Chesterfield County Mental Health Support Services
Prevention Services
and SAFE, Inc.
Virginia Strategic Prevention Framework
Partnerships for Success

Reporting Out on the Needs Assessment Process: Chesterfield County

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I. INTRODUCTION and BACKGROUND

This report is focused on the needs assessment activities that were conducted by the Substance Abuse Free Environment, Inc. Coalition (SAFE) and Chesterfield County Mental Health Support Services to better understand heroin use and prescription drug misuse and abuse among young adults 12 to 25 years of age in the County of Chesterfield, Virginia.

A. Brief Description of Community and Project

The community of focus is the County of Chesterfield, Virginia. The boundaries of the community are Salisbury to Matoaca/Ettrick to the north and south, and Winterpock to Enon to the east and west, and covers approximately 436 square miles. The area covers 5 magisterial districts, and 4 main corridors: Ironbridge Road, Jefferson Davis Highway, Hull Street, and Midlothian Turnpike; and Interstates 288, I-95, Chippenham Parkway, and Powhite Parkway. There are approximately 1,384 subdivisions in the County. There are 2 main geographic features in the County: the James and Appomattox Rivers. The County is comprised of both suburban and rural areas. The Chesterfield County Public School District serves forty elementary schools, twelve middle schools, and ten high schools. There are also ten private schools (K-12). In terms of governmental structure, Chesterfield is a charter county. There are 5 members of the Board of Supervisors each elected by their representative district. The Board appoints a County Administrator.

There are 335,687 people living in Chesterfield County. The Chesterfield County population is comprised of: 15 and under (21%); 15 to 24 (13%); 25 to 34 (12%); 35 to 44 (15%); 45 to 54 (16%); 55 to 64 (13%), 65 and up (10%). The ethnic groups that reside in the community include: The ethnic groups that reside in the community include: Caucasian (69.4%); African American (23.5%); Hispanic/Latino (8.2%); Asian (3.7%); American Indian and Alaska native (0.6%); Native Hawaiian (0.1%). There are also numerous Middle Eastern cultural groups.

The residents have a history that influences how they see the community. The County formed in 1749 from pieces of Henrico. It is the third most populous county in Virginia resulting in a vast and diverse culture. The community consists of various socio-economic classes and many ethnic populations. Poverty rates in Chesterfield County are consistently 5% lower than state and national rates, while also consistently following state and national trends. Unemployment rates in Chesterfield County continue to be very similar to the state and national rates.

As part of the Chesterfield County Community Services Board, Chesterfield Mental Health Support Services Prevention Services aims to optimize behavioral health and prevent behavioral health problems including substance abuse or misuse, mental and substance use disorders, serious psychological distress or suicide. Prevention Services implements a variety of prevention strategies across the social ecological model focused on reducing the factors that put people at risk of behavioral health problems and strengthening those factors that protect people from the problem. The Strategic Prevention Framework from the Substance Abuse and Mental Health Services Administration guides this work.

SAFE was created as the local substance abuse prevention coalition by the Chesterfield County Drug and Alcohol Abuse Task Force in 1999. SAFE then became a separate 501(c)3. In 2005, SAFE received the Drug Free Communities grant and was a recipient of this funding to prevent and reduce substance abuse in our community for 10 years until 2015. The coalition administered its first youth Prevention Needs Assessment (PNA) Community Youth Survey in 2005 to measure drug and alcohol use of 8th, 10th and 12th grade students in our county. The survey has been implemented in 2005, 2007, 2010, 2012, 2014 and 2016. The Coalition analyzes this data and develops strategies to impact lifetime and past 30 day use as well as risk and protective factors. The results from the 2016 PNA indicate a positive downward trend in all drug use, with the exception of tranquilizers, narcotics and heroin. The Coalition has created several task forces to address youth and young adult usage. The task forces include: SAFE Tobacco and Nicotine task force, the Underage Drinking task force, the Central Virginia Marijuana Prevention task force, the Central Virginia Opioid and Heroin Prevention task force and the SAFE Latino coalition. The coalition and task forces strive to include collaborative representation from all 12 sectors of the community. SAFE was a recipient of the Strategic Prevention Framework State Incentive Grant from 2012 through 2015 and contributed to the reduction of alcohol related crashes among 18-25 year olds in our county by 25% over that three year period. SAFE is currently a Department of Motor Vehicle Virginia Highway Safety Office grant recipient for the second year. SAFE, in partnership with Chesterfield County Mental Health Prevention Services, is currently working on the Partnership for Success (PFS) grant to reduce opioid and heroin use and overdoses among 12-25 year olds. SAFE has also received national and state recognitions such as the "Got Outcomes" award 2009, the "Dose of Prevention" award 2014 from Community Anti-Drug Coalitions of America (CADCA), National Prevention Network 2010 award for Inhalant Abuse Prevention Initiative and the Governor's Transportation Safety Award 2015.

The Central Virginia Opioid and Heroin Prevention Task Force began as a result of a heroin prevention summit hosted by Chesterfield County Police and SAFE in July 2015. The task force consists of education and prevention, law enforcement, medical, treatment and recovery and Partnership for Success youth committees. Task force members include various public and private sector professionals as well as those who have been personally affected by the disease of addiction or have lost a loved one to overdose. The goal is to increase collaboration among all sectors of the community in order to reduce and prevent opioid and heroin use in central Virginia. Accomplishments include: 1) legislative advocacy during General Assembly 2016 including a Rally Day in which groups of task force and community members met with their legislators to advocate for bills related to opioid and heroin; 2) created and printed opioid and heroin Treatment Cards with over 3,025 distributed throughout Chesterfield County by task force members as of July 2016 (currently on the 4th reprint of 5,000 cards); and 3) an Alternative Treatments vs. Incarceration Training on April 27, 2016 with Police Chief Campanello of Gloucester, MA that was attended by over 250 people (training on the Angel Initiative, where individuals may enter a police station and request help with their addiction, with no fear of arrest).

There are many active parent or youth community wide organizations. These include but are not limited to: Chesterfield County Public Schools PTA's and various youth and adult recreation sports teams; Patrick Henry Boys & Girls Plantation; James House; Families Anonymous; Children's Health

Involving Parents of Richmond; and Commonwealth Parenting Center. Civic or service groups contributing to the well-being of the community include but are not limited to: the Kiwanis Club; and the Chester Rotary Club. There are also various faith organizations represented in the community, including: Christian (Baptist, Episcopalian, Presbyterian etc.); Catholic; Judaism; Wicca; Islam; Buddhism; Mormon; and Hindu.

Community partners involved in the PFS needs assessment process included Chesterfield County Mental Health and Support Services Prevention, Adult Substance Abuse, and Adolescent Substance Abuse departments; Chesterfield County and Colonial Heights juvenile and adult drug courts; Chesterfield County Juvenile Detention; Chesterfield County Youth Planning and Development; Child Protective Services; Chesterfield County Jail; Chesterfield Juvenile and Domestic Relations Court; Chesterfield Police Department Special Investigations Division Vice and Narcotics; and Chesterfield County Public Schools Counseling.

B. Community Readiness for Addressing Prescription Drug and Heroin Consumption

Description of the Readiness Assessment Process

SAFE chose to interview 5 professionals representing the following areas: business/media; youth pastor (spiritual); head of counseling (school); and two Board of Supervisors members (leadership). The community readiness interviews were conducted by SAFE's Grant Coordinator and Chesterfield County Mental Health Support Services' PFS Grant Coordinator. The grant coordinators contacted the prospective interviewees and then conducted the interview over the phone and took notes. The community readiness assessment interviews used very specific measurement and scoring tools provided by the grantor, DBHDS. Two PFS staff scored the interviews independently and then met to discuss scores and come to agreement on a final score in each category. Coalition members who conducted the interviews did not score interviews.

Discussion of Readiness Assessment Results

Overall, the community readiness interviews indicate that Chesterfield County scores a 4.06, falling at the Preplanning Stage (see Table 1 below). For reference, an overall community readiness score of 4 is reflected in the attitude, "This is important. What can we do?" The general description of a community at Stage 4 according to the Tri-Ethnic Readiness Model is that there is clear recognition that something must be done, and there is at least one group addressing the issue. However, efforts in the community are not focused or detailed.

Overall, the individual dimension scores are fairly consistent, with the exceptions being Community Knowledge of Efforts and Resources, both at a lower stage of readiness. Scores for Community Knowledge of Efforts (3.5) and Resources (3.4) fall between the Vague Awareness and Preplanning Stages on the readiness continuum. Scores were highest for Leadership (4.6) and Community Climate (4.5), corresponding to between the Preplanning and Preparation Stages.

Table 1: Community Readiness Assessment Results

Readiness Dimensions	Business/ Media	Board of Supervisors	Board of Supervisors	Youth Pastor	School Head of Counseling	*Average Dimension Score*	*Dimension Readiness Stage*
Knowledge of Efforts	2.5	4	2	5	4	*3.5*	*Vague Awareness*
Leadership	3	6	4	6	4	*4.6*	*Preplanning*
Community Climate	4	3.5	4	6	5	*4.5*	*Preplanning*
Knowledge of Issue	3	3	3.5	6	6	*4.3*	*Preplanning*
Resources	3	2	3	5	4	*3.4*	*Vague Awareness*
Average	*3.1*	*3.7*	*3.3*	*5.6*	*4.6*	***4.06***	***Preplanning***
Readiness Stage	*Vague Awareness*	*Vague Awareness*	*Vague Awareness*	*Preparation*	*Preplanning*		

Descriptions of the readiness status within the individual dimensions comprising community readiness for Chesterfield County regarding heroin and prescription drug abuse are presented below.

1. *Community knowledge of efforts*: At least some community members have heard of local efforts, but little else.
2. *Leadership*: At least some of the leadership believes that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts.
3. *Community climate*: Some community members believe that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of efforts, only a few may be participating in developing, improving or implementing efforts.
4. *Knowledge of issue*: At least some community members know a little about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.
5. *Resources*: There are some resources that could be used for further efforts. There is little or no action to allocate these resources to this issue.

With the overall community readiness of Chesterfield County being Stage 4 (Preplanning) suggestions for efforts to increase readiness should be focused on: 1) introducing information about the issue through presentations; 2) reviewing the existing efforts in community (e.g., curriculum, programs, activities) to determine who benefits and the degree of success; 3) conducting local focus groups to discuss issues and develop strategies; and 4) increasing media exposure through radio and TV public service announcements and other forms of social media.

Efforts to increase Community Knowledge of Efforts, which falls at a slightly lower readiness level (Vague Awareness), should be sure to include visuals and stories rather than relying solely on facts, and at events that are fun or have other benefits to potential attendees. General information can be presented but should always be related to the local situation.

Several factors should be considered when developing next steps related to increasing community readiness:

1) Efforts to increase readiness should focus first on the dimensions with the lowest scores – Resources and Community Knowledge of Efforts. The low Resources readiness score is reflected in the Resource Assessment (see below), which found relatively few prevention oriented resources compared to treatment resources in the community. When addressing Community Knowledge of Efforts, it is important to consider what efforts have been undertaken to increase community knowledge thus far, and whether the low readiness score in this area is a result of too few efforts at increasing knowledge, or if different avenues or methods are needed because the current methods are not as effective as they could be (e.g., different modes of communication, better identification and/or reach of target populations for information, etc.).
2) While the dimensions displayed fairly consistent readiness levels between them, it is important to note that there is a disparity in readiness across the sectors of respondents that were interviewed for the readiness survey. For example, ratings of Community Knowledge of the Issue ranged from a high of 6 to a low of 2, suggesting some sectors are quite high in knowledge of the issue while others are quite low. In comparing the overall readiness scores of each individual interviewed, scores ranged from 3.1 (Business/Media) to 5.6 (Youth Pastor), reflecting a wide range of readiness. The Youth Pastor and School Counselor displayed the highest readiness, likely a reflection of the fact that these sectors have traditionally had a strong focus on prevention efforts. The business/media sector, an area that does not usually focus on prevention, showed the lowest level of readiness. This suggests that readiness efforts might need to be concentrated in sectors not traditionally involved in prevention. This was echoed in a comment left on the Coalition Readiness Assessment (see below), which called for increasing awareness in the private sector.
3) Lastly, two of the suggested next steps for increasing readiness beyond Stage 4 include conducting focus groups and reviewing existing community efforts. Both of these have already been done as part of the needs assessment process for this project (see below), which reflects that the Coalition is already beginning the process of increasing readiness.

II. PURPOSE

A. Purpose

The priority focus for the PFS grant has been pre-identified for Chesterfield County as heroin and prescription drug use among youth and young adults ages 12 to 25. The purpose of the Chesterfield County needs assessment was to obtain local information on heroin and prescription drug use to better understand the needs of the youth and young adults in Chesterfield County, including the

scope of heroin and prescription drug use locally, factors contributing to their use, and community capacity to address the problem, including readiness, existing resources, and gaps in resources. Data from the needs assessment will inform the next phase, the Strategic Planning Process, which takes into account the findings of the needs assessment to select strategies, policies, and best practices appropriate for the community that will be used to address the target issue. The Needs Assessment Report will be used as the foundation of the strategic plan by providing evidence of the data-driven decision making process used by the group, and justification for the selection of the target issue and environmental strategies needed to address it.

III. DATA COLLECTION

A. Methods used to collect data

The methods used to collect data for the needs assessment process are summarized in Table 2 below. Note that in addition to quantitative data, CCMHSS and SAFE in partnership with the PFS needs assessment team collected qualitative data through focus groups and key informant interviews to better understand heroin and prescription drug consumption and consequences. Two focus groups were held to provide a better understanding of the indicators and problems from the perspectives of individuals directly affected by the issue. Further, 7 Key Informant Interviews were used to gather a better understanding of the heroin/opioid epidemic from the perspective of individuals in the County who represent key sectors on this issue. The key informant interviews and focus groups were conducted by SAFE's Grant Coordinator and Chesterfield County Mental Health Support Services' PFS Grant Coordinator and three Prevention Assistants. The grant coordinators and assistants contacted the prospective interviewees and focus group participants and then conducted the interviews and focus groups in person and took notes. The interviewers then analyzed the notes to summarize key themes and identify selected quotes. The key informant interview questions were internally created and asked in what capacity does the key informant interact with heroin and prescription drug use in their profession.

Additionally, the PFS needs assessment team conducted an environmental assessment to identify which health-promoting policies and practices are currently in place and enforced in the community. Policies and enforcement were assessed in the areas of: 1) advertising; 2) alcohol and tobacco sponsorship; 3) retail access of age-restricted products to youth; 4) social access to age-restricted products to youth; 5) availability of illicit drugs; 6) policies for maintaining safe and drug-free neighborhoods; 7) school policies; 8) workplace policies; and 9) higher education policies.

Stakeholders Involved in the Needs Assessment Process

The primary stakeholders who administered and oversaw the data collection, analysis and reporting processes were SAFE's Grant Coordinator and Chesterfield County Mental Health Support Services Prevention Services' PFS Grant Coordinator and three Prevention Assistants who worked over the summer. The collection and analysis of quantitative data, such as indicator and resource data, were completed in collaboration with the PFS Needs Assessment team. The PFS Needs Assessment team consisted of community partners, including representatives from Chesterfield County Mental Health Support Services Prevention Services, Adult Substance Abuse, and Adolescent Substance Abuse

Table 2: Needs Assessment Data Collection Methods

Method	Source	Data Received	Year(s)
Archival Data Review	*Department of Juvenile Justice*	Offense category at intake; probations	2005-2011
	CSA	Residential treatment placement for combined substance abuse by gender & race	FY14-15
	Chesterfield County PD	Heroin overdoses	2015, 2016
	Chesterfield County Public Schools	Student disciplinary charges	SY2014,2015
	SAFE	# of participants & medication weight collected at Drug take Back events	2010-2016
	Old Dominion Regional EMS	Narcan Administration by geographic area & field diagnosis	2015
	Community Corrections	Probation stats by substance abuse related to other types, recidivism rate & drug tests	2005-2011
	Youth Planning & Development	Juvenile Offenses; Substance Abuse Referrals & Admissions	2010-2014
	Chesterfield County Jail	# of committals by substance type	2015
	Virginia Department of Health	Emergency Department & Urgent care visits by Chief Complaint or Discharge	2015-2016
	OMNI	CSB intake # by primary drug of use	2015
		Substance related suicides	2010-2012
Interviews	*Business/Media, Board of Supervisors, Youth Pastor, School Head of counselling*	Community readiness	2016
	Dentist, Adult/Young Female in Treatment, Adult Drug Court Clinician, Narcotics Detective, Juvenile Detention Staff, Chesterfield Co. EMS Paramedic	Scope of problem	2016
Focus Groups	*Community Members Used/Abused Heroin/ RX Drugs and Surviving Family Members*	Consequence, consumption and intervening variable data	2016
Survey Data	*Coalition Board of Directors*	Coalition readiness	2016
	Young Adult Survey: Chesterfield County	Consequence, consumption and intervening variable data from Young Adults Age 18-25	2016
	PNA Community Youth Survey: Chesterfield County	Consequence, consumption and intervening variable data from Youth Grades 8, 10, 12	2012, 2014, 2016

departments; Chesterfield County and Colonial Heights juvenile and adult drug courts; Chesterfield County Juvenile Detention; Chesterfield County Youth Planning and Development; Child Protective Services; Chesterfield County Jail; Chesterfield Juvenile and Domestic Relations Court; Chesterfield Police Department Special Investigations Division Vice and Narcotics; and Chesterfield County Public Schools Counseling. The collection and analysis of qualitative data, through key informant interviews and focus groups, were completed by SAFE's Grant Coordinator and Chesterfield County Mental Health Support Services Prevention Services' PFS Grant Coordinator and three summer Prevention Assistants. SAFE contracted with an external evaluator, Bach Harrison, L.L.C., for additional analyses and synthesis of the data in compiling the needs assessment report.

Populations Contributing to the Needs Assessment Process

Individuals interviewed for coalition readiness assessment were current members of the Board of Directors of SAFE. These individuals are professionals in the following disciplines: public education, higher education, mental health and prevention services, juvenile services, media, financial business, law enforcement, appointees of the County Board of Supervisors, civic organization and county health department.

Individuals interviewed for the key informant interviews are both community members in treatment for heroin/prescription drug use and professionals who work alongside them. Two key informants were a young female and a young adult female currently in treatment for heroin and/or prescription drug use. The remaining five key informants are professionals who work alongside the heroin/prescription drug epidemic in varying capacities: an adult drug court clinician, a dentist, a narcotics detective, a Chesterfield County EMS Paramedic, and a juvenile detention official.

Two focus groups were conducted. One focus group was with surviving family members, mainly parents, who lost a loved one to use or a related effect of heroin or prescription drugs. The other focus group consisted of young men currently incarcerated and participating in the unique Heroin Addiction Recovery Program through the Chesterfield County Sheriff's Office. The two focus groups were chosen based on their ability to share personal stories and insight into the impacts of heroin and prescription drug use on individuals, families and other relationships.

Individuals interviewed for the community readiness assessment were other professionals in Chesterfield County. The five interviews were conducted with a media business owner, two members of the Chesterfield County Board of Supervisors, a youth pastor and the head of the public schools system's counseling department. These individuals were chosen based on their professional roles in the community, including position, role, visibility and influence.

Survey data was obtained from the Prevention Needs Assessment (PNA) Community Youth Survey and the Young Adult Survey (YAS). The PNA is a countywide student survey, and the sample comprised of 8^{th}, 10^{th}, and 12^{th} graders in Chesterfield County. Survey data was reviewed from 2012 (N=3743), 2014 (N=3745) and 2016 (N=3514). The YAS is a community survey of Chesterfield County young adults age 18 to 25. The survey reviewed was administered in 2016, with 706 respondents.

B. Strengths and Limitations of Needs Assessment

There are a number of strengths of the needs assessment, including the variety of data sources and the large number of community partners providing data. Additionally, SAFE has excellent data for school aged youth through the PNA Community Youth Survey and good participation in its Young Adult Survey.

Weaknesses of the needs assessment include: a lack of trend data for many of the indicators; data that combine substances, making it difficult to draw definitive conclusions specifically about prescription drugs or heroin; time lags in some data sources; data that covers age ranges outside of the targeted 12 to 25 year old age range; and data that are incomplete or missing important descriptive information (for example, year or age). Some of the difficulty in obtaining trend data is the relatively new focus on prescription drugs and heroin; as a result, some data source, such as the YAS, did not assess these directly in the past.

IV. KEY FINDINGS

A. Assessment of Indicators of Alcohol, Tobacco, or Other Drugs (ATOD) Use and Consequences

Use and Consequence Data

Table 3: Chesterfield County Jail data (2015)

	Total
Total # of committals	14,163
Narcotic related offenses	18,035
Visible signs of Alcohol or Drug Withdrawal	410

* Source: Chesterfield County Jail

There were 14,163 total committals in 2015, with a total 18,035 narcotic related offenses. Therefore, some people had more than one narcotic related offense.

Table 4: Juvenile Offenses Chesterfield County

	#	Percent of Total Group A Offenses (N=1493)	Percent of Total Offenses (N=2564)
Drug/Narcotics Offenses	214	14.3%	.09%

* Source: Youth Planning & Development

Drug/Narcotics Offenses represent 14.3% of all Group A Juvenile offenses, third only behind Simple Assault/Intimidation (39.5%) and Larceny (24.2%) (see Appendix 2). Drug/Narcotics Offenses represent 1% of all Juvenile offenses. Demographic and year data are not available.

Table 5: Narcan Administration (2015)

	Number	Percentage of Total
Chesterfield County	285	19%
Total Very Likely due to Narcotic OD	700	47%
Total Narcan Administration	1,488	

* Source: Old Dominion Regional EMS

Narcan was administered 285 times in 2015 in Chesterfield County, representing 19% of all Narcan administrations by Old Dominion EMS (N=1,488). This is 3rd only to the city of Richmond (32%) and Henrico (22%) (see Appendix 2). Trend data are unavailable. Note that EMS providers may elect to give Narcan outside of treatment for narcotic overdose. For example, it can be used for cardiac arrests that do not respond to treatment or for an unresponsive patient due to unknown cause. It is estimated that 700 (47%) of Narcan administrations were due to actual or highly suspected narcotic overdose; data on how many of these were in Chesterfield County is not available. Demographic data and additional years are not available.

Table 6: CSA Residential Treatment Placement for Combined Substance Abuse (FY2014-15)

	Number	Percent of Total
Female	6	60%
Male	4	40%
White	9	90%
Black	1	10%
Total	***10***	

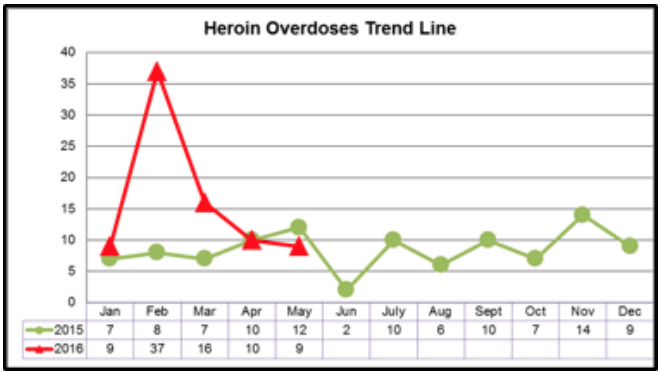
* Source: CSA

A total of 10 adolescents were placed into residential treatment for combined substance abuse in FY2014-FY2015 (14% of the total 71 placed) using funds from the Comprehensive Services Act. Of these 10, 60% were female and 90% identified as White. Age ranged from 14 to 17, with an average age of 15. No trend data are available.

Table 7: Heroin Overdoses (2015-2016)

	2015		2016	
	#	%	#	%
Non-fatal	84	82%	69	85%
Fatal	18	18%	12	15%
Males	57	56%	53	65%
Females	45	44%	28	35%
White	94	92%	73	90%
Black	8	8%	8	9%
Total	***102***		***81***	

* Source: Chesterfield County Police Department



Chesterfield County PD reported 102 heroin overdoses in 2015, and 81 in 2016 (through May). 2016 saw a spike in overdoses in February and March 2016 compared to 2015 with otherwise similar numbers for the other months in which data were currently available, suggesting 2016 will likely surpass 2015 in number. Overdoses were more common among men for both years, but by a much larger majority in 2016, and primarily among those identifying as White in both years. Fatal vs. non-fatal overdoses remained constant between the years, with most overdoses non-fatal. Additionally, Heroin accounted for the most commonly used substance in overdoses in 2015 (N=86) and 2016 (N=68, with Accident Injury due to Heroin N=56). Additional data and years are not available.

Table 8: Prescription Drug Overdoses (2015-2016)

	2015		2016	
	#	*%*	*#*	*%*
Opiate	116	27%	82	61%
Non-opiate	269	64%	53	39%
Combination	38	9%	0	0%
Males	167	39%	68	50%
Females	256	61%	67	50%
White	346	82%	113	84%
Black	68	16%	20	15%
Total	***423***		***135***	

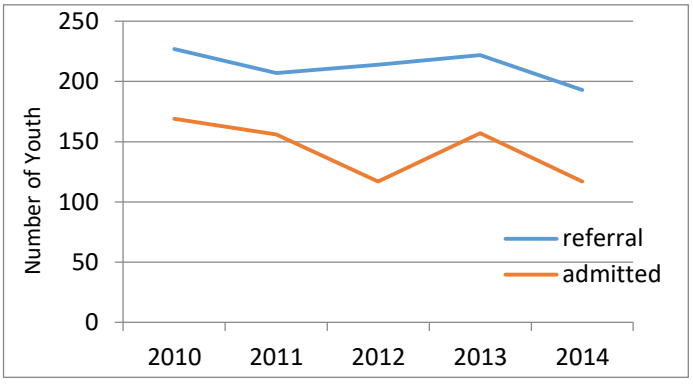
* Source: Chesterfield County Police Department

Chesterfield County PD reported 423 prescription drug overdoses in 2015, and 135 in 2016 (through May). Overdoses were more common among women in 2015, but equal between the genders thus far in 2016. Overdoses were primarily among those identifying as White in both years. Additionally, Xanax and Clonazepam accounted for the 2nd and 3rd most commonly used substances in overdoses in 2015 (N=17 and N=10 respectively) and in 2016 (N=10 and N=4, respectively). Fentanyl also account for 4 overdoses in 2016 as well. This provides additional support to the general focus on prescription drugs. Additional demographic data and years are not available.

Table 9: Substance Abuse Referrals & Admissions (2010-2014)

Chesterfield County Youth Age 10-19			
	# of Referrals	**# of Admissions**	**Percent Admitted**
2010	227	169	74%
2011	207	156	75%
2012	214	117	55%
2013	222	157	71%
2014	193	117	61%

* Source: Youth Planning & Development



The number of substance abuse treatment referrals and the percent admitted were down as of 2014 (the most recent year available). There is no clear trend from previous years, although there may be some slight indication of an overall downward trend since 2010. Note this age range falls slightly below the target population of 12 to 25.

Table 10: Placement & 3-year Recidivism Rates for Drug/Alcohol Offense Chesterfield County (2005-2011)

	N of Placement Group	% with Drug/Alcohol Offense	Recidivism Rate (Drug/Alcohol Offense)
Chesterfield County	1,147	31%	13%
Virginia	29,778	31%	16%

* Source: Community Corrections

1,147 people entered probation in Chesterfield County between 2005 and 2011, the 5th highest number in the state. Of these, 34% were under age 21 and 34% were age 21 to 30. 31% had a Drug/Alcohol placement offense, the same as the Virginia average. Age breakdown by offense type is not available. 13% of Chesterfield County probationers with a Drug/Alcohol offense re-offended within 3 years. This is slightly lower than the overall State of Virginia percentage of 16%. By comparison, within Chesterfield County, recidivism for Technical Offenses was 45%, Property Offenses 21%, Person Offenses 11%, and Public Order and Other (including Traffic) Offenses 5% each. More recent data and data broken down by single year were not available.

Table 11: Probation Drug Test Lab Reports Chesterfield County (2005-2011)

Drug Class	# of Specimens	Positive Specimens	% Positive
Amphetamines	7	6	85.71%
Barbiturates	1	1	100%
Benzodiazepines	11	4	36.36%
Opiates	21	13	61.9%
Oxycodone/ Oxymorphone	19	14	73.68%
Propoxyphene	1	0	0%

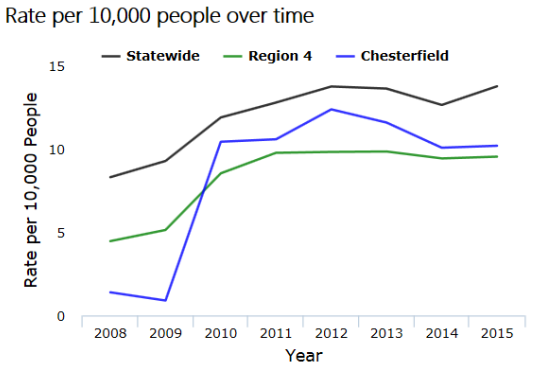
* Source: Community Corrections

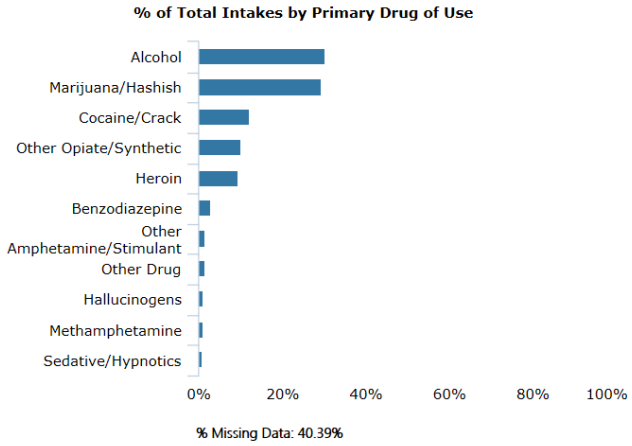
The greatest percentage of positive tests among Chesterfield County probationers from 2005-2011 was for Barbiturates, although it is important to note there is only 1 specimen for Barbiturates. Amphetamines and Oxycodone/Oxymorphone also have a relatively high percentage of positive results (86% and 74% respectively). The only non-prescription related substance with a higher positive rate is marijuana, with 92% specimens positive out of 52 (see Appendix 2). However, it should be noted that specimens are only sent to the lab when a client denies use and pays $25 for the lab; 95% of the testing is done onsite with an instant test. Therefore, the presented data is best used as an indicator for the types of drugs clients test positive for. Community Corrections indicates onsite testing finds an additional average of 20% to 23% positive. Data were not available broken down by single year and demographic data are not available.

Table 12 and Graph 1: CSB Intakes for Chesterfield County by Primary Drug of Use (2015)

Drug	Number Admitted	# per 10K People
Heroin	313	9
Other Opiate/Synthetic	339	10

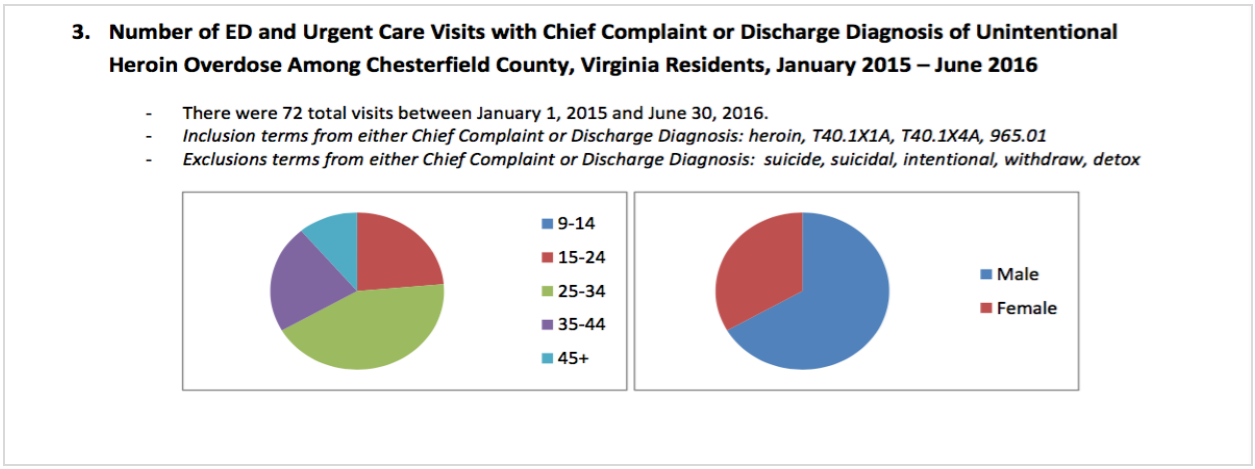
* Source: OMNI





In 2015, Chesterfield County CSB processed 339 intakes with Other Opiates/Synthetics as the primary drug of choice, and 313 with Heroin. Overall, these represent approximately 10% of the total intakes, with other prescription drugs (Benzodiazepines, Other Amphetamines/Stimulants, Sedatives/Hypnotics) accounting for less than approximately 5% each. The rate of intakes per 10,000 people has increased from 2008 to 2015 statewide, in Region 4, and in Chesterfield County CSB. However, the rate has increased most for Chesterfield CSB over this time period. Further, while Chesterfield CSB has remained lower than the statewide rate, the rate exceeded that of the Region 4 overall rate in 2010 and has remained higher since. Exact numbers and additional demographic data are not available.

Graph 2: Heroin Unintentional Overdose ED/Urgent Care Visits (2015-2016)



* Source: Virginia Department of Health

72 visits to the Emergency Department or Urgent Care from January 2015 through June 2016 were due to an unintentional heroin overdose. This represents 1.1% of all visits for an unintended overdose during this time period (see Appendix 2). Patients were approximately two-thirds male, and approximately 25% age 15-24. The most common age range was 25-34 (approximately 45%). Exact demographic numbers and trend data are not available.

Table 13: Chesterfield County Public Schools Disciplinary Charges by Infraction (2014-2016)

	Middle School				High School			
	2014-15				2015-16			
	#	%	#	%	#	%	#	%
Drug SCHD I & II Sale/Distribution	2	5.7%	2	6.9%	4	3.3%	10	8.8%
Drug SCHD I & II Use/Possession	19	54.3%	25	86.2%	108	89.3%	97	85.8%
Drug Viol. SCHD III-VI Use/Possession/ Distribution	5	14.3%	1	3.5%				
Drug Violation: Prescription theft, Attempted	6	17.1%	0	0%	0	0%		
OTC Medicine: Possession	3	8.6%	0	0%	8	6.6%		
OTC Medicine: Sale/Distribution	0	0%	1	3.5%	0	0%	1	0.9%
OTC Medicine: Use	0	0%	0	0%	1	0.8%	5	4.4%
Total # Rx/Heroin Related Discipline Charges	***35***	***100%***	***29***	***100%***	***121***	***100%***	***113***	***100%***
Total # of All Discipline Charges	**7,064**		**6,814**		**8,813**		**7,340**	
Percent of Total Charges Rx/Heroin Related	**<1%**		**<1%**		**<1%**		**<1%**	

* Source: Chesterfield County Public Schools

Overall, discipline charges related to prescription drug and heroin use represent less than 1% of all discipline charges in school years 2014-2015 and 2015-2016. The number of charges related to prescription drugs and heroin is down slightly from the 2014-2015 school year, as are the number of charges overall. The most common charge for both middle and high schoolers is Drug SCHD I & II Use/Possession. While this makes up the bulk of high school charges, middle school shows more variation, including relatively larger numbers of SCHD III-VI Use/Possession/ Distribution charges and Drug Violation: Prescription theft, Attempted, particularly in the 2014-2015 school year. It is important to note that Schedule I substances include substances besides heroin, including marijuana. Schedules II, III and IV substances include various prescription drugs. It is difficult to draw definitive conclusions from the data due to the mix of drugs and categories. See Appendix 2 for more information.

Table 14: Number of Drug Poisoning Deaths by Drug Type (Listed as Primary Cause) Chesterfield County (2013)

Drug Poisoning Deaths Due to:	#	% of total
Antidepressants, Neuroleptics and similar Psychotropics	6	13%
Benzodiazepines, Barbituates, and similar	6	13%
Fentanyl and other synthetic Opioid Analgesics	3	7%
Heroin	9	20%
Methadone	4	9%
Morphine, Hydrocodone, Oxycodone, and similar	10	22%
Other/Unspecified Narcotics	6	13%
Total of Rx drug/Heroin Deaths	***44***	***96%***
Other/Unspecified Drugs	*2*	*4%*
Total Drug Poisoning Deaths	***46***	***100%***

Source: CSB: Community Health Solutions analysis of Virginia Department of Health death record data and rates

According to Virginia Department of Health death records, 44 drug poisoning deaths in Chesterfield County in 2013 (the most recent year available) were due to prescription drugs or heroin related substances, 96% of all drug poisoning deaths. The majority of these, 22%, were from Morphine/ Hydrocodone/Oxycodone/Similar, followed by Heroin (20%). Demographic and trend data are not available.

Table 15: Number of Drug Poisoning Hospitalizations by Drug Type Chesterfield County (2013)

Drug Hospitalizations Due to:	#	% of total
Anti-depressants and similar	113	41%
Opiates, Heroin, Methadone, and similar	70	26%
Total Drug Poisoning Hospitalizations	(274)	

Source: CSB: Virginia Health Information Dataset

A total of 274 hospitalizations were due to drug poisoning in 2013 (the most recent year available). Of these, 41% were due to Antidepressants/similar and 26% due to Opiates/Heroin /Methadone/similar. Demographic and trend data are not available.

Table 16: Youth Lifetime Use Chesterfield County (2014)

Lifetime Use Age 14-19; 1+ Time in Life	#	%
Heroin	965	n/a
Prescription Drugs without a prescription	4,506	15%

Source: CSB: YRBS 2014

In 2014, 15% of youth age 14-19 reported using prescription drugs for which they did not have a prescription at least one time in their life. 965 reported using heroin; a percentage of the total is not available.

Additional indicator data from the Chesterfield County CSB is presented in Appendix 2.

Table 17: Change in 30 Day Use Rates by Grade & Substance PNA (2012, 2016)

	Grade 8				Grade 10				Grade 12			
	2012	2016	Change	% Change	2012	2016	Change	% Change	2012	2016	Change	% Change
Amphetamines	2.4%	1.6%	↓-0.8	-33%	4.5%	2%	↓-2.5	-56%	8.4%	3.8%	↓-4.6	-55%
Sedatives	2.8%	2.6%	↓-0.2	-7%	3.7%	2.8%	↓-0.9	-24%	4.2%	2.3%	↓-1.9	-45%
Tranquilizers	0.7%	1%	↑0.3	43%	2.1%	1.6%	↓-0.5	-24%	4.7%	3.2%	↓-1.5	-32%
Heroin	0.6%	0.3%	↓-0.3	-50%	0.2%	0.5%	↑0.3	150%	0.6%	0.1%	↓-0.5	-83%
Other Narcotics	0.9%	1.2%	↑0.3	33%	3.5%	1.6%	↓-1.9	-54%	5.4%	3%	↓-2.4	-44%

* Source: PNA Community Youth Survey. Green cells represent local rate higher than the national average (Monitoring the Future)

Table 18: 30 Day Use Rates by Grade PNA (2016)

	8th grade	10th grade	12th grade	All grades
Any prescription drug	4.7%	5%	7.2%	5.6%
Heroin	0.3%	0.5%	0.1%	0.3%

* Source: PNA Community Youth Survey

Overall, prescription drug 30 day use rates are low across all grades in 2016, with 12th graders showing the highest use rates (7%) and 8th and 10th graders both approximately 5%. Use rates of specific prescription drugs in 2016 show that sedatives are most commonly used among 8th and 10th graders and amphetamines are most commonly used among 12th graders. 10th and 12th graders show more variation in the types of prescriptions they use than 8th graders, although 8th graders start to show more variation in 2016. Heroin use is very low among all grades. Most substances show a decline in use from 2012 to 2016, with 12th graders showing a decline in all substances, although the use rates for 3 of the 5 substances remain higher than the national average as measured by the Monitoring the Future survey (MTF). 10th graders show declines in all prescription drug use rates, but an increase in heroin use. Although a very small increase in percentage points, it represents a 150% increase, and is higher than the MTF average. 8th graders show increases in Tranquilizers and Other Narcotics. Sedatives are higher than the MFT average for all grades in 2016.

Table 19: 30 Day Use Rates YAS (2016)

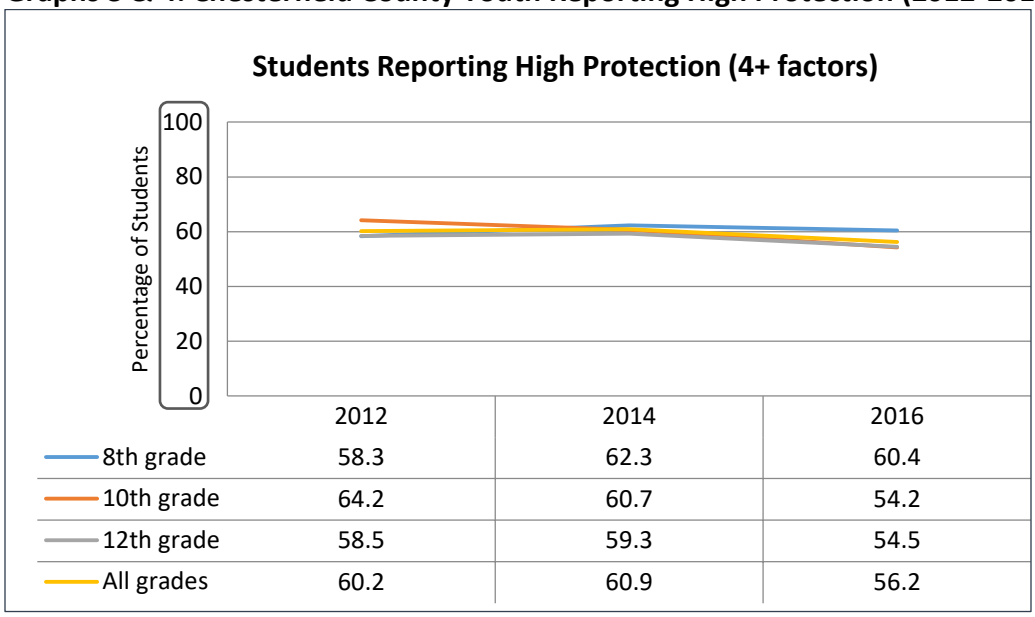
	0 days		1 to 4 days		5 to 8 days		9 to 14 days		15 to 29 days		All 30 days	
	#	%	#	%	#	%	#	%	#	%	#	%
Rx drug that was prescribed to you ONLY for the experience, feeling it caused, or to get high?	666	94%	14	2%	12	2%	4	.6%	5	.7%	5	.7%
Heroin?	686	97%	4	.6%	3	.4%	2	.3%	6	.9%	5	.7%

* Source: Young Adult Survey

30 day use rates as reported on the Young Adult Survey are low, with only 6% reporting prescription drug abuse and 3% reporting heroin use. Use rates are consistent with reported attitudes regarding use (see below). The prescription drug use rate is nearly identical to the 30 day use rate reported on the PNA (5.7% among all grades for any prescription drug). Heroin use rates among young adults, however, are higher (less than 1% report use across all grades).

Risk and Protective Factors

Graphs 3 & 4: Chesterfield County Youth Reporting High Protection (2012-2016)



	2012	2014	2016
8th grade	58.3	62.3	60.4
10th grade	64.2	60.7	54.2
12th grade	58.5	59.3	54.5
All grades	60.2	60.9	56.2

* Source: PNA Community Youth Survey

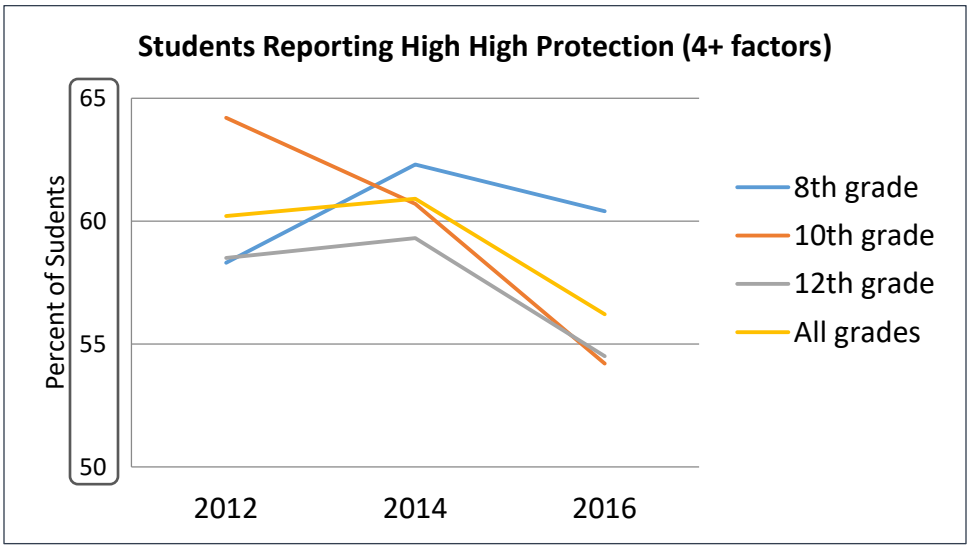


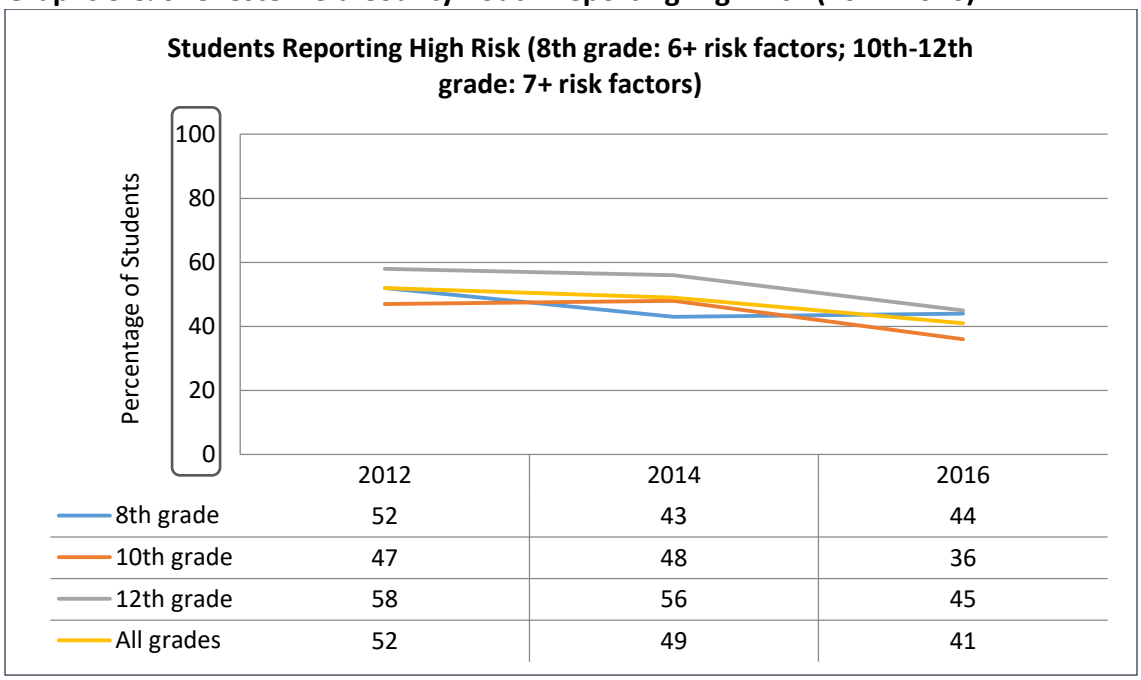
Table 20: Percent of Students Reporting High Protection: Chesterfield & BH Norm (2014,2016)

Percent of Students Reporting High Protection				
	Chesterfield County		Bach Harrison Norm	
	2014	2016	2014	2016
8th grade	62.3	60.4	55.1	44.9
10th grade	60.7	54.2	56.9	46.8
12th grade	59.3	54.5	56.9	47.4
All grades	60.9	56.2	56.4	45.8

* Source: PNA Community Youth Survey

Across all grades combined, fewer Chesterfield County students report high protection in 2016 than in 2012 after a small increase in protection in 2014. Examination by individual grades, however, shows variation. 10th graders show a steady decline from 2012 to 2016, moving from the grade with the highest percent displaying protection in 2012 to the grade with the lowest percent displaying protection in 2016. 8th graders are the only grade to show increased protection from 2012 to 2016, moving from the grade with the lowest percent reporting high protection in 2012 to the highest protection in 2016. While the percent displaying high protection has generally been decreasing, Chesterfield County students display more protection than the Bach Harrison Norm both in 2014 and 2016, overall and within individual grades. The BH Norm is based on a large, weighted, nationwide sample. Appendices 5 and 6 present additional information.

Graphs 5 & 6: Chesterfield County Youth Reporting High Risk (2012-2016)



	2012	2014	2016
8th grade	52	43	44
10th grade	47	48	36
12th grade	58	56	45
All grades	52	49	41

* Source: PNA Community Youth Survey

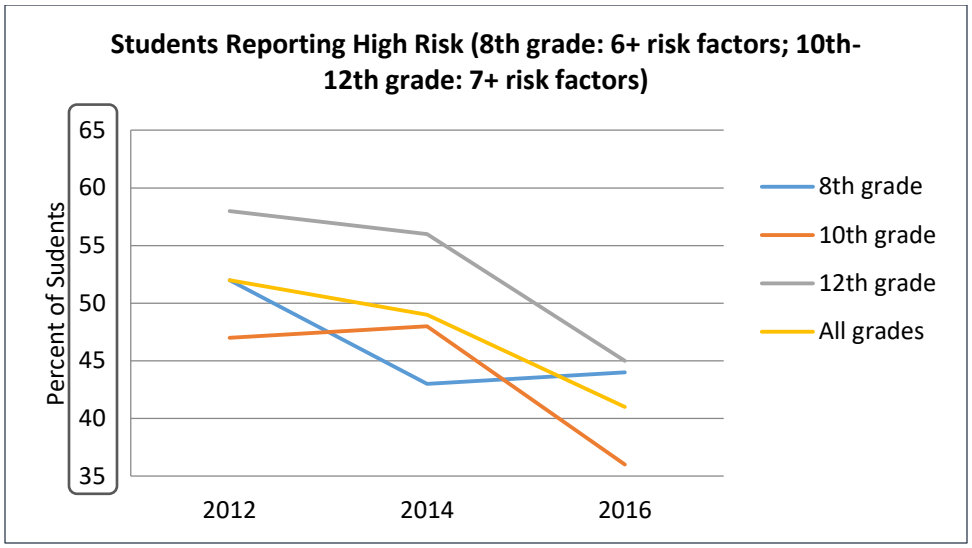


Table 21: Percent of Students Reporting High Risk: Chesterfield & BH Norm (2014, 2016)

Percent of Students Reporting High Risk				
	Chesterfield County		Bach Harrison Norm	
	2014	2016	2014	2016
8th grade	41.2	44.0	44.5	40.3
10th grade	46.0	36.3	45.7	42.0
12th grade	54.7	44.7	45.8	41.9
All grades	47.1	41.4	44.0	41.1

* Source: PNA Community Youth Survey

Across all grades combined, Chesterfield County students report a steady decline in high risk from 2012 to 2016. Examination by individual grades shows slight variation in this pattern although all show an overall decrease. 10th graders show a small increase in 2014, but decreased in 2016 to drop below 2012 levels. 8th graders show a large decrease in 2014, only to rise slightly in 2016. Despite the 8th graders increase in the percent displaying high risk from 2014 to 2016, however, they still report less risk in 2016 than in 2012. Comparisons to the Bach Harrison Norm are mixed. Across all grades, Chesterfield County students reported slightly more risk in 2014 but equal risk in 2016 compared to the BH Norm. Among individual grades in 2016, however, both 8th and 12th graders reported more risk than the BH Norm. In 2014, only 12th graders reported more risk than the BH Norm. The BH Norm is based on a large, weighted, nationwide sample. The Appendices 5 and 6 present additional information.

