

# MetroWest Adolescent Health Survey

## Regional Highlights

Informing data-driven school and community health policies and practices



# 2025

## MetroWest Region High School Youth

GRADES 9-12



**METROWEST  
HEALTH  
FOUNDATION**



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# Regional Highlights from the 2025 MetroWest Adolescent Health Survey

## MetroWest Region High School Report

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## Background

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The MetroWest Adolescent Health Survey (MWAHS), an initiative of the MetroWest Health Foundation, has been monitoring trends in adolescent health and risk behaviors for two decades. Since 2006, the survey has been administered to middle and high school students ten times, providing critical information on health behaviors and protective factors to drive programmatic and policy efforts at the local and regional levels, including efforts to reduce disparities and promote health equity. This decades-long effort demonstrates the MetroWest Health Foundation's commitment to advancing youth physical and mental wellbeing through data-driven strategies to support youth, families, schools, and communities.

## Methods

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### Survey Instrument

The MWAHS content is based on the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS),<sup>1</sup> which asks questions about health-related behaviors and experiences that can lead to poor health, death, and disability among adolescents, including: substance use, violence, behaviors related to unintentional injury, lack of physical activity, unsafe sexual behaviors (at the high school level only), and mental health. Based on input from stakeholders in the MetroWest region, the MWAHS expands on these topics to gather more detailed information on areas of current concern (e.g., use of electronic vapor products and mental health) as well as to explore other priority topics relevant to the current challenges youth are facing (e.g., smartphone and other digital media use, protective factors like adult support and school connectedness, and access to mental health services). The survey was available to all students in English, Spanish, and Portuguese, and students could choose which language to use.

Collecting self-report data from youth is an important way of determining the prevalence of health and risk behaviors. There is no evidence that asking students about their health behaviors will encourage them to engage in those behaviors. Students respond truthfully when they perceive the survey as important, that their privacy is being protected, and that their participation is anonymous.<sup>2</sup>

### Data Collection

The 2025 survey is the third online survey administration of the MWAHS, which is a voluntary and anonymous survey. Other school-based surveillance studies have switched from paper-and-pencil to online surveys in recent years, including the National YRBS<sup>1</sup> and Massachusetts YRBS.<sup>3</sup> Research has shown that findings from online and paper-and-pencil surveys of youth risk behaviors are equivalent.<sup>4</sup>

As in all prior survey waves, local procedures were followed to inform parents/guardians of the survey in advance, provide them with the option to view the survey, and give them the choice to opt out their child(ren). Students were also informed that their participation was voluntary, that they could skip any question they did not wish to answer, and that no names or other identifying information were collected. A student video was created and shown to students in advance of the survey to describe the survey's purpose and procedures and to emphasize its anonymous and voluntary nature. Data collection at each school was guided by a standard protocol that protected the privacy of students' responses. Precautions were taken through online platform procedures to ensure that data being collected electronically would remain anonymous and that survey responses could not be linked to an individual student or classroom.

## Participants

A census of students in grades 9 through 12 across 26 high schools in 26 school districts in the MetroWest region participated in the 2025 High School MWAHS. In total, 21,269 students in grades 9 through 12 completed the 2025 survey, representing 80.5% of youth.

Following data cleaning, the analytic sample included 21,116 students. The demographics of participants described in this report are shown in Table 1.

## Analysis and Reporting

The MWAHS data allows for a valuable examination of behavioral and attitudinal trends across ten time points from 2006 to 2025, with emphasis in this report placed on recent trends. The small amount of data from students who answered with implausible response patterns is not included in the analysis.

This report includes a description of risk and protective behaviors by grade and sex\* as well as race/ethnicity, sexual orientation/gender identity, and learning/physical disability status. These data on disparities in health and risk behaviors are provided to identify groups of students that may need increased support and are influenced by inequities in the forces and systems (e.g., economic, social, educational, health care) that influence the conditions of daily life.

Cross-tabulations looking at associations across various indicators are also described, most often focusing on the relationship between risk behaviors or protective factors with mental health given the attention that youth mental health has received locally and nationally in recent years. Relationships shown are significant at the  $p < .05$  level or below, meaning the relationships described are highly unlikely to be due to chance. Note that these associations cannot be interpreted as causal, meaning that it is not possible to tell the directionality based on cross-sectional survey data (data collected at one point in time that does not follow individuals over time). The associations are provided to increase understanding of the co-occurrence of risk behaviors, as well as associations of risk behaviors and protective factors, to inform strategies for supporting students.

**Table 1. 2025 MetroWest Adolescent Health Survey, High School Participant Demographics (n=21,116)**

Demographic	n	%
<b>Sex</b>		
Female	10,358	49.2
Male	10,698	50.8
<b>Grade</b>		
9 <sup>th</sup> grade	5,832	27.7
10 <sup>th</sup> grade	5,589	26.5
11 <sup>th</sup> grade	5,075	24.1
12 <sup>th</sup> grade	4,579	21.7
<b>Race/ethnicity</b>		
Asian	2,112	10.1
Black	744	3.5
Hispanic/Latino	3,577	17.1
White	12,418	59.2
Multiracial/other	2,126	10.1
<b>Sexual orientation and gender identity</b>		
LGBTQ+	3,341	16.3
Heterosexual cisgender	17,121	83.7
<b>Learning disability</b>		
Yes	2,456	13.0
No	16,400	87.0
<b>Physical disability</b>		
Yes	1,736	9.2
No	17,113	90.8

*Note: %'s represent valid percents, meaning among students who responded to the question*

\* Sex is used to examine trends from 2006 to 2023 and not gender, as the survey did not ask about gender until 2021.

Comparisons of MetroWest data with state and national trends are provided when similar data is available from other recent surveys. Comparisons with data from the most recent YRBS are not provided, as the most current state and national data available at the time of this report are from spring 2023, more than two full years prior to the 2025 MWAHS survey administration.

The 2025 MWAHS report provides important data to understand the current state of adolescent health, showing areas where progress is being made and highlighting areas needing continued efforts. The data will help to focus school and community attention on the most critical aspects of adolescent health.

# Substance Use

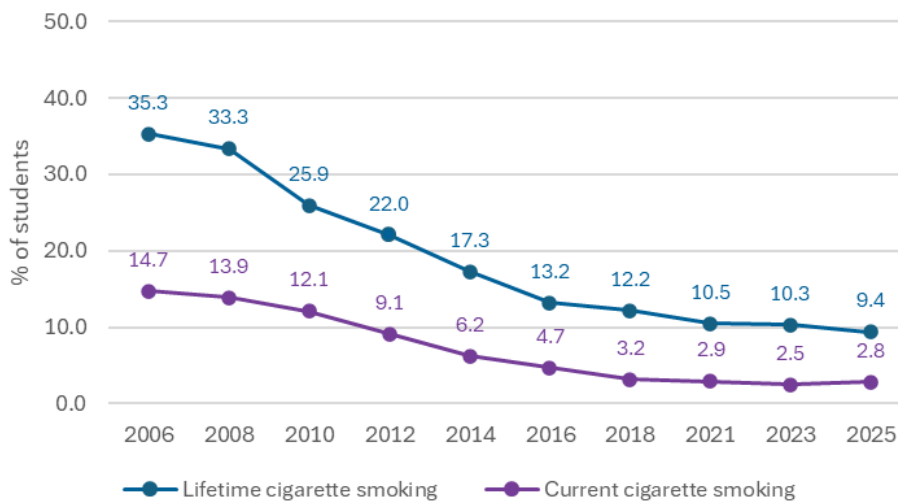
## Cigarette Smoking

Cigarette smoking has continued to decline, with 9% of MetroWest high school students reporting that they ever tried a cigarette, and 3% reporting cigarette smoking in the past 30 days.

### Trends in Cigarette Smoking (2006 to 2025)

- » **Lifetime cigarette smoking** decreased steadily from a high of 35% in 2006 to 10% in 2021-2023, with reports at 9% in 2025 [See Figure 1].
- » **Current cigarette smoking** (in the past 30 days) has held at 3% since 2018, down from a high of 15% in 2006.

Figure 1. Trends in Cigarette Smoking, 2006-2025 (Grades 9-12)



### Demographic Patterns in Cigarette Smoking (2025)

- » **Sex:** Lifetime cigarette smoking is reported by 9% of females and 10% of males. Recent smoking is reported by 2% of females and 4% of males.
- » **Grade:** Lifetime smoking increases from 5% in 9<sup>th</sup> grade to 16% in 12<sup>th</sup> grade, and current smoking increases from 1% to 6%.
- » **Race/ethnicity:** Lifetime cigarette smoking is lower among Asian youth (5%) than other racial/ethnic groups (10-11%). Current smoking is low across all racial/ethnic groups (1-3%), with the lowest reports among Asian youth (1%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual cisgender youth to report lifetime cigarette smoking (12% vs. 9%), but current smoking is similar (4% vs. 3%).
- » **Disability status:** Youth with physical and/or learning disabilities are more likely to report lifetime cigarette smoking than youth without disabilities (13% vs. 8%), with less difference in current smoking (4% vs. 2%).

## Electronic Vapor Product Use

Since lifetime electronic vapor product use peaked in 2018 at 41%, reports have decreased markedly, with 14% of high school youth reporting lifetime vaping in 2025.

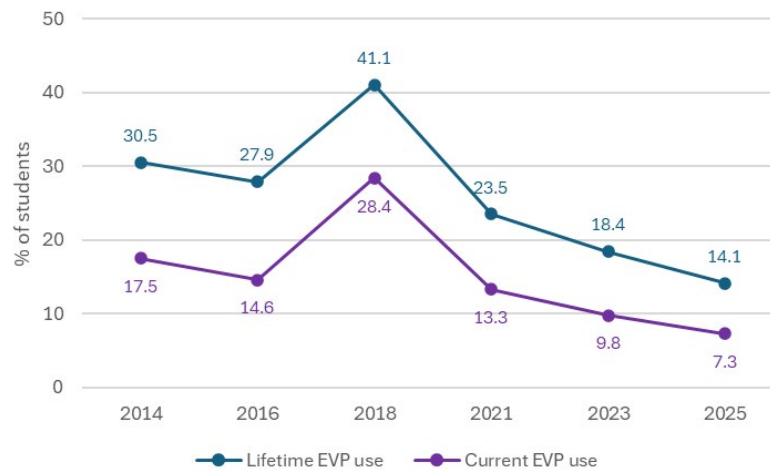
### Trends in Electronic Vapor Product Use (2014 to 2025)

- » **Lifetime use of electronic vapor products** (EVPs) decreased steadily from a high of 41% in 2018 to 18% in 2023, lowering further to 14% in 2025 [See Figure 2]. There have been similar declines among females and males since 2018.
- » **Current EVP use** (in the past 30 days) decreased from a high of 28% in 2018 to 13% in 2021, decreasing to 7% in 2025.
- » **Current use of flavored EPVs** was reported by 7% of youth in 2025, down from 11% in 2018 when this was first measured.
- » **Use of EVPs on school property** in the past 30 days was reported by 3% of youth in 2025, down from a high of 12% in 2018.

# 14%

of high school youth have vaped in their lifetime.

Figure 2. Trends in Electronic Vapor Product Use, 2014-2025 (Grades 9-12)



### Demographic Patterns in Electronic Vapor Product Use (2025)

- » **Sex:** Lifetime EVP use is slightly higher among females than males (15% vs. 13%), but current use does not differ (7% for both males and females).
- » **Grade:** Lifetime EVP use increases from 8% in 9<sup>th</sup> grade to 22% in 12<sup>th</sup> grade, and current use increases from 4% to 12%.
- » **Race/ethnicity:** EVP use is highest among Black and Hispanic/Latino youth, and lowest among Asian youth. For example, lifetime vaping is reported by 20% of both Black youth and Hispanic/Latino youth, 14% of White youth, 13% of multiracial/other youth, and 5% of Asian youth. Current EVP use is highest among Black youth (10%) followed by Hispanic/Latino youth (9%), White youth (8%), multiracial/other youth (7%), and Asian youth (3%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual youth to report lifetime vaping (20% vs. 13%) and current vaping (11% vs. 7%).
- » **Disability status:** Youth with physical and/or learning disabilities are more likely than youth without disabilities to report lifetime vaping (19% vs. 12%) and current vaping (11% vs. 6%).

## Alcohol Use

Alcohol use among high school youth has continued to decline, including lifetime use, current use, and binge drinking. However, alcohol remains the most prevalent substance used in high school, reported by 35% of youth in their lifetime and 18% of youth in the past 30 days.

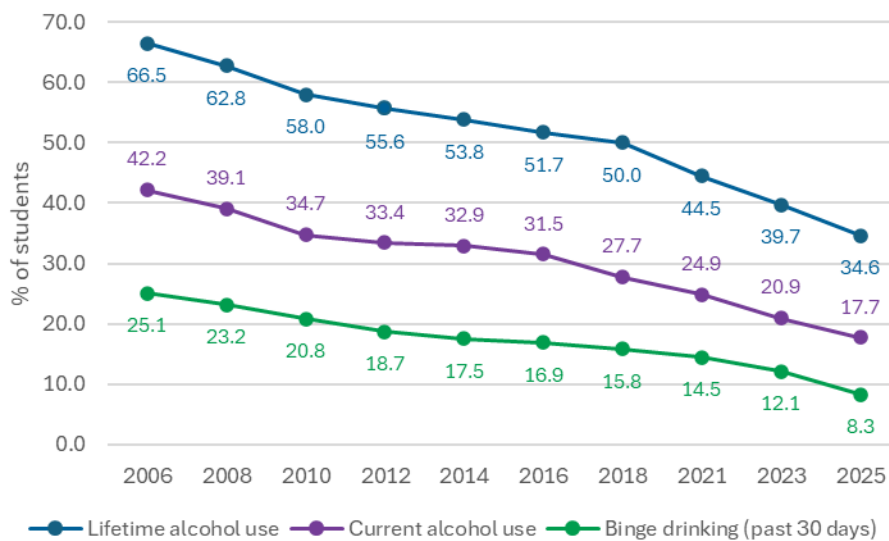
### Trends in Alcohol Use (2006 to 2025)

- » **Lifetime alcohol use** decreased steadily from a high of 67% in 2006 to 40% in 2023, lowering to 35% in 2025 [See Figure 3].
- » **Current drinking** (in the past 30 days) declined from 42% in 2006 to 21% in 2023, decreasing further to 18% in 2025.
- » **Binge drinking**, defined as four or more drinks in a row in the past 30 days for females and five or more drinks for males, decreased from 25% in 2006 to 12% in 2023, with reports at 8% in 2025.
- » The gap in alcohol use between females and males has narrowed in recent surveys. For example, from 2021 to 2025, current use decreased more among females (from 48% to 36%) than among males (from 41% to 34%).

# 1 in 5

high school youth have had a drink of alcohol in the past 30 days.

Figure 3. Trends in Alcohol Use, 2006-2025 (Grades 9-12)



## Demographic Patterns in Alcohol Use (2025)

- » **Sex:** Alcohol use does not differ notably among females and males. For example, current use is reported by 18% of females and 17% of males, and binge drinking is reported by 8% of both females and males.
- » **Grade:** Lifetime drinking increases from 23% in 9<sup>th</sup> grade to 49% in 12<sup>th</sup> grade, and current drinking increases from 8% to 31%. By 12<sup>th</sup> grade, 18% of students report binge drinking in the past 30 days.
- » **Race/ethnicity:** Current alcohol use is reported most often by White students (22%), with lower reports among multiracial/other youth (16%), Black and Hispanic/Latino youth (13% for each), and Asian youth (8%). Lifetime alcohol use and binge drinking follow a similar pattern.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual cisgender youth to report lifetime drinking (41% vs. 34%), but reports of current drinking are similar (17% vs. 18%), and binge drinking does not differ.
- » **Disability status:** Alcohol use is higher among students with disabilities than those without disabilities, such as lifetime drinking (43% vs. 32%) and current drinking (21% vs. 16%).

