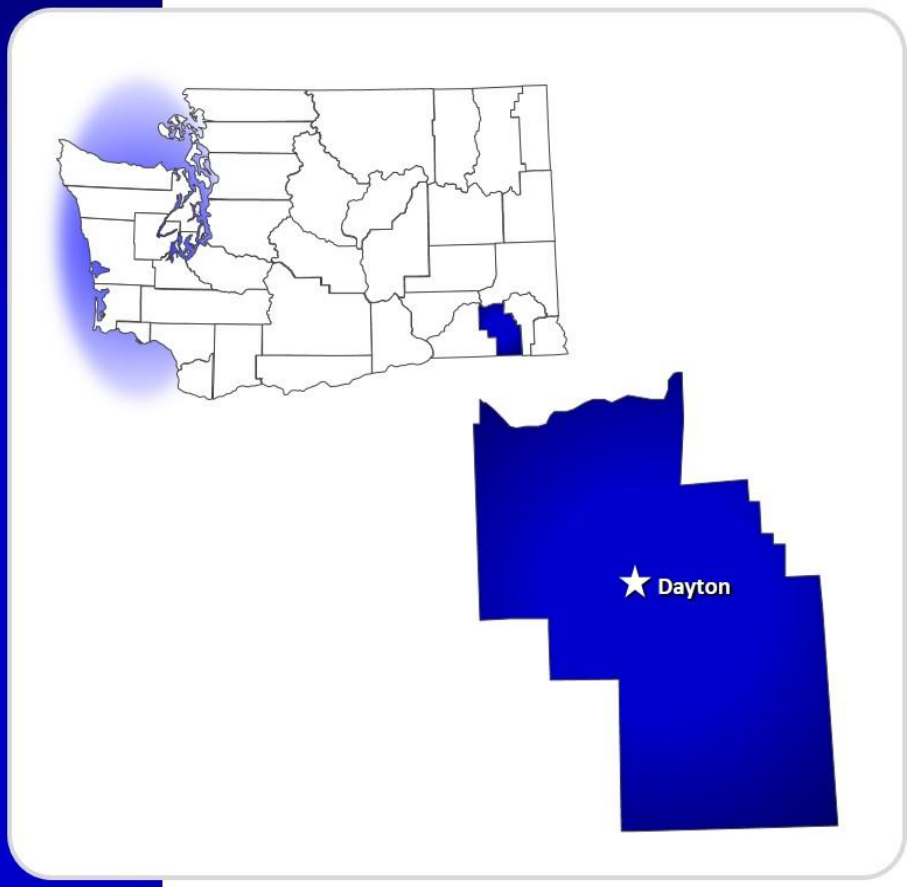
What's Happening in Dayton?

A Community Needs Assessment Data Book



Columbia County

April 2019

What's Happening in Dayton?

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This report has been developed for the Community Prevention and Wellness Initiative (CPWI) to assist coalitions in their prevention strategic planning. We have included data from your community for the assessment of problems associated with substance use, and particularly with alcohol use and misuse. Additional data that can only be collected locally will help with the interpretation of the data and in other ways enhance this assessment process.

The Community Prevention and Wellness Initiative is a project of the Division of Behavioral Health and Recovery (DBHR) in collaboration with counties and communities across the state. This data report is a project of the Epidemiological Outcomes Workgroup, and was produced with the assistance of the Department of Social and Health Services' Division of Research and Data Analysis.

PERMISSION FOR RELEASE

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

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FOR MORE INFORMATION

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ABOUT THE DATA

The Community Outcomes and Risk Evaluation Information System (CORE)

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

Washington State Healthy Youth Survey (HYS)

The Healthy Youth Survey is a bi-annual adolescent health behavior survey that is administered in school classrooms of 6th, 8th, 10th and 12th graders and, in 7th, 9th, and 11th grade classrooms in small school districts that elected to participate in the Small School Pilot. In 2018, more than 230,000 students participated in the survey, which is sponsored by four state agencies. The questions cover a wide variety of health and school success behaviors, from diet and nutrition to binge drinking to skipping school. State and county reports are available to the public at AskHYS.net. School district reports are password protected. Data sharing agreements for analyses are available through the Department of Health.

	Grades 8 and 10	Grades 8-12
Students Participating in the 2018 Survey	44	102
Survey Participation Rate	79%	74%

Dayton

CONTENTS

Overview: Needs Assessment

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

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

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

How to Use this Data Report

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

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

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

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

1. The first section includes measures for the Consequences, Consumption, and Intervening Variables in the coalition logic model (see page 111); the measures appear in the same order as in the logic model.

   The intervening variables in this section are those most strongly associated with alcohol use, such as availability of alcohol, enforcement of alcohol laws, community norms regarding alcohol use/misuse, and five Risk and Protective Factor Scale Scores. The information comes from student responses to HYS and from CORE; the measures were selected because they have the strongest predictive value for alcohol use/misuse.

2. The second section, starting on page 30, shows these and other data across several years to demonstrate long-term changes in your community. Here, the measures also appear in the same order as in the coalition logic model. Use the data in this section to look at:
   a. Healthy Youth Survey trends over time (2010 to 2018) for the consequences, consumption, and intervening variables measures listed in the coalition logic model;
   b. Additional Risk and Protective Factors.
3. The third section, starting on page 79, includes:
   a. CORE indicator trends over time use data from the latest 11 years (most rates are 2006 to 2017) for consequences and intervening variables.
4. Starting on page 91, the fourth section includes opioid prescription data collected through the DOH Prescription Monitoring Plan (PMP). To assist coalitions in interpreting local data, community-specific information is presented in comparison to county and statewide values. Where possible, detail is provided by age and sex.

What do we do with all of this data?

STEP ONE: First, make sure you understand the relationships between the data reported here and the coalition logic model. For your convenience, the data sections are color coded to match the colors of the logic model (see page 4). Flip back and forth between the data pages and the logic model to see how they fit together.

STEP TWO: Get to know the general pattern of youth substance use and its consequences in your community, as reported in the first sections of the report (red/Consequences and purple/Consumption). Note: For the HYS data, consider the participation rate, which is reported inside the front cover of this report.

NOTES about comparisons using HYS data:

- Read the “how-to” notes on page 5 that will help you to interpret the statistical significance of these comparisons. In general, the data in small communities are not as stable as in larger communities, but the new combined-grades scores will help to solve this problem.
- Comparisons between 8th and 10th graders: The level of problem behaviors related to substance use increases as youth get older. While alcohol related problem behaviors are more prevalent among 10th graders, some prevention efforts will have a bigger impact on 8th graders, and even younger youth.
- Remember, these survey data represent only those youth who are in public school.
- Comparisons between your community and “school districts like us”: it is sometimes helpful to make comparisons between communities that are similar in size, or in how rural or urban they are.
  - Comparisons between your community and the state: the state data are there simply to give you another perspective on each issue.
- Comparisons between 2016 and 2018: this comparison, and the longer term trend data that start on page 30, can give you an idea if the level of a problem is changing. See Example 1 on page 5, the note that refers to superscript 'a'.

STEP THREE: Read about intervening variables in the Definitions (page 109) and review the variables listed in the blue column on page 4. Just as getting no exercise is a risk factor for heart disease, these intervening variables represent risk factors for substance use and its related problems. Review and discuss the intervening variables data in the blue section starting on page 17, and the additional archival data from CORE-starting on page 79.

TIP: *Use a worksheet to keep track of the discussion in your coalition or data workgroup about each of these variables. Have a column for variable name, one for initial interpretation, and one with questions for further consideration.*

- *Assess whether or not you have enough information to understand and/or prioritize a specific issue. For some issues you will need more information. An example: you may believe that the economic deprivation indicators on pages 89-90 underestimate the level of poverty in your community. School officials may explain that some students and their families won't use lunch coupons or apply for social services.*
- *Another example: You will need to put some of these issues into a local context. For instance, what are the policies in the police or sheriff's department towards youth alcohol violations? You will likely need to contact the local law enforcement agency to get more information.*
- *Some data will tell a story that requires interpretation by people who are not on your coalition. Make a plan on how to get their help and include that in your worksheet.*

NOTE: Later, after you have started implementing your strategic plan, these indicators of your targeted intervening variables will measure progress as you work to bring about changes in youth substance use.

STEP FOUR: After analyzing the data, propose a list of priorities for your coalition to discuss. The intervening variables (or risk factors) that you prioritize will become the goals and objectives of your strategic plan. But before identifying strategies, you will need more information about some of the issues you have identified in the needs assessment---you will need to identify contributing factors. Contributing factors answer the question, "why is this happening here?" or "what is contributing to this?" This data book does not have data that will answer all of those questions, so you will need to interview key people in the community, or develop a community-level survey. The contributing factors will be important components for explaining your theory of how your prevention strategic plan will achieve its goals.

EXAMPLE: According to the data, kids in your community don't believe they will be caught by the police for drinking. What might contribute to this perception? Maybe the police don't have enough personnel to patrol the popular drinking spots. Or maybe the police are doing more patrols than the kids know about. Or maybe it's some of both. Before deciding on a strategy, you will need to find out what contributes to this youthful perception of trouble-free drinking.

The DBHR Training Team has developed the "Needs Assessment Clinic", which is available on the Athena Forum. It includes a series of lessons and worksheets that go through the steps in a needs assessment process, from getting organized to making final decisions. See https://www.theathenaforum.org/training.

When data are not available

Some data may not be available for your community for a number of reasons. When this happens, the tables in the data book may have one of the following symbols in the cells with missing data.

. – Data are not available.

S – Fewer than 15 students in the grade took the Healthy Youth Survey OR the response rate was lower than 40%. In the section "Additional Healthy Youth Survey Data" starting on page 30 suppressed data points are shown as gaps in the trend lines and blank cells in the tables.

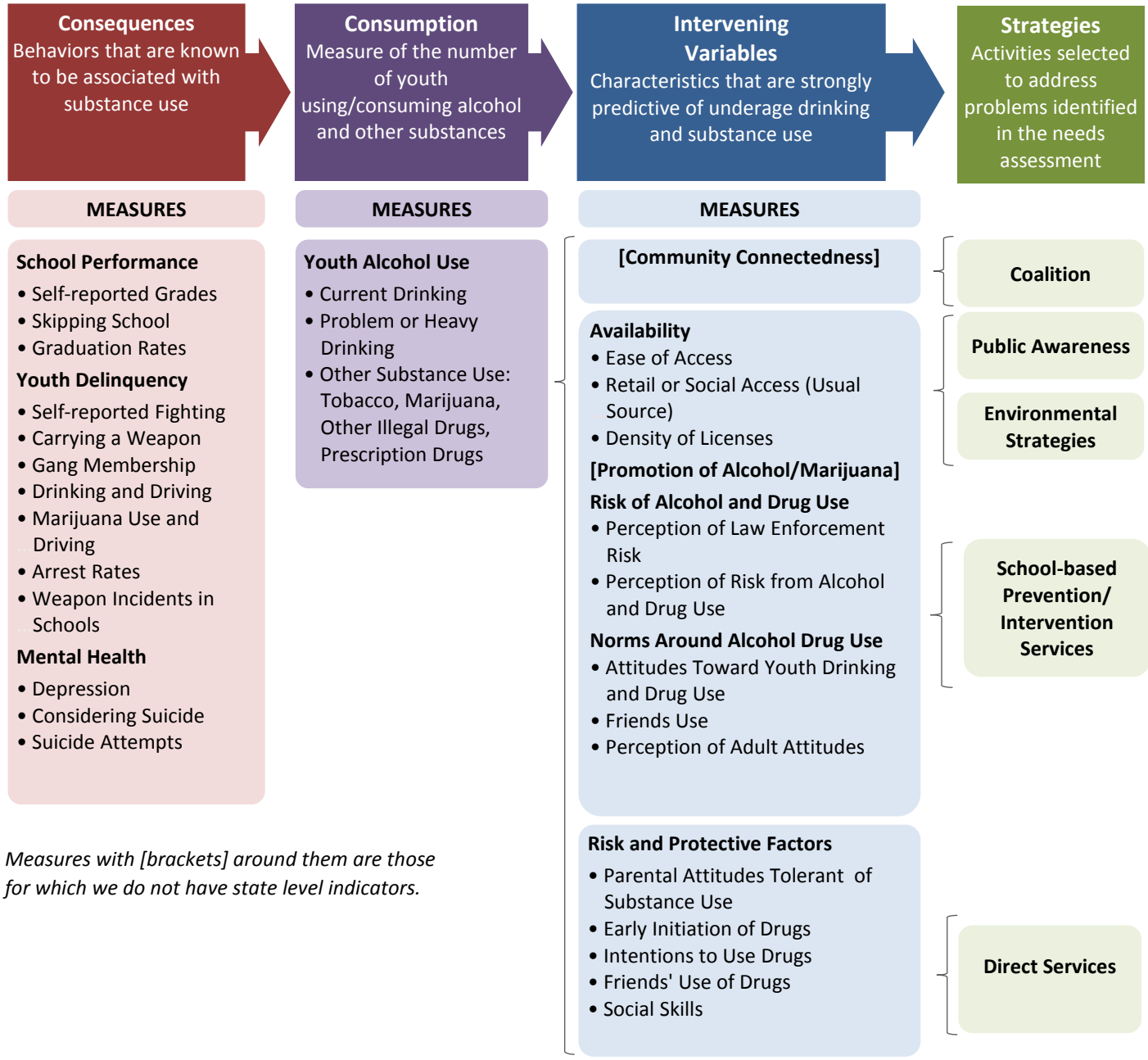
NR – Not reliable due to non-reporting of police jurisdictions data.

UN – Unreliable conversion of events to report geography.

SP – Suppressed by agreement with data provider when denominator is below 100.

SN – Small Number Sample. Geography has less than 30 events in the denominator.

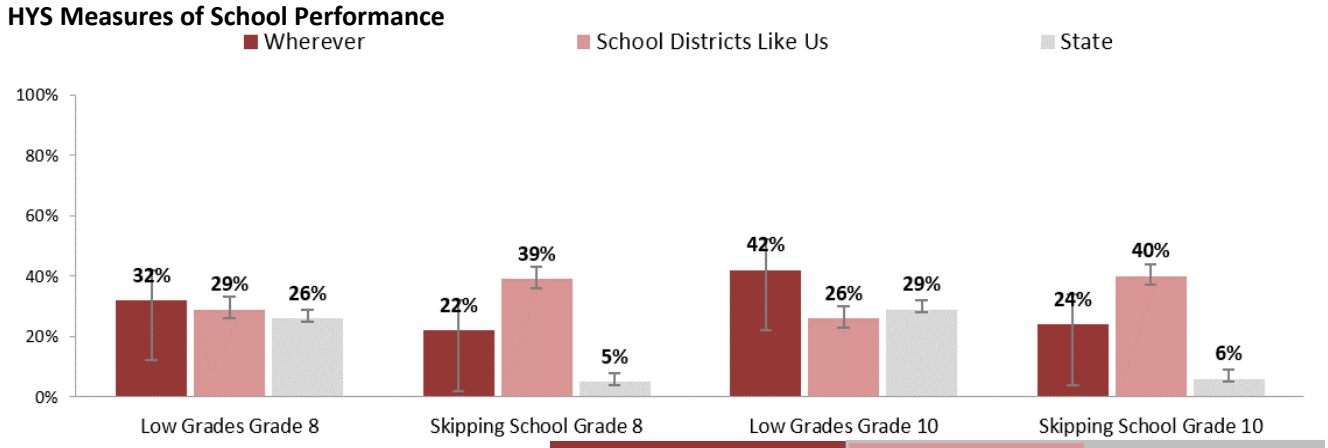
Where to use the information in this report in your Community Needs Assessment



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

How to Read the Charts and Tables

EXAMPLE 1: Bar Charts with Confidence Intervals for HYS Data



		Your School District		School Districts Like Us		State	
HYS Measures of School Performance	**GRADE**	**2012**	**2014**	**2012**	**2014**	**2012**	**2014**
Low Grades in School: Putting them all together, what were your grades like last year? *(District results: Getting mostly, C's, D's, or F's)*	8	35%	32% a	28% b	29%	26%	26%
	10	42%	42% d	38% b	36% b	32%	29% c

*The **lines** centered on the bars are called the confidence intervals.*

The 'a', 'b', 'c' and 'd' references in the tables (for HYS data only) help you notice important differences:

***'a'** means the 2014 rate is significantly different from the 2012 rate.*

*'**d**' indicates fewer than 30 students answered this question.*

*'**b**' means the "school districts like us" rate is significantly different from your school district rate;*
*'**c**' means the state rate is significantly different from your school district rate.*

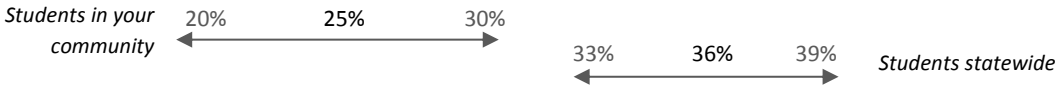
What are Confidence Intervals?

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

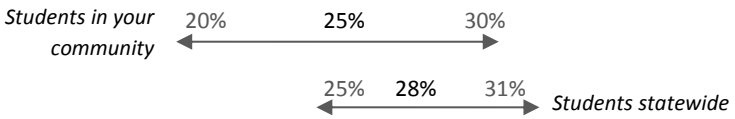
If you are in a small school or school district, your CI will be wide. However, if your district surveyed the 7th-9th-11th graders, the estimates for the combined grades will be better that those you used in the last data report. Still, use caution when fewer than 30 students answered a question. But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

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

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



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



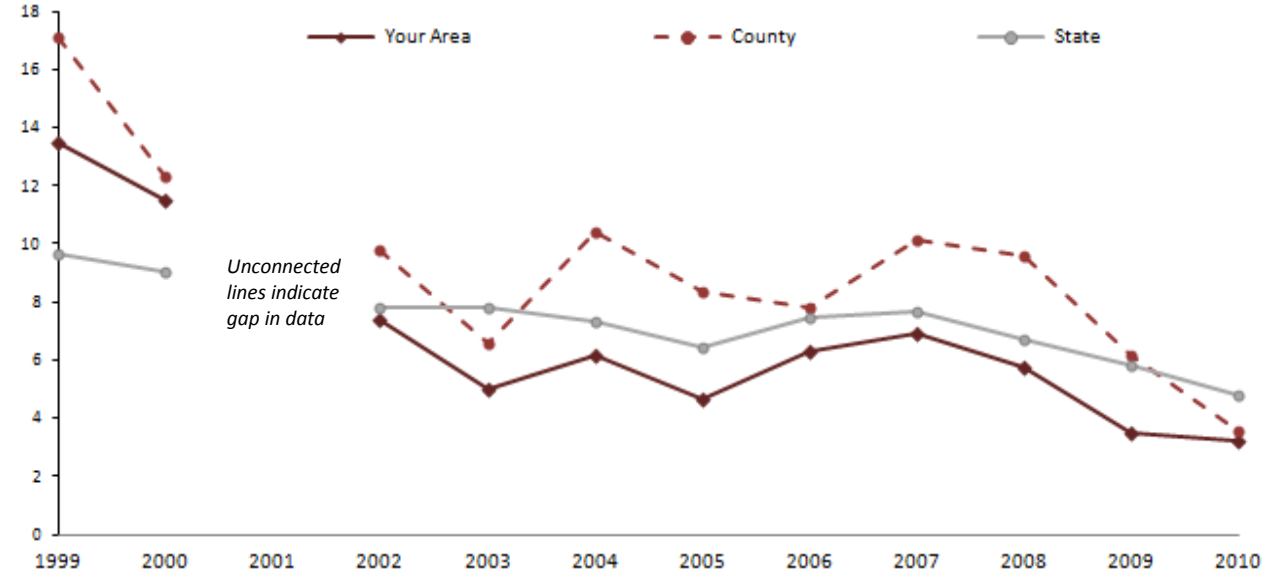
3. Not sure if there is a difference:
    - Your students report 25% ± 5%, so the point estimate is 25% and the true range is 20% to 30%
    - Statewide students report 32% ± 3%, so the point estimate is 32% and the true range is 29% to 35%
    - The ranges just barely overlap, but don't include either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

EXAMPLE 2: Trend Line Charts

Trend line charts allow you to monitor how indicators have changed over time. Note that gaps may appear in the trendlines and the tables if the data were not available that year. This could happen if, for example, a police jurisdiction did not submit arrest data to UCR, schools in the school district did not participate in HYS survey that year, or if the survey question was omitted for a particular grade level.

BE SURE to check the scale (units of measurement) for every chart because the scales in this report are different. For example, the chart below shows *Rate per 1,000* persons while the chart in Example 1 on the previous page shows *Percent* (which is another way to say, *Rate per 100 persons*).

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



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Your Area	14	12		7	5	6	5	6	7	6	3	3
County	17	12		10	7	10	8	8	10	10	6	4
State	10	9		8	8	7	6	7	8	7	6	5

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

The behaviors listed in this section of "consequences" are associated with alcohol use in some kids, but not in others. For some individuals, if drinking is reduced, these consequences will likely change—or, a change in these behaviors could lead to a change in drinking. Our theory is that if the rates of drinking go down in the community, there will be an impact on these consequences—there will be healthier and more successful youth in the community.

School Performance

- Self-reported Grades
- Skipping School
- Graduation Rates

Youth Delinquency

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

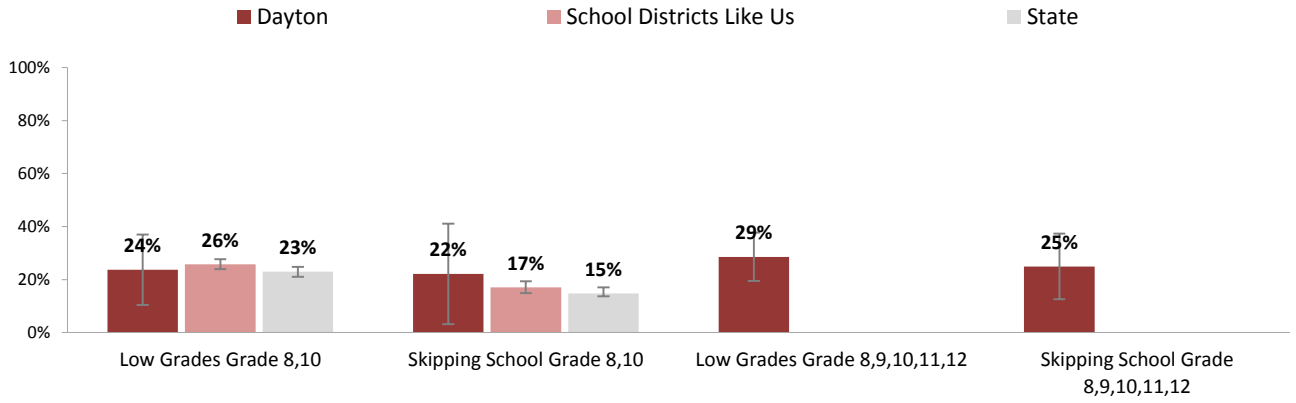
Mental Health

- Depression
- Considering Suicide
- Suicide Attempts

School Performance

As children pass through childhood and adolescence, into young adulthood, the developmental sequence of problem behaviors is not straightforward. For instance, doing poorly in school can bring about a change in friendships, and those new friends may in turn introduce a new behavior, like drinking or fighting. At a different age, a youth who used to do well in school could start drinking, and that in turn could lead to poorer performance in school. In other words, which came first—the drinking or the poor school performance?

HYS Measures of School Performance (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of School Performance	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Low Grades in School. Putting them all together, what were your grades like last year? *(District results: Getting mostly, C's, D's, or F's)*	8 and 10	33%	24%	26%	26%	24%	23%
	8,9,10,11,12	27%	29%				
Skipping School. During the last 4 weeks, how many whole days of school have you missed because you skipped or "cut"? *(District results: Skipped any days)*	8 and 10	35%	22% d	21%	17%	20%	15%
	8,9,10,11,12	31%	25%				

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

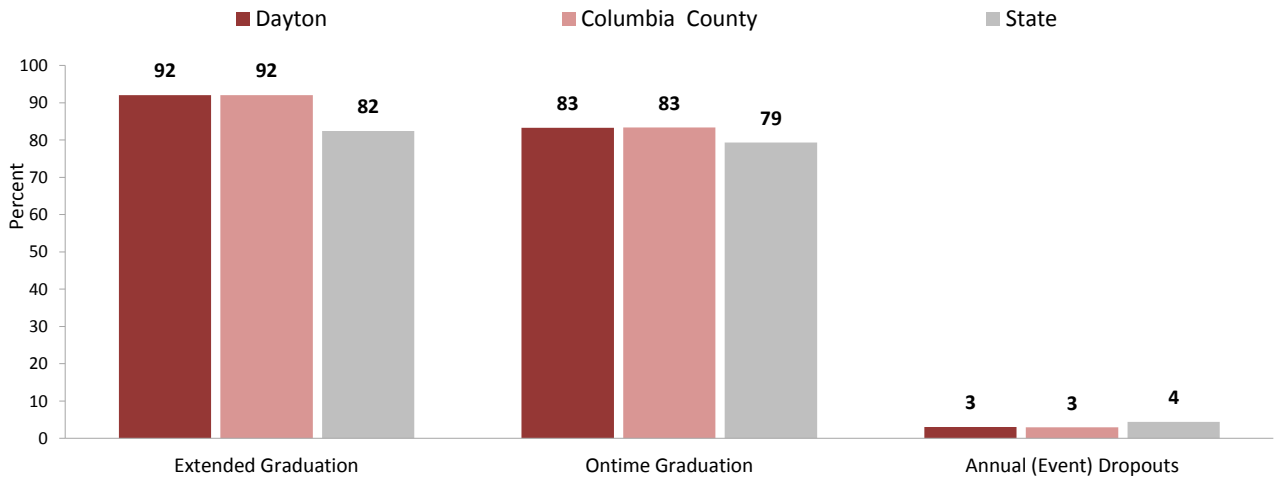
[a] The 2018 rate is significantly different from the 2016 rate.

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

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

[d] Fewer than 30 students answered this question.

CORE Measures of School Performance (2017, Percent)

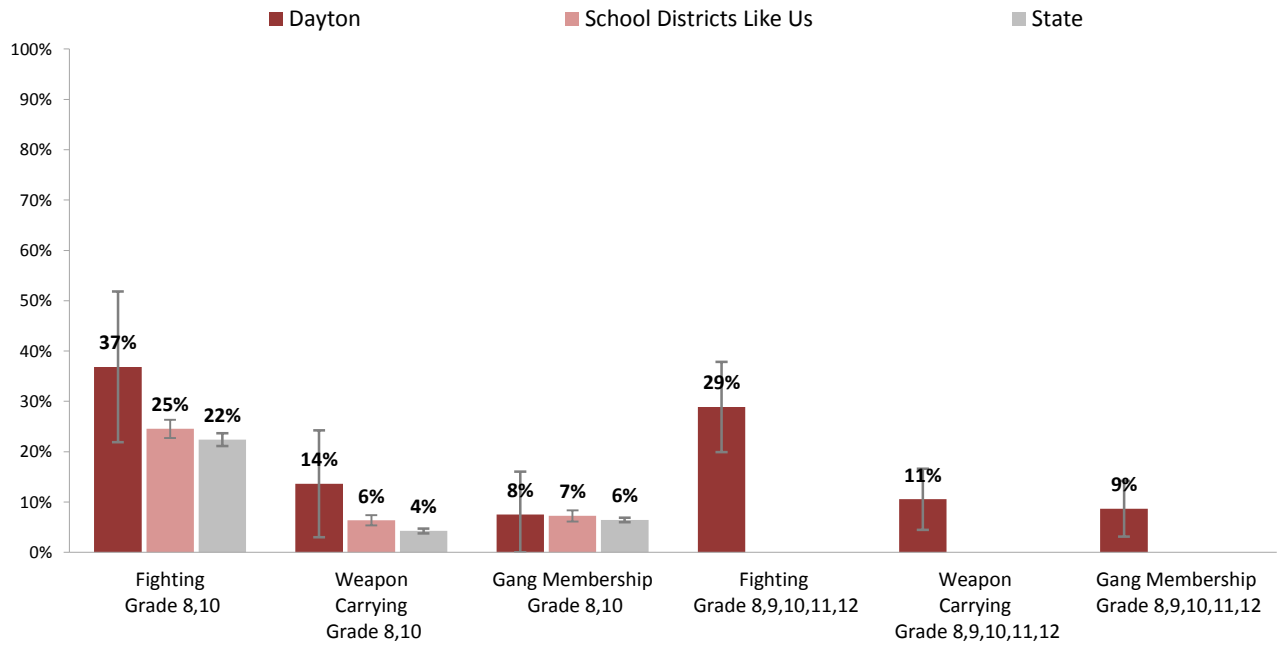


		Dayton		County		State	
CORE Measures of School Performance		**2015**	**2017**	**2015**	**2017**	**2015**	**2017**
Extended Graduation Rate. The rate per 100 of students in the freshman cohort who graduate including those students who stay in school and take more than four years to complete their degree.		100	92	100	92	81	82
On-time Graduation Rate. The rate per 100 of students in the freshman cohort who graduate in four years to complete their degree.		95	83	95	83	78	79
Annual Dropout Rate. The percent of students enrolled in grades 9-12 who drop out in a single year without completing high school.		3	3	3	3	4	4

Youth Delinquency

The relationships between youth delinquency and substance use are strong. We don't know if delinquency leads to substance use, or the other way around. We do know that the risk factors are similar, and good prevention activities would likely affect both.

HYS Measures of Youth Delinquency (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Youth Delinquency	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Fighting. During the past 12 months, how many times were you in a physical fight? *(District results: At least once)*	8 and 10	36%	37%	28%	25%	24%	22%
	8,9,10,11,12	27%	29%				
Weapon Carrying. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? *(District results: At least once)*	8 and 10	6%	14%	9%	6%	5%	4%
	8,9,10,11,12	7%	11%				
Gang Membership.** During the past 12 months, have you been a member of a gang? *(District Results "Yes")*	8 and 10	6%	8%	6%	7%	5%	6%
	8,9,10,11,12	7%	9%				

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

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

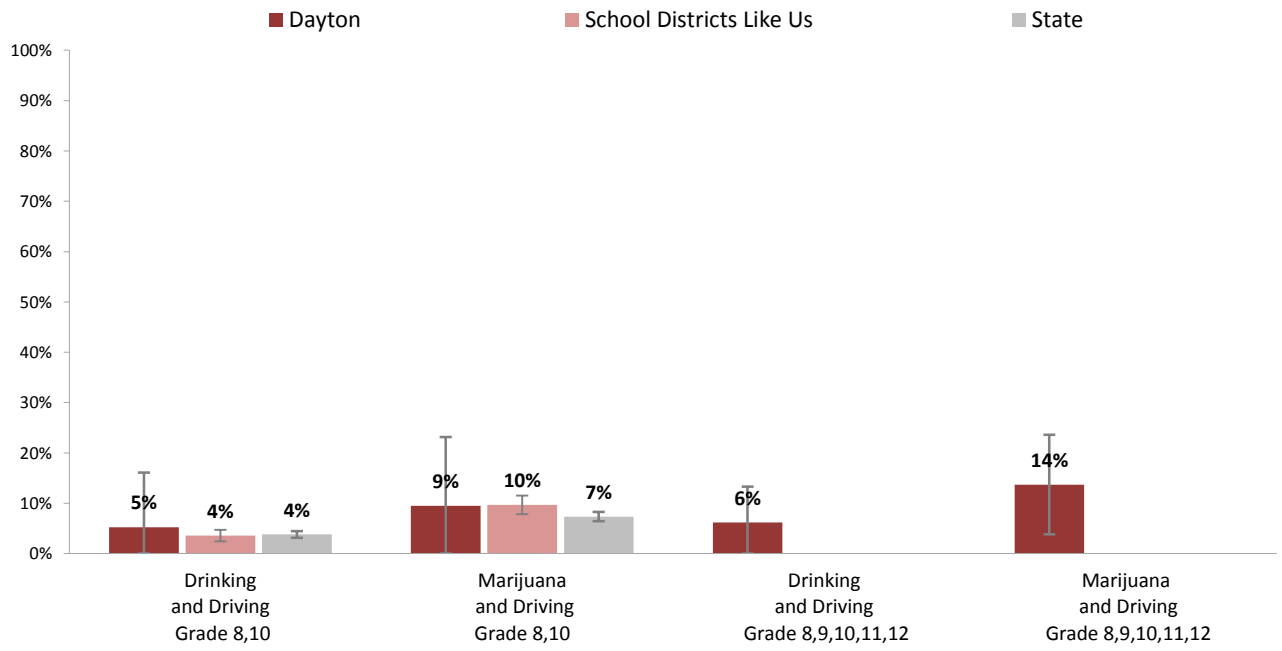
[a] The 2018 rate is significantly different from the 2016 rate.

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

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

[d] Fewer than 30 students answered this question.

HYS Measures of Youth Delinquency (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Youth Delinquency	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Drinking and Driving. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? *(District results: Any times)*	8 and 10	2%	5% d	5%	4%	4%	4%
	8,9,10,11,12	9%	6%				
Marijuana and Driving. During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana? *(District results: Any times)*	8 and 10	5%	9% d	8%	10%	8%	7%
	8,9,10,11,12	11%	14%				

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

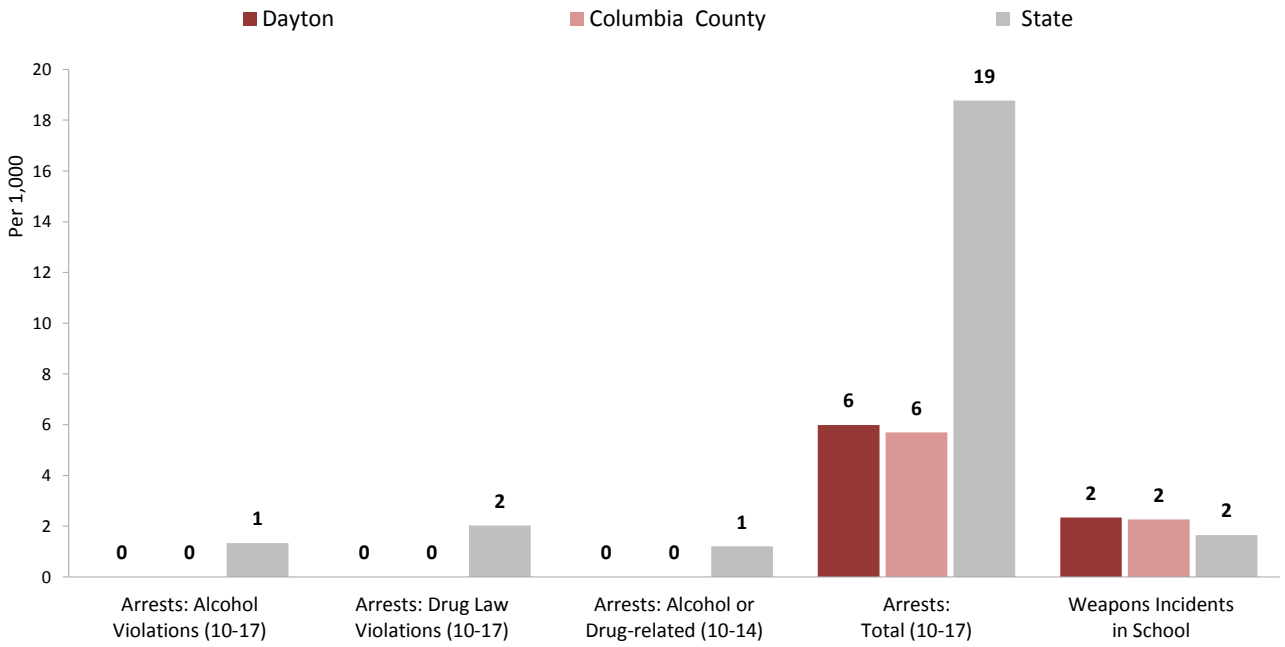
[a] The 2018 rate is significantly different from the 2016 rate.

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

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

[d] Fewer than 30 students answered this question.

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

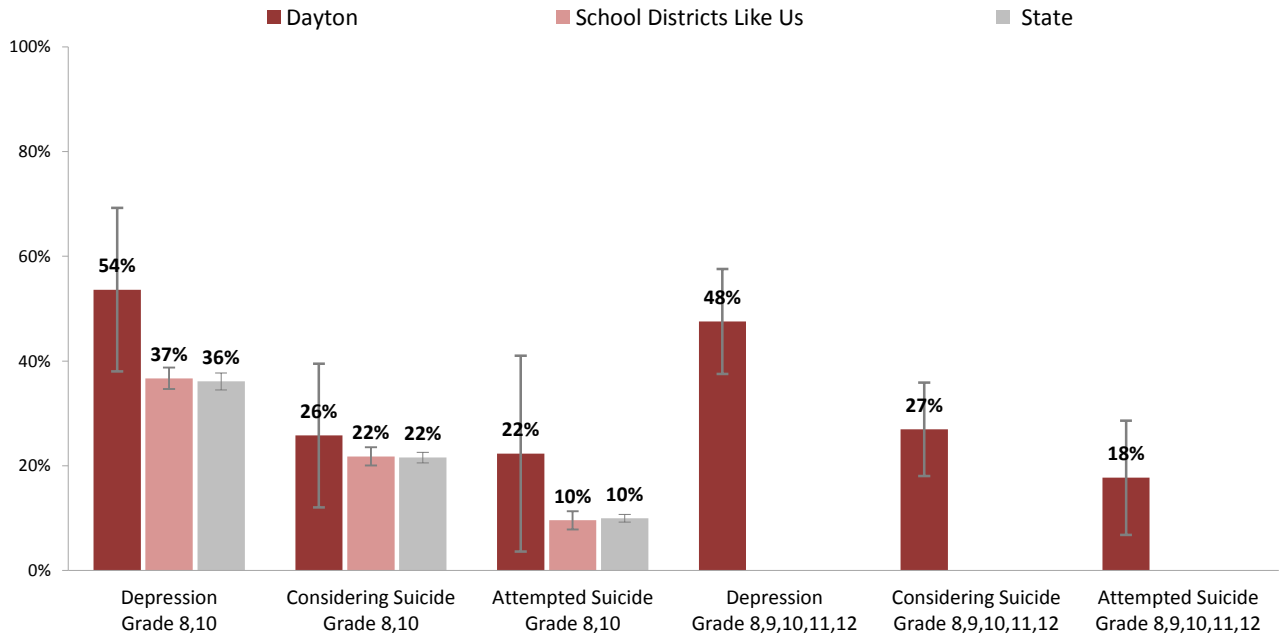


		Dayton		County		State	
CORE Measures of Youth Delinquency		**2016**	**2017**	**2016**	**2017**	**2016**	**2017**
Arrests: Alcohol Violations (10-17). The arrests of adolescents (age 10-17) for alcohol violations, per 1,000 adolescents (age 10-17). Alcohol violations include all crimes involving driving under the influence, liquor law violations, and drunkenness.		UN	0	UN	0	1	1
Arrests: Drug Law Violations (10-17). The arrests of adolescents (age 10-17) for drug law violations, per 1,000 adolescents (age 10-17).		UN	0	UN	0	2	2
Arrests: Alcohol or Drug-Related (10-14). The arrests of younger adolescents (age 10-14) for alcohol and drug law violations, per 1,000 adolescents (age 10-14).		UN	0	UN	0	1	1
Arrests: Total (10-17). The arrests of adolescent (age 10-17) for any crime, per 1,000 adolescents (age 10-17).		UN	6	UN	6	20	19
Weapons Incidents in School. The number of reported incidents involving guns and other weapons at any grade level per 1000 students of all grades enrolled in October.		3	2	2	2	2	2

Mental Health

During childhood, risk for substance abuse is higher for those who have a difficult temperament, poor self-regulatory skills, are sensation seeking, are impulsive, and do not tend to avoid harm. Children who have early persistent behavior problems are also more likely to develop a substance use problem. Furthermore, substance abuse is often found among kids who also have anxiety, depression, and attention deficit hyperactivity disorder.

HYS Measures of Mental Health (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Mental Health	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Depression. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? *(District results: "Yes")*	8 and 10	42%	54%	33%	37% [b]	31%	36% [c]
	8,9,10,11,12	44%	48%				
Considering Suicide. During the past 12 months, did you ever seriously consider attempting suicide? *(District results: "Yes")*	8 and 10	28%	26%	19%	22%	19%	22%
	8,9,10,11,12	25%	27%				
Attempted Suicide. During the past 12 months, how many times did you actually attempt suicide? *(District results: Any suicide attempts)*	8 and 10	22%	22% [d]	9%	10%	9%	10%
	8,9,10,11,12	14%	18%				

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

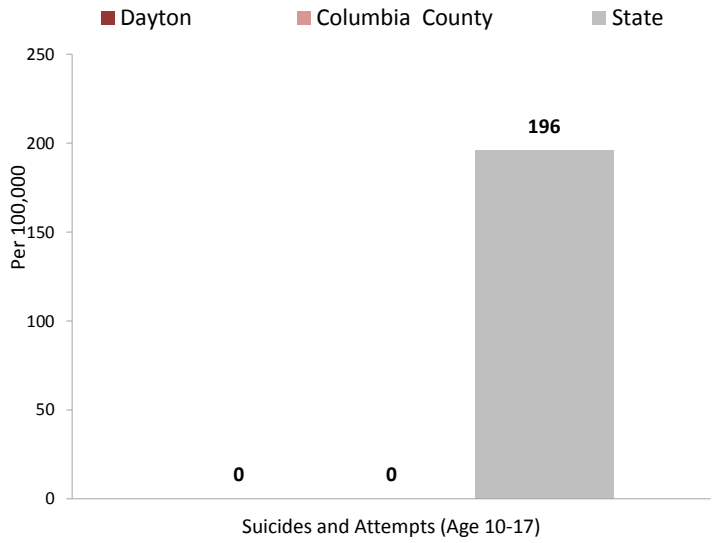
[a] The 2018 rate is significantly different from the 2016 rate.

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

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

[d] Fewer than 30 students answered this question.

CORE Measures of Mental Health (2017, Rate per 100,000)



	Dayton		County		State	
CORE Measures of Mental Health	**2016**	**2017**	**2016**	**2017**	**2016**	**2017**
Suicide Deaths and Attempts (Age 10-17). The annual number of adolescents (age 10-17) who died by suicide or were admitted to the hospital for suicide attempts, per 100,000 adolescents (age 10-17). Suicide deaths are based on death certificate information. Suicide attempts are based on hospital admissions, but do not include admissions to federal hospitals like those on military bases.	0	0	0	0	155	196

Note: The coding of intent for injuries and poisonings in hospital admissions data underwent a transition from ICD-9 to ICD-10 codes in the fall of 2015. It has affected the 2015 and 2016 data on suicide attempts reported here. For additional information, see: Christine Stewart, Phillip M. Crawford, and Gregory E. Simon (2017). "Changes in Coding of Suicide Attempts or Self-Harm With Transition From ICD-9 to ICD-10." Psychiatric Services, 68(3), p. 215.

CONSUMPTION | Measures of the number of youth using/consuming alcohol and other substances

Consumption measures refer to the number of people who use a particular substance, whether alcohol, tobacco, marijuana, prescription drugs, or an illicit substance.

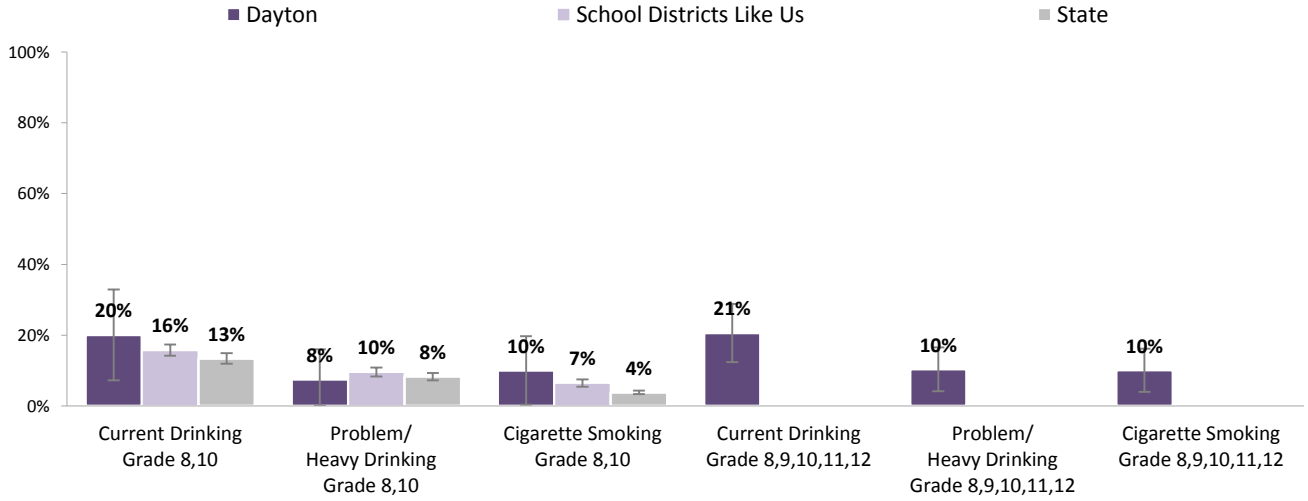
Youth Substance Use

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

Youth Substance Use

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

HYS Measures of Youth Substance Use (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Youth Substance Use	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Current Drinking. During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? *(District results: Drink any days)*	8 and 10	17%	20%	17%	16%	14%	13%
	8,9,10,11,12	28%	21%				
Problem/Heavy Drinking. *(District results: 3-5 days drinking in the past 30 days and/or 1 binge past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)*	8 and 10	8%	8%	12%	10%	9%	8%
	8,9,10,11,12	21%	10%				
Current Cigarette Smoking. During the past 30 days, on how many days did you: Smoke cigarettes? *(District results: Smoke any days)*	8 and 10	7%	10%	7%	7%	5%	4%
	8,9,10,11,12	17%	10%				

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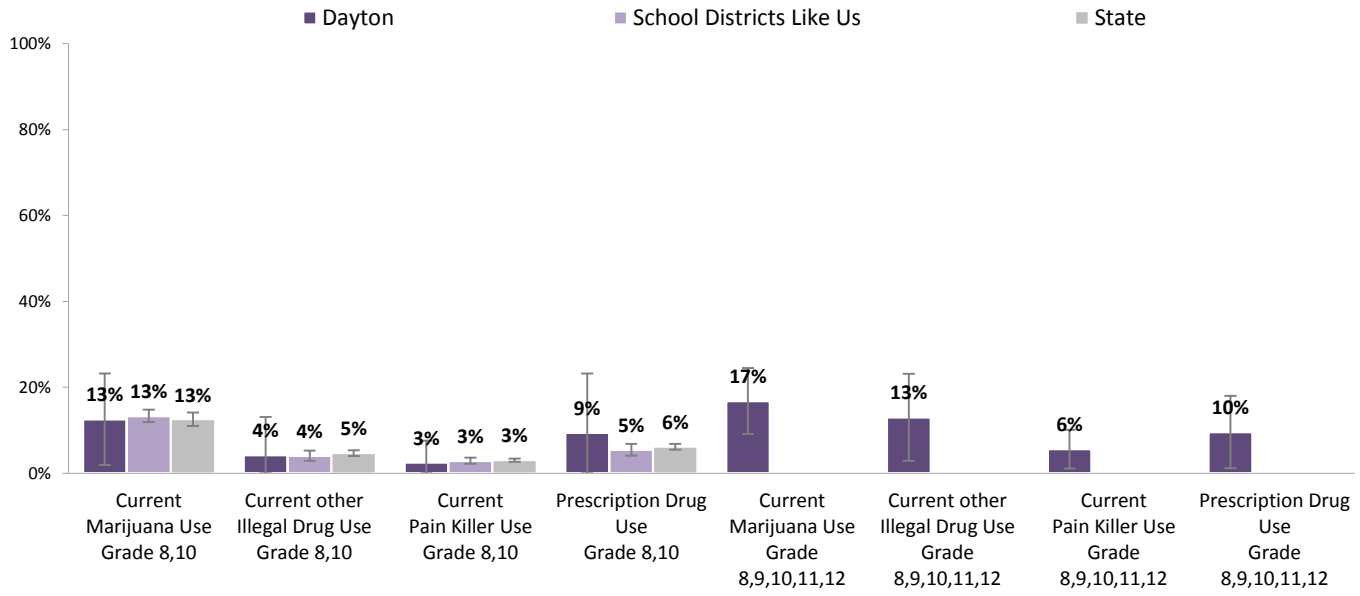
HYS Measures of Youth Substance Use (2018, Percent)

Using prescription drugs in a way not intended by a doctor - to stay awake or "to get high" for instance - is considered drug abuse. In particular, drugs that affect the brain can lead to dependence. This is true of opioid pain relievers, stimulants, and depressants.



		Dayton		School Districts Like Us		State	
HYS Measures of Youth Substance Use	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Current Marijuana Use. During the past 30 days, on how many days did you: Use marijuana or hashish? *(District results: Use any days)*	8 and 10	7%	13%	13%	13%	12%	13%
	8,9,10,11,12	19%	17%				
Current Other Illegal Drug Use. During the past 30 days, on how many days did you: not counting alcohol, tobacco, or marijuana, use another illegal drug? *(District results: Use any days)*	8 and 10	5%	4% [d]	4%	4%	4%	5%
	8,9,10,11,12	9%	13%				
Current Pain Killer Use. During the past 30 days, on how many days did you: Use a pain killer to get high, like Vicodin, OxyContin or Percocet? *(District results: Use any days)*	8 and 10	4%	3%	3%	3%	3%	3%
	8,9,10,11,12	7%	6%				
Any Prescription Drug Use: During the past 30 days, on how many days did you: Use prescription drugs not prescribed to you? *(Results: Use any days)*	8 and 10	5%	9% [d]	5%	5%	7%	6%
	8,9,10,11,12	6%	10%				

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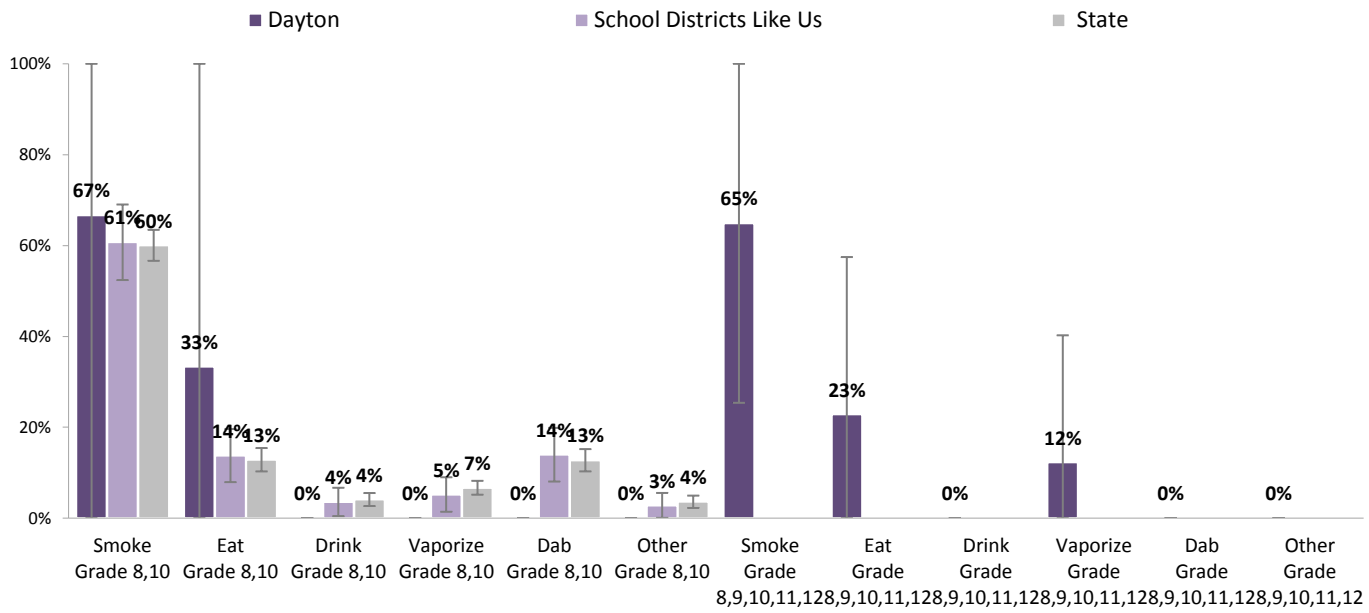
HYS Measures of Marijuana Methods of Use (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Marijuana Methods of Use	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
In the past 30 days, if you used marijuana, how did you usually use it?							
Smoked it (in a joint, bong, pipe, blunt)	8 and 10	79% [d]	67% [d]	81%	61%	72%	60%
	8,9,10,11,12	93% [d]	65% [d]				
Ate it (in brownies, cakes, cookies, candy)	8 and 10	21% [d]	33% [d]	11%	14%	14%	13%
	8,9,10,11,12	7% [d]	23% [d]				
Drank it (tea, cola, alcohol)	8 and 10	0% [d]	0% [d]	4%	4%	4%	4%
	8,9,10,11,12	0% [d]	0% [d]				
Vaporized it	8 and 10	0% [d]	0% [d]	2%	5%	5%	7%
	8,9,10,11,12	0% [d]	12% [d]				
Dabbed it	8 and 10		0% [d]		14%		13%
	8,9,10,11,12		0% [d]				
Used it some other way	8 and 10	0% [d]	0% [d]	2%	3%	5%	4%
	8,9,10,11,12	0%	0% [d]				

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

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

Community Connectedness

Alcohol or Marijuana Availability
- Ease of Access and
- Retail or Social Access (Usual Source)
- Density of Licenses

Risk of Use
- Perception of Law Enforcement Risk
- Perception of Risk of Harm from Alcohol/Drug Use

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

Perception of Risk Community Norms
- Acceptability Among Peer and Community

Risk and Protective Factors
- Parental Attitudes Tolerant of Substance Use
- Early Initiation of Drugs
- Intentions to Use Drugs
- Friends Use of Drugs
- Social Skills

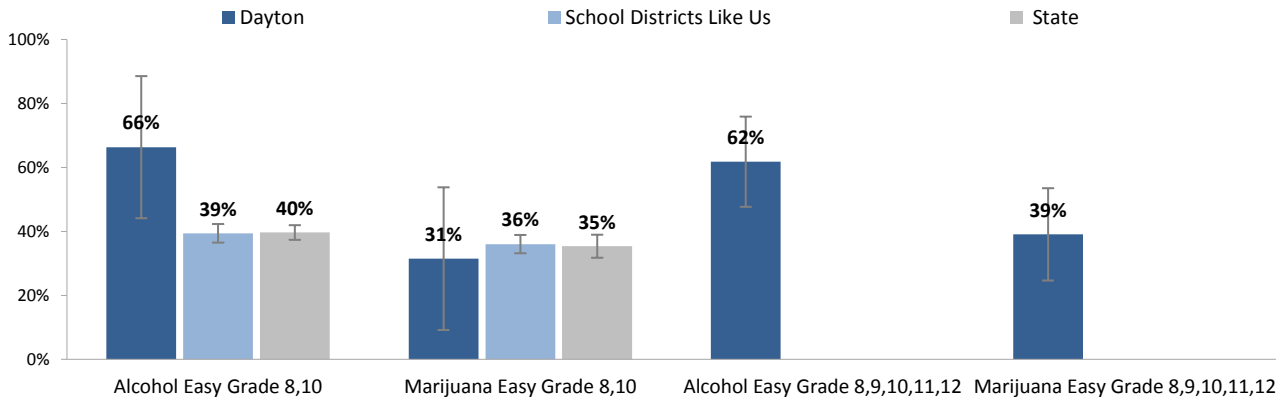
Community Connectedness

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

Alcohol or Marijuana Availability

There are two aspects of availability that are important in determining prevention priorities. First, there is the actual physical availability—places where youth can get the substance. Second is the perception of availability—the belief that the substance is, or would be, available to them. Both of these have to change in order for there to be a significant impact on use rates.

