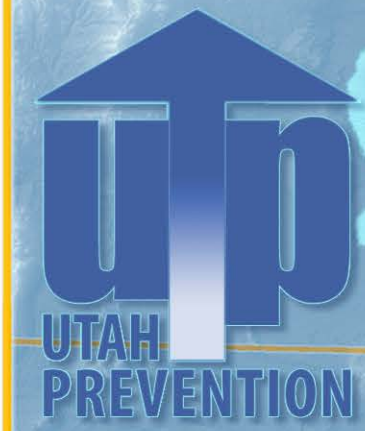

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health

Student Health And Risk Prevention

2017 Prevention Needs Assessment Survey Results

Summit County LSAA

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Introduction

2017 Summit County LSAA Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2017 Prevention Needs Assessment (PNA) Survey that was conducted as part of the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey was administered to students in grades 6, 8, 10 and 12 in 39 school districts and 17 charter schools across Utah. (One private school also chose to participate in the survey.) The results for this LSAA region are presented along with comparisons to 2013 and 2015 PNA survey results, as applicable.

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

Table 1 contains the characteristics of the students who completed the survey from this LSAA region and the state of Utah. Because not all students answer all of the questions, the total number of survey respondents by gender and survey respondents by ethnicity may be less than the reported total students.

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

Coordination and administration of the Utah PNA Survey was a collaborative effort of State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health; State Board 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

	LSAA 2013		LSAA 2015		LSAA 2017		State 2017	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Survey Respondents Total								
All grades	1,366	100.0	1,303	100.0	1,244	100.0	50,237	100.0
Survey Respondents by Grade								
6	366	26.8	364	27.9	531	42.7	16,008	31.9
8	329	24.1	391	30.0	424	34.1	15,106	30.1
10	376	27.5	325	24.9	174	14.0	10,738	21.4
12	295	21.6	223	17.1	115	9.2	8,385	16.7
Survey Respondents by Gender								
Male	648	47.6	632	48.9	620	50.2	24,167	48.3
Female	712	52.4	660	51.1	615	49.8	25,873	51.7
Survey Respondents by Race/Ethnicity*								
African American	16	1.2	11	0.9	4	0.3	808	1.6
American Indian	11	0.8	6	0.5	18	1.5	868	1.7
Asian	11	0.8	17	1.3	26	2.1	891	1.8
Hispanic or Latino	173	13.0	160	12.4	165	13.4	8,576	17.2
Pacific Islander	6	0.4	1	0.1	7	0.6	706	1.4
White	1,070	80.2	1,038	80.3	982	79.7	35,883	72.0
Multi-racial	47	3.5	60	4.6	30	2.4	2,113	4.2

* Students are instructed to select one or more Race/Ethnicity categories. To accurately represent Hispanic/Latino participation in the SHARP survey, students indicating they are of Hispanic or Latino ethnicity and up to one race are reported as Hispanic or Latino. Students reporting more than one race are reported as multi-racial (regardless of Hispanic or Latino ethnicity). See appendix for more information.

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. Note that data reported in the tables are rounded to one decimal place. (Rates of 0% to 0.04$\overline{9}$% are displayed as 0.0%.)

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 2017 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: 2013, 2015, and 2017. 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 2017 PNA Survey, there were 50,237 participants in grades 6, 8, 10, and 12, out of 74,804 sampled, a participation rate of 67.2%. The fact that over 50,000 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.

Understanding the Charts in this Report (cont'd)

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 substance use 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 student attitudes toward the acceptability of seeking mental health treatment and their willingness to do so.

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

Understanding the Charts in this Report (cont'd)

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 question (introduced in 2015) asks 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.

Attitudes Toward Mental Health Treatment are explored in a series of questions introduced in the 2017 SHARP survey. how often they talked to an adult "*feeling very sad, hopeless, or suicidal*," and if so, who they talked with. The final question in this section explores student attitudes toward seeking professional mental health treatment when they are feeling this way.

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.

Places of Alcohol Use

These charts present patterns of where students consumed alcohol. The students answering these questions are a subset of the total survey sample, so the number of students responding to these questions is presented to assist in interpreting the results. The charts show the percentage of the sample that used alcohol in seven 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, e-cigarettes, marijuana, or the 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

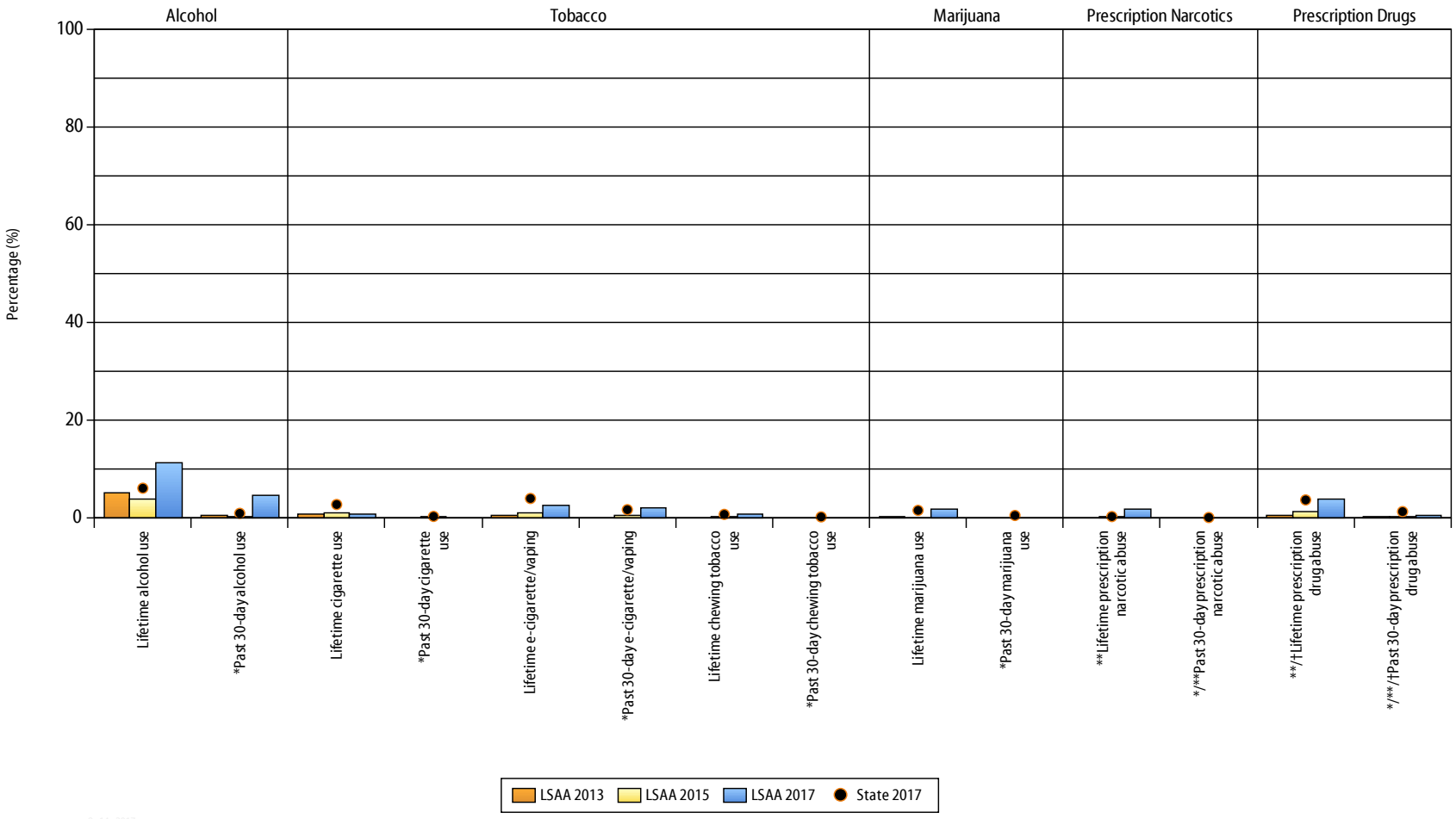
Data for Prevention Planning

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

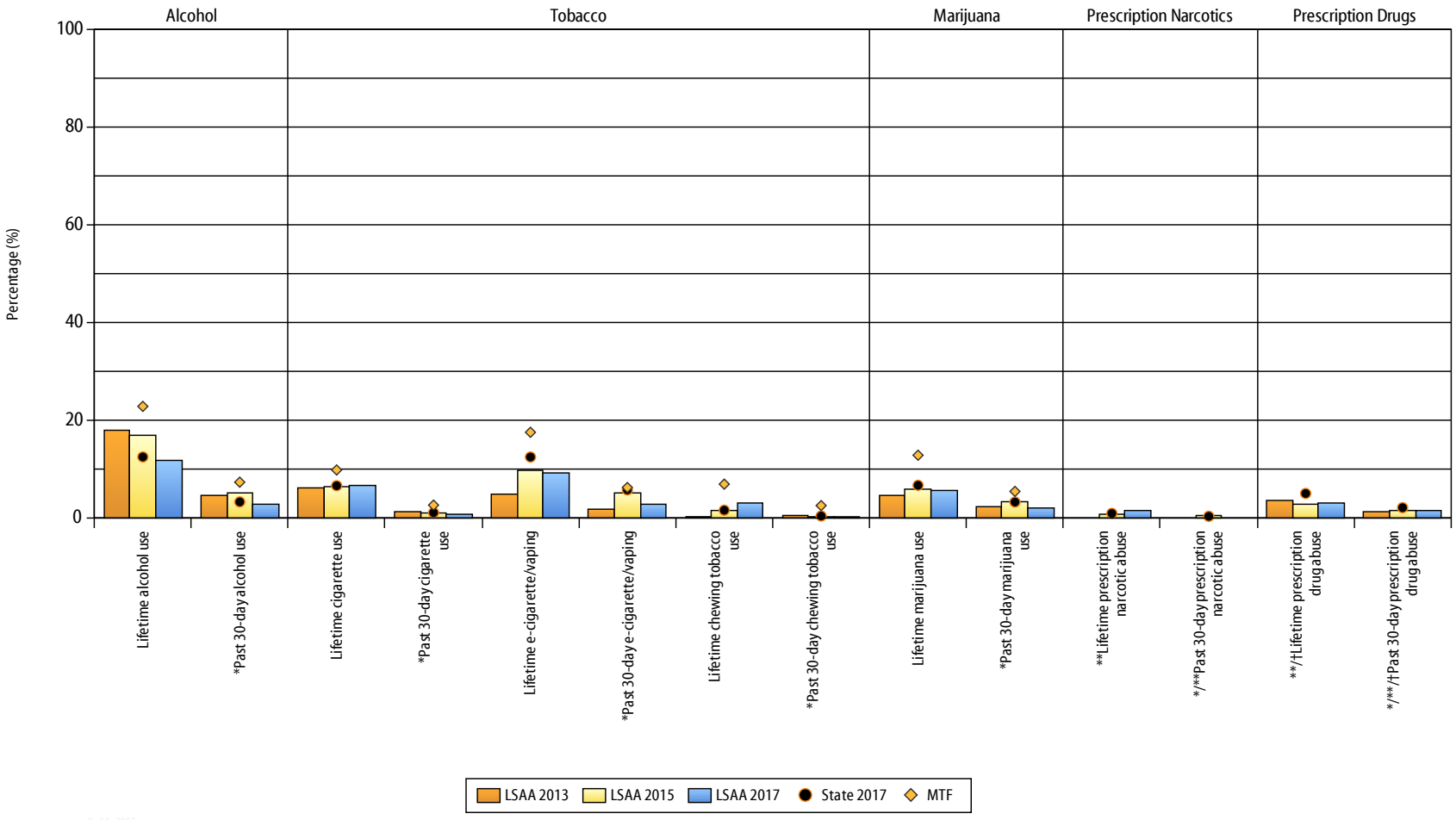
Table 12 explores the relationship between perceived parental approval and ATOD use. A full explanation of how to interpret these data is available accompanying the tables.

State-Identified Priority Substance Use
2017 Summit County LSAA Student Survey, 6th Grade



* 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 lifetime use.
** National comparison data are available for 12th grade only. Monitoring the Future does not survey 6th graders.
†"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
2017 Summit County LSAA Student Survey, 8th Grade



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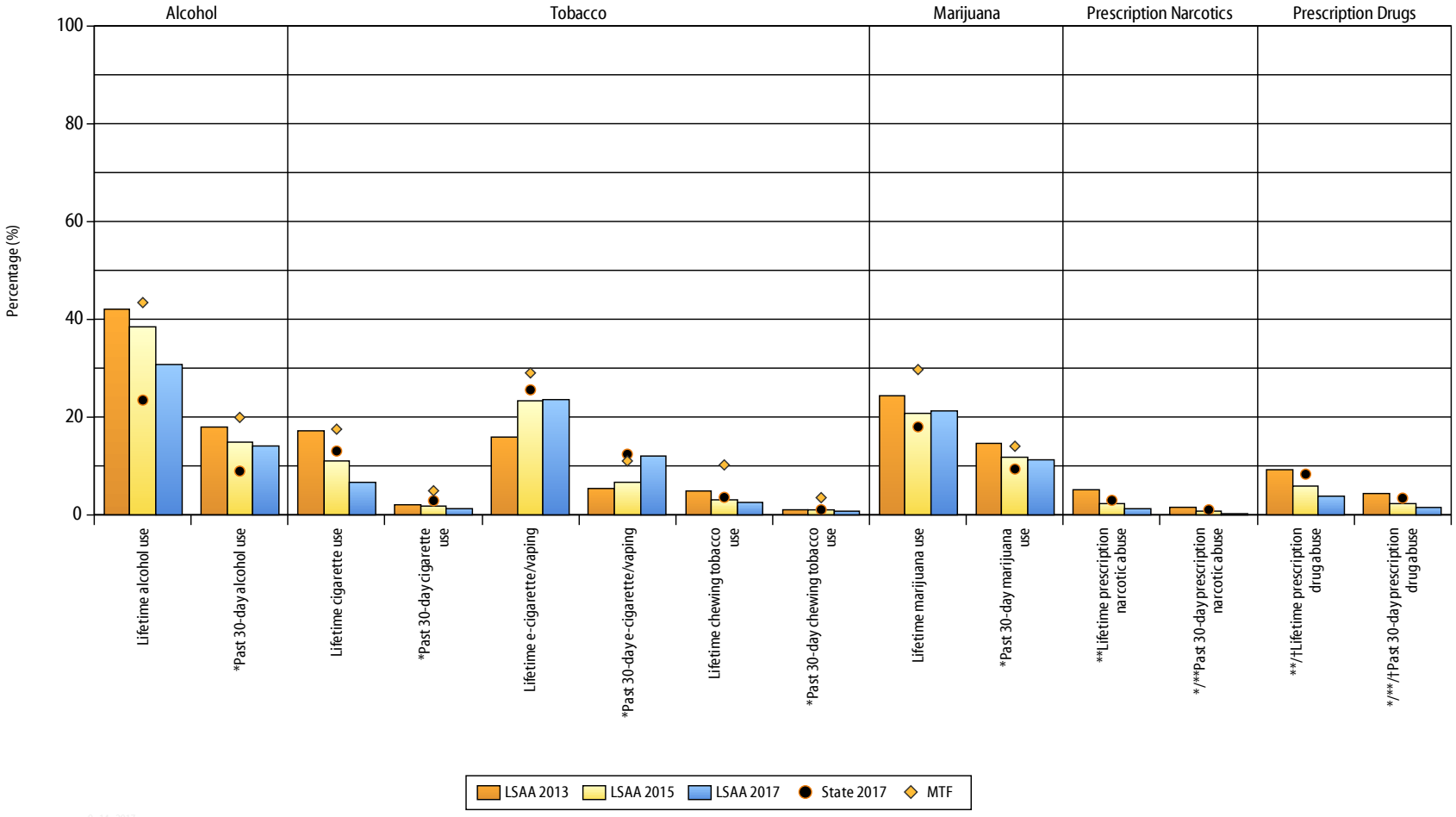
Substance Use

State-Identified Priority Substance Use
2017 Summit County LSAA Student Survey, 10th Grade



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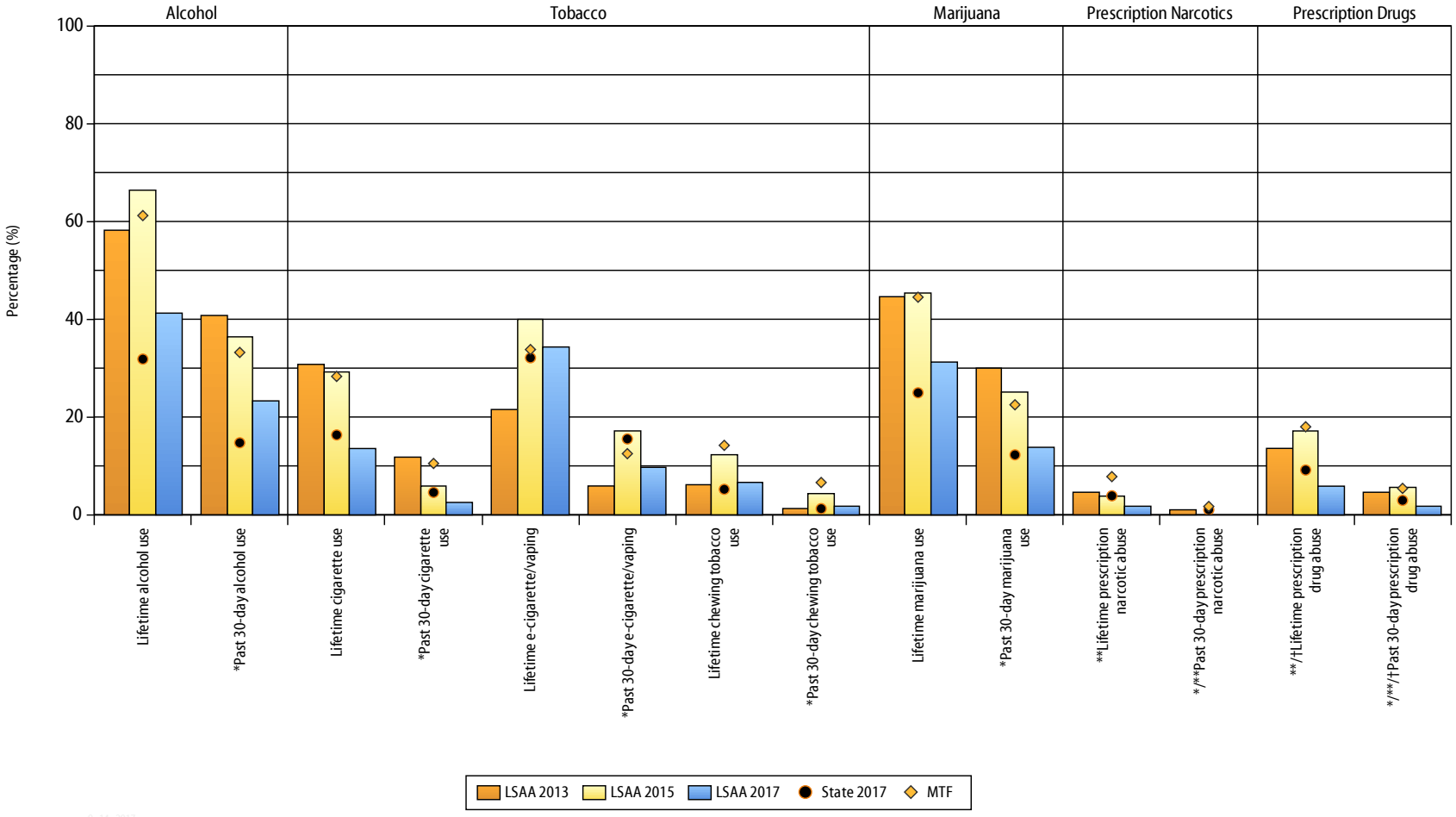
State-Identified Priority Substance Use
2017 Summit County LSAA Student Survey, 12th Grade



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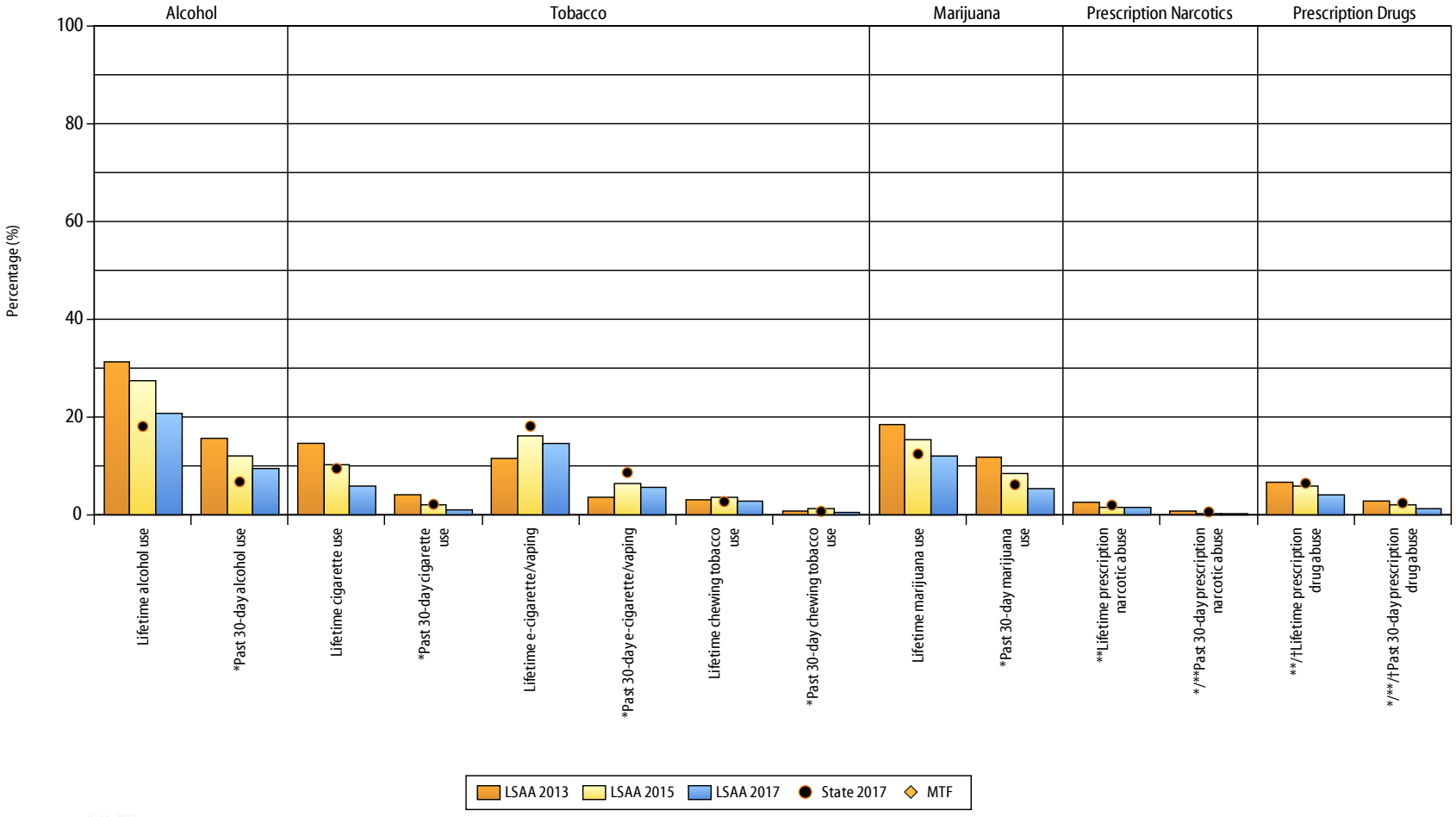
State-Identified Priority Substance Use
2017 Summit County LSAA Student Survey, All Grades



