



A project of the OKC Schools Compact

Oklahoma Prevention Needs Assessment Survey Report

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2017 Oklahoma City Public Schools Prevention Needs Assessment Survey Report

This report summarizes findings from the Oklahoma Prevention Needs Assessment (OPNA) survey that was conducted in Oklahoma City Public Schools during the fall of 2017 in grades 6, 8, 10, and 12. The results for your district are presented along with comparisons to 2016 Oklahoma state results. 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 the students who completed the survey from Oklahoma City School District and the state of Oklahoma.

When using the information in this report, please pay attention to the number of students who participated (seen in Table 2). 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 a prevention coordinator or survey professional to see if the number of participants represents an adequate basis for generalizing survey results.

Table 2. Participation rate

Grade	District 2017			State 2016		
	Surveyed	Enrolled	Particip. rate	Surveyed	Enrolled	Particip. rate
6	2,615	2,764	94.6	13,585	49,455	27.5
8	2,022	2,351	86.0	14,721	48,843	30.1
10	1,456	2,174	67.0	12,220	48,864	25.0
12	981	1,715	57.2	8,613	42,061	20.5
Total	7,074	9,004	78.6	49,139	189,223	26.0

Coordination and administration of this OPNA survey was a collaborative effort among ODMHSAS and Oklahoma Department of Education (ODE), Regional Prevention Coordinators (RPC) and Oklahoma City Public 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.

Table 1. Characteristics of participants

	District 2017		State 2016	
	Number	Percent	Number	Percent
Students by grade				
6	2,615	37.0	13,585	27.6
8	2,022	28.6	14,721	30.0
10	1,456	20.6	12,220	24.9
12	981	13.9	8,613	17.5
Total	7,074	100.0	49,139	100.0
Students by gender*				
Male	3,409	48.7	24,088	49.4
Female	3,597	51.3	24,664	50.6
Students by race/ethnicity*				
American Indian or Alaskan Native	976	10.1	11,832	18.9
Asian	289	3.0	1,650	2.6
Black, or African American	1,938	20.1	6,059	9.7
Hispanic or Latino	3,951	40.9	8,643	13.8
Native Hawaiian or Pacific Islander	98	1.0	740	1.2
White	2,402	24.9	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/Places of alcohol use charts;
4. Sources of prescription drugs charts;
5. Mental health and suicide charts;
6. Risk factor charts;
7. Protective factor charts.

Data from the charts are also presented in Tables 5-13. Additional data found in Tables 14 through 16 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 2017 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.
- **Dots, Diamonds, Triangles, and Xs.** The dots on the charts represent the percentage of all youth surveyed across the state of Oklahoma in the 2016 OPNA who reported substance use, problem behavior, elevated risk, or elevated protection.

For the state data gathered in the 2016 OPNA survey, 49,139 6th, 8th, 10th, and 12th graders participated out of 189,223 enrolled statewide, resulting in a participation rate of 26.0%. The large sample size contributes to the statistical validity of the estimates of Oklahoma youth use rates regarding alcohol, tobacco, and other drugs (ATOD), and youth risk and protective factors levels presented in this report. (Note: State dot represents the *weighted* results of all participating students. See the appendix section *Weighting Procedures for the OPNA* for more information.)

District data gathered in 2017 OPNA survey, was based on 7,074 valid surveys out of 9,004 6th, 8th, 10th, and 12th graders enrolled district-wide, resulting in a participation rate of 78.6%.

Surveys are checked for validity on several criteria, and surveys that do not meet these checks are considered dishonest and removed from reported results. The types of validity checks used include cross checking improbable response combinations (e.g. multiple instances of higher 30 day use than lifetime use in equivalent substances, or a 19 year-old 6th grade student), improbably frequent substance use, and external checks such as comparing the student's reported grade to the grades served by the surveyed institution.

A comparison to the state and 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 students in the state and 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.

The Xs represent national mental health data gathered by The Youth Risk Behavior Survey (YRBS). National

Understanding the Charts and Tables in this Report

comparison points are available for grades 10 and 12 on the topic of suicide and depression.

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*.
- **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.

Mental Health and Suicide Charts

The mental health charts show the percentage of youth with mental health treatment needs, the percentage exhibiting depressive symptoms, student responses to questions about suicide, and new questions about student attitudes toward the acceptability of seeking mental health treatment and their willingness to do so.

Needs Mental Health Treatment was estimated using the K6 Scale that was developed with support from the National Center for Health Statistics for use in the National Health Interview Survey. The tool screens for psychological distress by asking students

During the past 30 days, how often did you:

- feel nervous?
- feel hopeless?
- feel restless or fidgety?
- feel so depressed that nothing could cheer you up?
- feel that everything was an effort?
- feel worthless?

Answers to each were scored based on responses: None of the time (0 points), A little of the time (1 point), Some of the time (2 points), Most of the time (3 points), All of the time (4 points). Students with a total score of 13 or more points were determined to have high mental health treatment needs. Table 6 also shows the percentage of students with moderate (scoring 7-12 points) and low (scoring 0-6 points) mental health treatment needs.

Depressive Symptoms Scale is reported in Table 11. This scale is calculated from student responses to the following statements:

- Sometimes I think that life is not worth it.
- At times I think I am no good at all.
- All in all, I am inclined to think that I am a failure.
- In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?

Understanding the Charts and Tables in this Report

These four depressive symptoms questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups. The first group was the High Depressive Symptoms group who scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked “YES!” to all four items or marked “yes” to one item and “YES!” to three. The second group was the No Depressive Symptoms group who marked “NO!” to all four of the items, and the third group was a middle group who comprised the remaining respondents.

Suicide Related Indicators are based on a series of questions about suicide. These questions provide information about suicidal ideation and attempts of suicide (e.g., “During the past 12 months, did you ever seriously consider attempting suicide?” and “During the past 12 months, how many times did you actually attempt suicide?”).

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 14 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 15 contains additional data for prevention planning on the subjects of safety, verbal, and physical violence, and parental communication.

Table 16 contains responses to questions about student perceptions regarding discrimination from fellow students, school staff, and school policies.

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.

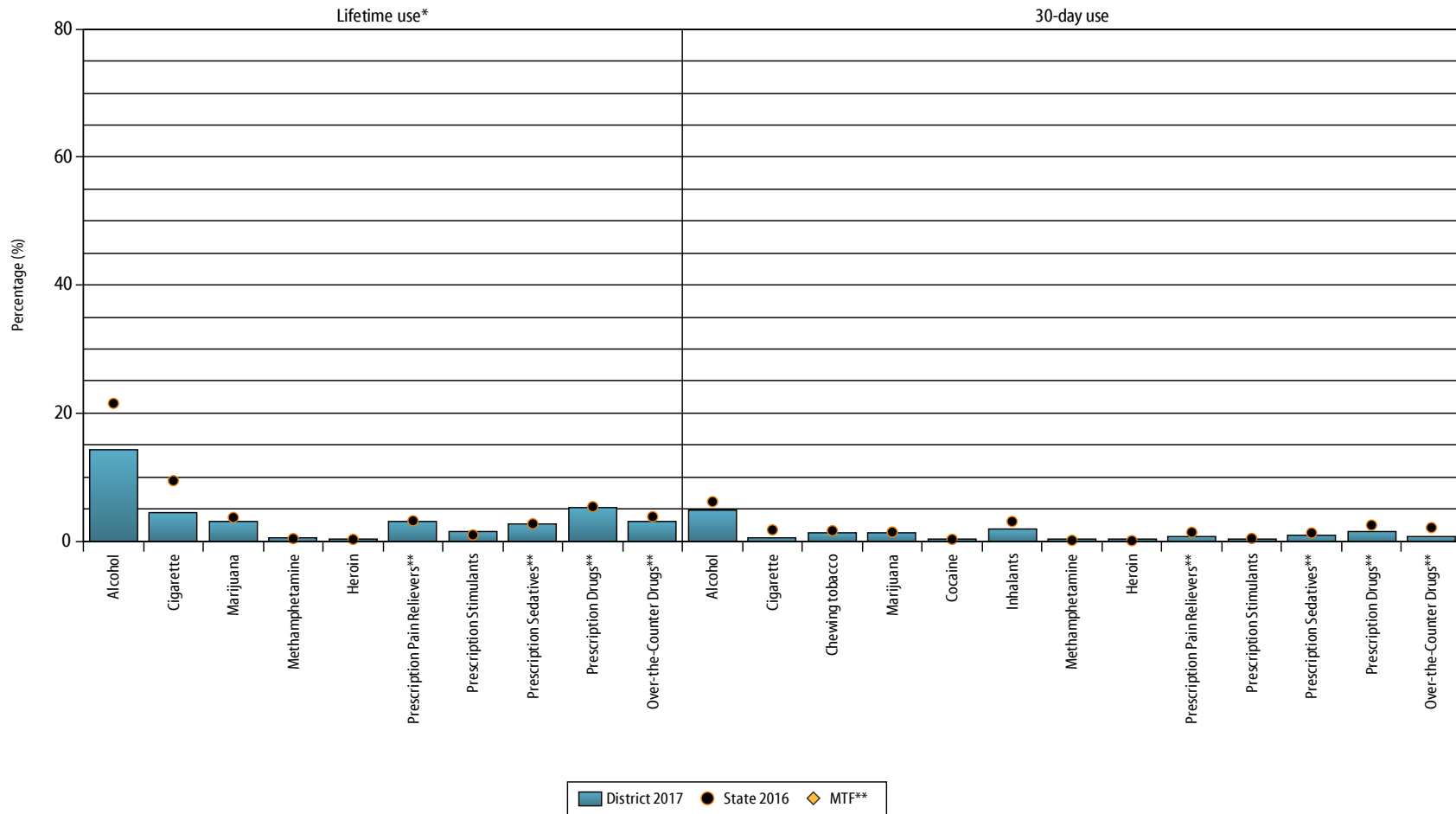
Cultural Competence: *Planners need to recognize the needs, styles, values, and beliefs of the recipients of prevention efforts.* Culturally competent prevention strategies use interventions, evaluations, and communication strategies appropriate to their intended community. Cultural issues reflect a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

Student Lifetime and 30-day ATOD use 2017 Oklahoma City Public Schools Student Survey, 6th Grade

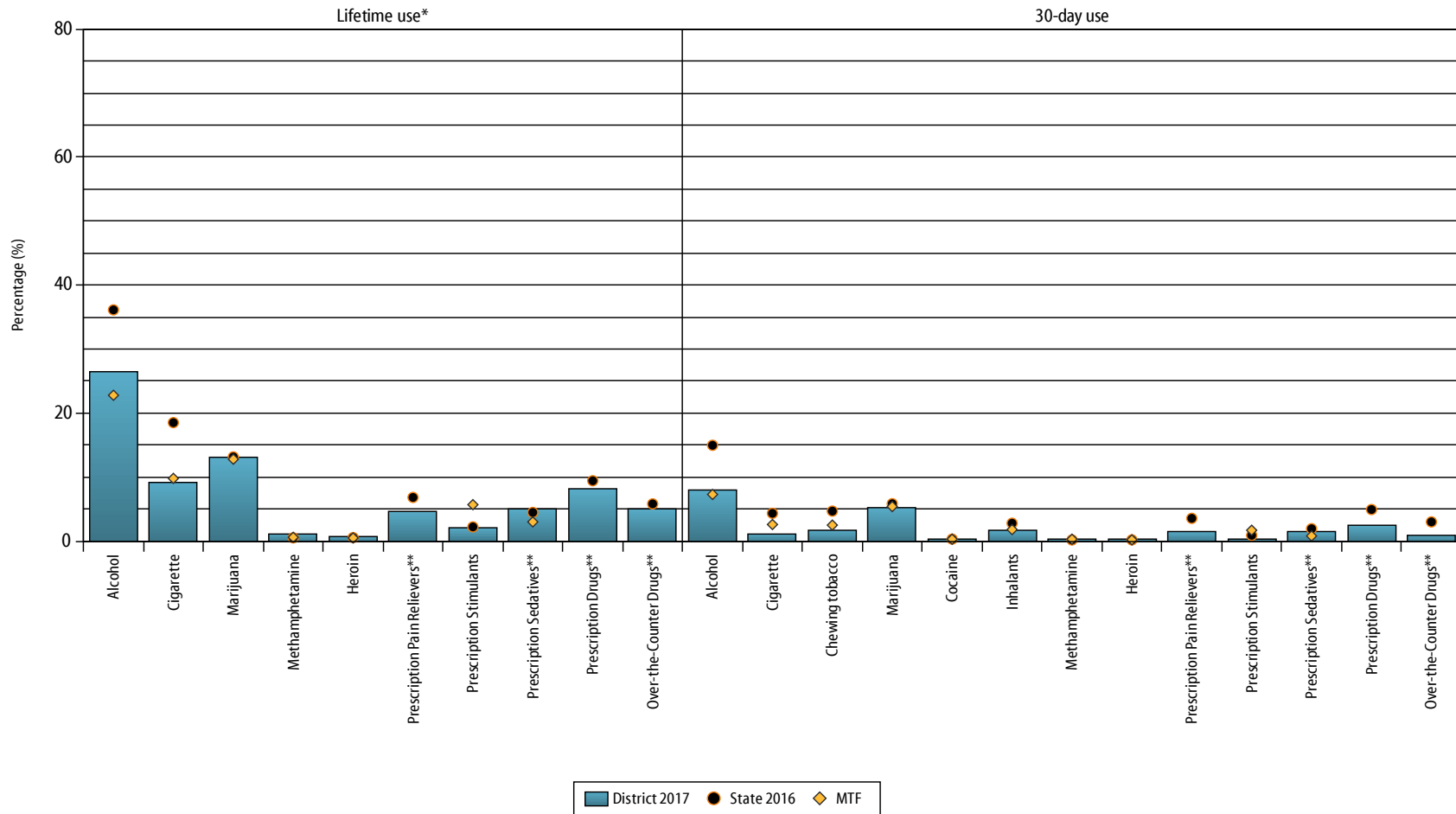


* OPNA lifetime use is calculated differently than previous years. Beginning in 2017, age of first use became the new basis for calculating lifetime use for substances other than alcohol. Consult appendix for a detailed explanation.

** No equivalent category for these substances in the Monitoring the Future survey. MTF data are not available for grade 6. In the case of prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use

Student Lifetime and 30-day ATOD use 2017 Oklahoma City Public Schools Student Survey, 8th Grade

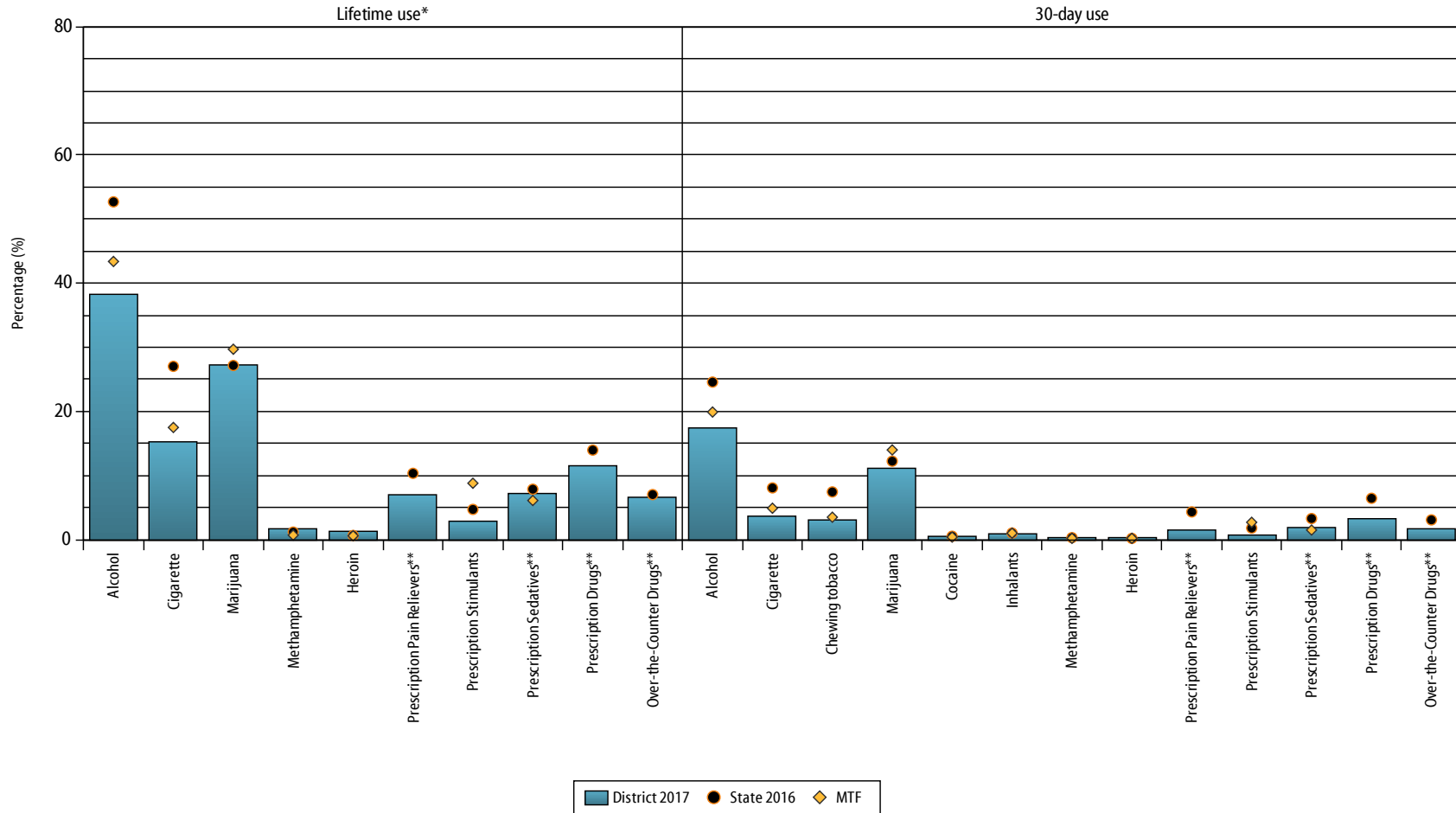


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Substance Use

Student Lifetime and 30-day ATOD use 2017 Oklahoma City Public Schools Student Survey, 10th Grade

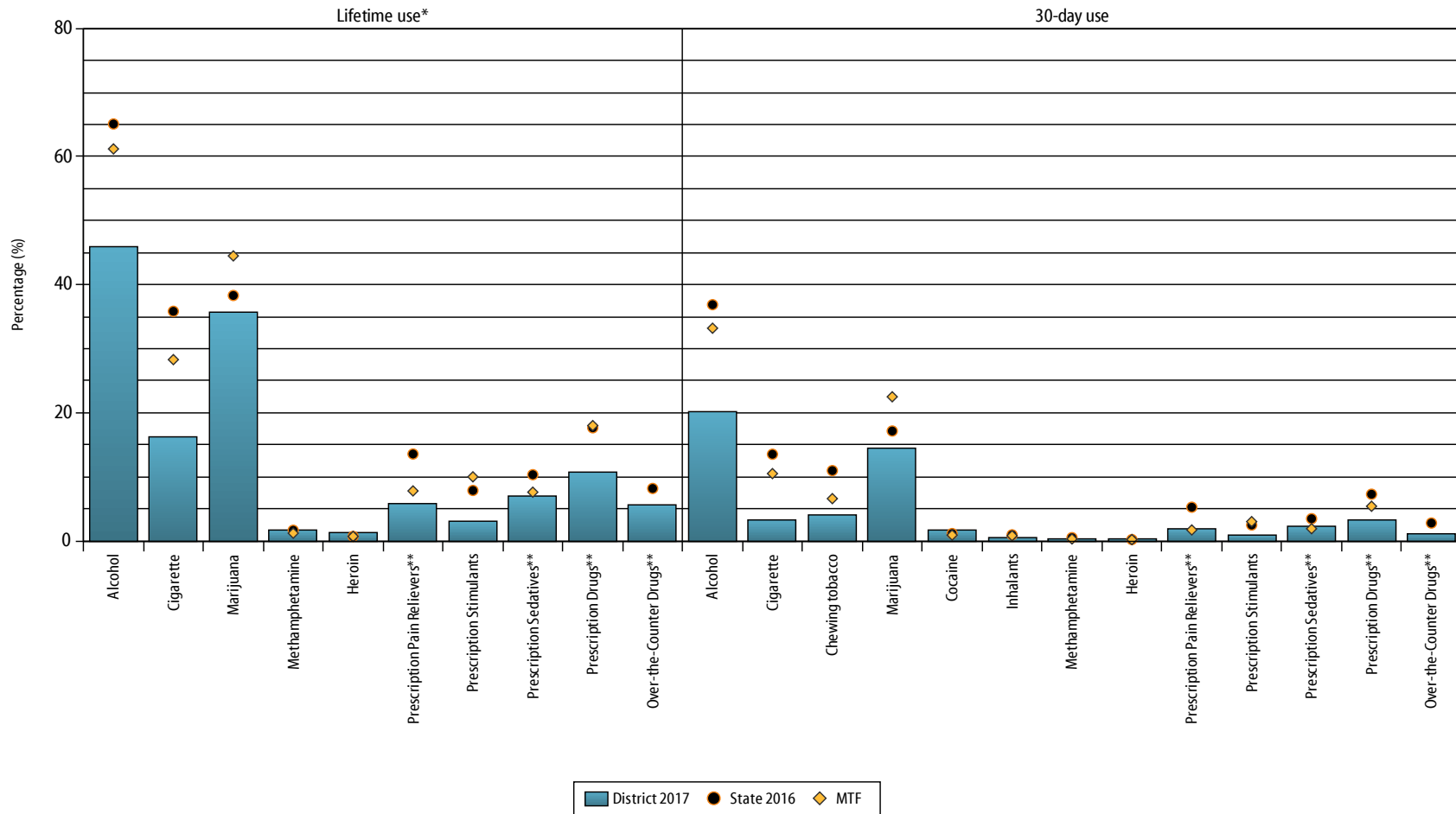


* OPNA lifetime use is calculated differently than previous years. Beginning in 2017, age of first use became the new basis for calculating lifetime use for substances other than alcohol. Consult appendix for a detailed explanation.

