

Introduction

The New Jersey Student Health Survey (NJSHS) was administered to a sample of public high school students during the spring of 2019 by the New Jersey Department of Education (NJDOE) and the Bloustein Center for Survey Research (BCSR) at the Edward J. Bloustein School of Planning and Public Policy at Rutgers University. The NJSHS is part of the Centers for Disease Control and Prevention's (CDC) national Youth Risk Behavior Surveillance System (http://www.cdc.gov/HealthyYouth/yrbs/) that provides information about health behaviors, conditions, and experiences that contribute to the leading causes of mortality, morbidity, and social problems among youths and adults.

Methodology

Survey procedures were designed to protect the privacy of all students by allowing for anonymous and voluntary participation. As required by New Jersey law, documented active parental consent was obtained. Overall, 72% of sampled schools (28 out of 39) agreed to participate and 68% of sampled students (1,394 out of 2,046) provided parental consent and completed the survey, yielding an overall response rate of 49% (72% school rate x 68% student rate = 49% overall rate).

Historically, the CDC has used a minimum of 60% combined participation rate to weight data collected as part of the YRBSS. While this threshold was not achieved in 2019, a nonresponse bias analysis was performed and the CDC concluded that there were no statistically significant biases and the data could be considered representative of the New Jersey student population. The weighting procedure includes two components: (a) an adjustment for school and student probability of selection; and (b) an adjustment to provide demographic comparability of the sample to the overall New Jersey student population. Beginning with the 2021 YRBSS cycle, a nonresponse bias analysis will be used to determine data representativeness for data weighting.

The weighted results are representative of all public school students in grades nine through twelve in New Jersey and, therefore, permit the comparison of findings related to priority health-risk behaviors to results from prior surveys. In addition to the 2019 NJSHS, a weighted sample was obtained for the NJSHS data in 2001, 2005, 2009, 2011 and 2013. The study was also conducted in 2015 and 2017 with response rates lower than necessary for study findings to be considered representative of the population of the state.

Profile of Participating Students

The purpose of applying weights to data is to produce results that can be considered representative of the full population being studied. The table below depicts demographic figures for the sample of high school students before and after the weighting process.

Sex	Sample (n)	Sample %	Weighted %
Female	733	52.3	49.6
Male	652	46.8	50.4

Grade	Sample (n)	Sample %	Weighted %
9 th	340	24.4	25.7
10 th	387	27.8	25
11 th	351	25.2	24.8
12 th	309	22.2	24.5

Age	Sample (n)	Sample %	Weighted %
13 Years or Younger	6	0.4	0.4
14 Years Old	126	9	9
15 Years Old	355	25.5	25.5
16 Years Old	377	27.1	25.4
17 Years Old	314	22.5	22.8
18 Years or Older	211	15.1	16.9

Race/Ethnicity	Sample (n)	Sample %	Weighted %
Black	146	10.5	13.6
Hispanic/Latino	377	27.1	24.9
White	608	43.6	49.4
All Other Races	175	12.6	10.8
Multiple Races	64	4.6	1.3

How to Interpret These Fact Sheets

This report presents data as a series of fact sheets for nine health topics. Each fact sheet frames the findings in two ways: **Highlights** are overall statistics that refer to either the full population of New Jersey students or a non-demographic sub-group of those students. **Demographic Subgroups** depict selected overall statistics by gender, race/ethnicity and grade level and are designed to analyze differences across groups. (For some tables and charts, percentages may add up to 99% or 101% due to rounding.)

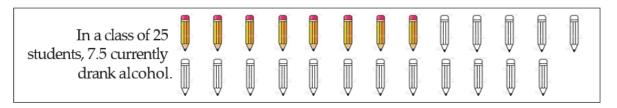
ALCOHOL USE

Alcohol is used by more young people across the country than tobacco or illicit drugs.⁽¹⁾ Heavy alcohol drinking and binge drinking among youth is associated with risky sexual behaviors, being a victim of dating violence, and use of cigarettes, marijuana, cocaine, and other illegal drugs.⁽²⁾ Persons who begin drinking alcohol before the age of 15 years are five times as likely to report alcohol dependence or abuse as those who first drank alcohol at age 21 or older.⁽³⁾

30.3%

of NJ high school students currently drank alcohol

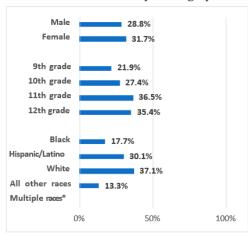
(on at least 1 day during the 30 days before the survey)



New Jersey Student Health Survey Highlights

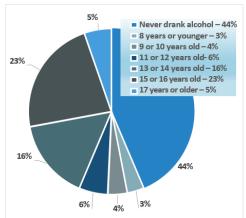
- 12.8% of students had their first drink of alcohol before the age of 13.
- Binge drinking was reported by 15.3% of students. 14% of males and 16.6% of females participated in binge drinking.
- The occurrence of binge drinking increased with each grade 9.0% in 9th grade, 15.9% in 10th grade, 18.0% in 11th grade, and 18.5% in 12th grade.

Current Alcohol Use by Demographic



*Fewer than 100 students in this subgroup.

Age at First Drink of Alcohol



- Current alcohol use is defined as having at least one drink of alcohol, on at least 1 day during the 30 days before the survey.
- Binge drinking is defined as having four or more drinks of alcohol in a row for female students or five
 or more drinks of alcohol in a row for male students, within a couple of hours, on at least 2 days
 during the 30 days before the survey.
- A first drink of alcohol is a drink other than a few sips.

Additional Details

- In 2009, 45.2% of high school students currently drank alcohol.
- In 2009, 18.0% of high school students had their first drink of alcohol before 13 years of age.

