What's Happening in Sample Community?

A Community Needs Assessment Data Book



Introduction - What's Happening in Sample Community?

March 2023

This report has been developed for the Community Prevention and Wellness Initiative (CPWI) to assist coalitions in their prevention strategic planning. We have included data from your community for the assessment of problems associated with substance use, and particularly with alcohol use and misuse. Additional data that can only be collected locally will help with the interpretation of the data and in other ways enhance this assessment process.

The Community Prevention and Wellness Initiative is a project of the Division of Behavioral Health and Recovery (DBHR) in collaboration with counties and communities across the state. This data report is a project of the State Epidemiological Outcomes Workgroup, and was produced with the assistance of the Department of Social and Health Services' Division of Research and Data Analysis.

PERMISSION FOR RELEASE

Please note that the Healthy Youth Survey data in this report are not to be used in public settings without the written permission of the school district superintendent.

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FOR MORE INFORMATION

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ABOUT THE DATA

The Community Outcomes and Risk Evaluation Information System (CORE)

The CORE contains archival indicators (or social indicators) that are highly correlated with adolescent substance use, and the risk factors that predict substance use. There are currently 47 indicators, most of which originate from the Department of Health, Department of Social and Health Services, Uniform Crime Report, and the Office of the Superintendent of Public Instruction. The data are published twice a year on a public website, and reported at the lowest feasible geography level: state, county, school district/community, and locale (a geography that incorporates more than one school district when the base population of the school district is too low for reliable reporting). See https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles.

Washington State Healthy Youth Survey (HYS)

The Healthy Youth Survey is an adolescent health behavior survey that is administered students in 6th, 8th, 10th and 12th grade and, in 7th, 9th, and 11th grade in small school districts that elected to participate in the Small School Pilot. The questions cover a wide variety of health and school success behaviors, from diet and nutrition to binge drinking to skipping school. State and county reports are available to the public at AskHYS.net. School district reports are password protected. Data sharing agreements for analyses are available through the Department of Health.

In the Fall of 2021 approximately 207,000 students in grades 6-12 from 877 schools participated in HYS. The survey is typically administered to students every two years in participating public schools; student participation is voluntary and anonymous. The last HYS was administered in 2018, and the survey was postponed from 2020 to 2021 due to the pandemic.

ATTENTION! HYS 2021 is different from past surveys in several ways, so caution should be used when comparing HYS 2021 results to prior survey years/trends:

- The pandemic has likely influenced student behaviors and responses to the survey;
- There was a three-year gap (2018 to 2021) instead of the usual two-year gap delaying the survey by a year changed the group/cohort of students being surveyed;
- This was the first time the survey was administered electronically; ~2% of students took a paper-and-pencil survey, and ~2% of students took the survey remotely (not on school property)
- Future HYS cycles will tell us more about which changes or trends will continue and which were unique to 2021.
- To account for this uncertainty, no significance testing is conducted to compare the 2021 rates to the 2018 rates in the Data Book.

	Grade 8	Grade 10
Students Participating in the 2021 Survey	268	293
Survey Participation Rate	78%	67%



Sample Community

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Overview: Needs Assessment

WHAT? This Data Book will be used in the assessment phase of the Strategic Prevention Framework, illustrated in this figure. This is the planning framework for the Community Prevention and Wellness Initiative (CPWI). The vision that drives this framework is data-based decision making. The needs assessment phase is the part of the assessment process that will help your community identify where it needs to focus its prevention efforts. The needs assessment is a process of gathering and interpreting data, identifying areas where additional data is needed, gathering that data, and then reinterpreting the results. In other words, a needs assessment is an iterative and on-going project. A needs assessment is often the first step in developing a prevention plan.



WHO? To complete a thorough needs assessment, you will need people with different kinds of expertise to interpret the data, and others to help the coalition understand the local context in which these conditions (as described by the data) exist. The better you understand the issues, the better able your coalition will be to develop a set of priorities, and goals associated with those priorities. This data book is a resource for your coalition in the needs assessment. This will be the starting point for your coalition to identify the problems related to youth alcohol use as precisely as possible.

WHY? When a group of citizens get together to find ways to reduce youth substance use, a collection of carefully chosen and reliable data can help to build bridges across different experiences and points of view. Further, if a community coalition uses data to identify problems and set goals, then the coalition can make a stronger case when it works to gain support from the community and from potential partners for its prevention efforts. The data will also provide a basis for measuring progress and successes.

How to Use this Data Report

NOTE: Underlined words are described in the "Definitions" section at the end of this report.

The goal of the assessment phase of the CPWI planning process is to guide the coalition as you select priorities for prevention work. Those priorities will be based on the risk factors that are most closely linked to substance use in your community, and the resources you have for addressing those risk factors.

This report includes data for the <u>needs assessment</u> part of that phase of the process. The data come from the <u>Healthy Youth Survey</u>, and from the <u>CORE Information System (CORE)</u>, which is a collection of <u>archival data</u> from many different sources.

The data in this report is organized into four main sections.

- 1. The first section includes measures for the Consequences, Consumption, and Intervening Variables in the coalition logic model (see page 124); the measures appear in the same order as in the logic model.
 - The intervening variables in this section are those most strongly associated with alcohol use, such as availability of alcohol, enforcement of alcohol laws, community norms regarding alcohol use/misuse, and five Risk and Protective Factor Scale Scores. The information comes from student responses to HYS and from CORE; the measures were selected because they have the strongest predictive value for alcohol use/misuse.
- 2. The second section, starting on page 37, shows these and other data across several years to demonstrate long-term changes in your community. Here, the measures also appear in the same order as in the coalition logic model. Use the data in this section to look at:
 - a. Healthy Youth Survey trends over time (2010 to 2021) for the consequences, consumption, and intervening variables measures listed in the coalition logic model;
 - b. Additional Risk and Protective Factors.
- 3. The third section, starting on page 86, includes:
 - a. CORE indicator trends over time use data from the latest 12 years (most rates are 2009 to 2020) for consequences and intervening variables.
- 4. Starting on page 98, the fourth section includes opioid prescription data collected through the DOH Prescription Monitoring Plan (PMP). To assist coalitions in interpreting local data, community-specific information is presented in comparison to county and statewide values. Where possible, detail is provided by age and sex.

What do we do with all of this data?

STEP ONE: First, make sure you understand the relationships between the data reported here and the coalition logic model. For your convenience, the data sections are color coded to match the colors of the logic model (see page 8). Flip back and forth between the data pages and the logic model to see how they fit together.

STEP TWO: Get to know the general pattern of youth substance use and its consequences in your community, as reported in the first sections of the report (red/Consequences and purple/Consumption). Note: For the HYS data, consider the participation rate, which is reported inside the front cover of this report.

NOTES about comparisons using HYS data:

- Read the "how-to" notes on page 9 that will help you to interpret the statistical significance of these comparisons. In
 general, the data in small communities are not as stable as in larger communities, but the new combined-grades
 scores will help to solve this problem.
- Comparisons between 8th and 10th graders: The level of problem behaviors related to substance use increases as youth get older. While alcohol related problem behaviors are more prevalent among 10th graders, some prevention efforts will have a bigger impact on 8th graders, and even younger youth.
- Remember, these survey data represent only those youth who are in public school.
- Comparisons between your community and "school districts like us": it is sometimes helpful to make comparisons between communities that are similar in size, or in how rural or urban they are.
 - Comparisons between your community and the state: the state data are there simply to give you another perspective on each issue.
- Comparisons between 2018 and 2021: this comparison, and the longer term trend data that start on page 38, can
 give you an idea if the level of a problem is changing. Unlike prior years, no significance testing is conducted to
 compare the rates for 2018 and 2021 HYS (see p. 3).

STEP THREE: Read about intervening variables in the Definitions (page 122) and review the variables listed in the blue column on page 8. Just as getting no exercise is a risk factor for heart disease, these intervening variables represent risk factors for substance use and its related problems. Review and discuss the intervening variables data in the blue section starting on page 22, and the additional archival data from CORE-starting on page 86.

TIP: Use a worksheet to keep track of the discussion in your coalition or data workgroup about each of these variables. Have a column for variable name, one for initial interpretation, and one with questions for further consideration.

- Assess whether or not you have enough information to understand and/or prioritize a specific issue. For some issues you will need more information. An example: you may believe that the economic deprivation indicators on pages 96-97 underestimate poverty in your community. School officials may explain that some students and their families won't use lunch coupons or apply for social services.
- Another example: You will need to put some of these issues into a local context. For instance, what are the policies in the police or sheriff's department towards youth alcohol violations? You will likely need to contact the local law enforcement agency to get more information.
- Some data will tell a story that requires interpretation by people who are not on your coalition. Make a plan on how to get their help and include that in your worksheet.

NOTE: Later, after you have started implementing your strategic plan, these indicators of your targeted intervening variables will measure progress as you work to bring about changes in youth substance use.

STEP FOUR: After analyzing the data, propose a list of priorities for your coalition to discuss. The intervening variables (or risk factors) that you prioritize will become the goals and objectives of your strategic plan. But before identifying strategies, you will need more information about some of the issues you have identified in the needs assessment---you will need to identify contributing factors. Contributing factors answer the question, "why is this happening here?" or "what is contributing to this?" This data book does not have data that will answer all of those questions, so you will need to interview key people in the community, or develop a community-level survey. The contributing factors will be important components for explaining your theory of how your prevention strategic plan will achieve its goals.

EXAMPLE: According to the data, kids in your community don't believe they will be caught by the police for drinking. What might contribute to this perception? Maybe the police don't have enough personnel to patrol the popular drinking spots. Or maybe the police are doing more patrols than the kids know about. Or maybe it's some of both. Before deciding on a strategy, you will need to find out what contributes to this youthful perception of trouble-free drinking.

The DBHR Training Team has developed the "Needs Assessment Clinic", which is available on the Athena Forum. It includes a series of lessons and worksheets that go through the steps in a needs assessment process, from getting organized to making final decisions. See http://www.theathenaforum.org/training/trainings.

When data are not available

Some data may not be available for your community for a number of reasons. When this happens, the tables in the data book may have one of the following symbols in the cells with missing data.

- NA Data are not available.
- **S** Fewer than 15 students in the grade took the Healthy Youth Survey OR the response rate was lower than 40%. In the section "Additional Healthy Youth Survey Data" starting on page 37 suppressed data points are shown as gaps in the trend lines and blank cells in the tables.
- **NR** Not reliable due to non-reporting of police jurisdictions data.
- **UN** Unreliable conversion of events to report geography.
- **SP** Suppressed by agreement with data provider when denominator is below 100.
- **SN** Small Number Sample. Geography has less than 30 events in the denominator.

Where to use the information in this report in your Community Needs Assessment

This diagram demonstrates the components that correlate to the CPWI logic model. Each of these components include key data measures that feed into the logic model.

Consequences

Behaviors that are known to be associated with substance use

Consumption

Measure of the number of youth using/consuming alcohol and other substances

Intervening Variables

Characteristics that are strongly predictive of underage drinking and substance use

Strategies

Activities selected to address problems identified in the needs assessment

MEASURES

School Performance

- Self-reported Grades
- Skipping School
- Graduation Rates

Youth Delinquency

- Self-reported Fighting
- Carrying a Weapon
- Gang Membership
- Drinking and Driving
- Marijuana Use and Driving
- Arrest Rates
- Weapon Incidents in Schools

Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

MEASURES

Youth Substance Use

- Current Drinking
- Problem or Heavy Drinking
- Cigarette Smoking
- Marijuana Use
- E-Cigarette / Vape Pen Use.
- Other Illegal Drug Use
- Prescription Drug Use

MEASURES

[Community Connectedness]

Availability

- Ease of Access
- Retail or Social Access (Usual Source)
- Density of Licenses

Risk of Alcohol and Drug Use

- Perception of Law Enforcement Risk
- Perception of Risk from Alcohol and Drug Use
- Perception of risk from E-Cigarette/Vape Pen Use

Norms Around Alcohol Drug Use

- Attitudes Toward Youth Drinking and Drug Use
- Friends Use
- Perception of Adult Attitudes

Risk and Protective Factors

- Parental Attitudes Tolerant of Substance Use
- Early Initiation of Drugs
- Intentions to Use Drugs
- Friends' Use of Drugs
- Social Skills

Community Engagement

Coalition Development

Public Awareness

Information Dissemination

Environmental Strategies

School-based Prevention/ Intervention Services

Direct Services

8

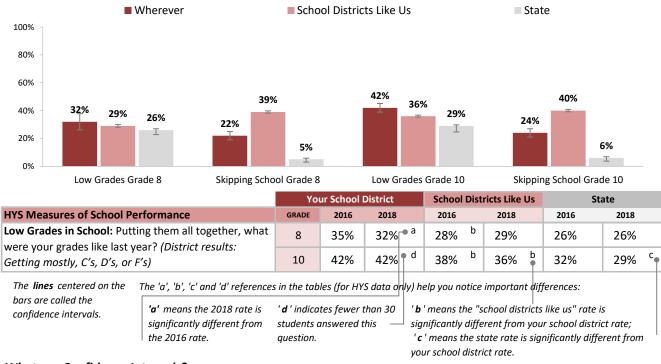
Measures with [brackets] around them are those

for which we do not have state level indicators.

How to Read the Charts and Tables

EXAMPLE 1: Bar Charts with Confidence Intervals for HYS Data

HYS Measures of School Performance



What are Confidence Intervals?

It is unlikely that the percent score (or point estimate) reported for each question is exactly the same as the "true" value for all students in the school district. To describe this uncertainty (the difference between the reported value and the true value), this report includes 95% confidence intervals (CI) for the HYS data. The size of the confidence interval depends on the number of students answering each question. The more students who answer a survey question, the closer it will be to the true value. A 95% confidence interval means that we are 95% confident that the true value lies within this range.

If you are in a small school or school district, your CI will be wide. However, if your district surveyed the 7th-9th-11th graders, the estimates for the combined grades will be better that those you used in the last data report. Still, use caution when fewer than 30 students answered a question. But if you have an excellent participation rate, the point estimate is a good estimate for the students who took the survey—it's just that a small change in the number of students who answer a question (which students had the flu the day of the survey) can have a large impact on the point estimate.

NOTE: CORE data are not samples. This is why we do not report confidence intervals or statistical significance ('a', 'b', or 'c' in the table) for indicators from CORE data.

1. A significant difference:

- Students in your community report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Students statewide report 36% ± 3%, so the point estimate is 36% and the true range is 33% to 39%
- The ranges don't overlap, so the difference is significant



2. Not a significant difference:

- Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Statewide students report 28% ± 3%, so the point estimate is 28% and the true range is 25% to 31%
- The ranges overlap, so the difference is not significant



3. Not sure if there is a difference:

- Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Statewide students report 32% ± 3%, so the point estimate is 32% and the true range is 29% to 35%
- The ranges just barely overlap, but don't include either the point estimate for your students (25%) or the state (32%), so you don't know for sure if they are really different

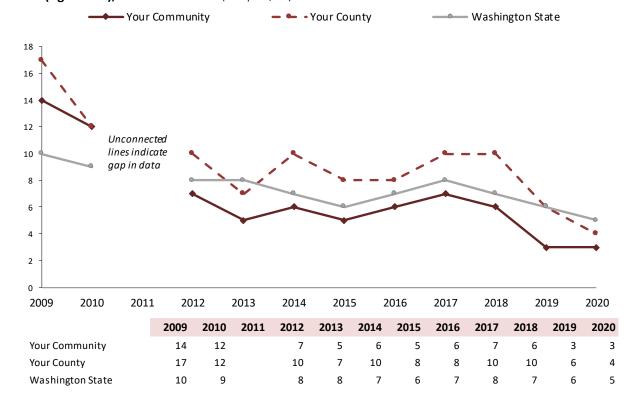


EXAMPLE 2: Trend Line Charts

Trend line charts allow you to monitor how indicators have changed over time. Note that gaps may appear in the trend lines and the tables if the data were not available that year. This could happen if, for example, a police jurisdiction did not submit arrest data to UCR, schools in the school district did not participate in HYS survey that year, or if the survey question was omitted for a particular grade level.

BE SURE to check the scale (units of measurement) for every chart because the scales in this report are different. For example, the chart below shows *Rate per 1,000* persons while the chart in Example 1 on the previous page shows *Percent* (which is another way to say, *Rate per 100 persons*).

Arrests (Age 10-17), Alcohol Violation (Rate per 1,000)



CONSEQUENCES | Behaviors that are known to be associated with substance abuse

The behaviors listed in this section of "consequences" are associated with alcohol use in some kids, but not in others. For some individuals, if drinking is reduced, these consequences will likely change—or, a change in these behaviors could lead to a change in drinking. Our theory is that if the rates of drinking go down in the community, there will be an impact on these consequences—there will be healthier and more successful youth in the community.

School Performance

- Self-reported Grades
- Skipping School
- Graduation Rates

Youth Delinquency

- Self-reported Fighting
- Carrying a Weapon
- Gang Membership
- Drinking and Driving
- Marijuana and Driving
- Arrest Rates
- Weapon Incidents in Schools

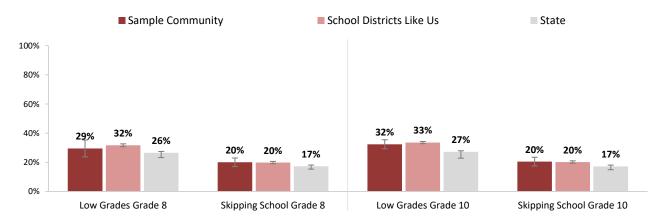
Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

School Performance

As children pass through childhood and adolescence, into young adulthood, the developmental sequence of problem behaviors is not straightforward. For instance, doing poorly in school can bring about a change in friendships, and those new friends may in turn introduce a new behavior, like drinking or fighting. At a different age, a youth who used to do well in school could start drinking, and that in turn could lead to poorer performance in school. In other words, which came first—the drinking or the poor school performance?

HYS Measures of School Performance (2021, Percent)



		Sample Commi	unity	School Districts Like Us		State	
HYS Measures of School Performance	GRADE	2018	2021	2018	2021	2018	2021
Low Grades in School. Putting them all together, what were your grades like last year? (District results: Getting mostly, C's, D's, or F's)	8	24%	29%	26%	32%	21%	26%
	10	27%	32%	29%	33%	25%	27%
Skipping School. During the last 4 weeks, how many whole days of school have you missed because you skipped or "cut"? (District results: Skipped any days)	8	16%	20%	15%	20%	14%	17%
	10	17%	20%	17%	20%	16%	17%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

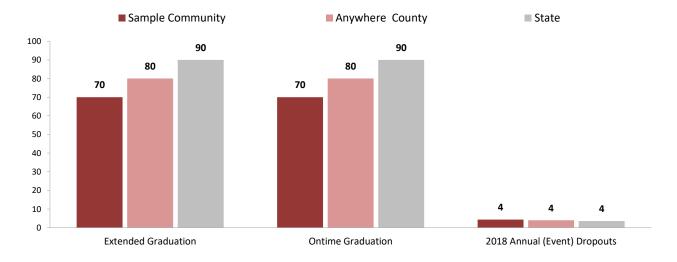
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

^c The state rate is significantly different from your district area rate.

^b The "school districts like us" rate is significantly different from your school district area rate.

^d Fewer than 30 students answered this question.

CORE Measures of School Performance (2016, Rate per 100)

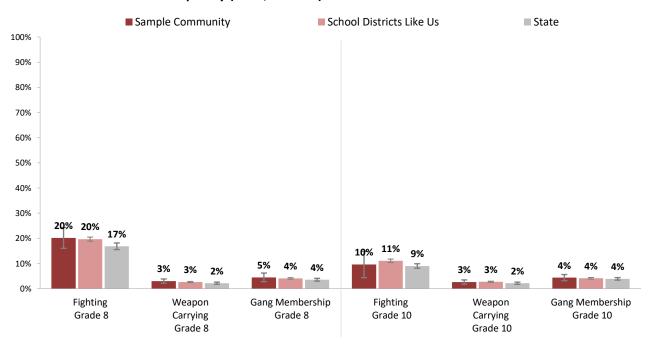


	Sample Community		County		State		
CORE Measures of School Performance		2015	2016	2015	2016	2015	2016
Extended Graduation Rate. The rate per 100 of students in the freshman cohort who graduate including those students who stay in school and take more than four years to complete their degree.		11	12	11	12	11	12
On-time Graduation Rate. The rate per 100 of students in the freshman cohort who graduate in four years to complete their degree.		11	12	11	12	11	12
Annual Dropout Rate. The rate per 100			2018		2018		2018
students enrolled in grades 9-12 who drop out							
in a single year without completing high school.			4		4		4
Recent years for this measure are unavailable. 2018 data is displayed.							

Youth Delinquency

The relationships between youth delinquency and substance use are strong. We don't know if delinquency leads to substance use, or the other way around. We do know that the risk factors are similar, and good prevention activities would likely affect both.

HYS Measures of Youth Delinquency (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2018	2021	2018	2021	2018	2021
Fighting. During the past 12 months, how many times were you in a physical fight? (<i>District results: At least once</i>)	8	28%	20%	27%	20%	26%	17%
	10	21%	10%	20%	11%	19%	9%
Weapon Carrying. During the past 30 days, on how many days did you carry a weapon such as	8	4%	3%	4%	3%	3%	2%
a gun, knife, or club on school property? (District results: At least once)	10	5%	3%	5%	3%	5%	2%
Gang Membership.** During the past 12 months, have you been a member of a gang? (District Results "Yes")	8	7%	5%	7%	4%	7%	4%
	10	7%	4%	6%	4%	6%	4%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

^{**} In 2014, the following description was added: A gang is a group of people with a leader who act together often for violent or illegal activities.

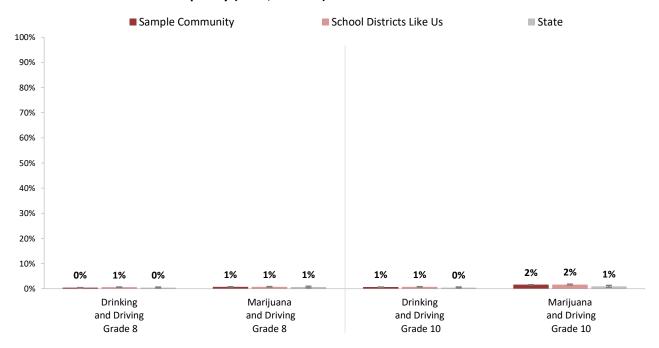
 $^{^{\}rm a}\,$ No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

b The "school districts like us" rate is significantly different from your school district area rate

c The state rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

HYS Measures of Youth Delinquency (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2018	2021	2018	2021	2018	2021
Drinking and Driving. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? (District results: Any times)	8	4%	0%	4%	1%	3%	0%
	10	5%	1%	5%	1%	5%	0%
Marijuana and Driving. During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana? (District results: Any times)	8	8%	1%	6%	1%	5%	1%
	10	11%	2%	10%	2%	9%	1%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

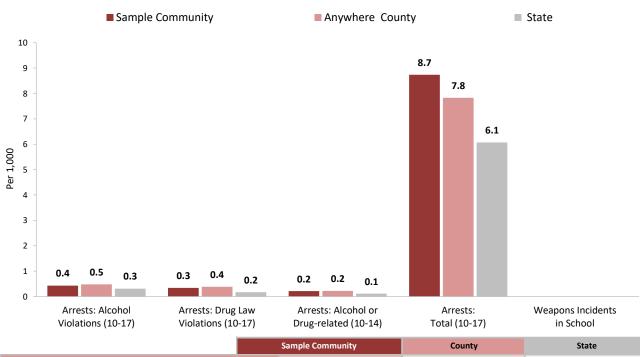
^a No significance testing for difference from the 2018 rate was performed (see p.

 $^{^{\}rm c}$ The state rate is significantly different from your school district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

CORE Measures of Youth Delinquency (2021, Rate per 1,000)

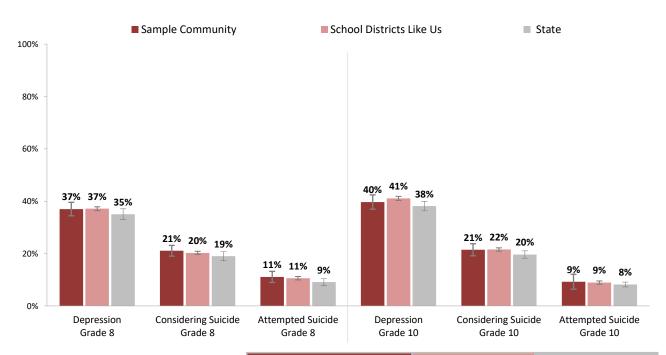


	Sample Community		County		State	
CORE Measures of Youth Delinquency	2020	2021	2020	2021	2020	2021
Arrests: Alcohol Violations (10-17). The arrests of adolescents (age 10-17) for alcohol violations, per 1,000 adolescents (age 10-17). Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.	0.8	0.4	1.0	0.5	0.7	0.3
Arrests: Drug Law Violations (10-17). The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17).	0.7	0.3	0.7	0.4	0.5	0.2
Arrests: Alcohol or Drug-Related (10-14). The arrests of younger adolescents (age 10-14) for alcohol and drug law violations, per 1,000 adolescents (age 10-14).	0.5	0.2	0.6	0.2	0.3	0.1
Arrests: Total (10-17). The arrests of adolescent (age 10-17) for any crime, per 1,000 adolescents (age 10-17).	11.6	8.7	10.8	7.8	9.4	6.1
Weapons Incidents in School. The number of reported incidents involving guns and other weapons at any grade level per 1000 students of all grades enrolled in October.	0.0	#N/A	0.0	#N/A	0.0	#N/A

Mental Health

During childhood, risk for substance abuse is higher for those who have a difficult temperament, poor self-regulatory skills, are sensation seeking, are impulsive, and do not tend to avoid harm. Children who have early persistent behavior problems are also more likely to develop a substance use problem. Furthermore, substance abuse is often found among kids who also have anxiety, depression, and attention deficit hyperactivity disorder.

HYS Measures of Mental Health (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Mental Health	GRADE	2018	2021	2018	2021	2018	2021
Depression. 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? (District results: "Yes")	8	34%	37%	35%	37%	32%	35%
	10	41%	40%	41%	41%	40%	38%
Considering Suicide. During the past 12 months, did you ever seriously consider attempting suicide? (District results: "Yes")	8	22%	21%	21%	20%	20%	19%
	10	24%	21%	24%	22%	23%	20%
Attempted Suicide. During the past 12 months, how many times did you actually attempt suicide? (District results: Any suicide attempts)	8	11%	11%	11%	11%	10%	9%
	10	12%	9%	11%	9%	10%	8%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

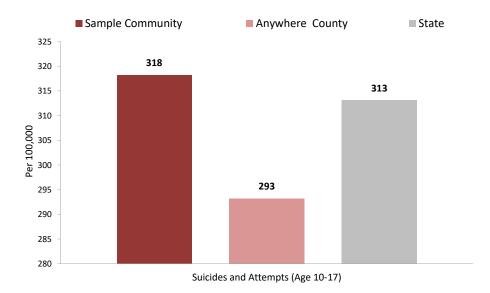
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

^c The state rate is significantly different from your district area rate.

 $^{^{\}rm b}$ The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

CORE Measures of Mental Health (2020, Rate per 100,000)



	Sample Community			County		State	
CORE Measures of Mental Health		2019	2020	2019	2020	2019	2020
Suicide Deaths and Attempts (Age 10-17). The annual number of adolescents (age 10-17) who died by suicide or were admitted to the hospital for suicide attempts, per 100,000 adolescents (age 10-17). Suicide deaths are based on death certificate information. Suicide attempts are based on hospital admissions, but do not include admissions to federal hospitals like those on military bases.		172	318	187	293	227	313

CONSUMPTION | Measures of the number of youth using/consuming alcohol and other substances

Consumption measures refer to the number of people who use a particular substance, whether alcohol, tobacco, marijuana, prescription drugs, or an illicit substance. Beginning in 2020, the measures also include the use of e-cigarettes, or vaping. E-cigarettes may contain nicotine, cannabis, flavorings, chemicals, and other substances.

Youth Substance Use

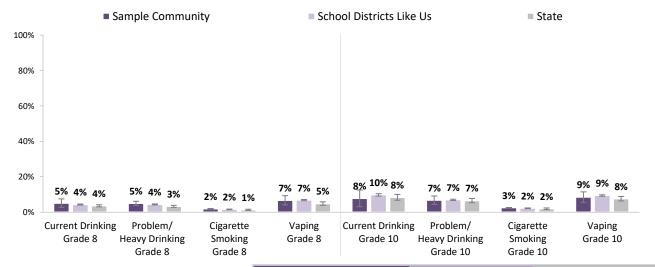
- Current Drinking
- Problem or Heavy Drinking
- Cigarette Smoking
- Vaping

- Marijuana Use
- Other Illegal Drugs

Youth Substance Use

Alcohol is the most widely used substance in our state, and is associated with the most harm due to its higher frequency of use. Consumption measures are also available for tobacco, marijuana, prescription drugs, other illegal drugs, as well as ecigarettes or vaping.

HYS Measures of Youth Substance Use (2021, Percent)



		Sample Comm	unity	School Districts Like Us		State	
HYS Measures of Youth Substance Use	GRADE	2018	2021	2018	2021	2018	2021
Current Drinking . During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? (District results: Drink any days)	8	10%	5%	10%	4%	8%	4%
	10	20%	8%	20%	10%	18%	8%
Problem/Heavy Drinking. (District results: 3-5 days drinking in the past 30 days and/or 1 binge past 2	8	7%	5%	7%	4%	5%	3%
weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)	10	13%	7%	13%	7%	11%	7%
Current Cigarette Smoking. During the past 30 days, on how many days did you: Smoke	8	4%	2%	4%	2%	3%	1%
cigarettes? (District results: Smoke any days)	10	6%	3%	7%	2%	5%	2%
Current E-cigarette/Vape Use: During the past 30 days, on how many days did you use an electronic cigarette, also called e-cigs, or vape pens? (Results: Use any days)	8	13%	7%	13%	7%	10%	5%
	10	24%	9%	24%	9%	21%	8%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

a. No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

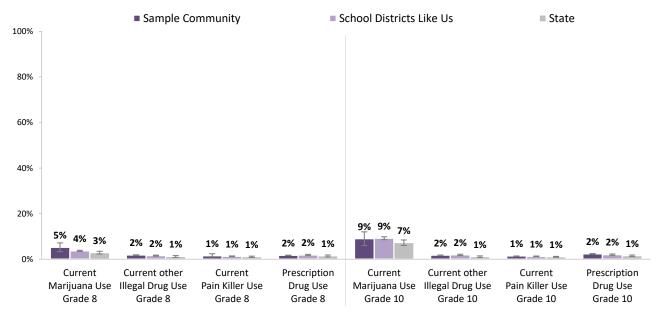
c. The state rate is significantly different from your district rate.

b. The 'school districts like us' rate is significantly different from your school district area rate.

d. Fewer than 30 students answered this question.

