

Student Health And Risk Prevention



2008 Youth Services Prevention Needs Assessment (PNA) Results

State of Utah

Department of
Human Services

Division of Substance
Abuse and Mental
Health

All Youth Programs

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Introduction

2008 All Youth Programs Prevention Needs Assessment Survey Report

This report summarizes the findings from the Utah 2008 Youth Services Survey and is compared to the Student Health and Risk Prevention (SHARP) Statewide Survey. The survey was administered to students in Youth Services Programs grades 6-12.

The 2008 results for each Youth Services Program are presented along with comparisons to the 2007 SHARP Survey results, specifically Salt Lake County. The PNA Survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Table 1 contains the characteristics of the students who completed the survey from the Youth Services Program. Because not all students answer all of the questions, the number of students in the gender and ethnicity categories in Table 1 will often be less than the total number of students in grades 6-12.

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When using the information in this report, please pay attention to the number of students who participated from your community. If 60% or more of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

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

How to Read the Charts Presented in This Report: Substance Use and Antisocial Behavior, Gambling, Risk, and Protection

There are four types of charts presented in this report: 1) substance use, 2) antisocial behavior charts and gambling charts, 3) risk factor charts, and 4) protective factor charts. All the charts show the results of the 2007 PNA Survey compared to the 2008 Youth Services data (2001, 2003, and 2005 are included where applicable). The actual percentages from the charts are presented in Tables 3 through 10. Table 11 contains information for the Drug Free Communities Report, and Table 12 contains additional data for prevention planning and reporting to state and federal agencies.

Table 1. Characteristics of Participants

Student Totals												
Total Students	2001		2003		2005		2008		SLCO 2007		State 2007	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	361	100	286	100	254	100	356	100	4700	100	23531	100
Grade												
6	26	7.2	12	4.2	17	6.7	17	4.8	*	*	*	*
7	51	14.1	26	9.1	11	4.3	45	12.6	*	*	*	*
8	68	18.8	49	17.1	23	9.1	70	19.7	2780	59.1	13367	56.8
9	65	18.0	55	19	58	22.8	91	25.6	*	*	*	*
10	86	23.8	57	20	47	18.5	51	14	1920	40.9	10164	43.2
11	51	14.1	49	17.1	59	23.2	46	12.9	*	*	*	*
12	14	3.9	38	13.3	39	15.4	36	10.1	*	*	*	*
Gender												
Male	179	50.7	148	53.0	130	52.2	193	56.8	2134	46.0	11119	48.0
Female	174	49.3	131	47.0	119	47.8	147	43.2	2501	54.0	12054	52.0
Ethnicity												
Native American	19	5.9	11	4.0	10	4.1	24	5.8	174	3.4	835	3.3
Asian	3	0.9	5	1.8	2	0.8	9	2.2	233	4.5	685	2.7
Black	14	4.3	13	4.7	13	5.3	35	8.4	188	3.6	666	2.6
Pacific Islander	1	0.3	4	1.5	0	0.0	24	5.8	182	3.5	470	1.9
Hispanic	62	19.1	45	16.4	41	16.7	105	25.2	919	17.7	2806	11.1
White	225	69.4	181	65.8	165	67.3	220	52.8	3486	67.3	19813	78.4
Other	0	0.0	16	5.8	14	5.7	**	**	**	**	**	**

* The SHARP Survey is administered to even grades only.

** After 2007 ethnicity is multiple choice and did NOT include "Other" as a category

How to Read the Charts in this Report (continued)

Substance Use, Antisocial Behavior, and Gambling Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Heavy use** includes **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 need for alcohol, drug, or alcohol OR drug treatment**. The need for treatment is defined as students who have used alcohol or drugs on ten or more occasions in their lifetime and marked three or more of the following six items related to their past year drug or alcohol use: 1) spent more time using than intended, 2) neglected some of your usual responsibilities because of use, 3) wanted to cut down on use, 4) others objected to your use, 5) frequently thought about using, 6) used alcohol or drugs to relieve feeling such as sadness, anger, or boredom. Students could mark whether these items related to their drug use and/or their alcohol use.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **during the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.

- **Gambling behavior** is a measure of the percentage of students who engaged in 10 types of gambling as well as an overall measure of gambling during the past year.
- **Dots and Diamonds**. The dots on the charts represent the percentage of all of the youth surveyed across Utah who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future Survey or the 8-State Norm. A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Risk and Protective Factor Charts

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

The Bars on the risk and protective factor charts, represent the percentage of students whose answers reflect significant risk or protection. There are bars for the last three administrations of the PNA: 2003, 2005, and 2007. By looking at 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.

How to Read the Charts in this Report (continued)

The 8-State Norm diamond on the charts allows a comparison between the levels of risk and protection in your community and a more national sample. The 8-State Norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for eight states across the country. In developing the 8-State Norm, the contribution of each of eight states was proportional to its percentage of the national population which helps to make the results more representative of youth nation-wide. A comparison between the ATOD use rates from the 8-State database and those from the national Monitoring the Future survey showed the rates to be very similar which provides added confidence in the validity of the 8-State Norm. Brief definitions of the risk and protective factors scales are provided in Table 2 following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under *Contacts for Prevention*.

Youth with High Risk and Protection

Along with the risk and protective factor scales, there is a bar for each chart that shows the percentage of students at high risk for each risk factor chart and

the percentage of students with high protection for each protective factor chart. The percentage of youth at high risk is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 7 or more risk factors, for 7th and 8th grades it is 8 or more risk factors, and for 9th through 12th grades it is 9 or more risk factors. The percentage of youth with high protection is defined as the percentage of students in 6th grade with 4 or more protective factors and in 7th through 12th grades who have 5 or more protective factors operating in their lives.

Additional Survey Results

Tables 11 and 12 contain information of interest to schools and communities. Table 11 contains information that needs to be reported by communities with Drug Free Communities Grants such as the perception of the risk of ATOD use; perception of parent and peer disapproval of ATOD use; past 30-day use, and average age of first use. Table 12 contains information such as school safety, discipline, and students' perception of other students' ATOD use.