** No equivalent category for these substances in the Monitoring the Future survey. MTF data are not available for grade 6. In the case of prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use

Student Lifetime and 30-day ATOD use 2017 Oklahoma City Public Schools Student Survey, 12th Grade

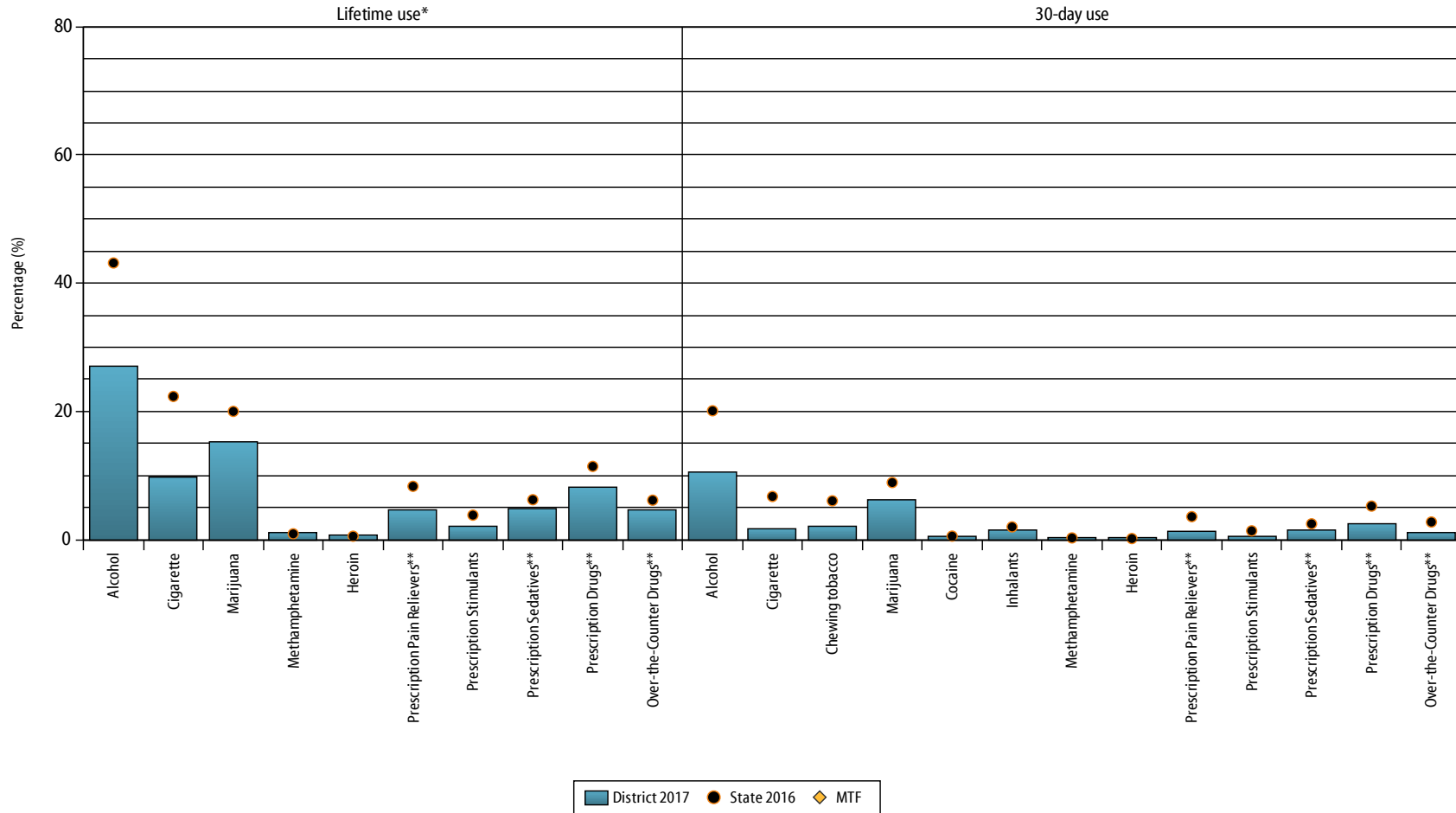


* OPNA lifetime use is calculated differently than previous years. Beginning in 2017, age of first use became the new basis for calculating lifetime use for substances other than alcohol. Consult appendix for a detailed explanation.

** No equivalent category for these substances in the Monitoring the Future survey. MTF data are not available for grade 6. In the case of prescription pain relievers and prescription drugs, MTF does not release current data for grades 8 and 10.

Substance Use

Student Lifetime and 30-day ATOD use 2017 Oklahoma City Public Schools Student Survey, All Grades

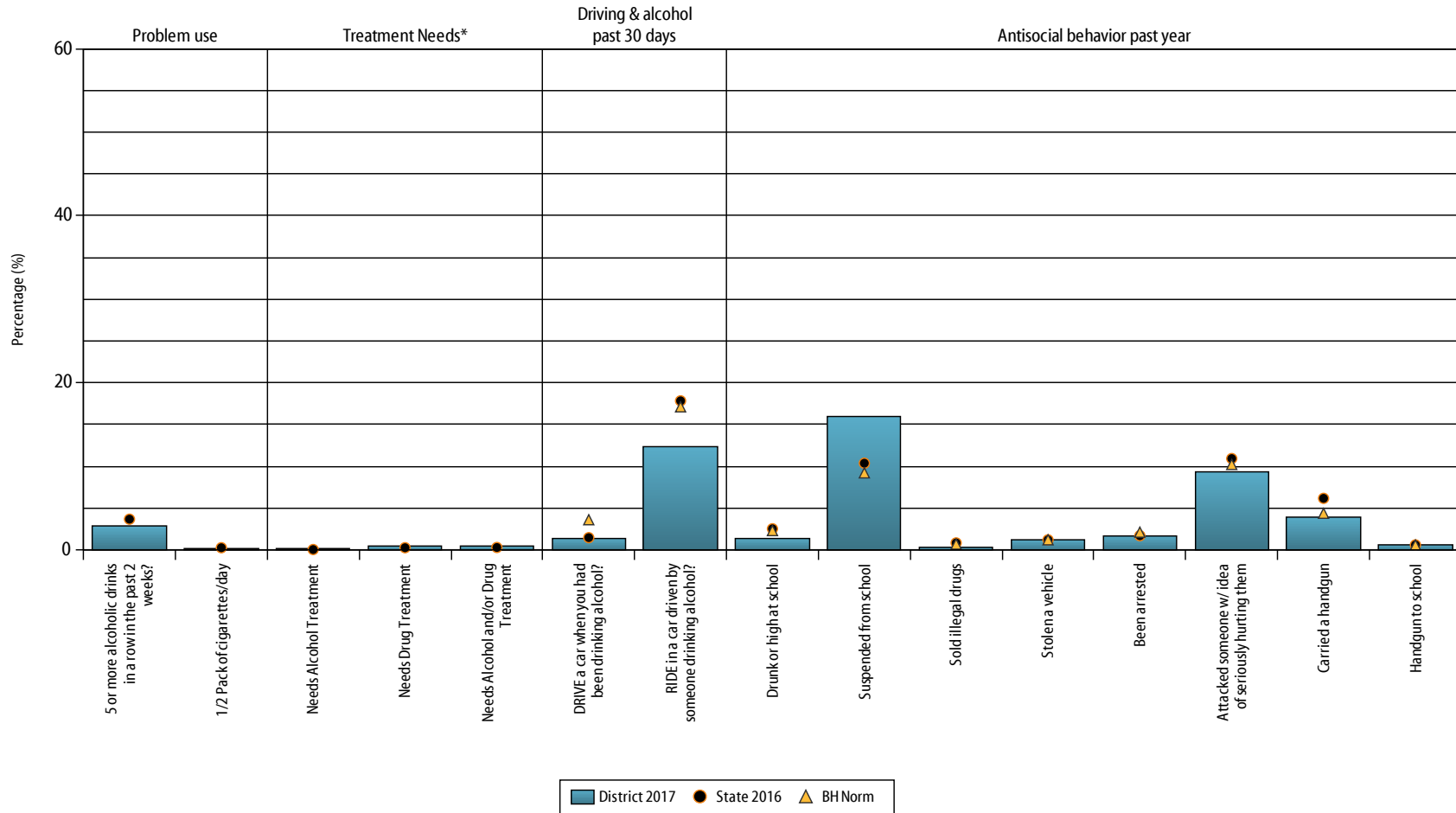


* OPNA lifetime use is calculated differently than previous years. Beginning in 2017, age of first use became the new basis for calculating lifetime use for substances other than alcohol. Consult appendix for a detailed explanation.

** No equivalent category for these substances in the Monitoring the Future survey. MTF data are not available for grade 6. 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

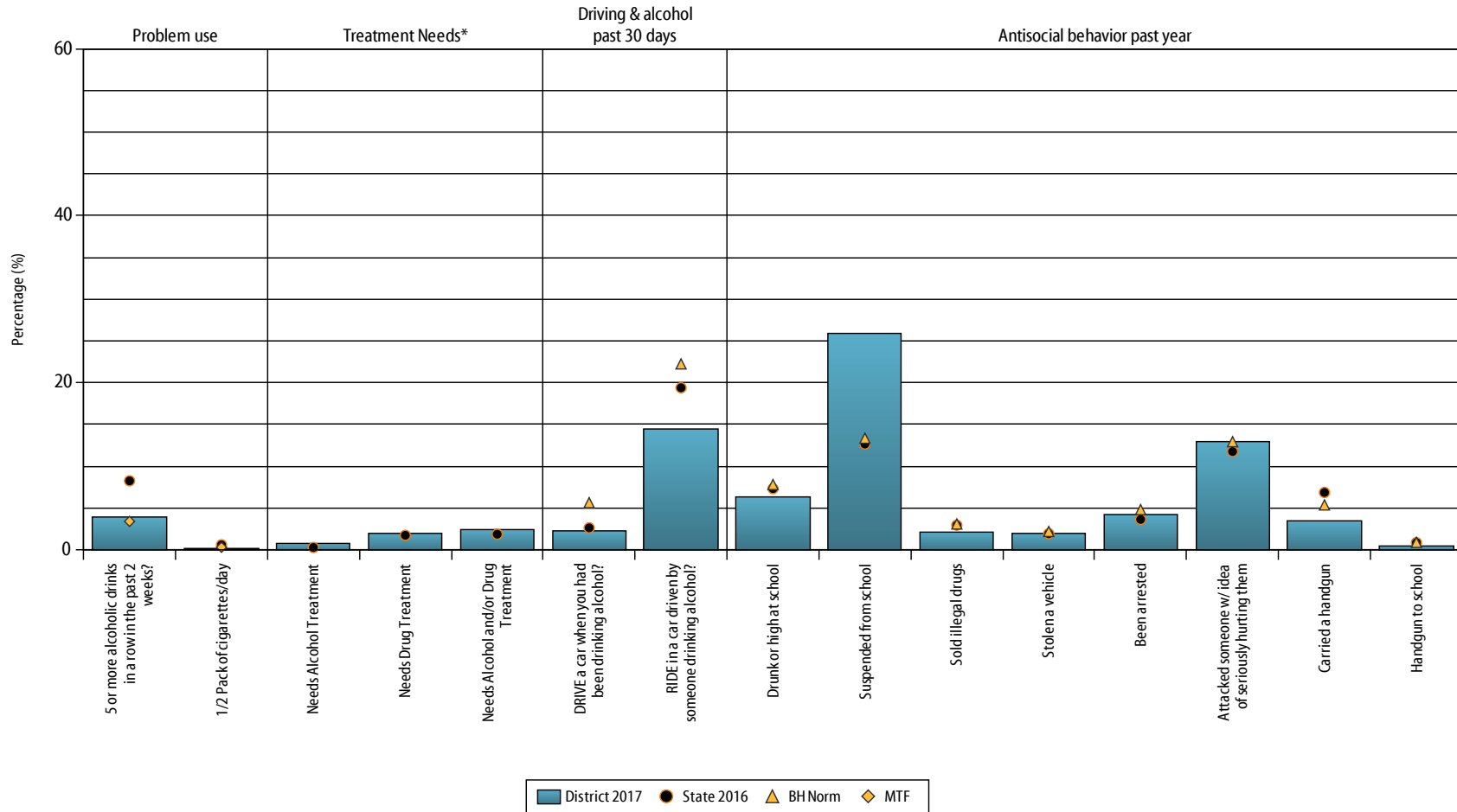
Student problem substance use, treatment needs, and antisocial behavior
2017 Oklahoma City Public Schools Student Survey, 6th Grade



* No equivalent category for Treatment Needs in Bach Harrison Norm or Monitoring the Future data. Monitoring the Future survey data are not available for grade 6 or all grades combined.

Problem Substance Use, Treatment Needs, and Antisocial Behavior

Student problem substance use, treatment needs, and antisocial behavior
2017 Oklahoma City Public Schools Student Survey, 8th Grade

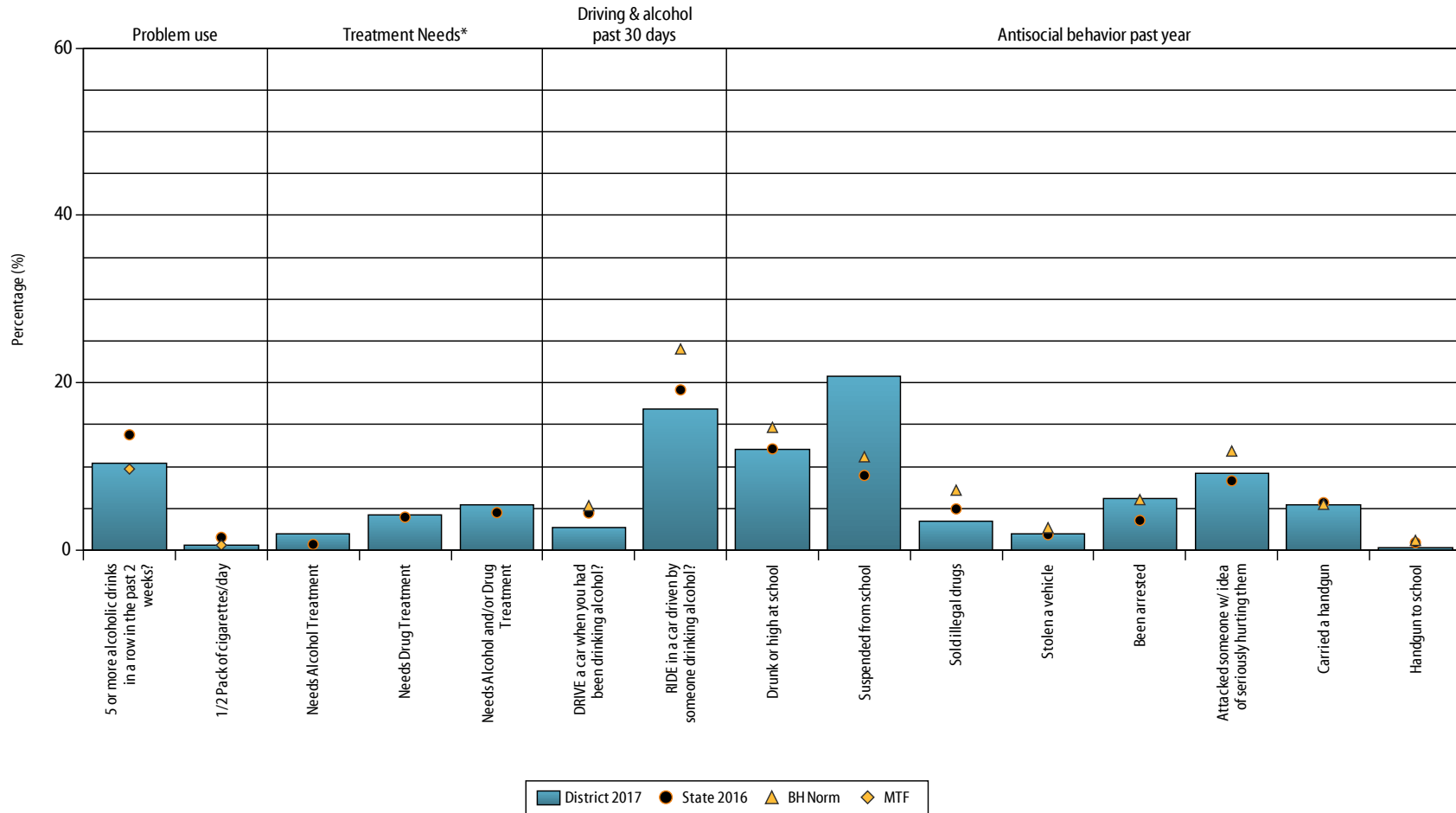


1_18_2018

* No equivalent category for Treatment Needs in Bach Harrison Norm or Monitoring the Future data. Monitoring the Future survey data are not available for grade 6 or all grades combined.

Problem Substance Use, Treatment Needs, and Antisocial Behavior

Student problem substance use, treatment needs, and antisocial behavior
2017 Oklahoma City Public Schools Student Survey, 10th Grade

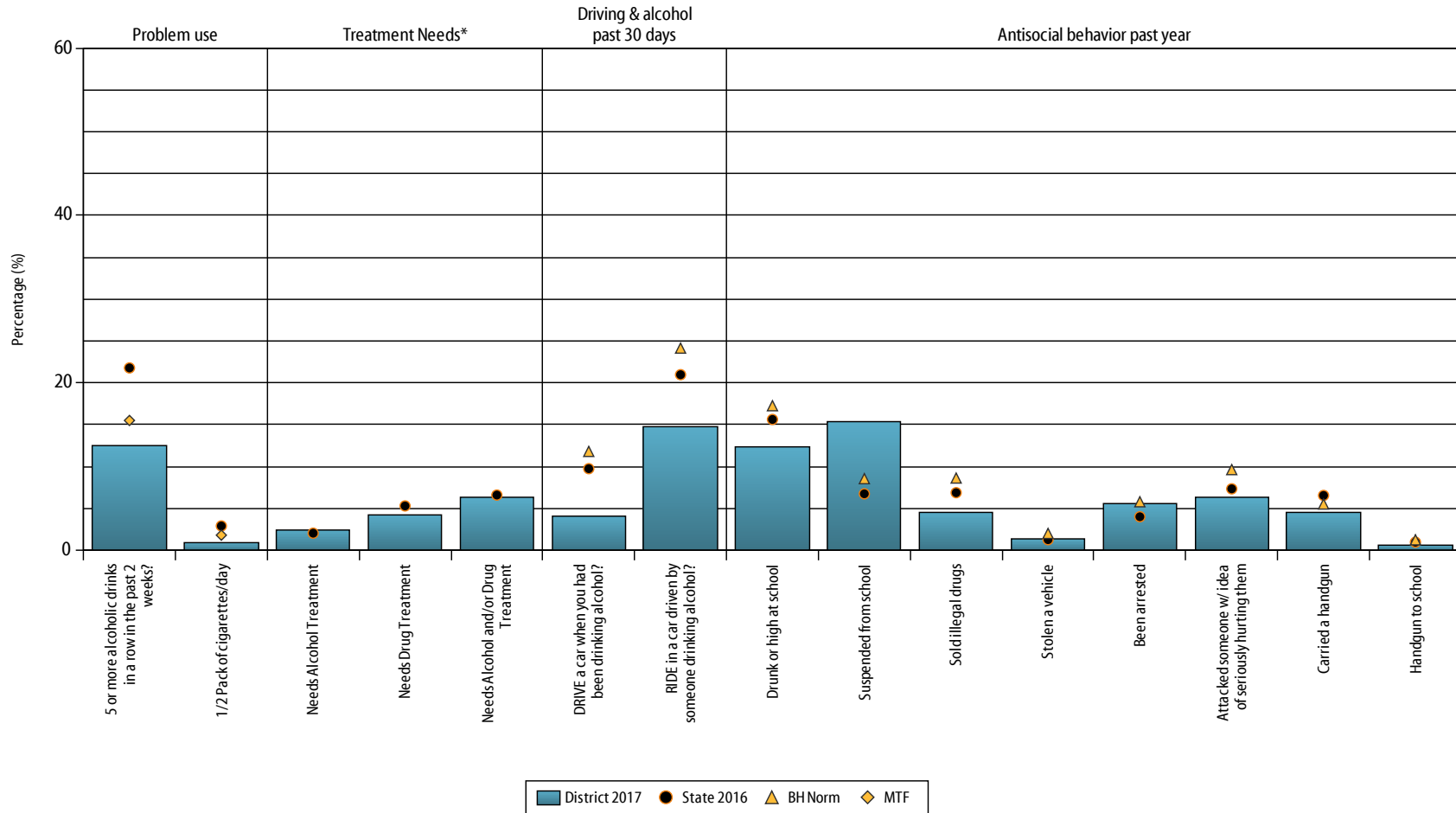


1_18_2018

* No equivalent category for Treatment Needs in Bach Harrison Norm or Monitoring the Future data. Monitoring the Future survey data are not available for grade 6 or all grades combined.

