What's Happening in Sample Community?

A Community Needs Assessment Data Book



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April 2019

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 Epidemiological Outcomes Workgroup, and was produced with the assistance of the Department of Social and Health Services' Division of Research and Data Analysis.

PERMISSION FOR RELEASE

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

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FOR MORE INFORMATION

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ABOUT THE DATA

The Community Outcomes and Risk Evaluation Information System (CORE)

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

Washington State Healthy Youth Survey (HYS)

The Healthy Youth Survey is a bi-annual adolescent health behavior survey that is administered in school classrooms of 6th, 8th, 10th and 12th graders and, in 7th, 9th, and 11th grade classrooms in small school districts that elected to participate in the Small School Pilot. In 2018 more than 230,000 students participated in the survey, which is sponsored by four state agencies. 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.

	Grade 8	Grade 10
Students Participating in the 2018 Survey	268	313
Survey Participation Rate	79%	70%



Sample Community

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Overview: Needs Assessment

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



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

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

How to Use this Data Report

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

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

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

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

- 1. The first section includes measures for the Consequences, Consumption, and Intervening Variables in the coalition logic model (see page 111); 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 30, shows these and other data across several years to demonstrate long-term changes in your community. Here, the measures also appear in the same order as in the coalition logic model. Use the data in this section to look at:
 - a. Healthy Youth Survey trends over time (2010 to 2018) 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 79, includes:
 - a. CORE indicator trends over time use data from the latest 11 years (most rates are 2006 to 2017) for consequences and intervening variables.
- 4. Starting on page 91, 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 4). 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 5 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 2016 and 2018: this comparison, and the longer term trend data that start on page 30, can
 give you an idea if the level of a problem is changing. See Example 1 on page 5, the note that refers to superscript
 'a'.

STEP THREE: Read about intervening variables in the Definitions (page 109) and review the variables listed in the blue column on page 4. 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 17, and the additional archival data from CORE-starting on page 79.

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 89-90 underestimate the level of 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/pri_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.

- . 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 30 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

Consequences

Behaviors that are known to be associated with substance use

Consumption

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

Intervening Variables

Characteristics that are strongly predictive of underage drinking and substance use

Strategies Activities selected to address problems identified in the needs

MEASURES

School Performance

- Self-reported Grades
- Skipping School
- Graduation Rates

Youth Delinquency

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

Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

MEASURES

Youth Alcohol Use

- Current Drinking
- Problem or Heavy Drinking
- Other Substance Use: Tobacco, Marijuana, Other Illegal Drugs, Prescription Drugs

MEASURES

[Community Connectedness]

Availability

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

[Promotion of Alcohol/Marijuana] Risk of Alcohol and Drug Use

- Perception of Law Enforcement Risk
- Perception of Risk from Alcohol and Drug Use

Norms Around Alcohol Drug Use

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

Coalition

Public Awareness

Environmental Strategies

School-based Prevention/ Intervention Services

Measures with [brackets] around them are those for which we do not have state level indicators.

Risk and Protective Factors

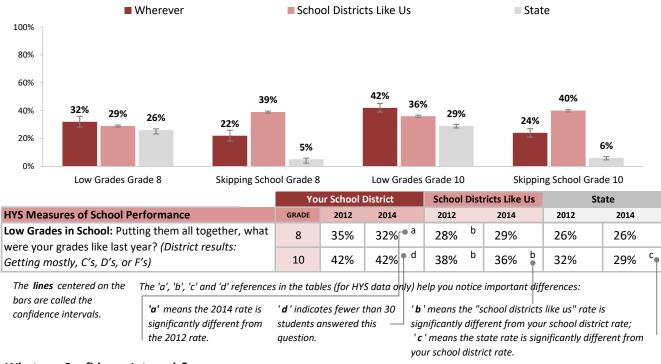
- Parental Attitudes Tolerant of Substance Use
- Early Initiation of Drugs
- Intentions to Use Drugs
- Friends' Use of Drugs
- Social Skills

Direct Services

How to Read the Charts and Tables

EXAMPLE 1: Bar Charts with Confidence Intervals for HYS Data

HYS Measures of School Performance



What are Confidence Intervals?

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

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

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

1. A significant difference:

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



2. Not a significant difference:

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



3. Not sure if there is a difference:

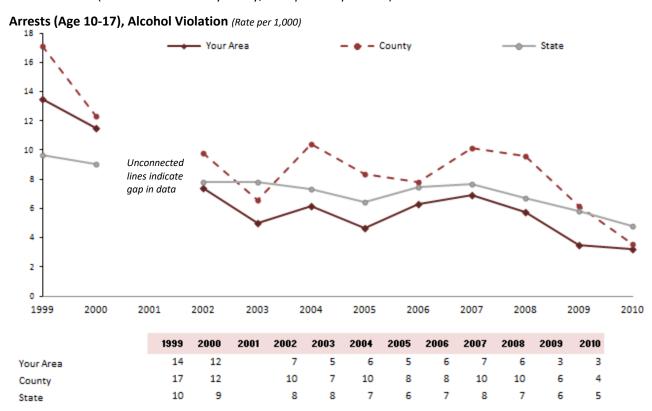
- Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
- Statewide students report 32% ± 3%, so the point estimate is 32% and the true range is 29% to 35%
- The ranges just barely overlap, but don't include either the point estimate for your students (25%) or the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



EXAMPLE 2: Trend Line Charts

Trend line charts allow you to monitor how indicators have changed over time. Note that gaps may appear in the trendlines 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

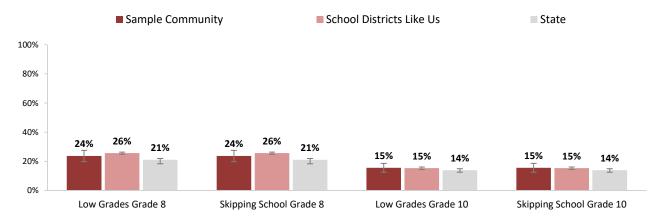
Mental Health

- 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 (2018, Percent)



	Sample Community			School Districts Like Us		State	
HYS Measures of School Performance	GRADE	2016	2018	2016	2018	2016	2018
Low Grades in School. Putting them all together, what were your grades like last year? (District results: Getting mostly, C's, D's, or F's)	8	28%	24%	29%	26%	25%	21%
	10	18%	15%	17%	15%	16%	14%
Skipping School. During the last 4 weeks, how many whole days of school have you missed	8	28%	24%	29%	26%	25%	21%
because you skipped or "cut"? (District results: Skipped any days)	10	18%	15%	17%	15%	16%	14%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

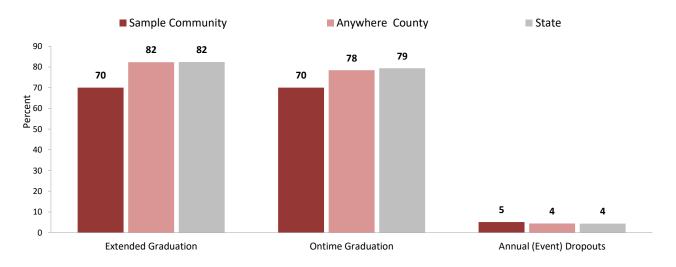
^a The 2018 rate is significantly different from the 2016 rate.

^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 School Performance (2017, Percent)

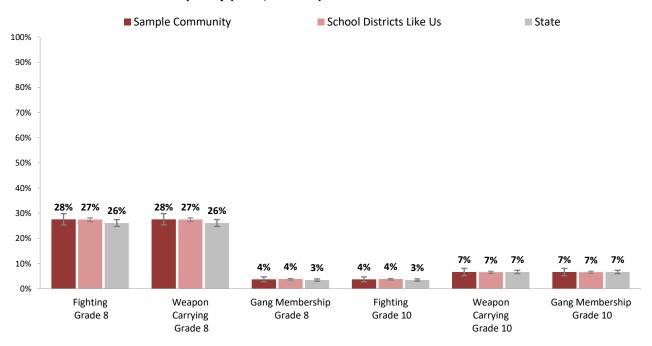


	:	Sample Commu	ınity	Cou	unty	St	ate
CORE Measures of School Performance		2015	2017	2015	2017	2015	2017
Extended Graduation Rate. The rate per 100 of students in the freshman cohort who graduate including those students who stay in school and take more than four years to complete their degree.		80	82	81	82	81	82
On-time Graduation Rate. The rate per 100 of students in the freshman cohort who graduate in four years to complete their degree.		76	79	78	78	78	79
Annual Dropout Rate. The percent of students enrolled in grades 9-12 who drop out in a single year without completing high school.		4	5	4	4	4	4

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 (2018, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2016	2018	2016	2018	2016	2018
Fighting. During the past 12 months, how many times were you in a physical fight? (<i>District results: At least once</i>)	8	21%	28%	20%	27%	19%	26%
	10	5%	4%	5%	4%	5%	3%
Weapon Carrying. During the past 30 days, on how many days did you carry a weapon such as	8	21%	28%	20%	27%	19%	26%
a gun, knife, or club on school property? (District results: At least once)	10	7%	7%	6%	7%	6%	7%
Gang Membership.** During the past 12 months, have you been a member of a gang? (District Results "Yes")	8	5%	4%	5%	4%	5%	3%
	10	7%	7%	6%	7%	6%	7%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

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

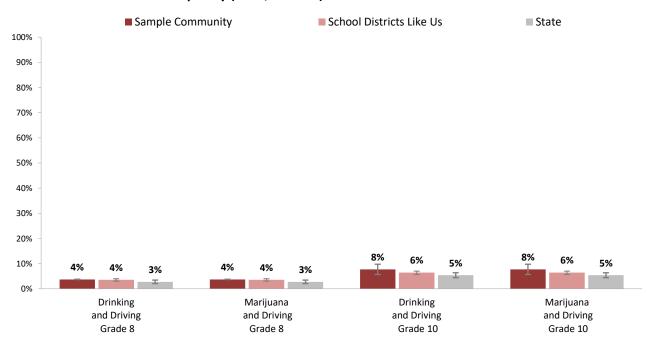
^b The "school districts like us" rate is significantly different from your school district area rate.

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

d Fewer than 30 students answered this question.

 $^{^{\}rm a}\,$ The 2018 rate is significantly different from the 2016 rate.

HYS Measures of Youth Delinquency (2018, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Youth Delinquency	GRADE	2016	2018	2016	2018	2016	2018
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	6%	4%	5%	4%	5%	3%
	10	11%	8%	10%	6%	9%	5%
Marijuana and Driving. During the past 30 days, how many times did you drive a car or	8	6%	4%	5%	4%	5%	3%
other vehicle within three hours after using marijuana? (District results: Any times)	10	11%	8%	10%	6%	9%	5%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

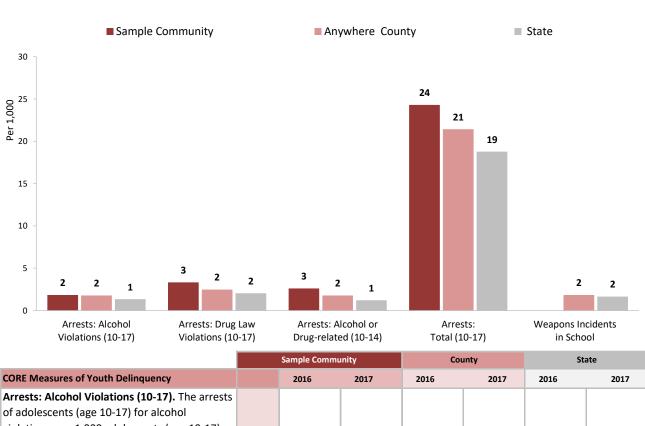
^a The 2018 rate is significantly different from the 2016 rate.

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.

d Fewer than 30 students answered this question.

CORE Measures of Youth Delinquency (2017, Rate per 1,000)

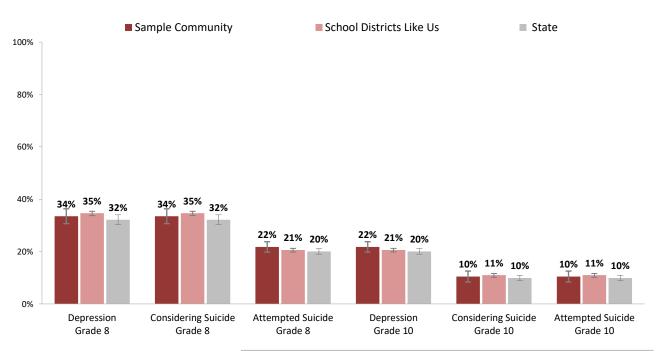


	Sample Commu	unity	County		State	
CORE Measures of Youth Delinquency	2016	2017	2016	2017	2016	2017
Arrests: Alcohol Violations (10-17). The arrests of adolescents (age 10-17) for alcohol violations, per 1,000 adolescents (age 10-17). Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.	NR	2	2	2	1	1
Arrests: Drug Law Violations (10-17). The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17).	NR	3	3	2	2	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).	NR	3	2	2	1	1
Arrests: Total (10-17). The arrests of adolescent (age 10-17) for any crime, per 1,000 adolescents (age 10-17).	NR	24	23	21	20	19
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.	2	UN	2	2	2	2

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 (2018, Percent)



	Sample Community			School Dist	ricts Like Us	State	
HYS Measures of Mental Health	GRADE	2016	2018	2016	2018	2016	2018
Depression. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (District results: "Yes")	8	41%	34%	41%	35%	40%	32%
	10	24%	22%	24%	21%	23%	20%
Considering Suicide. During the past 12 months, did you ever seriously consider attempting suicide? (District results: "Yes")	8	41%	34%	41%	35%	40%	32%
	10	12%	10%	11%	11%	10%	10%
Attempted Suicide. During the past 12 months, how many times did you actually attempt suicide? (District results: Any suicide attempts)	8	24%	22%	24%	21%	23%	20%
	10	12%	10%	11%	11%	10%	10%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

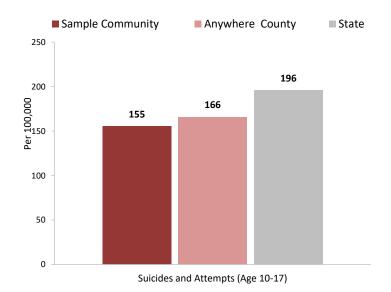
^a The 2018 rate is significantly different from the 2016 rate.

^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 (2017, Rate per 100,000)



	Sample Community			Cou	unty	State	
CORE Measures of Mental Health		2016	2017	2016	2017	2016	2017
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.		120	155	136	166	155	196

Note: 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.

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.

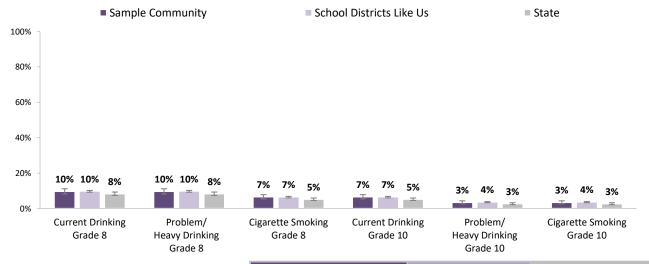
Youth Substance Use

- Current Drinking
- Problem or Heavy Drinking
- Other Substance Use Tobacco, Marijuana, Other Illegal Drugs, Prescription Drugs

Youth Substance Use

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

HYS Measures of Youth Substance Use (2018, Percent)



		Sample Comm	unity	School Districts Like Us		State	
HYS Measures of Youth Substance Use	GRADE	2016	2018	2016	2018	2016	2018
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	20%	10%	20%	10%	18%	8%
	10	14%	7%	13%	7%	11%	5%
Problem/Heavy Drinking. (District results: 3-5 days drinking in the past 30 days and/or 1 binge past 2	8	20%	10%	20%	10%	18%	8%
weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)	10	7%	3%	7%	4%	5%	3%
Current Cigarette Smoking. During the past 30 days, on how many days did you: Smoke	8	14%	7%	13%	7%	11%	5%
cigarettes? (District results: Smoke any days)	10	7%	3%	7%	4%	5%	3%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

 $^{^{\}rm a}\,$ The 2018 rate is significantly different from the 2016 rate.

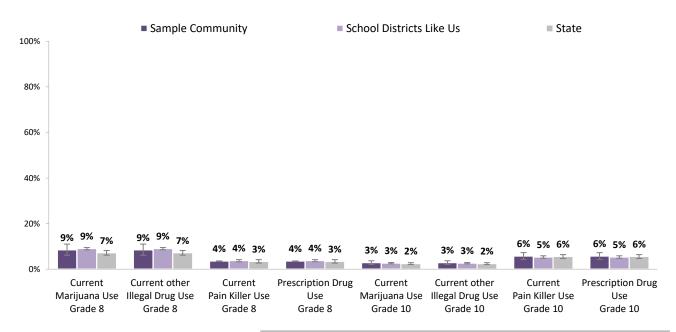
 $^{^{\}rm c}\,$ The state rate is significantly different from your district area rate.

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

^d Fewer than 30 students answered this question.

HYS Measures of Youth Substance Use (2018, 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 Districts Like Us		State	
HYS Measures of Youth Substance Use	GRADE	2016	2018	2016	2018	2016	2018
Current Marijuana Use. During the past 30 days, on how many days did you: Use marijuana or hashish? (District results: Use any days)	8	20%	9%	19%	9%	18%	7%
	10	4%	3%	4%	3%	4%	2%
Current Other Illegal Drug Use. During the past 30 days, on how many days did you: not counting	8	20%	9%	19%	9%	18%	7%
alcohol, tobacco, or marijuana, use another illegal drug? (District results: Use any days)	10	4%	3%	4%	3%	4%	2%
Current Pain Killer Use. During the past 30 days, on how many days did you: Use a pain killer to get	8	7%	4%	6%	4%	6%	3%
high, like Vicodin, OxyContin or Percocet? (District results: Use any days)	10	8%	6%	7%	5%	7%	6%
Any Prescription Drug Use: During the past 30 days, on how many days did you: Use prescription	8	7%	4%	6%	4%	6%	3%
drugs not prescribed to you? (Results: Use any days)	10	8%	6%	7%	5%	7%	6%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

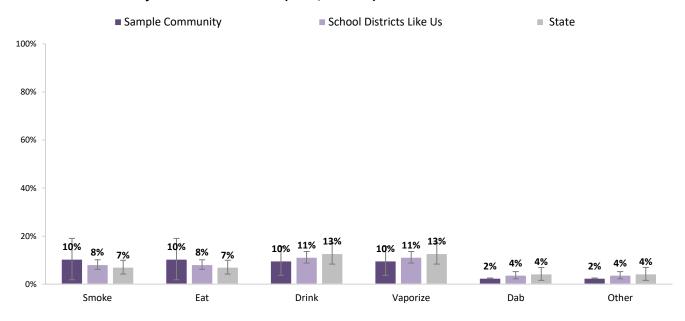
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d Fewer than 30 students answered this question.

HYS Measures of Marijuana Methods of Use (2018, Percent)



	Sample Community		School Districts Like Us		State		
HYS Measures of Marijuana Methods of Use	GRADE	2016	2018	2016	2018	2016	2018
In the past 30 days, if you used marijuana, how did you usually use it?							
Smaked it (in a joint hong nine blunt)	8	58%	63%	60%	56%	62%	54%
Smoked it (in a joint, bong, pipe, blunt)	10	7%	10%	5%	8%	7%	7%
About the bosons is a solution and the	8	58%	63%	60%	56%	62%	54%
Ate it (in brownies, cakes, cookies, candy)	10	7%	10%	5%	8%	7%	7%
Drank it (too cale plankel)	8	17%	12%	13%	17%	12%	16%
Drank it (tea, cola, alcohol)	10	14%	10%	14%	11%	13%	13%
Vanarized it	8	17%	12%	13%	17%	12%	16%
Vaporized it	10	14%	10%	14%	11%	13%	13%
Dalahard ta	8	3%	3%	4%	5%	3%	6%
Dabbed it	10	4%	2%	3%	4%	3%	4%
Head it as we at the way of	8	3%	3%	4%	5%	3%	6%
Used it some other way	10	4%	2%	3%	4%	3%	4%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

a The 2018 rate is significantly different from the 2016 rate.

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d Fewer than 30 students answered this question.

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

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

Community Connectedness

Alcohol or Marijuana Availability

- Ease of Access and
- 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

Norms around Use

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

Perception of Risk Community Norms

Acceptability Among Peer and Community

Risk and Protective Factors

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

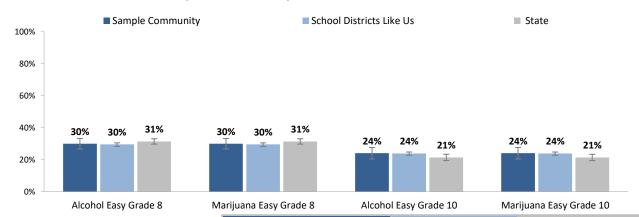
Community Connectedness

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

Alcohol or Marijuana 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 (2018, Percent)



		Sample Commu	ınity	School Dist	ricts Like Us	St	ate
HYS Measures of Alcohol or Marijuana Availability	GRADE	2016	2018	2016	2018	2016	2018
Youth Think Alcohol is Easy to Get. If you wanted to get some beer, wine, or hard liquor,	8	47%	30%	47%	30%	48%	31%
how easy would it be for you to get some? (District results: "Very easy" and "Sort of easy")	10	49%	24%	49%	24%	49%	21%
Youth Think Marijuana is Easy to Get. If you wanted to get some marijuana, how easy would	8	47%	30%	47%	30%	48%	31%
it be for you to get some? (District results: "Very easy" and "Sort of easy")	10	49%	24%	49%	24%	49%	21%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

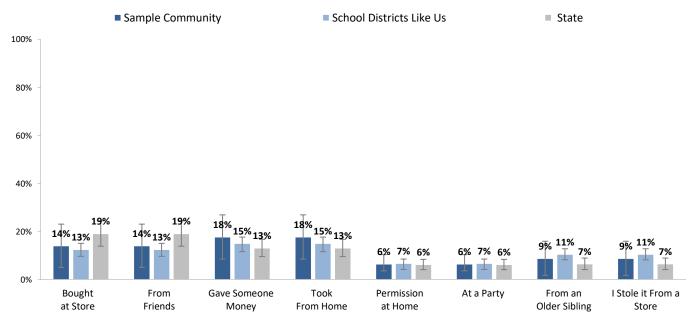
a The 2018 rate is significantly different from the 2016 rate.