Practical Implications of the PNA

No Child Left Behind

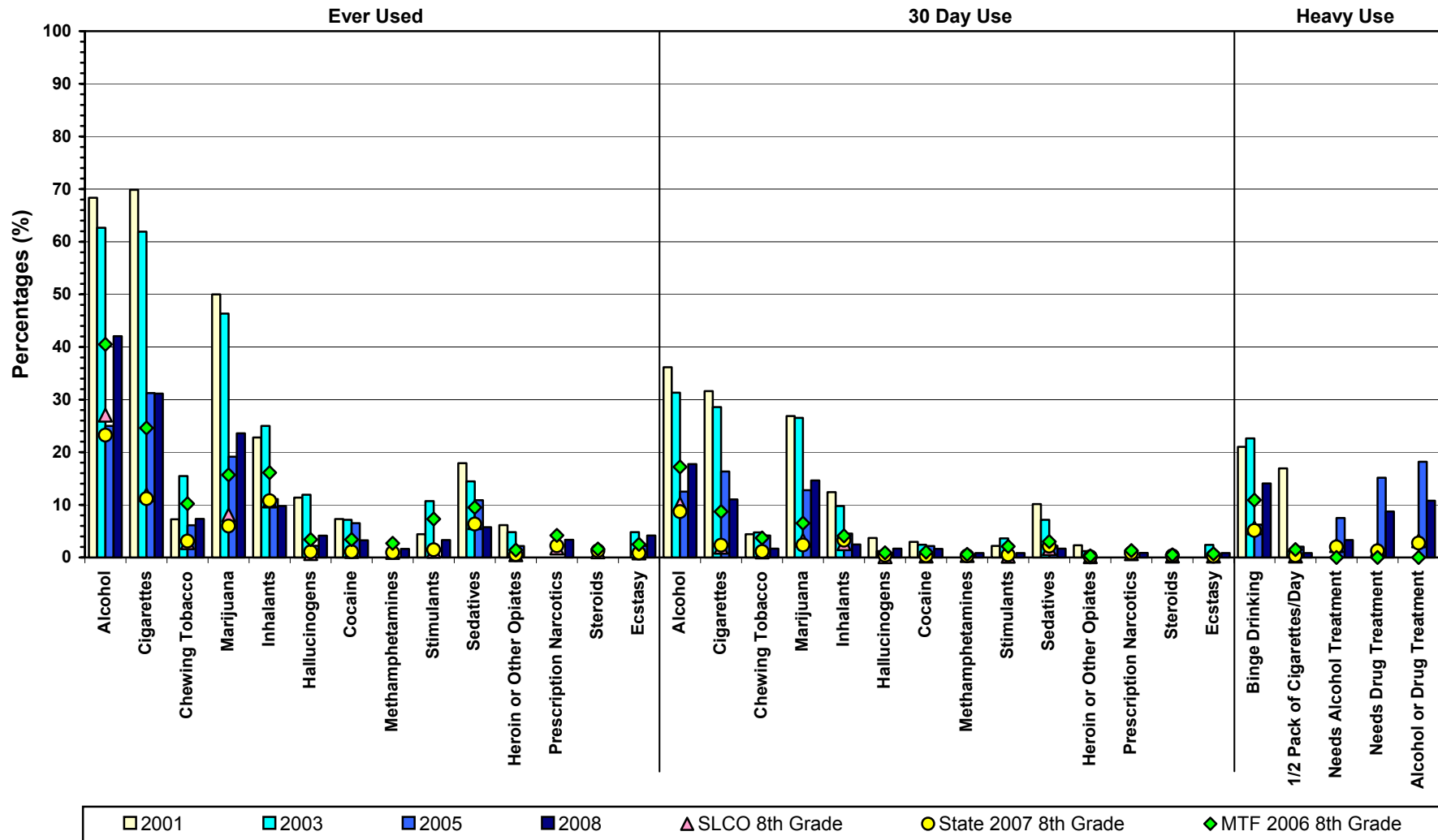
The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the PNA Survey presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

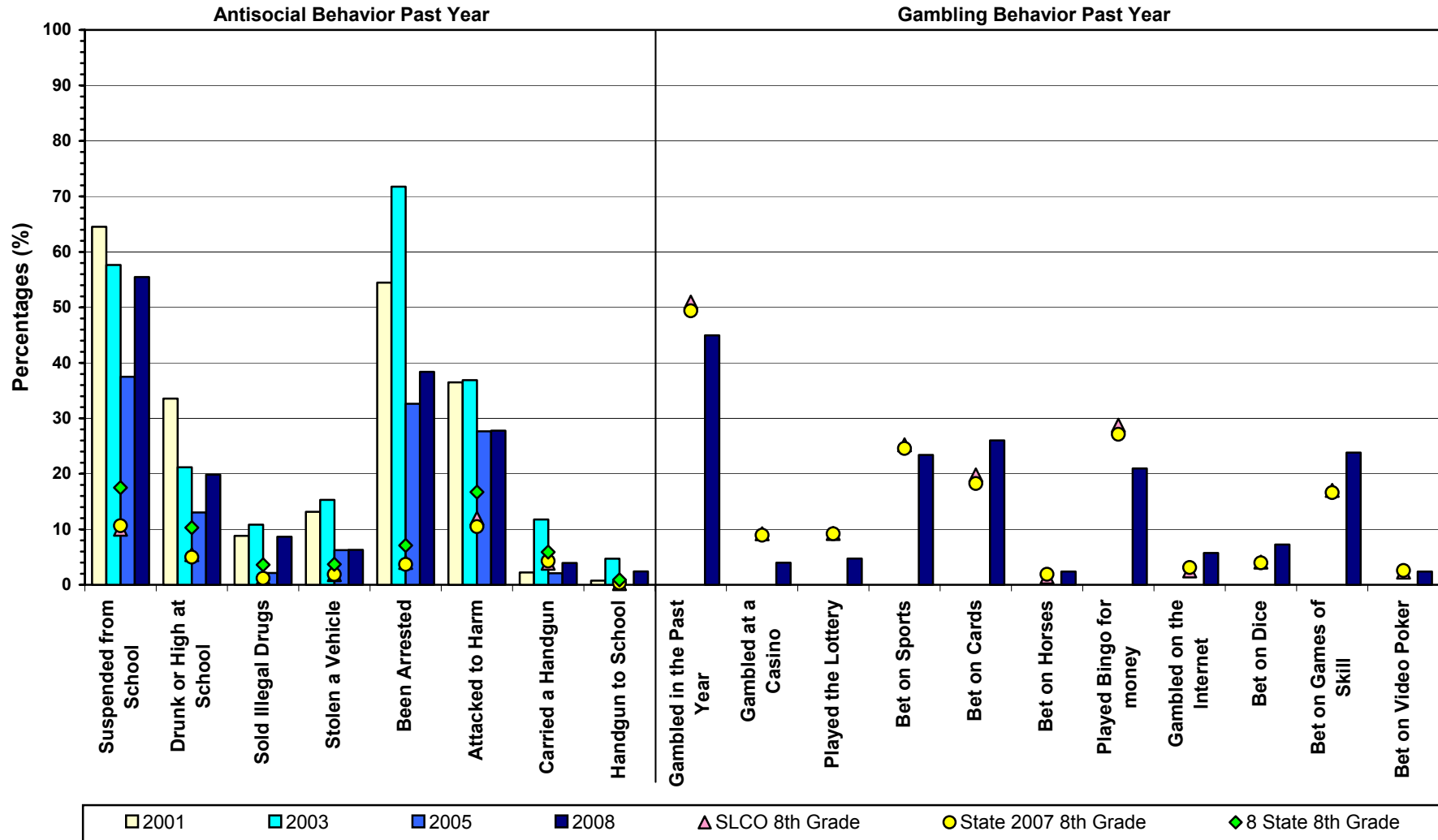
ALCOHOL, TOBACCO, AND OTHER DRUG (ATOD) USE

