

2019 Pennsylvania Youth Survey

Empowering Communities to Develop
Strategic Prevention Programming

State of Pennsylvania

Conducted by

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The success of the 2019 PAYS could not have been achieved without the support and participation of school superintendents, administrators, principals, prevention coordinators, and teachers throughout the state. We extend our appreciation to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which they live and learn.

Please note that this report does not contain data from all survey questions. To access and analyze county or state level data from the entire survey dataset, please visit www.bach-harrison.com/PAYSWebTool. For more information about PAYS, and to see aggregate reporting of responses provided by Pennsylvania youth, please visit www.pays.pa.gov. This site contains links to materials developed for the 2019 administration, as well as materials from prior survey administrations. Results from earlier PAYS administrations (e.g. reports from 2017 and earlier) can be found by consulting the links to past years' reports.

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PAYS: GOALS AND OVERVIEW

Since 1989, The Commonwealth of Pennsylvania has conducted a biennial survey of youth in the 6th, 8th, 10th, and 12th grades to gather information about their knowledge, attitudes, and behaviors towards alcohol, tobacco, and other drug use to help communities address root causes of antisocial behavior.

The “Pennsylvania Youth Survey” or “PAYS” is conducted every other year, in the fall of odd-numbered years. Beginning with the 2013 administration, PAYS was offered at no charge to any school or district (public, private, charter, and parochial) courtesy of funding provided by the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Drug and Alcohol Programs (DDAP), and the Pennsylvania Department of Education (PDE).

The 2019 PAYS was the fifteenth biennial administration (1989-2019). Comparisons in this report were made between the results of the 2015, 2017, and 2019 surveys, as well as comparisons to youth nationwide.

Over the last several survey administrations, PAYS has added additional questions about problem behaviors based on areas of interest to state and local leaders. These include questions on illegal prescription drug use, vaping and e-cigarette use, gambling, depression and suicidal ideation, violence on school property, causes and effects of bullying and abuse (physical and online), Internet safety, transitions and mobility, and involvement in after-school activities in the community or workplace. After each survey administration, Pennsylvania stakeholders review the survey instrument to determine if there are additional areas of importance that should be included in the next cycle or if some items have outlived their value and should be removed.

Questions are asked across four domains (community, school, family, and peer/individual) to help determine where the strengths of a community are, which can be promoted

to assist students. The questions also help determine where potential problems may exist outside of school that can have an impact on a student’s readiness to learn when they arrive at their school each morning. This includes questions on food security, housing instability, and the loss of a close family member or friend.

PAYS is administered in each participating school using either paper/pencil or an online tool. The survey is voluntary – youth are able to skip any questions they do not wish to answer or to opt out of the survey entirely. Additionally, students are made aware that their responses will remain anonymous and confidential. No individual student-level data can be obtained from the data set, and the results are reported in aggregate at the local, county, and state levels.

PAYS is a primary tool in Pennsylvania’s prevention approach of using data to drive decision making. By looking not just at rates of problem behaviors but also at the root causes of those behaviors, PAYS allows schools and communities to address reasons (such as a lack of commitment to school) rather than only looking at the symptoms after the fact (like poor grades). This approach has been repeatedly shown in national research studies to be the most effective in helping youth develop into healthy, productive members of their society.

Participation by Pennsylvania youth

The 2019 PAYS was administered during the fall of 2019 to youth in grades 6, 8, 10, and 12, resulting in 280,944 valid surveys. Community-level summary reports were issued to more than 400 school districts and counties.

There were 1,135 schools that chose to participate in the 2019 PAYS (out of 1,890 eligible). Estimated enrollment figures for the 2018-19 school year show that participating schools had 377,469 students enrolled in grades 6, 8, 10, and 12 who were eligible to participate in the survey. An attempt was made to survey all eligible Pennsylvania students, resulting in 280,944 valid participants in grades 6, 8, 10, and 12 (a participation rate of 74.4%), represented evenly across the state.

Grade	Surveys	State 2019 Enrolled in participating school(s)*	Participation rate
6	71,073	88,615	80.2
8	78,994	93,425	84.6
10	72,014	99,112	72.7
12	58,863	96,317	61.1
Total	280,944	377,469	74.4

* Enrollment in this table refers to the number of students enrolled in participating schools.

Statewide, the 1,890 schools eligible to participate in the 2019 PAYS had an estimated enrollment of 516,562 public school students in grades 6, 8, 10, and 12. The 280,944 valid surveys submitted resulted in a modified participation rate of 54.4% statewide.

Grade	Surveys	State 2019 Enrolled in all schools(s)**	Modified participation rate**
6	71,073	130,460	54.5
8	78,994	128,929	61.3
10	72,014	130,998	55.0
12	58,863	126,175	46.7
Total	280,944	516,562	54.4

** Enrollment in the second table refers to the number of students enrolled in all schools in the district, county or community that were eligible to participate in 2019 PAYS, even if they did not participate.

Sample Confidence Intervals

When reviewing survey results people often ask, “What is the margin of error?” This is referred to as the “confidence interval,” and it reflects the precision of a statistical estimate. For example, the overall statewide confidence interval for drug use with a prevalence rate of 50.0% is ± 0.8 points, meaning that there is a 95% chance that the true score is between 49.2% and 50.8%.

Grade	Statewide Sample †	Enrollment for Statewide Sample †	Confidence Interval
6	7,757	111,573	± 1.6
8	8,780	111,192	± 1.5
10	7,506	114,705	± 1.6
12	6,629	111,659	± 1.7
Total	30,672	449,129	± 0.8

† Information on the design of statewide sample can be found in the 2017 and 2019 PAYS State reports.

Note that these confidence intervals are for prevalence rates of 50%. For less prevalent behaviors, such as heroin use and bringing a weapon to school, the confidence interval narrows substantially.

Validity of PAYS data

In order to ensure the highest level of confidence in the survey results, measures are implemented to retain only those surveys that are deemed to be most honest and to remove surveys determined to contain possible dishonest or exaggerated responses. Dishonest surveys were identified using five validity checks:

1. the student indicated that they had used a fictitious drug (statewide, 3,497 surveys were identified as dishonest with this check)
2. the student reported an improbably high level of multiple drug use (2,524 surveys statewide)
3. the student indicated past-month use rates that were higher than lifetime use rates (1,654 surveys)
4. the student reported an age that was inconsistent with their grade or the grades served by their school (1,622 surveys)
5. the student reported an age for joining a gang that was older than their reported age (468 surveys)

Dishonest and incomplete surveys were eliminated from the data and are not included in the final analyses. Of the 288,450 survey questionnaires from grades 6, 8, 10, and 12 completed and returned to Bach Harrison for analysis, 6,818 (2.3%) were eliminated for meeting one or more of the above criteria.

The results within this state report are based on 280,944 honest responses (out of 286,800 surveys submitted).

PAYS analysis

The analysis of survey results for students in grades 6, 8, 10, and 12 provides critical information regarding (a) the changes in patterns of the use and abuse of harmful substances and behaviors; and, (b) risk factors that are related to these behaviors and the protective factors that help guard against them. Using the results, school administrators, state agency directors, legislators, and other community leaders can direct prevention resources to areas where they are likely to have the greatest impact. PAYS data are used to inform parents, school districts, and agencies serving youth on development of protective factors and are aligned with evidenced-based programs, which may support youth during transition times in their development. DDAP has used county-level PAYS data to identify areas of higher need for prevention initiatives and to fund proposals responding to DDAP grant funding announcements.

PAYS survey instrument and reporting were designed to further the mission and vision of PCCD. The mission is to enhance the quality of criminal and juvenile justice systems, facilitate the delivery of services to victims of crime, and assist communities to develop and implement strategies to reduce crime and victimization. The vision of the PCCD is to be a state and national leader by providing innovative services and programs that promote justice for all citizens and communities of Pennsylvania.

1. DEMOGRAPHICS

49.8% of participants were female, and 50.2% were male. 8th graders were the best represented, with an estimated 84.6% participation rate based on most recent enrollment.

Overall, 70.0% of students surveyed in this state were white or Caucasian, 9.4% of students were black or African American, and the remainder were a combination of the remaining categories. 14.6% of students identified as being of Hispanic, Latino, or Spanish origin.

Grade-level data are only displayed in this report when there were a minimum of 25 valid participants. “All Grades” represents the combined responses of all participating students from grades 6, 8, 10, and 12. Please note the distribution of participants in “All Grades” data for this state and keep this in mind when comparing local data to state data. State-level “All Grades” data are most useful when the state data are available for all four grades, meet the minimum cutoff for the total number of participants, and have a similar distribution of participants to the state.

	State 2015		State 2017		State 2019	
	Number	Percent	Number	Percent	Number	Percent
Survey respondents						
All	216,916	100.0	253,566	100.0	280,944	100.0
Survey respondents by grade						
6	53,532	24.7	62,971	24.8	71,073	25.3
8	61,222	28.2	70,214	27.7	78,994	28.1
10	56,128	25.9	65,164	25.7	72,014	25.6
12	46,034	21.2	55,217	21.8	58,863	21.0
Survey respondents by gender						
Male	106,472	50.3	124,823	50.3	138,807	50.2
Female	105,341	49.7	123,271	49.7	137,444	49.8
Survey respondents by ethnicity						
Yes, of Hispanic, Latino, or Spanish origin	25,504	11.8	33,940	13.4	40,941	14.6
No, not of Hispanic, Latino, or Spanish origin	191,412	88.2	219,626	86.6	240,003	85.4
Survey respondents by race						
Black, African American	18,070	8.3	22,272	8.8	26,308	9.4
American Indian	3,326	1.5	4,095	1.6	4,321	1.5
Asian/Pacific Islander	9,915	4.6	13,134	5.2	15,858	5.6
White, Caucasian	157,967	72.8	179,972	71.0	196,546	70.0
Multi-racial	11,087	5.1	14,065	5.5	17,063	6.1
Race Unmarked	16,551	7.6	20,028	7.9	20,848	7.4

PAYS 2019 category: PAYS 2019 question text:

Demographic questions

How old are you?

10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 or older

What grade are you in?

6th / 7th / 8th / 9th / 10th / 11th / 12th

Are you of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin (for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

What is your race? (Select all that apply)

White, Caucasian

Black, African American

American Indian or Alaska Native

Asian Indian, Japanese, Native Hawaiian, Chinese, Korean, Guamanian or Chamorro, Filipino, Vietnamese, Samoan, Other Asian, Other Pacific Islander

Are you male or female?

Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)

Mother / Stepmother / Foster mother / Grandmother / Aunt

/ Father / Stepfather / Foster father / Grandfather / Uncle /

Other adults / Older Brother(s) / Younger Brother(s) / Older

Stepbrother(s) / Younger Stepbrother(s) / Older Sister(s) /

Younger Sister(s) / Older Stepsister(s) / Younger Stepsister(s) /

Other children

What is the language you use most often at home?

English

Spanish

Another language

2. ATOD USE AND ACCESS

Monitoring Alcohol, Tobacco, and Other Drug (ATOD) Trends in Pennsylvania Youth

Measurement

Alcohol, tobacco, and other drug (ATOD) use and access is measured in PAYS by a set of 32 questions. The questions are similar to those used in the Monitoring the Future study, a nationwide study of drug use by middle and high school students. Consequently, national data as well as data from other similar surveys can easily be compared to data from PAYS.

Prevalence-of-use tables and graphs show the percentages of students who reported using ATODs. These results are presented for both lifetime and past 30-day prevalence of use periods. Past 30-day prevalence of use (whether the student has used the drug within the last month) is a good measure of current use. In addition to the standard lifetime and past 30-day prevalence rates for alcohol use, binge drinking behavior (defined as consuming five or more drinks in a row within the past two weeks) is also measured.

The survey also includes six questions designed to measure non-medical use of prescription drugs. The questions cover three general categories of non-medical prescription drug use: pain relievers, tranquilizers, and

stimulants. Questions were added in 2015 to assess recreational use of over-the-counter drugs and to assess the use of electronic vaping products such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens.

Lifetime Use

Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance. Lifetime prevalence of use (whether the student has ever used the drug) is a good measure of student experimentation with a given substance.

30-Day Use

30-day use (whether the student has recently used the drug) is a more sensitive measure of current activities.

Comparisons to National Results

Comparing and contrasting findings from a county- or school-district-level survey to relevant data from a national survey provides a valuable perspective on local data. In this report, national comparisons for ATOD use will be made to the 2018 Monitoring the Future study and to the 2018 Bach-Harrison Norm.

Monitoring the Future Data

The Monitoring the Future (MTF) survey project, which provides prevalence-of-use information for ATODs from a nationally representative sample of 8th, 10th, and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see pages 3-4 of www.monitoringthefuture.org/pubs/monographs/mtf-overview2019.pdf.

Monitoring the Future data appear on the charts as “MTF 2019.”

Bach Harrison Norm

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from 11 statewide surveys were combined into a database of approximately 878,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state’s

contributions more in line with the nation’s student population. Bach Harrison analysts then calculated rates for antisocial behavior, students at risk, and students with protection. The results appear on the charts as “BH Norm.” In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available. The most recent update to the Bach Harrison Norm was completed using 2016-2017 data.

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

HIGH PREVALENCE/EARLY INITIATION DRUGS

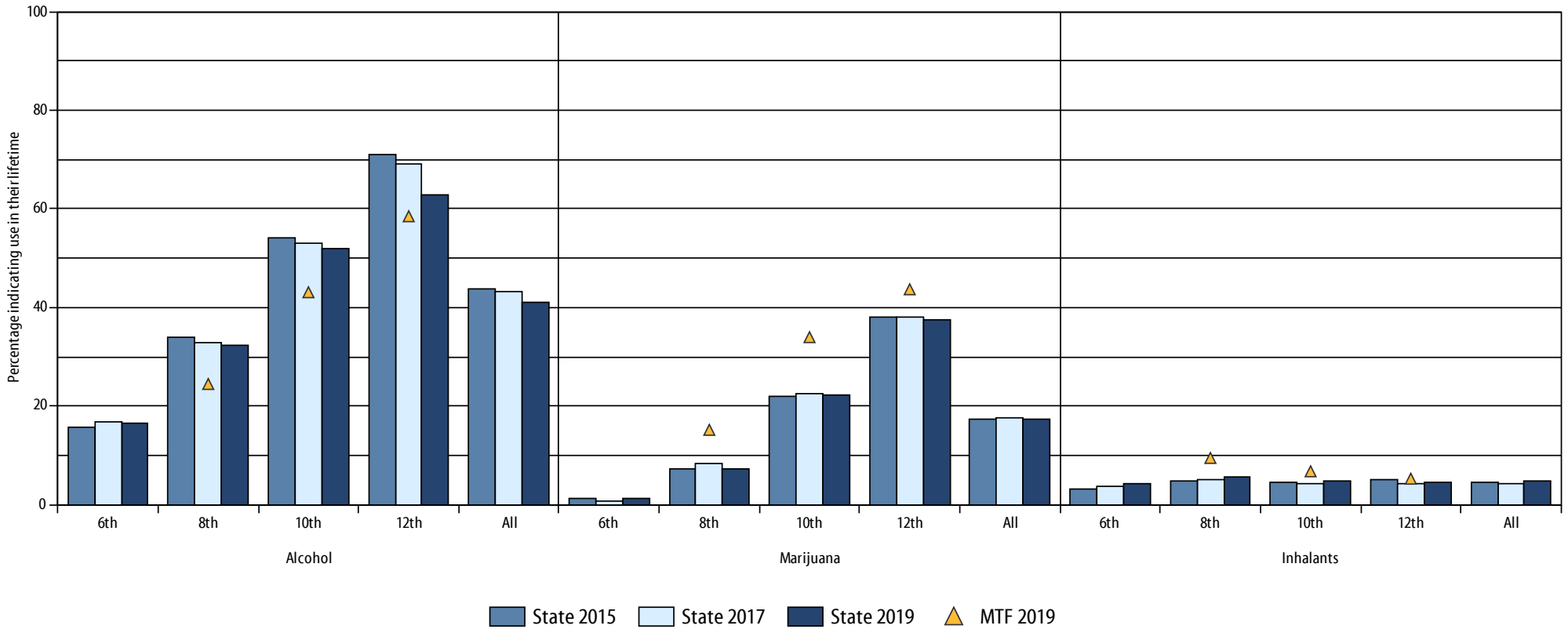
This section covers alcohol, tobacco (cigarettes, smokeless, and vaporized), marijuana, and inhalants, the drugs first and most commonly abused by youth. The higher prevalence and earlier initiation of use makes monitoring these drugs useful when monitoring at-risk students for progression from experimentation to social use to addiction to these and other substances.

Because these drugs generally enjoy more social acceptability, their use may normalize the larger idea of drug use as acceptable. Another potential risk is their use may “prime” the brain for addiction to other substances.

The highest lifetime usage rates were seen in alcohol (41.0% of students in this state). The next highest lifetime use rate was marijuana, with 17.3% indicating use. Although lifetime vaping statistics are not gathered, the 30-day use rate of e-cigarettes and other vapor products in this state was 19.0%.

PAYS 2019 category:	PAYS 2019 question text:
<p>Alcohol including beer, wine, and hard liquor is the drug used most often by adolescents today.</p>	<p><i>How many times (if any) have you had beer, wine, or hard liquor in your lifetime/during the past 30 days?</i></p>
<p>Marijuana is the most widely used illicit drug. It is most frequently smoked although it can also be consumed mixed with food. Rates peaked in the late nineties, but the last few years have seen a reversal of this trend and the prevalence of marijuana use has increased.</p>	<p><i>How many times (if any) have you used marijuana (pot, hash, cannabis, weed) in your lifetime/during the past 30 days?</i></p>
<p>Inhalants are any gases or fumes that can be inhaled for the purpose of getting high. While overall prevalence is fairly low, it is more prevalent with younger students, perhaps because inhalants are often easy for them to obtain. Health consequences can include brain damage and heart failure.</p>	<p><i>How many times (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime/during the past 30 days?</i></p>
<p>Tobacco (including cigarettes and smokeless tobacco) was the second most commonly used drug among adolescents. National smoking rates, however, have declined substantially in recent years.</p>	<p><i>Have you ever smoked cigarettes?</i></p> <p><i>How frequently during the past 30 days have you smoked cigarettes?</i></p> <p><i>Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?</i></p> <p><i>How frequently during the past 30 days have you used smokeless tobacco?</i></p>
<p>Vaping is an emerging method of drug use where a device with a heating element is used to vaporize and inhale the psychoactive ingredients in tobacco (or sometimes marijuana). While it is often portrayed a safer alternative to smoking, the data on vaping are scant and the risks poorly understood.</p>	<p><i>How frequently have you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pens, e-hookahs, or hookah pens during the past 30 days?</i></p> <p><i>If you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 12 months, with which substances did you use it? (Mark all that apply.)</i></p> <ul style="list-style-type: none"> <i>Just flavoring</i> <i>Nicotine</i> <i>Marijuana or hash oil</i> <i>Other substance</i> <i>I don't know</i>

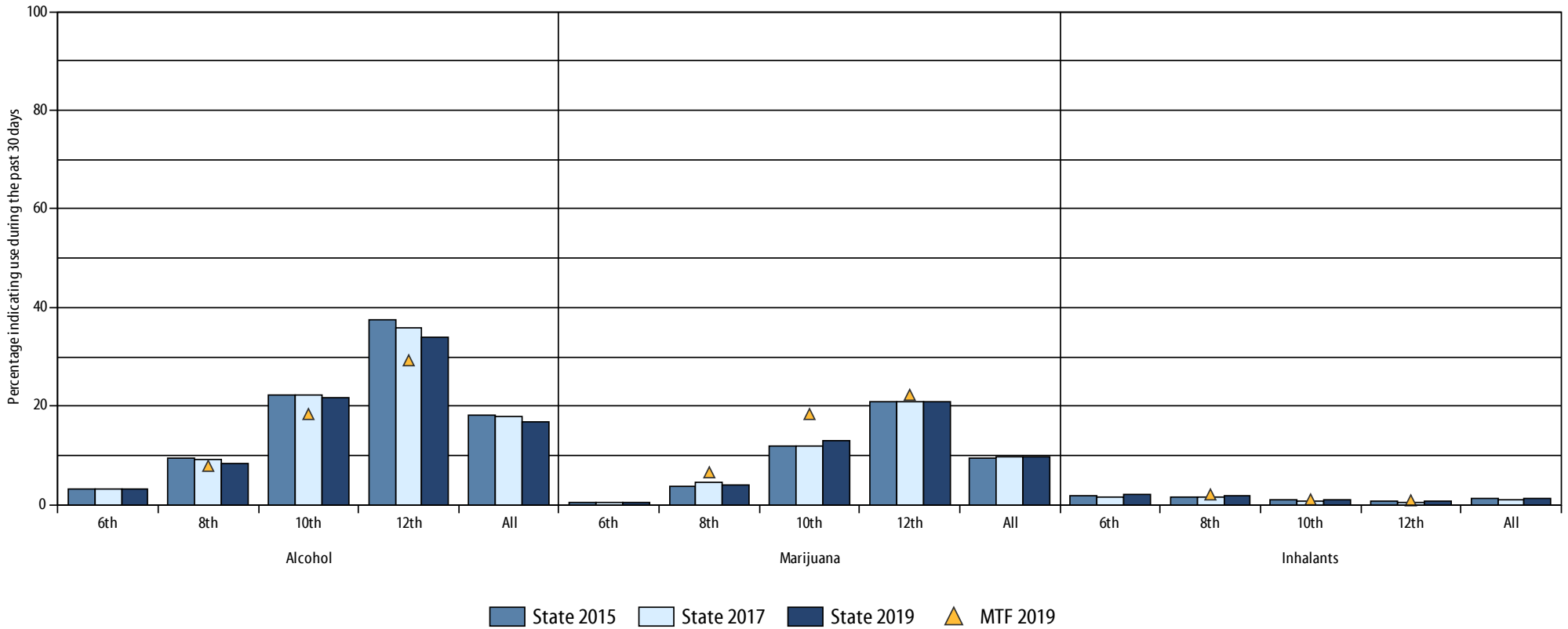
Early initiation and higher prevalence drugs - Lifetime use State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Alcohol				Marijuana				Inhalants			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	15.8	16.8	16.7	n/a	1.2	0.9	1.3	n/a	3.3	3.6	4.4	n/a
8th	33.9	33.0	32.3	24.5	7.3	8.4	7.4	15.2	4.8	5.2	5.7	9.5
10th	54.2	53.0	52.0	43.1	22.0	22.4	22.4	34.0	4.7	4.2	5.0	6.8
12th	71.0	69.2	63.0	58.5	38.2	38.1	37.5	43.7	5.2	4.2	4.7	5.3
All	43.9	43.3	41.0	n/a	17.3	17.7	17.3	n/a	4.5	4.3	4.9	n/a

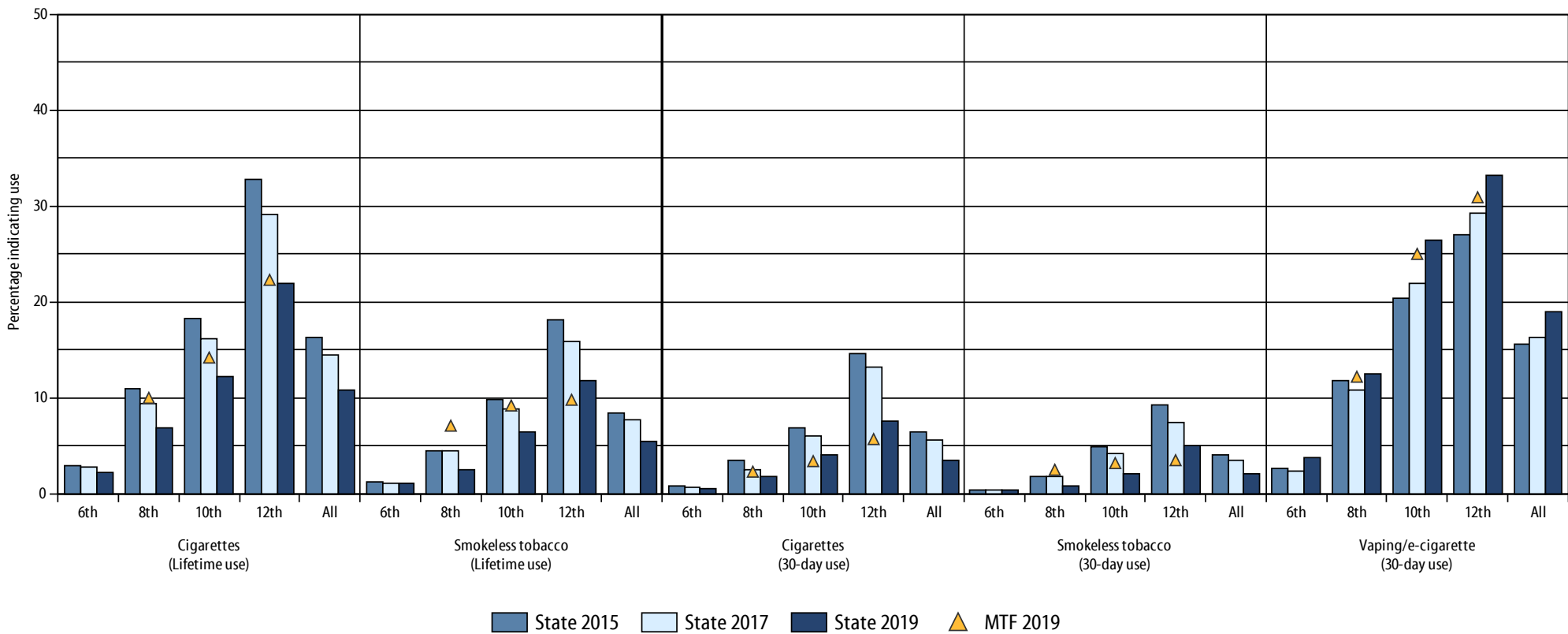
Early initiation and higher prevalence drugs - 30-day use State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Alcohol				Marijuana				Inhalants			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	3.3	3.3	3.2	n/a	0.6	0.5	0.5	n/a	1.7	1.6	2.0	n/a
8th	9.5	9.3	8.4	7.9	3.8	4.6	4.0	6.6	1.5	1.6	1.7	2.1
10th	22.3	22.3	21.6	18.4	12.0	12.0	12.9	18.4	1.1	0.9	1.1	1.1
12th	37.6	35.9	33.9	29.3	20.8	20.8	20.8	22.3	0.7	0.6	0.8	0.9
All	18.2	17.9	16.8	n/a	9.4	9.7	9.6	n/a	1.3	1.1	1.4	n/a

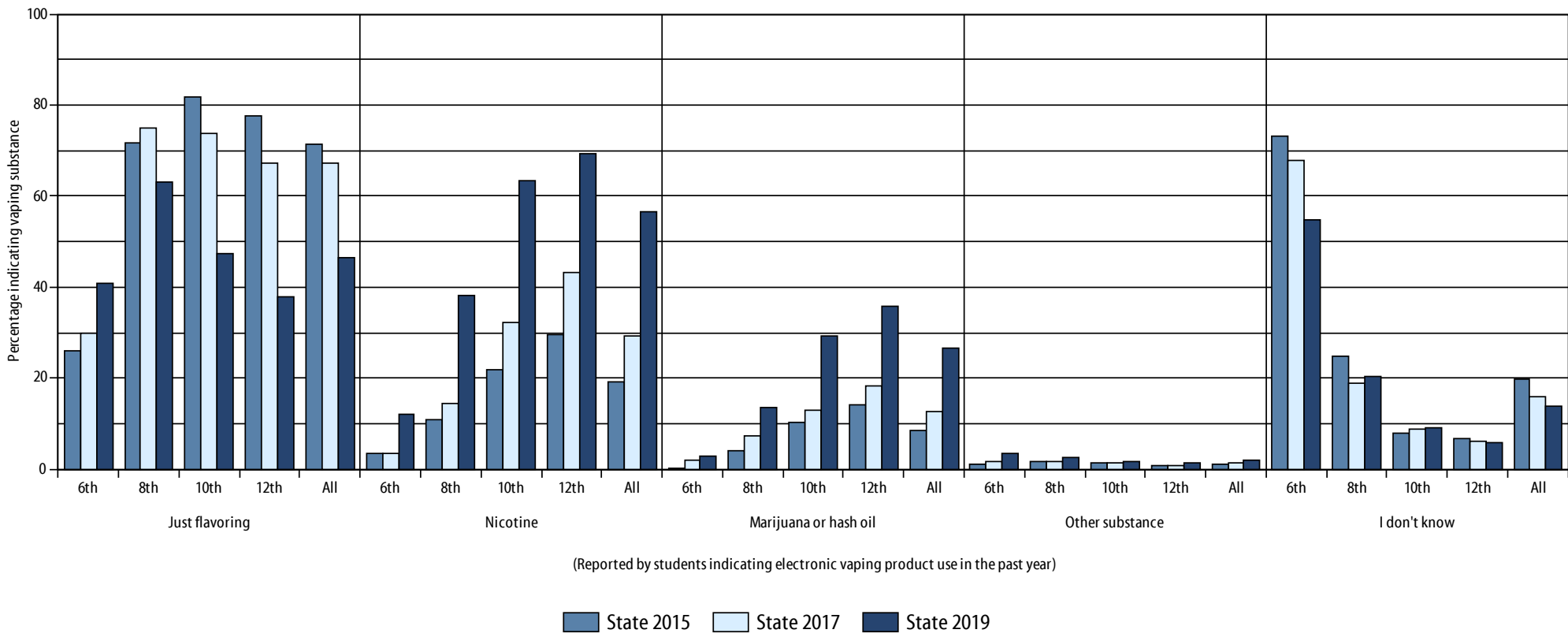
Tobacco and Vaping - Lifetime and 30-day use State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Cigarettes (Lifetime use)				Smokeless tobacco (Lifetime use)				Cigarettes (30-day use)				Smokeless tobacco (30-day use)				Vaping/e-cigarette (30-day use)			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	2.9	2.7	2.3	n/a	1.2	1.1	1.1	n/a	0.8	0.6	0.5	n/a	0.4	0.3	0.3	n/a	2.6	2.3	3.8	n/a
8th	11.0	9.4	6.9	10.0	4.5	4.4	2.6	7.1	3.5	2.5	1.9	2.3	1.8	1.8	0.9	2.5	11.7	10.9	12.5	12.2
10th	18.3	16.2	12.2	14.2	9.8	8.9	6.4	9.2	6.8	6.0	4.0	3.4	4.9	4.2	2.1	3.2	20.4	21.9	26.5	25.0
12th	32.7	29.0	21.9	22.3	18.1	15.9	11.8	9.8	14.6	13.2	7.5	5.7	9.2	7.5	5.0	3.5	27.0	29.3	33.1	30.9
All	16.3	14.5	10.8	n/a	8.4	7.6	5.5	n/a	6.4	5.6	3.5	n/a	4.1	3.5	2.1	n/a	15.5	16.3	19.0	n/a

Vaping substances used by students indicating electronic vaping product use in the past year State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Just flavoring			Nicotine			Marijuana or hash oil			Other substance			I don't know		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	26.1	29.8	41.0	3.6	3.5	12.0	0.3	1.9	3.0	1.0	1.6	3.6	73.0	68.0	54.7
8th	71.7	74.8	63.0	10.8	14.6	38.2	4.1	7.2	13.6	1.8	1.7	2.7	24.9	19.0	20.5
10th	81.9	73.9	47.2	21.7	32.2	63.3	10.3	12.9	29.4	1.4	1.3	1.8	8.1	8.7	9.0
12th	77.6	67.2	38.0	29.7	43.1	69.3	14.2	18.5	35.9	0.8	0.9	1.3	6.8	6.3	6.0
All	71.4	67.3	46.4	19.1	29.4	56.6	8.6	12.6	26.6	1.3	1.3	2.0	19.7	16.0	13.8

PRESCRIPTION AND OVER-THE-COUNTER DRUGS AND MEDICATIONS

In recent years, the non-medical use of prescription drugs has emerged as a major public health issue. According to the recent Monitoring the Future study, prescription drugs are the most abused category of drugs after alcohol, tobacco, and marijuana.

