UTAH PREVENTION

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

Student Health And Risk Prevention

2015 Prevention Needs Assessment Survey Results

San Juan County LSAA

DSAMH Region Profile Report

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Introduction

2015 San Juan County LSAA Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2015 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 18 charter and private schools across Utah. The results for your Local Substance Abuse Authority (LSAA) region are presented along with comparisons to the results for the State of Utah.

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 describes 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 in relation to the number of students that were selected for the survey. If 60% or more of the students selected 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. If you have questions regarding the number of students selected in your community, please contact Bach Harrison.

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	LSAA 2011		LSAA 2013		LSAA 2015		State 2015	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	277	100.0	389	100.0	365	100.0	48,975	100.0
Survey Respondents by Grade								
6	78	28.2	129	33.2	124	34.0	15,459	31.6
8	87	31.4	124	31.9	87	23.8	14,373	29.3
10	82	29.6	90	23.1	88	24.1	11,055	22.6
12	30	10.8	46	11.8	66	18.1	8,088	16.5
Survey Respondents by Gender								
Male	137	49.6	200	51.4	182	50.0	23,552	48.3
Female	139	50.4	189	48.6	182	50.0	25,237	51.7
Survey Respondents by Race/Ethnicity								
African American	3	1.1	4	1.0	2	0.6	752	1.5
American Indian	53	19.9	78	20.2	73	20.3	897	1.8
Asian	2	0.8	2	0.5	3	0.8	846	1.7
Hispanic or Latino	10	3.8	11	2.8	15	4.2	6,369	13.1
Pacific Islander	1	0.4	1	0.3	6	1.7	675	1.4
White	175	65.8	250	64.6	230	63.9	35,110	72.2
Multi-racial	22	8.3	41	10.6	31	8.6	3,949	8.1

Understanding the Charts in this Report

There are seven types of charts presented in this report:

1. Substance use
2. Problem use and antisocial behavior (ASB)
3. Sources of alcohol acquisition
4. Places of alcohol consumption
5. Mental health and suicide
6. Risk factor profiles
7. Protective factor profiles

Data from the charts are presented numerically in Tables 3 through 9. Additional data useful for prevention planning are found in Tables 10, 11, and 12.

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 2015 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: 2011, 2013, and 2015. 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, Diamonds, Stars and Xs 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. The diamonds and stars represent national data from the Monitoring the Future (MTF) Survey and the Bach Harrison Norm, respectively.

For the 2015 PNA Survey, there were 48,975 participants in grades 6, 8, 10, and 12, out of 75,652 sampled, a participation rate of 64.7%. The fact that over 48,000 students across the state participated in the PNA make the state dot a good estimate of the rates of alcohol, tobacco and other drug (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.

A comparison to state-wide and national results provides additional information for your community in determining the relative importance of levels of 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 factors your community should consider addressing when planning prevention programs.

The diamonds represent national data from the Monitoring the Future (MTF) survey, a long-term epidemiological study that surveys trends in drug and alcohol use among American adolescents. Funded by research grants from the National Institute on Drug Abuse, it features nationally representative samples of 8th-, 10th-, and 12th-grade students. (6th grade MTF data are not available and as such are not on shown on the charts.)

The stars represent national data from the Bach Harrison Norm (BH Norm). 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 11 statewide surveys were combined into a database of approximately 657,000 students in grades 6, 8, 10, and 12. 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 BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every 2 years as new data become available. The last BH Norm update was completed in 2014.

The Xs represent national mental health data gathered by the Youth Risk Behavior Survey (YRBS). National comparison points are available for grades 10 and 12 on the topic of suicide and depression.

Substance Use Charts

There are two types of use measured on the drug use charts.

State identified priority substance use measures lifetime and 30-day use rates for alcohol, tobacco (including e-cigarettes), marijuana, prescription narcotics, and overall prescription drug abuse.

Other substance use measures lifetime and 30-day use rates for a variety of illicit drugs, including cocaine, heroin, and methamphetamine, as well as offering use rates for subcategories of prescription drug abuse.

Problem Use and Antisocial Behavior Charts

There are three categories measured on these 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 during the past 30 days.

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 report using alcohol on 10 or more occasions in their lifetime or any drugs in their lifetime and marked at least three of the following items specific to their drug or alcohol use in the past year:

- *Spent more time using than intended;*
- *Neglected some of your usual responsibilities because of use*
- *Wanted to cut down on use*
- *Others objected to your use*
- *Frequently thought about using*
- *Used alcohol or drugs to relieve feelings 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) profiles show the percentage of youth who reported antisocial behaviors during the past year, including suspension from school, selling illegal drugs, and attacking another person with the intention of doing them serious harm.

Mental Health and Suicide Charts

The mental health charts show the percentage of youth with mental health treatment needs, the percentage exhibiting depressive symptoms, student responses to questions about suicide, and new questions about students engaging in self-harming behaviors (e.g. cutting themselves).

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:

- *feel nervous?*
- *feel hopeless?*
- *feel restless or fidgety?*
- *feel so depressed that nothing could cheer you up?*
- *feel that everything was an effort?*
- *feel worthless?*

Answers to each 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 total score of 13 or more points were determined to have high mental health treatment needs. Table 6 also shows the percentage of students with moderate (scoring 7-12 points) and low (scoring 0-6 points) mental health treatment needs.

Depression-Related Indicators are divided into two sections. The first asks about depression in the past year:

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

The second part, the depressive symptoms scale, is reported in Table 6. This part is calculated from student responses to the following statements:

- *Sometimes I think that life is not worth it.*
- *At times I think I am no good at all.*
- *All in all, I am inclined to think that I am a failure.*
- *In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?*

These four depressive symptoms questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups. The first

group was the High Depressive Symptoms group who scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked "YES!" to all four items or marked "yes" to one item and "YES!" to three. The second group was the No Depressive Symptoms group who marked "NO!" to all four of the items, and the third group was a middle group who comprised the remaining respondents.

Suicide Related Indicators are based on a series of questions about suicide. These questions provide information about suicidal ideation and attempts of suicide (e.g., "During the past 12 months, did you ever seriously consider attempting suicide?" and "During the past 12 months, how many times did you actually attempt suicide?").

Self-Harm questions (new to the 2015 SHARP survey) ask about self-destructive behavior other than suicide. Students are considered to have engaged in self-harm if they responded they had done "*something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose*" one or more times during the past 12 months.

Additional data on specific types of self-harming behavior are presented in detail in Table 6.

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.

Risk factor charts show the percentage of youth who are considered "higher risk" across a variety of risk factor scales.

Protective factor charts show the percentage of youth who are considered high in protection across a variety of protective factor scales.

Sources of Alcohol and Places of Alcohol Use

These charts present patterns of how students obtained alcohol and where they consumed it. The students answering these questions are a subset of the total sample, so the number of students responding to these questions is presented to assist in interpreting the results.

Sources of alcohol shows the percentage of youth who obtained alcohol from nine specific sources. Questions about sources of alcohol were not asked in 2011, but were included on the 2013/2015 surveys.

Places of alcohol use show the percentage that used alcohol in six specific places during the past year.

Additional Tables in this Report

Tables 10, 11, and 12 contain additional data for prevention planning and reporting to state and federal agencies.

Drug Free Communities

Table 10 contains information relevant to Drug Free Community (DFC) grantees. This table reports the four DFC Core Measures on alcohol, tobacco, marijuana and prescription drugs:

Perception of Risk - The percentage of respondents who report that regular use of the substance has moderate risk or great risk

Perception of Parental Disapproval - The percentage of respondents who report their parents would feel regular use of alcohol or any use of cigarettes, marijuana, or misuse of prescription drugs is wrong or very wrong.

Perception of Peer Disapproval - The percentage of respondents who report their friends would feel regular use of alcohol or any use of cigarettes, marijuana, or misuse of prescription drugs is wrong or very wrong.

Past 30-Day Use - The percentage surveyed reporting using the substance at least once in the past 30 days

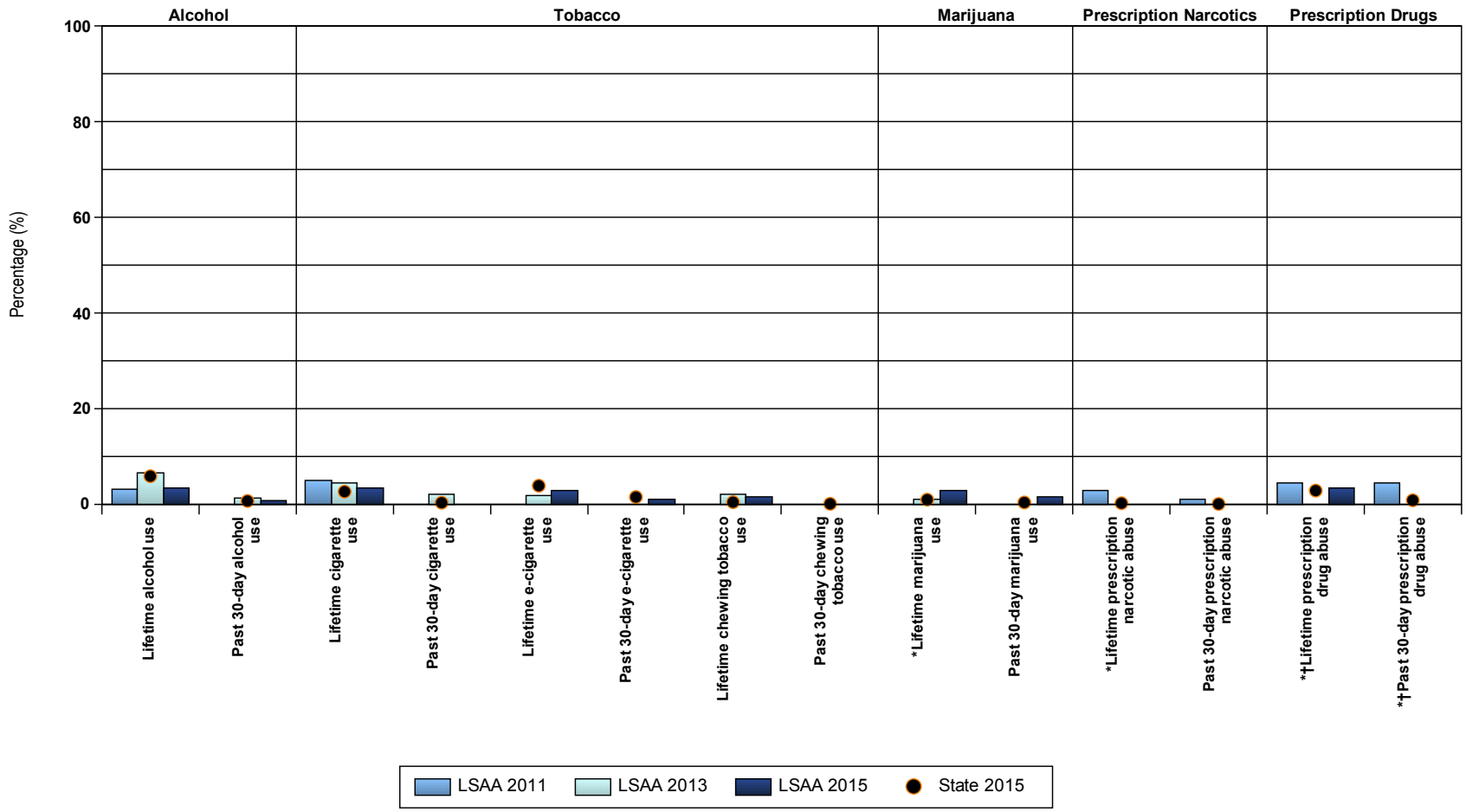
Data for Prevention Planning

Table 11 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

Table 12 explores the relationship between perceived parental approval and ATOD use. A full explanation of how to interpret these data is available accompanying the tables.

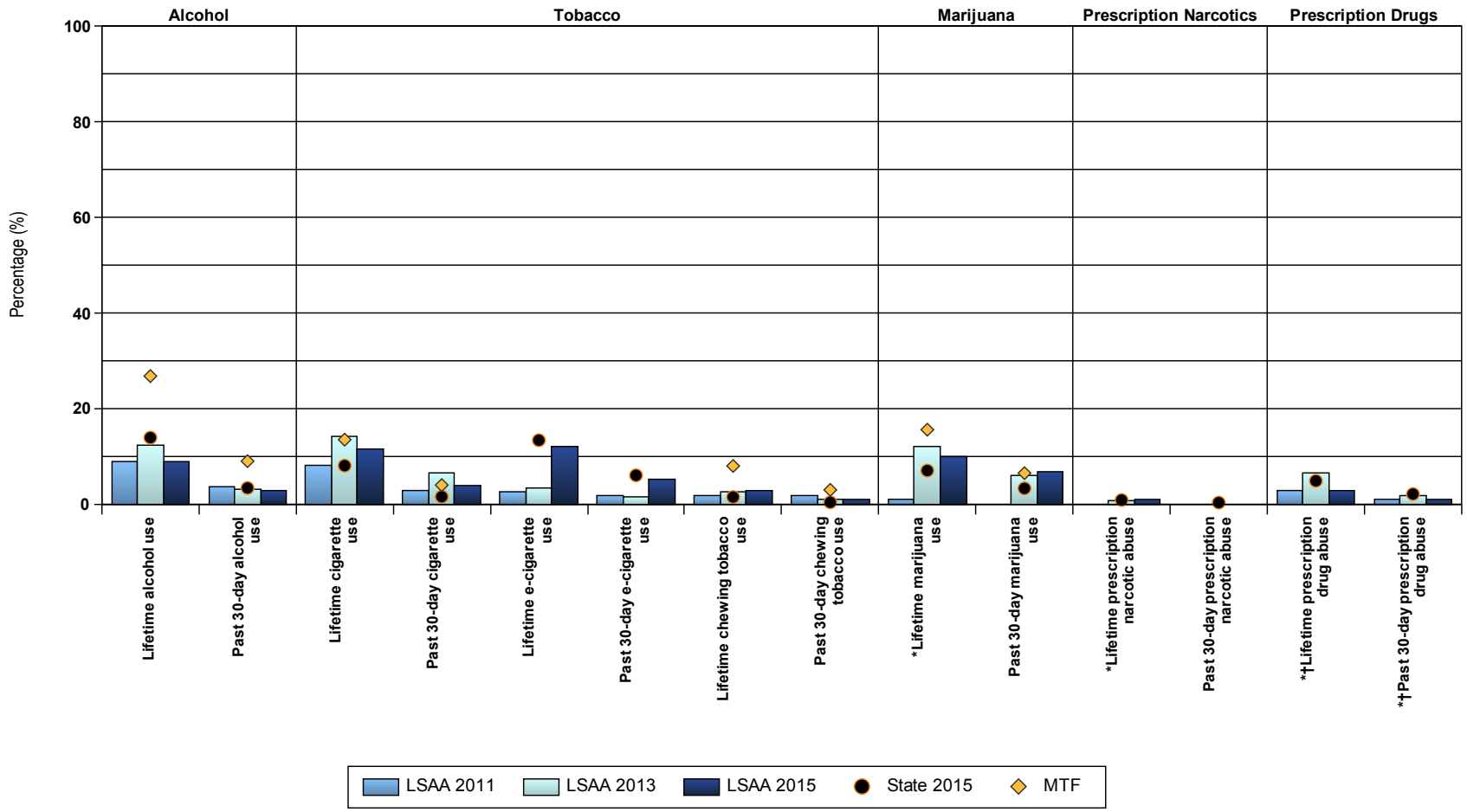
State-Identified Priority Substance Use
2015 San Juan County LSAA Student Survey, Grade 6



* 2013/2015 SHARP PNA lifetime use is calculated differently than previous years. Beginning in 2013, age of first use became the new basis for calculating lifetime use for substances other than alcohol and tobacco. See appendix for details. Since not all students answer all questions, the percentage of students reporting use in the past 30 days may be greater than the percentage reporting age of first use.

†"Prescription drug abuse" is a combined measure showing the total rate of abuse of any prescription stimulant, prescription sedative, prescription tranquilizer, or prescription narcotic drugs.

State-Identified Priority Substance Use
2015 San Juan County LSAA Student Survey, Grade 8



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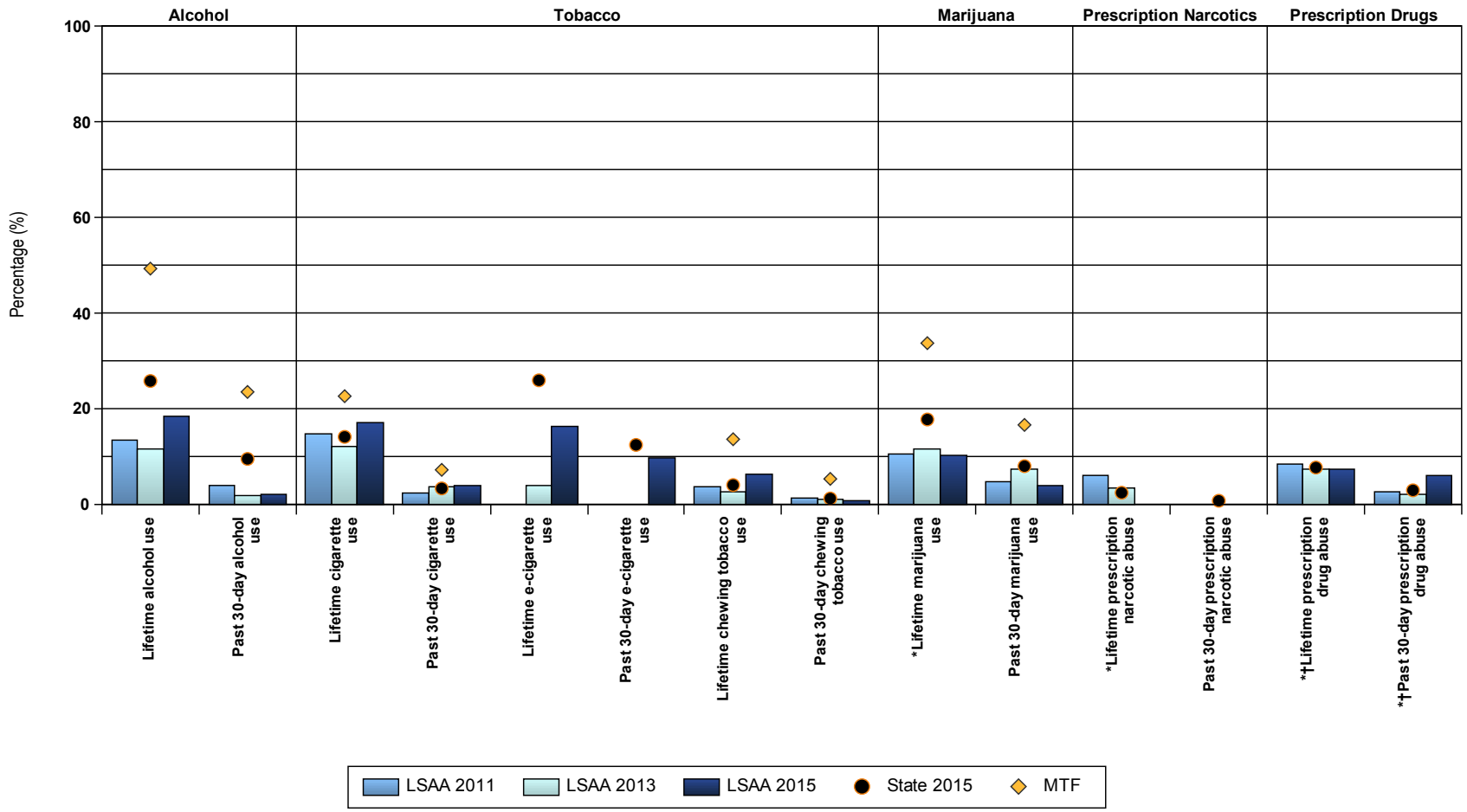
State-Identified Priority Substance Use
2015 San Juan County LSAA Student Survey, Grade 10



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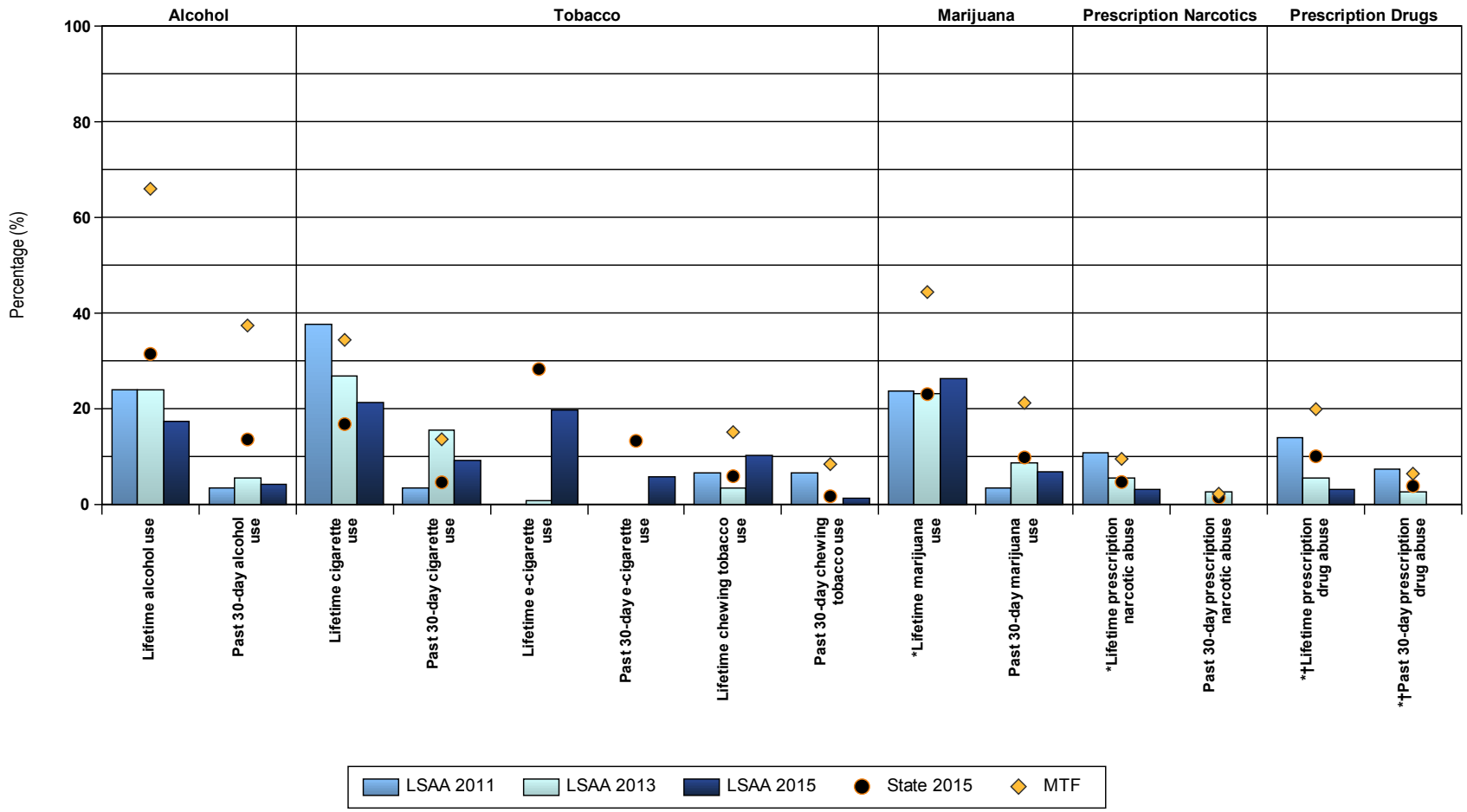
State-Identified Priority Substance Use
2015 San Juan County LSAA Student Survey, Grade 12



* 2013/2015 SHARP PNA lifetime use is calculated differently than previous years. Beginning in 2013, age of first use became the new basis for calculating lifetime use for substances other than alcohol and tobacco. See appendix for details. Since not all students answer all questions, the percentage of students reporting use in the past 30 days may be greater than the percentage reporting age of first use.

