BROOME COUNTY'S 2018
PREVENTION NEEDS ASSESSMENT
SURVEY RESULTS

Prevention Coalition of Broome County

Overview

- Information about the data and analysis
- 2018 Survey Results
  - Substance Use*
  - Antisocial Behaviors
  - Risk Factors
  - Protective Factors
  - Other Areas of Interests

*This presentation covers the top 3 used substances by Broome County students, plus Opioids. More information can be provided upon request.

School District Participation

9 out of the 12 Broome County school districts plus BOCES voluntarily participated

Validity and Anonymity

- **Bach-Harrison** Survey Research and Evaluation Services.
  - Extensive background and expertise in mental health and substance use prevention.
  - Providing evaluation services since 2001.
- **In 2018, out of 6,329 surveys, 5,481 were found to be valid.**
  - 6016 valid surveys in 2016.

- **Validity is captured throughout the survey.**
  - Honesty Question – "How honest were you in filling out this survey?"
  - Fake Substance Question – "How often have you used phenoxydine (pox, px, breeze)?"
  - Identifying factors do not match – age and grade level.
  - Inconsistently answering intentionally similar questions.

National & Regional Comparisons

Monitoring the Future (MTF)

- Ongoing national study of the behaviors, attitudes, and values of American secondary students. Each year, MTF surveys around 50,000 students in grades 8, 10, and 12.
- **This is the standard comparison for substance use in the 2018 PNA.**

Bach Harrison (BH) Norm

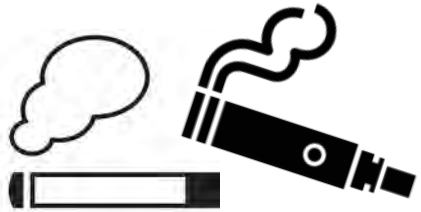
- The county's current survey evaluators, provides states and communities the ability to compare their results on risk, protection, and antisocial measures with national measures.
- **This is the standard comparison for ASB, and risk and protective factors in the 2018 PNA.**

Substances

Broome County's top used substances, plus Opioids (Heroin & Prescription Drugs)

Alcohol

1



Tobacco

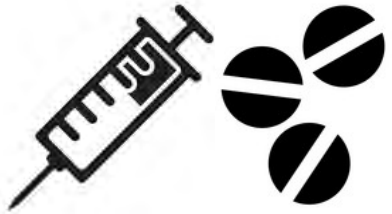
Including ENDS

2

3

Marijuana

4



Opioids

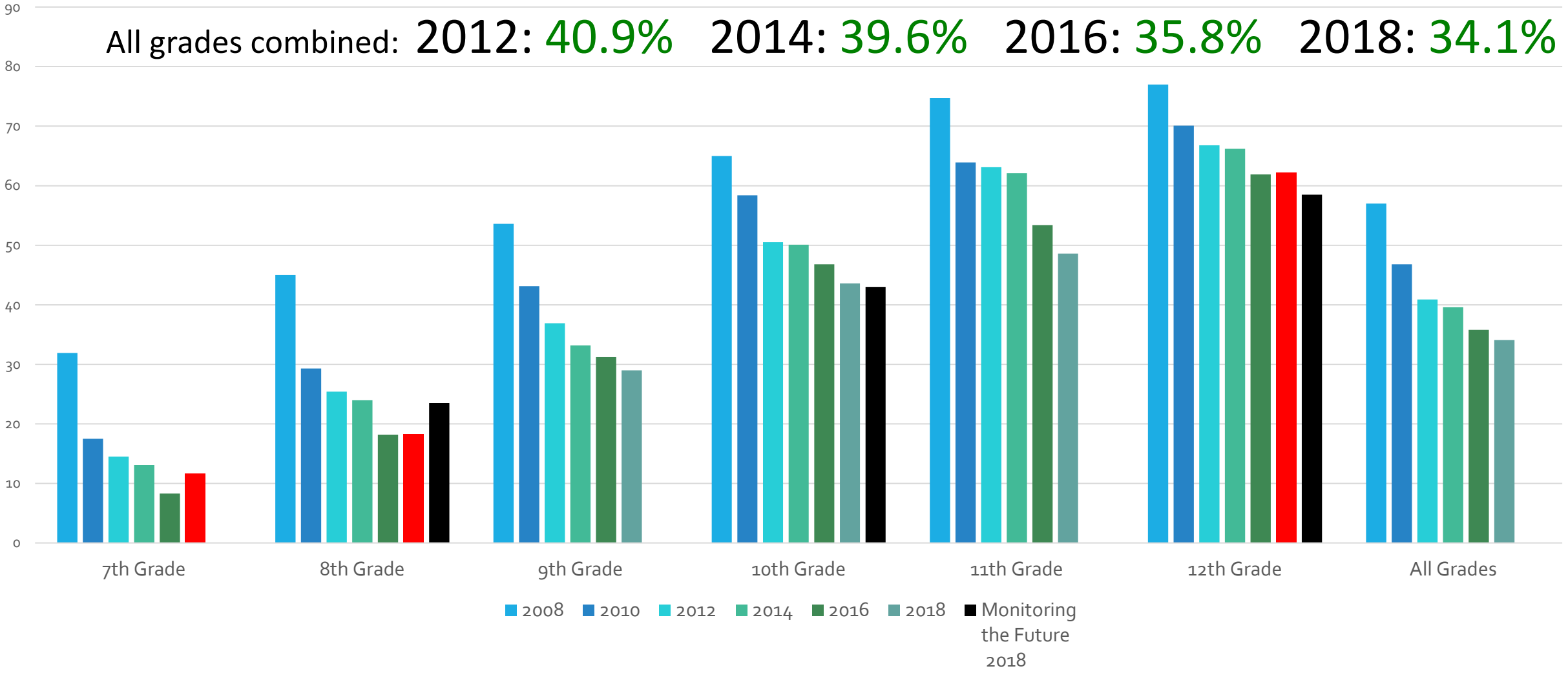
(Heroin & Rx)

1

Alcohol

Lifetime Alcohol Use

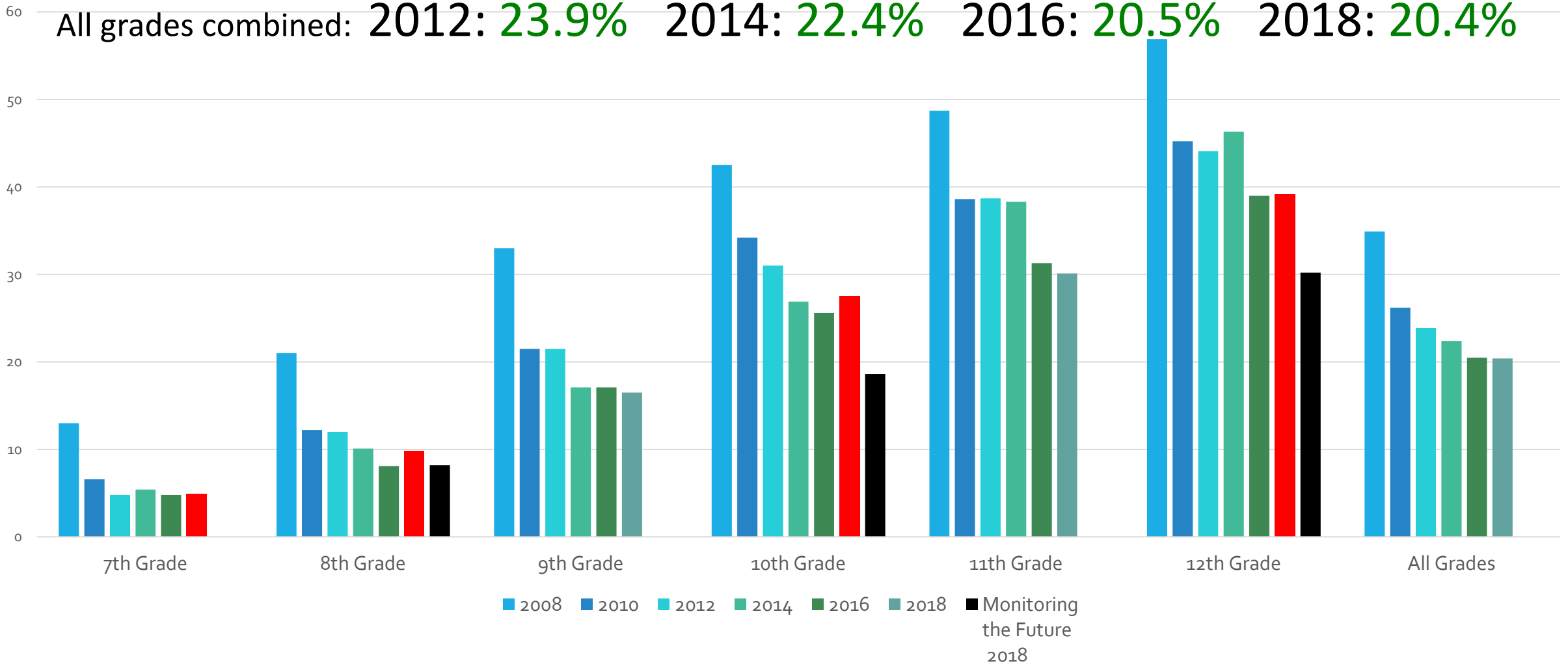
All grades combined: 2012: 40.9% 2014: 39.6% 2016: 35.8% 2018: 34.1%



National comparison: ↓ 8th grade is lower than MTF data ↑ 10th & 12th grades are higher than MTF data

Past 30 Day Alcohol Use

All grades combined: 2012: 23.9% 2014: 22.4% 2016: 20.5% 2018: 20.4%



National comparison: ↑ All grades are higher than MTF data

“Early use of drugs robustly predicts later drug addiction.”

www.ncbi.nlm.nih.gov/pmc/articles/PMC4446977/ Neurobiology of Adolescent Substance Use and Addictive Behaviors: Prevention and Treatment Implications.

National Drug Overdose Deaths Involving Opioids 2017 – **47,600**
Estimated National Alcohol Deaths per year – **88,000**

CDC.gov

“There is a need to screen and counsel adolescents about alcohol use and to implement policies and programs that delay alcohol consumption.”

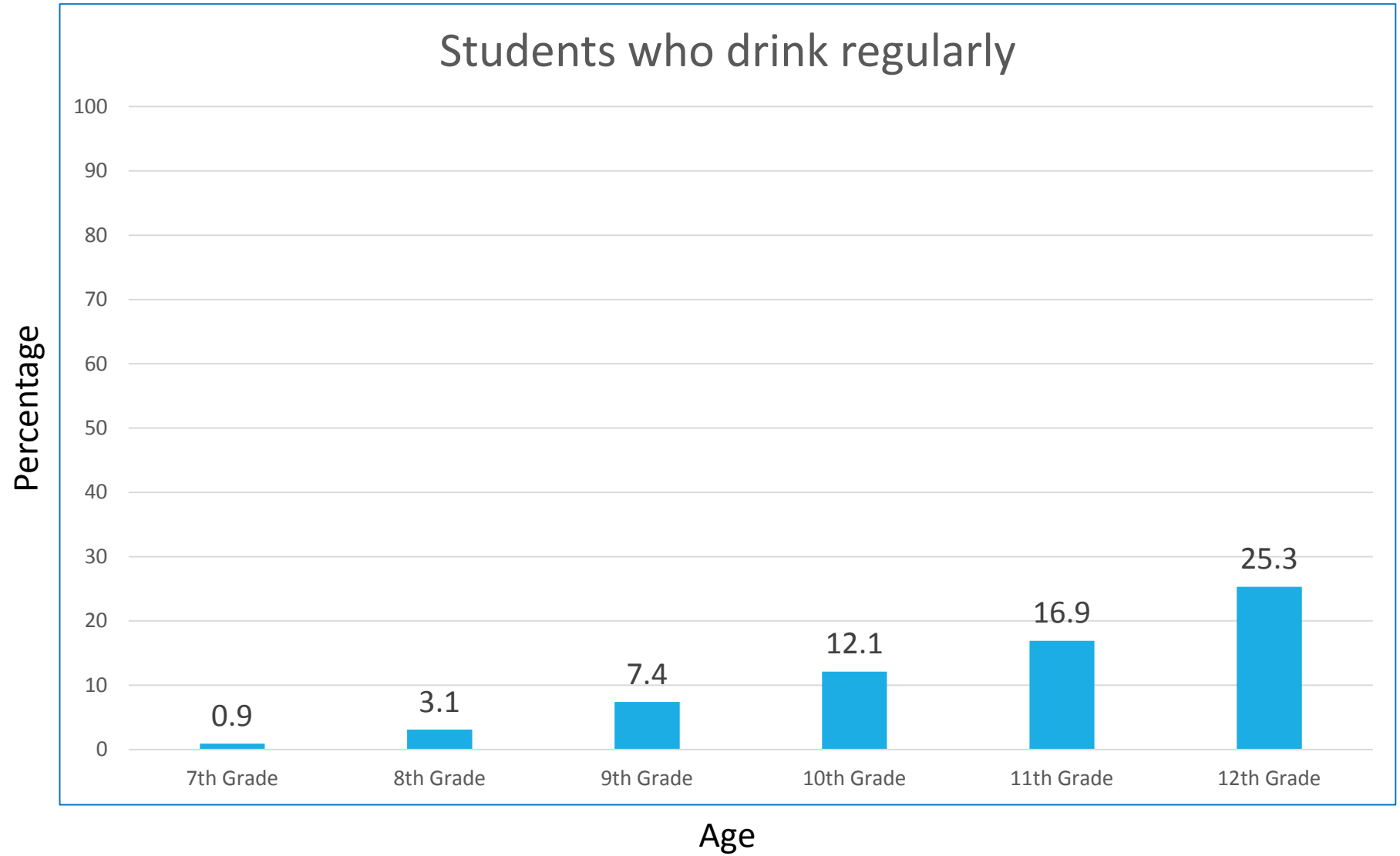
jamanetwork.com/journals/jamapediatrics/fullarticle/205204 Age at Drinking Onset and Alcohol Dependence.

Age of Onset

13.5

Average age of onset

2016: 13.3
2014: 13.1
2012: 13.0
2010: 13.1



What Is a Standard Drink?

12 fl oz of regular beer

about 5% alcohol

=

5 fl oz of table wine

about 12% alcohol

=

1.5 fl oz shot of distilled spirits
(gin, rum, tequila, vodka, whiskey, etc.)

about 40% alcohol

Defining Drinking Levels

- **Moderate alcohol consumption:**
  - According to the "Dietary Guidelines for Americans 2015-2020," (U.S. Department of Health and Human Services and U.S. Department of Agriculture), moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men. Considered LOW RISK (NOT NO RISK).

rethinkingdrinking.niaaa.nih.gov

Defining Drinking Levels

- **Binge Drinking:**
  - The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) to .08 grams or above. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours. Considered risky drinking behavior, increasing an individuals chances of negative health consequences.

- **Heavy Alcohol Use:**
  - The Substance Abuse and Mental Health Services Administration (SAMHSA) defines heavy alcohol use as binge drinking on 5 or more days in the past month. Considered risky drinking behavior, increasing an individuals chances of negative health consequences and developing an Alcohol Use Disorder.

