What's Happening in Sample Community?

A Community Needs Assessment Data Book



June 2024

Introduction - What's Happening in Sample Community?

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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

Questions about the Community Data Books may be directed to the DBHR Training team at PxTraining@hca.wa.gov





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 to 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 2023 approximately 215,000 students in grades 6-12 from 873 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 2021, and that survey was postponed from 2020 to 2021 due to the pandemic.

ATTENTION! HYS 2023 and 2021 were different from past surveys in several ways, so caution should be used when examining the long-term trends before and after the 2021 HYS:

• The pandemic 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.

• The 2021 and 2023 HYS were conducted electronically while previous surveys were conducted using paper and pencil.

• Results from the 2021 HYS showed dramatic changes compared to prepandemic trends, calling for cautious interpretation. The 2023 data are beginning to provide a more complete understanding of adolescent health during and after the height of the pandemic. The 2025 survey may further clarify the impact of 2021 on students both that year and going forward.

	Grade 8	Grade 10
Students Participating in the 2023 Survey	256	302
Survey Participation Rate	79%	69%



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 re-interpreting 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</u> <u>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 135); 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 (2014 to 2023) 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 2011 to 2022) 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 2021 and 2023: 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 2021 and 2023 HYS (see p. 3).

STEP THREE: Read about intervening variables in the Definitions (page 133) 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.



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%

30%

• The ranges don't overlap, so the difference is significant

20%

25%

Students in your community

33% **36%** 39% St

Students statewide

- 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

Students in your	20%	25%	30%			
community						
			29%	32%	35%	Students statewide
						Students Stutemae

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*).





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 (2023, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of School Performance	GRADE	2021	2023	2021	2023	2021	2023
Low Grades in School. Putting them all together, what were your grades like last year? (<i>District results: Getting mostly, C's, D's, or F's</i>)	8	31%	24%	32%	26%	26%	20%
	10	33%	28%	33%	30%	27%	25%
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	20%	24%	20%	25%	17%	21%
	10	20%	23%	20%	24%	17%	20%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

^d Fewer than 30 students answered this question.



CORE Measures of School Performance (2022, Rate per 100)

	Sample Commu	inity	Cou	inty	Sta	State	
CORE Measures of School Performance	2021	2022	2021	2022	2021	2022	
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.	88	87	87	86	86	85	
On-time Graduation Rate. The rate per 100 of students in the freshman cohort who graduate in four years to complete their degree.	83	84	82	81	83	82	
Annual Dropout Rate. The rate per 100 students enrolled in grades 9-12 who drop out in a single year without completing high school.	Beg	inning in 201	9, data for t	nis measure a	are unavailat	le.	

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 (2023, Percent)



		Sample Commu	unity	School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2021	2023	2021	2023	2021	2023
Fighting. During the past 12 months, how many times were you in a physical fight? (District results: At least once)	8	19%	24%	19%	25%	17%	23%
	10	11%	17%	11%	17%	9%	16%
Weapon Carrying. During the past 30 days, on how many days did you carry a weapon such as	8	3%	2%	3%	2%	2%	2%
(District results: At least once)	10	3%	3%	3%	3%	2%	2%
Gang Membership.** During the past 12 months, have you been a member of a gang? (District Results "Yes")	8	5%	3%	4%	3%	4%	2%
	10	4%	3%	4%	2%	4%	2%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

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.

leader who act together often for violent or illegal activities. $^{\rm a}\,$ The 2023 rate is significantly different from the 2021 rate.

** In 2014, the following description was added: A gang is a group of people with a

d Fewer than 30 students answered this question.

HYS Measures of Youth Delinquency (2023, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2021	2023	2021	2023	2021	2023
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	1%	1%	1%	1%	0%	1%
	10	1%	1%	1%	1%	0%	1%
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	1%	1%	1%	1%	1%	1%
	10	2%	2%	2%	2%	1%	2%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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.

CORE Measures of Youth Delinquency (2022, Rate per 1,000)



	Sample Community			County		State	
CORE Measures of Youth Delinquency		2021	2022	2021	2022	2021	2022
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.		0.4	0.4	0.5	0.6	0.3	0.4
Arrests: Drug Law Violations (10-17). The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17).		0.3	0.3	0.4	0.3	0.2	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).		0.2	0.4	0.2	0.4	0.1	0.2
Arrests: Total (10-17). The arrests of adolescent (age 10-17) for any crime, per 1,000 adolescents (age 10-17).		8.7	11.6	7.8	10.0	6.1	8.1
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.		0.2	2.4	0.2	1.5	0.2	1.5

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 (2023, Percent)

		Sample Commu	inity	School Districts Like Us		State	
HYS Measures of Mental Health	GRADE	2021	2023	2021	2023	2021	2023
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? (<i>District</i> <i>results: "Yes"</i>)	8	37%	29%	37%	30%	35%	27%
	10	40%	35%	41%	32%	38%	30%
Considering Suicide. During the past 12 months, did you ever seriously consider attempting suicide? (<i>District results: "Yes"</i>)	8	21%	17%	20%	18%	19%	15%
	10	21%	18%	22%	17%	20%	15%
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%	9%	9%
	10	9%	9%	9%	9%	8%	7%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 Mental Health (2022, Rate per 100,000)



Suicides and Attempts (Age 10-17)

	Sample Community			County		State	
CORE Measures of Mental Health		2021	2022	2021	2022	2021	2022
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.		364	450	392	361	417	405

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
 Other Illegal Drugs

HYS Measures of Youth Substance Use (2023, Percent)

- Cigarette Smoking
- Vaping

Marijuana Use

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 e-cigarettes or vaping.

Sample Community School Districts Like Us State 100% 80% 60% 40% 20% 10% 9% 9% 9% 9% 8% 5% 5% 4% 6% 7% 5% 6% 5% 5% 3% 3% 2% 2% 2% 1% 3% 3% 2% - **T** ہے کے اگ - I 100 A.M. 0%

Current Drinking Problem/ Cigarette Grade 8 Heavy Drinking Smoking Grade 8 Grade 8 Grade 8		Vaping Grade 8	Current Drinkin Grade 10	g Problem/ Heavy Drink Grade 10	ing Smok Grade	ette \ king Gi e 10	/aping rade 10
		Sample Con	nmunity	School Dist	ricts Like Us	S	itate
HYS Measures of Youth Substance Use	GRADE	2021	2023	2021	2023	2021	2023
Current Drinking . During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? (<i>District results: Drink any days</i>)	8	4%	5%	4%	5%	4%	4%
	10	9%	10%	9%	9%	8%	9%
Problem/Heavy Drinking. (District results: 3-5 days drinking in the past 30 days and/or 1 binge past 2	8	5%	3%	4%	3%	3%	2%
weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)	10	7%	6%	7%	5%	7%	5%
Current Cigarette Smoking. During the past 30 days, on how many days did you: Smoke	8	2%	2%	1%	2%	1%	1%
cigarettes? (District results: Smoke any days)	10	2%	3%	2%	3%	2%	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? (<i>Results: Use any days</i>)	8	6%	6%	7%	7%	5%	5%
	10	10%	9%	10%	9%	8%	8%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

a. The 2023 rate is significantly different from the 2021 rate.

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.

HYS Measures of Youth Substance Use (2023, 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	St	State	
HYS Measures of Youth Substance Use	GRADE	2021	2023	2021	2023	2021	2023	
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	4%	5%	3%	5%	3%	4%	
	10	8%	9%	9%	9%	7%	8%	
Current Other Illegal Drug Use. During the past 30 days, on how many days did you: not counting alcohol, tobacco, or marijuana, use another illegal drug? (<i>District results: Use any days</i>)	8	2%	2%	1%	1%	1%	1%	
	10	2%	2%	2%	2%	1%	2%	
Current Pain Killer Use. During the past 30 days, on how many days did you: Use a pain killer to get high like Visedin. OvvCentin or Persecut? (District	8	1%	2%	1%	2%	1%	2%	
results: Use any days)	10	1%	2%	1%	2%	1%	2%	
Any Prescription Drug Use: During the past 30 days, on how many days did you: Use prescription drugs not prescribed to you? (<i>Results: Use any days</i>)	8	2%	3%	2%	3%	1%	3%	
	10	2%	3%	2%	3%	1%	3%	

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 Marijuana Methods of Use (2023, Percent)

		Sample Comm	unity	School Dist	ricts Like Us	St	ate
HYS Measures of Marijuana Methods of Use	GRADE	2021	2023	2021	2023	2021	2023
Method of Marijuana Use:							
In the past 30 days, if you used marijuana, how did							
you usually use it?							
Choose all that apply.							
Smoked it (in a joint, bong, pipe, blunt)	8	67%	65%	61%	65%	74%	60%
	10	67%	64%	70%	68%	69%	68%
	8	27%	23%	30%	31%	34%	30%
Ate it (in brownies, cakes, cookies, candy)	10	34%	26%	32%	30%	31%	34%
Drank it (tag. colo. clashal)	8	9%	10%	6%	11%	2%	12%
	10	13%	5%	6%	9%	6%	10%
Vanavizad it	8	33%		36%	66%	43%	71%
Vaponzeu it	10	55%	59%	48%	70%	47%	72%
Dahbad it	8	27%	29%	28%	31%	37%	26%
	10	36%	27%	39%	30%	36%	25%
Used it come other way	8	9%	6%	8%	9%	6%	6%
	10	3%	9%	6%	7%	7%	7%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

^d Fewer than 30 students answered this question.



