UTAH PREVENTION

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health

Student Health And Risk Prevention

2009 Prevention Needs Assessment Survey Results

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Northeastern District

DSAMH Region Profile Report

Introduction

2009 Northeastern District Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2009 Prevention Needs Assessment (PNA) Survey that was conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey was administered to students in grades 6, 8, 10 and 12 in 37 school districts and 10 charter schools across Utah.

The results for your region are presented along with comparisons to 2005 and 2007 SHARP Survey results, where applicable. Results from administrations prior to 2005 may be found by consulting past years' profile reports. The PNA Survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Table 1 contains the characteristics of the students who completed the survey from your region and the State of Utah. Because not all students answer all of the questions, the total number of Students by Gender and Students by Ethnicity may be less than the reported total students.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.

Coordination and administration of the Utah PNA Survey was a collaborative effort of State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health; Office of Education; Department of Health; and Bach Harrison, L.L.C. For more information about the PNA or prevention services in Utah, please refer to the *Contacts for Prevention* section at the end of this report.

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Table 1. Characteristics of Participants

Total Students	Region 2005		Region 2007		Region 2009		State 2009	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	1,160	100	967	100	1,059	100	40,831	100
Students by Grade								
6	397	34.2	314	32.5	504	47.6	13,638	33.4
8	341	29.4	352	36.4	277	26.2	10,926	26.8
10	281	24.2	202	20.9	183	17.3	9,275	22.7
12	141	12.2	99	10.2	95	9.0	6,992	17.1
Students by Gender								
Male	565	48.8	461	47.8	491	46.8	19,418	48.3
Female	593	51.2	503	52.2	559	53.2	20,809	51.7
Students by Ethnicity								
African American	8	0.7	27	2.7	2	0.2	544	1.4
Asian	6	0.5	39	3.8	4	0.4	695	1.7
Hispanic	51	4.4	58	5.7	32	3.1	4,848	12.1
American Indian	90	7.8	28	2.8	60	5.8	778	1.9
Pacific Islander	8	0.7	5	0.5	7	0.7	600	1.5
White	978	84.7	836	82.3	875	84.9	30,339	75.7
Multi-racial	14	1.2	23	2.3	51	4.9	2,288	5.7

How to Read the Charts in this Report

There are six types of charts presented in this report: 1) substance use charts, 2) heavy substance use & antisocial behavior (ASB) charts, 3) sources of alcohol acquisition, 4) places of alcohol consumption 5) risk factor charts and 6) protective factor charts. Data from the charts are presented numerically in Tables 3 through 10.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2009 SHARP survey.

- **The Bars** on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category.

  Each set of differently colored bars represents one of the last three administrations of the PNA: 2005, 2007, and 2009. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

- **Dots and Diamonds.** The dots on the charts represent the percentage of all of the youth surveyed across Utah who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the 8-State Norm. A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco or drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

- **The 8-State Norm** was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from Arizona, Louisiana, Montana, Nebraska, Oklahoma, Arkansas, Michigan and Utah were combined into a database of 277,000 students. The results were weighted to make the contribution of each state proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as the 8-State Norm. In order to keep the 8-State Norm relevant, it is updated approximately every 2 years as new data become available.

Lifetime & 30 Day ATOD Use Charts

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.

- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

How to Read the Charts in this Report (cont'd)

Problem Substance Use & ASB Charts

- **Problem substance use** is measured in several different ways: binge drinking (having five or more drinks in a row during the two weeks prior to the survey), use of one-half a pack or more of cigarettes per day and youth indicating drinking alcohol and driving or reporting riding with a driver who had been drinking alcohol.

  This chart also includes estimates of youth in **need of alcohol treatment, drug treatment** and a combined scale for students that need **either alcohol OR drug treatment.** The need for treatment is defined as students who have used alcohol or drugs on ten or more occasions in their lifetime and marked three or more of the following six items related to their past year drug or alcohol use: 1) spent more time using than intended, 2) neglected some of your usual responsibilities because of use, 3) wanted to cut down on use, 4) others objected to your use, 5) frequently thought about using, 6) used alcohol or drugs to relieve feeling such as sadness, anger, or boredom. Students could mark whether these items related to their drug use and/or their alcohol use.

- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement during the past year** with the nine antisocial behaviors listed in the charts.

Sources of Alcohol & Places of Alcohol Use

These charts present the percentage of students who obtained alcohol from nine specific sources and the percentage who used alcohol in eight specific places during the past year. The number of students reporting use is presented to assist in interpreting the results.

Risk and Protective Factor Charts

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales.

Additional Tables in this Report

Tables 11 to 15 contain additional data for prevention planning and reporting to state and federal agencies.

Drug Free Communities

Table 11 contains information relevant to Drug Free Community (DFC) grantees. These tables report the four DFC Core Measures on three reported substances (alcohol, tobacco and marijuana):

- **Past 30-Day Use -** The percentage of respondents who report using the substance at least ONCE in the past 30 days
- **Average Age of Onset** - The average age respondents report first trying the substance
- **Perception of Risk** - The percentage of respondents who report that regular use of the substance has *moderate risk* or *great risk*
- **Perception of Parental/Peer Disapproval** - The percentage of respondents who report their parents feel regular use of alcohol/ANY use of cigarettes or marijuana is *wrong* or *very wrong*

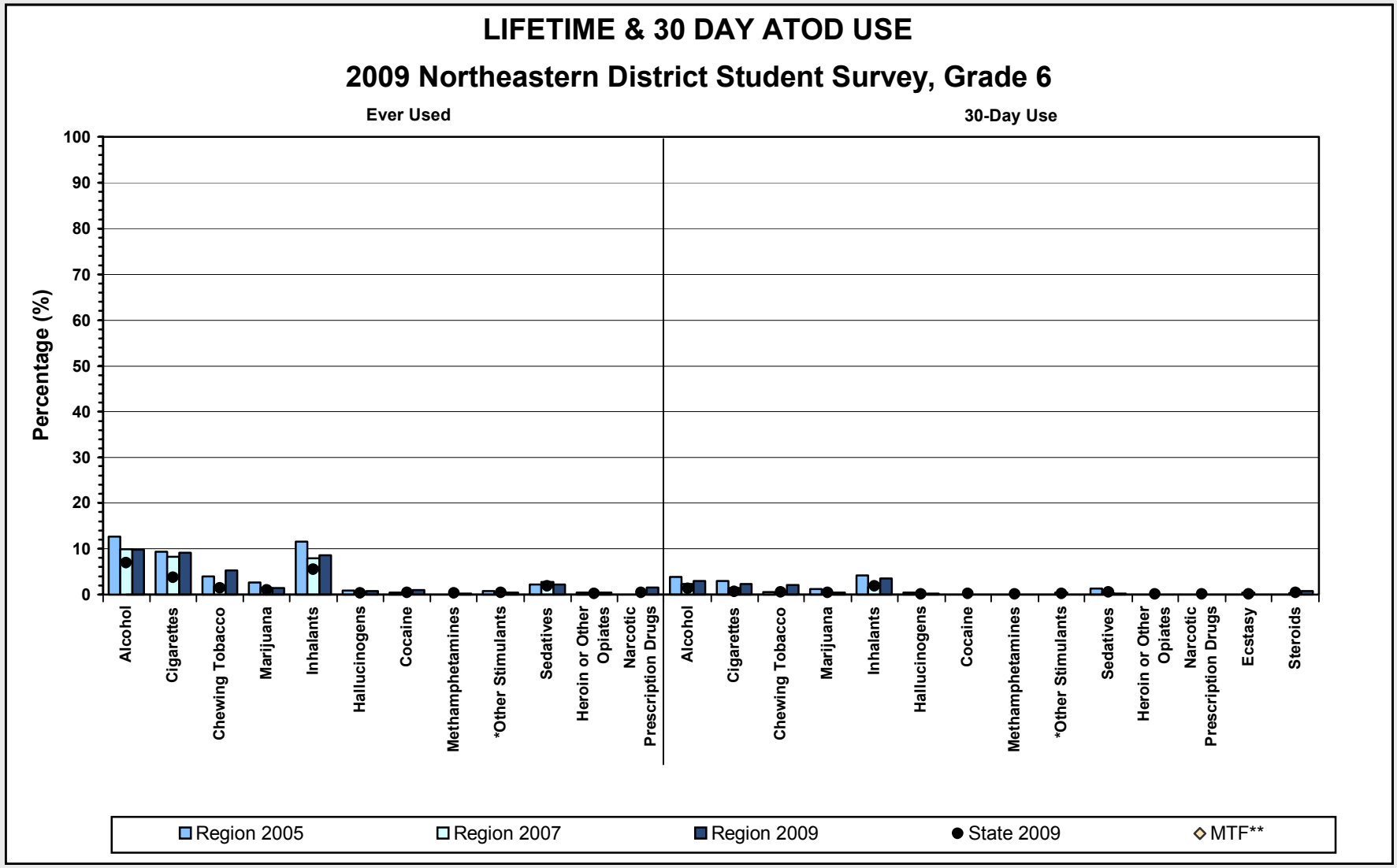
Data for Prevention Planning

Table 12 contains information on student perceptions of school safety and bullying, classroom and school discipline, and students' perception of ATOD use among their peers.

Perceived Parental Approval & ATOD Use

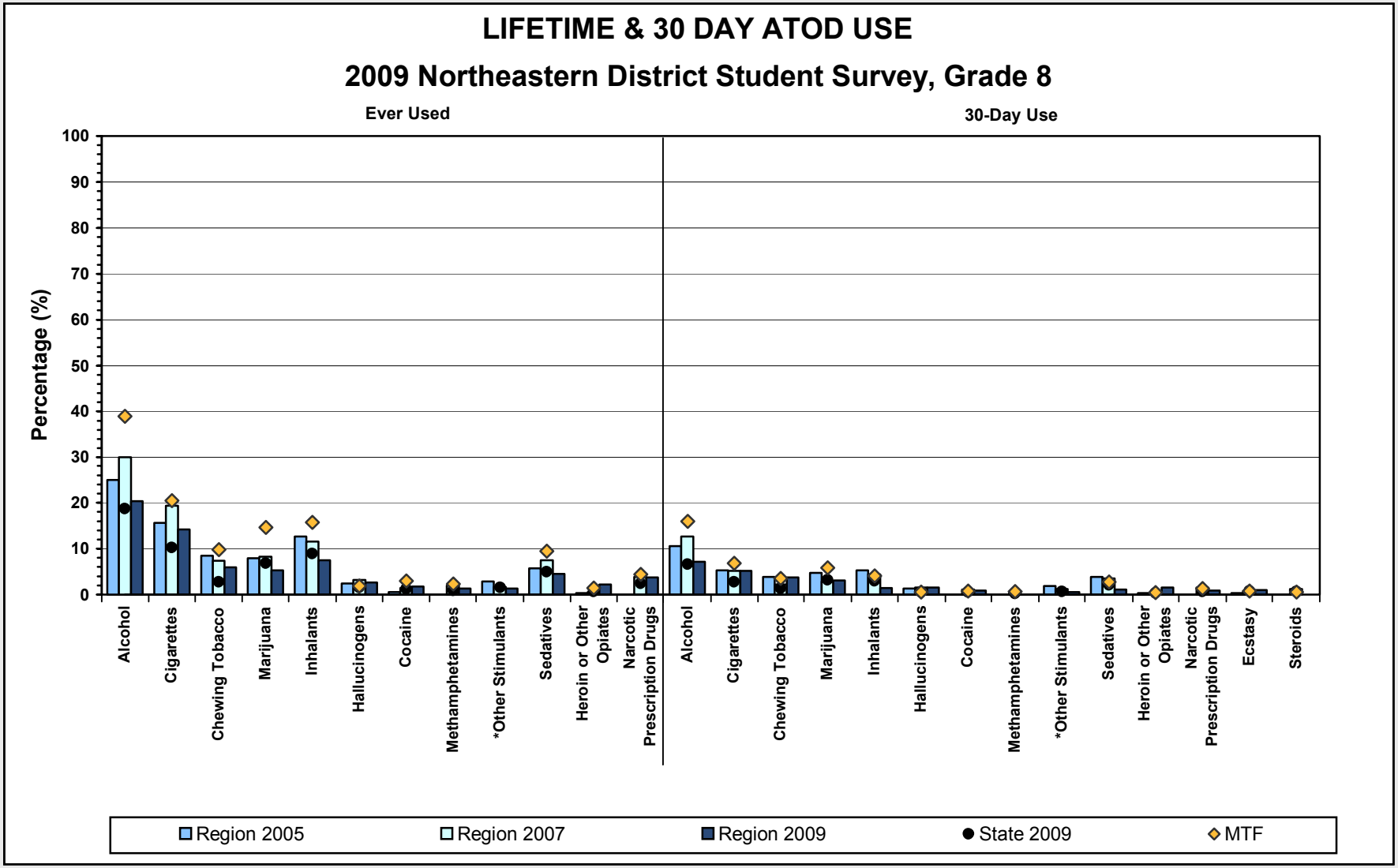
Tables 13, 14 and 15 explore the relationship between perceived parental approval and ATOD use. A full explanation of how to interpret these data is available accompanying the tables.