Issues Associated with Binge Drinking

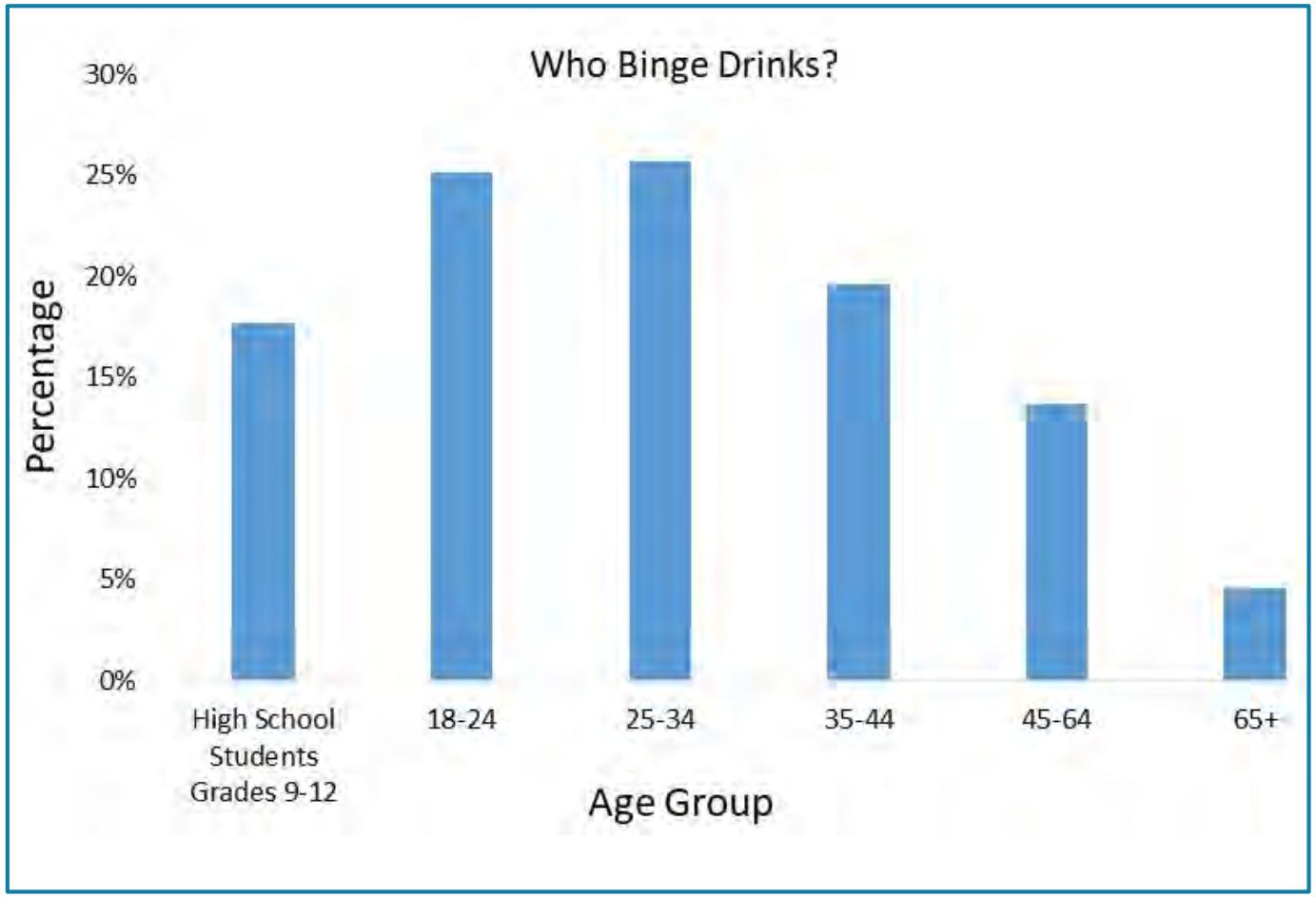
- Unintentional injuries such as car crashes, falls, burns, and alcohol poisoning.
- Violence including homicide, suicide, intimate partner violence, and sexual assault.
- Sexually transmitted diseases.
- Unintended pregnancy and poor pregnancy outcomes, including miscarriage and stillbirth.
- Fetal alcohol spectrum disorders.
- Sudden infant death syndrome.
- Chronic diseases such as high blood pressure, stroke, heart disease, and liver disease.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Memory and learning problems.
- Alcohol dependence.

Data sources: CDC. Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, 2015.

Who Binge Drinks?

Who binge drinks?

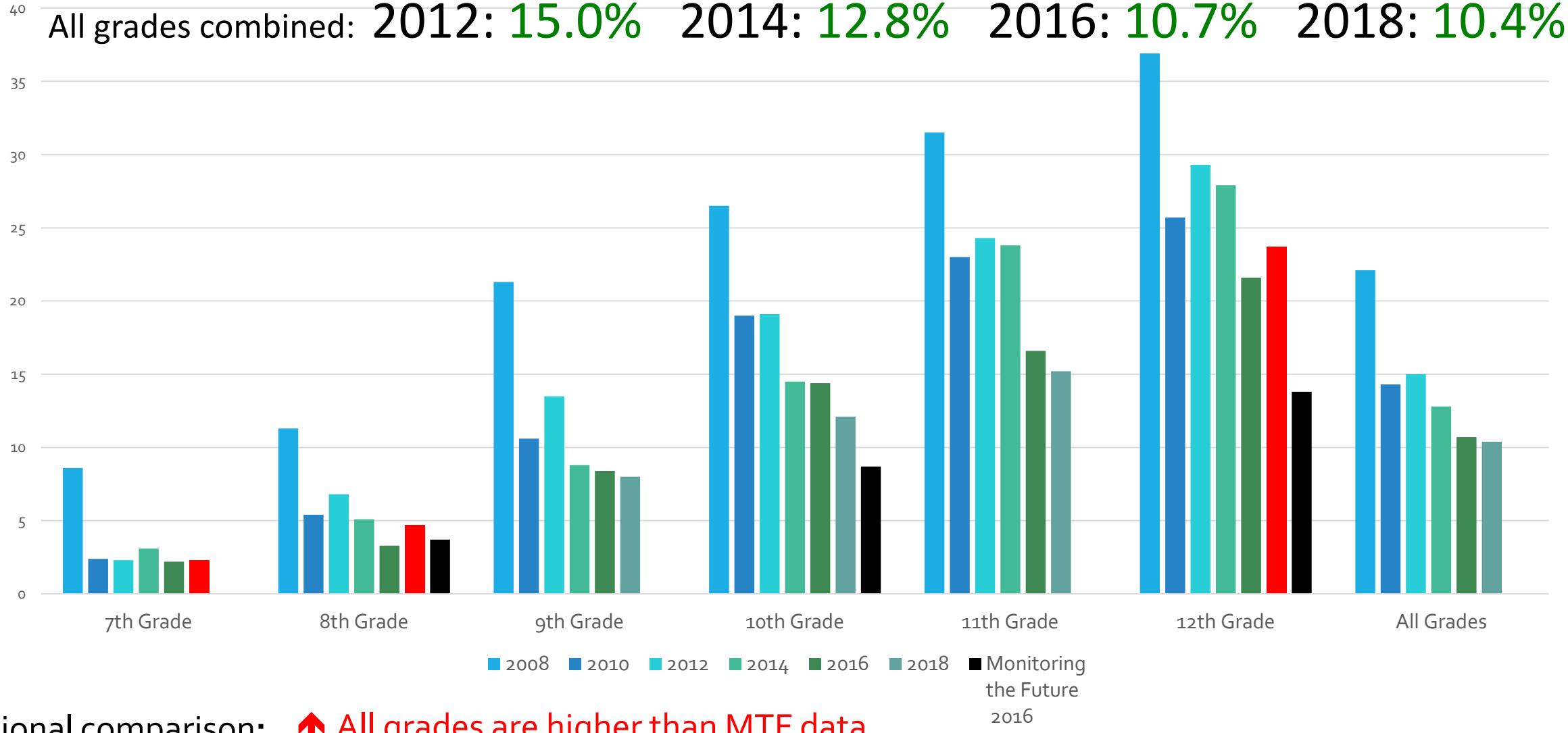
- One in six US adults binge drinks about four times a month, consuming about seven drinks per binge.
- Binge drinking is most common among younger adults aged 18–34 years, but more than half of the total binge drinks are consumed by those aged 35 and older.
- Binge drinking is twice as common among men than among women. Four in five total binge drinks are consumed by men.



Data sources: CDC. Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, 2015.

Binge Drinking for Broome County Youth

All grades combined: 2012: 15.0% 2014: 12.8% 2016: 10.7% 2018: 10.4%



National comparison: ↑ All grades are higher than MTF data

Perceived Risk of Drinking

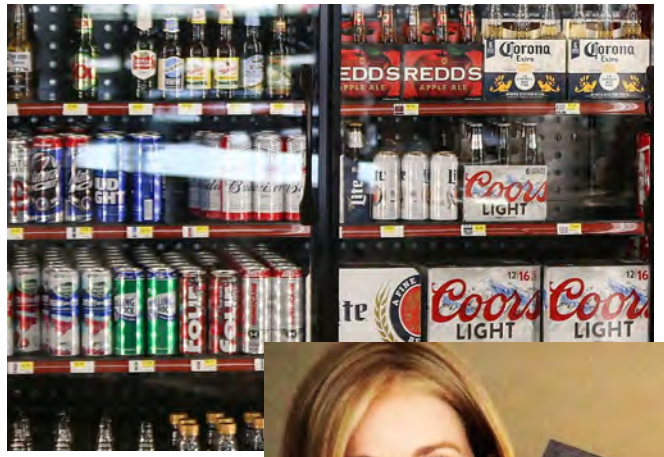
- The majority of students (over 50%) feel that drinking isn't that harmful.
  - Including both low risk and high risk drinking patterns.

Drinking & Driving

- **Rode with a driver who had been drinking in the past 30 days (16.0%) – up 1.5 from 2016 (14.5%)**

  (percentages similar across all grades)

- **Drove after drinking in the past 30 days (2.0%) – up 0.6 from 2016 (1.4%)**
  - 4% of 11th graders – up 2.2 from 2016 (1.8%)
  - 4% of 12th graders – same as 2016



Community Norms

- **2 out of 3** 11th and 12th graders feel that it would be very easy or sort of easy to get alcohol.
  - However nearly half of all students surveyed feel that it's easy to obtain alcohol.
- **2 out of 5** students surveyed don't feel that adults in their community care if they drink alcohol.
  - The majority of students surveyed don't feel they would get caught by the police if they drank alcohol.
  - **1 out of 5** students feel there would be no consequences if caught drinking by the police.

Family Norms

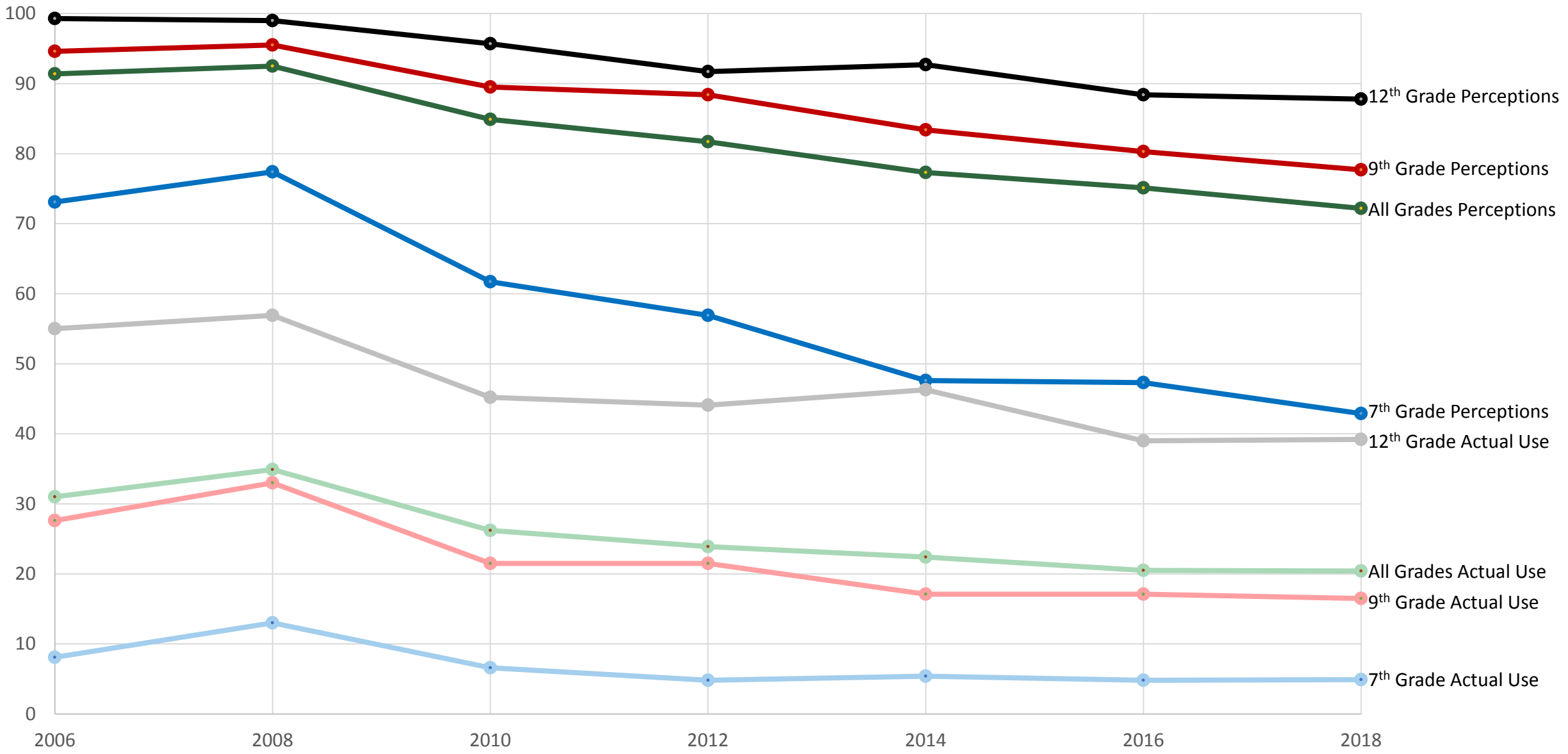
- Over half surveyed said they personally know 1 or more adults who get drunk.
- Only **2 out of 5** surveyed reported a parent talked with them about the dangers of underage drinking.
- **1 in 3** feel they would not get caught drinking by their parents.
- Only half of surveyed 12th graders thought their parents would feel it was very wrong for them to drink alcohol regularly.
- **1 in 5** say their family doesn't have clear rules about alcohol use.

Peer Norms

- Only half of 12th graders feel their friends would think it was wrong for them to drink alcohol regularly.
- About half of 12th graders reported their friends would feel it was very wrong for them to have 1 or 2 drinks nearly every day.
- About half of all surveyed feel they would be seen as cool if drank regularly.

- **Nearly 3 out of 4 think students in their grade drank alcohol in the past month.**

Perceptions vs Actual (Alcohol 30 Day Use)



How are teens obtaining alcohol?

- Got it at a party (19.1%) – down 1.7 from 2016 (20.8%)
- Got it from someone they know over age 21 (15.5%) – down 1.7 from 2016 (17.2%)
- Got it from home WITH a parent's permission (13.7%) – up 0.2 from 2016 (13.5%)
- Got it from a family member other than parents (11.7%) – down 0.3 from 2016 (12%)
- Got it from someone they know under age 21 (11.6%) – down 1.8 from 2016 (13.4%)
- Got it from home WITHOUT permission (10.6%) – down 1.1 from 2016 (11.7%)
- Gave someone else money to buy alcohol (9.9%) – down 2.4 from 2016 (12.3%)

46% feel that it would be very easy or sort of easy to get alcohol.
(66.8% of 12th graders and 60.1% of 11th graders)

Where are teens drinking?

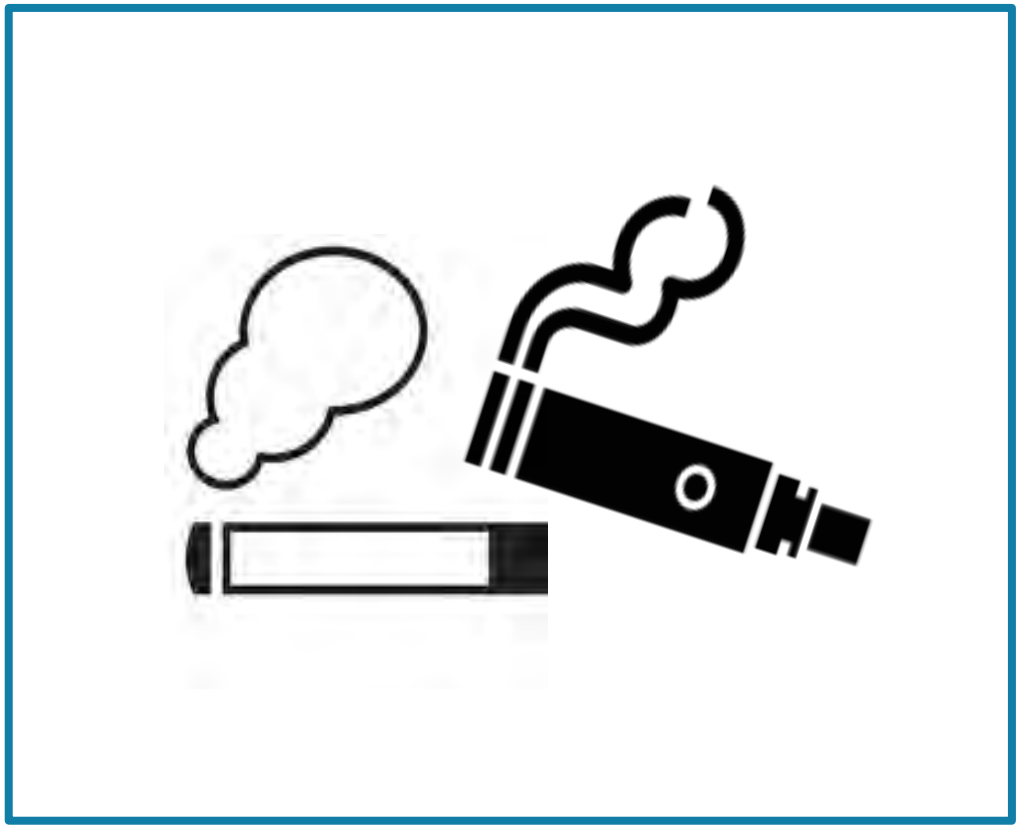
Highest Ranking 4

- **At own home WITH parental permission (17.4%) – up 0.3 from 2016 (17.1%)**
- **At own/someone else's home WITHOUT parental permission (16.4%) – down 1.4 from 2016 (17.8%)**
- **At another place (13.1%) – up 4.6 from 2016 (8.5%)**
- **At someone else's home WITH parental permission (11%) – down 1.3 from 2016 (12.3%)**

- **Alcohol is the most used substance by Broome County's youth.**
  - Factors that could be contributing to this high rate of use among youth: social norms, availability, parental approval, rite of passage, wanting to be more adult and have fun.
- **Overall, alcohol consumption has decreased since 2008 among all grades**.
- Average age of onset rose slightly to 13.5 years of age.
- **Concerning trends:**
  - 7th and 8th grade alcohol consumption increased.
  - Nearly all data shows Broome County to have higher drinking rates than the national average.