HYS Measures of Youth Substance Use (2021, Percent)

Using prescription drugs in a way not intended by a doctor - to stay awake or "to get high" for instance - is considered drug abuse. In particular, drugs that affect the brain can lead to dependence. This is true of opioid pain relievers, stimulants, and depressants.



		Sample Comm	unity	School Dist	ricts Like Us	State		
HYS Measures of Youth Substance Use	GRADE	2018	2021	2018	2021	2018	2021	
Current Marijuana Use. During the past 30 days, on how many days did you: Use marijuana or hashish? (<i>District results: Use any days</i>)	8	8%	5%	9%	4%	7%	3%	
. , , , ,	10	20%	9%	19%	9%	18%	7%	
Current Other Illegal Drug Use. During the past 30 days, on how many days did you: not counting	8	4%	2%	4%	2%	3%	1%	
alcohol, tobacco, or marijuana, use another illegal drug? (District results: Use any days)	10	7%	2%	6%	2%	6%	1%	
Current Pain Killer Use. During the past 30 days, on how many days did you: Use a pain killer to get	8	3%	1%	3%	1%	2%	1%	
high, like Vicodin, OxyContin or Percocet? (District results: Use any days)	10	4%	1%	4%	1%	4%	1%	
Any Prescription Drug Use: During the past 30 days, on how many days did you: Use prescription	8	6%	2%	5%	2%	6%	1%	
drugs not prescribed to you? (Results: Use any days)	10	8%	2%	7%	2%	7%	1%	

st The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

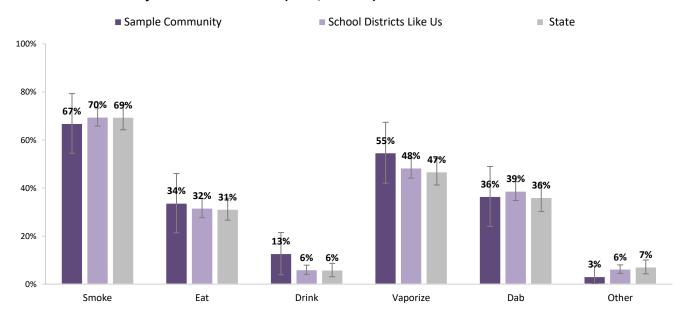
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $^{^{\}rm C}$ The state rate is significantly different from your district area rate.

 $^{^{\,\}text{b}}$ The "school districts like us" rate is significantly different from your school district area rate.

^d Fewer than 30 students answered this question.

HYS Measures of Marijuana Methods of Use (2021, Percent)



		Sample Comm	unity	School Dist	ricts Like Us	State				
HYS Measures of Marijuana Methods of Use	GRADE	2018	2021	2018	2021	2018	2021			
Method of Marijuana Use:										
In the past 30 days, if you used marijuana, how did you usually use it?		Note: Question changed from single choice to 'all that apply' in 2021. Comparisons to 2018 are not possible.								
Choose all that apply.										
Smoked it (in a joint, bong, pipe, blunt)	8		67%		61%		74%			
	10		67%		70%		69%			
At the bosons of the second A	8		27%		30%		34%			
Ate it (in brownies, cakes, cookies, candy)	10		34%		32%		31%			
Drank it (tea, cola, alcohol)	8		9%		6%		2%			
brank it (tea, cola, alconol)	10		13%		6%		6%			
Vaporized it	8		33%		36%		43%			
Vaporizeu it	10		55%		48%		47%			
Dahhad it	8		27%		28%		37%			
Dabbed it	10		36%		39%		36%			
Used it some other way	8		9%		8%		6%			
osed it some other way	10		3%		6%		7%			

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

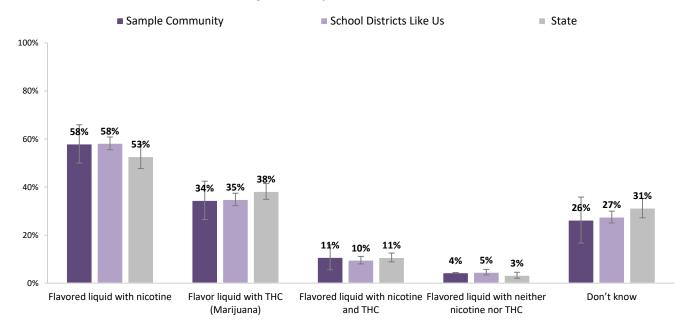
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c The state rate is significantly different from your district area rate.

 $^{^{\}mbox{\scriptsize b}}$ The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

HYS Measures of Substance Used in E-cigarette/Vape Pens (2021, Percent)



		Sample Comm	unity	School Dis	tricts Like Us	St	ate
HYS Measures of Substance used in e-cig or vape pen	GRADE	2018	2021	2018	2021	2018	2021
Substance used in E-Cig or Vape Pen:							
During the past 30 days, what type of substances		Note: 20	18 results are	e excluded. I	Response opt	ions for this o	question
did you use in an electronic cigarette, also called e-	changed in 2021 and comparisons to 2018 are not possible.						
cigs, or vape pens?							
Flavored liquid with migating	8		50%		49%		51%
Flavored liquid with nicotine	10		58%		58%		53%
Flavored liquid with THC (marijuana)	8		21%		20%		21%
riavoreu liquiu witti i ne (marijuana)	10		34%		35%		38%
Flavored liquid with nicotine and THC (marijuana)	8		14%		10%		14%
riavoreu liquiu witti fiicotilie anu THC (manjualia)	10		11%		10%		11%
Elavored liquid with poither picetine per TUC	8		6%		7%		9%
Flavored liquid with neither nicotine nor THC	10		4%		5%		3%
Don't Know			40%		43%		39%
DOILLKIIOW	10		26%		27%		31%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $[\]ensuremath{\text{c}}$ The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

INTERVENING VARIABLES | Characteristics that are strongly predictive of underage drinking/substance abuse

The Intervening Variables in our logic model are those characteristics of the community that are likely to influence youth alcohol use. The coalition will assess these variables, and identify those that seem to have the most powerful influence. Prevention efforts will be selected that change the factors in the community that contribute to those characteristics.

Community Connectedness

Alcohol, Marijuana or E-cigarette Availability

- Ease of Access
- Retail or Social Access (Usual Source)
- Density of Licenses

Risk of Use

- Perception of Law Enforcement Risk
- Perception of Risk of Harm from Alcohol/Drug Use and E-cigarette/Vaping

Norms around Use

- Attitudes Toward Youth Use
- Friends Use
- Perception of Adult Attitudes

Perception of Risk Community Norms

• Acceptability Among Peer and Community

Risk and Protective Factors

- Parental Attitudes Tolerant of Substance Use
- Early Initiation of Drugs
- Intentions to Use Drugs
- Friends Use of Drugs
- Social Skills

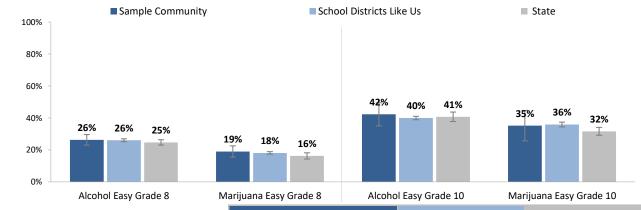
Community Connectedness

Measures of community connectedness are not available at the state level and so are not included in this data book. Coalitions can develop measures locally—and those measures should be collected on a regular (perhaps annual) basis.

Alcohol, Marijuana or E-cigarette Availability

There are two aspects of availability that are important in determining prevention priorities. First, there is the actual physical availability—places where youth can get the substance. Second is the perception of availability—the belief that the substance is, or would be, available to them. Both of these have to change in order for there to be a significant impact on use rates.

HYS Measures of Alcohol or Marijuana Availability (2021, Percent)



		Sample Commu	ınity	School Dist	ricts Like Us	St	ate
HYS Measures of Alcohol or Marijuana Availability	GRADE	2018	2021	2018	2021	2018	2021
Youth Think Alcohol is Easy to Get. If you wanted to get some beer, wine, or hard liquor,	8	30%	26%	30%	26%	31%	25%
how easy would it be for you to get some? (District results: "Very easy" and "Sort of easy")	10	47%	42%	47%	40%	48%	41%
Youth Think Marijuana is Easy to Get. If you wanted to get some marijuana, how easy would	8	25%	19%	24%	18%	21%	16%
it be for you to get some? (District results: "Very easy" and "Sort of easy")	10	49%	35%	49%	36%	49%	32%

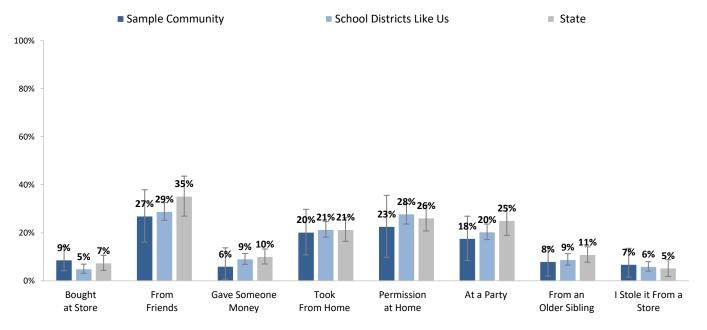
^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

 $^{^{\}rm a}$ No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $^{^{\}mbox{\scriptsize c}}$ The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

HYS Measures of Alcohol Availability, Grade 10 (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Alcohol Availability	GRADE	2018	2021	2018	2021	2018	2021
Where Youth Usually Get Alcohol. During the past 30 days, how did you usually get alcohol?							
l have be the financial and an	8	10%	10%	9%	5%	7%	3%
bought it from a store	10	10%	9%	8%	5%	7%	7%
and the forcing facing also	8	29%	19%	30%	18%	34%	24%
got it from friends	10	38%	27%	37%	29%	38%	35%
gave manay to compone to get it for me	8	5%	6%	7%	5%	9%	7%
gave money to someone to get it for me	10	12%	6%	12%	9%	11%	10%
took it from home without narmicsian	8	23%	32%	25%	29%	30%	26%
took it from home without permission	10	17%	20%	20%	21%	21%	21%
get it at hame with normission	8	14%	19%	13%	29%	19%	34%
got it at home with permission	10	12%	23%	14%	28%	12%	26%
	8	16%	5%	15%	13%	13%	11%
got it at a party	10	21%	18%	22%	20%	24%	25%
and it for one are already breath are an airteau	8	8%	8%	7%	7%	6%	8%
got it from an older brother or sister	10	10%	8%	8%	9%	5%	11%
atala it forms a store	8	9%	2%	11%	4%	7%	3%
stole it from a store	10	10%	7%	9%	6%	9%	5%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

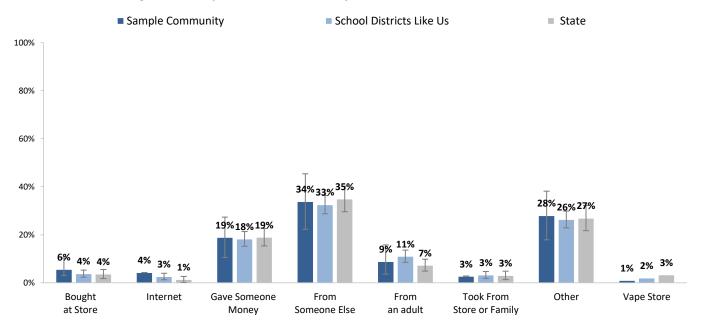
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c The state rate is significantly different from your district area rate.

 $^{\ \ \, \}text{b The "school districts like us" rate is significantly different from your school district area rate.}$

d Fewer than 30 students answered this question.

HYS Measures of E-Cigarette / Vape Product Availability, Grade 10 (2021, Percent)



		Sample Commi	unity	School D	istricts Like Us		State	
HYS Measures of Vape Product Availability	GRADE	2018	2021	2018	2021	2018	2021	
Where Youth Usually Get Vape Products. During the past 30 days, how did you usually get your own electronic vapor products?								
l bought them in a store	8	7%	3%	7%	3%	8%	2%	
(convenience store, supermarket, discount store, or gas station).	10	7%	6%	7%	4%	8%	4%	
1 4 4h 4h 1- 4 4	8	5%	0%	7%	4%	8%	5%	
I got them on the internet.	10	8%	4%	6%	3%	6%	1%	
I gave someone else money to buy them for	8	16%	16%	15%	17%	17%	14%	
me.	10	21%	19%	21%	18%	21%	19%	
I borrowed (or bummed) them from someone	8	32%	29%	31%	29%	33%	34%	
else.	10	33%	34%	35%	33%	35%	35%	
A	8	10%	10%	10%	9%	8%	10%	
A person 18 years old or older gave them to me.	10	12%	9%	11%	11%	9%	7%	
the state of the s	8	7%	6%	7%	7%	7%	8%	
I took them from a store or family member.	10	2%	3%	3%	3%	2%	3%	
	8	22%	34%	23%	30%	19%	26%	
got them some other way.	10	18%	28%	18%	26%	19%	27%	
havelet the arrival and a share (assure 2024)	8		1%		2%		1%	
bought them in a vape shop. (new 2021)	10		1%		2%		3%	

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

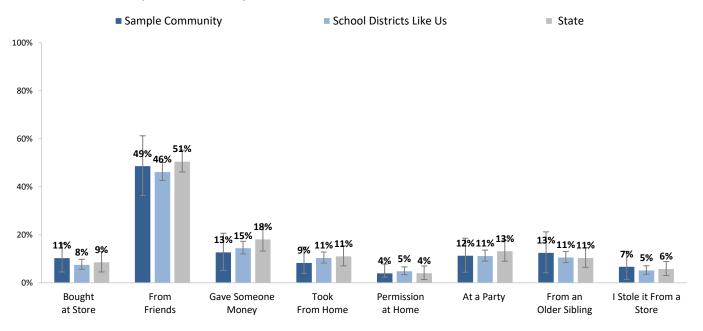
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

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d Fewer than 30 students answered this question.

HYS Measures of Marijuana Availability, Grade 10 (2021, Percent)



		Sample Commu	ınity	School Dist	ricts Like Us	State		
HYS Measures of Marijuana Availability	GRADE	2018	2021	2018	2021	2018	2021	
Where Youth Usually Get Marijuana. During the past 30 days, how did you usually get marijuana?								
havehatit fugus a share	8	7%	7%	7%	6%	6%	6%	
bought it from a store	10	0% ⁰	11%	0% 0	8%	0% 0	9%	
	8	51%	58%	52%	55%	54%	57%	
got it from friends	10	0% ⁰	49%	0% 0	46%	0% 0	51%	
	8	18%	21%	19%	21%	15%	19%	
gave money to someone to get it for me	10	0% ⁰	13%	0% 0	15%	0% 0	18%	
	8	6%	9%	7%	8%	8%	9%	
took it from home without permission	10	0% ⁰	9%	0% 0	11%	0% 0	11%	
	8	9%	14%	8%	12%	6%	9%	
got it at home with permission	10	0% ⁰	4%	0% 0	5%	0% 0	4%	
	8	12%	10%	14%	10%	13%	10%	
got it at a party	10	0% ⁰	12%	0% 0	11%	0% 0	13%	
and the force of the color bandle of the color	8	11%	9%	11%	11%	10%	9%	
got it from an older brother or sister	10	0% ⁰	13%	0% 0	11%	0% 0	11%	
	8	4%	1%	4%	2%	4%	1%	
stole it from a store	10	0% ⁰	7%	0% 0	5%	0% 0	6%	

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

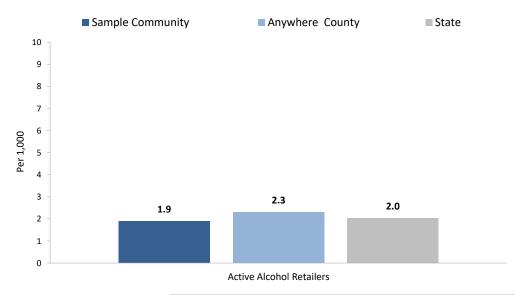
a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

CORE Measures of Alcohol Availability (2021, Rate per 1,000)



	Sample Commu	ınity	Cou	inty	St	ate
CORE Measures of Alcohol Availability	2020	2021	2020	2021	2020	2021
Active Alcohol Retailers. The number of alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the State and therefore are not included in these data.	1.9	1.9	2.3	2.3	2.1	2.0

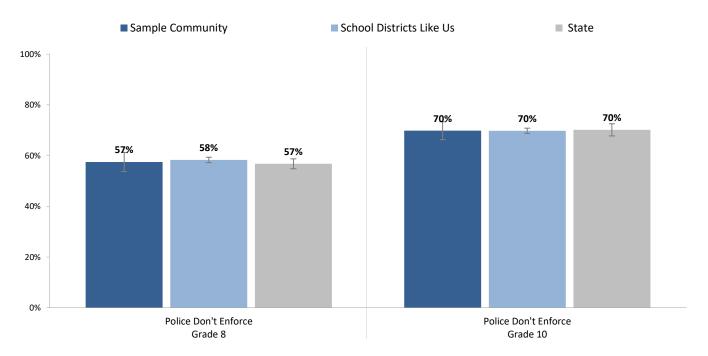
Promotion of Alcohol

Promotion of alcohol refers to the advertising of alcohol sales in magazines, television, and other media, as well as store windows, give-away promotions, and product placement. We also think of the role alcohol plays in celebrations, and in the movies and television stories as promoting alcohol use. Measures of promotion of alcohol are not available at the state level and so are not included in this data book. Coalitions can develop measures locally—and those measures should be collected on a regular (perhaps annual) basis.

Enforcement of Alcohol Laws

Enforcement of alcohol laws has two dimensions. First, all communities have laws about underage drinking, and about where and under what circumstances alcohol can be served. However, law enforcement agencies rarely have the capacity to enforce all laws to their full extent. Furthermore, the law enforcement and legal communities have some discretion about the circumstances under which penalties are applied. Besides the actual enforcement of alcohol laws, another dimension has to do with the perception in the community about that enforcement. In theory, the threat or expectation of law enforcement has a deterrent effect.

HYS Measures of Enforcement of Alcohol Laws (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Enforcement of Alcohol Laws	GRADE	2018	2021	2018	2021	2018	2021
Police Don't Enforce Underage Drinking. If a kid drank some beer, wine, or hard liquor in your community would he or she be caught by the	8	54%	57%	56%	58%	55%	57%
police? (District results: "NO!" and "no")	10	73%	70%	73%	70%	74%	70%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

^c The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

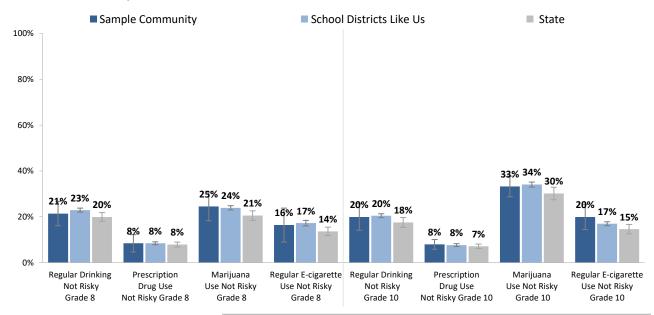
Perception of Risk of Harm from Substance Use

Most prevention programs have educational components that include information about the harm that alcohol and drugs can do to individuals. However, given that alcohol is so widely consumed and marijuana is now legalized for adult use, these messages are sometimes difficult for youth to fully accept.

Many people are not aware of the dangers associated with the use of some prescription drugs---especially those that affect the brain. The presence of these drugs in the home medicine cabinet, and their presence in the "black market", can tempt a youth who wants "to get high" if they don't realize there are serious risks involved.

Ease of access to e-cigarettes and the perception that they are less dangerous than regular cigarettes have fueled an alarming increase in consumption among school-aged youth. Latest vaping products, such as JUUL, are small and easy to hide, making timely detection more difficult.

HYS Measures of Perception of Risk of Harm from Substance Use (2021, Percent)



		Sample Commu	unity	School Districts Like Us		State	
HYS Measures of Perception of Risk of Harm	GRADE	2018	2021	2018	2021	2018	2021
Regular Alcohol Drinking Isn't Risky. How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day? (District results: "No risk" and "Slight risk")	8	29%	21%	29%	23%	27%	20%
	10	27%	20%	27%	20%	25%	18%
Prescription Drug Use Isn't Risky. How much do you think people risk harming themselves if they: Use prescription drugs that are not	8	12%	8%	12%	8%	11%	8%
prescribed to them? (District Results: "No risk" and "Slight risk")	10	11%	8%	11%	8%	11%	7%
Regular Marijuana Use Isn't Risky. How much do you think people risk harming themselves if they use marijuana regularly? (<i>District Results:</i>	8	29%	25%	29%	24%	24%	21%
"No risk" and "Slight risk")	10	36%	33%	37%	34%	36%	30%
Regular E-cigarette Use Isn't Risky. How much do you think people risk harming themselves if they use electronic cigarettes also called e-cigs	8	26%	16%	29%	17%	23%	14%
or vape pens regularly? (District Results: "No risk" and "Slight risk")	10	30%	26%	31%	17%	29%	15%

^{*} The bar chart includes 8th and 10 grade 2021 HYS results for your school district area, 'school districts like us' and the state.

a. No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c. The state rate is significantly different from your district area rate.

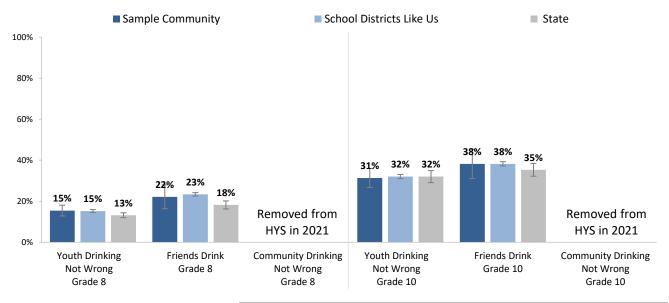
b. The 'school districts like us' rate is significantly different from your school district area rate.

d. Fewer than 30 students answered this question.

Community Norms

Personal decisions about behavior—about what behavior is appropriate and acceptable—are to some extent based on understanding of what a community considers to be normal behavior. However, knowledge of what that norm is can be faulty. Some researchers argue that youth over-estimate the amount of alcohol and drugs other youth consume, or they may underestimate the strength of disapproval of underage drinking and drug use held by their peers or adult community members. Thus, there are two dimensions to questions about community norms around alcohol use: what people think about the behavior and attitudes of others, and what those attitudes and behaviors actually are.

HYS Measures of Community Norms (2021, Percent)



		Sample Commi	unity	School Dist	ricts Like Us	St	ate
HYS Measures of Community Norms	GRADE	2018	2021	2018	2021	2018	2021
Youth Don't Think Regular Drinking is Wrong. How wrong do you think it is for someone your age to: Drink beer, wine, or hard liquor	8	16%	15%	16%	15%	14%	13%
regularly? (District results: "A little bit wrong" and "Not at all wrong")	10	28%	31%	28%	32%	27%	32%
Friends Drink Alcohol. How many of your best friends have: Tried beer, wine, or hard liquor	8	29%	22%	29%	23%	26%	18%
when their parents didn't know about it? (District results: Any friends)	10	49%	38%	50%	38%	49%	35%
Community Doesn't Think Drinking is Wrong. How wrong would most adults in your neighborhood or community think it is for kids	8	12%		13%		12%	
your age to drink alcohol? (Results: "A little bit wrong" and "Not at all wrong")	10	22%		21%		20%	

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

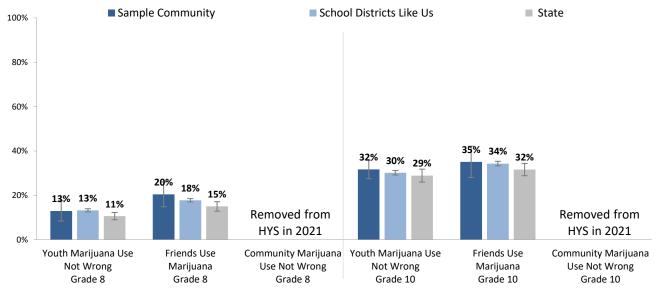
^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $^{^{\}mbox{\scriptsize c}}$ The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

HYS Measures of Community Norms (2021, Percent)



	Sample Community		School Districts Like Us		State		
HYS Measures of Community Norms	GRADE	2018	2021	2018	2021	2018	2021
Youth Don't Think Marijuana Use Is Wrong. How wrong do you think it is for someone your age to use marijuana? (District results: "A little bit wrong" and "Not at all wrong")	8	19%	13%	19%	13%	16%	11%
	10	37%	32%	36%	30%	35%	29%
Friends Use Marijuana. How many of your best friends have used marijuana? (<i>District results:</i>	8	26%	20%	27%	18%	23%	15%
Any friends)	10	49%	35%	49%	34%	48%	32%
Community Doesn't Think Marijuana Use is Wrong. How wrong would most adults in your neighborhood or community think it is for kids	8	12%		13%		10%	
your age to use marijuana? (Results: "A little bit wrong" and "Not at all wrong")	10	21%		22%		19%	

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

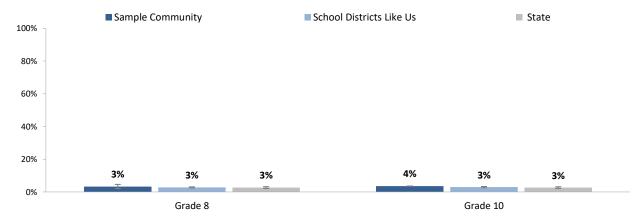
d Fewer than 30 students answered this question.

HYS Measures of Family Norms

Parental attitude tolerant of prescription drug use not prescribed to youth

Many people have prescription drugs for medical reasons, and for youth opioids may be prescribed for dental surgery or athletic injuries. Parents must make clear distinctions between use of these drugs when that use is necessary and helpful, and use that is unnecessary and is not allowed. However, if the youth in the family are not aware of the distinctions made by their parents, then they may be more likely to abuse those drugs when available.

HYS Measures of Family Norms (2021, Percent)



	Sample Community			School Districts Like Us		State	
HYS Measures of Family Norms	GRADE	2018	2021	2018	2021	2018	2021
Parents Don't Think Prescription Drug Use is Wrong. How wrong do your parents feel it would be for you to use prescription drugs not	8	4%	3%	4%	3%	5%	3%
prescribed to you? (Results: "A little bit wrong" and "Not at all wrong")	10	6%	4%	5%	3%	5%	3%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

^a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $^{^{\}mbox{\scriptsize c}}$ The state rate is significantly different from your district area rate.

 $^{\ \ \, \}text{b The "school districts like us" rate is significantly different from your school district area rate.}$

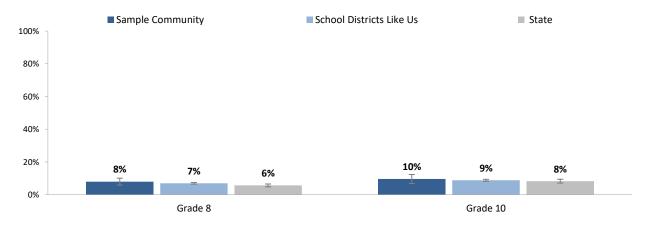
d Fewer than 30 students answered this question.

HYS Measures of Peer Norms

Peer attitude tolerant of prescription drug use not prescribed to youth

Youth are strongly influenced by the opinions of their peers. In fact, having friends who use drugs is the best predictor of an individual's own drug use. So, if youth have friends who are not aware of the risk of using prescription drugs, they themselves are more likely to use those drugs.

HYS Measures of Peer Norms (2021, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Peer Norms	GRADE	2018	2021	2018	2021	2018	2021
Friends Don't Think Prescription Drug Use Is Wrong. How wrong do your friends feel it would be for you to: Use prescription drugs not	8	10%	8%	10%	7%	10%	6%
prescribed to you? (Results: "A little bit wrong" and "Not at all wrong")	10	15%	10%	15%	9%	15%	8%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

c The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

Risk and Protective Factors

Researchers at the University of Washington developed a public health model for the prevention of substance abuse. They identified risk factors that predict youth substance use—factors that if reduced would lead to lower rates of youth substance use, and protective factors—those that can protect an individual from the effect of risk factors. Prevention strategies that increase protective factors reduce the likelihood of substance use and the consequences of substance use.

For 8th and 10th graders, the Healthy Youth Survey includes 24 risk and protective factors in four social domains: community, school, family, and peer/individual. Each "factor" consists of two or more questions so that the factor includes multiple dimensions of the risk or protection being measured. The risk factor scores and protective factor scores refer to the percent of youth "at risk" or "protected" by that factor.

HYS Measures of Risk and Protective Factors Most Strongly Associated with Alcohol and Marijuana Use

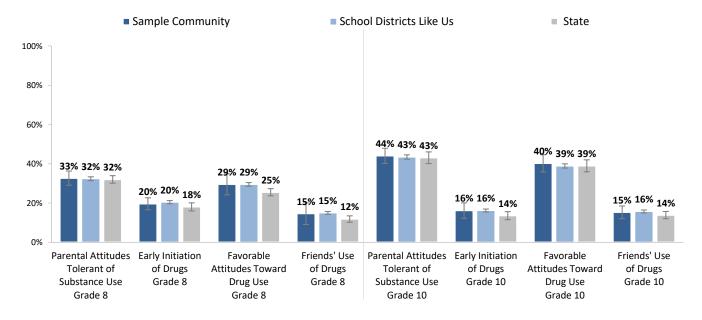
The following four risk factors and one protective factor were found to be most strongly associated factors with alcohol and marijuana use at the state level:

- Parental Attitudes Tolerant of Substance Use
- Friends Use of Drugs
- Social Skills

- Early Initiation of Drugs
- Favorable Attitudes Toward Drug Use

Data on all of the risk and protective factors are available beginning on page 64.