Substance Use and Antisocial Behavior



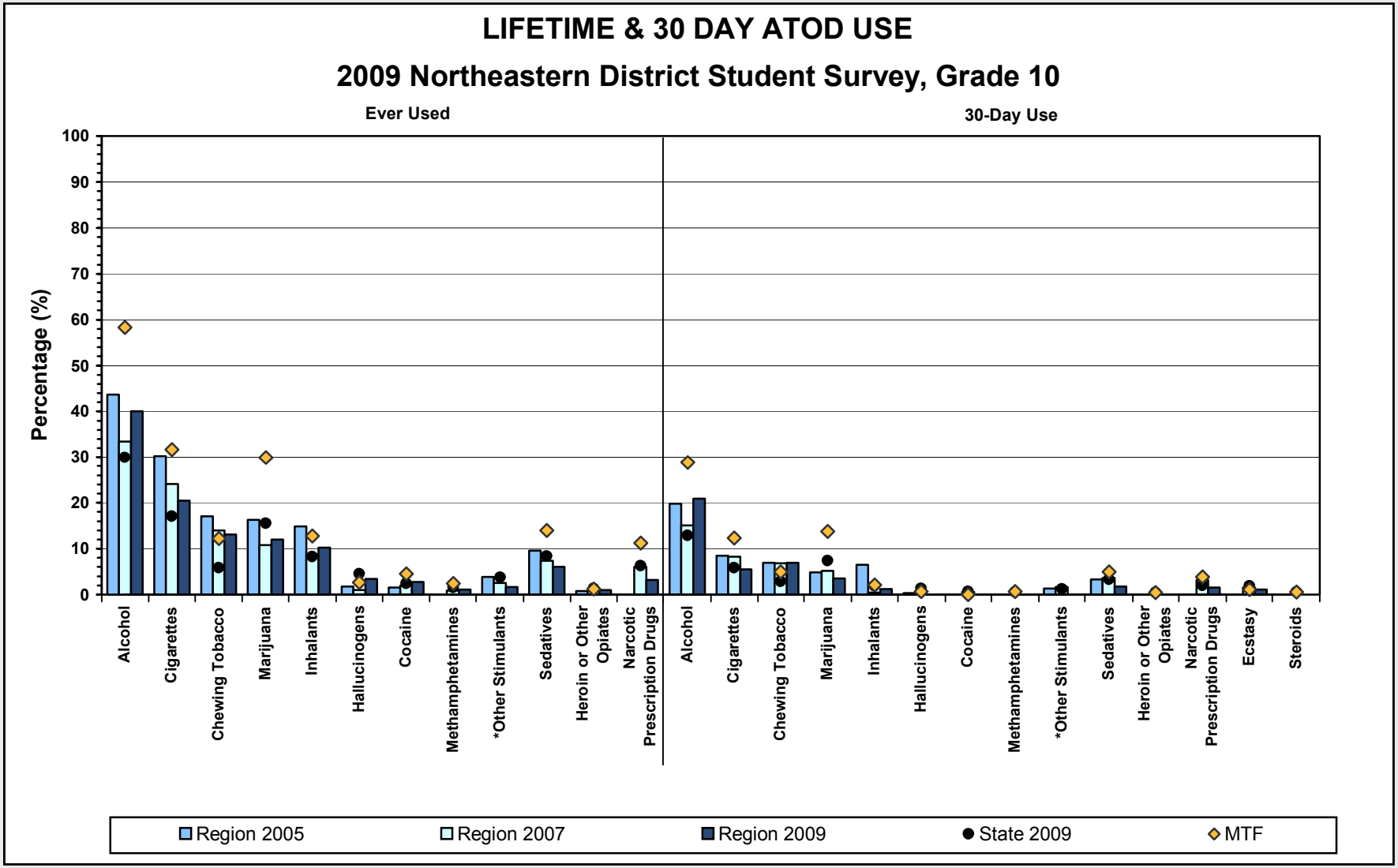
* The value for the stimulants category for 2005 includes methamphetamines. For 2007 and 2009 methamphetamines are NOT included in the stimulants category.
** Monitoring the Future does not survey 6th grade students.

Substance Use and Antisocial Behavior



*The value for the Other Stimulants category for 2005 includes methamphetamines. For 2007 and 2009 methamphetamines are NOT included in the Other Stimulants category.

Substance Use and Antisocial Behavior



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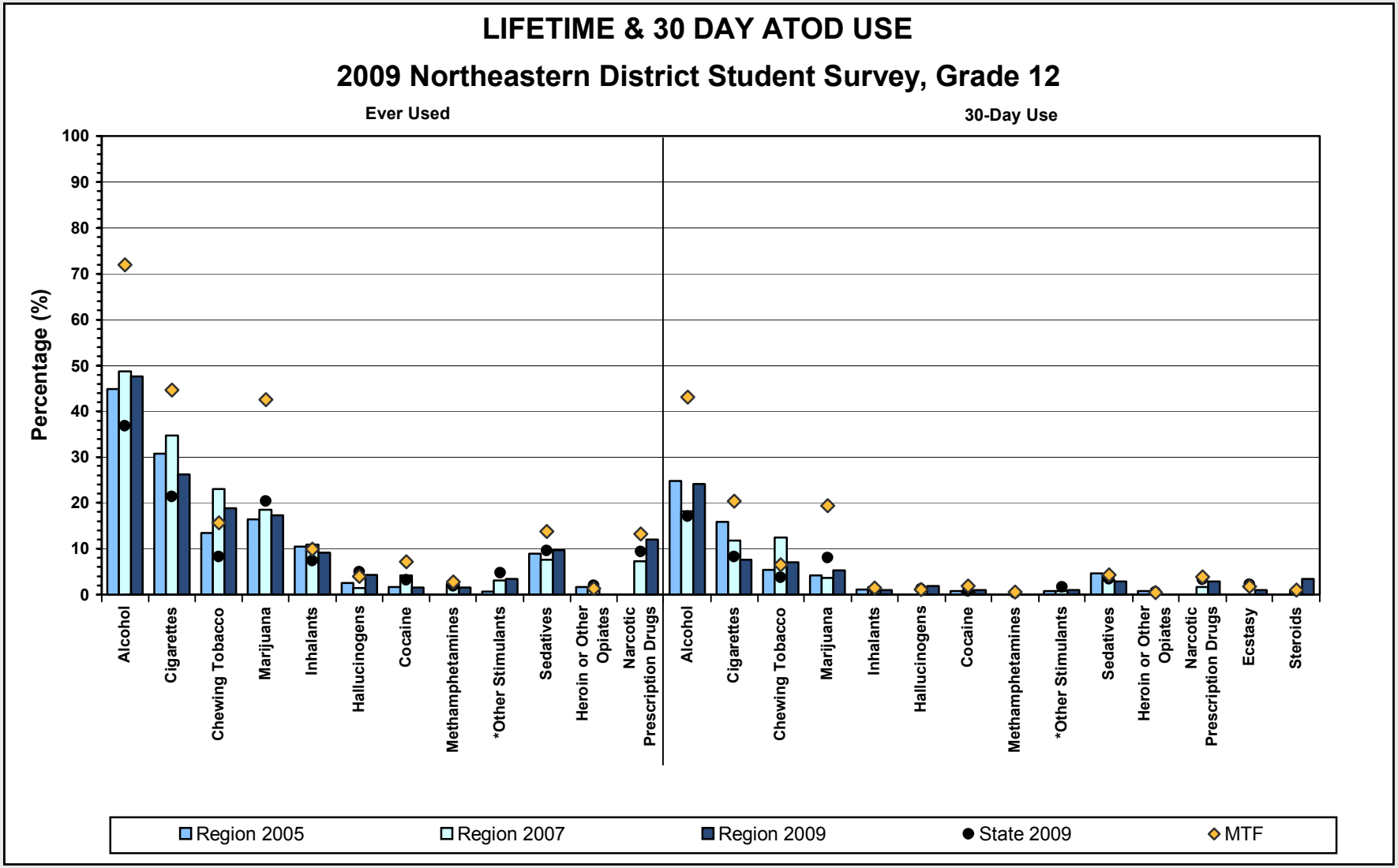
Substance Use and Antisocial Behavior



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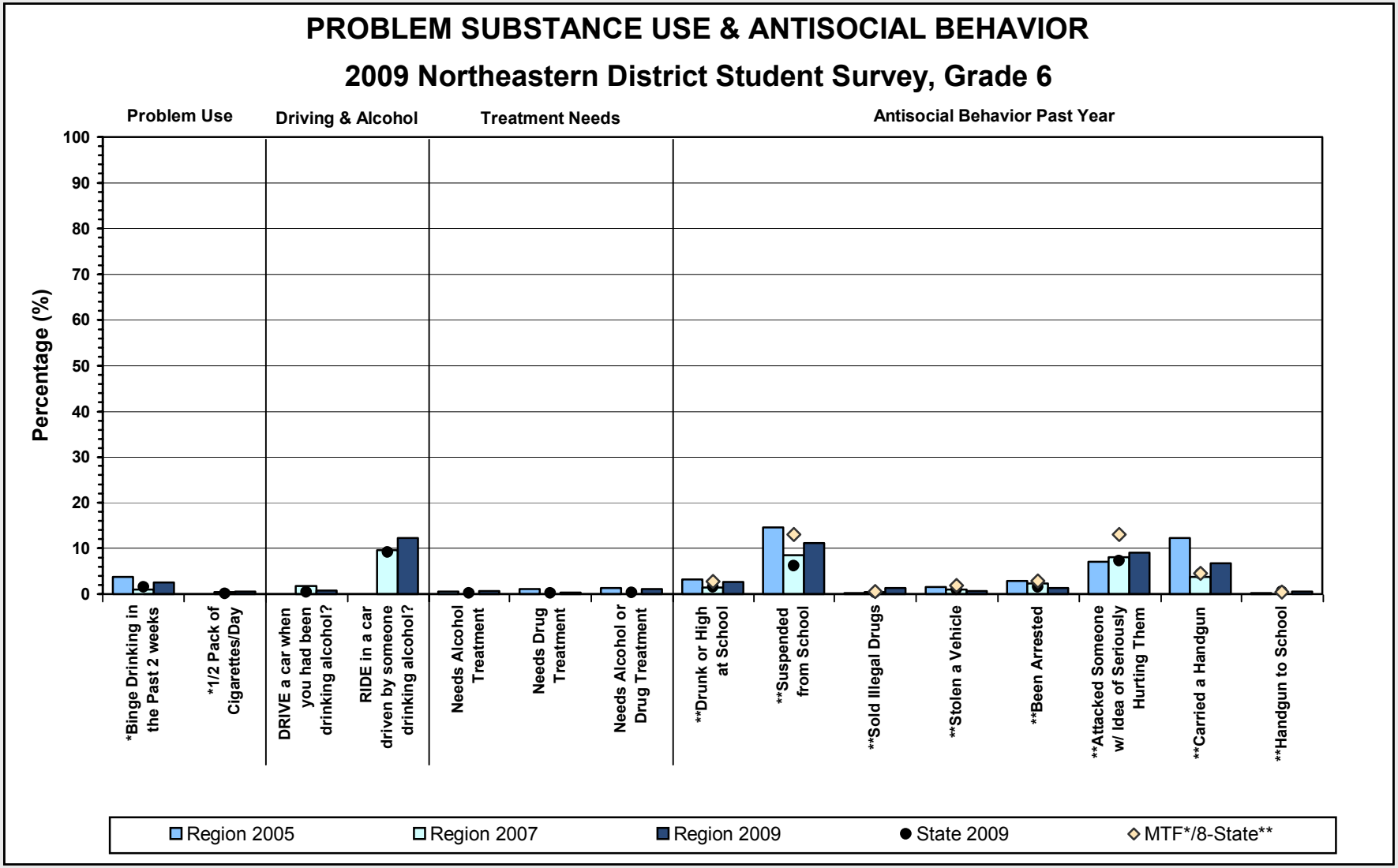
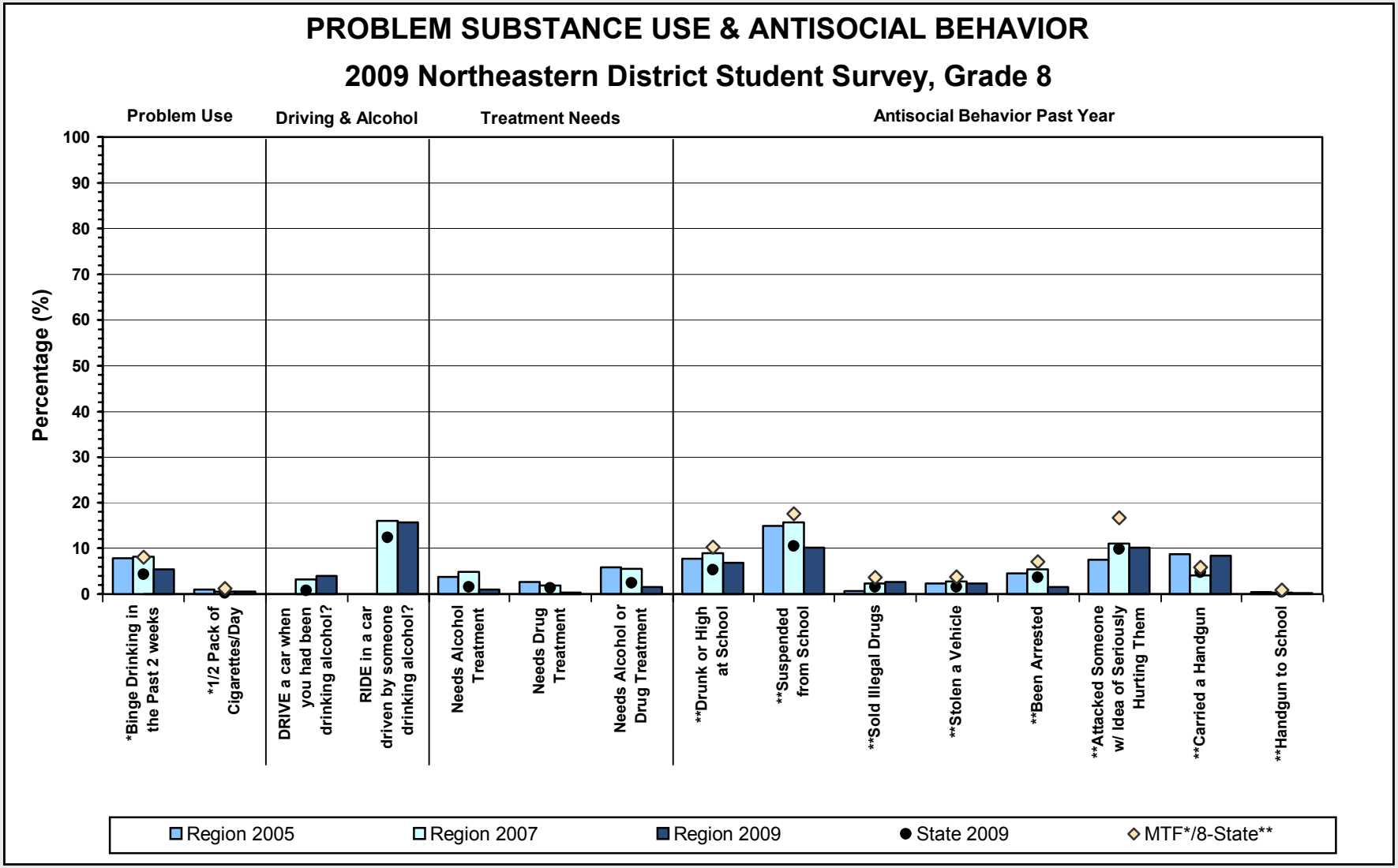
Substance Use and Antisocial Behavior