HYS Measures of Alcohol or Marijuana Availability (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Alcohol or Marijuana Availability	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Youth Think Alcohol is Easy to Get. If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? *(District results: "Very easy" and "Sort of easy")*	8 and 10	37%	66% ad	39%	39% b	37%	40% c
	8,9,10,11,12	47%	62%			0%	0%
Youth Think Marijuana is Easy to Get. If you wanted to get some marijuana, how easy would it be for you to get some? *(District results: "Very easy" and "Sort of easy")*	8 and 10	37%	31% d	38%	36%	35%	35%
	8,9,10,11,12	44%	39%			0%	0%

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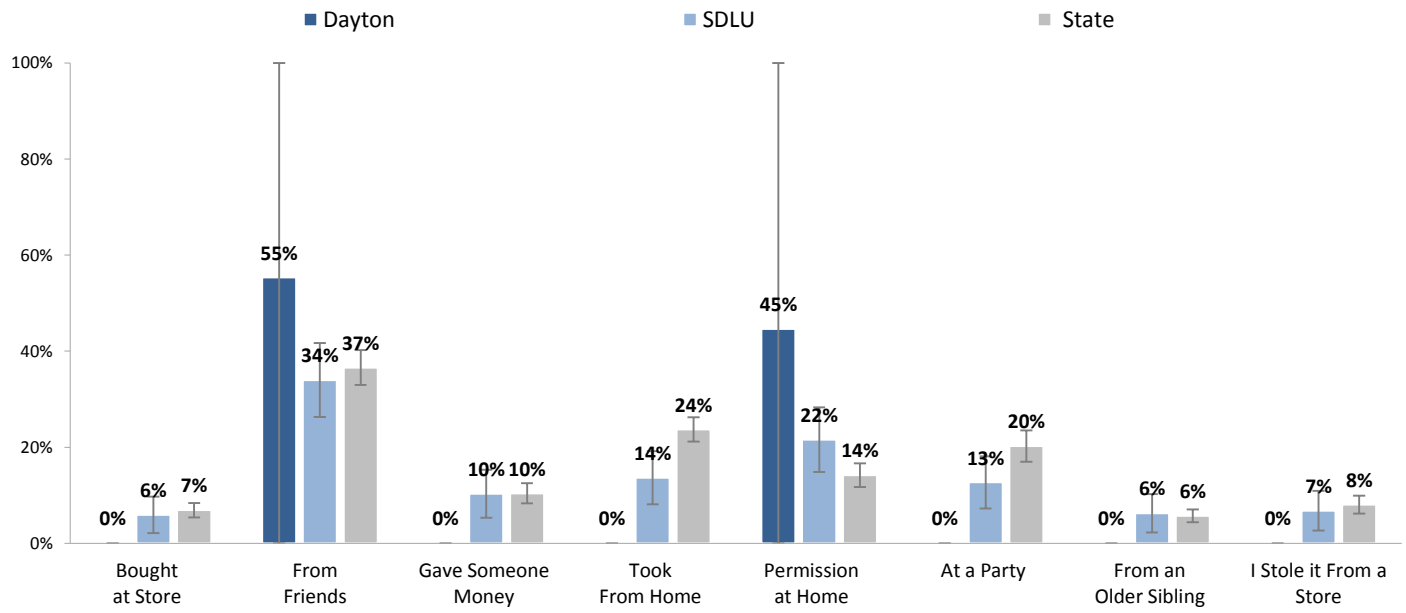
HYS Measures of Alcohol Availability, Grade 8 and 10 (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Alcohol Availability	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Where Youth Usually Get Alcohol. During the past 30 days, how did you usually get alcohol?							
I bought it from a store	8 and 10	0% [d]	0% [d]	7%	6%	7%	7%
	8,9,10,11,12	13% [d]	9% [d]				
I got it from friends	8 and 10	50% [d]	55% [d]	25%	34%	34%	37%
	8,9,10,11,12	49% [d]	47% [d]				
I gave money to someone to get it for me	8 and 10	0% [d]	0% [d]	13%	10%	13%	10%
	8,9,10,11,12	36% [d]	25% [d]				
I took it from home without permission	8 and 10	0% [d]	0% [d]	16%	14%	23%	24%
	8,9,10,11,12	8% [d]	25% [d]				
I got it at home with permission	8 and 10	0% [d]	45% [d]	24%	22%	16%	14%
	8,9,10,11,12	8% [d]	40% [d]				
I got it at a party	8 and 10	0% [d]	0% [d]	19%	13%	23%	20%
	8,9,10,11,12	23% [d]	9% [d]				
I got it from an older brother or sister	8 and 10	25% [d]	0% [d]	10%	6%	8%	6%
	8,9,10,11,12	5% [d]	9% [d]				
I stole it from a store	8 and 10	0% [d]	0% [d]	3%	7%	9%	8%
	8,9,10,11,12	6% [d]	0% [d]				

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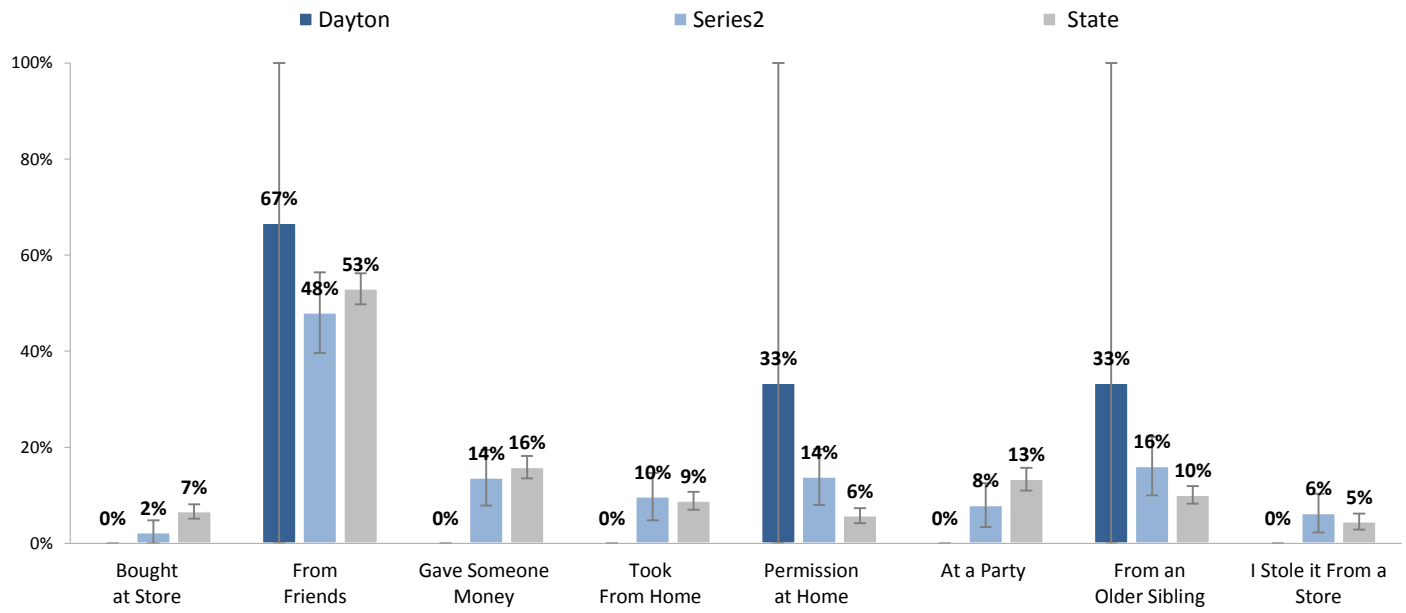
HYS Measures of Marijuana Availability, Grade 8 and 10 (2018, Percent)



	Dayton			School Districts Like Us		State	
HYS Measures of Marijuana Availability	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Where Youth Usually Get Marijuana. During the past 30 days, how did you usually get marijuana?							
I bought it from a store	8 and 10	0% [d]	0% [d]	10%	2%	6%	7%
	8,9,10,11,12	0% [d]	0% [d]				
I got it from friends	8 and 10	33% [d]	67% [d]	49%	48%	54%	53%
	8,9,10,11,12	56% [d]	71% [d]				
I gave money to someone to get it for me	8 and 10	33% [d]	0% [d]	20%	14%	17%	16%
	8,9,10,11,12	50% [d]	23% [d]				
I took it from home without permission	8 and 10	0% [d]	0% [d]	4%	10%	6%	9%
	8,9,10,11,12	0% [d]	11% [d]				
I got it at home with permission	8 and 10	0% [d]	33% [d]	11%	14%	7%	6%
	8,9,10,11,12	0% [d]	10% [d]				
I got it at a party	8 and 10	0% [d]	0% [d]	11%	8%	15%	13%
	8,9,10,11,12	24% [d]	11% [d]				
I got it from an older brother or sister	8 and 10	0% [d]	33% [d]	10%	16%	11%	10%
	8,9,10,11,12	12% [d]	18% [d]				
I stole it from a store	8 and 10	0% [d]	0% [d]	5%	6%	5%	5%
	8,9,10,11,12	9% [d]	0% [d]				

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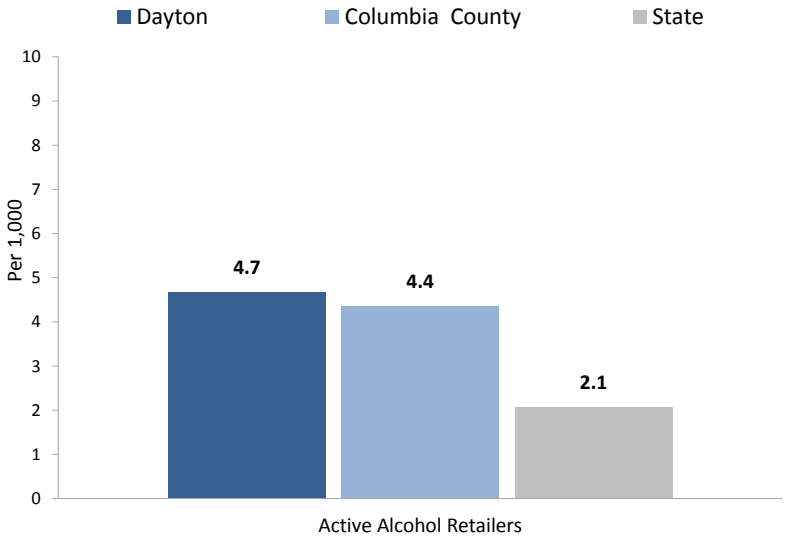
CORE Measures of Alcohol Availability (2018 Rate per 1,000)



	Dayton		County		State	
CORE Measures of Alcohol Availability	**2017**	**2018**	**2017**	**2018**	**2017**	**2018**
Active Alcohol Retailers. The number of alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the State and therefore are not included in these data.	5.3	4.7	4.9	4.4	2.1	2.1

Alcohol Compliance Checks**

*****Need to find compliance rates from local source.*

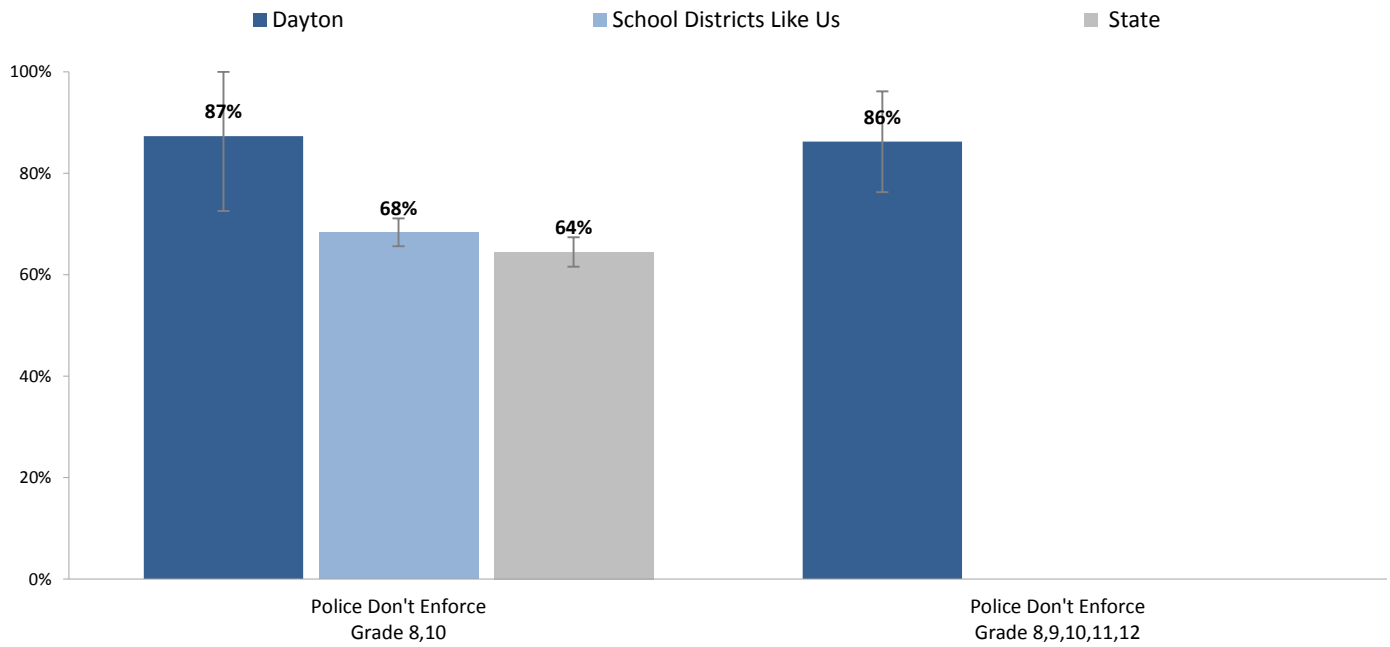
Promotion of Alcohol

Promotion of alcohol refers to the advertising of alcohol sales in magazines, television, and other media, as well as store windows, give-away promotions, and product placement. We also think of the role alcohol plays in celebrations, and in the movies and television stories as promoting alcohol use. Measures of promotion of alcohol are not available at the state level and so are not included in this data book. Coalitions can develop measures locally—and those measures should be collected on a regular (perhaps annual) basis.

Enforcement of Alcohol Laws

Enforcement of alcohol laws has two dimensions. First, all communities have laws about underage drinking, and about where and under what circumstances alcohol can be served. However, law enforcement agencies rarely have the capacity to enforce all laws to their full extent. Furthermore, the law enforcement and legal communities have some discretion about the circumstances under which penalties are applied. Besides the actual enforcement of alcohol laws, another dimension has to do with the perception in the community about that enforcement. In theory, the threat or expectation of law enforcement has a deterrent effect.

HYS Measures of Enforcement of Alcohol Laws (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Enforcement of Alcohol Laws	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Police Don't Enforce Underage Drinking. If a kid drank some beer, wine, or hard liquor in your community would he or she be caught by the police? *(District results: "NO!" and "no")*	8 and 10	80%	87% [d]	70%	68% [b]	62% [c]	64% [c]
	8,9,10,11,12	75%	86%				

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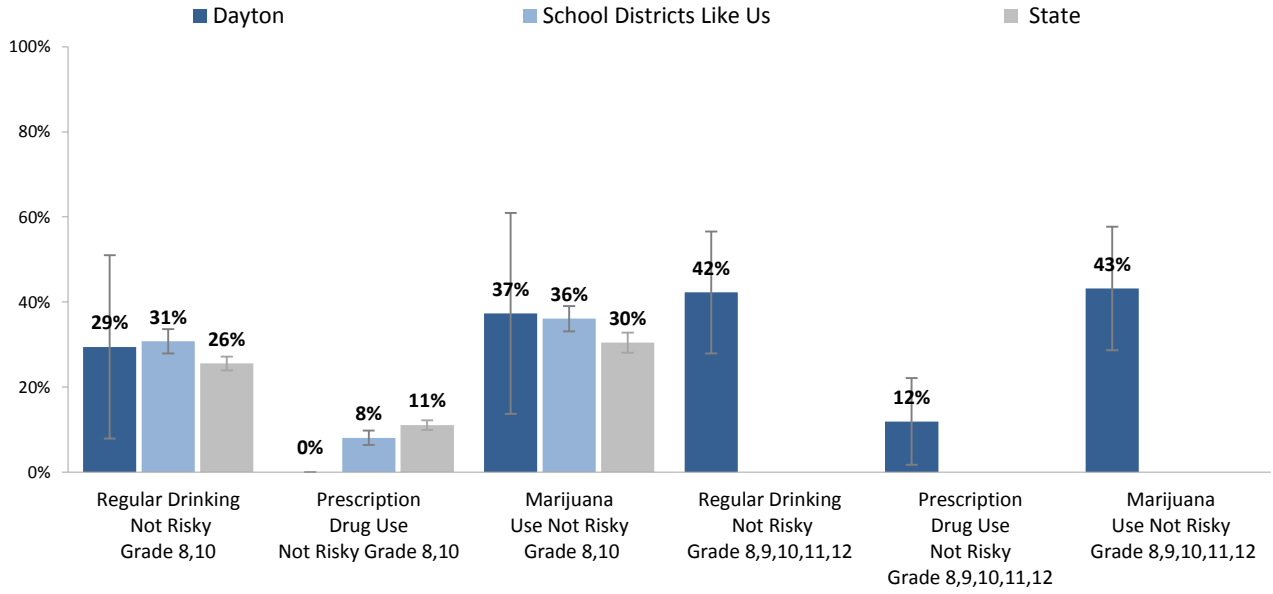
Perception of Risk of Harm from Substance Use

Most prevention programs have educational components that include information about the harm that alcohol and drugs can do to individuals. However, given that alcohol is so widely consumed and marijuana is now legalized for adult use, these messages are sometimes difficult for youth to fully accept.

Many people are not aware of the dangers associated with the use of some prescription drugs---especially those that affect the brain. The presence of these drugs in the home medicine cabinet, and their presence in the "black market", can tempt a youth who wants "to get high" if they don't realize there are serious risks involved.

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



		Dayton		School Districts Like Us		State	
HYS Measures of Perception of Risk of Harm	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Regular Alcohol Drinking Isn't Risky. How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day? *(District results: "No risk" and "Slight risk")*	8 and 10	26%	29% [d]	31%	31%	24%	26%
	8,9,10,11,12	30%	42%				
Prescription Drug Use Isn't Risky. How much do you think people risk harming themselves if they: Use prescription drugs that are not prescribed to them? *(District Results: "No risk" and "Slight risk")*	8 and 10	6%	0% [d]	9%	8%	10%	11%
	8,9,10,11,12	7%	12%				
Regular Marijuana Use Isn't Risky. How much do you think people risk harming themselves if they use marijuana regularly? *(District Results: "No risk" and "Slight risk")*	8 and 10	22%	37% [d]	32%	36%	28%	30%
	8,9,10,11,12	32%	43%				

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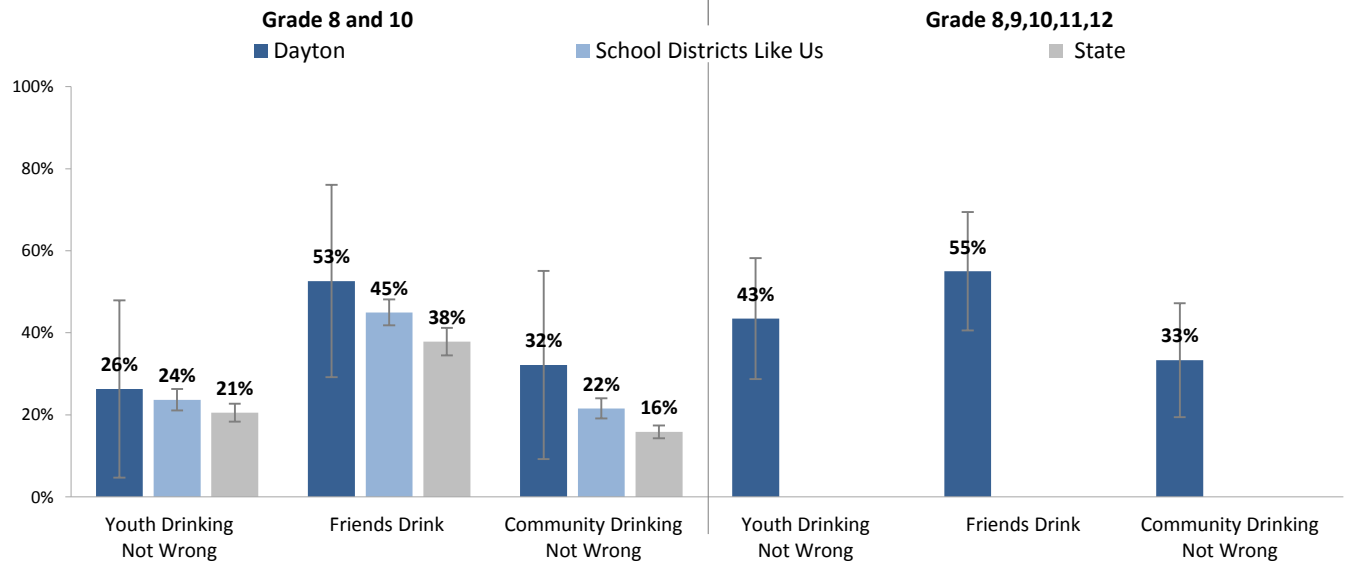
Community Norms

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

HYS Measures of Community Norms (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Community Norms	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Youth Don't Think Regular Drinking is Wrong. How wrong do you think it is for someone your age to: Drink beer, wine, or hard liquor regularly? *(District results: "A little bit wrong" and "Not at all wrong")*	8 and 10	24%	26% [d]	22%	24%	20%	21%
	8,9,10,11,12	34%	43%				
Friends Drink Alcohol. How many of your best friends have: Tried beer, wine, or hard liquor when their parents didn't know about it? *(District results: Any friends)*	8 and 10	41%	53% [d]	42%	45%	34%	38%
	8,9,10,11,12	49%	55%				
Community Doesn't Think Drinking is Wrong. How wrong would most adults in your neighborhood or community think it is for kids your age to drink alcohol? *(Results: "A little bit wrong" and "Not at all wrong")*	8 and 10	28%	32% [d]	21%	22%	15%	16%
	8,9,10,11,12	34%	33%				

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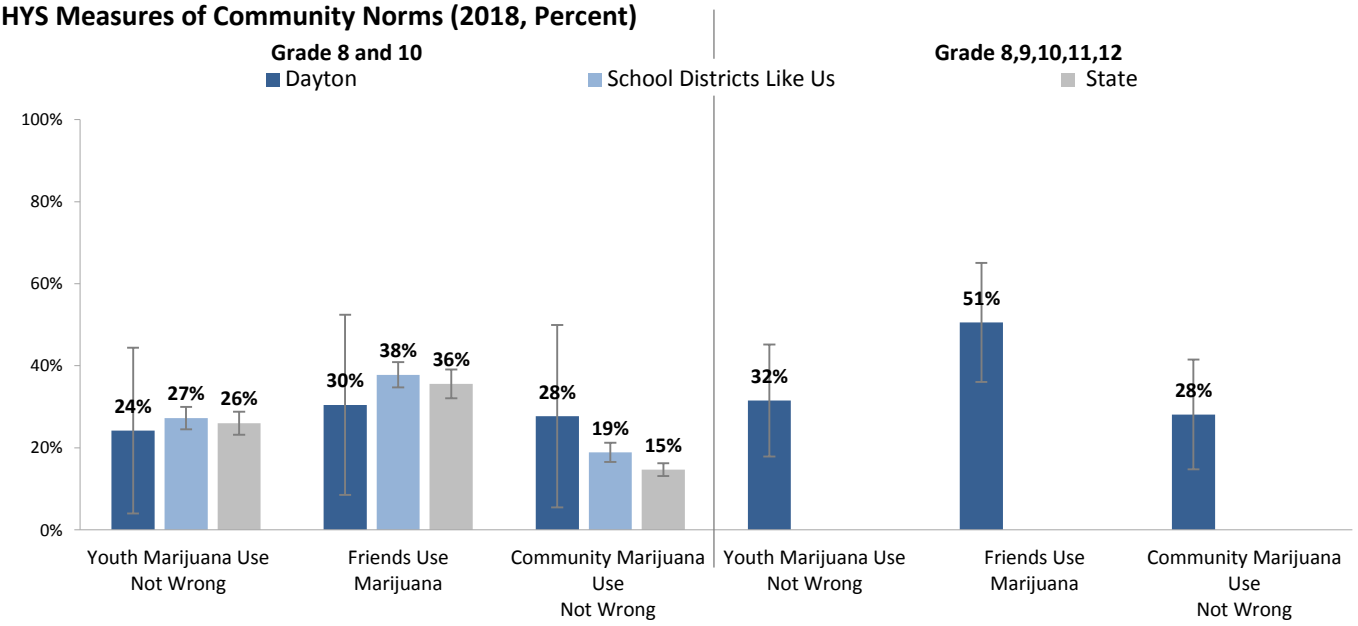
HYS Measures of Community Norms (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Community Norms	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Youth Don't Think Marijuana Use Is Wrong. How wrong do you think it is for someone your age to use marijuana? *(District results: "A little bit wrong" and "Not at all wrong")*	8 and 10	12%	24% [d]	24% [b]	27%	24% [c]	26%
	8,9,10,11,12	27%	32%				
Friends Use Marijuana. How many of your best friends have used marijuana? *(District results: Any friends)*	8 and 10	33%	30% [d]	37%	38%	31%	36%
	8,9,10,11,12	47%	51%				
Community Doesn't Think Marijuana Use is Wrong. How wrong would most adults in your neighborhood or community think it is for kids your age to use marijuana? *(Results: "A little bit wrong" and "Not at all wrong")*	8 and 10	19%	28% [d]	19%	19%	16%	15%
	8,9,10,11,12	28%	28%				

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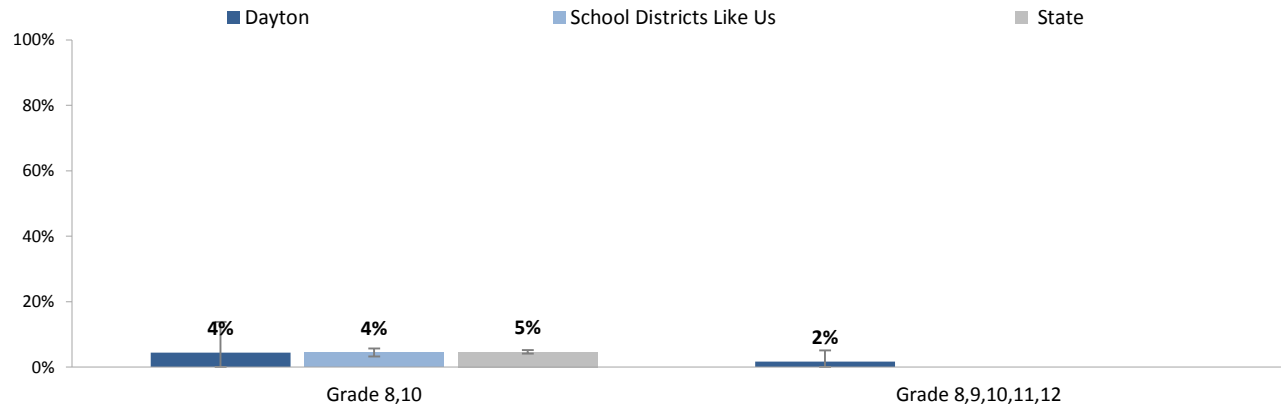
HYS Measures of Family Norms

Parental attitude tolerant of prescription drug use not prescribed to youth

Many families have prescription drugs for medical reasons, and for youth pain relievers are common for dental surgery or athletic injuries. Parents must make clear distinctions between use of these drugs when that use is necessary and helpful, and use that is unnecessary and is not allowed. However, if the youth in the family are not aware of the distinctions made by their parents, then they may be more likely to abuse those drugs when available.

HYS Measures of Family Norms (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Family Norms	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Parents Don't Think Prescription Drug Use is Wrong. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you? *(Results: "A little bit wrong" and "Not at all wrong")*	8 and 10	4%	4% [d]	4%	4%	5%	5%
	8,9,10,11,12	5%	2%				

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

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

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

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

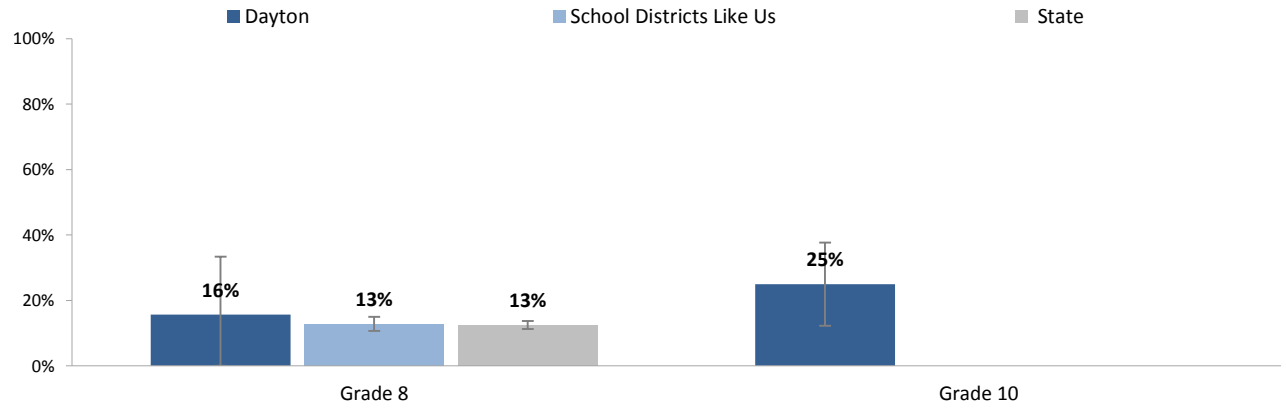
[d] Fewer than 30 students answered this question.

HYS Measures of Peer Norms

Peer attitude tolerant of prescription drug use not prescribed to youth

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

HYS Measures of Peer Norms (2018, Percent)



		Dayton		School Districts Like Us		State	
HYS Measures of Peer Norms	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Friends Don't Think Prescription Drug Use Is Wrong. How wrong do your friends feel it would be for you to: Use prescription drugs not prescribed to you? *(Results: "A little bit wrong" and "Not at all wrong")*	8 and 10	16%	16% [d]	12%	13%	10%	13%
	8,9,10,11,12	18%	25%				

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

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

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

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

[d] Fewer than 30 students answered this question.

Risk and Protective Factors

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

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

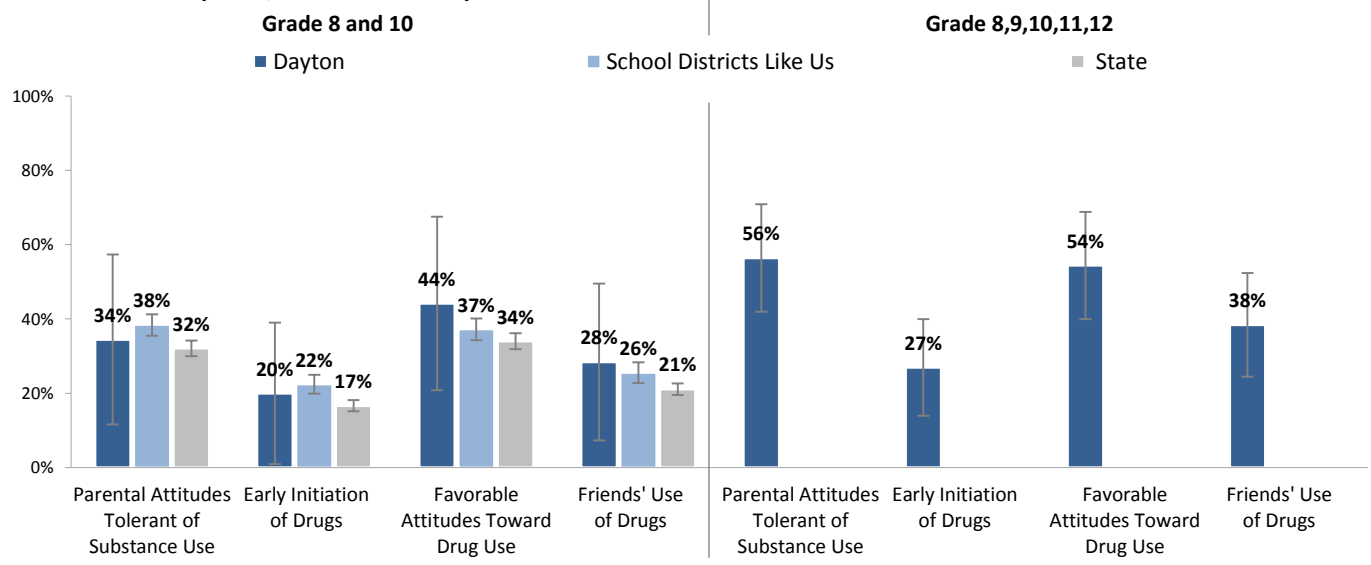
HYS Measures of Risk and Protective Factors Most Strongly Associated with Alcohol and Marijuana Use

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

- Parental Attitudes Tolerant of Substance Use
- Friends Use of Drugs
- Social Skills
- Early Initiation of Drugs
- Favorable Attitudes Toward Drug Use

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

HYS Risk Factors (2018, Percent at Risk)



		Dayton		School Districts Like Us		State	
HYS Risk Factors	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Parental Attitudes Tolerant of Substance Use	8 and 10	31%	34% [d]	36%	38%	31%	32%
	8,9,10,11,12	44%	56%				
Early Initiation of Drugs	8 and 10	29%	20% [d]	22%	22%	17%	17%
	8,9,10,11,12	32%	27%				
Favorable Attitudes Toward Drug Use	8 and 10	29%	44% [d]	32%	37%	32%	34%
	8,9,10,11,12	41%	54%				
Friends' Use of Drugs	8 and 10	15%	28% [d]	23%	26%	17%	21%
	8,9,10,11,12	26%	38%				

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

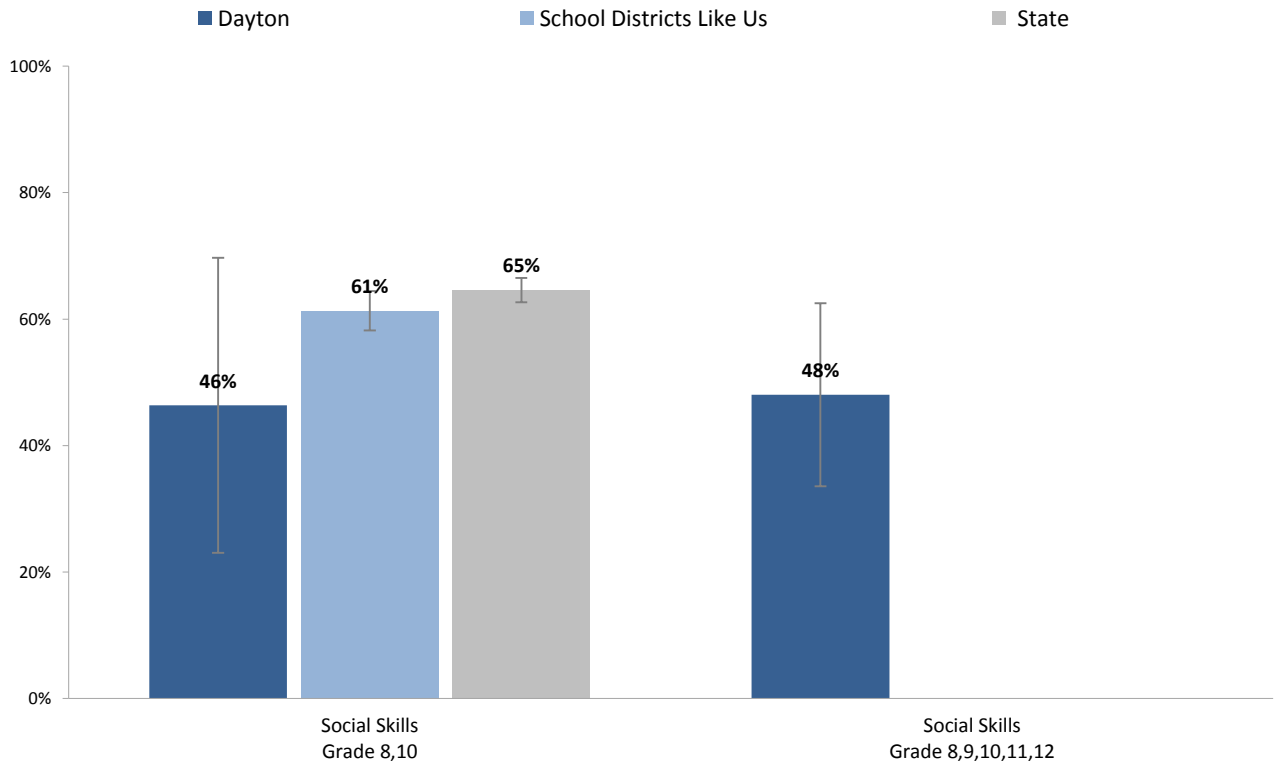
[a] The 2018 rate is significantly different from the 2016 rate.

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

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

[d] Fewer than 30 students answered this question.

HYS Protective Factor (2018, Percent Protected)



		Dayton		School Districts Like Us		State	
HYS Protective Factor	**GRADE**	**2016**	**2018**	**2016**	**2018**	**2016**	**2018**
Social Skills. *(District results: Percent protected)*	8 and 10	56%	46% [d]	61%	61%	67%	65%
	8,9,10,11,12	53%	48%				

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

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

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

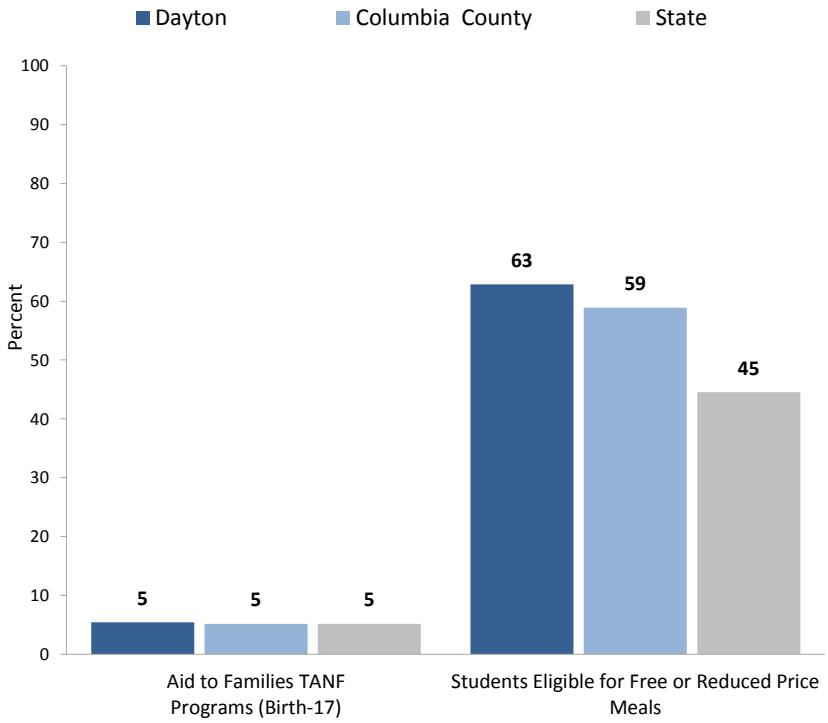
[c] The state rate is significantly different from your district area rate.

[d] Fewer than 30 students answered this question.

Extreme Economic Deprivation

Economic deprivation is an important risk factor, but it is not measured by the Healthy Youth Survey. Furthermore, it is not in the logic model because our prevention efforts do not address poverty. Nevertheless, economic deprivation creates conditions in which some of the risk factors become most serious, and where the importance of protective factors cannot be overemphasized.

CORE Measures of Extreme Economic Deprivation (2017, Percent)



	Dayton		County		State	
CORE Measures of Extreme Economic Deprivation	**2016**	**2017**	**2016**	**2017**	**2016**	**2017**
Aid to Families TANF Programs (Ages 0-17). The percent of children (age birth-17) participating in Aid to Families (AFDC/TANF) programs in the fiscal year.	8	5	7	5	6	5
Students Eligible for Free or Reduced-price Meals. The percent of students eligible for free or reduced price lunch.	63	63	60	59	46	45

Additional Healthy Youth Survey Data

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

The bar charts and tables includes HYS district and state results for all years available from 2010. Only the percent of students for each measure are presented. For more information on the number of respondents to each measure, please visit www.AskHYS.net. AskHYS includes item frequency reports from 2002 to 2018 at www.AskHYS.net/reports. Fact sheets on specific topics are also available.

Consequence Measures

School Performance
- Low Grades in School
- Skipping School

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

Mental Health
- Depression
- Considering Suicide
- Suicide Attempts

Consumption Measures

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

Intervening Variable Measures

Alcohol or Marijuana Availability
- Ease of Access

Alcohol Laws
- Police Don't Enforce Underage Drinking

Perception of Risk
- Regular Drinking or Marijuana isn't Risky

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

Perception of Risk Community Norms
- Acceptability Among Peer and Community

All Risk and Protective Factor Scales

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

Community Protective Factors
- Opportunities for Prosocial Involvement

Family Risk Factors
- Poor Family Management
- Parental Attitudes Tolerant of Substance Use

Family Protective Factors
- Opportunities for Prosocial Involvement
- Rewards for Prosocial Involvement

School Risk Factors
- Academic Failure
- Low Commitment to School

School Protective Factors
- School Opportunities for Prosocial Involvement
- School Rewards for Prosocial Involvement

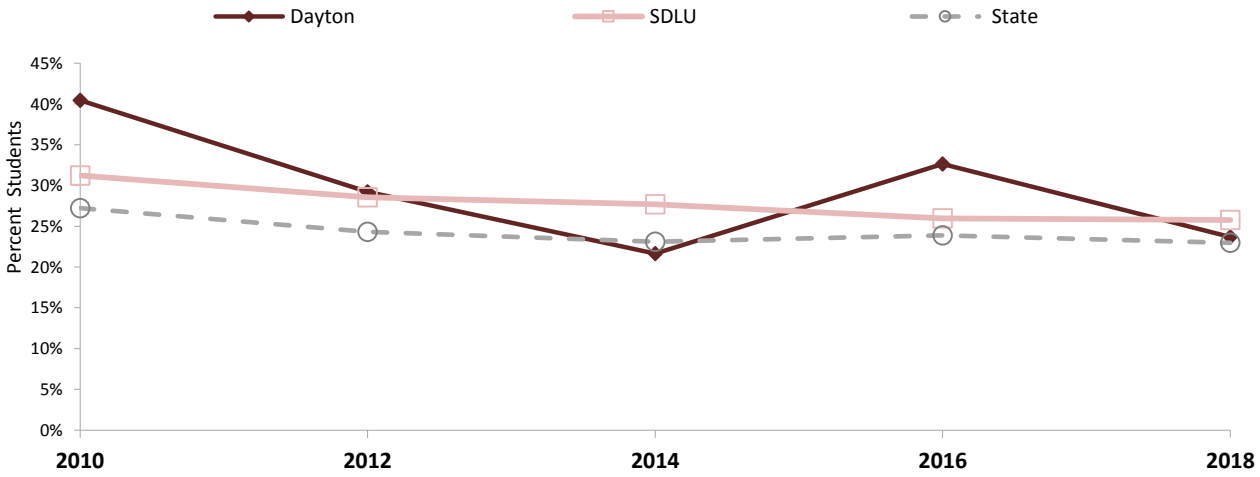
Peer-Individual Risk Factors
- Early Initiation of Drugs
- Favorable Attitudes toward Drug Use
- Perceived Risks of Use
- Friends' Use of Drugs

Peer-Individual Protective Factors
- Social Skills
- Belief in the Moral Order
- Interactions with Pro-social Peers

HYS Measures of School Performance

Low Grades in School

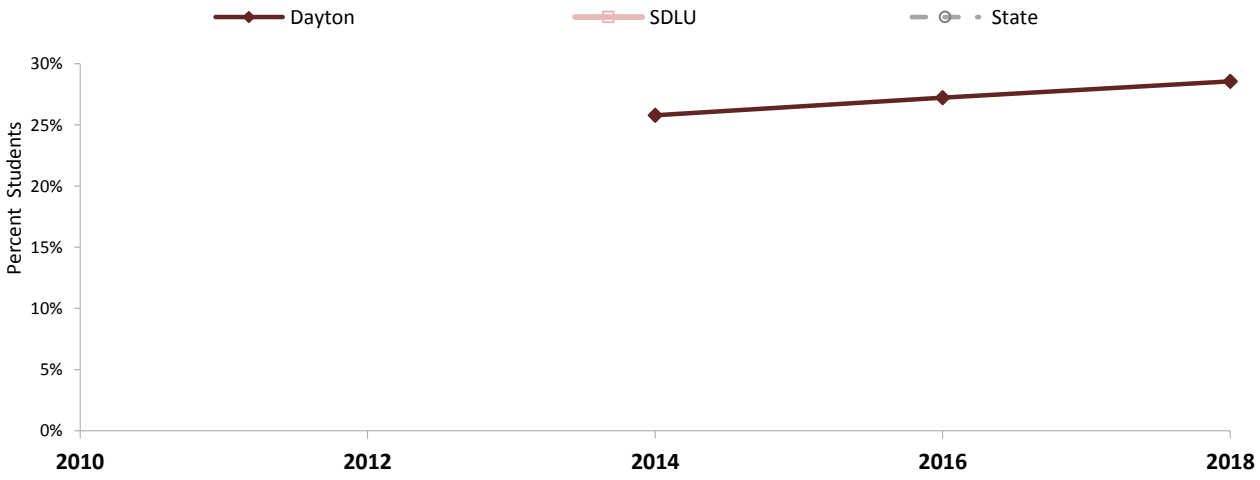
Grade 8,10



	2010	2012	2014	2016	2018
State	27%	24%	23%	24%	23%
SDLU	31%	29%	28%	26%	26%
Dayton	40%	29%	22%	33%	24%

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

Grade 8,9,10,11,12

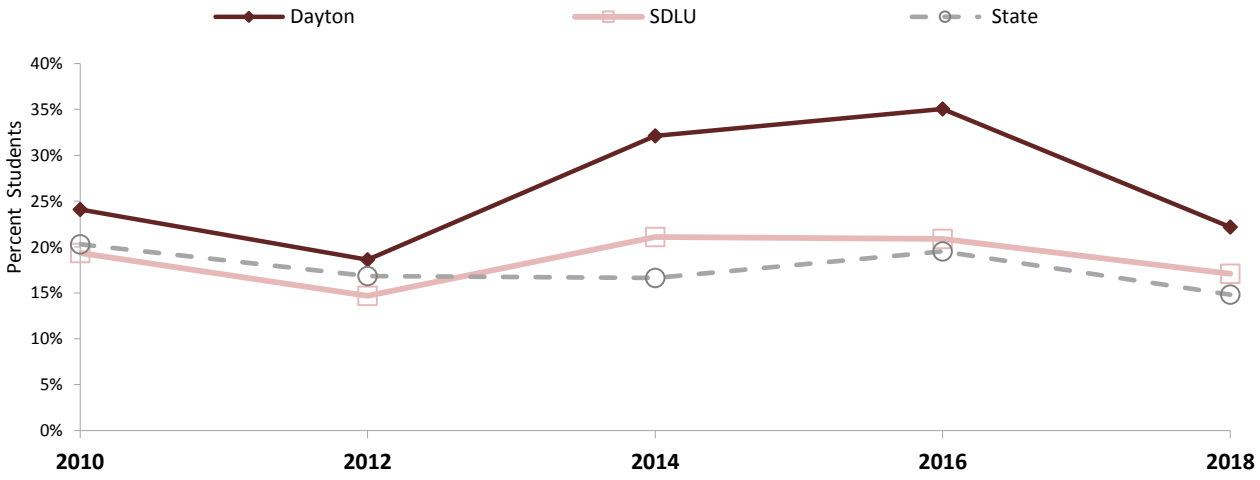


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			26%	27%	29%

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

Skipping School

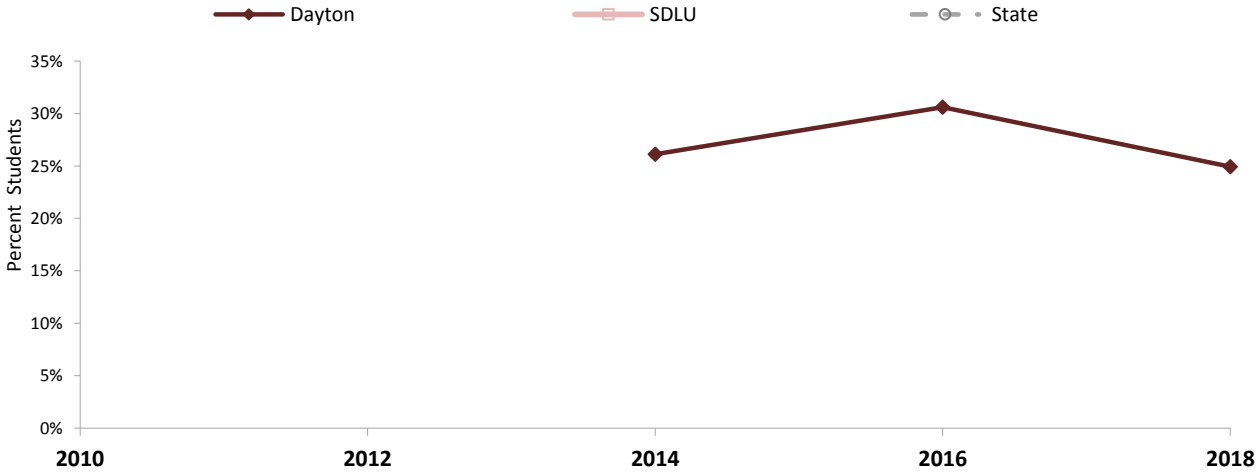
Grade 8,10



	2010	2012	2014	2016	2018
State	20%	17%	17%	20%	15%
SDLU	19%	15%	21%	21%	17%
Dayton	24%	19%	32%	35%	22%

