

odmhsas

oklahoma department of mental health and substance abuse services

presents

2014 Oklahoma Prevention Needs Assessment Survey

■ Results for
State of Oklahoma

2014 State of Oklahoma Prevention Needs Assessment Survey Report

This report summarizes the findings from the State of Oklahoma Prevention Needs Assessment (OPNA) Survey that was conducted during the spring of 2014 in grades 6, 8, 10, and 12. The results for the state of Oklahoma are presented along with comparisons to past years' results for the state of Oklahoma. In addition, the report contains important information about the risk and protective factor framework and guidelines on how to interpret and use the data.

The OPNA Survey is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

CONTENTS:

- Introduction
- How to Read the Charts
- Charts and Tables in this Report
- The Risk and Protective Factor Model of Prevention
- Building a Strategic Prevention Framework
- Tools for Assessment and Planning
- Data Charts:
 - Substance Use and Antisocial Behavior
 - Sources of Alcohol and Prescription Drugs
 - Risk and Protective Factor Profiles
- Risk and Protective Factor Scale Definitions
- Data Tables
- Appendix
- Contacts for Prevention

Table 1 contains the characteristics of the students from the state of Oklahoma who completed the survey. A total of 308 schools across Oklahoma participated in the survey. Since students are able to select more than one race or ethnicity, the sum of students of individual categories may exceed the total number of students surveyed. Because not all students answer all of the questions, the total count of students by gender (and less frequently, students by ethnicity) may be less than the reported total students.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.

Coordination and administration of the Oklahoma PNA Survey was a collaborative effort of the State Office of the Governor; Oklahoma Department of Mental Health and Substance Abuse Services; Regional Prevention Coordinators (RPC); Oklahoma State Department of Health; Oklahoma Department of Education; and all of the participating schools. If you have any questions about the report or prevention activities underway in the state, please refer to the Contacts for Prevention.

Administration of the Oklahoma Prevention Needs Assessment Survey and the preparation of this report were funded by a federal grant administered by the Oklahoma Department of Mental Health and Substance Abuse Services from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

Table 1. Characteristics of Participants

	State 2010		State 2012		State 2014	
	Number	Percent	Number	Percent	Number	Percent
	72,199	100.0	47,521	100.0	39,085	100.0
Students By Grade*						
Grade 6	23,561	32.6	15,734	33.1	10,263	26.3
Grade 8	21,220	29.4	13,501	28.4	12,825	32.8
Grade 10	15,984	22.1	10,573	22.2	10,217	26.1
Grade 12	11,434	15.8	7,713	16.2	5,780	14.8
Students By Gender						
Male	34,770	49.1	22,859	49.2	18,926	48.8
Female	36,017	50.9	23,570	50.8	19,886	51.2
Students By Ethnicity**						
American Indian or Alaska Native	16,455	19.1	11,219	21.0	9,453	18.9
Asian	2,035	2.4	1,162	2.2	1,431	2.9
Black or African American	9,120	10.6	5,065	9.5	5,126	10.3
Native Hawaiian or Pacific Islander	919	1.1	675	1.3	634	1.3
Hispanic or Latino	8,655	10.0	6,054	11.3	6,369	12.7
White	49,140	56.9	29,328	54.8	26,957	53.9

* Grades with fewer than 20 respondents for a given year are not shown in the charts and tables. Grades with fewer than 20 respondents in 2014 are omitted entirely from this report.

** Students can select one or more categories. The sum of Students by Race/Ethnicity may exceed total students.

Charts and Tables in this Report

There are five types of charts presented in this report:

1. Substance use charts
2. Antisocial behavior (ASB) charts
3. Sources of alcohol and places of alcohol use
4. Sources of prescription drugs
5. Risk factor charts
6. Protective factor charts.

Data from the charts are also presented in Tables 3 through 11. Additional data found in Tables 12 and 13 are explained at the end of this section.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2014 OPNA survey.

- **The Bars** on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category.

Each set of differently colored bars represents one of the last three administrations of the OPNA: 2010, 2012, and 2014. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

- **Dots, Diamonds, and Triangles.** The dots on the charts represent the percentage of all of the youth surveyed across Oklahoma who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds and triangles represent national data from the Monitoring the Future (MTF) Survey and the Bach Harrison Norm, respectively.

For the 2014 OPNA Survey, there were 39,085 participants in grades 6, 8, 10, and 12, out of 183,733 enrolled, a participation rate of 21.3%. Please note that the state dot represents the weighted results of all participating students. The fact that over 39,000 students

across the state participated in the OPNA make the state dot a good estimate of the rates of ATOD use and levels of risk and protective factors of youth in Oklahoma. The survey results provide considerable information for communities to use in planning prevention services.

A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

The Monitoring the Future (MTF) study is a long-term epidemiological study that surveys trends in drug and alcohol use among American adolescents. Funded by research grants from the National Institute on Drug Abuse, it features nationally representative samples of 8th-, 10th-, and 12th-grade students.

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as the BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every 2 years as new data become available.

Lifetime & 30 Day ATOD Use Charts

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students

Charts and Tables in this Report (cont'd)

who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Problem Substance Use & ASB Charts

- **Problem substance use** is measured in several different ways: *binge drinking* (having five or more drinks in a row during the two weeks prior to the survey), use of *one-half a pack or more of cigarettes per day* and youth indicating *drinking alcohol and driving* or reporting *riding with a driver who had been drinking alcohol*.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement during the past year** with the eight antisocial behaviors listed in the charts.

Sources/Places of Alcohol Use and Sources of Prescription Drugs

These charts present the percentage of students who obtained alcohol from 12 specific sources and used it in 9 different places (all during the past year), and the sources of prescription drugs for students indicating they had at some point in their life used prescription drugs to get high (not for medical reasons). The data focus on a subgroup of students who indicated at least one means of obtaining alcohol, one place of consuming alcohol, or having used prescription drugs to get high in their lifetime. (Students reporting no alcohol use in the past year or never getting high on prescription drugs are not

represented in their respective charts.) It is important to note that the charts represent a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student's responses. For example, if only one student in a particular grade reported where he/she obtained alcohol, each category would show up as either 0% or 100%. The chart legends indicate the sample size for each grade surveyed to help clarify the value of the data.

Risk and Protective Factor Charts

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

Additional Tables in this Report

Table 12 contains information required by communities with Drug Free Communities Grants, such as the perception of the risks of ATOD use, perception of parent and peer disapproval of ATOD use, and rates of past 30-day use for alcohol, tobacco, marijuana, and prescription drugs.

Table 13 contains additional data for prevention planning on the subjects of safety, and verbal and physical violence.

Weighting Procedures for the OPNA

Beginning in 2012, the Oklahoma Department of Mental Health and Substance Abuse Services requested that Bach Harrison apply a post-stratification weighting procedure to state and Regional Prevention Coordinator (RPC) level data based upon RPC enrollment in grades 6, 8, 10, and 12. During the analysis of OPNA survey data, Bach Harrison analysts applied this weighting procedure to state and RPC level data presented in 2012 and 2014 reports to ensure that the results more accurately reflect the regional and state populations of Oklahoma students in grades 6, 8, 10, and 12.

To examine the effects of this applied weighting strategy, Bach Harrison compared weighted and unweighted ATOD use rate data, antisocial behavior data, and risk and protective factor scales. Results showed that the two data analysis methods produced nearly identical results at the state level. A comparison by grade (6, 8, 10, and 12) of all differences on ATOD use rates, rates of antisocial behavior, and risk and protective factor scale values showed the differences between weighted and unweighted values to be less than 1.8%, with most of the differences less than 1%. Thus, we believe that the state-level data presented in this report are comparable to data from previous administrations.

The Risk and Protective Factor Model of Prevention

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the 19 risk factors and six problem behaviors. The check marks indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community, and peers; and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- **Opportunities** for young people to actively contribute
- **Skills** to be able to successfully contribute

- **Consistent recognition** or reinforcement for their efforts and accomplishments

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families, and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

Research on risk and protective factors has important implications for children’s academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, **it is necessary to address the factors that predict these outcomes.** By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

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

In addition to helping assess current conditions and prioritize areas of greatest need, data from the Oklahoma Prevention Needs Assessment Survey can be a powerful tool in applying for and complying with several federal programs outlined later in this report, such as the Strategic Prevention Framework process.

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

Building a Strategic Prevention Framework

The OPNA is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The OPNA results presented in this Profile Report will help you to identify needs for prevention services. OPNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

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

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



■ Building a Strategic Prevention Framework (cont'd)

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. SAHMSA's National Registry of Evidence-based Programs and Practices (located at www.nrepp.samhsa.gov) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. This resource can help identify scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

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

Sustainability and Cultural Competence are at the core of the SPF model, indicating the key role they play in each of the five elements. Incorporating principles of cultural competence and sustainability throughout assessment, capacity appraisal, planning, implementation and evaluation helps ensure successful, long lasting prevention programs.

Sustainability: Sustainability is accomplished by utilizing a comprehensive approach. By building adaptive and flexible programs around a variety of resources, funding and organizations, states and communities will build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural Competence: Planners need to recognize the needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication and support.

School and Community Improvement Using Survey Data

What are the numbers telling you?

Review the charts and data tables presented in this report. Note your findings as you discuss the following questions:

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

How to identify high priority problem areas.

- **Look across the charts** – which items stand out as either much higher or much lower than the others?
- **Compare your data with statewide, and/or national data** – differences of 5% between local and other data are probably significant.
- **Prioritize problems for your area** – Make an assessment of the rates you’ve identified. Which problem(s) can be realistically addressed with the funding available to your community? Which problem(s) fit best with the prevention resources at hand?
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

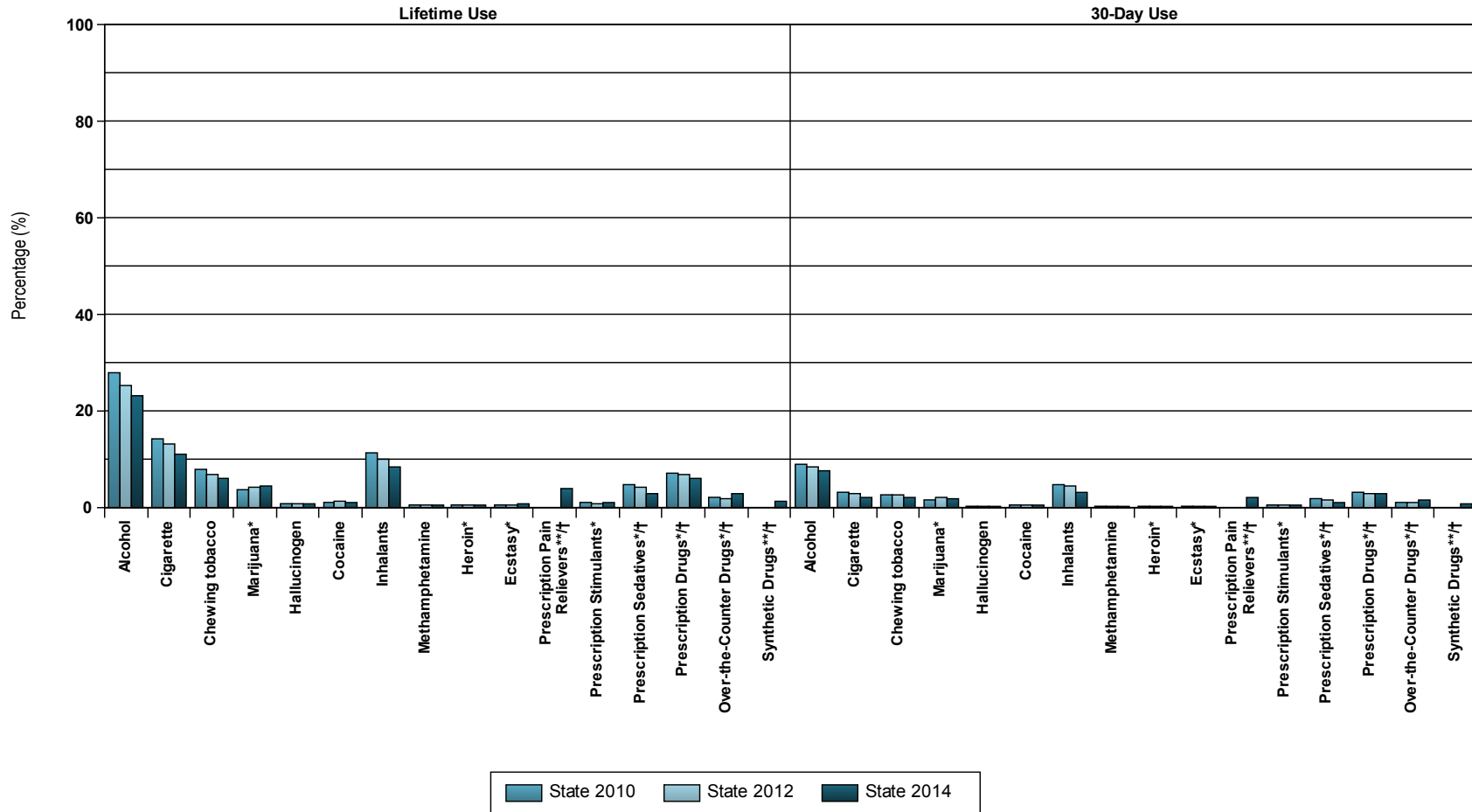
Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue.
- **Risk and protective factor data** – identify exactly where the community needs to take action.
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

	Sample notes	Priority rate 1	Priority rate 2	Priority rate 3
Risk factors	<i>8th grade Favorable Attitude to Drugs (Peer/Indiv. Scale) @14% (8% > BH Norm.)</i>			
Protective factors	<i>10th grade School rewards for prosocial involvement down 7% from 2 yrs ago</i>			
Substance abuse	<i>8th grade 30-day Marijuana @7% (3% above state av.)</i>			
Antisocial behavior	<i>12th grade - Drunk/high at school @ 5% (same as state, but still too high)</i>			

Substance Use and Antisocial Behavior

LIFETIME & 30-DAY ATOD USE 2014 State of Oklahoma Student Survey, Grade 6



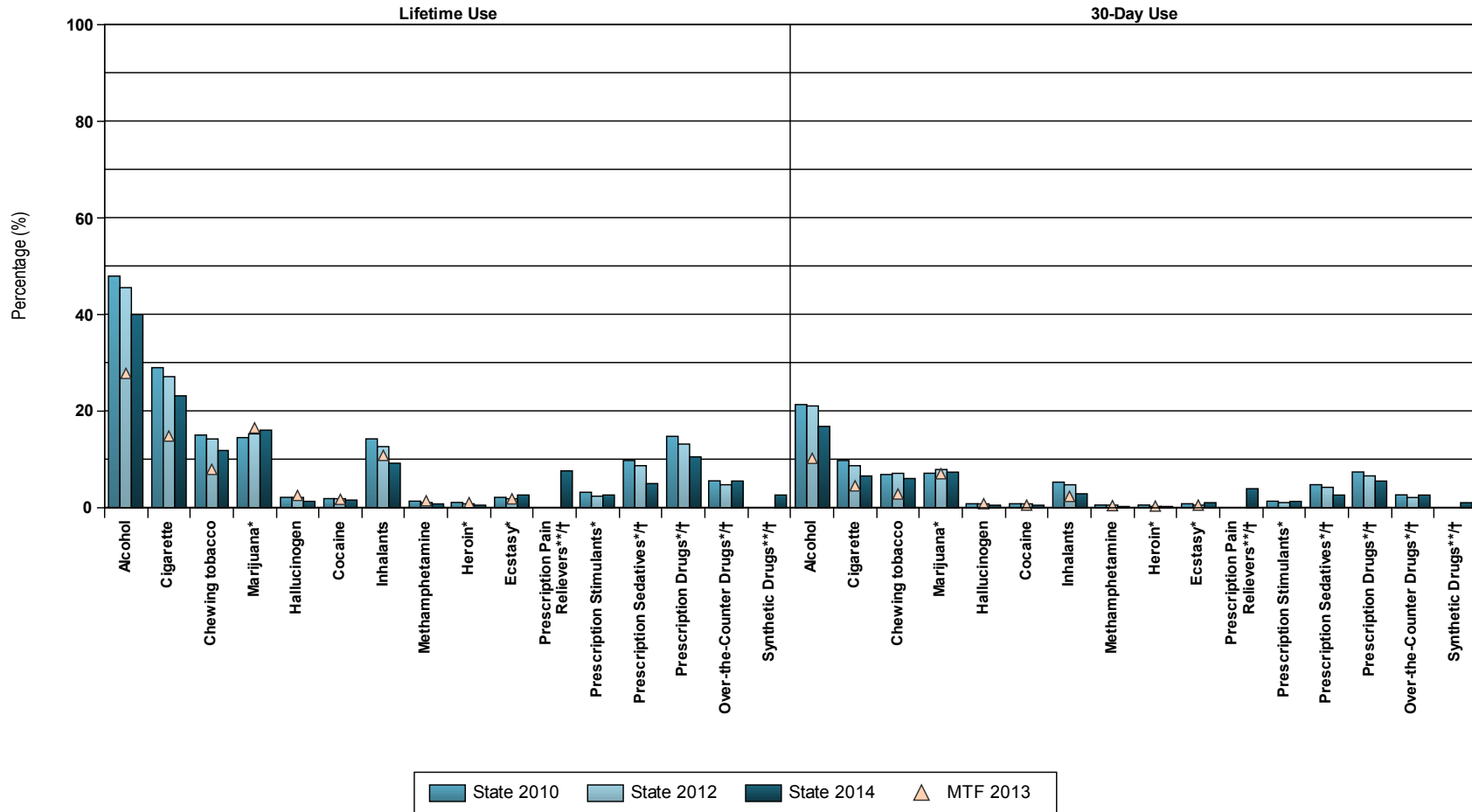
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