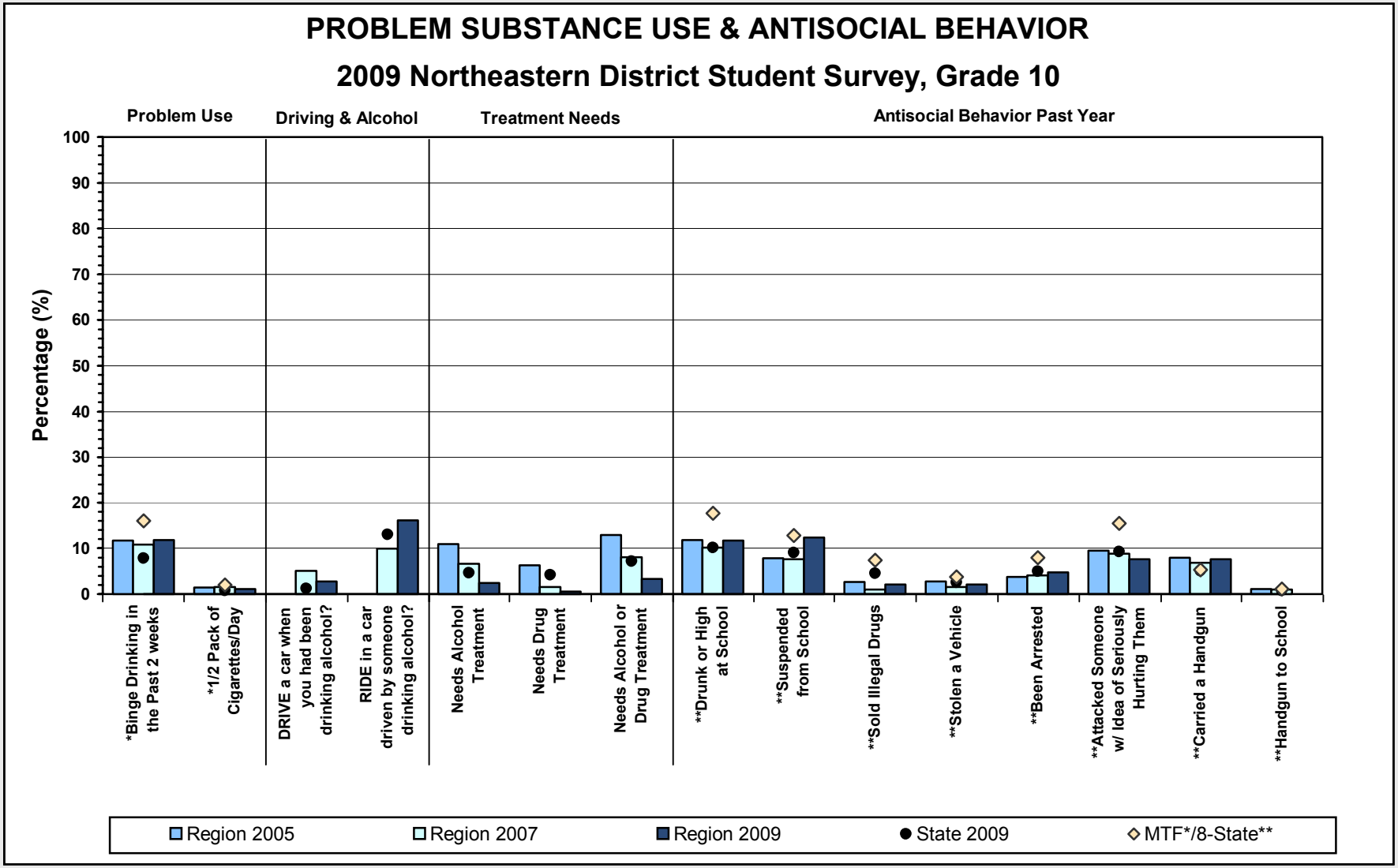
* Monitoring the Future does not survey 6th grade students.
** National Comparison data for Antisocial Behavior are 8-State Norm values.

Substance Use and Antisocial Behavior



* National Comparison data for Problem Use category are Monitoring the Future values.
** National Comparison data for Antisocial Behavior are 8-State Norm values.

Substance Use and Antisocial Behavior



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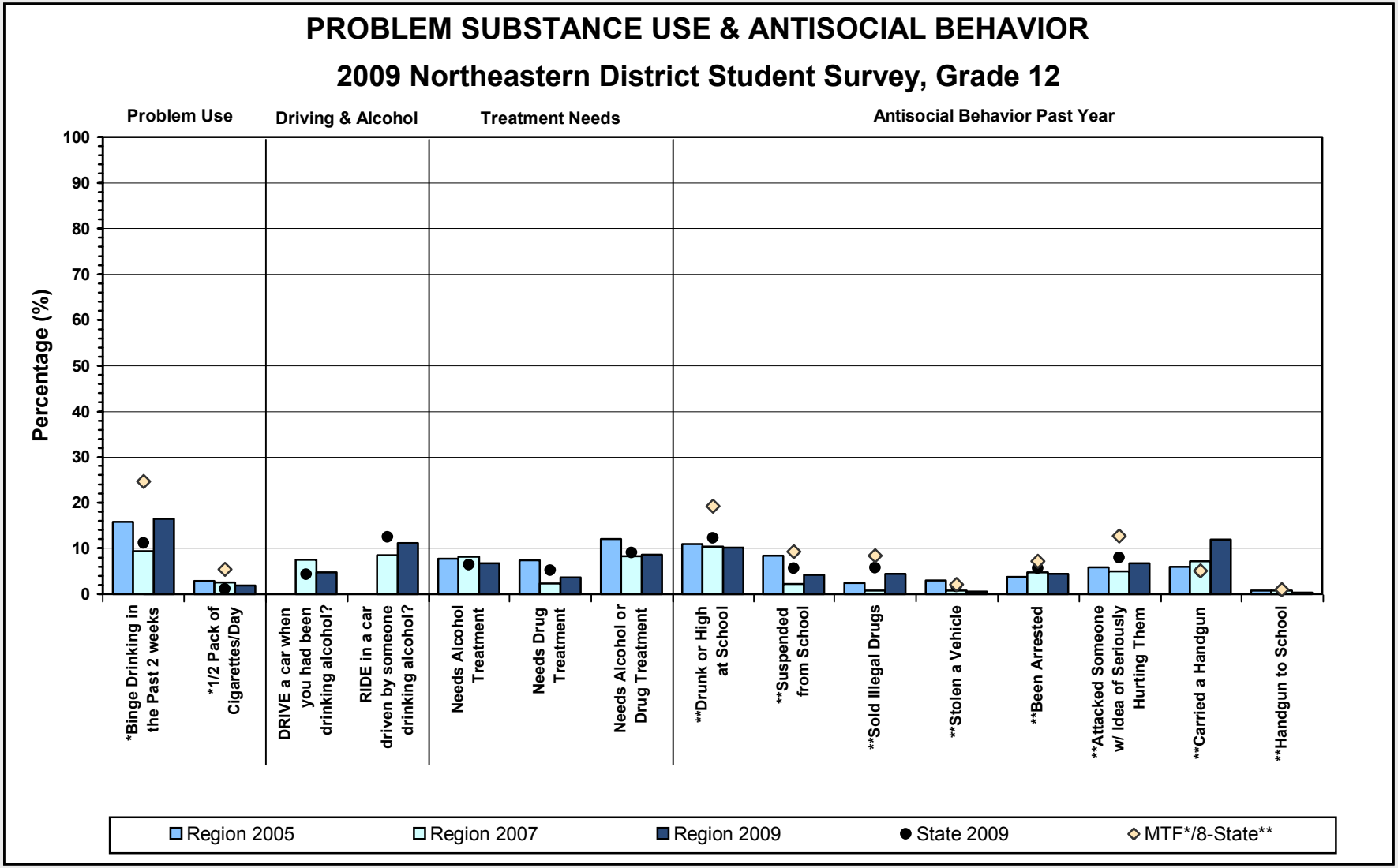
Substance Use and Antisocial Behavior

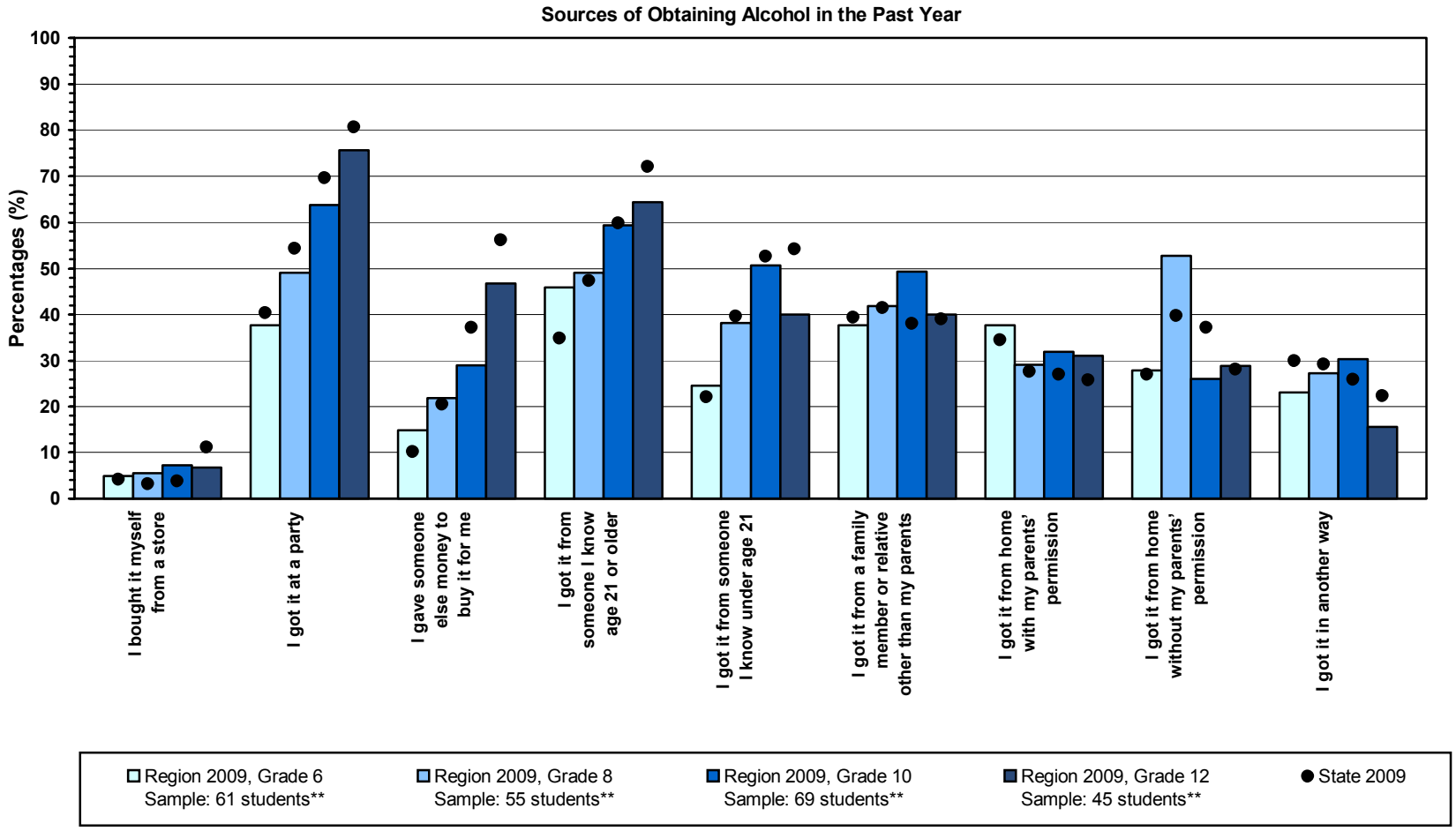


* National Comparison data for Problem Use category are Monitoring the Future values.
** National Comparison data for Antisocial Behavior are 8-State Norm values.

