

odmhsas

oklahoma department of mental health and substance abuse services

presents

2016 Oklahoma Prevention Needs Assessment Survey

Results for
State of Oklahoma

■ Table of Contents

Introduction	3
Understanding the Charts and Tables in this Report	4
Weighting Procedures for the OPNA	5
The Risk and Protective Factor Model of Prevention	6
Building a Strategic Prevention Framework	7
Charts:	
Substance Use, All Substances	9
Problem Substance Use, Treatment Needs, and Antisocial Behavior	14
Sources of Alcohol	19
Sources of Prescription Drugs	24
Risk and Protective Factors	29
Risk and Protective Scale Definitions	39
Data Tables	41
Appendix: Changes between administrations	50
Contacts for Prevention	51

2016 State of Oklahoma Prevention Needs Assessment Survey Report

This report summarizes findings from the Oklahoma Prevention Needs Assessment (OPNA) survey that was conducted during the spring of 2016 in grades 6, 8, 10, and 12. The results for the state of Oklahoma are presented along with comparisons to 2012 and 2014 OPNA survey results, as applicable. In addition, the report contains important information about the risk and protective factor framework and guidelines on how to interpret and use the data. Please note that this report does not contain data from all survey questions. For information about additional survey items, please contact the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Contact information for the department is included at the end of the report.

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, positive mental health, school dropout, substance abuse, violence, and delinquency among youth.

Table 1 contains the characteristics of Oklahoma students who completed the survey. A total of 434 schools across Oklahoma participated in the survey.

For the 2016 OPNA survey, 49,197 out of 189,223 enrolled statewide in grades 6, 8, 10, and 12 participated, making a participation rate of 26.0%. The large sample size makes this report a strong and statistically valid

estimate of Oklahoma youth use rates regarding alcohol, tobacco, and other drugs (ATOD), and youth risk and protective factors levels. (Note that state data represent the *weighted* results of all participating students.

Table 2. Participation rate

Grade	State 2016		
	Respondents	Enrolled*	Participation rate
6	13,585	49,455	27.5
8	14,721	48,843	30.1
10	12,220	48,864	25.0
12	8,613	42,061	20.5
Total	49,139	189,223	26.0

See the section *Weighting Procedures for the OPNA* for more information.)

Coordination and administration of the OPNA survey was a collaborative effort among ODMHSAS and the Oklahoma State Department of Health (OSDH), Oklahoma Department of Education (ODE), Regional Prevention Coordinators (RPC) and participating schools. If you have questions about the report or prevention services in the state, please refer to the *Contacts for Prevention* section at the end of this report.

Funding for this report was provided in part by a federal grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The grant was administered by ODMHSAS.

Table 1. Characteristics of participants

	State 2012		State 2014		State 2016	
	Number	Percent	Number	Percent	Number	Percent
Students by grade						
6	15,734	33.1	10,263	26.3	13,585	27.6
8	13,501	28.4	12,825	32.8	14,721	30.0
10	10,573	22.2	10,217	26.1	12,220	24.9
12	7,713	16.2	5,780	14.8	8,613	17.5
Total	47,521	100.0	39,085	100.0	49,139	100.0
Students by gender*						
Male	22,859	49.2	18,926	48.8	24,088	49.4
Female	23,570	50.8	19,886	51.2	24,664	50.6
Students by race/ethnicity*						
American Indian or Alaskan Native	11,219	21.0	9,453	18.9	11,832	18.9
Asian	1,162	2.2	1,431	2.9	1,650	2.6
Black, or African American	5,065	9.5	5,126	10.3	6,059	9.7
Hispanic or Latino	6,054	11.3	6,369	12.7	8,643	13.8
Native Hawaiian or Pacific Islander	675	1.3	634	1.3	740	1.2
White	29,328	54.8	26,957	53.9	33,726	53.8

* 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.

Understanding the Charts and Tables in this Report

Six types of charts are presented in this report:

1. Substance use charts;
2. Problem use, treatment needs, and antisocial behavior (ASB) charts;
3. Sources of alcohol charts;
4. Sources of prescription drugs charts;
5. Risk factor charts;
6. Protective factor charts.

Data from the charts are also presented in Tables 5-12. Additional data found in Tables 13 and 14 are explained at the end of this section.

Understanding the Format of the Charts

Several graphical elements are common to all charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2016 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: 2012, 2014, and 2016. By looking at the percentages over time, it may be possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it may be possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information can be important when deciding which risk and protective factors warrant attention.

- **Diamonds and Triangles.** A comparison to national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other student populations across the nation can be helpful to determine 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 (represented by diamonds on the charts) 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 (NIDA), it features nationally representative samples of students in 8th, 10th, and 12th grades.

The Bach Harrison Norm (represented by triangles on the charts) 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. Results from 11 statewide surveys were combined into a database of approximately 657,000 students in grades 6, 8, 10, and 12. 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 Bach Harrison (BH) Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available. The last BH Norm update was completed in 2014.

Lifetime & 30 Day ATOD Use Charts

- **Lifetime use** 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 who have 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 and Antisocial Behavior 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*.

Understanding the Charts and Tables in this Report

- **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 nine 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, it should be noted that 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 percent or 100 percent. 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 3, 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 13 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 14 contains additional data for prevention planning on the subjects of safety, verbal, and physical violence, and parental communication.

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, 2014, and 2016 reports to ensure that the results more accurately reflect the regional and state populations of Oklahoma students in grades 6, 8, 10, and 12.

In each survey administration, Bach Harrison examines the effects of this applied weighting strategy, comparing 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 percent, with most of the differences less than 1 percent. Thus, state-level data presented in this report are comparable to data from administrations prior to 2012.

The Risk and Protective Factor Model of Prevention

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 occurring, we must 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, that are 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. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

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.

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 that are 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 OPNA 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 and Tribal Epidemiological Outcomes Workgroup (STEOW) has compiled data from several sources to aid in the needs assessment process.

One of the primary sources of needs assessment data is the OPNA survey. 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 planning and implementing 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 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 can 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.

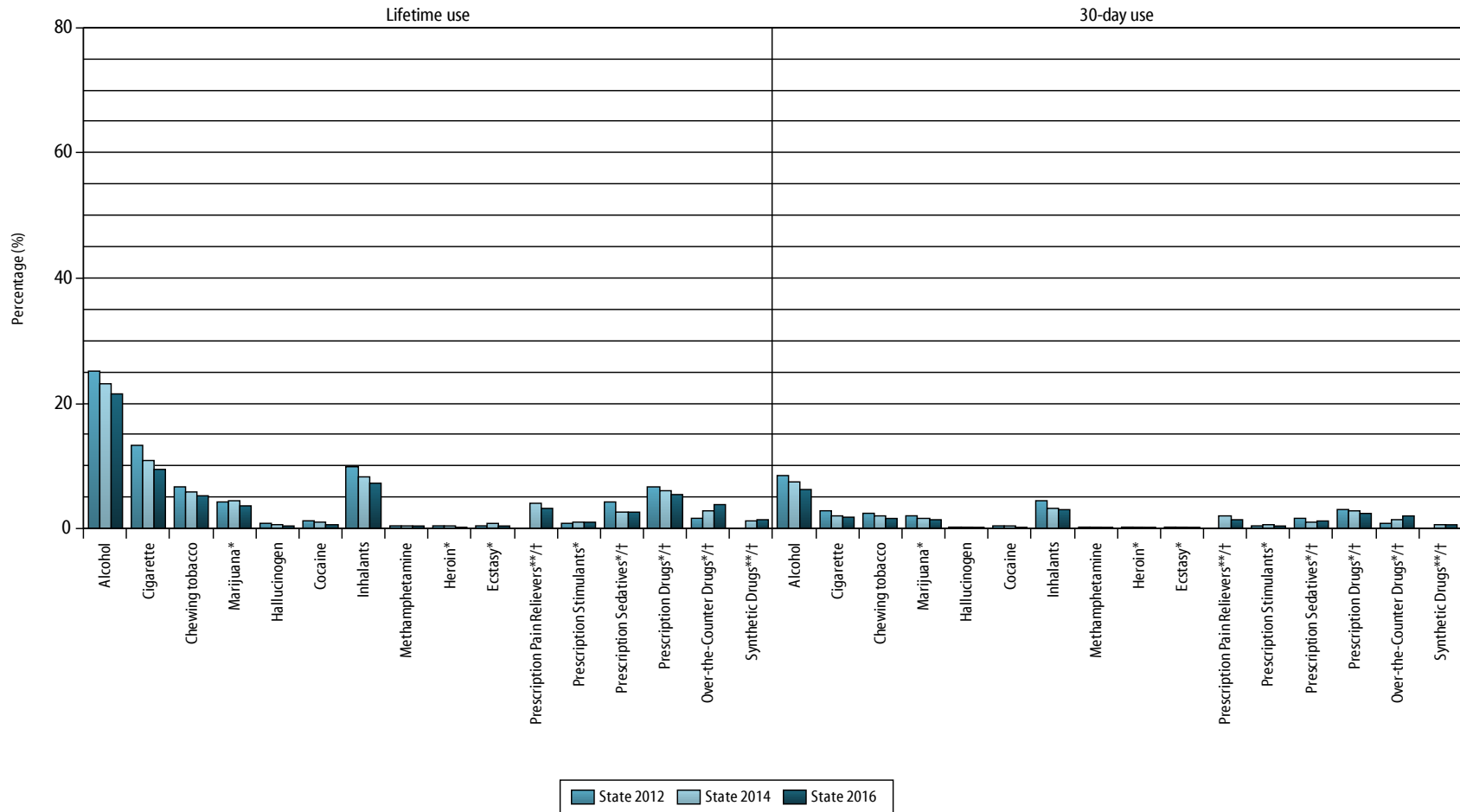
Cultural Competence: *Planners need to recognize the needs, styles, values, and beliefs of the recipients of prevention efforts.* Culturally competent prevention strategies use interventions, evaluations, and communication strategies appropriate to their intended community. Cultural issues reflect a 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.

Substance Use, All Substances

Student lifetime and 30-day ATOD use
2016 State of Oklahoma Student Survey, 6th



12_28_2016

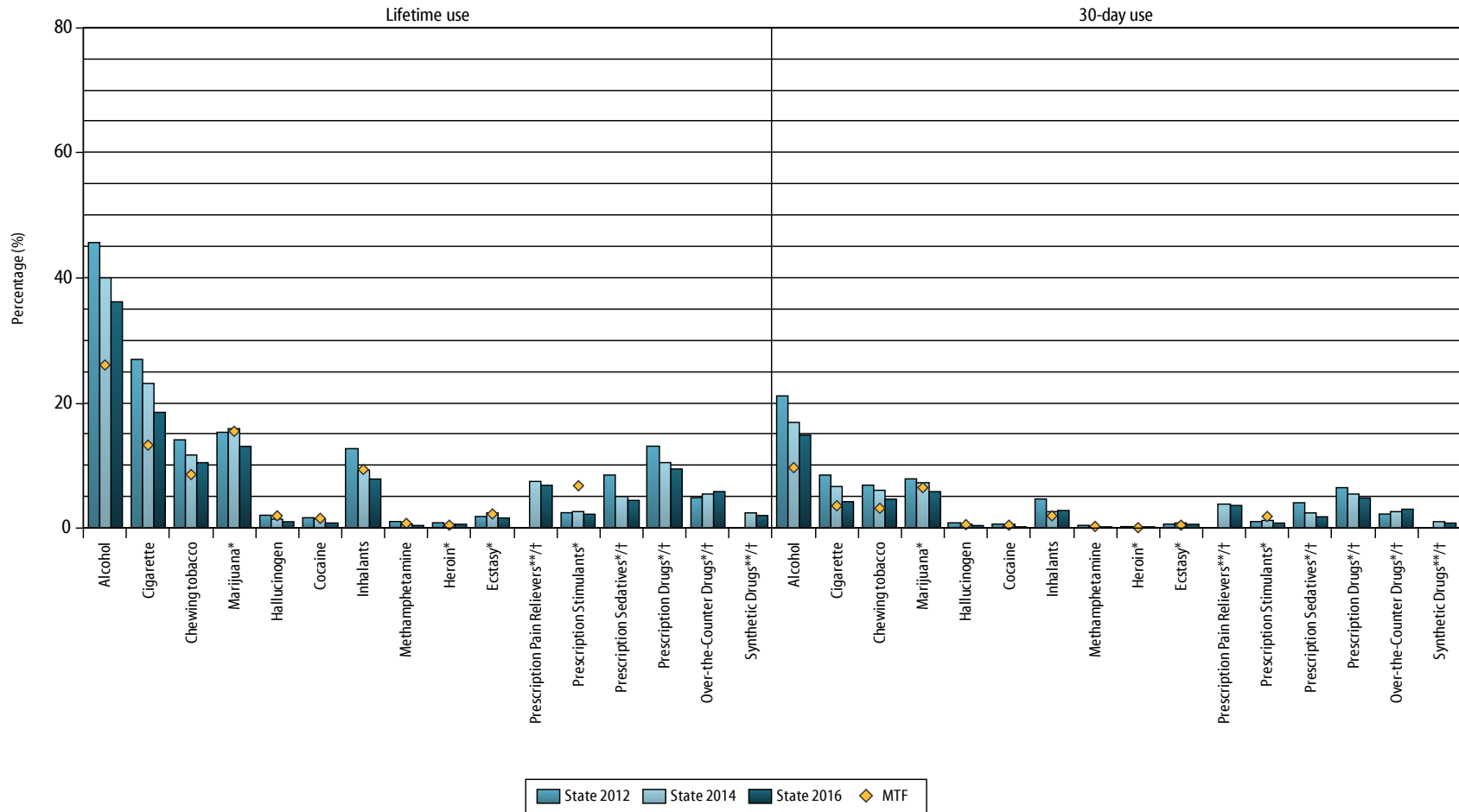
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** 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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use, All Substances

Student lifetime and 30-day ATOD use 2016 State of Oklahoma Student Survey, 8th



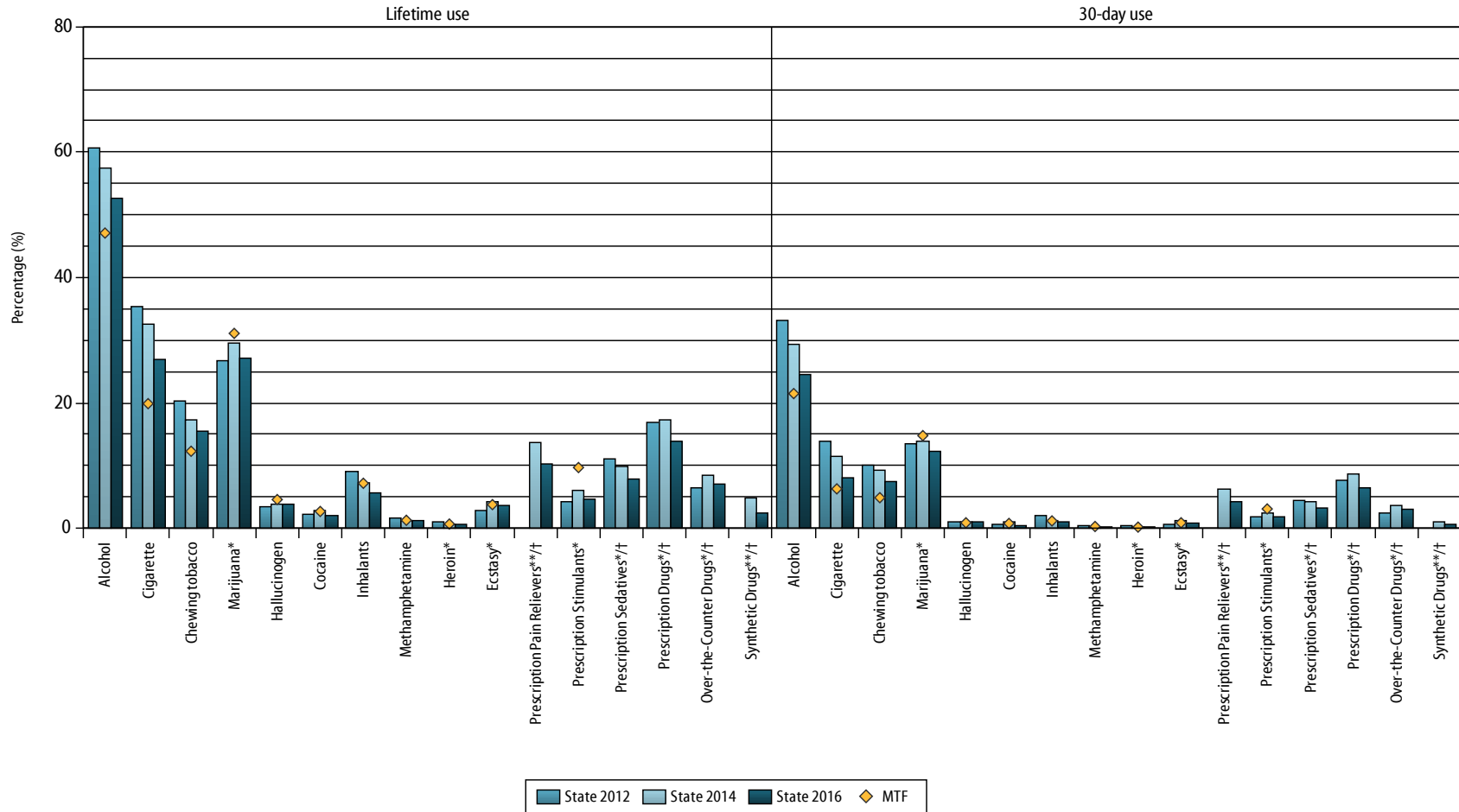
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** 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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use, All Substances

Student lifetime and 30-day ATOD use 2016 State of Oklahoma Student Survey, 10th



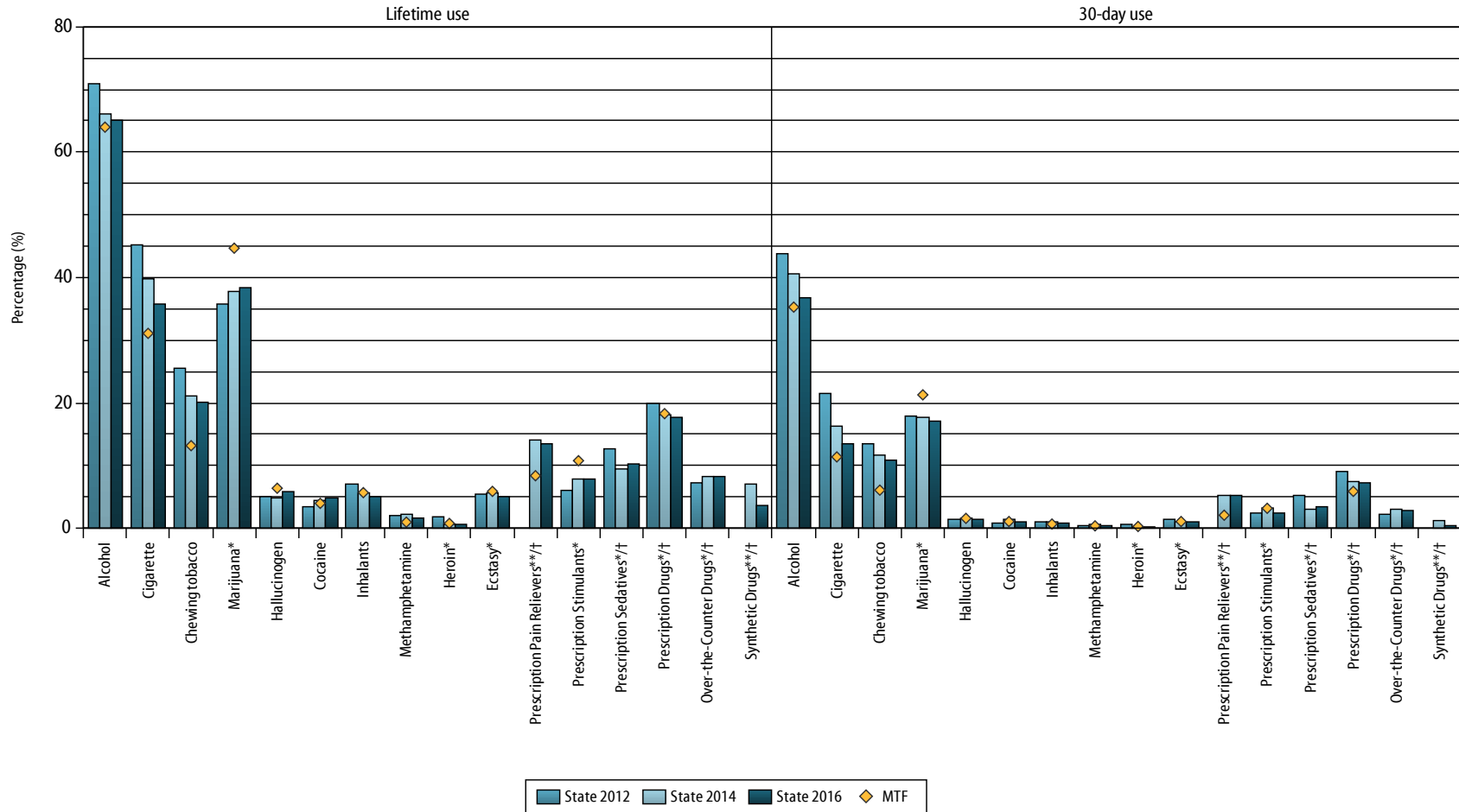
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** 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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use, All Substances