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

Grade 8,9,10,11,12



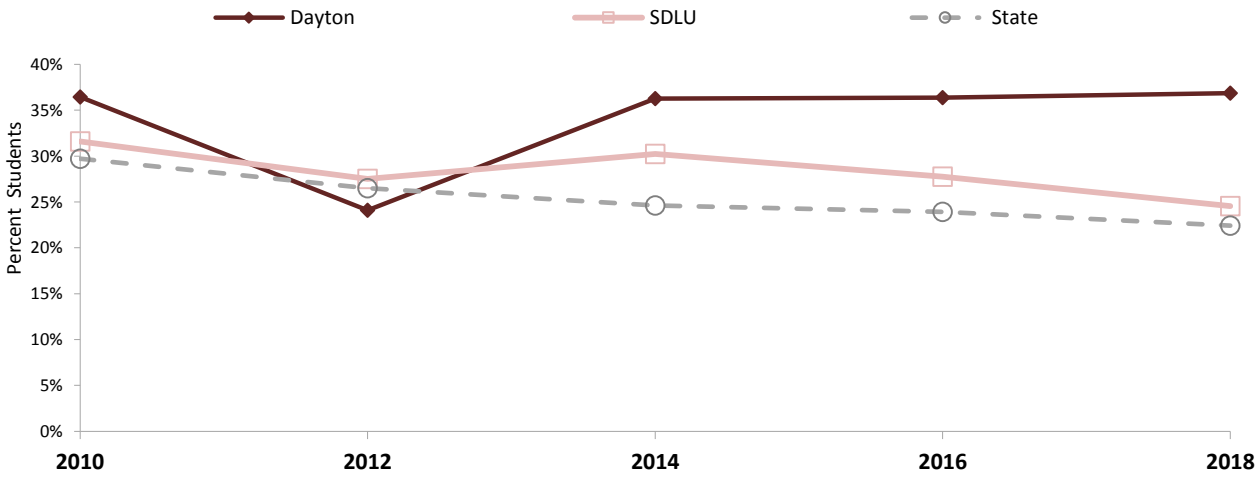
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			26%	31%	25%

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

HYS Measures of Youth Delinquency

Fighting

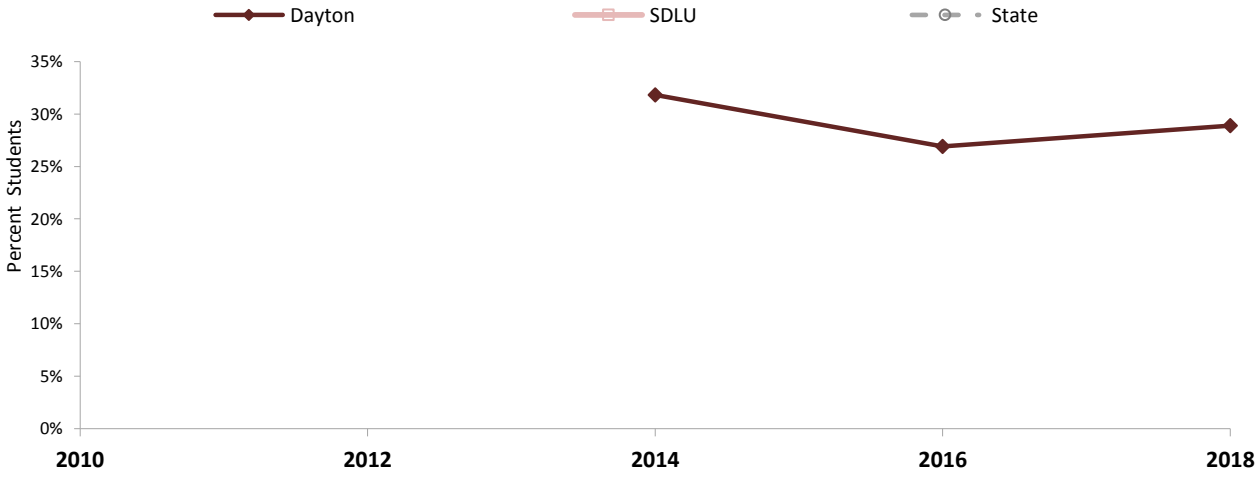
Grade 8,10



	2010	2012	2014	2016	2018
State	30%	26%	25%	24%	22%
SDLU	32%	28%	30%	28%	25%
Dayton	36%	24%	36%	36%	37%

During the past 12 months, how many times were you in a physical fight?
(Results: At least once)

Grade 8,9,10,11,12

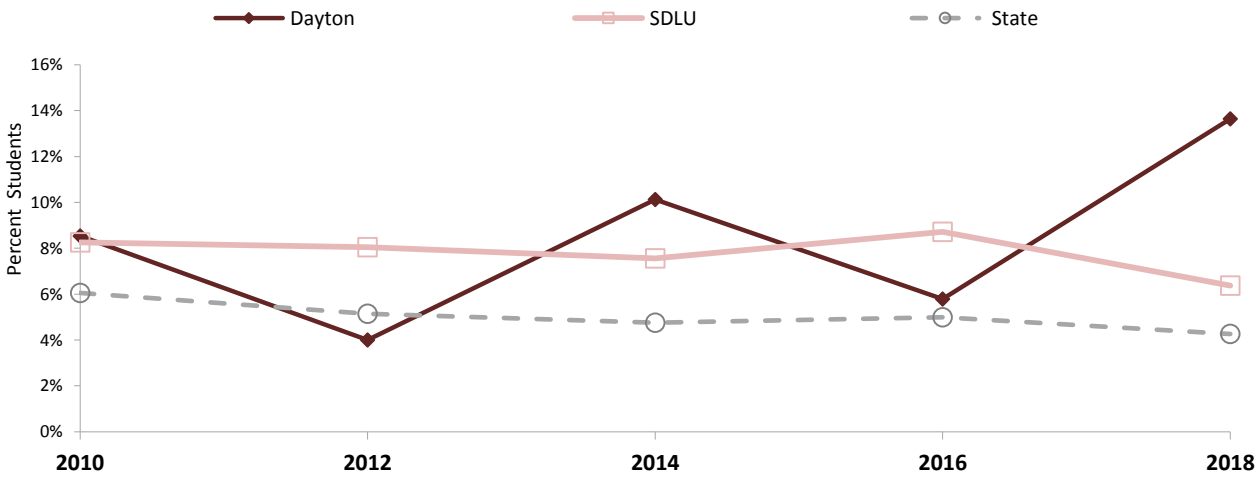


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			32%	27%	29%

During the past 12 months, how many times were you in a physical fight?
(Results: At least once)

Weapon Carrying

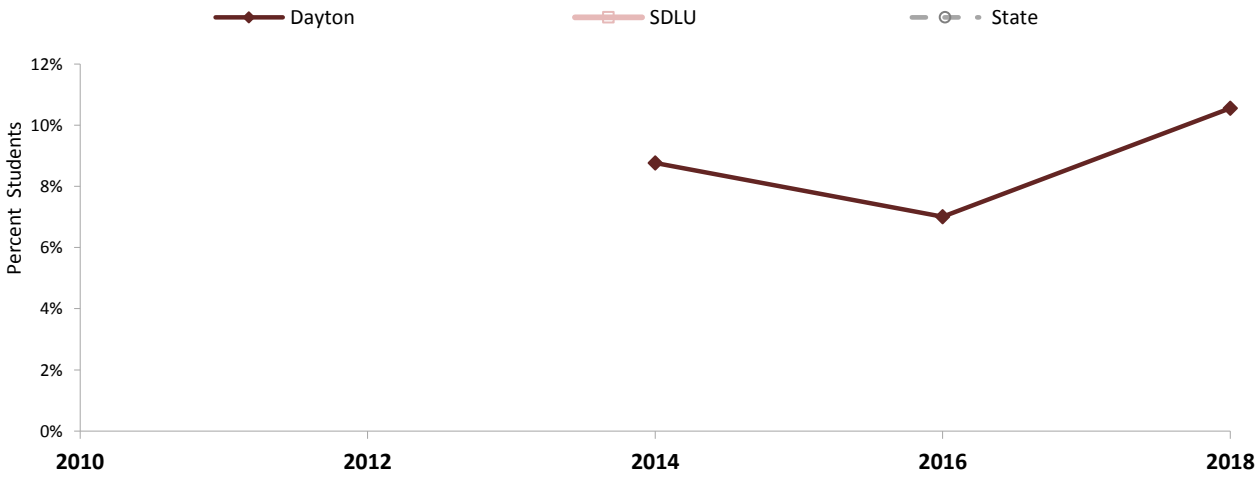
Grade 8,10



	2010	2012	2014	2016	2018
State	6%	5%	5%	5%	4%
SDLU	8%	8%	8%	9%	6%
Dayton	9%	4%	10%	6%	14%

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
(*Results: At least once)*

Grade 8,9,10,11,12

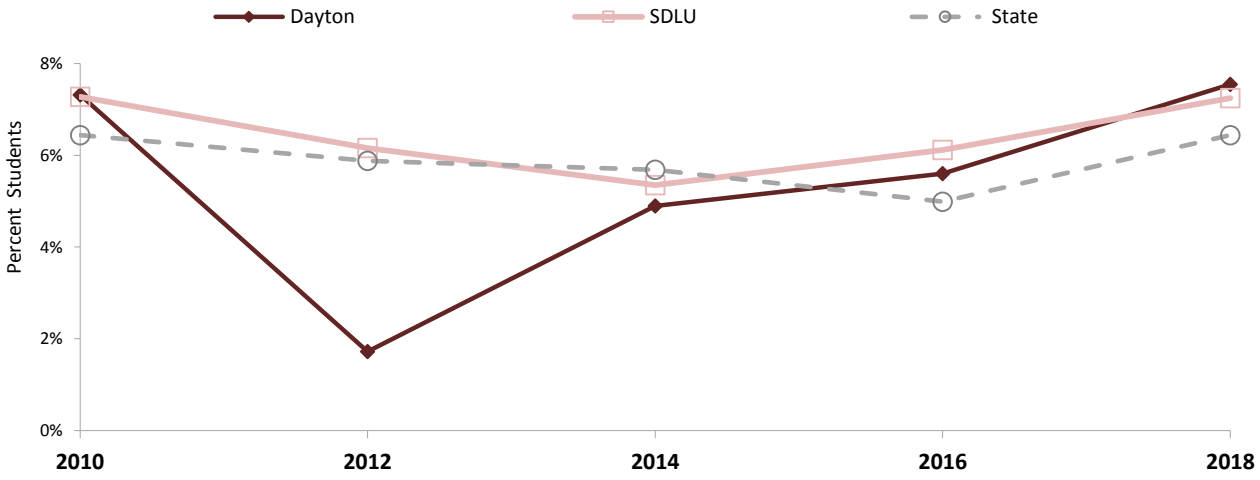


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			9%	7%	11%

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
(Results: At least once)

Gang Membership

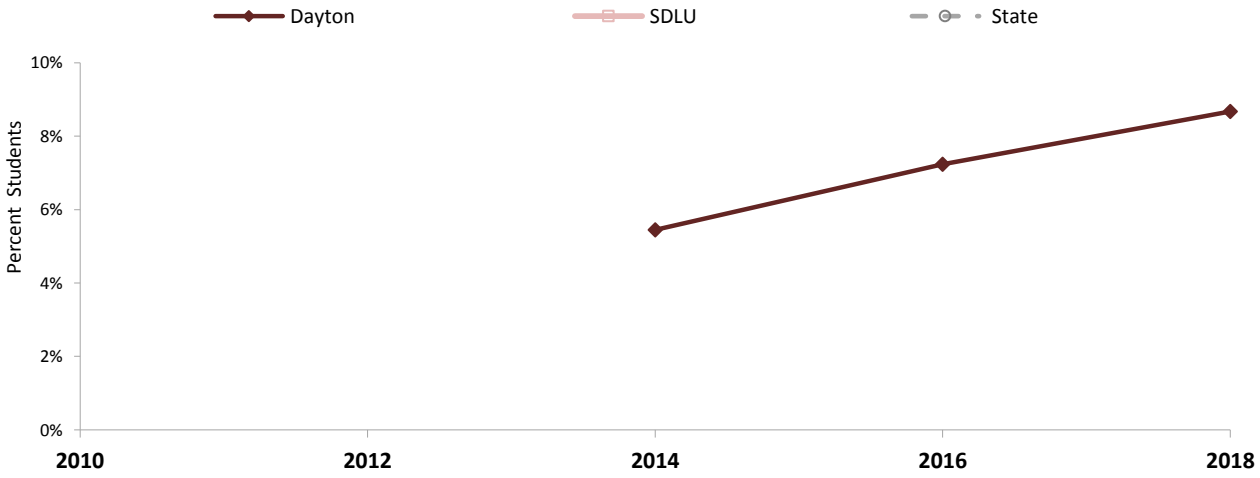
Grade 8,10



	2010	2012	2014	2016	2018
State	6%	6%	6%	5%	6%
SDLU	7%	6%	5%	6%	7%
Dayton	7%	2%	5%	6%	8%

During the past 12 months, have you been a member of a gang? (*Results "Yes"*)

Grade 8,9,10,11,12

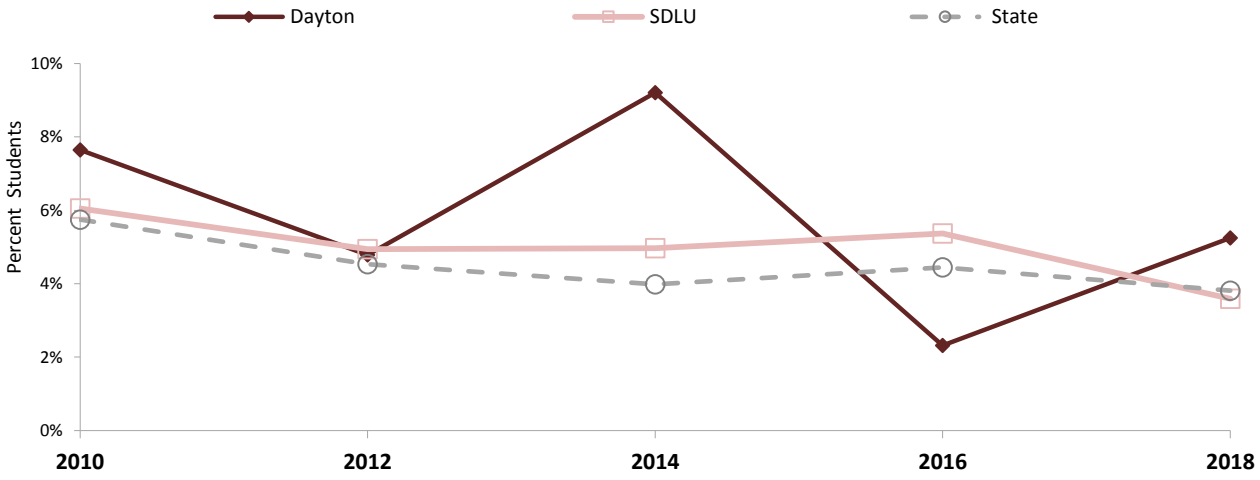


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			5%	7%	9%

During the past 12 months, have you been a member of a gang? *(Results "Yes")*

Drinking and Driving

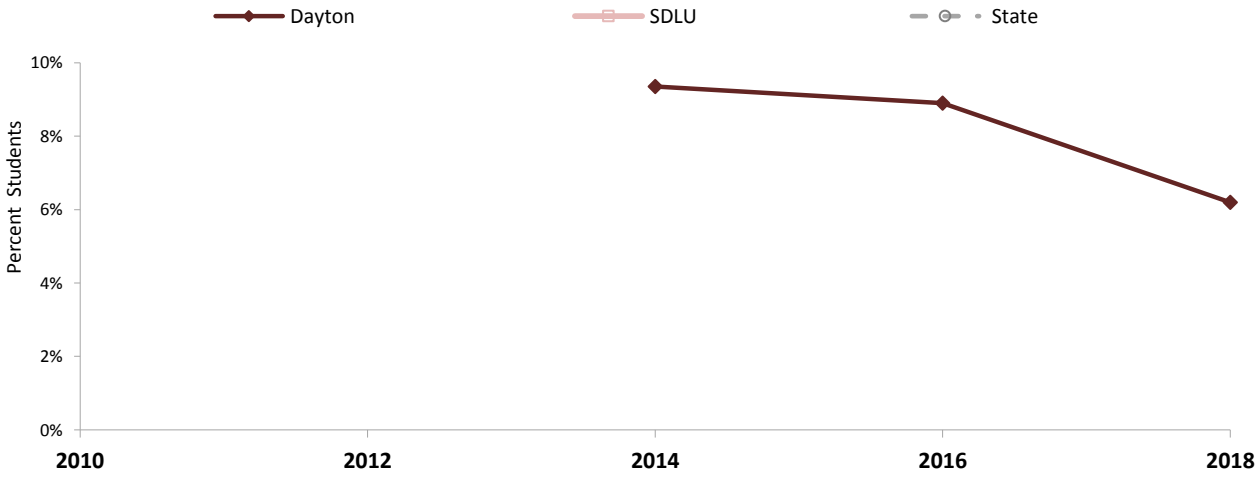
Grade 8,10



	2010	2012	2014	2016	2018
State	6%	5%	4%	4%	4%
SDLU	6%	5%	5%	5%	4%
Dayton	8%	5%	9%	2%	5%

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
(*Results: Any times)*

Grade 8,9,10,11,12



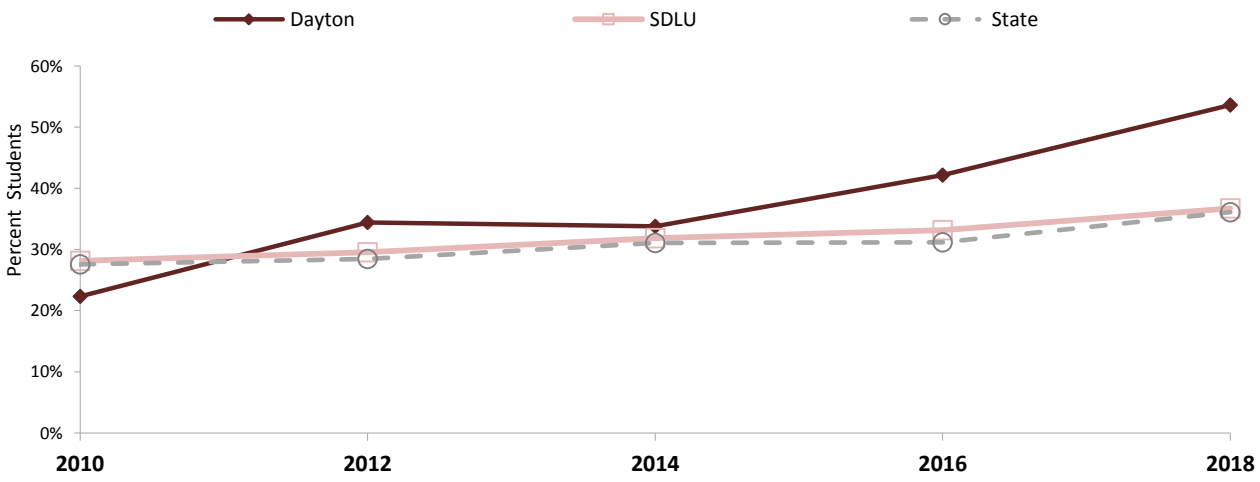
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			9%	9%	6%

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
(Results: Any times)

HYS Measures of Mental Health

Depression

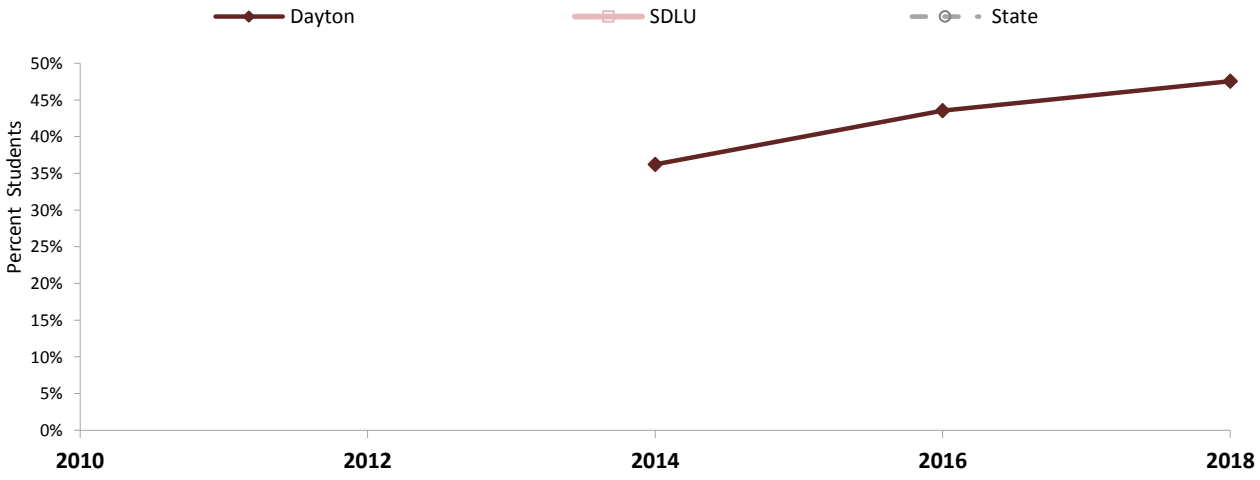
Grade 8,10



	2010	2012	2014	2016	2018
State	28%	28%	31%	31%	36%
SDLU	28%	30%	32%	33%	37%
Dayton	22%	34%	34%	42%	54%

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? *(Results: "Yes")*

Grade 8,9,10,11,12

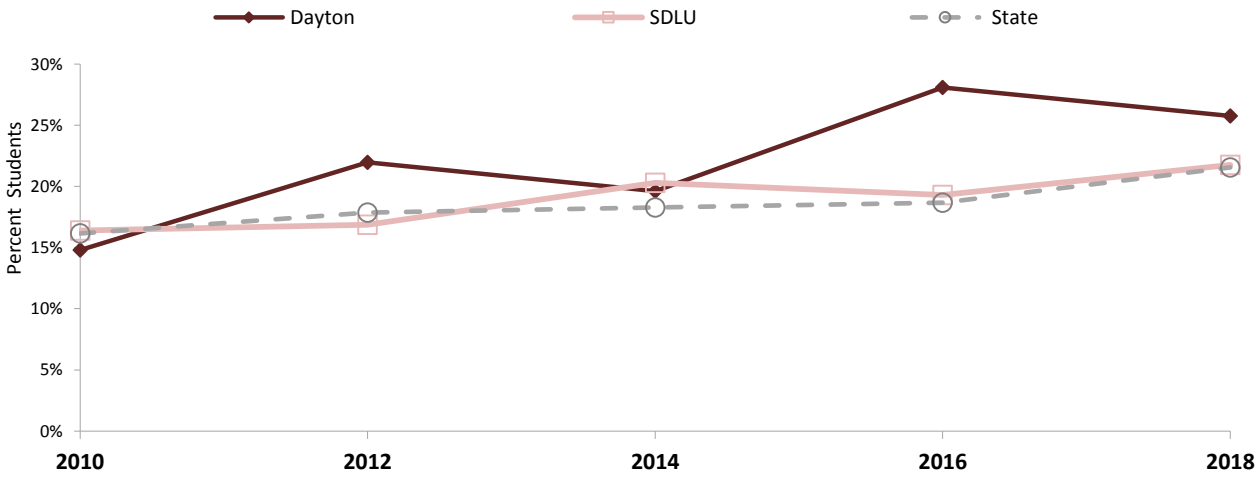


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			36%	44%	48%

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? *(Results: "Yes")*

Considering Suicide

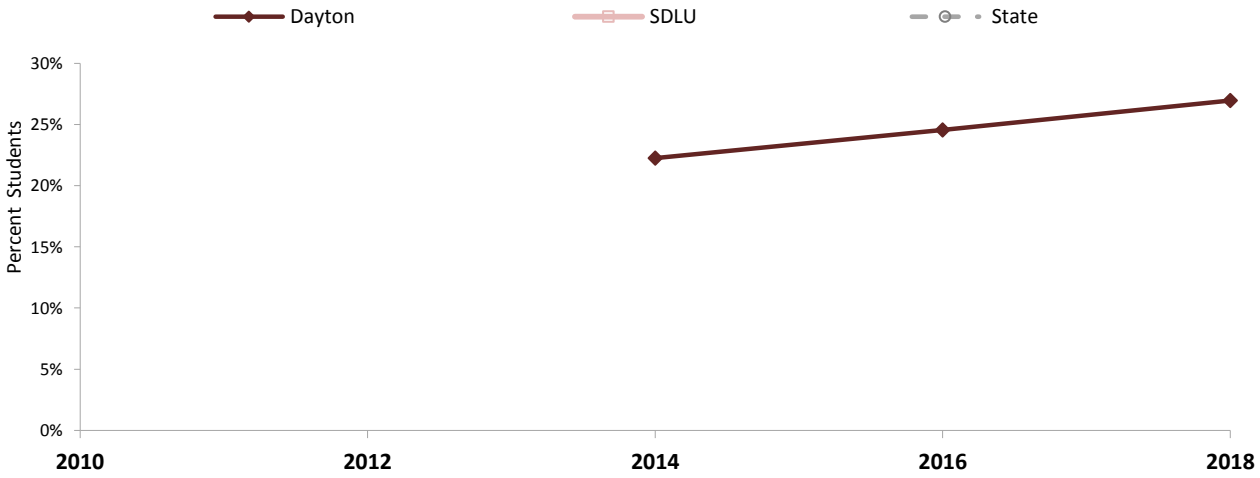
Grade 8,10



	2010	2012	2014	2016	2018
State	16%	18%	18%	19%	22%
SDLU	16%	17%	20%	19%	22%
Dayton	15%	22%	20%	28%	26%

During the past 12 months, did you ever seriously consider attempting suicide?
(Results: "Yes")

Grade 8,9,10,11,12

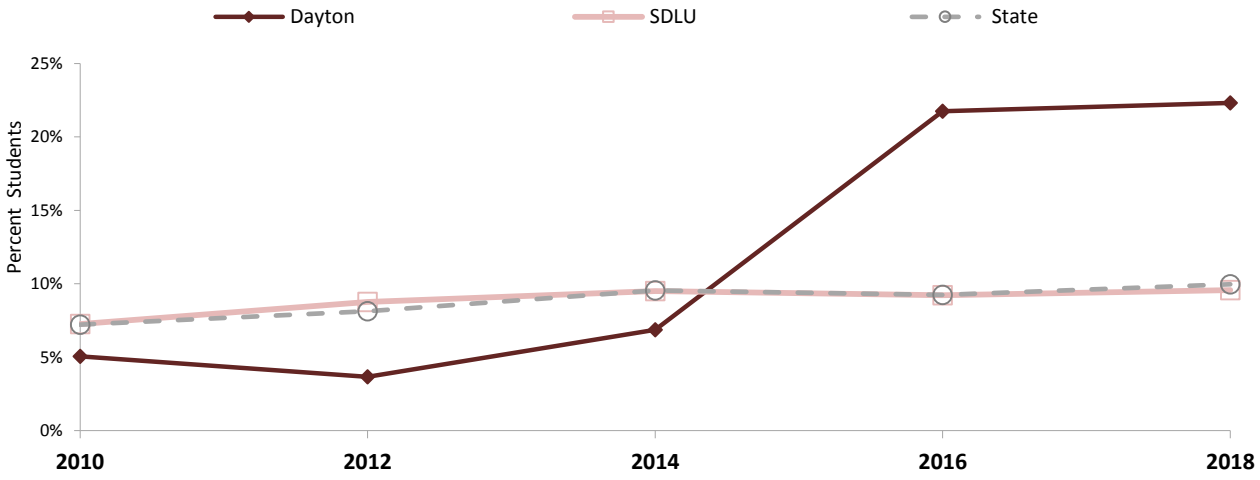


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			22%	25%	27%

During the past 12 months, did you ever seriously consider attempting suicide?
(Results: "Yes")

Suicide Attempts

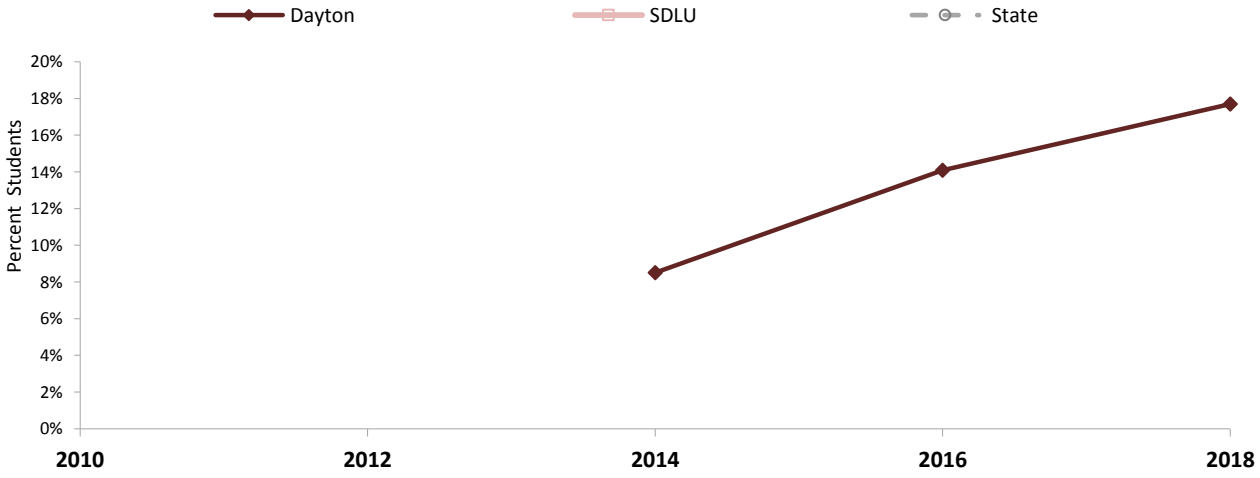
Grade 8,10



	2010	2012	2014	2016	2018
State	7%	8%	10%	9%	10%
SDLU	7%	9%	9%	9%	10%
Dayton	5%	4%	7%	22%	22%

During the past 12 months, how many times did you actually attempt suicide? (Results: Any suicide attempts)

Grade 8,9,10,11,12



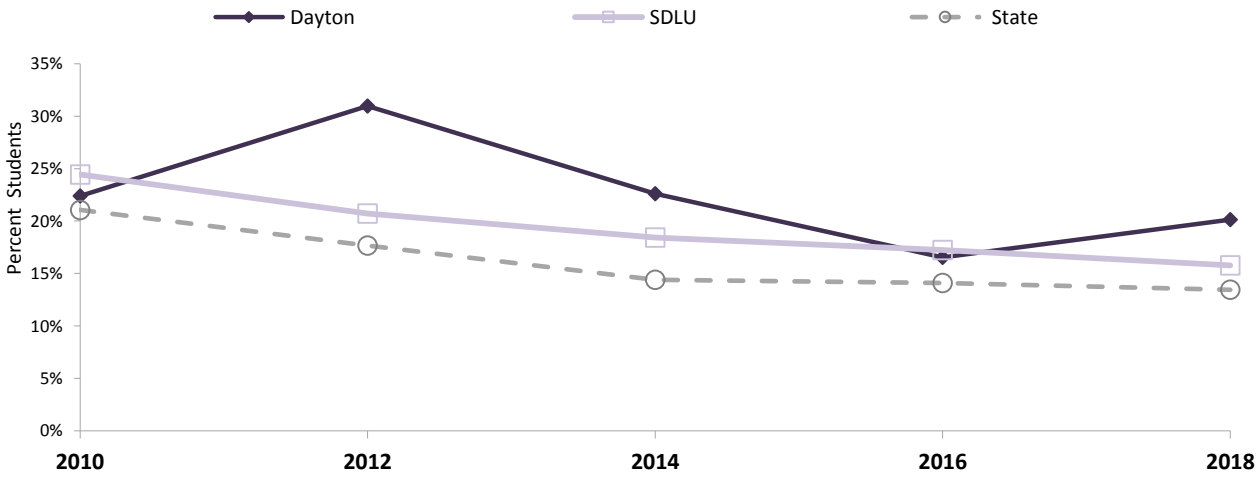
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			9%	14%	18%

During the past 12 months, how many times did you actually attempt suicide? (Results: Any suicide attempts)

HYS Measures of Youth Substance Use

Current Drinking

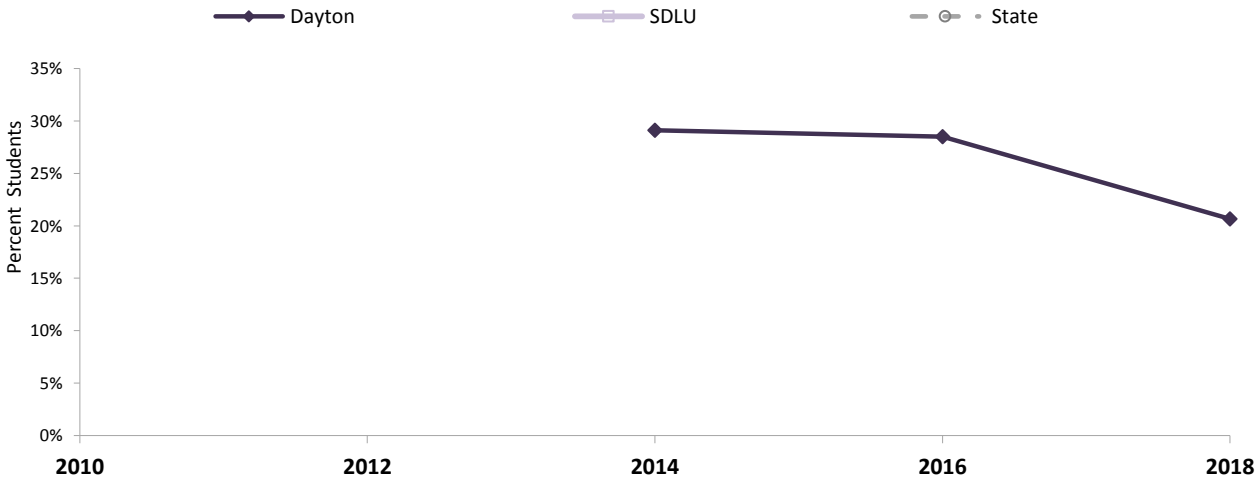
Grade 8,10



	2010	2012	2014	2016	2018
State	21%	18%	14%	14%	13%
SDLU	24%	21%	18%	17%	16%
Dayton	22%	31%	23%	17%	20%

During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? *(Results: Drink any days)*

Grade 8,9,10,11,12

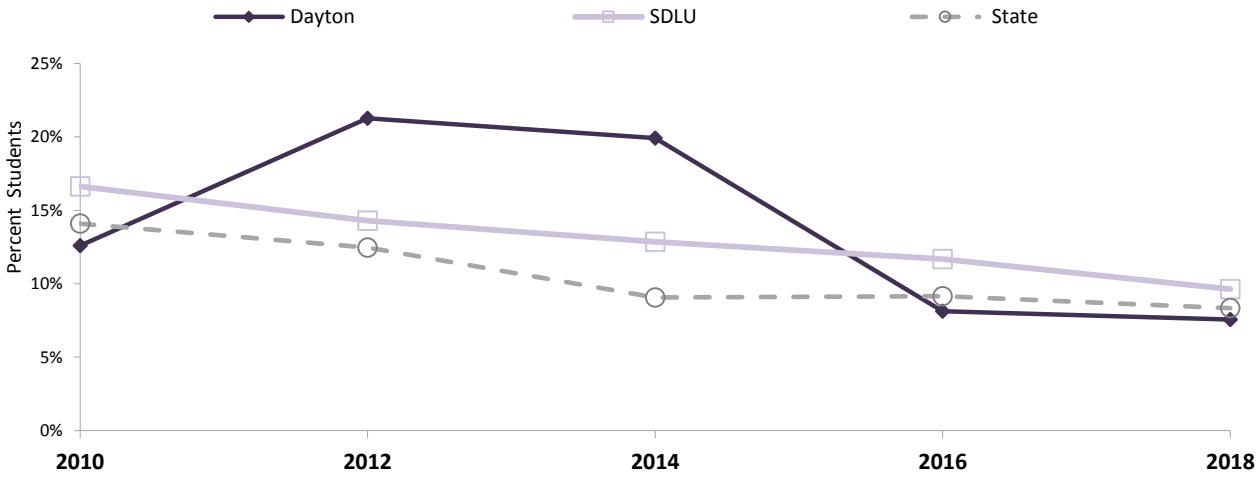


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			29%	28%	21%

During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? *(Results: Drink any days)*

Problem/Heavy Drinking

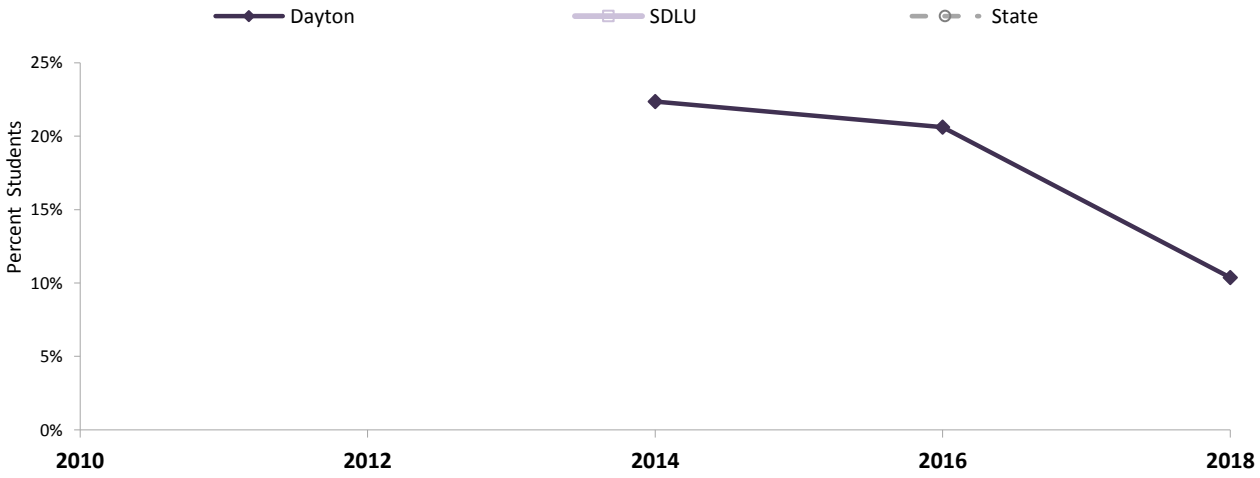
Grade 8,10



	2010	2012	2014	2016	2018
State	14%	12%	9%	9%	8%
SDLU	17%	14%	13%	12%	10%
Dayton	13%	21%	20%	8%	8%

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

Grade 8,9,10,11,12

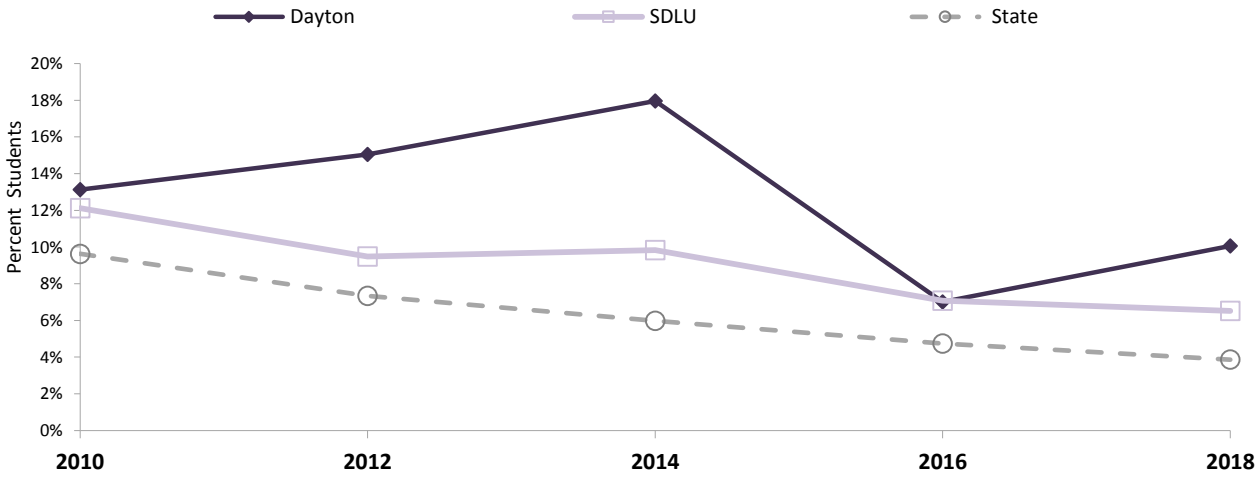


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			22%	21%	10%

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

Current Cigarette Smoking

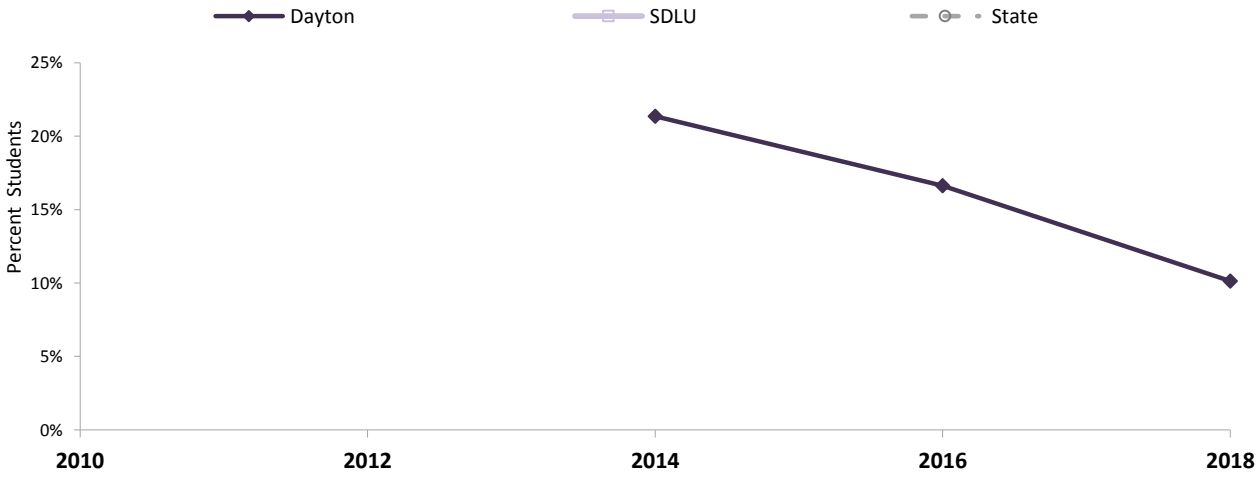
Grade 8,10



	2010	2012	2014	2016	2018
State	10%	7%	6%	5%	4%
SDLU	12%	9%	10%	7%	7%
Dayton	13%	15%	18%	7%	10%

During the past 30 days, on how many days did you: Smoke cigarettes?
(Results: Smoke any days)

Grade 8,9,10,11,12

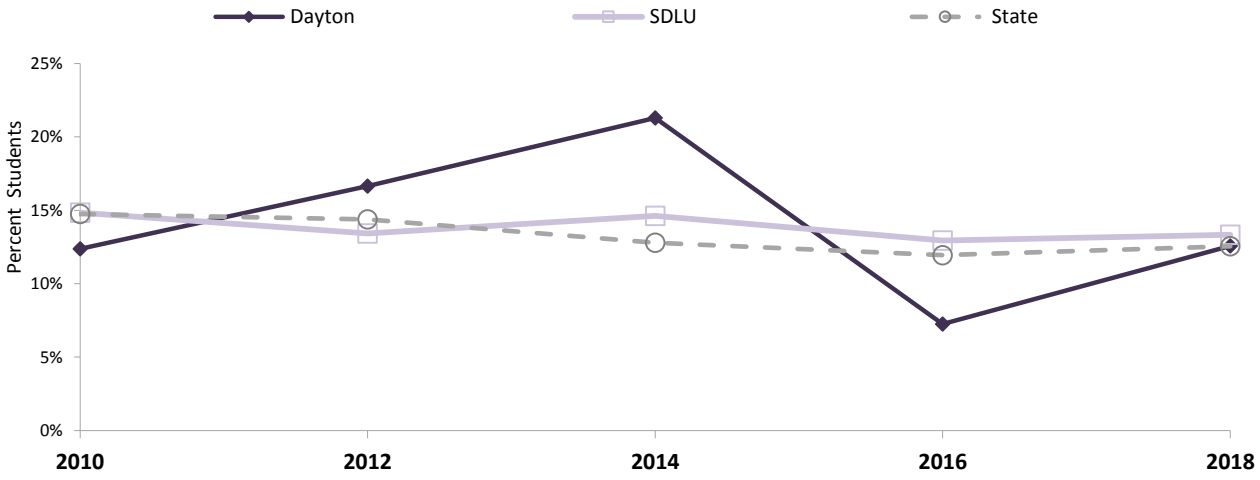


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			21%	17%	10%

During the past 30 days, on how many days did you: Smoke cigarettes?
(Results: Smoke any days)

Current Marijuana Use

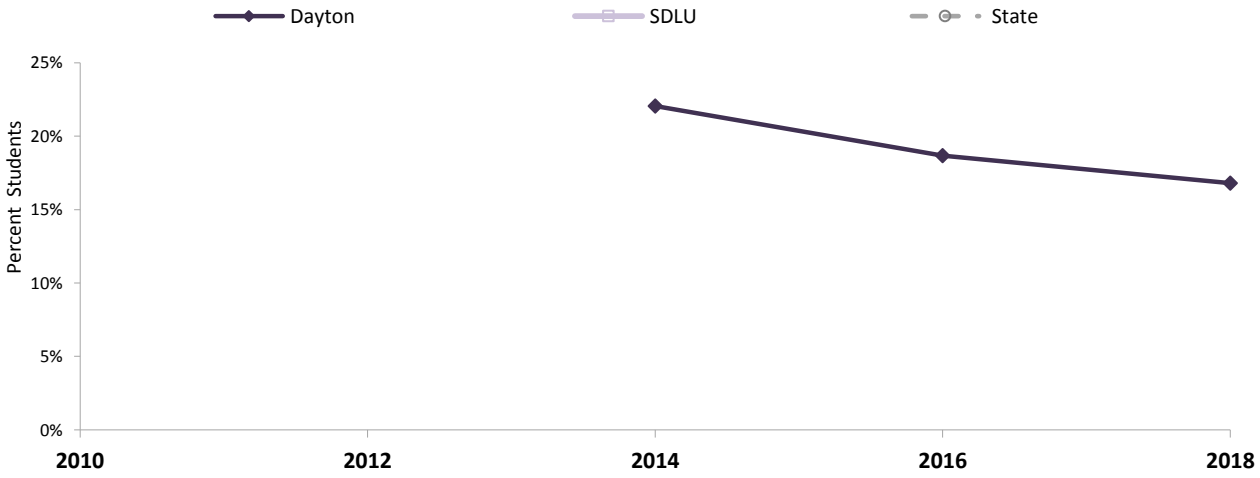
Grade 8,10



	2010	2012	2014	2016	2018
State	15%	14%	13%	12%	13%
SDLU	15%	13%	15%	13%	13%
Dayton	12%	17%	21%	7%	13%

During the past 30 days, on how many days did you: Use marijuana or hashish?
(Results: Use any days)

Grade 8,9,10,11,12

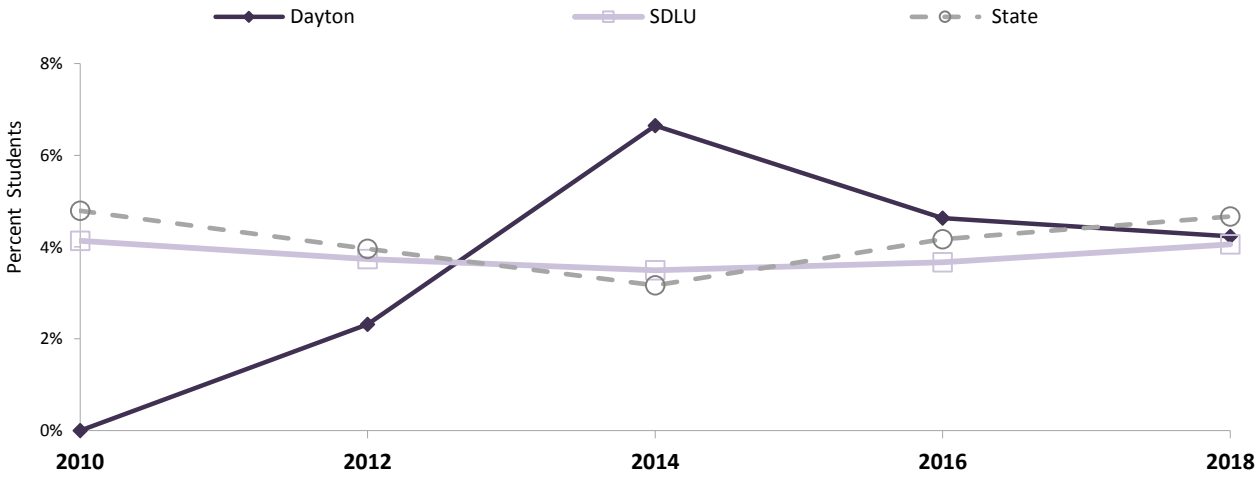


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			22%	19%	17%

During the past 30 days, on how many days did you: Use marijuana or hashish?
(Results: Use any days)

Current Other Illegal Drug Use

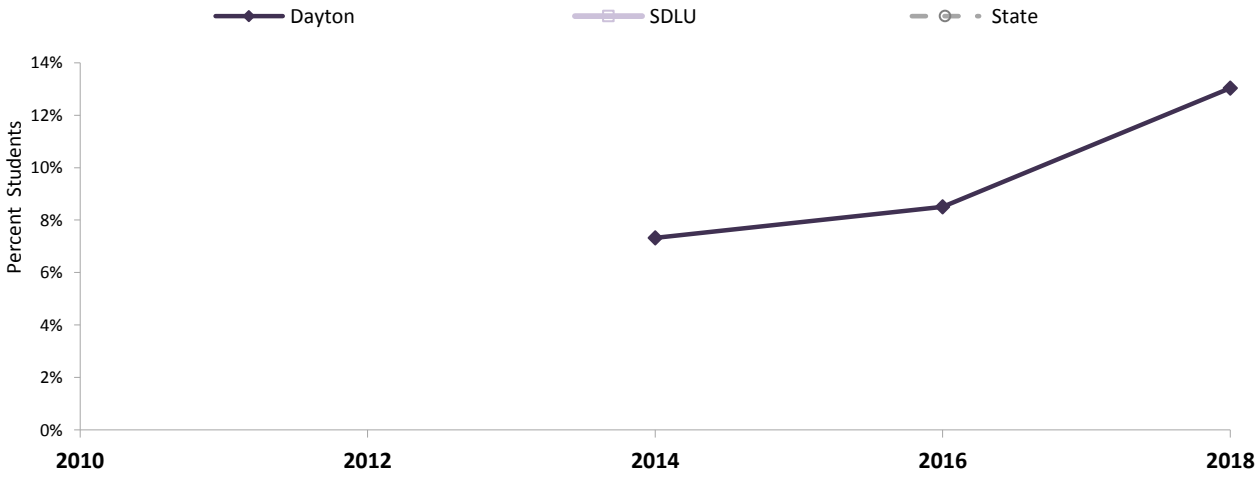
Grade 8,10



	2010	2012	2014	2016	2018
State	5%	4%	3%	4%	5%
SDLU	4%	4%	3%	4%	4%
Dayton	0%	2%	7%	5%	4%

During the past 30 days, on how many days did you: not counting alcohol, tobacco, or marijuana, use another illegal drug? *(Results: Use any days)*