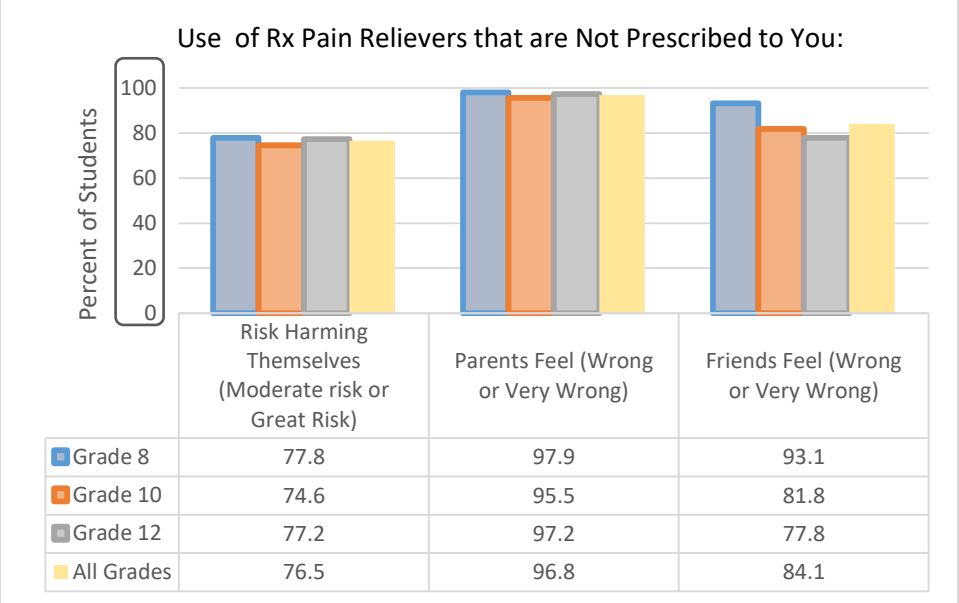
Table 22: Percent of Students Reporting Depressive Symptoms by Grade (2012-2016)

	2012	2014	2016	BH Norm (2014)	BH Norm (2016)
8th grade	34.2	39.6	40.0	40.4	34.8
10th grade	41.8	44.2	40.8	41.6	37.8
12th grade	37.2	40.4	39.7	37.7	33.4
All grades	37.6	41.3	40.2	40.0	36.3

* Source: PNA Community Youth Survey

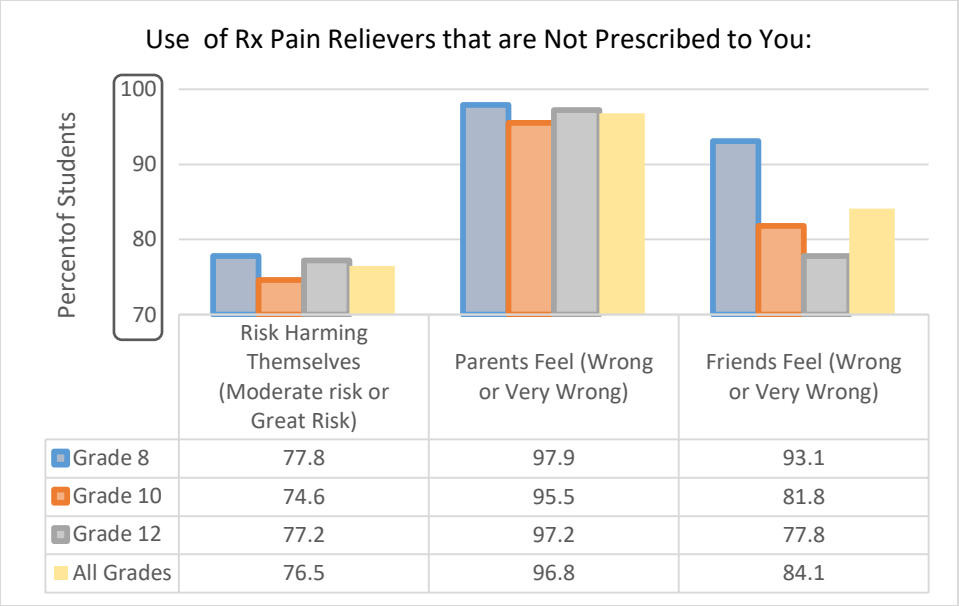
Across all grades, there is an increase in the percent of students reporting depressive symptoms from 2012 (37%) to 2016 (40%). This increase is seen among 12th and 8th graders, with 8th graders showing a 6% point increase. 8th graders also show a continued increase from 2012 to 2016, while 10th and 12th graders show a decline from 2014 levels. Across all grades, Chesterfield County students report slightly more depressive symptoms in both 2014 and 2016 compared to the Bach Harrison norm. Examination by individual grade shows that this pattern holds true, with 8th and 12th graders showing a much larger percentage in 2016 compared to the norm. See Appendices 5 and 6 for more information.

Graphs 7 & 8: Chesterfield County Youth Pain Rx Risk and Parent/Peer Approval (2016)



	Risk Harming Themselves (Moderate risk or Great Risk)	Parents Feel (Wrong or Very Wrong)	Friends Feel (Wrong or Very Wrong)
Grade 8	77.8	97.9	93.1
Grade 10	74.6	95.5	81.8
Grade 12	77.2	97.2	77.8
All Grades	76.5	96.8	84.1

* Source: PNA Community Youth Survey



Across all grades, 77% of students report that they face a "great" or "moderate" risk of harming themselves physically or in other ways if they use prescription pain relievers that are not prescribed to them. 10th graders show the lowest perceived risk, with 8th and 12th graders nearly identical. Almost all students think their parents would find it "wrong" or "very wrong" if they use prescription pain relievers that are not prescribed to them, although again 10th graders report slightly lower risk with 8th and 12th graders nearly identical. More variation is seen for perception of peer approval. Across all grades, 84% think their friends would find it "wrong" or "very wrong" if they use prescription pain relievers that are not prescribed to them. However, the most 8th graders feel so (93%), and the percent decreases from 10th graders (82%) to 12th graders (79%).

Table 23: Youth and Young Adult Perceived Risk (2016)

How much do you think people risk harming themselves physically or in other ways when they:		**Great Risk**		**Moderate Risk**		**Slight Risk**		**No Risk**	
		#	%	#	%	#	%	#	%
PNA	Use Rx drugs that are not prescribed to them? (all grades)	1680	53%	757	24%	394	12%	357	11%
YAS	Take a Rx drug ONLY for the experience, feeling it caused, or to get high?	414	60%	196	28%	62	9%	19	3%
	Use heroin?	619	89%	39	6%	15	2%	22	3%

* Source: PNA Community Youth Survey and the Young Adult Survey

Comparisons between PNA and YAS respondents suggest that the younger respondents on the PNA (grades 8, 10 and 12) view prescription drug abuse as slightly less risky than do the young adults on the YAS (age 18 to 25), with 77% indicating a "great" or "moderate" risk on the PNA compared to

88% on the YAS. It is important to note, however, the slight wording difference between the items; the PNA does not indicate the purpose of use and therefore encompasses both misuse and abuse. Combined into "great" and "moderate" risk, YAS heroin (95%) and prescription drugs (88%) risk assessments look similar. However, examination of "great" risk individually shows a larger discrepancy, with heroin viewed as much more risky (60% vs. 89%) An equal percentage of people find the substances "no" risk.

Table 24: Average Age of Onset for Rx Pain Relievers by Grade (2016)

	8th grade	10th grade	12th grade	All grades
Average age	12.3	13.4	14.9	13.7

* Source: PNA Community Youth Survey

The average age of onset of use of prescription pain relievers (among those reporting use) increases for each grade, as would be expected, although all are earlier than the age of 15. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse.

Table 25: Age of Onset for Rx Drug Abuse and Heroin Use YAS (2016)

	< age 12		12 to 17		18 to 20		21 to 25	
	#	%	#	%	#	%	#	%
Prescription Drug Abuse	5	3%	103	62%	47	28%	12	7%
Heroin	3	10%	9	30%	14	47%	4	13%

* Source: Young Adult Survey

Among those who report use, the majority of YAS respondents report beginning abuse of prescription drugs between the ages of 12 to 17, with another 28% reporting first use between the ages of 18 and 20. This is consistent with the average age of onset reported on the PNA (age 14 across all grades). Age of onset for heroin use among those reporting use is shifted, with the largest percentage (47%) reporting first use between age 18 and 20.

Table 26: Type of Prescription Drug Abused (2016)

	#	%
Opioids	106	63%
Depressants	94	56%
Stimulants	90	54%

* Source: Young Adult Survey

YAS respondents who reported prescription drug abuse were asked to indicate what type of prescription drugs they used. Most often, they reported abusing opioids (63%). However, more than half also abused depressants and stimulants.

Table 27: Peer Approval of Rx Drug Use PNA (2016)

How wrong do your friends feel it would be for you to use Rx drugs not prescribed to you?	Very Wrong		Wrong		A Little Bit Wrong		Not Wrong at All	
	#	%	#	%	#	%	#	%
8th Grade	842	79.6%	141	13.3%	43	4.1%	32	3.0%
10th Grade	751	62.1%	238	19.7%	131	10.8%	90	7.4%
12th Grade	593	55.0%	246	22.8%	138	12.8%	102	9.5%
All Grades	2186	65.3%	625	18.7%	312	9.3%	224	6.7%

* Source: PNA Community Youth Survey

Across all grades, 84% of youth indicate their friends think it is "very wrong" or "wrong" for them to use prescription drugs without a prescription. Examination by grade shows that 8th graders have the lowest perceived peer approval (93% "very wrong" or "wrong"), then 10th graders (82%) followed by 12th graders (78%). There a noticeable increase in "not wrong at all" between 8th grade (3%) and 10th grade (7%).

Table 28: Parental Disapproval of Rx Drug Use PNA (2016)

How wrong do your parents feel it would be for YOU to use prescription drugs not prescribed to you?	Very Wrong		Wrong		A Little Bit Wrong		Not Wrong at All	
	#	%	#	%	#	%	#	%
8th Grade	887	89.5%	83	8.4%	12	1.2%	9	.9%
10th Grade	919	85.7%	106	9.9%	32	3.0%	15	1.4%
12th Grade	833	84.7%	123	12.5%	17	1.7%	11	1.1%
All Grades	2639	86.6%	312	10.2%	61	2.0%	35	1.1%

* Source: PNA Community Youth Survey

Across all grades, 97% of youth indicate that their parents think it is "very wrong" or "wrong" for them to use prescription drugs without a prescription. Examination by grade shows that while 8th graders report slightly lower parental approval (98% "very wrong" or "wrong"), perceived parental approval is generally consistent and very low across each grade.

Table 29: Approval of Illegal Drug Use PNA (2016)

How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?	Very Wrong		Wrong		A Little Bit Wrong		Not Wrong at All	
	#	%	#	%	#	%	#	%
8th Grade	940	89.1%	88	8.3%	15	1.4%	12	1.1%
10th Grade	954	81.7%	140	12.0%	36	3.1%	37	3.2%
12th Grade	800	76.7%	142	13.6%	67	6.4%	34	3.3%
All Grades	2694	82.5%	370	11.3%	118	3.6%	83	2.5%

* Source: PNA Community Youth Survey

Across all grades, 94% of youth indicate they think it is "very wrong" or "wrong" to use illegal drugs. Analysis by grade shows 8th graders report the lowest approval (97% "very wrong/wrong"), followed by 10th (93%) and 12th graders (90%). This item includes all illegal drugs, not just heroin.

Table 30: Approval of Rx Pain Reliever Use PNA (2016)

How wrong do you think it is for someone your age to use prescription pain relievers without their doctor's orders?	Very Wrong		Wrong		A Little Bit Wrong		Not Wrong at All	
	#	%	#	%	#	%	#	%
8th Grade	793	75.6%	166	15.8%	60	5.7%	30	2.9%
10th Grade	812	69.8%	221	19.0%	83	7.1%	47	4.0%
12th Grade	717	69.1%	196	18.9%	85	8.2%	40	3.9%
All Grades	2322	71.4%	583	17.9%	228	7.0%	117	3.6%

* Source: PNA Community Youth Survey

Across all grades, 89% of youth indicate they think it is "very wrong" or "wrong" to use prescription pain relievers without a prescription. Analysis by grade shows that while 8th graders report slightly less approval (91% "very wrong" or "wrong"), generally approval is consistently low across grades.

Table 31: Approval of Use YAS (2016)

In your opinion, how acceptable do you think it is for individuals of any age to use:	Acceptable		Somewhat Acceptable		Somewhat Unacceptable		Unacceptable	
	#	%	#	%	#	%	#	%
Rx drugs in any way a doctor did not direct them to use them?	17	2.4%	28	4.0%	107	15.2%	554	78.5%
Heroin	10	1.4%	10	1.4%	24	3.4%	662	93.8%

* Source: Young Adult Survey

The majority of young adults on the YAS indicate that prescription drug misuse or abuse is unacceptable (79%). The average response on the 4-point scale, with higher numbers indicating less acceptability, is 3.70. Acceptability for heroin use is even lower, with 94% indicating it is unacceptable. The average heroin rating on the same scale is 3.90.

Table 32: Rx Pain Reliever Availability PNA (2016)

If you wanted to get some Rx pain relievers, how easy would it be for you to get some?	Very Hard		Sort of Hard		Sort of Easy		Very Easy	
	#	%	#	%	#	%	#	%
8th Grade	665	68.3%	139	14.3%	97	10.0%	73	7.5%
10th Grade	542	51.7%	217	20.7%	160	15.3%	129	12.3%
12th Grade	446	46.3%	215	22.3%	174	18.0%	129	13.4%
All Grades	1653	55.4%	571	19.1%	431	14.4%	331	11.1%

* Source: PNA Community Youth Survey

Across all grades, 75% of youth on the PNA report that is it "very" or "sort of" hard to obtain prescription pain relievers. Examination by grade shows that 8th graders find them least accessible (83% "very" or "sort of" hard), with 10th graders (72%) and 12th graders (69%) providing similar assessments.

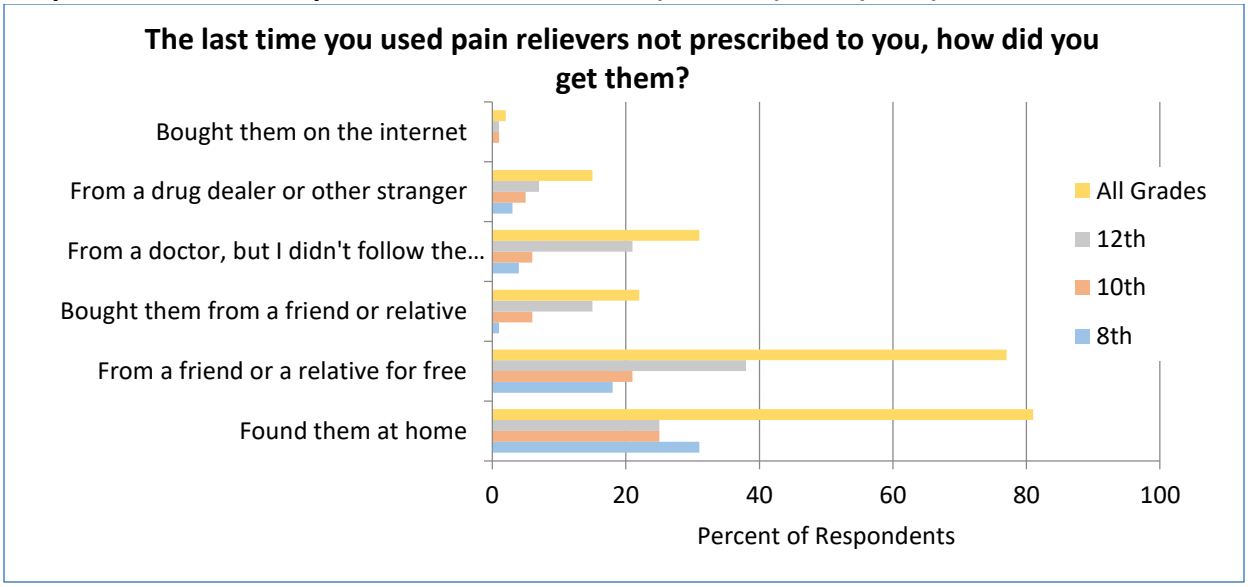
Table 33: Rx Drug and Heroin Availability YAS (2016)

How hard is it to get the following (to get high) in your community?	Very Hard		Sort of Hard		Sort of Easy		Very Easy	
	#	%	#	%	#	%	#	%
Rx drugs from a friend/family member?	53	12.5%	75	17.7%	158	37.3%	138	32.5%
Rx drugs from a doctor?	138	39.3%	81	23.1%	72	20.5%	60	17.1%
Heroin?	89	40.3%	46	20.8%	49	22.2%	46	20.8%

* Source: Young Adult Survey

Respondents on the on the YAS report that it is more difficult to obtain prescription drugs from community doctors (62% indicate it is "very" or "sort of" hard) than from friends or family members (29% indicate it is "very" or "sort of" hard). The average ratings on the 4-point scale, with higher numbers indicating less difficulty, are 3.58 and 3.74, respectively. 61% indicate it is "very" or "sort of" hard to obtain heroin, with an average rating of 4.10 on the same scale, suggesting heroin is the easiest to obtain. However, the average ratings for prescription drug availability suggest they are relatively easy to obtain as well.

Graph 9: Source of Un-prescribed Pain Relievers (Last Use) PNA (2016)

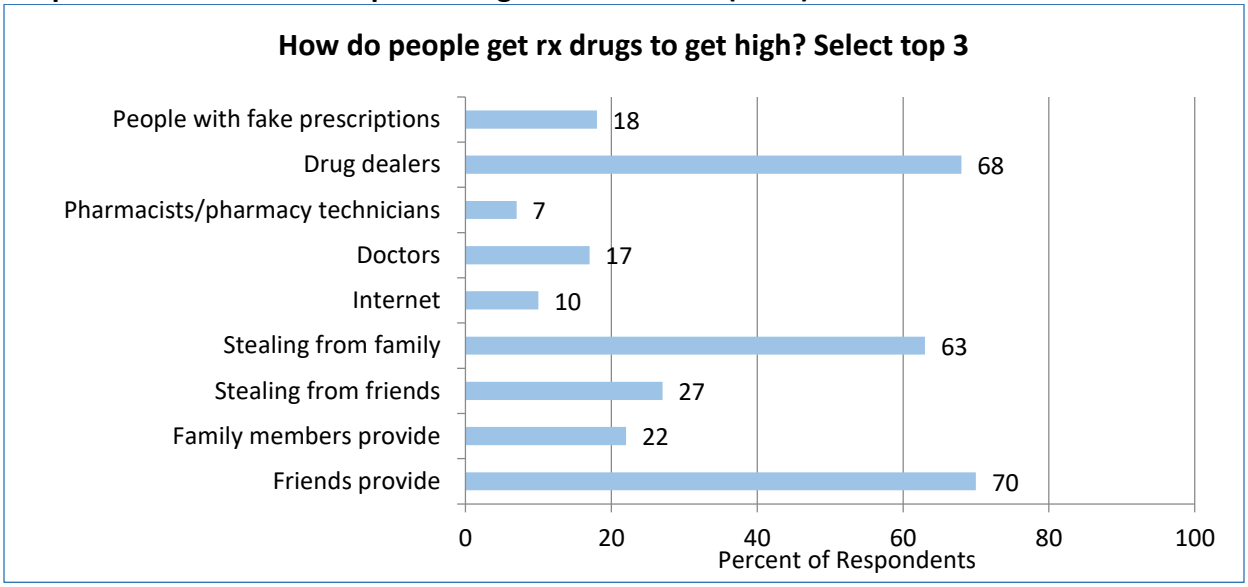


* Source: PNA Community Youth Survey

Among those reporting use across all grades, the majority of youth obtained pain relievers (last use) from a friend or relative for free (77%) or found them at home (81%). Purchasing them from a

drug dealer/stranger (15%) or a friend/relative (22%) was a less common method. This pattern held true across grades. It is difficult to interpret "From a doctor, but I didn't follow the doctor's orders" because it is difficult to tell if this is "doctor shopping" or misuse/abuse of a legitimate prescription.

Graph 10: Source of Prescription Drugs for Abuse YAS (2016)



* Source: Young Adult Survey

YAS respondents indicate that the most common sources of prescription medication for abuse are friends providing (70%), drug dealers (68%), and stealing from family (63%). Note that this item does not specify whether there response is based on experience or merely perception.

Table 34: Youth Interaction with Antisocial Peers PNA (2014-2016)

In the past year, how many of your 4 best friends have: (Response "0" friends)		8th Grade		10th Grade		12th Grade		All Grades	
		#	%	#	%	#	%	#	%
Made a commitment to stay drug free?	*2014*	387	29.4%	438	38.9%	522	44.4%	1347	37.3%
	2016	322	30%	480	39%	562	52%	1364	40%
Used other drugs? (besides alcohol, marijuana or tobacco)	*2014*	1216	91.6%	940	83.5%	928	78.6%	3084	84.8%
	2016	990	93%	1018	83%	851	78%	2859	85%

* Source: PNA Community Youth Survey

Across all grades, youth report that fewer of their close friends have committed to being drug free in 2016 compared to 2014. However, most of their friends have not used "other drugs", and despite the slight decline in commitment, use remains the same in 2014 and 2016.

Table 35: Parental Conversations about Drug Use PNA (2014-2016)

During the last 12 months, I talked with at least one of my parents about the dangers of:		8th Grade		10th Grade		12th Grade		All Grades	
		#	%	#	%	#	%	#	%
Tobacco or drug use ("yes" response)	*2014*	617	50.9%	494	47.1%	477	43.0%	1588	47.1%
	2016	554	56.6%	600	57.5%	524	54.6%	1678	56.3%

* Source: PNA Community Youth Survey

Across all grades, more youth report talking to at least one of their parents over the past year about the dangers of tobacco or drug use in 2016 (56%) compared to 2014 (47%). This increase was seen in all grades, with fairly consistent agreement in 2016 across all grades. There was more variation in 2014, when 43% of 12th graders and 51% of 8th graders reported they had done so. Note this item mixes tobacco and other drugs.

Table 36: Family Rules on Drug Use PNA (2014-2016)

My family has clear rules about other drug use. (besides alcohol)		NO!		No		Yes		YES!	
		#	%	#	%	#	%	#	%
8th Grade	*2014*	54	4.3%	156	12.4%	275	21.9%	772	61.4%
	2016	56	5.6%	90	9.1%	231	23.3%	616	62.0%
10th Grade	*2014*	77	7.0%	177	16.1%	399	36.4%	444	40.5%
	2016	80	7.4%	104	9.7%	325	30.3%	565	52.6%
12th Grade	*2014*	70	6.1%	229	20.1%	458	40.2%	383	33.6%
	2016	83	8.5%	115	11.7%	332	33.9%	450	45.9%
All Grades	*2014*	201	5.8%	562	16.1%	1132	32.4%	1599	45.8%
	2016	219	7.2%	309	10.1%	888	29.1%	1631	53.5%

* Source: PNA Community Youth Survey

Across all grades, more youth report that their family has clear rules about drug use (besides alcohol) in 2016 (83%) compared to 2014 (78%). There was some variation between grades in 2016: 85% of 8th graders, 83% of 10th graders, and 80% of 12th graders agreed.

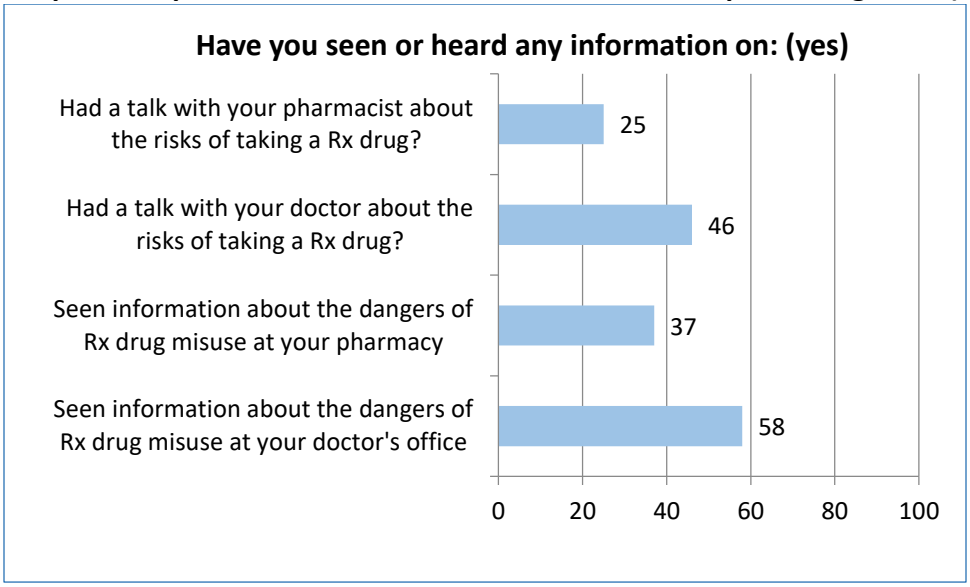
Table 37: Youth Exposure to Adult Use PNA (2016)

In the past year, about how many adults (over 21) have you known personally who have gotten drunk or high?	8th Grade		10th Grade		12th Grade		All Grades	
	#	%	#	%	#	%	#	%
Response "0"	437	44.8%	421	40.0%	358	37.1%	1216	40.6%

* Source: PNA Community Youth Survey

Across all grades, 41% of youth report that they do not know any adults who have gotten drunk or high. The percentage decreases slightly for each grade, from 45% in 8th grade to 37% in 12th grade. Note this item mixes alcohol with other general drug use, although it does provide a general sense of exposure to the modeling of excess use.

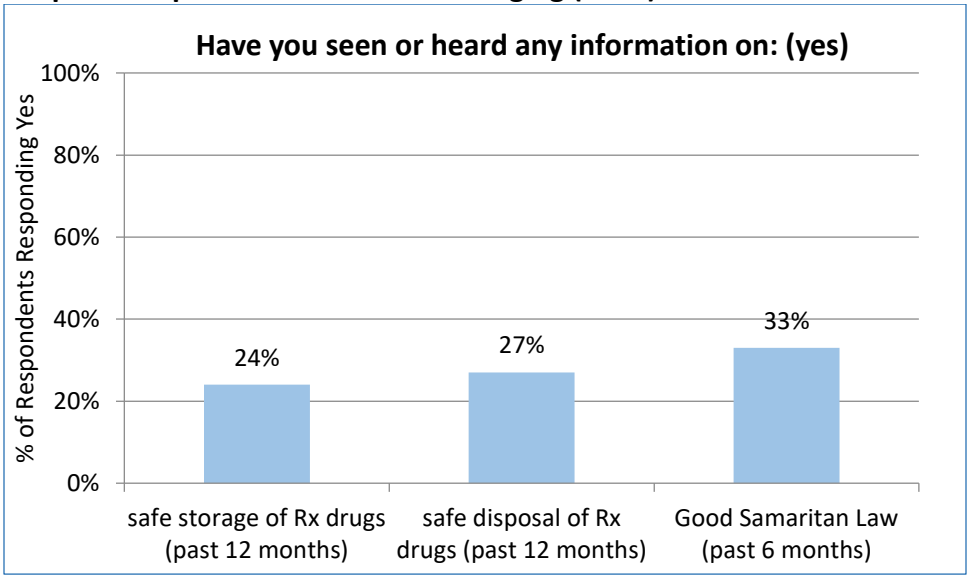
Graph 11: Exposure to Provider Information on Prescription Drug Risks (2016)



* Source: Young Adult Survey

More respondents indicate they have seen information on the risks of taking prescription drugs or prescription drug misuse than have actually talked to providers about these issues. They are more likely to talk to their physician than their pharmacist. Overall, however, the numbers are low, with just 58% seeing information at their doctor's office and less than half (46%) talking about the risks with their doctor.

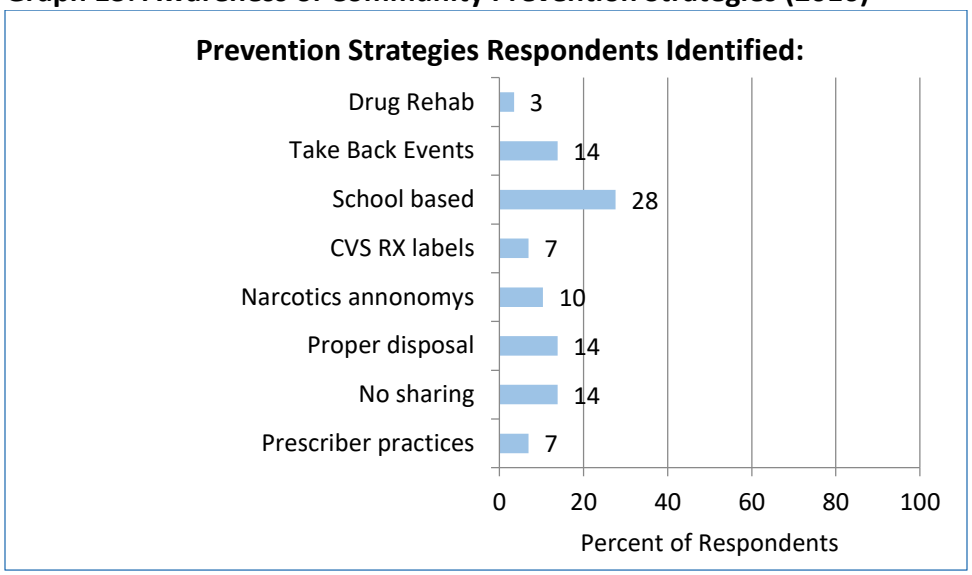
Graph 12: Exposure Prevention Messaging (2016)



* Source: Young Adult Survey

Few respondents indicate exposure to prevention message, with approximately one quarter recalling messaging on safe storage or disposal of prescription medications over the past year. Approximately 1/3 recalls messaging on the Good Samaritan Law over the past 6 months.

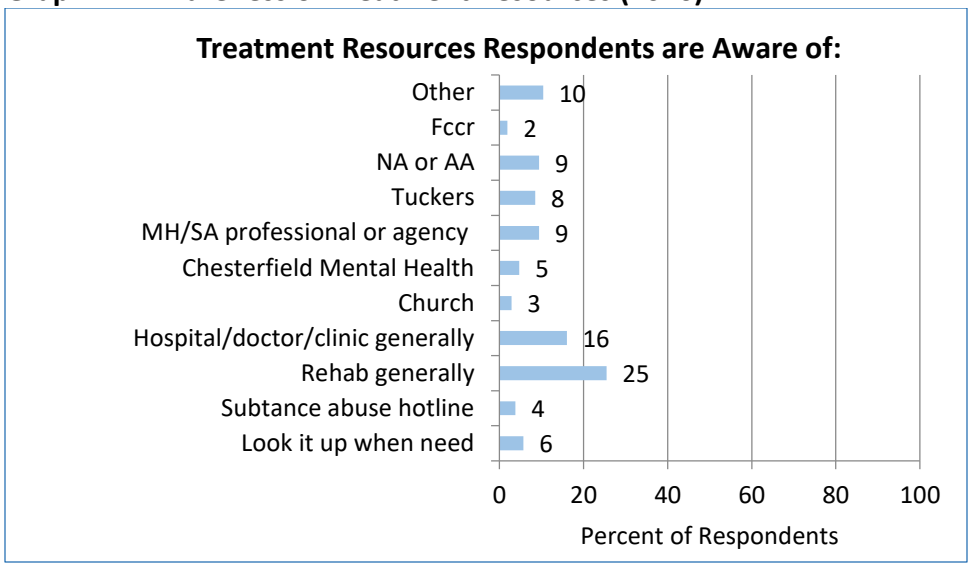
Graph 13: Awareness of Community Prevention Strategies (2016)



* Source: Young Adult Survey

Most respondents (95%) indicated they are not aware of any prescription drug misuse prevention strategies in the community. Of those that indicated they are aware, most referred to a school based prevention program (28%).

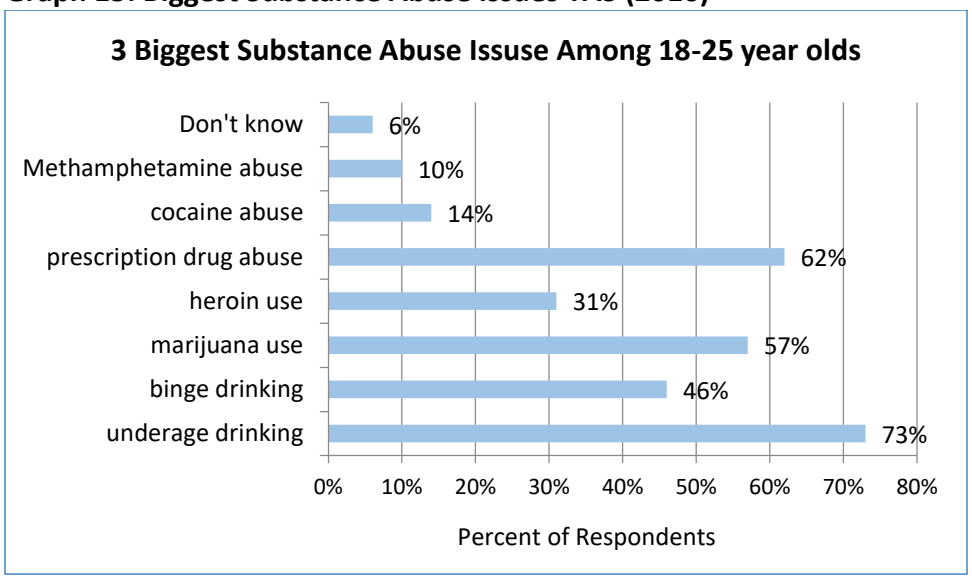
Graph 14: Awareness of Treatment Resources (2016)



* Source: Young Adult Survey

Most respondents (86%) indicated they are not aware of any treatment resources in the community for prescription drug or heroin dependence. Of those that indicated they are aware, most referred to “rehab” or the hospital/doctors/clinics generally (25% and 16% respectively). “Other” responses included a variety of single responses (see Appendix 3).

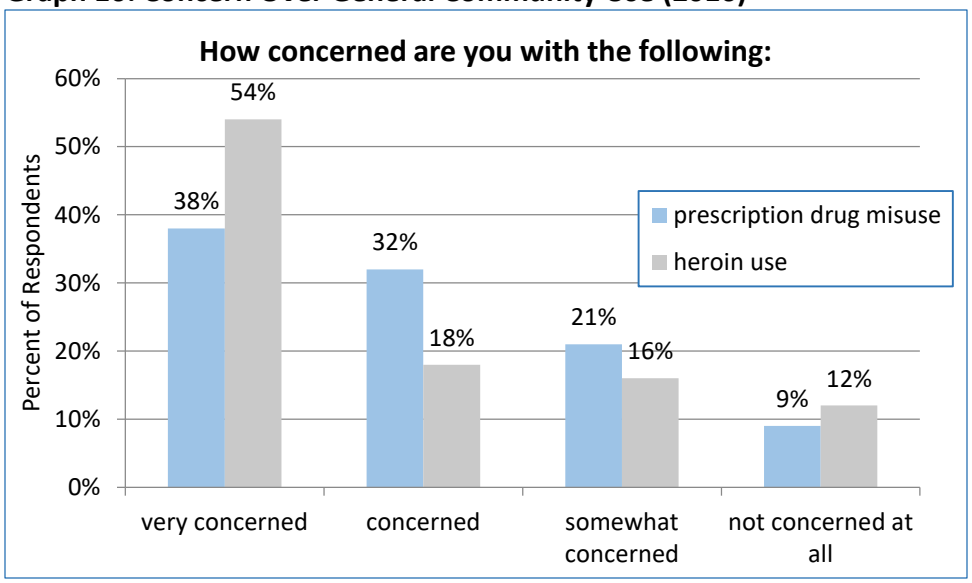
Graph 15: Biggest Substance Abuse Issues YAS (2016)



* Source: Young Adult Survey

The biggest substance abuse issues identified by respondents on the YAS include underage drinking (73%) and prescription drug abuse (62%), which was slightly above marijuana use. 31% identified heroin abuse as an issue.

Graph 16: Concern Over General Community Use (2016)



* Source: Young Adult Survey

More respondents indicate being “very” concerned about heroin use than prescription drug misuse, although an equal amount are concerned when “very concerned” and “concerned” are combined (70% and 72% respectively). 19% were “very concerned” about marijuana and 23% about underage drinking (see Appendix 3).

Community Take Back Events: Since 2010, there have been 33 Take Back Events, during which 14,055 pounds of medications were collected. Data for individual TBEs are not available. However, at the most recent TBE (April 30, 2016), 171 participants returned 608.4 pounds of medications. Such high turnout for TBE both indicates the amount of leftover medications that is being generated, as well as the decreasing availability of that supply.

Environmental Assessment: Examination of community policies related to prescription drug and heroin use suggests that this is an area of strength for the community. Policies were found related to all 8 areas contributing to Safe and Drug Free Neighborhoods, and 7 of the 8 areas contributing to Safe Elementary and Secondary Schools (see Appendix 4 for more information). The Higher Education institutional environments in the community (John Tyler Community College and Virginia State University) also have policies that support health-promoting norms, although JTCC has more policies in place than VSU. The Workplace Environment was the one weak area for policies, with information only available for County government workplaces. It is assumed that other businesses and larger employers in the county, including hospitals, Amazon and Philip Morris, have some version of workplace policies. However, that data was not collected as they were not represented on the Needs Assessment team. Virginia is a publically regulated state for both alcohol and tobacco. This limits access and availability of alcohol and tobacco to a greater extent than privately regulated states in terms of advertisements and sponsorships from alcohol and tobacco companies.

Qualitative Data Indicators

Several themes emerged from the qualitative data collected on use, consequences and the risk and protective factors surrounding heroin and prescription drug use via focus groups and key informant interviews. These are summarized below. Appendix 3 provides more detailed summaries of the key informant interviews and focus groups.

1) Education and training are lacking on all levels. Professionals, with the exception of the EMT, indicated they receive little training on issues related to prescription medication misuse and abuse. Community members indicated physicians over prescribe, youth need more education and peer mentoring, and that family members lack education on preventing, identifying and handling substance use issues and as a result experience denial and shame.
2) Prescription pain medications are frequently the gateway to heroin use, but other prescription medications, such as Xanax, also serve as a gateway.
3) Attitudes are becoming more accepting of heroin use, and drug use is glorified both in the media and among peers.
4) Heroin is very accessible.
5) There is a connection between mental health issues, particularly anxiety and depression, and the onset of use.
6) More resources are needed for treatment, particularly for those that become clean during incarceration and then are released.

B. Assessment of Resources related to prioritized Alcohol, Tobacco, or Other Drugs (ATOD) Use and Consequences

Resource Assessment and Gaps Analysis

A resource assessment workgroup represented by individuals from SAFE, Chesterfield County Police Department, Chesterfield County Sheriff's Office, Chesterfield County Emergency Medical Services, Chesterfield County Mental Health Support Services Prevention Services, and Chesterfield Health District met on August 18, 2016 and reviewed heroin related strategies and services currently available in our community. A total of nearly 50 initiatives addressing prescription drug and heroin use and overdose were identified by the workgroup. The bulk of the strategies offered treatment related services (approximately 70%), approximately 17% of the strategies offered prevention related services, approximately 11% offered mental health or other services, and 1% were enforcement related strategies. (Note: several strategies offered more than one type of service.) The workgroup determined that there were no issues regarding duplication of initiatives or resources. A list of the resources identified by the workgroup is presented in Appendix 1.

The following service gaps were identified by the resource assessment workgroup:

- Ability to access/initiate treatment in the evening and on weekends
- Accessible and affordable medication assisted treatment
- Funding to sustain and expand current initiatives
- Housing for people in recovery, post discharge from jail or treatment facility
- Access to medication assisted treatment post discharge from jail or treatment facility

The group proposed exploring the following options:

- Partnering with hospitals to provide beds on observation units
- Outreach by MHSS peers and case managers and/or community paramedics to heroin users and/or overdose victims identified by the police
- Screening and Brief Intervention and Referral to Treatment by EMS
- Exploring partnerships with local hospitals and treatment facilities

Additionally, the group noted that increased the Medicaid benefit for substance abuse treatment may allow for increased access to treatment, as more substance use related services will be billable under Medicaid.

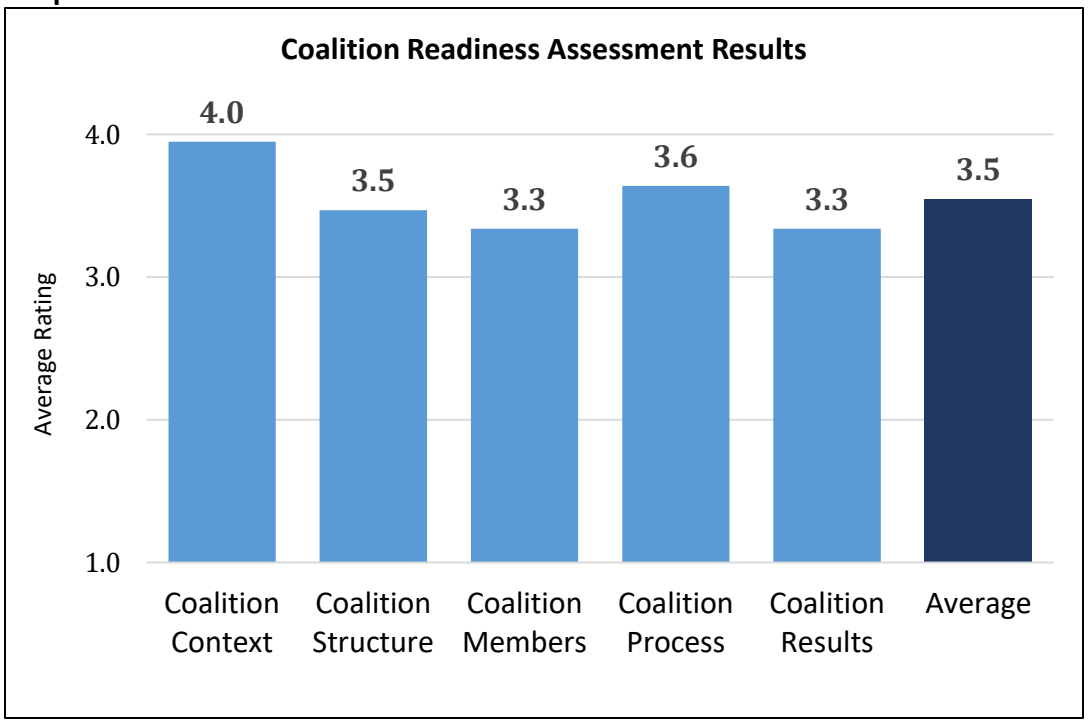
Coalition Readiness Assessment

In addition to assessing community readiness to work with the coalition to accept and implement strategies related to prescription drug and heroin use, SAFE conducted a readiness assessment of the coalition Board of Directors to gauge their level of readiness to act and implement strategies in the community. A Coalition Readiness Survey was administered by the Secretary of the SAFE Board of Directors at a board meeting. The Survey used very specific measurement and scoring tools provided by the grantor, Department of Behavioral Health and Developmental Services. Each board member (N=10) completed the paper survey anonymously. Scoring of the Survey was done by a

temporary SAFE PFS staff member who is not part of the Coalition, and as instructed by the statewide evaluator for the Virginia PFS. Responses were given on a 4-point scale and the average response was calculated for each of the 5 dimensions assessed on the Survey (Context, Structure, Membership, Process, and Results), with a total average score also calculated.

Overall, the Coalition Readiness results indicate that the Coalition scores a 3.50 on the 4 point scale, with higher scores indicating more readiness (see Graph 17). The dimension with the highest readiness is Coalition Context at 4.0 (agreement that the Coalition is working on a critical issue that affects the community). The lowest readiness is in the areas of Coalition Members (agreement that members work together effectively and have a strong commitment to the Coalition) and Coalition Results (agreement that the Coalition has set specific, measurable goals and achieved them), at 3.3 each. Coalition Structure refers to the extent the Coalition has effective norms, information, support, and representative membership; and Coalition Process refers to the extent the Coalition values member opinions and makes effective decisions.

Graph 17: Coalition Readiness Assessment Results



The major theme evident in open-ended responses to what the Coalition is doing well is diversity in membership and representation. Example responses include, “Maintaining a diverse group of members” and “variety of stakeholders.” This theme also emerged in recommendations for improving the Coalition, with multiple responses calling for more involvement from the business sector. Example responses include: “Continued recruitment of strong, diverse board members from variety of sectors” and “continue to diversify membership.” Another, related theme that emerged in the recommendations was the need for diversifying funding. Example responses include: “Seek additional funding sources to support the mission” and “more focus on fundraising from individual donors to diversify funding streams.”

Summary of Assessment of Resources

Overall, the Coalition Readiness results suggest the Coalition is well-positioned for prevention work, and for moving community readiness from a Preplanning phase to the Preparation phase of readiness. However, to ensure the Coalition is able to sustain itself and maintain effectiveness over the long term, efforts should be undertaken to ensure the membership is working together and committed. Additional assessment directly from Coalition members in this area may be helpful.

The Community Readiness results show relatively low readiness in the area of Resources (Vague Awareness), suggesting there are some community resources that could be used for efforts to address heroin and prescription drug use, but there is little or no action to allocate these resources to the effort. This is consistent with the Resource Assessment, which found a variety of treatment resources but very limited resources geared toward prevention.

V. RECOMMENDATIONS & IMPLICATIONS FOR ACTION

A. Summary of Priority Areas and Next Steps

1) Education and training are lacking on all levels. Exposure to and awareness of prevention strategies is low.
   a. Qualitative data suggest professionals, with the exception of the EMT, receive little training on issues related to prescription medication misuse and abuse.
   b. Community members indicated physicians over prescribe, youth need more education and peer mentoring, and that family members lack education on preventing, identifying and handling substance use issues and as a result experience denial and shame.
   c. 58% of YAS respondents see information at their doctor's office and 46% talk about the risks with their doctor.
   d. Approximately 25% of YAS respondents recall seeing messaging on safe storage or disposal of prescription medications over the past year.
   e. 95% of YAS respondents are not aware of any prevention strategies in the community
   f. 86% of YAS respondents indicated they are not aware of any treatment resources in the community for prescription drug or heroin dependence

2) Efforts should be focused on prescription medications generally, and not limited to narcotics.
   a. Qualitative data needs assessment data suggest narcotics are frequently the gateway to heroin use, but other prescription medications, such as Xanax, also serve as a gateway.
   b. More hospitalizations due to drug poisoning were due to Anti-depressants/Similar in 2013 than to Opiates/Heroin (2013) (according to Virginia Health Information Dataset). Most deaths were due to Heroin and Morphine/Similar but other types of medications also led to deaths.
   c. Probation lab tests show a mix of prescriptions in positive lab specimens.
   d. Types of prescriptions abused as reported on the YAS were most often opioids, but depressants and stimulants were not far behind.
   e. Xanax and Clonazepam accounted for the 2nd and 3rd most commonly used substances in

overdoses in 2015 and in 2016 as reported by the Chesterfield County PD.

3) Accessibility is an issue for both substances. Doctor shopping is less of an issue, but overprescribing, and safe storage and disposal are.
   a. Qualitative data indicate heroin is very accessible generally.
   b. The YAS suggests the biggest source of prescription drugs is family and friends over doctors, and that it is much harder to obtain prescription drugs from doctors. However it is relatively easy to get them overall.
   c. 61% of respondents indicate heroin is easy to obtain, with an average rating of easiness that suggests heroin is the easier to obtain than prescription drugs.
   d. The PNA data indicate the home or sharing is the most common source of prescription drugs.
   e. Evidence for drug dealers as a source is mixed. The question remains as to where drug dealers obtain their supply.

4) Substance use prevention efforts should be coordinated with mental health efforts.
   a. General research supports the connection between mental health and substance abuse.
   b. Qualitative needs assessment data suggest a connection between mental health issues, particularly anxiety and depression, and the onset of use.
   c. Depressive symptoms are increasing among 12th and particularly 8th graders, with Chesterfield County higher than the national norm. This is a predictor of possible upcoming increases in use rates.

5) More resources are needed for treatment, particularly for those that become clean during incarceration and then are released.
   a. In 2015, Chesterfield County CSB processed 339 intakes with Other Opiates/Synthetics as the primary drug of choice, and 313 with Heroin, representing 10% of the total intakes, with other prescription drugs (Benzodiazepines, Other Amphetamines/Stimulants, Sedatives/Hypnotics) accounting for less than approximately 5% each.
   b. 31% of probations had a Drug/Alcohol placement offense.

6) Generally speaking, fewer 12th graders are leaving high school as “high risk” as defined by the number of risk and protective factors they are experiencing, but fewer are also leaving with “high” protection.

7) Prescription drugs serve as a gateway to heroin use. Prescription drugs are seen as less risky and their misuse and abuse is seen as more accepting than heroin. The evidence is mixed on whether heroin use is becoming more acceptable, although the risk of heroin use remains high. Given the progression from prescription use (which is seen as less risky and relatively more acceptable) to heroin (once an addiction is established or use deemed more acceptable after being desensitized via prescription drug use), efforts to increase the perception of risk of prescription misuse/abuse and decrease favorability would be helpful.
   a. Perceived risk on the YAS is consistent with the qualitative data reports that people begin

using prescription drugs and move to heroin once addicted.

b. The majority of respondents on the YAS report a heroin use age of onset that is one age group higher (18 to 20) compared to that for prescription drugs (12 to 17), consistent with the move from prescription drugs to heroin.
c. Perceived peer approval of prescription drug use increases steadily across grades to 22% among 12th graders in 2016.
d. The approval rating on the YAS indicated 21% found prescription drug use acceptable. Heroin acceptability was 6%, contradicting qualitative data.
e. Qualitative data suggested attitudes are becoming more accepting of heroin use, and drug use is glorified both in the media and among peers.

8) Prescription drug and heroin use starts earlier than age 18 for many youth.
   a. The average age of prescription drug use reported on the PNA is 14.
   b. 63% of the respondents on the YAS report onset of prescription drug use prior to age 18. 40% report onset of heroin use prior to age 18.

