UTAH PREVENTION

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

Student Health And Risk Prevention

2011 Prevention Needs Assessment Survey Results

Report Prepared By:
Bach Harrison, LLC
116 South 500 East
Salt Lake City,
Utah 84102
Phone: 801-359-2064

Bear River District

DSAMH Region Profile Report

Table of Contents

- Introduction
- The Charts and Tables in this Report
- Data Charts:
  - *Lifetime and 30 Day ATOD Use*
  - *Problem Substance Use, Mental Health, and Antisocial Behavior*
  - *Places of Alcohol Use*
  - *Risk and Protective Factor Profiles*

- The Risk and Protective Factor Model of Prevention
- Building a Strategic Prevention Framework
- School and Community Improvement Using Survey Data
- Risk and Protective Factor Scale Definitions
- Data Tables
- Appendix
- Contacts for Prevention

Introduction

2011 Bear River District Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2011 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 39 school districts and 6 charter schools across Utah.

The results for your region are presented along with comparisons to 2007 and 2009 SHARP Survey results, where applicable. Results from administrations prior to 2007 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 adolescent problem behaviors.

Further, in keeping with the vision that prevention services are designed to have a positive impact on the lives of individuals, efforts have been made to ensure that the PNA survey also gathers data on issues such as mental health and suicide, gang involvement, academic issues, health and fitness, and other prevention-related topics.

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 survey respondents by gender and survey respondents 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, LLC. 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.

Table 1. Characteristics of Participants

Total Survey Respondents	Region 2007		Region 2009		Region 2011		State 2011	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	4,870	100	5,340	100	5,943	100	49,707	100
Survey Respondents by Grade								
6	1,770	36.3	1,843	34.5	1,895	31.9	15,587	31.4
8	1,598	32.8	1,626	30.4	1,702	28.6	13,437	27.0
10	836	17.2	1,065	19.9	1,265	21.3	11,360	22.9
12	666	13.7	806	15.1	1,081	18.2	9,323	18.8
Survey Respondents by Gender								
Male	2,267	47.2	2,524	47.8	2,807	47.4	24,063	48.6
Female	2,541	52.8	2,760	52.2	3,118	52.6	25,499	51.4
Survey Respondents by Ethnicity								
African American	48	1.0	48	0.9	54	0.9	743	1.5
Asian	57	1.2	46	0.9	72	1.2	855	1.7
Hispanic	439	8.9	356	6.8	457	7.8	5,619	11.5
American Indian	75	1.5	68	1.3	108	1.8	953	1.9
Pacific Islander	26	0.5	25	0.5	43	0.7	798	1.6
White	4,161	84.4	4,443	85.4	4,868	82.9	36,723	75.1
Multi-racial	122	2.5	217	4.2	271	4.6	3,220	6.6

The Charts and Tables in this Report

There are five types of charts presented in this report: 1) substance use charts, 2) problem use, mental health and antisocial behavior (ASB) charts, 3) places of alcohol consumption, 4) risk factor charts and 5) 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 2011 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: 2007, 2009, and 2011. 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** provide points of comparison to larger samples. 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.

  For the 2011 PNA Survey, there were 49,707 participants in grades 6, 8, 10, and 12, out of 76,338 sampled, a participation rate of 65.1%. The fact that over 49,000 students across the state participated in the PNA make the state dot a good estimate of the rates of ATOD use and levels of risk and protective factors of youth in Utah. The survey results provide considerable information for communities to use in planning prevention services.

  The diamonds represent national data from either the Monitoring the Future (MTF) survey or the Bach Harrison Norm. The Bach Harrison Norm was developed by Bach Harrison LLC 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 eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state and region 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 BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available.

  A comparison to state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other 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, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors your community should consider addressing when planning prevention programs.

Lifetime and 30-Day ATOD Use

- **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.

Problem Substance Use, Need for Treatment, and Antisocial Behavior

- **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 during **the past 30 days**.

- **The need for treatment** estimates the percentage of students in need of substance abuse and mental health treatment.

  Substance abuse treatment needs are estimates of youth in need of alcohol treatment, drug treatment and an estimate of 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 **drug or alcohol use in the past year**: 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, and 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.

  Needs Mental Health Treatment was estimated using the K6 Scale that was developed with support from the National Center for Health Statistics for use in the National Health Interview Survey. The tool screens for psychological distress by asking students "During **the past 30 days**, how often did you: 1) feel nervous? 2) feel hopeless? 3) feel restless or fidgety? 4) feel so depressed that nothing could cheer you up? 5) feel that everything was an effort? and 6) feel worthless?

  Answers were scored based on responses: *None of the time* (0 points), *A little of the time* (1 point), *Some of the time* (2 points), *Most of the time* (3 points), *All of the time* (4 points). Students with a score of 13 or more points were determined to be in need of mental health treatment.

  Youth considering suicide are also in need of mental health services. This section of the report also contains the percentage of students answering yes to the question, "During **the past 12 months**, did you ever seriously consider attempting suicide?"

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

Places of Alcohol Use

This chart presents the percentage of students who used alcohol in six specific places **during the past year**. The number of students answering the question is presented to assist in interpreting the results.

Risk and Protective Factors

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 alcohol, tobacco and marijuana:

- **Past 30-Day Use -** The percentage surveyed reporting 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

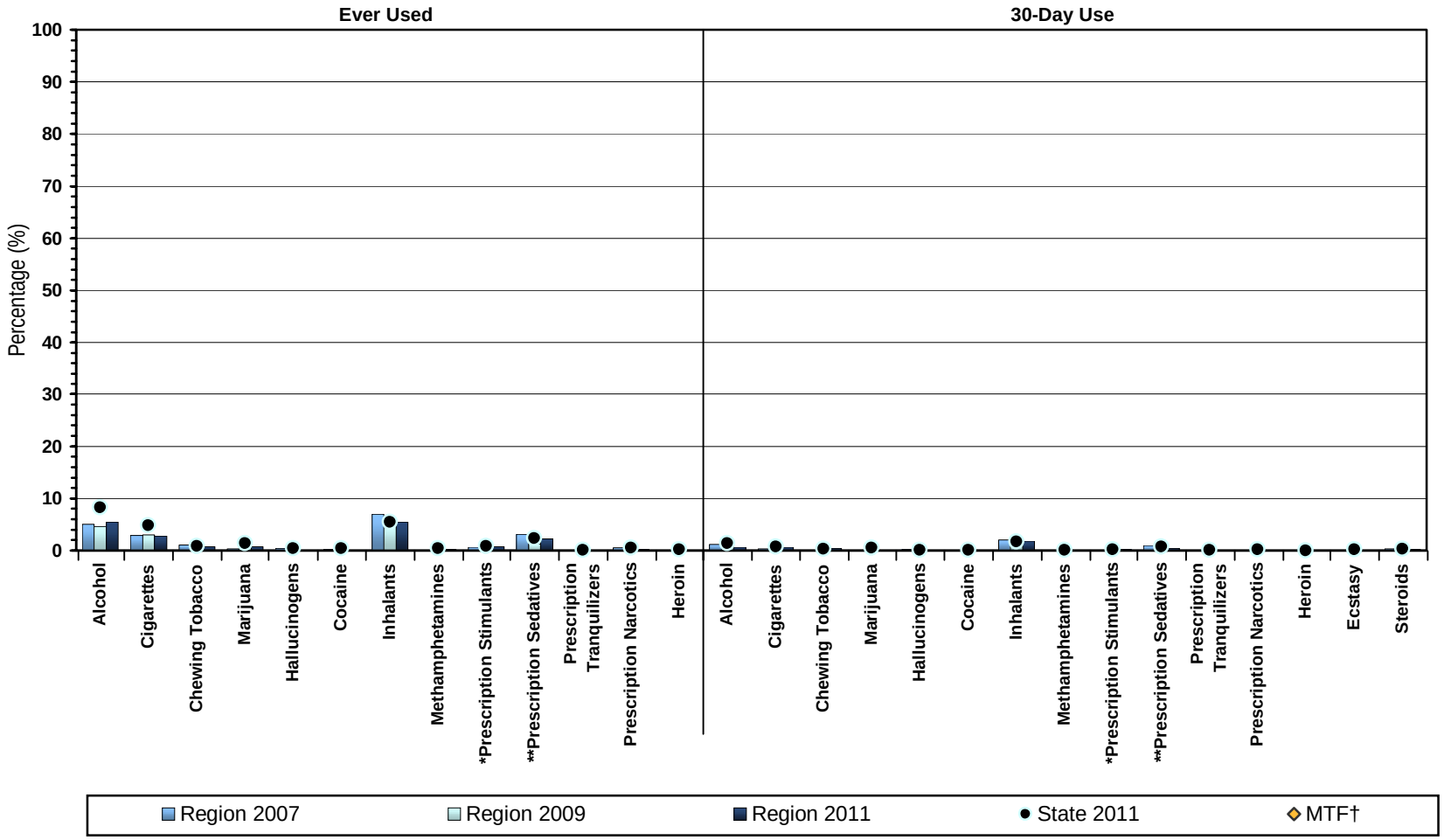
Table 12 contains information on student perceptions of school safety, bullying, classroom and school discipline, and student perception of ATOD use among their peers.

Perceived Parental Approval and 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

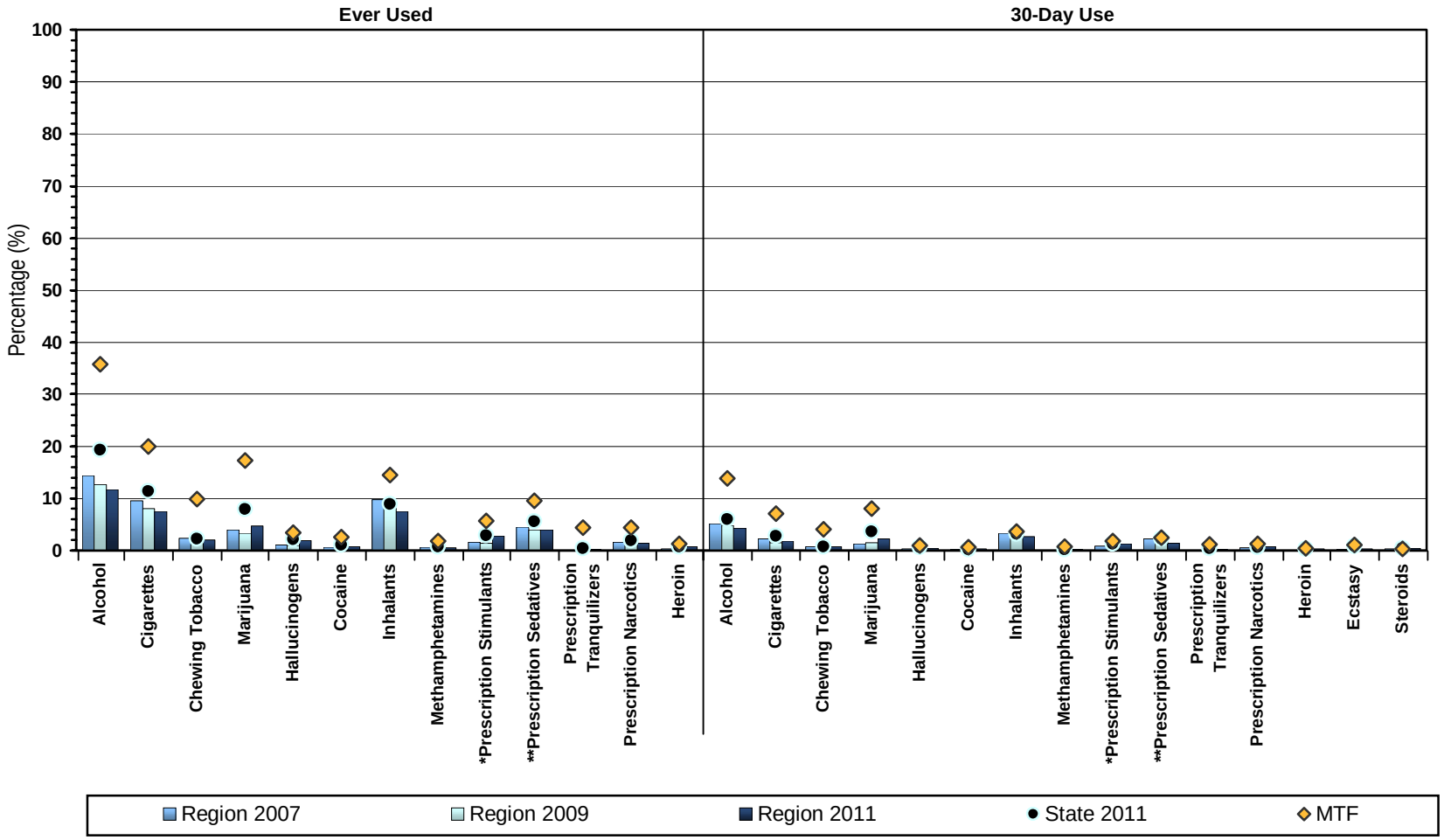
Lifetime and 30-Day ATOD Use
2011 Bear River District Student Survey, Grade 6



* Prescription Stimulants SHARP wording is not identical to MTF wording, but is roughly equivalent.
** The Sedatives question from previous surveys has been split into Prescription Tranquilizers and Prescription Sedatives for the 2011 SHARP PNA. (Consult the appendix for further explanation.)
† Monitoring the Future does not survey 6th grade students.

Substance Use and Antisocial Behavior

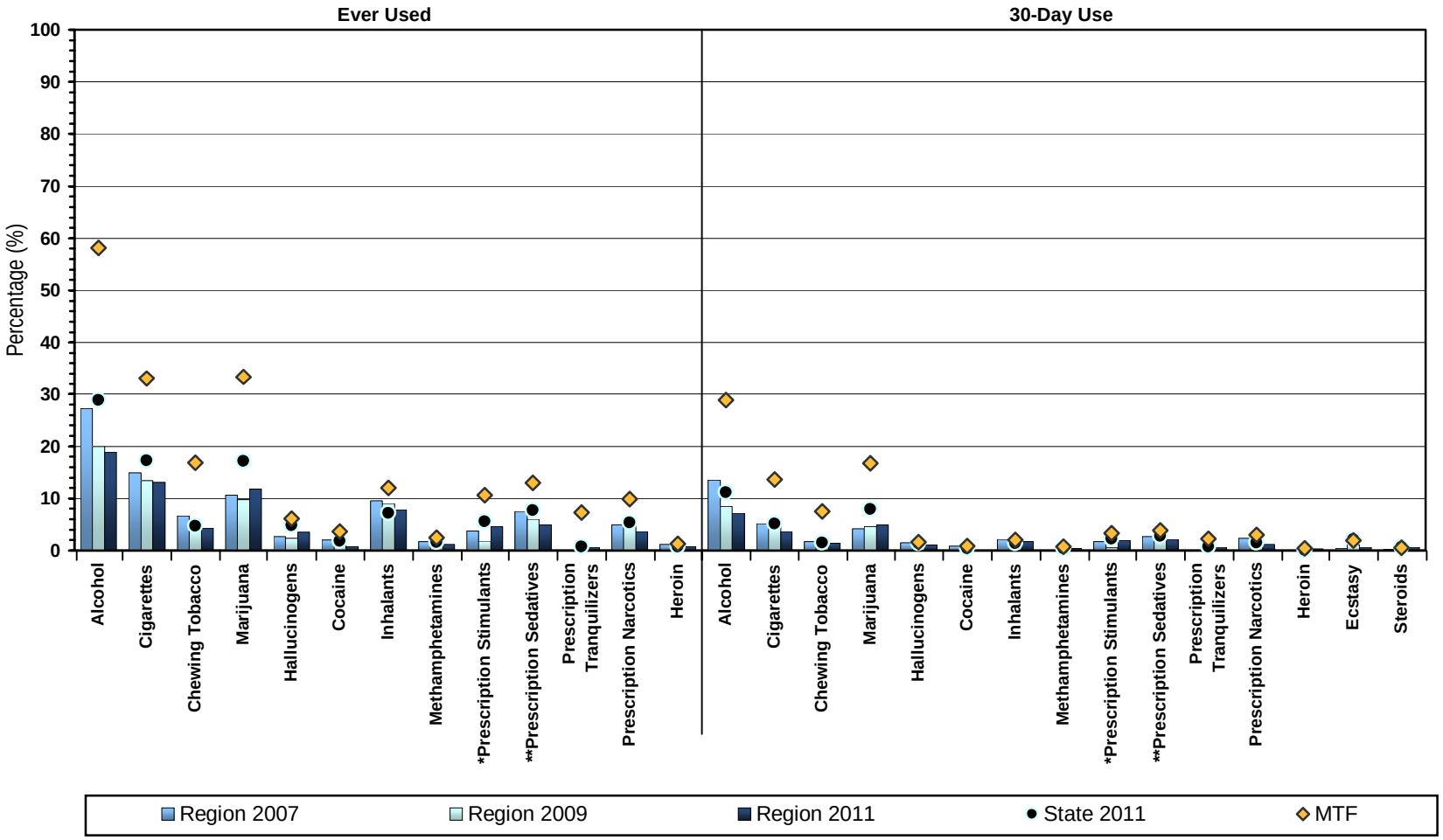
Lifetime and 30-Day ATOD Use
2011 Bear River District Student Survey, Grade 8



* Prescription Stimulants SHARP wording is not identical to MTF wording, but is roughly equivalent.
** The Sedatives question from previous surveys has been split into Prescription Tranquilizers and Prescription Sedatives for the 2011 SHARP PNA. (Consult the appendix for further explanation.)

