# Yeshiva League Substance Use Initiative

A Deeper Look At the Data

# Gathering the Data--2019

- All data were gathered anonymously; they were aggregated and not divided out by individual school
- 2019 Survey:
  - Sample Size: 3372 (19 schools)
    - Survey responses: 2483
    - Response rate: 73.6%

# Gathering the Data--2020

- All data were gathered anonymously; they were aggregated and not divided out by individual school
- 2020 Survey:
  - Sample Size: 2432
    - Survey responses: 1802
      - Response rate: 74%

# How do we know the data are any good? I

### Trusting the science

- In doing this survey, we are closely following the work of the federal government's
   Monitoring the Future survey, which has been conducted for more than 40 years. We use
   questions, administration methods, and norms that have been developed and validated from
   administering the survey millions of times over dozens of years.
- This survey forms the basis for all of the government's data about teens and substance use.
   The same scientific and statistical basis that makes that data reliable makes our data reliable.
- You can learn more about Monitoring the Future, and see the summary and detailed reports
  of every year's data, <a href="here">here</a>.

### Monitoring the Future





### **Related Topics** Addiction Science Adolescent Brain Comorbidity College-Age & Young Adults **Criminal Justice Drugged Driving Drug Testing** Drugs and the Brain Genetics Global Health Health Consequences of Drug Misuse

Hepatitis (Viral)

HIV/AIDS

#### **Revised December 2018**

Since 1975 the MTF survey has measured drug and alcohol use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month. Overall, 44,482 students



from 392 public and private schools participated in this year's Monitoring the Future survey. The survey is funded by the NIDA, a component of the National Institutes of Health (NIH), and conducted by the University of Michigan.

Results from the Survey are released each fall. To get the latest information, check the links below. *Note: The findings and conclusions in these reports are those of the author(s) and do not necessarily* 

represent the views of the NIH



Range and Limitations of the Monitoring the Future Survey



Dr. Nora Volkow, Director of the National Institute of Drug Abuse (NIDA) at the National Institutes of Health, discusses the range and limitations of the Monitoring the Future (MTF) survey, which focuses on drug use and attitudes among America's

# How do we know the data are any good? II

- Response rates above 60% generate statistically significant responses. Our response rates were 73% and 74% in the two years of administering the survey.
- In administering the Prevention Needs Assessment survey, Bach-Harrison (the survey and research firm that we employed) uses various measures to ensure that they are getting good data. Some of these measures are listed on the following slide.

### **Validity Measures**

**Honesty:** Because the survey was anonymous, and because confidentiality was stressed through the survey's administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated. However, Bach Harrison has built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators:

- 1. In response to a question about whether or not they had been honest in completing the survey, the students indicated that they were "Not Honest At All" in completing the survey.
- 2. The students indicated that they had used a non-existent, fictitious drug in their lifetime or in the past 30 days.
- 3. The students reported an impossibly high level of multiple drug use (having used substances on 120 or more occasions in the past 30 days).
- 4. The students indicated past-month use rates that were higher than lifetime use rates. The student can make one mistake, which is then recoded so that the lifetime is equal to the 30 day value.
- 5. The students reported an age that was inconsistent with their grade or their school; for example, a 10-year-old 12th grader or 19-year-old 6th grader.

Additionally, if a student did not answer enough of the validity questions to determine whether or not they were honest in their responses, their survey data were also removed from the final analysis presented in this report.

### So what do the data show?

The following charts provide side-by-side comparisons of the two Yeshiva
League Substance Use Survey administrations with the national
Monitoring the Future data.

(Please note: while the first bar is labeled Yeshiva League 2018, it is in fact the 2019 survey administration.)

### Substance Use

The following two slides provide data about substance use.

- ATOD stands for "Alcohol, Tobacco, and Other Drugs."
- The graph has three categories: ever used, heavy use (this is the category that includes binge drinking), and used in the past thirty days.
- In every category, the two Yeshiva League survey administrations (blue bars) are compared to the national data (yellow diamonds.)
- The slide with a graph is followed by a slide that gives the numbers that underlie the bars and diamonds on the graph.