Student lifetime and 30-day ATOD use
2016 State of Oklahoma Student Survey, 12th



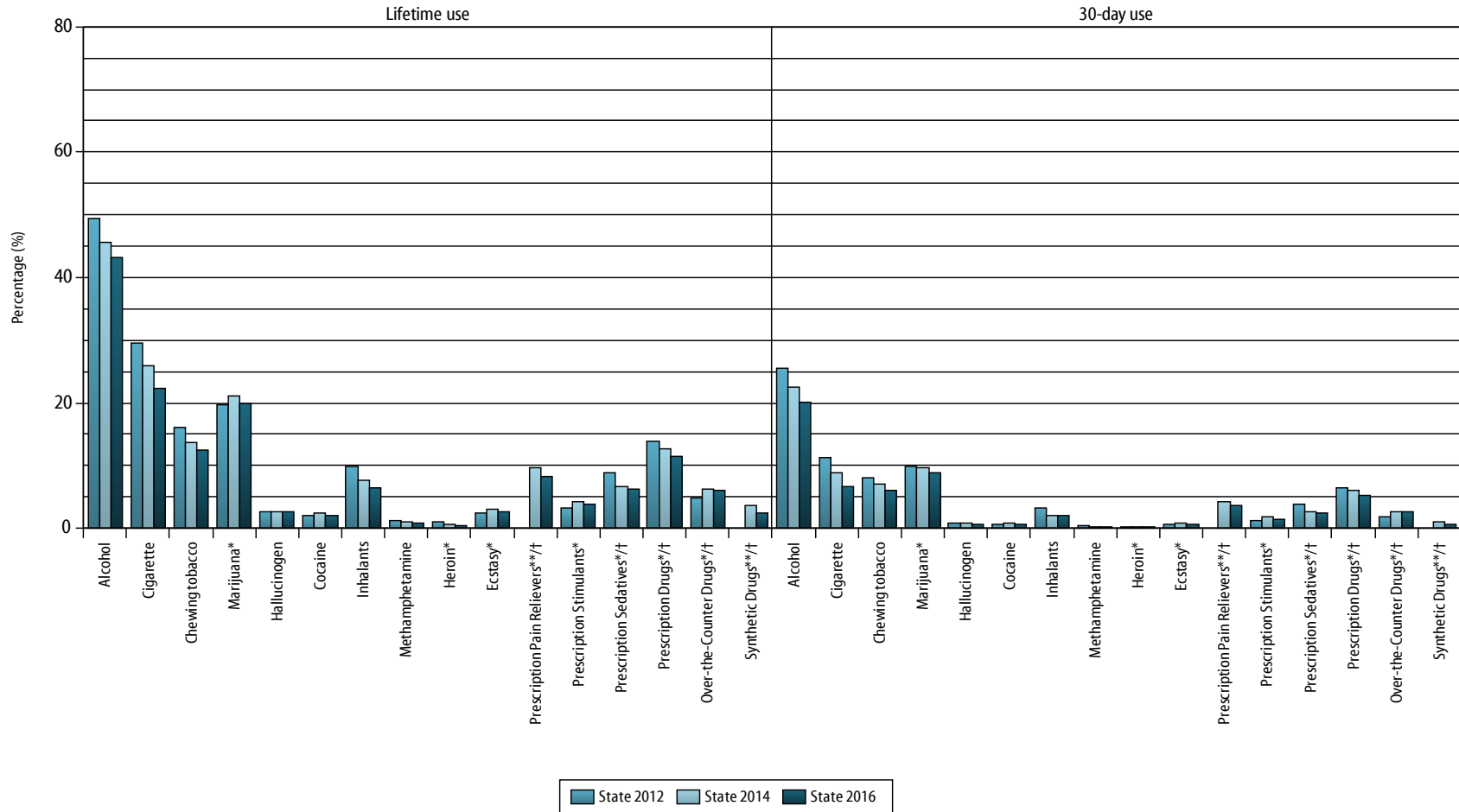
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** 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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use, All Substances

Student lifetime and 30-day ATOD use
2016 State of Oklahoma Student Survey, All



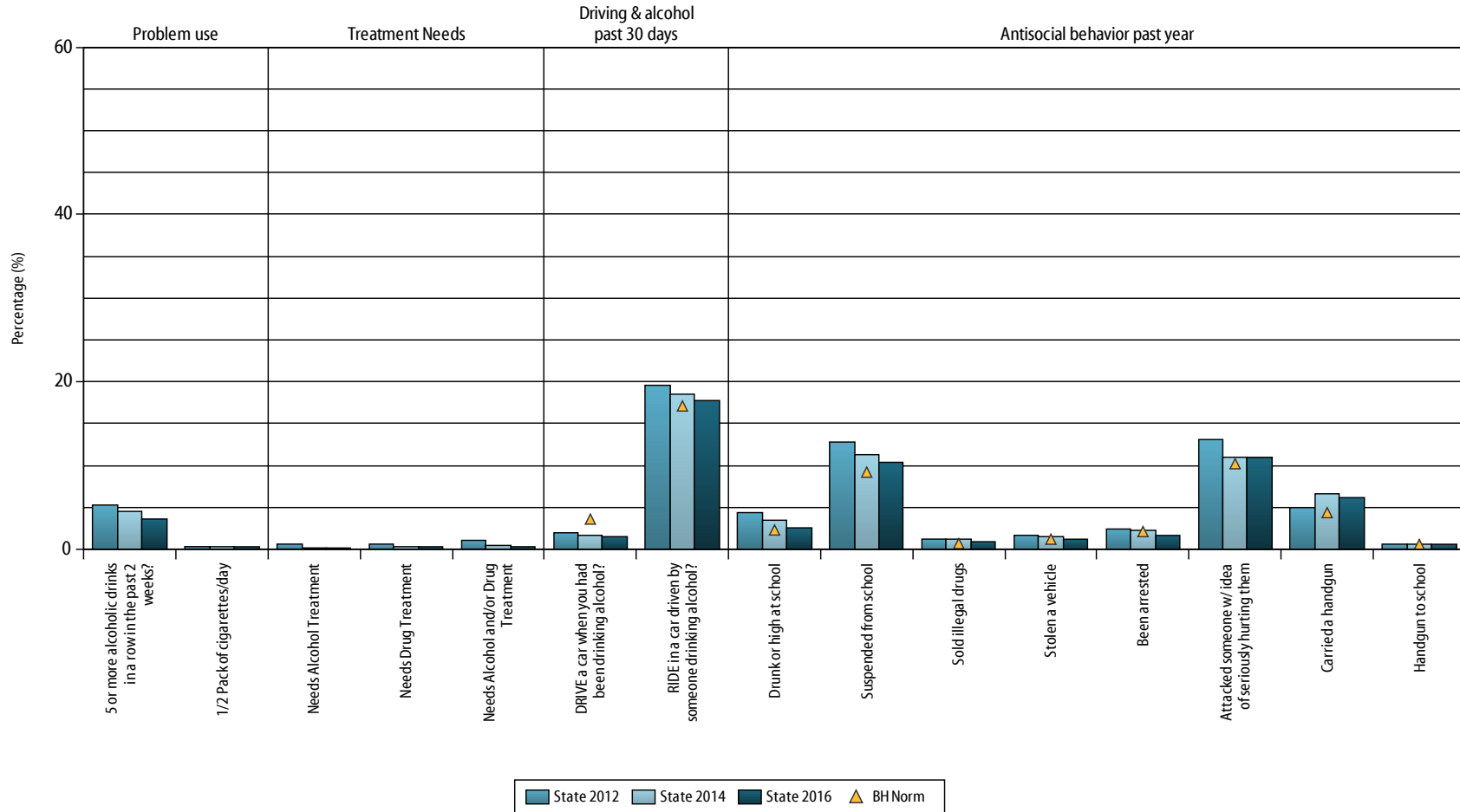
* Denotes a change in the wording of the question between 2014 and prior administrations. Consult appendix for a detailed explanation.

** 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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Problem Substance Use, Treatment Needs, and Antisocial Behavior

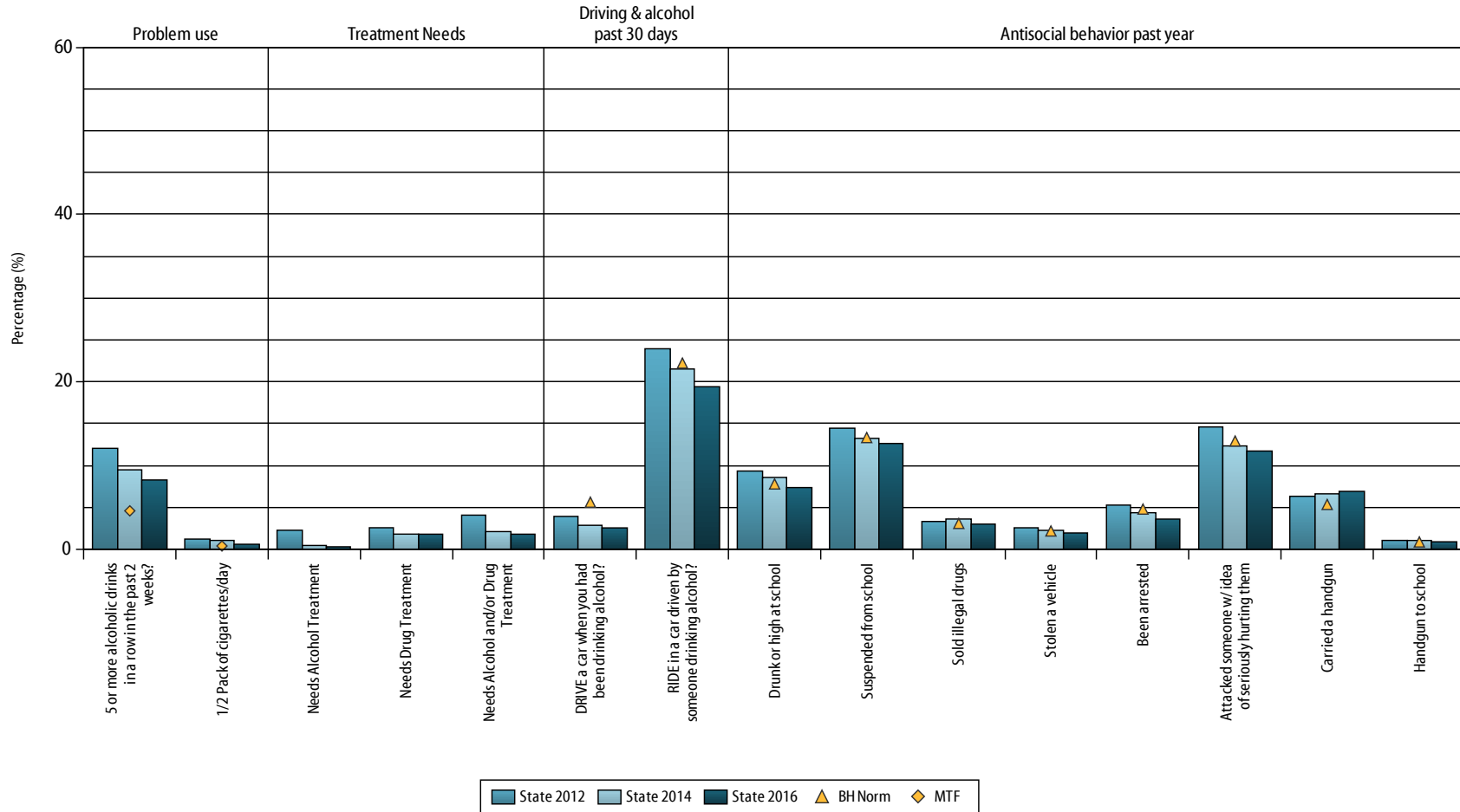
Student problem substance use, treatment needs, and antisocial behavior
2016 State of Oklahoma Student Survey, 6th



12_28_2016

Problem Substance Use, Treatment Needs, and Antisocial Behavior

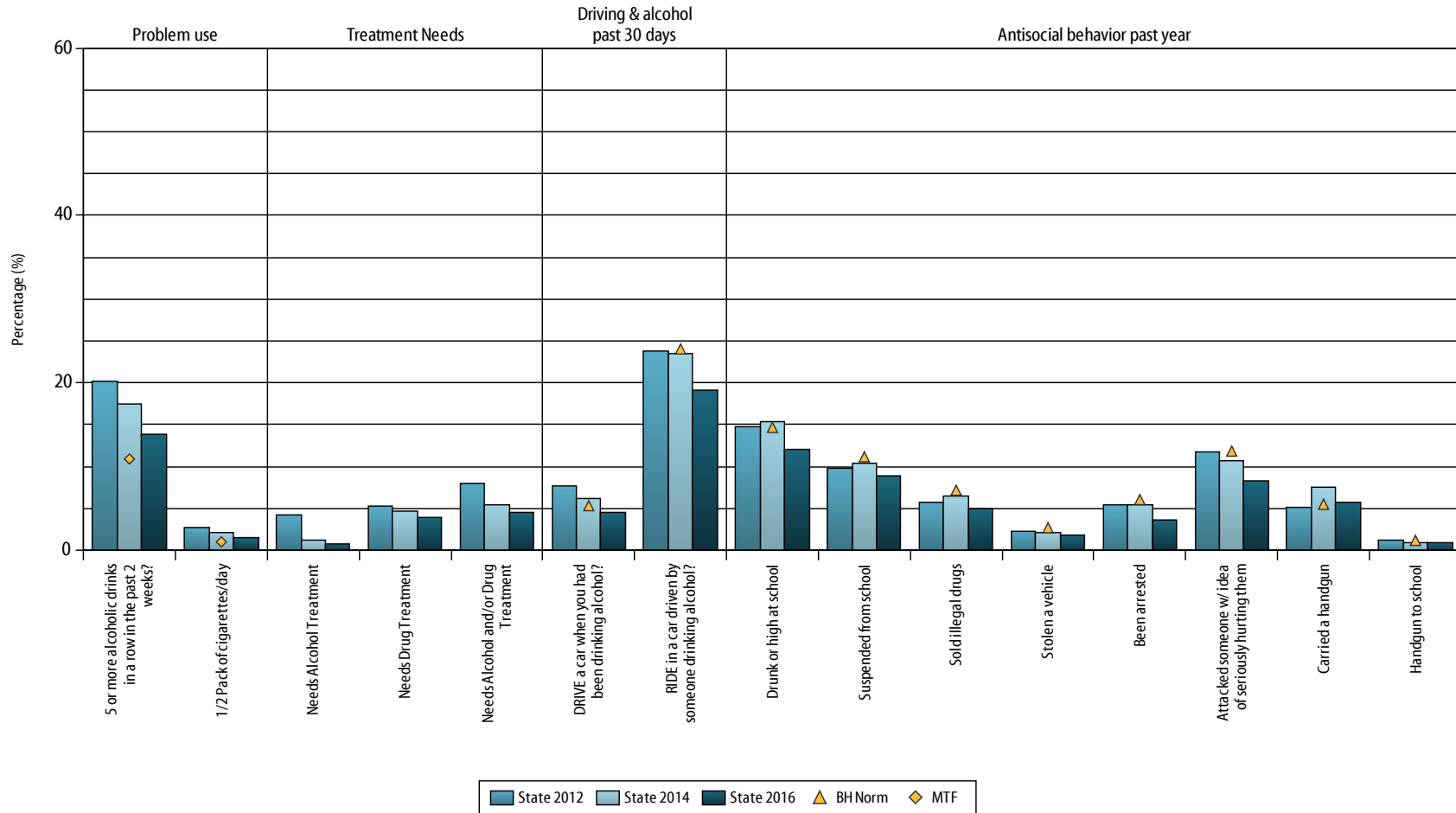
Student problem substance use, treatment needs, and antisocial behavior
2016 State of Oklahoma Student Survey, 8th



12_28_2016

Problem Substance Use, Treatment Needs, and Antisocial Behavior

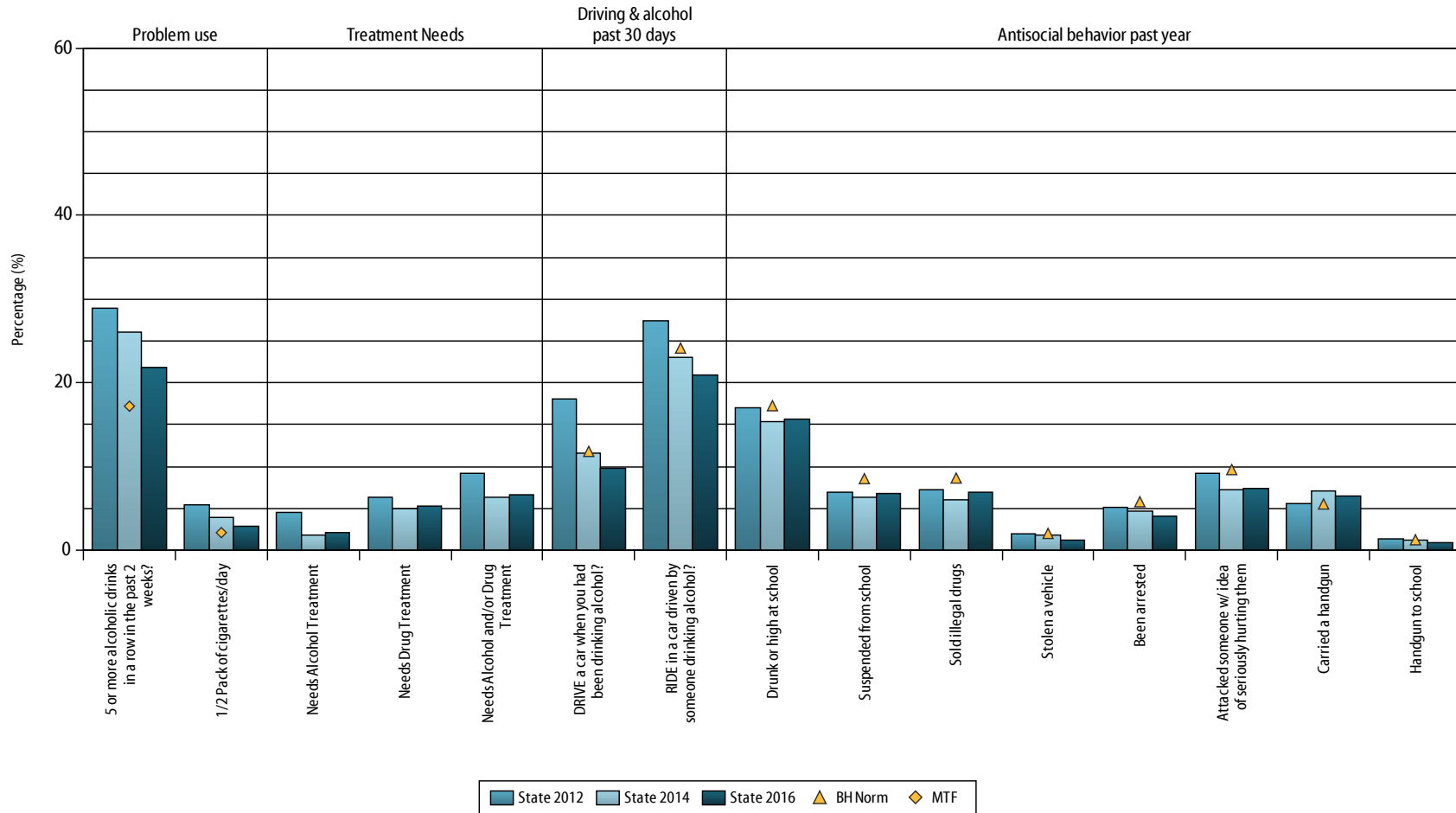
Student problem substance use, treatment needs, and antisocial behavior
2016 State of Oklahoma Student Survey, 10th