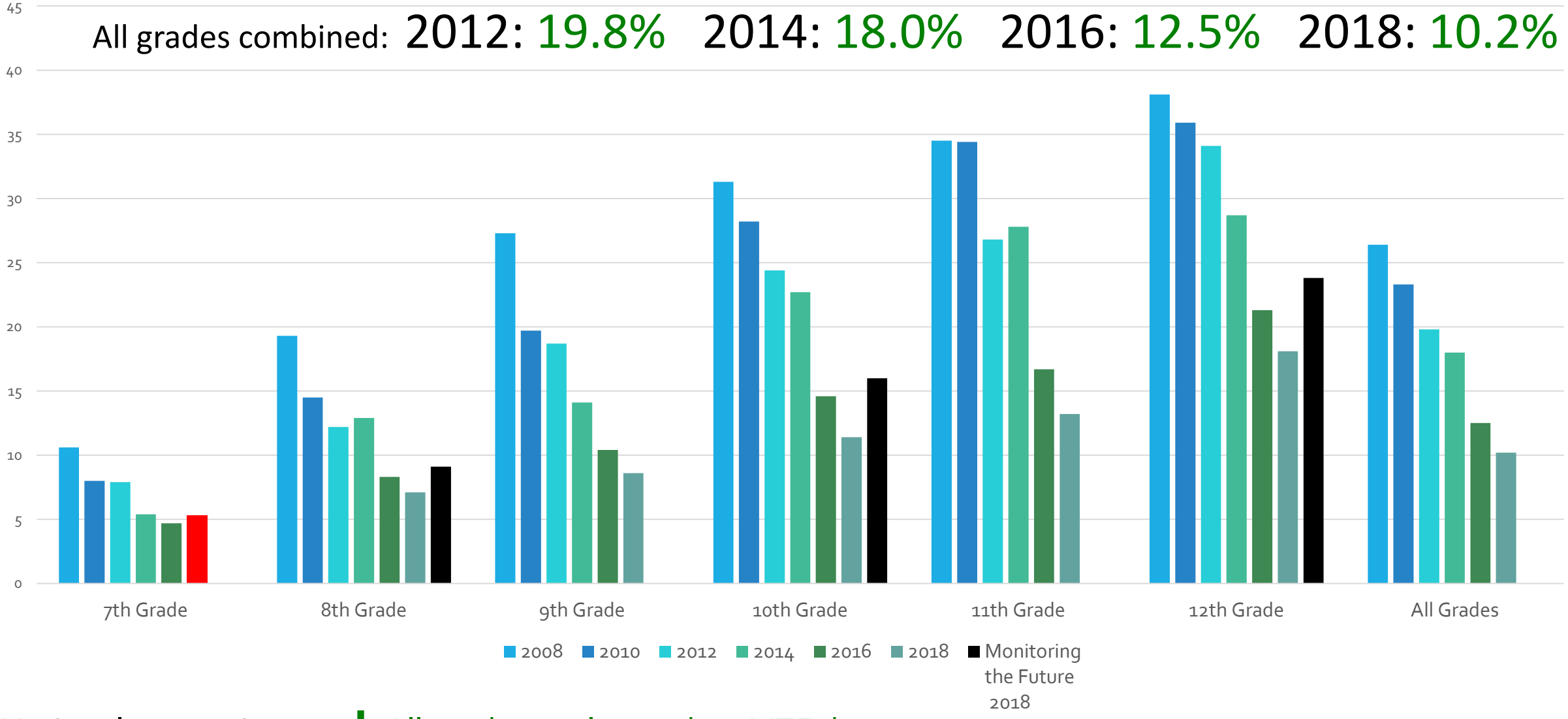
2

Tobacco



Lifetime Cigarette Use

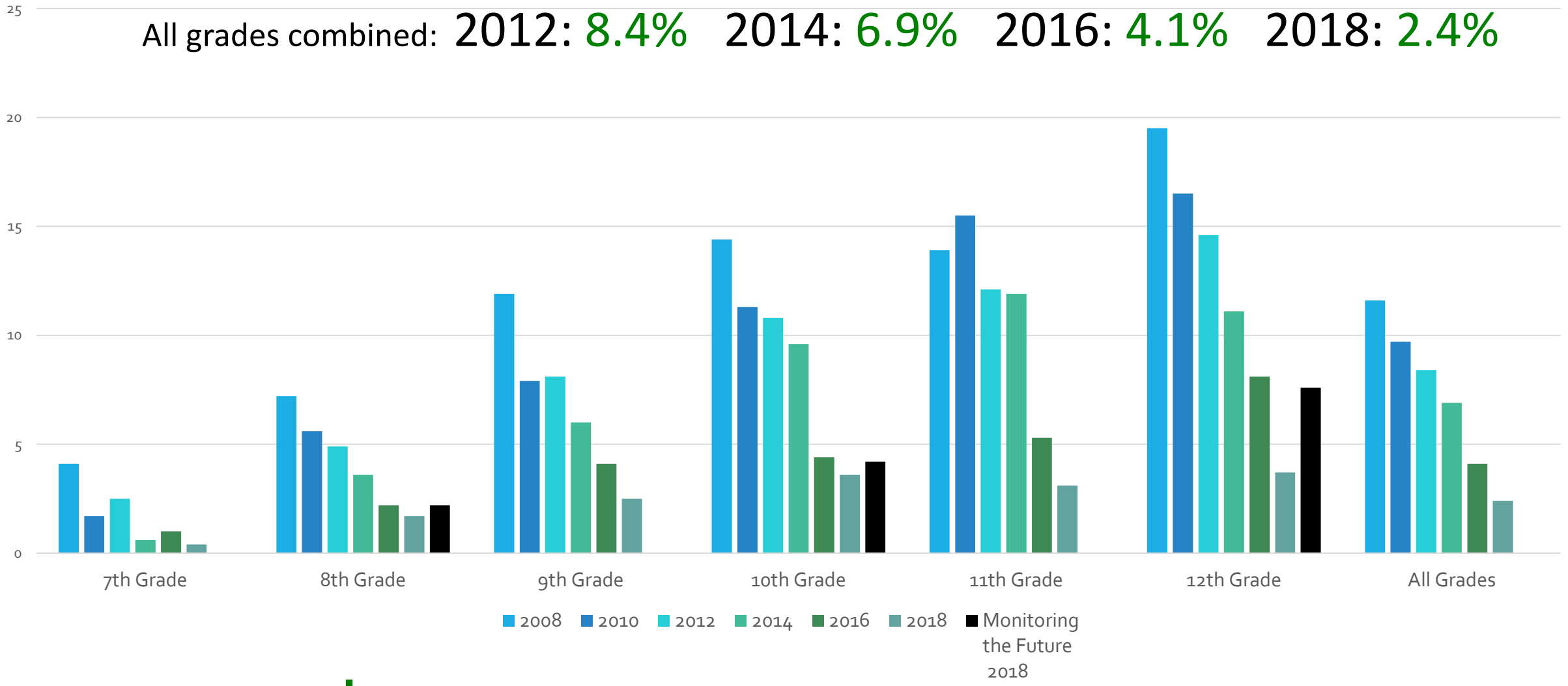
All grades combined: 2012: 19.8% 2014: 18.0% 2016: 12.5% 2018: 10.2%



National comparison: ↓ All grades are lower than MTF data

Past 30 Day Cigarette Use

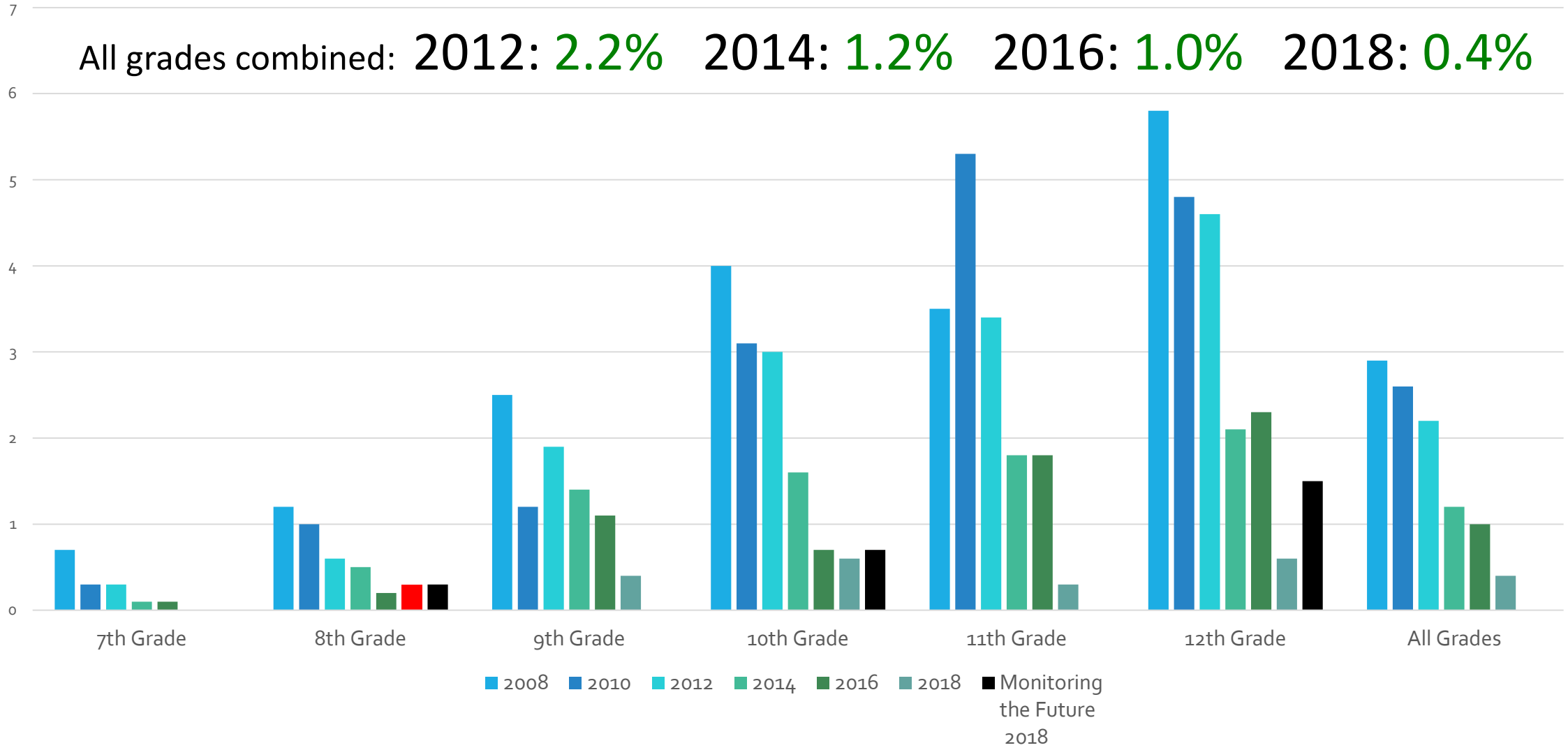
All grades combined: 2012: 8.4% 2014: 6.9% 2016: 4.1% 2018: 2.4%



National comparison: ↓ All grades are lower than MTF data

> 1/2 Pack Cigarettes/Day

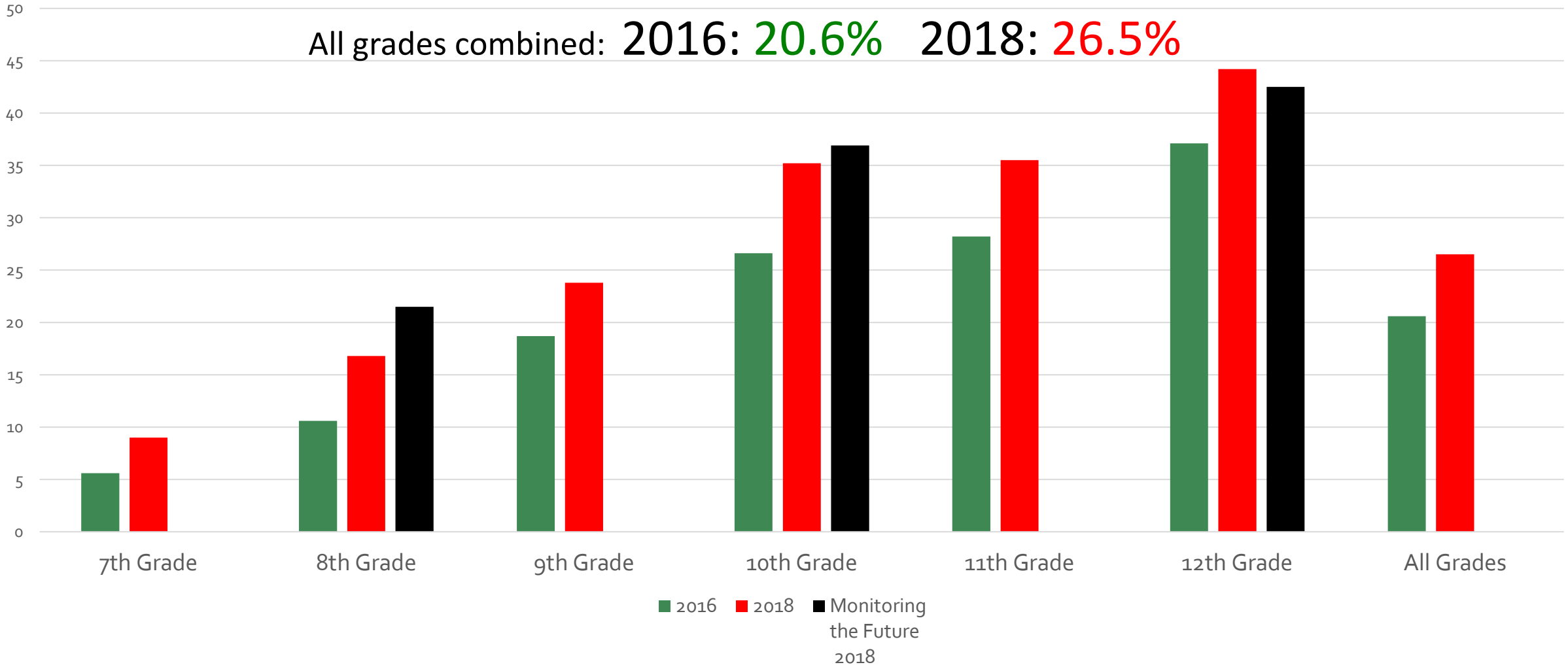
All grades combined: 2012: 2.2% 2014: 1.2% 2016: 1.0% 2018: 0.4%



National comparison: = 8th grade is equal to the MTF data ↓ 10th & 12th grades are lower than MTF data

Lifetime E-Cigarette Use

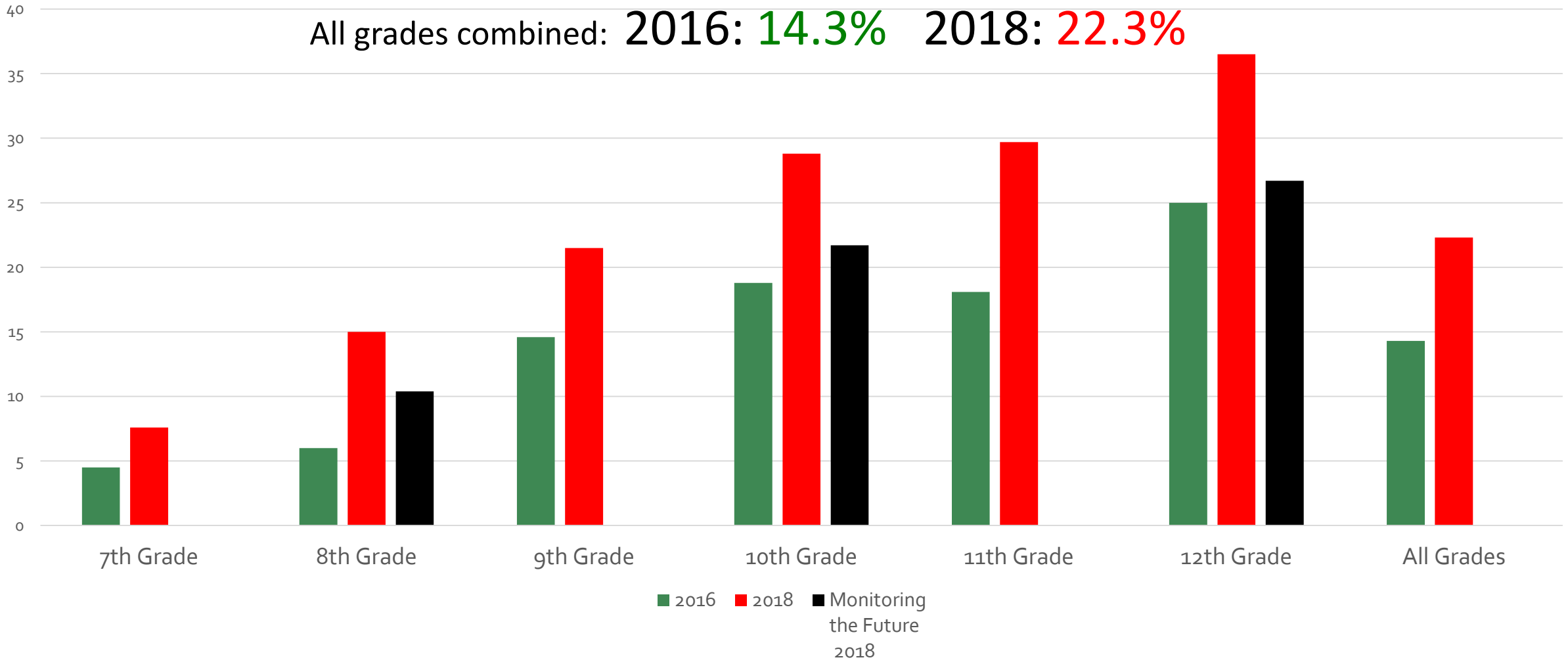
All grades combined: 2016: 20.6% 2018: 26.5%



National comparison: ↓ 8th & 10th grades are lower than MTF data ↑ 12th grade is higher than MTF data

Past 30 Day E-Cigarette Use

All grades combined: 2016: 14.3% 2018: 22.3%



National comparison: ↑ All grades higher than MTF data

Do students feel that Electronic Vapor Products can be addictive?