Students often believe these substances are safer than illicit drugs because they are prescribed by a doctor and dispensed by a pharmacist. This is particularly troubling given the adverse health consequences related to prescription drug abuse: physiological and psychological addiction, physical dependence, and the possibility of overdose. Recent studies have found that once access to prescription drugs is limited, some abusers have adopted the use of heroin or other illicit substances. In 2014, the CDC reported that 3 out of 4 new heroin users report having abused prescription opioids prior to using heroin.

The presence of an opioid, illicit or prescribed by a doctor, was identified in 85% of drug-related overdose deaths in Pennsylvania in 2016; the Pennsylvania drug-related overdose death rate in 2016 was 36.5 per 100,000 people, far exceeding the national average (16.3 per 100,000).

Fentanyl and fentanyl-related substances (FRS) were the most frequently identified in decedents (52 percent of deaths), a significant increase from 2015 when fentanyl/FRS were noted in 27 percent of deaths. Fentanyl/FRS was present in more than 95 percent of counties that reported an overdose death in 2016.

Heroin was the second most frequently identified substance in decedents (45 percent of deaths), followed by benzodiazepines (33 percent of deaths), cocaine (27 percent of deaths), and prescription opioids (25 percent of deaths). Heroin was present in 95.3 percent of counties that reported an overdose death in 2016.

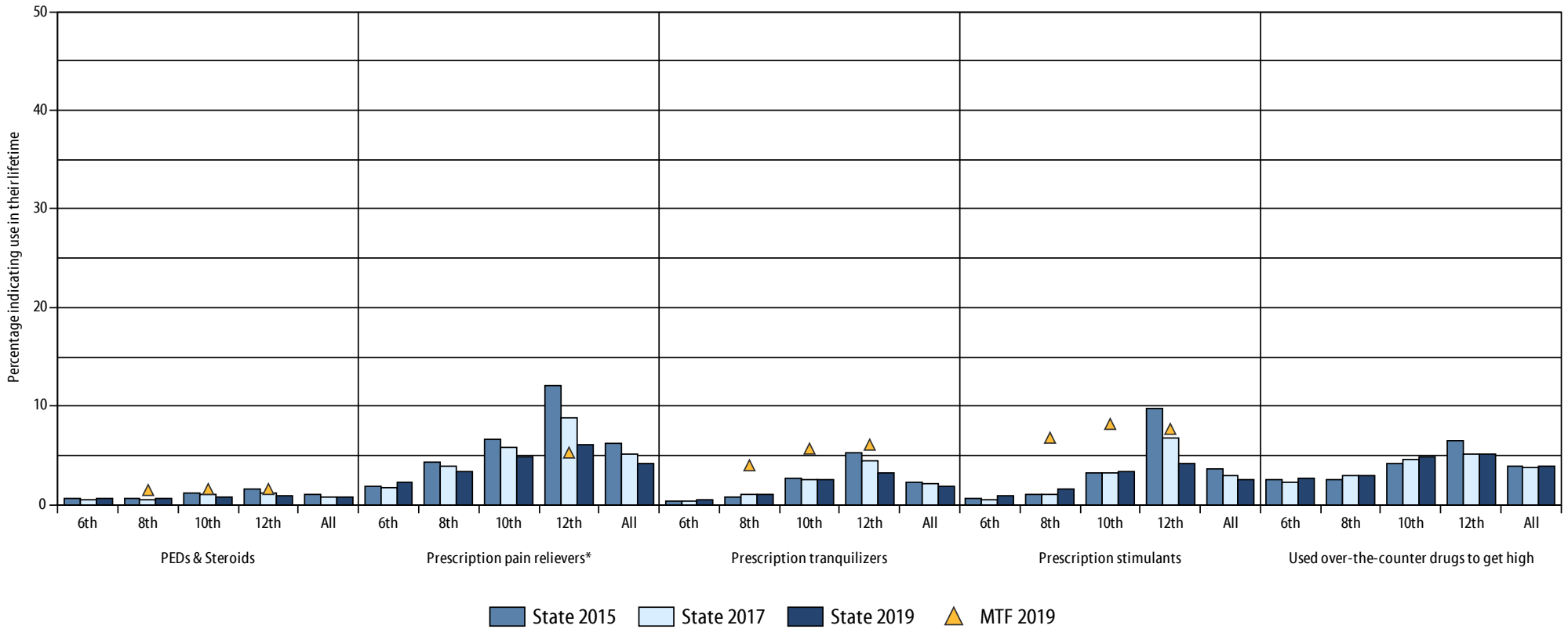
Although over-the-counter (OTC) medications represent less danger of fatal overdose, high perceived safety and lax control of distribution, in comparison to their prescription counterparts, in combination with the potential for abuse makes them worth monitoring.

The type of prescription drug most frequently used by students in this state was prescription pain relievers (4.1% of students indicating lifetime use). The next most frequently used substance was used over-the-counter drugs to get high (3.9% of students indicating lifetime use).

PAYS 2019 category:	PAYS 2019 question text:
<p>Performance Enhancing Drugs (PEDs) such as steroids and human growth hormones are taken for muscle gain and athletic performance rather than psychoactive effects. Unsupervised use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.</p>	<p><i>How many times (if any) have you taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Prescription Pain Relievers are used primarily to manage pain, but are also sought after for the accompanying euphoria. The number of opioid prescriptions received by patients seeking pain treatment has nearly doubled in the last decade.</p>	<p><i>How many times (if any) have you used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor's orders, in your lifetime/during the past 30 days?</i></p>
<p>Prescription Tranquilizers are used to induce sleep, prevent seizures, and relieve anxiety, but non-medical use is widespread. Sedatives are a leading source of adverse drug events recorded in hospital settings. Depressed respiration and slowed cognitive function are often compounded with concurrent alcohol use.</p>	<p><i>How many times (if any) have you used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Prescription Stimulants are used to treat attention deficit hyperactivity disorder (ADHD). In 2007, parents reported an approximated 9.5% of children aged 4-17 years (5.4 million) had been diagnosed with ADHD, insuring a ready availability for recreational misuse.</p>	<p><i>How many times (if any) have you used prescription stimulants (such as Ritalin or Adderall) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Over-the-Counter (OTC) Medications, when taken as intended, safely treat specific medical conditions. When taken in quantities other than recommended, OTC medicine may affect the brain much like illicit drugs will and repeated abuse may lead to dependence.</p>	<p><i>How many times (if any) have you used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high in your lifetime/during the last 30 days?</i></p>

Prescription and over-the-counter drugs and medications - Lifetime use

State of Pennsylvania 2019 Pennsylvania Youth Survey

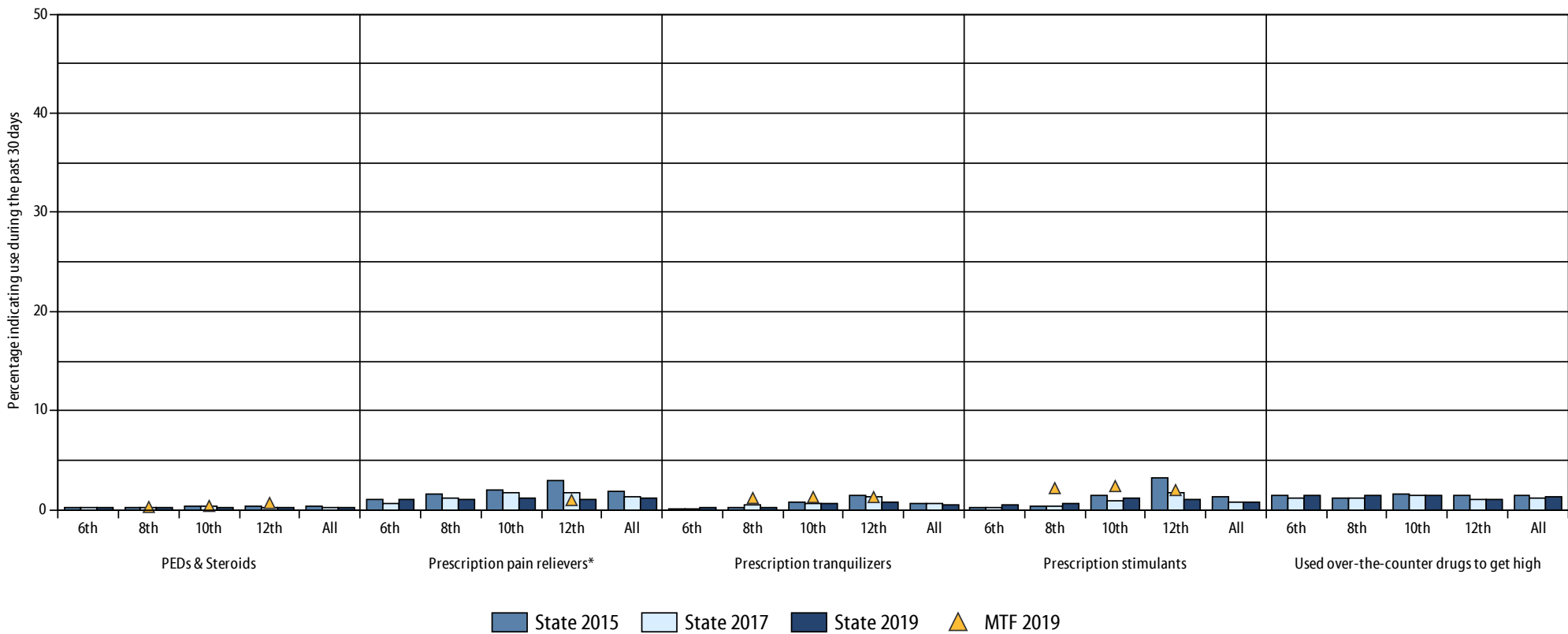


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*MTF comparison data for prescription pain reliever use are only available for the 12th grade

Grade	PEDs & Steroids				Prescription pain relievers*				Prescription tranquilizers				Prescription stimulants				Used over-the-counter drugs to get high			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.7	0.5	0.6	n/a	1.9	1.8	2.2	n/a	0.3	0.4	0.5	n/a	0.6	0.6	0.9	n/a	2.6	2.3	2.7	n/a
8th	0.6	0.6	0.7	1.5	4.3	3.9	3.3	n/a	0.8	1.1	1.0	4.0	1.0	1.1	1.6	6.8	2.5	2.9	3.0	n/a
10th	1.2	1.0	0.8	1.6	6.7	5.9	4.9	n/a	2.6	2.6	2.5	5.7	3.3	3.3	3.4	8.2	4.2	4.6	4.9	n/a
12th	1.6	1.2	0.9	1.6	12.1	8.8	6.1	5.3	5.3	4.5	3.3	6.1	9.7	6.8	4.2	7.7	6.5	5.1	5.1	n/a
All	1.0	0.8	0.8	n/a	6.3	5.1	4.1	n/a	2.3	2.2	1.9	n/a	3.7	3.0	2.5	n/a	4.0	3.8	3.9	n/a

Prescription and over-the-counter drugs and medications - 30-day use State of Pennsylvania 2019 Pennsylvania Youth Survey



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*MTF comparison data for prescription pain reliever use are only available for the 12th grade

Grade	PEDs & Steroids				Prescription pain relievers*				Prescription tranquilizers				Prescription stimulants				Used over-the-counter drugs to get high			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.3	0.2	0.3	n/a	1.0	0.7	1.1	n/a	0.1	0.1	0.2	n/a	0.2	0.3	0.5	n/a	1.4	1.2	1.5	n/a
8th	0.2	0.2	0.2	0.3	1.6	1.2	1.1	n/a	0.3	0.5	0.3	1.2	0.4	0.4	0.6	2.2	1.2	1.2	1.4	n/a
10th	0.4	0.3	0.2	0.4	2.0	1.7	1.2	n/a	0.8	0.7	0.7	1.3	1.4	0.9	1.1	2.4	1.6	1.5	1.4	n/a
12th	0.4	0.3	0.3	0.7	3.0	1.7	1.1	1.0	1.4	1.3	0.7	1.3	3.2	1.7	1.0	2.0	1.4	1.1	1.1	n/a
All	0.3	0.3	0.2	n/a	1.9	1.3	1.1	n/a	0.7	0.7	0.5	n/a	1.3	0.8	0.8	n/a	1.4	1.3	1.3	n/a

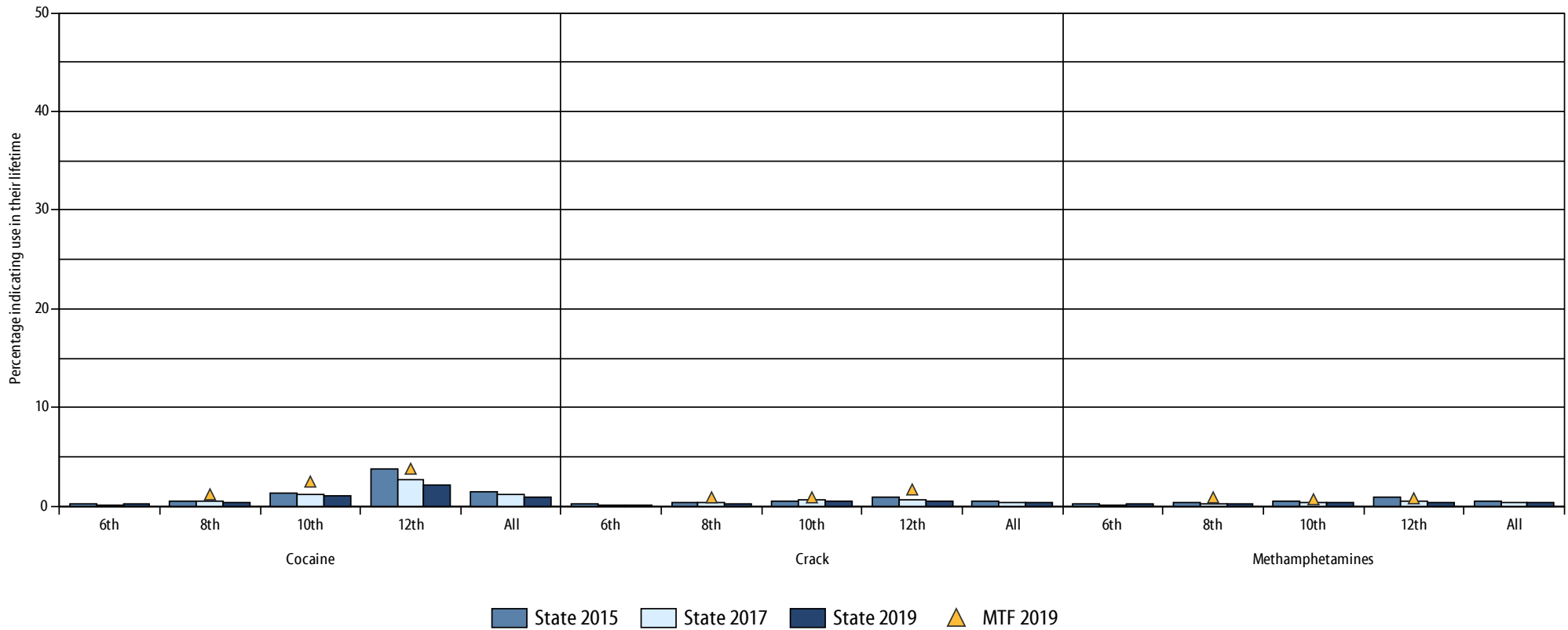
OTHER DRUGS

PAYS also measures the prevalence of use for a variety of other drugs. The rates for prevalence of use of these other drugs are generally lower than the rates for alcohol, tobacco, marijuana, and inhalants. Use of these other drugs tends to be concentrated in the upper grade levels.

The most frequently used substance in the “other” category in this state was hallucinogens (2.7% of students indicating lifetime use).

PAYS 2019 category:	PAYS 2019 question text:
<p>Cocaine is a powerfully addictive stimulant. Users may develop tolerance and use can cause a variety of physical problems, including chest pain, strokes, seizures, and abnormal heart rhythm.</p>	<p><i>How many times (if any) have you used cocaine in your lifetime/during the past 30 days?</i></p>
<p>Crack is an inexpensive, smokable form of cocaine producing a very intense but short-term high. Use is associated with cough, shortness of breath, and severe chest pains.</p>	<p><i>How many times (if any) have you used crack in your lifetime/during the past 30 days?</i></p>
<p>Methamphetamine is a highly addictive stimulant with effects similar to cocaine. Use of methamphetamine can cause physical and psychological problems, such as rapid or irregular heart rate, increased blood pressure, anxiety, and insomnia.</p>	<p><i>How many times (if any) have you used methamphetamine (meth, crystal meth, crank) in your lifetime/during the past 30 days?</i></p>
<p>Heroin is a highly addictive drug that can be injected, snorted, or smoked. Users risk overdose as well as long-term problems such as collapsed veins and bacterial infections.</p>	<p><i>How many times (if any) have you used heroin in your lifetime/during the past 30 days?</i></p>
<p>Hallucinogens produce distortions in perception and mood. Effects are unpredictable, varying widely depending on dose, mindset, and setting. Complications range from anxiety and rapid heart rate to triggering schizophrenia in predisposed individuals.</p>	<p><i>How many times (if any) have you used hallucinogens (acid, LSD, shrooms) in your lifetime/during the past 30 days?</i></p>
<p>Ecstasy (also known as MDMA or Molly) has both stimulant and hallucinogenic effects. Dangers include hyperthermia, hyponatremia and possible long-term changes in mood due to long-lasting changes in neurons that make serotonin. Nationally, the proportion of youth perceiving it as dangerous has decreased significantly since 2004, leveling out in 2012. Reports of use declined each year from 2014 to 2016</p>	<p><i>How many times (if any) have you used Ecstasy or Molly in your lifetime/during the past 30 days?</i></p>
<p>Synthetic Drugs are newly emerging analogues to marijuana, amphetamines, and hallucinogens. They are easily available, as modification of chemical formulas allows sellers to sidestep prohibition efforts. Little is known about long term use but acute effects are reported frequently.</p>	<p><i>How many times (if any) have you used synthetic drugs (man-made drugs such as Bath Salts, K2, Spice, Mr. Smiley, Blaze) in your lifetime/during the past 30 days?</i></p>

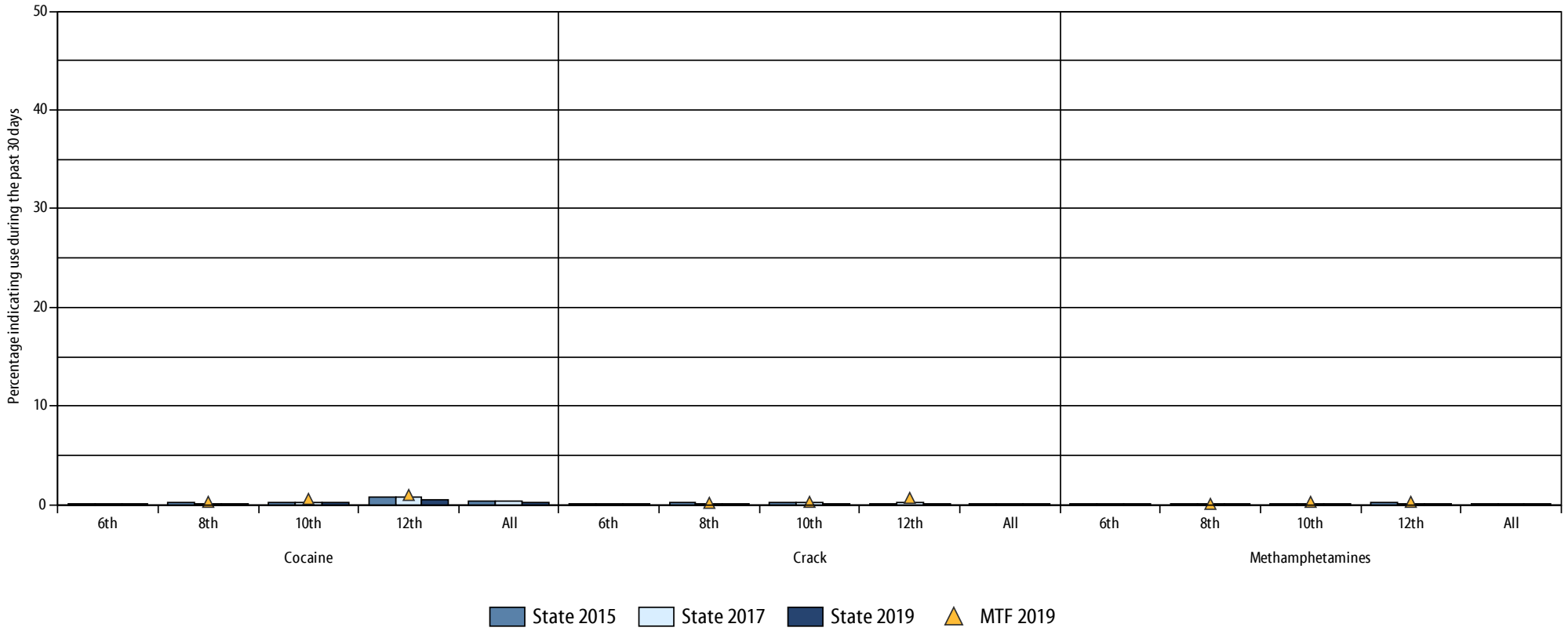
Other drugs (cocaine, crack, methamphetamines) - Lifetime use State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Cocaine				Crack				Methamphetamines			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.3	0.1	0.2	n/a	0.2	0.2	0.2	n/a	0.3	0.1	0.2	n/a
8th	0.5	0.5	0.4	1.2	0.4	0.4	0.3	0.9	0.4	0.3	0.2	0.9
10th	1.3	1.1	1.1	2.5	0.6	0.6	0.5	0.9	0.6	0.4	0.4	0.7
12th	3.8	2.7	2.1	3.8	0.9	0.6	0.5	1.7	1.0	0.6	0.4	0.8
All	1.5	1.1	1.0	n/a	0.5	0.4	0.4	n/a	0.5	0.3	0.3	n/a

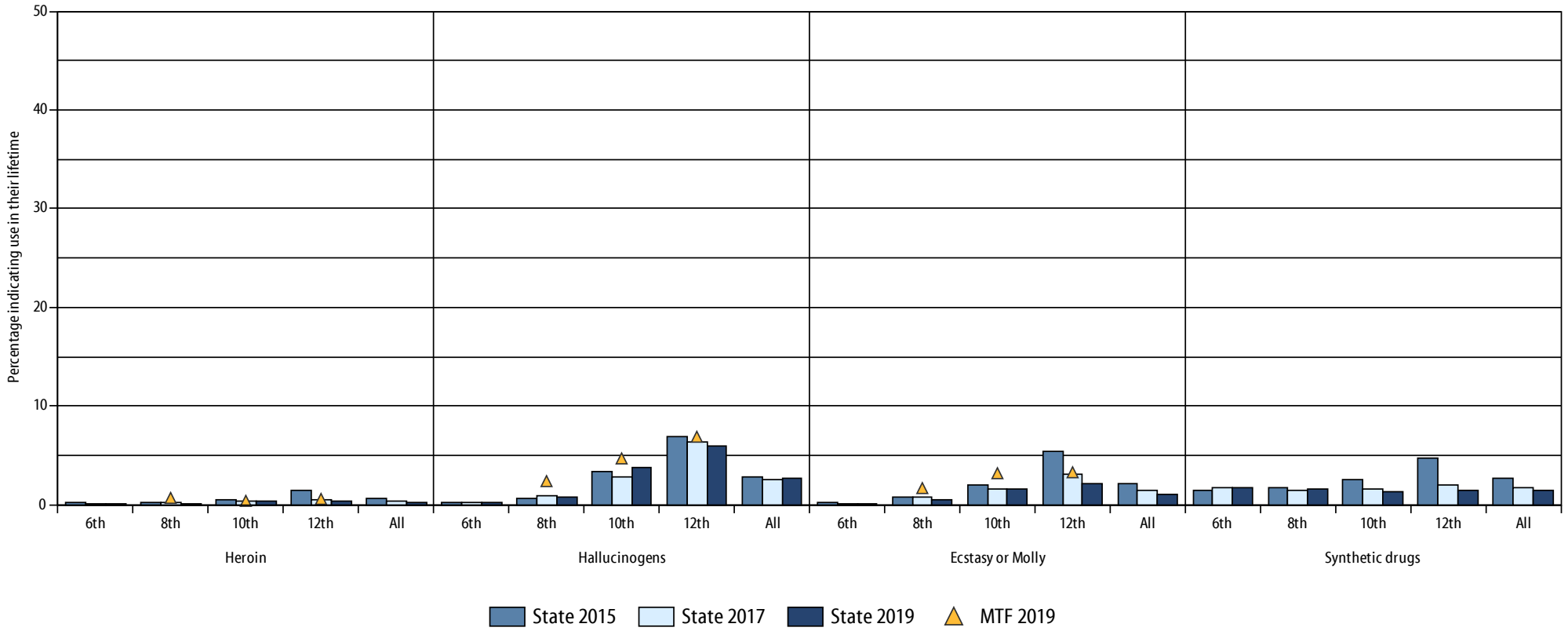
Other drugs (cocaine, crack, methamphetamines) - 30-day use State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Cocaine				Crack				Methamphetamines			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.1	0.1	0.1	n/a	0.1	0.1	0.1	n/a	0.1	0.0	0.0	n/a
8th	0.2	0.1	0.2	0.3	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1
10th	0.3	0.2	0.2	0.6	0.2	0.2	0.1	0.3	0.1	0.1	0.1	0.3
12th	0.8	0.8	0.5	1.0	0.1	0.2	0.1	0.7	0.2	0.2	0.1	0.3
All	0.3	0.3	0.2	n/a	0.1	0.1	0.1	n/a	0.1	0.1	0.1	n/a