VI. CITATIONS AND APPENDICES

A. Data Sources

Tri-Ethnic Center Community Readiness Handbook 2nd Ed. (2014). Tri-ethnic Center for Prevention Research. Colorado State University

U.S. Census Bureau. (2015). *State & county Quickfacts: Chesterfield County, V.A.*

B. Appendices

1. Resource Collection Tool
2. Supporting Indicator Data
3. Qualitative Data Summary
4. Environmental Assessment Checklist
5. Young Adult Survey Frequencies
6. PNA Community Youth Survey Profile Report 2016
7. PNA Community Youth Survey Profile Report 2014

Appendices Summary

Appendix 1: Resource Collection Tool

Resource Collection Tool

Lead Organization	Target Population	Strategy	Program Duration	Partner Organizations	Funding	Outcomes Collected	Barriers	Help/Support Needed
SAFE/CCPD	Community members, people affected by their own or family use	Heroin treatment card		Chesterfield County Police, Central VA Heroin and Opioid Taskforce	JHW Foundation	# distributed		Limited treatment options to include in card, assistance disseminating
CCPD Larceny Investigative Taskforce	Users supporting habit through larceny	Identity, arrest and incarcerate. Make a referral to treatment.	Ongoing	Community members and retail business partners	Internal shift in personnel. No specific funding	219 cases investigated – 64% clearance rate. Unknown treatment outcomes	Personnel, immediate treatment resources	Increase reach to incarcerated individuals at local and regional jails. Increased immediate care for those seeking tx.
CCPD Narcotics Unit	Interviewing and documenting heroin overdose victims.	By interviewing victims that recently overdosed, detectives can gather relevant and reliable dealer information.	90 days	All other Richmond Metro Police and Federal Agencies	Police budget	Numerous heroin dealers arrested	Personnel, funding	
Sheriff's Office (Jail)	Inmates with reported substance abuse issues	BRIDGE initiative	6-month minimum	VCU Intern program	Sheriff budget	49% of those that completed have not reoffended	Length of stay, budget restraints, personnel shortage	Resources outside of jail, additional clinician
Sheriff's Office	Males 18 & up	Peer to peer housing; family oriented	12 months	Healing Place	Sheriff's Budget		Offender must qualify	Funding
Sheriff's Office Heroin Addiction Recovery	Inmates with heroin addiction	Peer to peer counseling; work with case manager; can return to	varies	Mental Health/SUD staff, McShin Foundation, Professional	Sheriff Budget	# of people through program	Aftercare programs – funding. Do not serve	Funding

Program (HARP)		program if released; family involvement; family therapy Detox		counseling			women	
Fire/ EMS Community paramedics		Outreach and connection to resources						
Fire/EMS	People who have overdosed on heroin	Narcan project revive		Walgreens			cost	Build ER procedures
EMS	People who have overdosed on heroin	Electronic notification of police						
MHSS	Anyone seeking treatment	Same day access mental health					Time from assessment to initiation of treatment/ medication,	
MHSS	Pregnant Women	Access to detox. facility		DBHDS provides regional funds that are managed by RBHA to send too residential and women can stay until the baby is 6 weeks' old			We have one local Facility- Rubicon and 3 other locations throughout the state.	
Drug court- Adult	People who've been arrested for drug related crime and meet criteria	Mental health treatment, Substance abuse treatment, Moral reconciliation, Self-help groups, Home visits, Drug/alcohol testing	12-month minimum	Circuit Court			Long wait/stay	

Drug Court-Juvenile	Youth who have been arrested for drug related crimes and meet criteria	Individual, family and group, mental health and substance abuse treatment. Home visits, Drug/alcohol testing, curfew.		Juvenile and Domestic Relations Court				
General District/ Circuit Court¬— Probation Unit	People with suspended sentence less than 12 months or deferred judgment	Risk assessment, Substance abuse education, Drug/alcohol testing, Referrals: Substance abuse counseling, Mental health counseling,	Varies, completed requirements					
Domestic Violence-- Probation Unit	Cases with suspended sentence or deferred judgment experiencing family violence	Substance abuse education, drug/alcohol testing	Varies, completion of requirements					
Pretrial Service Unit	People released through bond and awaiting trial	SCRAM-Alcohol testing, Drug and alcohol testing, Substance abuse assessment/treatment	Duration of pretrial status					
Center of Risk Reduction (CORR)	Non-violent people who have are in jail or probation and have	Alternative sentencing, Straight ahead-- substance abuse, Drug/alcohol testing	At least 4 months					
Dual Treatment Track (DTT)	Persons who are incarcerated and have both mental health and substance use	Jail diversion program. Work with community corrections. Probation and Parole	At least 12 months, usually longer.	Community Corrections and different judges in Chesterfield and Colonial Heights				

	issues	officers are part of the treatment team.						
Adult Substance abuse Services-Chesterfield County	Person with substance use disorders, co-occurring disorders and loved ones	Agency has immediate access to get an assessment. Individuals are then scheduled to return within 10 days. Individuals served attend group, individual, family and have access to case management, psychiatric services, medication assisted treatment, detox and residential.	Varies from 6 weeks to years		Federal, state, and local funds	Treatment retention. Satisfaction with services. Any change in use.	We have limited resources for detox and residential, including financial. Limited access to MAT.	Coordination with community partners.
Adolescent substance abuse services-Chesterfield County	Juvenile substance abuse users and family	Immediate Access. Comprehensive Assessment for co-occurring disorders Individual, family, and group therapy; Resources for parents; Spanish Speaking Resources	PRN		Federal, state, and local funds, Private insurance		MAT Ease of access to drugs via social media	Parent Education on social media; Prosocial support group for teens in Chesterfield
CARP	Individuals referred by court, high likelihood of recidivism, committed crimes	Healthy lifestyle program, Pocahontas community service with stipend, MRT-recognition therapy	Varies from 30 days to full school year	Juvenile court, Health Dept., Juvenile Detention	Local and state DJJ	Increased number of pills, school grade completion/ graduation;	Ease of hiding medications and other small drugs. Clients are coerced, not	Not a treatment center, some support services

						Successful program completion; Decreased recidivism	voluntary	
Juvenile detention	Juveniles	Pre- and post-disposition services, Community placement	Varies	CARP			Client must disclose- longer stay may disclose	
CCPS/ Instructional Specialist/ School counseling	School students who have counseling referral; Students taking health curriculum	Health curriculum, awareness, prevention		STEPP Officers			A comprehensive drug awareness and prevention curriculum	
Law Enforcement	Heroin users	Treatment over arrest; take dealer out of streets						
Chesterfield Health Dept.	Clients seeking clinical services for prenatal care, family planning/contraception; Sexually transmitted infections, communicable disease	Incorporating assessment of substance use in collection of health history/current health status. Referring to appropriate community resources with positive history.	N/A. Clinical services are ongoing.	Other county human service agencies and other community resources	State funding; most are mandated services.		Some clients may not disclose accurate history	Could be helpful to have staff training on how to ask the question regarding substance use to elicit the most accurate response.

Resource Collection Tool

Agency	Target Population and Age Range	Strategy	Program Duration	Evidence Based?	Funding	Outcomes /Data	Location
Chesterfield Mental Health and Support Services—Substance Abuse Services	Chesterfield County Residents; adult and child services	Individual, family, group meetings	Ongoing				Chesterfield County
Families Anonymous	Family of drug users (parents, siblings, etc.)	Twelve step program; support group; guest speakers; educational forums	Ongoing; weekly meetings	N/A	Donations	None	Chesterfield County
Family Counseling Center for Recovery	Adults and adolescents	Family-based; medical detoxification, psychiatric, and counseling	5 months; weekly meetings		Accepts insurance		Chesterfield County
Chesterfield Youth Planning and Development	Teens; youth	Informative	Varies	N/A	Public	N/A	Chesterfield County
Central Virginia Opioid and Heroin Prevention Task Force (CVOHPTF)	Central Virginia residents, professionals	Distribute opioid and heroin treatment resource cards, information, awareness, education, trainings	Ongoing		Grants, private donors	# of heroin treatment resource cards distributed, # of people attending events/trainings	Chesterfield County
SAFE	Chesterfield County residents, community and professionals	Facilitate the CVOHPTF, information, awareness, education, trainings, media outreach	Ongoing		Grants, individual donations	Results from Community Youth Survey and Young Adult	Chesterfield County

						Survey	
Hallmark Youth Care Intake	11-18	Short term residential care; recreational services; build natural supports	Varies		Accepts insurance and Medicaid		Richmond
John Randolph Medical Center	18 & up	MATRIX, 12 step recovery model; intensive outpatient program	12 weeks	Yes	Accepts insurance	None	Hopewell
McShin Foundation	Adults; Youth and family development	Faith-based; 12 step program; peer to peer meeting groups; SMART Recovery	Varies	Yes	Donations, client fees	2015 Accomplishments: Revenue, expenses, community outreach and education, program participants, recovery sponsored events, 40% success rate	Richmond
National Counseling Group, Inc. ***Avenues to Wellness***	Adolescents and adults	Comprehensive substance abuse assessment; individual and group meetings; MET; Matrix; Prevention		Yes	Accepts insurance, Medicaid, client fee, DJJ, SCA	At the national level	Richmond
New Life for Youth	18-45	Residential; vocational training; faith-based; GED preparedness; relapse prevention; parenting classes	12 months	N/A	Donations; non-profit; fundraising		Women's residential home: Richmond

							Men's residential home: Beaverdam
NorthStar Community	All	Faith-based; family education; support groups; Recovery church/community	Ongoing	N/A	Donations	N/A	Richmond
Rubicon	Adolescents; adults	Inpatient; outpatient; family-based	Varies		Donations; Non-profit;		Richmond
SAARA Center for Recovery	18 & up Individuals and family support	Advocacy; 12 step recovery treatment; recovery community organization	Varies	N/A	Donations; partnerships; VA Dept. of Behavioral Health and Development Services (yearly grant)	Not available	Richmond
Teen Challenge North Central	Adults; mother and children; Men's residential home- 18 & older	Faith-based; family centered; residential; Non-residential weekly meetings (Richmond)			Donations;		Richmond; Fredericksburg (men);
Family Intervention Center		Intervention; family-based; recovery skills coaching	2-6 weeks				Richmond
Alcoholics Anonymous	Anyone	Peer support group; 12 step program	Ongoing; weekly meetings	Yes	Donations	None	Richmond; meeting sites vary
Narcotics Anonymous	Anyone	12 step program; peer support group; spiritual	Ongoing; weekly meetings	Yes	Donations	None	Richmond; meeting sites vary

Al-Anon	Families of problem drinkers	Group meetings; spiritual; 12 step program	Ongoing; weekly meetings	Yes	Donations	None	Richmond; meeting sites vary
Alateen	Teens affected by problem drinkers	Group meetings; spiritual; 12 step program	Ongoing; weekly meetings	Yes	Donations	None	Richmond; meeting sites vary
CARITAS | The Healing Place	Adult (18 & older) men residents of Greater Richmond Area, without home	Long term residential care, sobering up center (non-medical), family support group	12-18 months		Affordable patient fee, donations, non-profit	"70% of people who complete program remains sober for 1 year"	Richmond

Appendix 2: Supporting Indicator Data

Table A1: New Conviction Placement Offense Chesterfield County 2005-2011

	Person Offense N=8,790	Property Offense N=6,740	Drug Offense N=8,798	Public Order Offense N=1,290	Technical Offense N=1,452	Traffic Offense N=2,389	Other N=656
2005-2011	6.8%	10.2%	18.2%	5.1%	11.2%	1.0%	2.8%

* Source: Community Corrections

Table A2: Chesterfield County Juvenile Offenses

Murder	0
Negligent Manslaughter	0
Kidnapping	6
Sex offenses, forcible	18
Robbery	21
Aggravated Assault	8
Simple Assault/ Intimidation	589
Arson	10
Extortion/ Blackmail	0.
Burglary	45
Larceny	361
Motor Vehicle Theft	0
Counterfeiting/Forgery	2
Fraud	15
Embezzlement	8
Stolen property	9
Vandalism	136
Drug/ Narcotics offenses	214
Sex offenses, Non Forcible	2
Pornography	4

Gambling	0
Prostitution	0
Bribery	0
Weapon Law violations	45
Total Group A	1493
Bad Checks	0
Curfew/Loitering/Vagrancy	151
Disorderly Conduct	75
Driving under the influence	9
Drunkenness	0
Family offenses, Nonforcible	0
Liquor Laws Violations	55
Peeping Tom	0
Runaway	297
Trespass of Real Property	62
Conspiracy	0
All other (except traffic)	321
Total Group B	970
GRAND TOTAL	2463

* Source: Youth Planning and Development

Table A3: Probation Drug Test Lab Reports Chesterfield County 2005-2011

Drug Class	# of Specimens	Positive Specimens	%
Amphetamines	7	6	85.71%
Barbiturates	1	1	100%
Benzodiazepines	11	4	36.36%
Opiates	21	13	61.9%
Oxycodone/ Oxymorphone	19	14	73.68%
Propoxyphene	1	0	0%
Alcohol (Ethanol)	8	0	0%
Amphetamines	7	6	85.71%
Cocaine	26	17	73.91%
Ethyl Glucuronide	50	8	16%
Ethyl Sulfate	31	7	22.58%
Phencyclidine (PCP)	3	0	0%
Synthetic Cannabinoids	8	3	37.5%
THC (Marijuana)	52	48	92.31%

* Source: Community Corrections

Table A4: Narcan Administration by County (2015)

Agency County	#	%
Amelia	8	0.5%
Brunswick	6	0.4%
Buckingham	6	0.4%
Charlotte	8	0.5%
Chesterfield	**285**	**19%**
Colonial Heights (city)	15	1%
Cumberland	4	0.2%
Dinwiddie	33	2.2%
Emporia (city)	5	0.3%
Goochland	15	1%
Halifax	25	1.7%
Hanover	92	6.2%
Henrico	324	22%
Hopewell (city)	30	2%

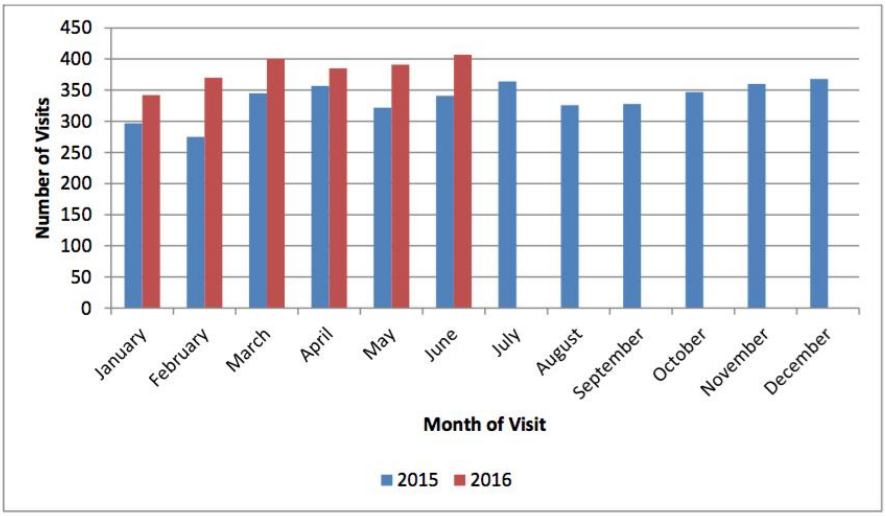
Agency County	#	%
Lunenburg	4	0.2%
Mecklenburg	25	1.7%
New Kent	17	1.1%
Nottoway	8	0.5%
Petersburg (city)	41	2.8%
Powhatan	29	2.9%
Prince Edward	8	0.5%
Prince George	8	0.5%
Richmond (city)	479	32%
Surry	2	0.1%
Sussex	11	0.7%
Total Narcan Administration	***1,488***	***100%***

* Source: Old Dominion Regional EMS

Graph A1: Emergency Department and Urgent Care Visits Diagnosis of Unintentional Overdose in Chesterfield County (All Substances)

1. **Number of ED and Urgent Care Visits with Chief Complaint or Discharge Diagnosis of Unintentional Overdose Among Chesterfield County, Virginia Residents , January 2015 – June 2016**

- There were 6325 total visits between January 1, 2015 and June 30, 2016.
- *Inclusion terms from either Chief Complaint or Discharge Diagnosis: substance abuse, overdose, OD, alcohol, inebriation, intoxication, drunk, beer, liquor, DUI, booze, party, EtOH, heroin, 305.0, 980.9, T51.91XA, T51.94XA, F10.1, T40.1X1A, T40.1X4A, 965.01*
- *Exclusions terms from either Chief Complaint or Discharge Diagnosis: suicide, suicidal, intentional, withdraw, detox*



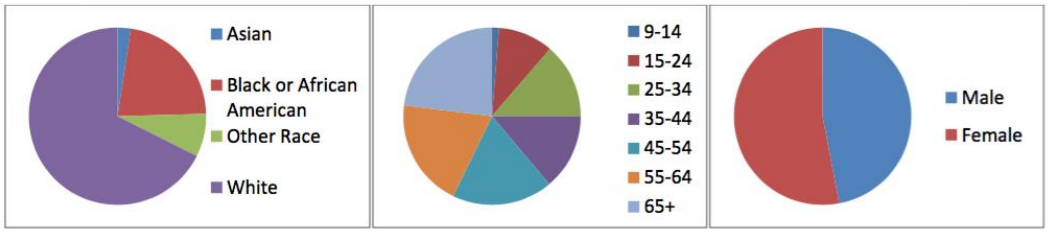


Table A5: Chesterfield County CSB Data Consequence and Use Indicator Data

Births to Mothers using Amphetamines, #	1	**Maternal and Infant Health Profile:** Maternal and Infant Profile based on Community Health Solutions analysis of 2013 Virginia Department of Health birth record data.
Births to Mothers using Heroin, #	4	
Births to Mothers using Methadone, #	7	
Drug Dependence or Abuse, Illicit (12+ in past year, #)	7,031	Estimates of Drug Use and Health, 2014: Estimates* of behavioral health occurrences among persons age 12-20, 12+ and 18+ are based on Community Health Solutions analysis of: Demographic data from Alteryx, Inc. (2014); Substate Estimates from the

		2010-2012 National Surveys on Drug Use and Health (NSDUH) http://www.samhsa.gov/data/NSDUH.aspx
Drug-Induced Deaths, #	33	**Mortality 2013: Community Health Solutions analysis of Virginia Department of Health death record data and rates (2013). Data reported are based on the patient's primary cause of death. Drug poisoning deaths were defined as having ICD–10 UCOD: X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), Y10–Y14 (undetermined intent). Among deaths with drug poisoning as the underlying cause, the following ICD–10 codes indicate the type of drug(s) involved: only nonspecified drug(s) (only T50.9); specified drug(s) other than opioid analgesic (any of the codes T36–T50.8 other than T40.2–T40.4); and any opioid analgesic (any of the codes T40.2–T40.4); and natural and semi–synthetic opioid analgesic (T40.2); methadone (T40.3); synthetic opioid analgesic, excluding methadone (T40.4); heroin (T40.1); and cocaine (T40.5). Methodology was based on the CDC, National Center for Health Statistics report Number 81 from December 2011 titled "Drug Poisoning Deaths in the United States, 1980–2008." Accessed May 7, 2014 at http://www.cdc.gov/nchs/data/databriefs/db81.htm**
Drug-Induced Deaths, rate	10.1	
Drug Poisoning Hospitalizations Total, #	274	Hospitalizations 2013: Community Health Solutions analysis of hospital discharge data from: Virginia Health Information (VHI) dataset (January 1-December 31, 2013); Demographic data from Alteryx, Inc. (2013).
Drug Poisoning Hospitalizations Total, rate	83.6	
Drug Poisoning Hospitalizations, Antidepressants and similar #	113	
Drug Poisoning Hospitalizations, Opiates, Heroin, Methadone and similar #	70	
Drug Use, Needing but not Receiving Treatment (12+ in past year, #)	6,156	Estimates of Drug Use and Health, 2014: Estimates* of behavioral health occurrences among persons age 12-20, 12+ and 18+ are based on Community Health Solutions analysis of: Demographic data from Alteryx, Inc. (2014) Substate Estimates from the 2010-2012 National Surveys on Drug Use and Health (NSDUH) http://www.samhsa.gov/data/NSDUH.aspx
Heroin (age 14-19, 1+ times in life, #)	965	**Youth Risk Behavior Estimates (age 10-14 and age 14-19) 2014 (estimated count and percent): Estimates* of risk behaviors for youth in Middle School (age 10-14) and High School (age 14-19) are based on Community Health Solutions analysis of: Statewide Virginia Youth Risk Behavioral Surveillance Survey from the Centers**
Prescription Drugs (age 14-19 without prescription 1+ times in life, #)	4,506	

Prescription Drugs (age 14-19 without prescription 1+ times in life, %)	15%	for Disease Control-Youth 14-19 (2011); Demographic data from Alteryx, Inc. (2014).
Newborn Drug Withdrawal Hospitalizations, #	1	Hospitalizations 2013: Community Health Solutions analysis of hospital discharge data from Virginia Health Information (VHI) dataset (January 1-December 31, 2013) Data include discharges for Virginia residents from Virginia community hospitals reporting to Virginia Health Information, Inc. These data do not include discharges from state behavioral health facilities or federal (military) facilities. Data reported are based on the patient's primary diagnosis.
Substance Use Disorders Hospitalizations (age 0-17, #)	12	
Substance Use Disorders Hospitalizations (age 18-29, #)	98	
Substance Use Disorders Hospitalizations (age 18-64, rate)	2.3	
Substance Use Disorders Hospitalizations (age 30-44, #)	153	
Substance Use Disorders Hospitalizations (age 45-64, #)	234	
Substance Use Disorders Hospitalizations (age 65+, #)	34	
Substance Use Disorders Hospitalizations (age 65+, rate)	0.9	
Substance Use Disorders Hospitalizations, #	531	
Substance Use Disorders Hospitalizations, rate	161.9	

Table A6: Chesterfield County Public Schools- Discipline Actions

Middle School: 09/09/2014-06/12/2015

Drug SCHD I & II Sale/Distribution (DR4)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	1	0	0	1	0	0	0	**2**
Total	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**2**

Drug SCHD I & II Use/Possession (DR1)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	1	0	0	**1**
Male	4	0	0	0	5	9	0	0	**18**

Total	**4**	**0**	**0**	**0**	**5**	**10**	**0**	**0**	**19**

Drug Violation- possessing inhalants (D15)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Drug Violation-Sched III-VI Use/Possession/Distribution

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	4	1	0	0	**5**
Total	**0**	**0**	**0**	**0**	**4**	**1**	**0**	**0**	**5**

Drug Violations-look-alikes, inhalants

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	1	0	0	0	0	2	0	0	**3**
Total	**1**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**3**

Drug violations- Prescription theft, attempted

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	1	0	0	**1**
Male	0	0	0	0	5	0	0	0	**5**

Total	**0**	**0**	**0**	**0**	**5**	**1**	**0**	**0**	**6**

Drug Violation- using inhalants (D16)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	Whit e	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Over the Counter Medicine/Possession

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	1	0	0	0	1	0	0	0	**2**
Male	0	1	0	0	0	0	0	0	**1**
Total	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**3**

Over the Counter Medicine/sale/distribution

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Over the counter medicine/use

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**

Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Total of all discipline

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	272	111	22	6	1254	351	3	0	**2091**
Male	684	152	9	22	2640	1534	4	0	**5045**
Total	**956**	**263**	**31**	**28**	**3894**	**1885**	**7**	**0**	**7064**

Middle School: 09/08/2015-05/18/2016

Drug SCHD I & II sale/distribution

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	1	1	0	0	**2**
Total	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**

Drug SCHD I & II

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	2	0	0	0	3	1	0	0	**6**
Male	7	2	0	0	4	6	0	0	**19**
Total	**9**	**2**	**0**	**0**	**7**	**7**	**0**	**0**	**25**

Drug Violation-Possessing Inhalants

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**

Male	0	0	0	0	1	0	0	0	**1**
Total	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**

Drug Violation- SCHED III-VI use/possession/distribution

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	1	0	0	0	**1**
Total	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**

Drug Violations- look-alikes, inhalants

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	1	0	0	0	0	0	0	0	**1**
Male	1	0	0	0	1	0	0	0	**2**
Total	**2**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**3**

Drug Violations- prescription theft, Attempted

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Drug Violation- using inhalants (D16)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**

Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Over the counter medicine/possession (D5)

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Over the counter medicine/sale/distribution

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	1	0	0	**1**
Total	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**

Over the counter medicine/use

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	0	0	0	0	0	0	0	0	**0**
Male	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Total of all discipline

	Hispanic	2 or more	American Indian/ Alaska	Asian	Black or African American	White	Native Hawaiian	Other	**Total**
Female	351	65	3	9	1208	324	0	0	**1960**

Male	729	186	8	23	2487	1420	1	0	**4854**
Total	**1080**	**251**	**11**	**32**	**3695**	**1744**	**1**	**0**	**6814**

High Schools 09/09/2014-06/12/2015

(DR4)	H	2 or more	A Indian	Asian	AA	W	N Hawaiian	Other	total
Female	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	2	2	0	0	4
Total	0	0	0	0	2	2	0	0	4
(DR1)	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	1	2	0	0	4	7	0	0	14
Male	5	2	0	0	45	42	0	0	94
Total	6	4	0	0	49	49	0	0	108
Drug Violations-prescription theft, attempted	H	Two or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
OTC Medicine possessions	H	Two or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	1	1	0	0	1	2	0	0	5
Male	0	0	0	0	2	1	0	0	3
Total	1	1	0	0	3	3	0	0	8
OTC medicine/sale/ distribution	H	Two or more	A Indian	A	AA	W	N Hawaiian	Other	Total

Female	0	0	0	0	0	1	0	0	1
Male	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0
OTC medicine/use (D4G)	H	Two or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	0	0	0	0	0	0	0	0	0
Male	1	0	0	0	0	0	0	0	1
Total	1	0	0	0	0	0	0	0	1
Total	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	366	147	13	57	1847	807	3	0	3240
Male	622	156	21	59	3036	1774	5	0	5673
Total	988	303	34	116	4883	2581	8	0	8813

High School- 09/08/2015-5/18/2016

Drug Sched I & II Sale/ Distribution (DR4)	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	0	0	0	0	1	4	0	0	5
Male	0	0	0	0	0	5	0	0	5
Total	0	0	0	0	1	9	0	0	10
(DR1)	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	3	3	0	0	6	13	0	0	25
Male	12	1	0	3	37	19	0	0	72
Total	15	4	0	3	43	32	0	0	97
(D5)	H	2 or more	A Indian	A	AA	w	N Hawaii	Other	total

							an		
Female	1	1	0	0	1	5	0	0	8
Male	1	0	0	0	1	5	0	0	7
Total	2	1	0	0	2	10	0	0	15
OTC medicine/sale/ distribution	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	1	0	0	0	0	0	0	0	1
Male	0	0	0	0	0	0	0	0	0
Total	1	0	0	0	0	0	0	0	1
OTC medicine/use (D4G)	H	2 or more	A Indian	A	AA	W	N Hawaiian	Other	Total
Female	0	0	0	0	0	5	0	0	5
Male	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	5	0	0	5
Total all charges	H	2 ore more	A Indian	A	Aa	W	N Hawaiian	Other	Total
female	251	126	19	30	1371	745	1	0	2543
Male	503	184	6	61	2268	1769	6	0	4797
Total	754	310	25	91	3639	2514	7	0	7340

Appendix 3: Qualitative Data Summary

Key Informant Interviews

1. Dentist –

Themes:

- Addiction medicine/pain management was not a focus in formal education
- Addiction medicine/pain management is growing as a research topic/continuing education
- Not much contact with law enforcement
- Judgement call as a professional to prescribe pain killers/opioids to any patient"
- Seeing lots of patients that do not come from regular dental treatment – i.e. lapse in regular dental treatment, patients shopping around with providers
- Certain characteristics raise suspicion – i.e. not a patient of record, address is listed as P.O. Box or none listed, has not seen a dentist in many years, probing questions about prescriptions available (opioids vs. anti-inflammatory)
- Need to be mindful as a professional of prescribing opioids to anyone
- Will prescribe moderate amounts of opioids as part of a pain management treatment that is focused on anti-inflammatory (acetaminophen/ibuprofen)
    - 10-12 opioid tablets for the first 72 hours only

Selected Quotes:

- "If the patient is truthful in their health history and say they have an addiction problem, I will not use a controlled substance."
- "I took one pathology class and [pain management] was mentioned in passing".
- "I think [dentists] have to be really, really mindful. You can't just throw the pills out there. If you're going to use the opioids, it needs to be a specific, set [low] number … for the first 72 hours".
- "If it's a complicated thing and [the patient is] going to be sore, you will get a little bit of opioids in addition to ibuprofen. It's a limited amount, and it's not like you would get an endless supply of medicine".
- "There is very limited need for extended use of opioids [past 72 hours] in the dental practice. If people are in pain after that amount of time, we really need to be referring them to [medical university] Head, Neck and Pain Department, which would be a good thing for private practitioners to use and let that position manage that".

2. Fire/EMS – Chesterfield County EMS Paramedic

Themes:

- As a first responder, EMS are tasked with addressing the initial, medical emergency of an overdose, typically the respiratory failure associated with an overdose, including secure the patient, check breathing, clear airways, gather information from the scene and bystanders (track marks, living conditions, other evidence of drug uses or drugs), and administer narcan.
- The paramedic has been working in the field for 23 years, 20 of those in Chesterfield County.

- General and heroin-specific overdose training has not changed: very basic protocol as described above. Once the patient is revived, they are offered transport to the hospital.
- Regardless of their decision to be admitted to the hospital, the police on scene will decide whether or not to charge and arrest the patient and others involved (based on evidence of drugs.) EMS are required to report these patients to the police is there is any drug-related evidence (including the overdose itself, presence of drugs on scene, etc.).
- The paramedic feels a mixture of anger and sadness for these patients, particularly overdoses that result in death, although he does not pass judgment on any of them for using.
- He believes narcan should be more readily available, including to families, churches and support groups.
- In terms of prevention efforts, he believes targeting middle school aged students with education and information would be the most effective and impactful.
- Over the course of his 20 year career, overdose patients have gotten young and younger (late 20s to early 30s), although he still sees a few patients that are closer to 60 years old.
- The frequency and severity of overdoses spike with fentanyl-cut batches, with the spikes lasting approximately one month, and then returning to more typical numbers.
- In administering pain medication, paramedics are trained to provide it, but it is also a judgmental call and he errs on the side of managing a patient's pain.
- He also identifies how drug use is very closely related to mental health.
- Most overdoses are the result of when the patient is off heroin for a while (either jail or recovery) and their tolerance is low when they use the first time again.

Quotes:

- "There are pockets in county that are move active than others, but no part of the county is immune."
- "Narcan works so well, that overdoses are the more enjoyable calls to run. I know that sounds crazy, but there're so many call as a paramedic that you just can't help people... no matter what, you can't fix. Overdoses are my favorite because I can fix it."
- "[Substance abuse] is such a deep problem. People look for escapism with video games, drugs, alcohol… It's very closely related to mental health, very inter-combined. Addressing depression, low self-esteems are probably the key to stop people from searching for a chemical fix."
- "I'm sad, but I don't feel judgmental of those who overdose. I don't think anyone purposefully overdoses. I do my job, I fix the problem. I'm a problem solver. I don't dwell on why they did it or how to prevent it the next time. The most focus is on how to deal with this the next time it happens."

3. Young Female in Treatment

Themes:

- People start using because they are depressed and heroin is so common/ubiquitous, and they continue to use because they get more depressed.

- Heroin addiction starts with prescription drugs and overprescribing, namely Xanax.
    - Doctors are prescribing it because they get money from it since it is their job.
- Need for more mental health and addiction treatment in jails
    - This is where most people get clean and need support, including peer support model.
- People start to deal prescription drugs in order to have money and to continue to use.
- Believes there are many treatment options in jail, including groups, and people start treatment once they get charges or are in jail.

Selected Quotes:

- "Most people aren't choosing it as 'I wanna try heroin'. It's just so common and it's everywhere around here. It's just like '[expletive] it. So it's there, everywhere you go, and you do it'".
- "I started using [heroin] because I was around it so much, all the time. I really just used it to not have to deal with my boyfriend using it or being high. I used it about 10 times".
- "I never liked it. I got mad at [my boyfriend] for using it, so I used it to not deal with him. He got addicted, I didn't. He passed away from it… [He] moved out because of his heroin problem. And he was staying in a motel and he got busted. He hanged himself in jail because of it".
- "When people get bad, not like dead, it's an actual problem. They get dumb on it".
- "People need more support, like someone there for them to talk to or be around. People need to be more kind. Find and make positive things because you need those to balance the drugs, negative things and depression from [using]".
- "First, [my boyfriend] had a job and had money to spend on [heroin]. And you believe it isn't that bad in your head. And then you lose your job because you're high all the time".
- "Most people get to treatment after they realize it affects others through stealing, what others don't want to be around. They spend all their money, have nothing … there are two things next: get help or jail or die".

4. Adult Female in Treatment

Themes:

- At the age of 18, adult female started using Percocet as prescribed by her doctor for a kidney infection.
- She got hooked and was taking between 100-200 pills a month to get high and avoid being sick.
- At $20-$30 a pill, could no longer afford, so switched to heroin.
- She started out snorting heroin, but was not getting a good high, so switched to injecting.
- She has been in two 35 day rehabs and a half way house, but they didn't work.
- Started a methadone program, started abusing it, and eventually went back to heroin.
- Continued to use until being caught by cops and went to jail for 6.5 months, forced her to get clean.
- Heroin ruined her relationships with people and lost contact with all but two friends.
- She has developed ugly scars in arms and hands, has current kidney issues, and Hepatitis C.
- Doesn't believe in therapy or NA, and plans to continue to use marijuana and alcohol when done with treatment.
- She wants to stay dope clean, get her GED, go to school to become Vet Tech, and eventually start a family.

5. Adult Drug Court Clinician

Themes:

- The stigma surrounding heroin use is starting to fade, and many drug court clients are honest and open about their use.
- He believes heroin is most dangerous at the moment, alcohol is the most dangerous, and marijuana is most insidious.
- Drug court does not offer medically assisted treatment because of the abuse surrounding use of suboxone.
- The outpatient program is very intensive; clients receive 3-4 drug screens a week, and they see clinician almost every day.
- He really tries to focus on all the relapse prevention strategies.
- There are no repeat offenders in drug court.
- The idea is it's an alternative to incarceration, and by keeping them in the community and treating them; it's also more cost effective.
- The success rate is about 60-70%, which is a little above average.
- Most users want help, but just don't know how to get it.

6. Narcotics Detective

Themes:

- The narcotics detective has been police officer for 16 years.
- In past 4-5 years have seen shift from crack/cocaine to heroin.
- Most young people start out using legally prescribed opioids, become addicted, and switch to heroin because it's cheaper.
- Usually start out snorting, then move to injecting within 3 weeks.
- Police officers are offered limited heroin/opioid training.
- Narcotic or Vice are called to overdose scenes.
- Overdose victims who survive are given a resource guide and are rarely arrested.
- Detective believes there needs to be more treatment services available.
- Typical user spends between $200-$300 daily, and usually supports habit through petty theft.
- Some are homeless and majority live in poor conditions.

7. Juvenile Detention Official

Themes:

- The juvenile detention official is aware of the heroin/opioid issue, but does not see kids coming into Detention Center using these drugs.
- The majority of his kids are using marijuana, or huffing.
- He hopes providing early education and counseling can stop the progression.
- Even though he doesn't see many repeat users, his main concern is the follow-up and aftercare.
- He believes the Detention Center provides a variety of resources for kids, and has counselor, nursing staff, and physician readily available.
- He feels Chesterfield County has a lot of great resources available.

Focus Groups

1. Survivors – Family Members Who Lost a Loved One to Heroin/Opioids

Themes:

- Group consisted of white mothers who lost a young son to heroin (20, 21, 22)
- Deaths were variously related to heroin – unintentional overdose, heart failure due to infection from intravenous injection of heroin, suicide
- Many emphasized the need for personal education and reflection, to learn to not blame self
- Many agreed on overprescribing of opioids/pain killers as initial cause of heroin use, and a lack of formal education and regulation for prescribers of pain medications
- Also agreed on lack of affordable substance use disorder and mental health treatment resources (both with and without insurance, locally), highlighting dual diagnosis
- Having a child addict in family leads to shame, guilt and isolation from other family members (extended) and socially (neighbors, friends), as well as neglect of other children
- Financial burdens – treatment, retirement, funeral (where to get money from and what they had to pay for)
- Lack of communication with health care providers – i.e. HIPPA and privacy laws, had no idea health and mental health conditions of children
- All members expressed the desire to give purpose and honor to their children's lives and addictions through speaking out and educating others/the public about opioid addiction
    - It's a silent issue that is huge but still hidden. They all want to talk about it to help others and raise awareness
- All parents were in denial of their children's addictions, even when they found, presented or sought out the evidence – i.e. needles, cotton balls, changes in behavior or attitudes(physical and personality)
    - Half of children told their parents outright about addiction, other half were "caught" or "found out"

Selected Quotes:

- "[My son] was an athlete and an artist and just went to an art show and afterwards, instead of wine and cheese, there was heroin and cocaine in the back room."
- "It took a long, long time. I learned don't yell at him. There's no point in that. But it takes a long time to get there. You've got to treat it like, this child, completely differently… It's really hard to go from tough love to rescue."
- "I said 'just stop [doing drugs].' As a parent, I didn't understand addiction, the disease. There were definite cries for help… But he was very functioning, I mean he could do everything… They're very functioning and very selfish, the manipulation and the stealing…"
- "Sometimes you don't know who is coming home. We kind of describe it as the two sides of [our son]. There was the sober one; he was very friendly and outgoing and athletic. And then the one that was the addict was extremely manipulative and fighting and didn't make sense."

- "One time I had to call the police… It happened to be Christmas Eve and my youngest son at the time was 15. And he told the police that he was scared [of his brother who was using heroin] and that he slept with a chain under his mattress. I had no idea that he was that terrified. I did not understand his fear, the fear that he lived with."

2. Males in County Jail and Treatment

Themes:

- 5 males, ages 18-24 currently incarcerated in Chesterfield County Jail and participating in the peer-to-peer Heroin Addiction Recovery Program offered by Chesterfield County Sheriff's Office
- Many agreed the leading issues of heroin use in their community include crime, such as stealing, selling heroin to support one's habit and the negative effects on family.
- The glorification of drug use, in both popular media and social circles, are influencing younger generations to begin to use and it is socially acceptable with their peers. This is similar to how many participants were first influenced to use alcohol and other drugs.
- For recovery and treatment, all participants agreed the peer-to-peer program model has greatly contributed to their sobriety. Many agreed having someone they can relate to and speak with are the greatest assets of the model.
- Although they could list some possible resources, they mainly discussed the lack of any or affordable resources in the county itself, including future job opportunities for those with felony convictions for both actually using drugs or associated crimes to support their habit.
- Mental health services, peer-to-peer programs, NA and recovery houses were the most discussed resources in terms of need and effectiveness. Participants then echoed the importance of someone having to deeply want to get treatment for any treatment to work. They also echoed the fact they relapsed once left treatment and entered back into the same environment in which they used.
- Many discussed the ongoing cycle of addiction: beginning with alcohol and marijuana, transitioning to prescription pain killers, and finally heroin once pain pills became too expensive and hard to find. Many agreed they did not go looking for heroin or had a desire to specifically use heroin, but that it was available, accessible, and very cheap.
- Health effects noted include short and long term memory loss, weight loss, foggy mindset, loss of self-confidence, lack of motivation, lack of empathy, loss of feelings, exacerbating current mental health conditions (ADHD), and onset of depression and anxiety.
- All participants agreed that prevention and education efforts aimed at middle school-aged children was important, but those efforts should also include individuals in recovery to speak from and teach with their experiences.

Selected Quotes:

- "Nowhere opens the doors right away. There's always a wait list. But there's only a split second thought for help, so when they call back, you're already over it and using again. You can't wait for wait lists."

- “Richmond City has more recovery houses and resources than Chesterfield County. My mom looked for a month and could only fine one recovery house here.”
- “I would have to go to Richmond for treatment, but to get there, I had to drive by all the places I would get or use heroin. It was tough.”
- “I was experimenting with marijuana and alcohol, then I got into Percocets. And then I just fell in with this group of people using pain pills. And someone is always using heroin in those kinds of groups. It was cheaper and always around. Once I tried heroin, I never thought I would go back to pills.”
- “I would do Percocets once in a while, but they were too expensive. I never sought them out. But heroin was always around, you didn’t have to wait till a time of the month for it be available. It took me a while to get into heroin. But I chipped away at it and ended up really liking it. I tried to convince myself I wasn’t addicted.”
- “I only started heroin within the last year. I couldn’t get any more pills, so I got heroin. I would sniff it, just to get by with my feelings because I never had anyone to talk to.”
- “I tried a suboxone treatment program, but I started to abuse it. When I went to jail, they also gave me suboxone. When I had suboxone, it just replaced the heroin. I would sell my prescription, too. After I got out of jail, I went back to using heroin.”
- “I think the best part [of the peer-to-peer program] is working on myself and my emotions, like mental health and trauma. I never had anyone to talk to and now I can see that things that happened before affected me. I also have anger problems, so I’m learning how to release stress without getting high or violent.”
- “I hit rock bottom. I lost my house, my car, my girlfriend, my job all at the same time all because of drugs. It was such a low point. It got to be where using wasn’t even fun anymore, I was using just to use.”
- “Now, I want to be the dad, the son, the uncle I know I can be. I want to keep a keep. I’m tired of hurting and putting myself in this situation with one thing – getting high.”
- “It’s not just about the heroin, I love being high. I love anything that gets me out of my mindset. Now I have a crack cocaine problem. But it always leads back to heroin.”
- “I used to be a great student [in high school], just naturally smart. I could hear the teachers, and during the test, I would ace them just by remembering what they said in the back of my head. But now, I could read something one hundred times, and when I look up, I won’t remember what the [expletive] I read.”
- “Yeah, with the short-term memory loss, [another participant] and I grew up across the street from each other. We would go on family vacations together. Our parents will show us pictures, and he’d ask ‘where did that happen?’ I don’t remember any of it either. There’s so many memories that are just gone now.”
- “It’s the same cycle: work a job, pay for drugs with your paycheck, in between highs you lose the job, then rack up payday loans and credit cards, then sell your clothes, then sell your phone, and then you steal till you come back to jail. It’s the same cycle every time.”
- “My little sister just turned 14 yesterday and she’s worried. But she’s also dead set against every using drugs. She told me, ‘I’m so glad this happened to you so I know what it looks like and to

never do it.' I have no friends, other than those in recovery with me and from other programs. I mean, there's some support, but there's that barrier of trust that is so big."

- "[Another participant] and I grew up across the street from each other. We would do each other dirty, be real shady. But once we were clean, we'd reconnect. Then we would both start using and do each other shady again. When we found each other in here, we got that brotherly love back. We forgave each other because we're both addicts and we know how to manipulate others to get what we need to use. But other than that, that doesn't happen. There's thousands of other people we hurt that will never forgive us."
- "I would want mandatory drug education in the schools. If someone would have told me how I would end up, I might not have even started. . DARE did nothing for me. Listening to people who have been through what I have been through has really helped me. Like with DARE and teachers telling you drugs are bad, you don't care and you don't listen. But if it was someone who had actually been there and done it, I would listen to that. I would trust that and believe that."

Appendix 4: Environmental Assessment & Checklist

Environmental Assessment and Checklist
Adapted from SAMSHA CSAP Environmental Technical Assistance Document and the Centers for Disease Control and Prevention (CDC) CHANGE tool

Adapted for Virginia Department of Behavioral Health and Developmental Services
July 2016

Checklist Purpose: The purpose of this resource is to support coalitions and CSBs in completing Steps II and III of the needs assessment process (refer to Needs Assessment Workbook) including data collection, reflection on data points, and resources assessment.

Environmental Prevention

Environmental strategies consist of long-term approaches that focus on changing conditions in the shared social environment that contribute to, or protect against, problems and consequences (e.g., social norms and availability of alcohol, tobacco, and other drugs). For the purposes of environmental prevention, shared social environments include schools, neighborhoods and other collections of universal populations, as well as community settings. Environmental strategies seek population-level change, are nearly always universal in their reach, and frequently take the form of ongoing policies and practices. Policies may be formally codified rules, regulations, standards, or laws that are designed to prevent problems (e.g., minimum-age purchase laws for alcohol and tobacco and physical activity requirements in public schools), or informal and unwritten standards and norms (e.g., decisions to prioritize prosecution of certain offenses, such as sales of age-restricted products to minors). Practices are activities that are based on implementing policies designed to prevent problems and consequences (e.g., sobriety checkpoints, community exercise classes, unhealthy vending machine item replacement).

Effective environmental prevention strategies require a number of supportive activities from other strategy classifications, such as education, information dissemination and community-based process. Accordingly, it can sometimes be difficult for community members and prevention practitioners to accurately determine whether—and which of—their prevention activities are truly environmental in nature. Environmental theory has identified three key focus areas of environmental prevention that provides a useful framework for determining whether a course of action constitutes an environmental approach. Under this framework, environmental strategies constitute a comprehensive, population-focused course of action intended to reduce problems and consequences by:

- changing community norms,
- reducing availability of substances, and
- passing and enforcing laws, policies and practices.

Thus, while media campaigns are an important support to effective environmental prevention, when they are not part of an overarching comprehensive attempt to target norms, access and policy development, they do not generally constitute environmental prevention efforts. Similarly, while community-based processes which seek to enhance the ability of communities to more effectively provide prevention and treatment services for alcohol, tobacco and other drug (ATOD) disorders are key to successful environmental prevention efforts, activities such as community mobilization, coalition development and planning also do not constitute environmental prevention on their own because they do not directly target norms, access, or policy development.

ENVIRONMENTAL ASSESSMENT

BACKGROUND

ATOD use and abuse is a priority problem for communities throughout the country. While early prevention efforts tended to focus on changing individual behavior, research documents that the environment around us is one of the most powerful forces that shapes human behavior. A multitude of environmental factors contribute to the problems associated with ATODs. These include social norms and permissive attitudes, easy availability of ATODs, missing or insufficient public policies, and lack of law enforcement. There are many strategies that can be used to create an environment that supports safe and healthy behavior, and assessing the current environment in your community is an important first step in beginning that process.

ABOUT THIS ASSESSMENT

This environmental assessment was compiled to help you identify which policies and practices are currently in place (and enforced) in your community. It is composed of five parts:

1. An environmental checklist covering:
   - advertising
   - alcohol and tobacco sponsorship
   - retail access of age-restricted products to youth
   - social access to age-restricted products to youth
   - availability of illicit drugs
   - policies for maintaining safe and drug-free neighborhoods
   - school policies
   - workplace policies
   - higher education policies
2. A checklist to identify community problems that occur because of substance abuse
3. A checklist of additional factors that may contribute to substance abuse-related problems in your community

HOW TO USE THIS ASSESSMENT

You can use this assessment to compile a list of what policies and practices are currently in place to promote health in your community. In your assessment, be sure to take notes as to what specific policies or practices exist, and whether they are enforced. Answers to many of these questions can be obtained by your local sources such as: municipal planning department, zoning board, or city/town/village administrator; school and higher education officials; State Alcoholic Beverage Control Board; and local health departments, as well as from thoughtful assessment by community members. Also consider your Counter Tools efforts while completing this assessment. Completion of the assessment will help you to make decisions regarding where change is needed in your community, and will be useful in guiding focused efforts to improve the health of your community.

ENVIRONMENTAL CHECKLIST

ALCOHOL AND TOBACCO ADVERTISING

What restrictions, if any, does your community have on alcohol and tobacco advertising? If restrictions exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Banning billboards (e.g., near schools, playgrounds, etc.)		
Restricting the number of billboards in any given neighborhood (especially low-income neighborhoods)		
Banning advertisements on public transportation (e.g., trains, buses)		
Banning advertisements on supermarket shopping carts		
Banning/restricting point-of-purchase displays		
Banning advertising at community events (e.g., concerts, festivals)		
Restricting/banning radio/television advertisements (alcohol only)		
Restricting newspaper advertisements		
Requiring equal air time/print space for counter-advertisements		
Restricting the size/placement of storefront advertisements (e.g., supermarkets, convenience stores, liquor stores)		
Defining a maximum percentage of total alcohol or tobacco advertising space allowed		
Requiring alcohol and tobacco advertisements to include warnings about health/safety risks of consumption		
Banning alcohol and tobacco promotions that appeal to underage users (e.g., cartoon characters, emotional appeal advertising)	X	Enforced by administrative action against industry member upon complaint or observation of violation. Cases are rare.

ALCOHOL, TOBACCO & PRESCRIPTION DRUG SPONSORSHIP

What restrictions, if any, does your community have on alcohol and tobacco sponsorship? If restrictions exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Prohibition of alcohol and tobacco sponsorship of family or youth-oriented events (e.g., sporting events, auto racing, concerts, fairs)	X	Alcohol sponsorship is prohibited at any event at college, high school or lower level. All sponsorships require pre-approval, and prohibited sponsorships are not allowed.
Prohibition against distributing promotional merchandise at events heavily attended by youth		
Prohibition against signage that uses an alcohol producer's/retailer's name at youth-oriented events or events heavily attended by youth		

COMMERCIAL ACCESS TO ALCOHOL, TOBACCO & PRESCRIPTION DRUGS BY YOUTH

What policies does your community have in place for reducing youth access to alcohol and tobacco in a commercial venue? If policies exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Merchant compliance checks	X	State and local police conduct frequent checks.
Administrative penalties (e.g. consequences for selling to minors, such as fines, license revocation, etc.)	X	Virginia ABC has a dedicated police force and hearing staff that fairly strictly enforce.
Responsible beverage service training	X	Training is provided, but is voluntary.
Tobacco merchant education	X	CSB visited all

		merchants in 2016
Checking age identification	X	
Restricting/banning home delivery of alcohol and tobacco	X	Legal delivery requires adult signature. Quantities also are limited. Enforced by Virginia ABC.
Minimum age of seller requirements	X	Minimum age of 18 for sellers of alcohol, 21 for bartenders. Enforced by Virginia ABC.
Alcohol and tobacco warning posters	X	Provided to licensed sellers by Virginia ABC. Not required to be displayed.
Restrictions on number of alcohol outlets per size of population		
Restrictions on hours/days of sale of alcohol	X	Off-premise sales are restricted between midnight and 6 a.m. daily. On-premises are restricted 2 a.m. and 6 a.m. daily. Enforced by Virginia ABC.
Zoning restrictions (e.g., prohibiting alcohol or tobacco outlets within certain proximity of a school, church, etc.)		
Elimination of special pricing (e.g., happy hours, 2-for-1 drink promotions, etc.)		
Increasing prices through taxation of tobacco or alcohol (e.g., beer, wine, distilled spirits, wine coolers, sparkling wine)	X	Virginia has some of the highest alcohol taxes in the U.S.
Distinctive and tamper-proof licenses for minors	X	Virginia DMV issues distinct licenses to minors.

SOCIAL AVAILABILITY OF ALCOHOL AND TOBACCO FOR YOUTH

What policies does your community have for reducing youth access to alcohol and tobacco in a social venue? If policies exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?

Beer keg registration	X	Enforced by Virginia ABC.
Social host liability		
Banning the sale of alcohol or tobacco products at school stadiums or venues hosting school-sponsored events		
Restrictions on the consumption of alcohol at community/school events (e.g., establishing non-drinking areas; restricting youth access to certain areas and prohibiting alcohol from leaving those areas; requiring RBS training for sellers and event coordinators; using visible age identification, such as wrist bands; banning alcohol consumption in parking lots; prohibiting carry-in beverages; limiting cup sizes for alcoholic beverages sold at the event; limiting service to not more than two drinks per purchase; selling food and beverages together, promoting sale of non-alcoholic beverages, etc.)	X	No alcohol on CCPS property
Restriction on the use of tobacco products at open air, public events or places (e.g., establishing non-smoking areas)	X	Indoor Clean Air Act prohibits most smoking in restaurants. Enforced by Health Department.
Restrictions on the consumption of alcohol in public places (e.g., banning alcohol consumption or limiting it to certain days and times; prohibiting open containers; requiring Responsible Beverage Service (RBS) practices at special events; regular monitoring or public parks, playgrounds, etc.)	X	Drinking in unlicensed public places is prohibited. Specific laws prohibit alcohol on school and playground property. Enforced by police.

SAFE AND DRUG FREE NEIGHBORHOODS

What other specific policies does your community have in place to keep its neighborhoods safe and drug-free? If policies exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Social order or nuisance abatement ordinances (e.g., against noise, prostitution, drug-related loitering, graffiti, public intoxication, harassment of passersby)	X	Maintaining a bawdy place and Maintaining a Common Nuisance codes are enrforced

Elimination, in conjunction with law enforcement, of drug houses and gang hangouts	X	
Property maintenance ordinances that establish standards for the upkeep of rental, owner-occupied, and commercial property	X	
Crime prevention through environment design strategies (e.g., cutting back or eliminating vegetation that provides cover for drug sales, increasing lighting at crime hot spots)	X	Police have Crime Prevention Specialist
An ordinance that allows your community to board up vacant drug houses		Not specifically, but other codes are used for this purpose
An ordinance that allows your community to file suit against a property being used by drug dealers		Not specifically but can bone if charged with Common Nuisance more than twice
An ordinance that allows your community to take possession of an abandoned property and turn it over to a developer of affordable housing		Tax liens leading to auction- not turned over to developer
Merchant awareness programs to restrict the sale of products that could be used in manufacturing illegal substances (e.g., methamphetamine)	X	Statewide tracking SAFE cough syrup initiative

SCHOOL ENVIRONMENT

Which of the following are in place at the elementary and secondary schools in your community? Where policies and practices exist, are they enforced?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
A clear zero-tolerance policy prohibiting the possession/use of alcohol or other drugs on school property	X	FULL
Smoking bans on school property	X	FULL
Sanctions against students for ATOD-related offenses	X	FULL
Partnerships with the community (e.g., media campaigns; policy changes focusing on underage drinking, smoking, or other drug use, such as regulations that restrict access to alcohol, tobacco, or other drugs; programs to strengthen families and neighborhoods)	X	Partners with County government, including law enforcement, mental health, and public relations; SAFE; PTA/PTO
Institutionalization of health education components that includes a focus on preventing the use of alcohol, tobacco and	X	FULL

other drugs (ATODs).		
Policies against loitering on school grounds	X	Tough to consistently enforce during off hours
Partnerships with law enforcement and the community to combat gang and/or substance use activities	X	Neighborhood Watch
Mandatory service learning projects as graduation requirement	NO	

WORK PLACE ENVIRONMENT

Which of the following policies, if any, have been instituted by the major employers in your community?