Grade 8,9,10,11,12

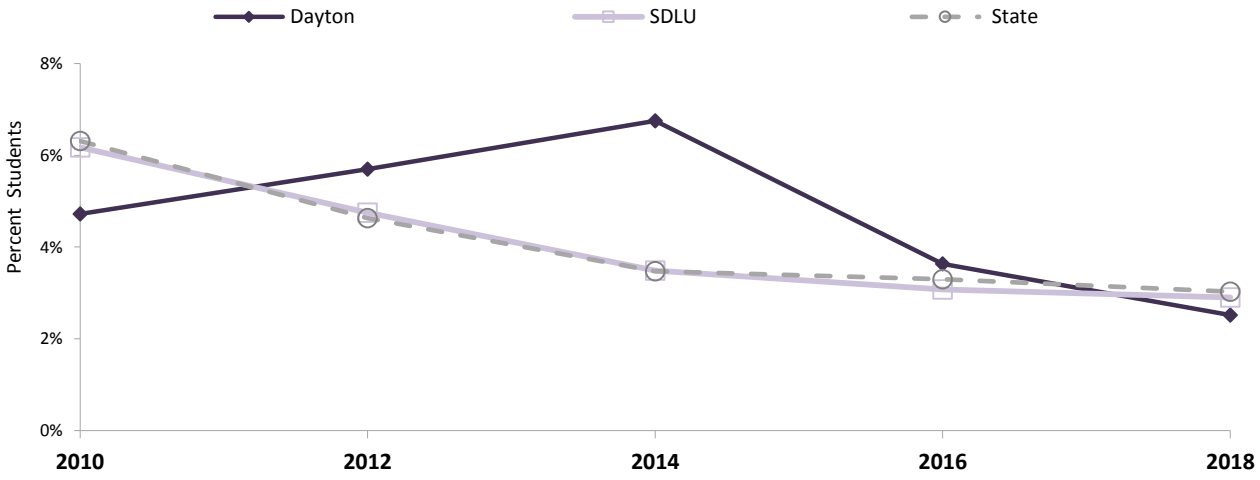


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			7%	9%	13%

During the past 30 days, on how many days did you: not counting alcohol, tobacco, or marijuana, use another illegal drug? *(Results: Use any days)*

Current Pain Killer Use

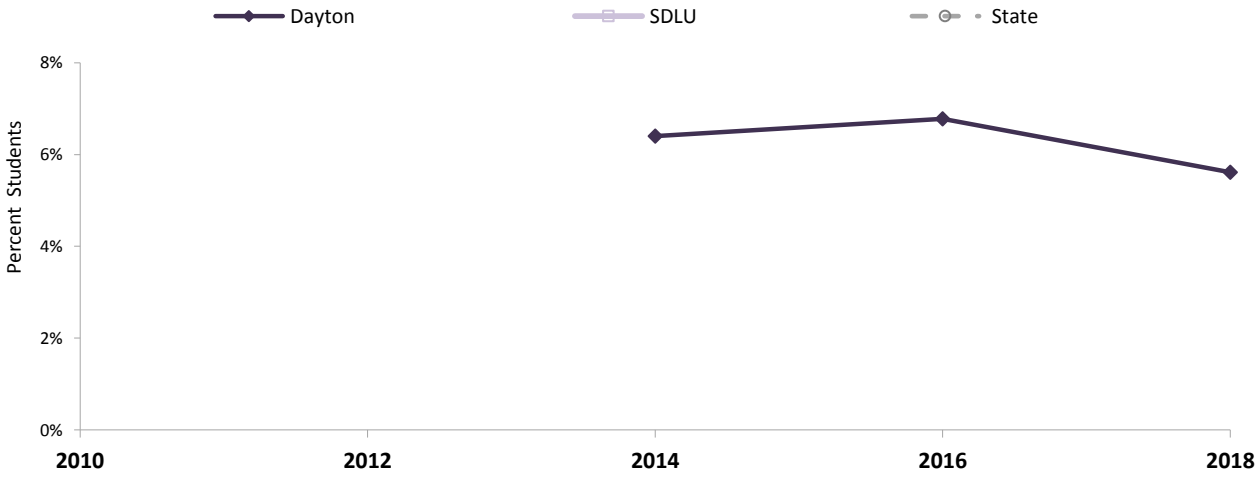
Grade 8,10



	2010	2012	2014	2016	2018
State	6%	5%	3%	3%	3%
SDLU	6%	5%	3%	3%	3%
Dayton	5%	6%	7%	4%	3%

During the past 30 days, on how many days did you: Use a pain killer to get high, like Vicodin, OxyContin or Percocet?
(Results: Use any days)

Grade 8,9,10,11,12



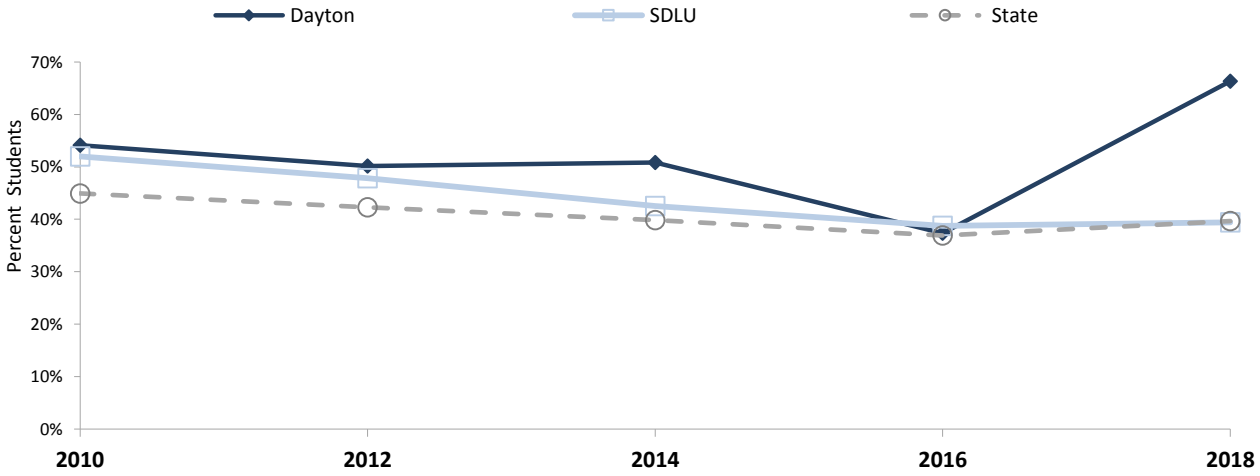
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			6%	7%	6%

During the past 30 days, on how many days did you: Use a pain killer to get high, like Vicodin, OxyContin or Percocet?
(Results: Use any days)

HYS Measures of Alcohol or Marijuana Availability

Youth Think Alcohol is Easy to Get

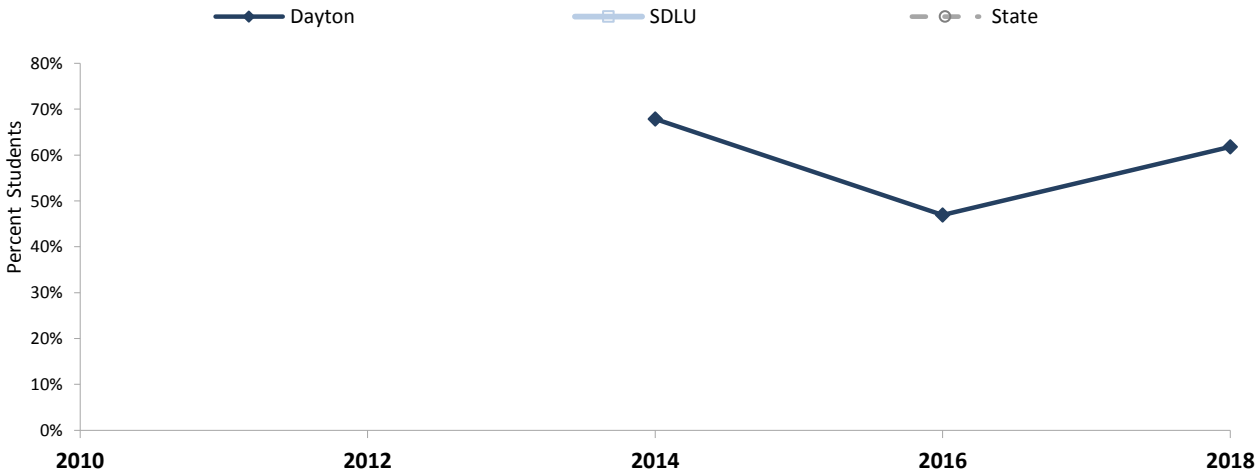
Grade 8,10



	2010	2012	2014	2016	2018
State	45%	42%	40%	37%	40%
SDLU	52%	48%	43%	39%	39%
Dayton	54%	50%	51%	37%	66%

If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? *(Results: "Very easy" and "Sort of easy")*

Grade 8,9,10,11,12

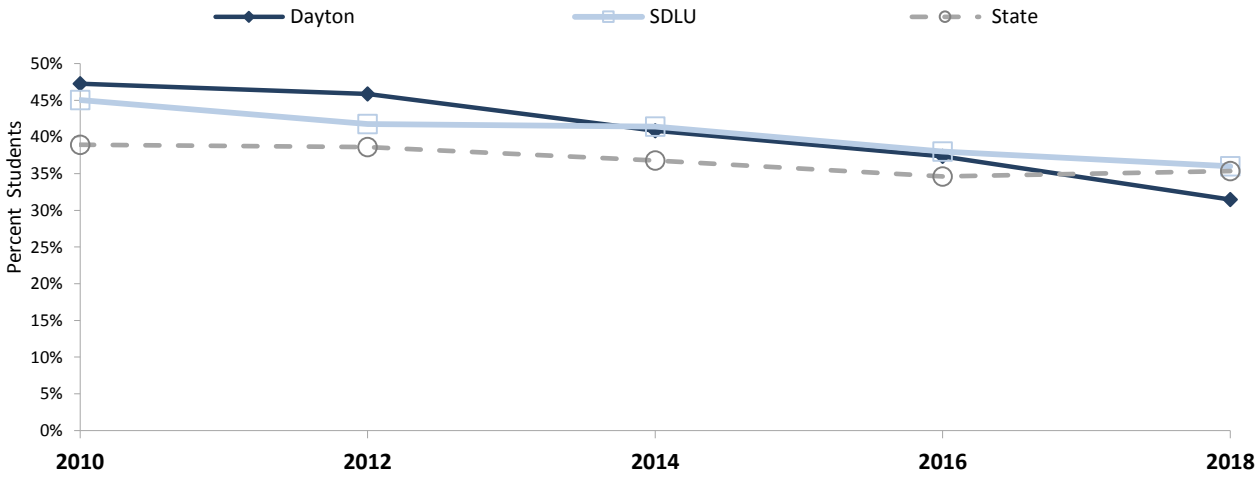


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			68%	47%	62%

If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some? *(Results: "Very easy" and "Sort of easy")*

Youth Think Marijuana is Easy to Get

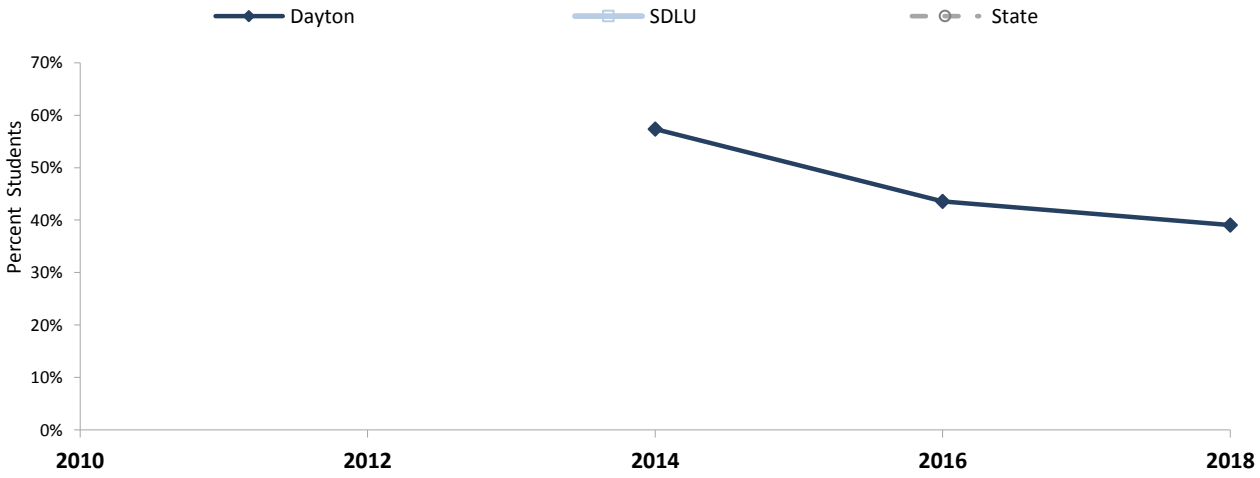
Grade 8,10



	2010	2012	2014	2016	2018
State	39%	39%	37%	35%	35%
SDLU	45%	42%	41%	38%	36%
Dayton	47%	46%	41%	37%	31%

If you wanted to get some marijuana, how easy would it be for you to get some?
(Results: "Very easy" and "Sort of easy")

Grade 8,9,10,11,12



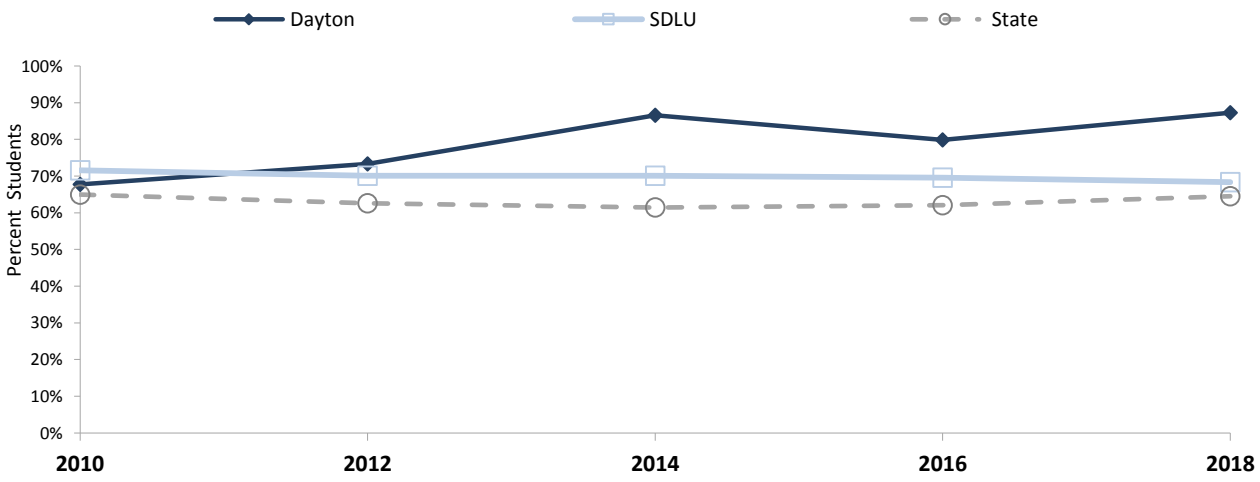
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			57%	44%	39%

If you wanted to get some marijuana, how easy would it be for you to get some?
(Results: "Very easy" and "Sort of easy")

HYS Measures of Enforcement of Alcohol Laws

Police Don't Enforce Underage Drinking Laws

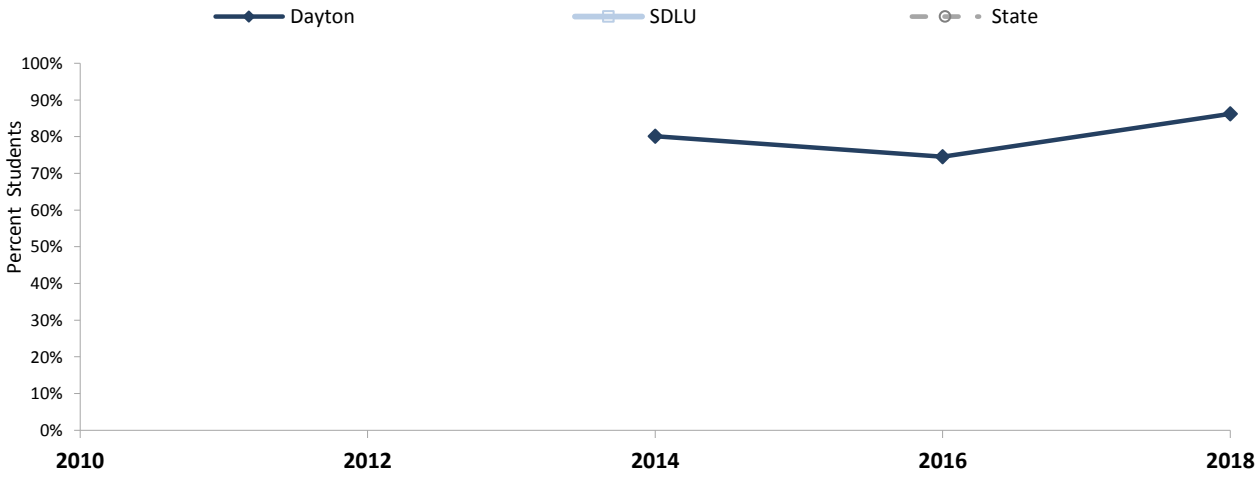
Grade 8,10



	2010	2012	2014	2016	2018
State	65%	63%	61%	62%	64%
SDLU	72%	70%	70%	70%	68%
Dayton	68%	73%	87%	80%	87%

If a kid drank some beer, wine, or hard liquor in your community would he or she be caught by the police?
(Results: "NO!" and "no")

Grade 8,9,10,11,12



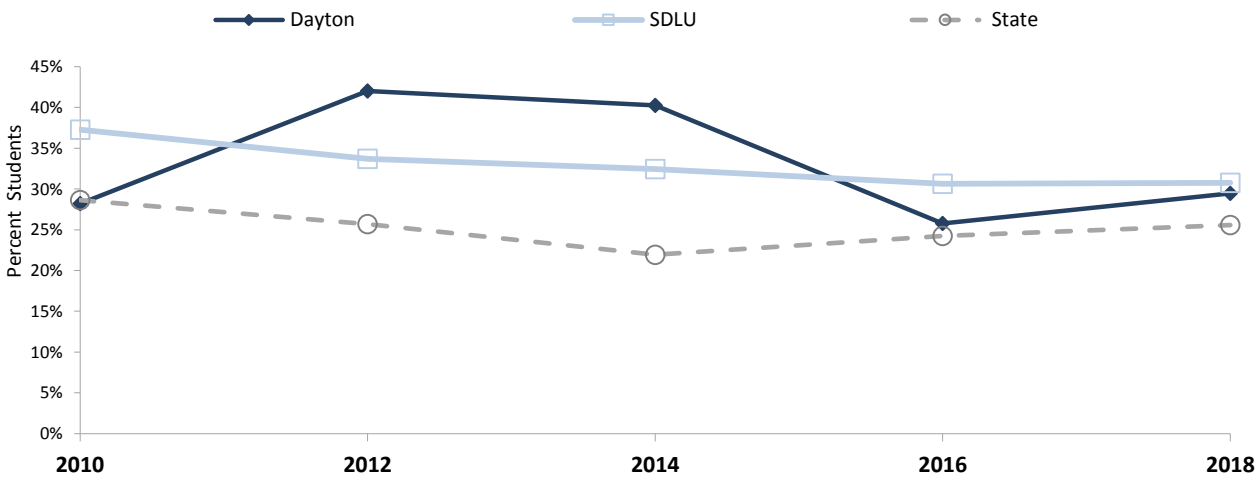
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			80%	75%	86%

If a kid drank some beer, wine, or hard liquor in your community would he or she be caught by the police?
(Results: "NO!" and "no")

HYS Measures of Perception of Risk of Harm

Regular Alcohol Drinking Isn't Risky

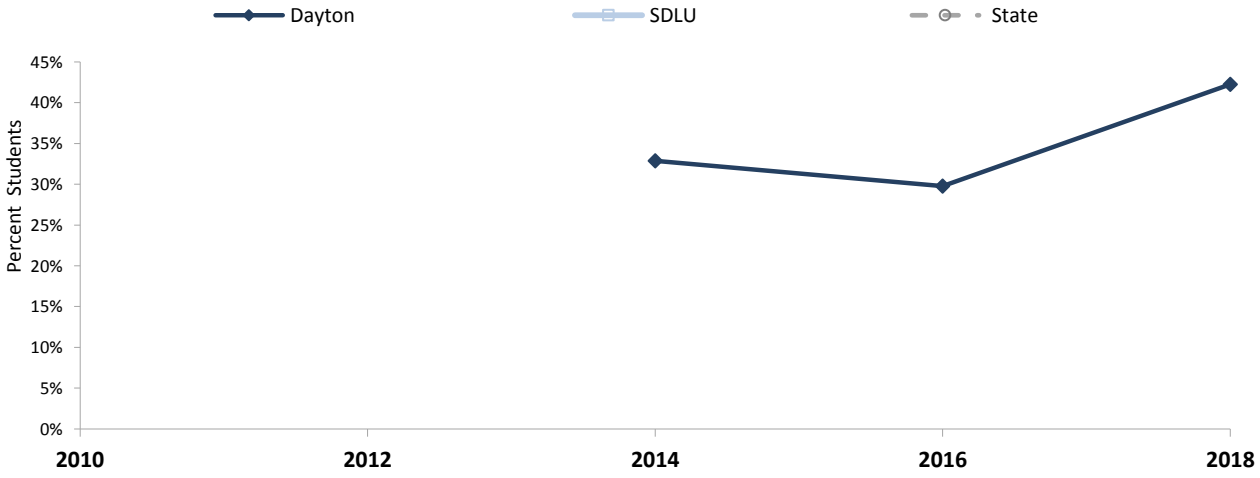
Grade 8,10



	2010	2012	2014	2016	2018
State	29%	26%	22%	24%	26%
SDLU	37%	34%	32%	31%	31%
Dayton	28%	42%	40%	26%	29%

How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?
(Results: "No risk" and "Slight risk")

Grade 8,9,10,11,12

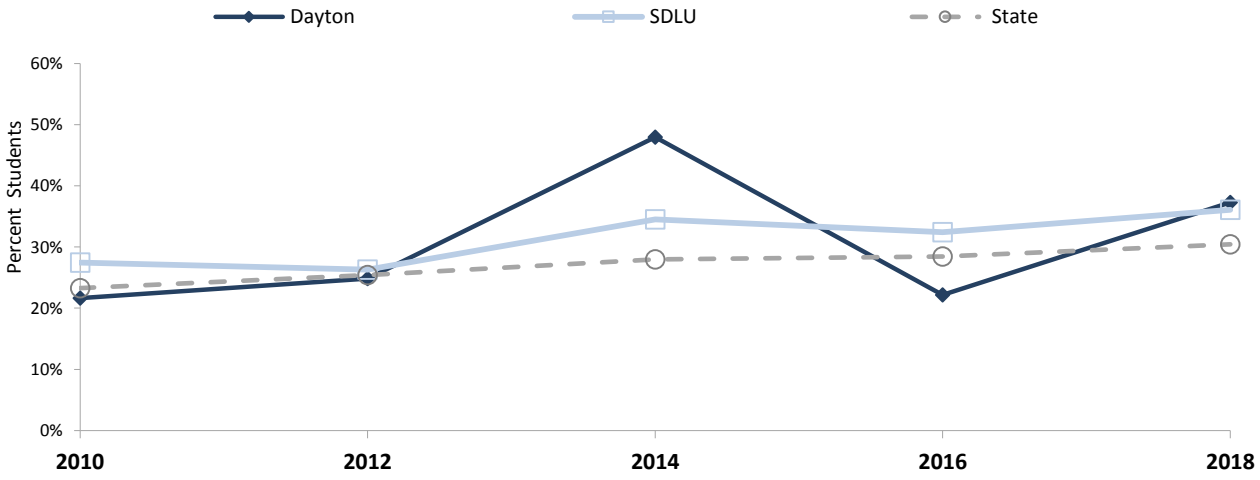


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			33%	30%	42%

How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?
(Results: "No risk" and "Slight risk")

Regular Marijuana Use Isn't Risky

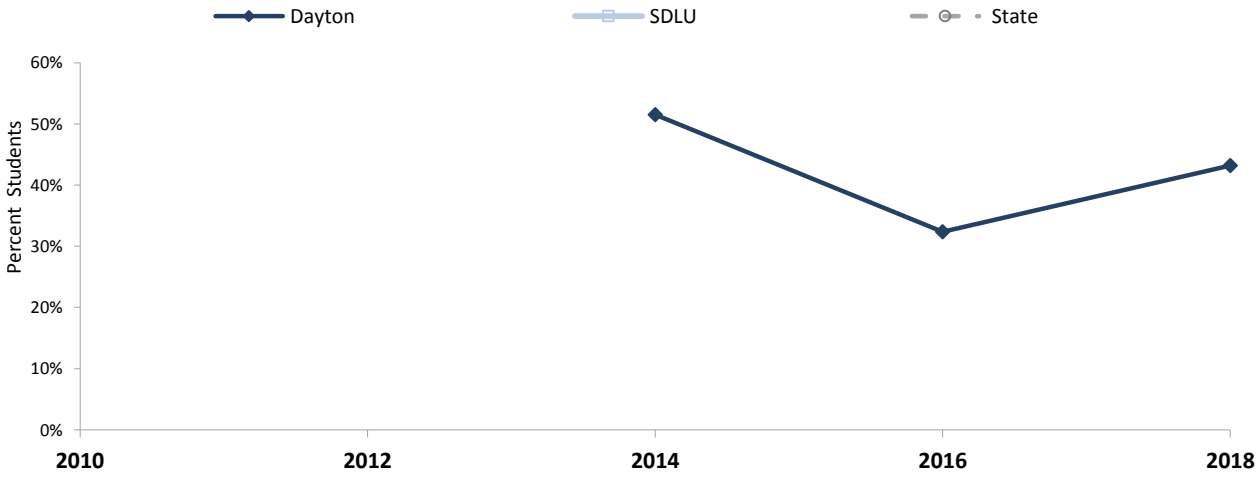
Grade 8,10



	2010	2012	2014	2016	2018
State	23%	25%	28%	28%	30%
SDLU	27%	26%	35%	32%	36%
Dayton	22%	25%	48%	22%	37%

How much do you think people risk harming themselves if they use marijuana regularly? *(Results: "No risk" and "Slight risk")*

Grade 8,9,10,11,12



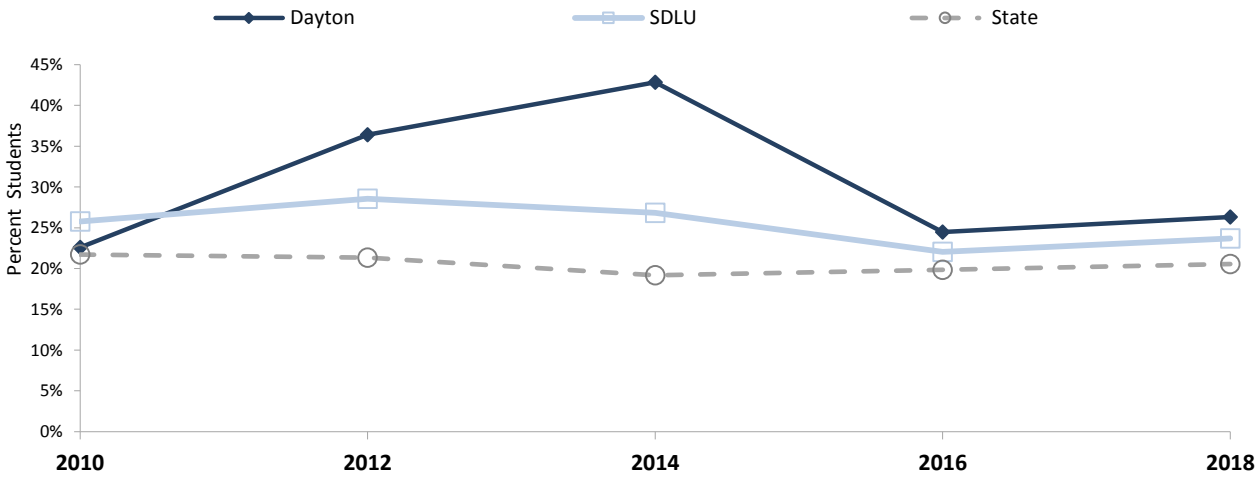
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			52%	32%	43%

How much do you think people risk harming themselves if they use marijuana regularly? *(Results: "No risk" and "Slight risk")*

HYS Measures of Community Norms

Youth Don't Think Drinking is Wrong

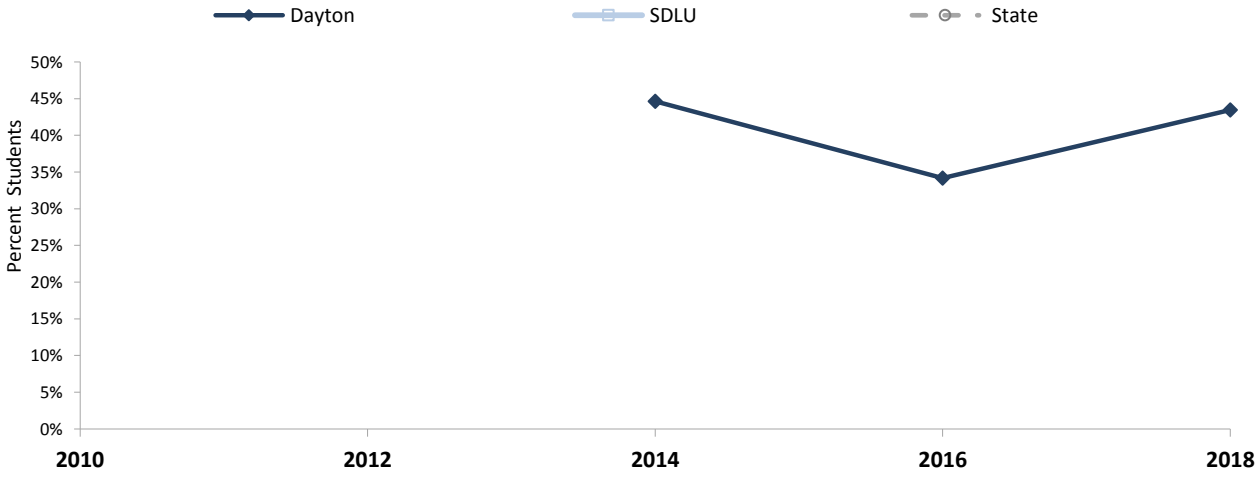
Grade 8,10



	2010	2012	2014	2016	2018
State	22%	21%	19%	20%	21%
SDLU	26%	29%	27%	22%	24%
Dayton	23%	36%	43%	24%	26%

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

Grade 8,9,10,11,12

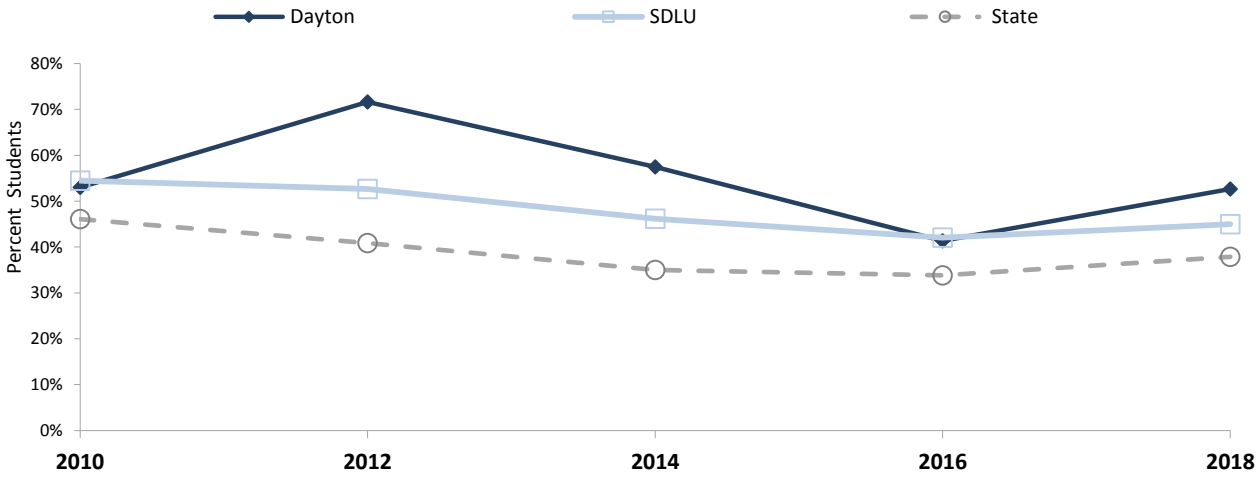


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			45%	34%	43%

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

Friends Drink Alcohol

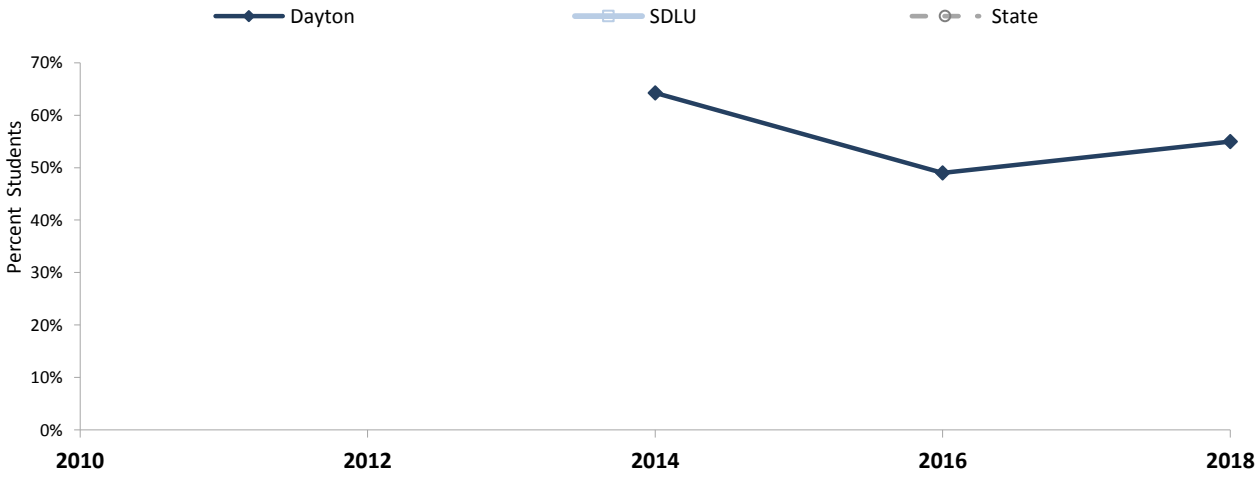
Grade 8,10



	2010	2012	2014	2016	2018
State	46%	41%	35%	34%	38%
SDLU	54%	53%	46%	42%	45%
Dayton	53%	72%	57%	41%	53%

How many of your best friends have: Tried beer, wine, or hard liquor when their parents didn't know about it?
(Results: Any friends)

Grade 8,9,10,11,12

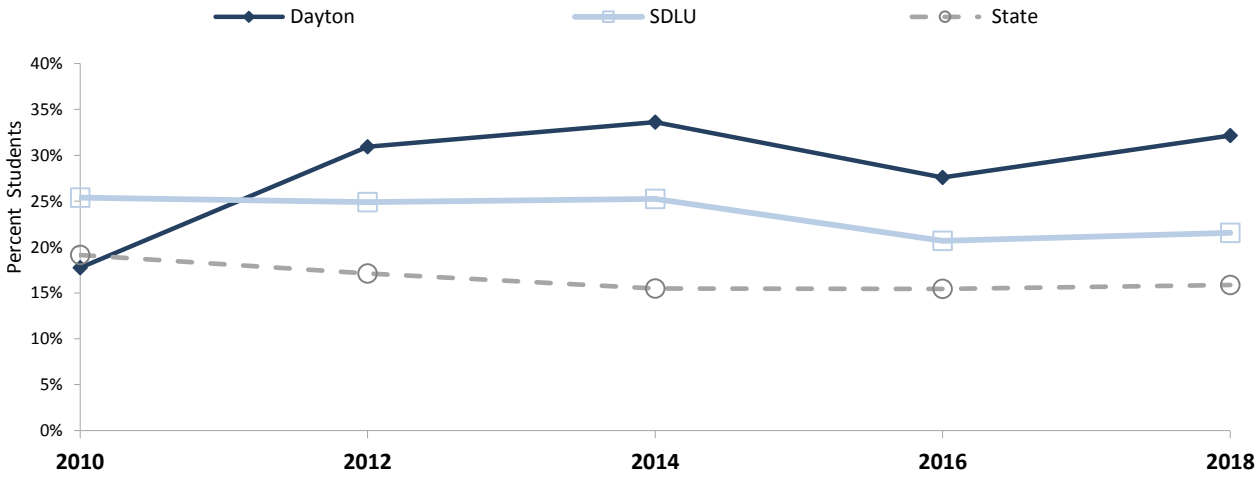


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			64%	49%	55%

How many of your best friends have: Tried beer, wine, or hard liquor when their parents didn't know about it?
(Results: Any friends)

Community Doesn't Think Drinking is Wrong

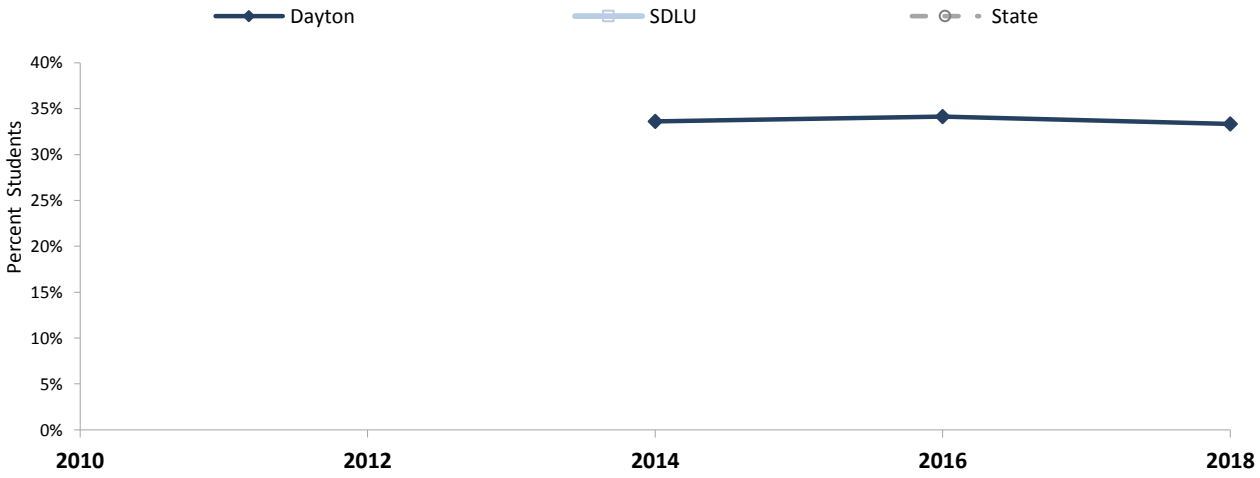
Grade 8,10



	2010	2012	2014	2016	2018
State	19%	17%	15%	15%	16%
SDLU	25%	25%	25%	21%	22%
Dayton	18%	31%	34%	28%	32%

How wrong would most adults in your neighborhood or community think it is for kids your age to drink alcohol?
(Results: "A little bit wrong" and "Not at all wrong")

Grade 8,9,10,11,12

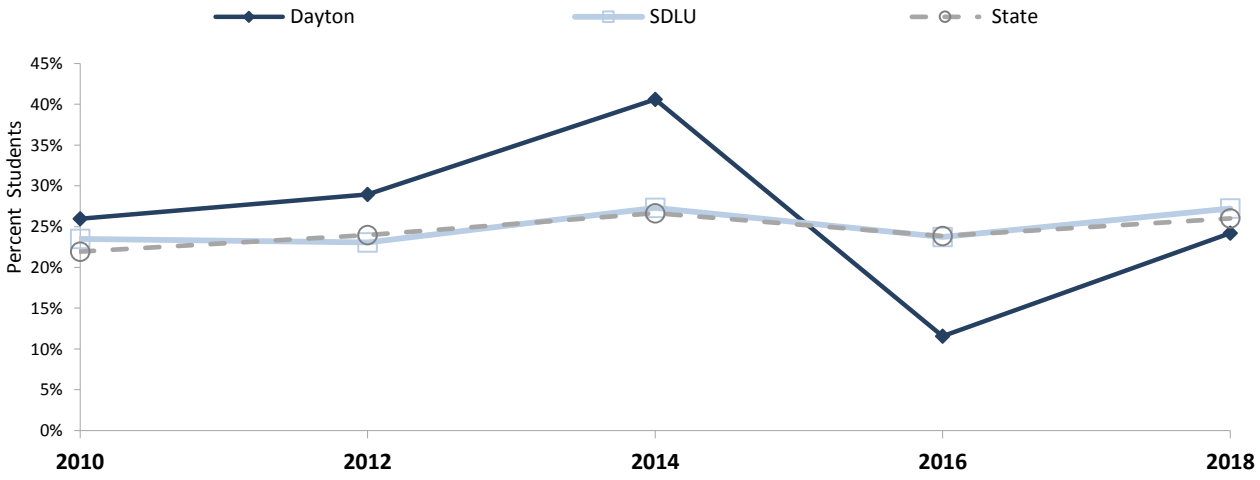


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			34%	34%	33%

How wrong would most adults in your neighborhood or community think it is for kids your age to drink alcohol?
(Results: "A little bit wrong" and "Not at all wrong")

Youth Don't Think Marijuana Use Is Wrong

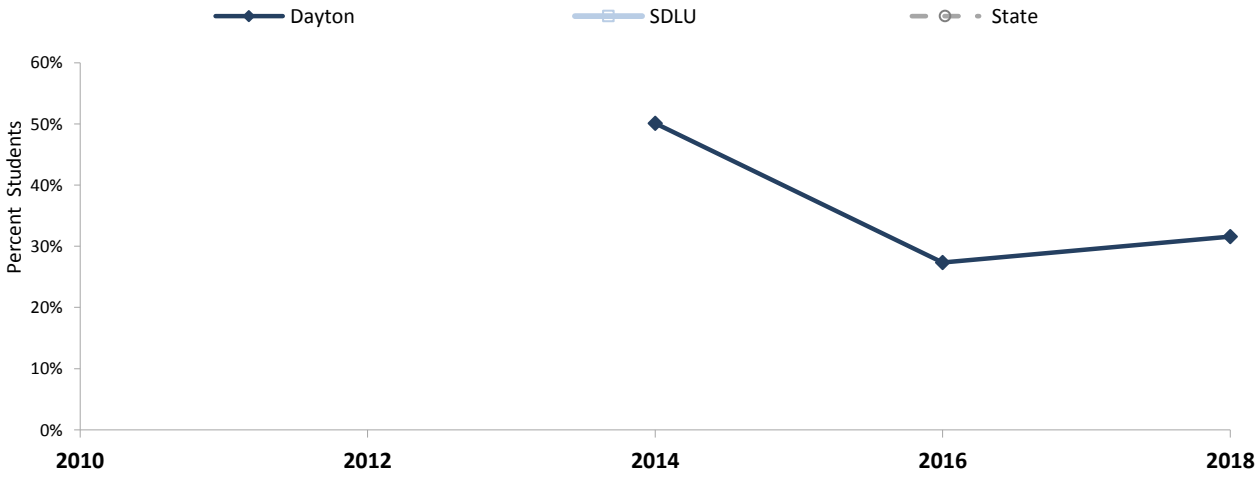
Grade 8,10



	2010	2012	2014	2016	2018
State	22%	24%	27%	24%	26%
SDLU	24%	23%	27%	24%	27%
Dayton	26%	29%	41%	12%	24%

How wrong do you think it is for someone your age to use marijuana?
(Results: "A little bit wrong" and "Not at all wrong")

Grade 8,9,10,11,12

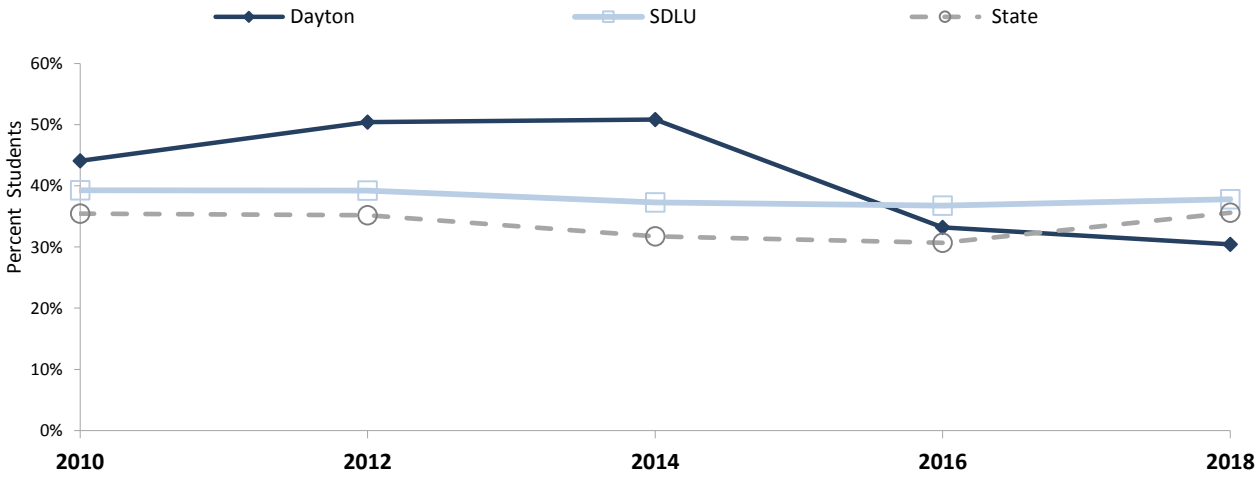


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			50%	27%	32%

How wrong do you think it is for someone your age to use marijuana?
(Results: "A little bit wrong" and "Not at all wrong")

Friends Use Marijuana

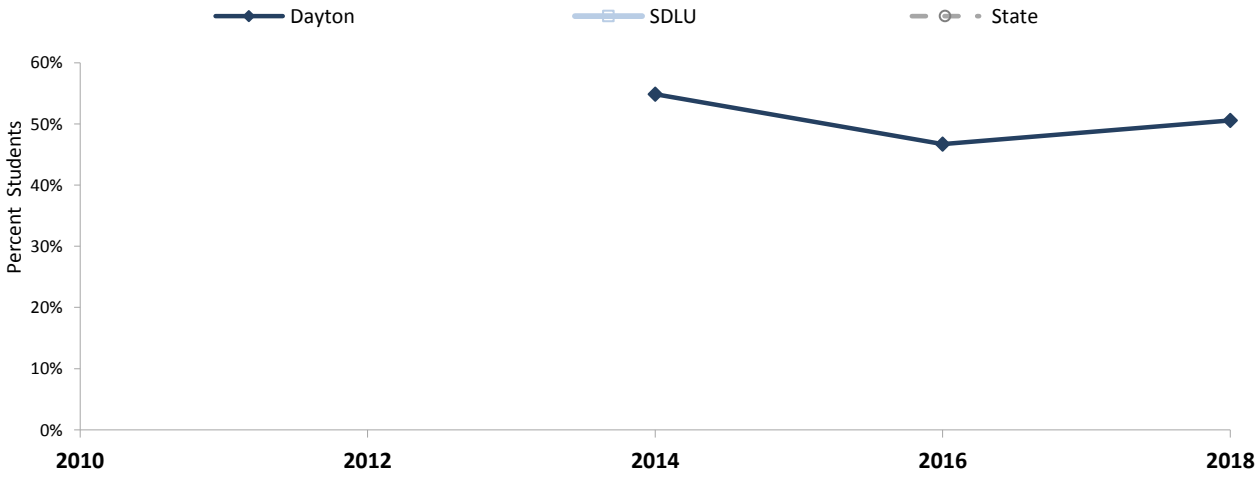
Grade 8,10



	2010	2012	2014	2016	2018
State	35%	35%	32%	31%	36%
SDLU	39%	39%	37%	37%	38%
Dayton	44%	50%	51%	33%	30%

How many of your best friends have used marijuana?
(Results: Any friends)

Grade 8,9,10,11,12

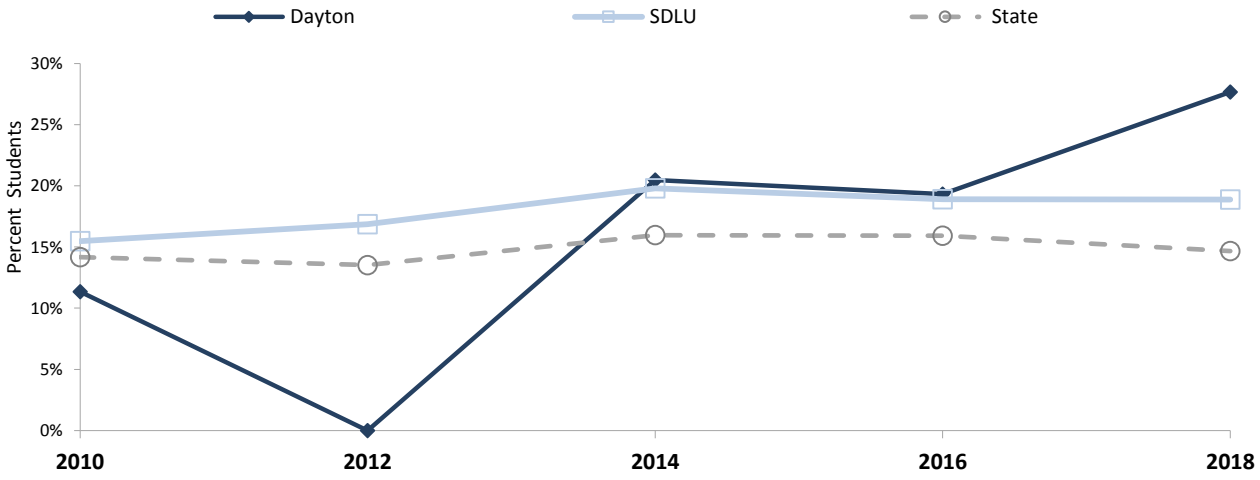


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			55%	47%	51%

How many of your best friends have used marijuana?
(Results: Any friends)

Community Doesn't Think Marijuana Use is Wrong

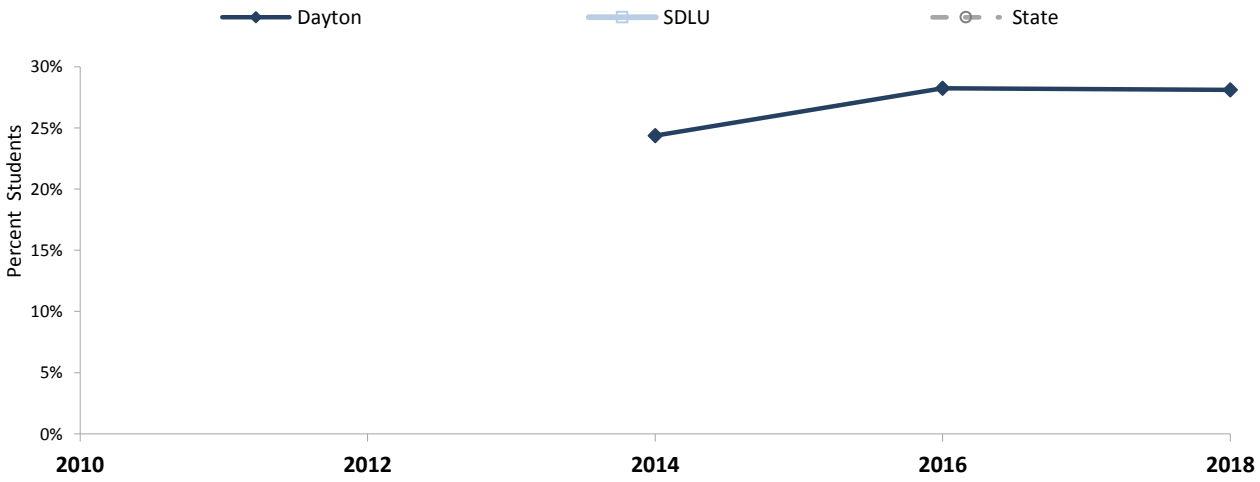
Grade 8,10



	2010	2012	2014	2016	2018
State	14%	14%	16%	16%	15%
SDLU	15%	17%	20%	19%	19%
Dayton	11%	0%	20%	19%	28%

How wrong would most adults in your neighborhood or community think it is for kids your age to use marijuana?
(Results: "A little bit wrong" and "Not at all wrong")