- **61.1% Definitely yes**
- **28.3% Probably yes**
- 6.2% Probably not
- 4.4% Definitely not

Parent/guardian approval?

- 10.1% feel their parents/guardians would approve
- **89.9% feel their parents/guardians would disapprove**

Perceived risk?

- 11.9% No Risk
- 24.8% Slight Risk
- **32.1% Moderate Risk**
- **31.2% Great Risk**

How are students getting Electronic Vapor Products?

- **7.8% borrowed from someone else**
- **5.5% gave someone else money to buy them for me**
- 3.5% a person 18 years old or older gave them to me
- 2.4% bought them in a store

What are students vaping?

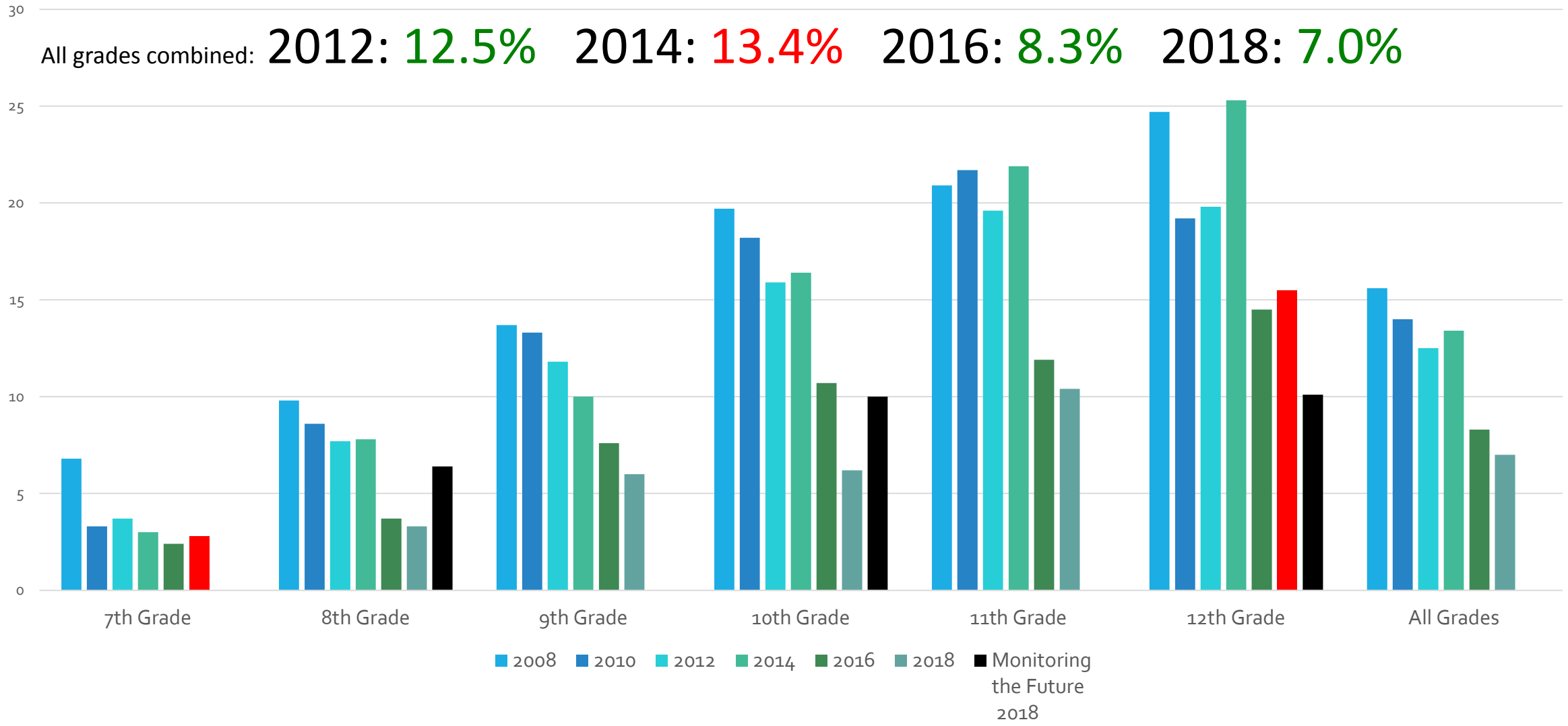
- **14.3% E-juice with Nicotine**
- **13.2% Pre-filled Pod/cartridge**
- **11.8% E-juice with NO Nicotine**
- 7.8% Marijuana/Marijuana Oil
- 6.3% Not sure

Where are students vaping?

- **19.1% Friend's House**
- **16.2% Home**
- **10.4% Car**
- 8.5% Public Place
- 8.1% Social Events
- 7.4% School

Lifetime Chewing Tobacco Use

All grades combined: 2012: 12.5% 2014: 13.4% 2016: 8.3% 2018: 7.0%



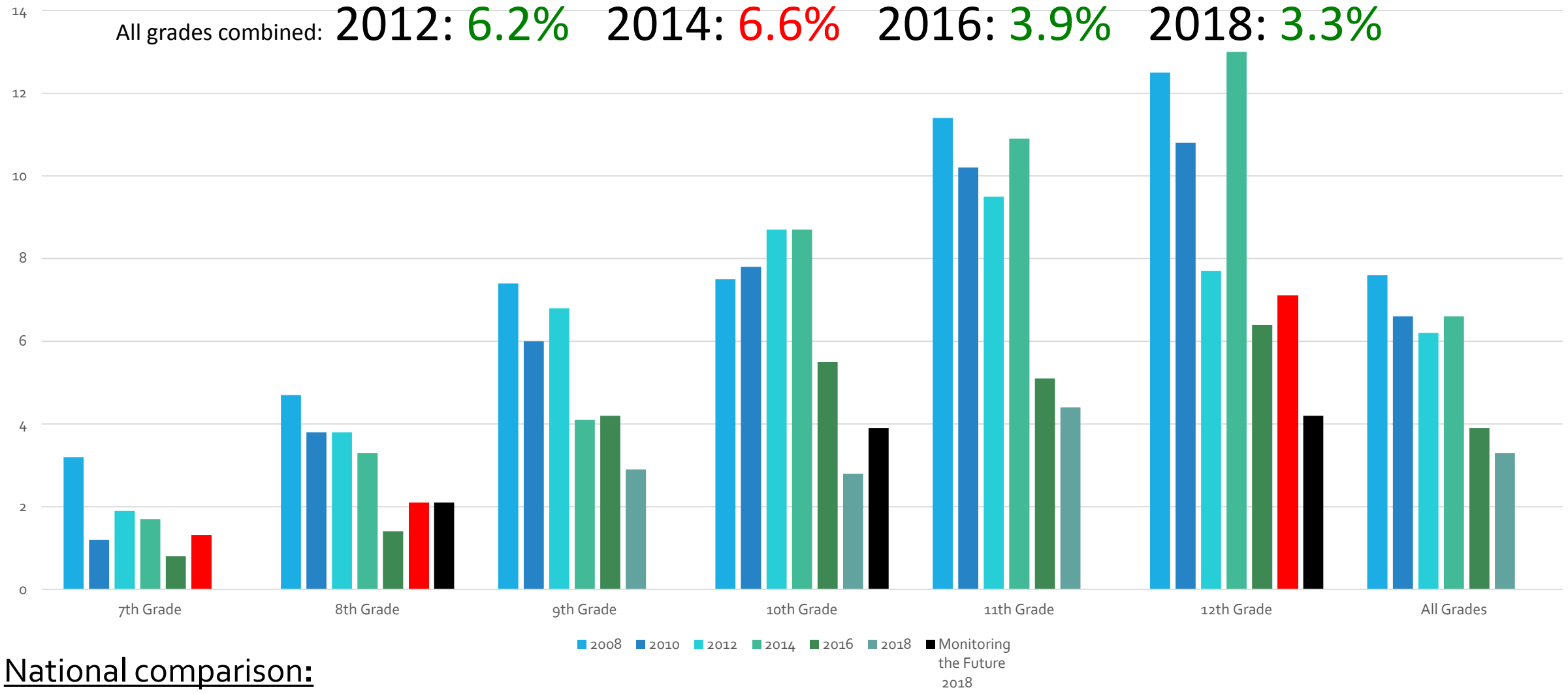
National comparison:

↓ 8th & 10th grades are lower than MTF data

↑ 12th grade is higher than MTF data

Past 30 Day Chewing Tobacco Use

All grades combined: 2012: 6.2% 2014: 6.6% 2016: 3.9% 2018: 3.3%

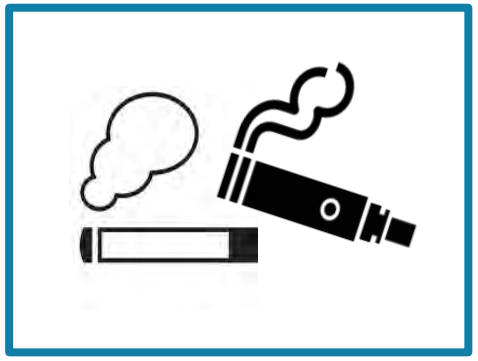


National comparison:

= 8th grade is equal to the MTF data

↓ 10th grades are lower than MTF data

↑ 12th grade is higher than MTF data

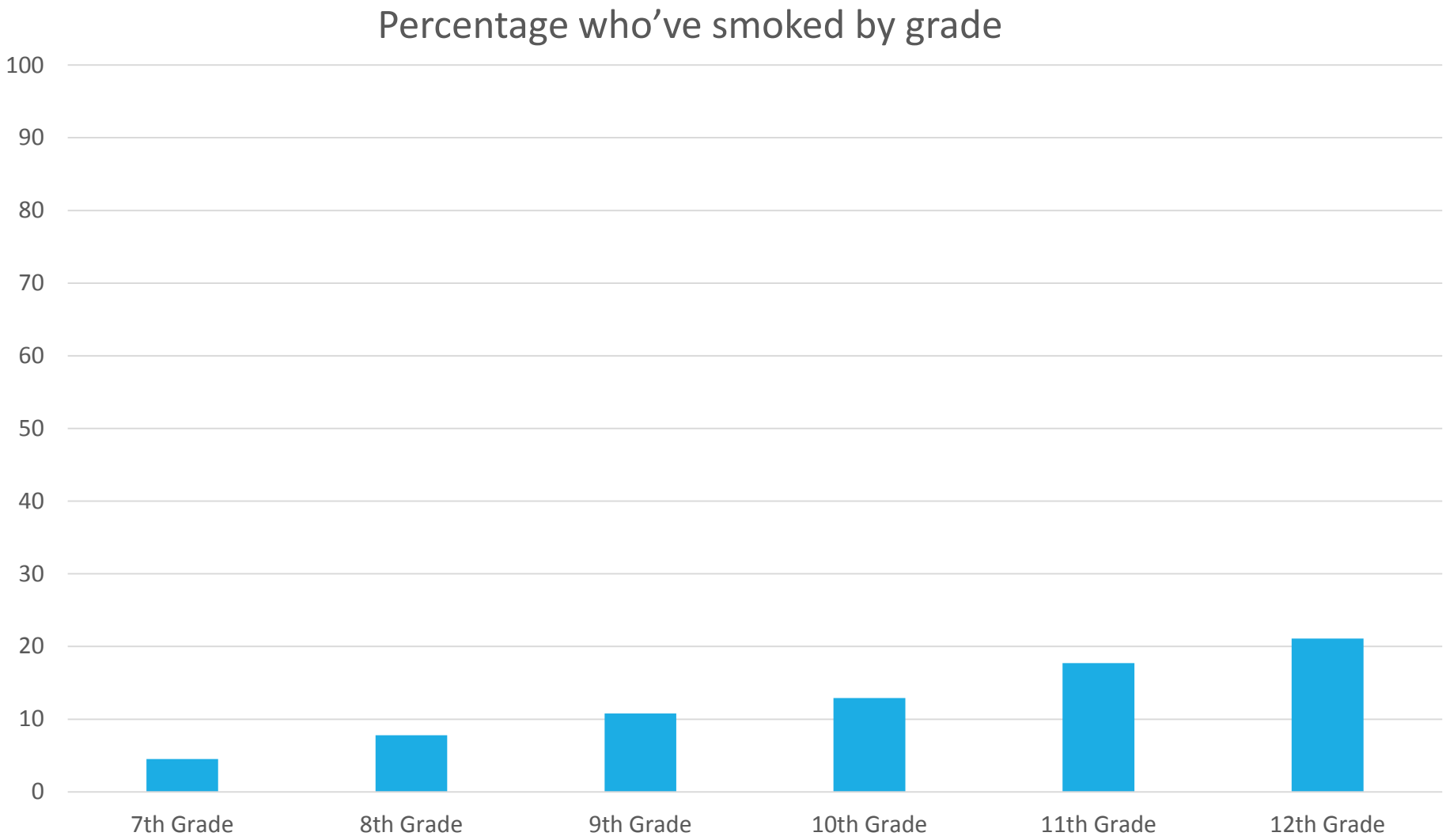


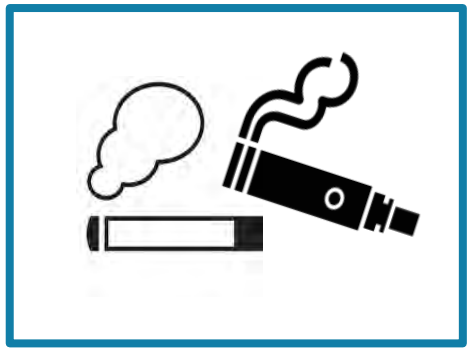
Age of Onset

12.7

Average age of onset

2016: 12.6
2014: 12.8
2012: 12.7
2010: 12.8

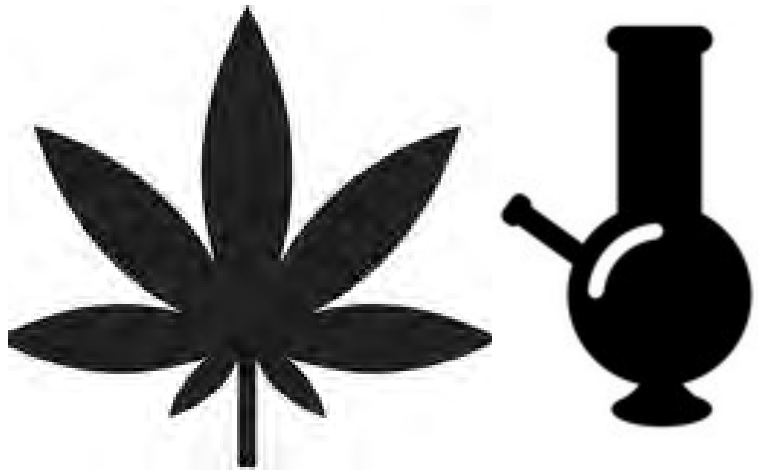




- **Tobacco moved up to the 2nd most used substance by Broome County's youth.**
  - Undoubtedly the rise of vaping/e-cigarette use has caused this shift including factors of: availability, parental approval, low perception of harm, and heavy marketing to youth.
- Overall, cigarette use has decreased since 2008 among all grades.
- Overall, chewing tobacco has decreased since 2014 among all grades.
- **Concerning trends:**
  - **Heavy rise in vaping/e-cigarette use.**
  - 7th and 8th grade chewing tobacco use increased.
  - Average age of onset is 12.7 years – the lowest of the three top substances.