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

 $^{{\}tt b}\,$ 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 Alcohol Availability, Grade 10 (2018, Percent)



		Sample Commu	unity	School Dis	tricts Like Us		State
HYS Measures of Alcohol Availability	GRADE	2016	2018	2016	2018	2016	2018
Where Youth Usually Get Alcohol. During the past 30 days, how did you usually get alcohol?							
hought it from a store	8	10%	10%	8%	8%	7%	7%
bought it from a store	10	12%	14%	14%	13%	12%	19%
ant it from friends	8	10%	10%	8%	8%	7%	7%
got it from friends	10	12%	14%	14%	13%	12%	19%
gave manay to compone to get it for me	8	37%	30%	37%	30%	38%	34%
gave money to someone to get it for me	10	20%	18%	22%	15%	24%	13%
to all it forms home with antiques	8	37%	30%	37%	30%	38%	34%
took it from home without permission	10	20%	18%	22%	15%	24%	13%
and it at because with a consission	8	13%	5%	12%	7%	11%	9%
got it at home with permission	10	10%	6%	8%	7%	5%	6%
	8	13%	5%	12%	7%	11%	9%
got it at a party	10	10%	6%	8%	7%	5%	6%
and it for an are already breath or an eight :	8	17%	23%	20%	25%	21%	30%
got it from an older brother or sister	10	10%	9%	9%	11%	9%	7%
at all the first or a street	8	17%	23%	20%	25%	21%	30%
stole it from a store	10	10%	9%	9%	11%	9%	7%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

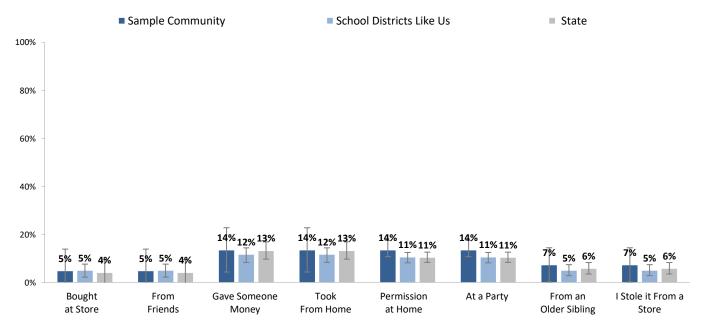
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b The "school districts like us" rate is significantly different from your school district area rate.

d Fewer than 30 students answered this question.

HYS Measures of Marijuana Availability, Grade 10 (2018, Percent)



	Sample Community			School Dis	tricts Like Us	State	
HYS Measures of Marijuana Availability	GRADE	2016	2018	2016	2018	2016	2018
Where Youth Usually Get Marijuana. During the past 30 days, how did you usually get marijuana?							
I hought it from a store	8	8%	11%	7%	8%	6%	9%
I bought it from a store	10	9%	5%	8%	5%	6%	4%
and the force of the state	8	8%	11%	7%	8%	6%	9%
got it from friends	10	9%	5%	8%	5%	6%	4%
	8	51%	49%	52%	47%	54%	51%
gave money to someone to get it for me	10	11%	14%	14%	12%	13%	13%
the state of the force of the state of the s	8	51%	49%	52%	47%	54%	51%
took it from home without permission	10	11%	14%	14%	12%	13%	13%
	8	19%	13%	19%	15%	15%	18%
got it at home with permission	10	12%	14%	11%	11%	10%	11%
ant it at a party	8	19%	13%	19%	15%	15%	18%
got it at a party	10	12%	14%	11%	11%	10%	11%
and it for one are already breath or an ainter	8	6%	8%	7%	11%	8%	11%
got it from an older brother or sister	10	4%	7%	4%	5%	4%	6%
atala it forms a stanc	8	6%	8%	7%	11%	8%	11%
stole it from a store	10	4%	7%	4%	5%	4%	6%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

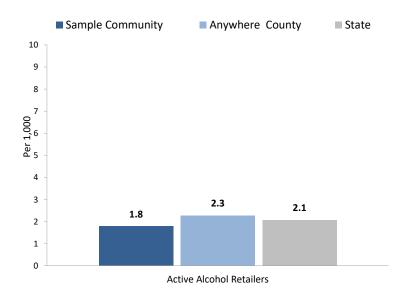
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CORE Measures of Alcohol Availability (2018, Rate per 1,000)



	Sample Community			County		State	
CORE Measures of Alcohol Availability		2017	2018	2017	2018	2017	2018
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.		1.8	1.8	2.3	2.3	2.1	2.1

Alcohol Compliance Checks**

Promotion of Alcohol

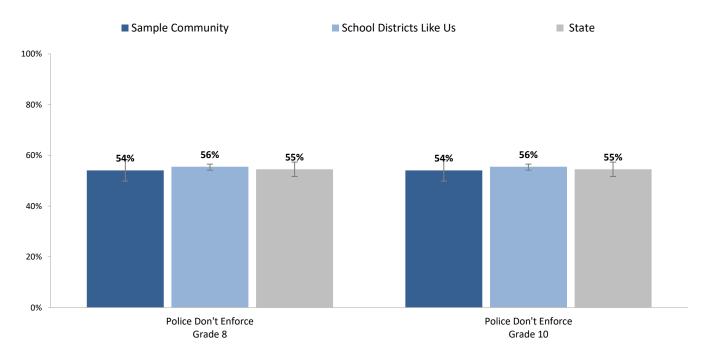
Promotion of alcohol refers to the advertising of alcohol sales in magazines, television, and other media, as well as store windows, give-away promotions, and product placement. We also think of the role alcohol plays in celebrations, and in the movies and television stories as promoting alcohol use. 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.

^{**}Need to find compliance rates from local source.

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 (2018, Percent)



	Sample Community			School Districts Like Us		State	
HYS Measures of Enforcement of Alcohol Laws	GRADE	2016	2018	2016	2018	2016	2018
Police Don't Enforce Underage Drinking. If a kid drank some beer, wine, or hard liquor in your community would he or she be caught by the	8	73%	54%	73%	56%	74%	55%
police? (District results: "NO!" and "no")	10	73%	54%	73%	56%	74%	55%

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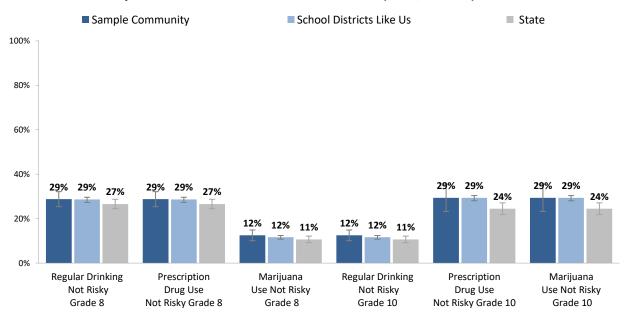
d Fewer than 30 students answered this question.

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.

HYS Measures of Perception of Risk of Harm from Substance Use (2018, Percent)



		Sample Commu	ınity	School Dist	ricts Like Us	St	ate
HYS Measures of Perception of Risk of Harm	GRADE	2016	2018	2016	2018	2016	2018
Regular Alcohol Drinking Isn't Risky. How much do you think people risk harming themselves if they take one or two drinks of an alcoholic	8	26%	29%	26%	29%	25%	27%
beverage nearly every day? (District results: "No risk" and "Slight risk")	10	11%	12%	11%	12%	11%	11%
Prescription Drug Use Isn't Risky. How much do you think people risk harming themselves if they: Use prescription drugs that are not	8	26%	29%	26%	29%	25%	27%
prescribed to them? (District Results: "No risk" and "Slight risk")	10	36%	29%	37%	29%	36%	24%
Regular Marijuana Use Isn't Risky. How much do you think people risk harming themselves if they use marijuana regularly? (District Results:	8	11%	12%	11%	12%	11%	11%
"No risk" and "Slight risk")	10	36%	29%	37%	29%	36%	24%

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^a The 2018 rate is significantly different from the 2016 rate.

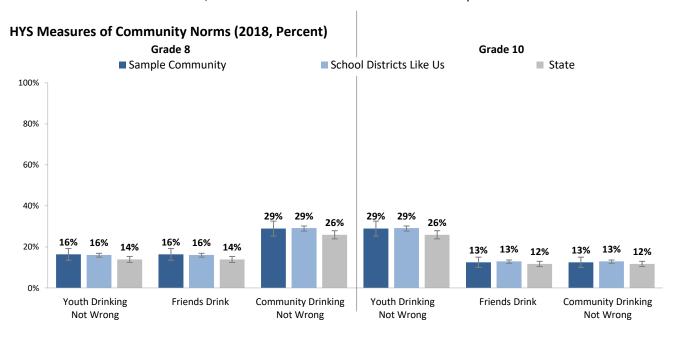
 $^{{}^{\}mbox{\scriptsize c}}$ The state rate is significantly different from your district area rate.

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

d Fewer than 30 students answered this question.

Community Norms

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



		Sample Comm	unity	School Dist	ricts Like Us	St	ate
HYS Measures of Community Norms	GRADE	2016	2018	2016	2018	2016	2018
Youth Don't Think Regular Drinking is Wrong. How wrong do you think it is for someone your age to: Drink beer, wine, or hard liquor	8	28%	16%	28%	16%	27%	14%
regularly? (District results: "A little bit wrong" and "Not at all wrong")	10	49%	29%	50%	29%	49%	26%
Friends Drink Alcohol. How many of your best friends have: Tried beer, wine, or hard liquor	8	28%	16%	28%	16%	27%	14%
when their parents didn't know about it? (District results: Any friends)	10	22%	13%	22%	13%	20%	12%
Community Doesn't Think Drinking is Wrong. How wrong would most adults in your neighborhood or community think it is for kids	8	49%	29%	50%	29%	49%	26%
your age to drink alcohol? (Results: "A little bit wrong" and "Not at all wrong")	10	22%	13%	22%	13%	20%	12%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

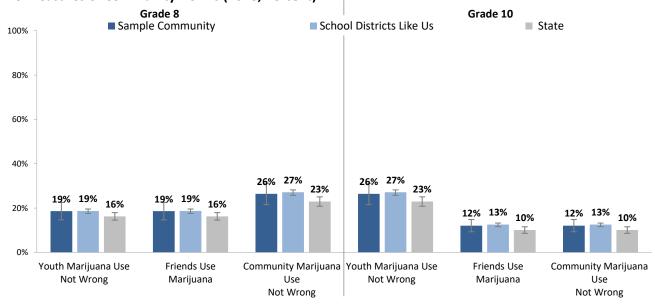
a The 2018 rate is significantly different from the 2016 rate.

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

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

d Fewer than 30 students answered this question.

HYS Measures of Community Norms (2018, Percent)



		Sample Comm	unity	School Dist	ricts Like Us	State	
HYS Measures of Community Norms	GRADE	2016	2018	2016	2018	2016	2018
Youth Don't Think Marijuana Use Is Wrong. How wrong do you think it is for someone your age to use marijuana? (District results: "A little bit wrong" and "Not at all wrong")	8	36%	19%	36%	19%	35%	16%
	10	48%	26%	49%	27%	48%	23%
Friends Use Marijuana. How many of your best friends have used marijuana? (<i>District results:</i>	8	36%	19%	36%	19%	35%	16%
Any friends)	10	21%	12%	22%	13%	19%	10%
Community Doesn't Think Marijuana Use is Wrong. How wrong would most adults in your neighborhood or community think it is for kids	8	48%	26%	49%	27%	48%	23%
your age to use marijuana? (Results: "A little bit wrong" and "Not at all wrong")	10	21%	12%	22%	13%	19%	10%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

 $[\]ensuremath{\text{a}}$ The 2018 rate is significantly different from the 2016 rate.

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

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

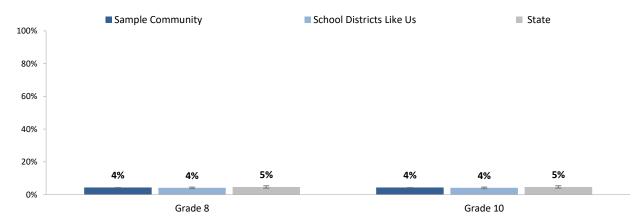
d Fewer than 30 students answered this question.

HYS Measures of Family Norms

Parental attitude tolerant of prescription drug use not prescribed to youth

Many families have prescription drugs for medical reasons, and for youth pain relievers are common 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 (2018, Percent)



	Sample Community			School Districts Like Us		State	
HYS Measures of Family Norms	GRADE	2016	2018	2016	2018	2016	2018
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	6%	4%	5%	4%	5%	5%
prescribed to you? (Results: "A little bit wrong" and "Not at all wrong")	10	6%	4%	5%	4%	5%	5%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

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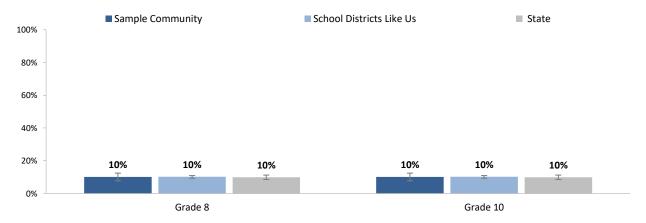
d Fewer than 30 students answered this question.

HYS Measures of Peer Norms

Peer attitude tolerant of prescription drug use not prescribed to youth

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

HYS Measures of Peer Norms (2018, Percent)



	Sample Community			School Districts Like Us		State	
HYS Measures of Peer Norms	GRADE	2016	2018	2016	2018	2016	2018
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	15%	10%	15%	10%	15%	10%
prescribed to you? (Results: "A little bit wrong" and "Not at all wrong")	10	15%	10%	15%	10%	15%	10%

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d Fewer than 30 students answered this question.

Risk and Protective Factors

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

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

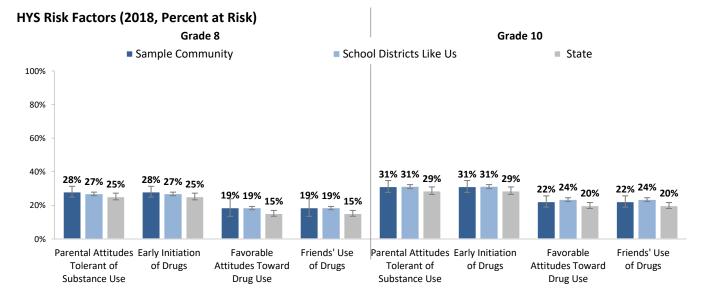
HYS Measures of Risk and Protective Factors Most Strongly Associated with Alcohol and Marijuana Use

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

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

- Early Initiation of Drugs
- Favorable Attitudes Toward Drug Use

Data on all of the risk and protective factors are available at the end of the data book.



	Sample Community		School Districts Like Us		State		
HYS Risk Factors	GRADE	2016	2018	2016	2018	2016	2018
Parental Attitudes Tolerant of Substance Use	8	41%	28%	41%	27%	39%	25%
Parental Attitudes Tolerant of Substance Ose	10	41%	31%	40%	31%	39%	29%
	8	41%	28%	41%	27%	39%	25%
Early Initiation of Drugs	10	41%	31%	40%	31%	39%	29%
Fourardle Attitudes Toward Drug Hee	8	21%	19%	21%	19%	18%	15%
Favorable Attitudes Toward Drug Use	10	24%	22%	23%	24%	22%	20%
Friends' Use of Drugs	8	21%	19%	21%	19%	18%	15%
	10	24%	22%	23%	24%	22%	20%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

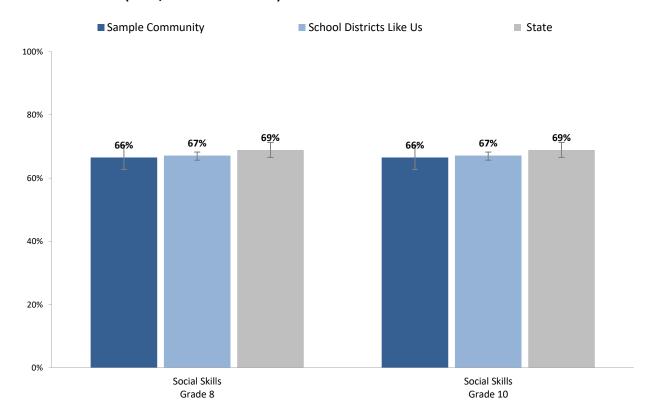
 $^{{\}tt a}\,$ The 2018 rate is significantly different from the 2016 rate.

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 Protective Factor (2018, Percent Protected)



	Sample Community			School Dist	ricts Like Us	State	
HYS Protective Factor	GRADE	2016	2018	2016	2018	2016	2018
Social Skills. (District results: Percent protected)	8	59%	66%	59%	67%	60%	69%
	10	59%	66%	59%	67%	60%	69%

^{*} The bar chart includes 2018 HYS results for your school district area, 'school districts like us' and the state.

 $^{^{\}rm a}\,$ The 2018 rate is significantly different from the 2016 rate.

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

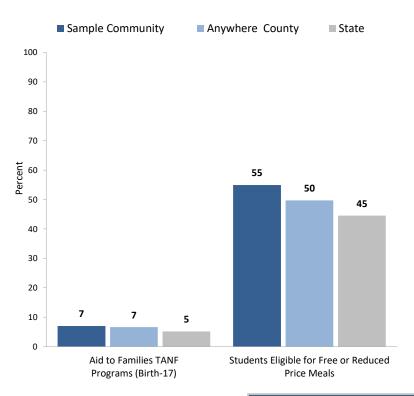
 $^{^{\}rm b}\,$ The "school districts like us" rate is significantly different from your school district area rate.

 $^{^{\}rm d}\,$ 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 (2017, Percent)



	Sample Community		County		State	
CORE Measures of Extreme Economic Deprivation	2016	2017	2016	2017	2016	2017
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.	8	7	7	7	6	5
Students Eligible for Free or Reduced-price Meals. The percent of students eligible for free or reduced price lunch.	55	55	51	50	46	45

Additional Healthy Youth Survey Data

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

The bar charts and tables includes HYS district and state results for all years available from 2010. 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 2018 at www.AskHYS.net/reports. Fact sheets on specific topics are also available.

Consequence Measures

School Performance

- Low Grades in School
- Skipping School

Youth Delinquency

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

Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

Consumption Measures

Youth Substance Use

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

Intervening Variable Measures

Alcohol or Marijuana Availability

• Ease of Access

Alcohol Laws

• Police Don't Enforce Underage Drinking

Perception of Risk

• Regular Drinking or Marijuana isn't Risky

Norms around Use

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

Perception of Risk Community Norms

• Acceptability Among Peer and Community

All Risk and Protective Factor Scales

Community Risk Factors

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

Community Protective Factors

• Opportunities for Prosocial Involvement

Family Risk Factors

- Poor Family Management
- Parental Attitudes Tolerant of Substance Use

Family Protective Factors

- Opportunities for Prosocial Involvement
- Rewards for Prosocial Involvement

School Risk Factors

- Academic Failure
- Low Commitment to School

School Protective Factors

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

Peer-Individual Risk Factors

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

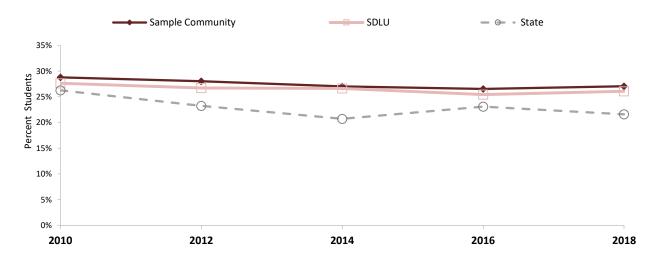
Peer-Individual Protective Factors

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

HYS Measures of School Performance

Low Grades in School

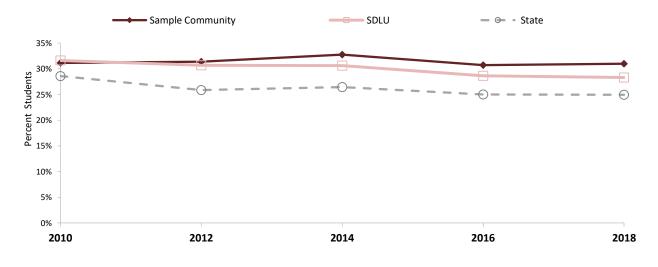
Grade 8



	2010	2012	2014	2016	2018
State	26%	23%	21%	23%	22%
SDLU	28%	27%	27%	25%	26%
Sample Community	29%	28%	27%	27%	27%

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

Grade 10

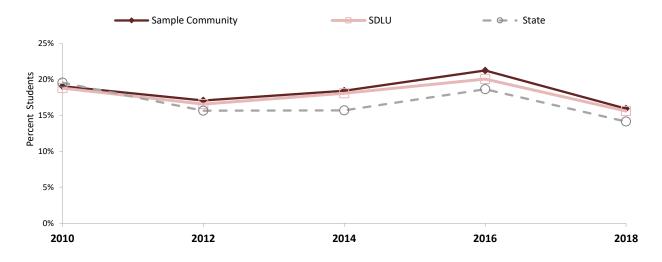


	2010	2012	2014	2016	2018
State	29%	26%	26%	25%	25%
SDLU	32%	31%	31%	29%	28%
Sample Community	31%	31%	33%	31%	31%

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

Skipping School

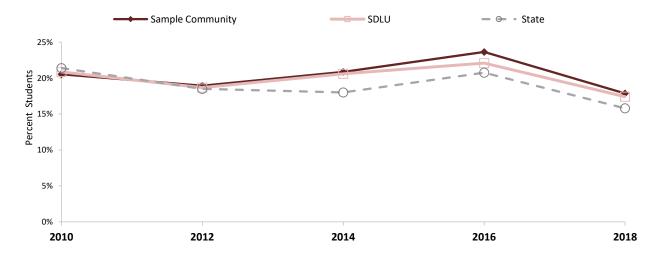
Grade 8



	2010	2012	2014	2016	2018
State	20%	16%	16%	19%	14%
SDLU	19%	17%	18%	20%	16%
Sample Community	19%	17%	18%	21%	16%

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

Grade 10



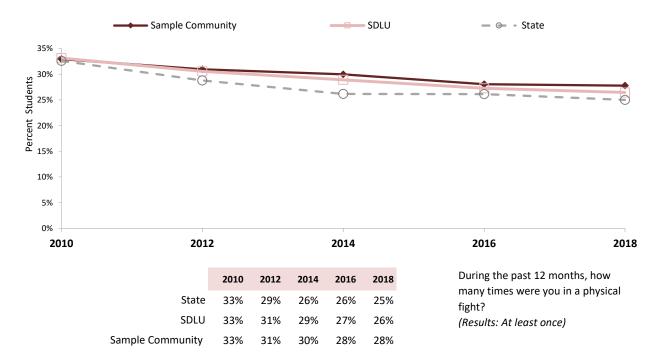
	2010	2012	2014	2016	2018
State	21%	18%	18%	21%	16%
SDLU	21%	19%	21%	22%	17%
Sample Community	21%	19%	21%	24%	18%