HYS Risk Factors (2021, Percent at Risk)



	Sample Community		School Districts Like Us		State		
HYS Risk Factors	GRADE	2018	2021	2018	2021	2018	2021
Parental Attitudes Tolerant of Substance Use	8	28%	33%	27%	32%	25%	32%
	10	41%	44%	42%	43%	39%	43%
Early Initiation of Drugs	8	19%	20%	19%	20%	15%	18%
	10	21%	16%	21%	16%	18%	14%
Favorable Attitudes Toward Drug Use	8	30%	29%	31%	29%	29%	25%
	10	40%	40%	40%	39%	39%	39%
Friends' Use of Drugs	8	22%	15%	23%	15%	20%	12%
	10	24%	15%	23%	16%	22%	14%

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

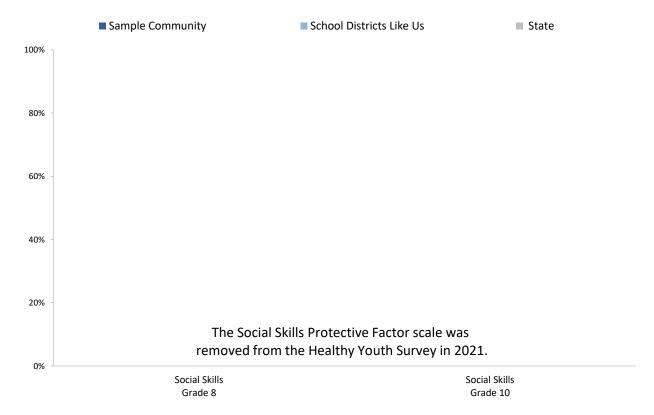
a No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $[\]ensuremath{^{\text{c}}}$ The state rate is significantly different from your district area rate.

b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question

HYS Protective Factor (2021, Percent Protected)



	Sample Community		School Districts Like Us		State		
HYS Protective Factor	GRADE	2018	2021	2018	2021	2018	2021
Social Skills. (District results: Percent protected)	8	66%		67%		69%	
	10	59%		59%		60%	

^{*} The bar chart includes 2021 HYS results for your school district area, 'school districts like us' and the state.

 $^{^{\}rm a}$ No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

 $^{^{\}rm c}\,$ The state rate is significantly different from your district area rate.

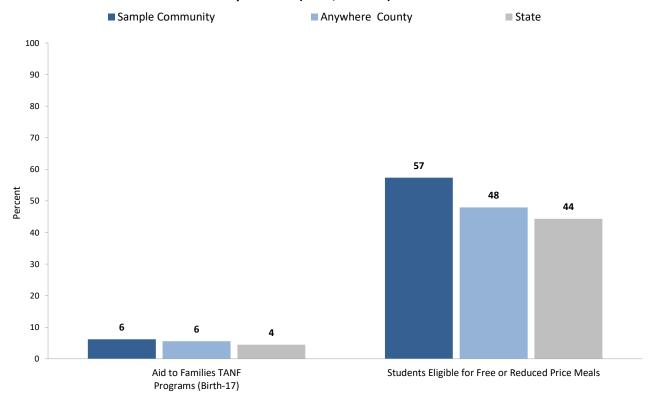
^b The "school districts like us" rate is significantly different from your school district area rate.

^d Fewer than 30 students answered this question.

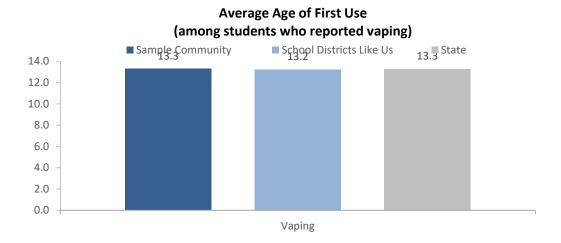
Extreme Economic Deprivation

Economic deprivation is an important risk factor, but it is not measured by the Healthy Youth Survey. Furthermore, it is not in the logic model because our prevention efforts do not address poverty. Nevertheless, economic deprivation creates conditions in which some of the risk factors become most serious, and where the importance of protective factors cannot be overemphasized.

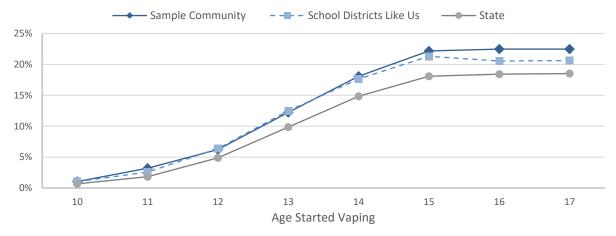
CORE Measures of Extreme Economic Deprivation (2021, Percent)



	Sample Commi	County		State		
CORE Measures of Extreme Economic Deprivation	2020	2021	2020	2021	2020	2021
Aid to Families TANF Programs (Ages 0-17). The percent of children (age birth-17) participating in Aid to Families (AFDC/TANF) programs in the fiscal year.	7	6	6	6	5	4
Students Eligible for Free or Reduced-price Meals. The percent of students eligible for free or reduced price lunch.	56	57	48	48	43	44



Vaping: Percent of 10th Grade Students who Have Started Vaping, by Age



Interpreting this chart:

In 2021, 3% of Sample Community 10th grade students said they started vaping by age 11. 22% percent reported starting by age 15. 78% say they have not started vaping. Note that most 10th grade students were 15 years old at the time of survey; results for age 16+ for 10th graders should be interpreted with caution.

	Sample Community			School Districts Like Us		State	
HYS Measure: Age of First Use	GRADE	2018	2021	2018	2021	2018	2021
Average Age	10	13.6	13.3	13.7	13.2	13.7	13.3
Started vaping by Age 10 or younger	10	2%	1%	2%	1%	2%	1%
Started vaping by Age 11	10	5%	3%	4%	3%	3%	2%
Started vaping by Age 12	10	8%	6%	7%	6%	6%	5%
Started vaping by Age 13	10	13%	12%	13%	12%	11%	10%
Started vaping by Age 14	10	26%	18%	25%	18%	23%	15%
Started vaping by Age 15	10	37%	22%	37%	21%	34%	18%
Started vaping by Age 16	10	38%	22%	38%	21%	35%	18%
Started vaping by Age 17	10	39%	22%	38%	21%	35%	19%

^{*} The charts include 2021 HYS results for your school district area, 'school districts like us' and the state.

a. No significance testing for difference from the 2018 rate was performed (see p. 3, About Data).

b. The 'school districts like us' rate is significantly different from your school district area rate.

c. The state rate is significantly different from your district rate.

d. Fewer than 30 students answered this question.

Additional Healthy Youth Survey Data

This section includes trend charts for the individual HYS questions used in the data book when available. Also included are local and state comparison charts for all of the Risk and Protective Factor scale results (not just those strongly associated with youth alcohol use). Lists of the individual questions that go into making each factor scale are provided.

The bar charts and tables includes HYS district and state results for all years available from 2012. Only the percent of students for each measure are presented. For more information on the number of respondents to each measure, please visit www.AskHYS.net. AskHYS includes item frequency reports from 2002 to 2021 at www.AskHYS.net/reports. Fact sheets on specific topics are also available.

Consequence Measures

School Performance

- Low Grades in School
- Skipping School

Youth Delinquency

- Fighting
- Weapon Carrying
- Gang Membership
- Drinking and Driving

Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

Consumption Measures

Youth Substance Use

- Current Drinking
- Problem/Heavy Drinking
- Current Cigarette Smoking
- Current Marijuana Use
- Current Other illegal Drug Use
- Current Prescription Drug Use

Intervening Variable Measures

Alcohol or Marijuana Availability

Ease of Access

Alcohol Laws

• Police Don't Enforce Underage Drinking

Perception of Risk

• Regular Drinking or Marijuana isn't Risky

Norms around Use

- Attitudes Toward Youth Use
- Friends Use
- Perception of Adult Attitudes

Perception of Risk Community Norms

Acceptability Among Peer and Community

All Risk and Protective Factor Scales

Community Risk Factors

- Perceived Availability of Drugs
- Laws and Norms Favorable to Drug Use

Community Protective Factors

• Opportunities for Prosocial Involvement

Family Risk Factors

- Poor Family Management
- Parental Attitudes Tolerant of Substance Use

Family Protective Factors

- Opportunities for Prosocial Involvement
- Rewards for Prosocial Involvement

School Risk Factors

- Academic Failure
- Low Commitment to School

School Protective Factors

- School Opportunities for Prosocial Involvement
- School Rewards for Prosocial Involvement

Peer-Individual Risk Factors

- Early Initiation of Drugs
- Favorable Attitudes toward Drug Use
- Perceived Risks of Use
- Friends' Use of Drugs

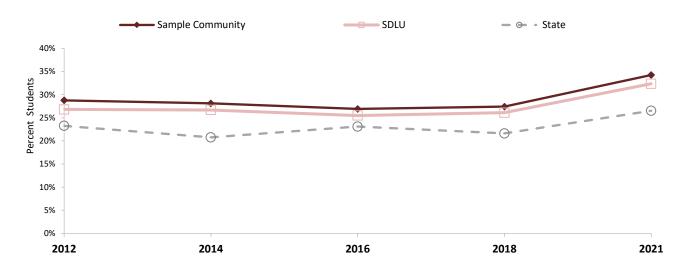
Peer-Individual Protective Factors

- Social Skills
- Belief in the Moral Order
- Interactions with Pro-social Peers

HYS Measures of School Performance

Low Grades in School

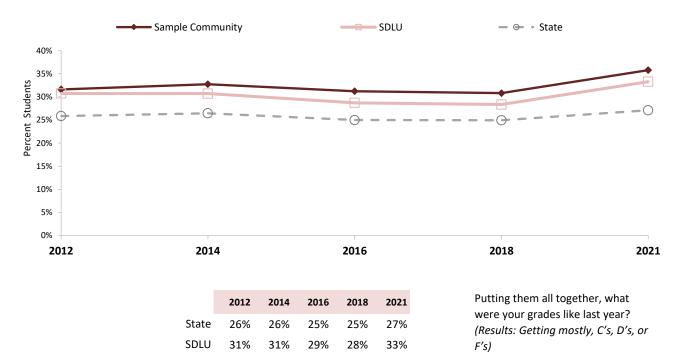
Grade 8



	2012	2014	2016	2018	2021
State	23%	21%	23%	22%	27%
SDLU	27%	27%	25%	26%	32%
Sample Community	29%	28%	27%	27%	34%

Putting them all together, what were your grades like last year? (Results: Getting mostly, C's, D's, or F's)

Grade 10



Sample Community

32%

33%

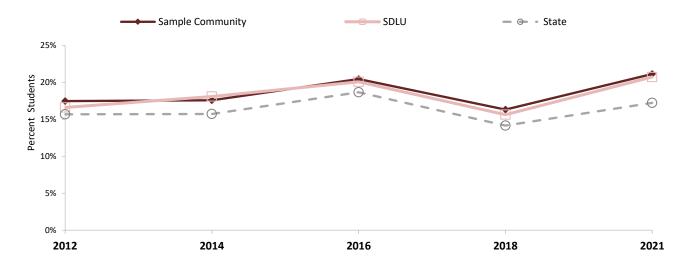
31%

31%

36%

Skipping School

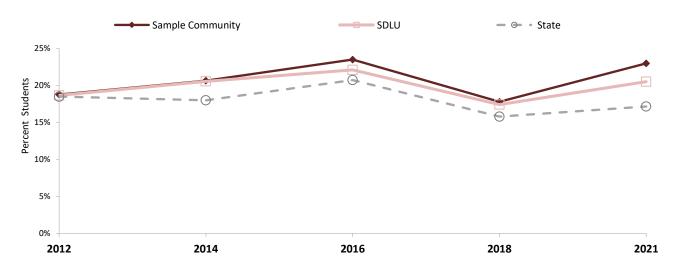
Grade 8



	2012	2014	2016	2018	2021
State	16%	16%	19%	14%	17%
SDLU	17%	18%	20%	16%	21%
Sample Community	17%	18%	20%	16%	21%

During the last 4 weeks, how many whole days of school have you missed because you skipped or "cut"?
(Results: Skipped any days)

Grade 10



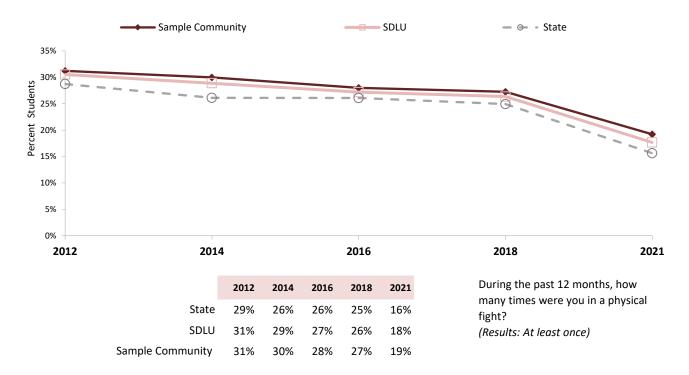
	2012	2014	2016	2018	2021
State	18%	18%	21%	16%	17%
SDLU	19%	21%	22%	17%	21%
Sample Community	19%	21%	24%	18%	23%

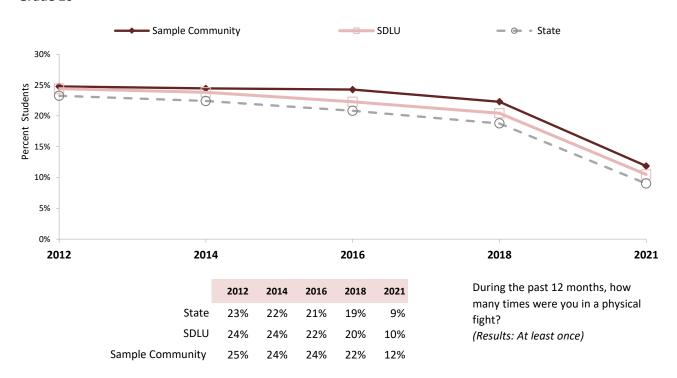
During the last 4 weeks, how many whole days of school have you missed because you skipped or "cut"? (Results: Skipped any days)

HYS Measures of Youth Delinquency

Fighting

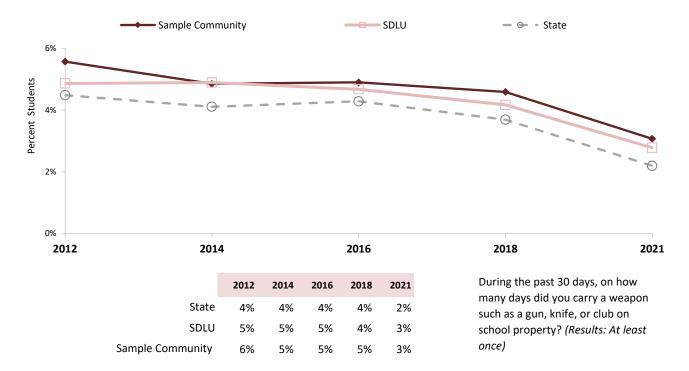
Grade 8

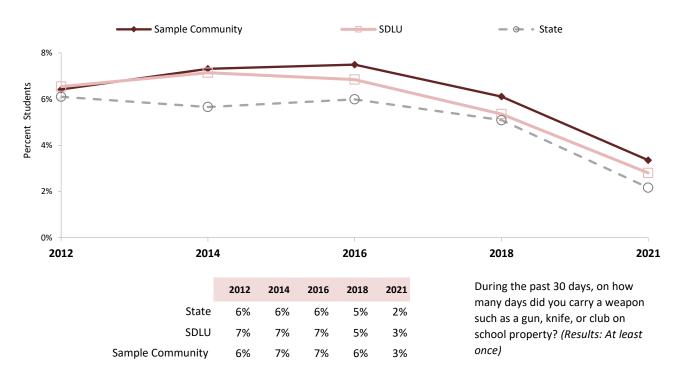




Weapon Carrying

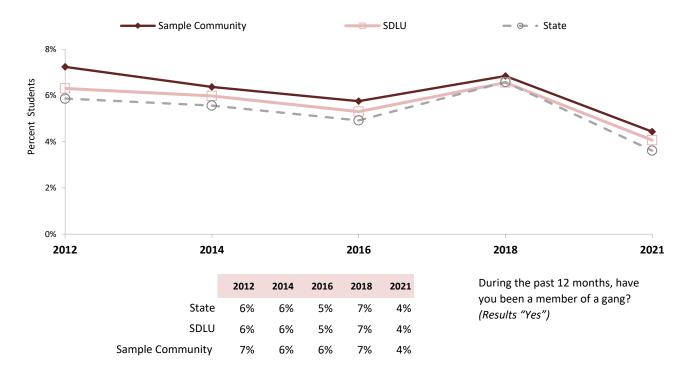
Grade 8

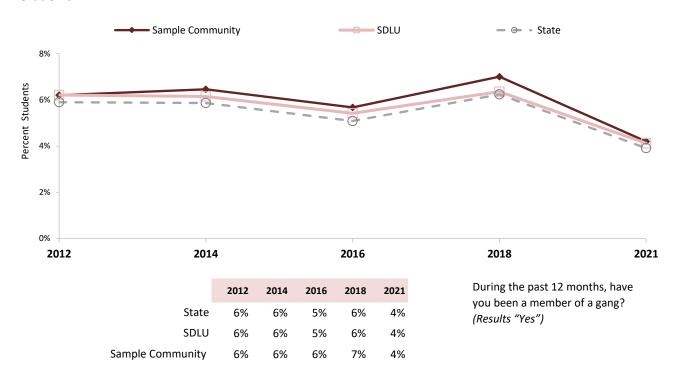




Gang Membership

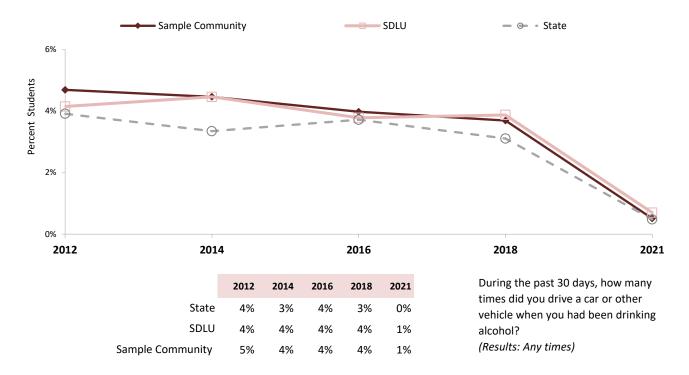
Grade 8

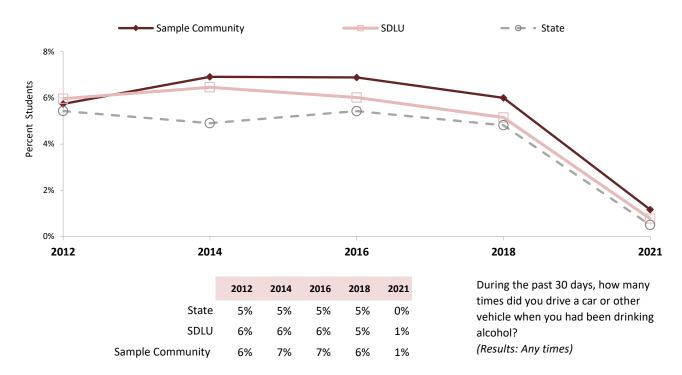




Drinking and Driving

Grade 8

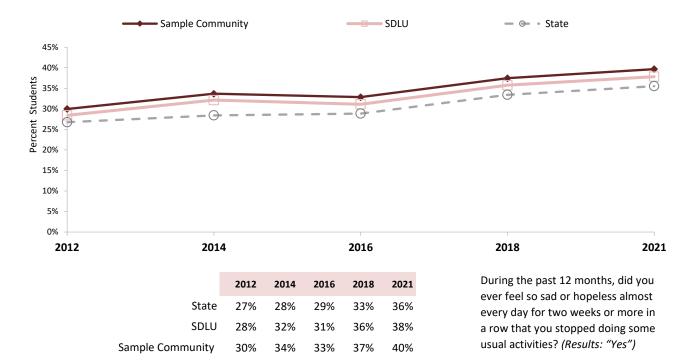


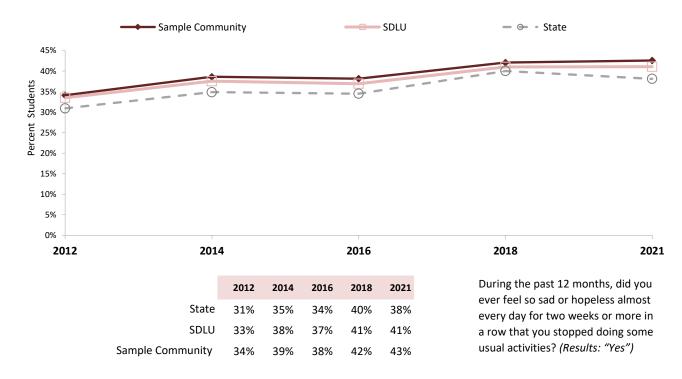


HYS Measures of Mental Health

Depression

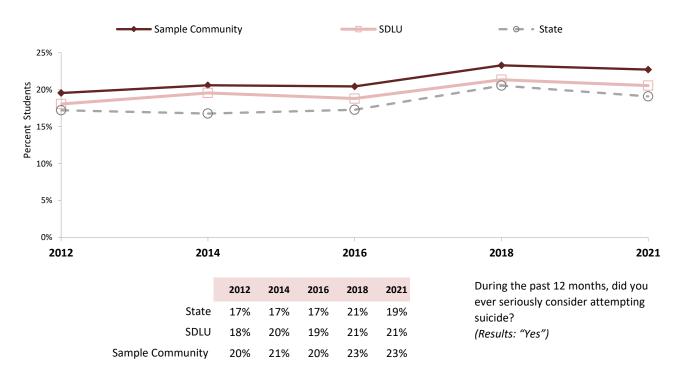
Grade 8

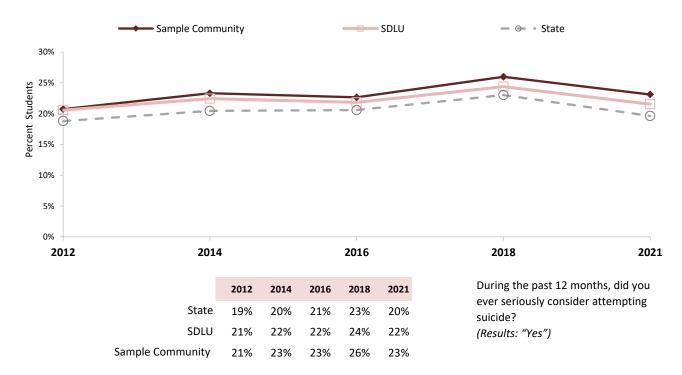




Considering Suicide

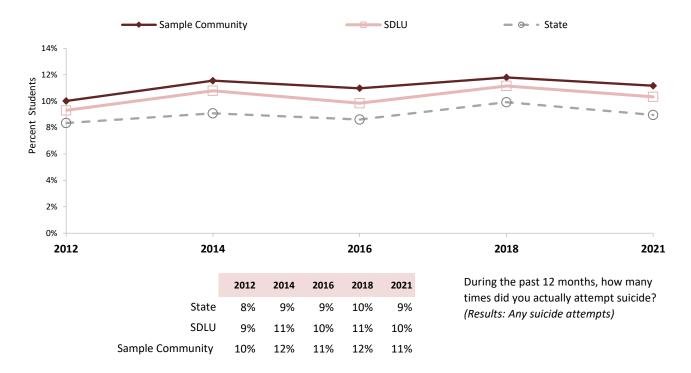
Grade 8



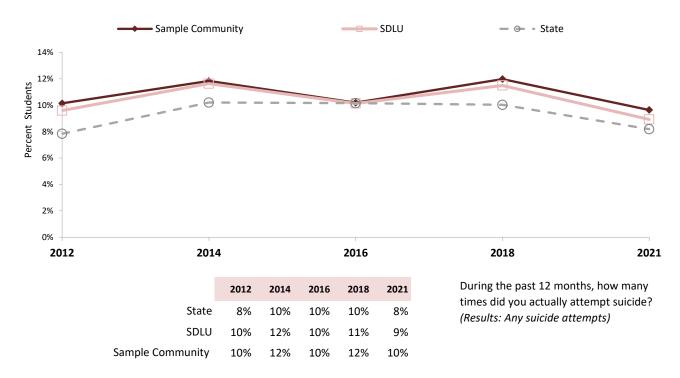


Suicide Attempts

Grade 8



Grade 10

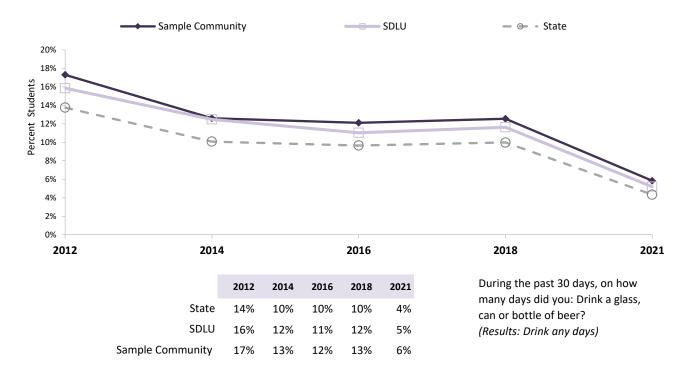


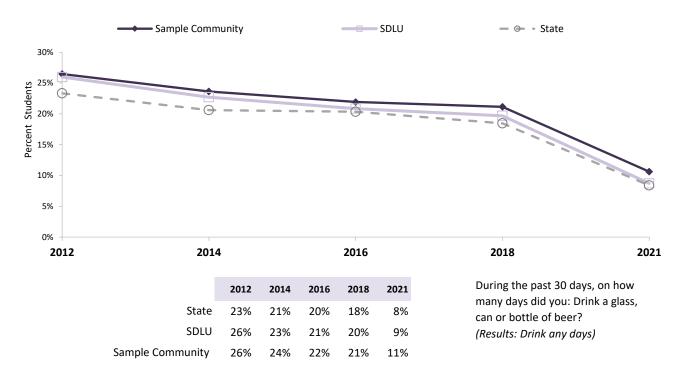
NOTE: The question wording in 2008 did not match prior or later wording and is not comparable to other years for all grades.