Problem Substance Use, Treatment Needs, and Antisocial Behavior

Student problem substance use, treatment needs, and antisocial behavior
2017 Oklahoma City Public Schools Student Survey, 12th Grade

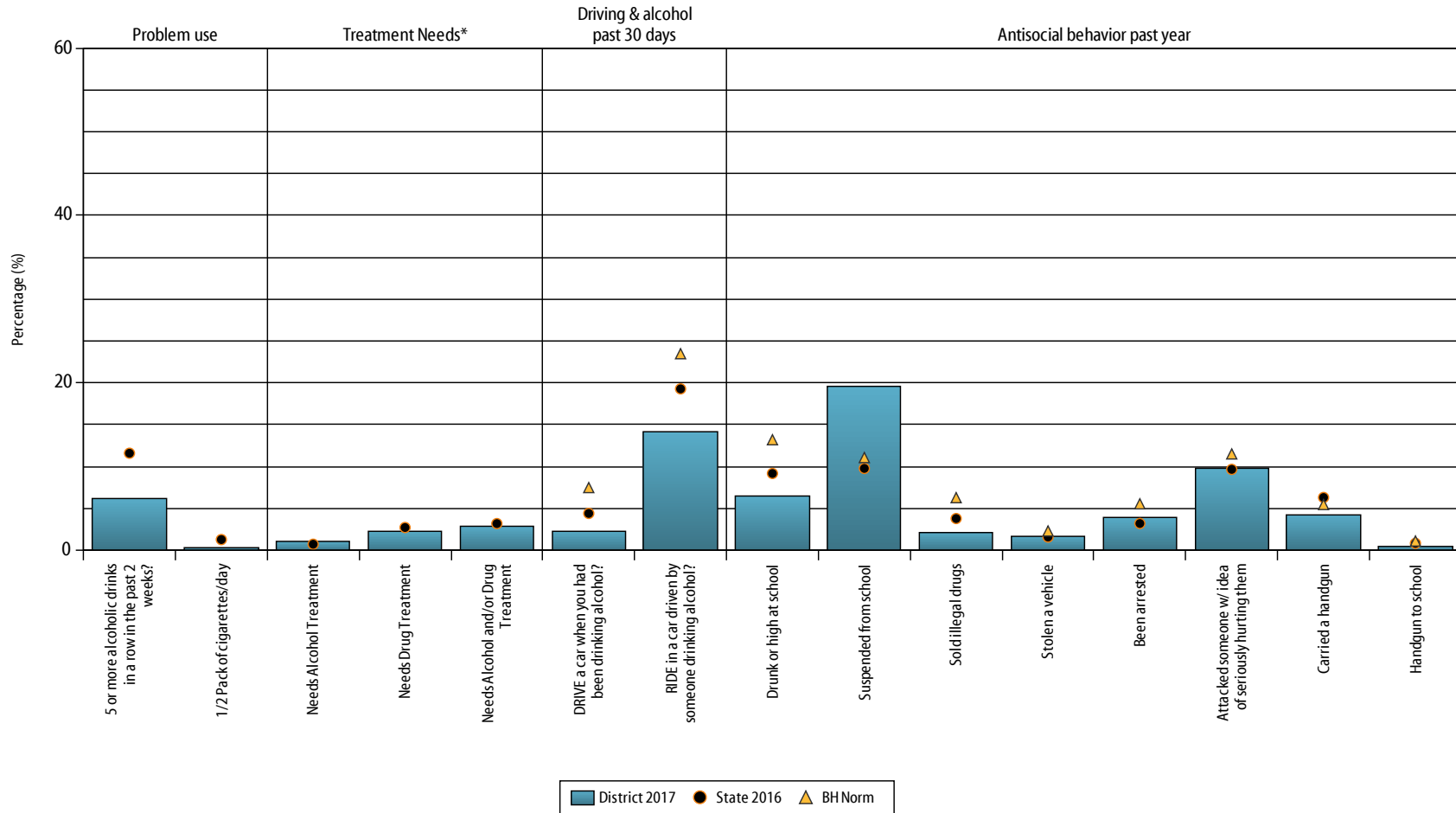


1_18_2018

* No equivalent category for Treatment Needs in Bach Harrison Norm or Monitoring the Future data. Monitoring the Future survey data are not available for grade 6 or all grades combined.

Problem Substance Use, Treatment Needs, and Antisocial Behavior

Student problem substance use, treatment needs, and antisocial behavior
2017 Oklahoma City Public Schools Student Survey, All Grades

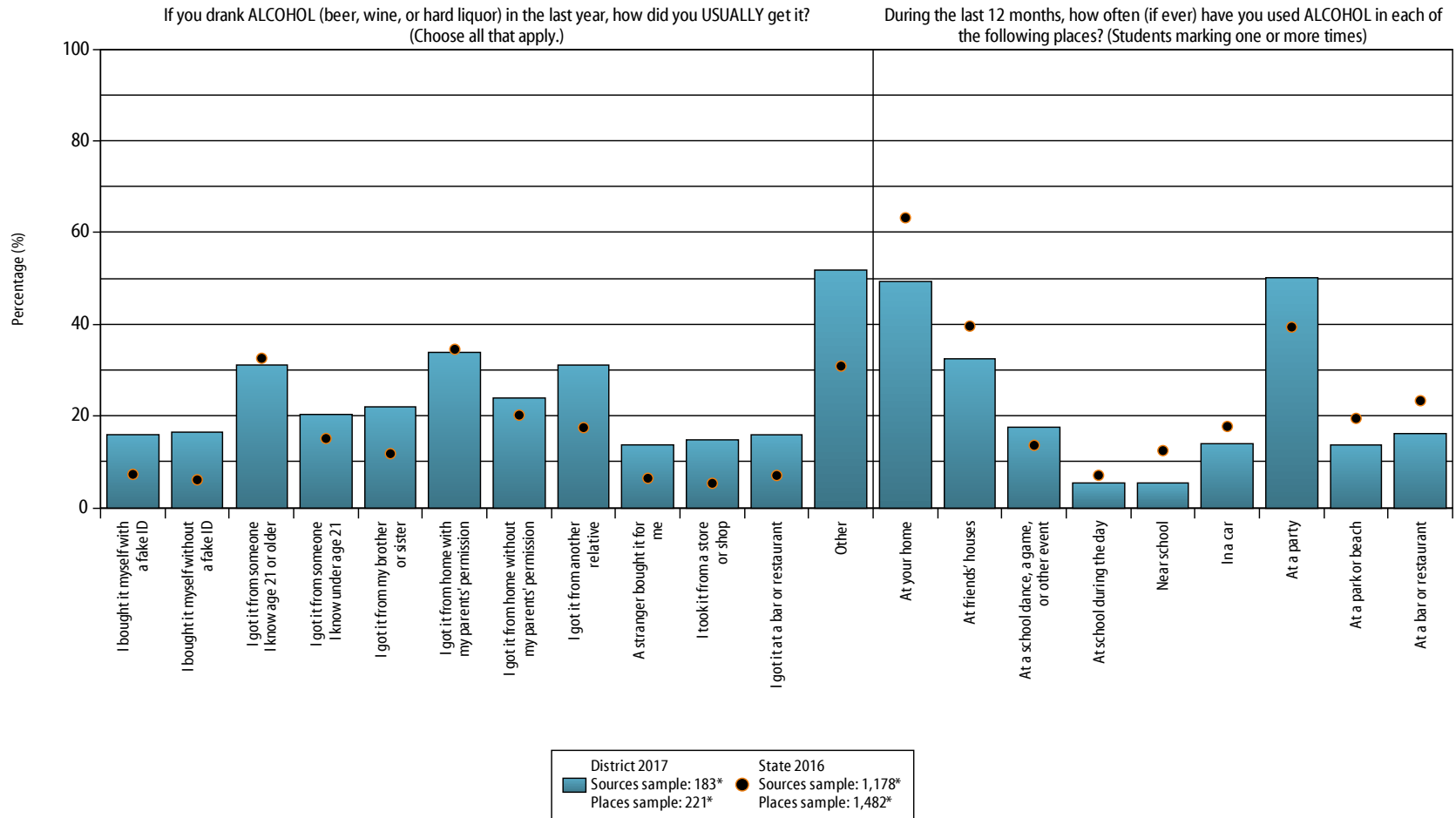


1_18_2018

* No equivalent category for Treatment Needs in Bach Harrison Norm or Monitoring the Future data. Monitoring the Future survey data are not available for grade 6 or all grades combined.

Sources of Alcohol

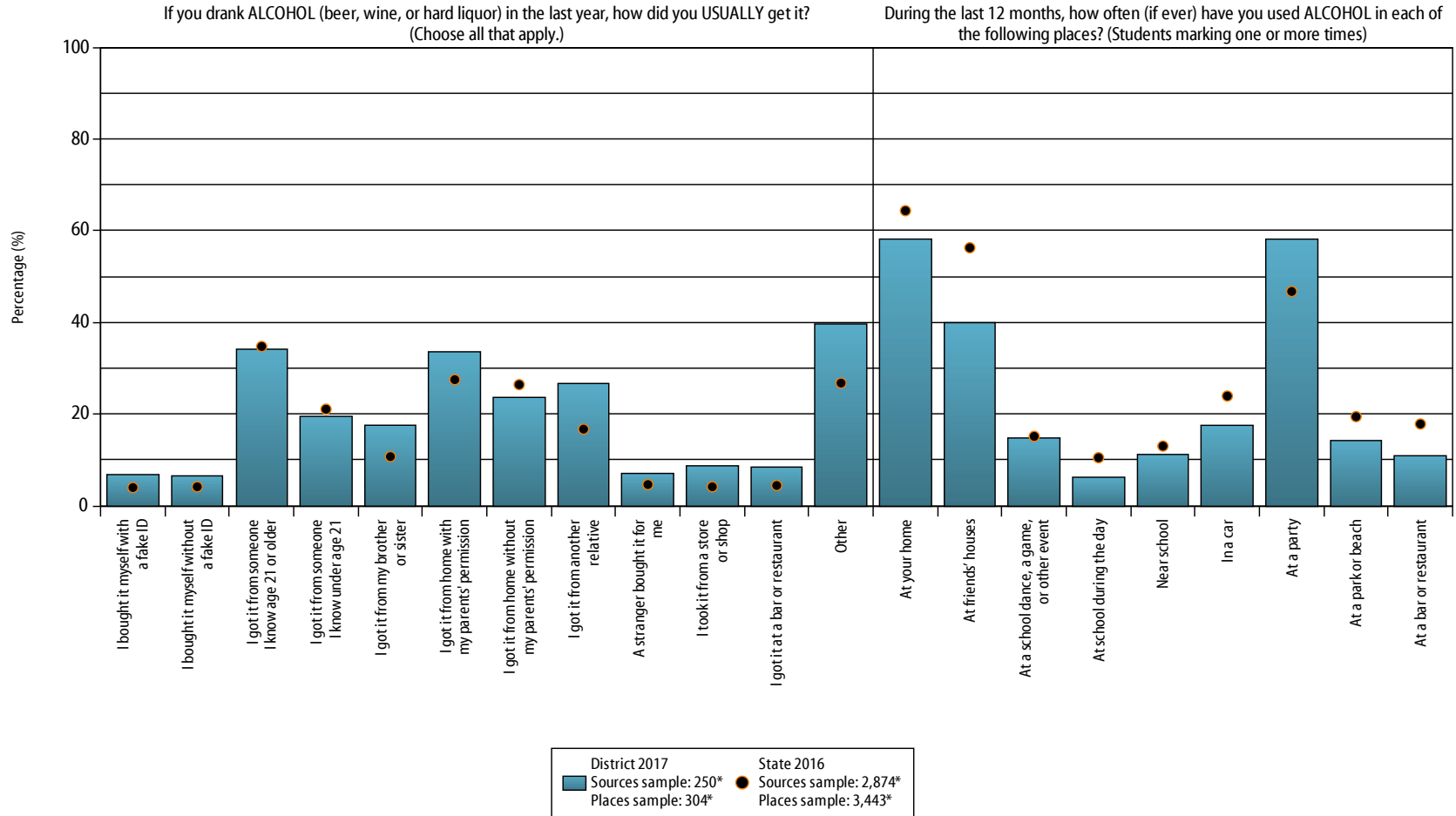
Student alcohol sources 2017 Oklahoma City Public Schools Student Survey, 6th Grade



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or 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

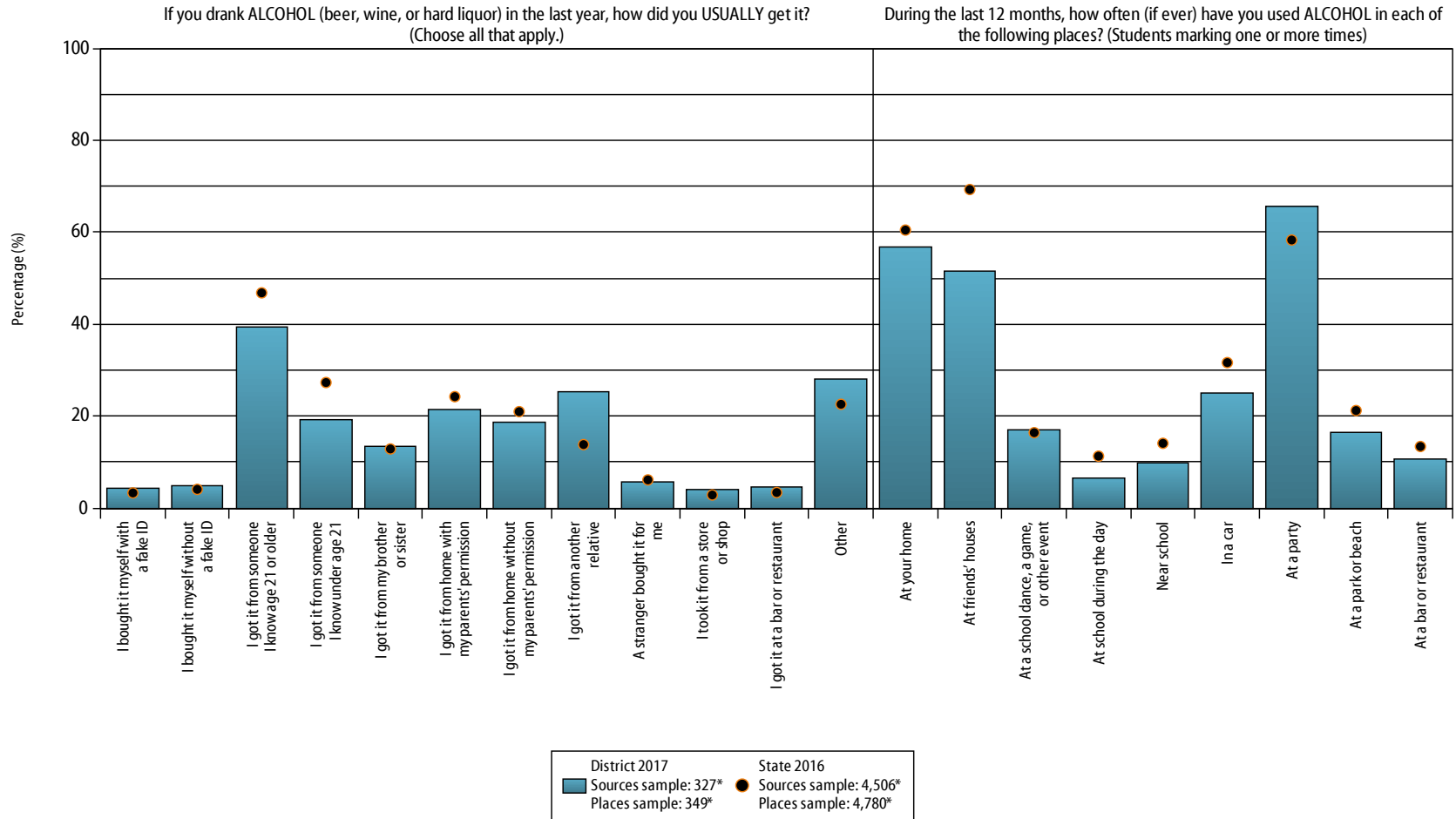
Student alcohol sources 2017 Oklahoma City Public Schools Student Survey, 8th Grade



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or 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

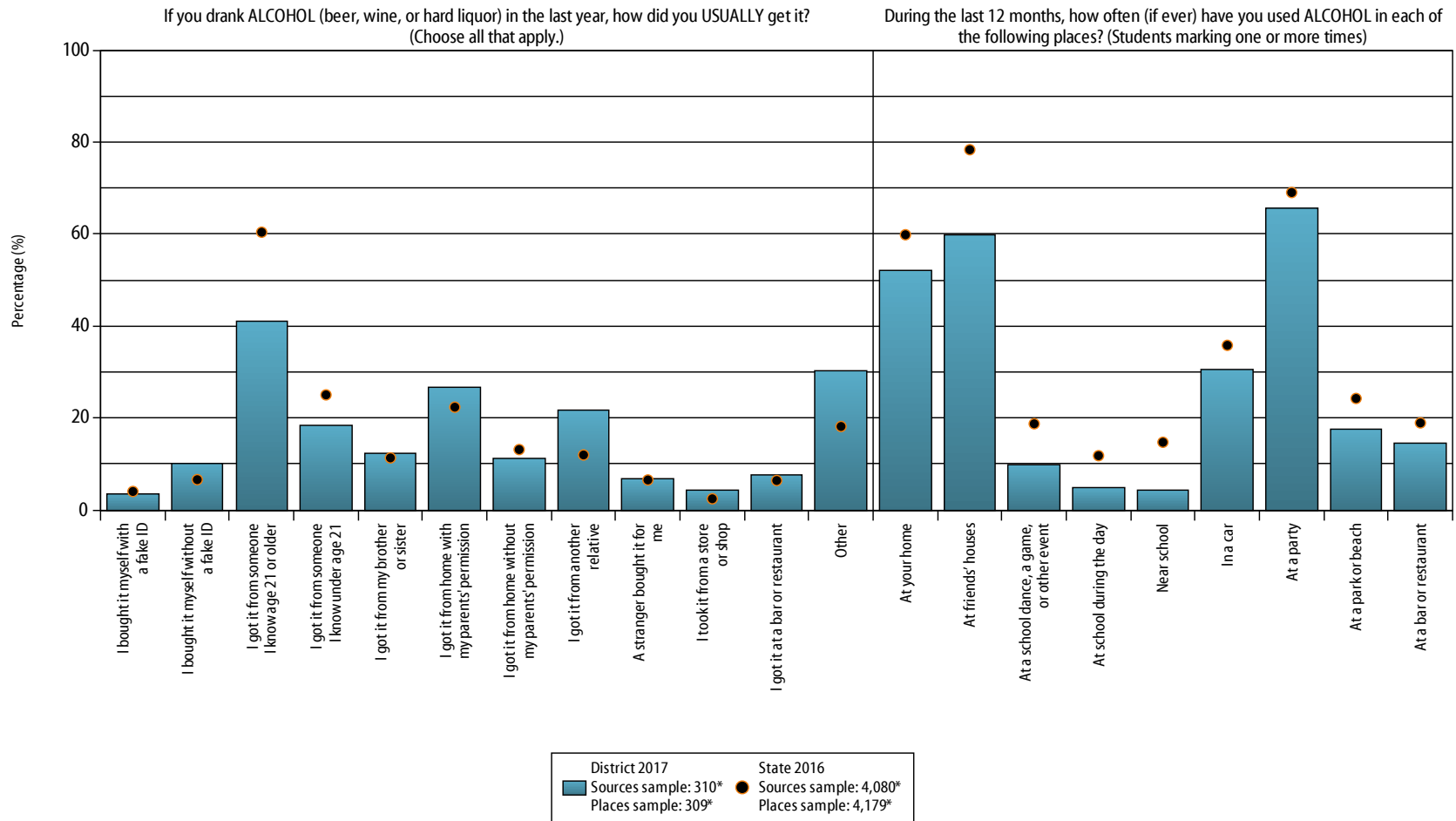
Student alcohol sources 2017 Oklahoma City Public Schools Student Survey, 10th Grade



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or 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

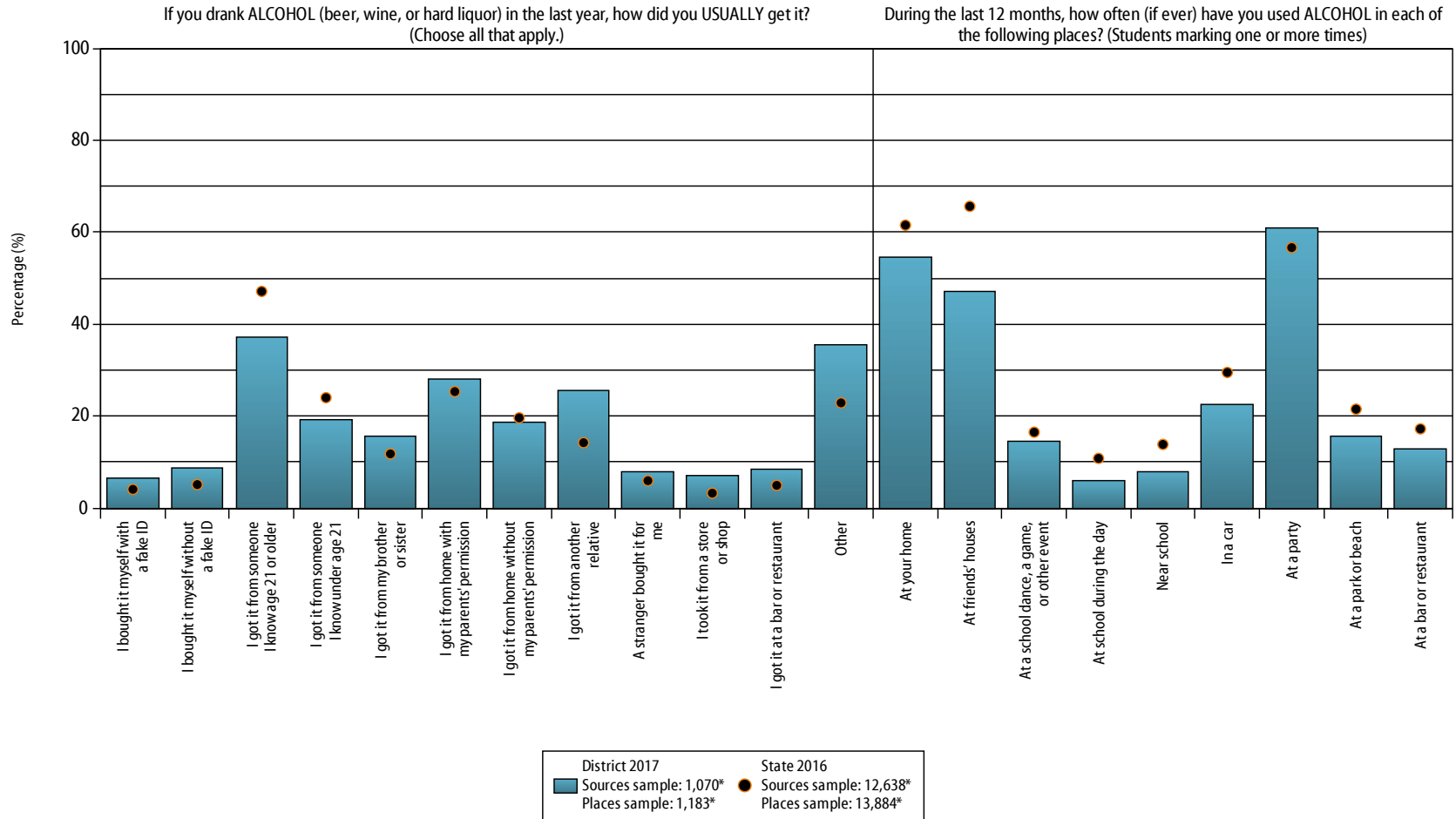
Student alcohol sources 2017 Oklahoma City Public Schools Student Survey, 12th Grade