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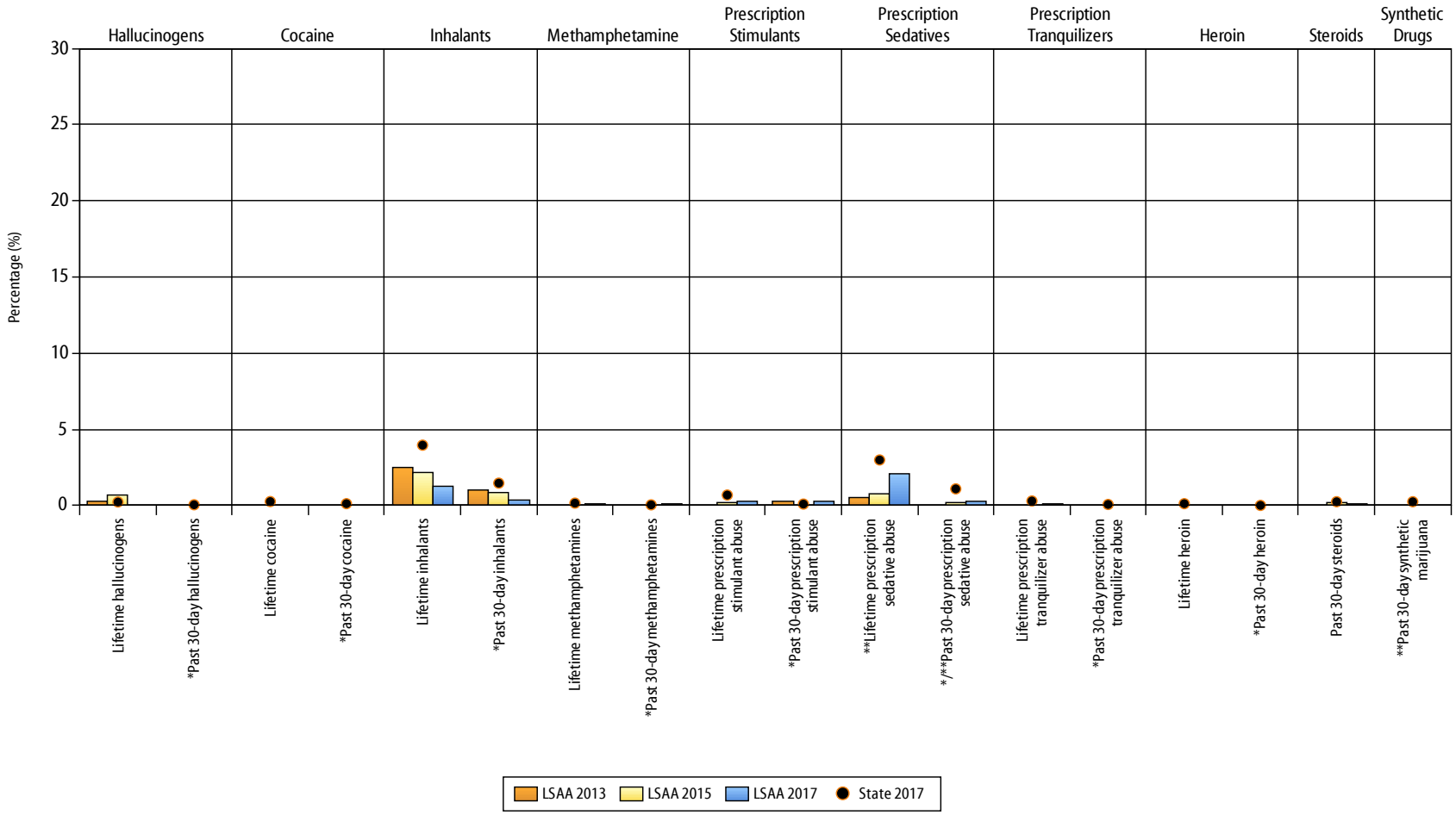
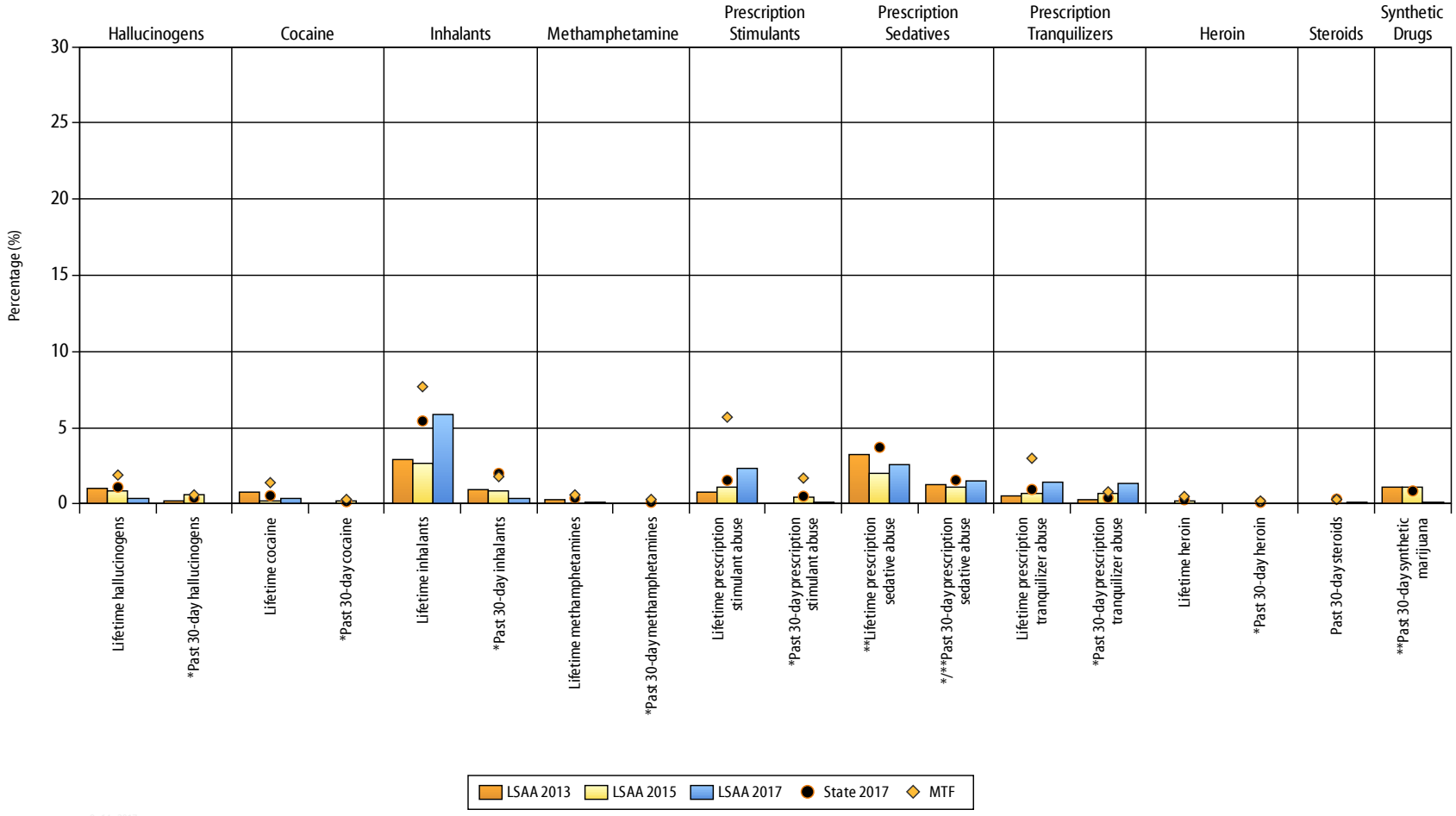
Other Substance Use
2017 Summit County LSAA Student Survey, 6th Grade



* 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.

** No equivalent MTF data for these substances. National comparison data for Prescription Sedatives are available for 12th grade only. Monitoring the Future does not survey 6th graders.

Other Substance Use
2017 Summit County LSAA Student Survey, 8th Grade



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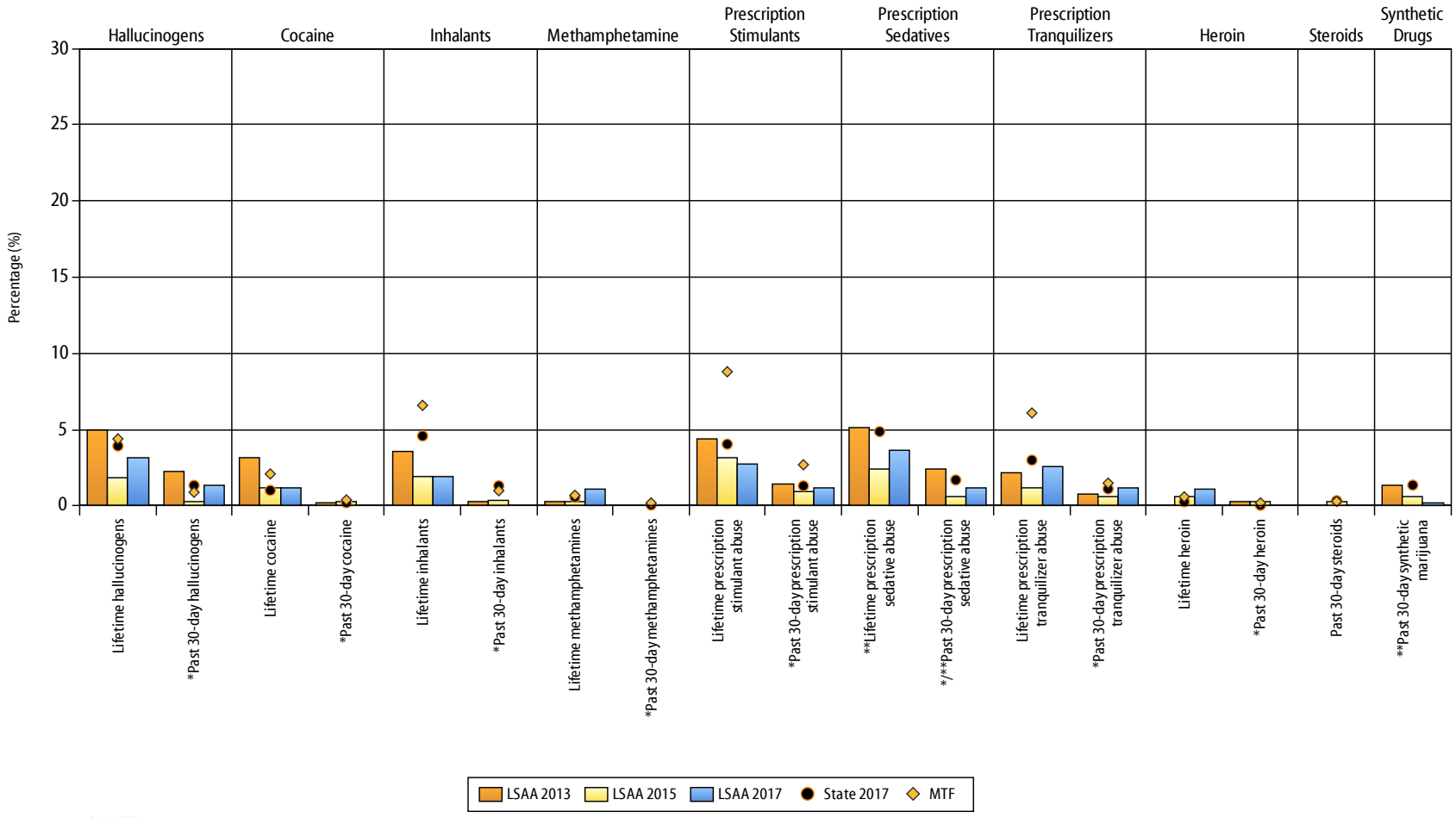
** No equivalent MTF data for these substances. National comparison data for Prescription Sedatives are available for 12th grade only. Monitoring the Future does not survey 6th graders.

Other Substance Use
2017 Summit County LSAA Student Survey, 10th Grade



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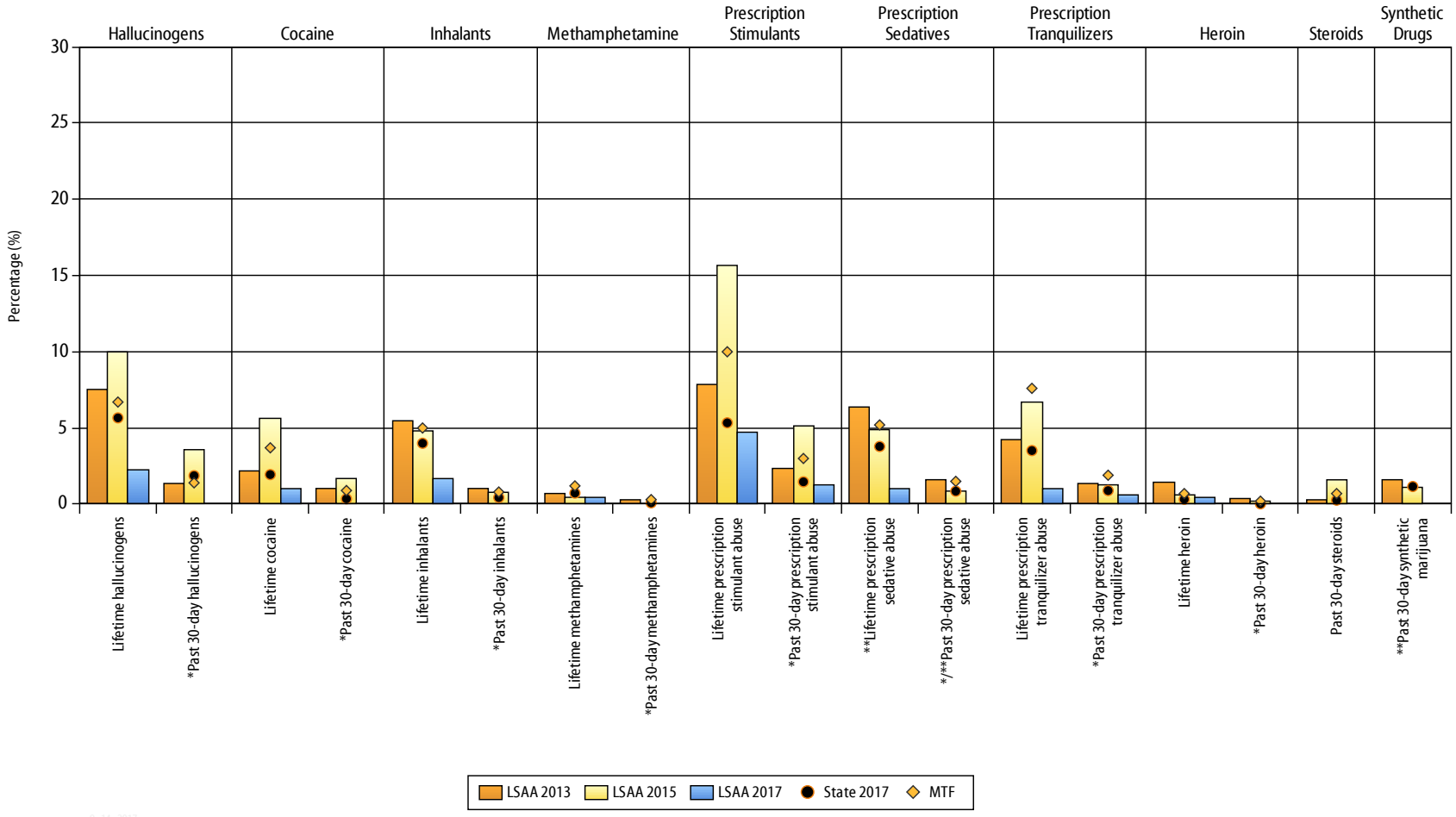
Other Substance Use
2017 Summit County LSAA Student Survey, 12th Grade



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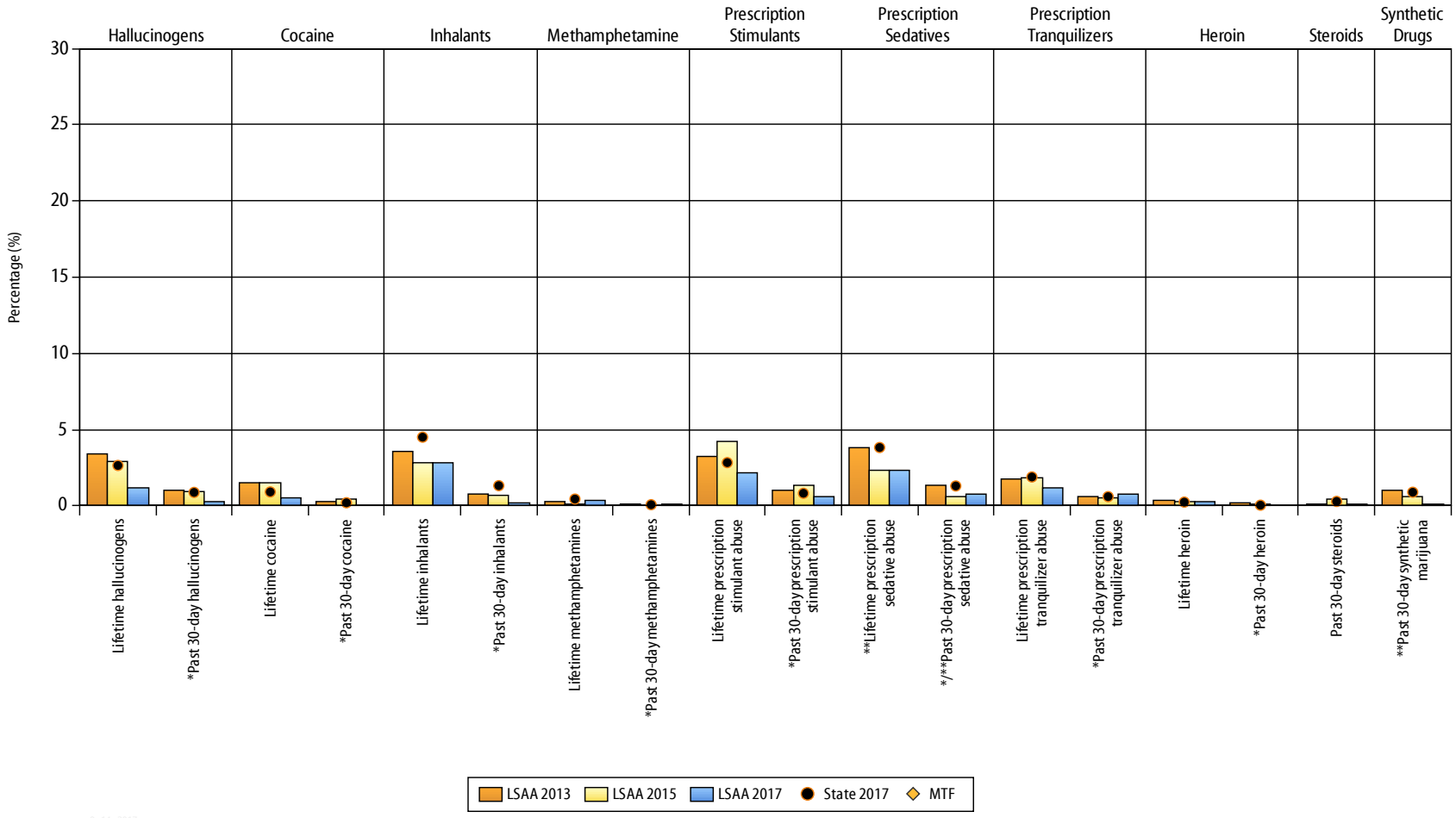
Other Substance Use
2017 Summit County LSAA Student Survey, All Grades



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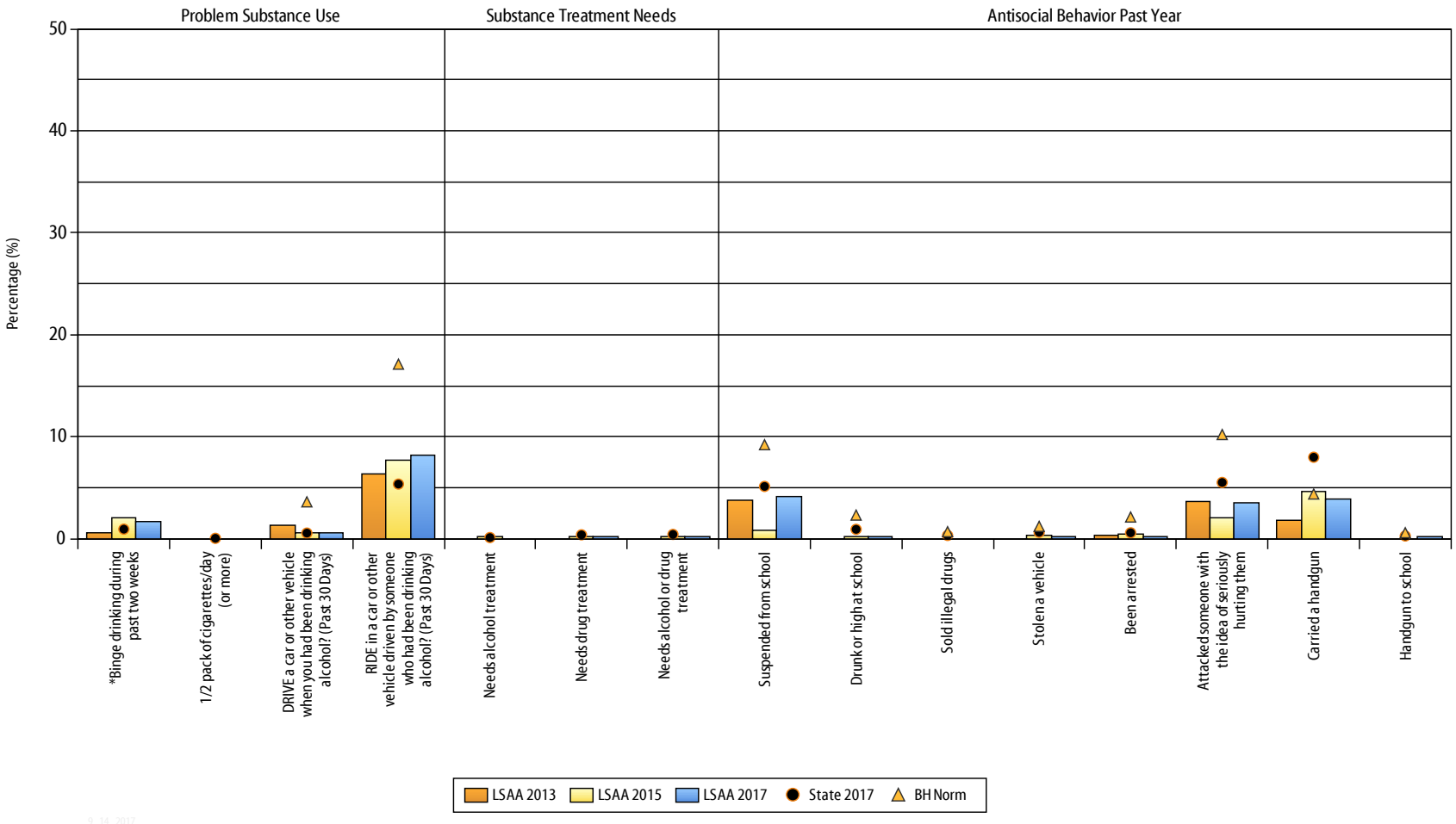
Problem Use and Antisocial Behavior