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

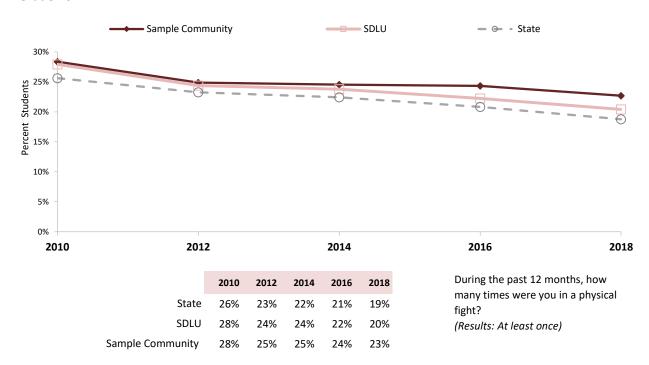
HYS Measures of Youth Delinquency

Fighting

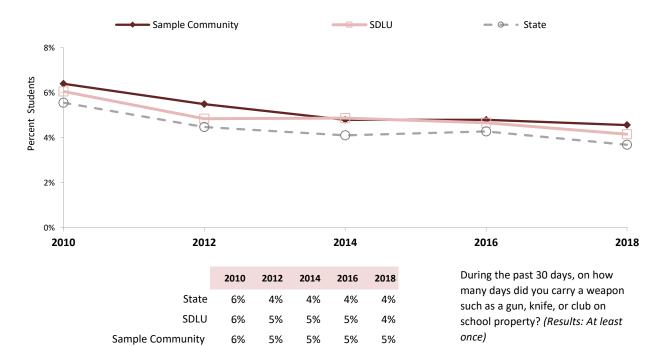
Grade 8

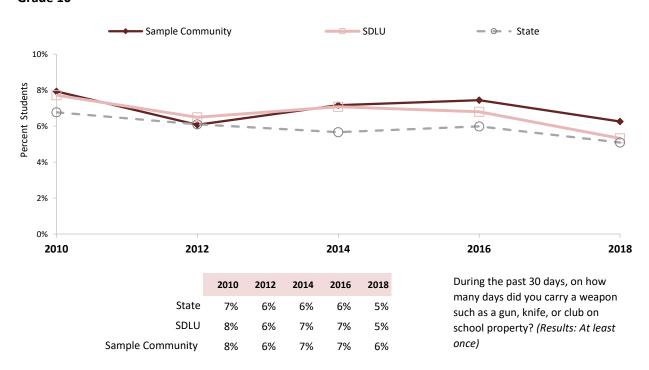


Grade 10



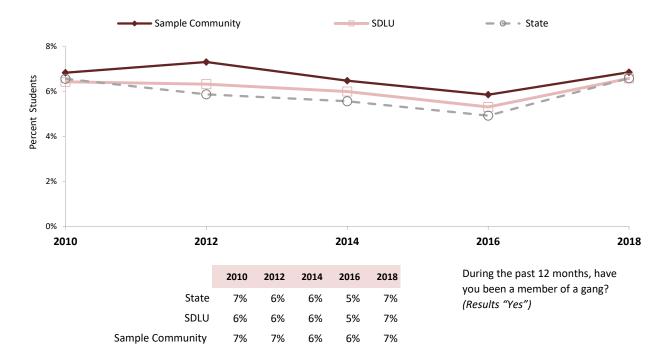
Weapon Carrying Grade 8

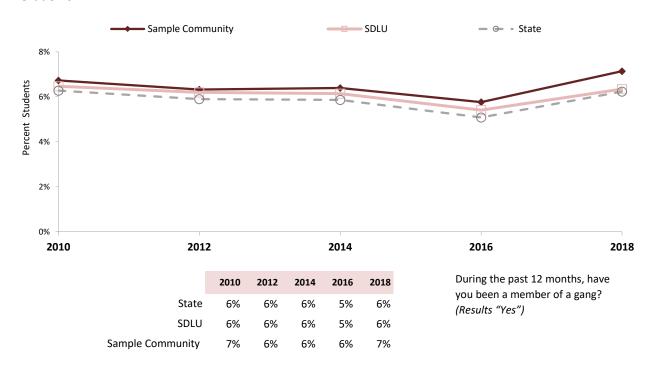




Gang Membership

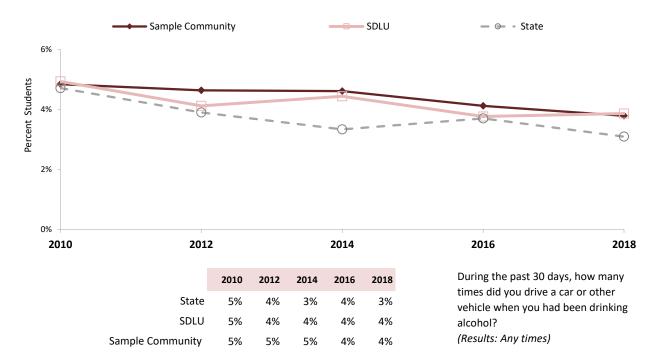
Grade 8

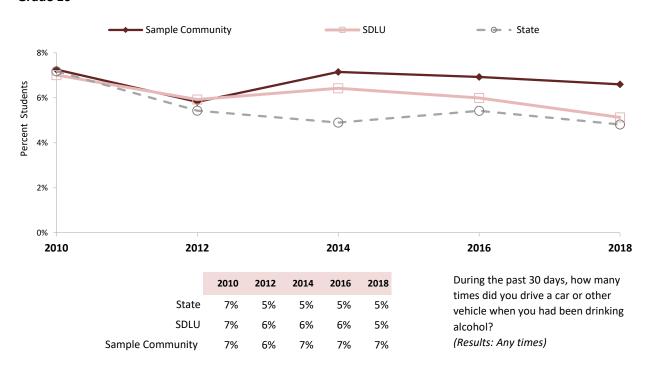




Drinking and Driving

Grade 8

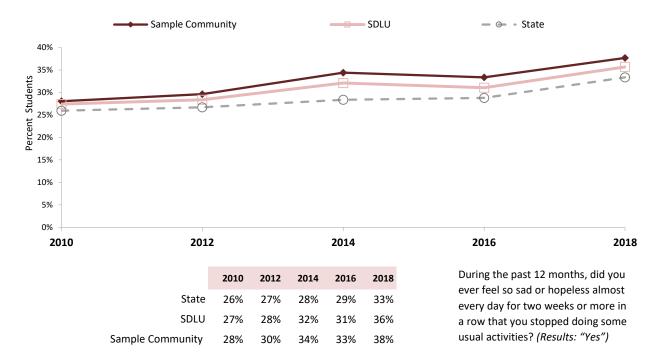


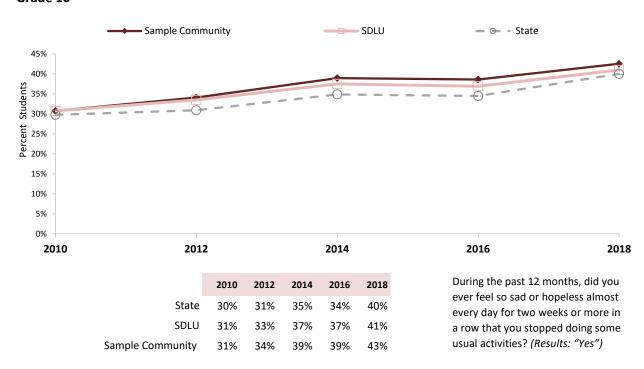


HYS Measures of Mental Health

Depression

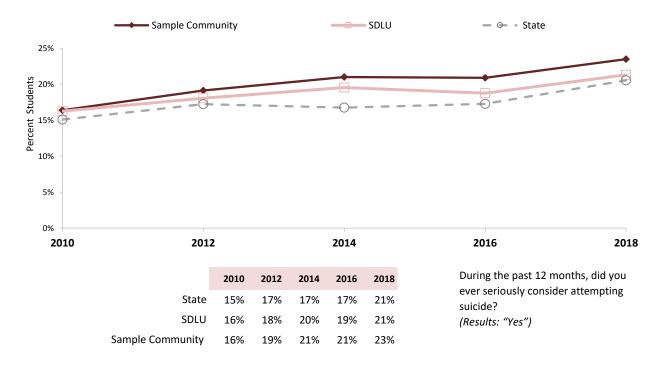
Grade 8

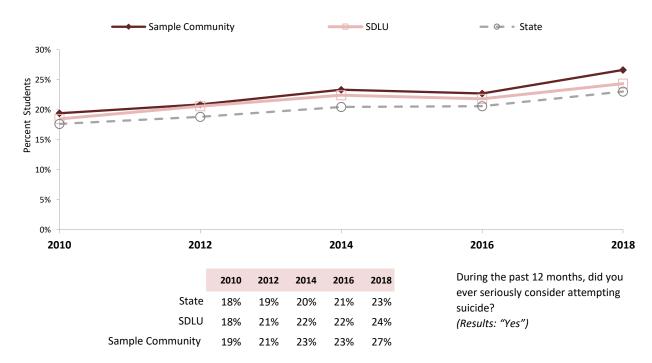




Considering Suicide

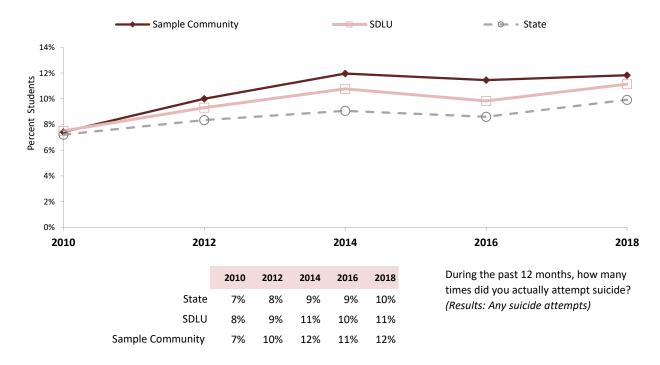
Grade 8



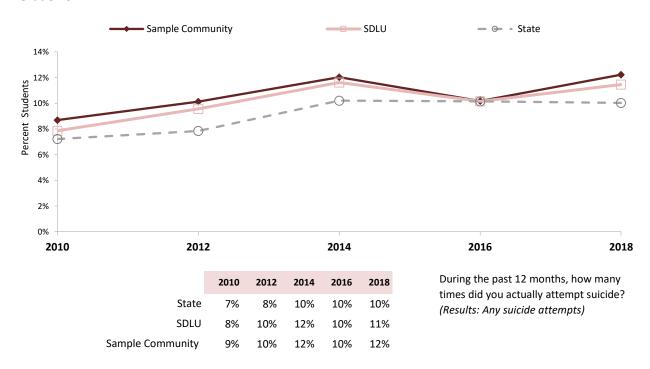


Suicide Attempts

Grade 8



Grade 10

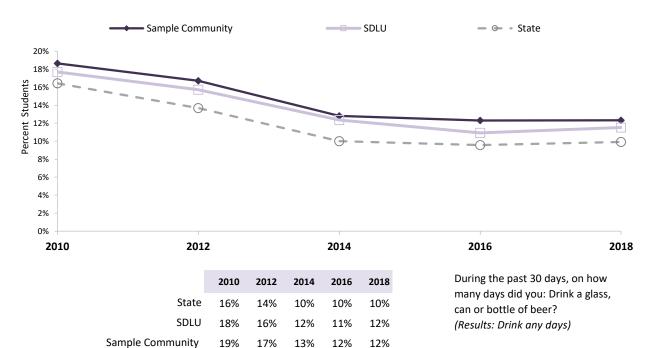


NOTE: The question wording in 2008 did not match prior or later wording and is not comparable to other years for all grades.

HYS Measures of Youth Substance Use

Current Drinking

Grade 8



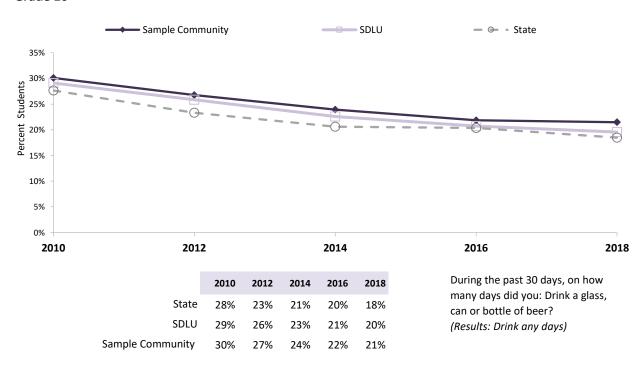
19%

17%

13%

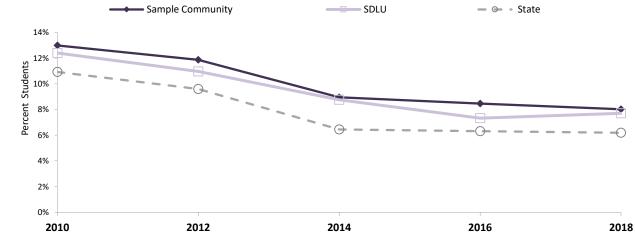
12%

12%



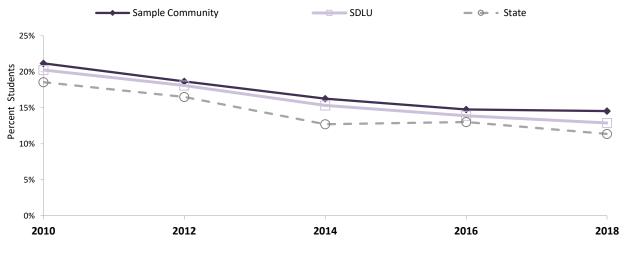
Problem/Heavy Drinking

Grade 8



	2010	2012	2014	2016	2018
State	11%	10%	6%	6%	6%
SDLU	12%	11%	9%	7%	8%
Sample Community	13%	12%	9%	8%	8%

(Results: 3-5 days drinking in the past 30 days and/or 1 binge past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)

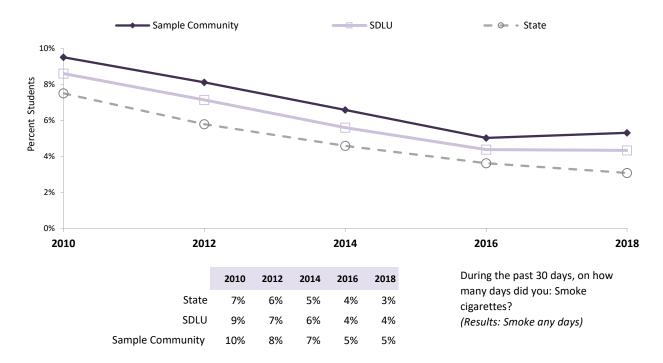


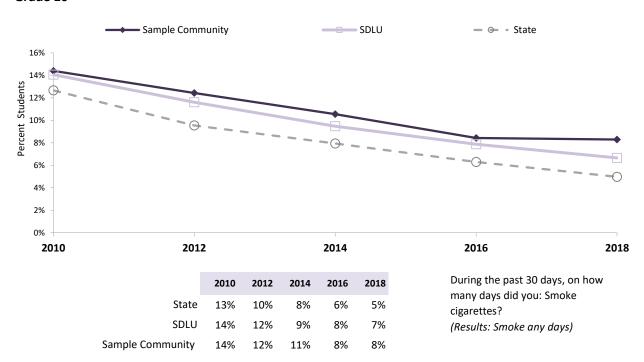
	2010	2012	2014	2016	2018
State	19%	17%	13%	13%	11%
SDLU	20%	18%	15%	14%	13%
Sample Community	21%	19%	16%	15%	15%

(Results: 3-5 days drinking in the past 30 days and/or 1 binge past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)

Current Cigarette Smoking

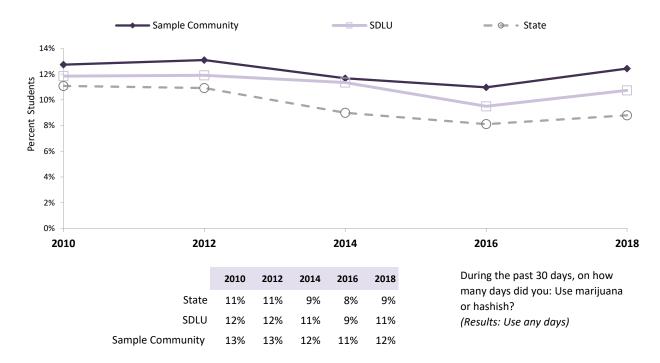
Grade 8

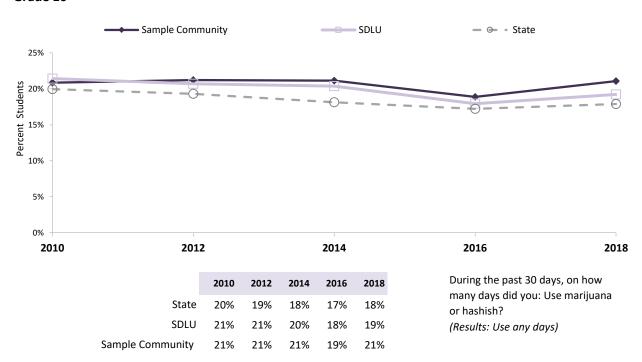




Current Marijuana Use

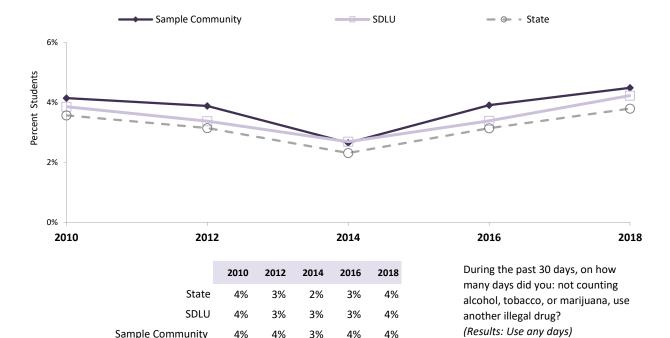
Grade 8





Current Other Illegal Drug Use

Grade 8



Grade 10

Sample Community

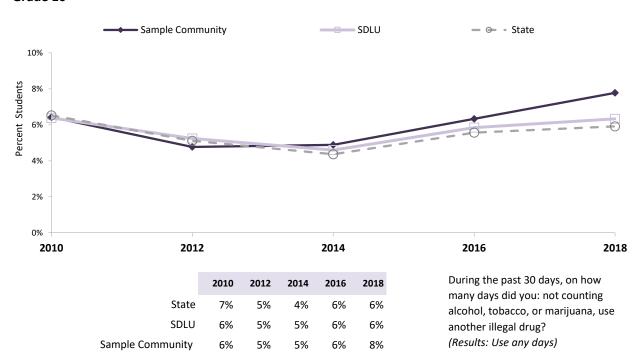
4%

4%

3%

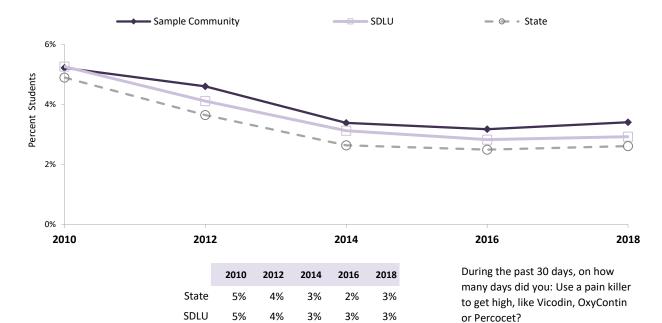
4%

4%



Current Pain Killer Use

Grade 8



3%

(Results: Use any days)

Grade 10

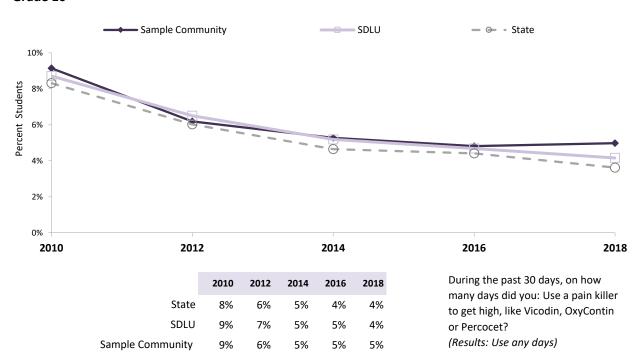
Sample Community

5%

5%

3%

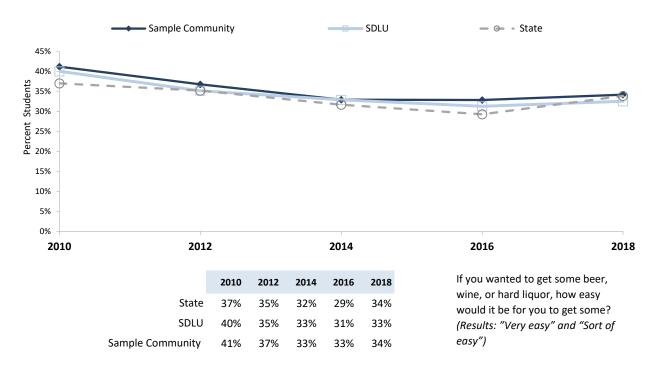
3%

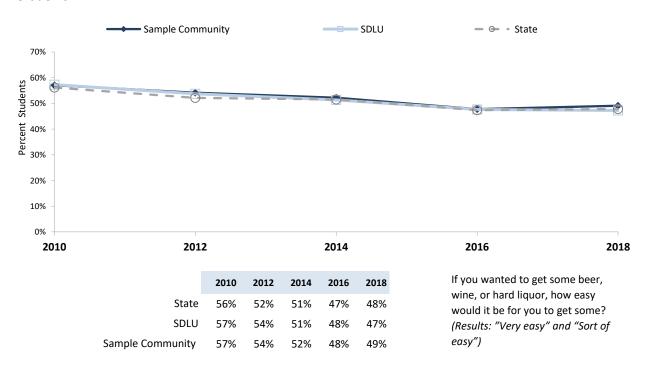


HYS Measures of Alcohol or Marijuana Availability

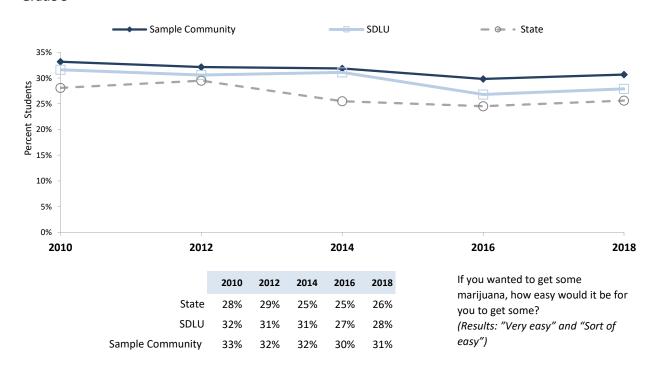
Youth Think Alcohol is Easy to Get

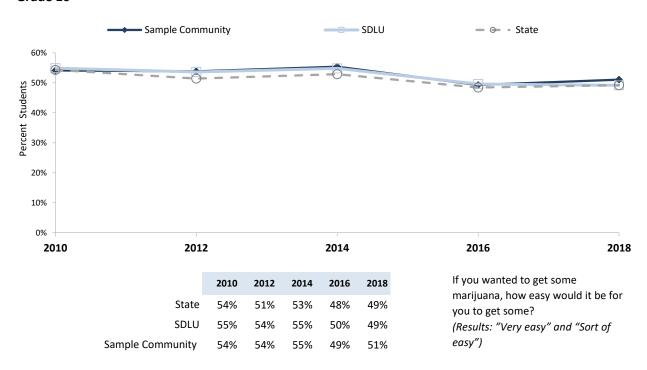
Grade 8





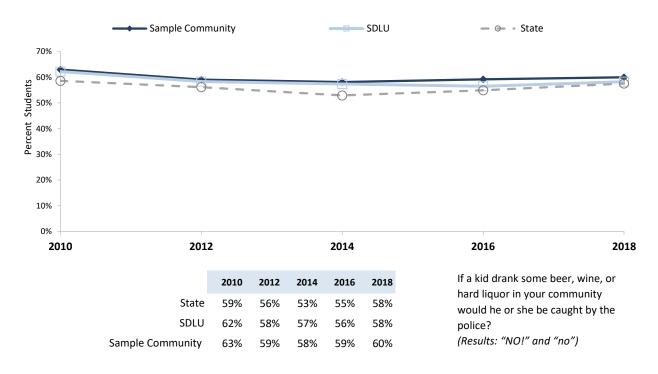
Youth Think Marijuana is Easy to Get Grade 8