## Marijuana Use

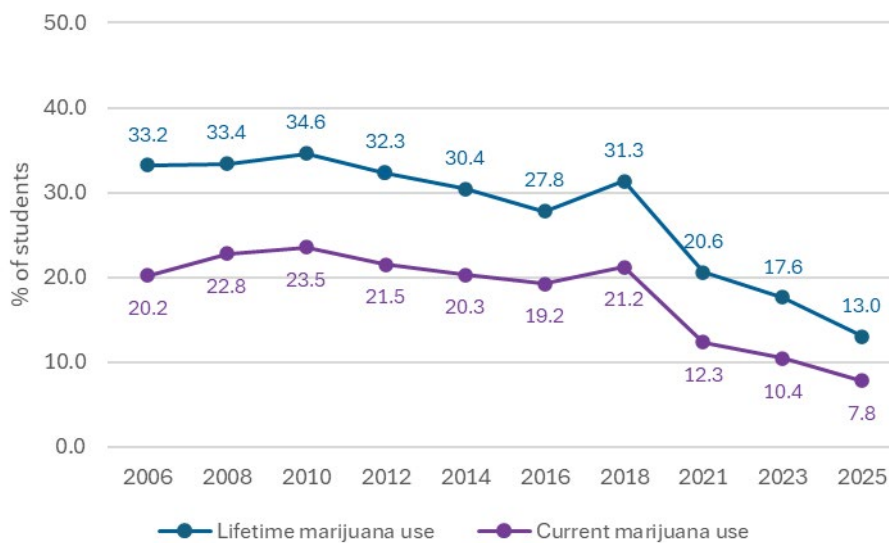
Since 2018, marijuana use among MetroWest high school youth has declined substantially, with 13% of youth reporting lifetime marijuana use and 8% reporting current use in 2025.

### Trends in Marijuana Use (2006 to 2025)

- » **Lifetime marijuana use** decreased from 31% in 2018 to 18% in 2023, with reports lowering further to 13% in 2025 [See Figure 4].
- » **Current marijuana use** (in the past 30 days) declined from 21% in 2018 to 10% in 2023, with reports at 8% in 2025.

**13%**  
of high school youth  
have used **marijuana** in  
their lifetime.

Figure 4. Trends in Marijuana Use, 2006-2025 (Grades 9-12)



### Demographic Patterns in Marijuana Use (2025)

- » **Sex:** Lifetime marijuana does not differ by sex (13% for both females and males), but current use is slightly higher among males than females (9% vs. 7%).
- » **Grade:** Lifetime marijuana use increases from 5% in 9<sup>th</sup> grade to 25% in 12<sup>th</sup> grade, and current use increases from 3% to 15%.
- » **Race/ethnicity:** Marijuana use is similar across racial/ethnic groups with the exception of lower reports among Asian youth. For example, lifetime use ranges from 13-15% for Black, Hispanic/Latino, multiracial/other, and White youth, whereas lifetime use is 5% for Asian youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely to report lifetime marijuana use (20% vs. 12%) and current use (12% vs. 7%) compared to heterosexual cisgender youth.
- » **Disability status:** Youth with disabilities are more likely than nondisabled youth to report lifetime marijuana use (18% vs. 12%) and current use (11% vs. 7%).

## Prescription Drug Misuse

Lifetime prescription drug misuse is the only type of substance use reported by high school youth to be higher in 2025 than in recent surveys. Since reaching a low of 4% in 2021, lifetime misuse of prescription drugs increased to 7% in 2025.

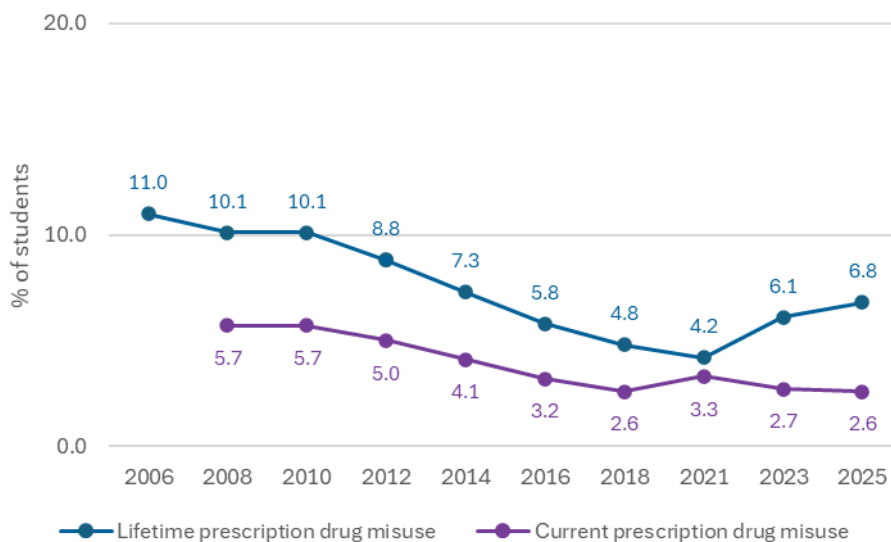
### Trends in Prescription Drug Misuse (2006 to 2025)

- » **Lifetime prescription drug misuse**, defined as using prescription drugs without a doctor’s prescription or differently than how a doctor told you to use them, increased from a low of 4% in 2021 to 6% in 2023, with reports at 7% in 2025. However, lifetime reports are still lower than in the early years of the MWAHS [See Figure 5].
- » **Current prescription drug misuse** (in the past 30 days) has been similar in the range of 2-3% since 2016, down from a high of 6% in 2008-2010.

# 1 in 15

high school youth have misused prescription drugs in their lifetime.

Figure 5. Trends in Prescription Drug Misuse, 2006-2025 (Grades 9-12)



### Demographic Patterns in Prescription Drug Misuse (2025)

- » **Sex:** Prescription drug misuse is similar by sex for lifetime use (7% for females vs. 6% for males) and current use (3% for both females and males).
- » **Grade:** Prescription drug misuse also does not differ by grade (lifetime use ranges from 6-7% by grade, and current use ranges from 2-3%).
- » **Race/ethnicity:** Lifetime prescription drug misuse ranges from 6-10% by race/ethnicity, with the highest reports for Black youth (10%) and Hispanic/Latino and multiracial/other youth (9% for each), followed by Asian youth (7%) and White youth (6%). Current use follows a similar pattern.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely to misuse prescription drugs than heterosexual cisgender youth in their lifetime (14% vs. 5%) and in the past 30 days (5% vs. 2%).
- » **Disability status:** Youth with disabilities are more likely to report lifetime prescription drug misuse (13% vs. 5%) and current misuse (6% vs. 2%) than youth without disabilities.

## Additional Findings Related to Substance Use (2025)

### Use of Nicotine Pouches and Gums

- » 4% of youth have used nicotine pouches in the past 30 days, and 2% of youth have used nicotine gums, lozenges, tablets, or gummies in the past 30 days.
- » Use of nicotine pouches is higher among males than females (6% vs. 3%).

### Perceived Risk of Substance Use

Perceived risk of electronic vapor products, alcohol, and marijuana, defined as “moderate” or “great” risk, varies by substance among high school students.

- » Perceived risk of using **electronic vapor products** increased from 42% in 2014, when this was first measured, to 86% in 2023, with 87% reporting moderate or great risk in 2025.
- » Perceived risk of **alcohol** use, defined as having 5 or more drinks 1-2 times per week, has been steady at 77-78% since 2021, when this was first measured.
- » Perceived risk of using **marijuana** once or twice per week has increased steadily from a low of 51% in 2021 to 71% in 2025. A separate measure, perceived risk of people your age using marijuana almost every day, has increased from 78% in 2021, when this was first measured, to 86% in 2025.

### Access to Substances

There have been declines in ease of access to electronic vapor products and marijuana in recent years (Ease of access data was not collected for all substances).

- » In 2025, 43% of youth say it would be “fairly easy” or “very easy” to get electronic vapor products if they wanted to, down from 55-56% in 2021-2023. (This question was first asked in 2021).
- » 34% of youth report that marijuana would be fairly easy to get if they wanted to, down steadily from a high of 66% in 2016.

### Substance Use and Mental Health

Students who use substances are more likely to report mental health problems. For example:

- » Students who have used EVPs in the past 30 days are more likely to report recent anxiety (44% vs. 27%) and depressive symptoms in the past 12 months (41% vs. 17%) compared to students who haven’t used EVPs.
- » Students who have used alcohol in the past 30 days are more likely to report depressive symptoms (27% vs. 17%) and self-injury in the past 12 months (18% vs. 10%) compared to students who have not used alcohol recently.
- » Students who report current marijuana use are also more likely to report mental health problems such as depressive symptoms (37% vs. 17%) and seriously considering suicide in the past 12 months (22% vs. 8%) than students who have not used marijuana recently.

### Comparisons with Other Data Sources

- » The declines in EVP use, alcohol use, and marijuana use among MetroWest high school youth are consistent with both long-term and recent (one-year) declines in past 12-month use of these substances among 10<sup>th</sup> and 12<sup>th</sup> grade youth nationally, as reported by the national 2025 Monitoring the Future (MTF) survey.<sup>5</sup>
- » The MTF survey asks about prescription drug misuse among 12<sup>th</sup> grade youth only, and shows no change from 2024 to 2025 in this behavior.

# Impaired and Distracted Driving

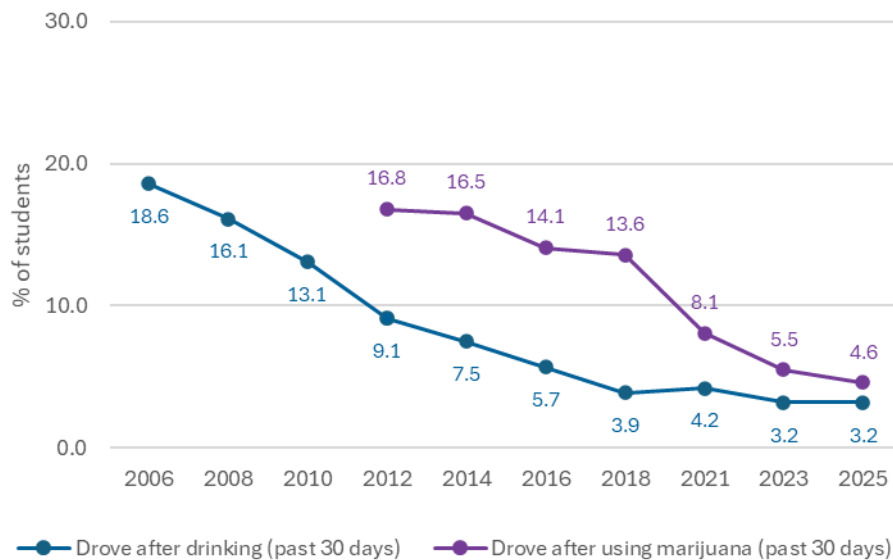
## Impaired Driving

Consistent with overall declines in substance use, impaired driving has declined in the last decade. In 2025, 5% of 11<sup>th</sup> and 12<sup>th</sup> grade drivers reported driving after drinking in the past 30 days, and 3% reported driving after using marijuana.

### Trends in Impaired Driving (2006 to 2025)

- » **Driving after drinking alcohol** in the past 30 days, among 11<sup>th</sup> and 12<sup>th</sup> grade students who drive, declined from a high of 19% in 2006 to 4% in 2018-2021, with reports at 3% in the last two surveys [See Figure 6].
- » **Driving after using marijuana** in the past 30 days lowered from a high of 17% in 2014 to 6% in 2023, with 5% reporting this behavior in 2025.

**Figure 6. Trends in Impaired Driving Among 11<sup>th</sup> and 12<sup>th</sup> Grade Drivers, 2006-2025 (Grades 11-12)**



### Demographic Patterns in Impaired Driving (2025)

- » **Sex:** Impaired driving is higher among males than females, both for driving after using alcohol (4% vs. 2%) and driving after using marijuana (6% vs. 3%) among 11<sup>th</sup> and 12<sup>th</sup> grade drivers.
- » **Grade:** Driving after using substances increases from 11<sup>th</sup> grade to 12<sup>th</sup> grade for alcohol (from 2% to 4%) and marijuana (from 3% to 6%).
- » **Race/ethnicity:** Driving after drinking ranges from 2-5% by racial/ethnic group, and driving after using marijuana ranges from 2-6%. The lowest reports for both behaviors are among Asian youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual cisgender youth to report driving after using alcohol (5% vs. 3%) and marijuana (7% vs. 4%).
- » **Disability status:** Youth with disabilities are more likely than those without disabilities to report driving after drinking (4% vs. 2%) and using marijuana (7% vs. 4%).

## Distracted Driving

Although distracted driving has gradually decreased over the past decade, reports remain relatively high, with 32% of high school drivers using their smartphones to text, email, videochat, or watch videos while driving in the past 30 days.

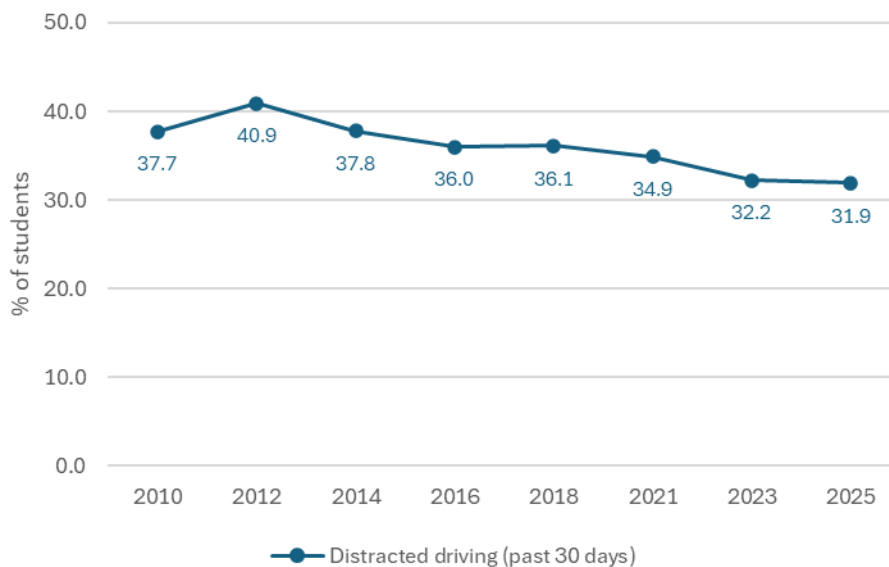
### Trends in Distracted Driving (2010 to 2025)

- » **Distracted driving**, defined as using a smartphone to text, email, videochat, or watch videos while driving in the past 30 days among 11<sup>th</sup> and 12<sup>th</sup> grade youth who drive, decreased from a high of 41% in 2012 to 32% in 2023, remaining at that level in 2025 [See Figure 7].

**1 in 3**

11<sup>th</sup> and 12<sup>th</sup> grade drivers report distracted driving in the past 30 days.

Figure 7. Trends in Distracted Driving Among 11<sup>th</sup> and 12<sup>th</sup> Grade Drivers, 2010-2025 (Grades 11-12)



### Demographic Patterns in Distracted Driving (2025)

- » **Sex:** Reports of distracted driving are slightly higher among males (33%) than females (31%).
- » **Grade:** Distracted driving increases substantially from 11<sup>th</sup> grade (23%) to 12<sup>th</sup> grade (41%).
- » **Race/ethnicity:** Distracted driving is higher among White youth (34%) and multiracial/other youth (33%) than among Hispanic/Latino youth (27%), Asian youth (24%), and Black youth (24%).
- » **Sexual orientation and gender identity:** Distracted driving is reported by 30% of LGBTQ+ youth and 33% of heterosexual cisgender youth.
- » **Disability status:** Youth with disabilities are more likely than nondisabled youth to report distracted driving (37% vs. 31%).

# Violence

## Physical Fighting

After declining rapidly in early years of the MWAHS, physical fighting has continued to decrease in recent surveys. In 2025, 10% of youth reported that they have been in a physical fight in the past 12 months.