HYS Measures of Substance Used in E-cigarette/Vape Pens (2023, Percent)

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state. a The 2023 rate is significantly different from the 2021 rate.

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.

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
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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 (2023, Percent)

Alcohol Easy Grade 10

	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Alcohol or Marijuana Availability	GRADE	2021	2023	2021	2023	2021	2023
Youth Think Alcohol is Easy to Get. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? (District results: "Very easy" and "Sort of easy")	8	26%	27%	26%	27%	25%	28%
	10	41%	40%	39%	40%	41%	40%
Youth Think Marijuana is Easy to Get. If you wanted to get some marijuana, how easy would it be for you to get some? (District results: "Very easy" and "Sort of easy")	8	18%	19%	18%	18%	16%	16%
	10	34%	33%	34%	33%	32%	31%

The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

a The 2023 rate is significantly different from the 2021 rate.

^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 area rate. d Fewer than 30 students answered this question.

HYS Measures of Alcohol Availability, (2023, Percent)



		Sample Commu	inity	School Dist	ricts Like Us	State		
HYS Measures of Alcohol Availability	GRADE	2021	2023	2021	2023	2021	2023	
Where Youth Usually Get Alcohol. During the past 30 days, how did you usually get alcohol?			Additiona	al responses	were adde	d in 2023.		
	8	9%	5%	5%	5%	7%	5%	
i bought it from a store.	10	0% ⁰	10%	0% 0	5%	0% 0	3%	
l ant it funns fuinn de	8	27%	31%	29%	34%	35%	42%	
l got it from friends.	10	0% ⁰	17%	0% 0	18%	0% ⁰	24%	
	8	7%	6%	9%	9%	10%	14%	
I gave money to someone to get it for me.	10	0% ⁰	6%	0% 0	5%	0% ⁰	7%	
I took it from home without permission.	8	20%	23%	21%	22%	21%	25%	
	10	0% ⁰	32%	0% 0	29%	0% ⁰	26%	
	8	31%	25%	30%	26%	26%	28%	
l got it at nome with permission.	10	0% ⁰	26%	0% 0	29%	0% ⁰	34%	
	8	18%	25%	20%	27%	25%	32%	
l got it at a party.	10	0% ⁰	5%	0% 0	13%	0% ⁰	11%	
	8	8%	9%	9%	9%	11%	10%	
l got it from an older brother or sister.	10	0% ⁰	8%	0% 0	7%	0% ⁰	8%	
	8	5%	7%	6%	11%	5%	13%	
l stole it from a store.	10	0% ⁰	2%	0% 0	4%	0% ⁰	3%	
I got it from someone older who I'm not related	8		18%		17%		18%	
to. New Response.	10	0% ⁰		0% 0		0% ⁰		
Commence and the second second	8		7%		17%		10%	
Someone sold it to me. New Response.	10	0% ⁰		0% ⁰		0% ⁰		

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

HYS Measures of E-Cigarette / Vape Product Availability,(2023, Percent)



		Sample Commu	unity	School Dist	ricts Like Us	St	ate
HYS Measures of Vape Product Availability	GRADE	2021	2023	2021	2023	2021	2023
Where Youth Usually Get Vape Products. During the past 30 days, if you used tobacco or e-cigarettes/vaping products, how did you get it? (New Question, 2023)		1	New questio	n replacing	a similar on	e from 2021	
I bought them in a store	8		3%		4%		4%
(convenience store, supermarket, discount store, gas station, tobacco shop, or vape shop).	10		12%		9%		8%
	8		3%		3%		1%
i got it from a vending machine.	10		4%		4%		3%
I got them from the internet.	8		6%		5%		4%
	10		4%		5%		5%
I gave someone else money to buy them for	8		38%		28%		25%
me.	10		24%		29%		28%
I borrowed (or bummed) them from someone	8				46%		50%
else.	10		41%		48%		42%
A person 21 years ald as alder gave them to me	8		16%		12%		15%
A person 21 years old of older gave them to me.	10		19%		18%		18%
I took them from a store or a family member	8		13%		19%		23%
i took them from a store of a family member.	10		11%		12%		12%
Last them come other way	8		38%		34%		27%
i got them some other way.	10		43%		32%		37%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

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

a The 2023 rate is significantly different from the 2021 rate.

c The state rate is significantly different from your district area rate.d Fewer than 30 students answered this question.

HYS Measures of Marijuana Availability, (2023, Percent)



		Sample Commu	inity	School Dist	ricts Like Us	State	
HYS Measures of Marijuana Availability	GRADE	2021	2023	2021	2023	2021	2023
Where Youth Usually Get Marijuana. During the past 30 days, how did you usually get marijuana?							
I hought it from a store	8				2%		6%
Thought it from a store	10		4%		7%		9%
I got it from friends	8				59%		63%
l got it from mends	10		57%		60%		61%
	8	7%		6%	18%	6%	14%
I gave money to someone to get it for me	10	0% ⁰	19%	0% ⁰	21%	0% ⁰	21%
	8	58%		55%	20%	57%	23%
I took it from nome without permission	10	0% ⁰	13%	0% ⁰	12%	0% ⁰	14%
	8	21%		21%	8%	19%	13%
I got it at home with permission	10	0% ⁰	12%	0% 0	13%	0% 0	13%
	8	9%		8%	11%	9%	15%
l got it at a party	10	0% ⁰	9%	0% 0	12%	0% 0	12%
	8	15%		12%	16%	9%	16%
l got it from an older brother or sister	10	0% ⁰	13%	0% 0	14%	0% 0	12%
	8	10%		10%	2%	10%	3%
I stole it from a store	10	0% ⁰	2%	0% 0	3%	0% 0	2%
I got it from someone older who I'm not related	8	9%		11%	22%	9%	18%
to. New Response.	10	0% ⁰	20%	0% ⁰	20%	0% 0	18%
	8	1%		2%	21%	1%	29%
Someone sold it to me. New Response.	10	0% ⁰	24%	0% 0	22%	0% 0	26%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

CORE Measures of Alcohol Availability (2022, Rate per 1,000)



Active Alcohol Retailers

	Sample Community			County		State	
CORE Measures of Alcohol Availability		2021	2022	2021	2022	2021	2022
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	2.0	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 (2023, Percent)

	Sample Community			School Districts Like Us		State	
HYS Measures of Enforcement of Alcohol Laws	GRADE	2021	2023	2021	2023	2021	2023
Police Don't Enforce Underage Drinking. If a kid drank some beer, wine, or hard liquor in your	8	58%	57%	58%	55%	57%	52%
police? (District results: "NO!" and "no")	10	70%	64%	70%	63%	70%	64%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

a The 2023 rate is significantly different from the 2021 rate.

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 (2023, Percent)



* The bar chart includes 8th and 10 grade 2023 HYS results for your school district area, 'school districts like us' and the state.

a. The 2023 rate is significantly different from the 2021 rate.

What's Happening? A Community Needs Assessment Data Book

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 area rate. d. Fewer than 30 students answered this guestion.

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.





		Sample Commu	inity	School Dist	ricts Like Us	State	
HYS Measures of Community Norms	GRADE	2021	2023	2021	2023	2021	2023
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 regularly? (District results: "A little bit wrong" and "Not at all wrong")	8	15%	12%	15%	11%	13%	9%
	10	32%	22%	32%	20%	32%	19%
Friends Drink Alcohol. How many of your best friends have: Tried beer, wine, or hard liquor	8	21%	26%	22%	26%	18%	23%
when their parents didn't know about it? (District results: Any friends)	10	37%	39%	37%	39%	35%	38%
Community Doesn't Think Drinking is Wrong. How wrong would most adults in your neighborhood or community think it is for kids	8		12%		11%		9%
your age to drink alcohol? (Results: "A little bit wrong" and "Not at all wrong") Not in 2021 Survey.	10		18%		17%		16%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

HYS Measures of Community Norms (2023, Percent)



* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 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 (2023, Percent)

	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Family Norms	GRADE	2021	2023	2021	2023	2021	2023
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	3%	4%	3%	4%	3%	4%
prescribed to you? (<i>Results: "A little bit wrong"</i> and "Not at all wrong")	10	3%	5%	3%	5%	3%	5%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

^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 area rate.

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 (2023, Percent)

	Sample Community			School Districts Like Us		State	
HYS Measures of Peer Norms	GRADE	2021	2023	2021	2023	2021	2023
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	7%	12%	7%	12%	6%	10%
prescribed to you? (Results: "A little bit wrong" and "Not at all wrong")	10	9%	12%	9%	13%	8%	12%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

a The 2023 rate is significantly different from the 2021 rate.

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 area rate.

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

- Early Initiation of Drugs
- Favorable Attitudes Toward Drug Use

Social Skills

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

HYS Risk Factors (2023, Percent at Risk)



HYS Risk Factors	GRADE	2021	2023	2021	2023	2021	2023
Parental Attitudes Tolerant of Substance Use	8	33%	31%	32%	31%	32%	27%
	10	44%	43%	43%	42%	43%	42%
Early Initiation of Drugs	8	19%	25%	20%	26%	18%	23%
	10	17%	16%	16%	16%	14%	13%
Favorable Attitudes Toward Drug Use	8	29%	27%	29%	27%	25%	23%
	10	40%	32%	39%	31%	39%	29%
Friends' Use of Drugs	8	15%	20%	15%	20%	12%	17%
	10	15%	19%	16%	18%	14%	17%

* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

a The 2023 rate is significantly different from the 2021 rate.

our school district area rate. d Fewer than 30 students answered this question.