Sources of Alcohol and Places of Use

SOURCES OF ALCOHOL*

2009 Northeastern District Student Survey, Grades 6, 8, 10 & 12

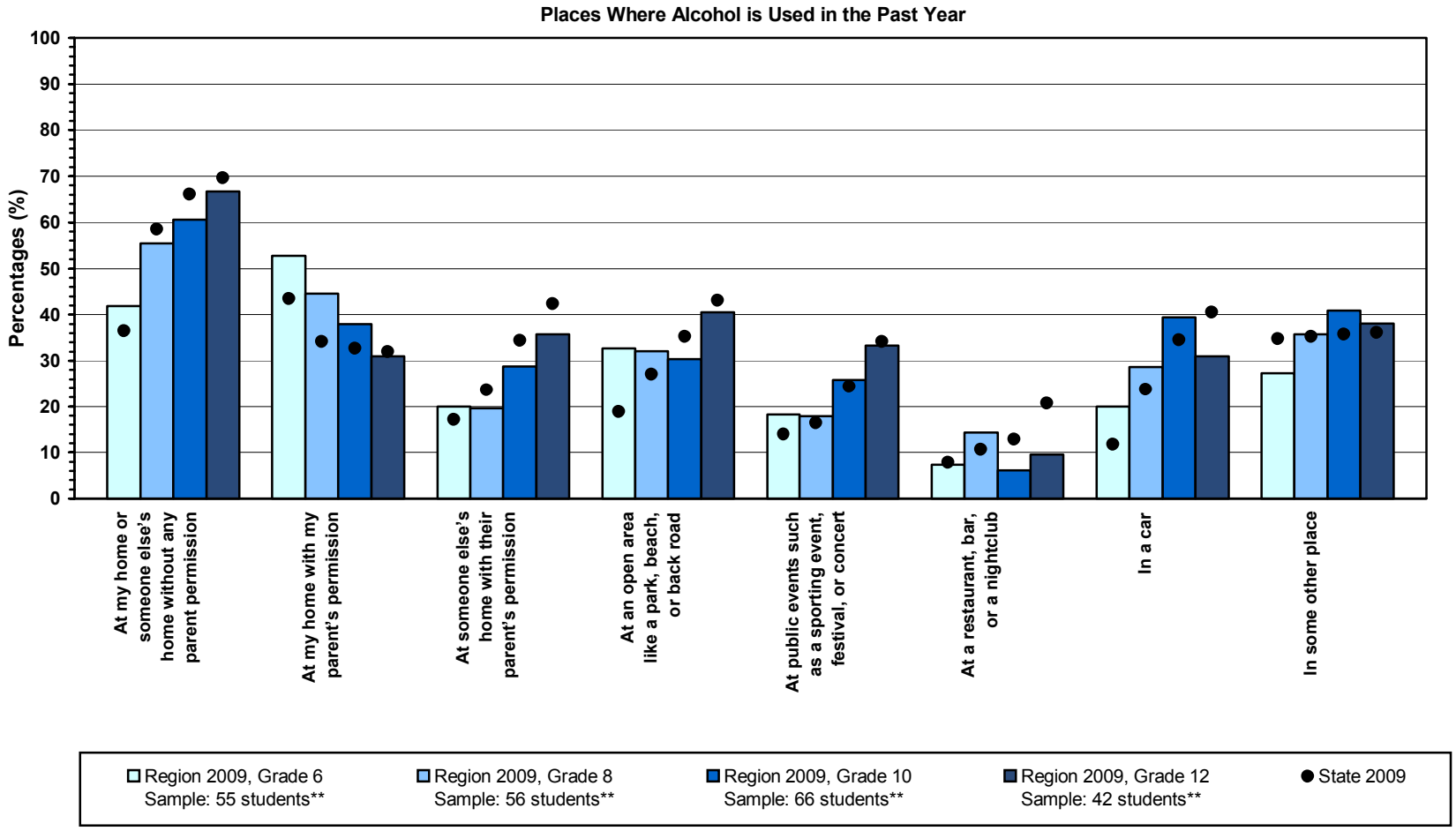


* Sources of alcohol use were not measured prior to 2009.
** Sample size represents the number of youth who chose at least one source of obtaining alcohol. Students who indicated they had not drank alcohol in the past year are not included in the sample.
*** In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Alcohol and Places of Use

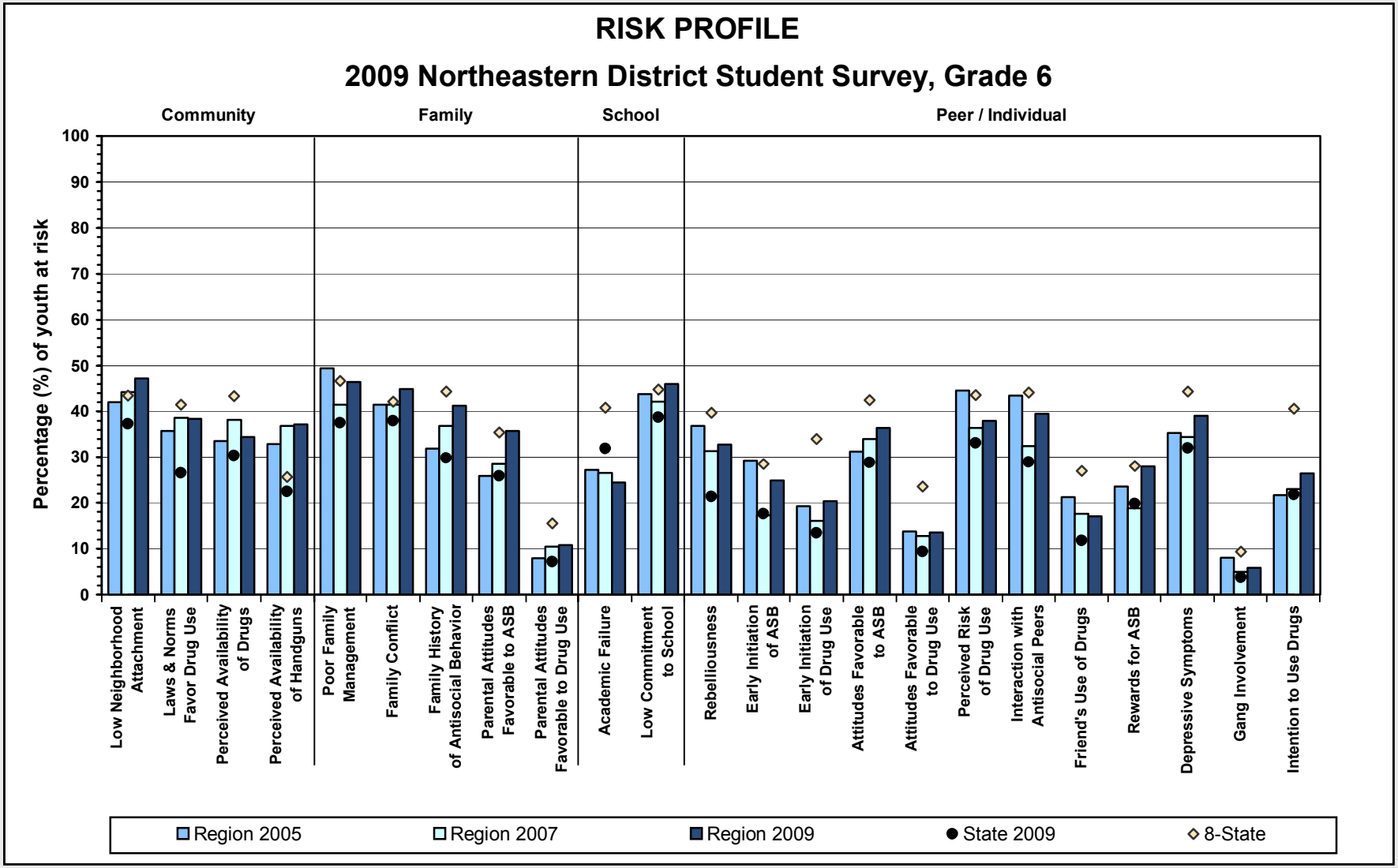
PLACES OF ALCOHOL USE*

2009 Northeastern District Student Survey, Grades 6, 8, 10 & 12



* Places of alcohol use were not measured prior to 2009.
** Sample size represents the number of youth who chose at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample.
*** In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Risk and Protective Factor Profiles



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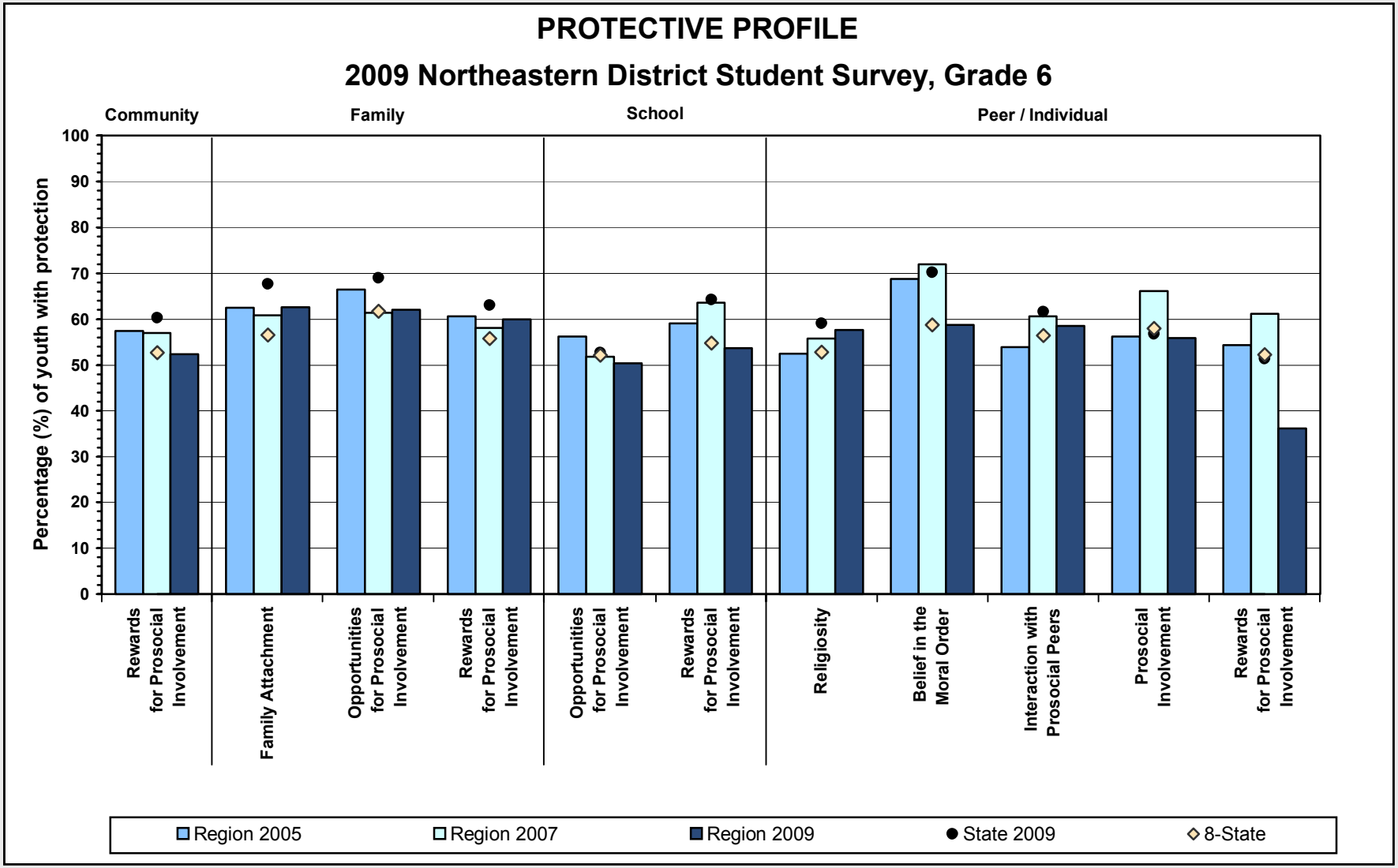