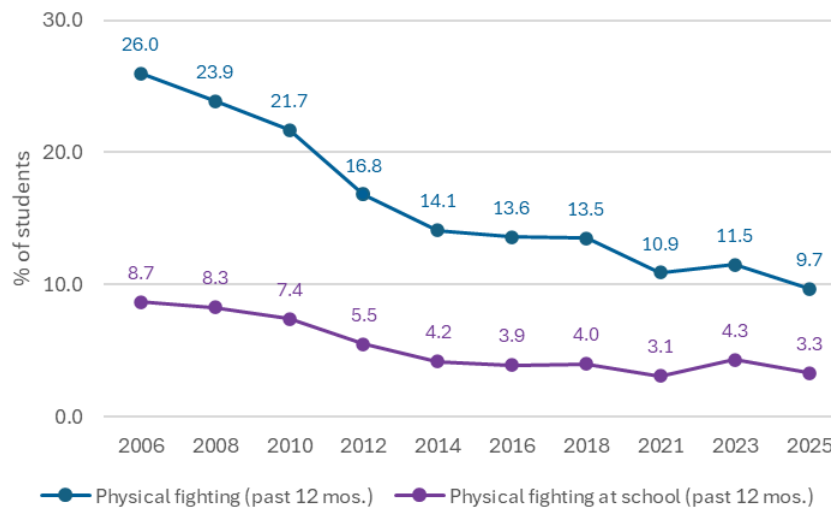
### Trends in Physical Fighting (2006 to 2025)

- » **Physical fighting** in the past 12 months decreased from a high of 26% in 2006 to 12% in 2023, with reports at 10% in 2025 [See Figure 8].
- » **Fighting on school property** has remained similar at 3-4% since 2014, down from a high of 9% in 2006.

**1 in 10**

High school youth report being in a **physical fight** in the past 12 months.

Figure 8. Trends in Physical Fighting, 2006-2025 (Grades 9-12)



### Demographic Patterns in Physical Fighting (2025)

- » **Sex:** Physical fighting in the past 12 months is higher among males than females, both overall (14% vs. 5%) and on school property (5% vs. 2%).
- » **Grade:** Fighting decreases by grade, from 13% in 9<sup>th</sup> grade to 7% in 12<sup>th</sup> grade.
- » **Race/ethnicity:** Reports of fighting are highest among Black youth (16%), followed by multiracial/other youth (13%), Hispanic/Latino youth (12%), White youth (9%), and Asian youth (6%). Fighting on school property follows a similar racial/ethnic pattern.
- » **Sexual orientation and gender identity:** Physical fighting is reported by 11% of LGBTQ+ youth and 9% of heterosexual cisgender youth, with little difference in fighting on school property (4% and 3%, respectively).
- » **Disability status:** Youth with physical and/or learning disabilities are more likely to report fighting overall (14% vs. 8%) and on school property (5% vs. 2%) compared to nondisabled youth.

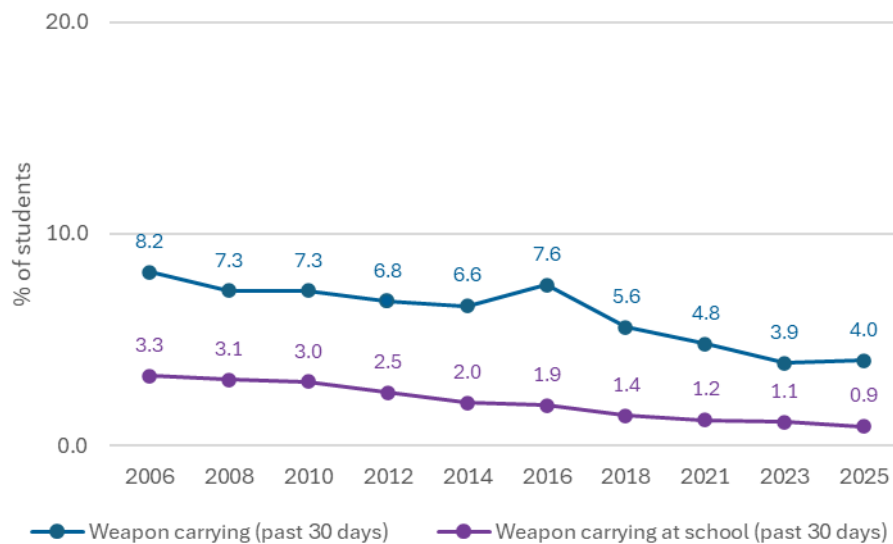
## Weapon Carrying

Weapon carrying has declined slowly among high school youth since the early years of the MWAHS, with 4% of students reporting recent weapon carrying in 2025.

### Trends in Weapon Carrying (2006 to 2025)

- » **Weapon carrying** in the past 30 days, defined as carrying a weapon like a gun, knife, or club, declined from 8% in 2016 to 4% in 2023, remaining at 4% in 2025 [See Figure 9].
- » **Weapon carrying on school property** in the past 30 days has declined slowly since 2006-2012 (3%), with reports holding at around 1% since 2018.

Figure 9. Trends in Weapon Carrying, 2006-2025 (Grades 9-12)



### Demographic Patterns in Weapon Carrying (2025)

- » **Sex:** Weapon carrying in the past 30 days is reported by more males than females (6% vs. 2%).
- » **Grade:** Reports of weapon carrying do not differ by grade (4% across all high school grades).
- » **Race/ethnicity:** Weapon carrying is reported by 4-5% of Black, Hispanic/Latino, multiracial/other, and White youth, and 2% of Asian youth.
- » **Sexual orientation and gender identity:** 6% of LGBTQ+ youth and 4% of heterosexual cisgender youth have carried a weapon in the past 30 days.
- » **Disability status:** Youth with disabilities are more likely to report recent weapon carrying than youth without disabilities (8% vs. 3%).

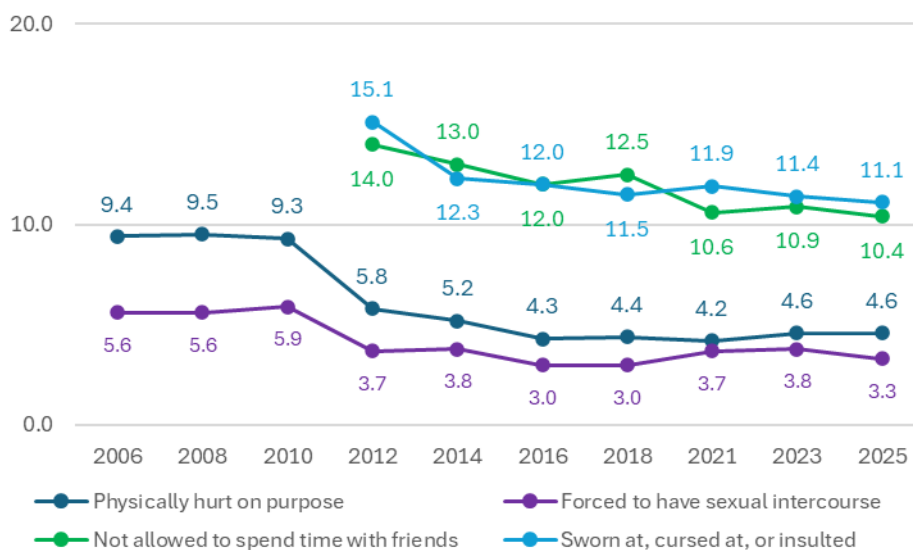
## Dating Violence

Reports of physical and sexual dating violence, as well as verbal abuse and controlling behaviors within dating relationships, have not changed notably in recent surveys, though they have declined since earlier years of the MWAHS. In 2025, 5% of high school youth were physically hurt and 3% were forced to have sexual intercourse by a date in their lifetime.

### Trends in Dating Violence (2006 to 2025)

- » **Physical dating violence**, defined as being physically hurt by a date or someone you were going out in your lifetime, decreased from a high of 10% in 2008 to 5% in 2014, with reports similar at 4-5% over the last four surveys [See Figure 10].
- » **Threats of physical violence** within dating relationships have been steady at 4% since this was first asked in 2012.
- » **Forced sexual intercourse** has ranged from 3-4% since 2012, with 2025 reports at 3%, down from a high of 6% in earlier surveys. Being forced to do **“other sexual things”** besides intercourse is reported by 7% of youth in 2025, which has been steady over the past three surveys.
- » **Verbal abuse**, defined as being sworn at, cursed at, or insulted, decreased from a high of 15% in 2012 to 11% in 2023, remaining at that level in 2025.
- » There is also a small decline in **controlling behavior**, defined as not being allowed to spend time with friends, from a high of 14% in 2012 to 10% in 2025. Being **controlled through digital media** (reading phone messages, monitoring social media, or tracking location) was reported by 10% of youth in both 2023 and 2025 (data was not collected previously for this behavior).

Figure 10. Trends in Lifetime Dating Violence, 2006-2025 (Grades 9-12)



## Demographic Patterns in Dating Violence (2025)

- » **Sex:** The largest differences by sex in reports of dating violence are for verbal abuse (13% for females vs. 9% for males), being forced to have sexual intercourse (4% vs. 2%), and being forced to do other sexual things (10% vs. 3%). Other forms of dating violence do not differ as notably by sex.
- » **Grade:** There are small increases in lifetime reports of all forms of dating violence from 9<sup>th</sup> grade to 12<sup>th</sup> grade.
- » **Race/ethnicity:** Reports of dating violence are somewhat similar by race/ethnicity, though reports are consistently lower among Asian youth than other racial/ethnic groups.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely to experience dating violence than heterosexual cisgender youth, including being physically hurt on purpose (8% vs. 4%) and being forced to do other sexual things besides intercourse (15% vs. 5%).
- » **Disability status:** Youth with disabilities are more likely to report dating violence than nondisabled youth, such as being verbally abused (17% vs. 9%), physically hurt on purpose (8% vs. 4%), and forced to have sexual intercourse (6% vs. 2%).

# Bullying and Cyberbullying

## Overall Bullying and Bullying on School Property

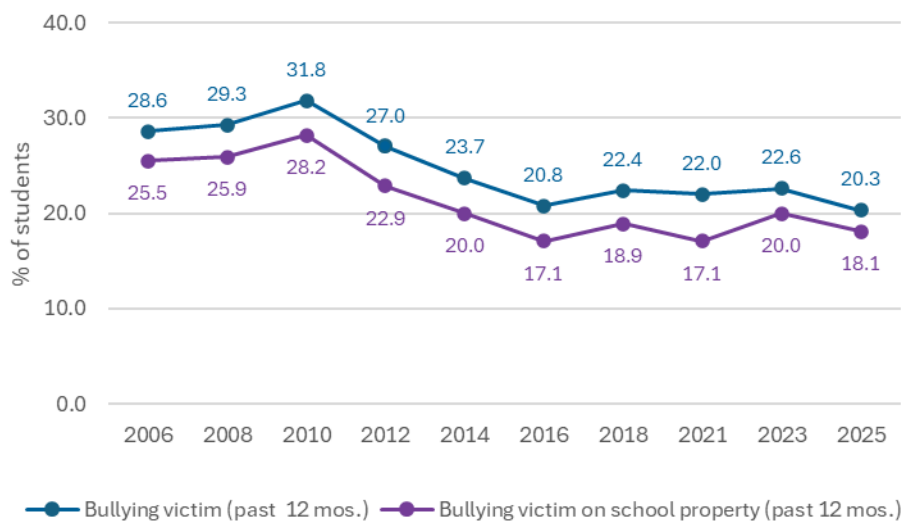
Reports of bullying—overall and on school property—showed improvement over the last two surveys and are far lower than when they peaked in 2010. In 2025, 20% of youth reported being bullied in the past 12 months, and 18% reported being bullied on school property.

### Trends in Bullying (2006 to 2025)

- » **Bullying** in the past 12 months, defined as when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again, peaked in 2010 at 32%, lowered to 22% from 2018-2023, and then declined further to 20% in 2025. This is the lowest that overall bullying reports have been among high school students since the MWAHS began [See Figure 11].
- » **Bullying on school property** in the past 12 months follows a similar pattern; after peaking at 28% in 2010, reports lowered and have fluctuated in the range of 17-20% over the past five surveys, with 2025 reports at 18%.
- » From 2023 to 2025, the decline in bullying was driven by lower reports among females. For example, bullying on school property decreased from 23% in 2023 to 19% in 2025 among females, and was steady at 17% among males.

**18%**  
of high school youth were bullied at school in the past 12 months.

Figure 11. Trends in Bullying, 2006-2025 (Grades 9-12)



## Demographic Patterns in Bullying (2025)

- » **Sex:** Overall reports of bullying are higher among females than males (23% vs. 18%). Reports of bullying on school property do not differ as much by sex (19% vs. 17%).
- » **Grade:** Reports of bullying decrease by grade. For example, bullying on school property decreases from 22% in 9<sup>th</sup> grade to 14% in 12<sup>th</sup> grade.
- » **Race/ethnicity:** Reports of being bullied overall and on school property are similar across racial/ethnic groups, with the exception of lower reports among Asian youth. For example, reports of being bullied in the past 12 months range from 21-23% among Black, Hispanic/Latino, multiracial/other, and White youth, with reports at 13% among Asian youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are twice as likely to be bullied than heterosexual cisgender youth, overall (35% vs. 17%) and on school property (33% vs. 15%).
- » **Disability status:** Youth with disabilities are also twice as likely to be bullied as nondisabled youth, overall (34% vs. 17%) and on school property (31% vs. 15%).

## Cyberbullying

After peaking in 2021, reports of being cyberbullied decreased over the past two surveys, with 17% of students reporting that they were cyberbullied in the past 12 months in 2025.

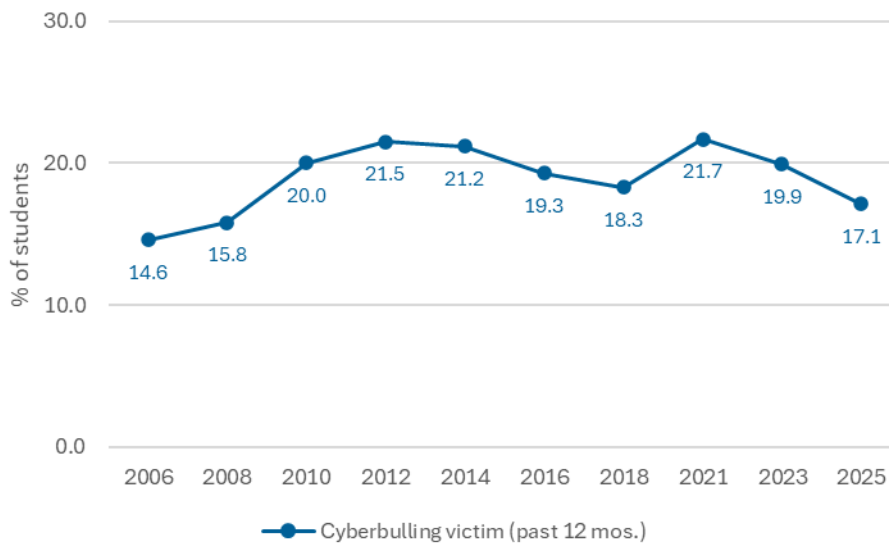
### Trends in Cyberbullying (2006 to 2025)

- » **Cyberbullying**, defined as using the Internet, cell phones, or other electronic devices to bully, tease, threaten, or spread rumors about someone in the past 12 months, decreased from a high of 22% in 2021 to 20% in 2023, lowering further in 2025 to 17%. However, reports of being cyberbullied are higher than they were in early years of the MWAHS [See Figure 12].
- » Over the past three surveys, cyberbullying decreased more among females (from 26% in 2021 to 19% in 2025) than among males (from 18% to 16%).

**1 in 6**

high school youth were cyberbullied in the past 12 months.

