



STUDENT HEALTH AND RISK PREVENTION

2025

SHARP survey (Prevention Needs Assessment) Results for Davis County LSAA

State of Utah
Department of Health & Human Services
Office of Substance Use and Mental Health



Utah Department of
Health & Human
Services

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WHAT PARENTS NEED TO KNOW

Using SHARP data to protect your kids

The Utah Student Health and Risk Prevention (SHARP) survey is the most comprehensive source of information about the challenges and opportunities our youth face—because the data comes straight from the students themselves. We know parents and caregivers make the best decisions for their children when they have the information they need, at the right time. This report can help you know the types of challenges your child is up against, so you can talk about them with your child and help them navigate the world around them.

Life and parenting can feel really hard sometimes. But we've learned from decades of data and thousands of Utah kids that most of the time it's the little things you do in your family that make the most difference, like eating family meals, getting enough sleep, and having important conversations.

Students' real-world experiences shape stronger families and communities.

SHARP data helps us build stronger families and communities. For more than 20 years, parents, schools, teachers, public health, local prevention coalitions, and community leaders have worked together to help Utah kids.

- Educational campaigns for parents (like [Strong Families](#), [LiveOn Utah](#), [Social Harms](#), [Gray Matters](#), [Parents Empowered](#), and [See Through the Vape](#)).
- Interventions (like [SafeUT](#), Foster Grandparents, [Youth Garden Project](#), and youth mentoring programs).
- Policy and legislation (like removal of flavored vape products, restricting where vape products can be sold, expanded mental and behavioral health services, and being the 1st state in the nation to protect kids from the harms of social media).
- [Local prevention coalitions](#) where parents can take an active role in shaping a safer school and community for their child.

What we've learned from the latest SHARP data: Utah youth are making better choices and feeling better.

The latest SHARP data show Utah youth are making healthier choices and feeling more connected to their families and school. **This is a sign that what we're doing as parents and in our communities is making a difference in the lives of our kids.** This is a big win, but there is still work we can all do to address concerns.

Fewer kids are using drugs and alcohol.

SHARP data show fewer students are using drugs and alcohol across all grades.

Alcohol

The rates in Utah for alcohol use among youth have always been among the lowest in the nation (only 3.8% of students report drinking in the last 30 days, compared to 12.5% [nationally](#)). The number of students in Utah who experiment with alcohol continues to trend down (currently 10.9%).

Drugs

The number of students who have ever used marijuana is also trending down in an impressive way. The number of students **who have ever** used marijuana **decreased by 34.7% from the last survey** (from 9.5% in 2023 to 6.2% in 2025). Those reporting marijuana use in the last 30 days decreased by 32.6% (from 4.3% in 2023 to 2.9% in 2025).

The decrease in marijuana use by Utah youth is something to be really excited about. It's important for parents to understand and talk to their children about how the marijuana available to today's youth is [far more potent](#) than what previous generations experienced. Even experimenting casually with today's marijuana products show harmful effects on [adolescent brain development](#), their [mental and emotional health](#), and puts them at an [increased risk of addiction](#).

Vaping and tobacco products

Another reason to celebrate is the decrease in vaping among Utah youth. We've seen a profound and exciting change in a very short time. The number of students experimenting with vape products decreased by 33.6% (from 12.2% in 2023 to 8.1% in 2025). About 42% fewer students used vape products in the last 30 days (6.0% in 2023 to 3.5% in 2025).

However, we want to make parents aware of a growing area of concern: **nicotine pouches**. We've seen an increase in the number of youth using nicotine pouches over the last few years. The number of **Utah youth who used a nicotine pouch to try tobacco for the FIRST TIME increased by 300% for all grades** (from 1.6% in 2023 to 6.4% in 2025).

It's important to talk to your children about the dangers of nicotine pouches and help them make healthy choices by setting clear rules about using them, just like you would with alcohol, marijuana, and vaping. Nicotine pouches **are** smokeless tobacco and are addictive. SHARP data show kids are less likely to experiment with **any** substance when their parents have discussed clear rules and expectations about substance use.

School and learning are important to Utah youth.

More than half of Utah students believe that what they learn in school is important for their future lives (51%) and 37% of students feel their school work is meaningful and important.

Utah teachers deserve a real shout out! More than 60% of students said that their teachers' praise and support made school a more positive place to be. This is a clear sign Utah teachers make a real difference in the lives of their students.

Mental health is improving.

Data shows a positive trend in mental health for Utah youth. Fewer students report having symptoms of depression. This is a 55.8% increase from 2023 to 2025 in the number of students who report no symptoms of depression. Students with high or moderate symptoms of depression are also down.

- We saw a 28.4% decrease in the number of students who seriously considered suicide (from 2023 to 2025).
- Plans of suicide decreased for all grades by 28.0% from 2023 to 2025 (13.2% to 9.5%).
- Actual suicide attempts decreased for all grades by 23.3% from 2023 to 2025 (7.3% to 5.6%).

These are fantastic improvements in students' mental and emotional health. More students are talking to their parents, friends, and even school counselors when they feel very sad or hopeless. However, it's important to continue to provide support for those who are struggling or at risk. The message about talking to someone and asking for help is getting through to kids.

It can be hard to talk to your kids when they're struggling. The most important thing parents should know is that they are not alone. One of the best things you can do as a parent is to make sure your child knows you are always there to listen without judgement, no matter how big or small the problem. There are a lot of resources you can turn to for support.

- [988](#)
- [Live On Utah](#)
- [SafeUT](#)

Parents matter and play a critical role in their child's success.

There's no doubt about it, you have a critical impact on your child's health and well-being. Data show the majority (81.7%) of students report their parents have rules about screen time and rules about content, apps, and when devices can be used. However, only half say their parents enforce family rules around screentime—and almost 1 in 3 students say their parents **never** do. These rules help with important issues like getting enough sleep, finishing schoolwork, and spending time with family.

Sleep

Sleep is essential for healthy growth during childhood (and yes, during the teen years too). SHARP data shows a strong relationship between screen time and lack of sleep, thoughts of suicide, substance use, and grades. When kids get the sleep their bodies and brains need, they get better grades, and report better mental health. They're also less likely to use substances like alcohol or drugs, and spend less time on screens and devices. In fact, 85.4% of students who got 8 hours of sleep or more a night reported mostly A and B grades.

Family meals

It's hard to believe, but one of the most important things we've learned over the years at the Utah Department of Health and Human Services is the importance of family meals. It's so simple, but eating meals together as a family—as often as you can—has a long-lasting positive impact on the rest of your child's life.

Data show 60% of families eat at least 1 meal together 5 or more times a week. Kids who have regular family meals make healthier food choices, feel closer to their families, and do better in school. Utah youth who eat at least one meal a week with their family are:

- 32% less likely to feel depressed.
- 49% less likely to vape.
- 34% less likely to consider suicide.

Start small—connection grows from consistency. Start with a few meals a week that work for everyone's schedule.

How can parents use research and SHARP data to build stronger families?

No one knows your child better than you do. But being a parent isn't easy—and no parent has all the answers or does it right all the time.

- Get more insights into the things kids are experiencing, and what you can do as a parent to help them, at sharp.utah.gov.
- Visit our [Strong Families website](#) for expert tips.
- Make a goal to [connect with your child](#) every day—even 10 to 15 minutes of time together can make an impact. Family meals are a great way to connect!

- Ask questions and talk to your child about their experiences (or their friends' experiences) with the topics mentioned in this report.
- Set clear expectations when it comes to substance use, screens, and sleep time.
- Remind your kid it's OK to ask for help when life gets hard.
- And don't be afraid to reach out for help yourself if you're worried about your child's emotional or mental health. There are many free resources to help—a good place to start is by calling or texting 988. It's free and confidential.

ACKNOWLEDGMENTS

Coordination and administration of the Utah SHARP/PNA survey was a collaborative effort of the state of Utah, Department of Health and Human Services; and Bach Harrison, LLC. We also wish to acknowledge the tremendous contributions of many local and state agency representatives and members of the SHARP Advisory Workgroup.

INTRODUCTION

2025 Davis County LSAA (Prevention Needs Assessment) survey report

In Spring 2025, the Utah Department of Health and Human Services (DHHS) conducted the School Health and Risk Prevention (SHARP) survey in public schools throughout Utah. The survey includes the Prevention Needs Assessment (PNA), the results of which are presented in this report. Students in grades 6, 8, 10, and 12 were surveyed on substance abuse, mental health, chronic conditions, healthy lifestyles, violence and injury, social drivers of health, screen time and risk and protective factors. The survey was administered by a monitored web survey or a self-administered paper/pencil questionnaire. Across the state, 39 school

districts, 16 charter schools, and 1 private school participated in SHARP/PNA.

Results across seven categories are presented in this report: substance use, antisocial behavior, community and school climate and safety, social and emotional health, substance-related indicators, screen time, physical health and safety, and risk and protective factors.

Please see the Characteristics of Participants table below for participation information, and note that 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.

Characteristics of participants

	LSAA 2021		LSAA 2023		LSAA 2025		State 2025	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
What grade are you in?								
6	3,525	30.4	1,938	34.9	4,121	32.6	25,867	32.9
8	3,386	29.2	1,779	32.1	3,604	28.5	22,019	28.0
10	2,820	24.3	1,323	23.8	3,218	25.4	19,963	25.4
12	1,883	16.2	509	9.2	1,709	13.5	10,856	13.8
All grades	11,614	100.0	5,549	100.0	12,652	100.0	78,705	100.0
Are you:								
Male	5,578	48.6	2,713	49.4	6,197	49.4	38,805	49.7
Female	5,902	51.4	2,784	50.6	6,351	50.6	39,227	50.3
Which of the following best describe you?*								
Heterosexual (straight)	6,684	84.5	2,915	81.9	*	*	11,686	83.3
Gay or lesbian	147	1.9	65	1.8	*	*	362	2.6
Bisexual	583	7.4	272	7.6	*	*	979	7.0
Not sure/Other	495	6.3	309	8.7	*	*	1,004	7.2
What is your race? (Select one or more)~								
African American	125	1.1	66	1.2	154	1.2	1,224	1.6
American Indian	118	1.0	48	0.9	133	1.1	1,034	1.3
Asian	133	1.2	51	0.9	164	1.3	1,275	1.7
Hispanic or Latino	1,033	9.0	459	8.5	1,535	12.4	13,992	18.2
Pacific Islander	85	0.7	43	0.8	138	1.1	947	1.2
White	9,510	83.1	4,409	81.7	9,420	76.1	53,912	70.0
Multi-racial	440	3.8	323	6.0	833	6.7	4,661	6.0

* A question about sexual orientation was first added to the 2019 survey instrument for 8th, 10th, and 12th-graders (excluded from the 6th-grade survey). Not all school districts chose to include this question in their 2023 or 2025 surveys.

~ To accurately represent Hispanic/Latino participation in the SHARP survey, students indicating Hispanic or Latino ethnicity and up to one race are reported as Hispanic or Latino. Students selecting more than one race are reported as multi-racial (regardless of ethnicity).

According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. There must be at least 20 students for grade level reporting. If there is less than 20 students, they will be included in All grades and Gender reporting only.

UNDERSTANDING THE CHARTS

There are nine types of charts presented in this report:

1. Substance use
2. Antisocial behavior
3. Community and school climate and safety
4. Social and emotional health
5. Screen time
6. Physical health and safety
7. Substance-related indicators
8. Protective factor profiles
9. Risk factor profiles

Data from the charts are presented in tables directly below them. Additional data useful for prevention planning are found in the appendices. Note that data reported in the tables are rounded to one decimal place. (Rates of 0% to 0.049% are displayed as 0.0%.)

To better match the needs of younger students, a shorter, age-appropriate version of the SHARP survey was created for 6th graders in 2025. This version is about one-third shorter than the one used in grades 8, 10, and 12. Because of these changes, some charts and tables in this report do not include 6th-grade data. When that happens, we've included footnotes to explain why or to show when questions were changed to better fit younger students.

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 2025 SHARP survey.

The bars found in most of the 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 SHARP (PNA): 2021, 2023, and 2025. 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, Triangles, and Xs provide points of comparison to larger samples. The dots on the charts represent the percentage of all 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.

The dots represent state-level data for the current year. For the 2025 SHARP (PNA) Survey, there were 79,794 participants in grades 6, 8, 10, and 12. Data were cleaned and weighted by school, grade, and gender to ensure that the data reported at all levels accurately represent the population of 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 Alcohol, Tobacco, and Other Drugs (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.

Note that while the national data are visually represented on the charts, they may be omitted from the tables due to limitations on available space in the new SHARP (PNA) report format.

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. (MTF is not administered to 6th graders and as such 6th grade data cannot be represented on the charts.)

The triangles 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 9

statewide surveys and one regional survey were combined into a database of approximately 582,000 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 every 2-3 yrs as new data become available. The last BH Norm update was completed in 2022.

Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. 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 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. YRBS data for 2025 is not yet available so 2023 data is used for comparison.

The Daggers (†, ††) are used when one should use caution in interpreting results as the estimate has a relative standard error >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards (†), or, the estimate has been completely suppressed because the relative standard error is greater than 50% (††).

Substance use

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

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

Risky substance use-related behavior 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.

Substance use treatment needs are estimates of youth in need of alcohol and drug treatment as well as 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

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.

Community and school climate and safety

These charts present data related to perceived importance of school, positive school environment, student concerns about their school environment, perceived school safety, and bullying. The section also includes data for perceived reasons of bullying, with data being presented of students reporting being bullied in the past year (a subset of the total survey sample).

Social and emotional health

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?

A second part, the depressive symptoms scale, is also reported. This part is calculated from student responses to the following statements:

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

These four depressive symptoms questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups. The first group was the High Depressive Symptoms group who scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked *Definitely Yes (YES!)* to all four items or marked *Somewhat Yes (yes)* to one item and *Definitely Yes (YES!)* to three. The second group was the No Depressive Symptoms group who marked *Definitely*

No (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 inquiries ask about 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 to help inform us on why students are or are not inclined to seek mental health treatment. survey. These data include how often they talked to an adult about “*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.

Screen time indicators

In 2025, the SHARP survey added new questions about screen time to learn more about how, when, and why students use digital devices. Earlier surveys (from 2021 and 2023) only asked about how much time students spent on screens. The new version goes further—it asks about what kinds of devices students use, how often they check their phones, what rules their families have about screen use, and whether students feel screen time helps or gets in the way of things like school, sleep, and friendships.

To make the questions a better fit for younger students, 6th graders received a shorter, age-appropriate version of this section. As a result, some charts don’t show 6th-grade results or may show different response options. Footnotes are included to explain when questions or answer choices were different.

These questions give schools and communities helpful information about students’ screen habits. They also support prevention and wellness efforts that help students find balance in a digital world.

Substance-related behaviors

The charts in this section explore additional data related to substance use. The charts present data regarding student perceptions of parental disapproval, student attitudes toward peer use, and student perceptions of how harmful substance use is. Further, the charts explore student places of alcohol use (data are presented of past-year alcohol users), as well as student sources of obtaining e-cigarette/vaping devices and places of e-cigarette/vape device use of students who have vaped in the past year.

Physical health and safety

This section focuses on student physical health and safety. Charts display the percent of students reporting safe vehicle habits and positive habits related to physical health and activity. New screen time and device use data are also reported in this section.

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.

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

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

For more information on risk and protective factors see the appendices.

Additional tables in this report

Appendices B and C contain additional data for prevention planning and reporting to state and federal agencies.

Perceived parental approval and ATOD use

Appendix B explores the relationship between perceived parental approval and alcohol, tobacco, and other drug (ATOD) use. A full explanation of how to interpret these data is available accompanying the tables.

Drug Free Communities

Appendix C 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*.

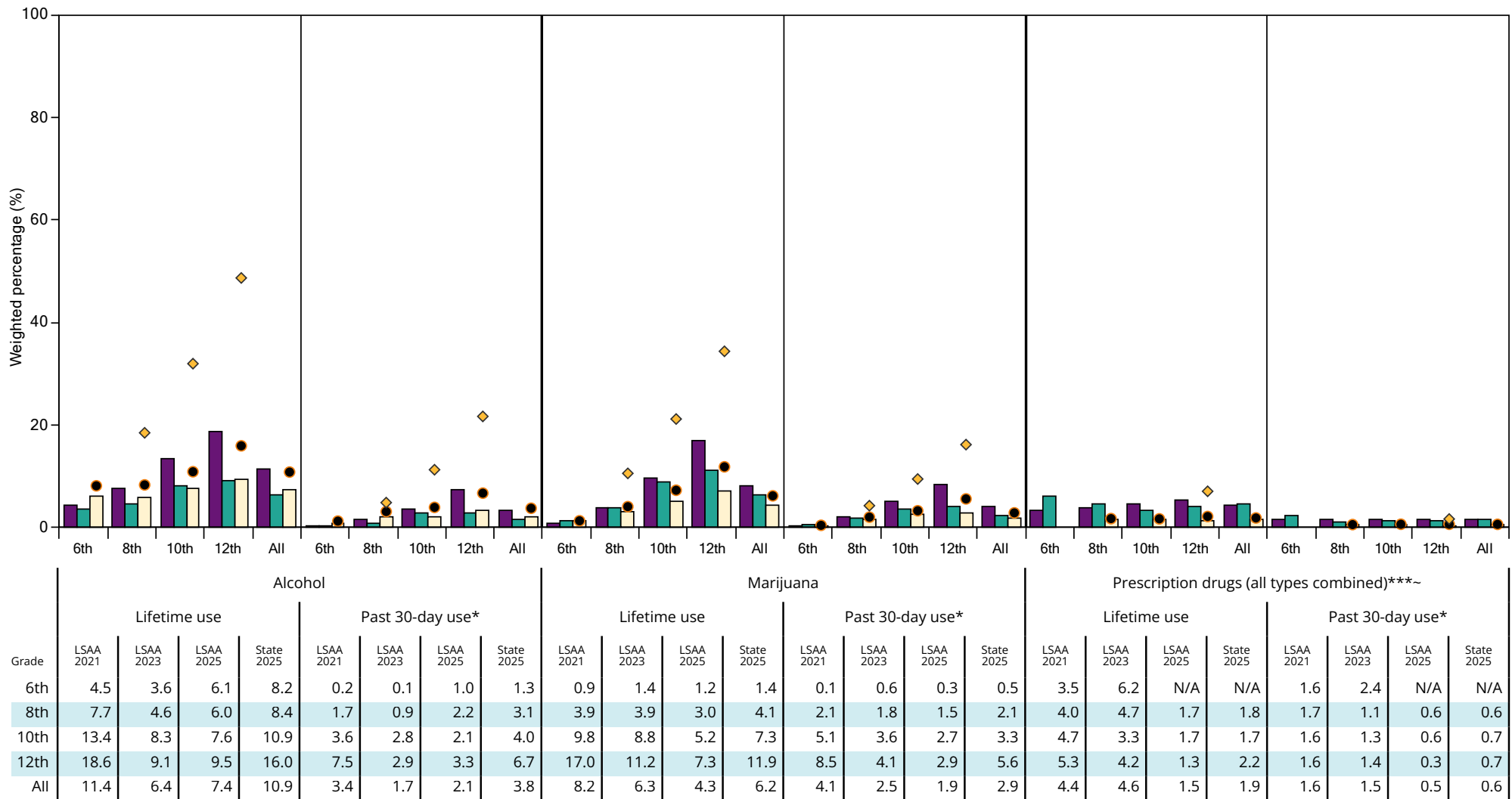
Perception of parental disapproval - The percentage of respondents who report their parents would feel regular use of alcohol or any use of cigarettes, e-cigarettes, marijuana, or the misuse of prescription drugs is *wrong* or *very wrong*.

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.

State-identified priority substance use - Alcohol, marijuana, and prescription drugs

Davis County LSAA 2025 SHARP (PNA) Student Survey



* 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.

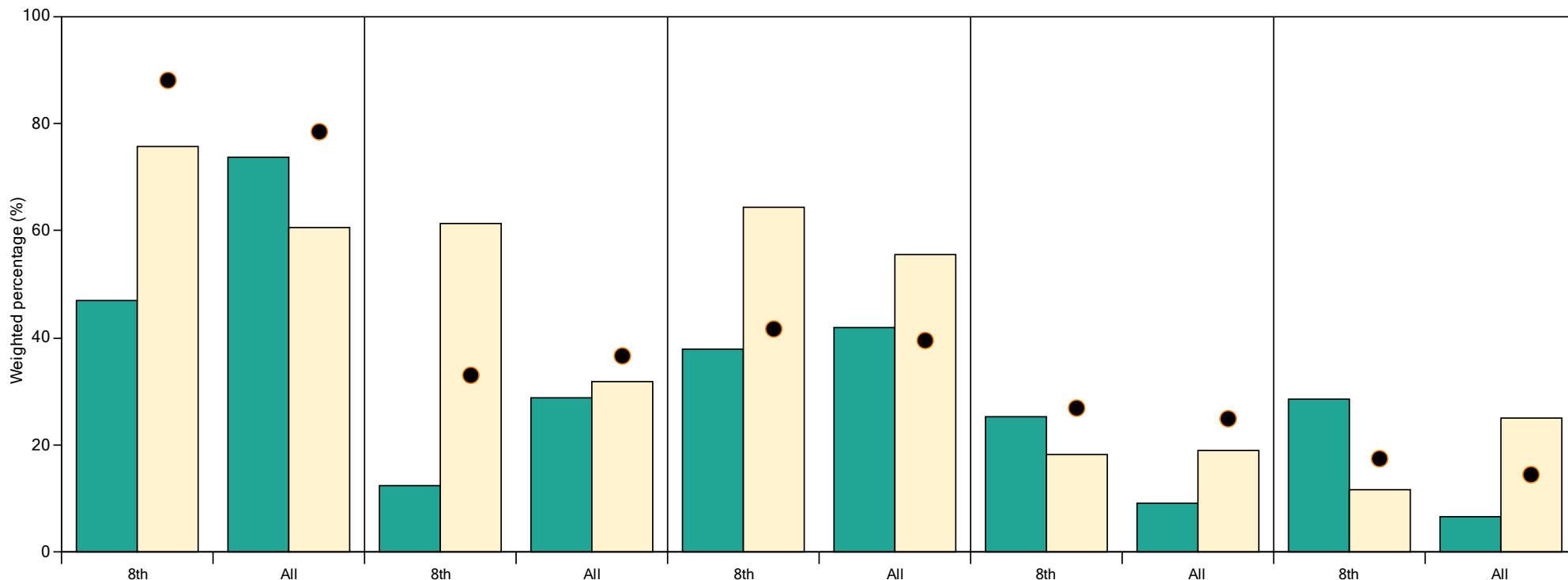
** National comparison data are available for 8th, 10th, and 12th grade only. Monitoring the Future does not survey 6th graders.

*** The response options on the 6th-grade survey were updated to make the question more age-appropriate. The 6th-grade response options for 2025 do not align with the response options for the 8th-, 10th-, and 12th-grade surveys.

~ "Prescription drug abuse" is a combined measure showing the total rate of abuse of any prescription stimulant and prescription narcotic drugs. Note that 2021 and 2023 data also included use of prescription sedatives and prescription tranquilizers.

■ LSAA 2021 ■ LSAA 2023 ■ LSAA 2025 ● State 2025 ◆ MTF**

How marijuana was used (of past-month marijuana users)* Davis County LSAA 2025 SHARP (PNA) Student Survey



During the past 30 days, how did you use marijuana? (Mark ALL that apply.)

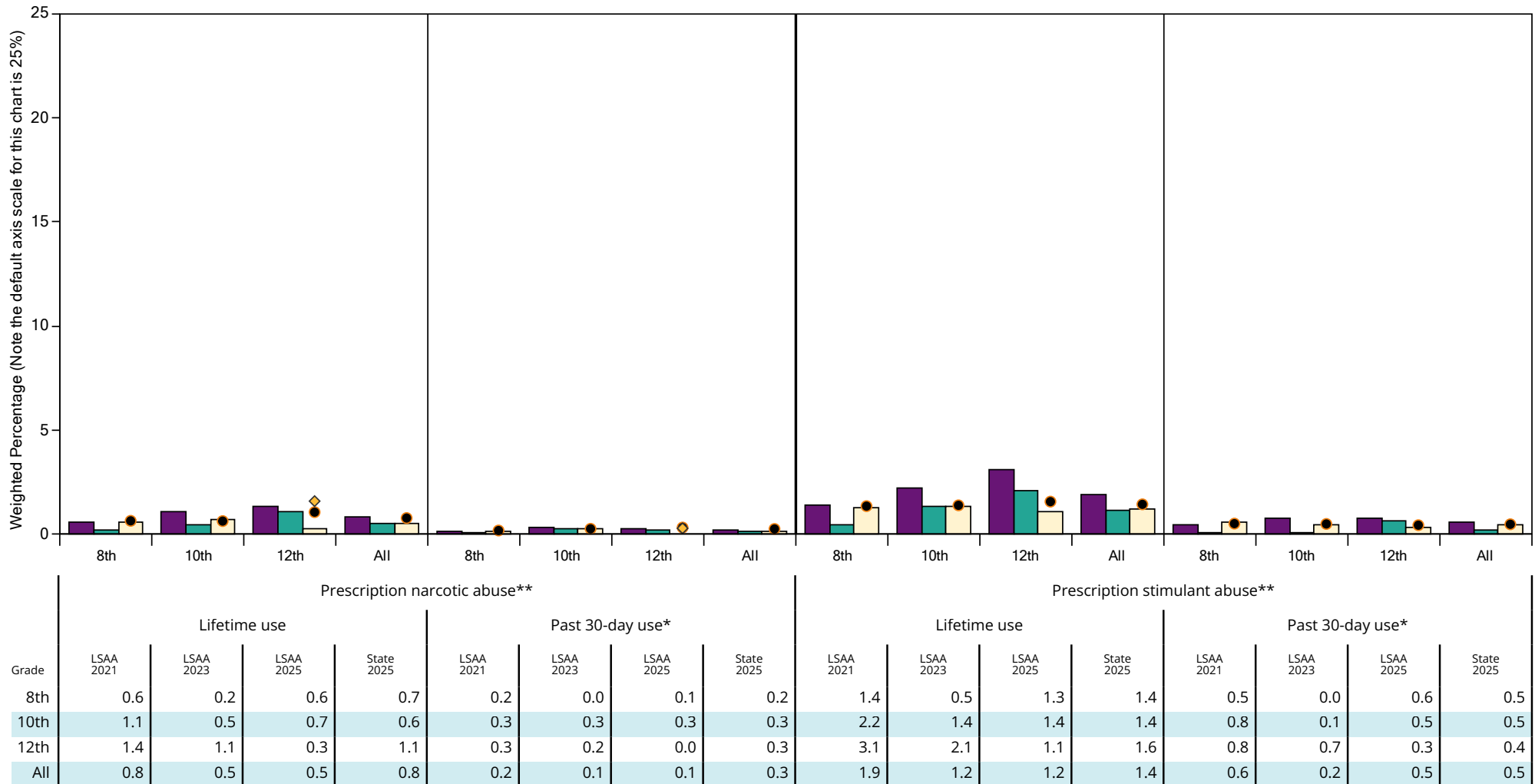
Grade	I smoked it			I ate it (in an edible, candy, tincture or other food)			I used a vaporizer			I dabbed it			I used it in some other way		
	LSAA 2023	LSAA 2025	State 2025	LSAA 2023	LSAA 2025	State 2025	LSAA 2023	LSAA 2025	State 2025	LSAA 2023	LSAA 2025	State 2025	LSAA 2023	LSAA 2025	State 2025
8th	47.0	75.7	88.1	12.5	61.2	33.1	37.9	64.5	41.7	25.3	18.3	26.9	28.6	11.8	17.5
All	73.7	60.6	78.5	28.8	32.0	36.7	42.1	55.6	39.5	9.1	18.9	24.9	6.7	25.0	14.5

* These data represent youth who had used marijuana in the past month and chose at least one source of consuming it. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 6th grade: <11 students (State: 36); 8th grade: 11 students (State: 42); 10th grade: <11 students (State: 62); 12th grade: <11 students (State: 59); all grades combined: 22 students (State: 199).