HYS Measures of Youth Substance Use

Current Drinking

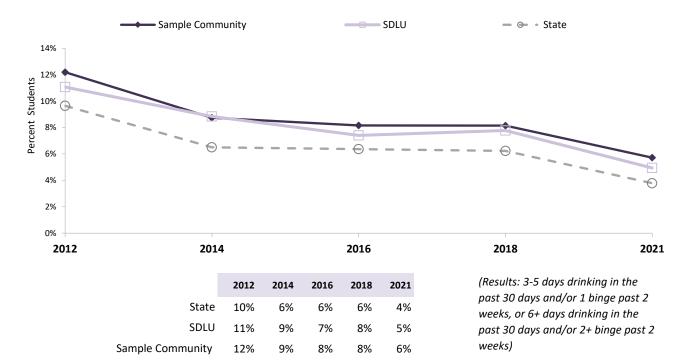
Grade 8

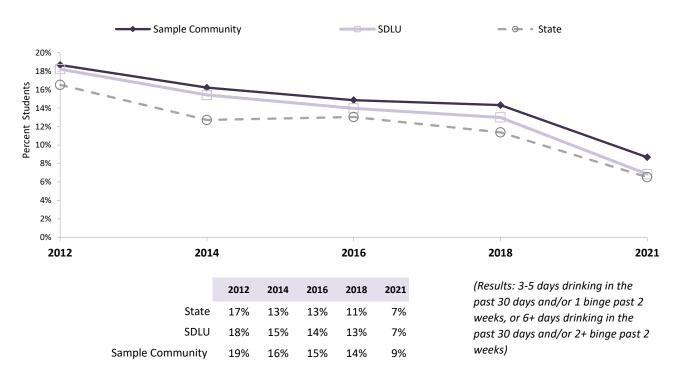




Problem/Heavy Drinking

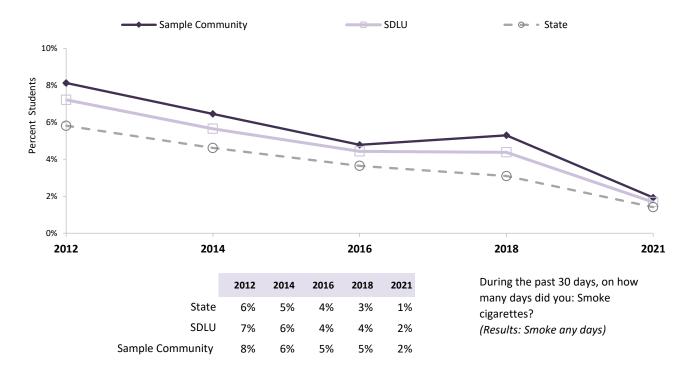
Grade 8

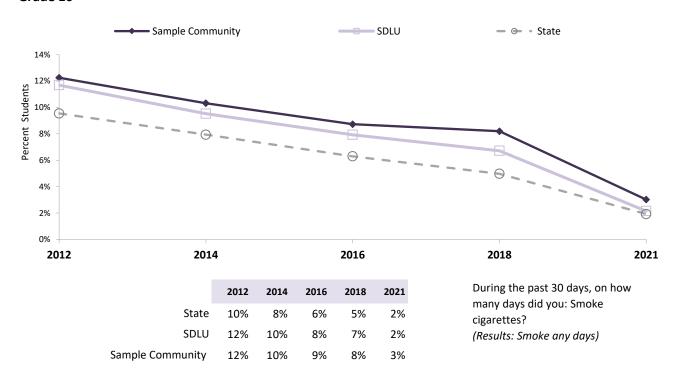




Current Cigarette Smoking

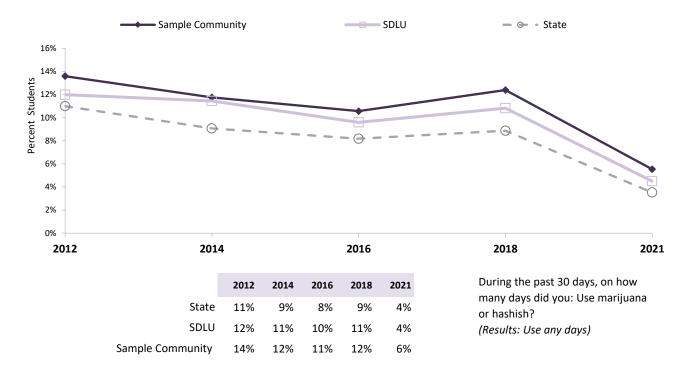
Grade 8

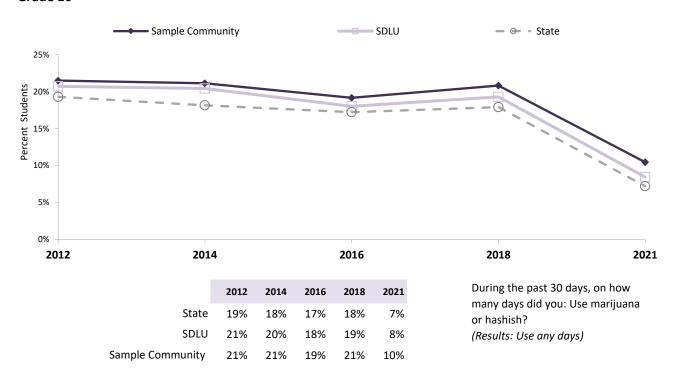




Current Marijuana Use

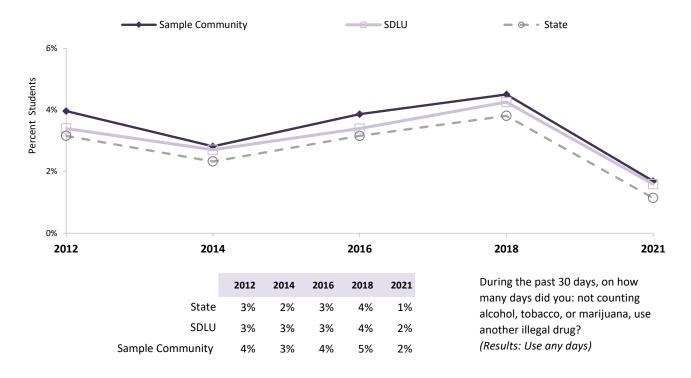
Grade 8

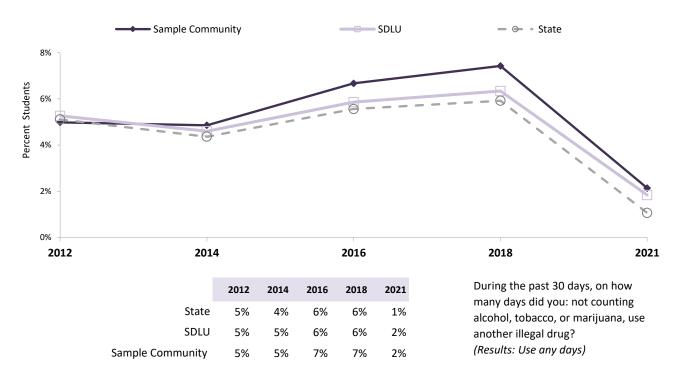




Current Other Illegal Drug Use

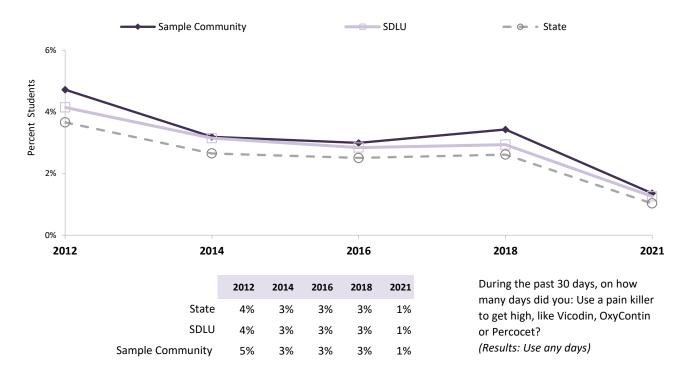
Grade 8

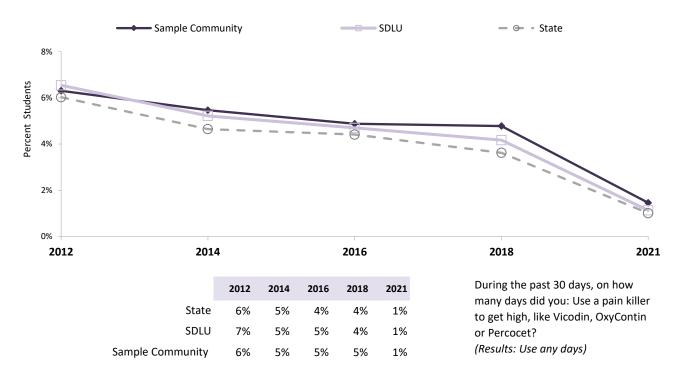




Current Pain Killer Use

Grade 8

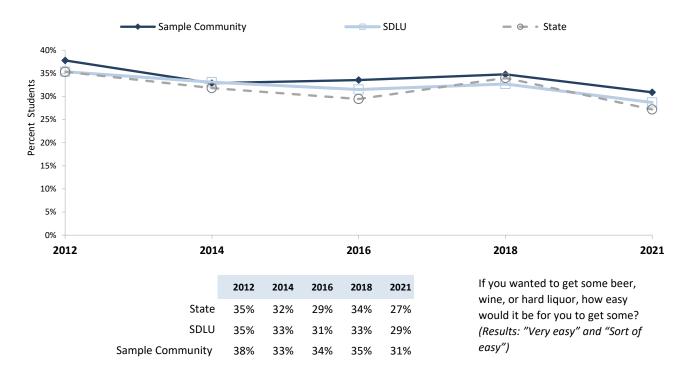


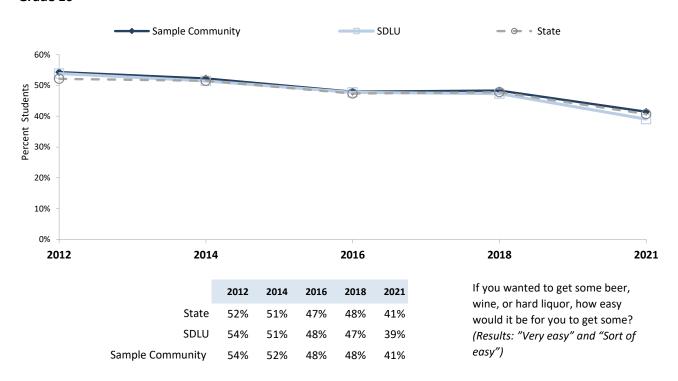


HYS Measures of Alcohol or Marijuana Availability

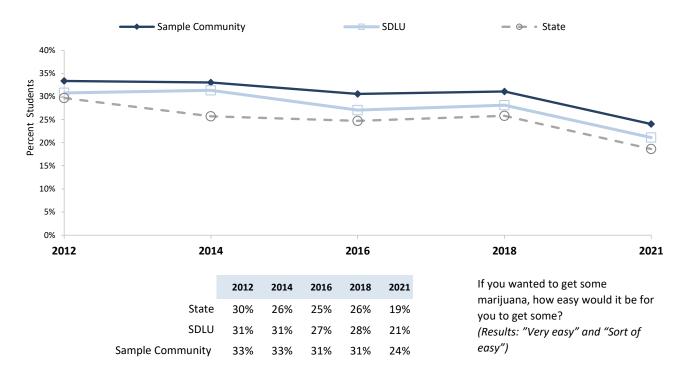
Youth Think Alcohol is Easy to Get

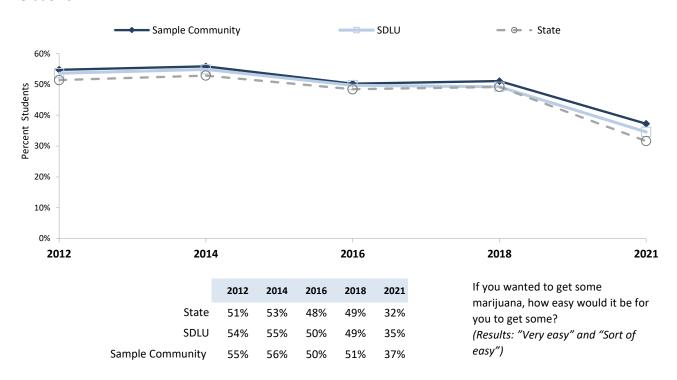
Grade 8





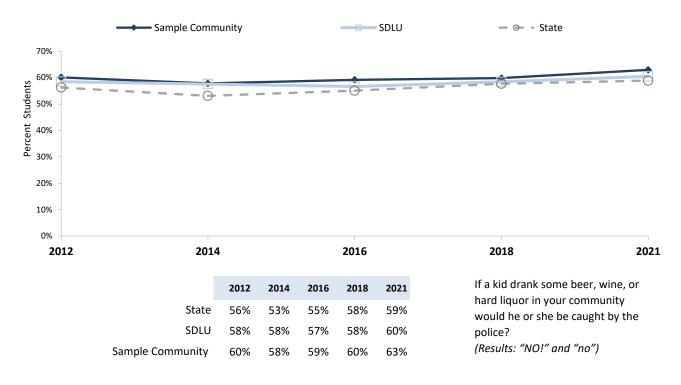
Youth Think Marijuana is Easy to Get Grade 8

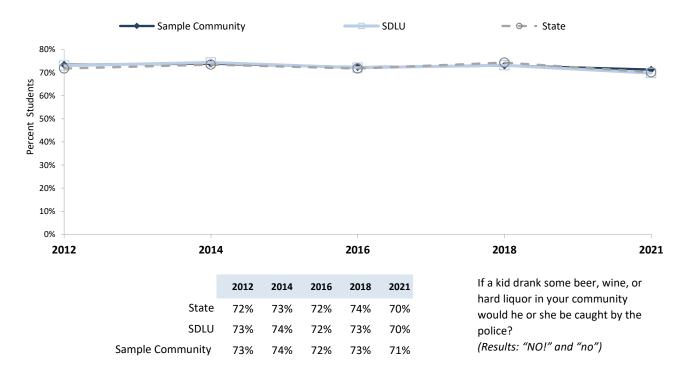




HYS Measures of Enforcement of Alcohol Laws

Police Don't Enforce Underage Drinking Laws Grade 8

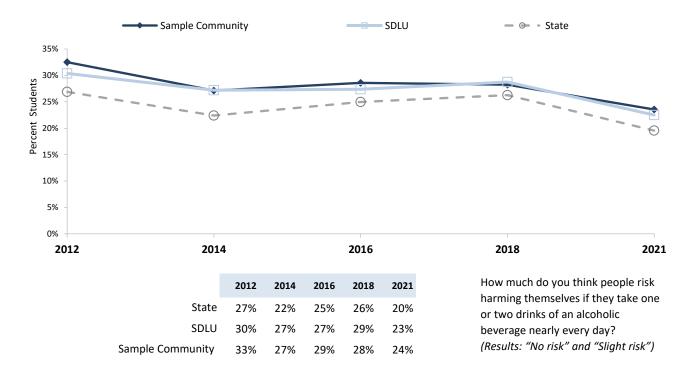


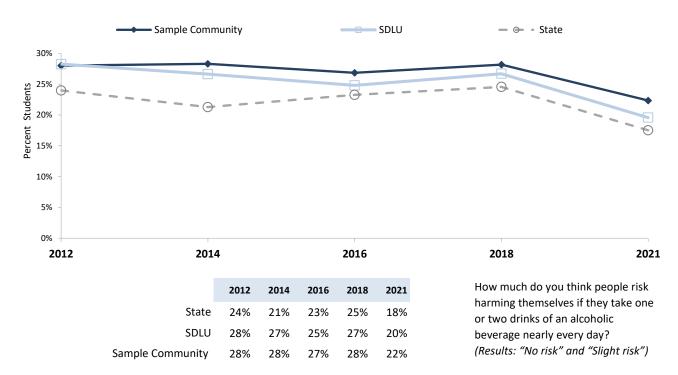


HYS Measures of Perception of Risk of Harm

Regular Alcohol Drinking Isn't Risky

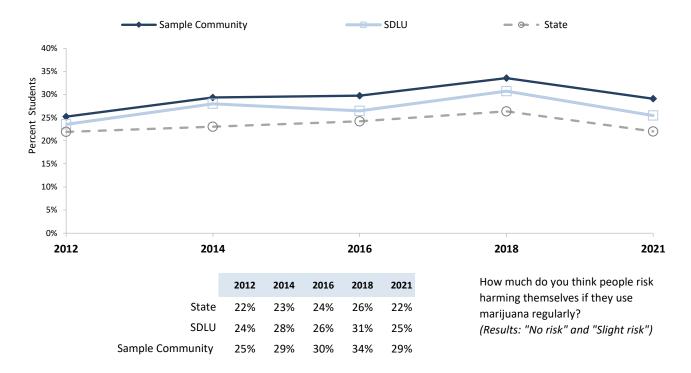
Grade 8

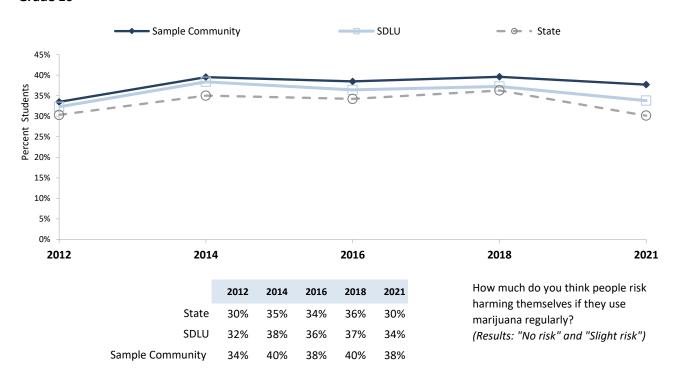




Regular Marijuana Use Isn't Risky

Grade 8

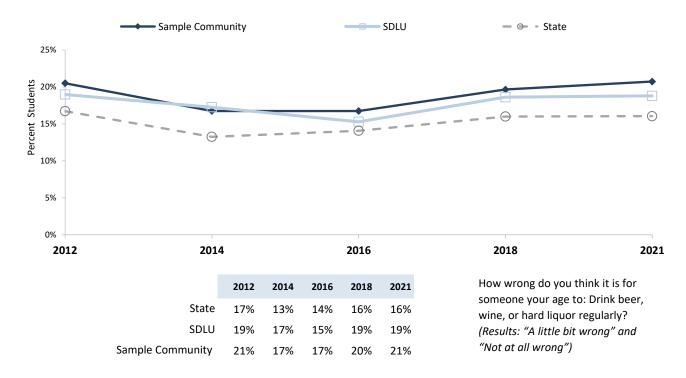


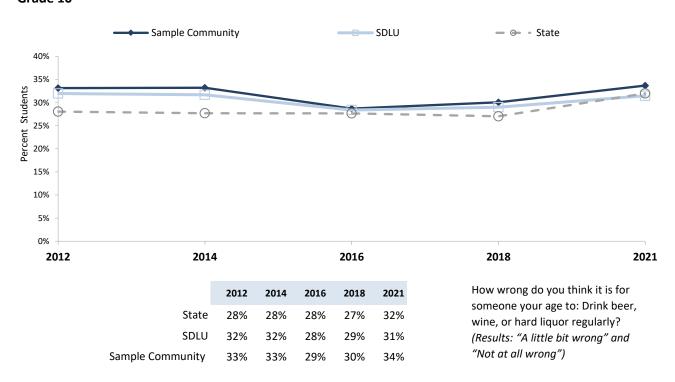


HYS Measures of Community Norms

Youth Don't Think Drinking is Wrong

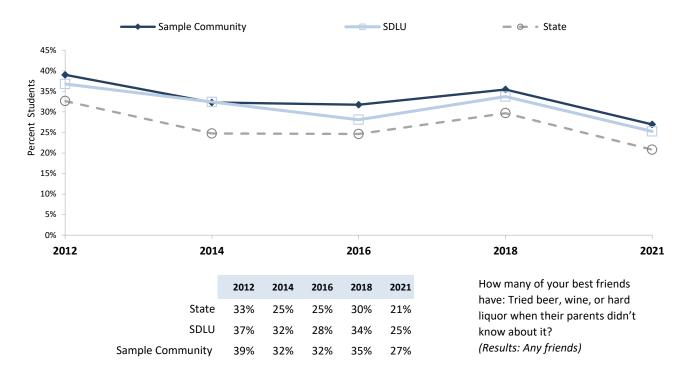
Grade 8

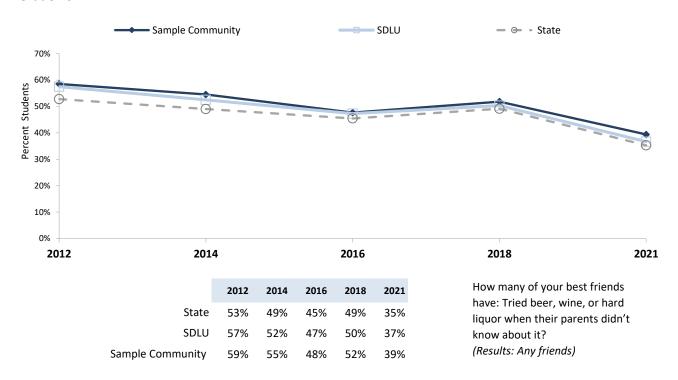




Friends Drink Alcohol

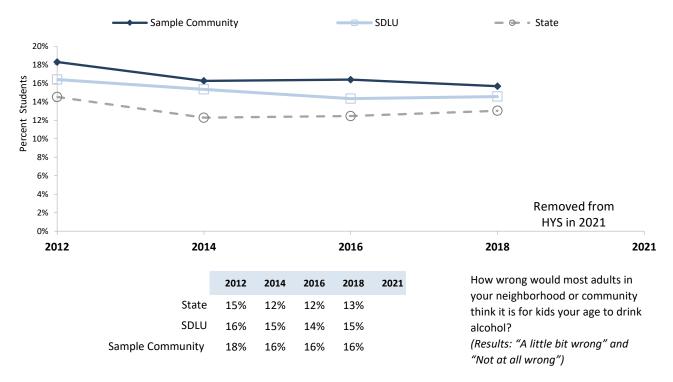
Grade 8

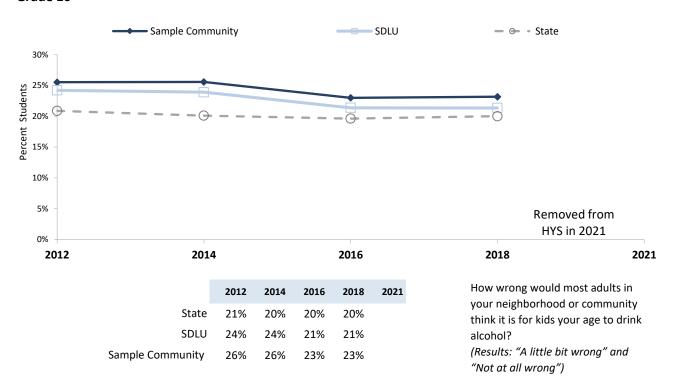




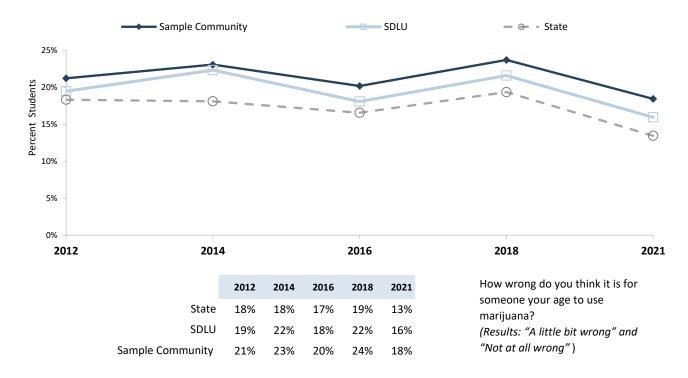
Community Doesn't Think Drinking is Wrong

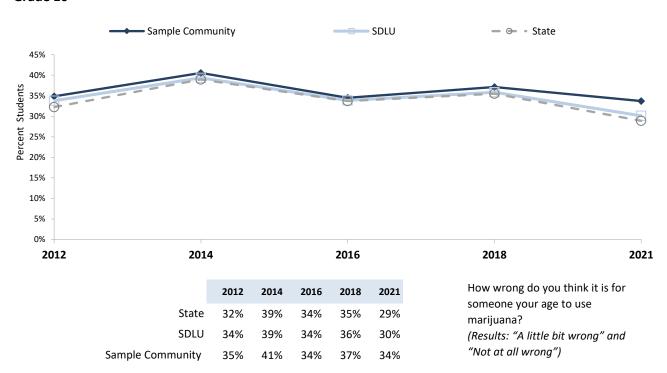
Grade 8





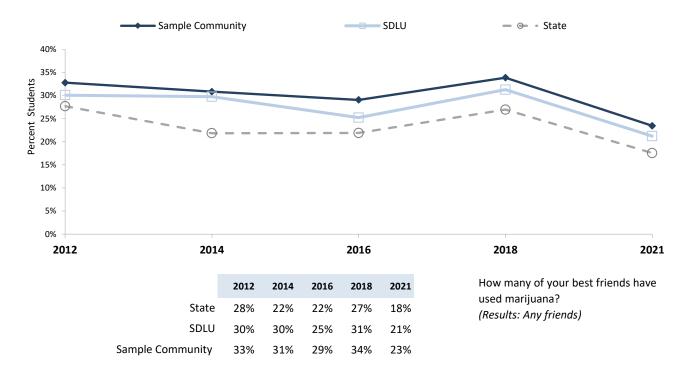
Youth Don't Think Marijuana Use Is Wrong Grade 8

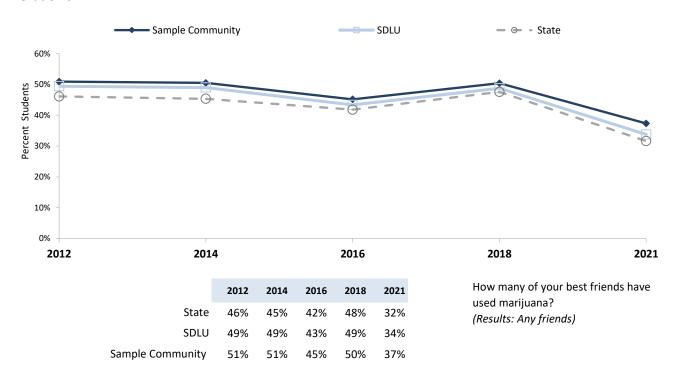




Friends Use Marijuana

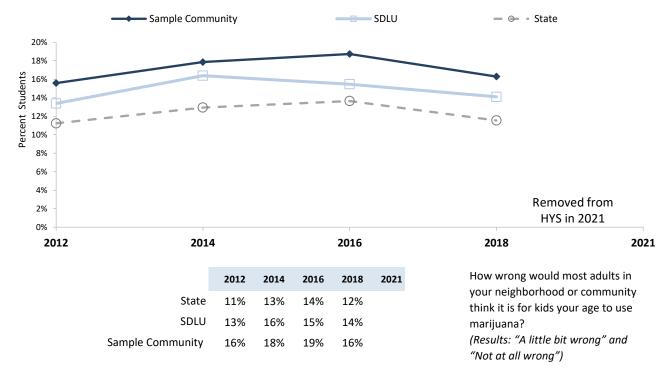
Grade 8

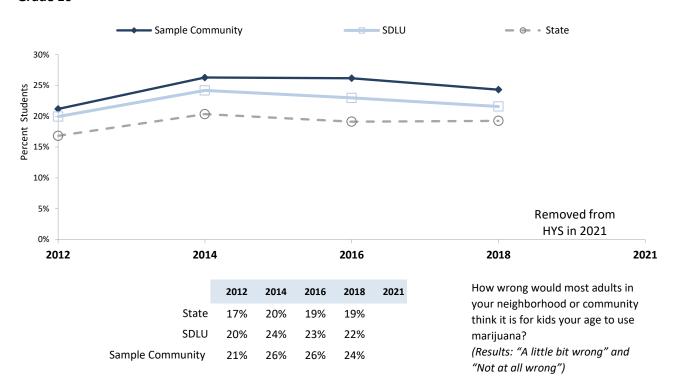




Community Doesn't Think Marijuana Use is Wrong

Grade 8





2021 Community Risk and Protective Factors



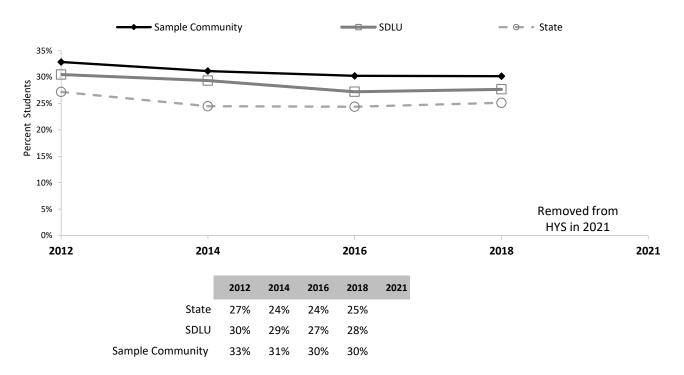
Community Risk Factors

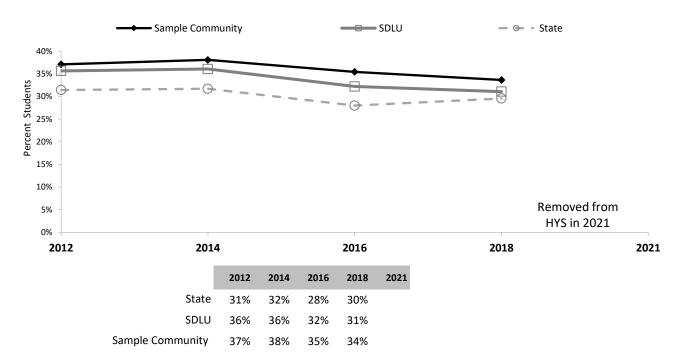
Laws and Norms Favorable to Drug Use

SCALE QUESTIONS (3 of the 6 items in this scale were removed from 2021 HYS)

- How wrong would most adults in your neighborhood or community think it was for kids your age to: 1) Use marijuana? 2) Drink alcohol? 3) Smoke cigarettes?
- If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your community would he or she be caught by the police?
- If a kid carried a handgun in your community would he or she be caught by the police?
- If a kid smoked marijuana in your community would he or she be caught by the police?

Grade 8



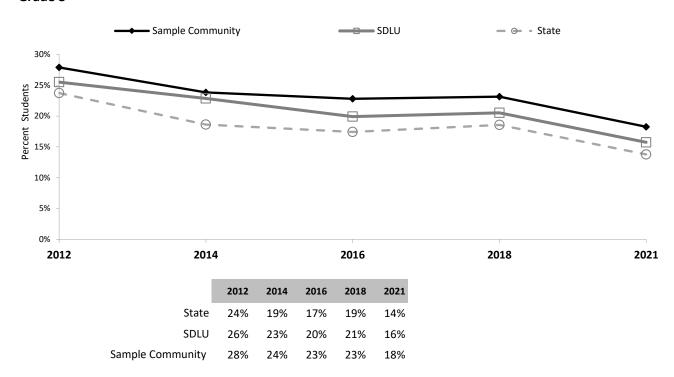


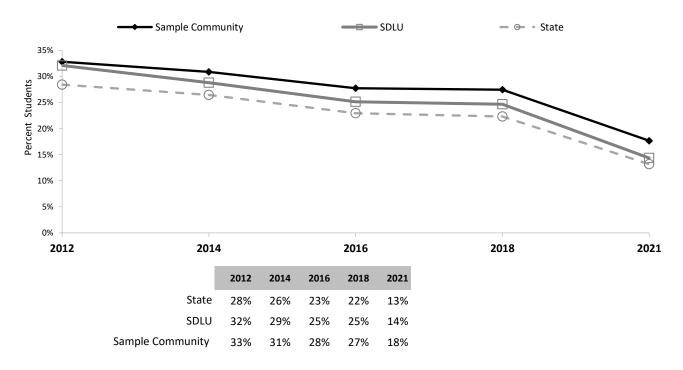
Perceived Availability of Drugs

SCALE QUESTIONS

- If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?
- If you wanted to get some cigarettes, how easy would it be for you to get some?
- If you wanted to get some marijuana, how easy would it be for you to get some?
- If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Grade 8





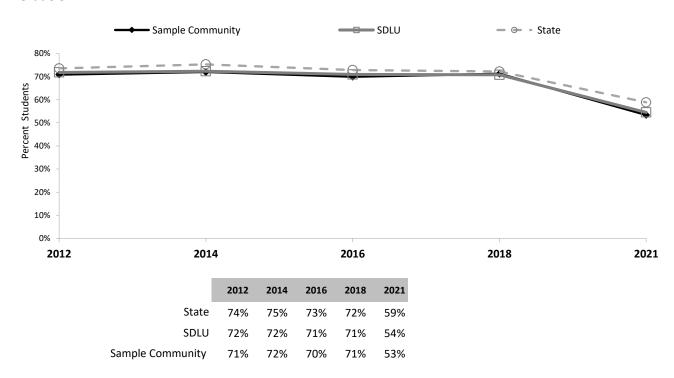
Community Protective Factor (Percent Protected)

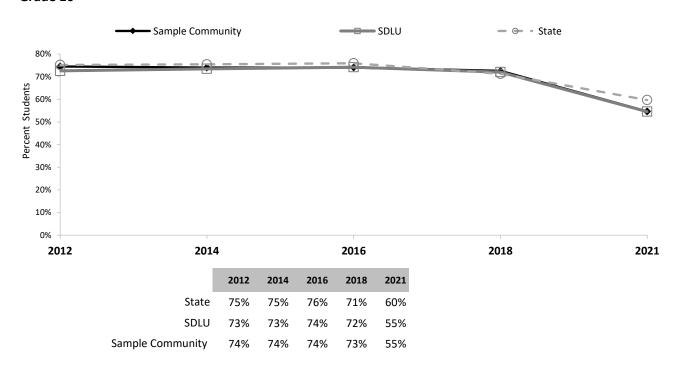
Community Opportunities for Prosocial Involvement

SCALE QUESTIONS

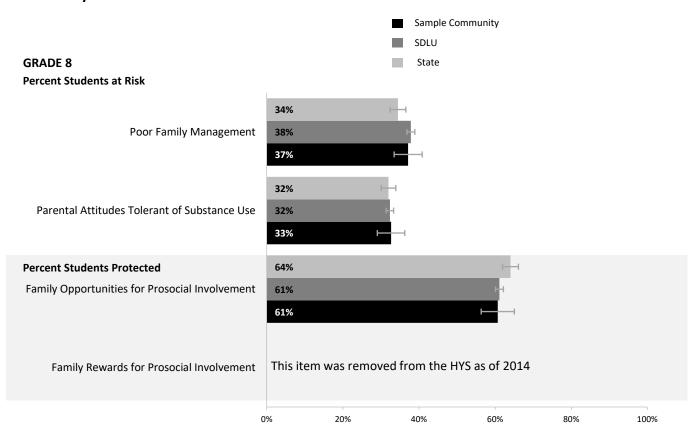
- There are adults in my neighborhood or community I could talk to about something important.
- Which of the following activities for people your age are available in your community? 1) Sports teams and recreation, 2) Scouts, Camp Fire, 4-H Clubs, or other service clubs, 3) Boys and Girls Club, YMCA, or other activity clubs.