**Figure 12. Trends in Cyberbullying, 2006-2025 (Grades 9-12)**



### Demographic Patterns in Cyberbullying (2025)

- » **Sex:** Females are more likely to be cyberbullied (19%) than males (16%).
- » **Grade:** More students report being cyberbullied in 9<sup>th</sup> grade (20%) than in grades 10-12 (16%).
- » **Race/ethnicity:** Reports of being cyberbullied are higher among multiracial/other youth (20%), Hispanic/Latino youth (19%), Black youth (18%), and White youth (17%), in comparison to Asian youth (11%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely to report being cyberbullied than heterosexual youth (25% vs. 16%).
- » **Disability status:** Youth with disabilities are more likely to be cyberbullied than nondisabled youth (27% vs. 15%).

## Additional Findings Related to Bullying and Cyberbullying

### Identity-Based Bullying

- » 11% of youth were bullied in the past 12 months—either online or on school property—based on their race or ethnicity, 8% based on their religion or culture, 6% based on a disability they have or others think they have, 6% based on their sexual orientation, and 6% based on their gender.
- » 29% of LGBTQ+ youth report being bullied based on their sexual orientation, and 19% of youth with disabilities report being bullied due to their disability.
- » After rising from 2021 to 2023, identity-based bullying has declined from 2023 to 2025. For example, bullying due to race/ethnicity decreased from 14% in 2023 to 11% in 2025, bullying due to sexual orientation decreased from 8% to 6%, and bullying due to disabilities decreased from 8% to 6%.

### Help-Seeking Among Bullied Students

Many youth who are being bullied are not seeking help from adults at school or outside of school, particularly for cyberbullying.

- » Among youth who were **bullied at school** in the past 12 months, fewer than one-third (31%) told a school adult and only half (49%) told a non-school adult that they were being bullied.
- » Among youth who were **cyberbullied** in the past 12 months, only 17% told a school adult and less than one-third (28%) told a non-school adult that they were being cyberbullied.

### Bullying and Mental Health

Being a victim of bullying—at school or online—is strongly associated with mental health problems among high school youth.

- » Youth who were bullied at school in the past 12 months are much more likely to report depressive symptoms (41% vs. 14%) and seriously considering suicide (22% vs. 6%) in the past 12 months compared to students who were not bullied at school.
- » Similarly, youth who were cyberbullied in the past 12 months are much more likely to report depressive symptoms (40% vs. 14%) and seriously considering suicide (21% vs. 6%) than youth who were not cyberbullied.

# Mental Health

## Stress and Anxiety

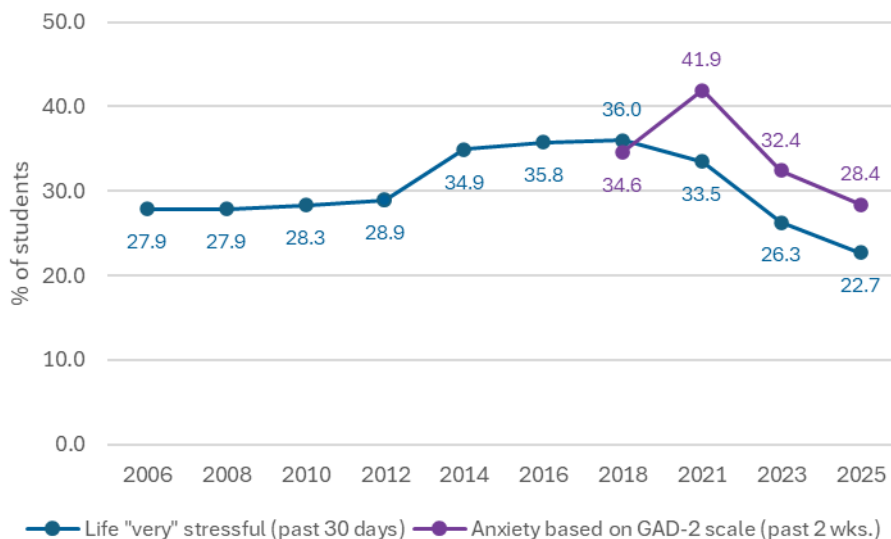
Reports of recent stress have declined steadily since they peaked in 2018, and reports of anxiety have lowered at each survey since they peaked in 2021. However, certain groups of youth—females, Hispanic/Latino youth, LGBTQ+ youth, and youth with disabilities— are more likely to report anxiety relative to their peers.

### Trends in Stress and Anxiety (2006 to 2025)

- » **Overall stress**, defined as life being “very” stressful in the past 30 days, peaked at 36% in 2016-2018, lowered to 26% in 2023, and then decreased further to 23% in 2025 [See Figure 13].
- » From 2023 to 2025, reports of stress decreased more among females (from 36% to 31%) than among males (from 16% to 14%).
- » **Anxiety** in the past two weeks,<sup>6</sup> peaked at 42% in 2021, decreased to 32% in 2023, and declined further to 28% in 2025.
- » From 2021 to 2025, anxiety decreased more among females (from 36% to 31%) than males (from 16% to 14%).

**28%**  
of high school youth report experiencing generalized anxiety in the past two weeks.

Figure 13. Trends in Stress and Anxiety, 2006-2025 (Grades 9-12)



\* Scores on the Generalized Anxiety Disorder Scale (GAD-2) indicate need for further evaluation based on reports of feeling nervous, anxious, or on edge and feeling unable to stop or control worrying in the past two weeks.

## Demographic Patterns in Stress and Anxiety (2025)

- » **Sex:** Females are much more likely than males to report recent stress (31% vs. 14%) and anxiety (41% vs. 16%).
- » **Grade:** Reports of life being “very” stressful increase from 18% in 9<sup>th</sup> grade to 31% in 12<sup>th</sup> grade. Reports of anxiety also increase by grade, but to a lesser extent (from 25% to 33%).
- » **Race/ethnicity:** Reports of stress range from 20-24% by racial/ethnic group, with the highest reports among White youth (23%) and multiracial/other youth (24%). Reports of anxiety show greater variation by racial/ethnic group, with higher reports among Hispanic/Latino youth and White youth (29% for each) and multiracial/other youth (28%), compared to Asian youth (26%) and Black youth (21%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are twice as likely to report recent stress (40% vs. 20%) and anxiety (50% vs. 25%) than heterosexual cisgender youth.
- » **Disability status:** Youth with physical and/or learning disabilities are much more likely to report stress (34% vs. 20%) and anxiety (43% vs. 25%) than nondisabled youth.

## Depressive Symptoms, Self-Injury, and Suicidality

After peaking in 2021, reports of depressive symptoms, self-injury, and suicidality have decreased steadily over the past two surveys. In 2025, 19% of high school youth reported depressive symptoms and 9% seriously considered suicide in the past 12 months. Self-injury and suicidal thoughts and behaviors among high school youth are the lowest they have been since the MWAHS began.

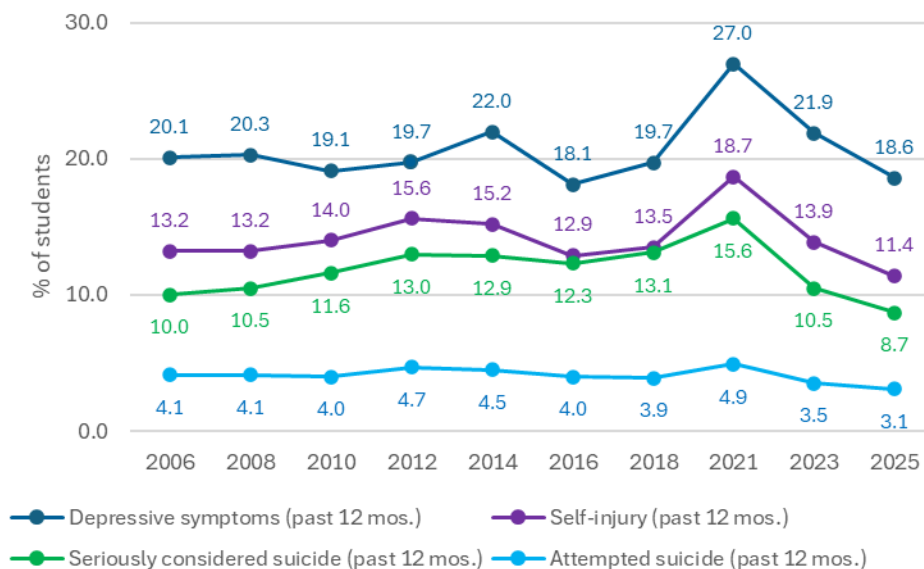
Despite improvements in youth mental health, notable mental health disparities persist, with greater risk for poor mental health among females, LGBTQ+ youth, and youth with disabilities compared to their peers.

### Trends in Depressive Symptoms, Self-Injury, and Suicidality (2006 to 2025)

- » **Depressive symptoms** in the past 12 months decreased from a high of 27% in 2021 to 22% in 2023, lowering further to 19% in 2025 [See Figure 14].
- » **Self-injury** in the past 12 months follows a similar pattern, peaking at 19% in 2021, declining to 14% in 2023, and lowering to 11% in 2025.
- » **Seriously considering suicide** in the past 12 months was reported by 9% of youth in 2025, down from a high of 16% in 2021.
- » **Attempting suicide** in the past 12 months was reported by 3% of youth in 2025; earlier reports ranged from 4-5% in all prior surveys.
- » From 2021 to 2025, mental health problems decreased more among females than males. For example, depressive symptoms decreased from a peak of 36% in 2021 to 25% in 2025 among females, and from 17% to 13% among males. Similarly, seriously considering suicide decreased from a high of 20% in 2021 to 11% in 2025 among females and from 11% to 6% among males.

**19%**  
of high school youth report depressive symptoms in the past 12 months.

Figure 14. Trends in Depressive Symptoms, Self-Injury, and Suicidality, 2006-2025 (Grades 9-12)



## Demographic Patterns in Depressive Symptoms, Self-Injury, and Suicidality (2025)

- » **Sex:** Females consistently report more mental health problems than males. For example, reports are higher for females than males for depressive symptoms (24% vs. 13%), self-injury (16% vs. 7%), and seriously considering suicide (11% vs. 6%) in the past 12 months.
- » **Grade:** Reports of mental health problems do not vary markedly by grade in high school. For example, reports of depressive symptoms in the past 12 months range from 18-20% by grade, and reports of seriously considering suicide range from 8-10% by grade.
- » **Race/ethnicity:** Reports of depressive symptoms are highest among Hispanic/Latino (26%) and Black youth (24%), followed by multiracial/other youth (21%), White youth (17%), and Asian youth (15%). Reports of seriously considering suicide are higher among Hispanic/Latino and multiracial/other youth (11% for each) compared to Asian, Black, and White youth (8% for each), with self-injury following a somewhat similar pattern.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are 2.6-4.6 times more likely to report mental health problems than heterosexual cisgender youth, including depressive symptoms (39% vs. 15%), self-injury (33% vs. 7%), seriously considering suicide (23% vs. 6%), and suicide attempts (8% vs. 2%).
- » **Disability status:** Youth with physical and/or learning disabilities are 2.1-3.4 times more likely to report mental health problems than nondisabled youth, depressive symptoms (32% vs. 15%), self-injury (22% vs. 9%) and seriously considering suicide (18% vs. 7%).

## Additional Findings Related to Mental Health (2025)

### Causes of Stress

Stress related to school, social, family, safety, appearance, and health issues all showed notable declines from 2021 to 2025.

- » Among the three top causes of stress, there were decreases in feeling stress “often” or “very often” due to school issues (from 67% to 58%), social issues (from 39% to 28%), and appearance issues (from 39% to 27%).
- » Reports also declined for stress related to physical/emotional health issues (from 41% to 24%), family issues (from 26% to 18%), and safety issues (from 5% to 3%).

### Mental Health Support

- » Among students in need of help when feeling sad, empty, hopeless, angry, or anxious, less than one in three (29%) got the help they needed “most of the time” or “always”.

### Use of Artificial Intelligence (AI) for Mental Health Support

- » 14% of all middle school youth used AI, such as a chatbot, for support with emotional challenges or problems in the past 12 months. Among students with depressive symptoms, 28% used AI for emotional support.

### Mental Health Services Use

- » Many students experiencing mental health problems are not receiving formal mental health services. Among students reporting depressive symptoms in the past 12 months, only half of youth (53%) received mental health services at school outside of school. Specifically, 35% talked to a school counselor, therapist, or psychologist at school about emotional challenges or problems during that time, and 40% talked to a therapist, psychologist, or other mental health professional outside of school.
- » Among youth with depressive symptoms, Asian youth (40%) and Black youth (44%) are least likely to receive any formal mental health services either at school or outside of school, with higher reports of service receipt among Hispanic/Latino youth (47%), multiracial/other youth (49%), and White youth (59%). Males are also less likely to receive mental health services than females (38% vs. 61%). LGBTQ+ youth are more likely to receive services in comparison to heterosexual cisgender youth (66% vs. 47%), and youth with disabilities are more likely to receive services than youth without disabilities (66% vs. 47%).

### Barriers to Seeking School-Based Mental Health Support

- » The most common barriers to not seeking help for emotional challenges or problems at school are: students not having time/not wanting to miss class (40%), feeling like they should handle problems on their own (37%), and not wanting other students to know they were seeking help at school (33%).
- » Other frequent barriers include: believing that counseling at school wouldn’t help (31%), and being too embarrassed or scared to talk about it (30%), not trusting anyone at school enough to share emotional challenges or problems (30%), and believing that a school/counselor might not understand them or the challenges they were experiencing (29%).

### Comparisons with Other Data Sources

- » The decline in depressive symptoms, seriously considering suicide, and suicide attempts from 2021 to 2025 among middle school youth in the MetroWest region is consistent with data from the 2024 National Survey on Drug Use and Health,<sup>7</sup> which shows a decrease in reports of past-year major depressive episodes, serious thoughts of suicide and suicide attempts from 2021 to 2024 among adolescents aged 12 to 17.

# Sexual Behaviors

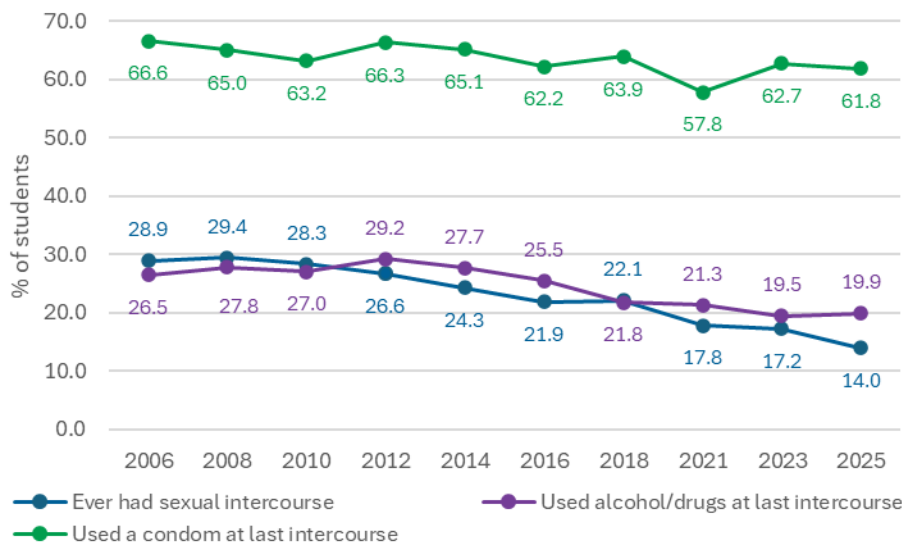
Sexual intercourse among high school youth has decreased by half since the MWAHS began, with reports of lifetime sexual intercourse reaching a low of 14% in 2025.

## Trends in Sexual Behaviors (2006 to 2025)

- » **Lifetime sexual intercourse** has decreased steadily from a high of 29% in 2006-2008 to 17% in 2023, with reports lowering further to 14% in 2025 [See Figure 15].
- » Among youth who are currently sexually active (had intercourse in the past three months), **using alcohol or drugs before their most recent sexual intercourse** has remained similar at 20-21% over the past three surveys, down from a high of 29% in 2012.
- » **Condom use at most recent sexual intercourse**, among currently sexually active youth, has fluctuated from 58-67% since the MWAHS began, with current reports at 62% in 2025.

