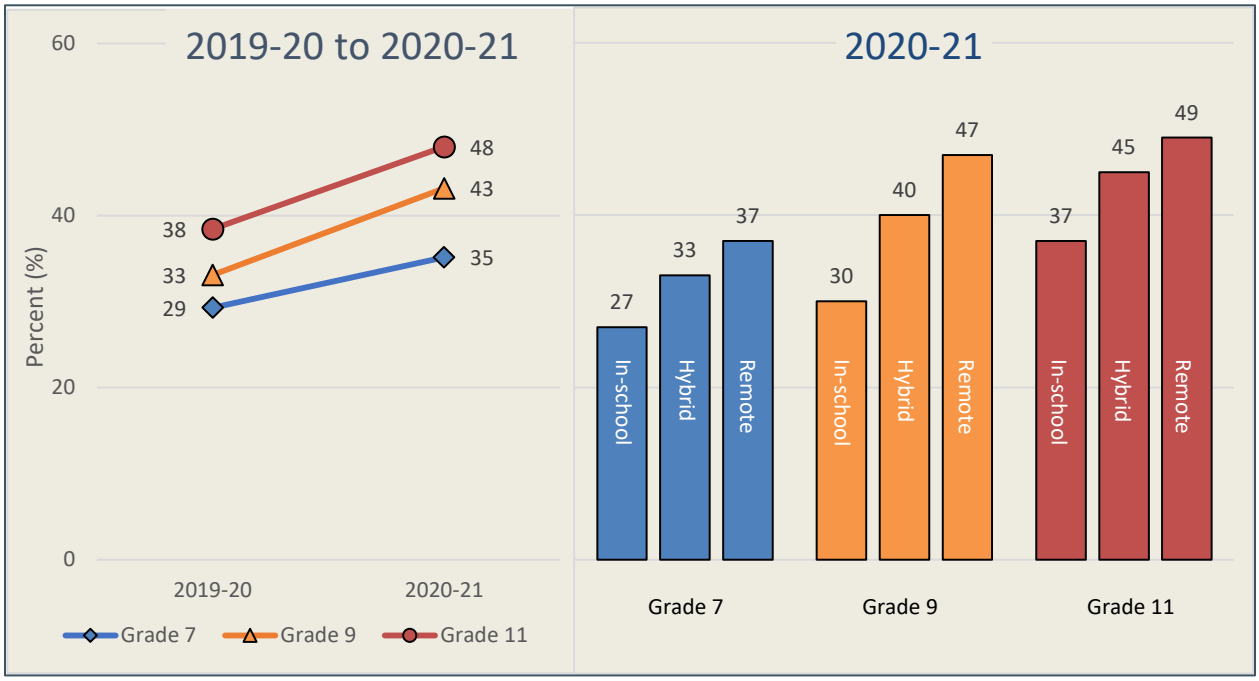
Chronic Sadness/Hopelessness by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 24.

Chronic Sadness/Hopelessness by Survey Year and Instructional Model, 2019–21



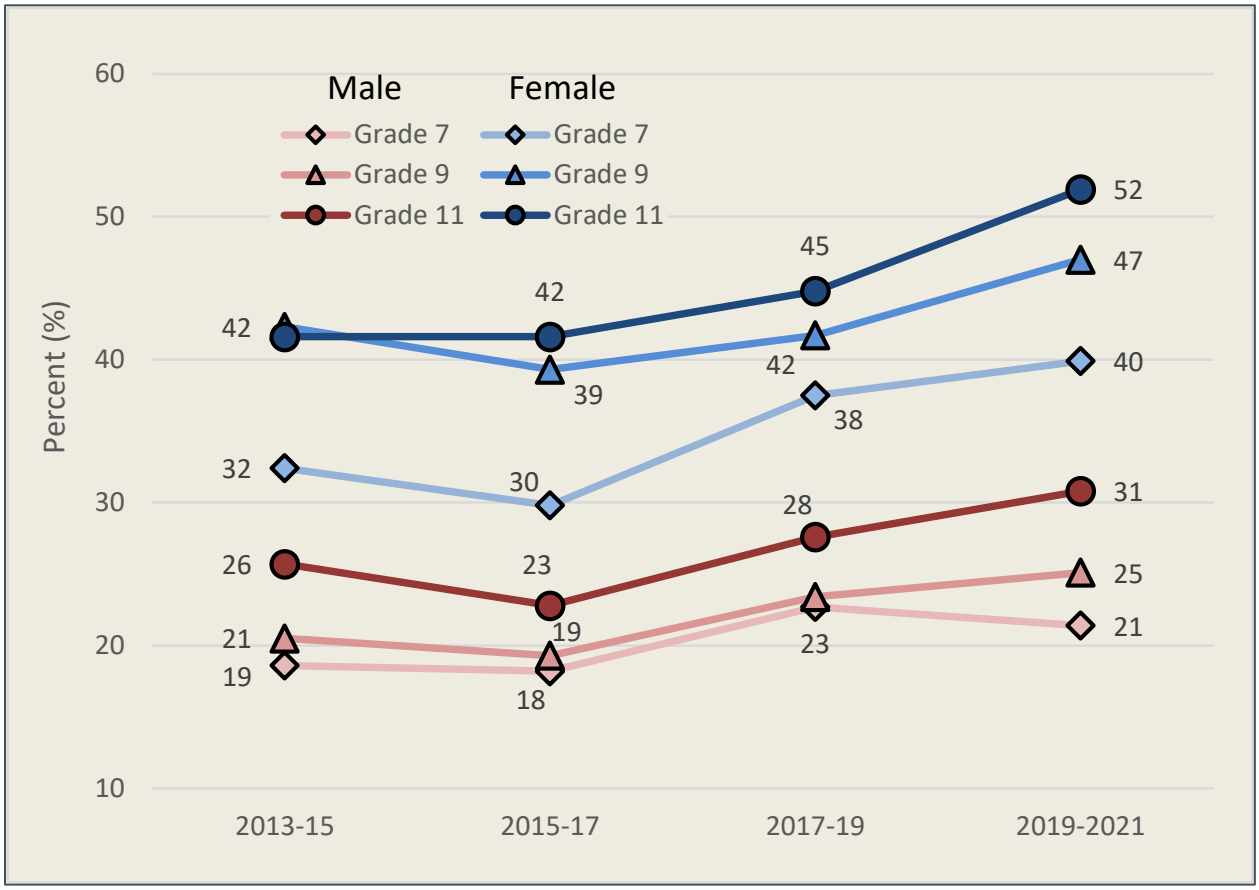
Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2019-21

Gender Differences. Females had a far greater risk of chronic sadness: 40% compared to 21% for males in 7th grade, 47% compared to 25% in 9th, and 52% compared to 31% in 11th. Moreover, since 2017–19, chronic sadness increased more for females than males (five points compared to two points in 9th and seven compared to three points in 11th) (Exhibit 25 and Table A10.2).

Racial/Ethnic Differences. Almost all racial/ethnic groups in all grades showed increases in chronic sadness but African Americans showed the largest increases (seven to ten points, depending on grade). Students reporting two or more racial/ethnic groups exhibited the highest chronic sadness rates in grades 9 and 11 (40% and 46%), while the rankings across other groups varied considerably across grades (Table A9.5).

EXHIBIT 25.

Chronic Sadness/Hopelessness by Gender and Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

Suicide Ideation

Contemplating suicide in the past 12 months changed little but remains at troublesome levels of 14%, 16%, and 16% as was the case in 2015–17. Of all the major health-risk indicators, suicide ideation shows the smallest variation across grades (Exhibit 26 and Table A5.2).

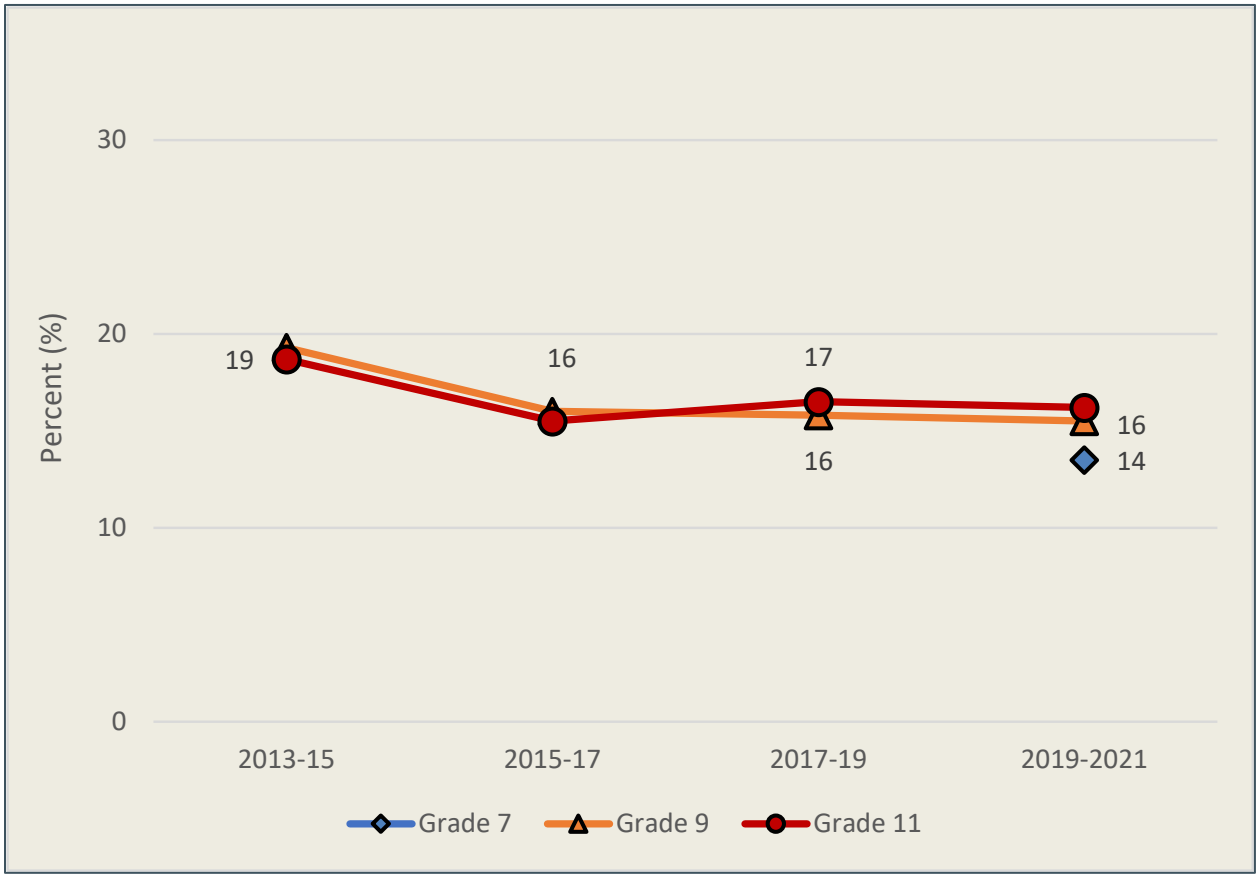
Gender Differences. Suicide ideation rates have remained relatively steady for both males and females since 2015–17. But females had substantially higher rates of contemplating suicide with rates twice that of males in 7th and 9th grade (17% compared to 8% for males in

7th grade, 20% compared to 9% in 9th). Among 11th graders, 20% of females reported seriously contemplating suicide compared to 12% of males (Exhibit 27 and Table A10.2).

Racial/Ethnic Differences. Native Hawaiian/Pacific Islander students tended to report the highest suicide ideation rates, 20% of them in 9th grade and 24% in 11th grade. Hispanic/Latino students reported the lowest rates in 9th and 11th grade (15%). African Americans exhibited the largest increases since 2017–19 (four points among 9th graders and three points among 11th graders) (Table A9.6).

EXHIBIT 26.

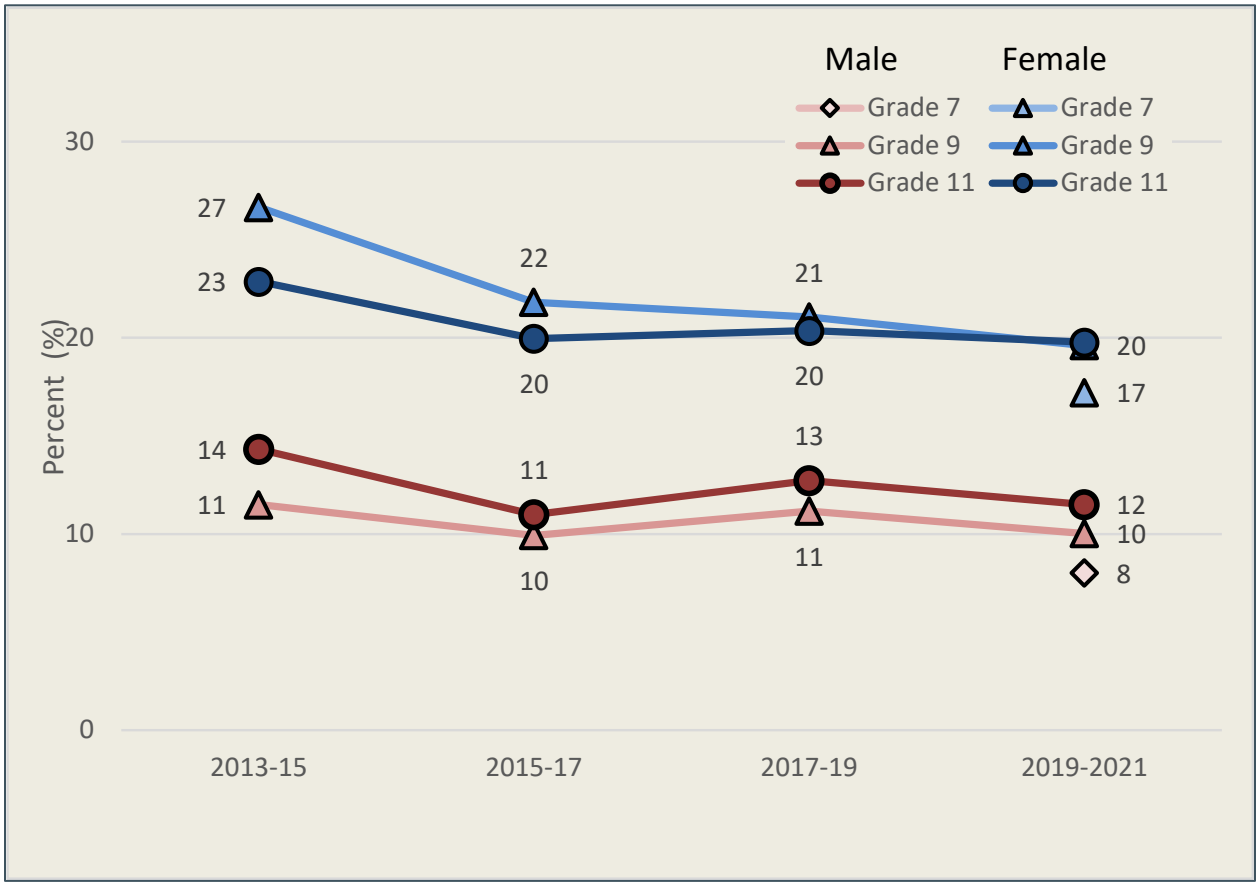
Suicide Ideation by Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

EXHIBIT 27.

Suicide Ideation by Gender and Administration Period



Source: Eighteenth Biennial State California Healthy Kids Survey Data, 2013–15, 2015–17, 2017–19, and 2019–21

School Absenteeism and Substance Use

The percentages reporting missing school in the past 30 days because they felt "very sad, hopeless, anxious, stressed, or angry" were level at 5%, 8%, and 11%, by ascending grade. Notably, this was the third most-selected reason for current school absenteeism in all grades, after physical illness and not getting enough sleep (Table A4.3).

About one in ten 11th graders indicated they used alcohol or drugs for three reasons related to mental health: to "get away from problems" (12%), to "feel better" (11%), and/or "because of anger or frustration" (7%).[15] The relationship between substance use and mental health may also be reciprocal. Among high school students, 3% of 9th graders and 5% of 11th indicated that they had a problem with emotions, nerves, or mental health as a result of their AOD use, the

[15] As discussed in the *AOD Use* section above, 11th graders were more likely to report that they used alcohol and drugs to "have a good time with friends" (19%), "relax" (15%), and to get "high" (14%) than to "get away from problems," "feel better," or to cope with anger and frustration.

second most selected of problems (after forgetting what happened or passing out) (Tables B4.1 and B4.2).