LSAA 2023 LSAA 2025 State 2025

State-identified priority substance use - Prescription drugs

Davis County LSAA 2025 SHARP (PNA) Student Survey



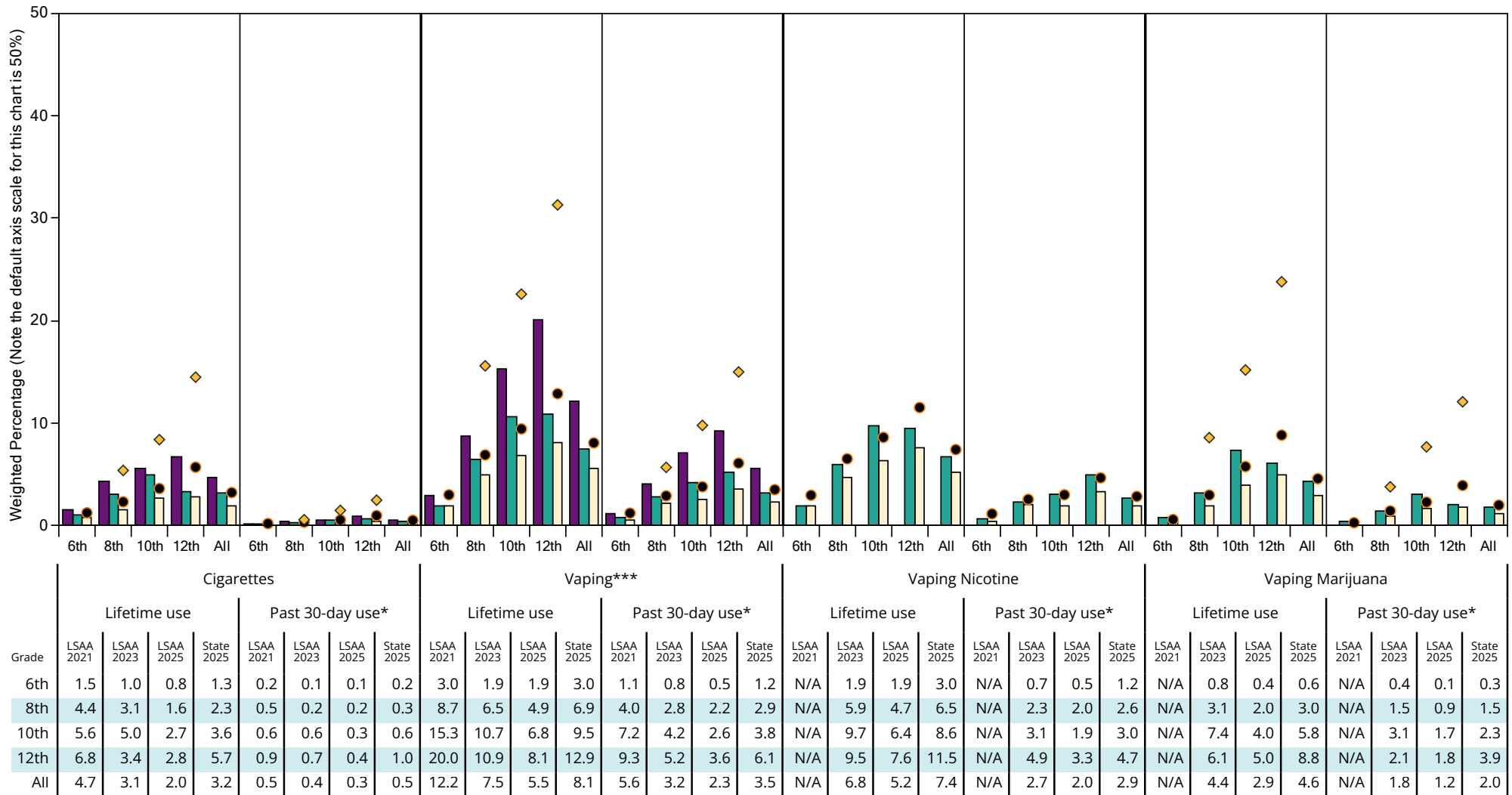
* Since not all students answer all questions, the percentage of students reporting use in the past 30 days may be greater than the percentage reporting lifetime use. * These items were not included in the 2025 revised survey for students in 6th grade.

** These items were not included in the 2025 revised survey for students in 6th grade.

■ LSAA 2021 ■ LSAA 2023 ■ LSAA 2025 ● State 2025 ◆ MTF**

State-identified priority substance use - Cigarettes and vaping products

Davis County LSAA 2025 SHARP (PNA) Student Survey



* 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.

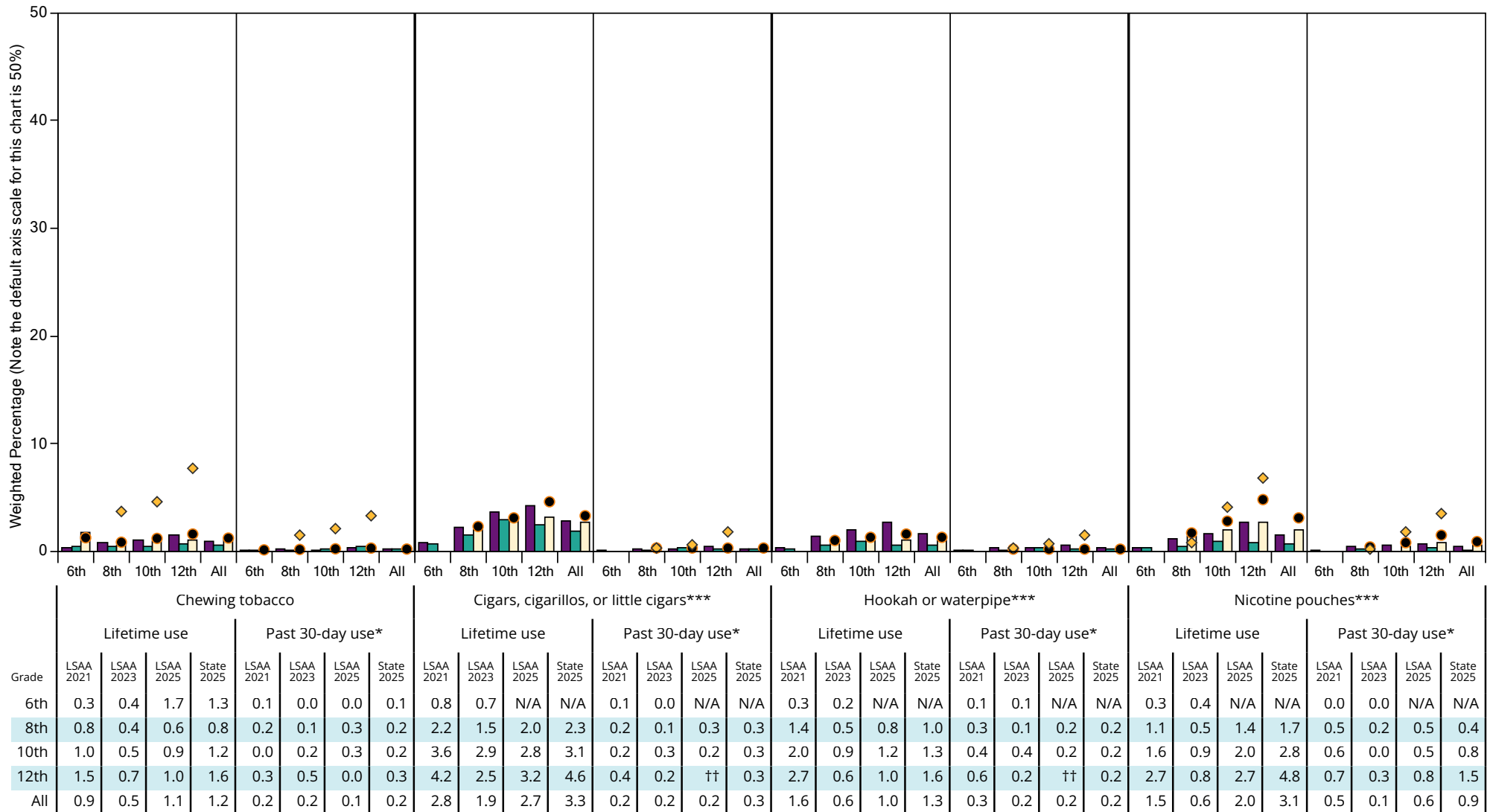
** National comparison data are available for 8th, 10th, and 12th grade only. Monitoring the Future does not survey 6th graders.

*** In 2021, lifetime and 30-day vaping use questions were about general vape device use. In 2025, the survey was revised to ask about vaping nicotine and vaping marijuana separately. The 2025 vaping data presented here are for any vaped nicotine OR vaped marijuana.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 MTF**

State-identified priority substance use - Other tobacco products

Davis County LSAA 2025 SHARP (PNA) Student Survey



* 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.

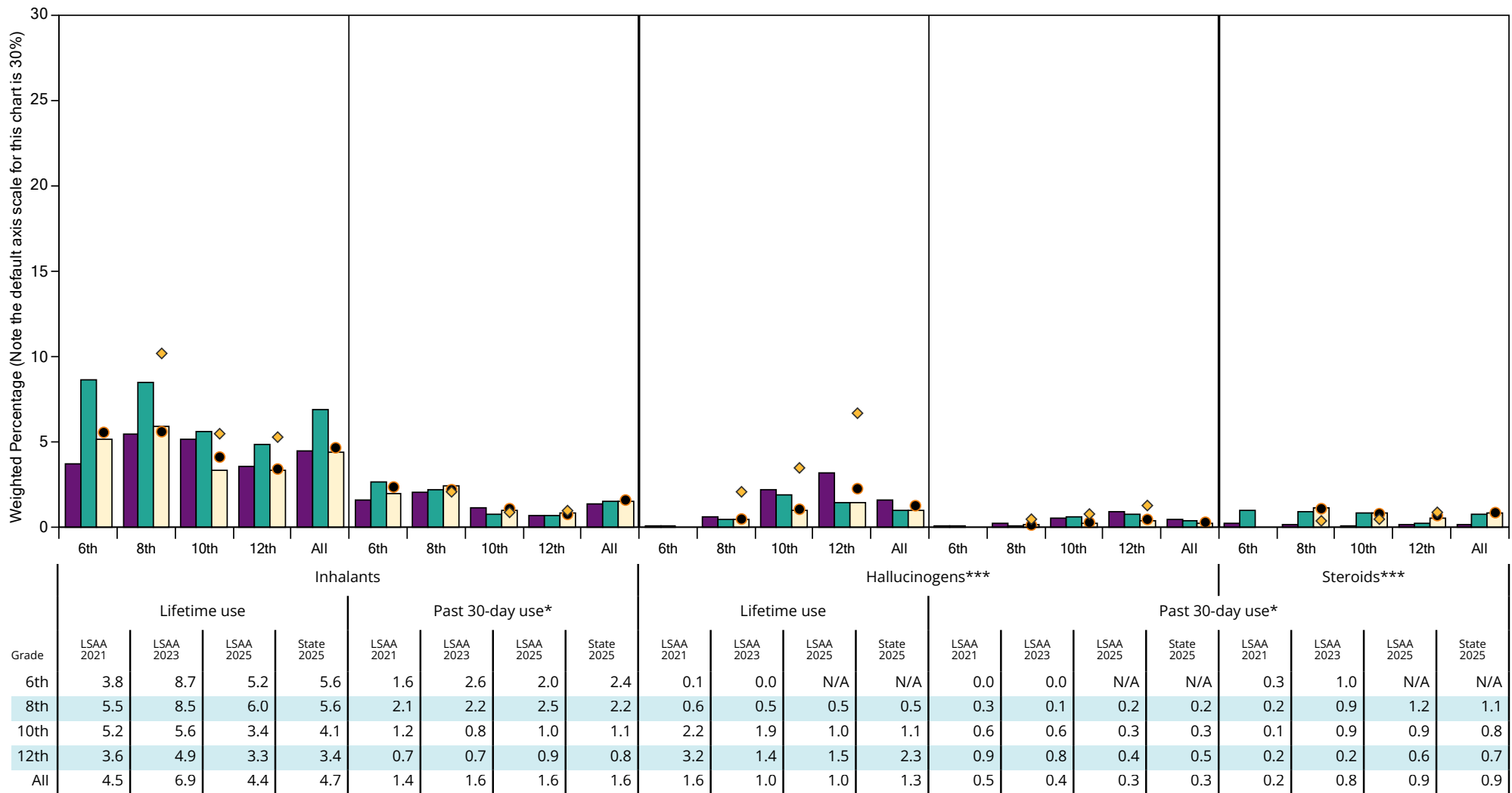
** National comparison data are available for 8th, 10th, and 12th grade only. Monitoring the Future does not survey 6th graders.

*** These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 MTF**

Other drugs - Inhalants, hallucinogens, steroids

Davis County LSAA 2025 SHARP (PNA) Student Survey



* 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.

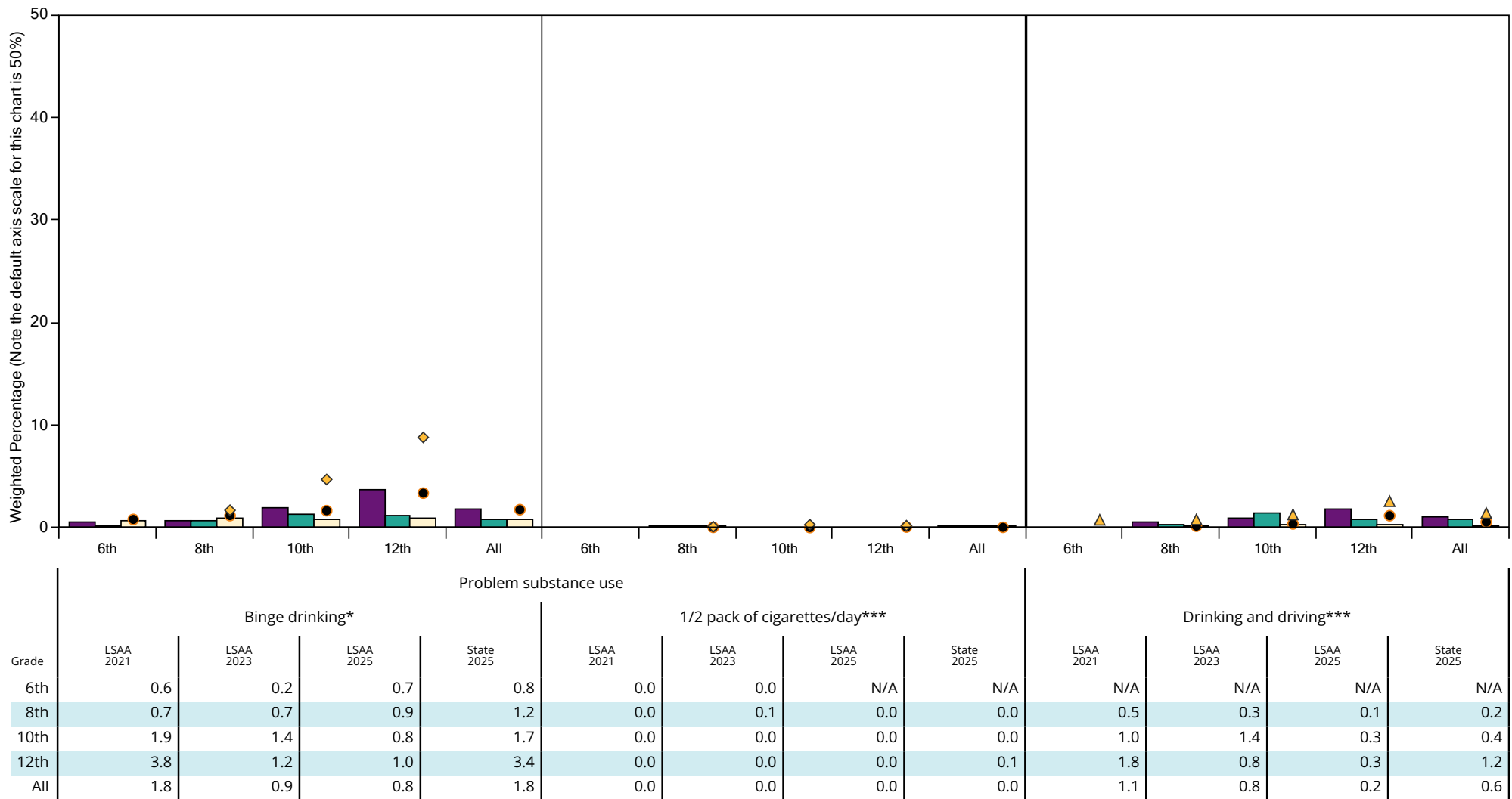
** National comparison data are available for 8th, 10th, and 12th grade only. Monitoring the Future does not survey 6th graders.

*** The response options on the 6th-grade survey were updated to make the question more age-appropriate. The 6th-grade response options for 2025 do not align with the response options for the 8th-, 10th-, and 12th-grade surveys.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 MTF**

Risky substance use-related behavior

Davis County LSAA 2025 SHARP (PNA) Student Survey



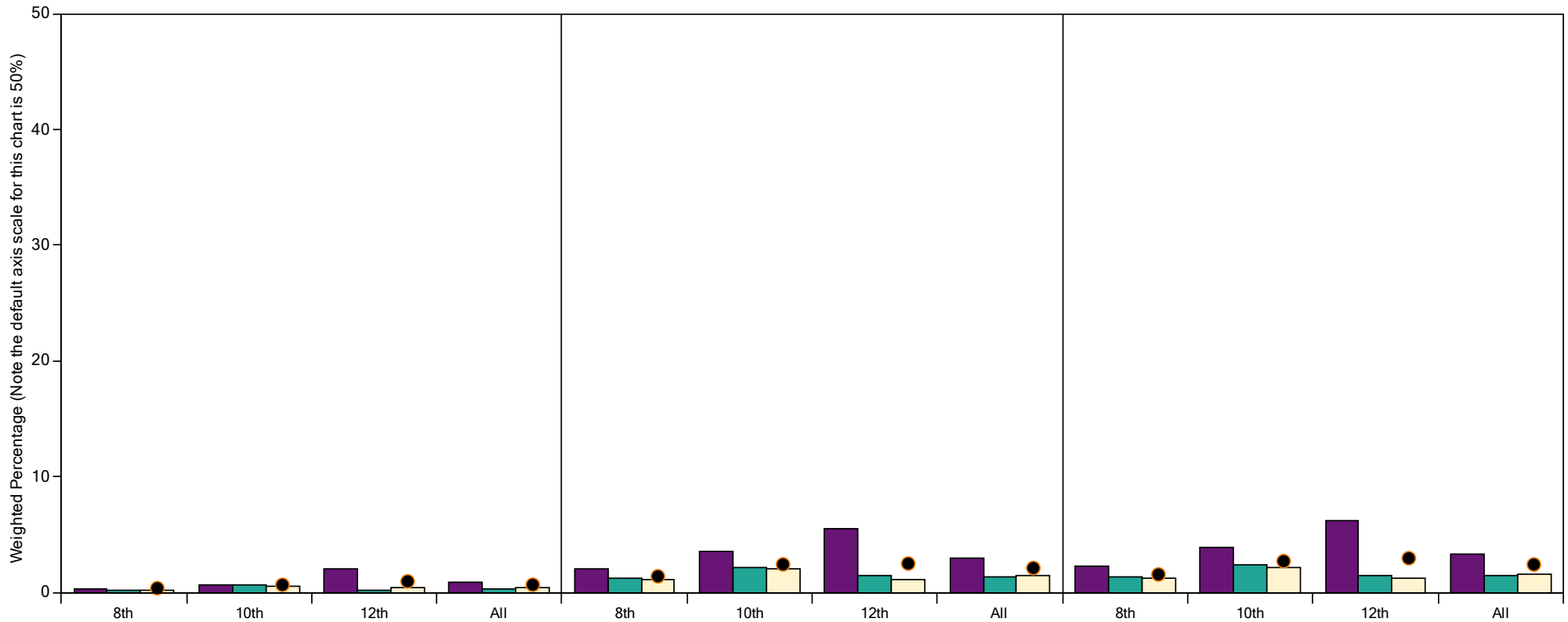
* Since not all students answer all questions, the percentage of students reporting binge drinking may be greater than the percentage reporting 30-day alcohol use.

** National comparison data are available for 8th, 10th, and 12th grade only. Monitoring the Future does not survey 6th graders.

*** These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 BH Norm MTF**

Substance treatment needs Davis County LSAA 2025 SHARP (PNA) Student Survey

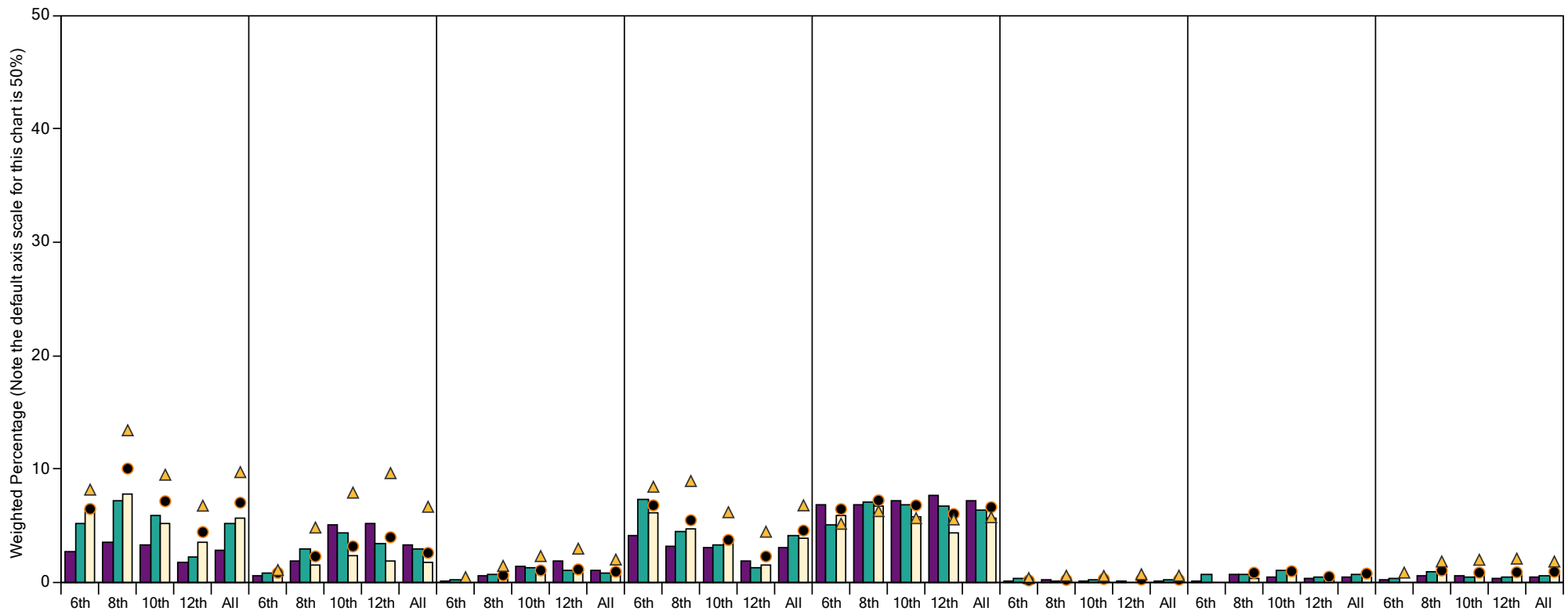


Grade	Needs alcohol treatment				Needs drug treatment				Needs alcohol or drug treatment			
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
8th	0.3	0.2	0.2	0.4	2.0	1.3	1.1	1.4	2.3	1.3	1.2	1.6
10th	0.7	0.7	0.5	0.7	3.5	2.1	2.1	2.4	3.9	2.3	2.1	2.7
12th	2.1	0.2	0.4	1.0	5.5	1.5	1.1	2.5	6.2	1.5	1.3	3.0
All	0.8	0.3	0.4	0.7	2.9	1.4	1.4	2.1	3.3	1.4	1.5	2.4

* These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

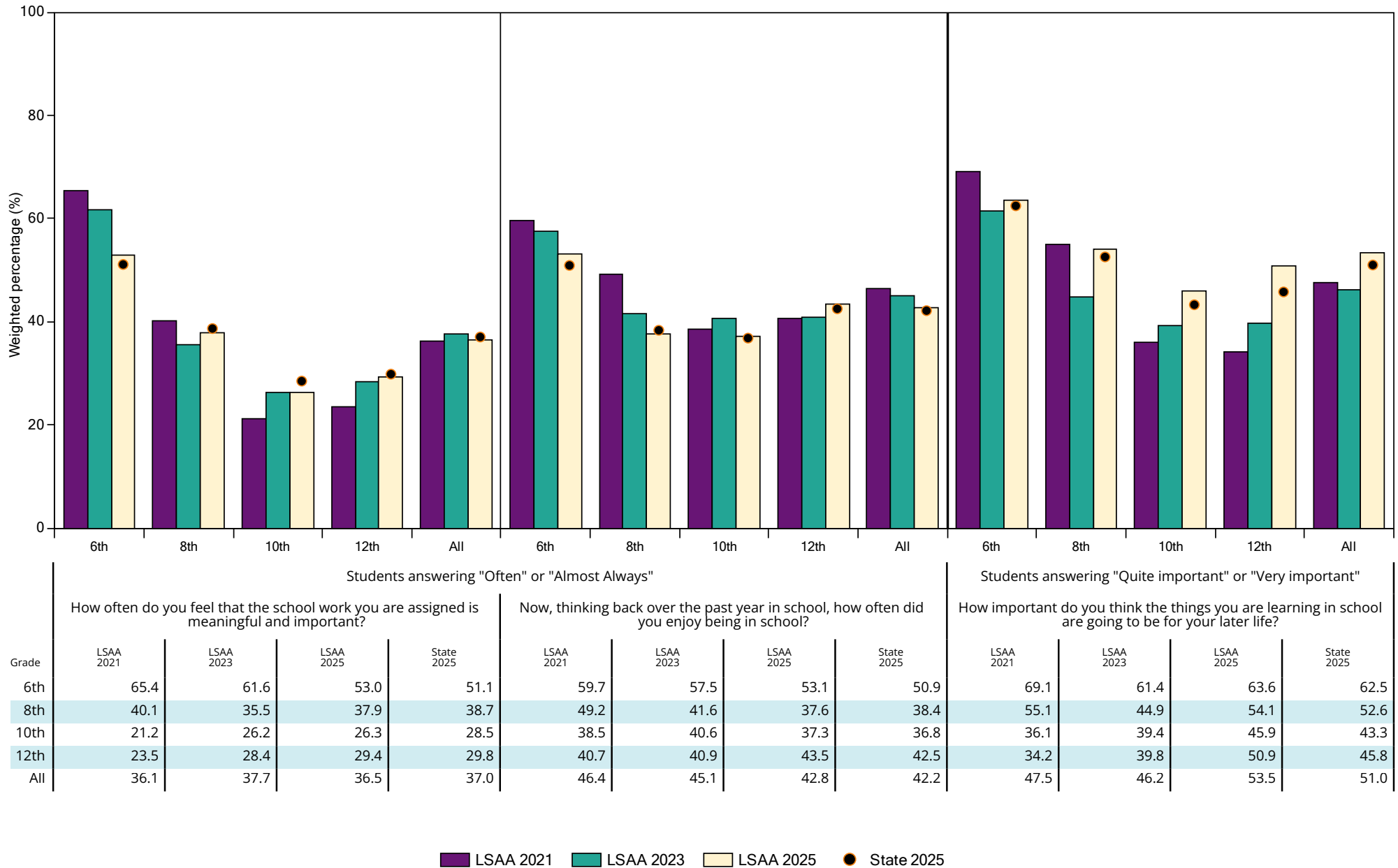
Antisocial behavior Davis County LSAA 2025 SHARP (PNA) Student Survey



* These items were not included in the 2025 revised survey for students in 6th grade.