Resources for Schools

- Substance Abuse Prevention Parent Education Program: 973-467-2100, http://drugfreenj.org/child-break/15-minute-child-break/
- Collaborative for Academic, Social, and Emotional Learning: 312-226-3770, https://casel.org/
- OJJDP Model Programs Guide: 202-307-5911, https://ojjdp.ojp.gov/model-programs-guide/home
- New Jersey Prevention Network: https://www.njpn.org/regional-prevention-coalitions
- SAMHSA's Evidence-based Practices Resource Center: 800-662-4357, https://www.samhsa.gov/resource-search/ebp
- Screening, Brief Intervention, and Referral to Treatment (SBIRT): 202-684-7457,
 https://www.thenationalcouncil.org/integrated-health-coe/

- Hazelden Betty Ford Foundation: 1-800-257-7810, https://www.hazeldenbettyford.org/
- Parent-To-Parent: 856-983-3328, http://www.parent2parentnj.org/index.php
- ReachNJ -- Facing Addiction Taskforce: 1-844-ReachNJ, https://nj.gov/humanservices/reachnj/
- Talk, They Hear You -- Underage Drinking Campaign: 800-662-4357,
 https://www.samhsa.gov/talk-they-hear-you
- Family Check Up: 800-662-4357,
 https://www.drugabuse.gov/publications/family-checkup/introduction
- Partnership for Drug-Free Kids: Text CONNECT to 55753, https://drugfree.org/

References

- 1. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, NSDUH Series H-54, HHS Publication No. PEP19-5068. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019. Accessed November 2021
- 2. Centers for Disease Control and Prevention. (2021). *Alcohol Basics: Underage Drinking*. U.S. Department of Health and Human Services. https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm. Accessed November 2021
- 3. National Institute on Alcohol Abuse and Alcoholism. (2020). *Understanding Alcohol Use Disorder*. U.S. Department of Health and Human Services. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder. Accessed November 2021

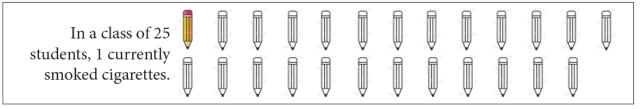
CIGARETTE USE

Cigarette smoking is the leading cause of preventable death in the United States and accounts for more than 480,000 deaths each year in the United States.⁽¹⁾ Smoking and smokeless tobacco use are initiated and established primarily during adolescence while nearly nine out of ten smokers started smoking by age 18.^(2,3) Cigarette smoking increases risk for heart disease, chronic obstructive pulmonary disease (COPD), acute respiratory illness, stroke, and cancers of the bladder, blood, cervix, colon, larynx, liver, lung, oral cavity, pancreas, pharynx, and stomach.^(3,4) In addition, as compared to nonsmokers, cigarette smokers are more likely to drink alcohol, use marijuana and cocaine, engage in risky sexual behaviors, engage in physical fighting, carry a weapon and attempt suicide.⁽³⁾ More information about New Jersey students and tobacco use can be found by reading the New Jersey Youth Tobacco Survey report produced by the New Jersey Department of Health. The latest report can be found at the following website: https://www.nj.gov/health/fhs/tobacco/research/

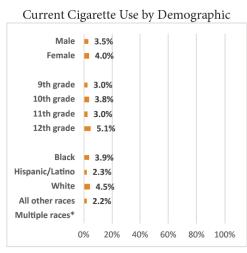
3.8%

of NJ high school students currently smoked cigarettes

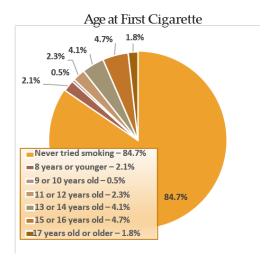
(on at least 1 day during the 30 days before the survey)



- 4.8% of students had their first drink of alcohol before the age of 13.
- Daily smoking was reported by 0.7% of students. 0.4% of males and 1.0% of females partake in daily smoking.
- The percentage of current smokers increased from about 3.3% for ages 17 and younger to 6.1% for students 18 or older.



^{*}Fewer than 100 students in this subgroup.



- Current cigarette use is defined as smoking on at least one day during the 30 days before the survey.
- Frequent smoking is defined as smoking cigarettes on 20 or more days during the 30 days before the survey.
- Daily smoking is defined as smoking cigarettes on all 30 days during the 30 days before the survey.
- Trying a cigarette for the first time counts as smoking even with one or two puffs.

Additional Details

- The 2019 data show the same percentages in all categories for students smoking frequently and smoking daily.
- In 2009, 17.0% of high school students currently smoked cigarettes.
- In 2009, 5.5% of high school students frequently smoked cigarettes.
- In 2009. 3.8% of high school students smoked cigarettes daily.