Grade 8

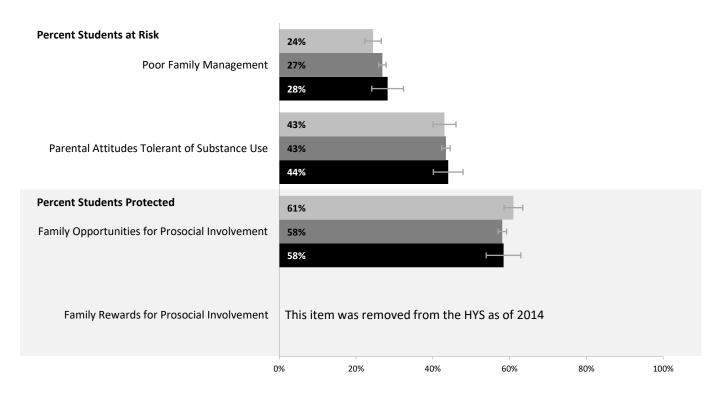




2021 Family Risk and Protective Factors



GRADE 10



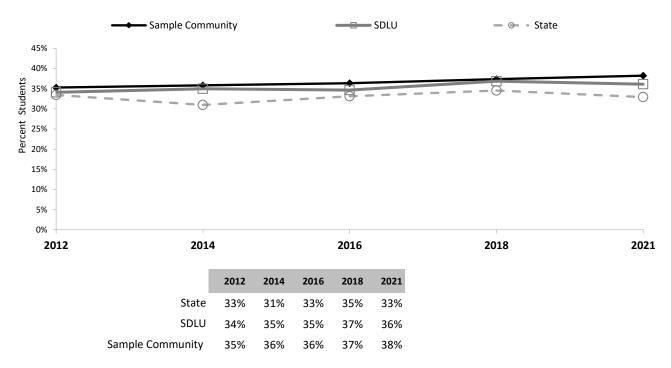
Family Risk Factors

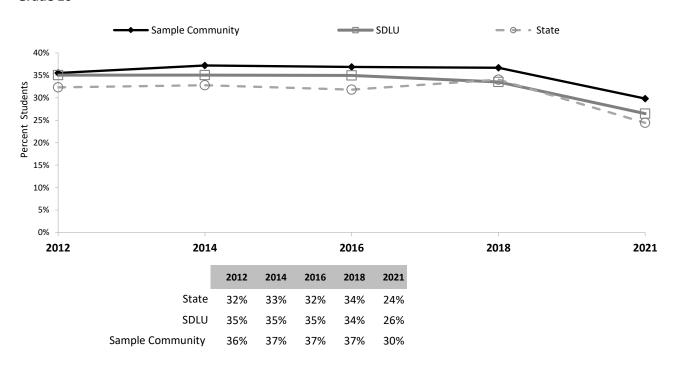
Poor Family Management

SCALE QUESTIONS

- My parents ask if I've gotten my homework done.
- Would your parents know if you did not come home on time?
- When I am not at home, one of my parents knows where I am and who I am with.
- The rules in my family are clear.
- My family has clear rules about alcohol and drug use.
- If you drank some beer, wine, or liquor without your parent's permission, would you be caught by them?
- If you carried a handgun without your parent's permission, would you be caught by them?
- If you skipped school, would you be caught by your parents?

Grade 8



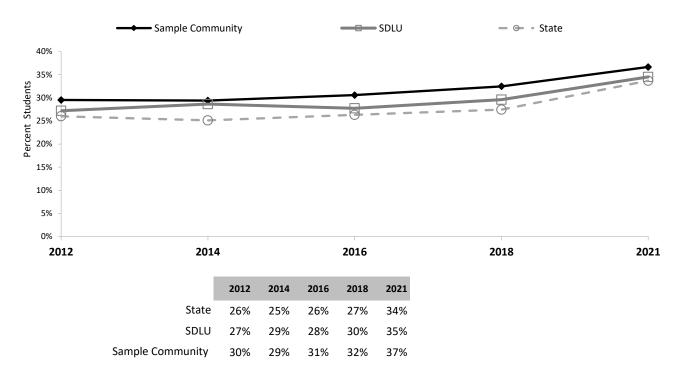


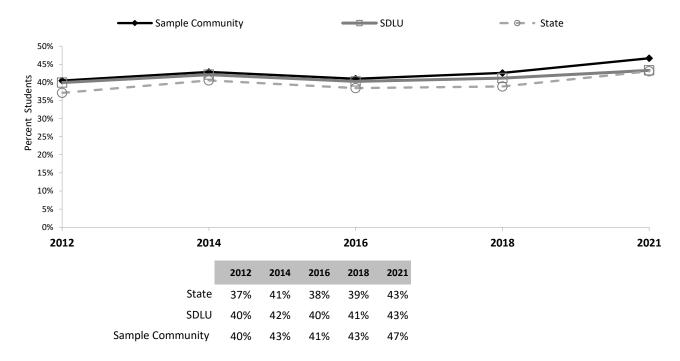
Parental Attitudes Tolerant of Substance Use

SCALE QUESTIONS

- How wrong do you parents feel it would be for you to drink beer, wine, or hard liquor regularly (at least once or twice a month)?
- How wrong do your parents feel it would be for you to smoke cigarettes?
- How wrong do your parents feel it would be for you to smoke marijuana?

Grade 8





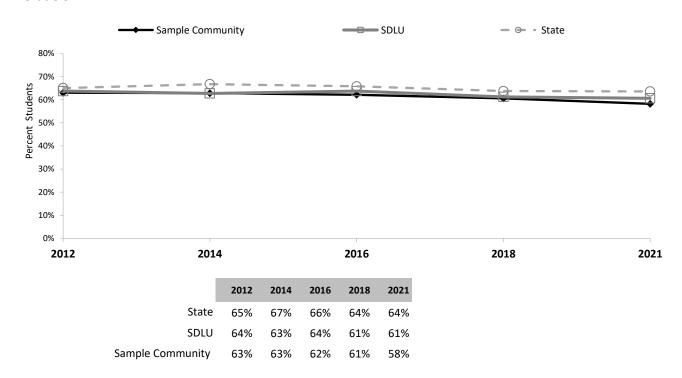
Family Protective Factors (Percent Protected)

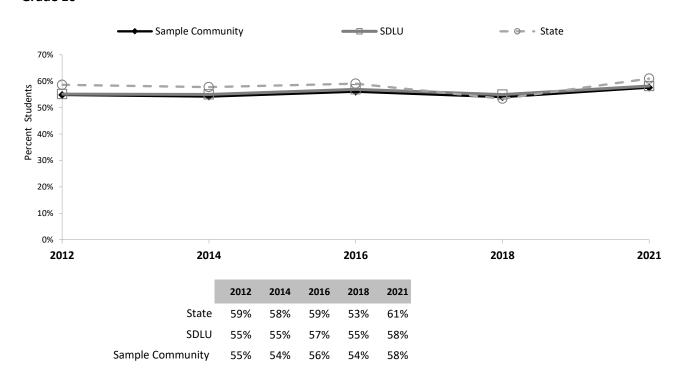
Family Opportunities for Prosocial Involvement

SCALE QUESTIONS

- If I had a personal problem, I could ask my mom or dad for help.
- My parents give me lots of chances to do fun things with them.
- My parents ask me what I think before most family decisions affecting me are made.

Grade 8



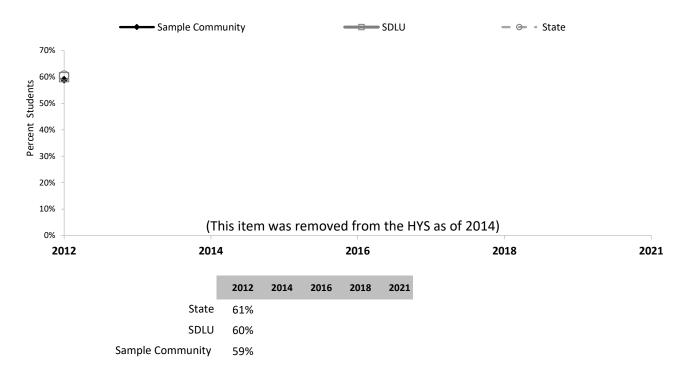


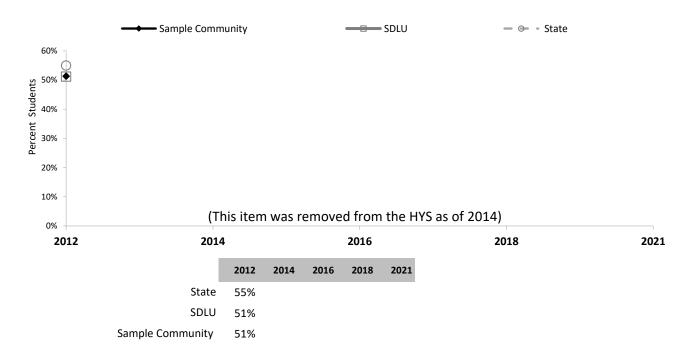
Family Rewards for Prosocial Involvement

SCALE QUESTIONS (Removed from the HYS as of 2014)

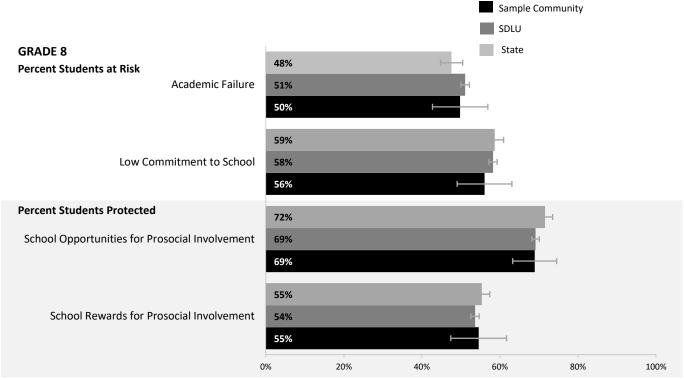
- My parents notice when I am doing a good job and let me know about it.
- How often do your parents tell you they're proud of you for something you've done?
- Do you enjoy spending time with your mother?
- Do you enjoy spending time with your father?

Grade 8

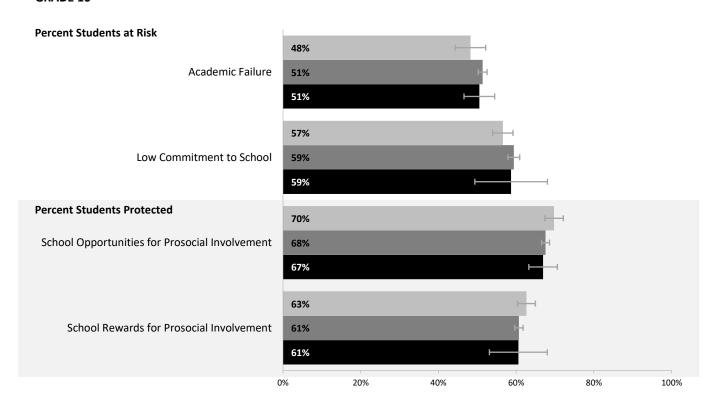




2021 School Risk and Protective Factors



GRADE 10



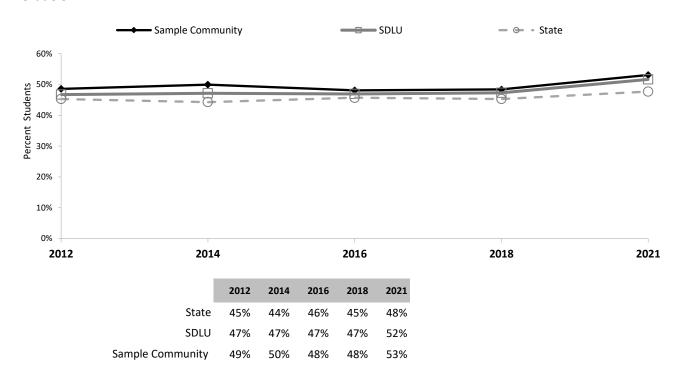
School Risk Factors

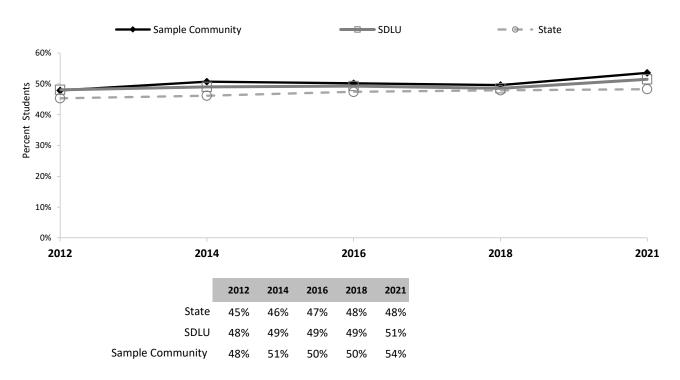
Academic Failure

SCALE QUESTIONS

- 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?

Grade 8



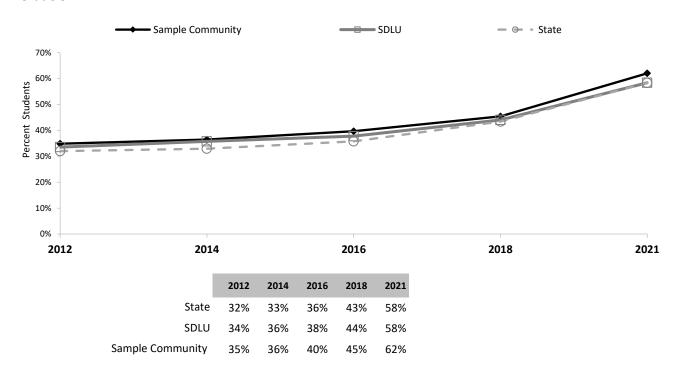


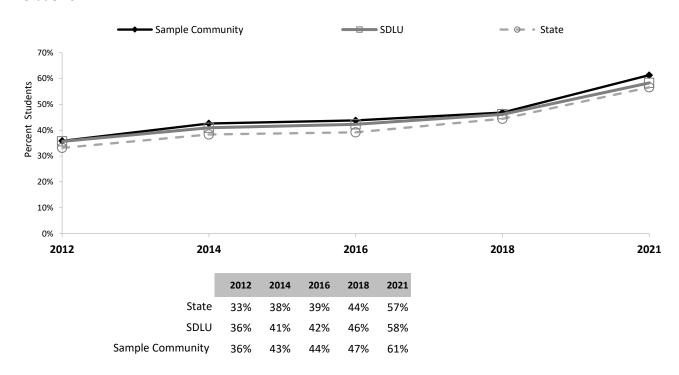
Low Commitment to School

SCALE QUESTIONS

- How often do you feel the schoolwork you are assigned is meaningful and important?
- How interesting are most of your courses to you?
- How important do you think the things you are learning in school are going to be for you later in life?
- Enjoy being in school?
- Dislike being in school?
- Try to do your best work in school?
- During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped or "cut"?

Grade 8





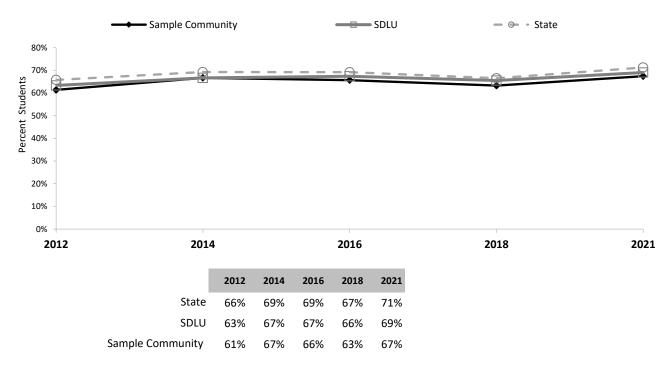
School Protective Factors (Percent Protected)

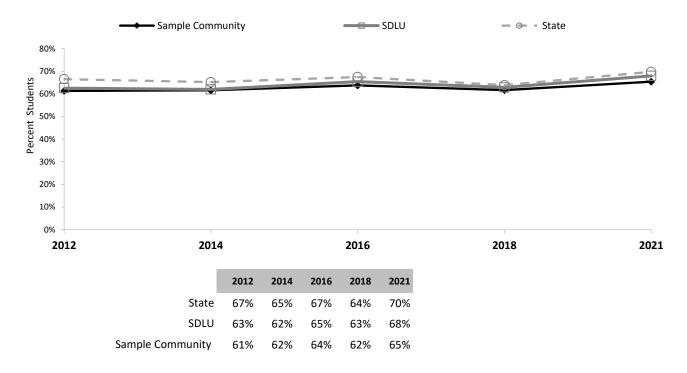
School Opportunities for Prosocial Involvement

SCALE QUESTIONS

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

Grade 8



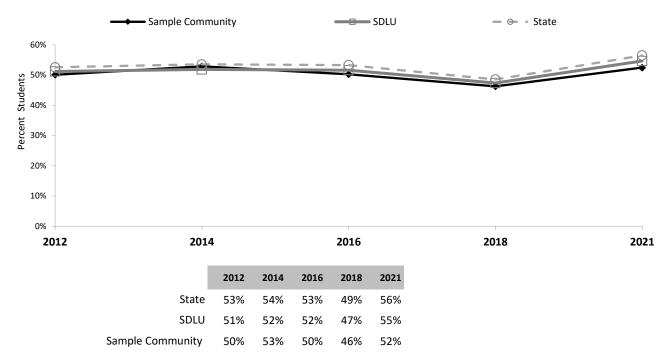


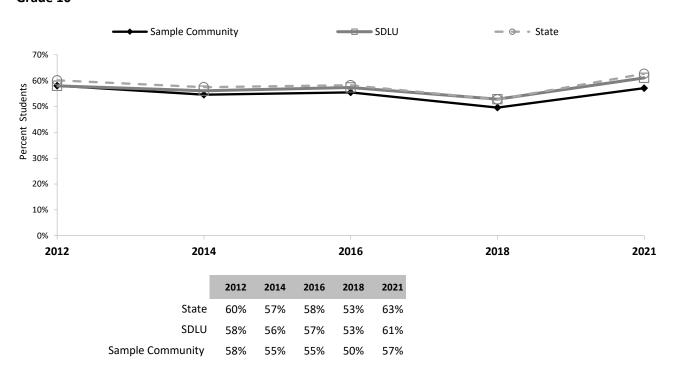
School Rewards for Prosocial Involvement

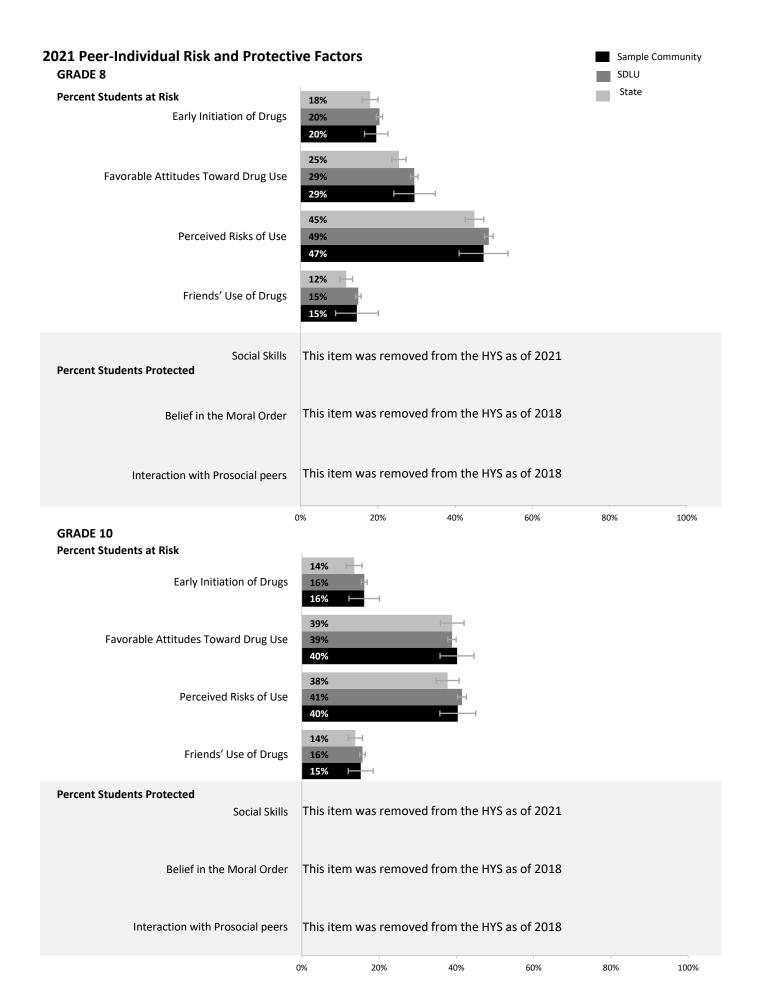
SCALE QUESTIONS

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

Grade 8







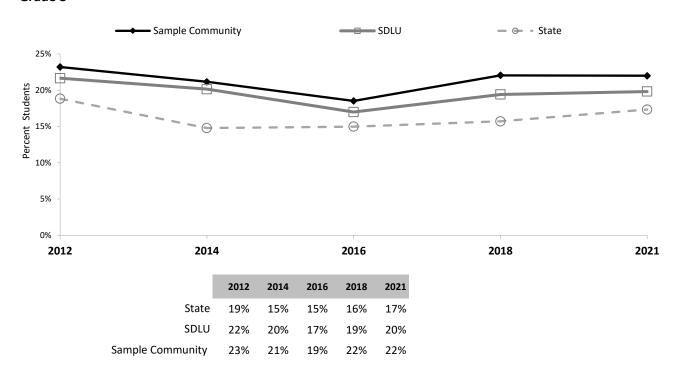
Peer-Individual Risk Factors

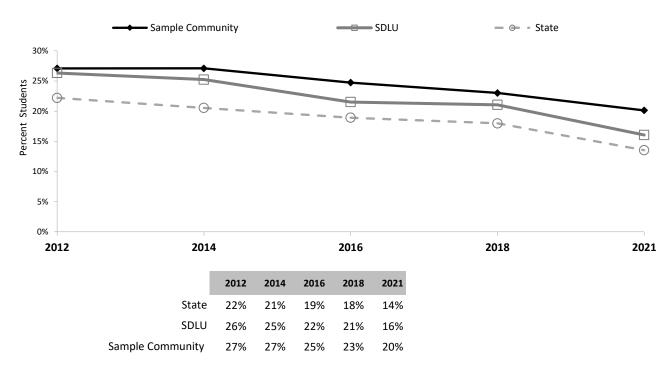
Early Initiation of Drugs

SCALE QUESTIONS

- How old were you the first time you:
- 1) Smoked a cigarette, even just a puff?
- 2) Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- 3) Began drinking alcoholic beverages regularly, that is, at least once or twice a month?

Grade 8



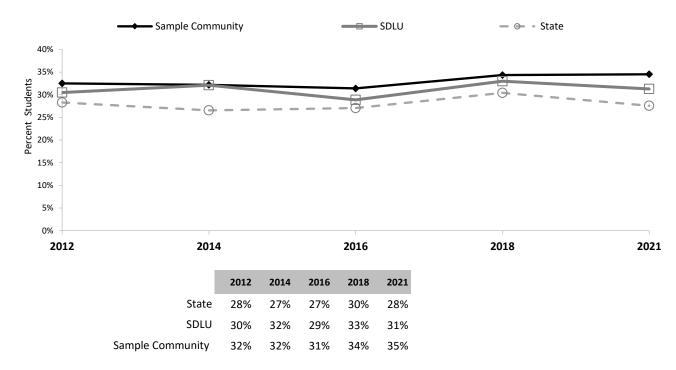


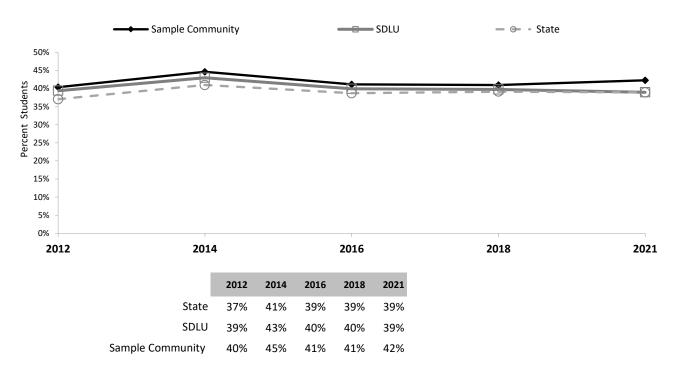
Favorable Attitudes Toward Drug Use

SCALE QUESTIONS

- How wrong do YOU think it is for someone your age to:
- 1) Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?
- 2) Smoke cigarettes?
- 3) Smoke marijuana?
- 4) Use LSD, cocaine, amphetamines, or another illegal drug?

Grade 8



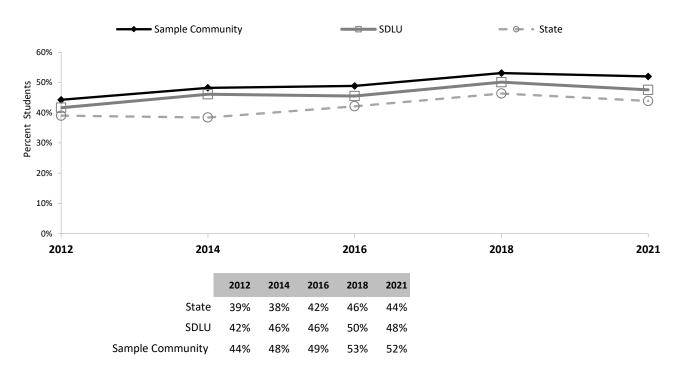


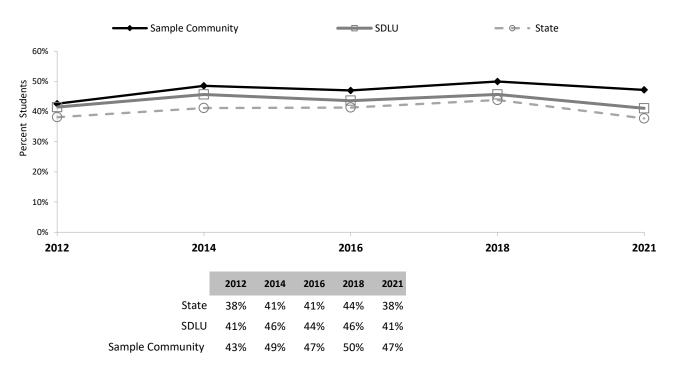
Perceived Risks of Use

SCALE QUESTIONS

- How much do you think people risk harming themselves if they:
- 1) Smoke one or more packs of cigarettes per day?
- 2) Try marijuana once or twice?
- 3) Smoke marijuana regularly (at least once or twice a week)?
- 4) Take one or two drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?

Grade 8



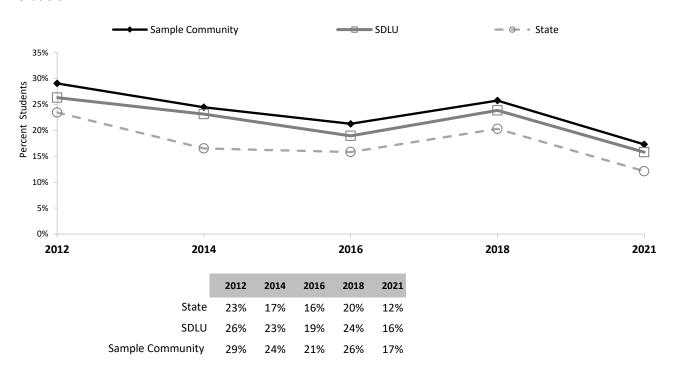


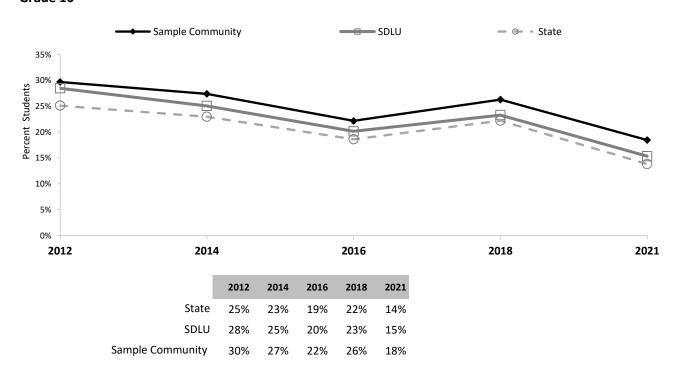
Friends' Use of Drugs

SCALE QUESTIONS

- Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:
- 1) Smoked cigarettes?
- 2) Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?
- 3) Used marijuana?
- 4) Used LSD, cocaine, amphetamines, or other illegal drugs?

Grade 8



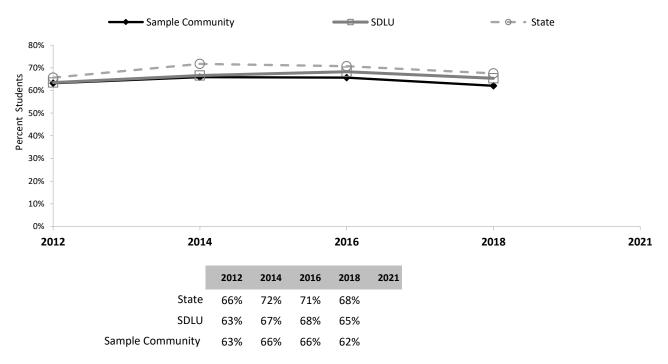


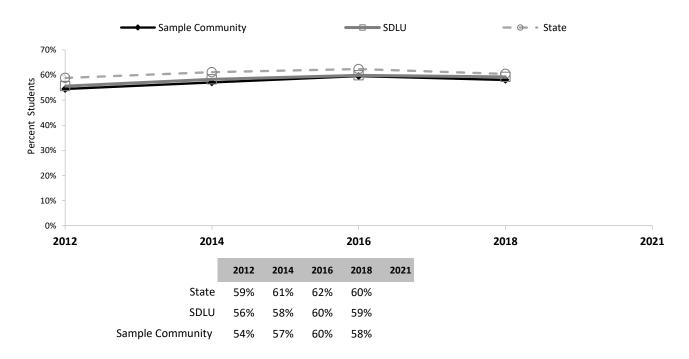
Peer-Individual Protective Factors (Percent Protected) **Social Skills**

SCALE QUESTIONS (Removed from HYS as of 2021)

- You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees, and no other customers. What would you do now?
- You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?
- You are at a party at someone's house and one of your friends offers you a drink containing alcohol. What would you say or do?