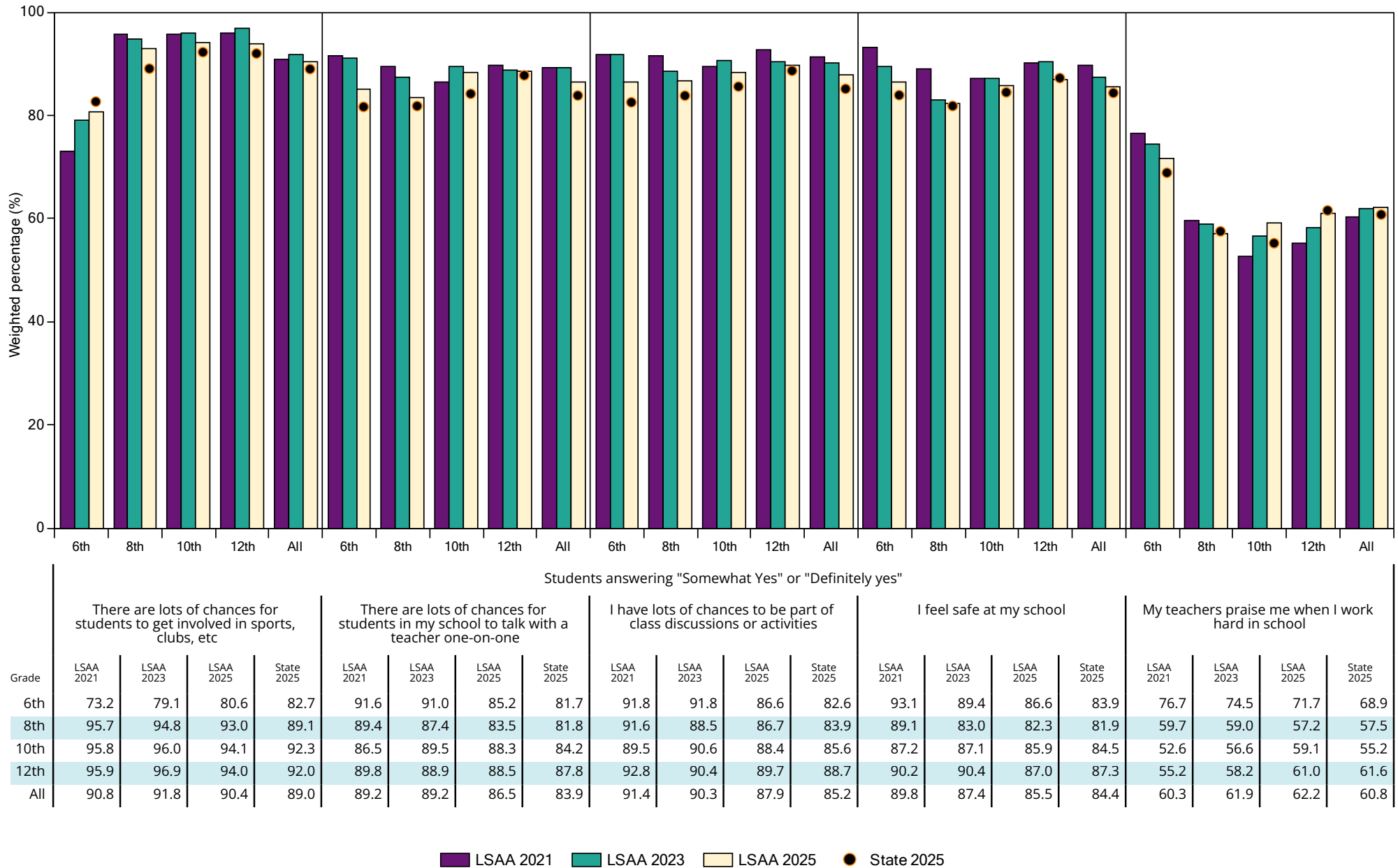
LSAA 2021 LSAA 2023 LSAA 2025 State 2025 BH Norm

Perceived importance of school Davis County LSAA 2025 SHARP (PNA) Student Survey



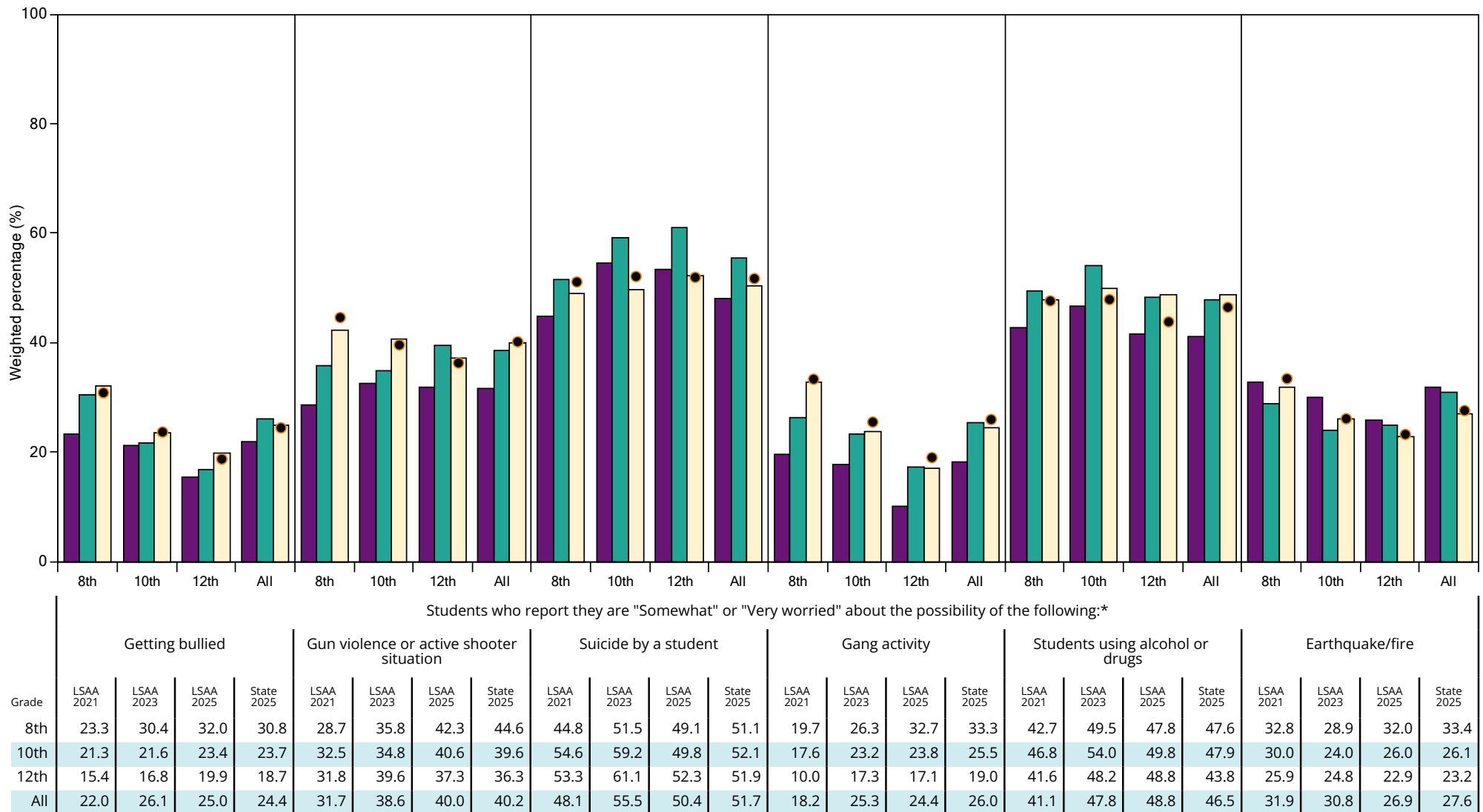
Positive school environment

Davis County LSAA 2025 SHARP (PNA) Student Survey



Student concerns about school environment

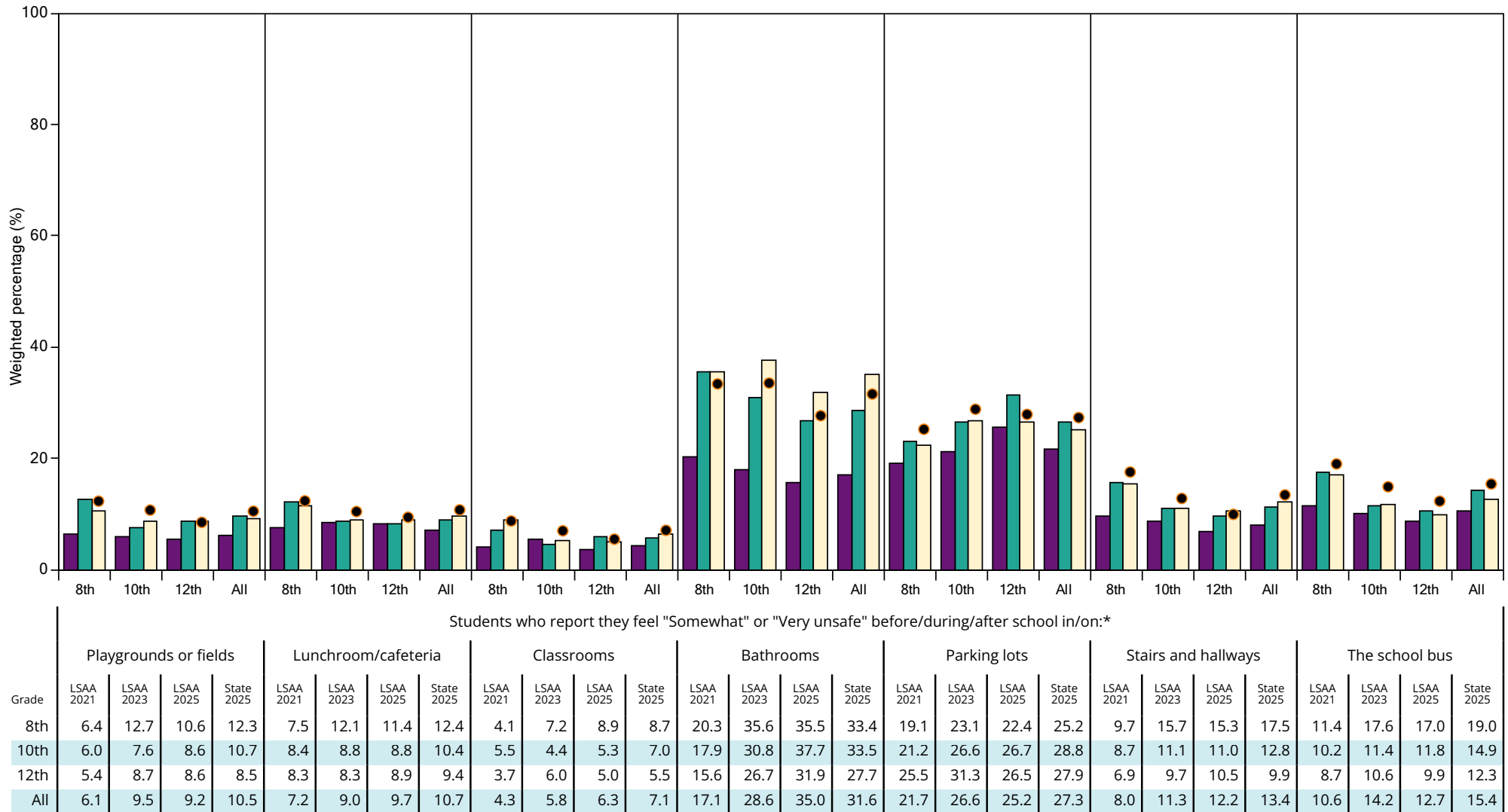
Davis County LSAA 2025 SHARP (PNA) Student Survey



* These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Perceived school safety Davis County LSAA 2025 SHARP (PNA) Student Survey

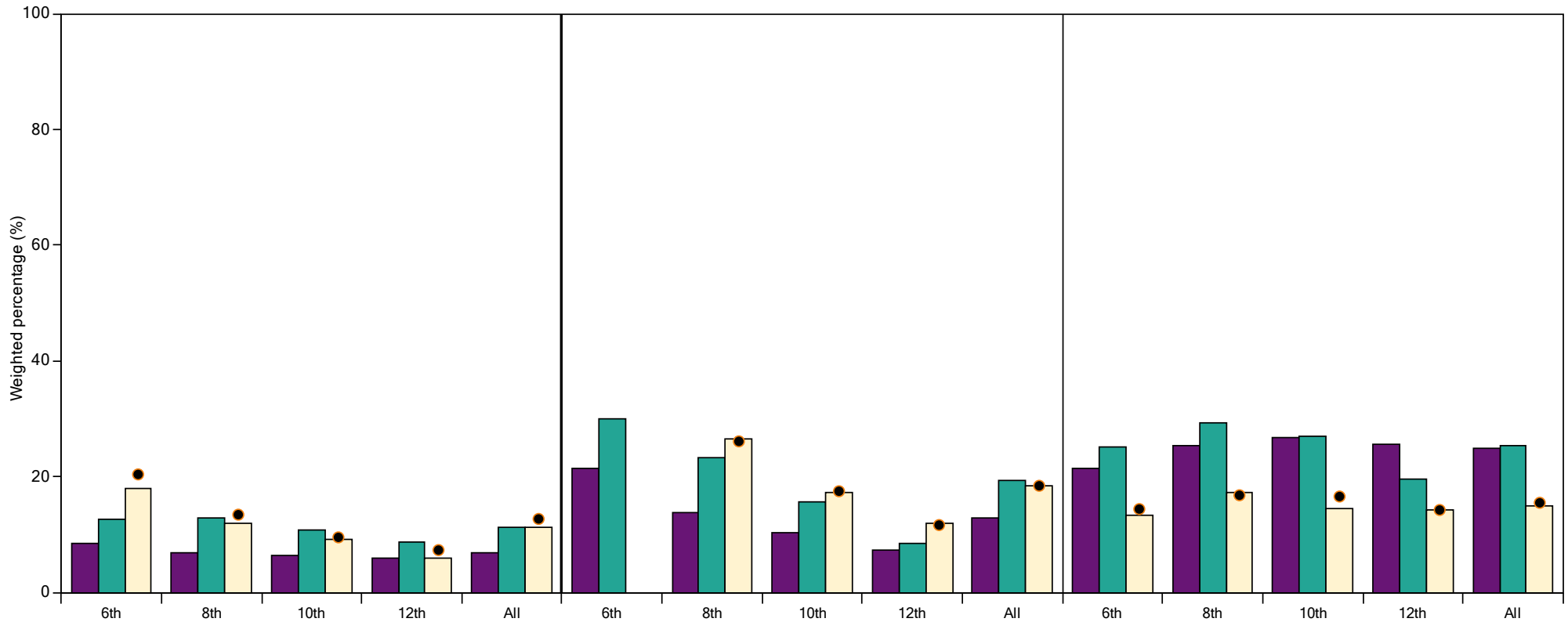


* These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Bullying

Davis County LSAA 2025 SHARP (PNA) Student Survey



Grade	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	8.5	12.6	18.0	20.4	21.5	30.0	N/A	N/A	21.5	25.1	13.3	14.4
8th	6.7	12.8	12.0	13.4	13.8	23.2	26.4	26.1	25.4	29.2	17.4	16.8
10th	6.4	10.9	9.1	9.5	10.2	15.6	17.3	17.5	26.8	27.0	14.6	16.6
12th	5.8	8.7	5.8	7.3	7.3	8.4	11.9	11.6	25.6	19.6	14.2	14.2
All	6.8	11.3	11.2	12.7	12.8	19.3	18.4	18.4	25.0	25.3	14.8	15.5

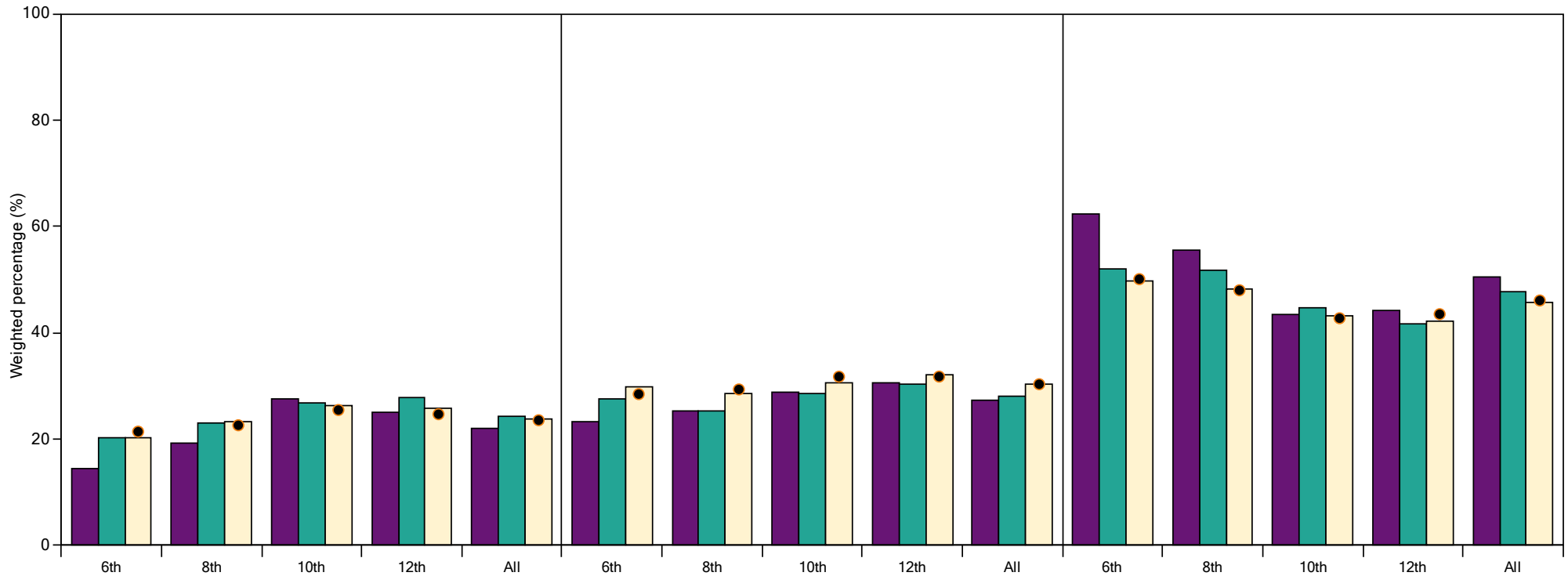
* These items were not included in the 2025 revised survey for students in 6th grade.

** The decline from 2023 to 2025 may reflect a change in survey placement of this question to the end of the instrument.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Mental health treatment needs

Davis County LSAA 2025 SHARP (PNA) Student Survey



Mental health treatment needs scale*												
Grade	High treatment needs				Moderate treatment needs				Low treatment needs			
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	14.4	20.4	20.2	21.4	23.2	27.7	29.9	28.5	62.4	51.9	49.9	50.1
8th	19.2	23.0	23.3	22.6	25.3	25.4	28.6	29.4	55.5	51.7	48.1	48.0
10th	27.7	26.7	26.2	25.5	28.9	28.6	30.6	31.8	43.5	44.7	43.1	42.8
12th	25.0	27.8	25.8	24.7	30.7	30.4	32.1	31.8	44.3	41.8	42.1	43.5
All	22.1	24.4	23.9	23.6	27.3	28.0	30.3	30.3	50.6	47.7	45.8	46.1

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

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Attitudes toward mental health treatment

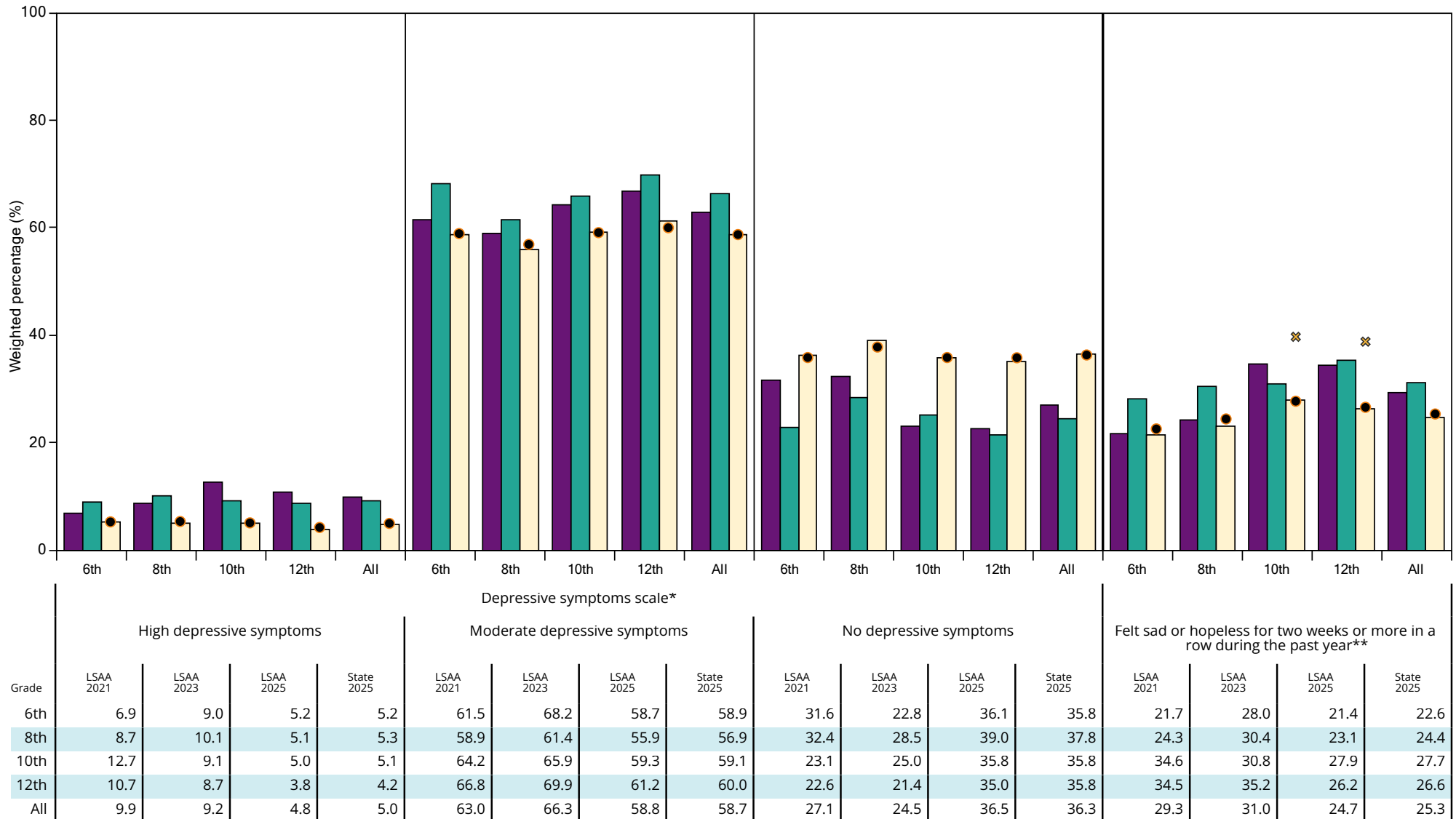
		6th				8th				10th				12th				All			
		LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
How often in the last thirty days did you talk to an adult (parent, doctor, counselor, teacher, etc.) about feeling very sad, hopeless, or suicidal? (Answered 1 or more times)		19.8	24.3	18.3	18.1	18.7	22.8	13.9	14.9	22.2	25.2	18.6	16.6	23.4	29.6	18.3	17.4	21.1	25.4	17.3	16.7
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**	327	314	613	3,705	450	275	513	3,294	446	219	553	3,376	332	99	248	1,722	1,555	907	1,927	12,097
	I felt this way but did not talk to anyone about it	44.9	43.2	41.8	43.5	38.8	50.6	44.2	43.1	37.3	45.9	38.4	35.8	27.6	36.5	32.1	33.4	35.8	43.8	39.0	38.8
	Parent	41.2	48.8	44.7	42.9	35.1	37.4	40.0	39.0	29.7	37.3	41.0	41.7	39.5	38.9	43.2	43.7	35.7	40.6	42.2	41.8
	Friend/Peer	27.2	36.9	35.3	37.2	42.0	36.3	41.5	40.5	43.8	39.9	45.5	45.4	50.3	52.0	46.6	44.2	42.9	41.6	42.4	42.0
	Teacher	6.8	11.3	7.1	7.6	4.1	4.2	5.9	5.3	3.6	2.3	4.4	4.8	3.0	4.7	7.3	5.7	4.0	5.6	6.1	5.8
	Doctor	3.3	9.8	6.2	5.8	8.9	7.1	6.1	6.2	6.5	7.7	9.2	6.5	8.0	12.3	10.3	7.0	7.0	9.3	8.0	6.4
	Clergy (e.g. Bishop, Priest or Nun, Minister, Pastor)	2.2	3.3	2.9	3.3	1.8	2.6	3.0	2.6	1.8	4.2	3.8	3.1	4.6	3.3	3.8	2.6	2.7	3.4	3.4	2.9
	School Counselor	7.5	16.5	10.4	10.1	8.0	8.8	7.3	8.3	4.6	2.6	4.8	5.7	2.3	5.1	4.0	5.4	5.1	8.1	6.6	7.3
	School Nurse	0.7	1.0	1.0	1.2	0.8	0.1	1.1	1.1	0.2	0.3	0.8	1.2	0.1	0.0	0.0	0.6	0.4	0.4	0.7	1.0
	Therapist	7.9	17.9	17.1	13.5	14.9	16.8	16.4	15.9	15.9	16.4	21.7	17.1	17.2	27.7	23.9	18.6	14.9	19.8	19.9	16.3
	Other adult	9.0	12.5	12.6	12.6	6.0	9.8	10.4	10.2	5.3	8.9	11.1	9.3	5.0	8.9	7.1	9.5	5.9	10.0	10.3	10.4
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	86.9	86.6	84.1	81.4	87.4	85.0	83.9	81.9	85.0	81.1	82.6	81.4	87.6	84.4	85.7	84.2	86.7	84.4	84.1	82.2
	No	2.8	3.1	4.9	4.6	1.7	2.0	2.7	3.4	1.8	2.4	2.7	3.8	1.5	2.7	3.1	3.3	1.9	2.6	3.4	3.8
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?	I think it's ok for other people to seek help, but not for me to seek help	10.3	10.3	11.0	14.1	11.0	12.9	13.4	14.7	13.2	16.5	14.7	14.7	11.0	12.9	11.2	12.5	11.4	13.1	12.6	14.0

* These data represent youth who chose any answer other than "I have not felt this way in the past 30 days."

** According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be suppressed following DHHS suppression policy.

Depression

Davis County LSAA 2025 SHARP (PNA) Student Survey



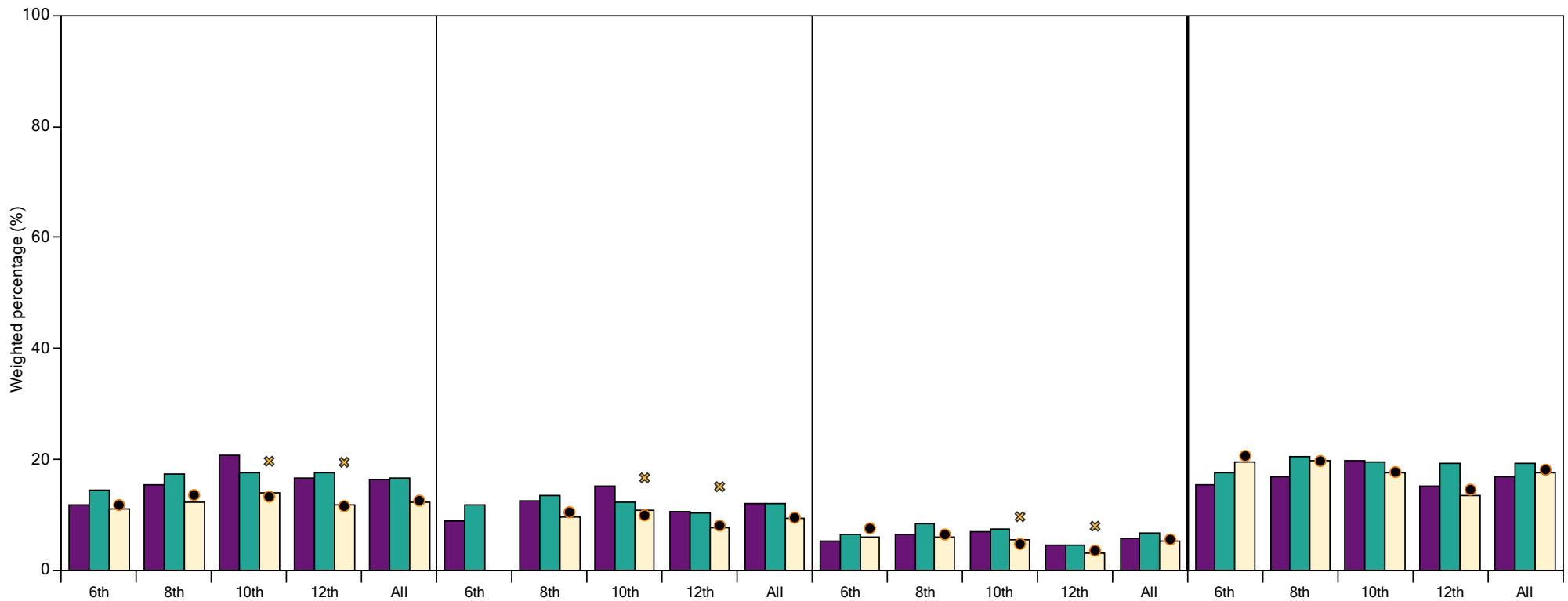
* Depressive symptoms are calculated from student responses to specific questions. See text for further explanation. * These items were not included in the 2025 revised survey for students in 6th grade.