Resources for Schools

- School Climate Strategy Resource Guide:
 https://www.nj.gov/education/students/safety/sandp/climate/SCTP%20Strategy%20Resource.pdf
- Collaborative for Academic, Social, and Emotional Learning: 312-226-3770, https://casel.org/
- New Jersey Prevention Network: https://www.njpn.org/regional-prevention-coalitions
- Preventing Tobacco Use Fact Sheet: 1-877-696-6775,
 https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/preventing-youth-tobacco-use-factsheet/index.html
- FDA's Youth Tobacco Prevention Plan: 1-888-463-6332,
 https://www.fda.gov/tobacco-products/youth-and-tobacco/fdas-youth-tobacco-prevention-plan

- Hazelden Betty Ford Foundation: 1-800-257-7810, https://www.hazeldenbettyford.org/
- Parent-To-Parent: 856-983-3328, http://www.parent2parentnj.org/index.php
- ReachNJ -- Facing Addiction Taskforce: 1-844-ReachNJ, https://nj.gov/humanservices/reachnj/
- Family Check Up: 800-662-4357,
 https://www.drugabuse.gov/publications/family-checkup/introduction
- Partnership for Drug-Free Kids: Text CONNECT to 55753, https://drugfree.org/

References

- Centers for Disease Control and Prevention. (2021). Smoking & Tobacco Use: Fast Facts. U.S.
 Department of Health and Human Services.
 https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#beginning. Accessed November 2021
- 2. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Accessed November 2021
- 3. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2012. Accessed November 2021
- 4. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. Accessed November 2021

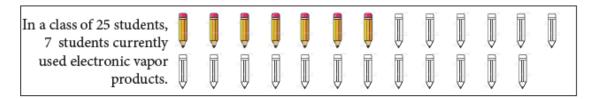
ELECTRONIC VAPOR

Despite downward trends in cigarette smoking among youths, a dramatic increase in electronic vapor product use has led to an increase in overall tobacco product use for high school students. (1) Among high school students nationwide in 2019, 50.1% had ever used an electronic vapor product while 32.7% currently used an electronic vapor product. (1) Older students are more likely to report current electronic vapor product use, 25% for 9th graders and 40.4% for 12th graders. (2)

27.6%

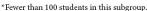
of NJ high school students currently used an electronic vapor product

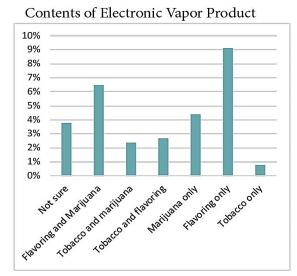
(on at least 1 day during the 30 days before the survey)



- 44.7% of students have ever used an electronic vapor product.
- Frequent use of electronic vapor products (20 out of 30 days before the survey) was reported by 5.7% of students, and 3.7% reported using these products daily.
- 13.7% of students under 18 years old usually get their own electronic vapor products by buying them in a store.

Current Electronic Vapor Use by Demographic Male 28.3% Female 26.7% 9th grade 23.8% 10th grade 29.1% 11th grade 29.2% 12th grade 28.4% Black 18.4% Hispanic/Latino 28.0% White **31.6%** All other races 17.9% Multiple races* 20% 40% 80% 100%





• Examples given for electronic vapor products are e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens (such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo).

Additional Details

• The most common way for students to get e-vapor products was to borrow them (13.7%). The second most common way was for someone else to buy them (4.6%), followed by the 4.3% who bought them in a store.

Resources for School

- School Climate Strategy Resource Guide: schoolclimate@doe.nj.gov,
 https://www.nj.gov/education/students/safety/sandp/climate/SCTP%20Strategy%20Resource.pdf
- Blueprints for Healthy Youth Development: <u>blueprints@colorado.edu</u>, https://www.blueprintsprograms.org/
- Rutgers -- SECD Lab: STAT.SECDLAB@gmail.com, https://www.secdlab.org/
- New Jersey Prevention Network: https://www.njpn.org/regional-prevention-coalitions
- SAMHSA's Evidence-based Practices Resource Center: 800-662-4357, https://www.samhsa.gov/resource-search/ebp

Resources for Parents

- Hazelden Betty Ford Foundation: 1-800-257-7810, https://www.hazeldenbettyford.org/
- Parent-To-Parent: 856-983-3328, http://www.parent2parentnj.org/index.php
- ReachNJ -- Facing Addiction Taskforce: 1-844-ReachNJ, https://nj.gov/humanservices/reachnj/
- Family Check Up: 800-662-4357, https://www.drugabuse.gov/publications/family-checkup/introduction
- Partnership for Drug-Free Kids: Text CONNECT to 55753, https://drugfree.org/

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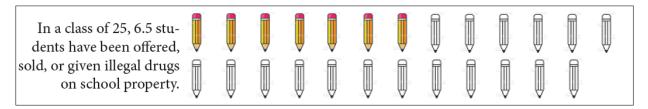
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- 2. Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed November 2021

DRUG USE

Among youth in the United States, illicit drug use is associated with heavy alcohol and tobacco use,⁽¹⁾ violence, delinquency, and suicide.⁽³⁾ All school districts prohibit illegal drug possession or use by students on school property.⁽²⁾ Among high school students nationwide in 2019, 3.9% had used any form of cocaine, 1.8% had used heroin, 2.1% had used methamphetamines, 3.6% had used ecstasy one or more times during their life, and 1.9% had taken steroid pills or shots without a doctor's prescription.⁽⁴⁾

26%

of NJ high school students have been offered, sold, or given illegal drugs on school property (in the 12 months before the survey)



New Jersey Student Health Survey Highlights

- 0.9% of students reported ever injecting an illegal drug one or more times during their life.
- The largest age group to report injecting an illegal drug is students 15 years old or younger, with 1.7% reporting needle use.
- In the 12 months before the survey, 11.1% of students attended school under the influence of alcohol or other illegal drugs 1 or 2 times.

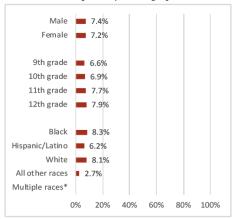
Percentage of Students Who Ever Used Illegal Drugs

10% 9.5%
9%
8%
6% 5.1%
5%
4%
1.8% 1.3% 1.6%
1.7%
1.1%
1.7%
1.1%

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*Over-the-counter drugs used to get high

Prescription Drug Use Without a Prescription by Demographic



*Fewer than 100 students in this subgroup.