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Drug-free workplace policy		County Government
Zero-tolerance policy against violence		County Government

HIGHER EDUCATION INSTITUTION ENVIRONMENT

(For communities that contain community colleges, junior colleges, colleges, universities or other institutions of higher education)

1. *What do the colleges/universities in your community do to provide an alcohol-free environment and create a social, academic, and residential environment that supports health-promoting norms?*

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Require service learning as part of the academic curriculum	JTCC, Student Health 101 and Not anymore curricula	
Promote nonalcoholic beverages at events	VSU, JTCC	
College and university admissions procedures and traditions promote a healthy environment	JTCC	
The academic schedule offers core classes on Thursdays, Fridays, and Saturdays	JTCC, Thursdays, Fridays, but not Saturday heavy	VSU- Thursdays and Fridays, not Saturdays
Exams/projects increasingly require class attendance and	JTCC	

academic responsibility		
Substance-free residence options are available	JTCC n/a on residences on campus	
The campus encourages high academic standards	VSU, JTCC	
Campus-wide social norms campaign educating about misperceptions regarding typical or acceptable drinking or other drug use norms and behaviors	VSU, JTCC uses both curricula mentioned above	

2. *What policies are in place at the colleges/universities in your community to limit alcohol and tobacco availability? If policies are in place, are they enforced?*

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Alcohol or tobacco use is banned or restricted on campus	VSU, JTCC no alcohol	VSU- no alcohol on campus; JTCC tobacco note banned but restricted to 25 ft from building
The use of alcohol and/or tobacco in public places is prohibited	VSU, JTCC	Fine for violation
Kegs and other common containers are banned from functions held on campus	JTCC no kegs on campus	
Responsible beverage service training is required, and all servers must be registered	JTCC no serving of alcohol on campus	
Students are given university guidelines for off-campus parties	JTCC doesn't regulate off campus parties	
Alcohol outlet density around the campus is regulated	JTCC- defers to VA ABC	
The cost of beer and liquor licenses are raised on or near campus	JTCC up to VA ABC	
Limited days/hours of alcohol sales on/around the campus	JTCC up to VA ABC	
Reduced alcoholic beverage container size at campus functions	JTCC doesn't serve alcohol at campus functions	
Alcohol is regulated by quantity per sale	JTCC doesn't sell alcohol at campus	

	functions	
Keg registration is required	JTCC – VA ABC handles	
State alcohol and tobacco taxes are increased	JTCC doesn't regulate	

3. *What policies are in place at the colleges/universities in your community to limit alcohol and tobacco marketing and promotion? If policies are in place, are they enforced?*

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
Alcohol and tobacco advertising on campus is restricted or banned	VSU, JTCC-Yes	
Alcohol and tobacco industry sponsorship of on-campus events is restricted or banned	VSU, JTCC doesn't have alcohol sponsored events	
Alcohol and tobacco advertising and promotion near the campus is restricted or banned	JTCC doesn't regulate off campus	
Alcohol and tobacco promotions that are particularly appealing to underage users are restricted or banned	VSU, JTCC no promotions on campus	
Counter-advertising or pro-health messages are required or encouraged	JTCC Yes	
Cooperative agreements to limit special drink promotions are endorsed by area bars, restaurants and taverns	JTCC No Partnerships	
Cooperative agreements to institute a minimum price for alcoholic beverages are endorsed by area bars, restaurants and taverns	N/A	
Happy hours are eliminated from area bars, restaurants and taverns	JTCC no contact with bars off campus	
Shot glasses, beer mugs, and wine glasses are banned as sale items in the campus bookstore	JTCC Yes none in inventory	
Items promoting any ATOD use are banned as sale items in the campus bookstore	JTCC Yes not part of inventory	

4. *What practices are in place to enforce ATOD policies on and around the college/university campuses in your community? If practices are in place, are they enforced?*

	Check below if restriction exists in your community.	If restriction exists, to what extent are they being enforced?
On-campus functions must be registered	VSU, JTTC yes, but not serving alcohol	
On-campus functions have mandatory ID checks	VSU, JTCC doesn't serve alcohol but does id	
Undercover compliance checks at campus pubs and at on-campus functions	JTCC no campus pubs	
Patrols of on- and off-campus parties	VSU, JTCC doesn't regulate off campus parties, on campus events are covered by security but no alcohol served	
Disciplinary sanctions for violation of campus ATOD policies	VSU, JTCC some dismissals and some referred to educational classes	
Criminal prosecution of students who commit ATOD-related offenses	VSU, JTCC they will charge if need be.	
Change driver's licensing procedures and formats	JTCC has no authority in this area	
Revoke/suspend driver's licenses of minors who violate ATOD laws	JTCC has no authority in this area	
Educate alcohol seller/servers about potential legal liability	JTCC doesn't have servers on campus	
Check IDs at bars and liquor stores near campus	JTCC no jurisdiction	
Impose penalties on merchants at bars and liquor stores near campus for	JTCC no jurisdiction	
Impose penalties on adults for purchasing alcohol or tobacco	JTCC no	

products for underage drinkers underage alcohol and tobacco sales	jurisdiction	
Impose penalties on students for use of false identification	JTCC yes	
Undercover compliance checks at alcohol and tobacco retailers near campus	JTCC doesn't do this activity	
Driving under the Influence (DUI) laws	JTCC will turn over to CCPD to enforce if driving intoxicated on campus	
Roadside sobriety checks	JTCC doesn't do on campus	
Dram shop laws that apply legal action for serving intoxicated drinkers or minors	JTCC does not regulate	
Campus coalition or task force to oversee the development/review of campus alcohol policies and their enforcement	JTCC, Sandra Kirkland's office	

COMMUNITY PROBLEMS CHECKLIST

Check the problems that you see in your community as a result of substance use and abuse. This will help to connect the environmental assessment to consequences of use your prioritized in your goals and outcomes.

_X_Emergency room admissions
_X_Worksite problems (accidents, absenteeism, productivity, etc.)
_X_Assaults (fights, acquaintance rape, etc.)
_X_Over-consumption/alcohol overdose
_X_Property damage/vandalism
_X_Vehicle crashes
_X_Domestic violence
_X_Suicide
_X_Stealing
_X_Poor academic achievement
_X_School dropouts
_X_Pregnancy/sexually transmitted diseases
_X_Abuse/neglect
_X_Addiction
_X_Treatment issues (need of, demand)
_X_Drinking and driving
_X_Teen drinking parties
_X_Family problems (divorce, fights, etc.)
_X_Disturbing the peace (public intoxication at parks, beaches, events)

_X_Accident mortality (motor vehicle or pedestrian alcohol-involved, falls, drowning, alcohol overdose/poisoning)
_X_Gateway to other drug use
_X_Poor physical health

CONTRIBUTING FACTORS TO SUBSTANCE ABUSE

Check any of the following factors that your community assessment data have indicated as contributing to ATOD use and abuse in your community. This will help to connect the environmental assessment to your prioritized risk and protective factors.

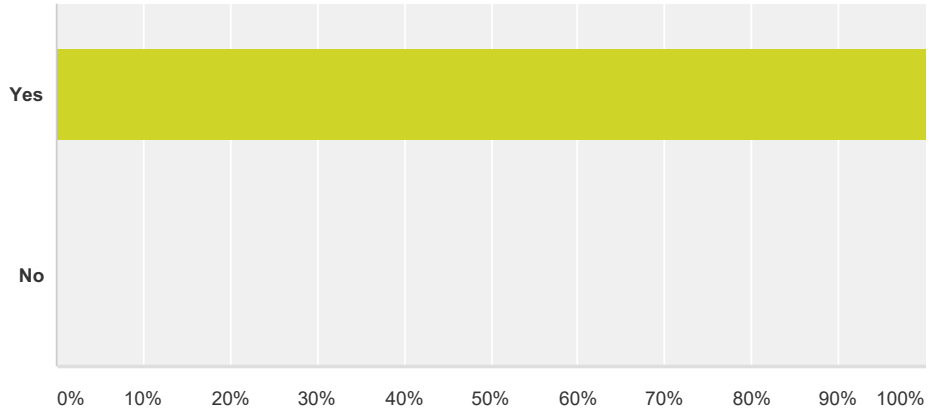
- ✓ Parental/adult indifference/tolerance of underage drinking
- ✓ Parental/adult indifference/tolerance of underage tobacco use
- ✓ Community social norms promote or tolerate underage drinking
- ✓ Community social norms promote or tolerate underage tobacco use
- ✓ Community social norms promote or tolerate other underage drug use
- ✓ Community tolerance/denial of underage ATOD use
- ✓ Community tolerance/denial of adult ATOD abuse
- ✓ Adults provide alcohol, tobacco or other drugs to youth
- ✓ Community social norms promote or tolerate adult alcohol abuse
- ✓ Community social norms promote or tolerate adult tobacco use
- ✓ Community social norms promote or tolerate other adult drug use
- ✓ Absence of adequate law enforcement capacity
- ✓ Absence of consistent enforcement of alcohol laws (limited consequences)
  Absence of consistent enforcement of tobacco laws (limited consequences)
  Absence of consistent enforcement of other drug laws (limited consequences)
- ✓ Judges not following through with sentencing of alcohol violations
- ✓ Judges not following through with sentencing of tobacco violations
- ✓ Judges not following through with sentencing of other drug offenses
  Judicial plea-bargains
- ✓ Media glamorizes alcohol, tobacco or other drug use
  Underage youth are allowed to work in alcohol outlets
  Underage youth are allowed to work in tobacco outlets
- ✓ Absence of alcohol-free community events
- ✓ Easy availability of alcohol
- ✓ Easy availability of tobacco
- ✓ Easy availability of other drugs
  School policies not consistently followed
- ✓ Workplace policies not consistently followed
  Community policies not consistently followed
- ✓ No sense of belonging to a community
- ✓ Open shelving of alcohol in stores
  Open shelving of tobacco products in stores
  Ingredients for drug manufacturing are readily available in store
- ✓ Business interests are in conflict with public health interests
- ✓ Poor role modeling by adults

- ✓ Greater acceptance of alcohol use than other drugs
- ✓ Limited funding for community prevention coalition and public policy work severe economic deprivation
- ✓ Significant transitions and mobility in the community
- ✓ Community disorganization

Appendix 5: Young Adult Survey Frequencies

Q1 Do you live in Chesterfield County?

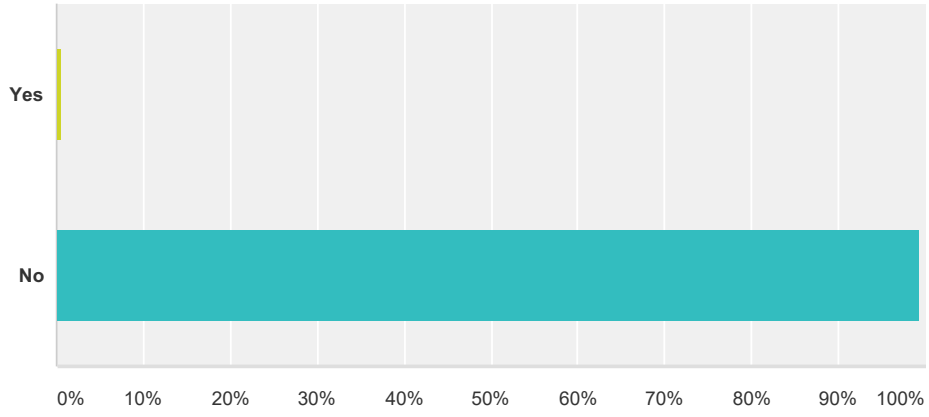
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**100.00%**	706
No	**0.00%**	0
Total		**706**

Q2 Have you taken this survey within the last 12 months?

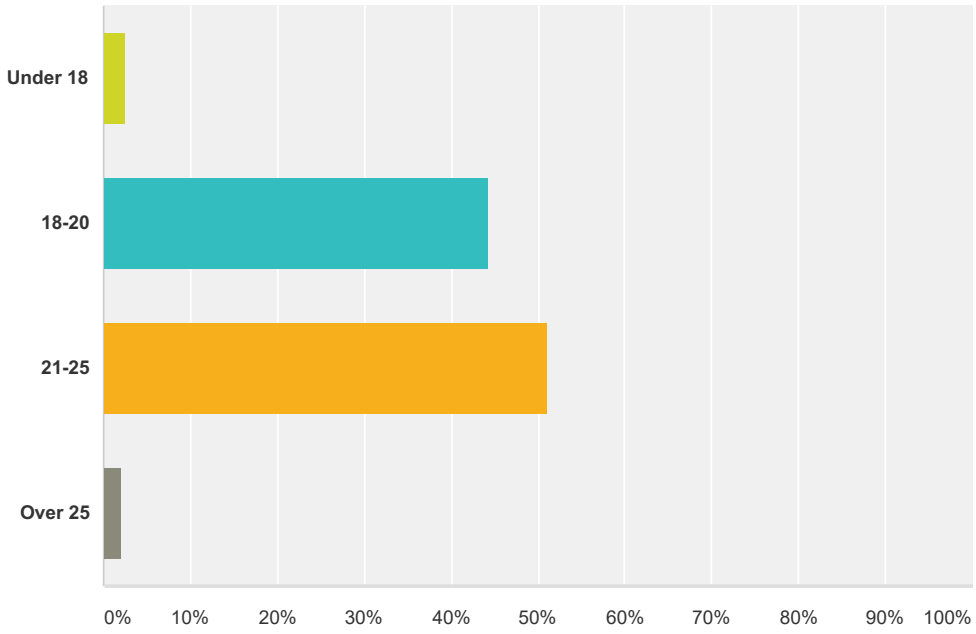
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**0.71%**	5
No	**99.29%**	701
Total		**706**

Q3 How old are you?

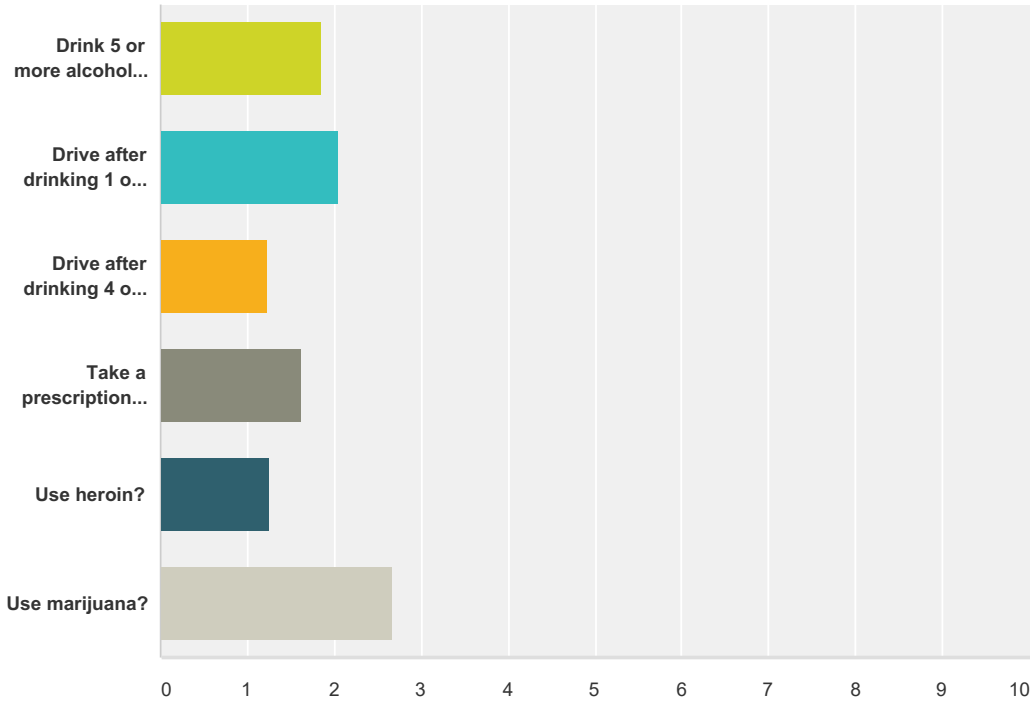
Answered: 706 Skipped: 0



Answer Choices	Responses	
Under 18	**2.41%**	17
18-20	**44.33%**	313
21-25	**51.13%**	361
Over 25	**2.12%**	15
Total		**706**

Q4 How much do you think people risk harming themselves physically or in other ways when they do the following?

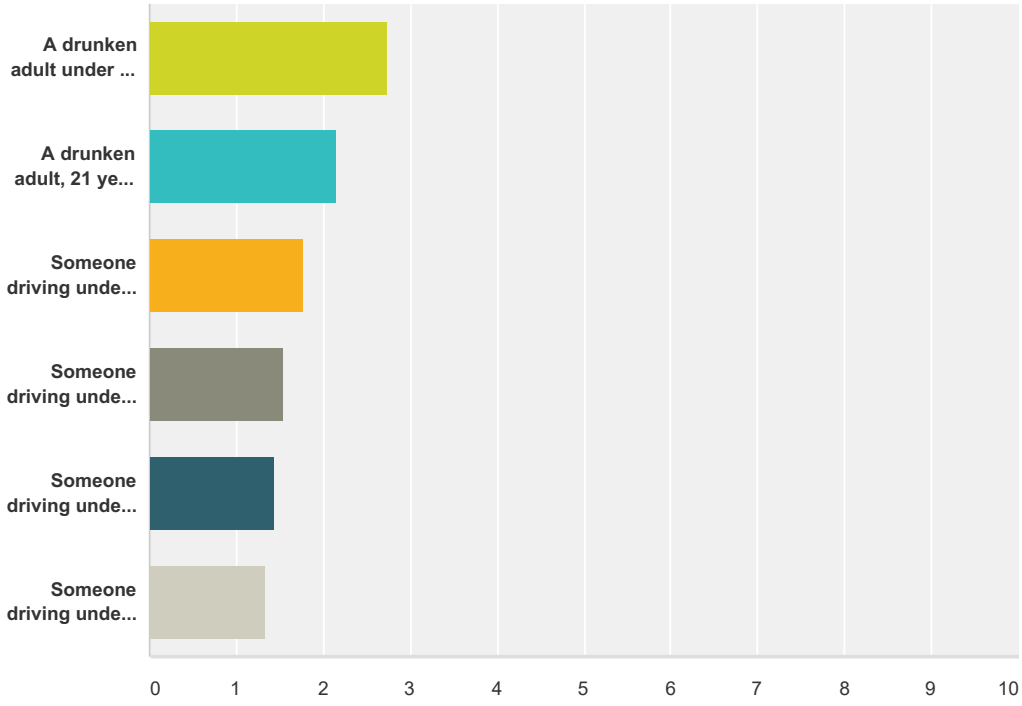
Answered: 706 Skipped: 0



	Great risk	Moderate risk	Slight risk	No risk	Don't know or can't say	Total	Weighted Average
Drink 5 or more alcoholic drinks if male, or 4 or more drinks if female, on one occasion? (1 drink= 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	**41.36%** 292	**36.69%** 259	**18.13%** 128	**2.69%** 19	**1.13%** 8	706	1.86
Drive after drinking 1 or 2 drinks of alcohol?	**31.59%** 223	**38.39%** 271	**25.21%** 178	**3.97%** 28	**0.85%** 6	706	2.04
Drive after drinking 4 or 5 drinks of alcohol?	**86.32%** 606	**7.83%** 55	**3.13%** 22	**1.99%** 14	**0.71%** 5	702	1.23
Take a prescription drug ONLY for the experience, feeling it caused, or to get high?	**58.64%** 414	**27.76%** 196	**8.78%** 62	**2.69%** 19	**2.12%** 15	706	1.62
Use heroin?	**87.68%** 619	**5.52%** 39	**2.12%** 15	**3.12%** 22	**1.56%** 11	706	1.25
Use marijuana?	**22.84%** 161	**17.02%** 120	**30.92%** 218	**27.38%** 193	**1.84%** 13	705	2.68

Q5 In your community, how likely is it that:

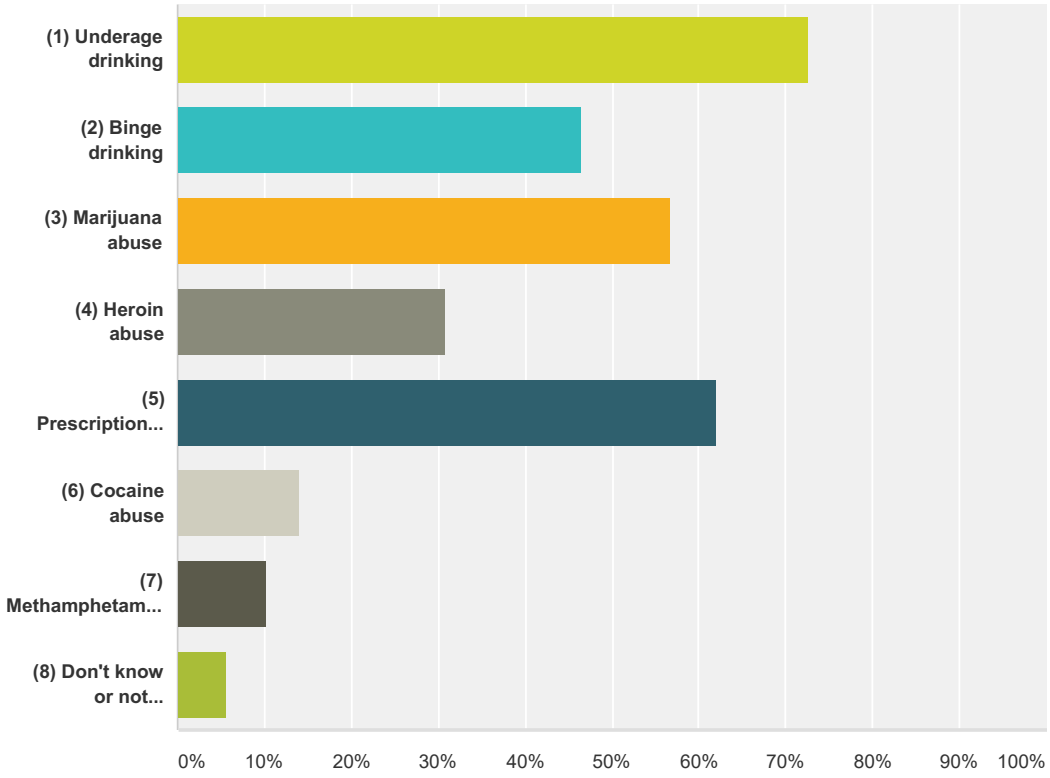
Answered: 706 Skipped: 0



	Very likely	Somewhat likely	Not very likely	Not at all likely	Total	Weighted Average
A drunken adult under 21 years of age, would be served a drink of alcohol if they asked for one in a local restaurant?	**11.08%** 78	**24.01%** 169	**44.32%** 312	**20.60%** 145	704	2.74
A drunken adult, 21 years of age or older, would be sold an alcoholic beverage if they tried to buy it in a local store?	**29.08%** 205	**37.16%** 262	**24.68%** 174	**9.08%** 64	705	2.14
Someone driving under the influence of alcohol would be stopped by police/law enforcement?	**36.40%** 257	**51.56%** 364	**10.34%** 73	**1.70%** 12	706	1.77
Someone driving under the influence of alcohol will get into an alcohol related crash?	**51.56%** 364	**42.78%** 302	**4.39%** 31	**1.27%** 9	706	1.55
Someone driving under the influence of alcohol would be arrested?	**63.17%** 446	**29.75%** 210	**5.67%** 40	**1.42%** 10	706	1.45
Someone driving under the influence of alcohol would be charged with a DUI?	**73.33%** 517	**21.42%** 151	**3.97%** 28	**1.28%** 9	705	1.33

Q6 In your opinion, what are the three biggest substance abuse issues in your community for young adults aged 18-25? (Please select the top 3):

Answered: 706 Skipped: 0



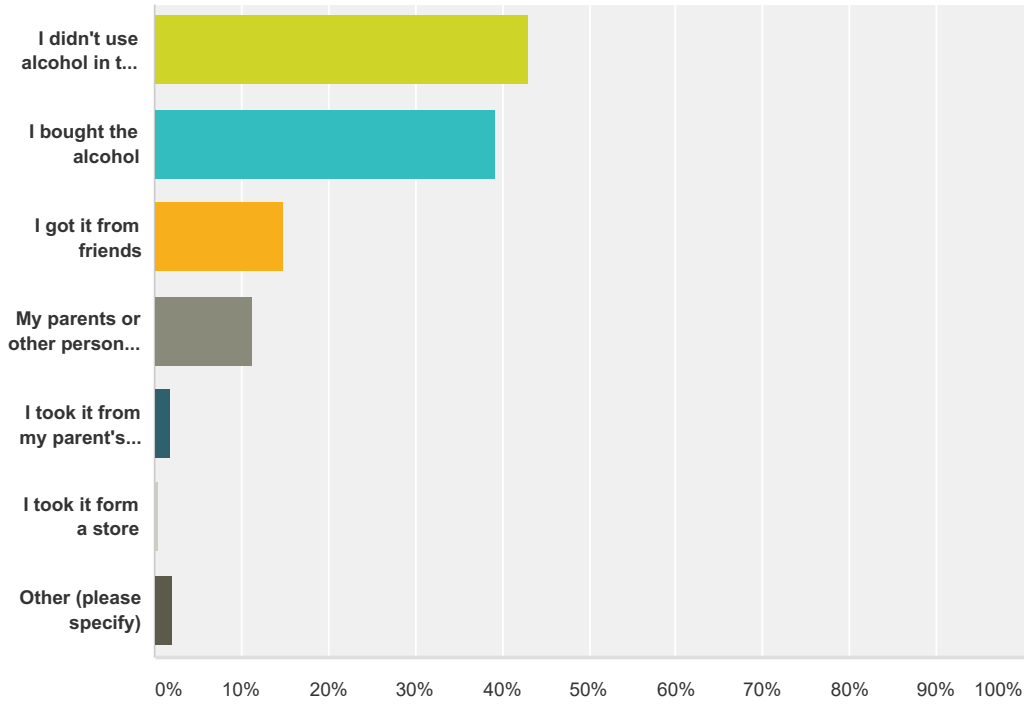
Answer Choices	Responses	
(1) Underage drinking	**72.66%**	513
(2) Binge drinking	**46.46%**	328
(3) Marijuana abuse	**56.80%**	401
(4) Heroin abuse	**30.88%**	218
(5) Prescription drug abuse	**62.04%**	438
(6) Cocaine abuse	**14.02%**	99
(7) Methamphetamine (meth) abuse	**10.20%**	72
(8) Don't know or not applicable	**5.67%**	40
Total Respondents: 706		

#	(9) Other substance abuse (e.g. inhalants, steroids, synthetics, club drugs, hallucinogens, etc.):	Date
1	Club drugs	8/31/2016 11:50 PM
2	Molly	8/31/2016 11:26 PM
3	Lsd, mdma	8/31/2016 9:18 PM

4	People Just smoking cigarette	8/31/2016 8:51 PM
5	shroons	8/31/2016 7:27 PM
6	lean	8/31/2016 6:49 PM
7	Synthetics	8/31/2016 5:22 PM
8	synthetics	8/31/2016 5:15 PM
9	I'm using this as a comment box. While I think these three are the most harmful they fall behind marijuana and drinking as far as use goes, but they are far more severe.	8/31/2016 5:01 PM
10	Synthetics, club drugs	8/31/2016 4:49 PM
11	inhalants	8/31/2016 4:40 PM
12	Jenkem	8/31/2016 4:31 PM
13	crack, because it is slightly different than cocaine	8/31/2016 4:09 PM
14	I don't feel like one can abuse marijuana	8/24/2016 4:32 PM
15	Hallucinogens	8/24/2016 4:18 PM
16	steroids	8/24/2016 9:34 AM
17	Club drugs	8/24/2016 5:54 AM
18	Club drugs, LSD, Molly	8/23/2016 12:57 PM
19	Weed	8/23/2016 11:12 AM
20	Club drugs	8/23/2016 8:07 AM
21	Opioids	8/22/2016 6:33 PM
22	Molly	8/22/2016 4:18 PM
23	inhalants	8/22/2016 12:25 PM
24	Lots of xanax	8/22/2016 12:09 PM
25	Hallucinogens	8/21/2016 8:22 PM
26	Club drugs	8/21/2016 12:50 PM
27	Club drugs	8/19/2016 1:55 PM

Q7 If you used alcohol in the past 30 days in your community, how did you get it? (Check all that apply)

Answered: 706 Skipped: 0



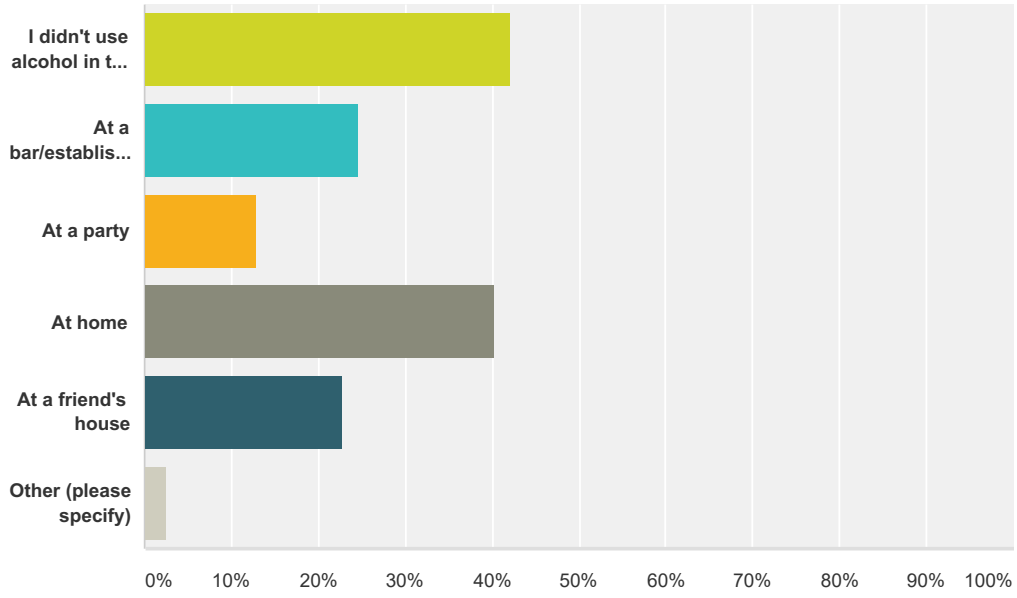
Answer Choices	Responses	
I didn't use alcohol in the past 30 days	**42.92%**	303
I bought the alcohol	**39.24%**	277
I got it from friends	**14.73%**	104
My parents or other person over 21 gave it to me	**11.19%**	79
I took it from my parent's house	**1.84%**	13
I took it form a store	**0.42%**	3
Other (please specify)	**2.12%**	15
Total Respondents: 706		

#	Other (please specify)	Date
1	I dont drink	9/1/2016 10:12 AM
2	Drank ONE glass of wine with my family at a dinner in our house	8/31/2016 11:08 PM
3	Party	8/31/2016 10:04 PM
4	I went out for drinks with my friends	8/31/2016 8:25 PM
5	I never bought alcohol or I never got it from anywhere else	8/31/2016 7:08 PM
6	Bought a drink at a resturant	8/31/2016 6:21 PM

7	I spent a week drinking every night with family all of whom are over 21	8/31/2016 5:03 PM
8	It was a wedding present	8/31/2016 5:01 PM
9	dont drink at all	8/31/2016 4:04 PM
10	Available in the house	8/24/2016 6:51 PM
11	I got it from my cruise to the Bahamas	8/24/2016 4:18 PM
12	Legally at age 21	8/24/2016 10:10 AM
13	I don't drink	8/23/2016 5:06 PM
14	I drank legally in Mexico	8/23/2016 2:08 AM
15	none	8/22/2016 12:12 PM

Q8 If you have used alcohol in the past 30 days in your community, where did you use it?

Answered: 706 Skipped: 0



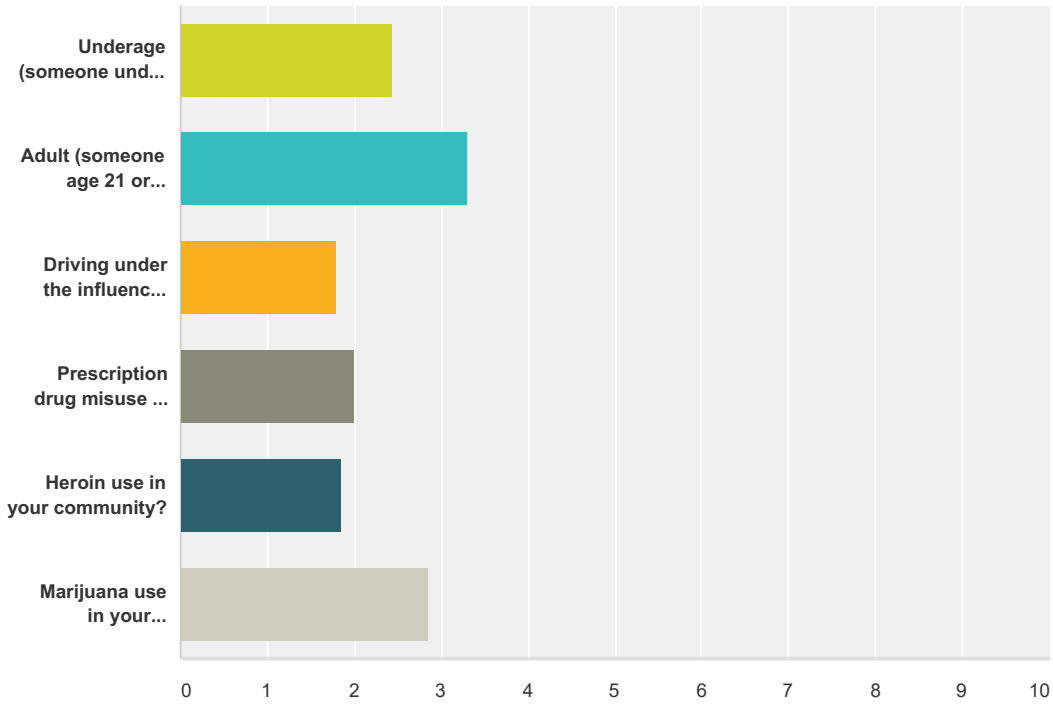
Answer Choices	Responses	
I didn't use alcohol in the past 30 days	**42.21%**	298
At a bar/establishment	**24.65%**	174
At a party	**12.89%**	91
At home	**40.23%**	284
At a friend's house	**22.66%**	160
Other (please specify)	**2.41%**	17
Total Respondents: 706		

#	Other (please specify)	Date
1	Family's house	9/1/2016 12:18 PM
2	I dont drink	9/1/2016 10:12 AM
3	yes i have tried from a resturant and they did serve me until i told them I was underage	8/31/2016 7:29 PM
4	I don't drink	8/31/2016 7:17 PM
5	At a Wedding	8/31/2016 7:02 PM
6	Extended family's house	8/31/2016 5:08 PM
7	Vacation rental	8/31/2016 5:03 PM
8	dont drink!!	8/31/2016 4:04 PM
9	I	8/24/2016 7:18 PM
10	Vacation with me family. We are all over 21	8/24/2016 7:59 AM

11	I haven't used it	8/23/2016 5:07 PM
12	Camping	8/23/2016 1:06 PM
13	Beach	8/23/2016 12:10 PM
14	Resort in Mexico	8/23/2016 2:09 AM
15	Beach	8/22/2016 4:19 PM
16	I	8/21/2016 3:45 PM
17	PICNIC	8/20/2016 2:39 PM

Q9 How concerned are you with the following:

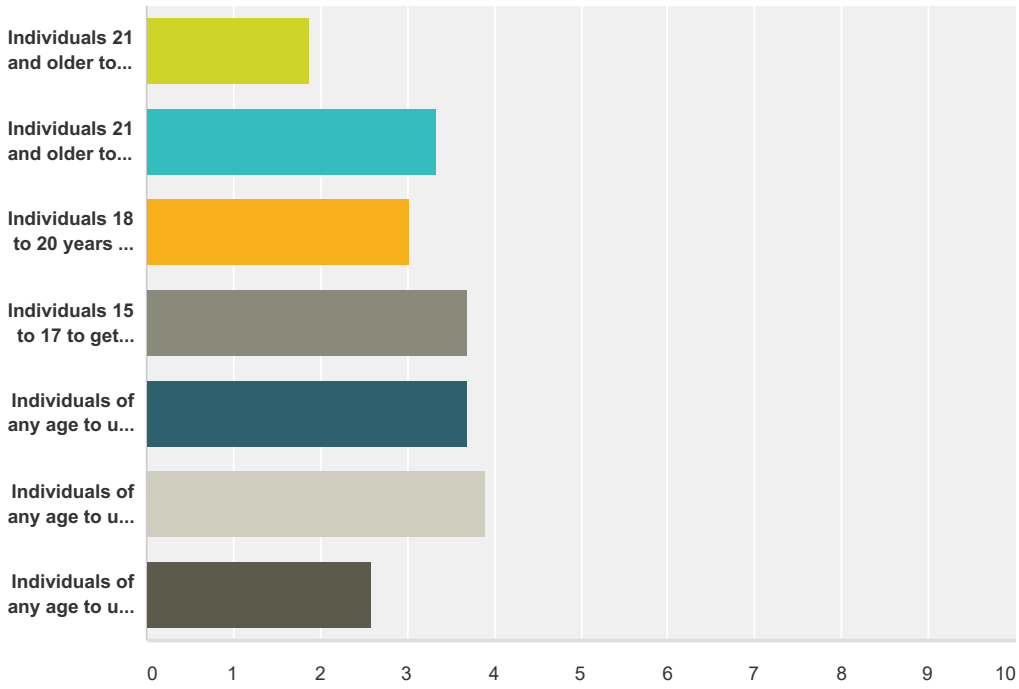
Answered: 706 Skipped: 0



	Very concerned	Concerned	Somewhat concerned	Not concerned at all	Total	Weighted Average
Underage (someone under age 21) alcohol use in your community?	**23.15%** 163	**26.85%** 189	**32.95%** 232	**17.05%** 120	704	2.44
Adult (someone age 21 or older) alcohol use in your community?	**7.67%** 54	**10.94%** 77	**26.56%** 187	**54.83%** 386	704	3.29
Driving under the influence in your community	**47.09%** 332	**30.35%** 214	**17.87%** 126	**4.68%** 33	705	1.80
Prescription drug misuse in your community?	**38.44%** 271	**31.77%** 224	**21.28%** 150	**8.51%** 60	705	2.00
Heroin use in your community?	**54.11%** 382	**18.27%** 129	**16.15%** 114	**11.47%** 81	706	1.85
Marijuana use in your community?	**18.98%** 134	**15.30%** 108	**26.06%** 184	**39.66%** 280	706	2.86

Q10 In your opinion, how acceptable do you think it is for:

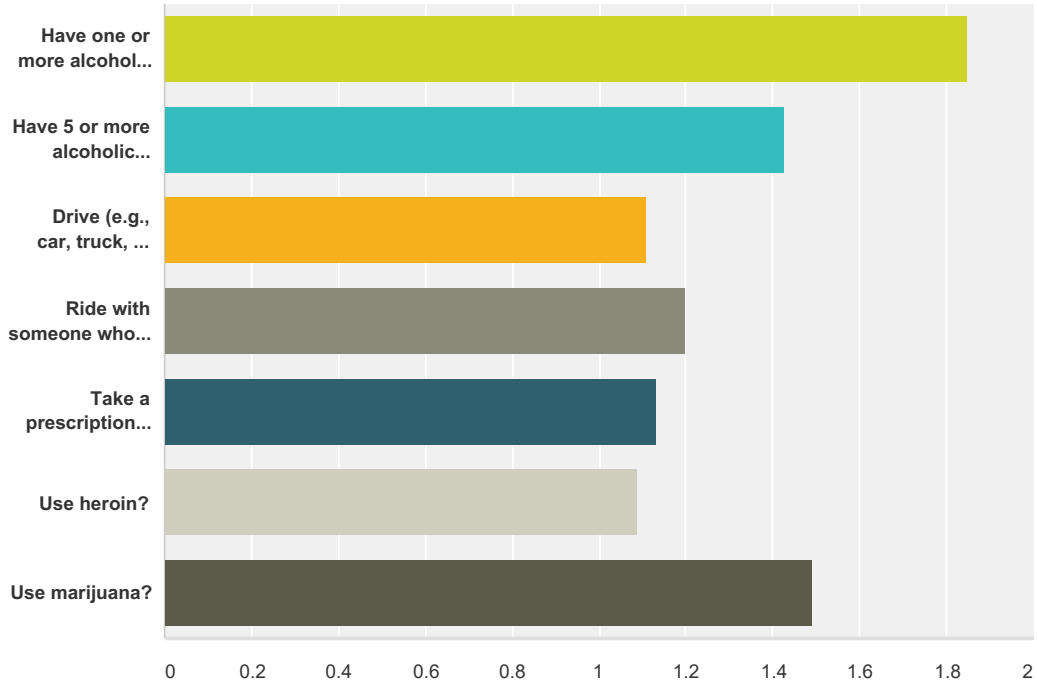
Answered: 706 Skipped: 0



	Acceptable	Somewhat acceptable	Somewhat unacceptable	Unacceptable	Total	Weighted Average
Individuals 21 and older to get drunk?(1 drink= 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	**42.07%** 297	**36.69%** 259	**13.74%** 97	**7.51%** 53	706	1.87
Individuals 21 and older to provide alcohol for people under 21 years old?	**3.68%** 26	**13.74%** 97	**28.61%** 202	**53.97%** 381	706	3.33
Individuals 18 to 20 years old to get drunk?	**9.63%** 68	**19.41%** 137	**30.45%** 215	**40.51%** 286	706	3.02
Individuals 15 to 17 to get drunk?	**1.98%** 14	**4.11%** 29	**15.86%** 112	**78.05%** 551	706	3.70
Individuals of any age to use prescription drugs in any way a doctor did not direct them to use them?	**2.41%** 17	**3.97%** 28	**15.16%** 107	**78.47%** 554	706	3.70
Individuals of any age to use heroin?	**1.42%** 10	**1.42%** 10	**3.40%** 24	**93.77%** 662	706	3.90
Individuals of any age to use marijuana?	**21.39%** 151	**26.77%** 189	**23.51%** 166	**28.33%** 200	706	2.59

Q11 During the past 30 days, on how many days did you:

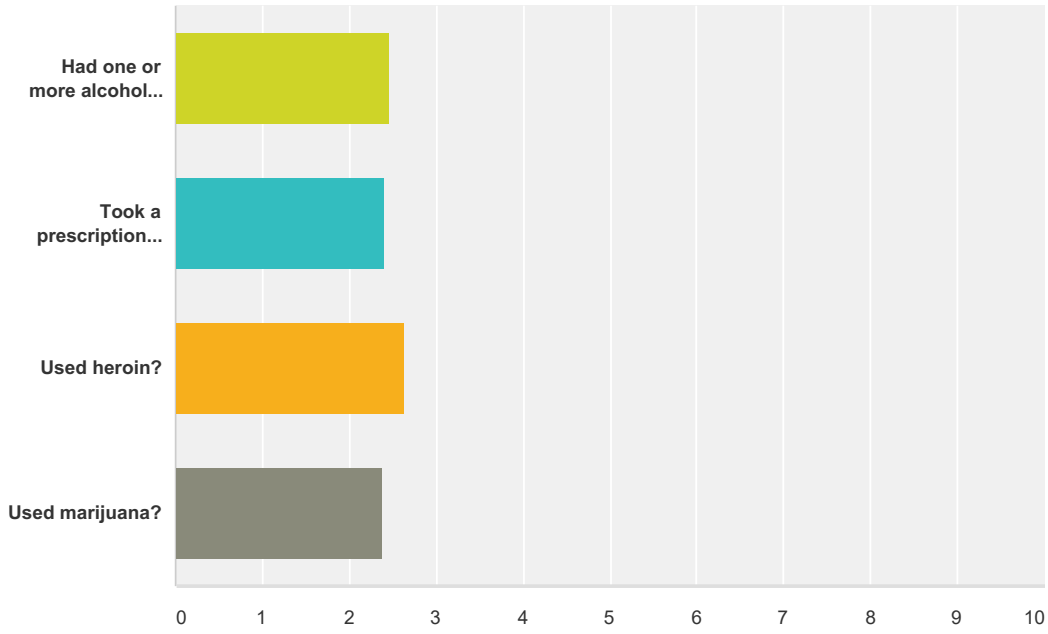
Answered: 706 Skipped: 0



	0 days	1 to 4 days	5 to 8 days	9 to 14 days	15 to 29 days	All 30 days	Total	Weighted Average
Have one or more alcoholic beverages? (1 drink= 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)	**45.47%** 321	**37.25%** 263	**8.78%** 62	**4.82%** 34	**2.69%** 19	**0.99%** 7	706	1.85
Have 5 or more alcoholic drinks for a male or 4 or more for a female on one occasion?	**69.97%** 494	**22.80%** 161	**3.40%** 24	**2.69%** 19	**0.57%** 4	**0.57%** 4	706	1.43
Drive (e.g., car, truck, or motorcycle) within one to two hours of consuming 5 or more alcoholic drinks if male or 4 or more if female on one occasion?	**93.34%** 659	**4.67%** 33	**0.71%** 5	**0.57%** 4	**0.42%** 3	**0.28%** 2	706	1.11
Ride with someone who within the previous one to two hours had 2 or more alcoholic drinks?	**84.99%** 600	**12.32%** 87	**1.13%** 8	**0.85%** 6	**0.42%** 3	**0.28%** 2	706	1.20
Take a prescription drug that was prescribed to you ONLY for the experience, feeling it caused, or to get high?	**94.33%** 666	**1.98%** 14	**1.70%** 12	**0.57%** 4	**0.71%** 5	**0.71%** 5	706	1.13
Use heroin?	**97.17%** 686	**0.57%** 4	**0.42%** 3	**0.28%** 2	**0.85%** 6	**0.71%** 5	706	1.09
Use marijuana?	**80.45%** 568	**8.92%** 63	**1.42%** 10	**3.12%** 22	**2.55%** 18	**3.54%** 25	706	1.49

Q12 How old were you when you first:

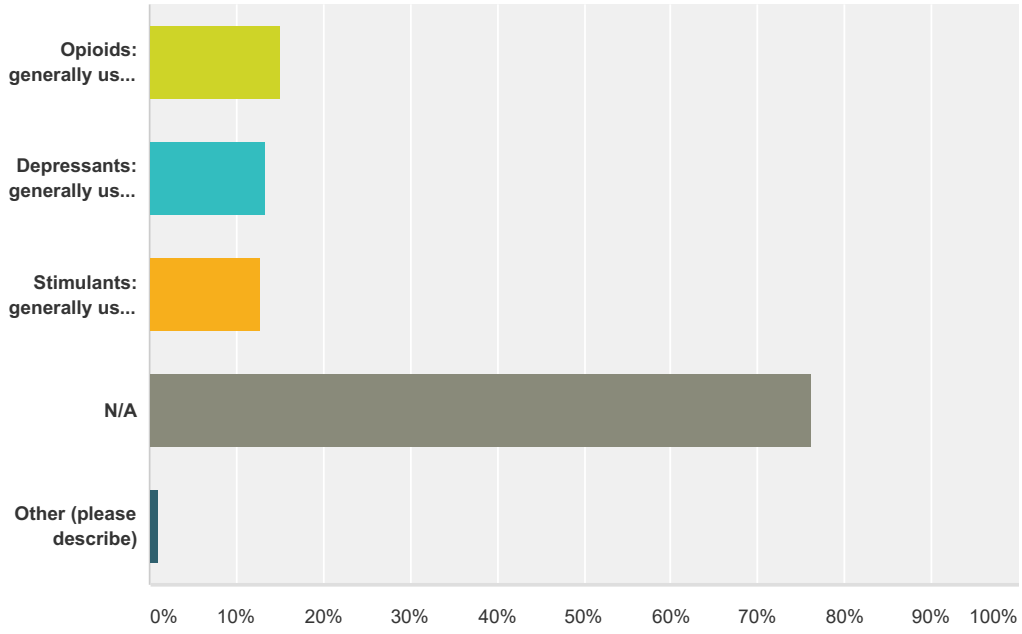
Answered: 706 Skipped: 0



	Under age 12	12-17	18-20	21-25	N/A	Total	Weighted Average
Had one or more alcoholic beverages (1 drink= 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor)?	**3.68%** 26	**45.89%** 324	**24.93%** 176	**9.07%** 64	**16.43%** 116	706	2.47
Took a prescription drug prescribed to you ONLY for the experience, feeling they caused or to get high?	**0.71%** 5	**14.59%** 103	**6.66%** 47	**1.70%** 12	**76.35%** 539	706	2.40
Used heroin?	**0.42%** 3	**1.27%** 9	**1.98%** 14	**0.57%** 4	**95.75%** 676	706	2.63
Used marijuana?	**0.71%** 5	**32.29%** 228	**15.86%** 112	**2.55%** 18	**48.58%** 343	706	2.39

Q13 If you have ever used a prescription drug in any way other than a doctor told you to, which of the following category of prescribed drugs have you done that with? (Check all that apply)

Answered: 706 Skipped: 0

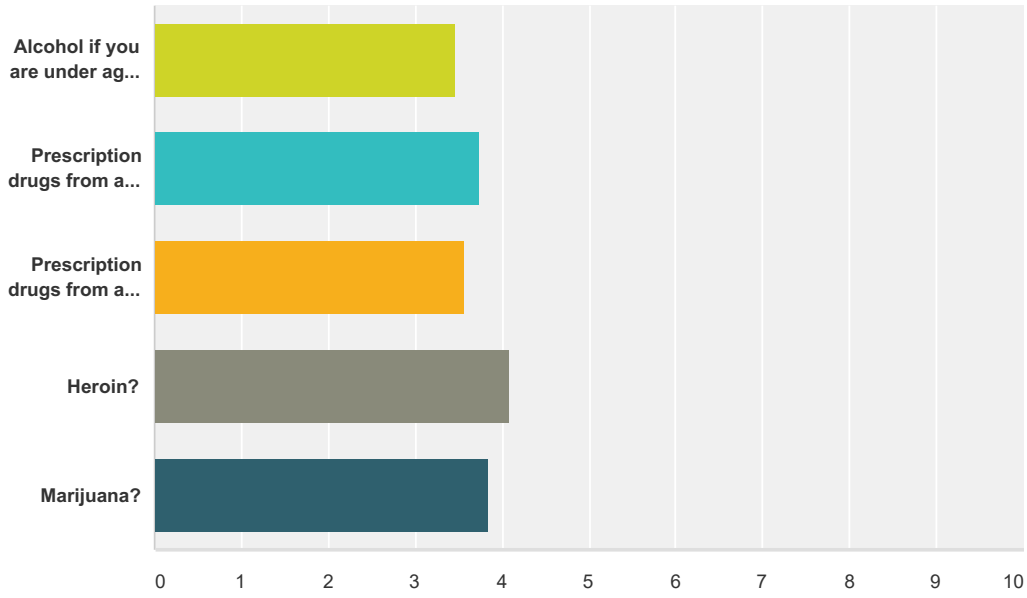


Answer Choices	Responses	
Opioids: generally used a pain relievers (such as Fentanyl, Vicodin, Oxycontin/Oxycodone, Darvon, Dilaudid)	**15.01%**	106
Depressants: generally used to treat anxiety or sleep disorders (such as benzodiazepines: Xanax, Valium, Ativan, Klonopin, Nembutal)	**13.31%**	94
Stimulants: generally used to treat ADHD and narcolepsy (such as Adderall, Ritalin, Concerta, Dexedrine, other amphetamines)	**12.75%**	90
N/A	**76.20%**	538
Other (please describe)	**0.99%**	7
Total Respondents: 706		

#	Other (please describe)	Date
1	MDPV, cocaine, crack	9/1/2016 9:11 AM
2	Muscle Relaxants and Cough Syrup	8/31/2016 7:08 PM
3	Club drugs	8/31/2016 5:25 PM
4	I don't remember what it was.	8/31/2016 5:05 PM
5	Muscle relaxers	8/21/2016 12:53 PM
6	FLU COLD SINUS MEDICATION	8/20/2016 2:41 PM
7	Nerve blocker, used left over pills yo alleviate pain	8/12/2016 9:16 PM

Q14 How hard is it to get the following substances in your community?