Grade 8



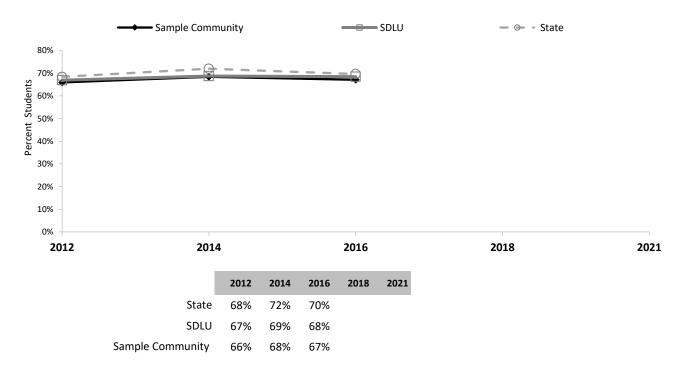


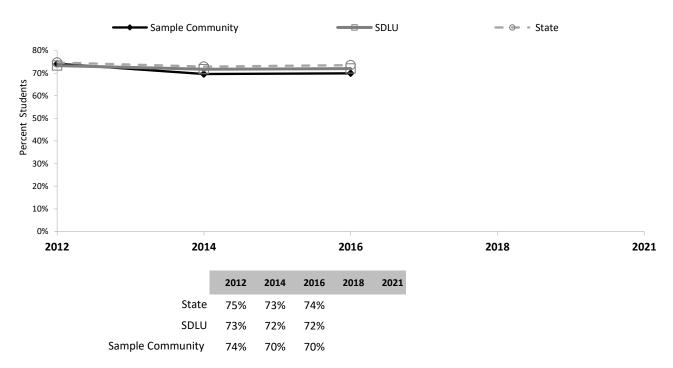
Belief in the Moral Order

SCALE QUESTIONS (Removed from HYS as of 2018)

- I think it is okay to take something without asking as long as you get away with it.
- I think sometimes it's okay to cheat at school.
- It is all right to beat up people if they start the fight.
- It is important to be honest with your parents, even if they become upset or you get punished.

Grade 8



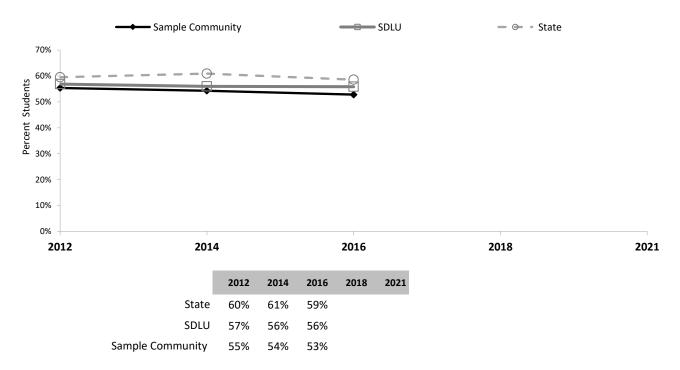


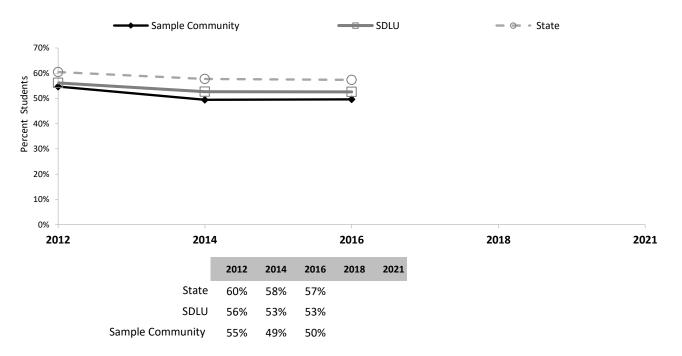
Interaction with Prosocial Peers

SCALE QUESTIONS (Removed from HYS as of 2018)

- Think about your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:
- 1) Participated in clubs, organizations or activities at school?
- 2) Made a commitment to stay drug-free?
- 3) Liked school?

Grade 8





Additional CORE Data

This section includes trend charts and tables for the CORE measures used in the data book (when available). Descriptions of each measure are also provided.

The line charts and tables include CORE district, county, and state results for the twelve most recent years available. If district results are not available, only county and state results are presented. Notice that rates vary from per 100 to 100,000 individual (children, adolescents, students, people).

For more information on these measures, including the number of individuals represented and additional indicators, please visit the Risk Profiles Data on the DSHS's Research and Data Analysis Division's website: https://www.dshs.wa.gov/ffa/research-and-data-analysis

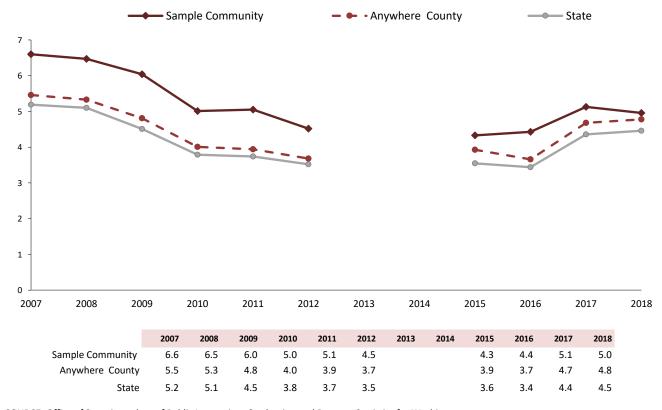
CONSEQUENCES | Behaviors that are known to be associated with substance abuse

School Performance

Annual (Event) Dropouts (Percent)

The Annual Dropout rate measures the proportion of students enrolled in grades 9-12 who drop out in a single year without completing high school as a percentage of all students in grades 9 through 12. This indicator answers the question "How many high-school students left school without graduating this year?" When districts try new policies or projects to keep students in school the impact of those actions will be more immediately visible in this rate.

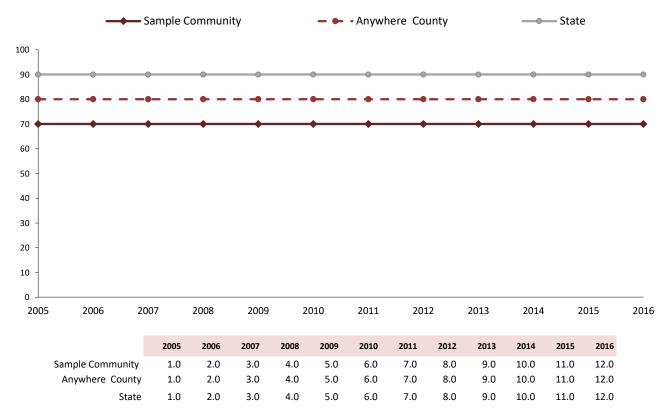
Data permanently unavailable for 2013 and 2014. Data since 2019 are unavailable as of this report's publish date.



SOURCE: Office of Superintendent of Public Instruction, Graduation and Dropout Statistics for Washington.

On-time Graduation (Percent)

The percent of students who graduate in four years to complete their degree. This indicator answers the question "What percent of freshmen stayed in school and graduated in four years?" The On-Time Graduation rate formula uses dropout rates discussed above; the formula is: 100*(1-grade 9 dropout rate)*(1-grade 10 dropout rate)*(1-grade 11 dropout rate)*(1-grade 12 dropout rate-grade 12 continuing rate).

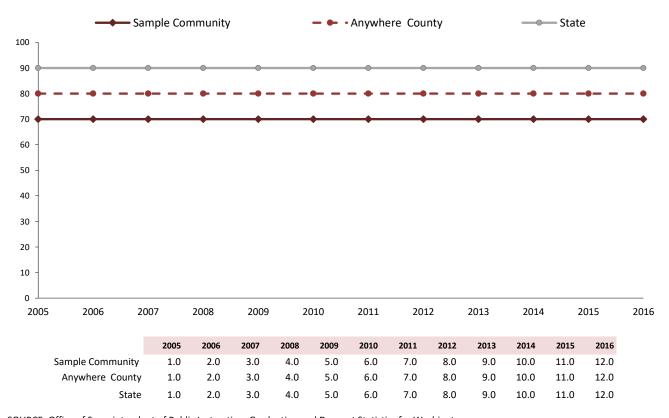


SOURCE: Of fice of Superintendent of Public Instruction, Graduation and Dropout Statistics for Washington.

Extended Graduation (Percent)

The percent of students who graduate including those students who stay in school and take more than four years to complete their degree.

Districts that have high extended graduation rates may also have poor dropout rates since the students attempting extended graduation are also at highest risk of again dropping out. A large difference in the size of the on-time and extended graduation rates may indicate that a district or school is working hard to keep students in school or to have dropouts return to school and attempt to graduate. The Extended Graduation formula is: (the number of on-time and late graduates)/(the number of on-time graduates divided by the on-time graduation rate).



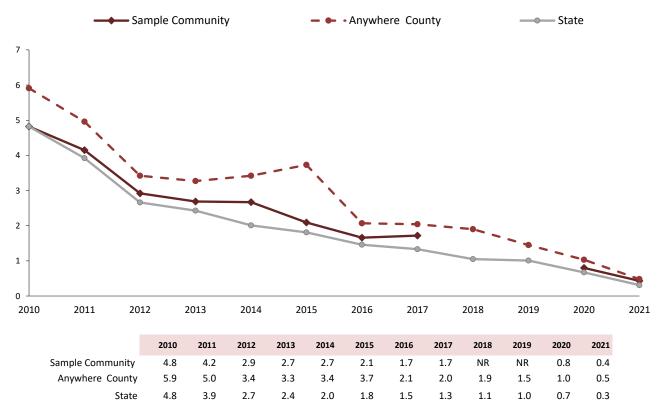
SOURCE: Of fice of Superintendent of Public Instruction, Graduation and Dropout Statistics for Washington.

Youth Delinquency

Arrests (Age 10-17), Alcohol Violation (Rate per 1,000)

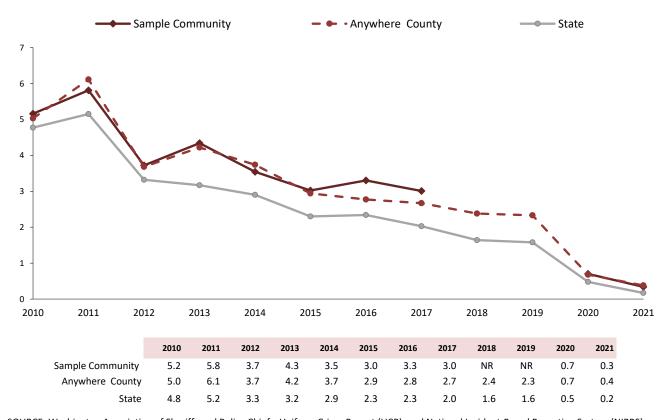
The arrests of adolescents (age 10-17) for alcohol violations, per 1,000 adolescents (age 10-17). Alcohol violations include driving under the influence, liquor law violations, and drunkenness. For children, arrests for liquor law violations are usually arrests for "minor in possession".

- 1) Not all law enforcement agencies report data to the Uniform Crime Report (UCR). For the rates calculated below, denominators are adjusted by subtracting the population of police agencies that did not report arrests to UCR. In spite of this population adjustment, when the non-reporting police jurisdiction is where much of the crime occurs, the rate will be lower than it would be if that jurisdiction was included.
- 2) The DUI portion of this measure is likely underestimated, because arrests made by the State Patrol are not included in the local arrest rates.



Arrests (Age 10-17), Drug Law Violation (Rate per 1,000)

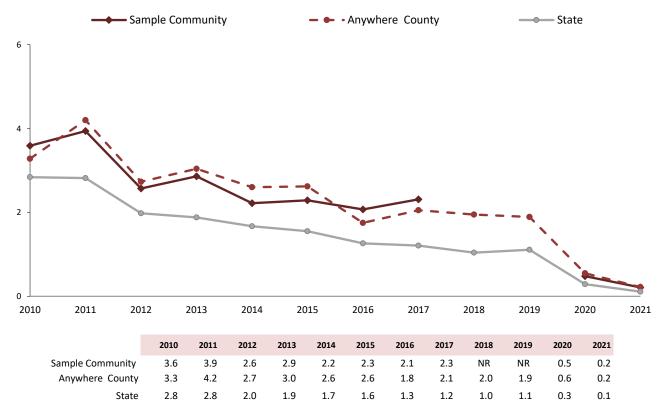
The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17). Drug law violations include all crimes involving sale, manufacturing, and possession of drugs. Denominators are adjusted by subtracting the population of police agencies that did not report arrests to UCR. In spite of this population adjustment, when the non-reporting police jurisdiction is where much of the crime occurs, the rate will be lower than it would be if that jurisdiction was included.



Arrests (Age 10-14), Alcohol- or Drug-Related (Rate per 1,000)

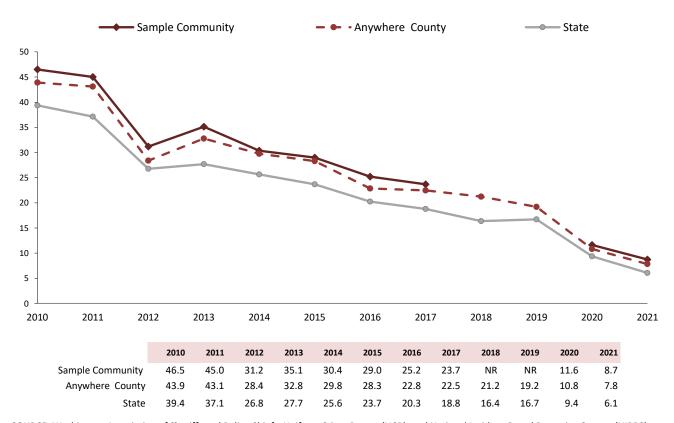
The arrests of younger adolescents (age 10-14) for alcohol and drug law violations, per 1,000 adolescents (age 10-14). Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness. For children, arrests for liquor law violations are usually arrests for minor in possession. Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.

- 1) Denominators are adjusted by subtracting the population of police agencies that did not report arrests to Uniform Crime Report (UCR). In spite of this population adjustment, when the non-reporting police jurisdiction is where much of the crime occurs, the rate will be lower than it would be if that jurisdiction was included.
- 2) The DUI portion of this measure is likely underestimated, because arrests made by the State Patrol are not attributable to smaller areas. State Patrol arrests are included in the state rates.



Total Arrests (Age 10-17) of Adolescents (Rate per 1,000)

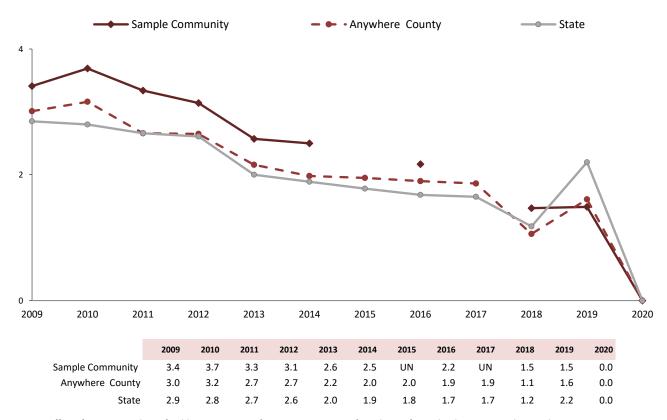
The arrests of adolescents (age 10-17) for any crime, per 1,000 adolescents (age 10-17). Denominators are adjusted by subtracting the population of police agencies that did not report arrests to UCR. In spite of this population adjustment, when the non-reporting police jurisdiction is where much of the crime occurs, the rate will be lower than it would be if that jurisdiction was included.



Weapons Incidents in School (Rate per 1,000)

Data reflects the reported incidents involving guns and other weapons at any grade level per 1,000 students of all grades enrolled in October.

Due to the school closures on March 17th, 2020 to prevent the spread of COVID, 2020 data for this measure is unavailable.



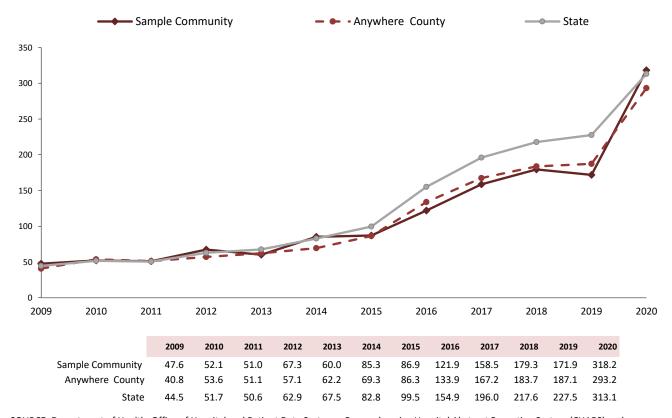
SOURCE: Office of Superintendent of Public Instruction, Information Services, Safe and Drug-free Schools: Report to the Legislature on Weapons in Schools RCW 28A.320.130.

Mental Health

Suicide Deaths and Attempts (Age 10-17) (Rate per 100,000)

The adolescents (age 10-17) who died by suicide or were admitted to the hospital for suicide attempts, per 100,000 adolescents (age 10-17). Suicide deaths are based on death certificate information. Suicide attempts are based on hospital admissions, but do not include admissions to federal hospitals.

The coding of intent for injuries and poisonings in hospital admissions data underwent a transition from ICD-9 to ICD-10 codes in the fall of 2015. It has affected the 2015 and 2016 data on suicide attempts reported here. For additional information, see: Christine Stewart, Phillip M. Crawford, and Gregory E. Simon (2017). "Changes in Coding of Suicide Attempts or Self-Harm With Transition From ICD-9 to ICD-10." Psychiatric Services, 68(3), p. 215.



SOURCE: Department of Health, Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS) and Department of Health, Center for Health Statistics Death Certificate Data.

POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Social and Health Services Research and Data Analysis Division. See p. 119 for more information.

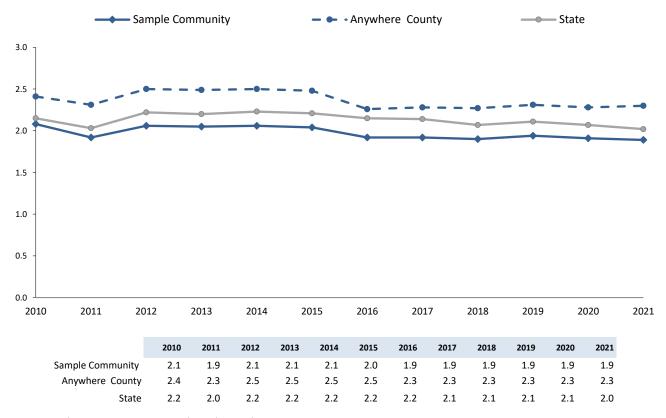
INTERVENING VARIABLES | Characteristics that are strongly predictive of underage drinking and substance abuse

There are two aspects of alcohol availability that are important in determining prevention priorities. First, there is the actual physical availability—places where youth can get alcohol. Second is the perception of availability—the belief that alcohol is, or would be, available to them. Both of these have to change in order for there to be a significant impact on drinking rates.

Alcohol Availability

Alcohol Retail Licenses (Rate per 1,000)

The alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the state and therefore are not included in these data.



SOURCE: Washington State Liquor Control Board, Annual Operations Report.

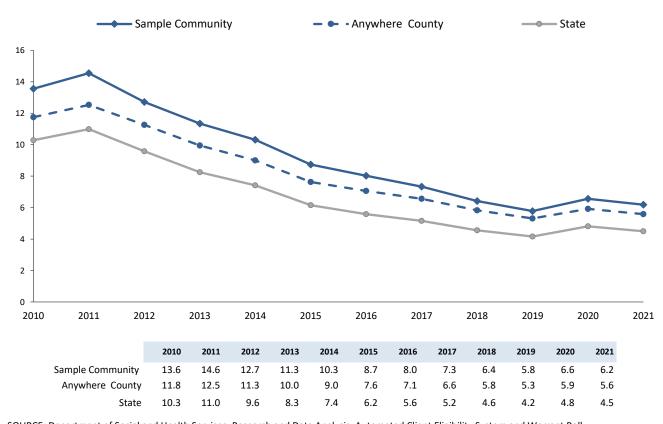
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Social and Health Services Research and Data Analysis Division. See p. 119 for more information.

Extreme Economic Deprivation

Economic deprivation is *not in the logic model* because our prevention efforts do not address poverty. Economic deprivation creates conditions in which risk factors become more serious.

Temporary Assistance to Needy Families (TANF), Child Recipients (Percent)

Data reflects children (age birth-17) participating in Temporary Assistance to Needy Families (TANF) programs per 100 children (age birth-17). For easier comparison this rate is presented as a percent, but is usually seen in CORE reports as a rate per 1,000.

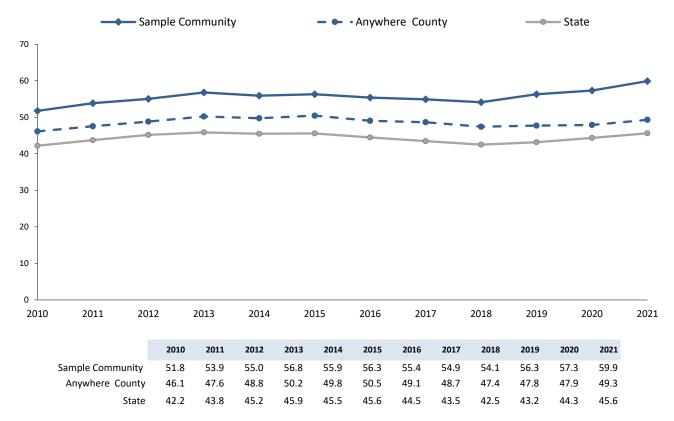


SOURCE: Department of Social and Health Services, Research and Data Analysis, Automated Client Eligibility System and Warrant Roll.

POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Social and Health Services Research and Data Analysis Division. See p. 119 for more information.

Students Eligible for Free or Reduced Price Lunch (Percent)

The students eligible for free or reduced price lunch per 100 students enrolled. Children of people who are not eligible for TANF, "working poor", those who have exceeded 60 months in benefits, are not legal aliens, or are not seeking work can still receive meals and free milk. The free lunch guidelines include all those in households earning 130 percent or less of the federal poverty level while all persons in households earning between 130 and 185 percent of the federal poverty level can receive reduced price lunches.



SOURCE: Office of Superintendent of Public Instruction.

OPIOIDS Prescriptions filled in 2016 - 2021

The efforts to better control the distribution of prescription (Rx) opioids in Washington state have seen an undeniable success. From 2016 to 2021, the number of individuals with opioid Rx decreased by 36 percent, from about 1.7 to 1.1 million persons, while the population of the state – the pool of potential users - grew by 6.6 percent (see pp. 104-105). These trends led to a decline of 41 percent in the opioid Rx rates per total population: from 888 to 527 prescriptions per 1,000 residents. The decline was especially pronounced during the years 2020-2021 as the COVID-19 pandemic limited access to medical providers for many individuals. Still, for those persons with prescriptions, the rate fluctuated and declined only slightly, from 3.8 to 3.7 prescriptions per patient per year. This may indicate that individuals who needed prescription opioids continued to receive an adequate supply for their conditions.

While there is a lot to celebrate, a tragic trend of increasing deaths from drug overdoses has accelerated in our state and nationally, especially so during the pandemic. The year (12 months) ending in October 2022 saw 2,429 such deaths in Washington, which is 48 percent higher than in the same period in 2020¹. Even though the total deaths have also increased during this pandemic period, the drug overdose deaths as a share of all deaths grew faster: by 32 percent. The growth is driven by illegal opioids such as illicit fentanyl and synthetics. Nearly 2,500 drug overdose deaths per year is the tip of the iceberg. As noted in the 2021-2022 Washington State Opioid and Overdose Response Plan, "The effects of substance, opioid, and stimulant use pose a public health challenge that touches the lives of every Washingtonian"².

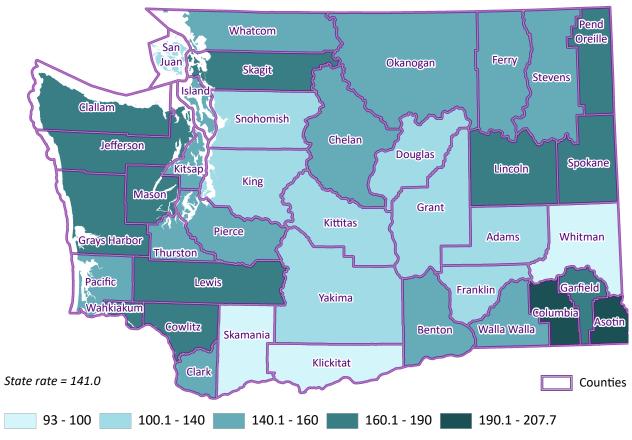
The measures presented in this section were obtained from the Washington State Prescription Monitoring Program at DOH³. **Tables and charts on pp. 100-109** provide data for your community, your county, and the state. **Maps on pp. 98-99 and 110-118** display geographic patterns of opioid prescribing across counties and school districts. This information is meant to support a discussion with your Community Coalition and community partners about prescription opioid use and misuse in your community.

Questions to consider:

- 1. How does my community compare to my county and the state?
- 2. What are the most commonly prescribed opioids in my community?
- 3. Do men and women obtain these prescribed opioids in a similar way?
- 4. Do prescriptions filled change with age?
- 5. What are the changes over time?

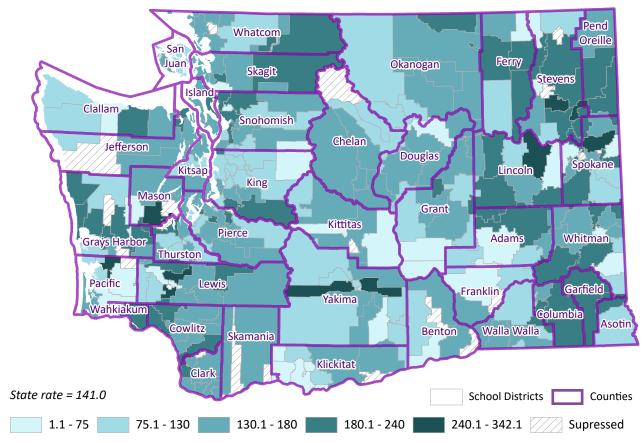
Endnotes 1, 2, 3: see "Opioids: Data Notes and Sources", p. 119.

MAP 1. Patients with Prescriptions for Any Opioid per 1,000 Residents by County, 2021

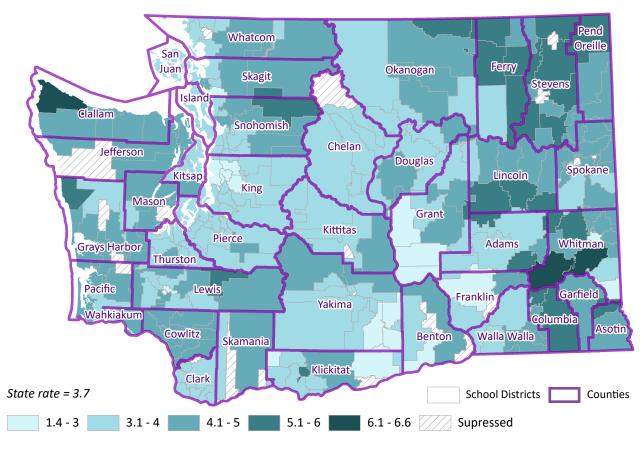


SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 2/2/2023.

MAP 2. Patients with Prescriptions for Any Opioid per 1,000 Residents by School District, 2021

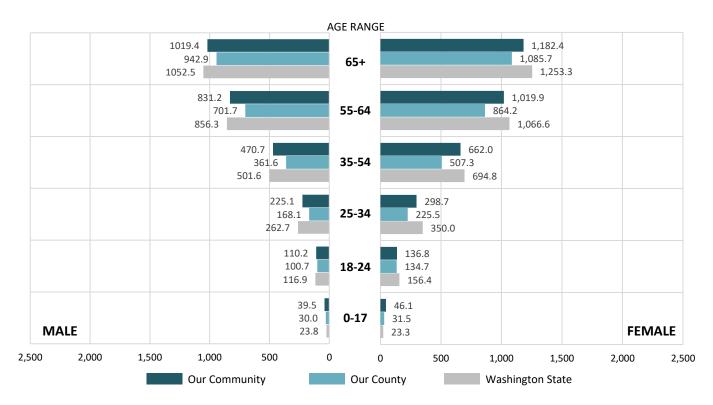


MAP 3. Prescriptions for Any Opioid per Patient by School District, 2021



SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 2/2/2023.

Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2021



		Sample Community			e County	Washington State	
Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2021	Age	Male	Female	Male	Female	Male	Female
Rate		1,019.4	1,182.4	942.9	1,085.7	1,052.5	1,253.3
Prescriptions	65+	3,211	4,441	16,882	23,310	621,883	865,480
Population		3,150	3,756	17,905	21,470	590,870	690,568
Rate		831.2	1,019.9	701.7	864.2	856.3	1,066.6
Prescriptions	55-64	2,166	2,715	10,880	13,625	410,650	528,996
Population		2,606	2,662	15,506	15,766	479,555	495,943
Rate		470.7	662.0	361.6	507.3	501.6	694.8
Prescriptions	35-54	2,628	3,479	12,819	17,282	491,594	665,572
Population		5,583	5,255	35,447	34,068	980,121	957,900
Rate		225.1	298.7	168.1	225.5	262.7	350.0
Prescriptions	25-34	836	1,045	3,933	4,887	144,915	184,372
Population		3,714	3,499	23,392	21,668	551,601	526,770
Rate		110.2	136.8	100.7	134.7	116.9	156.4
Prescriptions	18-24	243	299	1,181	1,491	40,995	52,382
Population		2,206	2,185	11,731	11,067	350,639	334,822
Rate		39.5	46.1	30.0	31.5	23.8	23.3
Prescriptions	0-17	175	196	812	817	20,660	19,293
Population		4,429	4,249	27,090	25,974	868,312	829,105

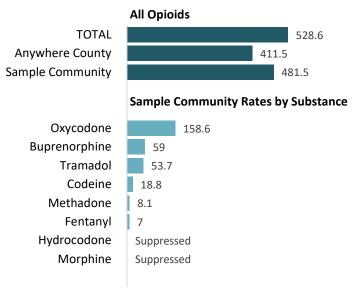
Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2021



		Sample Commun	ity	Anywher	e County	Washington State	
Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2021	Age	Male	Female	Male	Female	Male	Female
Rate		4.0	4.5	3.9	4.3	4.2	4.7
Prescriptions	65+	797	996	4,344	5,412	147,111	185,571
Patients		3,211	4,441	16,882	23,310	621,883	865,480
Rate		4.4	4.7	3.9	4.3	4.4	4.9
Prescriptions	55-64	494	573	2,787	3,145	92,857	107,906
Patients		2,166	2,715	10,880	13,625	410,650	528,996
Rate		3.3	3.5	3.0	3.1	3.6	3.7
Prescriptions	35-54	785	987	4,247	5,501	137,069	180,352
Patients		2,628	3,479	12,819	17,282	491,594	665,572
Rate		2.4	2.2	2.3	2.0	2.7	2.3
Prescriptions	25-34	349	481	1,737	2,486	53,600	79,273
Patients		836	1,045	3,933	4,887	144,915	184,372
Rate		1.4	1.4	1.4	1.4	1.5	1.4
Prescriptions	18-24	170	220	838	1,089	27,434	36,850
Patients		243	299	1,181	1,491	40,995	52,382
Rate		1.1	1.1	1.2	1.2	1.2	1.2
Prescriptions	0-17	156	178	701	691	17,817	16,344
Patients		175	196	812	817	20,660	19,293

Opioid Prescriptions per 1,000 Residents by Frequency, 2021

In 2021, there were 158.6 Oxycodone prescriptions for every 1,000 residents in our community. Substances with suppressed values are sorted alphabetically.