Discussion

Arguably the most disturbing of all the findings from the *Eighteenth Biennial State CHKS* is the continuation of an increase in chronic sadness and the particularly high rates among females, with approximately half of them in high school reporting chronic sadness in 2020–21. Although suicide ideation did not increase, the lack of progress in reducing it is troublesome.

CHKS mental-health indicators were already declining before the pandemic and these new survey findings add to the growing body of evidence that the pandemic has exacerbated the problem. For example, in a public advisory, the U.S. Surgeon General (2021) warned that growing numbers of youth are facing mental health struggles with symptoms of depression and anxiety doubling during the pandemic. In 2021, the American Academy of Pediatrics declared a national mental health emergency for children and adolescents. School district leaders surveyed nationally in the fall of 2021 listed the mental health of students, teachers, and principals as their top three concerns (out of 11), outranking student engagement, student discipline, student and teacher attendance, and declining enrollment (Diliberti & Schwartz, 2022).

Both *Eighteenth Biennial State CHKS* data and other studies indicate that students attending school remotely reported higher levels of mental health problems than students attending in person, further suggesting that COVID-19-related factors played a role in reducing students' mental health (Hertz, Kilmer, Verlenden, et al., 2021; Hussong, Midgette, Thomas, et al., 2021; Viner, Russell, Saulle, et al., 2022).

The survey further provides evidence that mental health issues contribute to both school absenteeism and substance use. Given this, improving adolescent mental health may play a positive role in addressing the state's long-term problem of chronic absenteeism.

The percentages selecting mental health-related reasons for alcohol and drug use were slightly lower than in 2017–19, suggesting that the rise in chronic sadness had not fueled a turning to substance use as a coping mechanism. But about one-tenth of 11th graders still identified mental health issues as a reason for their AOD use. This may be a lagging indicator with rates increasing as these conditions subside. Ongoing monitoring is essential.

That 5% of 11th graders indicated they had a problem with emotions, nerves, or mental health as a result of their AOD use, the second most-selected use-related problem, also suggests that mental health and AOD use are reciprocally related. Further investigation of the need to

provide services for both AOD and poor mental health when initially dealing with either problem is warranted.

The pronounced gender and racial/ethnic differences in chronic sadness call for paying more attention to group differences in mental health risks. The Center on Reinventing Public Education reported that 30–40% of young people experienced pandemic-related adverse effects on their mental health, but Black, Latinx, Indigenous, and low-income students are particularly impacted (Hamilton, Gross, Adams, et al., 2021). Analysis of the *Seventeenth Biennial State CHKS* data revealed substantial disparities in chronic sadness and suicide ideation across gender, gender identity, sexual orientation, and living situation (experiencing foster care and homelessness) groups (Hanson et al., 2021). This research underscores the importance of identifying groups of students most in need and providing targeted prevention and intervention supports.

As discussed in the *Pupil Engagement and Supports* section, student perceptions of developmental supports such as caring relationships with school staff have been low and have shown no improvement over the past decade. One of the major themes of the literature on the rising student mental health crisis is the need to foster a web of protective supports in the school, family, and community. Fostering these supports may not only help schools reduce student stress, anxiety, loneliness, and depression but also promote greater school connectedness, help turn around the decline in academic motivation, and protect against substance use. Hertz et al. (2021), found that school and family connectedness each mitigated the association between virtual versus in-person instruction for mental health and advised they may play a critical role in buffering negative mental health outcomes.

Educators and school personnel are in an ideal position to address the risk factors associated with youth mental health problems by fostering positive, developmentally-supportive school climates and by connecting students to evidence-based interventions when appropriate. According to national surveys, America's educators see an urgent need to provide greater social–emotional support to students, but they also feel underprepared to tackle the problem (American Federation of Teachers, 2020). Supporting these efforts is the focus of CDE's Office of School-Based Health Programs and California's allocation of $4.7 billion to create a statewide Children and Youth Behavioral Health Initiative (CYBHI). The CYBHI aims to improve access to behavioral health services for all children and youth in California, regardless of payer. A highlight of the CYBHI is its focus on making it easier for children, youth, and young adults to access behavioral health services in California's schools. The CYBHI's investments in school-based behavioral health services include, but are not limited to the following:

- Implementing a statewide all-payer fee schedule to reimburse school-linked behavioral health providers for the provision of outpatient mental health and substance use

disorder services provided to a student, 25 years of age or younger, at or near a school site;

- Establishing a school-linked statewide provider network of school-site behavioral health counselors, including implementing a new classification of workers called behavioral health coaches to provide coaching supports to students in school-based settings;
- Incentivizing Medi-Cal managed care plans (MCPs) to build sustainable partnerships and infrastructure between MCPs and Local Educational Agencies (LEAs) through the Student Behavioral Health Incentive Program;
- Providing School-linked Partnership and Capacity Grants to support new services to individuals 25 years of age and younger from schools, providers in school, school-affiliated community-based organizations (CBOs), or school-based health centers; and
- Investing in social and emotional learning (SEL) environments for children and youth in school settings.

In addition, as a component of CYBHI, DHCS will build and drive the adoption of the Behavioral Health Virtual Services Platform for all children, youth, and families in California, regardless of payer. The platform will support the delivery of equitable, appropriate, and timely behavioral health services from prevention to treatment to recovery and provide an e-Consult platform for pediatric and primary care providers to connect with behavioral health providers.

Additional supports include substantial state investiments for the following CDE initiatives:

- Expanded Learning Opportunities Program ($4.4B) for before school, after school, summer, and intersession programs that focus on developing the academic, social, emotional and physicial needs of pupils;
- Learning Recovery Emergency Block Grants ($6.8B) that can be used for direct services for students; and
- the Community Schools Partnership Program ($4.1B) that supports schools' efforts to partner with community agencies and local government to provide an integrated focus on academics, health and social services, youth and community development, and community engagement.

Future Biennial surveys will help monitor how well the state's efforts succeed in improving mental health supports and outcomes among secondary students.

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Core Module Tabular Results

1. Summary of Key Indicators

Table A1.1

Key Indicators of School Climate, Pupil Engagement, and Student Well-Being, by Grade and Administration Period

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Pupil Engagement and Supports												
Academic motivation†	75.0	80.1	75.4	71.4	68.1	73.0	72.2	65.9	66.3	70.3	71.0	63.9
Grades (mostly B's and above)	62.3	67.7	63.2	64.2	57.7	59.9	59.3	61.0	56.9	57.1	57.6	61.9
Missed 3 or more days of school in the past 30 days	na	na	12.7	10.8	na	na	14.8	11.9	na	na	16.5	14.0
Caring adult relationships‡	60.2	65.3	60.9	63.1	55.4	56.6	56.0	55.0	62.6	61.3	60.1	60.3
High expectations‡	74.6	78.5	74.6	75.7	67.7	69.0	68.4	67.0	71.3	70.0	68.6	68.5
Meaningful participation‡	40.1	43.3	36.1	nr	35.2	35.0	32.6	nr	36.8	35.9	33.4	nr
Promotion of parent involvement in school	na	60.9	59.4	59.1	na	44.6	47.2	48.9	na	40.1	41.7	43.2
Substance Use and Mental Health												
Current alcohol or drug use¶	11.2	7.2	6.9[A]	4.5[A]	24.3	19.7	14.6[A]	10.2[A]	35.2	29.4	23.4[A]	19.2[A]
Current marijuana use¶	5.0	2.3	3.6[A]	1.5[A]	13.4	9.5	9.7[A]	6.1[A]	20.1	16.7	16.1[A]	12.1[A]
Current binge drinking¶	3.4	1.2	1.3	0.9	9.6	6.0	4.4	2.8	17.6	11.6	8.5	7.3
Lifetime very drunk or "high" (7+ times)	2.7	0.9	1.1	0.5	9.2	6.3	6.0	4.4	19.9	15.4	13.3	11.7
Ever been drunk or "high" at school	3.8	1.7	2.6	nr	10.5	8.2	7.5	nr	17.9	13.5	11.6	nr
Current cigarette smoking¶	2.8	1.0	0.8	0.5	5.0	2.6	1.5	0.8	8.5	4.3	2.4	1.7
Current electronic cigarette use¶	8.0	3.4	4.0	2.1	13.4	7.6	8.7	5.8	15.5	9.8	11.3	9.9
Chronic sadness/hopelessness§	25.6	24.2	30.4	31.8	31.7	29.6	32.6	36.9	33.8	32.3	36.5	42.1
Considered suicide§	na	na	na	13.5	19.3	16.0	15.8	15.5	18.7	15.5	16.5	16.2

Notes. na—not asked; nr—not applicable for students participating in school remotely in 2020–21

†Average percent of respondents reporting "Agree" or "Strongly agree."

‡Average percent of respondents reporting "Pretty much true" or "Very much true."

¶Past 30 days; §Past 12 months

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

2. Survey Sample

Table A2.1

Student Sample Characteristics

	7th 13-15	7th 15-17	7th 17-19	7th 19-21	9th 13-15	9th 15-17	9th 17-19	9th 19-21	11th 13-15	11th 15-17	11th 17-19	11th 19-21
Student Sample Size												
Number of Districts	41	43	39	42	42	44	37	43	43	45	40	45
Number of Schools	48	49	50	51	52	53	53	51	57	60	62	69
Number of Students	7,763	13,451	11,536	10,555	14,951	16,826	17,551	15,078	13,859	14,987	16,761	13,495

Table A2.2

Survey Administration Window, by Grade and Administration Period

	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Fall (October–December)	33.4	40.8	45.2	38.7	31.0	42.5	44.1	37.7	34.1	47.4	42.4	38.4
Winter (January–March)	40.6	39.3	33.8	42.8	50.0	38.7	36.3	49.0	45.6	35.8	33.1	47.4
Spring (April–June)	26.0	19.9	18.3	18.5	19.0	18.8	19.6	13.3	20.4	16.8	22.0	14.3

Table A2.3

Instructional Modality, by Grade and Administration Period

	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
In-School	100.0	100.0	100.0	59.7	100.0	100.0	100.0	62.7	100.0	100.0	100.0	61.7
Remote Learning	0.0	0.0	0.0	29.7	0.0	0.0	0.0	28.8	0.0	0.0	0.0	30.3
Hybrid Model (in-school on alternate days)	0.0	0.0	0.0	7.4	0.0	0.0	0.0	5.6	0.0	0.0	0.0	5.6
Hybrid Model (in-school half days)	0.0	0.0	0.0	3.2	0.0	0.0	0.0	2.9	0.0	0.0	0.0	2.4

Question HS/MS A.1: *Which of the following best describes your school schedule during the past 30 days?*

3. Demographics

Table A3.1

Gender of Sample, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Male	49.3	49.6	49.2	49.2	49.0	49.9	50.5	48.8	49.0	50.2	49.7	48.7
Female	50.7	50.4	50.8	50.8	51.0	50.1	49.5	51.2	51.0	49.8	50.3	51.3

Question HS/MS A.3: *What is your gender?*

Table A3.2

Sexual Orientation, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Straight (not gay)	na	na	80.4	79.0	na	na	83.9	81.1	na	na	83.6	80.6
Gay or Lesbian	na	na	0.8	1.3	na	na	1.6	1.9	na	na	2.2	2.3
Bisexual	na	na	4.4	6.3	na	na	5.9	7.3	na	na	6.3	8.8
I am not sure yet	na	na	2.0	2.2	na	na	1.5	1.9	na	na	1.4	1.8
Something else	na	na	5.9	6.1	na	na	3.9	4.4	na	na	3.4	3.6
Decline to respond	na	na	6.5	5.0	na	na	3.3	3.5	na	na	3.1	2.8

Question HS A.5: *Which of the following best describes you?*
Note. na—not asked

Table A3.3

Gender Identity, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No, I am not transgender	na	na	93.0	92.3	na	na	94.7	94.5	na	na	95.3	95.1
Yes, I am transgender	na	na	0.6	1.0	na	na	0.9	0.9	na	na	0.8	1.0
I am not sure if I am transgender	na	na	2.1	3.0	na	na	1.5	1.7	na	na	1.1	1.2
Decline to respond	na	na	4.3	3.8	na	na	2.9	2.8	na	na	2.7	2.7

Question HS/MS A.4: *Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?*
Note. na—not asked

Table A3.4

Race or Ethnicity, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaska Native, non-Hispanic	0.5	0.5	0.5	0.5	0.6	0.6	0.5	0.5	0.6	0.6	0.5	0.5
Asian, non-Hispanic	10.0	11.1	10.6	11.1	9.8	10.5	11.0	11.1	10.8	11.5	11.0	11.9
Black or African American, non-Hispanic	6.2	5.5	5.3	5.2	6.5	5.8	5.4	5.1	6.3	5.8	5.6	5.2
Hispanic or Latino	54.9	55.3	57.0	56.2	53.7	55.1	55.7	56.6	51.5	53.3	55.0	54.8
Native Hawaiian or Pacific Islander, non-Hispanic	1.3	0.9	0.7	0.6	1.5	1.3	1.1	0.9	1.6	1.4	1.3	1.0
White, non-Hispanic	24.8	23.8	22.6	22.7	25.6	24.0	23.1	22.3	26.9	24.9	23.6	23.5
Mixed (two or more non-Hispanic) races	2.2	2.9	3.3	3.8	2.4	2.8	3.1	3.5	2.2	2.6	3.0	3.2

Question HS/MS A.6: *What is your race or ethnicity?*

Table A3.5

Living Situation, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
A home with one or more parents or guardian	na	87.7	85.8	88.0	90.9	90.3	91.0	91.6	91.8	91.9	91.6	92.4
Other relative's home	na	2.3	2.4	2.0	1.9	2.0	1.9	1.7	1.7	1.8	2.0	1.6
A home with more than one family	na	4.3	6.0	5.5	3.3	4.0	3.7	4.0	3.4	3.7	3.7	3.8
Friend's home	na	0.2	0.3	0.2	0.4	0.4	0.2	0.2	0.6	0.3	0.3	0.3
Foster home, group care, or awaiting placement	na	0.3	0.3	0.1	0.5	0.4	0.3	0.3	0.4	0.3	0.4	0.3
Hotel or motel	na	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2
Shelter, car, campground, or other transitional or temporary housing	na	0.4	0.5	0.3	0.5	0.3	0.4	0.3	0.5	0.3	0.3	0.3
Other living arrangement	na	4.6	4.6	3.7	2.3	2.4	2.3	1.8	1.3	1.5	1.4	1.1

Question HS/MS A.9: *What best describes where you live? A home includes a house, apartment, trailer, or mobile home.*
Note. na—not asked

Table A3.6

Highest Education of Parents, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Did not finish high school	9.7	8.7	10.0	8.6	13.4	15.9	15.0	12.8	15.8	19.4	19.1	15.5
Graduated from high school	13.3	13.0	14.2	13.0	16.7	17.2	18.7	16.9	19.0	18.9	20.2	18.0
Attended college but did not complete four-year degree	9.8	10.3	9.9	10.9	14.3	12.6	13.0	12.4	16.4	14.7	15.6	15.0
Graduated from college	37.3	40.3	34.0	39.4	39.1	37.8	36.1	40.8	38.4	35.9	34.0	40.4
Don't know	29.8	27.7	31.8	28.1	16.4	16.4	17.3	17.1	10.4	11.1	11.1	11.2

Question HS/MS A.10: *What is the highest level of education your parents or guardians completed? (Mark the educational level of the parent or guardian who went the furthest in school.)*

Table A3.7

Free or Reduced-Price Meals Eligibility, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21[A] (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21[A] (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21[A] (%)
No	na	37.3	27.4	35.1	na	40.5	33.2	40.7	na	42.5	35.0	45.2
Yes	na	46.9	53.3	43.0	na	48.7	53.4	43.8	na	51.1	57.3	46.1
Don't know	na	15.8	19.3	21.9	na	10.8	13.4	15.5	na	6.5	7.7	8.7

Questions HS/MS A.12, 13: *Do you receive free or reduced-price lunches at school? (Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.)* [In-school and Hybrid only]
Last year, did you receive free or reduced-price lunches at school? (Receiving free or reduced-price lunches means that lunch at school is provided to you for free or you pay less for it.) [Remote only]
Note. na—not asked
[A]Question item is different for remote students in 2020–21 and results may not be comparable to prior years.