All Youth Programs, Grades 6, 7, and 8



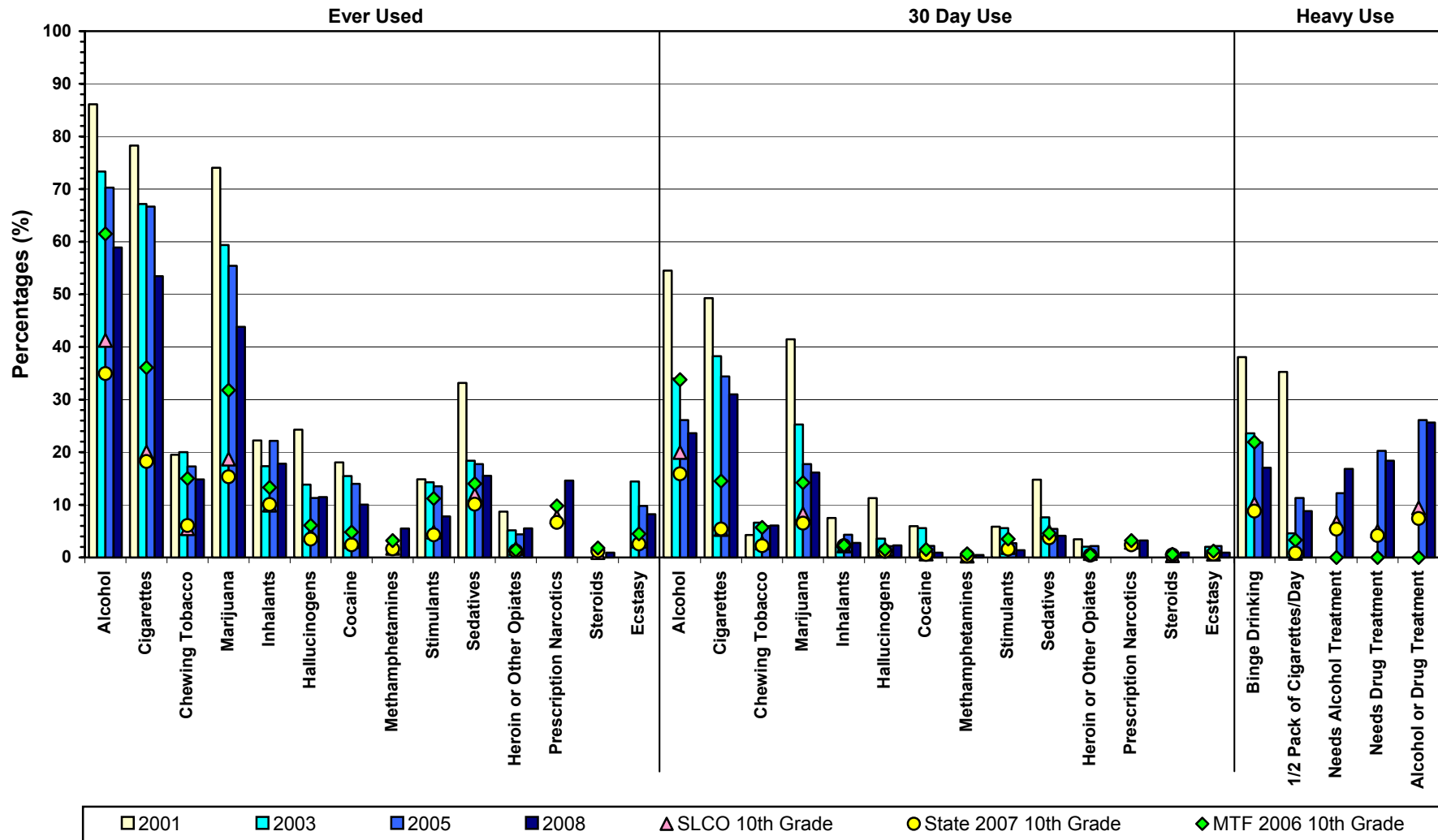
ANTISOCIAL BEHAVIOR AND GAMBLING

All Youth Programs, Grades 6, 7, and 8



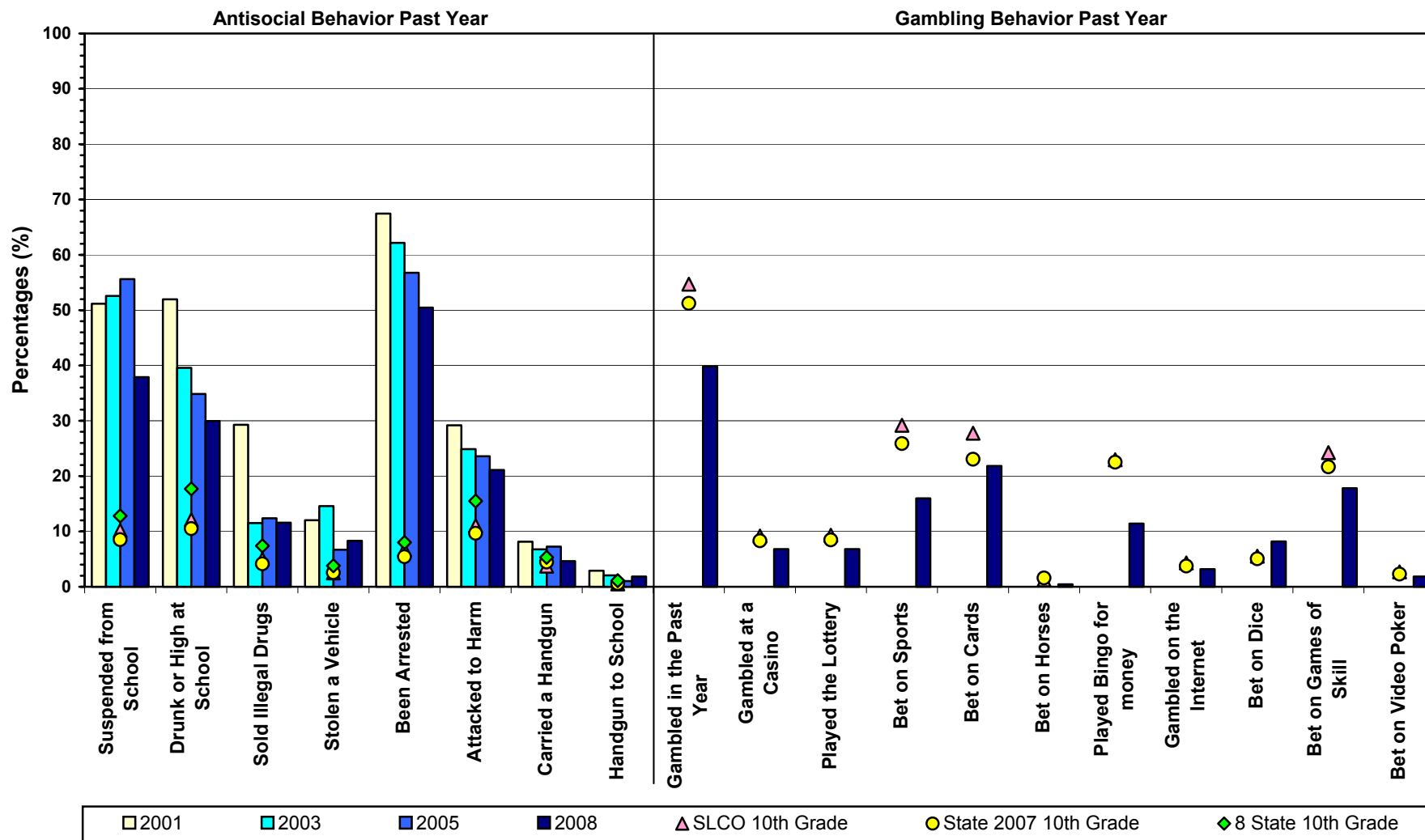
ALCOHOL, TOBACCO, AND OTHER DRUG (ATOD) USE