Substance Use and Antisocial Behavior

LIFETIME & 30-DAY ATOD USE 2014 State of Oklahoma Student Survey, Grade 8



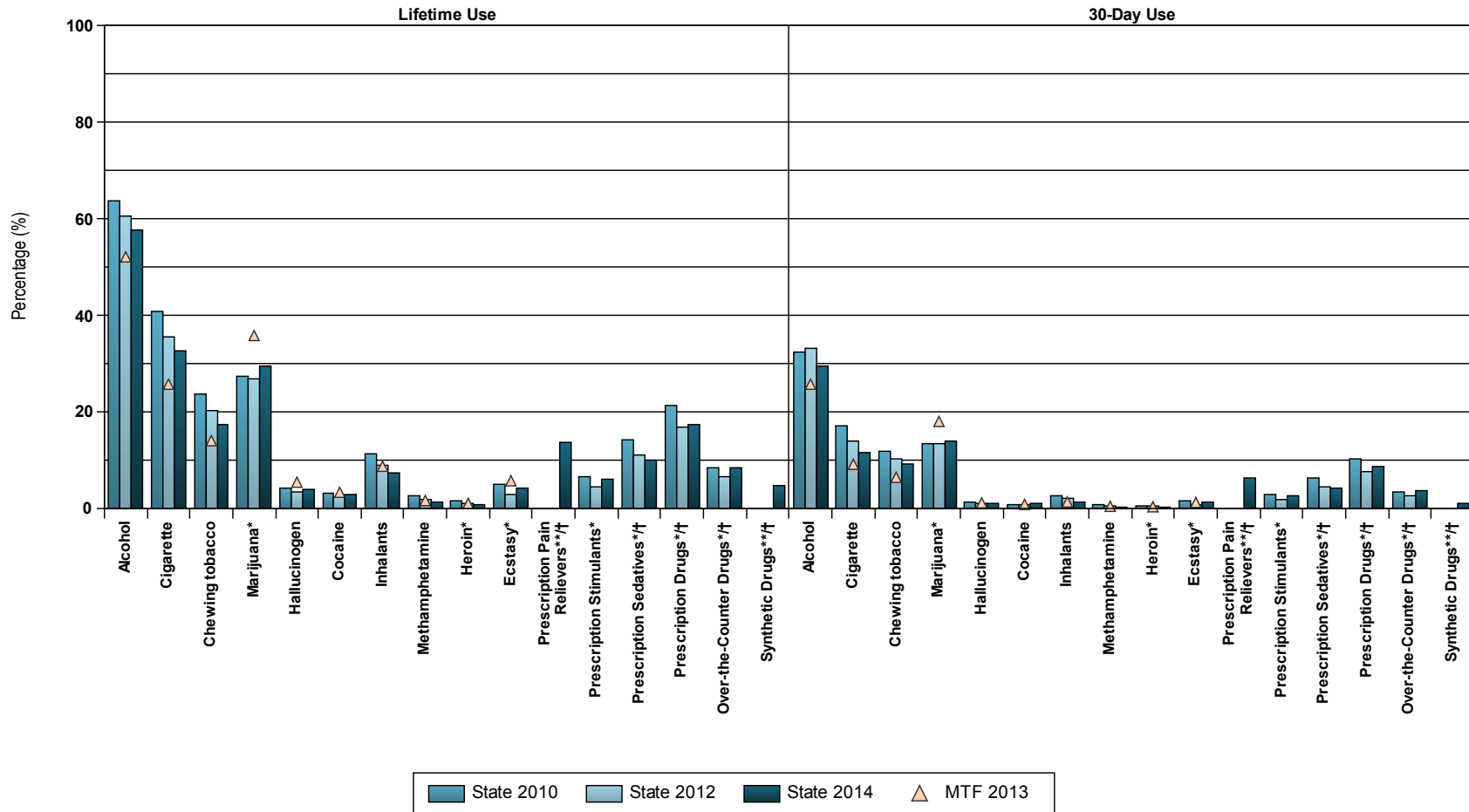
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

Substance Use and Antisocial Behavior

LIFETIME & 30-DAY ATOD USE 2014 State of Oklahoma Student Survey, Grade 10



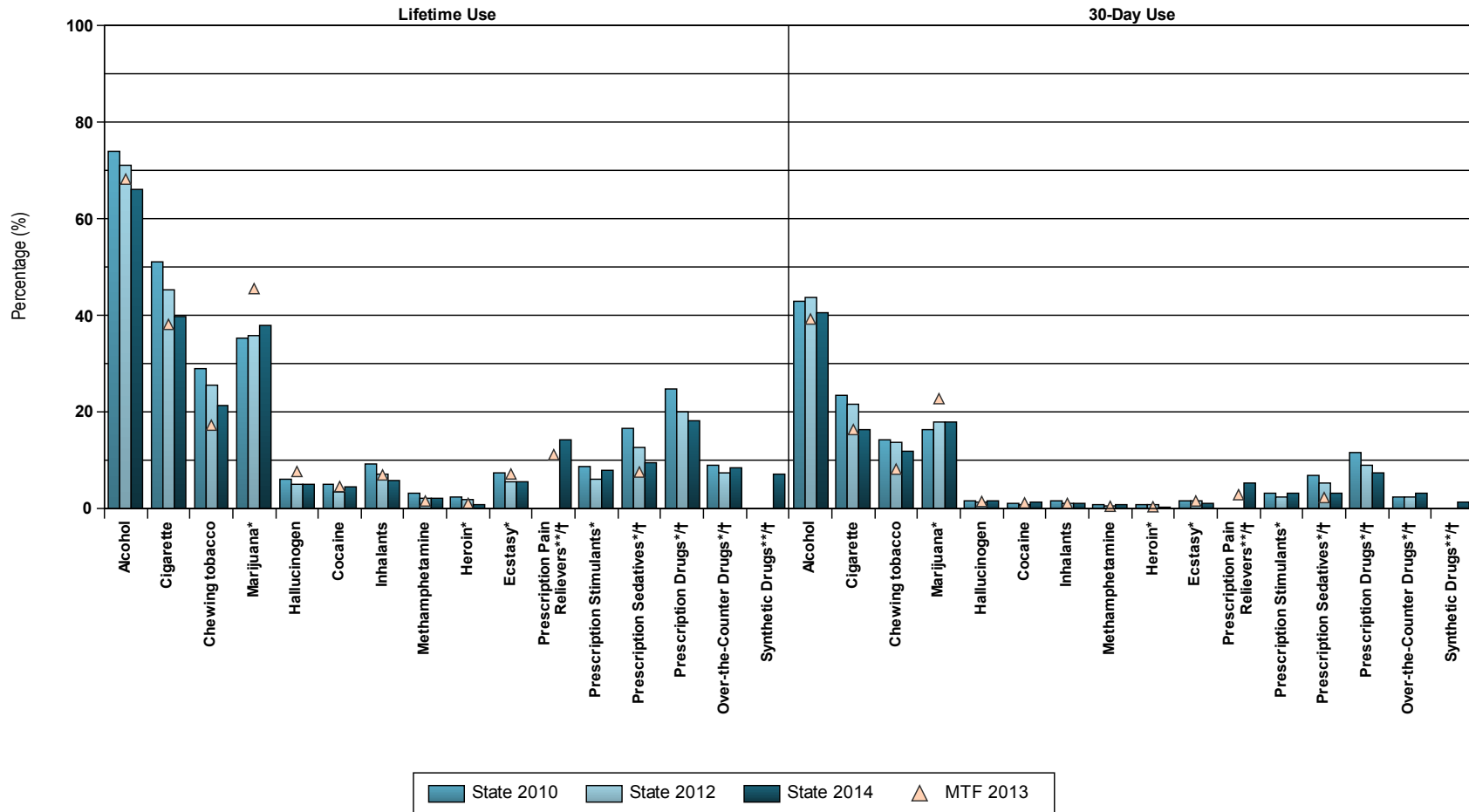
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

Substance Use and Antisocial Behavior

LIFETIME & 30-DAY ATOD USE 2014 State of Oklahoma Student Survey, Grade 12



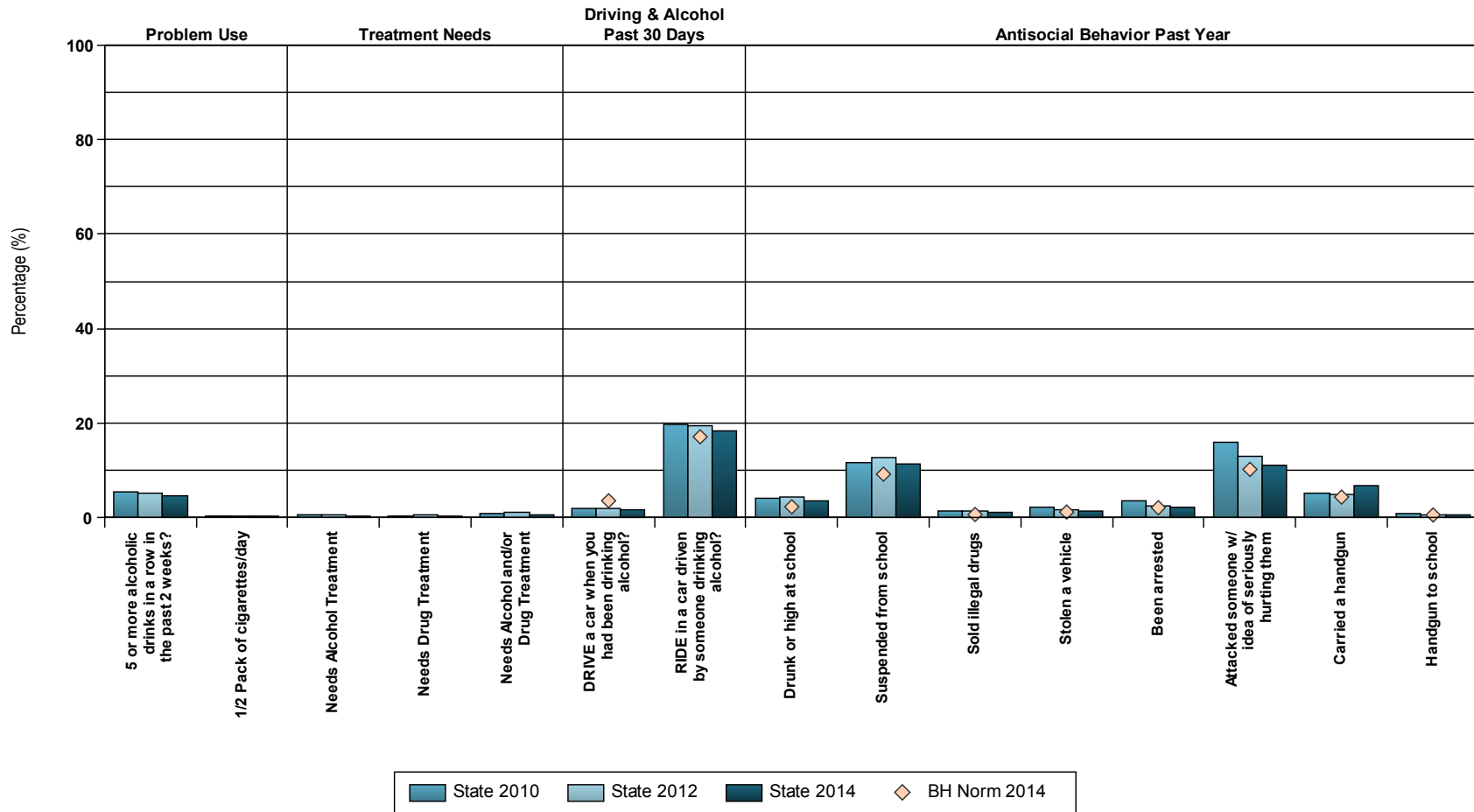
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

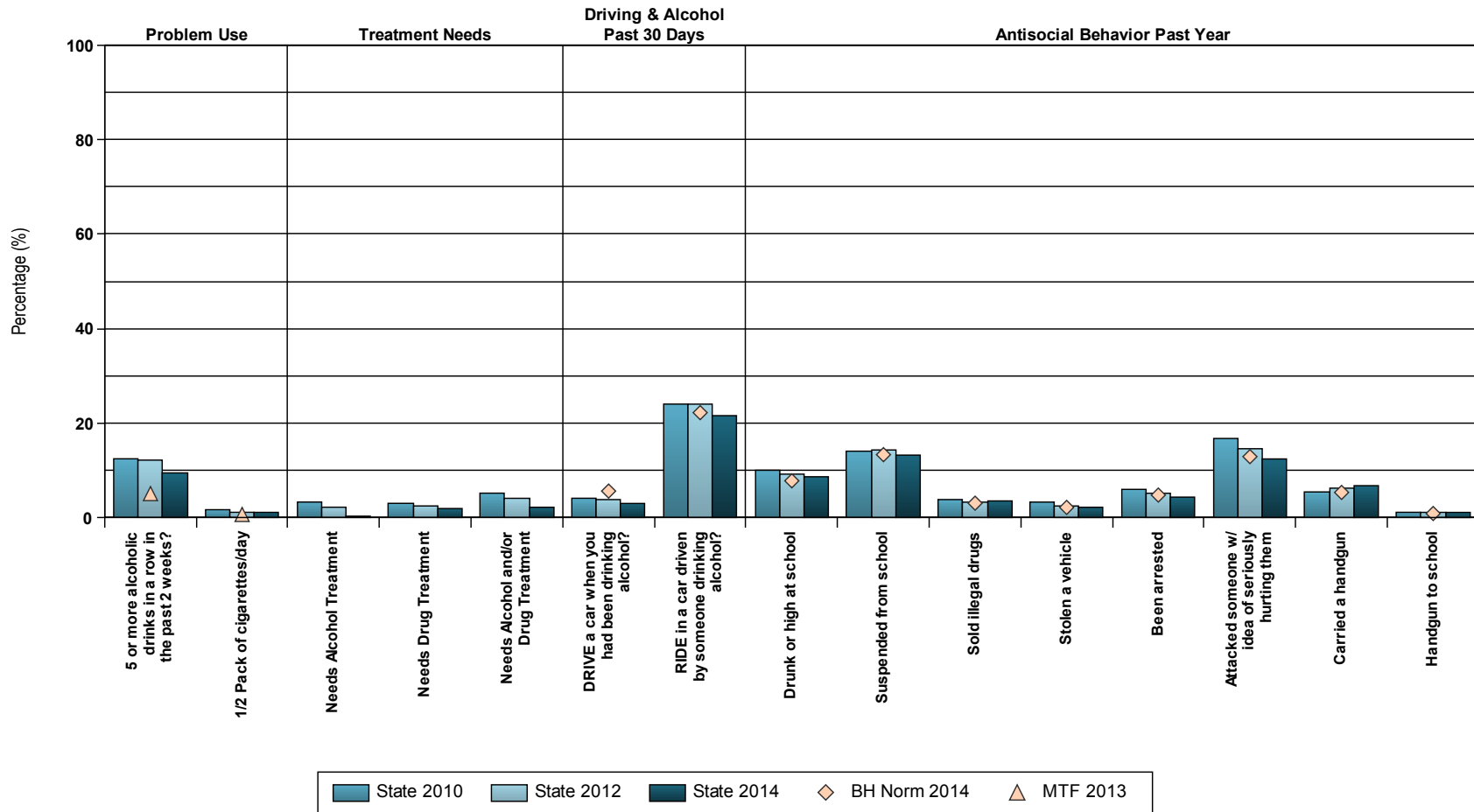
Substance Use and Antisocial Behavior

PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR 2014 State of Oklahoma Student Survey, Grade 6