- Prescription drug examples given in the survey are OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, and Xanax.
- Injecting an illegal drug is defined as the student using a needle to inject any illegal drug into their body, one or more times during their life.
- The survey asks about steroids taken without a doctor's prescription, either pills or shots, taken one or more times during the student's life.

Additional Details

- The 2009 use of other drugs by high school students one or more times was: 5.5% cocaine, 9.7% inhalants, 1.9% heroin, 2.3% methamphetamines, 5.0% ecstasy, 3.3% steroids without a prescription.
- In 2009, 32.2% of students were offered, sold, or given an illegal drug on school property.
- In 2009, 2.5% of high school students reporting ever injecting an illegal drug.

Resources for Schools

- Substance Abuse Prevention Parent Education Program: 973-467-2100, http://drugfreenj.org/child-break/15-minute-child-break/
- Operation Prevention: https://www.operationprevention.com/opioid-and-prescription-drugs
- PrescribeToPrevent -- Opioid Antidote Education Materials: https://prescribetoprevent.org/patient-education/materials/
- OJJDP Model Programs Guide: 202-307-5911, https://ojjdp.ojp.gov/model-programs-guide/home
- New Jersey Prevention Network: https://www.njpn.org/regional-prevention-coalitions
- L.E.A.D -- Law Enforcement Against Drugs: 609-259-2500, https://www.leadrugs.org/
- School Based Programs -- Partnership for a Drug-Free New Jersey: 973-467-2100, http://drugfreenj.org/school/school-based-programs/
- NIDA--Preventing Drug Use Among Children and Adolescents: https://www.drugabuse.gov/sites/default/files/preventingdruguse_2_1.pdf

- DEA Parent Resource -- How Teens Misuse Medicine: 1-800-222-1222, https://www.dea.gov/sites/default/files/2018-11/DEA_PrescriptionForDisaster-2018ed_508.pdf
- Hazelden Betty Ford Foundation: 1-800-257-7810, https://www.hazeldenbettyford.org/
- Parent-To-Parent: 856-983-3328, http://www.parent2parentnj.org/index.php
- Project Medicine Drop: 800-242-5846, https://www.njconsumeraffairs.gov/meddrop/Pages/default.aspx
- Partnership for Drug-Free Kids: Text CONNECT to 55753, https://drugfree.org/
- ReachNJ -- Facing Addiction Taskforce: 1-844-ReachNJ, https://nj.gov/humanservices/reachnj/
- Family Check Up: 800-662-4357, https://www.drugabuse.gov/publications/family-checkup/introduction

References

- Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. NSDUH Series H-54, HHS Publication No. PEP19-5068. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019. http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf. Accessed November 2021
- 2. Everett Jones S, Fisher CJ, Greene BZ, Hertz MF, Pritzl J. Healthy and safe school environment, part I: results from the School Health Policies and Programs Study 2006. Journal of School Health 2007;77(8):522-543.
- 3. Centers for Disease Control and Prevention. (2020). *Adolescent and School Health: Youth High-Risk Drug Use is Linked to Risky Health Behaviors and Experiences.* U.S. Department of Health and Human Services. https://www.cdc.gov/healthyyouth/substance-use/hrsu.htm. Accessed November 2021
- 4. Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance—United States, 2019. MMWR Suppl 2020;69(1):1-83.

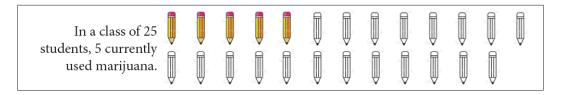
MARIJUANA

Nationwide, marijuana remains the most widely used federally illegal drug. (1) The percentage of high school students who view marijuana use as risky is decreasing. (2) Among high school students nationwide in 2019, 36.8% had ever used marijuana, 21.7% currently used marijuana (one or more times in the 30 days before the survey), and 5.6% tried marijuana for the first time before age 13. (3)

20.1%

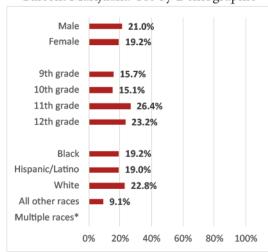
of NJ high school students currently used marijuana

(one or more times during the 30 days before the survey)



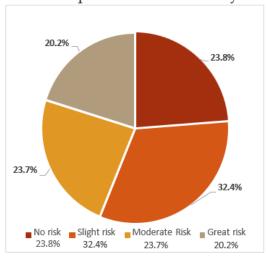
- 32.8% of students have ever tried marijuana one or more times during their life.
- 2.8% of students first tried marijuana before the age of 13.
- 21% of male students currently use marijuana compared to 19.2% of females. 34.1% of males have ever tried marijuana compared to 31.6% of females.

Current Marijuana Use by Demographic



^{*}Fewer than 100 students in this subgroup.

Student Perception of Harm with Weekly Use



• Current use of marijuana is defined as using it one or more times during the 30 days before the survey.

Additional Detail

- 66.3% of students reported that their parents would feel it was "very wrong" for them to use marijuana.
- 26.8% of students said their friends would feel it was "very wrong" for them to use marijuana.
- In 2009, 20.3% of high school students currently used marijuana.
- In 2009, 35.3% of high school students ever used marijuana.
- In 2009, 4.1% of high school students tried marijuana before the age of 13.