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 area rate.

HYS Protective Factor (2023, Percent Protected)



* The bar chart includes 2023 HYS results for your school district area, 'school districts like us' and the state.

^a The 2023 rate is significantly different from the 2021 rate.

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

- $^{\rm C}\,$ The state rate is significantly different from your 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 (2022, Percent)



Students Eligible for Free or Reduced Price Meals

I	Sample Commu	County		State		
CORE Measures of Extreme Economic Deprivation	2021	2022	2021	2022	2021	2022
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.	6	6	6	5	4	5
Students Eligible for Free or Reduced-price Meals. The percent of students eligible for free or reduced price lunch.	57	60	48	49	44	46



Average Age of First Use (among students who reported vaping

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



Interpreting this chart:

In 2023, 4% of Sample Community 10th grade students said they started vaping by age 11. 21% percent reported starting by age 15. 79% 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	2021	2023	2021	2023	2021	2023
Average Age	10	13.2	13.0	13.2	13.0	13.3	13.1
Started vaping by Age 10 or younger	10	1%	3%	1%	2%	1%	2%
Started vaping by Age 11	10	3%	4%	3%	4%	2%	3%
Started vaping by Age 12	10	7%	7%	6%	7%	5%	6%
Started vaping by Age 13	10	12%	12%	13%	12%	10%	10%
Started vaping by Age 14	10	18%	17%	18%	18%	15%	15%
Started vaping by Age 15	10	21%	21%	22%	21%	18%	18%
Started vaping by Age 16	10	21%	21%	23%	21%	18%	18%
Started vaping by Age 17	10	22%	21%	23%	21%	19%	19%

* The charts include 2023 HYS results for your school district area, 'school districts like us' and the state.

a. The 2023 rate is significantly different from the 2021 rate.

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.
This section includes trend charts for the individual HYS guestions 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 guestions 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 2014. 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 2023 at www.AskHYS.net/reports. Fact sheets on specific topics are also available.

Consequence Measures	Consumption Measures	Intervening Variable Measures		
School Performance	Youth Substance Use	Alcohol or Marijuana Availability		
 Low Grades in School 	Current Drinking	Ease of Access		
Skipping School	 Problem/Heavy Drinking 			
Youth Delinquency • Fighting	 Current Cigarette Smoking Current Marijuana Use Current Other illegal Drug Use 	Alcohol Laws Police Don't Enforce Underage Drinking 		
 Weapon Carrying Gang Membership Drinking and Driving 	Current Prescription Drug Use	Perception of Risk Regular Drinking or Marijuana isn't Risky 		

Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

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



	2014	2016	2018	2021	2023
State	20%	23%	21%	26%	20%
SDLU	26%	25%	26%	32%	25%
Sample Community	26%	25%	26%	34%	27%





	2014	2016	2018	2021	2023	Putt
State	26%	25%	25%	27%	25%	were (Res
SDLU	31%	29%	28%	33%	29%	F's)
Sample Community	33%	30%	30%	36%	32%	

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

Skipping School Grade 8





HYS Measures of Youth Delinquency

Fighting





25%

24%

22%

17%

Weapon Carrying Grade 8







Gang Membership

Grade 8





Drinking and Driving

Grade 8





HYS Measures of Mental Health

Depression













Suicide Attempts

Grade 8





HYS Measures of Youth Substance Use

Current Drinking







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



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



Sample Community

26%

22%

22%

18%

(Results: "A little bit wrong" and

"Not at all wrong")

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



Sample Community

27%

26%

23%

17%

(Results: "A little bit wrong" and

"Not at all wrong")



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?









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



Grade 10

Sample Community

22%

20%

21%

17%

15%



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





2023 Family Risk and Protective Factors



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

Sample Community

26%

25%

28%

34%

31%

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?







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?






2023 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?







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

Grade 8

- 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.

Sample Community

68%

68%

65%

69%

69%

- 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.

Sample Community - SDLU 👄 - State 80% 70% Percent Students 60% 50% 40% 30% 20% 10% 0% 2016 2018 2021 2014 2014 2016 2018 2021 2023 State 70% 70% 67% 72% 71% SDLU 68% 68% 66% 70% 68%





2023

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.









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



20%

16%

21%

25%

Grade 10

Sample Community

20%



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?

Sample Community

31%

28%

32%

32%

27%







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)?

Sample Community

48%

4) Take one or two drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?

Grade 8



53%

46%

50%

47%





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



	2010			2010				
	- 1	2014	2016	2018	2021	2023		
	State	15%	15%	20%	12%	17%		
	SDLU	22%	18%	24%	15%	20%		
Sample Co	ommunity	24%	20%	24%	16%	20%		



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?







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.

Sample Community

67%

68%

• It is important to be honest with your parents, even if they become upset or you get punished.







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 <u>this</u> 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: Office 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: Office 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 and 2021 data for this measure are 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 2017 - 2022

The efforts to better control the distribution of prescription (Rx) opioids in our state have seen an undeniable success. From 2017 to 2022, the number of opioid Rx decreased by half (51 percent), from about 5.8 to 2.8 million Rx, while the population of the state – the pool of potential users - grew by 7.6 percent (see pp. 104-105). These trends led to a decline of 54 percent in the opioid Rx rates per total population: from 799 to 364 prescriptions per 1,000 residents. The decline was especially pronounced during the years 2020-2022 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 3.4 prescriptions per patient per year between 2017 to 2022. 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 opioid and other drug overdoses has accelerated in our state, especially so during the pandemic. As estimated by the National Center for Health Statistics, the year ending in December 2023 saw 2,804 opioid overdose deaths in our state, which is 244 percent (or 2.4 times) higher than 5 years earlier, in 2019¹. Even though the total deaths have also increased during this period, the opioid overdose deaths as a share of all deaths grew faster: from 1.4 to 4.3 percent between 2019 and 2023. The growth is driven by illegal opioids such as illicit fentanyl and synthetics. Nearly 2,800 drug overdose deaths per year is the tip of the iceberg. As noted in the 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, 2022

SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 11/27/2023.



MAP 2. Patients with Prescriptions for Any Opioid per 1,000 Residents by School District, 2022

MAP 3. Prescriptions for Any Opioid per Patient by School District, 2022



SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 11/27/2023.

Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2022



		Sample Commun	nity	ty Anywhere County		Washington State	
Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2022	Age	Male	Female	Male	Female	Male	Female
Rate		529.2	645.3	640.4	740.8	753.3	890.4
Prescriptions	65+	1,324	1,899	12,645	17,178	469,178	645,321
Population		2,502	2,943	19,747	23,187	622,818	724,759
Rate		464.9	585.0	458.6	583.8	578.8	744.6
Prescriptions	55-64	842	1,118	7,334	9,324	278,323	365,095
Population		1,811	1,911	15,993	15,972	480,882	490,295
Rate		261.8	358.6	234.6	336.2	331.6	465.3
Prescriptions	35-54	1,018	1,375	8,832	11,897	342,049	462,357
Population		3,888	3,834	37,640	35,391	1,031,477	993,601
Rate		150.2	191.4	110.1	145.9	160.0	213.9
Prescriptions	25-34	326	391	2,561	3,114	93,936	118,415
Population		2,171	2,043	23,271	21,337	587,241	553,565
Rate		57.0	74.4	71.9	90.1	78.5	101.3
Prescriptions	18-24	84	102	821	973	27,498	33,800
Population		1,474	1,371	11,419	10,799	350,143	333,735
Rate		13.5	13.7	21.6	25.1	17.2	16.1
Prescriptions	0-17	44	41	584	649	14,898	13,319
Population		3,255	2,995	26,976	25,809	868,447	827,443

Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2022



		Sample Commun	nity	Anywher	e County	Washington State	
Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2022	Age	Male	Female	Male	Female	Male	Female
Rate		2.8	3.0	3.4	3.8	3.7	4.1
Prescriptions	65+	469	633	3,673	4,562	126,137	159,130
Patients		1,324	1,899	12,645	17,178	469,178	645,321
Rate		3.0	3.1	3.5	3.8	3.9	4.2
Prescriptions	55-64	280	358	2,123	2,468	71,666	86,433
Patients		842	1,118	7,334	9,324	278,323	365,095
Rate		2.7	2.7	2.8	2.8	3.3	3.3
Prescriptions	35-54	380	513	3,167	4,230	104,207	141,028
Patients		1,018	1,375	8,832	11,897	342,049	462,357
Rate		2.4	2.0	2.1	1.8	2.5	2.1
Prescriptions	25-34	137	196	1,206	1,732	37,471	56,122
Patients		326	391	2,561	3,114	93,936	118,415
Rate		1.5	1.3	1.4	1.3	1.4	1.3
Prescriptions	18-24	55	76	603	745	19,222	25,079
Patients		84	102	821	973	27,498	33,800
Rate		1.2	1.1	0.9	1.1	1.2	1.2
Prescriptions	0-17	38	36	654	565	12,793	11,381
Patients		44	41	584	649	14,898	13,319

Opioid Prescriptions per 1,000 Residents by Frequency, 2022

In 2022, there were 92.2 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, 2022

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

	0514			AGE R	ANGE		
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+
All Opioids	Female	13.7	74.4	191.4	358.6	585.0	645.3
	Male	13.5	57.0	150.2	261.8	464.9	529.2
Oxycodone	Female	6.0	27.0	57.8	115.0	201.5	203.5
	Male	6.5	15.6	27.6	76.9	173.9	186.7
Hydrocodone	Female	6.3	29.2	42.1	94.2	177.9	200.5
	Male	5.8	19.7	28.1	61.2	135.3	157.9
Buprenorphine	Female	S	9.5	66.6	69.9	42.9	18.0
	Male	S	17.0	82.0	80.8	42.5	19.6
Tramadol	Female	S	S	10.3	35.5	65.4	98.9
	Male	S	S	5.5	18.8	42.5	63.1
Morphine	Female	0.0	S	S	11.5	33.0	44.9
	Male	0.0	S	S	6.4	28.7	44.4
Codeine	Female	S	S	7.8	14.1	21.5	28.5
	Male	S	S	S	6.7	11.6	19.6
Methadone	Female	0.0	0.0	S	4.4	12.6	11.6
	Male	0.0	0.0	S	3.6	10.5	12.8
Fentanyl	Female	0.0	0.0	S	3.1	7.8	15.3
	Male	0.0	0.0	0.0	S	S	8.8

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, 2022

In 2022, the average patient receiving Buprenorphine was issued 4.1 prescriptions. Substances with suppressed values are sorted alphabetically.