Substance Use and Antisocial Behavior

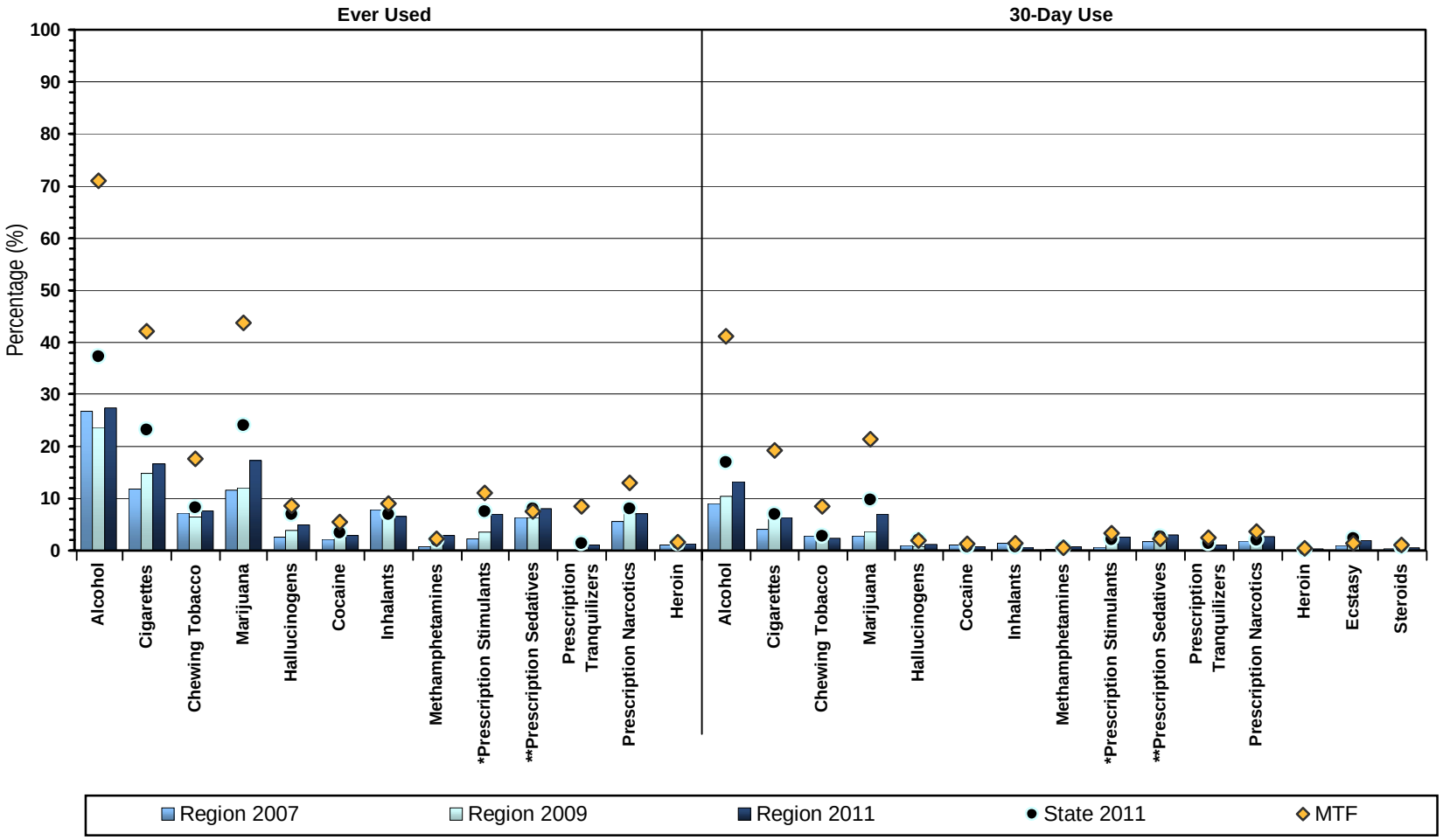
Lifetime and 30-Day ATOD Use
2011 Bear River District Student Survey, Grade 10



* Prescription Stimulants SHARP wording is not identical to MTF wording, but is roughly equivalent.
** The Sedatives question from previous surveys has been split into Prescription Tranquilizers and Prescription Sedatives for the 2011 SHARP PNA. (Consult the appendix for further explanation.)

Substance Use and Antisocial Behavior

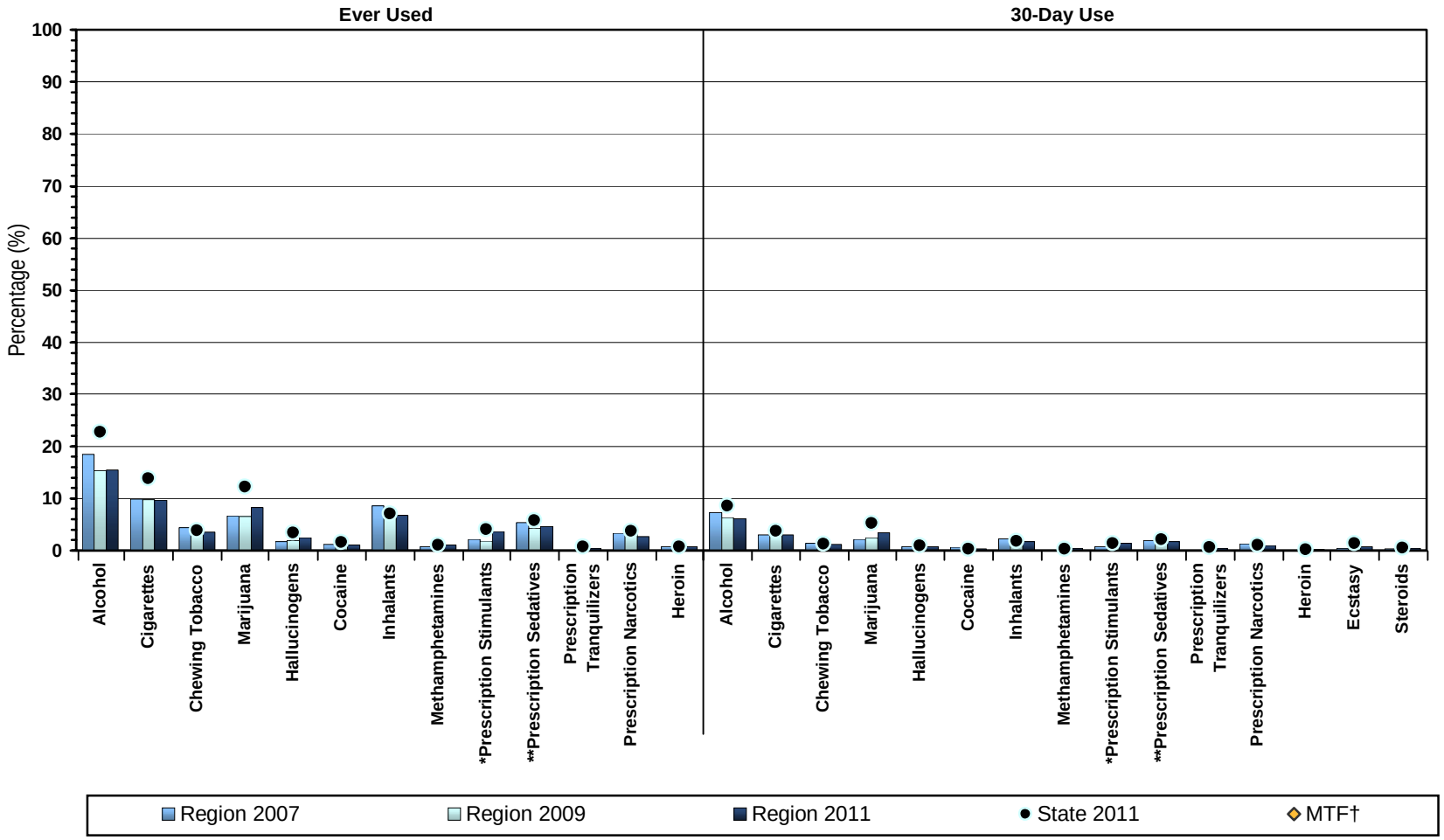
Lifetime and 30-Day ATOD Use
2011 Bear River District Student Survey, Grade 12



* Prescription Stimulants SHARP wording is not identical to MTF wording, but is roughly equivalent.
** The Sedatives question from previous surveys has been split into Prescription Tranquilizers and Prescription Sedatives for the 2011 SHARP PNA. (Consult the appendix for further explanation.)

Substance Use and Antisocial Behavior

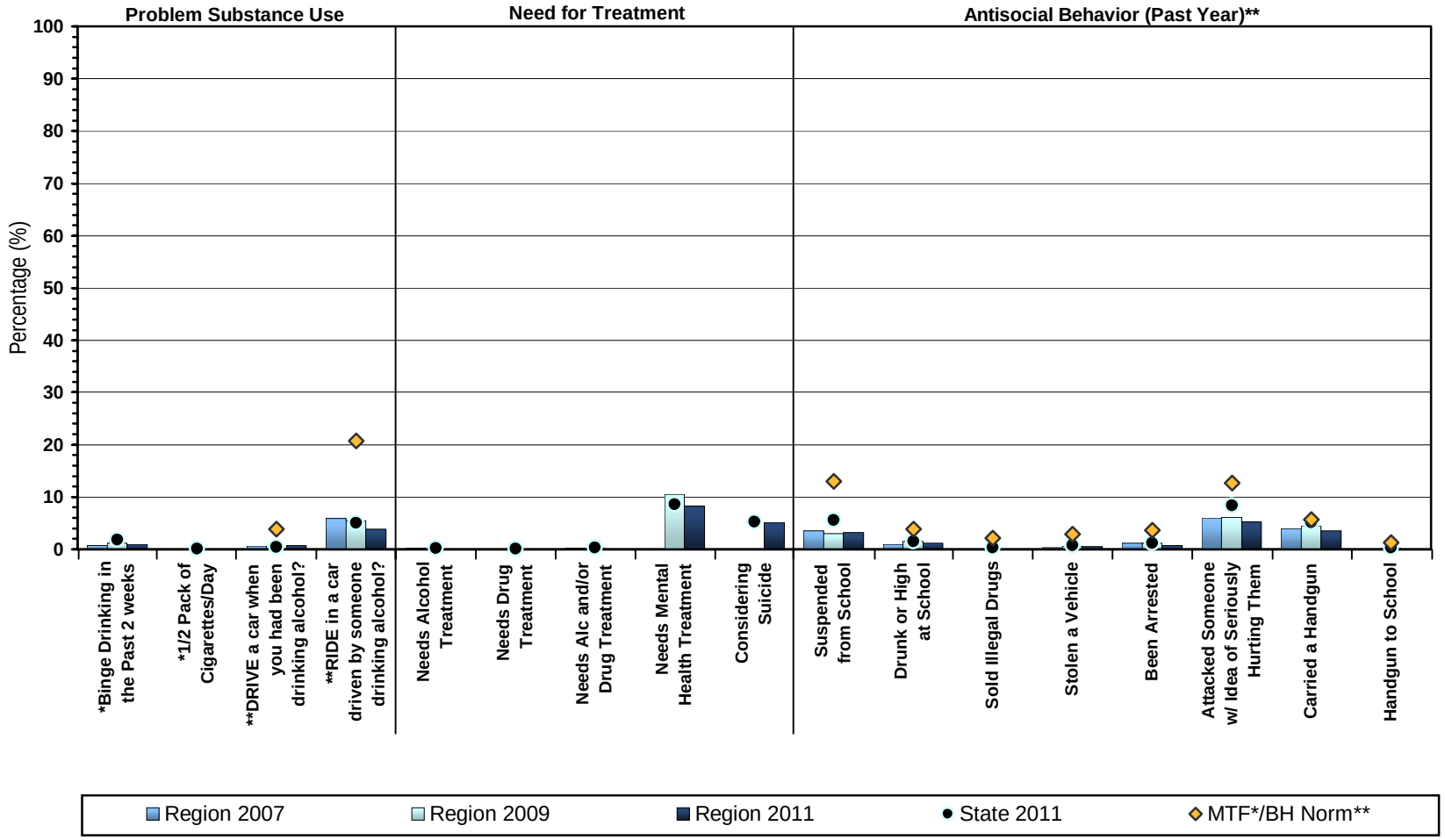
Lifetime and 30-Day ATOD Use
2011 Bear River District Student Survey, All Grades



* Prescription Stimulants SHARP wording is not identical to MTF wording, but is roughly equivalent.
** The Sedatives question from previous surveys has been split into Prescription Tranquilizers and Prescription Sedatives for the 2011 SHARP PNA. (Consult the appendix for further explanation.)
† 'All Grades' MTF data are not available.

Substance Use and Antisocial Behavior

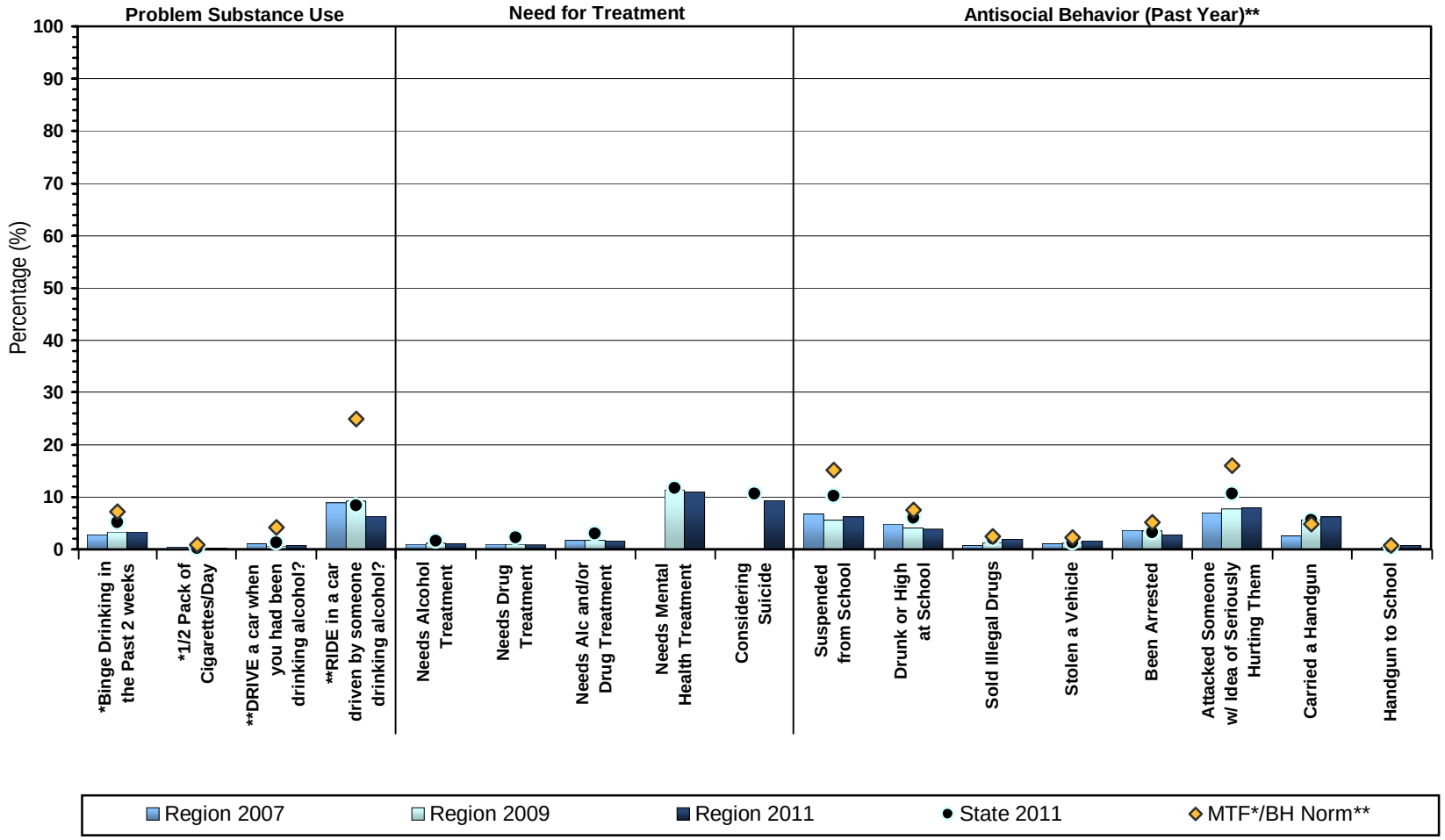
Problem Substance Use, Need For Treatment, and Antisocial Behavior
2011 Bear River District Student Survey, Grade 6



* 6th grade MTF data for Binge Drinking and 1/2 Pack Cigarettes/Day are unavailable.
** National comparison data for Driving While Drinking, Riding with a Drinking Driver, and Antisocial Behavior are Bach Harrison Norm values.
Please see Tables 6 and 7 for more information on the time frames for the values presented in this chart.