12_28_2016

Problem Substance Use, Treatment Needs, and Antisocial Behavior

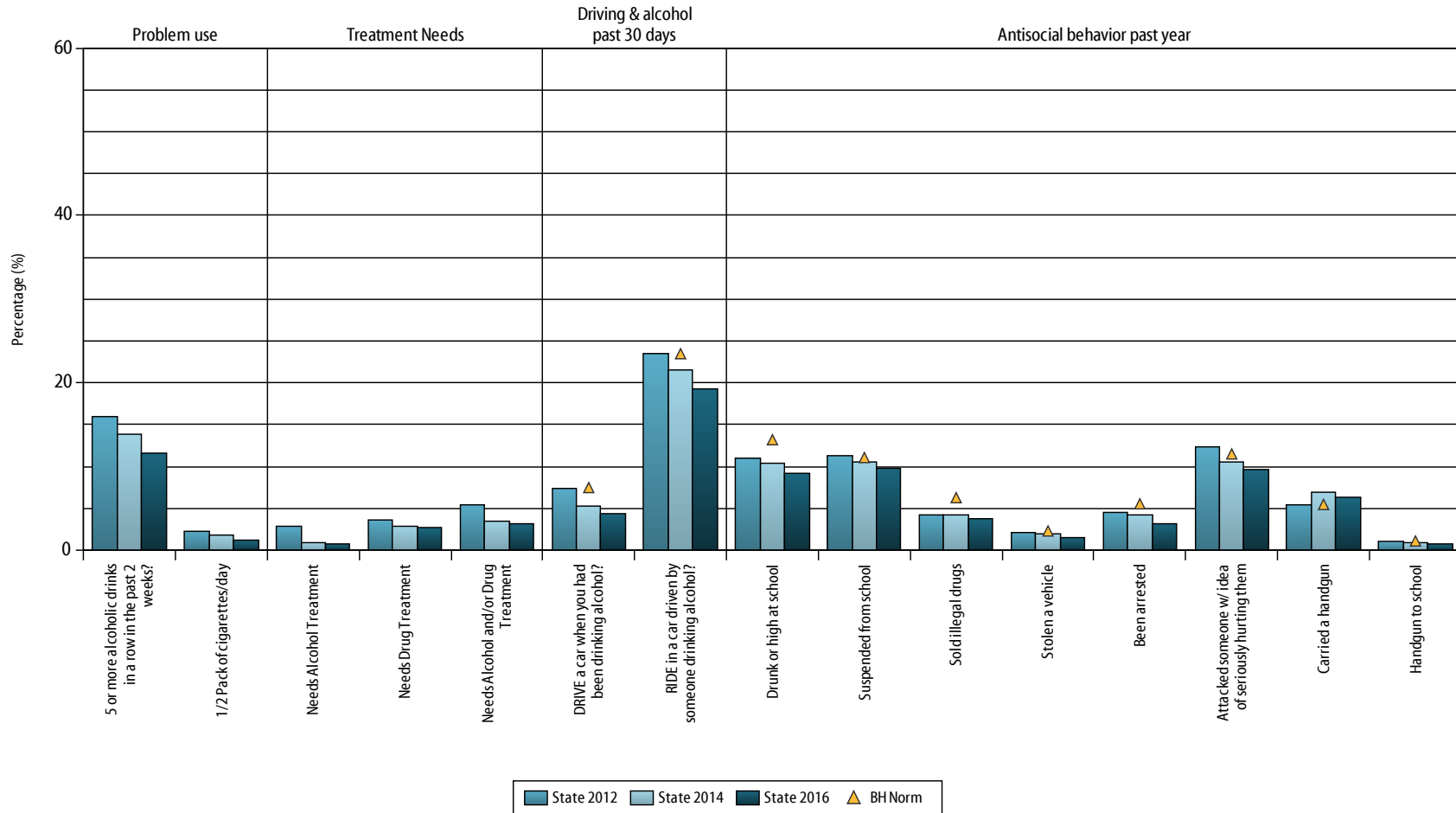
Student problem substance use, treatment needs, and antisocial behavior
2016 State of Oklahoma Student Survey, 12th



12_28_2016

Problem Substance Use, Treatment Needs, and Antisocial Behavior

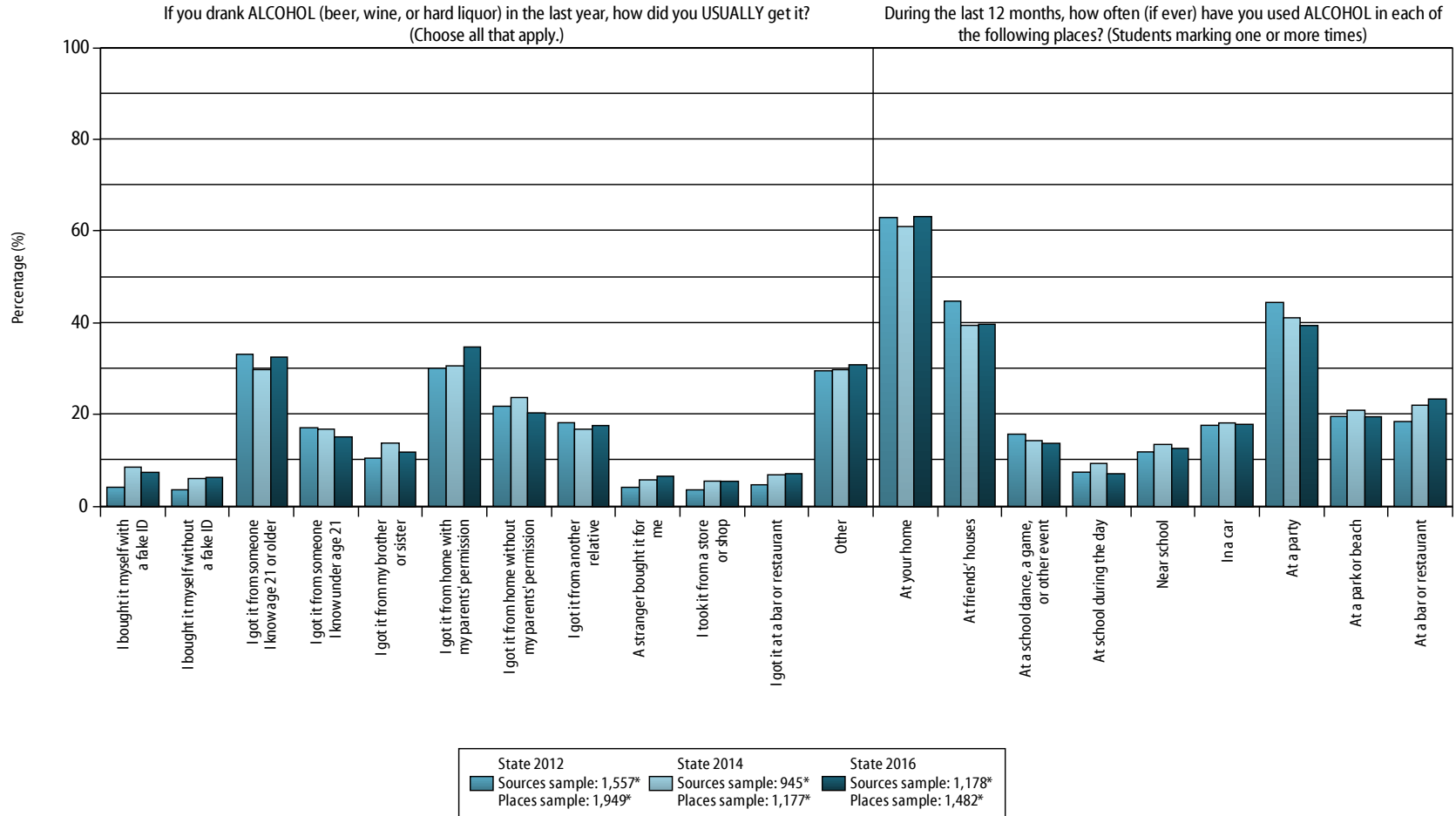
Student problem substance use, treatment needs, and antisocial behavior
2016 State of Oklahoma Student Survey, All



12_28_2016

Sources of Alcohol

Student alcohol sources 2016 State of Oklahoma Student Survey, 6th

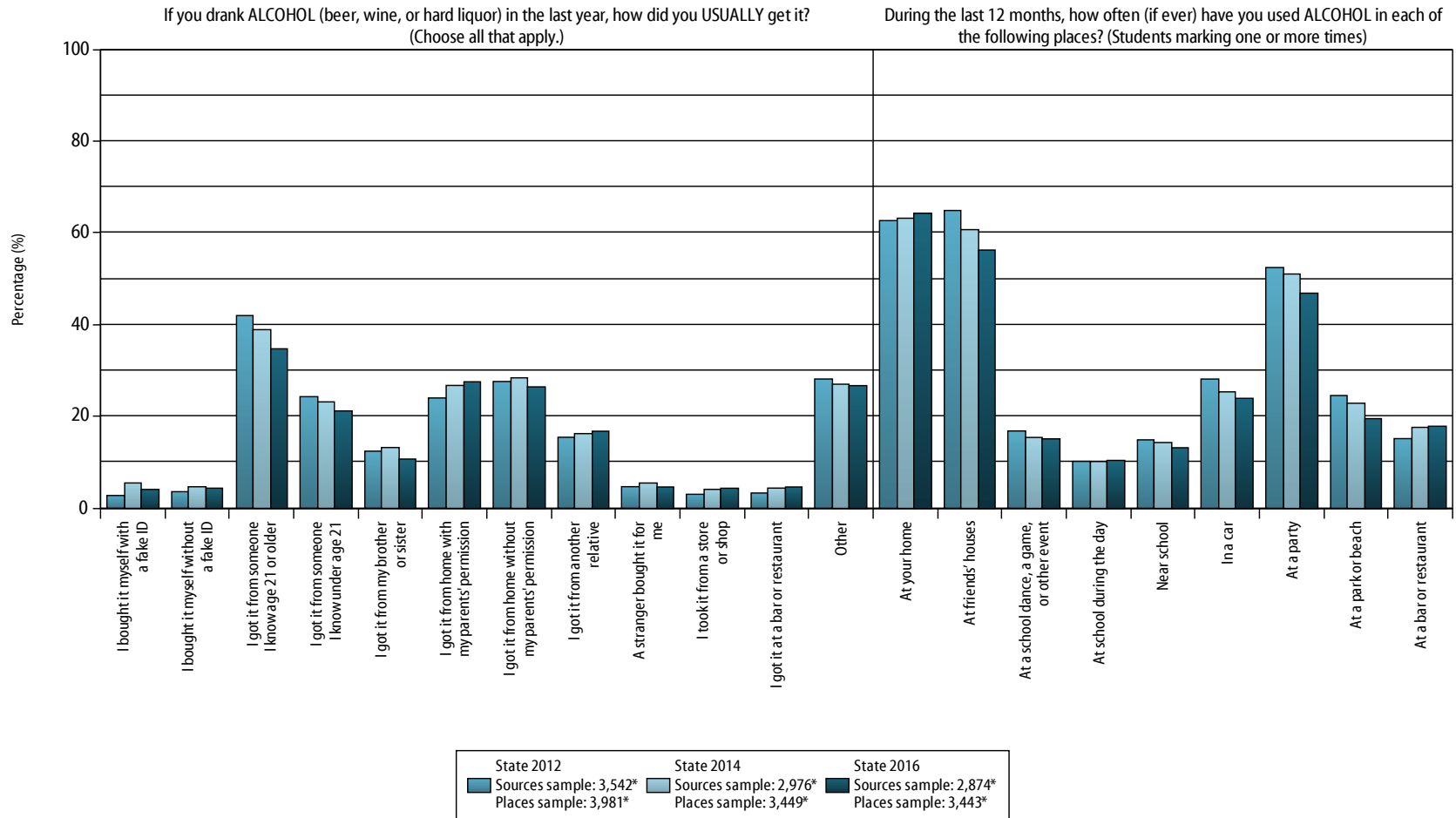


12_28_2016

* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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

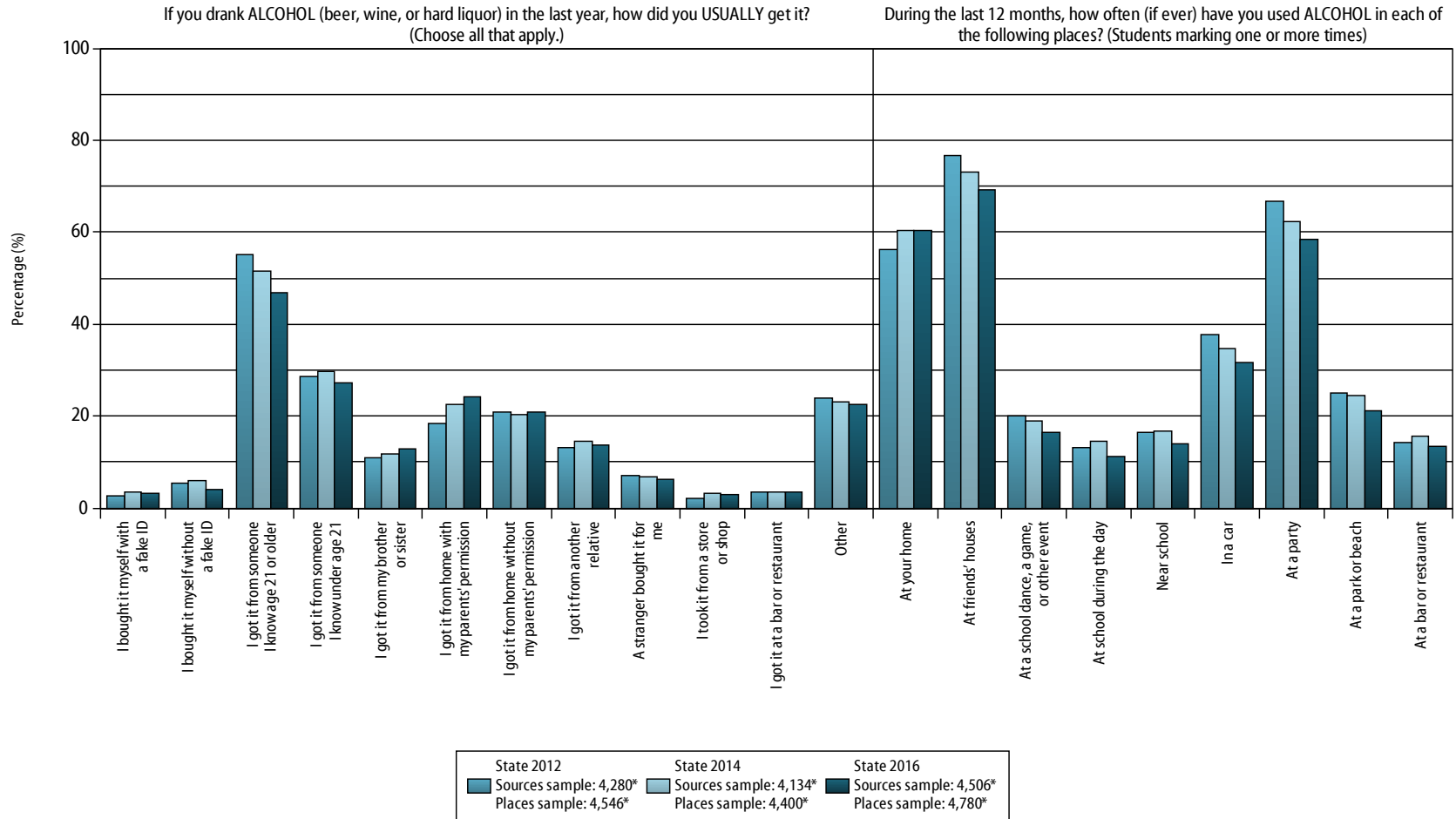
Student alcohol sources 2016 State of Oklahoma Student Survey, 8th



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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

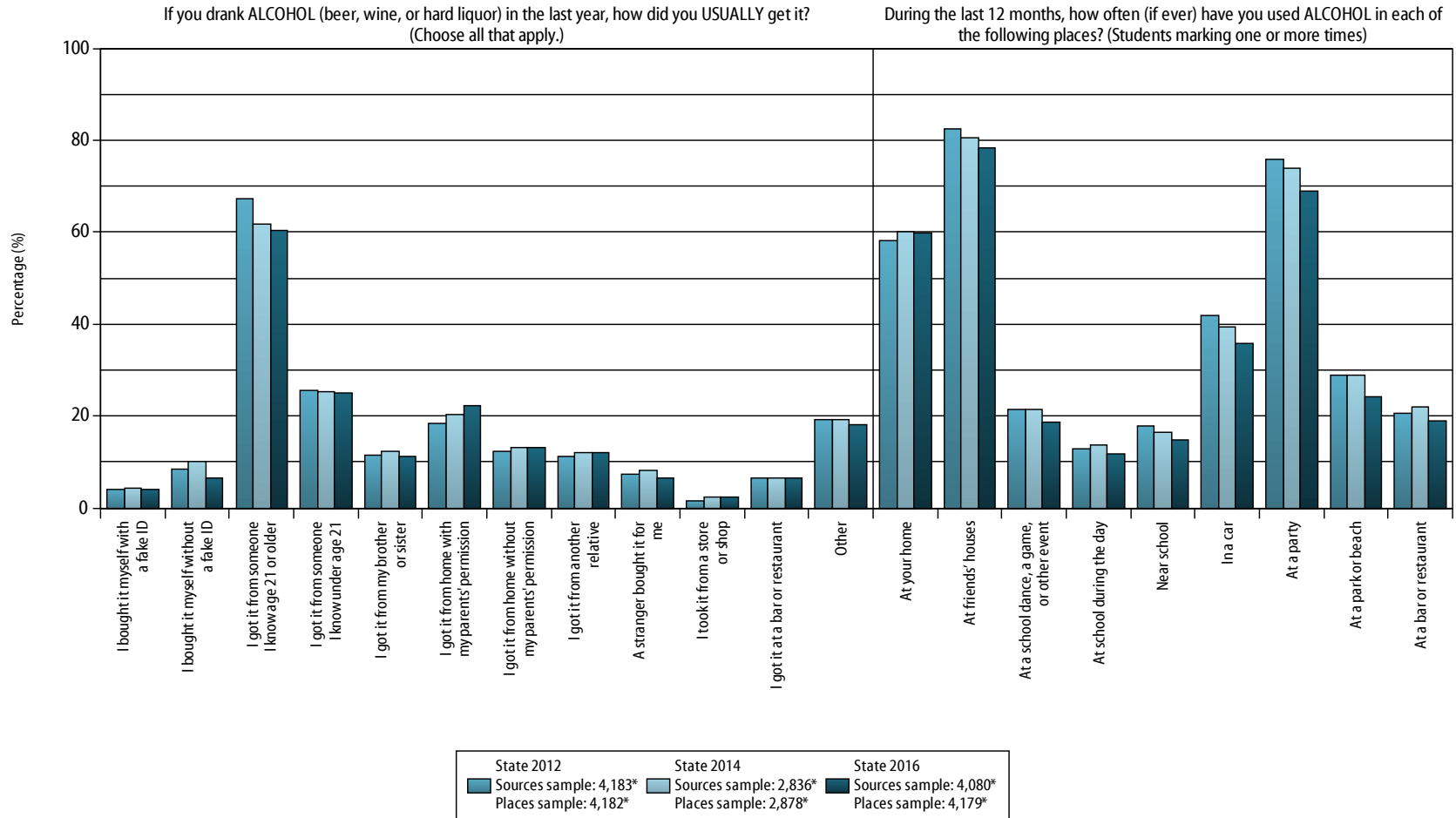
Student alcohol sources 2016 State of Oklahoma Student Survey, 10th



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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

