

Region 10

Youth Voices Count Survey Report, 2023

Grades 7-12



Data collected in late March and April 2023, reported in April 2023

Survey Conducted by:

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C O N S U L T I N G

PROGRAM EVALUATION • GRANT PREPARATION • CAPACITY BUILDING

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Region 10 Youth Voices Count Survey Report

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Introduction

The following report is a summary of data that was gathered at the end of March 2023 at Har-Bur Middle School (grades 7-8) and Lewis S. Mills High School (grades 9-12). Data collected from this student survey will be used in the planning and development of strategies, policies, and practices for the sponsoring organization, the Region 10 Community Wellness Coalition and McCall Behavioral Health Network, as well as other educational and social service organizations.

This survey was administered to youth enrolled in Region 10 Public Schools to ensure a representative sample and reliable data. Please note that the findings presented in this report are not reflective of the school but are intended to reflect the greater communities of Harwinton and Burlington.

It is important to note that COVID-19 greatly disrupted lives beginning in March 2020, which may have ongoing impacts on youth substance use rates and mental health concerns.

The Youth Voices Count Survey fulfills the following objectives:

1. Describes youth’s perceptions and experiences regarding substance use, mental health, school environment, social media and online gaming, and other related behaviors among students in grades 7-12 in the year 2023.
2. Utilizes information provided by youth, allowing leaders to systematically **“hear” from youth**, in order to enhance and **plan initiatives and activities for youth** in the community.

Youth Voices Count Survey Background:

The Youth Voices Count Survey (YVCS) is adapted from the “ERASE Student Survey” which originated out of the Governor’s Prevention Initiative for Youth (GPIY) Student Survey, a school survey that was distributed throughout the State of Connecticut in 2000. Other survey influences include: The Connecticut School Health Survey, The Center for Prevention Evaluation and Statistics (CPES) Young Adults Statewide Survey and most importantly, emerging issues for youth today—including vaping, online gaming, and social media-related behaviors.

Youth Voices Count Survey is a product of B. Weyland Smith Consulting, LLC. Located in Wethersfield, Connecticut, B. Weyland Smith Consulting researchers have over 48 years combined experience of survey and statistical research regarding youth behaviors, perspectives, and experiences, specific to substance use, mental health and related risk and protective factors.

Youth Voices Count Survey was established with the support of many youth and professionals in the field of survey development, program evaluation, internet safety and school mental health staff. They provided feedback through document review and focus groups. The core elements of the YVCS are designed to understand youth’s current substance use and mental health behaviors and perceptions. These data are aligned with Federal National Outcome Measures for the Substance Abuse and Mental Health Services Administration. This allows for competitive grant applications and ongoing evaluation requirements to be met.

Topics assessed in the YVCS include: substance use, anxiety, depression, e-sports/online gaming, social media perspectives, gambling and accessing resources and supports in the community. Optional add-on topics include bullying/school climate, sexual behavioral and electronic communications, extracurricular activities and toxic stress.



Survey Methodology:

Survey Consent:

The Youth Voices Count Survey was administered in March/April of 2023 to students in Region 10. Students' guardians received e-mail letters notifying them of the purpose and content of the survey and were able to return a signed "passive consent" form to the school if they did not want their children to participate in the school survey. Guardians were provided with an opportunity to review the survey document.

Survey Administration:

All surveys were administered using SurveyMonkey.com website and software. Students were directed to access a link to the survey and an instructional video including an overview of the survey, ensuring anonymity, resources if the survey brought up uncomfortable feelings and informing of their option to decline participation. Any question could be skipped if a student was not comfortable answering a question. Students who chose to not participate in the survey were asked to sit quietly until all classmates finished the survey.

Data Analysis:

Data Processing:

The student survey data was exported from the SurveyMonkey.com website and imported into SPSS (Statistical Package for the Social Sciences) for data analysis. A total of 38 surveys (4.3% of original sample of 892 surveys) were omitted from the sample pool due to lack of any responses other than demographics and survey responses that were implausible. The final sample size after surveys were omitted was 854 surveys for grades 7-12.

Sample Response Rates:

Response rates by grade level and school are listed in the table below. Note that there were 5 individuals who did not specify a grade. These cases were retained but will not be included in any grade level reporting. Response rates are calculated as a proportion of the number of surveys included in the sample to the number of total students enrolled in the 2022-2023 school year. Note that total sample counts only contain surveys that were used in the survey report; surveys that were omitted from the sample pool are not included in the following counts.

Sample Response Rates	Sample Count	Population Count	Response Rate (%)
Grade 7	162	170	95.29%
Grade 8	153	162	94.44%
Grade 9	152	168	90.48%
Grade 10	152	169	89.94%
Grade 11	119	149	79.87%
Grade 12	111	162	68.52%
Grades 7-8	315	332	94.88%
Grades 9-12	534	648	82.41%
Grades 7-12	849	980	86.63%

The next table below shows the confidence intervals calculated for grades 7-8, 9-12, and 7-12, using a 95% confidence level. A confidence interval means the percentage range you can expect the accurate rates to fall within. Smaller confidence intervals give you more accurate estimates of the actual use rates in the school population (and larger confidence intervals give you less accurate estimates of the actual use rates in the school population).

For example, if 25% of your sample reported using alcohol in the past month, a confidence interval of 2.0 means that if you randomly re-sampled your population 100 times, 95 of those times you would find past month alcohol use rates to fall somewhere between 23% (25-2) and 27% (25+2). In contrast, if your confidence interval is 5 (and 25% of your sample reported using alcohol in the past month), you would typically find past month use rates ranging between 20% (25-5) and 30% (25+5) if you repeatedly re-sampled students in this population.

	Confidence Level	Confidence Interval
Grades 7-8	95.00%	1.25
Grades 9-12	95.00%	1.78
Grades 7-12	95.00%	1.23

Data Reporting:

The survey tool utilized several skip patterns to reduce the time spent on the survey for students, in addition, no question was required to be answered by respondents. Unless otherwise stated, data presented represent the percent of students responding to each question. However, survey response and completion rates are high enough for those questions to make strong estimates of the total population’s behavior and perceptions.

Survey Sample Demographics:

The student survey sample consisted of a total of 854 youth (395 females, 455 males; 4 students did not specify their biological sex). Additionally, 5 that provided their biological sex did not specify their grade, thus are not shown below. Refer to the Table below for more descriptions of the sample by grade level.

	7 th grade	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
Total	162	153	152	152	119	111
Female	73	67	72	70	51	61
Male	89	86	79	82	67	49
Did not Identify			1		1	1

Statistical Analyses:

Statistical comparisons by biological sex are available but were not requested for this report process. Statistical comparisons by biological sex (male/female) when requested are conducted separately for grades 7-8 and grades 9-12 using the Chi-Square (χ^2) technique for key substance use measures (core GPRA measures for alcohol, tobacco, e-cigarettes, marijuana, prescription drug use, and gambling).

No statistical analyses for grade level differences in substance use will be included in this report, but substance use percentages by grade level will be included for core GPRA measures for alcohol, tobacco, e-cigarettes, marijuana, prescription drugs, and gambling.

Statistical Comparisons by Race:

Statistical comparisons by race are available but were not requested for this report process. When considering these data however, it is essential not to unfairly identify or stereotype a handful of students as using or misusing drugs, given the smaller sample size within specific minority groups in these schools. As also done in the CDC’s YRBSS (Youth Risk Behavior Surveillance System) National Survey, we classified students exclusively as Hispanic or Latino even if they also selected being one or more of the races, such as African American, White, and/or another category. American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Asian, Black and Multiracial (2 or more races) were combined into an aggregate category titled “All Other Races”, to simplify analyses and ensure that no individuals are inadvertently identified due to small sample sizes of specific racial groups. Thus, the core

race/ethnicity groups for statistical analysis would be: White, Hispanic or Latino, or All Other Races.

Race/Ethnicity Category	Grades 7-8	Grades 9-12	Grades 6-12
White	81.59%	88.01%	85.63%
Hispanic or Latino	9.84%	7.30%	8.24%
Black or African American	1.90%	0.37%	0.94%
Asian	2.22%	1.69%	1.88%
American Indian or Alaskan Native	1.27%	0.19%	0.59%
Native Hawaiian or Other Pacific Islander	0.00%	0.00%	0.00%
Other (2 or more races selected or race not Hispanic)	2.86%	1.69%	2.12%
Not Specified	0.32%	0.75%	0.59%

For information regarding race and ethnicity differences in substance use, refer to the national survey reports, such as the National Survey on Drug Use and Health (<http://oas.samhsa.gov/nsduh.htm>) or the Monitoring the Future Survey (<http://monitoringthefuture.org>).

Equity, Disparities and Social Determinants of Health:

When evaluating statistically significant differences between population groups it is essential to consider historical, political and cultural context with the intent of preventing the reinforcement of stereotypes. In the United States, minority groups have experienced discrimination leading to unequal access to resources (i.e. quality education, employment and housing). Stigma is another driver of inequity, “because of its pervasiveness, its disruption of multiple life domains (e.g., resources, social relationships, and coping behaviors), and its corrosive impact on the health of populations, stigma should be considered alongside the other major organizing concepts for research on social determinants of population health.” (Hatzenbuehler ML et al. *Stigma as a fundamental cause of population health inequalities*. Am J Public Health. 2013 May)

Executive Summary:

Student Mental Wellbeing:

Anxiety: For grades 7-12, 29.2% of youth reported feelings of anxiety in the past year as occurring almost always (18.4%) and always (10.8%). 30.8% of youth report their feelings of anxiety make things difficult for them in their lives always or almost always.

Sources of Anxiety: For grades 7-8, the most reported sources of stress or worry in their lives are academics, followed by schedule and peers. For grades 9-12, it was academics, post-high school plans, and schedule. For all grades, social media and financial security ranked as the lowest source of anxiety among the provided choices.

Self-Harm: 15.8% of youth in grades 7-8 reported having thoughts of self-harm and 10.7% report having harmed themselves in the past year. For grades 9-12, 17.9% reported having thoughts of self-harm and 12.2% report having harmed themselves in the past year.

Depression: 18.5% of youth in grades 7-8 and 18.1% of youth in grades 9-12 reported having “felt sad or hopeless for two or more weeks in a row so much it stopped me from doing my usual activities” in the past year.

Suicidal Ideation in the Past Year: 10.7% of youth in grades 7-8 and 10.8% of youth in grades 9-12 reported having considered attempting suicide within the past year.

Comfort Seeking Help: For grades 7-12, the sources youth felt most comfortable seeking help from were parents (67.8%) and friends (59.8%).

Having a Trusted Adult: 93.3% of youth in grades 7-12 agreed with the statement, “I have at least one adult in my life that I can share my thoughts and feelings with.”

Community and School Safety: For grades 7-12, 86.9% of youth agreed with the statement, “I feel safe in my community” and 77.0% agree with the statement, “I feel safe at school.” 86.5% of youth grades 7-12 reported knowing how to get help for themselves or a peer for mental health or substance use problems at school.

Gaming and Social Media:

Gaming Assets and Consequences: For grades 7-12, 50.1% of youth indicated that as a result of gaming they “felt more connected with others.” The most common negative consequence of gaming was “I did not complete my homework or study” (23.2%), and I did not get enough sleep (23.2%).

Social Media Assets and Consequences: For grades 7-12, 58.6% of youth indicated that as a result of social media they “felt more connected with others.” 34.4% of youth reported they heard or saw something their parents/guardians would think was inappropriate, and 35.2% report having a hard time stopping their social media use.

Substance Use and Gambling Rates:

Youth in Grades 7-8: Alcohol was most used in youths’ lifetimes (5.7%), followed by vape products with nicotine and vape products with flavored liquids, 4.1% each. For past month use, vaping nicotine was the most used (2.2%), tied with vaping flavored liquids (2.2%), then alcohol (1.6%).

Youth in Grades 9-12: Alcohol was most used in youths’ lifetimes (14.0%), followed by marijuana/THC (7.9%), and vape products with flavored liquids (7.7%). For past month use, alcohol was most used (6.0%), followed by marijuana (3.2%), and vape products with nicotine (3.0%).

Substance Use Perceptions and Behaviors:

Perceived Risk: For grades 7-8 and 9-12, non-medical use of prescription drugs had the highest perceived risk. For grades 7-12, gaming 3+ hours per day had the lowest perceived risk, followed by marijuana for youth in grades 9-12 and gambling in youth grades 7-8.

Parental Disapproval: For grades 7-8, perceived parental disapproval was highest for non-medical use of prescription drugs (97.9%), followed by smoking cigarettes (97.2%), and vaping nicotine (96.5%). For grades 9-12 parental disapproval was highest for non-medical use of prescription drugs (97.7%), followed by vaping nicotine (97.3%), and smoking cigarettes (96.9%).

Peer Disapproval: For grades 7-8 perceived peer disapproval was highest for non-medical use of prescription drugs (89.4%), followed by smoking cigarettes and marijuana, each at 88.0%. For grades 9-12, perceived peer disapproval was highest for non-medical use of prescription drugs (91.5%), followed by smoking cigarettes (84.0%), and drinking alcohol (79.0%).

Accessibility of Alcohol and Other Drugs-Perception of Ease of Access: For grades 7-8 alcohol was perceived as the easiest to obtain, followed by vape products with nicotine, while marijuana was perceived as the hardest to obtain. Similarly, for youth in grades 9-12, alcohol was perceived as the easiest to obtain, followed by vape products with nicotine, however, prescription drugs were perceived as the hardest to obtain.

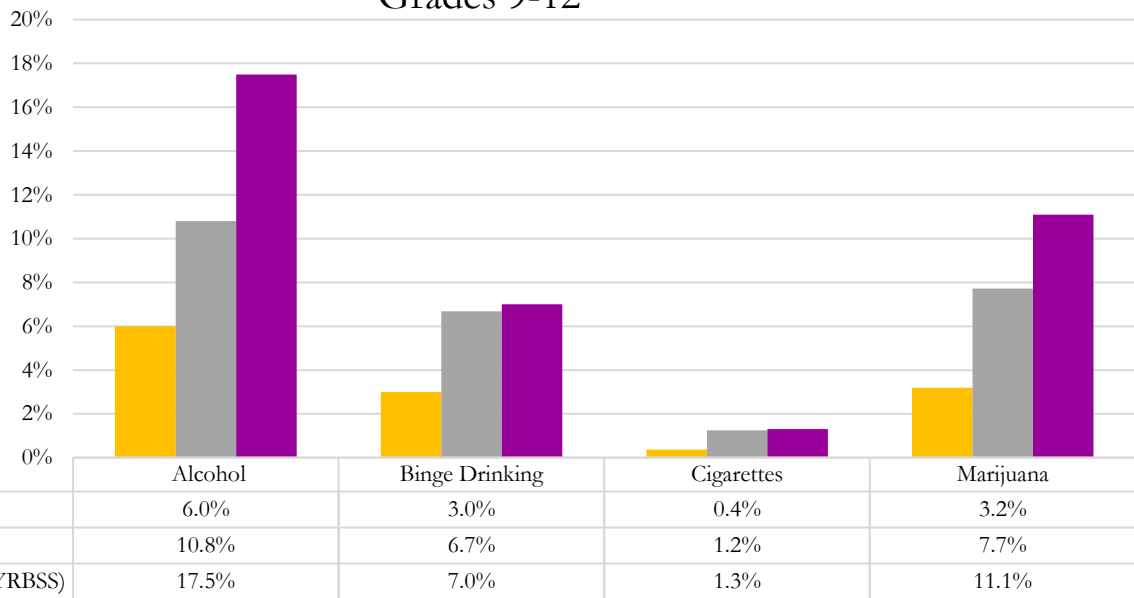
Accessibility of Alcohol and Other Drugs-Sources: Overall, youth in grades 7-12 most frequently access tobacco, vape products, alcohol, and marijuana from friends/peers. Prescription drugs are most frequently accessed from home without parents' permission.

Locations of Substance Use: Alcohol, vape products and marijuana are most used "with friends at my home or my friends' home." Prescription drugs not for medical use are the only substance most often used "at home, alone."

Driving Under the Influence of Alcohol or Marijuana/THC: Among youth in grades 11-12, more drove under the influence of marijuana/THC (1.3% past month/1.7% lifetime) than alcohol (0.4% past month/ 0.9% lifetime).

Other Substance Use: Of substances less commonly used, the highest lifetime use rates for grades 7-12 were CBD products (6.0%), followed by inhalants (2.5%), and synthetic marijuana (1.2%). Heroin/fentanyl was 0.7%, noted here due to community concerns regarding the opioid epidemic in our state and nation.