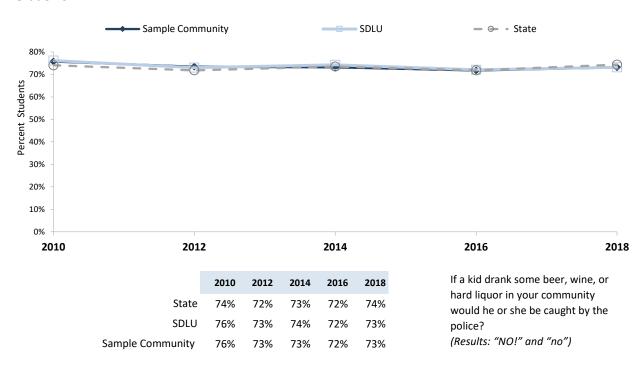




HYS Measures of Enforcement of Alcohol Laws

Police Don't Enforce Underage Drinking Laws Grade 8

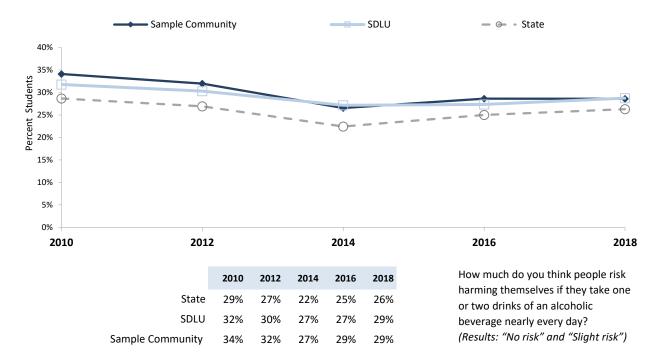


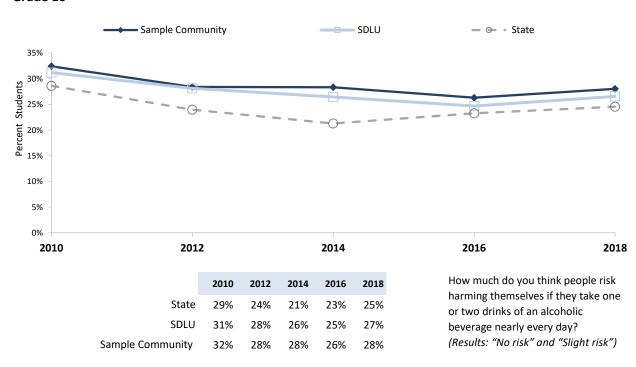


HYS Measures of Perception of Risk of Harm

Regular Alcohol Drinking Isn't Risky

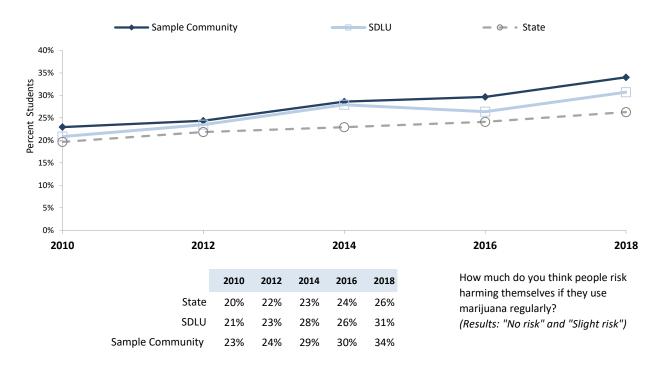
Grade 8

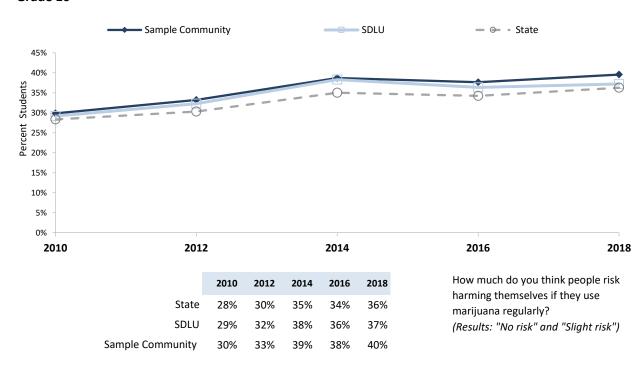




Regular Marijuana Use Isn't Risky

Grade 8





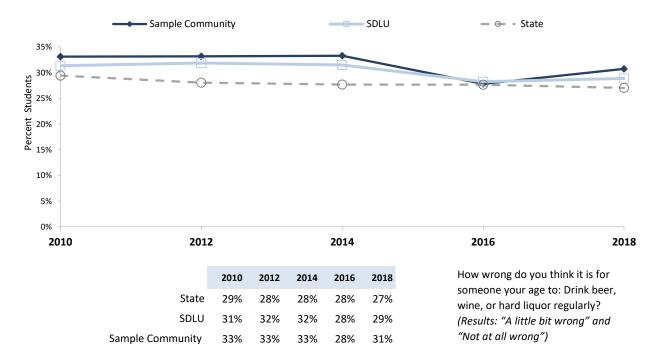
HYS Measures of Community Norms

Youth Don't Think Drinking is Wrong Grade 8

Sample Community SDLU STATE STATE

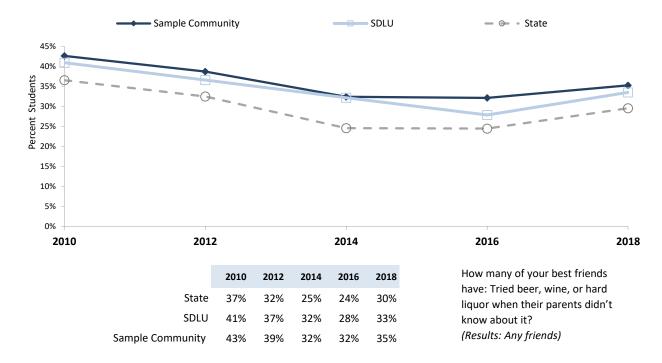
_					
	2010	2012	2014	2016	2018
State	16%	17%	13%	14%	16%
SDLU	19%	19%	17%	15%	18%
Sample Community	20%	20%	17%	17%	20%

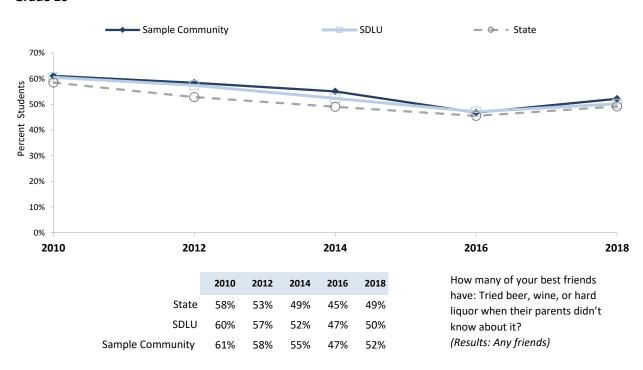
How wrong do you think it is for someone your age to: Drink beer, wine, or hard liquor regularly? (Results: "A little bit wrong" and "Not at all wrong")



Friends Drink Alcohol

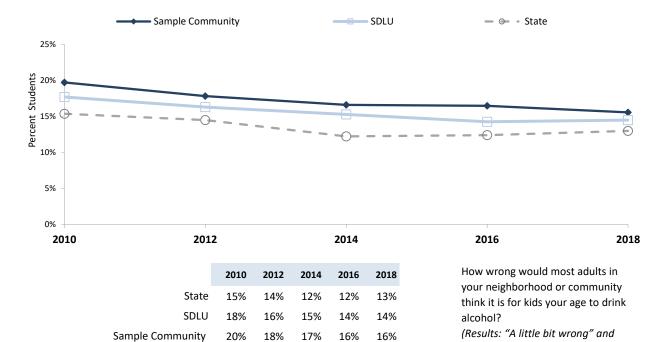
Grade 8



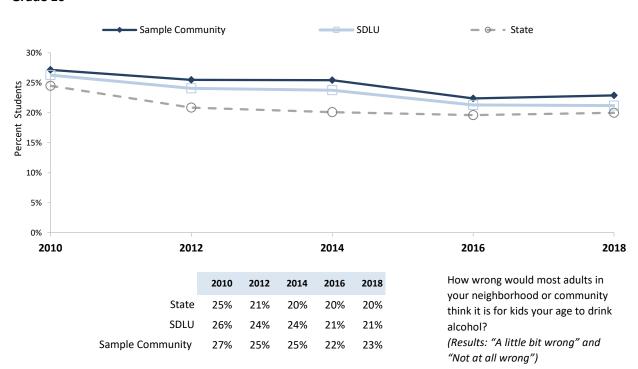


Community Doesn't Think Drinking is Wrong

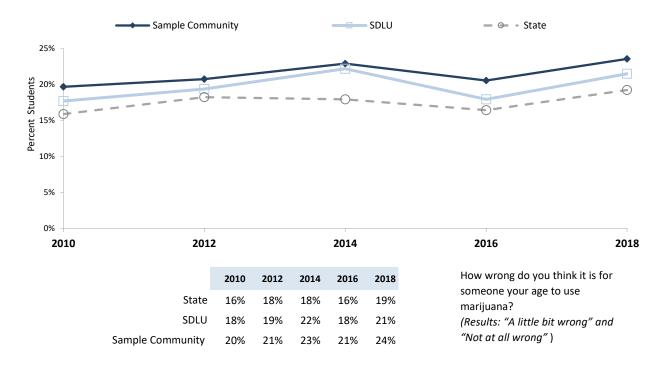
Grade 8

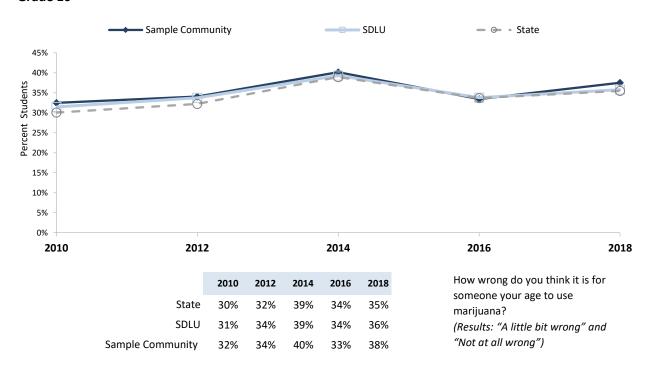


"Not at all wrong")



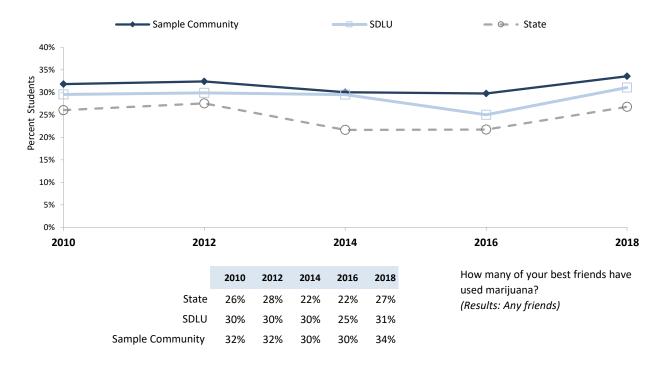
Youth Don't Think Marijuana Use Is Wrong Grade 8

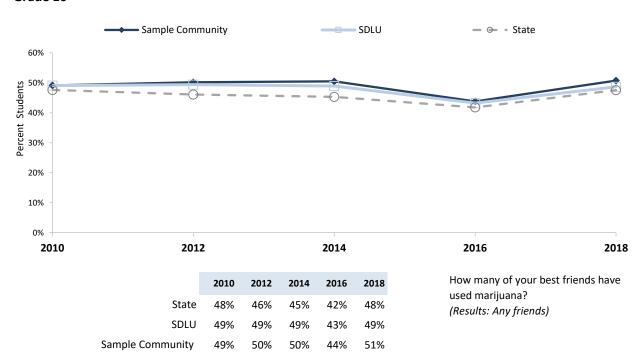




Friends Use Marijuana

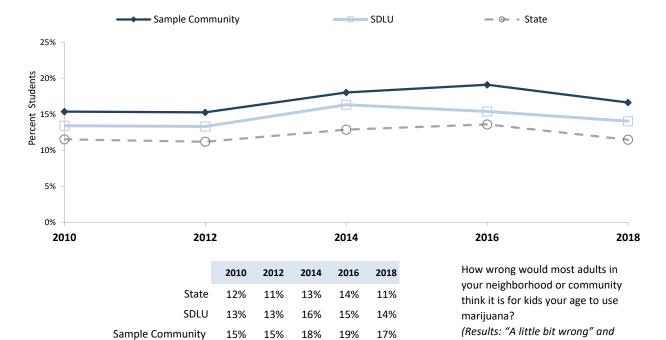
Grade 8



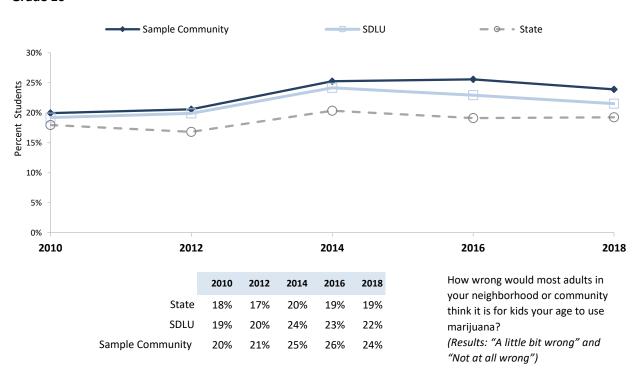


Community Doesn't Think Marijuana Use is Wrong

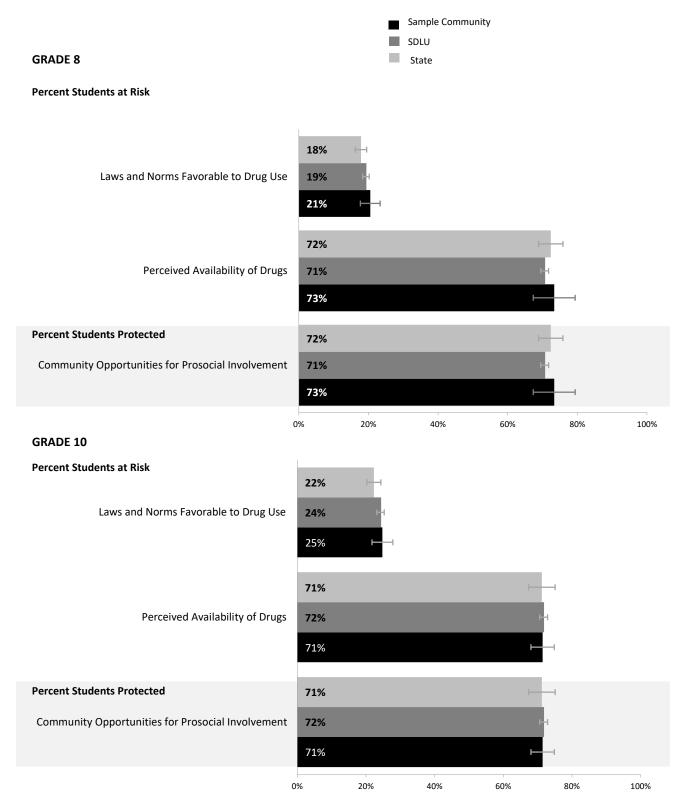
Grade 8



"Not at all wrong")



Community Risk and Protective Factors



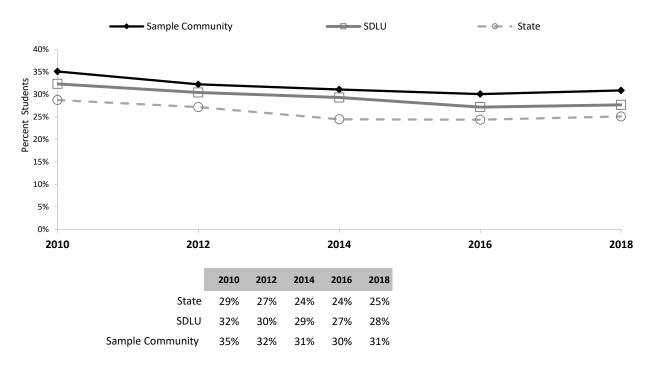
Community Risk Factors

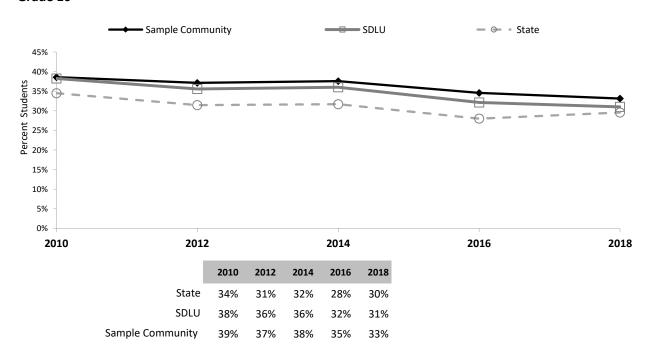
Laws and Norms Favorable to Drug Use

SCALE QUESTIONS

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

Grade 8



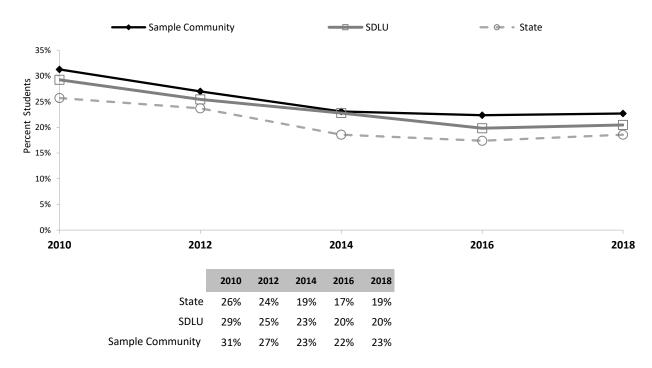


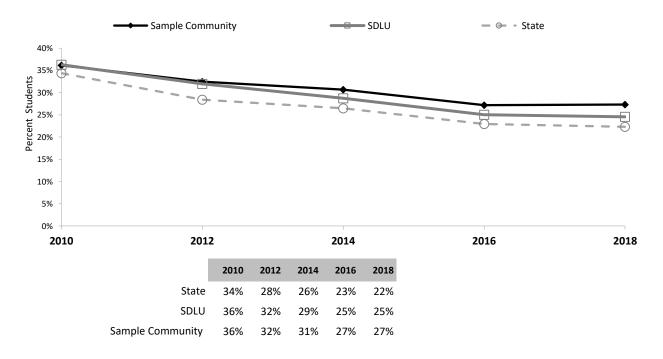
Perceived Availability of Drugs

SCALE QUESTIONS

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

Grade 8





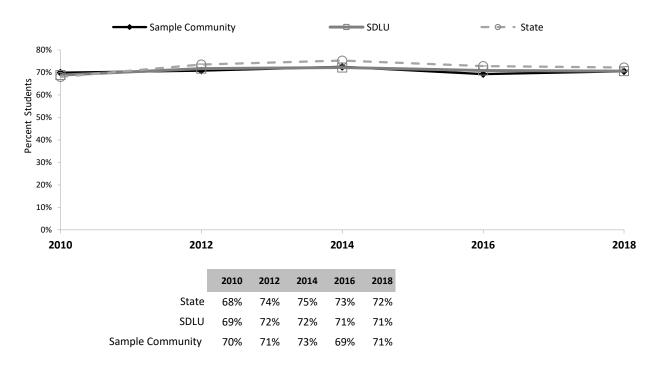
Community Protective Factor (Percent Protected)

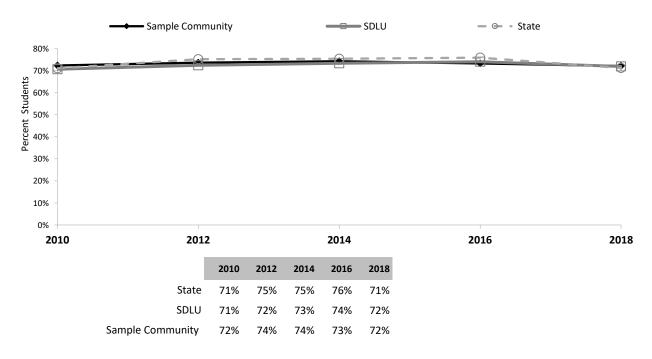
Community Opportunities for Prosocial Involvement