** National YRBS comparison data are available for 10th and 12th grade only.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 YRBS**

Suicide indicators and self harm

Davis County LSAA 2025 SHARP (PNA) Student Survey



Grade	During the past 12 months, did you ever seriously consider attempting suicide? (Answered 'Yes')				During the past 12 months, did you make a plan about how you would attempt suicide? (Answered 'Yes')*				During the past 12 months, how many times did you actually attempt suicide? (Answered 1 or more times)				Purposeful self harm (without suicidal intention, e.g. cutting or burning) 1 or more times during the past 12 months			
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	11.8	14.5	11.1	11.8	8.8	11.7	N/A	N/A	5.3	6.4	6.0	7.6	15.5	17.5	19.6	20.6
8th	15.5	17.4	12.4	13.6	12.5	13.6	9.6	10.5	6.5	8.5	6.1	6.5	16.8	20.5	19.9	19.7
10th	20.7	17.7	13.9	13.3	15.1	12.2	10.8	10.0	6.9	7.6	5.6	4.8	19.8	19.5	17.6	17.7
12th	16.6	17.6	11.7	11.6	10.6	10.3	7.6	8.1	4.5	4.5	3.2	3.6	15.2	19.4	13.5	14.6
All	16.5	16.7	12.3	12.6	12.0	12.0	9.3	9.5	5.9	6.8	5.2	5.6	17.0	19.2	17.6	18.2

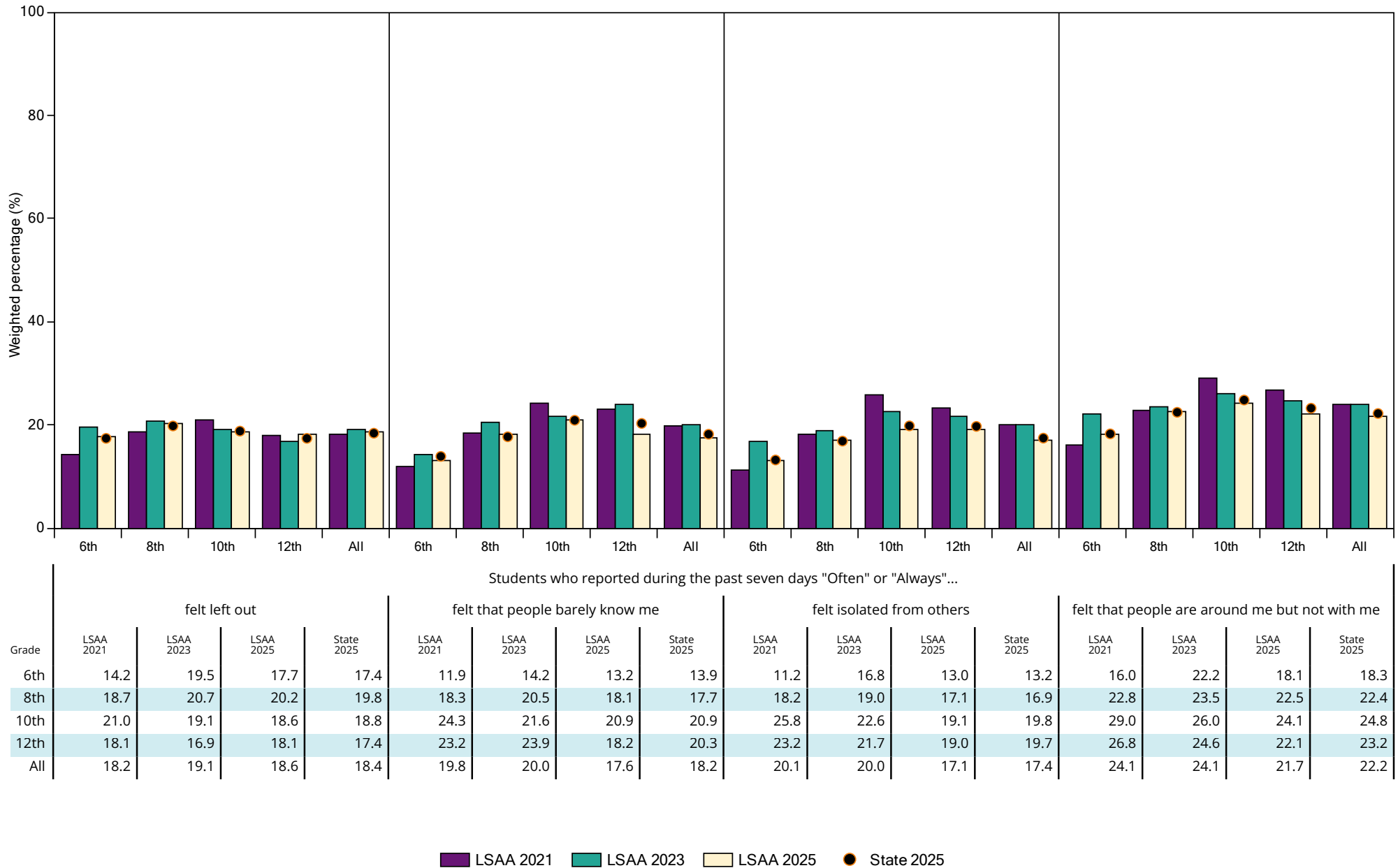
* These items were not included in the 2025 revised survey for students in 6th grade.

** National YRBS comparison data are available for 10th and 12th grade only.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025 YRBS**

Social isolation

Davis County LSAA 2025 SHARP (PNA) Student Survey



Student device use*

		8th	10th	12th	All
		LSAA 2025			
Which of the these have you used in the past month? You can choose more than one.	Cell phone or smart phone	95.4	98.2	98.9	97.5
	TV	93.5	92.6	90.9	92.3
	Laptop or desktop	86.4	90.2	89.8	88.8
	Video game console	65.1	59.4	56.9	60.4
	Tablet	36.4	28.8	24.7	29.9
	Smartwatch	25.0	26.5	26.5	26.0
	VR	25.0	14.9	9.2	16.3
How often do you check your phone when you're not asleep or in school?	Every 15 minutes or less	35.8	45.0	48.5	43.2
	Every half hour to hour	36.4	40.9	40.7	39.4
	Every 2 or more hours	27.8	14.1	10.9	17.4

* These items were not included in the 2025 revised survey for students in 6th grade. "All Grades" data for this question in 2025 therefore include only grades 8, 10, and 12.

Student screen time rules

		6th	8th	10th	12th	All
		LSAA 2025				
What rules does your family have about screentime? You can choose more than one.	Content you can't look at (like websites or videos)	67.1	73.5	72.4	68.4	70.3
	Places you can't use it	38.7	39.2	35.9	29.6	36.1
	Apps you can't use	62.9	66.3	61.7	46.9	60.0
	Times you can't use it	53.9	55.4	53.4	45.2	52.2
	Total time limits	49.9	52.2	43.3	32.2	44.9
	None of these, but we have other rules	13.0	12.6	14.1	21.0	14.9
How often do your parents/caregivers enforce or make you follow rules about screen time?*	Always/Often	N/A	64.6	56.6	41.2	54.0
	Sometimes	N/A	16.0	18.3	20.3	18.2
	Rarely/Never	N/A	19.4	25.2	38.5	27.8

* These items were not included in the 2025 revised survey for students in 6th grade. "All Grades" data for this question in 2025 therefore include only grades 8, 10, and 12.

Does screen time help or get in the way*

		8th	10th	12th	All
		LSAA 2025			
Sleep	Gets in the way	44.3	52.3	62.0	53.1
	Neither	33.5	28.8	24.4	28.8
	Helps	22.1	18.9	13.6	18.1
Time spent with family	Gets in the way	44.4	47.5	51.8	48.0
	Neither	32.0	31.3	33.0	32.1
	Helps	23.7	21.2	15.2	19.9
Schoolwork and homework	Gets in the way	48.2	58.3	62.2	56.4
	Neither	23.5	17.9	17.7	19.6
	Helps	28.4	23.8	20.1	24.0
Physical exercise	Gets in the way	35.7	36.1	40.3	37.4
	Neither	35.0	38.1	39.3	37.5
	Helps	29.3	25.8	20.4	25.1
Time spent with friends	Gets in the way	23.7	27.0	28.4	26.4
	Neither	34.7	37.3	38.1	36.7
	Helps	41.6	35.7	33.5	36.9

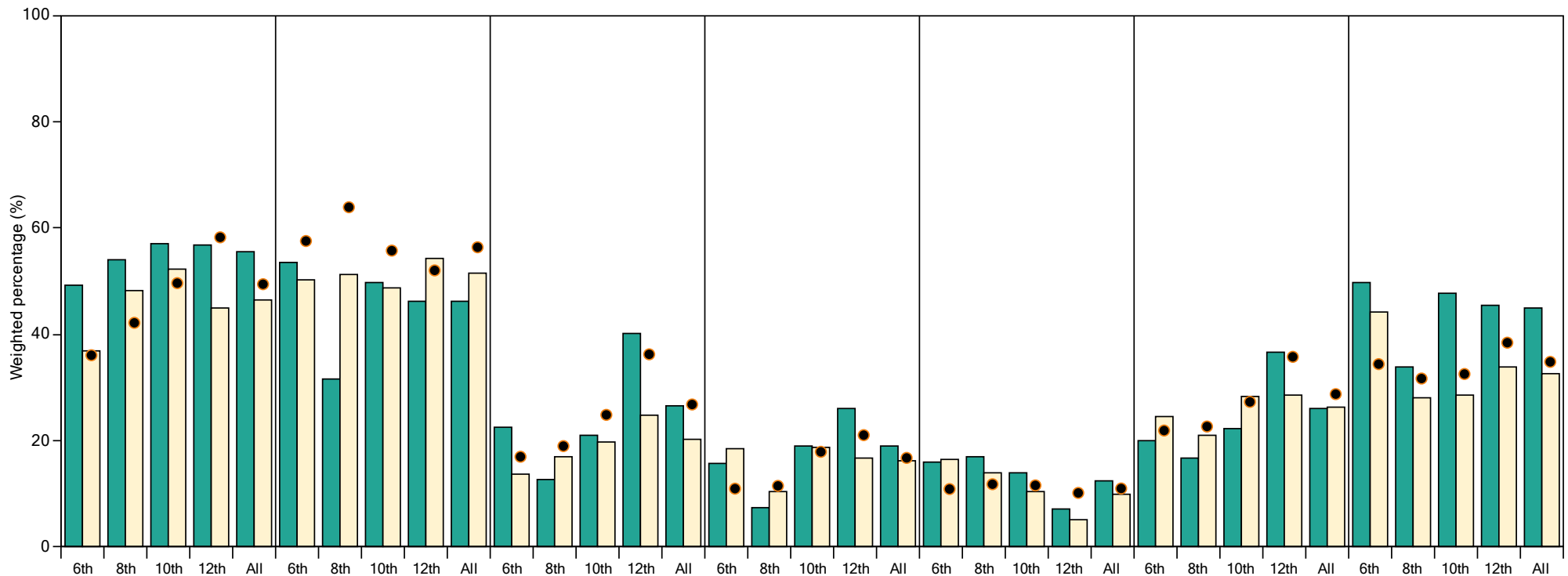
* These items were not included in the 2025 revised survey for students in 6th grade. "All Grades" data for this question in 2025 therefore include only grades 8, 10, and 12.

Does social media makes each better/worse*

		8th	10th	12th	All
		LSAA 2025			
How you feel about your body	Worse about body	41.4	44.2	49.7	45.2
	Neither	45.1	45.2	42.0	44.0
	Better about body	13.5	10.7	8.3	10.8
Grades in school	Worse about grades	20.9	24.3	25.2	23.5
	Neither	57.3	57.2	59.7	58.1
	Better about grades	21.8	18.4	15.0	18.3
Family relationships	Worse about family relationships	19.2	20.6	22.0	20.6
	Neither	57.0	58.9	60.8	59.0
	Better about family relationships	23.8	20.5	17.2	20.4
Friend relationships	Worse about friend relationships	23.2	24.2	25.0	24.2
	Neither	50.3	50.0	50.0	50.1
	Better about friend relationships	26.4	25.8	25.0	25.7

* These items were not included in the 2025 revised survey for students in 6th grade. "All Grades" data for this question in 2025 therefore include only grades 8, 10, and 12.

Places of alcohol use (of past-year alcohol users)* Davis County LSAA 2025 SHARP (PNA) Student Survey



During the past year, how many times (if any) did you drink alcohol at any of the following places? (Students responding 1 or more times)

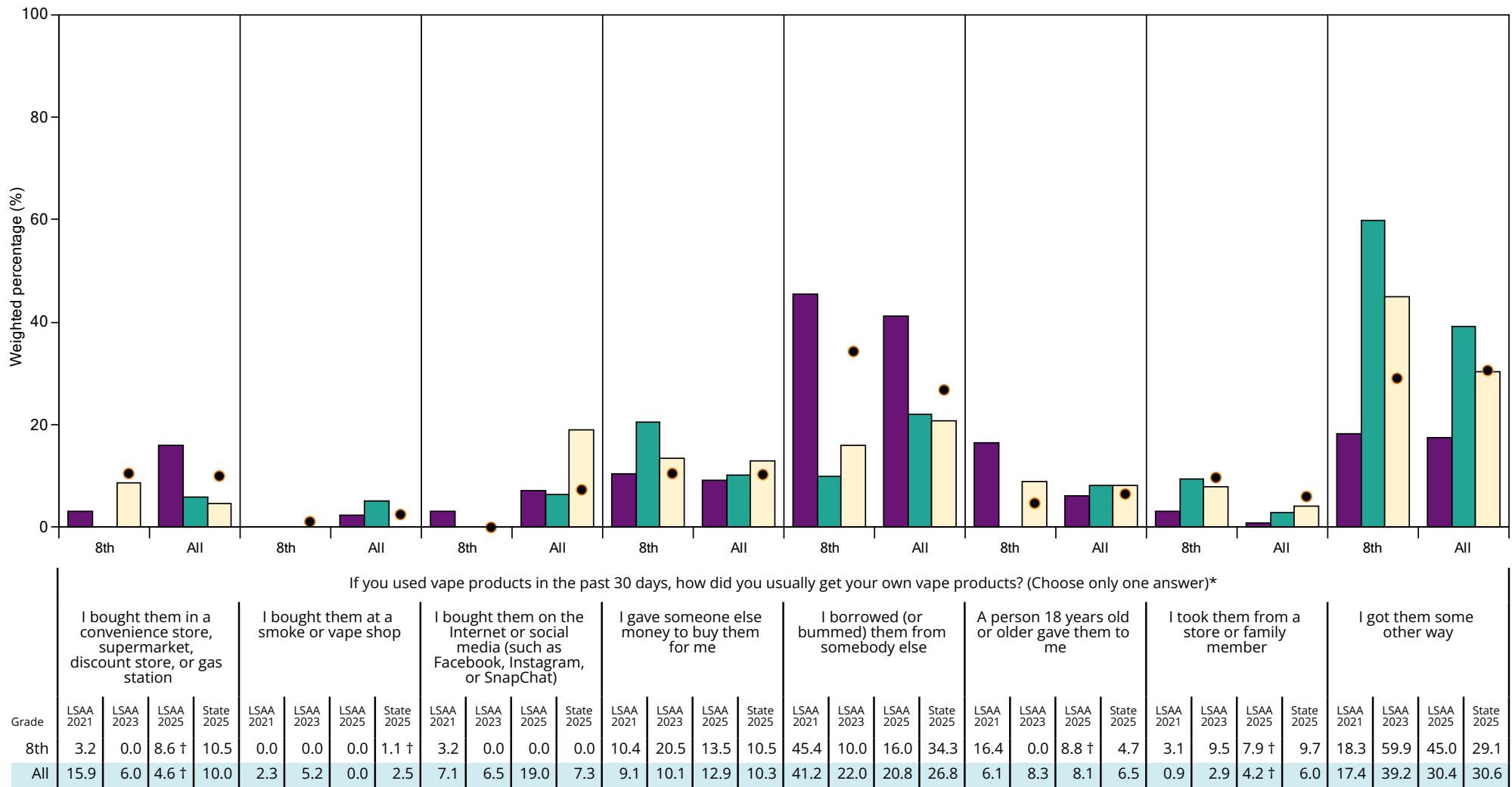
Grade	At my home or someone else's home without any parent permission				At my home with my parent's permission				At someone else's home with their parent's permission				In a car				At or near school				Outside of town (public lands, desert, or campground)				In another place			
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	N/A	49.2	36.8	36.1	N/A	53.7	50.4	57.6	N/A	22.6	13.7	17.0	N/A	15.8	18.5	11.0	N/A	16.1	16.6	10.9	N/A	20.1	24.5	21.9	N/A	49.7	44.3	34.4
8th	N/A	54.2	48.2	42.2	N/A	31.6	51.2	63.9	N/A	12.8	17.0	19.0	N/A	7.4	10.4	11.5	N/A	17.0	13.9	11.8	N/A	16.8	21.1	22.7	N/A	33.9	28.0	31.7
10th	N/A	57.1	52.3	49.6	N/A	49.8	48.8	55.8	N/A	21.1	19.7	24.9	N/A	19.0	18.8	17.9	N/A	13.8	10.5	11.6	N/A	22.3	28.2	27.3	N/A	47.8	28.6	32.6
12th	N/A	56.7	45.0	58.3	N/A	46.2	54.2	52.0	N/A	40.2	24.8	36.3	N/A	26.0	16.9	21.1	N/A	7.2	5.1	10.2	N/A	36.7	28.5	35.8	N/A	45.4	33.9	38.4
All	N/A	55.5	46.6	49.5	N/A	46.3	51.6	56.4	N/A	26.5	20.2	26.8	N/A	19.1	16.2	16.8	N/A	12.4	10.0	11.0	N/A	26.1	26.2	28.8	N/A	45.1	32.6	34.8

* These data represent youth who had drank alcohol in the past month and chose at least one place for consuming it. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 6th grade: 120 students (State: 1,095); 8th grade: 187 students (State: 1,628); 10th grade: 195 students (State: 1,856); 12th grade: 135 students (State: 1,458); all grades combined: 637 students (State: 6,037).

LSAA 2023 LSAA 2025 State 2025

Sources of vaping products (of past-month vaping product users)**

Davis County LSAA 2025 SHARP (PNA) Student Survey

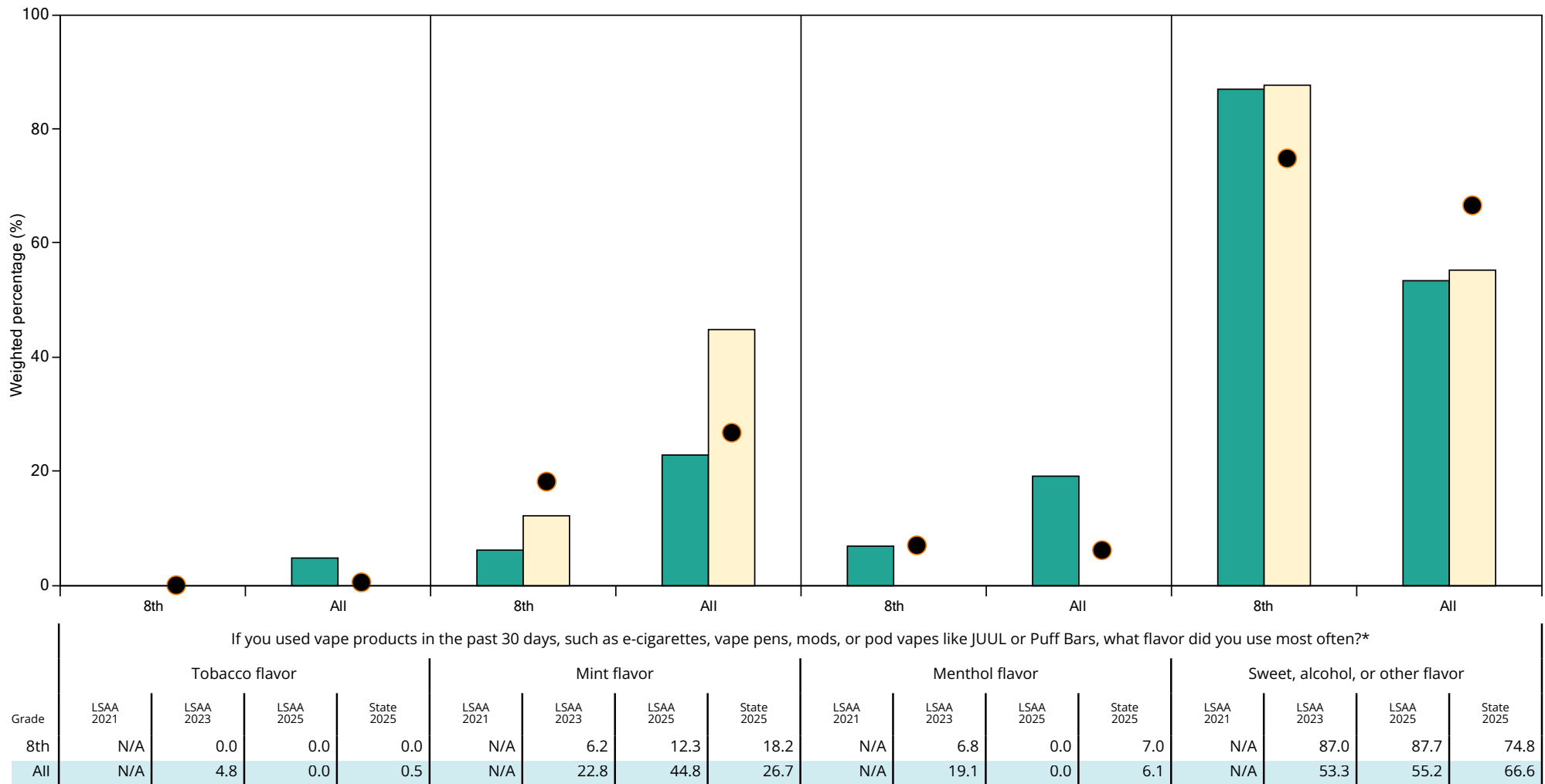


* These items were not included in the 2025 revised survey for students in 6th grade.

** These data represent youth who had used a vaping device in the past month and chose at least one source of obtaining vaping products. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 8th grade: 17 students (State: 96); 10th grade: <11 students (State: 145); 12th grade: <11 students (State: 82); all grades combined: 27 students (State: 323).

■ LSAA 2021 ■ LSAA 2023 ■ LSAA 2025 ● State 2025

Flavors students vape most often (of past-month vaping product users)** Davis County LSAA 2025 SHARP (PNA) Student Survey



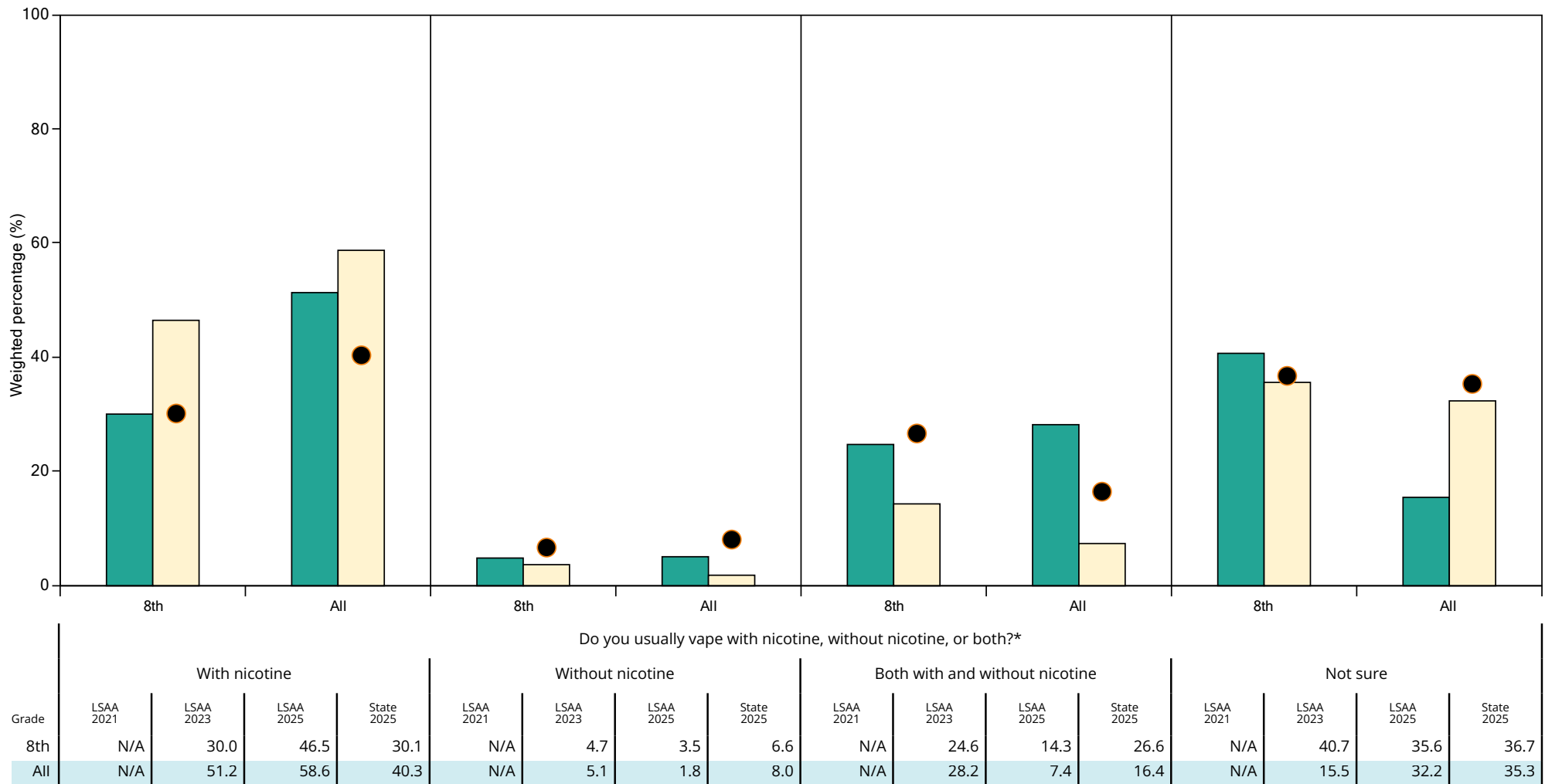
* These items were not included in the 2025 revised survey for students in 6th grade.

** These data represent youth who had used a vaping device in the past month and chose at least one source of obtaining vaping products. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 8th grade: 15 students (State: 61); 10th grade: <11 students (State: 69); 12th grade: <11 students (State: 47); all grades combined: 20 students (State: 177).