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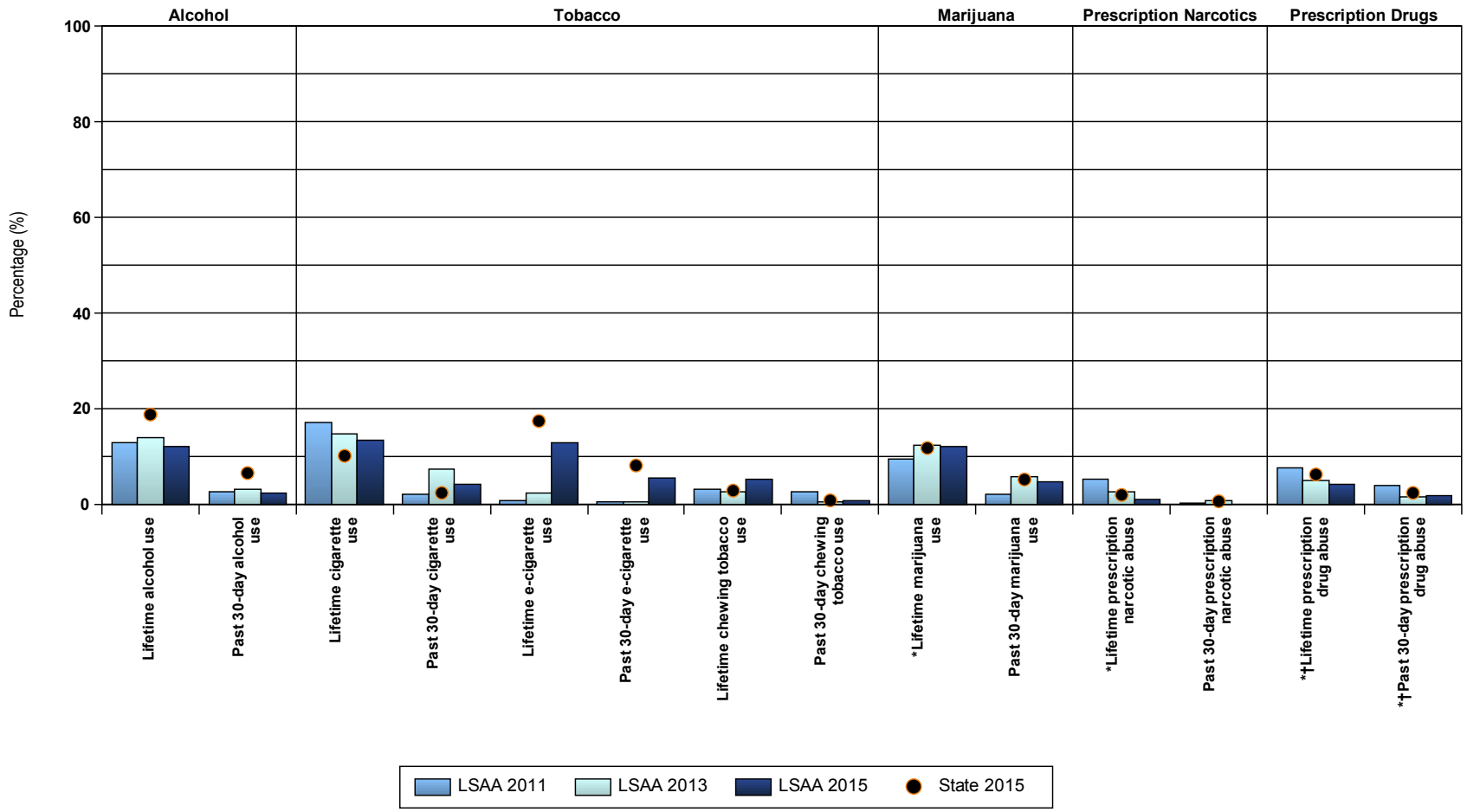
State-Identified Priority Substance Use
2015 San Juan County LSAA Student Survey, All Grades



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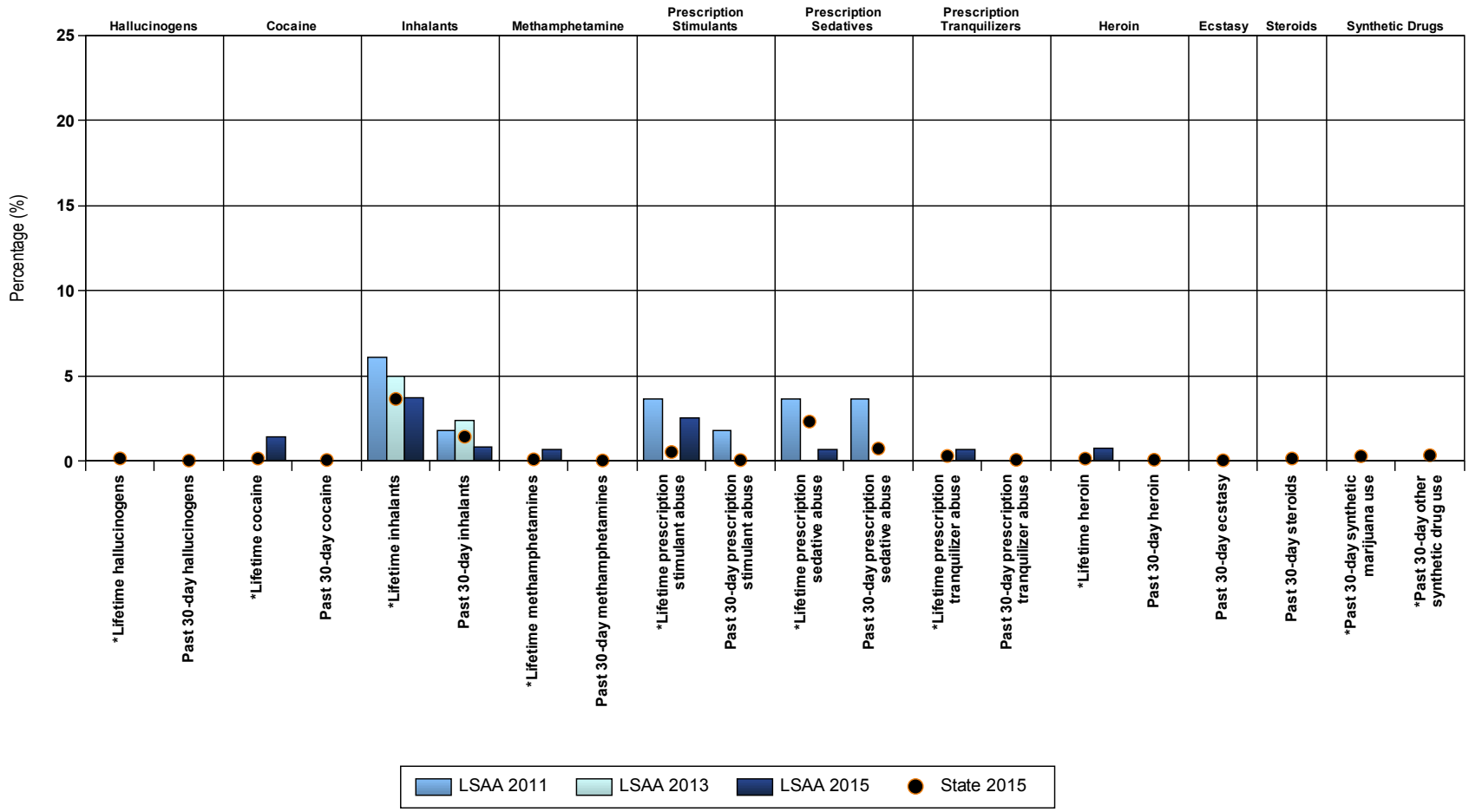
Other Substance Use
2015 San Juan County LSAA Student Survey, Grade 6



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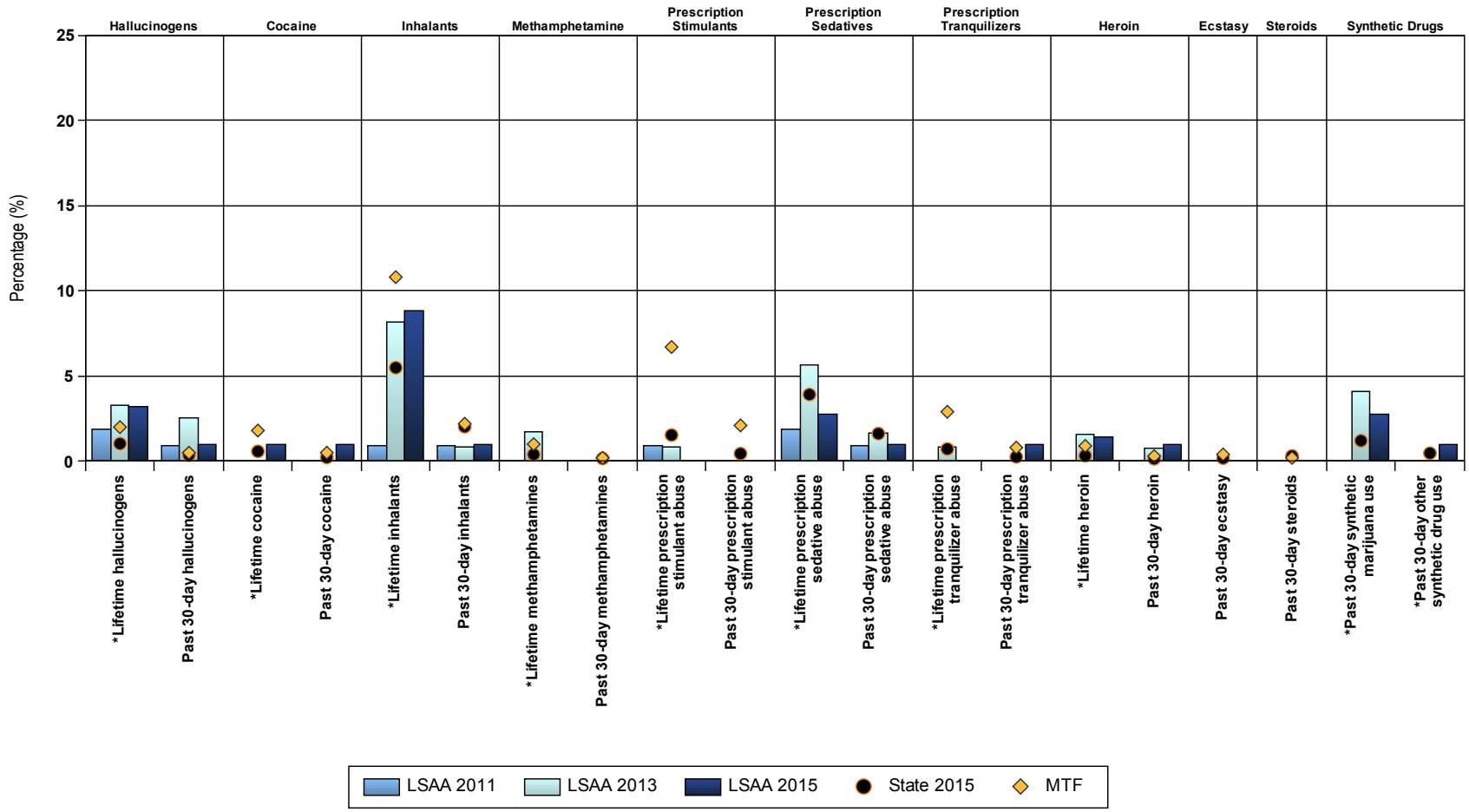
** "Synthetic marijuana use" and "Other synthetic drug use" were not measured in 2011.

Other Substance Use
2015 San Juan County LSAA Student Survey, Grade 8



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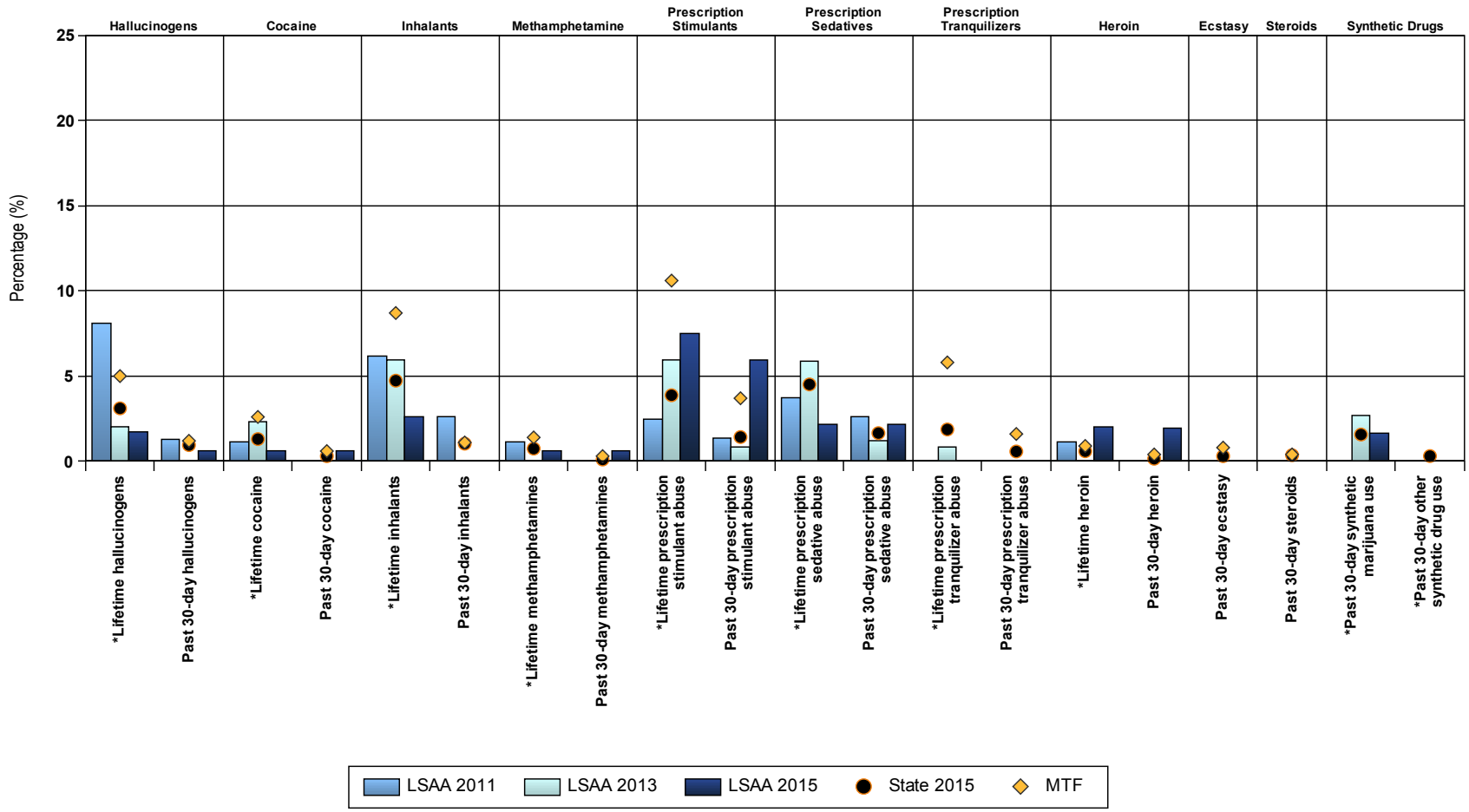
Other Substance Use
2015 San Juan County LSAA Student Survey, Grade 10



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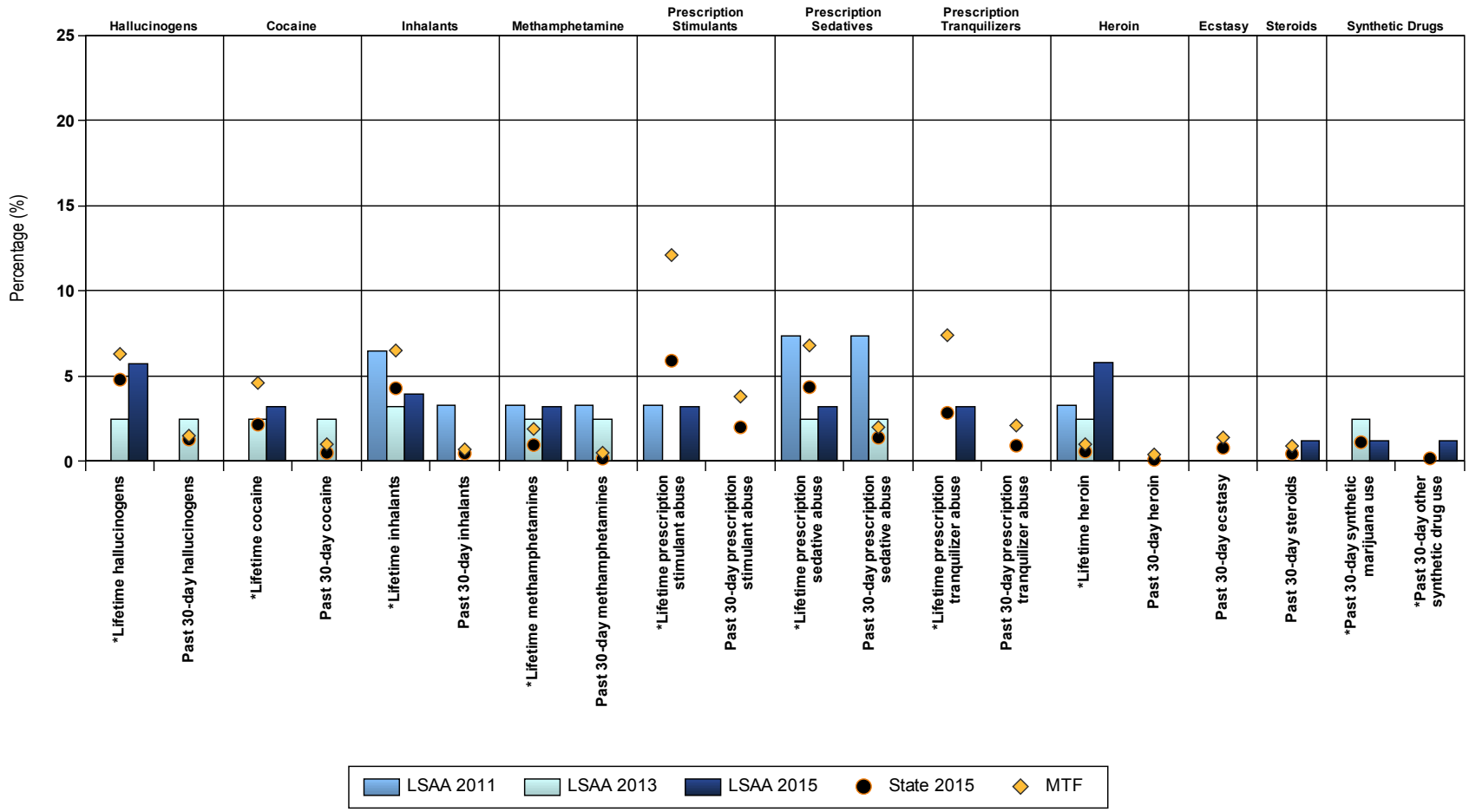
Other Substance Use
2015 San Juan County LSAA Student Survey, Grade 12



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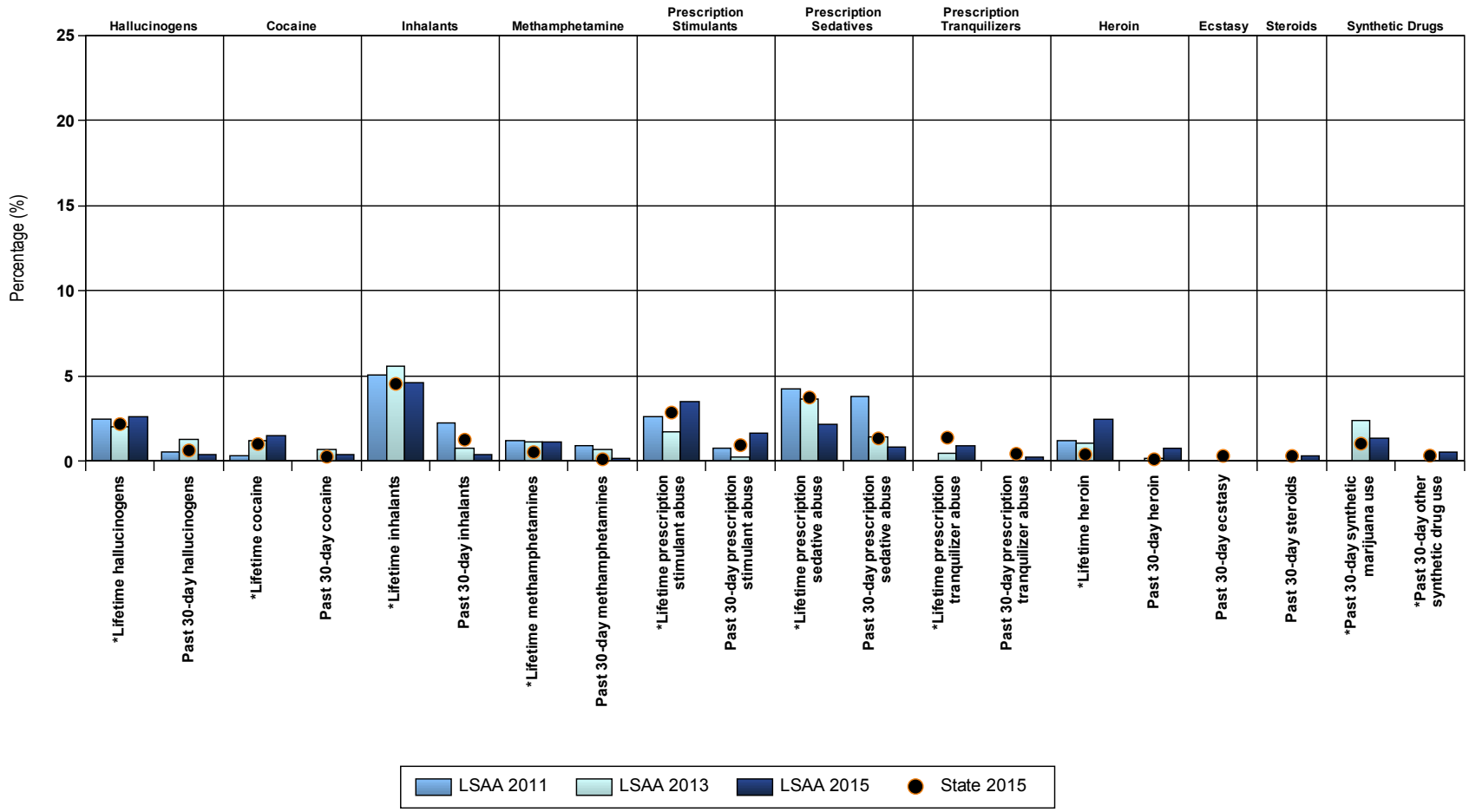
Other Substance Use
2015 San Juan County LSAA Student Survey, All Grades



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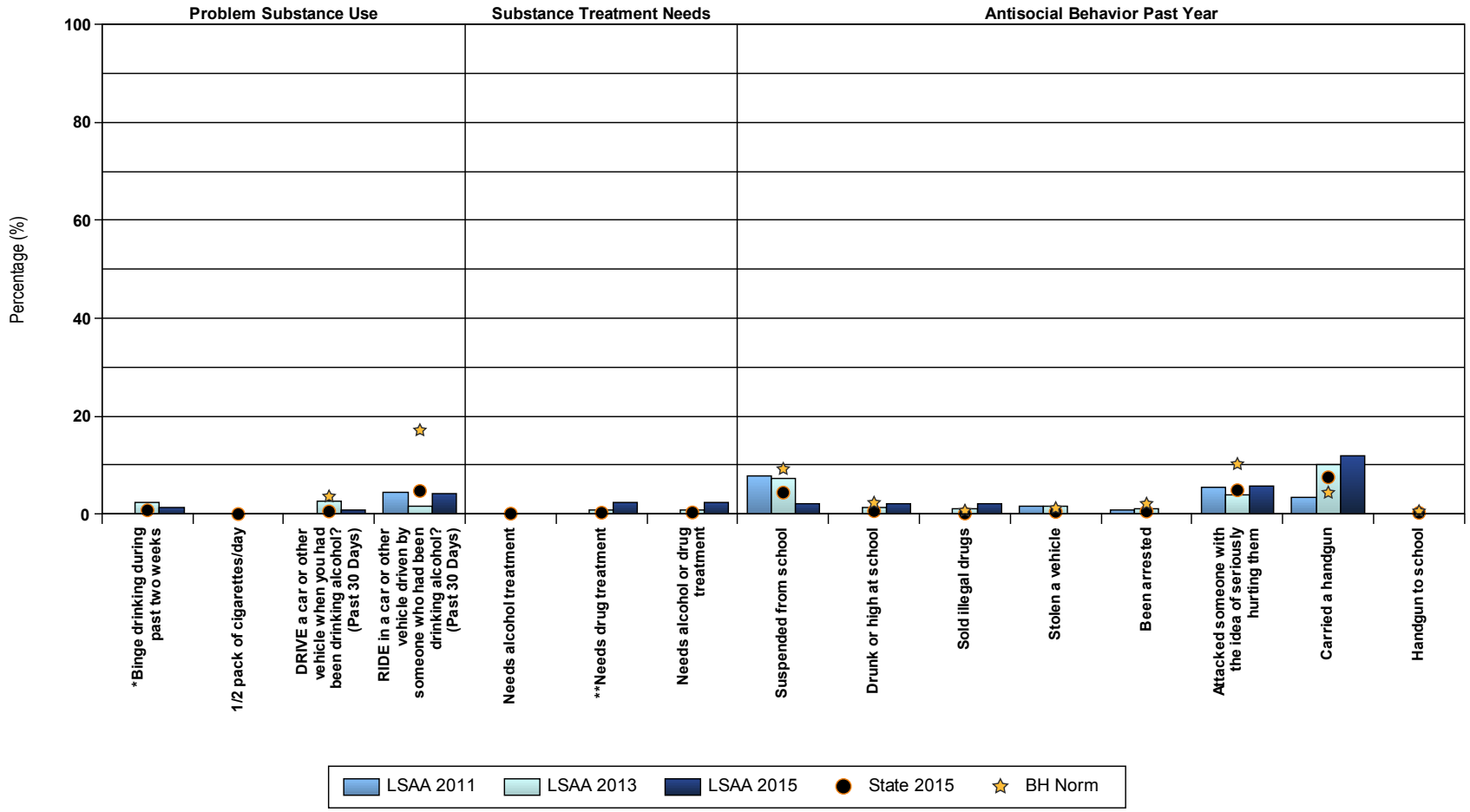
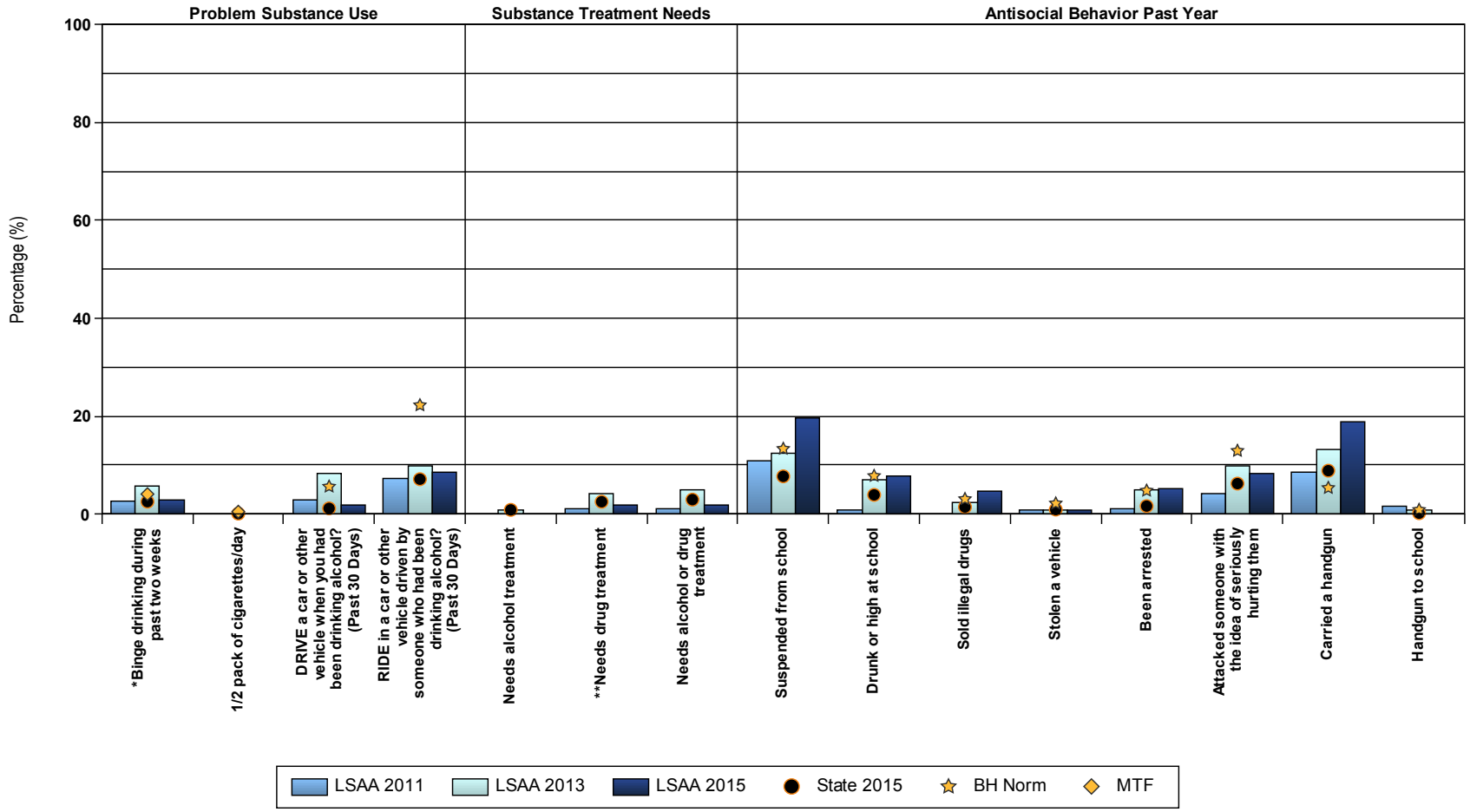
Problem Use and Antisocial Behavior

Problem Substance Use and Antisocial Behavior
2015 San Juan County LSAA Student Survey, Grade 6



* 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.
** Due to a change in how lifetime drug use was measured starting in 2013, the calculation for "Needs drug treatment" changed slightly. (See appendix for details.)
Please see Table 5 for more information on the time frames for the values presented in this chart.