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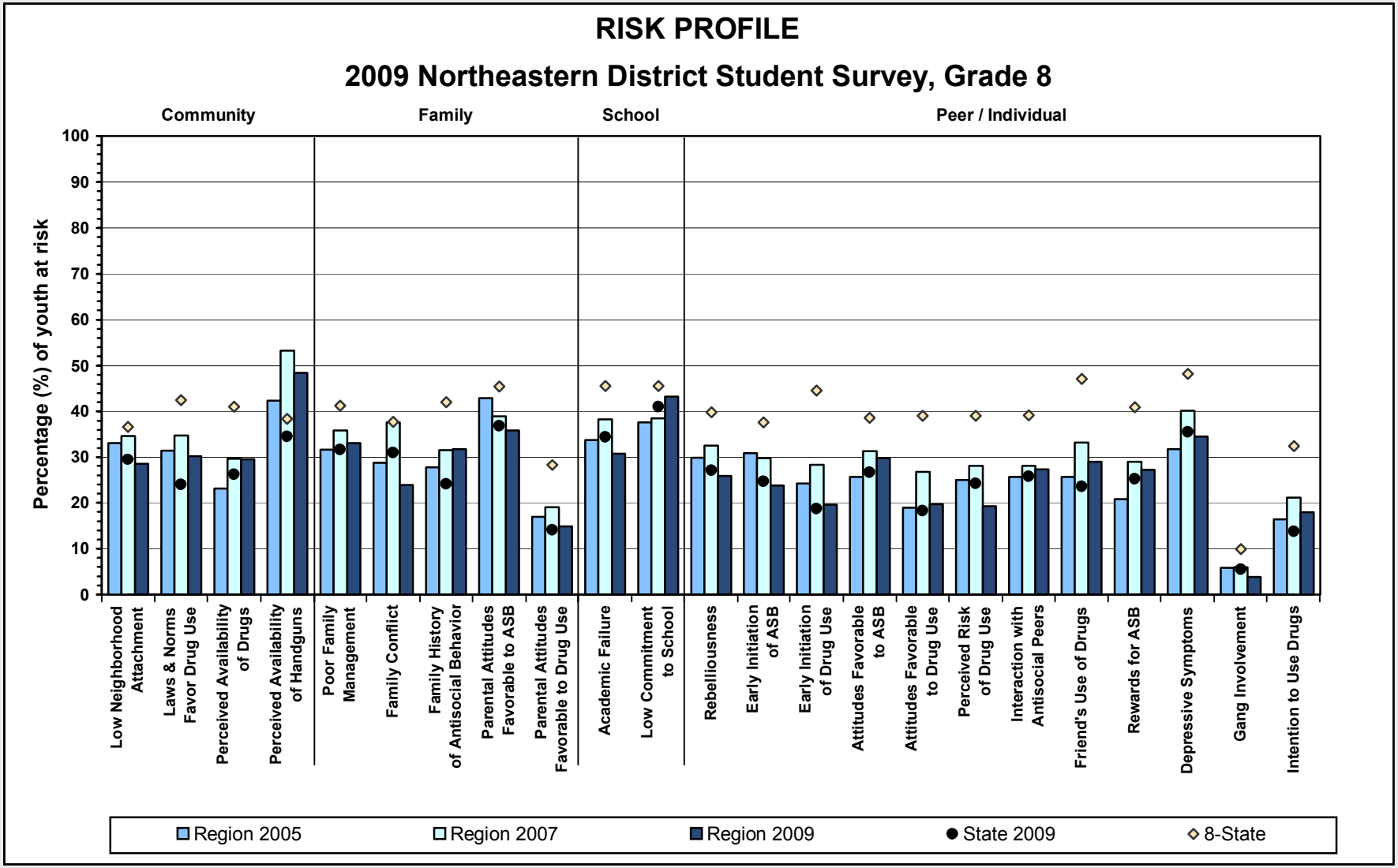

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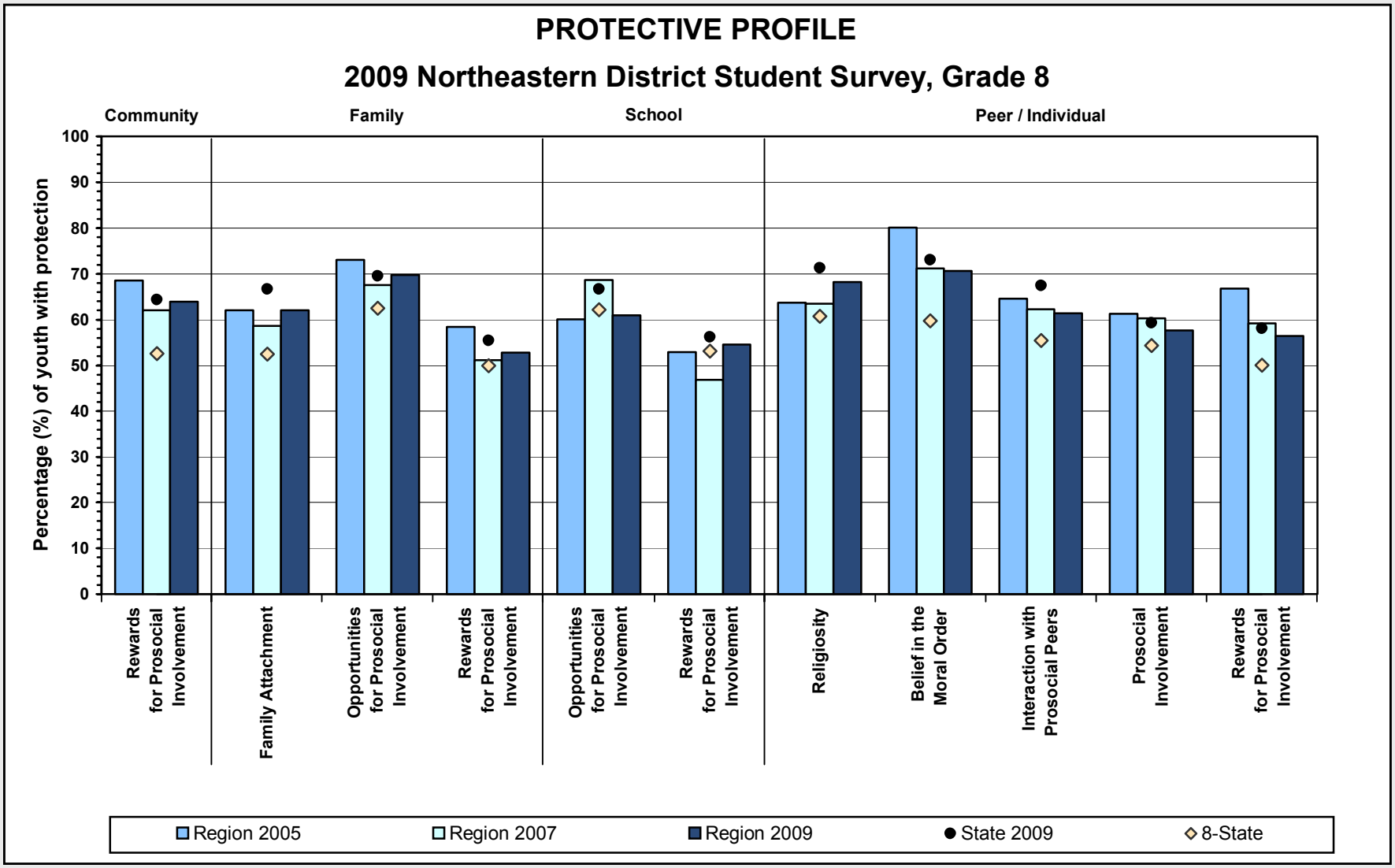

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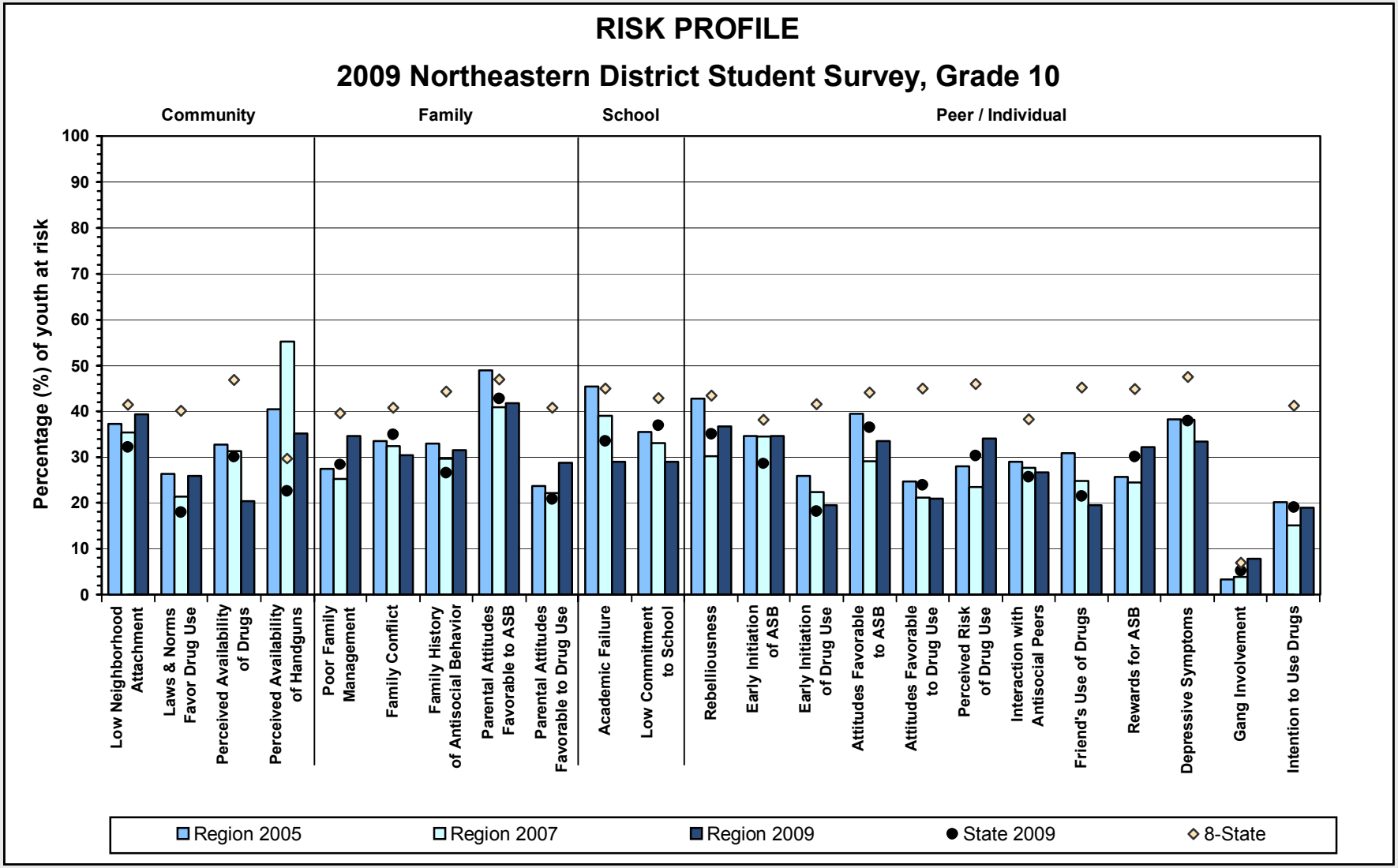

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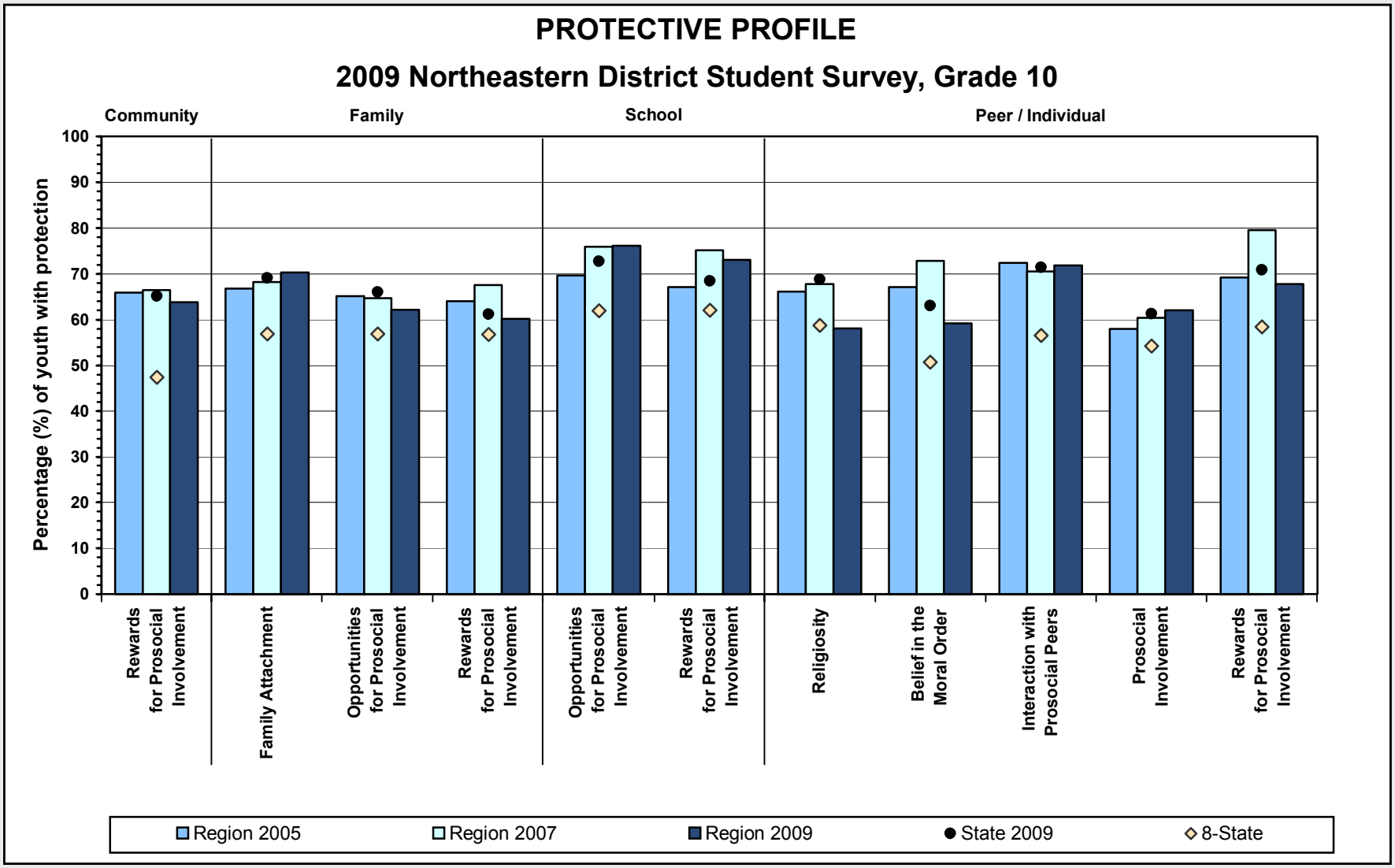