LSAA 2023 LSAA 2025 State 2025

Nicotine in vape (of students who vape)**

Davis County LSAA 2025 SHARP (PNA) Student Survey

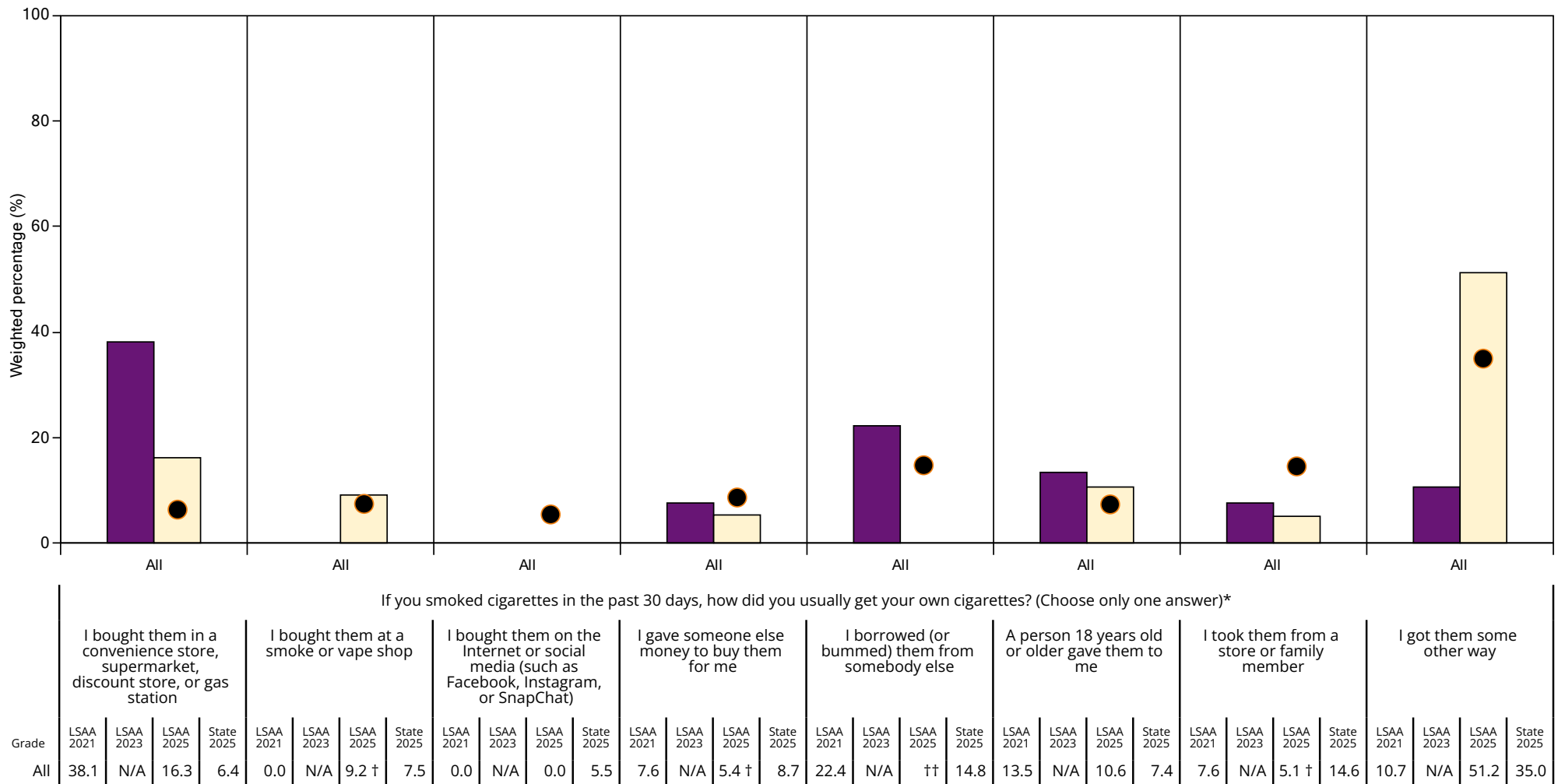


* These items were not included in the 2025 revised survey for students in 6th grade.

** These data represent youth who had used a vaping device in the past month and chose at least one source of obtaining vaping products. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 8th grade: 23 students (State: 132); 10th grade: <11 students (State: 176); 12th grade: <11 students (State: 105); all grades combined: 36 students (State: 413).

LSAA 2023 LSAA 2025 State 2025

Sources of cigarettes (of past-month cigarette users)** Davis County LSAA 2025 SHARP (PNA) Student Survey

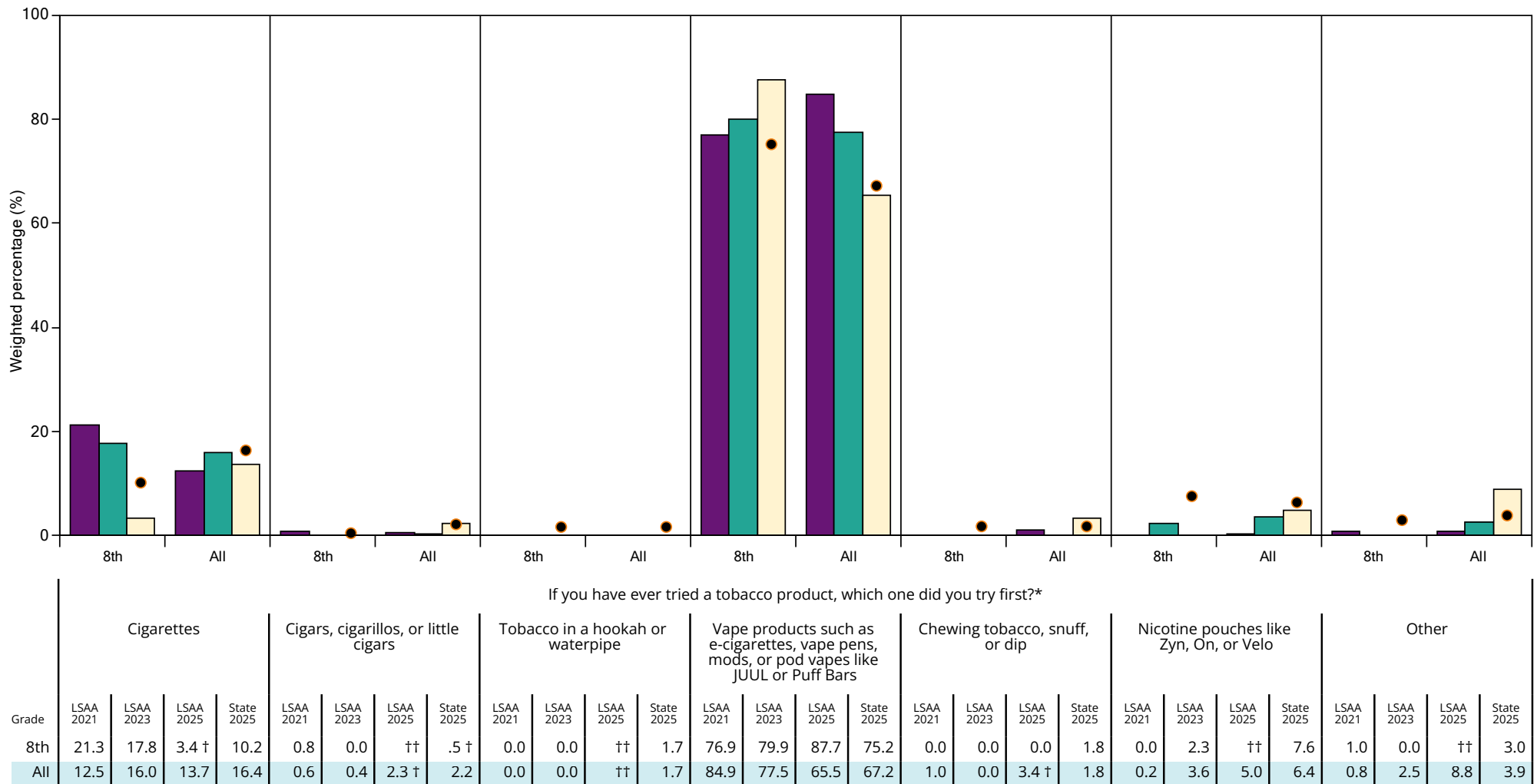


* These items were not included in the 2025 revised survey for students in 6th grade.

** These data represent youth who had smoked cigarettes in the past month and chose at least one source of obtaining them. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 8th grade: <11 students (State: 39); 10th grade: <11 students (State: 62); 12th grade: <11 students (State: 49); all grades combined: 15 students (State: 150).

■ LSAA 2021 ■ LSAA 2025 ● State 2025

First use of tobacco (of students who have ever tried tobacco products)** Davis County LSAA 2025 SHARP (PNA) Student Survey

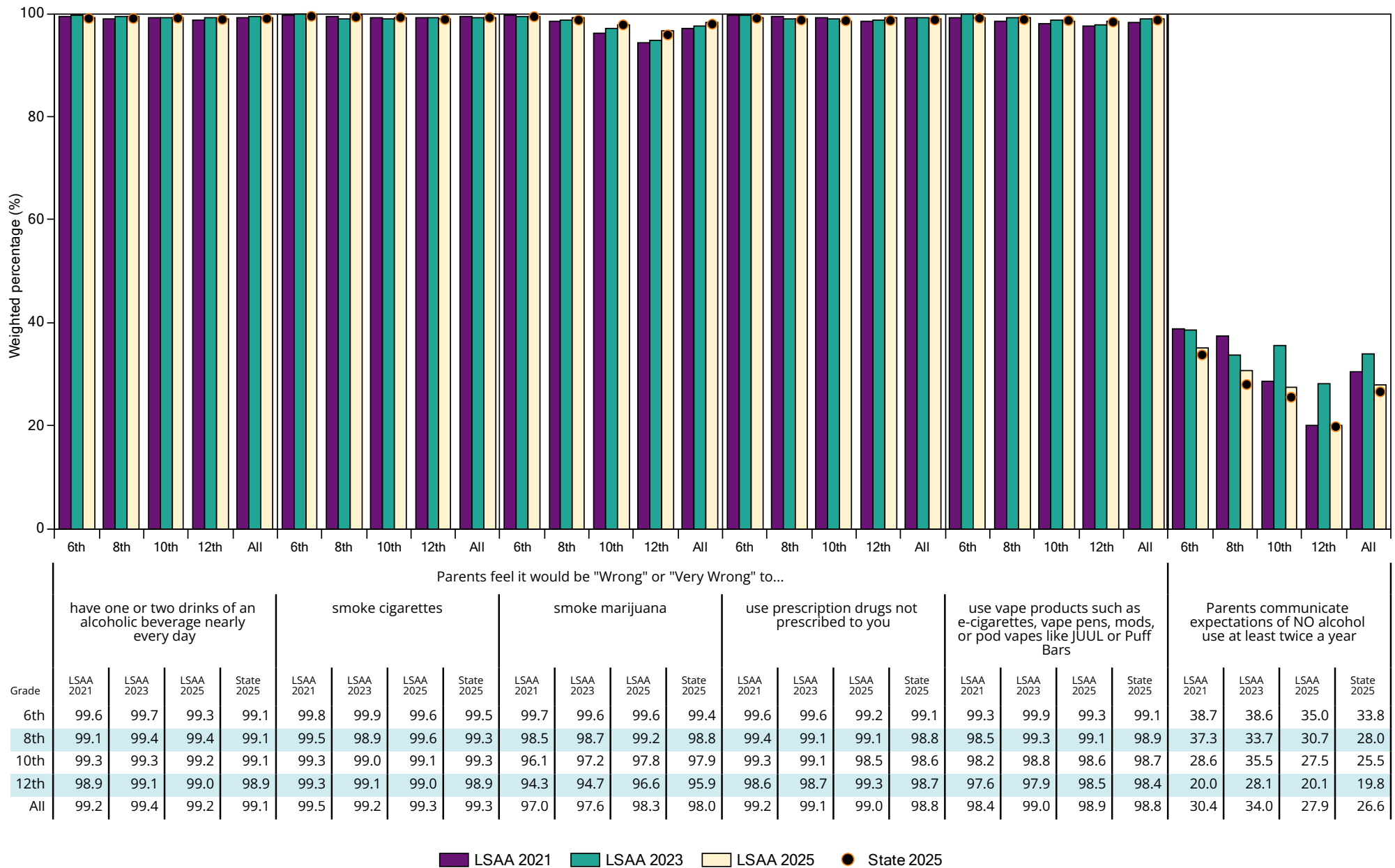


* These items were not included in the 2025 revised survey for students in 6th grade.

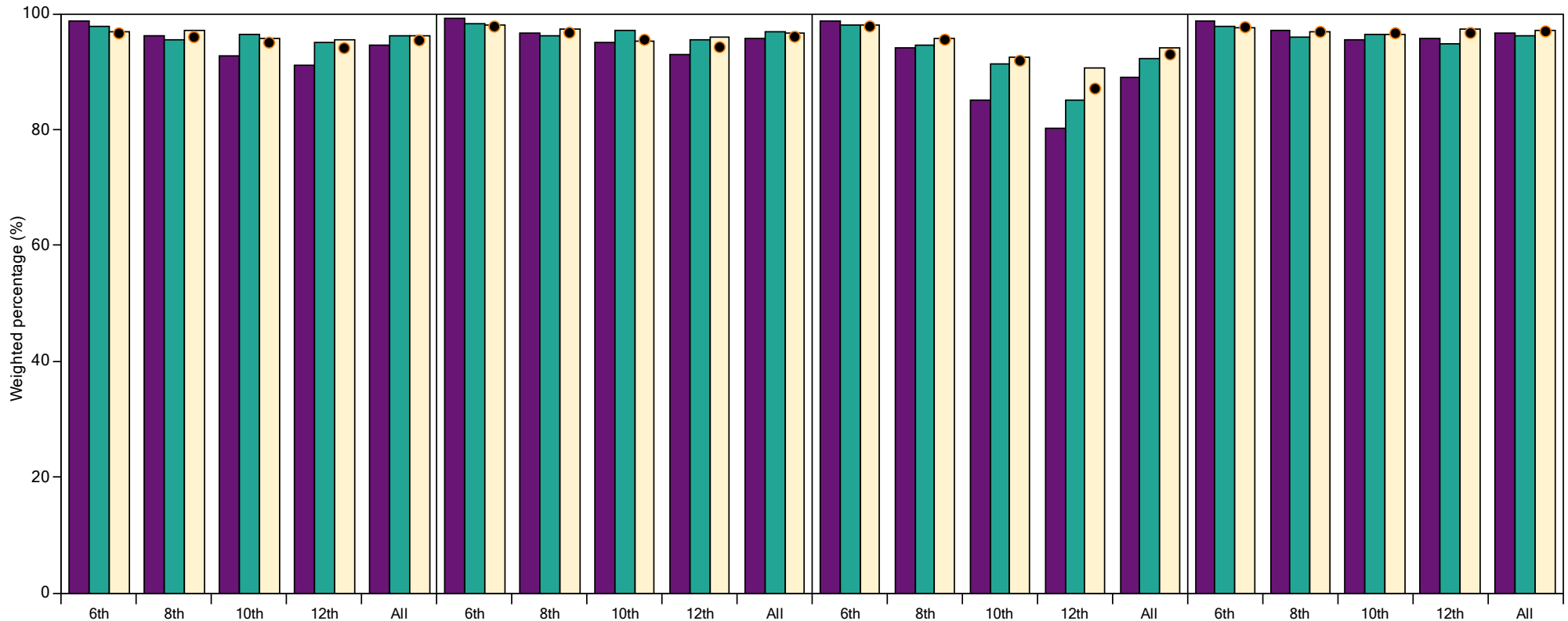
** These data do not include students who have never used a tobacco product. According to Utah Department of Health and Human Services standards, any response category with fewer than 11 responses is suppressed to protect against the release of identifying information. Any category with fewer than 11 responses will be reported as '<11'. The 2025 sample sizes represented in these data are 8th grade: 32 students (State: 177); 10th grade: <11 students (State: 231); 12th grade: <11 students (State: 134); all grades combined: 50 students (State: 542).

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Perception of parental disapproval Davis County LSAA 2025 SHARP (PNA) Student Survey



Perception of peer disapproval Davis County LSAA 2025 SHARP (PNA) Student Survey

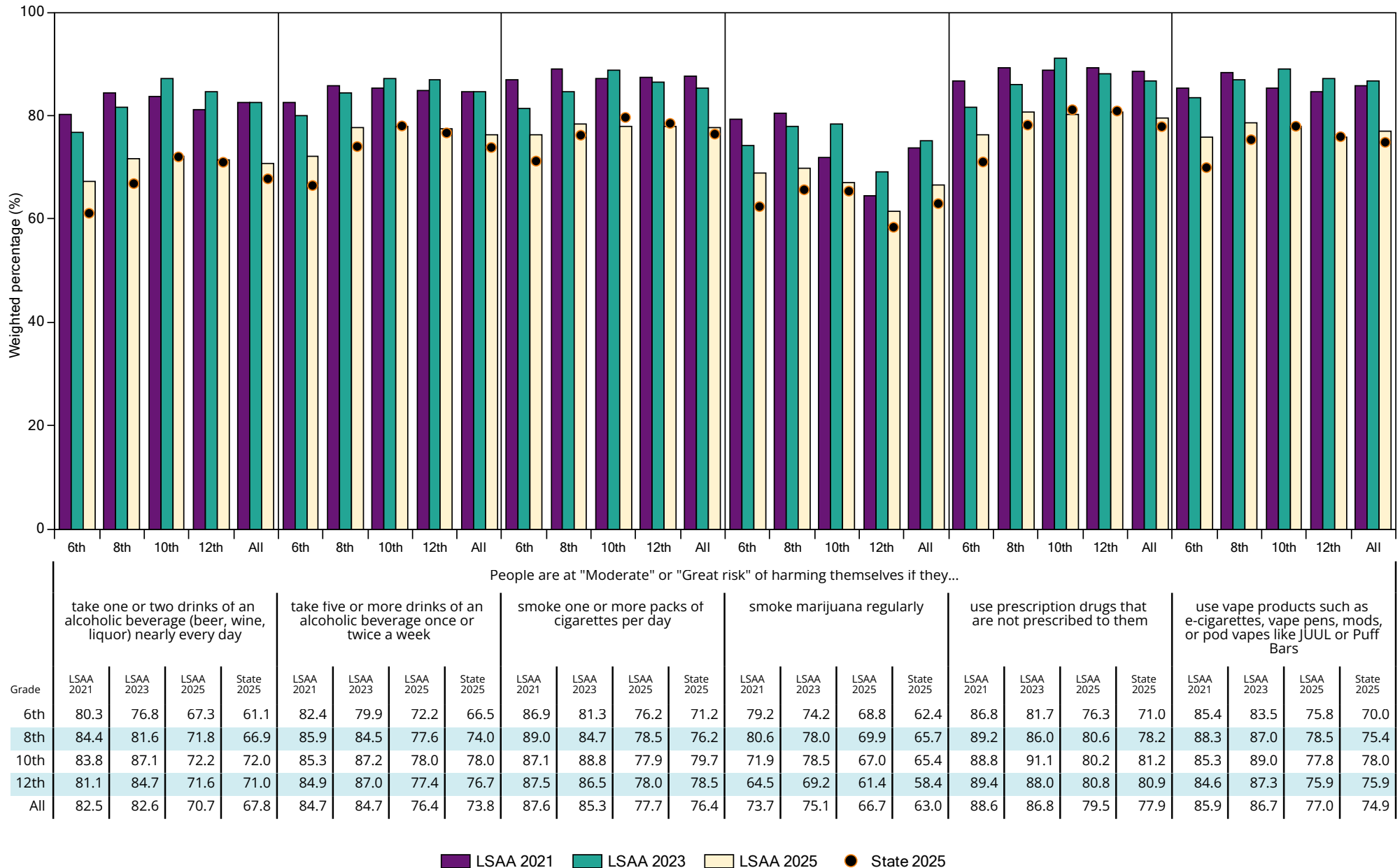


Grade	have one or two drinks of an alcoholic beverage nearly every day				smoke tobacco				smoke marijuana				use prescription drugs not prescribed to you			
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	98.8	97.9	96.9	96.6	99.2	98.2	98.0	97.8	98.8	98.0	98.0	97.8	98.7	97.9	97.6	97.7
8th	96.3	95.5	97.2	96.0	96.8	96.3	97.4	96.7	94.2	94.7	95.8	95.5	97.1	96.0	97.0	96.9
10th	92.7	96.4	95.7	95.0	95.0	97.2	95.2	95.5	85.0	91.3	92.6	91.9	95.6	96.5	96.5	96.7
12th	91.2	95.0	95.4	94.1	93.1	95.5	95.9	94.3	80.2	85.2	90.6	87.1	95.7	94.8	97.5	96.7
All	94.5	96.2	96.3	95.4	95.9	96.8	96.6	96.1	89.1	92.4	94.1	93.0	96.7	96.3	97.1	97.0

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Perception of risk

Davis County LSAA 2025 SHARP (PNA) Student Survey



Perceived vs. actual ATOD use*

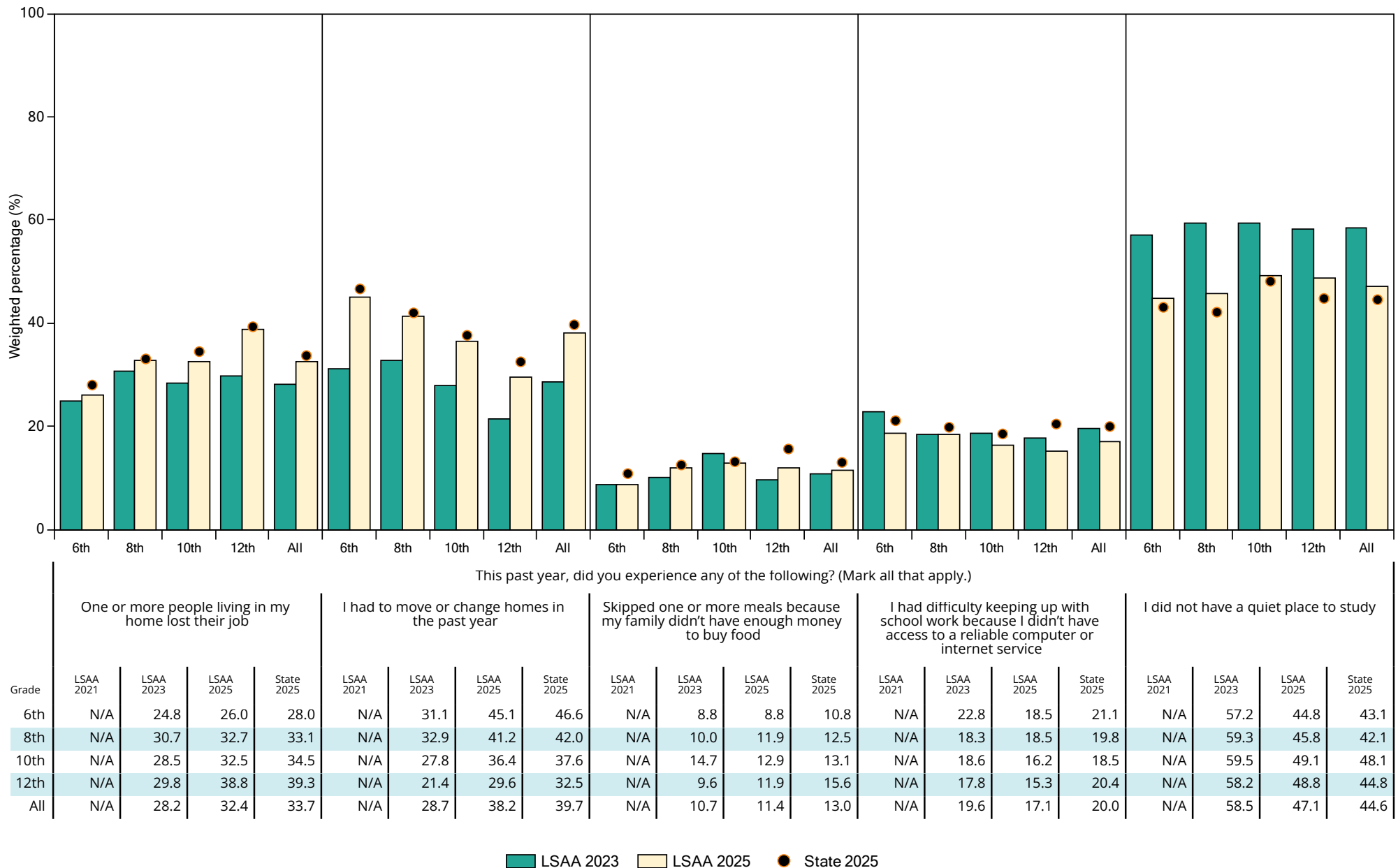
		8th				10th				12th				All			
		LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
Smoke cigarettes every day	Perceived use	10.5	11.4	11.0	11.4	16.3	16.4	16.1	16.6	14.9	11.9	14.6	15.5	11.3	10.1	13.9	14.6
	Actual use	0.1	0.1	††	0.1	0.0	0.0	††	0.1	0.2	0.0	0.0	0.2	0.1	0.0	.0 †	0.1
Drank alcohol in past 30 days	Perceived use	13.0	12.9	11.5	12.9	24.4	19.6	19.3	21.8	27.5	19.8	19.7	23.7	17.5	13.3	16.9	19.6
	Actual use	1.7	0.9	2.2	3.1	3.6	2.8	2.1	4.0	7.5	2.9	3.3	6.7	3.4	1.7	2.1	3.8
Used marijuana in past 30 days	Perceived use	10.3	12.2	10.3	11.4	22.8	20.5	18.9	20.2	27.3	17.9	18.2	21.6	16.0	12.7	15.9	17.8
	Actual use	2.1	1.8	1.5	2.1	5.1	3.6	2.7	3.3	8.5	4.1	2.9	5.6	4.1	2.5	1.9	2.9
Used a vape product**	Perceived use	N/A	20.9	18.6	20.5	N/A	28.3	27.1	30.0	N/A	27.3	26.8	30.5	N/A	19.4	24.2	27.1
	Actual use	N/A	2.3	2.0	2.6	N/A	3.1	1.9	3.0	N/A	4.9	3.3	4.7	N/A	2.7	2.0	2.9

* Students were asked to report the percent of their peers they perceived were using cigarettes, alcohol, and marijuana. The data in this table represent their perceived use amongst similarly aged peers compared to the actual use of those substances by grade. These items were not included in the 2025 revised survey for students in 6th grade.