# LIFETIME, 30 DAY & HEAVY ATOD USE 2020 Yeshiva League, All Grades

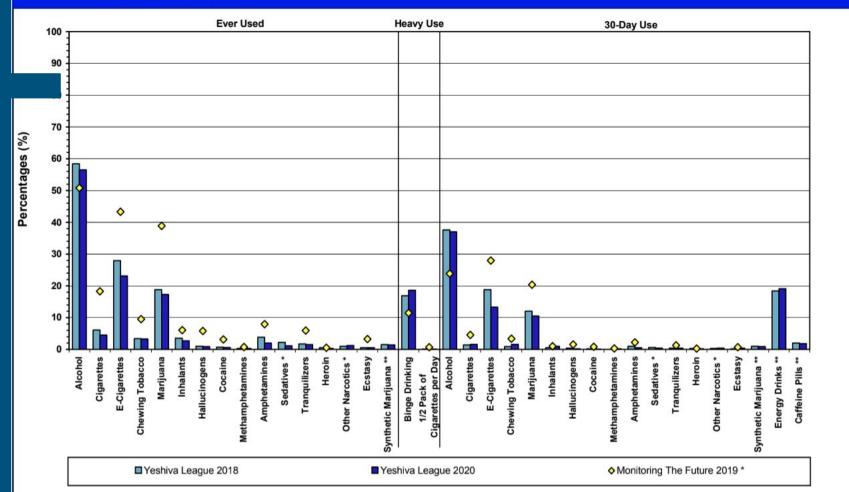


Table 5. Percentage of Students Who Used ATODs During The Past 30 Days Grade 10 Grade 12 Substance MTF MTF 2018 2018 2018 2018 † 2018 † Alcohol 27.7 18.6 50.0 30.2 37.6 Cigarettes 7.6 1.1 4.2 1.6 E-Cigarettes 13.8 21.7 25.1 26.7 18.8 Chewing Tobacco 0.8 3.9 1.0 4.2 6.7 16.7 18.5 22.2 12.0 Marijuana Inhalants 0.8 0.2 0.7 1.0 Hallucinogens 0.5 8.0 0.4 1.4 0.3 0.6 0.1 Cocaine 1.1 Methamphetamines 0.1 0.1 0.0 0.3 2.4 **Amphetamines** 1.0 2.4 1.0 Sedatives \* 0.6 n/a 0.6 0.5 Tranquilizers 0.4 1.3 1.3 0.4 0.1 0.2 0.2 Heroin Other Narcotics \* 0.2 0.5 n/a 1.1 0.1 **Ecstasy** 

0.3 8.0

11.6

0.4 n/a n/a

8.7

1.3 19.1

2018 †

2.4

23.5

0.5 n/a n/a n/a

13.8

0.4 0.3 0.3 0.2 1.0 18.4 2.0

Total

1.4

0.9

0.5

0.4

0.2

0.0

1.0

0.6

16.9

MTF

2018 †

24.4

5.9

24.2

4.1

19.5

0.9

1.1

0.9

0.2

2.4

n/a

1.3

0.2

0.5

11.3

n/a n/a n/a n/a

2018 †

#### Synthetic Marijuana \*\* Energy Drinks \*\* 17.9 Caffeine Pills \*\* 1.8 n/a Table 6. Percentage of Students With Problem ATOD Use **Problem Use** 2018 †