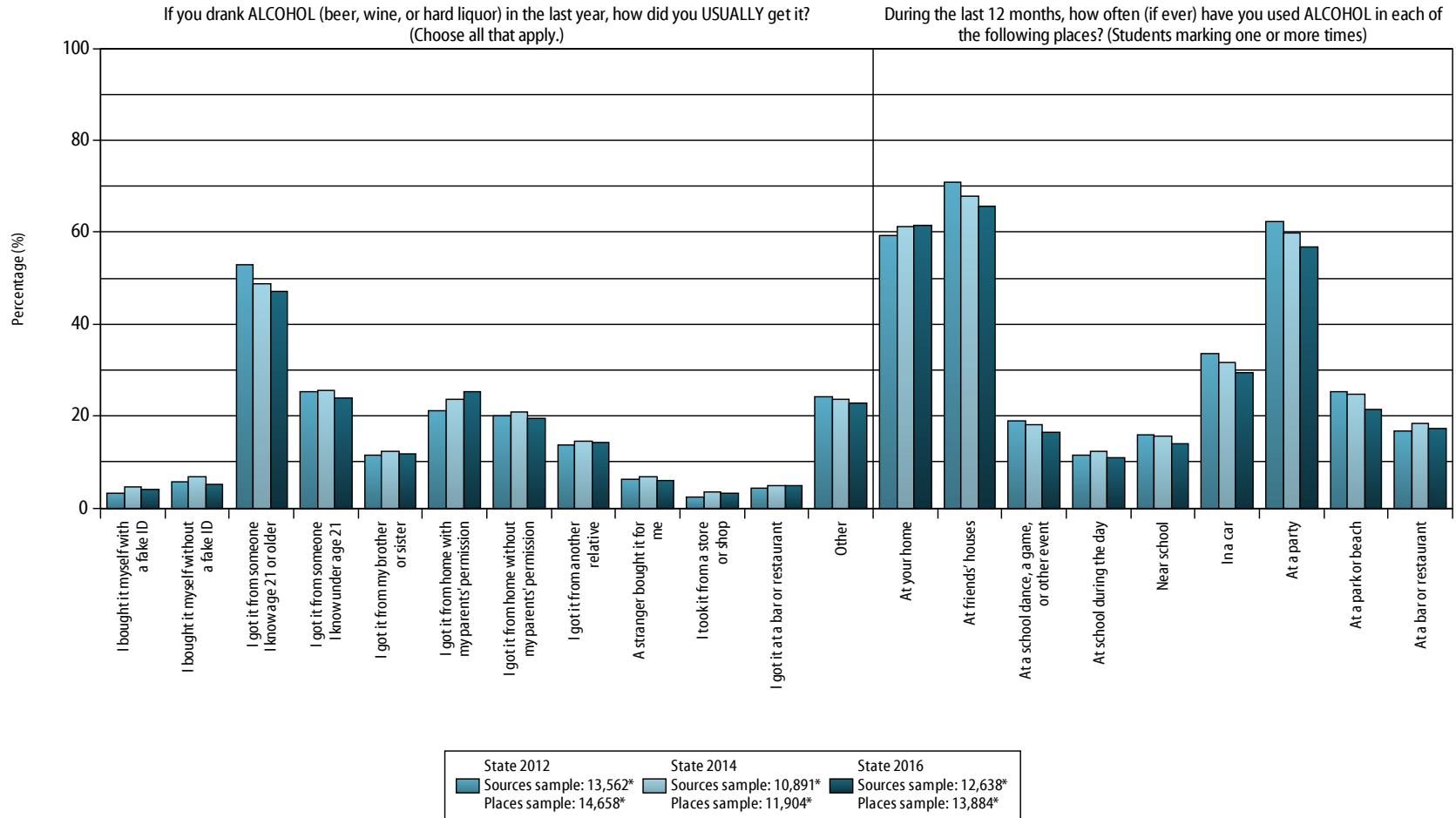
Student alcohol sources 2016 State of Oklahoma Student Survey, 12th



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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

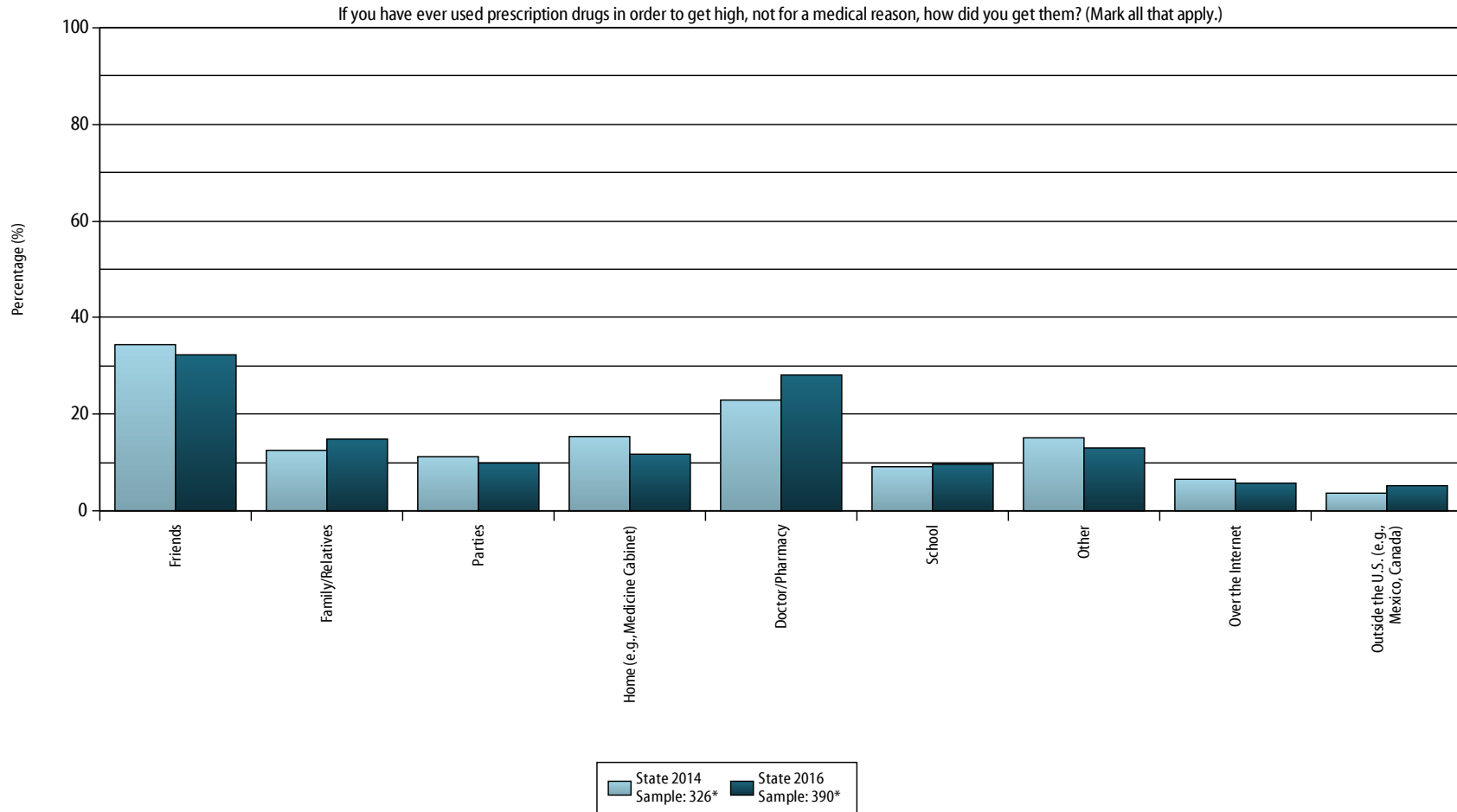
Student alcohol sources 2016 State of Oklahoma Student Survey, All



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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

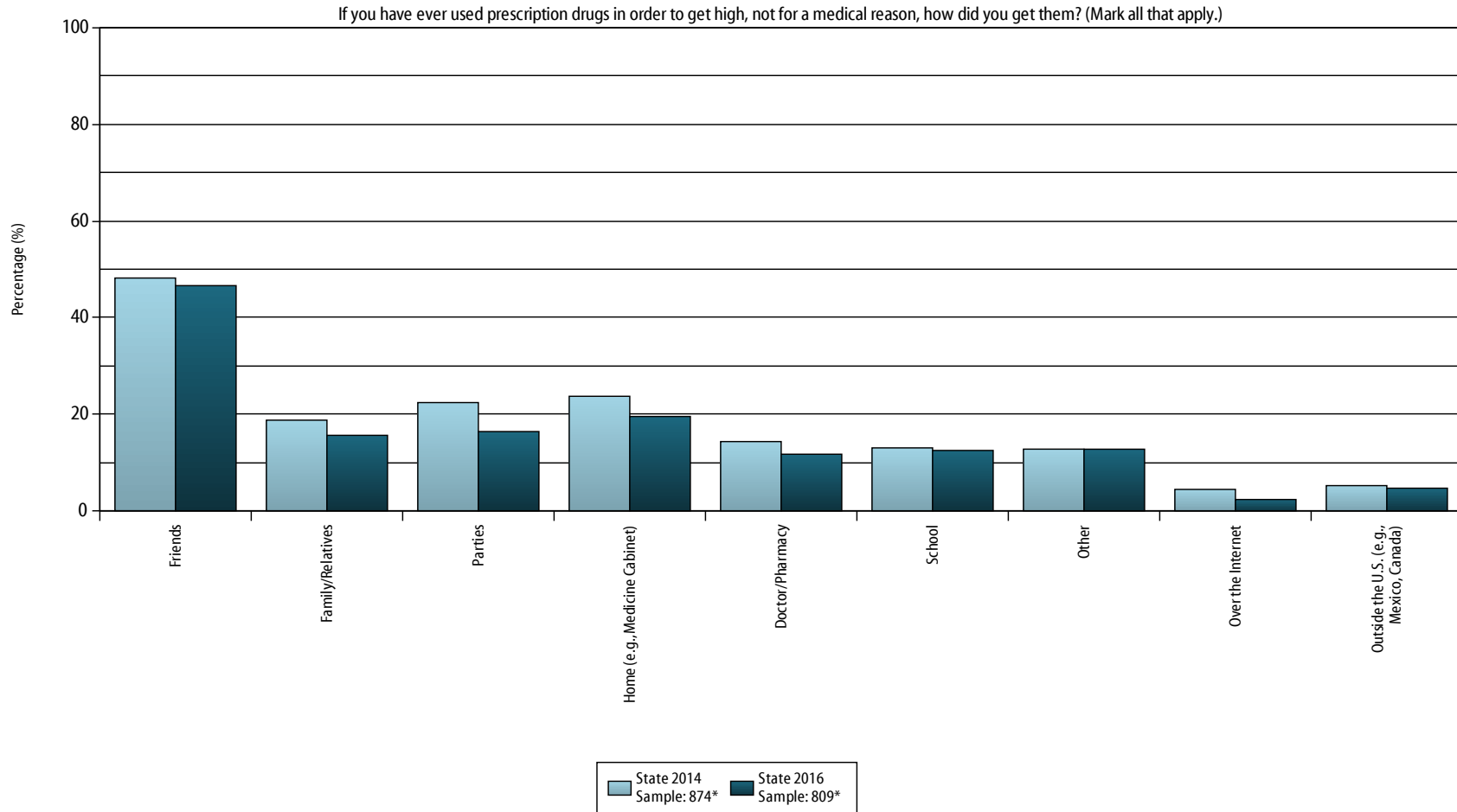
Student prescription drug sources 2016 State of Oklahoma Student Survey, 6th



* 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

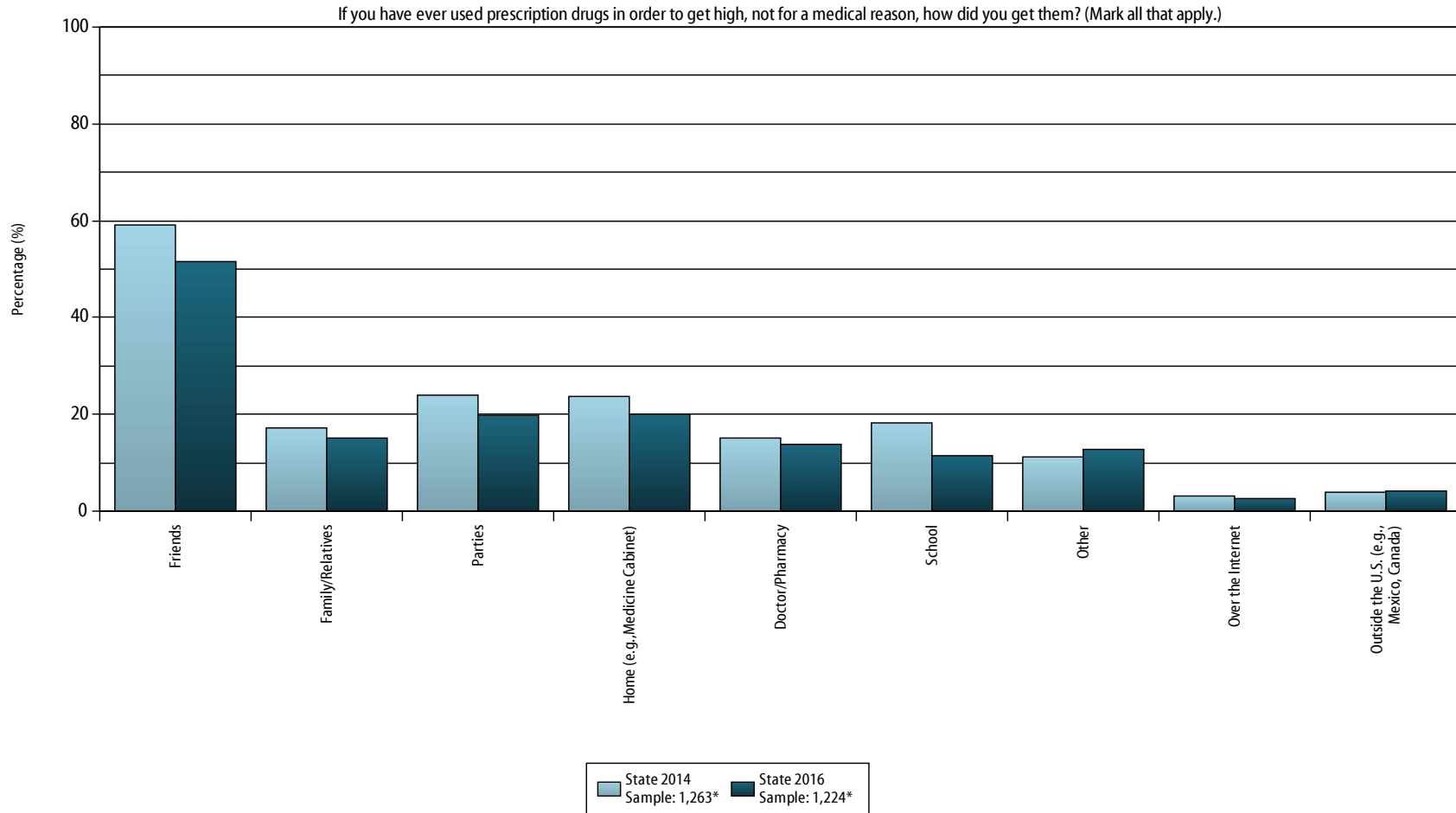
Student prescription drug sources 2016 State of Oklahoma Student Survey, 8th



* 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

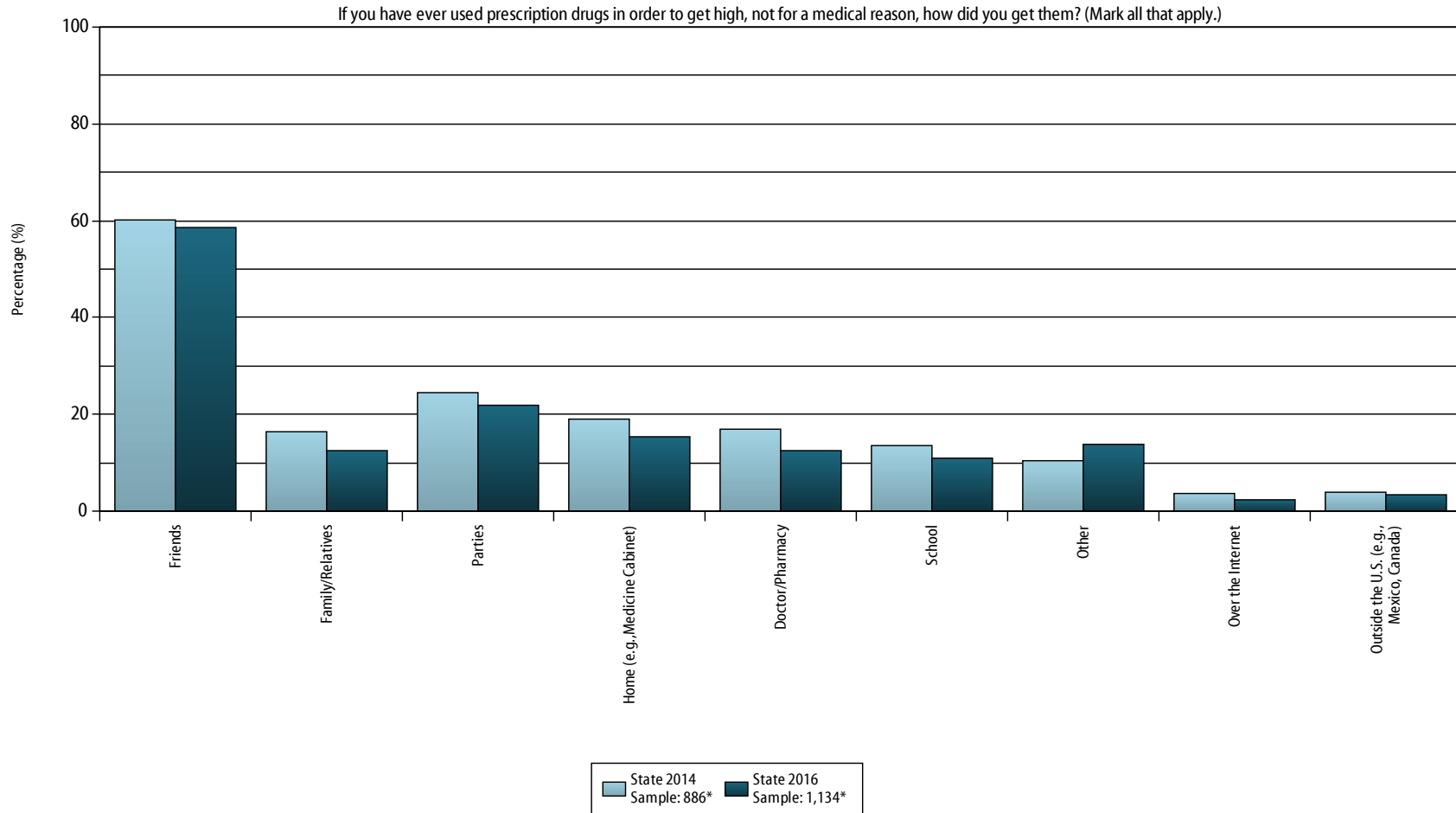
Student prescription drug sources 2016 State of Oklahoma Student Survey, 10th