** These items were not included in the 2025 revised survey for students in 6th grade.

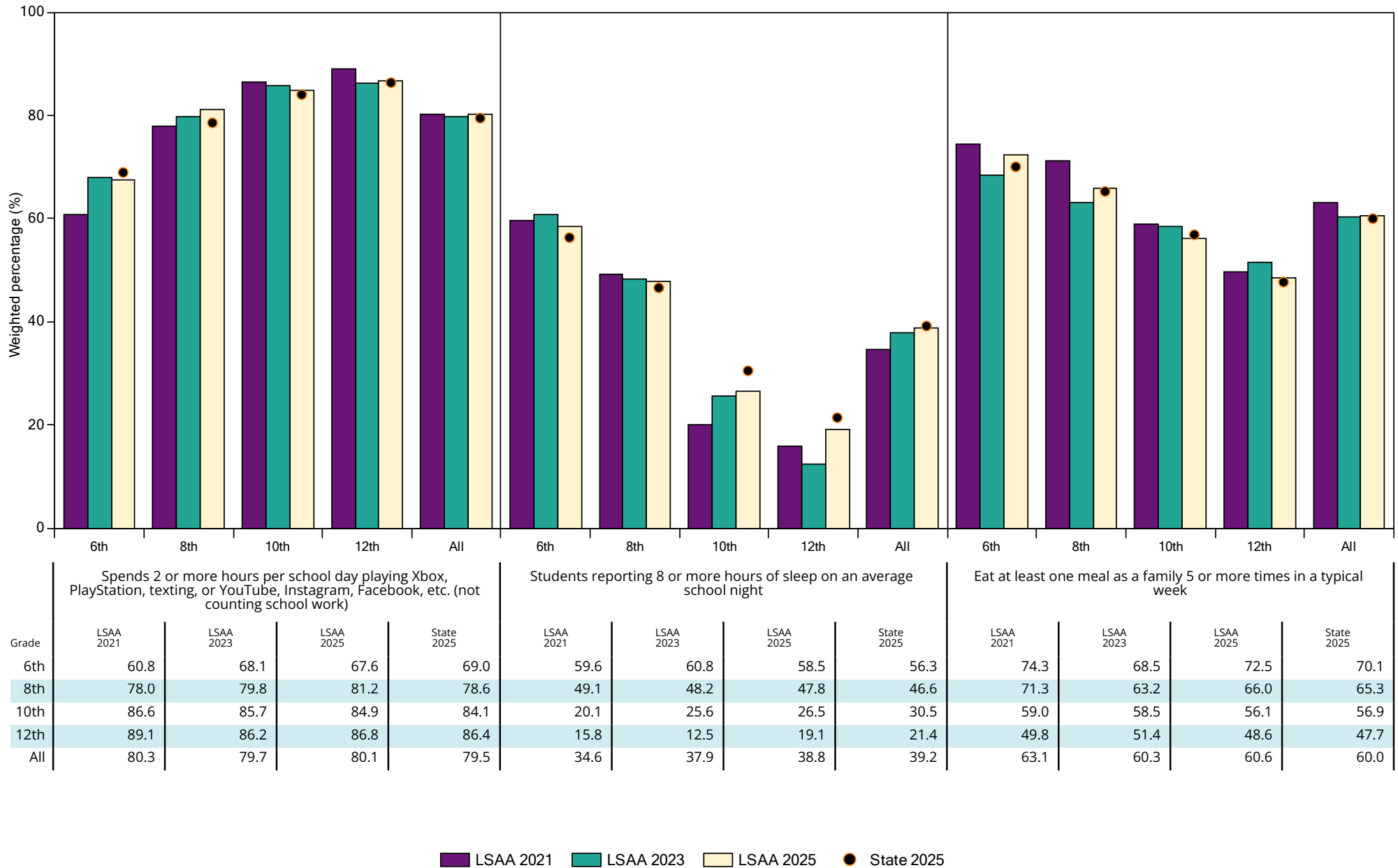
Social drivers of health

Davis County LSAA 2025 SHARP (PNA) Student Survey



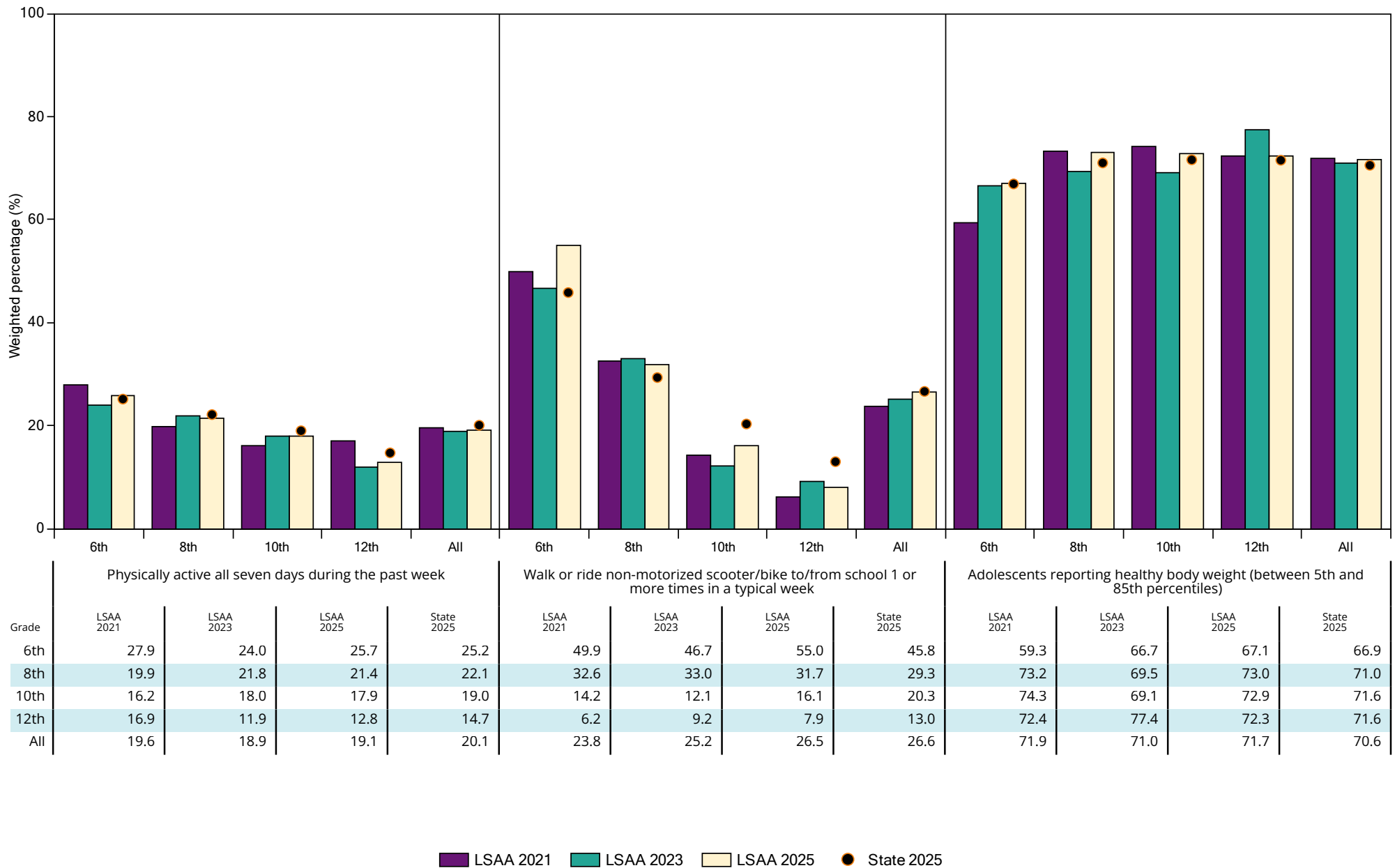
Student health habits and routines

Davis County LSAA 2025 SHARP (PNA) Student Survey



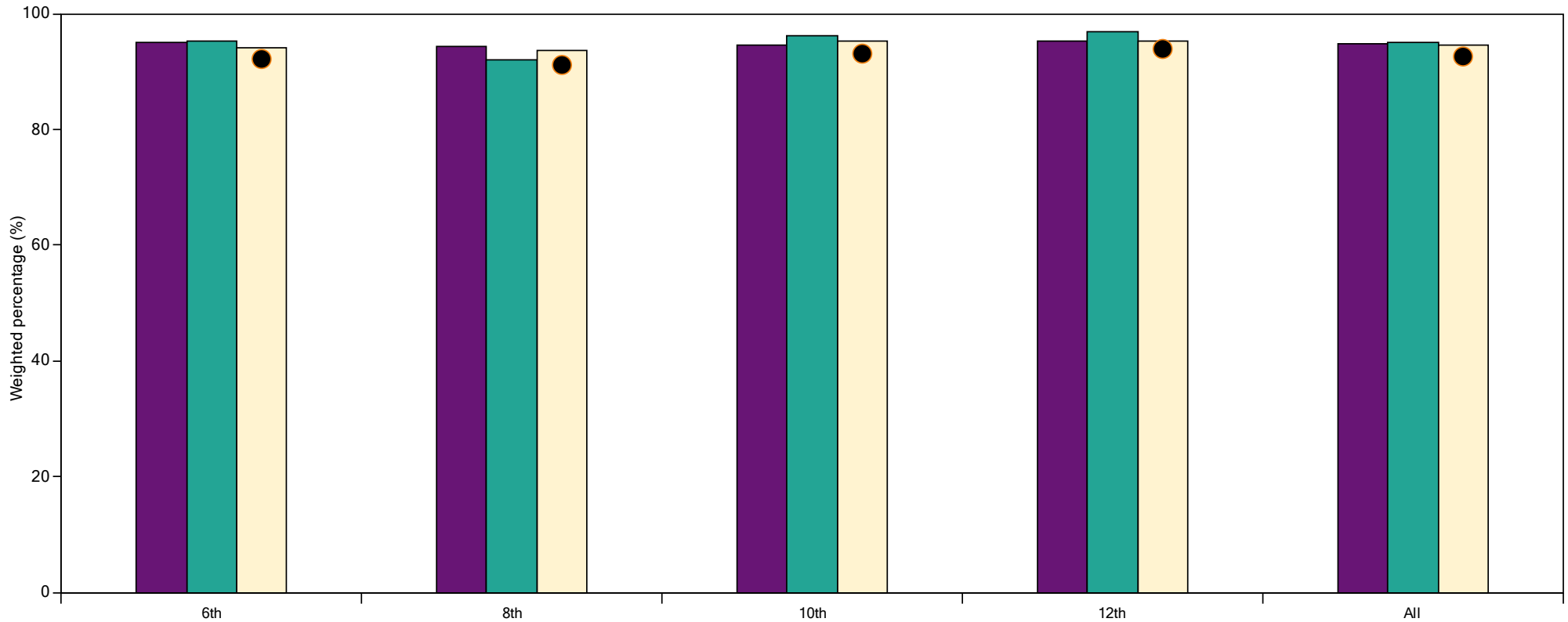
Student physical health and activity levels

Davis County LSAA 2025 SHARP (PNA) Student Survey



Safe vehicle habits

Davis County LSAA 2025 SHARP (PNA) Student Survey



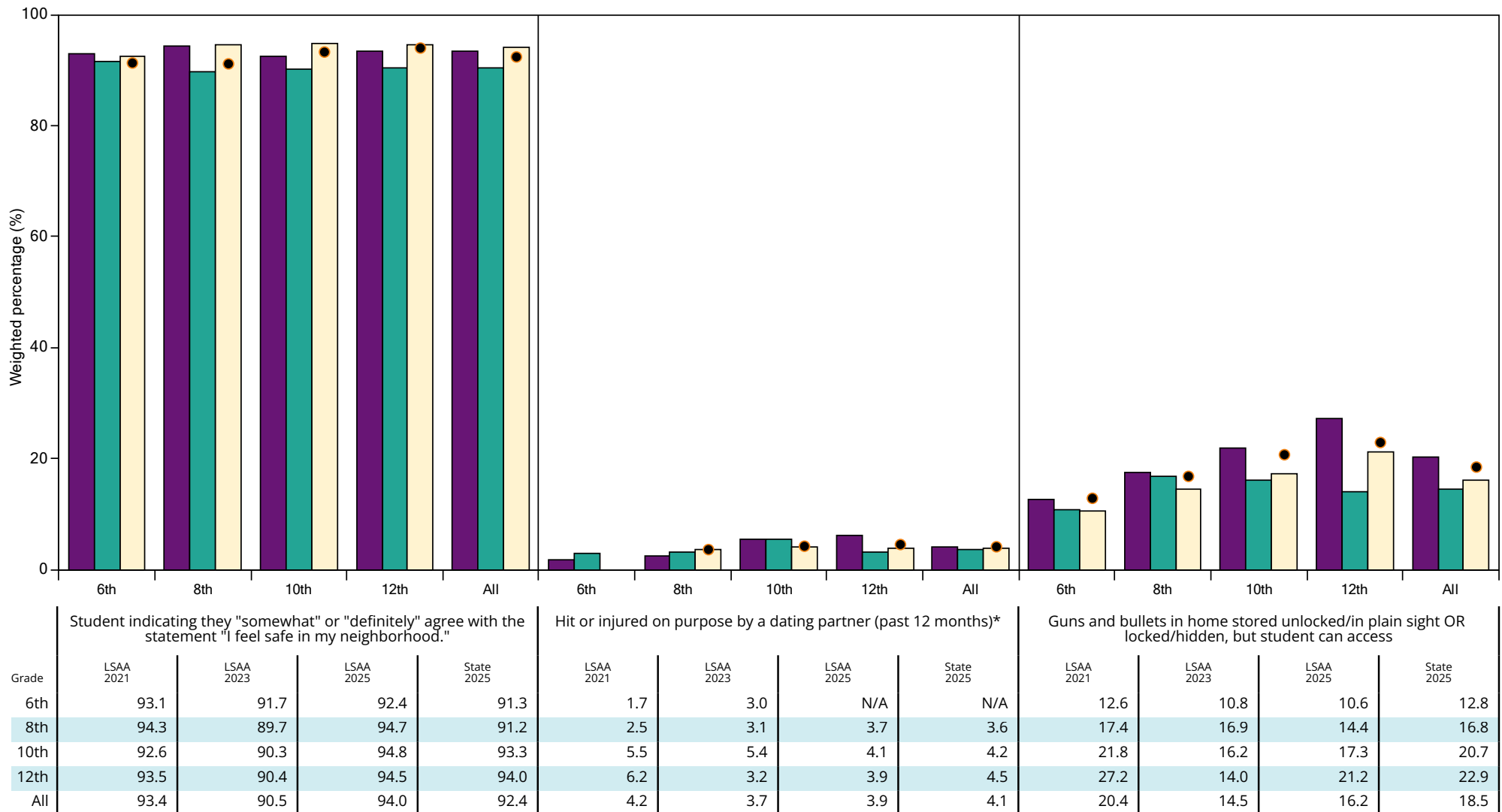
Student wears a seat belt "Most of the time" or "Always" when riding in a car driven by someone else*

Grade	LSAA 2021	LSAA 2023	LSAA 2025	State 2025
6th	95.0	95.2	94.2	92.2
8th	94.4	92.0	93.8	91.2
10th	94.5	96.2	95.4	93.1
12th	95.2	97.0	95.4	93.9
All	94.8	95.1	94.7	92.6

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

Student safety

Davis County LSAA 2025 SHARP (PNA) Student Survey



* These items were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021 LSAA 2023 LSAA 2025 State 2025

THE RISK AND PROTECTIVE FACTOR MODEL OF PREVENTION

Understanding and Promoting Risk and Protective Factors

Positive youth development and the prevention of problem behaviors builds on a foundation of fostering protective factors—the conditions and relationships that promote healthy development and buffer against negative influences and reducing risk factors—factors that increase the likelihood of problem behaviors.

Research has shown that when young people are supported by strong bonds with family, school, community, and peers—and are guided by clear expectations and healthy beliefs—they are significantly less likely to engage in behaviors such as drug use, delinquency, school dropout, and violence. This research has been organized into the Social Development Strategy that can easily be put into action within families, schools, and communities:

Protective bonding depends on three essential conditions:

Opportunities for meaningful involvement and contribution

Skills to participate successfully and feel competent

Recognition for their efforts and accomplishments

These elements help youth feel connected and valued. However, bonding only exerts a protective influence when it occurs in positive environments where families, schools, and neighborhoods promote healthy values, guide individual characteristics, and **set clear standards for behavior**. For example, a strong bond



with antisocial peers is unlikely to foster positive outcomes but a strong bond with a parent or coach that sets clear standards for no underage drinking can have tremendous positive impact.

This chart shows researched relationships between factors that are protective and

Protective factors, also known as “assets,” are conditions that buffer youth

from risk by reducing the impact of the risks or changing the way they respond to risks.

		Healthy Beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Rewards for Prosocial Involvement		✓			✓
	Family Attachment		✓			
Family	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement	✓	✓			✓
School	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement		✓			✓
	Interaction with Prosocial Peers		✓		✓	
Peer / Individual	Prosocial Involvement		✓		✓	
	Rewards for Prosocial Involvement		✓			✓
	Belief in the Moral Order	✓				
	Religiosity	✓				

positive and their association with problem behaviors. Notice that when we build protection in one area, it can create a positive impact on several different outcomes.

While building protection is essential, prevention efforts must also address **risk factors**—conditions that increase the likelihood of negative outcomes. Just as medical researchers have identified risk factors for heart disease such as poor diet, smoking, and lack of exercise, prevention researchers—most notably from the Social Development Research Group at the

University of Washington—have defined specific **risk factors** that predict youth problem behaviors. These factors exist in the school, community, family, and peer/individual domains.

For example, children living in disorganized, crime-ridden neighborhoods are more likely to engage in drug use or violence than children in safe, well-organized communities. The chart to the left illustrates the relationship between 20 well-researched risk factors and six adolescent problem behaviors, with check

marks indicating where research has demonstrated a strong predictive link.

The key to effective prevention lies in **measuring both risk and protective factors** within a population. By identifying gaps in protection and elevated risk factors, communities can adopt evidence-based strategies to reduce risks and build on existing strengths. Each factor is linked to proven programs and policies that support positive development and reduce problem behaviors. Ultimately, by focusing on increasing protective factors and reducing risk, communities can work to create the conditions for all youth to thrive

Additional resources and information:

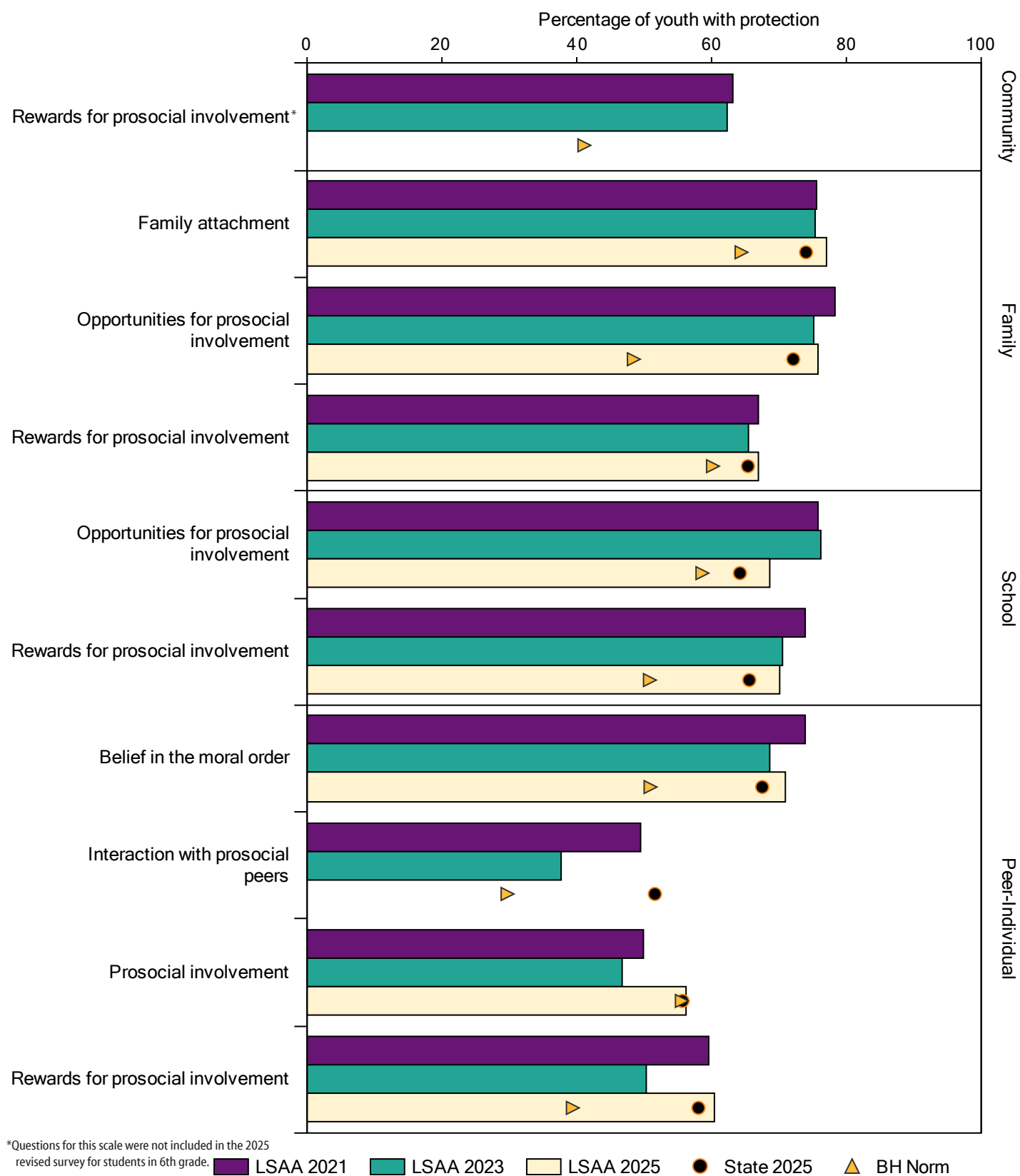
Risk and protective scale definitions can be found in Appendix E.

More information about the science behind risk and protective factors and the research of these resources can be found at www.communitiesthatcare.net

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout, and/or violence.						
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Low Neighborhood Attachment	✓	✓		✓	
	Perceived Availability of Drugs	✓			✓	
	Perceived Availability of Handguns		✓		✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓		✓	
Family	Family History of Antisocial Behavior	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓
	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓		✓	
School	Academic Failure	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	
	Rebelliousness	✓	✓	✓	✓	
Peer / Individual	Gang Involvement	✓	✓		✓	
	Perceived Risk of Drug Use	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	
	Depressive Symptoms	✓			✓	✓