Opioid Prescriptions per Patient, by Substance, Age and Sex, 2022

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

	CEV			AGE R	ANGE		
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+
All Opioids	Female	1.1	1.3	2.0	2.7	3.1	3.0
	Male	1.2	1.5	2.4	2.7	3.0	2.8
Buprenorphine	Female	S	3.3	4.0	4.3	4.3	3.8
	Male	S	3.6	4.0	4.1	4.1	3.8
Methadone	Female	0.0	0.0	S	4.3	4.0	3.8
	Male	0.0	0.0	S	3.5	3.8	4.0
Fentanyl	Female	0.0	0.0	S	4.0	3.8	4.1
	Male	0.0	0.0	0.0	2.5	4.5	3.1
Morphine	Female	0.0	S	1.5	3.7	3.9	2.7
	Male	0.0	S	3.0	3.1	3.7	2.8
Oxycodone	Female	1.1	1.2	1.5	2.2	2.8	2.7
	Male	1.1	1.2	1.6	2.2	2.7	2.5
Tramadol	Female	1.0	1.3	1.8	2.2	2.3	2.3
	Male	1.0	1.0	1.7	2.1	2.3	2.3
Hydrocodone	Female	1.1	1.1	1.3	1.9	2.4	2.4
	Male	1.1	1.1	1.3	1.7	2.2	2.2
Codeine	Female	1.0	1.3	1.1	1.4	1.6	1.8
	Male	1.0	1.0	1.1	1.4	1.4	1.7

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, 2017 through 2022



GEOGRADHY		YEAR								
GEOGRAPHT	UNIT	2017	2018	2019	2020	2021	2022			
Sample Community	Rate	875.5	804.2	747.7	674.6	642.4	283.6			
	Prescriptions	24,991	23,236	21,878	20,211	19,354	8,563			
	Population	28,546	28,895	29,260	29,961	30,128	30,198			
Anywhere County	Rate	645.0	586.7	536.0	447.0	411.5	282.1			
	Prescriptions	160,896	148,667	137,927	116,705	107,426	75,481			
	Population	249,437	253,377	257,349	261,080	261,080	267,534			
Washington State	Rate	799.3	734.6	677.1	575.8	528.6	364.2			
	Prescriptions	5,842,950	5,456,130	5,109,317	4,408,193	4,046,792	2,864,189			
	Population	7,310,300	7,427,570	7,546,411	7,656,200	7,656,200	7,864,400			

Annual Trend, All Opioid Prescriptions per Patient, 2017 through 2022



GEOGRADHY		YEAR								
GEOGRAPHY	UNIT	2017	2018	2019	2020	2021	2022			
Sample Community	Rate	3.1	3.1	3.2	3.3	3.2	2.7			
	Prescriptions	24,991	23,236	21,878	20,211	19,354	8,563			
	Patients	8,093	7,386	6,817	6,061	6,013	3,170			
Anywhere County	Rate	3.3	3.3	3.4	3.5	3.3	3.0			
	Prescriptions	160,896	148,667	137,927	116,705	107,426	75,481			
	Patients	48,602	44,486	41,097	33,312	32,557	25,198			
Washington State	Rate	3.7	3.8	3.8	4.0	3.7	3.4			
	Prescriptions	5,842,950	5,456,130	5,109,317	4,408,193	4,046,792	2,864,189			
	Patients	1,570,372	1,444,167	1,336,509	1,109,169	1,082,184	850,669			

2022 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	2,995	1,371	2,043	3,834	1,911	2,943	15,096
		Male	3,255	1,474	2,171	3,888	1,811	2,502	15,102
	Our County	Female	25,809	10,799	21,337	35,391	15,972	23,187	132,495
		Male	26,976	11,419	23,271	37,640	15,993	19,747	135,046
	Washington State	Female	827,443	333,735	553,565	993,601	490,295	724,759	3,923,398
		Male	868.447	350.143	587.241	1.031.477	480.882	622.818	3.941.008

2022 Rate of Prescriptions per 1,000 Residents ((Prescriptions/Population)*1,000) 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	109.5	264.0	551.2	830.7	1048.7	1016.0	662.0
Substances		Male	192.9	187.2	396.1	562.0	774.7	818.5	489.9
	Our County	Female	146.0	425.7	643.9	965.2	1222.0	1292.5	798.2
	•	Male	248.5	339.2	476.8	694.9	917.1	1099.9	623.6
	Washington State	Female	151.4	412.4	724.9	1194.6	1458.6	1501.7	931.5
	0	Male	270.1	320.6	528.8	821.5	1068.3	1240.9	708.3
All Opioids	Our Community	Female	13.7	74.4	191.4	358.6	585.0	645.3	326.2
		Male	13.5	57.0	150.2	261.8	464.9	529.2	240.8
	Our County	Female	25.1	90.1	145.9	336.2	583.8	740.8	325.6
	e al ee al e	Male	21.6	71.9	110.1	234.6	458.6	640.4	242.7
	Washington State	Female	16.1	101.3	213.9	465.3	744.6	890.4	417.6
	Trasmington state	Male	17.2	78 5	160.0	331.6	578.8	753 3	311.1
Oxycodone	Our Community	Female	60	27.0	57.8	115.0	201 5	203.5	105.9
oxycouone	our communey	Male	6.5	15.6	27.6	76.9	173.9	186.7	78 5
		Female	15.5	38.3	55.8	121.9	210.7	249.7	116.8
	our county	Malo	15.5	26.1	28.3	76.1	186.3	245.7	89.4
	Washington State	Fomalo	7.2	20.1	28.3	152.2	251.2	245.3	126.2
	washington state	Mala	7.3	24.4	70.3 22 E	100.2	251.5	278.5	102.2
Lludracadana	Our Community	Fomala	6.4	24.4	33.5	98.2	210.4	205.9	103.2
пулгосоцопе	Our community	Mala	0.3	29.2	42.1	94.2	177.9	200.5	95.1
	Our Country	Iviale	5.8	19.7	28.1	61.2	135.3	157.9	65.4
	Our County	Female	5	5	S	S	S	S	S
		Iviale	S	S	S	S	S	S	S
	washington State	Female	S	S	S	S	S	S	S
		Male	S	S	S	S	S	S	S
Buprenorphine	Our Community	Female	0.3	9.5	66.6	69.9	42.9	18.0	36.6
		Male	0.6	17.0	82.0	80.8	42.5	19.6	42.8
	Our County	Female	0.1	8.2	28.7	48.0	36.4	21.9	26.3
		Male	0.0	13.0	44.0	59.5	38.8	26.6	33.8
	Washington State	Female	0.2	9.3	59.0	79.6	52.6	25.1	40.5
		Male	0.4	14.8	75.7	92.3	50.5	28.1	47.4
Tramadol	Our Community	Female	0.3	2.9	10.3	35.5	65.4	98.9	38.3
		Male	0.3	1.4	5.5	18.8	42.5	63.1	21.4
	Our County	Female	0.1	9.9	9.7	31.9	65.2	112.6	38.5
		Male	0.0	7.4	7.5	16.6	42.5	72.5	22.2
	Washington State	Female	0.4	4.2	12.5	45.3	83.1	134.4	48.9
		Male	0.4	2.2	5.9	23.5	52.5	87.8	27.6
Morphine	Our Community	Female	0.0	0.7	1.5	11.5	33.0	44.9	16.2
		Male	0.0	0.7	1.4	6.4	28.7	44.4	12.6
	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
		Male	S	S	S	S	S	S	S
Codeine	Our Community	Female	0.3	3.6	7.8	14.1	21.5	28.5	13.2
		Male	0.3	2.0	3.7	6.7	11.6	19.6	7.2
	Our County	Female	0.2	10.9	9.3	18.3	26.0	42.5	17.9
		Male	0.0	7.6	6.2	15.1	18.4	30.0	12.5
	Washington State	Female	0.5	4.6	10.2	20.6	29.0	43.8	18.9
		Male	0.4	3.0	4.8	9.6	17.5	30.1	10.5
Methadone	Our Community	Female	0.0	0.0	0.5	4.4	12.6	11.6	5.0
		Male	0.0	0.0	0.5	3.6	10.5	12.8	4.4
	Our County	Female	0.0	0.2	0.3	6.2	13.8	9.9	5.1
		Male	0.0	0.0	0.3	3.6	10.9	13.1	4.3
	Washington State	Female	S	0.1	0.3	5.1	14.2	12.7	S
	-	Male	0.0	0.1	0.4	4.4	12.3	15.6	5.2