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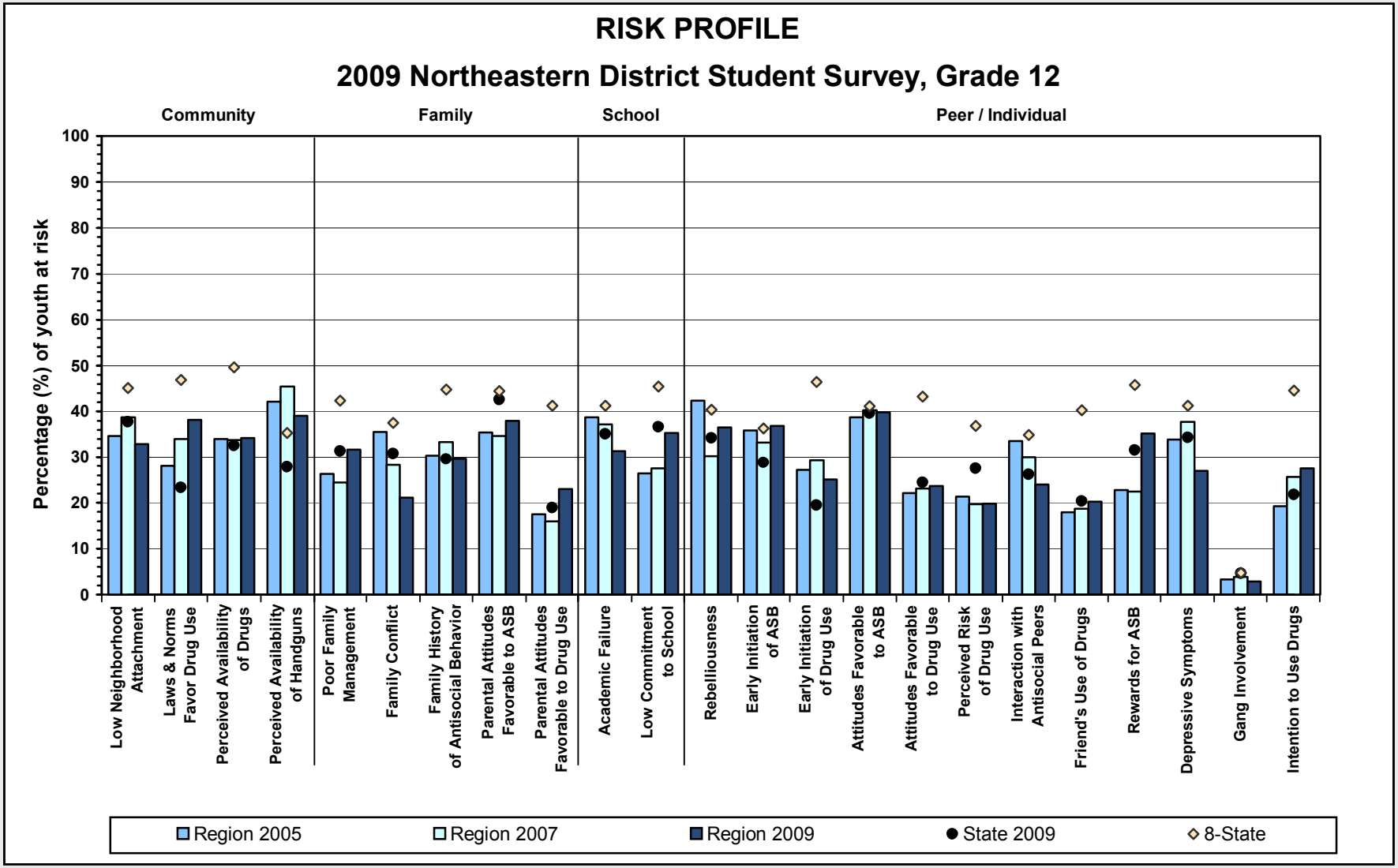

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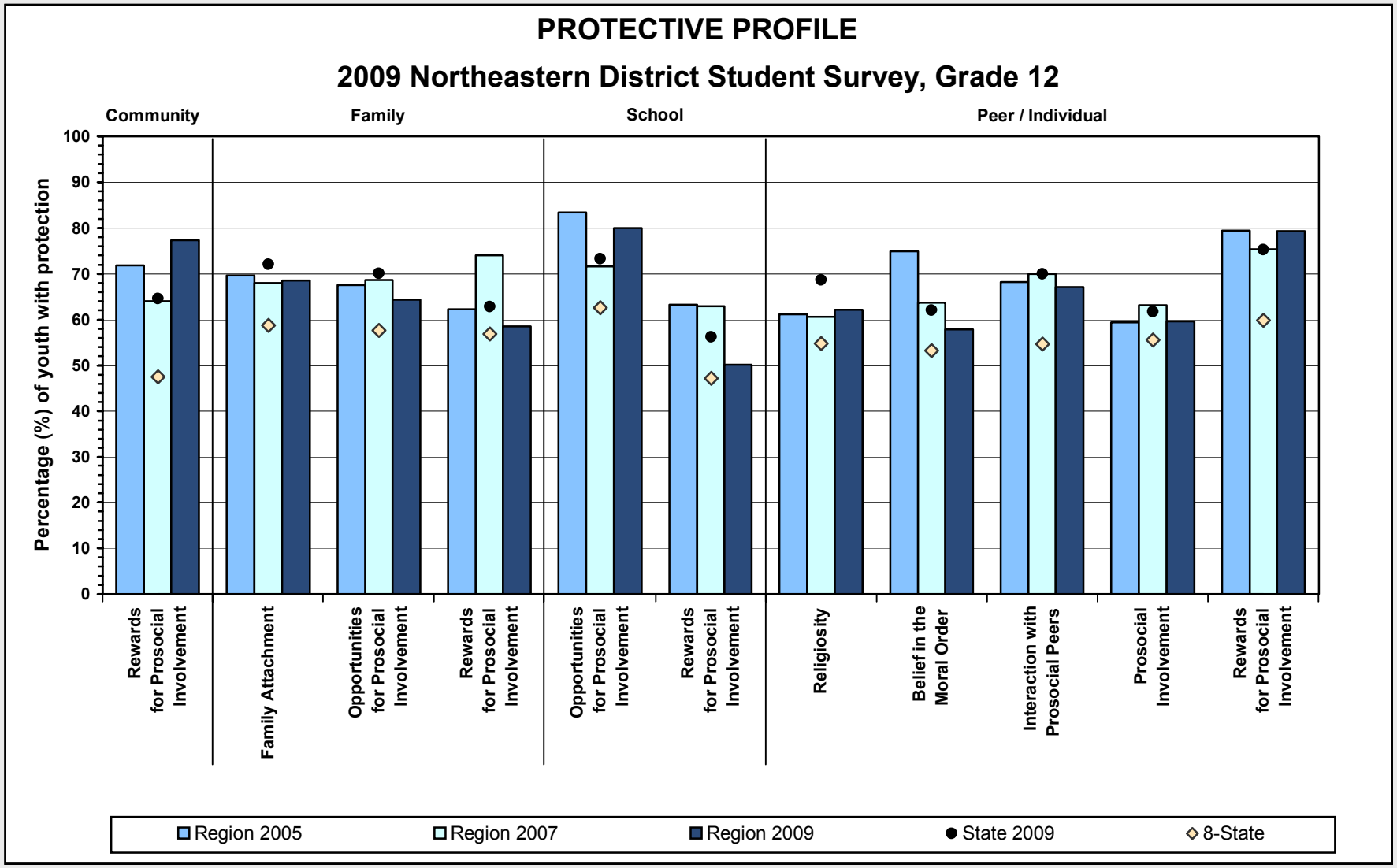

The Risk and Protective Factor Model

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the 19 risk factors and five problem behaviors. The check marks indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- **Opportunities** for young people to actively contribute
- **Skills** to be able to successfully contribute
- **Consistent recognition** or reinforcement for their efforts and accomplishments

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, **it is necessary to address the factors that predict these outcomes**. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your region make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

In addition to helping assess current conditions and prioritize areas of greatest need, data from the SHARP Prevention Needs Assessment (PNA) Survey can be a powerful tool in applying for and complying with several federal programs (such as the Strategic Prevention Framework process, the No Child Left Behind Act and Drug Free Communities grants), outlined later in this report.

Risk Factors	Community						Family				School		Peer / Individual						
	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Deprivation	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behavior	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness	Friends Who Use Drugs & Engage in Problem Behaviors	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy						✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		
School Drop-Out			✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Violence	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓

SOURCE: COMMUNITIES THAT CARE (CTC) PREVENTION MODEL, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)

Building a Strategic Prevention Framework

The PNA is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. The Utah State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Capacity: Mobilize and/or Build Capacity to Address Needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Planning: Develop a Comprehensive Strategic Plan.
States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The Plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.

Building a Strategic Prevention Framework (cont'd)

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at http://casat.unr.edu/bestpractices/search.php for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

Evaluation: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The PNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Sustainability and Cultural Competence are at the core of the SPF model, indicating the key role they play in each of the five elements. Incorporating principles of cultural competence and sustainability throughout assessment, capacity appraisal, planning, implementation and evaluation helps ensure successful, long lasting prevention programs.

Sustainability: Sustainability is accomplished by utilizing a comprehensive approach. By building adaptive and flexible programs around a variety of resources, funding and organizations, states and communities will build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural Competence: Planners need to recognize the needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication and support.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

What are the numbers telling you?

- Review the charts and data tables presented in this report. Note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide, and/or national data** – differences of 5% between local and other data are probably significant.
- **Prioritize problems for your area** – Make an assessment of the rates you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue.
- **Risk and protective factor data** – identify exactly where the community needs to take action.
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

	Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
Risk Factors	6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 15% (8% > 8-state av.)			
Protective Factors	10th grd - Rewards for prosocial involvm. (School Domain) 40% (down 5% from 2 yrs ago & 16% below state av.)			
30-day Substance Abuse	8th grd Binge Drinking @13% (5% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (about same as state, but remains a priority.)			

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

Community Domain Risk Factors	
Low Neighborhood Attachment	Low neighborhood bonding is related to higher levels of juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs and Handguns	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
Community Domain Protective Factors	
Rewards for Prosocial Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
Family Domain Risk Factors	
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Family Domain Protective Factors	
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Opportunities for Prosocial Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
School Domain Risk Factors	
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
School Domain Protective Factors	
Opportunities for Prosocial Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles (cont'd)

Peer-Individual Risk Factors	
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective Factors	
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Data Tables

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 6				Grade 8				Grade 10				Grade 12			
	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
	397	314	504	13,638	341	352	277	10,926	281	202	183	9,275	141	99	95	6,992

Table 4. Percentage of Students Who Used ATODs During Their Lifetime

In your lifetime, on how many occasions (if any) have you… (One or more occasions)		Grade 6				Grade 8				Grade 10				Grade 12			
		Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	12.6	9.9	9.8	6.9	25.0	30.0	20.4	18.7	43.7	33.4	40.0	29.9	44.9	48.7	47.6	36.9
Cigarettes	smoked cigarettes?	9.4	8.3	9.1	3.7	15.6	19.4	14.2	10.2	30.3	24.1	20.5	17.0	30.8	34.8	26.2	21.3
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	4.0	1.9	5.3	1.4	8.5	7.4	5.9	2.8	17.0	14.0	13.1	5.8	13.4	23.0	18.8	8.3
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	2.6	1.4	1.4	1.0	7.9	8.2	5.3	6.8	16.3	10.8	12.0	15.5	16.4	18.5	17.3	20.4
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	11.6	7.9	8.6	5.5	12.7	11.5	7.5	8.9	14.9	8.8	10.2	8.2	10.4	10.9	9.1	7.4
Hallucinogens	used LSD or other hallucinogens?	0.9	0.0	0.8	0.3	2.4	3.2	2.6	1.5	1.8	1.0	3.4	4.5	2.5	1.4	4.3	5.0
Cocaine	used cocaine or crack?	0.4	0.0	1.0	0.4	0.5	1.4	1.8	1.2	1.5	2.0	2.8	2.4	1.7	4.2	1.5	3.2
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.8 *	0.0	0.2	0.3	2.9 *	2.0	1.3	0.9	3.8 *	0.9	1.1	1.5	0.7 *	2.3	1.5	1.9
Other Stimulants	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?		0.4	0.4	0.4		1.7	1.3	1.5		2.5	1.7	3.7		3.1	3.4	4.7
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	2.2	2.7	2.2	1.9	5.7	7.5	4.5	5.0	9.6	7.4	6.0	8.4	8.9	7.6	9.7	9.6
Heroin or Other Opiates	used heroin or other opiates?	0.4	0.0	0.4	0.2	0.3	0.6	2.2	0.7	0.8	0.9	1.0	1.3	1.7	1.4	0.0	2.0
Narcotic Prescription Drugs	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	0.0	1.5	0.4	n/a	3.9	3.7	2.4	n/a	6.0	3.2	6.3	n/a	7.3	12.0	9.3

* In 2005, Methamphetamines were not measured separately from other stimulants.