SCALE QUESTIONS

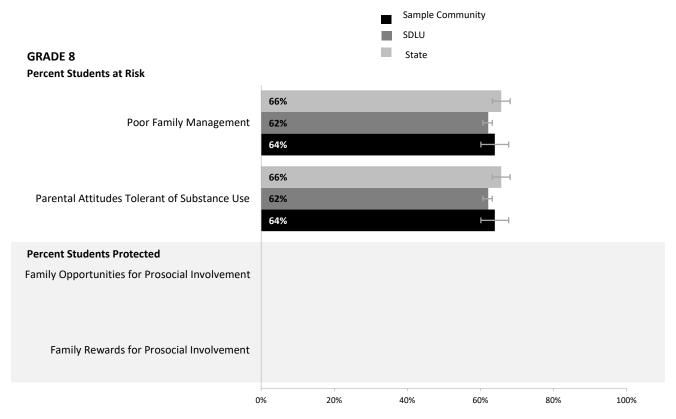
- There are adults in my neighborhood or community I could talk to about something important.
- Which of the following activities for people your age are available in your community? 1) Sports teams and recreation, 2) Scouts, Camp Fire, 4-H Clubs, or other service clubs, 3) Boys and Girls Club, YMCA,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

Grade 8

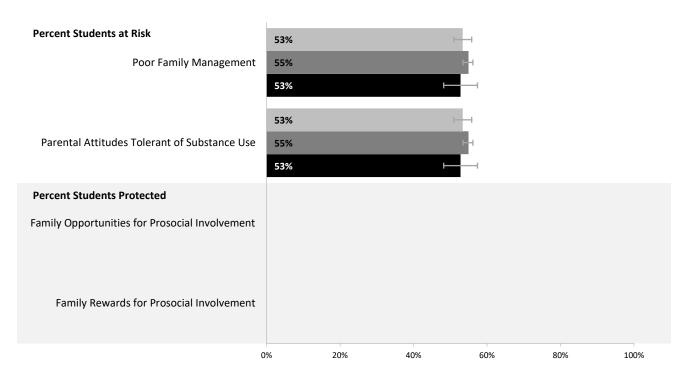




Family Risk and Protective Factors



GRADE 10



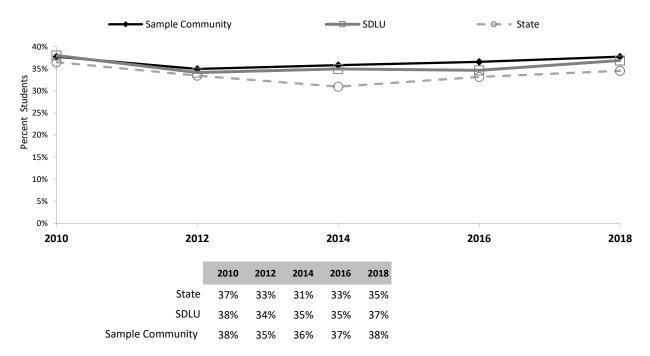
Family Risk Factors

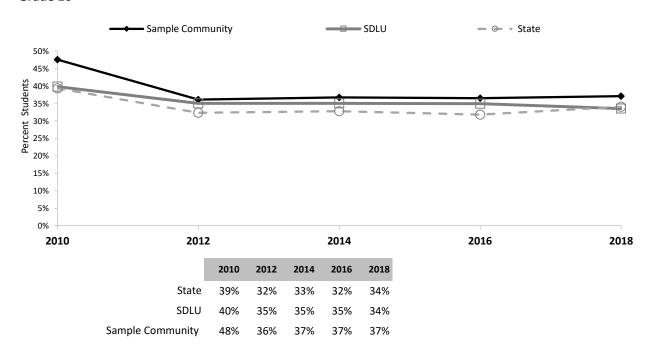
Poor Family Management

SCALE QUESTIONS

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

Grade 8



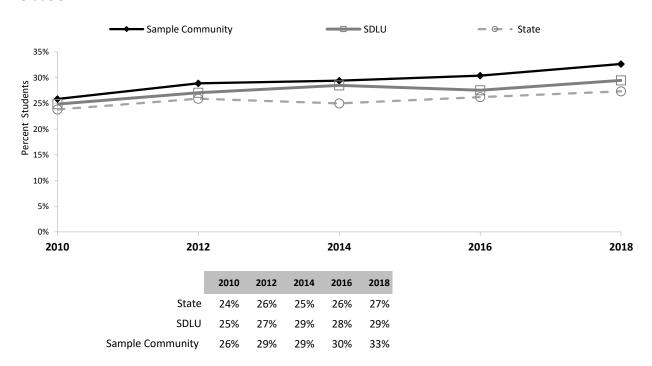


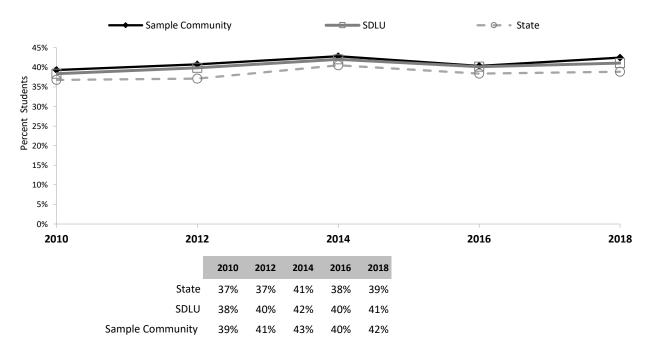
Parental Attitudes Tolerant of Substance Use

SCALE QUESTIONS

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

Grade 8





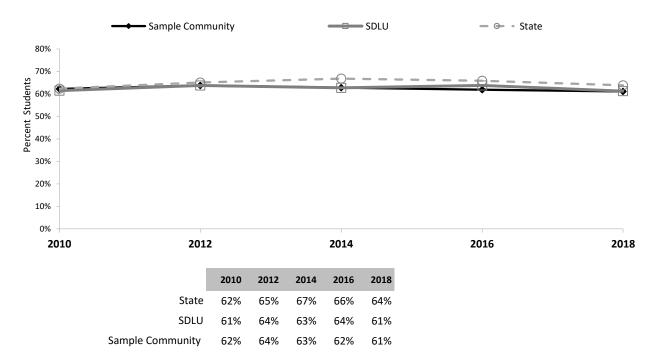
Family Protective Factors (Percent Protected)

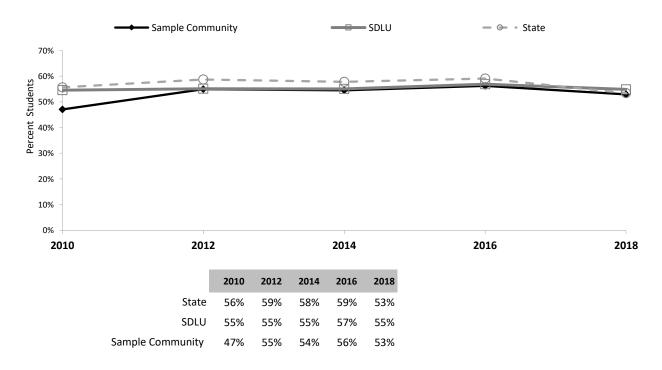
Family Opportunities for Prosocial Involvement

SCALE QUESTIONS

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

Grade 8



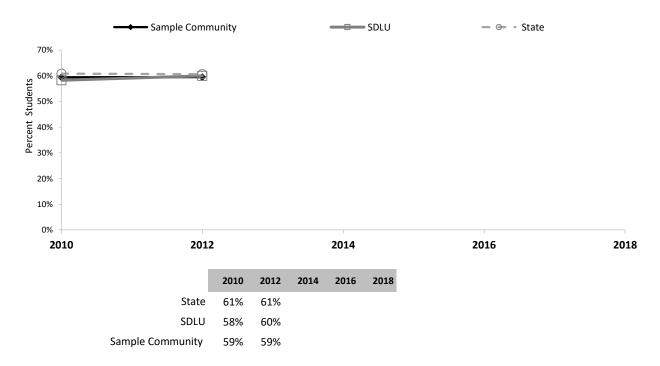


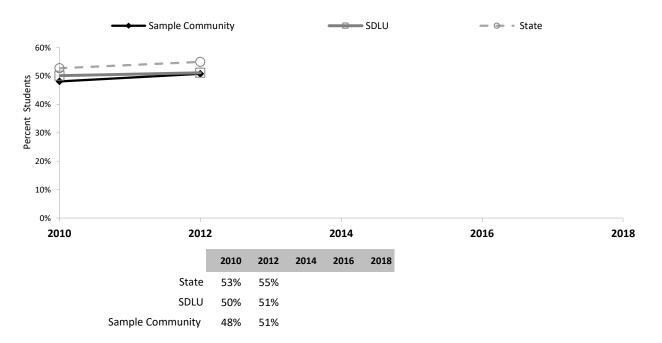
Family Rewards for Prosocial Involvement

SCALE QUESTIONS (Removed from the HYS as of 2014)

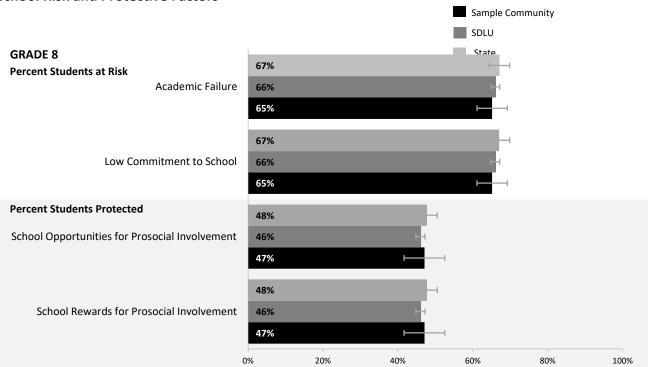
- My parents notice when I am doing a good job and let me know about it.
- How often do your parents tell you they're proud of you for something you've done?
- Do you enjoy spending time with your mother?
- Do you enjoy spending time with your father?

Grade 8

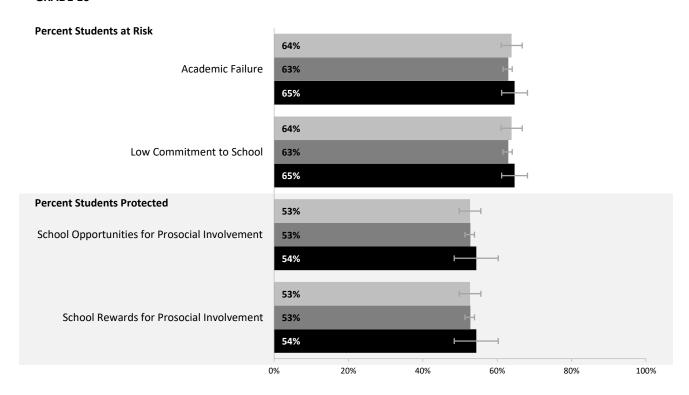




School Risk and Protective Factors



GRADE 10



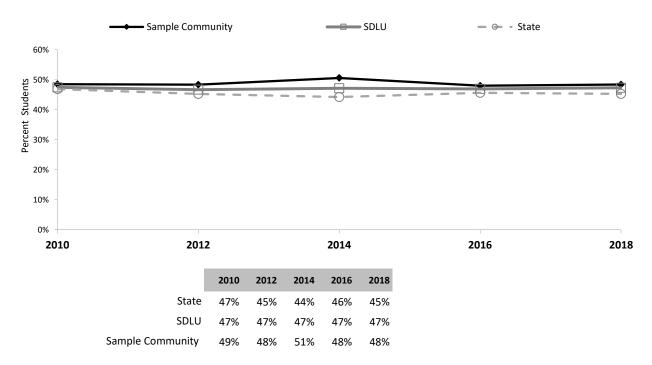
School Risk Factors

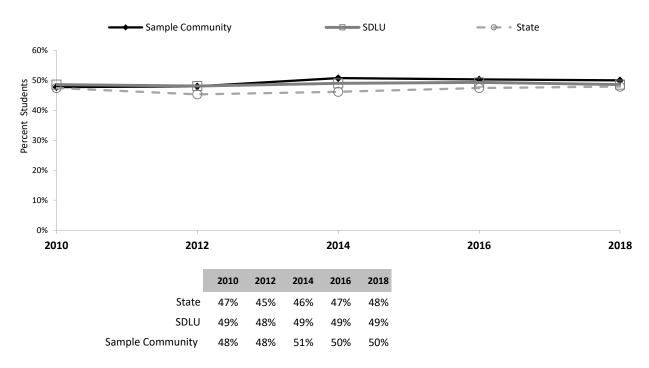
Academic Failure

SCALE QUESTIONS

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

Grade 8



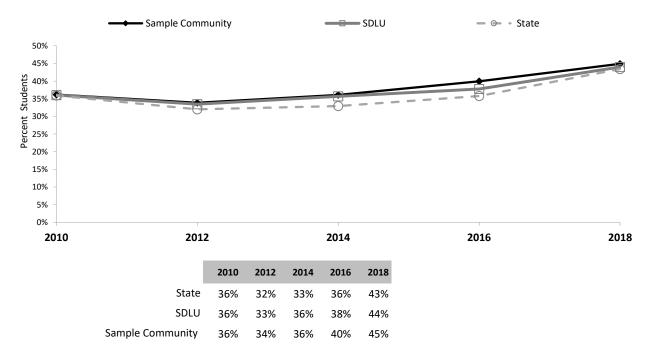


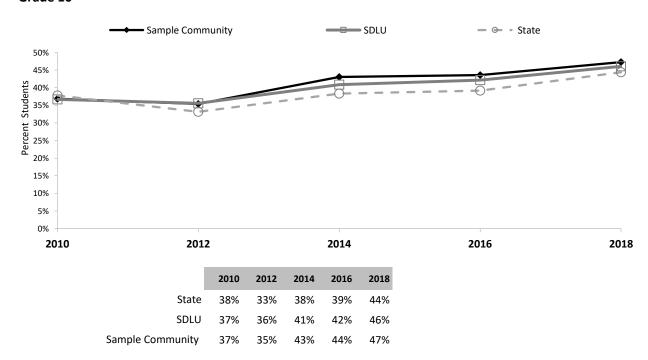
Low Commitment to School

SCALE QUESTIONS

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

Grade 8





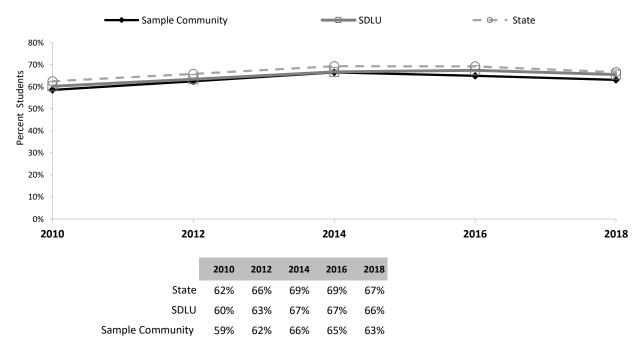
School Protective Factors (Percent Protected)

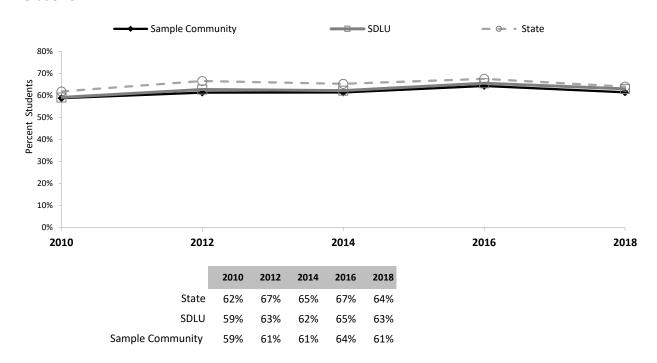
School Opportunities for Prosocial Involvement

SCALE QUESTIONS

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

Grade 8



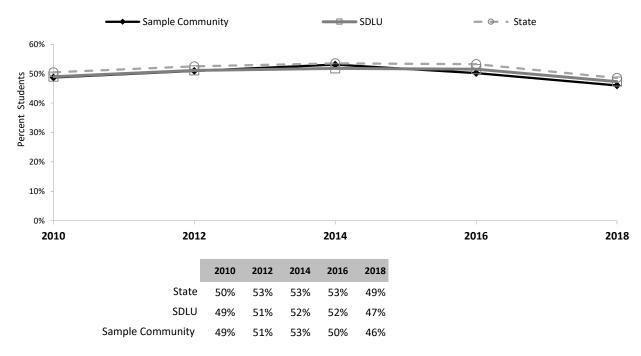


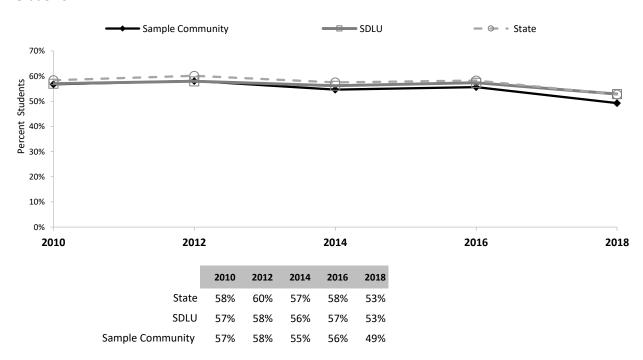
School Rewards for Prosocial Involvement