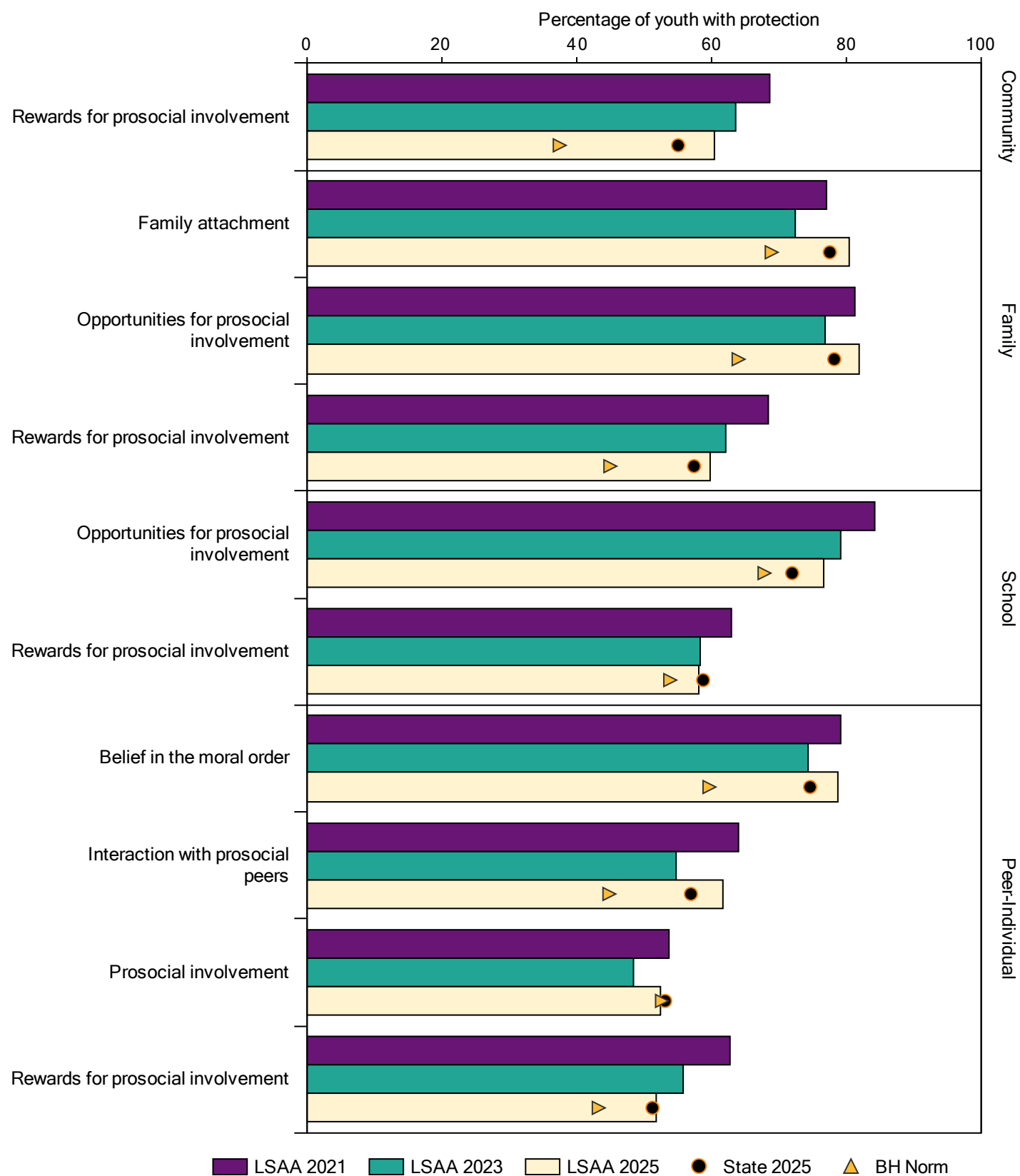
Protective profile, 6th Grade

Davis County LSAA 2025 SHARP Survey



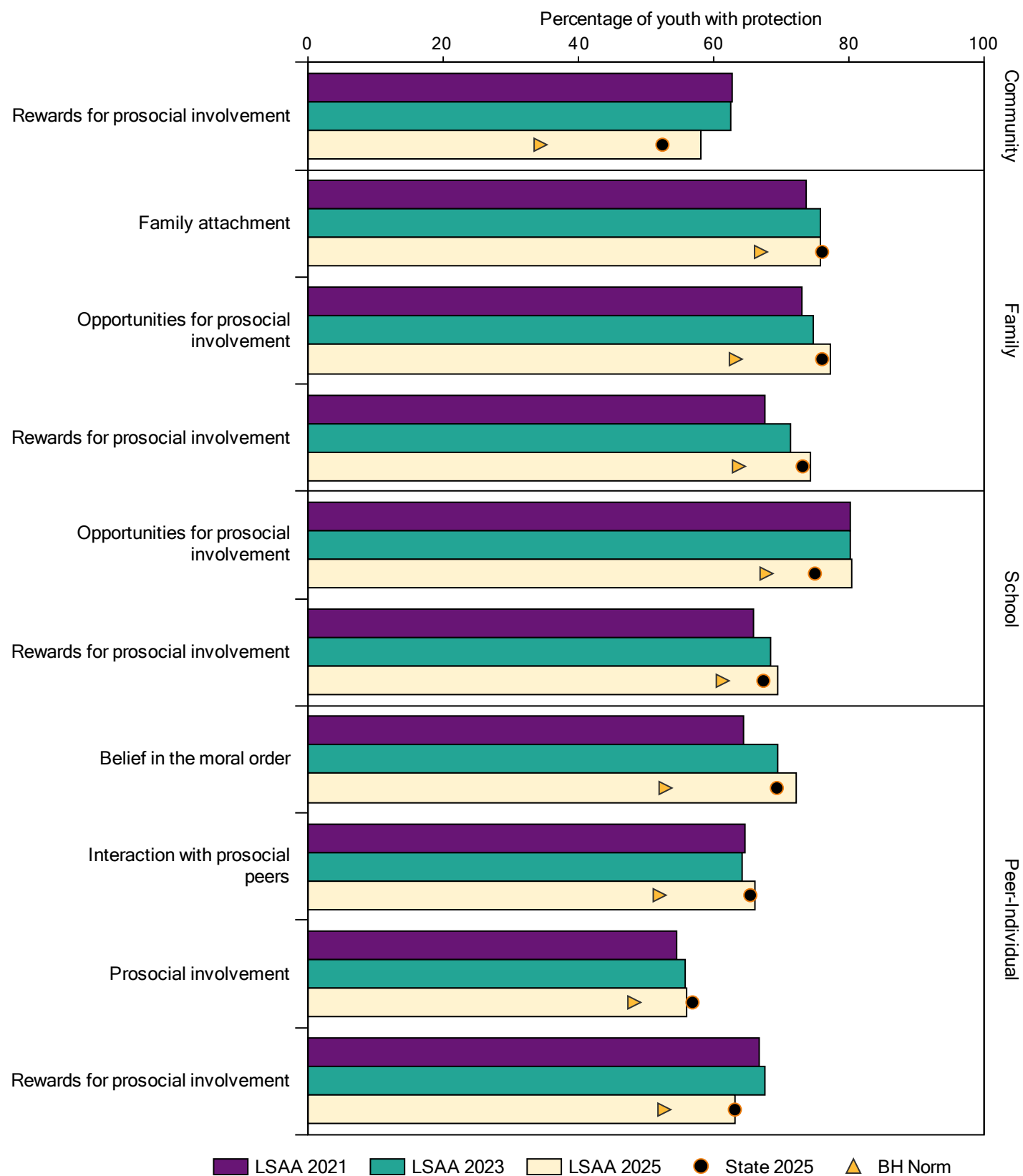
Protective profile, 8th Grade

Davis County LSAA 2025 SHARP Survey



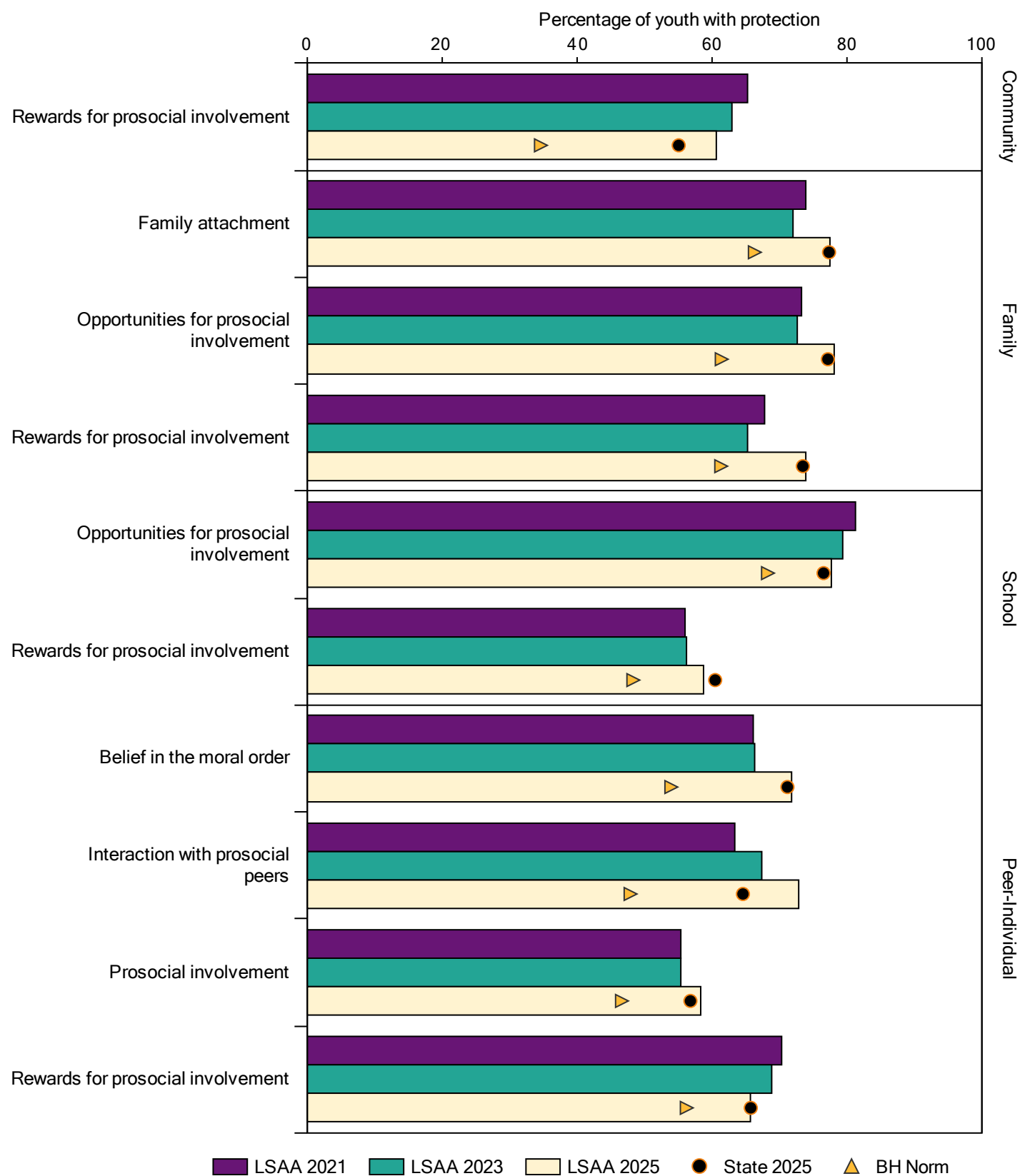
Protective profile, 10th Grade

Davis County LSAA 2025 SHARP Survey



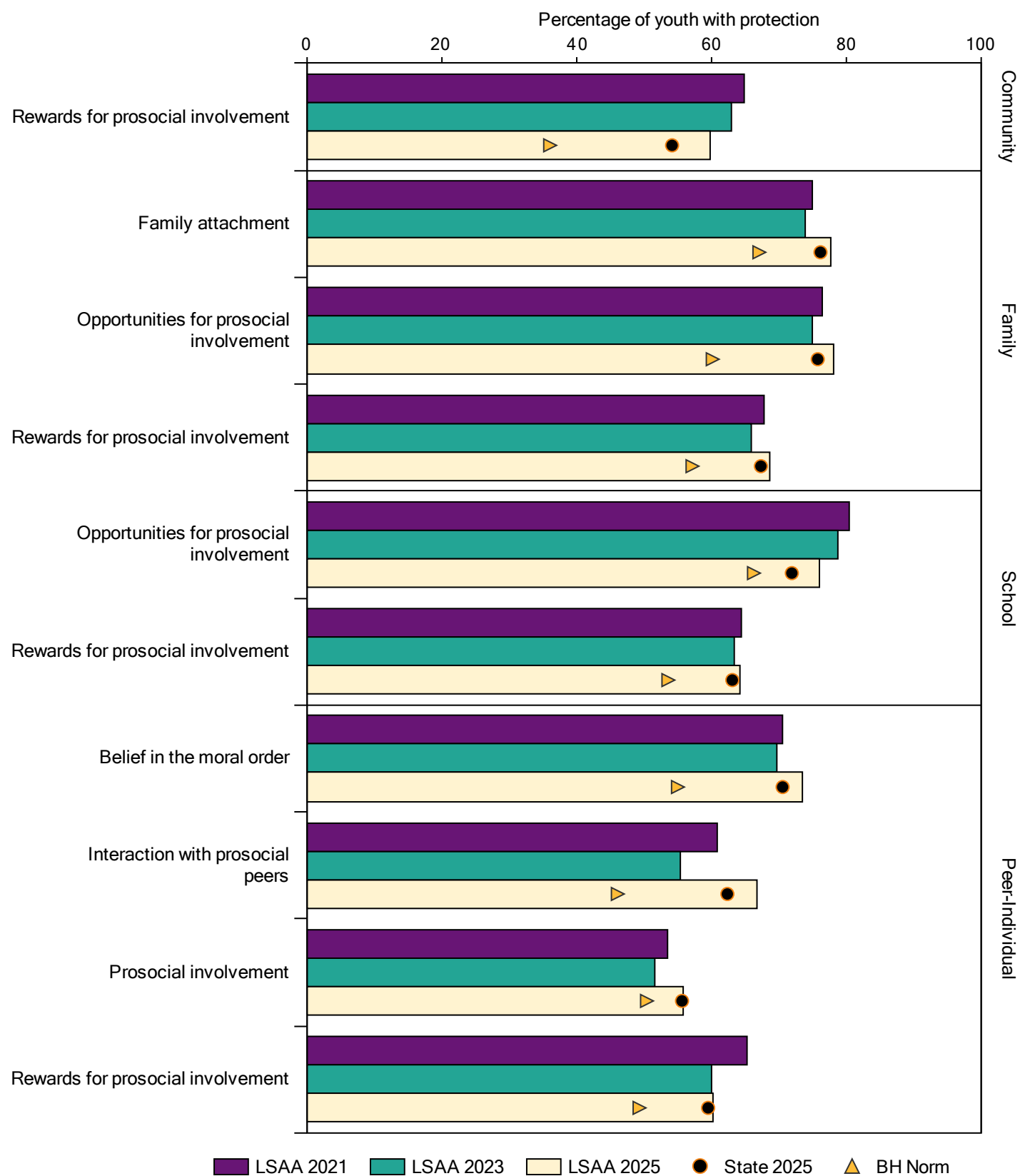
Protective profile, 12th Grade

Davis County LSAA 2025 SHARP Survey



Protective profile, All Grades

Davis County LSAA 2025 SHARP Survey



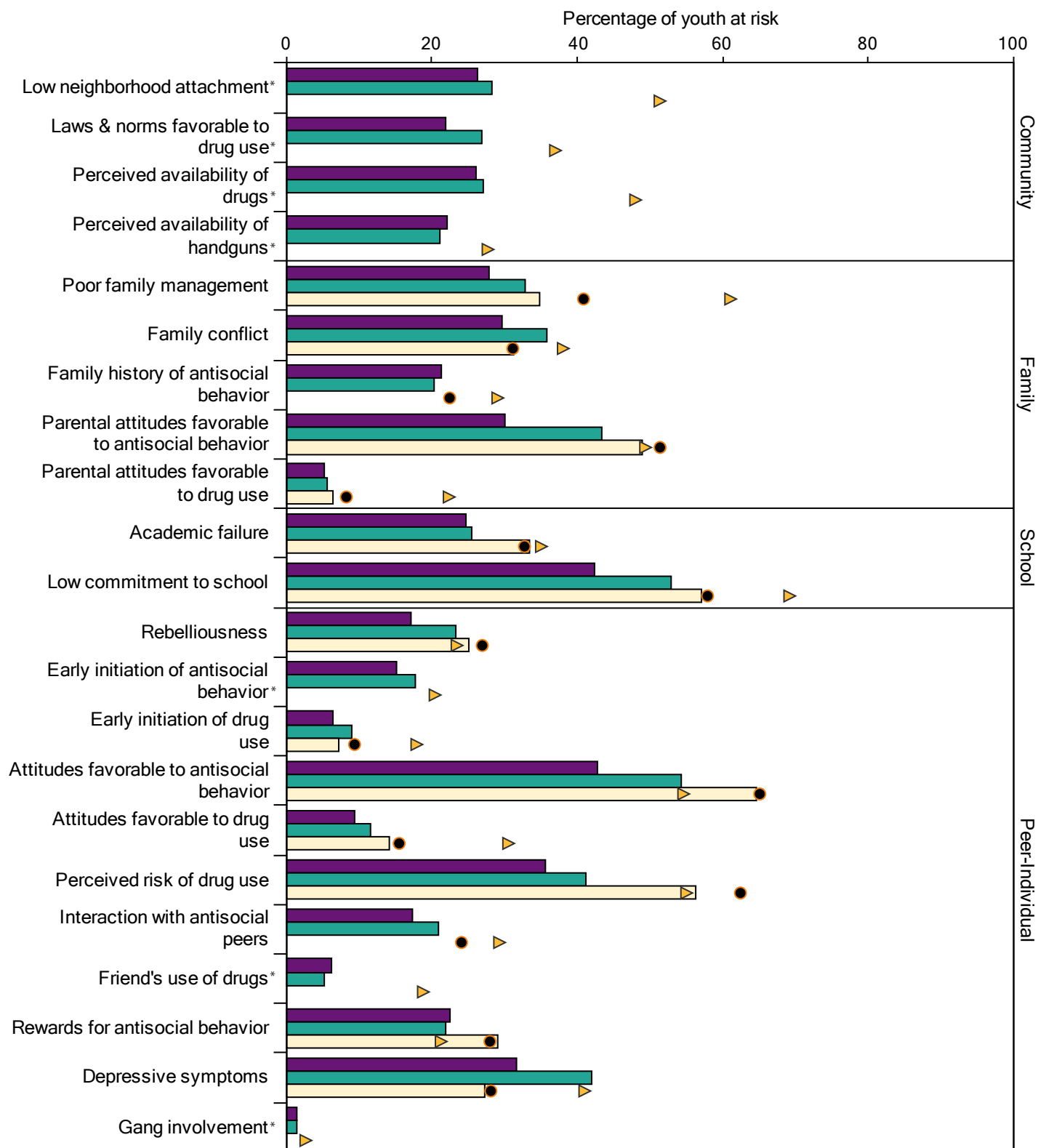
Protective profile

	6th					8th					10th					12th					All				
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm
Community Domain																									
Rewards for prosocial involvement*	63.0	62.3	N/A	N/A	41.1	68.5	63.6	60.4	55.0	37.5	62.7	62.5	58.0	52.4	34.4	65.3	62.9	60.6	55.0	34.7	64.9	62.8	59.7	54.1	36.1
Family Domain																									
Family attachment	75.5	75.4	77.0	74.0	64.4	77.0	72.3	80.4	77.5	68.9	73.7	75.8	75.7	76.0	67.0	73.8	72.0	77.4	77.3	66.3	75.0	73.9	77.7	76.1	67.1
Opportunities for prosocial involvement	78.3	75.1	75.8	72.1	48.5	81.3	76.7	81.8	78.1	64.0	73.0	74.7	77.2	76.0	63.2	73.3	72.6	78.0	77.1	61.4	76.3	74.8	78.1	75.7	60.1
Rewards for prosocial involvement	66.8	65.4	66.9	65.4	60.2	68.4	62.0	59.7	57.4	45.0	67.6	71.3	74.3	73.1	63.7	67.6	65.1	73.9	73.4	61.3	67.6	65.9	68.5	67.3	57.2
School Domain																									
Opportunities for prosocial involvement	75.6	76.2	68.7	64.2	58.6	84.0	79.0	76.6	71.9	67.8	80.2	80.2	80.3	74.9	67.8	81.1	79.2	77.6	76.5	68.3	80.4	78.7	75.8	71.9	66.3
Rewards for prosocial involvement	73.9	70.4	70.0	65.6	50.8	62.9	58.2	58.1	58.7	53.9	65.9	68.4	69.4	67.3	61.3	56.0	56.1	58.8	60.4	48.3	64.4	63.4	64.1	63.0	53.6
Peer-Individual Domain																									
Belief in the moral order	73.9	68.6	71.0	67.5	50.9	79.1	74.3	78.7	74.6	59.7	64.3	69.4	72.2	69.3	52.9	66.0	66.2	71.8	71.1	54.0	70.5	69.6	73.4	70.5	55.0
Interaction with prosocial peers	49.4	37.6	N/A	51.6	29.8	64.0	54.7	61.7	56.9	44.8	64.7	64.2	66.1	65.4	52.0	63.4	67.4	72.7	64.5	47.9	60.9	55.4	66.7	62.3	46.1
Prosocial involvement	50.0	46.8	56.1	55.7	55.6	53.7	48.5	52.5	53.1	52.6	54.5	55.8	55.9	56.8	48.3	55.4	55.3	58.4	56.8	46.6	53.5	51.6	55.8	55.6	50.4
Rewards for prosocial involvement	59.6	50.4	60.4	58.0	39.4	62.6	55.7	51.7	51.2	43.3	66.7	67.6	63.2	63.1	52.7	70.3	68.7	65.5	65.7	56.2	65.1	60.1	60.2	59.5	49.3

* Questions for this scale were not included in the 2025 revised survey for students in 6th grade.

Risk profile, 6th Grade

Davis County LSAA 2025 SHARP Survey



*Questions for this scale were not included in the 2025 revised survey for students in 6th grade.