Data Tables

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days

In the past 30 days, on how many occasions (if any) have you... (One or more occasions)		Grade 6				Grade 8				Grade 10				Grade 12			
		Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	3.9	2.3	3.0	1.3	10.6	12.7	7.2	6.6	19.8	15.1	20.9	12.9	24.8	18.2	24.1	17.1
Cigarettes	smoked cigarettes?	3.0	1.4	2.3	0.7	5.3	5.2	5.2	2.8	8.5	8.2	5.5	5.8	15.8	11.8	7.6	8.3
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	0.6	0.0	2.1	0.5	3.8	2.2	3.7	1.3	6.9	6.8	6.9	2.9	5.4	12.4	7.0	3.7
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	1.2	0.0	0.4	0.4	4.7	2.9	3.1	3.2	4.8	5.2	3.5	7.4	4.2	3.6	5.3	8.0
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	4.2	1.7	3.5	1.9	5.3	4.4	1.4	3.0	6.5	0.4	1.2	1.9	1.1	1.7	1.0	1.1
Hallucinogens	used LSD or other hallucinogens?	0.4	0.0	0.2	0.1	1.3	1.5	1.5	0.6	0.3	0.0	0.0	1.3	0.0	0.0	1.9	1.2
Cocaine	used cocaine or crack?	0.0	0.0	0.0	0.2	0.0	1.1	0.9	0.5	0.0	0.5	0.0	0.7	0.8	0.0	1.0	0.8
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0 *	0.0	0.0	0.1	1.9 *	0.6	0.0	0.2	1.3 *	0.0	0.0	0.5	0.8 *	0.0	0.0	0.3
Other Stimulants	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?		0.4	0.0	0.2		1.2	0.5	0.7		1.6	0.0	1.2		0.8	1.0	1.7
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	1.3	0.3	0.2	0.6	3.9	3.5	1.1	2.1	3.3	3.6	1.8	3.3	4.6	3.1	2.9	3.4
Heroin or Other Opiates	used heroin or other opiates?	0.0	0.0	0.0	0.1	0.3	0.3	1.5	0.3	0.0	0.0	0.0	0.4	0.8	0.0	0.0	0.5
Narcotic Prescription Drugs	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	0.0	0.0	0.1	n/a	1.5	0.9	0.7	n/a	3.2	1.5	2.0	n/a	1.7	2.9	3.3
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.0	0.4	0.0	0.1	0.3	0.8	1.0	0.8	0.0	1.5	1.1	1.9	0.0	0.0	1.0	2.2
Steroids	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	0.3	0.8	0.4	n/a	1.2	0.0	0.7	n/a	0.0	0.0	0.6	n/a	0.8	3.4	0.8

* In 2005, Methamphetamines were not measured separately from other stimulants.

Data Tables

Table 6. Percentage of Students With Problem ATOD Use and Treatment Needs

		Grade 6				Grade 8				Grade 10				Grade 12			
		Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Problem Use																	
Binge Drinking*	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	3.8	1.0	2.5	1.6	7.8	8.2	5.4	4.3	11.7	10.8	11.8	7.8	15.8	9.4	16.5	11.2
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.0	0.4	0.5	0.1	1.0	0.6	0.5	0.2	1.4	1.6	1.1	0.8	2.9	2.5	1.9	1.1
Alcohol and Driving																	
Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?	n/a	1.8	0.8	0.4	n/a	3.2	4.0	0.8	n/a	5.1	2.8	1.2	n/a	7.5	4.8	4.3
Riding with a Drinking Driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	n/a	9.6	12.3	9.2	n/a	16.0	15.7	12.4	n/a	9.9	16.1	13.0	n/a	8.5	11.1	12.5
Treatment Needs																	
Needs Alcohol Treatment	Answered "Yes" to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	0.5	0.0	0.7	0.2	3.7	4.9	1.0	1.5	10.9	6.6	2.4	4.6	7.7	8.2	6.7	6.4
Needs Drug Treatment	Answered "Yes" to at least 3 drug treatment questions and has used any drug on 10 or more occasions	1.1	0.0	0.3	0.2	2.6	1.9	0.3	1.3	6.3	1.6	0.6	4.2	7.4	2.3	3.6	5.2
Alcohol or Drug Treatment	Needs alcohol, drug or alcohol AND drug treatment as per criteria above	1.3	0.0	1.1	0.3	5.8	5.5	1.5	2.4	12.9	8.1	3.3	7.2	12.0	8.3	8.6	9.0

* Since not all students answer all questions, the percentage of students reporting binge drinking may be greater than the percentage reporting 30-day alcohol use.

Data Tables

Table 7. Percentage of Students With Antisocial Behavior

How many times in the past year (12 months) have you: (One or more times)	Grade 6				Grade 8				Grade 10				Grade 12			
	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Been Drunk or High at School	3.2	1.4	2.7	1.6	7.7	8.9	6.8	5.3	11.8	10.2	11.7	10.2	10.9	10.4	10.2	12.2
Been Suspended from School	14.6	8.5	11.2	6.2	14.9	15.7	10.2	10.5	7.8	7.6	12.4	9.0	8.4	2.2	4.2	5.6
Sold Illegal Drugs	0.2	0.4	1.3	0.3	0.7	2.3	2.6	1.6	2.7	1.0	2.1	4.5	2.4	0.8	4.4	5.7
Stolen or Tried to Steal a Motor Vehicle	1.5	1.0	0.7	1.0	2.3	2.8	2.3	1.6	2.8	1.6	2.1	2.5	3.0	0.8	0.6	1.7
Been Arrested	2.9	2.3	1.3	1.5	4.5	5.4	1.5	3.6	3.8	4.1	4.8	5.0	3.7	4.7	4.4	5.6
Attacked Someone with the Idea of Seriously Hurting Them	7.1	8.1	9.1	7.3	7.5	11.0	10.2	9.8	9.5	8.8	7.6	9.3	5.9	5.0	6.7	8.0
Carried a Handgun	12.2	3.7	6.7	4.4	8.7	4.1	8.4	4.7	8.0	6.8	7.6	5.1	6.0	7.2	11.9	5.0
Carried a Handgun to School	0.2	0.0	0.5	0.5	0.4	0.3	0.2	0.4	1.1	1.0	0.0	0.8	0.8	0.8	0.3	0.8

Table 8. Sources and Places of Alcohol Use*

Sources of Obtaining Alcohol: If you drank alcohol (not just a sip or taste) in the past year, how did you get it?	Grade 6		Grade 8		Grade 10		Grade 12	
	Region 2009	State 2009	Region 2009	State 2009	Region 2009	State 2009	Region 2009	State 2009
*Sample size***	*61*	*1,202*	*55*	*2,079*	*69*	*2,712*	*45*	*2,581*
I bought it myself from a store	4.9	4.2	5.5	3.2	7.2	3.8	6.7	11.1
I got it at a party	37.7	40.4	49.1	54.4	63.8	69.6	75.6	80.6
I gave someone else money to buy it for me	14.8	10.1	21.8	20.5	29.0	37.2	46.7	56.2
I got it from someone I know age 21 or older	45.9	34.9	49.1	47.4	59.4	59.9	64.4	72.1
I got it from someone I know under age 21	24.6	22.0	38.2	39.6	50.7	52.6	40.0	54.2
I got it from a family member or relative other than my parents	37.7	39.4	41.8	41.5	49.3	38.1	40.0	39.0
I got it from home with my parents' permission	37.7	34.5	29.1	27.7	31.9	27.1	31.1	25.8
I got it from home without my parents' permission	27.9	27.0	52.7	39.8	26.1	37.2	28.9	28.1
I got it another way	23.0	30.0	27.3	29.2	30.4	25.9	15.6	22.3
Places Where Alcohol is Used: During the past year, did you drink alcohol at any of the following places?	Grade 6		Grade 8		Grade 10		Grade 12	
	Region 2009	State 2009	Region 2009	State 2009	Region 2009	State 2009	Region 2009	State 2009
*Sample size***	*55*	*1,205*	*56*	*2,071*	*66*	*2,672*	*42*	*2,515*
At my home or someone else's home without any parent permission	41.8	36.5	55.4	58.5	60.6	66.1	66.7	69.7
At my home with my parent's permission	52.7	43.5	44.6	34.2	37.9	32.7	31.0	31.9
At someone else's home with their parent's permission	20.0	17.1	19.6	23.6	28.8	34.4	35.7	42.3
At an open area like a park, beach, back road, or a street corner	32.7	18.8	32.1	27.1	30.3	35.3	40.5	43.1
At public events such as a sporting event, festival, or concert	18.2	13.9	17.9	16.4	25.8	24.3	33.3	34.2
At a restaurant, bar, or a nightclub	7.3	7.8	14.3	10.7	6.1	12.8	9.5	20.7
In a car	20.0	11.7	28.6	23.8	39.4	34.5	31.0	40.5
In some other place	27.3	34.8	35.7	35.3	40.9	35.7	38.1	36.1

* Sources of alcohol and places of alcohol use data were not gathered prior to 2009.

** Sample size represents the number of youth who chose at least one source of obtaining alcohol or at least one place of alcohol consumption. Students who indicated they had not drank alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Data Tables

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Community Domain																
Low Neighborhood Attachment	42.0	44.2	47.2	37.3	33.1	34.6	28.5	29.5	37.3	35.4	39.4	32.2	34.7	38.7	32.9	37.7
Laws & Norms Favor Drug Use	35.7	38.6	38.4	26.5	31.5	34.8	30.3	24.0	26.3	21.3	25.8	17.9	28.1	34.0	38.2	23.3
Perceived Availability of Drugs	33.6	38.2	34.4	30.4	23.1	29.7	29.6	26.2	32.8	31.3	20.3	30.0	34.0	33.8	34.2	32.6
Perceived Availability of Handguns	32.9	36.9	37.2	22.4	42.3	53.3	48.4	34.5	40.5	55.2	35.2	22.6	42.1	45.4	39.0	27.8
Family Domain																
Poor Family Management	49.4	41.5	46.4	37.5	31.7	35.9	33.1	31.7	27.4	25.2	34.7	28.4	26.3	24.4	31.7	31.3
Family Conflict	41.5	41.5	44.9	38.0	28.7	37.6	23.9	31.0	33.6	32.4	30.5	35.0	35.5	28.3	21.1	30.8
Family History of Antisocial Behavior	31.9	36.8	41.2	29.8	27.7	31.6	31.8	24.1	33.0	29.7	31.6	26.5	30.4	33.3	29.7	29.6
Parental Attitudes Favorable to ASB	25.9	28.5	35.7	25.8	42.9	38.9	35.9	36.9	49.0	40.9	41.8	42.8	35.4	34.6	38.0	42.6
Parental Attitudes Favorable to Drug Use	7.9	10.4	10.8	7.1	16.9	19.0	14.9	14.1	23.6	22.1	28.7	20.8	17.5	16.0	23.0	18.9
School Domain																
Academic Failure	27.2	26.5	24.4	31.9	33.8	38.3	30.8	34.4	45.4	39.0	28.9	33.5	38.7	37.2	31.4	35.1
Low Commitment to School	43.8	42.1	46.0	38.7	37.6	38.5	43.2	41.0	35.5	33.1	29.0	37.0	26.4	27.5	35.3	36.6
Peer-Individual Domain																
Rebelliousness	36.8	31.4	32.8	21.3	29.9	32.6	25.8	27.1	42.8	30.3	36.7	35.1	42.4	30.2	36.5	34.2
Early Initiation of ASB	29.3	17.3	24.9	17.6	30.9	29.8	23.8	24.6	34.7	34.5	34.6	28.6	35.9	33.2	36.8	28.8
Early Initiation of Drug Use	19.2	16.1	20.4	13.4	24.2	28.3	19.6	18.7	25.8	22.3	19.5	18.1	27.2	29.4	25.1	19.5
Attitudes Favorable to ASB	31.2	34.0	36.4	28.8	25.6	31.3	29.8	26.6	39.5	29.1	33.6	36.5	38.7	40.3	39.8	39.6
Attitudes Favorable to Drug Use	13.8	12.8	13.5	9.4	18.9	26.7	19.7	18.3	24.6	21.1	20.9	23.9	22.1	23.1	23.7	24.4
Perceived Risk of Drug Use	44.6	36.4	38.0	33.1	25.0	28.0	19.3	24.2	27.9	23.4	34.1	30.4	21.3	19.7	19.8	27.5
Interaction with Antisocial Peers	43.5	32.4	39.5	28.9	25.6	28.0	27.3	25.7	29.0	27.6	26.6	25.6	33.5	30.0	24.0	26.2
Friend's Use of Drugs	21.2	17.6	17.1	11.8	25.6	33.2	28.9	23.5	30.9	24.8	19.5	21.5	17.9	18.7	20.2	20.4
Rewards for ASB	23.5	18.8	27.9	19.8	20.8	28.9	27.2	25.2	25.6	24.4	32.2	30.1	22.8	22.4	35.2	31.6
Depressive Symptoms	35.3	34.4	39.0	32.0	31.8	40.1	34.5	35.5	38.3	38.2	33.4	38.0	33.9	37.7	26.9	34.3
Gang Involvement	8.0	4.9	5.8	3.7	5.8	5.9	3.9	5.5	3.3	3.8	7.8	5.2	3.3	3.9	2.9	4.6
Intentions to Use Drugs	21.7	23.0	26.4	21.8	16.4	21.1	17.9	13.8	20.1	15.1	18.9	19.0	19.3	25.6	27.5	21.8