Opioid Prescriptions per 1,000 Residents, by Substance, Age and Sex, 2021

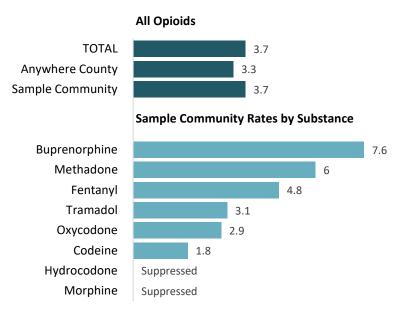
Age and Sex data are not currently available for the "Other Opiates" category.

CURCTANICE	CEV			AGE R	ANGE		
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+
All Opioids	Female	46.1	136.8	298.7	662.0	1,019.9	1,182.4
	Male	39.5	110.2	225.1	470.7	831.2	1,019.4
Oxycodone	Female	22.6	54.5	101.2	231.2	359.1	377.0
	Male	23.7	41.3	56.0	154.6	319.6	376.5
Buprenorphine	Female	S	17.4	88.9	126.2	75.1	33.5
	Male	S	23.1	103.4	127.9	72.1	38.1
Tramadol	Female	S	10.1	24.6	80.5	126.6	185.6
	Male	S	5.4	14.3	46.7	85.6	127.6
Codeine	Female	S	10.1	20.9	36.2	39.1	63.9
	Male	S	7.7	11.8	21.7	27.2	46.3
Methadone	Female	S	S	S	9.9	22.5	22.6
	Male	S	S	S	6.8	21.9	26.3
Fentanyl	Female	S	S	S	7.2	16.2	33.3
	Male	S	S	S	3.6	12.7	23.5
Hydrocodone	Female	S	S	S	S	S	S
	Male	S	S	S	S	S	S
Morphine	Female	S	S	S	S	S	S
	Male	S	S	S	S	S	S

A note about suppression: Rates can not be calculated when any of the component parts are suppressed due to small numbers. If the count of residents by sex and age range or the number of prescriptions is suppressed, an "S" will be displayed. The "S" on the table above indicates that at least 1 resident received at least one opioid prescription.

Opioid Prescriptions Per Patient by Frequency, 2021

In 2021, the average patient receiving Buprenorphine was issued 7.6 prescriptions. Substances with suppressed values are sorted alphabetically.



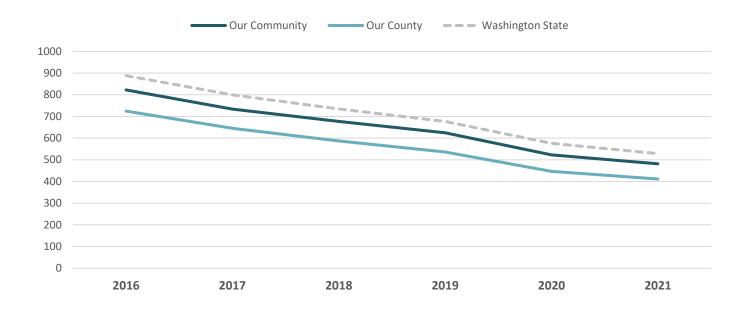
Opioid Prescriptions per Patient, by Substance, Age and Sex, 2021

Age and Sex data are not currently available for the "Other Opiates" category.

CLIDSTANCE	SEX			AGE R	ANGE		
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+
All Opioids	Female	1.1	1.4	2.2	3.5	4.7	4.5
	Male	1.1	1.4	2.4	3.3	4.4	4.0
Buprenorphine	Female	2.0	4.2	5.6	5.5	6.3	5.3
	Male	2.0	3.9	5.4	5.0	5.4	4.6
Methadone	Female	1.0	1.0	2.0	8.7	5.5	4.7
	Male	1.0	1.0	2.0	7.6	6.3	4.4
Fentanyl	Female	1.0	1.0	3.0	9.5	4.8	4.2
	Male	1.0	1.0	3.0	20.0	6.6	3.7
Tramadol	Female	1.0	1.3	1.7	2.5	3.3	3.2
	Male	1.5	1.3	1.5	2.2	2.9	3.1
Oxycodone	Female	1.2	1.2	1.5	2.5	3.7	3.5
	Male	1.1	1.2	1.5	2.4	3.5	3.5
Codeine	Female	1.0	1.2	1.2	1.4	1.7	2.3
	Male	2.0	1.3	1.1	1.2	1.5	2.0
Hydrocodone	Female	S	S	S	S	S	S
	Male	S	S	S	S	S	S
Morphine	Female	S	S	S	S	S	S
	Male	S	S	S	S	S	S

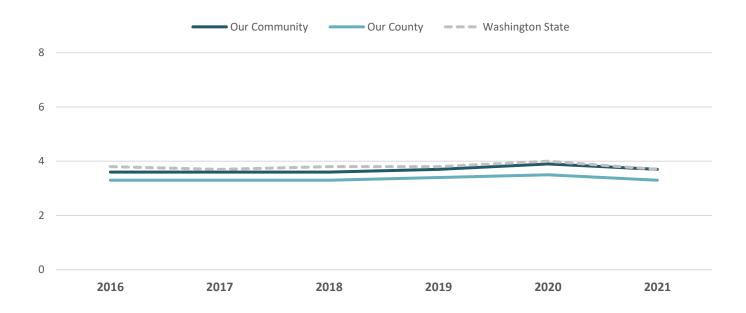
A note about suppression: Rates can not be calculated when any of the component parts are suppressed due to small numbers. If the count of patients by sex and age range or the number of prescriptions is suppressed, an "S" will be displayed. The "S" on the table above indicates that at least 1 patient received at least one opioid prescription.

Annual Trend, All Opioid Prescriptions per 1,000 Residents, 2016 through 2021



GEOGRAPHY	UNIT	YEAR							
GEOGRAPHY	ONII	2016	2017	2018	2019	2020	2021		
Sample Community	Rate	822.3	734.0	677.0	624.9	522.5	481.5		
	Prescriptions	32,879	30,002	28,146	26,435	22,617	20,844		
	Population	39,985	40,872	41,574	42,305	43,289	43,289		
Anywhere County	Rate	724.8	645.0	586.7	536.0	447.0	411.5		
	Prescriptions	177,230	160,896	148,667	137,927	116,705	107,426		
	Population	244,528	249,437	253,377	257,349	261,080	261,080		
Washington State	Rate	888.1	799.3	734.6	677.1	575.8	528.6		
	Prescriptions	6,379,165	5,842,950	5,456,130	5,109,317	4,408,193	4,046,792		
	Population	7,182,545	7,310,300	7,427,570	7,546,411	7,656,200	7,656,200		

Annual Trend, All Opioid Prescriptions per Patient, 2016 through 2021



GEOGRAPHY	UNIT	YEAR							
GEOGRAPHY	ONT	2016	2017	2018	2019	2020	2021		
Sample Community	Rate	3.6	3.6	3.6	3.7	3.9	3.7		
	Prescriptions	32,879	30,002	28,146	26,435	22,617	20,844		
	Population	9,141	8,403	7,719	7,158	5,859	5,709		
Anywhere County	Rate	3.3	3.3	3.3	3.4	3.5	3.3		
	Prescriptions	177,230	160,896	148,667	137,927	116,705	107,426		
	Population	52,954	48,602	44,486	41,097	33,312	32,557		
Washington State	Rate	3.8	3.7	3.8	3.8	4.0	3.7		
	Prescriptions	6,379,165	5,842,950	5,456,130	5,109,317	4,408,193	4,046,792		
	Population	1,696,748	1,570,372	1,444,167	1,336,509	1,109,169	1,082,184		

2021 Population by Geography, Age and Sex

MEASURE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
Total Population	Our Community	Female	4,249	2,185	3,499	5,255	2,662	3,756	21,606
		Male	4,429	2,206	3,714	5,583	2,606	3,150	21,688
	Our County	Female	25,974	11,067	21,668	34,068	15,766	21,470	130,013
		Male	27,090	11,731	23,392	35,447	15,506	17,905	131,071
	Washington State	Female	829,105	334,822	526,770	957,900	495,943	690,568	3,835,108
		Male	868,312	350,639	551,601	980,121	479,555	590,870	3,821,098

2021 Rate of Prescriptions per 1,000 Residents ((Prescriptions/Population)*1,000) by Geography, Age and Sex

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SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	243.6	465.4	999.4	1632.2	1898.2	1927.6	1222.8
Substances		Male	372.1	366.3	726.7	1151.2	1479.7	1653.0	951.9
	Our County	Female	182.7	544.0	835.4	1320.3	1717.2	1843.2	1080.6
		Male	317.2	428.6	642.6	976.6	1336.6	1587.4	857.7
	Washington State	Female	191.0	539.4	1008.9	1631.3	1995.2	2059.6	1263.3
		Male	346.1	419.2	758.7	1144.9	1512.9	1699.8	973.0
All Opioids	Our Community	Female	46.1	136.8	298.7	662.0	1019.9	1182.4	563.5
		Male	39.5	110.2	225.1	470.7	831.2	1019.4	426.9
	Our County	Female	31.5	134.7	225.5	507.3	864.2	1085.7	472.4
		Male	30.0	100.7	168.1	361.6	701.7	942.9	354.8
	Washington State	Female	23.3	156.4	350.0	694.8	1066.6	1253.3	603.9
		Male	23.8	116.9	262.7	501.6	856.3	1052.5	452.9
Oxycodone	Our Community	Female	22.6	54.5	101.2	231.2	359.1	377.0	192.4
		Male	23.7	41.3	56.0	154.6	319.6	376.5	151.5
	Our County	Female	18.2	50.1	81.8	186.2	310.9	355.8	166.8
		Male	19.9	35.0	42.9	120.2	285.4	352.5	129.3
	Washington State	Female	9.8	52.2	108.4	229.6	355.1	380.1	193.3
		Male	11.6	33.7	54.1	151.7	321.8	362.7	148.9
Buprenorphine	Our Community	Female	0.5	17.4	88.9	126.2	75.1	33.5	62.0
	Male	0.9	23.1	103.4	127.9	72.1	38.1	67.4	
	Our County	Female	0.1	12.0	46.1	68.2	50.2	27.5	37.2
		Male	0.0	17.4	63.6	80.1	53.2	32.0	45.2
	Washington State	Female	S	16.3	100.0	109.4	69.0	30.0	S
		Male	0.3	22.5	121.3	125.9	66.7	33.6	65.5
Tramadol	Our Community	Female	0.2	10.1	24.6	80.5	126.6	185.6	72.5
		Male	0.7	5.4	14.3	46.7	85.6	127.6	44.0
	Our County	Female	0.2	10.8	15.8	49.8	95.5	168.8	56.1
		Male	0.3	7.2	9.4	28.0	64.1	108.1	32.3
	Washington State	Female	0.4	7.1	22.0	69.7	121.1	191.2	71.2
		Male	0.3	3.7	10.4	37.6	77.5	123.7	40.4
Codeine	Our Community	Female	0.7	10.1	20.9	36.2	39.1	63.9	29.3
		Male	0.5	7.7	11.8	21.7	27.2	46.3	18.5
	Our County	Female	1.9	14.7	11.5	22.6	34.4	58.6	23.3
		Male	0.0	8.4	9.7	15.7	22.2	41.9	15.1
	Washington State	Female	0.9	7.8	14.9	26.2	36.6	58.8	24.8
		Male	0.7	5.0	8.3	13.3	22.4	39.6	14.2
Methadone	Our Community	Female	0.2	0.5	0.6	9.9	22.5	22.6	9.3
		Male	0.2	0.5	0.5	6.8	21.9	26.3	8.4
	Our County	Female	0.0	0.0	0.4	8.2	18.8	15.8	7.1
		Male	0.1	0.0	0.5	6.1	16.1	17.7	6.1
	Washington State	Female	0.1	0.1	0.5	9.1	21.5	19.1	8.6
		Male	0.0	0.1	0.6	7.4	20.8	23.1	8.2
Fentanyl	Our Community	Female	0.2	0.5	0.9	7.2	16.2	33.3	9.8
		Male	0.2	0.5	0.8	3.6	12.7	23.5	6.1
	Our County	Female	0.0	0.0	0.6	8.5	11.2	20.8	7.1
		Male	0.0	0.0	0.3	3.9	7.2	15.8	4.1
	Washington State	Female	S	0.1	0.8	6.1	14.1	27.6	S
	-	Male	S	0.1	0.5	3.0	8.9	16.7	S
Hydrocodone	Our Community	Female	S	S	S	S	S	S	S
	,	Male	S	S	S	S	S	S	S
	Our County	Female	S	S	S	S	S	S	S
	•	Male	S	S	S	S	S	S	S
	Washington State	Female	S	S	S	S	S	S	S

2021 Prescriptions by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	1,035	1,017	3,497	8,577	5,053	7,240	26,419
Substances		Male	1,648	808	2,699	6,427	3,856	5,207	20,645
	Our County	Female	4,745	6,020	18,101	44,981	27,074	39,574	140,495
		Male	8,594	5,028	15,031	34,618	20,725	28,423	112,419
	Washington State	Female	158,394	180,616	531,461	1,562,667	989,524	1,422,271	4,844,933
		Male	300,486	147,005	418,478	1,122,143	725,536	1,004,340	3,717,988
All Opioids	Our Community	Female	196	299	1,045	3,479	2,715	4,441	12,175
•	•	Male	175	243	836	2,628	2,166	3,211	9,259
	Our County	Female	817	1,491	4,887	17,282	13,625	23,310	61,412
	•	Male	812	1,181	3,933	12,819	10,880	16,882	46,507
	Washington State	Female	19,293	52,382	184,372	665,572	528,996	865,480	2,316,095
	ū	Male	20,660	40,995	144,915	491,594	410,650	621,883	1,730,697
Oxycodone	Our Community	Female	96	119	354	1,215	956	1,416	4,156
,	,	Male	105	91	208	863	833	1,186	3,286
	Our County	Female	473	554	1,772	6,342	4,901	7,638	21,680
	,	Male	539	410	1,003	4,262	4,426	6,312	16,952
	Washington State	Female	8,150	17,467	57,087	219,896	176,103	262,516	741,219
	· · · · · · · · · · · · · · · · · · ·	Male	10,085	11,822	29,843	148,656	154,325	214,284	569,015
Buprenorphine	Our Community	Female	2	38	311	663	200	126	1,340
	,	Male	- <1	51	384	714	188	120	1,461
	Our County	Female	3	133	999	2,322	791	591	<127
	ou. count,	Male	0	204	1,487	2,840	825	573	5,929
	Washington State	Female	172-182	5,470	52,690	104,750	34,228	20,720	Suppressed
	Trasimigron state	Male	294	7,877	66,913	123,351	31,966	19,863	250,264
Tramadol	Our Community	Female	1	22	86	423	337	697	1,566
		Male	3	12	53	261	223	402	954
	Our County	Female	5	119	342	1,695	1,505	3,624	7,290
	ou. count,	Male	7	84	220	994	994	1,936	4,235
	Washington State	Female	353	2,385	11,570	66,773	60,079	132,028	273,188
	· · · · · · · · · · · · · · · · · · ·	Male	297	1,285	5,731	36,885	37,187	73,089	154,474
Codeine	Our Community	Female	3	22	73	190	104	240	632
		Male	<1	17	44	121	71	146	401
	Our County	Female	49	163	250	771	542	1,258	3,033
	ou. count,	Male	0	98	227	556	345	750	1,976
	Washington State	Female	750	2,611	7,868	25,054	18,174	40,588	95,045
	washington state	Male	589	1,739	4,553	13,057	10,747	23,397	54,082
Methadone	Our Community	Female	1	<1	2	52	60	85	201
Wethadone	our community	Male	1	<1	2	38	57	83	182
	Our County	Female	1	0	9	279	297	340	926
	our county	Male	2	0	12	217	250	317	798
	Washington State	Female	64	27	282	8,752	10,656	13,224	33,005
	washington State	Male	40	40	335	7,256	9,977	13,652	31,300
Fentanyl	Our Community	Female	<1	<1	333	38	43	125	211
Teritariyi	Our community	Male	<1	<1	3	20	33	74	132
	Our County	Female	0	0	13	290	33 177	446	<126
	Our County	Male	0	0	6	137	112	283	<75
	Washington State	Female	<10	40	418	5,849	7,012	19,042	Suppressed
	vvasiiiigioii state	Male	<10 S	31	264	2,945	7,012 4,284	9,885	Suppressed
Hydrocodono	Our Community			<10	<10		<10		Suppressed
Hydrocodone	Our Community	Female	<10			<10		<10	
	Our Country	Male	<10	<10	<10	<10	<10	<10	Suppressed
	Our County	Female	<10	<10	<10	<10	<10	<10	Suppressed
	Machinete	Male	<10	<10	<10	<10	<10	<10	Suppressed
	Washington State	Female	<10	<10	<10	<10	<10	<10	Suppressed
		Male	<10	<10	<10	<10	<10	<10	Suppressed

2021 Rate of Prescriptions per Patient (Prescriptions/Patients) by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	3.19	2.89	4.12	5.30	6.05	5.42	4.97
Substances		Male	4.29	2.98	4.37	5.22	5.66	5.10	4.91
	Our County	Female	3.80	3.22	4.14	5.03	5.76	5.37	4.93
		Male	5.15	3.46	4.68	5.02	5.32	5.00	4.93
	Washington State	Female	4.04	3.04	4.17	5.56	6.35	5.74	5.32
		Male	5.21	3.29	4.67	5.34	5.78	5.33	5.19
All Opioids (Our Community	Female	1.10	1.36	2.17	3.52	4.74	4.46	3.54
	•	Male	1.12	1.43	2.40	3.35	4.38	4.03	3.37
	Our County	Female	1.18	1.37	1.97	3.14	4.33	4.31	3.35
		Male	1.16	1.41	2.26	3.02	3.90	3.89	3.17
	Washington State	Female	1.18	1.42	2.33	3.69	4.90	4.66	3.82
	_	Male	1.16	1.49	2.70	3.59	4.42	4.23	3.64
Oxycodone	Our Community	Female	1.16	1.16	1.45	2.45	3.69	3.52	2.62
•	•	Male	1.06	1.23	1.49	2.41	3.46	3.46	2.62
	Our County	Female	1.15	1.22	1.48	2.46	3.56	3.46	2.64
	•	Male	1.11	1.00	1.59	2.47	3.39	3.26	2.61
	Washington State	Female	1.16	1.24	1.57	2.78	3.93	3.75	2.95
	· ·	Male	1.13	1.26	1.74	2.83	3.73	3.52	2.99
Buprenorphine	Our Community	Female	2.00	4.22	5.55	5.53	6.25	5.25	5.54
	•	Male	2.00	3.92	5.41	5.03	5.37	4.62	5.06
	Our County	Female	S	3.41	6.36	6.62	7.39	5.37	6.33
	,	Male	S	2.62	6.82	6.65	7.05	6.44	6.38
	Washington State	Female	S	5.53	8.21	9.52	9.25	7.39	S
	ū	Male	S	5.25	7.47	8.99	8.94	8.00	S
Tramadol	Our Community	Female	1.00	1.29	1.72	2.50	3.27	3.23	2.82
	•	Male	1.50	1.33	1.47	2.23	2.90	3.09	2.57
	Our County	Female	1.00	1.29	1.73	2.77	3.18	3.35	2.96
	•	Male	1.75	1.00	1.55	2.11	2.98	3.01	2.52
	Washington State	Female	1.17	1.32	2.10	3.13	3.57	3.48	3.26
	· ·	Male	1.21	1.25	1.78	2.92	3.33	3.26	3.04
Codeine	Our Community	Female	1.00	1.16	1.18	1.40	1.68	2.26	1.63
	•	Male	2.00	1.31	1.10	1.23	1.54	1.97	1.47
	Our County	Female	1.04	1.15	1.14	1.40	1.84	2.41	1.71
	•	Male	S	0.96	1.01	1.30	1.70	2.13	1.51
	Washington State	Female	1.05	1.12	1.27	1.55	1.95	2.50	1.87
	ū	Male	1.07	1.18	1.21	1.35	1.73	2.15	1.66
Methadone	Our Community	Female	1.00	1.00	2.00	8.67	5.45	4.72	5.29
	•	Male	1.00	1.00	2.00	7.60	6.33	4.37	5.06
	Our County	Female	S	S	S	4.89	5.12	5.00	5.06
	,	Male	S	S	6.00	4.17	4.63	4.95	4.64
	Washington State	Female	3.05	2.70	7.05	9.87	9.45	7.35	8.50
	J	Male	S	S	6.57	9.64	9.47	7.52	S
Fentanyl	Our Community	Female	1.00	1.00	3.00	9.50	4.78	4.17	4.59
,	,	Male	1.00	1.00	3.00	20.00	6.60	3.70	4.55
	Our County	Female	S	S	6.50	3.49	3.22	5.44	4.17
	,	Male	S	S	6.00	1.71	2.33	3.93	2.68
	Washington State	Female	S	2.50	5.81	7.58	7.16	6.23	S
		Male	S	3.10	7.54	6.95	6.45	4.99	S
Hydrocodone	Our Community	Female	S	S	S	S	S	S	S
, 20000110		Male	S	S	S	S	S	S	S
	Our County	Female	S	S	S	S	S	S	S
	Jan County	Male	S	S	S	S	S	S	S
	Washington State	Female	S	S	S	S	S	S	S
,	** asimigron state	Ciliale	J	3	3	J	3	3	3

The difference between 'All Opioids' and the sum of each of the opioids listed below it would be considered 'Other Opioids.' Due to suppression of values in the source data, an accurate 2021 value for 'Other Opioids' cannot be calculated for display within this table.

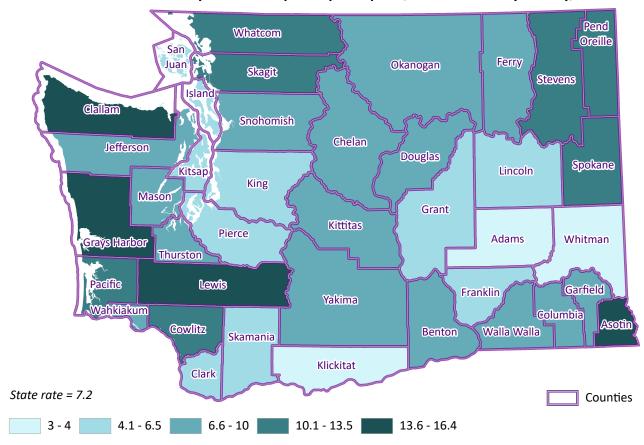
2021 Patients Receiving Prescriptions by Geography, Age and Sex

People who received prescriptions for more than one substance may be duplicated.

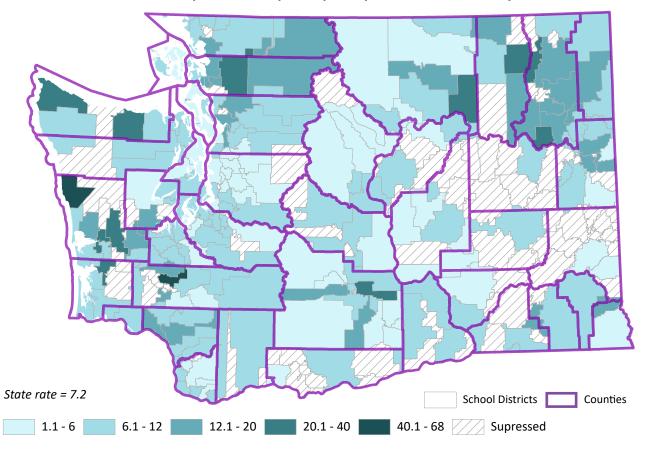
SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
	Our Community	Female	324	352	848	1,618	835	1,336	5,313
All Controlled Substances	Our Community					•		•	•
Substances	Our County	Male	384	271	617	1,232	681	1,020	4,205
	Our County	Female	1,249	1,870	4,367	8,942	4,704	7,367	28,499
		Male	1,669	1,455	3,211	6,892	3,896	5,688	22,811
	Washington State	Female	39,159	59,472	127,485	281,238	155,727	247,654	910,735
		Male	57,620	44,662	89,659	210,060	125,554	188,383	715,938
All Opioids	Our Community	Female	178	220	481	987	573	996	3,435
		Male	156		170 349	785	494	797	2,751
	Our County	Female	691	1,089	2,486	5,501	3,145	5,412	18,324
		Male	701	838	1,737	4,247	2,787	4,344	14,654
	Washington State	Female	16,344	36,850	79,273	180,352	107,906	185,571	606,296
		Male	17,817	27,434	53,600	137,069	92,857	147,111	475,888
Oxycodone	Our Community	Female	83	103	244	495	259	402	1,586
		Male	99	74	140	358	241	343	1,255
	Our County	Female	413	455	1,195	2,581	1,377	2,206	8,227
		Male	484	409	629	1,729	1,307	1,937	6,495
	Washington State	Female	6,998	14,110	36,296	79,198	44,834	69,968	251,404
	, , , , , , , , , , , , , , , , , , ,	Male	8,899	9,354	17,166	52,530	41,345	60,861	190,155
Buprenorphine	Our Community	Female	<1	9	56	120	32	24	242
Bupi enoi prime	our community	Male	<1	13	71	142	35	26	289
	Our County	Female	0	39	157	351	107	110	<25
	Our County	Male	0	78	218	427	117	89	<27
	Washington State								
	Washington State	Female	41-51	989	6,415	11,008	3,702	2,802	Suppressed Suppressed
	0 0 "	Male	48-58	1,501	8,961	13,727	3,575	2,482	
Tramadol	Our Community	Female	1	17	50	169	103	216	556
		Male		2 9 36 117 77 5 92 198 612 473		130	371		
	Our County	Female				1,083	2,463		
		Male	4	84	142	471	334		1,679
	Washington State	Female	301	1,810	5,499	21,336	16,852	37,896	83,694
		Male	245	1,025	3,226	12,625	11,175	22,442	50,738
Codeine	Our Community	Female	3	19	62	136	62	106	388
		Male	<1	13	40	98	46	74	272
	Our County	Female	47	142	219	552	295	521	1,776
		Male	0	102	225	427	203	352	1,309
	Washington State	Female	714	2,326	6,194	16,149	9,306	16,239	50,928
		Male	552	1,475	3,756	9,673	6,212	10,878	32,546
Methadone	Our Community	Female	<1	<1	<1	6	11	18	38
		Male	<1	<1	1	5	9	19	36
	Our County	Female	0	0	0	57	58	68	183
	•	Male	0	0	2	52	54	64	<20
	Washington State	Female	21	10	40	887	1,128	1,798	3,884
		Male	12-22	<10	51	753	1,053	1,816	Suppressed
Fentanyl	Our Community	Female	<1	<1	1	4	9	30	46
Circuity	our community	Male	<1	<1	1	1	5	20	29
	Our County	Female	0	0	2	83	55	82	<31
	Our County						48		
	Mashinston Chata	Male	0	0	1	80		72	<21
	Washington State	Female	<10	16	72	772	979	3,055	Suppressed
The state of the s	06	Male	S	10	35	424	664	1,979	Suppressed
Hydrocodone	Our Community	Female	S	S	S	28	17.2	12.2	9.7
		Male	S	S	S	16.9	13.3	11.1	10.3
	Our County	Female	S	S	S	11	11.5	9.3	10.4
		Male	S	S	S	9.2	11.7	10	10
	Washington State	Female	2.8	S	6.8	9.1	9.4	7.6	8.6
		Male	2.2	5.9	7.3	8.7	9.6	7.7	8.6

The difference between 'All Opioids' and the sum of each of the opioids listed below it would be considered 'Other Opioids.' Due to suppression of values in the source data, an accurate 2021 value for 'Other Opioids' cannot be calculated for display within this table.