* 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

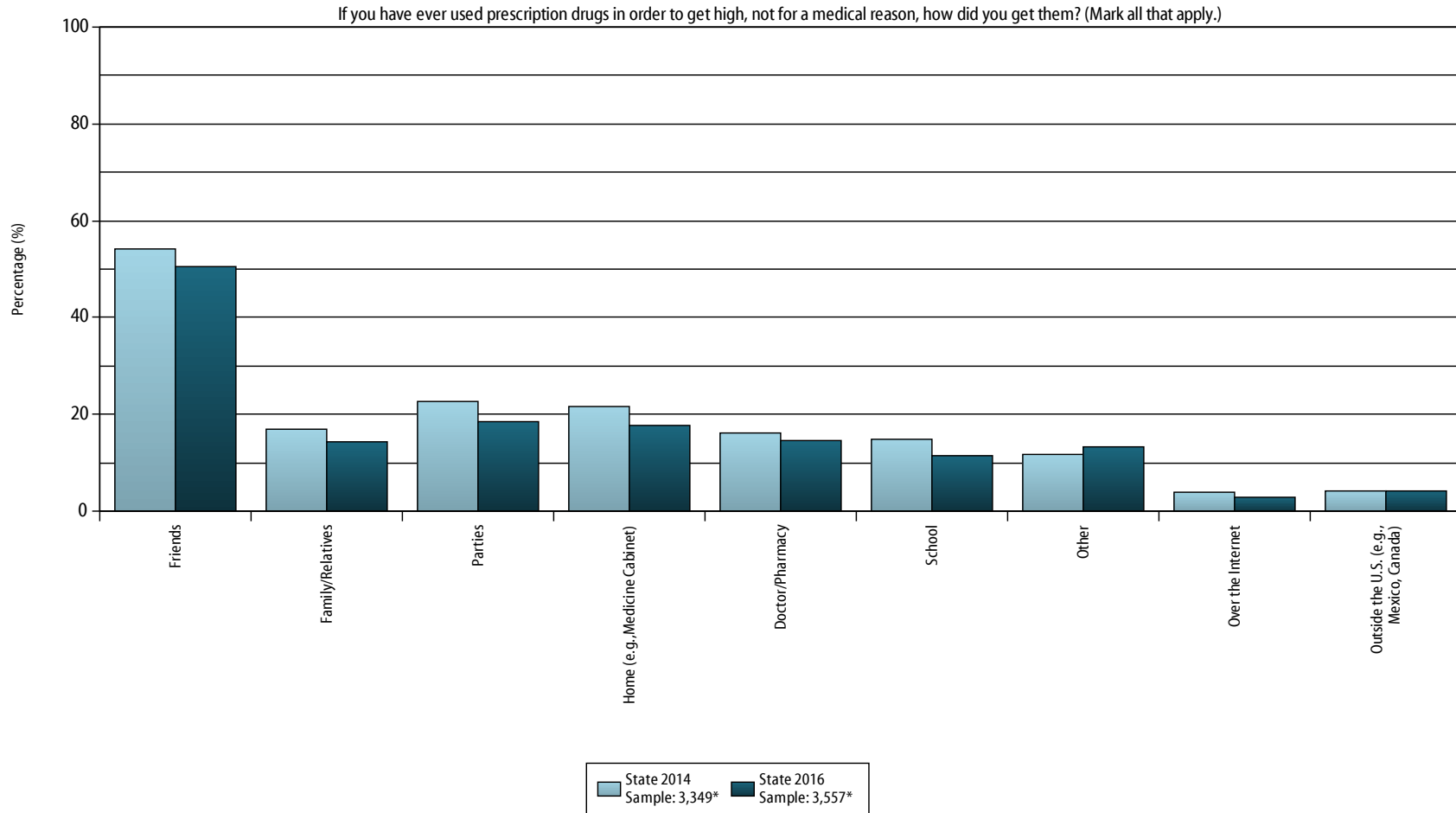
Student prescription drug sources 2016 State of Oklahoma Student Survey, 12th



* 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 sources 2016 State of Oklahoma Student Survey, All

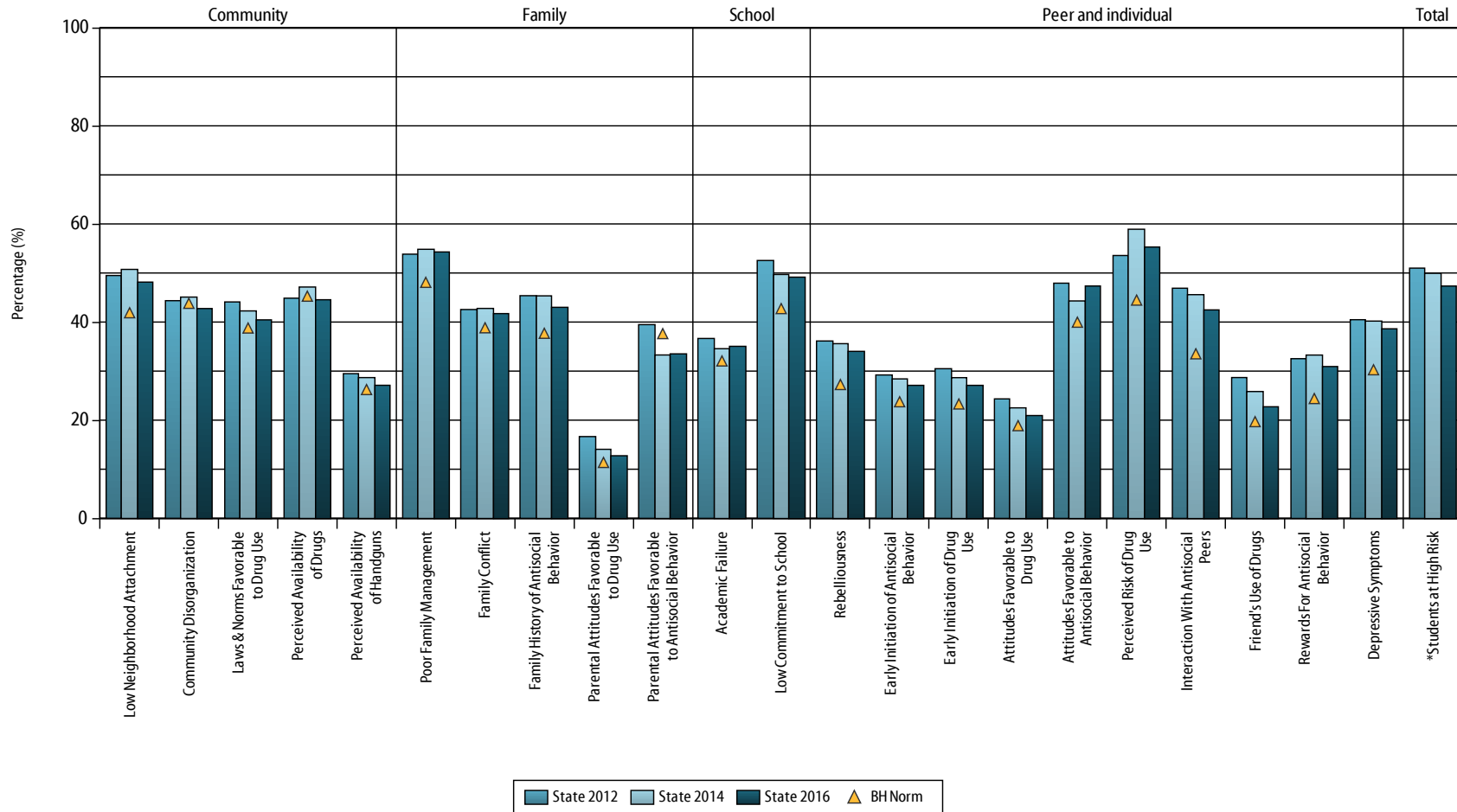


12_28_2016

* 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

Student risk profile 2016 State of Oklahoma Student Survey, 6th

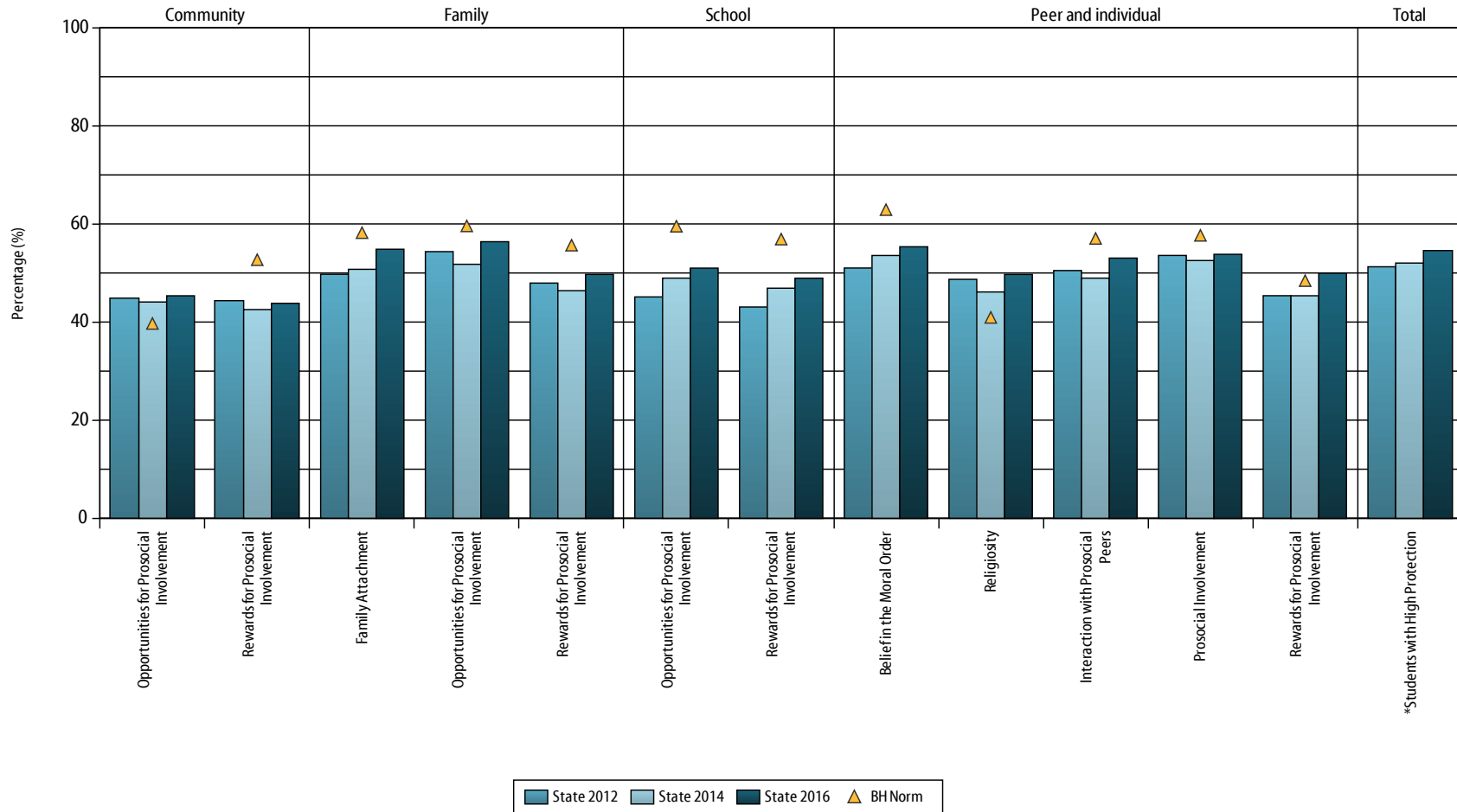


12_28_2016

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 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

Student protective profile 2016 State of Oklahoma Student Survey, 6th

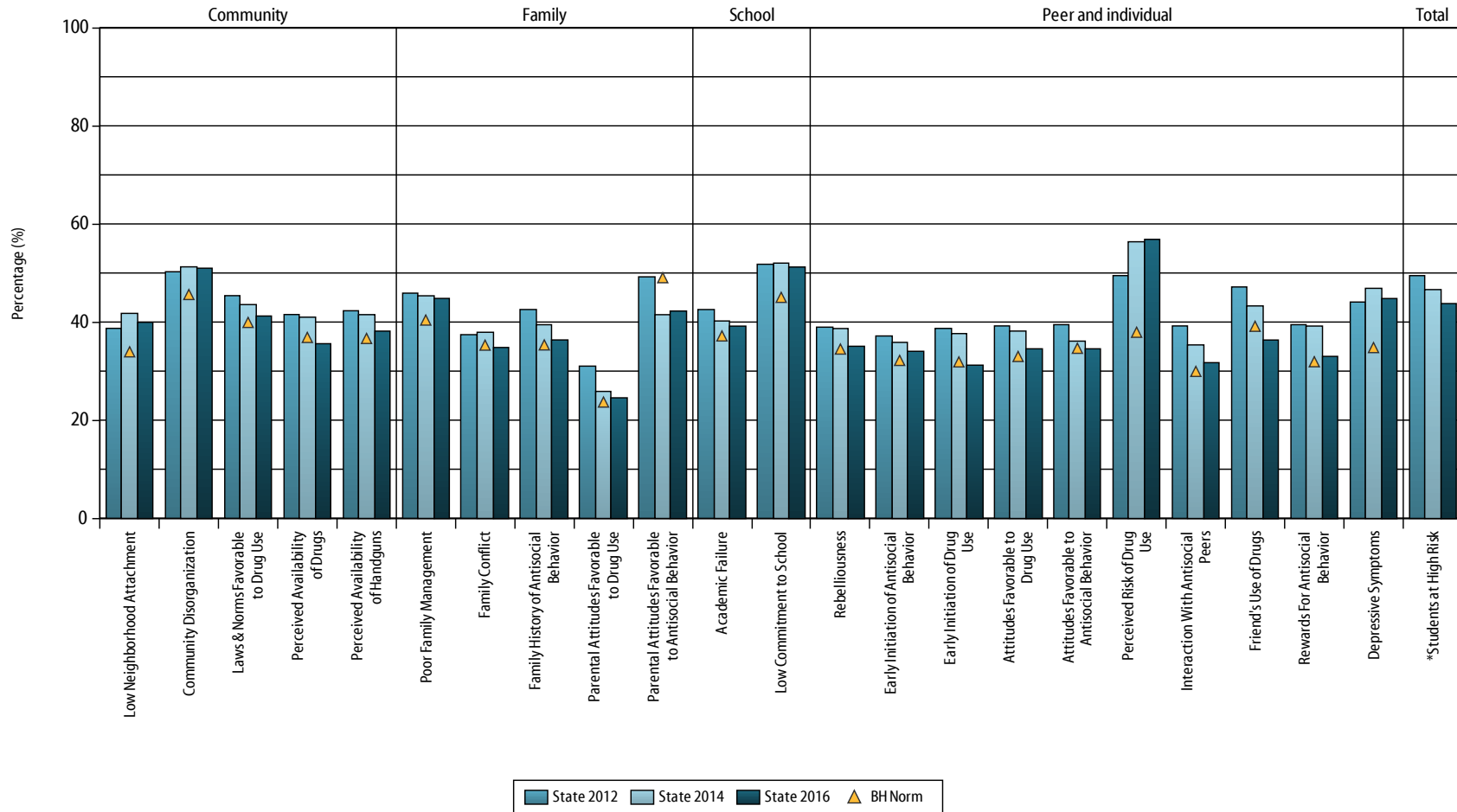


12_28_2016

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

Student risk profile 2016 State of Oklahoma Student Survey, 8th

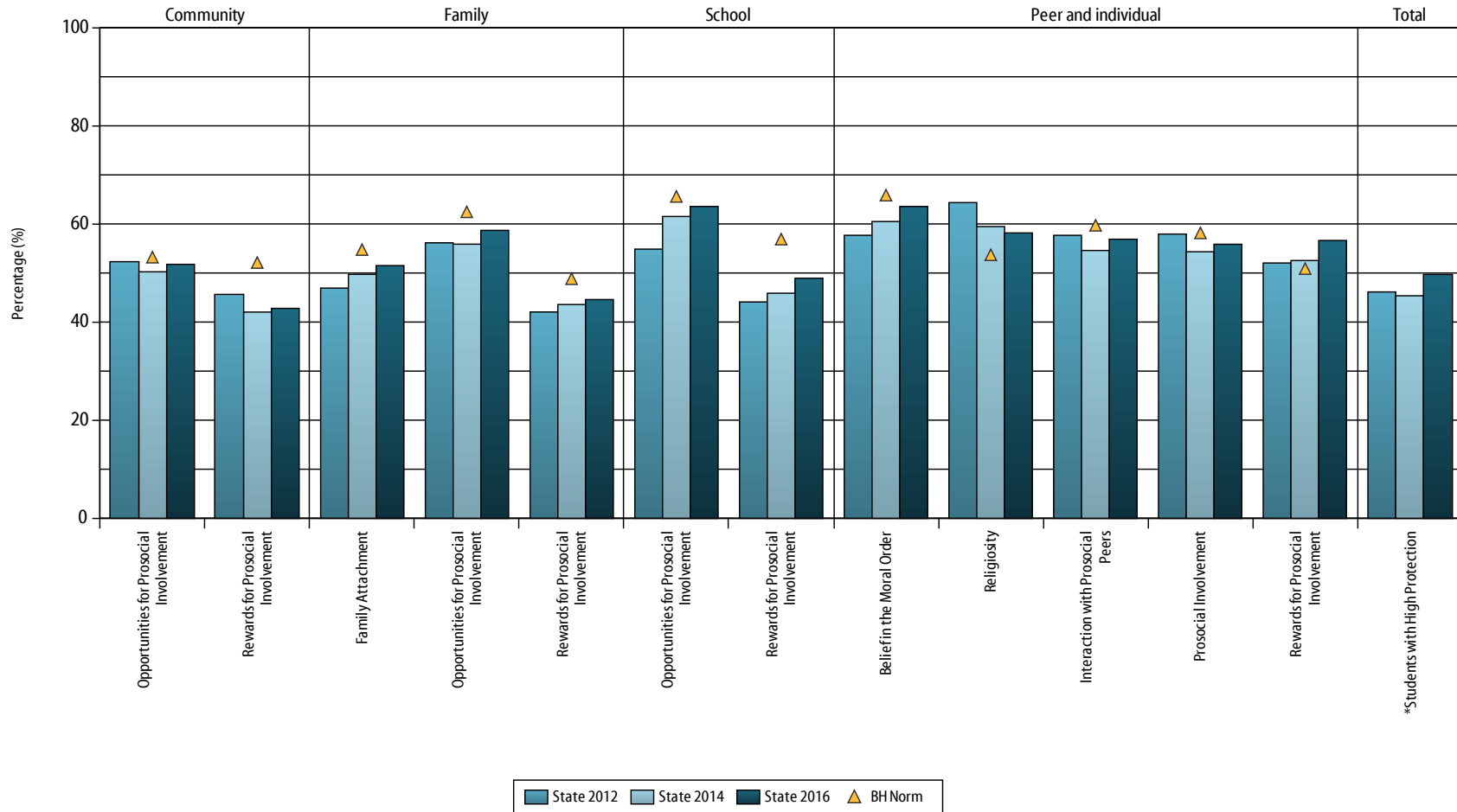


12_28_2016

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 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