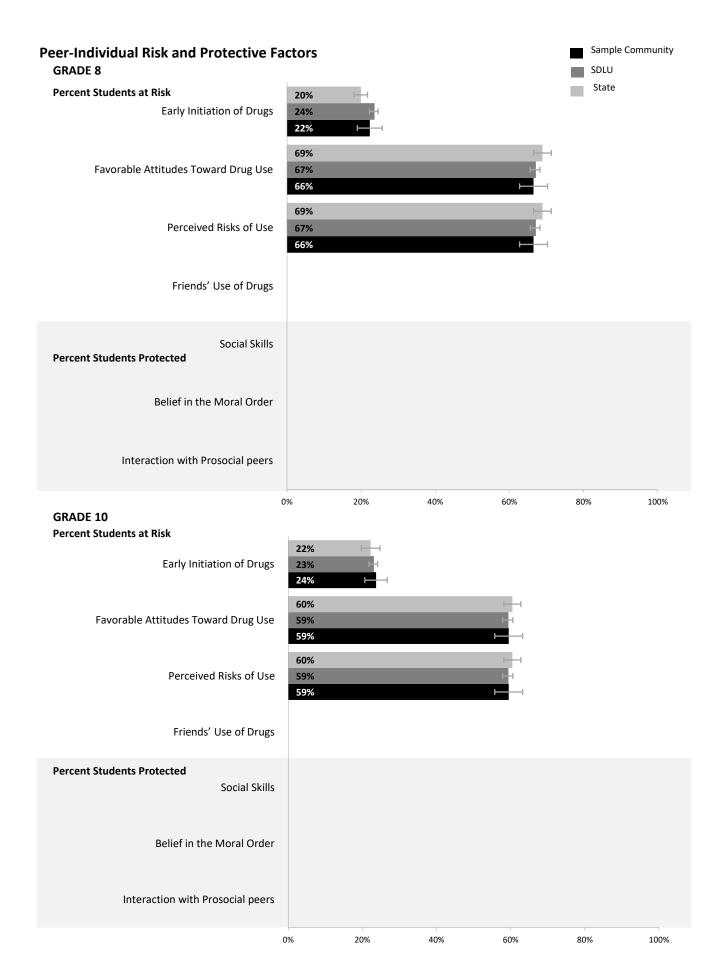
SCALE QUESTIONS

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

Grade 8







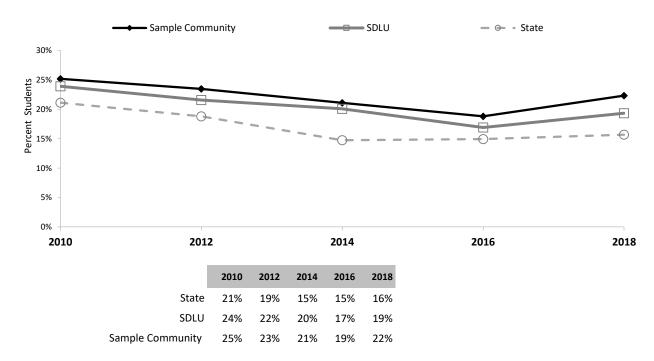
Peer-Individual Risk Factors

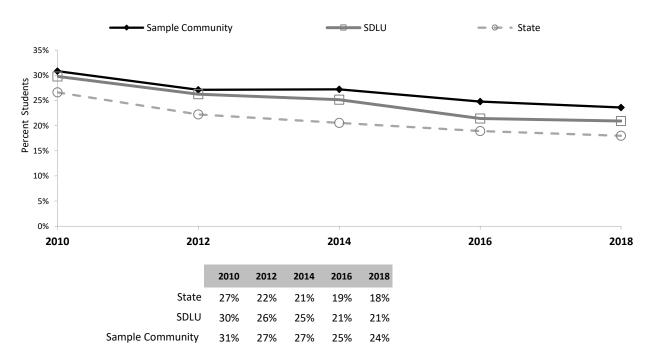
Early Initiation of Drugs

SCALE QUESTIONS

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

Grade 8



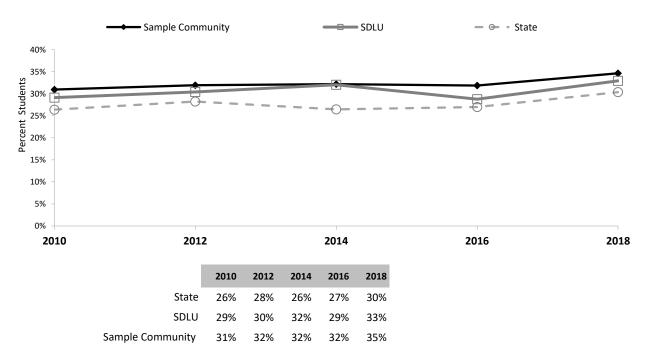


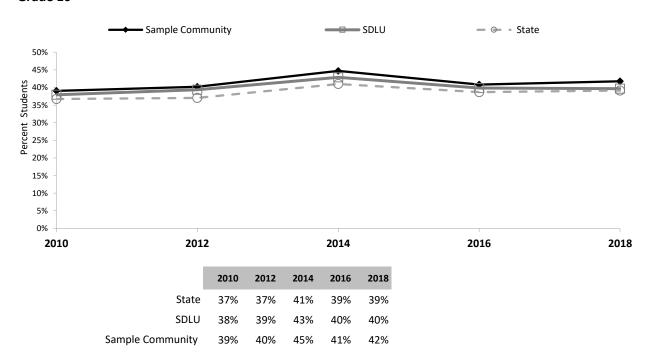
Favorable Attitudes Toward Drug Use

SCALE QUESTIONS

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

Grade 8



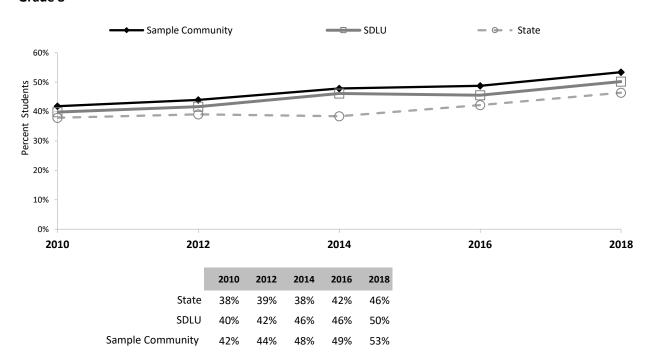


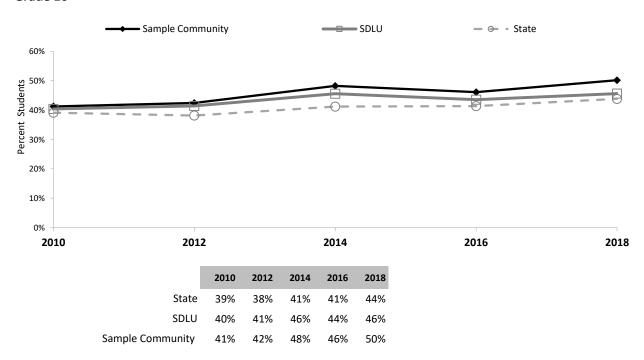
Perceived Risks of Use

SCALE QUESTIONS

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

Grade 8



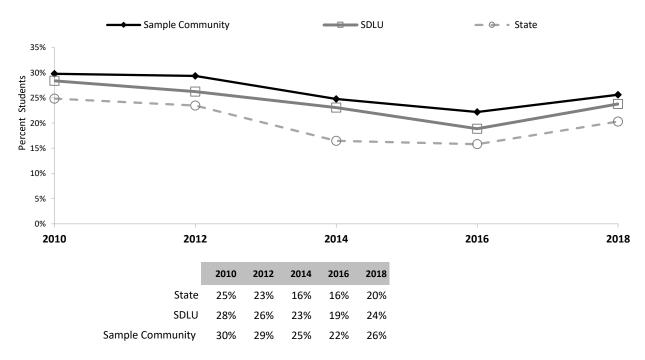


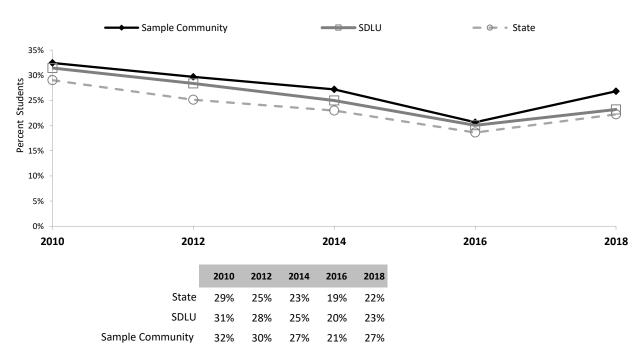
Friends' Use of Drugs

SCALE QUESTIONS

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

Grade 8



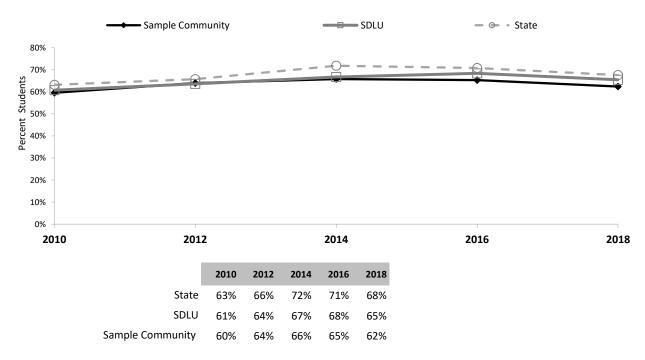


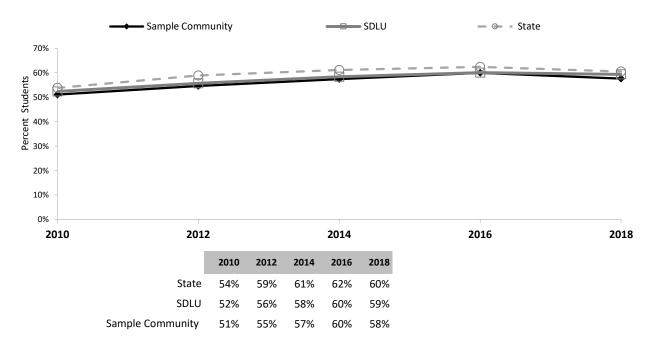
Peer-Individual Protective Factors (Percent Protected) **Social Skills**

SCALE QUESTIONS

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

Grade 8



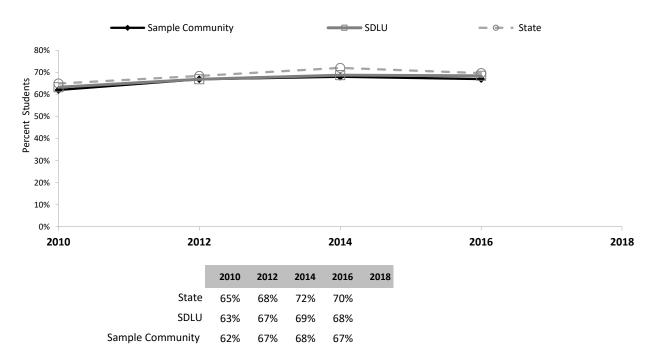


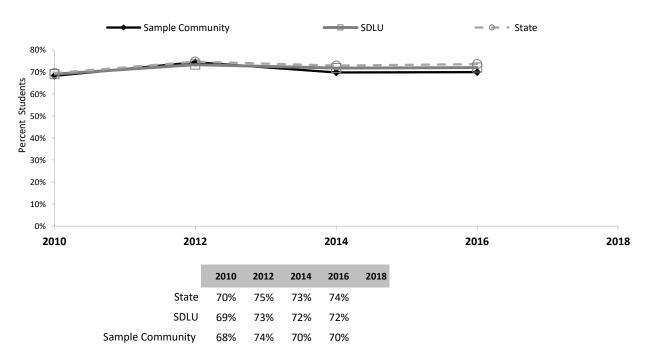
Belief in the Moral Order

SCALE QUESTIONS (Removed from HYS as of 2018)

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

Grade 8



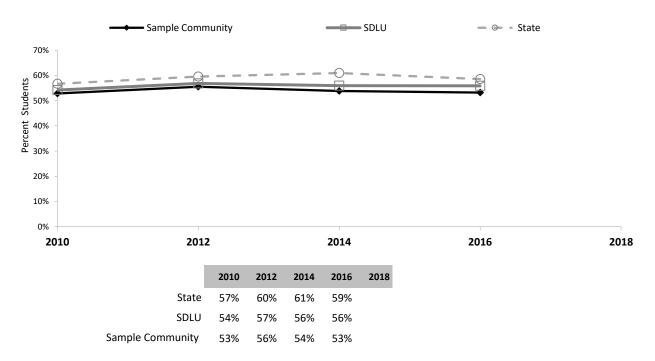


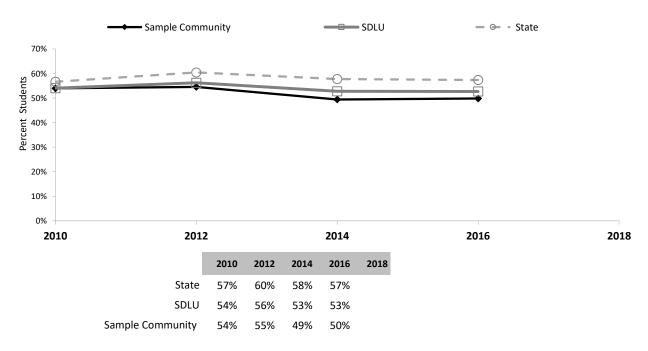
Interaction with Prosocial Peers

SCALE QUESTIONS (Removed from HYS as of 2018)

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

Grade 8





Additional CORE Data

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

The line charts and tables includes CORE district, county, and state results for all years available from 2006. 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).

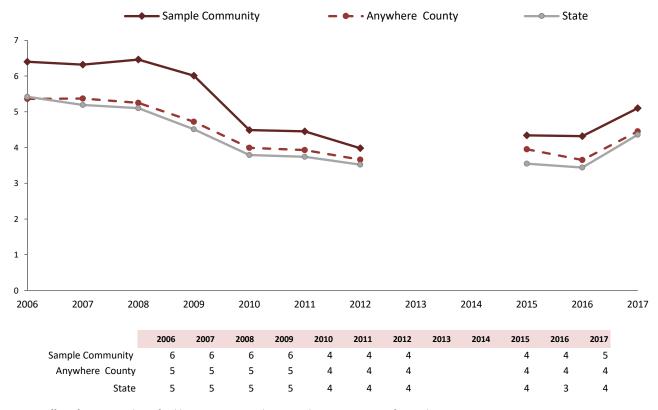
For more information on these measures, including the number of individuals represented and additional indicators, please visit the Risk Profiles Data on the DSHS's Research and Data Analysis Division's website: http://www.dshs.wa.gov/rda/research

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

School Performance

Annual (Event) Dropouts (Percent)

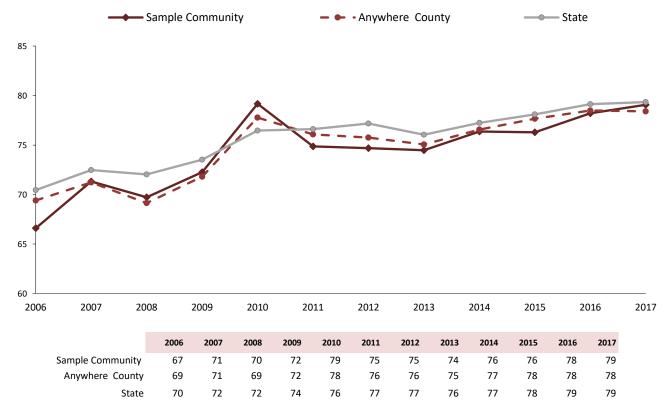
The Annual Dropout rate measures the proportion of students enrolled in grades 9-12 who drop out in a single year without completing high school as a percentage of all students in grades 9 through 12. This indicator answers the question "How many high-school students left school without graduating this year?" When districts try new policies or projects to keep students in school the impact of those actions will be more immediately visible in this rate. *Data unavailable for 2013 and 2014.*



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). Data unavailable prior to 2006.

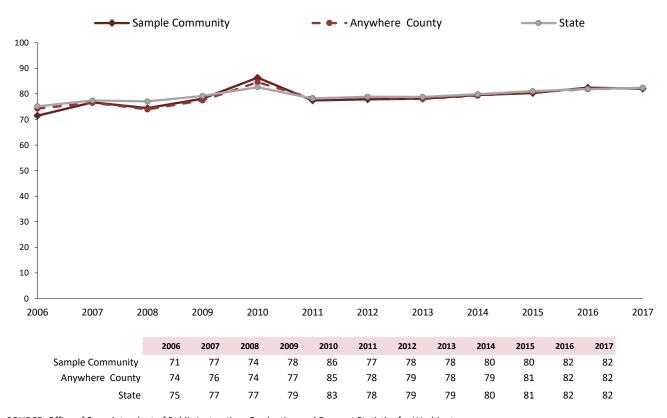


SOURCE: Office of Superintendent of Public Instruction, Graduation and Dropout Statistics for Washington.

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). Data unavailable prior to 2006.



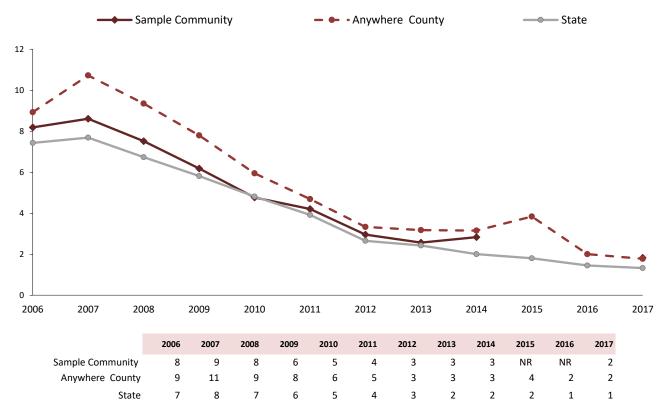
 $SOURCE: Of fice \ of \ Superintendent \ of \ Public \ Instruction, \ Graduation \ and \ Dropout \ Statistics \ for \ Washington.$

Youth Delinquency

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

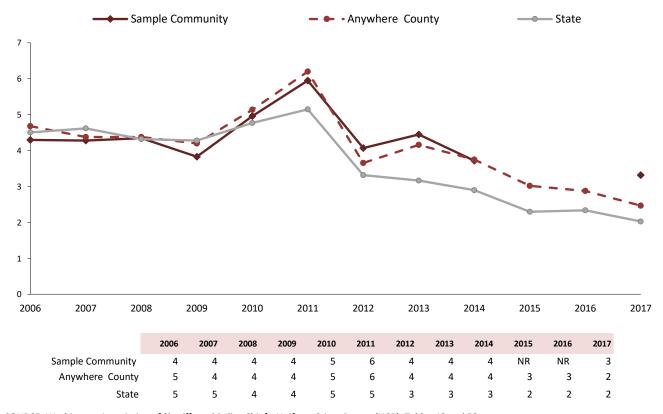
The arrests of adolescents (age 10-17) for alcohol violations, per 1,000 adolescents (age 10-17). Alcohol violations include driving under the influence, liquor law violations, and drunkenness. For children, arrests for liquor law violations are usually arrests for "minor in possession".

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



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

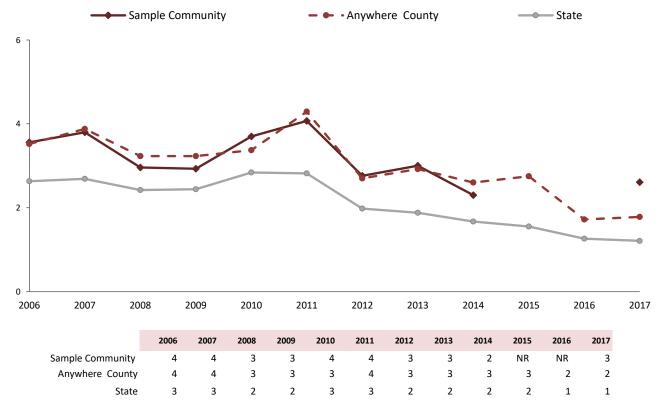
The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17). Drug law violations include all crimes involving sale, manufacturing, and possession of drugs. Denominators are adjusted by subtracting the population of police agencies that did not report arrests to UCR.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



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

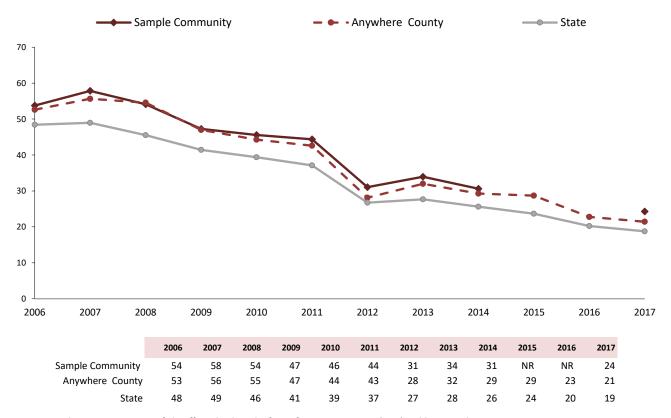
The arrests of younger adolescents (age 10-14) for alcohol and drug law violations, per 1,000 adolescents (age 10-14). Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness. For children, arrests for liquor law violations are usually arrests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

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



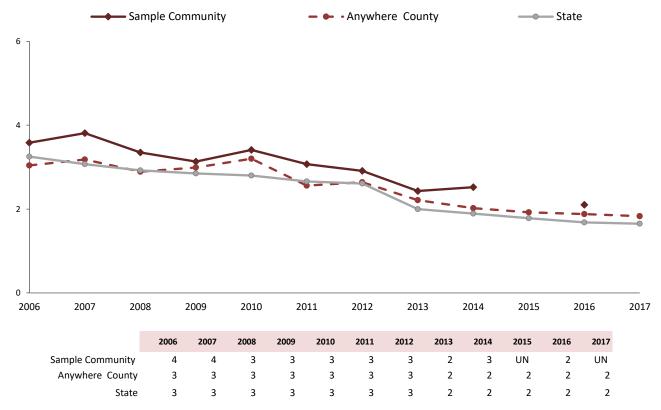
Total Arrests (Age 10-17) of Adolescents (Rate per 1,000)

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



Weapons Incidents in School (Rate per 1,000)

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



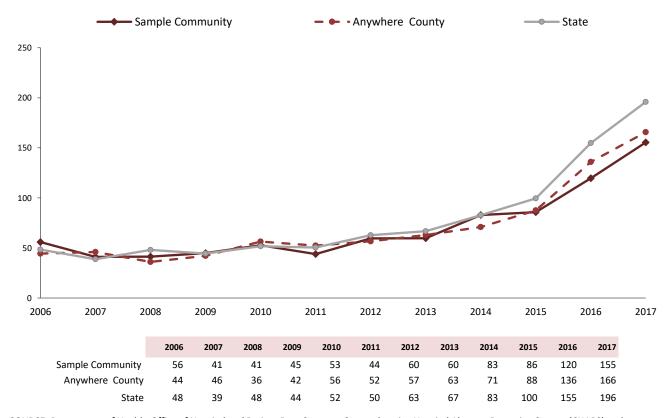
SOURCE: Office of Superintendent of Public Instruction, Information Services, Safe and Drug-free Schools: Report to the Legislature on Weapons in Schools RCW 28A.320.130.

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 Health.

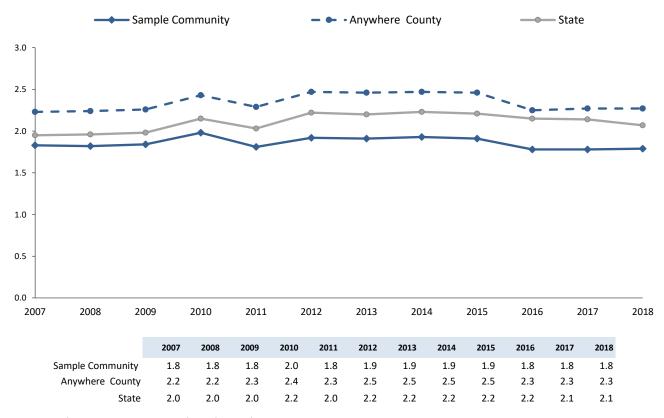
INTERVENING VARIABLES | Characteristics that are strongly predictive of underage drinking and substance abuse

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.

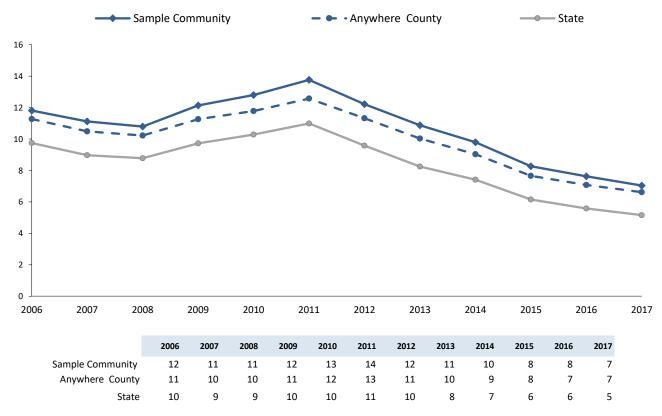
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

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)

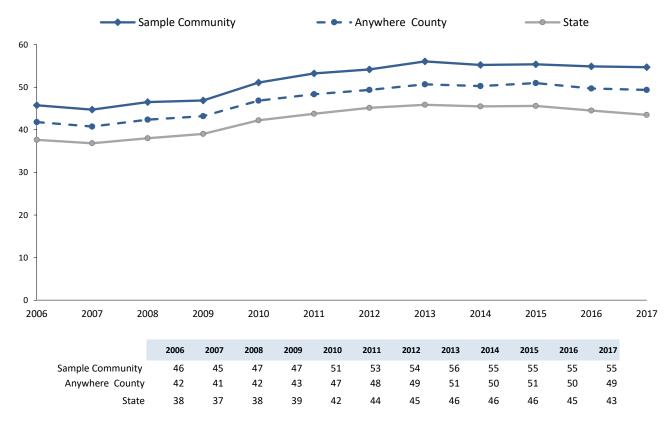
Data reflects children (age birth-17) participating in Temporary Assistance to Needy Families (TANF) programs per 100 children (age birth-17). For easier comparison this rate is presented as a percent, but is usually seen in CORE reports as a rate per 1,000.



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 Health.

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 2012 - 2017

Fatal drug overdoses from **prescribed opioids** constituted 37 percent of *all fatal drug overdoses*, both legal and illegal, in Washington during the years 2012 to 2017; they were responsible for 56 percent of all fatal opioid overdoses during this period¹. Several hundred overdose deaths from prescription opioids per year is the tip of the iceberg; Washington State Department of Health (DOH) estimates that "thousands of non-fatal overdose events, tens of thousands of people with opioid use disorder and hundreds of thousands of individuals who are misusing prescription opioids" as well as multiple individuals with other adverse health consequences need to be taken into account to fully comprehend the scale of this problem². Some Washington communities have been hit harder than others.

More than 5.8 million opioid prescriptions were filled by Washington pharmacies during 2017, enough for every 8 out of 10 residents of all ages to have one prescription per year³. Nearly one-fifth of all Washington residents received at least one opioid prescription during 2017, with an average of 3.7 prescriptions filled per patient. Hydrocodone and Oxycodone were the two most frequently prescribed opioids.

The measures presented in this section were selected from a vast array of data available via the Washington State Prescription Monitoring Program (PMP) at DOH⁴ to highlight main features and trends in the opioid prescribing in your community. They are meant as tools to start a discussion with your Community Coalition and community partners about prescription opioid use and misuse in your community.

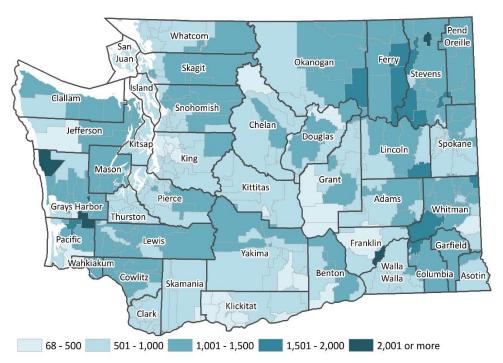
Questions to consider:

- Where in Washington are the highest rates of prescribed opioids?
- How does my community compare to my county and the state?
- · What are the most commonly prescribed opioids in my community?
- · Do men and women obtain these prescribed opioids in a similar way?
- · Do prescriptions filled change with age?
- · What are the changes over time?