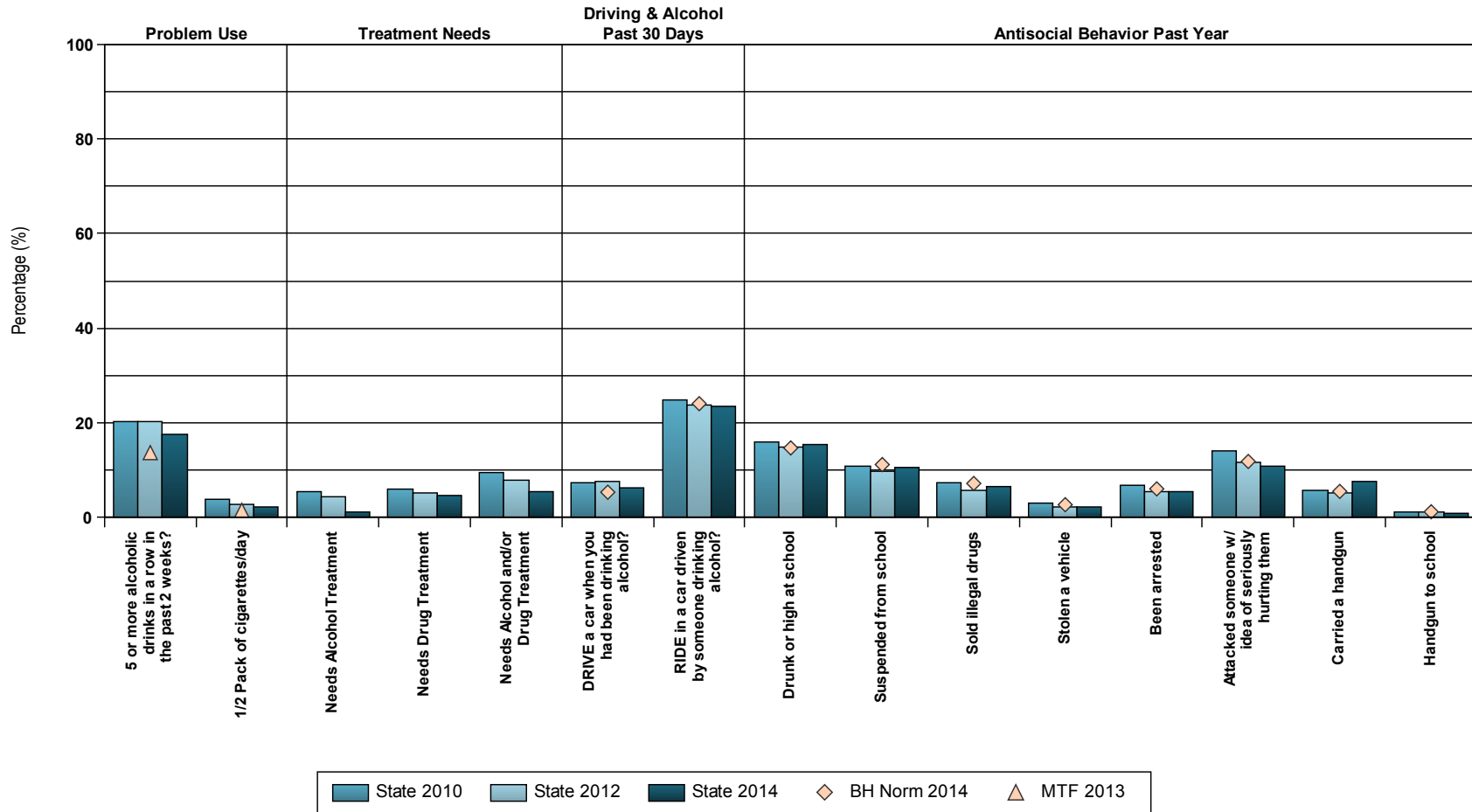
Substance Use and Antisocial Behavior

PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR 2014 State of Oklahoma Student Survey, Grade 8



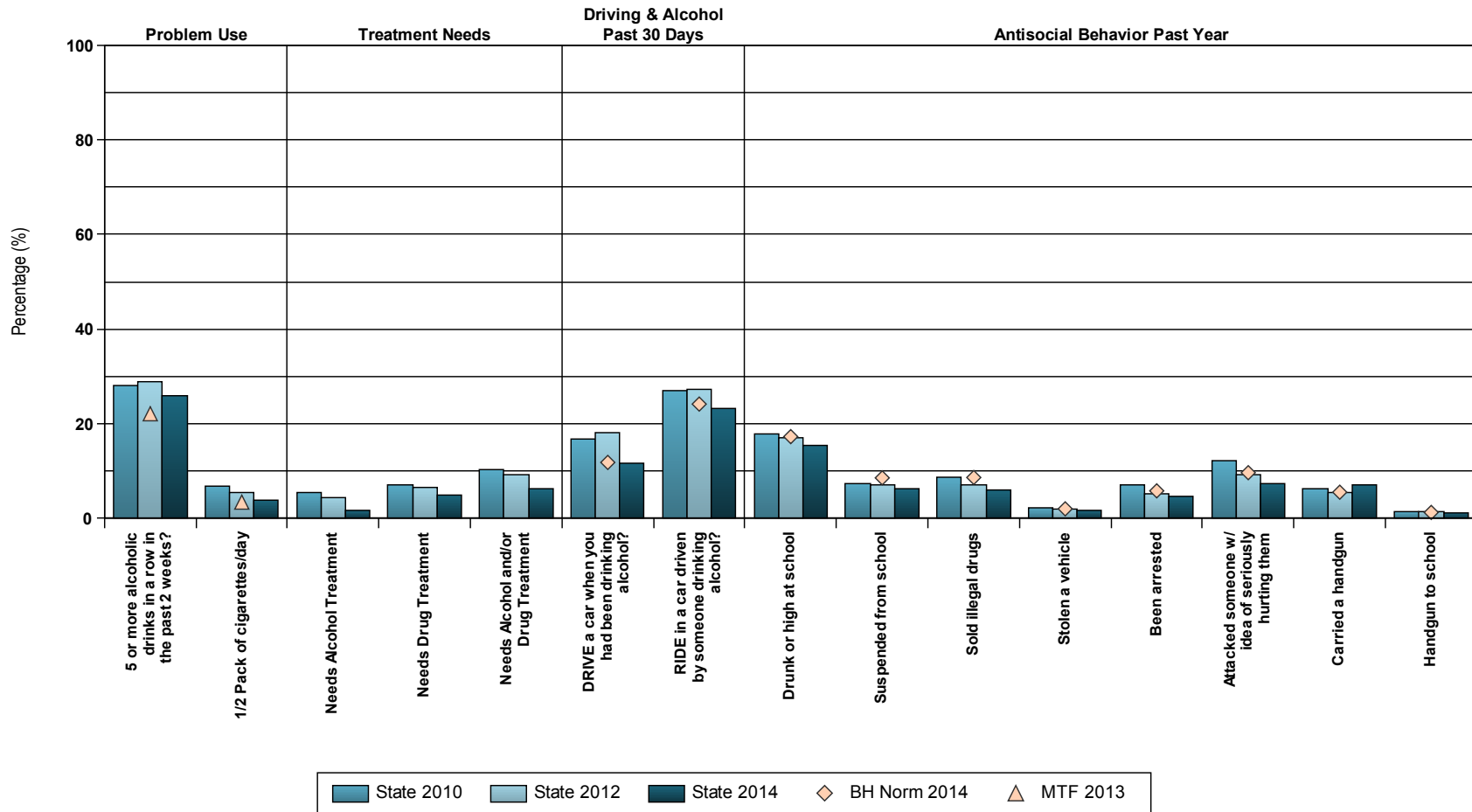
Substance Use and Antisocial Behavior

PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR 2014 State of Oklahoma Student Survey, Grade 10



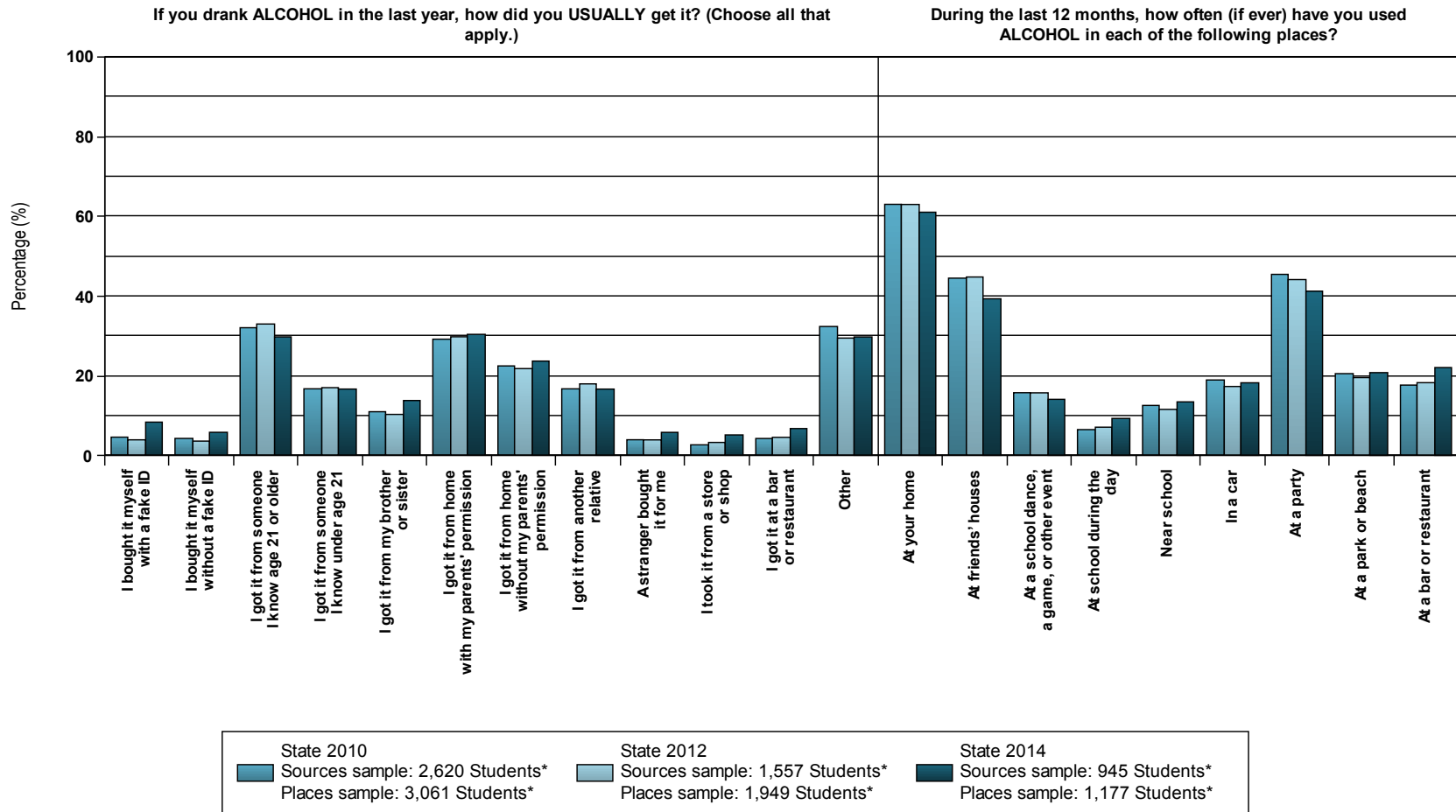
Substance Use and Antisocial Behavior

PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR 2014 State of Oklahoma Student Survey, Grade 12



Sources of Alcohol

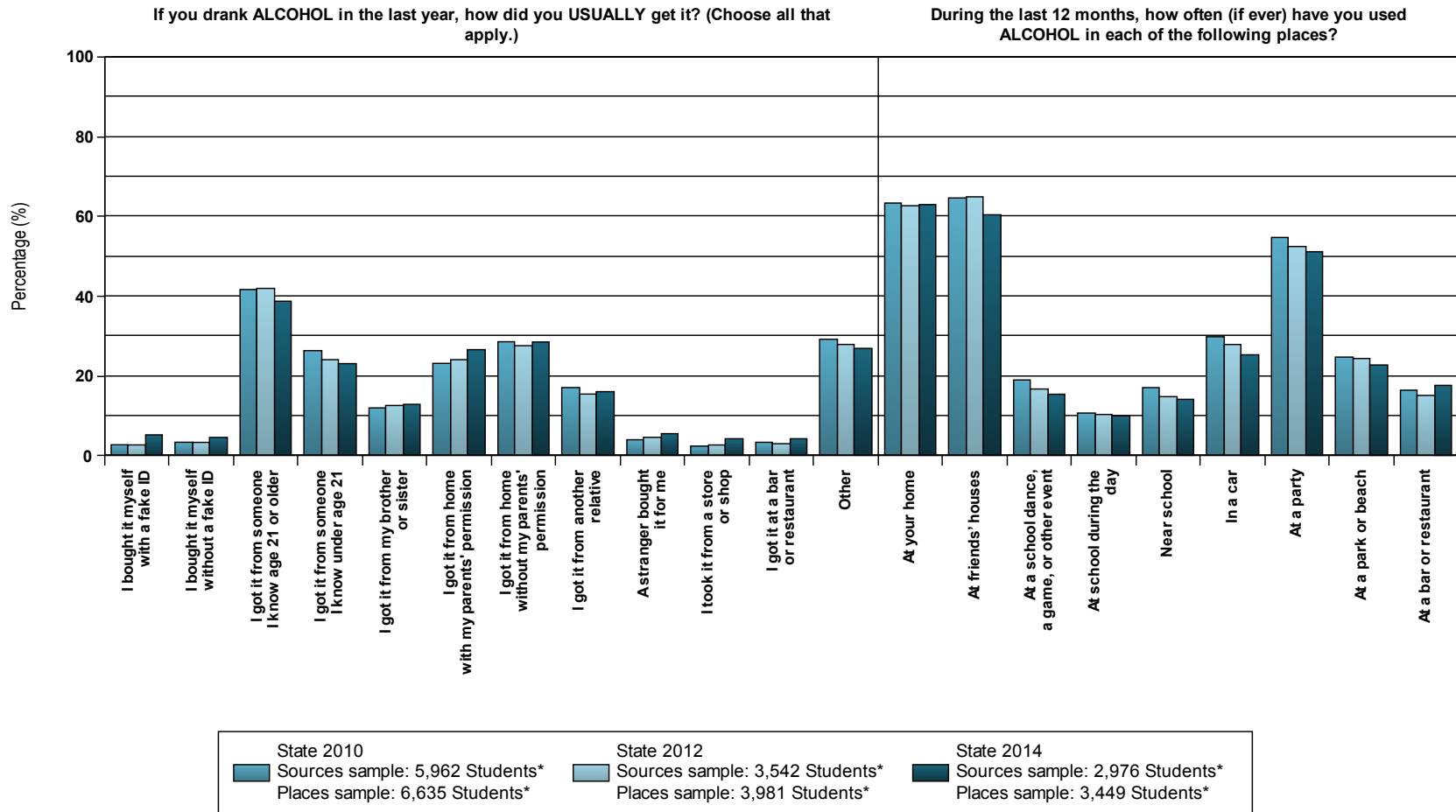
STUDENT ALCOHOL USE 2014 State of Oklahoma Student Survey, Grade 6



* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Alcohol

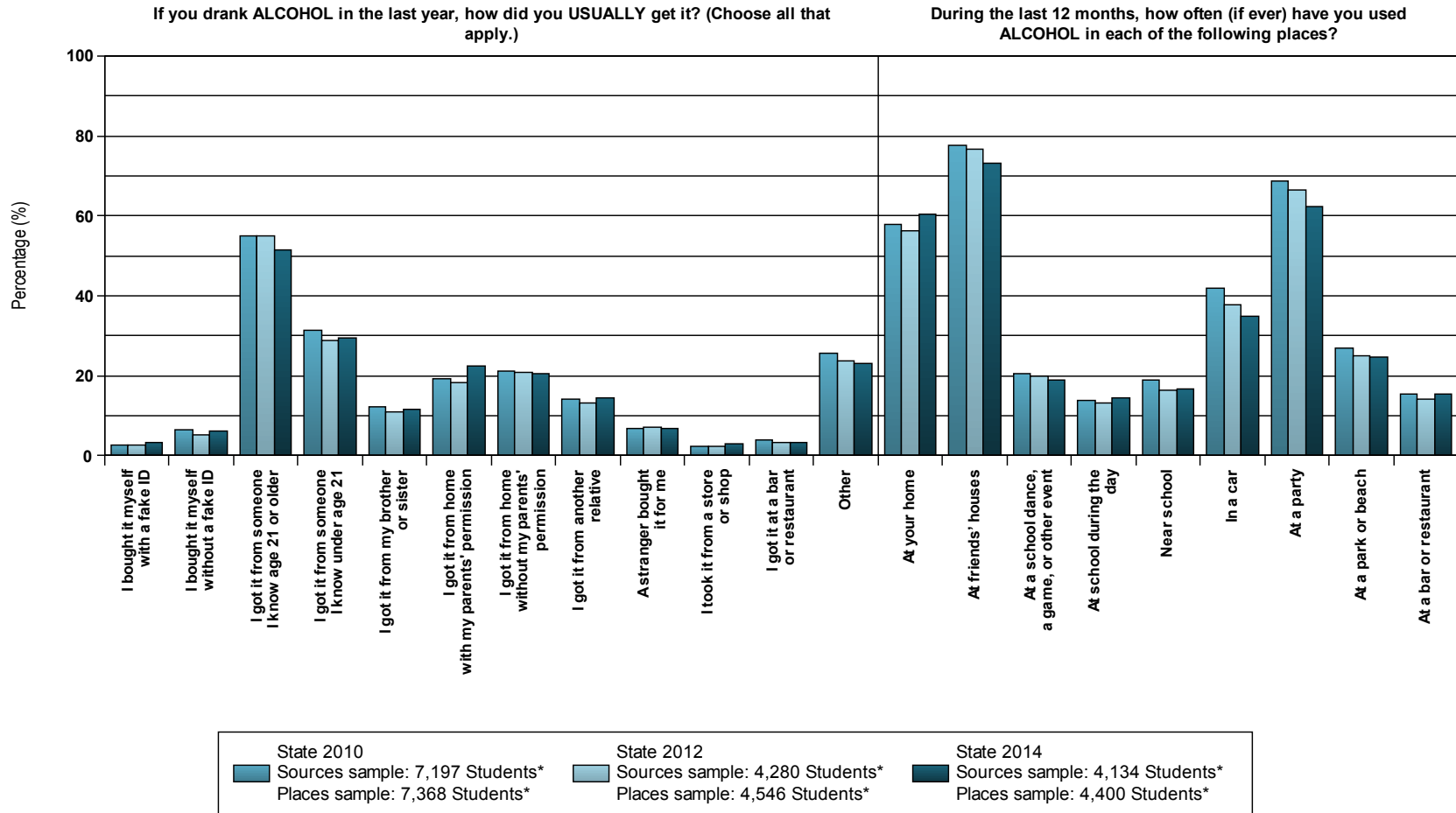
STUDENT ALCOHOL USE 2014 State of Oklahoma Student Survey, Grade 8



* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Alcohol

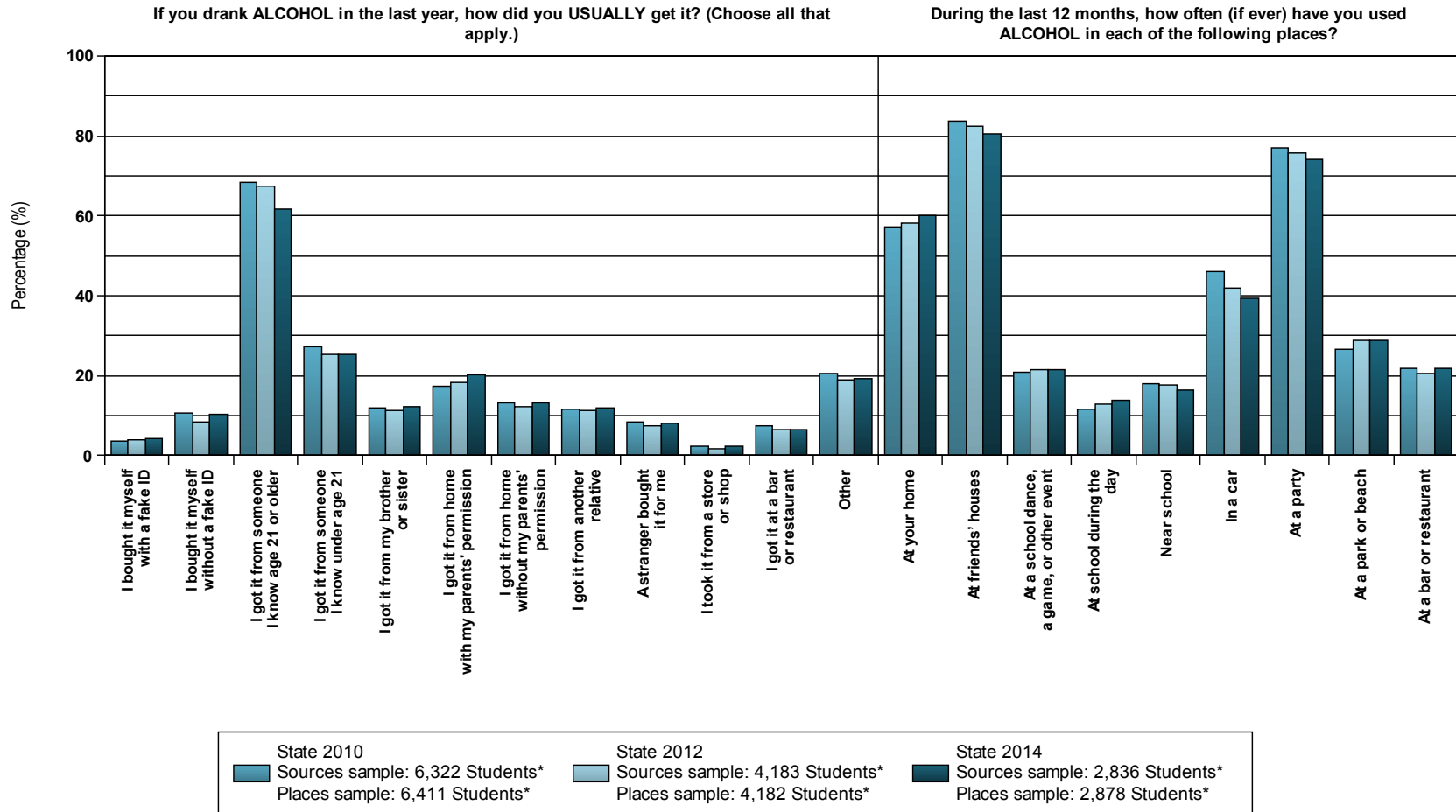
STUDENT ALCOHOL USE 2014 State of Oklahoma Student Survey, Grade 10



* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Alcohol

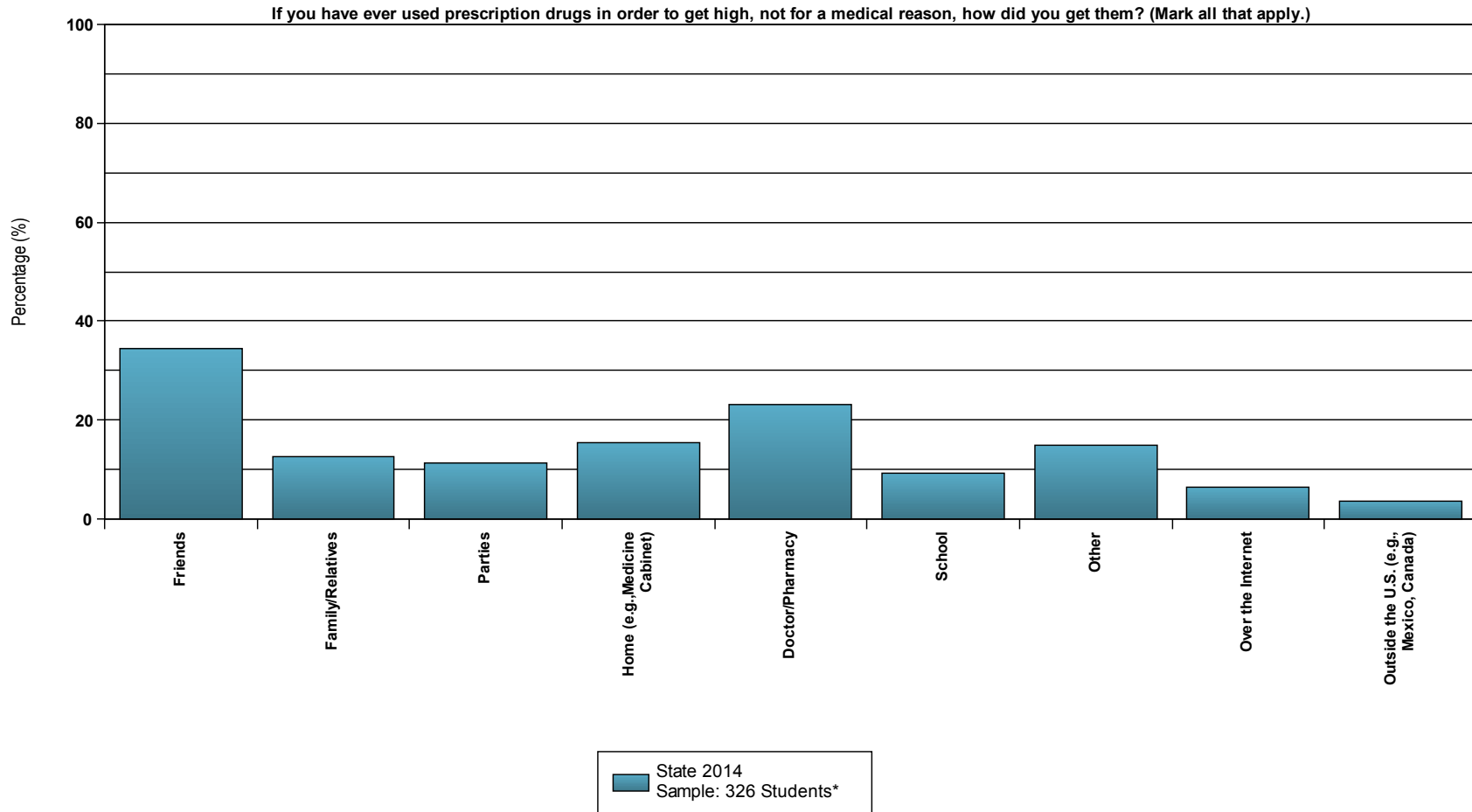
STUDENT ALCOHOL USE 2014 State of Oklahoma Student Survey, Grade 12



* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Prescription Drugs

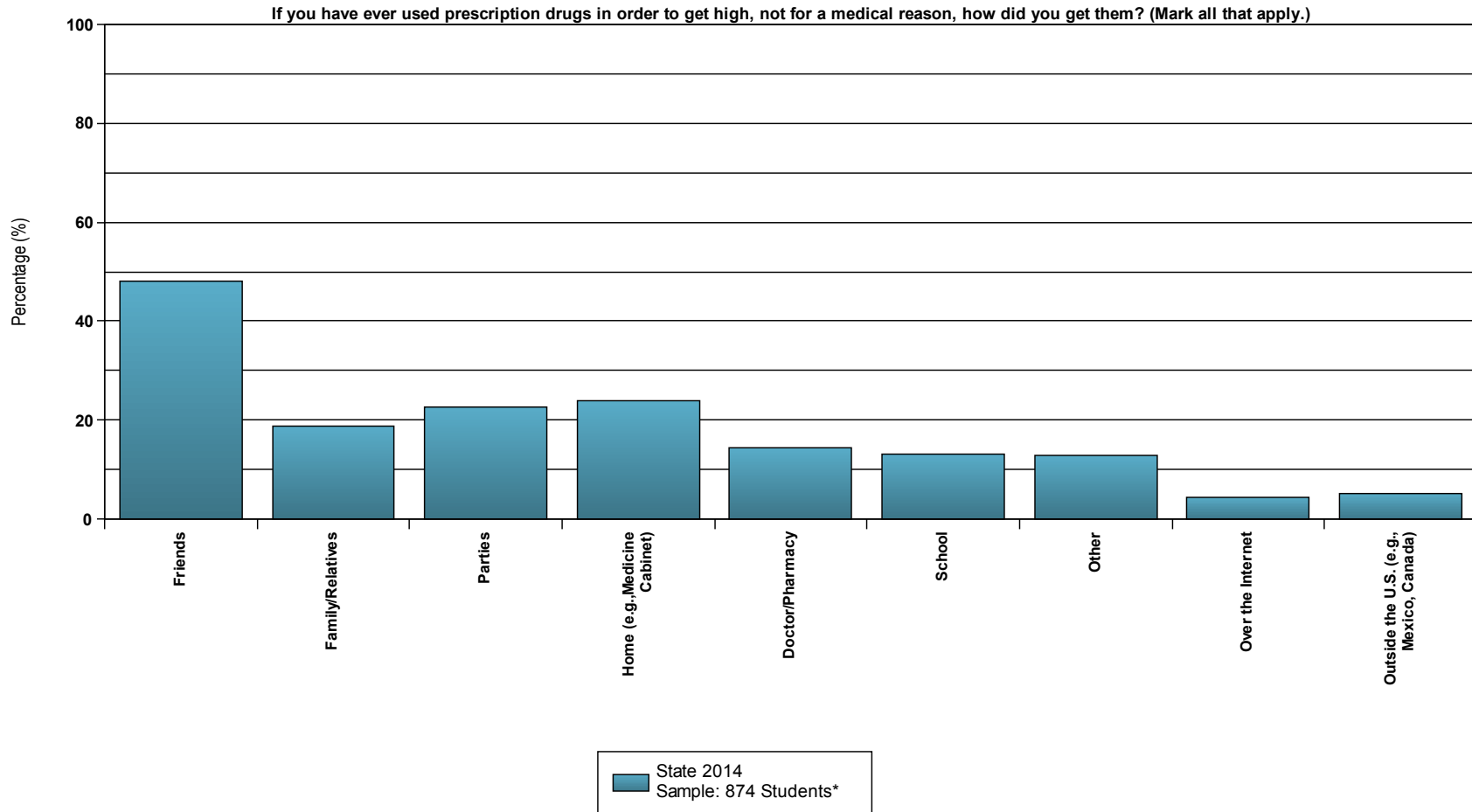
STUDENT PRESCRIPTION DRUG USE 2014 State of Oklahoma Student Survey, Grade 6



* Sample size represents the number of youth who obtained prescription drugs from at least one source. Students indicating they have never used prescription drugs to get high are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Prescription Drugs

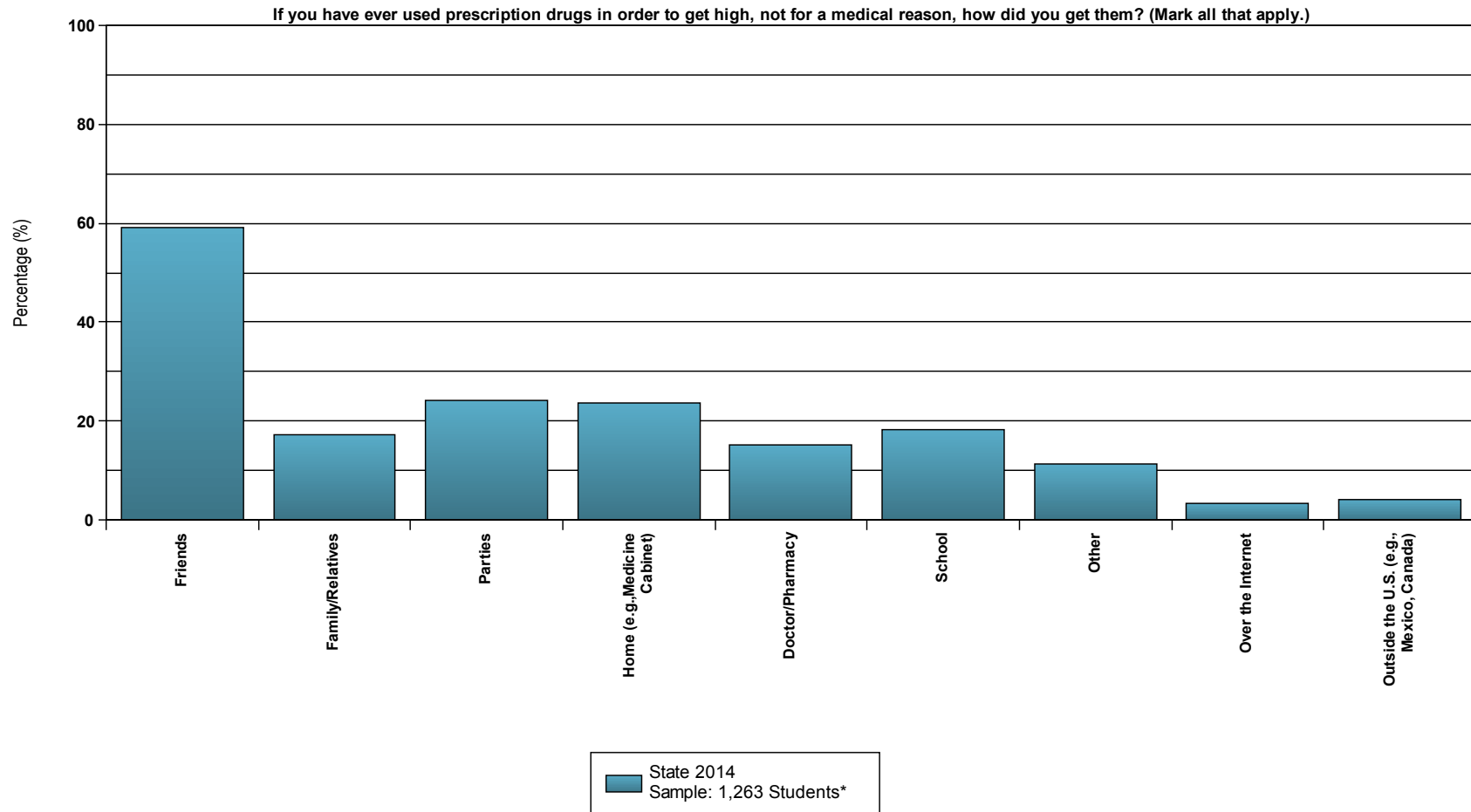
STUDENT PRESCRIPTION DRUG USE 2014 State of Oklahoma Student Survey, Grade 8



* Sample size represents the number of youth who obtained prescription drugs from at least one source. Students indicating they have never used prescription drugs to get high are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Prescription Drugs