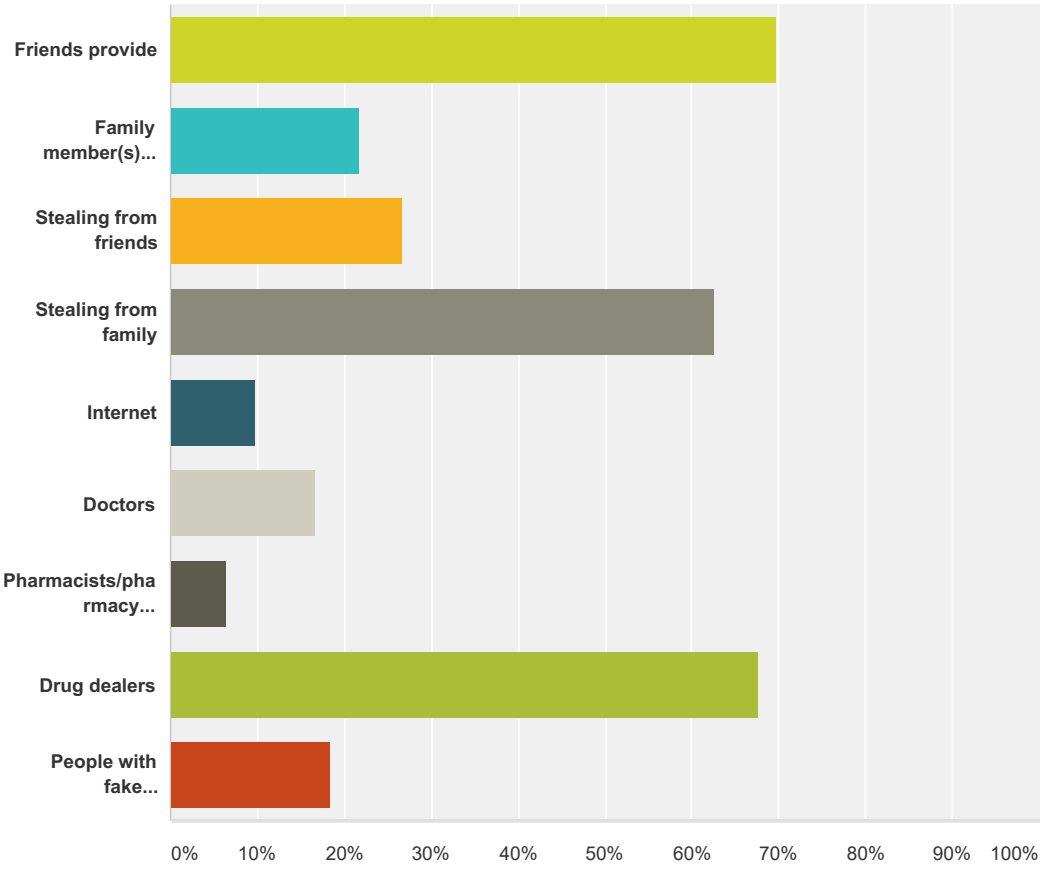
Answered: 706 Skipped: 0



	Very hard	Sort of hard	Sort of easy	Very easy	Don't know	Total	Weighted Average
Alcohol if you are under age 21?	**5.67%** 40	**11.33%** 80	**32.44%** 229	**31.30%** 221	**19.26%** 136	706	3.47
Prescription drugs from a friend or family member to get high?	**7.51%** 53	**10.62%** 75	**22.38%** 158	**19.55%** 138	**39.94%** 282	706	3.74
Prescription drugs from a doctor in your community to get high?	**19.55%** 138	**11.47%** 81	**10.20%** 72	**8.50%** 60	**50.28%** 355	706	3.58
Heroin?	**12.61%** 89	**6.52%** 46	**6.94%** 49	**6.52%** 46	**67.42%** 476	706	4.10
Marijuana?	**3.12%** 22	**5.95%** 42	**20.68%** 146	**44.05%** 311	**26.20%** 185	706	3.84

Q15 In your opinion, how do people get prescription drugs to get high? (Please select top 3)

Answered: 706 Skipped: 0



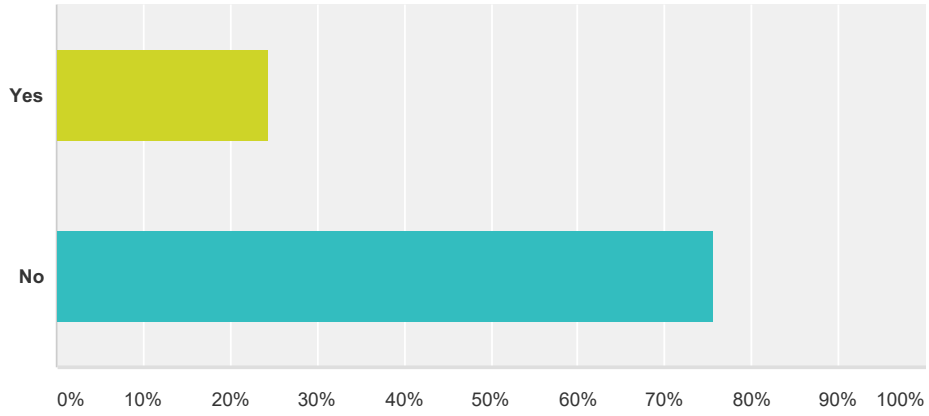
Answer Choices	Responses	
Friends provide	**69.83%**	493
Family member(s) provide	**21.81%**	154
Stealing from friends	**26.77%**	189
Stealing from family	**62.61%**	442
Internet	**9.77%**	69
Doctors	**16.71%**	118
Pharmacists/pharmacy technicians	**6.52%**	46
Drug dealers	**67.71%**	478
People with fake prescriptions	**18.27%**	129
Total Respondents: 706		

#	Other (please specify)	Date

1	Im not 100% sure	9/1/2016 9:48 AM
2	i'm not shady but i assume it's at least those two	9/1/2016 1:38 AM
3	idk	8/31/2016 4:19 PM
4	Consulting a doctor, providing fake symptoms to get prescriptions for desired medication (saying they have anxiety to get Xanax)	8/25/2016 9:16 AM
5	Na	8/24/2016 7:11 PM
6	Prescription	8/24/2016 11:10 AM
7	Stealing	8/24/2016 10:20 AM
8	They make up an excuse for why they need it	8/23/2016 11:43 PM
9	I have know clue	8/23/2016 5:46 PM
10	L	8/23/2016 11:21 AM
11	Whenever prescribed	8/23/2016 11:08 AM
12	Stealing from family mostly easy to gain	8/23/2016 9:00 AM
13	hitggk	8/22/2016 12:23 PM
14	There E V E R Y W H E R E	8/20/2016 5:52 PM
15	No idea	8/18/2016 7:14 AM

Q16 Within the past 12 months have you seen or heard any information regarding safe storage of prescription drugs?

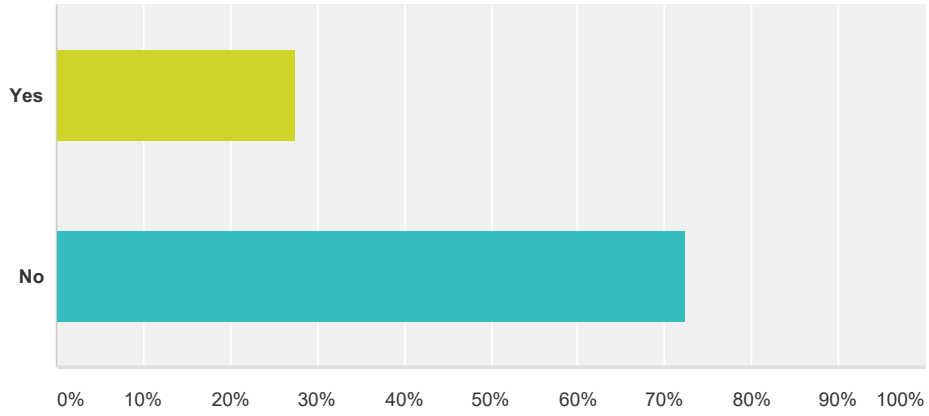
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**24.36%**	172
No	**75.64%**	534
Total		**706**

Q17 Within the past 12 months have you seen or heard any information regarding safe disposal of prescription drugs?

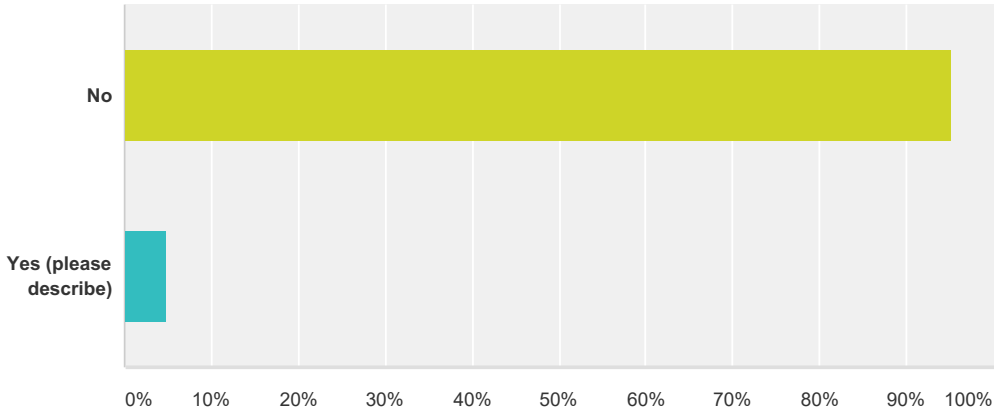
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**27.48%**	194
No	**72.52%**	512
Total		**706**

Q18 Are you aware of any prescription drug misuse prevention strategies in your community?

Answered: 706 Skipped: 0



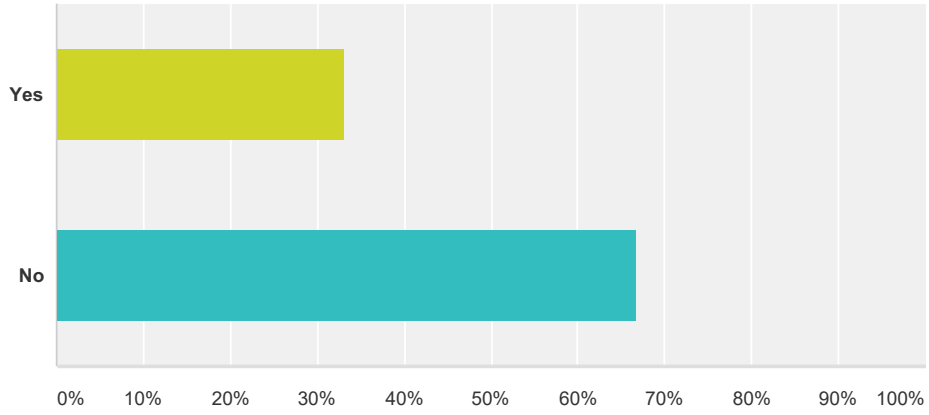
Answer Choices	Responses	
No	**95.18%**	672
Yes (please describe)	**4.82%**	34
Total		**706**

#	Yes (please describe)	Date
1	Doctors are writing less prescriptions.	9/1/2016 11:56 AM
2	dont use if not prescribed to you	9/1/2016 10:45 AM
3	Make sure to discard of left over drugs. Never give any left over pills to anyone, whether they be family or friends.	9/1/2016 10:35 AM
4	narcotics annonomys	9/1/2016 12:32 AM
5	Aderall in schools	8/31/2016 11:11 PM
6	keeping of perspription drugs in a locked box, flushing down toilet any unused medications, never share medication with anyone	8/31/2016 10:30 PM
7	DARE campaigns	8/31/2016 9:16 PM
8	It's on the label of CVS RX	8/31/2016 8:30 PM
9	someone from work is addicted to stimulants	8/31/2016 6:02 PM
10	Cops, education, doctors not prescribing as much	8/31/2016 5:28 PM
11	You use you loose in public schools	8/31/2016 5:26 PM
12	na	8/31/2016 5:21 PM
13	I remember the elementary and middle schools had some.	8/31/2016 5:07 PM
14	yea, you just don't those slugs money to piss away on drugs. they don't work for it, so if you dont just hand them money, then how they gonna get the drugs? steal them and get arrested. arrested to get their dumb ass clean finally.	8/31/2016 4:59 PM
15	Community prescription drug disposal events	8/24/2016 7:39 PM
16	Dare	8/24/2016 5:36 PM
17	Don't give your prescription to anyone	8/24/2016 10:14 AM

18	Xanax or any pain killers	8/24/2016 2:56 AM
19	NA meetings	8/23/2016 6:58 PM
20	VSU campus	8/23/2016 3:15 PM
21	People do drugs like its nothing	8/23/2016 9:21 AM
22	I don't feel like writing it out	8/23/2016 8:13 AM
23	I	8/22/2016 10:10 PM
24	CVS receipts say that they ID for certain otc medications	8/22/2016 8:52 PM
25	Drug take back days	8/22/2016 5:43 PM
26	Don't throw prescriptions in trash with labels on bottles	8/22/2016 5:27 PM
27	Drug take backs	8/21/2016 11:09 AM
28	There was a club in my high school	8/21/2016 8:57 AM
29	Me er have seen any advertised	8/20/2016 5:52 PM
30	I've heard of drop boxes	8/20/2016 4:10 PM
31	DARE	8/20/2016 12:07 AM
32	Keep prescription drugs out of the reach of children.	8/17/2016 9:05 AM
33	Drug rehabs	8/11/2016 8:49 PM
34	Med take backs	8/11/2016 5:00 PM

Q19 Within the past 6 months, have you heard about the Good Samaritan law?

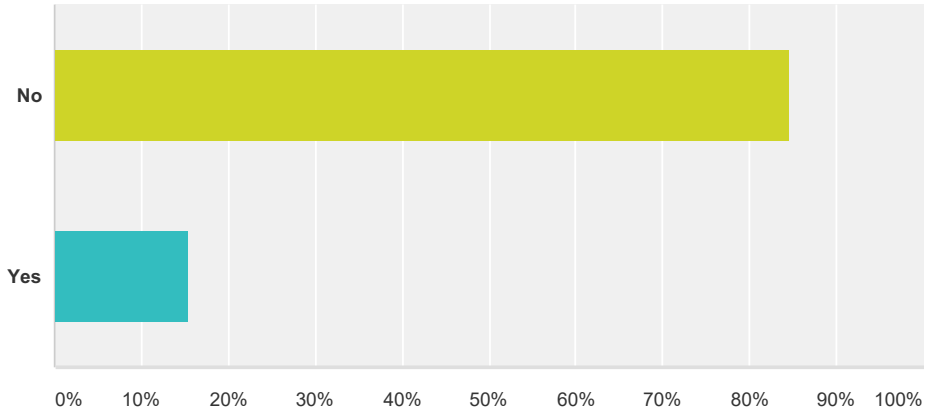
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**33.29%**	235
No	**66.71%**	471
Total		**706**

Q20 Would you know where to refer someone who needs treatment for prescription drug, or heroin dependence?

Answered: 706 Skipped: 0



Answer Choices	Responses	
No	**84.56%**	597
Yes	**15.44%**	109
Total		**706**

#	Yes	Date
1	Health Dept. or google for help info	9/1/2016 11:57 AM
2	substance abuse hotline	9/1/2016 11:47 AM
3	church, family, doctor	9/1/2016 10:30 AM
4	specific doctor's offices, therapists, rehabs	9/1/2016 9:12 AM
5	The Healing Place	9/1/2016 8:32 AM
6	I could look it up.	9/1/2016 2:19 AM
7	AA, NA, Hospital	9/1/2016 12:32 AM
8	REHAB	9/1/2016 12:11 AM
9	Hospital	8/31/2016 11:59 PM
10	doctor office or a rehab facility	8/31/2016 11:49 PM
11	Narcotics Anonymous	8/31/2016 11:48 PM
12	Rehab	8/31/2016 11:32 PM
13	Rehab	8/31/2016 11:08 PM
14	Rehab	8/31/2016 9:28 PM
15	NA	8/31/2016 9:08 PM
16	Rehab	8/31/2016 9:03 PM
17	dial 411 to get connected to a help center	8/31/2016 8:37 PM
18	New Life For Youth	8/31/2016 8:37 PM

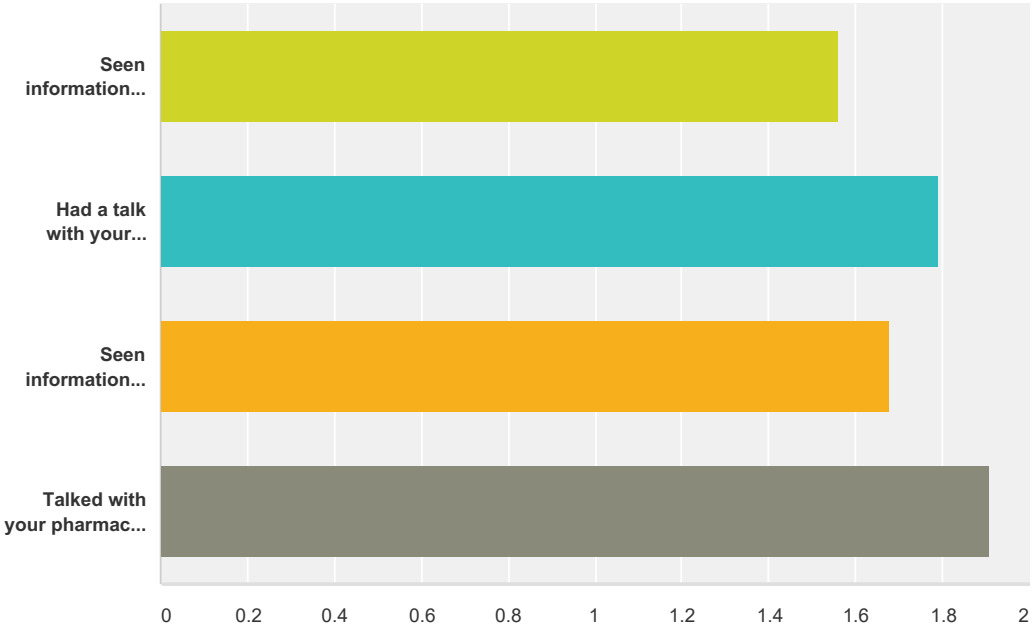
19	The church	8/31/2016 8:34 PM
20	Sober houses, drug overdose hotline, therapy, doctors who specialize in addiction	8/31/2016 8:31 PM
21	District 19	8/31/2016 8:24 PM
22	Chesterfield Mental health	8/31/2016 5:55 PM
23	911 or my mom who is a therapist	8/31/2016 5:50 PM
24	Clinics	8/31/2016 5:42 PM
25	New life for youth	8/31/2016 5:33 PM
26	There are tons of rehab and clinics for this stuff	8/31/2016 5:29 PM
27	Tuckers	8/31/2016 5:17 PM
28	Hos	8/31/2016 5:17 PM
29	NA	8/31/2016 5:12 PM
30	The healing place	8/31/2016 5:01 PM
31	poplar springs, a hospital	8/31/2016 5:00 PM
32	health clinic rehab center	8/31/2016 4:10 PM
33	Yes	8/31/2016 2:46 PM
34	SAFE	8/29/2016 3:26 PM
35	AA, NA, or Celebrate Recovery	8/26/2016 12:07 AM
36	Online	8/25/2016 7:04 PM
37	Rehab	8/25/2016 11:47 AM
38	A clinic for dependence issues	8/25/2016 10:29 AM
39	A licensed doctor	8/25/2016 7:39 AM
40	Chesterfield county counseling services	8/24/2016 10:51 PM
41	A church group	8/24/2016 10:15 PM
42	Rehab	8/24/2016 9:56 PM
43	Hospital	8/24/2016 9:42 PM
44	Rubicon	8/24/2016 7:17 PM
45	I would look it up	8/24/2016 7:12 PM
46	Hospital	8/24/2016 5:37 PM
47	Tuckers	8/24/2016 4:37 PM
48	Rehabilitation centers	8/24/2016 4:29 PM
49	Rehabilitation center	8/24/2016 11:48 AM
50	Fccr	8/24/2016 11:32 AM
51	Online	8/24/2016 11:11 AM
52	Healing Place	8/24/2016 11:08 AM
53	Rehab center	8/24/2016 10:32 AM
54	Doctor	8/24/2016 10:26 AM
55	Health l/rehabilitation clinic	8/24/2016 10:15 AM
56	Doctors	8/24/2016 10:13 AM
57	FCCR	8/24/2016 8:11 AM
58	The Lucy Corr Healthcare Clinic	8/24/2016 3:24 AM
59	Rehabilitation center	8/24/2016 2:56 AM

60	Tuckers Pavillion	8/24/2016 12:56 AM
61	In school for rehab counseling	8/23/2016 10:44 PM
62	There are many help holines that can be googled	8/23/2016 10:28 PM
63	Rehab	8/23/2016 9:00 PM
64	Faculty member at school	8/23/2016 8:49 PM
65	A rehab place	8/23/2016 8:48 PM
66	AA	8/23/2016 7:48 PM
67	university counseling center	8/23/2016 7:45 PM
68	Chesterfield mental health	8/23/2016 7:22 PM
69	NA/ AA meetings	8/23/2016 6:12 PM
70	Local mental health facility	8/23/2016 4:40 PM
71	The clinic/ NA	8/23/2016 1:11 PM
72	Hospital	8/23/2016 1:09 PM
73	Tucker Physciatric	8/23/2016 11:23 AM
74	Tuckers	8/23/2016 10:44 AM
75	Rehab department at the local hospital	8/23/2016 10:21 AM
76	Please?	8/23/2016 7:34 AM
77	Tuckers	8/22/2016 10:35 PM
78	Poplar springs and Rubicon	8/22/2016 10:30 PM
79	Rehab	8/22/2016 9:59 PM
80	Rehab	8/22/2016 7:51 PM
81	a friend	8/22/2016 5:40 PM
82	Methadone Clinic	8/22/2016 5:27 PM
83	Tuckers	8/22/2016 4:20 PM
84	Sheltering Arms	8/22/2016 4:17 PM
85	Tucker pavilion	8/22/2016 4:16 PM
86	rehab	8/22/2016 12:29 PM
87	There are a lot of commercials on TV for self help programs	8/22/2016 12:16 PM
88	It the right thing	8/22/2016 12:09 PM
89	Hospital or AA group	8/22/2016 4:21 AM
90	A rehab facility	8/21/2016 10:15 PM
91	Rehab	8/21/2016 9:13 PM
92	Plenty of chester and rva rehab centers	8/21/2016 6:17 PM
93	Yes	8/21/2016 2:10 PM
94	I have cards to hand out with multiple resources	8/21/2016 11:10 AM
95	That thing that's like alcohols anonymous but for drugs	8/21/2016 12:10 AM
96	Tuckers	8/20/2016 8:52 PM
97	Rehab	8/20/2016 7:15 PM
98	Rehab	8/20/2016 6:59 PM
99	CHESTERFIELD POLICE ADVOCATE	8/20/2016 2:42 PM
100	hospital or recovery program	8/20/2016 12:08 AM

101	Local shelters, social workers, counseling offices	8/19/2016 1:15 PM
102	Patient First	8/19/2016 11:22 AM
103	Rehab/Help Clinic	8/18/2016 4:05 PM
104	CSB	8/17/2016 10:23 PM
105	Chesterfield MH, FCCR, Farley Center	8/17/2016 9:38 PM
106	Mcshin	8/17/2016 1:57 PM
107	A healthcare department	8/14/2016 11:08 AM
108	McShin, place off of ironbridge as well	8/11/2016 8:50 PM
109	CSB	8/11/2016 5:01 PM

Q21 Have you ever...

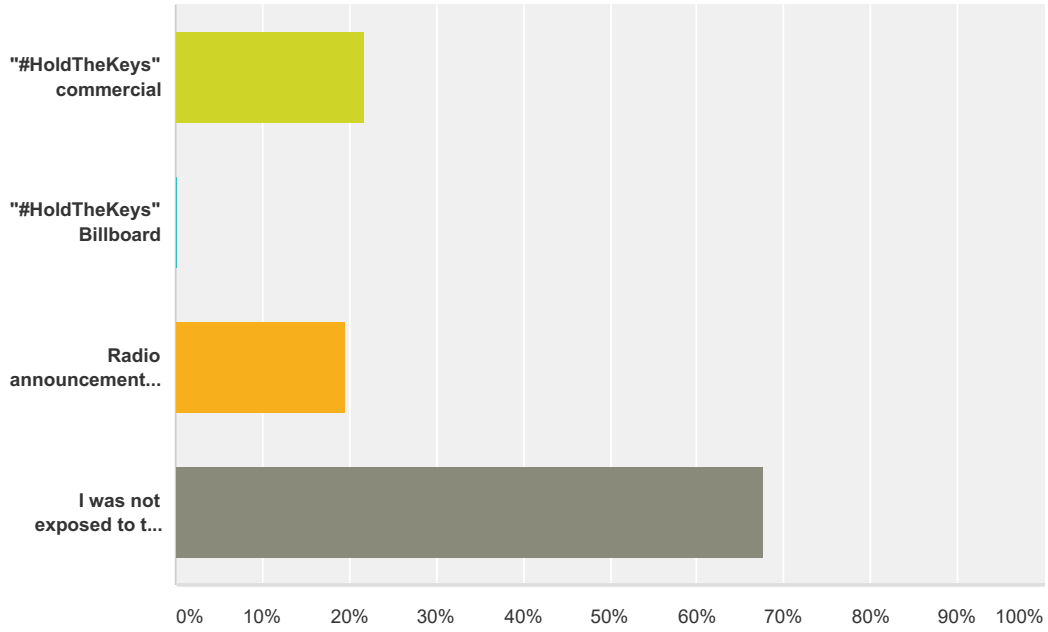
Answered: 706 Skipped: 0



	Yes	No	Not Applicable	Total	Weighted Average
Seen information about the dangers of prescription drug misuse at your doctor's office?	**52.97%** 374	**38.53%** 272	**8.50%** 60	706	1.56
Had a talk with your doctor about the risks of taking a prescription drug?	**32.86%** 232	**54.96%** 388	**12.18%** 86	706	1.79
Seen information about the dangers of prescription drug misuse at your pharmacy?	**41.50%** 293	**49.01%** 346	**9.49%** 67	706	1.68
Talked with your pharmacist about the risks of taking a prescription drug?	**21.53%** 152	**65.72%** 464	**12.75%** 90	706	1.91

Q22 Have you seen/heard the following advertisement associated with the "#HoldTheKeys" campaign? (Select all that apply)

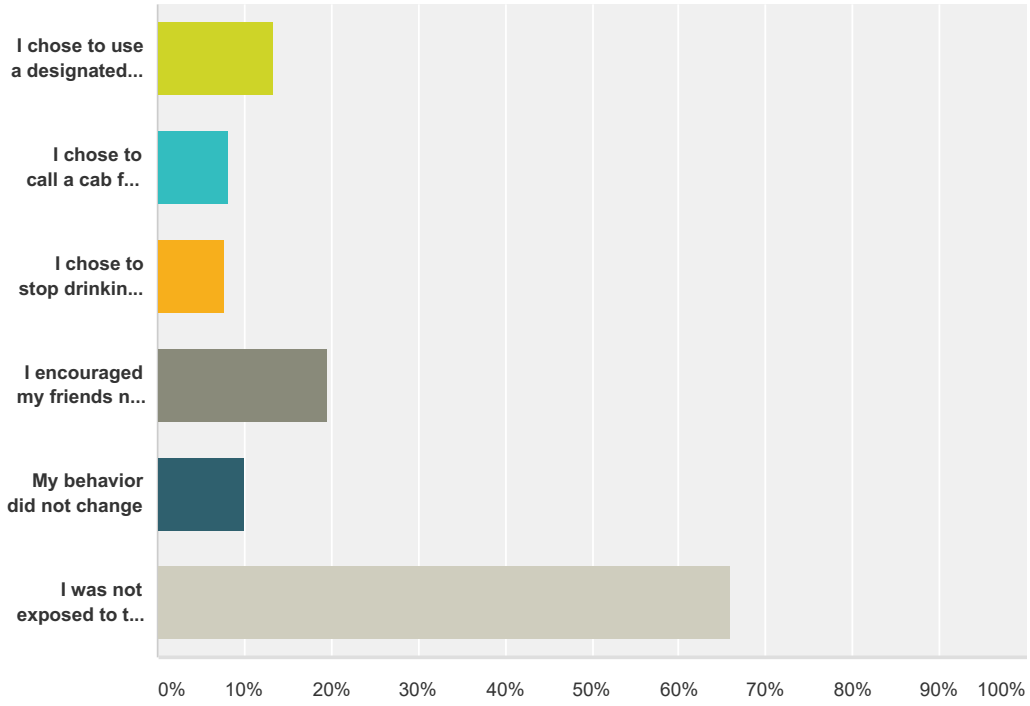
Answered: 706 Skipped: 0



Answer Choices	Responses	
"#HoldTheKeys" commercial	**21.81%**	154
"#HoldTheKeys" Billboard	**0.14%**	1
Radio announcement about not drinking and driving	**19.55%**	138
I was not exposed to the campaign	**67.71%**	478
Total Respondents: 706		

Q23 If you stated in the previous question that you were exposed to all or part of the "#HoldTheKeys" campaign, please pick the options that describe how your behavior changed as a result: (select all that apply)

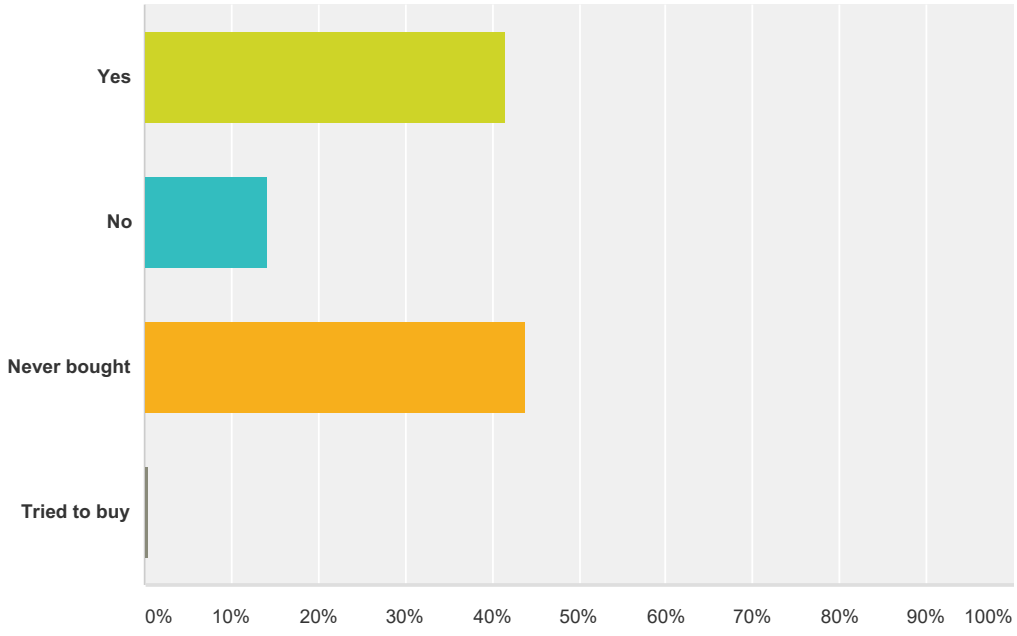
Answered: 706 Skipped: 0



Answer Choices	Responses	
I chose to use a designated driver after drinking	**13.31%**	94
I chose to call a cab for a safe ride home after drinking	**8.22%**	58
I chose to stop drinking earlier	**7.79%**	55
I encouraged my friends not to drink and drive	**19.69%**	139
My behavior did not change	**10.06%**	71
I was not exposed to the campaign	**66.01%**	466
Total Respondents: 706		

Q24 Were you asked to show ID the last time you bought or tried to buy alcohol in your community?

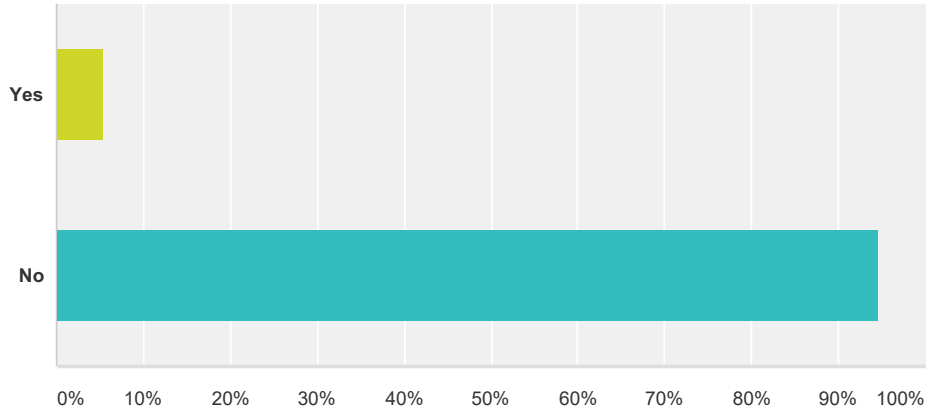
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**41.64%**	294
No	**14.16%**	100
Never bought	**43.77%**	309
Tried to buy	**0.42%**	3
Total		**706**

Q25 In the past 30 days, have you provided alcohol to someone under 21?

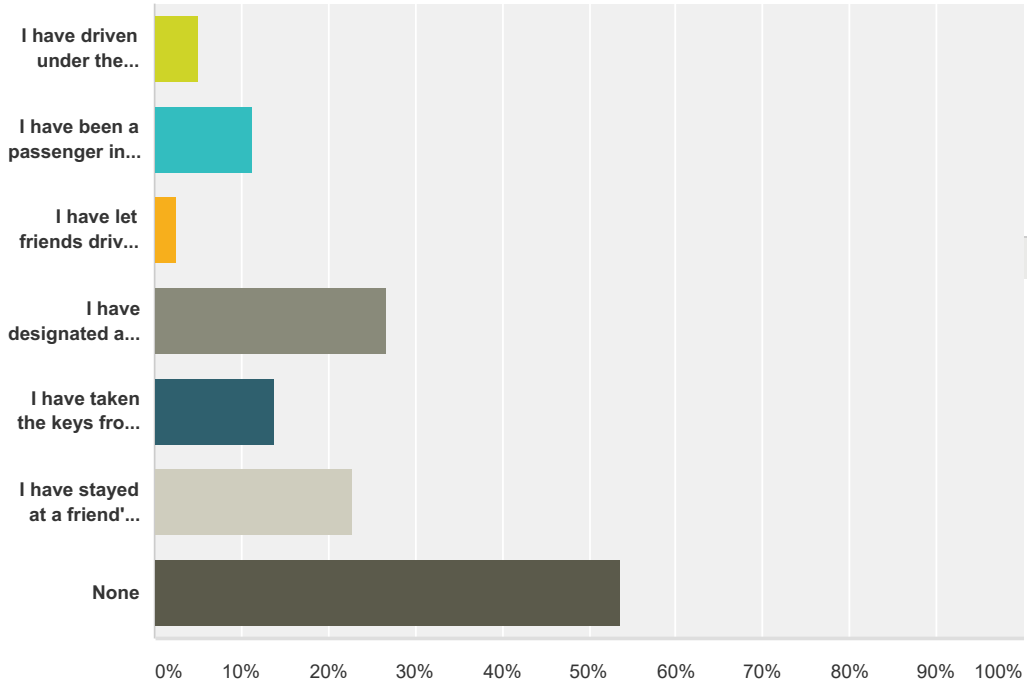
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**5.52%**	39
No	**94.48%**	667
Total		**706**

Q26 In the past 30 days... (Please check all of the following that apply to you.)

Answered: 706 Skipped: 0

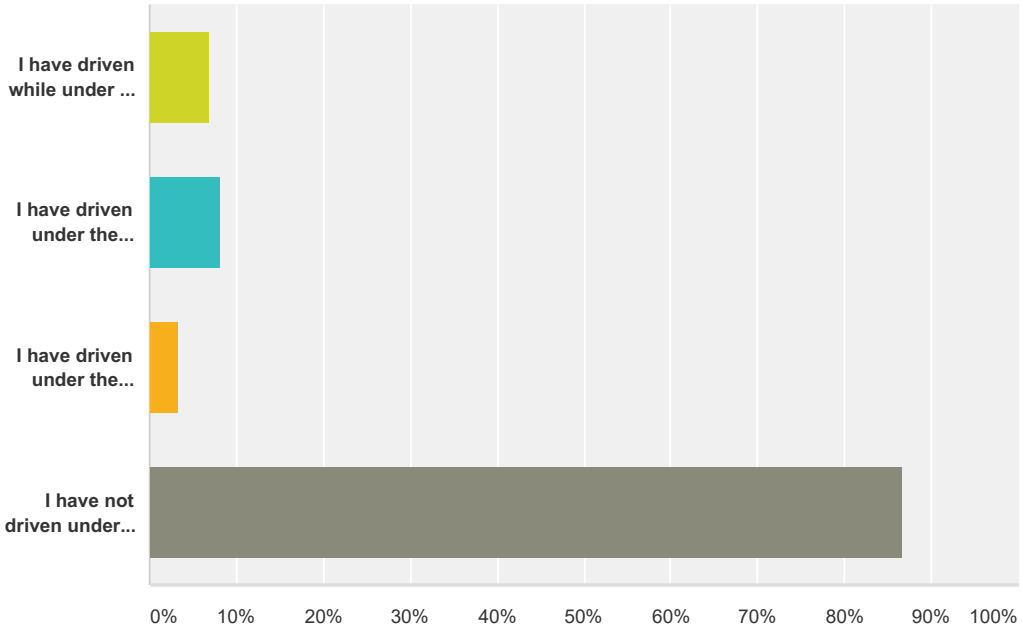


Answer Choices	Responses	
I have driven under the influence of alcohol.	4.96%	35
I have been a passenger in a car with a driver who had been drinking.	11.33%	80
I have let friends drive drunk.	2.55%	18
I have designated a sober driver.	26.63%	188
I have taken the keys from a friend who had been drinking.	13.88%	98
I have stayed at a friend's house to avoid driving under the influence of alcohol.	22.80%	161
None	53.68%	379

Total Respondents: 706

Q27 In the past 30 days, if you have driven under the influence, please check all of the following that may apply.

Answered: 706 Skipped: 0

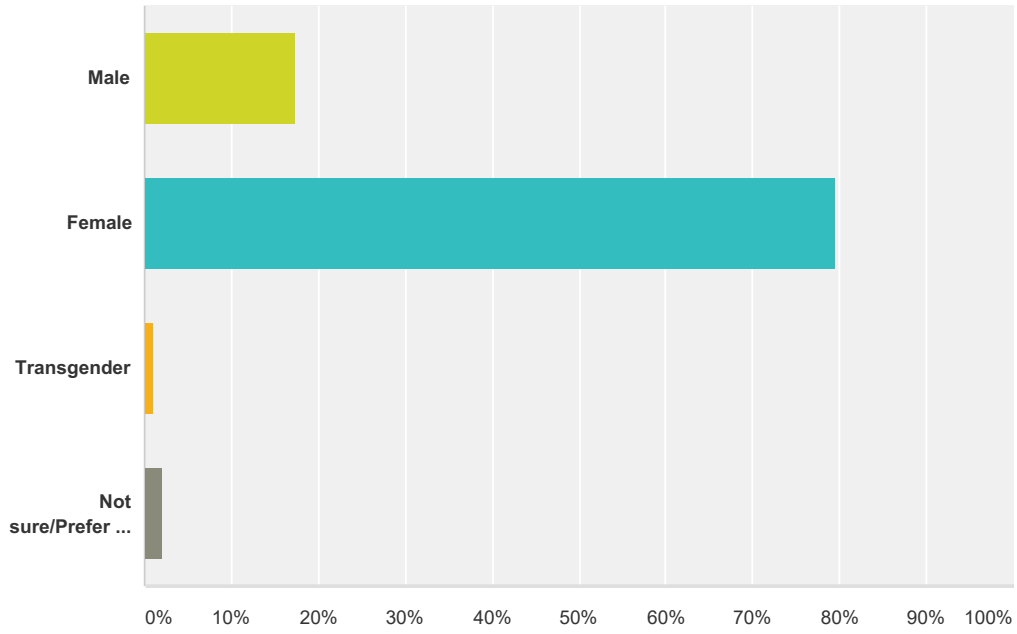


Answer Choices	Responses	
I have driven while under the influence of alcohol.	6.80%	48
I have driven under the influence of marijuana.	8.07%	57
I have driven under the influence of prescription drugs.	3.26%	23
I have not driven under the influence.	86.54%	611

Total Respondents: 706

Q28 What is your gender?

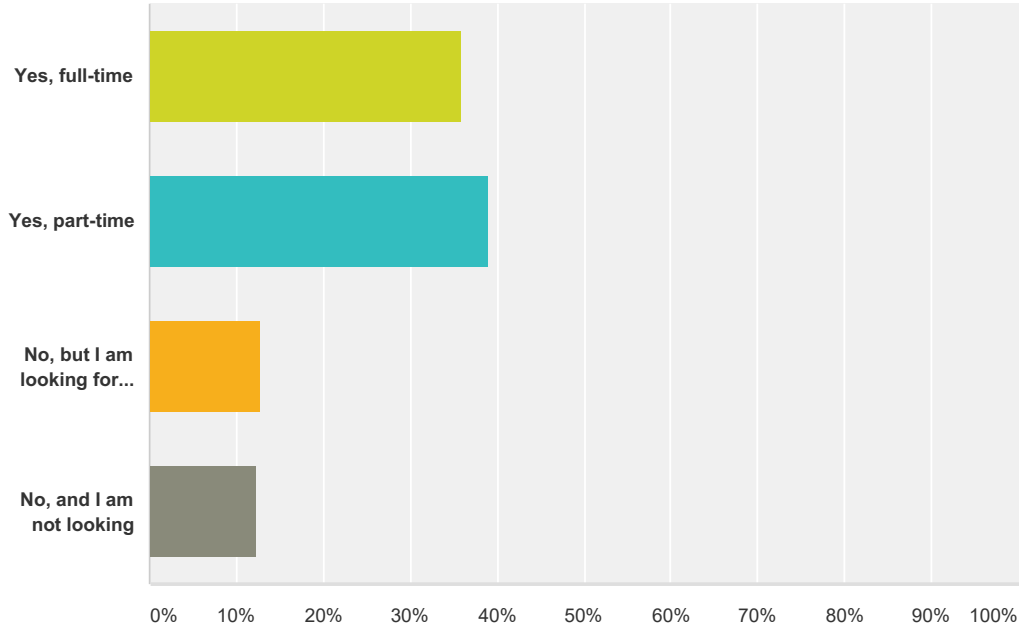
Answered: 706 Skipped: 0



Answer Choices	Responses	
Male	**17.28%**	122
Female	**79.60%**	562
Transgender	**0.99%**	7
Not sure/Prefer not to say	**2.12%**	15
Total		**706**

Q30 Are you currently employed?

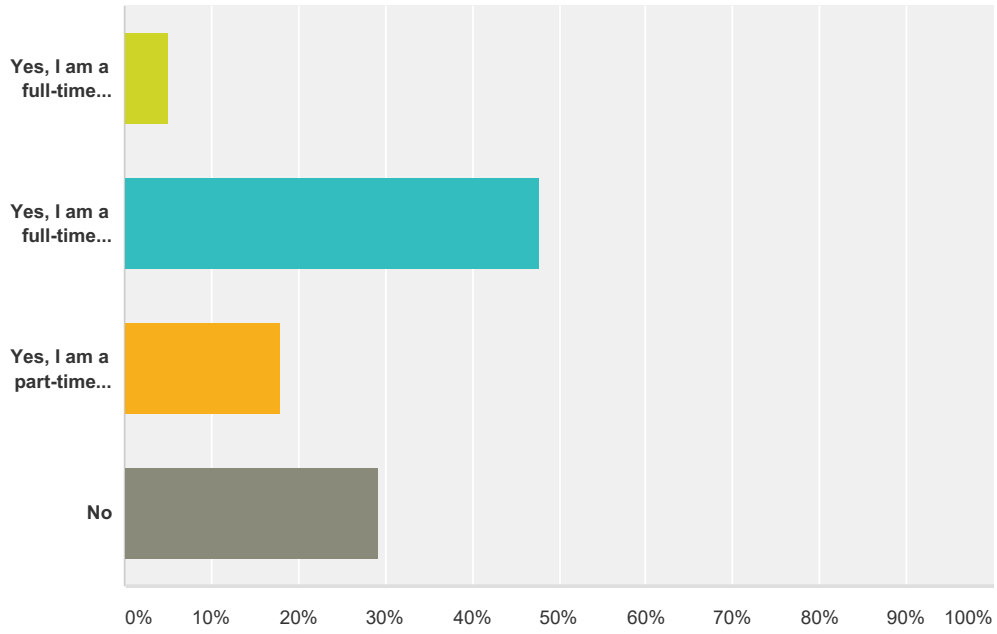
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes, full-time	**35.98%**	254
Yes, part-time	**38.95%**	275
No, but I am looking for employment	**12.75%**	90
No, and I am not looking	**12.32%**	87
Total		**706**

Q31 Are currently attending school?

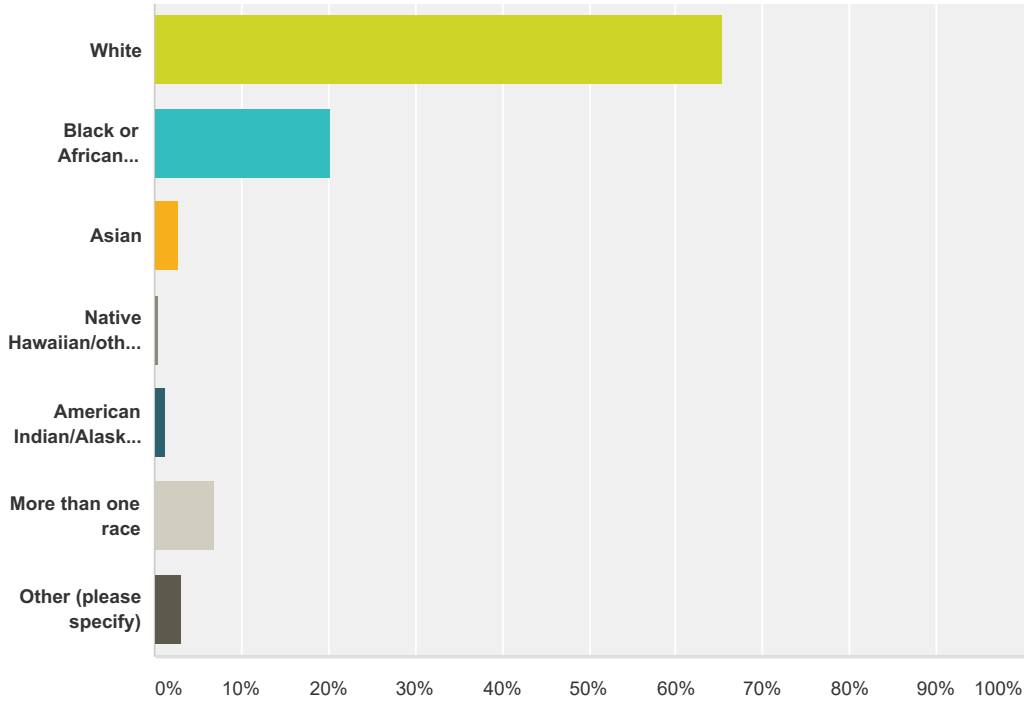
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes, I am a full-time student in high school	**5.10%**	36
Yes, I am a full-time student in college	**47.73%**	337
Yes, I am a part-time student in college	**17.99%**	127
No	**29.18%**	206
Total		**706**

Q32 What is your race?

Answered: 706 Skipped: 0



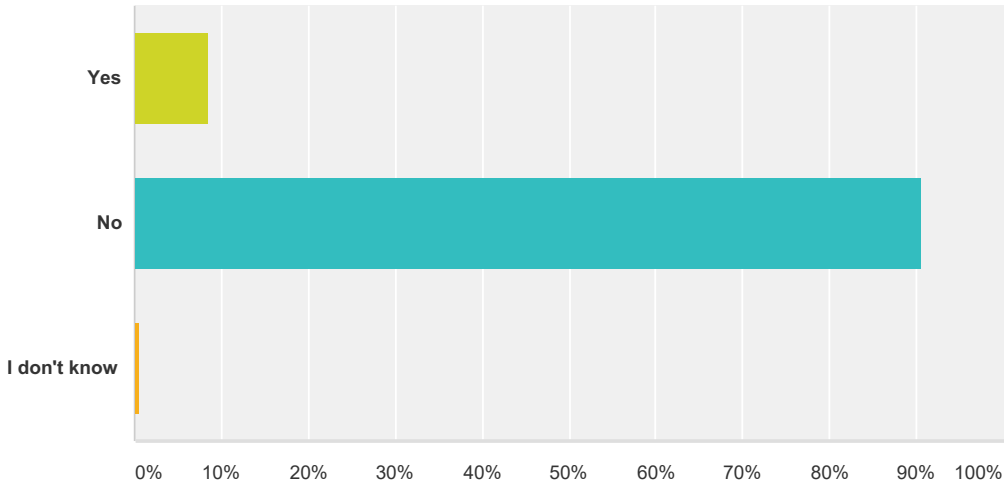
Answer Choices	Responses	
White	**65.44%**	462
Black or African American	**20.25%**	143
Asian	**2.69%**	19
Native Hawaiian/other Pacific Islander	**0.42%**	3
American Indian/Alaska Native	**1.27%**	9
More than one race	**6.80%**	48
Other (please specify)	**3.12%**	22
Total		**706**

#	Other (please specify)	Date
1	not just one race	9/1/2016 10:50 AM
2	Purple Spaghetti Monster	8/31/2016 11:40 PM
3	Hispanic	8/31/2016 11:11 PM
4	hispanic	8/31/2016 9:53 PM
5	American	8/31/2016 8:40 PM
6	I am a Bald eagle	8/31/2016 7:37 PM
7	Latino	8/31/2016 7:24 PM
8	hispanic	8/31/2016 6:55 PM

9	Hispanic	8/31/2016 5:55 PM
10	Latino	8/31/2016 4:17 PM
11	Hispanic	8/25/2016 7:07 PM
12	Hispanic	8/24/2016 11:40 PM
13	Hispanic	8/24/2016 7:14 PM
14	Hispanic	8/24/2016 4:38 PM
15	Hispanic	8/24/2016 11:12 AM
16	Hispanic	8/24/2016 12:10 AM
17	Hispanic	8/23/2016 10:31 PM
18	Hispanic	8/21/2016 5:30 PM
19	Hispanic	8/21/2016 11:32 AM
20	Latino	8/11/2016 9:55 PM
21	Hispanic	8/11/2016 9:22 PM
22	Latino	8/11/2016 9:19 PM

Q33 Are you Hispanic or Latino?