All Youth Programs, Grades 9, 10, 11, and 12



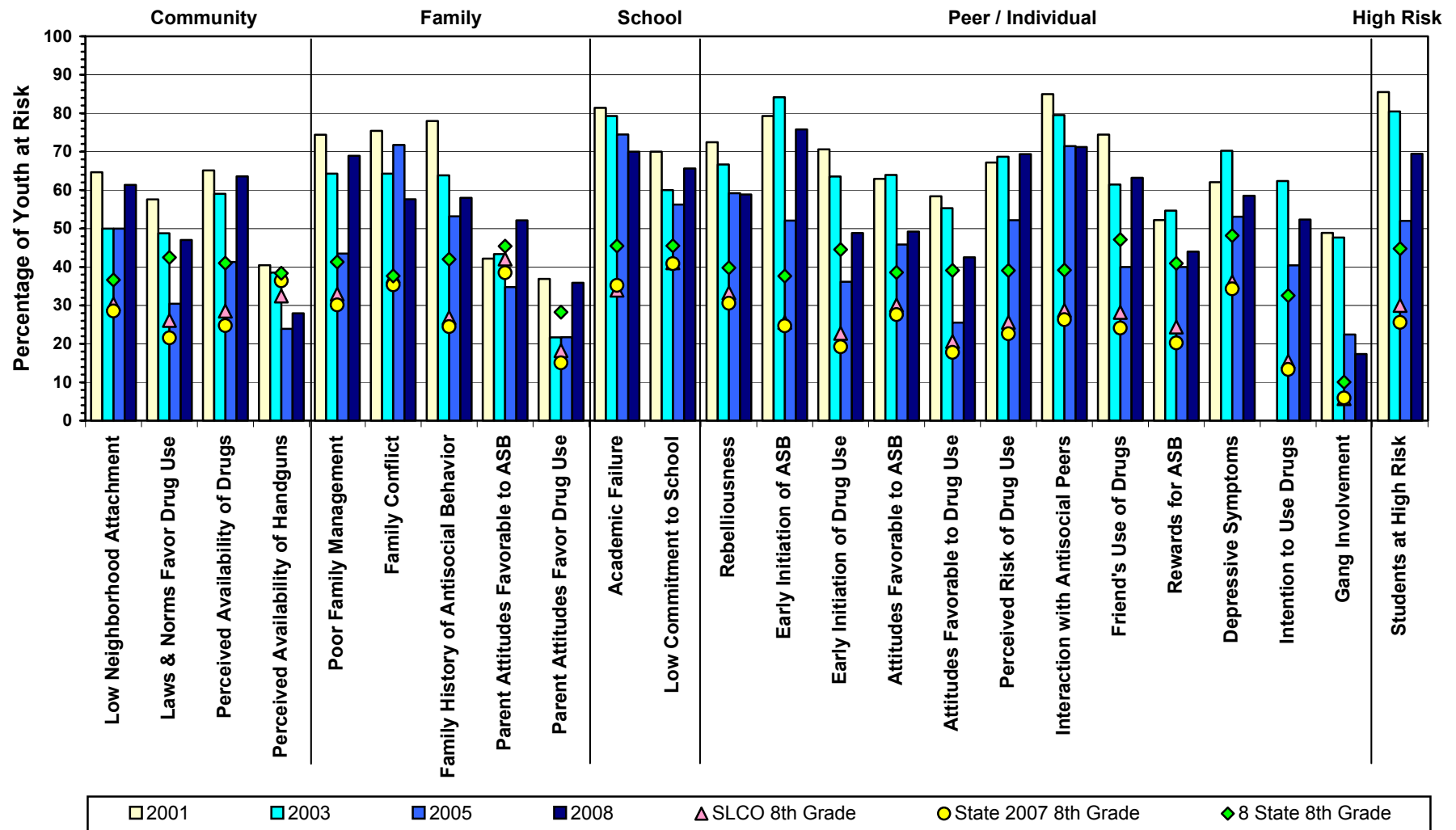
ANTISOCIAL BEHAVIOR AND GAMBLING

All Youth Programs, Grades 9, 10, 11, and 12



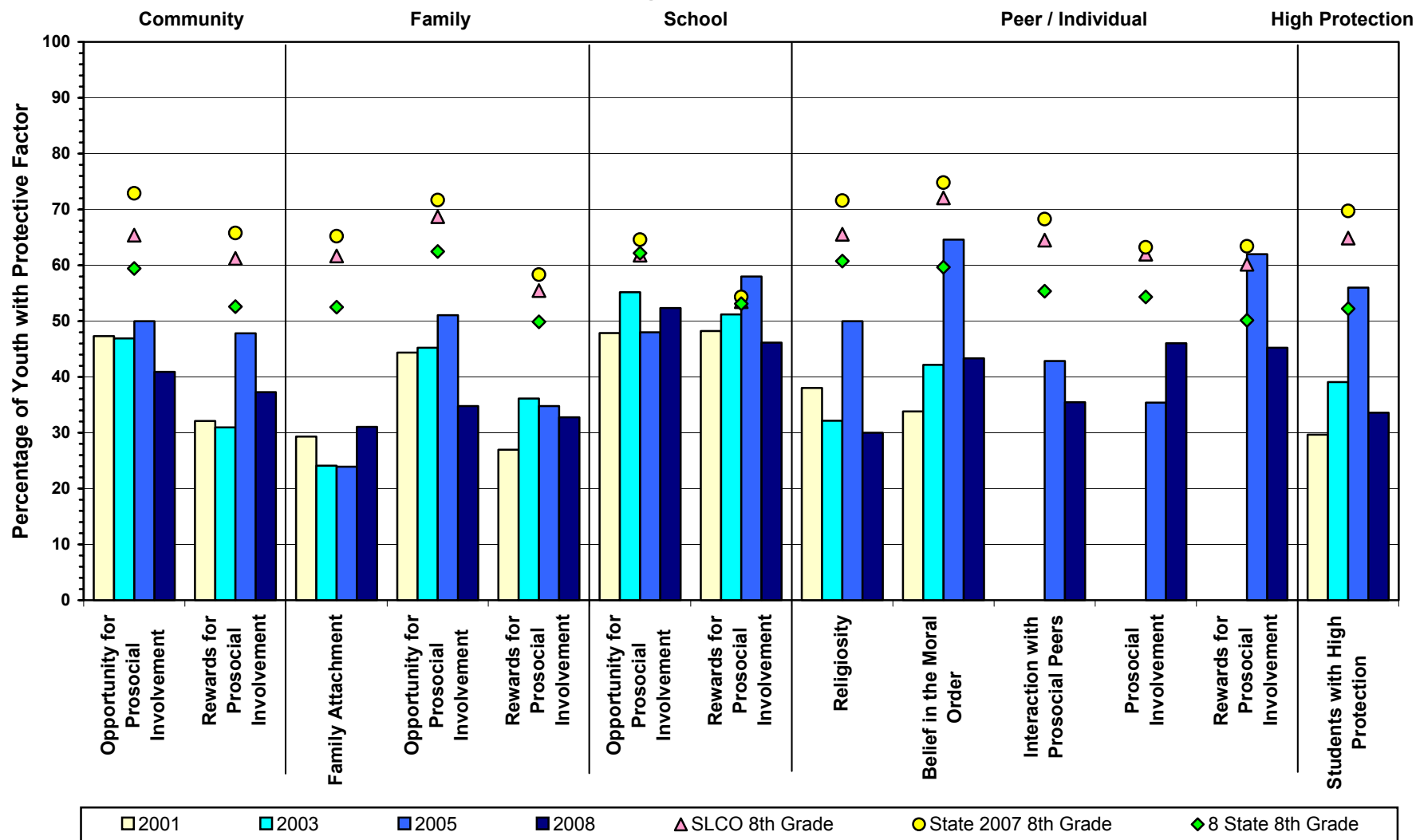
RISK PROFILE

All Youth Programs, Grades 6, 7, and 8



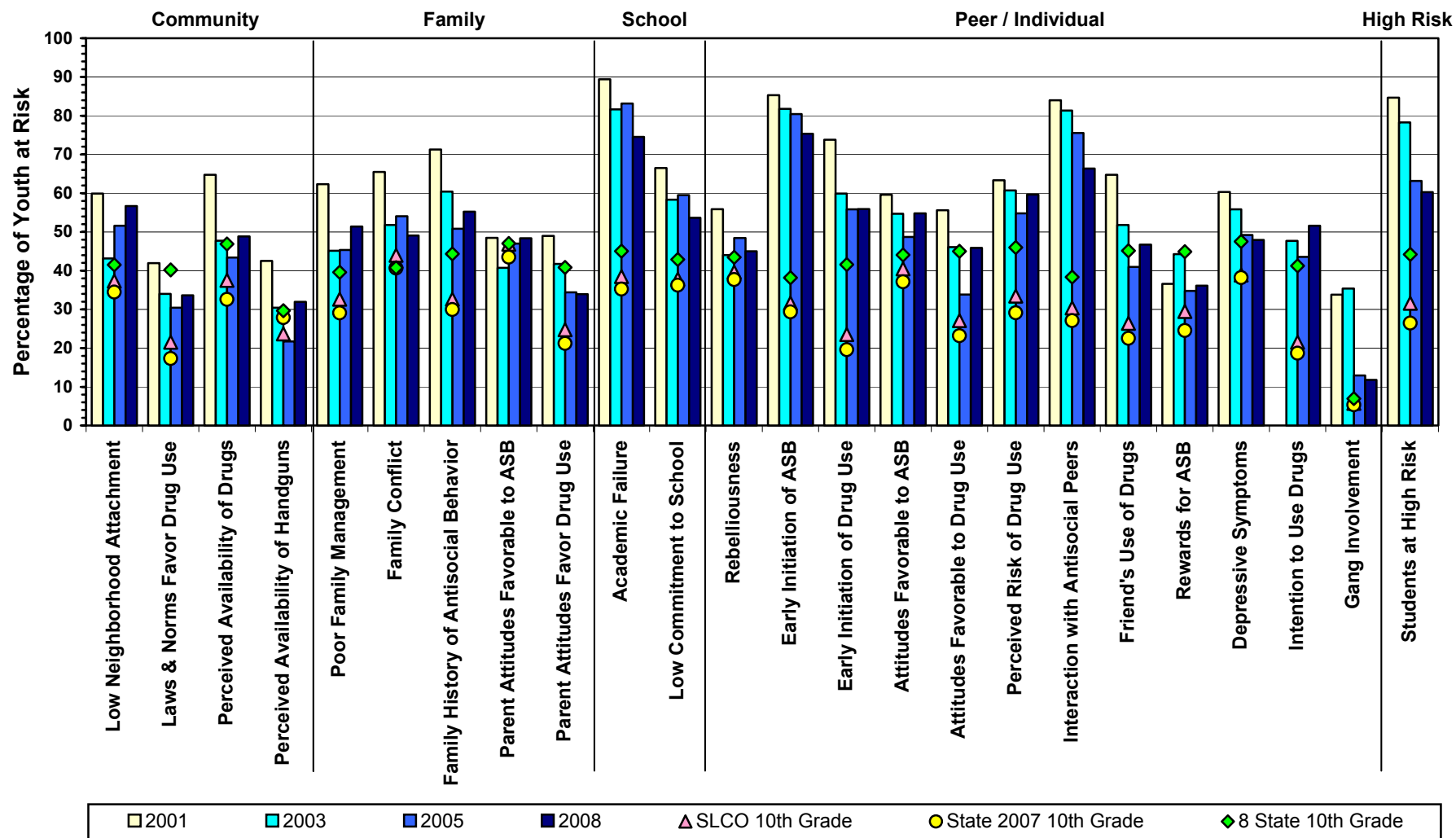
PROTECTIVE PROFILE

All Youth Programs, Grades 6, 7, and 8



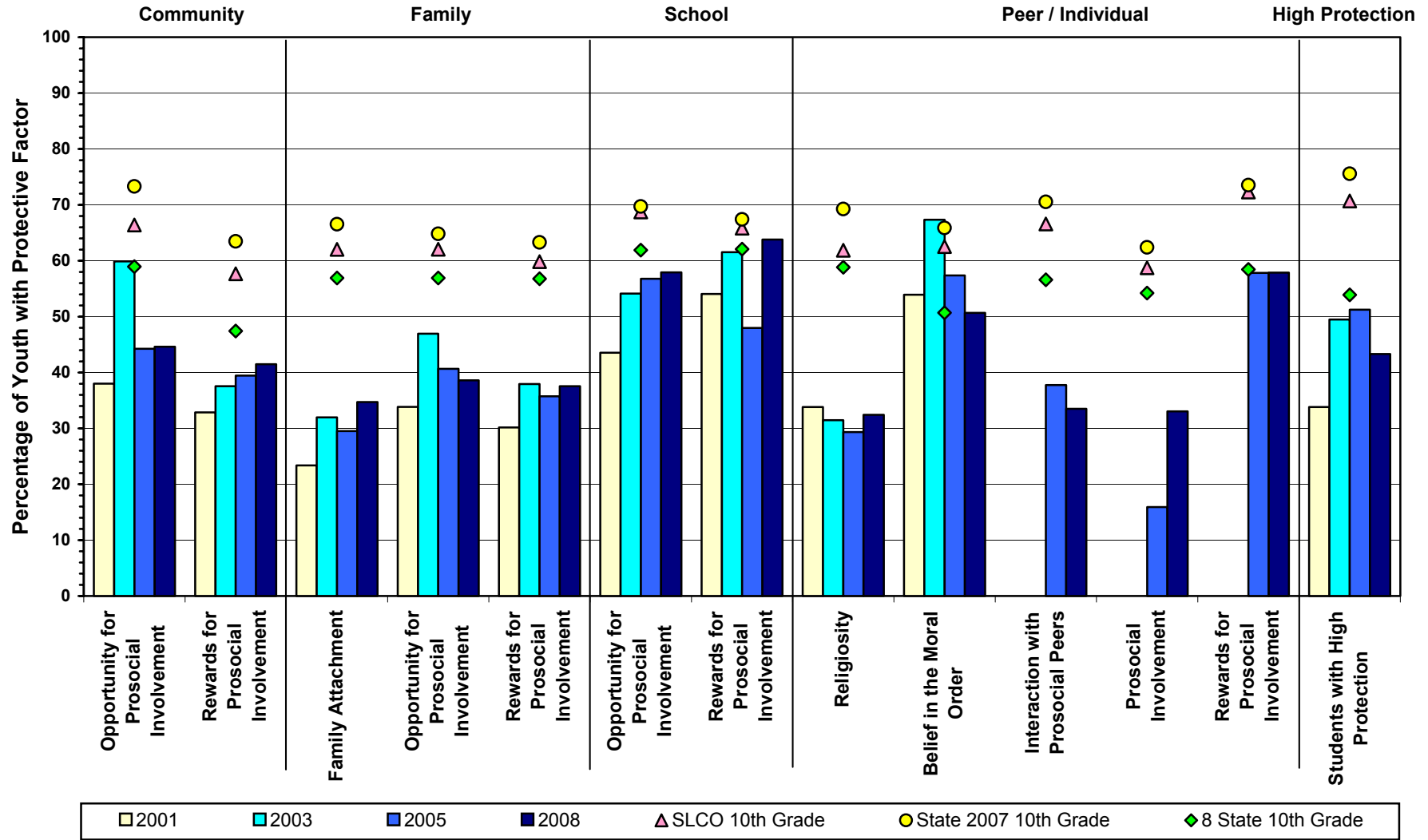
RISK PROFILE

All Youth Programs, Grades 9, 10, 11, and 12



PROTECTIVE PROFILE

All Youth Programs, Grades 9, 10, 11, and 12



Risk and Protective Factors

The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include social bonding to family, school, community, and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

By measuring risk and protective factors in a population, prevention programs can be

implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart below shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

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

Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created this 5-step model to guide states and communities through the process of creating planned, data-driven, effective, and sustainable prevention programs.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery: The SPF begins with an assessment of the needs in the community that is based on data. The Utah State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness.