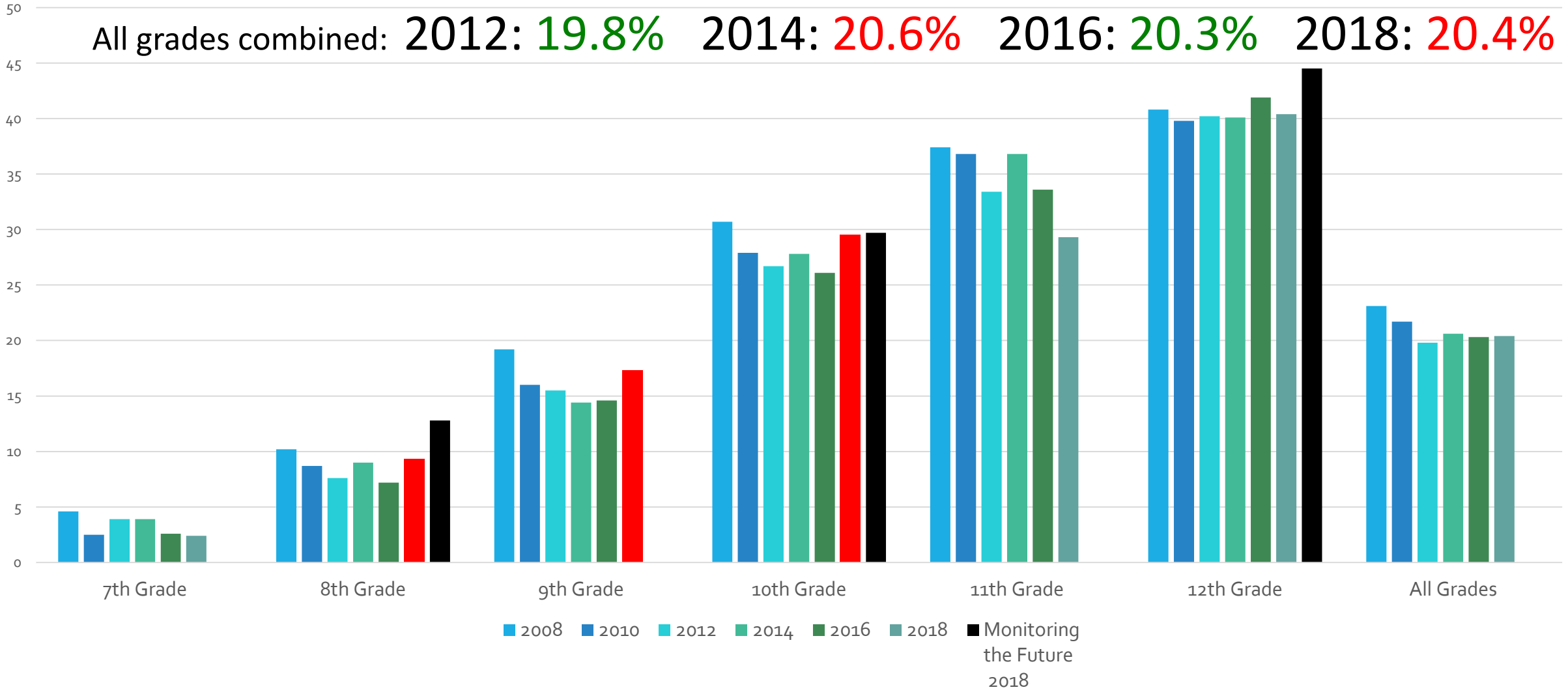
3

Marijuana



Lifetime Marijuana Use

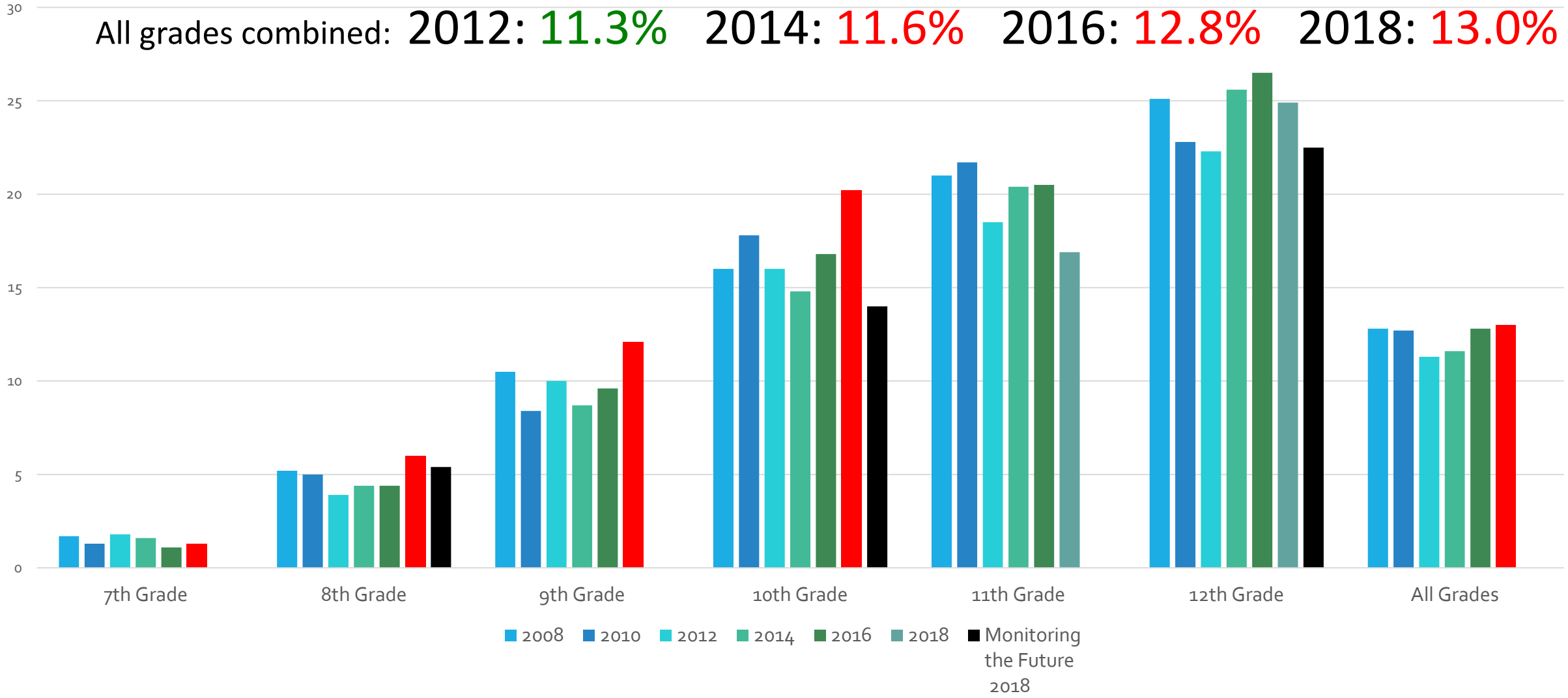
All grades combined: 2012: 19.8% 2014: 20.6% 2016: 20.3% 2018: 20.4%



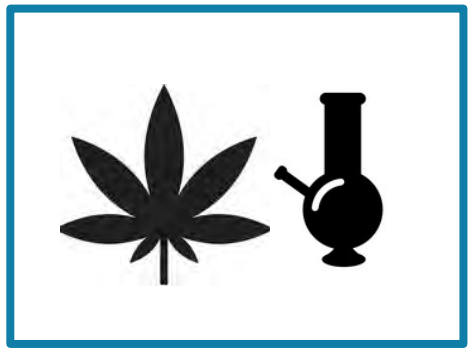
National comparison: ↓ All grades are lower than MTF data

Past 30 Day Marijuana Use

All grades combined: 2012: 11.3% 2014: 11.6% 2016: 12.8% 2018: 13.0%



National comparison: ↑ All grades higher than MTF data



Community Norms

- **1 out of 5** personally know an adult who has sold or dealt drugs.
- **1 out of 3** personally know an adult who has used marijuana or other drugs.

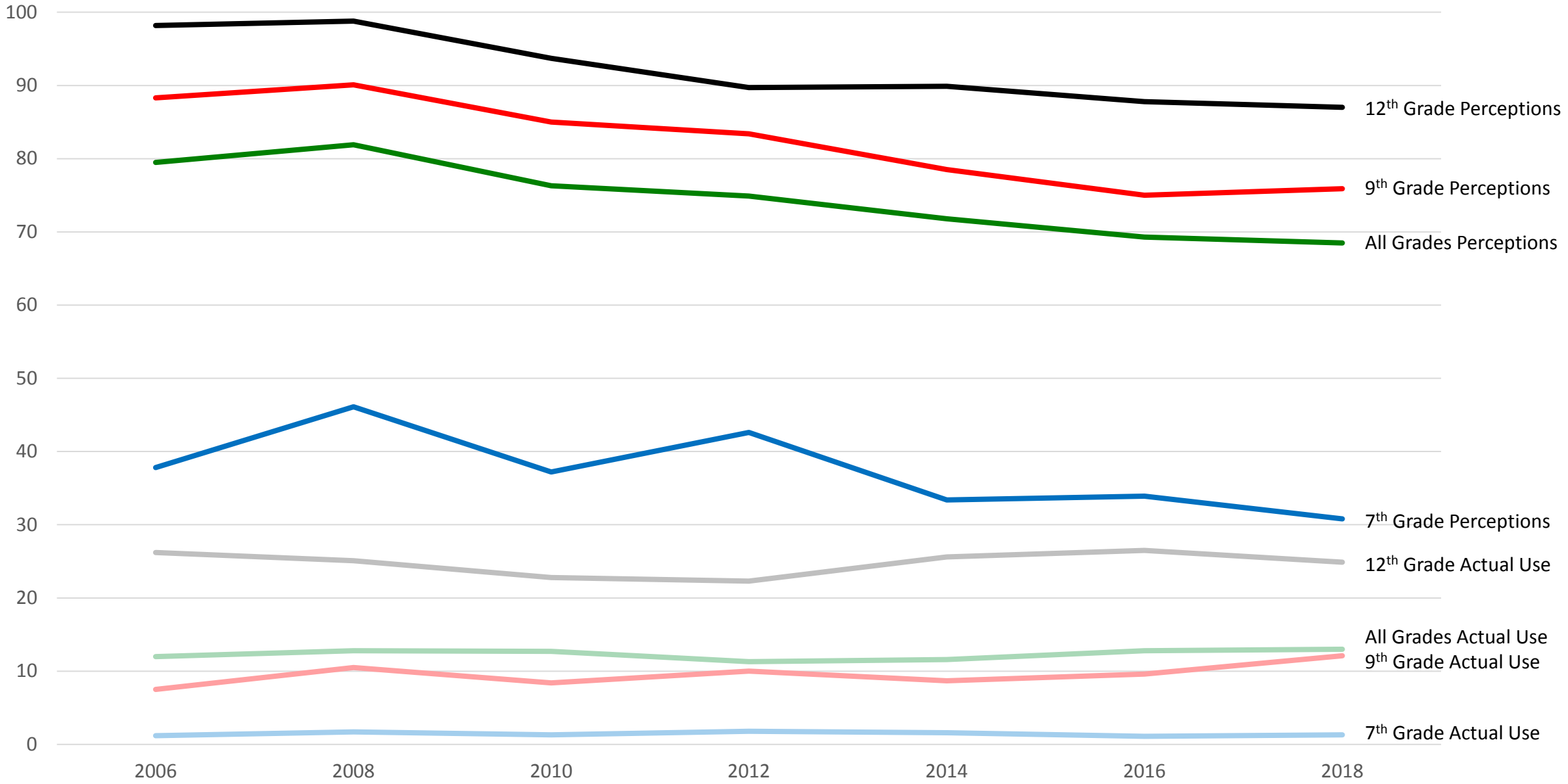
Accessibility

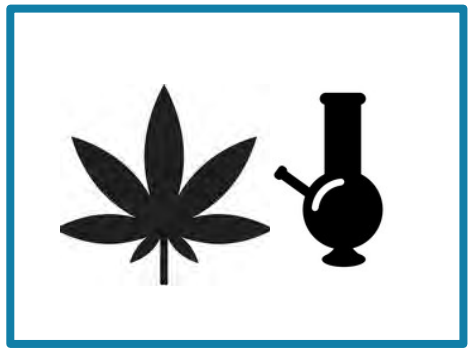
- **2 out of 5** feel it would be easy to get marijuana.

Perceptions

- **2 out of 3** think their friends would feel it was wrong for them to smoke marijuana.
- **Over half** feel that they wouldn’t be seen as cool if they smoked marijuana.

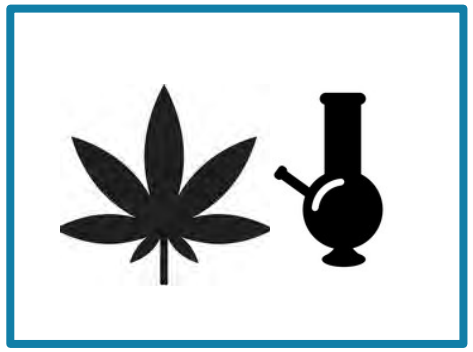
Perceptions vs Actual (Marijuana 30 Day Use)





Perceived Risk

- The overall majority (89.1%) think their parents would feel it was wrong them to smoke marijuana.
- The majority (63.6%) feel that trying marijuana once or twice provides little to no risk.
- Nearly half feel that smoking marijuana once or twice a week provides little to no risk.