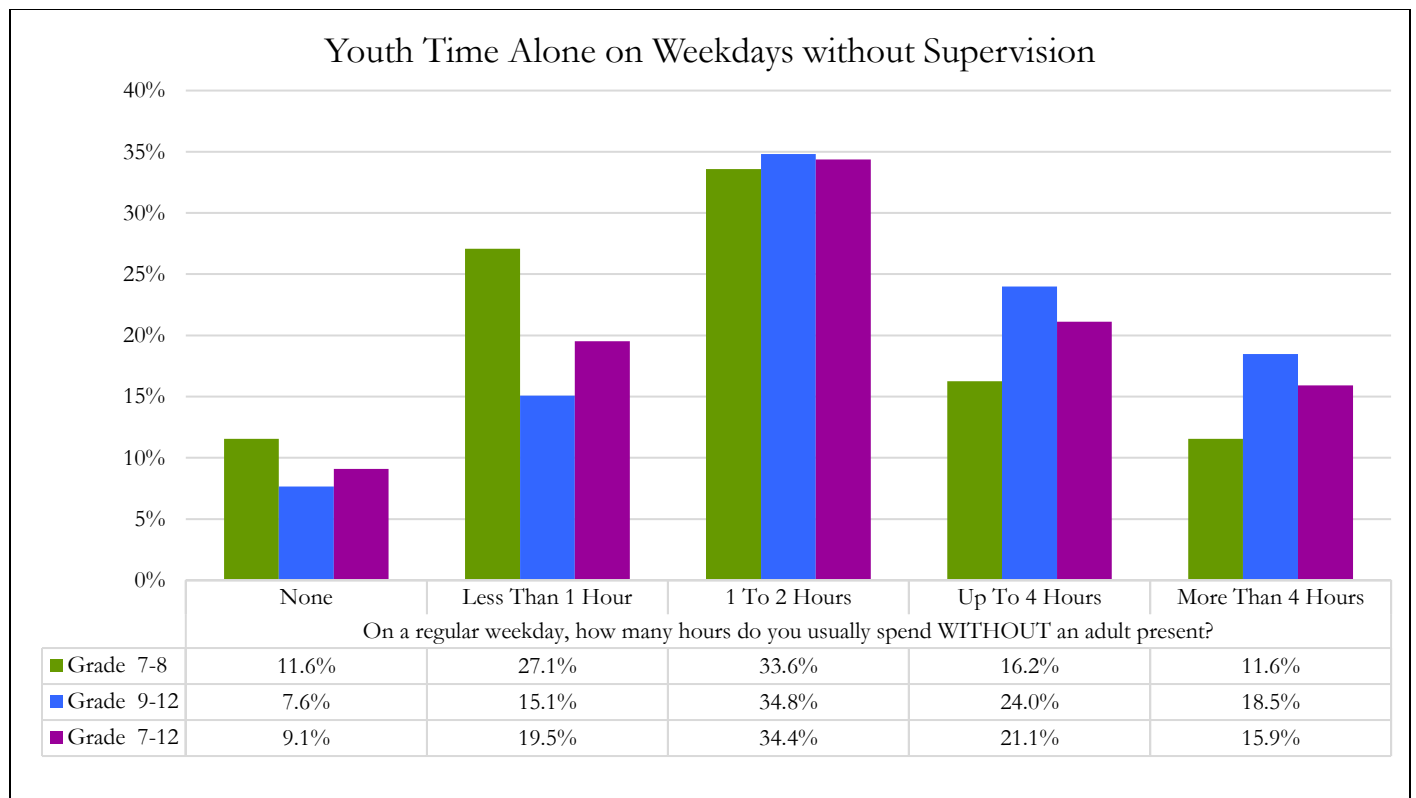
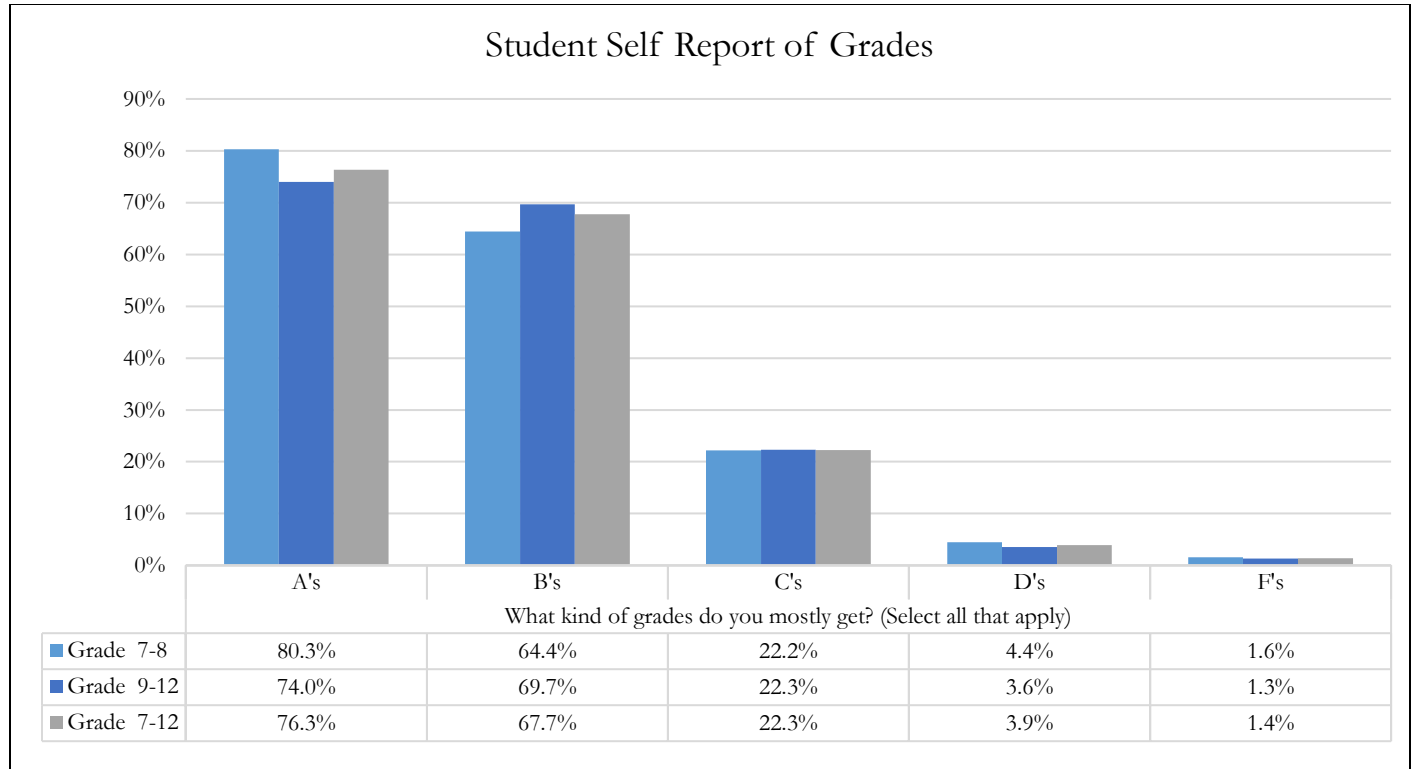
Past Month Rate Comparisons to DRG and State Grades 9-12



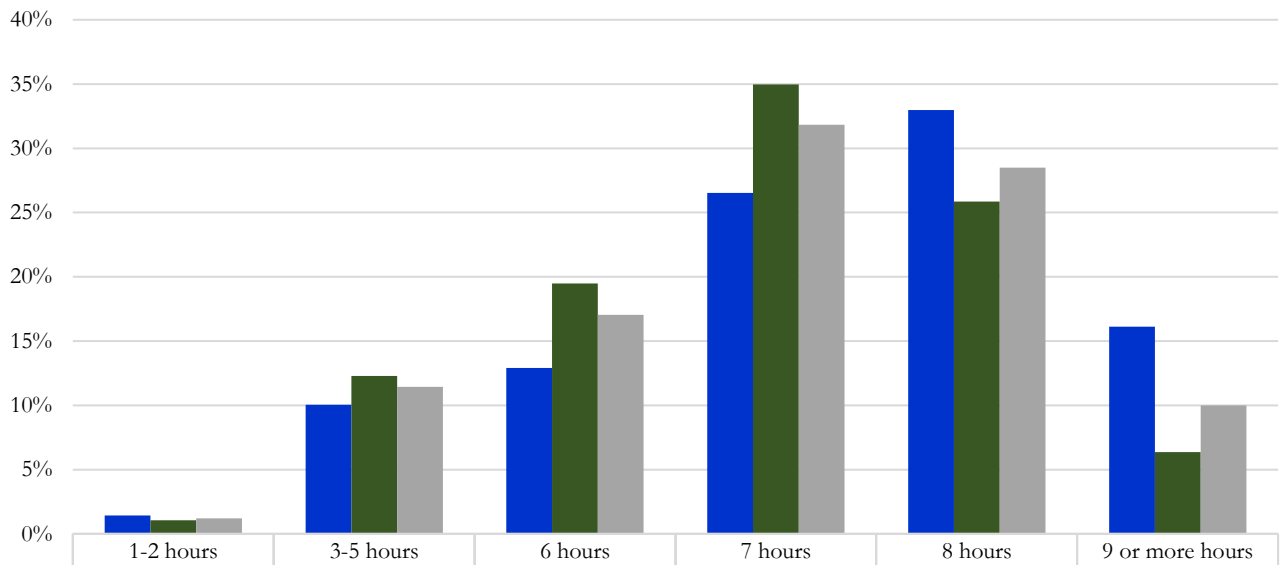
-YRBSS 2021* It should be noted that YRBSS data presented here is from 2021, the most recent year available. National YRBS data from 2021 is not available at the time of reporting.

-DRG reflects aggregated data from Youth Voices Count Surveys administered in communities within the same District Reference Group as Region 10. District Reference Groups come from the Connecticut State Department of Education, and are a classification system grouping school districts with similar socioeconomic status and need in order to make comparisons. For more information, see the following: https://sdeportal.ct.gov/cedar/files/pdf/reports/db_drg_06_2006.pdf

Youth Lifestyles:



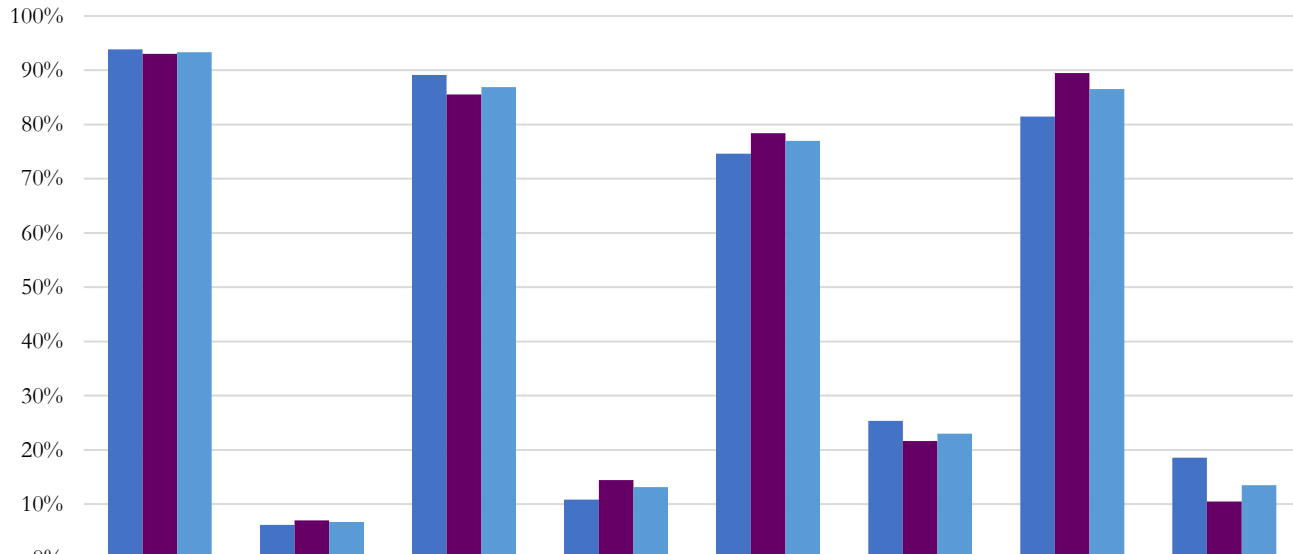
Youth Hours of Sleep on Weeknights



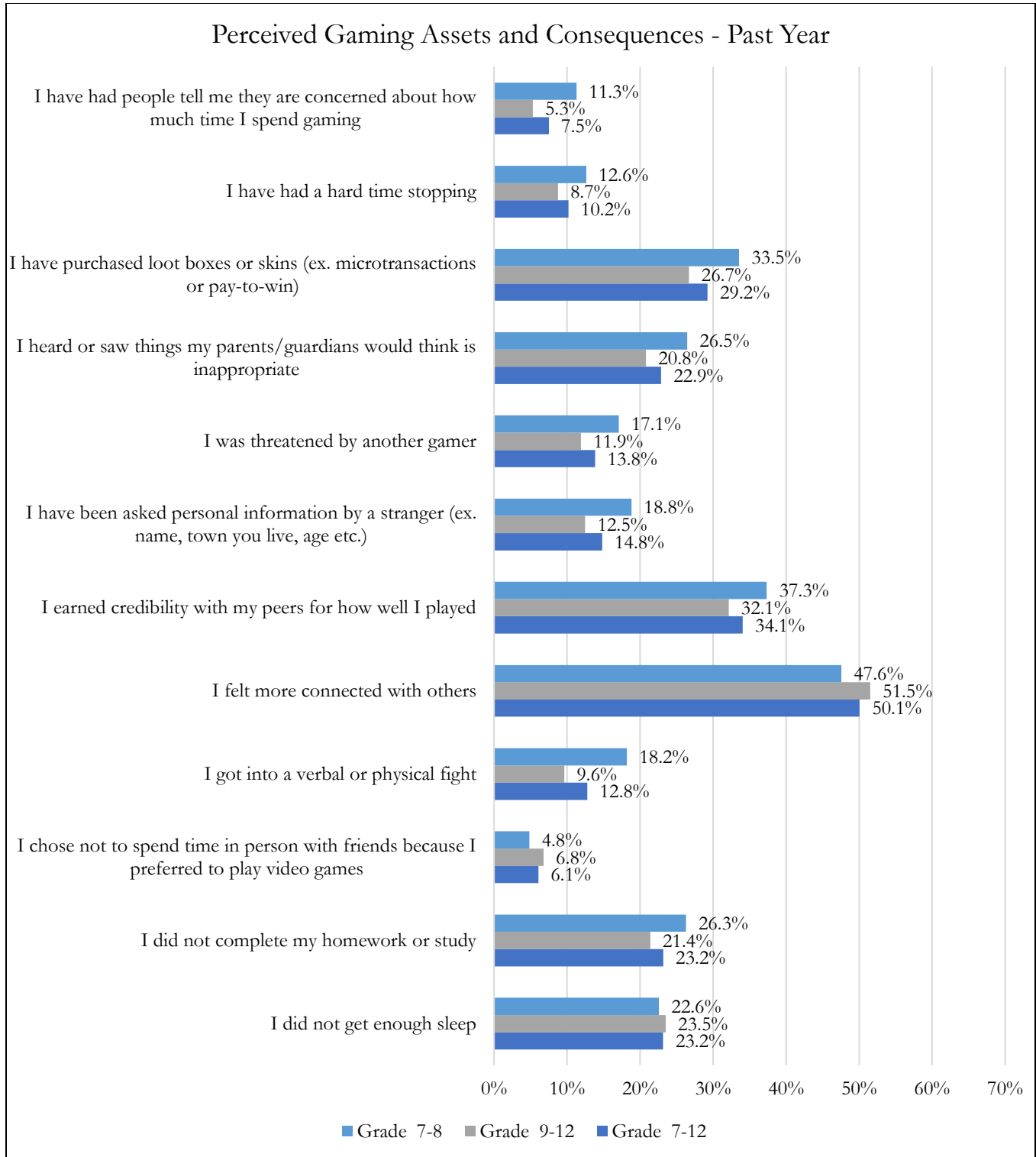
On a typical school night (Sunday-Thursday), how many hours do you usually sleep?

Grade 7-8	1.4%	10.0%	12.9%	26.5%	33.0%	16.1%
Grade 9-12	1.1%	12.3%	19.5%	35.0%	25.8%	6.4%
Grade 7-12	1.2%	11.5%	17.0%	31.8%	28.5%	10.0%

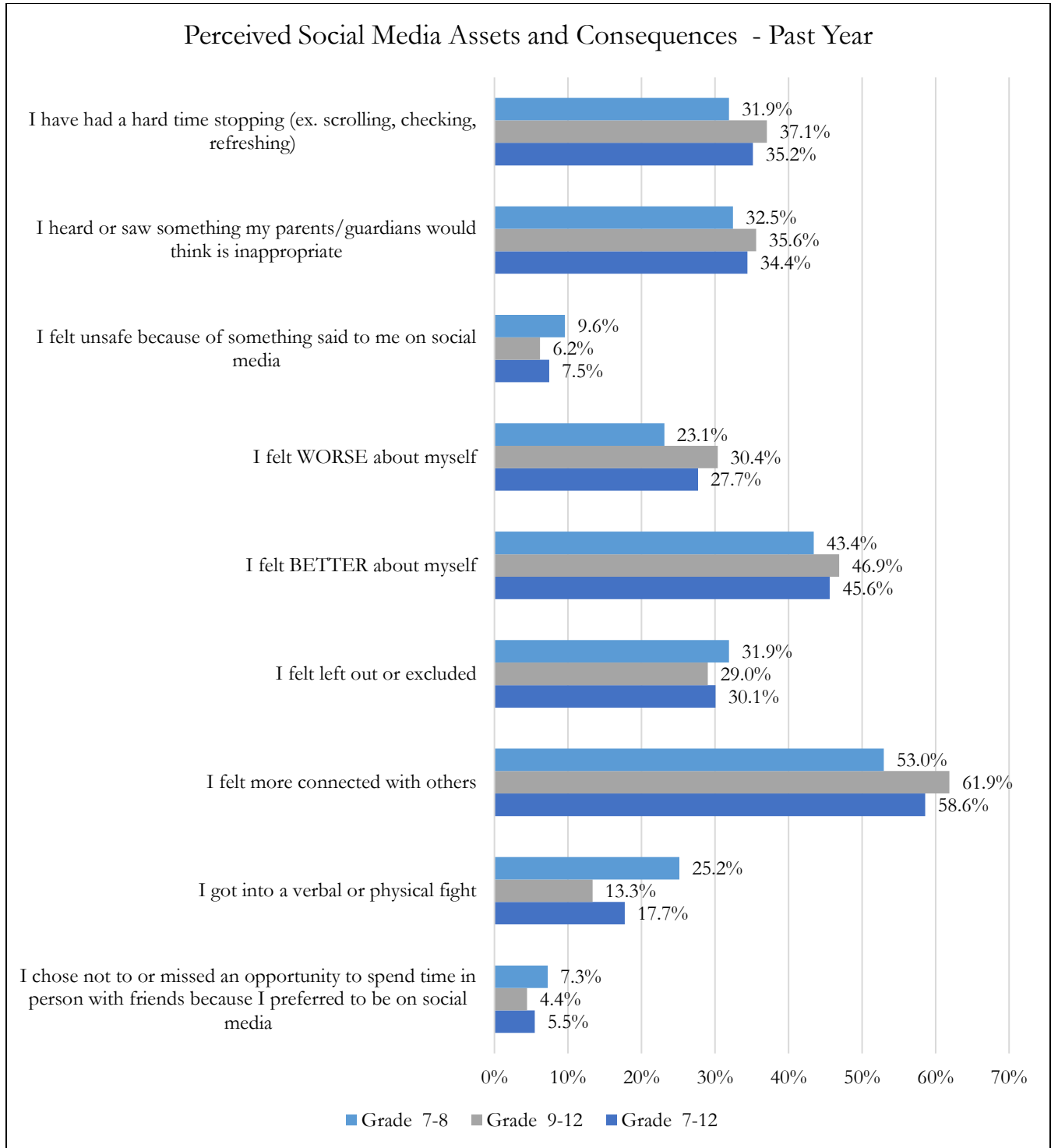
Perception of Having Trusted Adult and Feelings of Safety