Table A3.8

Language Spoken at Home, by Grade and Administration Period

Item	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
English	62.7	57.1	62.0	61.6	62.3	64.2	62.1	63.2	65.3
Spanish	29.4	34.4	29.3	31.0	29.2	27.2	29.9	28.4	25.8
Mandarin	0.7	0.4	1.1	0.8	0.5	0.7	1.0	0.6	0.6
Cantonese	0.4	0.5	0.5	0.8	0.4	0.6	0.7	0.6	0.7
Taiwanese	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Tagalog	1.0	1.1	0.9	1.1	1.1	1.1	1.3	1.0	1.1
Vietnamese	1.4	1.9	1.4	0.9	1.7	1.4	1.0	1.5	1.8
Korean	0.7	0.6	0.5	0.5	0.4	0.7	0.5	0.5	0.8
Other	3.6	3.9	0.4	3.2	4.2	0.5	3.3	4.0	0.6

Question HS/MS A.14: *What language is spoken most of the time in your home?*

Table A3.9

English Language Proficiency—All Students, by Grade and Administration Period

Item	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
How well do you . . .									
understand English?									
Very well	89.1	86.1	88.1	89.3	89.0	88.7	90.8	90.5	90.4
Well	10.0	13.1	10.8	9.7	10.2	10.1	8.3	8.6	8.7
Not well	0.7	0.7	0.9	0.8	0.6	1.0	0.6	0.7	0.6
Not at all	0.2	0.1	0.2	0.2	0.2	0.2	0.3	0.2	0.3
speak English?									
Very well	83.5	79.2	80.8	84.4	83.2	82.3	86.4	85.5	85.4
Well	14.7	18.4	17.0	13.5	14.7	15.3	11.9	12.5	12.5
Not well	1.5	2.2	1.7	1.6	1.7	2.0	1.4	1.6	1.7
Not at all	0.3	0.3	0.5	0.5	0.4	0.4	0.4	0.4	0.4
read English?									
Very well	80.9	75.6	77.4	82.4	80.1	80.0	84.8	83.7	83.7
Well	16.4	21.2	19.6	15.5	17.5	17.3	13.4	14.2	14.0
Not well	2.3	2.8	2.6	1.8	2.1	2.4	1.4	1.8	1.9
Not at all	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3
write English?									
Very well	76.9	71.8	73.2	78.7	75.5	75.8	81.1	79.8	80.0
Well	19.9	24.2	22.7	18.5	21.3	20.8	16.6	17.6	17.1
Not well	2.8	3.5	3.6	2.4	2.9	2.9	2.0	2.3	2.5
Not at all	0.4	0.5	0.6	0.4	0.3	0.4	0.4	0.4	0.4
English Language Proficiency Status*									
Proficient	79.1	73.8	75.6	80.9	78.0	78.4	83.4	82.4	82.4
Not proficient	20.9	26.2	24.4	19.1	22.0	21.6	16.6	17.6	17.6

Questions HS/MS A.15–18: *How well do you understand, speak, read, and write English?*

Notes. *English language proficiency was determined by creating a scale score using the four above survey questions. Response options reverse coded so higher values indicate higher English proficiency level. The scale score was computed by averaging the survey responses. Respondents are categorized as "Proficient" or "Not Proficient" based on the English language proficiency scale. Proficient: students with average item response > 3.5 and Not Proficient: students with average item response ≤ 3.5.

Table A3.10

English Language Proficiency—Home Language Other Than English, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
How well do you . . .												
understand English?												
Very well	na	80.1	76.6	79.4	na	81.0	80.4	79.6	na	82.5	81.5	81.6
Well	na	18.1	21.7	18.3	na	16.7	17.9	17.6	na	15.6	16.6	16.3
Not well	na	1.5	1.5	1.9	na	1.9	1.2	2.4	na	1.5	1.6	1.5
Not at all	na	0.3	0.2	0.4	na	0.5	0.4	0.4	na	0.5	0.3	0.6
speak English?												
Very well	na	71.2	66.6	67.6	na	72.8	71.6	70.1	na	74.7	73.1	73.1
Well	na	26.1	29.9	28.9	na	23.5	24.9	25.5	na	22.0	23.2	22.6
Not well	na	2.4	3.2	2.9	na	3.0	2.9	3.8	na	2.8	3.1	3.7
Not at all	na	0.4	0.2	0.6	na	0.8	0.5	0.6	na	0.5	0.6	0.6
read English?												
Very well	na	68.7	63.0	64.1	na	70.8	68.2	67.4	na	73.1	71.5	71.6
Well	na	26.7	31.8	30.3	na	25.0	27.4	27.1	na	23.6	24.2	23.7
Not well	na	4.2	4.8	5.1	na	3.5	3.8	4.9	na	2.8	3.7	3.9
Not at all	na	0.4	0.4	0.6	na	0.7	0.6	0.6	na	0.5	0.6	0.7
write English?												
Very well	na	64.6	60.4	58.8	na	66.6	62.5	62.0	na	68.5	66.5	66.2
Well	na	30.2	33.4	33.6	na	28.0	31.7	31.9	na	27.1	28.4	27.9
Not well	na	4.6	5.4	6.5	na	4.6	5.0	5.3	na	3.8	4.6	5.2
Not at all	na	0.6	0.8	1.1	na	0.7	0.7	0.8	na	0.7	0.5	0.8
English Language Proficiency Status*												
Proficient	na	65.9	60.8	61.1	na	68.6	65.4	65.0	na	71.1	69.2	69.1
Not proficient	na	34.1	39.2	38.9	na	31.4	34.6	35.0	na	28.9	30.8	30.9

Questions HS/MS A.14–18: *What language is spoken most of the time in your home? How well do you understand, speak, read, and write English? Notes*. na—not asked.*English language proficiency was determined by creating a scale score using the four above survey questions. Response options are reverse coded so higher values indicate a higher English proficiency level. The scale score was computed by averaging the survey responses. Respondents are categorized as "Proficient" or "Not Proficient" based on the English language proficiency scale. Proficient: students with average item response > 3.5 and Not Proficient: students with average item response ≤ 3.5.

Table A3.11

Military-Connected Family Status, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	87.6	90.3	87.7	93.4	91.9	92.8	92.5	95.0	94.4	95.4	95.0	96.4
Yes	6.1	5.2	6.2	3.6	5.1	4.3	4.3	2.4	3.9	3.1	3.3	2.0
Don't know	6.3	4.6	6.1	3.0	3.0	2.9	3.1	2.6	1.7	1.5	1.7	1.6

Question HS A.11: *Is your father, mother, or guardian currently in the military (Army, Navy, Marines, Air Force, National Guard, or Reserves)?*

4. School Performance, Supports, and Engagement

Table A4.1

Grades, Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Mostly A's	22.5	24.5	20.4	24.5	18.7	21.1	20.2	23.7	15.3	15.4	15.4	21.0
A's and B's	33.2	36.7	35.8	33.3	31.0	31.7	31.7	30.6	30.7	32.2	32.4	32.2
Mostly B's	6.7	6.5	7.1	6.5	8.0	7.1	7.4	6.8	10.9	9.5	9.9	8.8
B's and C's	21.0	19.0	20.7	17.8	21.8	21.4	21.7	17.7	24.1	24.0	23.6	19.0
Mostly C's	4.2	3.5	3.7	4.0	5.9	5.5	5.6	4.9	7.6	6.9	6.9	5.9
C's and D's	7.8	6.8	8.4	7.7	9.4	8.9	9.0	8.9	8.1	8.9	8.4	7.7
Mostly D's	1.6	1.3	1.4	1.9	2.1	1.8	1.9	2.3	1.6	1.7	1.7	2.0
Mostly F's	3.0	1.8	2.5	4.4	3.0	2.5	2.4	5.1	1.7	1.4	1.9	3.4

Question HS/MS A.36: *During the past 12 months, how would you describe the grades you mostly received in school?*

Table A4.2

Absences, Past 30 Days, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21[A] (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21[A] (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21[A] (%)
I did not miss any days of school in the past 30 days	na	na	51.3	58.7	na	na	46.4	56.4	na	na	40.8	52.0
1 day	na	na	22.0	19.0	na	na	22.8	18.8	na	na	24.2	19.7
2 days	na	na	14.0	11.5	na	na	16.0	12.9	na	na	18.4	14.3
3 or more days	na	na	12.7	10.8	na	na	14.8	11.9	na	na	16.5	14.0

Questions HS/MS A.22, 26, 34: *In the past 30 days, how often did you miss an entire day of school for any reason?* [In-school and Hybrid only]
In the past 30 days, how often did you miss an entire day of remote learning classes for any reason? [Remote and Hybrid only]
Note. na—not asked
[A]Question items are different in 2020–21 and results may not be comparable to prior years.

Table A4.3

Reasons for Absence, Past 30 Days, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19[A] (%)	7th 19-21[A] (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19[A] (%)	9th 19-21[A] (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19[A] (%)	11th 19-21[A] (%)
Does not apply; I didn't miss any school	41.7	44.7	49.8	54.6	37.7	38.1	44.1	51.1	30.9	30.8	38.7	45.5
Illness (feeling physically sick), including problems with breathing or your teeth	41.0	42.2	33.5	24.3	43.7	46.7	40.6	28.4	47.5	51.7	44.0	31.4
Were being bullied or mistreated at school	na	na	1.6	na	na	na	1.2	na	na	na	1.1	na
Felt very sad, hopeless, anxious, stressed, or angry	6.0	5.3	5.0	6.5	9.5	9.6	7.7	9.3	13.1	14.4	11.0	13.6
Didn't get enough sleep	6.4	6.2	6.4	8.2	10.7	11.5	9.7	11.7	18.3	19.9	14.2	16.1
Didn't feel safe at school or going to and from school	nc	nc	1.2	na	nc	nc	1.4	na	nc	nc	1.9	Na
Had to take care of or help a family member or friend	4.7	4.4	4.9	5.2	4.4	5.6	5.1	5.6	6.2	7.1	6.4	7.7
Wanted to spend time with friends	1.2	0.8	0.8	1.3	2.0	1.3	1.0	1.2	3.7	2.4	1.7	1.9
Used alcohol or drugs	1.0	0.4	0.4	0.3	1.7	1.2	0.8	0.6	3.1	2.2	1.4	1.1
Were behind in schoolwork or weren't prepared for a test or class assignment	2.7	2.2	1.6	2.6	6.5	6.4	3.6	5.0	14.2	14.8	9.3	9.5
Were bored or uninterested in school	2.6	1.7	2.0	2.6	5.3	4.4	3.4	4.9	9.8	8.2	5.5	7.9
Had no transportation to school	na	na	2.1	na	na	na	2.6	na	na	na	3.7	na
Other reason	15.1	14.9	17.5	17.6	13.8	14.2	15.5	15.4	14.3	14.0	14.9	15.2

Questions HS/MS A.37–39: *In the past 30 days, did you miss a day of school for any of the following reasons? (Mark All That Apply.)* [In-school and Hybrid only]
In the past 30 days, did you miss a day of school from home for any of the following reasons? (Mark All That Apply.) [Remote only]
Notes. na—not asked; nc—not comparable
Total percentages may exceed 100% for "mark all that apply" items.
[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table A4.4

School Environment, Academic Motivation, and Promotion of Parent Involvement Scales, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Total school supports‡	58.3	62.3	57.2	nc	52.7	53.6	52.3	nc	56.8	55.7	54.1	nc
Caring adults in school‡	60.2	65.3	60.9	63.1	55.4	56.6	56.0	55.0	62.6	61.3	60.1	60.3
High expectations-adults in school‡	74.6	78.5	74.6	75.7	67.7	69.0	68.4	67.0	71.3	70.0	68.6	68.5
Meaningful participation at school‡	40.1	43.3	36.1	nr	35.2	35.0	32.6	nr	36.8	35.9	33.4	nr
Academic motivation†	75.0	80.1	75.4	71.4	68.1	73.0	72.2	65.9	66.3	70.3	71.0	63.9
Promotion of parent involvement in school†	na	60.9	59.4	59.1	na	44.6	47.2	48.9	na	40.1	41.7	43.2

Notes. na—not asked
nc—comparable
nr—Not applicable for students participating in school remotely in 2020–21
‡Scales are based on the average of respondents reporting "Pretty much true" or "Very much true."
†Scales are based on the average of respondents reporting "Agree" or "Strongly agree."

Table A4.5

Caring Relationships Scale Questions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Caring adults in school												
Average reporting "Pretty much true" or "Very much true"	60.2	65.3	60.9	63.1	55.4	56.6	56.0	55.0	62.6	61.3	60.1	60.3
At my school, there is a teacher or some other adult . . .												
who really cares about me.												
Not at all true	12.9	9.9	12.2	11.5	14.9	13.2	13.1	13.8	10.7	10.9	10.8	10.5
A little true	31.1	27.3	30.0	29.3	33.9	33.9	34.0	34.8	29.3	29.5	30.5	30.7
Pretty much true	30.8	35.3	32.9	35.5	31.6	33.1	33.5	33.2	32.4	32.9	33.9	33.4
Very much true	25.1	27.4	24.9	23.7	19.6	19.8	19.4	18.2	27.6	26.7	24.7	25.4
who notices when I'm not there.												
Not at all true	15.7	13.1	14.4	12.3	18.2	16.7	17.0	17.6	13.5	14.1	15.1	15.6
A little true	25.4	24.5	26.8	26.6	28.4	29.6	30.7	32.0	26.6	28.6	29.4	29.8
Pretty much true	31.5	31.8	30.6	32.5	31.0	31.3	31.2	31.0	32.5	32.3	31.9	31.2
Very much true	27.4	30.5	28.1	28.5	22.4	22.4	21.2	19.4	27.4	25.1	23.7	23.4
who listens to me when I have something to say.												
Not at all true	11.2	8.7	10.2	8.8	13.5	11.1	11.7	10.4	9.8	9.6	10.2	9.5
A little true	23.0	20.7	23.7	22.2	24.9	25.5	25.6	26.3	22.1	23.4	23.8	23.0
Pretty much true	31.6	32.3	32.9	34.8	33.8	35.5	35.3	36.9	35.3	35.5	36.5	37.4
Very much true	34.2	38.4	33.3	34.3	27.8	27.9	27.4	26.4	32.8	31.5	29.4	30.1

Questions HS/MS A.55, 58, 61: *At my school, there is a teacher or some other adult . . . who really cares about me . . . who notices when I am not there . . . who listens to me when I have something to say.*

Table A4.6

High Expectations Scale Questions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
High expectations-adults in school												
Average reporting "Pretty much true" or "Very much true"	74.6	78.5	74.6	75.7	67.7	69.0	68.4	67.0	71.3	70.0	68.6	68.5
At my school, there is a teacher or some other adult . . .												
who tells me when I do a good job.												
Not at all true	8.9	6.8	8.3	6.8	10.9	9.8	11.0	10.3	9.1	9.3	10.2	10.0
A little true	21.0	19.3	23.5	21.7	25.7	25.4	25.4	26.6	23.1	24.8	25.5	25.4
Pretty much true	34.7	35.1	34.6	38.0	35.5	37.6	38.4	38.7	36.7	37.8	38.1	36.9
Very much true	35.4	38.7	33.5	33.5	27.8	27.2	25.2	24.4	31.2	28.1	26.2	27.8
who always wants me to do my best.												
Not at all true	5.6	4.2	4.6	3.8	7.5	6.6	6.8	6.2	6.5	6.3	6.5	5.8
A little true	14.2	11.8	13.7	13.4	19.0	19.6	18.9	20.3	17.4	19.3	19.7	20.0
Pretty much true	26.9	28.1	29.7	30.6	33.4	34.4	35.5	36.8	34.2	35.3	36.5	36.1
Very much true	53.3	55.9	52.0	52.2	40.1	39.4	38.7	36.8	41.8	39.1	37.3	38.1
who believes that I will be a success.												
Not at all true	9.0	7.3	8.1	8.4	12.0	9.5	10.4	10.8	9.7	9.1	9.6	9.6
A little true	17.5	15.0	17.7	18.6	21.4	21.9	22.3	24.9	20.3	21.3	22.7	23.7
Pretty much true	28.7	30.0	29.7	31.5	31.9	33.5	33.5	34.7	33.1	33.6	34.5	34.0
Very much true	44.8	47.7	44.4	41.5	34.7	35.1	33.9	29.7	36.9	36.0	33.2	32.7