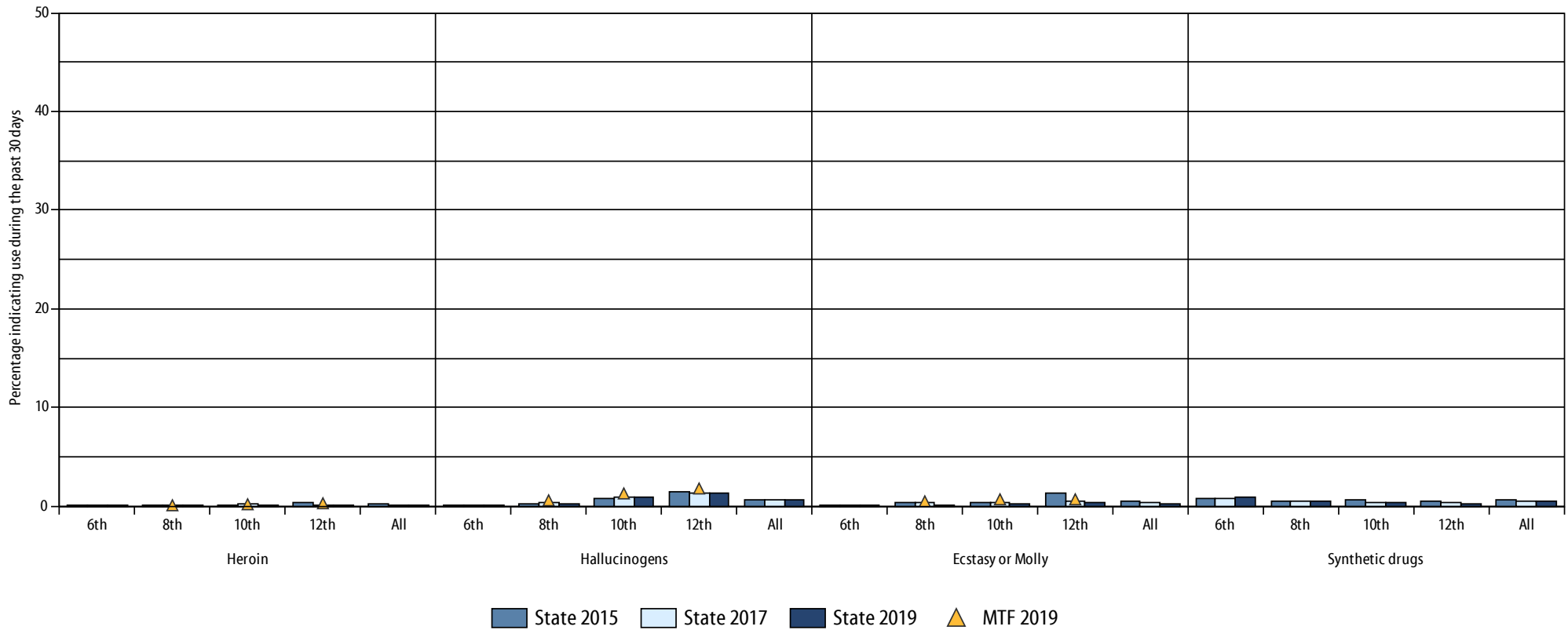
Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - Lifetime use State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Heroin				Hallucinogens				Ecstasy or Molly				Synthetic drugs			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.2	0.1	0.1	n/a	0.3	0.2	0.2	n/a	0.2	0.2	0.1	n/a	1.5	1.8	1.7	n/a
8th	0.3	0.2	0.1	0.7	0.7	0.9	0.7	2.4	0.7	0.8	0.5	1.7	1.8	1.5	1.6	n/a
10th	0.6	0.4	0.4	0.4	3.4	2.8	3.8	4.7	2.0	1.6	1.5	3.2	2.6	1.6	1.3	n/a
12th	1.4	0.5	0.3	0.6	6.9	6.3	5.9	6.9	5.4	3.1	2.1	3.3	4.8	2.0	1.4	n/a
All	0.6	0.3	0.2	n/a	2.8	2.6	2.7	n/a	2.1	1.4	1.1	n/a	2.7	1.7	1.5	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - 30-day use State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Heroin				Hallucinogens				Ecstasy or Molly				Synthetic drugs			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	0.1	0.0	0.0	n/a	0.0	0.1	0.1	n/a	0.1	0.1	0.1	n/a	0.8	0.8	0.9	n/a
8th	0.1	0.1	0.0	0.1	0.2	0.4	0.2	0.6	0.3	0.4	0.2	0.5	0.5	0.5	0.6	n/a
10th	0.2	0.2	0.1	0.2	0.8	0.9	0.9	1.3	0.4	0.4	0.3	0.7	0.7	0.4	0.3	n/a
12th	0.3	0.1	0.1	0.3	1.5	1.3	1.4	1.8	1.3	0.5	0.3	0.7	0.5	0.4	0.3	n/a
All	0.2	0.1	0.0	n/a	0.6	0.7	0.7	n/a	0.6	0.3	0.2	n/a	0.6	0.5	0.5	n/a

RISKY SUBSTANCE USE-RELATED BEHAVIORS

Binge drinking and driving while intoxicated are particularly risky substance use-related behaviors. These behaviors are strongly linked to serious negative health consequences, such as alcohol poisoning, automobile fatality, and increased risk of stroke, as well as DUI conviction and resulting complications with employment, college applications, and financial aid.

Binge drinking – loosely, “drinking to get drunk” – is the pattern of alcohol consumption that is probably of greatest concern from a public health perspective. Studies have shown that it is related to increased rates of injury due to intoxication, as well as an increased probability of driving while intoxicated.

Driving under the influence of drugs and alcohol endangers everyone on the roadway. Alcohol and marijuana impair clear thinking and hand-eye coordination, and alcohol-impaired drivers were involved in about 25% of crash deaths in Pennsylvania, resulting in less than 300 deaths in 2016, the lowest total number in the last five years. Studies also show that the risk of involvement in a traffic crash increased as drivers’ THC levels (i.e., marijuana use) increased. Drivers having the highest THC levels had a significantly higher risk of crashing than drug free drivers.

7.4% of students in this state engaged in binge drinking in the past two weeks. 1.5% of students reported driving while or shortly after drinking.

PAYS 2019 category: PAYS 2019 question text:

Risky substance use-related behaviors

Think back over the last two weeks.

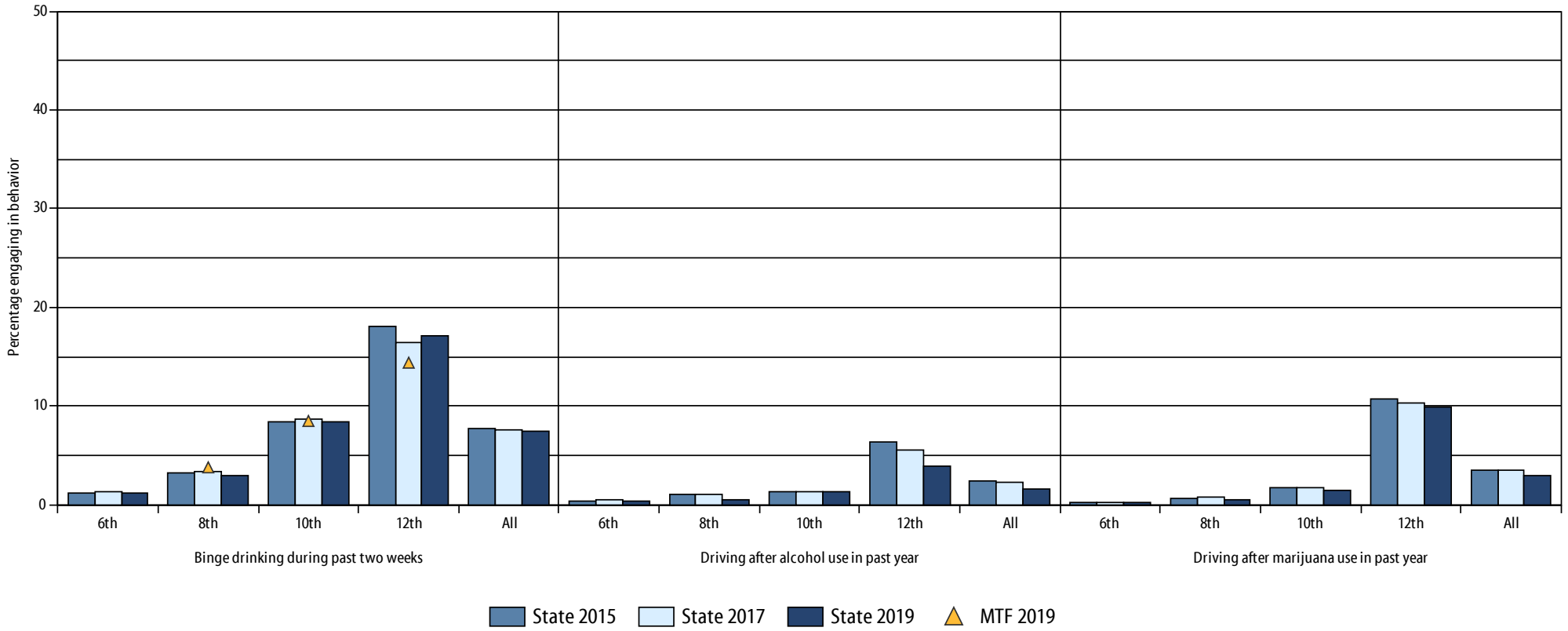
How many times have you had five or more alcoholic drinks in a row?

How often have you:

Driven a motor vehicle while or shortly after drinking?

Driven a motor vehicle while or shortly after using marijuana (pot, hash, cannabis, weed)?

Risky substance use-related behavior State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Binge drinking during past two weeks				Driving after alcohol use in past year				Driving after marijuana use in past year			
	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019	State 2015	State 2017	State 2019	MTF 2019
6th	1.3	1.3	1.2	n/a	0.4	0.4	0.3	n/a	0.2	0.3	0.2	n/a
8th	3.2	3.3	2.9	3.8	1.1	1.1	0.6	n/a	0.7	0.8	0.5	n/a
10th	8.4	8.7	8.4	8.5	1.4	1.3	1.3	n/a	1.7	1.7	1.4	n/a
12th	18.0	16.5	17.2	14.4	6.4	5.5	3.9	n/a	10.7	10.3	9.8	n/a
All	7.8	7.5	7.4	n/a	2.4	2.2	1.5	n/a	3.5	3.5	3.0	n/a

ACCESS AND WILLINGNESS TO USE

Along with perceptions of substance use risk and level of substance abuse disapproval, student willingness to try or use ATODs is one of the attitudes that facilitates drug use.

Questions about how and where ATODs were obtained help suggest new approaches for preventing substance use.

Sources of alcohol may include sources such as a *parent, brother or sister, relative, friend, or other person*. Methods of acquiring alcohol include *bought or stole it, had someone purchase it, and took from home*. Willingness to use is purely a measure of a student's openness to a substance (the survey explicitly states *[t]hese are not questions about current or past use of these drugs*).

Perceived availability of substances - even when unwarranted - is associated with increased drug use. The perceived availability of prescription drugs is of particular concern, because their availability may be independent of usual illicit avenues of obtaining substances. (Note that perceived availability of ATODs in general is also measured as a single scale in the Risk Factor section of this report.)

34.3% of students chose "took it without permission [from my home, friend's home, store, etc.]" as their most frequent source/method of obtaining the alcohol they used. The next most frequently reported source of alcohol was "gave someone money to buy it for me" with 26.7% of students indicating this method. The third most frequently reported source was "Parents provided it to me" with 25.7% of students indicating this method.

41.4% of students chose "took them from a family member living in my home" as their most frequent source/method of obtaining the prescription drugs they used without a doctor's prescription. The next most frequently reported source of prescription drugs was "a friend or family member gave them to me" with 38.7% of students indicating this method.

24.5% of students showed a willingness to use alcohol (indicating they "would like to try it or use it" or "would use it any chance I got").

PAYS 2019 category: PAYS 2019 question text:

Sources of alcohol *If you drank alcohol during the past 12 months, how did you usually get it? (Mark all that apply.)*

- Did not drink any alcohol*
- Bought it in a store*
- Bought it at a restaurant, bar, or club*
- Bought it at a public event such as a concert or sporting event*
- Gave someone money to buy it for me*
- Parents provided it to me*
- Friends' parents provided it to me*
- Friends, brothers, or sisters over 21 provided it to me*
- Friends, brothers, or sisters under 21 provided it to me*
- Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me*
- Other source provided it to me*
- Took without permission, stole, or found it (my home, friend's home, store, etc.)*

Sources of prescription drugs *If you used any prescription drugs without a prescription from your doctor during the last 12 months, how did you get them? (Mark all that apply.)*

- I did not take any prescription drugs without a doctor's prescription.*
- Took them from a family member living in my home.*
- Took them from other relatives not living in my home.*
- Took them from someone not related to me.*
- A friend or family member gave them to me.*
- Bought them from someone.*
- Ordered them over the Internet.*

Willingness to use *How willing are you to try the drugs listed below before you are 21? These are not questions about current or past use of these drugs.*

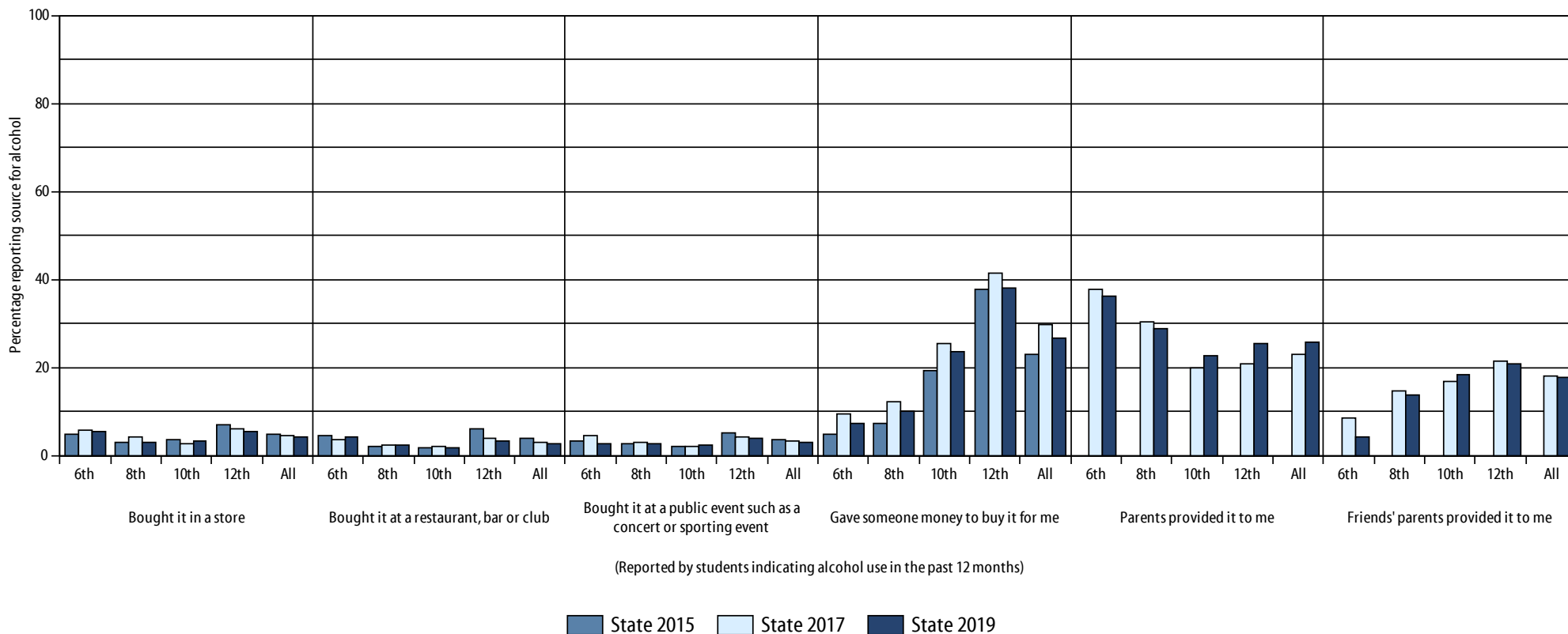
- ALCOHOL (beer, wine, coolers, hard liquor such as vodka, whiskey, gin, or rum)*
- MARIJUANA (pot, hash, cannabis, weed)*

Perceived availability *How easy would it be for you to get any, if you wanted to get any of the following:*

- Beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum)?*
- Cigarettes?*
- A drug like cocaine, LSD, heroin, or amphetamines?*
- Marijuana?*

If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?

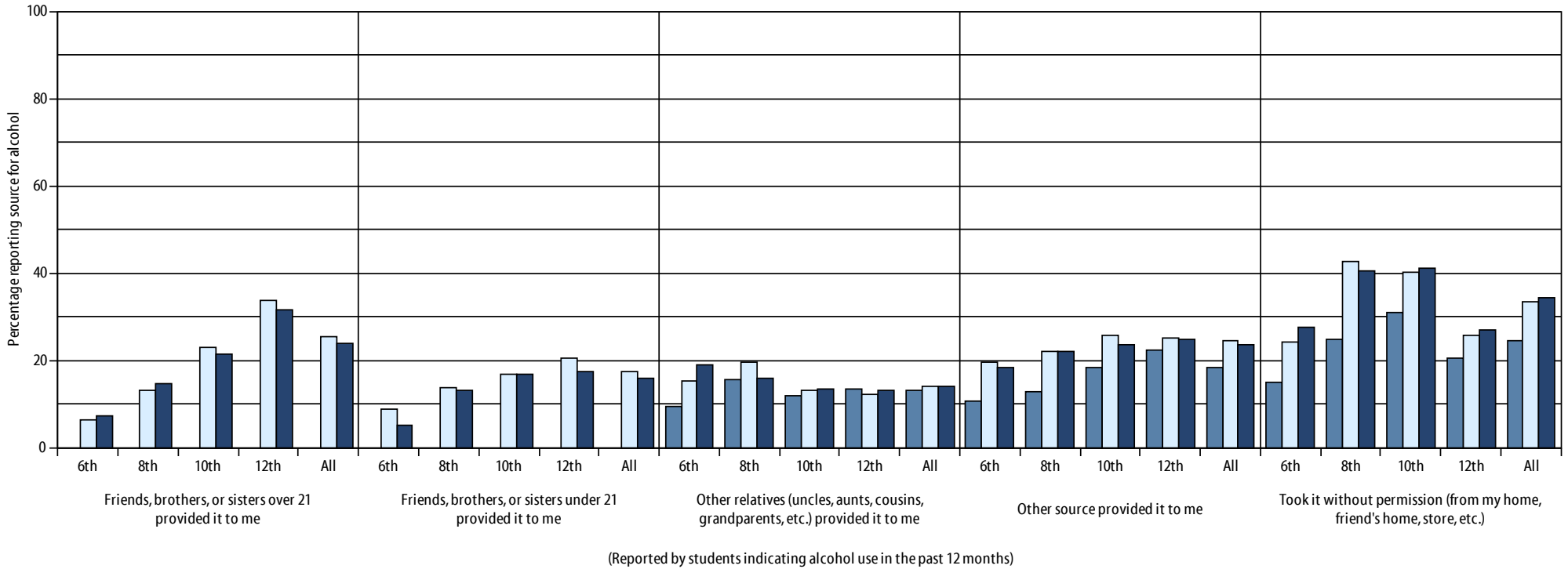
Sources of alcohol by students who reported alcohol use State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Bought it in a store			Bought it at a restaurant, bar or club			Bought it at a public event such as a concert or sporting event			Gave someone money to buy it for me			Parents provided it to me			Friends' parents provided it to me		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	4.9	5.8	5.5	4.6	3.6	4.3	3.3	4.5	2.7	4.9	9.4	7.4	n/a	37.7	36.3	n/a	8.5	4.3
8th	3.0	4.3	3.0	2.1	2.5	2.3	2.8	2.9	2.7	7.4	12.3	10.1	n/a	30.3	29.0	n/a	14.8	13.7
10th	3.6	2.7	3.4	1.9	2.0	1.9	2.0	2.2	2.3	19.3	25.4	23.8	n/a	19.9	22.7	n/a	16.7	18.4
12th	6.9	6.0	5.5	6.1	4.0	3.4	5.2	4.3	3.9	37.9	41.5	38.1	n/a	20.8	25.4	n/a	21.6	20.8
All	4.9	4.7	4.3	3.8	3.1	2.7	3.5	3.4	3.1	23.1	29.6	26.7	n/a	23.1	25.7	n/a	18.2	17.9

Sources of alcohol by students who reported alcohol use (cont'd) State of Pennsylvania 2019 Pennsylvania Youth Survey

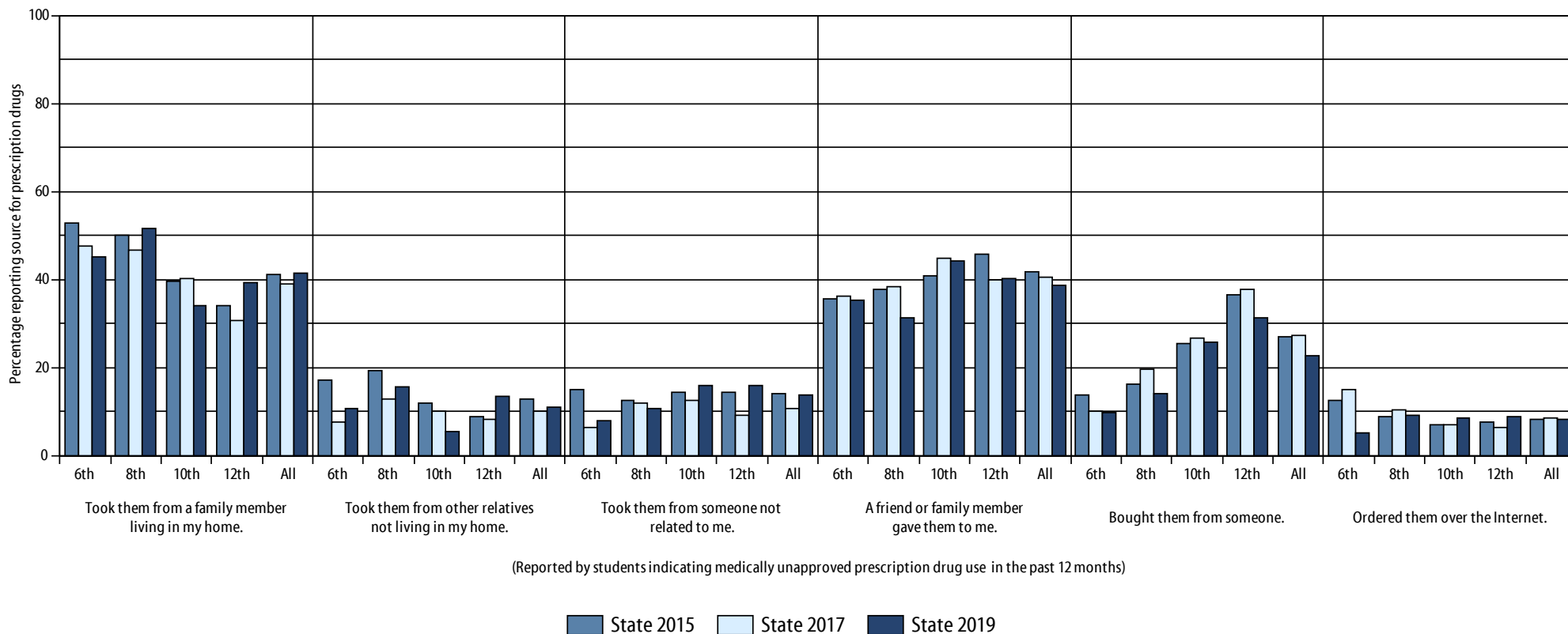


State 2015 State 2017 State 2019

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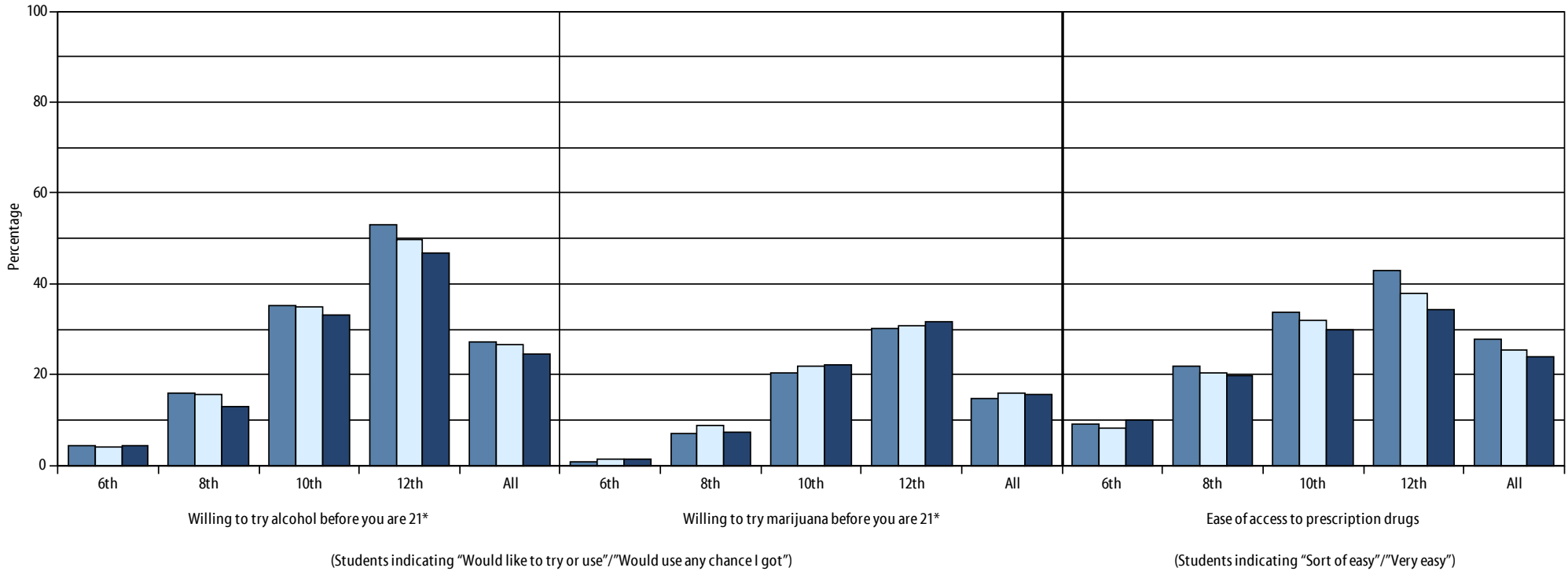
Grade	Friends, brothers, or sisters over 21 provided it to me			Friends, brothers, or sisters under 21 provided it to me			Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me			Other source provided it to me			Took it without permission (from my home, friend's home, store, etc.)		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	n/a	6.3	7.4	n/a	9.0	5.1	9.5	15.2	19.1	10.9	19.7	18.4	15.1	24.2	27.7
8th	n/a	13.2	14.7	n/a	13.9	13.3	15.5	19.6	16.1	12.9	22.1	22.1	24.8	42.6	40.4
10th	n/a	23.0	21.4	n/a	16.9	16.9	12.0	13.3	13.6	18.3	25.8	23.5	31.0	40.4	41.1
12th	n/a	33.8	31.5	n/a	20.4	17.4	13.4	12.2	13.3	22.4	25.3	24.8	20.5	25.8	26.9
All	n/a	25.4	23.8	n/a	17.6	15.9	13.2	14.1	14.2	18.2	24.6	23.6	24.4	33.3	34.3

Sources of prescription drugs by students who reported prescription drug use State of Pennsylvania 2019 Pennsylvania Youth Survey



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Access and willingness to use State of Pennsylvania 2019 Pennsylvania Youth Survey



State 2015 State 2017 State 2019

*Questions were revised in 2015 to add the qualifier "before you are 21." Rates reported in 2015 may be lower than previous years' data.