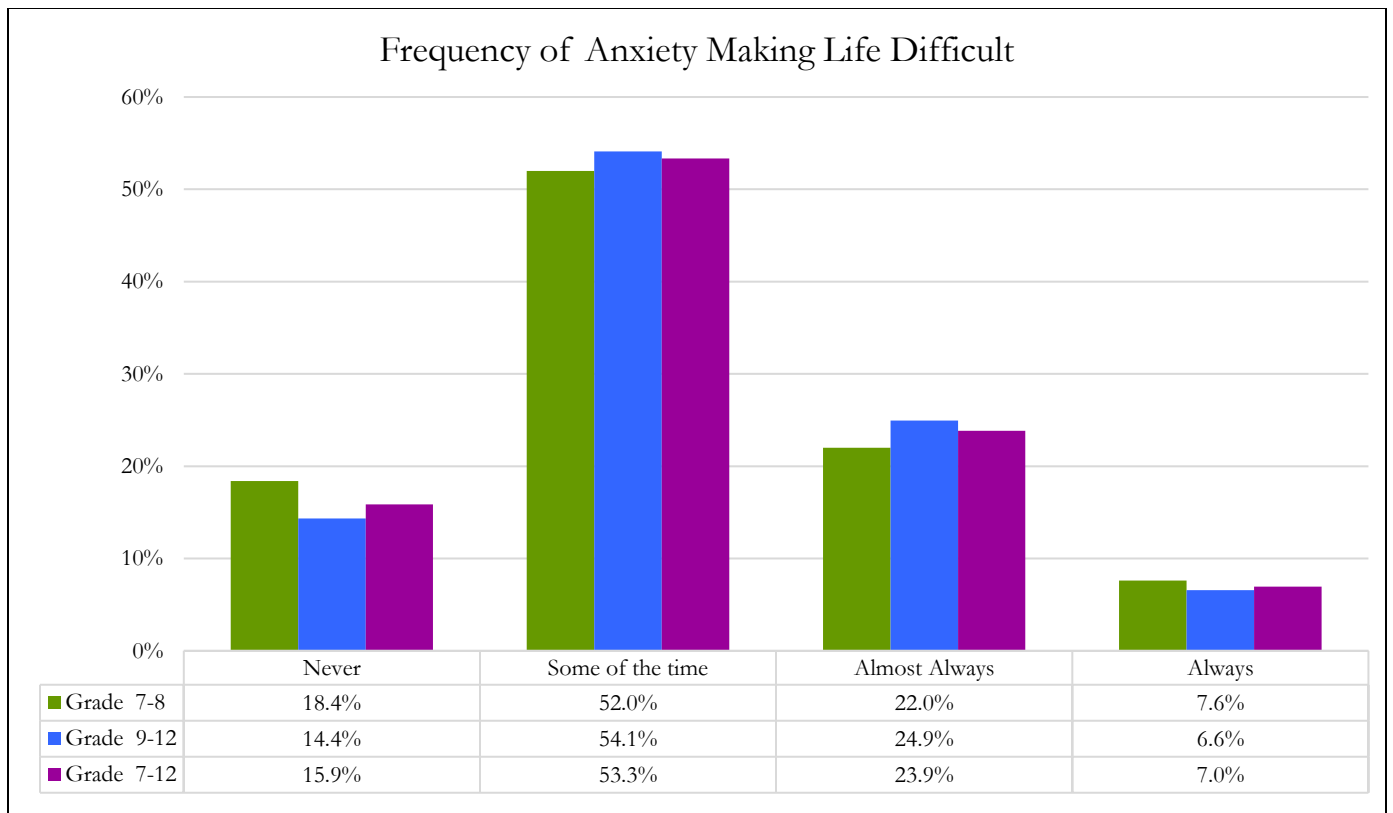
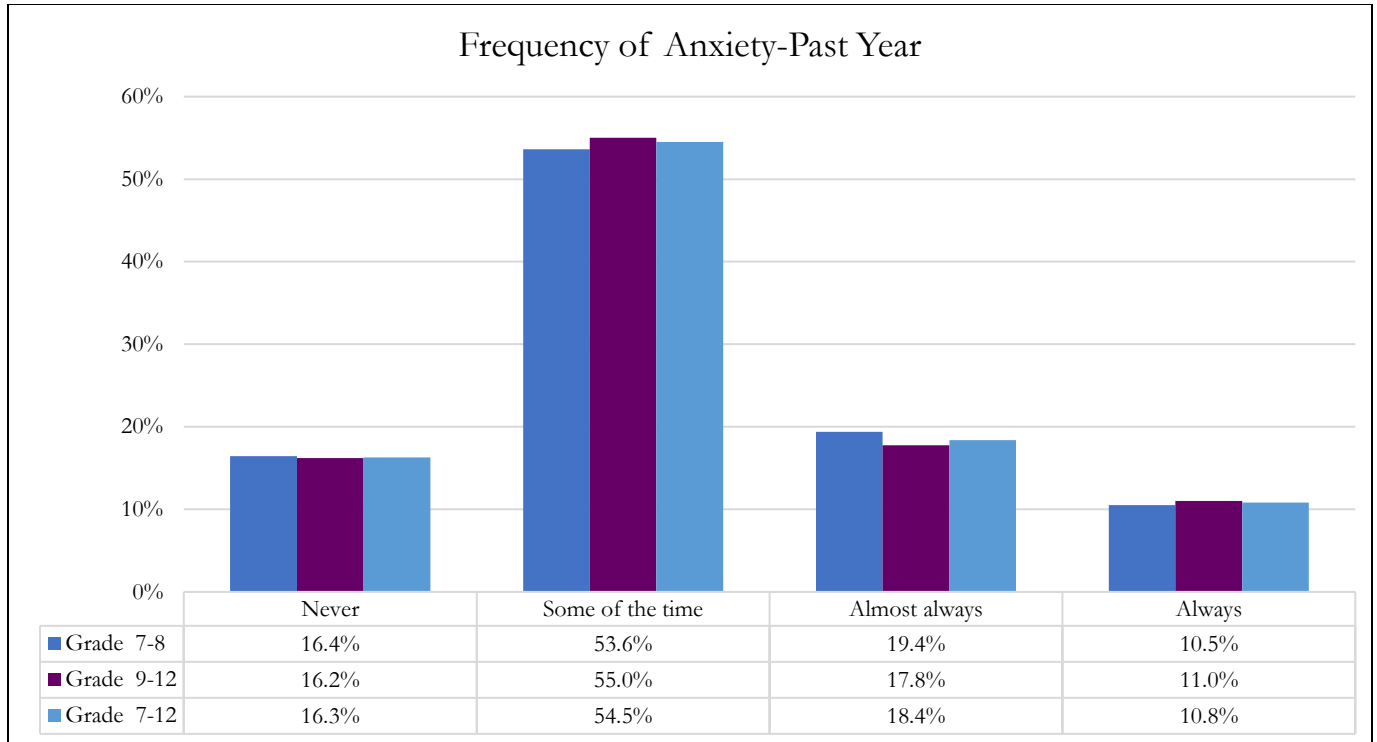
Gaming:



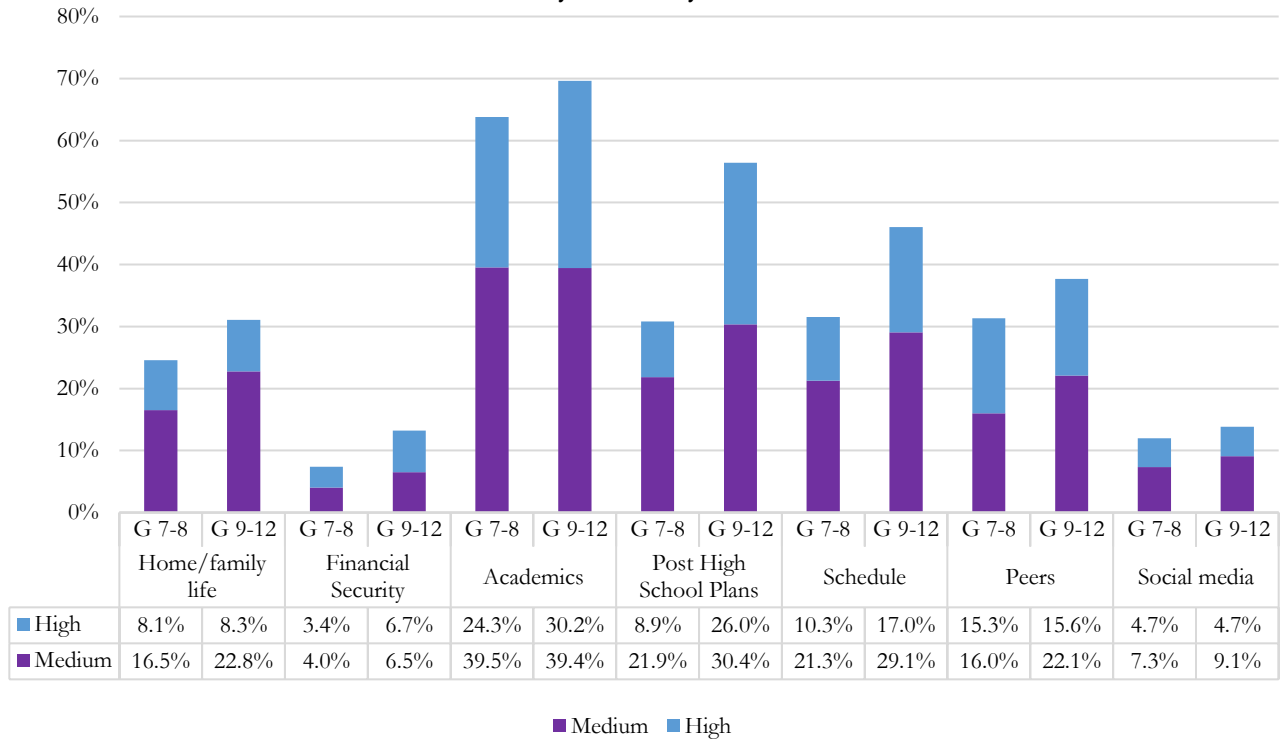
Social Media:



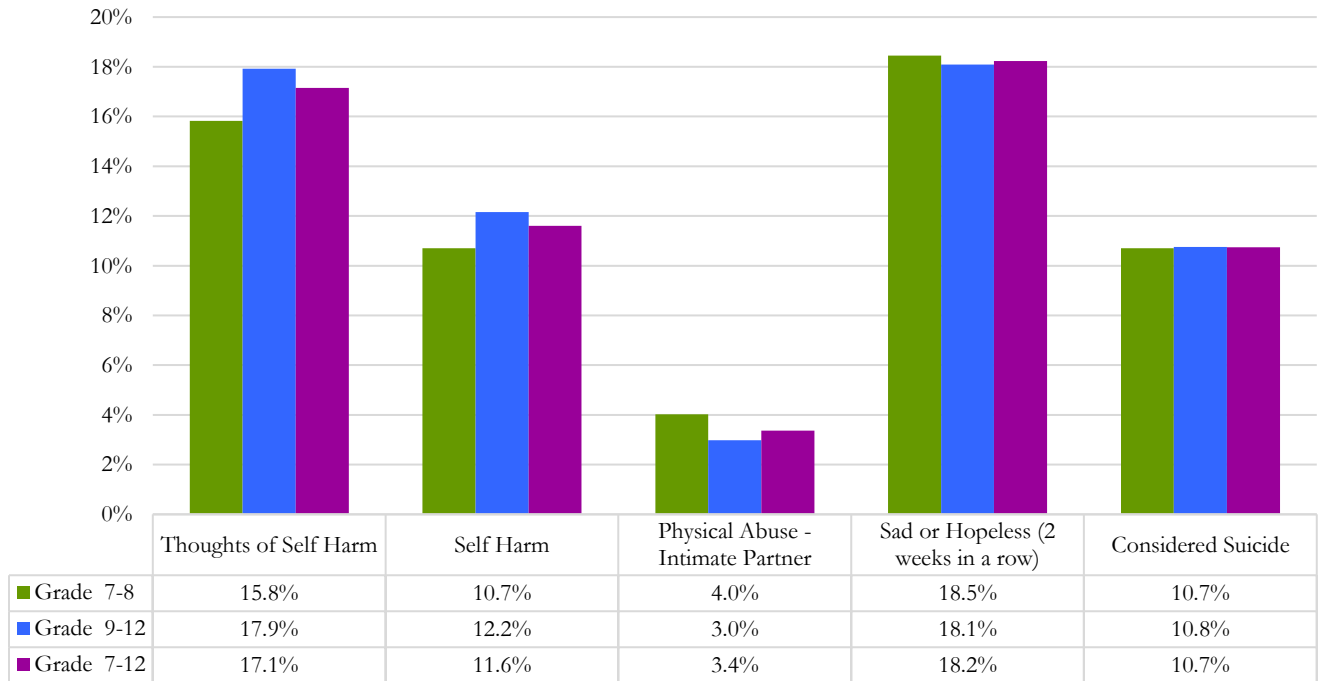
Emotional Health:



Anxiety Level by Source

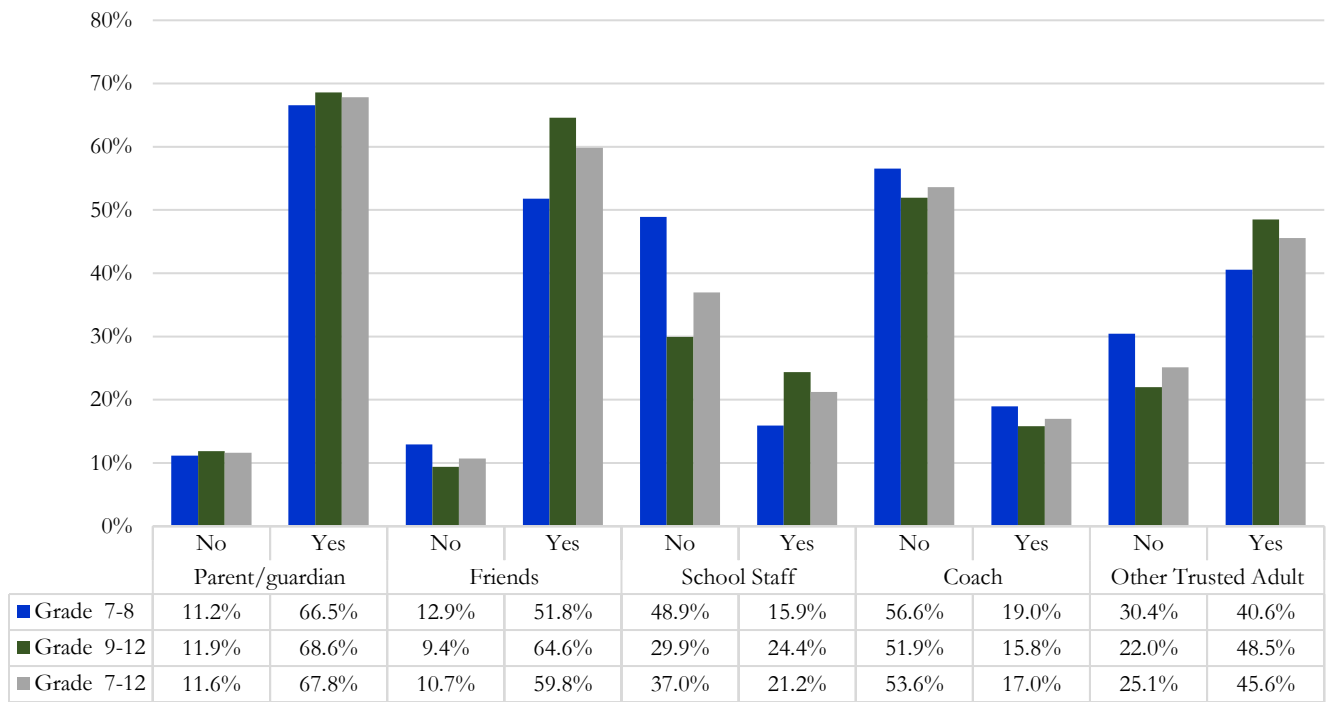


Other Emotional Health Indicators in the Past Year % Responding "Yes"

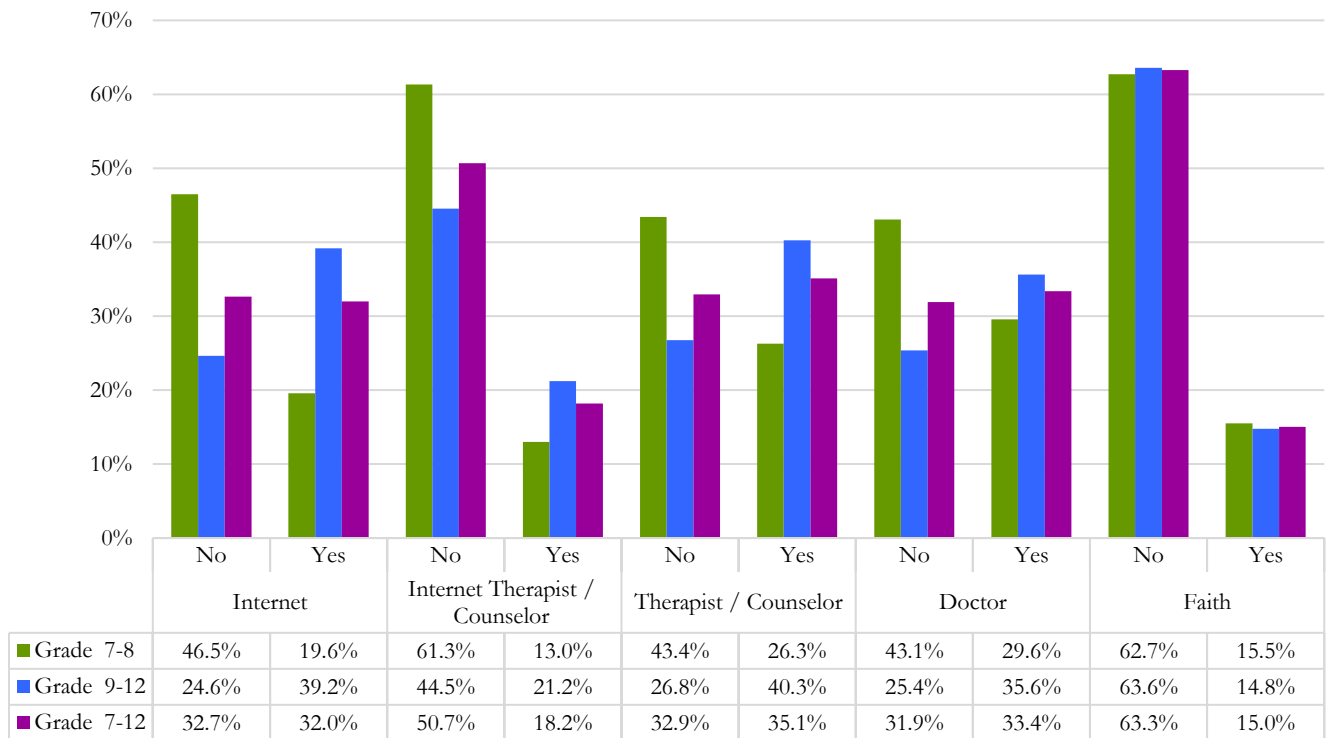


Note: State data for grades 9-12 (YRBSS 2021) indicate that 35.6% of students felt sad or hopeless for 2 or more weeks in a row, 14.1% considered suicide, and 18.0% harmed themselves in the past year.