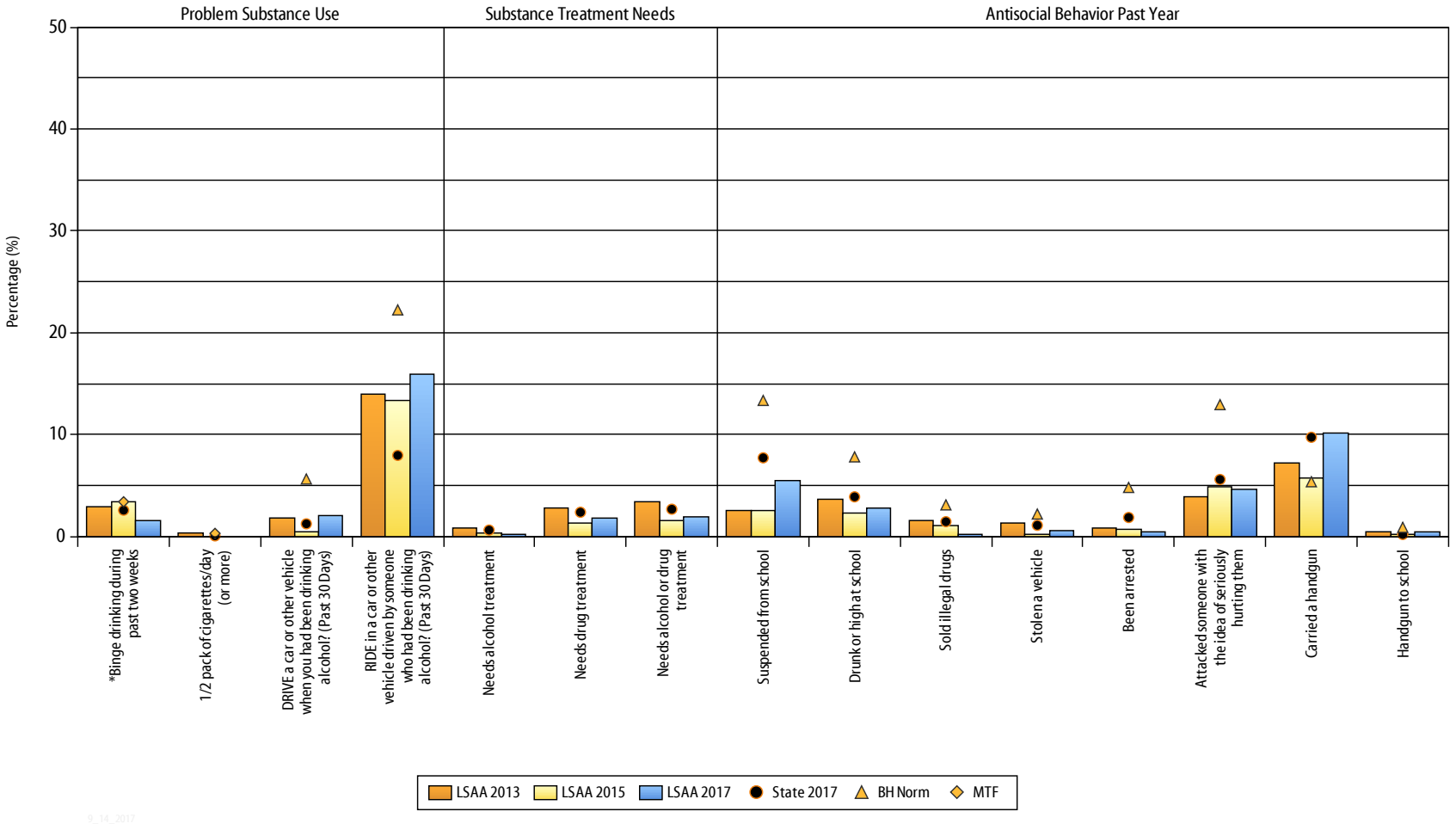
Problem Substance Use and Antisocial Behavior
2017 Summit County LSAA Student Survey, 6th Grade



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

Problem Use and Antisocial Behavior

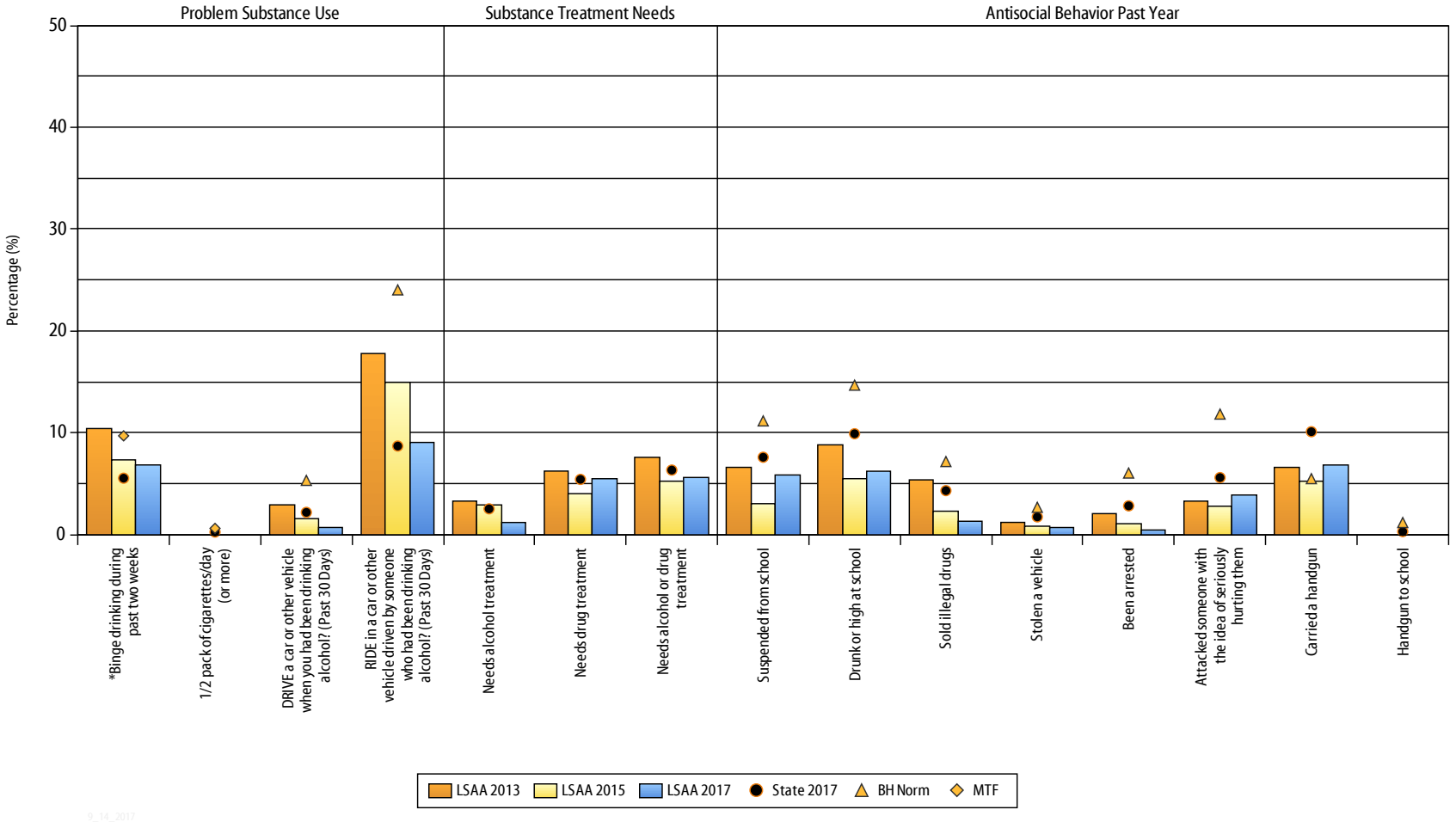
Problem Substance Use and Antisocial Behavior
2017 Summit County LSAA Student Survey, 8th Grade



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

Problem Use and Antisocial Behavior

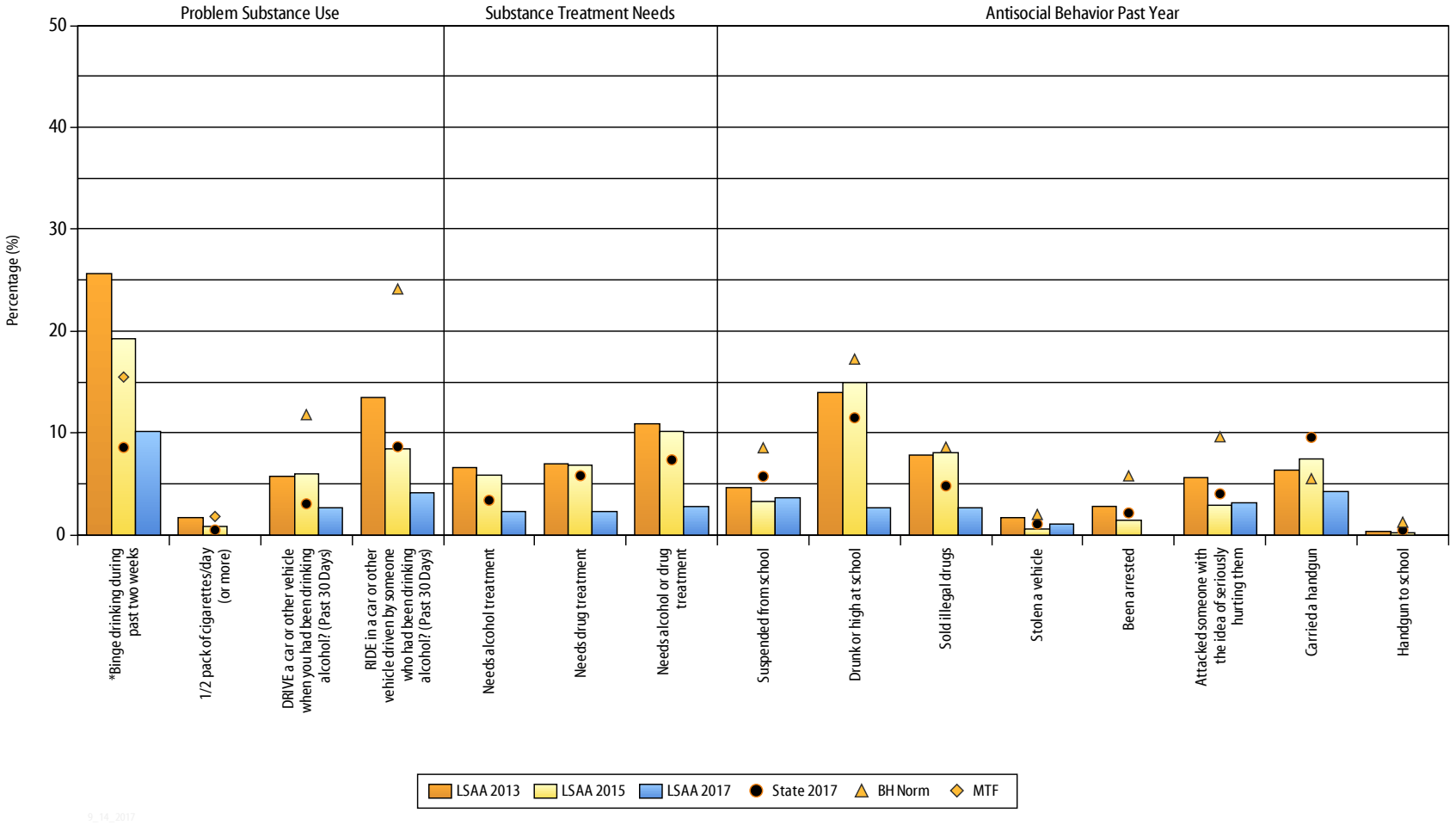
Problem Substance Use and Antisocial Behavior
2017 Summit County LSAA Student Survey, 10th Grade



* 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. 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
2017 Summit County LSAA Student Survey, 12th Grade



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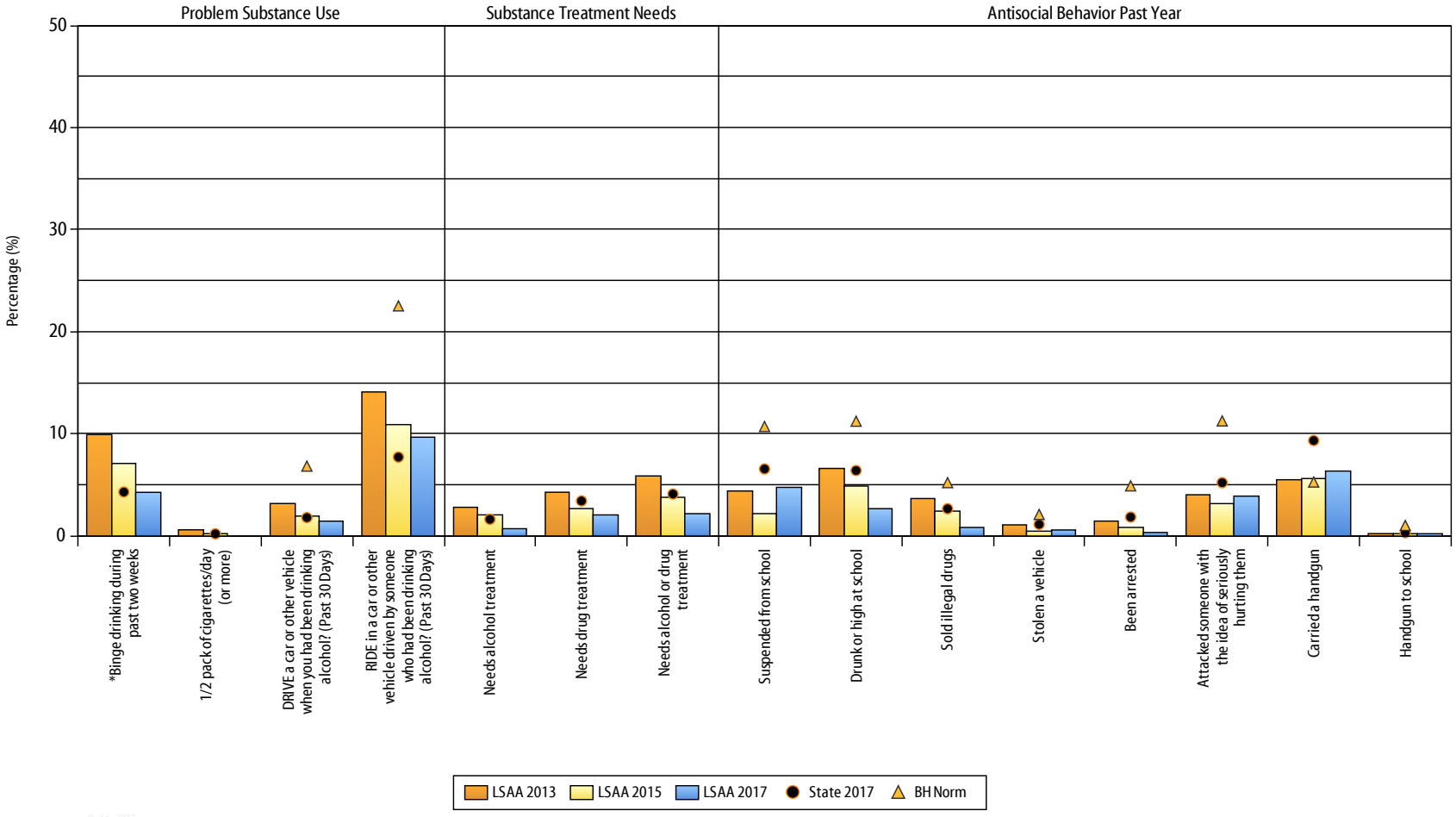
Problem Use and Antisocial Behavior

Problem Substance Use and Antisocial Behavior
2017 Summit County LSAA Student Survey, All Grades



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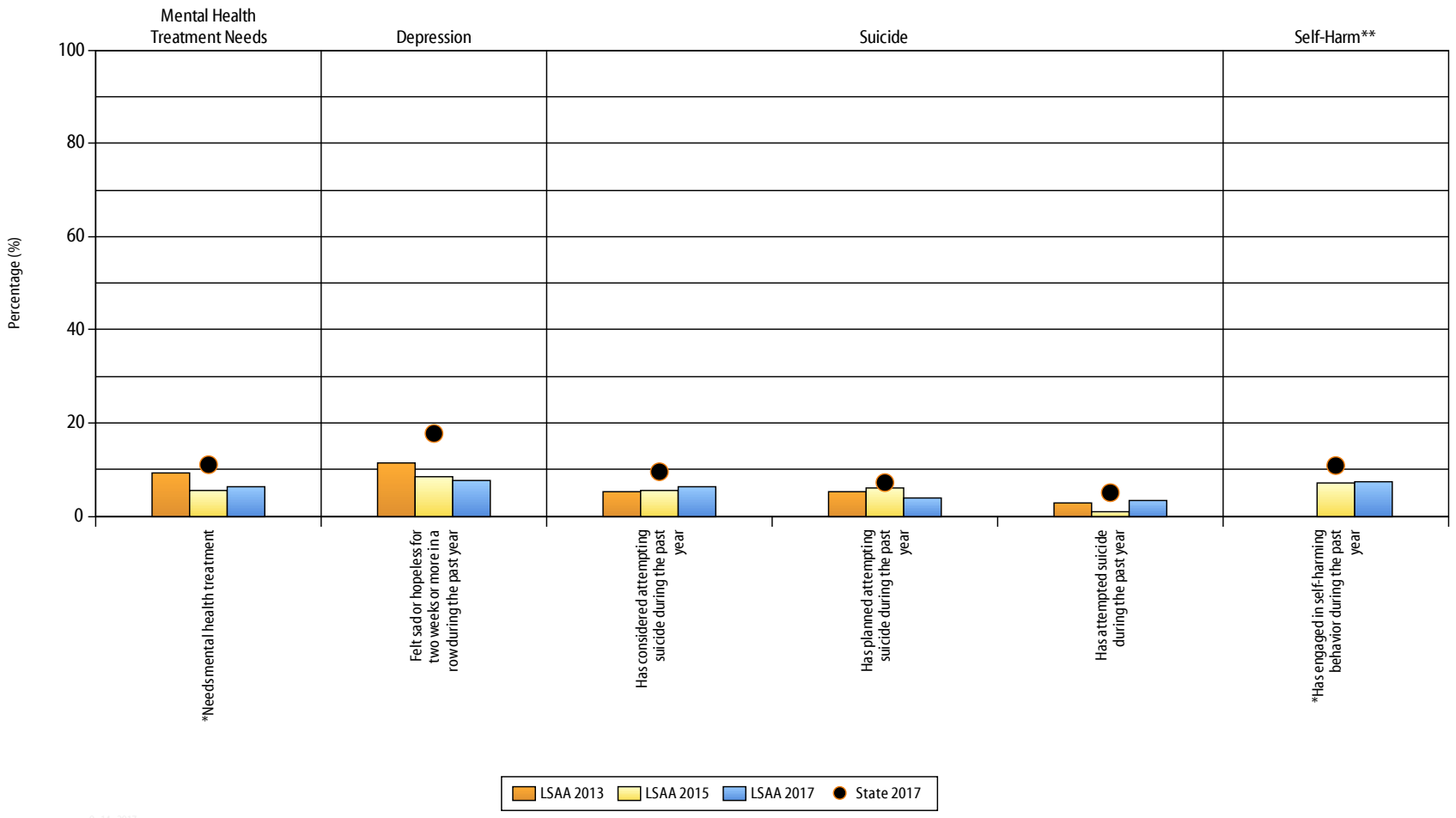
Mental Health and Suicide Indicators

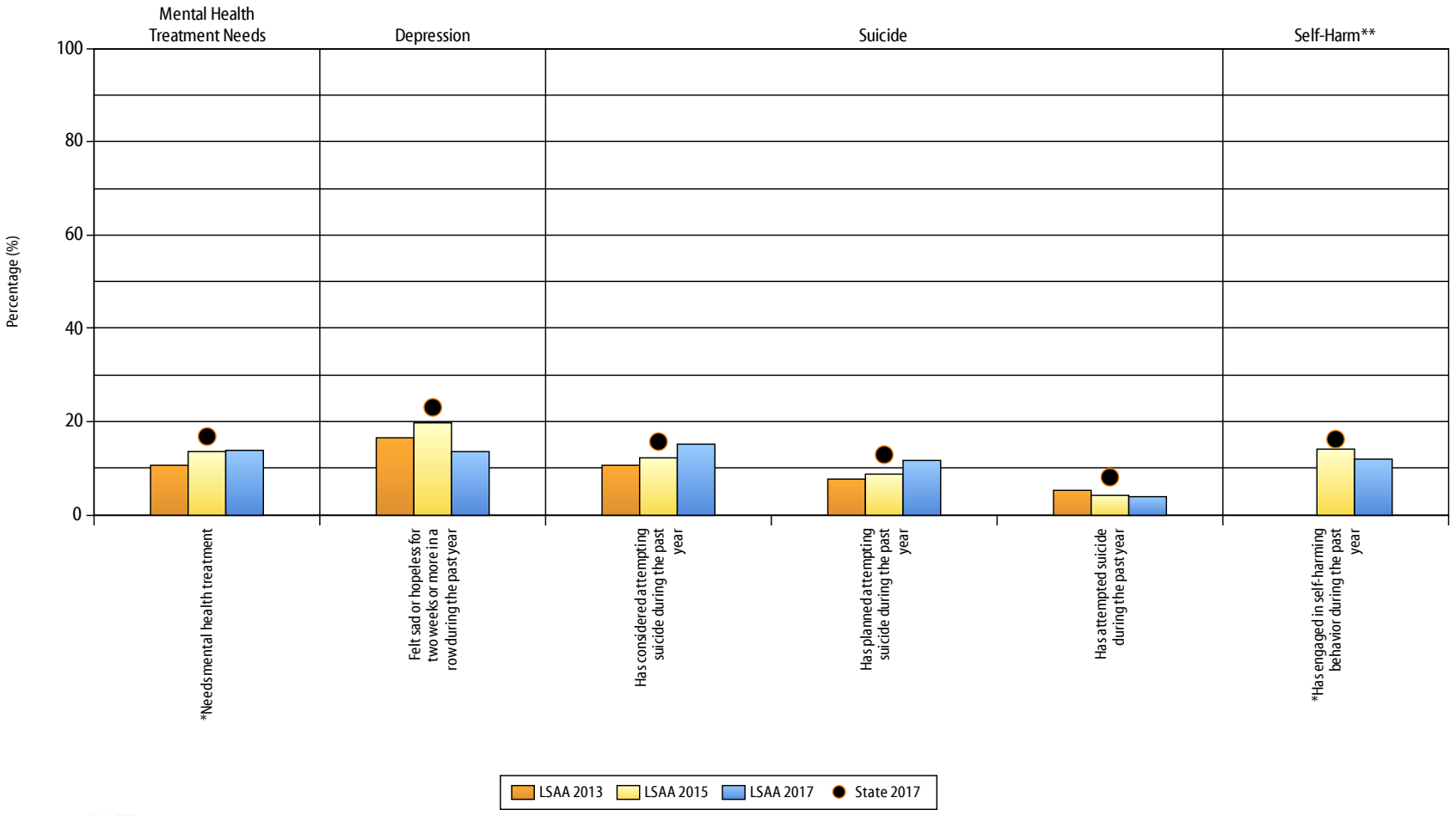
Mental Health and Suicide Indicators
2017 Summit County LSAA Student Survey, 6th Grade