Resources for Schools

- Substance Abuse Prevention Parent Education Program: 973-467-2100, http://drugfreenj.org/child-break/15-minute-child-break/
- Blueprints for Healthy Youth Development: <u>blueprints@colorado.edu</u>, https://www.blueprintsprograms.org/
- Rutgers -- SECD Lab: STAT.SECDLAB@gmail.com, https://www.secdlab.org/
- New Jersey Prevention Network: https://www.njpn.org/regional-prevention-coalitions
- Resource Manual For Intervention and Referral Services (I&RS): 609-376-3500, https://www.nj.gov/education/students/irs/

Resources for Parents

- Hazelden Betty Ford Foundation: 1-800-257-7810, https://www.hazeldenbettyford.org/
- Parent-To-Parent: 856-983-3328, http://www.parent2parentnj.org/index.php
- Partnership for Drug-Free Kids: Text CONNECT to 55753, https://drugfree.org/
- ReachNJ Facing Addiction Taskforce: 1-844-ReachNJ, https://njgov.humanservices/reachnj/
- Family Check Up: 800-662-4357, https://www.drugabuse.gov/publications/family-checkup/introduction

Resources

- Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators
 in the United States: Results from the 2019 National Survey on Drug Use and Health. NSDUH Series H-54, HHS
 Publication No. PEP19-5068. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.
 http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf Accessed November 2021
- 2. Johnston L, O'Malley P, Miech R, Bachman J, Schulenberg J. Monitoring the Fu-ture National Survey Results on Drug Use: 1975-2015: Overview: Key Findings on Adolescent Drug Use. Ann Arbor, MI: Institute for Social Research, The Uni-versity of Michigan; 2015.
- 3. Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed November 2021

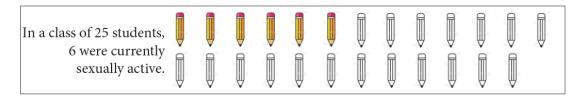
SEXUAL BEHAVIOR

Nationwide, early initiation of sexual intercourse is associated with having a greater number of lifetime sexual partners, increased risk of STDs and pregnancy, and decreased condom usage.⁽¹⁾ Prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs.⁽²⁾ Among high school students nationwide in 2019, 38% had sexual intercourse during their life, 9% had sexual intercourse with four or more persons during their life, and 27% had sexual intercourse with at least one person during the three months before the survey.⁽³⁾ The percentage of sexually active students who used a condom during last sexual intercourse has been declining since 2003 (63% - 54.3%).⁽⁴⁾

24.2%

of NJ high school students were currently sexually active

(at least one time during the 3 months before the survey)



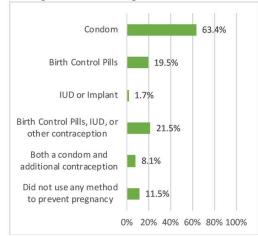
New Jersey Student Health Survey Highlights

- 2.7% of students reported to have sexual intercourse for the first time before the age of 13.
- 7.2% of students have had sexual intercourse with four or more persons during their life.
- 10.6% of students have texted, e-mailed, or posted electronically a revealing or sexual photo of themselves during the 30 days before the survey. 24.2% of students have received this type of photo.
- Among currently sexually active students, 63.4% used a condom during their last sexual intercourse

Currently Sexually Active by Demographic 25.0% Female 23.5% 9th grade 9.8% 10th grade 22.9% 11th grade 28.3% 12th grade 36.8% Black 20.6% Hispanic/Latino White 24.5% All other races 8 2% Multiple races* 20% 40% 60% 80% 100%

*Fewer than 100 students in this subgroup

Contraception Used During Last Sexual Intercourse*



^{*}Among sexually active students

• Types of contraception asked about are birth control pills; IUD or implant; shot, patch, or birth control ring.

Additional Details

- In 2009, 33.6% of students were currently sexually active.
- In 2009, 4.1% of students had sexual intercourse before the age of 13.
- In 2009, 12.5% of students had sexual intercourse with four or more persons during their life.
- In 2009, 65.5% of students used a condom during their last sexual intercourse.

Resources for Schools

- New Jersey Resources for Instruction: 609-376-3500,
 https://www.nj.gov/education/students/safety/health/hsp/njresources.shtml
- Child Trends What Works for Adolescent Reproductive Health: 240-223-9200, https://www.childtrends.org/
- Health Education Curriculum Analysis Tool (HECAT): 800-232-4636, https://www.cdc.gov/healthyyouth/HECAT/
- ETR Resource Center for Adolescent Pregnancy Prevention (ReCAPP): http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.home
- RAND Promising Practices Network on Children, Families and Communities:
 https://www.rand.org/well-being/social-and-behavioral-policy/projects/promising-practices.html

- National Campaign to Prevent Teen Pregnancy, Effective Program Research: 202-478-8500, https://powertodecide.org/
- Student Rights: 609-376-3500, https://www.nj.gov/education/students/safety/health/hsp/rights.shtml
- Resources for Parents: Student Sexual Development: https://www.nj.gov/education/students/safety/health/fle/StudentSexuality.pdf
- Family Life and Health Education FAQ: 609-376-3500, https://www.nj.gov/education/genfo/faq/faq_hfle.htm

Resources

- Ethier KA, Kann L, McManus T. Sexual Intercourse Among High School Students 29 States and United States
 Overall, 2005–2015. MMWR Morb Mortal Wkly Rep 2018;66:1393–1397.
 https://www.cdc.gov/mmwr/volumes/66/wr/mm665152a1.htm. Accessed November 2021
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- 3. Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance—United States, 2019. MMWR Suppl 2020;69(1):1-83.
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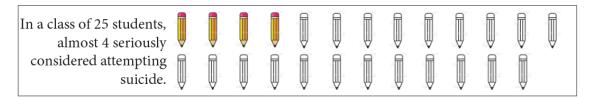
VIOLENCE, BULLYING, SUICIDE