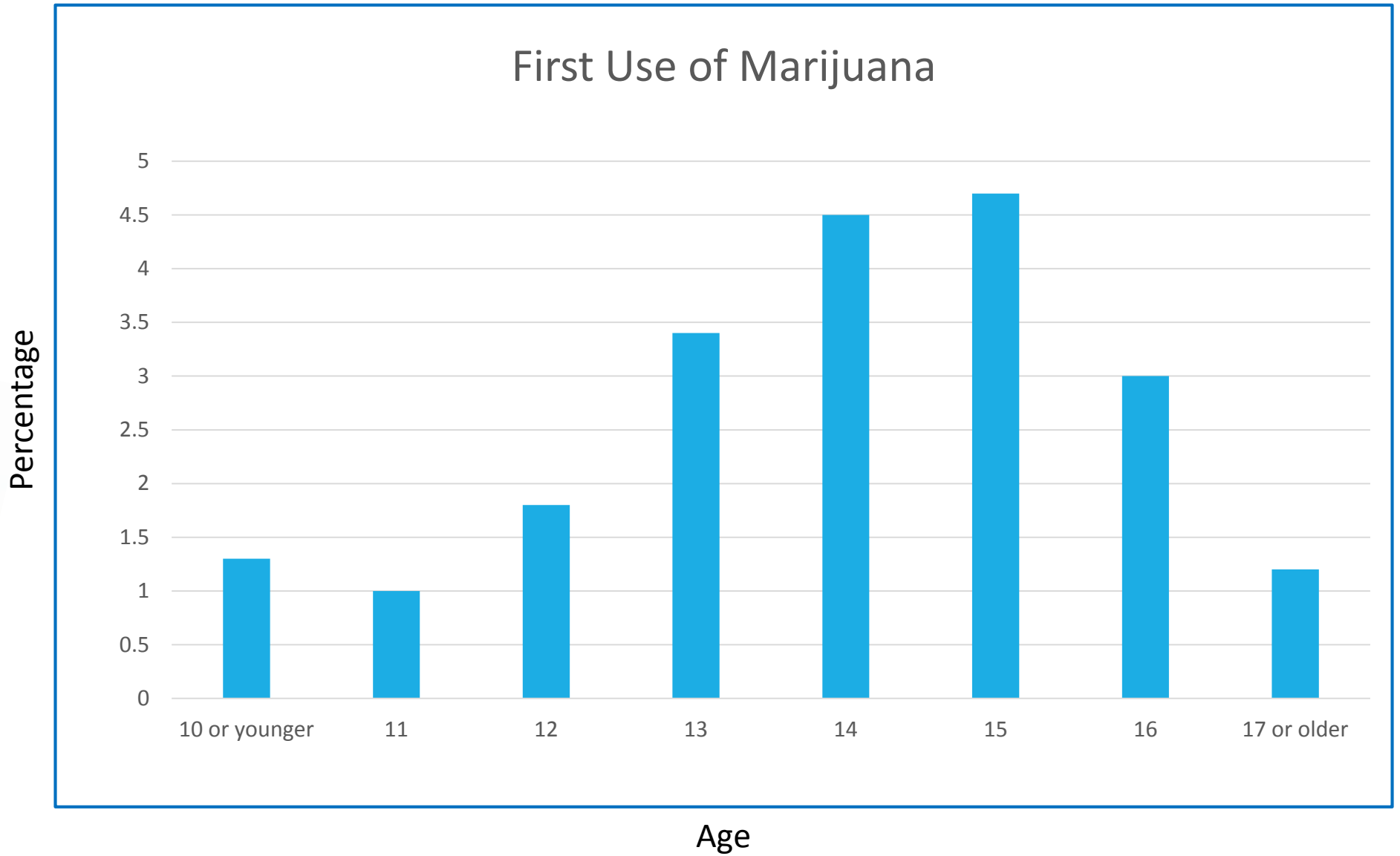


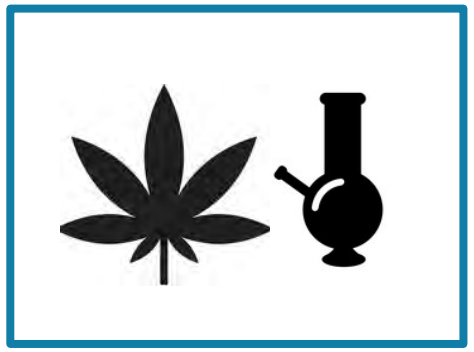
Age of Onset by Grade

14

Average age of onset

2016: 13.7
2014: 13.8
2012: 13.5
2010: 13.8

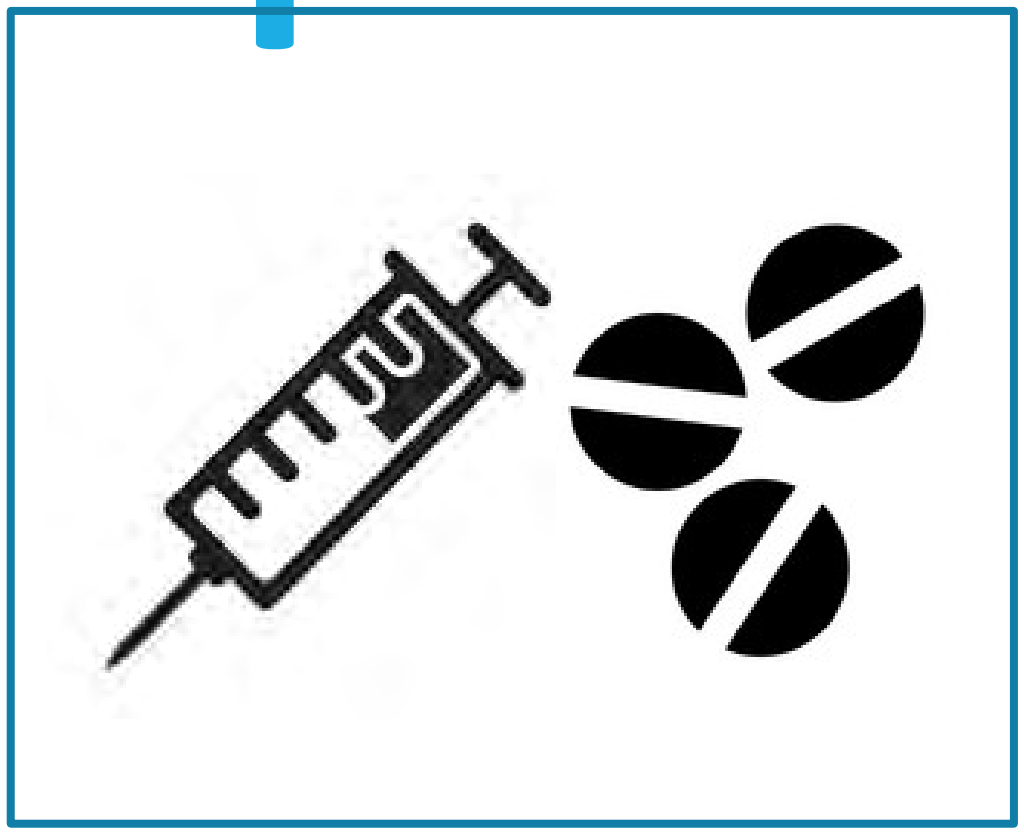




- **Marijuana moved down to the 3rd most used substance by Broome County's youth.**
- Overall, lifetime marijuana use has remained fairly consistent.
- **Concerning trends:**
  - **While slight, there has been a steady rise in past 30 day use.**
    - The rise can be attributed to a few factors: low perception of harm, use of medicinal cannabis, self-medicating, parental approval, legalization.
  - Past 30 day use is higher than national average.

4

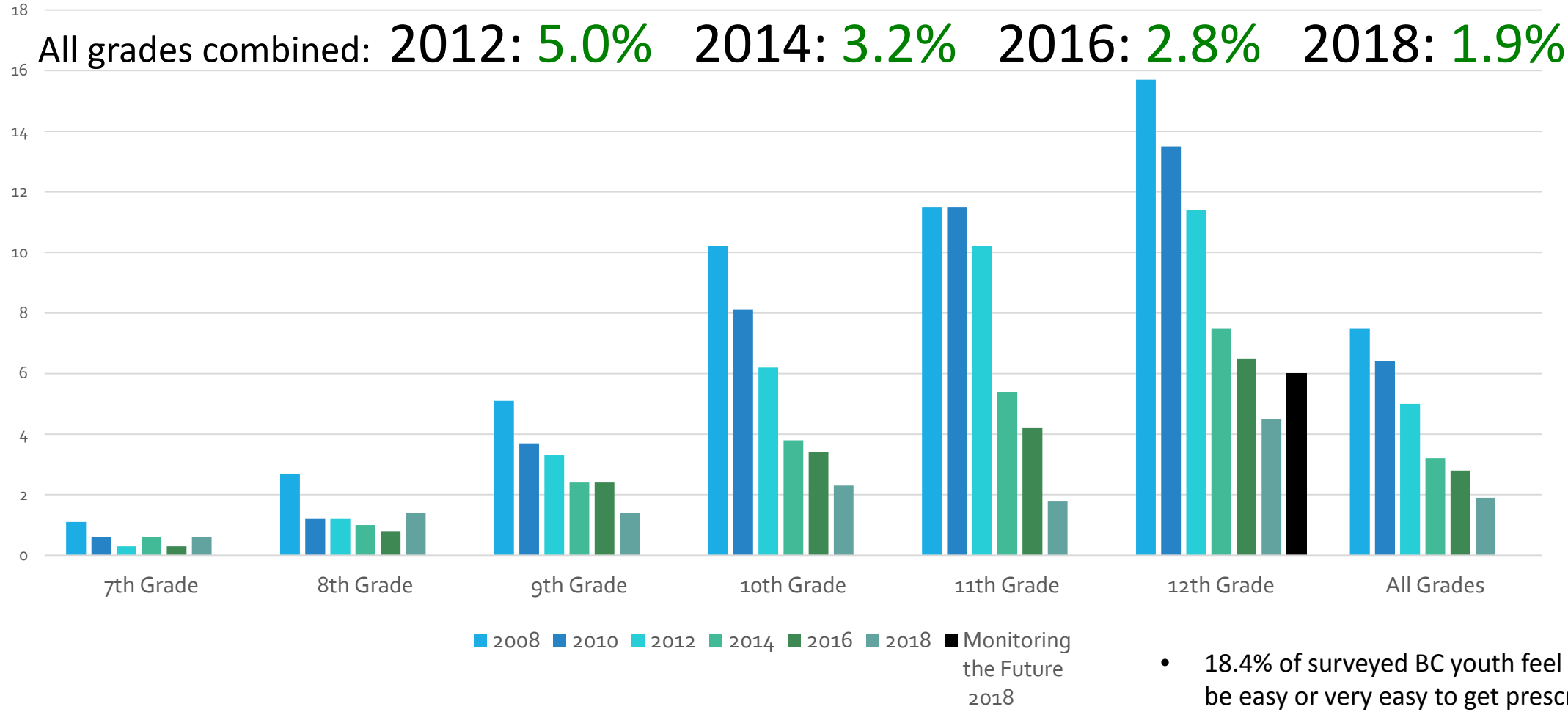
Opioids



Lifetime Rx Opioid Use

OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet

All grades combined: 2012: 5.0% 2014: 3.2% 2016: 2.8% 2018: 1.9%



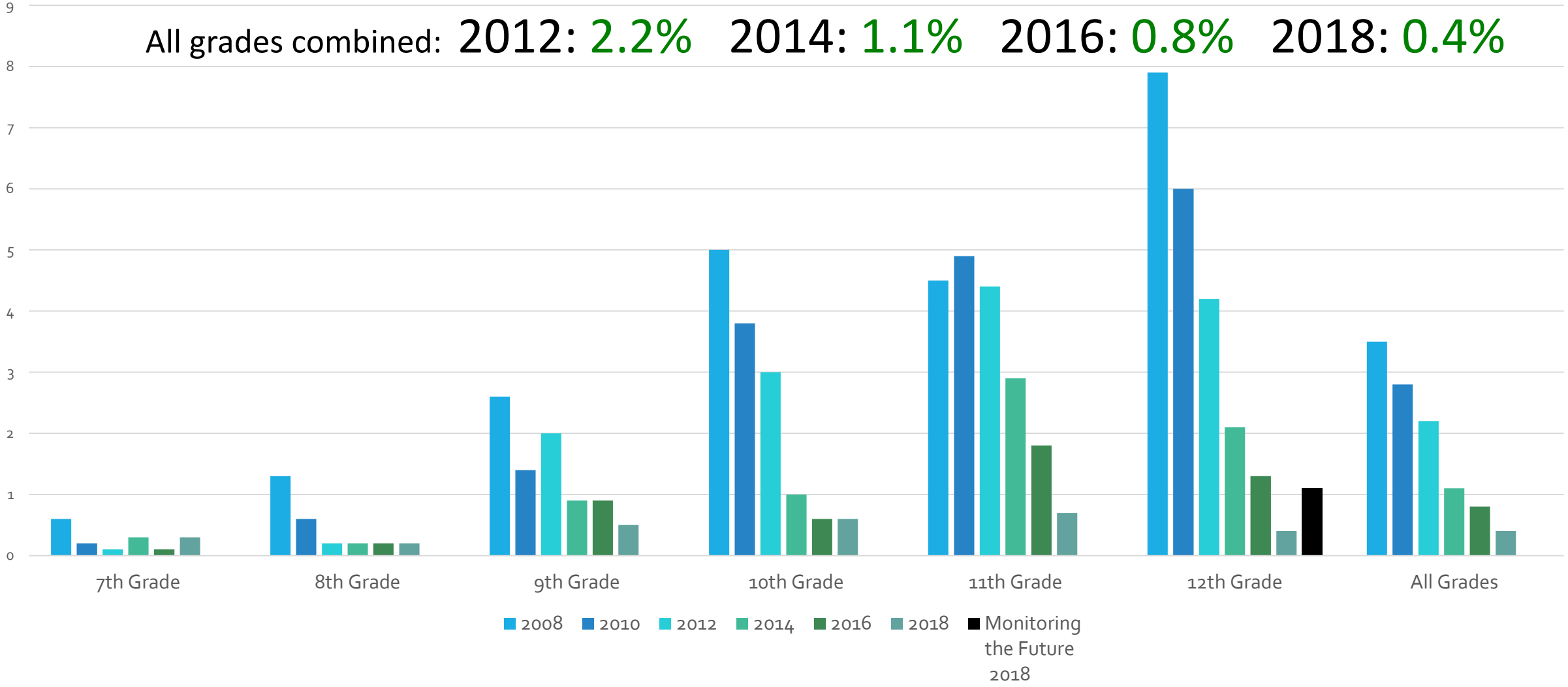
- 18.4% of surveyed BC youth feel it would be easy or very easy to get prescription pain relievers.
- 80.8% of surveyed BC youth feel that using Rx drugs that are not prescribed to them would provide great or moderate risk.

National comparison: ↓ 12th grade lower than MTF data

Past 30 Day Rx Opioid Use

OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet

All grades combined: 2012: 2.2% 2014: 1.1% 2016: 0.8% 2018: 0.4%

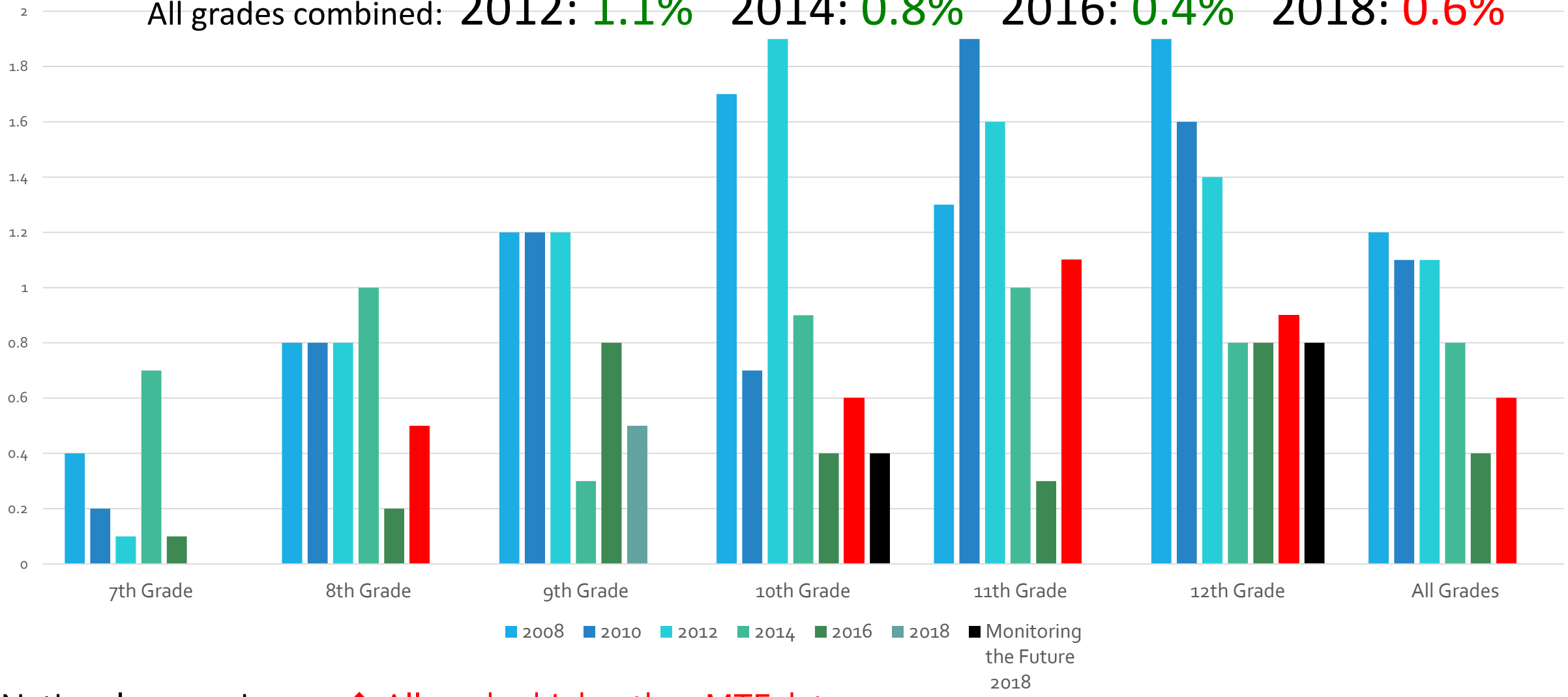


National comparison:

↓ 12th grade lower than MTF data

Lifetime Heroin Use

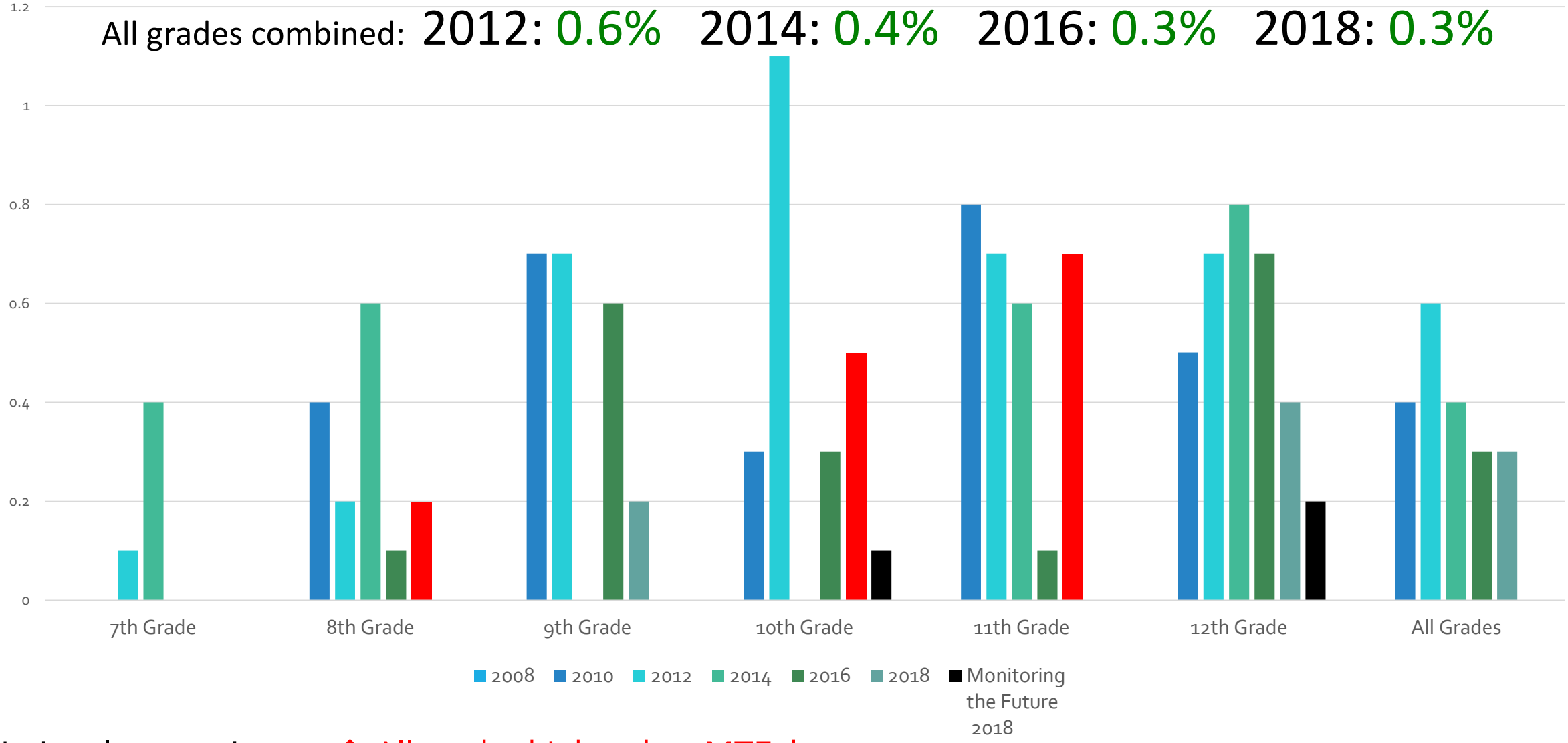
All grades combined: 2012: 1.1% 2014: 0.8% 2016: 0.4% 2018: 0.6%



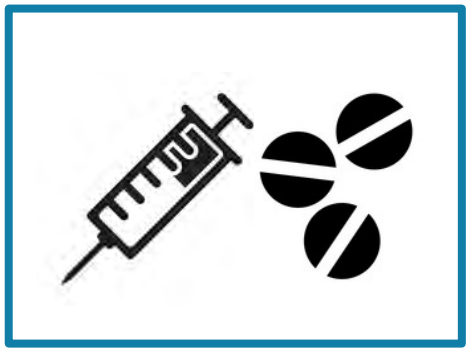
National comparison: ↑ All grades higher than MTF data

Past 30 Days Heroin Use

All grades combined: 2012: 0.6% 2014: 0.4% 2016: 0.3% 2018: 0.3%



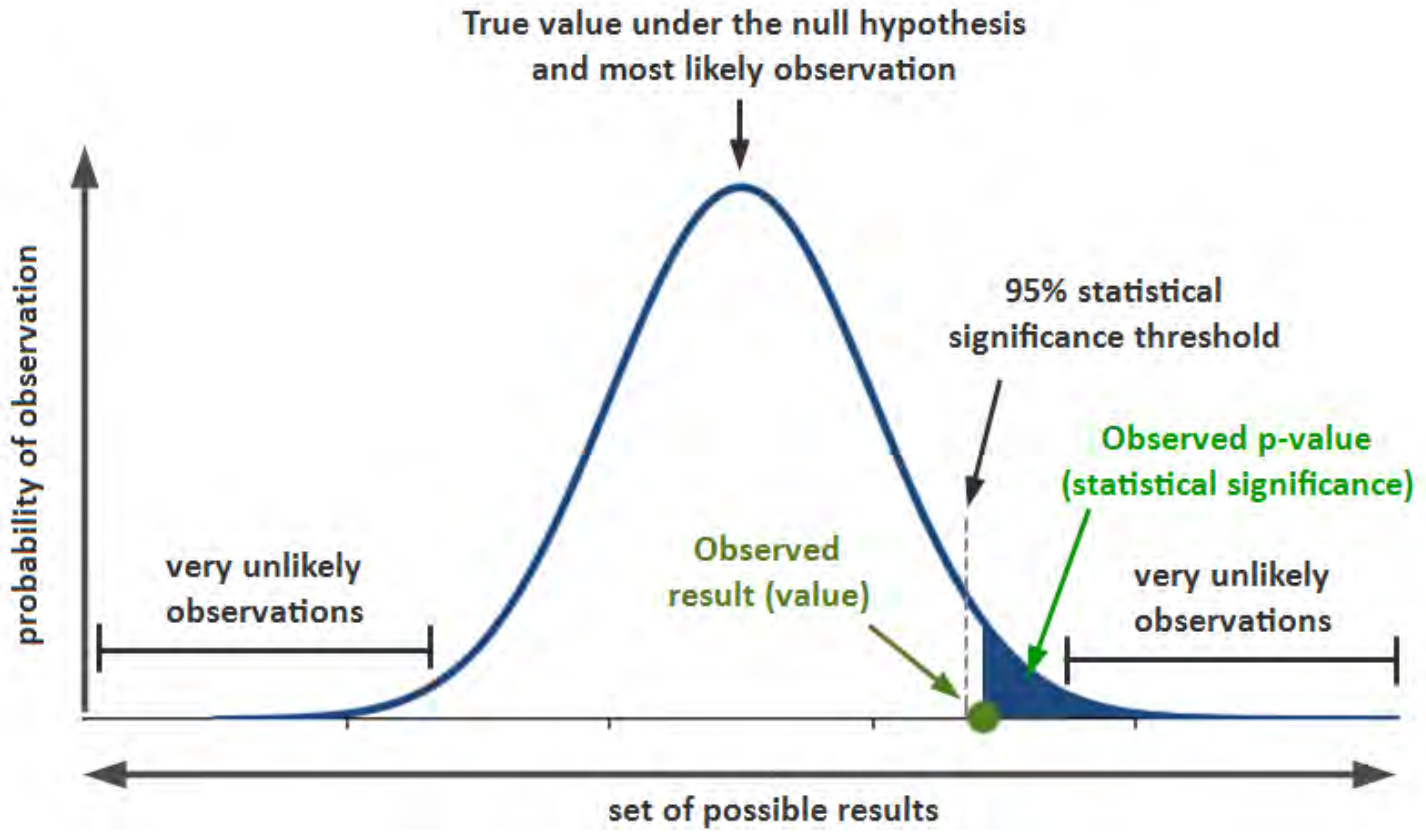
National comparison: ↑ All grades higher than MTF data



- **Broome County youth do not have significant opioid use, compared to alcohol, tobacco, and marijuana.**
- **Overall, Rx opioid use has seen a steady decline.**
- **Concerning trends:**
  - Slight rise in lifetime Heroin use.
    - The rise might be attributed to the current community drug climate, heroin availability.
  - All heroin use is higher than national average.

Statistical Significance

Statistical significance is a way of mathematically proving that a certain statistic is reliable and is cause by something other chance.



Lifetime Substance Use

Green: Positive Shift Red: Negative Shift

	2016	2018	
Alcohol	35.8	34.1	
E-cigarettes	20.6	26.5	Statistically Significant
Cigarettes	12.5	10.2	Statistically Significant
Marijuana	20.3	20.4	
Chewing Tobacco	8.3	7.0	Statistically Significant
Inhalents	3.3	3.6	
Narcotics	2.8	1.9	Statistically Significant
Amphetamines	2.5	1.7	Statistically Significant
Sedatives	2.5	1.9	Statistically Significant
Hallucinogens	2.4	1.7	Statistically Significant
Cocaine	1.2	0.8	Statistically Significant
Methamphetamines	0.5	0.3	
Tranquilizers	1.9	1.5	
Heroin	0.4	0.6	
Ecstasy	1.0	0.6	Statistically Significant

Past 30 Day Substance Use

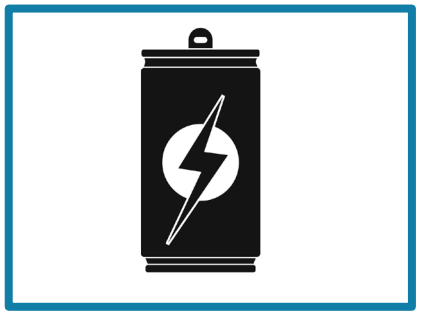
Green: Positive Shift Red: Negative Shift

	2016	2018	
Alcohol	20.5	20.4	
Binge Drinking	10.7	10.4	
Marijuana	12.8	13.0	
Cigarettes	4.1	2.4	Statistically Significant
Chewing Tobacco	3.9	3.3	
1/2 Pack Cig/Day	1.0	0.4	Statistically Significant
Inhalents	1.1	1.4	
Amphetamines	0.7	0.5	
Narcotics	0.8	0.4	Statistically Significant
Sedatives	0.8	0.5	Statistically Significant
Tranquilizers	0.7	0.7	
Heroin	0.3	0.3	
Ecstasy	0.4	0.2	Statistically Significant
Hallucinogens	0.8	0.5	Statistically Significant
Cocaine	0.4	0.2	Statistically Significant
Methamphetamines	0.2	0.1	
Energy Drinks	36.1	40.1	Statistically Significant
Caffeine Pills	1.6	1.5	

Caffeine & Energy Drinks

- **40%** of students reported USING energy drinks which is above the national average of 30%.
- 8th, 9th, and 10th grades have the heaviest use.
- Most students that reported use, only used on 1-2 occasions during the past 30 days – 18.8%. A small percentage use regularly.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699625/



- The Mayo Clinic states that up to **400 mg of caffeine a day is probably safe** for most healthy adults (Approximately 4 cups coffee, 10 cans of soda, or two "energy shot" drinks).
- **Recommended daily intake for children:**
  - Should not exceed 100 mg/day (one cup of coffee or 2 cans of soda).
- **Recommended daily intake for teenagers:**
  - Should not exceed 2.5 mg /kg of body weight.
- **Lethal dose of caffeine for most people is 10 grams.**

Is Caffeine Addictive?

For people who drink caffeine on a regular (daily) basis. If stopped, withdrawal symptoms can be experienced:

- Headache
- Fatigue
- Drowsiness
- Nausea
- Depression
- Difficulty Concentrating
- Inability to think clearly
- Irritability
- Anxiety
- Sweating
- Muscle pains and weakness

Antisocial Behaviors

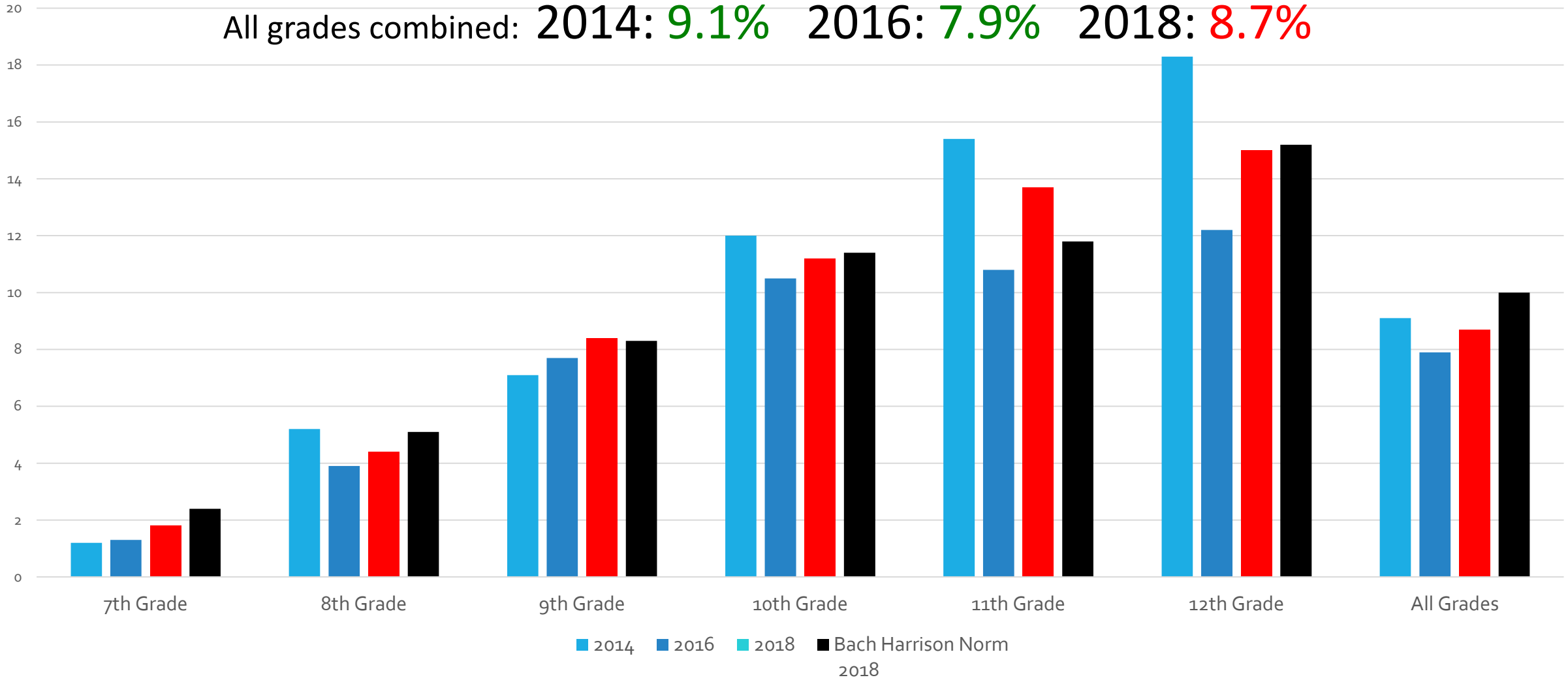
- **Drunk or high at school**
- **Suspended from school**
- **Attacked to harm**
- **Carried a handgun**
- **Sold illegal drugs**
- **Stolen a vehicle**
- **Been arrested**
- **Carried a handgun to school**

Why look at ASB?

- Higher risk for abusing substances.
- Tend to start abusing substances at an earlier age.
- Increase risk of addiction issues.