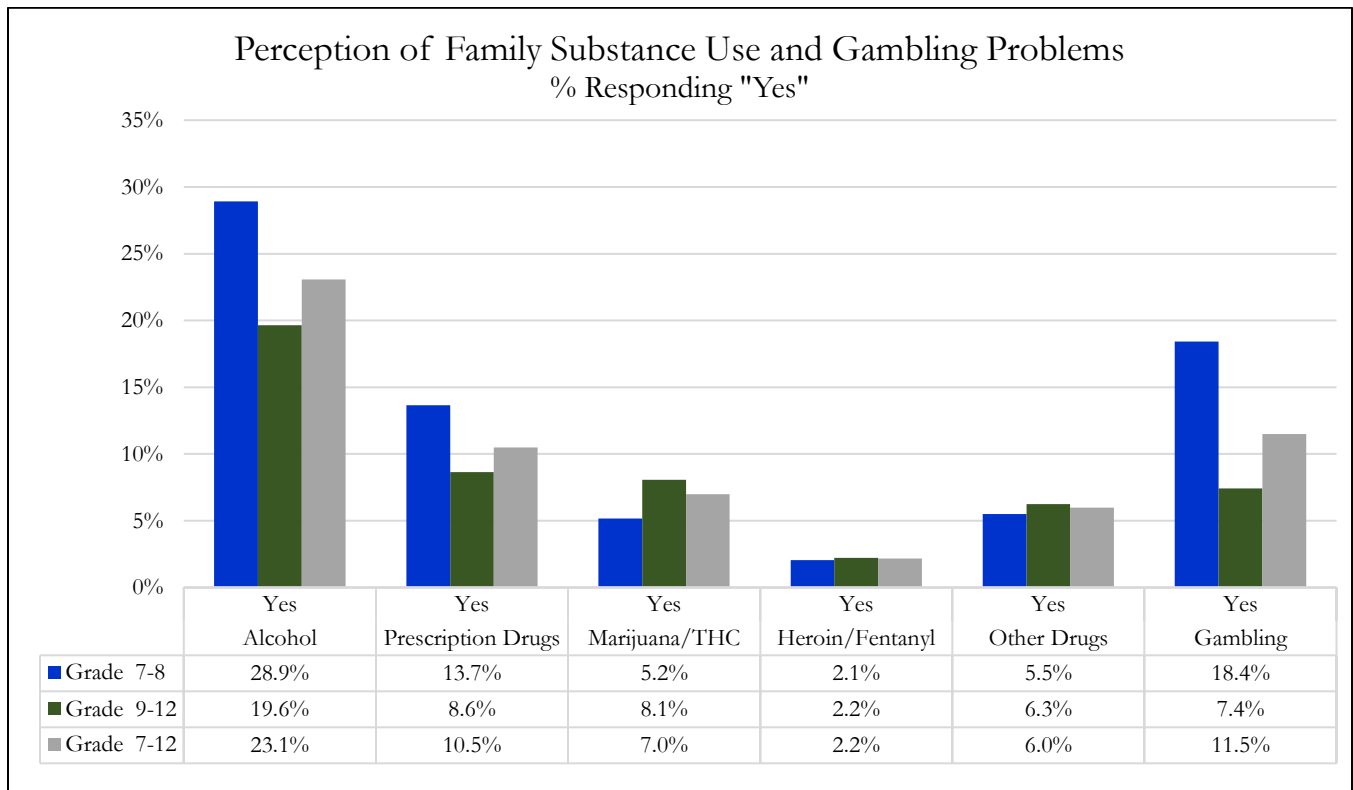
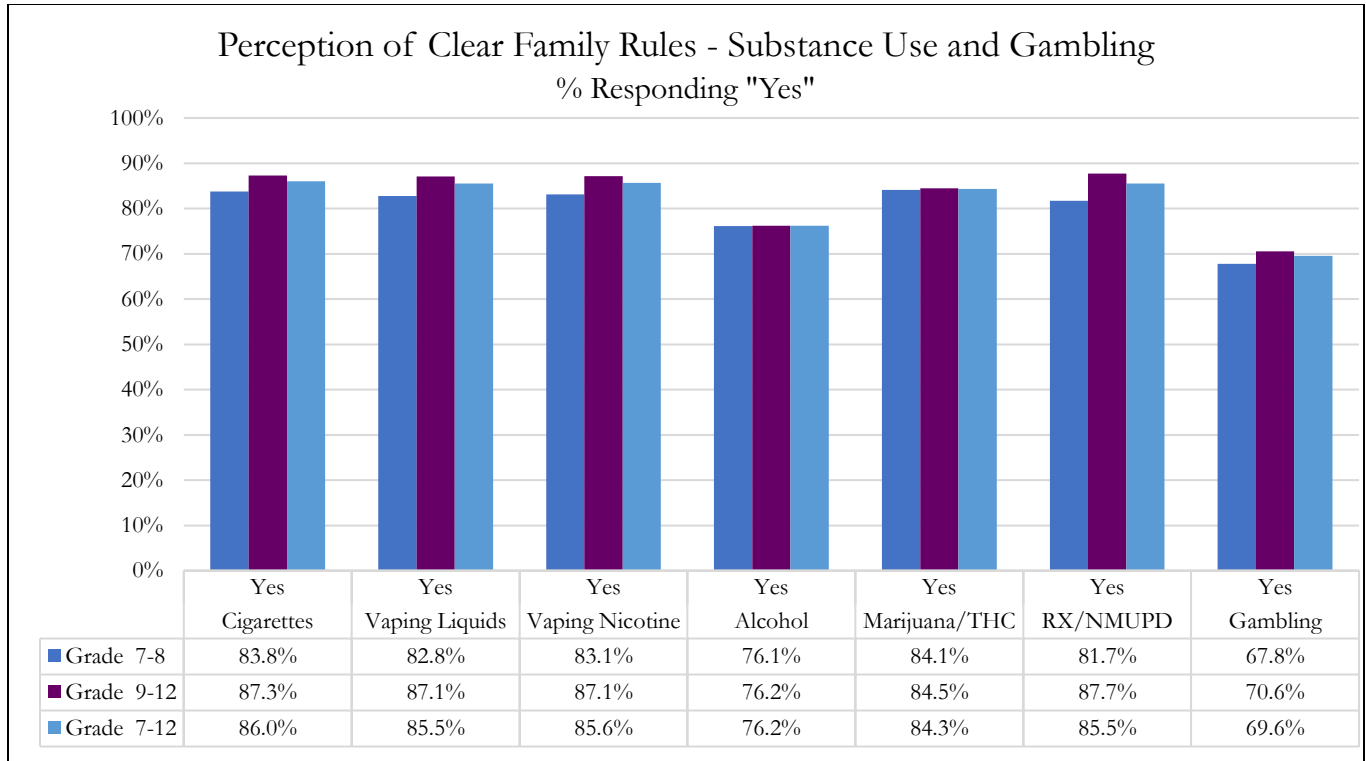
Comfort Seeking Help by Source-Family and School



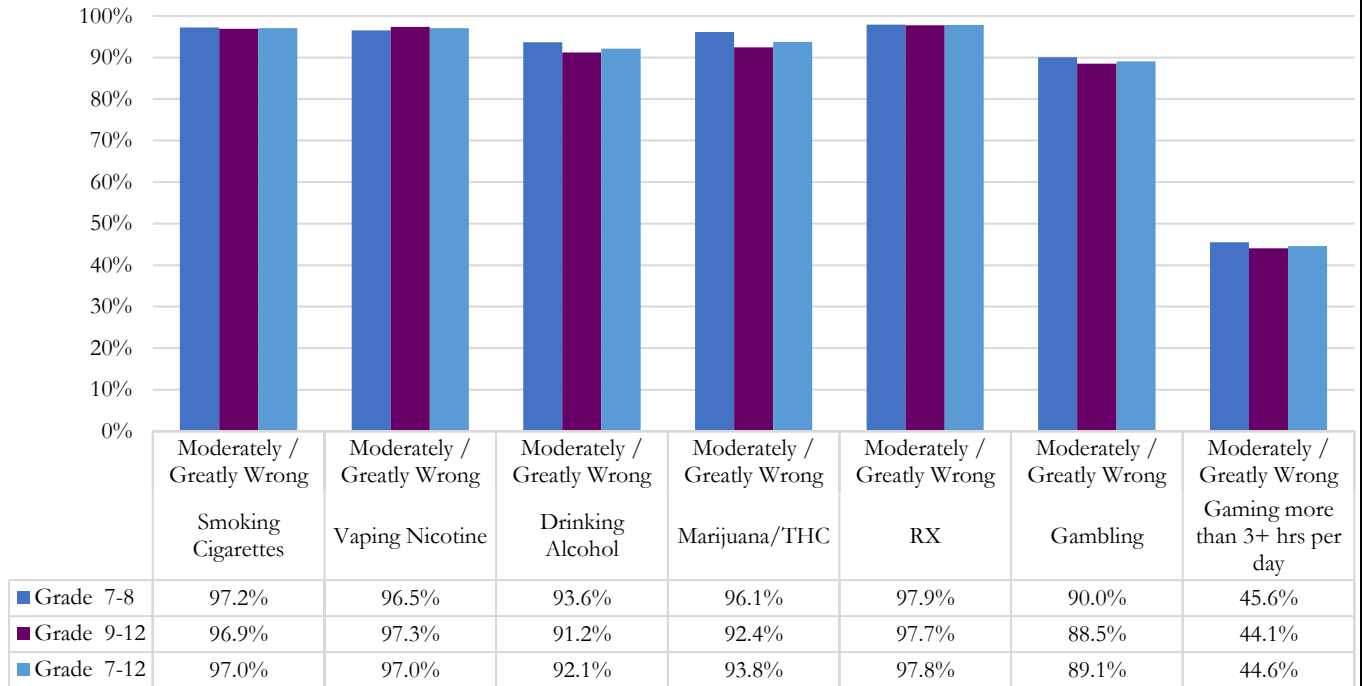
Comfort Seeking Help by Source-Community and Internet



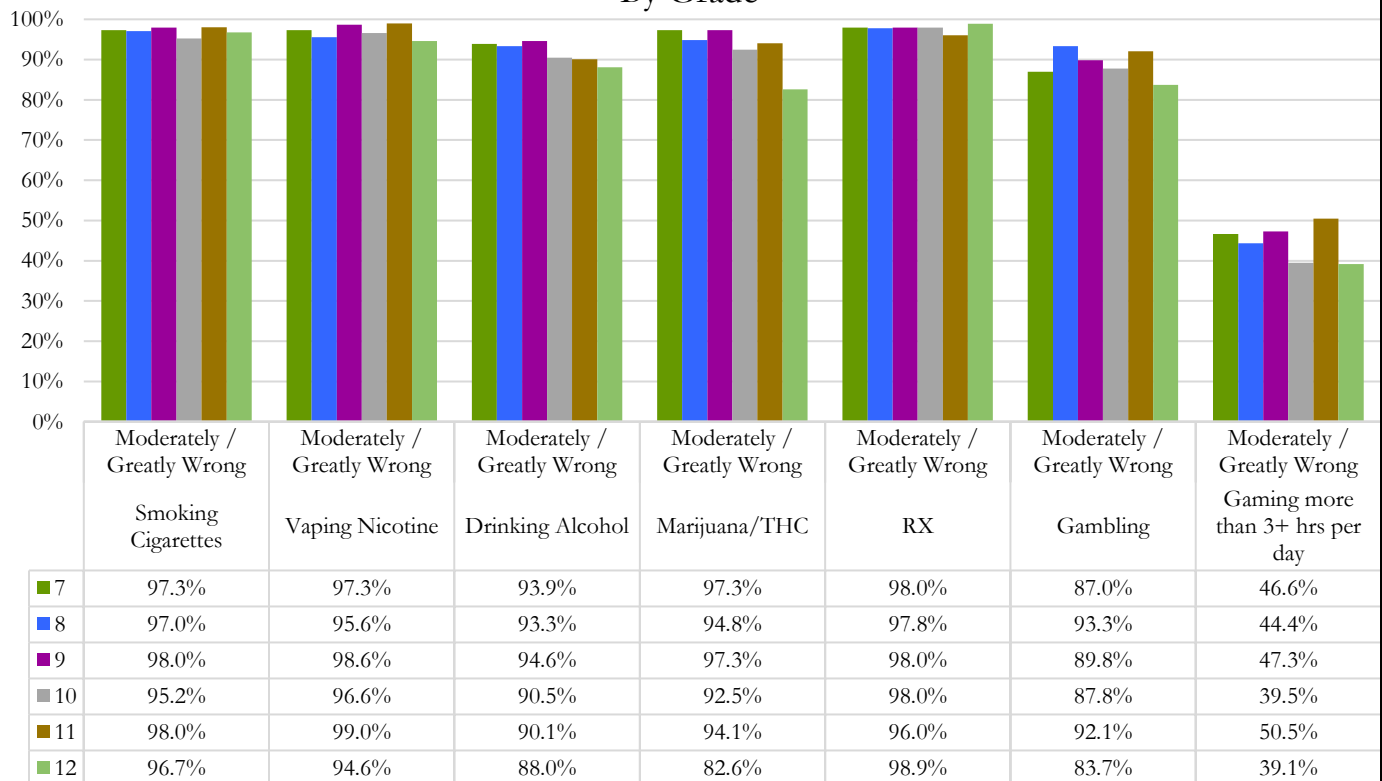
Perceptions of Substance Use, Family Rules and Experiences:



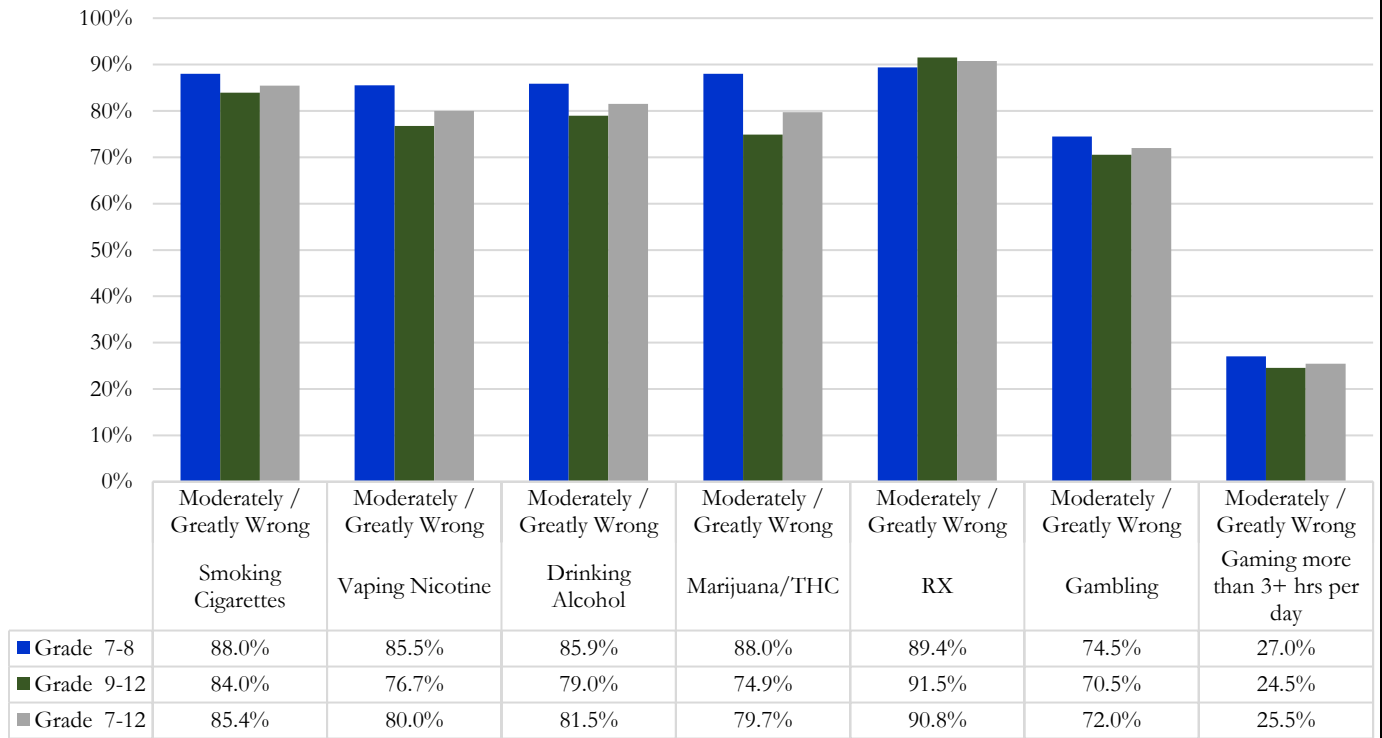
Perception of Parental Disapproval



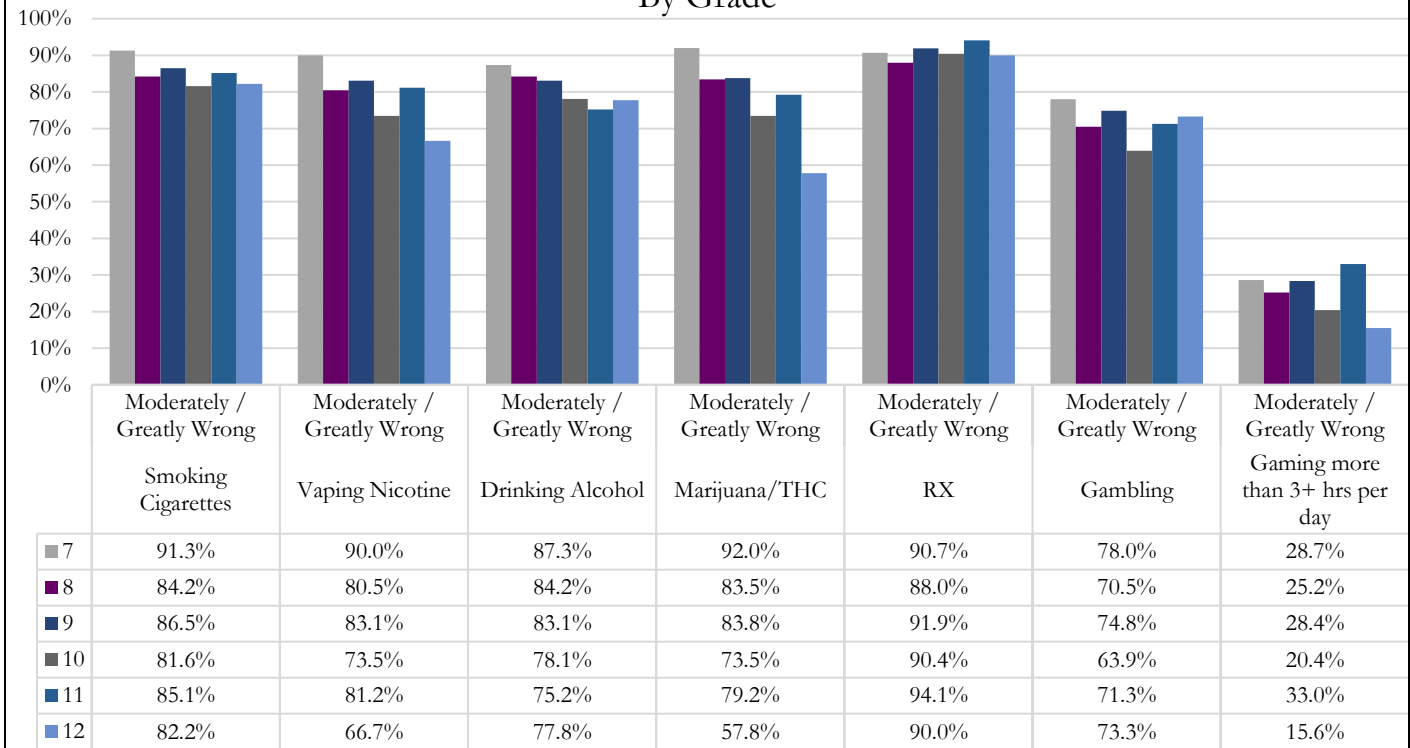
Perception of Parental Disapproval By Grade