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or 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

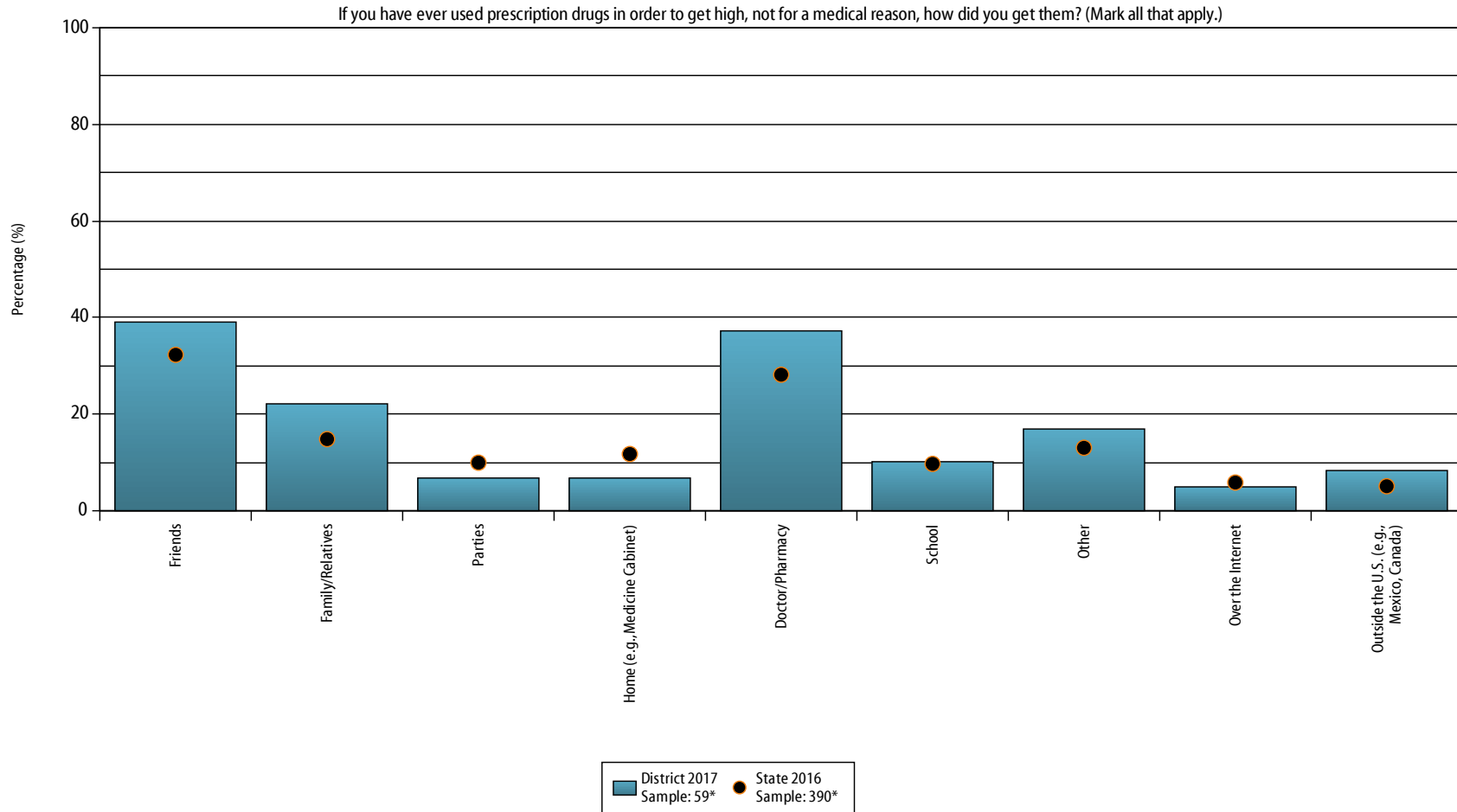
Student alcohol sources 2017 Oklahoma City Public Schools Student Survey, All Grades



* Sample size represents the number of youth who obtained alcohol from at least one source (sources of alcohol) or 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

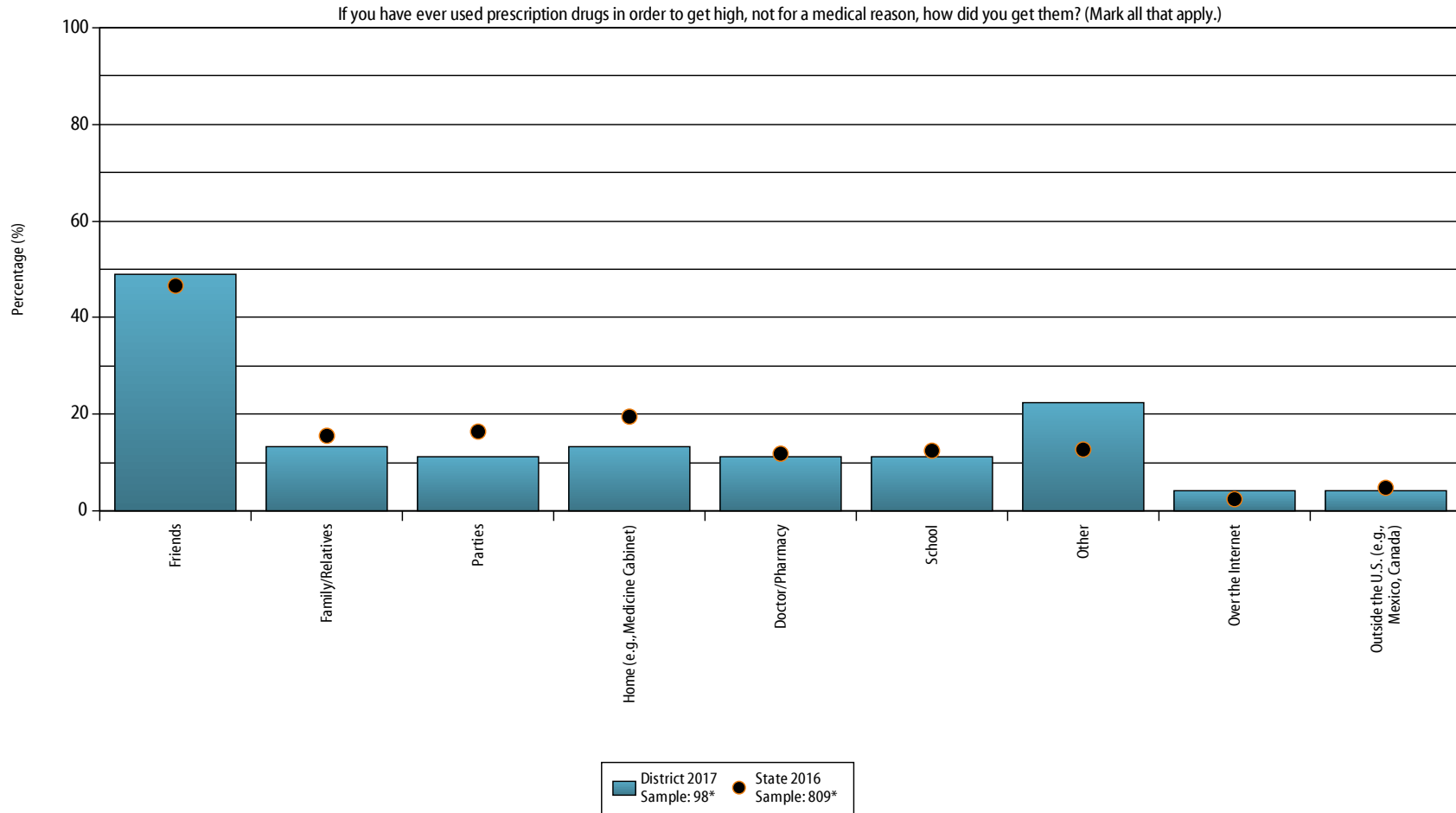
Student prescription drug sources 2017 Oklahoma City Public Schools Student Survey, 6th Grade



* 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

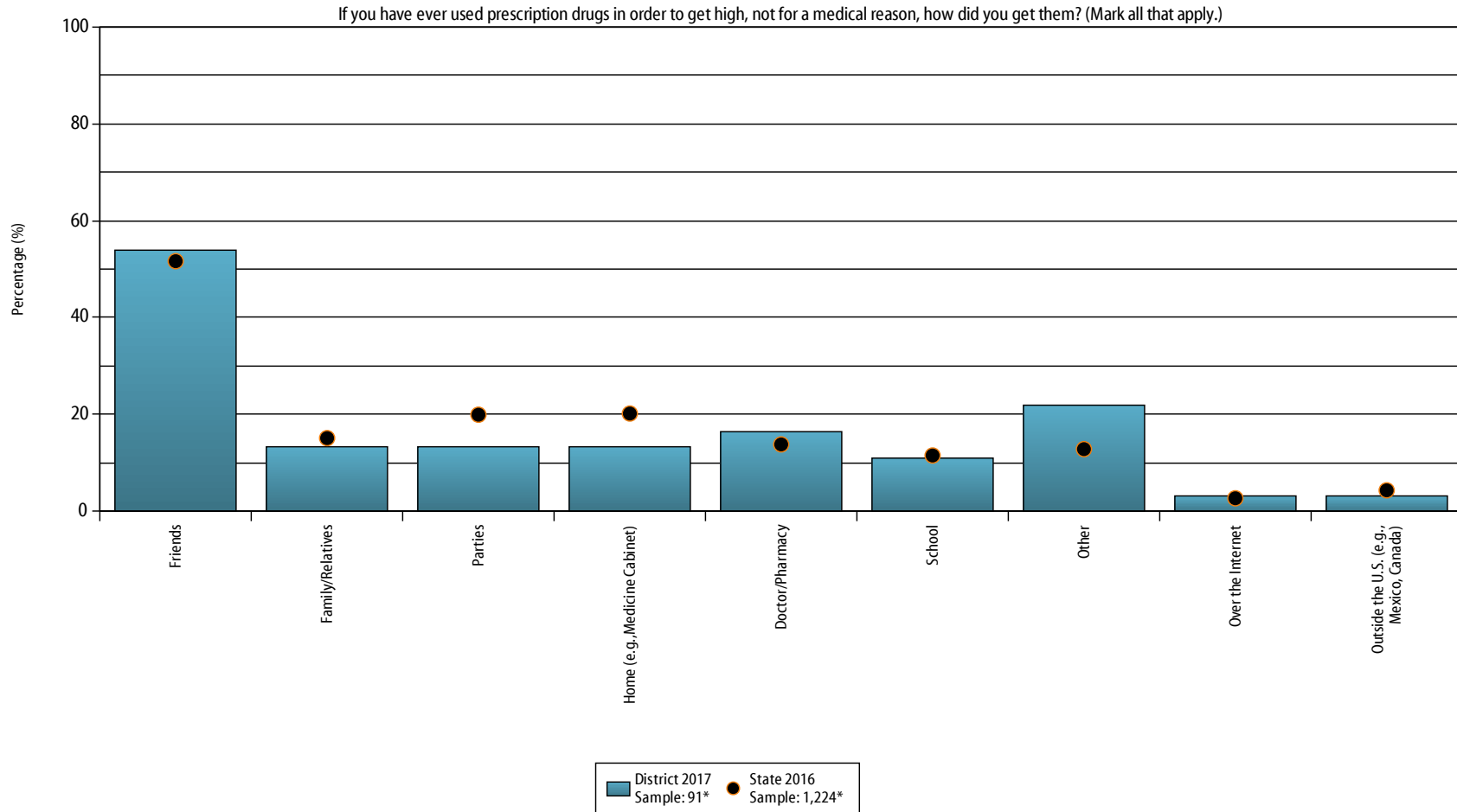
Student prescription drug sources 2017 Oklahoma City Public Schools Student Survey, 8th Grade



* 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

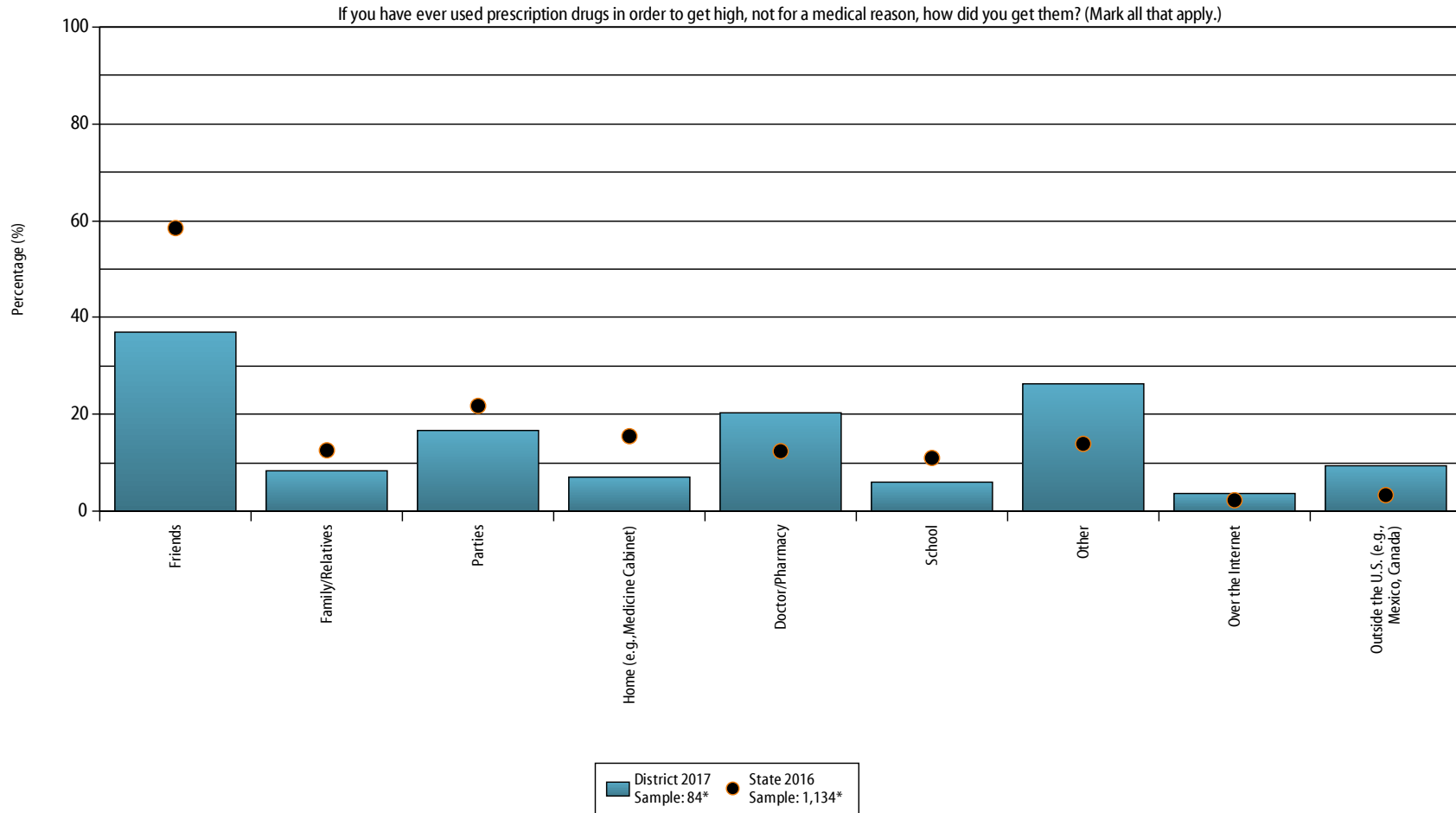
Student prescription drug sources 2017 Oklahoma City Public Schools Student Survey, 10th Grade



* 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

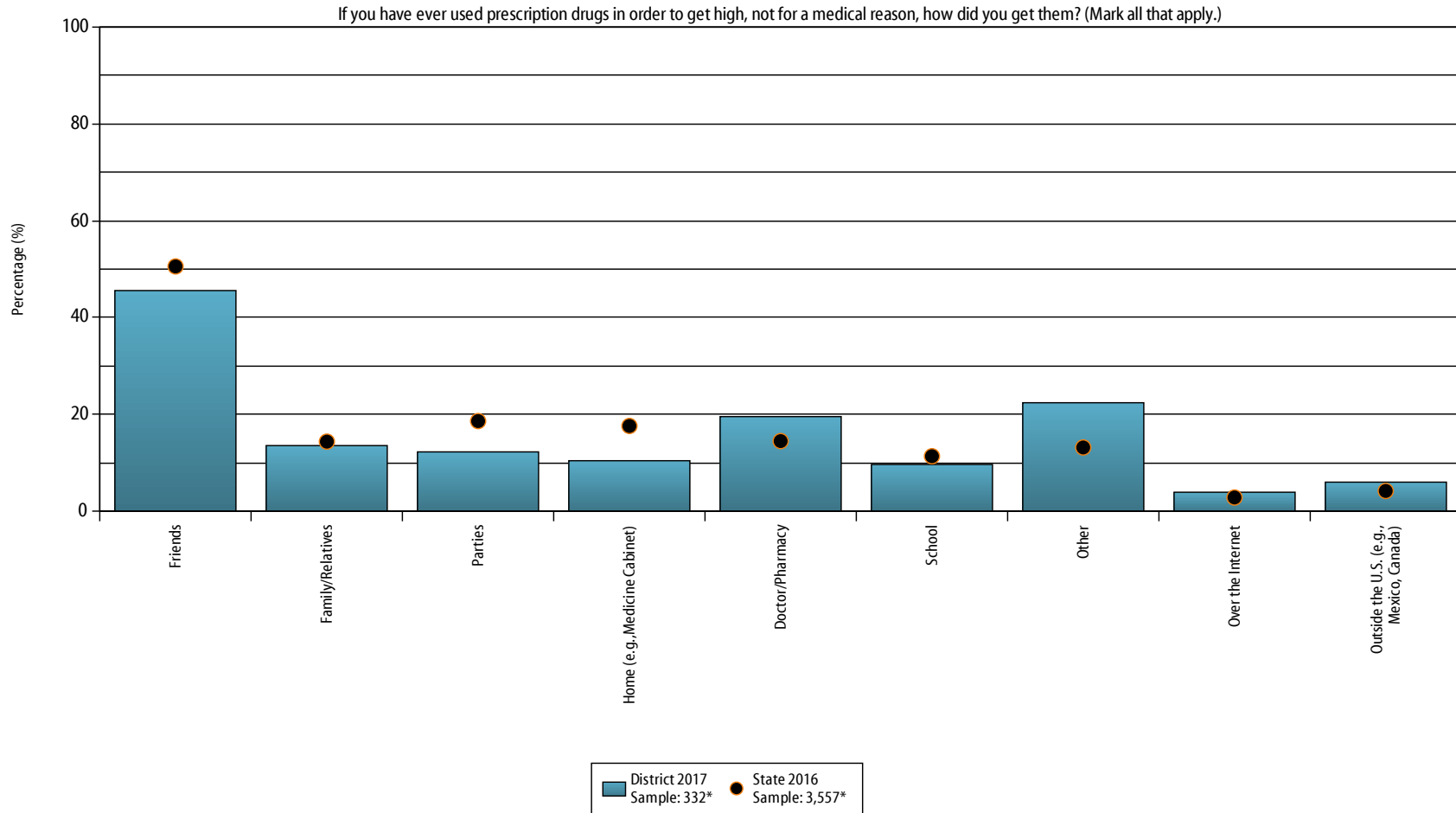
Student prescription drug sources 2017 Oklahoma City Public Schools Student Survey, 12th Grade



* 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

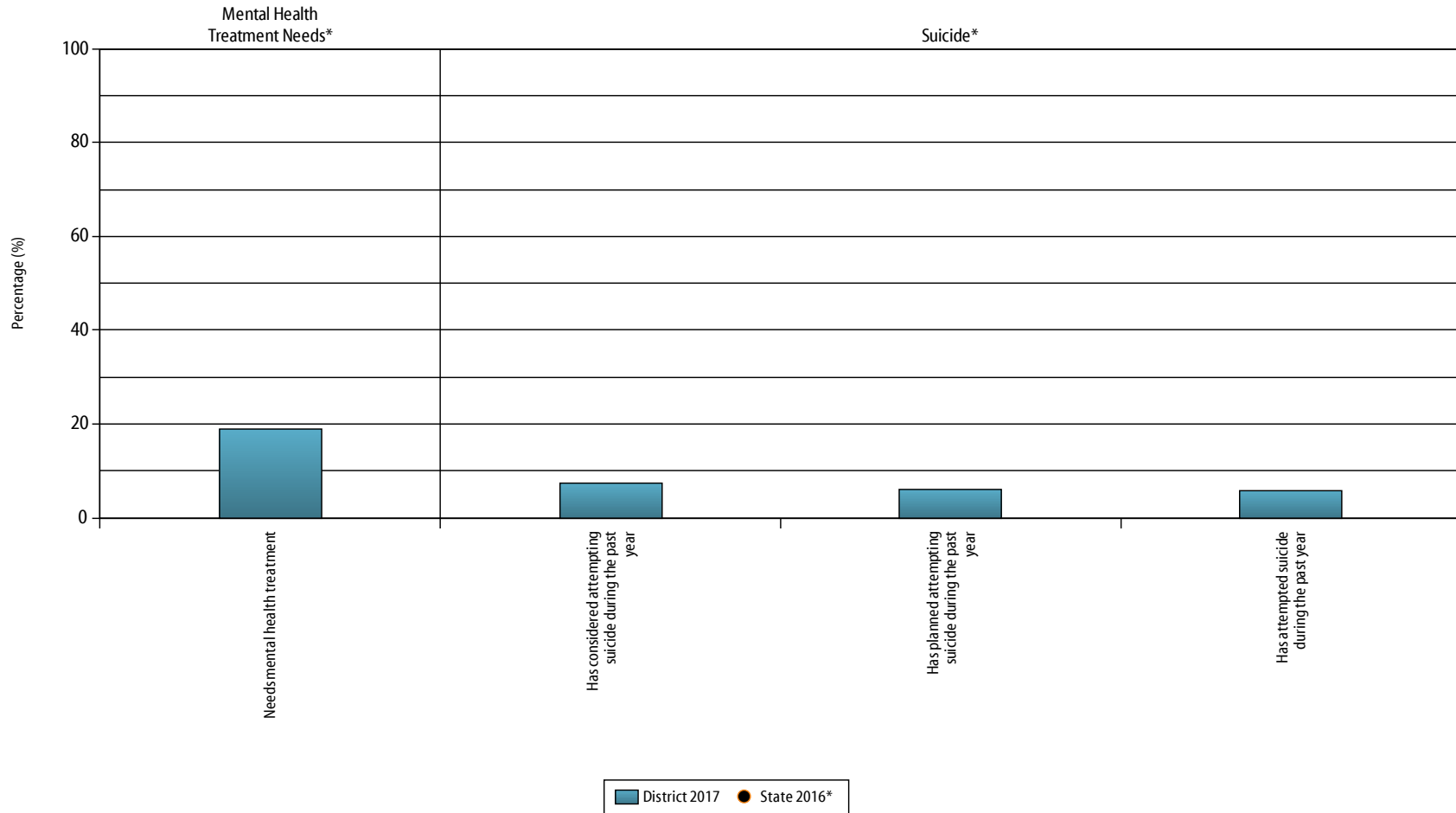
Student prescription drug sources 2017 Oklahoma City Public Schools Student Survey, All Grades



* 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.

