Substance Use:
2014 Youth Risk Behavior Survey (YRBS) Highlights

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health risk behaviors among youth and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections; 5) unhealthy dietary behaviors; and 6) physical inactivity. The biennial Youth Risk Behavior Survey (YRBS) is one component of the YRBSS that includes representative samples of high-school students from across the United States and selected states and large urban school districts.

Table 3a and Table 3b present estimates of lifetime and past month use of selected substances among public and private high-school students in the U.S. sample and among public high-school students in 14 YRBS reporting areas that represent 11 of the 12 NDEWS SCSs. The YRBS substate regions do not necessarily mirror the NDEWS SCS catchment areas—we include the YRBS regions that most closely reflect each NDEWS SCS and present the data by YRBS region in the following discussion. In 2013, no YRBS data were available for the Denver Metro SCS reporting area, so no data are presented for Denver; local data for the Atlanta Metro SCS reporting area were not available, but data for the state of Georgia were available and are referenced as “Georgia” here in the text. Data for the three counties that make up the Southeastern Florida (Miami Area) SCS are available, by county, and are presented separately in the tables and referenced as “Southeastern Florida (County Name)” here. See column two of the tables for the description of the YRBS catchment area for each NDEWS SCS. All data presented are based on weighted data. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction. (More information about the YRBS can be found in the Overview and Limitations Report.)

Lifetime Use

- **Alcohol, cigarettes** (not shown), and **marijuana** are the three most widely used substances (based on self-reported lifetime use) among high-school students in the United States and in the NDEWS reporting areas for which data were available. (Table 3a)
  - Among the 12 reporting areas for which data were available, lifetime use of **alcohol** ranged from 46.0% (Confidence Interval (CI): 42.6–49.4) in San Francisco to 69.2% (CI: 65.0–73.1) in Chicago. (Table 3a)
  - A statistically significant decrease between 2011 and 2013 in self-reported lifetime use of **alcohol** was reported in the U.S. sample and in 4 NDEWS reporting areas (Detroit, Georgia, Texas, and Los Angeles). (Table 3a)
  - Among the 11 NDEWS reporting areas for which data were available, lifetime use of **marijuana** ranged from 28.2% (CI: 24.7–32.0) in San Francisco to 50.0% (CI: 45.7–54.3) in Chicago. (Table 3a)
Between 2011 and 2013, lifetime use of marijuana remained stable in 7 NDEWS reporting areas; a statistically significant increase was reported in 2 NDEWS reporting areas (Philadelphia and Chicago), and a statistically significant decrease was reported in 1 NDEWS reporting area (Detroit). (Table 3a)

- Prescription drug misuse defined as “ever took a prescription drug without a doctor’s prescription” was the next most widely reported category of drugs used among high-school students in the national sample and in most NDEWS reporting areas in 2013. (Table 3a)
  - Nationwide, 17.8% of high-school students reported taking prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor’s prescription one or more times during their lives. Among the 11 NDEWS reporting areas for which data were available, lifetime prescription drug misuse (used without a doctor’s prescription) ranged from 10.6% (CI: 8.1–13.8) in Los Angeles to 19.0% (CI: 16.5–21.7) in Texas. (Table 3a and YRBS Cross Site Lifetime Prescription Drug Use)
  - A statistically significant decrease in prescription drug misuse between 2011 and 2013 was reported in the national sample and in 1 NDEWS reporting area (Maine); use remained stable in the 9 remaining NDEWS reporting areas for which p-values were available. (Table 3a)

- Rates of inhalant use did not differ significantly across most of the 11 NDEWS reporting areas for which data were available and ranged from 5.9 (CI: 4.8–7.2) in San Francisco to 10.5 (CI: 8.7–12.7) in Los Angeles. (Table 3a)
  - A statistically significant decrease in lifetime inhalant use was reported between 2011 and 2013 in the U.S. sample and in 4 of the 11 NDEWS reporting areas for which data were available. The decreases occurred in Maine, Georgia, Southeastern Florida (Miami-Dade County), and Los Angeles. (Table 3a)