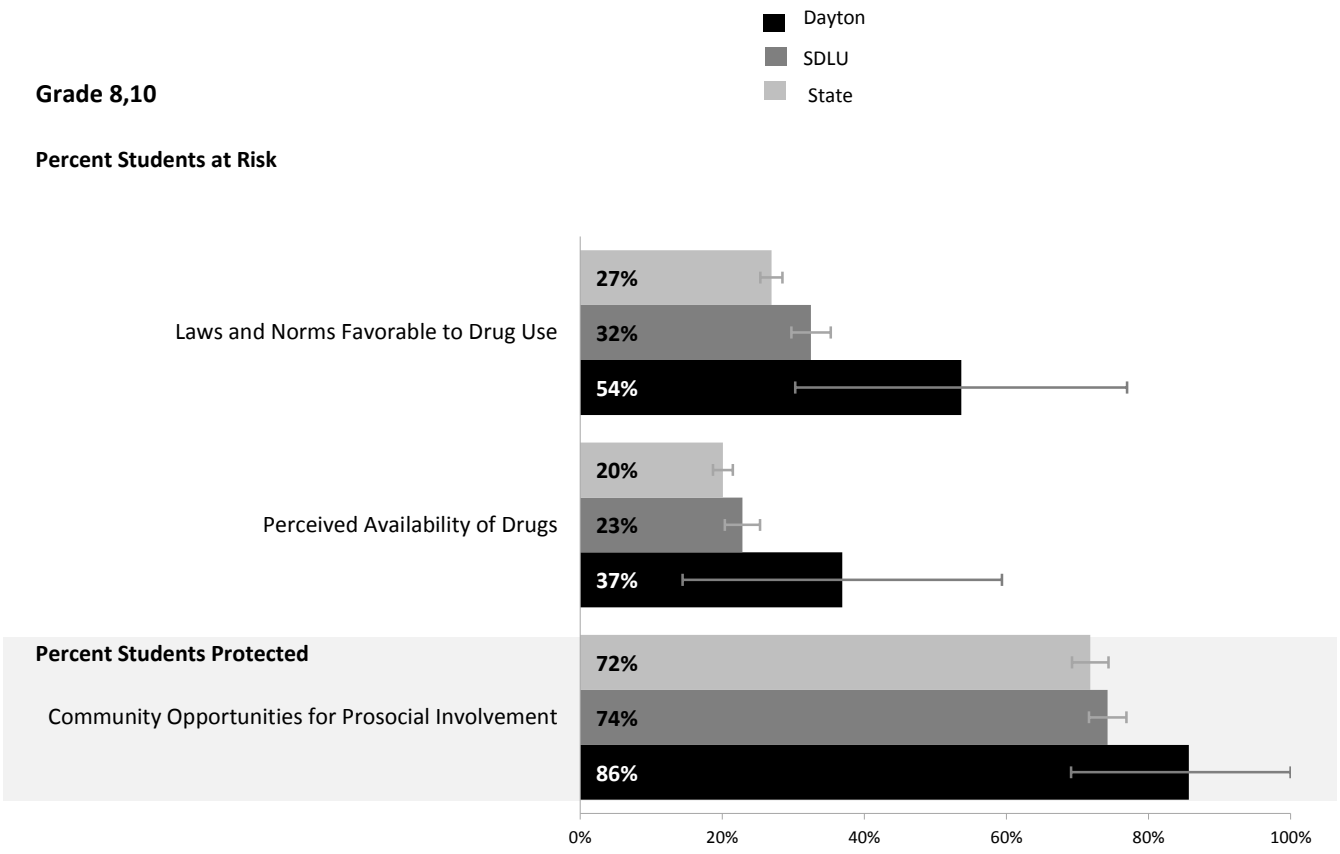
Grade 8,9,10,11,12

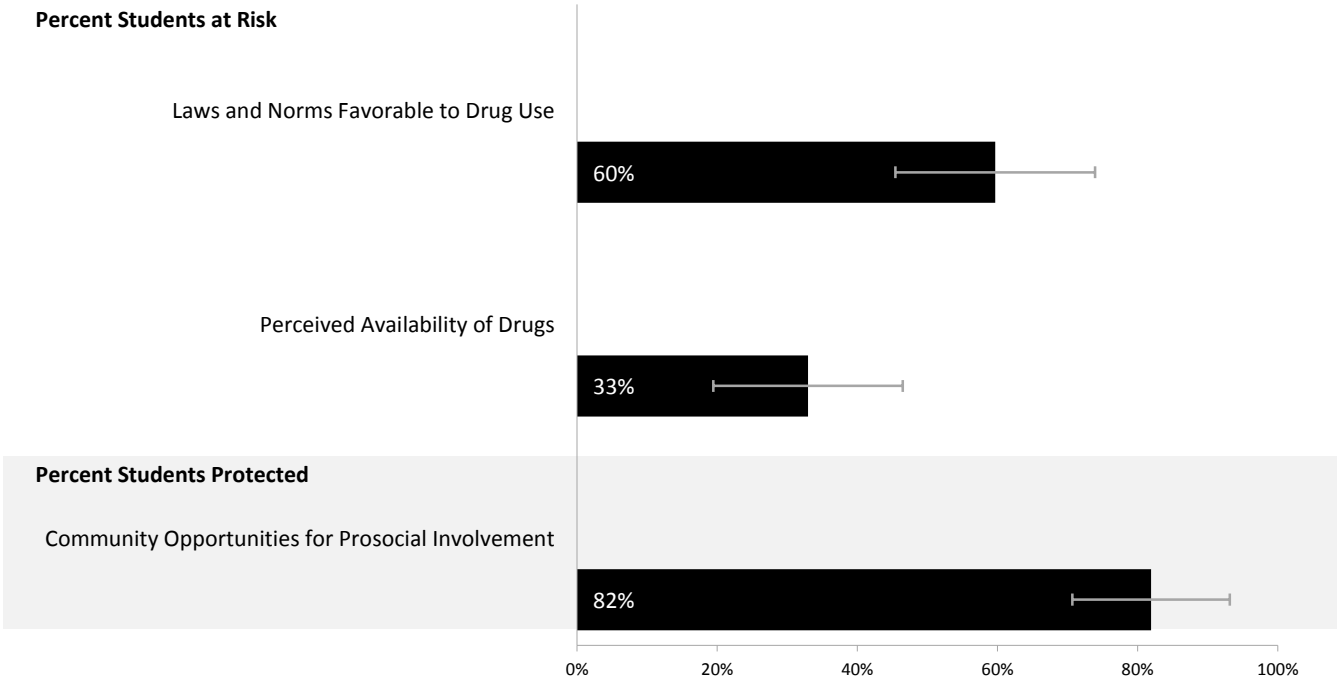


	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			24%	28%	28%

How wrong would most adults in your neighborhood or community think it is for kids your age to use marijuana?
(Results: "A little bit wrong" and "Not at all wrong")

Community Risk and Protective Factors





Community Risk Factors

Laws and Norms Favorable to Drug Use

SCALE QUESTIONS

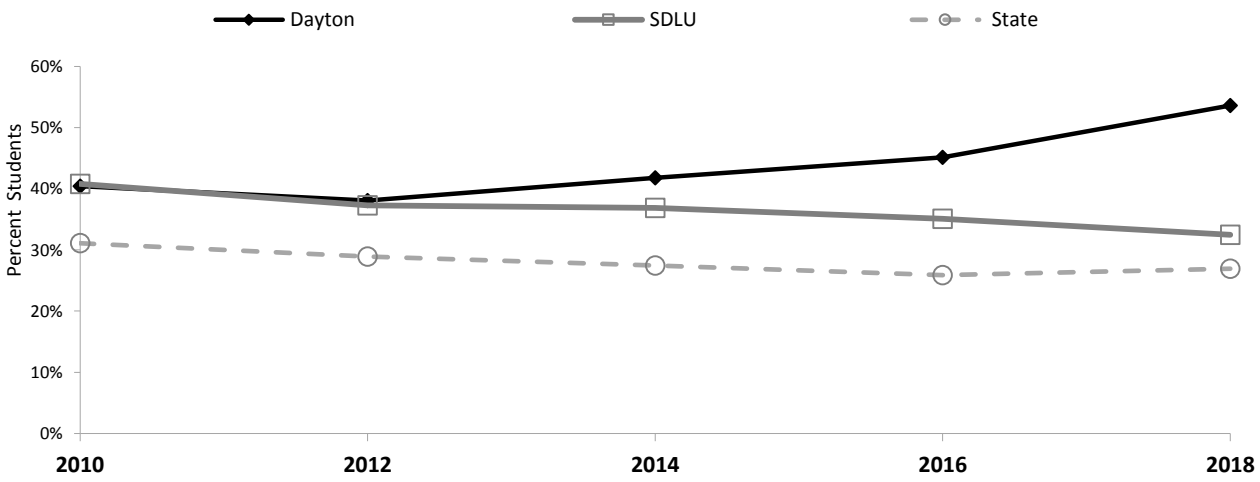
• How wrong would most adults in your neighborhood or community think it was for kids your age to: 1) Use marijuana? 2) Drink alcohol? 3) Smoke cigarettes?

• If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your community would he or she be caught by the police?

• If a kid carried a handgun in your community would he or she be caught by the police?

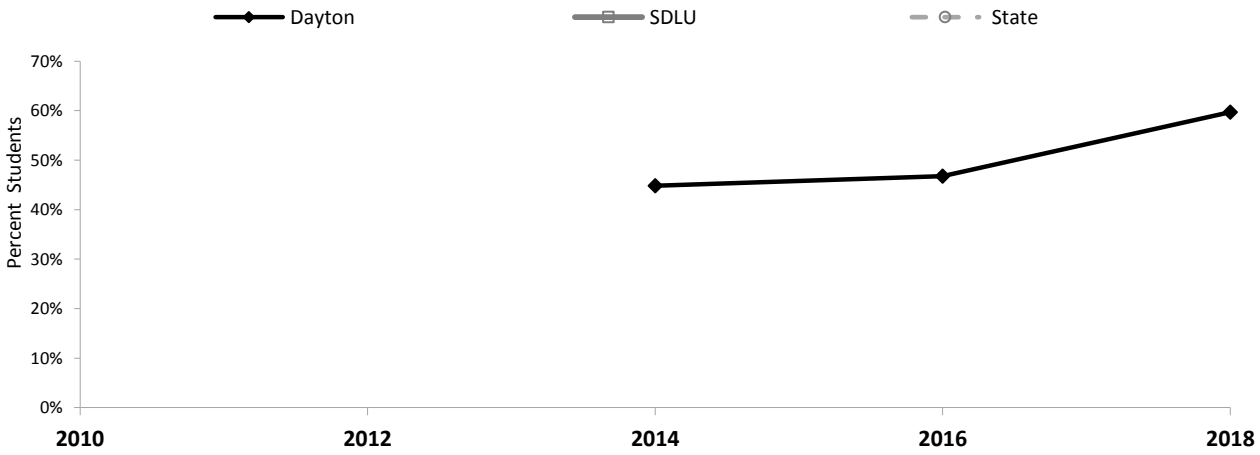
• If a kid smoked marijuana in your community would he or she be caught by the police?

Grade 8,10



	2010	2012	2014	2016	2018
State	31%	29%	27%	26%	27%
SDLU	41%	37%	37%	35%	32%
Dayton	40%	38%	42%	45%	54%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			45%	47%	60%

Perceived Availability of Drugs

SCALE QUESTIONS

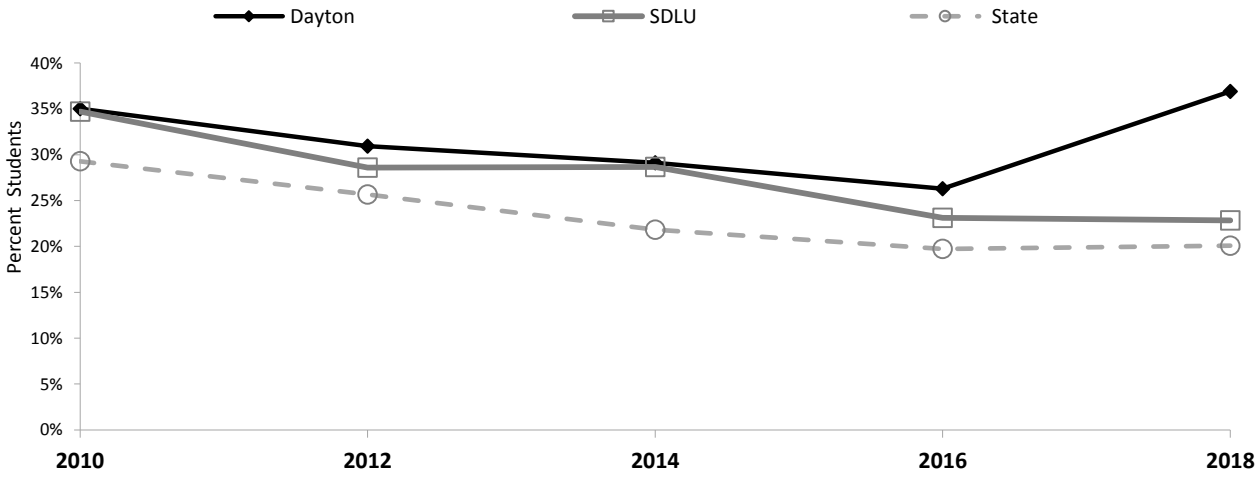
• If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

• If you wanted to get some cigarettes, how easy would it be for you to get some?

• If you wanted to get some marijuana, how easy would it be for you to get some?

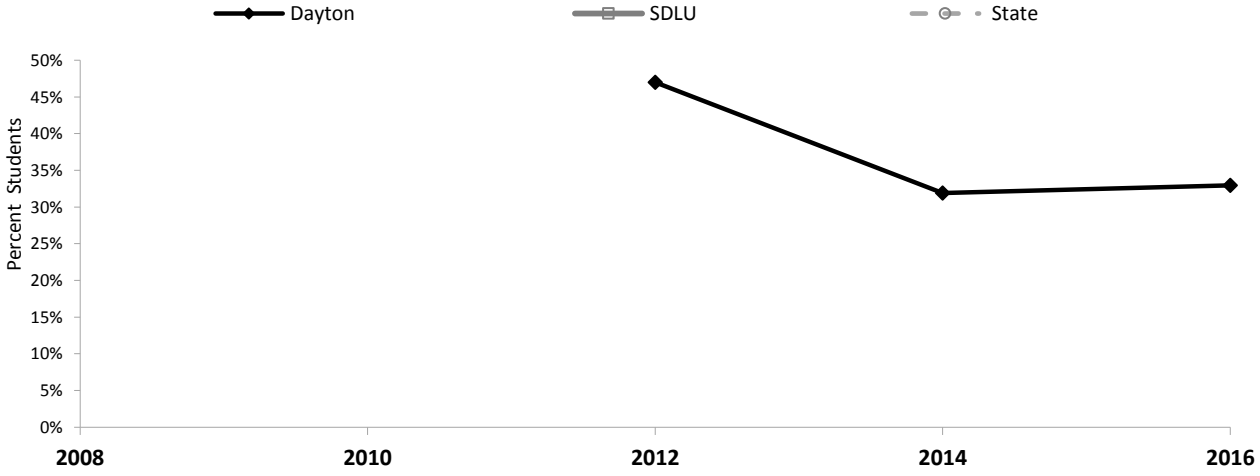
• If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Grade 8,10



	2010	2012	2014	2016	2018
State	29%	26%	22%	20%	20%
SDLU	35%	29%	29%	23%	23%
Dayton	35%	31%	29%	26%	37%

Grade 8,9,10,11,12



	2008	2010	2012	2014	2016
State					
SDLU					
Dayton			47%	32%	33%

Community Protective Factor *(Percent Protected)*

Community Opportunities for Prosocial Involvement

SCALE QUESTIONS

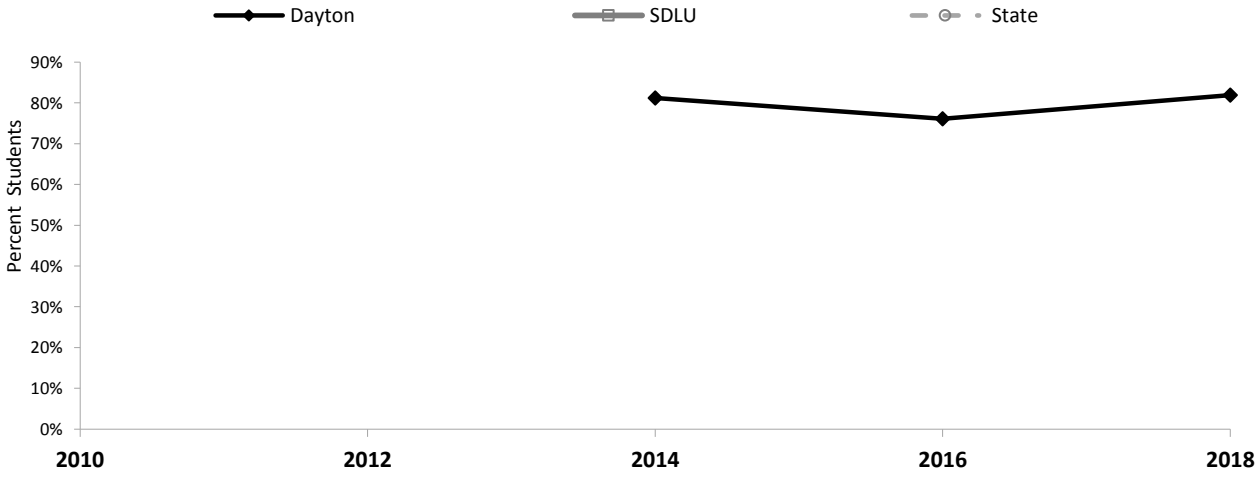
• There are adults in my neighborhood or community I could talk to about something important.

• Which of the following activities for people your age are available in your community? 1) Sports teams and recreation, 2) Scouts, Camp Fire, 4-H Clubs, or other service clubs, 3) Boys and Girls Club, YMCA, or other activity clubs.

Grade 8,10

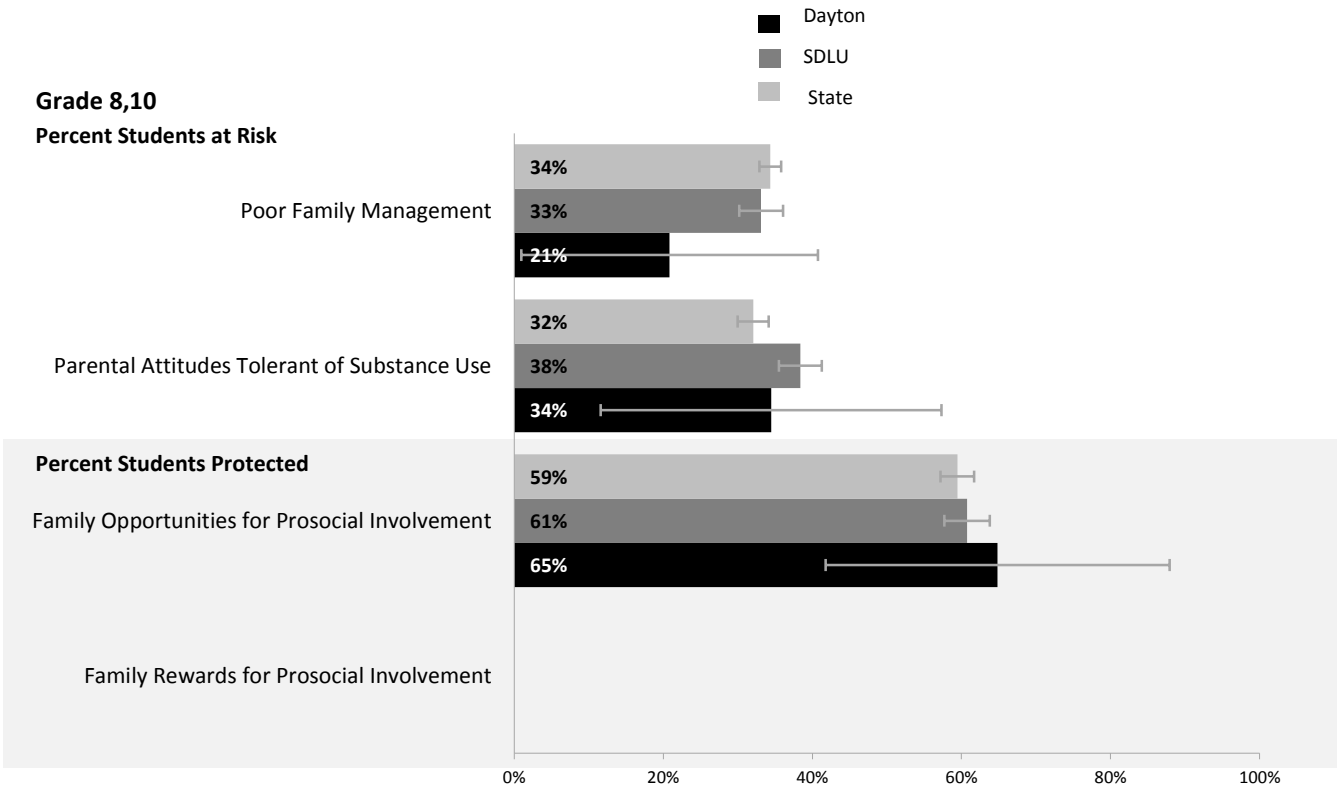
	2010	2012	2014	2016	2018
State	69%	74%	75%	74%	72%
SDLU	71%	75%	74%	74%	74%
Dayton	80%	89%	70%	69%	86%

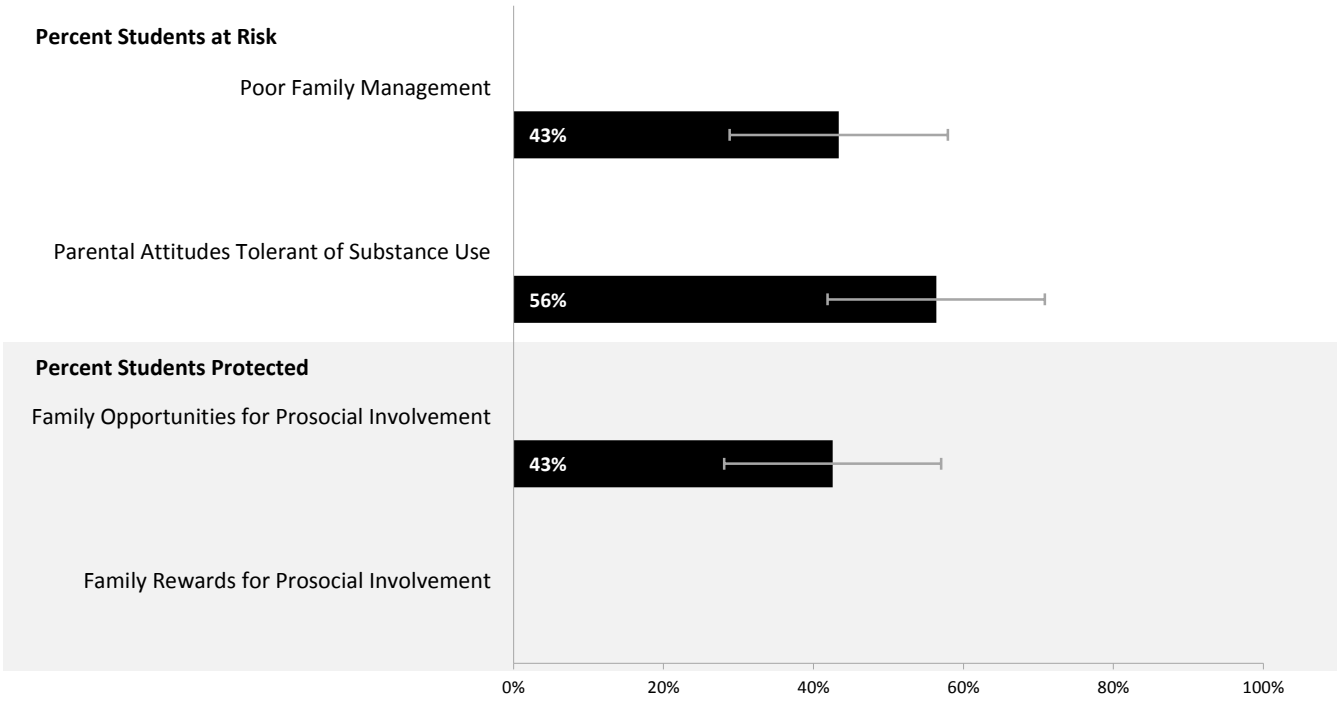
Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			81%	76%	82%

Family Risk and Protective Factors





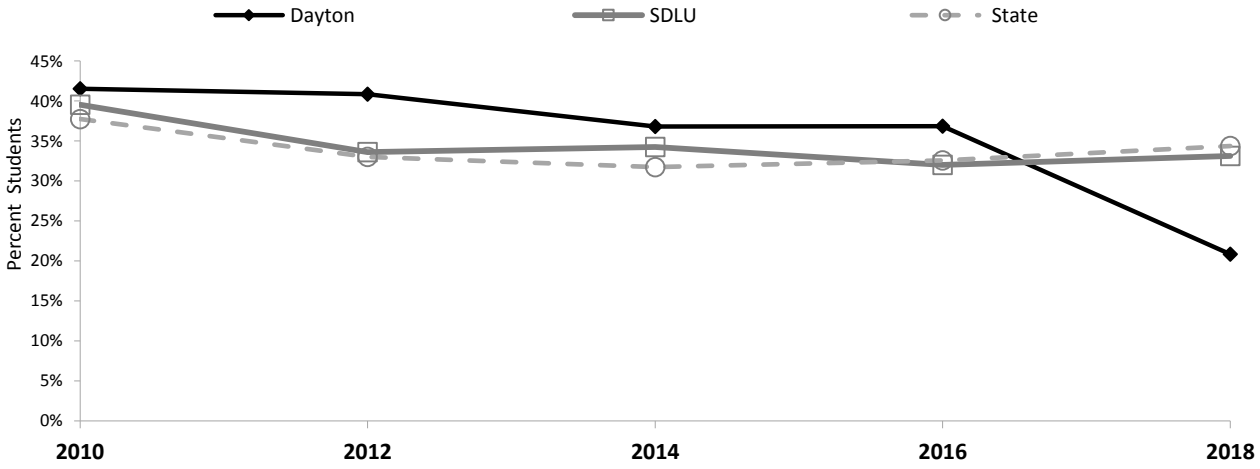
Family Risk Factors

Poor Family Management

SCALE QUESTIONS

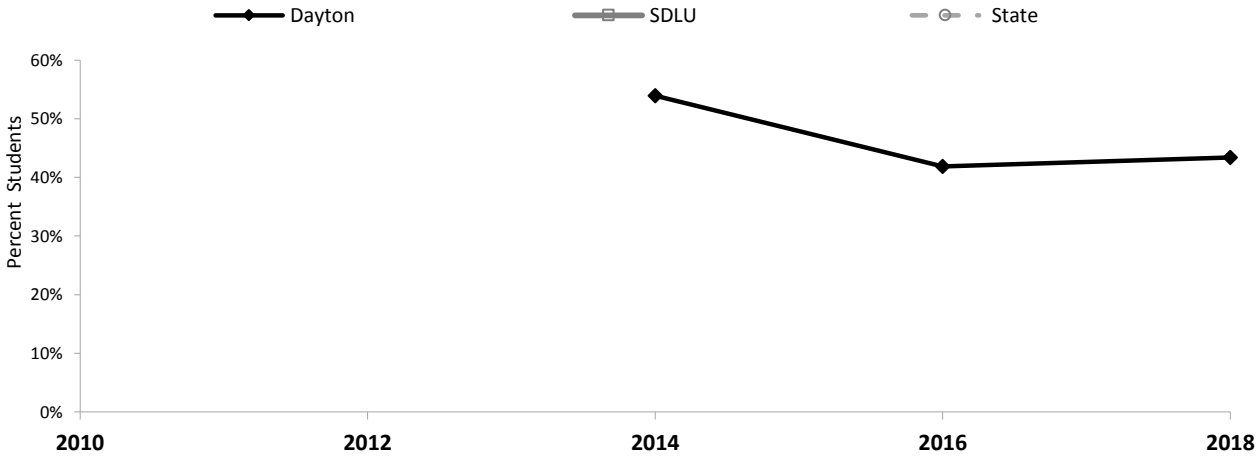
- My parents ask if I've gotten my homework done.
- Would your parents know if you did not come home on time?
- When I am not at home, one of my parents knows where I am and who I am with.
- The rules in my family are clear.
- My family has clear rules about alcohol and drug use.
- If you drank some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

Grade 8,10



	2010	2012	2014	2016	2018
State	38%	33%	32%	33%	34%
SDLU	40%	34%	34%	32%	33%
Dayton	42%	41%	37%	37%	21%

Grade 8,9,10,11,12



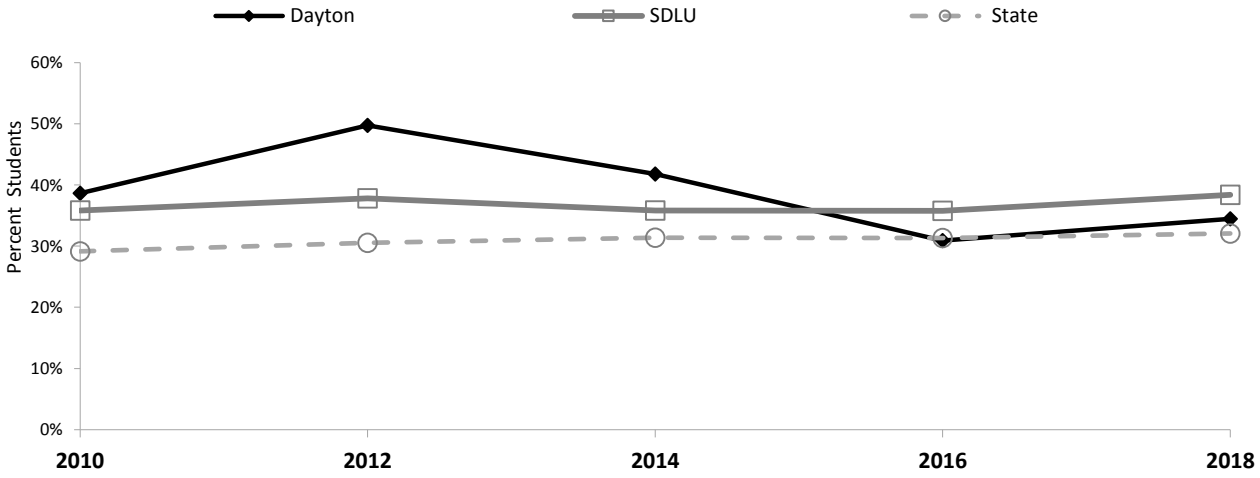
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			54%	42%	43%

Parental Attitudes Tolerant of Substance Use

SCALE QUESTIONS

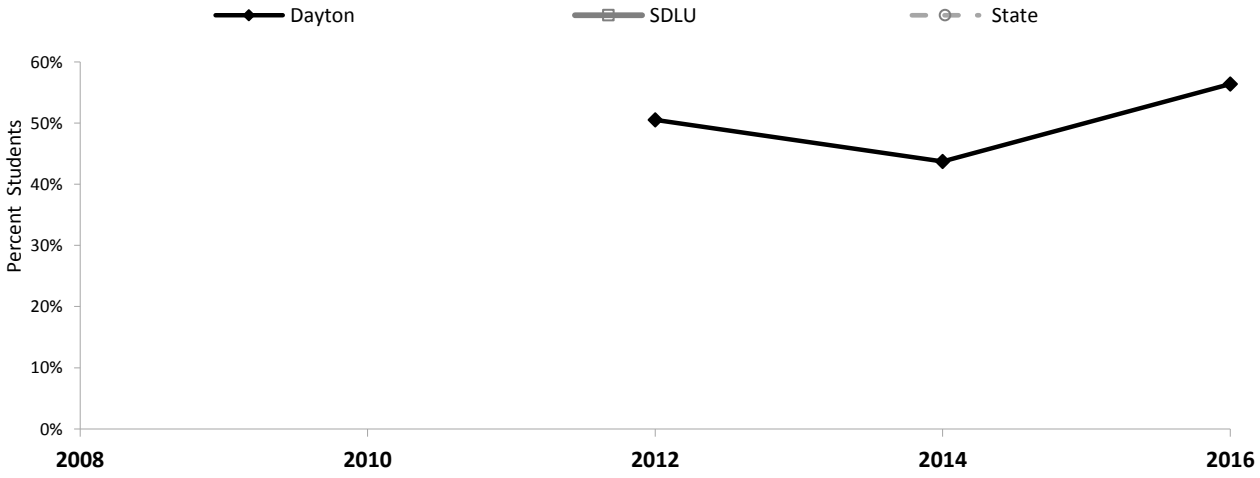
- How wrong do you parents feel it would be for you to drink beer, wine, or hard liquor regularly (at least once or twice a month)?
- How wrong do your parents feel it would be for you to smoke cigarettes?
- How wrong do your parents feel it would be for you to smoke marijuana?

Grade 8,10



	2010	2012	2014	2016	2018
State	29%	31%	31%	31%	32%
SDLU	36%	38%	36%	36%	38%
Dayton	39%	50%	42%	31%	34%

Grade 8,9,10,11,12



	2008	2010	2012	2014	2016
State					
SDLU					
Dayton			51%	44%	56%

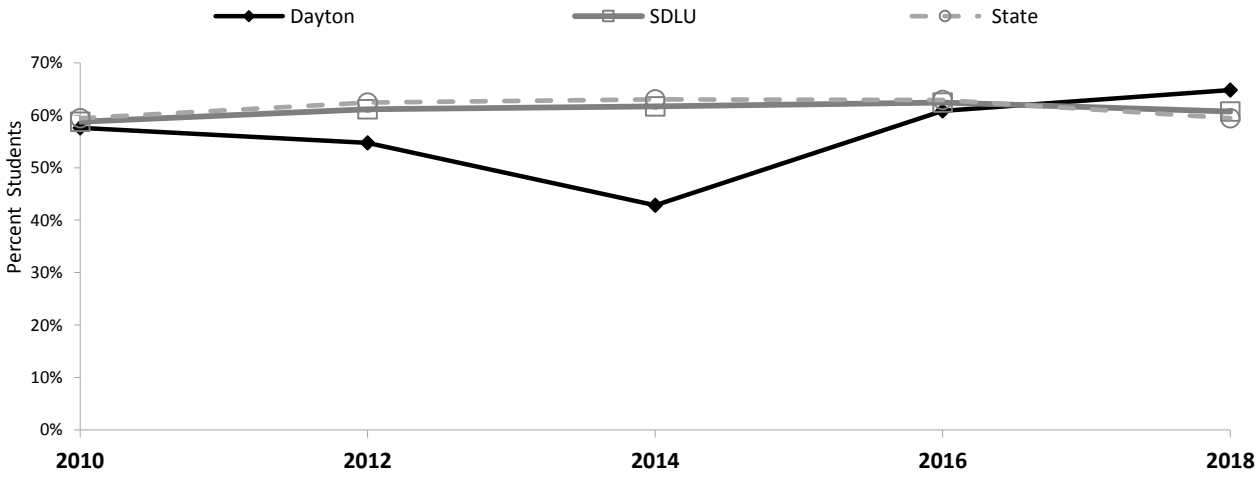
Family Protective Factors *(Percent Protected)*

Family Opportunities for Prosocial Involvement

SCALE QUESTIONS

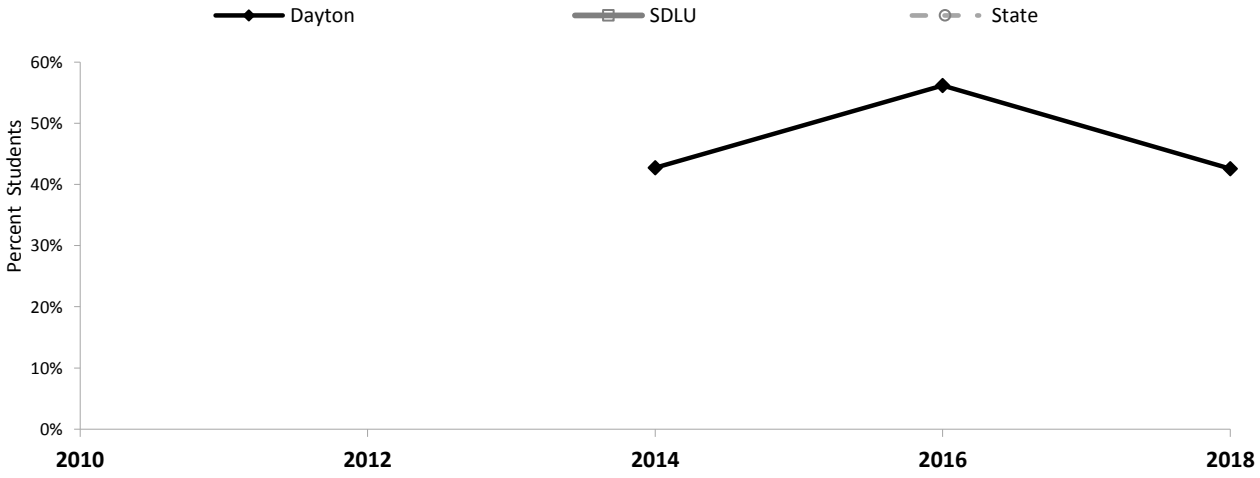
- If I had a personal problem, I could ask my mom or dad for help.
- My parents give me lots of chances to do fun things with them.
- My parents ask me what I think before most family decisions affecting me are made.

Grade 8,10



	2010	2012	2014	2016	2018
State	59%	62%	63%	63%	59%
SDLU	59%	61%	62%	62%	61%
Dayton	58%	55%	43%	61%	65%

Grade 8,9,10,11,12



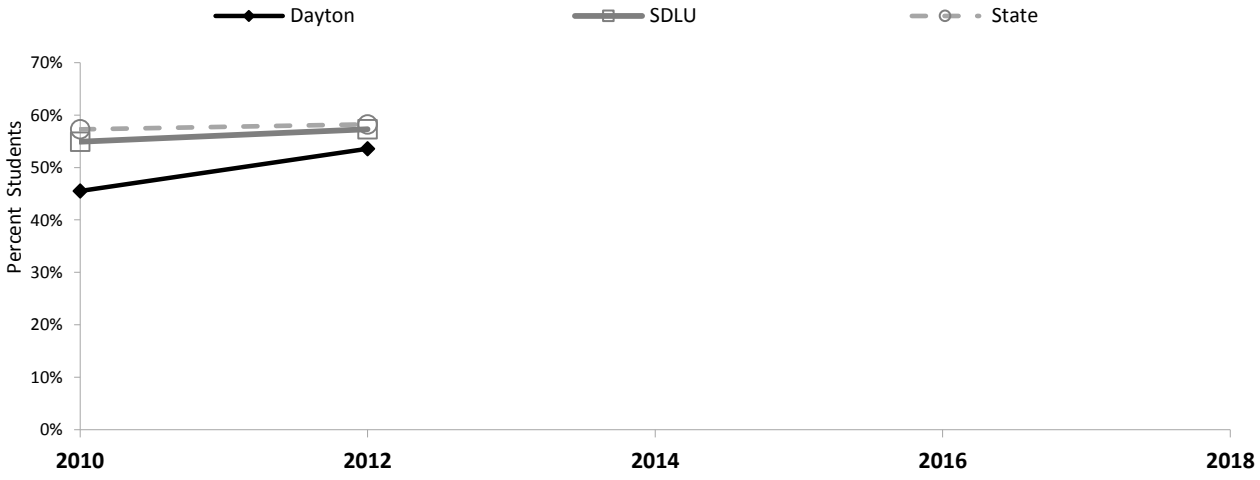
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			43%	56%	43%

Family Rewards for Prosocial Involvement

SCALE QUESTIONS *(Removed from the HYS as of 2014)*

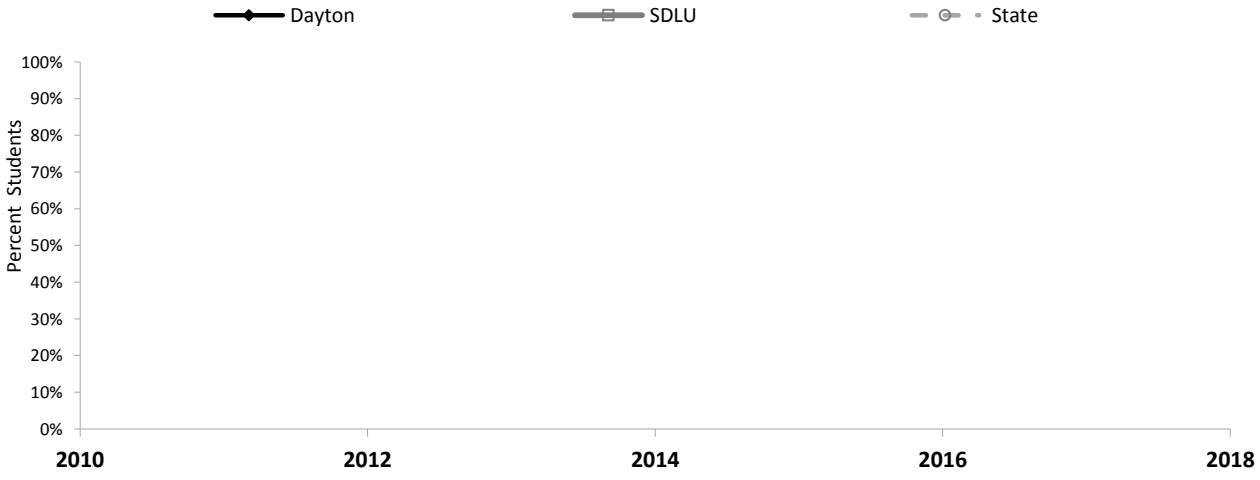
- My parents notice when I am doing a good job and let me know about it.
- How often do your parents tell you they're proud of you for something you've done?
- Do you enjoy spending time with your mother?
- Do you enjoy spending time with your father?

Grade 8,10



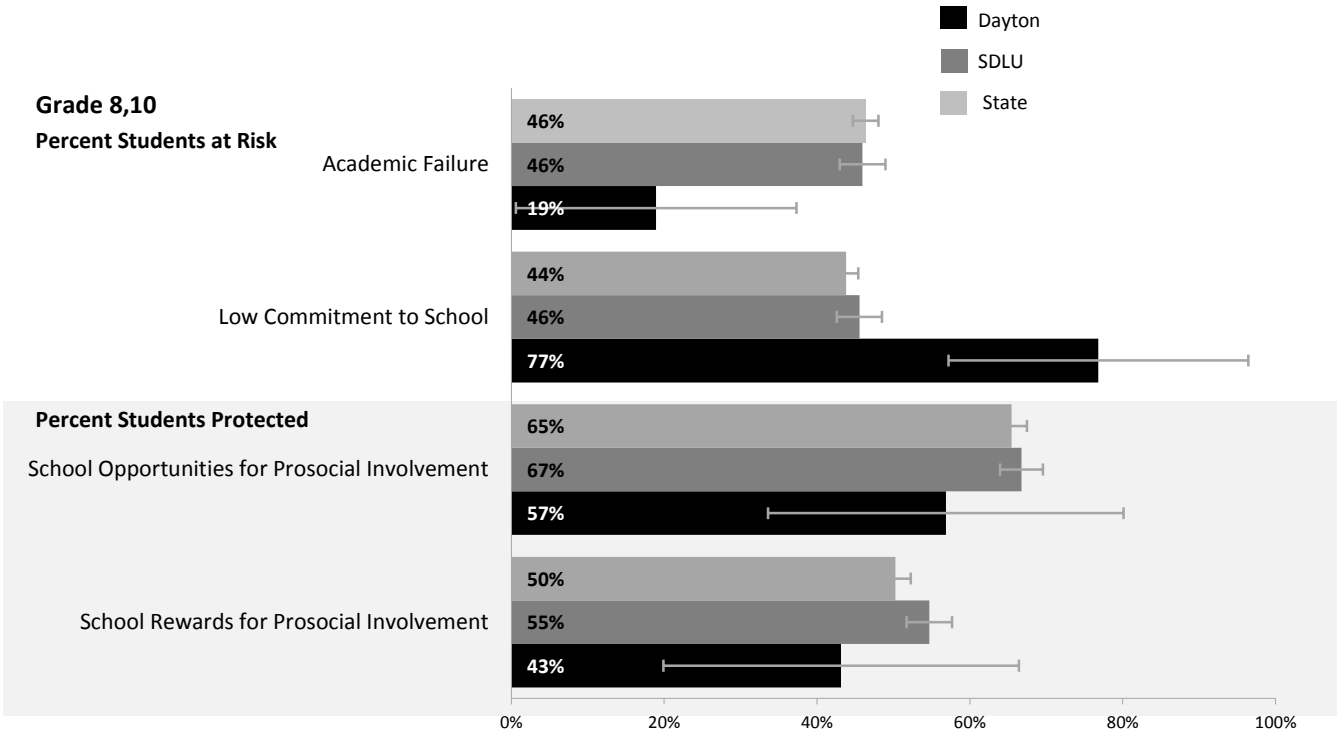
	2010	2012	2014	2016	2018
State	57%	58%			
SDLU	55%	57%			
Dayton	46%	54%			

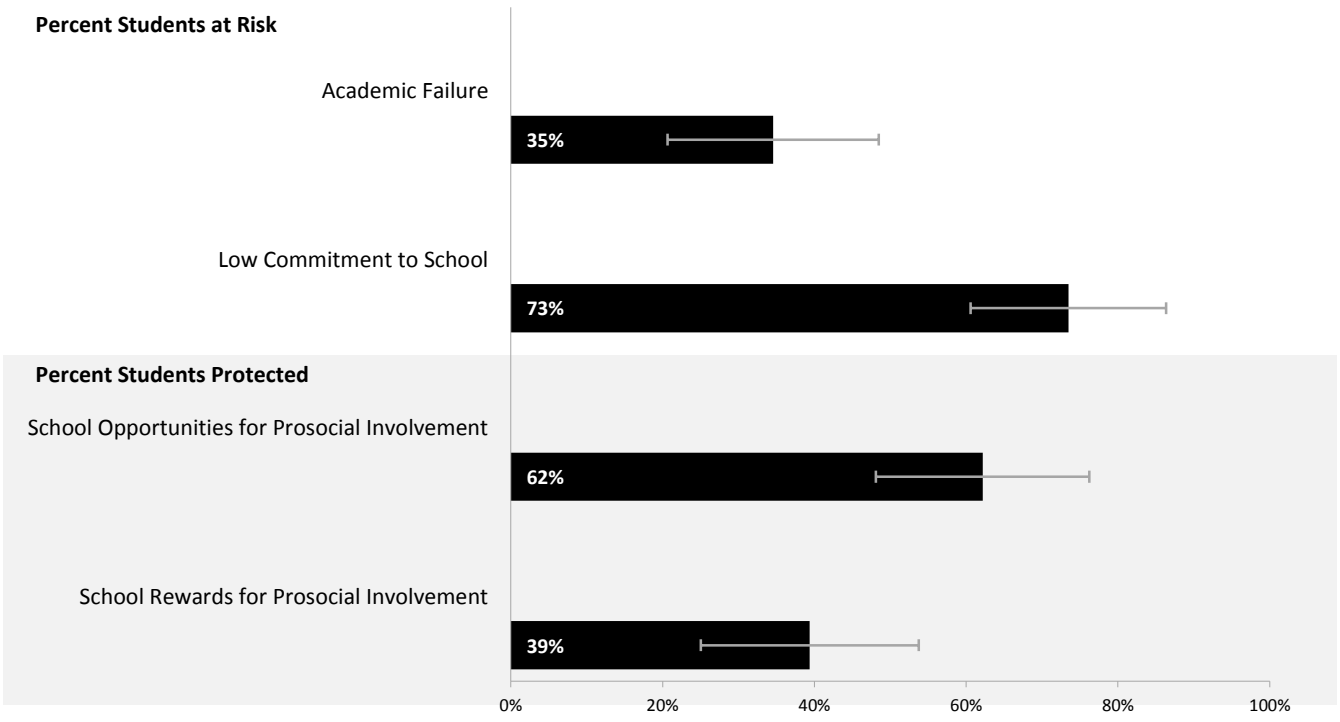
Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton					

School Risk and Protective Factors





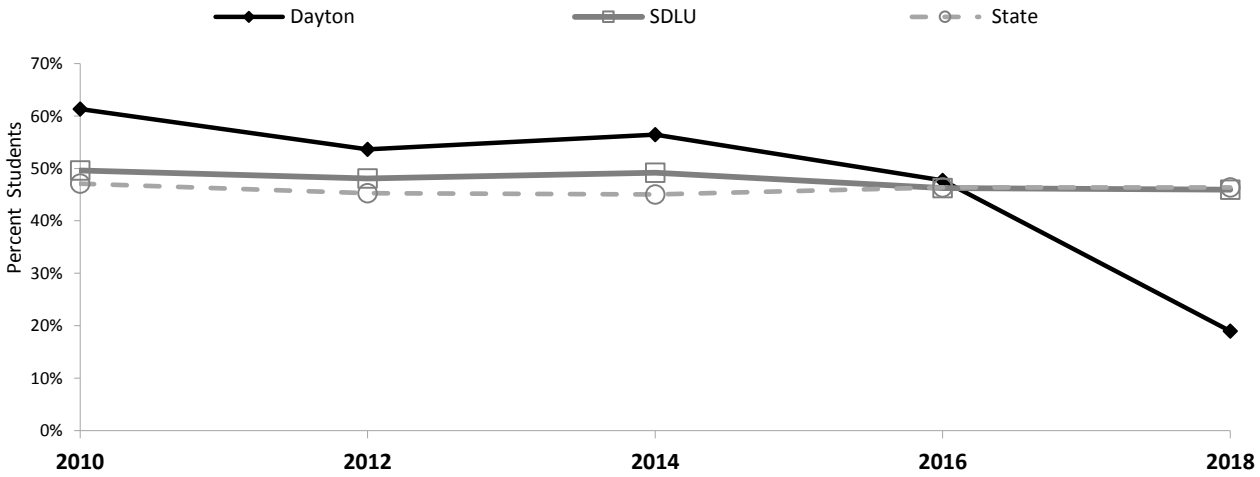
School Risk Factors

Academic Failure

SCALE QUESTIONS

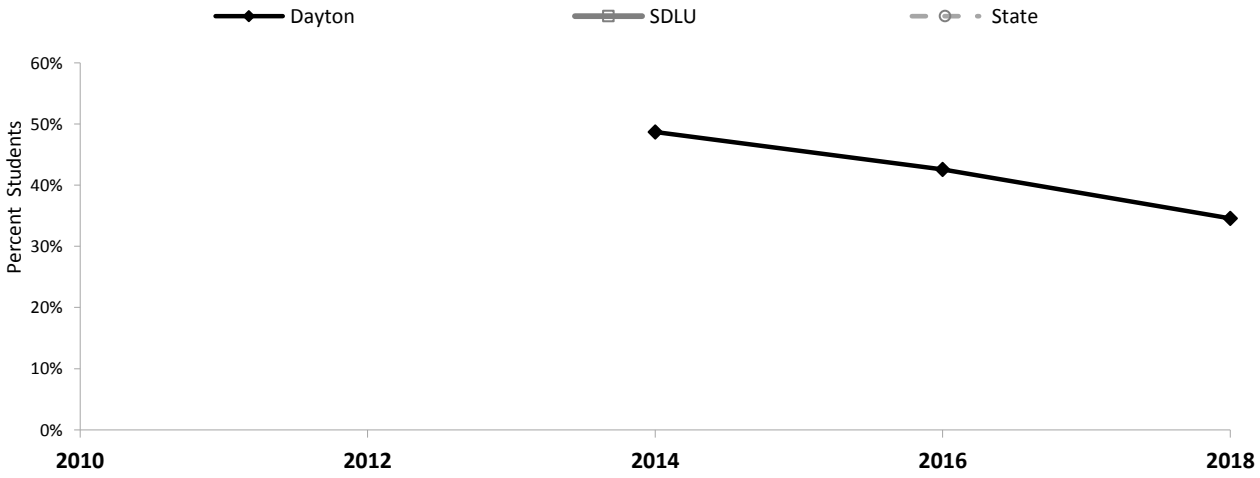
- Putting them all together, what were your grades like last year?
- Are your school grades better than the grades of most students in your class?