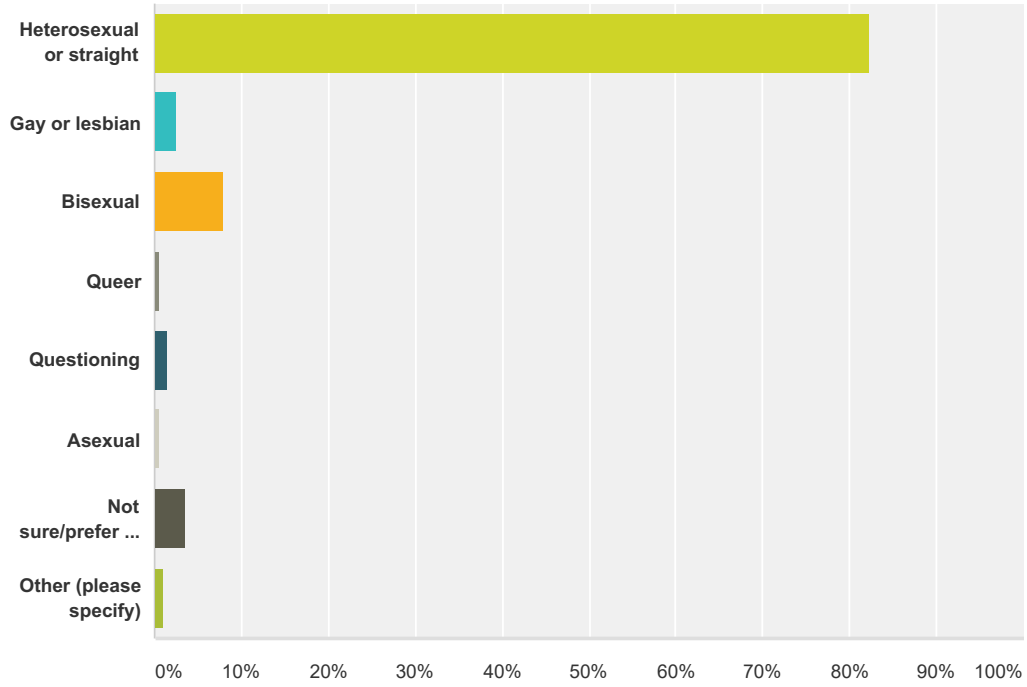
Answered: 706 Skipped: 0



Answer Choices	Responses	
Yes	**8.64%**	61
No	**90.65%**	640
I don't know	**0.71%**	5
Total		**706**

Q34 Which of the following do you consider yourself to be?

Answered: 706 Skipped: 0



Answer Choices	Responses	
Heterosexual or straight	**82.29%**	581
Gay or lesbian	**2.41%**	17
Bisexual	**7.93%**	56
Queer	**0.71%**	5
Questioning	**1.42%**	10
Asexual	**0.71%**	5
Not sure/prefer not to say	**3.54%**	25
Other (please specify)	**0.99%**	7
Total		**706**

#	Other (please specify)	Date
1	None of your business	9/1/2016 10:20 AM
2	Pansexual	8/31/2016 8:29 PM
3	pansexual	8/31/2016 5:06 PM
4	Straight	8/24/2016 6:49 PM
5	heterosexual trans male	8/24/2016 10:32 AM
6	Pansexual	8/24/2016 3:27 AM

7	Pansexual	8/20/2016 4:30 PM

Appendix 6: PNA Community Youth Survey Profile Report 2016

2016 Virginia
Prevention Needs Assessment Survey

Preventing substance abuse together
SAFE

Survey Results for:
Chesterfield County

Sponsored by:
SAFE, Inc.
P.O. Box 40
Chesterfield, Virginia 23832
804-796-7100

Introduction

2016 Prevention Needs Assessment Survey Profile Report

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2016. The results are presented along with comparisons to national data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison Norm (BH Norm), which consists of a large, weighted, nationwide sample.

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

Table 1 contains the characteristics of the students who completed the survey from your community. When using the information in this report, please pay attention to the number and percentage of students who participated from your community. The sample size for this survey administration was 3,878 students. If 60% or more of the students sample participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Contents:

Table 1. Characteristics of Participants

Student Totals	Chesterfield County					
Total Students	2012		2014		2016	
	Number	Percent	Number	Percent	Number	Percent
	3743	100	3745	100	3514	100
Grade						
8	1447	38.7	1373	36.7	1096	31.2
10	1225	32.7	1161	31.0	1266	36.0
12	1071	28.6	1211	32.3	1152	32.8
Gender						
Male	1927	51.7	1730	46.5	1751	50.0
Female	1797	48.3	1990	53.5	1748	50.0
Ethnicity						
Native American	31	0.8	27	0.7	18	0.5
Asian	102	2.7	135	3.6	149	4.3
African American	954	25.6	876	23.5	833	23.9
Pacific Islander	21	0.6	21	0.6	9	0.3
Hispanic	268	7.2	263	7.1	329	9.4
White	1902	51.1	1980	53.2	1707	48.9
Multi-racial	443	11.9	423	11.4	444	12.7

The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they

Table 1. represents the total survey population. Students were given the option to skip questions, and not all students completed the survey. The percentages in remaining tables/figures of this report reflect the percent of students responding to each question, rather than the percent of the total survey population.

The Risk and Protective Factor Model of Substance Abuse Prevention (Continued)

have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. The chart to the right shows the links between the 20 risk factors and the six problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

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

Building a Strategic Prevention Framework

The survey 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. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

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

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

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

Building a Strategic Prevention Framework (cont'd)

culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at http://casat.unr.edu/bestpractices/search.php for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

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: Incorporate principles of cultural competence and sustainability in each of the five elements. At the center of the SPF model, sustainability and cultural competence play a key role in assessment, capacity appraisal, planning, implementation and evaluation, ensuring successful, long lasting prevention programs.

Sustainability is accomplished by utilizing a comprehensive approach. States and communities should plan adaptive, flexible programs around a variety of resources, funding, and organizations. An inclusive design helps 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 recognizes unique 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.

Validity Measures

Honesty: Because the survey was anonymous, and because confidentiality was stressed through the survey's administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated. However, Bach Harrison has built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators:

1. In response to a question about whether or not they had been honest in completing the survey, the students indicated that they were "Not Honest At All" in completing the survey.
2. The students indicated that they had used a non-existent, fictitious drug in their lifetime or in the past 30 days.
3. The students reported an impossibly high level of multiple drug use (having used substances on 120 or more occasions in the past 30 days).
4. The students indicated past-month use rates that were higher than lifetime use rates.

5. The students reported an age that was inconsistent with their grade or their school; for example, a 10 year-old 12th grader or 19 year old 6th grader.

Additionally, if a student did not answer enough of the validity questions to determine whether or not they were honest in their responses, their survey data were also removed from the final analysis presented in this report.

There are four types of charts presented in this report:

1. Substance use charts
2. Antisocial behavior (ASB) and Gambling charts
3. Risk factor charts
4. Protective factor charts.

Data from the charts are also presented in Tables 3 through 10. Additional data found in later tables are explained at the end of this section.

Understanding the Format of the Charts

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

Dots and Diamonds provide points of comparison to larger samples. The dots on the charts represent the percentage of all of the youth surveyed who reported substance use, problem behavior, elevated risk, or elevated protection. Please note that the dot represents the aggregate results of all participating students rather than a random sample of students. The survey results provide considerable information for communities to use in planning prevention services.

The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm (BH Norm). The BH Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state and region 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 BH Norm. In order to keep the BH Norm relevant, it is updated approximately every two years as new data become available.

A comparison to state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, it is important to observe the factors that differ the most from the BH Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the BH Norm and the protective factors are lower than the BH Norm are probably the factors that you should consider addressing when planning prevention programs.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. Since the PNA survey has recently been given to over 460,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their

appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Lifetime, 30 Day & Heavy ATOD Use Charts

There are three types of use measured on the ATOD charts.

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

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

Heavy use is measured in two ways: *binge drinking* (five or more drinks in a row over the last two weeks), and use of *one-half a pack or more of cigarettes per day.*

Antisocial Behavior, Driving and Alcohol, and Gambling Charts

Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the two antisocial behaviors listed in the charts.

Driving and Alcohol is a measure of the percentage of students who report drinking and driving, or being a passenger in a car where the driver had been drinking in the past 30 days.

Gambling Behavior is a measure of the percentage of students who report any involvement during the past year with the ten types of gambling listed in the charts. *Gambled in the Past Year* is a measure of any participation in any of the gambling types whatsoever.

Risk and Protective Factor Charts

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales. Along with the scales, there are bars that show the percentage of High Risk Youth and percentage of High Protection Youth. High Risk Youth is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. The number of factors is listed on the charts and tables. High Protection Youth is defined as the percentage of students who have more than a specified number of protective factors operating in their lives and is also listed on the tables and graphs.

Additional Tables

Additional Tables in this Report

Table 11 presents the percentages of how and where students obtained and used alcohol during the past year. The data focus on a subgroup of students who indicated at least one means of obtaining or using alcohol. (Students reporting no alcohol use are not represented.) It is important to note that the table represent a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student's responses. For example, if only one student in a particular grade reported where he/she obtained alcohol, each category would show up as either 0% or 100%. The table indicates the sample size for each grade surveyed to help clarify the value of the data.

After the Student Alcohol Tables are tables containing information required by communities with CSAP Grants, such as the parent attitudes regarding drinking, police response to drinking, and problems associated with drinking.

After the CSAP questions are tables containing 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, past 30-day use, and average age of first use.

After the DFC Tables are the Youth Perception Tables. Youth often overestimate the percentage of their peers who are using substances. Youth perceptions of the percentage of their peers who use cigarettes, alcohol, marijuana, and other illegal drugs are shown in these tables.

Finally, there are any extra questions your agency might have asked.

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use guidelines in choosing and implementing federally funded prevention and intervention programs. The results of the PNA Survey presented in this report can help your schools and community comply with the NCLB Act in three ways:

1. Programs must be chosen based on objective data about problem behaviors in the communities served. The PNA reports these data in the substance use and antisocial behavior charts and tables presented on the following pages.
2. NCLB-approved prevention programs can address not only substance use and antisocial behavior (ASB) outcomes, but also behaviors and attitudes demonstrated to be predictive of the youth problem behaviors. Risk and protective factor data from this report provide valuable information for choosing prevention programs.
3. Periodic evaluations of outcome measures must be conducted to evaluate the efficacy of ongoing programs. This report provides schools and communities the ability to compare past and present substance use and ASB data.

Tools for Assessment and Planning

What are the numbers telling you?

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

Which 3-5 risk factors appear to be higher than you would want when compared to the Bach Harrison Norm?

Which 3-5 protective factors appear to be lower than you would want when compared to the Bach Harrison Norm?

Which levels of 30-day drug use are increasing and/or unacceptably high? Which substances are your students using the most? At which grades do you see unacceptable usage levels?

Which antisocial behaviors are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most? At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

Once you have familiarized yourself with the data, you can begin to identify priorities.

Look across the charts for items that stand out as either much higher or much lower than the others.

Compare your data with statewide, and/or national data. Differences of 5% between local and other data are probably significant.

Prioritize problems for your area according to the issues you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?

Determine the standards and values held within your community. For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

Once priorities are established, use data to guide your prevention efforts.

Substance use and antisocial behavior data are excellent tools to raise awareness about the problems and promote dialogue.

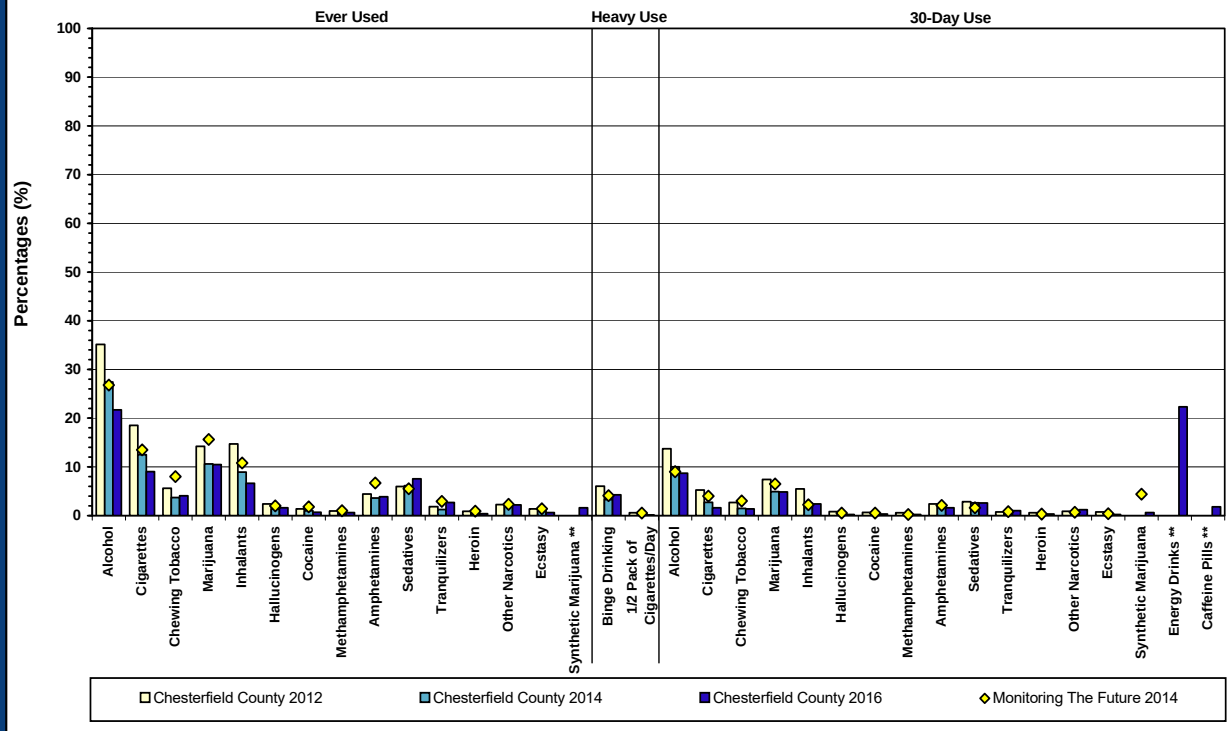
Risk and protective factor data can be used to identify exactly where the community needs to take action.

Promising approaches for any prevention goal are available through resources listed on the last page of this report. These contacts are a great resource for information about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

	Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
Risk Factors	6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 15% (8% > 8-state av.)			
Protective Factors	10th grd - Rewards for prosocial involvm. (School Domain) 40% (down 5% from 2 yrs ago & 16% below state av.)			
30-day Substance Abuse	8th grd Binge Drinking@13% (5% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (about same as state, but remains a priority.)			

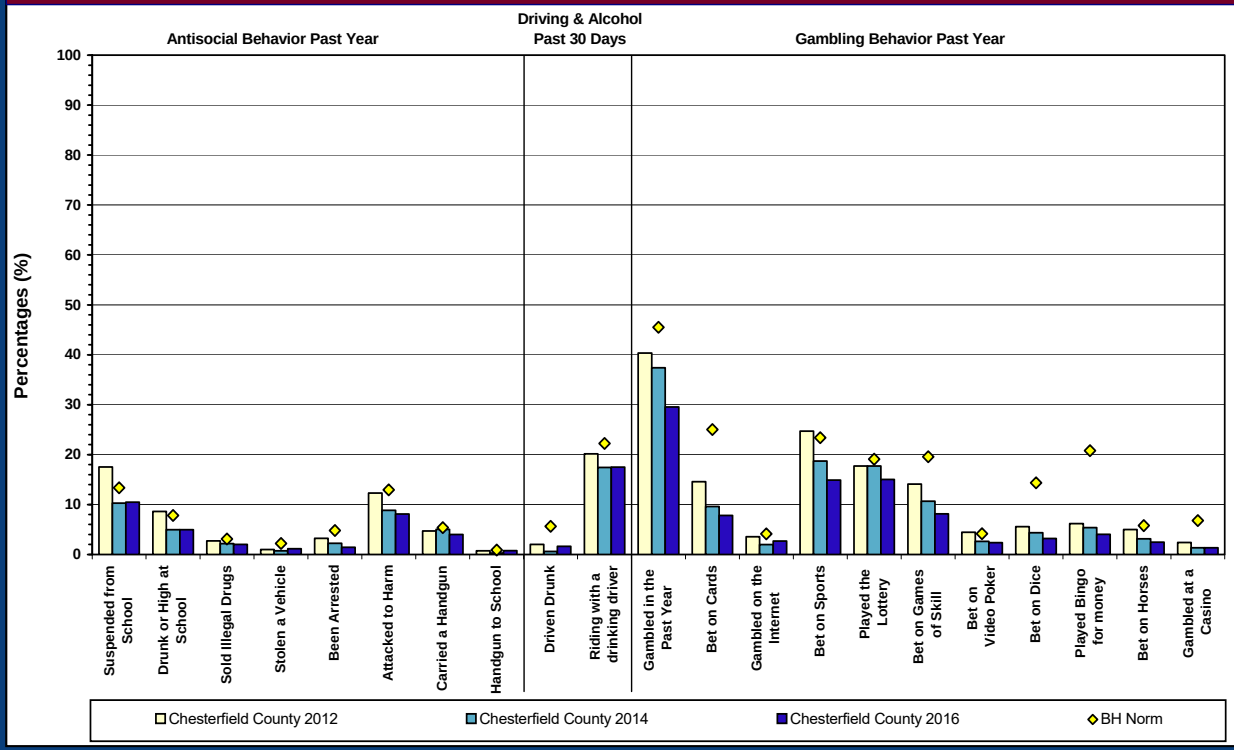
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2016 Chesterfield County Student Survey, Grade 8



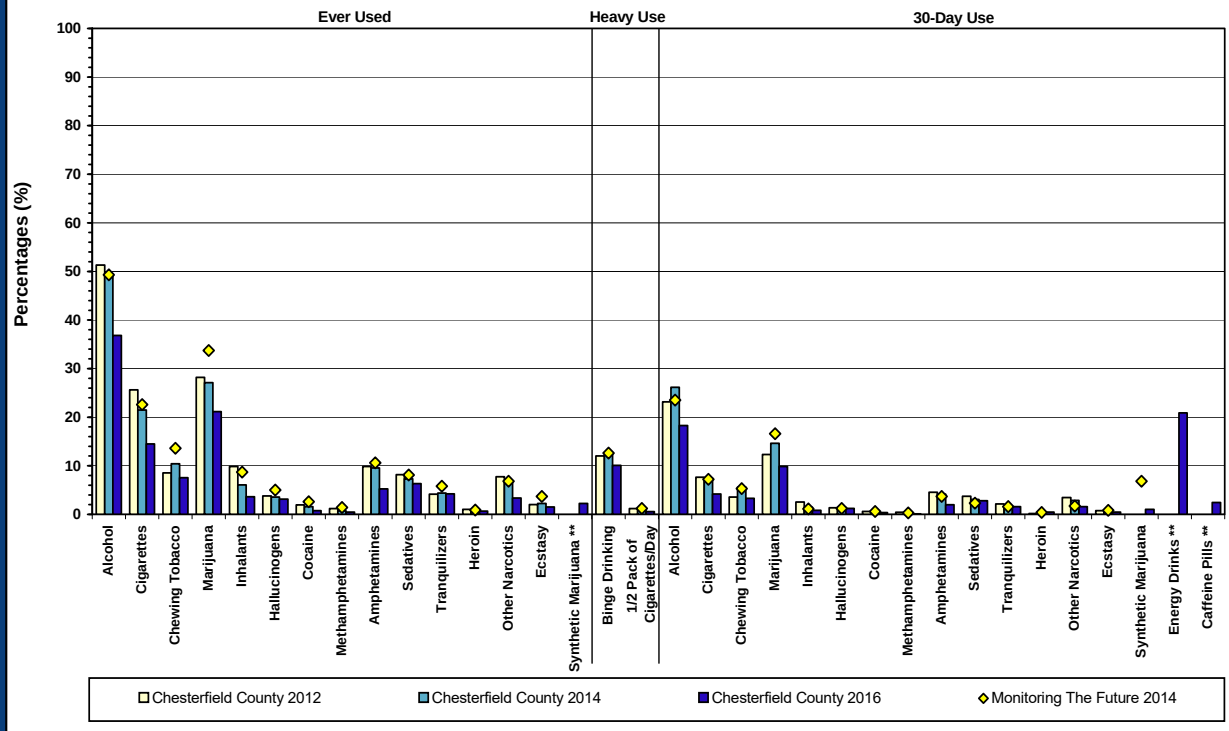
** MTF either does not collect data on that substance at all, or not at that level.

ANTISOCIAL BEHAVIOR AND GAMBLING
2016 Chesterfield County Student Survey, Grade 8



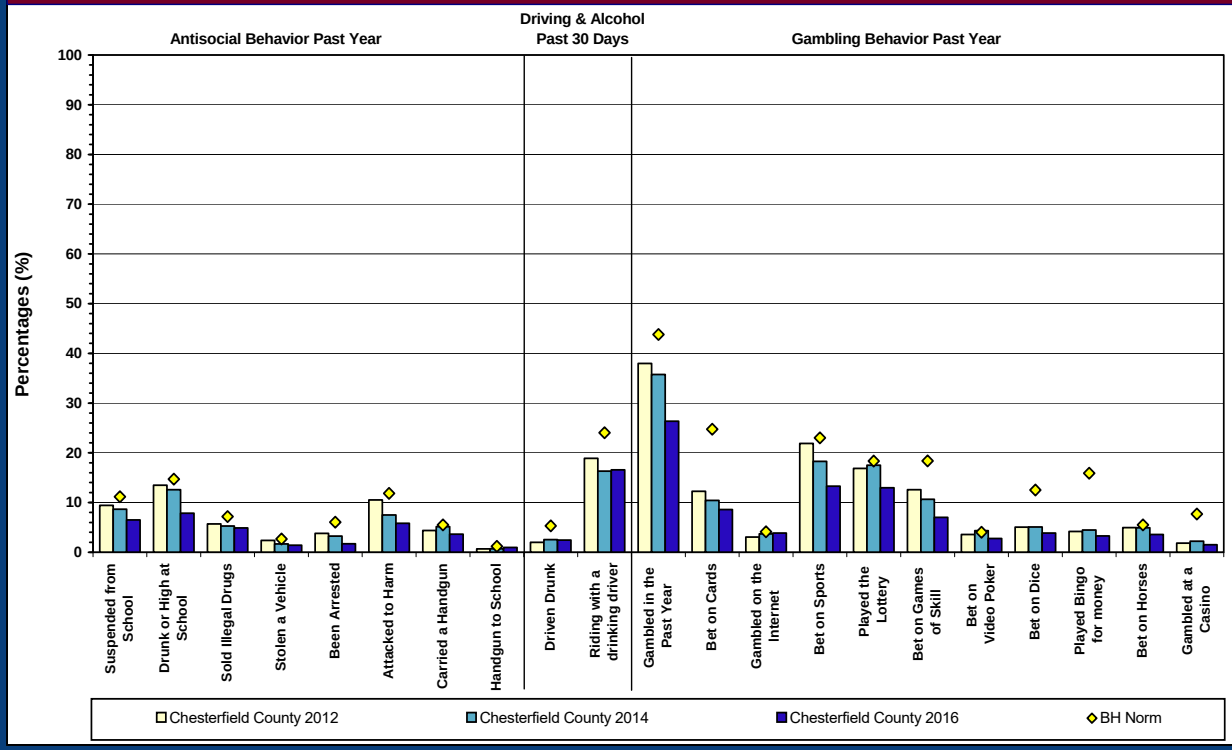
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2016 Chesterfield County Student Survey, Grade 10



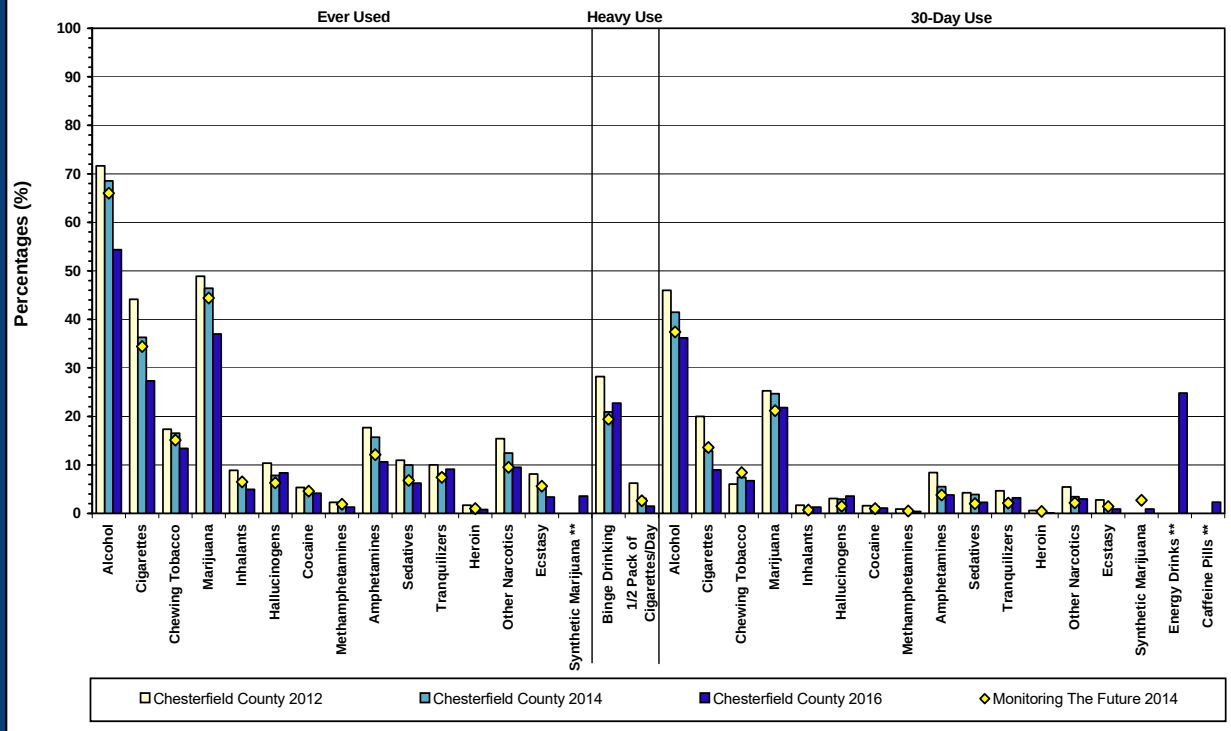
** MTF either does not collect data on that substance at all, or not at that level.

ANTISOCIAL BEHAVIOR AND GAMBLING
2016 Chesterfield County Student Survey, Grade 10



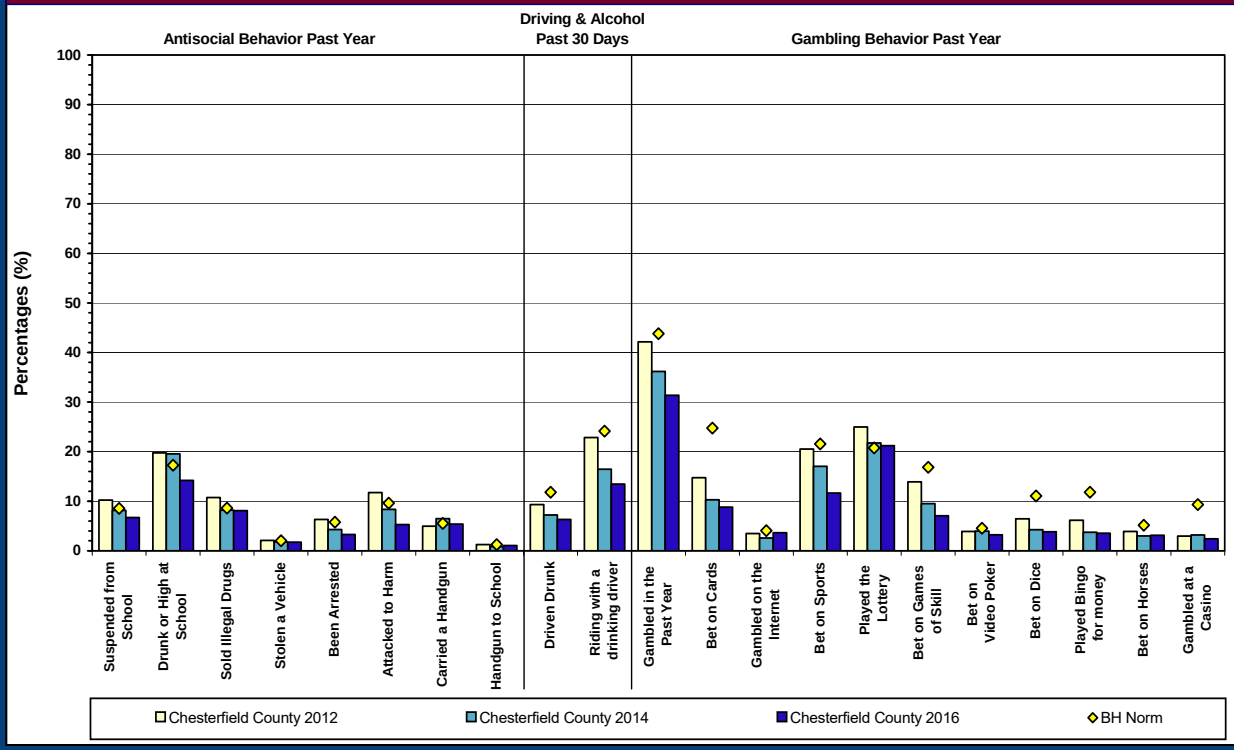
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2016 Chesterfield County Student Survey, Grade 12



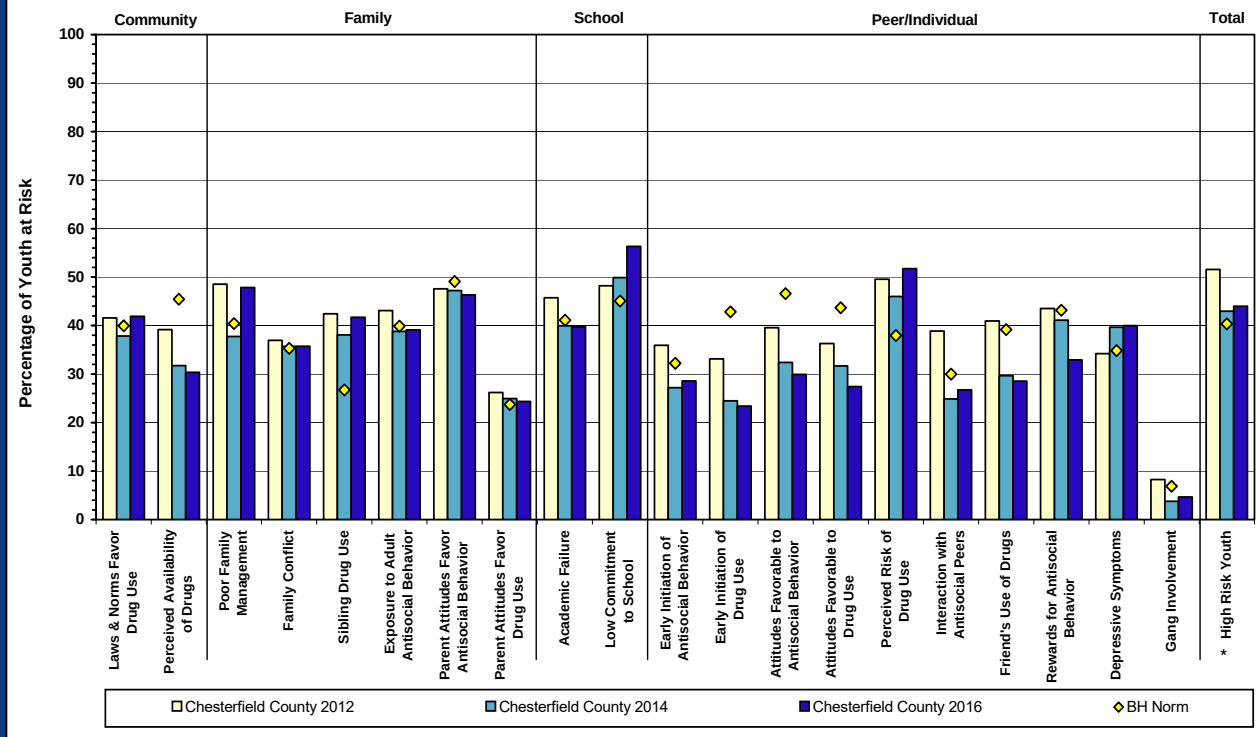
** MTF either does not collect data on that substance at all, or not at that level.

ANTISOCIAL BEHAVIOR AND GAMBLING
2016 Chesterfield County Student Survey, Grade 12



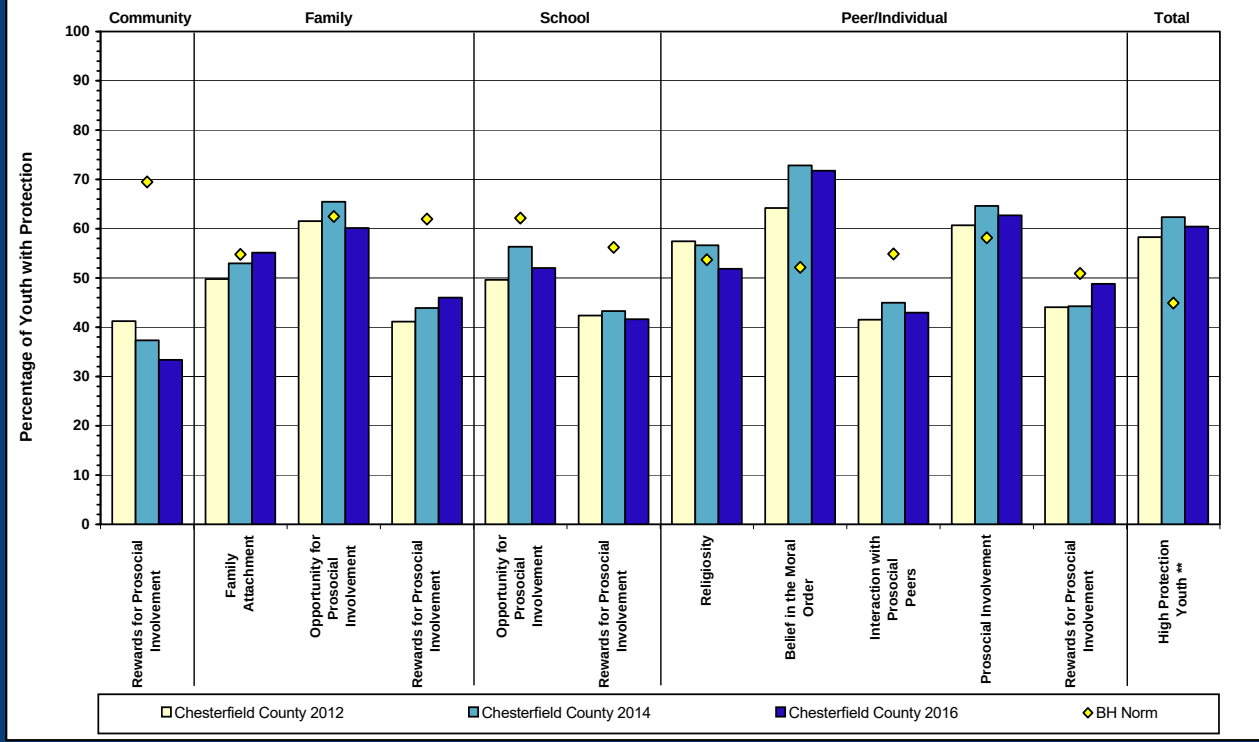
Risk and Protective Factor Profiles

RISK PROFILE
2016 Chesterfield County Student Survey, Grade 8



* High Risk Youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 5 or more risk factors, 7th-9th grades: 6 or more factors, 10th-12th grades: 7 or more factors)

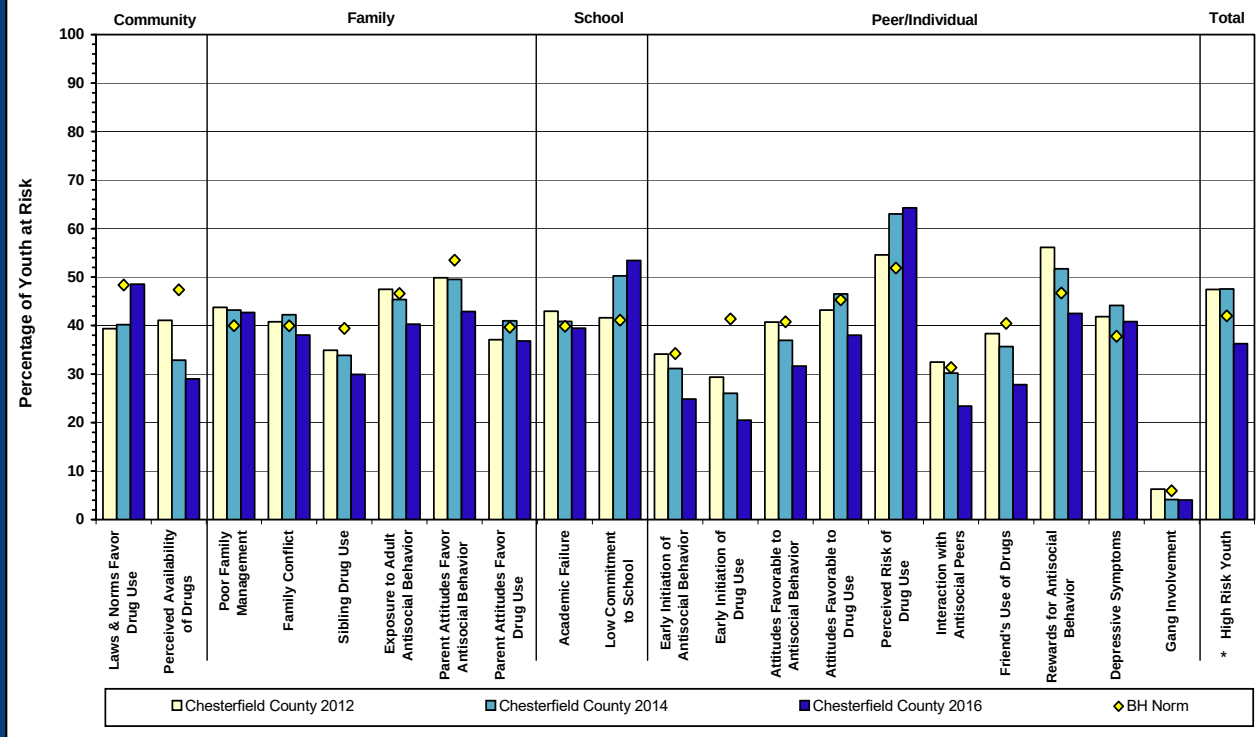
PROTECTIVE PROFILE
2016 Chesterfield County Student Survey, Grade 8



** 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 and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors).

Risk and Protective Factor Profiles

RISK PROFILE
2016 Chesterfield County Student Survey, Grade 10



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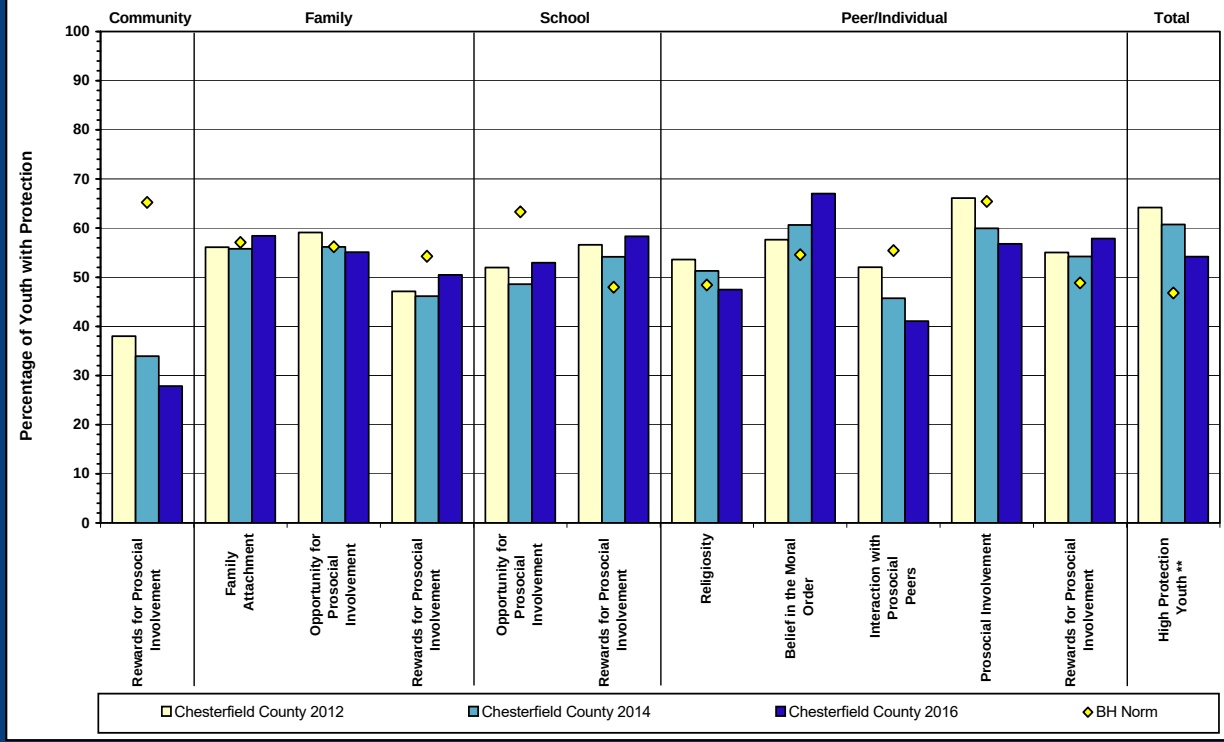
PROTECTIVE PROFILE
2016 Chesterfield County Student Survey, Grade 10



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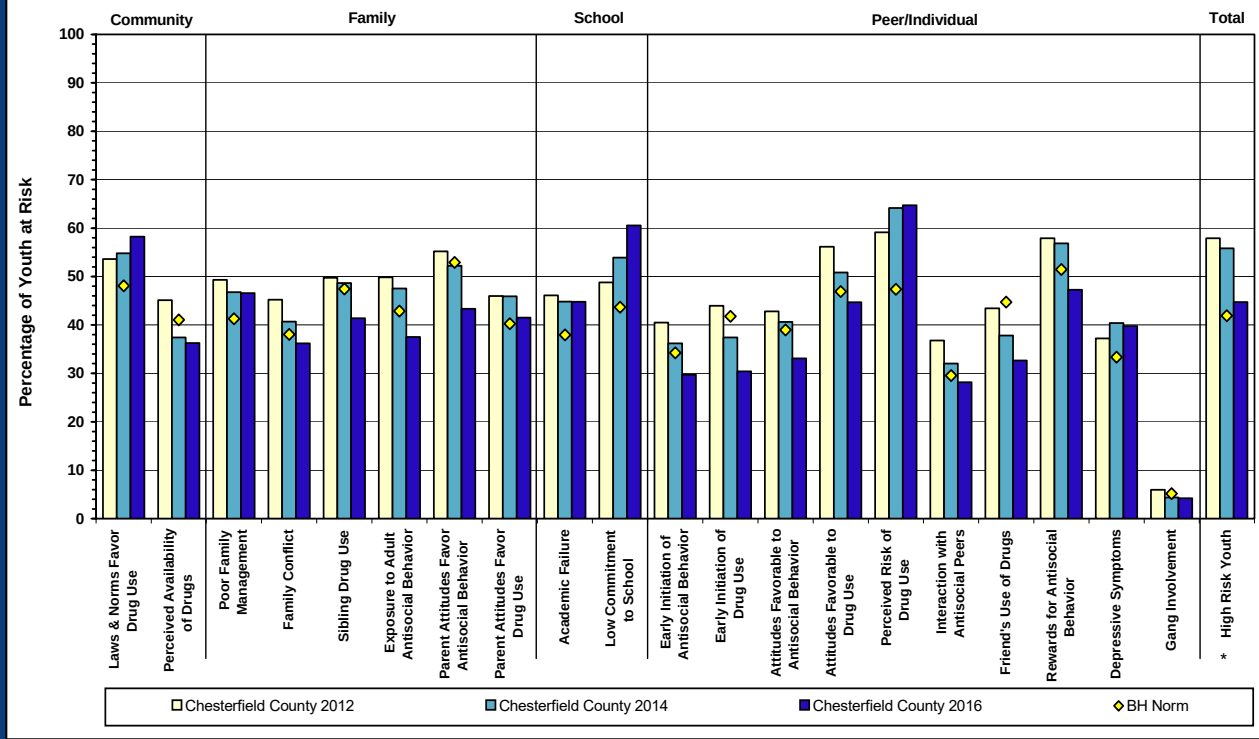
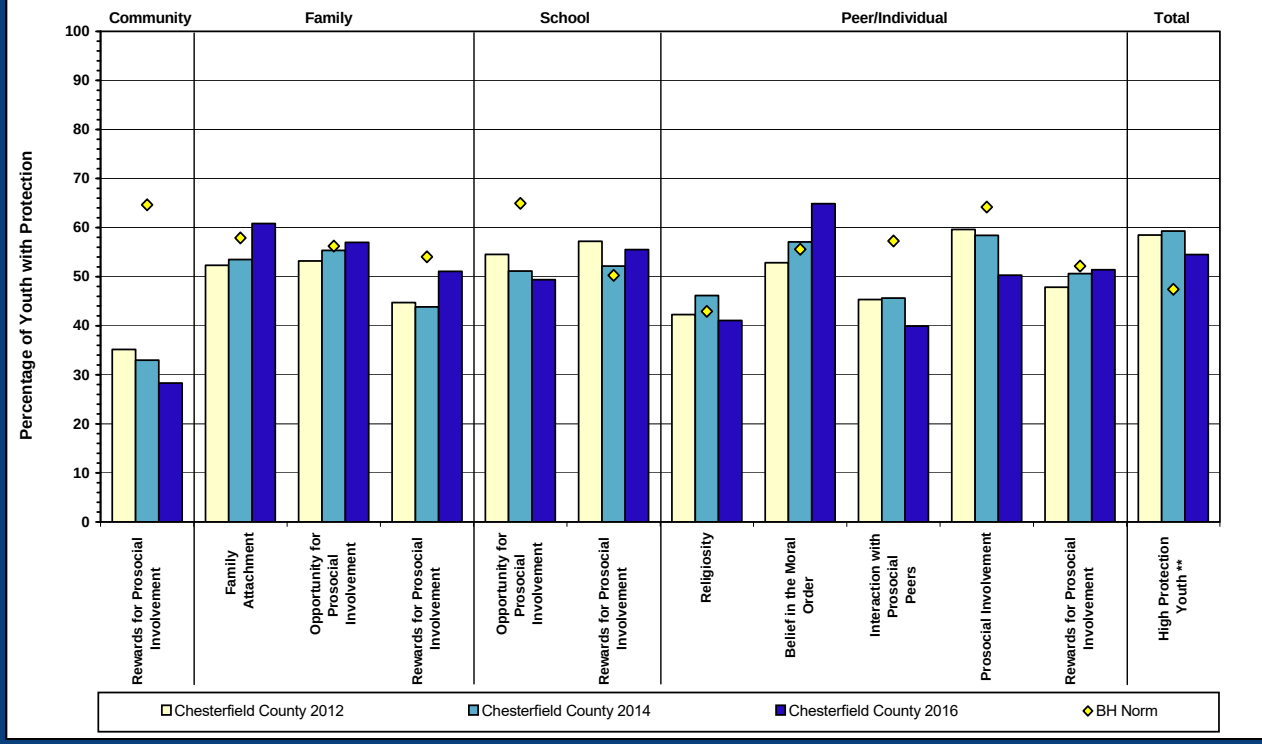
Risk and Protective Factor Profiles

RISK PROFILE
2016 Chesterfield County Student Survey, Grade 12



* High Risk Youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 5 or more risk factors, 7th-9th grades: 6 or more factors, 10th-12th grades: 7 or more factors)

PROTECTIVE PROFILE
2016 Chesterfield County Student Survey, Grade 12



** 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 and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors).

Risk and Protective Scale Definitions

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

Community Domain Risk Factors	
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	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
Community Domain Protective Factors	
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.
Sibling Drug Use and Exposure to Adult 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 and Parental Attitudes	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
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 grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to

Risk and Protective Scale Definitions

Table 2. 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	
Early Initiation of Antisocial Behavior and Early Initiation of 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 Attitudes Favorable Toward 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.
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 youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective Factors	
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
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 3. Number of Students Who Completed the Survey

Number of Youth	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014
	1447	1373	1096	†	1225	1161	1266	†	1071	1211	1152	†	3743	3745	3514	†

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

Substance	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014
Alcohol	35.1	27.4	21.7	26.8	51.3	49.1	36.8	49.3	71.6	68.5	54.3	66.0	50.9	47.5	37.6	46.4
Cigarettes	18.5	12.5	9.0	13.5	25.6	21.5	14.5	22.6	44.1	36.3	27.3	34.4	28.1	23.0	16.9	22.9
Chewing Tobacco	5.6	3.7	4.1	8.0	8.5	10.4	7.5	13.6	17.4	16.5	13.4	15.1	9.9	10.0	8.3	12.1
Marijuana	14.2	10.6	10.5	15.6	28.2	27.1	21.2	33.7	48.9	46.4	37.0	44.4	28.7	27.3	22.8	30.5
Inhalants	14.7	8.9	6.6	10.8	9.8	6.1	3.6	8.7	8.9	6.1	5.0	6.5	11.5	7.1	5.0	8.8
Hallucinogens	2.4	1.4	1.6	2.0	3.8	3.6	3.1	5.0	10.4	7.8	8.3	6.3	5.1	4.1	4.3	4.3
Cocaine	1.4	1.0	0.7	1.8	1.9	1.6	0.7	2.6	5.3	4.0	4.2	4.6	2.7	2.2	1.8	2.9
Methamphetamines	0.9	0.2	0.6	1.0	1.2	0.7	0.5	1.4	2.3	1.5	1.3	1.9	1.4	0.8	0.8	1.4
Amphetamines	4.4	3.6	3.9	6.7	9.8	9.5	5.2	10.6	17.7	15.7	10.6	12.1	10.0	9.4	6.5	9.7
Sedatives	6.0	6.1	7.6	5.5	8.2	7.3	6.3	8.1	11.0	10.0	6.2	6.8	8.1	7.7	6.7	6.7
Tranquilizers	1.8	1.2	2.7	2.9	4.1	4.4	4.2	5.8	10.0	8.2	9.1	7.4	4.9	4.5	5.3	5.3
Heroin	0.9	0.5	0.4	0.9	1.0	0.7	0.7	0.9	1.7	0.6	0.8	1.0	1.1	0.6	0.6	0.9
Other Narcotics	2.3	1.9	2.2	2.3	7.7	6.9	3.4	6.8	15.4	12.4	9.5	9.5	7.8	6.9	5.0	6.1
Ecstasy	1.4	1.0	0.6	1.4	2.0	2.2	1.5	3.7	8.1	5.3	3.4	5.6	3.5	2.8	1.8	3.5
Synthetic Marijuana **	n/a	n/a	1.6	n/a	n/a	n/a	2.2	n/a	n/a	n/a	3.6	n/a	n/a	n/a	2.5	n/a

† See the Monitoring The Future (MTF) website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12.
** MTF either does not collect data on that substance at all, or not at that level.