Data Tables

Table 10. Percentage of Students Reporting Protection

Protective Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Community Domain																
Rewards for Prosocial Involvement	57.4	57.0	52.4	60.3	68.5	62.1	63.9	64.4	65.9	66.4	63.8	65.1	71.8	64.0	77.3	64.6
Family Domain																
Family Attachment	62.5	60.8	62.6	67.7	62.0	58.6	62.1	66.7	66.8	68.2	70.3	69.1	69.6	68.0	68.5	72.1
Opportunities for Prosocial Involvement	66.4	61.4	62.1	69.0	73.0	67.6	69.8	69.5	65.1	64.7	62.2	66.0	67.5	68.6	64.4	70.1
Rewards for Prosocial Involvement	60.6	58.1	60.0	63.0	58.4	51.2	52.8	55.5	64.0	67.5	60.2	61.2	62.3	74.0	58.5	62.8
School Domain																
Opportunities for Prosocial Involvement	56.2	51.8	50.4	52.7	60.1	68.7	60.9	66.7	69.6	75.9	76.1	72.7	83.4	71.6	80.0	73.3
Rewards for Prosocial Involvement	59.1	63.6	53.7	64.3	52.9	46.9	54.6	56.2	67.1	75.1	73.1	68.4	63.3	62.9	50.2	56.2
Peer-Individual Domain																
Religiosity	52.5	55.8	57.6	59.1	63.7	63.5	68.2	71.3	66.1	67.8	58.1	68.8	61.2	60.6	62.2	68.7
Belief in the Moral Order	68.8	71.9	58.8	70.2	80.1	71.2	70.6	73.1	67.1	72.8	59.2	63.0	74.9	63.7	57.9	62.0
Interaction with Prosocial Peers	53.9	60.6	58.5	61.6	64.6	62.3	61.4	67.4	72.4	70.5	71.8	71.4	68.2	70.0	67.1	70.0
Prosocial Involvement	56.2	66.1	55.9	56.8	61.3	60.3	57.6	59.3	58.0	60.4	62.0	61.3	59.4	63.2	59.6	61.7
Rewards for Prosocial Involvement	54.4	61.2	36.2	51.4	66.8	59.2	56.4	58.1	69.2	79.5	67.8	70.8	79.4	75.4	79.3	75.2

Data Tables

Table 11. Drug Free Communities Report (2009 Region data)

Outcome	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		Male†		Female†		Total††	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk* (People are at Moderate or Great Risk of harming themselves if they...)	drink 1 or two drinks nearly every day	Alcohol	70.9	211	83.8	119	76.4	88	81.3	45	75.1	222	81.2	238	78.1	463
	smoke 1 or more packs or cigarettes per day	Cigarettes	84.4	215	91.7	121	83.5	88	93.1	45	88.3	223	88.2	243	88.0	469
	smoke marijuana regularly	Marijuana	86.1	208	90.7	119	82.4	86	89.1	45	87.3	215	86.7	240	86.9	458
Perception of Parent Disapproval* (*Parents feel it would be Wrong* or *Very Wrong to...*)	drink beer, wine, or hard liquor regularly	Alcohol	97.0	499	94.8	276	89.6	181	85.0	94	92.1	486	92.1	555	91.8	1,050
	smoke cigarettes	Cigarettes	98.6	498	96.1	275	97.5	181	91.3	94	95.3	484	96.6	555	96.1	1,048
	smoke marijuana	Marijuana	99.2	494	98.5	276	96.4	181	96.6	94	96.7	482	98.6	554	97.7	1,045
Perception of Peer Disapproval* (*I think it is Wrong* or *Very Wrong for someone my age to...*)	drink beer, wine, or hard liquor regularly	Alcohol	95.5	492	87.8	276	80.3	181	66.4	94	81.7	479	84.5	555	83.0	1,043
	smoke cigarettes	Cigarettes	96.1	493	89.8	276	91.6	181	84.4	93	91.1	480	90.8	554	90.7	1,043
	smoke marijuana	Marijuana	97.4	491	92.1	276	91.3	181	91.7	93	92.1	478	94.1	554	93.1	1,041
Past 30-Day Use*	at least one use in the Past 30 Days	Alcohol	3.0	462	7.2	271	20.9	175	24.1	94	11.5	459	15.6	535	13.7	1,002
		Cigarettes	2.3	489	5.2	274	5.5	175	7.6	94	4.7	474	5.4	549	5.1	1,032
		Marijuana	0.4	461	3.1	269	3.5	176	5.3	94	2.9	459	3.2	532	3.0	1,000
Average Age of Onset**																
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
(How old were you when you first…)	had more than a sip or two of beer, wine or hard liquor?	Alcohol	17.9	496	26.8	276	45.0	180	55.3	94	26.8	482	29.2	555	28.3	1,046
		Average age:	10.6 years		11.9 years		13.5 years		14.5 years		13.3 years		13.0 years		13.2 years	
	smoked a cigarette, even just a puff?	Cigarettes	9.8	498	14.9	275	22.2	180	27.7	94	14.9	483	14.6	555	14.9	1,047
		Average age:	10.5 years		11.5 years		12.3 years		12.7 years		12.0 years		12.1 years		12.0 years	
	smoked marijuana?	Marijuana	2.4	498	6.9	275	10.5	181	18.1	94	6.0	482	6.6	557	6.4	1,048
		Average age:	10.4 years		11.9 years		12.8 years		15.1 years		13.3 years		13.5 years		13.4 years	

* For Past 30-Day Use, Perception of Risk, and Perception of Parental/Peer Disapproval, the "Sample" column represents the sample size - the number of people who answered the question and whose responses were used to determine the percentage. The "Percent" column represents the percentage of youth in the sample answering the question as specified in the definition.

** For Average Age of Onset, the "Sample" column represents the overall sample size: the total number of people that responded to the questions about Age of Onset. This includes responses that are not used to calculate the average age of onset (i.e., youth that have never used alcohol, tobacco, and marijuana). The "Percent" column represents the percentage of youth in the sample reporting any age of first use for the specified substance. "Average age" is calculated by averaging the ages of first use of students reporting any use.

† The male and female values allow a gender comparison for youth who completed the survey. However, unless the percentage of students who participated from each grade is similar, the gender results are not necessarily representative of males and females in the community.

†† The "Total" column represents responses from students in all grades surveyed. (In order to report individual grades accurately, the grade must have a minimum of twenty students reporting data. The "Total" sample may contain additional data from grades that did not make the sample cutoff, and so may exceed the sum of the individual grade columns displayed.)

Data Tables

Table 12. Additional Data for Prevention Planning

		Grade 6				Grade 8				Grade 10				Grade 12			
		Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009	Region 2005	Region 2007	Region 2009	State 2009
Safety																	
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to school?	One Or More Days	n/a	9.1	8.6	6.9	n/a	9.7	10.9	8.1	n/a	7.1	5.9	6.7	n/a	6.8	4.3	4.9
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More Than Once	n/a	21.1	23.1	22.2	n/a	21.8	24.7	18.1	n/a	7.5	10.9	11.2	n/a	6.9	3.4	6.4
Discipline																	
My teachers maintain good discipline in the classroom.	Strongly Agree or Agree	n/a	92.3	88.6	92.7	n/a	87.5	81.7	87.5	n/a	88.6	81.8	87.0	n/a	93.4	85.7	88.6
The principle and assistant principal maintain good discipline at my school.	Strongly Agree or Agree	n/a	88.7	85.0	90.1	n/a	88.2	89.3	86.9	n/a	83.0	81.0	85.8	n/a	82.6	81.9	84.9
Perceived vs. Actual ATOD Use*																	
Smoke Cigarettes every day	Perceived Use	6.5	5.4	6.2	2.6	19.7	16.0	20.9	14.5	27.5	24.0	28.8	23.5	30.1	25.8	24.8	23.4
	Actual Use	0.8	0.4	0.8	0.2	2.5	2.8	3.7	0.8	3.3	3.2	2.2	2.6	7.8	6.8	4.8	3.7
Drank Alcohol in past 30 days	Perceived Use	7.0	7.2	8.2	3.9	24.1	24.6	27.7	20.7	42.6	38.2	39.3	34.9	41.1	45.2	38.5	38.5
	Actual Use	3.9	2.3	3.0	1.3	10.6	12.7	7.2	6.6	19.8	15.1	20.9	12.9	24.8	18.2	24.1	17.1
Used Marijuana in past 30 days	Perceived Use	3.5	2.9	3.6	1.5	13.4	11.8	16.6	14.6	20.6	16.3	22.7	25.7	22.5	20.3	22.8	27.4
	Actual Use	1.2	0.0	0.4	0.4	4.7	2.9	3.1	3.2	4.8	5.2	3.5	7.4	4.2	3.6	5.3	8.0

Substance Use & Perceived Parental Acceptability

Table 13. State-level Alcohol Use in Relation to Perceived Parental Acceptability

How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor regularly?	Has Used Alcohol At Least Once in Lifetime	Has Used Alcohol At Least Once in Past 30 Days
Very Wrong	14.5	5.3
Wrong	65.7	31.9
A Little Bit Wrong	82.7	51.8
Not Wrong At All	87.9	63.0

Table 14. State-level Marijuana Use in Relation to Perceived Parental Acceptability

How wrong do your parents feel it would be for you to smoke marijuana?	Has Used Marijuana At Least Once in Lifetime	Has Used Marijuana At Least Once in Past 30 Days
Very Wrong	7.7	2.8
Wrong	47.7	23.8
A Little Bit Wrong	73.7	48.3
Not Wrong At All	69.0	54.1

Table 15. State-level Cigarette Use in Relation to Perceived Parental Acceptability

How wrong do your parents feel it would be for you to smoke cigarettes?	Has Used Cigarettes At Least Once in Lifetime	Has Used Cigarettes At Least Once in Past 30 Days
Very Wrong	9.7	2.6
Wrong	43.6	18.7
A Little Bit Wrong	70.6	39.8
Not Wrong At All	69.3	54.7

Even a Small Amount of Perceived Parental Acceptability Can Lead to Substance Use

When parents have favorable attitudes toward drugs, they influence the attitudes and behavior of their children. For example, parental approval of moderate drinking, even under parental supervision, substantially increases the risk of the young person using alcohol. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug users in adolescence.

In the Utah PNA Survey, students were asked how wrong their parents felt it was to use alcohol, marijuana, or cigarettes. The tables above display lifetime and past 30 days use rates in relation to parents' acceptance of alcohol, marijuana, or cigarette use.

As can be seen in Table 13, relatively few students (14.5% lifetime, 5.3% 30-day) use alcohol when their parents think it is "Very Wrong" to use it. In contrast, when a student believes that their parents agree with use somewhat (i.e. the parent only believes that it is "Wrong," not "Very Wrong"), alcohol use increases to 65.7% for lifetime use and 31.9% for 30-day use. Similar findings regarding marijuana and cigarette use can be viewed in Tables 14 and 15.

Tables 13-15 illustrate how even a small amount of perceived parental acceptability can lead to substance use. These results make a strong argument for the importance of parents having strong and clear standards and rules when it comes to ATOD use.

Contacts for Prevention

National Contacts

National Institute on Alcohol Abuse and Alcoholism
http://www.niaaa.nih.gov

National Clearinghouse for Alcohol & Drug Information
http://ncadi.samhsa.gov/

The National Institute on Drug Abuse (NIDA) Drugs of Abuse Information Clearinghouse
http://www.nida.nih.gov/DrugPages.html

Center for Substance Abuse Prevention
http://prevention.samhsa.gov/

Monitoring the Future
http://monitoringthefuture.org

National Survey on Drug Use and Health
http://www.oas.samhsa.gov/nsduh.htm

State Contacts

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