Mental Health and Suicide Indicators

Mental health and suicide indicators
2017 Oklahoma City Public Schools Student Survey, 6th Grade

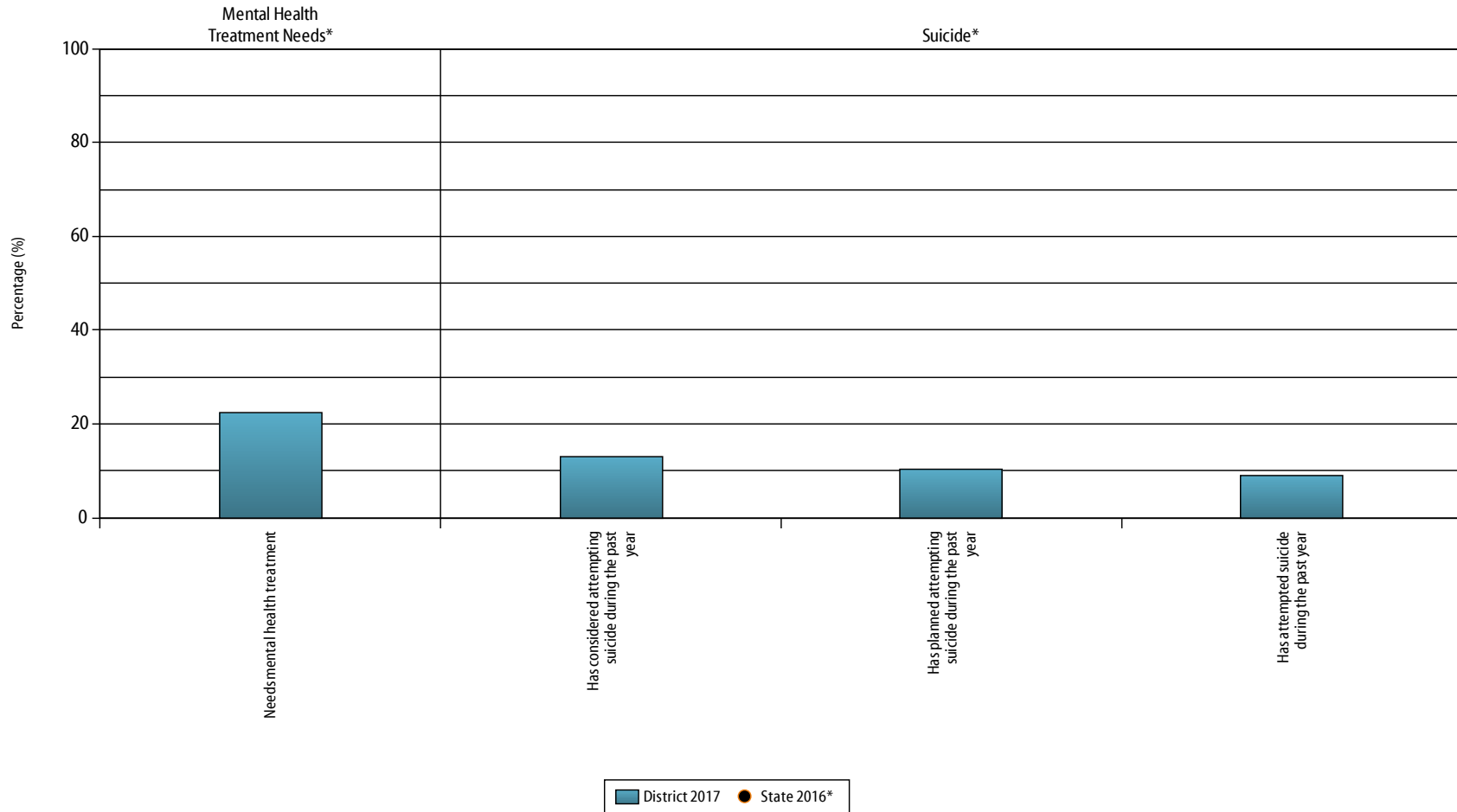


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* Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Mental Health and Suicide Indicators

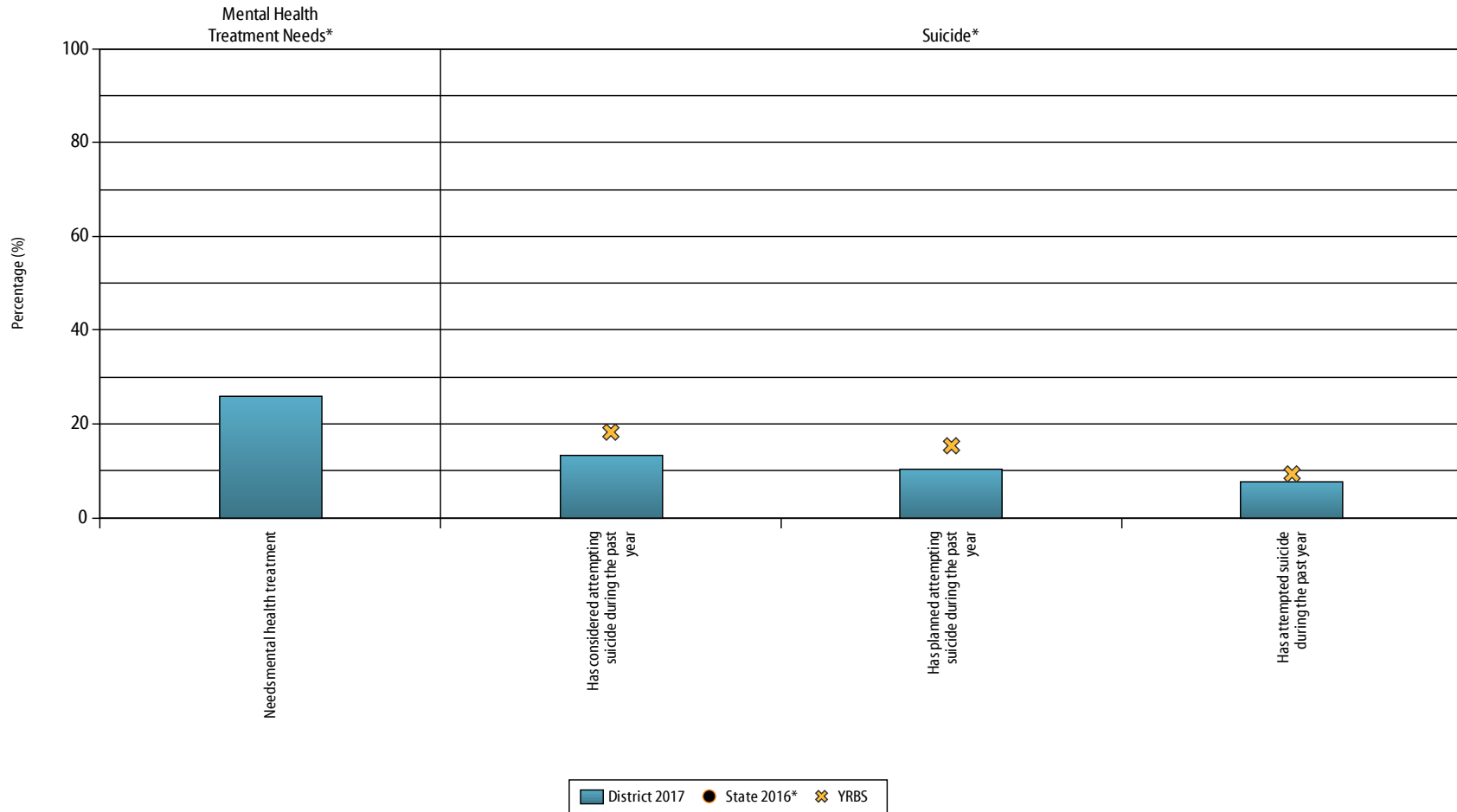
Mental health and suicide indicators 2017 Oklahoma City Public Schools Student Survey, 8th Grade



* Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Mental Health and Suicide Indicators

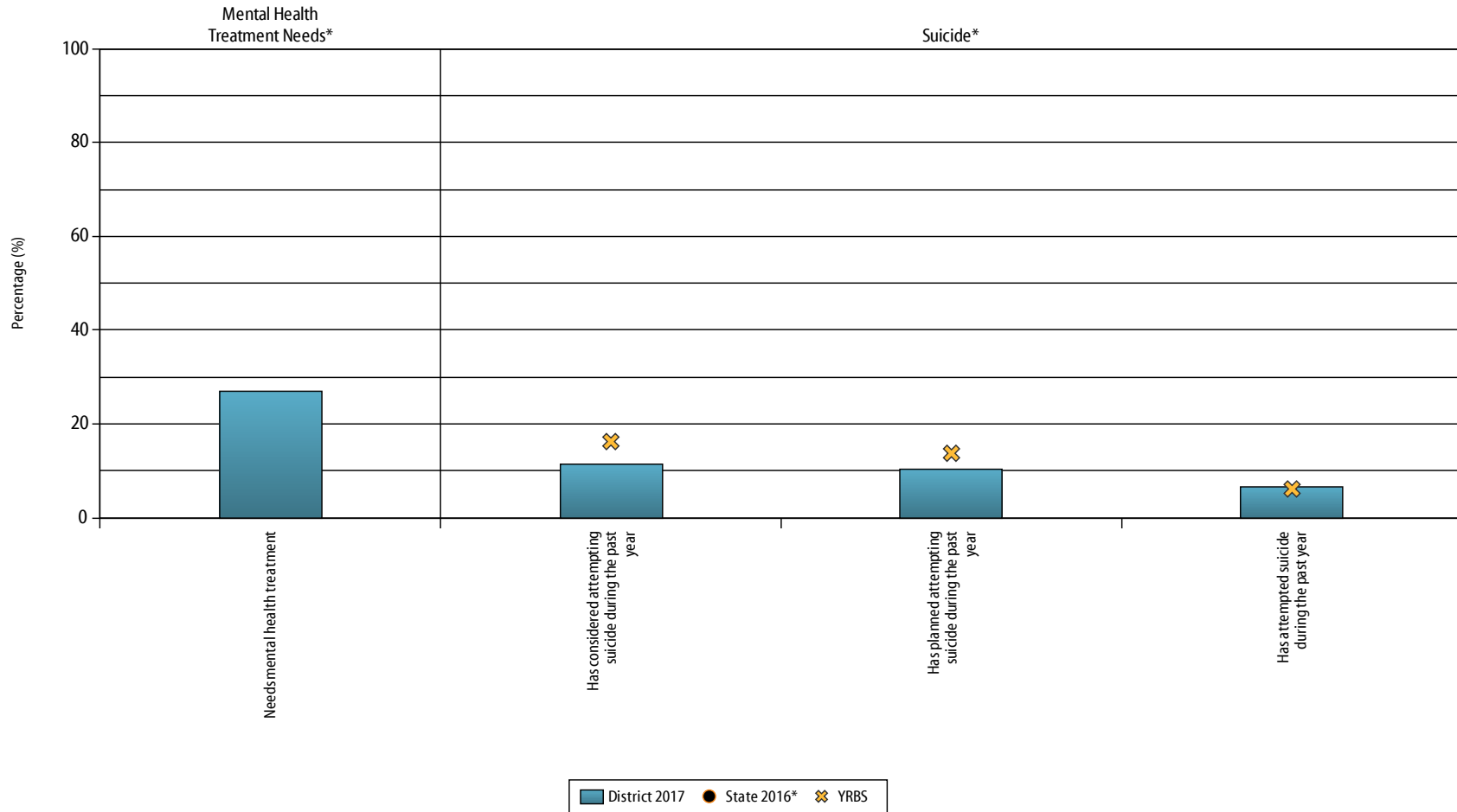
Mental health and suicide indicators
2017 Oklahoma City Public Schools Student Survey, 10th Grade



* Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Mental Health and Suicide Indicators

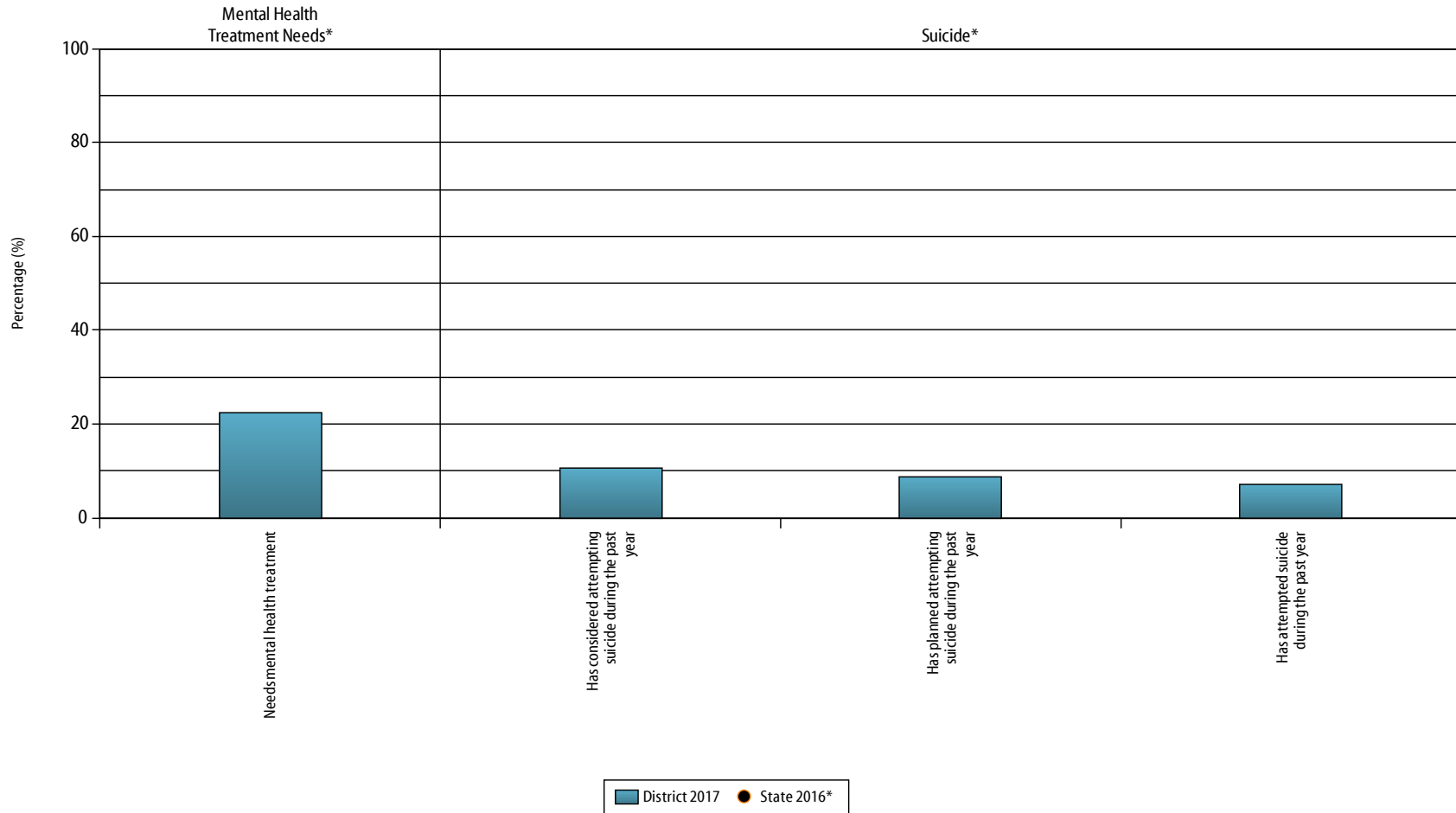
Mental health and suicide indicators
2017 Oklahoma City Public Schools Student Survey, 12th Grade



* Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Mental Health and Suicide Indicators

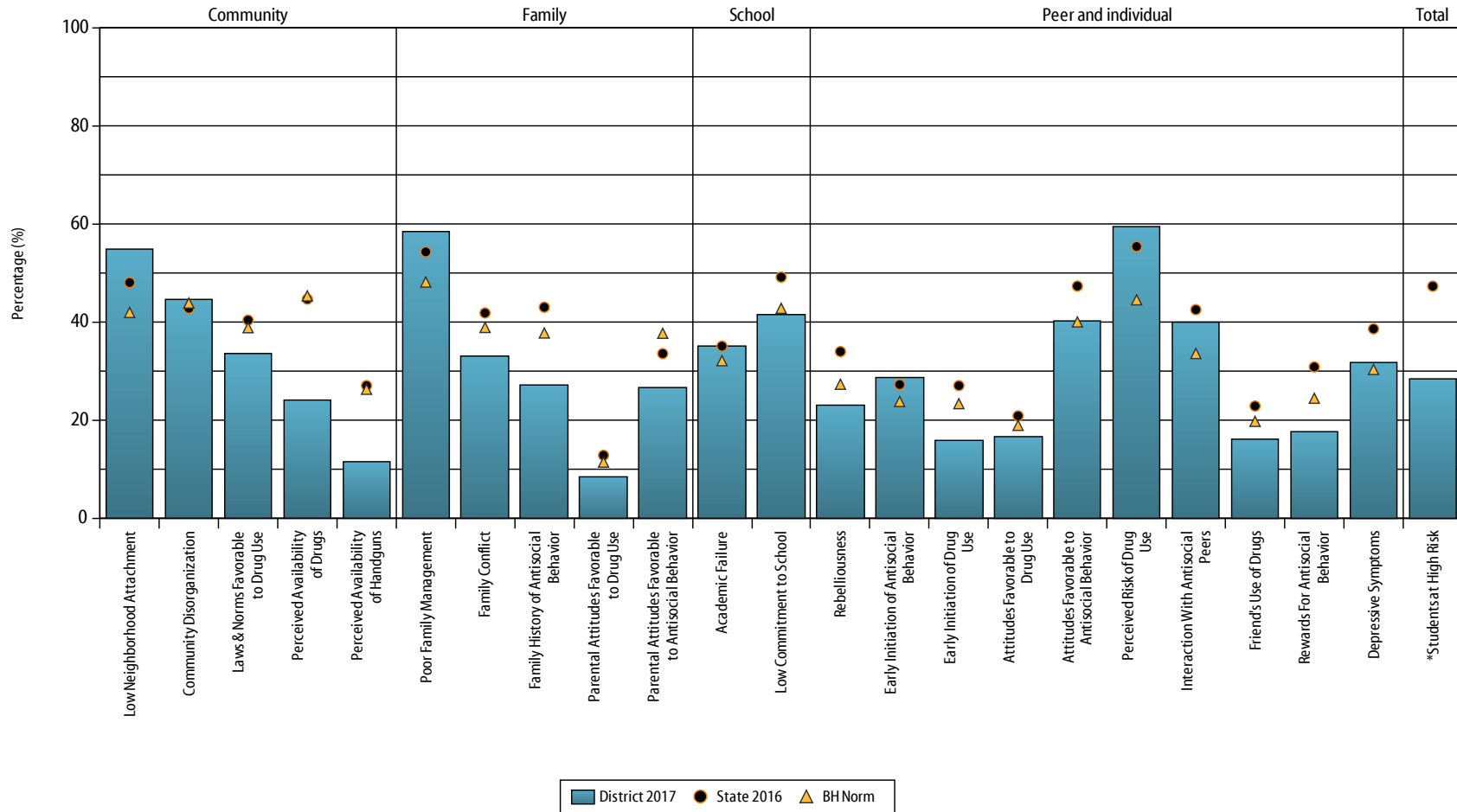
Mental health and suicide indicators
2017 Oklahoma City Public Schools Student Survey, All Grades



* Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Risk and Protective Factor Profiles