Student protective profile 2016 State of Oklahoma Student Survey, 8th

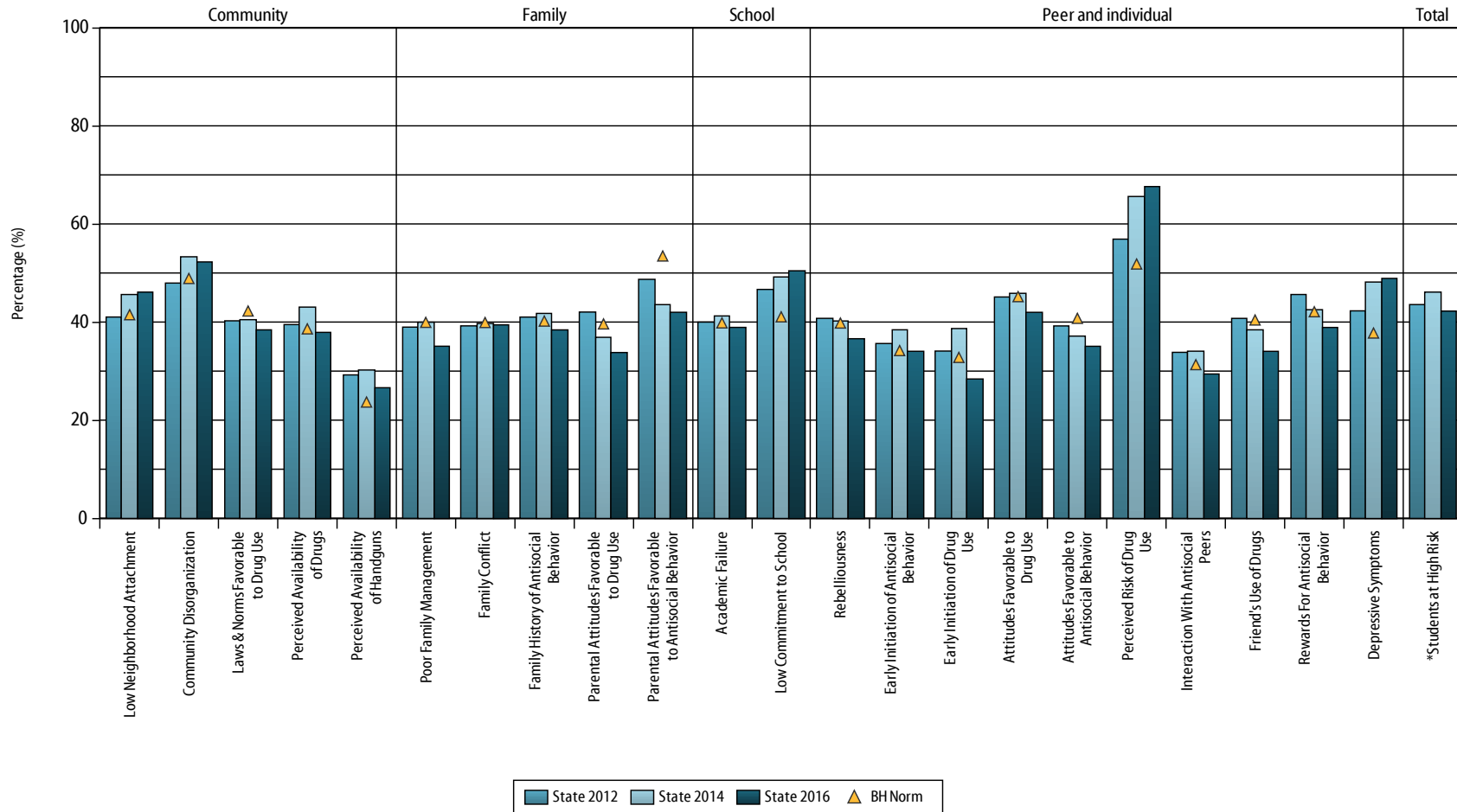


12_28_2016

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

Student risk profile 2016 State of Oklahoma Student Survey, 10th

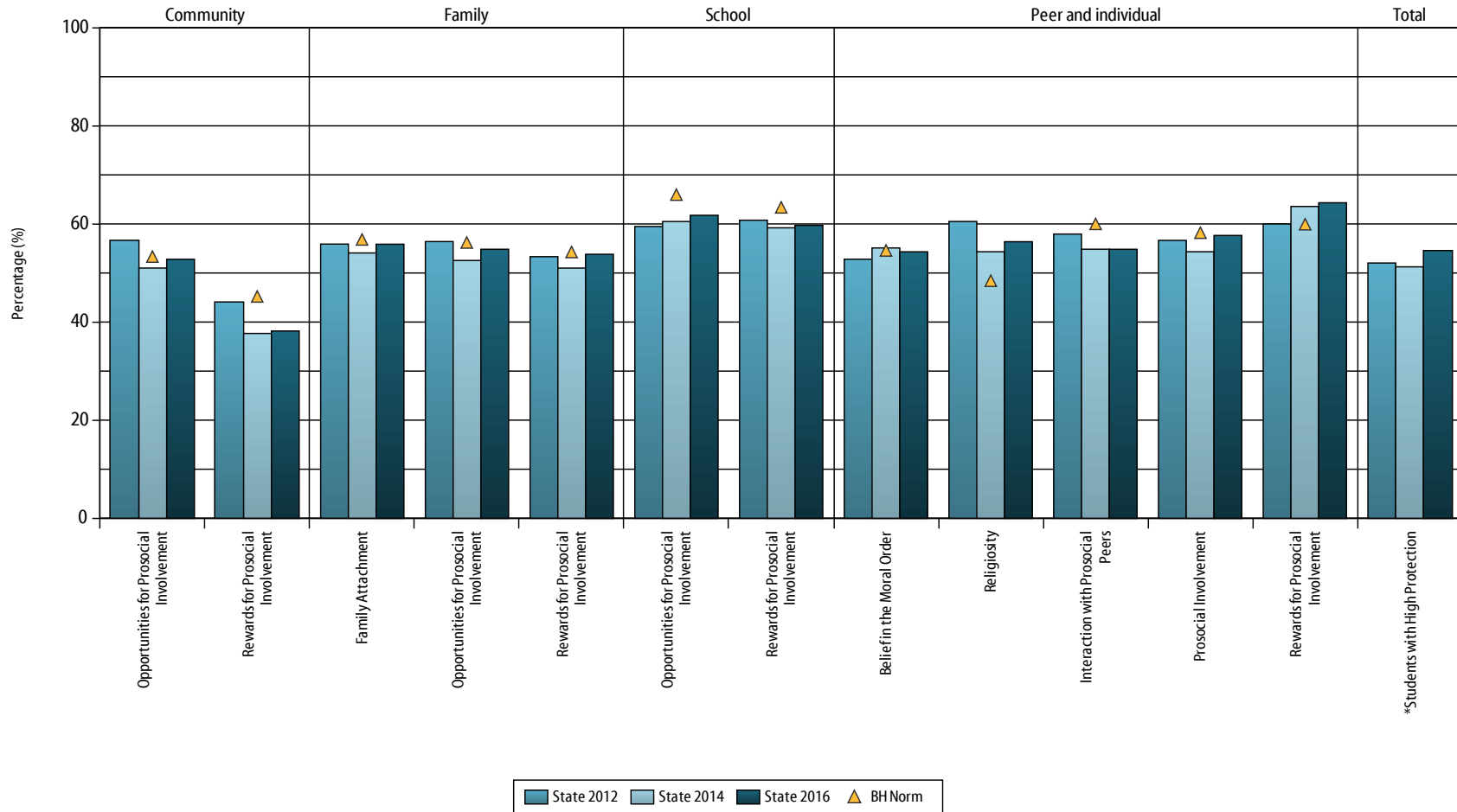


12_28_2016

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 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

Student protective profile 2016 State of Oklahoma Student Survey, 10th

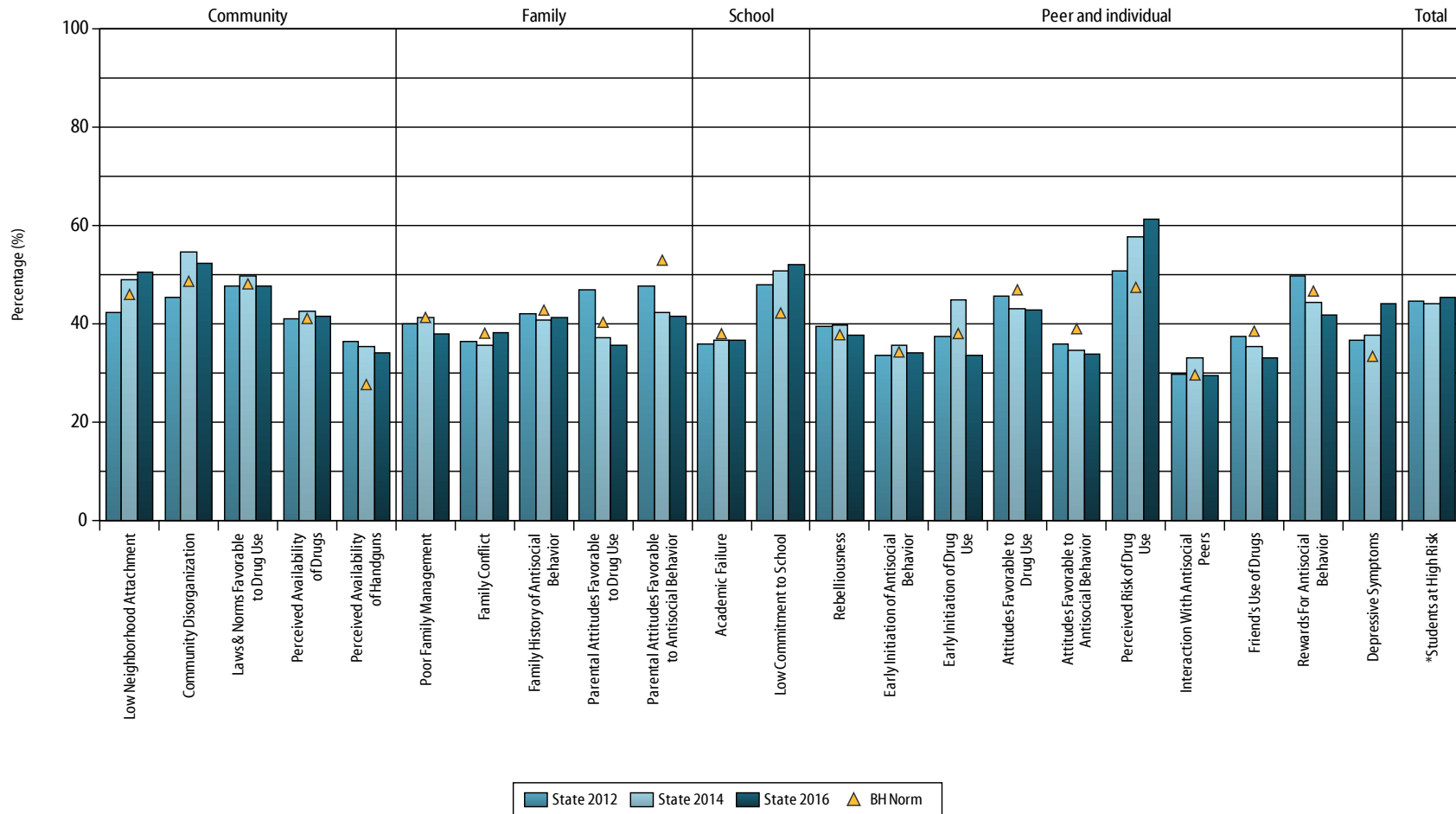


12_28_2016

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

Student risk profile 2016 State of Oklahoma Student Survey, 12th

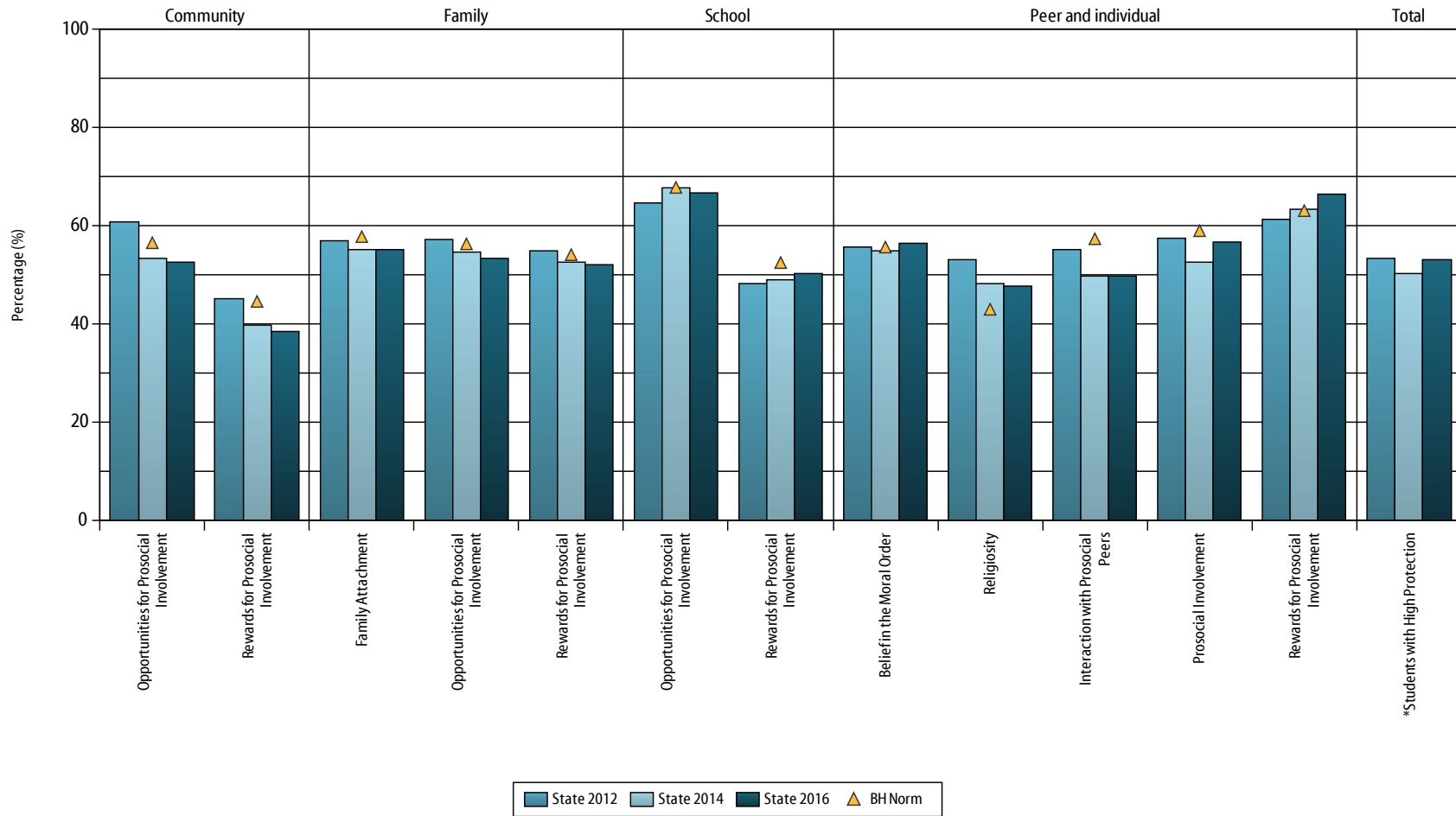


12_28_2016

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 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

Student protective profile 2016 State of Oklahoma Student Survey, 12th

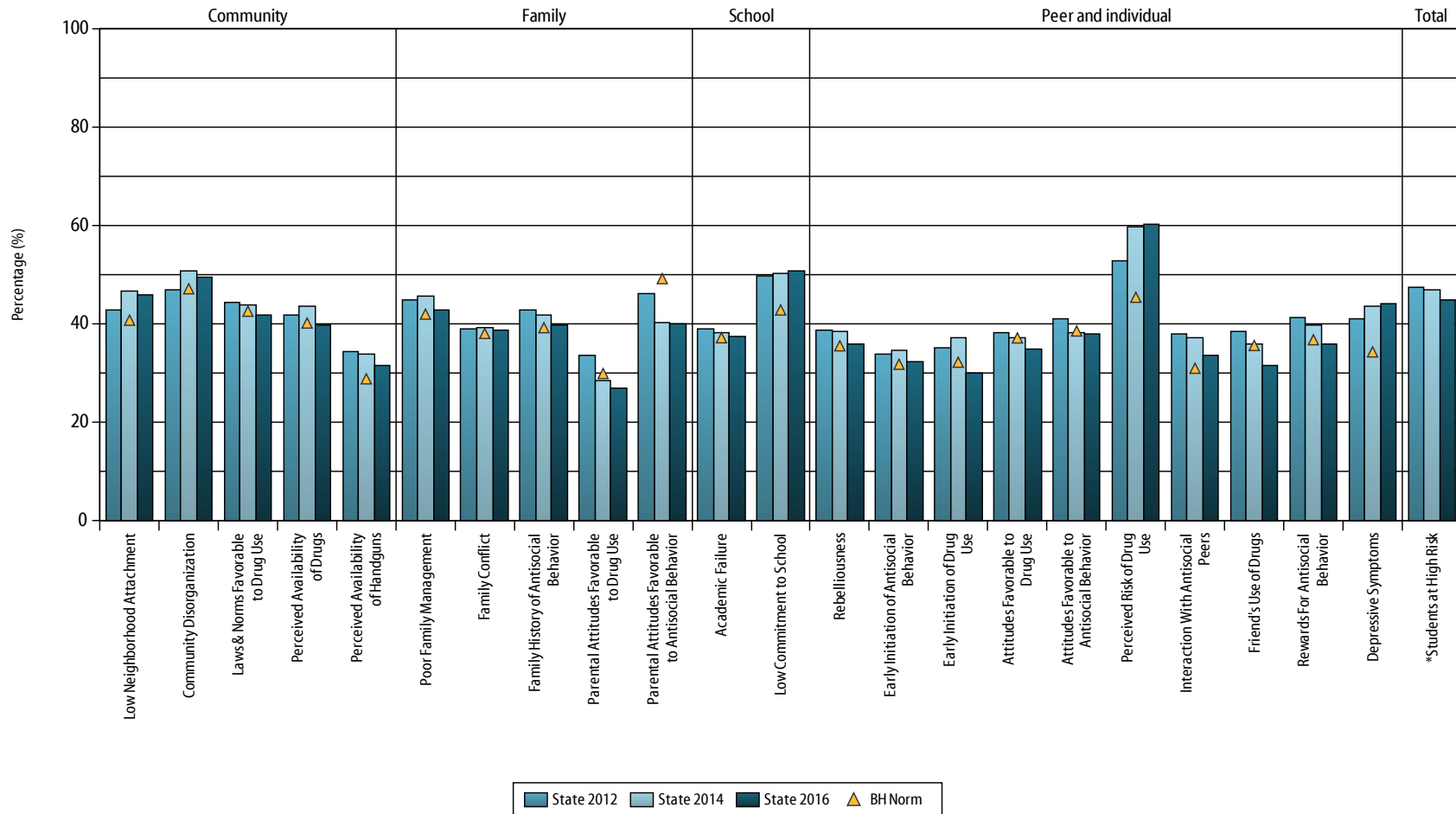


12_28_2016

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Risk and Protective Factor Profiles

Student risk profile 2016 State of Oklahoma Student Survey, All

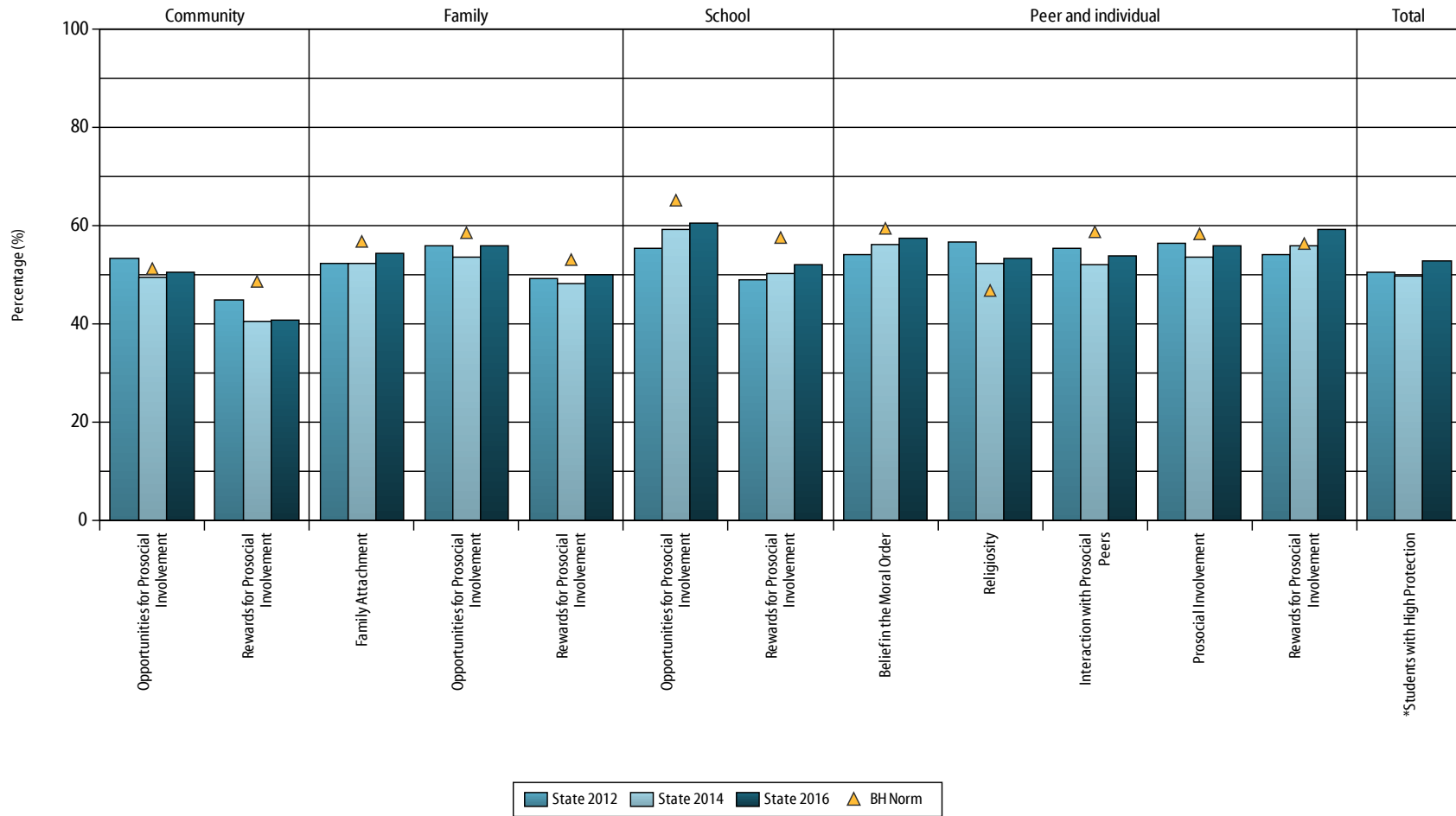


12_28_2016

* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th & 12th grades: 9 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