2022 Prescriptions by Geography, Age and Sex

All Controlled Substances Our Community Fennale 3.38 3.62 1.126 3.185 2.004 2.090 9.990 Substances Male 6.38 2.76 860 2.185 1.043 2.048 7.399 Mule 6.744 3.873 11.055 561.55 1.0477 2.172.07 842.15 Mule 2.245.235 112.246 401.030 1.388.987 715.161 1.028.933 3.168.4602 All Opiods Our Community Fernale 4.41 840 2.921 1.373 1.118 1.289.997 715.161 1.128 9.939 4.925 Our Community Fernale 4.61 8.20 2.911 8.324 1.118 9.324 1.1178 6.3251 1.638.937 Wahington State Fernale 1.319 3.33.00 1.1184 4.315 5.909 6.152.21 1.638.937 Wahington State Fernale 1.312 3.224 1.224.54 1.225.84 1.225.84 1.225.94 1.225.84	SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
Subsistances Maie 528 2.76 860 2.235 1.403 2.046 7.399 Our Courty Fernale 3.788 4.797 3.4360 19.518 29.070 105.782 21.720 842.15 Mabington State Fernale 123.255 137.06 49.130 1.186.987 715.161 1.088.337 3.154.40 2.791.784 All Opiolds Our Community Fernale 4.10 3.91 4.755 1.118 4.42 1.427 4.537 Our Community Fernale 6.64 9.73 3.114 1.18.97 9.228 46.9 2.717 1.258.82 7.334 1.216.45 2.778 4.63.15 3.650 6.523 1.68.337 3.650.96 6.532 1.68.337 3.650.96 6.532 1.18.53 7.334 1.256.82 7.785 4.78.3 7.78 4.84.41 1.257.82 4.64.70 7.125.55 5.55 5.55 5.55 5.55 5.55 5.55 5.55 5.55 5.55 5.55	All Controlled	Our Community	Female	328	362	1,126	3,185	2,004	2,990	9,994
Our Courty Female 3,768 4,597 13,739 34,160 19,518 29,970 105,752 Washington State Female 125,235 137,627 401,300 1,166,687 715,161 10,083,33 33,654,662 All Opicids Our Community Female 41 102 391 1,575 1118 1,689 2,791,444 36,97 313,728 772,849 2,291,144 4,925 Our Courty Female 444 404 326 7,334 1,118 1,208 1,2,747 41,135 350 5,50 1,532,52 1,2,843 2,777 41,135 350 5,50 1,532,50 1,22,582 1,288,50 1,933,30 13,841 335 5,50 1,55,50 1,53,55 1,500 1,532 1,284 2,277 41,135 3,56 5,700 1,54,77 1,493 5,50 1,53,55 1,500 1,53,55 1,500 1,53,55 1,500 1,54,75 1,58 3,55 5,50 1,53,55 5,55	Substances		Male	628	276	860	2,185	1,403	2,048	7,399
		Our County	Female	3,768	4,597	13,739	34,160	19,518	29,970	105,752
Washington Stare Female 125,235 137,676 401,300 1,88,687 715,161 1,088,353 35,664,662 All Opiolds Our Community Female 235,500 112,266 310,375 1,118 1,809 4,925 All Opiolds Our County Female 44 344 326 1,018 842 1,124 3,637 Our County Female 644 973 3,114 11,897 9,324 11,718 43,13637 Washington Stare Female 643 973 3,114 41,897 9,324 12,643 22,777 Washington Stare Female 18 37 118 441 835 599 1,585 Ov(codome Our Community Female 6025 12,024 38,936 122,221 201,833 136,937 13,475 1,485 1,485 1,485 1,497 1,496 1,497 1,485 1,497 1,498 1,52,471 1,405,105 1,428 1,225 1,615,071			Male	6,704	3,873	11,095	26,156	14,667	21,720	84,215
Male 244,500 112,246 310,529 847,562 513,287 772,849 2,791,244 All Opiolds Mare 44 102 310 1,135 1,118 1,992 4,925 Male 44 84 326 1,018 542 1,524 3,637 Our County Fernale 643 973 3,114 1,187 6,225 36,637 Washington State Fernale 13,319 33,800 118,615 462,357 36,607 16,88 32,777 Male 14,988 27,81,28 13.8 441 53 599 15,88 Our Community Fernale 6,025 12,004 38,934 153,224 120,071 54,218 Male 73,22 8,546 19,659 101,329 104,078 165,677 460,517 Hydrocodone Our Community Fernale 5 5 5 5 5 5 5 5 5 5 5 5		Washington State	Female	125,235	137,626	401,300	1,186,987	715,161	1,088,353	3,654,662
All Opioids Our Community Female 41 302 391 1,375 1,118 1,899 40,20 Our County Female 649 973 3,114 11,897 9,324 17,178 43,135 Male 544 821 2,561 6,832 7,734 12,645 32,747 Washington State Female 18,319 33,300 118,415 442,327 365,095 645,521 1,638,307 Oxycodone Our Community Female 18 37 118 441 385 599 1,588 Our County Female 6,025 12,004 38,934 152,224 122,820 4,644 10,077 Washington State Female 19 40 86 361 340 590 1,235 Male 7,322 8,540 10,223 10,278 16,607 406,551 Male 7,32 8,540 10,209 136 248 35 5 5 <t< td=""><td></td><td></td><td>Male</td><td>234,550</td><td>112,246</td><td>310,529</td><td>847,362</td><td>513,728</td><td>772,849</td><td>2,791,264</td></t<>			Male	234,550	112,246	310,529	847,362	513,728	772,849	2,791,264
Male 44 84 326 1.018 842 1.24 1.637 Our County Female 649 973 3.14 11.897 9.34 11.264 33.277 Washington State Female 13.319 33.800 118.415 482,357 365,005 645,321 1.638,307 Oxycodone Our Commynity Female 1.8 37 1.18 441 3.85 5.99 1.538 Oxycodone Our Commynity Female 4.01 4.14 1.190 4.315 3.356 5.730 15.475 Our Commy Female 6.025 12.004 38,934 152.24 123.221 20.16.10 5.54 5	All Opioids	Our Community	Female	41	102	391	1,375	1,118	1,899	4,925
Our County Female 649 973 3.114 11,897 9.324 17,178 44,133 Washington State Female 13,319 33,800 118,415 462,357 365,095 643,321 1,638,307 Oxycodone Our Community Female 18 93,366 342,049 278,323 466,178 1,225,862 Our Community Female 18 27,498 93,346 342,049 278,323 466,178 1,225,862 Our Community Female 18 27,498 93,346 132,224 123,215 136,475 115,475 Male 7,322 12,004 38,944 152,224 123,212 120,4178 125,667 406,551 Mydrocodon Our Community Female 5			Male	44	84	326	1,018	842	1,324	3,637
$ \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		Our County	Female	649	973	3,114	11,897	9,324	17,178	43,135
Washington State Female 13.19 33.800 118.415 462.257 365.095 643.212 1.688.307 Daycodone Our Community Female 18 37 118 441 385 559 1.538 Our Community Female 401 41 315 467 1.128 Our Community Female 401 414 1.90 4.315 3.365 5.780 115.475 Male 433 298 659 2.863 2.980 4.844 120.71 Washington State Female 6,025 12.004 38.934 152.234 123.221 201.810 534.228 Male 7.32 6.8,165 101.232 144.078 136.207 146.51 146.55 147.22 144.05 305 58 58 5 <td></td> <td></td> <td>Male</td> <td>584</td> <td>821</td> <td>2,561</td> <td>8,832</td> <td>7,334</td> <td>12,645</td> <td>32,777</td>			Male	584	821	2,561	8,832	7,334	12,645	32,777
New Part 14,89827,49893,936942,049278,323469,1781.122,828DaycodoneOur CommunityFemale18371184413855991,588Our ContryFemale4014141,1904,31533,3655,790154,75Washington StateFemale6,02512,00488,934152,234122,221201,810534,228Male7,3328,64619,659101,329104,078166,607406,55114,85Male7,3328,64619,659101,329104,07855 </td <td></td> <td>Washington State</td> <td>Female</td> <td>13,319</td> <td>33,800</td> <td>118,415</td> <td>462,357</td> <td>365,095</td> <td>645,321</td> <td>1,638,307</td>		Washington State	Female	13,319	33,800	118,415	462,357	365,095	645,321	1,638,307
Daycodone Our Community Female 18 37 118 441 385 599 1,585 Our Courty Female 401 414 1,190 4,315 3,365 5,790 15,475 Washington State Female 60,25 12,004 83,934 152,234 123,221 20,181.00 534,223 Hydrocodone Our Community Female 6,025 12,004 83,934 152,234 123,221 20,181.00 534,225 Hydrocodone Our Community Female 19 40 86 361 340 590 1,436 Male 7,332 8,546 19,659 101,329 104,078 165,607 406,551 Our County Female 5			Male	14,898	27,498	93,936	342,049	278,323	469,178	1,225,882
Male 21 23 60 299 315 467 1,185 Our County Female 401 414 1,190 4,315 3,365 5,790 11,475 Washington State Female 6,025 12,004 38,934 152,231 123,221 201,810 553,228 Hydrocodone Male 7,332 61 238 248 395 987 Our Community Female 19 40 86 361 340 590 1,436 Male 19 29 61 228 55 5<	Oxycodone	Our Community	Female	18	37	118	441	385	599	1,598
Our County Female 401 414 1,190 4,315 3,365 5,790 15,475 Male 433 298 659 2,663 2,980 4,844 12,007 Washington State Female 6,022 12,004 88,934 152,234 123,221 201,810 534,225 Hydrocodone Our Community Female 19 29 61 238 245 395 987 Our County Female Suppressed Male C Co Male Co S S			Male	21	23	60	299	315	467	1,185
		Our County	Female	401	414	1,190	4,315	3,365	5,790	15,475
Washington State Female Male 6,025 12,004 38,934 152,234 123,221 201,810 534,228 Hydrocodone Our Community Female 19 40 86 361 340 550 1,436 Male 19 29 61 238 245 395 987 Our Community Female 5 S 5 5 5 S Suppressed Male 19 29 61 238 245 395 987 Our County Female 5 S 5 S S Suppressed Male 5 S S S S S S Suppressed Male 10 10-20 136 268 82 53 S Suppressed Male 0 148 1,024 2,241 621 525 4,559 Male 0 148 1,024 2,241 621 525 </td <td></td> <td></td> <td>Male</td> <td>433</td> <td>298</td> <td>659</td> <td>2,863</td> <td>2,980</td> <td>4,844</td> <td>12,077</td>			Male	433	298	659	2,863	2,980	4,844	12,077
Male 7,332 8,546 19,559 101,329 104,078 165,607 406,551 Hydrocodone Our Community Female 19 40 86 361 340 590 1,436 Our County Female 5 S S 5 S 5 S		Washington State	Female	6,025	12,004	38,934	152,234	123,221	201,810	534,228
Hydrocodone Our Community Female 19 40 86 361 340 590 1,436 Male 19 29 61 228 245 395 997 Our County Female 5 <t< td=""><td></td><td>U</td><td>Male</td><td>7,332</td><td>8,546</td><td>19,659</td><td>101,329</td><td>104,078</td><td>165,607</td><td>406,551</td></t<>		U	Male	7,332	8,546	19,659	101,329	104,078	165,607	406,551
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Hvdrocodone	Our Community	Female	19	40	86	361	340	590	1.436
Our County Male Female S S S S S S S S S S Suppressed Washington State Female S <			Male	19	29	61	238	245	395	987
		Our County	Female	S	S	S	S	S	S	Suppressed
Washington State Female S			Male	S	S	S	S	S	S	Suppressed
Male S S S S S S S S Suppressed Buprenorphine Male <10		Washington State	Female	S	S	S	S	S	S	Suppressed
Buprenorphine Our Community Female <10 10-20 136 268 82 53 553 Male <10		U	Male	S	S	S	S	S	S	Suppressed
Male <10 20-30 178 314 77 49 646 Our County Female <10	Buprenorphine	Our Community	Female	<10	10-20	136	268	82	53	553
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			Male	<10	20-30	178	314	77	49	646
Male 0 148 1,024 2,241 621 525 4,559 Washington State Female 177 3,103 32,686 79,048 25,799 18,167 158,980 Male 365 5,173 44,449 95,168 24,286 17,472 186,913 Tramadol Our Community Female <10		Our County	Female	<10	80-90	612	1.698	581	507	3.490
Washington State Female 177 3,103 32,686 79,048 25,799 18,167 158,980 Tramadol Our Community Female <10			Male	0	148	1.024	2.241	621	525	4.559
Male 365 5,173 44,449 95,168 24,286 17,472 186,913 Tramadol Male <10		Washington State	Female	177	3.103	32.686	79.048	25.799	18.167	158.980
Tramadol Our Community Female <10 <10 21 136 125 291 578 Male <10		<u>o</u> re energy	Male	365	5.173	44.449	95.168	24.286	17.472	186.913
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Tramadol	Our Community	Female	<10	<10	21	136	125	291	578
Our County Female <10 100-110 208 1,128 1,042 2,610 5,098 Male 0 84 174 625 679 1,432 2,994 Washington State Female 309 1,402 6,902 45,054 40,756 97,419 191,842 Male 309 776 3,455 24,211 25,232 54,693 108,676 Morphine Our Community Female 0 <10			Male	<10	<10	12	73	77	158	323
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		Our County	Female	<10	100-110	208	1,128	1,042	2,610	5,098
Washington State Female 309 1,402 6,902 45,054 40,756 97,419 191,842 Male 309 776 3,455 24,211 25,232 54,693 108,676 Morphine Our Community Female 0 <10		,	Male	0	84	174	625	679	1.432	2.994
Male 309 776 3,455 24,211 25,232 54,693 108,676 Morphine Our Community Female 0 <10		Washington State	Female	309	1.402	6.902	45.054	40.756	97.419	191.842
Morphine Our Community Female 0 <10 <10 44 63 132 244 Male 0 <10		<u>o</u> re energy	Male	309	776	3,455	24,211	25,232	54,693	108,676
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Morphine	Our Community	Female	0	<10	<10	. 44	63	132	244
Our County Female S S S S S S S S S S S Suppressed Male S S S S S S S S S S S S S S Suppressed Washington State Female S S S S S S S S S S S Suppressed Codeine Our Community Female <10			Male	0	<10	<10	25	52	111	191
Male S		Our County	Female	S	S	S	S	S	S	Suppressed
Washington State Female S			Male	S	S	S	S	S	S	Suppressed
Male S		Washington State	Female	S	S	S	S	S	S	Suppressed
Codeine Our Community Female <10 <10 16 54 41 84 200 Male <10		<u>o</u> re energy	Male	S	S	S	S	S	S	Suppressed
Male <10 <10 <10 26 21 49 108 Our County Female <10	Codeine	Our Community	Female	<10	<10	16	54	41	84	200
Our County Female <10 110-120 199 649 415 985 2,371 Male 0 87 144 567 295 593 1,686 Washington State Female 424 1,539 5,649 20,451 14,203 31,734 74,000 Male 378 1,048 2,839 9,873 8,425 18,758 41,321 Methadone Our Community Female 0 0 <10		·····,	Male	<10	<10	<10	26	21	49	108
Male 0 87 144 567 295 593 1,686 Washington State Female 424 1,539 5,649 20,451 14,203 31,734 74,000 Male 378 1,048 2,839 9,873 8,425 18,758 41,321 Methadone Our Community Female 0 0 <10 10-20 24 34 76 Male 0 0 <10		Our County	Female	<10	110-120	199	649	415	985	2.371
Washington State Female 424 1,539 5,649 20,451 14,203 31,734 74,000 Male 378 1,048 2,839 9,873 8,425 18,758 41,321 Methadone Our Community Female 0 0 <10			Male	0	87	144	567	295	593	1.686
Male 378 1,048 2,839 9,873 8,425 18,758 41,321 Methadone Our Community Female 0 0 <10		Washington State	Female	424	1.539	5.649	20.451	14.203	31.734	74.000
Methadone Our Community Female 0 0 <10 10-20 24 34 76 Male 0 0 <10		0	Male	378	1.048	2.839	9.873	8.425	18.758	41.321
Male 0 <10 100	Methadone	Our Community	Female	0	0	<10	10-20	24	34	76
Our County Female 0 <10 10 <th10< th=""> 10 10</th10<>		2	Male	0	ů N	<10	10-20	19	32	66
Male 0 0 <10 120 120 121 120 <th120< th=""> <th120< th=""> <th120< th=""></th120<></th120<></th120<>		Our County	Female	0	<10	<10	218	221	22	677
Washington State Female 22-32 35 175 5,104 6,948 9,184 Suppressed Male 32 41 215 4.543 5.903 9,717 20.451		Sur county	Male	0	·10 N	<10	130-140	174	259	575
Male 32 41 215 4.543 5.903 9.717 20.451		Washington State	Female	27-32	35	175	5 104	6 948	9 184	Suppressed
			Male	32	41	215	4.543	5.903	9.717	20.451