**1 in 7**  
high school youth have had sexual intercourse in their lifetime.

Figure 15. Trends in Sexual Behavior, 2006-2025 (Grades 9-12)



## Demographic Patterns in Sexual Behaviors (2025)

- » **Sex:** 13% of females and 15% of males have had sexual intercourse in their lifetime. Use of alcohol/drugs before intercourse among currently sexually active youth is lower among females than males (18% vs. 22%).
- » **Grade:** Reports of lifetime intercourse increase by grade, from 5% in 9<sup>th</sup> grade to 29% in 12<sup>th</sup> grade. While fewer youth are sexually active in 9<sup>th</sup> grade, they are more likely to report using alcohol/drugs before intercourse (23% in 9<sup>th</sup> grade vs. 18-21% for the older grades) and less likely to report condom use (53% in 9<sup>th</sup> grade vs. 61-65% in the older grades).
- » **Race/ethnicity:** Lifetime intercourse is highest among Hispanic/Latino youth (18%) and Black youth (17%), followed by White and multiracial/other youth (14% for each), and lowest among Asian youth (5%). Among sexually active youth, use of alcohol/drugs before intercourse is highest among Black youth (31%), Asian youth (25%), and multiracial/other youth (24%), followed by White youth (19%) and Hispanic/Latino youth (16%). Condom use among currently sexually active youth is highest among Asian youth (72%) and White youth (64%), and lower among multiracial/other youth (58%), Hispanic/Latino youth (56%), and Black youth (46%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely to report ever having had sexual intercourse (17% vs. 13%) and to report using alcohol/drugs before intercourse (27% vs. 18%) among those who are currently sexually active.
- » **Disability status:** Youth with disabilities are more likely than those without disabilities to report lifetime sexual intercourse (20% vs. 12%) and alcohol/drug use before intercourse (23% vs. 18%), and somewhat less likely to use a condom at last intercourse (59% vs. 63%).

# Physical Activity and Weight-Related Behaviors

## Physical Activity

65% of high school youth participated in vigorous physical activity on three or more days in the past week, which is similar to 2023 but down slightly over the past decade.

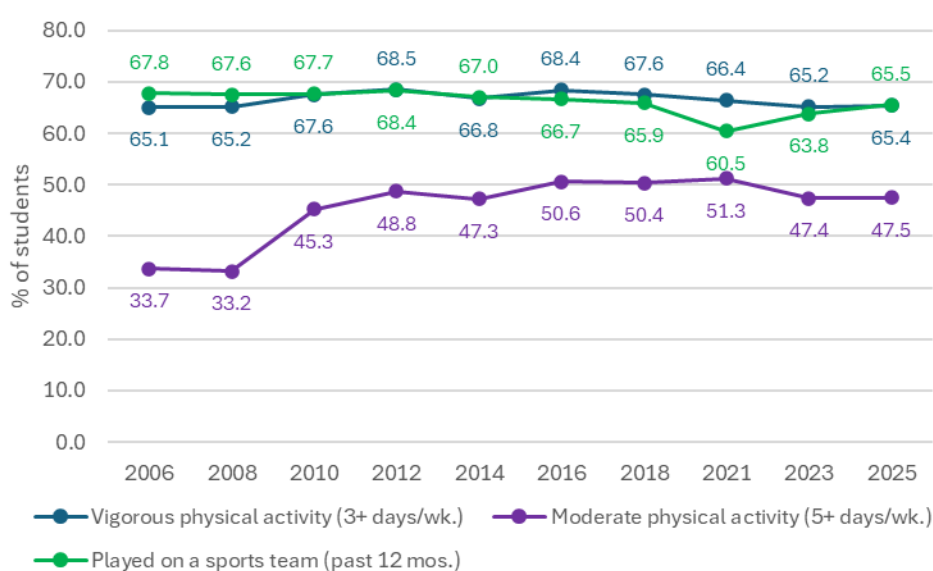
### Trends in Physical Activity (2006 to 2025)

- » **Vigorous physical activity**, defined as engaging in exercise or physical activity for at least 20 minutes that made you sweat and breathe hard on 3 or more days in the past week, decreased gradually over the past decade, from 68% in 2016 to 65-66% over the past two surveys [See Figure 16].
- » **Moderate physical activity**, defined as being physically active for a total of at least 60 minutes that increased your heart rate and made you breathe hard some of the time on five or more days in the past week, lowered from a high of 51% in 2021 to 47-48% over the past two surveys.
- » **Playing on a sports team** in the past 12 months dipped to a low of 61% in 2021, increasing to 65% in 2025.

# 2 in 3

High school youth engaged in 3+ days of vigorous physical activity in the past week.

Figure 16. Trends in Physical Activity, 2006-2025 (Grades 9-12)



## Demographic Patterns in Physical Activity (2025)

- » **Sex:** Males are more likely to report physical activity than females, for example, 71% vs. 60% for vigorous physical activity in the past week.
- » **Grade:** Physical activity decreases by grade in high school. For example, reports of moderate physical activity decreases from 51% in 9<sup>th</sup> grade to 43% in 12<sup>th</sup> grade, and sports team participation decreases from 71% to 57%.
- » **Race/ethnicity:** Black and Hispanic/Latino youth are least likely to engage in physical activity. For example, moderate physical activity is reported 34% of Black youth and 35% of Hispanic/Latino youth, compared to 40% of Asian youth, 47% of multiracial/other youth, and by 53% of White youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are far less likely to report physical activity than heterosexual cisgender youth (e.g., 45% vs. 70% for vigorous physical activity).
- » **Disability status:** Participation in physical activity is somewhat lower among youth with disabilities than youth without disabilities (e.g., 42% vs. 48% for moderate physical activity).

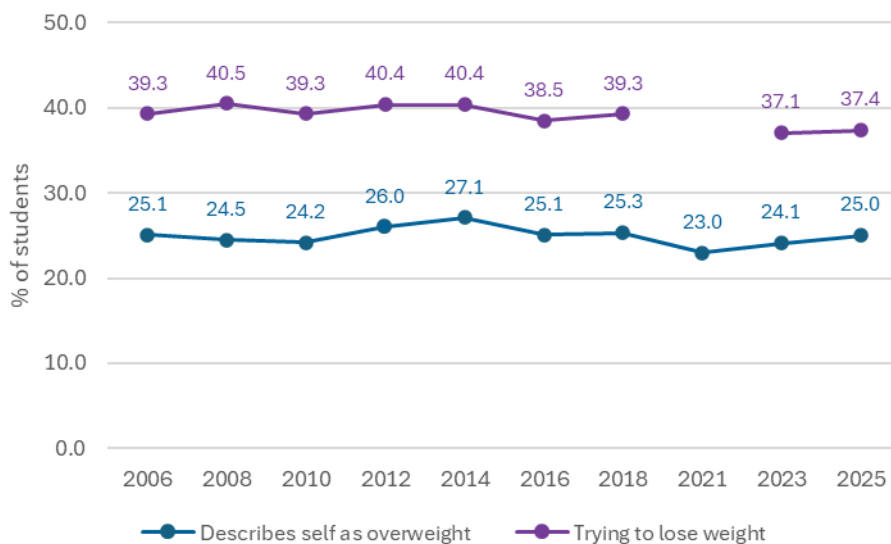
## Weight-Related Behaviors

In 2025, one in four youth report that they are slightly or very overweight, and 37% are currently trying to lose weight.

### Trends in Weight-Related Behaviors (2006 to 2025)

- » **Perceptions of being slightly or very overweight** have been similar in the range of 24-27% since the beginning of the MWAHS, with 25% reporting that they are overweight in 2025 [See Figure 17].
- » **Trying to lose weight** was reported by 37% of youth in 2023 and 2025, down slightly from reports in the earlier years of the MWAHS (39-40%).
- » **Exercising to lose weight/keep from gaining weight** in the past 30 days is reported by 68% of youth in 2025, up from 54% in 2014, and restricting food (eating less food or fewer calories or other restrictions) is reported by 44% of youth, up from 35% in 2014. Other behaviors to lose weight/keep from gaining weight include skipping meals (27%), fasting for more than 24 hours (10%), vomiting or taking laxatives (6%), and taking diet pills (4%); these behaviors haven't changed substantially over time.

Figure 17. Trends in Weight-Related Behaviors, 2006-2025 (Grades 9-12)



## Demographic Patterns in Weight-Related Behaviors (2025)

- » **Sex:** Perceptions of being overweight are somewhat higher among females than males (27% for females and 23% for males), but many more females report they are trying to lose weight (48% vs. 26%). Exercising to lose/maintain weight is similar among females and males (68% vs. 69%), but methods involving diet or food restriction are more common among females (e.g., 52% vs. 35% for eating less food or fewer calories).
- » **Grade:** There is little variation by grade in reports of being overweight (24-27%) and trying to lose weight (37-39%). There are differences in some weight-related behaviors by grade, including an increase in food restrictions (from 41% in 9<sup>th</sup> grade to 48% in 12<sup>th</sup> grade) and skipping meals (from 25% to 29%).
- » **Race/ethnicity:** Hispanic/Latino youth are more likely to describe themselves as overweight (34%), followed by Black and multiracial/other youth (28%) and White and Asian youth (22%). Hispanic/Latino youth are much more likely to report trying to lose weight (49%), than other racial/ethnic groups (35-37%). Exercising to lose weight/keep from gaining weight is similar by race/ethnicity (66-69%), but other behaviors involving food restrictions are higher among Hispanic/Latino youth (52%) than among multiracial/other youth (46%), Black and White youth (42% for each), and Asian youth (40%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual/cisgender youth to describe themselves as overweight (35% vs. 23%) and trying to lose weight (47% vs. 35%). LGBTQ+ youth are less likely to exercise to lose weight/keep from gaining weight (58% vs. 70%), but more likely to restrict their food intake (e.g., 41% vs. 24% for skipping meals).
- » **Disability status:** 30% of youth with disabilities describe themselves as overweight, compared to 24% of nondisabled youth, and youth with disabilities are also more likely to be trying to lose weight (42% vs. 36%). They are also more likely to restrict their food intake (e.g., 50% vs. 42% for eating less food/calories).

# Sleep

Only 34% of high school youth report getting 8 or more hours of sleep on an average school night; however, this figure has increased steadily since 2018.

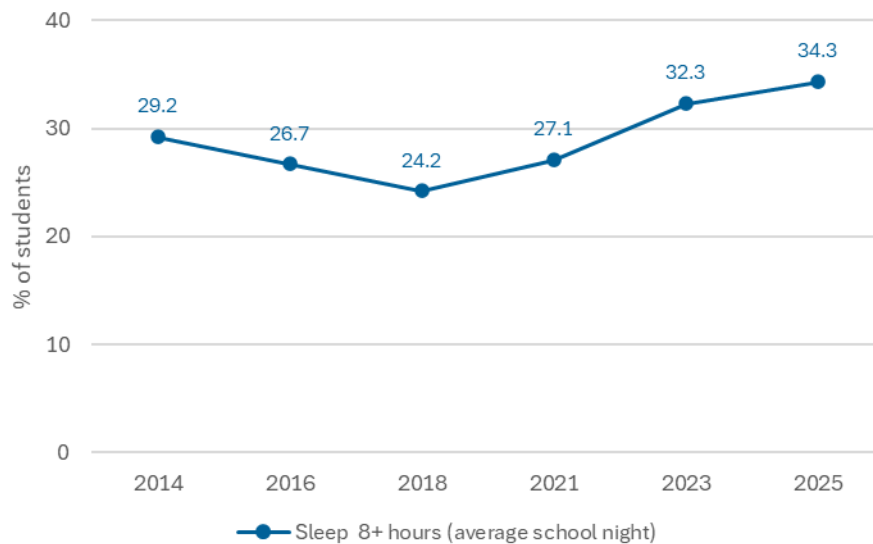
## Trends in Sleep (2014 to 2025)

- » **Adequate sleep**, defined as 8 or more hours on an average school night, increased from a low of 24% in 2018 to 32% in 2023, rising further to 34% in 2025 [See Figure 18]. Still, two-thirds of high school youth are not getting adequate sleep on school nights.

**2 in 3**

high school youth get less than 8 hours of sleep on an average school night.

Figure 18. Trends in Sleep, 2014-2025 (Grades 9-12)



## Demographic Patterns in Sleep (2025)

- » **Sex:** Females are less likely to get 8 hours of sleep on an average school night than males (29% vs. 39%).
- » **Grade:** Reports of getting adequate sleep decreased from 45% in 9<sup>th</sup> grade to 25% in 12<sup>th</sup> grade.
- » **Race/ethnicity:** Adequate sleep is reported least often by Asian youth (29%), with higher reports for Black and Hispanic/Latino youth (31% for each), multiracial/other youth (33%), and White youth (36%).
- » **Sexual orientation and gender identity:** LGBTQ+ students are much less likely to get adequate sleep than heterosexual cisgender youth (23% vs. 36%).
- » **Disability status:** Youth with physical and/or learning disabilities are somewhat less likely to get adequate sleep than youth without disabilities (30% vs. 35%).

## Additional Findings Related to Sleep (2025)

### Inadequate Sleep and Mental Health

- » Students who sleep less than 8 hours on an average school night are more likely to report mental health problems, such as depressive symptoms (22% vs. 11%), compared to students who sleep 8 or more hours.

# Digital Media Use

## Time Spent Using Digital Media

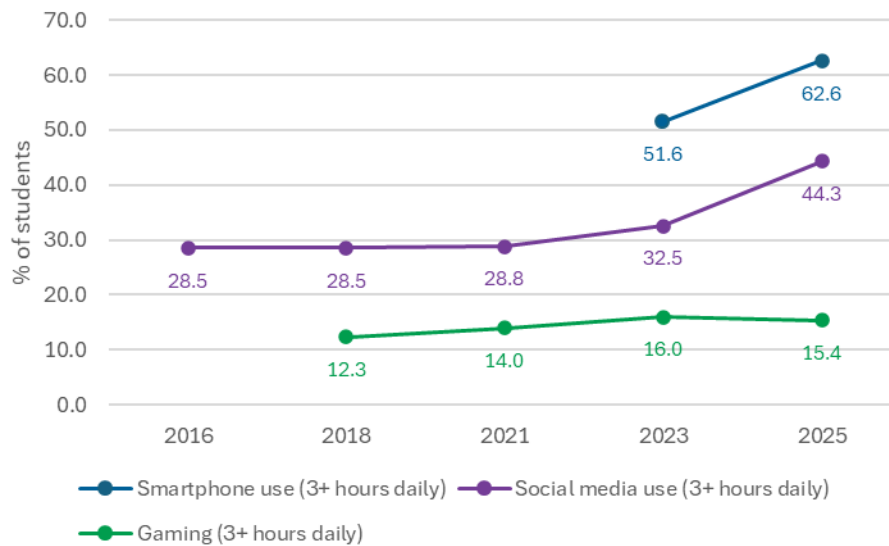
On an average school day, nearly two-thirds of high school youth (63%) spend 3 or more hours on a smartphone, 44% of youth spend 3 or more hours on social media daily, and 15% spend 3 or more hours gaming daily. Reports of social media use and gaming have increased markedly in the past two years.

### Trends in Time Spent Using Digital Media (2016 to 2025)

- » **Smartphone use** (three or more hours on an average school day, not for school or homework) increased markedly from 52% in 2023, when this was first measured, to 63% in 2025 [See Figure 19].
- » **Social media use** (three or more hours on an average school day) increased from 29% in 2016-2021 to 33% in 2023, further rising to 44% in 2025.
- » **Gaming** (three or more hours on an average school day) increased from 12% in 2018 to 16% in 2023, with reports in 2025 at 15%.