Endnotes 1,2,3,4: see "Opioids: Data Notes and Sources"

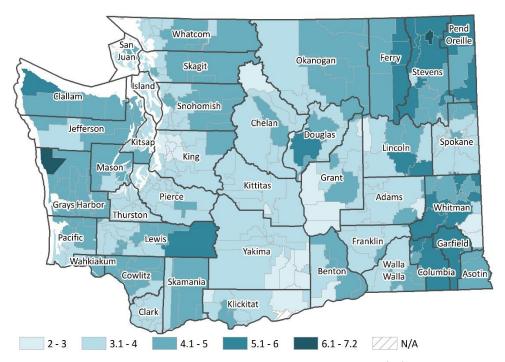
MAPS 1-3: Prescriptions for All Opioids Filled in Calendar Year 2017

Map 1. Opioid Prescriptions (Any Type) per 1,000 Residents by School District, 2017



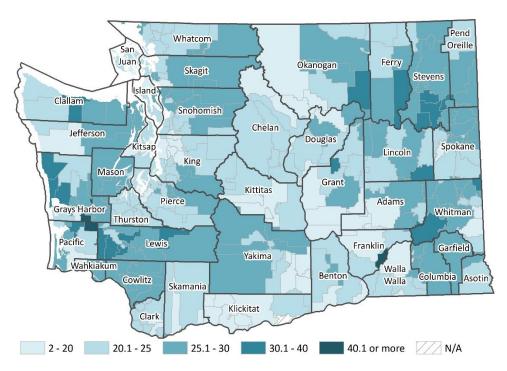
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

Map 2. Opioid Prescriptions (Any Type) per Patient by School District, 2017



SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018.

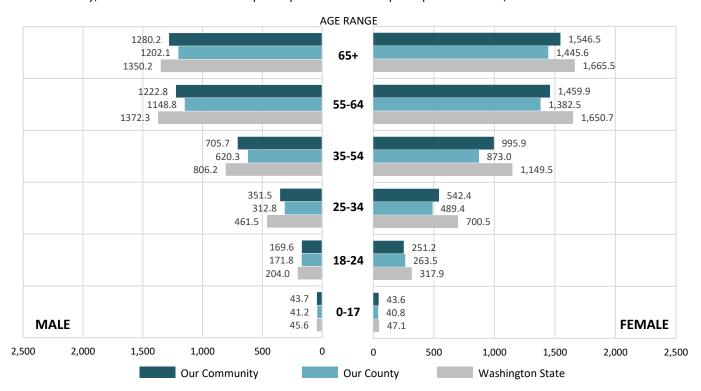
Map 3. Patients with Prescriptions for Opioids per 100 Residents by School District, 2017



SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2017

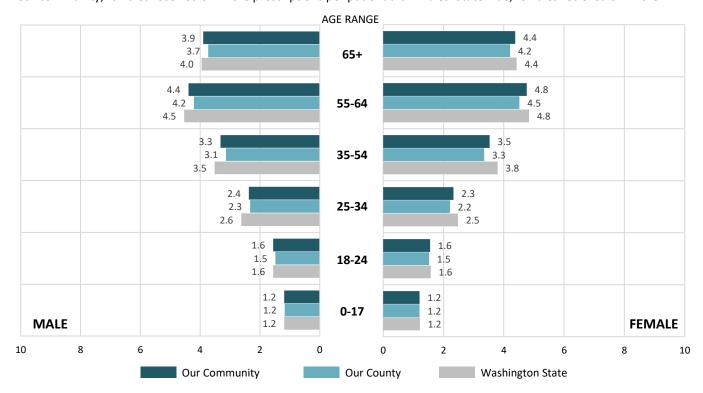
In our community, females received 36% more prescriptions than males per capita. Statewide, females received 37% more.



		Sample Commur	nity	Anywhere	e County	Washingt	ton State
Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2017	Age	Male	Female	Male	Female	Male	Female
Rate		1,280.2	1,546.5	1,202.1	1,445.6	1,350.2	1,665.5
Prescriptions	65+	3,710	5,374	19,582	28,367	695,914	1,009,945
Population		2,898	3,475	16,290	19,623	515,403	606,376
Rate		1,222.8	1,459.9	1,148.8	1,382.5	1,372.3	1,650.7
Prescriptions	55-64	3,359	4,127	17,869	22,089	644,961	809,023
Population		2,747	2,827	15,555	15,977	469,970	490,100
Rate		705.7	995.9	620.3	873.0	806.2	1,149.5
Prescriptions	35-54	4,194	5,609	20,988	28,674	767,506	1,075,504
Population		5,943	5,632	33,833	32,846	951,956	935,631
Rate		351.5	542.4	312.8	489.4	461.5	700.5
Prescriptions	25-34	1,370	1,981	6,676	9,686	240,935	348,439
Population		3,898	3,652	21,342	19,790	522,031	497,382
Rate		169.6	251.2	171.8	263.5	204.0	317.9
Prescriptions	18-24	399	582	1,984	2,857	70,231	104,161
Population		2,353	2,317	11,550	10,842	344,204	327,677
Rate		43.7	43.6	41.2	40.8	45.6	47.1
Prescriptions	0-17	206	197	1,091	1,034	38,468	37,979
Population		4,714	4,521	26,454	25,335	843,993	805,577
Rate		584.1	795.3	545.4	745.2	673.9	924.2
Prescriptions	ALL AGES	13,174	17,833	68,190	92,707	2,458,015	3,385,051
Population	ALL AGES	,	·	· 1	<i>'</i>	· ' '	
Population		22,553	22,424	125,024	124,413	3,647,557	3,662,743

Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2017

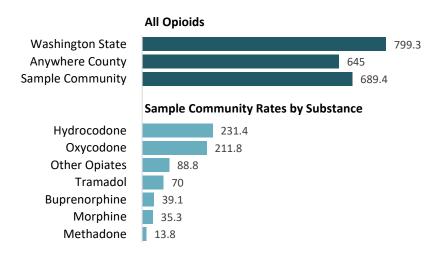
In our community, females received 0.2 more prescriptions per patient than males. Statewide, females recieved 0.2 more.



		Sample Commur	nity	Anywhere	e County	Washingt	on State
Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2017	Age	Male	Female	Male	Female	Male	Female
Rate		3.9	4.4	3.7	4.2	4.0	4.4
Prescriptions	65+	952	1,227	5,248	6,737	176,128	228,057
Recipients		3,710	5,374	19,582	28,367	695,914	1,009,945
Rate		4.4	4.8	4.2	4.5	4.5	4.8
Prescriptions	55-64	765	867	4,249	4,887	142,343	167,291
Recipients		3,359	4,127	17,869	22,089	644,961	809,023
Rate		3.3	3.5	3.1	3.3	3.5	3.8
Prescriptions	35-54	1,264	1,589	6,694	8,560	218,296	283,369
Recipients		4,194	5,609	20,988	28,674	767,506	1,075,504
Rate		2.4	2.3	2.3	2.2	2.6	2.5
Prescriptions	25-34	578	850	2,865	4,370	91,781	140,345
Recipients		1,370	1,981	6,676	9,686	240,935	348,439
Rate		1.6	1.6	1.5	1.5	1.6	1.6
Prescriptions	18-24	256	374	1,336	1,873	45,059	65,944
Recipients		399	582	1,984	2,857	70,231	104,161
Rate		1.2	1.2	1.2	1.2	1.2	1.2
Prescriptions	0-17	173	163	928	855	32,340	31,208
Recipients		206	197	1,091	1,034	38,468	37,979
Rate		3.4	3.5	3.2	3.4	3.5	3.7
Prescriptions	ALL AGES	3,914	5,033	21,319	27,283	705,947	916,214
Recipients		13,174	17,833	68,190	92,707	2,458,015	3,385,051

Opioid Prescriptions per 1,000 Residents by Frequency, 2017

In 2017, there were 231.4 Hydrocodone prescriptions for every 1,000 residents in our community.



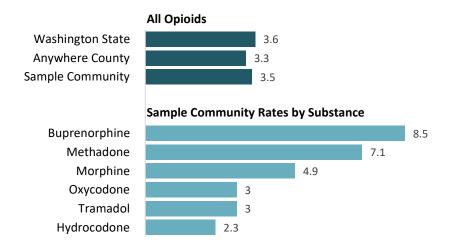
Opioid Prescriptions per 1,000 Residents, by Substance, Age and Sex, 2017

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

CURCTANCE	CEV			AGE R	ANGE			ALL ACEC
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Opioids	Female	43.6	251.2	542.4	995.9	1,459.9	1,546.5	795.3
	Male	43.7	169.6	351.5	705.7	1,222.8	1,280.2	584.1
Hydrocodone	Female	19.9	112.2	188.7	337.7	488.5	513.4	270.6
	Male	18.2	76.9	118.5	234.7	381.9	416.1	192.4
Oxycodone	Female	17.9	78.1	165.4	312.7	452.4	426.8	234.4
	Male	21.6	55.7	100.6	235.7	445.9	413.0	189.4
Tramadol	Female	S	17.7	46.8	113.8	155.6	218.7	89.1
	Male	S	10.2	26.7	65.1	110.7	135.3	51.1
Buprenorphine	Female	0.0	19.8	82.3	67.6	34.4	12.9	35.6
	Male	0.0	19.0	89.6	74.9	44.0	14.1	42.6
Morphine	Female	0.0	S	6.8	44.4	93.4	110.5	39.2
	Male	S	S	5.1	28.8	87.0	111.1	33.5
Methadone	Female	0.0	0.0	S	19.2	40.7	28.5	14.9
	Male	0.0	0.0	2.6	16.8	39.7	29.7	13.2

Opioid Prescriptions Per Recipient by Frequency, 2017

In 2017, the average patient receiving Buprenorphine was issued 8.5 prescriptions.

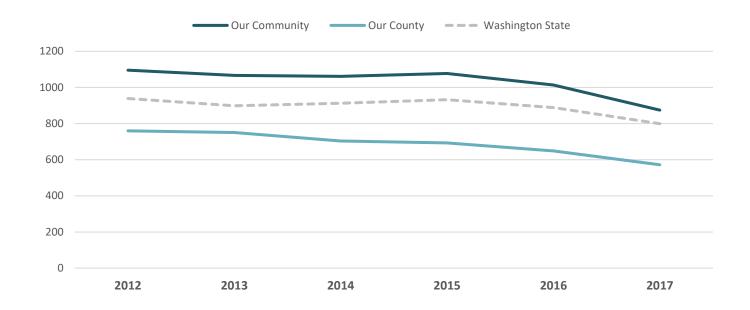


Opioid Prescriptions per Recipient, by Substance, Age and Sex, 2017

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

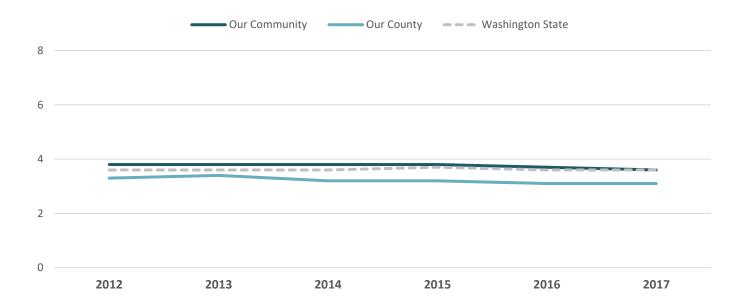
CLIDSTANICE	CEV			AGE R	ANGE			ALL ACEC
SUBSTANCE	SEX	0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Opioids	Female	1.2	1.6	2.3	3.5	4.8	4.4	3.5
	Male	1.2	1.6	2.4	3.3	4.4	3.9	3.4
Buprenorphine	Female	0.0	6.4	6.7	6.2	6.0	5.4	7.4
	Male	0.0	5.5	5.9	5.0	6.6	6.5	8.0
Methadone	Female	0.0	0.0	9.0	4.2	5.8	4.7	6.2
	Male	0.0	0.0	10.0	5.3	6.1	4.8	6.5
Morphine	Female	0.0	S	3.1	3.7	5.5	3.3	4.9
	Male	S	2.0	3.3	3.4	4.7	3.5	4.9
Oxycodone	Female	1.1	1.3	1.8	2.8	4.0	3.6	3.0
	Male	1.1	1.3	1.9	2.9	3.9	3.4	3.1
Tramadol	Female	1.3	1.2	1.8	2.8	3.3	3.2	3.0
	Male	1.5	1.1	1.7	2.3	3.1	3.0	2.9
Hydrocodone	Female	1.1	1.2	1.6	2.3	3.1	3.1	2.4
	Male	1.1	1.2	1.5	2.0	2.7	2.7	2.2

Annual Trend, All Opioid Prescriptions per 1,000 Residents, 2012 through 2017



GEOGRAPHY	UNIT			YE	AR		
GEOGRAPHY	ONII	2012	2013	2014	2015	2016	2017
Sample Community	Rate	1,095.6	1,066.4	1,061.3	1,076.9	1,013.4	874.5
	Prescriptions	93,262	92,945	94,214	96,863	93,050	81,970
	Population	85,122	87,159	88,773	89,947	91,817	93,730
Anywhere County	Rate	759.7	750.1	703.2	692.9	648.7	572.0
	Prescriptions	1,486,450	1,486,450	1,418,328	1,422,112	1,365,646	1,231,959
	Population	1,956,655	1,981,555	2,016,905	2,052,454	2,105,100	2,153,700
Washington State	Rate	938.7	898.5	912.6	931.9	888.2	799.3
	Prescriptions	6,398,615	6,182,337	6,358,149	6,579,027	6,379,165	5,843,066
	Population	6,816,391	6,881,007	6,966,761	7,059,985	7,182,260	7,310,300

Annual Trend, All Opioid Prescriptions per Recipient, 2012 through 2017



GEOGRAPHY	UNIT			YE	AR		
GEOGRAPHY	ONII	2012	2013	2014	2015	2016	2017
Sample Community	Rate	3.8	3.8	3.8	3.8	3.7	3.6
	Prescriptions	93,262	92,945	94,214	96,863	93,050	81,970
	Population	24,734	24,333	24,710	25,720	25,372	22,773
Anywhere County	Rate	3.3	3.4	3.2	3.2	3.1	3.1
	Prescriptions	1,486,450	1,486,450	1,418,328	1,422,112	1,365,646	1,231,959
	Population	450,787	438,737	441,372	450,346	439,145	400,866
Washington State	Rate	3.6	3.6	3.6	3.7	3.6	3.6
	Prescriptions	6,398,615	6,182,337	6,358,149	6,579,027	6,379,165	5,843,066
	Population	1,757,153	1,706,018	1,750,782	1,793,750	1,757,320	1,622,161

2017 Population by Geography, Age and Sex

MEASURE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
Total Population	Our Community	Female	4,521	2,317	3,652	5,632	2,827	3,475	22,424
		Male	4,714	2,353	3,898	5,943	2,747	2,898	22,553
	Our County	Female	25,335	10,842	19,790	32,846	15,977	19,623	124,413
		Male	26,454	11,550	21,342	33,833	15,555	16,290	125,024
	Washington State	Female	805,577	327,677	497,382	935,631	490,100	606,376	3,662,743
		Male	843,993	344,204	522,031	951,956	469,970	515,403	3,647,557

2017 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	191.1	529.1	1,126.5	1,962.9	2,581.5	2,467.6	1,477.6
Substances	5 a. 55.////	Male	365.3	432.2	787.3	1,355.7	2,022.9	2,014.8	1,120.1
Substances	Our County	Female	180.3	605.5	1,033.4	1,743.2	2,484.4	2,342.5	1,402.6
	our county	Male	344.1	495.4	729.8	1,230.7	1,939.6	1,924.7	1,068.3
	Washington State	Female	199.5	628.3	1,296.2	2,138.7	2,843.8	2,625.2	1,637.6
	washington state	Male	386.1	502.9	894.3	1,436.7	2,190.3	2,025.2	1,216.6
All Opioids	Our Community	Female	43.6	251.2	542.4	995.9	1,459.9	1,546.5	795.3
All Opiolas	our community	Male	43.7	169.6	351.5	705.7	1,222.8	1,280.2	584.1
	Our County	Female	40.8	263.5	489.4	873.0	1,382.5	1,445.6	745.2
	Our county	Male	41.2	171.8	312.8	620.3	1,148.8	1,202.1	545.4
	Washington State	Female	47.1	317.9	700.5	1,149.5	1,650.7	1,665.5	924.2
	washington state	Male	45.6	204.0	461.5	806.2	1,372.3	1,350.2	673.9
Hydrocodone	Our Community	Female	19.9	112.2	188.7	337.7	488.5	513.4	270.6
riyurocodone	Our Community	Male	18.2	76.9	118.5	234.7	381.9	416.1	192.4
	Our County	Female	16.9	120.1	172.0	282.0	432.1	453.5	242.7
	Our County	Male	15.0	76.4	106.3	201.1	342.5	368.9	173.5
	Washington State	Female	22.1	146.1	245.2	387.0	559.1	574.6	320.0
	washington state	Male	19.8	94.6	153.5	272.9	448.2	460.9	229.6
Oxycodone	Our Community	Female	17.9	78.1	165.4	312.7	452.4	426.8	234.4
Oxycodone	Our Community	Male	21.6	78.1 55.7	100.6	235.7	452.4 445.9	420.8	189.4
	Our County	Female	16.5	76.5	151.8	283.6	445.9	413.6	232.2
	Our County	Male				283.6		413.6	
	Mashinston Chata		19.3	53.2	83.2		430.9		187.0
	Washington State	Female	15.0	81.5 53.0	197.6	349.6 260.2	506.6	449.2 423.2	268.9
Other Oriets	O Ca	Male	17.0		110.6		481.2		214.5
Other Opiates	Our Community	Female	4.9	22.9	53.1	101.4	195.3	236.3	112.2
	Our Country	Male	3.0	7.2	12.1	50.6	114.3	161.5	62.9
	Our County	Female Male	6.5 5.9	37.1 19.9	64.6 31.8	113.9 66.3	202.2 121.3	238.3 166.9	112.7
	Mashinston Chaha								64.8
	Washington State	Female	8.7	45.5 25.1	81.6	151.5 77.7	222.7	256.7	128.1
Tuessadel	Our Community	Male	7.8		39.9		136.2	172.4	72.1
Tramadol	Our Community	Female	0.9	17.7	46.8	113.8	155.6	218.7	89.1
	Our Country	Male	0.6	10.2	26.7	65.1	110.7	135.3	51.1 79.5
	Our County	Female	0.7	14.3	34.8	83.9	142.0	204.3	
	Marking Chate	Male	0.6	8.1	19.0	48.8	95.0	124.1	45.1
	Washington State	Female	1.0	19.7	59.6	124.0	180.5	232.0	104.3
B	0	Male	0.6	9.8	30.5	69.7	122.3	141.2	59.3
Buprenorphine	Our Community	Female	0.0	19.8	82.3	67.6	34.4	12.9	35.6
		Male	0.0	19.0	89.6	74.9	44.0	14.1	42.6
	Our County	Female	0.0	14.6	56.1	52.1	34.6	11.8	28.3
		Male	0.1	13.2	65.6	55.2	41.6	13.4	33.7
	Washington State	Female	0.0	23.7	107.5	69.1	36.6	11.7	41.3
		Male	0.0	20.4	120.0	76.0	39.5	12.1	45.8
Morphine	Our Community	Female	0.0	0.9	6.8	44.4	93.4	110.5	39.2
		Male	0.2	0.8	5.1	28.8	87.0	111.1	33.5
	Our County	Female	0.2	1.0	6.8	37.5	82.8	100.0	35.7
		Male	0.3	0.9	4.6	23.4	79.7	96.7	29.1
	Washington State	Female	0.2	1.3	7.5	45.7	102.4	115.0	45.6
		Male	0.3	1.1	6.1	31.1	99.1	109.9	37.4
Methadone	Our Community	Female	0.0	0.0	2.5	19.2	40.7	28.5	14.9
		Male	0.0	0.0	2.6	16.8	39.7	29.7	13.2
	Our County	Female	0.0	0.0	3.4	19.9	38.2	24.1	14.0
		Male	0.1	0.2	2.3	13.7	37.9	26.3	12.3
	Washington State	Female	0.1	0.3	3.8	23.1	43.3	26.8	16.7
		Male	0.1	0.2	3.6	19.3	46.4	31.0	15.9