* 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

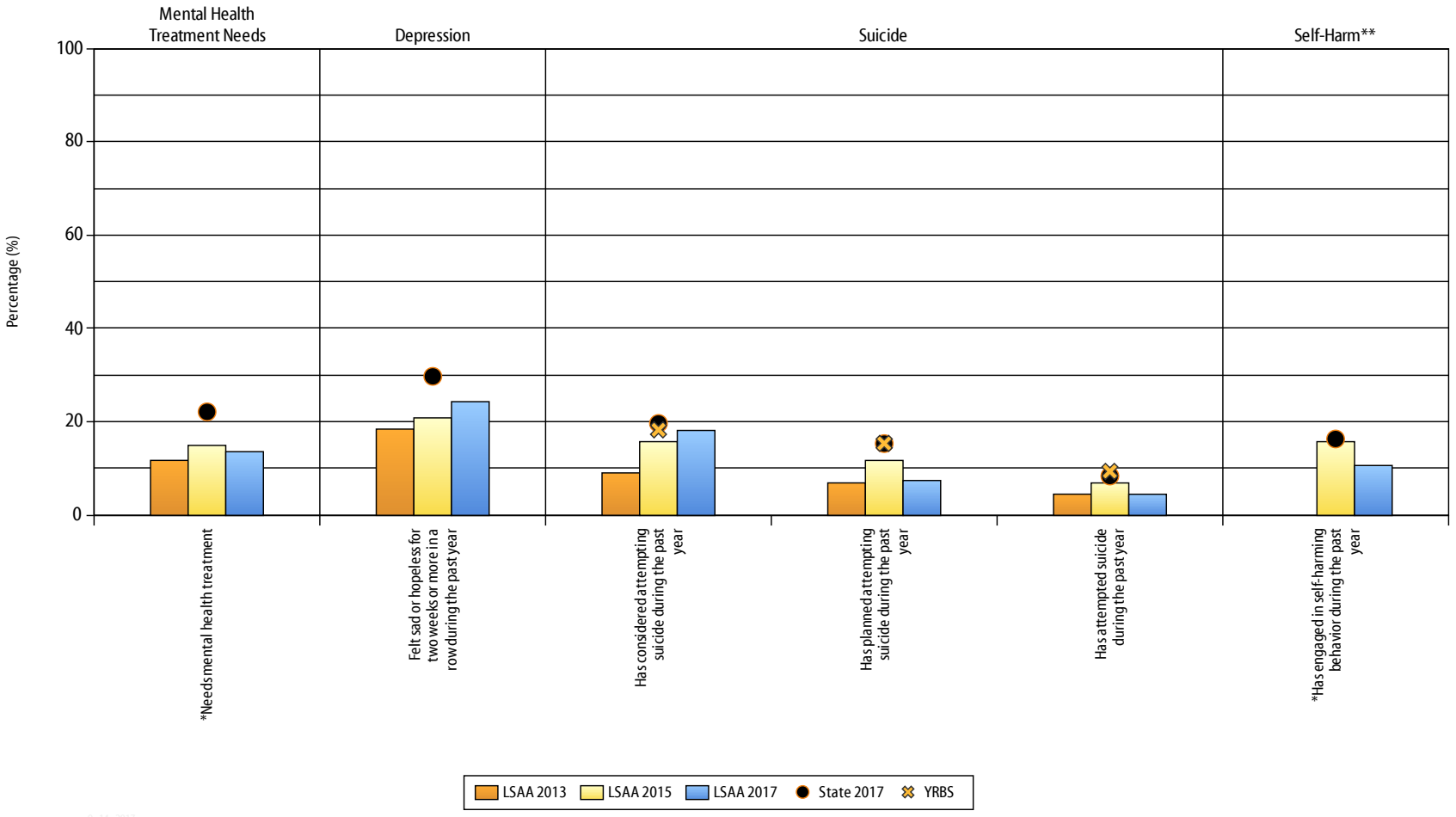
Mental Health and Suicide Indicators
2017 Summit County LSAA Student Survey, 8th Grade



* 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

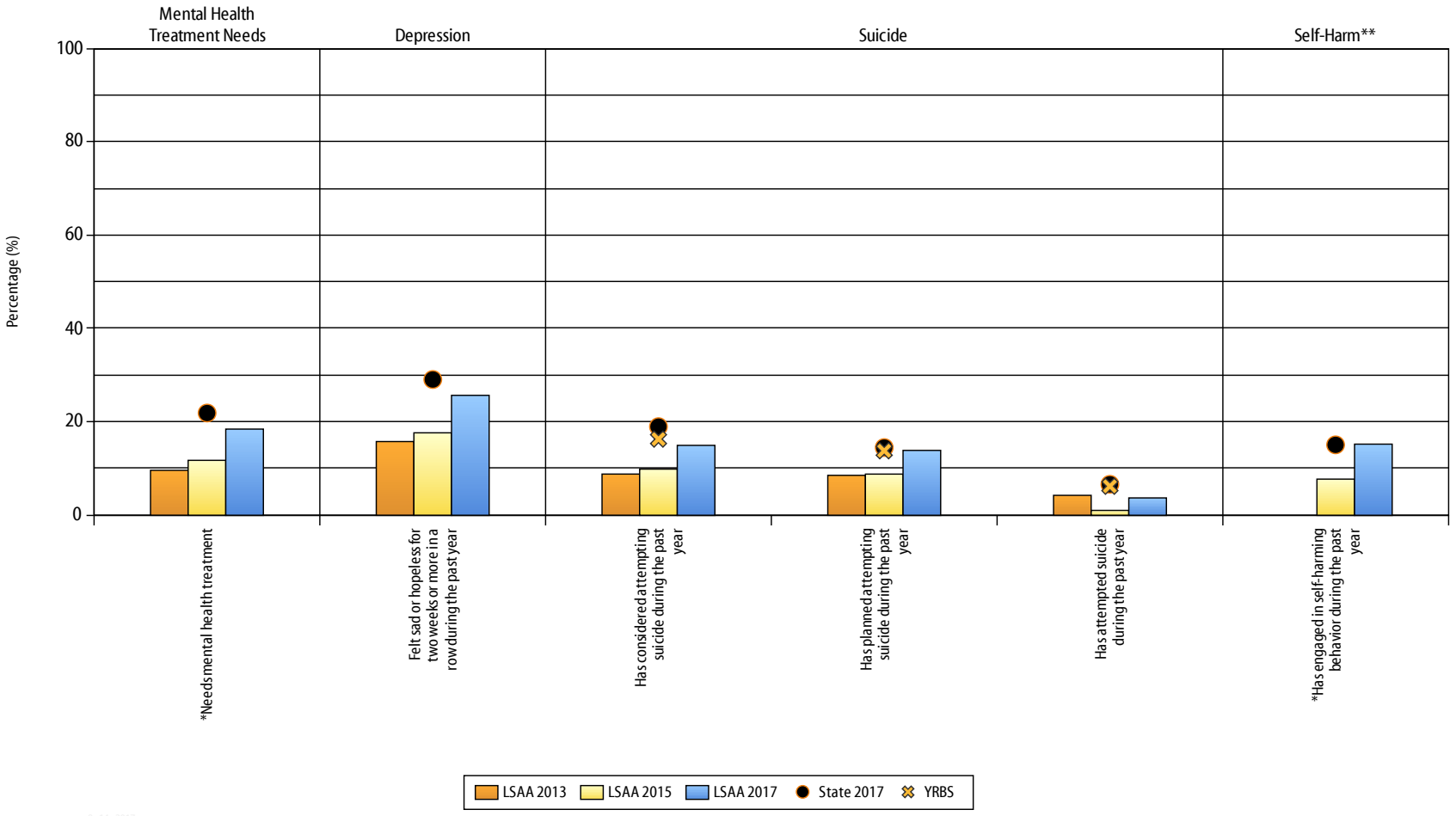
Mental Health and Suicide Indicators
2017 Summit County LSAA Student Survey, 10th Grade



* 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

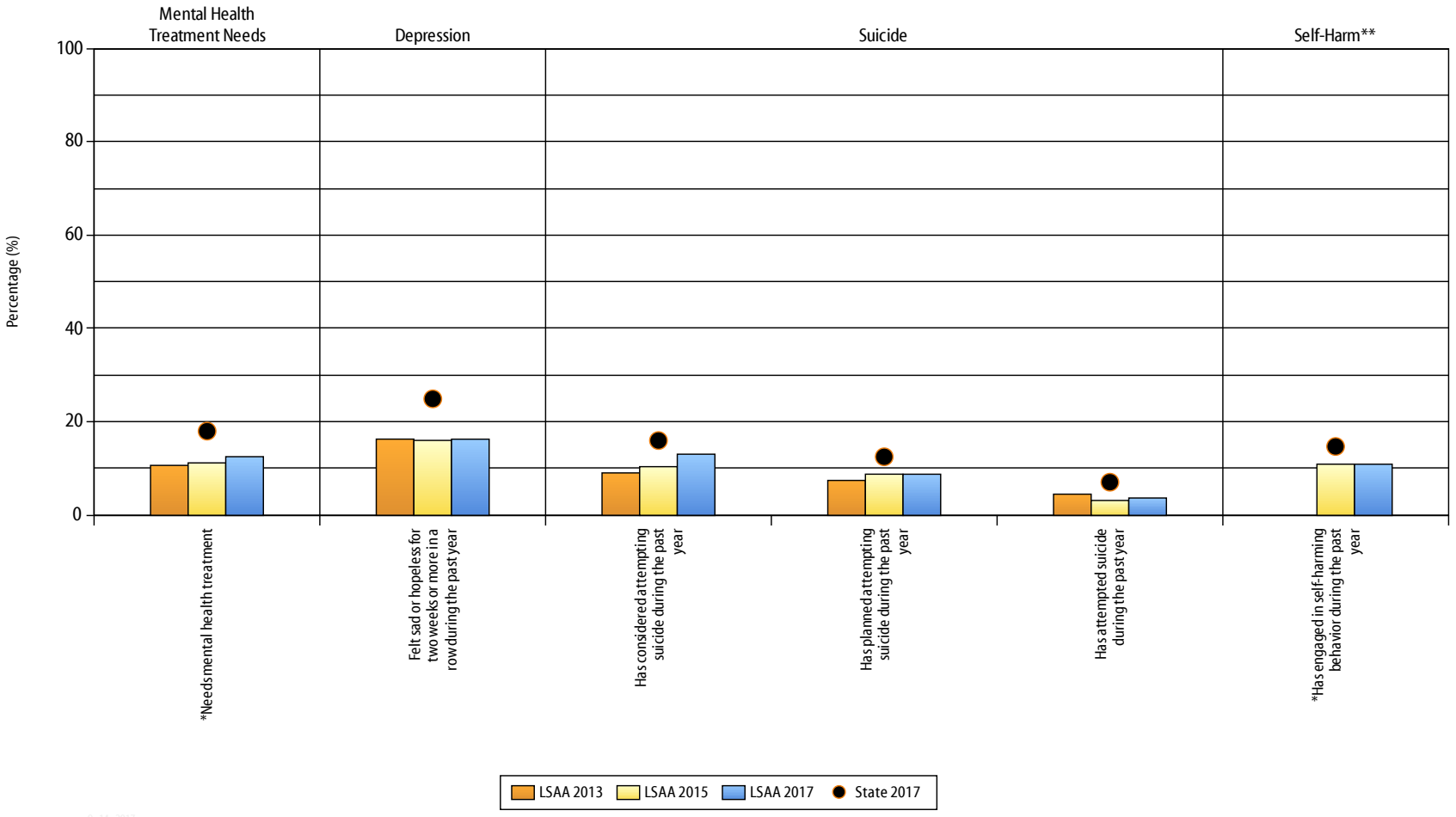
Mental Health and Suicide Indicators
2017 Summit County LSAA Student Survey, 12th Grade



* 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

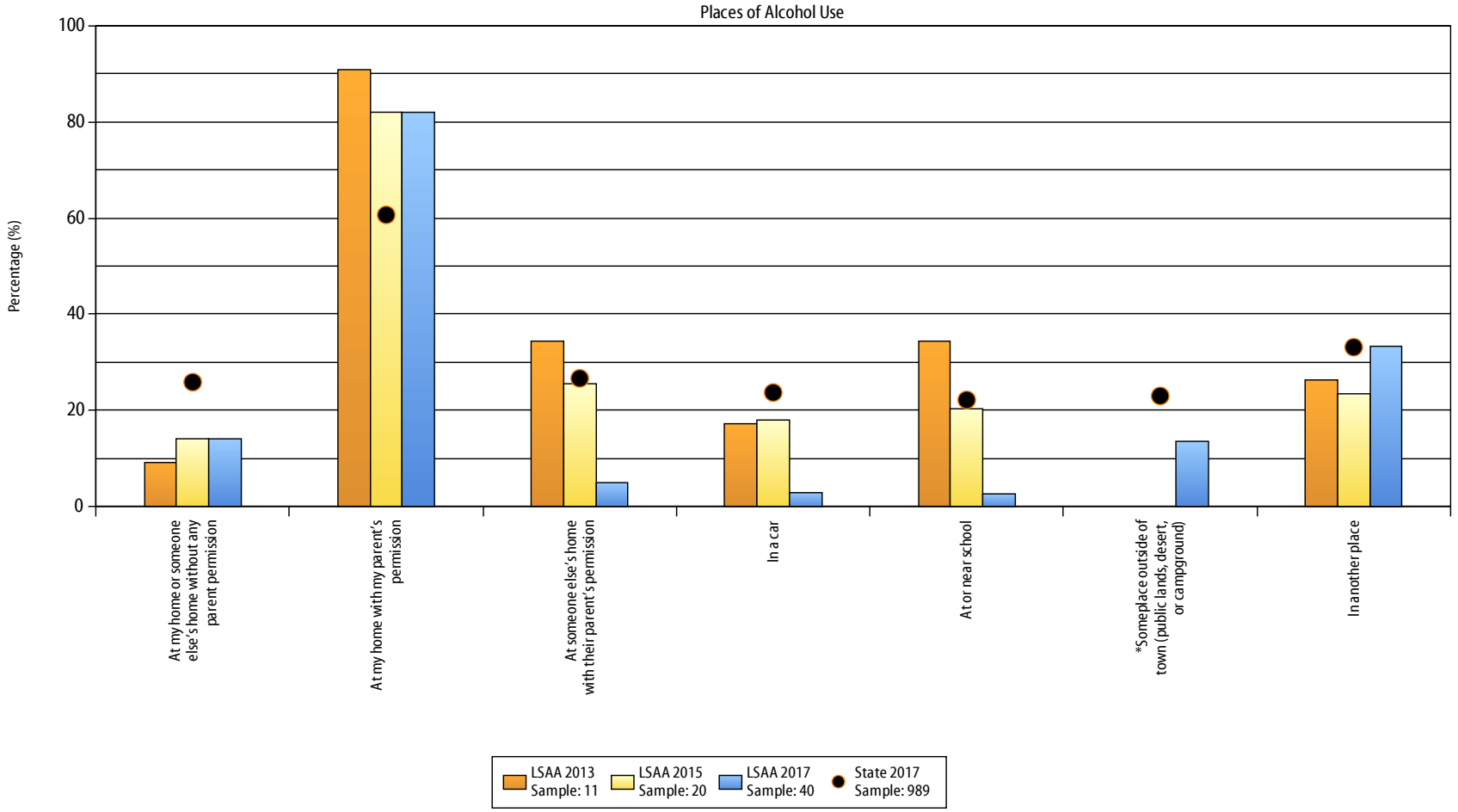
Mental Health and Suicide Indicators
2017 Summit County LSAA Student Survey, All Grades



* 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.

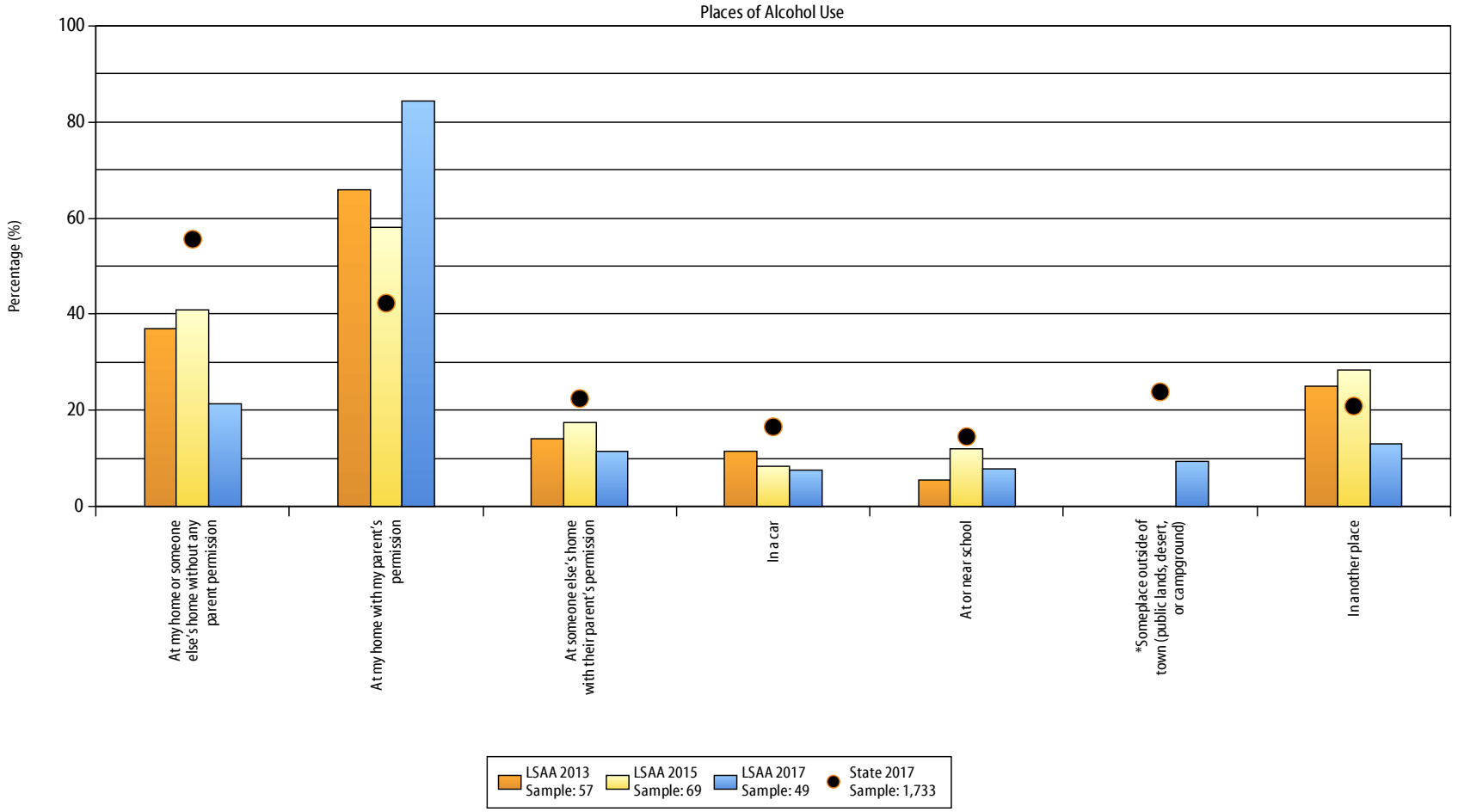
Alcohol-Related Indicators

Places of Alcohol Use
2017 Summit County LSAA Student Survey, 6th Grade



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

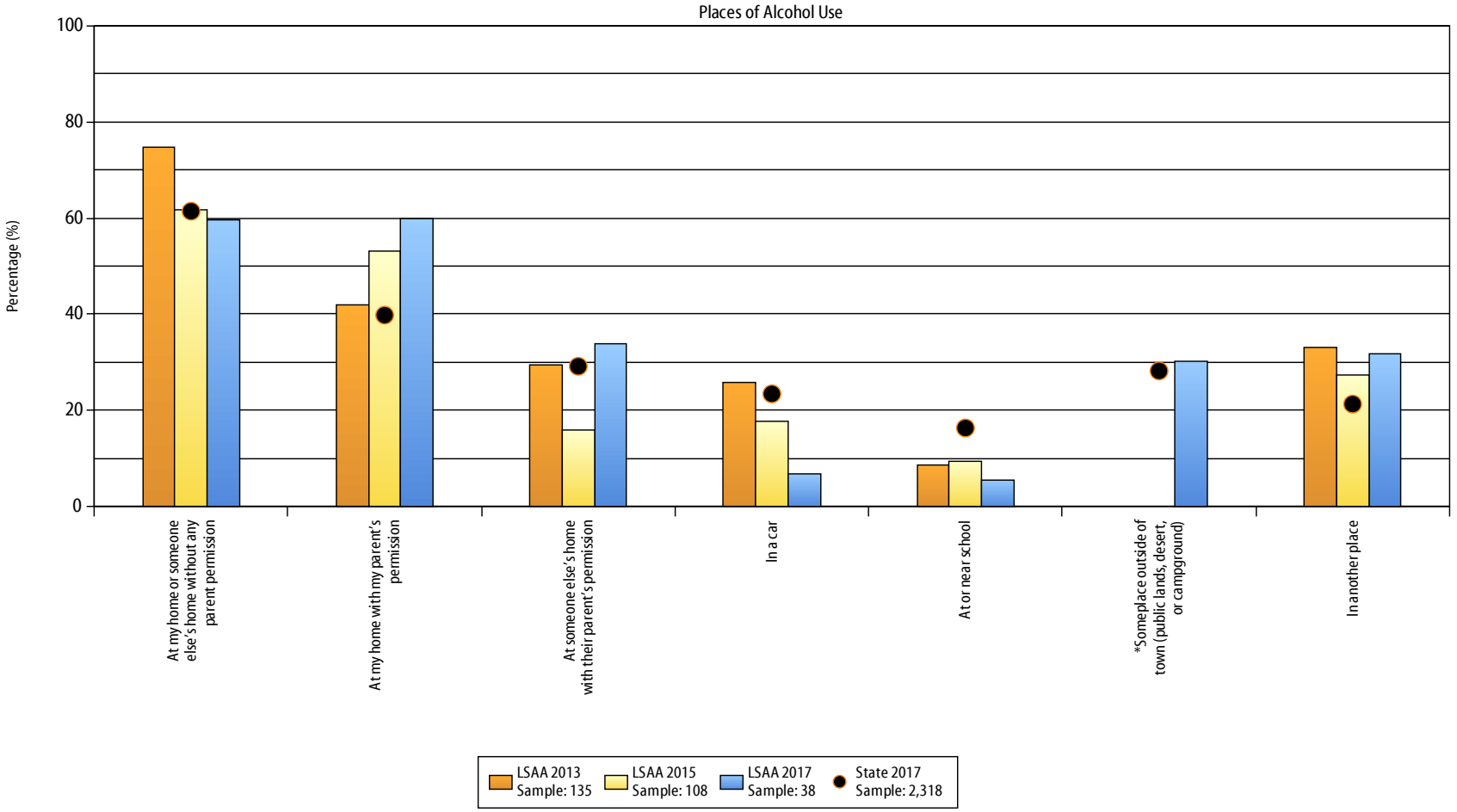
Places of Alcohol Use
2017 Summit County LSAA Student Survey, 8th Grade