Grade	Willing to try alcohol			Willing to try marijuana			Ease of access to prescription drugs		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	4.3	4.2	4.5	1.0	1.3	1.5	9.0	8.2	10.1
8th	15.8	15.6	13.0	6.9	8.8	7.4	21.9	20.3	19.7
10th	35.4	34.9	33.3	20.4	22.0	22.2	33.6	32.0	29.8
12th	53.1	49.9	46.9	30.3	30.8	31.7	43.0	38.0	34.3
All	27.3	26.5	24.5	14.8	16.0	15.8	27.8	25.5	23.9

3. ANTISOCIAL BEHAVIOR

The charts and tables that follow present the rates of a variety of antisocial behaviors (ASB). Antisocial behavior may be outwardly directed, involving aggression against adults or peers, or might be behavior destructive to property, self, and others.

Less overt antisocial behavior includes addictive behavior (such as gambling) or dishonest communication with parents.

Rates of both antisocial behavior and gambling reflect reported behavior in the past year. Gambling in the past 30-days is provided as a more sensitive indicator of student gambling involvement. New questions have been added to assess lifetime incidence of gambling, online betting, personal skills games (such as pool, darts, coin tossing, video games), and other ways as means to provide additional information about gambling involvement.

Intervention programs that focus on diminishing rewards for ASB and increasing reinforcement for prosocial behavior can encourage young people to discard these detrimental behavioral strategies.

GAMBLING

Even though gambling activities are legally restricted to adults, there is clear evidence that underage youth actively participate in gambling.

Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

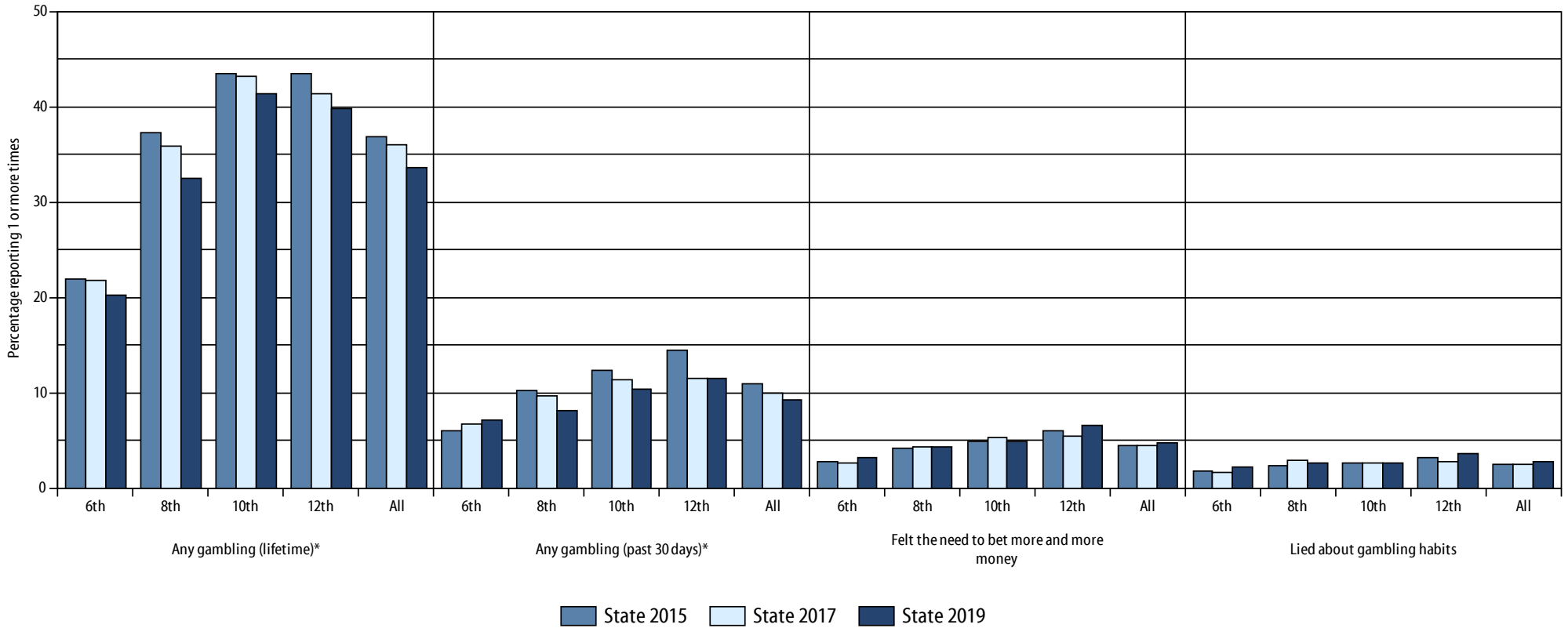
Overall, 33.7% of students in this state engaged in gambling for money or anything of value in their lifetime.

The most frequently reported form of gambling was “lottery [scratch cards, numbers, etc.]” reported by 20.2% of students who had gambled in the past 12 months.

PAYS 2019 category:	<i>PAYS 2019 question text:</i>
Students engaging in gambling	<p><i>How many times (if any) have you, in your lifetime bet/gambled for money or anything of value?</i></p> <p><i>In the past 30 days have you bet/gambled for money or anything of value?</i></p>
Specific types of student gambling	<p><i>During the past 12 months, how often have you bet/gambled, even casually, for money or valuables in the following ways:</i></p> <p><i>Table games like poker or other card games, dice, backgammon, or dominoes</i></p> <p><i>Lottery (scratch cards, numbers, etc.)</i></p> <p><i>Sporting events or sports pools</i></p> <p><i>Online (Internet) gambling</i></p> <p><i>Personal skill games (such as pool, darts, coin tossing, video games)</i></p> <p><i>Bet/gambled in some other way</i></p>
Compulsive/dishonest gambling behavior	<p><i>Have you ever felt the need to:</i></p> <p><i>Bet more and more money?</i></p> <p><i>Lie to important people (such as your family/ friends) about how much you gamble?</i></p>

Gambling

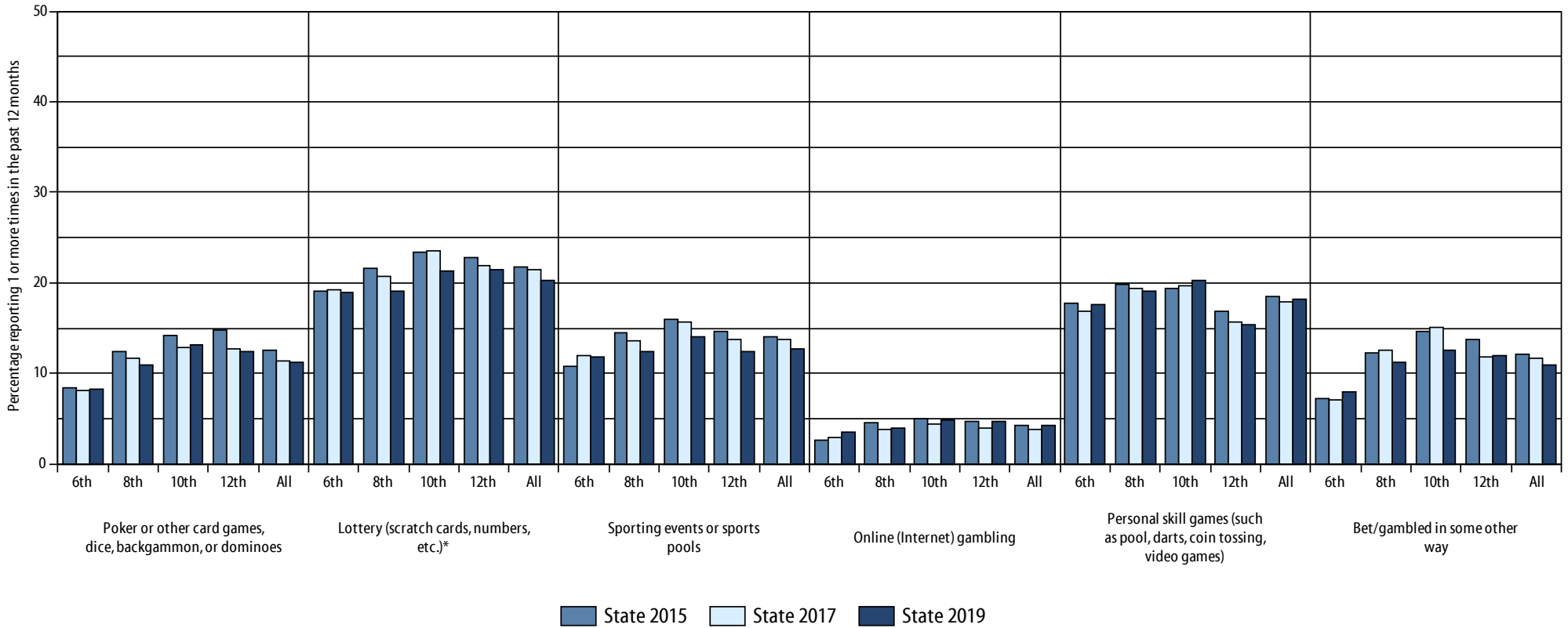
State of Pennsylvania 2019 Pennsylvania Youth Survey



*Lifetime and 30 day gambling were not measured prior to 2015. (Previous PAYS administrations measured gambling over the past 12 months.)

Grade	Any gambling (lifetime)			Any gambling (past 30 days)			Felt the need to bet more and more money			Lied about gambling habits		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	21.9	21.8	20.3	6.0	6.7	7.1	2.8	2.6	3.2	1.8	1.6	2.2
8th	37.2	35.8	32.5	10.3	9.6	8.2	4.1	4.3	4.3	2.4	3.0	2.7
10th	43.4	43.2	41.4	12.3	11.3	10.4	4.9	5.3	4.9	2.6	2.6	2.7
12th	43.5	41.3	39.8	14.5	11.5	11.5	6.0	5.5	6.6	3.2	2.8	3.6
All	36.8	36.0	33.7	10.9	9.9	9.3	4.5	4.5	4.7	2.5	2.5	2.8

Types of gambling State of Pennsylvania 2019 Pennsylvania Youth Survey



*The lottery response category was revised in 2015 with additional examples (scratch cards, numbers, etc.). Rates reported in 2015 may be higher than previous years' data.

Grade	Poker or other card games, dice, backgammon, or dominoes			Lottery (scratch cards, numbers, etc.)			Sporting events or sports pools			Online (Internet) gambling			Personal skill games (such as pool, darts, coin tossing, video games)			Bet/gambled in some other way		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	8.4	8.1	8.3	19.1	19.2	19.0	10.8	12.0	11.8	2.7	3.0	3.6	17.8	16.8	17.7	7.2	7.0	7.9
8th	12.5	11.7	10.9	21.6	20.7	19.2	14.5	13.5	12.4	4.6	3.9	4.0	19.8	19.4	19.1	12.2	12.6	11.2
10th	14.2	12.8	13.2	23.3	23.5	21.4	16.0	15.7	14.0	5.0	4.4	4.8	19.4	19.7	20.3	14.6	15.0	12.6
12th	14.8	12.7	12.5	22.7	22.0	21.4	14.7	13.8	12.4	4.7	4.0	4.7	16.9	15.6	15.4	13.8	11.8	12.0
All	12.5	11.4	11.3	21.8	21.4	20.2	14.1	13.8	12.7	4.3	3.8	4.3	18.5	17.9	18.2	12.1	11.8	11.0

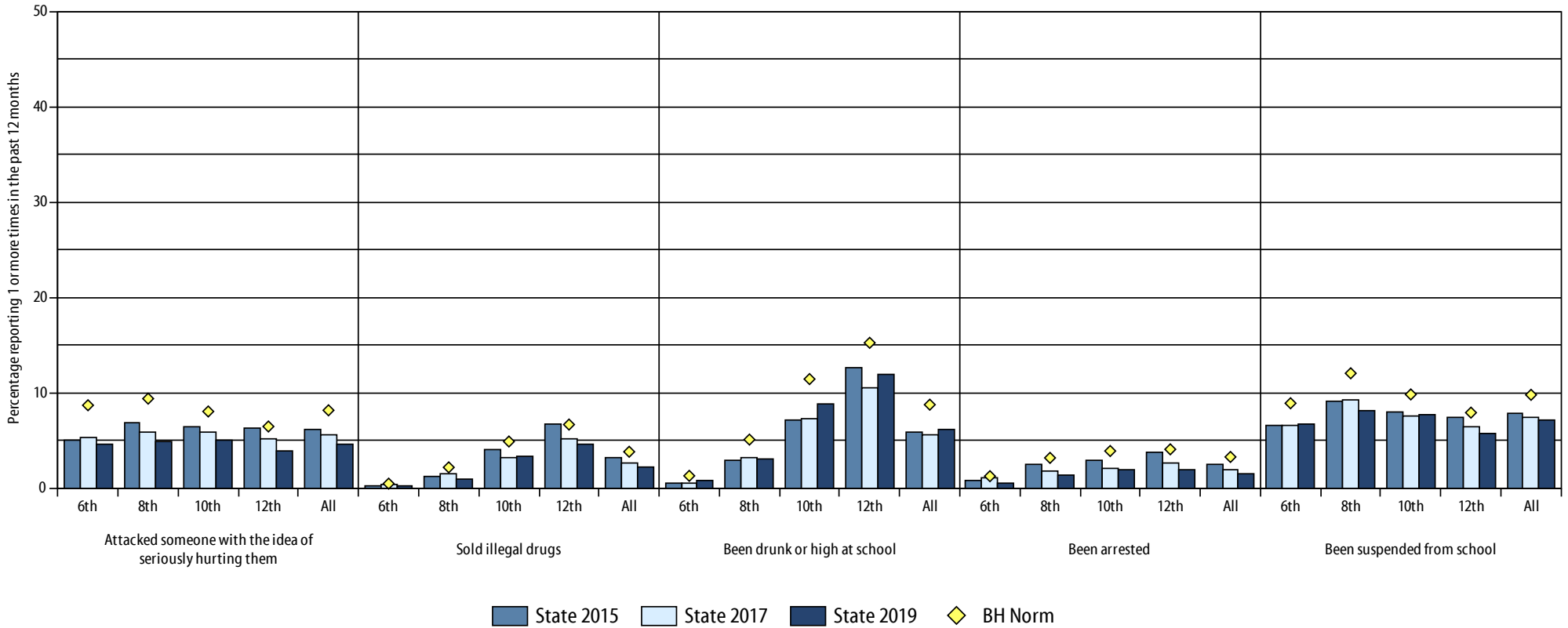
OTHER ANTISOCIAL BEHAVIOR

This section presents the percentage of youth who reported engaging in other antisocial behaviors (e.g., attacking someone with the idea of seriously hurting them, selling illegal drugs, attending school while drunk or high), and related consequences (e.g., being suspended from school or arrested).

The most frequent “other” antisocial behavior in State of Pennsylvania was “been suspended from school,” reported by 7.1% of students.

PAYS 2019 category:	PAYS 2019 question text:
Other antisocial behavior	<p><i>How many times in the past 12 months have you:</i></p> <ul style="list-style-type: none"> <i>Attacked someone with the idea of seriously hurting them?</i> <i>Sold illegal drugs?</i> <i>Been drunk or high at school?</i>
Consequences of antisocial behavior	<p><i>How many times in the past 12 months have you:</i></p> <ul style="list-style-type: none"> <i>Been arrested?</i> <i>Been suspended from school?</i>

Other antisocial behavior State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Attacked someone with the idea of seriously hurting them				Sold illegal drugs				Been drunk or high at school				Been arrested				Been suspended from school			
	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm
6th	5.0	5.4	4.6	8.7	0.3	0.3	0.2	0.5	0.5	0.6	0.8	1.3	0.8	1.0	0.5	1.3	6.6	6.5	6.7	8.9
8th	6.9	5.9	4.9	9.4	1.2	1.5	1.0	2.2	3.0	3.2	3.1	5.1	2.5	1.8	1.3	3.2	9.1	9.2	8.2	12.1
10th	6.5	5.9	5.0	8.1	4.1	3.2	3.3	4.9	7.1	7.3	8.8	11.4	2.9	2.1	1.9	3.9	8.0	7.6	7.7	9.8
12th	6.3	5.2	3.9	6.5	6.8	5.1	4.6	6.7	12.6	10.6	12.0	15.2	3.8	2.6	2.0	4.1	7.4	6.4	5.8	7.9
All	6.2	5.6	4.6	8.2	3.2	2.6	2.3	3.8	5.9	5.6	6.2	8.8	2.5	1.9	1.5	3.3	7.8	7.5	7.1	9.8

4. COMMUNITY AND SCHOOL CLIMATE AND SAFETY

Over the last 15 years, many youth surveys, including PAYS, have moved to incorporate risk and protective factor data alongside more traditional health behavior assessments. As this approach has evolved, school climate and safety have emerged as focal points for prevention programming and policy planning.

Creating safe supportive schools is essential to ensuring students' academic and social success. There are multiple elements to establishing environments in which youth feel safe, connected, valued, and responsible for their behavior and learning. School climate and safety are measured in four ways: commitment and involvement at school, involvement in after-school and community programs, violence (actual and threatened), and bullying.

COMMITMENT TO SCHOOL

Students who feel appreciated and rewarded for their involvement in school have reduced likelihood of involvement in drug use and problem behaviors. Giving students opportunities to participate in important activities at school helps to create a feeling of personal investment in their school. This increased investment results in greater bonding and adoption of the school’s standard of behavior, reducing the likelihood that the students will become involved in problem behaviors.

Students who demonstrate a lack of commitment to school are more likely to have ceased viewing being a student as a positive role. These students have a higher risk for a variety of problem behaviors.

50.0% students in this state viewed the things they are learning in school as going to be important later in life. School work was viewed as meaningful and important by 35.9% of students and 38.6% enjoyed being in school during the past year.

A feeling of safety was reported by 80.0% of the students. 76.2% students reported opportunities to talk with a teacher one-on-one and 85.6% reported chances to be part of class discussions or activities. 49.6% of students reported that teachers praise them when they work hard in school.

PAYS 2019 category: PAYS 2019 question text:

Perceived importance of school

How important do you think the things you are learning in school are going to be for your later life?

How often do you feel that the school work you are assigned is meaningful and important?

*Now thinking back over the past year in school, how often did you:
Enjoy being in school?*

Positive school environment

There are lots of chances for students in my school to talk one-on-one with a teacher.

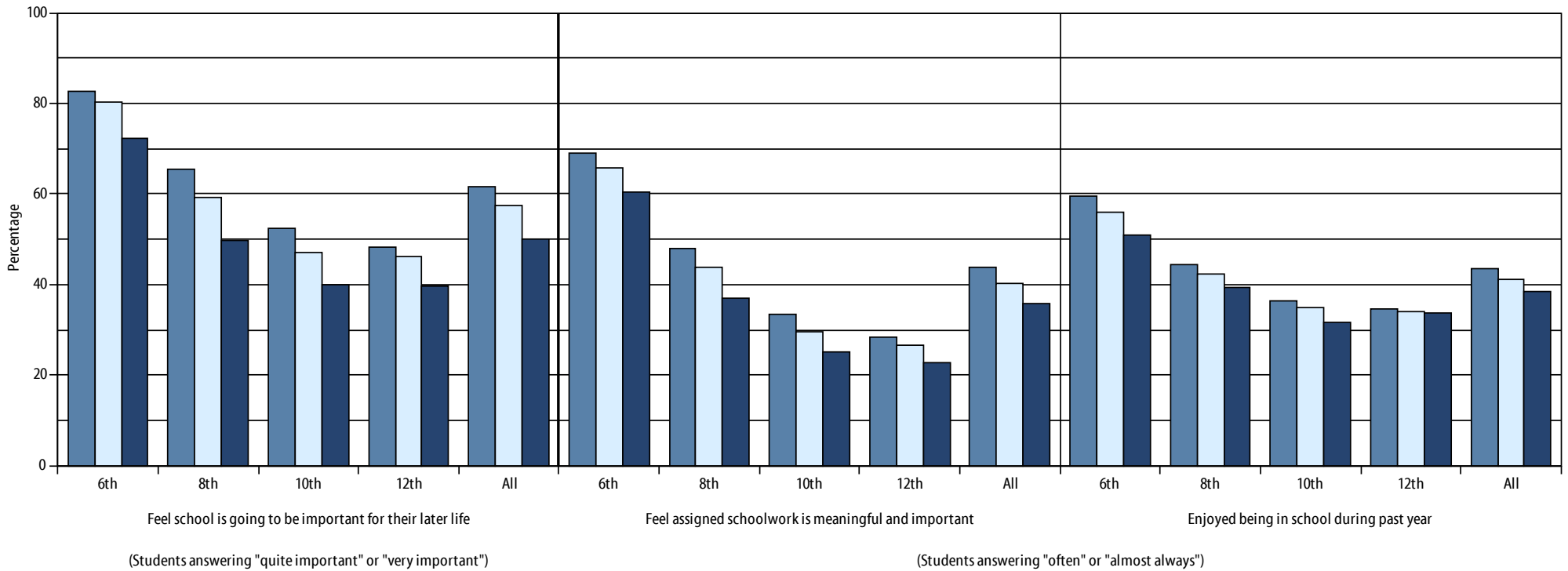
I have lots of chances to be part of class discussions or activities.

I feel safe at my school.

My teachers praise me when I work hard in school.

Commitment and involvement in school - Perceived importance of school

State of Pennsylvania 2019 Pennsylvania Youth Survey

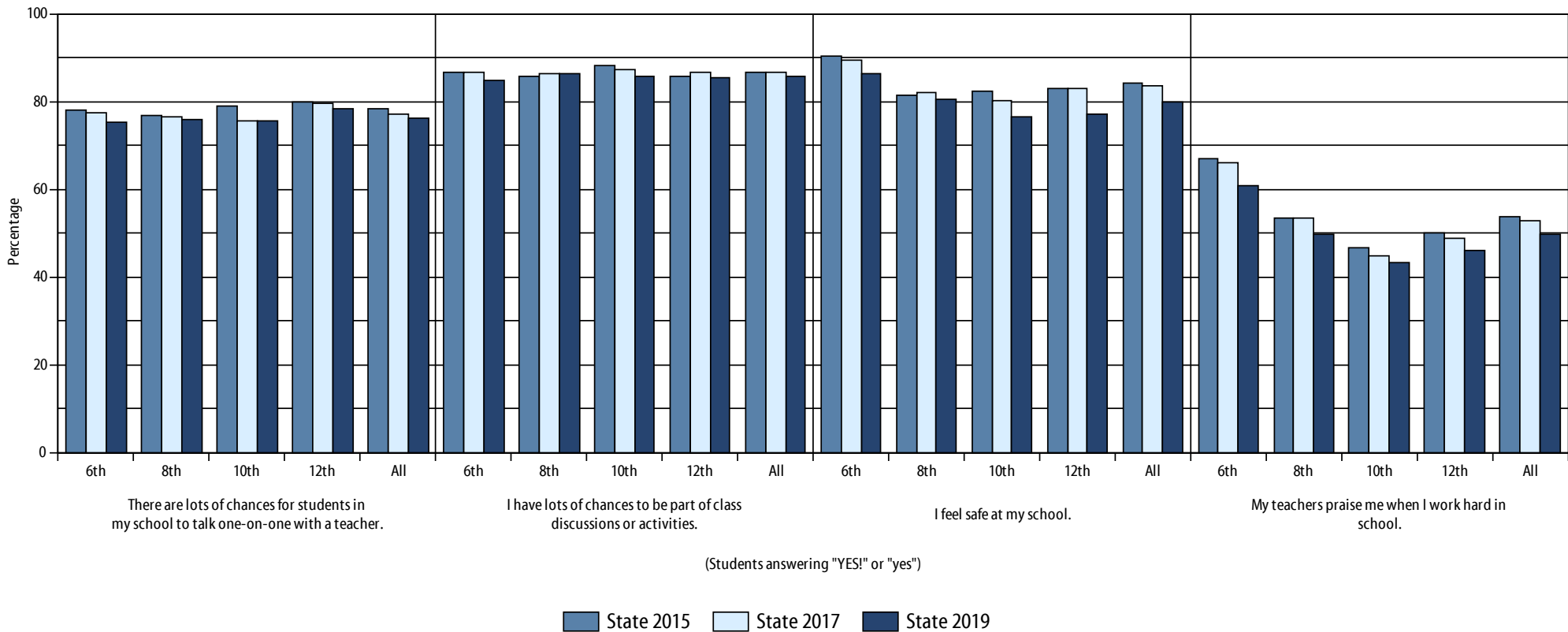


State 2015 State 2017 State 2019

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Grade	Feel school is going to be important for their later life			Feel assigned schoolwork is meaningful and important			Enjoyed being in school during past year		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	82.7	80.3	72.2	69.0	65.8	60.5	59.7	55.9	50.8
8th	65.6	59.3	49.7	48.0	43.7	37.0	44.4	42.5	39.2
10th	52.3	47.0	39.9	33.3	29.5	25.1	36.5	34.8	31.7
12th	48.1	46.3	39.8	28.4	26.7	22.9	34.8	34.0	33.6
All	61.6	57.5	50.0	43.9	40.4	35.9	43.4	41.3	38.6

Commitment and involvement in school - Positive school environment State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	There are lots of chances for students in my school to talk one-on-one with a teacher.			I have lots of chances to be part of class discussions or activities.			I feel safe at my school.			My teachers praise me when I work hard in school.		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	78.0	77.4	75.4	86.7	86.8	84.9	90.2	89.5	86.2	67.1	66.1	60.9
8th	76.8	76.5	75.7	85.7	86.2	86.2	81.5	82.1	80.6	53.5	53.5	49.8
10th	79.0	75.5	75.5	88.2	87.1	85.7	82.4	80.2	76.5	46.6	44.8	43.2
12th	79.9	79.6	78.2	85.6	86.8	85.5	82.9	82.9	77.2	50.0	49.0	46.0
All	78.5	77.2	76.2	86.6	86.7	85.6	84.1	83.4	80.0	53.7	52.7	49.6

INVOLVEMENT IN PRO-SOCIAL ACTIVITIES

When young people participate in pro-social activities that foster healthy development, they are more likely to develop connections with peers and members of the community who engage in prosocial behaviors. Being engaged in pro-social activities provides opportunities for bonding with adult role models—such as community leaders, neighbors, police, or clergy—who can offer moral guidance and emotional support.

85.3% of students in this state reported participating in at least one pro-social activity.