Problem Substance Use and Antisocial Behavior
2015 San Juan County LSAA Student Survey, Grade 8



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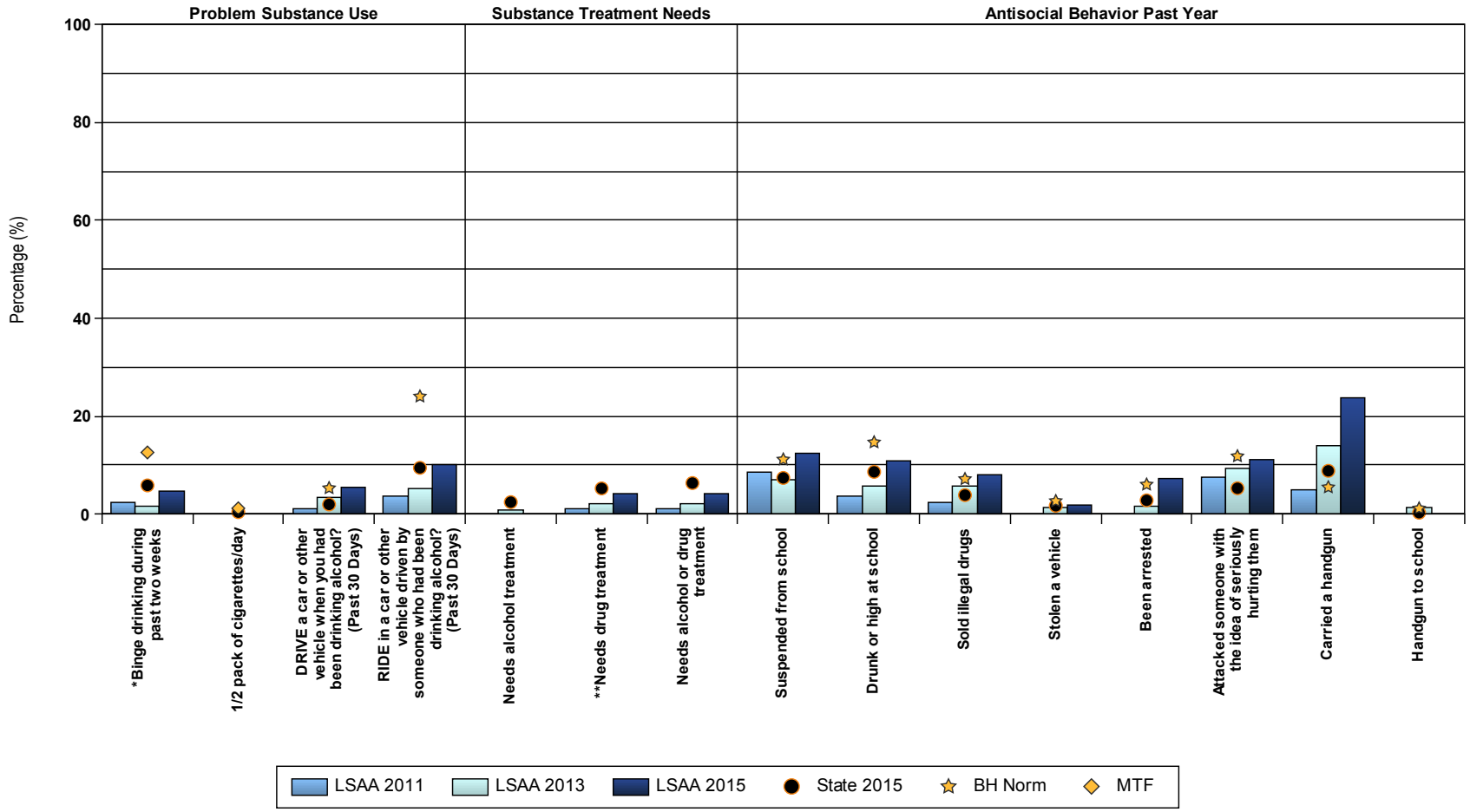
Please see Table 5 for more information on the time frames for the values presented in this chart.

Problem Use and Antisocial Behavior

Problem Substance Use and Antisocial Behavior
2015 San Juan County LSAA Student Survey, Grade 10



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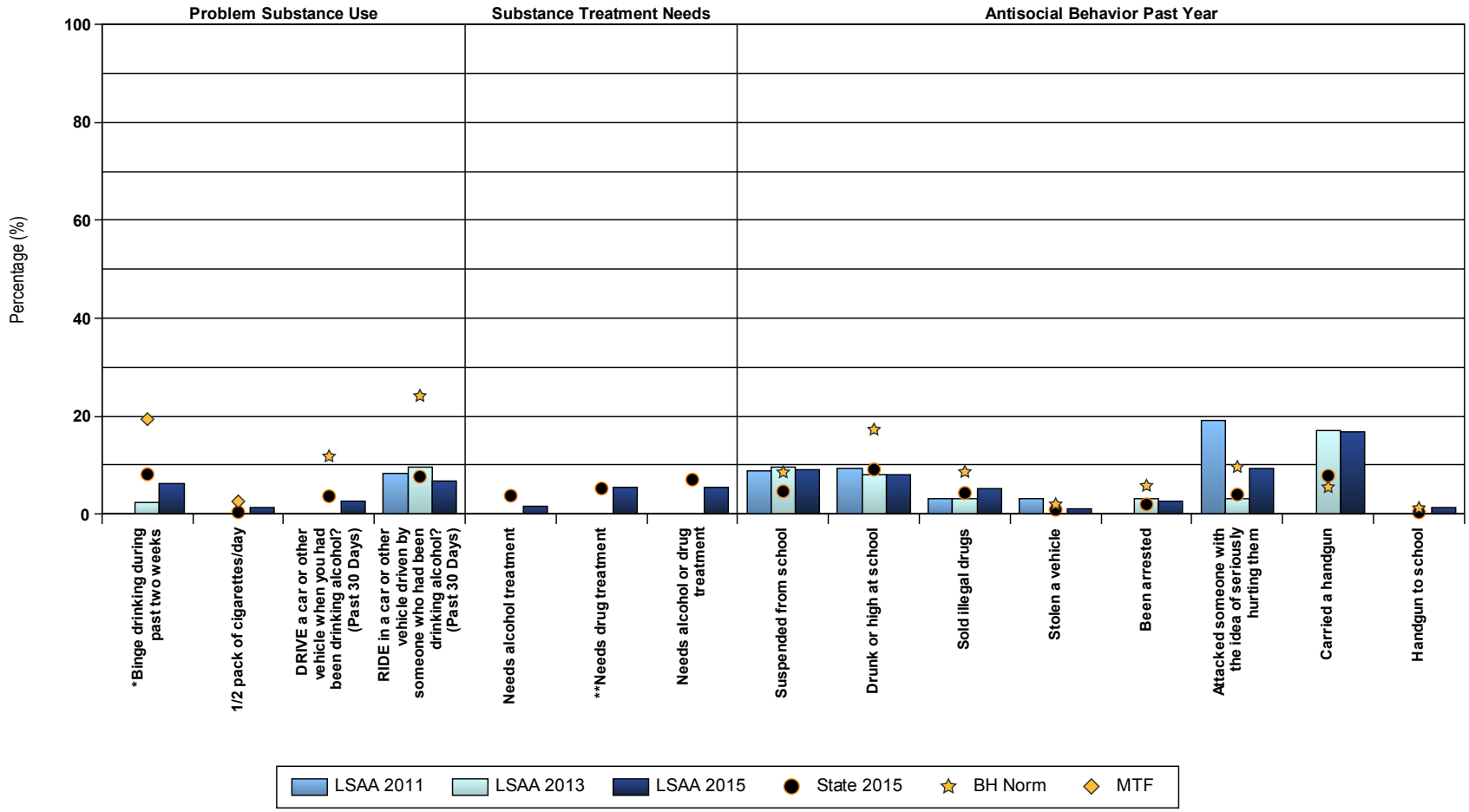
Problem Substance Use and Antisocial Behavior
2015 San Juan County LSAA Student Survey, Grade 12



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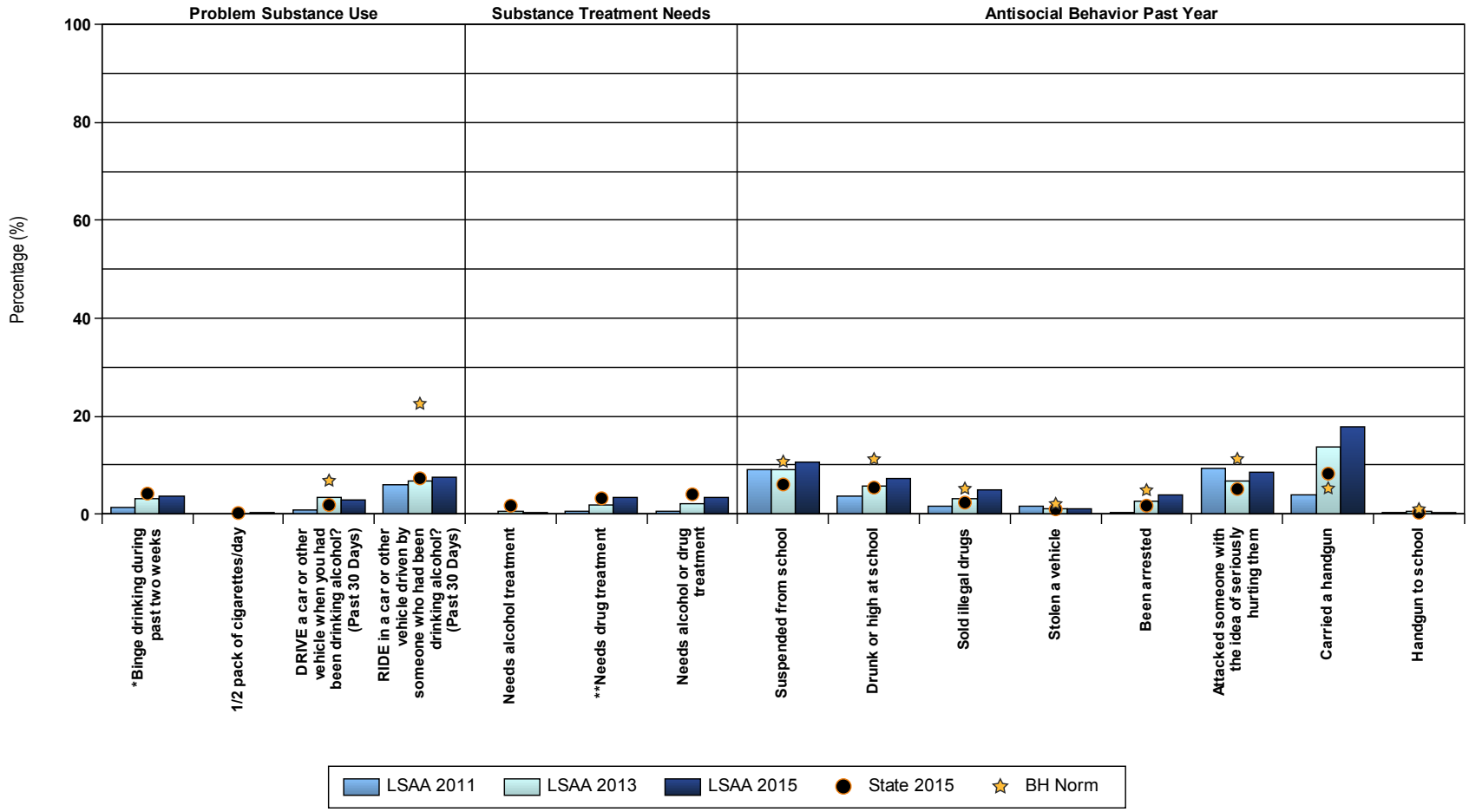
Problem Use and Antisocial Behavior

Problem Substance Use and Antisocial Behavior
2015 San Juan County LSAA Student Survey, All Grades



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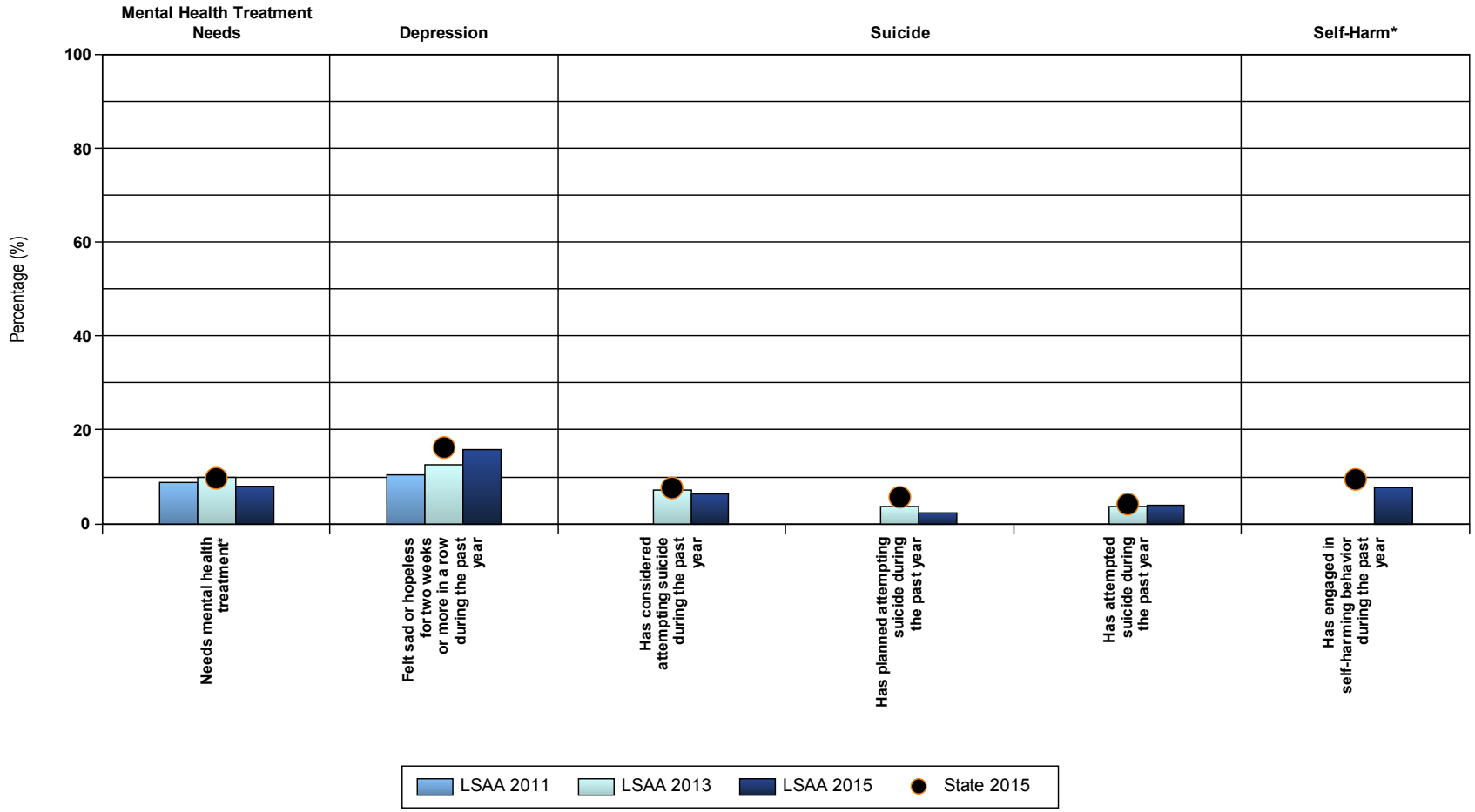
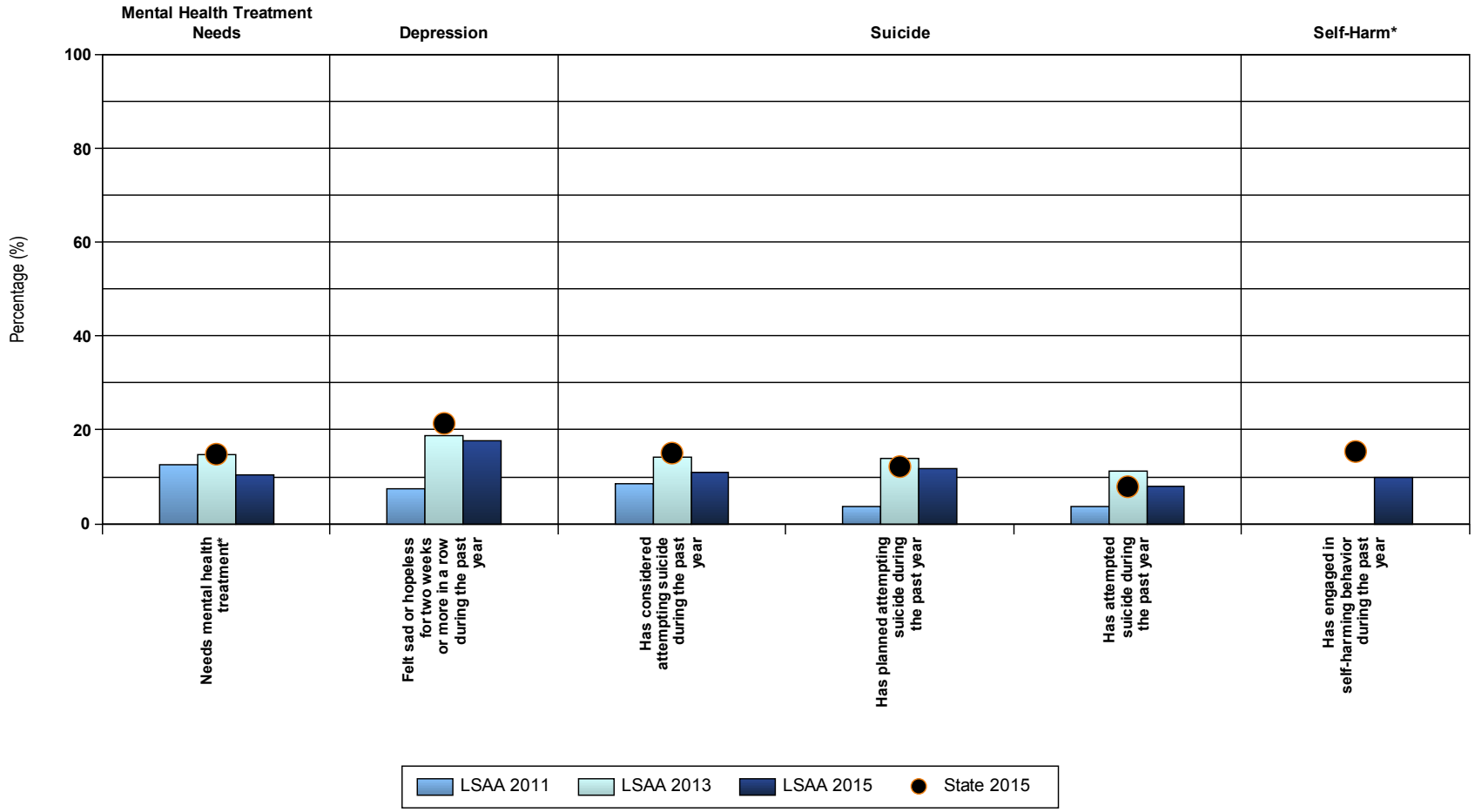
Please see Table 5 for more information on the time frames for the values presented in this chart.

Mental Health and Suicide Indicators
2015 San Juan County LSAA Student Survey, Grade 6



* Self-harm questions were introduced on the 2015 SHARP survey instrument. Past years' data are not available.
National comparison data are available for 10th and 12th grade only.

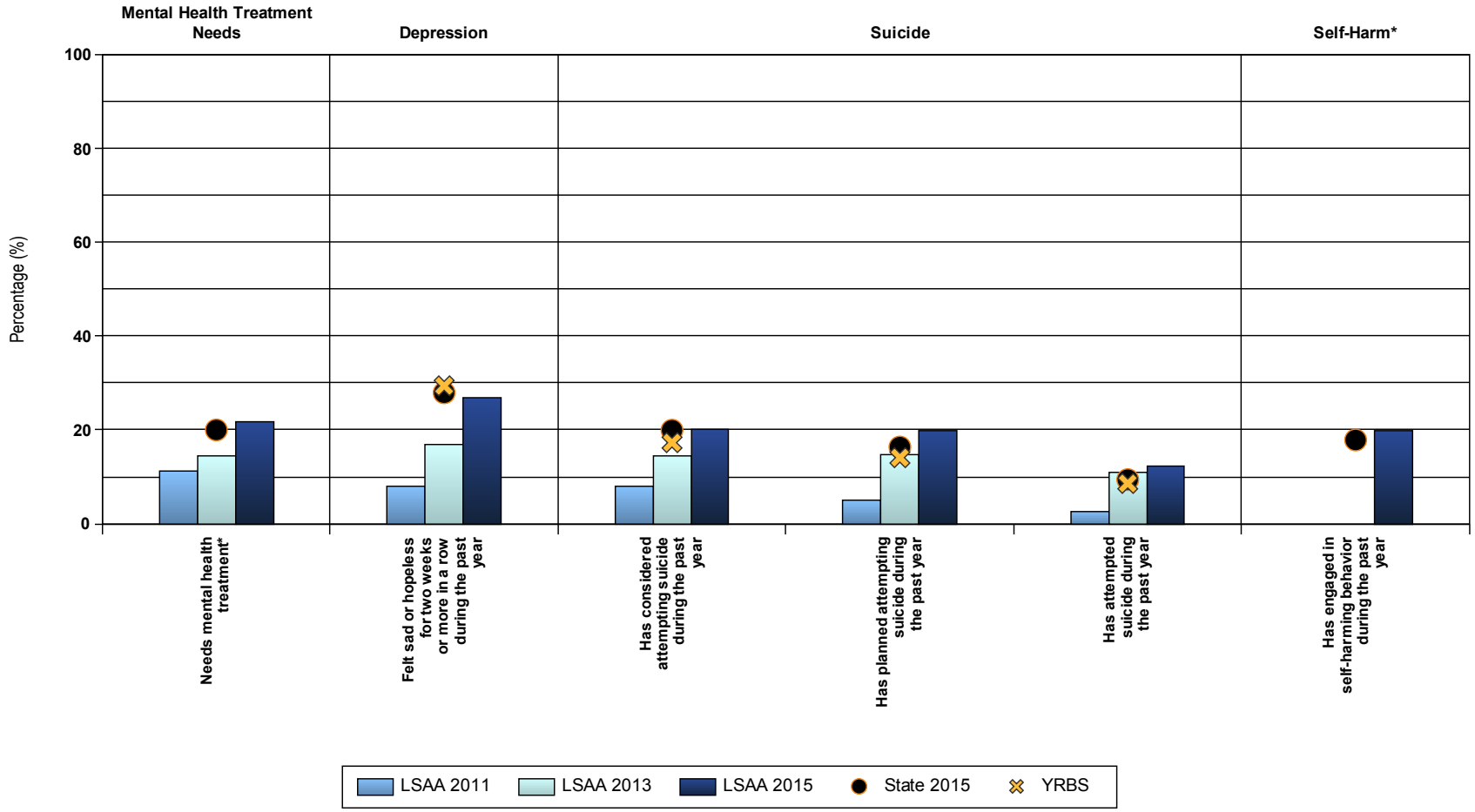
Mental Health and Suicide Indicators
2015 San Juan County LSAA Student Survey, Grade 8



* Self-harm questions were introduced on the 2015 SHARP survey instrument. Past years' data are not available.
National comparison data are available for 10th and 12th grade only.