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

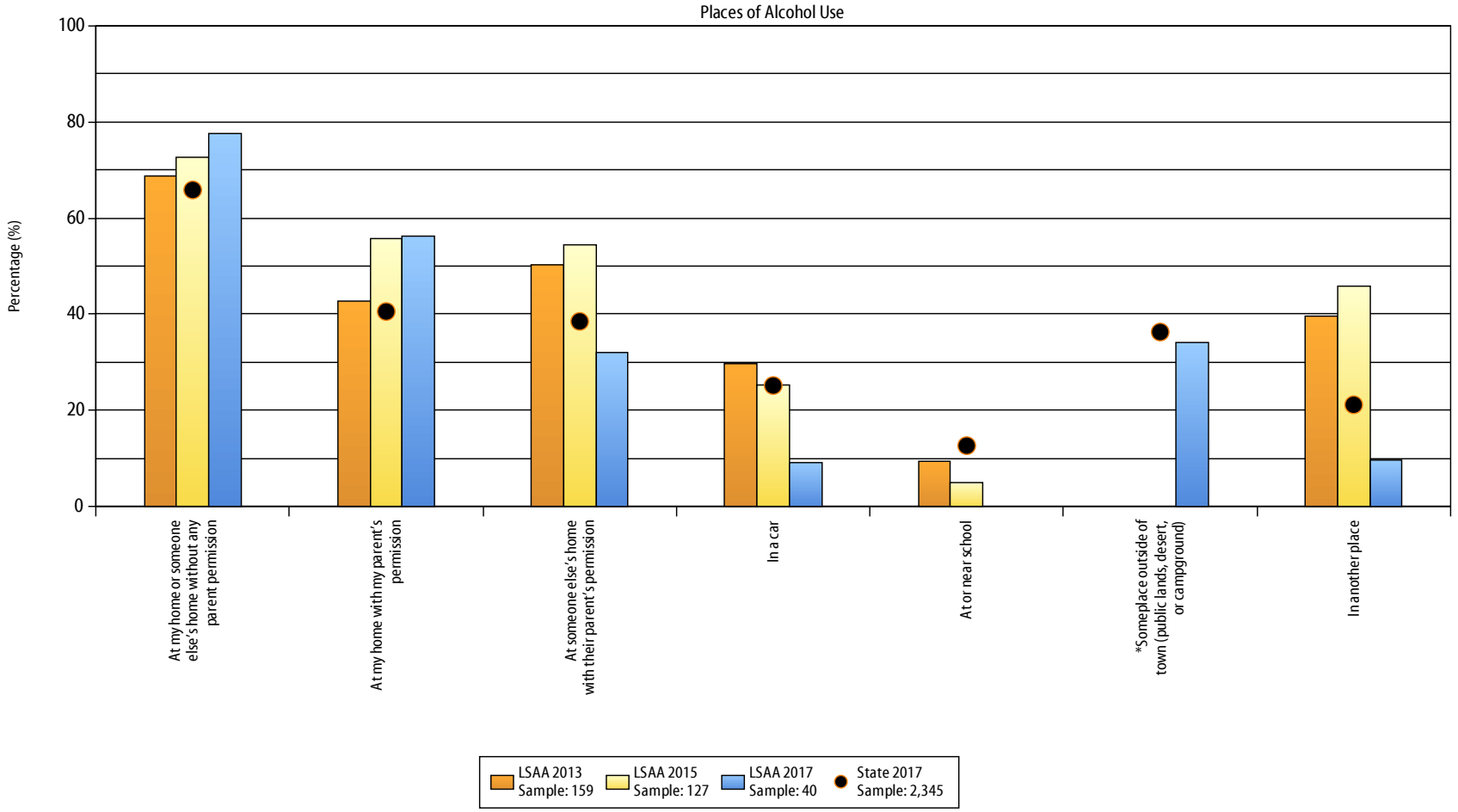
Alcohol-Related Indicators

Places of Alcohol Use
2017 Summit County LSAA Student Survey, 10th Grade



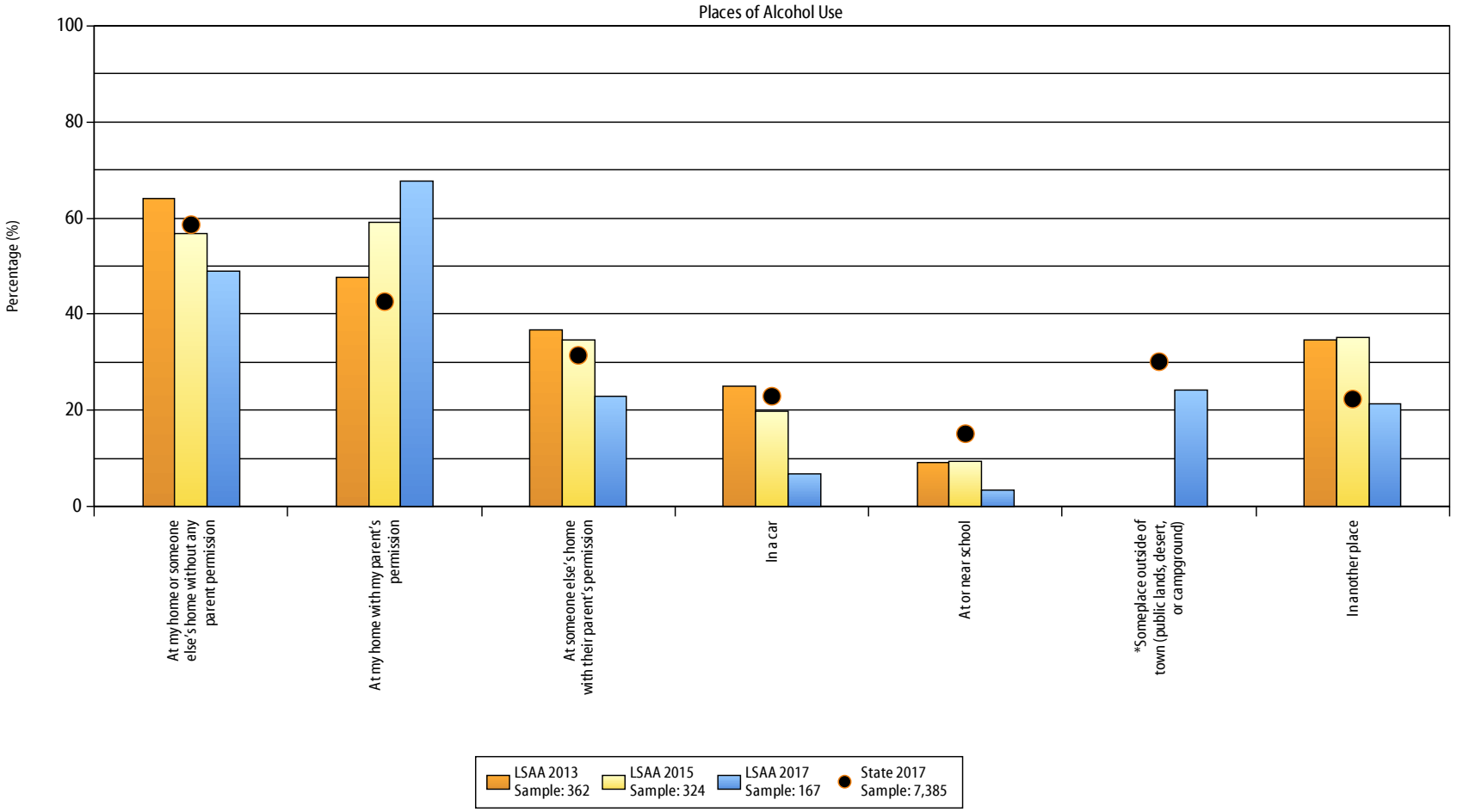
* Sample size represents the number of youth who chose at least one place of drinking alcohol. Students who indicated they had not drunk alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire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

Places of Alcohol Use
2017 Summit County LSAA Student Survey, 12th Grade



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

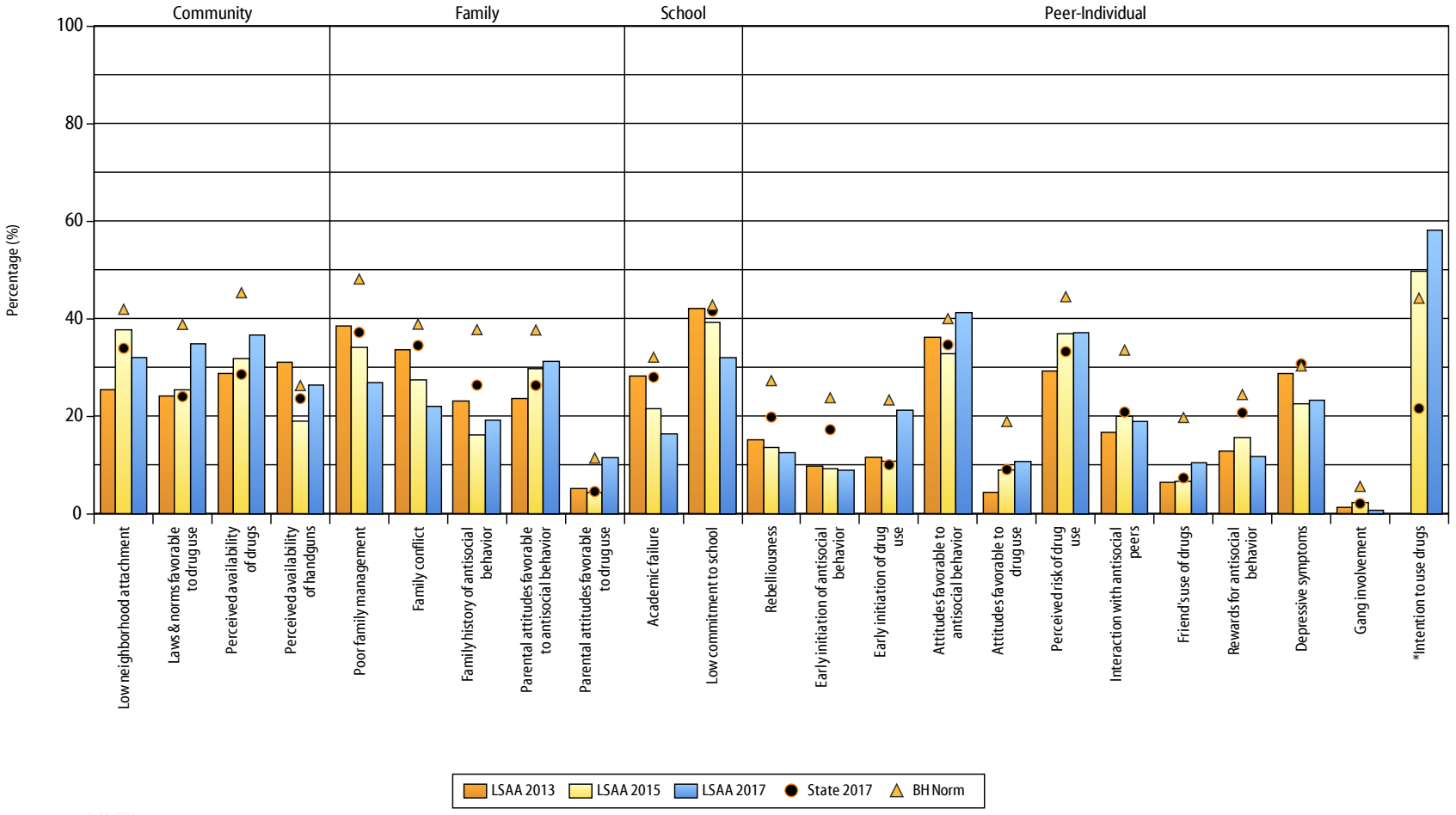
Places of Alcohol Use
2017 Summit County LSAA Student Survey, All Grades



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

Risk and Protective Factors

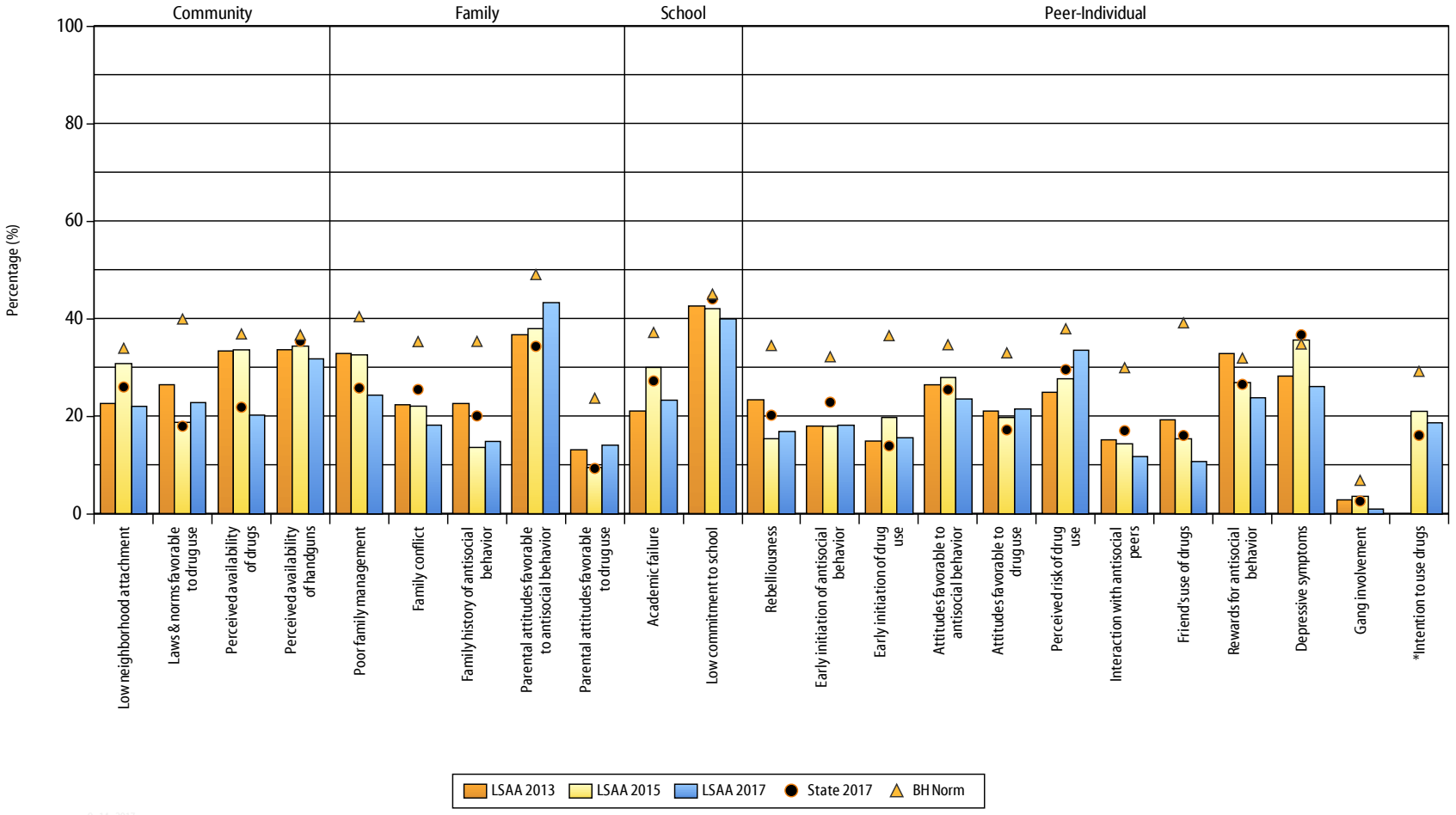
Risk Profile
2017 Summit County LSAA Student Survey, 6th Grade



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

Risk and Protective Factors

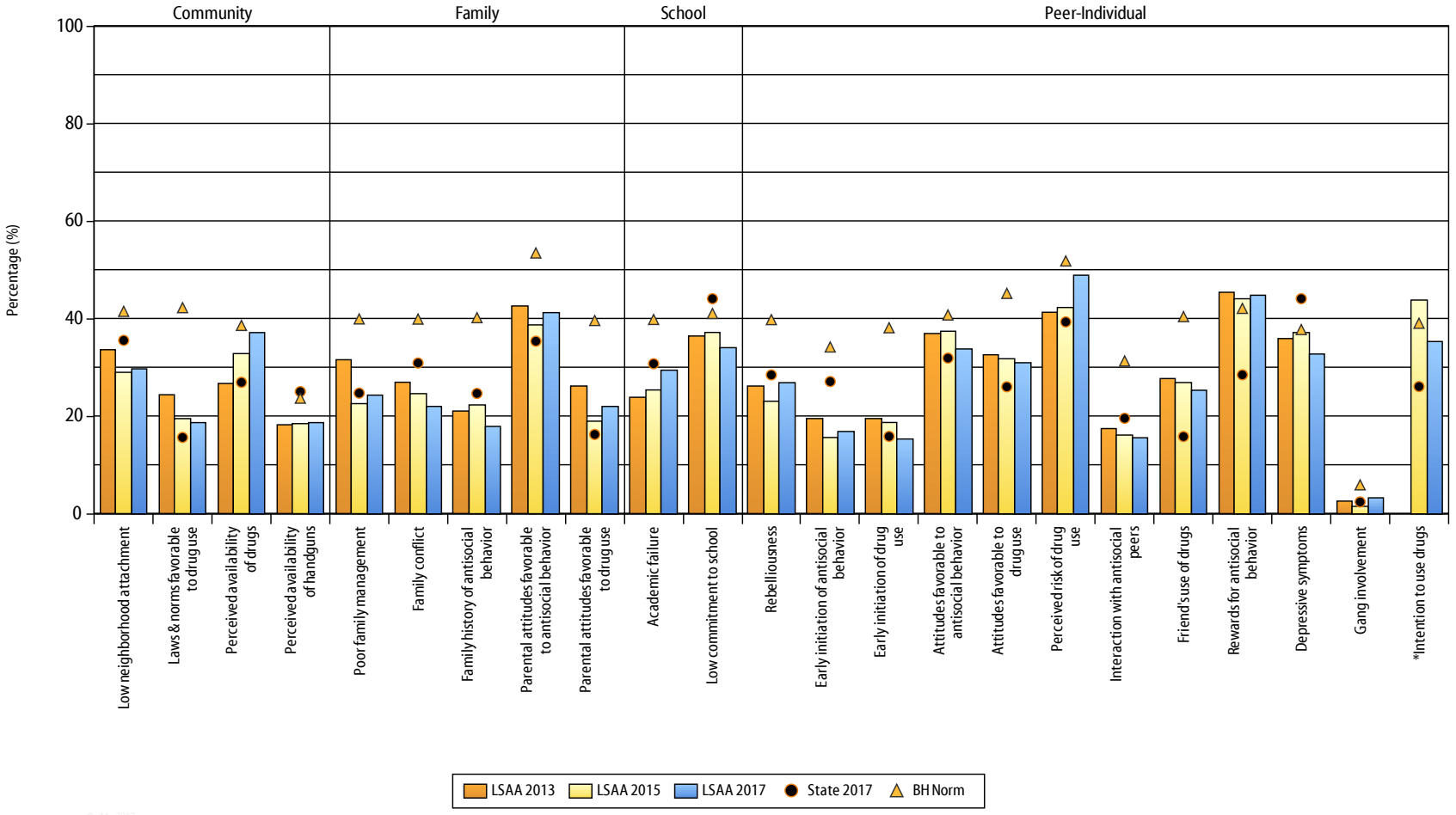
Risk Profile
2017 Summit County LSAA Student Survey, 8th Grade