2022 Rate of Prescri	ptions 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	2.47	2.18	2.81	3.38	3.65	3.40	3.26
Substances		Male	2.83	2.32	3.04	3.26	3.43	3.21	3.16
	Our County	Female	3.52	3.07	3.89	4.49	4.92	4.60	4.37
		Male	4.60	3.25	4.26	4.52	4.59	4.30	4.37
	Washington State	Female	3.78	2.95	3.90	4.91	5.38	4.91	4.69
		Male	4.65	3.16	4.31	4.78	4.96	4.59	4.60
All Opioids	Our Community	Female	1.14	1.34	1.99	2.68	3.12	3.00	2.72
		Male	1.16	1.53	2.38	2.68	3.01	2.82	2.67
	Our County	Female	1.15	1.31	1.80	2.81	3.78	3.77	3.02
		Male	0.89	1.36	2.12	2.79	3.45	3.44	2.87
	Washington State	Female	1.17	1.35	2.11	3.28	4.22	4.06	3.42
		Male	1.16	1.43	2.51	3.28	3.88	3.72	3.30
Oxycodone	Our Community	Female	1.13	1.19	1.46	2.19	2.79	2.72	2.33
		Male	1.11	1.21	1.62	2.23	2.72	2.54	2.33
	Our County	Female	1.12	1.07	1.41	2.25	3.17	3.13	2.41
		Male	1.11	1.08	1.37	2.24	3.03	2.93	2.38
	Washington State	Female	1.15	1.21	1.49	2.52	3.51	3.37	2.72
		Male	1.13	1.23	1.63	2.57	3.32	3.17	2.74
Hydrocodone	Our Community	Female	1.06	1.11	1.32	1.92	2.36	2.42	2.07
		Male	1.06	1.12	1.30	1.71	2.21	2.17	1.89
	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
		Male	S	S	S	S	S	S	S
Buprenorphine	Our Community	Female	S	3.25	4.00	4.32	4.32	3.79	4.13
		Male	S	3.57	3.96	4.13	4.05	3.77	4.04
	Our County	Female	3.00	2.70	5.23	5.98	5.19	4.65	5.32
		Male	S	2.43	5.17	5.49	5.09	6.10	5.21
	Washington State	Female	4.02	4.42	6.83	7.75	7.52	6.44	7.23
		Male	S	4.60	6.13	7.20	7.26	6.71	S
Tramadol	Our Community	Female	1.00	1.33	1.75	2.23	2.31	2.33	2.26
		Male	1.00	1.00	1.71	2.15	2.33	2.26	2.20
	Our County	Female	1.50	1.26	1.41	2.61	2.92	2.93	2.66
		Male	S	0.82	1.49	2.16	2.76	2.69	2.33
	Washington State	Female	1.25	1.33	1.94	2.85	3.17	3.09	2.95
		Male	1.44	1.23	1.74	2.72	3.05	2.91	2.80
Morphine	Our Community	Female	S	S	1.50	3.67	3.94	2.69	3.05
		Male	S	S	3.00	3.13	3.71	2.78	3.03
	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
		Male	S	S	S	S	S	S	S
Codeine	Our Community	Female	1.00	1.25	1.14	1.35	1.58	1.79	1.50
		Male	1.00	1.00	1.14	1.37	1.40	1.69	1.46
	Our County	Female	1.00	1.12	0.95	1.26	1.61	2.05	1.51
		Male	S	1.18	0.80	1.04	1.51	1.85	1.28
	Washington State	Female	1.06	1.09	1.20	1.42	1.69	2.12	1.67
		Male	1.09	1.17	1.15	1.31	1.56	1.88	1.55
Methadone	Our Community	Female	S	S	S	4.25	4.00	3.78	3.80
		Male	S	S	S	3.50	3.80	4.00	3.88
	Our County	Female	S	S	S	4.27	4.80	3.58	4.20
		Male	S	S	S	2.72	2.02	4.54	2.98
	Washington State	Female	S	S	5.65	7.98	7.90	6.29	S
		Male	S	3.15	5.66	7.75	7.85	6.52	S