Mental Health and Suicide Indicators

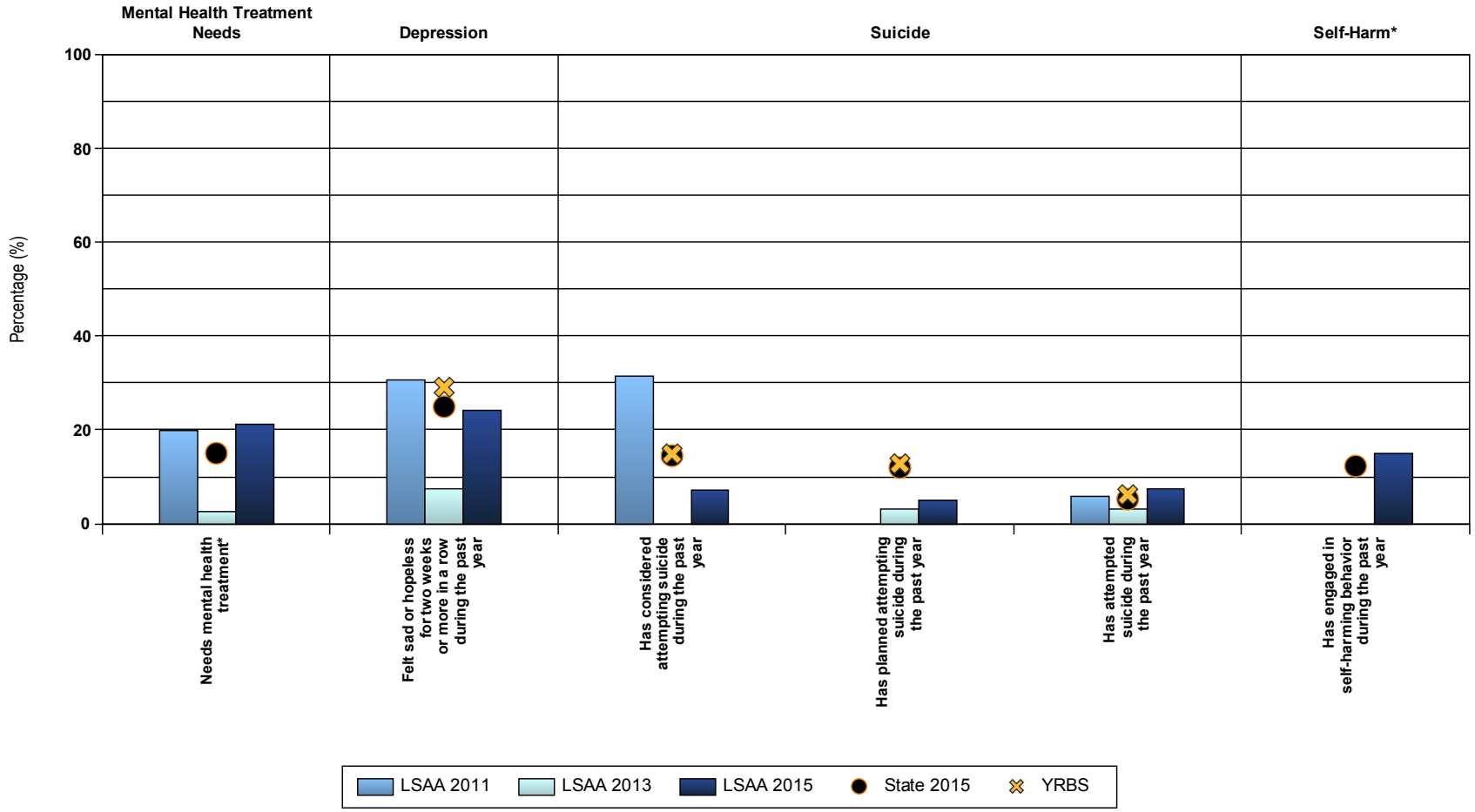
Mental Health and Suicide Indicators
2015 San Juan County LSAA Student Survey, Grade 10



* Self-harm questions were introduced on the 2015 SHARP survey instrument. Past years' data are not available.
National comparison data are available for 10th and 12th grade only.

Mental Health and Suicide Indicators

Mental Health and Suicide Indicators
2015 San Juan County LSAA Student Survey, Grade 12



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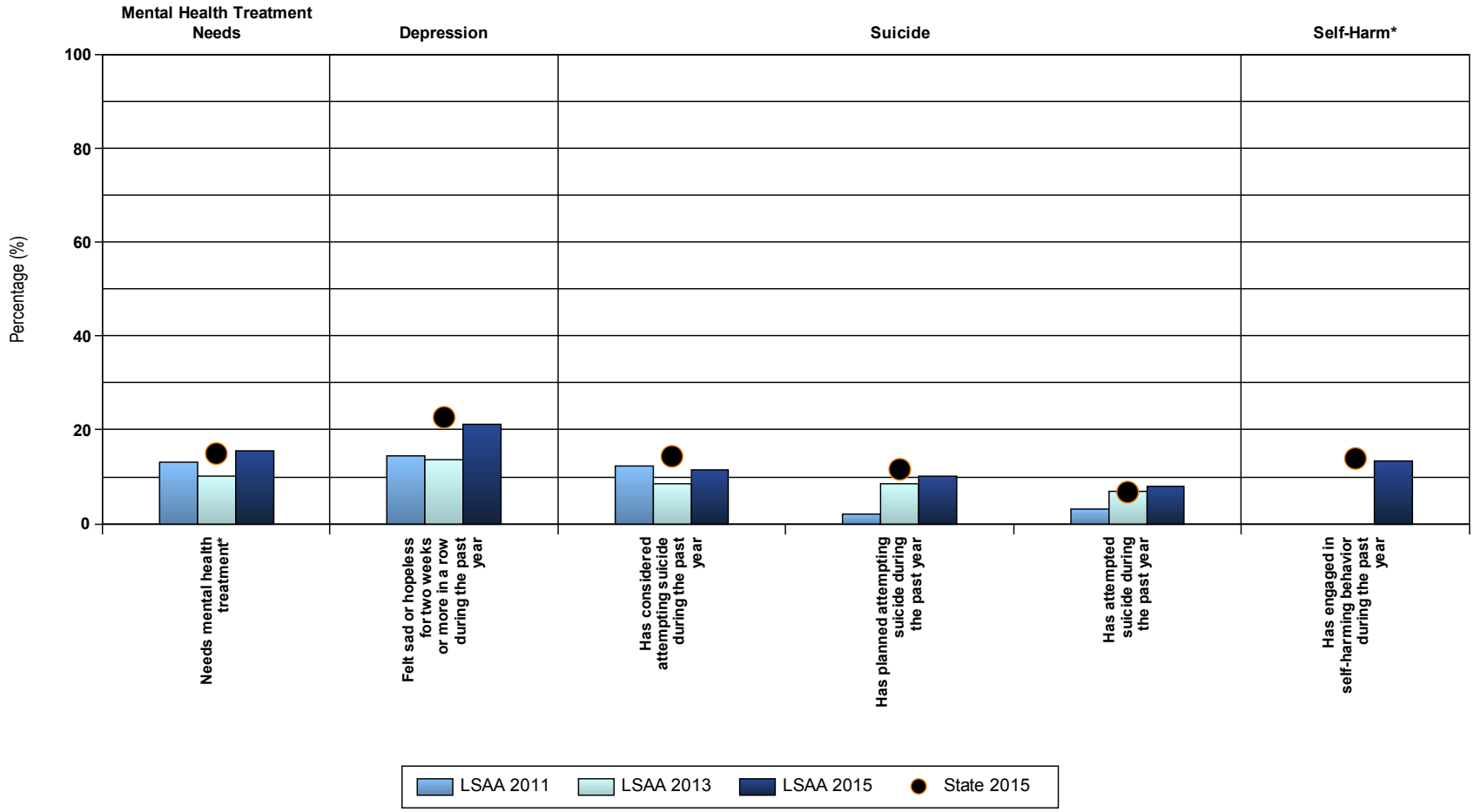
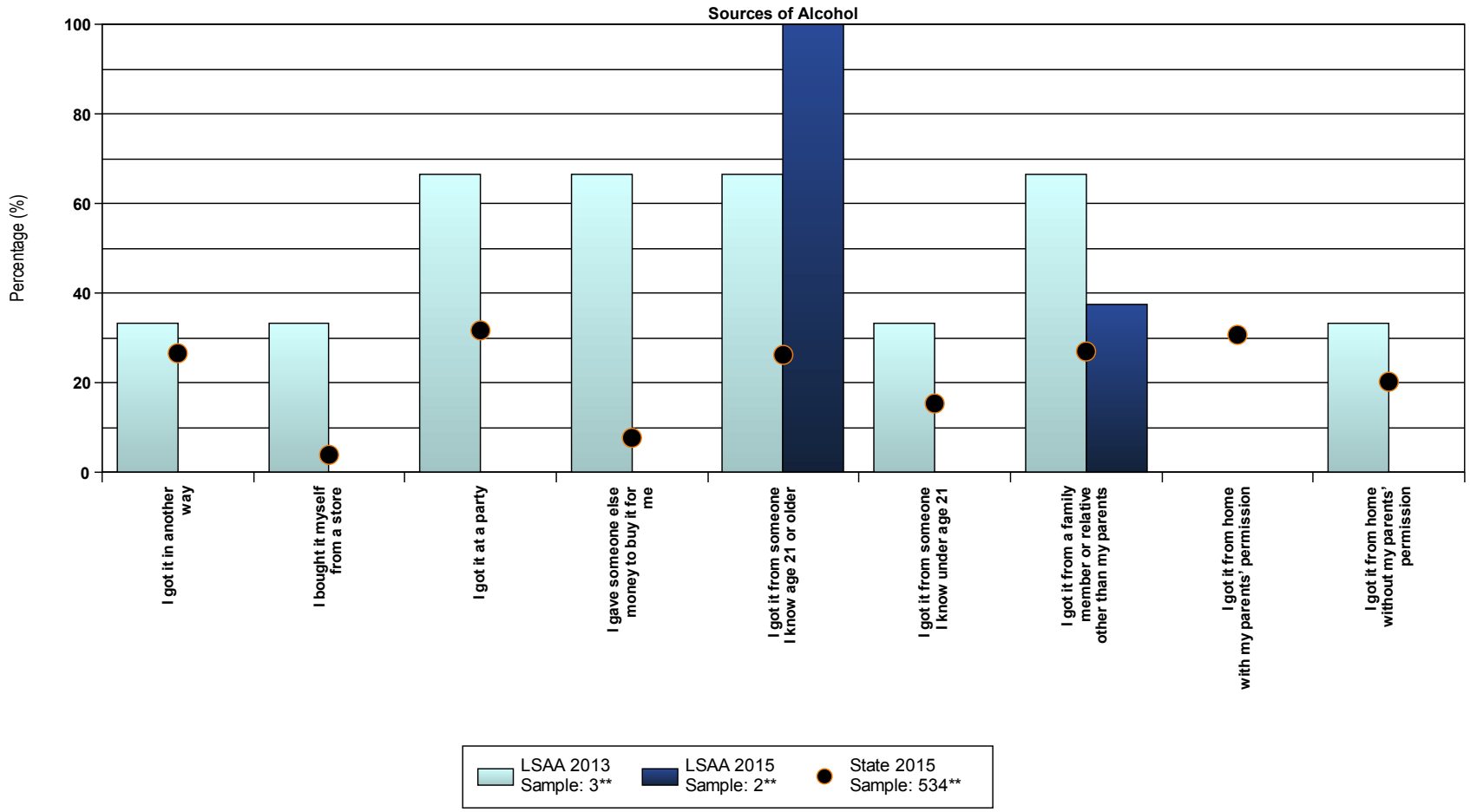
Mental Health and Suicide Indicators

Mental Health and Suicide Indicators
2015 San Juan County LSAA Student Survey, All Grades



* Self-harm questions were introduced on the 2015 SHARP survey instrument. Past years' data are not available.
National comparison data are available for 10th and 12th grade only.

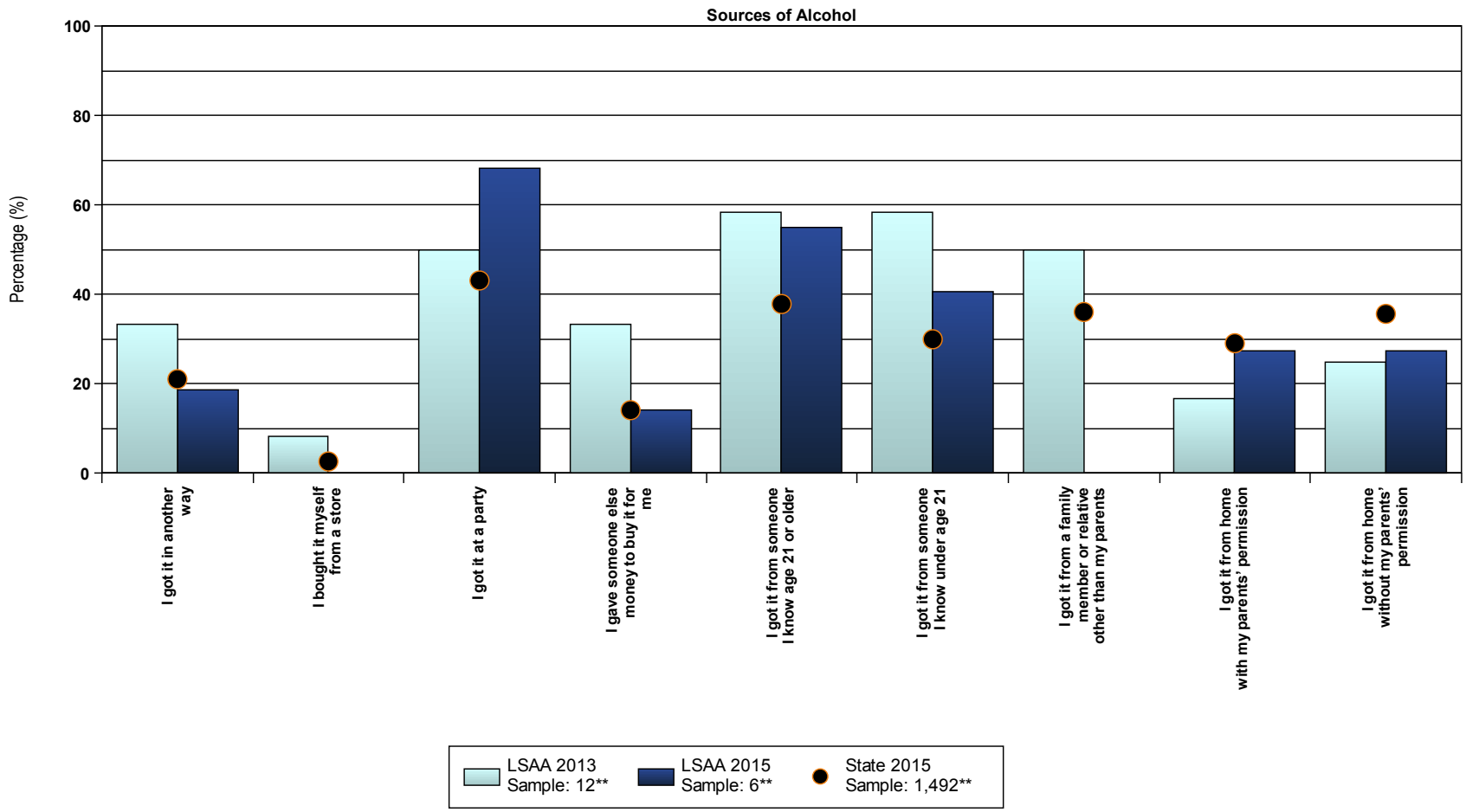
Sources of Alcohol*
2015 San Juan County LSAA Student Survey, Grade 6



* Questions regarding sources of alcohol were not asked in 2011.

** Sample size represents the number of youth who chose at least one source of obtaining 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.

Sources of Alcohol*
2015 San Juan County LSAA Student Survey, Grade 8



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Sources of Alcohol*
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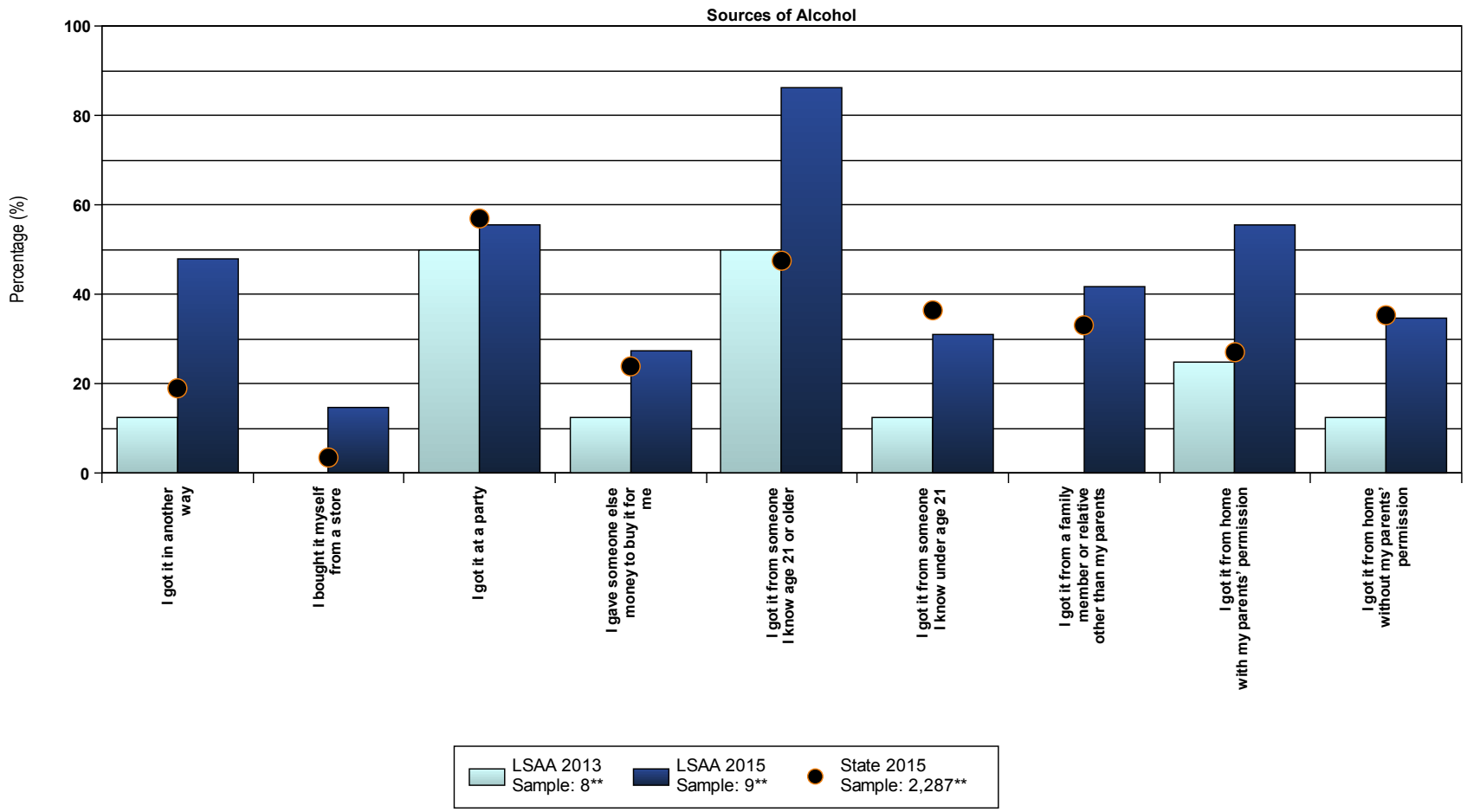

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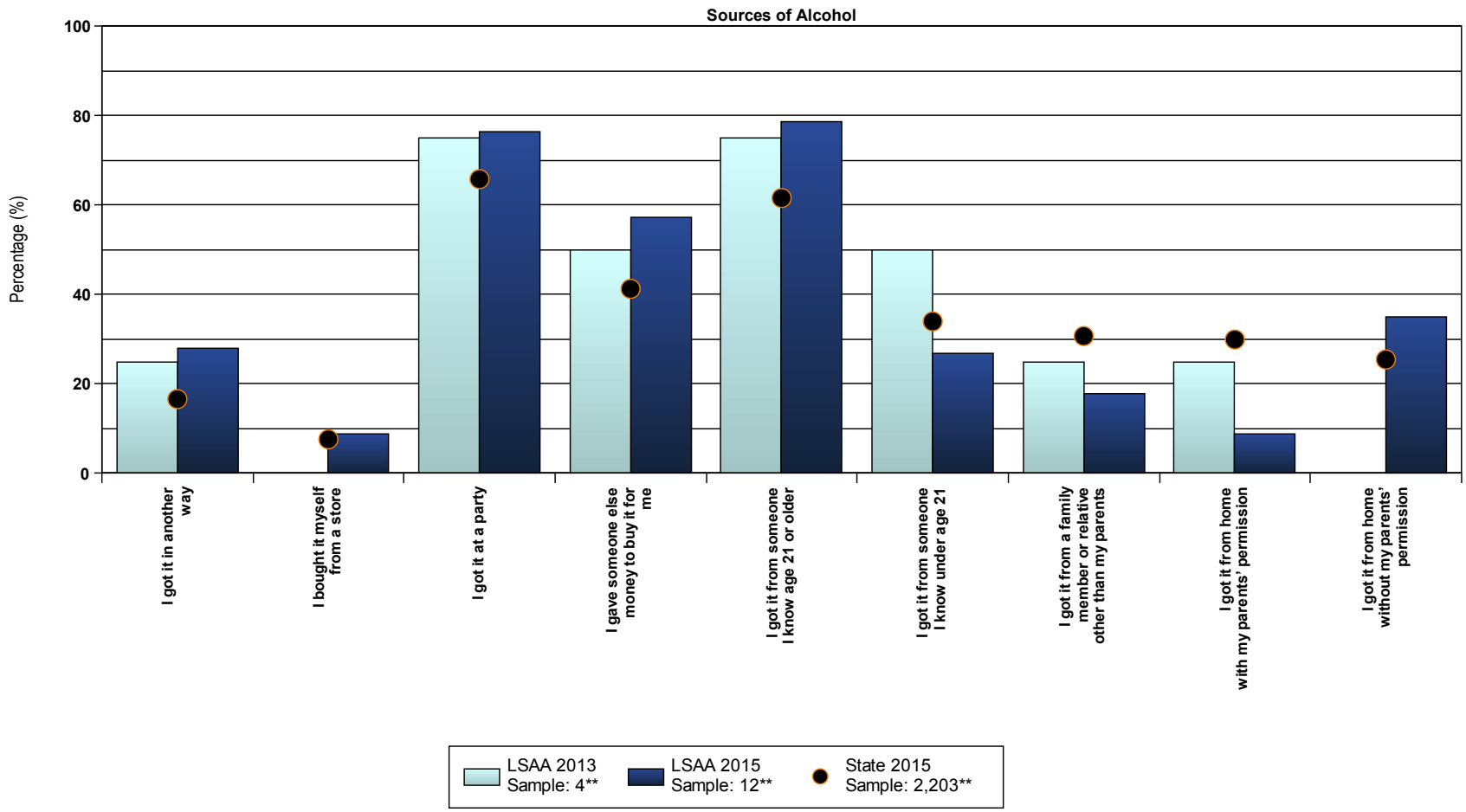
Sources of Alcohol*
2015 San Juan County LSAA Student Survey, Grade 12