- **Community Needs Assessment:** The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data includes adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.
- **Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized substance abuse problems and identified risk and protective factors. It is important to identify the assets and resources that already exist in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The Plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at <http://casat.unr.edu/bestpractices/search.php> for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The PNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

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

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

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

How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide and national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

- **Substance use and antisocial behavior data** can 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 by noting which risk factors are high and which protective factors are low.
- **The SPF SIG planning model** can guide your prevention planning process. Use the resources listed on the last page of this report, *Contacts for Prevention*, for ideas about prevention programs that have proven effective in addressing the risk factors that are high in your community and improving the protective factors that are low.

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Table 2. Risk and Protective Factor Scale Definitions

<i>Community Domain Risk Factors</i>	
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	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.
<i>Perceived Availability of Drugs and Handguns</i>	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.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Family History of Antisocial Behavior</i>	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.
<i>Family Conflict</i>	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.
<i>Parental Attitudes Favorable Toward Antisocial Behavior & Drugs</i>	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.
<i>Poor Family Management</i>	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
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	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.
<i>Opportunities for Positive Involvement</i>	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.
<i>Rewards for Positive Involvement</i>	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.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<i>Low Commitment to School</i>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers 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.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<i>School Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	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.
<i>Rewards for Positive Involvement</i>	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
<i>Peer-Individual Risk Factors</i>	
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	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.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	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.
<i>Friends' Use of Drugs</i>	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.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Intention to Use ATODs</i>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<i>Depressive Symptoms</i>	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.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<i>Interaction with Prosocial Peers</i>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006
	145	87	51	132	2780	13367	†	216	199	203	224	1920	10164	†

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

In your lifetime, on how many occasions (if any) have you (One or more occasions)	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006
Alcohol had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	68.3	62.7	25.0	42.1	27.0	23.2	40.5	86.1	73.3	70.3	58.9	41.3	35.0	61.5
Cigarettes smoked cigarettes?	69.9	61.9	31.3	31.1	11.9	11.2	24.6	78.3	67.2	66.7	53.5	20.0	18.2	36.1
Chewing Tobacco used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	7.2	15.5	6.1	7.3	2.8	3.1	10.2	19.5	20.0	17.3	14.8	5.5	6.1	15.0
Marijuana used marijuana (grass, pot) or hashish (hash, hash oil)?	50.0	46.3	19.1	23.6	8.1	6.0	15.7	74.0	59.4	55.4	43.8	18.7	15.3	31.8
Inhalants sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	22.8	25.0	11.1	9.8	10.7	10.8	16.1	22.2	17.3	22.2	17.8	9.9	10.1	13.3
Hallucinogens used LSD or other hallucinogens?	11.4	11.9	2.2	4.1	0.7	1.1	3.4	24.3	13.8	11.3	11.5	4.3	3.5	6.1
Cocaine used cocaine or crack?	7.3	7.1	6.5	3.3	1.1	1.1	3.4	18.0	15.5	14.0	10.0	3.0	2.4	4.8
Methamphetamines used methamphetamines (meth, speed, crank, crystal meth)?	**	**	**	1.6	1.0	0.9	2.7	**	**	**	5.5	1.8	1.6	3.2
Stimulants used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	4.4	10.7	0.0	3.3	1.2	1.5	7.3	14.9	14.3	13.5	7.8	4.8	4.3	11.2
Sedatives used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	17.9	14.5	10.9	5.7	6.6	6.3	9.5	33.2	18.4	17.7	15.5	11.9	10.1	14.0
Heroin or Other Opiates used heroin or other opiates?	6.2	4.8	2.2	0.0	0.5	0.5	1.4	8.7	5.2	4.4	5.5	1.7	1.2	1.4
Prescription Narcotics used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	*	*	*	3.4	1.8	2.2	4.2	*	*	*	14.6	7.7	6.7	9.8
Steroids used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	*	*	*	0.0	1.1	1.3	1.6	*	*	*	0.9	0.9	1.2	1.8
Ecstasy used MDMA ('X', 'E', or ecstasy)?	*	4.8	2.2	4.2	0.9	0.8	2.5	*	14.4	9.8	8.2	3.1	2.6	4.5

† See the Monitoring the Future website (<http://monitoringthefuture.org/>)

** Before 2007, Methamphetamines was combined with Stimulants

* Substances not included in that years survey

Table 5. Percentage of Students Who Used ATODs During Their Lifetime

In the past 30 days, on how many occasions (if any) have you (One or more occasions)	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006
Alcohol had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	36.2	31.3	12.5	17.7	10.2	8.7	17.2	54.5	34.0	26.1	23.6	19.9	15.9	33.8
Cigarettes smoked cigarettes?	31.6	28.6	16.3	11.0	1.9	2.3	8.7	49.3	38.3	34.4	31.0	5.3	5.4	14.5
Chewing Tobacco used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	4.4	4.8	4.2	1.7	1.1	1.1	3.7	4.3	6.6	5.9	6.1	2.8	2.2	5.7
Marijuana used marijuana (grass, pot) or hashish (hash, hash oil)?	26.9	26.5	12.8	14.6	3.2	2.4	6.5	41.5	25.3	17.7	16.1	8.3	6.5	14.2
Inhalants sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	12.4	9.8	4.5	2.5	2.6	3.3	4.1	7.5	2.0	4.3	2.8	2.2	2.2	2.3
Hallucinogens used LSD or other hallucinogens?	3.7	1.2	0.0	1.7	0.2	0.4	0.9	11.3	3.6	2.2	2.3	1.5	1.1	1.5
Cocaine used cocaine or crack?	3.0	2.4	2.2	1.6	0.3	0.3	1.0	5.9	5.6	2.2	0.9	0.7	0.6	1.5
Methamphetamines used methamphetamines (meth, speed, crank, crystal meth)?	**	**	**	0.8	0.4	0.3	0.6	**	**	**	0.5	0.3	0.3	0.7
Stimulants used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	2.2	3.6	0.0	0.8	0.2	0.5	2.1	5.9	5.6	2.7	1.4	1.9	1.6	3.5
Sedatives used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	10.1	7.1	2.2	1.7	1.7	2.1	3.0	14.8	7.6	5.4	4.1	4.9	3.7	4.6
Heroin or Other Opiates used heroin or other opiates?	2.3	1.2	0.0	0.0	0.1	0.1	0.3	3.4	2.1	2.2	0.0	0.8	0.4	0.5
Prescription Narcotics used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	*	*	*	0.9	0.7	0.8	1.3	*	*	*	3.2	2.9	2.4	3.2
Steroids used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	*	*	*	0.0	0.3	0.3	0.5	*	*	*	0.9	0.3	0.5	0.6
Ecstasy used MDMA ('X', 'E', or ecstasy)?	*	2.4	0.0	0.8	0.3	0.2	0.7	*	2.0	2.2	0.9	0.6	0.6	1.2