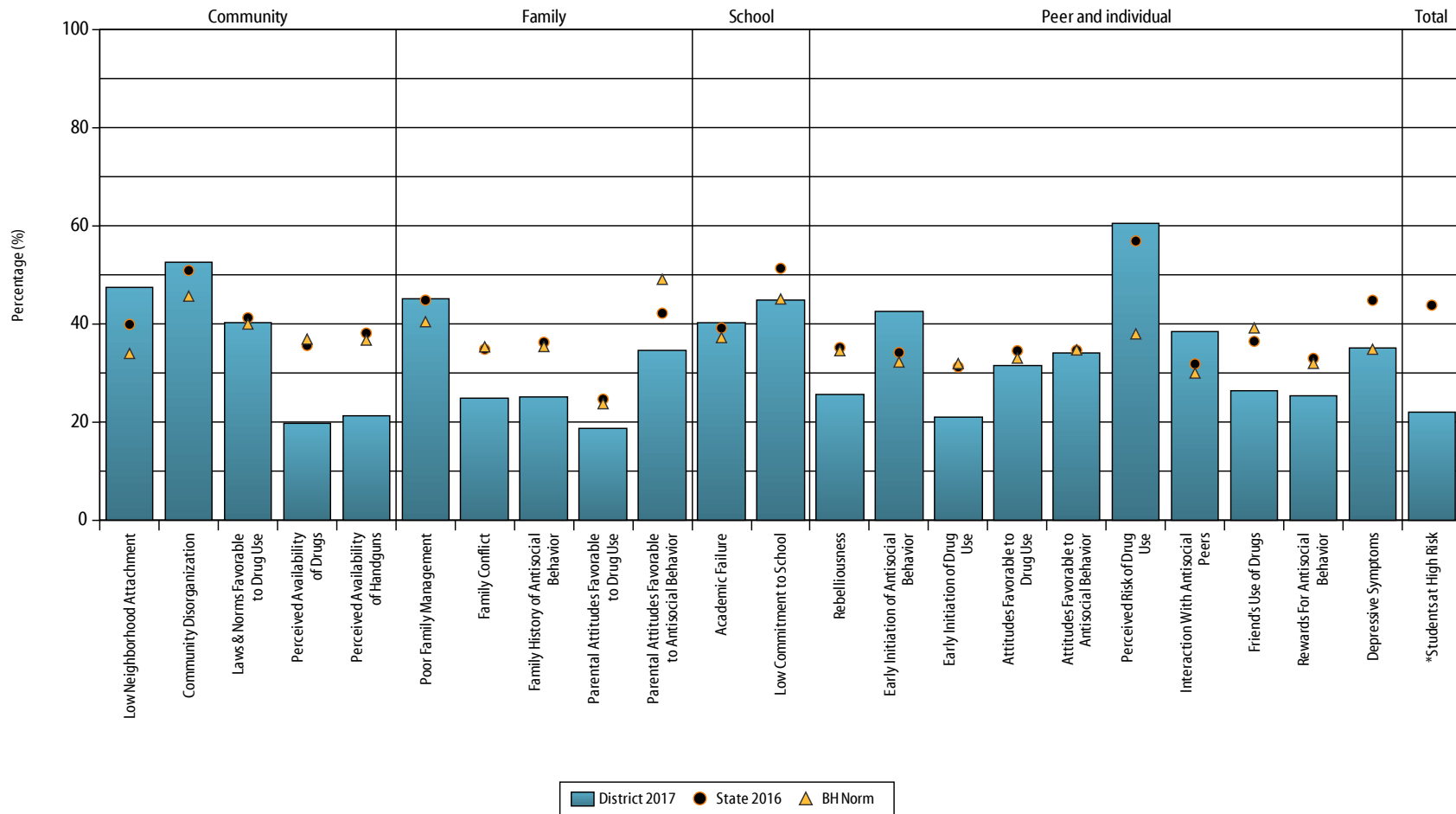
Student risk profile 2017 Oklahoma City Public Schools Student Survey, 6th Grade



* 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

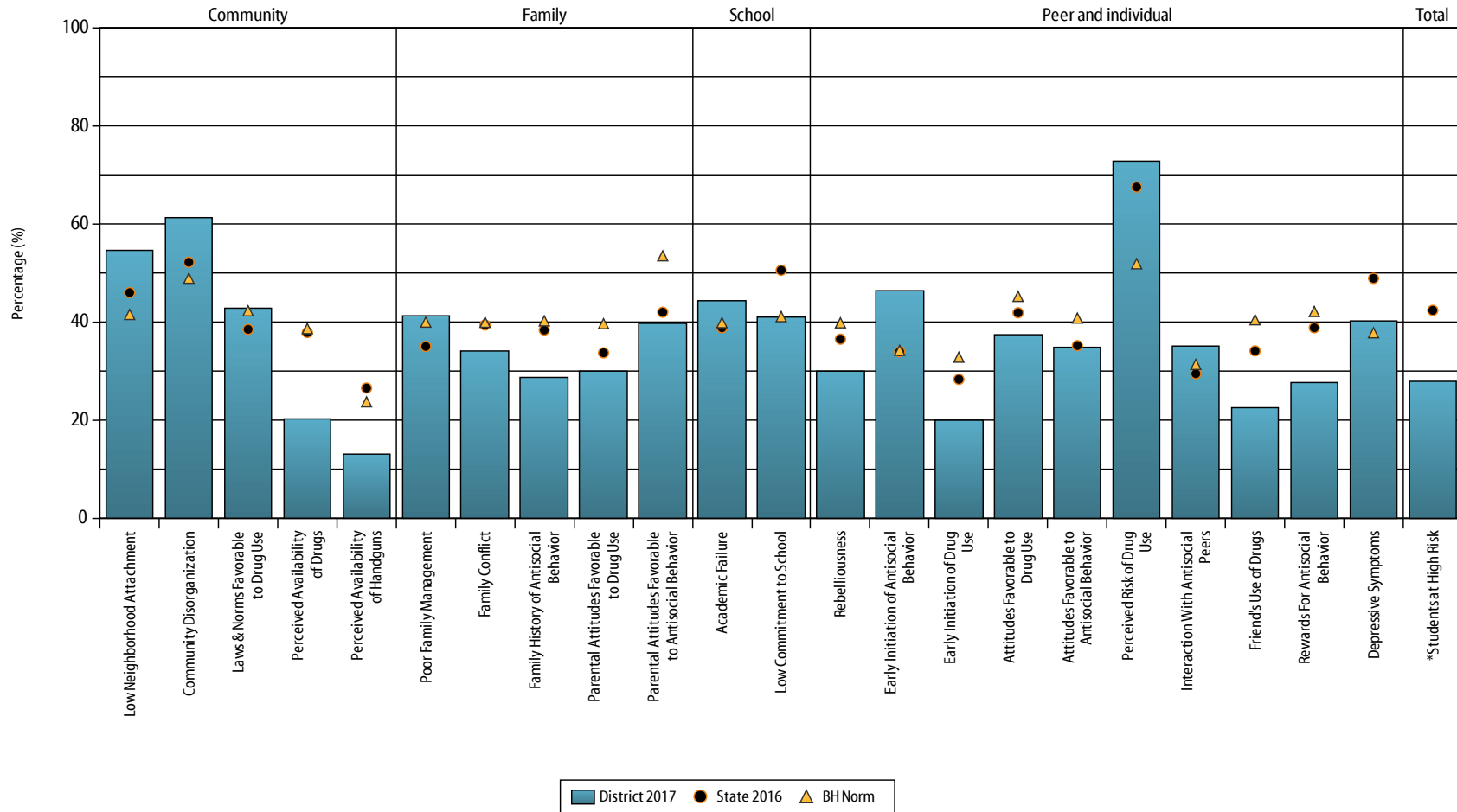
Student risk profile 2017 Oklahoma City Public Schools Student Survey, 8th Grade



* 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

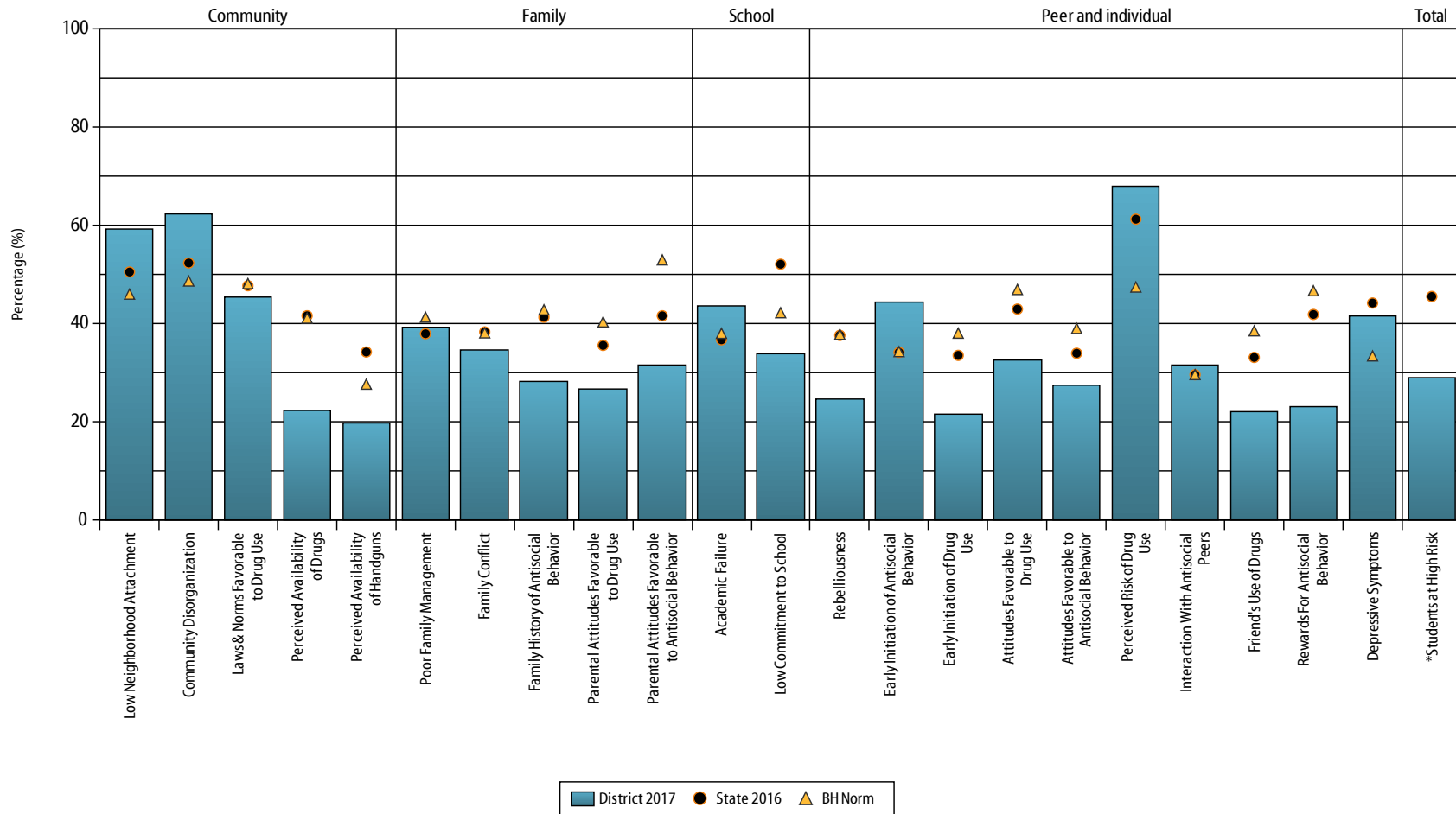
Student risk profile 2017 Oklahoma City Public Schools Student Survey, 10th Grade



* 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

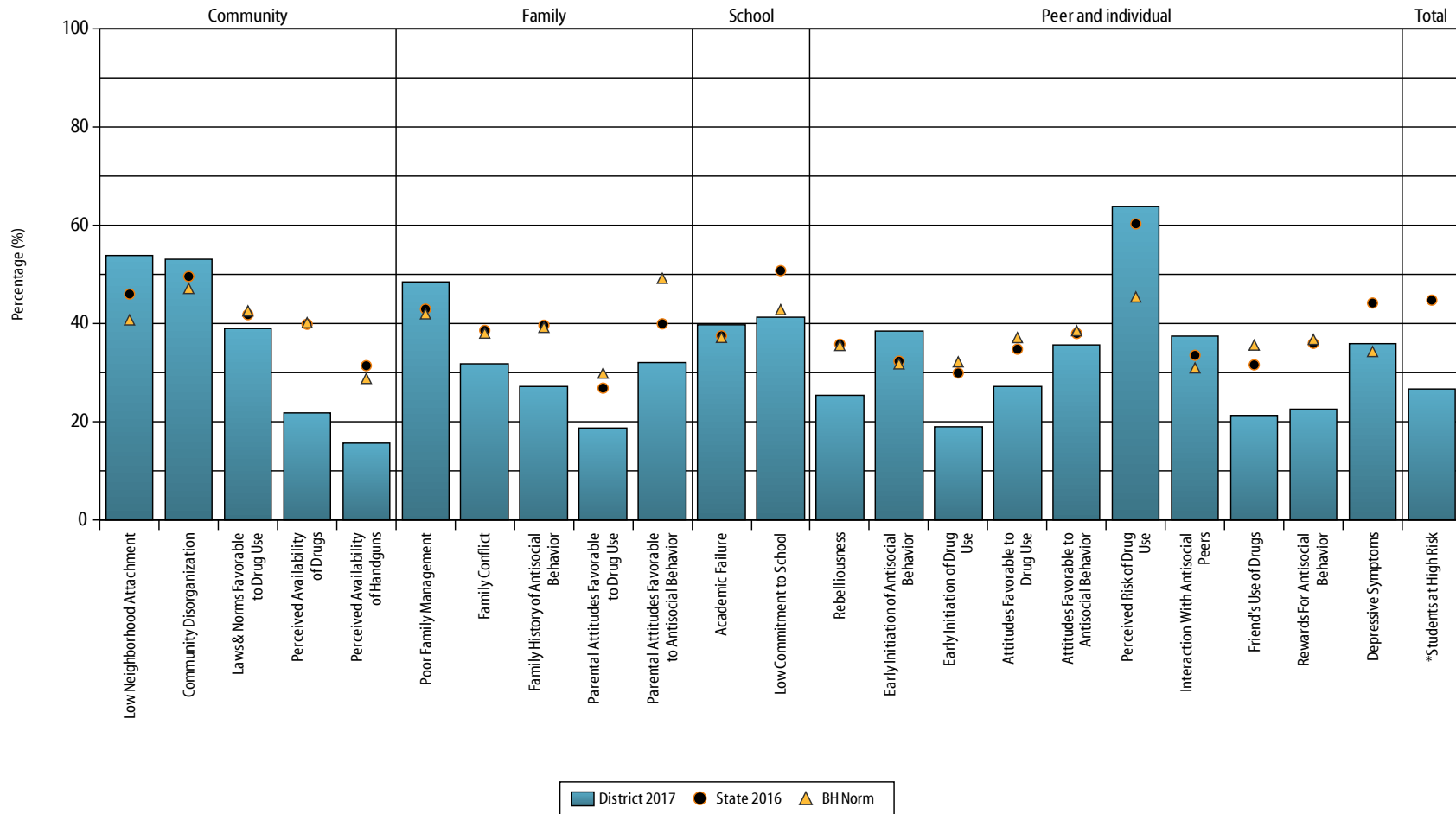
Student risk profile 2017 Oklahoma City Public Schools Student Survey, 12th Grade



* 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

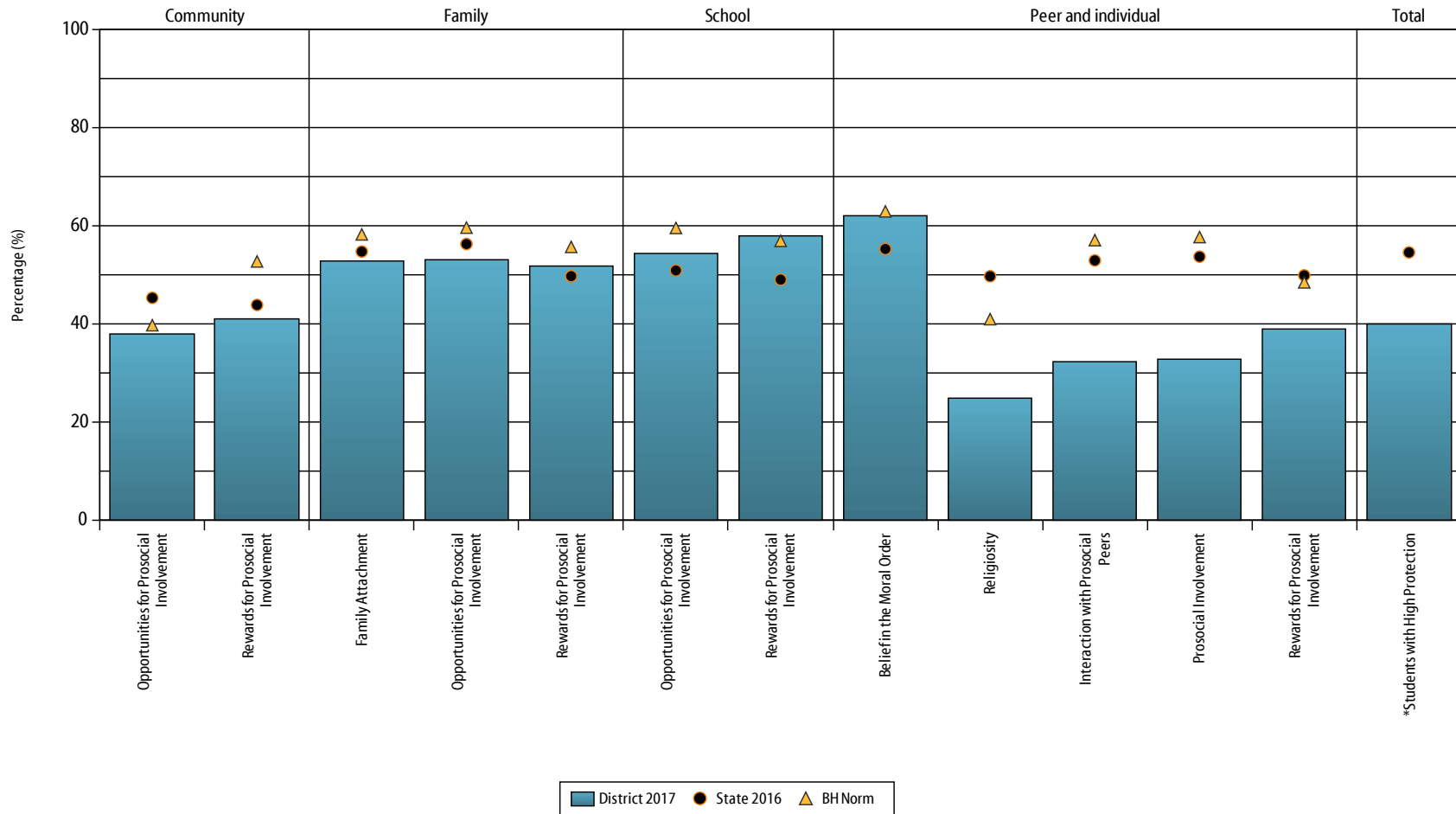
Student risk profile
2017 Oklahoma City Public Schools Student Survey, All Grades



* 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 2017 Oklahoma City Public Schools Student Survey, 6th Grade

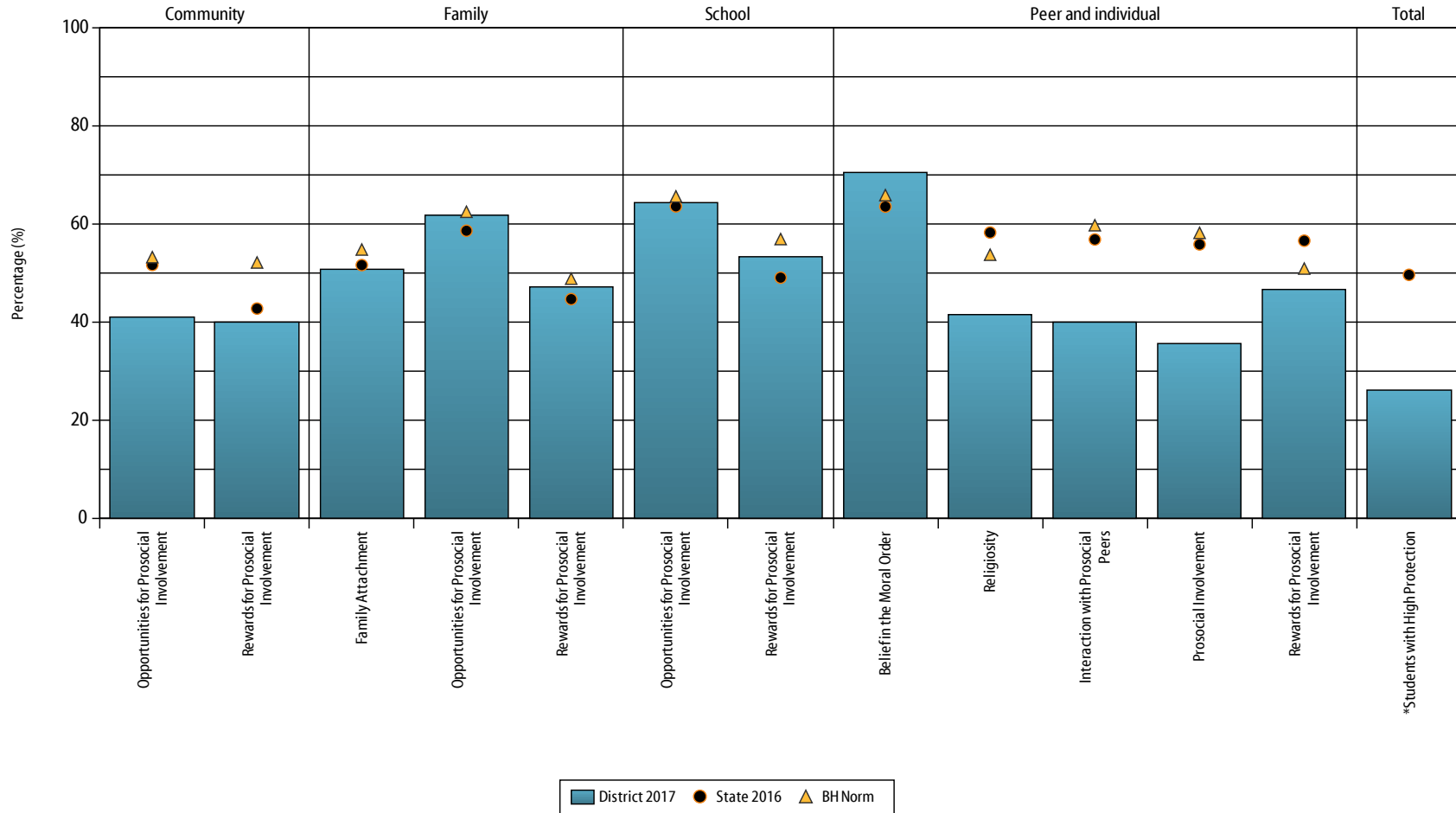


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* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors, 8th, 10th and 12th grades: 5 or more protective factors.) 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 protective profile 2017 Oklahoma City Public Schools Student Survey, 8th Grade