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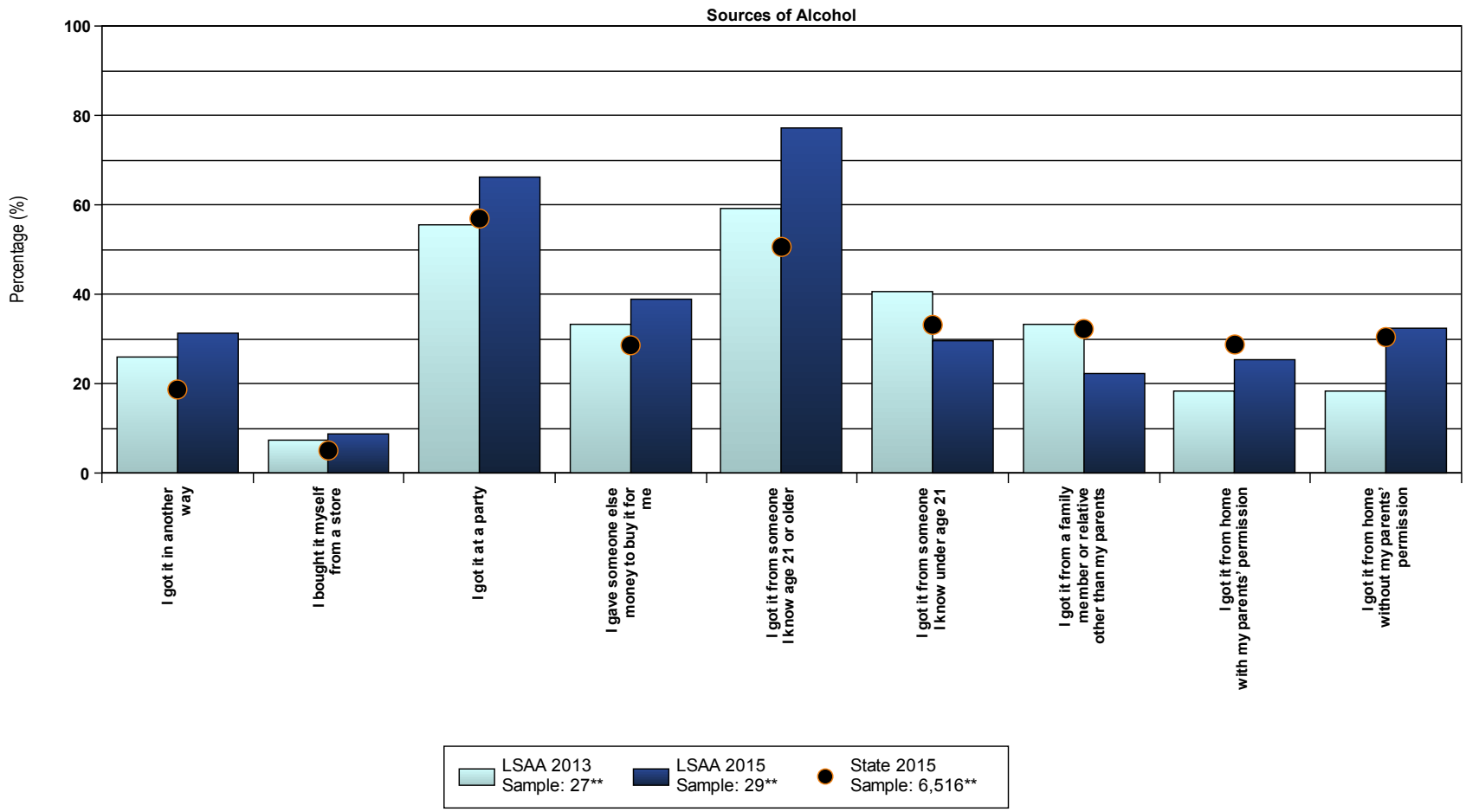
Sources of Alcohol*
2015 San Juan County LSAA Student Survey, All Grades



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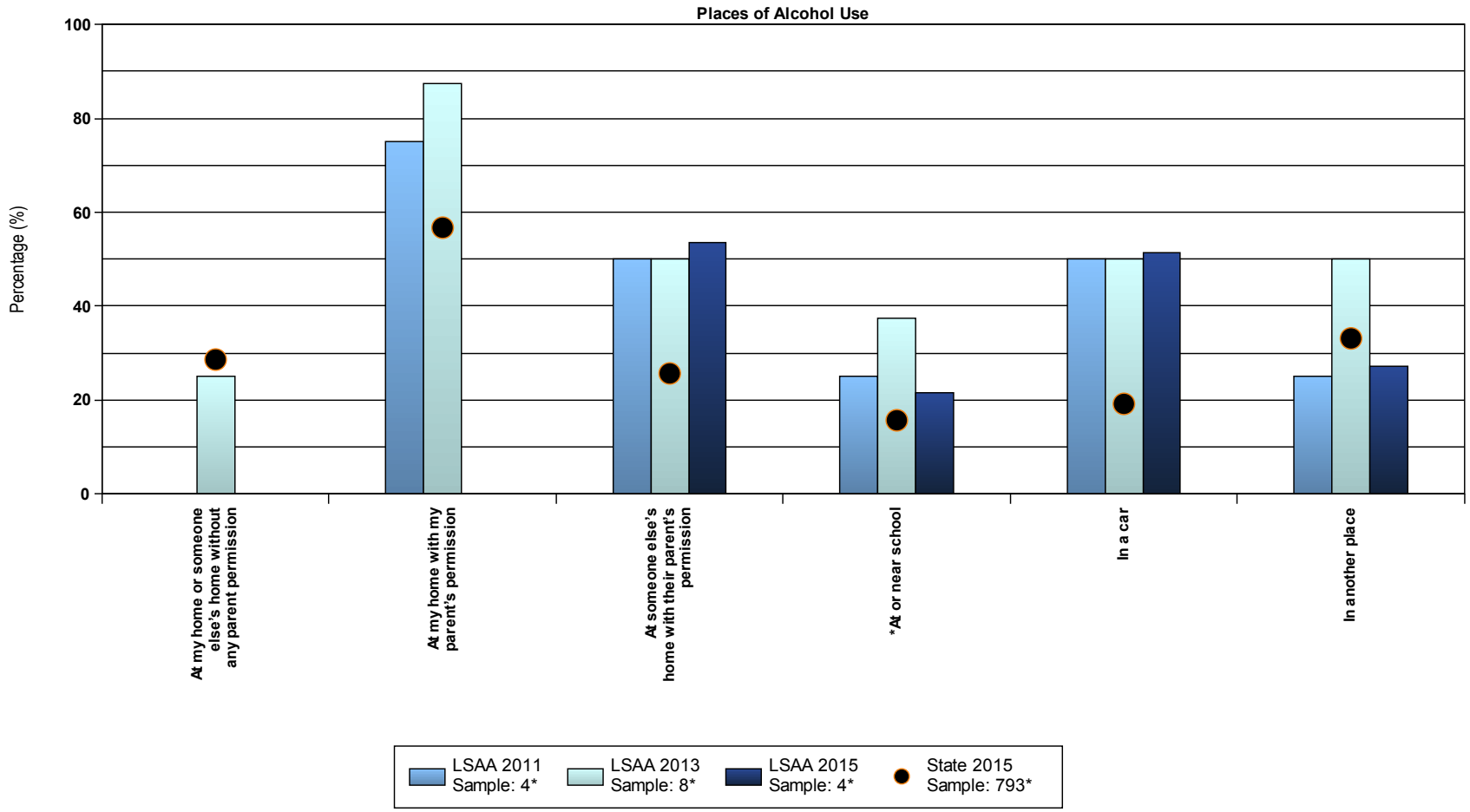
Places of Alcohol Use
2015 San Juan County LSAA Student Survey, Grade 6



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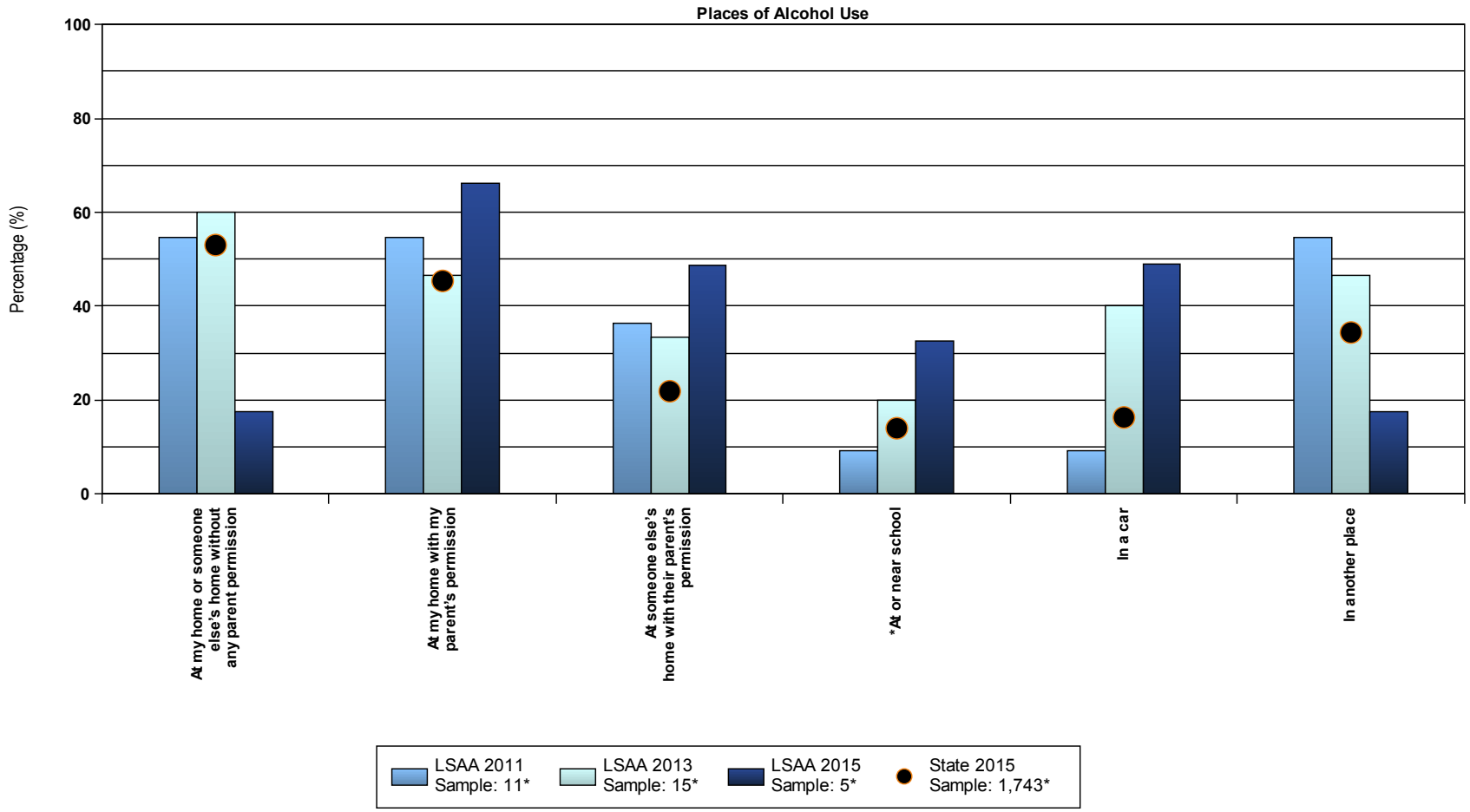
Places of Alcohol Use
2015 San Juan County LSAA Student Survey, Grade 8



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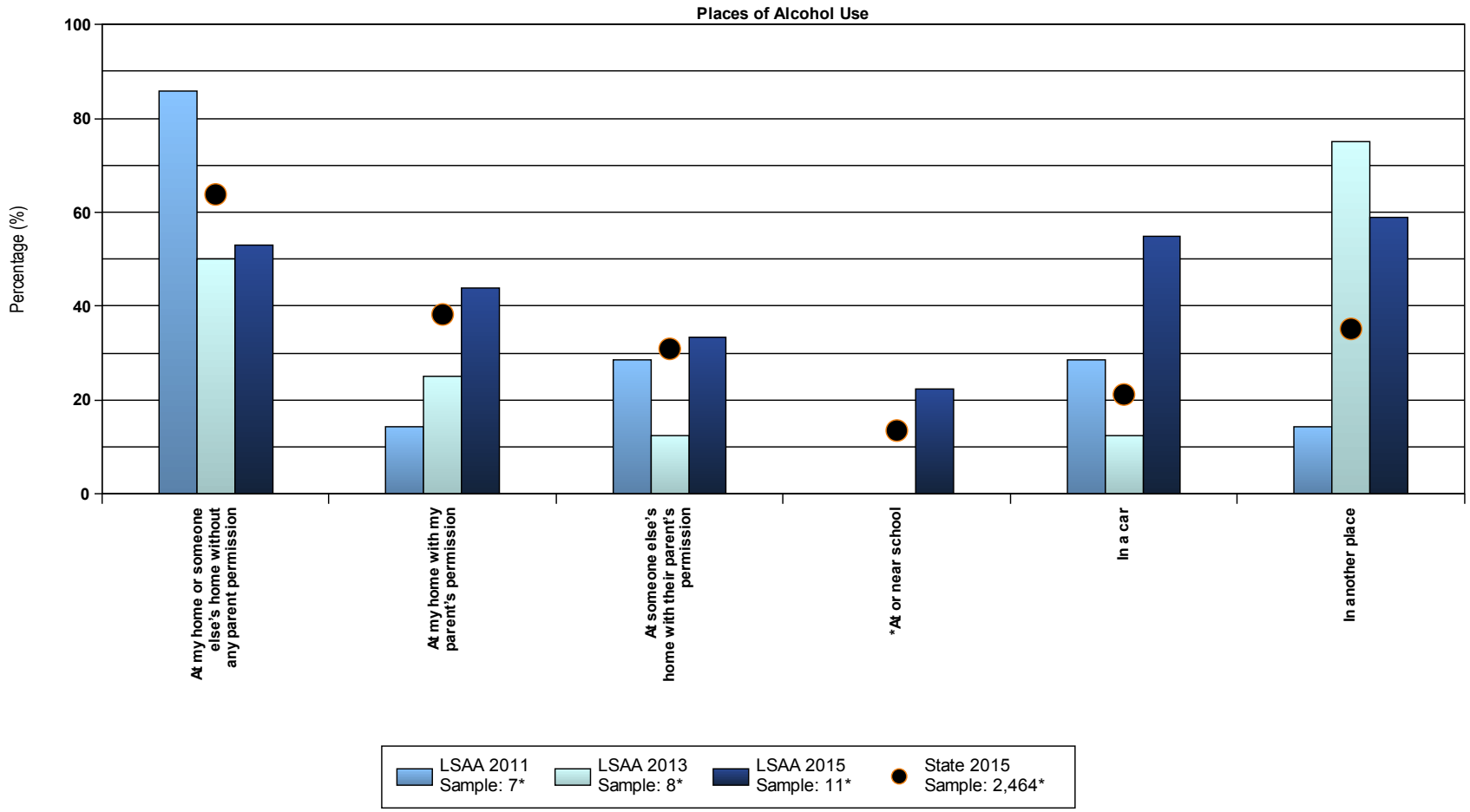
Places of Alcohol Use
2015 San Juan County LSAA Student Survey, Grade 10



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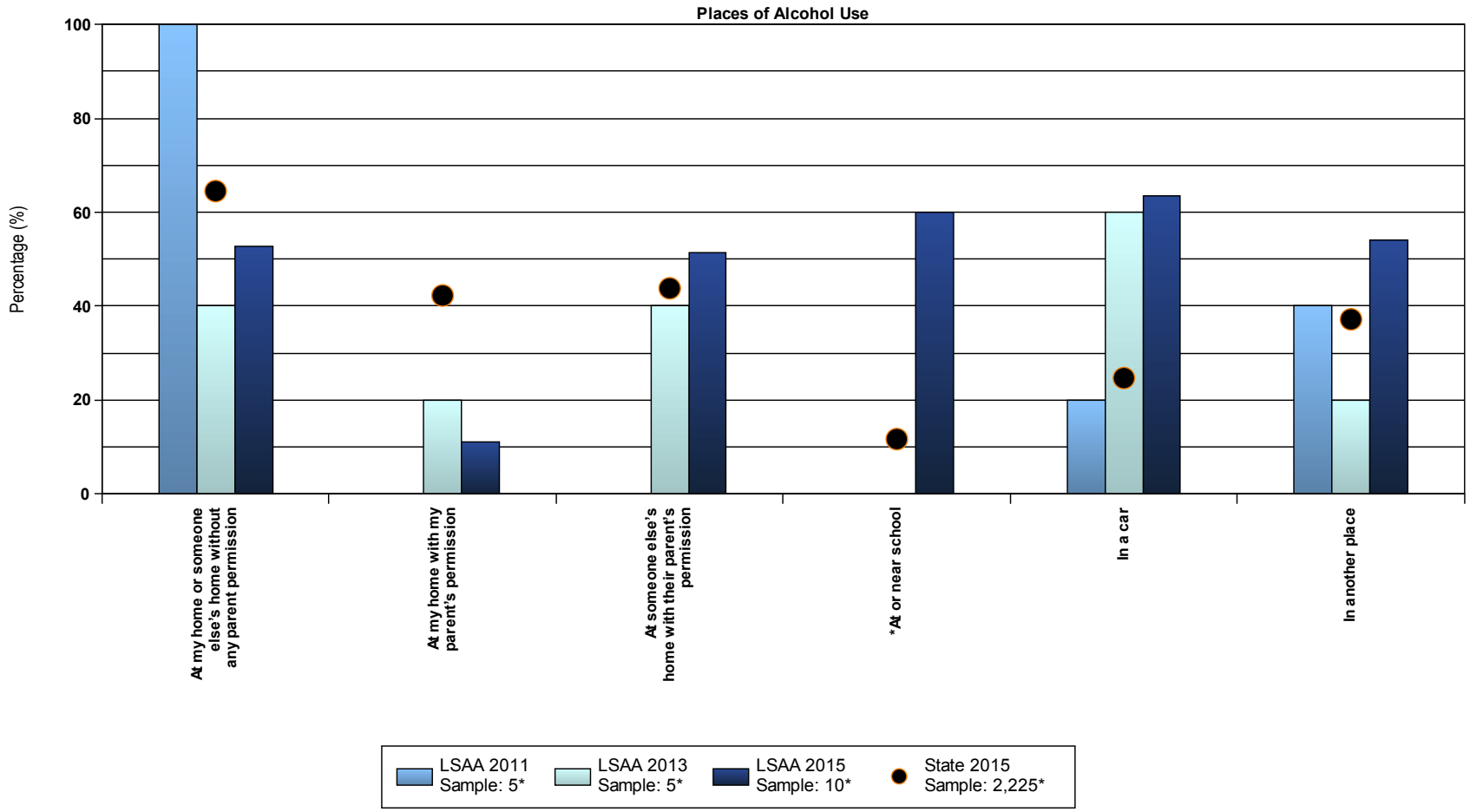
Places of Alcohol Use
2015 San Juan County LSAA Student Survey, Grade 12



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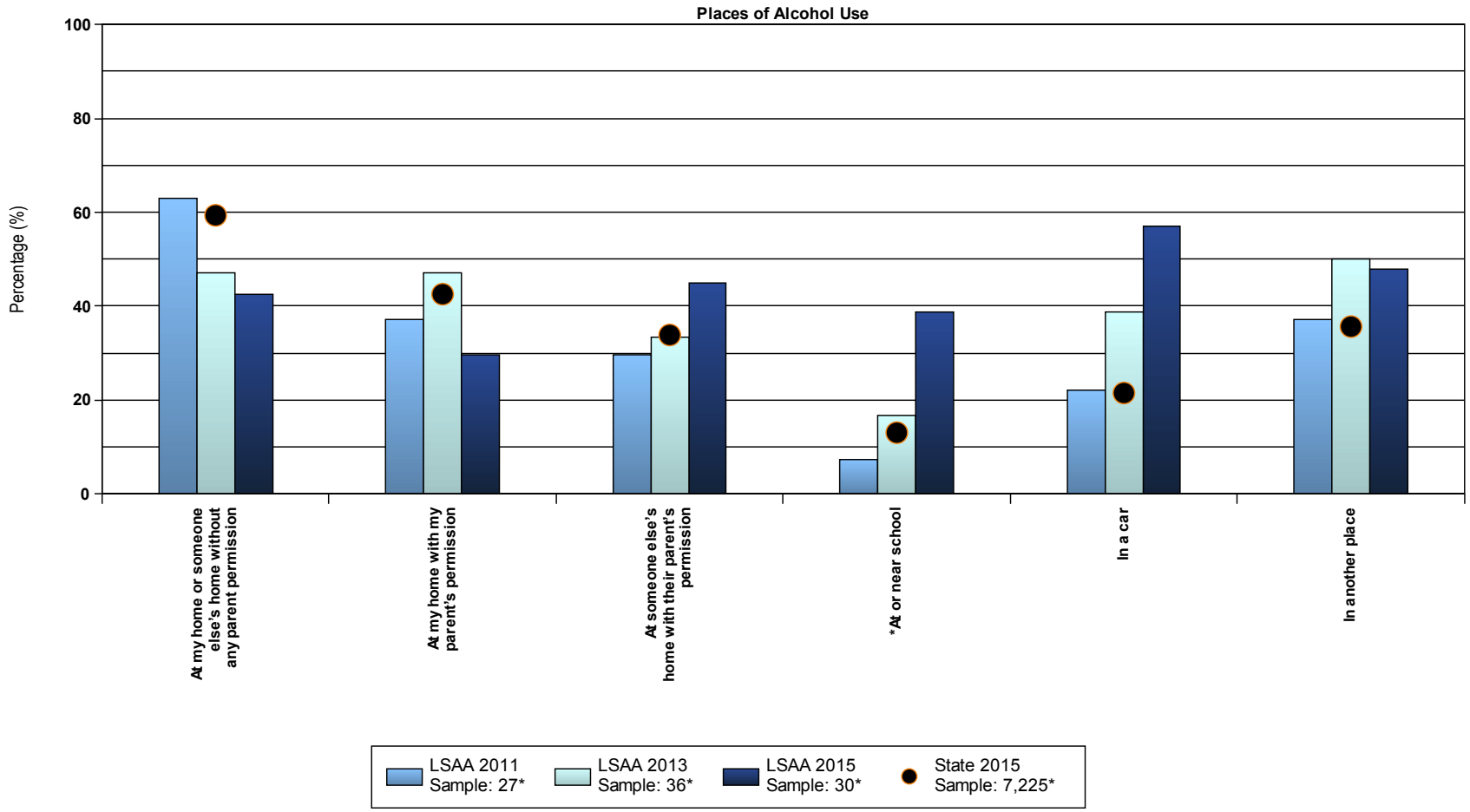
Places of Alcohol Use
2015 San Juan County LSAA Student Survey, All Grades



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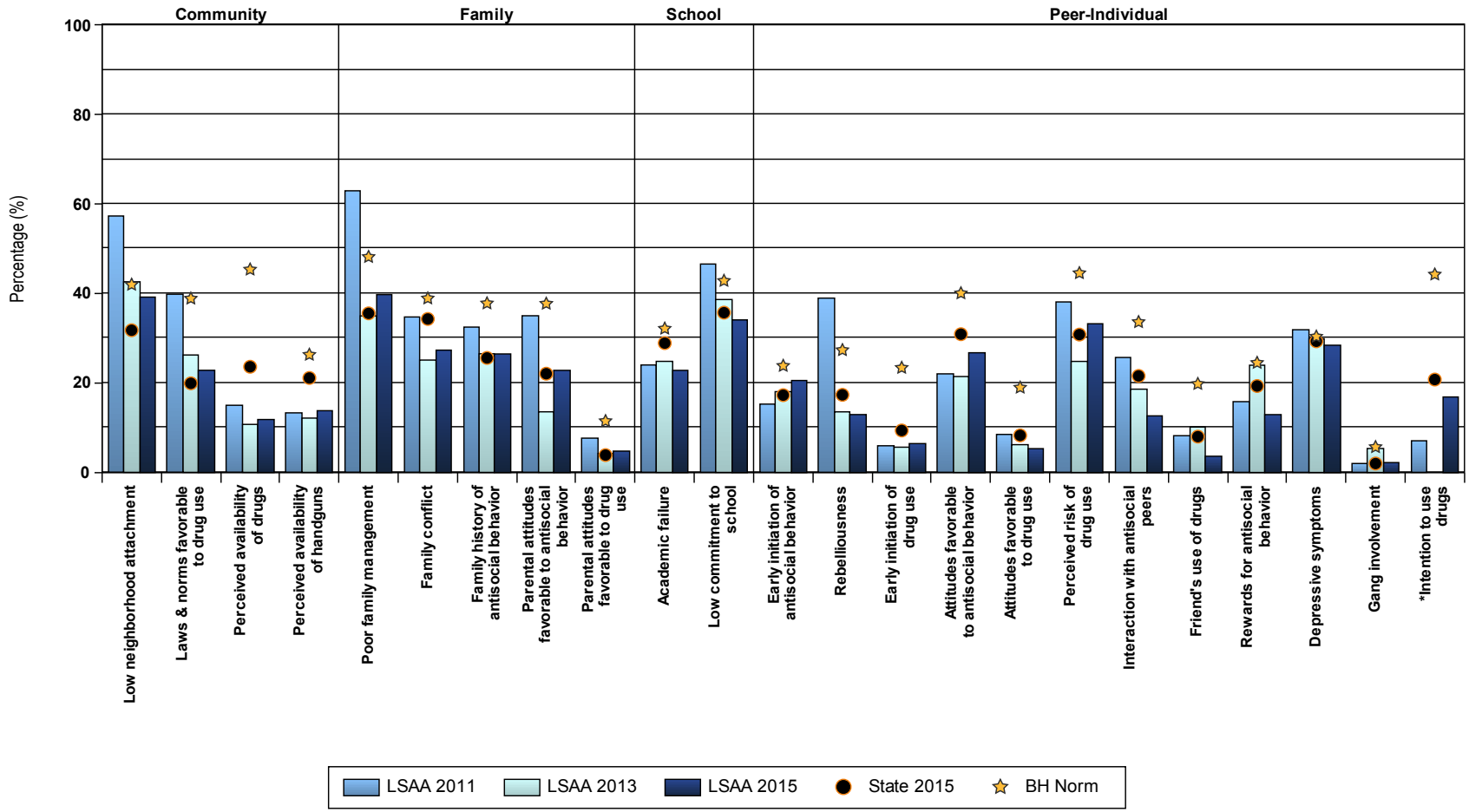
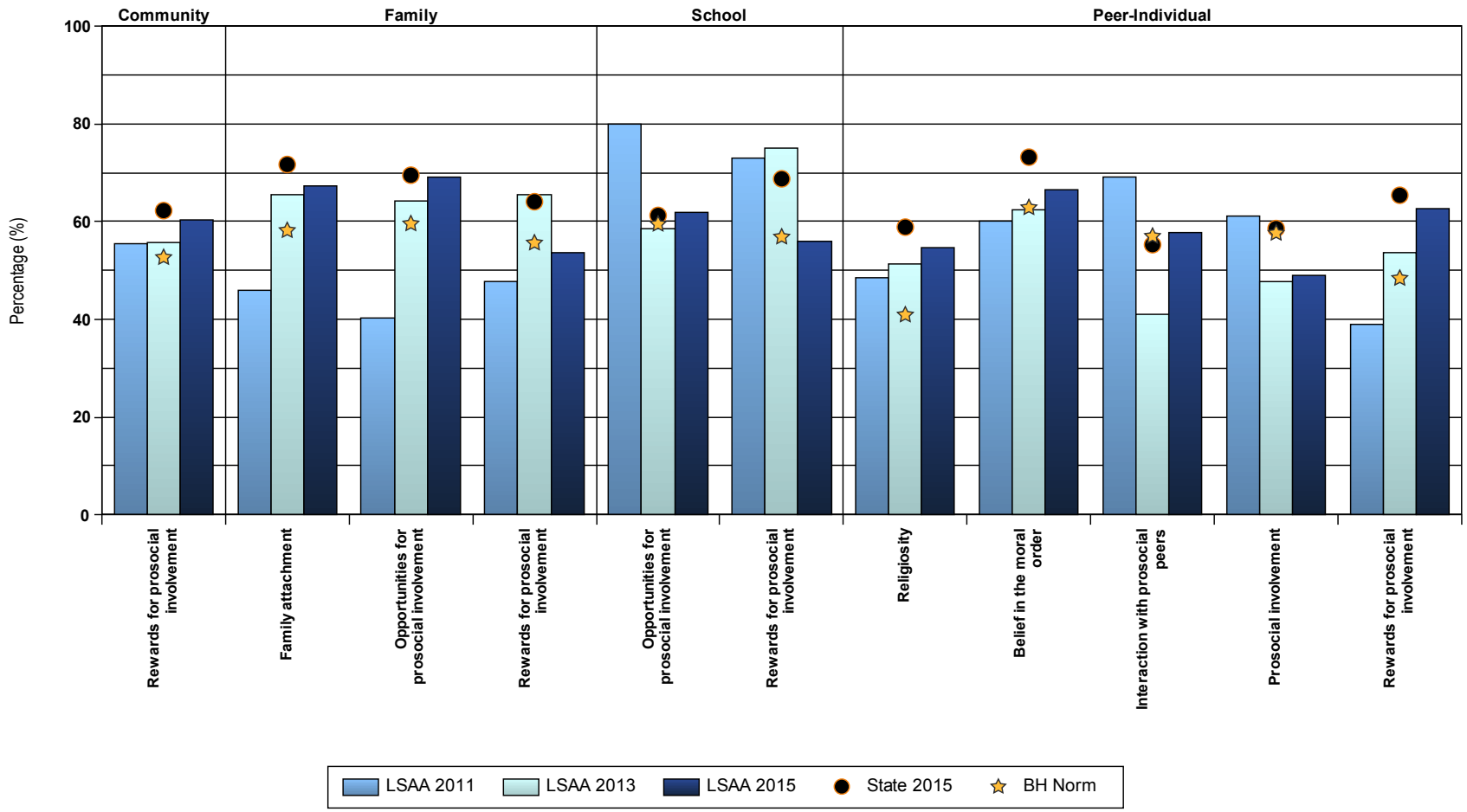
Risk Profile
2015 San Juan County LSAA Student Survey, Grade 6