** Before 2007, Methamphetamines was combined with Stimulants

* Substances not included in that years survey

Table 6. Percentage of Students With Heavy ATOD Use

		Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
		2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006	2001	2003	2005	2008	SLCO 2007	State 2007	MTF 2006
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks?	21.0	22.6	6.3	14.0	5.6	5.1	10.9	38.1	23.6	21.9	17.1	10.2	8.8	21.9
1/2 Pack of Cigarettes/Day	During the past 30 days, have you smoked 1/2 Pack of cigarettes a day or more?	16.9	1.2	2.0	0.8	0.3	0.4	1.5	35.3	4.6	11.3	8.8	0.8	0.8	3.3
Needs Alcohol Treatment	Answered "Yes" to at least 3 alcohol treatment questions and has used alcohol on 10 or more occasions	*	*	7.5	3.3	2.3	2.0	n/a	*	*	12.2	16.8	6.7	5.4	n/a
Needs Drug Treatment	Answered "Yes" to at least 3 drug treatment questions and has used any drug on 10 or more occasions	*	*	15.2	8.7	1.5	1.3	n/a	*	*	20.2	18.4	5.0	4.2	n/a
Alcohol or Drug Treatment	Needs alcohol and/or drug treatment	*	*	18.2	10.8	3.2	2.7	n/a	*	*	26.1	25.6	9.4	7.4	n/a

* Items not included before 2005

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

How many times in the past year (12 months) have you: (One or more times)	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	8-State	2001	2003	2005	2008	SLCO 2007	State 2007	8-State
Been Suspended from School	64.5	57.6	37.5	55.5	10.0	10.6	17.5	51.2	52.6	55.6	37.9	10.2	8.5	12.8
Been Drunk or High at School	33.6	21.2	13.0	19.8	5.4	5.0	10.3	52.0	39.6	34.9	30.0	12.1	10.5	17.7
Sold Illegal Drugs	8.8	10.8	2.1	8.7	1.2	1.2	3.6	29.3	11.5	12.4	11.6	5.0	4.1	7.4
Stolen or Tried to Steal a Motor Vehicle	13.1	15.3	6.3	6.3	1.8	1.9	3.7	12.0	14.6	6.7	8.3	2.5	2.5	3.8
Been Arrested	54.5	71.8	32.6	38.4	4.0	3.7	7.1	67.5	62.2	56.8	50.5	6.7	5.4	8.0
Attacked Someone with the Idea of Seriously Hurting Them	36.5	36.9	27.7	27.8	12.0	10.5	16.7	29.2	24.9	23.6	21.1	11.1	9.7	15.5
Carried a Handgun	2.2	11.8	2.1	3.9	3.9	4.3	5.9	8.1	6.8	7.3	4.6	3.7	4.5	5.3
Carried a Handgun to School	0.8	4.7	0.0	2.4	0.2	0.3	0.9	2.9	2.1	1.0	1.8	0.5	0.6	1.1

Table 8. Percentage of Students Gambling in the Past Year

43.49

How many times in the past year (12 months) have you: (<i>'A few times' or more</i>)	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	8-State	2001	2003	2005	2008	SLCO 2007	State 2007	8-State
Gambled in the Past Year	*	*	*	45.0	51.0	49.4	n/a	*	*	*	39.8	54.7	51.3	n/a
Gambled at a Casino	*	*	*	4.0	9.2	8.9	n/a	*	*	*	6.8	9.2	8.3	n/a
Played the Lottery	*	*	*	4.7	9.2	9.2	n/a	*	*	*	6.8	9.3	8.5	n/a
Bet on Sports	*	*	*	23.4	25.2	24.6	n/a	*	*	*	16.0	29.2	25.9	n/a
Bet on Cards	*	*	*	26.0	19.8	18.3	n/a	*	*	*	21.8	27.8	23.0	n/a
Bet on Horses	*	*	*	2.4	1.4	1.9	n/a	*	*	*	0.5	1.2	1.6	n/a
Played Bingo for money	*	*	*	21.0	28.8	27.1	n/a	*	*	*	11.4	23.0	22.5	n/a
Gambled on the Internet	*	*	*	5.7	2.5	3.1	n/a	*	*	*	3.2	4.3	3.8	n/a
Bet on Dice	*	*	*	7.3	4.1	4.0	n/a	*	*	*	8.2	5.5	5.0	n/a
Bet on Games of Skill	*	*	*	23.8	17.0	16.6	n/a	*	*	*	17.8	24.2	21.7	n/a
Bet on Video Poker	*	*	*	2.4	2.3	2.6	n/a	*	*	*	1.8	2.7	2.3	n/a

Table 9. Percentage of Students Reporting Protection

Protective Factors	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	8-State	2001	2003	2005	2008	SLCO 2007	State 2007	8-State
Community Domain														
Opportunity for Prosocial Involvement	47.3	46.9	50.0	40.9	65.4	72.9	59.4	38.0	59.9	44.3	44.6	66.4	73.3	58.9
Rewards for Prosocial Involvement	32.1	31.0	47.8	37.3	61.2	65.8	52.6	32.9	37.6	39.5	41.5	57.7	63.5	47.4
Family Domain														
Family Attachment	29.3	24.1	23.9	31.0	61.7	65.2	52.5	23.4	32.0	29.5	34.7	62.0	66.5	56.9
Opportunity for Prosocial Involvement	44.4	45.2	51.1	34.8	68.7	71.7	62.5	33.8	46.9	40.7	38.6	62.1	64.8	56.9
Rewards for Prosocial Involvement	27.0	36.1	34.8	32.7	55.5	58.3	49.9	30.2	37.9	35.8	37.6	59.8	63.3	56.8
School Domain														
Opportunity for Prosocial Involvement	47.9	55.2	48.0	52.3	61.8	64.6	62.2	43.5	54.1	56.8	57.9	68.7	69.7	61.9
Rewards for Prosocial Involvement	48.2	51.2	58.0	46.2	53.5	54.3	53.1	54.1	61.5	48.0	63.8	65.8	67.4	62.1
Peer-Individual Domain														
Religiosity	38.0	32.1	50.0	30.0	65.6	71.6	60.7	33.8	31.4	29.3	32.4	61.9	69.3	58.8
Belief in the Moral Order	33.8	42.2	64.6	43.3	72.1	74.8	59.7	53.9	67.3	57.4	50.7	62.5	65.9	50.7
Interaction with Prosocial Peers	*	*	42.9	35.5	64.5	68.3	55.4	*	*	37.8	33.5	66.6	70.5	56.6
Prosocial Involvement	*	*	35.4	46.0	62.0	63.2	54.3	*	*	15.9	33.0	58.7	62.4	54.2
Rewards for Prosocial Involvement	*	*	62.0	45.2	60.2	63.4	50.1	*	*	57.8	57.9	72.3	73.5	58.4