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

Risk and Protective Factors

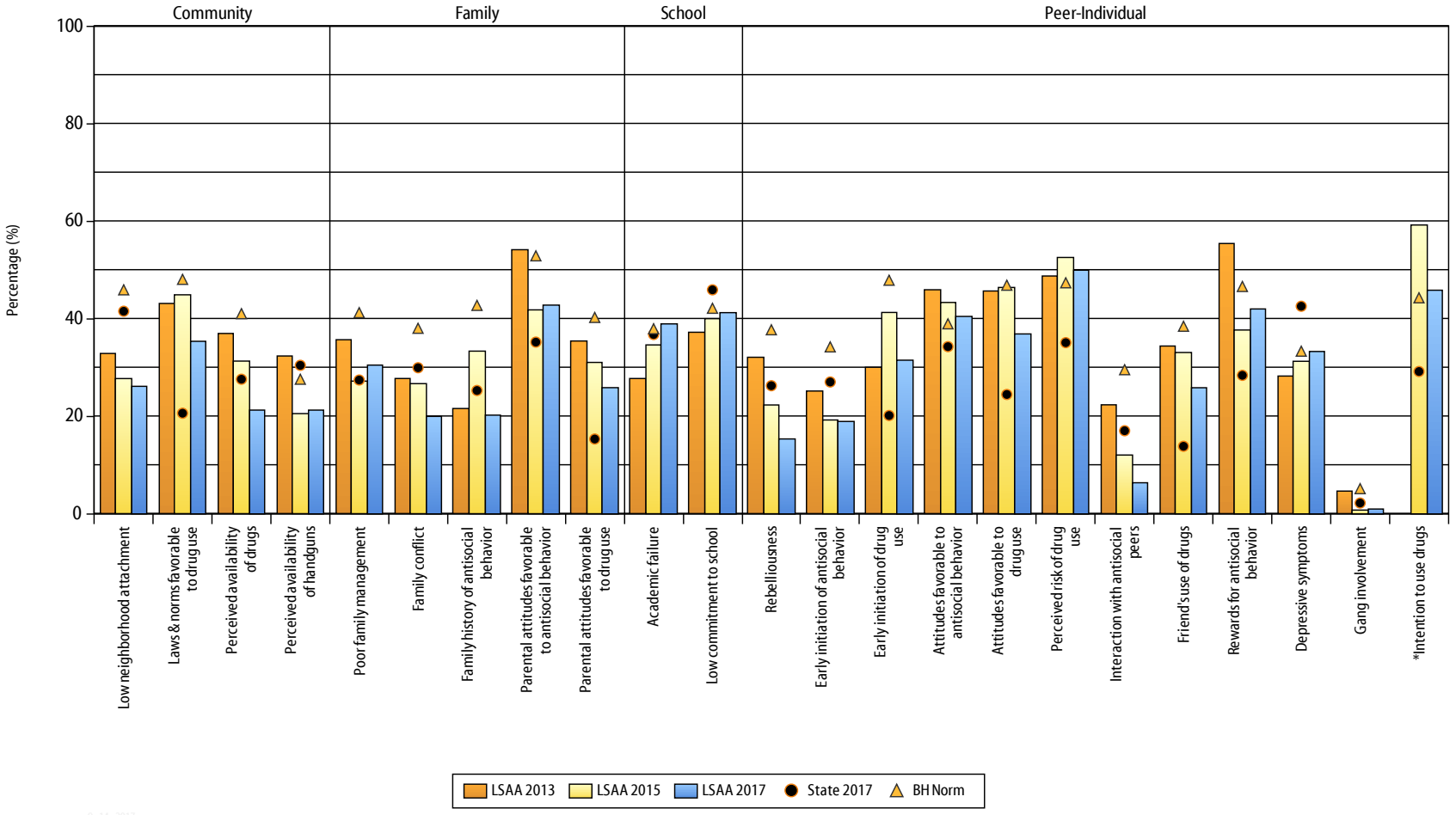
Risk Profile
2017 Summit County LSAA Student Survey, 10th Grade



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

Risk and Protective Factors

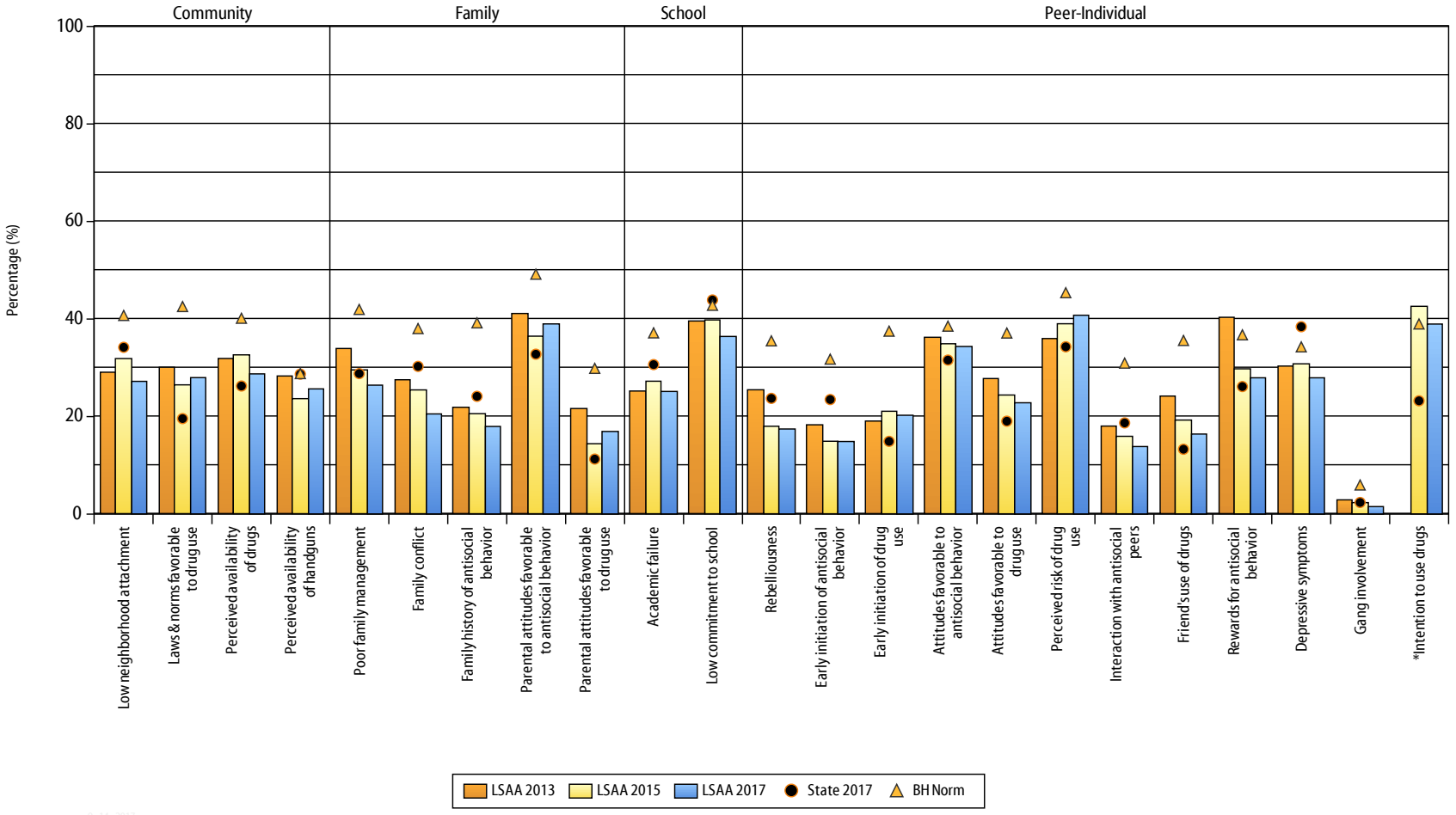
Risk Profile
2017 Summit County LSAA Student Survey, 12th Grade



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

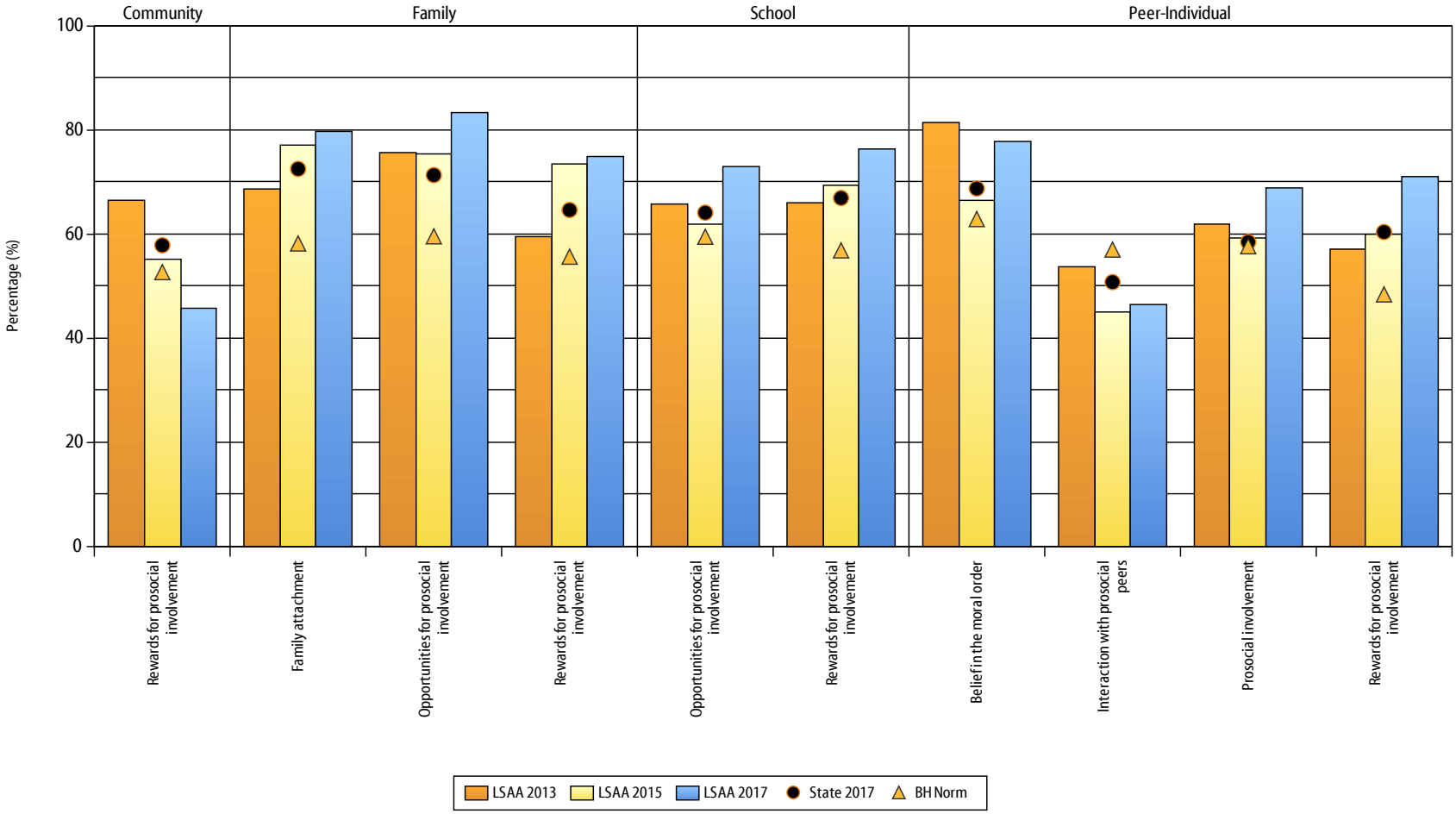
Risk and Protective Factors

Risk Profile
2017 Summit County LSAA Student Survey, All Grades

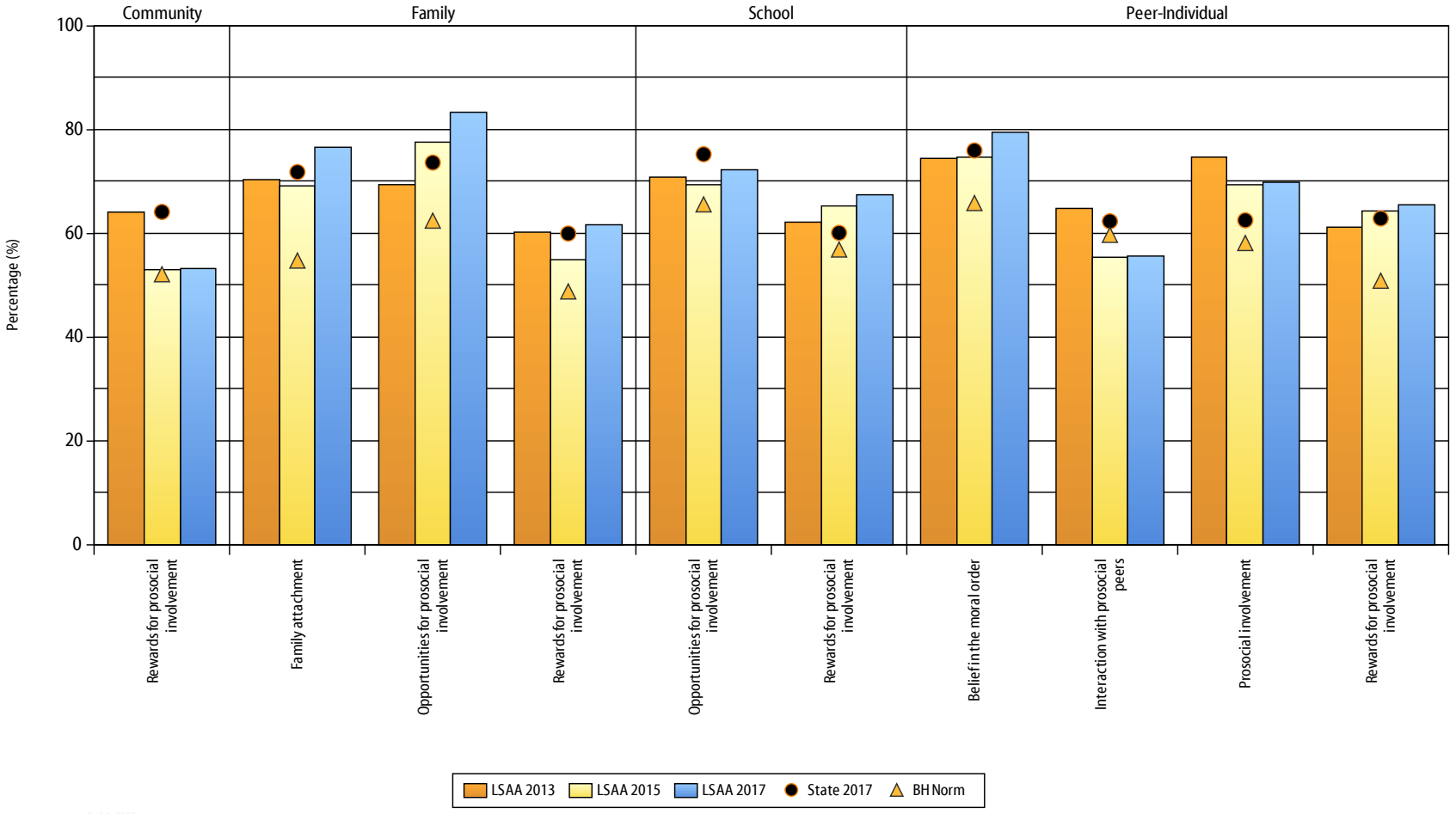


* "Intention to use drugs" was not measured in 2013.

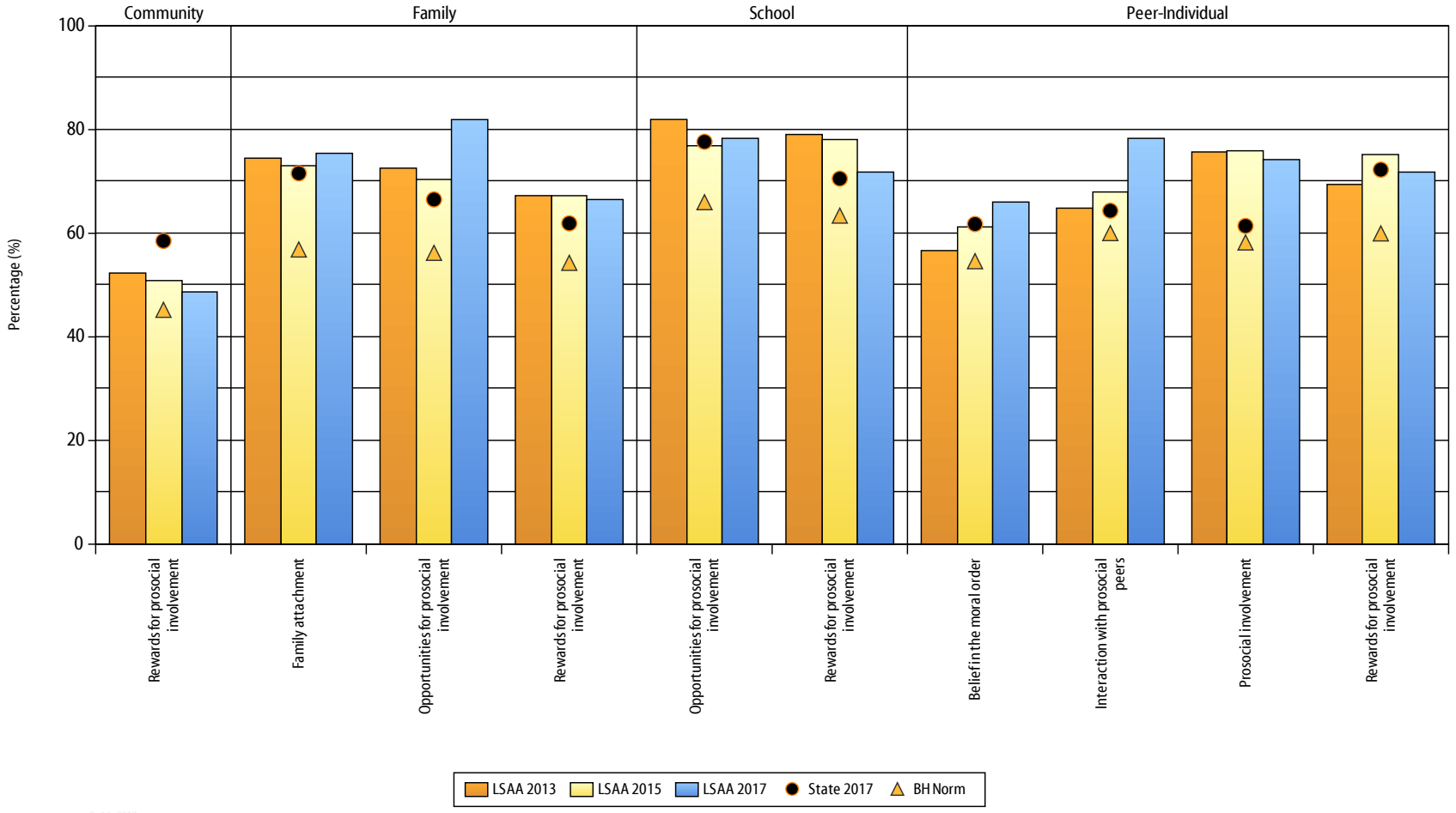
Protective Profile
2017 Summit County LSAA Student Survey, 6th Grade



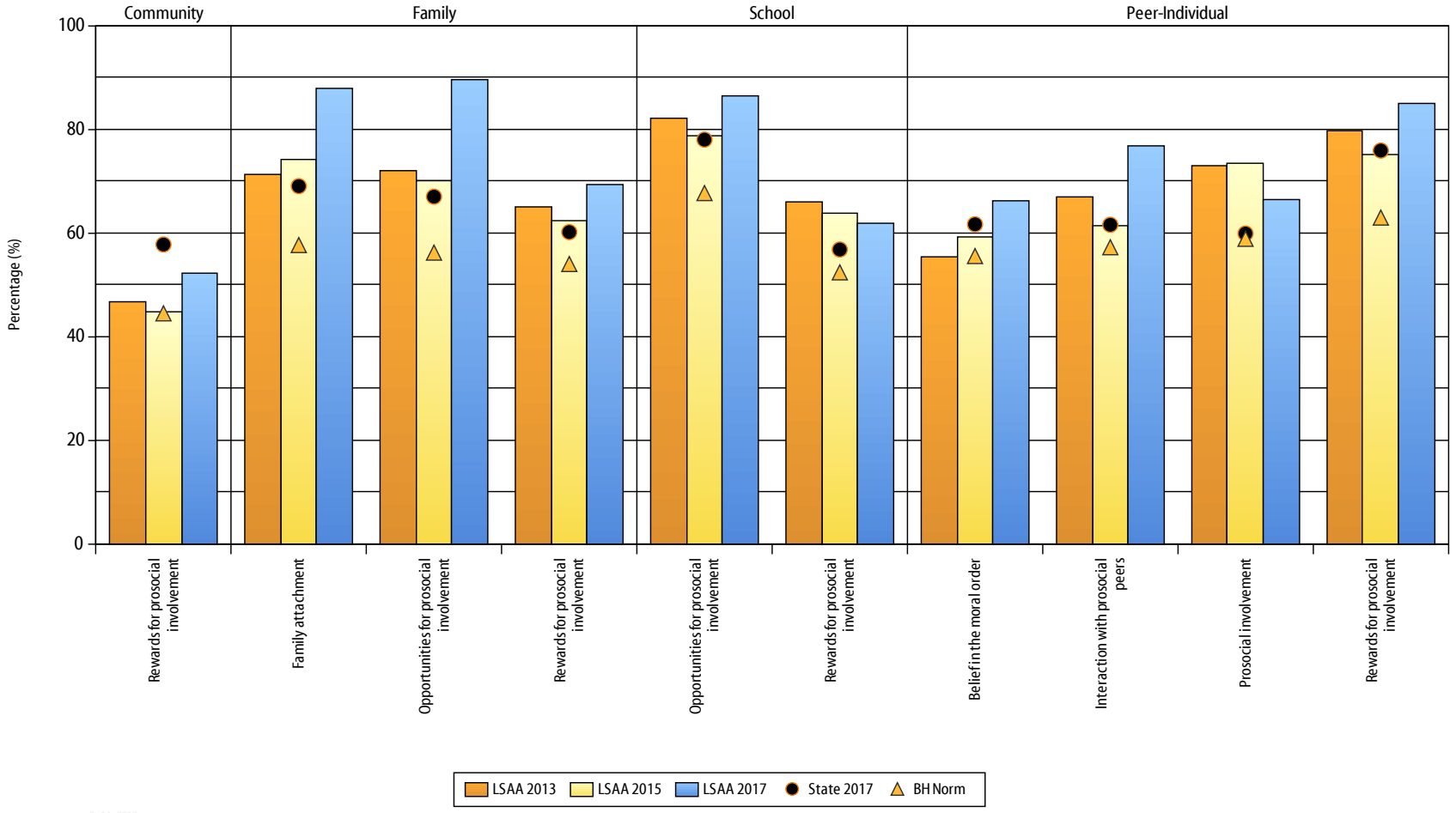
Protective Profile
2017 Summit County LSAA Student Survey, 8th Grade



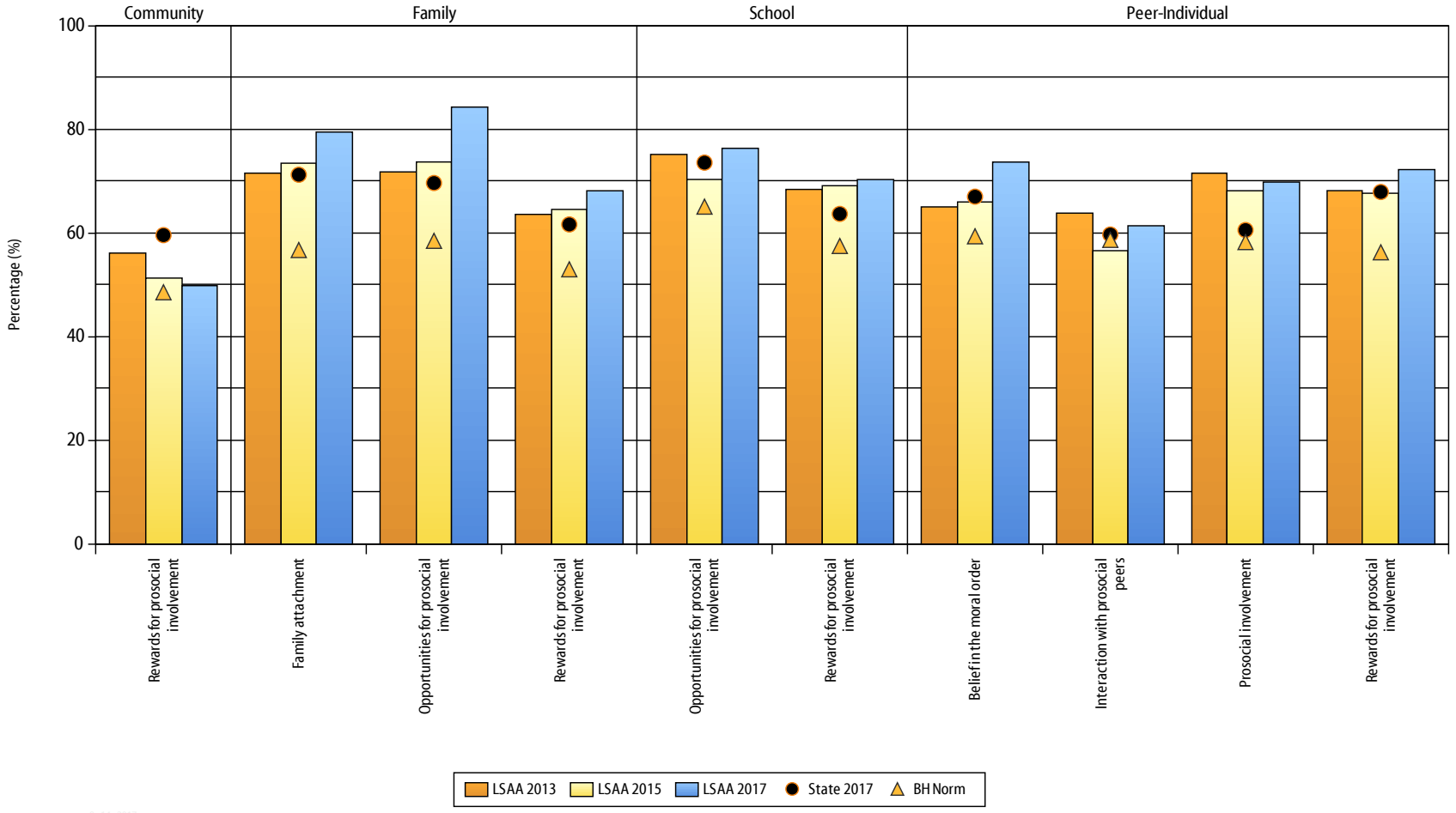
Protective Profile
2017 Summit County LSAA Student Survey, 10th Grade



Protective Profile
2017 Summit County LSAA Student Survey, 12th Grade



Protective Profile
2017 Summit County LSAA Student Survey, All Grades



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.