Student protective profile 2016 State of Oklahoma Student Survey, All



12_28_2016

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) 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 3. Scales that Measure the Risk and Protective Factors Shown in the Profiles

Community Domain Risk Factors	
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.
Community Domain Protective Factors	
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.
Family Domain Risk Factors	
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.
Family Domain Protective Factors	
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.
School Domain Risk Factors	
Academic Failure	Beginning in the late elementary school (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 3. Scales that Measure the Risk and Protective Factors Shown in the Profiles

School Domain Protective Factors	
Opportunities for Prosocial Involvement	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.
Rewards for Prosocial Involvement	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.
Peer-Individual Risk Factors	
Rebelliousness	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.
Early Initiation of Antisocial Behavior and Drug Use	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.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	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.
Sensation Seeking	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.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Friends' Use of Drugs	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.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Depressive Symptoms	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 other youth problem behaviors.
Peer-Individual Protective Factors	
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Data Tables

Table 4. Number of students who completed the survey

	6th			8th			10th			12th			All		
	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016
Number of youth	15,734	10,263	13,585	13,501	12,825	14,721	10,573	10,217	12,220	7,713	5,780	8,613	47,521	39,085	49,139

Table 5. Percentage of students who used ATODs during their lifetime

In your lifetime, on how many occasions (if any) have you... (One or more occasions.)		6th				8th				10th				12th				All			
		State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	25.2	23.1	21.5	n/a	45.6	40.1	36.1	26.1	60.6	57.5	52.7	47.1	71.0	66.1	65.1	64.0	49.4	45.6	43.2	n/a
Cigarette	smoked cigarettes?	13.2	10.9	9.4	n/a	27.0	23.1	18.5	13.3	35.4	32.6	27.0	19.9	45.3	39.8	35.8	31.1	29.5	26.0	22.3	n/a
Chewing tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	6.7	5.9	5.2	n/a	14.0	11.7	10.4	8.6	20.3	17.3	15.5	12.3	25.6	21.2	20.0	13.2	16.2	13.7	12.6	n/a
Marijuana*	used marijuana?	4.2	4.4	3.7	n/a	15.2	15.9	13.2	15.5	26.7	29.5	27.2	31.1	35.8	37.8	38.3	44.7	19.6	21.0	20.0	n/a
Hallucinogen	used LSD or other hallucinogens?	0.8	0.7	0.4	n/a	2.0	1.4	1.1	2.0	3.5	3.9	3.9	4.6	5.0	4.9	5.8	6.4	2.7	2.6	2.7	n/a
Cocaine	used cocaine or crack?	1.2	1.1	0.6	n/a	1.7	1.4	0.9	1.6	2.3	2.8	2.0	2.7	3.4	4.6	4.8	4.0	2.1	2.4	2.0	n/a
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	9.9	8.3	7.3	n/a	12.7	9.3	7.9	9.4	9.0	7.3	5.7	7.2	7.0	5.7	5.0	5.7	9.8	7.7	6.5	n/a
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.5	0.4	0.4	n/a	1.1	0.7	0.5	0.8	1.7	1.2	1.2	1.3	2.1	2.2	1.7	1.0	1.3	1.1	0.9	n/a
Heroin*	used heroin?	0.4	0.4	0.3	n/a	0.8	0.6	0.6	0.5	1.0	0.7	0.6	0.7	1.8	0.7	0.7	0.8	1.0	0.6	0.5	n/a
Ecstasy*	used Ecstasy ('X', 'E', MDMA, or 'Molly')?	0.4	0.8	0.4	n/a	1.8	2.5	1.6	2.3	2.9	4.2	3.7	3.8	5.5	5.6	5.0	5.9	2.5	3.1	2.6	n/a
Prescription Pain Relievers**/†	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	n/a	4.0	3.2	n/a	n/a	7.5	6.8	n/a	n/a	13.8	10.3	n/a	n/a	14.1	13.6	8.4	n/a	9.6	8.3	n/a
Prescription Stimulants*	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	0.9	1.1	1.0	n/a	2.4	2.7	2.2	6.8	4.3	6.0	4.7	9.7	6.1	7.8	7.9	10.8	3.3	4.2	3.8	n/a
Prescription Sedatives**/†	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	4.2	2.7	2.7	n/a	8.5	5.1	4.5	n/a	11.0	10.0	7.9	n/a	12.7	9.5	10.3	n/a	8.9	6.7	6.2	n/a
Prescription Drugs**/†	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	6.7	6.0	5.4	n/a	13.1	10.4	9.4	n/a	16.9	17.4	14.0	n/a	19.9	18.1	17.7	18.3	13.8	12.7	11.4	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?	1.7	2.9	3.8	n/a	4.8	5.5	5.8	n/a	6.5	8.5	7.0	n/a	7.4	8.3	8.2	n/a	4.9	6.2	6.2	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	1.2	1.5	n/a	n/a	2.5	2.0	n/a	n/a	4.8	2.5	n/a	n/a	7.1	3.7	n/a	n/a	3.7	2.4	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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Data Tables

Table 6. Percentage of students who used ATODs during the past 30 days

In the past 30 days, on how many occasions (if any) have you... (One or more occasions.)		6th				8th				10th				12th				All			
		State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015
Alcohol	had beer, wine, or hard liquor to drink?	8.4	7.6	6.2	n/a	21.0	16.8	15.0	9.7	33.1	29.3	24.6	21.5	43.7	40.5	36.9	35.3	25.6	22.6	20.1	n/a
Cigarette	smoked cigarettes?	2.8	2.1	1.8	n/a	8.5	6.6	4.3	3.6	13.9	11.6	8.1	6.3	21.5	16.3	13.5	11.4	11.2	8.8	6.7	n/a
Chewing tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	2.5	2.0	1.6	n/a	7.0	6.0	4.7	3.2	10.2	9.3	7.4	4.9	13.6	11.7	11.0	6.1	8.0	7.0	6.1	n/a
Marijuana*	used marijuana?	2.1	1.7	1.4	n/a	7.9	7.3	5.9	6.5	13.4	14.0	12.2	14.8	17.8	17.8	17.2	21.3	9.9	9.7	8.9	n/a
Hallucinogen	used LSD or other hallucinogens?	0.3	0.3	0.1	n/a	0.8	0.6	0.4	0.6	1.1	1.1	1.1	0.9	1.4	1.6	1.4	1.6	0.9	0.9	0.7	n/a
Cocaine	used cocaine or crack?	0.4	0.4	0.3	n/a	0.6	0.6	0.3	0.5	0.7	1.1	0.5	0.8	0.7	1.4	1.1	1.1	0.6	0.8	0.5	n/a
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	4.4	3.2	3.1	n/a	4.7	2.7	2.8	2.0	2.0	1.3	1.0	1.2	1.0	1.0	0.9	0.7	3.1	2.1	2.0	n/a
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.1	0.2	0.1	n/a	0.4	0.3	0.2	0.3	0.5	0.2	0.3	0.3	0.5	0.6	0.5	0.4	0.4	0.3	0.3	n/a
Heroin*	used heroin?	0.1	0.1	0.1	n/a	0.3	0.3	0.2	0.1	0.4	0.3	0.2	0.2	0.6	0.3	0.2	0.3	0.3	0.2	0.2	n/a
Ecstasy*	used Ecstasy ('X', 'E', MDMA, or 'Molly')?	0.2	0.3	0.1	n/a	0.6	0.9	0.7	0.5	0.7	1.3	0.9	0.9	1.5	1.1	1.1	1.1	0.7	0.9	0.7	n/a
Prescription Pain Relievers**/†	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	n/a	2.0	1.4	n/a	n/a	3.9	3.6	n/a	n/a	6.3	4.3	n/a	n/a	5.2	5.3	2.1	n/a	4.3	3.6	n/a
Prescription Stimulants*	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	0.4	0.6	0.4	n/a	1.0	1.2	0.9	1.9	1.8	2.5	1.8	3.1	2.4	3.2	2.5	3.2	1.3	1.8	1.4	n/a
Prescription Sedatives**/†	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	1.6	1.0	1.3	n/a	4.1	2.5	1.9	n/a	4.5	4.3	3.3	n/a	5.3	3.1	3.5	n/a	3.8	2.7	2.5	n/a
Prescription Drugs**/†	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	3.0	2.8	2.5	n/a	6.4	5.4	4.9	n/a	7.7	8.8	6.4	n/a	9.0	7.4	7.3	5.9	6.4	6.0	5.2	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?	0.9	1.5	2.1	n/a	2.1	2.7	3.0	n/a	2.5	3.7	3.1	n/a	2.2	3.0	2.8	n/a	1.9	2.7	2.7	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	0.6	0.6	n/a	n/a	1.1	0.8	n/a	n/a	1.0	0.6	n/a	n/a	1.2	0.3	n/a	n/a	1.0	0.6	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 prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Data Tables

Table 7. Percentage of students with problem ATOD use

Alcohol and driving		6th				8th				10th				12th				All			
During the past 30 days, how many times did you: (One or more times)		State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm
DRIVE a car when you had been drinking alcohol?	Drinking and driving	1.9	1.6	1.5	3.6	3.9	2.9	2.6	5.6	7.7	6.1	4.4	5.3	18.0	11.5	9.7	11.8	7.4	5.3	4.4	7.5
RIDE in a car driven by someone drinking alcohol?	Riding with a drinking driver	19.5	18.5	17.8	17.1	24.0	21.5	19.4	22.3	23.8	23.5	19.2	24.0	27.4	23.1	21.0	24.1	23.5	21.6	19.3	23.5
Problem Use		State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015
How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	Binge drinking	5.2	4.6	3.7	n/a	12.1	9.5	8.3	4.6	20.2	17.5	13.8	10.9	28.9	26.0	21.8	17.2	16.0	13.8	11.6	n/a
During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	1/2 Pack of cigarettes/day	0.3	0.3	0.3	n/a	1.2	1.0	0.6	0.4	2.7	2.2	1.5	1.0	5.5	3.8	2.9	2.1	2.3	1.7	1.3	n/a
Treatment Needs		State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015	State 2012	State 2014	State 2016	MTF 2015
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	0.6	0.2	0.0	n/a	2.3	0.4	0.3	n/a	4.2	1.2	0.7	n/a	4.4	1.8	2.0	n/a	2.8	0.9	0.7	n/a
	Needs Drug Treatment	0.7	0.4	0.3	n/a	2.5	1.8	1.7	n/a	5.3	4.7	4.0	n/a	6.4	4.9	5.3	n/a	3.6	2.9	2.7	n/a
	Needs Alcohol and/or Drug Treatment	1.1	0.5	0.3	n/a	4.0	2.1	1.9	n/a	8.0	5.5	4.5	n/a	9.2	6.3	6.6	n/a	5.4	3.4	3.2	n/a

Table 8. Percentage of students with antisocial behavior

How many times in the past year (12 months) have you: (One or more times)	6th				8th				10th				12th				All			
	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm
Been drunk or high at school	4.3	3.4	2.5	2.3	9.3	8.6	7.3	7.8	14.8	15.3	12.1	14.7	17.1	15.4	15.6	17.3	11.0	10.4	9.2	13.2
Been suspended from school	12.8	11.3	10.4	9.2	14.4	13.2	12.7	13.4	9.9	10.4	8.9	11.2	7.0	6.3	6.7	8.5	11.2	10.5	9.8	11.1
Sold illegal drugs	1.3	1.2	0.8	0.7	3.4	3.6	2.9	3.1	5.7	6.4	4.9	7.2	7.2	6.0	6.9	8.6	4.2	4.2	3.8	6.3
Stolen or tried to steal a motor vehicle	1.6	1.4	1.2	1.2	2.6	2.2	1.9	2.2	2.2	2.1	1.9	2.7	1.9	1.7	1.3	2.0	2.1	1.9	1.6	2.3
Been arrested	2.3	2.2	1.7	2.1	5.2	4.3	3.6	4.8	5.4	5.5	3.6	6.0	5.2	4.7	4.0	5.8	4.5	4.1	3.2	5.5
Attacked someone with the idea of seriously hurting them	13.1	11.0	10.9	10.2	14.7	12.4	11.8	12.9	11.8	10.7	8.3	11.8	9.2	7.2	7.3	9.6	12.3	10.5	9.7	11.5
Carried a handgun	5.0	6.7	6.2	4.4	6.3	6.7	6.9	5.4	5.1	7.5	5.7	5.5	5.5	7.0	6.5	5.5	5.5	7.0	6.3	5.5
Carried a handgun to school	0.5	0.5	0.6	0.6	1.1	1.1	0.9	0.9	1.1	0.9	0.9	1.2	1.3	1.2	1.0	1.2	1.0	0.9	0.8	1.1

Data Tables

Table 9. 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.)	6th			8th			10th			12th			All		
	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016
Sample size*	1,557	945	1,178	3,542	2,976	2,874	4,280	4,134	4,506	4,183	2,836	4,080	13,562	10,891	12,638
I bought it myself with a fake ID	4.0	8.6	7.3	2.7	5.3	4.0	2.8	3.3	3.3	4.1	4.3	4.0	3.3	4.6	4.1
I bought it myself without a fake ID	3.5	5.9	6.1	3.5	4.6	4.2	5.3	6.0	4.1	8.4	10.2	6.6	5.6	6.7	5.1
I got it from someone I know age 21 or older	32.9	29.8	32.6	41.8	38.8	34.8	55.0	51.5	46.8	67.3	61.7	60.4	52.8	48.8	47.1
I got it from someone I know under age 21	17.0	16.7	15.1	24.1	23.0	21.1	28.7	29.6	27.3	25.5	25.2	25.0	25.2	25.6	24.0
I got it from my brother or sister	10.4	13.8	11.8	12.4	13.0	10.8	10.9	11.7	12.8	11.4	12.2	11.3	11.4	12.4	11.8
I got it from home with my parents' permission	29.9	30.6	34.6	23.9	26.6	27.5	18.4	22.4	24.2	18.4	20.3	22.4	21.2	23.7	25.3
I got it from home without my parents' permission	21.8	23.6	20.2	27.6	28.5	26.4	20.8	20.4	21.0	12.4	13.0	13.1	20.1	21.0	19.6
I got it from another relative	18.0	16.8	17.5	15.3	16.2	16.7	13.2	14.4	13.8	11.2	12.0	12.0	13.7	14.5	14.2
A stranger bought it for me	4.0	5.7	6.5	4.6	5.5	4.7	7.0	6.7	6.1	7.3	8.3	6.5	6.1	6.7	6.0
I got it at a bar or restaurant	4.5	6.9	7.0	3.1	4.2	4.5	3.3	3.5	3.4	6.6	6.6	6.4	4.4	4.8	4.9
Other	29.5	29.7	30.9	28.0	27.0	26.8	23.8	23.0	22.6	19.1	19.3	18.2	24.1	23.7	22.9

During the last 12 months, how often (if ever) have you used ALCOHOL (beer, wine, or hard liquor) in each of the following places? (Students marking one or more times)	6th			8th			10th			12th			All		
	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016
Sample size*	1,949	1,177	1,482	3,981	3,449	3,443	4,546	4,400	4,780	4,182	2,878	4,179	14,658	11,904	13,884
At your home	62.9	60.9	63.2	62.6	63.1	64.4	56.2	60.4	60.5	58.2	60.0	59.8	59.4	61.1	61.5
At friends' houses	44.7	39.3	39.6	64.8	60.5	56.3	76.7	73.2	69.3	82.6	80.4	78.3	70.9	67.9	65.6
At a school dance, a game, or other event	15.6	14.3	13.6	16.6	15.3	15.2	20.0	18.8	16.4	21.5	21.4	18.7	18.9	18.0	16.5
At school during the day	7.2	9.3	7.1	10.2	10.0	10.5	13.1	14.4	11.3	13.0	13.7	11.8	11.5	12.4	10.8
Near school	11.7	13.4	12.5	14.9	14.2	13.0	16.5	16.8	14.1	17.8	16.3	14.7	15.8	15.6	13.8
In a car	17.5	18.2	17.7	28.0	25.4	24.0	37.8	34.8	31.6	41.9	39.5	35.8	33.6	31.6	29.5
At a party	44.2	41.1	39.4	52.4	51.1	46.8	66.6	62.4	58.3	75.7	74.0	69.0	62.4	59.8	56.7
At a park or beach	19.5	21.0	19.5	24.5	22.7	19.5	24.9	24.6	21.2	28.8	28.8	24.2	25.2	24.7	21.5
At a bar or restaurant	18.4	22.0	23.3	15.0	17.5	17.9	14.2	15.5	13.4	20.5	22.0	18.9	16.8	18.3	17.2

* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or used reported alcohol use one or more times in a selected place. 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.

Data Tables

Table 10. 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.)	6th		8th		10th		12th		All	
	State 2014	State 2016	State 2014	State 2016	State 2014	State 2016	State 2014	State 2016	State 2014	State 2016
Sample Size*	326	390	874	809	1,263	1,224	886	1,134	3,349	3,557
Friends	34.4	32.3	48.1	46.6	59.2	51.6	60.0	58.5	54.1	50.5
Family/Relatives	12.6	14.9	18.6	15.6	17.3	15.1	16.4	12.6	17.0	14.4
Parties	11.3	10.0	22.5	16.4	24.1	19.9	24.6	21.8	22.6	18.6
Home (e.g., Medicine Cabinet)	15.3	11.8	23.8	19.5	23.7	20.2	19.1	15.5	21.7	17.6
Doctor/Pharmacy	23.0	28.2	14.4	11.9	15.0	13.8	17.0	12.4	16.2	14.5
School	9.2	9.7	13.2	12.5	18.1	11.5	13.5	11.0	14.8	11.4
Other	15.0	13.1	12.8	12.7	11.2	12.8	10.5	13.9	11.8	13.2
Over the Internet	6.4	5.9	4.3	2.5	3.2	2.7	3.6	2.3	3.9	2.9
Outside the U.S. (e.g., Mexico, Canada)	3.7	5.1	5.3	4.8	4.0	4.3	4.1	3.4	4.3	4.2

* 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.