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 2022 value for 'Other Opioids' cannot be calculated for display within this table.
2022 Patients Receiving Prescriptions by Geography, Age and Sex

People who received	prescriptions for	more than	one substance ma	v be duplicated.
r copic who received	prescriptions for	more than	one substance ma	y be auplicated.

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	133	166	401	941	549	880	3,069
Substances		Male	222	119	283	671	409	639	2,342
	Our County	Female	1,069	1,497	3,531	7,604	3,971	6,513	24,185
		Male	1,456	1,190	2,604	5,793	3,193	5,049	19,285
	Washington State	Female	33,126	46,661	102,932	241,766	132,898	221,728	779,111
		Male	50,476	35,570	72,074	177,117	103,531	168,272	607,040
All Opioids	Our Community	Female	36	76	196	513	358	633	1,811
		Male	38	55	137	380	280	469	1,360
	Our County	Female	565	745	1,732	4,230	2,468	4,562	14,302
		Male	654	603	1,206	3,167	2,123	3,673	11,426
	Washington State	Female	11,381	25,079	56,122	141,028	86,433	159,130	479,173
		Male	12,793	19,222	37,471	104,207	71,666	126,137	371,496
Oxycodone	Our Community	Female	16	31	81	201	138	220	687
		Male	19	19	37	134	116	184	509
	Our County	Female	358	388	843	1,919	1,061	1,850	6,419
		Male	391	277	482	1,279	984	1,651	5,064
	Washington State	Female	5,219	9,888	26,118	60,484	35,075	59,873	196,657
		Male	6,512	6,958	12,047	39,374	31,331	52,319	148,541
Hydrocodone	Our Community	Female	18	36	65	188	144	244	695
		Male	18	26	47	139	111	182	523
	Our County	Female	379	370	653	1,653	1,033	1,716	5,804
		Male	1,085	293	511	1,323	864	1,404	5,480
	Washington State	Female	5,682	13,286	21,704	58,008	38,630	65,262	202,572
		Male	5,847	10,391	16,250	45,630	31,711	52,771	162,600
Buprenorphine	Our Community	Female	0	<10	30-40	62	19	14	134
		Male	0	<10	40-50	76	19	13	160
	Our County	Female	<10	30-40	117	284	112	109	656
		Male	0	61	198	408	122	86	875
	Washington State	Female	44	702	4,785	10,203	3,432	2,820	21,986
		Male	62-72	1,125	7,252	13,218	3,345	2,605	Suppressed
Tramadol	Our Community	Female	<10	<10	12	61	54	125	256
		Male	<10	<10	<10	34	33	70	147
	Our County	Female	<10	80-90	148	433	357	891	1,916
		Male	0	102	117	290	246	532	1,287
	Washington State	Female	248	1,053	3,565	15,781	12,846	31,553	65,046
		Male	215	630	1,988	8,906	8,266	18,774	38,779
Morphine	Our Community	Female	0	0	<10	10-20	16	49	80
		Male	0	0	<10	<10	14	40	63
	Our County	Female	0	<10	10-20	194	87	327	624
		Male	0	<10	10-20	195	75	271	558
	Washington State	Female	52	95	381	2,507	3,128	12,312	18,475
		Male	59	85	293	1,810	2,725	10,204	15,176
Codeine	Our Community	Female	<10	<10	14	40	26	47	133
		Male	<10	<10	<10	19	15	29	74
	Our County	Female	<10	100-110	210	516	258	481	1,575
		Male	0	74	179	543	196	321	1,313
	Washington State	Female	400	1,408	4,690	14,429	8,420	14,947	44,294
		Male	348	896	2,470	7,529	5,393	9,967	26,603
Methadone	Our Community	Female	0	0	0	<10	<10	<10	20
		Male	0	0	0	<10	<10	<10	17
	Our County	Female	0	0	0	51	46	64	161
		Male	0	0	0	50	86	57	193
	Washington State	Female	<10	<10	31	640	880	1,461	Suppressed
		Male	S	13	38	586	752	1,490	Suppressed

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 2022 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, 2022

MAP 5. Patients with Prescriptions for Buprenorphine per 1,000 Residents by School District, 2022





MAP 6. Patients with Prescriptions for Codeine per 1,000 Residents by County, 2022

MAP 7. Patients with Prescriptions for Codeine per 1,000 Residents by School District, 2022





MAP 8. Patients with Prescriptions for Fentanyl per 1,000 Residents by County, 2022

MAP 9. Patients with Prescriptions for Fentanyl per 1,000 Residents by School District, 2022





MAP 10. Patients with Prescriptions for Hydrocodone per 1,000 Residents by County, 2022

MAP 11. Patients with Prescriptions for Hydrocodone per 1,000 Residents by School District, 2022





MAP 12. Patients with Prescriptions for Methadone per 1,000 Residents by County, 2022

MAP 13. Patients with Prescriptions for Methadone per 1,000 Residents by School District, 2022





MAP 14. Patients with Prescriptions for Morphine per 1,000 Residents by County, 2022

MAP 15. Patients with Prescriptions for Morphine per 1,000 Residents by School District, 2022





MAP 16. Patients with Prescriptions for Oxycodone per 1,000 Residents by County, 2022

MAP 17. Patients with Prescriptions for Oxycodone per 1,000 Residents by School District, 2022





MAP 18. Patients with Prescriptions for Tramadol per 1,000 Residents by County, 2022

MAP 19. Patients with Prescriptions for Tramadol per 1,000 Residents by School District, 2022





MAP 20. Prescriptions for Other Opioids per 1,000 Residents by County, 2022

MAP 21. Prescriptions for Other Opioids per 1,000 Residents by School District, 2022



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 : <u>https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/prescription-monitoring-program-pmp/data.</u>

Sources:

(1) Calculated from: Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024, <u>https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm</u>, accessed June 6, 2024.

(2) Washington State Opioid and Overdose Response Plan, 2021-2022, <u>https://www.hca.wa.gov/assets/program/</u> <u>WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf</u>, accessed June 6, 2024.

(3) Washington State Department of Health, Prescription Monitoring Program, <u>https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/prescription-monitoring-program-pmp</u>, accessed June 6, 2024.

Also see: Opioid Overdose Dashboards – County Dashboards: <u>https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/opioids/county-prescriptions-dashboard</u>, accessed June 6, 2024.

POPULATION ESTIMATES

The population estimates for the years 2020 through 2022 used as the denominators in the Opioids Chapter and for the year 2022 used in the Community Demographics section of the Data Book come from the Washington State Office of Financial Management (OFM), Forecasting Division, Small Area Demographic Estimates (SADE) program, Release 20240328, finalized May 6, 2024.