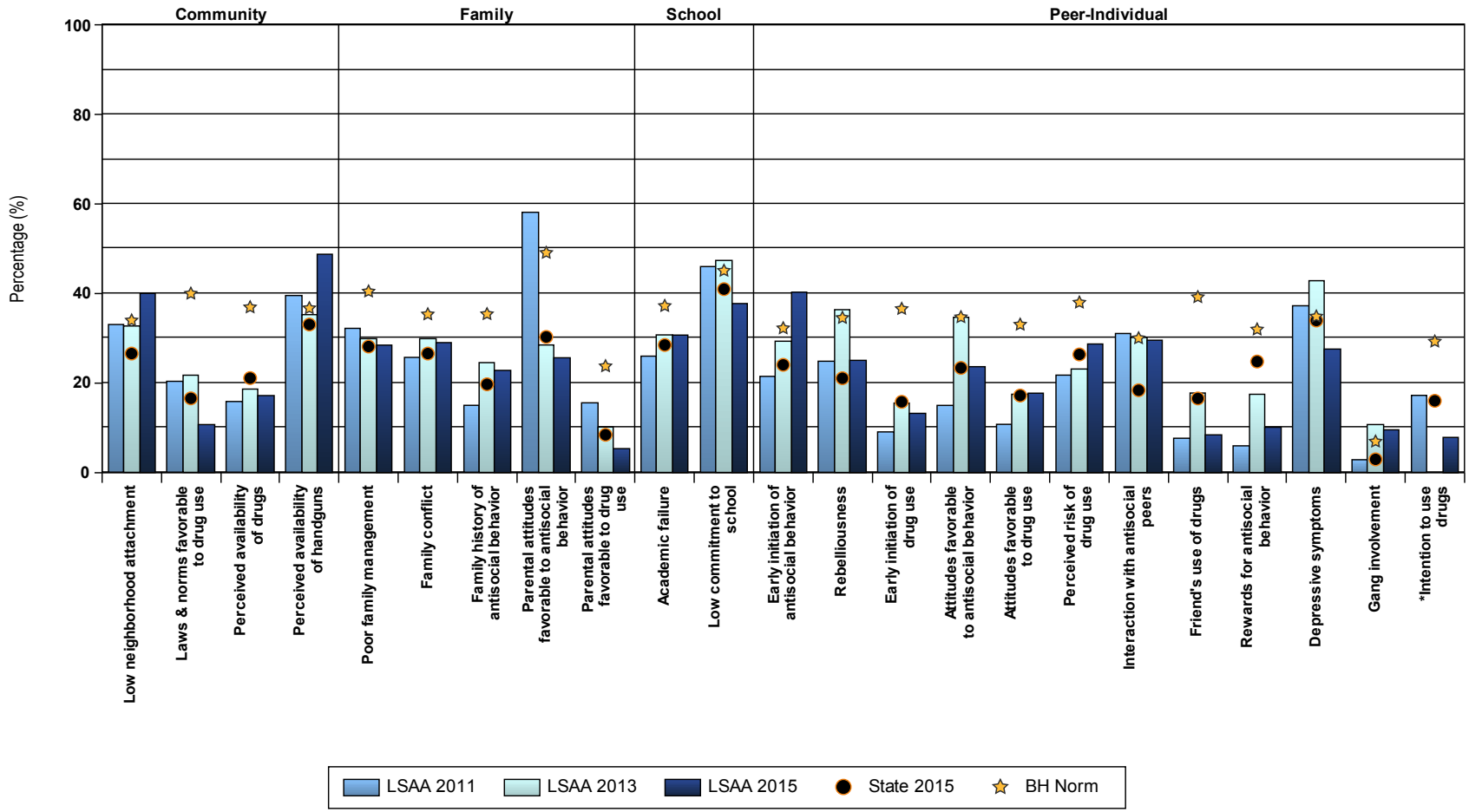


* "Intention to use drugs" was not measured in 2013.

Protective Profile
2015 San Juan County LSAA Student Survey, Grade 6



Risk Profile
2015 San Juan County LSAA Student Survey, Grade 8



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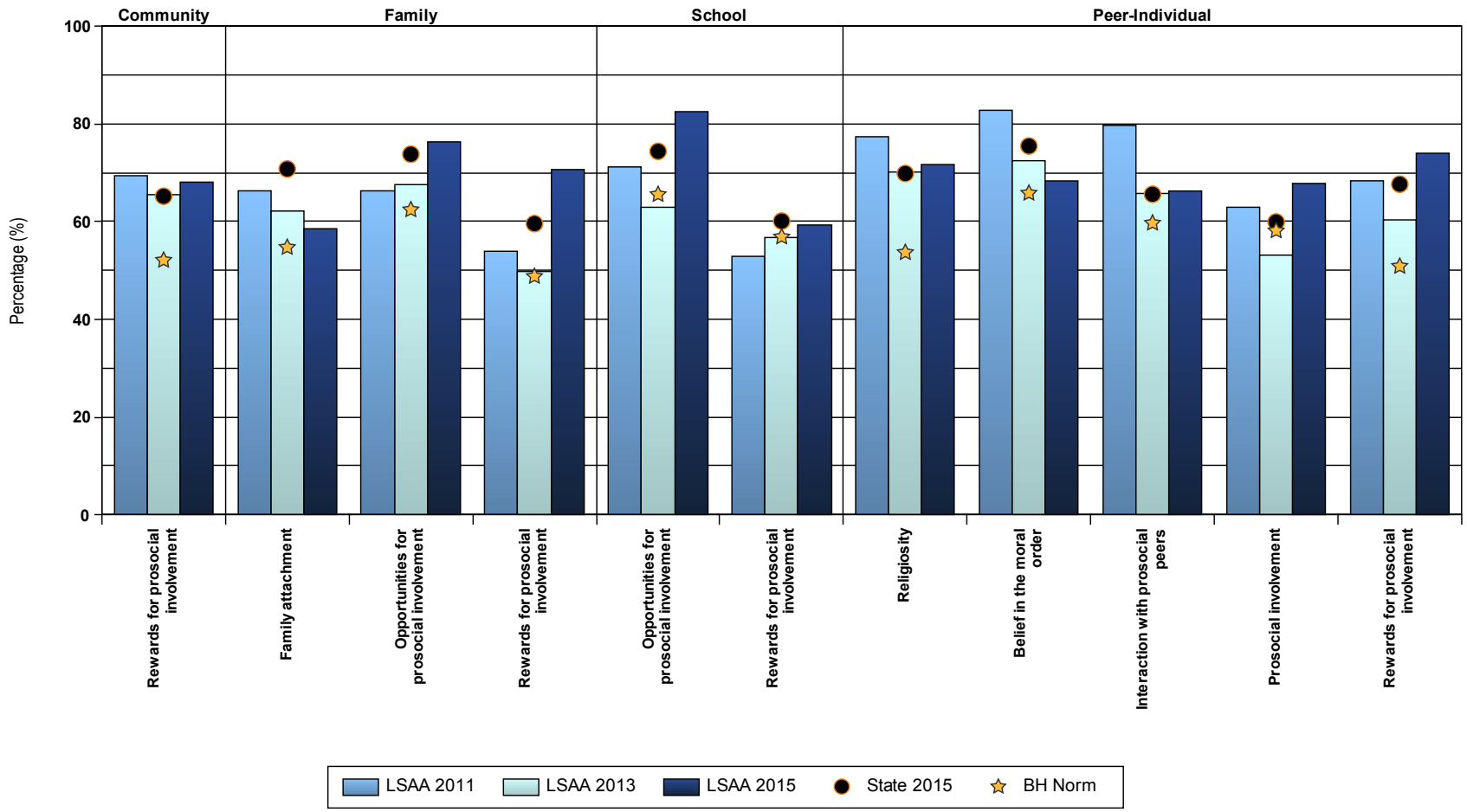

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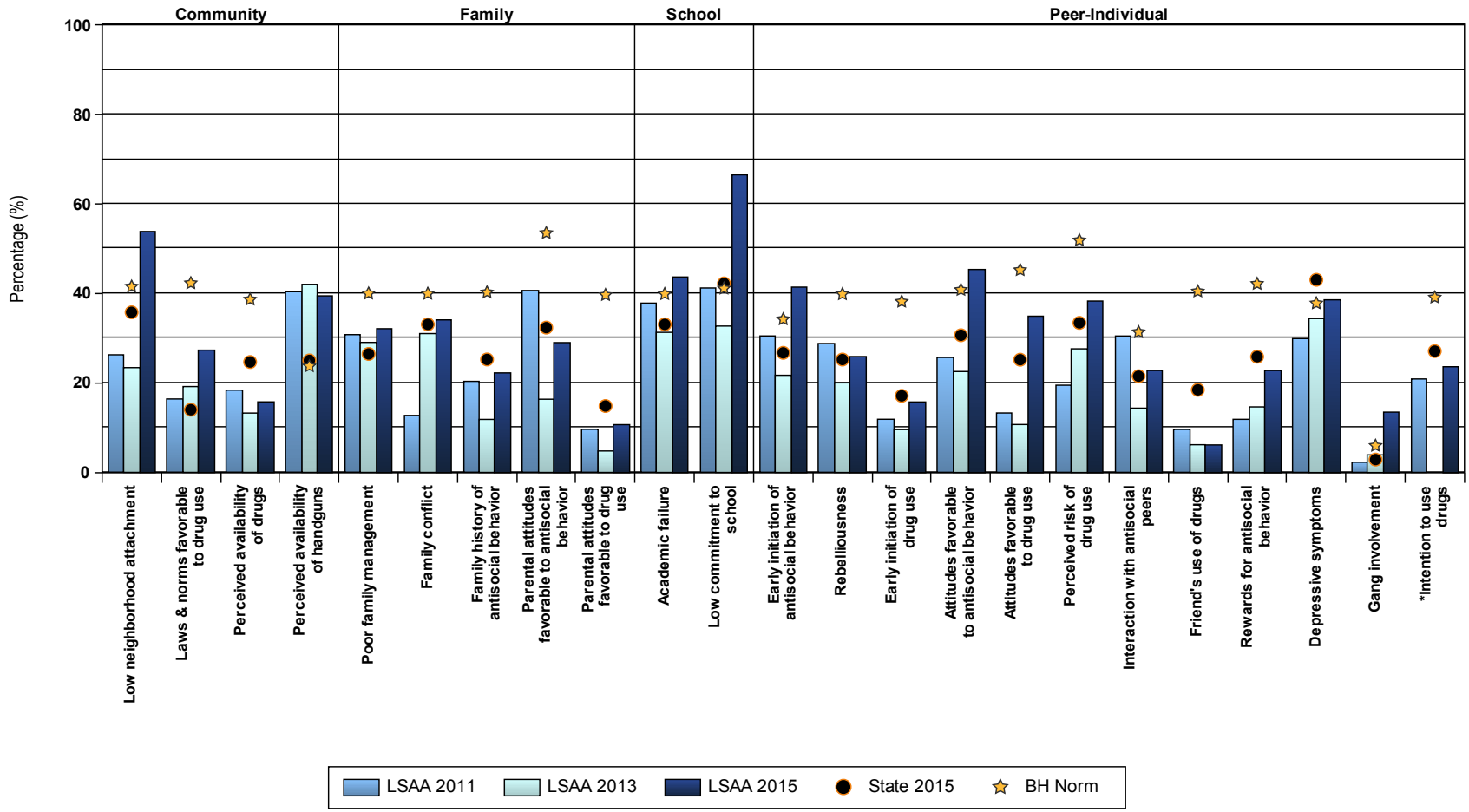

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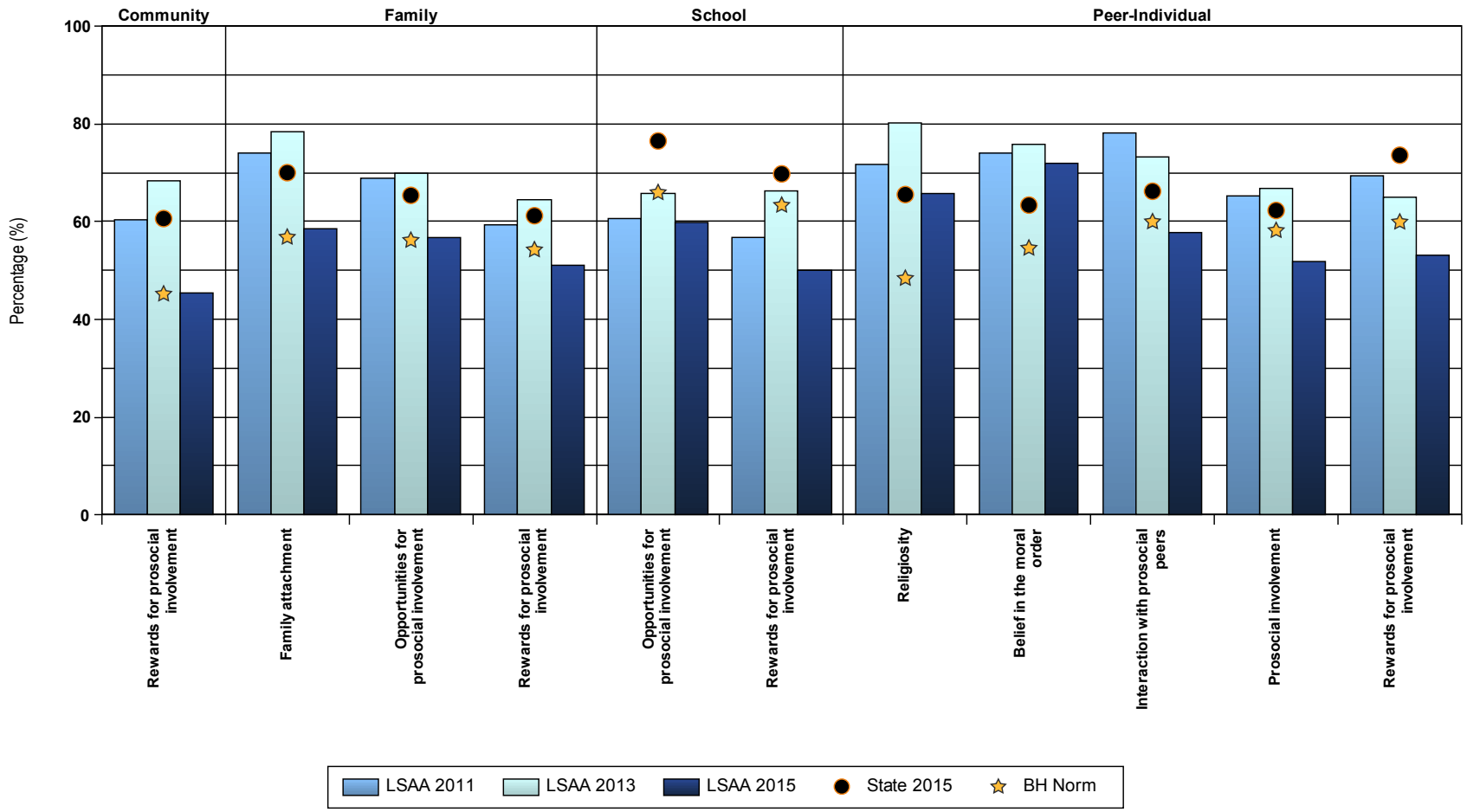
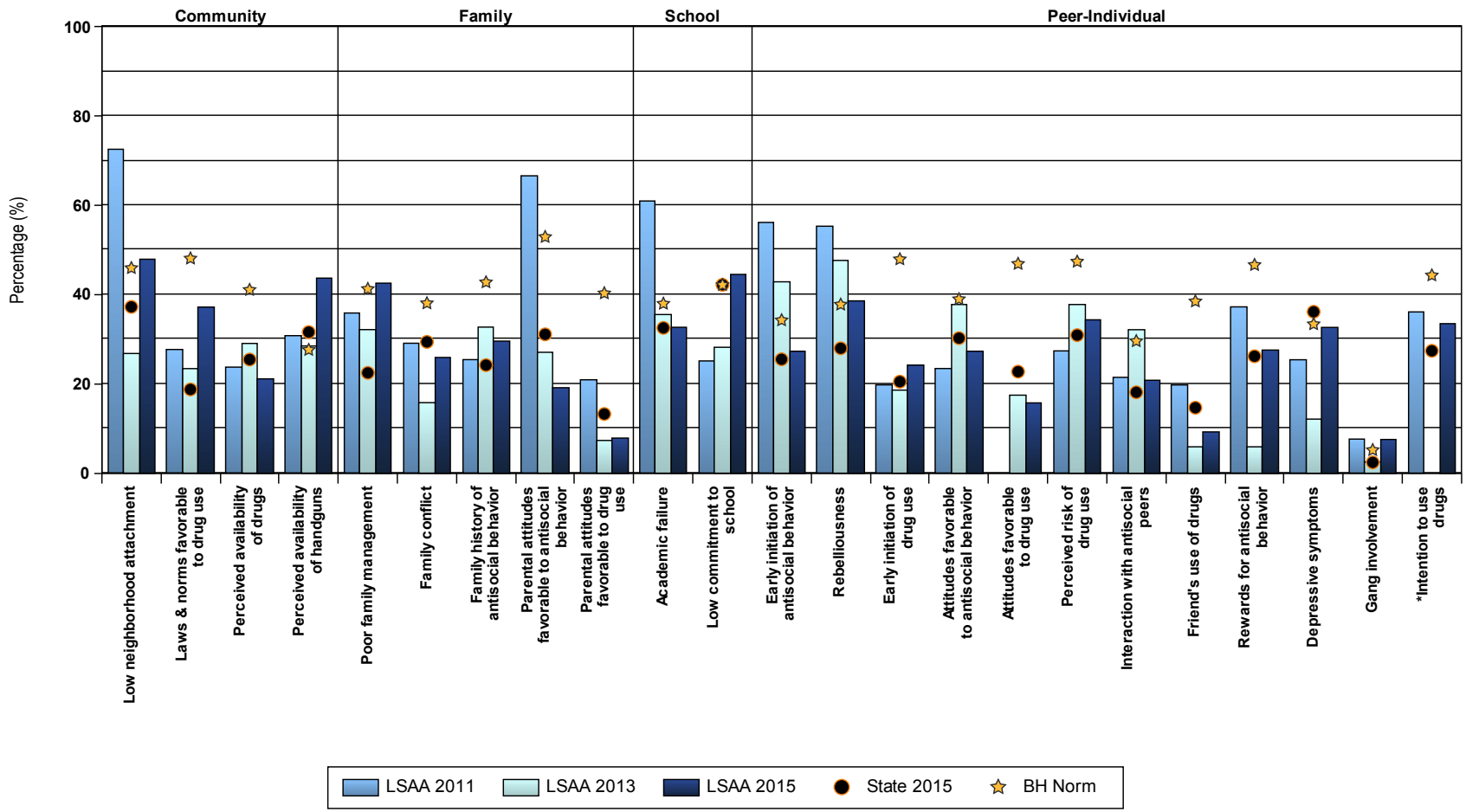
2015 San Juan County LSAA Student Survey, Grade 10



Risk Profile
2015 San Juan County LSAA Student Survey, Grade 12



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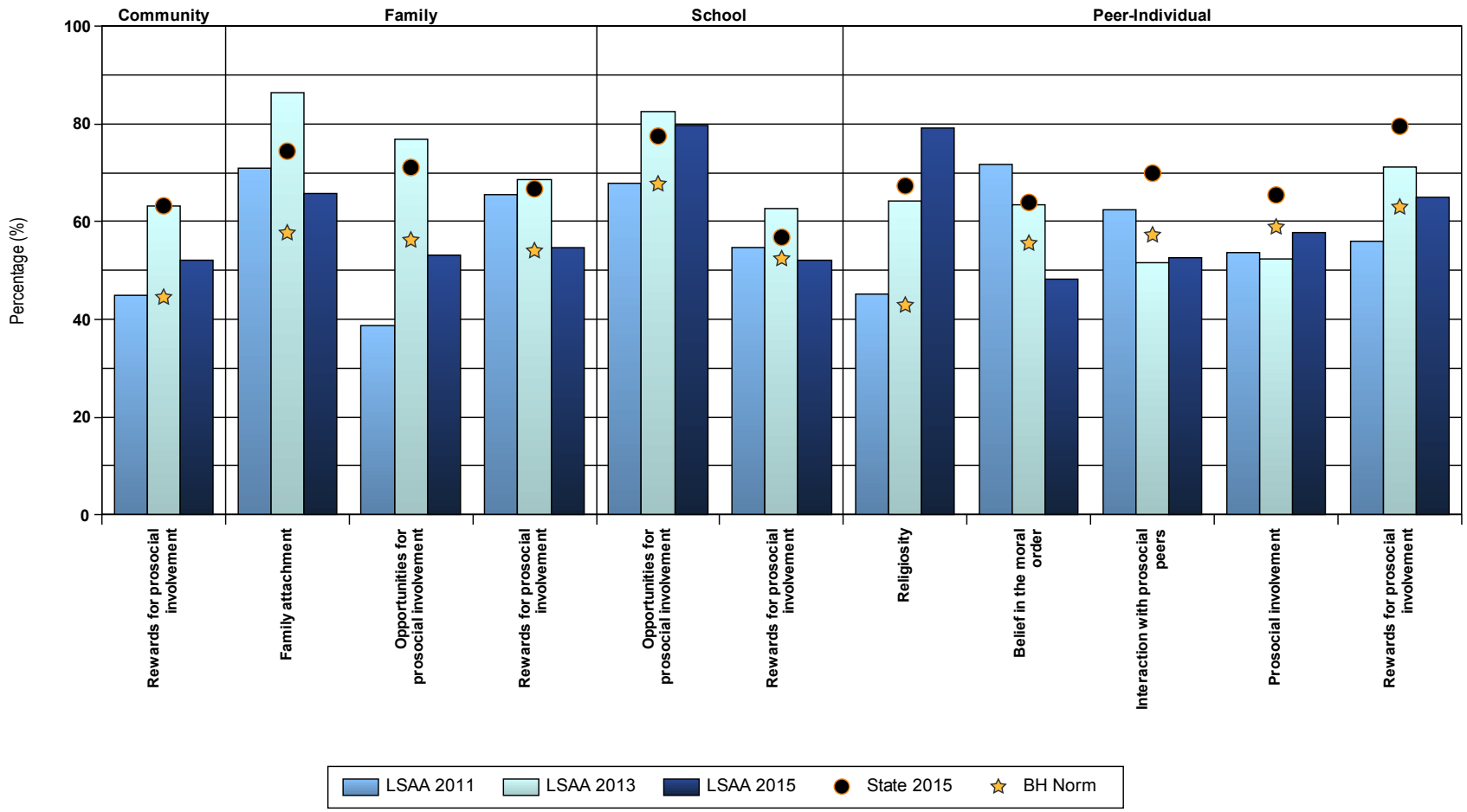
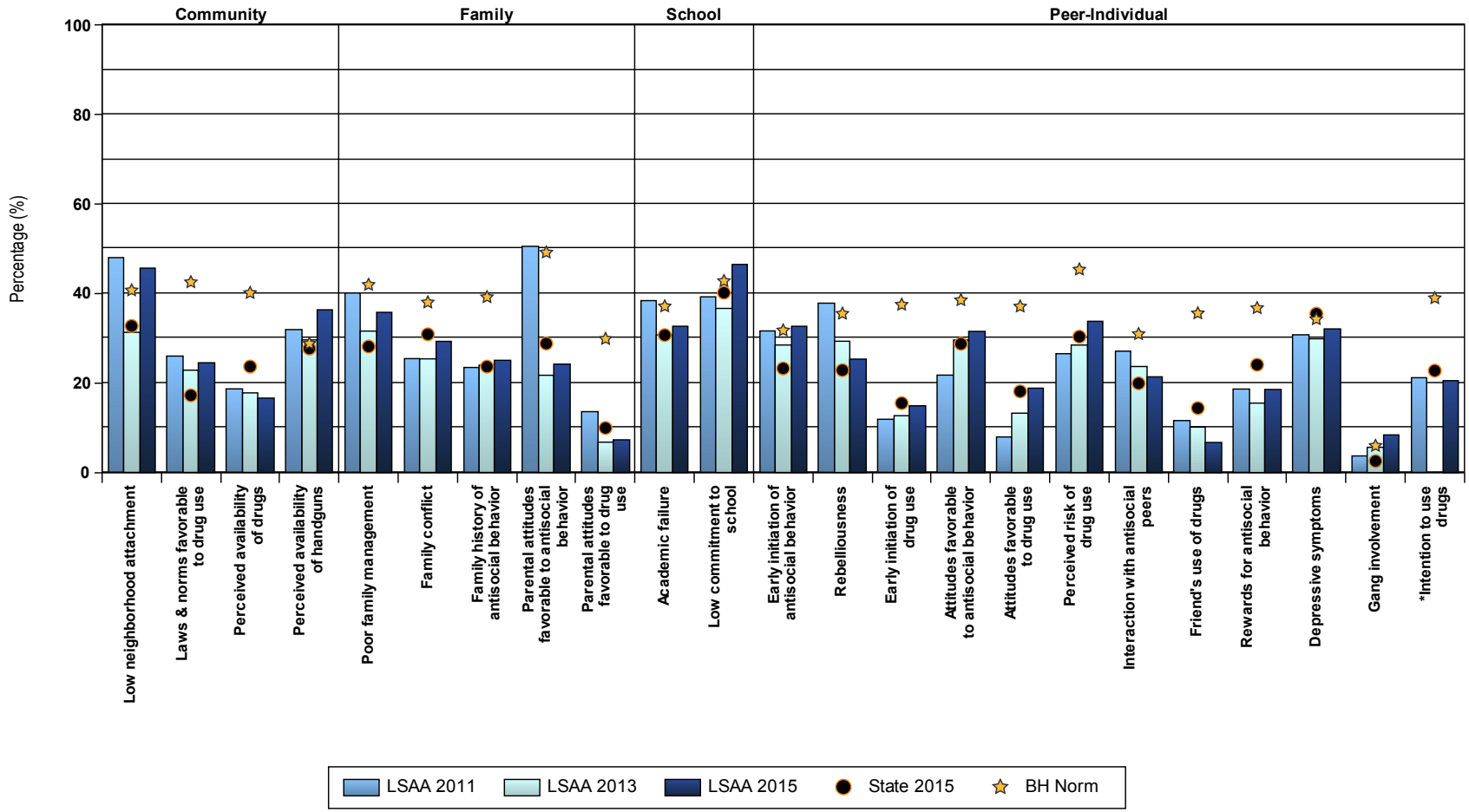
Protective Profile
2015 San Juan County LSAA Student Survey, Grade 12