Been Drunk or High at School

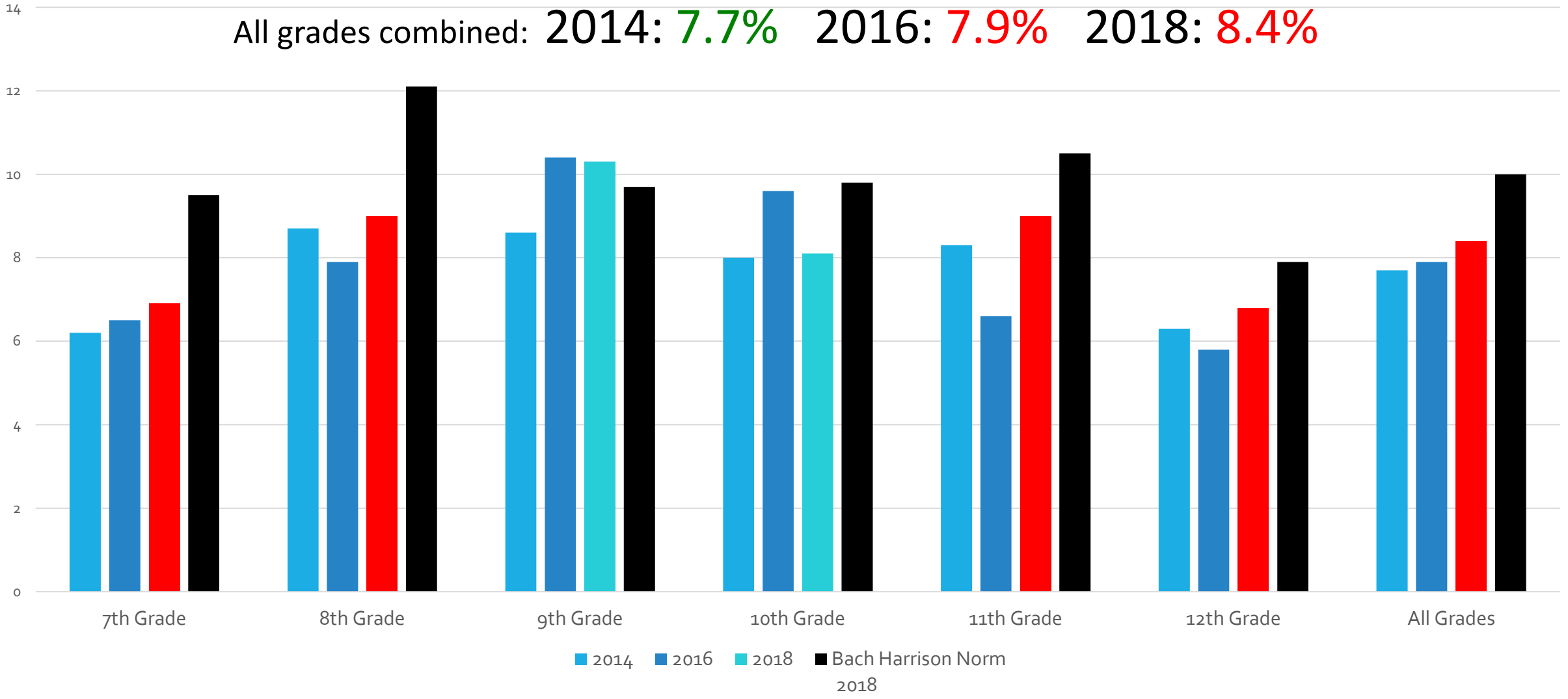
All grades combined: 2014: 9.1% 2016: 7.9% 2018: 8.7%



Regional comparison: ↓ Grade 7, 8, 10, & 12 lower than BH data ↑ Grade 9 & 11 is higher than BH data

Suspended from School

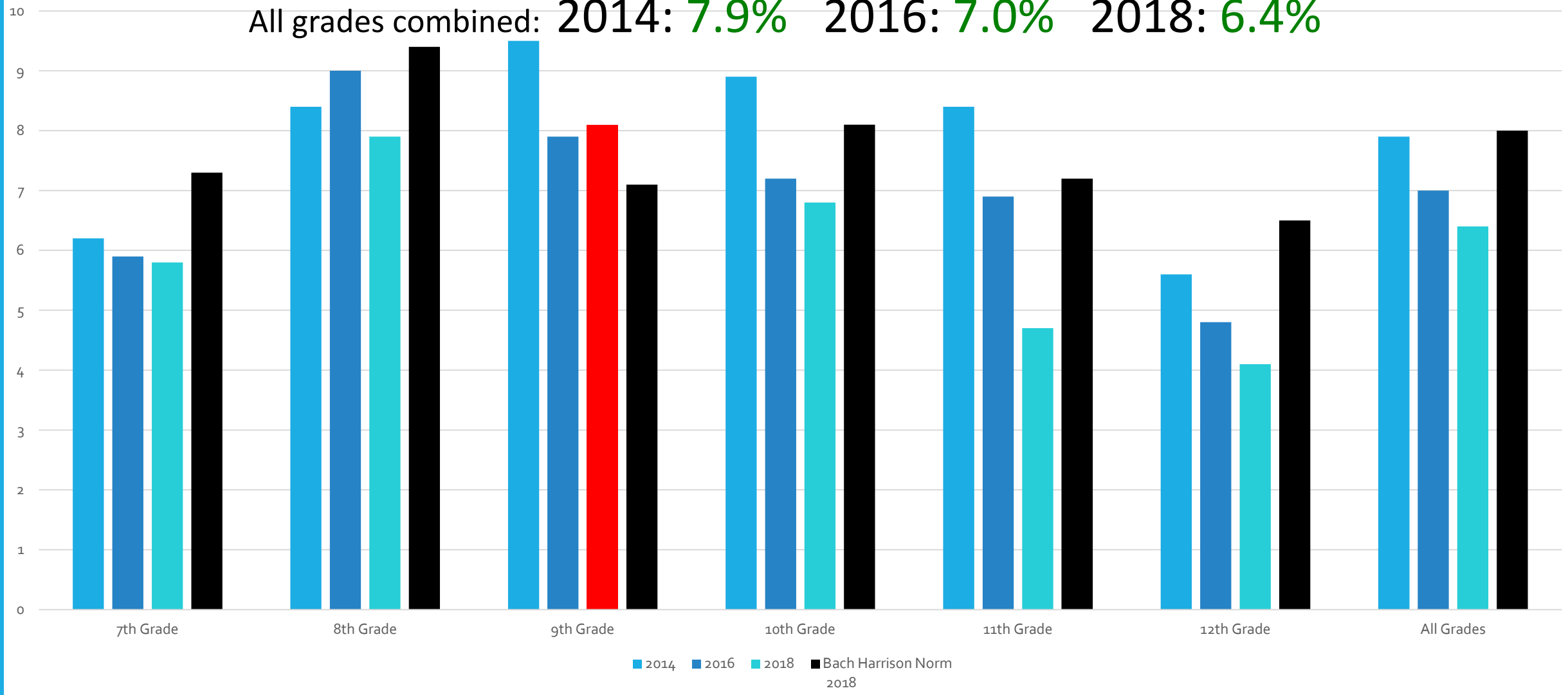
All grades combined: 2014: 7.7% 2016: 7.9% 2018: 8.4%



Regional comparison: ↓ Grade 7, 8, 10, 11 & 12 lower than BH data ↑ Grade 9 is higher than BH data

Attacked to Harm

All grades combined: 2014: 7.9% 2016: 7.0% 2018: 6.4%



Regional comparison: ↓ Grades 7, 8, 10, 11 & 12 are lower than BH data ↑ Grade 9 is higher than BH data

- **Broome County youth do not have significant amounts of antisocial behaviors. The percentages are rather low comparatively.**
- **Concerning trends:**
  - 9th grade showing an increase in behaviors.
  - Top two behaviors increased in 2018.

Antisocial Behaviors

Green: Positive Shift Red: Negative Shift

		2016	2018	
*	Attacked to Harm	7.0	6.4	
*	Drunk or High at School	7.5	8.7	**Statistically Significant**
*	Suspended from School	7.9	8.4	
	Been Arrested	2.8	2.3	
	Sold Illegal Drugs	3.6	3.5	
	Carried a Handgun	4.2	4.1	
	Stolen a Vehicle	1.4	1.3	
	Handgun to School	0.6	1.0	**Statistically Significant**

* 3 Highest Antisocial Behaviors

Risk Factors

- Characteristics within the individual **OR** conditions in the family, school, or community.
- Increase the likelihood someone will engage in unhealthy behavior such as: the use of alcohol, tobacco and other drugs, violence, suicide, or early sexual activity.
- The more risk factors present in a child's life, the greater the likelihood problems will develop in adolescence.

RISK FACTORS

- Chaotic home environment
- Ineffective parenting
- Little mutual attachment and nurturing
- Inappropriate, shy, or aggressive classroom behavior
- Academic failure
- Low academic aspirations
- Poor social coping skills
- Affiliations with deviant peers
- Perceived external approval of drug use (peer, family, community)
- Parental substance abuse or mental illness

US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, (1997) Preventing drug use among children and adolescents: A research-based guide. NIH Publication No. 97-4212.

Highest Risk Factors

1

Perceived Risk of Drug Use

(peer-individual domain)

2018: 58.5%
2016: 51.7%
2014: 52.9%
2012: 50.9%

= Grades 7 & 10 are equal to BH data

↓ Grades 8, 9, & 12 are lower than BH data

↑ Grade 11 is higher than BH data

2

Low Commitment to School

(school domain)

2018: 50.4%
2016: 46.4%
2014: 44.7%
2012: 50.9%

= Grades 7 & 10 are equal to BH data

↓ Grades 8, 9, & 12 are lower than BH data

↑ Grade 11 is higher than BH data

Highest Risk Factors

3

Depressive Symptoms

(peer-individual domain)

2018: 48.4%
2016: 38.3%
2014: 36.8%
2012: 50.9%

= Grades 7 & 10 are equal to BH data

↓ Grades 8, 9, & 12 are lower than BH data

↑ Grade 11 is higher than BH data

4

Family Conflict

(family domain)

2018: 43.5%
2016: 40.6%
2014: 37.1%
2012: 36.9%

= Grades 7 & 10 are equal to BH data

↓ Grades 8, 9, & 12 are lower than BH data

↑ Grade 11 is higher than BH data

A Closer Look

Depressive Symptoms

Increased by 10% from 2016

- Students reported feeling depressed or sad MOST days, even if they felt okay sometimes:
  45.3% – up 9.3 from 2016 (36.0%)
- Students reported thinking they're no good at all:
  44.7% – up 8.7 from 2016 (36.0%)
- Students reported thinking life is not worth it:
  33.2% – up 6.5 from 2016 (26.7%)
- Students reported feeling they are a failure:
  28.2% – up 5.2 from 2016 (23.0%)

Trauma and Substance Use

- **The National Institutes of Health (NIH) report that more than a third of adolescents with a report of abuse or neglect will have a substance use disorder before they reach their 18th birthday.**

  ncbi.nlm.nih.gov – Behavioural consequences of child abuse

- 90% of addictions take hold in the adolescent years.

  Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings. NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

- **Trauma is the real gateway drug.**

  Dr. Richard Egleton – Neurobiology and Addiction Research Cluster, Marshall University, Joan C. Edwards School of Medicine.

Risk Factors

		2016	2018	
	Laws & Norms Favor Drug Use	43.6	39.6	Statistically Significant
*	Perceived Risk of Drug Use	51.7	58.5	Statistically Significant
	Peer/Individual - Rewards for ASB	40.9	43.3	Statistically Significant
*	Low Commitment to School	46.4	50.4	Statistically Significant
	Poor Family Management	31.1	30.9	
	Parent Attitudes Favor ASB	41.1	42.1	
	Exposure to Adult ASB	33.3	32.5	
	Attitudes Favorable to ASB	27.5	31.8	Statistically Significant
*	Family Conflict	40.6	43.5	Statistically Significant
*	Early Initiation of Drug Use	19.9	19.2	
	Attitudes Favorable to Drug Use	30.4	32.3	Statistically Significant
	Parent Attitudes Favor Drug Use	32.1	30.6	
*	Depressive Symptoms	38.3	48.4	Statistically Significant
	Friends Use of Drugs	25.3	26.4	
	Perceived Availability of Drugs	25.2	26.0	
	Academic Failure	33.4	31.8	
	Sibling Drug Use	33.7	33.8	
*	Early Initiation of ASB	20.5	19.2	
*	Interaction with Antisocial Peers	18.6	19.2	
*	Gang Involvement	4.1	4.5	

Green: Positive Shift **Red: Negative Shift**

* 4 Highest Risk Factors

* 4 Lowest Risk Factors

Bullying & School Safety

- Was bullied on at least one occasion on school grounds in the past year:
  31.7% – up 3.1 from 2016 (28.6%)
- Missed at least one day of school because they felt unsafe at school in the past 30 days:
  10.1% – up 2.7 from 2016 (7.4%)
- Was threatened or harassed over the internet, by e-mail, or by someone using a cell phone:
  20.2% – up 0.7% from 2016 (19.5%)

Protective Factors

- Characteristics within the individual **OR** conditions in the family, school, or community that help someone cope successfully with life's challenges.
- Successfully handling problems and dealing with pre-existing risk factors, means individuals are less likely to engage in unhealthy behaviors.
- Protective factors are instrumental in healthy development as they build resiliency skills and connections.

US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, (1997) Preventing drug use among children and adolescents: A research-based guide. NIH Publication No. 97-4212.

Highest Protective Factors

1

Opportunity for Prosocial Involvement
(school domain)

2018: 68.0%
2016: 67.5%
2014: 64.2%
2012: 60.9%

↓ Grades 8, 9 & 10 are lower than BH data

↑ Grades 7, 11 & 12 are higher than BH data

2

Rewards for Prosocial Involvement
(school domain)

2018: 66.7%
2016: 64.5%
2014: 64.9%
2012: 64.7%

↓ Grades 8, 10, 11 & 12 are lower than BH data

↑ Grades 7 & 9 are higher than BH data

Highest Protective Factors

3

Prosocial Involvement

(peer-individual domain)

2018: 64.6%
2016: 68.7%
2014: 65.2%
2012: 63.1%

↓ Grades 9, 10 & 12 are lower than BH data

↑ Grades 7, 8 & 11 are higher than BH data

4

Opportunity for Prosocial Involvement

(family domain)

2018: 62.3%
2016: 61.1%
2014: 58.1%
2012: 58.2%

↓ Grade 10 is lower than BH data

↑ Grades 7, 8, 9, 11 & 12 are higher than BH data

Protective Factors – 2016 vs. 2018

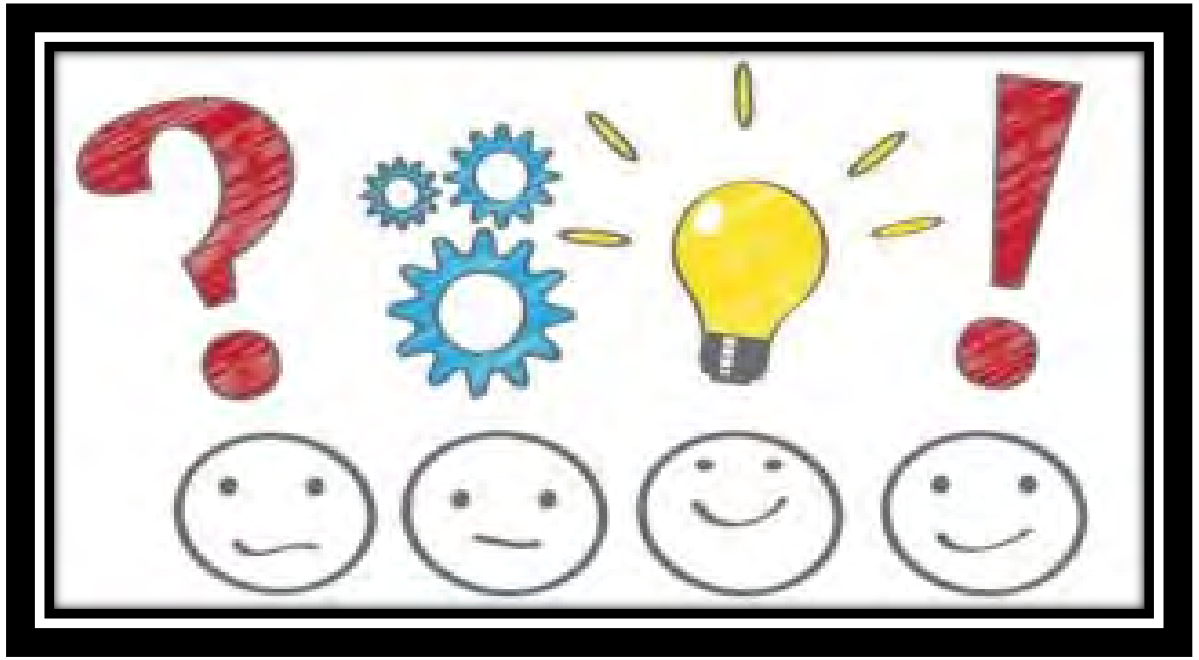
Green: Positive Shift Red: Negative Shift

		2016	2018	
	Belief in the Moral Order	68.8	59.2	Statistically Significant
*	School - Rewards for Prosocial Involvement	64.5	66.7	Statistically Significant
*	Peer/Individual - Prosocial Involvement	68.7	64.6	Statistically Significant
	Family Attachment	60.9	60.5	
*	School - Opportunity for Prosocial Involvement	67.5	68.0	
*	Family - Opportunity for Prosocial Involvement	61.1	62.3	
	Family - Rewards for Prosocial Involvement	57.0	55.7	
*	Interaction with Prosocial Peers	54.4	47.3	Statistically Significant
*	Peer/Individual - Rewards for Prosocial Involvemen	53.4	49.0	Statistically Significant
*	Community - Reward for Prosocial Involvement	37.0	36.1	
*	Religiosity	31.6	28.2	Statistically Significant

* 4 Lowest Protective Factors * 4 Highest Protective Factors

Moving Forward with Prevention Efforts

- Recognize school and community trends.
- Continue to connect youth and families to local services.
- School district involvement – continue prevention education efforts.
- Youth involvement – more opportunities for youth to voice their opinions and get involved.
- Community collaboration.
- Write grants to better serve the population.
- Provide more safe alternatives, opportunities, activities, and events for youth.



Contact Information

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