Substance Use and Antisocial Behavior

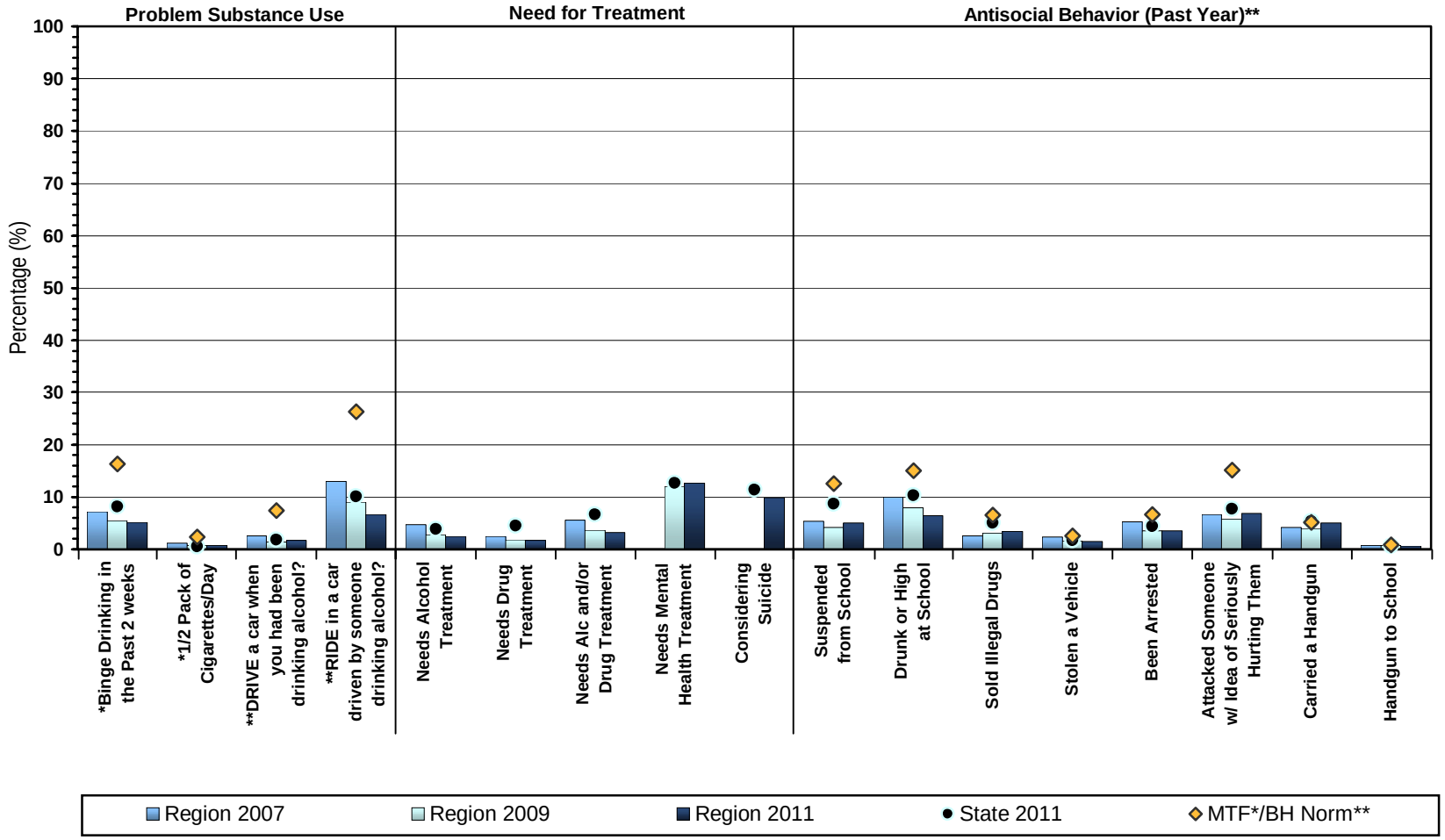
Problem Substance Use, Need For Treatment, and Antisocial Behavior
2011 Bear River District Student Survey, Grade 8



* National comparison data for Binge Drinking and 1/2 Pack Cigarettes/Day are Monitoring the Future values.
** National comparison data for Driving While Drinking, Riding with a Drinking Driver, and Antisocial Behavior are Bach Harrison Norm values.
Please see Tables 6 and 7 for more information on the time frames for the values presented in this chart.

Substance Use and Antisocial Behavior

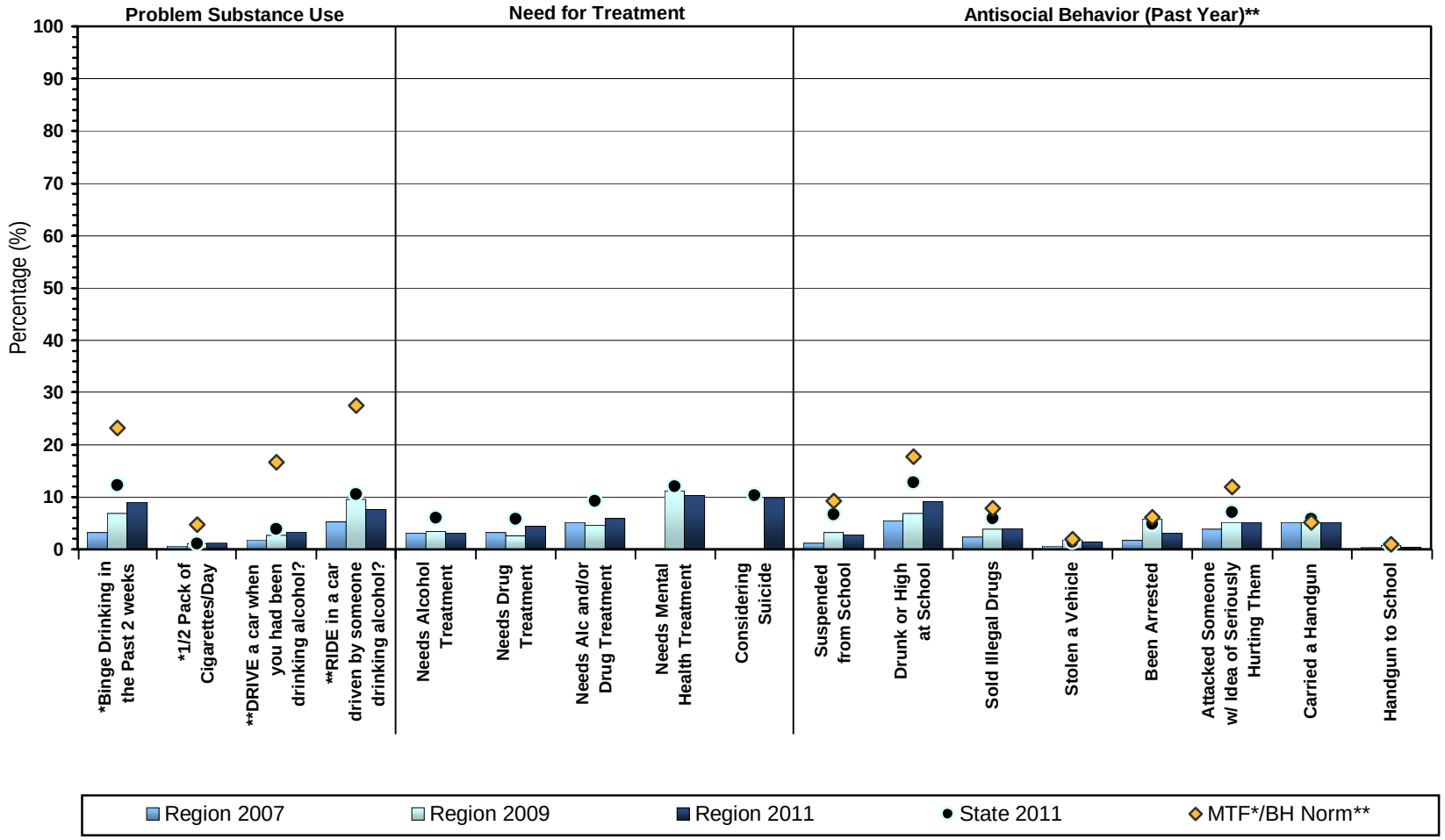
Problem Substance Use, Need For Treatment, and Antisocial Behavior
2011 Bear River District Student Survey, Grade 10



* National comparison data for Binge Drinking and 1/2 Pack Cigarettes/Day are Monitoring the Future values.
** National comparison data for Driving While Drinking, Riding with a Drinking Driver, and Antisocial Behavior are Bach Harrison Norm values.
Please see Tables 6 and 7 for more information on the time frames for the values presented in this chart.

Substance Use and Antisocial Behavior

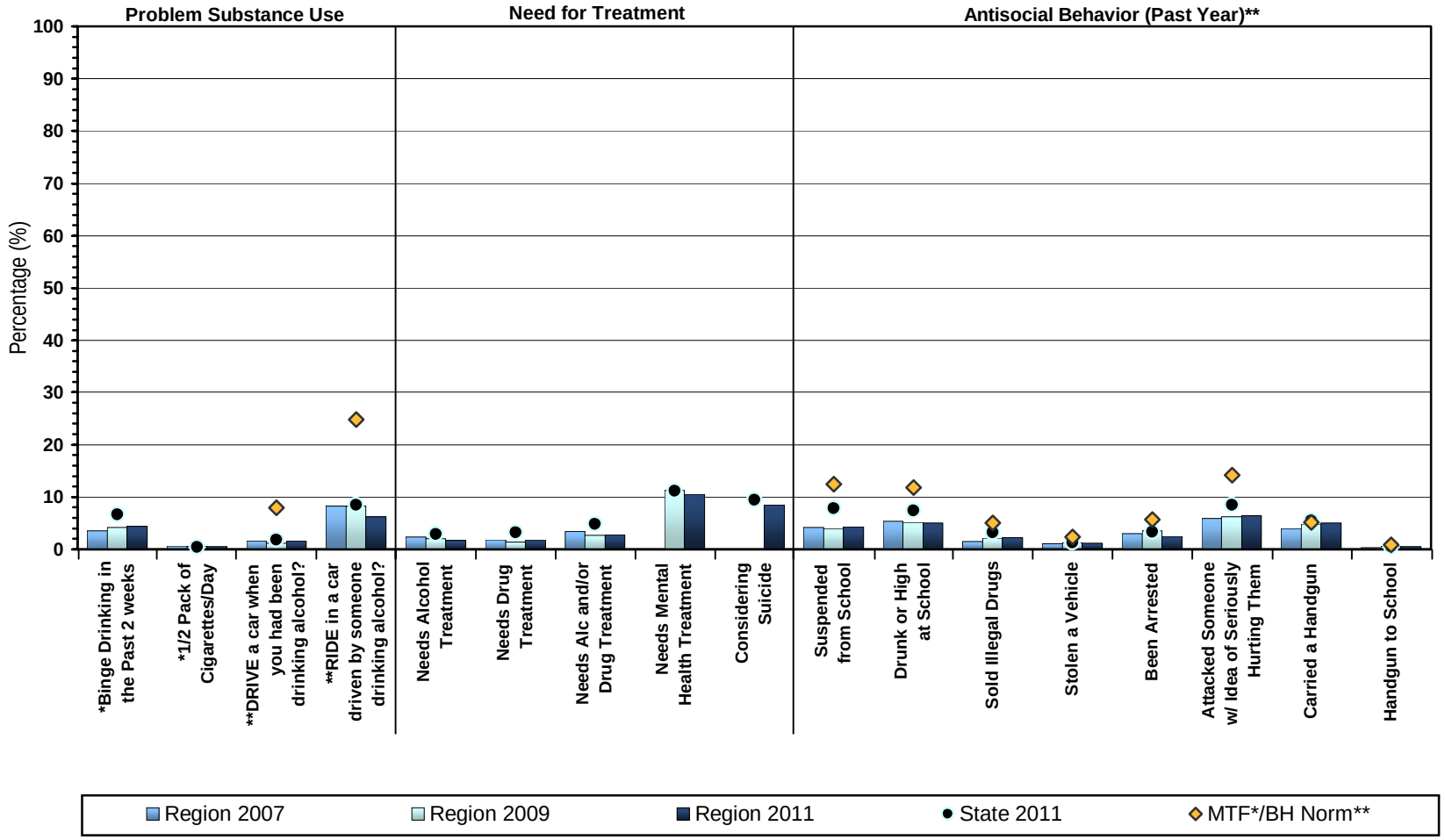
Problem Substance Use, Need For Treatment, and Antisocial Behavior
2011 Bear River District Student Survey, Grade 12



* National comparison data for Binge Drinking and 1/2 Pack Cigarettes/Day are Monitoring the Future values.
** National comparison data for Driving While Drinking, Riding with a Drinking Driver, and Antisocial Behavior are Bach Harrison Norm values.
Please see Tables 6 and 7 for more information on the time frames for the values presented in this chart.

Substance Use and Antisocial Behavior

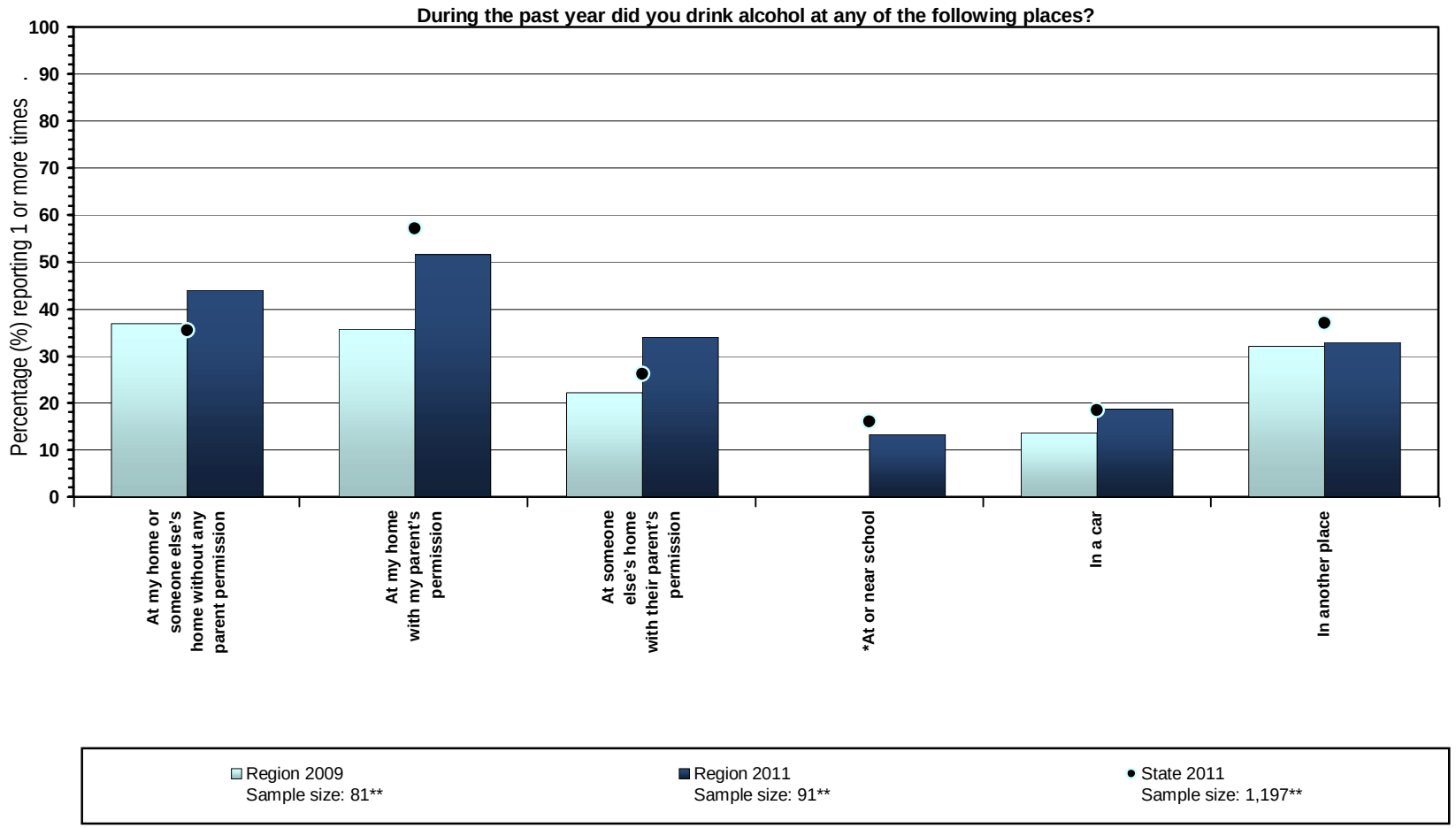
Problem Substance Use, Need For Treatment, and Antisocial Behavior
2011 Bear River District Student Survey, All Grades



* 'All Grades' MTF data for Binge Drinking and 1/2 Pack Cigarettes/Day are unavailable.
** National comparison data for Driving While Drinking, Riding with a Drinking Driver, and Antisocial Behavior are Bach Harrison Norm values.
Please see Tables 6 and 7 for more information on the time frames for the values presented in this chart.