Students most frequently participated in school sponsored activities (59.8% of students). The second and third most frequent pro-social activities were family supported activities or hobbies (44.0%) and other activities (29.5%).

PAYS 2019 category: PAYS 2019 question text:

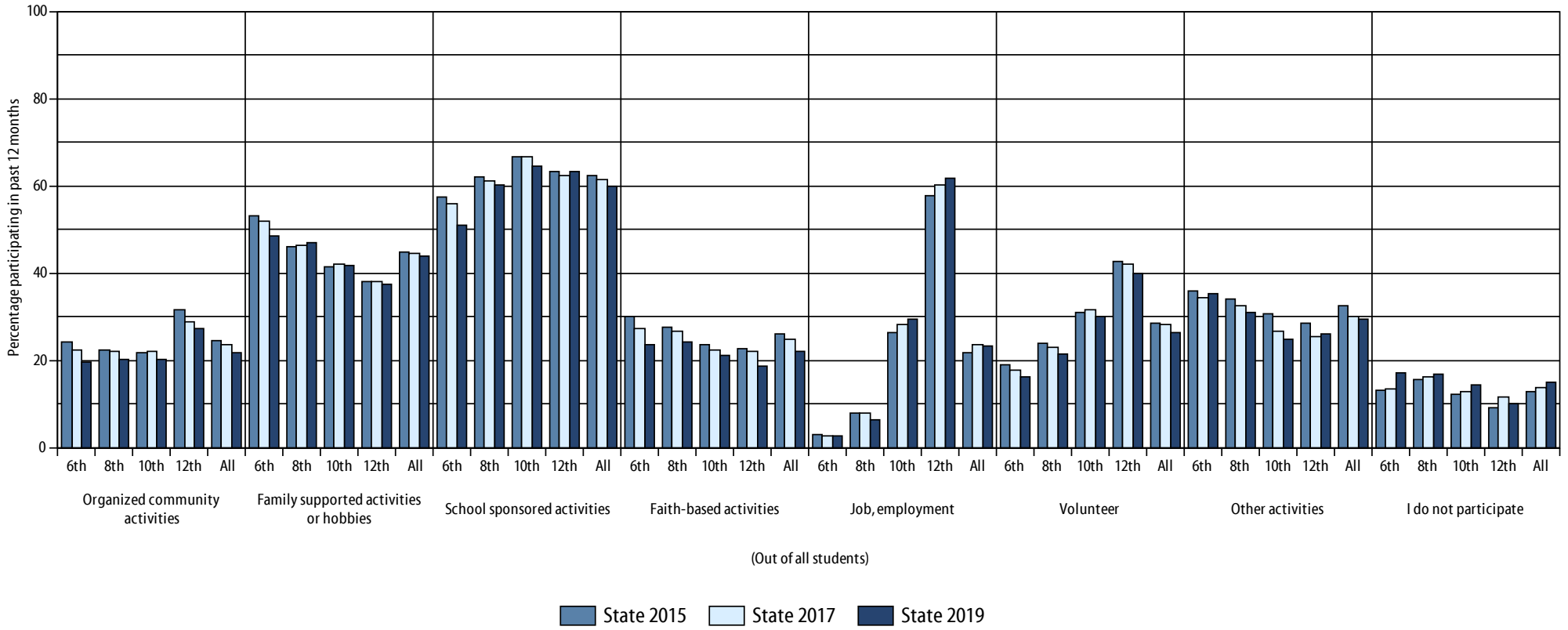
Involvement in pro-social activities

In the past 12 months, in which of the following activities did you participate? (Mark all that apply.)

- Organized community activities (such as scouting, 4-H, service clubs, YMCA, etc)*
- Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.)*
- School sponsored activities (such as sports, music, clubs, after-school programs, etc.)*
- Faith-based activities (such as choir, youth group, mission, church leagues, etc)*
- Job, employment*
- Volunteer*
- Other activities*
- I do not participate.*

Involvement in pro-social activities

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Grade	Organized community activities			Family supported activities or hobbies			School sponsored activities			Faith-based activities			Job, employment			Volunteer			Other activities			I do not participate		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	24.2	22.2	19.7	53.1	51.8	48.7	57.5	55.9	50.9	30.1	27.4	23.6	3.1	2.8	2.8	19.1	17.7	16.3	36.0	34.3	35.4	13.2	13.4	17.2
8th	22.3	22.0	20.2	46.0	46.5	47.0	61.9	61.0	60.3	27.6	26.8	24.1	8.0	7.8	6.5	24.0	22.9	21.5	33.9	32.6	31.1	15.6	16.2	17.0
10th	21.9	22.2	20.3	41.5	41.9	41.7	66.7	66.5	64.7	23.6	22.5	21.3	26.2	28.2	29.4	31.1	31.6	30.1	30.7	26.7	25.0	12.1	12.8	14.4
12th	31.7	28.9	27.2	38.1	38.2	37.6	63.3	62.4	63.4	22.8	21.9	18.8	57.7	60.1	61.6	42.6	41.9	40.0	28.7	25.4	26.1	9.3	11.7	10.1
All	24.6	23.7	21.6	44.9	44.6	44.0	62.4	61.5	59.8	26.2	24.8	22.1	21.7	23.6	23.3	28.5	28.2	26.4	32.5	29.9	29.5	12.9	13.7	14.9

VIOLENCE/DRUGS ON SCHOOL PROPERTY

Violence on school property is widely held to have become a serious problem in recent decades, especially where weapons such as guns or knives are involved. The presence of drugs on school property is also an area of concern.

Pennsylvania students were surveyed regarding the frequency with which they have been threatened or attacked on school property within the past year, and whether they were offered, given, or sold illegal drugs on school property within the past year.

In the past twelve months, 18.9% of students in this state reported being threatened with violent behavior on school property. 7.6% of students reported having actually been attacked on school property (1.1% reported being attacked with weapons). 3.9% of students reported they had been threatened by someone with a weapon. 0.9% of students had brought a weapon to school in the past 30 days.

PAYS 2019 category: PAYS 2019 question text:

Violence and drugs on school property

How many times in the past 12 months have you been offered, given, or sold an illegal drug on school property?

In the past 12 months, how often have you:

Been threatened to be hit or beaten up on school property?

Been attacked and hit by someone or beaten up on school property?

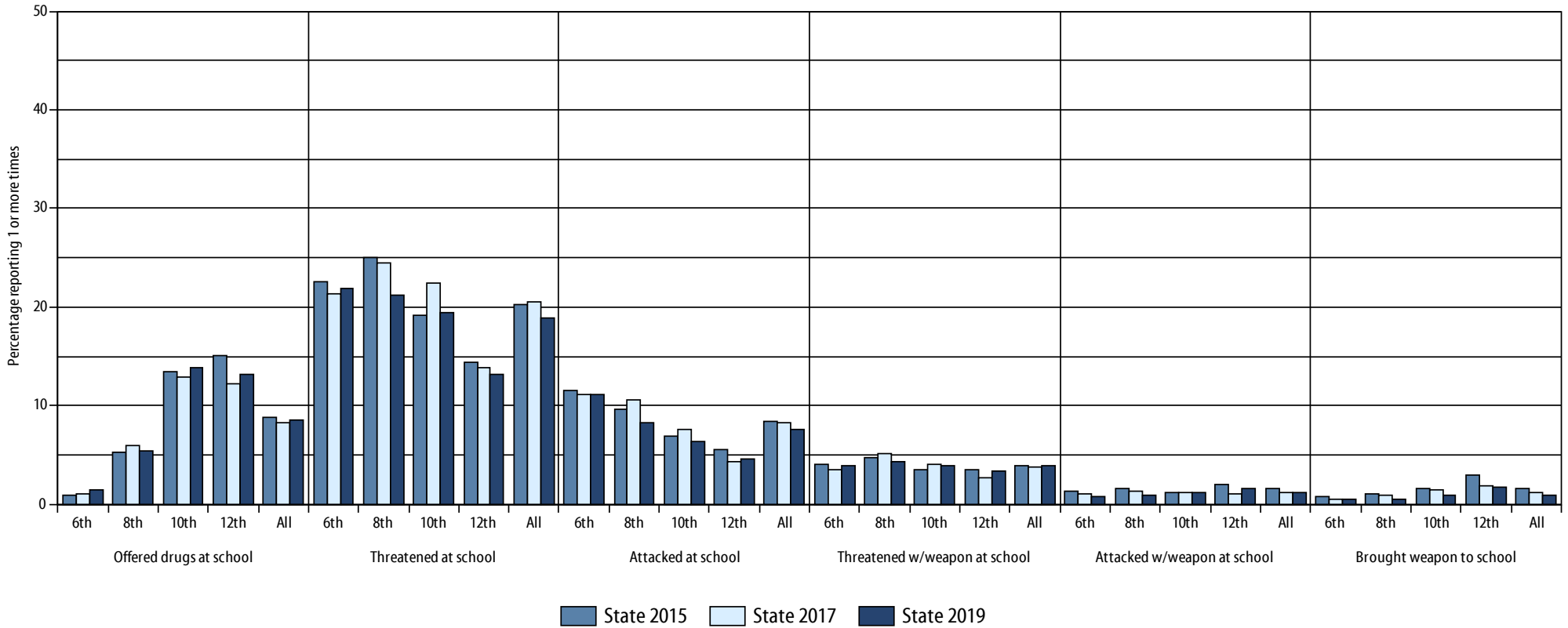
Been threatened by someone with a weapon on school property?

Been attacked by someone with a weapon on school property?

How many times in the past 30 days have you brought a weapon (such as a gun, knife, or club) to school?

Violence and drugs on school property

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Grade	Offered drugs at school			Threatened at school			Attacked at school			Threatened w/weapon at school			Attacked w/weapon at school			Brought weapon to school		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	0.9	1.1	1.5	22.5	21.3	21.8	11.6	11.2	11.1	4.1	3.5	3.9	1.4	1.1	0.8	0.8	0.5	0.4
8th	5.3	6.0	5.4	25.1	24.4	21.2	9.6	10.5	8.3	4.7	5.1	4.3	1.6	1.3	0.9	1.1	0.9	0.6
10th	13.5	12.8	13.8	19.2	22.4	19.4	6.8	7.5	6.3	3.5	4.1	3.9	1.3	1.2	1.2	1.6	1.4	0.9
12th	15.0	12.2	13.1	14.4	13.9	13.2	5.6	4.4	4.6	3.5	2.7	3.3	2.0	1.1	1.6	2.9	1.9	1.7
All	8.8	8.2	8.5	20.3	20.5	18.9	8.4	8.3	7.6	4.0	3.8	3.9	1.6	1.2	1.1	1.6	1.2	0.9

BULLYING AND INTERNET SAFETY

While bullying is not a new phenomenon, the growing awareness that bullying has serious consequences for both schools and students is new.

Bullying behavior contributes to lower attendance rates, lower student achievement, low self-esteem, and depression, as well as higher rates of both juvenile and adult crime. Although the problem of bullying is receiving increased public attention, actual incidences of bullying often go undetected by teachers and parents. The most effective way to address bullying is through comprehensive, school-wide programs.

Increased public awareness of electronic or “cyber” bullying is due in part to high profile suicides linked to malicious use of social media services such as Twitter and Facebook. Bullies who operate electronically (that is, via text message, social media, or the Internet) can remain virtually anonymous, freeing them from normative social constraints on their behavior.

The modern teen’s social sphere is deeply intertwined with texting, social media, and the Internet. Invaded by bullying behavior, the harassment can feel inescapable, and traditional places of refuge such as the home no longer apply. The resulting isolation from simply “turning off the phone” has the unfortunate effect of further punishing the victim.

Overall, 25.1% of students in this state indicated experiencing bullying in the past 12 months. Students who indicated experiencing bullying in the past 12 months reported that “the way I look [clothing, hairstyle, etc.]” (39.1% of students), “some other reason” (37.8% of students), and “my size [height, weight, etc.]” (33.5% of students) were the most frequent reasons they were bullied.

PAYS 2019 category: PAYS 2019 question text:

Bullying behavior

Bullying is a student or students doing any of the following to another student on purpose repeatedly:

- making fun of
 - excluding
 - threatening
- spreading rumors about
 - hitting
 - shoving
 - hurting

It is not bullying if:

- two students argue or fight with each other
- friends tease each other.

Have you stayed home from school this year because you were worried about being bullied?

Do adults at your school stop bullying when they see/hear it or when a student tells them about it?

Please state whether you have been bullied during the past 12 months.

No • Yes, very rarely • Yes, now and then • Yes, several times per month • Yes, several times per week • Yes, almost daily

If you have been bullied in any way in the past 12 months, where were you bullied? (Mark all that apply.)

I was not bullied

On school property

At a school-sponsored event

While going to or from school

In the community

At home

If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply.)

I have not been made fun of by other students

The color of my skin

My religion

My size (height, weight, etc.)

My accent

The country I was born in

The country my family (parents, grandparents) was born in

The way I look (clothing, hairstyle, etc.)

How much money my family has or does not have

My gender

My grades or school achievement

My social standing

Social conflict

My sexual-orientation

I have a disability (learning or physical disability)

Some other reason

PAYS 2019 category: PAYS 2019 question text:

Internet safety and other hurt or abuse

During the past 12 months, have you been bullied through texting and/or social media?

In the past 12 months, did anyone when using technology ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?

If you were hurt or abused by another person in the past 12 months, how were you hurt or abused? (Mark all that apply.)

Physical injury

Threats

Emotional abuse, insults, name-calling

Isolation from friends and family

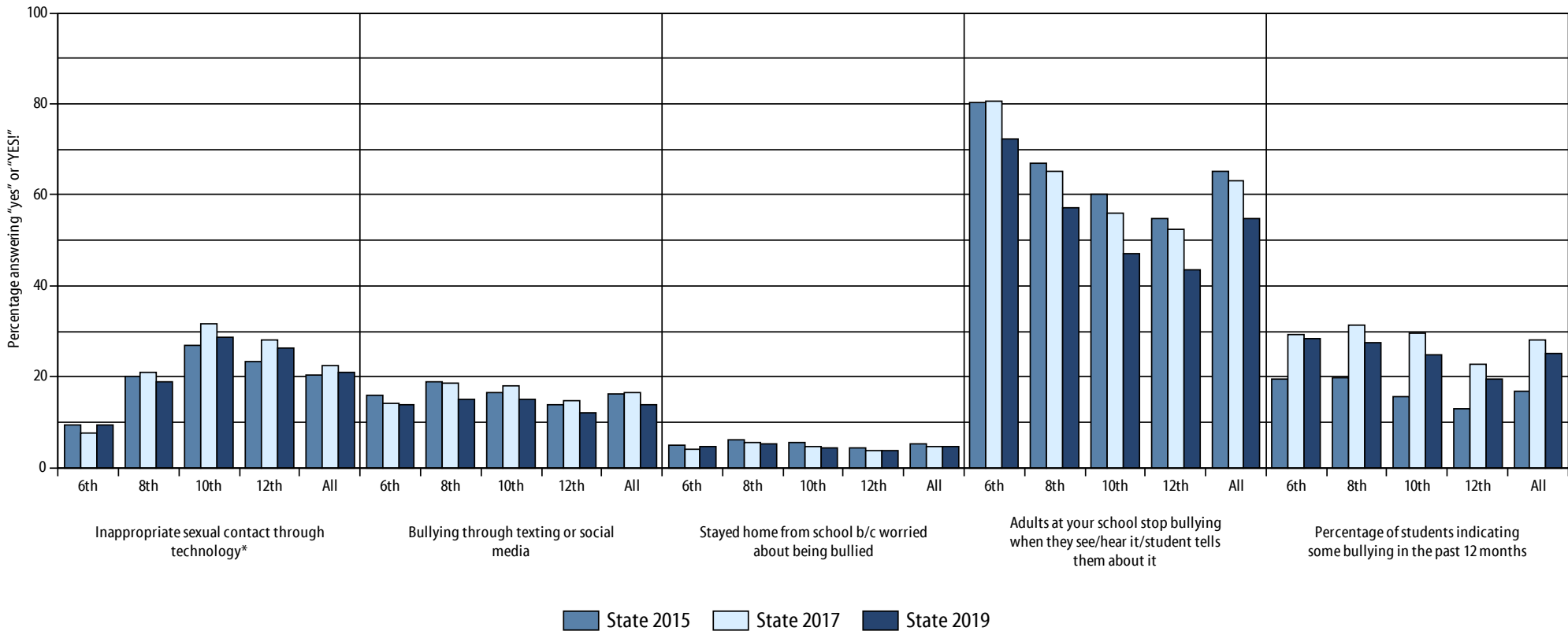
Control of what you were wearing

Control with whom you socialized

Other injury or abuse

Bullying and Internet safety

State of Pennsylvania 2019 Pennsylvania Youth Survey

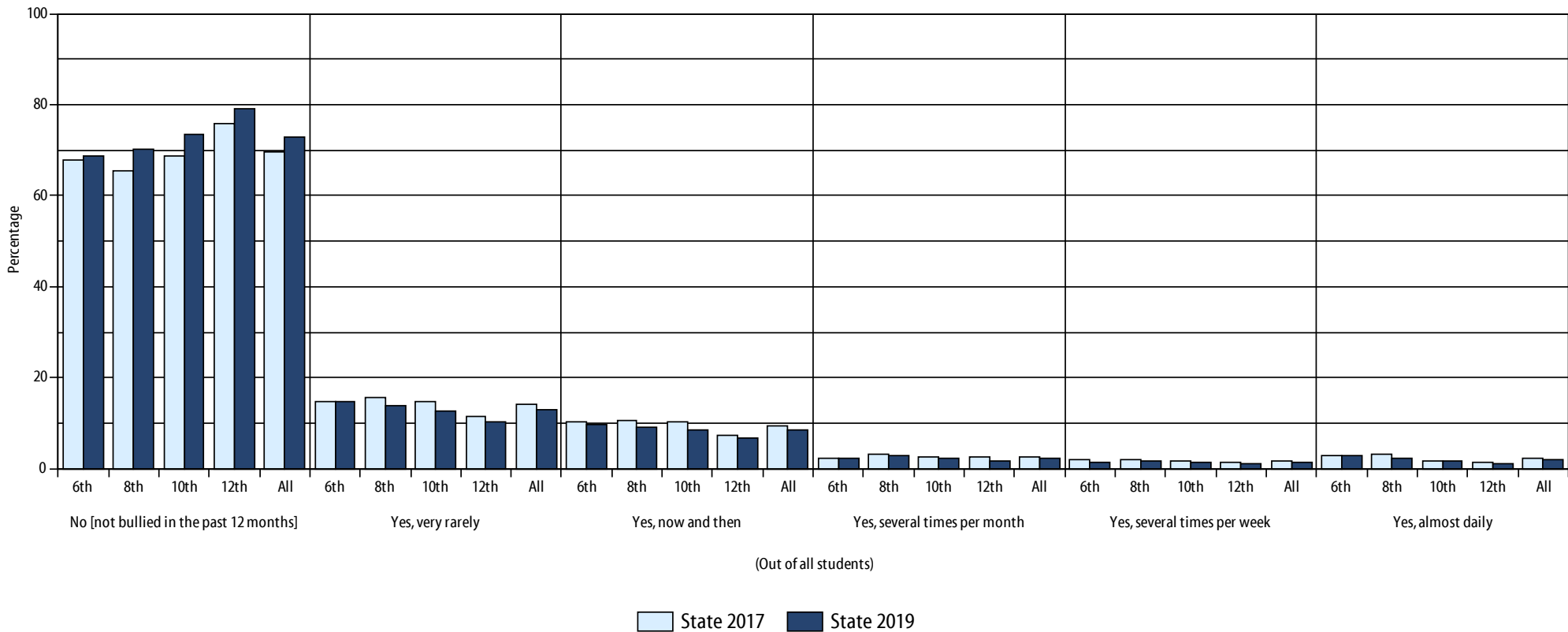


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Grade	Inappropriate sexual contact through technology*			Bullying through texting or social media			Stayed home from school b/c worried about being bullied			Adults at your school stop bullying when they see/hear it/student tells them about it			Percentage of students indicating some bullying in the past 12 months		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	9.4	7.8	9.5	16.0	14.1	13.9	5.0	4.2	4.8	80.2	80.7	72.4	19.5	29.3	28.3
8th	20.2	20.9	18.9	18.9	18.7	15.0	6.1	5.5	5.4	66.8	65.3	57.1	19.8	31.4	27.5
10th	26.9	31.5	28.6	16.7	17.9	14.9	5.5	4.8	4.4	60.3	55.9	47.1	15.6	29.5	24.9
12th	23.4	28.1	26.3	13.8	14.9	12.1	4.5	3.9	3.7	54.8	52.5	43.6	12.9	22.8	19.6
All	20.3	22.6	21.0	16.3	16.5	14.0	5.3	4.6	4.6	65.1	63.0	54.8	16.9	28.2	25.1

*Prior to 2017 PAYS, this question asked "In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?" In 2017, the question was amended to replace "on the Internet" with "when using technology".

Frequency of bullying by students indicating some bullying in the past year* State of Pennsylvania 2019 Pennsylvania Youth Survey

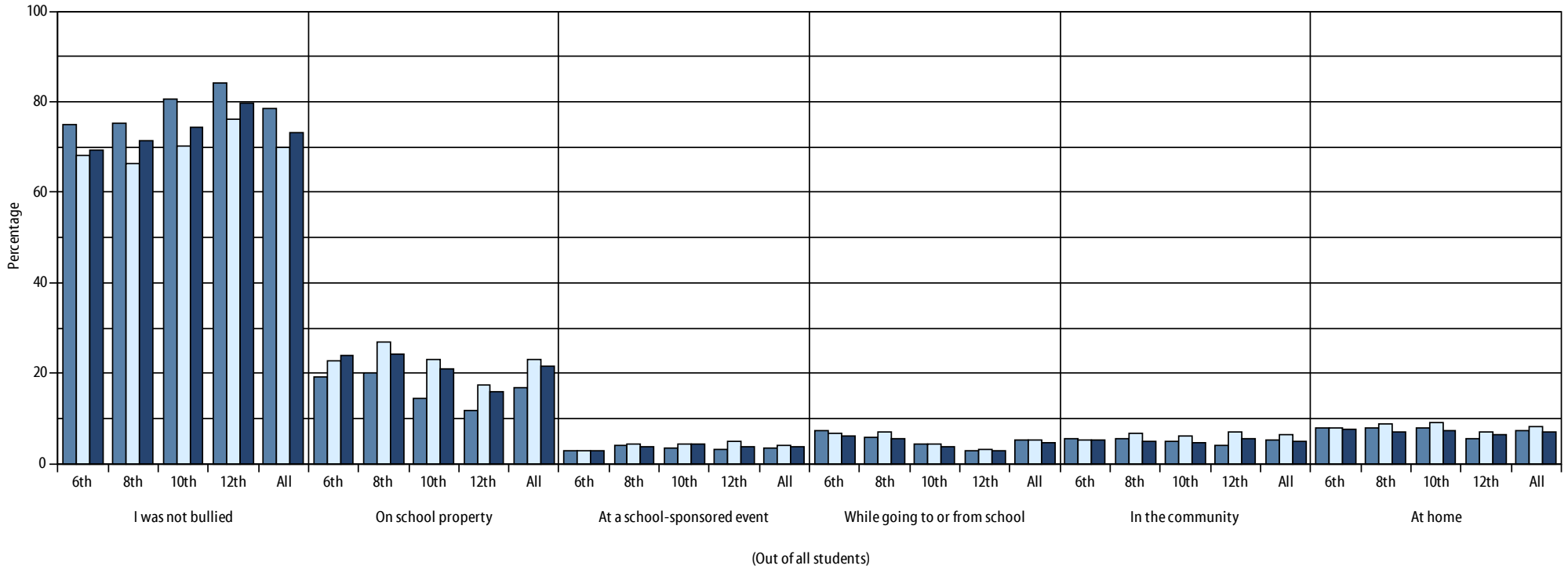


5_12_2020

Grade	No [not bullied in the past 12 months]			Yes, very rarely			Yes, now and then			Yes, several times per month			Yes, several times per week			Yes, almost daily		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	n/a	67.8	68.7	n/a	14.7	14.9	n/a	10.3	9.9	n/a	2.2	2.2	n/a	2.1	1.4	n/a	2.9	2.9
8th	n/a	65.4	70.1	n/a	15.5	13.7	n/a	10.5	9.2	n/a	3.2	2.9	n/a	2.1	1.7	n/a	3.3	2.4
10th	n/a	68.8	73.6	n/a	14.8	12.7	n/a	10.3	8.4	n/a	2.6	2.2	n/a	1.8	1.5	n/a	1.7	1.6
12th	n/a	75.9	79.2	n/a	11.4	10.2	n/a	7.4	6.6	n/a	2.6	1.6	n/a	1.4	1.2	n/a	1.4	1.2
All	n/a	69.5	72.9	n/a	14.1	12.9	n/a	9.6	8.5	n/a	2.7	2.2	n/a	1.9	1.5	n/a	2.3	2.0

*The 2017 PAYS administration revised the answer options to this question. Previous years' answer options are not comparable and are not included in this chart/table.