**44%**  
of high school youth spend 3+ hours on social media on an average school day.

Figure 19. Trends in Time Spent Using Digital Media, 2016-2025 (Grades 9-12)



## Demographic Patterns in Time Spent Using Digital Media (2025)

- » **Sex:** Females are more likely than males to report 3 or more hours daily using smartphones (51% vs. 38%) and social media (67% vs. 58%) and less likely to report 3 or more hours of gaming daily (9% vs. 22%).
- » **Grade:** From 9<sup>th</sup> grade to 12<sup>th</sup> grade, there are increases smartphone use (from 58% to 67%) and social media use (from 41% to 50%). However, gaming decreases by grade (from 17% in 9<sup>th</sup> grade to 14% in 12<sup>th</sup> grade).
- » **Race/ethnicity:** Three or more hours of daily smartphone use is similar among Black, Hispanic/Latino, multiracial/other, and White youth (61-64%) and lower among Asian youth (55%). However, Black and Hispanic/Latino youth are more likely to report 3 or more hours daily social media use (56% and 54%, respectively), compared to White youth (43%), multiracial/other youth (42%), and Asian youth (33%). A similar racial/ethnic pattern exists for gaming.
- » **Sexual orientation and gender identity:** LGBTQ+ youth report more time than heterosexual/cisgender youth using smartphones (69% vs. 62%) and gaming (22% vs. 14%), but reports of social media use do not differ among the two groups.
- » **Disability status:** Youth with disabilities are more likely than youth without disabilities to report 3 or more hours using smartphones (67% vs. 62%), social media (47% vs. 44%), and gaming (20% vs. 14%).

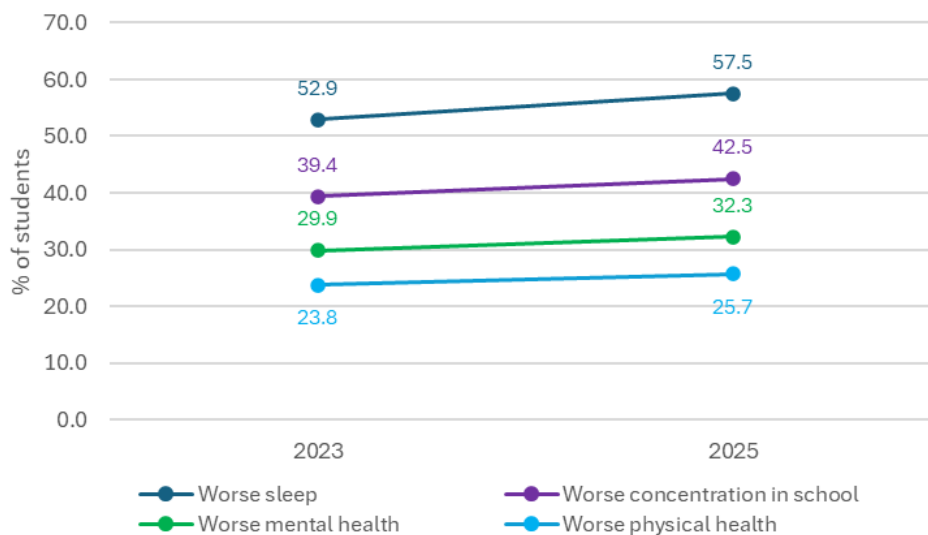
## Consequences of Digital Media Use

More than half of high school youth (58%) report negative impacts on their sleep due to their digital media use, with other top consequences including difficulty concentrating in school (43%), worse school performance (33%), and worse mental health (32%). All of these consequences show small increases in the past two years.

### Trends in Consequences of Digital Media Use (2006 to 2025)

- » Worse **sleep** related to digital media use, defined as “a little worse” or “a lot worse,” increased from 53% in 2023 to 58% in 2025 [See Figure 20].
- » Worse **concentration in school** related to digital media use increased over the past two years (from 39% in 2023 to 43% in 2025), as did worse **school performance** due to digital media use (from 30% to 33%).
- » Worse **mental health** related to digital media use rose from 30% in 2023 to 32% in 2025, as did the negative effects of digital media on **mood** (from 23% to 26%) and **physical health** (from 24% to 26%).
- » From 2023 to 2025, reports were similar regarding the effects of digital media use on **relationships with friends** (13% in both years) and there was a slight increase in negative impacts on **relationships with family** (from 18% to 20%).

Figure 20. Trends in Consequences of Digital Media Use, 2023-2025 (Grades 9-12)



## Demographic Patterns in Consequences of Digital Media Use (2025)

- » **Sex:** Females are more likely than males to report negative effects of digital media use on their sleep (60% vs. 55%) and mental health (37% vs. 27%); other consequences do not differ by sex.  
**Grade:** Reports of most digital media use consequences increase notably with grade, with the exception of the impacts on relationships with family. The largest increases by grade are for worse sleep (from 53% in 9<sup>th</sup> grade to 63% in 12<sup>th</sup> grade) and worse concentration in school (from 36% to 50%).
- » **Race/ethnicity:** Consequences of digital media use vary by race/ethnicity. Worse sleep and worse concentration and performance in school are reported most by Asian youth and least by Black and Hispanic/Latino youth. For example, worse concentration in school is reported by 48% of Asian youth, 44% of White youth, 43% of multiracial/other youth, 36% of Black youth, and 34% of Hispanic/Latino youth. Effects of digital media use on mental health are reported by most by White youth (34%) and Asian youth (32%), followed by multiracial/other youth (31%), Black youth (29%), and Hispanic/Latino youth (28%).
- » **Sexual orientation and gender identity:** LGBTQ+ youth are more likely than heterosexual youth to report consequences of digital media use, including worse sleep (64% vs. 57%) and worse mental health (40% vs. 31%). Impacts on school do not differ across these groups (e.g., worse school performance is reported by 32% of LGBTQ+ youth and 33% of heterosexual cisgender youth).
- » **Disability status:** Youth with disabilities are more likely to report worse mental health related to their digital media use (36% vs. 31%). Impacts on health, academic, and other consequences are slightly higher among youth with disabilities, but only by 2-3 percentage points.

## Additional Findings Related to Digital Media Use

### Age of Getting a Smartphone

- » 36% of high school youth report that they got a smartphone before 6<sup>th</sup> grade.
- » Students who got a smartphone before 6<sup>th</sup> grade are more likely to spend 3 or more hours daily on social media (55% vs. 39%) compared to students who got one in 6<sup>th</sup> grade or later.
- » Youth who got a smartphone before 6<sup>th</sup> grade are also more likely to report anxiety symptoms in the past two weeks (32% vs. 27%) and depressive symptoms in the past 12 months (23% vs. 16%).

### Positive Social Media Experiences

- » 63% of youth feel more connected to peers due to social media (up from a low of 60% in 2018), 59% of youth find people with shared interests and hobbies (prior reports range from 54-64%) and 23% get support during challenging times (down from a high of 31% in 2018).
- » Reports of positive social media experiences are relatively similar among females and males.

### Negative Social Media Experiences

- » 55% say they spend too much time on social media (up from 42% in 2016), 37% say it keeps them from doing important things (up from 31% in 2021), and 22% feel bad about themselves after using social media (down from a high of 31% in 2021).
- » Reports of negative social media experiences are higher among females than males (e.g., 29% vs. 14% for feeling bad about myself when using social media, 40% vs. 33% for social media keeping them from doing important things).

### Social Media Use and Cyberbullying

- » Youth who spend three or more hours on social media daily are more likely than youth who spend less time to report being cyberbullied in the past 12 months (21% vs. 13%).

### Social Media Use and Mental Health

- » Youth who spend three or more hours daily on social media are more likely to report mental health problems than youth who spend less time on social media, including recent anxiety symptoms (35% vs. 23%) and depressive symptoms in the past 12 months (24% vs. 14%).

### Problematic Digital Media Use

- » 42% of youth report symptoms of problematic digital media use\* that may need additional evaluation, based on the brief version of the Problematic and Risky Internet Use Screening Scale (PRIUSS).<sup>8</sup>
- » These symptoms are more common among females than males (50% vs. 33%), older students (increasing from 37% in 9<sup>th</sup> grade to 49% in 12<sup>th</sup> grade), LGBTQ+ youth compared to heterosexual cisgender youth (55% vs. 39%), and youth with disabilities compared to those without (49% vs. 40%), with less variation in race/ethnicity (ranging from 38-42%).

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\* Scores on the 3-item brief version of the Problematic and Risky Internet Use Screening indicate need for further evaluation based on reports of how often students: experience increased social anxiety due to digital media use; feel withdrawal when away from digital media; and lose motivation to do other things that need to get done because of using digital media.

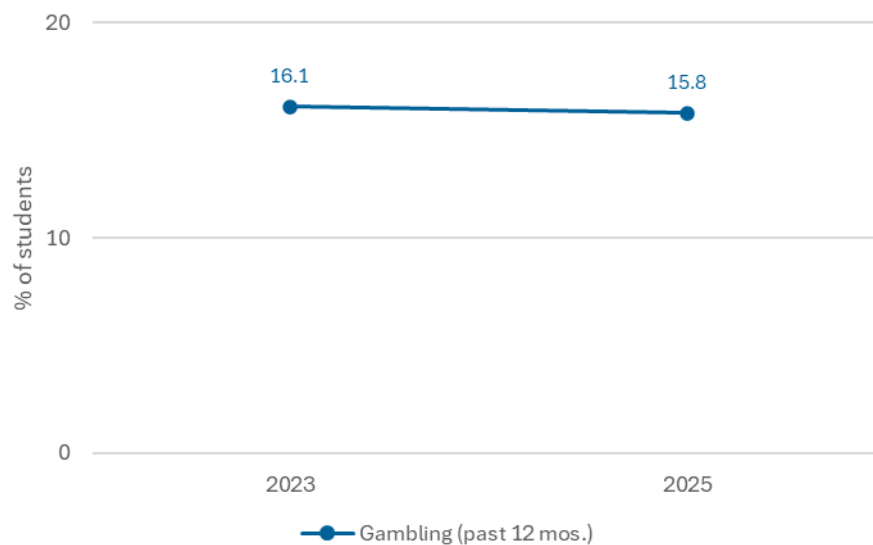
# Gambling

16% of high school students have gambled in the past 12 months, with no change since 2023 when gambling was first included on the high school MWAHS.

## Trends in Gambling (2023 to 2025)

- » **Gambling in the past 12 months** has been steady at 16% since 2023 [See Figure 21]. Reports of specific types of gambling also did not change over the past two surveys (e.g., online betting on real or fantasy sports, or casino games, playing the lottery, or betting on games of skill).
- » **Perceived risk of gambling** for “people your age” (moderate/great risk) was reported by 71% of youth; 2025 was the first year this question was asked.

Figure 21. Trends in Gambling, 2023-2025 (Grades 9-12)



## Demographic Patterns in Gambling (2025)

- » **Sex:** Males are far more likely than females to report gambling in the past 12 months than females (25% vs. 6%). Males are also more likely to report online gambling on real sports, fantasy sports, or online casino games (18% vs. 3%).
- » **Grade:** Reports of gambling are higher in 12<sup>th</sup> grade (18%) than in younger grades (15-16%).
- » **Race/ethnicity:** Gambling in the past 12 months is lower among Asian youth (11%) compared to other racial/ethnic groups (15-17%).
- » **Sexual orientation and gender identity:** Gambling is lower among LGBTQ+ youth than among heterosexual cisgender youth (12% vs. 16%).
- » **Disability status:** Youth with disabilities are more likely to gamble than those without disabilities (19% vs. 15%).

# Protective Factors

## Adult Support

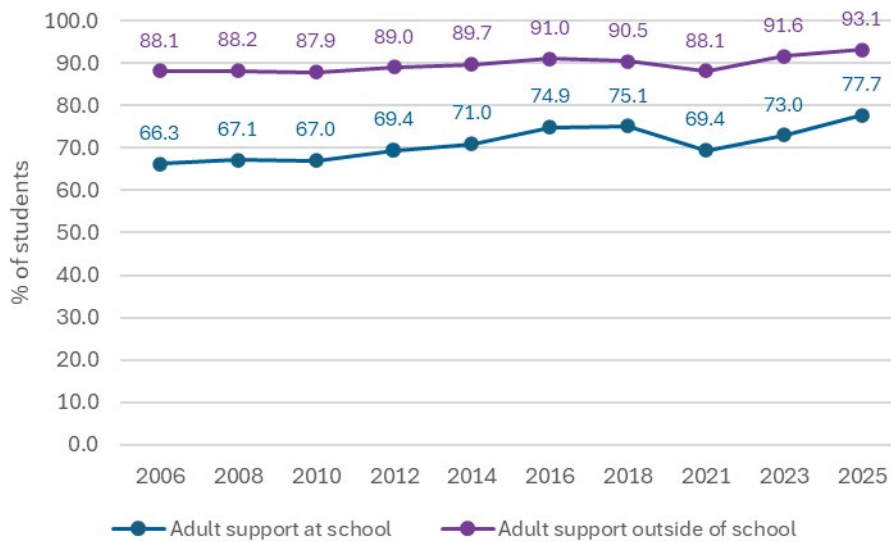
Adult support at school is reported by 78% of high school youth, the highest it has been since the MWAHS began and a substantial improvement since it dipped in 2021. Adult support outside of school reached a high of 93% in 2025.

### Trends in Adult Support (2006 to 2025)

- » **Adult support at school**, defined as having an adult at school you can talk to if you have a problem, increased to 75% in 2016-2018, dipped to 69% in 2021, and rebounded in 2025 to its highest level (78%) since the MWAHS began [See Figure 22].
- » Adult support at school more among females (from 69% in 2021 to 80% in 2025) than males (from 70% to 76%) over the past three surveys.
- » **Adult support outside of school**, defined as having a family or non-family adult to talk to about things that are important to you has always been high; however, after decreasing to 88% in 2021, reports increased over the past two surveys to a high of 93% in 2025.

**78%**  
of high school youth have an **adult at school** to talk to if they have a problem.

Figure 22. Trends in Adult Support, 2006-2025 (Grades 9-12)



## Demographic Patterns in Adult Support (2025)

- » **Sex:** Adult support at school is slightly higher among females than males (80% vs. 76%), but adult support outside of school is more similar among females and males (92% and 94%, respectively).
- » **Grade:** Adult support at school increases by grade, from 72% in 9<sup>th</sup> grade to 85% in 12<sup>th</sup> grade. Adult support outside of school is similar by grade at 93-94%.
- » **Race/ethnicity:** White students are more likely to report adult support at school (82%) compared to students in other racial/ethnic groups (ranging from 70-74%). Outside of school, adult support is high among all racial/ethnic groups, ranging from 89-95%, with the highest reports among White youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth report less adult support than heterosexual cisgender youth at school (74% vs. 79%) and outside of school (85% vs. 95%).
- » **Disability status:** Adult support at school is slightly higher for youth with disabilities than those without disabilities (81% vs. 78%), but adult support outside of school is marginally lower for youth with disabilities (92% vs. 94%).

## School Connectedness

After dropping in 2021-2023, all measures of school connectedness increased in 2025. While not as high as in the early years of the survey, the 2025 data shows marked improvement in students’ perceptions of belonging, safety, happiness, and fairness at school.

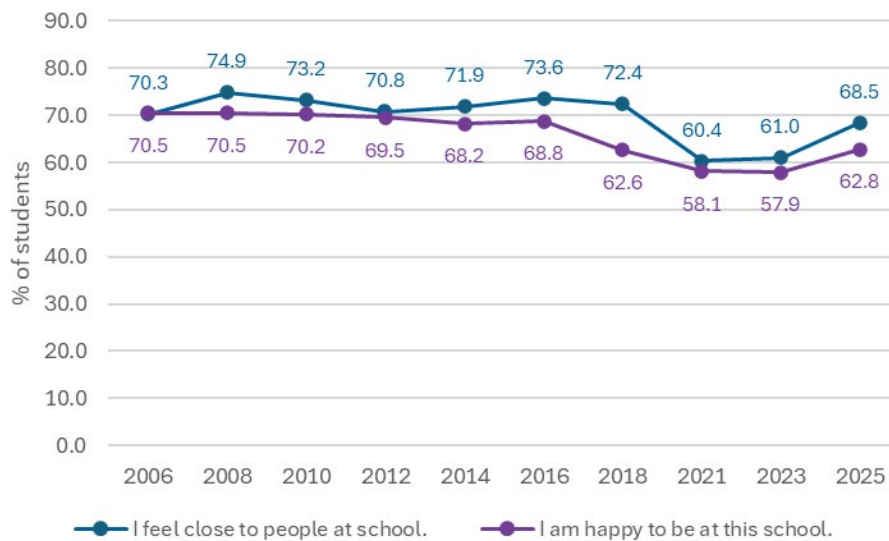
### Trends in School Connectedness (2006 to 2025)

- » **School connectedness** increased notably from 2023 to 2025, as indicated by agreement with statements like “I feel like I am part of this school” (from 61% to 66%) and “I feel close to people at this school” (from 61% to 69%) [See Figure 23].
- » **Despite these increases, school connectedness** is not as high as a decade ago. For example, agreement with the statement, “I am happy to be at this school” decreased from a high of 71% in 2006-2008 to a low of 58% in 2021-2023, rising to 63% in 2025.