Places of Alcohol Use

Places Of Alcohol Use
2011 Bear River District Student Survey, Grade 6

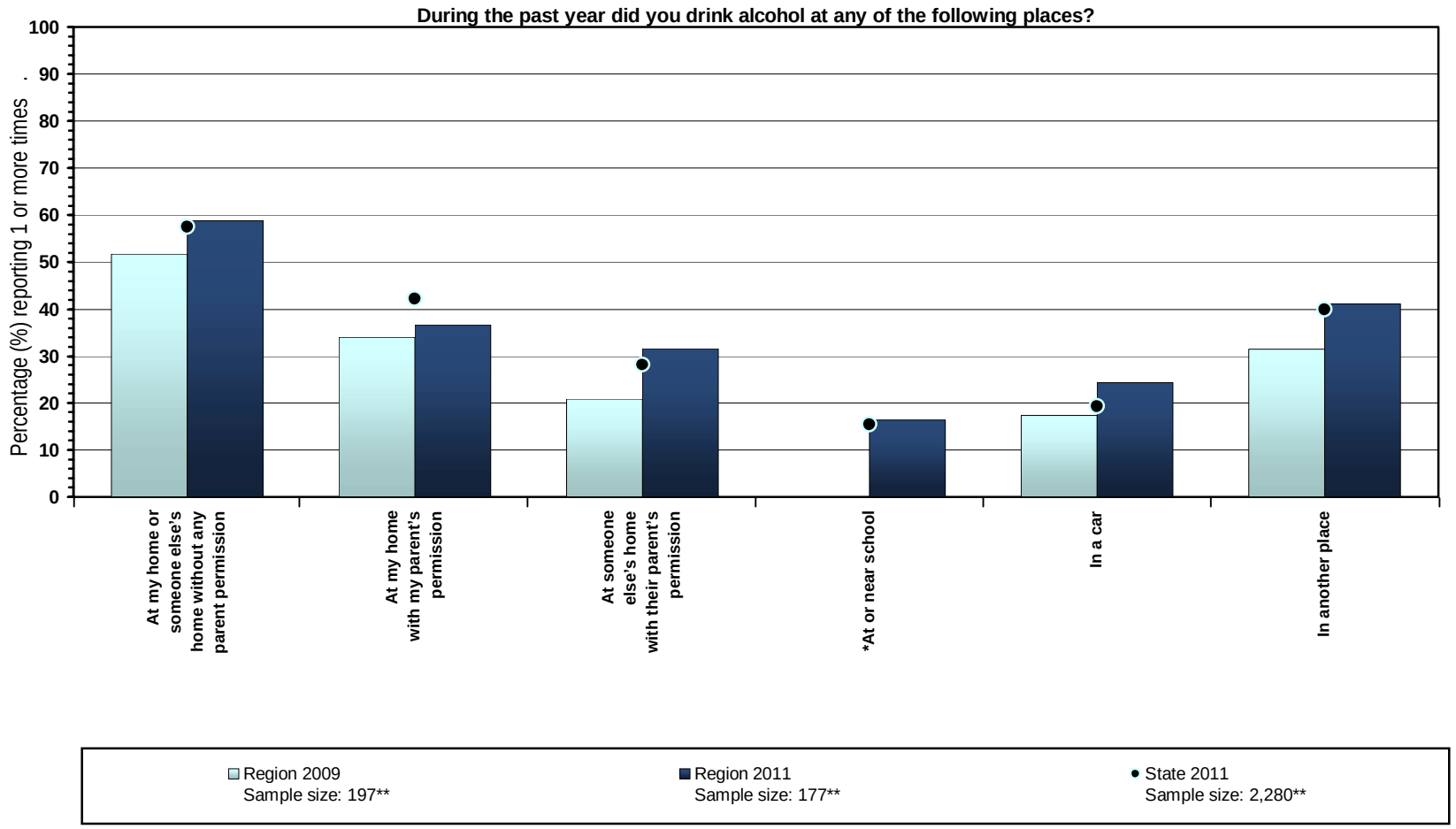


* At or near school is new for the 2011 SHARP PNA.

** Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk 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.

Places of Alcohol Use

Places Of Alcohol Use
2011 Bear River District Student Survey, Grade 8

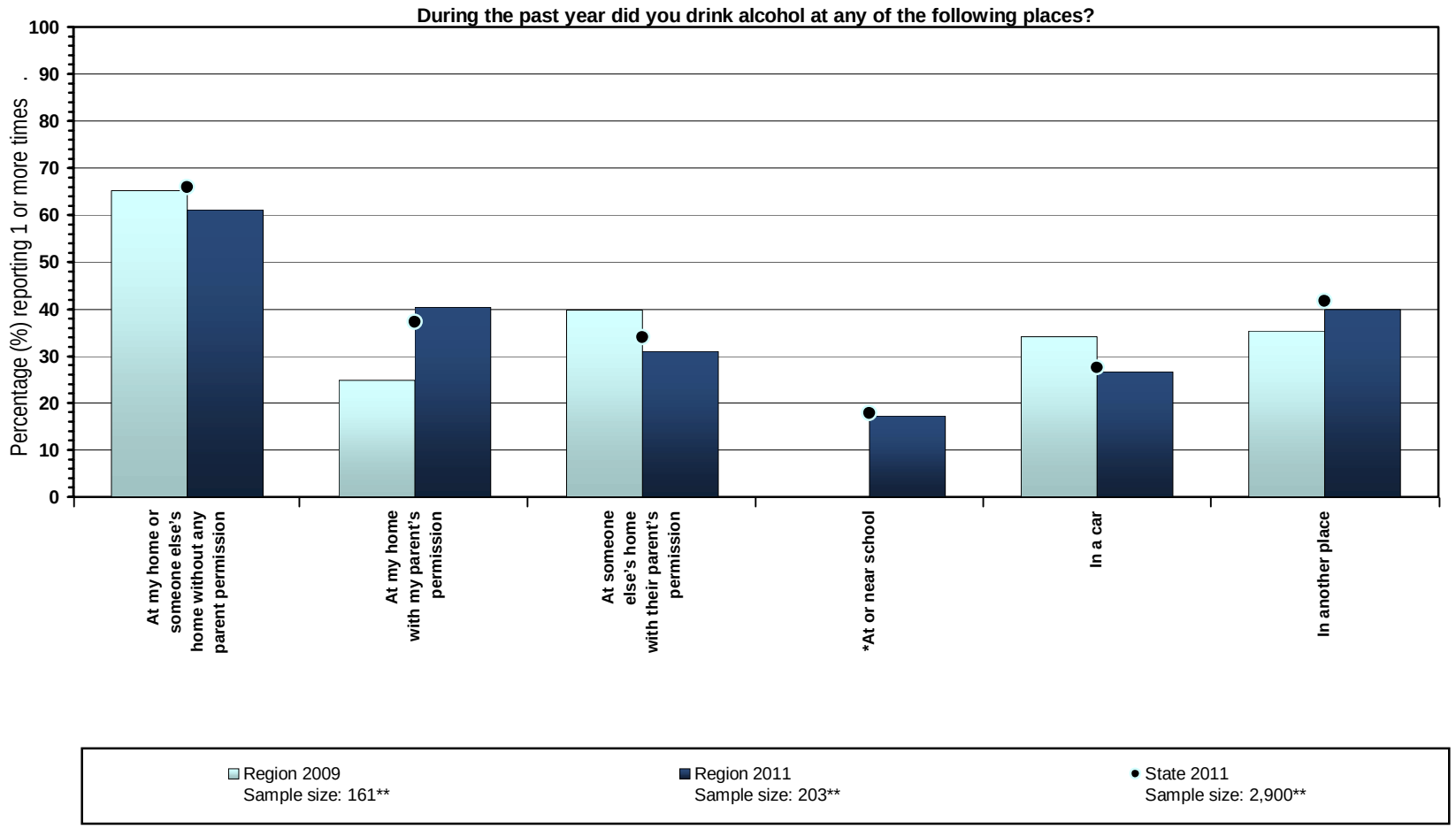


* At or near school is new for the 2011 SHARP PNA.

** Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk 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.

Places of Alcohol Use

Places Of Alcohol Use
2011 Bear River District Student Survey, Grade 10

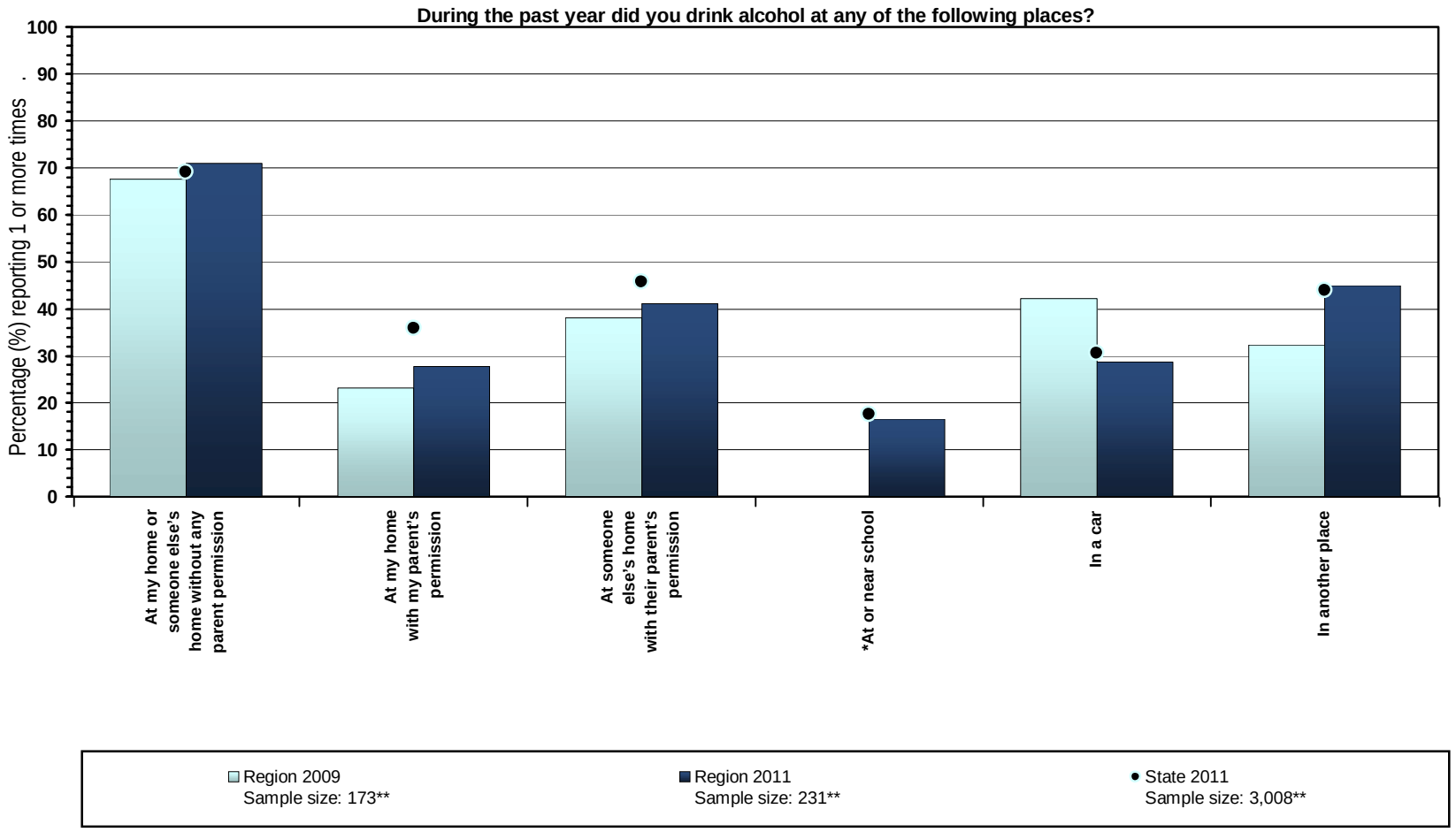


* At or near school is new for the 2011 SHARP PNA.

** Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk 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.

Places of Alcohol Use

Places Of Alcohol Use
2011 Bear River District Student Survey, Grade 12

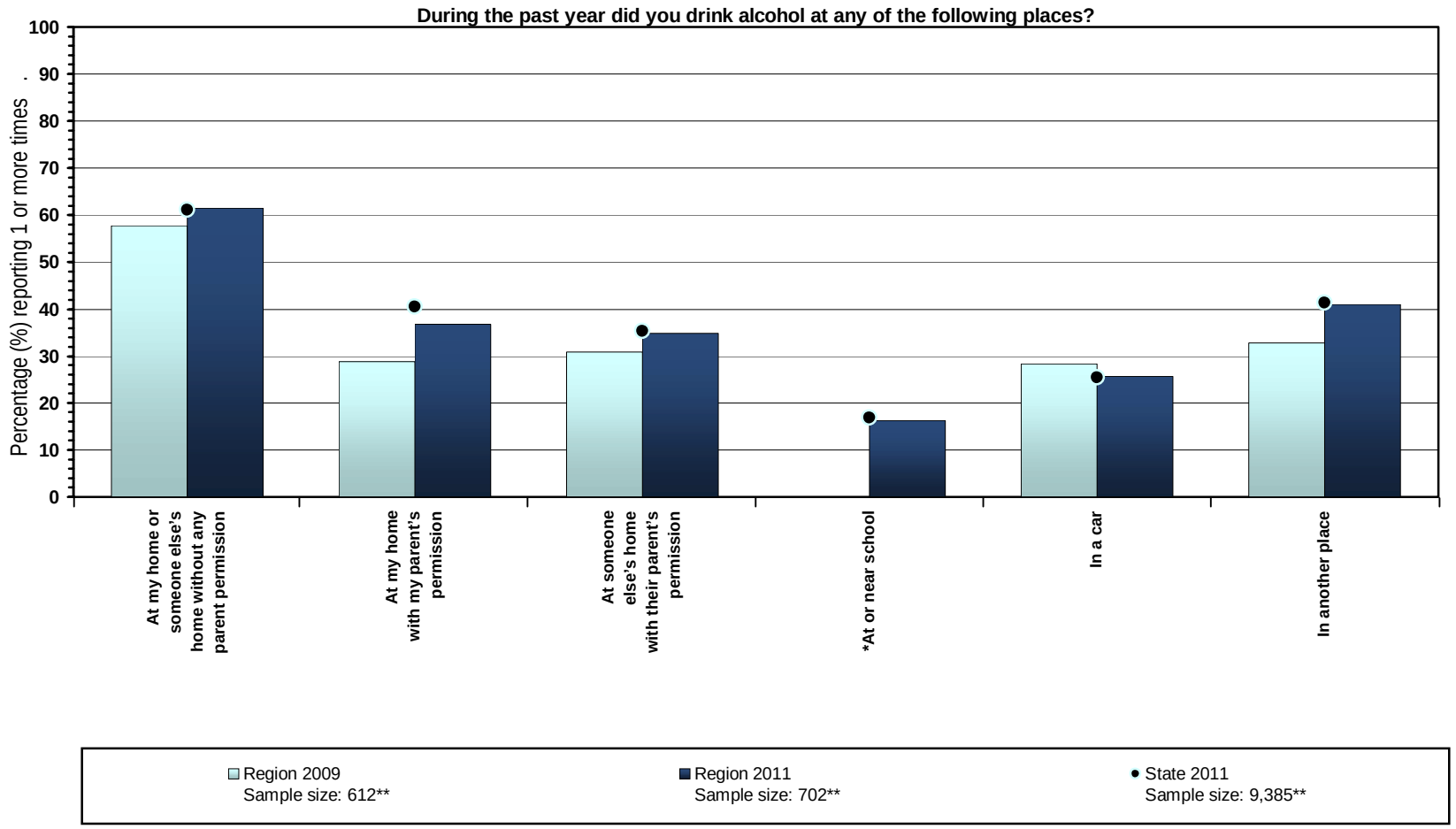


* At or near school is new for the 2011 SHARP PNA.

** Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk 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.

Places of Alcohol Use

Places Of Alcohol Use
2011 Bear River District Student Survey, All Grades

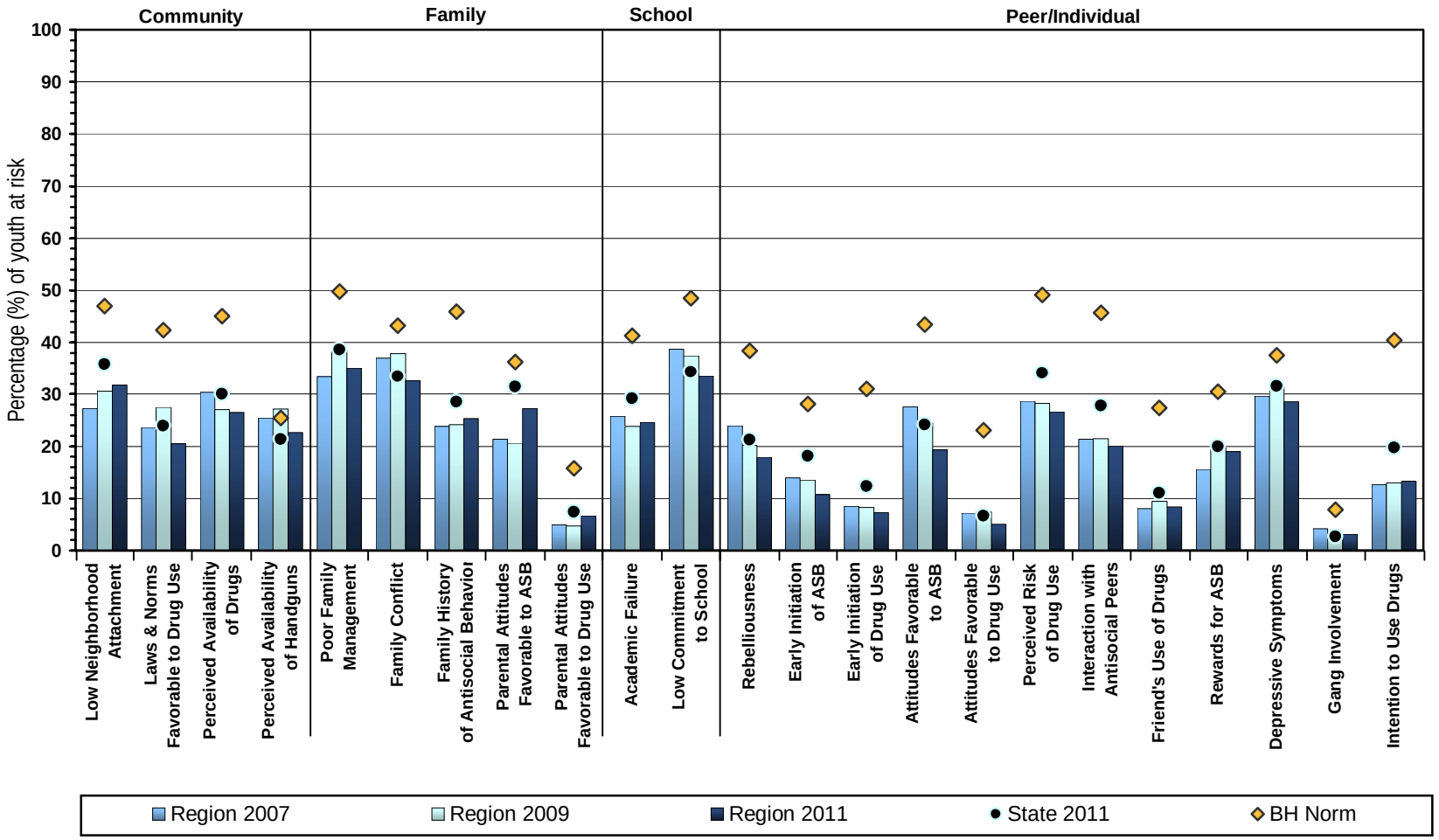


* At or near school is new for the 2011 SHARP PNA.

** Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk 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.

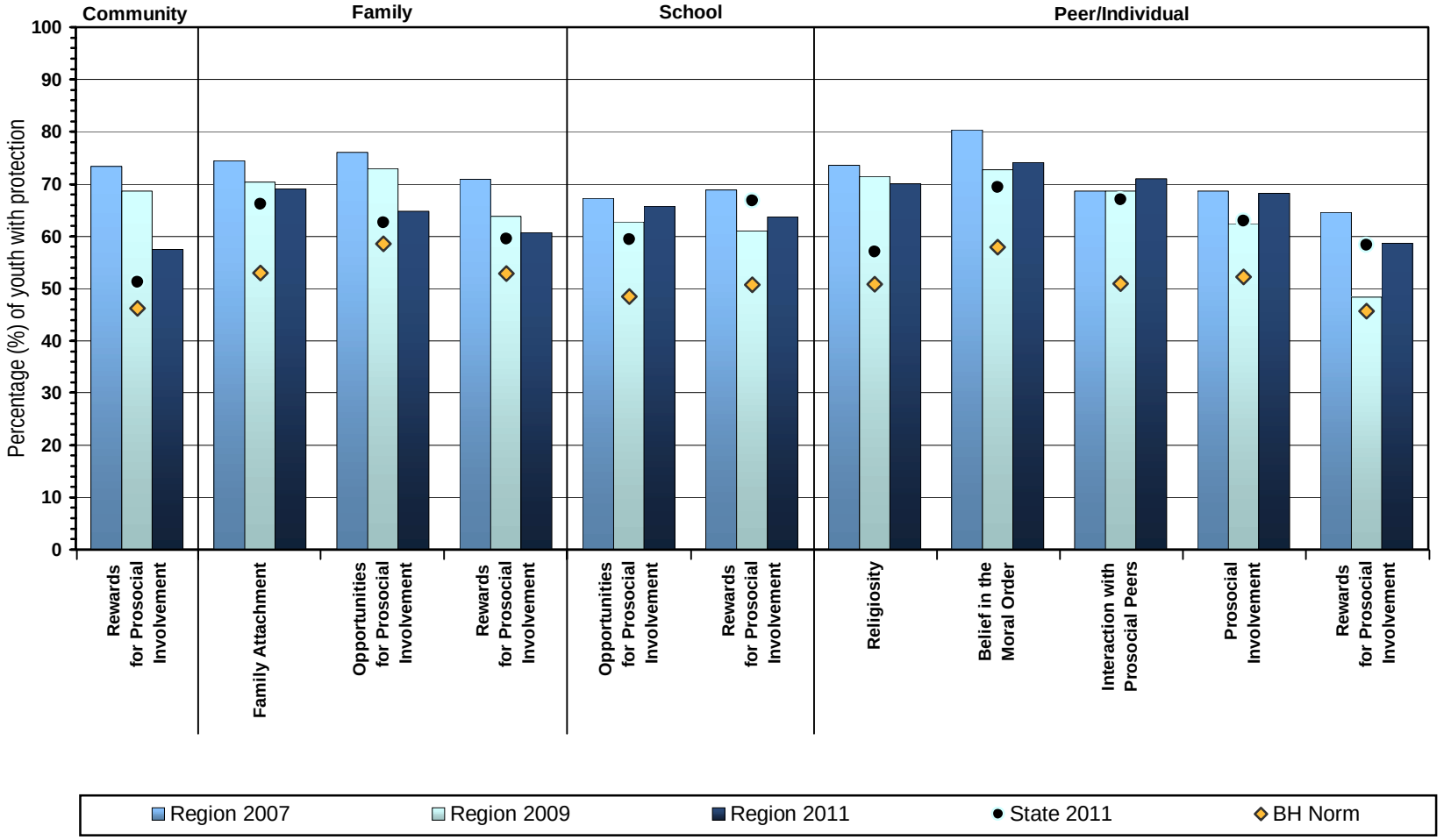
Risk and Protective Factor Profiles

Risk Profile
2011 Bear River District Student Survey, Grade 6



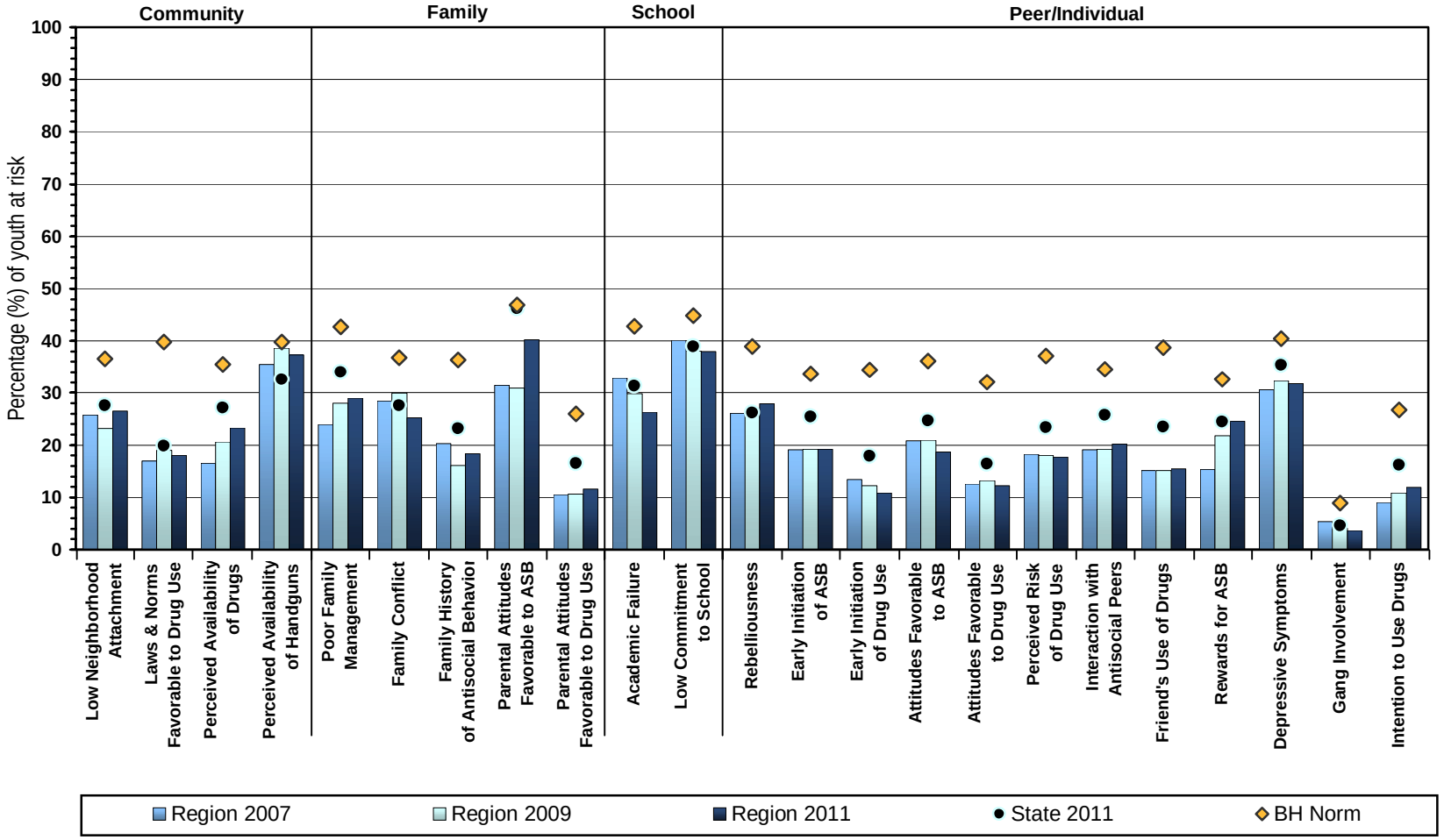
Risk and Protective Factor Profiles

Protective Profile
2011 Bear River District Student Survey, Grade 6



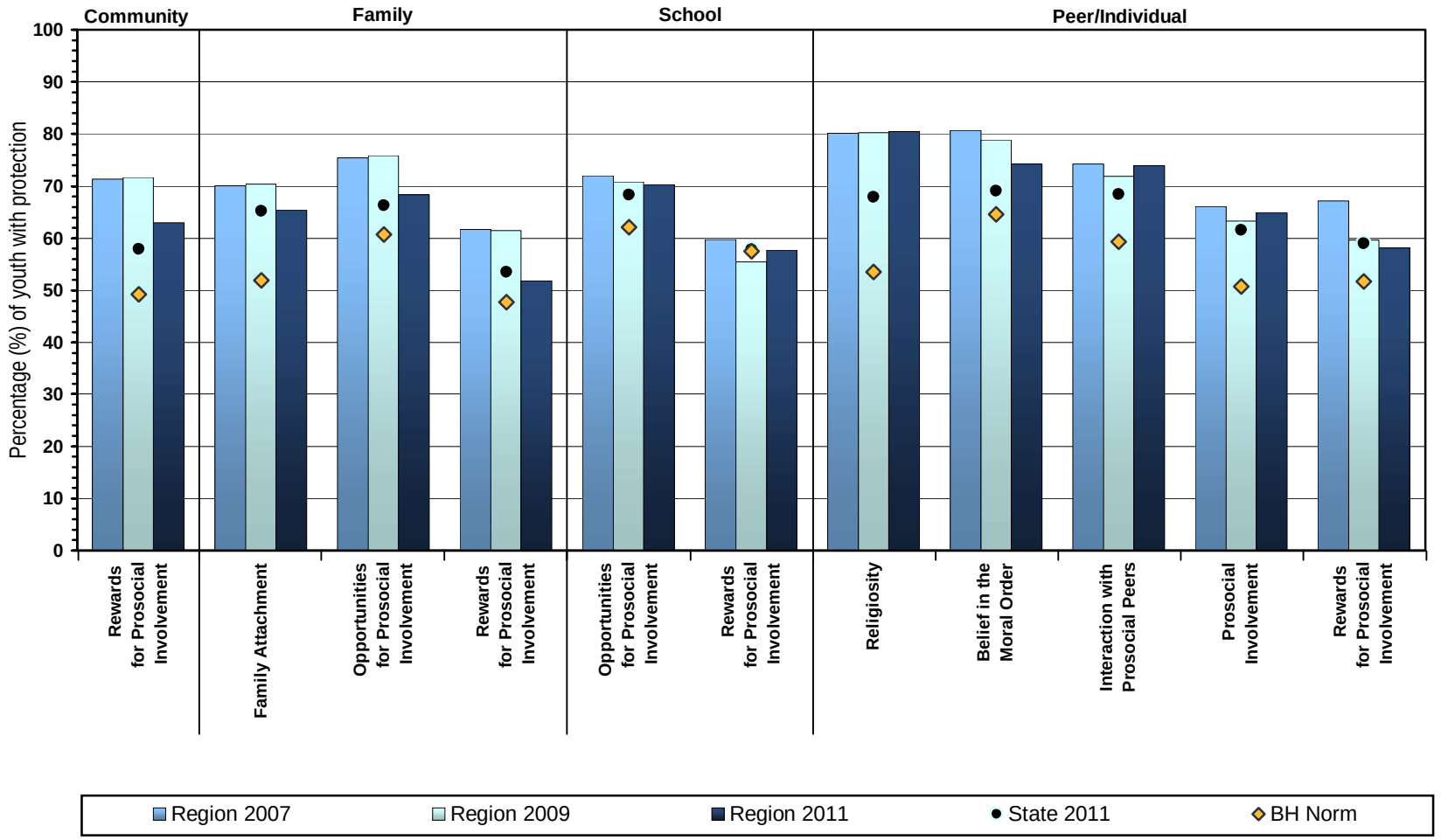
Risk and Protective Factor Profiles

Risk Profile
2011 Bear River District Student Survey, Grade 8



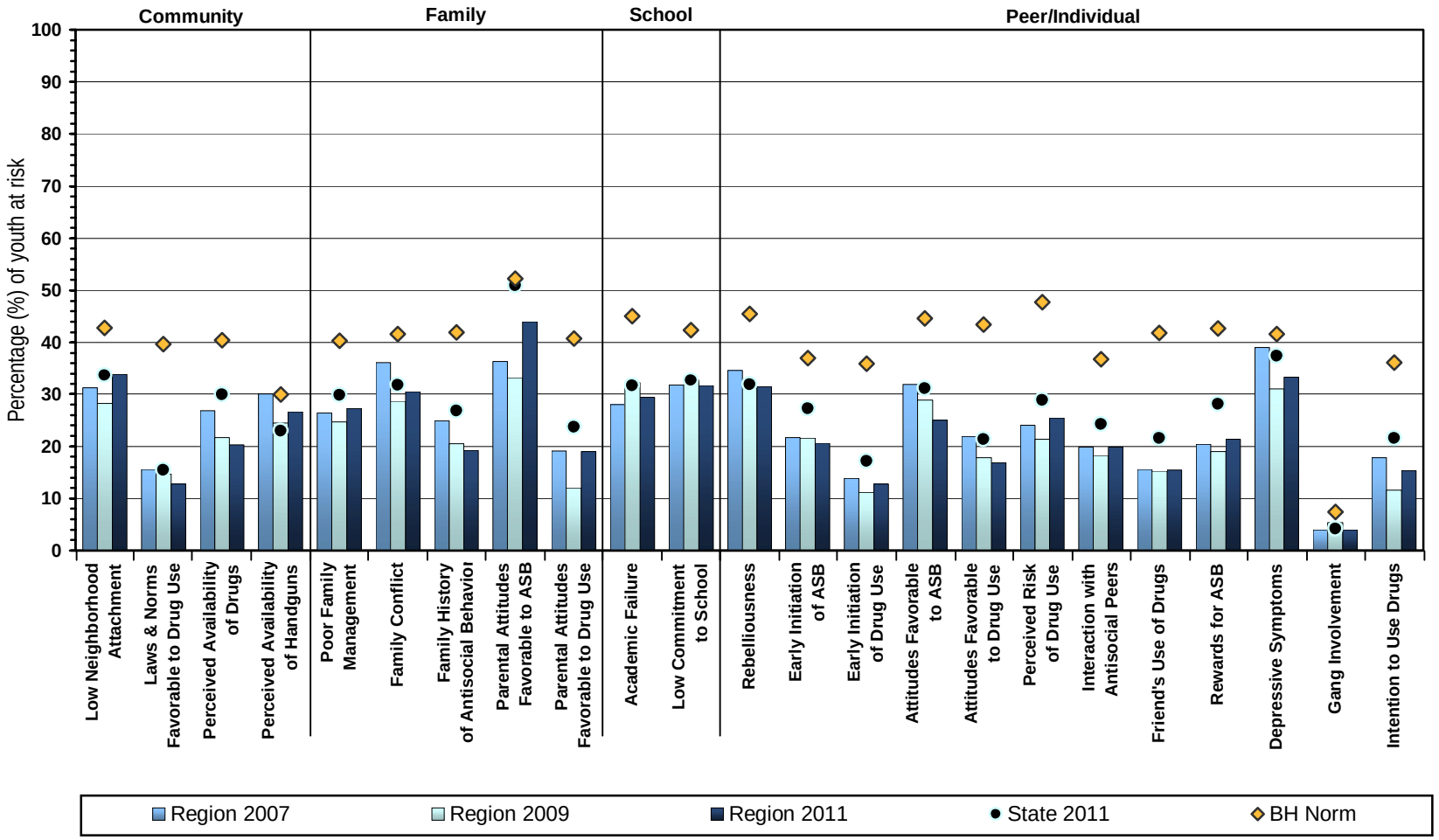
Risk and Protective Factor Profiles

Protective Profile
2011 Bear River District Student Survey, Grade 8



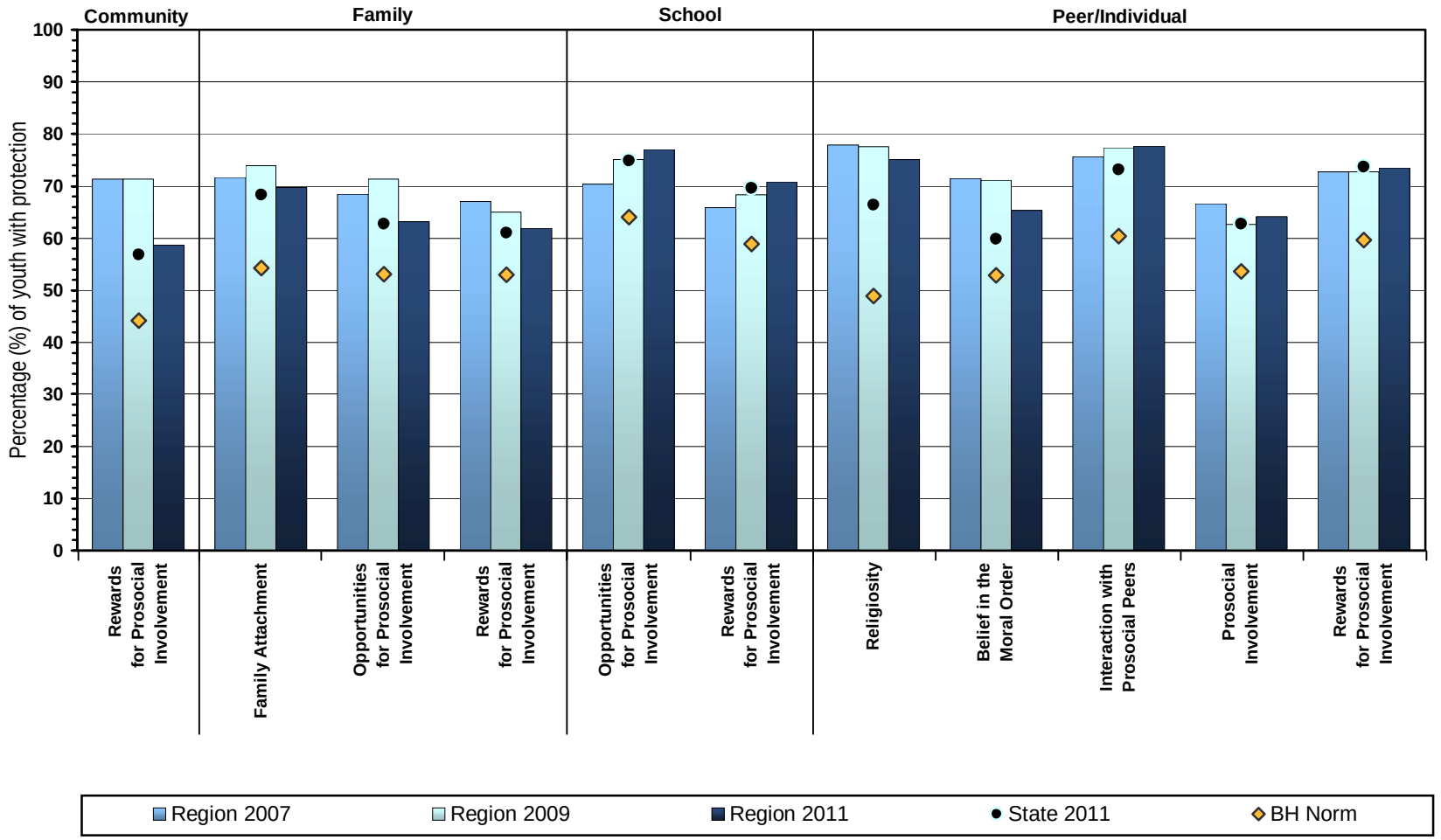
Risk and Protective Factor Profiles

Risk Profile
2011 Bear River District Student Survey, Grade 10



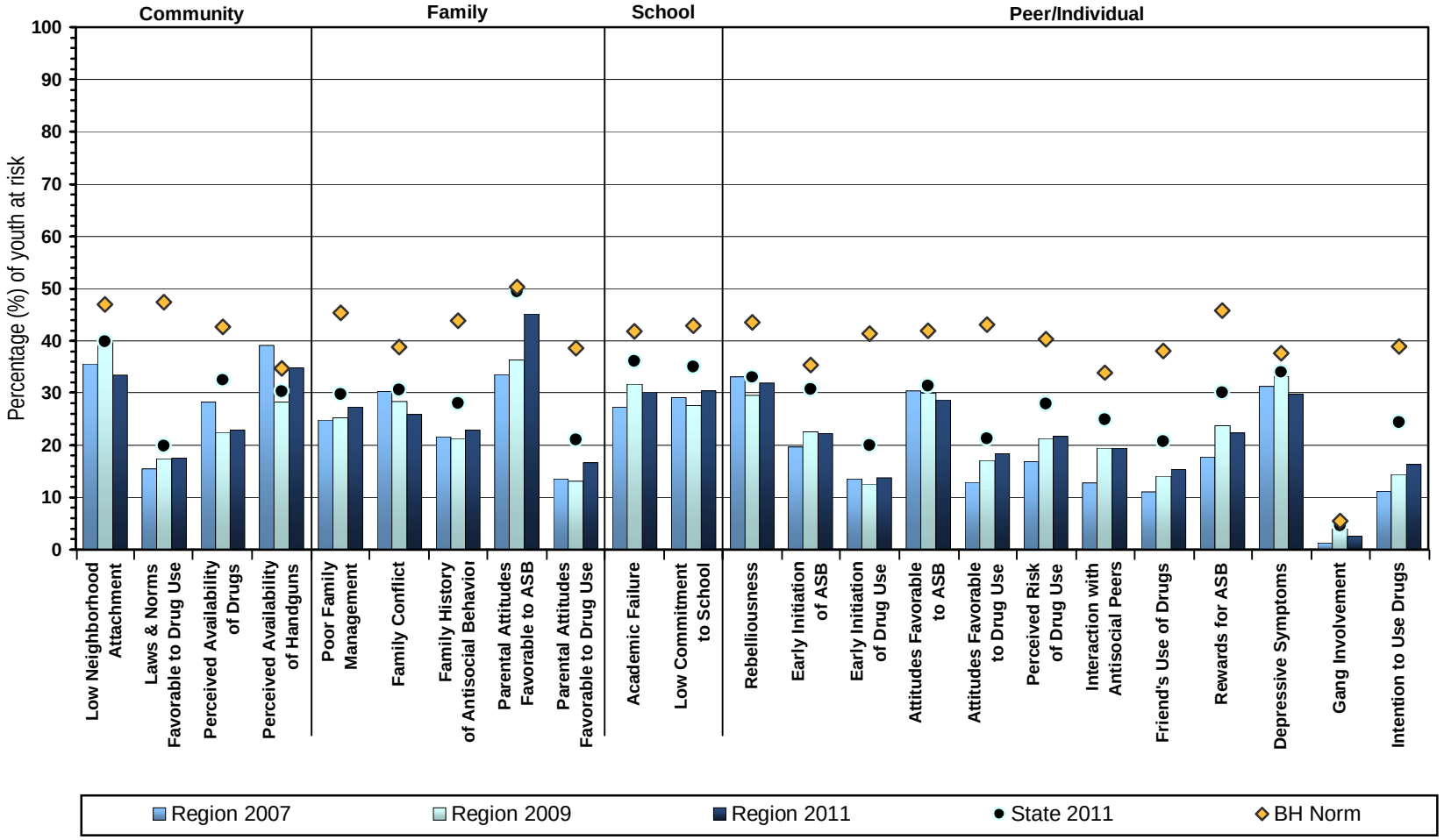
Risk and Protective Factor Profiles