Adolescents who experience violence are at increased risk of behavioral and mental health difficulties, including future violence perpetration and victimization, smoking, substance use, obesity, high-risk sexual behavior, depression, academic difficulties, school dropout, and suicide. (1) Bullying victimization is associated with depression, suicidal ideation, self- injury, suicide attempts, school absenteeism or dropping out, and psychological distress. (2) Suicide is the second leading cause of death among youth aged 15-19 years in the United States. (3)

14.5%

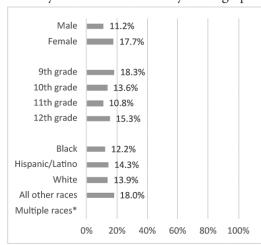
of NJ high school students seriously considered attempting suicide

(at least one time during the 12 months before the survey)



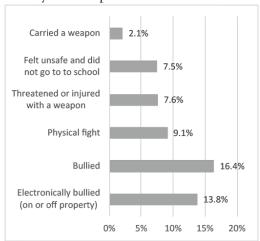
- 67.7% of students reported that their mental health was not good on at least 1 day during the 30 days before the survey. 78.4% of females and 57.4% of males identified this feeling.
- 10.9% of students experienced sexual violence (17.3% of females and 4.7% of males), and 8.2% have experienced dating violence (10.3% of females and 6.1% of males).
- 35.8% of students felt sad or hopeless almost every day for more than 2 weeks in a row and stopped doing some usual activities. 45.4% of females reported this feeling compared to 26.5% of males.

Seriously Considered Suicide by Demographic



^{*}Fewer than 100 students in this subgroup.

Safety and Weapons on School Grounds



- Examples of a weapon given in the survey are a gun, knife, or club.
- Mental health includes stress, depression, and problems with emotions.
- Sexual violence is explained as being forced to do sexual things you did not want to do, counting things such as kissing, touching, or being forced to have sexual intercourse.
- Dating violence is explained in the survey as someone you were dating or going out with physically hurting you on purpose, counting things such as being hit, slammed into something, or injured with an object or weapon.
- Suicide is explained as people sometimes feeling so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

Additional Details

- 12.4% of students made a plan about how they would attempt suicide and 5.9% of students attempted suicide one or more times in the 12 months before the survey.
- The percentage of students who most of the time or always feel safe and secure at school is 76.3%.
- 14.3% of students did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves one or more times in the 12 months before the survey.
- In 2011, 12.9% of students seriously considered attempting suicide. 10.9% made a plan and 6% attempted suicide.

Resources for Schools

- Guidance for Schools on Implementing the Anti-Bullying Bill of Rights Act: 609-292-5935, https://www.nj.gov/education/students/safety/behavior/hib/guidance.pdf
- Stomp Out Bullying: 877-602-8559, https://www.stompoutbullying.org/
- Pacer's National Bullying Prevention Center: 952-838-9000, https://www.pacer.org/bullying/
- Dating Matters: 1-800-232-4636, https://vetoviolence.cdc.gov/apps/main/tools-and-trainings
- New Jersey Coalition to End Domestic Violence (NJCEDV): 1-800-572-7233, https://njcedv.org/
- American Foundation for Suicide Prevention (AFSP): 1-888-333-2377, https://afsp.org/bring-suicide-prevention-to-your-school
- Suicide Prevention Resource Center (SPRC): 1-800-273-8255 (Suicide Prevention Hotline), https://www.sprc.org/states/new-jersey

- Guidance for Parents on the Anti-Bullying Bill of Rights Act: 609-292-5935,
- Gay, Lesbian and Straight Education Network: 212-727-0135, https://www.glsen.org/
- Very Well: Protecting Your Child From Bullying in School: 212-204-4000, https://www.verywellfamily.com/how-kids-can-defend-themselves-against-bullies-460789
- Love Doesn't Have to Hurt Teens: 1-800-799-7233, https://www.apa.org/pi/families/resources/love-teens.pdf
- That's Not Cool: https://thatsnotcool.com/
- National Institute of Mental Health (NIM): 1-866-615-6464,
 https://www.nimh.nih.gov/health/topics/suicide-prevention/
- Society for the Prevention of Teen Suicide (SPTS): 732-410-7900, https://sptsusa.org/parents/

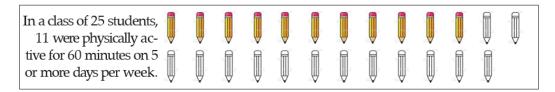
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2. Centers for Disease Control and Prevention. (2021). <i>Violence Prevention: Preventing Bullying.</i> U.S. Department of Health and Human Services. https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html . Accessed November 2021
3. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019. CDC WONDER Online Database. 2020. http://wonder.cdc.gov/ucd-icd10.html . Accessed November 2021

STUDENT HEALTH

Participation in regular physical activity among young people can help build and maintain healthy bones and muscles, maintain body weight and reduce body fat, reduce feelings of depression and anxiety, and promote psychological well-being.⁽¹⁾ Over time, regular physical activity decreases the risk of high blood pressure, heart disease, diabetes, obesity, some types of cancer and premature death.⁽¹⁾ The American Academy of Sleep Medicine recommends that youth ages 13-18 get 8 to 10 hours of sleep per day.⁽²⁾ Among high school students nationwide in 2015, 72.7% did not get the recommended 8 to 10 hours of sleep on school nights.⁽³⁾

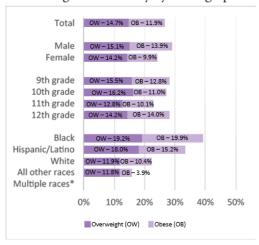
44.5%

of NJ high school students were physically active for 60 minutes on 5 or more days (during the 7 days before the survey)



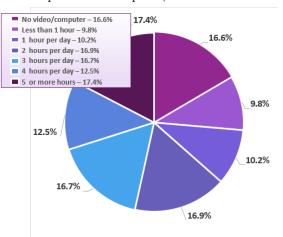
- One-third of students (33.3%) ate breakfast on all 7 days before the survey. This percentage decreased as age increased, from 35.9% for 15 or younger to 27.1% for 18 or older.
- While 26.6% of students were identified as overweight or obese based on BMI, 29.5% (32.3% of females and 26.6% of males) described themselves as slightly or very overweight.
- 15.7% of students got 8 or more hours of sleep on an average school night. This percentage decreased as age increased, from 20.0% for 15 or younger to 9.3% for 18 or older.