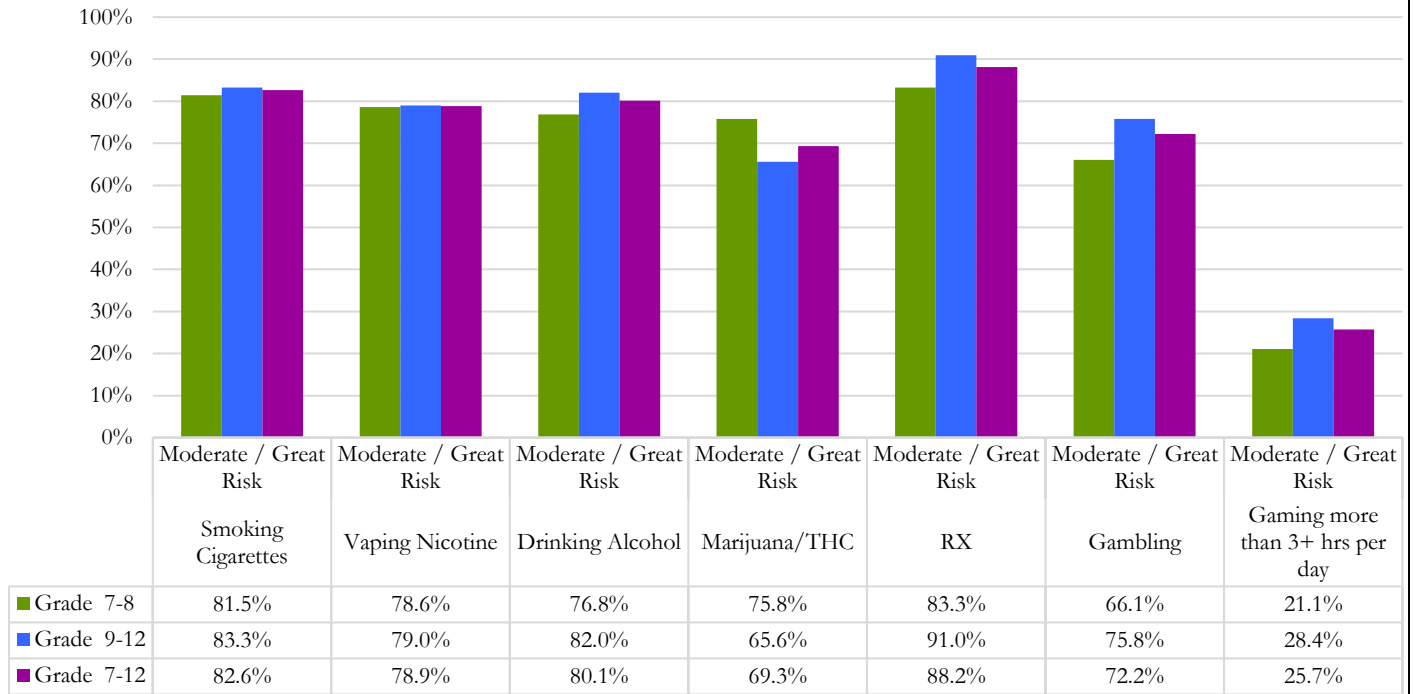
Perception of Peer Disapproval



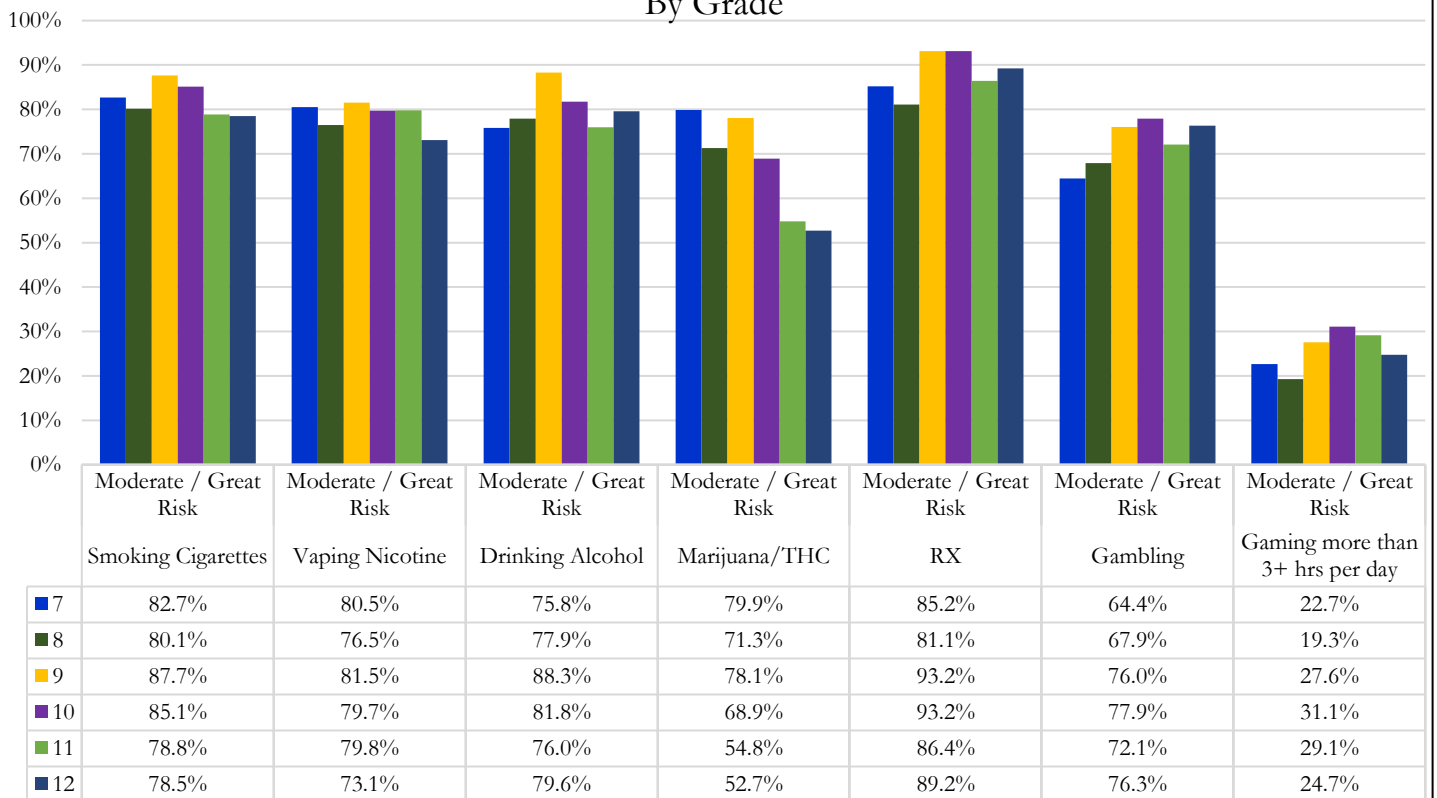
Perception of Peer Disapproval By Grade



Perception of Risk/Harm

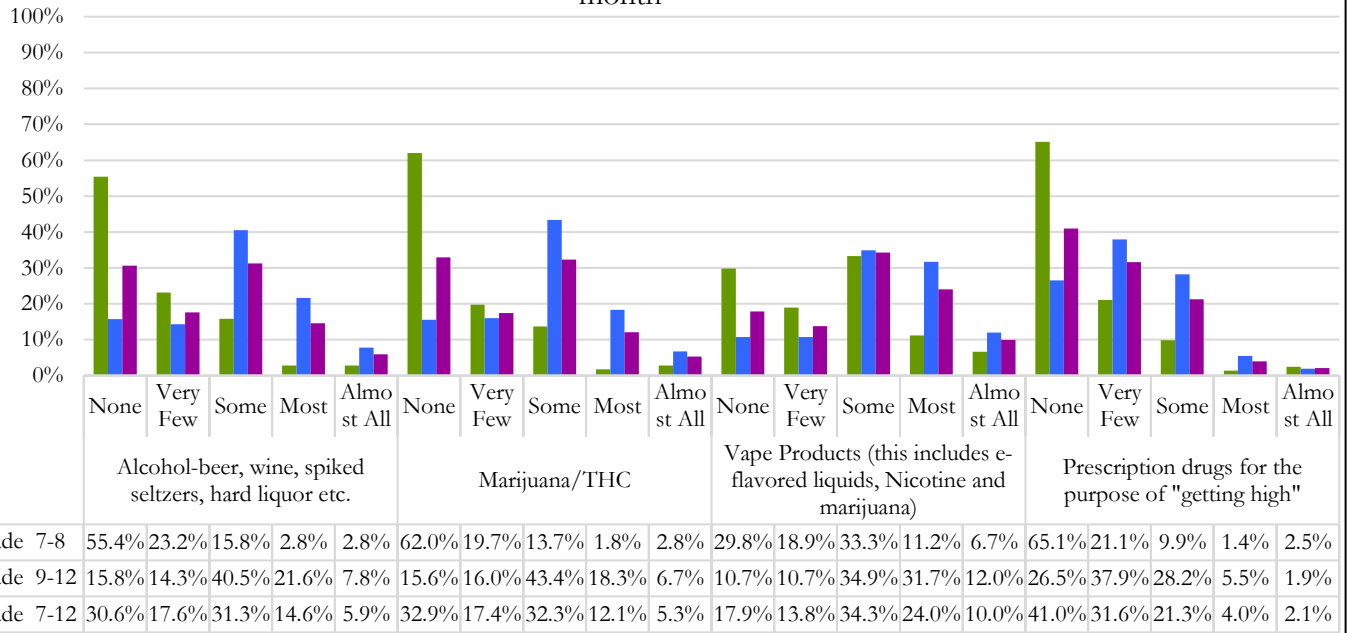


Perception of Risk / Harm By Grade

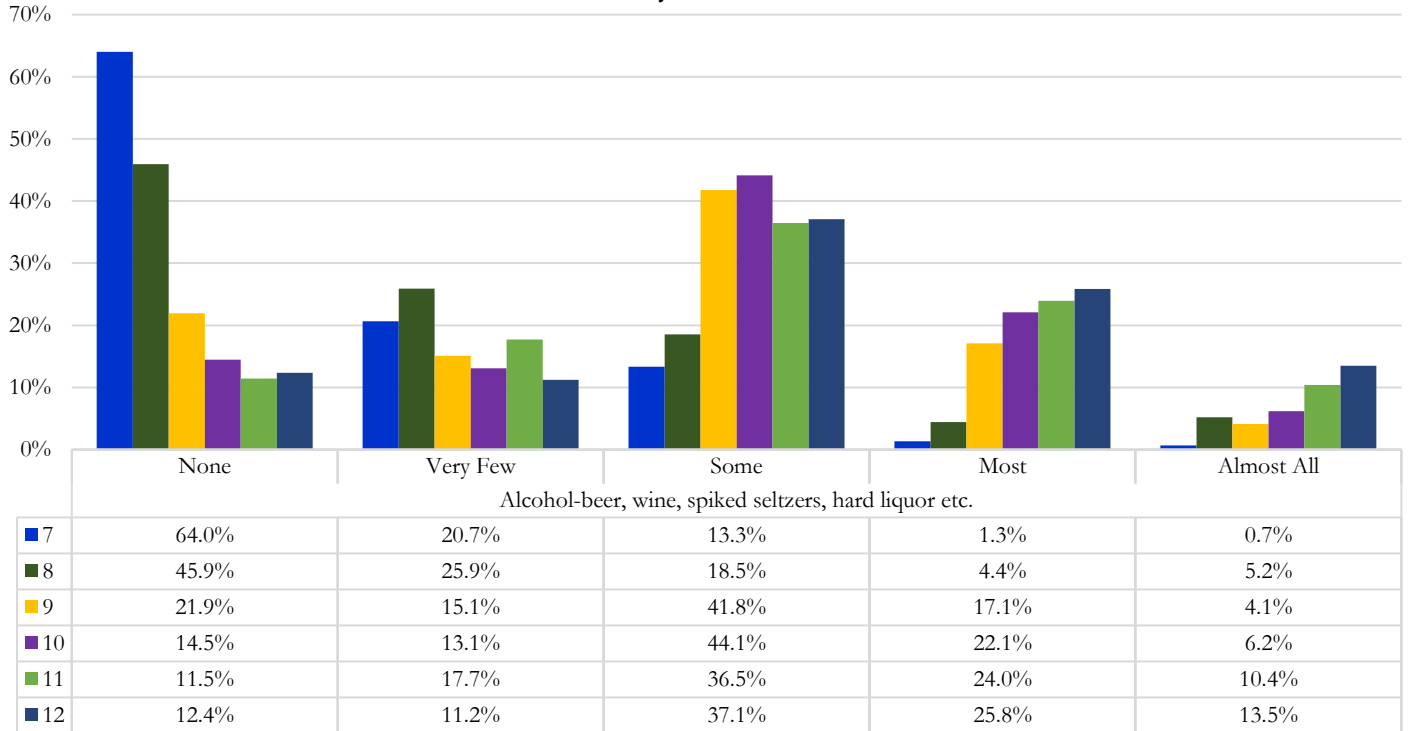


Perception of Peer Use in Past Month

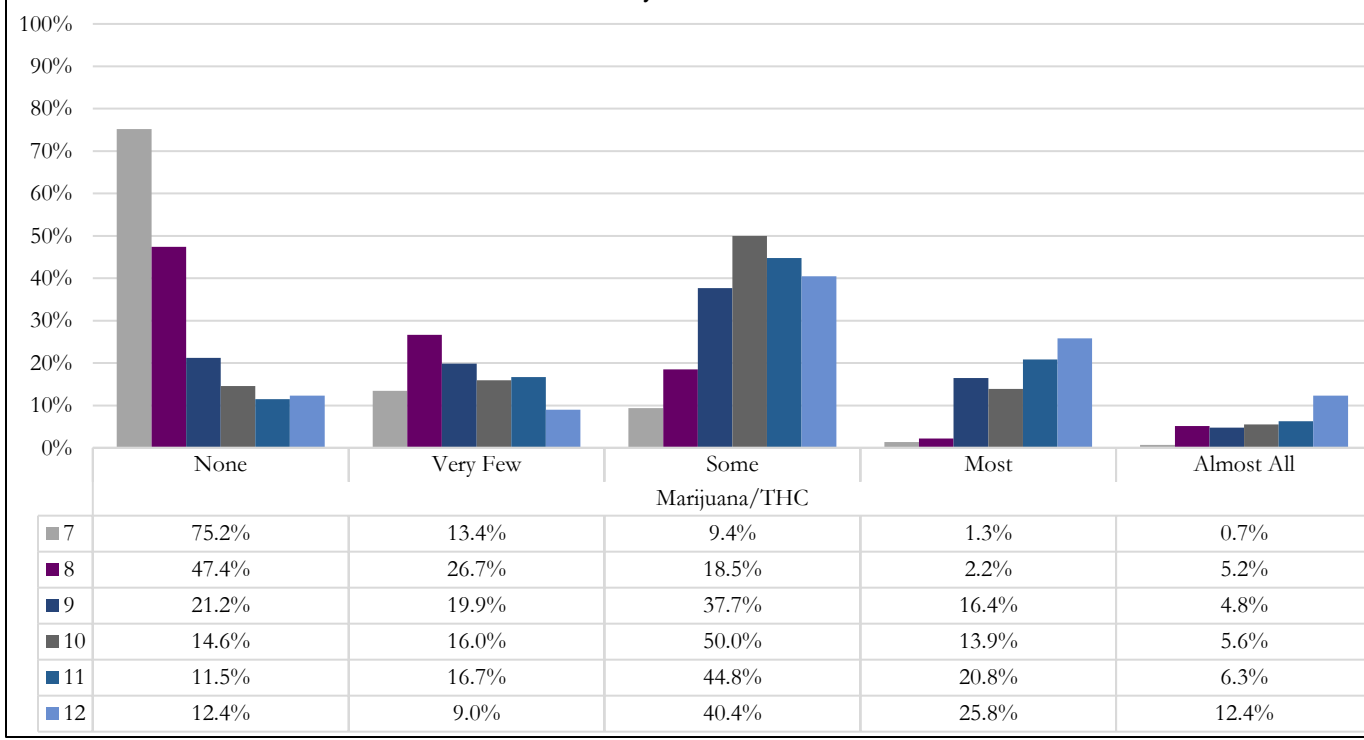
"Estimate the percentage of peers that have used the following substances in the past month"



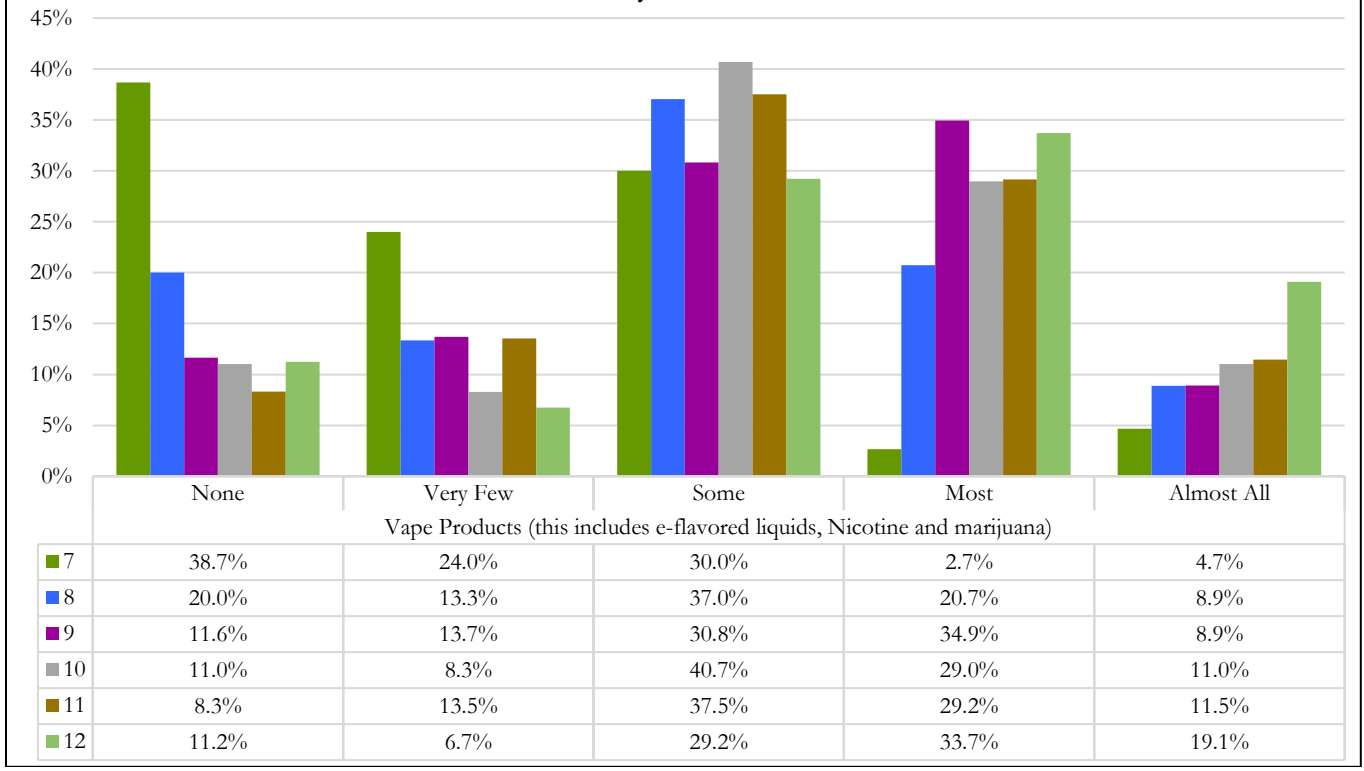
Perception of Peer Alcohol Use in Past Month By Grade