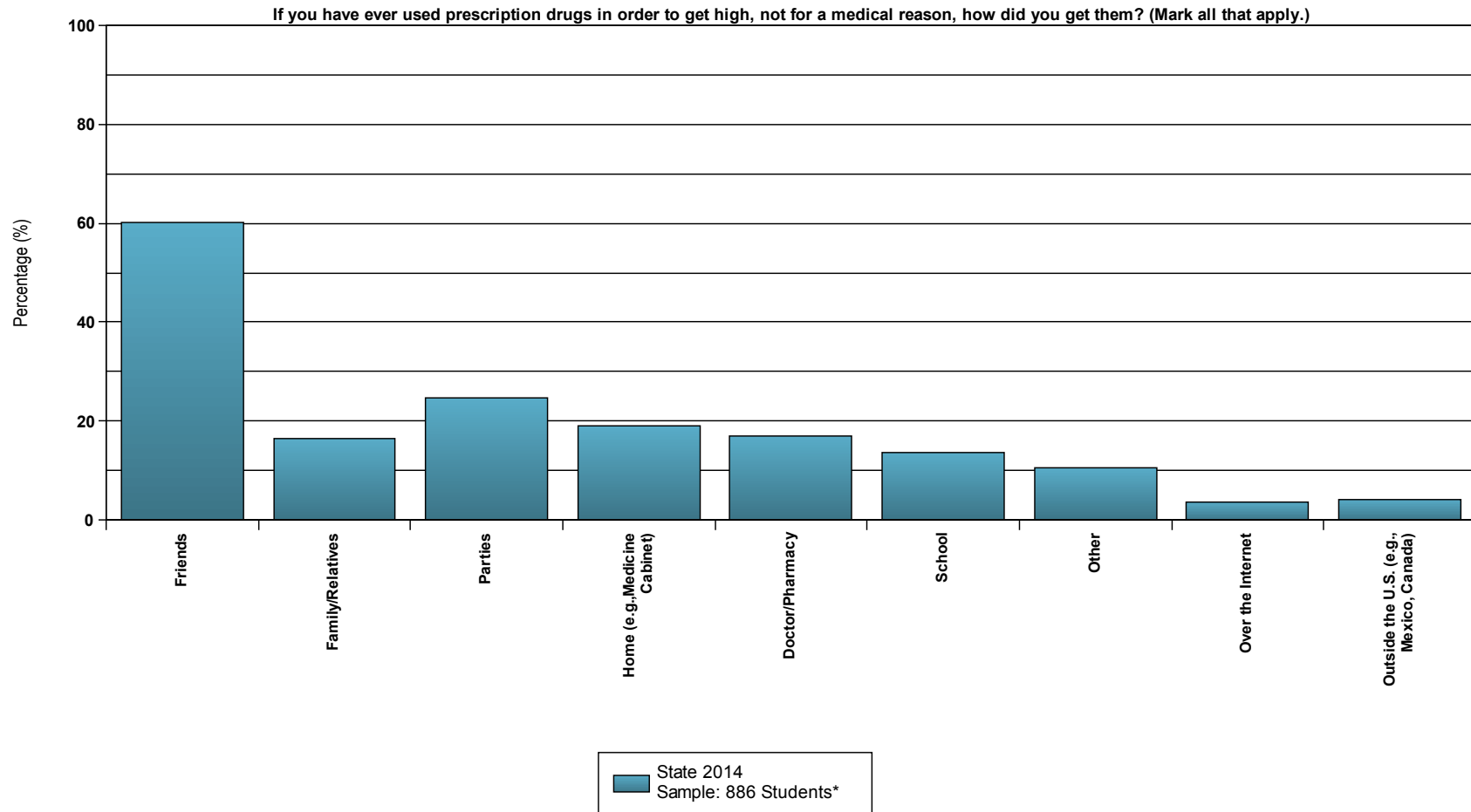
STUDENT PRESCRIPTION DRUG USE 2014 State of Oklahoma Student Survey, Grade 10



* Sample size represents the number of youth who obtained prescription drugs from at least one source. Students indicating they have never used prescription drugs to get high are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Sources of Prescription Drugs

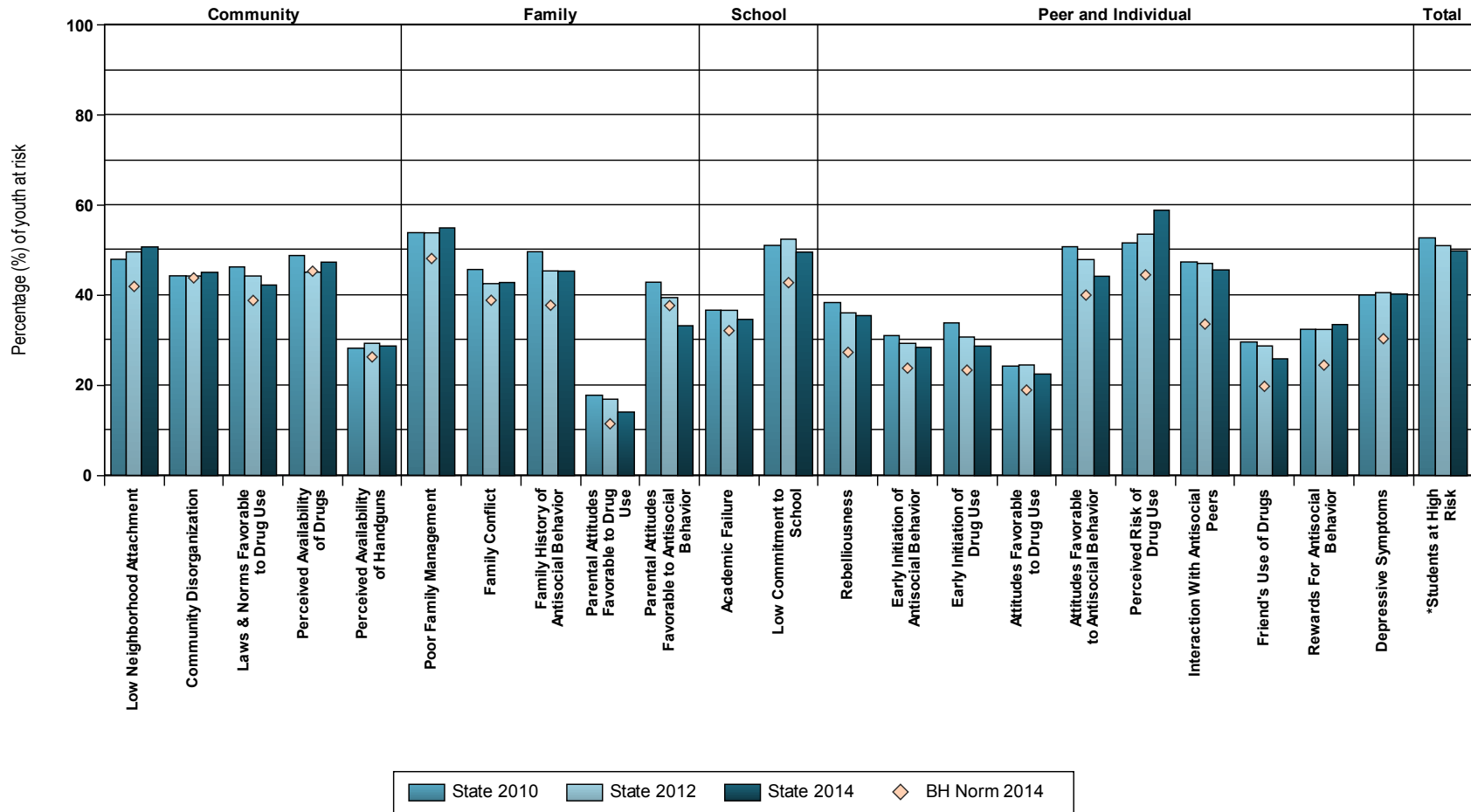
STUDENT PRESCRIPTION DRUG USE 2014 State of Oklahoma Student Survey, Grade 12



* Sample size represents the number of youth who obtained prescription drugs from at least one source. Students indicating they have never used prescription drugs to get high are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Risk and Protective Factor Profiles

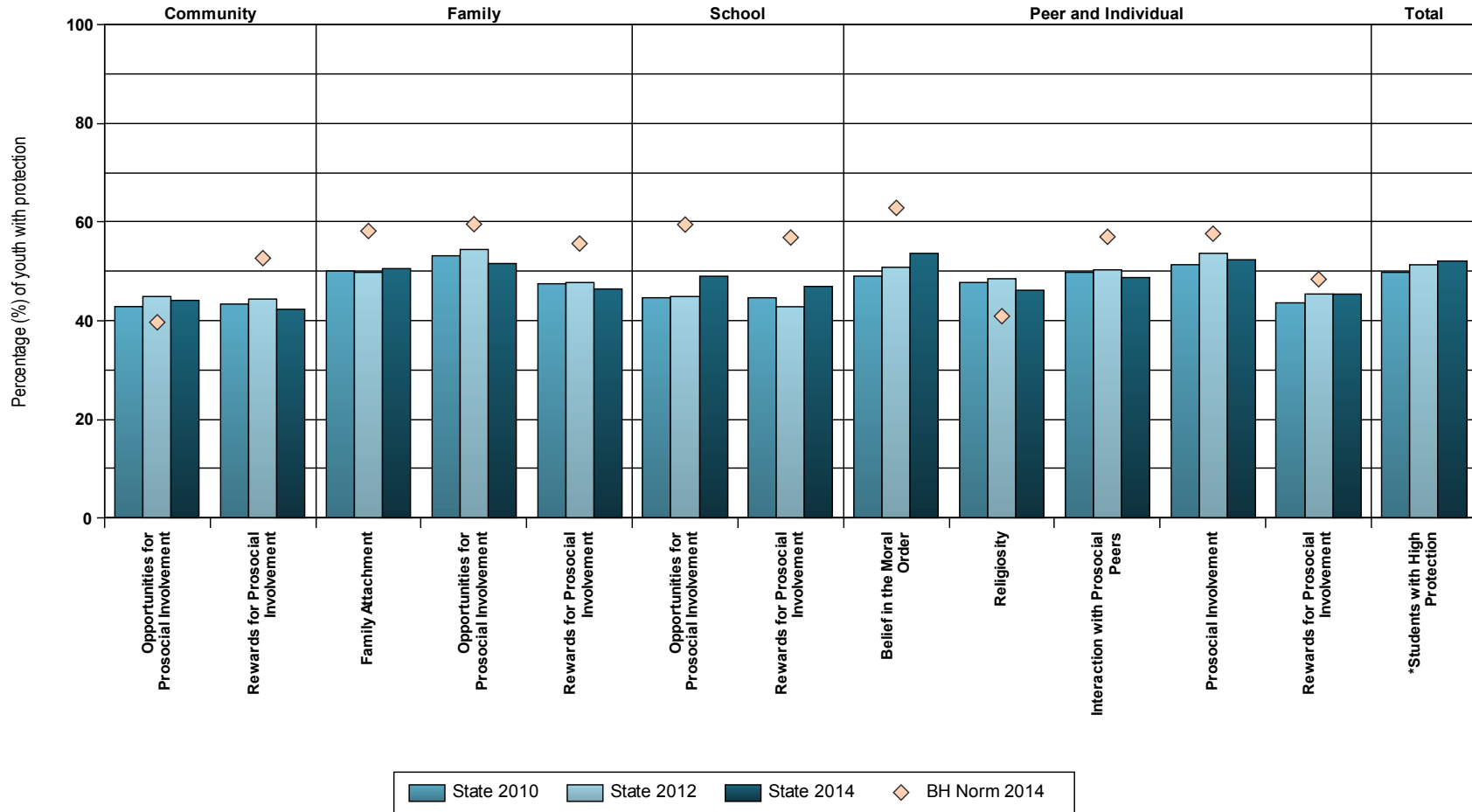
RISK PROFILE 2014 State of Oklahoma Student Survey, Grade 6



* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 9 or more risk factors, 10th & 12th grades: 10 or more risk factors.) BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

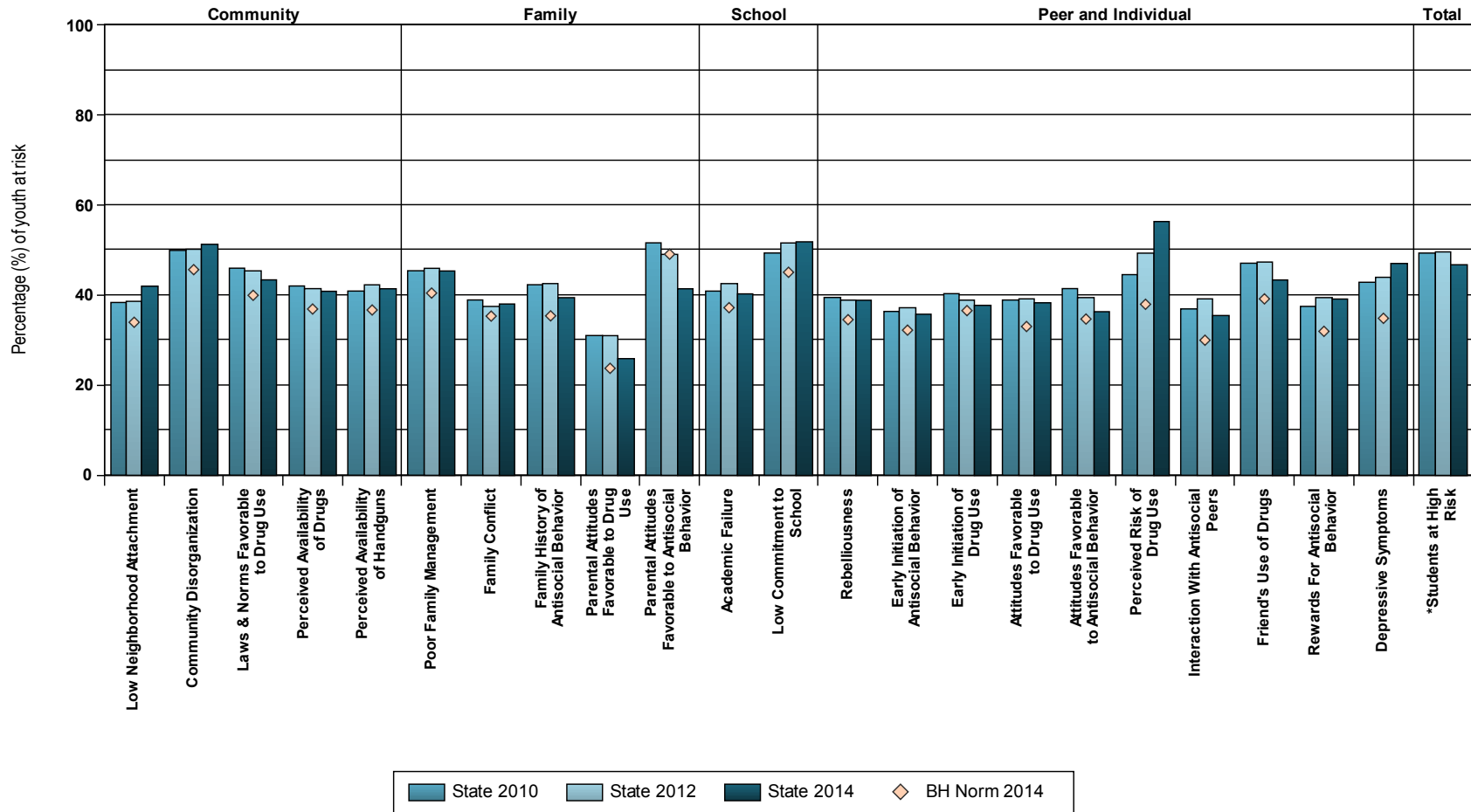
PROTECTIVE PROFILE 2014 State of Oklahoma Student Survey, Grade 6



* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives. BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

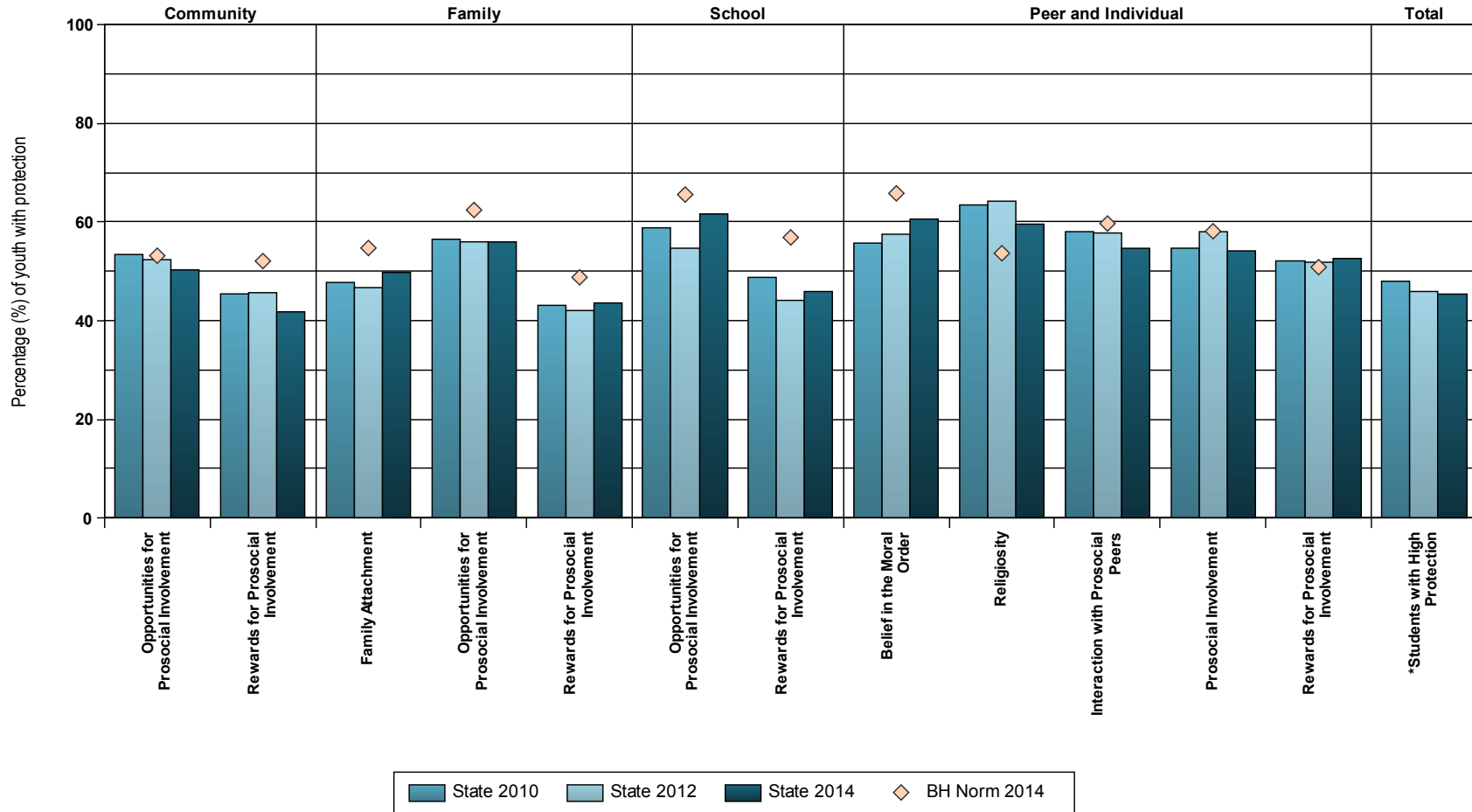
RISK PROFILE 2014 State of Oklahoma Student Survey, Grade 8



* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 9 or more risk factors, 10th & 12th grades: 10 or more risk factors.) BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE 2014 State of Oklahoma Student Survey, Grade 8

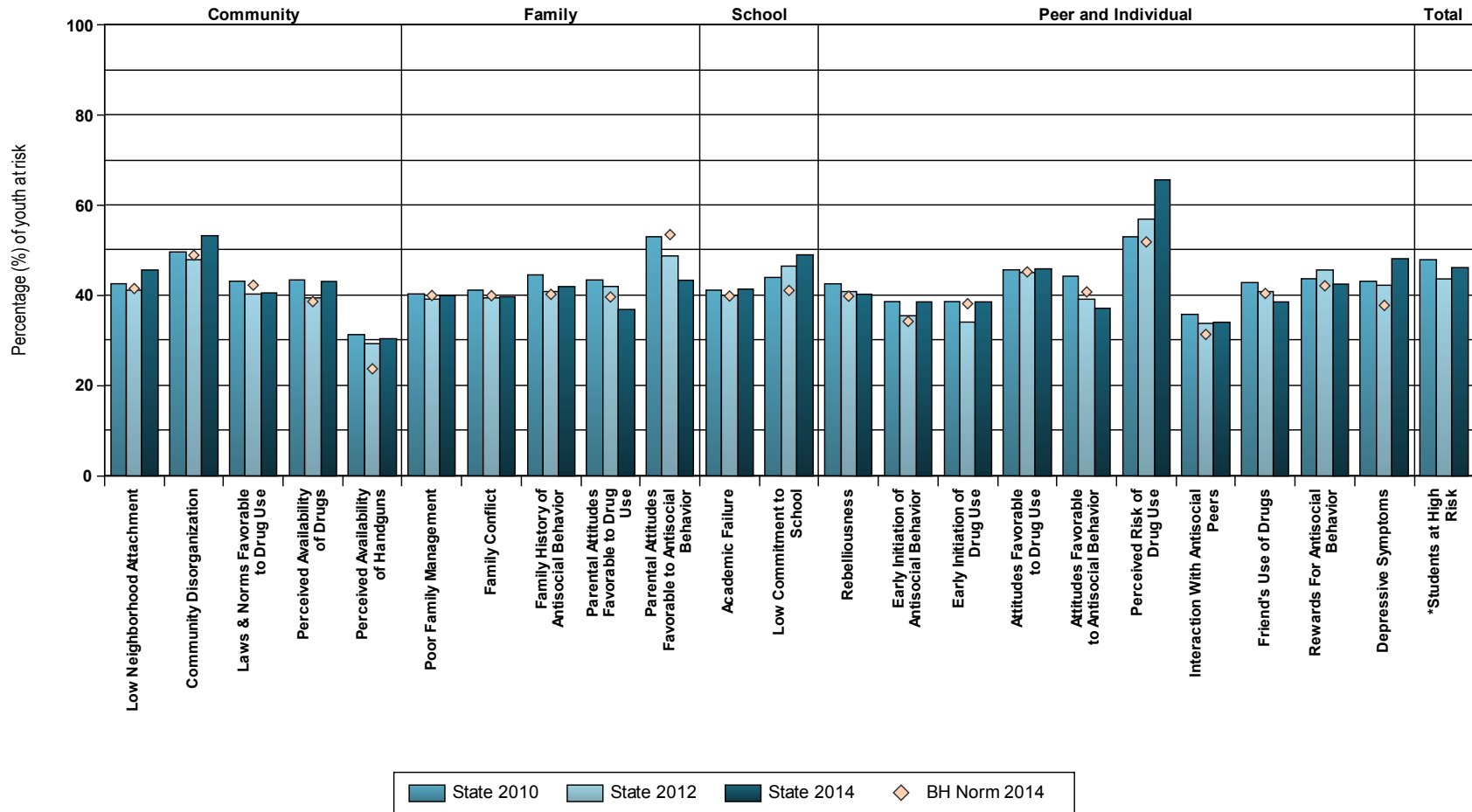


* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives. BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

RISK PROFILE

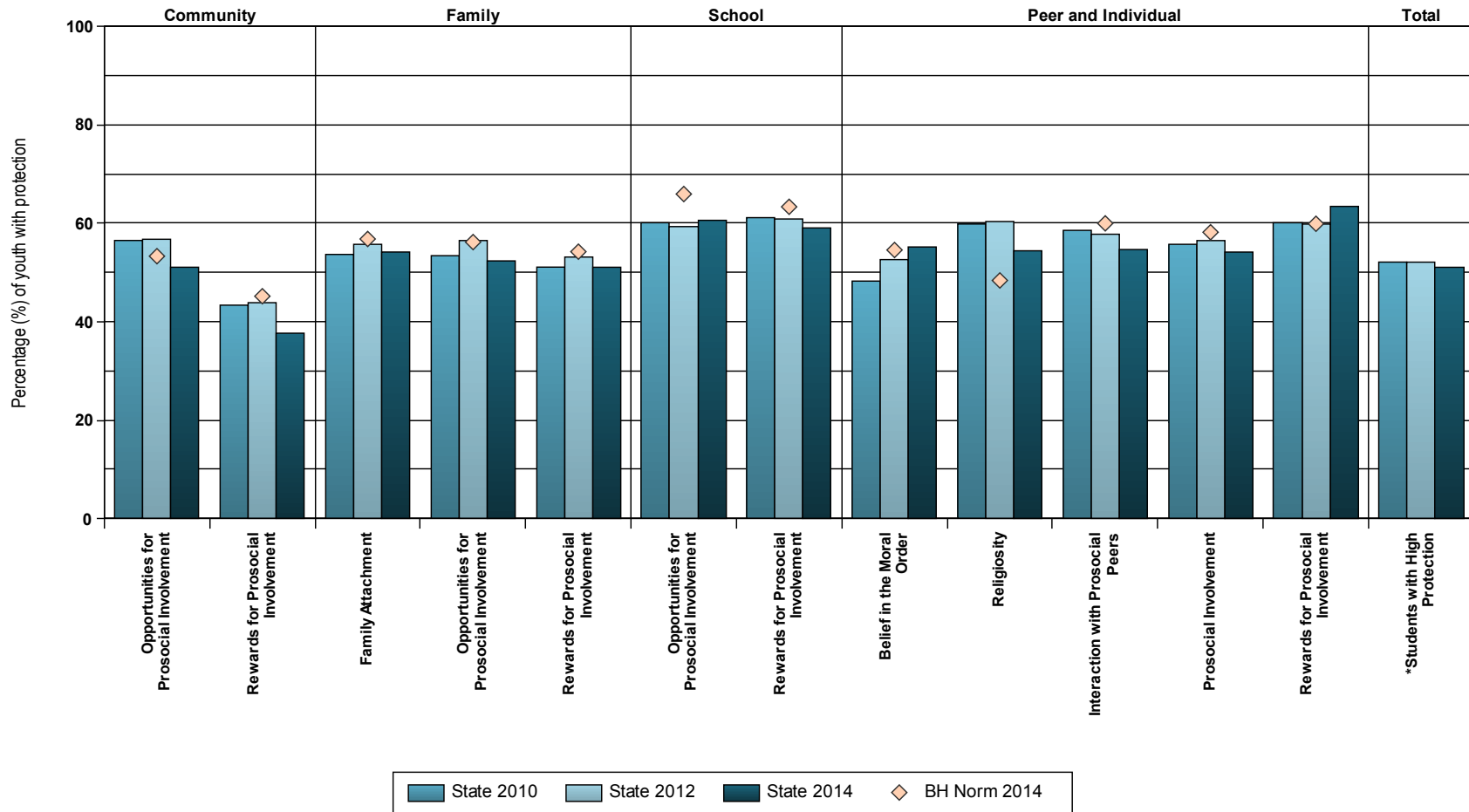
2014 State of Oklahoma Student Survey, Grade 10



* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 9 or more risk factors, 10th & 12th grades: 10 or more risk factors.) BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE 2014 State of Oklahoma Student Survey, Grade 10

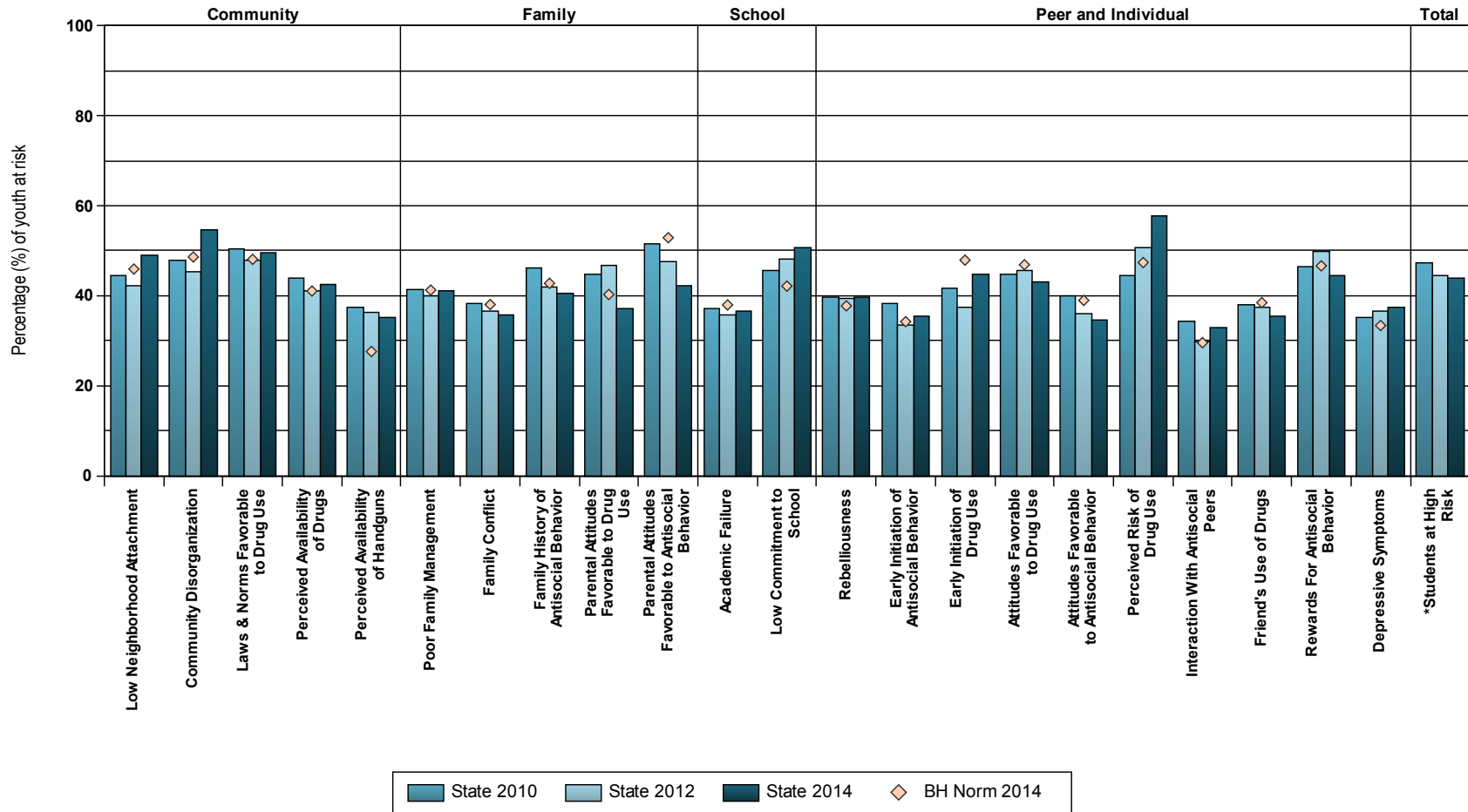


* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives. BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

RISK PROFILE

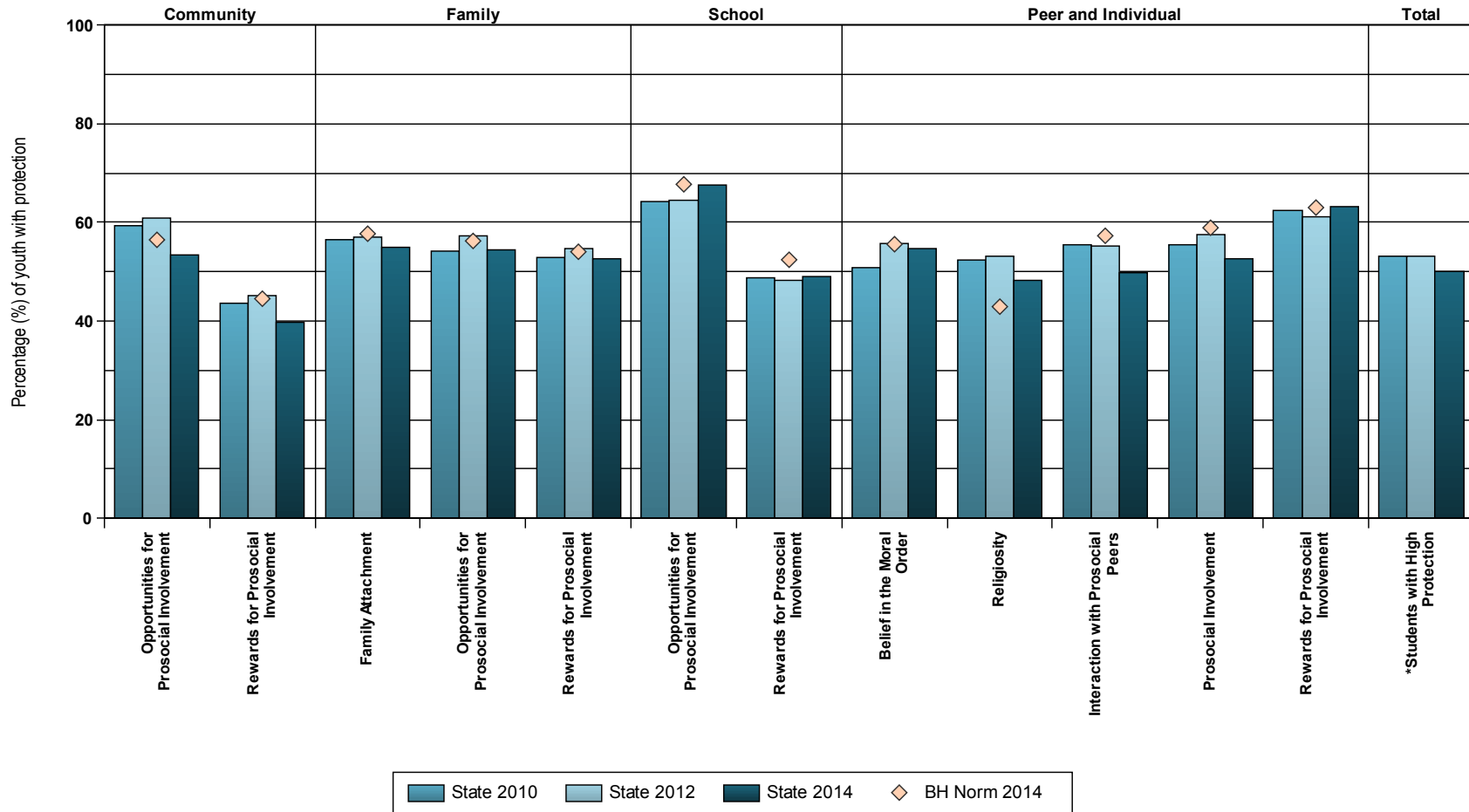
2014 State of Oklahoma Student Survey, Grade 12



* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 9 or more risk factors, 10th & 12th grades: 10 or more risk factors.) BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE 2014 State of Oklahoma Student Survey, Grade 12



* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives. BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>Community Domain Risk Factors</i>	
Low Neighborhood Attachment	Low neighborhood bonding is related to higher levels of juvenile crime and drug selling.
Community Disorganization	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs and Handguns	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Community Domain Protective Factors</i>	
Opportunities for Prosocial Involvement	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Rewards for Prosocial Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Family Domain Protective Factors</i>	
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Opportunities for Prosocial Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

<i>School Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
<i>Peer-Individual Risk Factors</i>	
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<i>Sensation Seeking</i>	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Friends' Use of Drugs</i>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Depressive Symptoms</i>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and youth problem behaviors.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Interaction with Prosocial Peers</i>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Data Tables

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 6			Grade 8			Grade 10			Grade 12		
	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014
	23,561	15,734	10,263	21,220	13,501	12,825	15,984	10,573	10,217	11,434	7,713	5,780

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

In your lifetime, on how many occasions (if any) have you... (Percentage reporting use at least once.)		Grade 6			Grade 8				Grade 10				Grade 12			
		State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	MTF 2013	State 2010	State 2012	State 2014	MTF 2013	State 2010	State 2012	State 2014	MTF 2013
Alcohol	had alcoholic beverages (beer, wine, or hard liquor) to drink - more than just a few sips?	27.9	25.2	23.1	48.0	45.6	40.1	27.8	63.6	60.6	57.5	52.1	74.0	71.0	66.1	68.2
Cigarette	smoked cigarettes?	14.3	13.2	10.9	28.9	27.0	23.1	14.8	40.8	35.4	32.6	25.7	51.1	45.3	39.8	38.1
Chewing tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	7.9	6.7	5.9	15.0	14.0	11.7	7.9	23.6	20.3	17.3	14.0	28.8	25.6	21.2	17.2
Marijuana*	used marijuana?	3.6	4.2	4.4	14.5	15.2	15.9	16.5	27.4	26.7	29.5	35.8	35.4	35.8	37.8	45.5
Hallucinogen	used LSD or other hallucinogens?	0.7	0.8	0.7	2.0	2.0	1.4	2.5	4.2	3.5	3.9	5.4	6.1	5.0	4.9	7.6
Cocaine	used cocaine or crack?	0.9	1.2	1.1	1.9	1.7	1.4	1.7	3.0	2.3	2.8	3.3	5.0	3.4	4.6	4.5
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	11.4	9.9	8.3	14.2	12.7	9.3	10.8	11.4	9.0	7.3	8.7	9.2	7.0	5.7	6.9
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.6	0.5	0.4	1.3	1.1	0.7	1.4	2.5	1.7	1.2	1.6	3.2	2.1	2.2	1.5
Heroin*	used heroin?	0.4	0.4	0.4	1.0	0.8	0.6	1.0	1.6	1.0	0.7	1.0	2.3	1.8	0.7	1.0
Ecstasy*	used Ecstasy ('X', 'E', MDMA, or 'Molly')?	0.5	0.4	0.8	2.2	1.8	2.5	1.8	5.0	2.9	4.2	5.7	7.3	5.5	5.6	7.1
Prescription pain relievers**/†	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	n/a	n/a	4.0	n/a	n/a	7.5	n/a	n/a	n/a	13.8	n/a	n/a	n/a	14.1	11.1
Prescription stimulants*	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	1.1	0.9	1.1	3.2	2.4	2.7	n/a	6.5	4.3	6.0	n/a	8.6	6.1	7.8	n/a
Prescription sedatives*/†	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	4.6	4.2	2.7	9.8	8.5	5.1	n/a	14.3	11.0	10.0	n/a	16.6	12.7	9.5	7.5
Prescription drugs*/†	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	7.1	6.7	6.0	14.6	13.1	10.4	n/a	21.2	16.9	17.4	n/a	24.8	19.9	18.1	n/a
Over-the-counter drugs*/†	used over-the-counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?	2.2	1.7	2.9	5.6	4.8	5.5	n/a	8.4	6.5	8.5	n/a	9.0	7.4	8.3	n/a
Synthetic drugs**/†	used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold)?	n/a	n/a	1.2	n/a	n/a	2.5	n/a	n/a	n/a	4.8	n/a	n/a	n/a	7.1	n/a

* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

Data Tables

Table 5. Percentage of Students Who Used ATODs During the Past 30 Days

In the past 30 days, on how many occasions (if any) have you... (Percentage reporting use at least once in the past 30 days.)		Grade 6			Grade 8				Grade 10				Grade 12			
		State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	MTF 2013	State 2010	State 2012	State 2014	MTF 2013	State 2010	State 2012	State 2014	MTF 2013
Alcohol	had beer, wine, or hard liquor to drink?	8.8	8.4	7.6	21.2	21.0	16.8	10.2	32.4	33.1	29.3	25.7	42.9	43.7	40.5	39.2
Cigarette	smoked cigarettes?	3.0	2.8	2.1	9.6	8.5	6.6	4.5	17.1	13.9	11.6	9.1	23.4	21.5	16.3	16.3
Chewing tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	2.6	2.5	2.0	6.8	7.0	6.0	2.8	11.7	10.2	9.3	6.4	14.2	13.6	11.7	8.1
Marijuana*	used marijuana?	1.5	2.1	1.7	7.0	7.9	7.3	7.0	13.3	13.4	14.0	18.0	16.3	17.8	17.8	22.7
Hallucinogen	used LSD or other hallucinogens?	0.2	0.3	0.3	0.7	0.8	0.6	0.8	1.3	1.1	1.1	1.1	1.5	1.4	1.6	1.4
Cocaine	used cocaine or crack?	0.4	0.4	0.4	0.8	0.6	0.6	0.5	0.7	0.7	1.1	0.8	1.0	0.7	1.4	1.1
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	4.7	4.4	3.2	5.3	4.7	2.7	2.3	2.7	2.0	1.3	1.3	1.6	1.0	1.0	1.0
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.2	0.1	0.2	0.5	0.4	0.3	0.4	0.7	0.5	0.2	0.4	0.8	0.5	0.6	0.4
Heroin*	used heroin?	0.2	0.1	0.1	0.4	0.3	0.3	0.3	0.5	0.4	0.3	0.3	0.7	0.6	0.3	0.3
Ecstasy*	used Ecstasy ('X', 'E', MDMA, or 'Molly')?	0.3	0.2	0.3	0.8	0.6	0.9	0.5	1.6	0.7	1.3	1.2	1.4	1.5	1.1	1.5
Prescription pain relievers**/†	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	n/a	n/a	2.0	n/a	n/a	3.9	n/a	n/a	n/a	6.3	n/a	n/a	n/a	5.2	2.8
Prescription stimulants*	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	0.4	0.4	0.6	1.4	1.0	1.2	n/a	2.8	1.8	2.5	n/a	3.0	2.4	3.2	n/a
Prescription sedatives*/†	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	1.8	1.6	1.0	4.6	4.1	2.5	n/a	6.3	4.5	4.3	n/a	6.9	5.3	3.1	2.2
Prescription drugs*/†	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	3.1	3.0	2.8	7.4	6.4	5.4	n/a	10.3	7.7	8.8	n/a	11.5	9.0	7.4	n/a
Over-the-counter drugs*/†	used over-the-counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?	1.0	0.9	1.5	2.6	2.1	2.7	n/a	3.3	2.5	3.7	n/a	2.4	2.2	3.0	n/a
Synthetic drugs**/†	used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold)?	n/a	n/a	0.6	n/a	n/a	1.1	n/a	n/a	n/a	1.0	n/a	n/a	n/a	1.2	n/a

* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** Substance categories that were not measured and reported in one or more survey administrations prior to 2014.

† No equivalent category for these substances in the Monitoring the Future survey. In the case of Sedatives and Prescription pain relievers, MTF does not have reliable data for grades 8 and 10.

Data Tables

Table 6. Percentage of Students With Problem ATOD Use

Problem Use		Grade 6				Grade 8					Grade 10					Grade 12				
		State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	MTF 2013	State 2010	State 2012	State 2014	BH Norm	MTF 2013	State 2010	State 2012	State 2014	BH Norm	MTF 2013
Binge drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	5.4	5.2	4.6	n/a	12.5	12.1	9.5	n/a	5.1	20.1	20.2	17.5	n/a	13.7	28.0	28.9	26.0	n/a	22.1
1/2 Pack of cigarettes/day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.3	0.3	0.3	n/a	1.6	1.2	1.0	n/a	0.7	3.8	2.7	2.2	n/a	1.5	6.7	5.5	3.8	n/a	3.4
Alcohol And Driving																				
During the past 30 days, how many times did you: (One or more times)		Grade 6				Grade 8					Grade 10					Grade 12				
		State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	MTF 2013	State 2010	State 2012	State 2014	BH Norm	MTF 2013	State 2010	State 2012	State 2014	BH Norm	MTF 2013
Drinking and driving	DRIVE a car when you had been drinking alcohol?	1.8	1.9	1.6	3.6	4.0	3.9	2.9	5.6	n/a	7.4	7.7	6.1	5.3	n/a	16.7	18.0	11.5	11.8	n/a
Riding with a drinking driver	RIDE in a car driven by someone drinking alcohol?	19.8	19.5	18.5	17.1	24.0	24.0	21.5	22.3	n/a	24.8	23.8	23.5	24.0	n/a	27.0	27.4	23.1	24.1	n/a
Treatment Needs																				
Students who have used alcohol or drugs on 10 or more occasions in their lifetime and marked 3 or more of the following 6 items related to their past year drug or alcohol use: 1) Spent more time using than intended 2) Neglected some of your usual responsibilities because of use 3) Wanted to cut down on use 4) Others objected to your use 5) Frequently thought about using 6) Used alcohol or drugs to relieve feelings such as sadness, anger, or boredom.	Needs Alcohol Treatment	0.7	0.6	0.2	n/a	3.2	2.3	0.4	n/a	n/a	5.4	4.2	1.2	n/a	n/a	5.3	4.4	1.8	n/a	n/a
	Needs Drug Treatment	0.4	0.7	0.4	n/a	2.9	2.5	1.8	n/a	n/a	5.9	5.3	4.7	n/a	n/a	7.1	6.4	4.9	n/a	n/a
	Needs Alcohol and/or Drug Treatment	1.0	1.1	0.5	n/a	5.1	4.0	2.1	n/a	n/a	9.4	8.0	5.5	n/a	n/a	10.4	9.2	6.3	n/a	n/a

Data Tables

Table 7. Percentage of Students With Antisocial Behavior

How many times in the past year (12 months) have you: (One or more times)	Grade 6				Grade 8				Grade 10				Grade 12			
	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm
Been drunk or high at school	4.2	4.3	3.4	2.3	10.0	9.3	8.6	7.8	15.9	14.8	15.3	14.7	17.8	17.1	15.4	17.3
Been suspended from school	11.6	12.8	11.3	9.2	14.1	14.4	13.2	13.4	10.8	9.9	10.4	11.2	7.2	7.0	6.3	8.5
Sold illegal drugs	1.4	1.3	1.2	0.7	3.9	3.4	3.6	3.1	7.3	5.7	6.4	7.2	8.7	7.2	6.0	8.6
Stolen or tried to steal a motor vehicle	2.2	1.6	1.4	1.2	3.2	2.6	2.2	2.2	3.0	2.2	2.1	2.7	2.3	1.9	1.7	2.0
Been arrested	3.6	2.3	2.2	2.1	5.9	5.2	4.3	4.8	6.7	5.4	5.5	6.0	7.0	5.2	4.7	5.8
Attacked someone with the idea of seriously hurting them	16.0	13.1	11.0	10.2	16.6	14.7	12.4	12.9	14.0	11.8	10.7	11.8	12.3	9.2	7.2	9.6
Carried a handgun	5.1	5.0	6.7	4.4	5.5	6.3	6.7	5.4	5.7	5.1	7.5	5.5	6.2	5.5	7.0	5.5
Carried a handgun to school	0.8	0.5	0.5	0.6	1.0	1.1	1.1	0.9	1.1	1.1	0.9	1.2	1.3	1.3	1.2	1.2

Data Tables

Table 8. Student Alcohol Use

If you drank ALCOHOL (beer, wine, or hard liquor) and not just a sip or taste in the last year, how did you USUALLY get it? (Choose all that apply.)	Grade 6			Grade 8			Grade 10			Grade 12		
	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014
<i>Sample size*</i>	2,620	1,557	945	5,962	3,542	2,976	7,197	4,280	4,134	6,322	4,183	2,836
I bought it myself with a fake ID	4.5	4.0	8.6	2.7	2.7	5.3	2.7	2.8	3.3	3.5	4.1	4.3
I bought it myself without a fake ID	4.4	3.5	5.9	3.4	3.5	4.6	6.6	5.3	6.0	10.6	8.4	10.2
I got it from someone I know age 21 or older	31.9	32.9	29.8	41.5	41.8	38.8	54.8	55.0	51.5	68.5	67.3	61.7
I got it from someone I know under age 21	16.8	17.0	16.7	26.4	24.1	23.0	31.5	28.7	29.6	27.2	25.5	25.2
I got it from my brother or sister	11.0	10.4	13.8	12.0	12.4	13.0	12.2	10.9	11.7	12.0	11.4	12.2
I got it from home with my parents' permission	29.2	29.9	30.6	23.1	23.9	26.6	19.4	18.4	22.4	17.4	18.4	20.3
I got it from home without my parents' permission	22.3	21.8	23.6	28.5	27.6	28.5	21.1	20.8	20.4	13.2	12.4	13.0
I got it from another relative	16.6	18.0	16.8	16.9	15.3	16.2	14.2	13.2	14.4	11.6	11.2	12.0
A stranger bought it for me	3.9	4.0	5.7	4.1	4.6	5.5	6.9	7.0	6.7	8.3	7.3	8.3
I took it from a store or shop	2.8	3.3	5.3	2.4	2.8	4.1	2.5	2.2	3.1	2.4	1.6	2.5
I got it at a bar or restaurant	4.4	4.5	6.9	3.3	3.1	4.2	3.8	3.3	3.5	7.4	6.6	6.6
Other	32.2	29.5	29.7	29.0	28.0	27.0	25.8	23.8	23.0	20.5	19.1	19.3
During the last 12 months, how often (if ever) have you used ALCOHOL (beer, wine, or hard liquor) in each of the following places?	Grade 6			Grade 8			Grade 10			Grade 12		
	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014
<i>Sample size*</i>	3,061	1,949	1,177	6,635	3,981	3,449	7,368	4,546	4,400	6,411	4,182	2,878
At your home	63.0	62.9	60.9	63.3	62.6	63.1	57.7	56.2	60.4	57.3	58.2	60.0
At friends' houses	44.6	44.7	39.3	64.5	64.8	60.5	77.6	76.7	73.2	83.7	82.6	80.4
At a school dance, a game, or other event	15.7	15.6	14.3	18.8	16.6	15.3	20.7	20.0	18.8	20.8	21.5	21.4
At school during the day	6.5	7.2	9.3	10.7	10.2	10.0	13.8	13.1	14.4	11.5	13.0	13.7
Near school	12.6	11.7	13.4	17.1	14.9	14.2	19.0	16.5	16.8	17.9	17.8	16.3
In a car	19.0	17.5	18.2	29.9	28.0	25.4	42.0	37.8	34.8	46.1	41.9	39.5
At a party	45.4	44.2	41.1	54.6	52.4	51.1	68.8	66.6	62.4	76.9	75.7	74.0
At a park or beach	20.5	19.5	21.0	24.6	24.5	22.7	26.8	24.9	24.6	26.7	28.8	28.8
At a bar or restaurant	17.7	18.4	22.0	16.3	15.0	17.5	15.4	14.2	15.5	21.7	20.5	22.0

* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Table 9. Student Prescription Drug Use

If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)	Grade 6	Grade 8	Grade 10	Grade 12
	State 2014	State 2014	State 2014	State 2014
<i>Sample size*</i>	326	874	1,263	886
Friends	34.4	48.1	59.2	60.0
Family/relatives	12.6	18.6	17.3	16.4
Parties	11.3	22.5	24.1	24.6
Home (e.g., medicine cabinet)	15.3	23.8	23.7	19.1
Doctor/pharmacy	23.0	14.4	15.0	17.0
School	9.2	13.2	18.1	13.5
Other	15.0	12.8	11.2	10.5
Over the Internet	6.4	4.3	3.2	3.6
Outside the U.S. (e.g., Mexico, Canada)	3.7	5.3	4.0	4.1

* Sample size represents the number of youth who obtained prescription drugs from at least one source. Students indicating they have never used prescription drugs to get high are not included in the sample. In the case of a sample sizes, caution should be exercised before generalizing results to the entire community.