# 2 in 3

high school youth feel like they are part of their school.

Figure 23. Trends in School Connectedness, 2006-2025 (Grades 9-12)



### Demographic Patterns in School Connectedness (2025)

- » **Sex:** Males report higher levels of school connectedness across all measures. For example, 70% of males and 62% of females feel like part of this school.
- » **Grade:** Several measures of school connectedness decrease from 9<sup>th</sup> grade to 12<sup>th</sup> grade (e.g., feeling close to people at school decreases from 71% in 9<sup>th</sup> grade to 66% in 12<sup>th</sup> grade). However, feeling safe at school and feeling like teachers treat students fairly are more similar by grade.
- » **Race/ethnicity:** Black and Hispanic/Latino youth report lower levels of school connectedness than students in other racial/ethnic groups. For example, 52% of Black youth and 55% of Hispanic/Latino youth feel happy to be at their school, compared to 61% of multiracial/other youth, 65% of White youth, and 69% of Asian youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth consistently report much lower levels of school connectedness than heterosexual cisgender youth (e.g., 58% vs. 71% for feeling close to people at school).
- » **Disability status:** Students with disabilities consistently report lower school connectedness than nondisabled students (e.g., 59% vs. 67% for feeling like a part of their school).

## Peer Support

After reaching a low in 2021-2023, reports of peer support have increased, with more than two-thirds of youth feeling like they have a friend to talk to about a personal problem and feeling like part of a group of friends. At the same time, feelings of loneliness and exclusion have lessened.

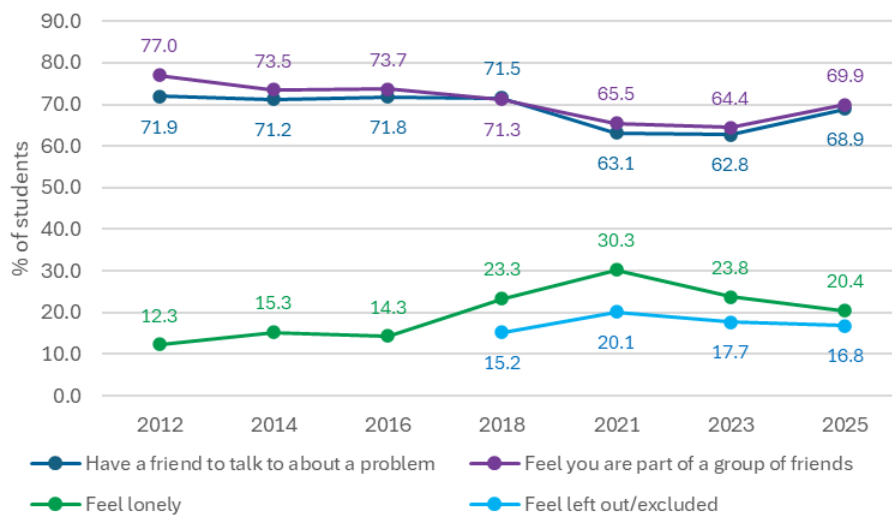
### Trends in Peer Support (2012 to 2025)

- » Having **peer support**, defined as a friend to talk to about a personal problem “often” or “very often,” increased from a low of 63% in 2021-2023 to 69% in 2025 [See Figure 24].
- » Feelings of **peer connection**, such as feeling like part of a group of friends often/very often, increased from a low of 64% in 2023 to 70% in 2025.
- » Feelings of **loneliness** (often/very often) peaked in 2021 at 30% but then decreased steadily to 20% in 2025.
- » Feelings of **being left out or excluded** (often/very often) decreased from a high of 20% in 2021 to 17% in 2025.

# 69%

of high school youth  
have a friend to talk to  
about a personal  
problem.

Figure 24. Trends in Peer Support, 2012-2025 (Grades 9-12)



## Demographic Patterns in Peer Support (2025)

- » **Sex:** Females are more likely than males to report having a friend to talk to about a personal problem (72% vs. 66%); however, they are also more likely to report feeling lonely (25% vs. 16%) or excluded (21% vs. 13%).
- » **Grade:** Reports of having a friend to talk to increase by grade (from 66% in 9<sup>th</sup> grade to 72% in 12<sup>th</sup> grade). However, there is also a small increase in loneliness by grade (from 19% to 22%).
- » **Race/ethnicity:** Black youth are least likely to report having a peer to talk to about a personal problem (54%), with higher reports among Hispanic/Latino youth (62%), multiracial/other youth (66%), Asian youth (67%), and White youth (73%). Feelings of loneliness and exclusion are highest among Black, Hispanic/Latino, and multiracial/other youth. For example, 24% of Hispanic/Latino youth, 23% of multiracial/other youth, and 22% of Black youth report feeling lonely often or very often, compared to 19% of both Asian and White youth.
- » **Sexual orientation and gender identity:** LGBTQ+ youth are less likely to have a friend to talk to than heterosexual cisgender youth (66% vs. 70%), and they are more than twice as likely to feel lonely (40% vs. 17%).
- » **Disability status:** 67% of youth with physical and/or learning disabilities have a friend to talk to, compared to 70% of youth without disabilities. Youth with disabilities are more likely to feel excluded/left out by others (27% vs. 15%) and lonely (32% vs. 18%).

## Additional Findings Related to Protective Factors

Consistently across surveys, youth who report protective factors in their lives are less likely to report risk behaviors and poor mental health. Here are some examples:

Youth who have **adult support** (either at home and/or at school) are less likely to:

- » Use substances such as EVPs (7% vs. 13%) or marijuana (8% vs. 13%) in the past 30 days or misuse prescription drugs in their lifetime (6% vs. 15%).
- » Perpetrate or experience violence, including physical fighting in the past 12 months (9% vs. 19%) or carrying a weapon in the past 30 days (4% vs. 10%).
- » Experience poor mental health, such as depressive symptoms (17% vs. 44%) and suicidal ideation (8% vs. 27%) in the past 12 months.

Youth who report **school connectedness** also report fewer risk behaviors. For example, youth who feel like part of their school are less likely than youth who don't feel like part of their school to:

- » Perpetrate or experience violence, including physical fighting in the past 12 months (8% vs. 12%).
- » Experience poor mental health, such as depressive symptoms (12% vs. 31%) and suicidal ideation (6% vs. 15%) in the past 12 months.

Youth who have **peer support** (have a friend to talk to about a personal problem often or very often) are less likely than youth without peer support to:

- » Perpetrate or experience violence, including physical fighting in the past 12 months (8% vs. 12%).
- » Experience poor mental health, such as depressive symptoms (15% vs. 27%) and suicidal ideation (7% vs. 13%) in the past 12 months.

## Conclusions

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The 2025 MetroWest Adolescent Health Survey findings highlight meaningful progress and ongoing challenges in the health and wellbeing of high school youth:

- » Use of electronic vapor products, alcohol, and marijuana continue to decline, though close attention should be paid to misuse of prescription drugs in coming years.
- » Bullying—both at school and online—remains a concern. While the recent data shows progress, reports remain higher for cyberbullying than in earlier years of the survey.
- » Mental health has shown notable improvement since reports of mental health problems peaked in 2021 around the time of the COVID-19 pandemic; however, this topic continues to require persistent efforts to improve mental health supports.
- » The growing use of smartphones and social media and the increased impact of digital media use on sleep, mental health, and academics underscores the need for comprehensive efforts to address youth digital wellness.
- » Notably, disparities by sex, race/ethnicity, sexual orientation/gender identity, and disability status remain evident across many indicators, emphasizing the importance of equity-focused strategies.
- » Encouragingly, adult support and school connectedness have shown marked improvement in recent years.

Together, these findings underscore the importance of sustained collaboration among schools, families, and communities to strengthen prevention efforts, promote equity, and ensure all youth have the support they need to thrive.

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## Appendix A

### High School Trends (2006-2025) Key Indicators

**Table 1A. Trends in Substance Use and Mental Health, 2006-2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	MetroWest Region (%)									
	2006 (16,680)	2008 (20,406)	2010 (23,187)	2012 (24,459)	2014 (24,355)	2016 (24,385)	2018 (24,746)	2021 (22,903)	2023 (22,435)	2025 (21,116)
<b>Substance Use</b>										
Cigarette smoking (lifetime)	35.3	33.3	25.9	22.0	17.3	13.2	12.2	10.5	10.3	9.4
Cigarette smoking (past 30 days)	14.7	13.9	12.1	9.1	6.2	4.7	3.2	2.9	2.5	2.8
Electronic vapor product use <sup>a</sup> (lifetime)	—	—	—	—	30.5	27.9	41.1	23.5	18.4	14.1
Electronic vapor product use (past 30 days)	—	—	—	—	17.5	14.6	28.4	13.3	9.8	7.3
Alcohol use (lifetime)	66.5	62.8	58.0	55.6	53.8	51.7	50.0	44.5	39.7	34.6
Alcohol use (past 30 days)	42.2	39.1	34.7	33.4	32.9	31.5	27.7	24.9	20.9	17.7
Marijuana use <sup>b</sup> (lifetime)	33.2	33.4	34.6	32.3	30.4	27.8	31.3	20.6	17.6	13.0
Marijuana use (past 30 days)	20.2	22.8	23.5	21.5	20.3	19.2	21.2	12.3	10.4	7.8
Prescription drug misuse <sup>c</sup> (lifetime)	11.0	10.1	10.1	8.8	7.3	5.8	4.8	4.2	6.1	6.8
Prescription drug misuse (past 30 days)	—	5.7	5.7	5.0	4.1	3.2	2.6	3.3	2.7	2.6
<b>Mental Health</b>										
Life “very” stressful (past 30 days)	27.9	27.9	28.3	28.9	34.9	35.8	36.0	33.5	26.3	22.7
Generalized Anxiety Disorder brief scale (GAD-2) <sup>d</sup> suggests need for evaluation (past 2 wks.)	—	—	—	—	—	—	34.7	41.9	32.4	28.4
Depressive symptoms (past 12 mos.)	20.1	20.3	19.1	19.7	22.0	18.1	19.7	27.0	21.9	18.6
Self-injury <sup>e</sup> (past 12 mos.)	13.2	13.2	14.0	15.6	15.2	12.9	13.5	18.7	13.9	11.4
Seriously considered suicide (past 12 mos.)	10.0	10.5	11.6	13.0	12.9	12.3	13.1	15.6	10.5	8.7
Attempted suicide (past 12 mos.)	4.1	4.1	4.0	4.7	4.5	4.0	3.9	4.9	3.5	3.1

<sup>a</sup> Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookas, hookah pens, and mods that contain nicotine

<sup>b</sup> Includes smoking, vaping, or using edibles; does not include CBD-only or hemp products

<sup>c</sup> Use of prescription drugs without a doctor's prescription or differently that how a doctor told you to use it; includes using someone else's prescription or obtaining the medicine illegally

<sup>d</sup> Scores on the GAD-2 indicate need for further evaluation based on reports of feeling nervous, anxious, or on edge and feeling unable to stop or control worrying in the past two weeks.

<sup>e</sup> Includes injuring yourself on purpose, such as cutting, burning, or bruising yourself

**Table 1B. Trends in Violence and Bullying, and Sexual Behaviors, 2006-2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	MetroWest Region (%)									
	2006	2008	2010	2012	2014	2016	2018	2021	2023	2025
	(16,680)	(20,406)	(23,187)	(24,459)	(24,355)	(24,385)	(24,746)	(22,903)	(22,435)	(21,116)
<b>Violence and Bullying</b>										
Physical fight (past 12 mos.)	26.0	23.9	21.7	16.8	14.1	13.6	13.5	10.9	11.5	9.7
Weapon carrying (past 30 days)	8.2	7.3	7.3	6.8	6.6	7.6	5.6	4.8	3.9	4.0
Bullying victim (past 12 mos.)	28.6	29.3	31.8	27.0	23.7	20.8	22.4	22.0	22.6	20.3
Bullying victim on school property (past 12 mos.)	25.5	25.9	28.2	22.9	20.0	17.1	18.9	17.1	20.0	18.1
Cyberbullying <sup>a</sup> victim (past 12 mos.)	14.6	15.8	20.0	21.5	21.2	19.3	18.3	21.7	19.9	17.1
<b>Sexual Behaviors</b>										
Ever had sexual intercourse	28.9	29.4	28.3	26.6	24.3	21.9	22.1	17.8	17.2	14.0
Currently sexually active (had intercourse in past 3 mos.)	22.3	22.9	21.8	20.7	19.1	17.3	17.4	13.8	12.4	10.4
Used alcohol/drugs before intercourse the last time (among currently sexually active youth)	26.5	27.8	27.0	29.2	27.7	25.5	21.8	21.3	19.5	19.9
Used condom during intercourse the last time (among currently sexually active youth)	66.6	65.0	63.2	66.3	65.1	62.2	63.9	57.8	62.7	61.8

<sup>a</sup> Using the Internet, cell phones, or other electronic devices to bully, tease, threaten, or spread rumors about someone

**Table 1C. Trends in Digital Media Use, Weight and Physical Activity, and Other Behaviors, 2006-2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	MetroWest Region (%)									
	2006	2008	2010	2012	2014	2016	2018	2021	2023	2025
	(16,680)	(20,406)	(23,187)	(24,459)	(24,355)	(24,385)	(24,746)	(22,903)	(22,435)	(21,116)
<b>Digital Media Use</b>										
Social media use: <sup>a</sup> 3+ hours daily	—	—	—	—	—	28.5	28.5	28.8	32.5	44.3
Gaming: 3+ hours daily	—	—	—	—	—	—	12.3	14.0	16.0	15.4
Smartphone use: 3+ hours daily (not for school or homework; average school day)	—	—	—	—	—	—	—	—	51.6	62.6
<b>Weight and Physical Activity</b>										
Describes self as slightly or very overweight	25.1	24.5	24.2	26.0	27.1	25.1	25.3	23.0	24.1	25.0
Trying to lose weight	39.3	40.5	39.3	40.4	40.4	38.5	39.3	37.1	37.1	37.4
Participated in vigorous physical activity (≥20 min. on 3+ days/week) <sup>b</sup>	65.1	65.2	67.6	68.5	66.8	68.4	67.6	66.4	65.2	65.4
Participated in moderate physical activity (≥60 min. on 5+ days/week) <sup>c</sup>	33.7	33.2	45.3	48.8	47.3	50.6	50.4	51.3	47.4	47.5
Played on one or more sports teams (past 12 mos.)	67.8	67.6	67.7	68.4	67.0	66.7	65.9	60.5	63.8	65.5
<b>Other Behaviors</b>										
Sleep: 8+ hours (average school night)	—	—	—	—	29.2	26.7	24.2	27.1	32.3	34.3
Gambled <sup>d</sup> (any form; past 12 months)	—	—	—	—	—	—	—	—	16.1	15.8

<sup>a</sup> Such as Instagram, Snapchat, or TikTok (not for school work or homework)

<sup>b</sup> Physical activity that made you sweat and breathe hard

<sup>c</sup> Physical activity that increased your heart rate and made you breathe hard some of the time