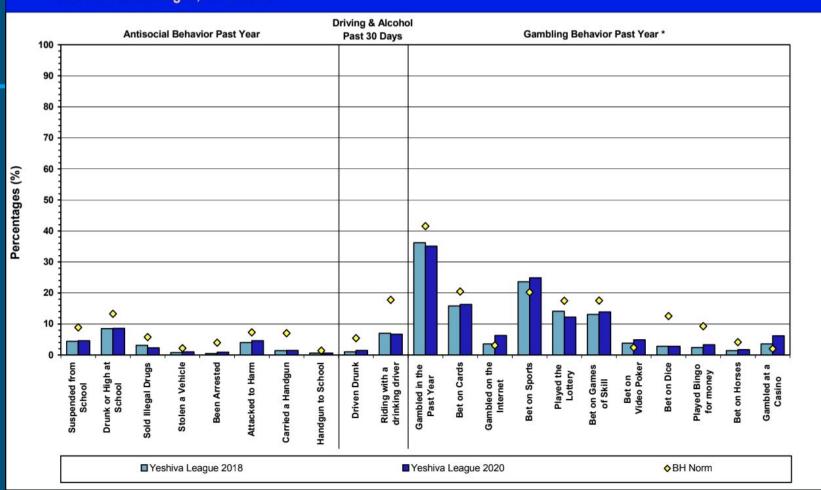
Binge Drinking (past 2 weeks)

# Gambling and Other Antisocial Behavior

The following slide provides data about gambling and other antisocial behavior.

- The graph has three categories: antisocial behavior in the past year, alcohol and driving in the past thirty days, and gambling in the past year.
- In every category, the two Yeshiva League survey administrations (blue bars) are compared to the national data (yellow diamonds.)

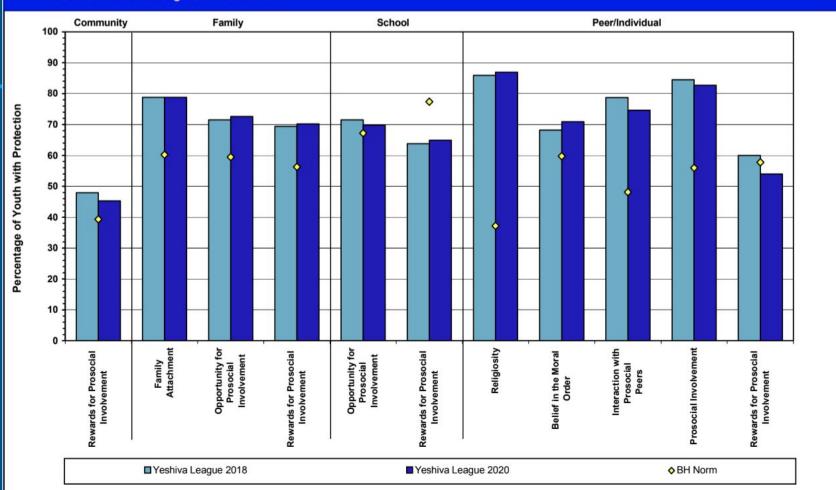
# ANTISOCIAL BEHAVIOR AND GAMBLING 2020 Yeshiva League, All Grades



### Protective Profile

The protective profile measures those factors that research has shown offer protection against substance use and other antisocial behavior. Our community shows significant protection in almost all of those realms, generally outperforming national data by a significant margin. The notable exception is "school rewards for prosocial involvement." That measure is derived from questions that ask students about whether the school/teachers notice when a student is doing something well, praise them for it, and let their parents know. Understanding why that measure is lower, and what we can do to address it, will be one of the aspect of the broader intervention.

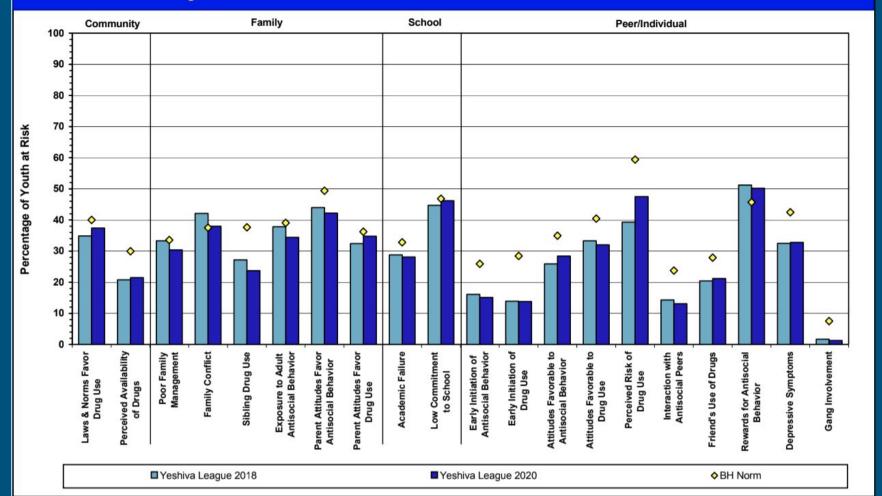
# PROTECTIVE PROFILE 2020 Yeshiva League, All Grades



### Risk Profile

The risk profile measures those factors that research has shown increase the risk of substance use and other antisocial behavior. Our community shows lower risk in many realms, but identifying areas of relatively higher risk and working to mitigate them will be part of the work of any intervention.

### RISK PROFILE 2020 Yeshiva League, All Grades



Further Explorations of the Data

A crosstab relates the answer to one question to the answer to another.

For example, the question on smokeless tobacco use on the 2019 survey shows that 79 students in our survey reported trying smokeless tobacco.

When we crosstab that with the gender question, we find that 73 of those students are boys, and 6 are girls.

# Betting on Sports for Money c/t Gender

The Yeshiva League Substance Use Initiative survey revealed that students in our community bet on sports at a higher rate than the national average.

When we broke this out by gender, in the 2019 survey, we found that 6.2 percent of the girls had bet on sports--and 51.5 percent of the boys had.

(Note that most fell into the category of "a few times in the past year", which suggests March Madness and the Superbowl, but not habitual gambling.)

# Adults You Know Who Have Gotten Drunk or High c/t 30-Day Alcohol Use

Adult modeling is an important risk factor for adolescent substance use. In this data from the 2019 survey, we see that increased exposure to adults who had used substances is correlated with increased teen use of substances.

|          |   |            |  | alc30dy Alcohol Past 30 days |          |        |
|----------|---|------------|--|------------------------------|----------|--------|
| q3 Grade |   |            |  | No Use                       | Has Used | Total  |
|          | Total   |            | Count                                    | 476                          | 473      | 949    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 100.0%                       | 100.0%   | 100.0% |
| Total    | q125d In the past year,<br>about how many adults<br>(over 21) have you known<br>personally who have: gotten<br>drunk or high? | 0 adults   | Count                                    | 569                          | 112      | 681    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 43.2%                        | 14.4%    | 32.5%  |
|          |   | 1 adult    | Count                                    | 177                          | 94       | 271    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 13.4%                        | 12.1%    | 12.9%  |
|          |   | 2 adults   | Count                                    | 144                          | 100      | 244    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 10.9%                        | 12.8%    | 11.6%  |
|          |   | 3-4 adults | Count                                    | 126                          | 99       | 225    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 9.6%                         | 12.7%    | 10.7%  |
|          |   | 5+ adults  | Count                                    | 301                          | 374      | 675    |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 22.9%                        | 48.0%    | 32.2%  |
|          | Total   |            | Count                                    | 1317                         | 779      | 2096   |
|          |   |            | % within alc30dy Alcohol<br>Past 30 days | 100.0%                       | 100.0%   | 100.0% |

# Where do we go from here?

The data from the two survey administrations point to great strengths in our community, and areas of weakness that we need to address. The model for addressing these needs as a community, based on research funded by the federal government, is <a href="Communities that Care">Communities that Care</a>. We have identified the areas of need in our community, and have begun to organize to meet them. The next steps will be to design and implement interventions. With broad communal support and buy-in from a range of community members and institutions, we can help shape a healthier community for all of its members.

# 5 Phases of CTC