Overweight and Obesity by Demographic



*Fewer than 100 students in this subgroup.

Hours Spent on the Computer (other than school work)



- Computer use is described in the survey as time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Facebook, or other social media, for something that was not school work, on an average school day.
- Obesity is defined as body mass index being greater than or equal to the 95th percentile based on sex- and age-specific reference data from the 2000 CDC growth charts. Overweight is greater than or equal to the 85th percentile but less than the 95th percentile.
- A serving of soda or energy drink is a can, bottle, or glass. Examples of soda are Coke, Pepsi and Sprite; examples of energy drinks are Red Bull and Jolt.

Additional Details

- 53.6% of students reported that their physical health was not good (including illness and injury) on at least 1 day during the 30 days before the survey.
- 12.2% of students did not eat vegetables and 11.1% did not eat fruit during the 7 days before the survey. 3.6% did not drink any water during that time.
- 9.9% of students drank at least one soda daily, and 6.0% drank at least two sodas daily during the 7 days before the survey. 17.6% had at least one energy drink during that time.
- 13.5% of students reported having a concussion from physical activity one or more times in the 12 months before the survey (15.9% male; 10.9% female).
- 17.6% of students watched 3 or more hours of television on an average school day.

Resources for Schools

- Alliance for a Healthier Generation-Promotes Healthy Eating and Physical Activity: 1-888-KID-HLTH, https://www.healthiergeneration.org/
- Physical Activity Guidelines for Youth: 800-232-4636, https://www.cdc.gov/healthyschools/physicalactivity/index.htm
- Health and PE Information Page: 609-376-3500, https://www.nj.gov/education/aps/cccs/chpe/
- The President's Challenge: https://health.gov/our-work/pcsfn
- New Jersey Association for Health, Physical Education, Recreation and Dance: 732-918-9999, http://www.njahperd.org/
- Coaching Education: 317-972-6900, https://nfhslearn.com/home/administrators
- Safe Routes to School: http://saferoutespartnership.org/

- Student Rights: 609-376-3500, https://www.nj.gov/education/students/safety/health/hsp/rights.shtml
- Action for Healthy Kids: https://www.actionforhealthykids.org/
- Centers for Disease Control and Prevention: 800-232-4636, https://www.cdc.gov/physicalactivity/
- American Heart Association-Children and Exercise: 1-800-242-8721, https://www.heart.org/?identifier=3007589
- State Obesity Fact Sheets-National Initiative for Children's Healthcare Quality (NICHQ): 617-391-2700, https://www.nichq.org/
- Coaching Education: 317-972-6900, https://nfhslearn.com/home/parents
- New Jersey State Interscholastic Athletic Association: https://www.njsiaa.org/

Refe	rences
1.	US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: US
	Department of Health and Human Services; 2018.
2.	Paruthi S, Brooks LJ, D'Ambrosio C, et al. Consensus statement of the American Academy of Sleep Medicine on the
	recommended amount of sleep for healthy children: methodology and discussion. J Clin Sleep Med. 2016;12:1549–1561.
3.	Wheaton AG, Everett Jones S, Cooper AC, Croft JB. Short sleep duration among middle school and high school students —
	United States, 2015. MMWR Morb Mortal Wkly Rep. 2018;67:85–90.
	https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a1.htm. Accessed November 2021

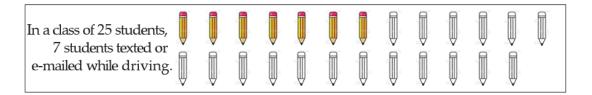
VEHICLE SAFETY

Motor vehicle crashes are one of the leading causes of death among youth aged 15 to 19 in the United States⁽¹⁾ and alcohol use is associated with 15% of all traffic fatalities among drivers 15 to 20 years of age.⁽²⁾ Among high school students nationwide in 2019, 43.1% did not always wear a seat belt while 16.7% rode with a driver who had been drinking in the 30 days before the survey.⁽³⁾

28.6%

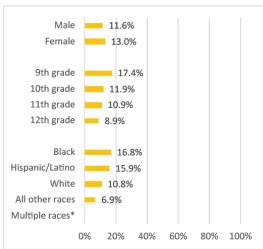
of NJ high school students texted or e-mailed while driving

(on at least 1 day during the 30 days before the survey)



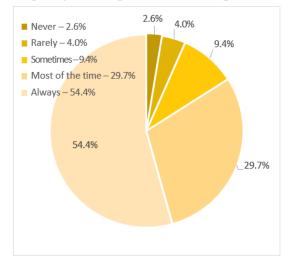
- 3.4% of students drove a car or other vehicle when they had been drinking alcohol one or more times during the 30 days before the survey.
- Among students who had driven a car in the 30 days before the survey, 24.1% of 11th graders and 41.1% of 12th graders texted or e-mailed while driving.

Rode in a Car with Someone who had been Drinking Alcohol by Demographic



^{*}Fewer than 100 students in this subgroup.