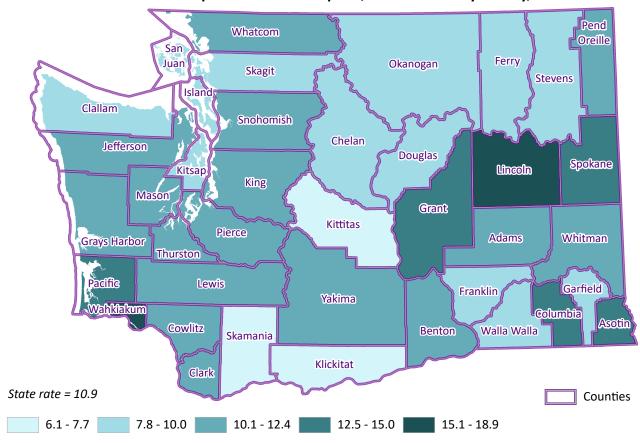
MAP 4. Patients with Prescriptions for Buprenorphine per 1,000 Residents by County, 2021



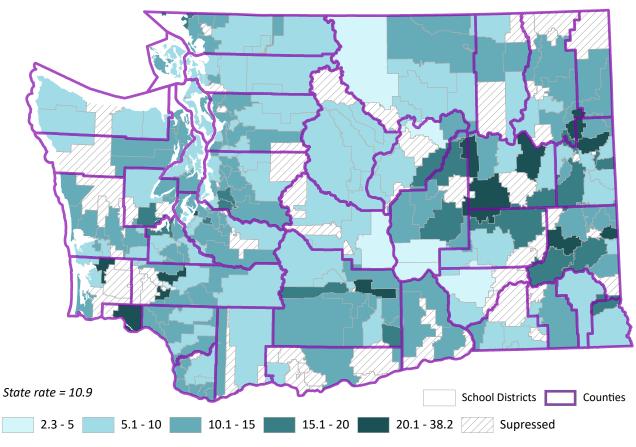
MAP 5. Patients with Prescriptions for Buprenorphine per 1,000 Residents by School District, 2021



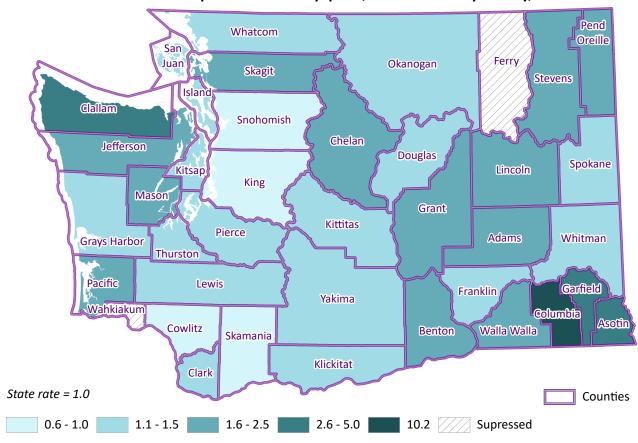
MAP 6. Patients with Prescriptions for Codeine per 1,000 Residents by County, 2021



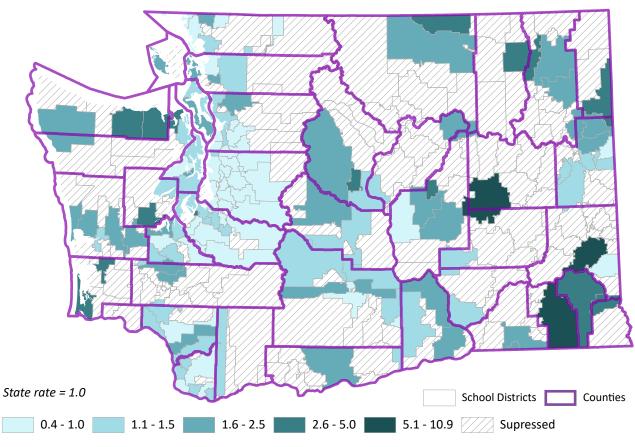
MAP 7. Patients with Prescriptions for Codeine per 1,000 Residents by School District, 2021



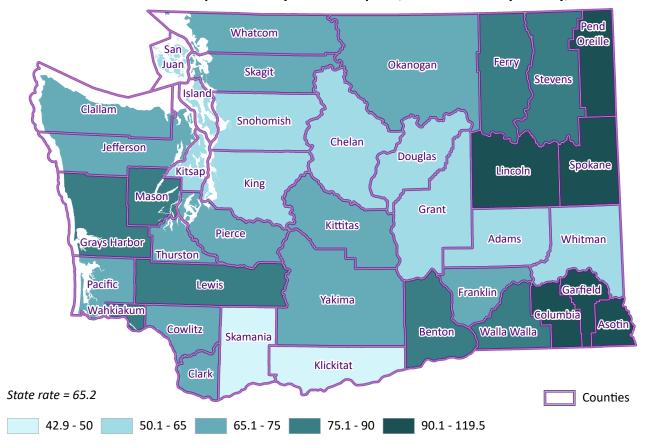
MAP 8. Patients with Prescriptions for Fentanyl per 1,000 Residents by County, 2021



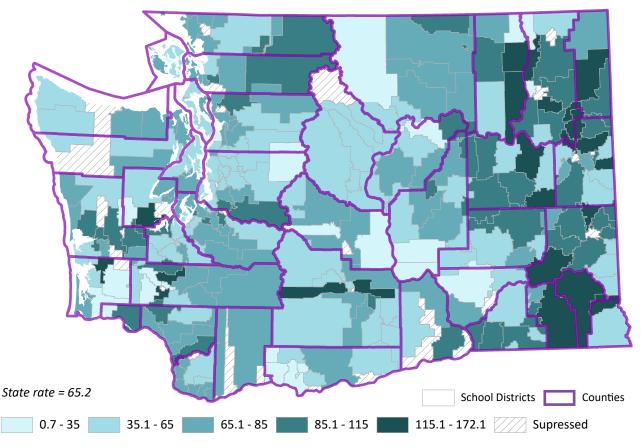
MAP 9. Patients with Prescriptions for Fentanyl per 1,000 Residents by School District, 2021



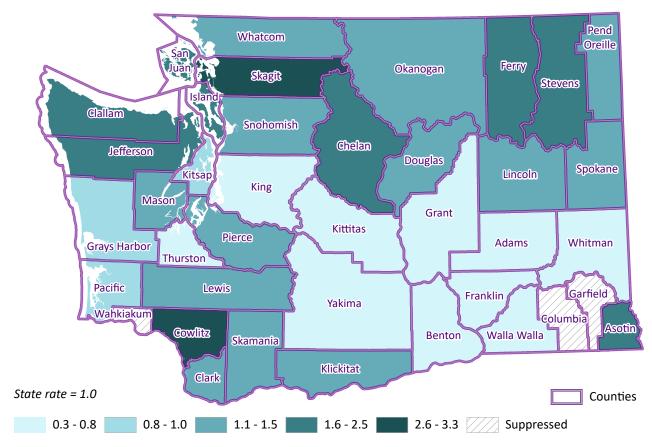
MAP 10. Patients with Prescriptions for Hydrocodone per 1,000 Residents by County, 2021



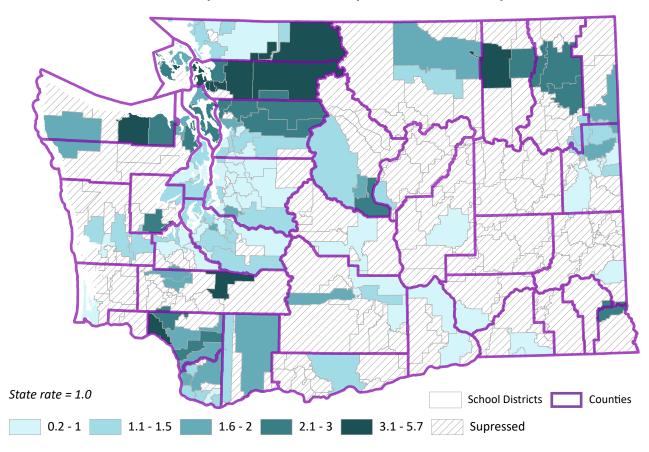
MAP 11. Patients with Prescriptions for Hydrocodone per 1,000 Residents by School District, 2021



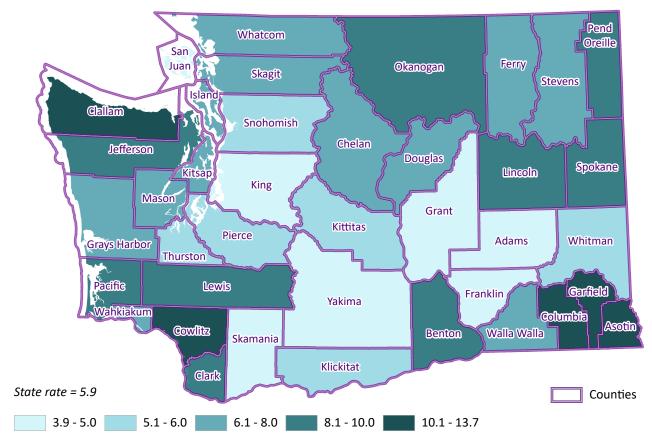
MAP 12. Patients with Prescriptions for Methadone per 1,000 Residents by County, 2021



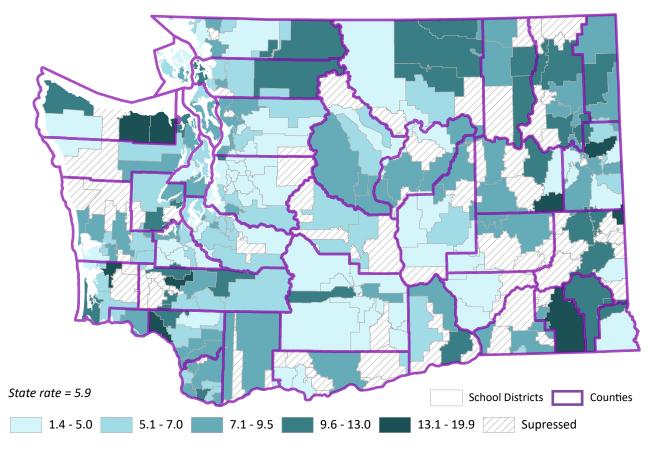
MAP 13. Patients with Prescriptions for Methadone per 1,000 Residents by School District, 2021



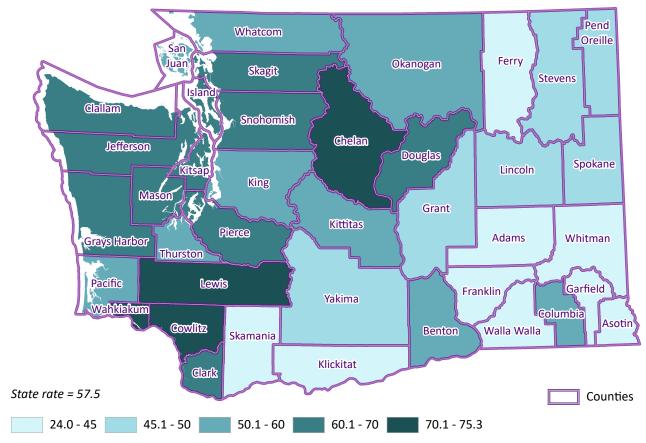
MAP 14. Patients with Prescriptions for Morphine per 1,000 Residents by County, 2021



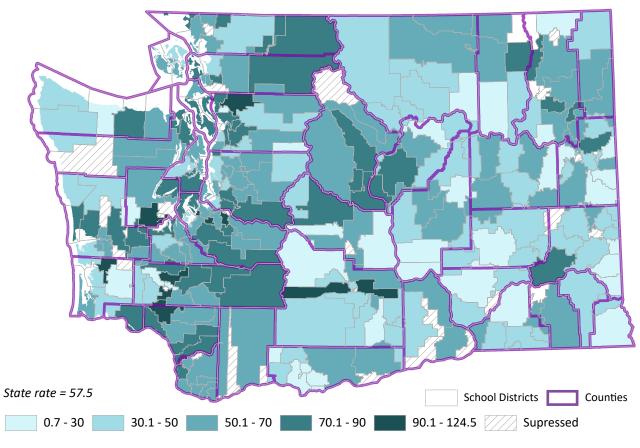
MAP 15. Patients with Prescriptions for Morphine per 1,000 Residents by School District, 2021



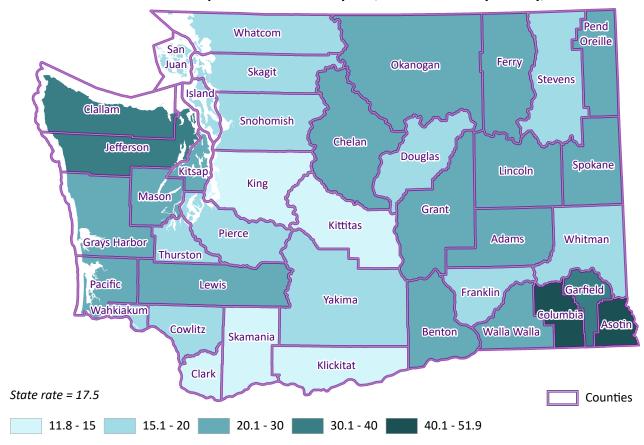
MAP 16. Patients with Prescriptions for Oxycodone per 1,000 Residents by County, 2021



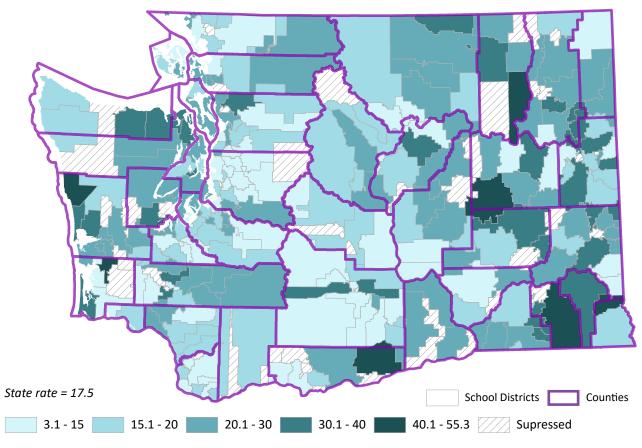
MAP 17. Patients with Prescriptions for Oxycodone per 1,000 Residents by School District, 2021



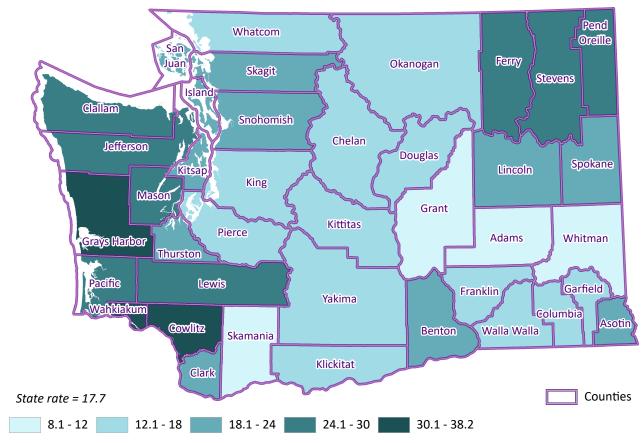
MAP 18. Patients with Prescriptions for Tramadol per 1,000 Residents by County, 2021



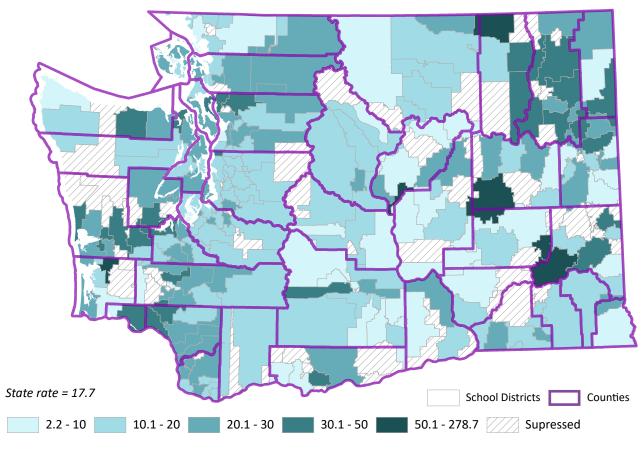
MAP 19. Patients with Prescriptions for Tramadol per 1,000 Residents by School District, 2021



MAP 20. Prescriptions for Other Opioids per 1,000 Residents by County, 2021



MAP 21. Prescriptions for Other Opioids per 1,000 Residents by School District, 2021



OPIOIDS | DATA NOTES AND SOURCES

The critical importance of a better control over the distribution of prescription opioids has been recognized in several Washington State laws (for example, RCW 70.225). In 2018, a comprehensive statewide multi-agency strategy for opioid prevention and intervention, Washington State Opioid Response Plan, was adopted, and the updated plan, 2021-2022 Washington State Opioid and Overdose Response Plan, was released in 2021².

The prescription data presented in this section of the Data Book come from the Prescription Monitoring Program (PMP) at the Washington State Department of Health (DOH). The PMP collects dispensing records for controlled substance prescriptions (Schedule II, III, IV, or V), including samples, in Washington State³.

Not included in PMP are prescriptions: dispensed outside of WA state; prescribed for 24 hours or less; directly administered; given to a patient in the hospital; dispensed from a Department of Corrections pharmacy (unless an offender is released with a prescription); dispensed at an Opioid Treatment Program, and some federally operated pharmacies (Indian Health Services and Veterans Affairs report voluntarily). Wholesale distributors and manufacturers are excluded. Mandatory reporting began on 10/07/2011.

Tramadol was newly classified as a Schedule IV drug in August 2014, and hydrocodone was rescheduled (from III to II) in October 2014. Changes in drug scheduling may result in an increase or decrease in dispensing and may not represent a true change. Corporate changes in pharmacy chains (e.g., around the 1st quarter of 2015) may have also resulted in underreporting.

DOH has found that counts and rates for **border counties** may be artificially lower because residents had their prescriptions filled in Oregon or Idaho.

Further information on collection and management of PMP data at DOH can be found here: https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/prescription-monitoring-program-pmp/data.

Sources:

- (1) Calculated from: Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023, https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm, accessed March 16, 2023.
- (2) Washington State Opioid and Overdose Response Plan, 2021-2022, https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf, accessed March 15, 2023.
- (3) Washington State Department of Health, Prescription Monitoring Program, https://doh.wa.gov/public-health-healthcare-providers/ healthcare-professions-and-facilities/prescription-monitoring-program-pmp, accessed March 15, 2023.

Also see: Opioid Overdose Dashboards – Counties; Accountable Communities of Health: Washington State Department of Health, Prescription Monitoring Program Dashboard Documentation, https://doh.wa.gov/sites/default/files/legacy/Documents/9500//PMP-OpioidDataDocumentation.pdf, accessed March 15, 2023.

County Dashboards: https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/opioids/county-prescriptions-dashboard, accessed March 15, 2023.

POPULATION ESTIMATES

The population estimates used for the denominators in the Data Books come from two sources. For years 2010-2019, the source is the Washington State Office of Financial Management (OFM), Forecasting Division, https://ofm.wa.gov/washington-data-research/population-demographics.

For years 2020-2022, the source is the DSHS Research and Data Analysis Division (RDA), with the calculations based on the OFM data. Due to delays of the 2020 Census data used for the population estimates, OFM produced only a limited set of 2021 and 2022 estimates, for counties(*). From this set and prior OFM data, RDA computed special 2021 and 2022 population estimates for use in the CORE reports, including the CPWI Data Books. RDA also recomputed 2020 population numbers to match 2020 Census totals as adjusted by OFM. The numbers for 2021 and 2022 are preliminary and subject to change as input data from OFM and US Census Bureau change. Questions? Contact Irina Sharkova at irina.sharkova@dshs.wa.gov.

(*) https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-demographics/population-estimates/estimates-april-1-population-agesex-race-and-hispanic-origin.

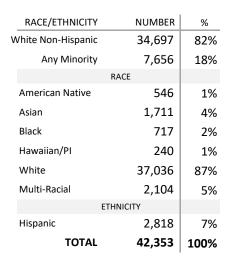
Community Demographics

The racial/ethnic and age composition below can help prevention planners better understand the community's diversity.

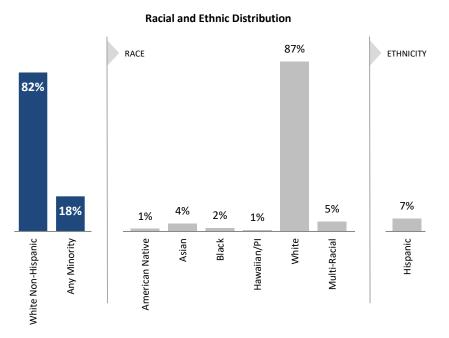
Race and Ethnicity (Count, Percent)

Persons whose race or ethnicity is: (1) "American Native" – American Indian or Alaska Native, one race only; (2) "Asian" – Asian, one race only; (3) "Black" – African American, one race only; (4) "Hawaiian/PI" – Native Hawaiian/Other Pacific Islander, one race only; (5) "White" – White, one race only; (6) "Multi-Racial" – Two or more races; (7) "Hispanic" – Persons whose ethnicity is Hispanic or Latino, of any race; (8) "Any Minority" – Persons of any race or ethnicity except for non-Hispanic White, one race only; calculated as a percentage of all persons. The race categories 1 through 6 may include persons of Hispanic or Latino origin.

Cascadia



NOTE: Percentages of Any Minority and White Non-Hispanic will sum to 100%. Percentages in Race will sum to 100%.



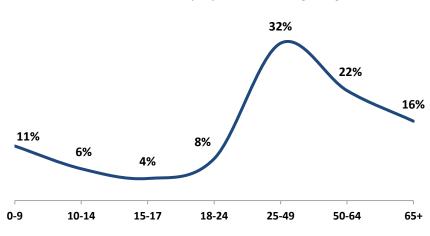
Age Composition (Count, Percent)

Children (ages 0-9, 10-14, 15-17 years), adults (ages 18-24, 25-49, 50-64 years) and seniors (ages 65+) as a percentage of all persons.

Cascadia

AGE RANGE NUMBER % 0-9 4,647 11% 10-14 2,709 6% 15-17 1,881 4% 3,566 18-24 8% 25-49 13,411 32% 50-64 9,373 22% 65+ 6,765 16% 42,353 **TOTAL** 100%

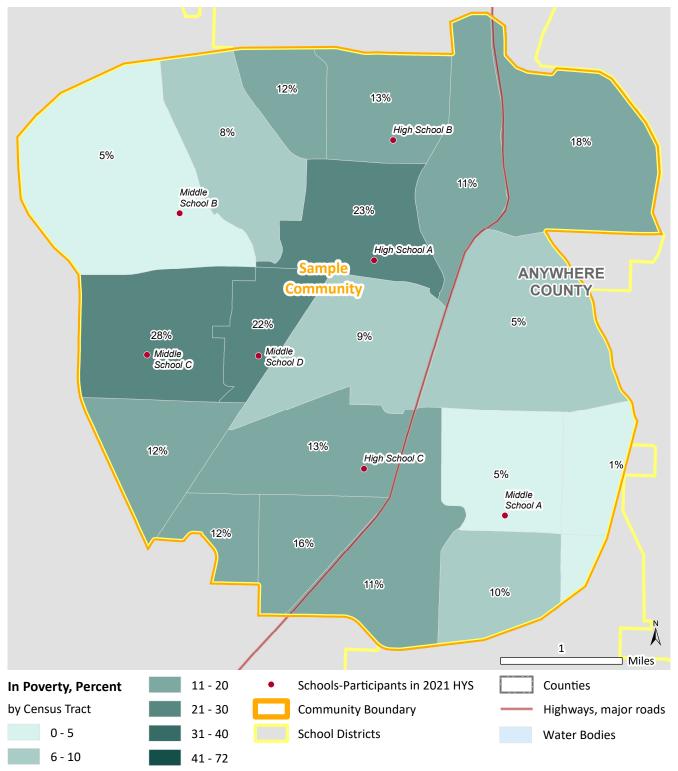
Percent of Community Population in Each Age Range



SOURCE: Washington State Office of Financial Management, Forecasting Division (2021). 2020 Estimates of Age, Sex, Race and Hispanic Origin.

Percent in Poverty in Sample Community

by Census Tract



NOTES: Persons in poverty as a percentage of civilian noninstitutionalized persons for whom poverty status is determined. Schools-participants in 2021 HYS: Public schools which participated in the 2021 Healthy Youth Survey for grades 8 and 10. SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS). U.S. Census Bureau, 2019 American Community Survey, 5-Year Estimates for years 2015 through 2019. School locations: OSPI, 2022. Census Tracts, School Districts, Counties: 2010 Tiger/Line Shapefiles. Roads: WSDOT.

Definitions

Archival data are those measures collected by a variety of federal, state, and local agencies for their own record keeping, but which are used in CORE for prevention needs assessment. For instance, police records of arrests, or coroners' reports of deaths are reported in CORE. They are sometimes called "social indicators".

Community Prevention and Wellness Initiative (CPWI) – The Division of Behavioral Health and Recovery contracts with counties and the Office of the Superintendent of Public Instruction to provide community and school-based prevention services to reduce youth substance use, and the problem behaviors associated with substance use. The Community Prevention and Wellness Initiative, CPWI, is a new approach to those efforts—one that concentrates school and community-based services in high need communities. A key feature of the CPWI is a commitment to measuring the outcomes of the prevention services, which, if successful, will help to bring additional investments to the state's prevention system and thereby improve the health of Washington's youth.

Confidence Intervals (See Statistical Significance)

Consumption Indicators measure the number of people using/consuming various substances. These are reported as rates; for instance, 14% of 8th graders have tried alcohol in the past month.

Consequence Indicators measure behaviors or outcomes known to be associated with substance use. Some examples include car crashes, mental health disorders, and school problems. These are reported as rates: either percent (per 100 persons) or sometimes "per 1,000 people" or even "per 10,000 people."

CORE – The Community Outcome and Risk Evaluation Information System (CORE) is a comprehensive collection of "archival" data that are organized to match substance use risk factors and serve as risk proxies (see below). Data in CORE profiles are available at state, county, school district (as a geographic designation for community) and "locales". CORE was developed by the Department of Social and Health Services, Research and Data Analysis Division, to assist the Department in prevention planning and needs assessment. CORE reports are available at https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles.

Healthy Youth Survey (HYS) – The Healthy Youth Survey is a voluntary and anonymous survey administered across the state every two years in grades 6, 8, 10, and 12. The survey provides a wide variety of health and health behavior information about adolescents in Washington, including information on substance use and the risk and protective factors associated with substance use. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time.

The HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services Division of Behavioral Health and Recovery, Department of Commerce, and the Liquor Control Board.

Intervening Variable – Certain characteristics of people, places or social settings create conditions in which substance use is more likely to occur. In our logic model these are called Intervening Variables. Law enforcement policies and risk/protective factors are examples of intervening variable. For instance, if the laws of a community are not enforced, then the conditions are ripe for substance use. By measuring these variables, and directing prevention services toward them, the likelihood of substance use is reduced.

In this data book, some of the intervening variables come from the archival data that are housed in CORE. However, most archival measures are based on public services or events that are susceptible to budget decisions (for instance, the size of the police force, or the availability of treatment), or to changing social priorities, regardless of the incidents toward which they are directed (for instance, reports of suspected child abuse, or truancy). Therefore, archival indicators and risk proxy measures (see below) must be interpreted in their local context by people knowledgeable about the local setting.

Locale – In small communities or counties some events—such as an alcohol related car crash death or a youth suicide—happen rarely. As a result, annual rates calculated from such rare events may be unreliable. Additionally, we cannot report very small numbers for confidentiality reasons. To solve this problem, CORE has developed a geographic designation—the "locale". Locales aggregate archival data from neighboring small communities (counties and school districts) together. Annual rates calculated for a locale can be used to describe all communities which are part of the locale.

(See reports at https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles)

Needs Assessment – The community needs assessment is a process of gathering information needed to identify problems, existing programs and resources, and gaps between the two. The assessment requires participation by a group of community members with varying skills, interests and knowledge about the community. Ideally some members of this group have experience in using data to assess the level of a problem and the factors or conditions associated with that problem.

Participation Rate - The number of students who participated in the Healthy Youth Survey in relationship to the number of students who are enrolled. We report the school district participation rate inside the front cover of this report. The participation rate will help you interpret the results of the survey.

- 70% or greater participation—Results are probably representative of students in this grade.
- 40–69% participation—Results may be representative of students in this grade.
- Less than 40% participation—Results are likely not representative of students in this grade but do reflect students who
 completed the survey.

There may be limitations to your results even if you have a high participation rate. For instance, a particular group of students (say, the school orchestra) may have been away from school the day of the survey, and that could bias the results.

In accordance with the state's focus on reducing underage drinking, the CPWI communities will have as a primary outcome measure the level of 10th grade drinking. To work toward that goal, each community will develop a strategic plan, guided by a coalition of community members, and supported in the schools by a prevention intervention specialist. The coalition will use the Strategic Prevention Framework for its planning and implementation efforts, which will focus on identifying needs, selecting evidence-based prevention practices, and evaluating the results of those activities.

Proxy Measure – A risk proxy is an indicator that can "stand in" for a risk factor. That is, the risk proxy has a similar relationship to youth substance use as does the risk factor that it is related to. For instance, if there is no data for the risk factor "low commitment to school", the risk proxy measure, school dropout, can "stand in" for the risk factor. The number of liquor store licenses in a community is a proxy measure for the availability of alcohol. (See the notes above about the interpretation of intervening variables.)

Risk and Protective Factors (See also Intervening Variables)

The Risk Factors used in this report are psychosocial predictors of substance use. That is, we can predict that adolescents with these risk factors, and particularly if they have multiple risk factors, are more like to engage in substance use. Many of the risk factors identified by researchers at the University of Washington are measured in our statewide student survey. Protective factors buffer individuals from the effects of risk factors. These too are measured in the statewide survey. For more information about the research behind risk and protective factors, go to http://www.sdrg.org/projects.asp.

Risk and Protective Factor Scale Scores – This report includes individual items from the Risk and Protective Factor scales, as well as the scale score. What is a *Scale Score*?

Risk and Protective Factors predict a wide variety of adolescent health behaviors—not just alcohol use. Each factor is measured by a set of questions that get at different aspects of a particular behavior. For instance, the Risk Factor "Perceived Risk of Drug Use" includes a question about cigarettes, two questions about marijuana, and a question about alcohol. All four questions together make up the risk factor scale. The answers to the whole set of questions is the scale score, indicating whether a person is "at risk".

"School districts like us" (SDLU) – Other Washington communities that share similar demographic and geographic characteristics with your community. (We use school district boundaries as a proxy for communities for technical reasons; most average-size school districts have more or less the same population as the town or city they encompass.)

Statistical Significance – Statistical significance refers to the probability that the results for a particular question represent a true pattern and are not due to chance alone. In the case of our HYS data, the smaller the population of a school, the more likely it is that chance can affect survey results. For example, say a group of friends were all exposed to the flu and missed the survey that day. That probably wouldn't matter in a big school, but in a small school it could change the results.

- The HYS data in the bar charts starting on page 5 of this report include confidence intervals lines centered on the bars. These confidence intervals are related to statistical significance. The "true" result for each question, considering the level of chance, lies between those two bars.
- In our comparison between the 8th and 10th grade scores, if those confidence intervals overlap, then the difference between the two values is not statistically significant. In the tables right under the bar charts, when comparing between 2012 and 2014, or between the community, "school districts like us" and the state, statistically significant differences are indicated with small letters 'a', 'b' and/or 'c'.

[Name] Coalition Logic Model

1 Cction	How and we	tion engagement/Coalition development: Annual coalition survey; sustainability documentation	Info Dissemination: Social Process and pre/post measures; ents Community survey Environmental Strategies: Process measures, community survey, HYS	rtion/ Prevention/ Intervention ces: Services: Pre/post measures	program process and pre/post measures; HYS
Strategies & Local Local Implementation	!	Community engagement/Coalition development: Add your coalition name here	Public Awareness/ Info Dissemination: i.e. Media Campaigns, Social Norms, Take Back Events Add yours here Add yours here Add yours here	School-based Prevention/ Intervention Services: Student Assistance Program Services	Direct Services: Add yours here
Local Conditions and Contributing Factors (6 months - 2 years) But why here?	specifically in our community as demonstrated by data and in community discussion	Low capacity to address ATOD /	Youth access of ATOD from friends and homes / Policies, social practices favorable to youth use / [Optional: Add additional]	Low disapproval of peer use / Favorable attitudes toward use/ Low non-use attitudes/Low perception of harm / Low perception of parent disapproval / High Perception of peer use	Disruptive classroom behavior/ Favorable attitudes toward use, Low knowledge of life skills/ Low perception of harm/ Low refusal, resistance skills/ High intentions to use/Low opportunities for prosocial involvement/ [Optional: Add additional]
Intervening Variables (Risk/Protective Factors) Outcomes Why here?	with these common factors identified in needs assessment	Low Neighborhood Attachment / Community Disorganization	Availability: Social Access and/or Community Laws & Norms [Optional: Add additional here]	Favorable Attitudes Towards the Problem Behavior	Early Initiation / Favorable Attitudes Towards the Problem Behavior / Community Bonding / High Community Mobility [Optional: Add additional here]
Behavioral Health Problems (Consumption) (5-10 years) Outo		These types of problems Any Underage Drinking Vaping Use	E-Cigarette Use Opioid / Rx Drug Use Marijuana Use	not prioritized per assessment]	
Long-Term Consequences (10-15 years) What is the problem?		These problems School Performance	Youth Delinquency Mental Health [Optional: Add additional If appropriate per assessment]		

What's Happening?

A Community Needs Assessment Data Book



March 2023