Grade 8,10



	2010	2012	2014	2016	2018
State	47%	45%	45%	46%	46%
SDLU	50%	48%	49%	46%	46%
Dayton	61%	54%	56%	48%	19%

Grade 8,9,10,11,12



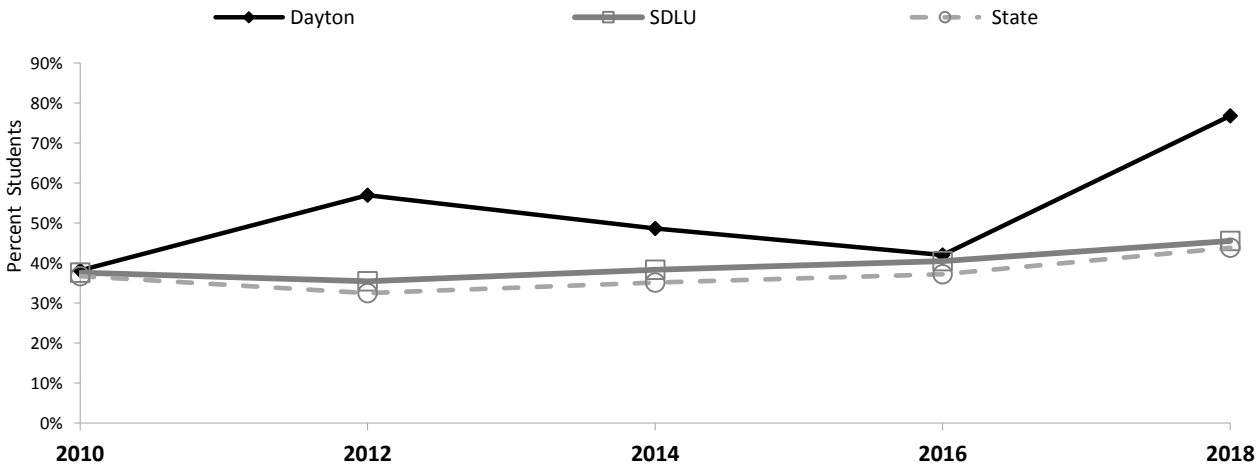
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			49%	43%	35%

Low Commitment to School

SCALE QUESTIONS

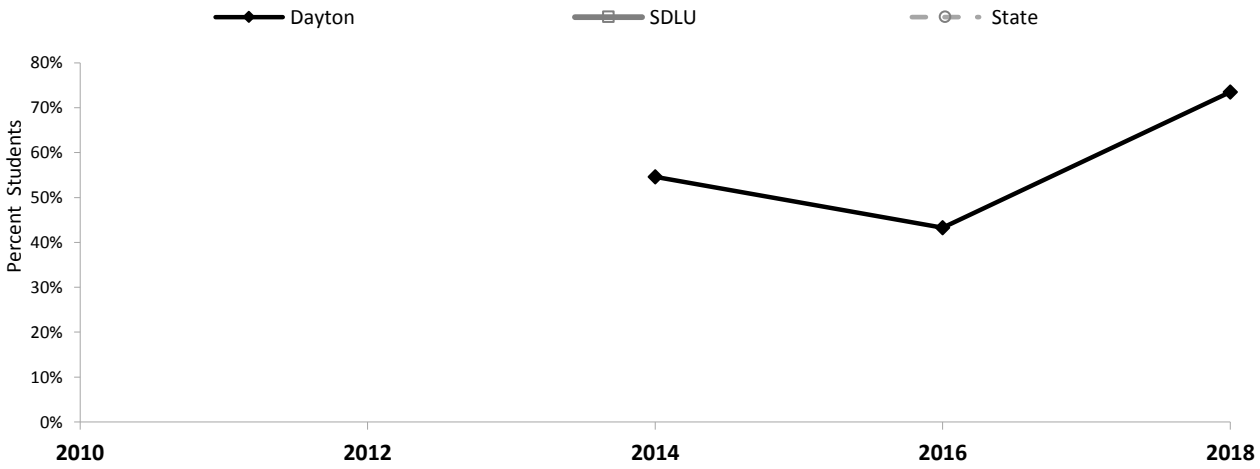
- How often do you feel the schoolwork you are assigned is meaningful and important?
- How interesting are most of your courses to you?
- How important do you think the things you are learning in school are going to be for you later in life?
- Enjoy being in school?
- Hate being in school?
- Try to do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

Grade 8,10



	2010	2012	2014	2016	2018
State	37%	32%	35%	37%	44%
SDLU	38%	35%	38%	41%	46%
Dayton	38%	57%	49%	42%	77%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			55%	43%	73%

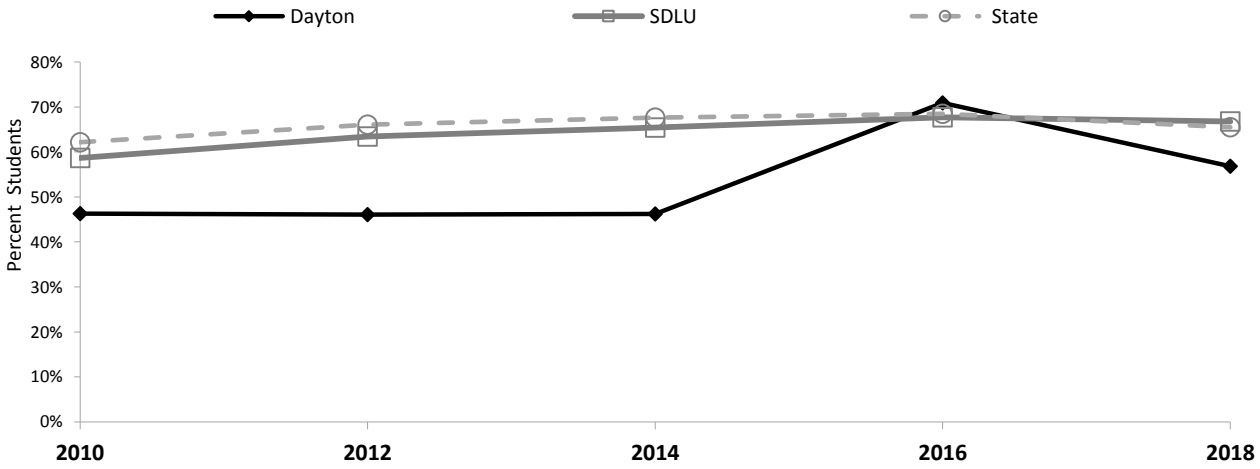
School Protective Factors *(Percent Protected)*

School Opportunities for Prosocial Involvement

SCALE QUESTIONS

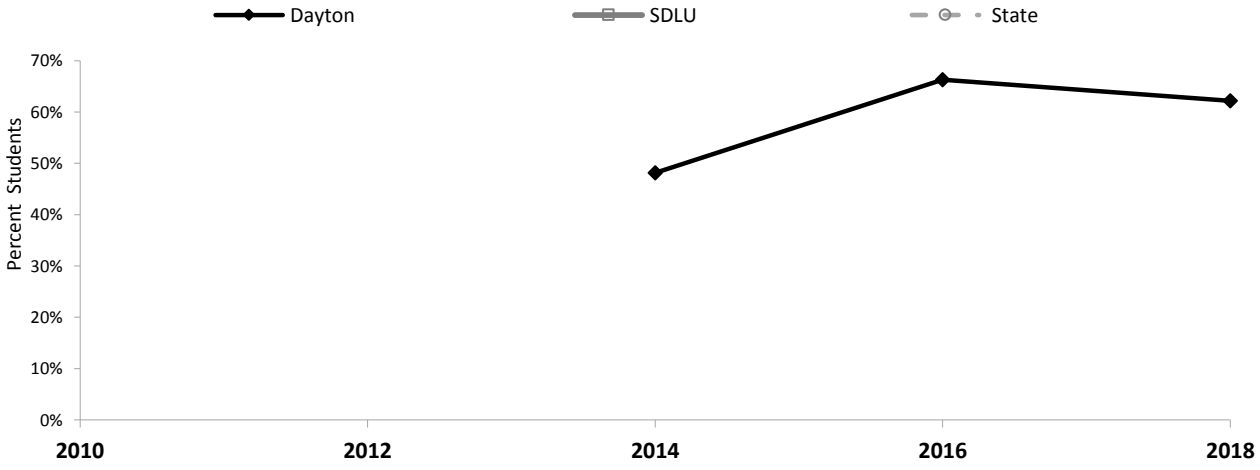
- In my school, students have lots of chances to help decide things like class activities and rules.
- There are lots of chances for students in my school to talk with a teacher one-on-one.
- Teachers ask me to work on special classroom projects.
- There are lots of chances for students in my school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

Grade 8,10



	2010	2012	2014	2016	2018
State	62%	66%	68%	68%	65%
SDLU	59%	63%	65%	68%	67%
Dayton	46%	46%	46%	71%	57%

Grade 8,9,10,11,12



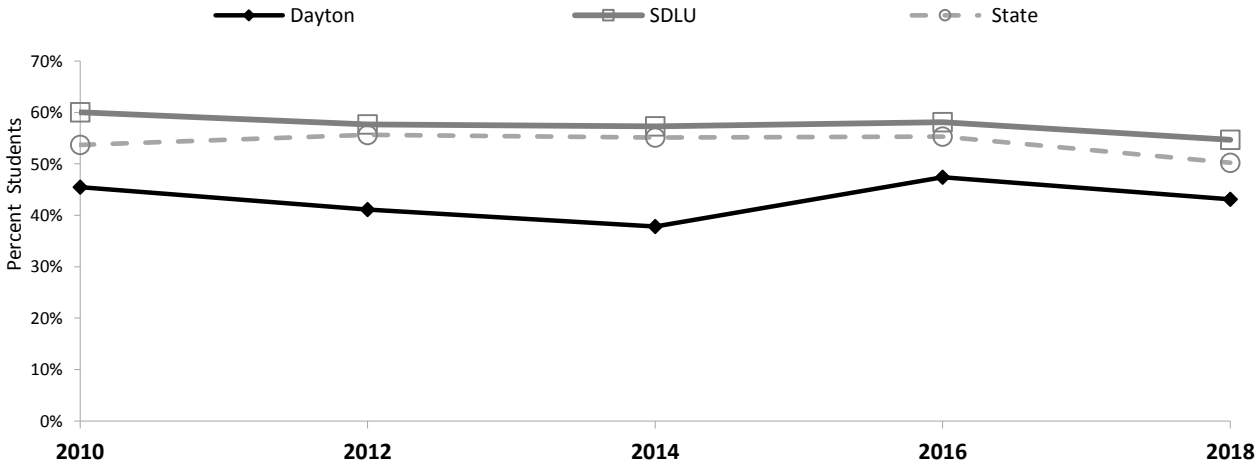
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			48%	66%	62%

School Rewards for Prosocial Involvement

SCALE QUESTIONS

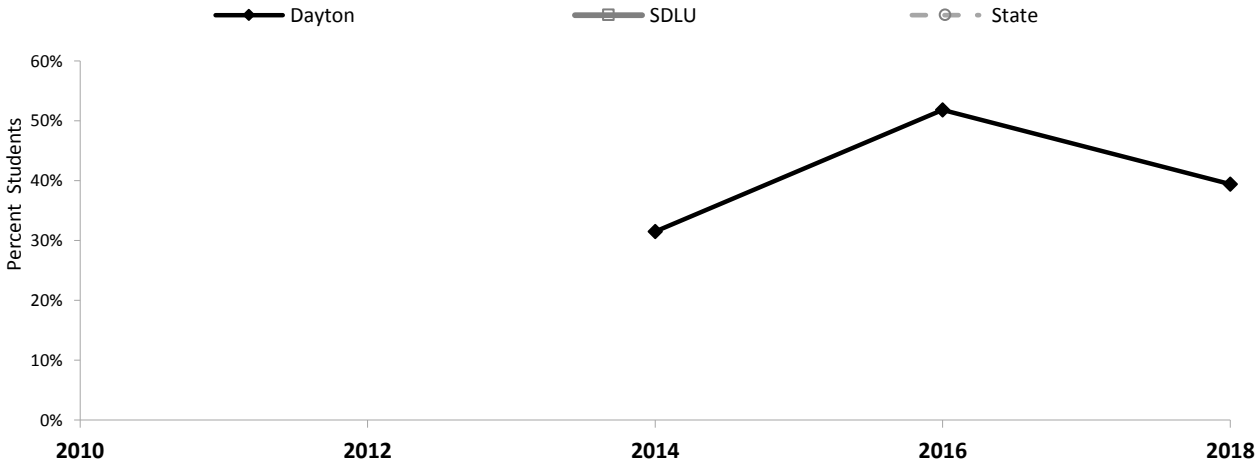
- My teacher(s) notices when I am doing a good job and lets me know about it.
- The school lets my parents know when I have done something well
- I feel safe at my school.
- My teachers praise me when I work hard in school.

Grade 8,10



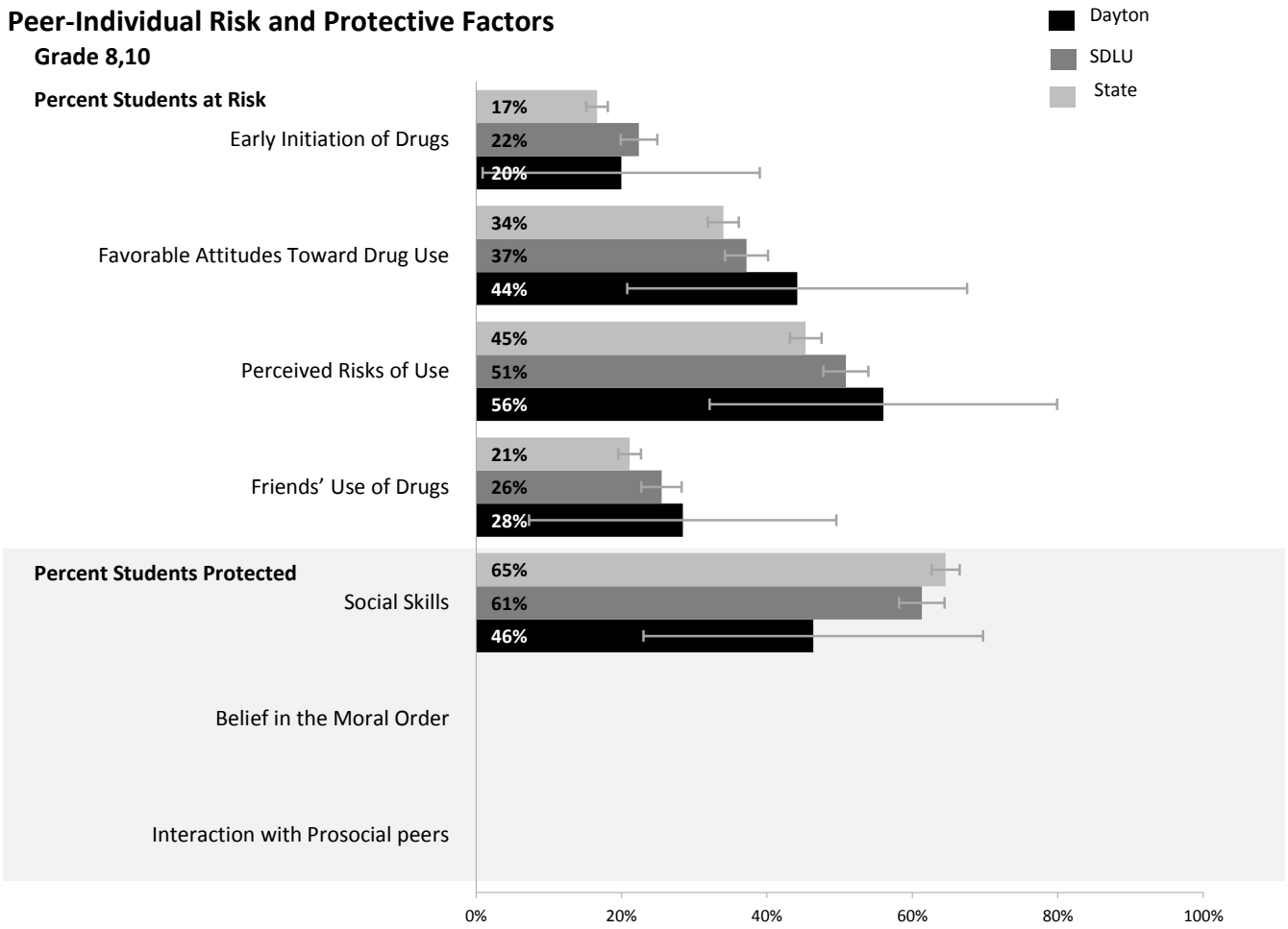
	2010	2012	2014	2016	2018
State	54%	56%	55%	55%	50%
SDLU	60%	58%	57%	58%	55%
Dayton	45%	41%	38%	47%	43%

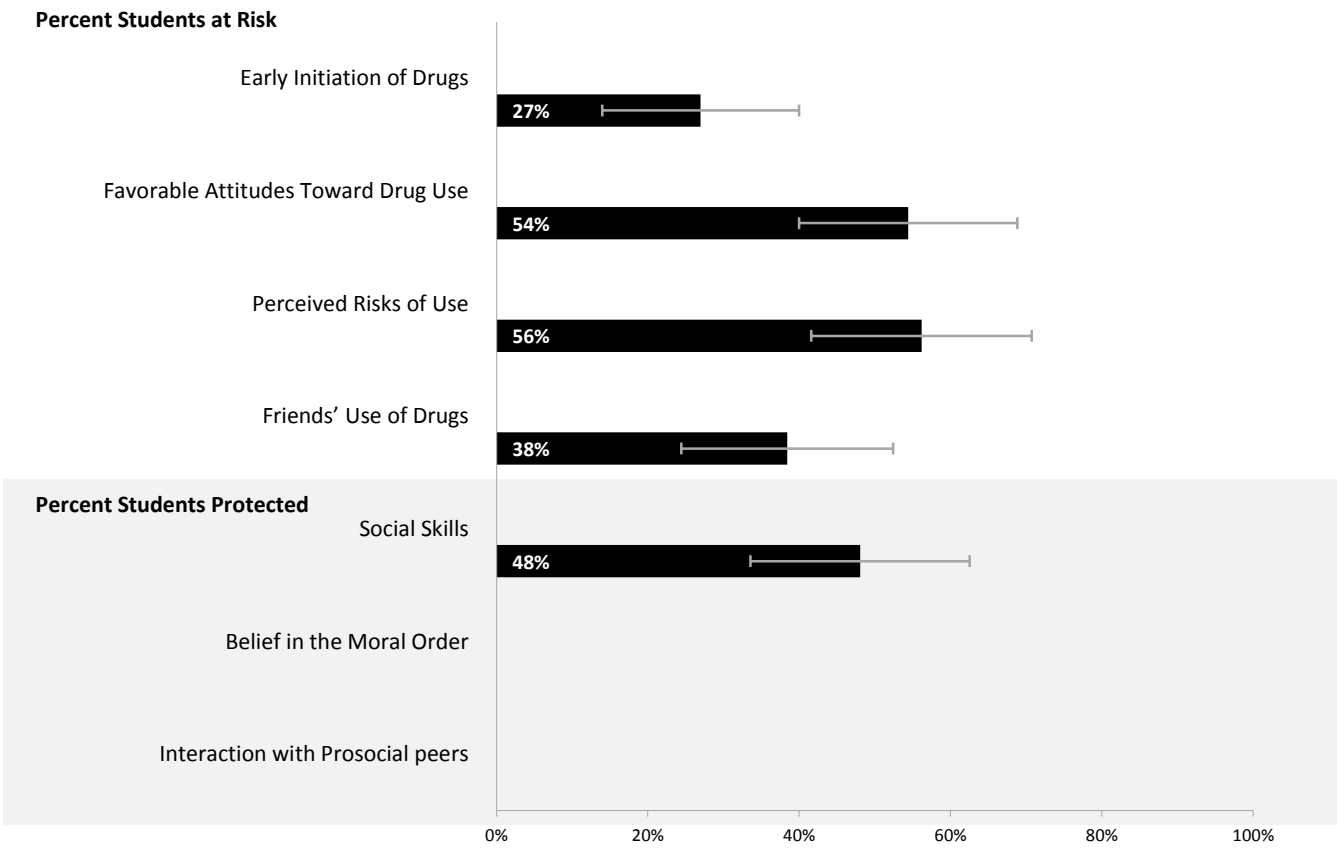
Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			31%	52%	39%

Peer-Individual Risk and Protective Factors





Peer-Individual Risk Factors

Early Initiation of Drugs

SCALE QUESTIONS

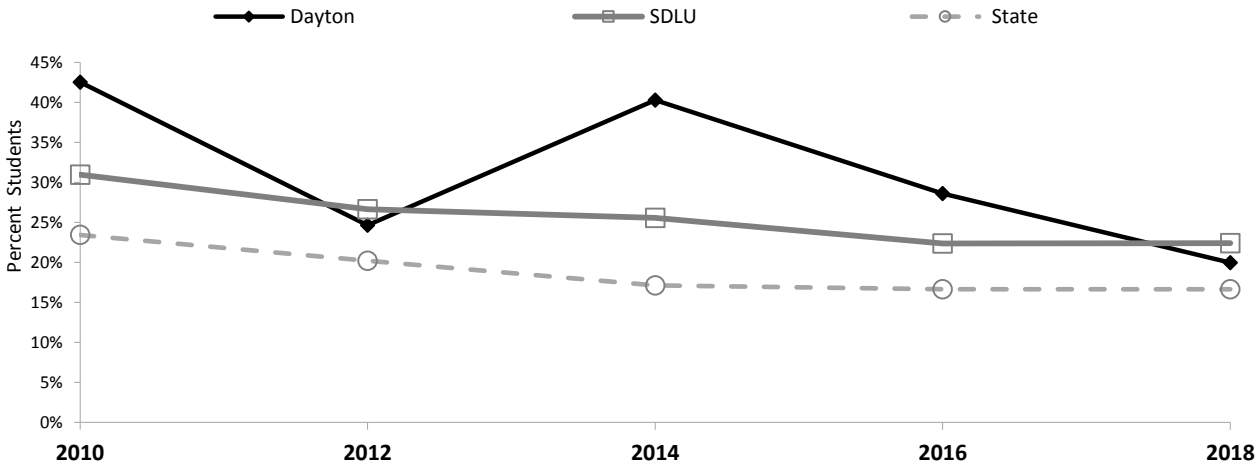
• How old were you the first time you:

1) Smoked a cigarette, even just a puff?

2) Had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

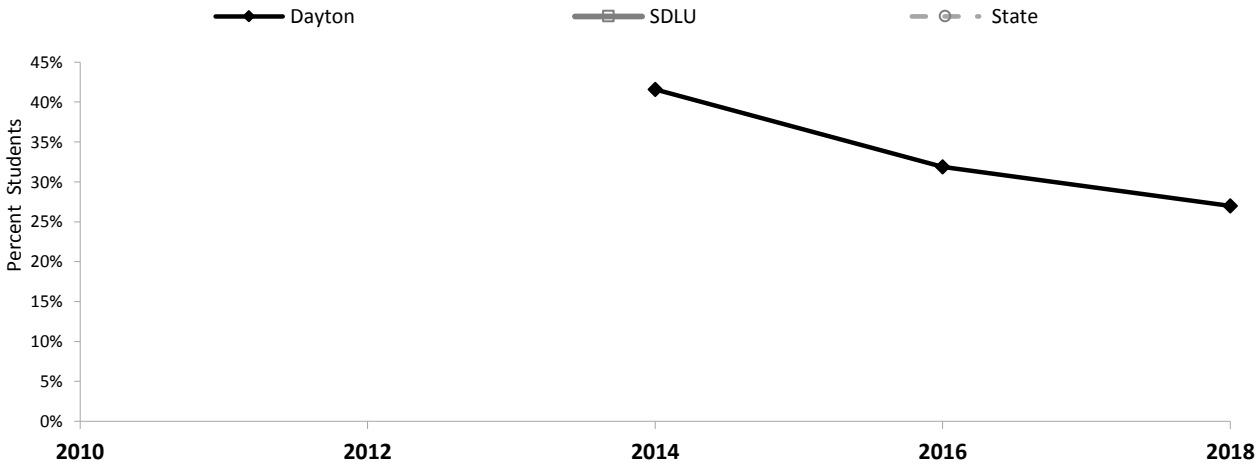
3) Began drinking alcoholic beverages regularly, that is, at least once or twice a month?

Grade 8,10



	2010	2012	2014	2016	2018
State	23%	20%	17%	17%	17%
SDLU	31%	27%	26%	22%	22%
Dayton	43%	25%	40%	29%	20%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			42%	32%	27%

Favorable Attitudes Toward Drug Use

SCALE QUESTIONS

• How wrong do YOU think it is for someone your age to:

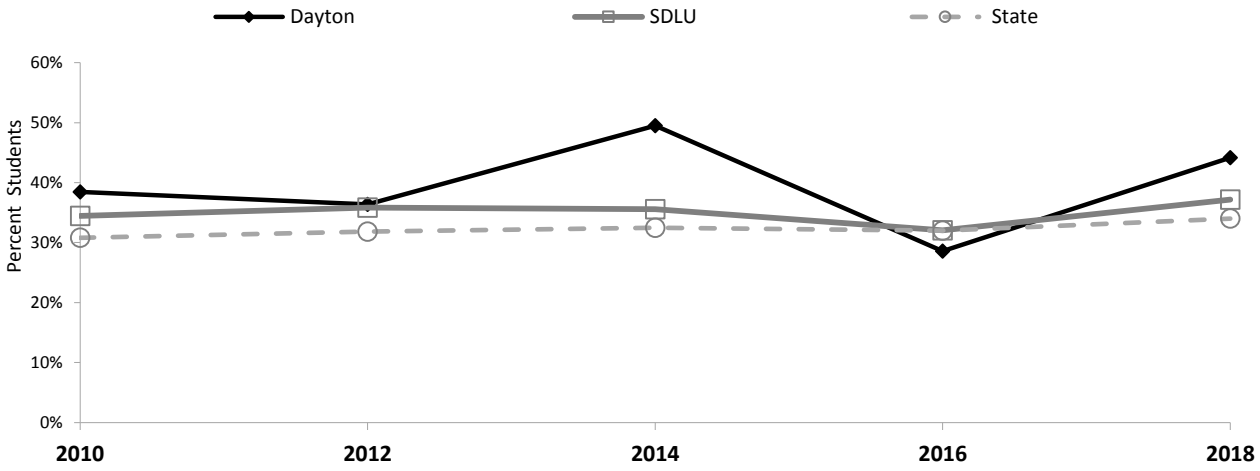
1) Drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?

2) Smoke cigarettes?

3) Smoke marijuana?

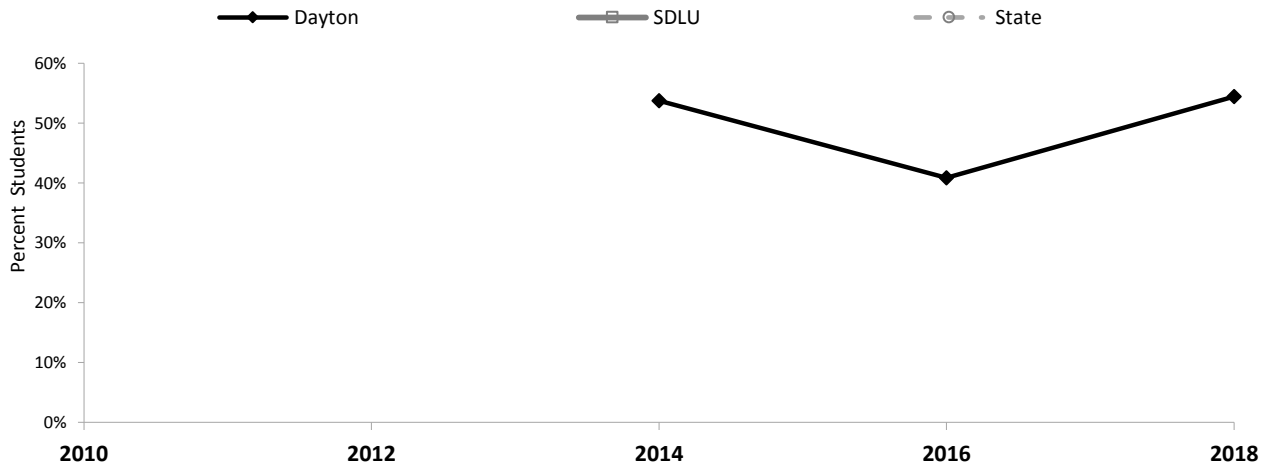
4) Use LSD, cocaine, amphetamines, or another illegal drug?

Grade 8,10



	2010	2012	2014	2016	2018
State	31%	32%	32%	32%	34%
SDLU	34%	36%	36%	32%	37%
Dayton	38%	36%	50%	29%	44%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			54%	41%	54%

Perceived Risks of Use

SCALE QUESTIONS

• How much do you think people risk harming themselves if they:

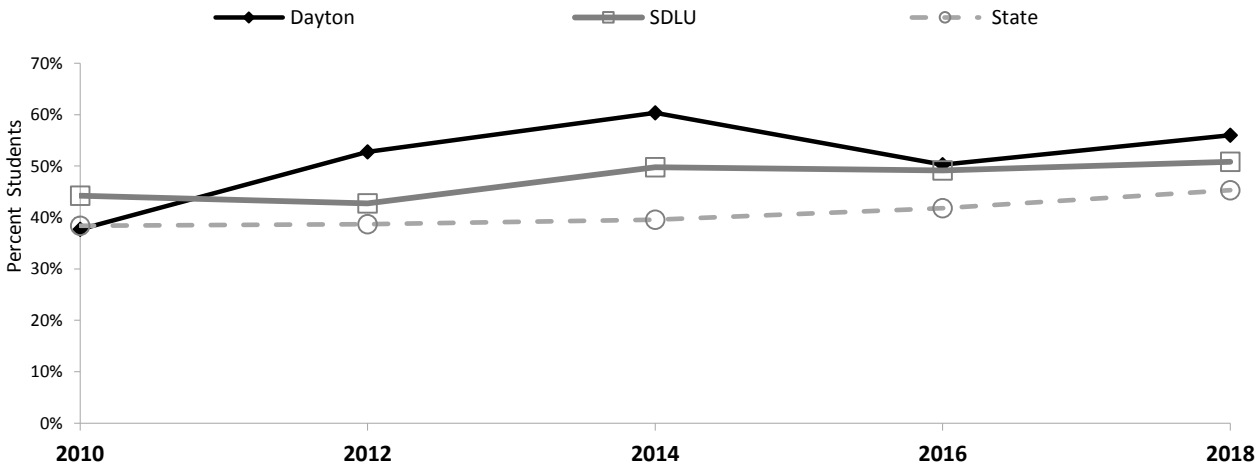
1) Smoke one or more packs of cigarettes per day?

2) Try marijuana once or twice?

3) Smoke marijuana regularly (at least once or twice a week)?

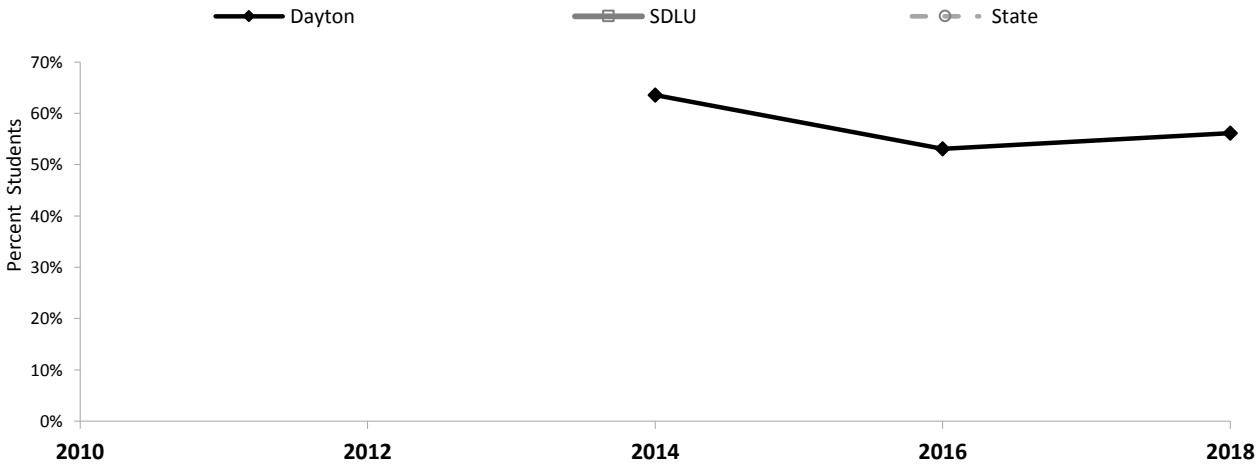
4) Take one or two drinks of an alcoholic beverage (wine, beer, a shot, liquor) nearly every day?

Grade 8,10



	2010	2012	2014	2016	2018
State	38%	39%	40%	42%	45%
SDLU	44%	43%	50%	49%	51%
Dayton	38%	53%	60%	50%	56%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			64%	53%	56%

Friends' Use of Drugs

SCALE QUESTIONS

• Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

1) Smoked cigarettes?

2) Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?

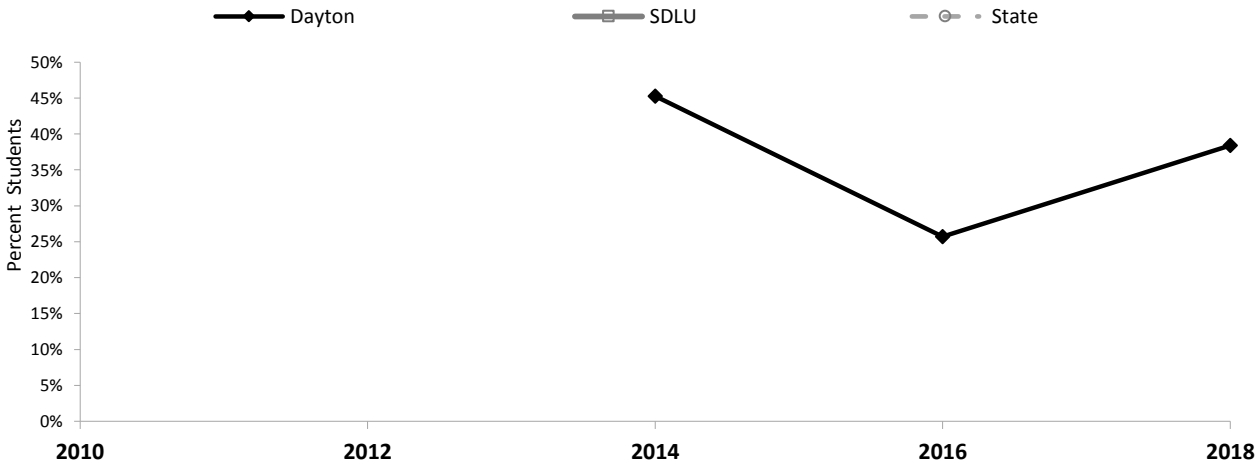
3) Used marijuana?

4) Used LSD, cocaine, amphetamines, or other illegal drugs?

Grade 8,10

	2010	2012	2014	2016	2018
State	27%	24%	19%	17%	21%
SDLU	32%	30%	27%	23%	26%
Dayton	27%	41%	44%	15%	28%

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			45%	26%	38%

Peer-Individual Protective Factors *(Percent Protected)*

Social Skills

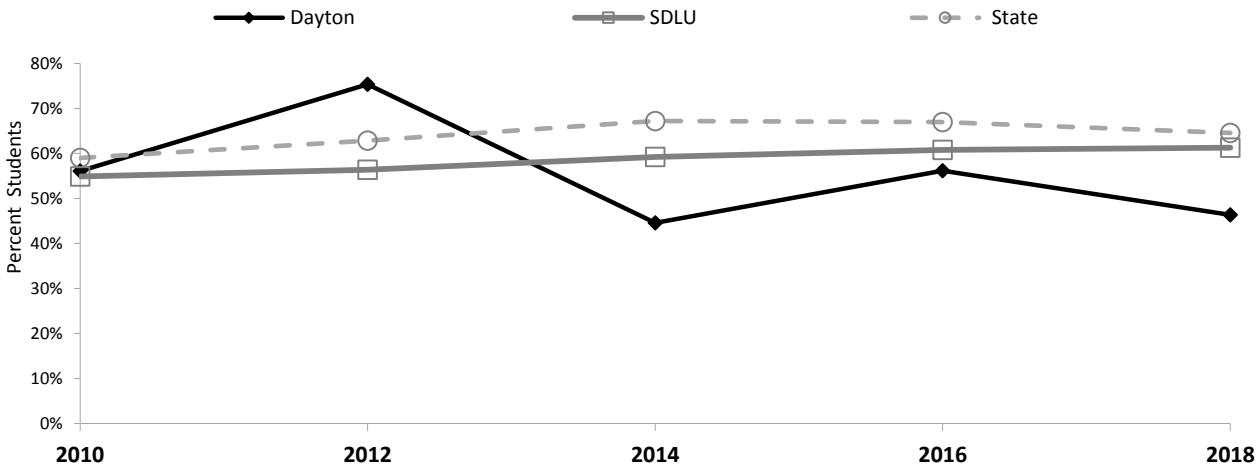
SCALE QUESTIONS

• You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees, and no other customers. What would you do now?

• You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

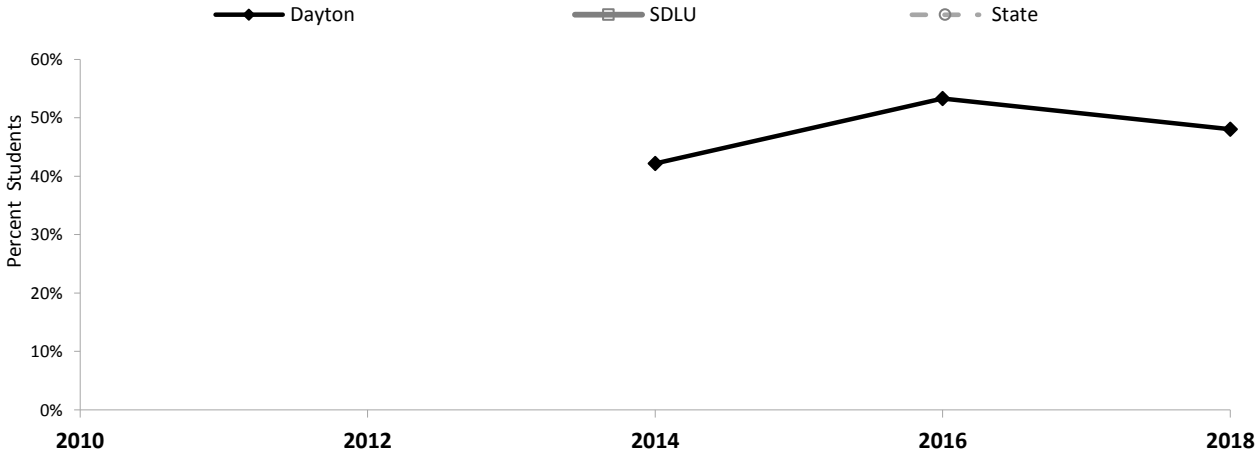
• You are at a party at someone's house and one of your friends offers you a drink containing alcohol. What would you say or do?

Grade 8,10



	2010	2012	2014	2016	2018
State	59%	63%	67%	67%	65%
SDLU	55%	56%	59%	61%	61%
Dayton	56%	75%	45%	56%	46%

Grade 8,9,10,11,12



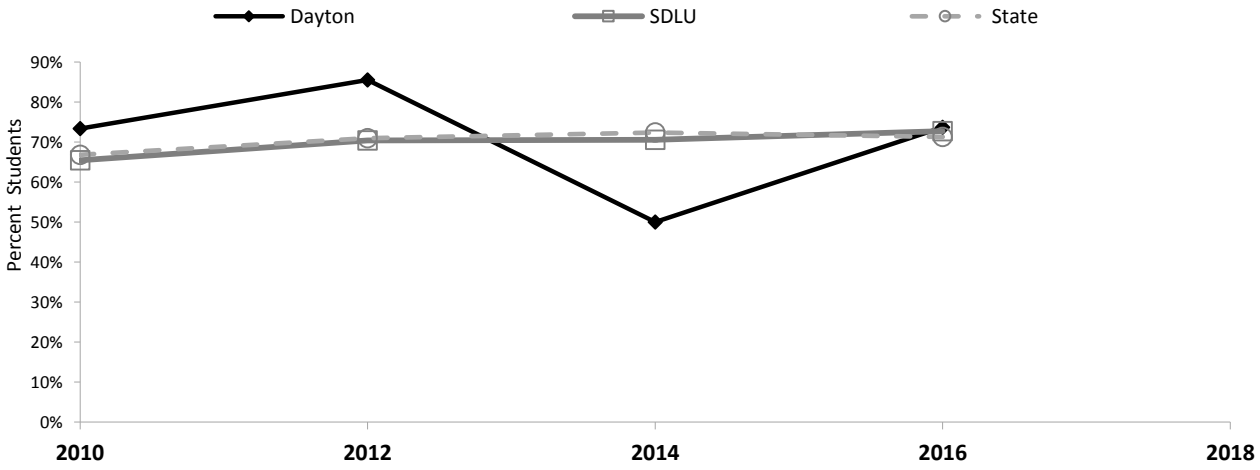
	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			42%	53%	48%

Belief in the Moral Order

SCALE QUESTIONS *(Removed from the HYS as of 2018)*

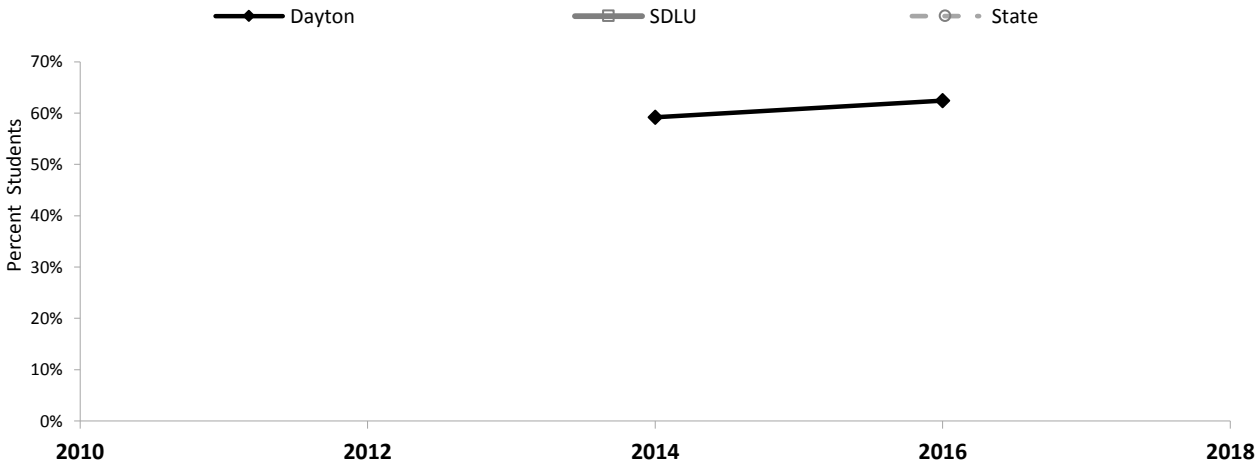
- I think it is okay to take something without asking as long as you get away with it.
- I think sometimes it's okay to cheat at school.
- It is all right to beat up people if they start the fight.
- It is important to be honest with your parents, even if they become upset or you get punished.

Grade 8,10



	2010	2012	2014	2016	2018
State	67%	71%	72%	71%	
SDLU	65%	70%	71%	73%	
Dayton	73%	86%	50%	74%	

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			59%	62%	

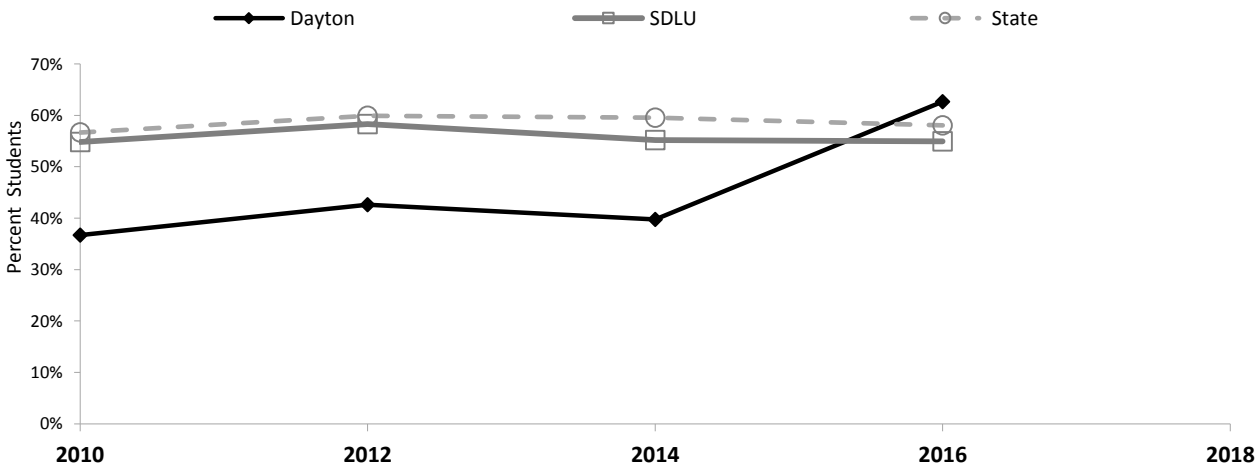
Interaction with Prosocial Peers

SCALE QUESTIONS *(Removed from the HYS as of 2018)*

• Think about your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

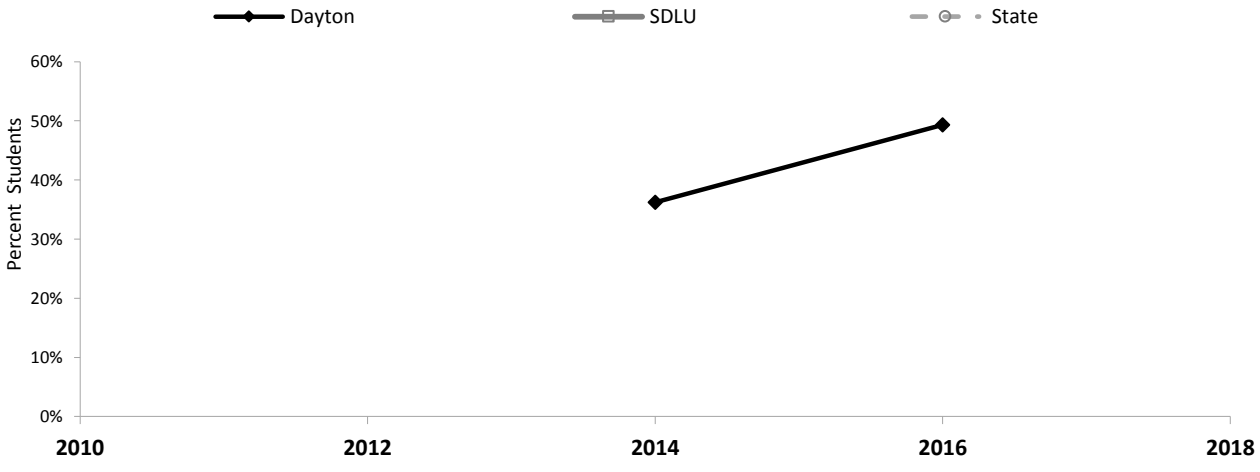
1) Participated in clubs, organizations or activities at school?
2) Made a commitment to stay drug-free?
3) Liked school?

Grade 8,10



	2010	2012	2014	2016	2018
State	57%	60%	60%	58%	
SDLU	55%	58%	55%	55%	
Dayton	37%	43%	40%	63%	

Grade 8,9,10,11,12



	2010	2012	2014	2016	2018
State					
SDLU					
Dayton			36%	49%	

Additional CORE Data

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

The line charts and tables includes CORE district, county, and state results for all years available from 2006. If district results are not available, only county and state results are presented. Notice that rates vary from per 100 to 100,000 individual (children, adolescents, students, people).

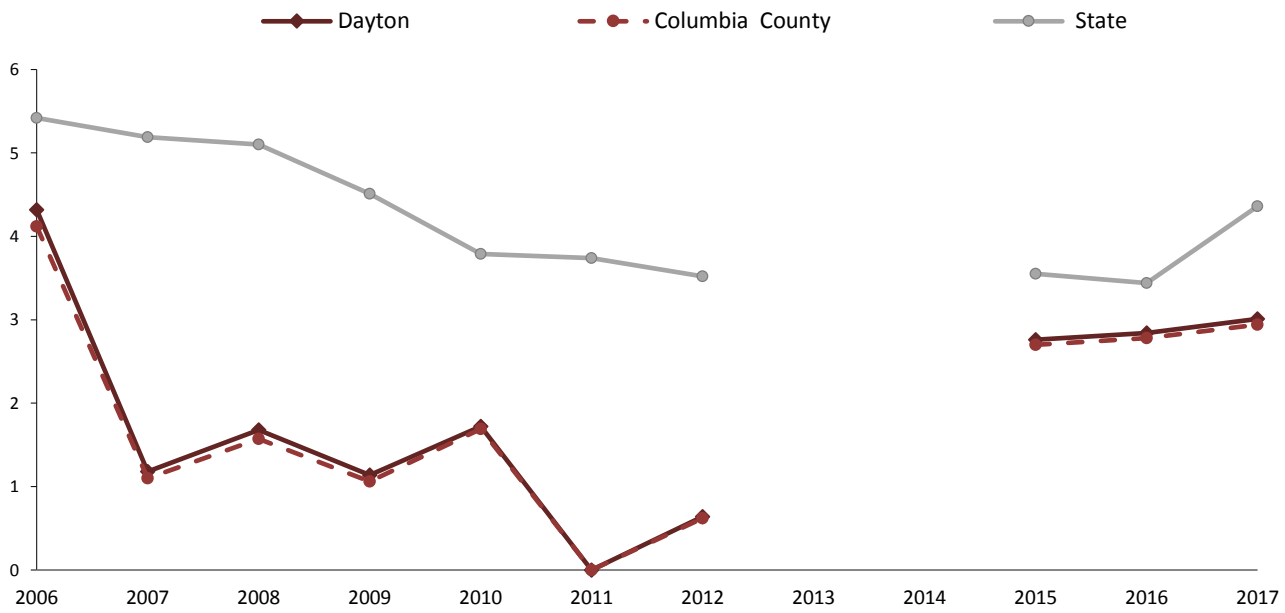
For more information on these measures, including the number of individuals represented and additional indicators, please visit the Risk Profiles Data on the DSHS's Research and Data Analysis Division's website: http://www.dshs.wa.gov/rda/research

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

School Performance

Annual (Event) Dropouts *(Percent)*

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

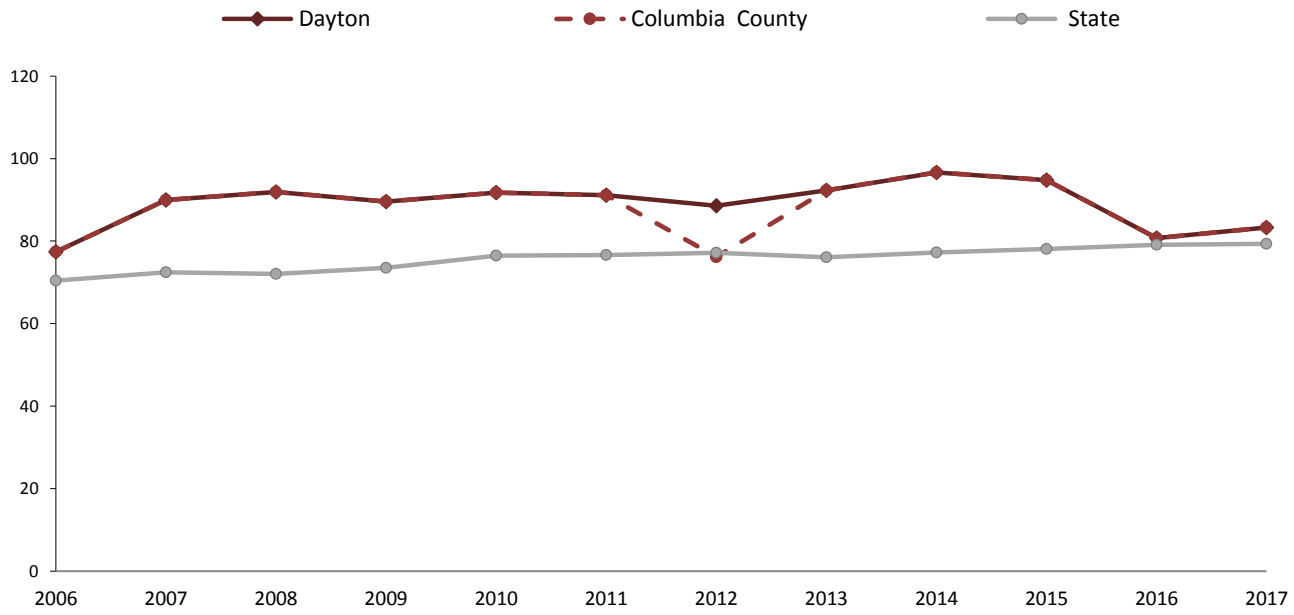


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	4	1	2	1	2	0	1			3	3	3
Columbia County	4	1	2	1	2	0	1			3	3	3
State	5	5	5	5	4	4	4			4	3	4

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

On-time Graduation *(Percent)*

The percent of students who graduate in four years to complete their degree. This indicator answers the question "What percent of freshmen stayed in school and graduated in four years?" The On-Time Graduation rate formula uses dropout rates discussed above; the formula is: 100*(1-grade 9 dropout rate)*(1-grade 10 dropout rate)*(1-grade 11 dropout rate)*(1-grade 12 dropout rate-grade 12 continuing rate). *Data unavailable prior to 2006.*



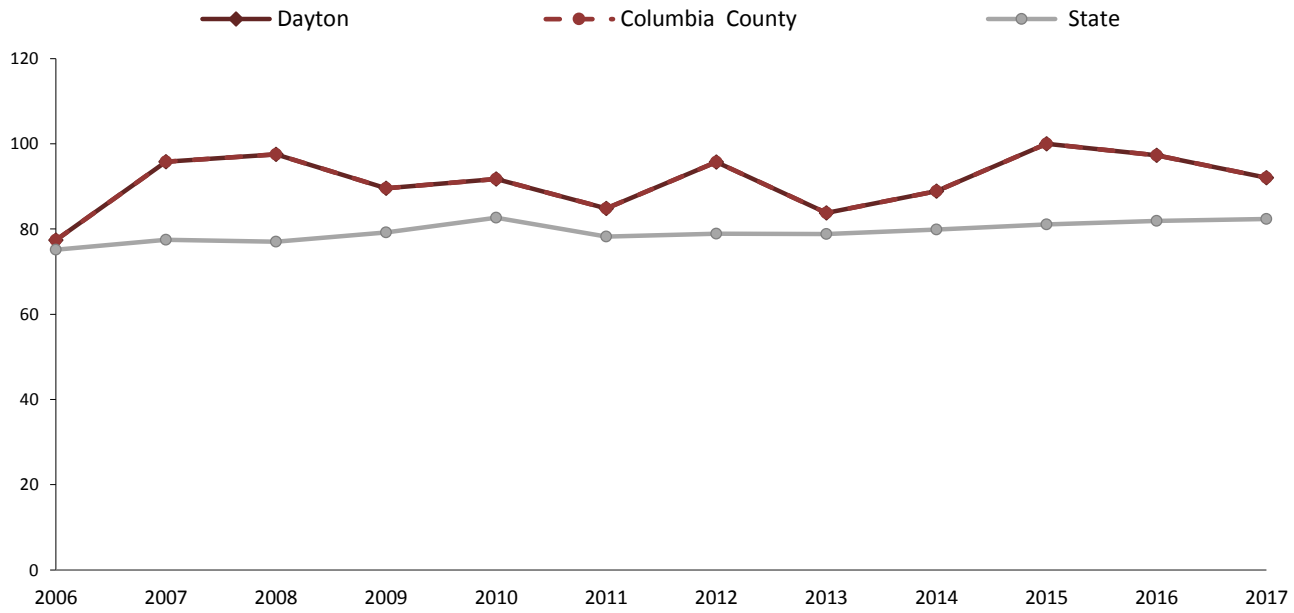
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	77	90	92	90	92	91	89	92	97	95	81	83
Columbia County	77	90	92	90	92	91	76	92	97	95	81	83
State	70	72	72	74	76	77	77	76	77	78	79	79

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

Extended Graduation *(Percent)*

The percent of students who graduate including those students who stay in school and take more than four years to complete their degree.