Location of bullying State of Pennsylvania 2019 Pennsylvania Youth Survey

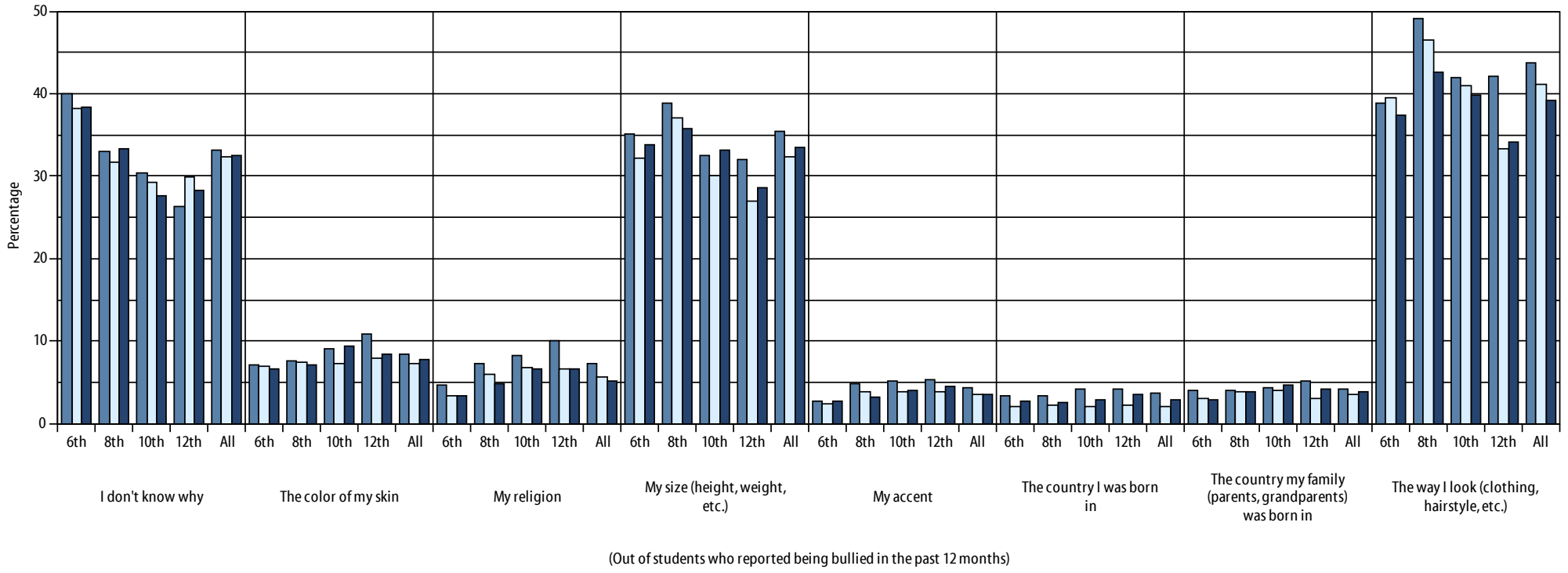


State 2015 State 2017 State 2019

5_12_2020

Grade	I was not bullied			On school property			At a school-sponsored event			While going to or from school			In the community			At home		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	75.0	68.2	69.2	19.1	22.7	24.0	2.8	2.9	2.9	7.4	6.7	6.2	5.6	5.2	5.3	7.8	7.9	7.7
8th	75.3	66.5	71.3	20.0	27.1	24.2	4.0	4.3	3.7	6.0	7.0	5.5	5.6	6.8	5.0	7.9	8.9	7.0
10th	80.7	70.1	74.3	14.4	23.1	21.0	3.6	4.4	4.3	4.5	4.3	3.9	4.8	6.2	4.7	7.8	9.1	7.3
12th	84.2	76.3	79.6	11.8	17.5	16.0	3.1	4.9	3.7	2.8	3.2	3.0	4.2	7.0	5.4	5.7	7.2	6.4
All	78.4	70.0	73.3	16.7	22.9	21.6	3.4	4.1	3.6	5.3	5.4	4.7	5.1	6.3	5.1	7.4	8.3	7.1

Perceived reasons for bullying State of Pennsylvania 2019 Pennsylvania Youth Survey

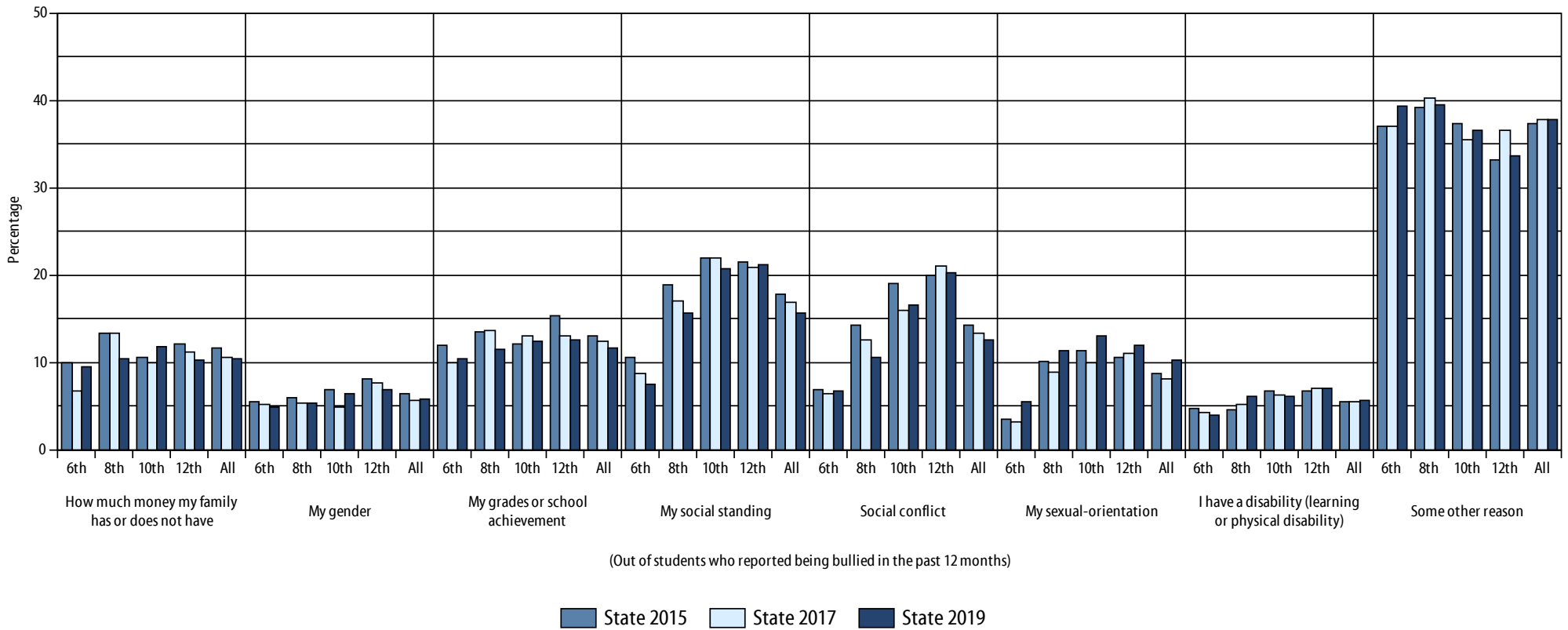


■ State 2015 ■ State 2017 ■ State 2019

5_12_2020

Grade	I don't know why			The color of my skin			My religion			My size (height, weight, etc.)			My accent			The country I was born in			The country my family (parents, grandparents) was born in			The way I look (clothing, hairstyle, etc.)		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	40.0	38.2	38.3	7.2	7.0	6.6	4.6	3.4	3.4	35.2	32.3	33.9	2.7	2.4	2.7	3.4	2.1	2.7	4.0	3.1	2.8	38.8	39.5	37.5
8th	33.1	31.7	33.3	7.7	7.4	7.1	7.3	6.0	4.8	38.8	37.0	35.8	4.8	3.8	3.2	3.4	2.2	2.5	4.0	3.8	3.9	49.1	46.5	42.5
10th	30.3	29.3	27.7	9.1	7.3	9.4	8.3	6.8	6.7	32.5	30.0	33.2	5.1	3.9	4.1	4.2	2.1	2.9	4.4	4.1	4.6	41.9	41.0	39.9
12th	26.3	29.8	28.3	10.9	7.9	8.5	10.1	6.6	6.7	32.1	27.0	28.6	5.4	3.8	4.5	4.2	2.3	3.5	5.1	3.1	4.2	42.1	33.4	34.2
All	33.2	32.4	32.5	8.4	7.4	7.8	7.3	5.7	5.2	35.4	32.4	33.5	4.4	3.5	3.5	3.7	2.2	2.8	4.3	3.6	3.8	43.7	41.2	39.1

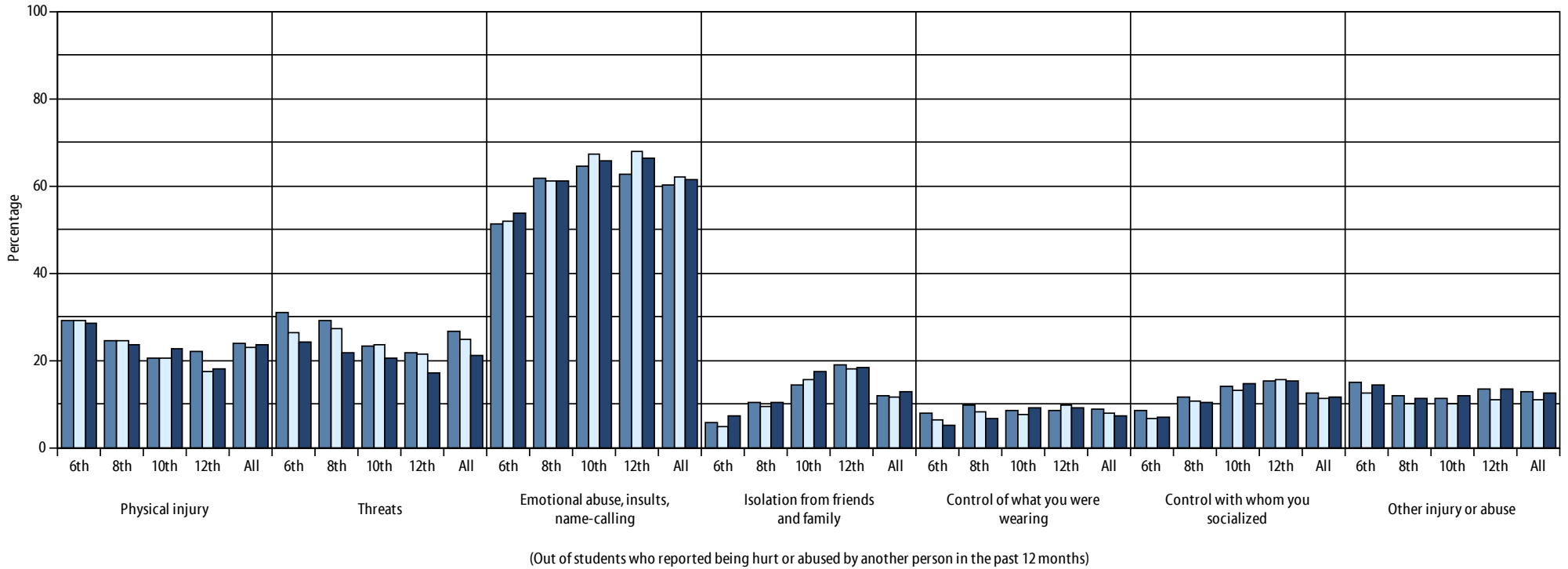
Perceived reasons for bullying (cont'd) State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	How much money my family has or does not have			My gender			My grades or school achievement			My social standing			Social conflict			My sexual-orientation			I have a disability (learning or physical disability)			Some other reason		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	10.0	6.7	9.5	5.6	5.2	4.9	12.0	9.9	10.4	10.6	8.8	7.6	6.9	6.5	6.8	3.5	3.2	5.5	4.8	4.2	4.0	37.1	37.0	39.3
8th	13.4	13.3	10.4	5.9	5.4	5.3	13.5	13.7	11.6	18.9	17.1	15.7	14.2	12.6	10.6	10.1	8.8	11.3	4.6	5.2	6.1	39.2	40.3	39.5
10th	10.5	10.0	11.9	6.8	4.9	6.5	12.1	13.0	12.4	21.9	22.0	20.8	19.1	16.0	16.6	11.3	9.9	13.0	6.8	6.3	6.1	37.4	35.4	36.6
12th	12.1	11.2	10.2	8.1	7.6	6.9	15.3	13.0	12.6	21.6	20.9	21.2	19.9	21.1	20.3	10.5	11.0	12.0	6.8	7.0	7.0	33.1	36.6	33.7
All	11.6	10.6	10.5	6.4	5.6	5.7	13.1	12.5	11.6	17.8	16.9	15.6	14.3	13.4	12.6	8.8	8.1	10.2	5.5	5.5	5.7	37.3	37.7	37.8

How students were hurt or abused State of Pennsylvania 2019 Pennsylvania Youth Survey



■ State 2015 ■ State 2017 ■ State 2019

5_12_2020

Grade	Physical injury			Threats			Emotional abuse, insults, name-calling			Isolation from friends and family			Control of what you were wearing			Control with whom you socialized			Other injury or abuse		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	29.1	29.1	28.6	31.0	26.3	24.3	51.2	52.0	53.6	5.7	4.7	7.2	7.8	6.4	5.1	8.6	6.6	7.0	15.0	12.6	14.4
8th	24.4	24.7	23.7	29.2	27.4	21.7	61.7	61.2	61.1	10.3	9.4	10.5	9.7	8.1	6.8	11.7	10.7	10.5	11.9	10.2	11.2
10th	20.6	20.6	22.6	23.4	23.5	20.5	64.5	67.2	65.7	14.3	15.7	17.4	8.7	7.6	9.1	14.2	13.1	14.8	11.2	10.1	11.8
12th	22.2	17.3	18.1	21.8	21.3	17.3	62.7	67.7	66.5	18.9	18.0	18.2	8.5	9.7	9.3	15.4	15.6	15.5	13.4	11.0	13.4
All	24.0	23.1	23.5	26.7	24.9	21.2	60.3	62.0	61.4	12.0	11.7	12.9	8.8	7.9	7.4	12.4	11.4	11.7	12.7	10.9	12.6

5. SOCIAL AND EMOTIONAL HEALTH

Stress, anxiety, loneliness, and frustration are all emotions that can negatively impact student health. Outcomes such as suicide underscore the necessity of tracking student emotional health.

Mental Health

Important mental health habits—including coping, resilience, and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. Although mood swings are common during adolescence, around 20% of adolescents have a diagnosable mental disorder, such as depression or oppositional defiant disorder. Friends and family can watch for warning signs of social and emotional distress and urge young people to get help. Effective treatments may include a combination of therapy and medication. Unfortunately, less than half of adolescents who need mental health services receive them.

Mental Health Disorders

Approximately one out of five adolescents has a diagnosable mental health disorder, and nearly one third show symptoms of depression. Warning signs aren't always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Unfortunately, an ongoing stigma regarding mental health disorders inhibits some adolescents and their families from seeking help. Effective treatments for mental health disorders, especially if they begin soon after symptoms appear, can help reduce its impact on an adolescent's life.

Access to Mental Health Care

Less than half of the adolescents who need mental health care receive treatment. A social stigma continues to surround mental health disorders, and

mental health care is frequently difficult to access. Initially identifying a mental health disorder is also challenging—issues are often first identified at school. Researchers have documented a number of disparities in access: among adolescents, those who are homeless; served by state child welfare and juvenile justice systems; and are lesbian, gay, bisexual, and/or transgender are often the least likely to receive services.

Positive Mental Health: Resilience

“Resilient” adolescents are those who have managed to cope effectively, even in the face of stress and other difficult circumstances, and are poised to enter adulthood with a good chance of positive mental health. A number of factors promote resilience in adolescents—among the most important are caring relationships with adults and an easy-going disposition. Adolescents themselves can use a number of strategies, including exercising regularly, to reduce stress and promote resilience. Schools and communities are also recognizing the importance of “emotional intelligence” in adolescents' lives—a growing number of courses and community programs focus on adolescents' social-emotional learning and coping skills.

MENTAL HEALTH CONCERNS AND SUICIDE RISK

A number of scientific studies have identified a link between mental health problems, such as depression, and the use of ATODs during adolescence. Depression is the number one risk factor for suicide by teens, a risk amplified in teens self-medicating with ATODs. For youth between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4,600 lives lost each year. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S. (CDC).

PAYS includes one question about self-harm and four questions that ask students about feelings—sadness, hopelessness, and worthlessness—that can be symptoms of depression. PAYS also asks five questions specific to suicide, measuring depressed behavior, suicidal intention, actual suicide attempts, and the seriousness of those attempts (by asking about resulting medical intervention).

The most common depressed thought was “at times I think I am no good at all,” reported by 36.3% of students in this state. 38.0% of students reported they felt sad or depressed MOST days in the past 12 months. Overall, 16.2% of students had seriously considered attempting suicide.

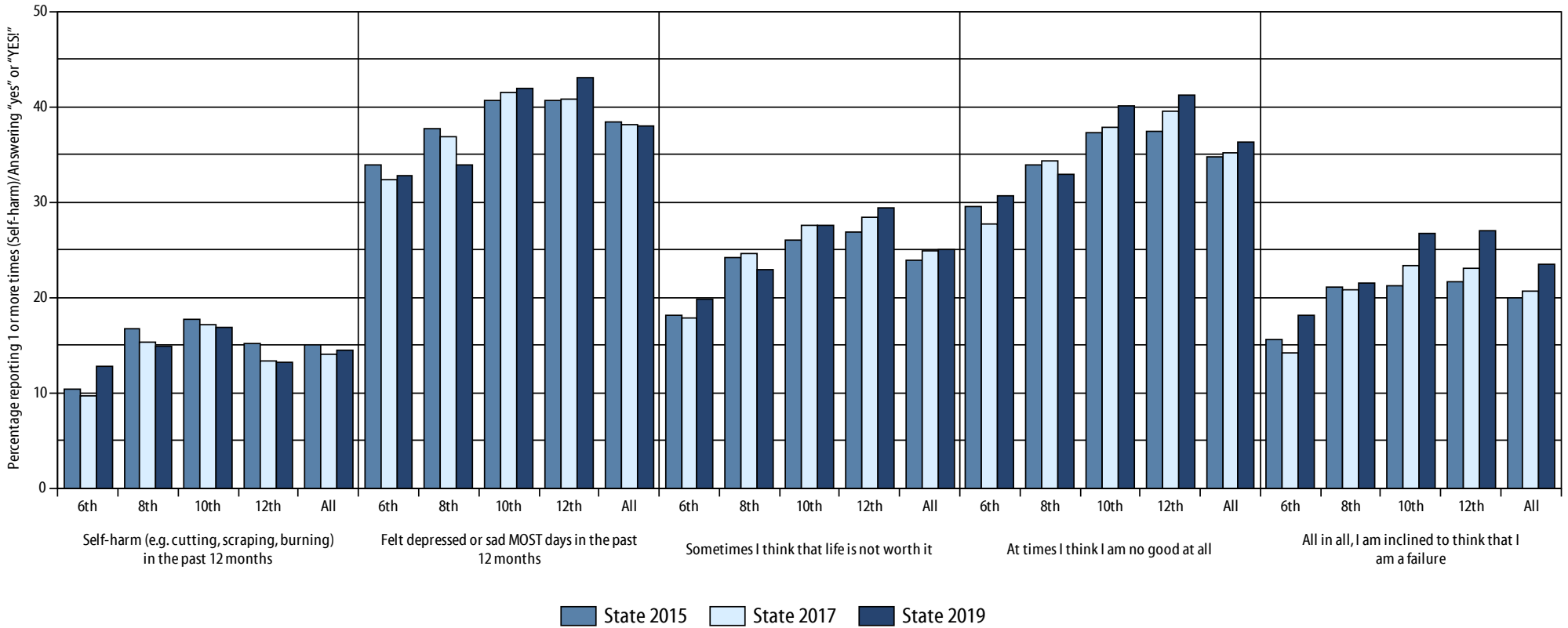
PAYS 2019 category:	<i>PAYS 2019 question text:</i>
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<p>Mental health concerns <i>(self-harm and depression)</i></p>	<p><i>In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?</i></p> <p><i>At times I think I am no good at all.</i></p> <p><i>All in all, I am inclined to think that I am a failure.</i></p> <p><i>Sometimes I think that life is not worth it.</i></p> <p><i>How many times in the past 12 months have you:</i></p> <p style="padding-left: 20px;"><i>Done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?</i></p>
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<p>Suicide risk</p> <p>The next questions ask about sad feelings and attempted suicide.</p> <p>Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.</p>	<p><i>During the past 12 months:</i></p> <p><i>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?</i></p> <p><i>Did you ever seriously consider attempting suicide?</i></p> <p><i>Did you make a plan about how you would attempt suicide?</i></p> <p><i>How many times did you actually attempt suicide?</i></p> <p><i>If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?</i></p>
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Mental Health Concerns

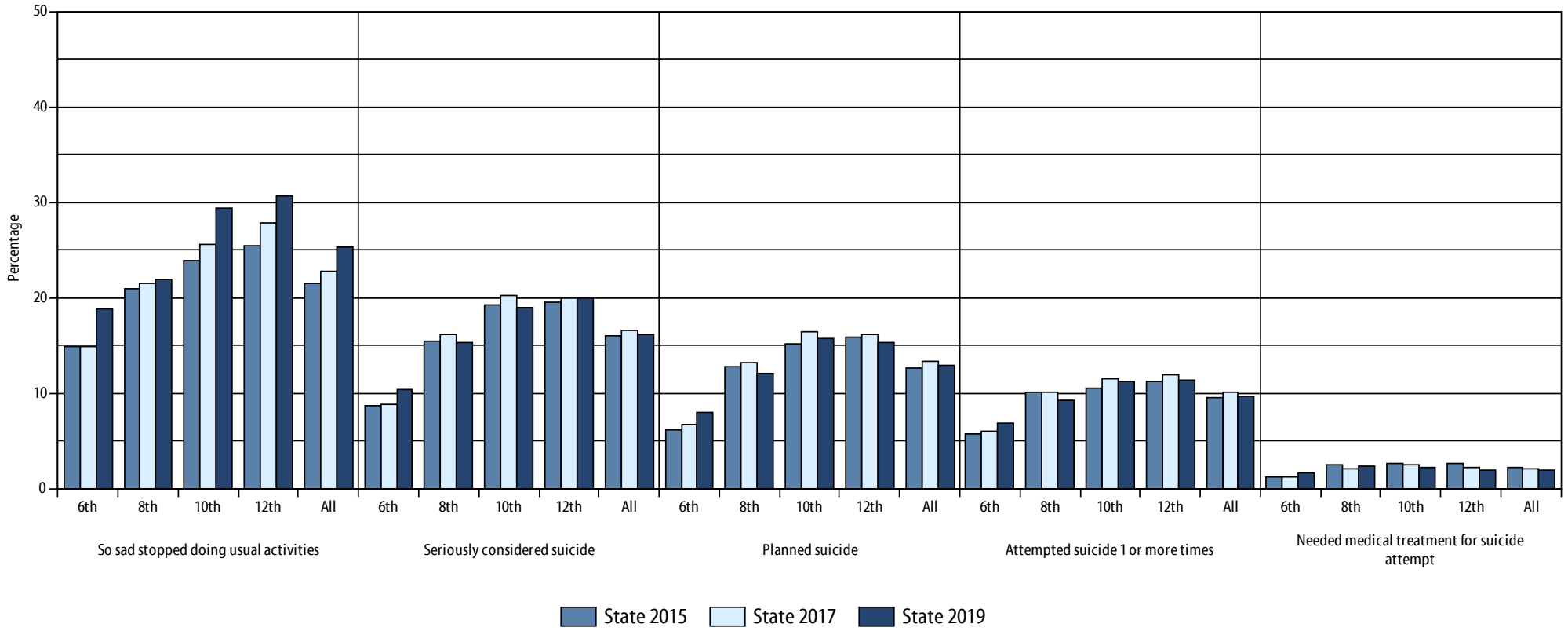
State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	Self-harm (e.g. cutting, scraping, burning) in the past 12 months			Felt depressed or sad MOST days in the past 12 months			Sometimes I think that life is not worth it			At times I think I am no good at all			All in all, I am inclined to think that I am a failure		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	10.4	9.7	12.7	33.9	32.3	32.8	18.1	17.9	19.8	29.5	27.7	30.6	15.6	14.2	18.1
8th	16.7	15.3	14.9	37.7	36.9	33.9	24.2	24.5	23.0	33.9	34.3	32.9	21.1	20.7	21.5
10th	17.8	17.1	16.9	40.6	41.4	41.9	26.0	27.5	27.6	37.3	37.9	40.1	21.2	23.4	26.7
12th	15.1	13.4	13.2	40.7	40.8	43.1	26.8	28.4	29.4	37.5	39.5	41.2	21.6	23.1	27.0
All	15.1	14.0	14.4	38.3	38.1	38.0	23.9	24.8	25.0	34.7	35.1	36.3	19.9	20.6	23.4

Suicide risk State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Grade	So sad stopped doing usual activities			Seriously considered suicide			Planned suicide			Attempted suicide			Needed medical treatment for suicide attempt		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	14.9	14.9	18.8	8.7	8.8	10.4	6.2	6.8	8.0	5.8	5.9	6.8	1.2	1.2	1.6
8th	20.9	21.5	21.9	15.4	16.2	15.3	12.7	13.2	12.1	10.1	10.1	9.3	2.5	2.1	2.3
10th	23.9	25.6	29.4	19.2	20.2	18.9	15.1	16.4	15.8	10.5	11.5	11.2	2.6	2.4	2.2
12th	25.4	27.9	30.6	19.5	19.9	19.9	15.8	16.2	15.4	11.2	12.0	11.4	2.6	2.2	1.9
All	21.5	22.8	25.2	16.0	16.5	16.2	12.7	13.4	12.9	9.5	10.0	9.7	2.3	2.0	2.0

DEPRESSION AND SUBSTANCE USE

The substance use rate of youth who reported depressive symptoms is much greater than those who have a much more positive outlook on life.

The four depressive symptoms that were asked on the survey questionnaire were: 1) *Sometimes I think that life is not worth it*, 2) *At times I think I am no good at all*, 3) *All in all, I am inclined to think that I am a failure*, and 4) *In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?* The questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups.

The high depressive symptoms group scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked “YES!” to all four items or marked “yes” to one item and “YES!” to three. The no depressive symptoms group marked “NO!” to all four of the items, and the moderate depressive symptoms group comprised the remaining respondents. Of the statewide sample, 30.8% of students scored no depressive symptoms on this scale; 62.1% scored moderate symptoms; and 7.1% scored high symptoms.

The table below shows the relationship between youth who report depressive symptoms and ATOD use.

When compared to the non-depressed group, youth in the state of Pennsylvania with high depressive symptoms indicate 30-day alcohol use rates that are four times higher than non-depressed students. Statewide, depressed students indicate use rates that are seven times higher for past-month cigarette use and three times higher for past month marijuana use in comparison to non-depressed students.

The ATOD use rates of the moderate depressive symptoms group (62.1% of Pennsylvania youth), were closer to the rates of the non-depressed group than they were to the depressed. For the three substances, the past month usage rates for the this group were higher than those without depressive symptoms but lower than the high depressive symptoms group. Even with some depressive symptoms, individuals with a positive outlook tend to use fewer substances than peers with high levels of depressive symptoms.

	No Depressive Symptoms State 2019	Moderate Depressive Symptoms State 2019	High Depressive Symptoms State 2019
Depressive symptom alone	30.8	62.1	7.1
Alcohol Lifetime	26.5	46.8	64.8
Alcohol 30-Day	9.9	19.5	29.7
Cigarettes Lifetime	4.8	12.0	28.0
Cigarettes 30-Day	1.3	3.6	12.1
Marijuana Lifetime	9.1	19.5	36.0
Marijuana 30-Day	4.7	10.8	22.4

BULLYING AND DEPRESSION/SUICIDE

PAYS data show a strong relationship between being bullied and depression and suicidal behaviors.

When PAYS data for bullying measures (*Have you stayed home from school this year because you were worried about being bullied?* and *During the past 12 months, have you been bullied through texting and/or social media?*) are analyzed alongside measures of depression (*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?*) and of suicidal ideation (*During the past 12 months did you: seriously consider attempting suicide? Make a plan of how you would attempt suicide? Actually attempted suicide?*) a compelling relationship emerges.

For example, students at the state level who indicated they hadn't been bullied through texting or social media in the past year in the past year, 20.6% reported that they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Of students who indicated they *had* been cyberbullied, 54.0% indicated feeling so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities. In the past year, 39.5% of those students had seriously considered suicide, 30.9% had made a suicide plan, and 28.2% had attempted suicide.

Similar relationships exist for students who indicated they had skipped school due to bullying fears in the past year. Of those students, 70.1% had felt so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities, 51.3% had seriously considered suicide, 41.3% had made a suicide plan, and 39.6% had attempted suicide.

	Bullied through texting/social media in the past year?		Skipped school due to bullying fears in the past year?	
	NO/no State 2019	YES/yes State 2019	NO/no State 2019	YES/yes State 2019
Felt so sad or hopeless almost every day for at least 2 weeks in past year that stopped doing usual activities	20.6	54.0	23.1	70.1
Seriously considered suicide in the past year	12.5	39.5	14.6	51.3
Made suicide plan in the past year	10.0	30.9	11.6	41.3
Attempted suicide one or more times in the past year	6.8	28.2	8.4	39.6

To create other crosstabs at the state and county level for other comparisons, visit www.bach-harrison.com/PAYSWebTool.

TRANSITIONS AND MOBILITY, SLEEP, GRIEF, AND OTHER STRESSFUL EVENTS

Death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student's life.

Psychological trauma and stress can occur as a result of a severely distressing event. A traumatic or stressful event involves a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. PAYS asks about the death of close friends or family, and transitions in housing.

Changing homes often means losing one's friends and learning the way around a new neighborhood or school. Neighborhoods with high rates of migration are also less cohesive and stable.

39.1% of students in this state reported the death of close friend or family member in the past twelve months. 12.1% of students reported changing homes once or twice within the past 12 months, and 5.0% of students reported having changed homes three or more times in the past three years.