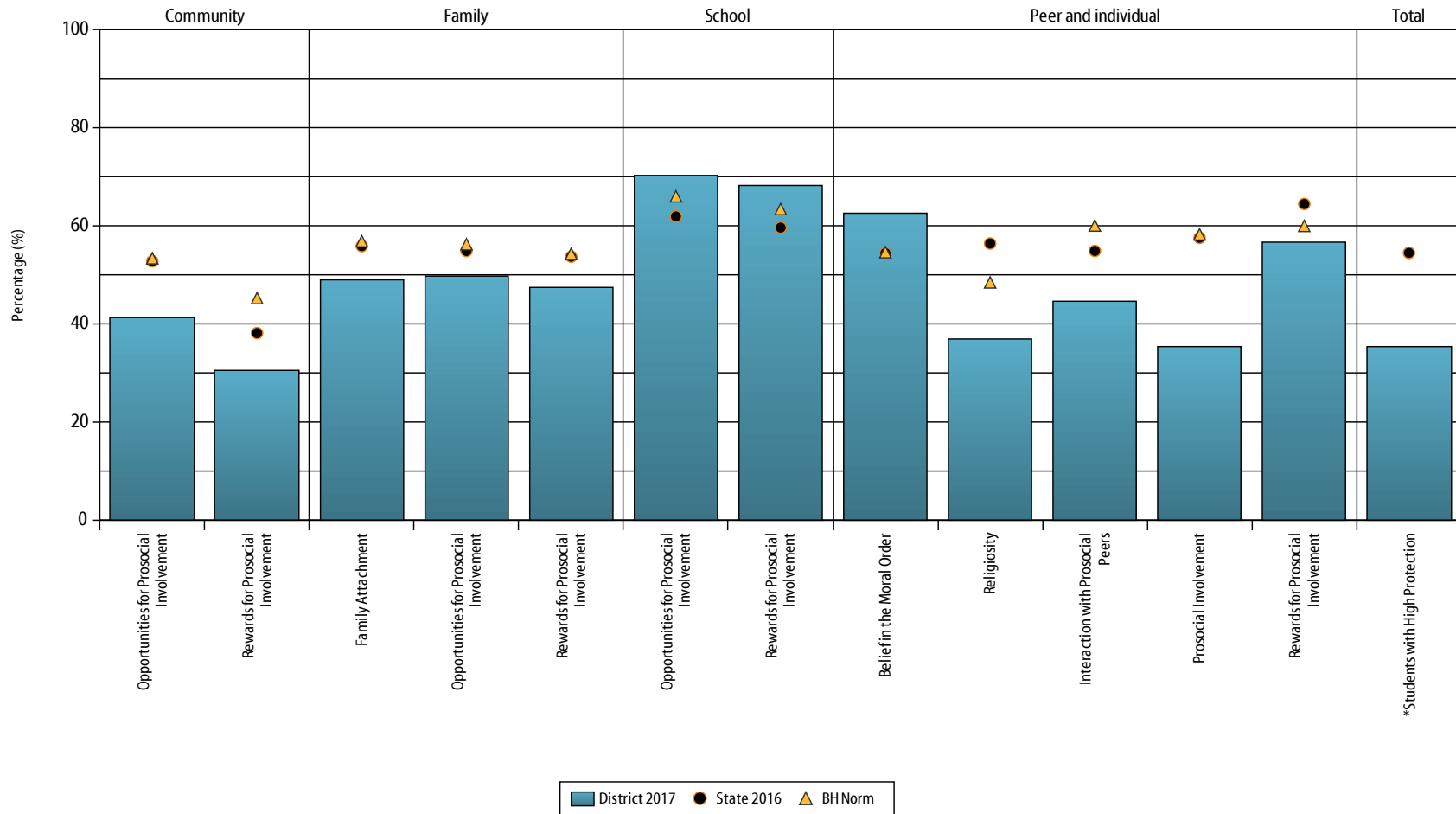


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Risk and Protective Factor Profiles

Student protective profile 2017 Oklahoma City Public Schools Student Survey, 10th Grade

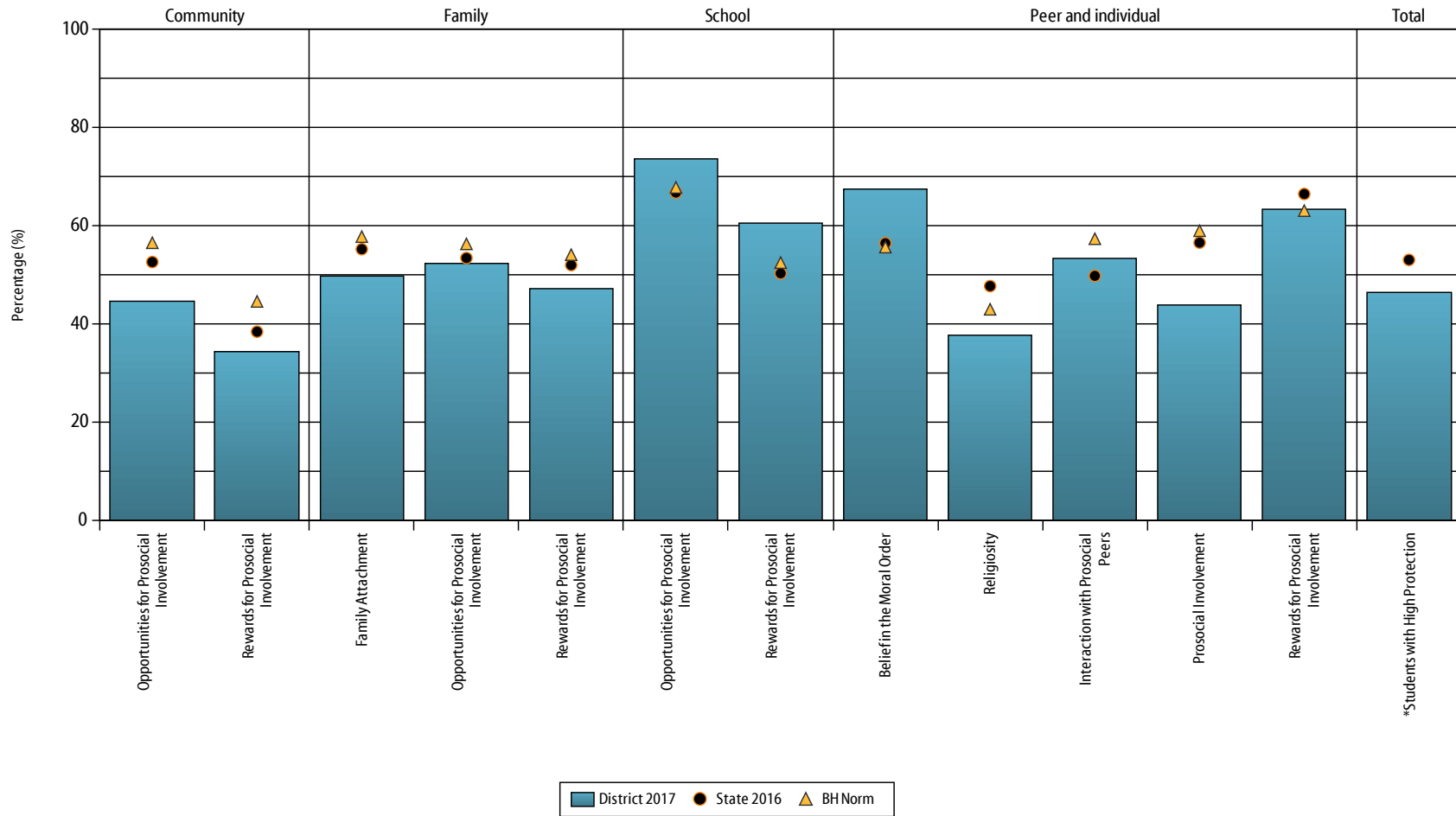


1_18_2018

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Risk and Protective Factor Profiles

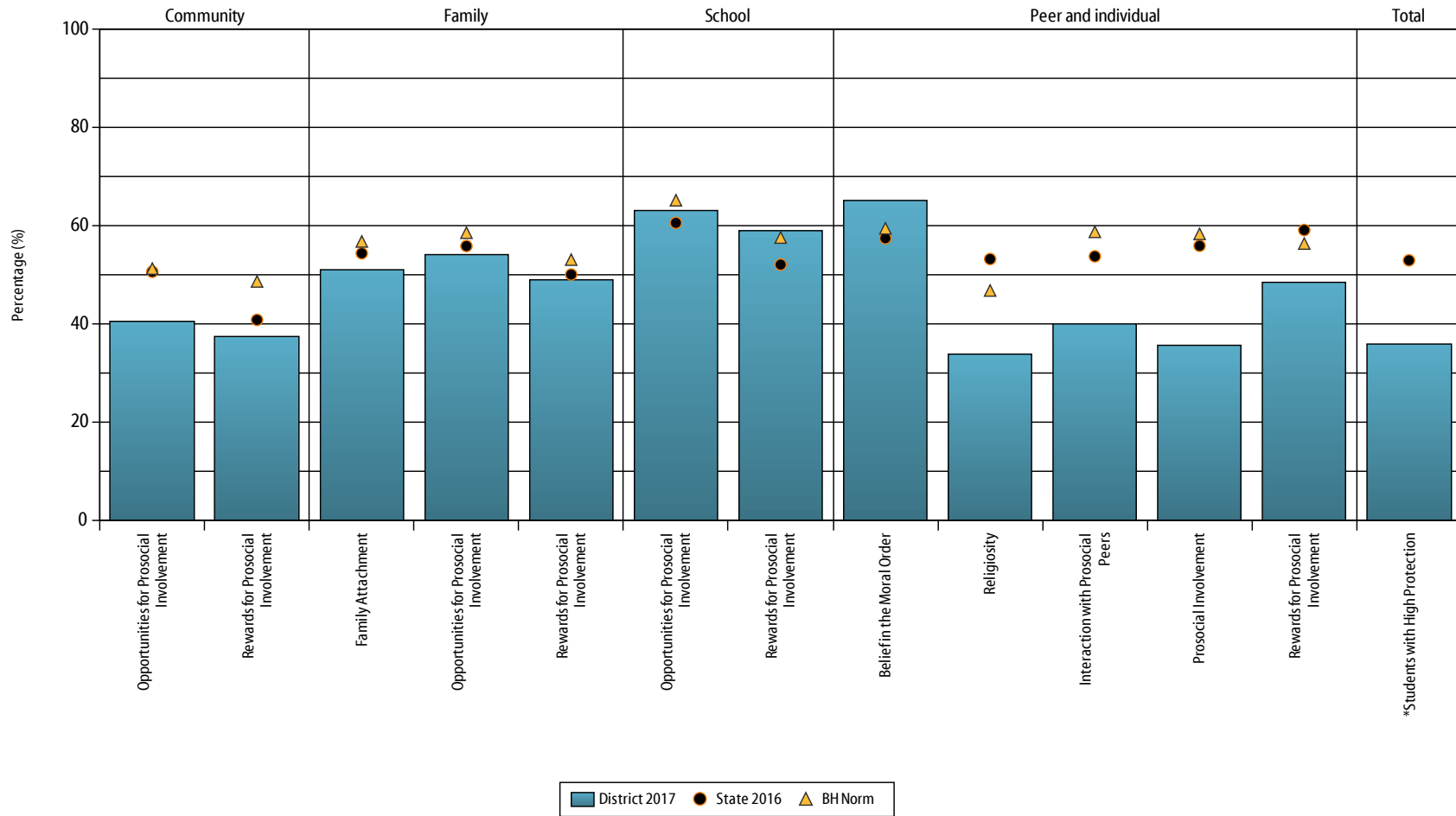
Student protective profile 2017 Oklahoma City Public Schools Student Survey, 12th Grade



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Risk and Protective Factor Profiles

Student protective profile 2017 Oklahoma City Public Schools Student Survey, All Grades



* 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 Grade		8th Grade		10th Grade		12th Grade		All Grades	
	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016
Number of youth	2,615	13,585	2,022	14,721	1,456	12,220	981	8,613	7,074	49,139

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

	How old were you when you first/ Have you ever/ In your lifetime, on how many occasions (if any) have you/ How frequently have you: (Students indicating any answer other than 0 times or Never)	6th Grade			8th Grade			10th Grade			12th Grade			All Grades		
		District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	14.2	21.5	n/a	26.5	36.1	22.8	38.2	52.7	43.4	46.0	65.1	61.2	27.0	43.2	n/a
Cigarette	smoked a cigarette, even just a puff?	4.5	9.4	n/a	9.2	18.5	9.8	15.2	27.0	17.5	16.2	35.8	28.3	9.7	22.3	n/a
Marijuana	smoked marijuana?	3.0	3.7	n/a	13.0	13.2	12.8	27.2	27.2	29.7	35.7	38.3	44.5	15.3	20.0	n/a
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.5	0.4	n/a	1.0	0.5	0.6	1.6	1.2	0.7	1.7	1.7	1.2	1.1	0.9	n/a
Heroin	used heroin?	0.4	0.3	n/a	0.8	0.6	0.5	1.2	0.6	0.6	1.2	0.7	0.7	0.8	0.5	n/a
Prescription Pain Relievers**	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	3.1	3.2	n/a	4.5	6.8	n/a	7.0	10.3	n/a	5.9	13.6	7.8	4.7	8.3	n/a
Prescription Stimulants	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	1.4	1.0	n/a	2.0	2.2	5.7	3.0	4.7	8.8	3.1	7.9	10.0	2.1	3.8	n/a
Prescription Sedatives**	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	2.6	2.7	n/a	5.1	4.5	3.0	7.2	7.9	6.1	7.1	10.3	7.6	4.9	6.2	n/a
Prescription Drugs**	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	5.2	5.4	n/a	8.1	9.4	n/a	11.6	14.0	n/a	10.8	17.7	18.0	8.1	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?	3.0	3.8	n/a	4.9	5.8	n/a	6.6	7.0	n/a	5.6	8.2	n/a	4.7	6.2	n/a

* OPNA lifetime use is calculated differently than previous years. Beginning in 2017, age of first use became the new basis for calculating lifetime use for substances other than alcohol. Consult appendix for a detailed explanation.

** No equivalent category for these substances in the Monitoring the Future survey. MTF data are not available for grade 6. 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 Grade			8th Grade			10th Grade			12th Grade			All Grades		
		District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016
Alcohol	had beer, wine, or hard liquor to drink?	4.9	6.2	n/a	7.9	15.0	7.3	17.5	24.6	19.9	20.1	36.9	33.2	10.5	20.1	n/a
Cigarette	smoked cigarettes?	0.5	1.8	n/a	1.1	4.3	2.6	3.7	8.1	4.9	3.3	13.5	10.5	1.7	6.7	n/a
Chewing tobacco	used smokeless tobacco?	1.2	1.6	n/a	1.7	4.7	2.5	3.0	7.4	3.5	4.1	11.0	6.6	2.1	6.1	n/a
Marijuana	used marijuana?	1.3	1.4	n/a	5.3	5.9	5.4	11.0	12.2	14.0	14.5	17.2	22.5	6.3	8.9	n/a
Cocaine	used cocaine or crack?	0.0	0.3	n/a	0.2	0.3	0.3	0.6	0.5	0.4	1.6	1.1	0.9	0.4	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?	1.8	3.1	n/a	1.7	2.8	1.8	0.8	1.0	1.0	0.6	0.9	0.8	1.4	2.0	n/a
Methamphetamine	used methamphetamines (meth, crystal meth)?	0.1	0.1	n/a	0.2	0.2	0.3	0.2	0.3	0.2	0.3	0.5	0.3	0.2	0.3	n/a
Heroin	used heroin?	0.0	0.1	n/a	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.1	0.2	n/a
Prescription Pain Relievers*	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them?	0.7	1.4	n/a	1.5	3.6	n/a	1.5	4.3	n/a	1.8	5.3	1.7	1.3	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	0.4	n/a	0.2	0.9	1.7	0.7	1.8	2.7	0.9	2.5	3.0	0.5	1.4	n/a
Prescription Sedatives*	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	0.8	1.3	n/a	1.4	1.9	0.8	1.9	3.3	1.5	2.3	3.5	1.9	1.4	2.5	n/a
Prescription Drugs*	combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)	1.5	2.5	n/a	2.5	4.9	n/a	3.3	6.4	n/a	3.3	7.3	5.4	2.4	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?	0.7	2.1	n/a	0.9	3.0	n/a	1.6	3.1	n/a	1.1	2.8	n/a	1.0	2.7	n/a

*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																	
During the past 30 days, how many times did you: (One or more times)		6th Grade			8th Grade			10th Grade			12th Grade			All Grades			
		District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	
DRIVE a car when you had been drinking alcohol?	Drinking and driving	1.4	1.5	3.6	2.3	2.6	5.6	2.7	4.4	5.3	4.0	9.7	11.8	2.3	4.4	7.5	
RIDE in a car driven by someone drinking alcohol?	Riding with a drinking driver	12.4	17.8	17.1	14.5	19.4	22.3	16.8	19.2	24.0	14.8	21.0	24.1	14.2	19.3	23.5	
Problem Use																	
How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)		District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	
		Binge drinking	2.9	3.7	n/a	3.9	8.3	3.4	10.4	13.8	9.7	12.5	21.8	15.5	6.1	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)		District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	District 2017	State 2016	MTF 2016	
		1/2 Pack of cigarettes/day	0.1	0.3	n/a	0.2	0.6	0.3	0.6	1.5	0.6	0.9	2.9	1.8	0.3	1.3	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	0.2	0.0	n/a	0.7	0.3	n/a	2.0	0.7	n/a	2.4	2.0	n/a	1.0	0.7	n/a
		Needs Drug Treatment	0.4	0.3	n/a	2.0	1.7	n/a	4.2	4.0	n/a	4.3	5.3	n/a	2.2	2.7	n/a
		Needs Alcohol and/or Drug Treatment	0.5	0.3	n/a	2.4	1.9	n/a	5.4	4.5	n/a	6.3	6.6	n/a	2.9	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 Grade			8th Grade			10th Grade			12th Grade			All Grades		
		District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm
Been drunk or high at school		1.4	2.5	2.3	6.3	7.3	7.8	12.0	12.1	14.7	12.4	15.6	17.3	6.5	9.2	13.2
Been suspended from school		16.0	10.4	9.2	25.9	12.7	13.4	20.9	8.9	11.2	15.3	6.7	8.5	19.6	9.8	11.1
Sold illegal drugs		0.3	0.8	0.7	2.1	2.9	3.1	3.5	4.9	7.2	4.5	6.9	8.6	2.1	3.8	6.3
Stolen or tried to steal a motor vehicle		1.1	1.2	1.2	2.0	1.9	2.2	2.0	1.9	2.7	1.4	1.3	2.0	1.6	1.6	2.3
Been arrested		1.7	1.7	2.1	4.2	3.6	4.8	6.2	3.6	6.0	5.6	4.0	5.8	3.8	3.2	5.5
Attacked someone with the idea of seriously hurting them		9.3	10.9	10.2	12.9	11.8	12.9	9.2	8.3	11.8	6.3	7.3	9.6	9.8	9.7	11.5
Carried a handgun		3.9	6.2	4.4	3.5	6.9	5.4	5.4	5.7	5.5	4.5	6.5	5.5	4.2	6.3	5.5
Carried a handgun to school		0.7	0.6	0.6	0.5	0.9	0.9	0.2	0.9	1.2	0.6	1.0	1.2	0.5	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 Grade		8th Grade		10th Grade		12th Grade		All Grades	
	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016
Sample size*	183	1,178	250	2,874	327	4,506	310	4,080	1,070	12,638
I bought it myself with a fake ID	15.8	7.3	6.8	4.0	4.3	3.3	3.5	4.0	6.6	4.1
I bought it myself without a fake ID	16.4	6.1	6.4	4.2	4.9	4.1	10.0	6.6	8.7	5.1
I got it from someone I know age 21 or older	31.1	32.6	34.0	34.8	39.4	46.8	41.0	60.4	37.2	47.1
I got it from someone I know under age 21	20.2	15.1	19.6	21.1	19.3	27.3	18.4	25.0	19.3	24.0
I got it from my brother or sister	21.9	11.8	17.6	10.8	13.5	12.8	12.3	11.3	15.5	11.8
I got it from home with my parents' permission	33.9	34.6	33.6	27.5	21.4	24.2	26.8	22.4	27.9	25.3
I got it from home without my parents' permission	24.0	20.2	23.6	26.4	18.7	21.0	11.3	13.1	18.6	19.6
I got it from another relative	31.1	17.5	26.8	16.7	25.4	13.8	21.6	12.0	25.6	14.2
A stranger bought it for me	13.7	6.5	7.2	4.7	5.8	6.1	6.8	6.5	7.8	6.0
I got it at a bar or restaurant	15.8	7.0	8.4	4.5	4.6	3.4	7.7	6.4	8.3	4.9
Other	51.9	30.9	39.6	26.8	28.1	22.6	30.3	18.2	35.5	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 Grade		8th Grade		10th Grade		12th Grade		All Grades	
	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016
Sample size*	221	1,482	304	3,443	349	4,780	309	4,179	1,183	13,884
At your home	49.3	63.2	58.2	64.4	56.7	60.5	52.1	59.8	54.5	61.5
At friends' houses	32.6	39.6	39.8	56.3	51.6	69.3	59.9	78.3	47.2	65.6
At a school dance, a game, or other event	17.6	13.6	14.8	15.2	16.9	16.4	9.7	18.7	14.6	16.5
At school during the day	5.4	7.1	6.3	10.5	6.6	11.3	4.9	11.8	5.8	10.8
Near school	5.4	12.5	11.2	13.0	9.7	14.1	4.2	14.7	7.9	13.8
In a car	14.0	17.7	17.4	24.0	24.9	31.6	30.4	35.8	22.4	29.5
At a party	50.2	39.4	58.2	46.8	65.6	58.3	65.7	69.0	60.9	56.7
At a park or beach	13.6	19.5	14.1	19.5	16.3	21.2	17.5	24.2	15.6	21.5
At a bar or restaurant	16.3	23.3	10.9	17.9	10.6	13.4	14.6	18.9	12.8	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 Grade		8th Grade		10th Grade		12th Grade		All Grades	
	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016
Sample Size*	59	390	98	809	91	1,224	84	1,134	332	3,557
Friends	39.0	32.3	49.0	46.6	53.8	51.6	36.9	58.5	45.5	50.5
Family/Relatives	22.0	14.9	13.3	15.6	13.2	15.1	8.3	12.6	13.6	14.4
Parties	6.8	10.0	11.2	16.4	13.2	19.9	16.7	21.8	12.3	18.6
Home (e.g., Medicine Cabinet)	6.8	11.8	13.3	19.5	13.2	20.2	7.1	15.5	10.5	17.6
Doctor/Pharmacy	37.3	28.2	11.2	11.9	16.5	13.8	20.2	12.4	19.6	14.5
School	10.2	9.7	11.2	12.5	11.0	11.5	6.0	11.0	9.6	11.4
Other	16.9	13.1	22.4	12.7	22.0	12.8	26.2	13.9	22.3	13.2
Over the Internet	5.1	5.9	4.1	2.5	3.3	2.7	3.6	2.3	3.9	2.9
Outside the U.S. (e.g., Mexico, Canada)	8.5	5.1	4.1	4.8	3.3	4.3	9.5	3.4	6.0	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. Percent of Students Responding to Mental health and suicide indicators