Data Tables

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

Substance	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014
Alcohol	13.7	10.0	8.7	9.0	23.1	26.1	18.3	23.5	46.0	41.5	36.2	37.4	26.0	25.2	21.0	22.6
Cigarettes	5.2	2.7	1.6	4.0	7.6	7.4	4.2	7.2	20.0	12.9	9.0	13.6	10.2	7.5	4.9	8.0
Chewing Tobacco	2.7	1.5	1.4	3.0	3.6	5.6	3.3	5.3	6.0	7.4	6.7	8.4	3.9	4.7	3.8	5.4
Marijuana	7.4	4.9	4.9	6.5	12.3	14.6	9.9	16.6	25.2	24.7	21.8	21.2	14.1	14.4	12.1	14.4
Inhalants	5.5	2.5	2.4	2.2	2.5	1.4	0.8	1.1	1.7	1.0	1.3	0.7	3.4	1.7	1.5	1.4
Hallucinogens	0.8	0.2	0.2	0.5	1.4	1.4	1.2	1.2	3.1	2.9	3.6	1.5	1.6	1.5	1.6	1.0
Cocaine	0.7	0.5	0.3	0.5	0.6	0.3	0.4	0.6	1.6	1.4	1.1	1.0	0.9	0.7	0.6	0.7
Methamphetamines	0.6	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.9	0.5	0.4	0.5	0.6	0.3	0.2	0.3
Amphetamines	2.4	1.8	1.6	2.1	4.5	4.1	2.0	3.7	8.4	5.5	3.8	3.8	4.8	3.7	2.4	3.2
Sedatives	2.8	2.6	2.6	1.6	3.7	3.0	2.8	2.3	4.2	3.9	2.3	2.0	3.5	3.2	2.6	2.0
Tranquilizers	0.7	0.5	1.0	0.8	2.1	1.5	1.6	1.6	4.7	2.8	3.2	2.1	2.3	1.6	1.9	1.5
Heroin	0.6	0.2	0.3	0.3	0.2	0.3	0.5	0.4	0.6	0.1	0.1	0.4	0.4	0.2	0.3	0.3
Other Narcotics	0.9	0.7	1.2	0.7	3.5	2.9	1.6	1.7	5.4	3.4	3.0	2.2	3.0	2.3	1.9	1.4
Ecstasy	0.7	0.4	0.2	0.4	0.8	0.4	0.5	0.8	2.8	0.9	0.9	1.4	1.3	0.6	0.5	0.8
Synthetic Marijuana	n/a	n/a	0.6	4.4	n/a	n/a	1.0	6.8	n/a	n/a	0.9	2.7	n/a	n/a	0.8	4.8
Energy Drinks **	n/a	n/a	22.3	n/a	n/a	n/a	20.9	n/a	n/a	n/a	24.8	n/a	n/a	n/a	22.6	n/a
Caffeine Pills **	n/a	n/a	1.8	n/a	n/a	n/a	2.4	n/a	n/a	n/a	2.3	n/a	n/a	n/a	2.2	n/a

Table 6. Percentage of Students With Problem ATOD Use

Problem Use	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014	2012	2014	2016	MTF 2014
Binge Drinking	6.0	3.3	4.3	4.1	12.0	12.5	10.1	12.6	28.2	20.9	22.7	19.4	14.3	11.9	12.3	11.7
1/2 Pack of Cigarettes/Day	0.6	0.3	0.1	0.5	1.2	1.3	0.6	1.2	6.2	3.1	1.5	2.6	2.4	1.5	0.7	1.4
Alcohol and Driving	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm
Drinking and Driving	2.0	0.6	1.6	5.6	2.0	2.5	2.5	5.3	9.3	7.2	6.3	11.8	4.1	3.3	3.4	5.5
Riding with a Drinking Driver	20.1	17.4	17.5	22.3	18.9	16.3	16.6	24.0	22.8	16.5	13.5	24.1	20.5	16.8	15.9	23.2

† See the Monitoring The Future (MTF) website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12.
** MTF either does not collect data on that substance at all, or not at that level.

Data Tables

ATOD Questions	
Cigarettes	"Have you ever smoked cigarettes?" And "How frequently have you smoked cigarettes during the past 30 days?"
Chewing Tobacco	"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)? " and "How frequently have you used smokeless tobacco during the past 30 days?"
On how many occasions (if any) have you:	
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime (or during the past 30 days) -- more than just a few sips?
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil) in your lifetime (or during the past 30 days)?
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime (or during the past 30 days)?
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin) in your lifetime (or during the past 30 days)?
Cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form) in your lifetime (or during the past 30 days)?
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth) in your lifetime (or during the past 30 days)?
Amphetamines	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them, in your lifetime (or during the past 30 days)?
Sedatives	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them, in your lifetime (or during the past 30 days)?
Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them, in your lifetime (or during the past 30 days)?
Heroin	used heroin in your lifetime (or during the past 30 days)?
Other Narcotics	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them, in your lifetime (or during the past 30 days)?
Ecstasy	used MDMA (X,E, or ecstasy) in your lifetime (or during the past 30 days)?
Synthetic Marijuana	used "synthetic marijuana" ("K2", "Spice") to get high in your lifetime (or during the past 30 days)?
Energy Drinks	drank energy drinks with caffeine (like Red Bull, Monster, Rockstar, or 5-Hour-Energy during the past 30 days?
Caffeine Pills	used caffeine pills (No-Doz, Vivarin, Dexatrim) during the past 30 days?
Problem Use	
Binge Drinking	Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)
1/2 Pack of Cigarettes/Day	How frequently have you smoked cigarettes during the past 30 days?
Alcohol and Driving	
Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?
Riding with a Drinking Driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?

Data Tables

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

How many times in the past year (12 months) have you: (*One or more times*)	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm
Been Suspended from School	17.5	10.3	10.5	13.4	9.4	8.7	6.5	11.2	10.2	8.2	6.7	8.5	12.8	9.1	7.9	12.3
Been Drunk or High at School	8.6	5.0	5.0	7.8	13.5	12.6	7.9	14.7	19.8	19.5	14.2	17.3	13.4	12.0	9.0	11.3
Sold Illegal Drugs	2.7	2.2	2.0	3.1	5.7	5.3	4.9	7.2	10.7	8.2	8.1	8.6	6.0	5.1	5.0	5.2
Stolen or Tried to Steal a Motor Vehicle	1.0	0.7	1.1	2.2	2.4	1.7	1.4	2.7	2.1	1.8	1.7	2.0	1.8	1.4	1.4	2.4
Been Arrested	3.2	2.2	1.4	4.8	3.8	3.2	1.7	6.0	6.3	4.3	3.3	5.8	4.3	3.2	2.1	5.4
Attacked Someone with the Idea of Seriously Hurting Them	12.3	8.8	8.1	12.9	10.5	7.5	5.8	11.8	11.7	8.3	5.3	9.6	11.5	8.3	6.4	12.4
Carried a Handgun	4.7	5.0	4.0	5.4	4.4	5.2	3.6	5.5	5.0	6.5	5.4	5.5	4.7	5.5	4.3	5.4
Carried a Handgun to School	0.7	0.3	0.8	0.9	0.7	0.7	1.0	1.2	1.2	0.8	1.1	1.2	0.9	0.6	0.9	1.0

Table 8. Percentage of Students Gambling in the Past Year

How many times in the past year (12 months) have you: (*'A few times' or more*)	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm
Gambled in the Past Year	40.3	37.4	29.5	45.5	38.0	35.7	26.4	43.8	42.2	36.2	31.4	43.8	40.1	36.5	29.0	44.6
Bet on Cards	14.6	9.6	7.8	25.0	12.3	10.4	8.6	24.7	14.7	10.3	8.8	24.7	13.9	10.1	8.4	24.9
Gambled on the Internet	3.5	2.0	2.7	4.1	3.0	3.7	3.8	4.1	3.5	2.6	3.6	4.1	3.4	2.7	3.4	4.1
Bet on Sports	24.7	18.7	14.9	23.4	21.9	18.3	13.3	23.0	20.5	17.0	11.7	21.6	22.6	18.0	13.3	23.2
Played the Lottery	17.7	17.7	15.0	19.1	16.9	17.5	13.0	18.3	25.0	21.7	21.2	20.8	19.5	19.0	16.3	18.7
Bet on Games of Skill	14.1	10.7	8.1	19.6	12.6	10.6	7.0	18.4	13.9	9.5	7.1	16.9	13.5	10.3	7.4	19.0
Bet on Video Poker	4.4	2.6	2.4	4.2	3.6	4.3	2.8	4.0	3.9	4.0	3.2	4.5	4.0	3.6	2.8	4.1
Bet on Dice	5.6	4.4	3.2	14.3	5.0	5.1	3.8	12.5	6.4	4.3	3.8	11.1	5.6	4.6	3.6	13.4
Played Bingo for money	6.2	5.4	4.0	20.8	4.2	4.4	3.3	15.9	6.1	3.7	3.6	11.8	5.5	4.5	3.6	18.3
Bet on Horses	5.0	3.1	2.5	5.8	5.0	4.9	3.6	5.5	3.9	3.0	3.1	5.2	4.7	3.7	3.1	5.6
Gambled at a Casino	2.4	1.3	1.3	6.8	1.8	2.2	1.5	7.7	3.0	3.2	2.4	9.3	2.4	2.2	1.7	7.3

Data Tables

Table 9. Percentage of Students Reporting Protection

Protective Factors	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm
Community Domain																
Rewards for Prosocial Involvement	41.2	37.3	33.4	69.5	38.0	33.9	27.8	65.2	35.2	33.0	28.3	64.6	38.4	34.8	29.8	67.4
Family Domain																
Family Attachment	49.8	52.9	55.1	54.8	56.1	55.8	58.4	57.1	52.3	53.5	60.8	57.9	52.6	54.0	58.1	56.0
Opportunity for Prosocial Involvement	61.5	65.4	60.1	62.5	59.1	56.2	55.1	56.2	53.2	55.3	57.0	56.2	58.3	59.2	57.4	59.3
Rewards for Prosocial Involvement	41.1	43.9	46.0	61.9	47.1	46.1	50.5	54.3	44.7	43.8	51.1	54.0	44.1	44.6	49.2	58.0
School Domain																
Opportunity for Prosocial Involvement	49.6	56.3	52.0	62.1	52.0	48.6	52.9	63.3	54.5	51.1	49.4	64.9	51.8	52.3	51.5	62.7
Rewards for Prosocial Involvement	42.4	43.3	41.6	56.2	56.6	54.1	58.3	48.0	57.2	52.1	55.5	50.3	51.3	49.5	52.1	52.0
Peer-Individual Domain																
Religiosity	57.4	56.6	51.8	53.7	53.6	51.3	47.5	48.4	42.2	46.1	41.0	42.9	51.8	51.6	46.8	51.0
Belief in the Moral Order	64.2	72.8	71.7	52.1	57.6	60.6	67.0	54.6	52.8	57.1	64.9	55.6	58.8	63.9	67.9	53.4
Interaction with Prosocial Peers	41.5	44.9	42.9	54.9	52.0	45.7	41.0	55.4	45.3	45.6	39.9	57.3	46.1	45.4	41.3	55.1
Prosocial Involvement	60.7	64.6	62.7	58.1	66.1	59.9	56.8	65.4	59.6	58.4	50.3	64.2	62.2	61.2	56.6	61.8
Rewards for Prosocial Involvement	44.0	44.2	48.8	50.9	55.0	54.2	57.9	48.8	47.9	50.6	51.4	52.2	48.8	49.4	52.9	49.9
High Protection																
High Protection Youth **	58.3	62.3	60.4	44.9	64.2	60.7	54.2	46.8	58.5	59.3	54.5	47.4	60.2	60.9	56.2	45.8

** 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 and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors).

Data Tables

Table 10. Percentage of Students Reporting Risk

Risk Factors	Grade 8				Grade 10				Grade 12				Total			
	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm	2012	2014	2016	BH Norm
Community Domain																
Laws & Norms Favor Drug Use	41.6	37.8	41.9	40.0	39.4	40.2	48.5	48.4	53.6	54.8	58.2	48.1	44.2	44.2	49.5	44.3
Perceived Availability of Drugs	39.1	31.8	30.3	45.4	41.1	32.9	29.0	47.4	45.1	37.4	36.2	41.0	41.5	34.0	31.8	46.4
Family Domain																
Poor Family Management	48.5	37.8	47.8	40.4	43.8	43.2	42.7	40.0	49.3	46.8	46.6	41.2	47.2	42.4	45.6	40.2
Family Conflict	37.0	35.7	35.7	35.3	40.8	42.2	38.0	39.9	45.2	40.7	36.2	38.0	40.6	39.4	36.7	37.7
Sibling Drug Use	42.4	38.1	41.7	26.7	34.9	33.8	29.9	39.4	49.7	48.7	41.4	47.4	42.0	40.2	37.5	33.2
Exposure to Adult Antisocial Behavior	43.1	38.8	39.1	39.9	47.5	45.4	40.3	46.6	49.8	47.5	37.5	42.9	46.4	43.7	39.0	43.3
Parent Attitudes Favor Antisocial Behavior	47.6	47.2	46.3	49.1	49.8	49.5	42.9	53.5	55.2	52.2	43.3	52.9	50.5	49.6	44.2	51.3
Parent Attitudes Favor Drug Use	26.2	24.9	24.3	23.7	37.1	41.0	36.8	39.6	46.0	45.9	41.5	40.3	35.4	36.8	34.3	31.5
School Domain																
Academic Failure	45.7	39.9	39.7	41.1	43.0	40.9	39.5	39.8	46.1	44.8	44.8	37.9	44.9	41.8	41.3	40.5
Low Commitment to School	48.2	49.9	56.3	45.1	41.6	50.3	53.4	41.1	48.8	53.9	60.5	43.6	46.2	51.3	56.6	43.1
Peer-Individual Domain																
Early Initiation of Antisocial Behavior	35.9	27.2	28.6	32.2	34.1	31.2	24.8	34.2	40.5	36.2	29.7	34.2	36.6	31.3	27.6	33.2
Early Initiation of Drug Use	33.1	24.5	23.4	42.8	29.3	26.0	20.5	41.4	44.0	37.4	30.4	41.8	35.0	29.1	24.6	42.1
Attitudes Favorable to Antisocial Behavior	39.6	32.4	29.9	46.6	40.7	36.9	31.6	40.8	42.8	40.6	33.1	39.0	40.9	36.5	31.5	43.7
Attitudes Favorable to Drug Use	36.3	31.7	27.4	43.7	43.2	46.5	38.0	45.3	56.1	50.8	44.7	46.9	44.3	42.4	36.7	44.5
Perceived Risk of Drug Use	49.6	46.0	51.7	37.9	54.6	63.0	64.3	51.9	59.1	64.2	64.7	47.4	54.0	57.2	60.3	44.7
Interaction with Antisocial Peers	38.9	24.8	26.7	30.0	32.5	30.2	23.4	31.3	36.8	32.0	28.2	29.6	36.2	28.8	26.0	30.7
Friend's Use of Drugs	40.9	29.6	28.5	39.2	38.3	35.7	27.8	40.4	43.4	37.8	32.7	44.7	40.8	34.2	29.6	39.8
Rewards for Antisocial Behavior	43.5	41.1	32.9	43.2	56.1	51.7	42.5	46.7	57.9	56.8	47.2	51.5	51.9	49.5	41.0	44.9
Depressive Symptoms	34.2	39.6	40.0	34.8	41.8	44.2	40.8	37.8	37.2	40.4	39.7	33.4	37.6	41.3	40.2	36.3
Gang Involvement	8.2	3.8	4.7	6.9	6.3	4.1	4.0	5.9	6.0	4.4	4.2	5.2	6.9	4.1	4.3	6.4
High Rish																
High Risk Youth *	51.6	43.0	44.0	40.3	47.4	47.5	36.3	42.0	57.9	55.8	44.7	41.9	52.0	48.5	41.4	41.1

* 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: 5 or more risk factors, 7th-9th grades: 6 or more factors, 10th-12th grades: 7 or more factors). Years before 2016 have been re-run to be compareable.

Student Alcohol Table

Table 11. Sources and Places of Student Alcohol Use

If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it?	Grade 8			Grade 10			Grade 12			Total		
	2012	2014	2016	2012	2014	2016	2012	2014	2016	2012	2014	2016
Sample size *	**422**	**288**	**183**	**581**	**517**	**389**	**681**	**747**	**527**	**1,684**	**1,552**	**1,099**
I bought it myself from a store.	0.9	0.7	4.9	4.5	3.9	5.9	11.5	12.2	13.9	6.4	7.3	9.6
I got it at a party.	41.2	35.8	36.6	58.0	58.4	52.7	73.9	74.2	69.6	60.2	61.8	58.1
I gave someone else money to buy it for me.	14.2	8.7	15.8	25.6	24.0	20.8	56.7	46.3	47.6	35.3	31.9	32.8
I got it from someone I know age 21 or older.	43.8	43.8	43.2	53.9	52.2	46.5	75.3	68.5	66.6	60.0	58.5	55.6
I got if from someone I know under age 21.	27.3	21.5	26.8	43.0	42.4	37.8	52.3	43.6	39.7	42.8	39.1	36.9
I got it from a family member or relative other than my parents.	41.7	43.4	43.2	39.2	42.9	38.6	42.1	41.0	38.1	41.0	42.1	39.1
I got it from home with my parents' permission.	38.9	42.0	49.7	38.7	42.6	42.7	40.5	39.6	41.7	39.5	41.0	43.4
I got it from home without my parents' permission.	43.8	44.8	39.3	43.2	47.4	39.8	39.8	40.0	31.1	42.0	43.4	35.6
I got it at work.	n/a	n/a	3.8	n/a	n/a	3.1	n/a	n/a	8.2	n/a	n/a	5.6
I bought it over the internet.	n/a	n/a	2.2	n/a	n/a	2.8	n/a	n/a	2.8	n/a	n/a	2.7
I got it in another way.	18.7	14.9	13.1	16.4	12.0	10.8	17.6	13.5	6.8	17.5	13.3	9.3

During the past year (12 months) did you drink alcohol at any of the following places?	Grade 8			Grade 10			Grade 12			Total		
	2012	2014	2016	2012	2014	2016	2012	2014	2016	2012	2014	2016
Sample size *	**431**	**313**	**210**	**574**	**523**	**384**	**676**	**736**	**503**	**1,681**	**1,572**	**1,097**
At my home or someone else's home without any parent permission.	54.3	49.2	43.8	62.4	66.2	57.3	68.8	67.8	62.0	62.9	63.5	56.9
At my home with my parent's permission.	45.5	54.3	59.5	42.0	50.1	50.3	47.5	49.7	51.1	45.1	50.8	52.4
At someone else's home with their parent's permission.	21.3	16.9	18.1	28.0	26.6	26.6	43.5	44.0	52.1	32.5	32.8	36.6
At an open area like a park, beach, or back road.	21.1	13.1	16.2	25.4	25.6	21.1	36.2	28.0	32.0	28.7	24.2	25.2
At public events such as a sporting event, festival, or concert.	10.9	7.7	10.5	16.6	16.4	18.5	29.3	26.0	35.4	20.2	19.1	24.7
At a restaurant, bar, or a nightclub.	9.5	9.3	6.7	12.7	11.5	9.6	24.1	16.6	16.9	16.5	13.4	12.4
In a car.	16.0	10.5	12.9	21.4	20.1	13.5	37.6	29.2	31.0	26.5	22.5	21.4
At a school dance, a game, or other event.	10.0	6.4	5.2	12.5	10.7	9.1	15.5	17.3	18.1	13.1	12.9	12.5
At school during the day.	8.1	4.8	6.7	9.9	7.8	5.7	7.2	6.5	6.8	8.4	6.6	6.4
Near school.	7.9	5.1	5.2	10.8	8.0	5.2	11.5	11.7	9.7	10.4	9.2	7.3
In another place.	26.5	19.8	15.2	25.6	20.5	15.1	30.6	23.8	18.9	27.8	21.9	16.9

* Sample size represents the number of youth who answered the question, not including students reporting no use in the past year. In the case of smaller sample sizes, caution should be exercised before generalizing results and yearly trends to the entire community.

CSAP Questions

Table 12. CSAP Questions

Question	Response	Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
For the following for questions, during the past 12 months, have you talked with at least one of your parents (by parents, we mean either your biological parents, adoptive parents, stepparents, foster parents, or other adult caregivers whether or not they live with you) about :									
The dangers of underage drinking?	Yes	515	52.8	545	53.5	503	52.1	1563	52.8
	No	461	47.2	474	46.5	463	47.9	1398	47.2
The dangers of tobacco use?	Yes	553	56.8	586	57.6	524	54.6	1663	56.4
	No	421	43.2	431	42.4	435	45.4	1287	43.6
When parents find out their kids have been drinking they may discuss it, take away privileges, add chores, take away cell phones, use of the car, etc. In the past 12 months, if your parents found out you were drinking, how did they usually respond? (Select one option).	I didn't drink.	818	82.2	760	72.5	577	58.7	2155	71.2
	I drank but I was not caught.	63	6.3	134	12.8	170	17.3	367	12.1
	I was caught but there were no consequences.	12	1.2	46	4.4	106	10.8	164	5.4
	There were minor consequences.	20	2.0	42	4.0	72	7.3	134	4.4
	There were major consequences.	82	8.2	66	6.3	58	5.9	206	6.8
If the police caught you drinking, which of the following would most likely happen? (Select one option).	There would be no consequence.	72	7.3	97	9.2	100	10.2	269	8.9
	I would be given a warning and then let go.	95	9.7	102	9.7	101	10.3	298	9.9
	I would be taken home to my parents.	419	42.7	418	39.8	325	33.3	1162	38.6
	I would be arrested but would get no penalty.	122	12.4	97	9.2	96	9.8	315	10.5
	I would be arrested and the court would impose a penalty.	273	27.8	336	32.0	354	36.3	963	32.0
For the following for questions, during the past 12 months, how many times has each of the following things happened?									
You had problems at school or work because you had been drinking.	Never	979	99.1	1036	98.5	957	97.5	2972	98.3
	Once	4	0.4	8	0.8	12	1.2	24	0.8
	Twice	2	0.2	5	0.5	8	0.8	15	0.5
	Three or four times	1	0.1	1	0.1	3	0.3	5	0.2
	Five or more times	2	0.2	2	0.2	2	0.2	6	0.2

CSAP Questions

Table 12. (Contd.) CSAP Questions

Question	Response	Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
For the following for questions, during the past 12 months, how many times has each of the following things happened?									
You had problems with your friends because you had been drinking.	Never	967	97.8	1015	96.6	937	95.6	2919	96.7
	Once	13	1.3	21	2.0	25	2.6	59	2.0
	Twice	6	0.6	10	1.0	10	1.0	26	0.9
	Three or four times	1	0.1	2	0.2	6	0.6	9	0.3
	Five or more times	2	0.2	3	0.3	2	0.2	7	0.2
You had problems with someone you were dating because you had been drinking.	Never	971	98.2	1006	95.8	925	94.4	2902	96.1
	Once	11	1.1	25	2.4	37	3.8	73	2.4
	Twice	3	0.3	8	0.8	9	0.9	20	0.7
	Three or four times	2	0.2	6	0.6	6	0.6	14	0.5
	Five or more times	2	0.2	5	0.5	3	0.3	10	0.3
You were hung over.	Never	936	94.7	930	88.7	765	78.2	2631	87.3
	Once	32	3.2	56	5.3	72	7.4	160	5.3
	Twice	9	0.9	26	2.5	58	5.9	93	3.1
	Three or four times	4	0.4	20	1.9	37	3.8	61	2.0
	Five or more times	7	0.7	17	1.6	46	4.7	70	2.3
You were sick to your stomach or threw up after drinking.	Never	961	97.2	968	92.5	815	83.3	2744	91.0
	Once	16	1.6	45	4.3	77	7.9	138	4.6
	Twice	5	0.5	14	1.3	44	4.5	63	2.1
	Three or four times	3	0.3	11	1.1	22	2.2	36	1.2
	Five or more times	4	0.4	9	0.9	20	2.0	33	1.1
You got into a physical fight because you had been drinking.	Never	973	98.7	1029	98.3	958	97.7	2960	98.2
	Once	6	0.6	10	1.0	17	1.7	33	1.1
	Twice	3	0.3	2	0.2	2	0.2	7	0.2
	Three or four times	2	0.2	2	0.2	3	0.3	7	0.2
	Five or more times	2	0.2	4	0.4	1	0.1	7	0.2
You were drunk at school or work.	Never	970	98.8	1026	98.3	946	96.6	2942	97.9
	Once	5	0.5	5	0.5	19	1.9	29	1.0
	Twice	4	0.4	5	0.5	7	0.7	16	0.5
	Three or four times	1	0.1	3	0.3	4	0.4	8	0.3
	Five or more times	2	0.2	5	0.5	3	0.3	10	0.3

DFC and Youth Perception Tables

Table 13. Drug Free Communities Report *

Outcomes	Definition	Grade 8		Grade 10		Grade 12		Total †		Male		Female	
		Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.
How much do you think people risk harming themselves (physically or in other ways) if they: *(Moderate risk or Great Risk)*	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	71.4	1033	71.6	1111	64.9	1029	69.4	3173	63.8	1555	74.7	1606
	have five or more drinks of an alcoholic beverage once or twice a week?	77.6	1027	75.7	1105	68.0	1026	73.8	3158	71.2	1545	76.3	1601
	smoke 1 or more packs of cigarettes per day.	78.6	1035	75.7	1110	76.8	1031	77.0	3176	76.1	1555	77.9	1609
	smoke marijuana once or twice a week?	59.8	1033	47.7	1108	33.8	1026	47.2	3167	44.1	1550	50.0	1605
	use prescription pain relievers that are not prescribed to them?	77.8	1032	74.6	1100	77.2	1022	76.5	3154	73.3	1544	79.7	1598
How wrong do your parents feel it would be for YOU to: *(Wrong or Very Wrong)*	have one or two drinks of an alcoholic beverage nearly every day?	98.0	994	97.0	1046	95.0	985	96.7	3025	96.1	1466	97.2	1546
	smoke cigarettes	98.5	995	96.9	1050	92.2	986	95.9	3031	95.5	1468	96.2	1550
	smoke marijuana	94.5	984	92.3	1045	85.0	982	90.7	3011	90.3	1459	90.9	1539
	use prescription pain relievers that are not prescribed to them?	97.9	987	95.5	1046	97.2	984	96.8	3017	96.9	1459	96.8	1545
How wrong do your friends feel it would be for you to: (*Wrong or Very Wrong)*	have one or two drinks of an alcoholic beverage nearly every day?	89.0	1058	74.5	1185	62.8	1081	75.3	3324	75.7	1651	75.0	1661
	smoke cigarettes	92.1	1057	81.9	1182	70.0	1079	81.3	3318	79.8	1647	82.6	1659
	smoke marijuana	83.4	1056	61.7	1181	46.9	1073	63.8	3310	64.0	1643	63.6	1655
	use prescription pain relievers that are not prescribed to them?	93.1	1053	81.8	1181	77.8	1078	84.1	3312	82.2	1645	85.9	1655
How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?	Neither Approve nor Disapprove	18.4	191	22.6	252	29.9	307	23.6	750	26.6	416	20.6	330
	Somewhat Disapprove	10.9	113	17.1	190	22.3	229	16.7	532	17.3	270	16.3	261
	Strongly Disapprove	59.4	615	51.7	576	38.4	395	49.9	1586	45.4	710	54.5	872
	Don't know or can't say	11.3	117	8.6	96	9.4	97	9.8	310	10.8	169	8.6	138
Past 30 day use of (at least one use in the Past 30 Days):	Alcohol	8.7	1013	18.3	1084	36.2	1011	21.0	3108	18.8	1517	23.1	1579
	Cigarettes	1.6	1009	4.2	1075	9.0	1005	4.9	3089	5.1	1508	4.7	1568
	Marijuana	4.9	1009	9.9	1076	21.8	1005	12.1	3090	12.7	1509	11.5	1569
	Any Prescription Drug	4.7	1011	5.0	1077	7.2	1011	5.6	3099	6.2	1512	5.1	1575
		Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.
Average Age of Onset **	Alcohol	11.8	329	13.3	546	14.4	670	13.5	1545	13.3	732	13.6	810
	Cigarettes	11.7	109	12.9	210	14.1	350	13.3	669	13.2	335	13.5	332
	Marijuana	12.8	120	13.8	286	14.8	473	14.2	879	14.0	437	14.4	440
	Prescription Pain Relievers	12.3	89	13.4	120	14.9	144	13.7	353	13.8	161	13.7	192

*The “Num.” column represents the sample size (the number of youth who answered the question). The "Per." column represents the percentage of youth in the sample answering the question as specified.
**For Average Age of Onset, “Num.” represents the number of youth who reported any age of first use for the specified substance other than "Never Used."
†The "Total" column represents responses from students in all grades surveyed.

DFC and Youth Perception Tables

Table 14. Youth Perceptions of Substance Use

Now think about all the students in your grade at school. How many of them do you think:	Substance	Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
a. smoke one or more cigarettes a day?	None (0%)	384	35.6	292	23.8	213	19.1	889	26.0
	Few (1-10%)	404	37.5	303	24.7	225	20.2	932	27.3
	Some (11-30%)	174	16.1	319	26.0	286	25.6	779	22.8
	Half or less (31-50%)	73	6.8	159	13.0	183	16.4	415	12.1
	Half or more (51-70%)	24	2.2	93	7.6	116	10.4	233	6.8
	Most (71-90%)	9	0.8	41	3.3	66	5.9	116	3.4
	Almost All (91-100%)	10	0.9	19	1.5	27	2.4	56	1.6
b. drank alcohol sometime in the past month?	None (0%)	325	30.1	246	20.1	174	15.6	745	21.8
	Few (1-10%)	336	31.1	113	9.2	67	6.0	516	15.1
	Some (11-30%)	204	18.9	204	16.6	108	9.7	516	15.1
	Half or less (31-50%)	116	10.7	231	18.8	173	15.5	520	15.2
	Half or more (51-70%)	60	5.6	221	18.0	252	22.6	533	15.6
	Most (71-90%)	28	2.6	164	13.4	243	21.8	435	12.7
	Almost All (91-100%)	12	1.1	47	3.8	98	8.8	157	4.6
c. used marijuana sometime in the past month?	None (0%)	340	31.5	255	20.9	187	16.8	782	22.9
	Few (1-10%)	276	25.6	110	9.0	74	6.6	460	13.5
	Some (11-30%)	187	17.3	202	16.5	127	11.4	516	15.1
	Half or less (31-50%)	102	9.5	209	17.1	171	15.4	482	14.1
	Half or more (51-70%)	90	8.3	197	16.1	190	17.1	477	14.0
	Most (71-90%)	56	5.2	167	13.7	238	21.4	461	13.5
	Almost All (91-100%)	27	2.5	83	6.8	126	11.3	236	6.9
d. used an illegal drug in the past month (not including marijuana)?	None (0%)	477	44.2	311	25.4	247	22.2	1035	30.3
	Few (1-10%)	345	32.0	335	27.4	276	24.8	956	28.0
	Some (11-30%)	137	12.7	250	20.4	204	18.3	591	17.3
	Half or less (31-50%)	64	5.9	135	11.0	151	13.5	350	10.2
	Half or more (51-70%)	27	2.5	90	7.4	114	10.2	231	6.8
	Most (71-90%)	15	1.4	62	5.1	76	6.8	153	4.5
	Almost All (91-100%)	13	1.2	40	3.3	47	4.2	100	2.9

Contacts for Prevention

NATIONAL RESOURCES

Human Services (USDHHS)
Substance Abuse and Mental Health
Service Administration (SAMHSA)
1 Choke Cherry Rd., Rm. 8-1054
Rockville, Maryland 20857
240-276-2000
info@samhsa.hhs.org
(From this web-site, the programs and services provided by the Center for Substance Abuse Treatment, and Center for Mental Health Services can be accessed)

Center for Substance Abuse Prevention (CSAP)
1 Choke Cherry Rd., Ste 4-1057
Rockville, Maryland 20857
240-276-2420
info@samhsa.hhs.org
http://prevention.samhsa.gov/

CSAP's Centers for the Advancement of Prevention Technologies (all five CSAP Centers can be accessed through this web site)
http://captus.samhsa.gov/home.cfm
National Institutes of Health (NIH)
6001 Executive Blvd., Rm. 5213
Bethesda, Maryland 20892-9561
301-443-1124
http://www.nida.nih.gov/

STATE RESOURCES

SAFE, Inc.
Chesterfield Youth Planning and Development
9700 Krause Road
Chesterfield, VA 23832
804-267-3377
http://www.chesterfieldsafe.org/

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Appendix 7: PNA Community Youth Survey Profile Report 2014

2014 Virginia
Prevention Needs Assessment Survey

Survey Results for:
Chesterfield County

Preventing substance abuse together
SAFE

Sponsored by:
Safe, INC.
P.O. Box 40
Chesterfield, Virginia 23832
804-267-7100

Introduction

2014 Prevention Needs Assessment Survey Profile Report

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2014. The results are presented along with comparisons to national data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison Norm (BH Norm), which consists of a large, weighted, nationwide sample.

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

Table 1 contains the characteristics of the students who completed the survey from your community. When using the information in this report, please pay attention to the number and percentage of students who participated from your community. The sample size for this survey administration was 4,800 students. If 60% or more of the students sample participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Contents:

Table 1. Characteristics of Participants

Student Totals	Chesterfield County					
Total Students	2010		2012		2014	
	Number	Percent	Number	Percent	Number	Percent
	3246	100	3743	100	3745	100
Grade						
8	1061	32.7	1447	38.7	1373	36.7
10	1204	37.1	1225	32.7	1161	31.0
12	981	30.2	1071	28.6	1211	32.3
Gender						
Male	1709	53.3	1927	51.7	1730	46.5
Female	1498	46.7	1797	48.3	1990	53.5
Ethnicity						
Native American	20	0.6	31	0.8	27	0.7
Asian	97	3.0	102	2.7	135	3.6
African American	775	24.0	954	25.6	876	23.5
Pacific Islander	10	0.3	21	0.6	21	0.6
Hispanic	138	4.3	268	7.2	263	7.1
White	1807	56.0	1902	51.1	1980	53.2
Multi-racial or Other	381	11.8	443	11.9	423	11.4

Table 1. represents the total survey population. Students were given the option to skip questions, and not all students completed the survey. The percentages in remaining tables/figures of this report reflect the percent of students responding to each question, rather than the percent of the total survey population.

The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they

The Risk and Protective Factor Model of Substance Abuse Prevention (Continued)

have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. The chart to the right shows the links between the 20 risk factors and the six problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

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

Building a Strategic Prevention Framework

The survey 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. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The PNA results presented in this Profile Report will help you to identify needs for prevention services. PNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

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

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

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

Building a Strategic Prevention Framework (cont'd)

culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at http://casat.unr.edu/bestpractices/search.php for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

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: Incorporate principles of cultural competence and sustainability in each of the five elements. At the center of the SPF model, sustainability and cultural competence play a key role in assessment, capacity appraisal, planning, implementation and evaluation, ensuring successful, long lasting prevention programs.

Sustainability is accomplished by utilizing a comprehensive approach. States and communities should plan adaptive, flexible programs around a variety of resources, funding, and organizations. An inclusive design helps 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 recognizes unique 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.

Validity Measures

Honesty: Because the survey was anonymous, and because confidentiality was stressed through the survey's administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated. However, Bach Harrison has built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators:

1. In response to a question about whether or not they had been honest in completing the survey, the students indicated that they were "Not Honest At All" in completing the survey.
2. The students indicated that they had used a non-existent, fictitious drug in their lifetime or in the past 30 days.
3. The students reported an impossibly high level of multiple drug use (having used substances on 120 or more occasions in the past 30 days).
4. The students indicated past-month use rates that were higher than lifetime use rates.

5. The students reported an age that was inconsistent with their grade or their school; for example, a 10 year-old 12th grader or 19 year old 6th grader.

Additionally, if a student did not answer enough of the validity questions to determine whether or not they were honest in their responses, their survey data were also removed from the final analysis presented in this report.

There are four types of charts presented in this report:

1. Substance use charts
2. Antisocial behavior (ASB) and Gambling charts
3. Risk factor charts
4. Protective factor charts.

Data from the charts are also presented in Tables 3 through 10. Additional data found in later tables are explained at the end of this section.

Understanding the Format of the Charts

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

Dots and Diamonds provide points of comparison to larger samples. The dots on the charts represent the percentage of all of the youth surveyed who reported substance use, problem behavior, elevated risk, or elevated protection. Please note that the dot represents the aggregate results of all participating students rather than a random sample of students. The survey results provide considerable information for communities to use in planning prevention services.

The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm (BH Norm). The BH Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state and region 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 BH Norm. In order to keep the BH Norm relevant, it is updated approximately every two years as new data become available.

A comparison to state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, it is important to observe the factors that differ the most from the BH Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the BH Norm and the protective factors are lower than the BH Norm are probably the factors that you should consider addressing when planning prevention programs.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. Since the PNA survey has recently been given to over 460,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their

appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Lifetime, 30 Day & Heavy ATOD Use Charts

There are three types of use measured on the ATOD charts.

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

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

Heavy use is measured in two ways: *binge drinking* (five or more drinks in a row over the last two weeks), and use of *one-half a pack or more of cigarettes per day.*

Antisocial Behavior, Driving and Alcohol, and Gambling Charts

Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the two antisocial behaviors listed in the charts.

Driving and Alcohol is a measure of the percentage of students who report drinking and driving, or being a passenger in a car where the driver had been drinking in the past 30 days.

Gambling Behavior is a measure of the percentage of students who report any involvement during the past year with the ten types of gambling listed in the charts. *Gambled in the Past Year* is a measure of any participation in any of the gambling types whatsoever.

Risk and Protective Factor Charts

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales. Along with the scales, there are bars that show the percentage of High Risk Youth and percentage of High Protection Youth. High Risk Youth is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. The number of factors is listed on the charts and tables. High Protection Youth is defined as the percentage of students who have more than a specified number of protective factors operating in their lives and is also listed on the tables and graphs.

Additional Tables

Additional Tables in this Report

Table 11 presents the percentages of how and where students obtained and used alcohol during the past year. The data focus on a subgroup of students who indicated at least one means of obtaining or using alcohol. (Students reporting no alcohol use are not represented.) It is important to note that the table represent a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student's responses. For example, if only one student in a particular grade reported where he/she obtained alcohol, each category would show up as either 0% or 100%. The table indicates the sample size for each grade surveyed to help clarify the value of the data.

After the Student Alcohol Tables are tables containing information required by communities with CSAP Grants, such as the parent attitudes regarding drinking, police response to drinking, and problems associated with drinking.

After the CSAP questions are tables containing 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, past 30-day use, and average age of first use.

After the DFC Tables are the Youth Perception Tables. Youth often overestimate the percentage of their peers who are using substances. Youth perceptions of the percentage of their peers who use cigarettes, alcohol, marijuana, and other illegal drugs are shown in these tables.

Finally, there are any extra questions your agency might have asked.

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use guidelines in choosing and implementing federally funded prevention and intervention programs. The results of the PNA Survey presented in this report can help your schools and community comply with the NCLB Act in three ways:

1. Programs must be chosen based on objective data about problem behaviors in the communities served. The PNA reports these data in the substance use and antisocial behavior charts and tables presented on the following pages.
2. NCLB-approved prevention programs can address not only substance use and antisocial behavior (ASB) outcomes, but also behaviors and attitudes demonstrated to be predictive of the youth problem behaviors. Risk and protective factor data from this report provide valuable information for choosing prevention programs.
3. Periodic evaluations of outcome measures must be conducted to evaluate the efficacy of ongoing programs. This report provides schools and communities the ability to compare past and present substance use and ASB data.

Tools for Assessment and Planning

What are the numbers telling you?

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

Which 3-5 risk factors appear to be higher than you would want when compared to the Bach Harrison Norm?

Which 3-5 protective factors appear to be lower than you would want when compared to the Bach Harrison Norm?

Which levels of 30-day drug use are increasing and/or unacceptably high? Which substances are your students using the most? At which grades do you see unacceptable usage levels?

Which antisocial behaviors are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most? At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

Once you have familiarized yourself with the data, you can begin to identify priorities.

Look across the charts for items that stand out as either much higher or much lower than the others.

Compare your data with statewide, and/or national data. Differences of 5% between local and other data are probably significant.

Prioritize problems for your area according to the issues you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?

Determine the standards and values held within your community. For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

Use these data for planning.

Once priorities are established, use data to guide your prevention efforts.

Substance use and antisocial behavior data are excellent tools to raise awareness about the problems and promote dialogue.

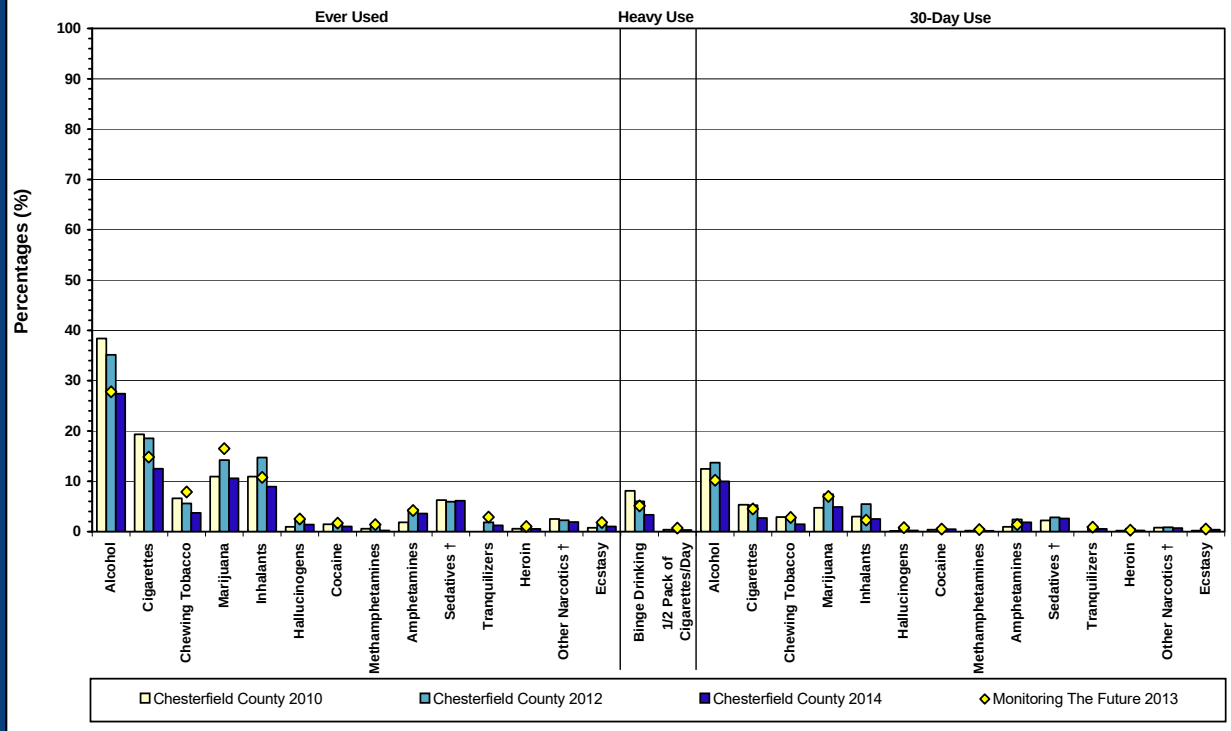
Risk and protective factor data can be used to identify exactly where the community needs to take action.

Promising approaches for any prevention goal are available through resources listed on the last page of this report. These contacts are a great resource for information about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

	Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
Risk Factors	6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 15% (8% > 8-state av.)			
Protective Factors	10th grd - Rewards for prosocial involvm. (School Domain) 40% (down 5% from 2 yrs ago & 16% below state av.)			
30-day Substance Abuse	8th grd Binge Drinking@13% (5% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (about same as state, but remains a priority.)			

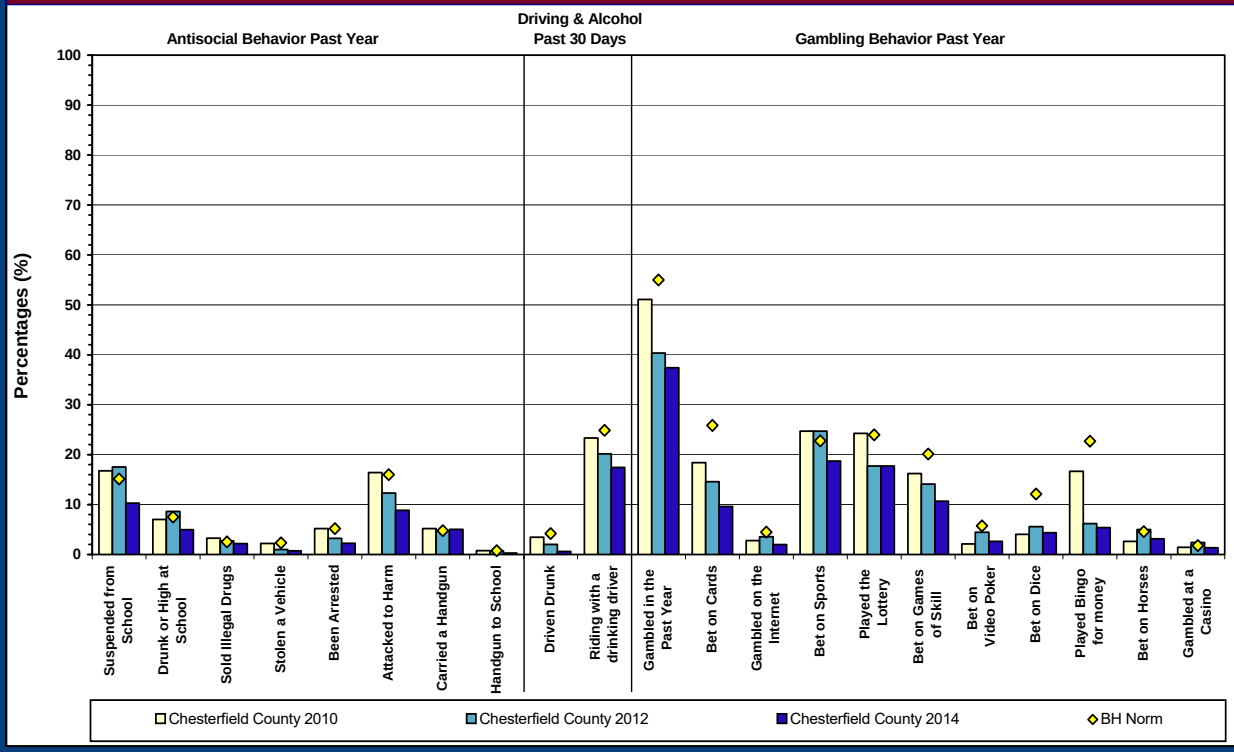
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2014 Chesterfield County Student Survey, Grade 8



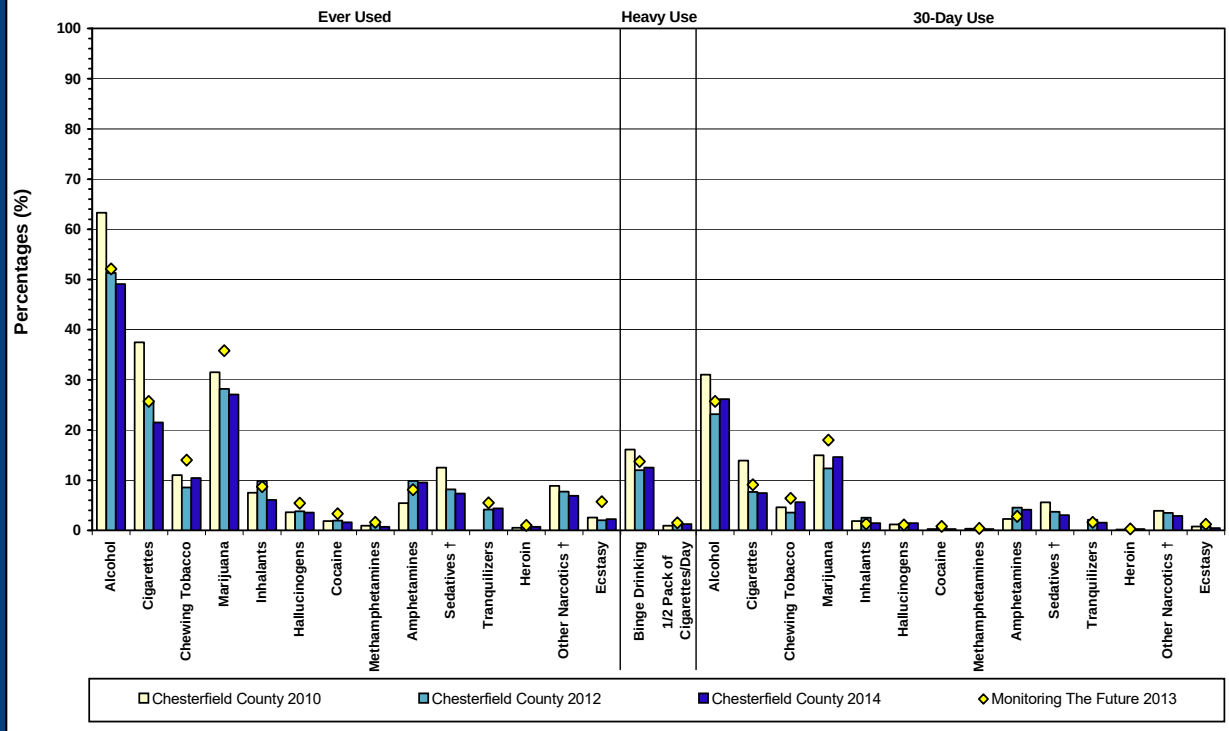
† Monitoring The Future does not publish 8th or 10th grade "Sedatives" or "Other Narcotics" values. In 2010 Sedatives and Tranquilizers were asked as one question.

ANTISOCIAL BEHAVIOR AND GAMBLING
2014 Chesterfield County Student Survey, Grade 8



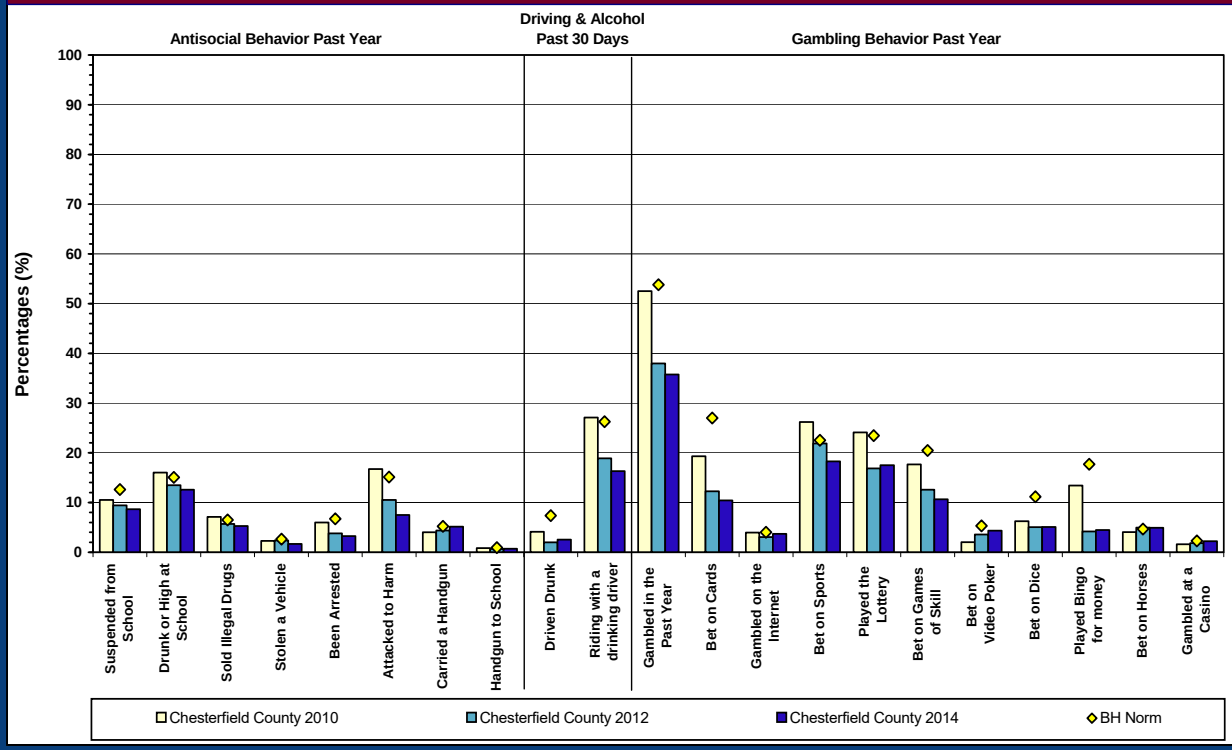
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2014 Chesterfield County Student Survey, Grade 10



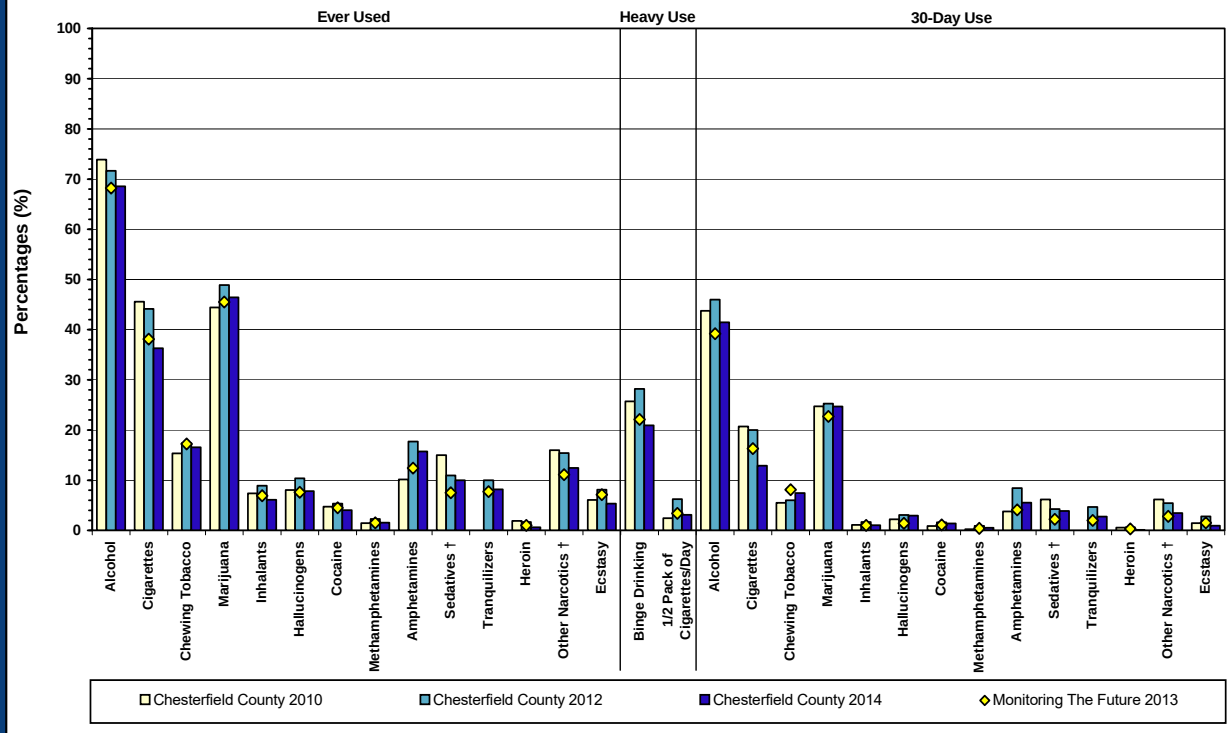
† Monitoring The Future does not publish 8th or 10th grade "Sedatives" or "Other Narcotics" values. In 2010 Sedatives and Tranquilizers were asked as one question.