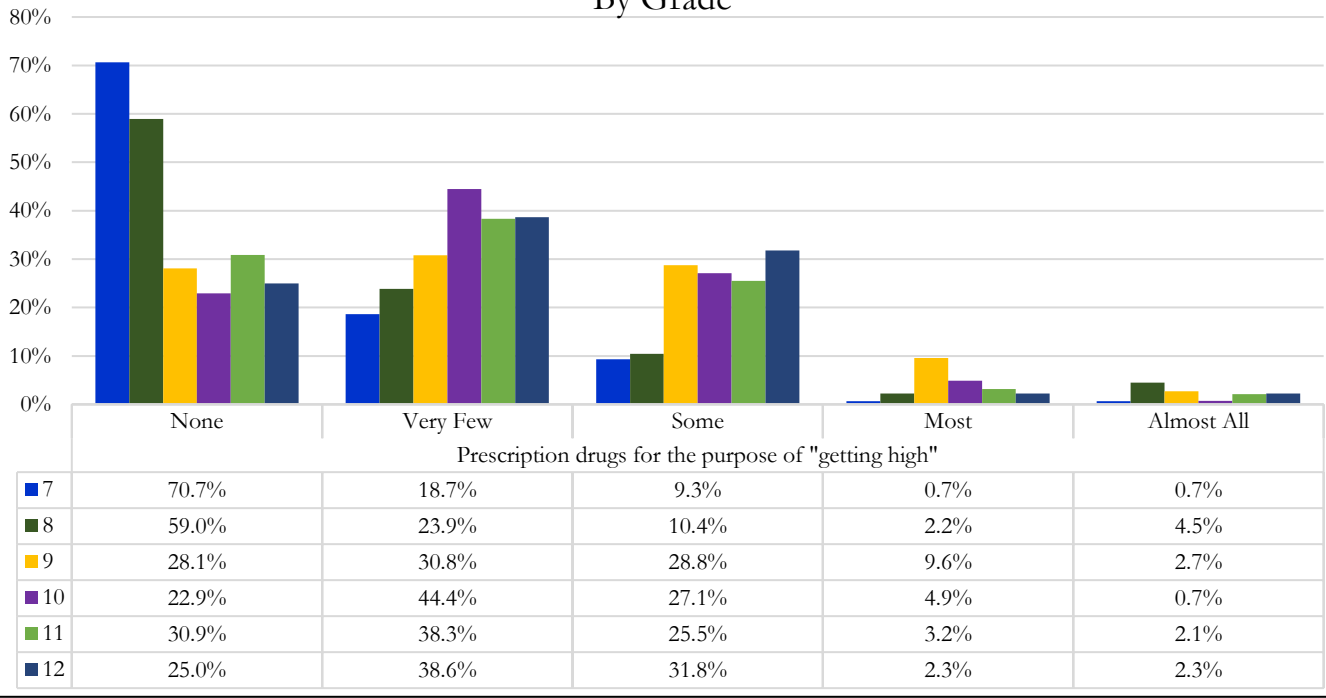
Perception of Peer Marijuana Use in Past Month By Grade



Perception of Peer Vaping Use in Past Month By Grade

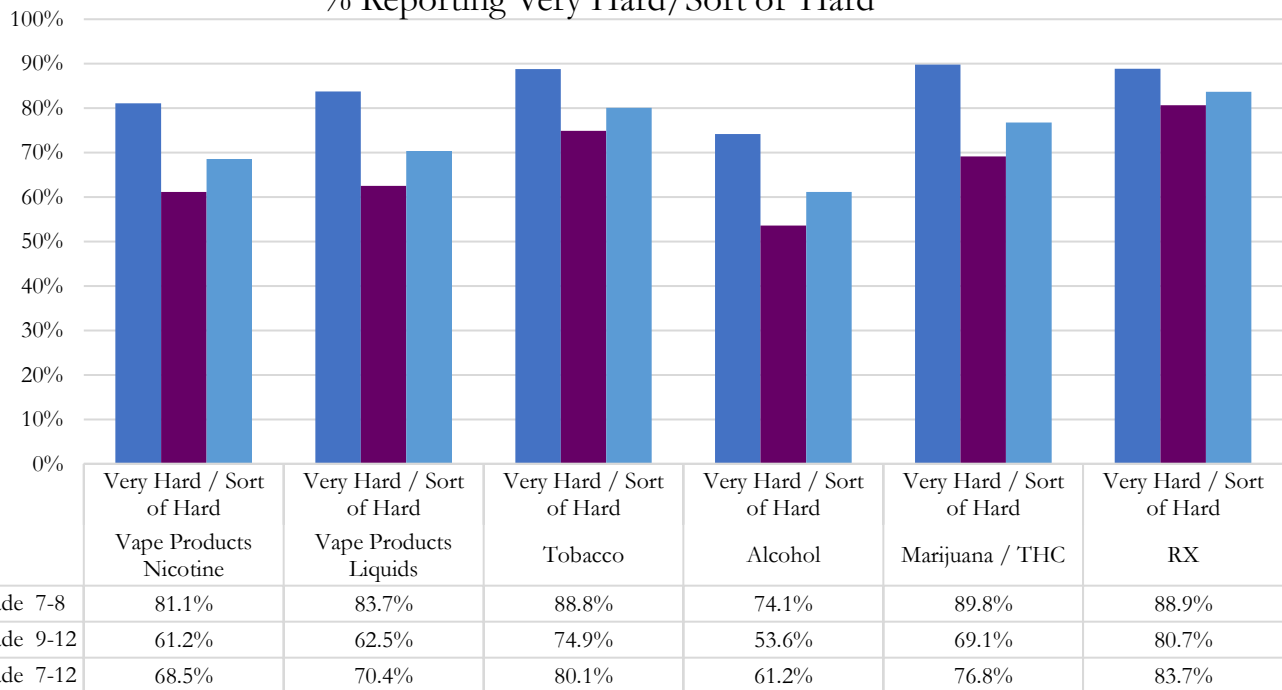


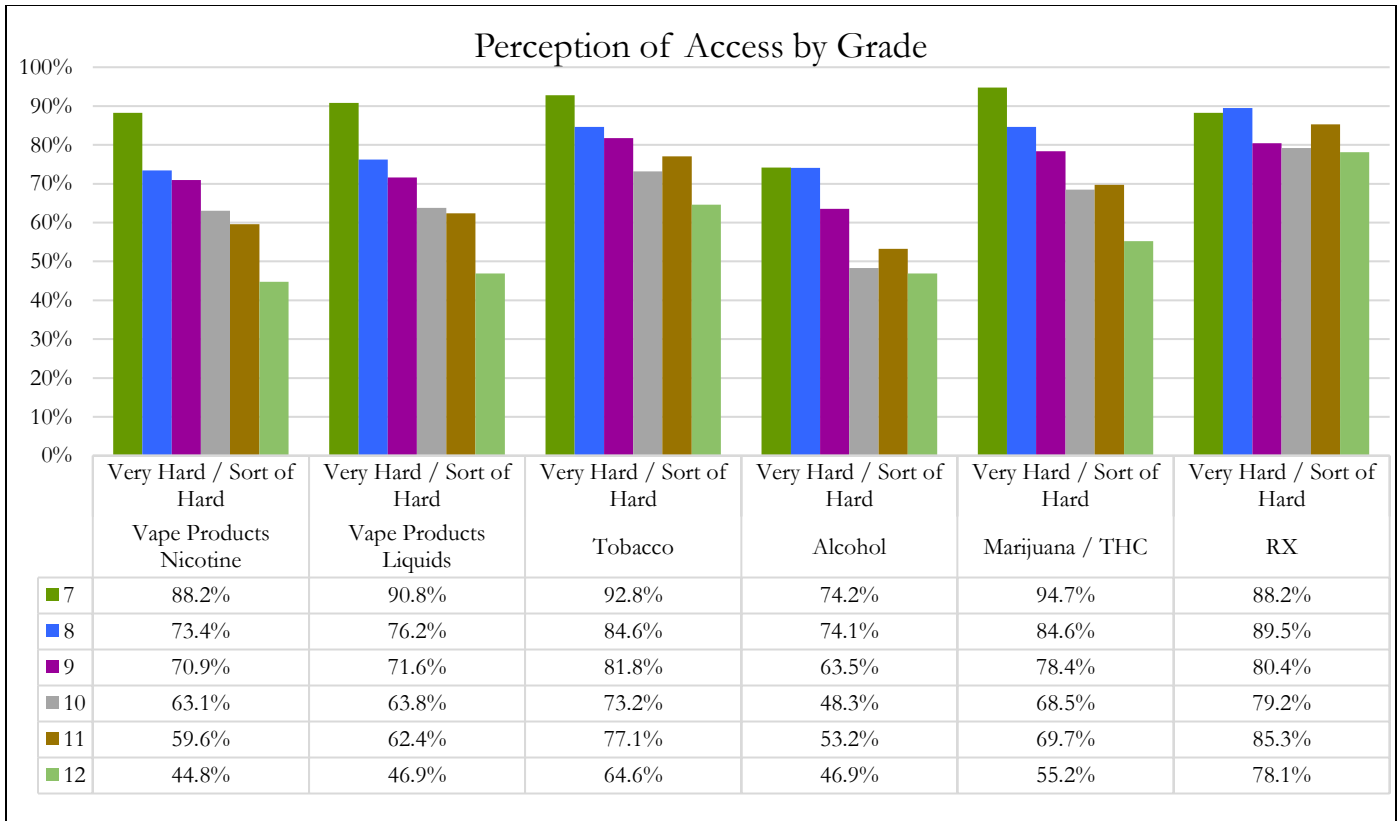
Perception of Peer RX Use in Past Month By Grade



Ease of Access:

Perception of Access % Reporting Very Hard/Sort of Hard





Substance Use and Gambling:

Risk Factors for Any Substance Use in Youth's Lifetime, Grades 7-12:

The following list includes youth-reported experiences and perceptions that are statistically associated with lifetime use of any substance. It is important to note association should not be considered causation.

Region 10 Middle & High School youth who have used **any substance in their lifetime** are more likely to:

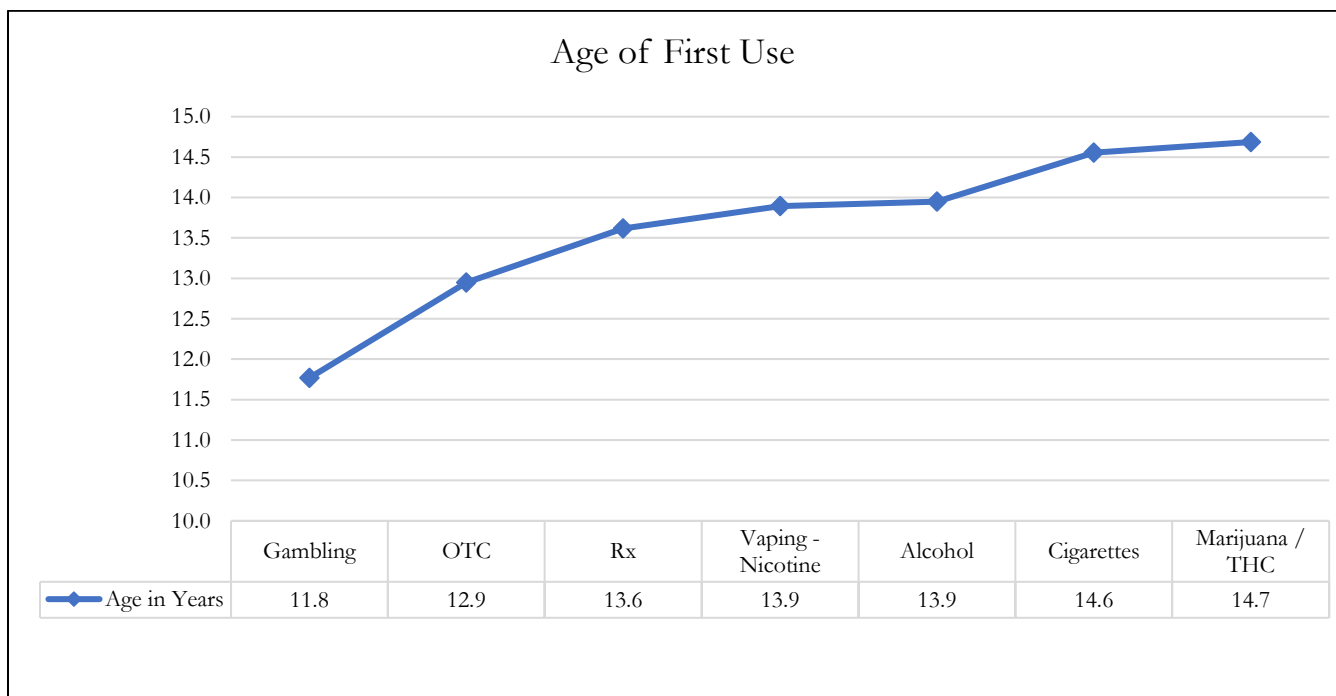
- Have the following experiences related to gaming: not getting enough sleep, having been threatened by another gamer, and having heard/seen something inappropriate due to gaming
- Have the following experiences related to social media: having gotten into a fight, feeling left out or excluded, feeling worse about themselves and having heard or seen something inappropriate.
- Have thoughts about self-harm, and have self-harm behaviors
- Have experienced physical abuse from an intimate partner
- Have felt sad or hopeless two or more weeks in a row
- Have considered suicide in the past year
- Feel less comfortable seeking help from a parent/guardian
- Report having family problems around alcohol, marijuana, heroin/fentanyl, other drugs, and gambling
- Report less parental disapproval for alcohol, marijuana, and gambling
- Report less peer disapproval for cigarettes, vaping, alcohol, marijuana, non-medical use of prescription drugs, and gambling
- Perceive more peer use of alcohol, marijuana, and vaping
- Report more ease of access to vape products, tobacco, alcohol, and marijuana

Region 10 High School youth who have used **any substance in their lifetime** are more likely to:

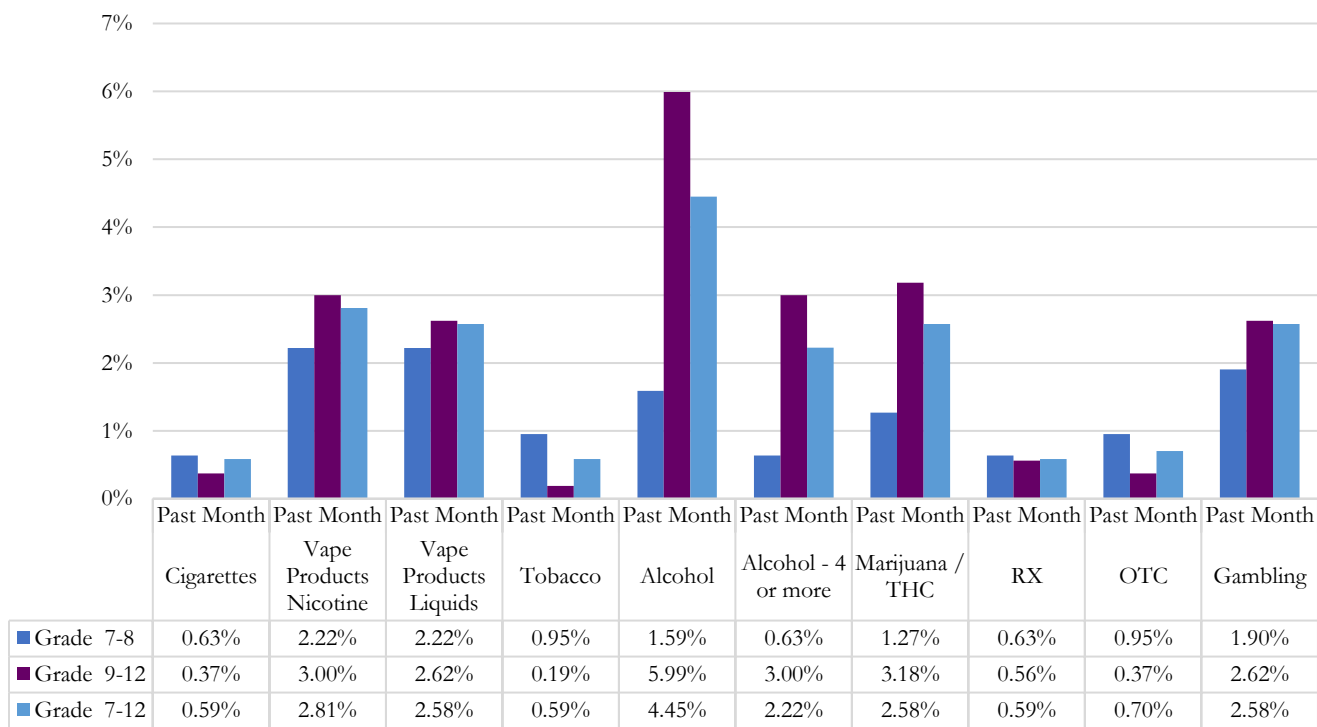
- Not feel safe in their community
- Feel unsafe because of something said on social media
- Report they are unsure about family rules or expectations relating to alcohol use or gambling
- Report less parental disapproval for gaming
- Report less peer disapproval for gaming 3+ hours per day
- Perceive less risk in using alcohol, marijuana, and gaming 3+ hours per day

Region 10 Middle School youth who have used **any substance in their lifetime** are more likely to:

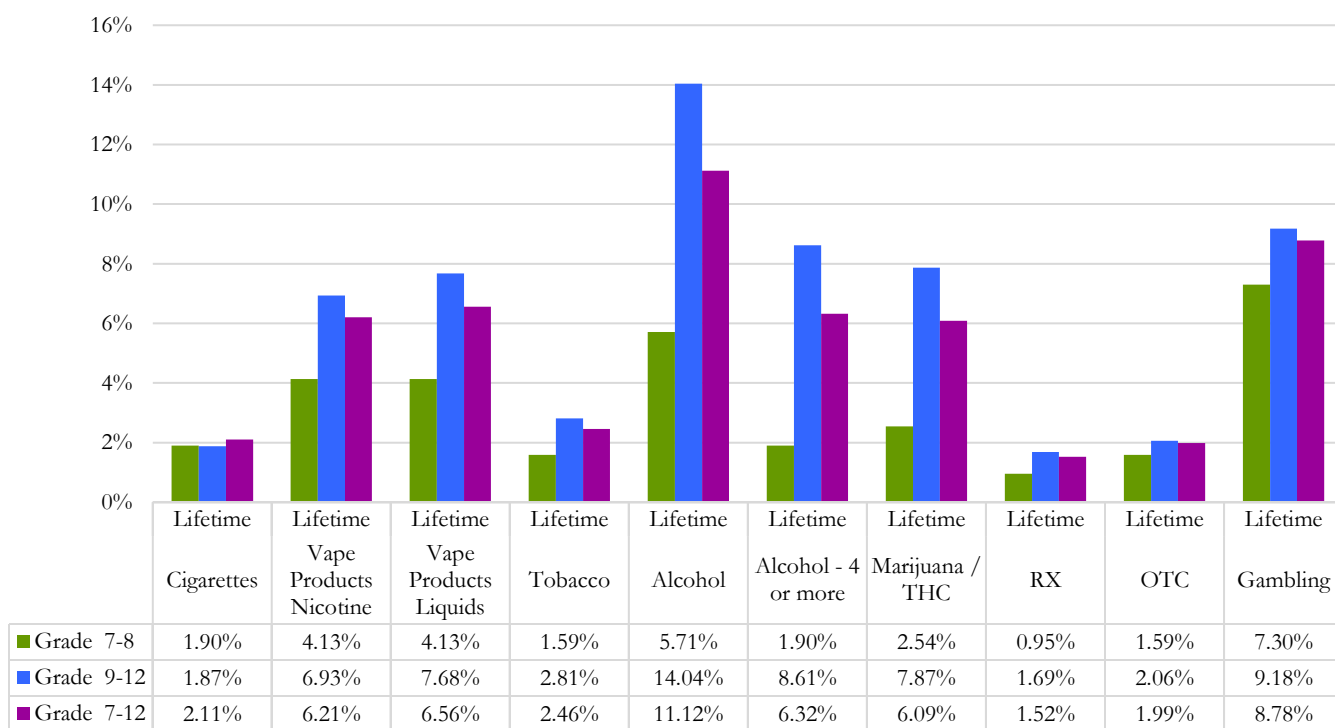
- Not have an adult they can share thoughts and feelings with
- Not know how to get help for themselves or a peer for mental health or substance use problems at school
- Report not spending time in person with friends because of video gaming, having gotten into a verbal or physical fight because of gaming, and have people tell them they are concerned about time spent gaming.
- Report feeling anxiety “always” in the past year
- Report peers and social media as sources of anxiety
- Feel less comfortable seeking help from a trusted adult aside from parents/guardians and school staff
- Report having family problems around prescription drug use
- Report less parental disapproval for cigarettes and vape products
- Report greater ease of access to prescription drugs