Questions HS/MS A.56, 59, 62: *At my school, there is a teacher or some other adult . . . who tells me when I do a good job . . . who always wants me to do my best . . . who believes that I will be a success.*

Table A4.7

Academic Motivation Scale Questions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Academic motivation												
Average reporting "Agree" or "Strongly agree"	75.0	80.1	75.4	71.4	68.1	73.0	72.2	65.9	66.3	70.3	71.0	63.9
I try hard to make sure that I am good at my schoolwork.												
Strongly disagree	2.8	2.5	2.5	2.5	3.1	3.1	2.8	3.1	3.1	3.0	2.4	3.1
Disagree	2.8	2.0	2.8	3.0	4.0	3.5	3.8	4.1	4.4	4.0	3.8	4.6
Neither disagree nor agree	11.6	8.7	11.0	13.1	16.7	13.5	13.7	16.0	17.6	15.2	14.5	17.4
Agree	36.1	33.7	36.3	39.3	41.2	40.6	42.2	42.6	42.4	44.6	45.0	43.5
Strongly agree	46.8	53.1	47.5	42.1	34.9	39.5	37.6	34.1	32.5	33.1	34.3	31.5
I try hard at school because I am interested in my work.												
Strongly disagree	5.5	4.5	5.5	6.9	5.6	5.2	5.3	8.2	5.7	5.7	5.5	8.9
Disagree	8.8	7.0	9.7	13.3	11.6	9.7	10.2	16.0	12.1	10.6	11.6	17.3
Neither disagree nor agree	25.6	21.2	25.4	29.2	29.0	25.4	26.6	30.8	29.0	26.4	26.4	29.9
Agree	36.2	36.3	34.9	31.8	34.1	35.7	35.7	29.9	35.1	36.4	36.5	29.0
Strongly agree	23.9	31.0	24.5	18.7	19.7	23.9	22.2	15.2	18.1	20.9	20.1	15.0
I work hard to try to understand new things at school.												
Strongly disagree	3.9	3.2	3.5	3.3	3.8	3.7	3.3	4.1	3.7	3.4	3.1	4.2
Disagree	4.3	3.0	4.6	5.6	6.1	4.6	4.9	7.2	6.5	5.5	5.5	7.3
Neither disagree nor agree	16.5	13.7	16.7	19.3	22.1	18.4	19.3	22.8	24.1	20.2	20.4	24.5
Agree	42.1	38.7	41.3	43.0	43.7	43.2	44.5	42.6	43.1	44.8	45.1	42.4
Strongly agree	33.2	41.3	34.0	28.9	24.3	30.1	27.9	23.3	22.5	26.1	26.0	21.6

Questions HS/MS A.51–53: *How strongly do you agree or disagree with the following statements? I try hard to make sure that I am good at my schoolwork. I try hard at school because I am interested in my work. I work hard to try to understand new things at school.*

Table A4.8

Academic Motivation Scale Questions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
I am always trying to do better in my schoolwork.												
Strongly disagree	3.3	2.7	2.8	2.7	3.6	3.5	3.0	3.2	3.5	3.2	2.5	3.4
Disagree	2.8	1.9	2.6	2.5	4.4	3.0	3.0	3.8	5.4	3.9	3.7	4.4
Neither disagree nor agree	12.4	9.2	11.2	13.0	17.6	14.4	15.2	17.2	19.6	17.4	16.6	19.5
Agree	35.5	33.4	36.2	38.6	40.7	40.0	40.5	41.3	42.3	42.1	42.8	42.2
Strongly agree	46.0	52.8	47.1	43.2	33.7	39.2	38.3	34.5	29.1	33.5	34.4	30.5

Question HS/MS A.54: *How strongly do you agree or disagree with the following statements? I am always trying to do better in my schoolwork.*

Table A4.9

Promotion of Parent Involvement Scale Questions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Promotion of parent involvement in school												
Average reporting "Agree" or "Strongly agree"	na	60.9	59.4	59.1	na	44.6	47.2	48.9	na	40.1	41.7	43.2
Teachers at this school communicate with parents about what students are expected to learn in class.												
Strongly disagree	na	4.5	4.8	3.5	na	7.1	6.5	5.3	na	8.8	8.3	7.1
Disagree	na	7.8	8.1	6.8	na	14.2	12.9	11.1	na	16.8	16.7	15.0
Neither disagree nor agree	na	22.9	21.9	26.2	na	32.8	32.0	32.0	na	34.7	33.0	34.1
Agree	na	39.1	40.8	42.8	na	33.8	36.1	39.0	na	30.7	33.0	34.5
Strongly agree	na	25.7	24.4	20.7	na	12.1	12.5	12.6	na	9.0	9.1	9.2
Parents feel welcome to participate at this school.												
Strongly disagree	na	4.0	3.9	3.3	na	5.3	4.9	3.7	na	6.1	5.4	4.7
Disagree	na	6.1	5.9	6.2	na	8.6	7.1	7.2	na	10.1	9.9	9.1
Neither disagree nor agree	na	29.7	31.8	34.6	na	41.4	40.3	41.5	na	42.6	42.0	43.3
Agree	na	38.1	38.2	39.2	na	33.4	35.8	36.4	na	31.9	33.3	33.8
Strongly agree	na	22.2	20.3	16.8	na	11.3	12.0	11.1	na	9.3	9.4	9.2
School staff take parent concerns seriously.												
Strongly disagree	na	5.2	5.2	4.1	na	7.3	5.9	5.6	na	8.9	8.2	7.2
Disagree	na	7.7	8.6	7.3	na	11.2	10.4	8.8	na	13.4	13.4	12.4
Neither disagree nor agree	na	29.2	31.7	30.7	na	38.2	38.6	38.1	na	38.5	37.9	37.7
Agree	na	35.4	35.1	37.0	na	31.3	33.3	34.3	na	29.8	31.0	32.1
Strongly agree	na	22.4	19.3	20.8	na	12.0	11.8	13.2	na	9.5	9.5	10.6

Questions HS/MS A.46–48: *How strongly do you agree or disagree with the following statements? Teachers at this school communicate with parents about what students are expected to learn in class. Parents feel welcome to participate at this school. School staff takes parent concerns seriously.*

Note. na—not asked

5. Social and Emotional Health

Table A5.1

Chronic Sad or Hopeless Feelings, Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	74.4	75.8	69.6	68.2	68.3	70.4	67.4	63.1	66.2	67.7	63.5	57.9
Yes	25.6	24.2	30.4	31.8	31.7	29.6	32.6	36.9	33.8	32.3	36.5	42.1

Question HS A.124/MS A.114: *During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?*

Table A5.2

Seriously Considered Attempting Suicide, Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	na	na	na	86.5	80.7	84.0	84.2	84.5	81.3	84.5	83.5	83.8
Yes	na	na	na	13.5	19.3	16.0	15.8	15.5	18.7	15.5	16.5	16.2

Question HS A.125/MS A.142: *During the past 12 months, did you ever seriously consider attempting suicide?*
Note. na—not asked

6. AOD Use

Table A6.1

Summary Measures of Level of AOD Use and Perceptions, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Lifetime illicit AOD use to get "high"†	nc	nc	14.0	10.2	nc	nc	28.6	23.9	nc	nc	42.7	37.2
Lifetime alcohol or drug use	nc	nc	14.0	10.2	nc	nc	30.5	26.0	nc	nc	44.0	38.9
Lifetime marijuana use	7.9	4.2	6.3[A]	3.1[A]	23.1	17.4	17.1[A]	11.9[A]	37.9	31.9	29.2[A]	24.5[A]
Lifetime very drunk or high (7 or more times)	2.7	0.9	1.1	0.5	9.2	6.3	6.0	4.4	19.9	15.4	13.3	11.7
Lifetime drinking and driving involvement	na	na	28.4	25.6	14.6	11.0	8.3	7.0	19.3	13.5	12.8	11.7
Current alcohol or drug use	11.2	7.2	6.9	4.5	24.3	19.7	14.6	10.2	35.2	29.4	23.4	19.2
Current marijuana use	5.0	2.3	3.6[A]	1.5[A]	13.4	9.5	9.7[A]	6.1[A]	20.1	16.7	16.1[A]	12.1[A]
Current heavy drug use	4.1	1.8	2.0	1.0	10.3	6.8	5.8	3.9	14.8	11.3	10.1	8.1
Current heavy alcohol use (binge drinking)	3.4	1.2	1.3	0.9	9.6	6.0	4.4	2.8	17.6	11.6	8.5	7.3

Notes. na—not asked
nc—not comparable
†Excludes prescription pain medication, diet pills, and prescription stimulants.
[A]Question item changed in 2019–21 and results may not be comparable to prior years.

Table A6.2

Summary of AOD Lifetime Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol	13.3	9.3	10.2	7.2	32.3	26.5	21.4	16.3	51.7	42.9	35.6	30.3
Marijuana	7.9	4.2	6.3[A]	3.1[A]	23.1	17.4	17.1[A]	11.9[A]	37.9	31.9	29.2[A]	24.5[A]
Inhalants	7.0	3.2	3.6	2.8	7.7	5.2	3.9	3.4	8.7	5.0	3.2	3.4
Cocaine, methamphetamine, or any amphetamines	na	na	na	na	3.7	2.3	1.5	1.1	6.4	3.8	3.0	1.9
Heroin	na	na	na	na	na	na	0.9	0.8	na	na	1.1	0.8
Ecstasy, LSD, or other psychedelics	na	na	na	na	4.7	3.1	2.3	2.0	9.0	5.3	3.9	4.0
Prescription pain medication, opioids, tranquilizers, sedatives, diet pills, or other prescription stimulants	na	na	na	na	16.8	12.8	8.8	8.0	21.8	16.3	11.4	10.0
Cold/cough medicines or other over-the-counter medicines to get "high"	na	na	na	na	nc	nc	7.2	7.0	nc	nc	8.1	7.1
Any other drug, pill, or medicine to get "high"	na	2.7	2.7	1.9	9.2	6.5	4.0	3.5	11.1	7.2	4.2	3.5
Any of the above AOD use	nc	nc	14.0	10.2	nc	nc	30.5	26.0	nc	nc	44.0	38.9
Any illicit AOD use to get "high"[†]	nc	nc	14.0	10.2	nc	nc	28.6	23.9	nc	nc	42.7	37.2

Notes. na—not asked
nc—not comparable
[A]Question item changed in 2017–19 and results may not be comparable to prior years.
[†]Excludes prescription pain medication, diet pills, and prescription stimulants.

Table A6.3

Lifetime AOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol (one full drink)												
0 times	86.7	90.7	89.8	92.8	67.7	73.5	78.6	83.7	48.3	57.1	64.4	69.7
1 time	5.2	4.8	5.4	4.0	7.9	7.4	6.9	5.4	7.6	7.4	7.1	5.9
2 to 3 times	3.9	2.6	2.8	1.9	9.0	7.5	6.3	4.7	11.1	9.9	9.1	7.0
4 or more times	4.3	1.9	2.0	1.3	15.4	11.6	8.3	6.2	33.0	25.6	19.4	17.4
Marijuana (smoke, vape, eat, or drink)												
0 times	92.1	95.8	93.7[A]	96.9[A]	76.9	82.6	82.9[A]	88.1[A]	62.1	68.1	70.8[A]	75.5[A]
1 time	2.4	1.8	2.3	1.3	5.1	4.0	4.2	2.8	5.7	5.4	5.3	4.4
2 times	1.8	1.0	1.7	0.9	4.5	4.0	3.8	2.6	7.0	6.0	5.1	4.3
4 or more times	3.7	1.4	2.3	0.9	13.5	9.4	9.1	6.4	25.1	20.5	18.8	15.9
Inhalants												
0 times	93.0	96.8	96.4	97.2	92.3	94.8	96.1	96.6	91.3	95.0	96.8	96.6
1 time	3.0	1.5	1.8	1.4	2.4	1.9	1.5	1.2	2.6	1.8	1.2	1.3
2 to 3 times	1.6	0.9	0.9	0.8	2.4	1.7	1.1	1.0	2.5	1.4	0.8	0.8
4 or more times	2.4	0.8	0.9	0.7	2.8	1.6	1.2	1.1	3.6	1.8	1.3	1.3
Cocaine, Methamphetamine, or any amphetamines												
0 times	na	na	na	na	96.3	97.7	98.5	98.9	93.6	96.2	97.0	98.1
1 time	na	na	na	na	1.0	1.0	0.6	0.3	1.7	1.4	1.1	0.6
2 to 3 times	na	na	na	na	0.9	0.6	0.3	0.4	1.6	1.0	0.7	0.6
4 or more times	na	na	na	na	1.9	0.7	0.6	0.4	3.0	1.3	1.2	0.7

Questions HS A.74–77/MS A.75–78: *During your life, how many times have you used the following? One full drink of alcohol (such as a can of beer, glass of wine, wine cooler, or shot of liquor). Marijuana (smoke, vape, eat, or drink). Inhalants (things you sniff, huff, or breathe to get "high" such as glue, paint, aerosol sprays, gasoline, poppers, gases). Cocaine, methamphetamine, or any amphetamines (meth, speed, crystal, crank, ice).*
Notes. na—not asked
[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table A6.3

Lifetime AOD Use, by Grade and Administration Period - Continued

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Heroin												
0 times	na	na	na	na	na	na	99.1	99.2	na	na	98.9	99.2
1 time	na	na	na	na	na	na	0.3	0.2	na	na	0.2	0.2
2 to 3 times	na	na	na	na	na	na	0.2	0.3	na	na	0.3	0.2
4 or more times	na	na	na	na	na	na	0.4	0.3	na	na	0.5	0.5
Ecstasy, LSD, or other psychedelics												
0 times	na	na	na	na	95.3	96.9	97.7	98.0	91.0	94.7	96.1	96.0
1 time	na	na	na	na	1.6	1.2	1.0	0.9	2.9	2.1	1.6	1.5
2 to 3 times	na	na	na	na	1.3	1.0	0.7	0.6	2.7	1.8	1.1	1.2
4 or more times	na	na	na	na	1.9	0.9	0.5	0.5	3.4	1.4	1.2	1.4
Prescription pain medication, opioids, tranquilizers, or sedatives												
0 times	na	na	na	na	88.1	91.2	94.4	94.7	83.2	87.8	91.8	93.3
1 time	na	na	na	na	3.6	2.9	1.8	1.6	3.9	3.3	2.7	1.8
2 to 3 times	na	na	na	na	3.4	2.7	1.7	1.6	4.8	3.9	2.3	1.7
4 or more times	na	na	na	na	5.0	3.2	2.1	2.1	8.2	4.9	3.1	3.1
Diet pills												
0 times	na	na	na	na	92.3	94.2	96.0	96.6	92.6	95.2	96.5	96.8
1 time	na	na	na	na	1.6	1.4	0.9	0.8	1.5	1.2	0.7	0.7
2 to 3 times	na	na	na	na	1.6	1.3	0.8	0.8	1.5	1.0	0.7	0.8
4 or more times	na	na	na	na	4.5	3.1	2.3	1.8	4.3	2.6	2.1	1.7

Questions HS A.79–83: *During your life, how many times have you used the following? Heroin. Ecstasy, LSD, or other psychedelics (acid, mescaline, peyote, mushrooms). Prescription pain medication or opioids (Vicodin, OxyContin, Percodan, Fentanyl), tranquilizers, or sedatives (Xanax, Klonopin, Ativan, Valium). Diet pills (Didrex, Dexedrine, Xenadrine, Skittles, M&M's).*
Note. na—not asked

Table A6.3

Lifetime AOD Use, by Grade and Administration Period - Continued

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Ritalin or Adderall or other prescription stimulants												
0 times	na	na	na	na	95.0	96.5	97.5	97.5	91.5	94.4	95.9	96.2
1 time	na	na	na	na	1.2	1.0	0.8	0.8	1.9	1.5	1.1	0.8
2 to 3 times	na	na	na	na	1.3	0.9	0.6	0.7	2.1	1.6	1.1	1.1
4 or more times	na	na	na	na	2.5	1.5	1.1	1.0	4.5	2.6	1.9	1.8
Cold/cough medicines or other over-the-counter medicines to get "high"												
0 times	na	na	na	na	nc	nc	92.8	93.0	nc	nc	91.9	92.9
1 time	na	na	na	na	nc	nc	2.1	2.1	nc	nc	2.4	2.1
2 to 3 times	na	na	na	na	nc	nc	2.3	1.9	nc	nc	2.7	2.3
4 or more times	na	na	na	na	nc	nc	2.9	3.0	nc	nc	3.0	2.7
Any other drug, pill, or medicine to get "high" or for reasons other than medical												
0 times	na	97.3	97.3	98.1	90.8	93.5	96.0	96.5	88.9	92.8	95.8	96.5
1 time	na	1.1	1.2	0.9	2.4	1.9	1.3	1.1	2.4	1.8	1.1	1.0
2 to 3 times	na	0.7	0.9	0.4	2.5	1.9	1.2	0.9	2.9	2.2	1.3	1.1
4 or more times	na	0.8	0.7	0.6	4.4	2.7	1.6	1.5	5.7	3.2	1.8	1.4

Questions HS A.84–86/MS A.79: *During your life, how many times have you used the following? Ritalin or Adderall or other prescription stimulants. Cold/cough medicines or other over-the-counter medicines to get "high." Any other drug, pill, or medicine to get "high" or for reasons other than medical.*

Notes. na—not asked

nc—not comparable

Table A6.4

Methods of Marijuana Consumption, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
During your life, how many times have you used marijuana in any of the following ways . . .												
Smoke it?												
0 times	na	na	95.5	97.8	na	na	86.0	90.5	na	na	74.0	79.5
1 time	na	na	1.5	0.9	na	na	3.4	2.3	na	na	4.4	3.8
2 to 3 times	na	na	1.3	0.6	na	na	3.0	2.0	na	na	4.8	3.5
4 or more times	na	na	1.8	0.7	na	na	7.6	5.2	na	na	16.7	13.2
In a vaping device?												
0 times	na	na	94.4	96.9	na	na	86.7	89.3	na	na	78.7	78.4
1 time	na	na	2.4	1.5	na	na	3.8	2.9	na	na	4.3	4.1
2 to 3 times	na	na	1.4	0.7	na	na	3.3	2.3	na	na	4.1	4.2
4 or more times	na	na	1.9	0.9	na	na	6.2	5.5	na	na	12.9	13.3
Eat or drink it in products made with marijuana?												
0 times	na	na	96.9	98.4	na	na	89.5	92.8	na	na	80.7	83.9
1 time	na	na	1.4	0.8	na	na	3.9	2.5	na	na	5.8	4.6
2 to 3 times	na	na	0.9	0.5	na	na	2.9	2.2	na	na	5.4	4.4
4 or more times	na	na	0.8	0.4	na	na	3.6	2.5	na	na	8.0	7.0
Ever used marijuana in all three ways	na	na	1.7	0.7	na	na	6.7	4.9	na	na	13.2	12.1

Questions HS A.90–92/MS A.83–85: *During your life, how many times have you used marijuana in any of the following ways . . . Smoke it? In a vaping device? Eat or drink it in products made with marijuana?*

Note. na—not asked

Table A6.5

Current AOD Use, Past 30 Days, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol (one or more drinks of alcohol)	8.2	5.1	4.2[A]	2.8[A]	18.6	14.6	9.3[A]	6.5[A]	29.1	22.5	16.0[A]	13.7[A]
Binge drinking (5 or more drinks in a row)	3.4	1.2	1.3	0.9	9.6	6.0	4.4	2.8	17.6	11.6	8.5	7.3
Marijuana (smoke, vape, eat, or drink)	5.0	2.3	3.6[A]	1.5[A]	13.4	9.5	9.7[A]	6.1[A]	20.1	16.7	16.1[A]	12.1[A]
Inhalants	3.3	1.1	1.5	1.0	3.6	2.0	1.7	1.1	3.8	1.8	1.2	1.0
Prescription drugs to get "high" or for reasons other than prescribed	na	na	na	na	4.8	3.5	2.0	1.2	6.0	4.4	2.0	1.4
Other drugs, pills, or medicine to get "high" or for reasons other than medical	2.8	1.5	1.4	0.8	4.2	2.9	2.0	1.3	5.0	2.9	2.0	1.4
Any drug use	6.8	3.7	4.6	2.4	15.6	11.8	10.4	6.9	21.9	18.6	16.6	12.8
Heavy drug use*	4.1	1.8	2.0	1.0	10.3	6.8	5.8	3.9	14.8	11.3	10.1	8.1
Any AOD Use	11.2	7.2	6.9	4.5	24.3	19.7	14.6	10.2	35.2	29.4	23.4	19.2
Two or more substances at the same time	na	na	na	na	5.7	3.3	2.7	1.8	9.5	6.1	4.7	4.3

Questions HS A.96–102/MS A.89–93: *During the past 30 days, on how many days did you use . . . one or more drinks of alcohol . . . five or more drinks of alcohol in a row, that is, within a couple of hours . . . marijuana (smoke, vape, eat, or drink) . . . inhalants (things you sniff, huff, or breathe to get "high") . . . prescription drugs to get "high" or for reasons other than prescribed . . . any other drug, pill, or medicine to get "high" or for reasons other than medical . . . two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)?*

Notes. na—not asked

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

*Heavy drug use was calculated based on a pattern of combined current drug use on three or more days (marijuana, inhalants, prescription pain medicine to get "high" (high school only), or any other illegal drug/pill to get "high").

Table A6.6

Frequency of Current AOD Use, Past 30 Days, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol (one or more drinks)												
0 days	91.8	94.9	95.8	97.2	81.4	85.4	90.7	93.5	70.9	77.5	84.0	86.3
1 or 2 days	5.5	4.4	3.4	2.3	11.7	10.6	6.7	4.8	16.6	14.8	10.4	9.2
3 to 9 days	1.0	0.5	0.6	0.3	3.6	2.4	1.7	1.0	7.8	5.3	3.5	3.2
10 to 19 days	0.5	0.1	0.1	0.0	1.5	0.8	0.5	0.3	2.2	1.4	1.0	0.6
20 or more days	1.2	0.2	0.1	0.1	1.8	0.8	0.4	0.4	2.5	1.1	1.0	0.6
Binge drinking (5 or more drinks in a row)												
0 days	96.6	98.8	98.7	99.1	90.4	94.0	95.6	97.2	82.4	88.4	91.5	92.7
1 or 2 days	1.7	0.9	1.0	0.7	5.0	3.9	2.8	1.6	9.5	6.8	4.9	4.5
3 to 9 days	0.5	0.2	0.2	0.1	2.2	1.1	0.9	0.7	4.8	3.1	2.2	1.9
10 to 19 days	0.4	0.1	0.1	0.0	1.0	0.5	0.3	0.2	1.4	0.9	0.6	0.5
20 or more days	0.8	0.1	0.0	0.0	1.4	0.5	0.3	0.3	1.9	0.8	0.7	0.5
Marijuana (smoke, vape, eat, or drink)												
0 days	95.0	97.7	96.4[A]	98.5[A]	86.6	90.5	90.3[A]	93.9[A]	79.9	83.3	83.9[A]	87.9[A]
1 or 2 days	2.3	1.4	2.3[A]	1.0[A]	5.8	4.6	4.7[A]	2.7[A]	7.8	7.4	6.8[A]	4.7[A]
3 to 9 days	0.8	0.5	0.6[A]	0.3[A]	2.9	2.1	2.0[A]	1.3[A]	4.4	3.5	3.5[A]	2.6[A]
10 to 19 days	0.5	0.2	0.3[A]	0.1[A]	1.7	1.0	1.0[A]	0.8[A]	2.6	1.8	1.8[A]	1.6[A]
20 or more days	1.5	0.3	0.5[A]	0.1[A]	3.0	1.8	2.0[A]	1.2[A]	5.3	3.9	4.0[A]	3.2[A]

Questions HS A.96–98/MS A.89–91: *During the past 30 days, on how many days did you use . . . One or more drinks of alcohol? Five or more drinks of alcohol in a row, that is, within a couple of hours? Marijuana (smoke, vape, eat, or drink)?*

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table A6.7

Lifetime Drunk or High, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Very drunk or sick after drinking alcohol												
0 times	95.0	97.3	97.2	98.2	83.6	88.2	90.9	93.2	69.0	76.7	81.4	84.3
1 or 2 times	3.1	2.0	2.1	1.4	9.6	7.2	6.0	4.7	15.6	13.1	10.8	9.0
3 to 6 times	0.8	0.5	0.4	0.2	3.6	2.7	1.7	1.2	7.5	5.5	4.2	3.8
7 or more times	1.0	0.2	0.3	0.2	3.3	1.9	1.4	0.9	7.9	4.7	3.6	2.9
"High" (loaded, stoned, or wasted) from using drugs												
0 times	93.0	96.7	95.6	97.7	80.0	85.2	86.3	90.2	66.5	72.8	75.7	79.0
1 or 2 times	3.2	1.9	2.7	1.4	7.2	5.9	5.4	3.8	8.9	7.9	7.3	5.9
3 to 6 times	1.5	0.6	0.8	0.5	4.3	3.1	2.8	1.9	6.3	5.2	4.6	4.2
7 or more times	2.3	0.8	1.0	0.4	8.5	5.8	5.6	4.1	18.4	14.0	12.4	11.0
Very drunk or "high" 7 or more times	2.7	0.9	1.1	0.5	9.2	6.3	6.0	4.4	19.9	15.4	13.3	11.7

Questions HS A.87, 88/MS A.88, 81: *During your life, how many times have you been . . . Very drunk or sick after drinking alcohol? "High" (loaded, stoned, or wasted) from using drugs?*

Table A6.8

Lifetime Drunk or "High" on School Property, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
0 times	96.2	98.3	97.4	98.9	89.5	91.8	92.5	94.6	82.1	86.5	88.4	89.5
1 to 2 times	2.2	1.2	1.9	0.8	5.0	4.3	3.8	2.6	7.7	6.2	4.8	3.9
3 to 6 times	0.6	0.3	0.4	0.2	2.5	1.7	1.6	1.3	3.9	3.2	2.7	2.5
7 or more times	1.0	0.1	0.3	0.1	3.0	2.1	2.1	1.5	6.3	4.1	4.1	4.1

Question HS A.63/MS A.57: *During your life, how many times have you been . . . drunk on alcohol or "high" on drugs on school property?*

Table A6.9

Drinking While Driving, Lifetime, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Driven a car when you had been using alcohol or drugs, or been in a car driven by a friend who had been using												
Never	na	na	na	na	85.4	89.0	91.7[A]	93.0[A]	80.7	86.5	87.2[A]	88.3[A]
1 time	na	na	na	na	4.5	3.6	2.8[A]	2.1[A]	6.5	4.6	3.5[A]	3.4[A]
2 times	na	na	na	na	3.5	2.7	1.8[A]	1.6[A]	4.6	3.3	2.7[A]	2.5[A]
3 to 6 times	na	na	na	na	3.3	2.2	1.6[A]	1.5[A]	4.0	2.9	2.8[A]	2.7[A]
7 or more times	na	na	na	na	3.4	2.5	2.0[A]	1.8[A]	4.3	2.6	3.8[A]	3.2[A]
Have ridden in a car driven by someone who had been using alcohol or drugs												
Never	65.0	71.0	71.6[A]	74.4[A]	na	na	na	na	na	na	na	na
1 time	11.4	11.6	9.0[A]	7.7[A]	na	na	na	na	na	na	na	na
2 times	7.4	6.3	5.6[A]	4.8[A]	na	na	na	na	na	na	na	na
3 to 6 times	6.5	4.7	4.6[A]	4.6[A]	na	na	na	na	na	na	na	na
7 or more times	9.7	6.5	9.1[A]	8.5[A]	na	na	na	na	na	na	na	na

Question HS A.127/MS A.114: *During your life, how many times have you ever driven a car when you had been using alcohol or drugs, or been in a car driven by a friend when he or she had been using? In your life, how many times have you ridden in a car driven by someone who had been using alcohol or drugs?*

Notes. na—not asked

[A]Question item changed and results may not be comparable to prior years.

7. Tobacco Use

Table A7.1

Summary of Key CHKS Tobacco Indicators, by Grade and Administration Period

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Use Prevalence and Patterns												
Ever smoked a whole cigarette	3.5	1.6	1.8	0.6	10.5	7.0	4.6	2.6	18.5	12.0	7.9	5.2
Current cigarette smoking†	2.8	1.0	0.8	0.5	5.0	2.6	1.5	0.8	8.5	4.3	2.4	1.7
Ever tried smokeless tobacco	2.8	1.5	1.7	0.9	5.5	3.6	2.8	1.8	8.3	5.4	4.5	3.0
Current smokeless tobacco use†	1.9	0.7	0.6	0.4	3.2	1.5	1.1	0.5	3.9	1.7	1.5	0.9
Ever used electronic cigarettes	13.2	8.1	8.9	4.5	25.7	23.2	18.6	13.8	32.4	31.7	26.3	23.4
Current use of electronic cigarettes†	8.0	3.4	4.0	2.1	13.4	7.6	8.7	5.8	15.5	9.8	11.3	9.9

Notes. na—not asked

†Past 30 days

Table A7.2

Lifetime Tobacco Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
A cigarette, even one or two puffs												
0 times	92.4	96.0	96.0	97.6	na	na	na	na	na	na	na	na
1 time	3.3	2.3	2.4	1.4	na	na	na	na	na	na	na	na
2 to 3 times	2.1	0.9	0.9	0.5	na	na	na	na	na	na	na	na
4 or more times	2.1	0.7	0.8	0.4	na	na	na	na	na	na	na	na
A whole cigarette												
0 times	96.5	98.4	98.2	99.4	89.5	93.0	95.4	97.4	81.5	88.0	92.1	94.8
1 time	1.3	0.6	0.9	0.3	3.6	2.9	1.9	1.1	4.6	3.4	2.7	1.9
2 to 3 times	0.7	0.5	0.5	0.1	2.7	2.0	1.2	0.9	4.1	2.8	1.9	1.2
4 or more times	1.5	0.5	0.5	0.2	4.2	2.1	1.4	0.7	9.8	5.7	3.3	2.1
Smokeless tobacco												
0 times	97.2	98.5	98.3	99.1	94.5	96.4	97.2	98.2	91.7	94.6	95.5	97.0
1 time	1.2	0.7	0.8	0.4	1.8	1.6	1.2	0.7	2.4	1.9	1.7	1.1
2 to 3 times	0.5	0.5	0.5	0.3	1.4	1.0	0.7	0.6	2.1	1.3	1.1	0.8
4 or more times	1.1	0.2	0.4	0.2	2.3	1.0	0.9	0.4	3.8	2.2	1.7	1.0
Vape products												
0 times	86.8	91.9	91.1	95.5	74.3	76.8	81.4	86.2	67.6	68.3	73.7	76.6
1 time	4.4	3.7	3.7	2.2	6.7	6.8	5.5	4.0	6.5	7.1	6.3	5.6
2 to 3 times	3.0	2.2	2.4	1.2	6.0	6.4	4.8	3.4	7.4	8.3	5.8	4.8
4 or more times	5.8	2.2	2.8	1.2	13.0	10.0	8.2	6.4	18.5	16.3	14.2	13.0

Questions HS A.71–73/MS A.71–74: *During your life, how many times have you used the following? A cigarette, even one or two puffs. A whole cigarette. Smokeless tobacco (dip, chew, or snuff). Vape products.*
Note. na—not asked

Table A7.3

Current Drug Use and Daily Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Cigarettes												
Any	2.8	1.0	0.8	0.5	5.0	2.6	1.5	0.8	8.5	4.3	2.4	1.7
Daily (20 or more days)	0.7	0.0	0.0	0.0	1.0	0.3	0.1	0.0	1.9	0.8	0.4	0.2
Smokeless tobacco												
Any	1.9	0.7	0.6	0.4	3.2	1.5	1.1	0.5	3.9	1.7	1.5	0.9
Daily (20 or more days)	0.6	0.1	0.0	0.0	0.9	0.1	0.1	0.0	1.2	0.3	0.3	0.1
Vape Products												
Any	8.0	3.4	4.0	2.1	13.4	7.6	8.7	5.8	15.5	9.8	11.3	9.9
Daily (20 or more days)	1.4	0.3	0.3	0.2	2.1	0.8	1.3	0.8	2.5	1.3	2.3	2.5

Questions HS A.93–95/MS A.86–88: *During the past 30 days, how many days did you use . . . cigarettes? Smokeless tobacco (dip, chew, or snuff)? Vape products?*

8. Other Physical and Mental Health Risks

Table A8.1

Eating of Breakfast, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	33.2	28.5	33.6	33.1	38.4	37.1	40.0	40.3	39.2	40.2	42.0	43.5
Yes	66.8	71.5	66.4	66.9	61.6	62.9	60.0	59.7	60.8	59.8	58.0	56.5

Question HS/MS A.21: *Did you eat breakfast today?*

Table A8.2

Cyberbullying, Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
0 times (never)	nc	80.8	73.3	76.4	nc	79.4	76.1	78.2	nc	82.2	78.2	80.6
1 time	nc	9.7	12.6	11.8	nc	9.6	10.9	10.2	nc	7.7	9.9	9.0
2 to 3 times	nc	5.1	7.0	6.6	nc	6.1	7.0	6.5	nc	5.6	6.8	6.2
4 or more times	nc	4.4	7.0	5.3	nc	4.9	5.9	5.1	nc	4.5	5.2	4.2

Question HS A.122/MS A.112: *During the past 12 months, how many times did other students spread mean rumors or lies, or hurtful pictures, about you online, on social media, or a cell phone?*
Note. nc—not comparable

Table A8.3

Gang Involvement, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	93.7	95.2	96.0	96.7	93.6	95.2	96.0	96.9	93.7	95.3	95.8	96.3
Yes	6.3	4.8	4.0	3.3	6.4	4.8	4.0	3.1	6.3	4.7	4.2	3.7

Question HS A.152/MS A.140: *Do you consider yourself a member of a gang?*

9. Race/Ethnic Breakdowns

Table A9.1

School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
School Environment												
Total School Supports												
American Indian/Alaska Native	58.1	60.2	59.2	nc	51.7	59.7	51.5	nc	53.7	56.7	52.3	nc
Asian	61.4	63.8	61.0	nc	55.6	56.5	56.4	nc	58.8	58.9	57.5	nc
African American	58.0	60.1	58.2	nc	55.0	56.6	56.6	nc	57.2	54.9	57.4	nc
Hispanic/Latino	55.8	59.6	55.0	nc	49.2	50.3	49.1	nc	53.5	52.8	50.8	nc
Native Hawaiian/Pacific Islander	58.5	66.5	62.0	nc	55.4	57.9	57.2	nc	57.0	58.7	57.2	nc
White	62.3	68.3	61.0	nc	58.3	58.6	56.9	nc	62.3	60.4	58.8	nc
Multi-ethnic	58.0	61.4	56.8	nc	54.1	54.9	52.9	nc	57.2	56.9	55.2	nc
Caring Adults in Schools												
American Indian/Alaska Native	57.6	63.8	64.4	61.5	53.8	62.9	54.7	56.8	63.3	65.8	58.4	55.0
Asian	63.6	65.7	63.7	62.3	58.0	59.1	58.1	54.8	63.5	63.4	62.3	57.5
African American	58.5	60.8	61.1	70.6	57.2	58.9	59.9	57.3	63.1	59.0	62.6	63.7
Hispanic/Latino	57.2	62.3	58.4	61.1	51.5	53.2	52.6	52.4	58.8	57.9	56.2	57.2
Native Hawaiian/Pacific Islander	55.3	69.0	62.9	66.0	55.3	57.0	59.2	55.9	61.0	63.3	60.0	60.4
White	66.1	72.5	66.1	66.7	62.3	62.8	62.2	60.6	69.4	67.7	67.0	67.8
Multi-ethnic	59.8	64.5	60.2	64.1	56.2	57.4	56.0	57.7	63.9	62.7	62.3	63.0
High Expectations - Adults in School												
American Indian/Alaska Native	72.8	77.4	74.7	72.0	65.1	72.8	64.3	67.4	66.2	67.0	65.9	60.4
Asian	77.3	79.8	78.8	76.7	71.0	72.2	73.7	68.8	72.9	73.0	72.8	67.8
African American	75.2	75.8	75.4	79.3	70.4	71.1	72.4	68.4	70.3	67.6	71.2	72.0
Hispanic/Latino	72.4	76.5	73.0	74.1	64.2	66.3	65.4	64.7	68.4	67.5	65.3	65.9
Native Hawaiian/Pacific Islander	75.3	84.1	81.0	81.7	70.4	72.1	72.5	73.7	74.6	74.4	71.8	72.2
White	78.4	83.2	76.7	78.1	73.3	73.4	72.1	71.0	76.5	74.2	73.4	73.8
Multi-ethnic	73.0	76.2	72.6	77.9	69.1	69.9	68.0	68.8	69.6	70.4	68.7	71.1

Notes. nc—not comparable; ‡Average percent of respondents reporting "Pretty much true" or "Very much true."

Table A9.1

School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period - Continued

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Meaningful Participation in School‡												
American Indian/Alaska Native	44.5	39.3	38.4	nr	36.4	43.4	35.6	nr	32.5	38.2	32.1	nr
Asian	43.4	45.8	40.0	nr	37.8	38.3	37.2	nr	40.0	40.3	37.2	nr
African American	39.8	43.4	37.9	nr	37.3	39.5	37.5	nr	38.2	38.0	38.5	nr
Hispanic/Latino	38.1	40.1	33.5	nr	32.0	31.5	29.4	nr	33.5	33.0	30.8	nr
Native Hawaiian/Pacific Islander	44.9	46.3	40.4	nr	41.2	44.9	39.8	nr	36.0	38.5	39.9	nr
White	42.6	49.2	40.2	nr	39.6	39.6	36.1	nr	41.2	39.3	36.0	nr
Multi-ethnic	41.5	43.2	37.5	nr	37.3	37.3	34.7	nr	38.5	37.7	34.5	nr
Academic Motivation†												
American Indian/Alaska Native	77.1	79.6	71.5	75.8	59.8	74.2	65.9	71.8	57.9	67.2	74.3	55.5
Asian	80.7	83.7	80.4	76.1	74.5	79.4	78.5	72.1	70.3	73.4	76.7	66.9
African American	75.6	75.6	72.2	67.5	68.8	70.1	70.3	59.9	65.5	70.0	67.8	61.5
Hispanic/Latino	73.7	79.0	75.1	71.0	66.6	71.8	71.5	64.2	67.2	70.8	71.1	63.8
Native Hawaiian/Pacific Islander	76.4	79.4	80.9	70.5	69.3	78.0	75.1	72.3	64.7	72.2	71.7	69.8
White	75.4	82.3	74.9	71.1	68.9	73.8	71.8	67.8	63.8	68.5	69.4	63.1
Multi-ethnic	72.1	77.2	75.3	71.1	66.8	71.1	69.9	66.8	62.7	67.1	68.5	62.4

Notes: nr—not applicable for students participating in school remotely in 2020–21

†Average percent of respondents reporting "Agree" or "Strongly agree."

‡Average percent of respondents reporting "Pretty much true" or "Very much true."

Table A9.1

School Supports and Engagement by Race/Ethnicity, Grade, and Administration Period - Continued

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Parental Involvement in School†												
American Indian/Alaska Native	na	61.3	58.1	59.6	na	48.3	47.0	48.1	na	41.8	41.8	31.4
Asian	na	64.3	64.0	59.5	na	49.7	52.4	50.7	na	43.0	48.2	44.4
African American	na	54.5	54.7	53.8	na	40.6	45.1	42.7	na	34.9	37.0	43.4
Hispanic/Latino	na	60.3	59.4	60.7	na	43.3	47.1	49.5	na	39.3	41.4	43.3
Native Hawaiian/Pacific Islander	na	56.7	54.4	59.0	na	49.5	48.5	55.2	na	42.4	38.7	44.2
White	na	62.7	58.8	56.8	na	46.4	45.8	47.5	na	41.8	41.4	43.1
Multi-ethnic	na	58.7	56.7	55.6	na	40.8	43.6	48.3	na	37.5	37.2	37.9

Notes. na—not asked

†Average percent of respondents reporting "Agree" or "Strongly agree."

Table A9.2

Cigarette Smoking in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaskan Native	3.3	1.4	1.4	1.1	5.7	4.4	1.8	0.9	6.8	6.8	2.7	3.4
Asian	2.5	0.6	0.2	0.5	1.7	0.9	0.9	0.3	2.7	1.1	1.0	0.3
Black or African American	4.0	1.2	0.4	2.0	5.2	2.2	1.0	0.4	6.5	4.2	2.2	1.5
Hispanic or Latino	3.4	1.3	1.1	0.4	5.6	3.2	1.5	0.8	8.2	3.9	1.9	1.4
Native Hawaiian or Pacific Islander	5.0	1.1	0.0	1.3	4.4	2.1	2.1	2.1	7.3	5.0	6.7	1.7
White	1.3	0.6	0.7	0.4	4.7	2.3	1.7	1.1	11.6	6.6	3.6	3.0
Mixed (two or more) race(s)	2.2	0.8	1.2	0.4	5.9	2.7	2.0	1.4	9.3	5.0	4.4	1.9

Table A9.3

Alcohol Use in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaskan Native	7.7	4.5	4.9	3.3	15.1	12.8	9.7	4.1	28.2	26.5	19.0	18.5
Asian	4.6	1.7	1.0	0.8	5.5	4.9	3.9	2.7	11.3	10.6	8.0	6.6
Black or African American	8.1	6.5	3.6	3.7	15.6	9.0	5.2	3.5	24.2	17.3	8.8	7.3
Hispanic or Latino	10.0	6.4	5.5	3.3	21.8	17.0	10.1	6.9	30.7	22.5	15.0	13.0
Native Hawaiian or Pacific Islander	3.4	5.4	4.9	0.0	11.2	11.5	6.4	6.3	25.5	21.2	15.9	8.4
White	6.5	4.0	2.5	2.5	17.9	15.8	10.8	8.4	34.4	29.0	23.1	20.1
Mixed (two or more) race(s)	7.1	3.9	3.4	2.4	19.7	11.4	10.3	6.9	29.1	23.9	17.3	14.5

Table A9.4

Marijuana Use in the Past 30 Days by Race/Ethnicity, Grade, and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaskan Native	2.1	3.1	4.9	3.3	15.0	7.9	9.7	5.3	22.0	22.7	21.6	14.6
Asian	2.7	0.8	1.2	0.5	3.1	2.2	3.1	1.5	6.6	6.0	7.1	4.5
Black or African American	7.2	5.3	5.2	2.1	18.1	11.4	9.4	7.7	24.4	20.2	15.6	12.6
Hispanic or Latino	6.6	3.2	4.4	1.9	15.8	11.6	11.2	6.7	21.0	17.2	16.2	12.4
Native Hawaiian or Pacific Islander	4.2	2.3	7.3	0.0	11.6	7.1	8.8	8.4	16.9	17.9	16.7	14.1
White	2.2	0.5	2.3	0.9	10.8	8.1	9.2	5.9	22.2	18.9	19.5	14.8
Mixed (two or more) race(s)	4.3	1.4	4.2	1.7	14.3	9.7	10.6	8.2	25.2	18.7	18.8	15.9

Table A9.5

Chronic Sad or Hopeless Feelings in the Past 12 Months by Race/Ethnicity, Grade, and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaskan Native	29.5	30.5	25.7	34.6	34.8	33.3	32.5	39.1	31.2	26.6	42.9	35.6
Asian	21.7	21.5	31.0	29.2	26.0	24.3	29.5	32.0	32.1	31.4	33.4	41.9
Black or African American	21.1	28.6	29.6	39.0	29.9	23.9	27.5	34.8	30.3	28.8	28.7	35.8
Hispanic or Latino	28.2	26.9	32.3	34.0	34.2	31.3	34.4	38.6	35.3	32.7	36.7	43.1
Native Hawaiian or Pacific Islander	41.5	25.0	31.9	32.0	39.9	30.4	30.1	38.7	40.6	40.5	38.8	42.0
White	22.3	18.4	25.8	26.1	28.4	28.9	30.8	35.3	32.2	32.0	38.2	40.9
Mixed (two or more) race(s)	30.1	25.0	30.7	33.1	35.2	31.6	38.0	40.5	36.0	34.9	40.9	46.2

Table A9.6

Seriously Considered Attempting Suicide, Past 12 Months by Race/Ethnicity, Grade, and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
American Indian or Alaskan Native	na	na	na	11.4	27.3	12.5	16.6	20.0	26.3	21.1	23.7	14.0
Asian	na	na	na	13.4	15.0	14.2	16.4	15.8	16.5	15.8	17.3	15.9
Black or African American	na	na	na	19.2	18.8	14.5	10.8	15.4	16.3	15.6	14.4	17.0
Hispanic or Latino	na	na	na	14.1	20.7	16.0	15.4	14.8	18.8	15.2	15.5	15.0
Native Hawaiian or Pacific Islander	na	na	na	11.8	22.5	19.9	16.0	20.4	26.6	22.8	22.0	24.0
White	na	na	na	11.2	17.4	16.8	17.2	16.4	18.8	15.1	18.0	18.3
Mixed (two or more) race(s)	na	na	na	14.6	24.4	18.0	19.9	19.3	22.2	18.9	19.9	19.1

10. Gender Breakdowns

Table A10.1
School Supports and Engagement by Gender, Grade, and Administration Period

	Female 13-15 (%)	Female 15-17 (%)	Female 17-19 (%)	Female 19-21 (%)	Male 13-15 (%)	Male 15-17 (%)	Male 17-19 (%)	Male 19-21 (%)
School Environment	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7
Total school supports‡	57.9	62.2	57.3	nc	58.8	62.6	57.5	nc
Caring adults in school‡	59.9	64.9	60.3	61.5	60.6	65.8	61.8	65.6
High expectations-adults in school‡	75.1	78.6	75.5	76.0	74.2	78.4	74.4	76.3
Meaningful participation at school‡	38.8	43.2	36.1	nr	41.6	43.5	36.3	nr
Academic Motivation†	76.9	81.9	78.2	73.1	73.0	78.4	72.7	70.9
Parental Involvement in School†	na	60.5	58.7	59.2	na	61.5	60.0	59.8
School Environment	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9
Total school supports‡	51.3	52.6	51.2	nc	54.1	54.6	53.7	nc
Caring adults in school‡	54.0	55.3	54.0	52.9	56.8	58.1	58.3	57.7
High expectations-adults in school‡	67.5	69.1	68.5	67.0	68.0	69.1	68.7	67.4
Meaningful participation at school‡	32.6	33.6	31.0	nr	37.7	36.5	34.2	nr
Academic Motivation†	70.6	76.0	75.3	68.8	65.6	70.1	69.6	63.5
Parental Involvement in School†	na	43.2	45.6	47.9	na	46.1	48.9	50.2
School Environment	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11
Total school supports‡	56.4	55.9	54.0	nc	57.3	55.6	54.1	nc
Caring adults in school‡	62.6	61.1	59.6	60.4	62.7	61.5	60.7	60.5
High expectations-adults in school‡	71.9	70.9	69.1	69.6	70.7	69.1	68.3	67.6
Meaningful participation at school‡	35.0	35.8	33.2	nr	38.6	36.1	33.3	nr
Academic Motivation†	70.5	74.6	75.8	68.1	61.9	66.2	66.5	59.9
Parental Involvement in School†	na	38.3	40.2	41.7	na	41.9	43.6	45.1

Notes. na—not asked; nc—not comparable; nr—not applicable for students participating in school remotely in 2020–21

†Average percent of respondents reporting "Agree" or "Strongly agree."

‡Average percent of respondents reporting "Pretty much true" or "Very much true."

Table A10.2

AOD Use and Mental Health Measures by Gender, by Grade and Administration Period

	Female 13-15 (%)	Female 15-17 (%)	Female 17-19 (%)	Female 19-21 (%)	Male 13-15 (%)	Male 15-17 (%)	Male 17-19 (%)	Male 19-21 (%)
	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7	Grade 7
Current ATOD Use								
During the past 30 days, did you have/use . . .								
cigarettes?	2.3	0.9	1.0	0.5	3.2	1.1	0.7	0.5
electronic cigarettes?	7.9	3.0	4.3	2.4	8.2	3.8	3.7	1.7
at least one drink of alcohol?	9.2	5.2	4.9	3.1	7.2	5.1	3.5	2.4
marijuana?	4.6	2.2	3.7	1.7	5.4	2.4	3.5	1.4
Mental Health								
Chronic sadness/hopelessness	32.4	29.8	37.5	39.9	18.6	18.2	22.7	21.4
Considered suicide	na	na	na	17.2	na	na	na	8.0
	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9	Grade 9
Current ATOD Use								
During the past 30 days, did you have/use . . .								
cigarettes?	4.1	2.6	1.5	0.8	5.7	2.6	1.5	0.8
electronic cigarettes?	11.8	8.0	10.0	6.8	15.0	7.2	7.4	4.7
at least one drink of alcohol?	20.7	17.4	11.8	7.5	16.4	11.7	6.9	5.6
marijuana?	13.1	10.2	10.5	6.8	13.5	8.9	8.9	5.3
Mental Health								
Chronic sadness/hopelessness	42.3	39.3	41.7	47.0	20.5	19.3	23.4	25.1
Considered suicide	26.6	21.8	21.1	19.6	11.5	9.9	11.2	10.0

Notes. na—not asked

Table A10.2

AOD Use and Mental Health Measures by Gender, by Grade and Administration Period - Continued

	Female 13-15 (%)	Female 15-17 (%)	Female 17-19 (%)	Female 19-21 (%)	Male 13-15 (%)	Male 15-17 (%)	Male 17-19 (%)	Male 19-21 (%)
	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11	Grade 11
Current ATOD Use								
During the past 30 days, did you have/use . . .								
cigarettes?	7.1	3.6	1.8	1.4	9.7	5.1	2.8	1.9
electronic cigarettes?	13.0	8.6	10.8	11.1	17.9	11.0	11.4	8.6
at least one drink of alcohol?	30.2	24.1	16.8	15.4	27.8	21.1	14.9	11.7
marijuana?	17.8	15.4	15.4	12.7	22.3	17.8	16.3	11.5
Mental Health								
Chronic sadness/hopelessness	41.6	41.6	44.8	51.9	25.7	22.8	27.6	30.8
Considered suicide	22.9	20.0	20.4	19.8	14.3	11.0	12.7	11.5

AOD Module Tabular Results

1. Summary of Key Indicators

Table B1.1

Key Indicators of AOD Use, by Grade and Administration Period

Indicator	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol and Marijuana Consumption Patterns												
Usually drank until felt it a lot	1.4	0.5	0.5	0.4	4.4	3.0	2.0	1.9	9.0	6.6	5.2	5.0
Usually used marijuana or other drugs until felt it a lot	na	na	na	na	7.6	4.9	4.8	3.4	12.2	9.0	7.9	7.0
Consequences of AOD Consumption												
Caused one or more problems	na	na	na	na	11.4	9.1	7.1	5.9	18.7	14.1	11.0	11.2
Caused one or more dependency-related experiences	na	na	na	na	11.9	9.0	8.1	6.8	19.5	14.8	13.6	13.9
Supports to Reduce AOD Use												
Very likely to find help at school for quitting or reducing use	na	na	na	na	17.4	17.2	23.7	21.4	19.2	16.7	20.1	19.4
Strong Personal Disapproval of AOD Use												
Having one or two drinks of any alcoholic beverage nearly every day	58.6	65.3	60.4	64.2	45.1	47.9	49.1	50.4	40.8	41.1	43.8	46.2
Trying marijuana once or twice	58.7	65.5	55.5	60.2	37.4	40.6	33.9	36.9	27.0	27.1	22.6	25.3
Using marijuana once a month or more	60.4	66.8	63.2	67.7	39.3	44.1	44.5	47.9	28.9	29.8	31.6	35.2

Note. na—not asked

2. Survey Sample

Table B2.1
Student Sample for AOD Module

	7th 13-15	7th 15-17	7th 17-19	7th 19-21	9th 13-15	9th 15-17	9th 17-19	9th 19-21	11th 13-15	11th 15-17	11th 17-19	11th 19-21
Student Sample Size												
Number of Districts	28	43	36	35	30	44	38	37	29	44	40	43
Number of Schools	30	49	49	51	36	54	52	50	39	60	59	66
Number of Students	3,890	9,535	8,968	8,143	8,456	12,907	12,900	11,472	7,249	11,798	11,753	11,012

3. Alcohol, Tobacco, and Marijuana Consumption Patterns

Table B3.1

Age of Onset of AOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Alcohol (one full drink)												
Never	78.8	83.6	81.2	83.8	61.1	67.7	71.2	75.3	42.6	52.1	56.8	60.1
10 years or under	9.0	8.2	9.5	8.5	8.5	7.5	7.3	6.4	6.5	6.2	6.5	5.4
11–12 years old	9.6	6.9	8.1	6.7	8.4	7.3	7.1	5.8	6.3	5.4	5.1	4.2
13–14 years old	2.4	1.1	0.8	0.5	18.0	15.0	12.8	11.1	16.5	13.8	10.5	11.1
15–16 years old	0.0	0.0	0.1	0.0	3.5	2.0	1.2	1.1	25.0	20.5	19.6	17.9
17 years or older	0.3	0.3	0.4	0.4	0.5	0.3	0.3	0.3	3.1	2.1	1.5	1.2
Marijuana (smoke, vape, eat, or drink)												
Never	92.7	96.1	93.7[A]	95.6[A]	78.9	83.6	83.6[A]	87.0[A]	62.3	69.0	70.4[A]	72.8[A]
10 years or under	1.5	0.6	0.9[A]	0.6[A]	2.6	1.3	1.3[A]	0.8[A]	1.9	1.4	1.2[A]	0.9[A]
11–12 years old	4.1	2.4	4.3[A]	3.0[A]	3.9	3.7	3.4[A]	2.7[A]	4.2	3.3	2.5[A]	2.0[A]
13–14 years old	1.3	0.7	0.7[A]	0.4[A]	11.8	9.8	10.2[A]	8.5[A]	13.1	10.3	8.4[A]	9.4[A]
15–16 years old	0.1	0.0	0.1[A]	0.1[A]	2.1	1.4	1.2[A]	0.7[A]	16.4	14.8	16.1[A]	13.9[A]
17 years or older	0.2	0.2	0.3[A]	0.4[A]	0.6	0.2	0.3[A]	0.3[A]	2.1	1.2	1.3[A]	0.9[A]
Any other illegal drug or pill to get "high"												
Never	96.5	97.4	97.2	98.0	91.5	92.7	94.4	95.6	85.2	88.3	90.7	92.6
10 years or under	0.9	0.5	0.5	0.3	1.4	0.8	0.5	0.4	1.2	0.7	0.6	0.4
11–12 years old	1.7	1.3	1.6	1.0	1.4	1.4	1.2	0.8	1.4	1.2	0.8	0.6
13–14 years old	0.8	0.5	0.4	0.3	4.5	4.1	3.2	2.6	4.6	3.0	2.3	2.2
15–16 years old	0.1	0.0	0.0	0.0	0.8	0.8	0.4	0.3	6.7	6.2	4.9	3.6
17 years or older	0.1	0.2	0.3	0.4	0.4	0.2	0.3	0.3	0.9	0.6	0.7	0.5

Questions HS/MS B.1, 4, 5: *About how old were you the first time you tried any of these things? A drink of an alcoholic beverage (other than a sip or two). Marijuana (smoke, eat, or drink). Any other illegal drug or pill to get "high."*

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table B3.2

Age of Onset - Tobacco Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Smoked part or all of a cigarette												
Never	93.5	95.8	95.7	97.3	87.0	90.3	92.9	95.3	77.6	84.2	88.0	91.7
10 years or under	2.1	1.7	1.7	1.0	2.9	2.2	1.7	1.2	2.7	2.3	2.1	1.4
11–12 years old	3.4	2.1	2.1	1.2	3.2	2.4	1.9	1.2	3.0	2.6	1.7	1.1
13–14 years old	0.8	0.2	0.3	0.2	5.6	4.3	3.0	1.9	6.5	4.2	3.1	2.1
15–16 years old	0.0	0.0	0.0	0.0	0.9	0.6	0.3	0.2	9.1	6.1	4.5	3.4
17 years or older	0.1	0.3	0.3	0.3	0.4	0.2	0.2	0.2	1.1	0.6	0.5	0.4
Electronic cigarette												
Never	na	na	90.8	93.3	na	na	81.5	84.7	na	na	71.8	73.1
10 years or under	na	na	1.8	0.9	na	na	1.3	1.0	na	na	0.9	0.6
11–12 years old	na	na	6.1	4.7	na	na	4.0	3.5	na	na	2.8	2.0
13–14 years old	na	na	1.0	0.6	na	na	11.8	9.8	na	na	8.4	9.6
15–16 years old	na	na	0.0	0.1	na	na	1.1	0.8	na	na	14.8	13.9
17 years or older	na	na	0.3	0.4	na	na	0.3	0.2	na	na	1.2	0.8

Questions HS/MS B.2, 3: *About how old were you the first time you tried any of these things? Part or all of a cigarette. A vape product such as an e-cigarette (JUUL), vape pen, or mod.*

Note. na—not asked

Table B3.3

Usual Alcohol Consumption Level, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
I don't drink alcohol	89.9	94.1	93.2	95.0	77.9	80.5	85.4	88.7	59.2	66.1	72.4	74.9
Just enough to feel it a little	6.7	4.5	5.3	3.9	11.4	11.3	8.6	6.6	16.1	15.5	13.2	11.4
Enough to feel it moderately	2.0	0.9	0.9	0.8	6.3	5.2	3.9	2.7	15.7	11.8	9.2	8.7
Until I feel it a lot or get really drunk	1.4	0.5	0.5	0.4	4.4	3.0	2.0	1.9	9.0	6.6	5.2	5.0

Question HS/MS B.6: *If you drink alcohol, how much do you usually drink?*

Table B3.4

Usual Marijuana Consumption Level, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
I don't use drugs	na	na	na	na	81.3	85.3	86.4	89.9	69.7	74.7	76.2	79.6
Just enough to feel a little high	na	na	na	na	5.2	5.2	4.9	3.5	7.7	7.3	6.9	6.0
Enough to feel it moderately	na	na	na	na	5.8	4.6	3.8	3.3	10.3	9.0	9.0	7.5
Until I feel it a lot or get really high	na	na	na	na	7.6	4.9	4.8	3.4	12.2	9.0	7.9	7.0

Question HS B.7: *If you use marijuana or other drugs, how "high" (stoned, faded, wasted, trashed) do you usually like to get?*
Note. na—not asked

Table B3.5

E-Cigarette Consumption, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
I've never used an e-cigarette or vaping device	na	na	91.8	93.2	na	na	83.2	86.1	na	na	73.5	74.8
Nicotine or tobacco substitute	na	na	2.0	2.2	na	na	6.3	6.5	na	na	11.1	12.8
Marijuana or THC	na	na	2.8	1.7	na	na	8.3	6.6	na	na	16.1	16.2
Amphetamines, cocaine, or heroin	na	na	0.5	0.4	na	na	0.8	0.6	na	na	1.0	0.6
A flavored product without nicotine, alcohol, or other drugs	na	na	5.0	2.6	na	na	9.7	5.5	na	na	14.2	8.9
Any other product or substance	na	na	2.2	0.6	na	na	2.3	1.1	na	na	2.4	1.0
I was not sure what was in the vaping device or e-cigarette	na	na	na	3.7	na	na	na	3.8	na	na	na	4.6

Question HS B.31/MS B.25: *Have you ever used a vaping device or e-cigarette to consume any of the following? (Mark All That Apply.)*
Notes. na—not asked
Total percentages may exceed 100% for "mark all that apply" items.

4. Reasons for and Consequences of AOD Consumption

Table B4.1

Reasons for AOD Use in the Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Does not apply, I haven't used alcohol, marijuana, or other drugs in the past 12 months	na	na	84.5	86.8	na	na	77.6	81.3	na	na	64.1	67.5
To experiment (try using)	na	na	4.7	3.9	na	na	9.0	7.7	na	na	12.6	11.8
To get "high"	na	na	2.9	1.7	na	na	8.9	6.5	na	na	16.0	13.6
To have a good time with friends	na	na	2.8	2.1	na	na	9.8	8.0	na	na	21.0	18.8
To fit in with a group you like	na	na	0.9	0.8	na	na	1.6	1.6	na	na	2.6	2.4
Because of boredom	na	na	1.8	1.7	na	na	5.2	5.0	na	na	8.6	9.3
To relax	na	na	3.2	2.3	na	na	9.4	7.2	na	na	18.1	14.9
To get away from problems	na	na	3.3	2.5	na	na	8.3	6.8	na	na	13.4	11.8
Because of anger or frustration	na	na	2.1	1.7	na	na	5.8	4.5	na	na	8.7	7.3
To get through the day	na	na	1.8	1.2	na	na	4.7	3.9	na	na	7.1	6.4
Because it made you feel better	na	na	2.7	1.8	na	na	7.0	6.1	na	na	12.4	10.9
To seek deeper insights and understanding	na	na	0.8	0.8	na	na	3.3	2.8	na	na	7.0	5.7
None of the above	na	na	11.8	12.2	na	na	7.3	7.4	na	na	6.8	6.8

Question HS B.8/MS B.7: *Have you used alcoholic beverages, marijuana, or other drugs in the past 12 months for any of the following reasons? (Mark All That Apply.)*

Notes. na—not asked

Total percentages may exceed 100% for "mark all that apply" items.

Table B4.2

Problems Caused by AOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Does not apply; I've never used alcohol or drugs	na	na	na	na	76.9	81.5	82.5	85.8	58.4	66.3	69.6	72.1
I've used alcohol or drugs but never had any problems	na	na	na	na	14.5	11.8	12.2	9.7	26.3	22.8	21.3	18.6
Have problems with emotions, nerves, or mental health	na	na	na	na	4.3	3.6	2.4	2.5	7.1	5.0	3.8	4.7
Get into trouble or have problems with the police	na	na	na	na	2.9	2.1	1.4	1.2	4.5	3.1	2.1	1.8
Have money problems	na	na	na	na	2.1	1.4	1.1	0.9	3.4	2.3	1.9	2.0
Miss school	na	na	na	na	2.3	1.8	1.3	1.0	3.2	2.8	1.8	1.7
Have problems with schoolwork	na	na	na	na	2.7	2.3	1.7	1.7	3.6	3.0	2.6	3.0
Fight with others	na	na	na	na	1.7[B]	1.6	1.2	1.0	2.4[B]	2.0	1.5	1.4
Damage a friendship	na	na	na	na	2.5	2.3	2.0	1.5	3.8	2.8	2.2	2.3
Physically hurt or injure yourself	na	na	na	na	1.8	1.6	1.3	1.0	3.0	1.9	1.4	1.6
Have unwanted or unprotected sex	na	na	na	na	1.7	1.3	0.8	0.8	3.4	2.5	1.6	1.4
Forget what happened or pass out	na	na	na	na	4.0	3.6	2.6	2.2	8.6	6.7	4.9	4.8
Been suspended from school	na	na	na	na	na	na	1.1	1.1	na	na	1.5	1.4
One or more problems	na	na	na	na	11.9	9.4	7.1	5.9	19.3	14.4	11.0	11.2

Question HS B.9: *Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? (Mark All That Apply.)*
Notes. na—not asked
Total percentages may exceed 100% for "mark all that apply" items.
[B]Question item changed and results may not be comparable to later years.

Table B4.3

AOD Use Caused Negative Experiences, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Does not apply; I've never used alcohol or drugs	na	na	na	na	78.7	82.7	84.1	87.3	60.7	67.6	71.2	73.3
I use alcohol or drugs but have not experienced any of these things	na	na	na	na	11.4	9.6	9.2	7.1	22.9	19.2	16.7	14.2
Found you had to increase how much you use to have the same effect as before	na	na	na	na	3.7	2.8	2.5	2.2	7.3	5.3	5.3	6.0
Frequently spent a lot of time getting, using, or being hungover from using alcohol or other drugs	na	na	na	na	2.3	1.9	1.5	1.4	4.1	3.0	2.5	2.6
Used alcohol or drugs a lot more than you intended	na	na	na	na	3.3	2.6	2.1	1.9	5.5	3.9	3.7	4.1
Used alcohol or drugs when you were alone	na	na	na	na	4.5	4.1	4.3	3.8	8.7	7.7	8.2	8.5
Your use of alcohol or drugs often kept you from doing a normal activity	na	na	na	na	2.1	1.7	1.2	1.2	3.0	2.3	1.9	2.0
You didn't feel OK unless you had something to drink or used a drug	na	na	na	na	1.9	1.7	1.6[A]	1.4[A]	2.9	2.3	2.0[A]	2.4[A]
Thought about reducing or stopping use	na	na	na	na	3.3	3.1	2.9	2.9	7.2	5.8	5.3	6.6
Told yourself you were not going to use but found yourself using anyway	na	na	na	na	2.9	2.8	2.6	2.3	4.8	4.3	3.5	4.3
Spoke with someone about reducing or stopping use	na	na	na	na	1.6	1.5	1.3	1.4	3.4	2.5	2.5	2.7
Attended counseling, a program, or group to help you reduce or stop using	na	na	na	na	0.8	0.7	0.6	0.6	1.7	0.8	0.7	0.9
One or more negative experiences	na	na	na	na	12.2	9.2	8.1	6.8	19.8	15.1	13.6	13.9

Question HS B.10: *If you use alcohol, marijuana, or another drug, have you had any of the following experiences? (Mark All That Apply.)*

Notes. na—not asked

Total percentages may exceed 100% for "mark all that apply" items.