Data Tables

Table 10. Percentage of Students Reporting Risk

Risk Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm
Community																
Low Neighborhood Attachment	47.8	49.4	50.8	41.9	38.3	38.5	41.8	34.0	42.6	41.0	45.6	41.5	44.5	42.2	48.9	45.9
Perceived Availability of Handguns	28.2	29.3	28.6	26.3	40.9	42.3	41.4	36.7	31.1	29.3	30.3	23.7	37.4	36.3	35.2	27.6
Community Disorganization	44.2	44.2	45.0	43.9	49.9	50.2	51.2	45.6	49.6	48.0	53.2	48.9	48.0	45.4	54.5	48.6
Laws & Norms Favorable to Drug Use	46.1	44.2	42.2	38.8	45.8	45.4	43.4	40.0	43.1	40.2	40.6	42.3	50.5	47.7	49.6	48.1
Perceived Availability of Drugs	48.7	44.9	47.2	45.3	41.8	41.4	40.9	36.9	43.3	39.4	43.1	38.6	44.0	41.0	42.5	41.0
Family																
Parental Attitudes Favorable to Antisocial Behavior	42.7	39.5	33.2	37.7	51.6	49.1	41.5	49.1	52.8	48.8	43.5	53.5	51.5	47.5	42.2	52.9
Poor Family Management	53.7	53.8	54.9	48.1	45.4	45.8	45.4	40.4	40.2	39.0	40.0	40.0	41.2	39.9	41.2	41.2
Family Conflict	45.6	42.5	42.8	38.9	38.7	37.4	38.0	35.3	41.1	39.3	39.7	39.9	38.1	36.5	35.6	38.0
Family History of Antisocial Behavior	49.6	45.2	45.3	37.8	42.1	42.5	39.4	35.4	44.3	40.9	41.9	40.2	46.1	42.0	40.6	42.7
Parental Attitudes Favorable to Drug Use	17.5	16.7	14.1	11.4	30.9	30.9	25.9	23.7	43.3	42.0	36.9	39.6	44.7	46.8	37.1	40.3
School																
Low Commitment to School	51.1	52.5	49.7	42.8	49.4	51.6	51.9	45.1	44.0	46.5	49.1	41.1	45.5	48.0	50.6	42.1
Academic Failure	36.6	36.6	34.5	32.1	40.7	42.6	40.2	37.2	41.2	40.0	41.3	39.8	37.0	35.9	36.6	37.9
Peer And Individual																
Rebelliousness	38.1	36.1	35.5	27.3	39.3	38.9	38.8	34.5	42.6	40.7	40.1	39.8	39.7	39.4	39.6	37.7
Early Initiation of Antisocial Behavior	31.0	29.2	28.3	23.8	36.3	37.1	35.8	32.2	38.4	35.5	38.5	34.2	38.2	33.5	35.5	34.2
Early Initiation of Drug Use	33.8	30.6	28.7	23.4	40.1	38.7	37.6	36.5	38.4	33.9	38.6	38.2	41.7	37.4	44.8	47.9
Attitudes Favorable to Drug Use	24.2	24.4	22.5	18.9	38.8	39.2	38.1	33.0	45.5	45.1	45.9	45.2	44.7	45.5	43.1	46.9
Attitudes Favorable to Antisocial Behavior	50.8	47.8	44.3	40.0	41.5	39.4	36.2	34.7	44.2	39.1	37.1	40.8	40.0	35.9	34.5	39.0
Perceived Risk of Drug Use	51.5	53.6	59.0	44.5	44.4	49.3	56.3	37.9	52.9	56.9	65.7	51.9	44.5	50.6	57.7	47.4
Interaction With Antisocial Peers	47.4	46.9	45.6	33.6	36.8	39.1	35.3	30.0	35.7	33.8	34.0	31.3	34.2	29.7	32.9	29.6
Friend's Use of Drugs	29.4	28.6	25.9	19.7	46.9	47.2	43.2	39.2	42.7	40.7	38.4	40.4	37.9	37.4	35.4	38.5
Rewards For Antisocial Behavior	32.2	32.4	33.3	24.5	37.5	39.5	39.1	31.9	43.7	45.5	42.4	42.1	46.4	49.7	44.4	46.6
Depressive Symptoms	40.1	40.4	40.2	30.3	42.7	44.0	46.9	34.8	43.0	42.2	48.0	37.8	35.1	36.6	37.5	33.4
Total																
Students at High Risk*	52.6	51.0	49.9	n/a	49.3	49.5	46.6	n/a	47.7	43.5	46.1	n/a	47.4	44.5	44.0	n/a

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8th grade: 9 or more risk factors, 10th & 12th grades: 10 or more risk factors.) BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Data Tables

Table 11. Percentage of Students Reporting Protection

Protective Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm	State 2010	State 2012	State 2014	BH Norm
Community																
Opportunities for Prosocial Involvement	42.9	44.8	44.1	39.7	53.4	52.3	50.3	53.2	56.5	56.7	50.9	53.3	59.2	60.8	53.4	56.5
Rewards for Prosocial Involvement	43.3	44.3	42.4	52.7	45.5	45.6	41.9	52.1	43.3	43.9	37.7	45.2	43.6	45.0	39.8	44.5
Family																
Family Attachment	50.0	49.8	50.7	58.2	47.7	46.7	49.7	54.8	53.6	55.8	54.1	56.8	56.5	56.9	55.0	57.7
Opportunities for Prosocial Involvement	53.2	54.4	51.6	59.6	56.5	56.0	55.9	62.5	53.5	56.4	52.5	56.2	54.1	57.2	54.4	56.2
Rewards for Prosocial Involvement	47.4	47.8	46.5	55.7	43.1	41.9	43.5	48.8	51.1	53.2	51.0	54.3	52.9	54.8	52.6	54.0
School																
Opportunities for Prosocial Involvement	44.7	45.0	48.9	59.5	58.7	54.7	61.6	65.6	60.1	59.3	60.5	66.0	64.3	64.4	67.5	67.7
Rewards for Prosocial Involvement	44.6	42.9	46.9	56.9	48.7	44.2	45.9	56.9	61.0	60.7	59.1	63.4	48.7	48.2	48.9	52.4
Peer And Individual																
Belief in the Moral Order	48.9	50.9	53.6	62.9	55.6	57.5	60.6	65.8	48.3	52.7	55.1	54.6	50.9	55.7	54.8	55.6
Religiosity	47.8	48.6	46.1	40.9	63.4	64.3	59.5	53.7	59.9	60.4	54.4	48.4	52.3	53.0	48.2	42.9
Interaction with Prosocial Peers	49.8	50.4	48.9	57.0	58.0	57.8	54.6	59.7	58.4	57.8	54.7	60.0	55.3	55.1	49.7	57.3
Prosocial Involvement	51.4	53.6	52.5	57.7	54.7	57.9	54.3	58.1	55.7	56.5	54.2	58.2	55.5	57.5	52.6	58.9
Rewards for Prosocial Involvement	43.6	45.4	45.4	48.4	52.2	51.9	52.6	50.9	60.1	59.9	63.5	59.9	62.4	61.3	63.3	63.0
Total																
Students with High Protection*	49.8	51.3	52.0	n/a	48.1	46.0	45.4	n/a	52.2	52.1	51.1	n/a	53.2	53.2	50.1	n/a

* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives. BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Data Tables

Table 12. Drug Free Communities Report - National Outcome Measures (NOMs)

Outcome	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		Male**		Female**	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk* (People are at Moderate or Great Risk of harming themselves if they...)	take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	Binge drinking	77.3	9,551	79.4	12,124	78.6	9,738	75.7	5,416	74.5	17,628	81.1	18,962
	smoke one or more packs of cigarettes per day?	Tobacco	79.5	9,615	83.7	12,162	87.6	9,750	85.9	5,422	83.0	17,690	85.4	19,022
	smoke marijuana once or twice a week?	Marijuana	73.9	9,370	64.8	11,882	52.5	9,587	48.5	5,322	56.8	17,340	64.1	18,587
	use prescription drugs that are not prescribed to them?	Prescription drugs	81.4	9,515	82.3	12,102	83.5	9,710	82.9	5,405	81.3	17,570	83.8	18,924
Perception of Parental Disapproval* (Parents feel it would be Wrong or Very Wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	96.3	8,091	92.2	10,945	88.0	9,118	82.6	5,078	89.0	15,835	91.0	17,185
	smoke cigarettes?	Tobacco	98.5	8,136	95.8	11,005	93.7	9,151	87.0	5,090	93.4	15,886	94.5	17,283
	smoke marijuana?	Marijuana	98.1	8,056	93.8	10,891	90.5	9,098	88.0	5,060	92.0	15,743	93.4	17,154
	use prescription drugs not prescribed to you?	Prescription drugs	98.5	8,117	95.8	10,976	95.2	9,148	95.0	5,093	96.0	15,855	96.3	17,265
Perception of Peer Disapproval* (Friends feel it would be Wrong or Very Wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	90.1	8,650	74.4	11,378	61.1	9,321	54.3	5,158	67.7	16,426	73.3	17,862
	smoke tobacco?	Tobacco	93.3	8,634	80.3	11,380	68.5	9,323	56.7	5,168	72.4	16,422	78.3	17,864
	smoke marijuana?	Marijuana	92.3	8,617	74.8	11,373	59.1	9,325	54.5	5,163	68.7	16,402	72.7	17,858
	use prescription drugs not prescribed to you?	Prescription drugs	95.0	8,618	86.5	11,378	78.8	9,326	75.2	5,165	83.0	16,406	85.4	17,866
Past 30-Day Use* (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	7.6	9,625	16.8	12,140	29.3	9,719	40.5	5,410	22.6	17,665	22.6	18,987
	smoked cigarettes	Tobacco	2.1	9,229	6.6	11,896	11.6	9,559	16.3	5,321	9.2	17,192	8.4	18,582
	used marijuana	Marijuana	1.7	9,598	7.3	12,121	14.0	9,671	17.8	5,390	10.6	17,624	8.9	18,920
	combined results of prescription stimulant, prescription sedative and prescription pain reliever questions (see appendix for details)	Prescription drugs	2.8	9,502	5.4	12,109	8.8	9,692	7.4	5,402	5.3	17,581	6.6	18,888

Data Tables

Table 13. Additional Data for Prevention Planning - Safety, Violence, and Gangs

		Grade 6			Grade 8			Grade 10			Grade 12		
		State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014	State 2010	State 2012	State 2014
Safety													
I feel safe at my school	YES! or yes	81.2	80.1	82.4	78.2	76.4	75.7	79.5	78.2	77.0	85.0	83.8	80.9
I feel safe in my neighborhood	YES! or yes	78.4	76.6	77.1	78.7	79.0	76.0	81.6	80.9	77.0	84.1	83.5	77.4
Verbal And Physical Violence													
What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?	No or very little chance	17.5	16.1	16.5	15.6	15.2	15.8	14.3	14.2	13.7	13.6	14.4	16.3
How wrong do you think it is for someone your age to pick a fight with someone?	Not wrong at all	5.8	4.7	4.8	9.5	8.3	8.0	7.7	7.0	5.9	5.7	5.0	5.3
How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?	Not wrong at all	3.0	2.5	2.6	4.9	3.9	3.9	4.4	3.9	3.1	3.5	3.1	2.5
How many times in the past year (12 months) have you attacked someone with the idea of seriously hurting them?	At least one time in the past year	16.0	13.1	11.0	16.6	14.7	12.4	14.0	11.8	10.7	12.3	9.2	7.2
It is all right to beat up people if they start the fight.	YES! or yes	43.7	42.3	36.9	57.2	55.2	50.8	59.4	55.0	52.1	55.4	49.0	48.1
How wrong do your parents feel it would be for you to pick a fight with someone?	Not wrong at all	4.1	3.1	2.8	5.1	5.5	4.1	4.8	4.2	3.6	4.0	3.8	3.4

Appendix

Appendix - Comparability of survey administrations and additional notes

Issue	Prior administration(s)	Current administration	Notes regarding changes
Drug Category	<i>On how many occasions (if any) have you:</i>	<i>On how many occasions (if any) have you:</i>	
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)? (2010/2012)	used marijuana?	Cautiously comparable across years.
Heroin	used heroin or other opiates? (2010/2012)	used heroin?	Cautiously comparable across years.
Ecstasy	used MDMA ('X', 'E', or Ecstasy?) (2010/2012)	used Ecstasy ('X', 'E', MDMA, or 'Molly')?	Cautiously comparable across years.
Synthetic drugs	<i>n/a</i> (2010/2012)	used synthetic drugs (such as Bath Salts like Ivory Wave or White Lighting or herbal incense products like K2, Spice, or Gold)?	Added in 2014 to track potential emerging usage trends.
Over the counter drugs	used a non-prescription cough or cold medicine (robos, DXM, etc.) to get high and not for medical reasons? (2010/2012)	used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?	Cautiously comparable across years.
Prescription stimulants	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them? (2010/2012)	used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them?	Cautiously comparable across years.
Prescription sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them? (2010/2012)	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	Cautiously comparable across years.
Prescription pain relievers	<i>n/a</i> (2010/2012)	used prescription pain relievers (Vicodin, OxyContin, Percocet or Codeine) without a doctor telling you to take them?	Added in 2014 to track potential emerging usage trends.
Prescription drugs	<p>Combined results of items:</p> <p><i>Prescription sedatives (2010/2012 version above)</i></p> <p><i>Prescription stimulants (2010/2012 version above)</i></p> <p><i>Prescription drugs (removed in 2014):</i> used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, or sleeping pills) without a doctor telling you to take them?</p>	<p>Combined results of items:</p> <p><i>Prescription pain relievers (see current version above)</i></p> <p><i>Prescription sedatives (see current version above)</i></p> <p><i>Prescription stimulants (see current version above)</i></p>	<p><i>Prescription Drugs</i> is the the measure of any student report use of prescription sedatives, prescription stimulants, or prescription pain relievers (three separate questions), combined to create a single measure.</p> <p>In 2010/2012 there was a question about prescription drug use with several examples (some of which overlapped examples from the standalone stimulant and sedative questions). Starting in 2014, the single prescription drug question was dropped in favor of more specific questions. 2010/2012 prescription drug rates have been recalculated as a combined measure of the original prescription drugs question, and 2010/2012 versions of sedative and stimulant questions. These rates should be considered cautiously comparable across years.</p>

Contacts for Prevention

Regional Prevention Contacts

Cherokee Nation Behavioral Health Services RPC

918-207-4977

Serves Adair, Cherokee, Sequoyah,
and Wagoner Counties

Eagle Ridge Institute RPC

405-463-7541

Serves Oklahoma County

Gateway to Prevention and Recovery RPC

405-275-3391

Serves Lincoln, Okfuskee, Pottawatomie,
and Seminole Counties

Neighbors Building Neighborhoods of Muskogee RPC - Region 7

918-424-6301

Serves Atoka, Coal, Haskell, Latimer,
and Pittsburg Counties

Neighbors Building Neighborhoods of Muskogee RPC - Region 15

918-683-4600

Serves Hughes, McIntosh, Muskogee Counties

Northwest Center for Behavioral Health RPC

580-571-3240

Serves Beaver, Cimarron, Ellis, Harper,
Texas, Woods, and Woodward Counties

OSU Seretean Wellness Center, PaNOK RPC

405-624-2220

Serves Kay, Noble, Osage, Payne, and Pawnee Counties

OSU Seretean Wellness Center, Tri-County RPC

918-756-1248

Serves Creek and Okmulgee Counties

OU Southwest Prevention Center RPC

405-325-4282

Serves Cleveland and McClain Counties

PreventionWorkz RPC

580-234-1046

Serves Alfalfa, Garfield, Grant, Kingfisher,
Logan, and Major Counties

Red Rock West RPC

580-323-6021

Serves Beckham, Blaine, Caddo, Custer, Dewey,
Greer, Kiowa, Roger Mills, and Washita Counties

Red Rock West RPC - Satellite Office

405-354-1928

Serves Canadian and Grady Counties

ROCMND Area Youth Services RPC

918-256-7518

Serves Craig, Delaware, Mayes, Nowata,
Ottawa, Rogers, and Washington Counties

Southeastern Oklahoma Interlocal Cooperative RPC

580-286-3344

Serves Choctaw, Leflore, McCurtain,
and Pushmataha Counties

Tulsa City-County Health Department RPC

918-595-4274

Serves Tulsa County

Wichita Mountains Prevention Network - Ardmore RPC

580-490-9021

Serves Bryan, Carter, Garvin, Johnston, Love,
Marshall, Murray, and Pontotoc Counties

Wichita Mountains Prevention Network - Lawton RPC

580-355-5246

Serves Comanche, Cotton, Harmon, Jackson,
Jefferson, Stephens, and Tillman Counties

State Contacts

Oklahoma Department of Mental Health and Substance Abuse Services

405-522-3619

www.odmhsas.org

Oklahoma Department of Mental Health and Substance Abuse Services

2Much2Lose (2M2L)/Students Against Destructive Decisions (SADD)

405-522-2700

Oklahoma Prevention Resource Center

405-522-3810

www.odmhsas.org/resourcecenter

Oklahoma Commission on Children and Youth

405-606-4900

Oklahoma Department of Education

405-521-2106

Oklahoma Department of Health, Tobacco Use Prevention

405-271-3619

Oklahoma Institute for Child Advocacy

405-236-5437

Oklahoma Turning Point Initiative

405-271-6127

Students Working Against Tobacco (SWAT)

405-271-3619

National Contacts and Resources

Center for Substance Abuse Prevention (CSAP)

www.samhsa.gov/prevention/

Office of Juvenile Justice and Delinquency Prevention

www.ojjdp.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)

Prevention Platform

www.pmrts.samhsa.gov/PrevResources/

Social Development Research Group

University of Washington

www.sdrp.org

National Clearinghouse for Alcohol & Drug Information

store.samhsa.gov/home

This Report was Prepared for the State of Oklahoma by Bach Harrison, L.L.C.

116 South 500 East

Salt Lake City, Utah 84102

801-359-2064

www.bach-harrison.com

For more information about this report or the information it contains, please contact the Oklahoma Department of Mental Health & Substance Abuse Services:

405-522-3619