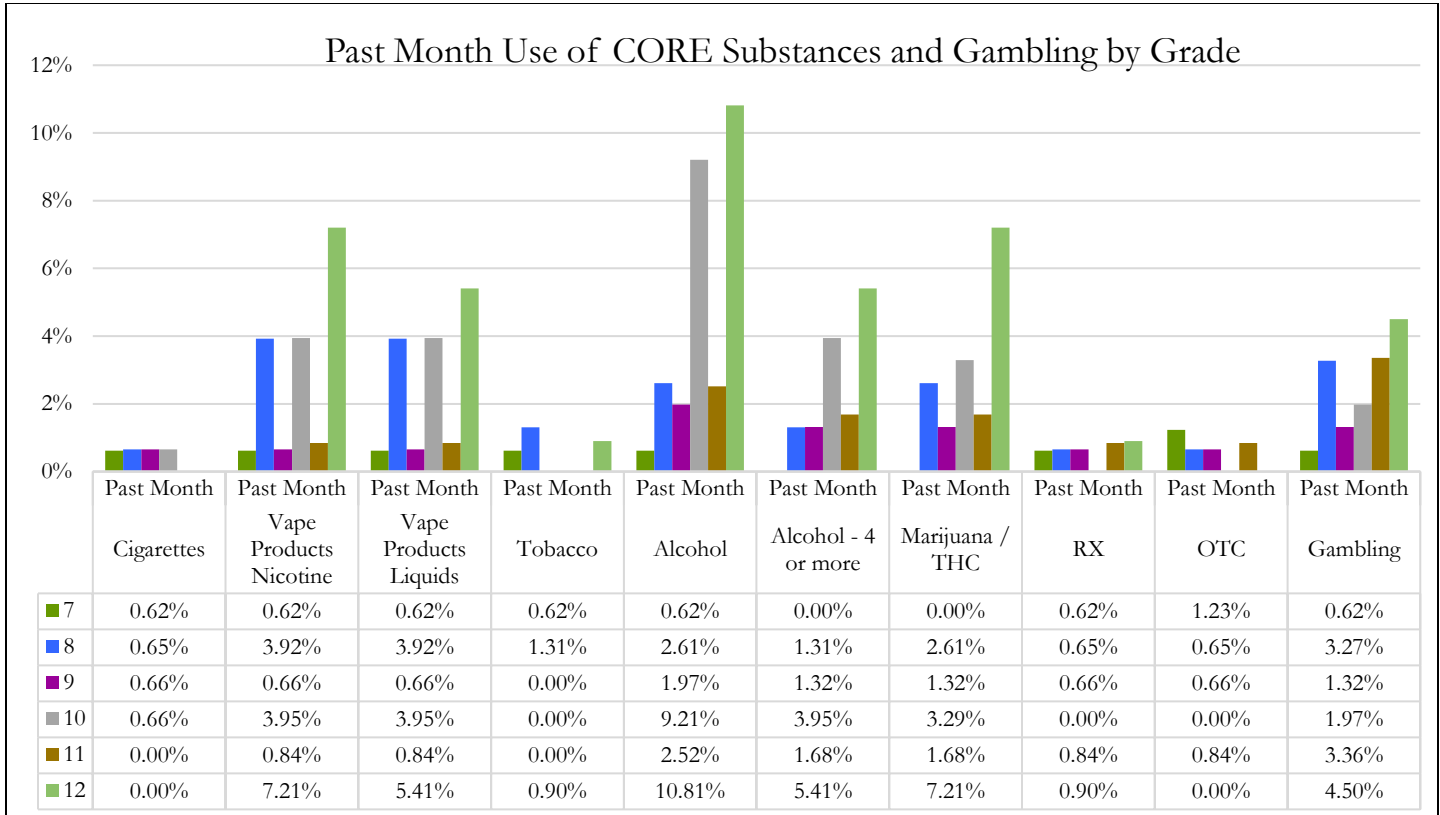
Past Month Use of CORE Substances and Gambling



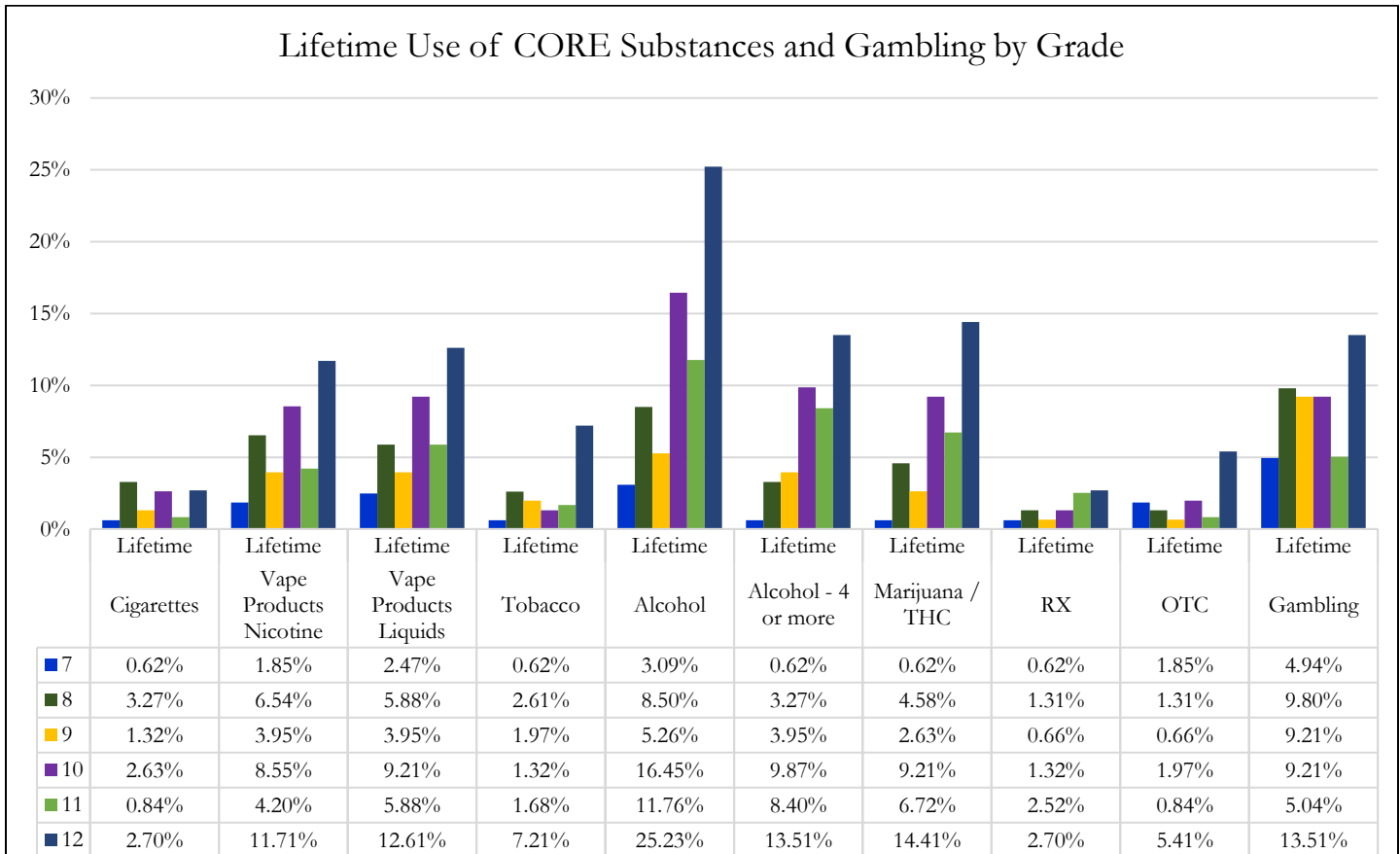
Lifetime Use of CORE Substances and Gambling



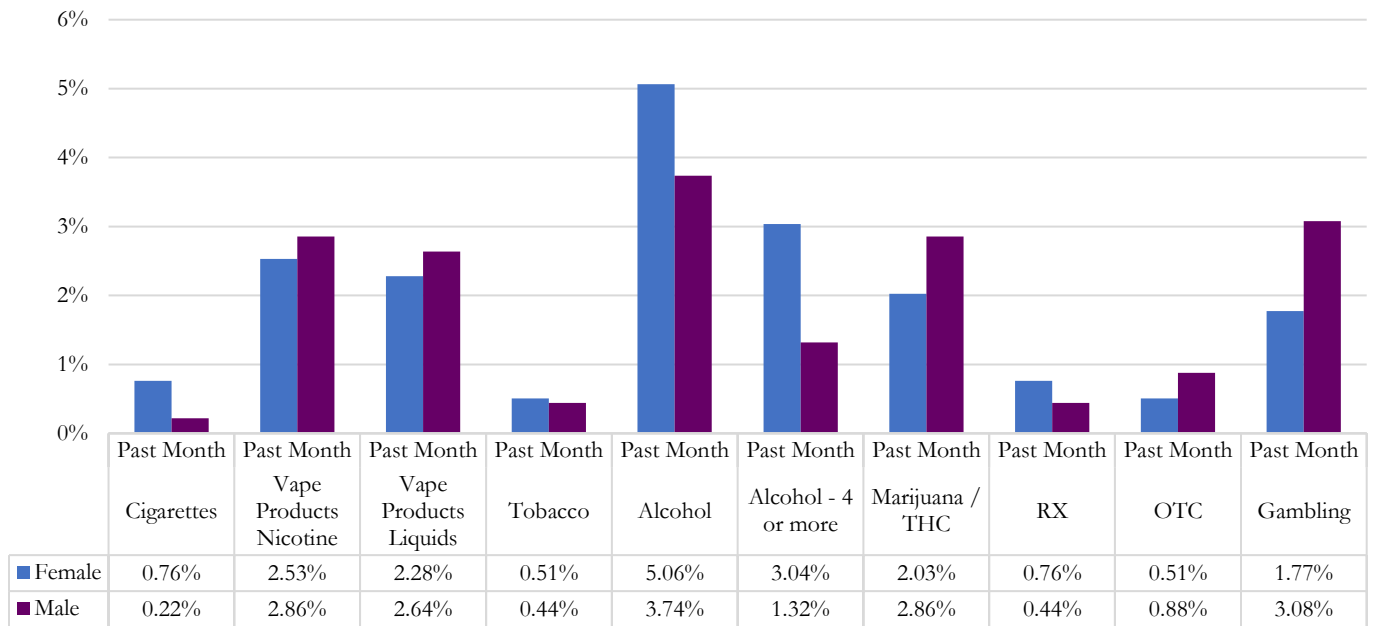
Past Month Use of CORE Substances and Gambling by Grade



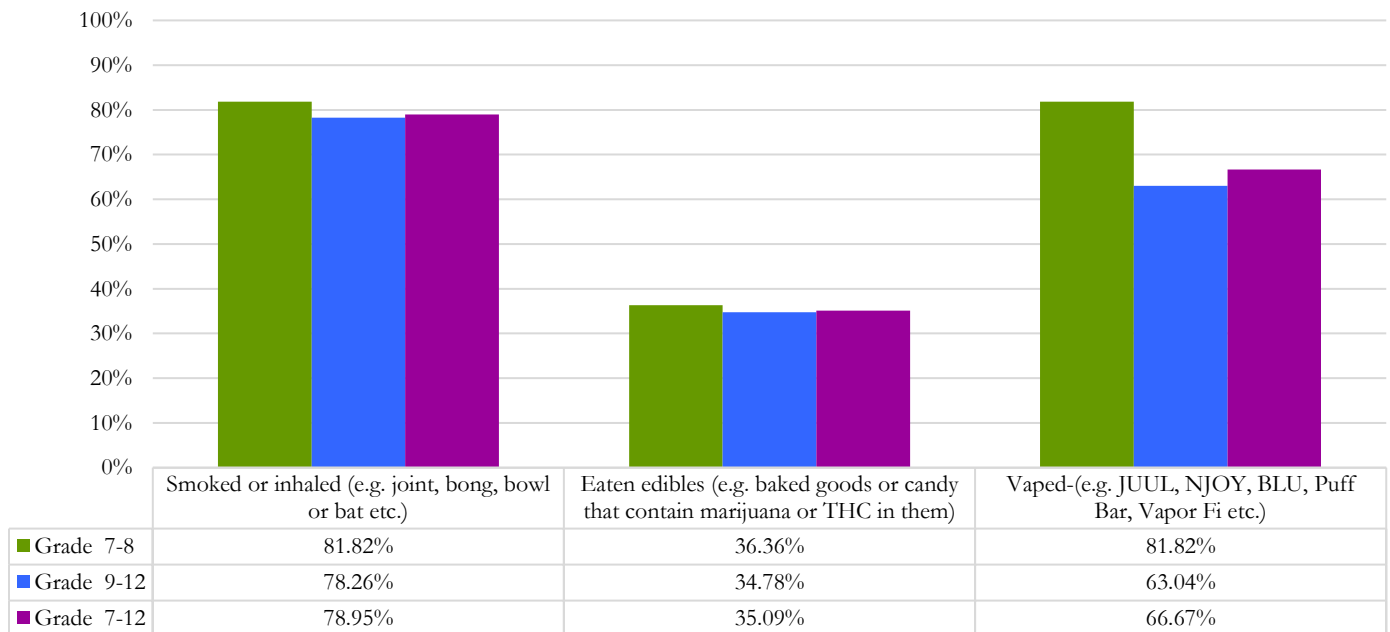
Lifetime Use of CORE Substances and Gambling by Grade



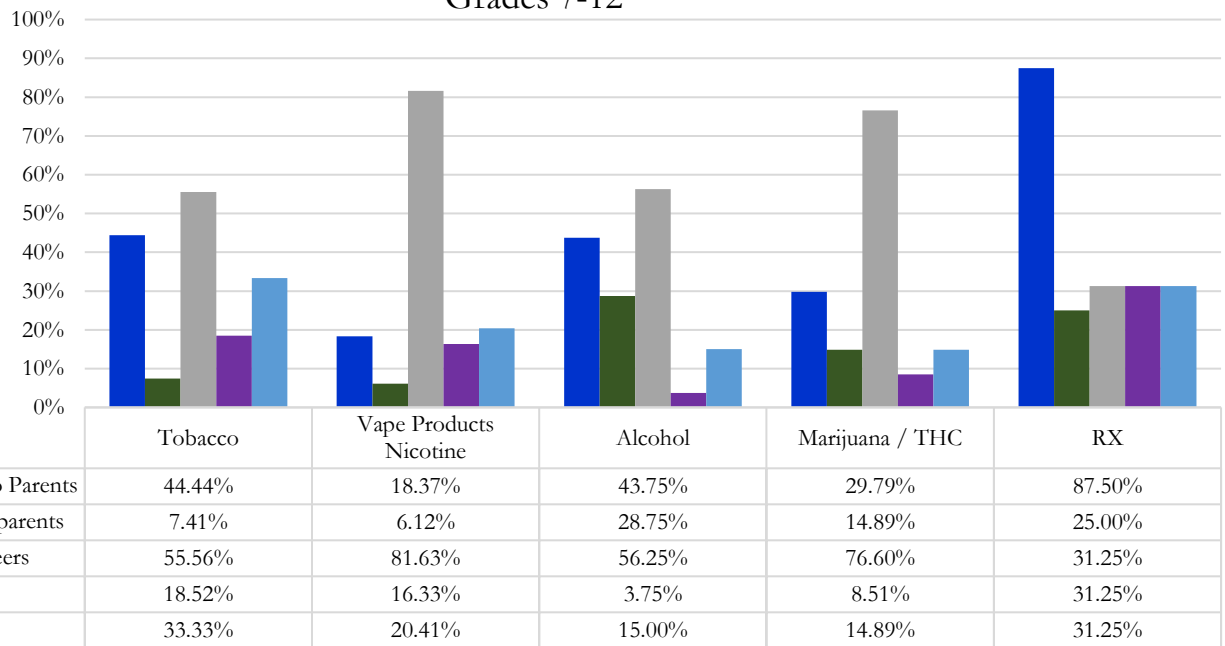
Biological Sex Differences in CORE Substance Use and Gambling Grades 7-12



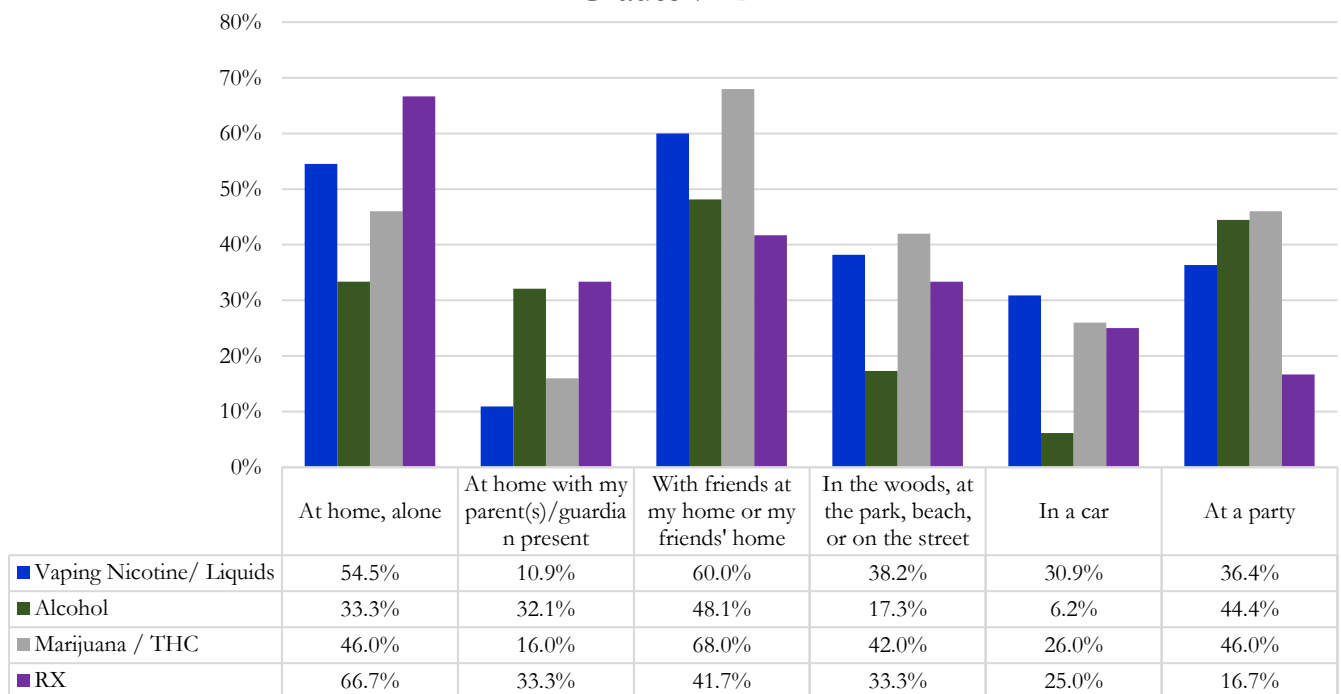
Methods of Marijuana Use Youth Who Have Used in the Past 12 Months