Protective Profile
2011 Bear River District Student Survey, Grade 10



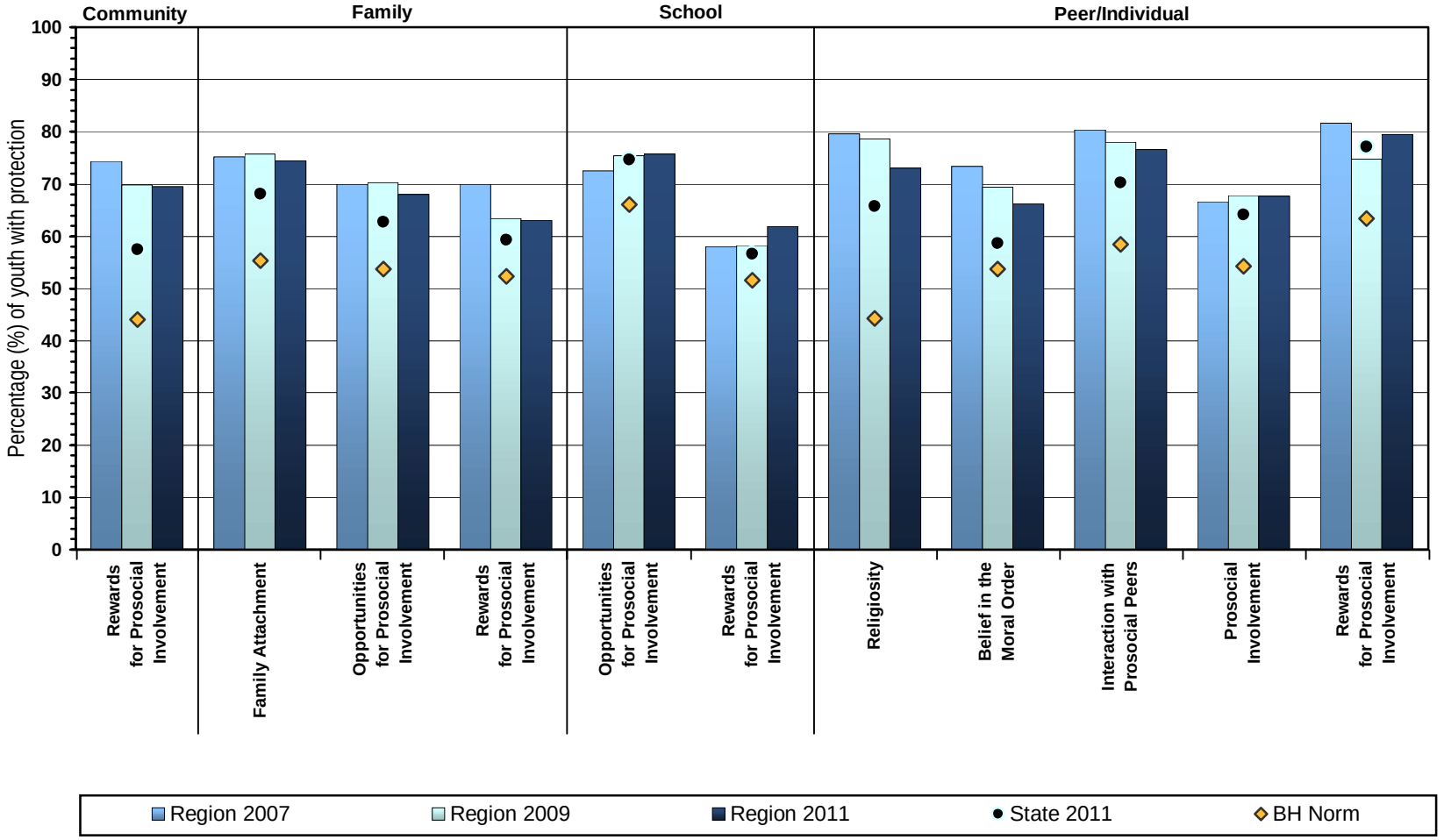
Risk and Protective Factor Profiles

Risk Profile
2011 Bear River District Student Survey, Grade 12



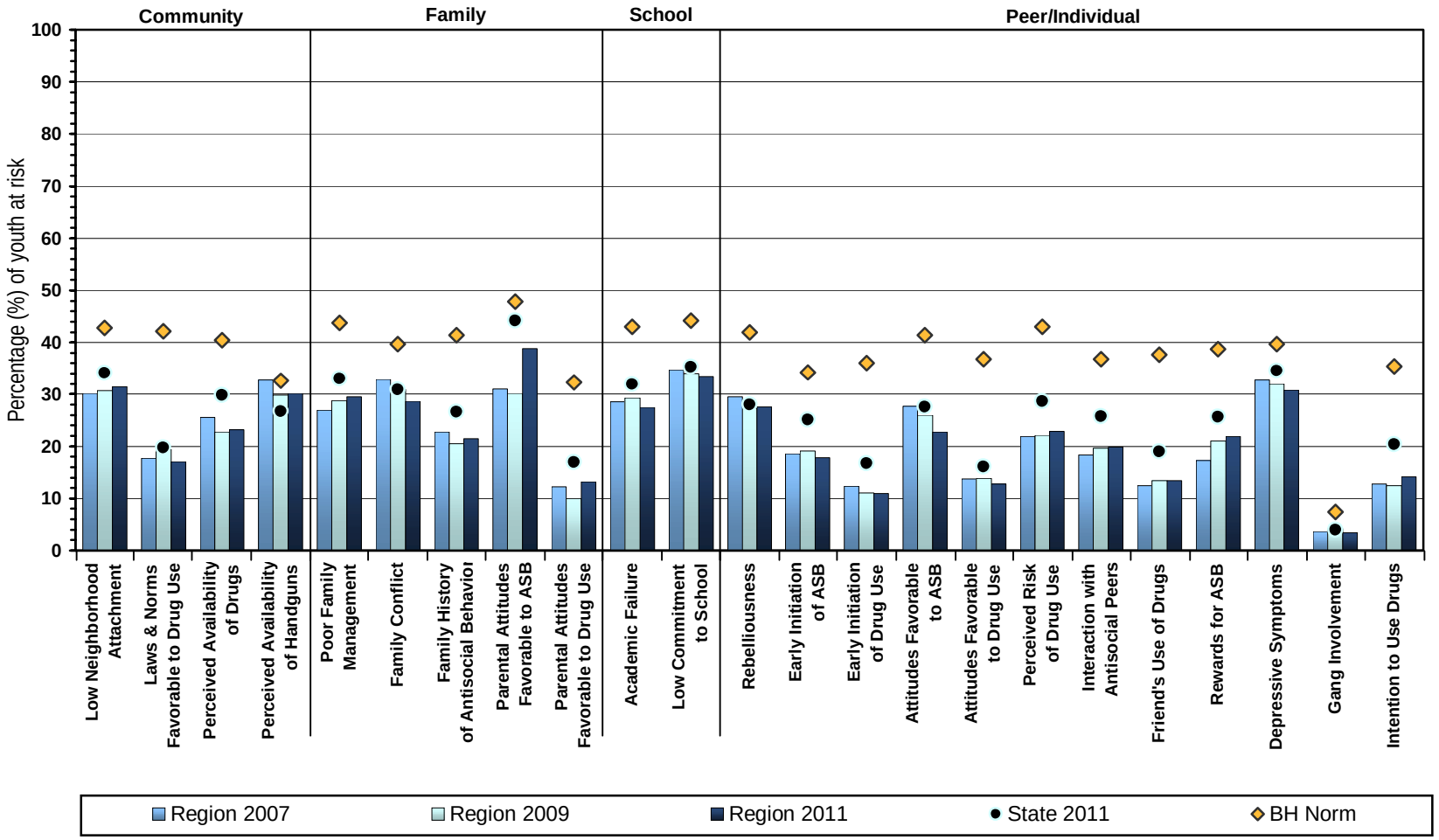
Risk and Protective Factor Profiles

Protective Profile
2011 Bear River District Student Survey, Grade 12



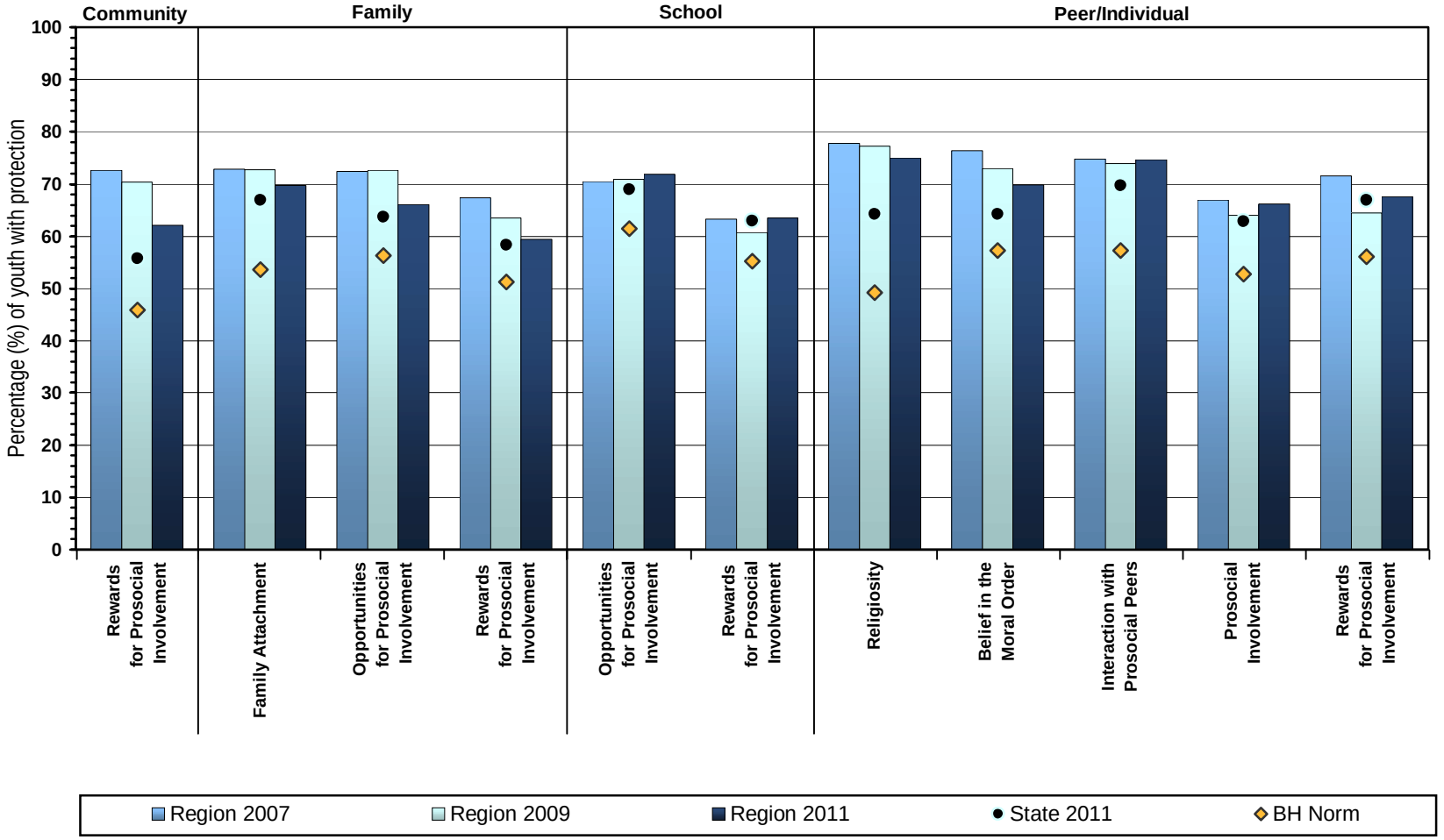
Risk and Protective Factor Profiles

Risk Profile
2011 Bear River District Student Survey, All Grades



Risk and Protective Factor Profiles

Protective Profile
2011 Bear River District Student Survey, All Grades



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. The survey also gathers valuable data which allows state and local agencies to address other prevention issues related to academic achievement, mental health, gang involvement, health and fitness, and personal safety.

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.

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. One 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.

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 when compared to the Bach Harrison Norm?
- Which 3-5 protective factors appear to be lower than you would want when compared to the Bach Harrison Norm?
- 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.
- **Additional survey data** – use data on academic achievement, mental health and suicide, health and fitness, gang involvement, seat belt use, and other areas to broaden your prevention approach. Find ways to share this data with other prevention planners in your community.
- **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) (down 10% from 2 yrs ago)			
30-day Substance Abuse	8th grd Binge Drinking@13% (8% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (same as state, but still 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 Survey Respondents	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
	1,770	1,843	1,895	15,587	1,598	1,626	1,702	13,437	836	1,065	1,265	11,360	666	806	1,081	9,323	4,870	5,340	5,943	49,707

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				All Grades			
		Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	5.0	4.6	5.5	8.3	14.4	12.7	11.7	19.3	27.3	20.0	18.9	28.9	26.7	23.6	27.4	37.3	18.5	15.3	15.4	22.8
Cigarettes	smoked cigarettes?	2.9	3.0	2.8	4.8	9.5	8.0	7.5	11.4	14.9	13.4	13.1	17.3	11.8	14.8	16.6	23.2	9.9	9.8	9.7	13.8
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	1.1	1.2	0.8	0.9	2.4	2.7	2.0	2.3	6.7	4.6	4.3	4.7	7.2	6.4	7.6	8.3	4.4	3.7	3.5	3.9
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.3	0.9	0.8	1.4	4.0	3.3	4.7	7.9	10.6	9.8	11.8	17.2	11.6	12.0	17.3	24.0	6.7	6.5	8.3	12.2
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	0.4	0.2	0.1	0.4	1.1	1.0	1.9	2.1	2.7	2.4	3.5	4.8	2.6	3.9	4.9	7.0	1.7	1.9	2.5	3.4
Cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	0.2	0.1	0.1	0.4	0.6	0.8	0.7	1.1	2.0	1.6	0.8	1.8	2.1	2.9	2.9	3.4	1.2	1.4	1.1	1.6
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	7.0	5.3	5.5	5.5	9.8	8.2	7.5	8.9	9.6	9.0	7.8	7.2	7.8	6.2	6.5	7.0	8.6	7.2	6.8	7.1
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.1	0.0	0.2	0.4	0.6	0.7	0.5	0.8	1.7	1.0	1.2	1.6	0.8	2.0	2.9	1.9	0.8	0.9	1.1	1.1
Prescription Stimulants	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	0.6	0.5	0.8	0.9	1.6	1.4	2.8	2.9	3.8	1.8	4.6	5.6	2.2	3.5	7.0	7.5	2.1	1.8	3.7	4.1
Prescription Sedatives*	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	3.1	1.3	2.2	2.4	4.5	4.0	4.0	5.6	7.5	6.0	4.9	7.7	6.3	6.3	8.0	8.1	5.4	4.3	4.6	5.8
Prescription Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?			0.0	0.1			0.2	0.4			0.6	0.8			1.1	1.4			0.4	0.7
Narcotic Prescription Drugs	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	0.5	0.2	0.2	0.5	1.6	1.5	1.4	1.9	4.9	4.8	3.6	5.4	5.6	7.1	7.1	8.1	3.3	3.4	2.7	3.8
Heroin	used heroin?	0.1	0.1	0.1	0.2	0.3	0.4	0.7	0.7	1.2	0.3	0.8	0.8	1.1	1.5	1.3	1.4	0.7	0.6	0.7	0.7

* The *Sedatives* question from previous surveys has been split into *Prescription Tranquilizers* and *Prescription Sedatives* for the 2011 SHARP PNA. (Consult the appendix for further explanation.)

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				All Grades			
		Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	1.2	1.3	0.6	1.4	5.1	4.8	4.3	6.0	13.5	8.5	7.2	11.2	9.0	10.4	13.2	17.0	7.3	6.3	6.1	8.6
Cigarettes	smoked cigarettes?	0.3	0.4	0.6	0.7	2.2	1.5	1.8	2.8	5.2	5.2	3.7	5.2	4.1	6.1	6.3	7.0	3.0	3.3	3.0	3.8
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	0.1	0.5	0.4	0.3	0.7	0.7	0.7	0.8	1.7	2.4	1.4	1.5	2.8	3.5	2.4	2.8	1.4	1.8	1.2	1.3
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.1	0.4	0.1	0.5	1.3	1.5	2.2	3.6	4.2	4.6	4.9	7.9	2.8	3.6	7.0	9.8	2.1	2.5	3.4	5.3
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	0.2	0.1	0.0	0.1	0.3	0.5	0.4	0.6	1.5	0.8	1.1	1.4	1.0	0.8	1.2	2.0	0.8	0.5	0.7	1.0
Cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	0.0	0.1	0.0	0.1	0.2	0.4	0.3	0.2	0.9	0.5	0.1	0.4	1.1	0.6	0.8	0.7	0.6	0.4	0.3	0.3
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	2.0	2.0	1.8	1.7	3.3	3.2	2.7	3.2	2.1	2.3	1.7	1.4	1.4	0.9	0.6	0.8	2.2	2.1	1.7	1.8
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.1	0.0	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.8	0.4	0.4	0.2	0.6	0.8	0.5	0.1	0.3	0.4	0.3
Prescription Stimulants	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	0.1	0.2	0.2	0.2	0.9	0.7	1.3	1.3	1.7	0.5	1.9	2.3	0.6	1.3	2.6	2.1	0.8	0.7	1.4	1.4
Prescription Sedatives*	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	1.0	0.3	0.4	0.8	2.2	2.2	1.4	2.2	2.7	2.4	2.1	2.8	1.7	2.2	3.0	2.7	1.9	1.7	1.7	2.1
Prescription Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?			0.0	0.1			0.2	0.4			0.6	0.8			1.1	1.4			0.4	0.6
Narcotic Prescription Drugs	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	0.1	0.1	0.0	0.2	0.5	0.4	0.7	0.6	2.4	1.8	1.2	1.5	1.8	2.6	2.7	2.0	1.3	1.2	1.0	1.1
Heroin	used heroin?	0.1	0.0	0.0	0.0	0.1	0.1	0.3	0.3	0.1	0.3	0.3	0.1	0.0	0.2	0.3	0.2	0.1	0.1	0.2	0.2
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.0	0.1	0.0	0.2	0.2	0.3	0.3	0.9	0.4	1.1	0.6	2.1	1.0	2.5	1.9	2.4	0.4	1.0	0.7	1.4
Steroids	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	0.3	0.5	0.2	0.3	0.3	1.0	0.4	0.4	0.2	1.0	0.6	0.6	0.3	1.0	0.5	0.7	0.3	0.9	0.4	0.5

* The *Sedatives* question from previous surveys has been split into *Prescription Tranquilizers* and *Prescription Sedatives* for the 2011 SHARP PNA. (Consult the appendix for further explanation.)

Data Tables

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

		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
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)	0.7	1.2	1.0	1.8	2.8	3.3	3.3	5.1	7.2	5.5	5.1	8.2	3.2	6.9	9.0	12.2	3.5	4.2	4.4	6.6
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	0.0	0.0	0.1	0.4	0.0	0.2	0.2	1.2	0.8	0.7	0.5	0.6	1.1	1.2	1.1	0.6	0.5	0.5	0.4
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?	0.6	0.2	0.7	0.4	1.1	0.6	0.7	1.3	2.6	1.4	1.7	1.8	1.8	2.7	3.3	3.9	1.6	1.2	1.6	1.8
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?	5.9	5.5	3.9	5.0	8.9	9.2	6.3	8.4	13.0	9.0	6.7	10.1	5.3	9.6	7.6	10.5	8.3	8.3	6.2	8.5
Need for Treatment																					
Needs Alcohol Treatment	Answered "Yes" to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	0.2	0.1	0.1	0.2	1.0	1.2	1.1	1.6	4.7	2.8	2.5	3.9	3.1	3.4	3.1	6.0	2.4	2.0	1.7	2.9
Needs Drug Treatment	Answered "Yes" to at least 3 drug treatment questions and has used any drug on 10 or more occasions	0.0	0.0	0.1	0.1	1.0	1.0	0.9	2.2	2.5	1.8	1.7	4.5	3.2	2.6	4.4	5.8	1.8	1.4	1.8	3.2
Alcohol or Drug Treatment	Needs alcohol, drug or alcohol AND drug treatment as per criteria above	0.2	0.2	0.1	0.3	1.7	1.7	1.6	3.0	5.6	3.6	3.2	6.6	5.1	4.6	5.9	9.2	3.4	2.7	2.8	4.8
Needs Mental Health Treatment	Scored 13 or more points on the K6 screening scale for psychological distress. (See text for further explanation.)	n/a	10.5	8.3	8.6	n/a	11.4	10.9	11.7	n/a	12.0	12.7	12.7	n/a	11.2	10.3	12.0	n/a	11.3	10.5	11.2
Considering Suicide	Answered "Yes" to "During the past 12 months, did you ever seriously consider attempting suicide?"	n/a	n/a	5.1	5.3	n/a	n/a	9.3	10.6	n/a	n/a	9.9	11.4	n/a	n/a	9.9	10.3	n/a	n/a	8.5	9.4

* 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				All Grades			
	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
Been Drunk or High at School	1.0	1.5	1.2	1.5	4.8	4.1	3.9	6.0	10.0	7.9	6.4	10.3	5.5	6.9	9.1	12.8	5.4	5.1	5.0	7.4
Been Suspended from School	3.5	3.0	3.2	5.6	6.8	5.6	6.2	10.2	5.4	4.2	5.0	8.7	1.2	3.2	2.8	6.7	4.2	4.0	4.3	7.8
Sold Illegal Drugs	0.1	0.1	0.1	0.3	0.8	1.3	1.9	2.0	2.6	3.1	3.4	5.0	2.4	3.9	4.0	5.9	1.5	2.1	2.3	3.2
Stolen or Tried to Steal a Motor Vehicle	0.3	0.6	0.5	0.8	1.1	1.3	1.6	1.3	2.4	1.6	1.5	1.7	0.6	1.8	1.4	1.4	1.1	1.3	1.2	1.3
Been Arrested	1.2	1.2	0.8	1.2	3.6	3.5	2.8	3.2	5.3	3.5	3.5	4.4	1.7	5.8	3.1	4.8	3.0	3.5	2.5	3.3
Attacked Someone with the Idea of Seriously Hurting Them	6.0	6.1	5.3	8.4	7.0	7.7	7.9	10.6	6.6	5.8	6.9	7.7	3.9	5.2	5.2	7.1	5.9	6.2	6.4	8.5
Carried a Handgun	4.0	4.5	3.5	5.2	2.6	5.6	6.2	5.6	4.2	4.0	5.0	5.4	5.2	5.1	5.2	5.8	4.0	4.8	5.0	5.5
Carried a Handgun to School	0.1	0.2	0.1	0.3	0.1	0.4	0.8	0.4	0.7	0.7	0.6	0.6	0.3	0.8	0.4	0.7	0.3	0.6	0.5	0.5

Table 8. Places of Alcohol Use

During the past year did you drink alcohol at any of the following places?	Grade 6			Grade 8			Grade 10			Grade 12			All Grades		
	Region 2009	Region 2011	State 2011	Region 2009	Region 2011	State 2011	Region 2009	Region 2011	State 2011	Region 2009	Region 2011	State 2011	Region 2009	Region 2011	State 2011
*Sample size**	*81*	*91*	*1,197*	*197*	*177*	*2,280*	*161*	*203*	*2,900*	*173*	*231*	*3,008*	*612*	*702*	*9,385*
At my home or someone else's home without any parent permission	37.0	44.0	35.5	51.8	58.8	57.5	65.2	61.1	66.0	67.6	71.0	69.2	57.8	61.5	61.1
At my home with my parent's permission	35.8	51.6	57.2	34.0	36.7	42.2	24.8	40.4	37.3	23.1	27.7	36.0	28.8	36.8	40.6
At someone else's home with their parent's permission	22.2	34.1	26.1	20.8	31.6	28.2	39.8	31.0	34.0	38.2	41.1	45.9	30.9	34.9	35.4
At or near school**	n/a	13.2	16.0	n/a	16.4	15.4	n/a	17.2	17.8	n/a	16.5	17.6	n/a	16.2	16.9
In a car	13.6	18.7	18.4	17.3	24.3	19.3	34.2	26.6	27.6	42.2	28.6	30.7	28.3	25.6	25.4
In some other place	32.1	33.0	37.1	31.5	41.2	40.0	35.4	39.9	41.7	32.4	45.0	44.0	32.8	41.0	41.4

* Sample size represents the number of youth who chose at least one place of alcohol consumption. Students who indicated they had not drunk 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.

** *At or near school* is new for the 2011 SHARP PNA.

Data Tables

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
Community Domain																				
Low Neighborhood Attachment	27.3	30.6	31.8	35.8	25.7	23.2	26.5	27.6	31.2	28.2	33.9	33.7	35.6	39.9	33.5	39.9	30.1	30.7	31.4	34.1
Laws & Norms Favor Drug Use	23.6	27.5	20.5	23.9	17.0	19.0	18.0	19.9	15.6	14.7	12.8	15.5	15.4	17.4	17.5	19.8	17.7	19.4	17.1	19.7
Perceived Availability of Drugs	30.4	27.0	26.5	30.0	16.5	20.6	23.3	27.1	26.8	21.7	20.3	29.9	28.2	22.4	22.9	32.5	25.5	22.8	23.2	29.8
Perceived Availability of Handguns	25.4	27.1	22.6	21.3	35.5	38.6	37.3	32.6	30.0	24.5	26.6	23.0	39.2	28.2	34.9	30.3	32.7	29.8	30.2	26.7
Family Domain																				
Poor Family Management	33.5	38.5	35.1	38.6	23.9	28.0	29.0	34.0	26.4	24.7	27.2	29.8	24.8	25.2	27.3	29.7	26.9	28.8	29.5	33.0
Family Conflict	37.0	37.9	32.6	33.5	28.4	29.9	25.2	27.6	36.2	28.6	30.5	31.8	30.3	28.3	25.9	30.6	32.8	30.9	28.7	30.9
Family History of Antisocial Behavior	23.8	24.1	25.3	28.5	20.3	16.1	18.3	23.2	24.9	20.5	19.2	26.8	21.6	21.2	22.9	28.0	22.7	20.5	21.5	26.6
Parental Attitudes Favorable to ASB	21.3	20.6	27.2	31.4	31.4	30.9	40.2	46.2	36.4	33.2	44.0	51.0	33.6	36.4	45.2	49.5	31.0	30.1	38.8	44.2
Parental Attitudes Favorable to Drug Use	4.9	4.7	6.6	7.4	10.5	10.6	11.6	16.5	19.1	12.0	19.0	23.7	13.5	13.1	16.6	21.0	12.2	10.0	13.2	16.9
School Domain																				
Academic Failure	25.8	23.8	24.6	29.2	32.8	29.8	26.3	31.3	28.0	32.2	29.4	31.7	27.2	31.7	30.1	36.2	28.5	29.3	27.5	32.0
Low Commitment to School	38.7	37.5	33.6	34.3	40.1	38.1	38.0	39.0	31.8	32.7	31.7	32.7	29.1	27.6	30.4	35.1	34.8	34.0	33.5	35.3
Peer-Individual Domain																				
Rebelliousness	23.9	20.2	17.9	21.2	26.1	26.7	27.9	26.2	34.7	31.1	31.4	31.9	33.0	29.5	31.9	33.1	29.5	27.2	27.6	28.0
Early Initiation of ASB	13.9	13.5	10.7	18.1	19.1	19.2	19.2	25.4	21.7	21.6	20.6	27.2	19.6	22.5	22.2	30.7	18.6	19.1	17.8	25.1
Early Initiation of Drug Use	8.5	8.3	7.3	12.3	13.4	12.2	10.8	17.9	13.8	11.2	12.8	17.2	13.5	12.6	13.7	20.0	12.3	11.1	10.9	16.7
Attitudes Favorable to ASB	27.6	24.5	19.3	24.1	20.8	20.9	18.7	24.7	31.9	28.9	25.0	31.1	30.4	29.9	28.6	31.3	27.7	26.0	22.7	27.6
Attitudes Favorable to Drug Use	7.2	7.4	5.0	6.7	12.6	13.2	12.2	16.4	21.9	17.8	16.8	21.3	12.9	17.1	18.4	21.2	13.7	13.8	12.8	16.1
Perceived Risk of Drug Use	28.7	28.2	26.6	34.1	18.2	18.0	17.7	23.4	24.0	21.3	25.4	28.9	16.8	21.2	21.7	27.9	21.9	22.1	22.9	28.7
Interaction with Antisocial Peers	21.4	21.5	20.1	27.8	19.1	19.2	20.2	25.8	19.9	18.2	19.8	24.2	12.8	19.4	19.4	24.9	18.3	19.6	19.9	25.7
Friend's Use of Drugs	8.0	9.4	8.4	11.0	15.1	15.1	15.4	23.5	15.6	15.2	15.4	21.6	11.0	14.1	15.3	20.7	12.5	13.4	13.4	19.0
Rewards for ASB	15.6	19.7	19.0	20.0	15.3	21.8	24.6	24.5	20.4	19.0	21.3	28.1	17.7	23.7	22.3	30.0	17.3	21.0	21.9	25.6
Depressive Symptoms	29.6	31.4	28.5	31.5	30.6	32.3	31.8	35.4	39.1	31.0	33.4	37.4	31.2	33.2	29.7	34.0	32.7	32.0	30.8	34.6
Gang Involvement	4.2	3.2	3.1	2.7	5.4	4.1	3.7	4.6	4.0	5.4	4.0	4.2	1.3	4.0	2.6	4.6	3.7	4.2	3.4	4.0
Intentions to Use Drugs	12.7	13.0	13.3	19.7	9.0	10.8	11.9	16.2	17.8	11.6	15.3	21.6	11.2	14.4	16.3	24.4	12.8	12.4	14.2	20.4

Data Tables

Table 10. Percentage of Students Reporting Protection

Protective Factor	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
Community Domain																				
Rewards for Prosocial Involvement	73.4	68.7	57.5	51.3	71.4	71.7	63.0	57.9	71.3	71.3	58.7	56.9	74.4	69.9	69.5	57.5	72.6	70.4	62.1	55.8
Family Domain																				
Family Attachment	74.5	70.4	69.1	66.2	70.1	70.4	65.5	65.2	71.7	73.9	69.7	68.4	75.2	75.7	74.5	68.1	72.9	72.7	69.7	67.0
Opportunities for Prosocial Involvement	76.1	73.0	64.8	62.7	75.4	75.9	68.3	66.3	68.5	71.4	63.2	62.8	70.0	70.3	68.0	62.8	72.4	72.6	66.1	63.7
Rewards for Prosocial Involvement	70.9	63.8	60.7	59.5	61.7	61.5	51.8	53.5	67.1	65.0	61.9	61.0	70.0	63.4	63.1	59.3	67.4	63.5	59.4	58.4
School Domain																				
Opportunities for Prosocial Involvement	67.3	62.8	65.8	59.4	72.0	70.8	70.3	68.3	70.4	75.1	77.0	74.9	72.5	75.4	75.8	74.7	70.5	70.9	71.9	69.0
Rewards for Prosocial Involvement	68.9	61.1	63.7	66.8	59.8	55.5	57.7	57.8	65.9	68.4	70.8	69.6	58.0	58.3	61.9	56.7	63.3	60.7	63.5	63.0
Peer-Individual Domain																				
Religiosity	73.6	71.5	70.1	57.1	80.1	80.3	80.5	67.9	77.9	77.6	75.1	66.4	79.6	78.6	73.1	65.8	77.8	77.2	75.0	64.3
Belief in the Moral Order	80.4	72.7	74.1	69.4	80.7	78.9	74.2	69.1	71.5	71.1	65.3	59.9	73.4	69.4	66.2	58.7	76.4	73.0	69.8	64.3
Interaction with Prosocial Peers	68.7	68.7	71.0	67.1	74.2	71.9	73.9	68.5	75.6	77.4	77.7	73.2	80.4	78.0	76.6	70.3	74.8	73.9	74.7	69.7
Prosocial Involvement	68.7	62.5	68.2	63.0	66.1	63.3	64.9	61.6	66.6	62.7	64.2	62.8	66.6	67.8	67.7	64.2	67.0	64.1	66.2	62.9
Rewards for Prosocial Involvement	64.6	48.4	58.7	58.4	67.2	59.7	58.2	59.0	72.7	72.7	73.5	73.7	81.6	74.8	79.5	77.1	71.6	64.5	67.6	66.9

Data Tables

Table 11. Drug Free Communities Report (2011 data)

Outcome	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		All Grades†					
											Total		Male		Female	
			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	85.9	1,843	87.2	1,672	83.6	1,237	84.3	1,063	85.3	5,815	82.7	2,739	88.1	3,062
	smoke 1 or more packs or cigarettes per day	Cigarettes	91.3	1,843	93.9	1,677	93.4	1,242	95.6	1,068	93.5	5,830	92.6	2,743	94.4	3,072
	smoke marijuana regularly	Marijuana	91.2	1,813	91.8	1,628	87.1	1,219	83.8	1,053	88.7	5,713	85.6	2,684	91.8	3,016
Perception of Parent Disapproval* (*Parents feel it would be Wrong* or *Very Wrong to...*)	drink beer, wine, or hard liquor regularly	Alcohol	98.6	1,845	97.0	1,675	95.1	1,244	93.2	976	96.1	5,740	95.8	2,690	96.5	3,033
	smoke cigarettes	Cigarettes	99.0	1,845	98.8	1,676	98.1	1,243	97.6	976	98.4	5,740	98.1	2,691	98.8	3,032
	smoke marijuana	Marijuana	99.4	1,824	98.6	1,661	97.3	1,237	97.1	973	98.2	5,695	97.7	2,672	98.7	3,006
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	99.1	1,827	94.4	1,667	90.3	1,242	85.9	974	92.8	5,710	91.7	2,681	93.9	3,012
	smoke cigarettes	Cigarettes	99.2	1,817	96.3	1,668	93.5	1,241	91.4	977	95.3	5,703	94.9	2,677	95.6	3,010
	smoke marijuana	Marijuana	99.3	1,818	95.4	1,668	89.9	1,240	85.7	977	93.0	5,703	91.2	2,678	94.8	3,008
Past 30-Day Use*	at least one use in the Past 30 Days	Alcohol	0.6	1,863	4.3	1,672	7.2	1,247	13.2	1,066	6.1	5,848	6.2	2,753	5.9	3,078
		Cigarettes	0.6	1,739	1.8	1,623	3.7	1,239	6.3	1,050	3.0	5,651	3.5	2,636	2.5	2,999
		Marijuana	0.1	1,858	2.2	1,666	4.9	1,244	7.0	1,067	3.4	5,835	4.3	2,748	2.4	3,071
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	6.4	1,881	14.4	1,688	21.7	1,250	31.0	809	15.7	5,628	16.7	2,640	14.9	2,971
		Average age:	10.4 years		11.8 years		13.2 years		14.7 years		13.1 years		13.0 years		13.3 years	
	smoked a cigarette, even just a puff?	Cigarettes	2.6	1,879	7.2	1,690	13.8	1,253	18.0	807	8.7	5,629	9.7	2,643	7.7	2,969
		Average age:	10.4 years		11.7 years		12.8 years		13.9 years		12.8 years		12.7 years		12.9 years	
	smoked marijuana?	Marijuana	0.5	1,883	4.2	1,692	11.6	1,254	19.9	808	6.9	5,637	8.2	2,647	5.7	2,974
		Average age:	11.2 years		12.5 years		13.8 years		15.1 years		14.2 years		14.2 years		14.3 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.

† "All Grades" 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 "All Grades" 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				All Grades			
		Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011	Region 2007	Region 2009	Region 2011	State 2011
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	6.5	6.6	4.8	5.6	6.4	7.6	5.8	6.8	9.0	5.7	4.1	4.6	4.8	4.3	3.4	4.0	6.7	6.0	4.5	5.3
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More Than Once	19.5	21.8	17.3	18.4	16.6	18.2	18.6	17.7	12.9	12.5	11.9	10.6	8.5	7.5	7.6	7.5	13.9	14.5	13.7	13.5
Discipline																					
My teachers maintain good discipline in the classroom.	Strongly Agree or Agree	93.5	95.0	94.1	92.4	81.1	89.4	89.1	87.9	86.3	88.1	89.3	89.2	92.5	92.4	91.8	90.0	88.0	91.1	90.8	89.8
The principle and assistant principal maintain good discipline at my school.	Strongly Agree or Agree	93.1	93.4	91.4	88.9	82.8	86.2	85.5	86.1	84.8	86.7	89.0	87.1	85.9	83.7	89.4	86.7	86.2	87.2	88.6	87.2
Perceived vs. Actual ATOD Use																					
Smoke Cigarettes every day	Perceived Use	4.3	4.4	5.3	2.5	11.9	14.8	16.1	16.0	24.0	21.8	21.2	25.7	18.7	21.4	19.6	24.9	14.8	16.0	15.6	17.0
	Actual Use	0.1	0.2	0.3	0.1	0.9	0.5	0.6	0.8	2.3	2.4	2.3	2.4	2.3	3.2	3.1	3.5	1.4	1.6	1.5	1.6
Drank Alcohol in past 30 days	Perceived Use	5.5	6.2	6.7	3.3	16.8	19.4	20.4	21.4	34.9	27.4	27.5	35.5	32.6	32.4	29.2	38.7	22.7	21.9	21.1	24.3
	Actual Use	1.2	1.3	0.6	1.4	5.1	4.8	4.3	6.0	13.5	8.5	7.2	11.2	9.0	10.4	13.2	17.0	7.3	6.3	6.1	8.6
Used Marijuana in past 30 days	Perceived Use	1.9	2.4	3.0	1.6	9.2	12.0	13.4	16.9	21.8	21.3	20.2	29.4	19.3	22.3	21.3	30.3	13.2	15.0	14.6	19.3
	Actual Use	0.1	0.4	0.1	0.5	1.3	1.5	2.2	3.6	4.2	4.6	4.9	7.9	2.8	3.6	7.0	9.8	2.1	2.5	3.4	5.3

Substance Use and 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	14.6	4.2
Wrong	59.6	24.9
A Little Bit Wrong	80.2	44.7
Not Wrong At All	68.6	42.7

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	8.5	3.0
Wrong	48.4	24.0
A Little Bit Wrong	72.6	46.5
Not Wrong At All	65.1	49.5

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	10.5	2.2
Wrong	42.6	14.6
A Little Bit Wrong	67.3	37.1
Not Wrong At All	58.7	40.9

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 (14.6% lifetime, 4.2% 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 59.6% for lifetime use and 24.9% 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.

Appendix: Changes in the 2011 PNA

As new issues come to the forefront and new prevention modalities are implemented, the SHARP PNA survey evolves to reflect these concerns.

Weighting procedures for 2011

During the analysis of SHARP survey data, Bach Harrison analysts have applied weights to the data to make the results more accurately reflect the total population of Utah students in grades 6, 8, 10, and 12.

Beginning in 2011, the State of Utah requested that Bach Harrison change the weighting procedure to account for the probability of a school participating in the survey and the probability of inclusion of students in each grade and gender category in each school. This differed from the weighting procedure used with past SHARP surveys that was based upon school district enrollment in grades 6, 8, 10, and 12.

To examine the effects of this weighting change, a comparison of ATOD use rates, antisocial behavior, and risk and protective factor scales was conducted using the two weighting procedures. Results showed that the two methods produced nearly identical results at the state level with differences of less than 1%. Thus, we believe that the 2011 data presented in this report are comparable to data from previous administrations.

For most school districts, results obtained using the two weighting procedures were also very similar. However, a few school districts, mostly those with a small student population, had some differences that exceeded 1%. If you have any concern about whether observed trends over time are a result of the new method of weighting the survey data please contact Bach Harrison. We will be happy to review the survey weighting procedure with you and if necessary conduct further analyses of your data to assist in accurately determining trends over time for your area. Bach Harrison's contact information can be found on the final page of this report.

Changes to ATOD Questions

With the recent focus on prescription drugs, the stimulant and sedative questions were reworded slightly for 2011. The new wording emphasizes the fact that they are prescription drugs and the questions now match those asked by the national Monitoring the Future (MTF) survey.

In order to match the MTF questions, the 2007/2009 sedative question was divided into two questions; 1) sedatives/sleeping pills and 2) tranquilizers. The wording for these new questions matches the MTF exactly and makes national comparison more accurate and timely. Further, questions regarding cocaine and hallucinogens were updated to more closely match the MTF questions. The changes added examples of the drugs in order to increase the likelihood that students would recognize the drugs they used. Examples of the 2011 questions can be found in Tables 4 and 5 of this report and the wording for questions from previous surveys can be found in survey reports for 2007 and 2009.

New Health-Related Questions

Extra tobacco and health department questions were added in 2011. Health issues include questions about:

1) asthma
2) height and weight
3) physical activity
4) watching TV and playing video games
5) texting in a car
6) depression and suicide
7) diabetes
8) using tanning devices
9) getting sunburned
10) consuming soda and sweetened drinks
11) eating fast-food.

Changes to Alcohol Usage Questions

In 2011, all questions related to the sources of obtaining alcohol were removed. The places of alcohol use were the same as prior years with the addition of the choice, *At or near school.*

New Entitlement and Gang Questions

Questions from the Utah Commission on Criminal and Juvenile Justice (CCJJ) that measure youth feelings of entitlement and perceptions of why kids join gangs were added in 2011 to provide more information on the gang issue in Utah.

Contacts for Prevention

National Contacts

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

National Clearinghouse for Alcohol and 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://www.samhsa.gov/prevention/

Monitoring the Future
http://monitoringthefuture.org

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

State Contacts

Utah Division of Substance Abuse and Mental Health
120 North 200 West, #209
Salt Lake City, Utah 84103
http://dsamh.utah.gov/

Craig L. PoVey, Program Administrator
801-538-4354
Email: clpovey@utah.gov

Ben Reaves, Program Manager
801-538-3946
Email: breaves@Utah.gov

Brenda Ahlemann, Research Consultant
801-538-9868
Email: bahlemann@utah.gov

Susannah Burt, Program Manager
801-538-4388
Email: sburt@utah.gov

Utah State Office of Education
Verne Larsen
Coordinator, At Risk Services
250 East 500 South
Salt Lake City, Utah 84111
801-538-7583
Email: larsen.Verne@schools.utah.gov

Utah Department of Health
Amy Sands
Tobacco Prevention and Control Program
P.O. Box 142106
Salt Lake City, UT 84114-2106
801-538-9374
Email: asands@utah.gov

Regional Contacts

Summit Planning District
Pamella Bello
Valley Mental Health
1753 Sidewinder Drive
Park City, UT 84060
435-649-8347
Email: pamellab@vmh.com

Utah County Planning District
Pat Bird
Utah County Div. of Substance Abuse
151 South University Avenue Suite 3200
Provo, UT 84601
801-851-7126
Email: ucadm.patbi@state.ut.us

Wasatch Planning District
Kathy Day
Heber Valley Counseling
55 South 500 East
Heber, UT 84032
435-657-3228
Email: kday@co.wasatch.ut.us

Regional Contacts (Cont.)

Four Corners Planning District
Sarah Bauman
Four Corners Behavioral Health
198 E. Center
Moab, UT 84532
435-259-6131, ext 27
Email: sbauman@fourcorners.ws

Bear River Planning District
Cathy Lloyd
Bear River Health Department
655 East 1300 North
Logan, UT 84341
435-792-6529
Email: clloyd@brhd.org

Weber Planning District
Paula Price
Weber Human Services
237 26th Street
Ogden, UT 84401
801-625-3674
Email: paulap@weberhs.org

Southwest Planning District
Allen Sain
Southwest Center
245 East 680 South
Cedar City, UT 84720
435-867-7622
Email: asain@swcbh.com

Central Planning District
Jolene Salisbury-Blackburn
Central Utah Counseling Center
390 West 100 North
Ephraim, UT 84627
435-283-4065
Email: joleneb@cucc.us

Salt Lake Planning District
Jeff Smart
Salt Lake County Government Center
2001 S. State Suite S-2300
Salt Lake City, UT 84190
801-468-2042
Email: jlsmart@SLCo.org

Tooele Planning District
Julie Spindler
Valley Mental Health
100 South 1000 West
Tooele, UT 84074
435-843-3538
Email: julies@vmh.com

Northeastern Planning District
Robin Taylor
Northeastern Counseling Center
285 W. 800 S.
Roosevelt, UT 84066
435-725-6334
Email: robint@nccutah.org

Davis Planning District
Debi Todd
Davis Behavioral Health
2250 N. 1700 W.
Layton, UT 84041
801-447-8459
Email: debit@dbhutah.org

This Report Was Prepared for the State of Utah by
by Bach Harrison LLC
http://www.bach-harrison.com
R. Steven Harrison, Ph.D.
R. Paris Bach-Harrison, B.F.A.
Taylor C. Bryant, B.A.
Mary VanLeeuwen Johnstun, M.A.