Risk Profile
2015 San Juan County LSAA Student Survey, All Grades



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Protective Profile
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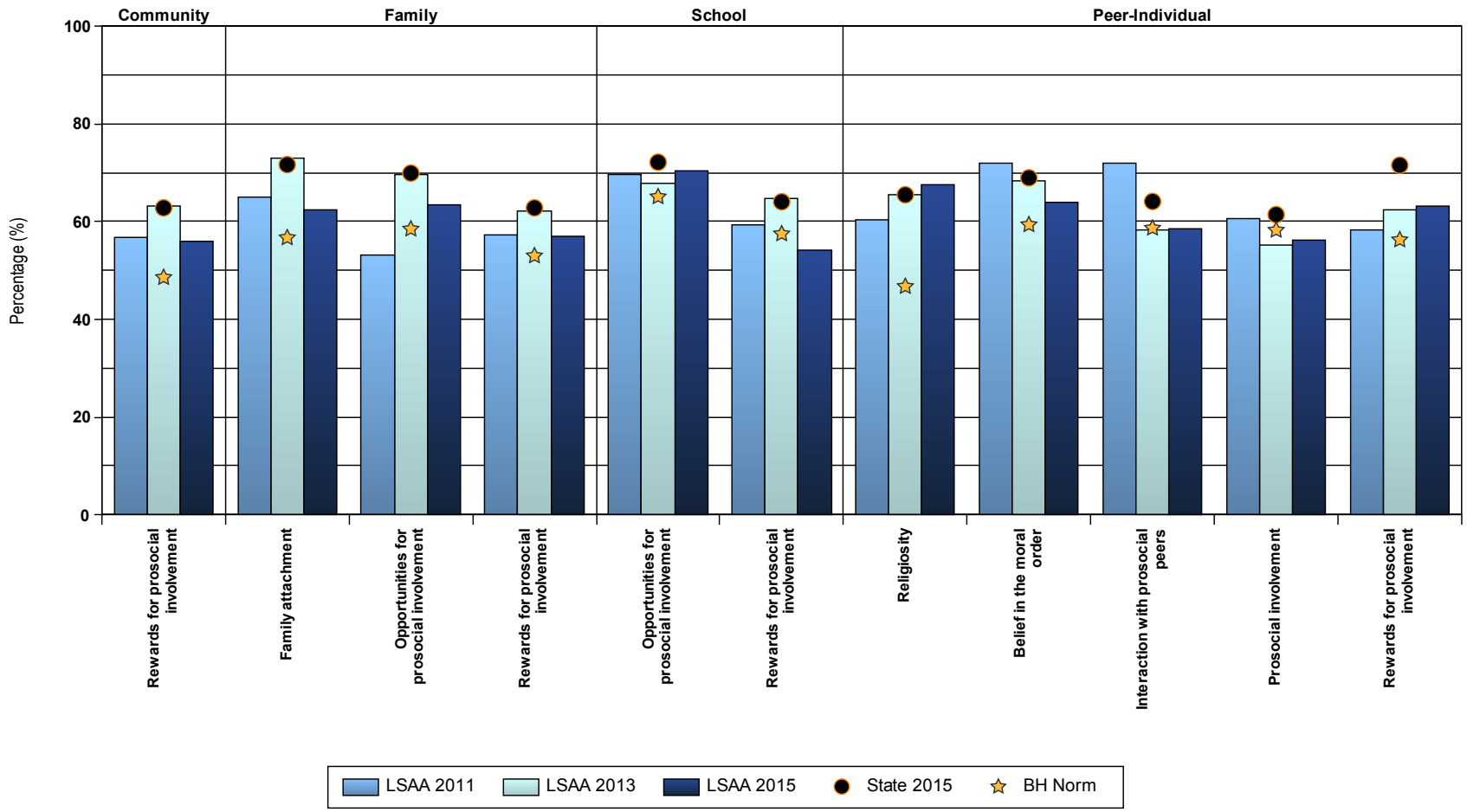

The Risk and Protective Factor Model of Prevention

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 20 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 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, outlined later in this report, such as the Strategic Prevention Framework process. 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 for Adolescent Problem Behavior	Community							Family				School		Peer/Individual						
	Availability of Drugs	Availability of Firearms	Community Laws & Norms Favorable Toward Drug Use, Firearms, & Crime	Media Portrayals of the Behavior	Transitions & Mobility	Low Neighborhood Attachment & Community Disorganization	Extreme Economic Deprivation	Family History of the Problem Behavior	Family Management Problems	Family Conflict	Favorable Parental Attitudes & Involvement in the Problem Behavior	Academic Failure Beginning in Late Elementary School	Lack of Commitment to School	Early & Persistent Antisocial Behavior	Rebelliousness	Gang Involvement	Friends Who Engage in the Problem Behavior	Favorable Attitudes Toward the Problem Behavior	Early Imitation of the Problem Behavior	Constitutional Factors
Substance Abuse	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy							✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	
School Drop-Out					✓		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	
Violence	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Depression & Anxiety					✓			✓	✓	✓		✓		✓						✓

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 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

Once you have familiarized yourself with the data, you can begin to identify priorities.

- **Look across the charts** for items that stand out as either much higher or much lower than the others.
- **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** according to the issues 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.

Once priorities are established, use data to guide your prevention efforts.

- **Substance use and antisocial behavior data** are excellent tools to raise awareness about the problems and promote dialogue.
- **Risk and protective factor data** can be used to identify exactly where the community needs to take action.
- **Additional survey data** on academic achievement, mental health and suicide, health and fitness, gang involvement, and other areas can be used to broaden your prevention approach. Find ways to share these data with other prevention planners in your community.
- **Promising approaches** for any prevention goal are available for through resources listed on the last pages of this report. These contacts are a great resource for information 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 notes	Priority rate 1	Priority rate 2	Priority rate 3
Risk factors	8th grade Favorable Attitude to Drugs (Peer/Indiv. Scale) @14% (8% > BH Norm.)			
Protective factors	10th grade School rewards for prosocial involvement down 7% from 2 yrs ago			
Substance abuse	8th grade 30-day Marijuana @7% (3% above state av.)			
Antisocial behavior	12th grade - Drunk/high at school @ 5% (same as state, but still too high)			

Building a Strategic Prevention Framework

The Prevention Needs Assessment (PNA) Survey is an important data source for communities in creating planned, data-driven, effective, and sustainable prevention programs. The State of Utah endorses two models for guiding prevention work at the community, regional, or State level – the Communities That Care (CTC) Model and the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). Communities in the State of Utah are encouraged to follow the CTC Model, a tested and effective model to guide communities through a process of community organization and mobilization. The second model for prevention planning, the SPF Model, guides states and communities through a five-step process to increase effectiveness of prevention efforts. The following websites provide additional information about these prevention models: http://www.communitiesthatcare.net and http://www.samhsa.gov/spf.

Following are the five steps involved in the SPF model. For training in the SPF or the CTC, contact your local prevention coordinator (http://dsamh.utah.gov/prevention/).

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. SAHMSA's National Registry of Evidence-based Programs and Practices (located at http://www.nrepp.samhsa.gov) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. This resource can help identify scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

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 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 works with knowledgeable people from the community to develop focused interventions, communication, and support and draws on community-based values and traditions.

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.
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.

Risk and Protective Scale Definitions

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

Table 3. Percentage of Students Who Used State-Identified Priority Substances

How old were you when you first/ Have you ever/ On how many occasions have you/ How frequently have you: (Students indicating any answer other than Never)		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Lifetime alcohol	had alcoholic beverages (beer, wine, or hard liquor) to drink in your lifetime -- more than just a few sips?	3.1	6.4	3.3	5.8	8.9	12.2	9.0	13.9	13.5	11.5	18.4	25.8	24.0	23.9	17.3	31.5	12.8	13.8	12.1	18.8
Past 30-day alcohol	had beer, wine, or hard liquor to drink during the past 30 days?	0.0	1.4	0.7	0.7	3.5	3.2	2.8	3.4	3.8	1.8	2.1	9.5	3.2	5.6	4.2	13.6	2.7	3.1	2.4	6.5
Lifetime cigarette	smoked a cigarette, even just a puff?	5.0	4.5	3.4	2.6	8.2	14.1	11.4	8.1	14.6	12.0	17.2	14.1	37.6	26.8	21.3	16.8	17.1	14.8	13.4	10.1
Past 30-day cigarettes	smoked cigarettes during the past 30 days?	0.0	2.2	0.0	0.3	2.7	6.4	3.8	1.6	2.3	3.8	4.0	3.3	3.3	15.4	9.1	4.6	2.1	7.4	4.2	2.4
Lifetime e-cigarette use	tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	0.0	1.7	2.7	3.8	2.7	3.3	12.2	13.4	0.0	4.0	16.3	25.9	0.0	0.8	19.8	28.3	0.6	2.4	12.8	17.4
Past 30-day e-cigarette use	use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs during the past 30 days?	0.0	0.0	1.1	1.5	1.7	1.7	5.3	6.0	0.0	0.0	9.7	12.4	0.0	0.0	5.6	13.3	0.4	0.4	5.5	8.1
Lifetime chewing tobacco	tried chewing tobacco, snuff, or dip?	0.0	2.0	1.4	0.4	1.7	2.5	2.9	1.5	3.7	2.5	6.3	4.0	6.5	3.3	10.3	5.9	3.1	2.6	5.2	2.8
Past 30-day chewing tobacco	use chewing tobacco, snuff, or dip during the past 30 days?	0.0	0.0	0.0	0.1	1.7	0.9	0.9	0.4	1.3	0.9	0.6	1.2	6.5	0.0	1.2	1.7	2.5	0.5	0.7	0.8
Lifetime marijuana*	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.0	1.0	2.9	0.9	0.9	12.1	10.0	7.0	10.5	11.6	10.2	17.7	23.7	23.2	26.3	23.1	9.3	12.3	12.1	11.8
Past 30-day marijuana	used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days?	0.0	0.0	1.5	0.3	0.0	5.9	6.8	3.3	4.6	7.2	4.0	8.0	3.2	8.7	6.7	9.8	2.1	5.6	4.6	5.2
Lifetime prescription narcotic abuse*	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	2.7	0.0	0.0	0.2	0.0	0.8	0.9	0.9	6.0	3.5	0.0	2.4	10.6	5.6	3.2	4.7	5.1	2.6	1.0	1.9
Past 30-day prescription narcotic abuse	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, during the past 30 days?	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.7	0.0	2.5	0.0	1.4	0.2	0.7	0.0	0.6
Lifetime any prescription drug abuse*/†	used prescription drugs (stimulants, sedatives, tranquilizers, or narcotics) without a doctor telling you to take them?	4.5	0.0	3.2	2.8	2.8	6.5	2.8	4.9	8.4	7.3	7.4	7.7	13.9	5.6	3.2	10.1	7.7	5.0	4.3	6.2
Past 30-day any prescription drug abuse†	used prescription drugs (stimulants, sedatives, tranquilizers, or narcotics) without a doctor telling you to take them, during the past 30 days?	4.5	0.0	0.0	0.8	0.9	1.7	0.9	2.1	2.6	2.1	6.0	2.9	7.4	2.5	0.0	3.8	4.0	1.6	1.9	2.4

* 2013/2015 SHARP PNA lifetime use is calculated differently than previous years. Beginning in 2013, age of first use became the new basis for calculating lifetime use for substances other than alcohol and tobacco. See appendix for details. Since not all students answer all questions, the percentage of students reporting use in the past 30 days may be greater than the percentage reporting age of first use.

† "Any prescription drug abuse" is a combined measure showing the total rate of abuse of any prescription stimulant, prescription sedative, prescription tranquilizer, or prescription narcotic drugs.

Table 4. Percentage of Students Who Used Other Substances

How old were you when you first/ Have you ever/ On how many occasions have you/ How frequently have you: (Students indicating any answer other than Never)		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Lifetime hallucinogens*	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, shrooms' or psilocybin)?	0.0	0.0	0.0	0.2	1.9	3.3	3.2	1.0	8.1	2.0	1.7	3.1	0.0	2.5	5.7	4.8	2.5	2.0	2.6	2.2
Past 30-day hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, shrooms' or psilocybin) during the past 30 days?	0.0	0.0	0.0	0.0	0.9	2.5	0.9	0.4	1.2	0.0	0.6	0.9	0.0	2.5	0.0	1.3	0.5	1.3	0.4	0.6
Lifetime cocaine*	used cocaine (like cocaine powder) or crack' (cocaine in chunk or rock form)?	0.0	0.0	1.4	0.2	0.0	0.0	0.9	0.6	1.1	2.3	0.6	1.3	0.0	2.5	3.2	2.2	0.3	1.2	1.5	1.0
Past 30-day cocaine	used cocaine (like cocaine powder) or crack' (cocaine in chunk or rock form) during the past 30 days?	0.0	0.0	0.0	0.1	0.0	0.0	0.9	0.2	0.0	0.0	0.6	0.3	0.0	2.5	0.0	0.5	0.0	0.6	0.4	0.3
Lifetime inhalants*	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	6.1	5.0	3.7	3.7	0.9	8.2	8.8	5.5	6.2	5.9	2.6	4.7	6.5	3.2	3.9	4.3	5.0	5.6	4.6	4.5
Past 30-day inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?	1.8	2.4	0.8	1.4	0.9	0.8	0.9	2.0	2.6	0.0	0.0	1.0	3.2	0.0	0.0	0.5	2.2	0.7	0.4	1.3
Lifetime methamphetamines*	used methamphetamines (meth, speed, crank, crystal meth)?	0.0	0.0	0.7	0.1	0.0	1.7	0.0	0.4	1.1	0.0	0.6	0.7	3.2	2.5	3.2	1.0	1.2	1.1	1.1	0.5
Past 30-day methamphetamines	used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.6	0.1	3.2	2.5	0.0	0.2	0.9	0.7	0.2	0.1
Lifetime prescription stimulant abuse*	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	3.6	0.0	2.5	0.5	0.9	0.8	0.0	1.5	2.5	5.9	7.5	3.9	3.2	0.0	3.2	5.9	2.6	1.7	3.5	2.9
Past 30-day prescription stimulant abuse	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, during the past 30 days?	1.8	0.0	0.0	0.1	0.0	0.0	0.0	0.4	1.3	0.9	6.0	1.4	0.0	0.0	0.0	2.0	0.8	0.2	1.7	0.9
Lifetime prescription sedative abuse*	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?	3.6	0.0	0.7	2.3	1.9	5.7	2.8	3.9	3.8	5.9	2.2	4.5	7.4	2.5	3.2	4.3	4.3	3.6	2.2	3.7
Past 30-day prescription sedative abuse	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, during the past 30 days?	3.6	0.0	0.0	0.7	0.9	1.7	0.9	1.6	2.6	1.2	2.2	1.7	7.4	2.5	0.0	1.4	3.8	1.4	0.8	1.3
Lifetime prescription tranquilizer abuse*	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?	0.0	0.0	0.7	0.3	0.0	0.8	0.0	0.7	0.0	0.9	0.0	1.9	0.0	0.0	3.2	2.8	0.0	0.4	0.9	1.4
Past 30-day prescription tranquilizer abuse	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, during the past 30 days?	0.0	0.0	0.0	0.1	0.0	0.0	0.9	0.3	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.9	0.0	0.0	0.2	0.4
Lifetime heroin*	used heroin or other opiates in your lifetime?	0.0	0.0	0.7	0.2	0.0	1.6	1.4	0.3	1.1	0.0	2.0	0.6	3.2	2.5	5.8	0.6	1.2	1.1	2.5	0.4
Past 30-day heroin	used heroin during the past 30 days?	0.0	0.0	0.0	0.1	0.0	0.8	0.9	0.1	0.0	0.0	2.0	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.8	0.1
Past 30-day ecstasy	used MDMA (X,E, or ecstasy) in the past 30 days?	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.3
Past 30-day steroid use	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the past 30 days?	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.4	0.0	0.0	1.2	0.4	0.0	0.0	0.3	0.3
Past 30-day synthetic marijuana use**	used synthetic marijuana or herbal incense products (such as K2, Spice, or Gold) in the past 30 days?	n/a	0.0	0.0	0.3	n/a	4.1	2.8	1.2	n/a	2.7	1.7	1.6	n/a	2.5	1.2	1.1	n/a	2.4	1.4	1.0
Past 30-day other synthetic drug use**	used other synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning) in the past 30 days?	n/a	0.0	0.0	0.3	n/a	0.0	1.0	0.5	n/a	0.0	0.0	0.3	n/a	0.0	1.2	0.2	n/a	0.0	0.5	0.3

* 2013/2015 SHARP PNA lifetime use is calculated differently than previous years. Beginning in 2013, age of first use became the new basis for calculating lifetime use for substances other than alcohol and tobacco. See appendix for details. Since not all students answer all questions, the percentage of students reporting use in the past 30 days may be greater than the percentage reporting age of first use.

** "Synthetic marijuana use" and "Other synthetic drug use" were not measured in 2011.

Table 5. Problem Substance Use and Antisocial Behavior

		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Problem Substance 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)	0.0	2.4	1.4	0.8	2.7	5.7	2.8	2.6	2.5	1.5	4.8	5.9	0.0	2.5	6.2	8.1	1.3	3.0	3.8	4.2
1/2 pack of cigarettes/day	During the past 30 days, how many cigarettes did you smoke per day? (About one-half pack a day or more)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.4	0.0	0.0	1.3	0.4	0.0	0.0	0.3	0.2
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?	0.0	2.7	0.9	0.5	2.8	8.4	1.9	1.2	1.1	3.4	5.5	2.0	0.0	0.0	2.6	3.7	0.9	3.3	2.8	1.9
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?	4.4	1.7	4.2	4.7	7.2	9.9	8.6	7.1	3.6	5.1	10.0	9.5	8.2	9.7	6.7	7.7	5.9	6.8	7.4	7.3
Need for Substance Use Treatment																					
Needs alcohol treatment	Answered 'Yes' to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	0.0	0.0	0.0	0.1	0.0	0.8	0.0	0.9	0.0	0.9	0.0	2.5	0.0	0.0	1.6	3.8	0.0	0.4	0.4	1.7
Needs drug treatment**	Answered 'Yes' to at least 3 drug treatment questions and has used alcohol on 10 or more occasions	0.0	0.7	2.4	0.3	1.0	4.2	1.9	2.5	1.2	2.2	4.1	5.3	0.0	0.0	5.4	5.2	0.5	1.8	3.4	3.2
Needs alcohol or drug treatment	Needs alcohol and/or drug treatment per criteria above	0.0	0.7	2.4	0.3	1.0	5.1	1.9	3.0	1.2	2.2	4.1	6.3	0.0	0.0	5.4	7.0	0.5	2.0	3.4	4.1
Antisocial Behavior Past Year																					
Been suspended from school		7.8	7.2	2.1	4.4	10.8	12.4	19.6	7.7	8.5	7.1	12.4	7.4	8.9	9.5	9.0	4.7	9.0	9.1	10.6	6.1
Been drunk or high at school		0.0	1.3	2.2	0.6	0.9	7.1	7.7	3.9	3.6	5.6	11.0	8.6	9.3	8.1	8.1	9.1	3.7	5.7	7.3	5.4
Sold illegal drugs		0.0	1.0	2.2	0.1	0.0	2.4	4.6	1.5	2.4	5.8	7.9	3.9	3.2	3.1	5.2	4.3	1.5	3.2	5.0	2.4
Stolen or tried to steal a motor vehicle		1.6	1.7	0.0	0.4	0.9	0.9	0.8	0.9	0.0	1.5	2.0	1.7	3.2	0.0	1.0	0.9	1.5	1.0	1.0	1.0
Been arrested		0.9	1.0	0.0	0.5	1.0	4.9	5.1	1.6	0.0	1.5	7.2	2.8	0.0	3.1	2.5	2.0	0.4	2.7	3.8	1.7
Attacked someone with the idea of seriously hurting them		5.4	4.0	5.7	4.9	4.2	9.8	8.2	6.2	7.5	9.3	11.0	5.3	19.2	3.1	9.2	4.0	9.4	6.6	8.6	5.1
Carried a handgun		3.4	10.2	11.8	7.5	8.4	13.1	18.8	8.9	4.8	13.9	23.8	8.9	0.0	17.2	16.7	7.9	4.0	13.7	17.9	8.3
Carried a handgun to school		0.0	0.0	0.0	0.2	1.6	0.8	0.0	0.2	0.0	1.5	0.0	0.3	0.0	0.0	1.3	0.4	0.4	0.6	0.3	0.3

* 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.

** Due to a change in how lifetime drug use was measured starting in 2013, the calculation for "Needs Drug Treatment" changed slightly. (See appendix for details.)