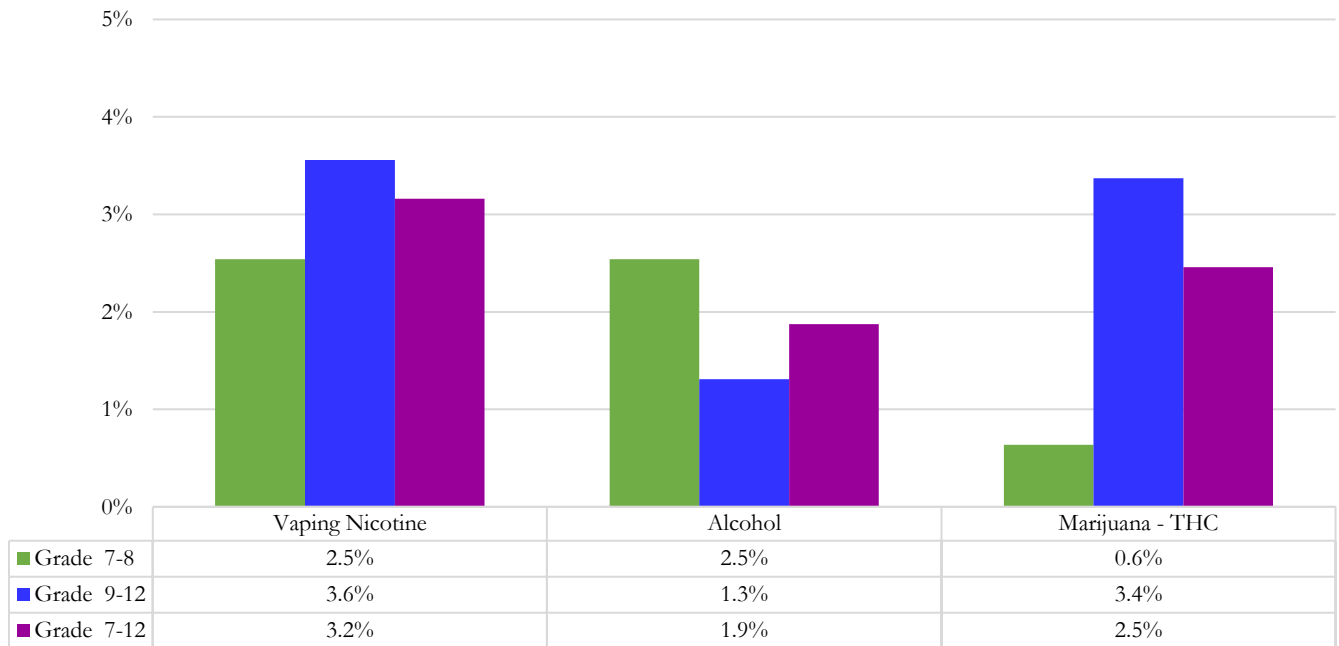
Where Substances Are Acquired Most Often Amongst Lifetime Users Grades 7-12



Where Substances Are Used Most Often Amongst Lifetime Users Grades 7-12

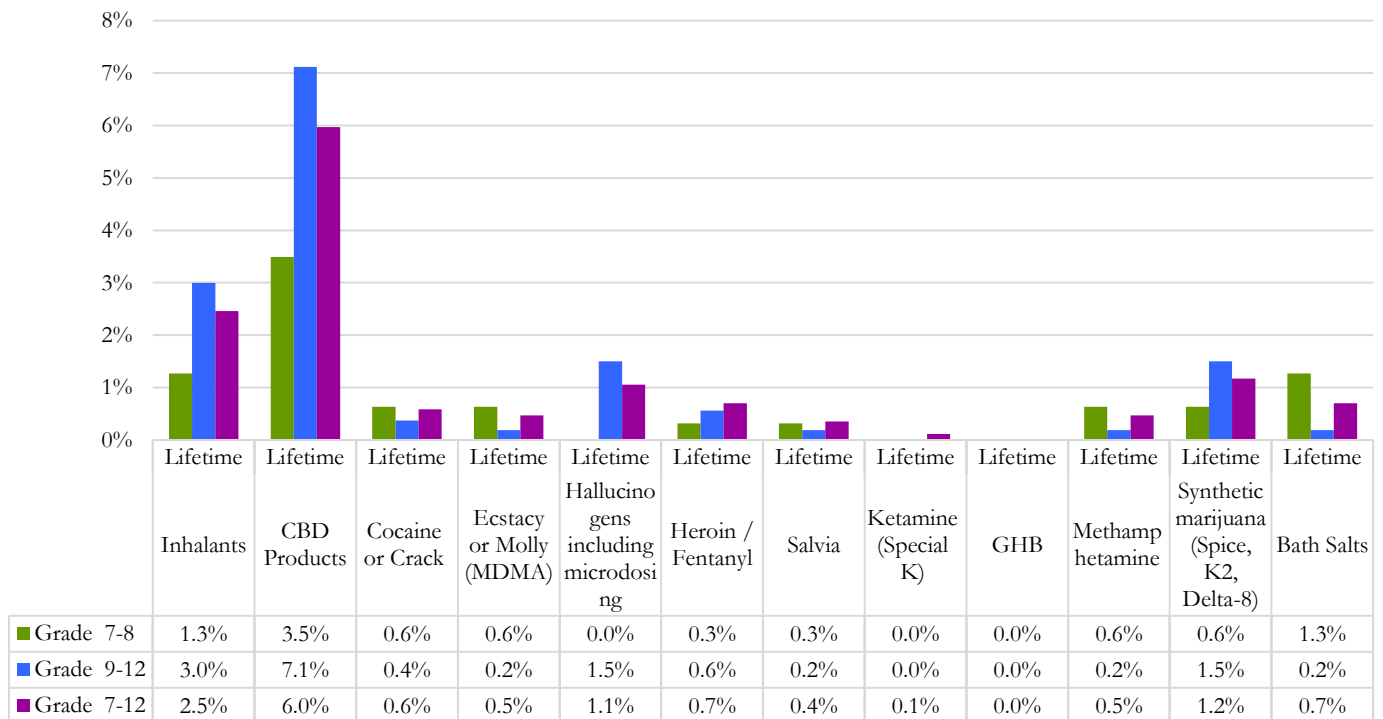


Youth Use of Substances at School- including school events

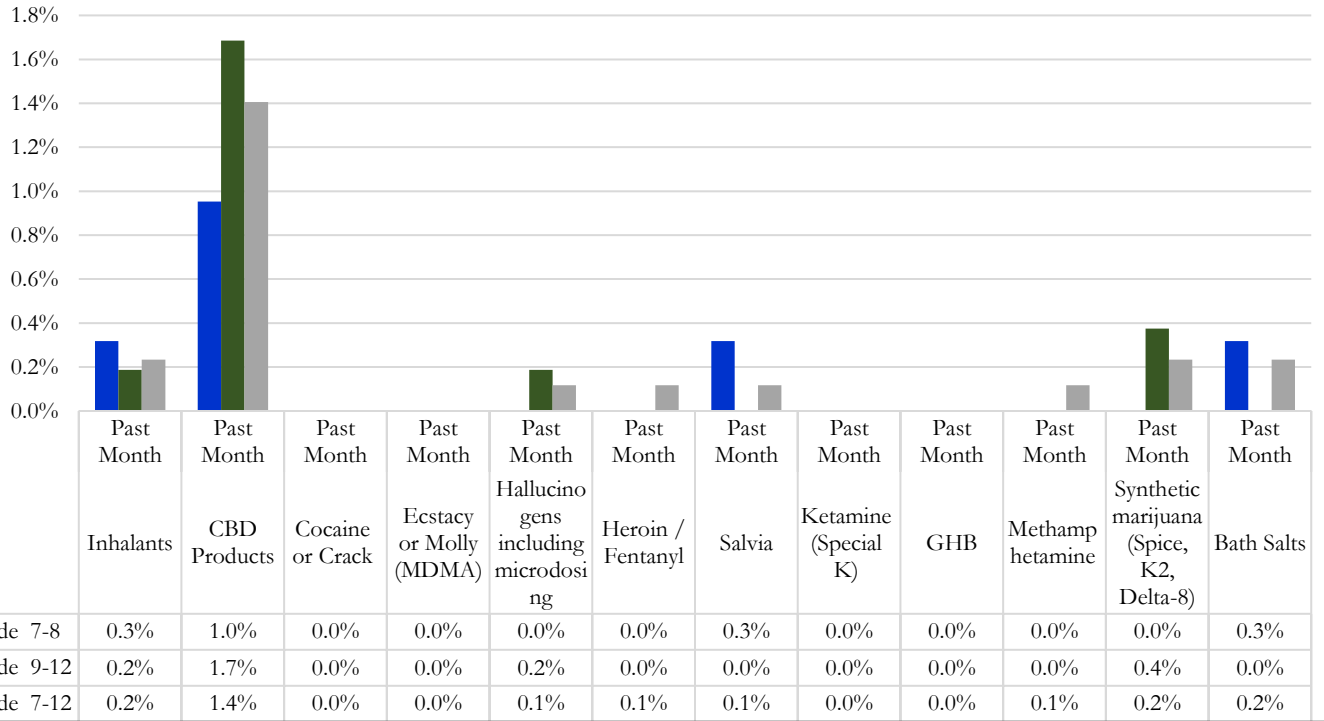


Other Substance Use:

Lifetime Other Substance Use

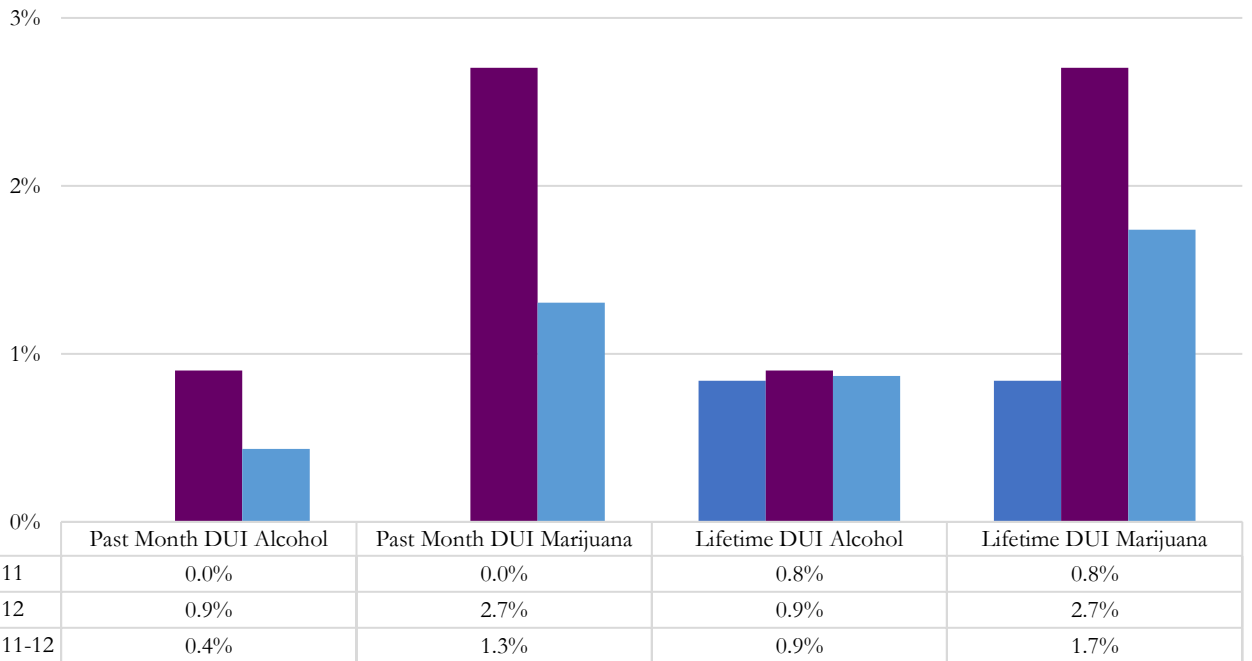


Past Month Other Substance Use

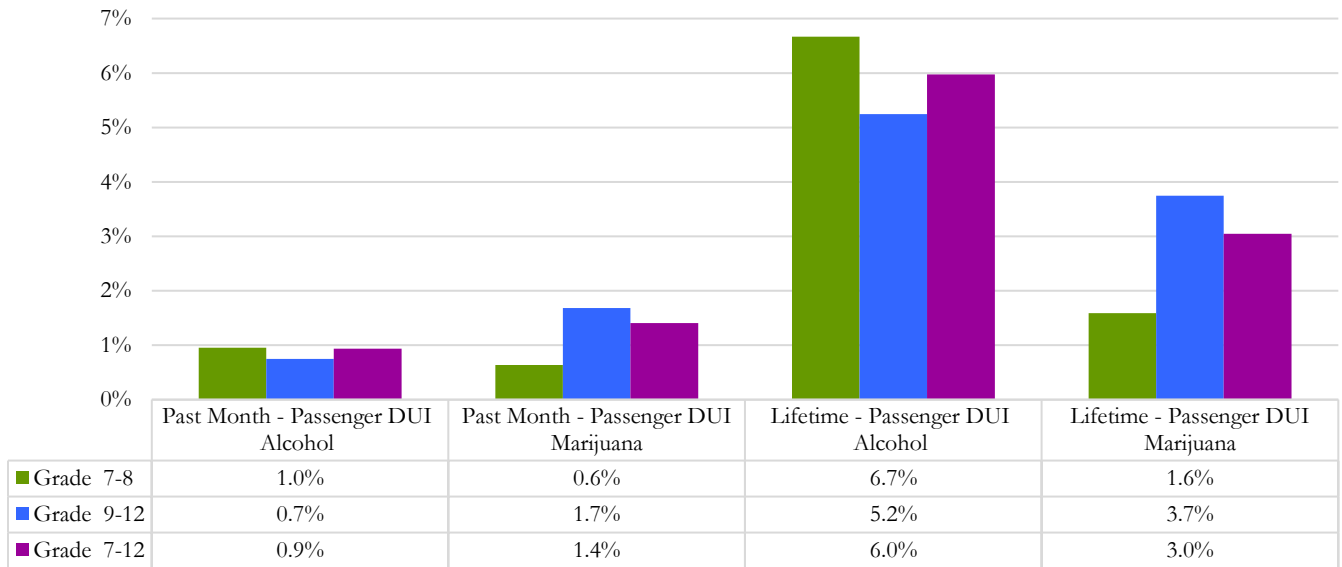


Driving Under the Influence:

Driving Under the Influence Alcohol and Marijuana Grades 11-12



Passenger of Driver, Age 20 or Younger, Under the Influence Alcohol and/or Marijuana



Region 10 2023 Substance Use Rates Compared to 2019:

It is important to note when comparing 2019 data to 2023, that the survey tool and administration of the survey changed during this time. Additionally, during March 2020 COVID-19 greatly disrupted youths' lives and may have ongoing impacts on substance use rates and other behavioral health indicators.

Past Month Substance Use 2019 and 2023, Grades 7-12			
	Region 10 2019	Region 10 2023	Percent Change 2019-2023
Alcohol	8.1%	4.45%	-45.06%
Binge Drinking	-	2.22%	N/A
Cigarettes	1.0%	0.59%	-41.0%
Vaping Nicotine	13.1%	2.81%	N/A
Vaping Flavored Liquids		2.58%	N/A
Marijuana	8.3%	2.58%	-68.92%
Prescription Drugs	0.9%	0.59%	-34.44%

E-cigarette use in the 2019 SERAC tool was not specific to nicotine or flavored liquids, preventing comparisons. Binge drinking not reported here due to lack of comparability, SERAC reports binge drinking as a subset of lifetime users.

Perception of Risk/Harm (Moderate/Great Risk) 2019 and 2023, Grades 7-12			
	Region 10 2019	Region 10 2023	Percent Change 2019-2023
Alcohol	75.5%	80.1%	6.09%
Cigarettes	84.2%	82.6%	-1.90%
Vaping Nicotine	70.9%*	78.9%	11.28%
Marijuana	52.2%	69.3%	32.76%
Prescription Drugs	81.8%	88.2%	7.82%

*E-cigarette use in the 2019 SERAC tool was not specific to nicotine or flavored liquids, comparisons should be interpreted with caution.

**Note, the 2019 SERAC tool also gave the option of "I don't know," which may impact comparisons.

Perception of Parental Disapproval (Moderately/Greatly Wrong) 2019 and 2023, Grades 7-12			
	Region 10 2019	Region 10 2023	Percent Change 2019-2023
Alcohol	94.5%	92.1%	-2.54%
Cigarettes	97.4%	97.0%	-0.41%
Vaping Nicotine	92.5%*	97.0%	4.86%
Marijuana	89.7%	93.8%	4.57%
Prescription Drugs	97.8%	97.8%	0%

*E-cigarette use in the 2019 SERAC tool was not specific to nicotine or flavored liquids, comparisons should be interpreted with caution.

Perception of Friends/Peer Disapproval (Moderately/Greatly Wrong) 2019 and 2023, Grades 7-12			
	Region 10 2019	Region 10 2023	Percent Change 2019-2023
Alcohol	74.5%	81.5%	9.40%
Cigarettes	79.3%	85.4%	7.69%
Vaping Nicotine	55.2%*	80.0%	44.93%
Marijuana	64.7%	79.7%	23.18%
Prescription Drugs	88.5%	90.8%	2.60%

*E-cigarette use in the 2019 SERAC tool was not specific to nicotine or flavored liquids, comparisons should be interpreted with caution.

Emotional Health Indicators, 2019 and 2023, Grades 7-12			
	Region 10 2019	Region 10 2023	Percent Change 2019-2023
Anxiety (almost always or always)	-	29.2%	N/A
Sad or Hopeless 2+ weeks in a row	16.4%	18.2%	10.98%
Considered Suicide	7.8%	10.7%	37.18%

The 2019 SERAC report included sources of anxiety but not frequency of anxiety.

Youth Interest in Survey Results:

