

Overview of Substance Use Results & Survey Background

History and Sponsorship. The 11th (2005-06) biennial *California Student Survey (CSS)* continues the important effort of the state beginning in 1985 to monitor, understand, and prevent adolescent risk behaviors and promote their general well-being. California law since 1991 requires the Attorney General's Office to monitor statewide trends through a biennial survey of alcohol and other drug use among teenagers. The Department of Alcohol and Drug Programs (ADP) and California Department of Education (CDE) joined the Attorney General in funding the CSS in 1993. The information needs of the co-sponsoring agencies has led over time to an expansion of the scope of the survey to include assessment of other risk and health-related behaviors such as youth violence (see the discussion below on the integration of the CSS with CDE's *California Healthy Kids Survey*). This fact sheet, *Brief 1*, summarizes only the overall results for AOD use. Other CSS fact sheets provide more detailed findings, specifically alcohol and binge drinking (#2), marijuana and drugs (#3), patterns of heavy AOD use (#4), and findings related to the school (#5). All results are available online at www.Safestate.org/CSS.

Results. Following a period of steadily declining overall use rates, the general trend for 2005 is one of stability. Changes were few, small, and often inconsistent in direction across grades.

- **Upper Grades.** Among 9th and 11th graders, although most changes that occurred were small (1% or lower), more were in a downward direction. However, total illegal drug use in the upper grades increased with the addition of a new item on prescription painkillers.
- **7th Grade.** In contrast, 7th graders reported increases of about two percentage points in lifetime and current use of alcohol and inhalants, current alcohol use in school, and lifetime marijuana use and drunkenness. Small increases of only about one point also occurred in several other measures.
- **Overall Use.** New data on non-medical use of prescription painkillers, such as OxyContin and Percodan is probably the basis for increases in overall illegal drug use in grades 9 and 11. Confirming anecdotal reports of their popularity, 14% of 11th graders reported using painkillers in the past six months — twice that of any other drug except marijuana.

AOD use is still lower today than at the beginning of the decade, but this leveling off of a declining trend, plus increases (although small) among 7th graders and the emergence of diverted prescription drugs, are a warning against complacency. We may be experiencing a “bottoming-out” effect of prevention efforts so that further reductions in use will be harder to achieve. Moreover, one of the primary concerns of the 2003 report still stands: the level of heavy use that 11th-grade students continue to report.

- Around one-fifth of 11th graders were heavy (binge) drinkers (the majority of all alcohol drinkers) and reported they liked to get drunk or feel alcohol a lot. Almost one-fifth were current marijuana users and High-Risk Drug Users.
- About one-tenth reported weekly alcohol and marijuana use in the past 6 months, binge drinking and marijuana use on three of the past 30 days, being drunk or high at school more than three times, and liking to get very drunk and high. Almost one-tenth may be dependent and in need of counseling or treatment.

Taken as a whole, the results reinforce the recommendation in previous CSS reports to expand efforts targeting students most at risk and who are harder to reach.

Survey Methods. The 11th CSS was administered between November 2005 and February 2006 by WestEd, a non-profit research agency, under conditions of strict confidentiality and anonymity to students in a representative, randomly-selected sample of schools and classrooms. Student participation was voluntary and required parental approval. In accordance with a change in state law, passive parental consent was allowed if a school district had adopted all appropriate consent policies (since 1995 the CSS had required written consent). This was the only difference in the survey method from the past two CSS and there was no indication that it affected survey results, which were similar in schools regardless of whether passive or active consent was used.

2005-06 CALIFORNIA STUDENT SURVEY BRIEF 1

Sample Characteristics. The survey was completed by 10,638 students in grades 7, 9, and 11 in 113 randomly-selected middle and high schools and classrooms. The ethnic breakdown of the sample and the characteristics of the schools were consistent with previous survey, with the participation by Whites continuing to decline slightly and by Hispanics to rise. Gender differences were controlled by statistical weighting to remove bias introduced by differential gender response rates.

Integration with the *California Healthy Kids Survey*. The 8th CSS marked a major milestone when the sponsoring agencies determined in 1999 that the content of the CSS and CDE's *California Healthy Kids Survey* (CHKS) should be integrated with the CSS providing statewide data on a wide range of health-related behaviors comparable to the locally-collected CHKS data. The CHKS is a comprehensive health risk and resilience information collection system. Since 2003 school districts have been required to administer the CHKS every two years in compliance with the No Child Left Behind Act. Many CSS questions were included in the CHKS initially, but this integration also required adding core CHKS questions to the CSS. These included questions concerning physical activity, nutrition and eating habits, depression, and external and internal resilience-enhancing assets. In addition to providing comparable state norms for local CHKS, the CSS-CHKS integration has:

- created a single health behavior data collection system that can serve the needs of multiple agencies and programs and has reduced the number of different health-related surveys in the schools,
- enabled schools to combine participation in the CSS with their local collection of CHKS data; and
- expanded comparability of the CSS to the national *Youth Risk Behavior Survey* (YRBS).

Through this system the state now generates a variety of meaningful findings to guide prevention, health education, and school reform efforts designed to promote well-being, positive youth development, and school success.

About WestEd and the Survey Directors

Gregory Austin, Ph.D.

Dr. Austin is director of WestEd's Health and Human Development Program and has been the co-director of the *California Student Survey* since 1989 and is the director of the *California Healthy Kids Survey*. He has over twenty years of experience researching substance use and providing technical assistance to schools and communities on drug prevention and intervention.

Rodney Skager, Ph.D.

A noted educator, prevention specialist, and evaluator, Professor Skager has directed the *California Student Survey* since its inception in 1985. He is the author of numerous publications and reports on adolescent substance use and prevention education, a frequent conference speaker, and a board member of Phoenix House of California. Dr. Skager is a professor emeritus of the Graduate School of Education, University of California, Los Angeles, and a Senior Research Associate at WestEd.

WestEd

WestEd, is a nonprofit research, development, and service agency that works with education and other communities to promote excellence, achieve equity, and improve learning for children, youth, and adults. The CSS is conducted under WestEd's Health and Human Development Program (HDP), which is dedicated to researching and promoting positive youth development and wellbeing among all youth. As part of the *California Healthy Kids Survey*, WestEd provides technical assistance to all the state's school districts in collecting and using data across a comprehensive range of health-risk behaviors. For more information, visit www.wested.org; call toll-free (877) 4-WestEd.