Data Tables

Table 11. Percentage of students reporting risk

	6th				8th				10th				12th				All			
	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm
Community																				
Low Neighborhood Attachment	49.4	50.8	48.0	41.9	38.5	41.8	39.9	34.0	41.0	45.6	46.0	41.5	42.2	48.9	50.4	45.9	42.9	46.7	46.0	40.7
Community Disorganization	44.2	45.0	42.8	43.9	50.2	51.2	50.9	45.6	48.0	53.2	52.2	48.9	45.4	54.5	52.3	48.6	47.0	50.8	49.5	47.1
Laws & Norms Favorable to Drug Use	44.2	42.2	40.4	38.8	45.4	43.4	41.2	40.0	40.2	40.6	38.5	42.3	47.7	49.6	47.6	48.1	44.3	43.7	41.7	42.5
Perceived Availability of Drugs	44.9	47.2	44.7	45.3	41.4	40.9	35.6	36.9	39.4	43.1	37.9	38.6	41.0	42.5	41.5	41.0	41.7	43.5	39.8	40.1
Perceived Availability of Handguns	29.3	28.6	27.0	26.3	42.3	41.4	38.1	36.7	29.3	30.3	26.5	23.7	36.3	35.2	34.1	27.6	34.3	33.8	31.4	28.8
Family																				
Poor Family Management	53.8	54.9	54.3	48.1	45.8	45.4	44.8	40.4	39.0	40.0	35.0	40.0	39.9	41.2	37.9	41.2	44.8	45.5	42.9	41.9
Family Conflict	42.5	42.8	41.8	38.9	37.4	38.0	34.8	35.3	39.3	39.7	39.4	39.9	36.5	35.6	38.2	38.0	39.0	39.2	38.6	38.0
Family History of Antisocial Behavior	45.2	45.3	43.0	37.8	42.5	39.4	36.2	35.4	40.9	41.9	38.4	40.2	42.0	40.6	41.2	42.7	42.7	41.8	39.6	39.2
Parental Attitudes Favorable to Drug Use	16.7	14.1	12.8	11.4	30.9	25.9	24.7	23.7	42.0	36.9	33.7	39.6	46.8	37.1	35.5	40.3	33.6	28.3	26.8	29.8
Parental Attitudes Favorable to Antisocial Behavior	39.5	33.2	33.6	37.7	49.1	41.5	42.2	49.1	48.8	43.5	42.0	53.5	47.5	42.2	41.5	52.9	46.1	40.1	39.9	49.1
School																				
Academic Failure	36.6	34.5	35.1	32.1	42.6	40.2	39.1	37.2	40.0	41.3	38.8	39.8	35.9	36.6	36.6	37.9	38.9	38.2	37.4	37.1
Low Commitment to School	52.5	49.7	49.2	42.8	51.6	51.9	51.3	45.1	46.5	49.1	50.5	41.1	48.0	50.6	52.0	42.1	49.8	50.3	50.7	42.8
Peer and individual																				
Rebelliousness	36.1	35.5	34.0	27.3	38.9	38.8	35.2	34.5	40.7	40.1	36.5	39.8	39.4	39.6	37.5	37.7	38.7	38.4	35.7	35.5
Early Initiation of Antisocial Behavior	29.2	28.3	27.2	23.8	37.1	35.8	34.1	32.2	35.5	38.5	33.9	34.2	33.5	35.5	34.1	34.2	33.8	34.5	32.3	31.7
Early Initiation of Drug Use	30.6	28.7	27.0	23.4	38.7	37.6	31.2	31.9	33.9	38.6	28.3	32.8	37.4	44.8	33.5	38.0	35.0	37.0	29.9	32.1
Attitudes Favorable to Drug Use	24.4	22.5	20.9	18.9	39.2	38.1	34.5	33.0	45.1	45.9	41.9	45.2	45.5	43.1	42.9	46.9	38.1	37.0	34.7	37.1
Attitudes Favorable to Antisocial Behavior	47.8	44.3	47.3	40.0	39.4	36.2	34.6	34.7	39.1	37.1	35.2	40.8	35.9	34.5	33.9	39.0	40.8	38.2	37.9	38.5
Perceived Risk of Drug Use	53.6	59.0	55.4	44.5	49.3	56.3	56.9	37.9	56.9	65.7	67.5	51.9	50.6	57.7	61.2	47.4	52.7	59.8	60.2	45.4
Interaction With Antisocial Peers	46.9	45.6	42.5	33.6	39.1	35.3	31.8	30.0	33.8	34.0	29.5	31.3	29.7	32.9	29.5	29.6	37.8	37.2	33.5	30.9
Friend's Use of Drugs	28.6	25.9	22.9	19.7	47.2	43.2	36.4	39.2	40.7	38.4	34.1	40.4	37.4	35.4	33.0	38.5	38.5	35.7	31.5	35.6
Rewards For Antisocial Behavior	32.4	33.3	30.8	24.5	39.5	39.1	33.0	31.9	45.5	42.4	38.8	42.1	49.7	44.4	41.8	46.6	41.3	39.6	35.9	36.7
Depressive Symptoms	40.4	40.2	38.6	30.3	44.0	46.9	44.8	34.8	42.2	48.0	48.9	37.8	36.6	37.5	44.1	33.4	41.0	43.4	44.1	34.2
Total																				
Students at High Risk*	51.0	49.9	47.3	n/a	49.5	46.6	43.8	n/a	43.5	46.1	42.4	n/a	44.5	44.0	45.4	n/a	47.3	46.8	44.7	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. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th and 12th grades: 9 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 12. Percentage of students reporting protection

	6th				8th				10th				12th				All			
	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm	State 2012	State 2014	State 2016	BH Norm
Community																				
Opportunities for Prosocial Involvement	44.8	44.1	45.3	39.7	52.3	50.3	51.6	53.2	56.7	50.9	52.7	53.3	60.8	53.4	52.5	56.5	53.4	49.5	50.6	51.2
Rewards for Prosocial Involvement	44.3	42.4	43.8	52.7	45.6	41.9	42.7	52.1	43.9	37.7	38.1	45.2	45.0	39.8	38.4	44.5	44.7	40.5	40.8	48.6
Family																				
Family Attachment	49.8	50.7	54.7	58.2	46.7	49.7	51.6	54.8	55.8	54.1	55.8	56.8	56.9	55.0	55.2	57.7	52.1	52.3	54.3	56.7
Opportunities for Prosocial Involvement	54.4	51.6	56.3	59.6	56.0	55.9	58.6	62.5	56.4	52.5	54.8	56.2	57.2	54.4	53.4	56.2	55.9	53.6	55.8	58.5
Rewards for Prosocial Involvement	47.8	46.5	49.7	55.7	41.9	43.5	44.6	48.8	53.2	51.0	53.7	54.3	54.8	52.6	51.9	54.0	49.2	48.3	50.0	53.0
School																				
Opportunities for Prosocial Involvement	45.0	48.9	50.9	59.5	54.7	61.6	63.6	65.6	59.3	60.5	61.9	66.0	64.4	67.5	66.7	67.7	55.4	59.2	60.5	65.1
Rewards for Prosocial Involvement	42.9	46.9	49.0	56.9	44.2	45.9	49.0	56.9	60.7	59.1	59.6	63.4	48.2	48.9	50.2	52.4	48.9	50.2	52.0	57.5
Peer and individual																				
Belief in the Moral Order	50.9	53.6	55.2	62.9	57.5	60.6	63.5	65.8	52.7	55.1	54.4	54.6	55.7	54.8	56.4	55.6	54.1	56.1	57.4	59.4
Religiosity	48.6	46.1	49.7	40.9	64.3	59.5	58.2	53.7	60.4	54.4	56.3	48.4	53.0	48.2	47.6	42.9	56.6	52.2	53.1	46.8
Interaction with Prosocial Peers	50.4	48.9	52.9	57.0	57.8	54.6	56.8	59.7	57.8	54.7	54.8	60.0	55.1	49.7	49.7	57.3	55.2	52.1	53.7	58.7
Prosocial Involvement	53.6	52.5	53.7	57.7	57.9	54.3	55.8	58.1	56.5	54.2	57.5	58.2	57.5	52.6	56.5	58.9	56.3	53.4	55.8	58.3
Rewards for Prosocial Involvement	45.4	45.4	49.9	48.4	51.9	52.6	56.6	50.9	59.9	63.5	64.4	59.9	61.3	63.3	66.4	63.0	54.2	55.8	59.1	56.3
Total																				
Students with High Protection*	51.3	52.0	54.5	n/a	46.0	45.4	49.6	n/a	52.1	51.1	54.4	n/a	53.2	50.1	53.0	n/a	50.5	49.6	52.9	n/a

* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Data Tables

Table 13. 2016 Drug Free Communities Report - National Outcome Measures (NOMs)

Core Measure	Definition	Substance	6th		8th		10th		12th		All		Male		Female	
			Percent	Sample	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...)	have five or more drinks of an alcoholic beverage in a row once or twice a week	Binge drinking	78.7	12,692	78.4	13,760	79.5	11,740	77.3	8,188	78.5	46,380	75.3	22,504	81.8	23,544
	smoke one or more packs of cigarettes per day	Tobacco	81.1	12,739	82.9	13,794	85.8	11,754	85.9	8,203	83.9	46,490	82.7	22,555	85.1	23,605
	smoke marijuana regularly	Marijuana	76.2	12,428	64.4	13,488	50.1	11,561	44.1	8,095	59.1	45,572	55.9	22,121	62.3	23,126
	use prescription drugs that are not prescribed to them	Prescription drugs	80.1	12,661	81.5	13,729	83.3	11,730	83.4	8,180	82.1	46,300	80.8	22,449	83.5	23,525
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	96.5	11,012	93.4	12,488	89.6	11,068	83.5	7,757	90.8	42,325	90.1	20,359	91.5	21,668
	smoke cigarettes	Tobacco	98.4	11,045	96.6	12,527	95.0	11,094	89.6	7,780	95.0	42,446	94.6	20,412	95.4	21,734
	smoke marijuana	Marijuana	98.1	10,944	93.6	12,389	90.4	11,010	86.6	7,733	92.2	42,076	91.9	20,224	92.6	21,554
	use prescription drugs not prescribed to you	Prescription drugs	97.7	11,018	96.8	12,501	95.4	11,080	95.2	7,774	96.3	42,373	96.4	20,383	96.2	21,692
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	92.3	11,666	79.3	12,984	65.6	11,300	57.0	7,883	73.8	43,833	71.4	21,138	76.0	22,385
	smoke tobacco	Tobacco	94.2	11,656	85.3	12,985	74.0	11,300	60.6	7,887	78.8	43,828	76.4	21,133	81.2	22,383
	smoke marijuana	Marijuana	93.9	11,621	78.7	12,964	59.8	11,298	51.8	7,887	71.2	43,770	70.0	21,116	72.4	22,343
	use prescription drugs not prescribed to you	Prescription drugs	95.5	11,642	88.9	12,972	82.0	11,297	76.4	7,896	85.8	43,807	85.1	21,131	86.6	22,360
Past 30-day use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	6.2	12,705	15.0	13,751	24.6	11,700	36.9	8,165	20.1	46,321	20.0	22,477	20.2	23,504
	smoked cigarettes	Tobacco	1.8	12,371	4.3	13,497	8.1	11,582	13.5	8,096	6.7	45,546	7.3	22,063	6.2	23,150
	used marijuana	Marijuana	1.4	12,661	5.9	13,671	12.2	11,657	17.2	8,133	8.9	46,122	9.5	22,395	8.3	23,390
	combined results of prescription stimulant/sedative/narcotics questions	Prescription drugs	2.5	12,571	4.9	13,698	6.4	11,689	7.3	8,157	5.2	46,115	4.6	22,373	5.8	23,403

Data Tables

Table 14. Additional data for prevention planning - Safety, violence, and parental communication

		6th			8th			10th			12th			All		
		State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016	State 2012	State 2014	State 2016
Safety																
I feel safe at my school	YES! or yes	80.1	82.4	84.1	76.4	75.7	77.3	78.2	77.0	77.2	83.8	80.9	83.2	79.5	78.9	80.4
I feel safe in my neighborhood	YES! or yes	76.6	77.1	78.6	79.0	76.0	77.4	80.9	77.0	78.9	83.5	77.4	78.4	79.9	76.8	78.3
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	16.1	16.5	15.3	15.2	15.8	14.2	14.2	13.7	13.8	14.4	16.3	14.1	15.0	15.6	14.4
How wrong do you think it is for someone your age to pick a fight with someone?	Not wrong at all	4.7	4.8	4.5	8.3	8.0	6.5	7.0	5.9	5.5	5.0	5.3	4.5	6.3	6.0	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	2.5	2.6	2.1	3.9	3.9	3.0	3.9	3.1	2.9	3.1	2.5	2.2	3.3	3.0	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	13.1	11.0	10.9	14.7	12.4	11.8	11.8	10.7	8.3	9.2	7.2	7.3	12.3	10.5	9.7
It is all right to beat up people if they start the fight.	YES! or yes	42.3	36.9	37.3	55.2	50.8	48.9	55.0	52.1	52.2	49.0	48.1	48.4	50.3	46.9	46.6
How wrong do your parents feel it would be for you to pick a fight with someone?	Not wrong at all	3.1	2.8	2.5	5.5	4.1	3.3	4.2	3.6	3.5	3.8	3.4	3.2	4.1	3.5	3.1
Parental communication																
During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Choose all that apply)*	Yes, I talked with my parents about the dangers of tobacco use.	37.6	36.3	40.0	34.7	34.4	34.6	35.3	32.1	34.1	33.9	32.1	31.2	35.4	33.8	35.1
	Yes, I talked with my parents about the dangers of alcohol use.	29.1	30.2	32.9	28.7	28.6	30.7	36.0	31.2	32.8	35.6	29.7	32.5	32.1	30.0	32.2
	Yes, I talked with my parents about the dangers of drug use.	42.5	46.3	45.7	39.3	42.3	41.6	40.3	38.5	40.8	34.1	32.9	36.1	39.3	40.2	41.2

* Due to a coding error in the web survey, online data are not available for the parental communication item. Reported data are from the paper survey only. A value of "n/a" indicates no data from the paper survey are available for that grade.

Data Tables

Appendix - Notes on the comparability of survey administrations

Drug category	2012 administration	2014/2016 administrations	Notes regarding changes
	<i>On how many occasions (if any) have you:</i>	<i>On how many occasions (if any) have you:</i>	
Marijuana	<i>used marijuana (grass, pot) or hashish (hash, hash oil)?</i>	<i>used marijuana?</i>	Cautiously comparable across years.
Heroin	<i>used heroin or other opiates?</i>	<i>used heroin?</i>	Cautiously comparable across years.
Ecstasy	<i>used MDMA ('X', 'E', or Ecstasy?)</i>	<i>used Ecstasy ('X', 'E', MDMA, or 'Molly')?</i>	Cautiously comparable across years, although the additional recognition value of the term 'Molly' may lead to some increase in reported use rates.
Synthetic drugs	n/a	<i>used synthetic drugs (such as Bath Salts like Ivory Wave or White Lighting or herbal incense products like K2, Spice, or Gold)?</i>	Added in 2014 to track potential emerging usage trends.
Over the counter drugs	<i>used a non-prescription cough or cold medicine (robos, DXM, etc.) to get high and not for medical reasons?</i>	<i>used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?</i>	Cautiously comparable across years.
Prescription stimulants	<i>used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?</i>	<i>used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?</i>	Cautiously comparable across years.
Prescription sedatives	<i>used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them?</i>	<i>used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?</i>	Cautiously comparable across years.
Prescription pain relievers	n/a	<i>used prescription pain relievers (Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?</i>	Added in 2014 to track potential emerging usage trends.
Prescription drugs	<p>Combined results of 2012 items:</p> <p>Prescription sedatives (see above)</p> <p>Prescription stimulants (see above)</p> <p>Prescription drugs (removed in 2014):</p> <p><i>used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, or sleeping pills) without a doctor telling you to take them?</i></p>	<p>Combined results of 2014/2016 items:</p> <p>Prescription sedatives (see above)</p> <p>Prescription stimulants (see above)</p> <p>Prescription pain relievers (see above)</p>	<p>Prescription Drugs is 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 2012 there was a question about prescription drug use with several examples (some of which overlapped examples from the standalone stimulant and sedative questions).</p> <p>Starting in 2014, the single prescription drug question was dropped in favor of more specific questions.</p> <p>2012 prescription drug rates have been recalculated as a combined measure of the original prescription drugs question, and 2012 versions of sedative and stimulant questions. These rates should be considered cautiously comparable across years.</p>

Contacts for Prevention

Regional Prevention Coordinators

Region 1-Northwest Center for Behavioral Health

1222 10th Street, Suite 203N

Woodward, OK 73801

(580) 571-3241

Contact: Kirt Province

kirt.province@odmhsas.org

Serving: Cimarron, Texas, Beaver, Harper, Ellis, Woods, Woodward Counties

Region 2 – PreventionWorkz

2300 N. 10th

P.O. Box 6088

Enid, OK 73702

(580) 234-1046

Contact: Dena Patterson

dena.patterson@preventionworkz.org

Serving: Alfalfa, Major, Grant, Garfield, Kingfisher, Logan Counties

Region 3 – OSU Seretean Wellness Center PANOK

4806 N. Perkins Road, 2nd Floor

Stillwater, OK 74075

(405) 780-7485

Contact: Scott Linderer

scott.linderer@okstate.edu

Serving: Osage, Kay, Payne, Pawnee, Noble Counties

Region 4-ROCMND Area Youth Services

PO Box 912

Vinita, OK 74301

(918) 256-7518

Contact: Stacy Potter

stacypotter442@gmail.com

Serving: Rogers, Ottawa, Craig, Mayes, Nowata, Delaware, Washington Counties

Region 5-Cherokee Nation Behavioral Health Services

1296 Skill Center Circle

Tahlequah, OK 74464

(918) 207-4977

Contact: Mary Horsechief-Henderson

mhorsechief@cherokee.org

Serving: Adair, Cherokee, Sequoyah, Wagoner Counties

Region 6- Forest Grove Public Schools

103 NE Ave "A"

Idabel, OK 74745

(580) 286-3344

Contact: Robbie Mullens

robbie@soic.k12.ok.us

robbie.mullens@forestgrove.k12.ok.us

Serving: McCurtian, Choctaw, Pushmataha, Leflore Counties

Region 7 – Neighbors Building Neighborhoods of Muskogee

207 N 2nd Street

Muskogee, OK 74401

(918) 424-6301

Contact: Stephanie Peters

speters@nbn-nrc.org

Serving: Atoka, Coal, Haskell, Latimer, Pittsburg Counties

Region 8- OU Southwest Prevention Center

1639 Cross Center Drive

Norman, OK 73019

(405) 325-4282

Contact: Charlene Shreder

cshreder@ou.edu

Serving: Cleveland, McClain Counties

Region 9-OSU Seretean Wellness Center Tri-County

114 N. Grand, Suite 219

Okmulgee, OK 74447

(918) 756-1248

Contact: Margaret Black

margaret.black@okstate.edu

Serving: Okmulgee, Creek Counties

Region 10 – Wichita Mountains Prevention Network: Ardmore

10 W. Main, Suite 418

Ardmore, OK 73401

(580) 490-9021

Contact: Marissa Musgrove

mmusgrove@wmpn.org

Serving: Garvin, Pontotoc, Murray, Carter, Johnston, Love, Marshall, Bryan Counties

Contacts for Prevention

Region 11-Wichita Mountains Prevention Network: Lawton

1318 SW Lee Blvd.

Lawton, OK 73501

(580) 355-5246

Contact: Brooke Mahoney

bmahoney@wmpn.org

Serving: Stephens, Jefferson, Comanche, Cotton,
Tillman, Jackson, Harmon Counties

Region 12-Red Rock West

90 N. 31st

Clinton, OK 73601

(580) 323-6021 ext. 2236

Contact: Lynsi Mayfield

lynsim@red-rock.com

Serving: Custer, Beckman, Roger Mills, Kiowa,
Greer, Dewey, Blaine, Caddo, Washita Counties

Region 13-Red Rock West

Yukon Satellite

1501 W. Commerce

Yukon, OK 73099

Contact: Lauren Greenfield

laureng@redrock.com

Serving: Canadian and Grady Counties

Region 14-Gateway to Prevention & Recovery

1414 N. Kennedy, Suite 109

Shawnee, OK 74801

(405) 275-3391

Contact: Jon Greenwood

jgreenwood@gatewaytoprevention.org

Serving: Lincoln, Seminole, Okfuskee,
Pottawatomie Counties

Region 15-Neighbors Building Neighborhoods of Muskogee

207 N 2nd Street

Muskogee, OK 74401

(918) 683-4600

Contact: Lindsey Roberts

lroberts@nbn-nrc.org

Serving: Hughes, McIntosh, Muskogee Counties

Region 16-

1. DCCCA, Inc.

2915 N. Classen Blvd.

Suite 410

Oklahoma City, OK 73106

(405) 708-7927

Contact: Karin Leimbach

kleimbach@dcca.org

Serving: Oklahoma County

2. Eagle Ridge Institute (RPC)

601 NE 63rd

Oklahoma City, OK 73105

(405) 463-7541

Contact: Gerri Randolph

grandolph@eagleridgeok.org

Serving: Oklahoma County

Region 17- Tulsa City-County Health Department

5051 S. 129th E. Ave.

Tulsa, OK 74126

(918) 595-4274

Contact: Marianne Long

mstrong@tulsa-health.org

Serving: Tulsa County

State Contacts

ODMHAS Prevention Services

405-522-3619

www.odmhas.org

Oklahoma Prevention Resource Center

405-522-3810

www.odmhas.org/resourcecenter

Oklahoma Commission on Children and Youth

405-606-4900

Oklahoma State Department of Education (OSDE)

405-521-2106

OSDH, Center for the Advancement of Wellness

405-271-3619

National Contacts and Resources

Center for Substance Abuse Prevention (CSAP)

www.samhsa.gov/prevention/

Substance Abuse and Mental Health Services Administration (SAMHSA)

Prevention Platform

www.pmrts.samhsa.gov/PrevResources/

National Institute on Drug Abuse

www.drugabuse.gov

National Clearinghouse for Alcohol & Drug Information

store.samhsa.gov/home

National Institute on Alcohol Abuse and Alcoholism

niaaa.nih.gov

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:

405-522-6785