Districts that have high extended graduation rates may also have poor dropout rates since the students attempting extended graduation are also at highest risk of again dropping out. A large difference in the size of the on-time and extended graduation rates may indicate that a district or school is working hard to keep students in school or to have dropouts return to school and attempt to graduate. The Extended Graduation formula is: (the number of on-time and late graduates)/(the number of on-time graduates divided by the on-time graduation rate). *Data unavailable prior to 2006.*



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	77	96	98	90	92	85	96	84	89	100	97	92
Columbia County	77	96	98	90	92	85	96	84	89	100	97	92
State	75	77	77	79	83	78	79	79	80	81	82	82

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

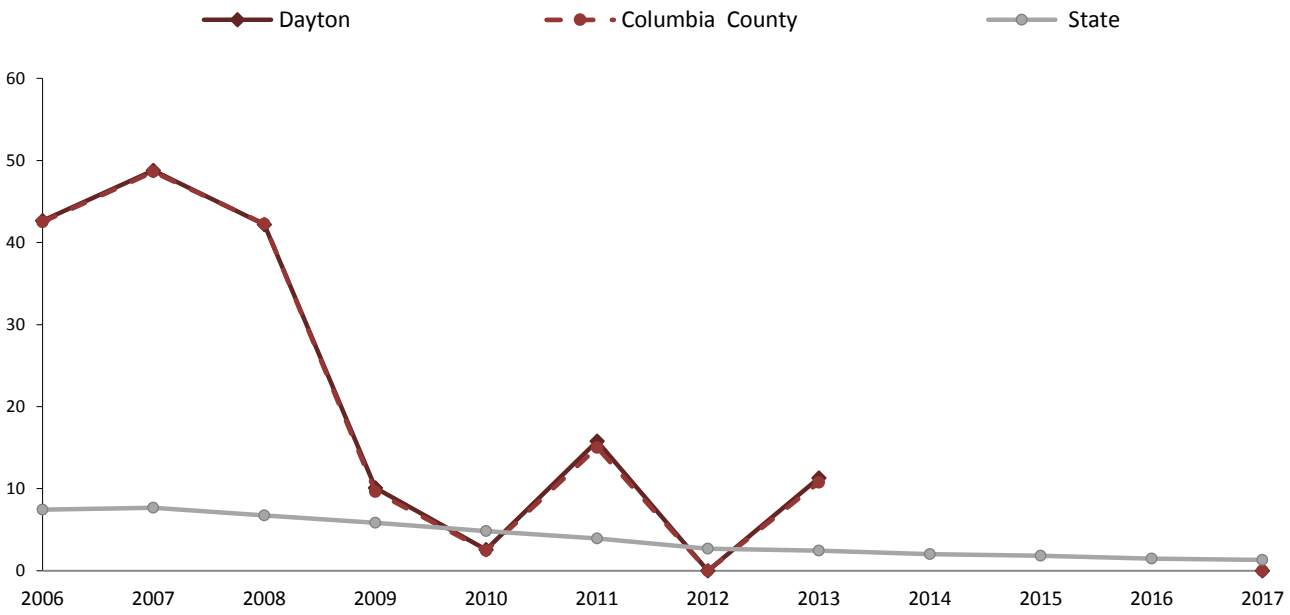
Youth Delinquency

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

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

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

2) The DUI portion of this measure is likely underestimated, because arrests made by the State Patrol are not included in the local arrest rates.

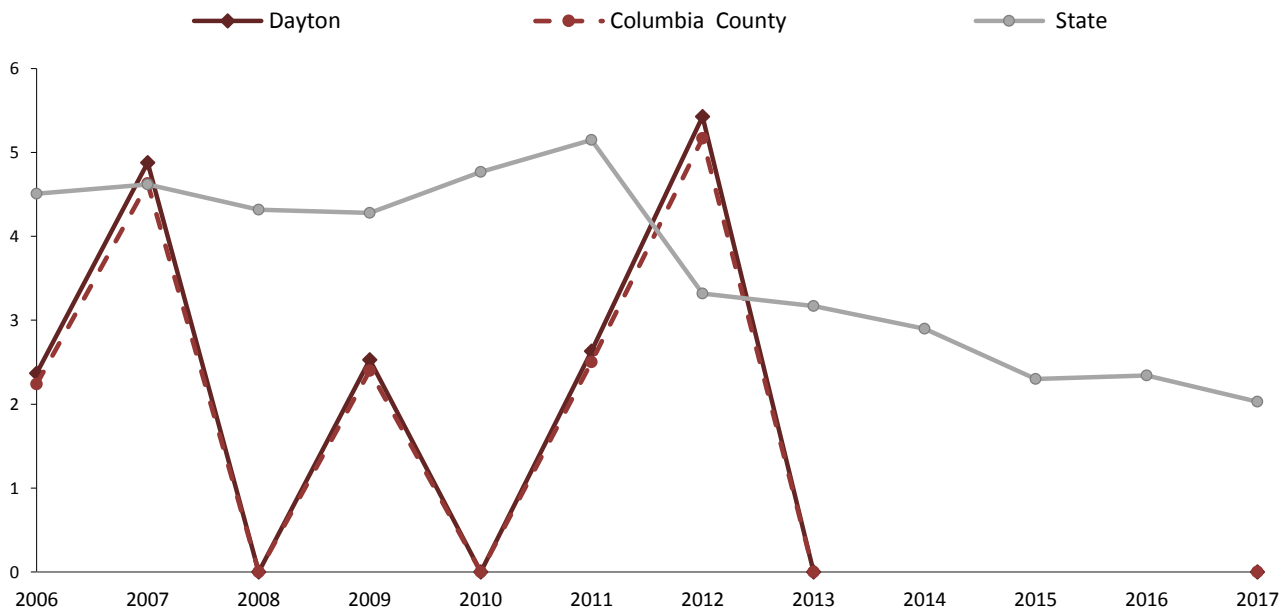


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	43	49	42	10	3	16	0	11	UN	UN	UN	0
Columbia County	43	49	42	10	2	15	0	11	UN	UN	UN	0
State	7	8	7	6	5	4	3	2	2	2	1	1

SOURCE: Washington Association of Sheriffs and Police Chiefs, Uniform Crime Report (UCR), Tables 40 and 50.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

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

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



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	2	5	0	3	0	3	5	0	UN	UN	UN	0
Columbia County	2	5	0	2	0	3	5	0	UN	UN	UN	0
State	5	5	4	4	5	5	3	3	3	2	2	2

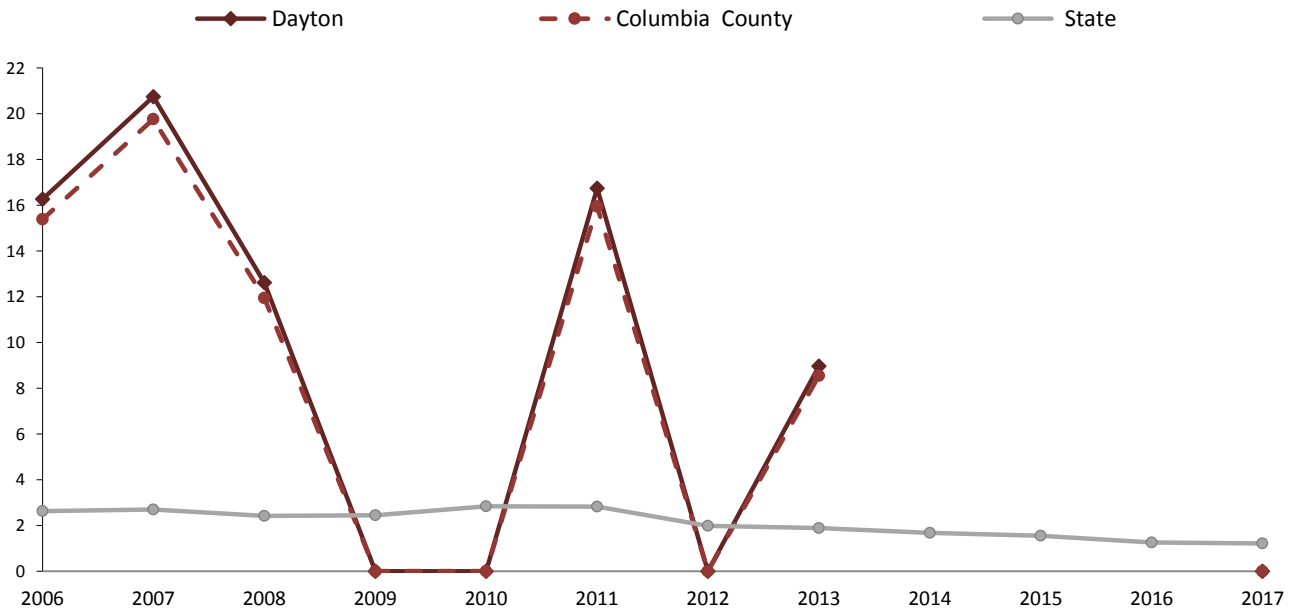
SOURCE: Washington Association of Sheriffs and Police Chiefs, Uniform Crime Report (UCR), Tables 40 and 50.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

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

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

1) Denominators are adjusted by subtracting the population of police agencies that did not report arrests to Uniform Crime Report (UCR). In spite of this population adjustment, when the non-reporting police jurisdiction is where much of the crime occurs, the rate will be lower than it would be if that jurisdiction was included.

2) The DUI portion of this measure is likely underestimated, because arrests made by the State Patrol are not attributable to smaller areas. State Patrol arrests are included in the state rates.

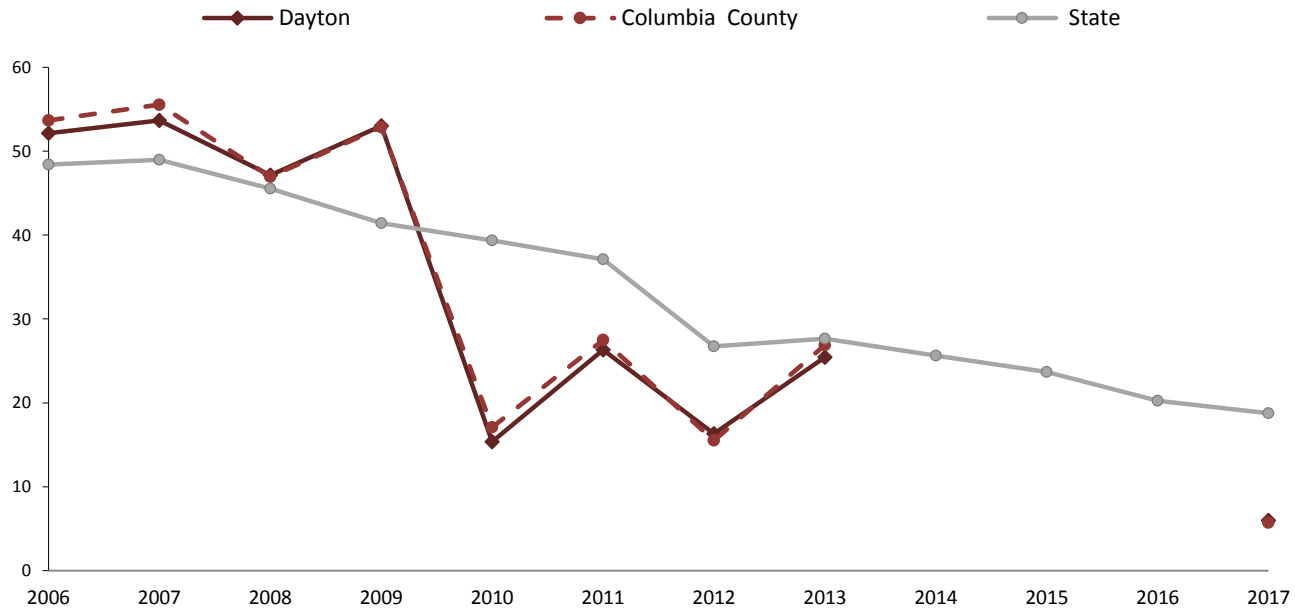


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	16	21	13	0	0	17	0	9	UN	UN	UN	0
Columbia County	15	20	12	0	0	16	0	9	UN	UN	UN	0
State	3	3	2	2	3	3	2	2	2	2	1	1

SOURCE: Washington Association of Sheriffs and Police Chiefs, Uniform Crime Report (UCR), Tables 40 and 50.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

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

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

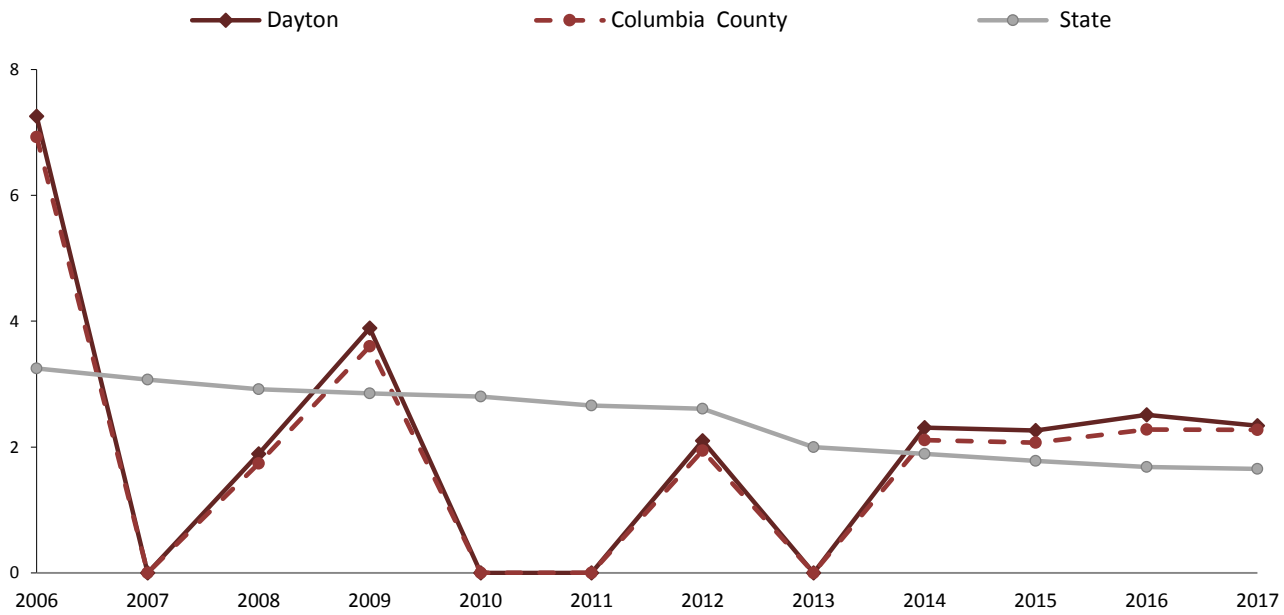


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	52	54	47	53	15	26	16	25	UN	UN	UN	6
Columbia County	54	56	47	53	17	28	16	27	UN	UN	UN	6
State	48	49	46	41	39	37	27	28	26	24	20	19

SOURCE: Washington Association of Sheriffs and Police Chiefs, Uniform Crime Report (UCR), Tables 40 and 50.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

Weapons Incidents in School *(Rate per 1,000)*

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



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	7	0	2	4	0	0	2	0	2	2	3	2
Columbia County	7	0	2	4	0	0	2	0	2	2	2	2
State	3	3	3	3	3	3	3	2	2	2	2	2

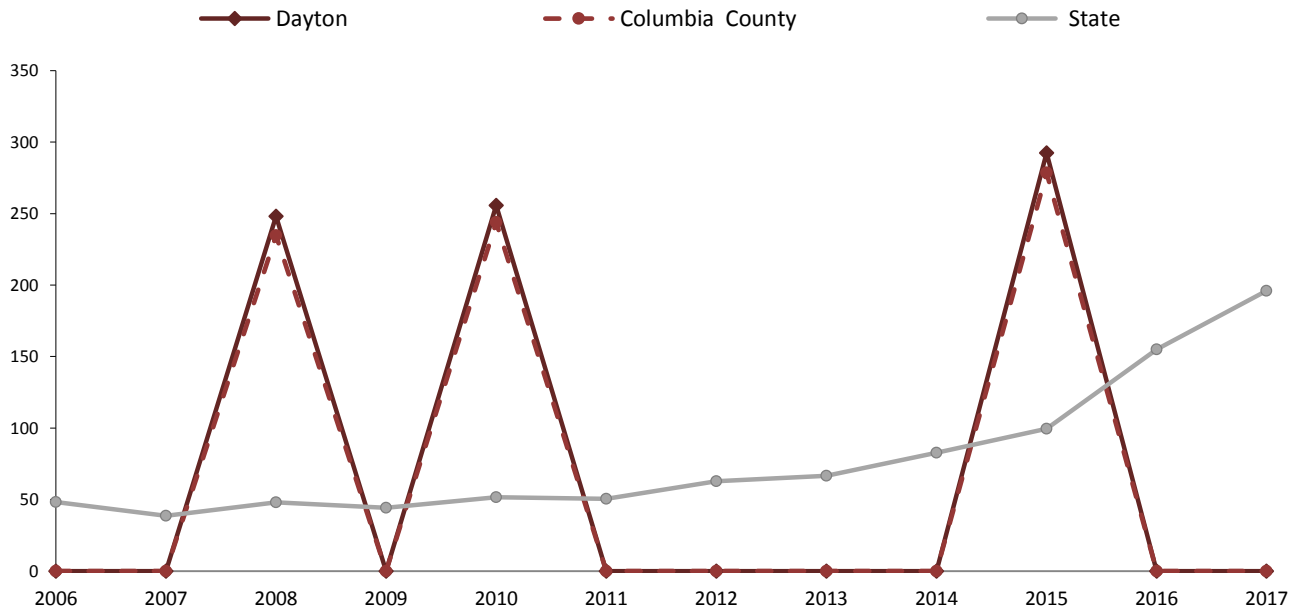
SOURCE: Office of Superintendent of Public Instruction, Information Services, Safe and Drug-free Schools: Report to the Legislature on Weapons in Schools RCW 28A.320.130.

Mental Health

Suicide Deaths and Attempts (Age 10-17) *(Rate per 100,000)*

The adolescents (age 10-17) who died by suicide or were admitted to the hospital for suicide attempts, per 100,000 adolescents (age 10-17). Suicide deaths are based on death certificate information. Suicide attempts are based on hospital admissions, but do not include admissions to federal hospitals.

The coding of intent for injuries and poisonings in hospital admissions data underwent a transition from ICD-9 to ICD-10 codes in the fall of 2015. It has affected the 2015 and 2016 data on suicide attempts reported here. For additional information, see: Christine Stewart, Phillip M. Crawford, and Gregory E. Simon (2017). "Changes in Coding of Suicide Attempts or Self-Harm With Transition From ICD-9 to ICD-10." Psychiatric Services, 68(3), p. 215.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	0	0	248	0	256	0	0	0	0	292	0	0
Columbia County	0	0	235	0	244	0	0	0	0	279	0	0
State	48	39	48	44	52	50	63	67	83	100	155	196

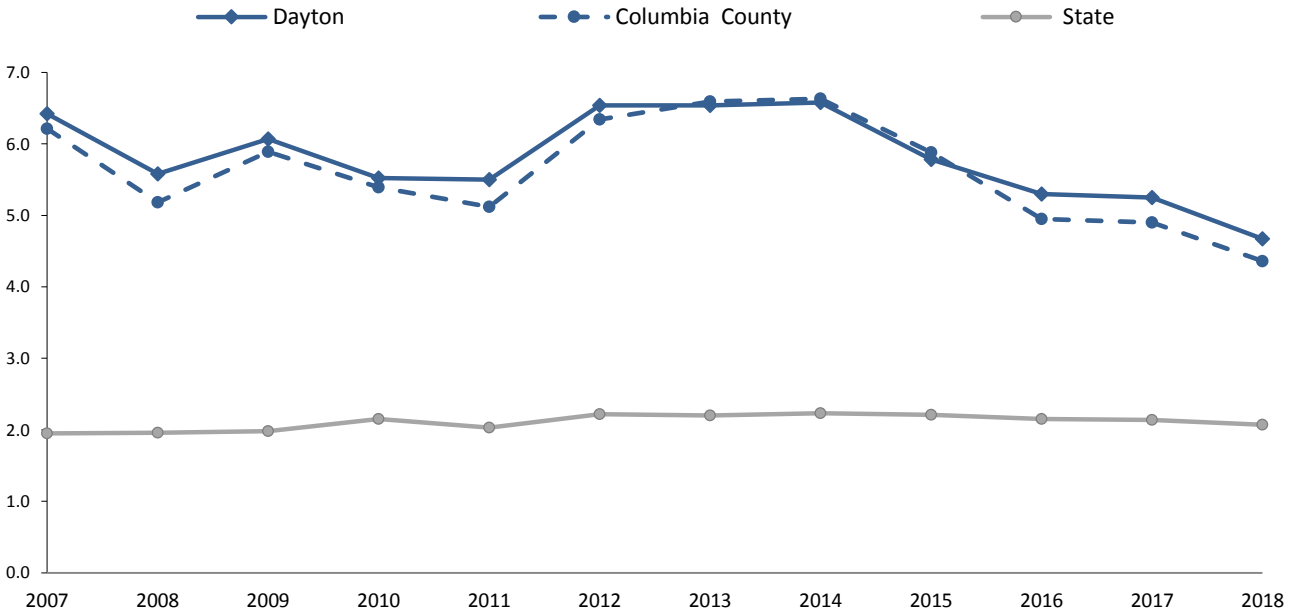
SOURCE: Department of Health, Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS) and Department of Health, Center for Health Statistics Death Certificate Data.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

There are two aspects of alcohol availability that are important in determining prevention priorities. First, there is the actual physical availability—places where youth can get alcohol. Second is the perception of availability—the belief that alcohol is, or would be, available to them. Both of these have to change in order for there to be a significant impact on drinking rates.

Alcohol Availability

Alcohol Retail Licenses *(Rate per 1,000)*

The alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the state and therefore are not included in these data.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dayton	6	6	6	6	6	7	7	7	6	5	5	5
Columbia County	6	5	6	5	5	6	7	7	6	5	5	4
State	2	2	2	2	2	2	2	2	2	2	2	2

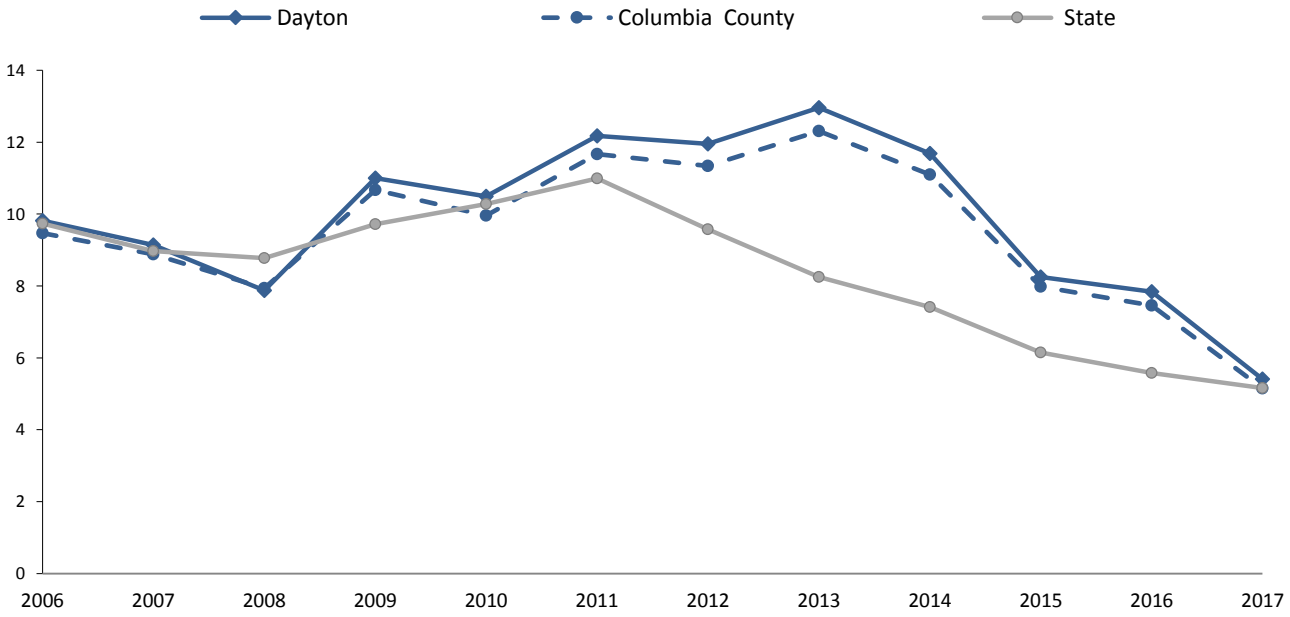
SOURCE: Washington State Liquor Control Board, Annual Operations Report.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

Extreme Economic Deprivation

Economic deprivation is ***not in the logic model*** because our prevention efforts do not address poverty. Economic deprivation creates conditions in which risk factors become more serious.

Temporary Assistance to Needy Families (TANF), Child Recipients *(Percent)*

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

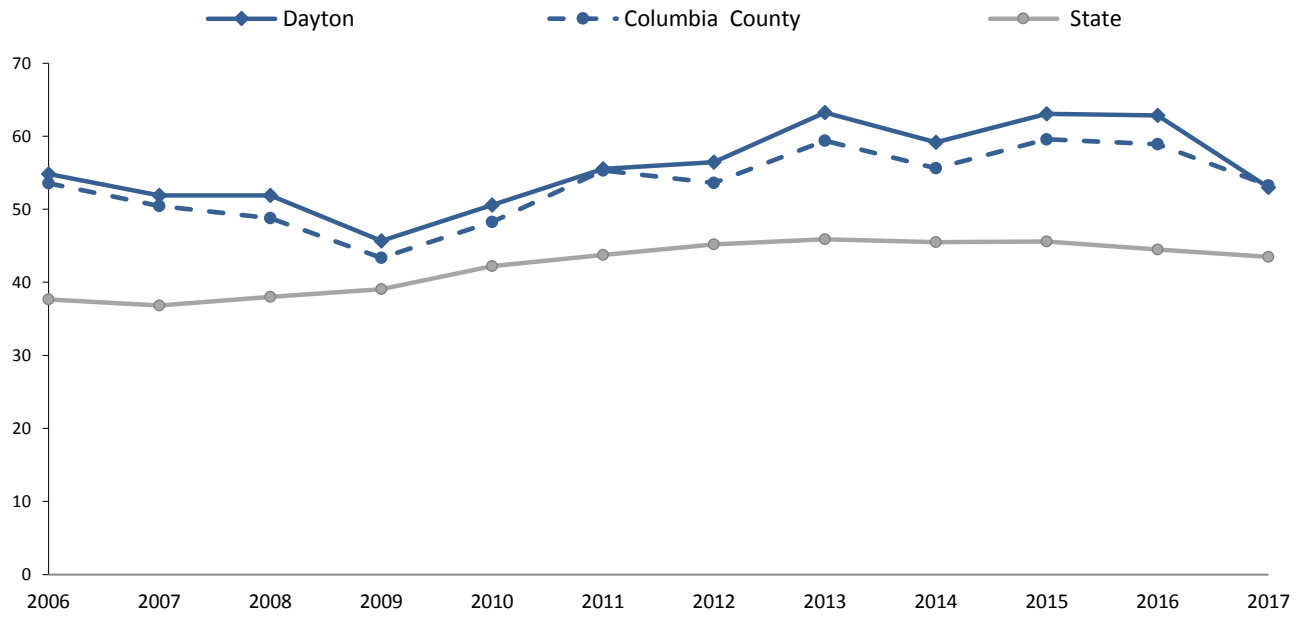


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	10	9	8	11	10	12	12	13	12	8	8	5
Columbia County	9	9	8	11	10	12	11	12	11	8	7	5
State	10	9	9	10	10	11	10	8	7	6	6	5

SOURCE: Department of Social and Health Services, Research and Data Analysis, Automated Client Eligibility System and Warrant Roll.
POPULATION ESTIMATES: Washington State Office of Financial Management and Washington State Department of Health.

Students Eligible for Free or Reduced Price Lunch *(Percent)*

The students eligible for free or reduced price lunch per 100 students enrolled. Children of people who are not eligible for TANF, "working poor", those who have exceeded 60 months in benefits, are not legal aliens, or are not seeking work can still receive meals and free milk. The free lunch guidelines include all those in households earning 130 percent or less of the federal poverty level while all persons in households earning between 130 and 185 percent of the federal poverty level can receive reduced price lunches.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Dayton	55	52	52	46	51	56	56	63	59	63	63	53
Columbia County	54	50	49	43	48	55	54	59	56	60	59	53
State	38	37	38	39	42	44	45	46	46	46	45	43

SOURCE: Office of Superintendent of Public Instruction.

Fatal drug overdoses from **prescribed opioids** constituted 37 percent of *all fatal drug overdoses,* both legal and illegal, in Washington during the years 2012 to 2017; they were responsible for 56 percent of all fatal opioid overdoses during this period[1]. Several hundred overdose deaths from prescription opioids per year is the tip of the iceberg; Washington State Department of Health (DOH) estimates that "*thousands of non-fatal overdose events, tens of thousands of people with opioid use disorder and hundreds of thousands of individuals who are misusing prescription opioids"* as well as multiple individuals with other adverse health consequences need to be taken into account to fully comprehend the scale of this problem[2]. Some Washington communities have been hit harder than others.

More than 5.8 million opioid prescriptions were filled by Washington pharmacies during 2017, enough for every 8 out of 10 residents of all ages to have one prescription per year[3]. Nearly one-fifth of all Washington residents received at least one opioid prescription during 2017, with an average of 3.7 prescriptions filled per patient. Hydrocodone and Oxycodone were the two most frequently prescribed opioids.

The measures presented in this section were selected from a vast array of data available via the Washington State Prescription Monitoring Program (PMP) at DOH[4] to highlight main features and trends in the opioid prescribing in your community. They are meant as tools to start a discussion with your Community Coalition and community partners about prescription opioid use and misuse in your community.

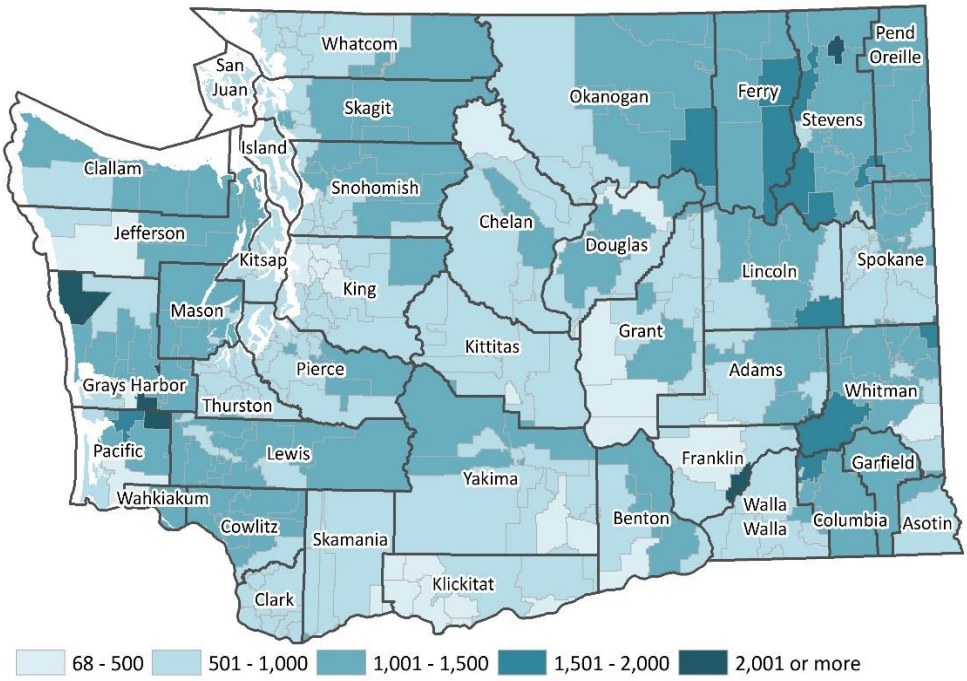
Questions to consider:

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

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

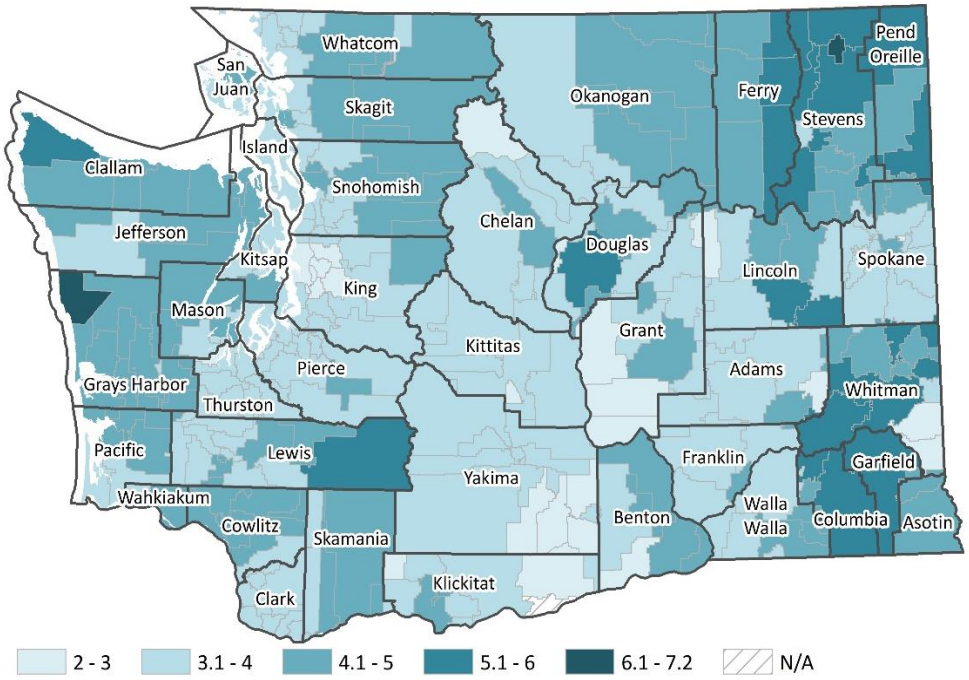
MAPS 1-3: Prescriptions for All Opioids Filled in Calendar Year 2017

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



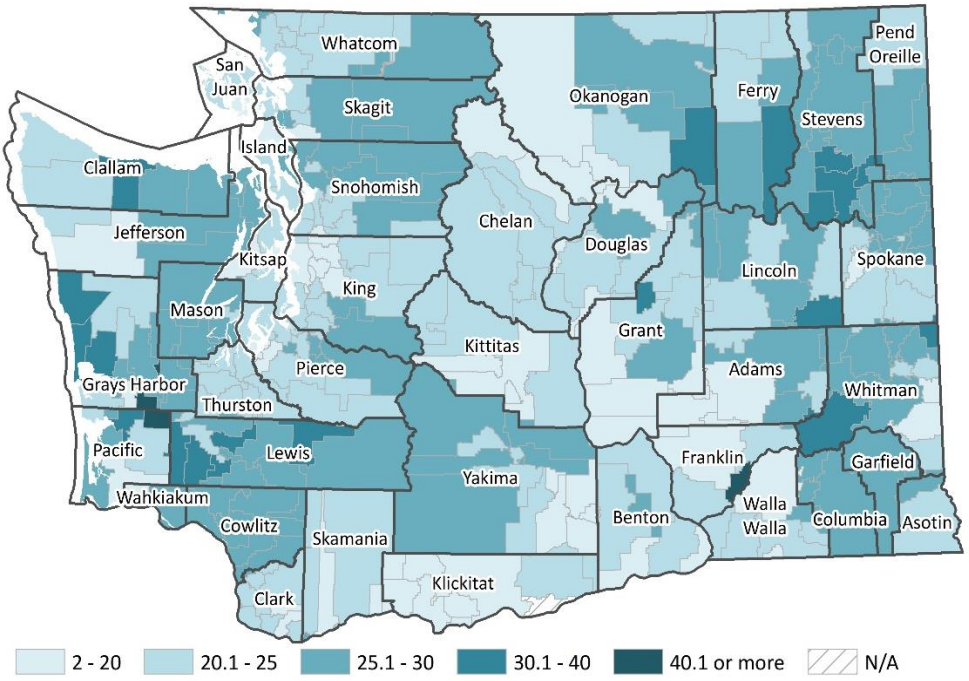
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

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



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

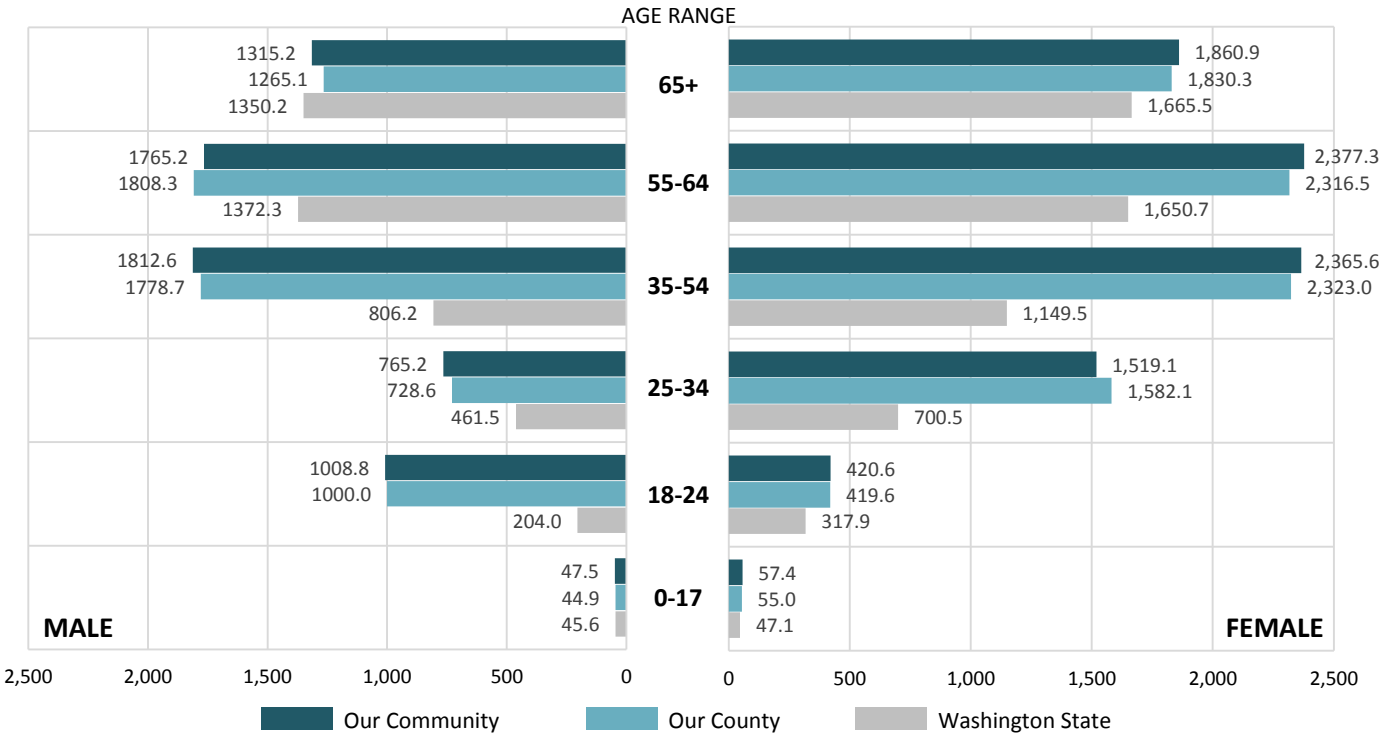
Map 3. Patients with Prescriptions for Opioids per 100 Residents by School District, 2017



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

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

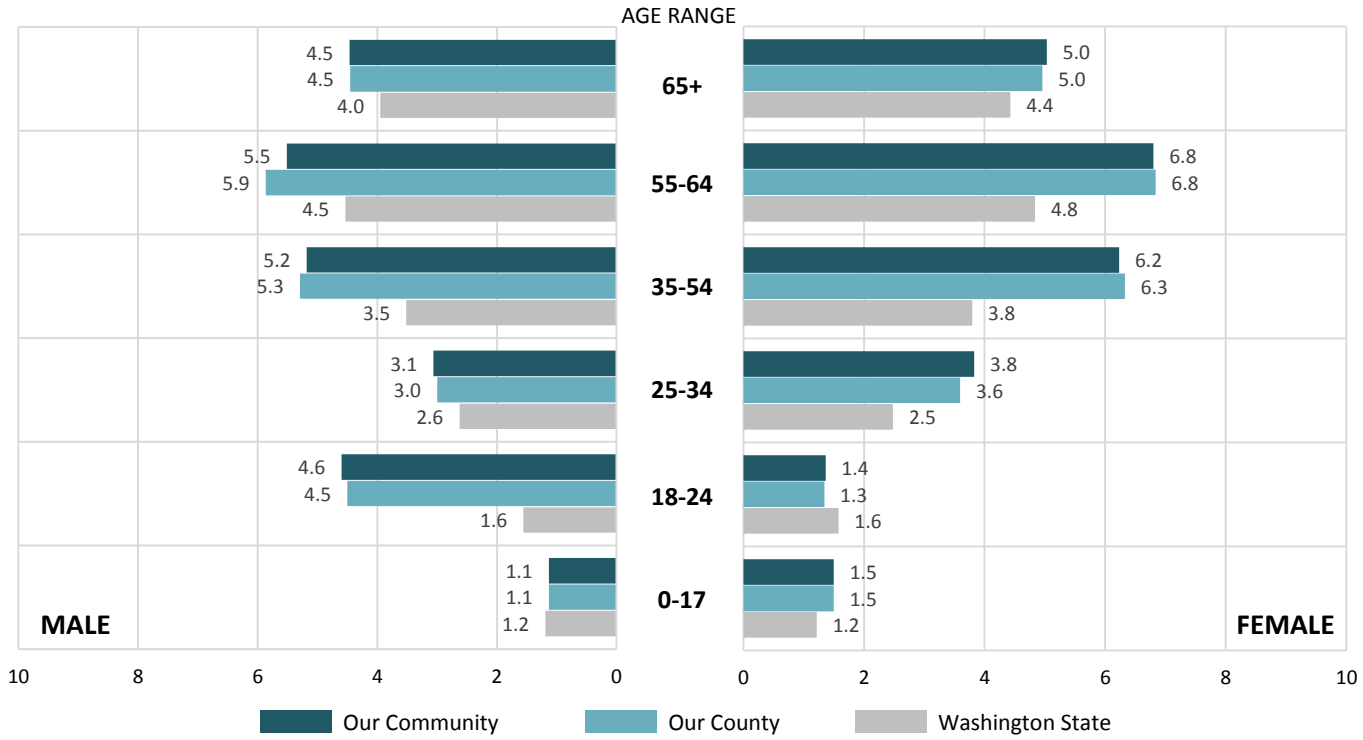
In our community, females received 33% more prescriptions than males per capita. Statewide, females recieved 37% more.



Opioid Prescriptions (Any Type) per 1,000 Residents by Sex and Age, 2017	Age	Dayton		Columbia County		Washington State	
		Male	Female	Male	Female	Male	Female
Rate	65+	1,315.2	1,860.9	1,265.1	1,830.3	1,350.2	1,665.5
Prescriptions		701	1,057	735	1,111	695,914	1,009,945
Population		533	568	581	607	515,403	606,376
Rate	55-64	1,765.2	2,377.3	1,808.3	2,316.5	1,372.3	1,650.7
Prescriptions		579	775	651	827	644,961	809,023
Population		328	326	360	357	469,970	490,100
Rate	35-54	1,812.6	2,365.6	1,778.7	2,323.0	806.2	1,149.5
Prescriptions		803	1,003	852	1,050	767,506	1,075,504
Population		443	424	479	452	951,956	935,631
Rate	25-34	765.2	1,519.1	728.6	1,582.1	461.5	700.5
Prescriptions		101	199	102	212	240,935	348,439
Population		132	131	140	134	522,031	497,382
Rate	18-24	1,008.8	420.6	1,000.0	419.6	204.0	317.9
Prescriptions		115	45	117	47	70,231	104,161
Population		114	107	117	112	344,204	327,677
Rate	0-17	47.5	57.4	44.9	55.0	45.6	47.1
Prescriptions		17	21	17	21	38,468	37,979
Population		358	366	379	382	843,993	805,577
Rate	ALL AGES	1,214.5	1,613.7	1,203.9	1,598.0	673.9	924.2
Prescriptions		2,316	3,100	2,474	3,268	2,458,015	3,385,051
Population		1,907	1,921	2,055	2,045	3,647,557	3,662,743

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

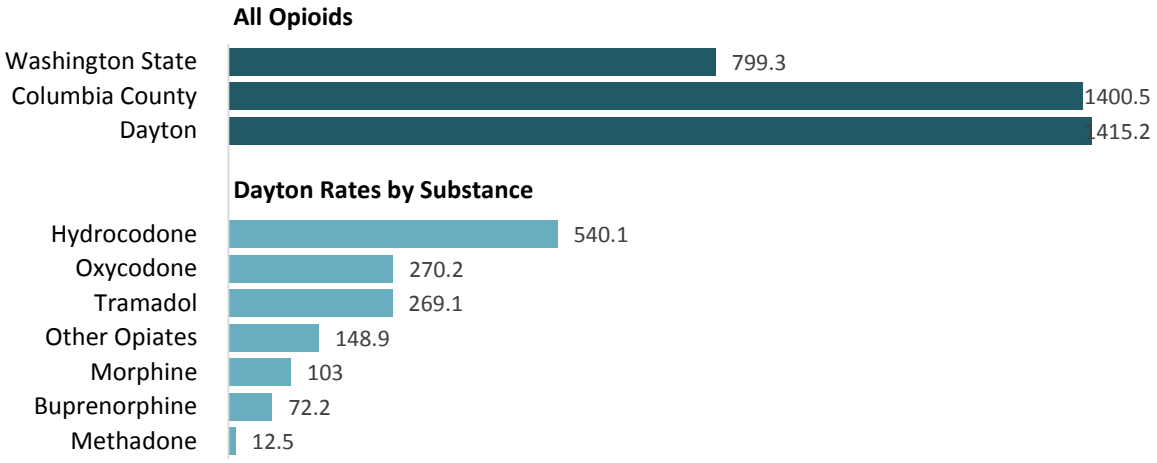
In our community, females received 0.6 more prescriptions per patient than males. Statewide, females recieved 0.2 more.



Opioid Prescriptions (Any Type) per Patient by Sex and Age, 2017	Age	Dayton		Columbia County		Washington State	
		Male	Female	Male	Female	Male	Female
Rate	65+	4.5	5.0	4.5	5.0	4.0	4.4
Prescriptions	65+	157	210	165	224	176,128	228,057
Recipients	65+	701	1,057	735	1,111	695,914	1,009,945
Rate	55-64	5.5	6.8	5.9	6.8	4.5	4.8
Prescriptions	55-64	105	114	111	121	142,343	167,291
Recipients	55-64	579	775	651	827	644,961	809,023
Rate	35-54	5.2	6.2	5.3	6.3	3.5	3.8
Prescriptions	35-54	155	161	161	166	218,296	283,369
Recipients	35-54	803	1,003	852	1,050	767,506	1,075,504
Rate	25-34	3.1	3.8	3.0	3.6	2.6	2.5
Prescriptions	25-34	33	52	34	59	91,781	140,345
Recipients	25-34	101	199	102	212	240,935	348,439
Rate	18-24	4.6	1.4	4.5	1.3	1.6	1.6
Prescriptions	18-24	25	33	26	35	45,059	65,944
Recipients	18-24	115	45	117	47	70,231	104,161
Rate	0-17	1.1	1.5	1.1	1.5	1.2	1.2
Prescriptions	0-17	15	14	15	14	32,340	31,208
Recipients	0-17	17	21	17	21	38,468	37,979
Rate	ALL AGES	4.7	5.3	4.8	5.3	3.5	3.7
Prescriptions	ALL AGES	490	584	512	619	705,947	916,214
Recipients	ALL AGES	2,316	3,100	2,474	3,268	2,458,015	3,385,051

Opioid Prescriptions per 1,000 Residents by Frequency, 2017

In 2017, there were 540.1 Hydrocodone prescriptions for every 1,000 residents in our community.