ANTISOCIAL BEHAVIOR AND GAMBLING
2014 Chesterfield County Student Survey, Grade 10



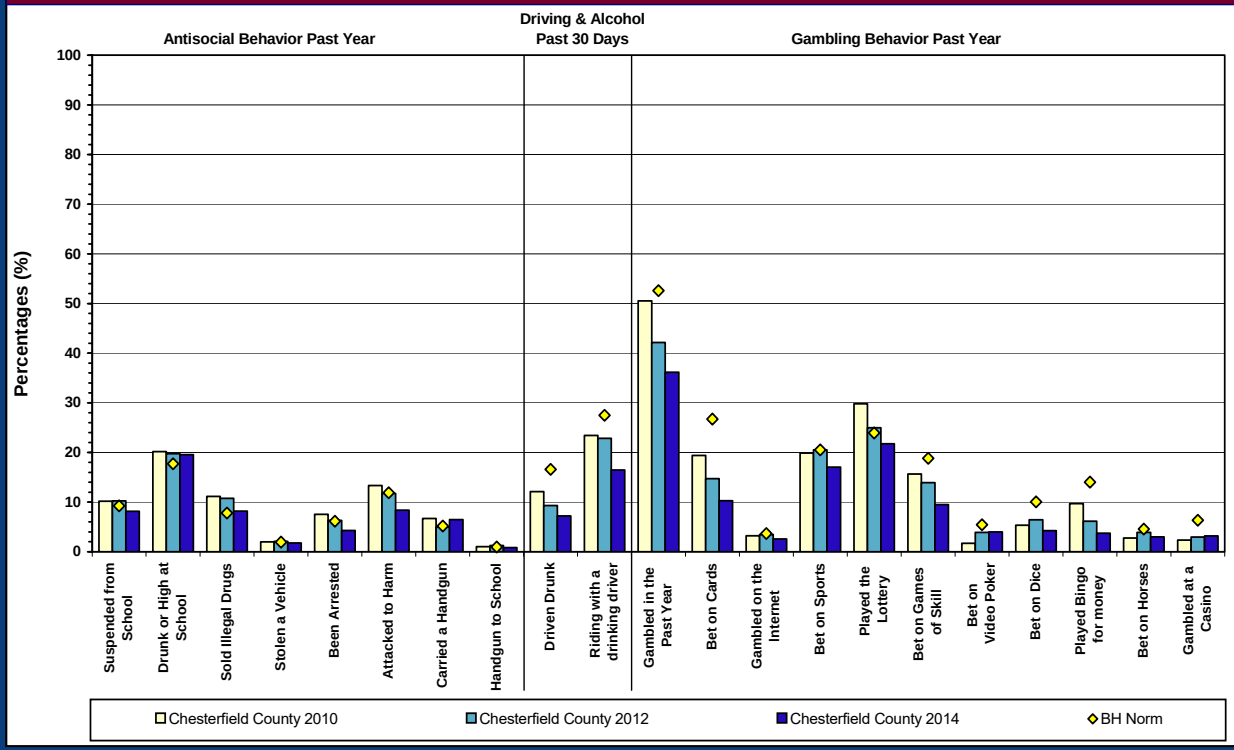
Substance Use and Antisocial Behavior

LIFETIME, 30 DAY & HEAVY ATOD USE
2014 Chesterfield County Student Survey, Grade 12



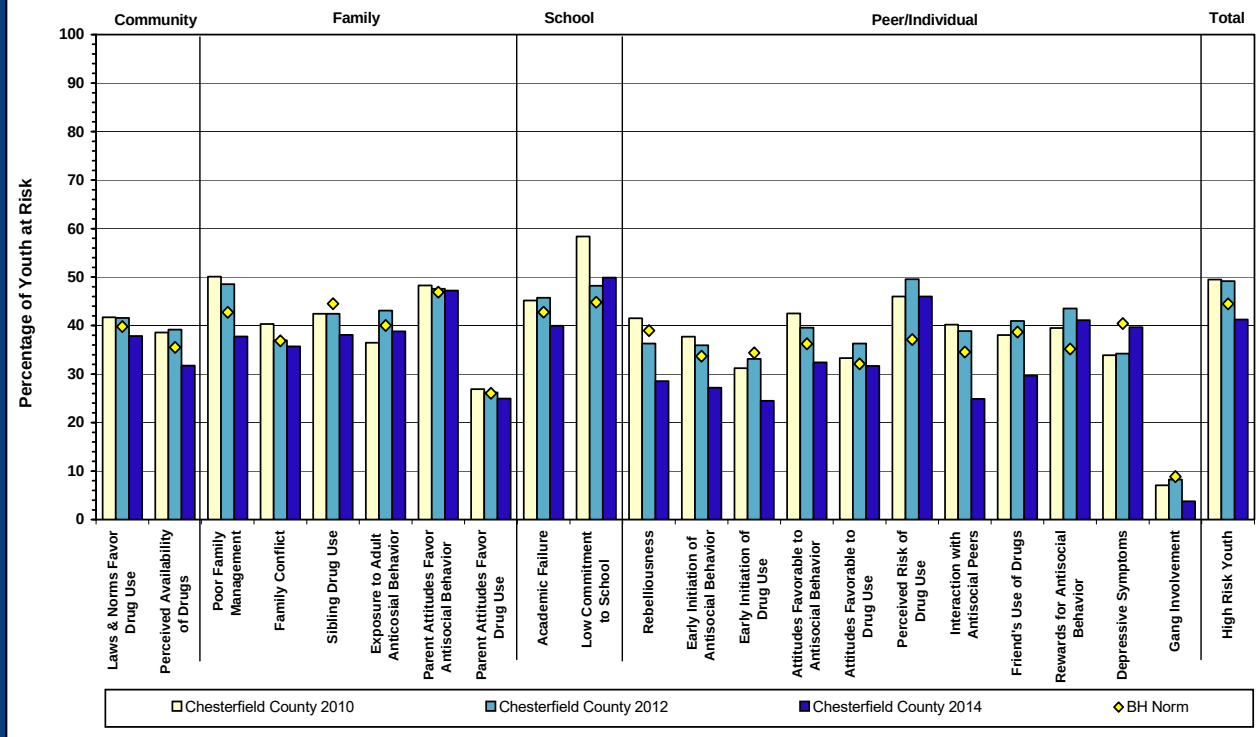
† In 2010 Sedatives and Tranquilizers were asked as one question.

ANTISOCIAL BEHAVIOR AND GAMBLING
2014 Chesterfield County Student Survey, Grade 12



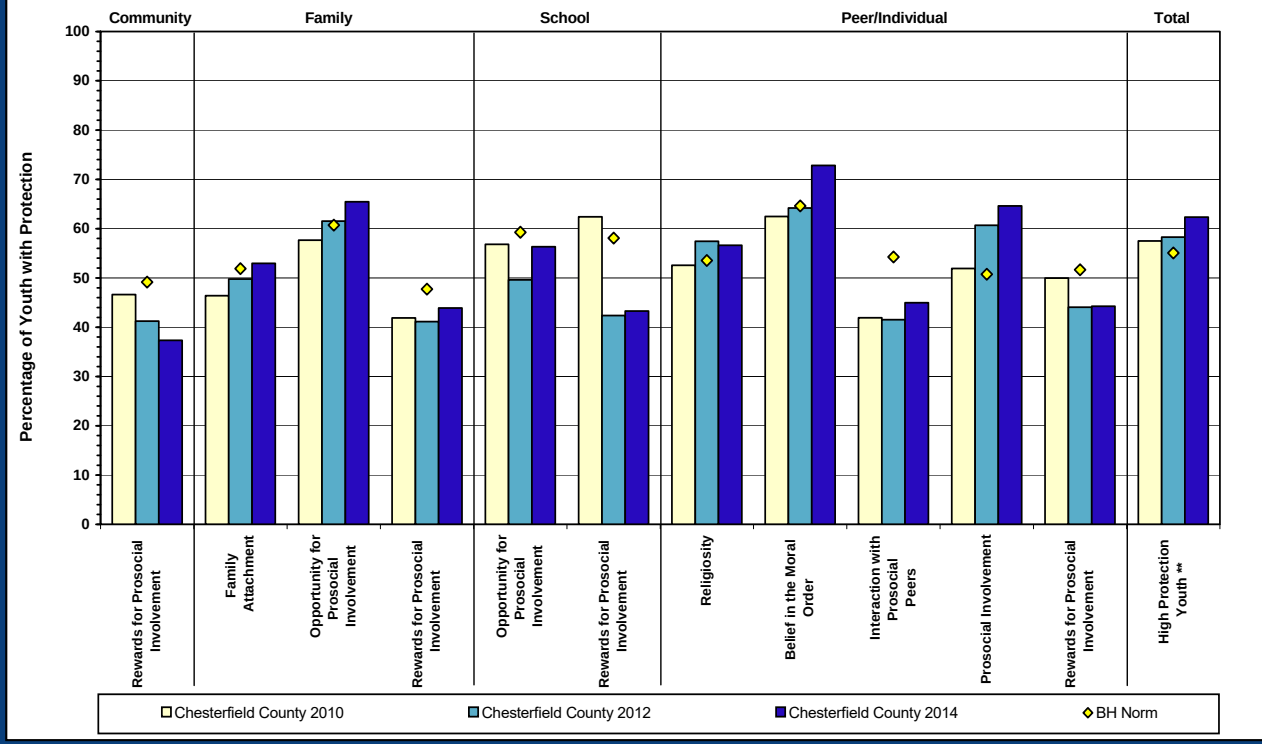
Risk and Protective Factor Profiles

RISK PROFILE
2014 Chesterfield County Student Survey, Grade 8



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

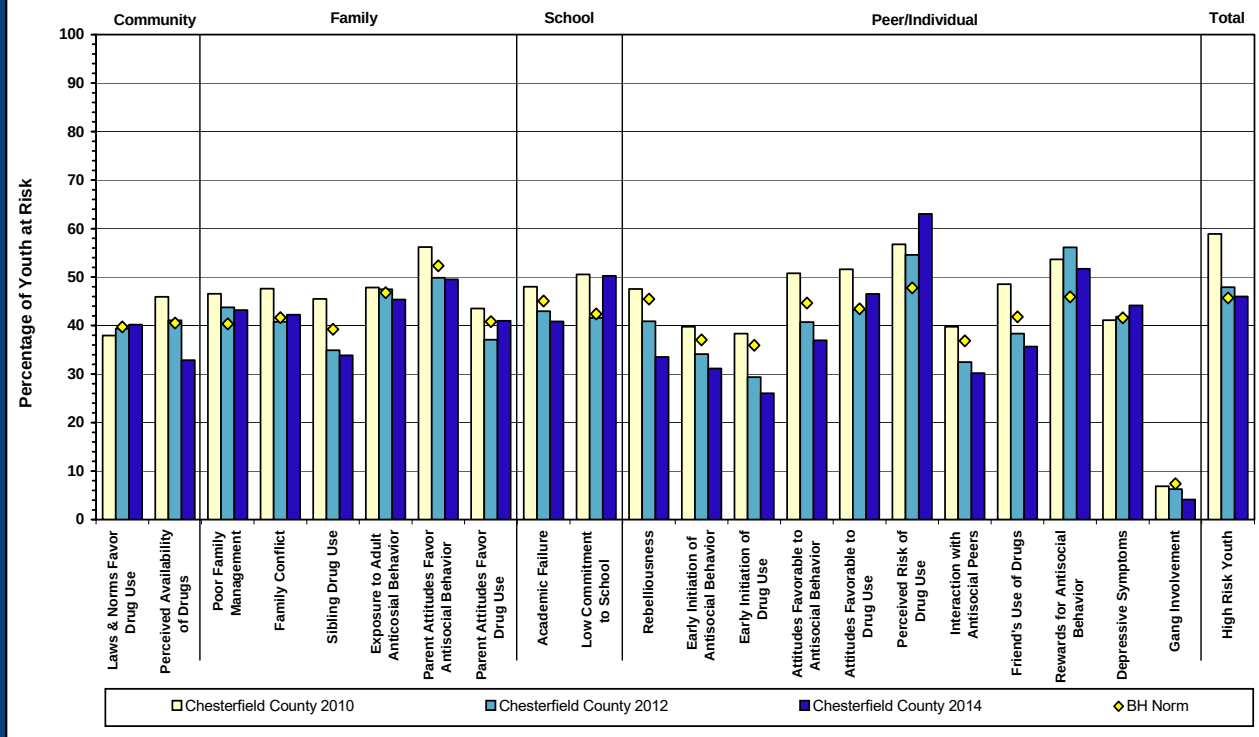
PROTECTIVE PROFILE
2014 Chesterfield County Student Survey, Grade 8



** High Protection Youth are defined as youth with : 6th and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors.

Risk and Protective Factor Profiles

RISK PROFILE
2014 Chesterfield County Student Survey, Grade 10



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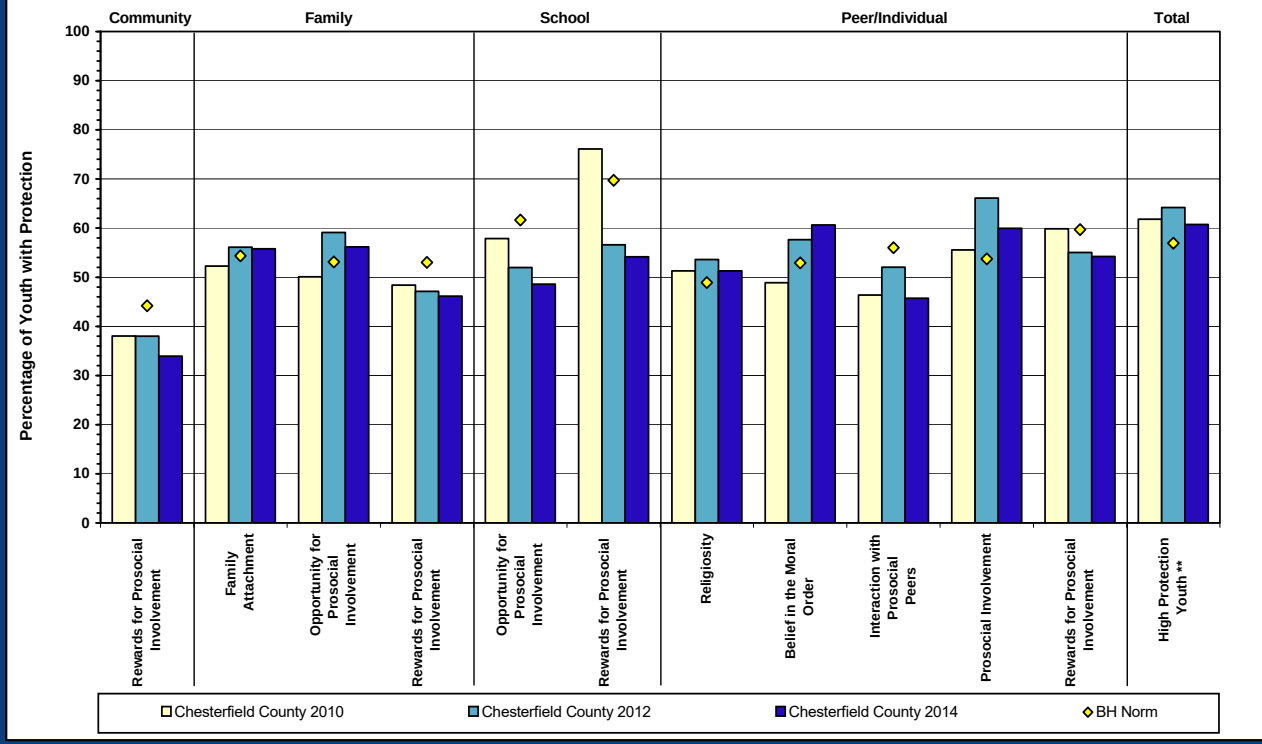
PROTECTIVE PROFILE
2014 Chesterfield County Student Survey, Grade 10



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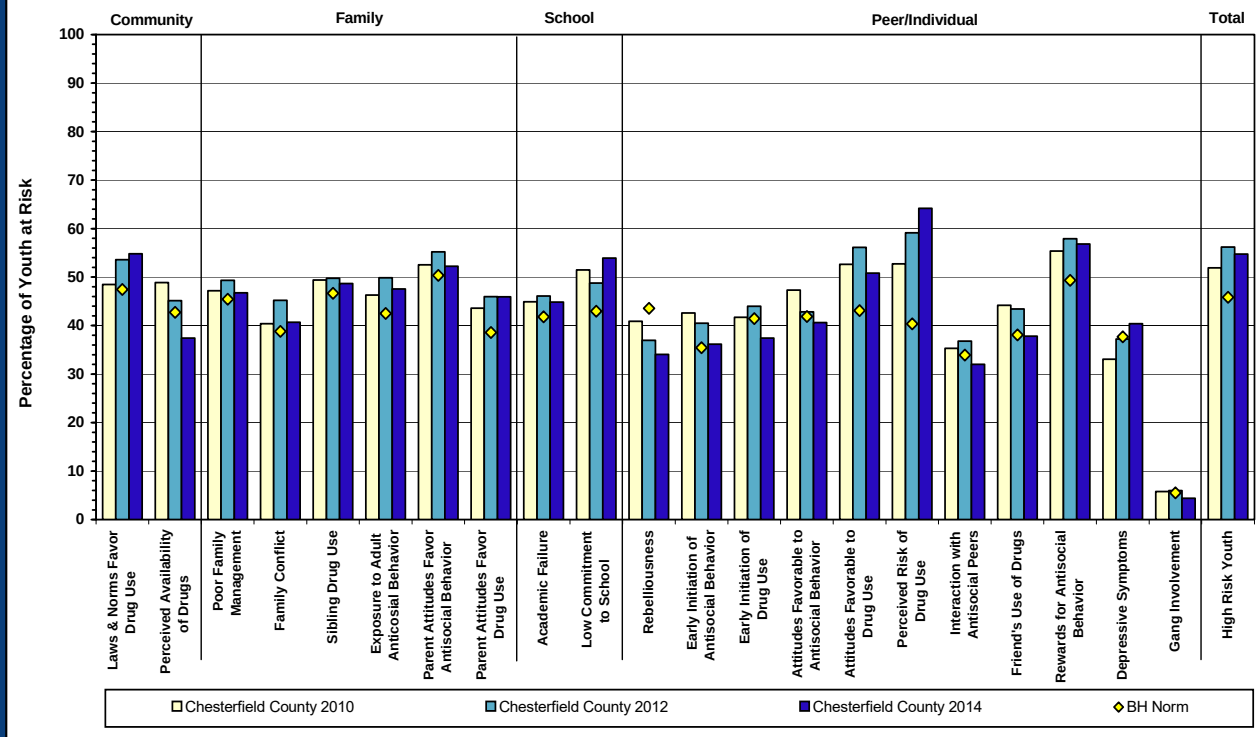
Risk and Protective Factor Profiles

RISK PROFILE
2014 Chesterfield County Student Survey, Grade 12



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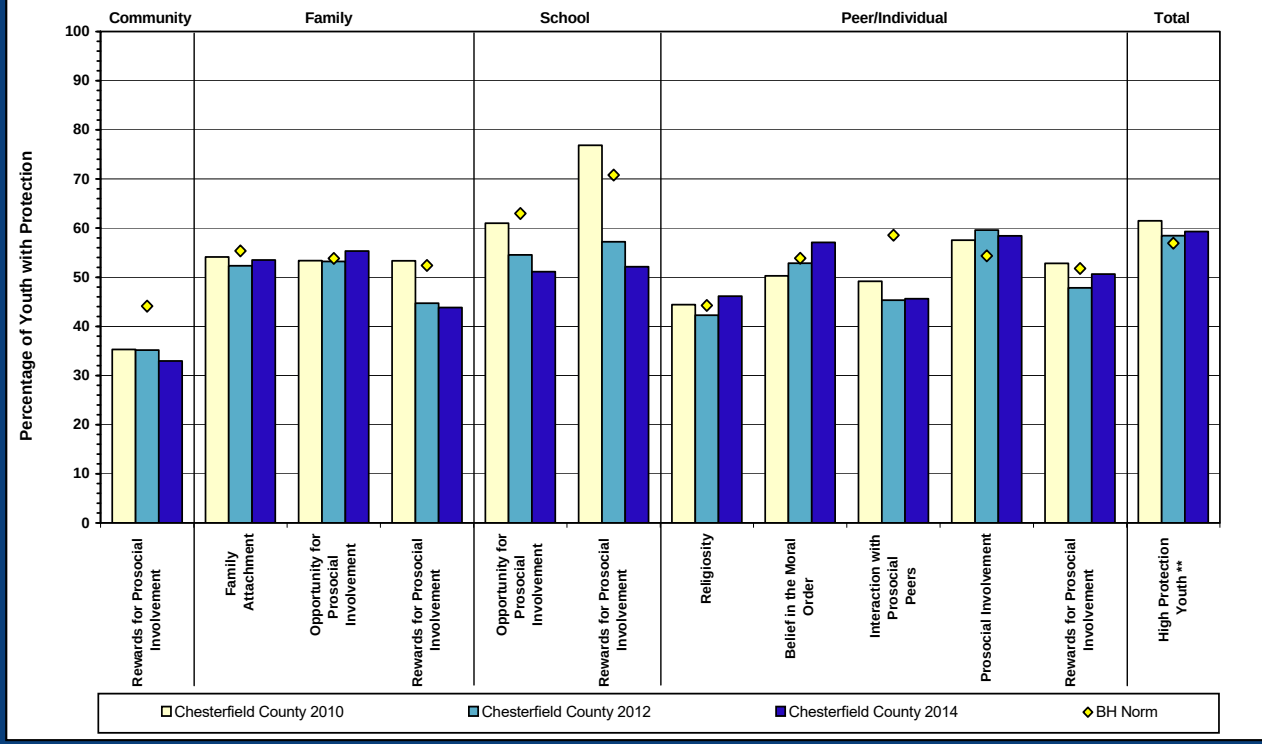
PROTECTIVE PROFILE
2014 Chesterfield County Student Survey, Grade 12



** High Protection Youth are defined as youth with : 6th and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors.

Risk and Protective Scale Definitions

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

Community Domain Risk Factors	
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	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
Community Domain Protective Factors	
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.
Sibling Drug Use and Exposure to Adult 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 and Parental Attitudes	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
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 grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to

Risk and Protective Scale Definitions

Table 2. 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	
Early Initiation of Antisocial Behavior and Early Initiation of 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 Attitudes Favorable Toward 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.
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 youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective Factors	
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
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 3. Number of Students Who Completed the Survey

Number of Youth	Grade 8				Grade 10				Grade 12				Total		
	2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014
	1061	1447	1373	†	1204	1225	1161	†	981	1071	1211	†	3246	3743	3745

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

In your lifetime, on how many occasions (if any) have you (One or more occasions)		Grade 8				Grade 10				Grade 12				Total		
		2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	38.4	35.1	27.4	27.8	63.3	51.3	49.1	52.1	73.9	71.6	68.5	68.2	58.1	50.9	47.5
Cigarettes	smoked cigarettes?	19.3	18.5	12.5	14.8	37.4	25.6	21.5	25.7	45.5	44.1	36.3	38.1	33.8	28.1	23.0
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	6.6	5.6	3.7	7.9	11.0	8.5	10.4	14.0	15.3	17.4	16.5	17.2	10.8	9.9	10.0
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	10.9	14.2	10.6	16.5	31.5	28.2	27.1	35.8	44.4	48.9	46.4	45.5	28.4	28.7	27.3
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	10.9	14.7	8.9	10.8	7.5	9.8	6.1	8.7	7.4	8.9	6.1	6.9	8.6	11.5	7.1
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	1.0	2.4	1.4	2.5	3.6	3.8	3.6	5.4	8.0	10.4	7.8	7.6	4.0	5.1	4.1
Cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	1.4	1.4	1.0	1.7	1.9	1.9	1.6	3.3	4.7	5.3	4.0	4.5	2.6	2.7	2.2
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.6	0.9	0.2	1.4	0.9	1.2	0.7	1.6	1.4	2.3	1.5	1.5	1.0	1.4	0.8
Amphetamines	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	1.8	4.4	3.6	4.2	5.4	9.8	9.5	8.1	10.2	17.7	15.7	12.4	5.6	10.0	9.4
Sedatives †	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	6.3	6.0	6.1	n/a	12.5	8.2	7.3	n/a	15.0	11.0	10.0	7.5	11.1	8.1	7.7
Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?		1.8	1.2	2.9		4.1	4.4	5.5		10.0	8.2	7.7		4.9	4.5
Heroin	used heroin?	0.6	0.9	0.5	1.0	0.5	1.0	0.7	1.0	1.9	1.7	0.6	1.0	0.9	1.1	0.6
Other Narcotics †	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	2.5	2.3	1.9	n/a	8.9	7.7	6.9	n/a	16.0	15.4	12.4	11.1	8.8	7.8	6.9
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.8	1.4	1.0	1.8	2.5	2.0	2.2	5.7	6.1	8.1	5.3	7.1	3.0	3.5	2.8

† See the Monitoring The Future website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12, and does not publish 8th or 10th grade "Sedatives" or "Other Narcotics" values.
In 2010 Sedatives and Tranquilizers were asked as one question.

Data Tables

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

In the past 30 days, on how many occasions (if any) have you (One or more occasions)		Grade 8				Grade 10				Grade 12				Total		
		2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	12.5	13.7	10.0	10.2	31.0	23.1	26.1	25.7	43.7	46.0	41.5	39.2	28.5	26.0	25.2
Cigarettes	smoked cigarettes?	5.3	5.2	2.7	4.5	13.9	7.6	7.4	9.1	20.7	20.0	12.9	16.3	13.0	10.2	7.5
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	2.9	2.7	1.5	2.8	4.6	3.6	5.6	6.4	5.5	6.0	7.4	8.1	4.3	3.9	4.7
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	4.7	7.4	4.9	7.0	14.9	12.3	14.6	18.0	24.7	25.2	24.7	22.7	14.4	14.1	14.4
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	3.0	5.5	2.5	2.3	1.9	2.5	1.4	1.3	1.1	1.7	1.0	1.0	2.0	3.4	1.7
Hallucinogens	used LSD (acid) or other hallucinogens (like PCP, mescaline, peyote, "shrooms" or psilocybin)?	0.1	0.8	0.2	0.8	1.2	1.4	1.4	1.1	2.2	3.1	2.9	1.4	1.1	1.6	1.5
Cocaine	used cocaine (like cocaine powder) or "crack" (cocaine in chunk or rock form)?	0.4	0.7	0.5	0.5	0.3	0.6	0.3	0.8	0.9	1.6	1.4	1.1	0.5	0.9	0.7
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.2	0.6	0.2	0.4	0.3	0.4	0.3	0.4	0.2	0.9	0.5	0.4	0.3	0.6	0.3
Amphetamines	used prescription stimulants or amphetamines (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them?	1.0	2.4	1.8	1.4	2.3	4.5	4.1	2.8	3.8	8.4	5.5	4.1	2.3	4.8	3.7
Sedatives †	used prescription sedatives including barbiturates or sleeping pills (such as phenobarbital, Tuinal, Seconal, Ambien, Lunesta, or Sonata) without a doctor telling you to take them?	2.2	2.8	2.6	n/a	5.6	3.7	3.0	n/a	6.2	4.2	3.9	2.2	4.6	3.5	3.2
Tranquilizers	used prescription tranquilizers (such as Librium, Valium, Xanax, Ativan, Soma, or Klonopin) without a doctor telling you to take them?		0.7	0.5	0.9		2.1	1.5	1.6		4.7	2.8	2.0		2.3	1.6
Heroin	used heroin?	0.2	0.6	0.2	0.3	0.2	0.2	0.3	0.3	0.6	0.6	0.1	0.3	0.3	0.4	0.2
Other Narcotics †	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	0.8	0.9	0.7	n/a	3.9	3.5	2.9	n/a	6.2	5.4	3.4	2.8	3.5	3.0	2.3
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.2	0.7	0.4	0.5	0.8	0.8	0.4	1.2	1.4	2.8	0.9	1.5	0.8	1.3	0.6

† See the Monitoring The Future website (www.monitoringthefuture.org). MTF only surveys grades 8, 10 and 12, and does not publish 8th or 10th grade "Sedatives" or "Other Narcotics" values.
In 2010 Sedatives and Tranquilizers were asked as one question.

Data Tables

Table 6. Percentage of Students With Problem ATOD Use

		Grade 8				Grade 10				Grade 12				Total		
		2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014	MTF 2013	2010	2012	2014
Problem Use																
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	8.1	6.0	3.3	5.1	16.1	12.0	12.5	13.7	25.7	28.2	20.9	22.1	16.2	14.3	11.9
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.4	0.6	0.3	0.7	0.9	1.2	1.3	1.5	2.4	6.2	3.1	3.4	1.2	2.4	1.5
Alcohol and Driving																
Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?	3.5	2.0	0.6	4.2	4.1	2.0	2.5	7.4	12.1	9.3	7.2	16.6	6.3	4.1	3.3
Riding with a Drinking Driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	23.3	20.1	17.4	24.9	27.1	18.9	16.3	26.3	23.4	22.8	16.5	27.5	24.8	20.5	16.8

Table 7. Percentage of Students With Antisocial Behavior in the Past Year

How many times in the past year (12 months) have you: (*One or more times*)	Grade 8				Grade 10				Grade 12				Total			
	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm
Been Suspended from School	16.7	17.5	10.3	15.1	10.5	9.4	8.7	12.6	10.2	10.2	8.2	9.2	12.4	12.8	9.1	12.4
Been Drunk or High at School	7.0	8.6	5.0	7.5	16.0	13.5	12.6	15.0	20.2	19.8	19.5	17.7	14.3	13.4	12.0	13.3
Sold Illegal Drugs	3.3	2.7	2.2	2.5	7.1	5.7	5.3	6.5	11.1	10.7	8.2	7.8	7.0	6.0	5.1	5.5
Stolen or Tried to Steal a Motor Vehicle	2.2	1.0	0.7	2.3	2.3	2.4	1.7	2.6	2.0	2.1	1.8	1.9	2.2	1.8	1.4	2.3
Been Arrested	5.2	3.2	2.2	5.2	6.0	3.8	3.2	6.7	7.5	6.3	4.3	6.1	6.2	4.3	3.2	6.0
Attacked Someone with the Idea of Seriously Hurting Them	16.4	12.3	8.8	16.0	16.7	10.5	7.5	15.1	13.4	11.7	8.3	11.9	15.6	11.5	8.3	14.4
Carried a Handgun	5.2	4.7	5.0	4.8	4.0	4.4	5.2	5.2	6.7	5.0	6.5	5.2	5.2	4.7	5.5	5.1
Carried a Handgun to School	0.8	0.7	0.3	0.8	0.8	0.7	0.7	0.9	1.0	1.2	0.8	1.0	0.9	0.9	0.6	0.9

Data Tables

Table 8. Percentage of Students Gambling in the Past Year

How many times in the past year (12 months) have you: (*'A few times' or more*)	Grade 8				Grade 10				Grade 12				Total			
	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm
Gambled in the Past Year	51.1	40.3	37.4	55.0	52.5	38.0	35.7	53.8	50.5	42.2	36.2	52.6	51.5	40.1	36.5	53.8
Bet on Cards	18.4	14.6	9.6	25.8	19.3	12.3	10.4	27.0	19.4	14.7	10.3	26.7	19.0	13.9	10.1	26.5
Gambled on the Internet	2.8	3.5	2.0	4.5	3.9	3.0	3.7	4.0	3.2	3.5	2.6	3.7	3.3	3.4	2.7	4.1
Bet on Sports	24.7	24.7	18.7	22.8	26.2	21.9	18.3	22.5	19.9	20.5	17.0	20.5	23.8	22.6	18.0	22.0
Played the Lottery	24.3	17.7	17.7	24.0	24.1	16.9	17.5	23.5	29.8	25.0	21.7	23.9	25.8	19.5	19.0	23.8
Bet on Games of Skill	16.2	14.1	10.7	20.1	17.6	12.6	10.6	20.5	15.7	13.9	9.5	18.8	16.6	13.5	10.3	19.8
Bet on Video Poker	2.1	4.4	2.6	5.7	2.0	3.6	4.3	5.3	1.7	3.9	4.0	5.4	2.0	4.0	3.6	5.5
Bet on Dice	4.0	5.6	4.4	12.1	6.2	5.0	5.1	11.2	5.3	6.4	4.3	10.0	5.2	5.6	4.6	11.1
Played Bingo for money	16.7	6.2	5.4	22.7	13.4	4.2	4.4	17.7	9.7	6.1	3.7	14.0	13.4	5.5	4.5	18.2
Bet on Horses	2.6	5.0	3.1	4.6	4.0	5.0	4.9	4.7	2.8	3.9	3.0	4.6	3.2	4.7	3.7	4.6
Gambled at a Casino	1.4	2.4	1.3	1.8	1.6	1.8	2.2	2.3	2.3	3.0	3.2	6.3	1.8	2.4	2.2	3.4

Data Tables

Table 9. Percentage of Students Reporting Protection

Protective Factors	Grade 8				Grade 10				Grade 12				Total			
	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm
Community Domain																
Rewards for Prosocial Involvement	46.6	41.2	37.3	49.2	38.0	38.0	33.9	44.2	35.3	35.2	33.0	44.1	40.1	38.4	34.8	45.8
Family Domain																
Family Attachment	46.4	49.8	52.9	51.9	52.3	56.1	55.8	54.3	54.1	52.3	53.5	55.4	50.8	52.6	54.0	53.8
Opportunity for Prosocial Involvement	57.7	61.5	65.4	60.7	50.1	59.1	56.2	53.1	53.4	53.2	55.3	53.8	53.6	58.3	59.2	55.8
Rewards for Prosocial Involvement	41.9	41.1	43.9	47.7	48.4	47.1	46.1	53.0	53.3	44.7	43.8	52.4	47.7	44.1	44.6	51.1
School Domain																
Opportunity for Prosocial Involvement	56.8	49.6	56.3	59.3	57.8	52.0	48.6	61.6	61.0	54.5	51.1	62.9	58.4	51.8	52.3	61.2
Rewards for Prosocial Involvement	62.4	42.4	43.3	58.1	76.1	56.6	54.1	69.7	76.8	57.2	52.1	70.8	71.8	51.3	49.5	66.1
Peer-Individual Domain																
Religiosity	52.5	57.4	56.6	53.5	51.3	53.6	51.3	48.9	44.4	42.2	46.1	44.3	49.2	51.8	51.6	49.1
Belief in the Moral Order	62.5	64.2	72.8	64.6	48.9	57.6	60.6	52.9	50.3	52.8	57.1	53.8	53.7	58.8	63.9	57.1
Interaction with Prosocial Peers	41.9	41.5	44.9	54.3	46.4	52.0	45.7	56.0	49.2	45.3	45.6	58.5	45.8	46.1	45.4	56.2
Prosocial Involvement	51.9	60.7	64.6	50.7	55.5	66.1	59.9	53.7	57.5	59.6	58.4	54.3	55.0	62.2	61.2	52.9
Rewards for Prosocial Involvement	50.0	44.0	44.2	51.7	59.8	55.0	54.2	59.7	52.8	47.9	50.6	51.8	54.5	48.8	49.4	54.6
High Protection																
High Protection Youth **	57.5	58.3	62.3	55.1	61.8	64.2	60.7	56.9	61.5	58.5	59.3	56.9	60.3	60.2	60.9	56.4

** 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 and 7th grades: 3 or more protective factors, 8th-12th grades: 4 or more factors).

Data Tables

Table 10. Percentage of Students Reporting Risk

Risk Factors	Grade 8				Grade 10				Grade 12				Total			
	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm	2010	2012	2014	BH Norm
Community Domain																
Low Neighborhood Attachment	41.3	38.6	39.5	36.6	51.4	51.5	53.1	42.8	54.2	58.5	60.5	47.0	48.9	48.5	50.6	42.0
Laws & Norms Favor Drug Use	41.7	41.6	37.8	39.8	37.9	39.4	40.2	39.7	48.5	53.6	54.8	47.4	42.2	44.2	44.2	42.1
Perceived Availability of Drugs	38.6	39.1	31.8	35.5	45.9	41.1	32.9	40.5	48.9	45.1	37.4	42.7	44.4	41.5	34.0	39.5
Family Domain																
Poor Family Management	50.1	48.5	37.8	42.7	46.6	43.8	43.2	40.3	47.2	49.3	46.8	45.4	47.9	47.2	42.4	42.7
Family Conflict	40.3	37.0	35.7	36.8	47.6	40.8	42.2	41.6	40.4	45.2	40.7	38.8	43.1	40.6	39.4	39.2
Sibling Drug Use	42.4	42.4	38.1	44.5	45.5	34.9	33.8	39.2	49.4	49.7	48.7	46.6	45.6	42.0	40.2	43.3
Exposure to Adult Anticosial Behavior	36.5	43.1	38.8	40.0	47.8	47.5	45.4	46.8	46.3	49.8	47.5	42.5	43.6	46.4	43.7	43.2
Parent Attitudes Favor Antisocial Behavior	48.3	47.6	47.2	46.9	56.2	49.8	49.5	52.3	52.5	55.2	52.2	50.3	52.5	50.5	49.6	49.9
Parent Attitudes Favor Drug Use	26.9	26.2	24.9	26.0	43.5	37.1	41.0	40.8	43.6	46.0	45.9	38.6	38.0	35.4	36.8	35.2
School Domain																
Academic Failure	45.2	45.7	39.9	42.8	48.0	43.0	40.9	45.1	44.9	46.1	44.8	41.8	46.1	44.9	41.8	43.3
Low Commitment to School	58.4	48.2	49.9	44.8	50.5	41.6	50.3	42.4	51.4	48.8	53.9	42.9	53.4	46.2	51.3	43.4
Peer-Individual Domain																
Rebelliousness	41.5	36.3	28.5	39.0	47.5	40.9	33.5	45.5	40.9	37.0	34.0	43.6	43.6	38.0	31.9	42.7
Early Initiation of Antisocial Behavior	37.7	35.9	27.2	33.7	39.8	34.1	31.2	37.0	42.6	40.5	36.2	35.4	39.9	36.6	31.3	35.4
Early Initiation of Drug Use	31.2	33.1	24.5	34.4	38.3	29.3	26.0	35.9	41.7	44.0	37.4	41.4	37.0	35.0	29.1	37.1
Attitudes Favorable to Antisocial Behavior	42.5	39.6	32.4	36.2	50.8	40.7	36.9	44.6	47.3	42.8	40.6	41.9	47.0	40.9	36.5	40.9
Attitudes Favorable to Drug Use	33.3	36.3	31.7	32.1	51.6	43.2	46.5	43.5	52.6	56.1	50.8	43.1	45.9	44.3	42.4	39.5
Perceived Risk of Drug Use	46.0	49.6	46.0	37.1	56.8	54.6	63.0	47.8	52.7	59.1	64.2	40.3	52.0	54.0	57.2	41.9
Interaction with Antisocial Peers	40.2	38.9	24.8	34.5	39.7	32.5	30.2	36.8	35.3	36.8	32.0	33.9	38.5	36.2	28.8	35.2
Friend's Use of Drugs	38.0	40.9	29.6	38.7	48.5	38.3	35.7	41.8	44.2	43.4	37.8	38.1	43.8	40.8	34.2	39.6
Rewards for Antisocial Behavior	39.5	43.5	41.1	35.2	53.6	56.1	51.7	45.9	55.4	57.9	56.8	49.3	49.6	51.9	49.5	43.3
Depressive Symptoms	33.9	34.2	39.6	40.4	41.1	41.8	44.2	41.6	33.0	37.2	40.4	37.7	36.4	37.6	41.3	40.0
Gang Involvement	7.0	8.2	3.8	8.9	6.8	6.3	4.1	7.4	5.8	6.0	4.4	5.5	6.6	6.9	4.1	7.3
High Rish																
High Risk Youth *	49.5	49.1	41.2	44.5	58.9	47.9	46.0	45.7	51.9	56.2	54.7	45.8	53.7	50.8	47.1	44.0

* 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: 6 or more risk factors, 7th-9th grades: 7 or more factors, 10th-12th grades: 8 or more factors).

Student Alcohol Table

Table 11. Sources and Places of Student Alcohol Use

If you drank alcohol (not just a sip or taste) in the past year (12 months), how did you get it?	Grade 8		Grade 10		Grade 12		Total	
	2012	2014	2012	2014	2012	2014	2012	2014
Sample size *	**422**	**288**	**581**	**517**	**681**	**747**	**1,684**	**1,552**
I bought it myself from a store.	0.9	0.7	4.5	3.9	11.5	12.2	6.4	7.3
I got it at a party.	41.2	35.8	58.0	58.4	73.9	74.2	60.2	61.8
I gave someone else money to buy it for me.	14.2	8.7	25.6	24.0	56.7	46.3	35.3	31.9
I got it from someone I know age 21 or older.	43.8	43.8	53.9	52.2	75.3	68.5	60.0	58.5
I got if from someone I know under age 21.	27.3	21.5	43.0	42.4	52.3	43.6	42.8	39.1
I got it from a family member or relative other than my parents.	41.7	43.4	39.2	42.9	42.1	41.0	41.0	42.1
I got it from home with my parents' permission.	38.9	42.0	38.7	42.6	40.5	39.6	39.5	41.0
I got it from home without my parents' permission.	43.8	44.8	43.2	47.4	39.8	40.0	42.0	43.4
I got it in another way.	18.7	14.9	16.4	12.0	17.6	13.5	17.5	13.3

During the past year (12 months) did you drink alcohol at any of the following places?	Grade 8		Grade 10		Grade 12		Total	
	2012	2014	2012	2014	2012	2014	2012	2014
Sample size *	**431**	**313**	**574**	**523**	**676**	**736**	**1,681**	**1,572**
At my home or someone else's home without any parent permission.	54.3	49.2	62.4	66.2	68.8	67.8	62.9	63.5
At my home with my parent's permission.	45.5	54.3	42.0	50.1	47.5	49.7	45.1	50.8
At someone else's home with their parent's permission.	21.3	16.9	28.0	26.6	43.5	44.0	32.5	32.8
At an open area like a park, beach, or back road.	21.1	13.1	25.4	25.6	36.2	28.0	28.7	24.2
At public events such as a sporting event, festival, or concert.	10.9	7.7	16.6	16.4	29.3	26.0	20.2	19.1
At a restaurant, bar, or a nightclub.	9.5	9.3	12.7	11.5	24.1	16.6	16.5	13.4
In a car.	16.0	10.5	21.4	20.1	37.6	29.2	26.5	22.5
At a school dance, a game, or other event.	10.0	6.4	12.5	10.7	15.5	17.3	13.1	12.9
At school during the day.	8.1	4.8	9.9	7.8	7.2	6.5	8.4	6.6
Near school.	7.9	5.1	10.8	8.0	11.5	11.7	10.4	9.2
In another place.	26.5	19.8	25.6	20.5	30.6	23.8	27.8	21.9

* Sample size represents the number of youth who answered the question, not including students reporting no use in the past year. In the case of smaller sample sizes, caution should be exercised before generalizing results and yearly trends to the entire community.

DFC and Youth Perception Tables

Table 12. Drug Free Communities Report *

Outcomes	Definition	Grade 8		Grade 10		Grade 12		Total †		Male		Female	
		Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.	Per.	Num.
How much do you think people risk harming themselves (physically or in other ways) if they: *(Moderate risk or Great Risk)*	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	73.7	1289	69.8	1097	65.2	1151	69.7	3537	66.4	1615	72.6	1903
	smoke 1 or more packs of cigarettes per day.	84.4	1307	84.0	1111	82.8	1159	83.8	3577	83.1	1631	84.3	1927
	smoke marijuana once or twice a week?	78.2	1287	58.9	1098	45.7	1148	61.6	3533	57.6	1618	65.1	1897
How wrong do your parents feel it would be for YOU to: *(Wrong or Very Wrong)*	have one or two drinks of an alcoholic beverage nearly every day?	93.9	1272	86.0	1107	73.7	1147	84.8	3526	85.1	1609	84.8	1898
	smoke cigarettes	97.4	1271	95.8	1108	89.5	1148	94.4	3527	94.1	1611	94.7	1897
	smoke marijuana	95.9	1258	90.8	1103	82.8	1146	90.0	3507	89.5	1603	90.5	1886
How wrong do your friends feel it would be for you to: (*Wrong or Very Wrong)*	have one or two drinks of an alcoholic beverage nearly every day?	90.0	1312	73.9	1121	58.5	1165	74.8	3598	76.0	1643	73.6	1935
	smoke cigarettes	97.3	1293	92.6	1118	87.1	1158	92.5	3569	91.5	1626	93.5	1924
	smoke marijuana	95.1	1303	85.4	1122	75.3	1163	85.6	3588	83.9	1641	87.0	1928
Past 30 day use of (at least one use in the Past 30 Days):	Alcohol	12.2	1354	29.2	1143	41.4	1187	26.9	3684	27.2	1695	26.5	1968
	Cigarettes	9.2	1355	16.8	1144	31.7	1184	18.8	3683	19.1	1696	18.4	1967
	Marijuana	15.6	1354	34.0	1142	47.2	1186	31.5	3682	33.7	1698	29.4	1964
		Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.	Age	Num.
Average Age of Onset **	Alcohol	11.7	462	13.3	642	14.5	850	13.4	1954	13.3	862	13.6	1083
	Cigarettes	11.8	187	12.9	282	14.2	493	13.3	962	13.3	451	13.4	504
	Marijuana	12.5	145	13.8	323	14.8	579	14.2	1047	13.9	509	14.4	530

*The “Num.” column represents the sample size (the number of youth who answered the question). The "Per." column represents the percentage of youth in the sample answering the question as specified.
**For Average Age of Onset, “Num.” represents the number of youth who reported any age of first use for the specified substance other than "Never Used."
†The "Total" column represents responses from students in all grades surveyed.

DFC and Youth Perception Tables

Table 13. Youth Perceptions of Substance Use

Now think about all the students in your grade at school. How many of them do you think:	Substance	Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
a. smoke one or more cigarettes a day?	None (0%)	327	24.0	165	14.4	144	12.0	636	17.2
	Few (1-10%)	563	41.3	190	16.6	117	9.8	870	23.5
	Some (11-30%)	277	20.3	304	26.6	326	27.3	907	24.5
	Half or less (31-50%)	108	7.9	226	19.8	251	21.0	585	15.8
	Half or more (51-70%)	48	3.5	150	13.1	216	18.1	414	11.2
	Most (71-90%)	25	1.8	93	8.1	107	8.9	225	6.1
	Almost All (91-100%)	14	1.0	15	1.3	35	2.9	64	1.7
b. drank alcohol sometime in the past month?	None (0%)	299	22.0	135	11.8	90	7.5	524	14.2
	Few (1-10%)	462	33.9	94	8.2	51	4.3	607	16.4
	Some (11-30%)	290	21.3	147	12.9	105	8.8	542	14.7
	Half or less (31-50%)	156	11.5	169	14.8	142	11.9	467	12.6
	Half or more (51-70%)	91	6.7	250	21.9	317	26.5	658	17.8
	Most (71-90%)	45	3.3	281	24.6	351	29.3	677	18.3
	Almost All (91-100%)	18	1.3	65	5.7	140	11.7	223	6.0
c. used marijuana sometime in the past month?	None (0%)	312	22.9	158	13.8	116	9.7	586	15.8
	Few (1-10%)	422	31.0	108	9.4	66	5.5	596	16.1
	Some (11-30%)	253	18.6	146	12.8	139	11.6	538	14.5
	Half or less (31-50%)	142	10.4	175	15.3	202	16.8	519	14.0
	Half or more (51-70%)	109	8.0	210	18.4	257	21.4	576	15.5
	Most (71-90%)	87	6.4	236	20.6	272	22.7	595	16.1
	Almost All (91-100%)	38	2.8	110	9.6	148	12.3	296	8.0
d. used an illegal drug in the past month (not including marijuana)?	None (0%)	523	38.5	211	18.5	180	15.1	914	24.7
	Few (1-10%)	505	37.1	293	25.7	347	29.1	1145	31.0
	Some (11-30%)	168	12.4	249	21.8	251	21.0	668	18.1
	Half or less (31-50%)	80	5.9	161	14.1	160	13.4	401	10.9
	Half or more (51-70%)	47	3.5	114	10.0	110	9.2	271	7.3
	Most (71-90%)	25	1.8	83	7.3	97	8.1	205	5.5
	Almost All (91-100%)	12	0.9	30	2.6	49	4.1	91	2.5

Contacts for Prevention

NATIONAL RESOURCES

United States Department of Health and Human Services (USDHHS)
Substance Abuse and Mental Health Service Administration (SAMHSA)
1 Choke Cherry Rd., Rm. 8-1054
Rockville, Maryland 20857
240-276-2000
info@samhsa.hhs.org
www.samhsa.gov
(From this web-site, the programs and services provided by the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services can be accessed)

Center for Substance Abuse Prevention (CSAP)
1 Choke Cherry Rd., Ste 4-1057
Rockville, Maryland 20857
240-276-2420
info@samhsa.hhs.org
http://prevention.samhsa.gov/

CSAP's Centers for the Advancement of Prevention Technologies (all five CSAP Centers can be accessed through this web site)
http://captus.samhsa.gov/home.cfm

National Institutes of Health (NIH)
National Institute on Drug Abuse (NIDA)
6001 Executive Blvd., Rm. 5213
Bethesda, Maryland 20892-9561
301-443-1124
http://www.nida.nih.gov/

STATE RESOURCES

SAFE, Inc.
Chesterfield Youth Planning and Development
9700 Krause Road
Chesterfield, VA 23832
804-267-3377
http://www.chesterfieldsafe.org/

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