Frequency Wearing a Seat Belt Riding in a Car



• Statistics about student drivers are in reference to the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey.

Additional Details

- In 2009, the percentage of students who rarely or never wore a seat belt was 8.2%
- In 2009, 22.9% of students rode with a driver who had been drinking alcohol.
- In 2013, 36% of students texted or e-mailed while driving a car or other vehicle.

Resources for Schools

- School Policies and Legal Issues Supporting Safe Schools: 1-800-268-2275, https://www.ojp.gov/pdffiles1/ojjdp/book2.pdf
- Teen Driver Safety Programs | NJM: 1-800-232-6600, https://www.njm.com/teen-driver-safety
- Educators -- New Jersey Drives: mailto:jerseydrives@bianj.org, https://jerseydrives.com/educators/
- Teen Driving Safety Research | CIRP: https://injury.research.chop.edu/teen-driving-safety-research

Resources for Parents

- School Bus Safety | NHTSA: 1-888-327-4236, https://www.nhtsa.gov/road-safety/school-bus-safety
- Teen Driving | NHTSA: 1-888-327-4236, https://www.nhtsa.gov/road-safety/teen-driving
- NJ MVC: 609-292-6500, https://www.state.nj.us/mvc/press/archives/2017/101817.htm
- Parents -- New Jersey Drives: 1-800-669-4323, https://jerseydrives.com/parents/

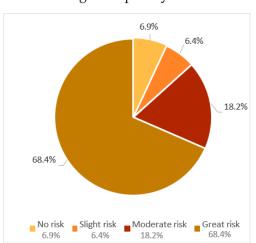
Resources

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS
 (Web-based Injury Statistics Query and Reporting System). U.S. Department of Health and Human Services;
 July 2020. www.cdc.gov/injury/wisqars/index.html. Accessed November 2021
- 2. Insurance Institute for Highway Safety (IIHS). Fatality Facts 2019: Teenagers. Highway Loss Data Institute; March 2021. www.iihs.org/topics/fatality-statistics/detail/teenagers. Accessed November 2021
- Yellman MA, Bryan L, Sauber-Schatz EK, Brener N. Transportation Risk Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. MMWR Suppl 2020;69(Suppl-1):77–83. https://www.cdc.gov/mmwr/volumes/69/su/su6901a9.htm?s_cid=su6901a9_w. Accessed November 2021

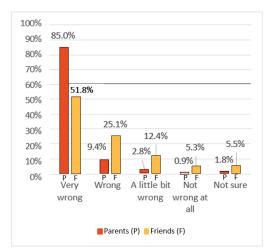
RISK PERCEPTIONS

Cigarette Smoking

How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?

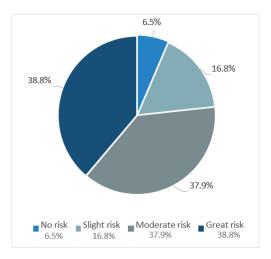


How wrong do your parents and friends feel it would be for you to smoke cigarettes?

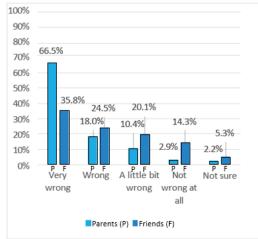


Alcohol

How much do you think people risk harming themselves if they have five or more drinks of alcohol once or twice a week?

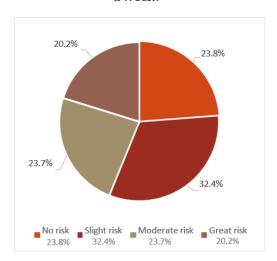


How wrong do your parents and friends feel it would be for you have one or two drinks of alcohol nearly every day?

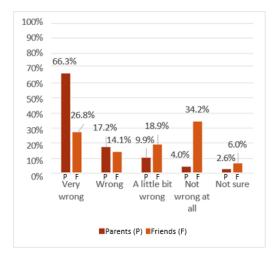


Marijuana Use

How much do you think people risk harming themselves if they use marijuana once or twice a week?

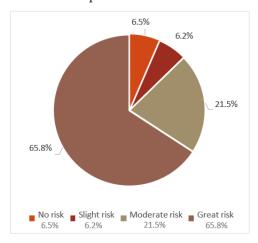


How wrong do your parents and friends feel it would be for you to use marijuana?

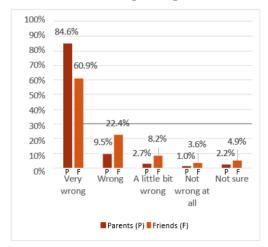


Prescription Drugs

How much do you think people risk harming themselves if they use prescription drugs that are not prescribed to them?



How wrong do your parents and friends feel it would be for you to take prescription drugs without a prescription?



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The Bloustein Center for Survey Research (BCSR) at the Edward J. Bloustein School of Planning and Public Policy, Rutgers, The State University of New Jersey, administered the survey, analyzed the findings, and prepared this summary report. The interpretation of data, conclusions, and recommendations expressed in the report are those of the authors and may or may not represent the views of the NJDOE or other state agencies. The report can be downloaded from the website of the NJDOE and reproduced without restriction.

Comments concerning the survey and this report may be directed to the NJDOE through the "Contact Us" button at the bottom of each page on the NJDOE website.

Past reports on the survey can be downloaded at https://www.nj.gov/education/safety/survey/index.shtml

More information about the CDC and Youth Risk Behavior Surveillance System and interactive data tables can be found at http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Special requests for data should be directed to New Jersey Department of Education Division of Educational Services Office of Student Support Services PO Box 500 Trenton, NJ 08625-0500

https://www.nj.gov/education/