LSAA 2021

LSAA 2023

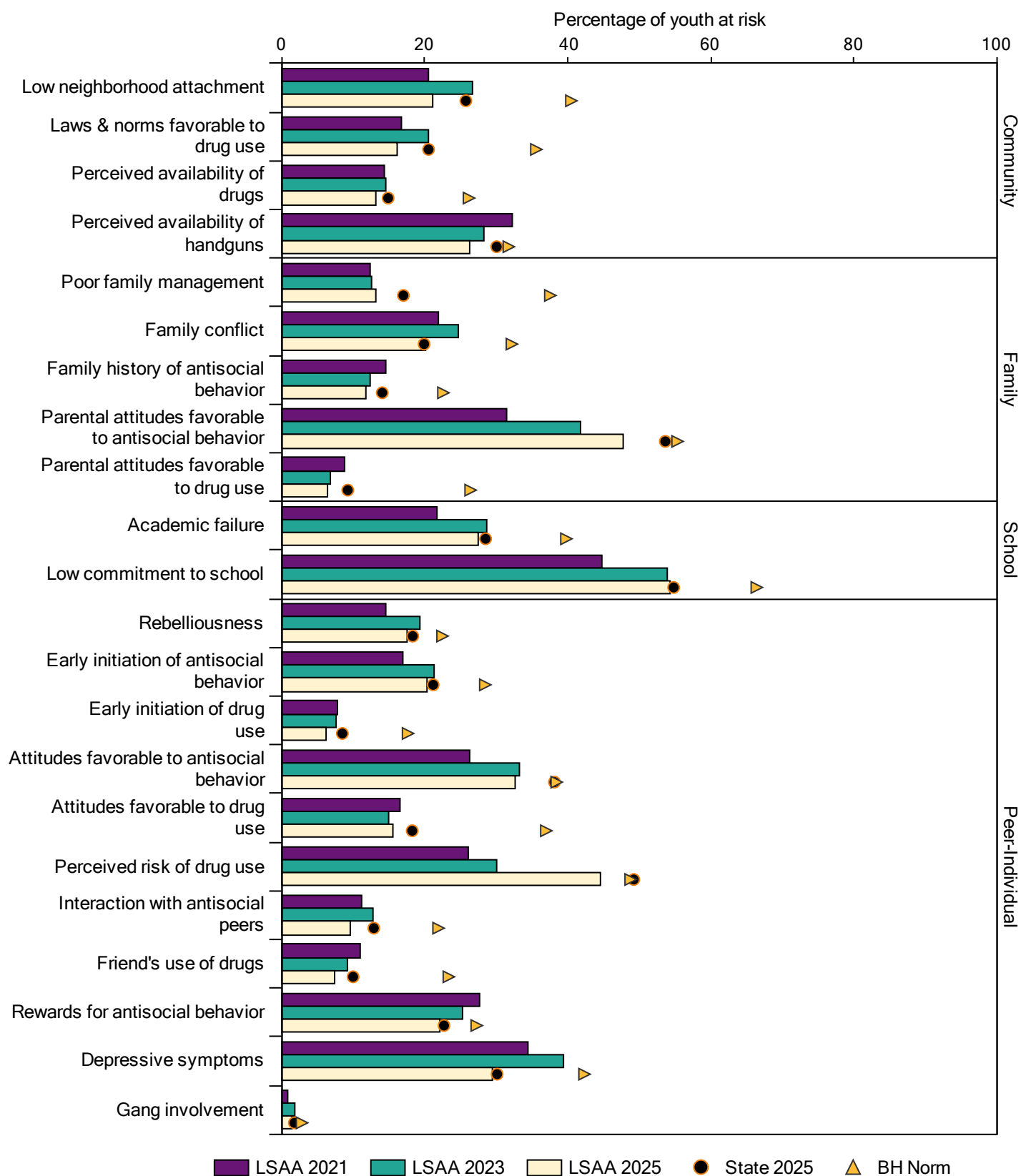
LSAA 2025

State 2025

BH Norm

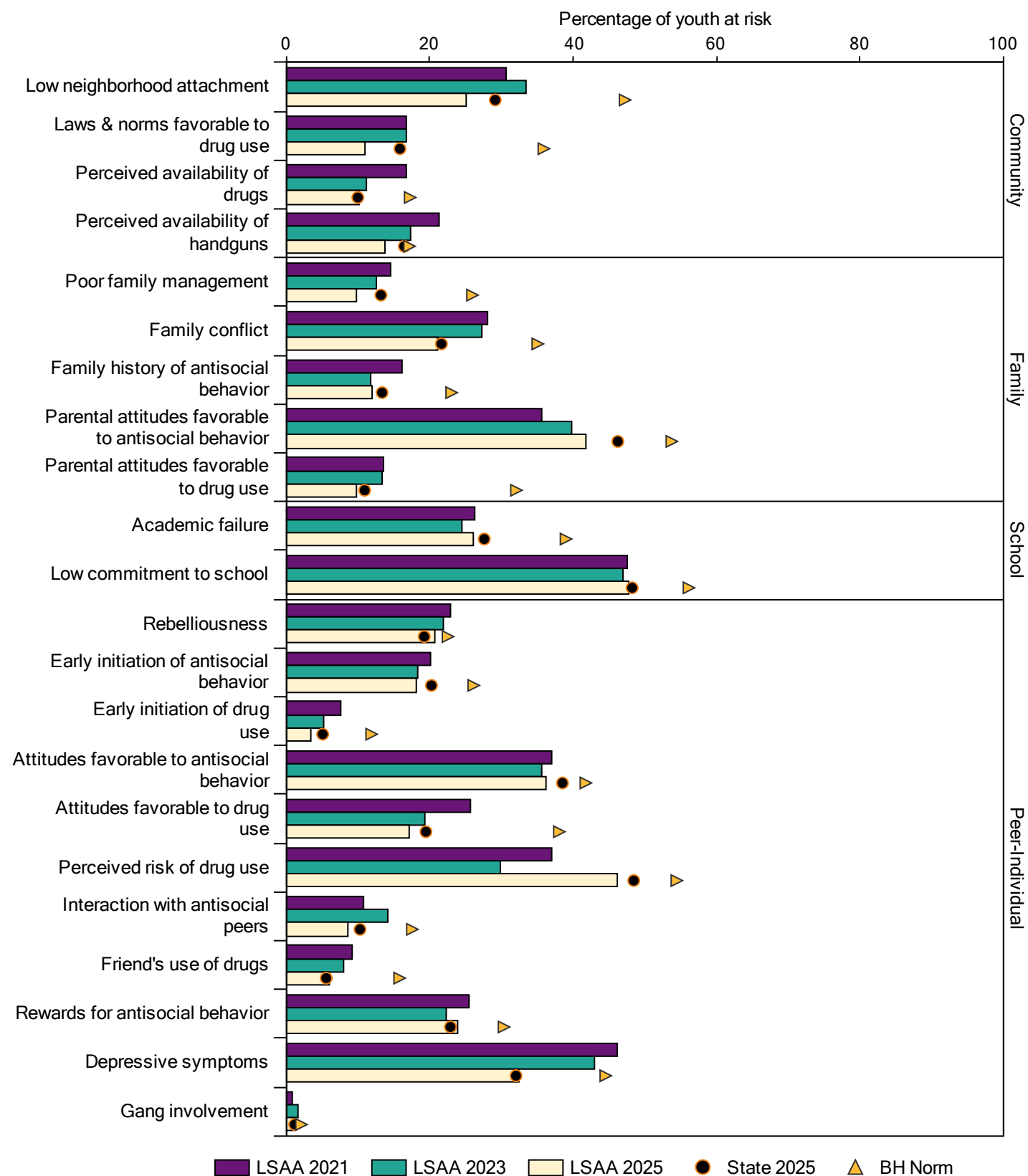
Risk profile, 8th Grade

Davis County LSAA 2025 SHARP Survey



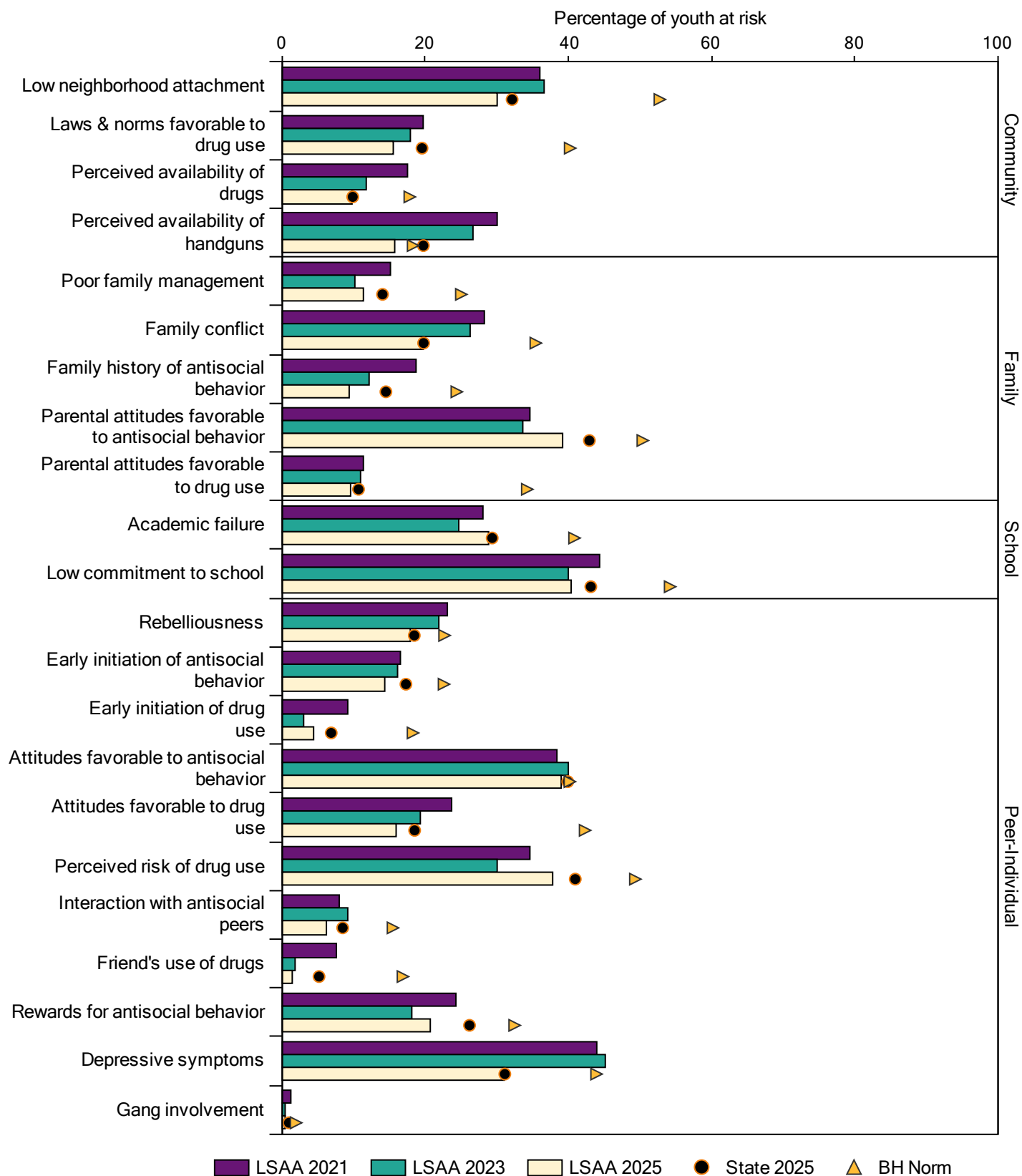
Risk profile, 10th Grade

Davis County LSAA 2025 SHARP Survey



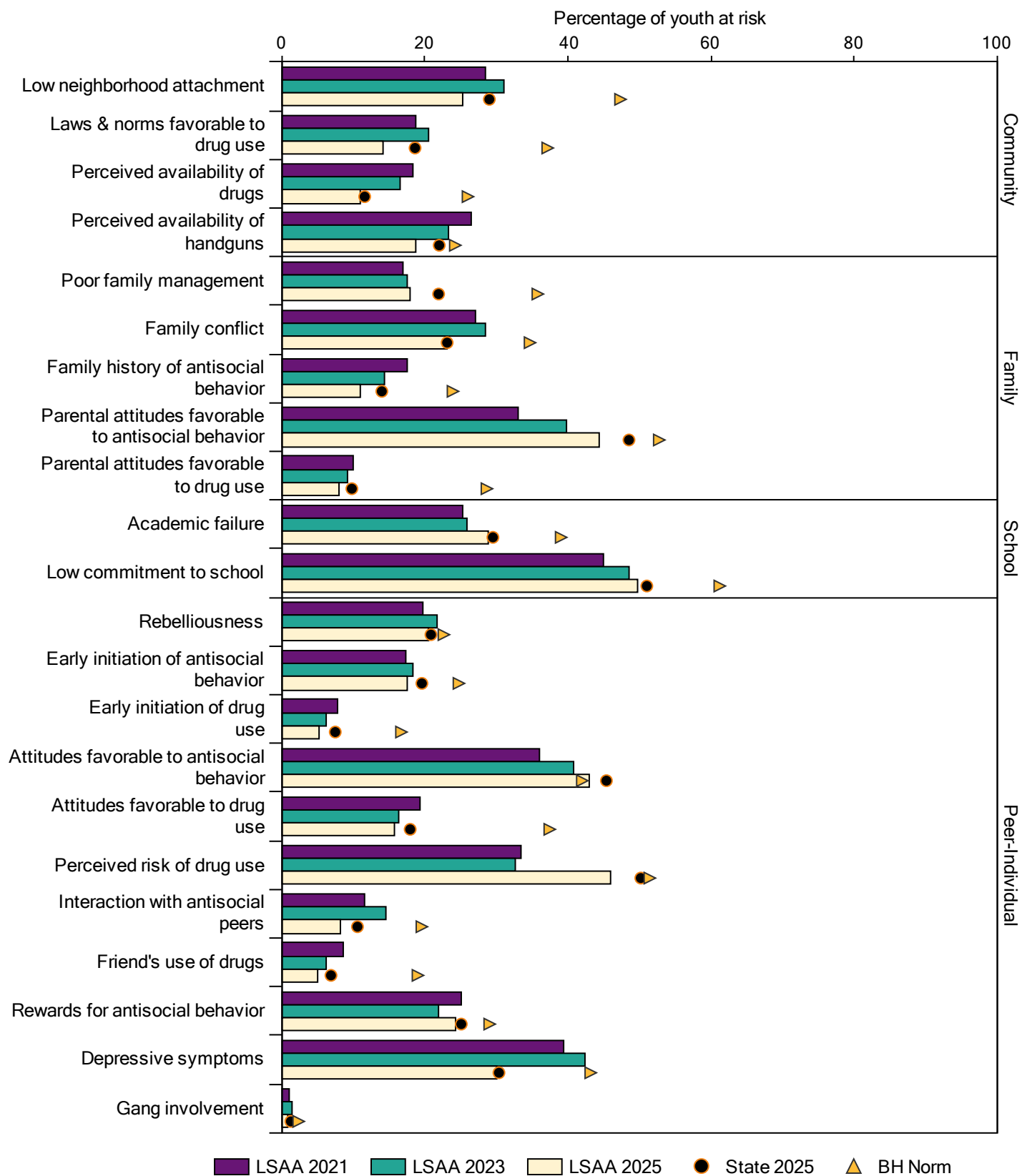
Risk profile, 12th Grade

Davis County LSAA 2025 SHARP Survey



Risk profile, All Grades

Davis County LSAA 2025 SHARP Survey



Risk profile

	6th					8th					10th					12th					All				
	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm	LSAA 2021	LSAA 2023	LSAA 2025	State 2025	BH Norm
Community Domain																									
Low neighborhood attachment*	26.4	28.3	N/A	N/A	51.4	20.5	26.7	21.2	25.8	40.5	30.7	33.4	25.1	29.2	47.3	36.0	36.6	30.1	32.1	52.8	28.5	31.1	25.4	29.0	47.4
Laws & norms favorable to drug use*	21.9	26.9	N/A	N/A	37.0	16.8	20.4	16.1	20.5	35.6	16.8	16.7	11.0	15.9	35.9	19.8	17.9	15.5	19.6	40.3	18.7	20.5	14.2	18.6	37.2
Perceived availability of drugs*	26.1	27.2	N/A	N/A	48.0	14.3	14.5	13.2	14.9	26.2	16.8	11.2	10.1	10.0	17.3	17.6	11.8	9.7	9.9	17.9	18.3	16.5	11.0	11.6	26.0
Perceived availability of handguns*	22.1	21.1	N/A	N/A	27.8	32.3	28.3	26.4	30.1	31.8	21.3	17.4	13.8	16.5	17.2	30.0	26.6	15.7	19.8	18.3	26.5	23.3	18.7	22.0	24.3
Family Domain																									
Poor family management	27.8	32.9	34.8	40.9	61.1	12.4	12.6	13.3	17.0	37.6	14.6	12.6	9.7	13.2	26.0	15.2	10.1	11.3	14.1	25.1	16.9	17.6	18.0	21.9	35.8
Family conflict	29.6	35.9	31.3	31.1	38.1	21.9	24.6	20.2	19.9	32.2	28.2	27.2	21.1	21.7	35.1	28.3	26.4	19.8	19.8	35.5	27.0	28.5	23.0	23.1	34.7
Family history of antisocial behavior	21.3	20.3	N/A	22.5	29.1	14.6	12.4	11.9	14.1	22.6	16.1	11.9	11.9	13.4	23.1	18.8	12.1	9.4	14.5	24.4	17.5	14.4	11.1	14.0	24.0
Parent attitudes favorable to ASB	30.0	43.4	49.0	51.4	49.4	31.4	41.7	47.7	53.6	55.3	35.6	39.8	41.9	46.2	53.8	34.6	33.6	39.3	42.9	50.4	33.1	39.7	44.3	48.5	52.8
Parent attitudes favorable to drug use	5.2	5.7	6.4	8.3	22.4	8.9	6.9	6.5	9.3	26.4	13.5	13.5	9.8	10.9	32.1	11.5	11.0	9.5	10.7	34.3	10.0	9.3	8.1	9.8	28.7
School Domain																									
Academic failure	24.8	25.5	33.5	32.8	35.1	21.8	28.7	27.4	28.5	39.8	26.3	24.5	26.1	27.6	39.0	28.1	24.7	28.9	29.4	40.9	25.4	25.9	28.8	29.5	39.1
Low commitment to school	42.3	52.8	57.2	57.9	69.2	44.8	53.8	54.3	54.8	66.4	47.5	47.0	47.7	48.2	56.2	44.5	40.1	40.4	43.1	54.2	44.9	48.5	49.8	51.0	61.2
Peer-Individual Domain																									
Rebelliousness	17.2	23.3	25.1	26.9	23.5	14.6	19.3	17.6	18.3	22.5	22.9	22.0	20.7	19.3	22.6	23.2	21.9	18.0	18.5	22.7	19.7	21.6	20.5	20.9	22.7
Early initiation of ASB*	15.2	17.8	N/A	N/A	20.5	17.0	21.3	20.4	21.2	28.5	20.1	18.3	18.2	20.3	26.2	16.5	16.2	14.4	17.3	22.7	17.3	18.4	17.6	19.6	24.8
Early initiation of drug use	6.5	9.1	7.3	9.4	18.0	7.9	7.6	6.3	8.5	17.7	7.5	5.3	3.5	5.1	11.9	9.3	3.1	4.4	6.9	18.3	7.8	6.3	5.3	7.5	16.8
Attitudes favorable to ASB	42.7	54.4	64.7	65.1	54.6	26.3	33.3	32.7	38.1	38.5	37.0	35.7	36.3	38.5	41.8	38.5	39.9	39.1	39.9	40.2	36.0	40.8	43.0	45.4	42.0
Attitudes favorable to drug use	9.4	11.7	14.2	15.5	30.6	16.6	14.9	15.5	18.3	37.0	25.7	19.4	17.1	19.5	38.1	23.8	19.4	15.9	18.5	42.3	19.4	16.3	15.7	18.0	37.5
Perceived risk of drug use	35.6	41.3	56.3	62.4	55.1	26.2	30.0	44.6	49.2	48.8	37.1	29.9	46.1	48.5	54.5	34.6	30.0	37.8	41.0	49.4	33.5	32.7	46.0	50.2	51.5
Interaction with antisocial peers	17.3	20.8	N/A	24.1	29.3	11.2	12.8	9.6	12.9	22.0	10.8	14.1	8.7	10.3	17.6	7.9	9.1	6.2	8.5	15.5	11.6	14.5	8.2	10.6	19.6
Friend's use of drugs*	6.2	5.3	N/A	N/A	18.9	11.0	9.2	7.4	10.0	23.4	9.2	8.0	6.1	5.6	15.8	7.7	1.9	1.4	5.2	16.9	8.6	6.2	5.0	6.9	19.1
Rewards for ASB	22.5	21.9	29.0	28.0	21.3	27.7	25.3	22.1	22.7	27.3	25.5	22.3	24.0	22.9	30.4	24.3	18.2	20.8	26.2	32.5	25.1	22.0	24.3	25.1	29.1
Depressive symptoms	31.6	42.0	27.3	28.1	41.0	34.5	39.5	29.4	30.1	42.3	46.1	42.9	32.4	32.0	44.6	43.9	45.1	31.0	31.1	44.0	39.5	42.4	30.0	30.4	43.2
Gang involvement*	1.6	1.5	N/A	N/A	2.7	0.9	1.8	1.4	1.8	2.9	0.8	1.7	1.0	1.2	2.1	1.3	0.4	0.5	1.0	2.0	1.1	1.4	0.9	1.3	2.4

* Questions for this scale were not included in the 2025 revised survey for students in 6th grade.

DATA UTILIZATION TIPS FOR COMMUNITY AND SCHOOL IMPROVEMENT

There are several trusted and effective ways to assess data reports like this one to make improvements in your school or community. The tips provided below are meant to provide a good starting point but are not comprehensive. For more information on current data assessments happening in your area and promising programs and strategies that are being utilized, please reach out to representatives listed in Appendix D: Contacts for Prevention.

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? Refer to the appendix to understand what questions feed into the scales.

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.

BUILDING A STRATEGIC PREVENTION FRAMEWORK

The SHARP 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: <http://www.communitiesthatcare.net> and <http://www.samhsa.gov/spf>.



Communities That Care (CTC)

<http://www.communitiesthatcare.net> This framework is an evidence-based, community-driven prevention system designed to reduce youth problem behaviors like substance abuse, delinquency, and violence. It works by mobilizing stakeholders and community members to assess risk and protective factors among youth, then implementing evidence based programs to address identified needs.

Strategic Prevention Framework (SPF)

<https://www.samhsa.gov/technical-assistance/sptac/framework> This model is from the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA). This model uses a data-driven five-step process that is complementary to the CTC framework.

The text to the right describes the five steps in the Strategic Prevention Framework (SPF). These steps are also integrated within the five phases of the CTC Framework.

1. Assessment: The assessment phase involves gathering data to understand the scope and nature of substance use issues in a community. This includes identifying trends, risk and protective factors, and populations most affected. Data sources include SHARP but are used in conjunction with focus groups, public health records, and other archival data.. The goal is to create a clear picture of the problem and what's causing it to guide targeted prevention efforts.

2. Capacity: Capacity building focuses on strengthening the community's ability to address substance use issues. This involves increasing readiness by developing leadership, forming coalitions, and increasing public awareness. Securing needed resources such as funding, personnel, and training, is also essential. A strong foundation of local involvement and commitment is essential for effective prevention

3. Planning: During planning, communities use assessment findings to set measurable goals and select evidence-based strategies. Strategic plans outline objectives, timelines, and responsible parties. Cultural relevance and sustainability are key

considerations in selecting and tailoring approaches. The planning process ensures efforts are focused, coordinated, and capable of long-term impact.

4. Implementation: This step puts the prevention plan into action through the delivery of programs, policies, or practices. Fidelity to the chosen strategies is important, while still allowing room for local adaptation. Ongoing communication, coordination, and problem-solving help ensure effective execution. Implementation also includes training and technical assistance for those involved in delivering interventions.

5. Evaluation: Evaluation involves tracking progress toward goals and measuring the impact of prevention efforts. Both process and outcome data are collected to assess effectiveness and inform improvements. Evaluation helps communities understand what works, what needs to be adjusted, and how to sustain successful strategies. Sharing results also supports transparency and continued stakeholder engagement.

Sustainability and Cultural Competence Sustainability and cultural competence are guiding principles that should be integrated throughout all five steps of the Strategic Prevention Framework. Sustainability ensures that prevention efforts and positive outcomes can be maintained over time, even after initial funding or support ends. This includes building lasting infrastructure, nurturing community ownership, and aligning strategies with existing systems and policies. Cultural competence involves understanding and respecting the diverse beliefs, values, and customs of the populations served. Prevention efforts are most effective when they are inclusive, equitable, and tailored to meet the cultural needs of the community, fostering greater trust, relevance, and impact.

For more training or information on how these models are used in your area, please contact your local prevention expert listed in Appendix D: Prevention Contacts.

APPENDIX A: CHANGES BETWEEN PNA ADMINISTRATIONS

As new issues emerge and prevention priorities evolve, the SHARP PNA survey is periodically updated to reflect Utah's current concerns. In 2025, several important updates were made to keep the instrument aligned with Utah's shifting public health and prevention needs, while still allowing for long-term trend analysis.

Weighting procedures for 2025

The weighting procedure used for the 2025 SHARP is the same procedure used since 2015. It 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 Comprehensive State Report (to be released in late fall 2025).

New Items for 2025: Screen Time and Social Media

The SHARP PNA continues to evolve to include emerging youth health and wellness issues. In 2025, a new set of questions was added to better understand how screen time, phone use, and social media are influencing students' lives. These questions reflect growing concern around mental health, sleep quality, family interaction, and academic impact as related to digital habits. The items below were designed with input from youth, educators, and public health professionals.

The following questions and response options were added to the 2025 SHARP PNA:

• **Do you have a cell phone? (6th Grade version only)**

- *Yes*
- *No*

• **Which of these have you used in the past month? (You can choose more than one.) (8th/10th/12th Grade version)**

- *Cell phone or smartphone*
- *TV*
- *Laptop or desktop*
- *Video game console*
- *Tablet*
- *Smartwatch*
- *VR*

• **How often do you check your phone when you're not asleep or in school?**

- *Every 5 minutes or less*
- *Every 6–15 minutes*
- *Every half hour to hour*
- *Every 2–4 hours*
- *Every 4+ hours*

• **What rules does your family have about screen time? (You can choose more than one.)**

- *Content you can't look at (like websites or videos)*
- *Places you can't use it*
- *Apps you can use*
- *Times you can't use it*
- *Total time limits*
- *None of these, but we have other rules*
- *No rules about screen time*

• **How often do your parents/caregivers enforce or make you follow rules about screen time?**

- *Always*
- *Often*
- *Sometimes*
- *Rarely*
- *Never*

• **Do you think your screen time helps or gets in the way of the following?**

(Response options for each: Gets in the way a lot, Gets in the way a little, Neither, Helps a little, Helps a lot)

- *How you feel about your body*
- *Grades in school*
- *Family relationships*
- *Friend relationships*

Adjustments to Response Options

Minor language and formatting changes were made to improve clarity and inclusiveness throughout the survey. These included:

- Questions that previously listed only “parents” were updated to say “parents/caregivers” to better reflect diverse family structures.

Other Survey Removals and Changes

No questions were permanently removed from the 2025 SHARP PNA. However, in an effort to reduce survey length and respondent burden, a block of low-incidence substance use questions was **rotated out** of the 2025 instrument. These items—focused on rarely used substances such as heroin, methamphetamines, cocaine, and prescription tranquilizers—will be included on the **2027 SHARP PNA for grades 8, 10, and 12**. This rotation approach allows for periodic tracking of use while making room for timely new topics and reducing survey fatigue for students.

The following questions were rotated out for 2025 and will return in 2027:

• **If ever, how old were you when you first:**

- *used cocaine (like cocaine powder) or “crack” (cocaine in chunk or rock form)?*
- *used methamphetamines (meth, speed, crank, crystal meth)?*
- *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?*
- *used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?*
- *used heroin?*

• **On how many occasions (if any) have you:**

- *used cocaine (like cocaine powder) or “crack” (cocaine in chunk or rock form) during the past 30 days?*
- *used methamphetamines (meth, speed, crank, crystal meth) in the past 30 days?*
- *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?*
- *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?*
- *used heroin during the past 30 days?*

APPENDIX B: SUBSTANCE USE AND PERCEIVED PARENTAL ACCEPTABILITY

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 2025 SHARP 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 table below displays lifetime and past 30 days use rates in relation to parents' acceptance of alcohol, marijuana, cigarette, or prescription drug abuse.

In 2025, 91.9% of Utah students indicated that their parents felt it was "Very wrong" for them to use alcohol. The data show that, of those students, relatively few (8.5% lifetime, 2.6% 30-day) actually used alcohol. In contrast, of the 6.0% who marked that their parents agree with use somewhat (i.e. the parent only believes that it is "Wrong," not "Very Wrong"), 32.8% of these students indicated lifetime alcohol use and 13.8% of these students indicated 30-day alcohol use. Similar findings can be observed regarding marijuana, cigarette, and prescription drug use.

The table below 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.

How wrong do your parents feel it would be for YOU to:	Student has used:	
drink beer, wine, or hard liquor regularly?	Alcohol (lifetime use)	Alcohol (past 30 days)
Very Wrong	8.5%	2.6%
Wrong	32.8%	13.8%
A Little Bit Wrong	54.8%	28.3%
Not Wrong At All	44.0%	30.2%
smoke marijuana?	Marijuana (lifetime use)	Marijuana (past 30 days)
Very Wrong	4.4%	1.8%
Wrong	22.2%	12.5%
A Little Bit Wrong	45.8%	28.5%
Not Wrong At All	50.8%	33.0%
smoke cigarettes?	Cigarettes (lifetime use)	Cigarettes (past 30 days)
Very Wrong	2.8%	0.5%
Wrong	11.9%	2.6%
A Little Bit Wrong	30.3%	7.2%
Not Wrong At All	21.4%	11.4%
use prescription drugs not prescribed to you?	Prescription drugs (lifetime use)	Prescription drugs (past 30 days)
Very Wrong	1.5%	0.5%
Wrong	4.3%	1.6%
A Little Bit Wrong	14.3%	8.9%
Not Wrong At All	13.8%	8.6%

APPENDIX C: DRUG FREE COMMUNITIES DATA

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

Core Measure	Definition	Substance	6th		8th		10th		12th		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	67.3	4,010	71.8	3,477	72.2	3,094	71.6	1,641	68.6	5,986	73.0	6,142
	take five or more drinks of an alcoholic beverage once or twice a week	Binge drinking	72.2	4,034	77.6	3,504	78.0	3,112	77.4	1,647	76.0	6,018	76.8	6,184
	smoke one or more packs of cigarettes per day	Tobacco	76.2	4,047	78.5	3,505	77.9	3,112	78.0	1,644	77.1	6,028	78.3	6,184
	smoke marijuana regularly	Marijuana	68.8	3,928	69.9	3,478	67.0	3,096	61.4	1,644	64.5	5,948	69.0	6,103
	use prescription drugs that are not prescribed to them	Prescription drugs	76.3	3,977	80.6	3,469	80.2	3,093	80.8	1,640	78.7	5,956	80.4	6,128
	use vape products such as e-Cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	e-Cigarettes/ vaping	75.8	3,975	78.5	3,474	77.8	3,095	75.9	1,644	76.2	5,972	77.9	6,126
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	99.3	3,952	99.4	3,452	99.2	3,024	99.0	1,591	99.0	5,848	99.5	6,077
	smoke cigarettes	Tobacco	99.6	3,960	99.6	3,460	99.1	3,028	99.0	1,593	99.2	5,859	99.4	6,087
	smoke marijuana	Marijuana	99.6	3,909	99.2	3,442	97.8	3,029	96.6	1,586	98.0	5,825	98.6	6,046
	use prescription drugs not prescribed to you	Prescription drugs	99.2	3,936	99.1	3,446	98.5	3,028	99.3	1,588	98.9	5,833	99.2	6,072
	use vape products such as e-Cigarettes, vape pens, mods, or pod vapes like JUUL or Puff Bars?	e-Cigarettes/ vaping	99.3	3,946	99.1	3,431	98.6	3,010	98.5	1,584	98.8	5,818	98.9	6,058
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	96.9	3,855	97.2	3,473	95.7	3,081	95.4	1,615	95.9	5,852	96.7	6,078
	smoke tobacco	Tobacco	98.0	3,847	97.4	3,472	95.2	3,079	95.9	1,614	96.3	5,842	97.0	6,076
	smoke marijuana	Marijuana	98.0	3,801	95.8	3,467	92.6	3,081	90.6	1,614	93.5	5,822	94.8	6,047
	use prescription drugs not prescribed to you	Prescription drugs	97.6	3,833	97.0	3,465	96.5	3,076	97.5	1,614	96.7	5,836	97.7	6,059
Past 30-Day Use* (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	1.0	4,051	2.2	3,511	2.1	3,131	3.3	1,664	2.0	6,046	2.3	6,213
	smoked cigarettes	Tobacco	0.1	4,069	0.2	3,527	0.3	3,145	0.4	1,673	0.3	6,075	0.2	6,240
	used marijuana	Marijuana	0.3	3,915	1.5	3,524	2.7	3,139	2.9	1,672	1.8	5,997	2.1	6,158
	combined results of prescription stimulant/sedative/ narcotics questions	Prescription drugs	N/A	N/A	0.6	3,525	0.6	3,145	0.3	1,675	0.6	4,012	0.4	4,271

* 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.

APPENDIX D: 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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Local Substance Abuse Authority/ County Level Providers

See <https://sumh.utah.gov/> for contact information for prevention efforts in your neighborhood.

Bear River

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Four Corners

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**This Report Was Prepared for the State of Utah
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APPENDIX E: RISK AND PROTECTIVE SCALE DEFINITIONS

An explanation of the 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.

- I like my neighborhood.
- I'd like to get out of my neighborhood.
- If I had to move, I would miss the neighborhood I now live in.

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.

- If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?
- If a kid smoked marijuana in your neighborhood would he or she be caught by the police?
- How wrong would most adults (over 21) in your neighborhood think it was for kids your age:
 - To drink alcohol?
 - To smoke cigarettes?
 - To use marijuana?

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.

- How easy would it be for you to get any, if you wanted to get any of the following:
 - Beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum)?

- Marijuana?
- A drug like cocaine, LSD, heroin, or amphetamines, how easy would it be for you to get some?
- A handgun?

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.

- My neighbors notice when I am doing a good job and let me know.
- There are people in my neighborhood who are proud of me when I do something well.
- There are people in my neighborhood who encourage me to do my best.

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.

- When I am not at home, one of my parents/caregivers knows where I am and who I am with.
- If you skipped school, would you be caught by your parents/caregivers?
- My parents/caregivers ask if I've gotten my homework done.
- Would your parents/caregivers know if you did not come home on time?
- The rules in my family are clear.

- If you carried a handgun without your parent's/caregiver's permission, would you be caught by them?
- If you drank some beer, wine, or liquor (for example vodka, whiskey, gin, or rum) without your parent's/caregiver's permission, would you be caught by them?
- My family has clear rules about alcohol and drug use.

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.

- People in my family often insult or yell at each other.
- We argue about the same things in my family over and over.
- People in my family have serious arguments.

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.

- About how many adults (over 21) have you known personally who in the past year have:
 - Gotten drunk or high?
 - Used marijuana, crack, cocaine, or other drugs?
 - Sold or dealt drugs?
 - Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
- How many of your brothers or sisters ever:
 - Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - Smoked cigarettes?
 - Smoked marijuana?
 - Took a handgun to school?
 - Been suspended or expelled from school?

- Has anyone in your family ever had a severe alcohol or drug problem?

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.

- How wrong do your parents/caregivers feel it would be for you to:
 - Pick a fight with someone?
 - Steal anything worth more than \$5
 - Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?
 - Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - Smoke cigarettes?
 - Use marijuana?
 - Use prescription drugs not prescribed to you?

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.

- Do you feel very close to your parents/caregivers?
- Do you share your thoughts and feelings with your parents/caregivers?

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.

- My parents/caregivers ask me what I think before most family decisions affecting me are made.

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.

- My parents/caregivers notice when I am doing a good job and let me know about it.
- How often do your parents/caregivers tell you they're proud of you for something you've done?
- Do you enjoy spending time with your parents/caregivers?

School Domain Risk Factors

Academic Failure – Beginning in late elementary (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.

- Putting them all together, what were your grades like last year?
- Are your school grades better than the grades of most students in your class?

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.

- During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or “cut”?
- How important do you think the things you are learning in school are going to be for your later life?
- How interesting are most of your courses to you?
- How often do you feel that the schoolwork you are assigned is meaningful and important?
- Now, thinking back over the past year in school, how often did you:
 - Enjoy being in school?
 - Hate being in school?
 - Try to do your best work in school?

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.

- Teachers ask me to work on special classroom projects.
- There are lots of chances for students in my school to talk one-on-one with a teacher.
- I have lots of chances to be part of class discussions or activities.
- In my school, students have lots of chances to help decide things like class activities and rules.
- There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

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.

- My teacher(s) notices when I am doing a good job and lets me know about it.
- I feel safe at my school.
- The school lets my parents/caregivers know when I have done something well.
- My teachers praise me when I work hard in school.

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 irresponsible, 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.

- I like to see how much I can get away with.
- I ignore the rules that get in my way.
- I do the opposite of what people tell me, just to get them mad.

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.

- If ever, how old were you when you first:
 - used marijuana (grass, pot, cannabis, weed) or hashish (hash, hash oil)?
 - smoked a cigarette, even just a puff?
 - had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or tequila)?
 - began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - got suspended from school?
 - got arrested?
 - carried a handgun?
 - attacked someone with the idea of seriously hurting them?

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.

- How wrong do you think it is for someone your age to:
 - Stay away from school all day when their parents think they are at school?
 - Take a handgun to school?
 - Steal anything worth more than \$5?
 - Pick a fight with someone?
 - Attack someone with the idea of seriously hurting them?
 - Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?

- Smoke cigarettes?
- Use LSD, cocaine, amphetamines or another illegal drug?
- Use marijuana?
- Use prescription drugs not prescribed to them?

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.

- How much do you think people risk harming themselves (physically or in other ways) if they:
 - Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
 - Smoke one or more packs of cigarettes per day?
 - Try marijuana once or twice?
 - Use marijuana regularly

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.

- Think of up to four of your best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:
 - Been arrested?
 - Dropped out of school?
 - Stolen or tried to steal a motor vehicle such as a car or motorcycle?
 - Been suspended from school?
 - Carried a handgun?
 - Sold illegal drugs?

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.

- Think of up to four of your best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:

- Tried beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) when their parents didn't know about it?
- Smoked cigarettes?
- Used LSD, cocaine, amphetamines, or other illegal drugs?
- Used marijuana?

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.

- What are the chances you would be seen as cool if you:
 - Carried a handgun?
 - Began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - Smoked cigarettes?
 - Used marijuana?

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.

- In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?
 - 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.

Gang Involvement – Youth who belong to gangs are more at risk for antisocial behavior and drug use.

- Have you ever belonged to a gang?

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.

- I think it is okay to take something without asking as long as you get away with it.

- It is all right to beat up people if they start the fight.
- I think sometimes it's okay to cheat at school.
- It is important to be honest with your parents, even if they become upset or you get punished.

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.

- Think of your four best friends (the friends you feel closest to). In the past year (12 months) how many (if any) of your best friends have:
 - participated in clubs, organizations and activities at school?
 - made a commitment to stay drug-free?
 - tried to do well in school?
 - liked school?
 - regularly attended religious services?

Prosocial Involvement – Participation in positive school and community activities helps provide protection for youth.

- If ever, how many times in the past year (12 months) have you:
 - participated in clubs, organizations and activities at school?
 - done extra work on your own for school?
 - volunteered to do community service?

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.

- What are the chances you would be seen as cool if you:
 - worked hard in school?
 - defended someone who was being verbally abused at school?
 - regularly volunteered to do community service?

APPENDIX F: METHODOLOGY

About the Survey:

The SHARP Prevention Needs Assessment (PNA) was developed by the Utah Department of Health and Human Services (DHHS). It focuses on understanding risk and protective factors and tracking trends related to youth health and substance use. In 2009, Utah integrated a subset of youth tobacco questions with the PNA survey. Since 2011, other health-related questions have been added—covering topics like asthma, diabetes, healthy weight, physical activity, nutrition, and injury prevention.

To manage survey length, the PNA is divided into two versions (Form A and Form B). There are separate versions for 6th grade and for 8th, 10th, and 12th grades. Most health-related questions appear on Form B.

Who Participated:

All Utah public school students in grades 6, 8, 10, and 12 are eligible to take the PNA. In 2025, students from 37 of 41 school districts and 16 charter schools took part. Most districts included all eligible schools, while one large district selected a random sample. To improve accuracy, the survey included five screening questions to determine if students responded honestly. After this process, a total of 78,337 honest student surveys were included in the analysis.

How the Data Were Analyzed:

The results were weighted to reflect the population of Utah public school students. Weights were applied based on district, school, and classroom selection with additional adjustments by school district level grade, race, and gender to make the data more representative. This process helps reduce bias and improve accuracy.

Data points with fewer than 11 responses or with too much uncertainty (a relative standard error, or “RSE,” over 50%) were not reported, in line with DHHS data standards.

Limitations:

The SHARP-PNA does not include students in private or alternative schools, students who have dropped out, or those in treatment or correctional settings. Because Utah requires active parental consent, students who did not return a signed parental consent form or chose not to participate were not included in the survey.

APPENDIX G: SHARP SURVEY FORMS

To learn more about the SHARP Survey, visit [SHARP.Utah.gov](https://sharp.utah.gov). The site provides copies of the survey forms students complete, answers to frequently asked questions, and resources designed for parents, educators, community partners, and policymakers. It is the central hub for understanding the survey process, accessing reliable information, and seeing how SHARP data helps guide prevention and health efforts across Utah.