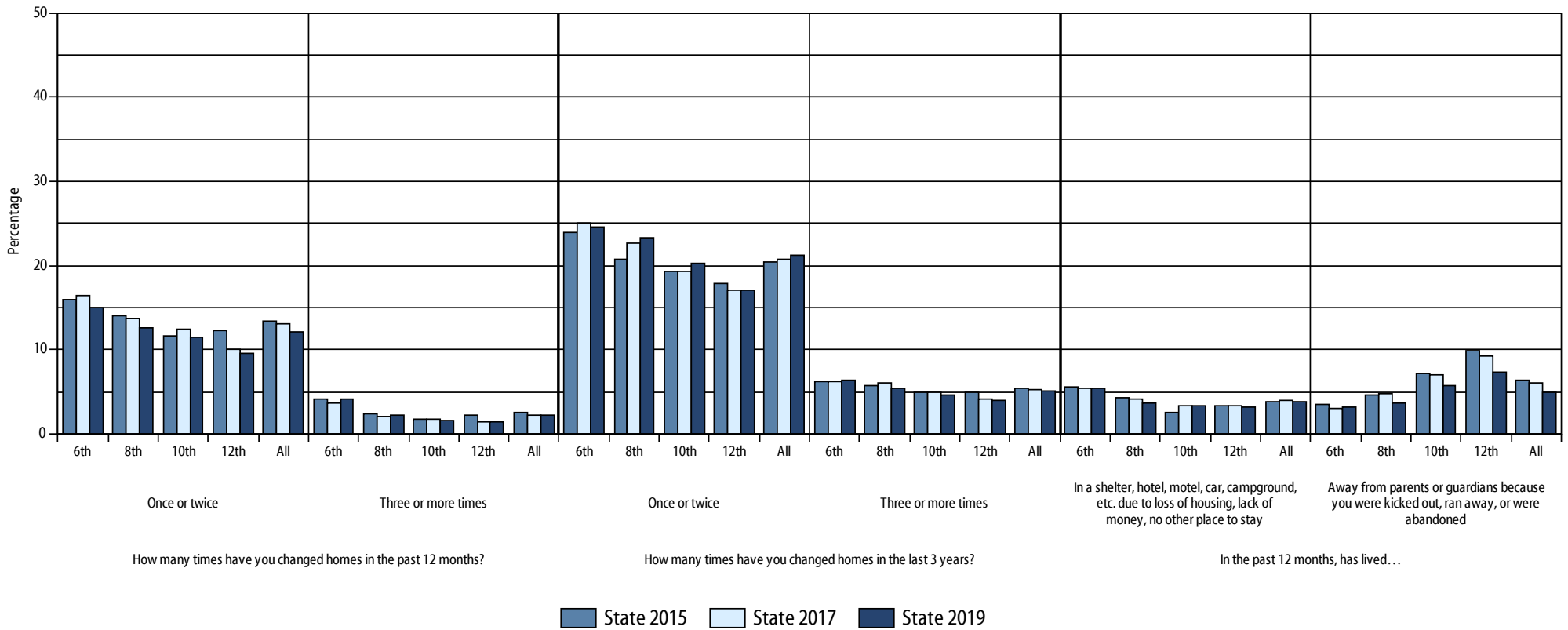
Students also said "they were worried they would run out of food at home due to money issues" (reported by 11.7% of students in this state), "they had skipped a meal because their family didn't have enough money for food" (reported by 6.2% of students), and "they had lived away from parents or guardians because you were kicked out, ran away, or were abandoned" (reported by 5.0% of students).

PAYS 2019 category: PAYS 2019 question text:

Transitions and mobility *How many times have you changed homes:
in the past 12 months?
including the past 12 months, in the last 3 years?
During the past 12 months, have you or your family
lived in a shelter, hotel, motel, car, campground, or
someone else's home, etc. due to loss of housing, lack
of money, or did not have another place to stay?
In the past 12 months, did you ever live away
from your parents or guardians because you were
kicked out, ran away, or were abandoned?*

Sleep, Grief, and Stressful Events *On an average school night, how many hours of sleep do you get?
In the last two weeks, how often have you
felt tired or sleepy during the day?
In the past 12 months, have any of your friends
or family members close to you died?
How many times have you:
Worried that food at home would run out before
your family got money to buy more?
Skipped a meal because your family didn't
have enough money to buy food?*

Transitions and mobility State of Pennsylvania 2019 Pennsylvania Youth Survey

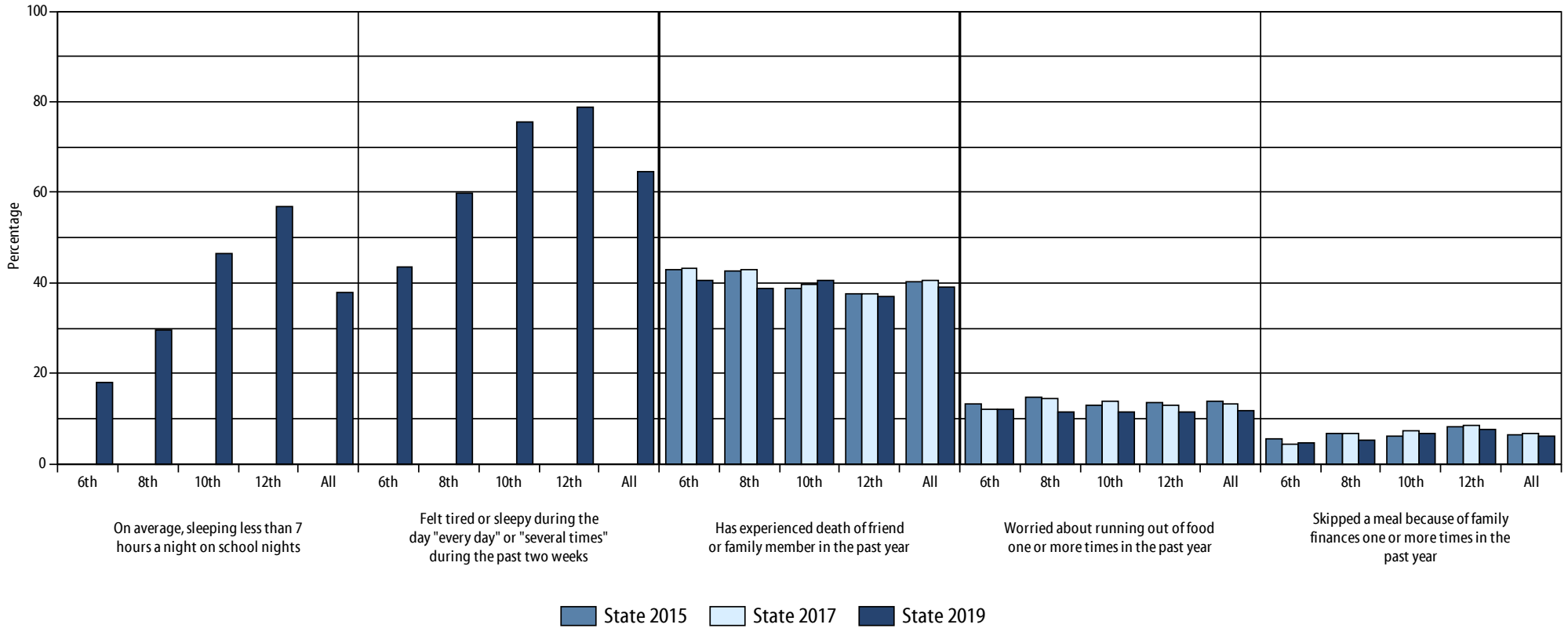


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Grade	How many times have you changed homes in the past 12 months?						How many times have you changed homes in the last 3 years?						In the past 12 months, has lived ...					
	Once or twice in the last year			Three or more times in the last year			Once or twice in last 3 years			Three or more times in last 3 years			In a shelter, hotel, motel, car, campground, etc. due to loss of housing, lack of money, no place to stay			Away from parents or guardians because you were kicked out, ran away, or were abandoned		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	15.9	16.5	15.0	4.1	3.7	4.0	23.9	25.0	24.5	6.3	6.2	6.3	5.6	5.4	5.4	3.6	3.0	3.2
8th	14.0	13.7	12.6	2.4	2.1	2.2	20.7	22.6	23.3	5.7	6.0	5.4	4.2	4.2	3.7	4.6	4.7	3.6
10th	11.6	12.5	11.5	1.8	1.8	1.5	19.2	19.3	20.3	5.0	4.9	4.6	2.5	3.3	3.2	7.1	7.0	5.7
12th	12.3	10.0	9.5	2.2	1.5	1.4	17.8	17.1	17.0	4.8	4.2	3.9	3.3	3.3	3.2	9.8	9.2	7.3
All	13.4	13.0	12.1	2.6	2.2	2.3	20.3	20.8	21.3	5.4	5.3	5.0	3.9	4.0	3.9	6.3	6.1	5.0

Sleep, grief, and stressful events

State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	On average, sleeping less than 7 hours a night on school nights			Felt tired or sleepy during the day "every day" or "several times" during the past two weeks			Has experienced death of friend or family member in the past year			Worried about running out of food one or more times in the past year			Skipped a meal because of family finances one or more times in the past year		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	n/a	n/a	18.0	n/a	n/a	43.6	42.9	43.1	40.5	13.4	12.2	12.1	5.4	4.3	4.8
8th	n/a	n/a	29.7	n/a	n/a	59.8	42.6	42.8	38.6	14.9	14.4	11.6	6.6	6.8	5.3
10th	n/a	n/a	46.6	n/a	n/a	75.5	38.8	39.7	40.4	13.1	13.8	11.6	6.0	7.2	6.8
12th	n/a	n/a	56.7	n/a	n/a	78.7	37.4	37.6	36.9	13.6	13.1	11.5	8.1	8.4	7.7
All	n/a	n/a	37.9	n/a	n/a	64.7	40.3	40.7	39.1	13.7	13.4	11.7	6.6	6.8	6.2

6. SYSTEMIC FACTORS

Systemic factors are measures of the attitudes and perceptions students hold about substances. It measures the perceived risks of use for individual substances and how acceptable these substances are perceived to be from both a peer standpoint and parental standpoint.

These measures concentrate on four primary substances: regular use of alcohol, tobacco, and marijuana, and the use of prescription drugs not prescribed to the user.

The systemic factors covered here are student's perception of risk, that is, how much the student thinks people risk harming themselves if they regularly use the substance in question; perception of disapproval (parental and peer), that is, the student's perception of how wrong his or her parents/friends would feel it was if the student regularly used the substance; and attitudes toward peer use, that is, a measure of the student's level of approval or disapproval if someone their age regularly used the substance.

These factors have been chosen as a common set of measures to fulfill the reporting requirements of several national drug prevention grants. Because all grantees collect these same core measures, evaluators use them to assess the compliance and effectiveness of the programs. Drug Free Community grantees and STOP Act grantees will find these data repeated in Appendix A, formatted for ease of reporting.

PERCEPTION OF RISK

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs.

Data analysis shows a consistent negative correlation between perception of risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low.

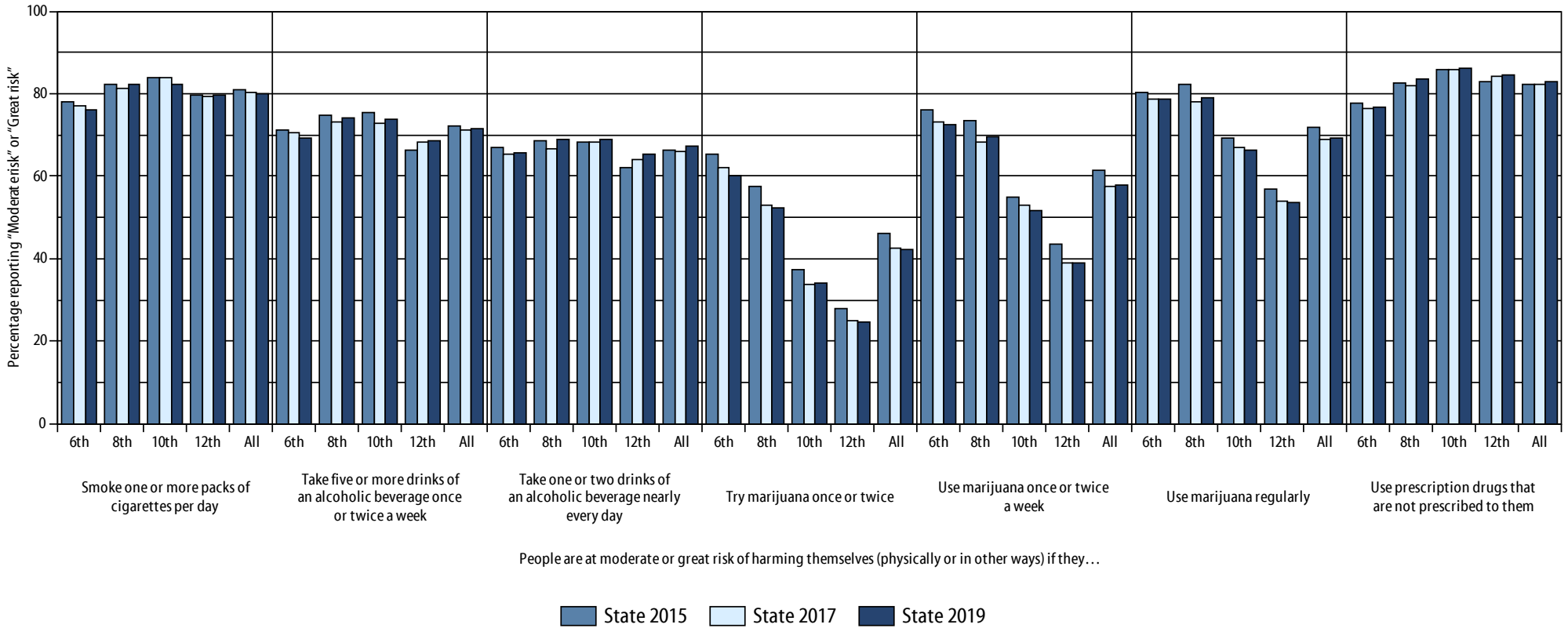
Evidence also suggests that perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community. These are presented as prevalence rates for surveyed youth assigning “moderate risk” or “great risk” of harm to four drug use behaviors: binge use of alcohol (five or more drinks once or twice a week), regular use of alcohol (one or two drinks nearly every day), regular use of cigarettes (a pack or more daily), using marijuana once or twice a week, and use of prescription drugs.

PAYS 2019 category: PAYS 2019 question text:

Perception of Risk *How much do you think people risk harming themselves (physically or in other ways) if they:*

- Take one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?*
- Take five or more drinks of an alcoholic beverage (beer, wine, hard liquor) once or twice a week?*
- Smoke one or more packs of cigarettes per day?*
- Try marijuana once or twice?*
- Use marijuana once or twice a week?*
- Use marijuana regularly?*
- Use prescription drugs that are not prescribed to them?*

Perception of risk State of Pennsylvania 2019 Pennsylvania Youth Survey



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People are at moderate or great risk of harming themselves (physically or in other ways) if they ...

Grade	Smoke one or more packs of cigarettes per day			Take five or more drinks of an alcoholic beverage once or twice a week			Take one or two drinks of an alcoholic beverage nearly every day			Try marijuana once or twice			Use marijuana once or twice a week			Use marijuana regularly			Use prescription drugs that are not prescribed to them		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	78.1	77.0	76.1	71.2	70.5	69.2	67.0	65.5	65.8	65.2	62.1	60.0	76.2	73.1	72.6	80.3	78.8	78.6	77.7	76.5	76.7
8th	82.3	81.2	82.2	74.9	73.2	74.2	68.5	66.8	69.1	57.6	53.1	52.5	73.4	68.4	69.6	82.2	78.0	78.9	82.5	81.8	83.5
10th	83.9	83.8	82.3	75.5	72.7	73.9	68.4	68.2	69.1	37.2	33.9	34.2	54.8	53.0	51.6	69.3	67.1	66.5	85.9	86.0	86.2
12th	79.8	79.2	79.6	66.4	68.4	68.6	62.0	63.9	65.4	27.9	25.1	24.6	43.4	38.9	38.9	56.8	53.9	53.5	82.9	84.3	84.7
All	81.1	80.4	80.1	72.0	71.2	71.5	66.5	66.1	67.4	46.3	42.6	42.4	61.4	57.5	57.8	71.8	68.9	69.1	82.4	82.4	82.9

PERCEPTION OF PARENTAL DISAPPROVAL

Parents influence the attitudes and behavior of their children, including their perceptions on drug and alcohol use.

For example, parental approval of moderate drinking, even under parental supervision, substantially increases the likelihood of the young person using alcohol. Further, in families where parents involve children in their own drug or alcohol behavior, there is an increased likelihood that their children will use drugs in adolescence.

Parental attitudes were measured by asking surveyed youth “how wrong do your parents feel it would be for you to” drink alcohol regularly, smoke cigarettes, use marijuana, and use prescription drugs. The rates are the percentages of surveyed youth who reported that their parents feel it would be “wrong” or “very wrong” to use the substance.

PAYS 2019 category: PAYS 2019 question text:

Perception of parental disapproval *How wrong do your parents feel it would be for you to:*

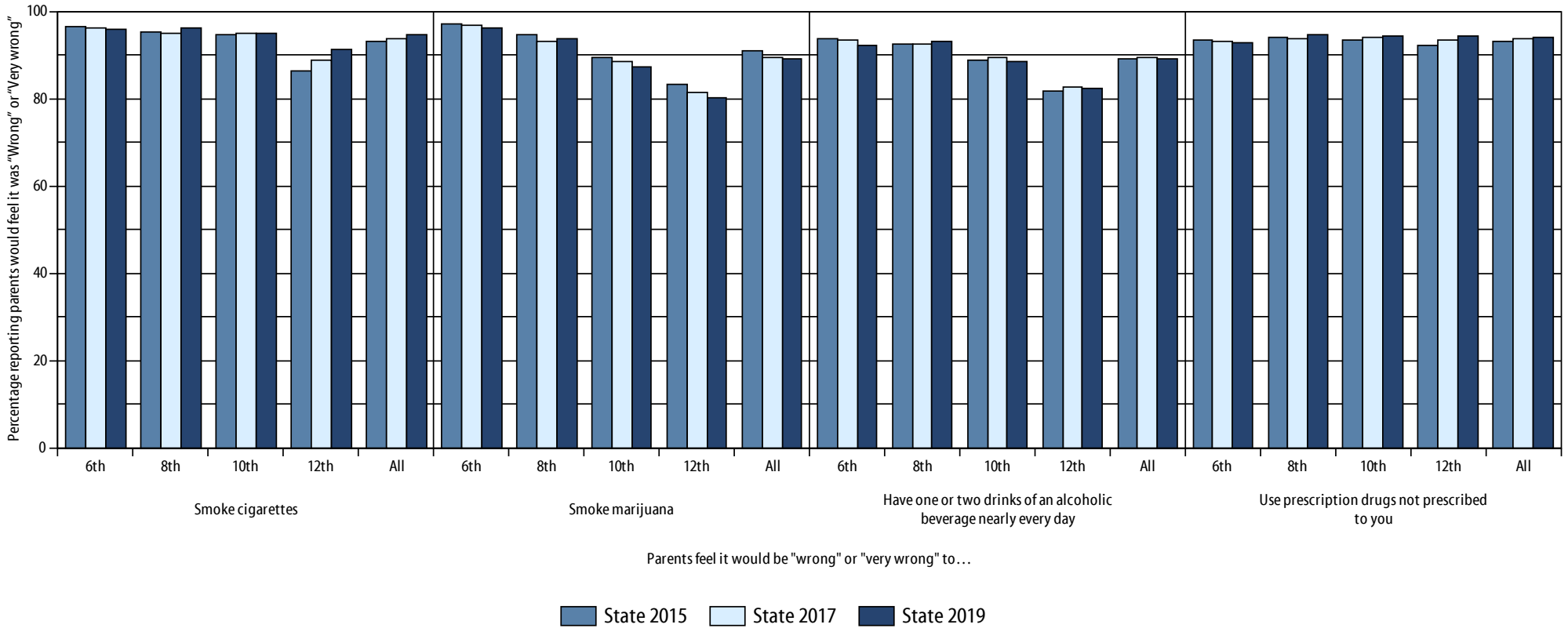
Have one or two drinks of alcoholic beverage such as beer, wine, or hard liquor (vodka, whiskey, gin, or rum) nearly every day?

Smoke cigarettes?

Use marijuana?

Use prescription drugs not prescribed to you?

Perception of parental disapproval State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Smoke cigarettes			Smoke marijuana			Have one or two drinks of an alcoholic beverage nearly every day			Use prescription drugs not prescribed to you		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	96.5	96.2	96.0	97.1	96.6	96.1	93.8	93.3	92.3	93.4	93.1	92.9
8th	95.4	95.1	96.0	94.7	93.1	93.6	92.5	92.6	93.1	94.1	93.8	94.5
10th	94.5	94.8	94.9	89.4	88.4	87.3	88.9	89.5	88.5	93.3	94.1	94.2
12th	86.2	88.9	91.2	83.3	81.6	80.1	81.8	82.8	82.5	92.0	93.4	94.2
All	93.0	93.6	94.5	90.9	89.5	89.1	89.2	89.4	89.0	93.2	93.6	94.0

PERCEPTION OF PEER DISAPPROVAL

Parent influences tend to be more salient for younger students, whereas peer influences are more predominant for eighth graders. The older the student is, the more influence a student's peers exert on the student's behavior.

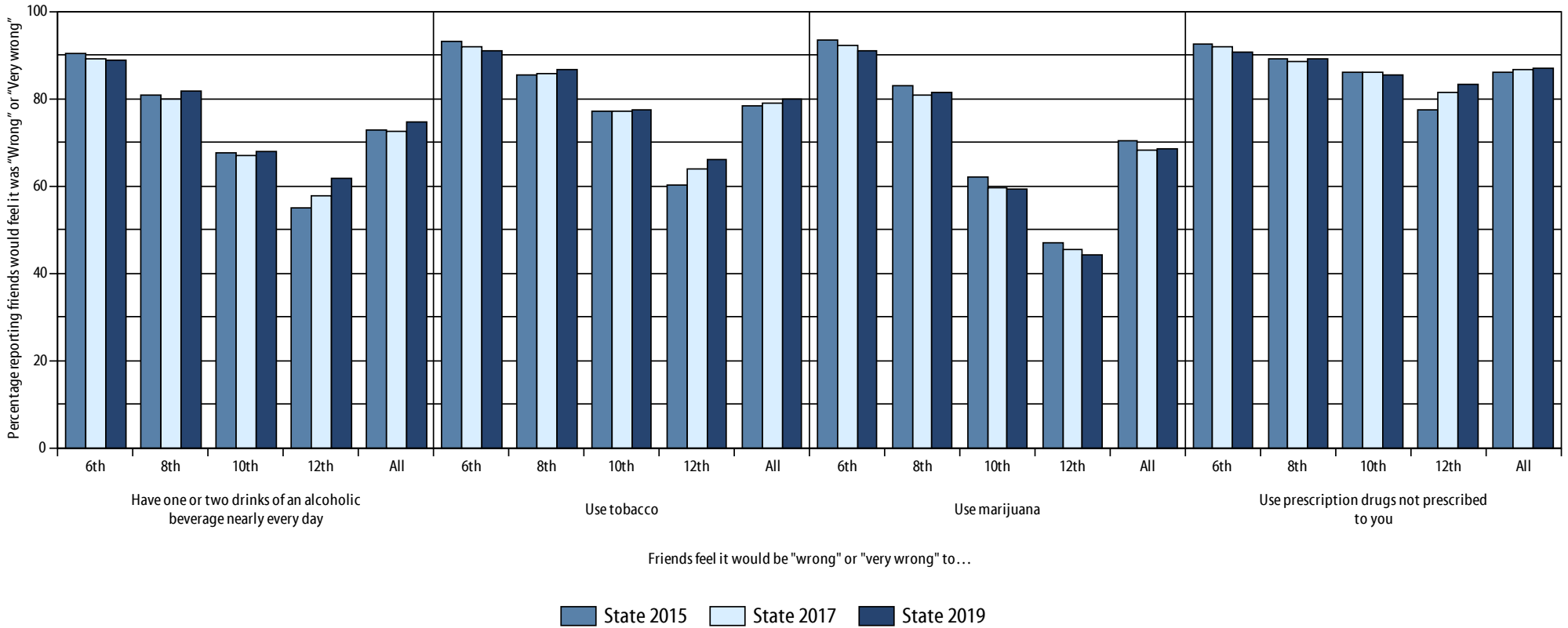
Researchers have identified a positive correlation between the amount of peer disapproval of alcohol and other drug use and the level of alcohol and other drug use among students. Thus, the greater the peer disapproval, the less likely students are to use alcohol and other drugs. The rates are the percentages of surveyed youth who reported that their friends feel it would be "wrong" or "very wrong" for them to use the substance.

PAYS 2019 category: PAYS 2019 question text:

Perception of peer disapproval *How wrong do your friends feel it would be for you to:*

- Have one or two drinks of an alcoholic beverage nearly every day?*
- Use tobacco?*
- Use marijuana?*
- Use prescription drugs not prescribed to you?*

Perception of peer disapproval State of Pennsylvania 2019 Pennsylvania Youth Survey



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Friends feel it would be "wrong" or "very wrong" to...

Grade	Have one or two drinks of an alcoholic beverage nearly every day			Use tobacco			Use marijuana			Use prescription drugs not prescribed to you		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	90.3	89.2	88.7	93.1	91.8	91.0	93.3	92.1	91.0	92.5	91.9	90.7
8th	80.7	79.8	81.6	85.5	85.7	86.7	83.0	80.7	81.4	89.1	88.6	89.2
10th	67.5	67.0	67.8	77.2	77.0	77.3	62.1	59.5	59.3	86.1	85.9	85.4
12th	55.1	57.6	61.6	60.1	63.8	65.9	47.1	45.4	44.3	77.4	81.5	83.2
All	72.7	72.6	74.6	78.4	78.9	80.0	70.4	68.2	68.4	86.1	86.7	87.0

ATTITUDES TOWARD PEER USE

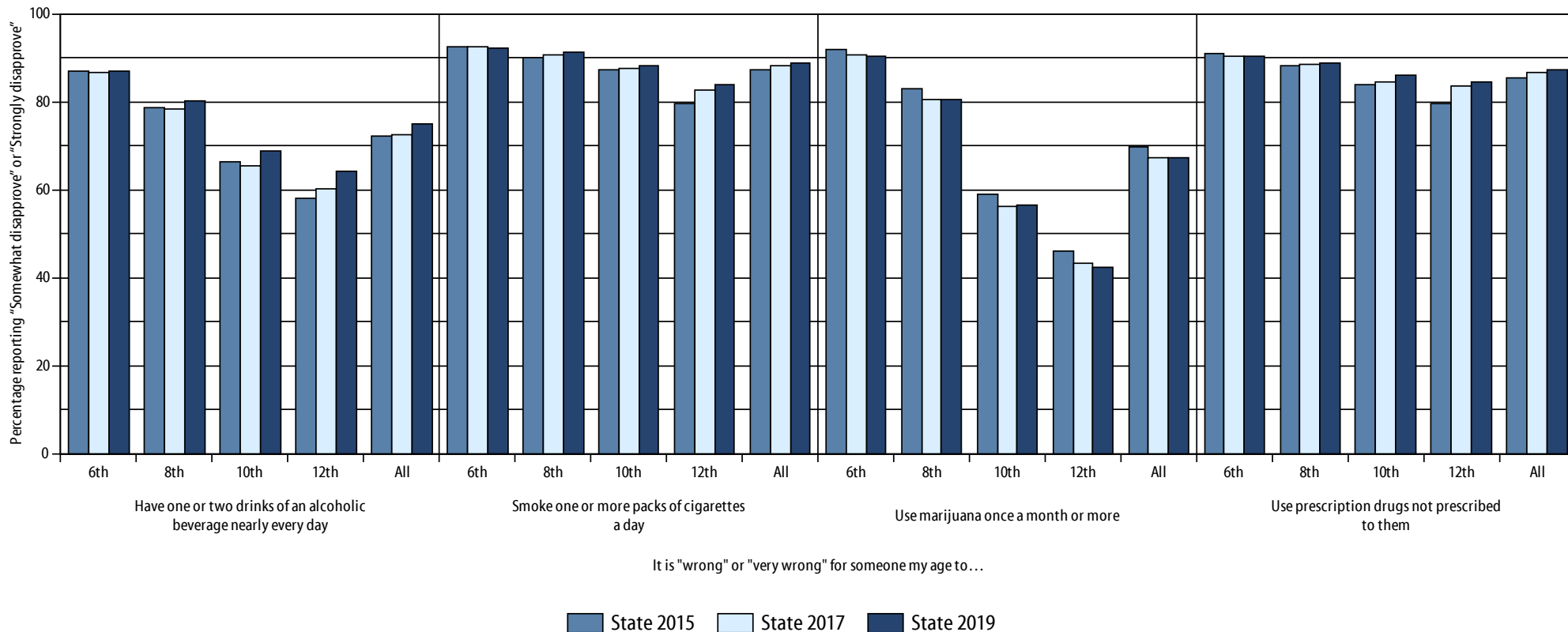
Personal approval or disapproval is another key attitudinal construct that influences drug use behavior.