2017 Prescriptions by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	864	1,226	4,114	11,055	7,298	8,575	33,134
Substances	•	Male	1,722	1,017	3,069	8,057	5,557	5,839	25,262
	Our County	Female	4,568	6,565	20,450	57,257	39,693	45,967	174,502
		Male	9,104	5,722	15,575	41,638	30,170	31,353	133,563
	Washington State	Female	160,730	205,894	644,720	2,001,039	1,393,743	1,591,866	5,997,992
		Male	325,840	173,099	466,839	1,367,640	1,029,369	1,074,721	4,437,508
All Opioids	Our Community	Female	197	582	1,981	5,609	4,127	5,374	17,833
		Male	206	399	1,370	4,194	3,359	3,710	13,174
	Our County	Female	1,034	2,857	9,686	28,674	22,089	28,367	92,707
		Male	1,091	1,984	6,676	20,988	17,869	19,582	68,190
	Washington State	Female	37,979	104,161	348,439	1,075,504	809,023	1,009,945	3,385,051
		Male	38,468	70,231	240,935	767,506	644,961	695,914	2,458,015
Hydrocodone	Our Community	Female	90	260	689	1,902	1,381	1,784	6,069
•	·	Male	86	181	462	1,395	1,049	1,206	4,339
	Our County	Female	429	1,302	3,404	9,263	6,904	8,899	30,200
	•	Male	397	882	2,268	6,804	5,327	6,009	21,687
	Washington State	Female	17,811	47,870	121,951	362,100	273,994	348,437	1,172,163
	· ·	Male	16,691	32,554	80,148	259,799	210,648	237,568	837,408
Oxycodone	Our Community	Female	81	181	604	1,761	1,279	1,483	5,257
,		Male	102	131	392	1,401	1,225	1,197	4,271
	Our County	Female	418	829	3,005	9,316	7,199	8,116	28,884
	,	Male	510	615	1,776	7,166	6,703	6,611	23,381
	Washington State	Female	12,082	26,692	98,272	327,100	248,287	272,377	984,810
	0	Male	14,353	18,231	57,731	247,720	226,130	218,116	782,281
Other Opiates	Our Community	Female	22	53	194	571	552	821	2,516
		Male	14	17	47	301	314	468	1,419
	Our County	Female	164	402	1,278	3,741	3,231	4,676	14,026
		Male	156	230	678	2,244	1,887	2,718	8,100
	Washington State	Female	7,021	14,907	40,577	141,703	109,133	155,679	469,020
		Male	6,561	8,639	20,815	73,994	64,028	88,863	262,900
Tramadol	Our Community	Female	S	41	171	641	440	760	1,997
	our commune,	Male	S	24	104	387	304	392	1,153
	Our County	Female	18	155	688	2,756	2,269	4,009	9,895
	our county	Male	15	93	406	1,651	1,477	2,021	5,644
	Washington State	Female	806	6,453	29,627	116,032	88,457	140,685	382,060
	rrasimigeon otate	Male	540	3,389	15,913	66,335	57,496	72,774	216,447
Buprenorphine	Our Community	Female	0	45	289	376	96	43	781
Baprenorphine	our community	Male	0	44	335	439	119	39	939
	Our County	Female	0	158	1,110	1,712	553	231	3,525
	our county	Male	S	152	1,400	1,868	647	218	4,209
	Washington State	Female	34	7,706	52,361	64,221	17,718	6,775	148,815
	washington state	Male	22	6,970	61,264	71,752	18,283	5,974	164,265
Morphine	Our Community	Female	0	5 S	25	250	264	3,974	879
Wiorphine	Our community	Male	S	S	20	171	239	322	755
	Our County	Female	S	11	134	1,232	1,323	1,963	4,437
	Our County	Male	S	10	99	791	1,239	1,576	3,635
	Washington State	Female	170	429	3,745	42,712	50,194	69,714	166,964
	vv asınıngıdır state	Male	240	365	3,745 3,180	29,580	30,194 46,570	56,659	136,594
Methadone	Our Community		0	0	3,180 S			56,659 99	334
ivietilauolle	Our Community	Female Male	0	0	10	108 100	115 109	99 86	298
	Our County		0	0		654			
	CHILL CHILLIA	Female	U	U	67	034	610	473	1,740
	our county	Mala	r	c	40	161	FOO	420	1 524
	Washington State	Male Female	S 55	S 104	49 1,906	464 21,636	589 21,240	429 16,278	1,534 61,219

2017 Rate of Prescriptions per Recipient (Prescriptions/Recipients) by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	3.0	2.5	3.6	5.1	6.3	5.6	4.9
Substances	,	Male	4.1	2.9	3.7	4.7	5.8	5.0	4.7
	Our County	Female	3.2	2.7	3.5	5.0	6.1	5.4	4.8
	•	Male	4.3	3.0	3.9	4.6	5.6	4.9	4.6
	Washington State	Female	3.1	2.4	3.6	5.4	6.4	5.6	5.1
	ū	Male	4.3	2.8	3.8	4.8	5.9	5.1	4.8
All Opioids	Our Community	Female	1.2	1.6	2.3	3.5	4.8	4.4	3.5
•	,	Male	1.2	1.6	2.4	3.3	4.4	3.9	3.4
	Our County	Female	1.2	1.5	2.2	3.3	4.5	4.2	3.4
	•	Male	1.2	1.5	2.3	3.1	4.2	3.7	3.2
	Washington State	Female	1.2	1.6	2.5	3.8	4.8	4.4	3.7
	Ū	Male	1.2	1.6	2.6	3.5	4.5	4.0	3.5
Hydrocodone	Our Community	Female	1.1	1.2	1.6	2.3	3.1	3.1	2.4
,	.,	Male	1.1	1.2	1.5	2.0	2.7	2.7	2.2
	Our County	Female	1.1	1.2	1.5	2.1	2.8	2.9	2.2
	· · · · · · · · · · · · · · · · · · ·	Male	1.1	1.2	1.4	1.9	2.5	2.5	2.0
	Washington State	Female	1.1	1.3	1.7	2.5	3.2	3.2	2.5
	Trasimigron state	Male	1.1	1.2	1.5	2.2	2.8	2.7	2.2
Oxycodone	Our Community	Female	1.1	1.3	1.8	2.8	4.0	3.6	3.0
Chyodudc	ou. co	Male	1.1	1.3	1.9	2.9	3.9	3.4	3.1
	Our County	Female	1.2	1.4	1.8	3.0	4.0	3.7	3.0
	our county	Male	1.1	1.3	2.0	3.0	3.8	3.3	3.0
	Washington State	Female	1.2	1.4	2.0	3.3	4.2	3.8	3.2
	Trasimigron state	Male	1.1	1.4	2.2	3.3	4.0	3.5	3.2
Tramadol	Our Community	Female	1.3	1.2	1.8	2.8	3.3	3.2	3.0
	· · · · · · · · · · · · · · · · · · ·	Male	1.5	1.1	1.7	2.3	3.1	3.0	2.9
	Our County	Female	S	1.1	2.1	2.9	3.4	3.2	3.0
		Male	1.1	1.1	2.0	2.7	3.3	3.1	2.8
	Washington State	Female	1.3	1.4	2.3	3.1	3.5	3.2	3.1
		Male	1.3	1.4	2.0	2.9	3.5	3.1	2.9
Buprenorphine	Our Community	Female	S	6.4	6.7	6.2	S	5.4	7.4
	· · · · · · · · · · · · · · · · · · ·	Male	S	5.5	5.9	5.0	6.6	6.5	8.0
	Our County	Female	S	2.9	7.6	6.7	7.4	3.6	10.0
	ou. count,	Male	S	2.5	7.6	5.7	7.4	3.8	9.5
	Washington State	Female	6.8	7.4	9.8	10.4	9.6	7.1	9.7
	Trasimigron state	Male	3.1	6.8	9.3	10.1	9.6	8.2	9.5
Morphine	Our Community	Female	S	S	3.1	3.7	5.5	3.3	4.9
е	ou. co	Male	S	S	3.3	3.4	4.7	3.5	4.9
	Our County	Female	1.3	1.2	1.5	3.2	7.5	3.7	5.0
	our county	Male	1.5	1.1	1.5	3.2	6.8	3.9	4.9
	Washington State	Female	1.5	1.9	4.0	6.7	7.3	3.9	5.2
	washington state	Male	1.8	1.8	4.0	6.0	6.9	4.0	5.1
Methadone	Our Community	Female	S	1.6 S	4.0 S	4.2	5.8	4.0	6.2
iviculauolle	our community	Male	s S	S	10.0	5.3	5.8 6.1	4.7	6.5
	Our County	Female	S	S	5.6	3.5	6.4	6.1	9.6
	Our County	remaie Male		S S	5.6 S	3.5	6.6	5.4	
	Washington State	Female	S 2.8	S	6.8	9.1	9.4	7.6	8.8 8.6
	vvasiiiigtoii State								
		Male	2.2	5.9	7.3	8.7	9.6	7.7	8.6

2017 Recipients of Prescriptions by Geography, Age and Sex

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

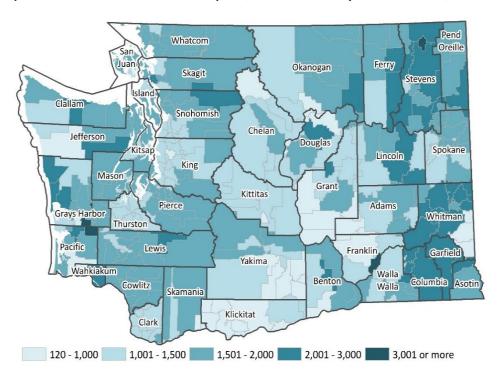
SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled	Our Community	Female	284	493	1,156	2,167	1,150	1,540	6,733
Substances	•	Male	417	356	822	1,716	957	1,164	5,342
	Our County	Female	1,435	2,474	5,799	11,536	6,477	8,462	36,183
		Male	2,127	1,912	4,032	9,042	5,409	6,436	28,958
	Washington State	Female	52,214	84,039	179,838	372,419	216,164	282,334	1,187,008
		Male	76,479	61,660	122,442	282,685	175,703	212,662	931,631
All Opioids	Our Community	Female	163	374	850	1,589	867	1,227	5,033
		Male	173	256	578	1,264	765	952	3,914
	Our County	Female	855	1,873	4,370	8,560	4,887	6,737	27,283
		Male	928	1,336	2,865	6,694	4,249	5,248	21,319
	Washington State	Female	31,208	65,944	140,345	283,369	167,291	228,057	916,214
	_	Male	32,340	45,059	91,781	218,296	142,343	176,128	705,947
Hydrocodone	Our Community	Female	82	213	436	820	440	573	2,507
•	·	Male	81	155	318	692	390	454	2,018
	Our County	Female	383	1,049	2,235	4,338	2,468	3,084	13,557
	•	Male	359	737	1,574	3,611	2,165	2,450	10,895
	Washington State	Female	15,775	37,893	73,625	147,484	86,818	109,220	470,815
	J	Male	14,991	26,542	51,765	120,221	74,926	86,743	375,188
Oxycodone	Our Community	Female	73	143	344	625	321	408	1,772
,	,	Male	94	104	209	478	316	353	1,397
	Our County	Female	361	614	1,640	3,129	1,783	2,216	9,743
	ou. county	Male	456	459	904	2,368	1,742	1,995	7,924
	Washington State	Female	10,351	19,620	50,347	99,989	58,735	71,785	310,827
	Washington State	Male	12,557	13,152	26,508	74,929	56,003	62,680	245,829
Tramadol	Our Community	Female	S	35	93	228	134	238	662
Tramador	our community	Male	S	22	63	167	98	132	401
	Our County	Female	18	136	326	936	670	1,249	3,310
	our county	Male	14	83	208	603	451	662	1,995
	Washington State	Female	642	4,500	12,809	37,065	24,978	43,809	123,803
	Washington State	Male	431	2,473	7,821	22,805	16,576	23,658	73,764
Buprenorphine	Our Community	Female	0	S	43	61	16	S	106
Supreme prime	our commune,	Male	0	S	57	88	18	S	118
	Our County	Female	0	55	146	257	75	64	352
	our county	Male	0	61	185	325	88	58	443
	Washington State	Female	S	1,039	5,317	6,177	1,853	958	15,349
	washington state	Male	S	1,028	6,614	7,090	1,909	731	17,379
Morphine	Our Community	Female	0	0	S S	68	48	118	17,379
Wiorphilie	Our community	Male	_	_	_				
	Our County	Female	0 S	\$ S	S 87	50 387	51 177	93 526	155 892
	Our County	Male	S	S	64	250	181	401	738
	Washington State			225	926				
	washington state	Female	112			6,336	6,918	17,811	32,328
Mothadona	Our Community	Male	130	200	788	4,948	6,740	14,050	26,856
Methadone	Our Community	Female	0	0	S	26	20	21	54
	0 6	Male	0	0	S 12	19	18	18	46
	Our County	Female	0	0	12	187	95	77	181
	1441-1	Male	0	0	S 200	119	89	79	174
	Washington State	Female	20	26	280	2,369	2,268	2,144	7,107
		Male	28	14	259	2,095	2,274	2,064	6,734

OPIOIDS | ADDITIONAL MAPS

Additional maps are presented for All Controlled Substances (maps 4, 5, and 6) and for Hydrocodone, the most prescribed opioid in Washington (maps 7, 8, and 9).

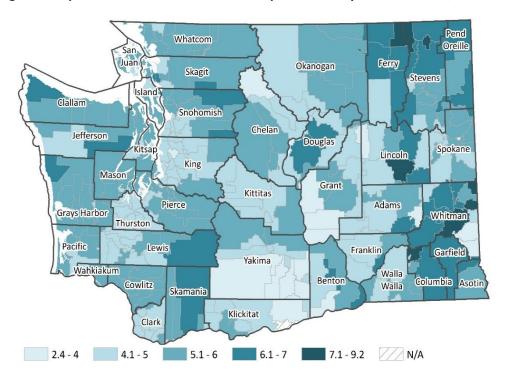
MAPS 4-6: Prescriptions for All Controlled Substances Filled in Calendar Year 2017

Map 4. Prescriptions for Controlled Substances per 1,000 Residents by School District, 2017



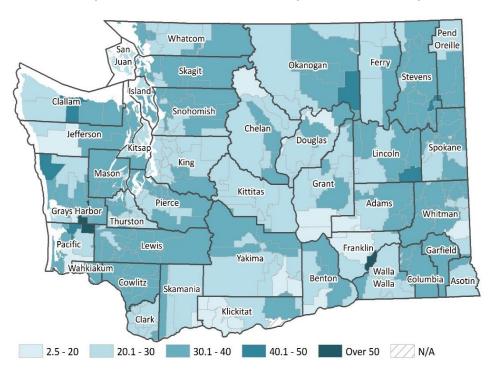
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

Map 5. Average Prescriptions for Controlled Substances per Patient by School District, 2017



SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018.

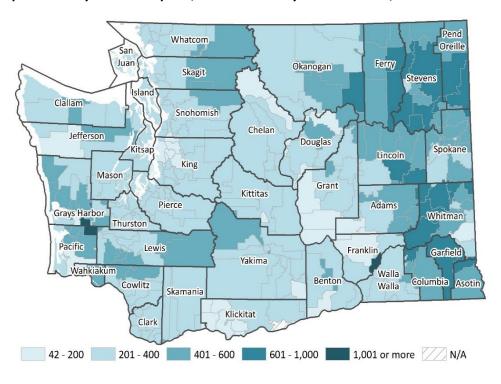
Map 6. Patients with Prescriptions for Controlled Substances per 100 Residents by School District, 2017



SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

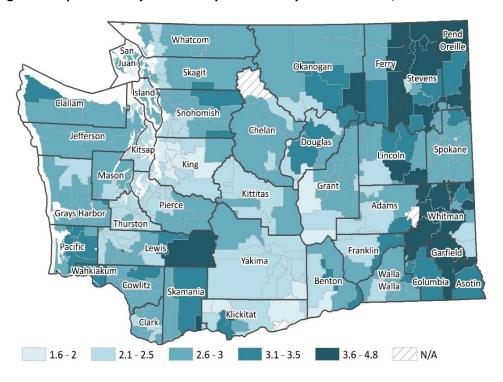
MAPS 7-9: Prescriptions for Hydrocodone Filled in Calendar Year 2017

Map 7. Prescriptions for Hydrocodone per 1,000 Residents by School District, 2017



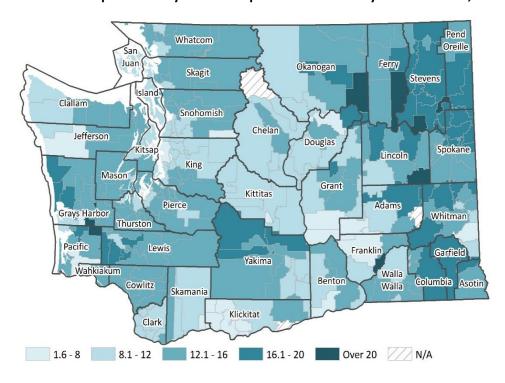
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

Map 8. Average Prescriptions for Hydrocodone per Patient by School District, 2017



SOURCE: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018.

Map 9. Patients with Prescriptions for Hydrocodone per 100 Residents by School District, 2017



SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

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 adopted⁵.

The prescription data presented in this chapter 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 State⁶.

Not included in PMP are prescriptions: (1) dispensed outside of WA state, (2) prescribed for 24 hours or less, (3) directly administered, (4) given to a patient in the hospital, (5) dispensed from a Department of Corrections pharmacy (unless an offender is released with a prescription), (6) dispensed at an Opioid Treatment Program, and (7) 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 on the PMP Website: http://www.doh.wa.gov/pmp/data.

Sources:

- 1. Calculated from: Washington Tracking Network, Department of Health, Opioid County Overdose Dashboard https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidCountyOverdoseDashboard, accessed March 14, 2019.
- 2. 2018 Washington State Opioid Response Plan, https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf, accessed February 20, 2019.
- 3. County Profiles 2014: Executive Summary, Washington State Prescription Monitoring Program, https://www.doh.wa.gov/Portals/1/Documents/2600/PMPcountyProfiles/630-126-CountyProfilesExecutiveSummary2014.pdf, updated with the 2017 PMP data.
- 4. To access selected quarterly PMP metrics at the state, accountable community of health and county level, see Washington Tracking Network Opioid Awareness Dashboards at https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards
- 5. 2018 Washington State Opioid Response Plan, https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf, accessed February 20, 2019.
- 6. Washington State Department of Health, Data Notes for Opioid Dashboards, https://www.doh.wa.gov/Portals/1/Documents/4000/Data%20notes%20for%20Opioid%20dashboards%20Updated%20March%202019.pdf, accessed March 14, 2019.

Community Demographics

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

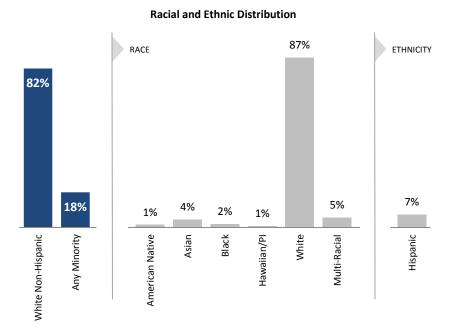
Race and Ethnicity (Count, Percent)

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

Sample Community

R % 7 82%
7 82%
5 18%
5 1%
1 4%
7 2%
0 1%
87%
4 5%
3 7%
3 100%
((

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



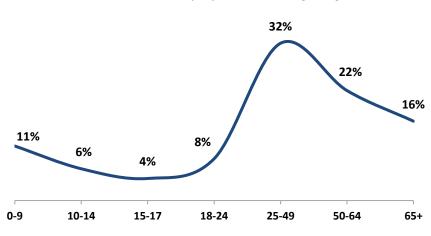
Age Composition (Count, Percent)

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

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

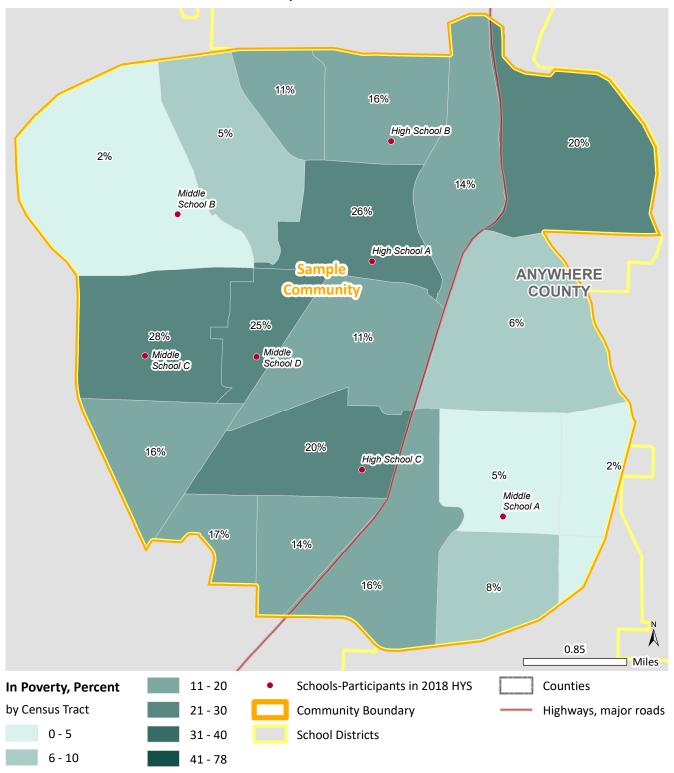
Percent of Community Population in Each Age Range



SOURCE: Washington State Office of Financial Management, Forecasting Division (2019). 2018 Estimates of Age, Sex, Race and Hispanic Origin.

Percent in Poverty in Sample Community

by Census Tract



NOTES: Persons in poverty as a percentage of civilian noninstitutionalized persons for whom poverty status is determined. Schools-participants in 2018 HYS: Public schools which participated in the 2018 Healthy Youth Survey for grades 8 and 10. SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE). U.S. Census Bureau, 2017 American Community Survey, 5-Year Estimates for years 2013 through 2017. School locations: OSPI, 2018. Census Tracts, School Districts, Counties, Roads: 2010 Tiger/Line shapefiles.

Definitions

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

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

Confidence Intervals (See Statistical Significance)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Risk and Protective Factors (See also Intervening Variables)

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

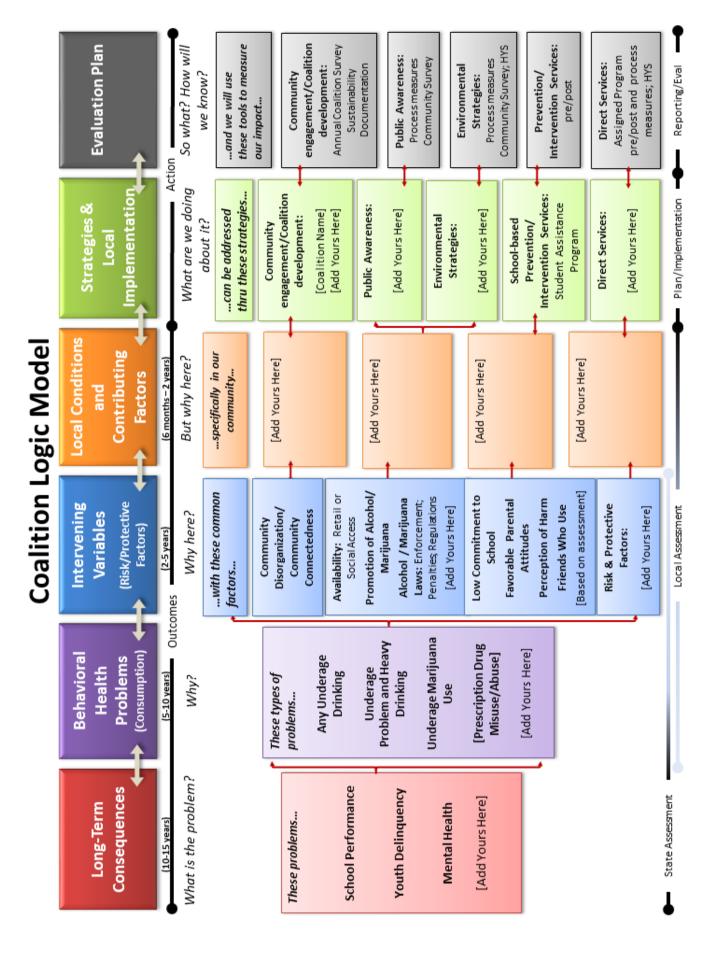
Risk and Protective Factor Scale Scores – This report includes individual items from the Risk and Protective Factor scales, as well as the scale score. What is a *Scale Score*?

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

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

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

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



What's Happening?

A Community Needs Assessment Data Book



April 2019