Building a Strategic Prevention Framework (cont'd)

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.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Data Tables

Table 3. 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)		6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
		2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016
Lifetime alcohol use	had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime -- more than just a few sips?	5.0	3.8	11.3	6.0	~	18.0	16.9	11.8	12.5	22.8	42.0	38.3	30.6	23.4	43.4	58.1	66.5	41.1	31.8	61.2	31.1	27.5	20.8	18.1	~
Past 30-day alcohol use*	had beer, wine, or hard liquor to drink during the past 30 days?	0.5	0.2	4.5	0.9	~	4.4	5.1	2.8	3.2	7.3	17.8	14.7	14.2	8.9	19.9	40.6	36.5	23.3	14.7	33.2	15.7	12.0	9.4	6.7	~
Lifetime cigarette use	smoked a cigarette, even just a puff?	0.7	0.9	0.7	2.7	~	6.0	6.4	6.6	6.6	9.8	17.1	10.9	6.7	13.0	17.5	30.7	29.1	13.5	16.3	28.3	14.5	10.2	6.0	9.4	~
Past 30-day cigarette use*	smoked cigarettes during the past 30 days?	0.0	0.2	0.0	0.3	~	1.3	0.9	0.6	1.1	2.6	2.0	1.8	1.2	2.9	4.9	11.7	5.8	2.4	4.6	10.5	4.0	1.9	0.9	2.1	~
Lifetime e-cigarette/vaping	tried electronic cigarettes, e-cigarettes, vape pens, or e-hookahs?	0.3	1.0	2.4	3.9	~	4.8	9.7	9.3	12.4	17.5	15.8	23.4	23.5	25.6	29.0	21.6	40.1	34.3	32.1	33.8	11.4	16.0	14.5	18.1	~
Past 30-day e-cigarette/vaping*	use electronic cigarettes, e-cigarettes, vape pens, or e-hookahs during the past 30 days?	0.0	0.4	1.9	1.6	~	1.6	5.1	2.6	5.7	6.2	5.2	6.6	12.0	12.4	11.0	5.9	17.2	9.8	15.5	12.5	3.4	6.4	5.6	8.6	~
Lifetime chewing tobacco use	tried chewing tobacco, snuff, or dip?	0.0	0.2	0.6	0.7	~	0.3	1.5	2.9	1.6	6.9	4.8	2.9	2.6	3.6	10.2	6.1	12.2	6.5	5.2	14.2	3.0	3.6	2.7	2.7	~
Past 30-day chewing tobacco use*	use chewing tobacco, snuff, or dip during the past 30 days?	0.0	0.0	0.0	0.2	~	0.4	0.2	0.1	0.4	2.5	0.9	0.9	0.7	1.0	3.5	1.3	4.4	1.7	1.2	6.6	0.7	1.2	0.5	0.7	~
Lifetime marijuana use	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.2	0.0	1.8	1.5	~	4.6	5.7	5.6	6.7	12.8	24.4	20.7	21.3	18.0	29.7	44.6	45.3	31.2	25.0	44.5	18.3	15.3	12.1	12.4	~
Past 30-day marijuana*	used marijuana (grass, pot) or hashish (hash, hash oil) during the past 30 days?	0.0	0.0	0.0	0.5	~	2.2	3.3	2.1	3.2	5.4	14.6	11.6	11.3	9.3	14.0	30.0	25.1	13.8	12.3	22.5	11.8	8.5	5.4	6.1	~
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?	0.0	0.2	1.6	0.2	~	0.0	0.6	1.4	0.9	~	5.1	2.4	1.3	3.0	~	4.6	3.8	1.7	3.9	7.8	2.4	1.5	1.5	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?	0.0	0.0	0.0	0.0	~	0.0	0.4	0.0	0.3	~	1.4	0.6	0.2	1.0	~	1.0	0.0	0.0	1.0	1.7	0.6	0.2	0.0	0.6	~
Lifetime prescription drug abuse**/†	used prescription drugs (stimulants, sedatives, tranquilizers, or narcotics) without a doctor telling you to take them?	0.5	1.1	3.8	3.6	~	3.5	2.9	3.0	5.0	~	9.2	5.9	3.8	8.3	~	13.6	17.2	5.9	9.2	18.0	6.7	5.9	3.9	6.4	~
Past 30-day prescription drug abuse*/**/†	used prescription drugs (stimulants, sedatives, tranquilizers, or narcotics) without a doctor telling you to take them, during the past 30 days?	0.3	0.2	0.4	1.2	~	1.3	1.5	1.5	2.1	~	4.2	2.2	1.4	3.4	~	4.7	5.5	1.8	3.0	5.4	2.7	2.1	1.2	2.4	~

* 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.

** National comparison data are available for 12th grade only. Monitoring the Future does not survey 6th graders.

† "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.

Data Tables

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)		6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
		2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016	2013	2015	2017	State 2017	MTF 2016
Lifetime hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	0.2	0.7	0.0	0.2	~	1.0	0.9	0.4	1.1	1.9	4.9	1.9	3.2	3.9	4.4	7.5	10.0	2.3	5.7	6.7	3.4	2.9	1.2	2.7	~
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	0.1	~	0.2	0.6	0.0	0.4	0.6	2.2	0.3	1.4	1.3	0.9	1.4	3.5	0.0	1.9	1.4	1.0	1.0	0.3	0.9	~
Lifetime cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	0.0	0.0	0.0	0.3	~	0.8	0.2	0.3	0.5	1.4	3.1	1.2	1.2	1.0	2.1	2.1	5.7	1.0	1.9	3.7	1.5	1.5	0.5	0.9	~
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	0.2	0.0	0.2	0.3	0.2	0.3	0.0	0.2	0.4	1.0	1.6	0.0	0.4	0.9	0.3	0.5	0.0	0.2	~
Lifetime inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	2.5	2.2	1.3	4.0	~	2.9	2.7	5.8	5.4	7.7	3.6	1.9	1.9	4.6	6.6	5.4	4.8	1.7	4.0	5.0	3.6	2.8	2.8	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?	1.1	0.9	0.3	1.5	~	0.9	0.9	0.4	2.0	1.8	0.3	0.3	0.0	1.3	1.0	1.0	0.8	0.0	0.4	0.8	0.8	0.7	0.2	1.3	~
Lifetime methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.0	0.0	0.1	0.2	~	0.3	0.0	0.1	0.4	0.6	0.3	0.3	1.1	0.6	0.7	0.7	0.4	0.4	0.7	1.2	0.3	0.2	0.4	0.5	~
Past 30-day methamphetamines*	used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?	0.0	0.0	0.1	0.1	~	0.0	0.0	0.0	0.1	0.3	0.0	0.0	0.0	0.1	0.2	0.3	0.0	0.0	0.1	0.3	0.1	0.0	0.0	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?	0.0	0.2	0.3	0.7	~	0.8	1.1	2.3	1.6	5.7	4.4	3.1	2.7	4.1	8.8	7.8	15.6	4.7	5.3	10.0	3.2	4.2	2.2	2.8	~
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?	0.3	0.0	0.3	0.1	~	0.0	0.4	0.1	0.5	1.7	1.4	1.0	1.2	1.3	2.7	2.3	5.1	1.2	1.5	3.0	1.0	1.4	0.6	0.8	~
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?	0.5	0.8	2.1	3.0	~	3.3	2.0	2.6	3.7	~	5.1	2.4	3.6	4.9	~	6.4	4.9	1.0	3.8	5.2	3.8	2.3	2.3	3.8	~
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?	0.0	0.2	0.3	1.1	~	1.3	1.1	1.5	1.6	~	2.4	0.6	1.2	1.7	~	1.6	0.8	0.0	0.9	1.5	1.4	0.6	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	0.1	0.3	~	0.6	0.7	1.4	1.0	3.0	2.2	1.2	2.5	3.0	6.1	4.2	6.7	1.0	3.5	7.6	1.7	1.8	1.2	1.9	~
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	~	0.3	0.7	1.3	0.4	0.8	0.8	0.6	1.2	1.1	1.5	1.3	1.3	0.6	0.9	1.9	0.6	0.6	0.7	0.6	~
Lifetime heroin	used heroin or other opiates in your lifetime?	0.0	0.0	0.0	0.1	~	0.0	0.2	0.0	0.3	0.5	0.0	0.6	1.1	0.3	0.6	1.5	0.6	0.4	0.3	0.7	0.4	0.3	0.3	0.3	~
Past 30-day heroin	used heroin during the past 30 days?	0.0	0.0	0.0	0.0	~	0.0	0.0	0.0	0.1	0.2	0.3	0.3	0.0	0.0	0.2	0.4	0.2	0.0	0.0	0.2	0.2	0.1	0.0	0.0	~
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	0.2	0.1	0.3	~	0.0	0.0	0.1	0.3	0.3	0.0	0.3	0.0	0.3	0.3	0.3	1.6	0.0	0.3	0.7	0.1	0.5	0.1	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?	0.0	0.0	0.0	0.3	~	1.1	1.1	0.1	0.9	~	1.3	0.6	0.2	1.4	~	1.6	1.1	0.0	1.2	~	1.0	0.6	0.1	0.9	~

* 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.

** No equivalent MTF data for these substances. National comparison data for Prescription Sedatives are available for 12th grade only. Monitoring the Future does not survey 6th graders.

Data Tables

Table 5. Problem Substance Use and Antisocial Behavior

On how many occasions (if any) have you... (One or more occasions)		6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
		2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm
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)	0.5	2.1	1.6	0.9	~	3.0	3.4	1.5	2.6	~	10.4	7.3	6.8	5.5	~	25.6	19.3	10.2	8.6	~	9.9	7.1	4.2	4.3	~
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	~	0.3	0.0	0.0	0.0	~	0.0	0.0	0.0	0.2	~	1.7	0.8	0.0	0.5	~	0.5	0.2	0.0	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?	1.3	0.5	0.6	0.5	3.6	1.8	0.4	2.0	1.2	5.6	2.8	1.5	0.7	2.2	5.3	5.7	6.0	2.7	3.0	11.8	3.2	1.9	1.4	1.8	6.8
Riding with a drinking driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	6.3	7.7	8.1	5.4	17.1	14.0	13.3	16.0	8.0	22.3	17.8	15.0	9.0	8.7	24.0	13.5	8.4	4.2	8.7	24.1	14.1	10.9	9.7	7.7	22.5
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	0.2	0.0	0.1	~	0.8	0.3	0.2	0.6	~	3.2	3.0	1.2	2.5	~	6.6	5.8	2.3	3.4	~	2.8	2.0	0.7	1.6	~
Needs drug treatment	Answered 'Yes' to at least 3 drug treatment questions and has used alcohol on 10 or more occasions	0.0	0.2	0.1	0.4	~	2.8	1.3	1.8	2.4	~	6.2	4.0	5.5	5.4	~	6.9	6.8	2.3	5.8	~	4.3	2.7	2.1	3.4	~
Needs alcohol or drug treatment	Needs alcohol and/or drug treatment per criteria above	0.0	0.2	0.1	0.4	~	3.4	1.5	1.9	2.7	~	7.6	5.3	5.6	6.3	~	10.8	10.2	2.7	7.4	~	5.8	3.7	2.2	4.1	~
Antisocial Behavior Past Year																										
Been suspended from school		3.8	0.8	4.2	5.1	9.2	2.5	2.5	5.5	7.7	13.4	6.6	3.1	5.8	7.6	11.2	4.6	3.2	3.6	5.7	8.5	4.4	2.2	4.8	6.5	10.7
Been drunk or high at school		0.0	0.2	0.2	0.9	2.3	3.6	2.3	2.8	3.9	7.8	8.8	5.5	6.3	9.9	14.7	14.0	15.0	2.7	11.5	17.3	6.6	4.9	2.6	6.4	11.2
Sold illegal drugs		0.0	0.0	0.0	0.3	0.7	1.5	1.1	0.1	1.4	3.1	5.4	2.2	1.3	4.3	7.2	7.8	8.0	2.7	4.8	8.6	3.7	2.4	0.8	2.7	5.2
Stolen or tried to steal a motor vehicle		0.0	0.3	0.2	0.6	1.2	1.3	0.2	0.6	1.1	2.2	1.2	0.9	0.7	1.7	2.7	1.6	0.6	1.0	1.1	2.0	1.0	0.5	0.6	1.1	2.1
Been arrested		0.3	0.5	0.2	0.6	2.1	0.8	0.7	0.5	1.9	4.8	2.1	1.1	0.4	2.8	6.0	2.7	1.4	0.0	2.1	5.8	1.5	0.8	0.3	1.8	4.9
Attacked someone with the idea of seriously hurting them		3.6	2.1	3.5	5.5	10.2	3.9	4.9	4.6	5.6	12.9	3.2	2.8	3.9	5.6	11.8	5.6	2.9	3.1	4.0	9.6	4.1	3.1	3.8	5.2	11.3
Carried a handgun		1.7	4.6	3.9	8.0	4.4	7.2	5.7	10.1	9.7	5.4	6.5	5.2	6.9	10.1	5.5	6.3	7.5	4.3	9.6	5.5	5.5	5.6	6.4	9.3	5.3
Carried a handgun to school		0.0	0.0	0.1	0.3	0.6	0.4	0.2	0.5	0.2	0.9	0.0	0.0	0.0	0.3	1.2	0.3	0.2	0.0	0.5	1.2	0.2	0.1	0.2	0.3	1.0

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

Data Tables

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

		6th Grade				8th Grade				10th Grade				12th Grade				All Grades			
		2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017
Need for Mental Health Treatment																					
Mental health treatment needs*	High mental health treatment needs	9.2	5.5	6.3	11.1	10.7	13.7	14.0	16.9	11.8	15.0	13.7	22.2	9.6	11.7	18.5	21.9	10.5	11.1	12.4	18.0
	Moderate mental health treatment needs	20.2	13.5	16.0	21.5	19.2	21.8	20.5	24.1	27.1	29.6	33.2	28.0	20.1	23.5	26.5	28.3	21.9	21.4	23.0	25.5
	Low mental health treatment needs	70.5	81.0	77.7	67.4	70.1	64.5	65.5	59.0	61.0	55.4	53.1	49.8	70.3	64.8	54.9	49.8	67.5	67.5	64.5	56.5
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? (Answered 'Yes')		11.5	8.4	7.8	17.8	16.6	19.8	13.7	23.1	18.3	20.9	24.3	29.8	15.6	17.6	25.5	29.1	16.2	16.1	16.3	24.9
Depressive symptoms calculation*	High depressive symptoms	4.3	0.5	1.2	4.6	3.2	4.4	3.1	6.5	2.7	4.9	3.9	7.1	1.3	1.5	2.9	7.2	2.9	2.6	2.6	6.3
	Moderate depressive symptoms	63.4	62.5	56.7	66.0	65.1	64.8	62.4	65.5	74.9	68.4	68.9	71.6	67.7	69.4	69.4	71.3	67.9	65.7	63.1	68.5
	No depressive symptoms	32.3	37.0	42.1	29.5	31.7	30.8	34.5	28.0	22.4	26.7	27.3	21.3	31.0	29.1	27.7	21.5	29.2	31.6	34.3	25.2
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? (Answered 1 or more times)		~	7.1	7.3	10.9	~	14.3	11.9	16.3	~	15.7	10.7	16.4	~	7.8	15.2	15.1	~	11.0	10.9	14.7
Suicide Related Indicators																					
During the past 12 months, did you ever seriously consider attempting suicide? (Answered 'Yes')		5.4	5.4	6.4	9.6	10.6	12.3	15.2	15.8	9.2	15.7	18.2	19.7	8.8	9.9	15.0	19.0	9.0	10.5	13.0	16.0
During the past 12 months, did you make a plan about how you would attempt suicide? (Answered 'Yes')		5.4	6.1	3.8	7.3	7.7	8.9	11.7	13.0	7.0	11.8	7.4	15.4	8.6	8.8	13.8	14.5	7.5	8.7	8.8	12.5
During the past 12 months, how many times did you actually attempt suicide? (Answered 1 or more times)		2.8	0.9	3.4	5.1	5.3	4.4	3.9	8.1	4.5	6.9	4.5	8.4	4.2	1.0	3.6	6.6	4.4	3.2	3.8	7.1
Attitudes Toward Mental Health Treatment**																					
How often in the last thirty days did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal? (Answered 1 or more times)		~	~	8.6	16.5	~	~	14.9	15.2	~	~	10.1	17.9	~	~	13.5	19.9	~	~	11.8	17.4
Who, in the last thirty days, did you talk to about feeling very sad, hopeless, or suicidal? (Treated as "Mark all that apply")	Sample size†	~	~	50	1,826	~	~	49	2,156	~	~	24	1,948	~	~	13	1,537	~	~	136	7,467
	I felt this way but did not talk to anyone about it	~	~	59.8	41.8	~	~	59.2	57.8	~	~	50.8	57.4	~	~	25.0	50.7	~	~	50.9	52.6
	Parent	~	~	32.4	48.3	~	~	25.7	29.6	~	~	40.8	28.9	~	~	24.2	30.1	~	~	29.8	33.2
	Teacher	~	~	1.3	3.1	~	~	0.0	2.0	~	~	0.0	2.0	~	~	0.0	4.8	~	~	0.3	3.0
	Doctor	~	~	0.0	2.0	~	~	0.7	3.5	~	~	1.9	3.2	~	~	8.3	4.8	~	~	2.3	3.5
	School Counselor	~	~	3.9	4.1	~	~	0.0	3.2	~	~	0.0	3.9	~	~	8.7	4.7	~	~	2.8	4.0
	Therapist	~	~	0.0	5.2	~	~	12.9	6.6	~	~	2.1	8.6	~	~	22.5	10.7	~	~	9.6	8.0
	Clergy	~	~	0.0	0.0	~	~	0.0	0.1	~	~	0.0	0.3	~	~	0.0	1.0	~	~	0.0	0.4
	Other Adult	~	~	2.6	6.2	~	~	1.6	7.2	~	~	4.3	8.2	~	~	11.3	9.4	~	~	4.3	7.9
Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?	Yes	~	~	88.9	86.5	~	~	94.7	85.9	~	~	84.8	83.1	~	~	93.6	84.5	~	~	90.9	85.0
	No	~	~	3.0	6.3	~	~	3.0	3.8	~	~	3.2	3.9	~	~	0.0	3.9	~	~	2.4	4.5
	I think it's ok for other people to seek help, but not for me to seek help	~	~	8.1	7.1	~	~	2.2	10.3	~	~	12.0	13.0	~	~	6.4	11.5	~	~	6.6	10.5

*Mental health treatment needs and depressive symptoms are calculated from student responses to specific questions. See text for further explanation.

**Questions that were not measured/reported in one or more survey administrations prior to 2017.

† Sample size represents the number of youth who marked any answer other than "I have not felt this way in the past 30 days."

Data Tables

Table 7. Places of Alcohol Use

During the past year did you drink alcohol at any of the following places?	6th Grade				8th Grade				10th Grade				12th Grade				All Grades			
	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017
Sample size*	11	20	40	989	57	69	49	1,733	135	108	38	2,318	159	127	40	2,345	362	324	167	7,385
At my home or someone else's home without any parent permission	9.0	14.1	14.1	25.9	37.0	40.8	21.4	55.6	74.6	61.7	59.7	61.4	68.7	72.8	77.6	65.9	63.9	56.7	49.0	58.6
At my home with my parent's permission	91.0	82.0	82.1	60.7	65.8	58.0	84.4	42.3	41.9	53.0	59.8	39.8	42.8	55.7	56.1	40.6	47.5	59.1	67.7	42.6
At someone else's home with their parent's permission	34.5	25.6	5.0	26.7	14.0	17.5	11.6	22.5	29.4	15.9	33.7	29.2	50.2	54.3	32.0	38.5	36.8	34.5	22.9	31.5
In a car	17.2	18.0	3.0	23.7	11.5	8.3	7.7	16.6	25.9	17.8	6.8	23.5	29.6	25.2	9.2	25.2	25.1	19.7	6.9	23.0
At or near school	34.5	20.2	2.6	22.2	5.6	11.9	7.9	14.6	8.5	9.4	5.4	16.4	9.4	4.9	0.0	12.7	9.2	9.3	3.4	15.2
Someplace outside of town (for example, on public lands, in the desert, or in a campground, etc.)**	~	~	13.6	23.0	~	~	9.5	23.9	~	~	30.2	28.2	~	~	34.1	36.3	~	~	24.3	30.2
In some other place	26.3	23.5	33.4	33.2	25.0	28.4	13.2	20.9	33.2	27.4	31.8	21.3	39.6	45.7	9.6	21.2	34.7	35.1	21.5	22.4

* Sample size represents the number of youth who reported alcohol use one or more times in a selected place. Students indicating they did not drink 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.