* Items not included in that years survey

Table 10. Percentage of Students Reporting Risk

Risk Factors	Grades 6, 7, and 8				Grade 8			Grades 9, 10, 11, and 12				Grade 10		
	2001	2003	2005	2008	SLCO 2007	State 2007	8-State	2001	2003	2005	2008	SLCO 2007	State 2007	8-State
Community Domain														
Low Neighborhood Attachment	64.7	50.0	50.0	61.3	30.4	28.6	36.6	59.9	43.1	51.6	56.7	37.3	34.5	41.5
Laws & Norms Favor Drug Use	57.6	48.8	30.4	47.0	26.1	21.6	42.5	42.0	34.0	30.4	33.6	21.5	17.3	40.2
Perceived Availability of Drugs	65.1	59.0	41.3	63.6	28.5	24.7	41.0	64.7	47.7	43.4	48.8	37.5	32.6	46.9
Perceived Availability of Handguns	40.5	38.6	23.9	28.0	32.5	36.4	38.4	42.5	30.5	21.7	31.9	23.7	27.9	29.7
Family Domain														
Poor Family Management	74.4	64.3	43.5	68.9	32.9	30.1	41.3	62.3	45.1	45.4	51.4	32.6	29.1	39.6
Family Conflict	75.4	64.3	71.7	57.6	37.6	35.3	37.7	65.5	51.8	54.1	49.1	44.0	40.6	40.8
Family History of Antisocial Behavior	78.0	63.9	53.2	58.0	26.8	24.5	42.0	71.3	60.4	50.8	55.2	32.6	30.0	44.3
Parent Attitudes Favorable to ASB	42.2	43.4	34.8	52.1	42.1	38.5	45.4	48.5	40.7	47.0	48.4	46.8	43.5	47.0
Parent Attitudes Favor Drug Use	36.9	21.7	21.7	35.9	18.2	15.1	28.3	49.0	41.8	34.4	34.0	24.7	21.2	40.8
School Domain														
Academic Failure	81.4	79.3	74.5	70.0	34.0	35.2	45.5	89.4	81.6	83.2	74.5	38.5	35.2	45.0
Low Commitment to School	70.0	60.0	56.3	65.6	41.1	40.9	45.5	66.5	58.3	59.5	53.6	37.8	36.3	42.9
Peer-Individual Domain														
Rebelliousness	72.5	66.7	59.2	58.9	33.3	30.6	39.8	55.9	44.0	48.4	45.0	39.6	37.7	43.5
Early Initiation of ASB	79.3	84.1	52.1	75.8	25.6	24.7	37.6	85.3	81.8	80.4	75.3	31.6	29.4	38.2
Early Initiation of Drug Use	70.6	63.5	36.2	48.8	22.7	19.2	44.5	73.8	59.9	55.8	55.9	23.5	19.6	41.6
Attitudes Favorable to ASB	62.9	64.0	45.8	49.2	30.1	27.6	38.6	59.6	54.7	48.7	54.8	40.4	37.1	44.1
Attitudes Favorable to Drug Use	58.4	55.3	25.5	42.5	20.6	17.8	39.1	55.6	46.1	33.9	45.9	27.1	23.2	45.0
Perceived Risk of Drug Use	67.2	68.7	52.2	69.4	25.6	22.6	39.1	63.3	60.7	54.8	59.6	33.4	29.1	46.0
Interaction with Antisocial Peers	85.0	79.5	71.4	71.2	28.7	26.3	39.2	84.0	81.3	75.5	66.4	30.4	27.1	38.3
Friend's Use of Drugs	74.5	61.4	40.0	63.2	28.2	24.1	47.1	64.8	51.8	41.0	46.7	26.4	22.5	45.2
Rewards for ASB	52.2	54.7	40.0	44.0	24.4	20.3	40.9	36.6	44.3	34.8	36.1	29.5	24.5	44.9
Depressive Symptoms	62.0	70.2	53.1	58.5	36.1	34.3	48.2	60.3	55.8	49.2	47.9	38.9	38.2	47.5
Intention to Use Drugs	*	62.4	40.4	52.3	15.5	13.4	32.5	*	47.7	43.5	51.6	21.5	18.7	41.2
Gang Involvement	48.9	47.7	22.4	17.4	5.7	5.9	10.0	33.8	35.4	13.0	11.8	5.7	5.3	7.0
* Items not included in 2001 survey														

Table 11. Drug Free Communities Report *

Outcomes	Definition	Substance	All Youth Programs									
			Grades 6 - 8		Grades 9 - 12		Male		Female		Total †	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	drink 1 or two drinks nearly every day	Alcohol	54.8	124	63.6	217	61.4	184	58.5	142	60.1	326
	smoke 1 or more packs or cigarettes per day	Cigarettes	79.2	125	80.7	218	81.3	187	78.9	142	80.2	329
	smoke marijuana regularly	Marijuana	68.3	120	62.1	214	61.2	178	67.6	142	64.1	320
Perception of Parent Disapproval <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	89.7	117	90.3	217	87.8	181	93.5	138	90.3	319
	smoke cigarettes	Cigarettes	95.7	117	86.0	215	90.0	180	88.3	137	89.3	317
	smoke marijuana	Marijuana	89.4	113	91.3	206	90.1	172	92.5	133	91.1	305
Perception of Peer Disapproval <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	73.0	126	74.3	218	69.4	186	78.9	142	73.5	328
	smoke cigarettes	Cigarettes	83.5	127	69.9	216	72.3	188	77.0	139	74.3	327
	smoke marijuana	Marijuana	77.0	126	71.1	218	68.3	186	78.9	142	72.9	328
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	17.7	124	23.6	216	12.4	113	12.6	80	12.5	193
		Cigarettes	11.0	118	31.0	216	12.4	96	12.3	66	12.3	162
		Marijuana	14.6	123	16.1	217	12.6	79	13.1	56	12.8	135
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset **	average age	Alcohol	11.6	60	12.8	143	22.2	185	21.4	140	21.8	325
		Cigarettes	11.7	48	12.6	122	25.4	181	21.7	138	23.8	319
		Marijuana	12.0	34	13.1	108	17.7	186	12.9	139	15.7	325

*The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

**For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

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

Table 12. Percentage of Students Reporting Various Behaviors

Response		Grades 7, 8, and 9				Grade 8		Grades 9, 10, 11, and 12				Grade 10	
		2001	2003	2005	2008	SLCO 2007	State 2007	2001	2003	2005	2008	SLCO 2007	State 2007
Safety													
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to school?	One Or More Days	*	*	*	23.0	9.5	9.2	*	*	*	15.1	7.0	6.7
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	More Than Once	*	*	*	24.0	17.4	18.5	*	*	*	13.2	12.7	12.5
Discipline													
My teachers maintain good discipline in the classroom.	Strongly Agree Or Agree	*	*	*	66.4	84.7	83.6	*	*	*	76.3	85.6	86.6
The principle and assistant principal maintain good discipline at my school.	Strongly Agree Or Agree	*	*	*	69.9	84.1	83.5	*	*	*	78.8	80.4	83.6
Student Perception of ATOD Use													
Smoke Cigarettes every day	Percieved Use	*	*	*	23.1	15.4	14.3	*	*	*	29.5	28.6	25.2
	Actual Use	*	*	*	4.2	0.7	0.9	*	*	*	21.3	2.4	2.3
Drank Alcohol in past 30 days	Percieved Use	*	*	*	31.7	26.3	22.7	*	*	*	38.7	47.6	41.1
	Actual Use	36.2	31.3	12.5	17.7	10.2	8.7	17.2	54.5	34.0	26.1	23.6	19.9
Used Marijuana in past 30 days	Percieved Use	*	*	*	33.1	17.5	13.6	*	*	*	32.8	34.1	26.9
	Actual Use	26.9	26.5	12.8	14.6	3.2	2.4	6.5	41.5	25.3	17.7	16.1	8.3
* Items not included in that years survey													

Contacts for Prevention

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Prevention Online

<http://ncadi.samhsa.gov/>

Center for Substance Abuse Prevention

<http://prevention.samhsa.gov/>

Monitoring the Future

Survey Research Center
1355 Institute for Social Research
P.O. Box 1248
Ann Arbor, MI 48106
<http://monitoringthefuture.org>

National Survey on Drug Use and Health

<http://www.oas.samhsa.gov/nsduh.htm>

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