<sup>d</sup> Betting money or something of value to you on a game or event; includes Internet/online gambling on sporting events, fantasy sports, or casino games, lottery games/tickets, and skill games

**Table 1D. Trends in Protective Factors, 2006-2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	MetroWest Region (%)									
	2006 (16,680)	2008 (20,406)	2010 (23,187)	2012 (24,459)	2014 (24,355)	2016 (24,385)	2018 (24,746)	2021 (22,903)	2023 (22,435)	2025 (21,116)
<b>Adult Support</b>										
Have adult at school to talk to about a personal problem	66.3	67.1	67.0	69.4	71.0	74.9	75.1	69.4	73.0	77.7
Have parent/non-school adult to talk to about important things	88.1	88.2	87.9	89.0	89.7	91.0	90.5	88.1	91.6	93.1
<b>Peer Support</b>										
Feel you have a friend you can talk to about a personal problem (often/very often)	—	—	—	71.9	71.2	71.8	71.5	63.1	62.8	68.9
Feel you are part of a group of friends (often/very often)	—	—	—	77.0	73.5	73.7	71.3	65.5	64.4	69.9
Feel lonely (often/very often)	—	—	—	12.3	15.3	14.3	23.3	30.3	23.8	20.4
Feel you have a lot in common with the people around you (often/very often)	—	—	—	—	—	—	59.9	53.6	53.7	59.9
Feel there are people who really know and understand you (often/very often)	—	—	—	—	—	—	59.5	53.6	54.1	59.6
Feel left out and excluded by others (often/very often)	—	—	—	—	—	—	15.2	20.1	17.7	16.8
<b>School Connectedness</b>										
I feel close to people at school. (agree/strongly agree)	70.3	74.9	73.2	70.8	71.9	73.6	72.4	60.4	61.0	68.5
I feel like I am part of this school. (agree/strongly agree)	70.9	72.3	71.7	70.6	69.4	71.0	66.8	60.7	60.8	65.9
I am happy to be at this school. (agree/strongly agree)	70.5	70.5	70.2	69.5	68.2	68.8	62.6	58.1	57.9	62.8
Teachers at this school treat students fairly. (agree/strongly agree)	61.1	61.3	61.8	64.4	62.6	65.9	59.1	58.4	59.6	64.3
I feel safe at my school. (agree/strongly agree)	82.2	81.0	82.8	84.5	82.8	83.3	73.7	74.1	71.6	75.0

## Appendix B

### High School Demographic Patterns (2025) Key Indicators

**Table 2A. Demographic Patterns in Substance Use and Mental Health, 2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	Sex (%)		Grade (%)				Race/Ethnicity (%)					LGBTQ+ Status (%)		Any Disability (%)	
	Female (10,358)	Male (10,698)	9th (5,832)	10th (5,589)	11th (6,075)	12th (4,579)	Asian (2,112)	Black (744)	Hispanic/ Latino (3,577)	Multi- racial/ Other (2,126)	White (12,418)	Hetero- sexual and cisgender (17,121)	LGBTQ+ or question -ing (3,341)	Yes (3,468)	No (15,383)
<b>Substance Use</b>															
Cigarette smoking (lifetime)	8.6	10.2	5.0	6.6	11.4	16.4	4.8	11.1	11.4	9.6	9.5	8.9	12.2	12.5	8.2
Cigarette smoking (past 30 days)	2.0	3.6	1.0	1.6	3.1	6.0	1.1	2.9	2.2	3.5	3.1	2.5	3.7	3.9	2.3
Electronic vapor product use <sup>a</sup> (lifetime)	15.3	13.1	8.1	11.7	16.9	21.9	5.5	20.1	20.0	13.5	13.9	13.2	19.6	18.7	12.4
Electronic vapor product use (past 30 days)	7.5	7.2	4.0	5.7	8.9	11.9	2.7	9.9	8.8	7.4	7.6	6.7	10.6	11.0	6.1
Alcohol use (lifetime)	35.5	33.8	23.4	29.8	40.3	49.0	21.2	27.6	31.3	31.9	38.8	33.8	41.3	43.5	32.1
Alcohol use (past 30 days)	18.4	17.1	8.2	13.3	21.9	31.2	7.6	12.6	13.0	15.7	21.5	18.1	17.1	21.4	16.4
Marijuana use <sup>b</sup> (lifetime)	12.7	13.4	4.9	8.6	17.1	24.9	4.7	15.2	14.0	12.7	14.2	11.9	19.8	18.0	11.5
Marijuana use (past 30 days)	6.8	8.9	2.9	5.2	9.8	15.4	2.8	8.7	7.4	7.8	8.8	7.1	11.9	11.5	6.7
Prescription drug misuse <sup>c</sup> (lifetime)	7.2	6.3	7.2	6.2	6.7	7.0	6.8	10.3	8.6	9.0	5.7	5.4	13.8	12.9	5.2
Prescription drug misuse (past 30 days)	2.6	2.7	2.8	2.2	2.8	2.7	2.2	4.8	4.0	4.0	2.0	2.1	5.0	5.7	1.9
<b>Mental Health</b>															
Life “very” stressful (past 30 days)	31.3	14.1	17.8	18.9	24.9	31.5	21.4	20.2	22.5	23.5	23.0	19.7	39.5	33.7	20.1
Generalized Anxiety Disorder brief scale (GAD-2) <sup>d</sup> suggests need for evaluation (past 2 wks.)	40.8	16.0	25.3	26.6	29.9	33.2	25.8	20.8	28.9	28.1	29.2	24.5	50.2	43.4	25.0
Depressive symptoms (past 12 mos.)	24.5	12.8	18.4	18.2	18.2	19.7	15.1	23.8	25.6	20.7	16.7	14.7	38.8	32.1	15.5
Self-injury <sup>e</sup> (past 12 mos.)	16.1	6.8	12.8	11.5	10.1	10.9	9.2	10.3	13.7	11.2	7.2	7.2	33.3	22.1	9.1
Seriously considered suicide (past 12 mos.)	11.0	6.4	9.5	8.9	8.0	7.9	8.4	8.1	10.9	10.6	7.9	6.0	22.8	17.5	6.7
Attempted suicide (past 12 mos.)	3.9	2.3	3.7	2.9	2.6	2.8	2.5	4.2	4.6	3.9	2.5	2.1	7.7	6.7	2.0

<sup>a</sup> Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookas, hookah pens, and mods that contain nicotine

<sup>b</sup> Includes smoking, vaping, or using edibles; does not include CBD-only or hemp products

<sup>c</sup> Use of prescription drugs without a doctor's prescription or differently than how a doctor told you to use it; includes using someone else's prescription or obtaining the medicine illegally

<sup>d</sup> Scores on the GAD-2 indicate need for further evaluation based on reports of feeling nervous, anxious, or on edge and feeling unable to stop or control worrying in the past two weeks.

<sup>e</sup> Includes injuring yourself on purpose, such as cutting, burning, or bruising yourself

**Table 2B. Demographic Patterns in Violence and Bullying, and Sexual Behaviors, 2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	Sex (%)		Grade (%)				Race/Ethnicity (%)					LGBTQ+ Status (%)		Any Disability (%)	
	Female (10,358)	Male (10,698)	9th (5,832)	10th (5,589)	11th (6,075)	12th (4,579)	Asian (2,112)	Black (744)	Hispanic/ Latino (3,577)	Multi- racial/ Other (2,126)	White (12,418)	Hetero- sexual and cisgender (17,121)	LGBTQ+ or question -ing (3,341)	Yes (3,468)	No (15,383)
<b>Violence and Bullying</b>															
Physical fight (past 12 mos.)	5.0	14.3	12.7	9.2	8.6	7.5	5.6	16.3	12.0	12.9	8.8	9.2	11.5	14.3	8.1
Weapon carrying (past 30 days)	2.1	5.9	3.9	3.6	4.5	4.0	1.9	3.8	3.7	5.4	4.3	3.6	6.3	7.7	3.0
Bullying victim (past 12 mos.)	22.5	18.0	24.9	20.4	17.9	16.6	13.1	20.8	21.9	23.1	20.8	17.5	35.2	34.1	16.9
Bullying victim on school property (past 12 mos.)	19.3	16.8	22.1	18.5	16.3	14.1	11.8	18.4	19.9	20.8	18.1	15.2	32.8	30.6	15.0
Cyberbullying victim <sup>a</sup> (past 12 mos.)	18.8	15.5	19.7	16.2	15.7	16.4	11.4	18.1	18.8	19.5	17.2	15.7	24.7	26.6	14.7
<b>Sexual Behaviors</b>															
Ever had sexual intercourse	13.0	15.1	4.9	8.5	17.6	29.2	5.4	16.6	18.4	13.6	14.4	13.4	17.1	20.0	12.5
Currently sexually active (had intercourse in past 3 mos.)	9.8	10.9	3.2	6.1	12.6	22.7	3.7	11.2	13.5	10.4	10.6	10.0	12.0	15.0	9.1
Used alcohol/drugs before intercourse the last time (among currently sexually active youth)	17.8	21.7	22.5	18.5	17.5	21.1	25.0	31.3	16.3	23.7	19.4	18.1	27.2	23.3	18.1
Used condom during intercourse the last time (among currently sexually active youth)	60.6	62.9	52.5	64.6	63.8	61.5	71.8	45.9	56.5	57.8	64.4	65.4	49.0	58.8	63.5

<sup>a</sup> Using the Internet, cell phones, or other electronic devices to bully, tease, threaten, or spread rumors about someone

**Table 2C. Demographic Patterns in Digital Media Use, Weight and Physical Activity, and Other Behaviors, 2025  
MetroWest Adolescent Health Survey  
MetroWest Region High School Students (Grades 9-12)**

	Sex (%)		Grade (%)				Race/Ethnicity (%)					LGBTQ+ Status (%)		Any Disability (%)	
	Female (10,358)	Male (10,698)	9th (5,832)	10th (5,589)	11th (6,075)	12th (4,579)	Asian (2,112)	Black (744)	Hispanic/ Latino (3,577)	Multi- racial/ Other (2,126)	White (12,418)	Hetero- sexual and cisgender (17,121)	LGBTQ+ or question -ing (3,341)	Yes (3,468)	No (15,383)
<b>Digital Media Use</b>															
Social media use: <sup>a</sup> 3+ hours daily	50.9	37.8	41.2	43.1	44.6	49.6	32.8	56.2	54.3	41.8	43.5	44.6	44.9	46.8	43.6
Gaming: 3+ hours daily	9.1	21.7	17.1	16.0	14.2	13.7	10.4	25.2	21.0	15.8	14.1	14.0	22.3	20.5	14.1
Smartphone use: 3+ hours daily (not for school or homework; average school day)	67.5	57.7	57.6	63.0	64.3	66.9	55.4	62.3	63.7	60.6	64.0	62.0	68.7	66.6	61.7
<b>Weight and Physical Activity</b>															
Describes self as slightly or very overweight	26.8	23.2	24.2	24.7	24.4	27.1	22.3	28.0	34.1	28.0	22.5	23.0	35.4	29.8	23.9
Trying to lose weight	48.4	26.4	37.4	36.8	36.6	39.0	35.4	37.4	49.1	37.2	34.7	35.4	47.4	42.4	36.2
Participated in vigorous physical activity (≥20 min. on 3+ days/week) <sup>b</sup>	59.5	71.3	70.6	67.1	61.3	60.9	60.8	54.4	52.4	64.5	70.3	69.8	45.3	60.4	66.4
Participated in moderate physical activity (≥60 min. on 5+ days/week) <sup>c</sup>	40.2	54.7	51.1	49.1	45.1	43.5	39.7	34.0	34.5	46.8	53.0	51.8	27.8	42.4	48.5
Played on one or more sports teams (past 12 mos.)	63.1	67.9	71.1	68.3	63.5	56.7	62.5	56.4	49.7	62.4	71.1	70.9	39.6	58.6	67.0
<b>Other Behaviors</b>															
Sleep: 8+ hours (average school night)	29.1	39.4	44.7	35.9	28.0	25.2	28.5	31.1	30.9	33.0	36.5	36.3	22.9	29.7	35.3
Gambled <sup>d</sup> (any form; past 12 months)	6.0	25.5	15.1	14.9	15.6	17.9	10.6	16.6	14.6	15.9	17.0	16.4	12.4	18.6	15.0

<sup>a</sup> Such as Instagram, Snapchat, or TikTok (not for school work or homework)

<sup>b</sup> Physical activity that made you sweat and breathe hard

<sup>c</sup> Physical activity that increased your heart rate and made you breathe hard some of the time

<sup>d</sup> Betting money or something of value to you on a game or event; includes Internet/online gambling on sporting events, fantasy sports, or casino games, lottery games/tickets, and skill games

**Table 2D. Demographic Patterns in Protective Factors, 2025**  
**MetroWest Adolescent Health Survey**  
**MetroWest Region High School Students (Grades 9-12)**

	Sex (%)		Grade (%)				Race/Ethnicity (%)					LGBTQ+ Status (%)		Any Disability (%)	
	Female (10,358)	Male (10,698)	9th (5,832)	10th (5,589)	11th (6,075)	12th (4,579)	Asian (2,112)	Black (744)	Hispanic/ Latino (3,577)	Multi- racial/ Other (2,126)	White (12,418)	Hetero- sexual and cisgender (17,121)	LGBTQ+ or question- ing (3,341)	Yes (3,468)	No (15,383)
<b>Adult Support</b>															
Have adult at school to talk to about a personal problem	79.6	75.9	71.6	76.2	80.3	84.6	74.5	70.2	70.6	73.5	81.6	78.8	74.5	81.2	77.5
Have parent/non-school adult to talk to about important things	92.4	93.8	93.1	92.8	93.1	93.6	90.4	88.7	88.9	90.8	95.5	95.0	85.4	92.3	93.7
<b>Adult Peer Support</b>															
Feel you have a friend you can talk to about a personal problem (often/very often)	71.9	66.0	66.2	69.5	69.2	71.7	67.2	54.1	62.0	65.7	72.5	70.4	65.6	67.2	69.6
Feel you are part of a group of friends (often/very often)	67.9	72.0	72.0	70.7	68.0	68.4	70.9	54.9	62.6	66.3	73.3	72.1	62.4	64.0	71.6
Feel lonely (often/very often)	25.1	15.7	19.1	19.6	21.0	22.4	19.4	22.3	23.7	22.5	19.2	16.6	40.0	31.8	17.8
Feel you have a lot in common with the people around you (often/very often)	59.3	60.6	60.8	61.1	58.7	58.6	59.9	45.2	50.9	53.6	64.3	63.2	46.4	52.3	62.0
Feel there are people who really know and understand you (often/very often)	60.6	58.6	60.6	60.3	58.1	59.2	61.8	45.2	50.0	54.3	63.5	62.2	49.0	53.8	61.3
Feel left out and excluded by others (often/very often)	20.9	12.7	16.8	16.2	16.7	17.6	14.2	19.1	18.1	18.7	16.4	14.5	28.9	26.6	14.6
<b>School Connectedness</b>															
I feel close to people at school. (agree/strongly agree)	66.0	71.2	70.6	69.9	67.3	65.7	70.8	56.6	58.5	66.0	72.0	71.0	57.9	63.0	69.9
I feel like I am part of this school. (agree/strongly agree)	62.1	69.8	68.2	66.6	64.4	64.0	69.7	53.7	52.9	64.0	69.7	68.8	52.6	59.4	67.5
I am happy to be at this school. (agree/strongly agree)	57.3	68.4	66.5	62.6	60.2	61.3	69.0	51.7	54.8	61.0	64.8	65.3	51.5	56.8	64.3
Teachers at this school treat students fairly. (agree/strongly agree)	61.3	67.3	65.4	63.1	62.8	66.2	69.6	53.8	55.7	61.5	66.7	65.4	60.0	59.4	65.5
I feel safe at my school. (agree/strongly agree)	72.6	77.4	74.4	74.6	74.4	77.0	81.1	63.9	65.6	73.9	77.2	77.1	66.0	70.2	76.1