** Student alcohol use on public lands and campgrounds was not measured in survey administrations prior to 2017.

Data Tables

Table 8. Percentage of Students Reporting Risk

	6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm
Community Domain																									
Low neighborhood attachment	25.2	37.7	31.9	33.9	41.9	22.4	30.8	21.9	26.0	34.0	33.4	28.9	29.6	35.6	41.5	32.8	27.7	26.0	41.5	45.9	28.9	31.7	27.2	34.2	40.7
Laws & norms favorable to drug use	24.0	25.3	34.7	24.0	38.8	26.3	18.6	22.8	18.0	40.0	24.3	19.4	18.6	15.7	42.3	43.0	44.7	35.2	20.6	48.1	29.9	26.4	28.0	19.5	42.5
Perceived availability of drugs	28.8	31.8	36.6	28.6	45.3	33.2	33.6	20.1	21.9	36.9	26.6	32.8	37.0	27.0	38.6	36.9	31.1	21.3	27.6	41.0	31.6	32.4	28.7	26.2	40.1
Perceived availability of handguns	31.0	18.8	26.4	23.6	26.3	33.6	34.4	31.8	35.4	36.7	18.1	18.3	18.7	25.1	23.7	32.2	20.6	21.2	30.4	27.6	28.3	23.5	25.5	28.7	28.8
Family Domain																									
Poor family management	38.5	34.0	26.9	37.2	48.1	32.7	32.6	24.3	25.8	40.4	31.5	22.5	24.3	24.8	40.0	35.5	27.1	30.3	27.4	41.2	33.8	29.6	26.3	28.8	41.9
Family conflict	33.5	27.3	22.0	34.5	38.9	22.2	21.9	18.2	25.5	35.3	27.0	24.6	22.0	30.9	39.9	27.6	26.6	20.0	30.0	38.0	27.4	25.2	20.5	30.2	38.0
Family history of antisocial behavior	23.0	16.1	19.2	26.4	37.8	22.4	13.4	14.9	20.1	35.4	21.1	22.2	18.0	24.7	40.2	21.4	33.3	20.3	25.3	42.7	21.8	20.4	17.8	24.1	39.2
Parent attitudes favorable to ASB	23.6	29.6	31.3	26.3	37.7	36.7	37.9	43.3	34.3	49.1	42.4	38.7	41.2	35.4	53.5	54.1	41.8	42.6	35.2	52.9	40.9	36.3	38.9	32.7	49.1
Parent attitudes favorable to drug use	5.1	4.2	11.5	4.6	11.4	12.9	9.5	14.0	9.3	23.7	26.1	19.0	22.1	16.3	39.6	35.3	31.0	25.7	15.3	40.3	21.4	14.4	17.0	11.2	29.8
School Domain																									
Academic failure	28.1	21.5	16.4	28.0	32.1	21.1	29.9	23.2	27.3	37.2	23.9	25.4	29.5	30.8	39.8	27.6	34.5	38.9	36.8	37.9	25.0	27.2	25.1	30.6	37.1
Low commitment to school	42.0	39.1	31.9	41.6	42.8	42.6	42.0	39.8	44.1	45.1	36.3	37.2	34.1	44.1	41.1	37.0	40.0	41.1	45.9	42.1	39.5	39.6	36.3	43.9	42.8
Peer-Individual Domain																									
Rebelliousness	15.2	13.5	12.4	19.8	27.3	23.2	15.2	16.8	20.2	34.5	26.1	23.0	26.8	28.5	39.8	31.9	22.4	15.5	26.3	37.7	25.4	18.0	17.3	23.7	35.5
Early initiation of ASB	9.7	9.1	8.8	17.3	23.8	18.0	17.8	18.0	22.9	32.2	19.6	15.7	16.8	27.1	34.2	25.0	19.1	18.9	27.0	34.2	18.1	14.8	14.9	23.4	31.7
Early initiation of drug use	11.4	10.8	21.2	10.1	23.4	14.7	19.6	15.7	13.9	36.5	19.4	18.6	15.4	15.9	38.2	30.0	41.3	31.4	20.2	47.9	18.8	21.0	20.3	14.9	37.5
Attitudes favorable to ASB	36.1	32.8	41.1	34.7	40.0	26.3	28.0	23.5	25.5	34.7	37.0	37.3	33.7	31.9	40.8	45.9	43.2	40.3	34.3	39.0	36.1	34.7	34.4	31.5	38.5
Attitudes favorable to drug use	4.4	8.8	10.7	9.1	18.9	21.0	19.7	21.6	17.2	33.0	32.5	31.8	31.1	26.1	45.2	45.7	46.5	36.8	24.5	46.9	27.7	24.4	22.7	19.0	37.1
Perceived risk of drug use	29.3	36.7	37.1	33.3	44.5	24.7	27.6	33.6	29.6	37.9	41.2	42.3	49.0	39.4	51.9	48.7	52.5	50.0	35.1	47.4	35.9	38.9	40.8	34.3	45.4
Interaction with antisocial peers	16.6	19.9	18.9	20.9	33.6	15.0	14.2	11.8	17.1	30.0	17.5	16.2	15.6	19.6	31.3	22.2	12.1	6.5	17.0	29.6	17.9	15.9	13.7	18.7	30.9
Friend's use of drugs	6.3	6.7	10.4	7.3	19.7	19.3	15.3	10.8	16.1	39.2	27.6	26.9	25.2	15.9	40.4	34.3	33.1	26.0	13.9	38.5	24.0	19.2	16.4	13.3	35.6
Rewards for ASB	12.8	15.7	11.9	20.7	24.5	32.8	26.9	23.9	26.5	31.9	45.3	44.0	44.8	28.5	42.1	55.3	37.5	41.9	28.4	46.6	40.1	29.7	28.0	26.1	36.7
Depressive symptoms	28.6	22.4	23.3	30.8	30.3	28.1	35.7	26.2	36.7	34.8	35.8	37.2	32.9	44.1	37.8	28.1	31.3	33.2	42.6	33.4	30.2	30.8	27.8	38.4	34.2
Gang involvement	1.3	2.4	0.7	2.1	5.6	2.6	3.5	1.0	2.6	6.9	2.5	1.4	3.4	2.4	5.9	4.6	0.8	0.9	2.2	5.2	2.8	2.1	1.4	2.3	5.9
Intention to use drugs*	~	49.6	58.3	21.6	44.2	~	20.9	18.6	16.1	29.2	~	43.8	35.2	26.1	39.1	~	59.2	45.9	29.2	44.3	~	42.4	38.9	23.2	38.9

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

Data Tables

Table 9. Percentage of Students Reporting Protection

	6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm
Community Domain																									
Rewards for prosocial involvement	66.5	55.0	45.8	57.9	52.7	64.0	53.0	53.3	64.1	52.1	52.4	50.9	48.6	58.5	45.2	46.7	44.8	52.3	57.8	44.5	56.2	51.3	49.9	59.6	48.6
Family Domain																									
Family attachment	68.7	77.1	79.7	72.5	58.2	70.3	69.1	76.6	71.8	54.8	74.3	73.0	75.5	71.5	56.8	71.3	74.1	88.0	69.1	57.7	71.6	73.3	79.4	71.3	56.7
Opportunities for prosocial involvement	75.6	75.3	83.4	71.3	59.6	69.5	77.4	83.3	73.6	62.5	72.5	70.4	81.8	66.5	56.2	72.0	70.0	89.6	67.0	56.2	71.9	73.7	84.2	69.7	58.5
Rewards for prosocial involvement	59.6	73.5	75.0	64.6	55.7	60.2	54.9	61.6	60.0	48.8	67.2	67.1	66.5	61.9	54.3	65.1	62.4	69.3	60.2	54.0	63.5	64.4	68.1	61.7	53.0
School Domain																									
Opportunities for prosocial involvement	65.6	61.9	73.0	64.1	59.5	70.9	69.3	72.2	75.2	65.6	82.0	76.7	78.3	77.6	66.0	82.0	78.7	86.6	78.0	67.7	75.2	70.4	76.3	73.6	65.1
Rewards for prosocial involvement	65.9	69.4	76.3	66.9	56.9	62.0	65.2	67.5	60.1	56.9	79.1	78.1	71.8	70.5	63.4	65.9	63.9	61.9	56.8	52.4	68.4	69.1	70.3	63.7	57.5
Peer-Individual Domain																									
Belief in the moral order	81.4	66.3	77.7	68.8	62.9	74.5	74.6	79.5	76.0	65.8	56.7	61.3	66.0	61.7	54.6	55.3	59.1	66.2	61.7	55.6	64.9	66.0	73.6	67.0	59.4
Interaction with prosocial peers	53.6	45.1	46.4	50.8	57.0	64.9	55.5	55.6	62.3	59.7	64.7	67.9	78.2	64.3	60.0	67.0	61.5	76.8	61.6	57.3	63.9	56.5	61.4	59.7	58.7
Prosocial involvement	61.9	59.3	68.8	58.5	57.7	74.7	69.4	69.9	62.5	58.1	75.5	75.7	74.2	61.4	58.2	72.9	73.5	66.5	59.9	58.9	71.5	68.3	69.8	60.6	58.3
Rewards for prosocial involvement	57.2	59.9	71.0	60.4	48.4	61.2	64.4	65.4	62.9	50.9	69.4	75.1	71.8	72.2	59.9	79.7	75.1	84.9	75.9	63.0	68.2	67.8	72.2	67.9	56.3

Data Tables

Table 10. Drug Free Communities Data

Core Measure	Definition	Substance	6th Grade		8th Grade		10th Grade		12th Grade		Male		Female	
			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 one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	Regular drinking	74.6	497	78.0	410	78.5	171	75.5	108	72.1	593	81.4	585
	take five or more drinks of an alcoholic beverage once or twice a week	Binge drinking	75.8	497	81.5	410	85.5	171	74.9	108	76.6	593	82.0	585
	smoke one or more packs of cigarettes per day	Tobacco	89.4	497	91.7	409	92.5	171	88.2	108	89.9	593	91.0	584
	smoke marijuana regularly	Marijuana	81.5	491	75.9	409	61.6	171	49.7	108	64.7	590	76.6	581
	use prescription drugs that are not prescribed to them	Prescription drugs	88.8	495	91.9	406	91.0	171	89.0	107	89.6	587	90.6	584
	use vape products such as e-cigarettes, vape pens, or mods	E-Cigarettes/Vaping	84.3	492	74.2	410	66.0	171	55.5	108	69.9	590	75.3	583
Perception of Parental Disapproval* (Parents feel it would be Wrong or Very Wrong to...)	have one or two drinks of an alcoholic beverage nearly every day	Alcohol	98.2	451	100.0	395	99.8	168	98.5	107	98.7	551	99.5	563
	smoke cigarettes	Tobacco	100.0	453	100.0	394	100.0	168	98.9	107	99.8	554	99.8	561
	smoke marijuana	Marijuana	99.9	447	96.1	392	93.9	168	87.0	107	96.0	551	94.2	556
	use prescription drugs not prescribed to you	Prescription drugs	99.9	453	99.6	395	98.8	168	100.0	107	99.5	553	99.7	563
	use vape products such as e-cigarettes, vape pens, or mods	E-Cigarettes/Vaping	97.9	454	98.5	395	96.3	167	89.7	107	94.6	553	98.1	563
Perception of Peer Disapproval* (Friends feel it would be Wrong or Very Wrong to...)	have one or two drinks of an alcoholic beverage nearly every day	Alcohol	94.9	454	95.5	397	94.9	167	83.0	107	91.6	555	94.2	562
	smoke tobacco	Tobacco	98.2	456	96.4	397	97.0	167	90.1	106	94.1	556	98.1	562
	smoke marijuana	Marijuana	95.0	455	89.0	396	72.5	168	57.7	107	78.9	554	85.0	564
	use prescription drugs not prescribed to you	Prescription drugs	99.3	455	96.1	397	95.8	168	96.4	107	96.9	555	97.3	564
Past 30-Day Use* (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	4.5	471	2.8	401	14.2	169	23.3	108	10.5	571	8.3	570
	smoked cigarettes	Tobacco	0.0	457	0.6	395	1.2	168	2.4	107	0.8	556	1.0	563
	used marijuana	Marijuana	0.0	473	2.1	401	11.3	169	13.8	108	6.7	573	4.0	570
	combined results of prescription stimulant/sedative/ narcotics questions	Prescription drugs	0.4	473	1.5	402	1.4	169	1.8	108	1.3	573	1.1	571

* 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.

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 surveyed for that gender is under 20.

Data Tables

Table 11. Additional Data for Prevention Planning

		6th Grade				8th Grade				10th Grade				12th Grade				All Grades			
		2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017	2013	2015	2017	State 2017
Safety																					
During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)*	One or more times	~	~	1.2	2.7	~	~	2.9	3.4	~	~	9.5	6.3	~	~	7.7	6.8	~	~	4.7	4.9
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	3.8	5.0	7.9	10.2	5.8	4.9	4.1	9.3	2.8	4.0	5.7	8.5	3.4	2.6	14.3	8.0	4.0	4.2	7.5	9.0
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More than once	25.7	24.8	19.4	28.2	29.2	24.6	21.6	25.8	14.4	19.6	18.8	18.8	12.4	8.9	12.7	13.2	20.4	20.4	18.7	21.7
If you have been bullied in the past 12 months, why do you think you were you bullied? (Mark ALL that apply).*																					
Sample size**		~	~	163	6,845	~	~	156	6,372	~	~	62	3,949	~	~	28	2,417	~	~	409	19,583
I don't know why		~	~	36.0	39.9	~	~	26.5	33.8	~	~	56.0	31.3	~	~	41.1	26.9	~	~	38.0	33.8
The color of my skin		~	~	1.9	6.6	~	~	8.5	8.8	~	~	5.6	10.2	~	~	21.2	10.8	~	~	7.7	8.8
My religion		~	~	2.5	9.4	~	~	16.0	12.6	~	~	9.4	13.8	~	~	1.8	17.3	~	~	8.6	12.8
My size (height, weight, etc.)		~	~	23.8	34.8	~	~	33.3	40.8	~	~	39.2	39.7	~	~	32.2	32.8	~	~	31.7	37.3
My accent or the country I (or my family) was born in		~	~	0.9	4.0	~	~	6.2	4.9	~	~	3.1	4.9	~	~	8.3	5.2	~	~	4.2	4.7
The way I look (clothing, hairstyle, etc.)		~	~	23.2	33.5	~	~	44.2	43.6	~	~	33.2	39.9	~	~	16.8	34.0	~	~	31.7	38.0
How much money my family has or does not have		~	~	5.4	9.5	~	~	18.5	15.1	~	~	12.9	15.3	~	~	18.9	12.9	~	~	13.5	13.1
My gender		~	~	2.1	6.8	~	~	8.5	7.3	~	~	1.8	8.5	~	~	6.3	9.1	~	~	4.8	7.8
My grades or school achievement		~	~	10.6	12.4	~	~	14.2	14.8	~	~	16.4	18.6	~	~	8.8	15.7	~	~	12.9	15.1
My social standing or for being "unpopular"		~	~	26.4	24.4	~	~	31.5	30.6	~	~	27.5	27.2	~	~	9.2	23.6	~	~	25.9	26.7
Social conflict		~	~	11.4	8.9	~	~	15.0	15.7	~	~	19.5	21.3	~	~	19.0	22.7	~	~	15.6	16.3
My sexual-orientation		~	~	1.3	2.9	~	~	8.4	5.6	~	~	1.1	8.4	~	~	0.0	10.0	~	~	3.5	6.3
I have a disability (learning or physical disability)		~	~	1.4	4.5	~	~	5.8	4.4	~	~	4.1	6.0	~	~	1.7	5.1	~	~	3.6	4.9
Some other reason		~	~	44.5	44.1	~	~	32.3	37.7	~	~	38.3	35.9	~	~	35.3	31.6	~	~	37.6	38.1
Discipline																					
My teachers maintain good discipline in the classroom.	Strongly agree or agree	95.5	92.2	95.5	92.9	88.9	92.0	89.7	89.0	93.4	92.9	93.2	89.5	90.5	95.4	93.3	89.4	92.0	93.0	93.0	90.2
The principal and assistant principal maintain good discipline at my school.	Strongly agree or agree	94.3	91.6	94.1	89.8	90.8	88.4	84.1	86.3	91.3	85.2	90.4	87.7	83.0	82.1	84.8	85.2	89.9	87.5	88.8	87.3
Perceived vs. Actual ATOD Use																					
Smoke cigarettes every day	Perceived use	3.9	2.9	3.2	2.3	12.3	10.9	7.5	11.6	20.6	17.5	14.4	21.1	20.6	21.6	15.1	20.2	15.9	12.3	8.8	13.6
	Actual use	0.0	0.2	0.0	0.0	0.6	0.3	0.0	0.2	0.0	0.3	0.0	1.0	5.4	1.7	0.0	1.6	1.6	0.6	0.0	0.7
Drank alcohol in past 30 days	Perceived use	5.2	4.3	5.6	3.2	21.7	18.3	14.9	15.7	45.7	45.5	36.1	30.4	51.5	54.7	49.6	33.8	34.7	28.0	22.4	20.5
	Actual use	0.5	0.2	4.5	0.9	4.4	5.1	2.8	3.2	17.8	14.7	14.2	8.9	40.6	36.5	23.3	14.7	15.7	12.0	9.4	6.7
Used marijuana in past 30 days	Perceived use	2.8	1.8	2.8	1.8	21.2	17.9	13.7	15.2	39.9	37.2	42.0	31.4	43.3	46.3	45.7	34.0	30.2	23.6	21.4	20.3
	Actual use	0.0	0.0	0.0	0.5	2.2	3.3	2.1	3.2	14.6	11.6	11.3	9.3	30.0	25.1	13.8	12.3	11.8	8.5	5.4	6.1

*Questions that were not measured/reported in one or more survey administrations prior to 2017.

† Sample size represents the number of youth who marked any answer other than "I have not been made fun of by other students."

Substance Use and Perceived Parental Acceptability

Table 12. Substance Use in Relation to Perceived Parental Acceptability (State 2017)

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	14.0	4.5
Wrong	56.8	25.6
A Little Bit Wrong	76.4	46.4
Not Wrong At All	65.7	39.0
smoke marijuana?	Marijuana At Least Once in Lifetime	Marijuana At Least Once in Past 30 Days
Very Wrong	8.5	3.6
Wrong	44.7	24.4
A Little Bit Wrong	66.1	43.6
Not Wrong At All	70.4	50.9
smoke cigarettes?	Cigarettes At Least Once in Lifetime	Cigarettes At Least Once in Past 30 Days
Very Wrong	8.2	1.6
Wrong	32.5	9.7
A Little Bit Wrong	60.8	27.8
Not Wrong At All	45.8	32.5
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	5.6	2.0
Wrong	20.9	8.3
A Little Bit Wrong	40.1	21.4
Not Wrong At All	37.6	15.3

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 2017, 91.5% 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 (14.0% lifetime, 4.5% 30-day) actually used alcohol. In contrast, of the 2,800 students in the State (5.9% 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"), 56.8% of these students indicated lifetime alcohol use and 25.6% 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 2017

The weighting procedure used for the 2017 SHARP is the same procedure used for weighting the 2015 SHARP data and starts with a school-level weighting procedure. At the district level and above, Bach Harrison analysts apply a raking ratio estimation, which is a method for adjusting the sampling weights of the sample data based on known population characteristics. This helps ensure that the survey sample reflects the total population of Utah students on grade, gender, and race/ethnicity. For more detailed information on the weighting procedure consult the 2017 State Report.

Changes regarding Race and Ethnicity

The SHARP survey measures five racial categories (*American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander,* and *White*) and one ethnicity (*Hispanic or Latino*). Ethnicity is the heritage or country of birth of the student or the student's parents/ancestors before their arrival in the United States. People who identify their origin as Hispanic or Latino may be any race. Of the over 50 million Americans identified as Hispanic or Latino, over 50% also identify as white. [1]

Of the 3,949 *multi-racial* students reported in the 2015 SHARP survey, 1,389 (over 35%) were from students who had marked *White* and *Hispanic or Latino*. The practice of coding these students as multi-racial meant Hispanic participation in SHARP was underreported. If those students are moved to the *Hispanic or Latino* category, statewide Hispanic participation totals 7,758, (an increase of 21.7% from the 6,389 originally reported).

Starting in the 2017 profile reports, students indicating *Hispanic or Latino* ethnicity and up to one racial category are counted as *Hispanic or Latino*. Student indicating more than one racial category are reported as *multi-racial*, regardless of ethnic affinity.

For example, students marking [*White* + *Hispanic or Latino*] or [*Black* + *Hispanic or Latino*] are counted as *Hispanic or Latino*, while a student marking [*Black* + *White* + *Hispanic or Latino*] is reported as *multi-racial*. Any 2013 and 2015 data in this year's profile reports have been recalculated using this new methodology.

ATOD Questions

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.

The 2017 survey added questions about lifetime and 30-day use of e-Cigarettes. 30-day use of ecstasy and use of synthetic drugs (such as Bath Salts) were discontinued.

New items for 2017

Items regarding student attitudes toward and the availability of mental health treatment were added in 2017. One item was added to the list of possible places of alcohol use and questions about bullying and dating violence were also added.

1. *How often in the last thirty days did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal?*
2. *Who, in the last thirty days, did you talk to about feeling very sad, hopeless, or suicidal?*
3. *Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?*
4. *During the past year did you drink alcohol someplace outside of town (for example, on public lands, in the desert, or in a campground, etc.)?*
5. *During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)*
6. *If you have been bullied in the past 12 months, why do you think you were you bullied?* (More than a dozen choices were offered, such as skin color, religion, social status, and sexual orientation.)

Other Survey Removals and Changes

Removals included questions about:

1. Specific methods of self-harm reported (e.g. cutting or deliberate overdose).
2. Methods of obtaining alcohol.
3. The "Religiosity" protective factor (part of the peer-individual scale).

[1] "OVERVIEW OF RACE AND HISPANIC ORIGIN: 2010," UNITED STATES CENSUS BUREAU. HTTPS://WWW.CENSUS.GOV/PROD/CEN2010/BRIEFS/C2010BR-02.PDF

Contacts for Prevention

National Contacts

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

National Clearinghouse for Alcohol and Drug Information
https://store.samhsa.gov/

The National Institute on Drug Abuse (NIDA) Drugs of Abuse Information Clearinghouse
https://www.drugabuse.gov/drugs-abuse

Center for Substance Abuse Prevention
https://www.samhsa.gov/prevention/

Monitoring the Future
http://monitoringthefuture.org

National Survey on Drug Use and Health
https://nsduhweb.rti.org/respweb/homepage.cfm

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