		6th Grade		8th Grade		10th Grade		12th Grade		All Grades	
		District 2017	State 2016**	District 2017	State 2016**	District 2017	State 2016**	District 2017	State 2016**	District 2017	State 2016**
Need for Mental Health Treatment											
Mental health treatment needs*	High mental health treatment needs	18.9	n/a	22.4	n/a	25.9	n/a	26.9	n/a	22.5	n/a
	Moderate mental health treatment needs	25.6	n/a	22.9	n/a	24.5	n/a	28.5	n/a	25.1	n/a
	Low mental health treatment needs	55.5	n/a	54.7	n/a	49.6	n/a	44.6	n/a	52.3	n/a
Depressive Symptoms Scale											
Depressive symptoms calculation*	High depressive symptoms	3.0	n/a	5.1	n/a	5.9	n/a	5.2	n/a	4.5	n/a
	Moderate depressive symptoms	65.0	n/a	63.7	n/a	66.5	n/a	67.7	n/a	65.4	n/a
	No depressive symptoms	32.0	n/a	31.2	n/a	27.6	n/a	27.1	n/a	30.1	n/a
Suicide Related Indicators											
During the past 12 months, did you ever seriously consider attempting suicide? (Answered 'Yes')		7.5	n/a	12.9	n/a	13.2	n/a	11.4	n/a	10.7	n/a
During the past 12 months, did you make a plan about how you would attempt suicide? (Answered 'Yes')		6.2	n/a	10.4	n/a	10.3	n/a	10.5	n/a	8.8	n/a
During the past 12 months, how many times did you actually attempt suicide? (Answered 1 or more times)		5.8	n/a	9.0	n/a	7.8	n/a	6.6	n/a	7.2	n/a

*Mental health treatment needs and depressive symptoms are calculated from student responses to specific questions. See text for further explanation.

**Mental health and suicide indicators are new to the 2017 OPNA. State data are only available up through the 2016 OPNA administration and as such are not available.

Data Tables

Table 12. Percentage of students reporting risk

	6th Grade			8th Grade			10th Grade			12th Grade			All Grades		
	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm
Community															
Low Neighborhood Attachment	54.7	48.0	41.9	47.5	39.9	34.0	54.5	46.0	41.5	59.1	50.4	45.9	53.7	46.0	40.7
Community Disorganization	44.5	42.8	43.9	52.5	50.9	45.6	61.1	52.2	48.9	62.1	52.3	48.6	52.9	49.5	47.1
Laws & Norms Favorable to Drug Use	33.5	40.4	38.8	40.2	41.2	40.0	42.6	38.5	42.3	45.3	47.6	48.1	39.0	41.7	42.5
Perceived Availability of Drugs	23.9	44.7	45.3	19.6	35.6	36.9	20.2	37.9	38.6	22.4	41.5	41.0	21.8	39.8	40.1
Perceived Availability of Handguns	11.5	27.0	26.3	21.1	38.1	36.7	12.9	26.5	23.7	19.7	34.1	27.6	15.5	31.4	28.8
Family															
Poor Family Management	58.5	54.3	48.1	45.0	44.8	40.4	41.3	35.0	40.0	39.1	37.9	41.2	48.4	42.9	41.9
Family Conflict	32.9	41.8	38.9	24.8	34.8	35.3	34.1	39.4	39.9	34.5	38.2	38.0	31.7	38.6	38.0
Family History of Antisocial Behavior	27.1	43.0	37.8	25.1	36.2	35.4	28.7	38.4	40.2	28.2	41.2	42.7	27.2	39.6	39.2
Parental Attitudes Favorable to Drug Use	8.5	12.8	11.4	18.7	24.7	23.7	30.0	33.7	39.6	26.5	35.5	40.3	18.6	26.8	29.8
Parental Attitudes Favorable to Antisocial Behavior	26.6	33.6	37.7	34.6	42.2	49.1	39.8	42.0	53.5	31.4	41.5	52.9	32.0	39.9	49.1
School															
Academic Failure	35.1	35.1	32.1	40.2	39.1	37.2	44.3	38.8	39.8	43.4	36.6	37.9	39.6	37.4	37.1
Low Commitment to School	41.6	49.2	42.8	44.7	51.3	45.1	40.9	50.5	41.1	33.9	52.0	42.1	41.3	50.7	42.8
Peer and individual															
Rebelliousness	23.1	34.0	27.3	25.6	35.2	34.5	29.9	36.5	39.8	24.6	37.5	37.7	25.4	35.7	35.5
Early Initiation of Antisocial Behavior	28.7	27.2	23.8	42.6	34.1	32.2	46.4	33.9	34.2	44.3	34.1	34.2	38.4	32.3	31.7
Early Initiation of Drug Use	15.7	27.0	23.4	21.0	31.2	31.9	20.0	28.3	32.8	21.4	33.5	38.0	18.9	29.9	32.1
Attitudes Favorable to Drug Use	16.5	20.9	18.9	31.4	34.5	33.0	37.3	41.9	45.2	32.4	42.9	46.9	27.2	34.7	37.1
Attitudes Favorable to Antisocial Behavior	40.2	47.3	40.0	33.9	34.6	34.7	34.9	35.2	40.8	27.4	33.9	39.0	35.5	37.9	38.5
Perceived Risk of Drug Use	59.4	55.4	44.5	60.5	56.9	37.9	72.7	67.5	51.9	68.0	61.2	47.4	63.8	60.2	45.4
Interaction With Antisocial Peers	39.9	42.5	33.6	38.3	31.8	30.0	35.2	29.5	31.3	31.5	29.5	29.6	37.3	33.5	30.9
Friend's Use of Drugs	16.1	22.9	19.7	26.2	36.4	39.2	22.5	34.1	40.4	21.9	33.0	38.5	21.1	31.5	35.6
Rewards For Antisocial Behavior	17.7	30.8	24.5	25.3	33.0	31.9	27.6	38.8	42.1	23.0	41.8	46.6	22.5	35.9	36.7
Depressive Symptoms	31.8	38.6	30.3	35.1	44.8	34.8	40.2	48.9	37.8	41.6	44.1	33.4	35.9	44.1	34.2
Total															
Students at High Risk*	28.4	47.3	n/a	22.0	43.8	n/a	27.9	42.4	n/a	28.8	45.4	n/a	26.5	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 13. Percentage of students reporting protection

	6th Grade			8th Grade			10th Grade			12th Grade			All Grades		
	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm	District 2017	State 2016	BH Norm
Community															
Opportunities for Prosocial Involvement	38.0	45.3	39.7	40.8	51.6	53.2	41.2	52.7	53.3	44.6	52.5	56.5	40.5	50.6	51.2
Rewards for Prosocial Involvement	41.1	43.8	52.7	39.9	42.7	52.1	30.3	38.1	45.2	34.4	38.4	44.5	37.4	40.8	48.6
Family															
Family Attachment	52.7	54.7	58.2	50.8	51.6	54.8	48.8	55.8	56.8	49.6	55.2	57.7	50.9	54.3	56.7
Opportunities for Prosocial Involvement	53.0	56.3	59.6	61.7	58.6	62.5	49.7	54.8	56.2	52.2	53.4	56.2	54.0	55.8	58.5
Rewards for Prosocial Involvement	51.7	49.7	55.7	47.1	44.6	48.8	47.4	53.7	54.3	47.2	51.9	54.0	49.0	50.0	53.0
School															
Opportunities for Prosocial Involvement	54.2	50.9	59.5	64.2	63.6	65.6	70.1	61.9	66.0	73.6	66.7	67.7	63.0	60.5	65.1
Rewards for Prosocial Involvement	58.0	49.0	56.9	53.3	49.0	56.9	68.0	59.6	63.4	60.4	50.2	52.4	59.0	52.0	57.5
Peer and individual															
Belief in the Moral Order	61.9	55.2	62.9	70.5	63.5	65.8	62.6	54.4	54.6	67.3	56.4	55.6	65.1	57.4	59.4
Religiosity	24.8	49.7	40.9	41.5	58.2	53.7	36.8	56.3	48.4	37.8	47.6	42.9	33.8	53.1	46.8
Interaction with Prosocial Peers	32.3	52.9	57.0	39.9	56.8	59.7	44.6	54.8	60.0	53.4	49.7	57.3	40.0	53.7	58.7
Prosocial Involvement	32.7	53.7	57.7	35.6	55.8	58.1	35.3	57.5	58.2	43.7	56.5	58.9	35.6	55.8	58.3
Rewards for Prosocial Involvement	39.0	49.9	48.4	46.7	56.6	50.9	56.5	64.4	59.9	63.3	66.4	63.0	48.5	59.1	56.3
Total															
Students with High Protection*	40.0	54.5	n/a	26.0	49.6	n/a	35.4	54.4	n/a	46.2	53.0	n/a	35.9	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 14. 2016 Drug Free Communities Report - National Outcome Measures (NOMs)

Core Measure	Definition	Substance	6th Grade		8th Grade		10th Grade		12th Grade		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...)	have five or more drinks of an alcoholic beverage in a row once or twice a week	Binge drinking	60.1	1,973	67.6	1,332	69.6	1,096	65.9	826	61.5	2,458	68.2	2,720
	smoke one or more packs of cigarettes per day	Tobacco	60.0	1,983	68.2	1,339	73.1	1,104	69.1	829	62.7	2,472	69.6	2,733
	smoke marijuana regularly	Marijuana	56.9	1,944	53.2	1,309	39.7	1,082	32.3	818	44.8	2,425	51.8	2,680
	use prescription drugs that are not prescribed to them	Prescription drugs	59.9	1,965	66.9	1,324	69.2	1,093	68.7	827	60.8	2,446	68.9	2,714
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	97.9	1,642	95.5	887	91.5	921	88.2	752	93.7	1,955	94.8	2,205
	smoke cigarettes	Tobacco	98.8	1,637	98.0	888	96.0	918	94.8	753	96.7	1,952	97.9	2,202
	smoke marijuana	Marijuana	98.8	1,606	95.2	877	88.4	904	86.8	744	92.6	1,922	94.6	2,167
	use prescription drugs not prescribed to you	Prescription drugs	98.8	1,641	97.2	886	96.1	917	94.8	752	96.7	1,950	97.5	2,204
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	96.3	1,754	88.3	1,055	79.3	979	72.4	779	86.2	2,126	87.2	2,396
	smoke tobacco	Tobacco	97.1	1,753	92.4	1,056	89.5	974	84.0	776	91.7	2,123	92.7	2,391
	smoke marijuana	Marijuana	96.6	1,746	82.5	1,054	66.5	970	55.7	774	79.6	2,118	80.3	2,382
	use prescription drugs not prescribed to you	Prescription drugs	96.9	1,751	91.8	1,056	89.4	974	84.3	773	91.7	2,123	92.2	2,387
Past 30-day use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	4.9	2,282	7.9	1,695	17.5	1,232	20.1	886	9.5	2,906	11.4	3,131
	smoked cigarettes	Tobacco	0.5	2,224	1.1	1,626	3.7	1,203	3.3	877	2.0	2,818	1.5	3,056
	used marijuana	Marijuana	1.3	2,274	5.3	1,681	11.0	1,222	14.5	883	5.7	2,892	6.9	3,111
	combined results of prescription stimulant/sedative/narcotics questions	Prescription drugs	1.5	2,276	2.5	1,694	3.3	1,233	3.3	886	2.0	2,902	2.8	3,130

For Past 30-Day Use, Perception of Risk, and Perception of Parental/Peer Disapproval, the "Sample" column represents the sample size - the number of people who answered the question and whose responses were used to determine the percentage. The "Percent" column represents the percentage of youth in the sample answering the question as specified in the definition.

The male and female values allow a gender comparison for youth who completed the survey. However, unless the percentage of students who participated from each grade is similar, the gender results are not necessarily representative of males and females in the community. In order to preserve confidentiality, male or female values may be omitted if the total number surveyed for that gender is under 20.

Data Tables

Table 15. Additional data for prevention planning - Safety, violence, and parental communication

		6th Grade		8th Grade		10th Grade		12th Grade		All Grades	
		District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016	District 2017	State 2016
Safety											
I feel safe at my school	YES! or yes	81.2	84.1	70.5	77.3	75.1	77.2	81.9	83.2	77.0	80.4
I feel safe in my neighborhood	YES! or yes	73.6	78.6	69.2	77.4	67.7	78.9	66.7	78.4	70.1	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	33.4	15.3	28.6	14.2	29.3	13.8	29.1	14.1	30.6	14.4
How wrong do you think it is for someone your age to pick a fight with someone?	Not wrong at all	3.6	4.5	6.7	6.5	5.8	5.5	2.8	4.5	4.8	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	1.5	2.1	2.8	3.0	3.0	2.9	2.1	2.2	2.3	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	9.3	10.9	12.9	11.8	9.2	8.3	6.3	7.3	9.8	9.7
It is all right to beat up people if they start the fight.	YES! or yes	23.4	37.3	37.3	48.9	41.8	52.2	35.1	48.4	32.7	46.6
How wrong do your parents feel it would be for you to pick a fight with someone?	Not wrong at all	2.0	2.5	2.8	3.3	3.2	3.5	3.1	3.2	2.6	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.	33.2	n/a	31.8	n/a	31.0	n/a	36.2	n/a	32.8	n/a
	Yes, I talked with my parents about the dangers of alcohol use.	24.7	n/a	27.0	n/a	26.1	n/a	29.7	n/a	26.4	n/a
	Yes, I talked with my parents about the dangers of drug use.	34.1	n/a	35.1	n/a	35.0	n/a	36.1	n/a	34.8	n/a

Data Tables

Table 16. Students answering discrimination questions

		6th Grade	8th Grade	10th Grade District 2017	12th Grade	All Grades
I have been disrespected by an employee at this school because of my race, ethnicity, or culture.	Strongly disagree	60.4	48.5	45.2	47.6	52.2
	Disagree	20.9	22.2	24.2	25.4	22.7
	Neither disagree nor agree	10.8	17.4	18.8	13.7	14.5
	Agree	5.1	7.4	7.9	8.6	6.8
	Strongly agree	2.8	4.5	3.9	4.8	3.8
Employees in this school respect differences in students (for example: gender, race, culture, sexual orientation).	Strongly disagree	22.2	18.0	16.3	19.3	19.5
	Disagree	9.6	12.3	11.6	13.9	11.4
	Neither disagree nor agree	12.3	19.0	24.9	17.8	17.5
	Agree	23.3	28.1	29.2	29.7	26.8
	Strongly agree	32.6	22.6	18.0	19.3	24.8
Do you ever feel unwelcome or uncomfortable at your school because of any of the following? (Select all that apply.)	My sex (male/female)	4.5	7.2	6.5	5.7	5.7
	My race or ethnicity	8.1	11.1	13.2	12.3	10.6
	My language background (my first language)	6.7	4.9	6.0	8.5	6.5
	My grades	12.6	11.6	11.4	10.9	11.8
	My appearance	15.1	21.1	20.7	16.4	17.8
	My religion or faith	5.3	5.4	6.6	5.2	5.6
	My family's level of income	5.4	6.0	6.7	6.7	6.0
	A disability that I have	3.1	2.6	2.3	2.0	2.6
	My sexual orientation	2.0	5.7	5.4	3.2	3.7
	Other reasons	4.2	4.7	2.6	3.5	3.8
	None of the above - I feel welcome and comfortable at school.	54.4	48.4	51.3	58.1	53.2
Do you feel that school rules have been applied to you in a fair way:	All the time?	37.5	20.0	15.4	19.3	25.8
	Most of the time?	26.5	31.0	27.5	29.2	28.2
	Some of the time?	15.2	26.7	29.8	26.1	22.7
	Rarely?	6.3	9.6	14.2	10.3	9.4
	Not sure	14.4	12.7	13.1	15.1	13.9
If the school rules have not been applied to you fairly, do you think it is because of any of the following? (Select all that apply.)	My sex (male/female)	2.8	5.8	5.5	7.2	4.8
	My race or ethnicity	4.2	7.3	8.5	8.9	6.7
	My language background (my first language)	3.3	3.1	3.6	5.3	3.7
	My grades	6.8	8.9	7.9	6.7	7.5
	My appearance	5.1	6.9	8.1	8.4	6.7
	My religion or faith	2.8	3.7	2.7	2.4	2.9
	My family's level of income	1.9	3.3	2.5	2.3	2.4
	A disability that I have	1.6	1.9	0.9	1.3	1.5
	My sexual orientation	1.0	3.0	2.4	1.1	1.7
	Other reasons	2.0	2.5	2.4	4.0	2.5
	None of the above – school rules have been applied to me fairly.	62.1	54.6	57.6	61.3	59.4
Does your school have a policy or procedure for reporting discrimination?	Yes	31.7	43.8	37.0	40.3	36.9
	No	5.3	10.2	10.5	14.4	9.1
	Don't know	63.0	46.0	52.5	45.3	53.9
If you answered yes, do you feel that the policy or procedure effectively addresses students' concerns?	Yes	25.8	36.8	26.8	32.5	29.5
	No	8.3	12.8	15.9	17.3	12.5
	Don't know	65.9	50.3	57.3	50.2	57.9
Do you feel that your school responds quickly to reports of discrimination?	Yes	35.4	37.0	29.7	36.3	34.6
	No	10.0	19.2	21.2	21.8	16.5
	Don't know	54.6	43.8	49.1	41.8	48.8

Appendix: Changes between OPNA administrations

Changes to ATOD Questions

In the 2017/2018 OPNA, lifetime use is calculated from questions asking about age of first use; previous years are based off of the number of occasions used. 2017/2018 lifetime use counts were obtained by generating a count of students answering any response other than Never to the question “How old were you when you first...” (*smoked marijuana, had more than a sip or two of beer, wine or hard liquor, used heroin, etc.*).

In surveys administered prior to 2017, these data were obtained by counting the number of students having indicated one or more occasions of use of the substance in their lifetime (i.e. a bank of questions framed with “*In your lifetime, on how many occasions (if any) have you...*” followed by the substance in question).

Significant analysis was conducted prior to the switch and Bach Harrison found that the two methods gathered comparable data; however, report readers should keep this change in mind as they compare 2016 lifetime use data to data from 2017 onward.

Not all lifetime use questions moved to the age-of-first-use methodology. Since several agencies track alcohol use, lifetime use of alcohol is calculated using a separate question (identical to previous years) to ensure that the results continue to be directly comparable from one administration to the next.

Additionally, lifetime use questions for *smokeless tobacco, cocaine or crack, and inhalant use* were removed entirely (but were still retained in the 30-day use question bank), and three drug categories (*LSD or other hallucinogens, Ecstasy, and synthetic drugs*) were omitted from both the lifetime and 30-day use question bank.

These changes allowed removal of redundant questions, freeing up survey space and reducing survey completion time without sacrificing core lifetime use data.

The change in calculating lifetime use resulted in a slight change to the way drug treatment needs was calculated. As with previous surveys, Needs Drug Treatment continues to require that students answer YES to at least 3 drug treatment questions, but now requires any lifetime drug use, rather than drug use on 10 or more occasions.

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. Beginning in 2012, Bach Harrison analysts applied this weighting procedure to state and RPC level data 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.

Please note that for the 2017 report, only state data are subject to weighting. District and school data are presented unweighted.

Regional Prevention Coordinators

Region 1-Northwest Center for Behavioral Health

1222 10th Street, Suite 203N

Woodward, OK 73801

(580) 571-3241

Contact: Autumn Nickelson

autumn.nickelson@odmhsas.org

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2300 N. 10th

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Contact: Sean Byrne

sean@preventionworkz.org

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Stillwater, OK 74075

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Contacts for Prevention

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2. Eagle Ridge Institute (RPC)

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Contact: Michaelle Statham
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Contact: Marianne Long
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State Contacts

ODMHSAS Prevention Services

405-248-9271

www.odmhsas.org

Oklahoma Prevention Resource Center

www.odmhsas.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

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