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table B4.4

Likelihood of Suspension, Expulsion, Transfer Because of AOD Use/Possession, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Very likely	na	na	na	na	47.2	44.2	42.8	40.2	50.8	48.1	46.6	44.5
Likely	na	na	na	na	27.5	28.9	28.7	30.2	26.7	28.2	28.8	29.0
Not likely	na	na	na	na	9.5	9.1	10.0	8.2	9.3	9.6	9.6	9.6
Don't know	na	na	na	na	15.7	17.7	18.5	21.4	13.3	14.1	15.0	16.9

Question HS B.13: *In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?*

Note. na—not asked

5. Supports to Reduce AOD Use

Table B5.1

Needed Counseling for Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No, I never used alcohol or other drugs	na	na	na	na	78.6	82.7	84.6	87.7	61.2	68.3	72.3	74.7
No, but I do use alcohol or other drugs	na	na	na	na	18.5	15.7	14.0	10.7	35.7	29.8	26.2	23.1
Yes, I have felt that I needed help	na	na	na	na	2.9	1.6	1.5	1.6	3.1	1.9	1.6	2.2

Question HS B.11: *Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?*
Note. na—not asked

Table B5.2

Likelihood of Finding Help at School for Quitting or Reducing Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Very likely	na	na	na	na	17.4	17.2	23.7	21.4	19.2	16.7	20.1	19.4
Likely	na	na	na	na	22.9	23.5	32.6	32.3	24.4	24.2	33.5	31.9
Not likely	na	na	na	na	33.4	32.4	18.7	17.8	34.8	36.5	24.0	24.4
Don't know	na	na	na	na	26.2	26.9	25.0	28.5	21.7	22.6	22.4	24.3

Question HS B.12: *In your opinion, how likely is it that a student could find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?*
Note. na—not asked

Table B5.3

Talked with Parent About AOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	nc	nc	48.4	46.7	nc	nc	52.7	50.7	nc	nc	57.4	53.4
Yes	nc	nc	51.6	53.3	nc	nc	47.3	49.3	nc	nc	42.6	46.6

Question HS B.19/MS B.13: *During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of alcohol or drug use?*

Note. nc—not comparable

6. Availability

Table B6.1

Sources for Obtaining Alcohol, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
At school	6.3	4.9	6.7	4.5	15.9	12.9	12.6	10.7	13.6	11.7	11.7	11.4
At parties	20.2	14.7	10.7	9.4	36.8	34.9	30.2	24.4	50.0	47.7	47.1	39.6
At concerts or other social events	na	na	2.5	2.9	na	na	9.8	8.2	na	na	17.3	13.4
At their own home	18.0	15.3	16.0	12.8	26.4	26.4	26.4	22.5	33.8	33.1	35.2	32.7
From adults at friends' homes	9.0	7.4	7.4	7.0	16.3	15.4	15.6	13.8	22.5	22.1	21.9	21.3
From friends or another teenager	17.5	14.0	14.9	13.4	32.0	30.8	29.3	26.1	40.9	39.6	38.9	36.5
Get adults to buy it for them	6.8	5.3	5.4	5.7	15.7	14.7	13.8	13.3	26.6	24.6	23.2	21.6
Buy it themselves from a store	6.9	5.7	6.2	4.5	13.2	11.6	12.1	9.9	20.8	18.4	18.9	16.7
At bars, clubs, or gambling casinos	2.7	2.0	1.5	1.5	4.3	3.3	3.2	2.7	4.6	3.6	4.3	3.4
Other	9.0	7.2	7.0	5.8	12.3	9.9	10.0	9.3	12.4	11.6	11.3	9.2
Don't know	67.6	76.6	77.6	81.1	47.3	53.0	60.5	67.1	36.9	42.8	48.1	52.4

Question HS B.14/MS B.8: *How do most students at your school who drink alcohol usually get it? (Mark All That Apply.)*

Notes. na—not asked

Total percentages may exceed 100% for "mark all that apply" items.

Table B6.2

Sources for Obtaining Marijuana, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
At school	na	na	8.9	5.9	na	na	22.9	16.0	na	na	29.0	24.4
At parties	na	na	6.5	6.0	na	na	23.7	17.4	na	na	37.7	29.4
At concerts or other social events	na	na	2.5	2.6	na	na	10.3	8.0	na	na	19.0	14.3
At their own home	na	na	10.3	7.4	na	na	19.1	14.8	na	na	25.1	21.5
From an adult acquaintance	na	na	6.2	5.3	na	na	16.1	13.4	na	na	23.8	21.6
From friends or another teenager	na	na	16.6	13.6	na	na	33.7	26.1	na	na	44.4	38.7
Buy it at a marijuana dispensary	na	na	5.0	3.5	na	na	12.0	8.7	na	na	19.3	16.9
At bars or clubs	na	na	1.2	1.1	na	na	3.3	2.5	na	na	5.0	3.3
Other	na	na	6.5	5.0	na	na	10.4	8.8	na	na	11.3	9.1
Don't know	na	na	78.8	83.5	na	na	60.6	69.8	na	na	49.6	55.9

Question HS B.15/MS B.9: *How do most kids at your school who use marijuana usually get it? (Mark All That Apply.)*
Notes. na—not asked
Total percentages may exceed 100% for "mark all that apply" items.

7. Influences on ATOD Use

Table B7.1

Personal Disapproval of AOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Having one or two drinks of any alcoholic beverage nearly every day												
Neither approve nor disapprove	25.1	22.8	26.7	23.1	34.8	34.0	33.6	32.2	36.1	38.4	36.9	35.0
Somewhat disapprove	16.4	11.9	12.9	12.7	20.1	18.0	17.3	17.4	23.1	20.5	19.3	18.8
Strongly disapprove	58.6	65.3	60.4	64.2	45.1	47.9	49.1	50.4	40.8	41.1	43.8	46.2
Trying marijuana once or twice												
Neither approve nor disapproves	27.4	23.0	28.9[A]	24.7[A]	44.1	41.0	45.4[A]	42.8[A]	54.7	54.2	59.3[A]	56.4[A]
Somewhat disapprove	13.9	11.5	15.5[A]	15.1[A]	18.6	18.4	20.7[A]	20.3[A]	18.3	18.7	18.0[A]	18.3[A]
Strongly disapprove	58.7	65.5	55.5[A]	60.2[A]	37.4	40.6	33.9[A]	36.9[A]	27.0	27.1	22.6[A]	25.3[A]
Using marijuana once a month or more regularly												
Neither approve nor disapproves	26.4	23.1	26.5[A]	22.3[A]	42.7	39.7	39.0[A]	36.4[A]	52.5	52.8	51.2[A]	47.6[A]
Somewhat disapprove	13.2	10.1	10.3[A]	10.0[A]	18.0	16.2	16.5[A]	15.6[A]	18.7	17.4	17.2[A]	17.2[A]
Strongly disapprove	60.4	66.8	63.2[A]	67.7[A]	39.3	44.1	44.5[A]	47.9[A]	28.9	29.8	31.6[A]	35.2[A]

Questions HS B.16–18/MS B.10–12: *How do you feel about someone your age doing the following? Having one or two drinks of any alcoholic beverage nearly every day. Trying marijuana once or twice. Using marijuana once a month or more regularly.*

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table B7.2

Parent Disapproval of ATOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Take one or two drinks of alcohol nearly every day												
Very wrong	83.5	89.1	87.9	87.7	80.0	83.6	83.5	82.4	76.4	80.5	79.1	80.2
Wrong	10.2	6.7	7.7	7.9	12.3	10.4	10.6	11.7	14.4	12.1	13.6	13.1
A little wrong	3.6	2.4	2.3	2.8	4.8	3.9	3.6	3.6	5.7	4.8	4.8	4.6
Not at all wrong	2.7	1.8	2.1	1.6	3.0	2.2	2.3	2.3	3.5	2.6	2.6	2.1
Smoke tobacco												
Very wrong	88.7	93.5	92.4	92.4	85.0	89.1	88.0	87.8	81.5	87.1	86.1	86.6
Wrong	7.3	3.9	4.9	5.3	9.6	7.5	8.4	8.7	12.0	9.2	10.3	9.8
A little wrong	1.9	1.0	1.0	1.0	3.0	1.7	1.7	1.8	3.8	2.1	1.9	2.0
Not at all wrong	2.0	1.6	1.7	1.3	2.4	1.7	1.8	1.7	2.7	1.7	1.8	1.6
Use vape products such as e-cigarettes (JUUL), vape pens, or mods												
Very wrong	na	na	na	91.3	na	na	na	85.8	na	na	na	83.1
Wrong	na	na	na	5.8	na	na	na	9.7	na	na	na	11.7
A little wrong	na	na	na	1.4	na	na	na	2.6	na	na	na	3.4
Not at all wrong	na	na	na	1.5	na	na	na	1.9	na	na	na	1.9
Use marijuana (smoke, vape, eat, or drink)												
Very wrong	87.7	92.7	91.3[A]	91.7[A]	80.5	84.9	83.1[A]	84.2[A]	74.3	78.9	75.8[A]	77.7[A]
Wrong	6.6	4.0	5.0[A]	5.3[A]	10.6	8.2	9.7[A]	9.2[A]	13.3	11.3	12.8[A]	11.9[A]
A little wrong	3.1	1.4	1.6[A]	1.4[A]	5.1	4.1	4.3[A]	4.0[A]	7.5	6.1	7.5[A]	6.6[A]
Not at all wrong	2.7	1.8	2.1[A]	1.6[A]	3.8	2.8	3.0[A]	2.6[A]	4.9	3.7	3.9[A]	3.8[A]

Questions HS B.21–25/MS B.20–25: *How wrong do your parents or guardians feel it would be for you to do the following? Take one or two drinks of alcohol nearly every day. Smoke tobacco. Use vape products such as e-cigarettes (JUUL), vape pens, or mods. Use marijuana (smoke, vape, eat, or drink). Use prescription drugs to get high or for reasons other than prescribed.*

Notes. na—not asked

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table B7.2

Parent Disapproval of ATOD Use, by Grade and Administration Period - Continued

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Use prescription drugs to get high or for reasons other than prescribed												
Very wrong	89.2	93.9	93.2	93.1	86.5	89.8	89.3	89.7	85.4	89.2	88.2	89.0
Wrong	5.9	3.5	4.3	4.6	8.4	6.6	7.3	7.1	9.5	7.6	8.3	7.9
A little wrong	2.1	0.8	0.7	0.9	2.5	1.7	1.5	1.3	2.3	1.6	1.7	1.5
Not at all wrong	2.7	1.9	1.8	1.4	2.7	1.9	1.9	1.8	2.8	1.6	1.8	1.6

Questions HS B.21–25/MS B.20–25: *How wrong do your parents or guardians feel it would be for you to do the following? Take one or two drinks of alcohol nearly every day. Smoke tobacco. Use vape products such as e-cigarettes (JUUL), vape pens, or mods. Use marijuana (smoke, vape, eat, or drink). Use prescription drugs to get high or for reasons other than prescribed.*

Table B7.3

Peer Disapproval of ATOD Use, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Take one or two drinks of alcohol nearly every day												
Very wrong	68.2	75.9	70.6	73.0	54.6	57.8	59.4	59.8	47.3	50.6	52.0	54.3
Wrong	17.2	14.8	16.7	17.5	23.0	22.0	21.3	22.7	23.2	22.7	23.2	23.8
A little wrong	9.1	5.6	7.8	6.2	13.7	12.3	11.2	10.9	16.8	14.8	13.8	13.1
Not at all wrong	5.5	3.7	4.9	3.2	8.6	7.9	8.1	6.6	12.6	12.0	11.0	8.8
Smoke tobacco												
Very wrong	73.4	80.2	74.5	77.4	60.3	63.9	64.7	65.4	53.0	58.9	59.3	61.7
Wrong	15.7	13.0	15.9	15.5	22.5	21.3	19.9	21.3	23.2	21.7	22.6	22.1
A little wrong	6.3	3.7	5.5	4.3	10.4	9.0	9.1	8.0	13.5	10.9	10.2	9.7
Not at all wrong	4.7	3.1	4.2	2.9	6.8	5.8	6.3	5.2	10.2	8.5	7.9	6.5

Questions HS B.26–30/MS B.20–24: *How wrong would your close friends feel it would be if you did the following? Take one or two drinks of alcohol nearly every day. Smoke tobacco. Use vape products such as e-cigarettes (JUUL), vape pens, or mods. Use marijuana (smoke, vape, eat, or drink). Use prescription drugs to get high or for reasons other than prescribed.*

Table B7.3

Peer Disapproval of ATOD Use, by Grade and Administration Period - Continued

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
Use vape products such as e-cigarettes (JUUL), vape pens, or mod												
Very wrong	na	na	na	73.8	na	na	na	57.8	na	na	na	50.0
Wrong	na	na	na	15.6	na	na	na	20.5	na	na	na	20.1
A little wrong	na	na	na	6.1	na	na	na	12.5	na	na	na	15.8
Not at all wrong	na	na	na	4.5	na	na	na	9.1	na	na	na	14.0
Use marijuana (smoke, vape, eat, or drink)												
Very wrong	71.7	79.4	73.2[A]	76.7[A]	52.8	56.7	56.4[A]	58.8[A]	40.4	43.6	42.8[A]	47.2[A]
Wrong	13.8	11.7	14.0[A]	14.3[A]	19.0	18.6	17.9[A]	19.2[A]	17.8	17.4	17.7[A]	18.4[A]
A little wrong	7.7	4.8	6.9[A]	4.9[A]	14.3	12.8	12.9[A]	11.8[A]	17.4	17.4	16.9[A]	15.4[A]
Not at all wrong	6.7	4.1	6.0[A]	4.1[A]	13.9	11.8	12.8[A]	10.3[A]	24.4	21.6	22.6[A]	18.9[A]
Use prescription drugs to get high or for reasons other than prescribed												
Very wrong	74.9	80.9	76.1	78.6	62.8	65.1	65.6	67.5	56.9	60.2	60.8	64.3
Wrong	14.1	11.9	14.1	13.9	20.5	19.3	18.6	19.6	21.2	20.5	21.3	20.7
A little wrong	6.1	3.7	5.2	4.3	10.0	9.0	9.1	7.5	12.1	10.7	10.1	8.9
Not at all wrong	4.9	3.4	4.6	3.2	6.7	6.5	6.7	5.4	9.8	8.5	7.8	6.1

Questions HS B.26–30/MS B.20–24: *How wrong would your close friends feel it would be if you did the following? Take one or two drinks of alcohol nearly every day. Smoke tobacco. Use vape products such as e-cigarettes (JUUL), vape pens, or mods. Use marijuana (smoke, vape, eat, or drink). Use prescription drugs to get high or for reasons other than prescribed.*

Notes. na—not asked

[A]Question item changed in 2017–19 and results may not be comparable to prior years.

Table B7.4

Heard, Read, or Watched Any Anti-ATOD Messages, Past 12 Months, by Grade and Administration Period

Item	7th 13-15 (%)	7th 15-17 (%)	7th 17-19 (%)	7th 19-21 (%)	9th 13-15 (%)	9th 15-17 (%)	9th 17-19 (%)	9th 19-21 (%)	11th 13-15 (%)	11th 15-17 (%)	11th 17-19 (%)	11th 19-21 (%)
No	32.1	27.1	32.0	27.2	34.5	33.1	32.1	31.1	33.2	36.6	37.0	32.6
Yes	67.9	72.9	68.0	72.8	65.5	66.9	67.9	68.9	66.8	63.4	63.0	67.4

Question HS B.20/MS B.14: *During the past 12 months, have you heard, read, or watched any messages about not using alcohol or drugs?*