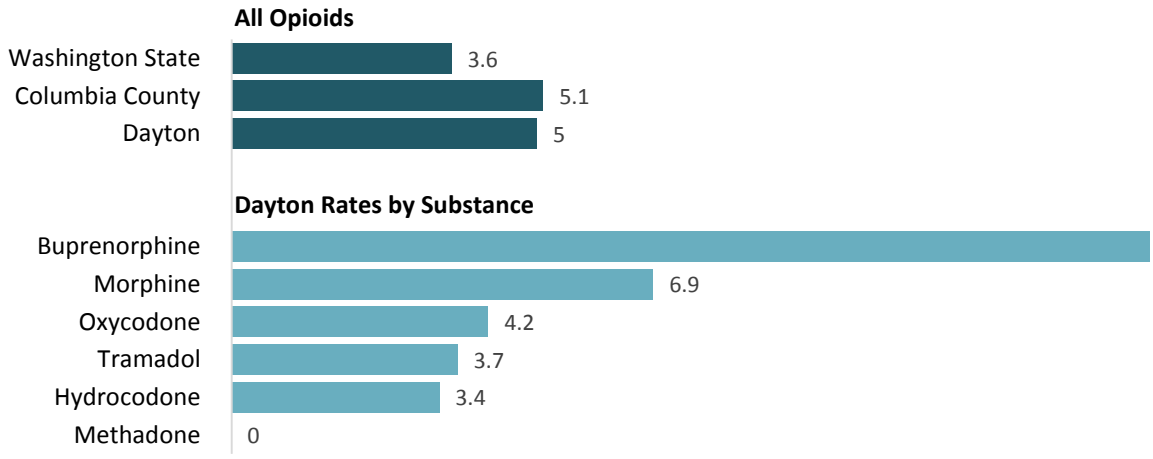
Opioid Prescriptions per 1,000 Residents, by Substance, Age and Sex, 2017

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

SUBSTANCE	Sex	AGE RANGE						ALL AGES
		0-17	18-24	25-34	35-54	55-64	65+	
All Opioids	Female	57.4	420.6	1,519.1	2,365.6	2,377.3	1,860.9	1,613.7
	Male	47.5	1,008.8	765.2	1,812.6	1,765.2	1,315.2	1,214.5
Hydrocodone	Female	S	205.6	648.9	839.6	904.9	758.8	623.1
	Male	39.1	166.7	378.8	566.6	615.9	626.6	456.2
Oxycodone	Female	S	S	190.8	398.6	447.9	281.7	267.6
	Male	S	114.0	S	580.1	390.2	219.5	272.7
Tramadol	Female	S	93.5	335.9	400.9	500.0	463.0	339.9
	Male	0.0	S	136.4	309.3	387.2	163.2	197.7
Morphine	Female	0.0	0.0	S	134.4	214.7	181.3	120.2
	Male	0.0	S	0.0	115.1	103.7	140.7	85.5
Buprenorphine	Female	0.0	0.0	177.3	207.1	0.0	0.0	59.4
	Male	0.0	548.4	194.4	119.0	37.6	0.0	85.2
Methadone	Female	0.0	0.0	0.0	S	0.0	S	11.5
	Male	0.0	0.0	0.0	0.0	39.6	24.4	13.6

Opioid Prescriptions Per Recipient by Frequency, 2017

In 2017, the average patient receiving Buprenorphine was issued 16.1 prescriptions.

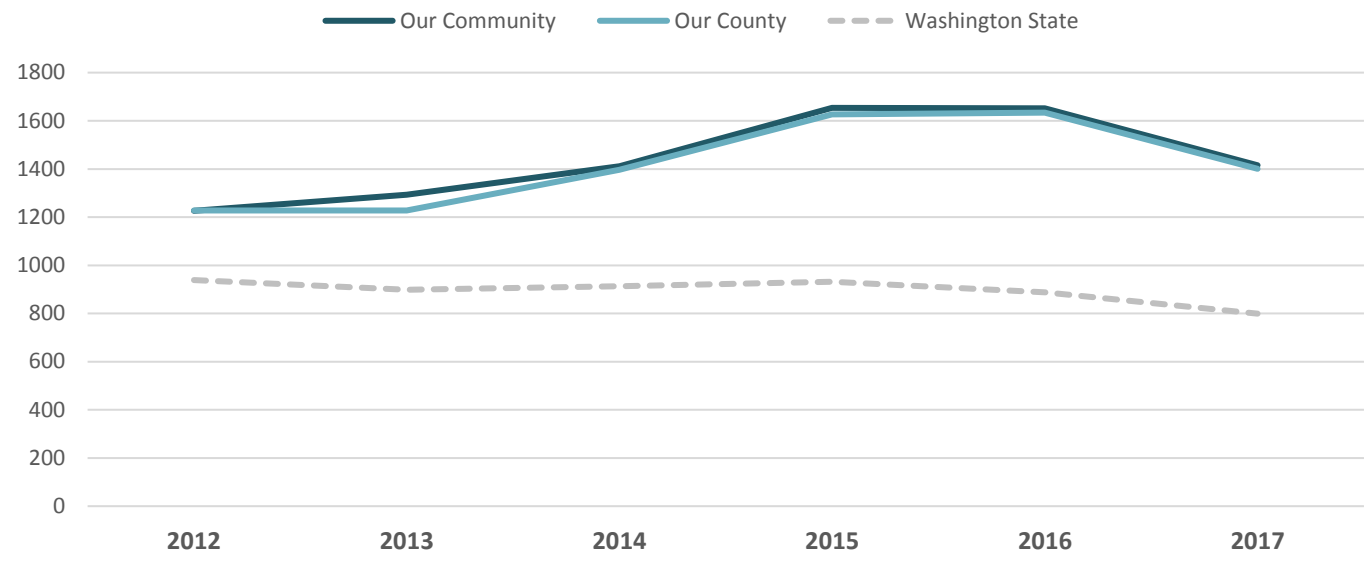


Opioid Prescriptions per Recipient, by Substance, Age and Sex, 2017

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

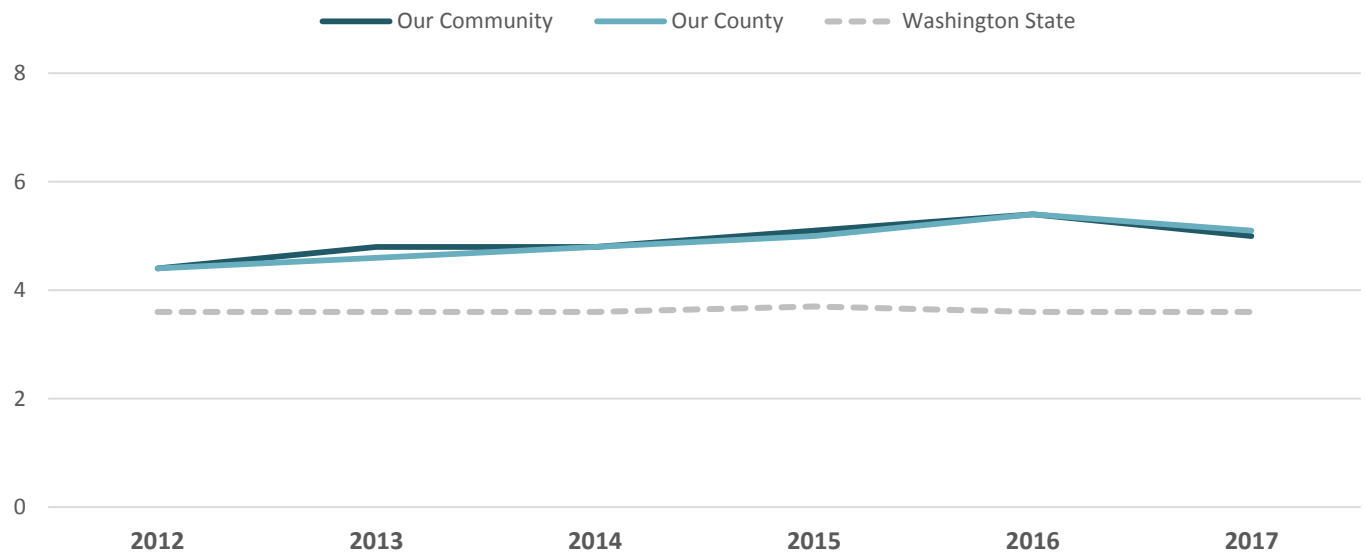
SUBSTANCE	Sex	AGE RANGE						ALL AGES
		0-17	18-24	25-34	35-54	55-64	65+	
All Opioids	Female	1.5	1.4	3.8	6.2	6.8	5.0	5.3
	Male	1.1	4.6	3.1	5.2	5.5	4.5	4.7
Buprenorphine	Female	0.0	0.0	S	S	0.0	0.0	S
	Male	0.0	S	S	S	S	0.0	14.5
Morphine	Female	0.0	0.0	S	S	S	5.2	6.8
	Male	0.0	S	0.0	S	S	5.8	7.1
Oxycodone	Female	S	S	1.6	4.3	6.1	4.3	4.1
	Male	S	S	S	5.5	4.4	3.5	4.3
Tramadol	Female	S	S	4.4	3.5	4.0	3.8	3.8
	Male	0.0	S	S	3.8	4.9	2.8	3.7
Hydrocodone	Female	1.1	1.1	3.3	4.0	5.0	3.8	3.8
	Male	1.2	1.2	2.1	3.1	3.3	3.1	2.9
Methadone	Female							
	Male							

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



GEOGRAPHY	UNIT	YEAR					
		2012	2013	2014	2015	2016	2017
Dayton	Rate	1,226.3	1,293.6	1,411.1	1,653.6	1,652.2	1,415.2
	Prescriptions	4,682	4,943	5,368	6,310	6,247	5,416
	Population	3,818	3,821	3,804	3,816	3,781	3,827
Columbia County	Rate	1,227.7	1,227.7	1,396.3	1,626.0	1,633.8	1,400.5
	Prescriptions	5,031	5,031	5,694	6,647	6,617	5,742
	Population	4,098	4,098	4,078	4,088	4,050	4,100
Washington State	Rate	938.7	898.5	912.6	931.9	888.2	799.3
	Prescriptions	6,398,615	6,182,337	6,358,149	6,579,027	6,379,165	5,843,066
	Population	6,816,391	6,881,007	6,966,761	7,059,985	7,182,260	7,310,300

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



GEOGRAPHY	UNIT	YEAR					
		2012	2013	2014	2015	2016	2017
Dayton	Rate	4.4	4.8	4.8	5.1	5.4	5.0
	Prescriptions	4,682	4,943	5,368	6,310	6,247	5,416
	Population	1,058	1,031	1,108	1,249	1,156	1,074
Columbia County	Rate	4.4	4.6	4.8	5.0	5.4	5.1
	Prescriptions	5,031	5,031	5,694	6,647	6,617	5,742
	Population	1,150	1,105	1,194	1,327	1,236	1,131
Washington State	Rate	3.6	3.6	3.6	3.7	3.6	3.6
	Prescriptions	6,398,615	6,182,337	6,358,149	6,579,027	6,379,165	5,843,066
	Population	1,757,153	1,706,018	1,750,782	1,793,750	1,757,320	1,622,161

2017 Population by Geography, Age and Sex

MEASURE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
Total Population	Our Community	Female	366	107	131	424	326	568	1,921
		Male	358	114	132	443	328	533	1,907
	Our County	Female	382	112	134	452	357	607	2,045
		Male	379	117	140	479	360	581	2,055
	Washington State	Female	805,577	327,677	497,382	935,631	490,100	606,376	3,662,743
		Male	843,993	344,204	522,031	951,956	469,970	515,403	3,647,557

2017 Rate of Prescriptions per 1,000 Residents ((Prescriptions/Population)*1,000) by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled Substances	Our Community	Female	224.0	598.1	2,366.4	3,610.8	3,589.0	2,831.0	2,480.5
		Male	483.2	1,210.5	1,128.8	2,656.9	2,884.1	1,881.8	1,880.4
	Our County	Female	214.7	589.3	2,410.4	3,577.4	3,467.8	2,833.6	2,467.5
		Male	456.5	1,196.6	1,071.4	2,620.0	2,986.1	1,848.5	1,881.8
	Washington State	Female	199.5	628.3	1,296.2	2,138.7	2,843.8	2,625.2	1,637.6
		Male	386.1	502.9	894.3	1,436.7	2,190.3	2,085.2	1,216.6
All Opioids	Our Community	Female	57.4	420.6	1,519.1	2,365.6	2,377.3	1,860.9	1,613.7
		Male	47.5	1,008.8	765.2	1,812.6	1,765.2	1,315.2	1,214.5
	Our County	Female	55.0	419.6	1,582.1	2,323.0	2,316.5	1,830.3	1,598.0
		Male	44.9	1,000.0	728.6	1,778.7	1,808.3	1,265.1	1,203.9
	Washington State	Female	47.1	317.9	700.5	1,149.5	1,650.7	1,665.5	924.2
		Male	45.6	204.0	461.5	806.2	1,372.3	1,350.2	673.9
Hydrocodone	Our Community	Female	21.9	205.6	648.9	839.6	904.9	758.8	623.1
		Male	39.1	166.7	378.8	566.6	615.9	626.6	456.2
	Our County	Female	20.9	205.4	679.1	805.3	955.2	744.6	625.4
		Male	36.9	162.4	357.1	569.9	597.2	617.9	452.6
	Washington State	Female	22.1	146.1	245.2	387.0	559.1	574.6	320.0
		Male	19.8	94.6	153.5	272.9	448.2	460.9	229.6
Oxycodone	Our Community	Female	S	S	190.8	398.6	447.9	281.7	267.6
		Male	S	114.0	S	580.1	390.2	219.5	272.7
	Our County	Female	S	S	231.3	400.4	414.6	281.7	266.5
		Male	S	111.1	S	540.7	422.2	211.7	268.6
	Washington State	Female	15.0	81.5	197.6	349.6	506.6	449.2	268.9
		Male	17.0	53.0	110.6	260.2	481.2	423.2	214.5
Tramadol	Our Community	Female	8.2	93.5	335.9	400.9	500.0	463.0	339.9
		Male	0.0	70.2	136.4	309.3	387.2	163.2	197.7
	Our County	Female	7.9	98.2	335.8	411.5	456.6	454.7	334.5
		Male	0.0	85.5	128.6	309.0	388.9	153.2	197.1
	Washington State	Female	1.0	19.7	59.6	124.0	180.5	232.0	104.3
		Male	0.6	9.8	30.5	69.7	122.3	141.2	59.3
Other Opiates	Our Community	Female	27.3	110.2	134.8	383.5	309.8	176.1	192.6
		Male	8.4	32.3	34.7	124.2	192.1	140.7	104.9
	Our County	Female	26.2	116.1	141.8	385.0	282.9	179.6	190.7
		Male	7.9	34.2	42.9	114.8	200.0	130.8	102.7
	Washington State	Female	8.7	45.5	81.6	151.5	222.7	256.7	128.1
		Male	7.8	25.1	39.9	77.7	136.2	172.4	72.1
Morphine	Our Community	Female	0.0	0.0	7.6	134.4	214.7	181.3	120.2
		Male	0.0	26.3	0.0	115.1	103.7	140.7	85.5
	Our County	Female	0.0	0.0	7.5	126.1	196.1	169.7	113.0
		Male	0.0	25.6	0.0	135.7	94.4	129.1	86.1
	Washington State	Female	0.2	1.3	7.5	45.7	102.4	115.0	45.6
		Male	0.3	1.1	6.1	31.1	99.1	109.9	37.4
Buprenorphine	Our Community	Female	0.0	0.0	177.3	207.1	0.0	0.0	59.4
		Male	0.0	548.4	194.4	119.0	37.6	0.0	85.2
	Our County	Female	0.0	0.0	186.6	194.7	11.2	0.0	57.2
		Male	0.0	581.2	200.0	108.6	33.3	0.0	77.9
	Washington State	Female	0.0	23.7	107.5	69.1	36.6	11.7	41.3
		Male	0.0	20.4	120.0	76.0	39.5	12.1	45.8
Methadone	Our Community	Female	0.0	0.0	0.0	S	0.0	S	11.5
		Male	0.0	0.0	0.0	0.0	39.6	24.4	13.6
	Our County	Female	0.0	0.0	0.0	S	0.0	S	10.8
		Male	0.0	0.0	0.0	0.0	72.2	22.4	19.0
	Washington State	Female	0.1	0.3	3.8	23.1	43.3	26.8	16.7
		Male	0.1	0.2	3.6	19.3	46.4	31.0	15.9

2017 Prescriptions by Geography, Age and Sex

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled Substances	Our Community	Female	82	64	310	1,531	1,170	1,608	4,765
		Male	173	138	149	1,177	946	1,003	3,586
	Our County	Female	82	66	323	1,617	1,238	1,720	5,046
		Male	173	140	150	1,255	1,075	1,074	3,867
	Washington State	Female	160,730	205,894	644,720	2,001,039	1,393,743	1,591,866	5,997,992
		Male	325,840	173,099	466,839	1,367,640	1,029,369	1,074,721	4,437,508
All Opioids	Our Community	Female	21	45	199	1,003	775	1,057	3,100
		Male	17	115	101	803	579	701	2,316
	Our County	Female	21	47	212	1,050	827	1,111	3,268
		Male	17	117	102	852	651	735	2,474
	Washington State	Female	37,979	104,161	348,439	1,075,504	809,023	1,009,945	3,385,051
		Male	38,468	70,231	240,935	767,506	644,961	695,914	2,458,015
Hydrocodone	Our Community	Female	S	22	85	356	295	431	1,197
		Male	14	19	50	251	202	334	870
	Our County	Female	S	23	91	364	341	452	1,279
		Male	14	19	50	273	215	359	930
	Washington State	Female	17,811	47,870	121,951	362,100	273,994	348,437	1,172,163
		Male	16,691	32,554	80,148	259,799	210,648	237,568	837,408
Oxycodone	Our Community	Female	S	S	25	169	146	160	514
		Male	S	13	S	257	128	117	520
	Our County	Female	S	S	31	181	148	171	545
		Male	S	13	S	259	152	123	552
	Washington State	Female	12,082	26,692	98,272	327,100	248,287	272,377	984,810
		Male	14,353	18,231	57,731	247,720	226,130	218,116	782,281
Tramadol	Our Community	Female	S	10	44	170	163	263	653
		Male	0	S	18	137	127	87	377
	Our County	Female	S	11	45	186	163	276	684
		Male	0	10	18	148	140	89	405
	Washington State	Female	806	6,453	29,627	116,032	88,457	140,685	382,060
		Male	540	3,389	15,913	66,335	57,496	72,774	216,447
Other Opiates	Our Community	Female	10	13	19	163	101	100	370
		Male	S	S	S	55	63	75	200
	Our County	Female	10	13	19	174	101	109	390
		Male	S	S	S	55	72	76	211
	Washington State	Female	7,021	14,907	40,577	141,703	109,133	155,679	469,020
		Male	6,561	8,639	20,815	73,994	64,028	88,863	262,900
Morphine	Our Community	Female	0	0	S	57	70	103	231
		Male	0	S	0	51	34	75	163
	Our County	Female	0	0	S	57	70	103	231
		Male	0	S	0	65	34	75	177
	Washington State	Female	170	429	3,745	42,712	50,194	69,714	166,964
		Male	240	365	3,180	29,580	46,570	56,659	136,594
Buprenorphine	Our Community	Female	0	0	25	88	0	0	113
		Male	0	68	28	52	12	0	160
	Our County	Female	0	0	25	88	S	0	117
		Male	0	68	28	52	12	0	160
	Washington State	Female	34	7,706	52,361	64,221	17,718	6,775	148,815
		Male	22	6,970	61,264	71,752	18,283	5,974	164,265
Methadone	Our Community	Female	0	0	0	S	0	S	22
		Male	0	0	0	0	13	13	26
	Our County	Female	0	0	0	S	0	S	22
		Male	0	0	0	0	26	13	39
	Washington State	Female	55	104	1,906	21,636	21,240	16,278	61,219
		Male	61	83	1,884	18,326	21,806	15,960	58,120

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

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled Substances	Our Community	Female	3.9	1.7	4.6	7.7	8.4	6.7	6.8
		Male	4.8	4.9	3.4	6.8	7.2	5.3	6.0
	Our County	Female	3.9	1.7	4.4	7.8	8.4	6.6	6.7
		Male	4.8	4.8	3.3	7.1	7.8	5.3	6.1
	Washington State	Female	3.1	2.4	3.6	5.4	6.4	5.6	5.1
		Male	4.3	2.8	3.8	4.8	5.9	5.1	4.8
All Opioids	Our Community	Female	1.5	1.4	3.8	6.2	6.8	5.0	5.3
		Male	1.1	4.6	3.1	5.2	5.5	4.5	4.7
	Our County	Female	1.5	1.3	3.6	6.3	6.8	5.0	5.3
		Male	1.1	4.5	S	5.3	5.9	4.5	4.8
	Washington State	Female	1.2	1.6	2.5	3.8	4.8	4.4	3.7
		Male	1.2	1.6	2.6	3.5	4.5	4.0	3.5
Hydrocodone	Our Community	Female	1.1	1.1	3.3	4.0	S	3.8	3.8
		Male	1.2	1.2	2.1	3.1	3.3	3.1	2.9
	Our County	Female	1.1	1.1	3.0	S	5.2	3.8	3.9
		Male	1.2	1.2	2.1	3.2	3.4	3.2	3.0
	Washington State	Female	1.1	1.3	1.7	2.5	3.2	3.2	2.5
		Male	1.1	1.2	1.5	2.2	2.8	2.7	2.2
Oxycodone	Our Community	Female	S	S	1.6	4.3	6.1	4.3	4.1
		Male	S	S	S	5.5	4.4	3.5	4.3
	Our County	Female	S	S	1.6	4.4	5.9	4.0	3.9
		Male	S	S	S	5.3	4.9	3.5	4.4
	Washington State	Female	1.2	1.4	2.0	3.3	4.2	3.8	3.2
		Male	1.1	1.4	2.2	3.3	4.0	3.5	3.2
Tramadol	Our Community	Female	S	S	4.4	3.5	4.0	3.8	3.8
		Male	S	S	S	3.8	4.9	2.8	3.7
	Our County	Female	S	S	4.1	3.6	4.0	3.8	3.8
		Male	S	S	S	S	S	2.7	3.7
	Washington State	Female	1.3	1.4	2.3	3.1	3.5	3.2	3.1
		Male	1.3	1.4	2.0	2.9	3.5	3.1	2.9
Morphine	Our Community	Female	S	S	S	S	S	5.2	6.8
		Male	S	S	S	S	S	5.8	7.1
	Our County	Female	S	S	S	S	S	5.2	6.8
		Male	S	S	S	S	S	5.8	7.4
	Washington State	Female	1.5	1.9	4.0	6.7	7.3	3.9	5.2
		Male	1.8	1.8	4.0	6.0	6.9	4.0	5.1
Buprenorphine	Our Community	Female	S	S	S	S	S	S	S
		Male	S	S	S	S	S	S	14.5
	Our County	Female	S	S	S	S	S	S	S
		Male	S	S	S	S	S	S	14.5
	Washington State	Female	6.8	7.4	9.8	10.4	9.6	7.1	9.7
		Male	3.1	6.8	9.3	10.1	9.6	8.2	9.5
Methadone	Our Community	Female	S	S	S	S	S	S	S
		Male	S	S	S	S	S	S	S
	Our County	Female	S	S	S	S	S	S	S
		Male	S	S	S	S	S	S	S
	Washington State	Female	2.8	S	6.8	9.1	9.4	7.6	8.6
		Male	2.2	5.9	7.3	8.7	9.6	7.7	8.6

2017 Recipients of Prescriptions by Geography, Age and Sex

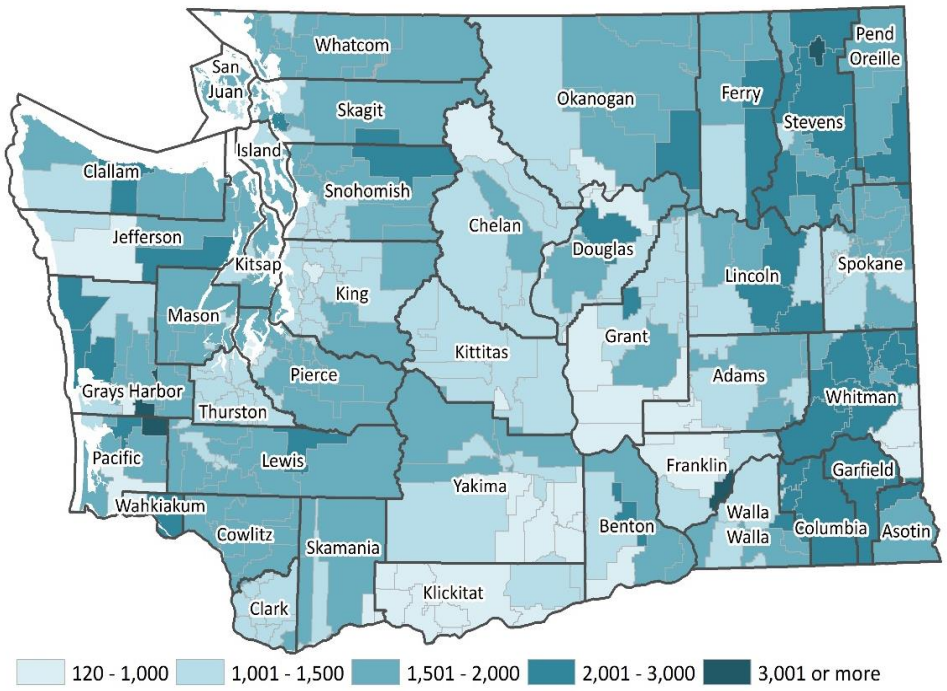
People who received prescriptions for more than one substance may be duplicated.

SUBSTANCE	GEOGRAPHY	SEX	AGE 0-17	18-24	25-34	35-54	55-64	65+	ALL AGES
All Controlled Substances	Our Community	Female	21	38	67	200	140	239	705
		Male	36	28	44	172	131	189	600
	Our County	Female	21	40	74	207	148	259	749
		Male	36	29	45	178	138	204	630
	Washington State	Female	52,214	84,039	179,838	372,419	216,164	282,334	1,187,008
		Male	76,479	61,660	122,442	282,685	175,703	212,662	931,631
All Opioids	Our Community	Female	14	33	52	161	114	210	584
		Male	15	25	33	155	105	157	490
	Our County	Female	14	35	59	166	121	224	619
		Male	15	26	34	161	111	165	512
	Washington State	Female	31,208	65,944	140,345	283,369	167,291	228,057	916,214
		Male	32,340	45,059	91,781	218,296	142,343	176,128	705,947
Hydrocodone	Our Community	Female	S	20	26	88	59	113	313
		Male	12	16	24	81	61	108	302
	Our County	Female	S	21	30	91	65	118	332
		Male	12	16	24	86	64	113	315
	Washington State	Female	15,775	37,893	73,625	147,484	86,818	109,220	470,815
		Male	14,991	26,542	51,765	120,221	74,926	86,743	375,188
Oxycodone	Our Community	Female	S	S	16	39	24	37	126
		Male	S	S	S	47	29	33	120
	Our County	Female	S	S	19	41	25	43	138
		Male	S	S	S	49	31	35	126
	Washington State	Female	10,351	19,620	50,347	99,989	58,735	71,785	310,827
		Male	12,557	13,152	26,508	74,929	56,003	62,680	245,829
Tramadol	Our Community	Female	S	S	10	49	41	69	174
		Male	0	S	S	36	26	31	103
	Our County	Female	S	S	11	51	41	73	182
		Male	0	S	S	37	28	33	109
	Washington State	Female	642	4,500	12,809	37,065	24,978	43,809	123,803
		Male	431	2,473	7,821	22,805	16,576	23,658	73,764
Morphine	Our Community	Female	0	0	S	S	S	20	34
		Male	0	S	0	S	S	13	23
	Our County	Female	0	0	S	S	S	20	34
		Male	0	S	0	S	S	13	24
	Washington State	Female	112	225	926	6,336	6,918	17,811	32,328
		Male	130	200	788	4,948	6,740	14,050	26,856
Buprenorphine	Our Community	Female	0	0	S	S	0	0	S
		Male	0	S	S	S	S	0	11
	Our County	Female	0	0	S	S	S	0	S
		Male	0	S	S	S	S	0	11
	Washington State	Female	S	1,039	5,317	6,177	1,853	958	15,349
		Male	S	1,028	6,614	7,090	1,909	731	17,379
Methadone	Our Community	Female	0	0	0	S	0	S	S
		Male	0	0	0	0	S	S	S
	Our County	Female	0	0	0	S	0	S	S
		Male	0	0	0	0	S	S	S
	Washington State	Female	20	26	280	2,369	2,268	2,144	7,107
		Male	28	14	259	2,095	2,274	2,064	6,734

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

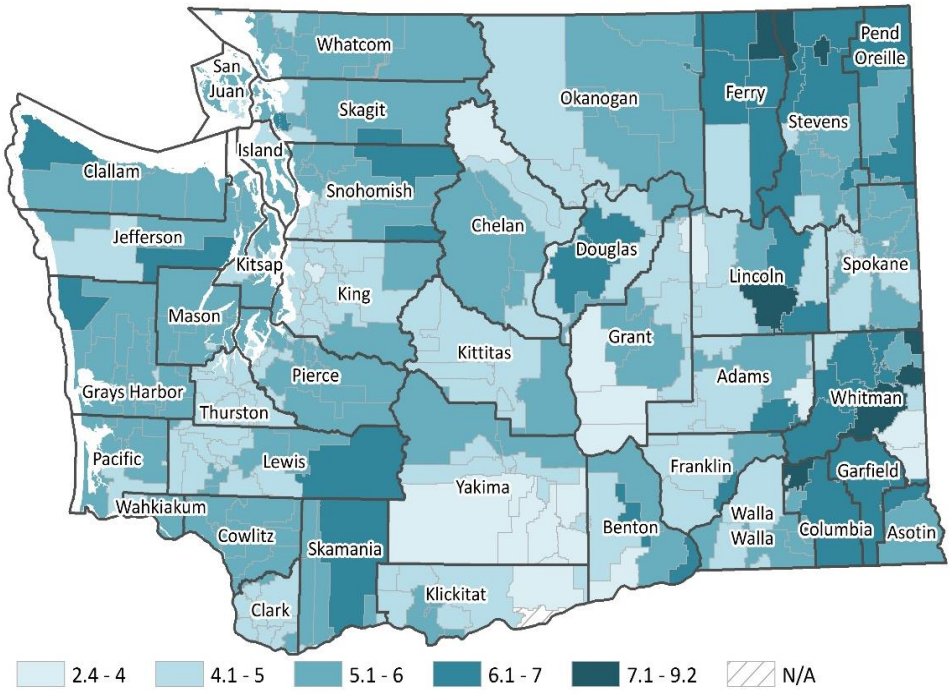
MAPS 4-6: Prescriptions for All Controlled Substances Filled in Calendar Year 2017

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



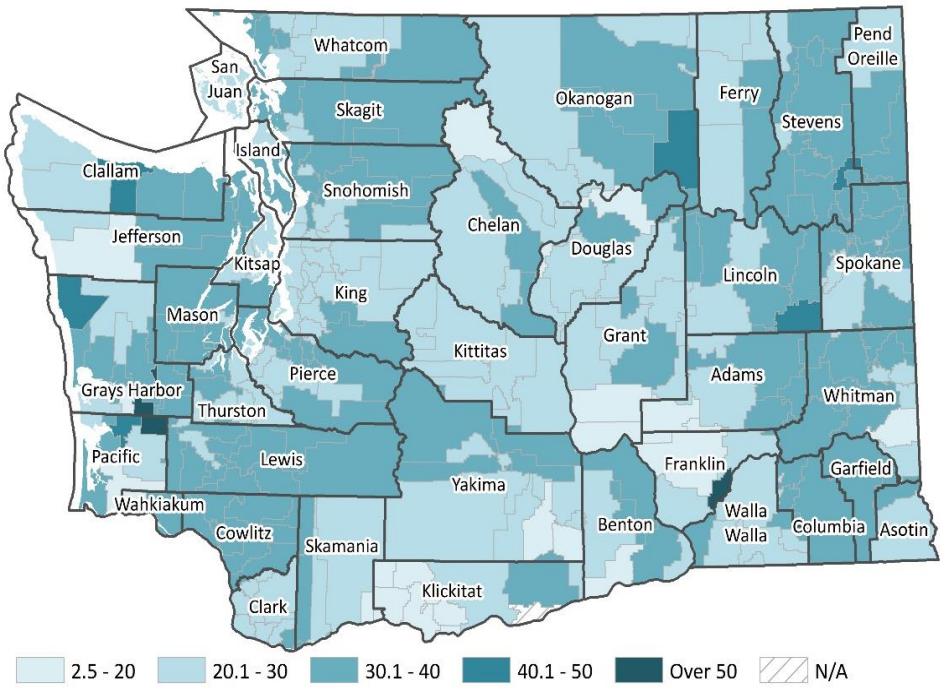
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

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



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

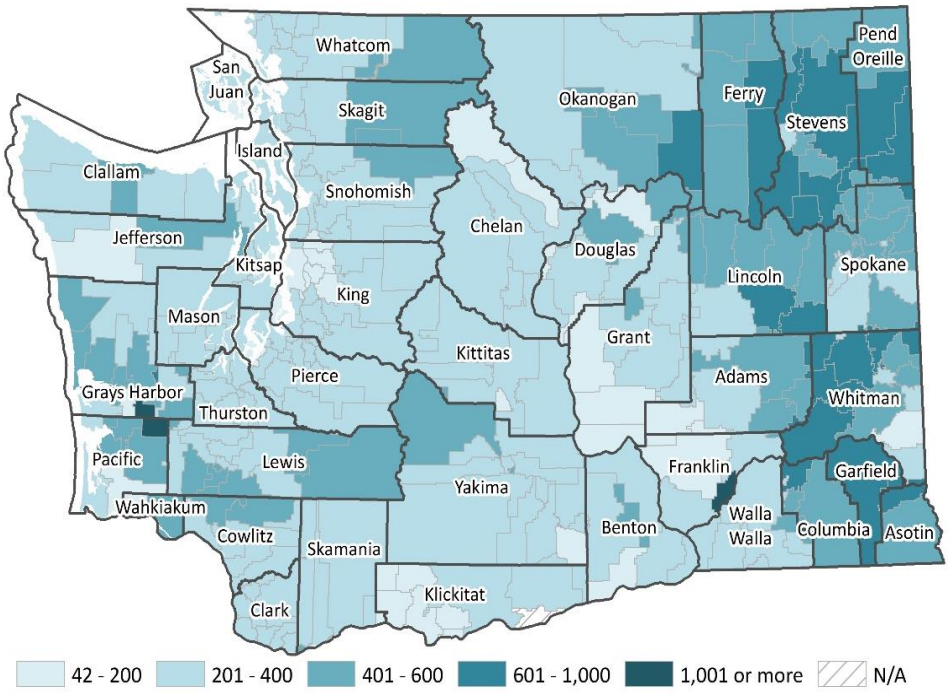
Map 6. Patients with Prescriptions for Controlled Substances per 100 Residents by School District, 2017



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

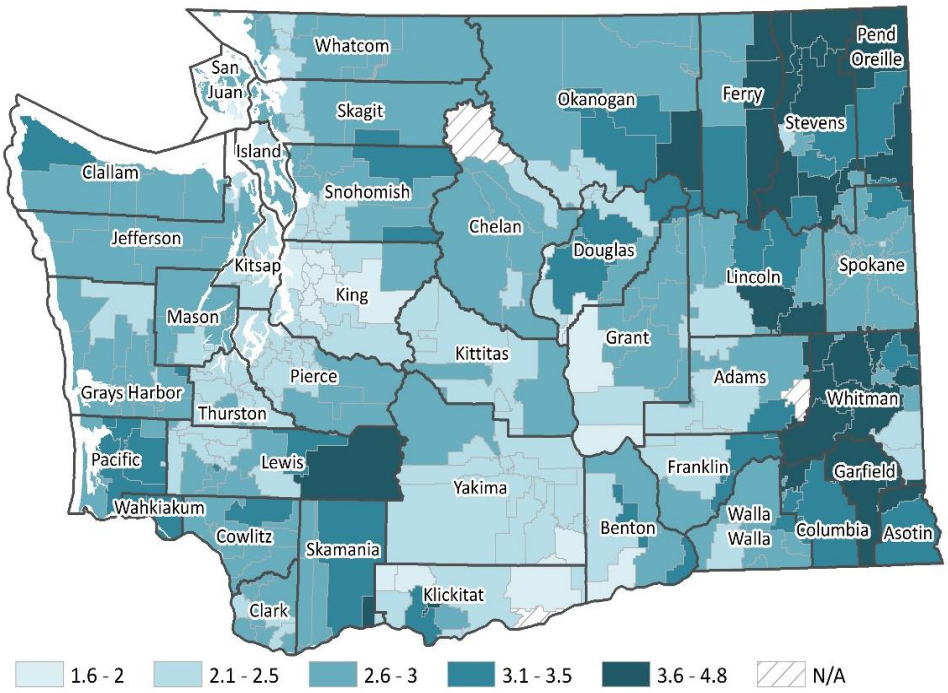
MAPS 7-9: Prescriptions for Hydrocodone Filled in Calendar Year 2017

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



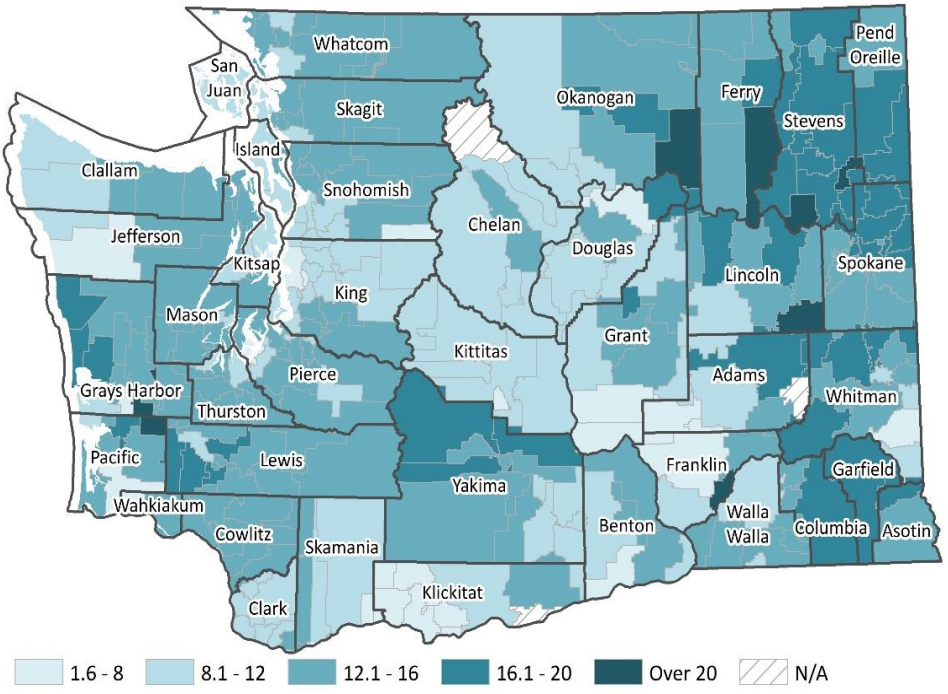
SOURCES: Washington State Department of Health, Prescription Monitoring Program, analytical extract of 10/19/2018. Population estimates: Washington State Office of Financial Management, Forecasting Division (2017). Small Area Demographic Estimates: School Districts.

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



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

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



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

The critical importance of a better control over the distribution of prescription opioids has been recognized in several Washington State laws (for example, RCW 70.225). In 2018, a comprehensive statewide multi-agency strategy for opioid prevention and intervention, Washington State Opioid Response Plan, was adopted[5].

The prescription data presented in this chapter of the Data Book come from the Prescription Monitoring Program (PMP) at the Washington State Department of Health (DOH). The PMP collects dispensing records for controlled substance prescriptions (Schedule II, III, IV, or V), including samples, in Washington State[6].

Not included in PMP are prescriptions: (1) dispensed outside of WA state, (2) prescribed for 24 hours or less, (3) directly administered, (4) given to a patient in the hospital, (5) dispensed from a Department of Corrections pharmacy (unless an offender is released with a prescription), (6) dispensed at an Opioid Treatment Program, and (7) some federally operated pharmacies (Indian Health Services and Veterans Affairs report voluntarily). Wholesale distributors and manufacturers are excluded. Mandatory reporting began on 10/07/2011.

Tramadol was newly classified as a Schedule IV drug in August 2014, and hydrocodone was rescheduled (from III to II) in October 2014. Changes in drug scheduling may result in an increase or decrease in dispensing and may not represent a true change. Corporate changes in pharmacy chains (e.g., around the 1st quarter of 2015) may have also resulted in underreporting.

DOH has found that counts and rates for border counties may be artificially lower because residents had their prescriptions filled in Oregon or Idaho.
Further information on collection and management of PMP data at DOH can be found on the PMP Website :
http://www.doh.wa.gov/pmp/data.

Sources:

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

Community Demographics

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

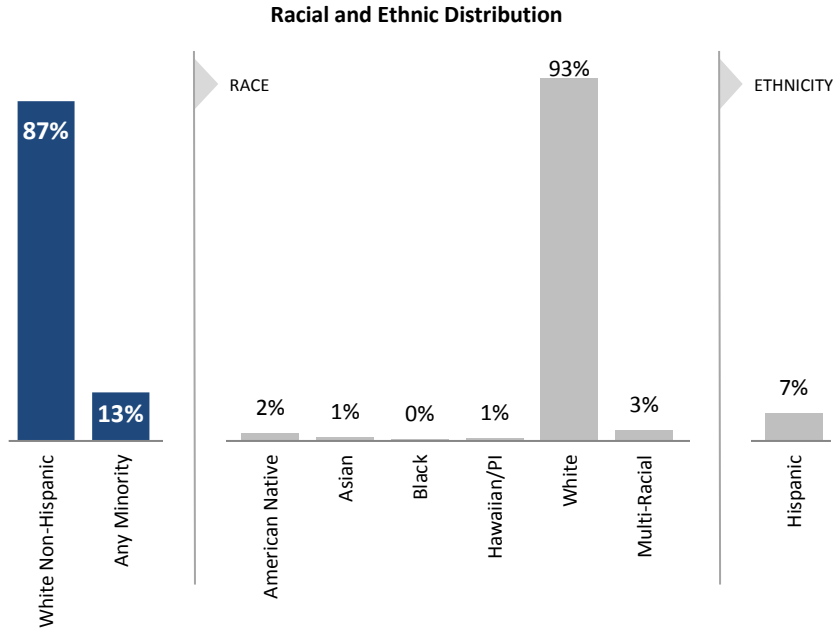
Race and Ethnicity *(Count, Percent)*

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

Dayton

RACE/ETHNICITY	NUMBER	%
White Non-Hispanic	3,346	87%
Any Minority	479	13%
RACE		
American Native	74	2%
Asian	35	1%
Black	15	0%
Hawaiian/PI	28	1%
White	3,567	93%
Multi-Racial	106	3%
ETHNICITY		
Hispanic	269	7%
TOTAL	**3,825**	**100%**

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

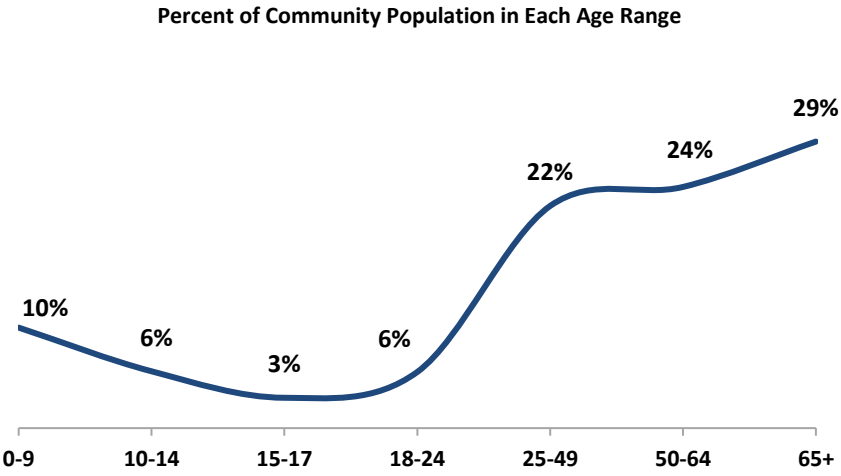


Age Composition *(Count, Percent)*

Children (ages 0-9, 10-14, 15-17 years), adults (ages 18-24, 25-49, 50-64 years) and seniors (ages 65+) as a percentage of all persons.

Dayton

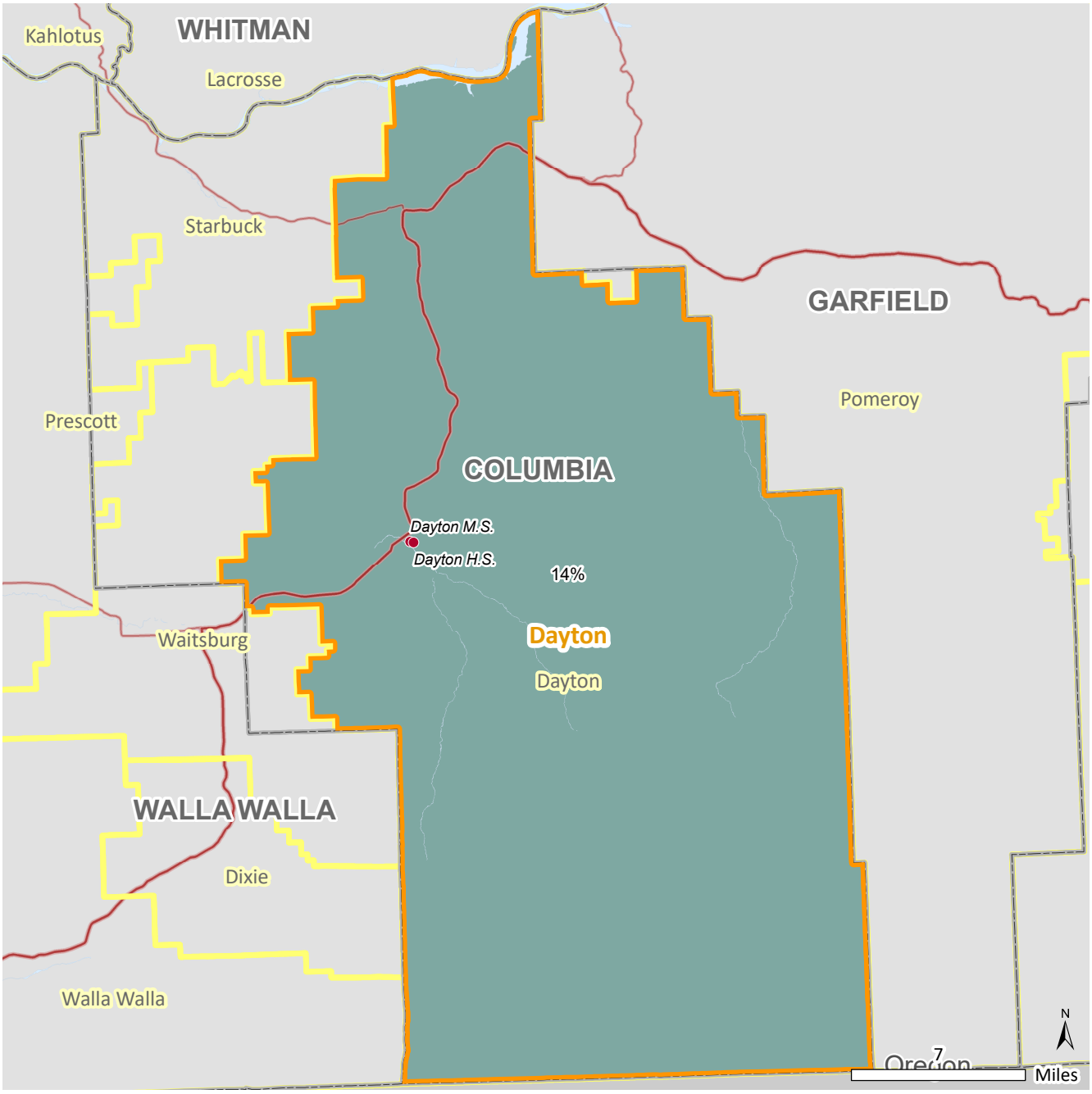
AGE RANGE	NUMBER	%
0-9	387	10%
10-14	219	6%
15-17	117	3%
18-24	216	6%
25-49	855	22%
50-64	928	24%
65+	1,103	29%
TOTAL	**3,825**	**100%**



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

Percent in Poverty in Dayton

by Census Tract



NOTES: Persons in poverty as a percentage of civilian noninstitutionalized persons for whom poverty status is determined.
Schools-participants in 2018 HYS: Public schools which participated in the 2018 Healthy Youth Survey for grades 8 and 10.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).
U.S. Census Bureau, 2017 American Community Survey, 5-Year Estimates for years 2013 through 2017.
School locations: OSPI, 2018. Census Tracts, School Districts, Counties, Roads: 2010 Tiger/Line shapefiles.

Definitions

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

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

Confidence Intervals (See Statistical Significance)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

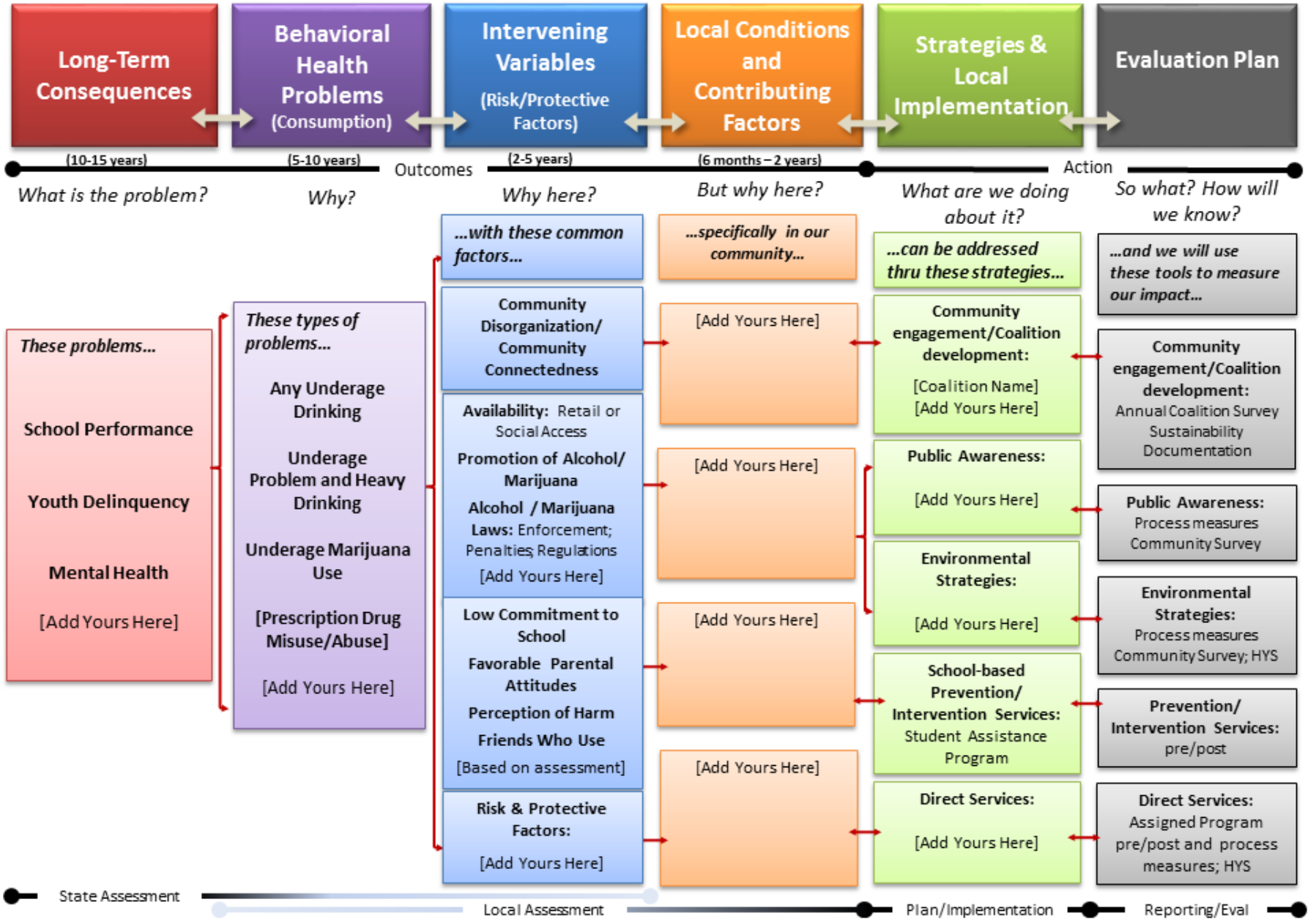
Risk and Protective Factor Scale Scores – This report includes individual items from the Risk and Protective Factor scales, as well as the scale score. What is a ***Scale Score***?
Risk and Protective Factors predict a wide variety of adolescent health behaviors—not just alcohol use. Each factor is measured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

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

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

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

Coalition Logic Model



What's Happening?

A Community Needs Assessment Data Book

April 2019