Table 6. Percent of Students Responding to Mental Health and Suicide Indicators

		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Need for Mental Health Treatment																					
Mental health treatment needs (Based on the K6 screening scale for psychological distress. See text for further explanation.)	High mental health treatment needs (scored 13 or more points)	8.7	9.8	8.0	9.7	12.5	14.8	10.4	14.8	11.1	14.5	21.7	20.0	19.8	2.5	21.1	15.0	13.2	10.0	15.5	15.0
	Moderate mental health treatment needs (7-12 points)	24.5	12.9	17.6	19.4	23.8	23.3	19.4	21.4	19.8	19.2	25.6	27.1	42.2	24.0	20.6	29.4	27.9	20.1	20.9	24.3
	Low mental health treatment needs (0-6 points)	66.9	77.3	74.3	70.8	63.7	61.9	70.2	63.8	69.1	66.4	52.7	52.9	38.0	73.5	58.3	55.5	59.0	69.9	63.6	60.7
Depression Related Indicators																					
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?		10.4	12.7	15.7	16.2	7.4	18.8	17.8	21.4	7.8	16.8	27.0	27.9	30.5	7.4	24.1	24.9	14.4	13.6	21.3	22.7
Depressive symptoms calculation (See text for further explanation.)	High depressive symptoms	1.7	2.1	4.0	3.4	3.5	10.8	3.6	6.1	1.3	7.2	8.1	7.9	4.5	0.0	1.6	4.1	2.8	5.1	4.5	5.4
	Moderate depressive symptoms	79.6	68.9	64.5	66.3	66.0	65.7	61.8	64.0	73.4	61.4	64.7	69.7	73.1	73.6	78.1	71.5	73.1	67.4	67.1	67.8
	No depressive symptoms	18.6	29.0	31.5	30.3	30.5	23.5	34.7	29.9	25.2	31.4	27.2	22.3	22.4	26.4	20.3	24.4	24.1	27.5	28.4	26.8
Suicide Related Indicators																					
During the past 12 months, did you ever seriously consider attempting suicide? (Answered 'Yes')		0.0	7.1	6.4	7.6	8.5	14.1	11.0	15.1	7.8	14.5	20.0	20.0	31.4	0.0	7.1	14.5	12.3	8.4	11.4	14.4
During the past 12 months, did you make a plan about how you would attempt suicide? (Answered 'Yes')		0.0	3.5	2.4	5.7	3.7	13.8	11.8	12.2	5.0	14.7	19.9	16.4	0.0	3.1	5.0	12.0	2.1	8.4	10.1	11.6
During the past 12 months, how many times did you actually attempt suicide? (Answered 1 or more times)		0.0	3.5	3.8	4.2	3.7	11.3	8.0	7.9	2.7	11.0	12.2	9.4	5.9	3.1	7.6	5.2	3.2	7.0	8.0	6.7
Self-Harm*																					
During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? (Students marking one or more times)		n/a	n/a	7.8	9.5	n/a	n/a	9.9	15.4	n/a	n/a	19.9	17.9	n/a	n/a	15.0	12.3	n/a	n/a	13.4	13.9
Sample size**		n/a	n/a	9	1,139	n/a	n/a	10	2,022	n/a	n/a	17	1,807	n/a	n/a	10	920	n/a	n/a	46	5,888
If you marked 1 or more times to the above question, how did you harm yourself? (Mark ALL that apply.)	Self-injury such as self-cutting, self-scratching, self-burning, self-hitting, etc.?	n/a	n/a	79.8	85.5	n/a	n/a	100.0	92.6	n/a	n/a	74.9	92.4	n/a	n/a	95.1	84.9	n/a	n/a	85.2	89.7
	Ingesting a medication in excess of the prescribed or generally recognized therapeutic dose?	n/a	n/a	11.0	1.9	n/a	n/a	19.6	11.6	n/a	n/a	20.1	16.2	n/a	n/a	0.0	17.5	n/a	n/a	13.2	12.9
	Ingesting a recreational or illicit drug or alcohol as a means to harm yourself?	n/a	n/a	11.0	1.7	n/a	n/a	10.2	4.6	n/a	n/a	4.3	6.8	n/a	n/a	0.0	8.4	n/a	n/a	5.1	5.7
	Ingesting a non-ingestible substance or object?	n/a	n/a	11.0	1.3	n/a	n/a	10.2	2.3	n/a	n/a	16.7	1.9	n/a	n/a	4.9	3.1	n/a	n/a	11.6	2.2
	Other	n/a	n/a	22.5	12.1	n/a	n/a	18.7	8.1	n/a	n/a	0.0	8.9	n/a	n/a	0.0	8.4	n/a	n/a	6.5	9.1

* Self-harm questions were introduced on the 2015 SHARP survey instrument. Past years' data are not available.

** Sample size represents the number of youth who indicated engaging in self-harm at least one time (i.e. answered affirmatively to the question one row up). Students who indicated no self-harming behavior in the past year are not included in the sample. So if 100 students were surveyed, and 10% reported some sort of self-harm, the sample size would be 10 students. If 50% of those students reported harming themselves through self-cutting, that means 5 of the 10 self-harming students harmed themselves using that particular method. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Table 7. Sources and Places of Alcohol Use

	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
If you drank alcohol (not just a sip or taste) in the past year, how did you get it?*																				
Sample size**	n/a	3	2	534	n/a	12	6	1,492	n/a	8	9	2,287	n/a	4	12	2,203	n/a	27	29	6,516
I bought it myself from a store	n/a	33.3	0.0	4.0	n/a	8.3	0.0	2.7	n/a	0.0	14.7	3.6	n/a	0.0	8.9	7.6	n/a	7.4	8.7	5.1
I got it at a party	n/a	66.7	0.0	31.7	n/a	50.0	68.2	43.2	n/a	50.0	55.5	57.0	n/a	75.0	76.3	65.8	n/a	55.6	66.3	57.0
I gave someone else money to buy it for me	n/a	66.7	0.0	7.8	n/a	33.3	14.2	14.2	n/a	12.5	27.3	24.0	n/a	50.0	57.2	41.3	n/a	33.3	39.0	28.7
I got it from someone I know age 21 or older	n/a	66.7	100.0	26.3	n/a	58.3	54.9	37.9	n/a	50.0	86.4	47.6	n/a	75.0	78.7	61.6	n/a	59.3	77.4	50.7
I got it from someone I know under age 21	n/a	33.3	0.0	15.4	n/a	58.3	40.7	30.0	n/a	12.5	31.1	36.5	n/a	50.0	26.8	34.0	n/a	40.7	29.6	33.2
I got it from a family member or relative other than my parents	n/a	66.7	37.6	27.1	n/a	50.0	0.0	36.1	n/a	0.0	41.9	33.1	n/a	25.0	17.8	30.7	n/a	33.3	22.3	32.3
I got it from home with my parents' permission	n/a	0.0	0.0	30.8	n/a	16.7	27.4	29.1	n/a	25.0	55.5	27.1	n/a	25.0	8.9	30.0	n/a	18.5	25.5	28.8
I got it from home without my parents' permission	n/a	33.3	0.0	20.3	n/a	25.0	27.4	35.7	n/a	12.5	34.7	35.4	n/a	0.0	35.0	25.5	n/a	18.5	32.4	30.5
I got it another way	n/a	33.3	0.0	26.7	n/a	33.3	18.6	21.1	n/a	12.5	48.1	19.0	n/a	25.0	27.9	16.6	n/a	25.9	31.2	18.8
During the past year did you drink alcohol at any of the following places?																				
Sample size**	4	8	4	793	11	15	5	1,743	7	8	11	2,464	5	5	10	2,225	27	36	30	7,225
At my home or someone else's home without any parent permission	0.0	25.0	0.0	28.6	54.5	60.0	17.5	53.0	85.7	50.0	53.0	63.8	100.0	40.0	52.7	64.5	63.0	47.2	42.6	59.4
At my home with my parent's permission	75.0	87.5	0.0	56.7	54.5	46.7	66.2	45.4	14.3	25.0	43.7	38.2	0.0	20.0	11.0	42.3	37.0	47.2	29.7	42.6
At someone else's home with their parent's permission	50.0	50.0	53.6	25.7	36.4	33.3	48.8	21.9	28.6	12.5	33.4	30.9	0.0	40.0	51.4	43.8	29.6	33.3	44.8	33.9
At or near school	25.0	37.5	21.4	15.7	9.1	20.0	32.7	14.0	0.0	0.0	22.4	13.5	0.0	0.0	59.9	11.7	7.4	16.7	38.9	13.1
In a car	50.0	50.0	51.3	19.2	9.1	40.0	49.0	16.3	28.6	12.5	54.8	21.2	20.0	60.0	63.6	24.7	22.2	38.9	57.1	21.5
In some other place	25.0	50.0	27.3	33.1	54.5	46.7	17.5	34.4	14.3	75.0	58.9	35.2	40.0	20.0	54.0	37.2	37.0	50.0	47.8	35.7

* Questions regarding sources of alcohol were not asked in 2011.

** Sample size represents the number of youth who chose at least one source of obtaining alcohol or 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.

Table 8. Percentage of Students Reporting Risk

Risk Factor	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Community Domain																				
Low neighborhood attachment	57.0	42.4	39.0	31.7	33.0	32.7	39.9	26.5	26.0	23.3	53.8	35.8	72.4	26.7	47.9	37.2	47.9	31.2	45.5	32.7
Laws & norms favorable to drug use	39.6	26.1	22.7	19.9	20.2	21.6	10.5	16.5	16.4	19.2	27.1	14.0	27.5	23.3	37.2	18.7	25.7	22.6	24.3	17.2
Perceived availability of drugs	15.0	10.5	11.8	23.6	15.6	18.6	17.2	21.1	18.3	13.2	15.7	24.7	23.6	28.8	21.0	25.4	18.6	17.8	16.4	23.7
Perceived availability of handguns	13.2	11.9	13.7	21.1	39.3	35.0	48.7	33.0	40.2	42.0	39.3	25.0	30.6	28.3	43.6	31.6	31.8	29.5	36.4	27.7
Family Domain																				
Poor family management	62.9	34.7	39.8	35.5	32.2	29.7	28.4	28.1	30.5	28.9	31.9	26.5	35.8	32.2	42.4	22.4	40.0	31.5	35.6	28.1
Family conflict	34.5	24.9	27.3	34.3	25.5	29.7	29.0	26.5	12.5	30.9	34.1	33.1	29.0	15.8	25.8	29.4	25.3	25.3	29.2	30.9
Family history of antisocial behavior	32.3	26.5	26.3	25.6	14.9	24.3	22.8	19.7	20.3	11.8	22.1	25.2	25.2	32.6	29.5	24.2	23.3	23.8	25.0	23.6
Parent attitudes favorable to ASB	34.8	13.5	22.8	22.0	57.9	28.3	25.5	30.3	40.6	16.3	29.0	32.3	66.5	27.0	19.0	31.1	50.3	21.7	24.2	28.8
Parent attitudes favorable to drug use	7.4	4.2	4.7	3.8	15.3	10.1	5.2	8.4	9.4	4.8	10.6	14.8	20.8	7.2	7.7	13.2	13.4	6.7	7.2	9.9
School Domain																				
Academic failure	24.0	24.9	22.8	28.9	26.0	30.7	30.7	28.5	37.6	31.2	43.6	33.1	60.9	35.5	32.6	32.5	38.4	30.8	32.8	30.7
Low commitment to school	46.5	38.5	34.0	35.7	46.0	47.4	37.8	40.9	41.1	32.6	66.5	42.2	25.1	28.1	44.4	42.2	39.2	36.6	46.3	40.1
Peer-Individual Domain																				
Rebelliousness	38.8	13.5	12.7	17.3	24.7	36.2	24.9	21.0	28.6	20.0	25.8	25.2	55.1	47.7	38.5	28.0	37.7	29.3	25.3	22.8
Early initiation of ASB	15.2	17.9	20.5	17.2	21.3	29.3	40.4	24.0	30.4	21.7	41.3	26.7	55.9	42.7	27.3	25.5	31.6	28.3	32.5	23.2
Early initiation of drug use	5.9	5.5	6.4	9.3	8.8	15.4	13.1	15.8	11.8	9.5	15.7	17.1	19.5	18.4	24.0	20.5	11.8	12.5	14.7	15.5
Attitudes favorable to ASB	22.0	21.4	26.8	30.9	14.9	34.6	23.7	23.3	25.7	22.4	45.4	30.6	23.2	37.7	27.3	30.2	21.6	29.5	31.4	28.7
Attitudes favorable to drug use	8.3	6.2	5.3	8.2	10.6	17.4	17.8	17.2	13.3	10.7	34.8	25.2	0.0	17.5	15.6	22.7	7.8	13.3	18.8	18.1
Perceived risk of drug use	38.1	24.6	33.1	30.8	21.5	23.1	28.6	26.3	19.5	27.5	38.2	33.4	27.3	37.8	34.3	30.9	26.5	28.3	33.8	30.3
Interaction with antisocial peers	25.6	18.4	12.5	21.5	30.9	30.0	29.5	18.3	30.5	14.3	22.8	21.5	21.2	32.1	20.9	18.1	26.9	23.6	21.3	19.9
Friend's use of drugs	8.0	10.2	3.6	8.0	7.6	17.7	8.3	16.5	9.5	6.2	6.1	18.4	19.5	5.9	9.3	14.6	11.5	10.1	6.7	14.4
Rewards for ASB	15.6	24.0	12.8	19.3	5.8	17.3	10.2	24.8	11.8	14.7	22.8	25.8	37.0	5.9	27.7	26.2	18.5	15.5	18.4	24.1
Depressive symptoms	31.6	29.8	28.4	29.3	37.2	42.8	27.5	33.9	29.7	34.4	38.6	43.0	25.3	11.9	32.6	36.1	30.7	29.7	32.1	35.5
Gang involvement	1.8	5.4	2.2	1.9	2.6	10.6	9.4	2.9	2.3	3.8	13.4	2.9	7.4	2.5	7.4	2.4	3.7	5.6	8.2	2.5
Intention to use drugs*	7.0	n/a	16.7	20.7	17.2	n/a	7.8	16.0	20.8	n/a	23.5	27.1	36.1	n/a	33.5	27.4	21.2	n/a	20.5	22.7

* "Intention to use drugs" was not measured in 2013.

Data Tables

Table 9. Percentage of Students Reporting Protection

Protective Factor	Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
Community Domain																				
Rewards for prosocial involvement	55.5	55.8	60.5	62.3	69.5	65.5	68.2	65.2	60.3	68.3	45.3	60.6	45.0	63.1	52.2	63.3	56.9	63.3	56.1	62.8
Family Domain																				
Family attachment	46.0	65.6	67.3	71.7	66.3	62.0	58.5	70.8	74.1	78.5	58.5	70.0	70.9	86.5	65.9	74.4	64.9	72.9	62.5	71.7
Opportunities for prosocial involvement	40.3	64.3	69.0	69.5	66.3	67.6	76.3	73.8	69.0	69.9	56.8	65.4	38.6	76.7	53.2	71.1	53.2	69.6	63.3	69.9
Rewards for prosocial involvement	47.6	65.5	53.7	64.1	54.0	49.9	70.6	59.6	59.3	64.6	51.0	61.2	65.5	68.7	54.8	66.7	57.2	62.0	57.1	62.8
School Domain																				
Opportunities for prosocial involvement	79.9	58.5	61.9	61.3	71.1	62.9	82.5	74.4	60.6	65.9	59.9	76.5	67.8	82.4	79.6	77.5	69.7	67.8	70.3	72.2
Rewards for prosocial involvement	73.1	75.1	55.9	68.8	52.9	56.7	59.3	60.1	56.8	66.3	50.2	69.8	54.7	62.6	52.1	56.8	59.3	64.8	54.2	64.1
Peer-Individual Domain																				
Religiosity	48.6	51.4	54.7	58.9	77.3	70.1	71.7	69.9	71.7	80.2	65.9	65.6	45.1	64.3	79.2	67.4	60.3	65.5	67.5	65.5
Belief in the moral order	60.0	62.5	66.6	73.2	82.8	72.6	68.3	75.5	74.1	75.9	72.0	63.4	71.7	63.5	48.4	63.9	72.1	68.3	64.0	69.0
Interaction with prosocial peers	69.1	41.1	57.9	55.3	79.6	65.7	66.2	65.6	78.1	73.2	57.9	66.2	62.5	51.6	52.6	69.9	72.0	58.4	58.5	64.1
Prosocial involvement	61.2	47.7	48.9	58.6	62.8	53.0	67.8	60.0	65.3	66.8	51.8	62.3	53.6	52.3	57.7	65.5	60.5	55.1	56.1	61.4
Rewards for prosocial involvement	38.8	53.8	62.7	65.4	68.3	60.2	74.0	67.7	69.3	64.9	53.1	73.6	56.1	71.2	65.0	79.5	58.3	62.4	63.3	71.6

Table 10. Drug Free Communities Data

Outcome	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		All Grades**		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...)	take five or more drinks of an alcoholic beverage once or tw ice a w eek	Binge drinking	85.4	118	80.6	86	79.9	88	77.6	64	80.9	356	80.2	179	81.9	176
	smoke one or more packs of cigarettes per day	Tobacco	83.2	119	80.3	86	80.1	88	87.5	64	82.7	357	82.0	180	83.7	176
	smoke marijuana regularly	Marijuana	79.6	119	73.6	86	65.0	88	63.2	64	70.2	357	66.3	180	74.6	176
	use prescription drugs that are not prescribed to them	Prescription drugs	85.6	119	84.6	85	80.1	88	82.0	63	83.0	355	82.6	179	83.6	175
Perception of Parental Disapproval* (Parents feel it would be Wrong or Very Wrong to...)	have one or tw o drinks of an alcoholic beverage nearly every day	Alcohol	100.0	123	100.0	87	95.8	87	98.8	66	98.6	363	98.0	180	99.2	182
	smoke cigarettes	Tobacco	100.0	124	98.2	87	95.8	87	98.0	65	98.0	363	96.8	181	99.1	181
	smoke marijuana	Marijuana	99.3	123	98.2	87	93.4	87	96.0	66	96.6	363	95.6	181	97.8	181
	use prescription drugs not prescribed to you	Prescription drugs	100.0	124	100.0	86	94.2	87	96.5	66	97.6	363	96.5	181	98.7	181
Perception of Peer Disapproval* (Friends feel it would be Wrong or Very Wrong to...)	have one or tw o drinks of an alcoholic beverage nearly every day	Alcohol	98.9	120	97.2	87	89.2	88	91.6	65	94.0	360	91.2	178	97.0	181
	smoke tobacco	Tobacco	100.0	122	97.2	87	86.7	87	89.7	65	93.2	361	90.1	179	96.5	181
	smoke marijuana	Marijuana	97.0	122	90.0	87	83.8	88	83.5	65	88.5	362	84.4	180	92.8	181
	use prescription drugs not prescribed to you	Prescription drugs	100.0	121	98.1	86	90.2	88	94.0	65	95.4	360	93.3	179	97.6	180
Past 30-Day Use* (at least one use in the past 30 days)	had beer, w ine, or hard liquor	Alcohol	0.7	123	2.8	87	2.1	88	4.2	65	2.4	363	2.4	181	2.4	181
	smoked cigarettes	Tobacco	0.0	109	3.8	76	4.0	77	9.1	60	4.2	322	5.2	156	3.2	165
	used marijuana	Marijuana	1.5	124	6.8	87	4.0	87	6.7	65	4.6	363	6.0	181	3.2	181
	combined results of prescription stimulant/sedative/ narcotics questions	Prescription drugs	0.0	124	0.9	87	6.0	88	0.0	65	1.9	364	0.6	181	3.3	182

* 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.

** "All Grades" represents responses from students in all grades surveyed. 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. (In order to report individual grades/genders accurately, the grade or gender must have a minimum of twenty students reporting data. "All Grades" data not meeting the minimum number of respondents are displayed as "n/a.")

† 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. In order to preserve confidentiality, male or female values may be omitted if the total number surveyedfor that gender is under 20.

Table 11. Additional Data for Prevention Planning

		Grade 6				Grade 8				Grade 10				Grade 12				All Grades			
		LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015	LSAA 2011	LSAA 2013	LSAA 2015	State 2015
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	4.6	13.5	13.1	8.4	4.7	12.4	11.4	8.3	4.9	5.8	15.5	7.1	10.8	10.3	19.2	5.1	6.3	10.4	14.8	7.3
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More than once	15.7	27.9	24.6	28.9	16.8	24.6	29.7	25.9	8.7	14.4	20.1	19.6	8.3	5.6	7.1	12.9	12.2	17.6	20.3	22.1
Discipline																					
My teachers maintain good discipline in the classroom.	Strongly agree or agree	92.6	93.4	94.0	93.3	83.0	79.7	85.5	88.9	84.0	86.1	76.8	88.0	78.0	96.1	78.5	90.0	84.4	88.7	83.4	90.1
The principal and assistant principal maintain good discipline at my school.	Strongly agree or agree	91.3	93.4	91.9	90.9	93.0	77.7	90.0	87.7	90.2	89.9	82.2	86.9	78.5	87.2	76.3	86.1	88.2	86.8	85.0	88.0
Perceived vs. Actual ATOD Use																					
Smoke cigarettes every day	Perceived use	3.1	3.4	2.9	2.8	13.2	10.7	4.9	14.0	17.1	9.2	16.1	22.2	23.3	25.0	18.3	21.1	14.8	12.0	10.7	14.9
	Actual use	0.0	0.0	0.0	0.0	0.0	2.8	0.0	0.5	1.1	0.0	1.7	1.4	3.3	3.4	7.2	1.7	1.2	1.7	2.2	0.9
Drank alcohol in past 30 days	Perceived use	3.4	2.9	2.3	3.5	15.1	14.7	6.3	17.2	20.9	11.6	17.9	31.5	27.0	23.9	26.8	35.0	17.3	13.3	13.5	21.5
	Actual use	0.0	1.4	0.7	0.7	3.5	3.2	2.8	3.4	3.8	1.8	2.1	9.5	3.2	5.6	4.2	13.6	2.7	3.1	2.4	6.5
Used marijuana in past 30 days	Perceived use	3.3	1.0	0.9	2.1	8.8	10.9	8.4	17.1	13.6	13.5	17.1	30.9	26.1	25.0	28.5	32.3	14.0	12.6	13.9	20.4
	Actual use	0.0	0.0	1.5	0.3	0.0	5.9	6.8	3.3	4.6	7.2	4.0	8.0	3.2	8.7	6.7	9.8	2.1	5.6	4.6	5.2

Substance Use and Perceived Parental Acceptability

Table 12. Substance Use in Relation to Perceived Parental Acceptability (State 2015)

How wrong do your parents feel it would be for YOU to:	Student has used:	
drink beer, wine, or hard liquor regularly?	Alcohol At Least Once in Lifetime	Alcohol At Least Once in Past 30 Days
Very Wrong	14.5	4.1
Wrong	61.1	26.5
A Little Bit Wrong	79.2	46.8
Not Wrong At All	69.5	42.0
smoke marijuana?	Marijuana At Least Once in Lifetime	Marijuana At Least Once in Past 30 Days
Very Wrong	8.6	3.3
Wrong	46.4	22.4
A Little Bit Wrong	66.4	43.2
Not Wrong At All	69.6	50.2
smoke cigarettes?	Cigarettes At Least Once in Lifetime	Cigarettes At Least Once in Past 30 Days
Very Wrong	8.5	1.6
Wrong	38.6	11.6
A Little Bit Wrong	62.6	37.6
Not Wrong At All	57.5	38.0
use prescription drugs not prescribed to you?	Prescription Drugs At Least Once in Lifetime	Prescription Drugs At Least Once in Past 30 Days
Very Wrong	5.2	1.8
Wrong	21.3	10.2
A Little Bit Wrong	40.1	25.0
Not Wrong At All	43.7	17.9

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, cigarettes, or prescription drugs not prescribed to them. The tables above display lifetime and past 30 days use rates in relation to parents' acceptance of alcohol, marijuana, cigarette, or prescription drug abuse.

In 2015, 91.6% of Utah students indicated that their parents felt it was "Very wrong" for them to use alcohol. Table 12 shows that, of those students, relatively few (14.5% lifetime, 4.1% 30-day) actually used alcohol. In contrast, of the 2,631 students in the State (5.6% of the state total) who marked that their parents agree with use somewhat (i.e. the parent only believes that it is "Wrong," not "Very Wrong"), 61.1% of these students indicated lifetime alcohol use and 26.5% of these students indicated 30-day alcohol use. Similar findings can be observed regarding marijuana, cigarette and prescription drug abuse.

Table 12 illustrates 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 between PNA administrations

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 2015

The weighting procedure for the 2015 SHARP survey was changed from that used in previous SHARP surveys to the same procedure used by the Utah Department of Health. The change was made to ensure that all results reported for the 2015 SHARP agreed. It should be noted that analysts at Bach Harrison checked the new weighting procedure against the procedure used to weight the 2013 SHARP. For the variables reported in the 2015 Utah State Profile Report, a comparison of the values generated from the 2013 weighting procedure showed the differences to be less than one percent with most of the differences less than one-half percent. Thus, the change in weighting procedures does not affect the ability to compare trends over time from previous SHARP surveys to the 2015 SHARP survey.

The weighting procedure used for the 2015 SHARP started with the school weighting procedure that was used in previous SHARP surveys and then added raking ratio estimation. Briefly, raking was done at the school district level to ensure that the survey sample matched the population on grade, gender, and race/ethnicity. For more detailed information on the 2015 weighting procedure consult the 2015 State Report.

Changes to ATOD Questions

For the 2013/2015 SHARP PNAs, lifetime use is calculated from questions asking about age of first use; previous years are based off of the number of occasions used. 2013/2015 lifetime use counts were obtained by generating a count of students answering any response other than Never to the question "How old were you when you first…" (used marijuana, used inhalants, etc.). In previous surveys, these data were obtained by counting the number of students having indicated one or more occasions of use of the substance in their lifetime. Significant analysis was conducted prior to the switch and Bach Harrison found that the two methods gathered comparable data; however, report readers should keep this change in mind as they compare 2013/2015 data for lifetime use to 2011 data. The removal of redundant questions freed up survey space and reduced survey completion time without sacrificing lifetime use data.

Lifetime use of alcohol and tobacco are exceptions to this change. Since several agencies track alcohol and tobacco use, lifetime use of these substances is calculated using separate questions (identical to previous years) to ensure that the results continue to be directly comparable from one administration to the next.

The change in calculating lifetime use resulted in a slight change to the way drug treatment needs was calculated. As with previous surveys, the "Needs Drug Treatment" continues to require that students answer YES to at least 3 drug treatment questions, but now requires any lifetime drug use, rather than drug use on 10 or more occasions.

Any prescription drug abuse is a calculated measure generated by combining the responses to prescription stimulant, prescription sedative, prescription tranquilizer, and prescription narcotic drug abuse questions.

New Health-Related Questions

Extra tobacco (traditional as well as e-cigarettes, vape pens, and e-hookahs) and health department questions were added in 2015. These include questions about:

1. perceived risk of e-cigarette use
2. perceived availability of e-cigarette products
3. sources of electronic cigarette products
4. type of tobacco product first used
5. intention to use e-cigarette products in the next year
6. probability of using e-cigarette products if offered by friend.
7. use of e-cigarette products by anyone currently living with in household
8. incidents of self-harm
9. if reported, specific type of self-harming behavior
10. days of school missed due to diabetes
11. whether students had an diabetes care plan
12. number of times the student had talked on a cell phone while driving a car or other vehicle
13. number of times the student had emailed or texted while driving a car or other vehicle

Other Survey Removals and Changes

Removals included questions about:

1. hours spent playing video games/using social media on an average school day
2. average number of times the student ate fast food per week

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://store.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
https://nsduhweb.rti.org/

State Contacts

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Local Substance Abuse Authority/ County level providers:

See http://dsamh.utah.gov for contacts of prevention efforts in your neighborhood

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