In the remaining sections of the Data Book, population estimates come from two sources. For years 2010-2019, the source is the OFM Forecasting Division, SADE program, Release 20191224_R01. For years 2020-2022, the source is the DSHS Research and Data Analysis Division (RDA), with the calculations based on historical OFM SADE data and a limited set of 2020-2022 county-level population estimates produced by OFM after the 2020 Census (see <u>https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-agesex-race-and-hispanic-origin</u>). Questions? Contact Irina Sharkova at <u>irina.sharkova@dshs.wa.gov</u>.

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.

Sample Community

	TOTAL	96,864	100%
	Hispanic	18,905	20%
	ETH		
	Multi-Racial	11,946	12%
	White	61,491	63%
	Hawaiian/PI	1,326	1%
	Black	6,646	7%
	Asian	13,683	14%
	American Native	1,771	2%
	R	ACE	
	Any Minority	46,824	48%
w	/hite Non-Hispanic	50,040	52%
	RACE/ETHNICITY	NUMBER	%



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.



Sample Community

Racial and Ethnic Distribution

7%

Black

1%

Hawaiian/PI

63%

White

12%

Multi-Racial

ETHNICITY

20%

Hispanic

SOURCE: Washington State Office of Financial Management, Forecasting Division (2024). 2022 Estimates of Age, Sex, Race and Hispanic Origin.



NOTES: Persons in poverty as a percentage of civilian noninstitutionalized persons for whom poverty status is determined. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.

Health Equity in the State of Washington and Your Community

What is Health Equity? *Health equity* is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. *Health disparities* are differences that exist among specific population groups in the U.S. inhibiting their opportunities to reach their full health potential⁽¹⁾. Disparities in health outcomes such as life expectancy have been observed for many years nationally and in our state.

The causes of health disparities are multi-level, complex, and interrelated; they exert their influence over one's life span and across generations. Many social, economic, and environmental factors and conditions, as well as national, state, and local policies affect the health of individuals and communities. Social and economic inequities are major drivers of health disparities⁽²⁾. Importantly, structural racism, racial discrimination and racial inequality in treatment or access to resources have compounded social and economic inequities for many Black, Indigenous and People of Color (BIPOC) individuals⁽³⁾. As a result, many BIPOC communities have experienced sizable health disparities compared to non-Hispanic whites on measures such as infant mortality, life expectancy, and self-reported health status, though there are important differences across specific groups and measures⁽²⁾. Health disparities are difficult to eliminate, even with the help of national efforts such the Healthy People objectives^(4, 5).

Racial Disparities in Health in Washington. Compounding existing disparities, the COVID-19 pandemic has had a disproportionately worse effect on the health of the BIPOC individuals in the Washington state, as demonstrated by disproportionate declines in life expectancy⁽⁶⁾. Between 2019 and 2021, life expectancy at birth for Native Americans (American Indians and Alaska Natives) declined by almost 8 years (7.8 years), the worst loss of expected years of life among all major racial and ethnic groups in the state. The next most affected groups are Native Hawaiian and Other Pacific Islander persons with a loss of nearly 6 years (5.7 years) and Black persons with a loss of nearly 5 years (4.8 years). These drops in life expectancy are extreme and unparalleled in peace time; they are also higher than the national averages. While less severe, Hispanic individuals lost 3.1 years, non-Hispanic whites lost 2.3 years and Asian individuals lost 1.3 years in life expectancy during the COVID-19 pandemic in our state⁽⁶⁾.

Among major reasons for the decline in life expectancy in recent years, in addition to COVID-19, are the growing prevalence of substance use disorders and mental health illness, which affect racial and ethnic groups disproportionately. Not only are the prevalence of these conditions disproportionate, but the treatment of the disorders is disproportionate as well^(7, 8).

"Ethnic minority people with mental illness are particularly likely to be untreated, and particularly vulnerable to adversity in health and community functioning," said Lonnie R. Snowden. "Their risk of adversity from mental illness might be compounded by being members of ethnic minority groups." (<u>https://nned.net/11661/</u> Untreated Mental Illness Leads to Worse Outcomes for Minorities. January 30, 2023)

Historical Roots of Racial Disparities. One third of Washingtonians are BIPOC individuals, while two thirds are non-Hispanic whites⁽²⁾. Our state is less ethnically diverse than the nation as a whole (in 2020, the proportion of non-Hispanic whites was 64 percent here versus 58 percent nationwide⁽⁹⁾), due, in part, to the history of racial

exclusion and segregation in our state. Between 1844 and 1853, the area which later became the Washington state was a subject of several "Black exclusion" laws, prohibiting free Blacks from moving here⁽¹⁰⁾. While this prohibition was relatively short-lived and less enforced than in the neighboring Oregon state, it has left a lasting impression. The 1860 federal Census counted only 30 Blacks living in the Washington Territory⁽¹¹⁾. In subsequent decades, the racial and ethnic diversity grew; however, the state's Native American populations were mostly confined to reservations, and the majority of Black, Asian and other people of color resided in segregated cities^(12, 13).

Rapid industrialization of the American West during World War II opened the doors for Black workers to move to Seattle and other large cities, mostly in the western part of the state^(14, 15). But the racial exclusion and segregation continued still⁽¹²⁾.

This history is reflected in the current population geography of our state. Communities in the eastern part of the state are predominantly white, non-Hispanic. In and near reservations, Native American persons constitute the majority population. Persons of Hispanic origin often represent the second largest ethnic group in rural, agricultural communities of the central and eastern Washington. Immigrants from Asia are a relatively new addition to the population mosaic, and tend to settle in urban areas of the state. Native Hawaiian and other Pacific Islander individuals also tend to settle in urban communities. The largest cities of the state are the home to the most diverse communities.

Mapping Race and Life Expectancy. Understanding where different racial and ethnic groups live can inform efforts to address race-related health disparities, for example by helping to inform culturally sensitive outreach such as the distribution of educational materials in languages other than English.

The following seven maps show the racial and ethnic composition of your community. They are followed by the map of life expectancy at birth for your community. Low life expectancy (shown in reddish hues) typically is indicative of health disparities affecting the community. When coinciding with high proportions of Black, Indigenous and People of Color (BIPOC) individuals among residents, low life expectancy points to the likely existence of race-related health disparities.

The data for Maps 1 through 7 came from the 2022 American Community Survey⁽¹⁵⁾. The estimated life expectancy data for years 2018 through 2021 came from Washington State Department of Health⁽¹⁶⁾. The data are shown at the Census tract level.

- Map 1. Percent Black, Indigenous, and People of Color by Census Tract.
- Map 2. Percent Black or African American by Census Tract.
- Map 3. Percent Indigenous or Native American by Census Tract.
- Map 4. Percent Hispanic or Latino by Census Tract.
- Map 5. Percent Asian by Census Tract.
- Map 6. Percent Native Hawaiian or Pacific Islander by Census Tract.
- Map 7. Percent White, Non-Hispanic by Census Tract.
- Map 8. Life Expectancy at Birth by Census Tract.

Sources:

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NOTES: Persons who are Black, Indigenous, Hispanic, Asian, and/or Pacific Islander as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.

School Districts

Schools-Participants in 2023 HYS

Community Boundary

41%

What's Happening? A Community Needs Assessment Data Book

Percent Black, Indigenous, and People of Color

50% - 69.9%

70% - 98.3%

N/A

0% - 19.9%

20% - 34.9%

35% - 49.9%

Ν A

□ Miles

0.85

Highways, major roads

Counties

Water bodies



NOTES: Persons who are non-Hispanic Black or African American as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.



Map 3. Percent Indigenous or Native American in Sample Community

NOTES: Persons who are non-Hispanic Indigenous, American Indian, or Alaskan Native as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.



NOTES: Persons of Hispanic or Latino origin and any race as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.

Map 5. Percent Asian in Sample Community by Census Tract 29% 13% High School B 15% 10% 11% 11% ANNWHERE COUNTY SchoolB 14% High SchoolA Samp Communi 13% 13% 26% 21% 20% 22% 11% High Scho 11% olic 15% 15% Middle SchoolA 17% 28% 33% 18% Ν A 0.85 □ Miles **Percent Asian** 0% - 1.9% 10% - 19.9% Counties Schools-Participants in 2023 HYS 20% - 73% 2% - 4.9% **Community Boundary** Highways, major roads

Community Demographics

5% - 9.9% N/A School Districts Water bodies

NOTES: Persons who are non-Hispanic Asian as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.



Map 6. Percent Native Hawaiian or Pacific Islander in Sample Community

NOTES: Persons who are non-Hispanic Native Hawaiian or other Pacific Islander as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.



NOTES: Persons who are non-Hispanic White as a percentage of all persons, by census tract. Schools-participants in 2023 HYS: Public schools which participated in the 2023 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, 2022 American Community Survey, 5-Year Estimates for years 2018 through 2022. School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2020 Tiger/Line Shapefiles. Roads: WSDOT.



Map 8. Life Expectancy at Birth in Sample Community

NOTES: Life Expectancy at Birth (in Years), for Years 2018-2020, by 2010 Census tract.

Schools-participants in 2023 HYS: Public schools which participated in the 2023 Healthy Youth Survey for grades 8 and 10.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (COREGIS). Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2021, Community Health Assessment Tool (CHAT), October 2022. Run Date: 8/31/2023.

School locations: OSPI, 2024. Census Tracts, School Districts, Counties: 2010 and 2020 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 <u>https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles</u>.

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 2021 and 2023, 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

What's Happening?

A Community Needs Assessment Data Book



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