- Among the 10 NDEWS reporting areas for which data were available, lifetime ecstasy/MDMA use ranged from 4.1% (CI: 2.8–6.0) in Philadelphia to 14.5% (CI: 11.8–17.8) in Southeastern Florida (Palm Beach County). (Table 3a and YRBS Cross Site Lifetime Ecstasy Use)
  - The prevalence of having ever used ecstasy/MDMA also increased significantly from 2011 to 2013 in Southeastern Florida (Palm Beach County). A statistically significant decrease from 2011 to 2013 was detected in the U.S. sample and in 3 NDEWS reporting areas (Texas, Los Angeles, and San Francisco); use remained stable in the remaining 6 NDEWS reporting areas for which data were available. (Table 3a)

- 2013 rates of lifetime cocaine use among high-school students did not differ significantly across most of the 11 NDEWS reporting areas for which data were available and ranged from 3.1% (CI: 1.9–4.9) in Philadelphia to 8.3% (CI: 6.8–10.2) in Texas. (Table 3a and YRBS Cross Site Lifetime Cocaine Use) Only 1 NDEWS reporting area showed a statistically significant decrease in use between 2011 and 2013 (Los Angeles). (Table 3a)

- The prevalence of lifetime heroin use among high-school students across the 11 NDEWS reporting areas for which data were available were similar. (Table 3a and YRBS Cross Site Lifetime Heroin Use) Only 1 NDEWS reporting area showed a statistically significant decrease in use between 2011 and 2013 (San Francisco). (Table 3a)
Past Month Use

Data on current use of alcohol, tobacco (data not shown), and marijuana were available in the 2011 and 2013 YRBSs. Data for alcohol and marijuana are presented in Table 3b. Current use is defined as using on at least 1 day during the 30 days before the survey.

- Data on current marijuana use was available for 13 NDEWS SCS reporting areas in 2011 and 2013.
  - Current marijuana use remained stable between 2011 and 2013 in all NDEWS SCS reporting areas for which data were available and in the nation as a whole. (Table 3b)
  - Among the 13 NDEWS SCS reporting areas for which data were available, past month marijuana use ranged from 16.2% (CI: 14.5–18.0) in New York City to 28.5% (CI: 25.8–31.4) in Chicago. (Table 3b and YRBS Cross Site Marijuana Use in Past Month)

- Data on current alcohol and binge alcohol (had five or more drinks of alcohol in a row on at least 1 day during the 30 days before the survey) use was available for 13 NDEWS reporting areas in 2011 and 2013.
  - The prevalence of binge alcohol use ranged from 8.9% (CI: 7.1–11.0) in Detroit to 21.0% (CI: 17.5–25.0) in Texas in 2013. (Table 3b and YRBS Cross Site Binge Alcohol Use in Past Month)
  - The prevalence of binge alcohol use decreased significantly between 2011 and 2013 in 7 of 13 NDEWS reporting areas; no significant change was reported for the United States or for the remaining 6 NDEWS reporting areas. The areas that reported significant decreases were as follows: Maine; New York City; Georgia; Southeastern Florida (Broward County and Palm Beach County); Seattle; and Los Angeles. (Table 3b)
  - The prevalence of students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey ranged from 18.6% (CI: 16.3–21.1) in San Francisco to 38.7 (CI: 34.8–42.7) in Southeastern Florida (Palm Beach County) in 2013. (Table 3b)
  - The prevalence of current alcohol use decreased significantly between 2011 and 2013 in the U.S. sample and in 5 of 13 NDEWS reporting areas; no significant change was reported in the remaining 8 NDEWS reporting areas. The areas that reported significant decreases were as follows: New York City; Detroit; Georgia; Southeastern Florida (Broward County); and Los Angeles. (Table 3b)