Like the perceived risk of harm, disapproval is negatively correlated with the level of reported ATOD use across a range of Communities That Care Youth Survey communities. Personal disapproval was measured by asking surveyed youth how wrong it would be for someone their age to regularly drink alcohol or smoke cigarettes, use marijuana once a month, or misuse prescription drugs. Rates are the percentages of surveyed youth who “somewhat disapprove” or “strongly disapprove” of regular use of each substance.

PAYS 2019 category: PAYS 2019 question text:

Attitudes toward peer use *How do you feel about someone your age:*
Having one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?
Smoking one or more packs of cigarettes a day?
Using marijuana once a month or more?
Using prescription drugs not prescribed to them?

Attitudes toward peer use State of Pennsylvania 2019 Pennsylvania Youth Survey



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It is "wrong" or "very wrong" for someone my age to...

Grade	Have one or two drinks of an alcoholic beverage nearly every day			Smoke one or more packs of cigarettes a day			Use marijuana once a month or more			Use prescription drugs not prescribed to them		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	87.1	86.5	86.9	92.6	92.4	92.2	91.8	90.7	90.2	90.8	90.5	90.3
8th	78.5	78.4	80.1	90.1	90.7	91.2	82.8	80.5	80.4	88.1	88.5	88.8
10th	66.2	65.6	68.8	87.2	87.6	88.3	59.0	56.3	56.5	84.0	84.4	86.0
12th	57.9	60.1	64.2	79.7	82.6	84.0	46.2	43.4	42.5	79.6	83.5	84.3
All	72.2	72.4	74.9	87.4	88.3	88.9	69.6	67.2	67.1	85.5	86.6	87.3

COMMUNITY RISK ASSOCIATED WITH AVAILABILITY

Students' perceptions of the rules and regulations in their community related to alcohol and other drug use are related to the extent of problem behaviors during adolescence.

The attitudes and policies a community holds about drug use and other antisocial behaviors are communicated through laws, written policies, informal social practices, and expectations by parents and community members of young people. When laws and community standards are unclear or perceived as favorable toward drug use, violence, and crime, young people are more likely to engage in negative behaviors.

The perceived availability of drugs, alcohol, or handguns in a community is directly related to the prevalence of delinquent behaviors. In schools where youth believe that drugs are available, a higher rate of drug use has been found to occur. If students believe that acquiring a handgun is or would be difficult, they are less likely to become involved with the unauthorized and unsupervised use of firearms.

63.6% of students in this state think that if a kid drank alcohol, he or she would not be caught by the police.

19.1% of students report that most adults in their neighborhood would think it was “a little bit wrong” or “not at all wrong” for kids their age to drink alcohol and 14.5% of students reports that adults would think it was “a little bit wrong” or “not at all wrong” for kids their age to use marijuana.

40.7% of students reported that alcohol would be “sort of easy” or “very easy” to get, and 12.8% reported that a handgun would be “sort of easy” or “very easy” to get.

PAYS 2019 category: PAYS 2019 question text:

Community Risk Associated with Availability

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

How wrong would most adults (over 21) in your neighborhood think it was for kids your age:

To drink alcohol?

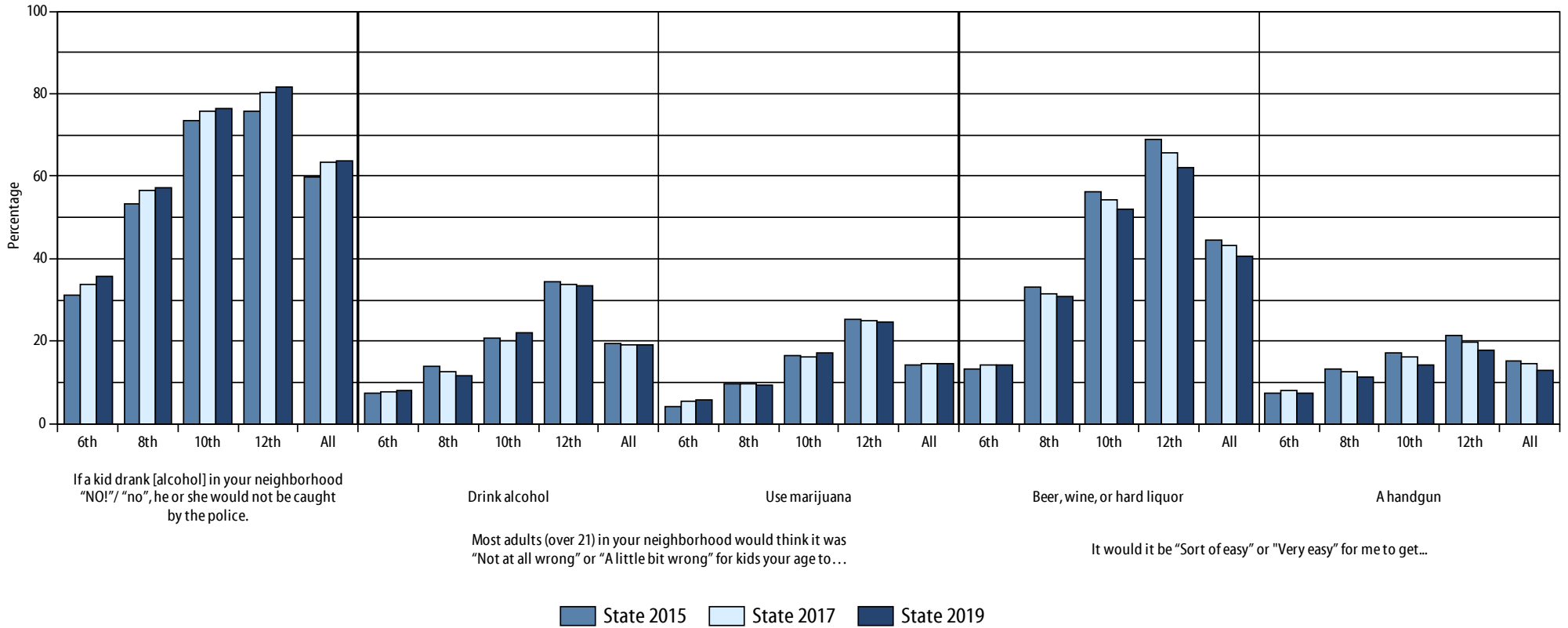
To use marijuana?

How easy would it be for you to get any, if you wanted to get any of the following:

Beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum)?

A handgun

Community risk associated with availability State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	If a kid drank [alcohol] in your neighborhood... "NO!"/"no", he or she would not be caught by the police.			Most adults (over 21) in your neighborhood would think it was "Not at all wrong" or "A little bit wrong" for kids your age to...			It would it be "Sort of easy" or "Very easy" for me to get...			Beer, wine, or hard liquor			A handgun		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	31.1	33.6	35.6	7.3	7.8	8.2	4.1	5.3	5.9	13.4	14.2	14.4	7.3	8.1	7.3
8th	53.4	56.7	57.4	13.9	12.6	11.6	9.6	9.8	9.2	33.1	31.5	30.9	13.4	12.7	11.2
10th	73.4	75.9	76.5	20.8	20.0	21.9	16.5	16.3	17.1	56.3	54.1	52.1	17.0	16.2	14.4
12th	75.7	80.3	81.5	34.5	33.8	33.4	25.3	24.9	24.7	69.0	65.8	62.1	21.6	19.9	17.7
All	59.7	63.3	63.6	19.6	19.2	19.1	14.3	14.6	14.5	44.6	43.2	40.7	15.2	14.6	12.8

RULES AND ANTISOCIAL BEHAVIOR

Observed behaviors and perceptions of standards regarding drug use and other antisocial behaviors are important aspects of risky behaviors.

Children who experience unclear expectations for behavior or are given excessively severe, harsh, or inconsistent punishment are at a higher risk of developing problems with drug use, delinquency, violent behavior, and dropping out of school. Youth raised where there is a history of addiction to alcohol or other drugs are at a higher risk for having alcohol or other drug problems themselves.

The questions, “My family has clear rules about alcohol and drug use” and “The rules in my family are clear,” are set within other questions that reinforce the context for each question to improve the difference in the responses about family rules related to alcohol and drug use and general family rules about behavior.

87.1% of students in this state say the rules in their family are clear, with 86.9% reporting their families have clear rules about drugs and alcohol. When the students are not home, 92.5% of students stated their parents know where they are and who they are with.

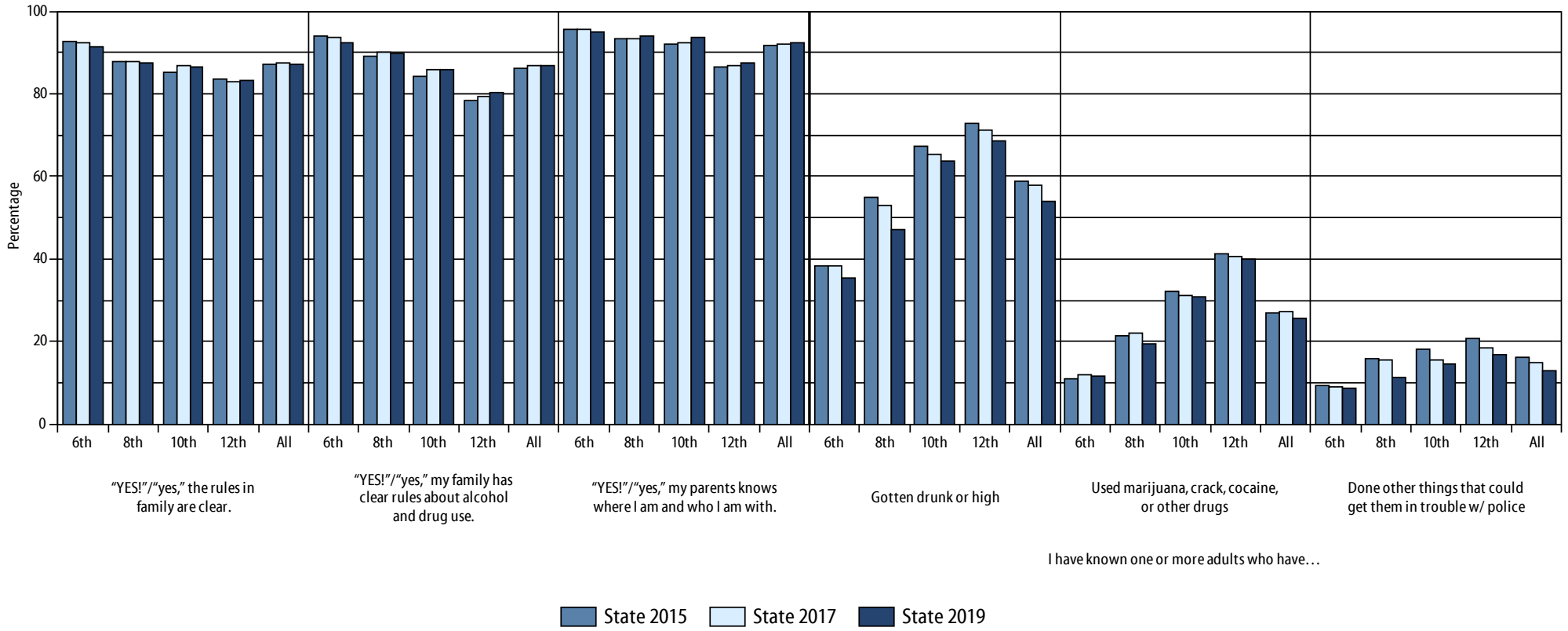
Adult actions influence youth. Students reported they have personally known someone over 21 who has: gotten high or drunk (54.1%); used marijuana, crack, cocaine, or other drugs (25.7%); or has done other antisocial behaviors (13.1%).

PAYS 2019 category: PAYS 2019 question text:

- Rules and antisocial behavior** *My family has clear rules about alcohol and drug use.*
- 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.*
- About how many adults (over 21) have you known personally who in the past 12 months have:*
 - Gotten drunk or high?*
 - Used marijuana, crack, cocaine, or other drugs?*
 - Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?*

Rules and antisocial behavior

State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	“YES!”/“yes,” the rules in family are clear.			“YES!”/“yes,” my family has clear rules about alcohol and drug use.			“YES!”/“yes,” my parents knows where I am and who I am with.			Gotten drunk or high			Used marijuana, crack, cocaine, or other drugs			Done other things that could get them in trouble w/ police		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	92.6	92.5	91.4	93.8	93.6	92.2	95.6	95.8	95.1	38.4	38.5	35.3	11.1	11.9	11.6	9.2	9.1	8.9
8th	87.9	87.8	87.5	89.0	90.1	89.8	93.3	93.4	93.9	54.8	53.1	47.2	21.4	21.9	19.4	16.0	15.5	11.4
10th	85.1	86.9	86.4	84.3	85.8	85.9	92.0	92.3	93.6	67.4	65.4	63.6	32.2	31.2	30.9	18.1	15.6	14.8
12th	83.5	83.0	83.2	78.3	79.4	80.2	86.5	86.8	87.6	72.7	71.2	68.7	41.4	40.8	40.0	20.9	18.4	16.9
All	87.1	87.4	87.1	86.1	86.9	86.9	91.8	91.9	92.5	59.0	57.9	54.1	27.0	27.2	25.7	16.3	14.9	13.1

FAVORABLE ATTITUDES TOWARD DRUG USE

Youth in families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of their children’s use are at a higher risk for becoming drug users during adolescence.

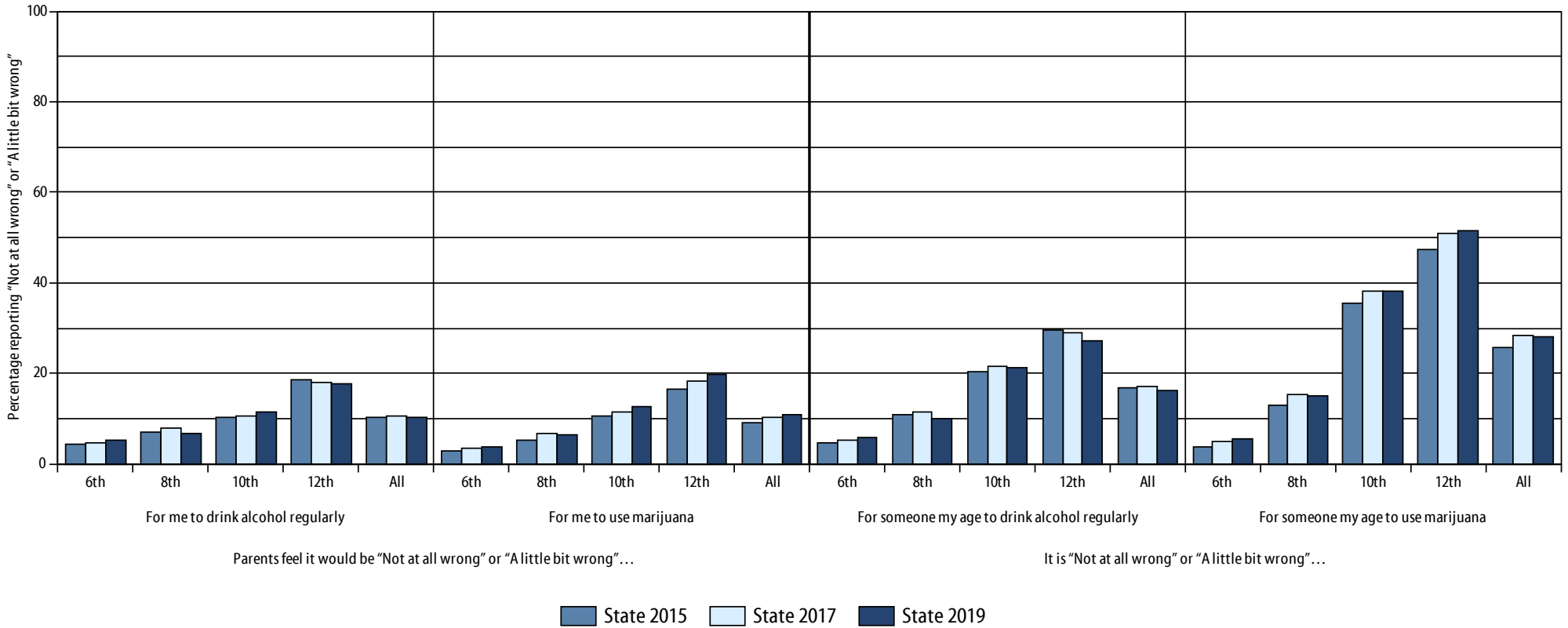
During the elementary school years, children usually express anti-drug attitudes. They often have difficulty imagining why people use drugs. During the middle school years, as others they know participate in these activities, their attitudes shift toward greater acceptance of these behaviors. This acceptance increases their risk for trying and using drugs.

10.4% of students in this state stated their parents felt it “a little bit wrong” or “not at all wrong” to drink alcohol and 10.9% stated that their parents felt it was “a little bit wrong” or “not at all wrong” to use marijuana. 16.2% of the students thought it was “a little bit wrong” or “not at all wrong” for someone their age to use alcohol and 28.1% thought it was “a little bit wrong” or “not at all wrong” for someone their age to use marijuana.

PAYS 2019 category: PAYS 2019 question text:

Favorable attitudes toward drug use	<p><i>How wrong do your parents feel it would be for you to:</i></p> <p><i>Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?</i></p> <p><i>Use marijuana?</i></p> <p><i>How wrong do you think it is for someone your age to:</i></p> <p><i>Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?</i></p> <p><i>Use marijuana?</i></p>
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Attitudes favorable toward drug use State of Pennsylvania 2019 Pennsylvania Youth Survey



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Grade	Parents feel it would be "Not at all wrong" or "A little bit wrong"...			Parents feel it would be "Not at all wrong" or "A little bit wrong"...			It is "Not at all wrong" or "A little bit wrong"...			It is "Not at all wrong" or "A little bit wrong"...		
	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019	State 2015	State 2017	State 2019
6th	4.4	4.7	5.3	2.9	3.4	3.9	4.7	5.2	5.7	3.7	4.9	5.6
8th	7.2	8.1	6.7	5.3	6.9	6.4	11.0	11.4	10.0	12.9	15.3	15.2
10th	10.3	10.7	11.5	10.6	11.6	12.7	20.4	21.5	21.2	35.4	38.1	38.2
12th	18.5	18.0	17.6	16.7	18.4	19.9	29.5	28.8	27.1	47.3	51.0	51.6
All	10.3	10.6	10.4	9.1	10.5	10.9	16.8	17.3	16.2	25.6	28.4	28.1

7. RISK AND PROTECTIVE FACTORS

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven effective way of reducing substance abuse and its related consequences.

This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking, a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth, risk factors are characteristics of community, family, and school environments, and of students and their peer groups. For example, children who live in families with high levels of conflict are more likely to become involved in delinquency and drug use than children who live in families characterized by lower levels of conflict.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these neighborhoods, families, and schools must communicate healthy values and

set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to anti-social peers would not be likely to reinforce positive behavior.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout, and/or violence.

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Low Neighborhood Attachment	✓	✓		✓	
	Perceived Availability of Drugs	✓			✓	
	Perceived Availability of Handguns		✓		✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓		✓	
Family	Family History of Antisocial Behavior	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓
	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓		✓	
School	Academic Failure	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	
	Rebelliousness	✓	✓	✓	✓	
	Gang Involvement	✓	✓		✓	
Peer / Individual	Perceived Risk of Drug Use	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	
	Depressive Symptoms	✓			✓	✓

Protective factors identified through research include strong bonding to community, family, school, and peers, and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- Opportunities for young people to actively contribute

- Skills to be able to successfully contribute
- Consistent recognition or reinforcement for their efforts and accomplishments

Research on risk and protective factors has important implications for children’s academic success, positive youth development, and prevention of health and behavior problems. In order to promote

academic success and positive youth development and prevent problem behaviors, it is necessary to address the factors that predict these outcomes. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Protective factors, also known as “assets,” are conditions that buffer youth from risk by reducing the impact of the risks or changing the way they respond to risks.

		Healthy Beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Rewards for Prosocial Involvement		✓			✓
	Family Attachment		✓			
Family	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement	✓	✓			✓
School	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement		✓			✓
Peer / Individual	Interaction with Prosocial Peers		✓		✓	
	Prosocial Involvement		✓		✓	
	Rewards for Prosocial Involvement		✓			✓
	Belief in the Moral Order	✓				
	Religiosity	✓				

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

In addition to helping assess current conditions and prioritize areas of greatest need, data from the Pennsylvania Youth Survey can be a powerful tool in applying for and complying with several federal programs, such as Drug Free Communities grants, outlined later in this report. The survey also gathers valuable data which allows state and local agencies to address other prevention issues related to academic achievement, mental health, and gang involvement.

RISK AND PROTECTIVE SCALES DEFINED

To access data at the state and county level for individual risk and protective factor questions, visit www.bach-harrison.com/PAYSWebTool.

Community Domain

Risk Factors

Low Neighborhood Attachment

Low neighborhood bonding is related to higher levels of juvenile crime and drug selling.

- A20** I like my neighborhood.
- A21** I'd like to get out of my neighborhood.
- A22** If I had to move, I would miss the neighborhood I now live in.

Perceived Availability of Drugs and Handguns

The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns has also been related to a higher risk of crime and substance use by adolescents.

- A24** How easy would it be for you to get any, if you wanted to get any of the following:
 - a** Beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum)?
 - b** Cigarettes?
 - e** Marijuana?
 - d** A drug like cocaine, LSD, heroin, or amphetamines, how easy would it be for you to get some?
 - c** A handgun?

Laws and Norms Favorable Toward Drug Use

Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.

- A25** If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?
- A26** If a kid smoked marijuana in your neighborhood would he or she be caught by the police?
- A27** How wrong would most adults (over 21) in your neighborhood think it was for kids your age:
 - a** To drink alcohol?
 - b** To smoke cigarettes?
 - c** To use marijuana?

Protective Factors

Rewards for Prosocial Involvement

Rewards for positive participation in activities help youth bond to the community, thus lowering their risk for substance use.

- A17** My neighbors notice when I am doing a good job and let me know.
- A18** There are people in my neighborhood who are proud of me when I do something well.
- A19** There are people in my neighborhood who encourage me to do my best.

Family Domain

Risk Factors

Family History of Antisocial Behavior

When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.

- B21** How many of your brothers or sisters ever:
- a** Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - b** Smoked cigarettes?
 - c** Smoked marijuana?
 - d** Took a handgun to school?
 - e** Been suspended or expelled from school?
- B20** About how many adults (over 21) have you known personally who in the past year have:
- a** Gotten drunk or high?
 - b** Used marijuana, crack, cocaine, or other drugs?
 - c** Sold or dealt drugs?
 - d** Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?
- B22** Has anyone in your family ever had a severe alcohol or drug problem?

Poor Family Management

Inconsistent and/or unusually harsh or severe punishments inflicted by parents increases the likelihood that their children will be at higher risk for substance use and other problem behaviors. Also, a failure to provide clear expectations and to monitor children's behavior makes it more likely that they will engage in drug abuse, regardless if the family has a history of drug problems.

- B19** My family has clear rules about alcohol and drug use.
- B12** Would your parents know if you did not come home on time?
- B10** If you skipped school, would you be caught by your parents?
- B14** If you carried a handgun without your parent's permission, would you be caught by them?
- B9** When I am not at home, one of my parents knows where I am and who I am with.
- B13** The rules in my family are clear.
- B11** My parents ask if I've gotten my homework done.
- B18** If you drank some beer, wine, or liquor (for example vodka, whiskey, gin, or rum) without your parent's permission, would you be caught by them?

Family Conflict

Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.

- B15** People in my family often insult or yell at each other.
- B16** We argue about the same things in my family over and over.
- B17** People in my family have serious arguments.

Family Domain (cont'd)

Risk Factors (cont'd)

Parental Attitudes Favorable Toward Drugs and Antisocial Behavior

In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior.

- B23** How wrong do your parents feel it would be for you to:
- a** Pick a fight with someone?
 - b** Steal anything worth more than \$5
 - c** Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?
 - d** Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - e** Smoke cigarettes?
 - f** Use marijuana?

Protective Factors

Family Attachment

Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.

- B6** Do you feel very close to your:
- a** Mother?
 - b** Father?
- B7** Do you share your thoughts and feelings with your:
- a** Mother?
 - b** Father?

Opportunities for Prosocial Involvement

Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.

- B1** My parents ask me what I think before most family decisions affecting me are made.
- B2** If I had a personal problem, I could ask my mom or dad for help
- B3** My parents give me lots of chances to do fun things with them.

Rewards for Prosocial Involvement

When parents, siblings, and other family members praise, encourage, and attend to things done well by youths, the youth are less likely to engage in substance use and problem behaviors.

- B8** Do you enjoy spending time with your:
- a** Mother?
 - b** Father?
- B4** My parents notice when I am doing a good job and let me know about it.
- B5** How often do your parents tell you they're proud of you for something you've done?

School Domain

Risk Factors

Academic Failure

Academic failure that occurs between late elementary school (grades 4-6) and high school increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

- A4 Putting them all together, what were your grades like last year?
- A7 Are your school grades better than the grades of most students in your class?

Low Commitment to School

Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

- A1 During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?
- A2 How important do you think the things you are learning in school are going to be for your later life?
- A3 How interesting are most of your courses to you?
- A5 How often do you feel that the schoolwork you are assigned is meaningful and important?
- A6 Now, thinking back over the past year in school, how often did you:
 - a Enjoy being in school?
 - b Hate being in school?
 - c Try to do your best work in school?

Protective Factors

Opportunities for Prosocial Involvement

When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.

- A8 Teachers ask me to work on special classroom projects.
- A9 There are lots of chances for students in my school to talk one-on-one with a teacher.
- A10 I have lots of chances to be part of class discussions or activities.
- A11 In my school, students have lots of chances to help decide things like class activities and rules.
- A12 There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

Rewards for Prosocial Involvement

When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

- A13 My teacher(s) notices when I am doing a good job and lets me know about it.
- A14 I feel safe at my school.
- A15 The school lets my parents know when I have done something well.
- A16 My teachers praise me when I work hard in school.

Peer-Individual Domain

Risk Factors

Rebelliousness

Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence, and normlessness have all been linked with drug use.

- C1** I like to see how much I can get away with.
- C2** I ignore the rules that get in my way.
- C3** I do the opposite of what people tell me, just to get them mad.

Gang Involvement

Youth who belong to gangs are more at risk for antisocial behavior and drug use.

- A28a** Have you ever belonged to a gang?
- A28b** If you have ever belonged to a gang, did that gang have a name?
- A29** How old were you when you first belonged to a gang?
- A30** Think of up to four of your best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have been a member of a gang?

Perceived Risk of Drug Use

Young people who do not perceive drug use to be risky are far more likely to engage in drug use.

- C8** How much do you think people risk harming themselves (physically or in other ways) if they:
 - a** Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
 - c** Smoke one or more packs of cigarettes per day?
 - d** Try marijuana once or twice?
 - f** Use marijuana regularly?

Attitudes Favorable Toward Antisocial Behavior and Drug Use

During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in anti-social behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.

- C10** How wrong do you think it is for someone your age to:
 - a** Stay away from school all day when their parents think they are at school?
 - b** Take a handgun to school?
 - c** Steal anything worth more than \$5?
 - d** Pick a fight with someone?
 - e** Attack someone with the idea of seriously hurting them?
 - f** Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - g** Smoke cigarettes?
 - h** Use LSD, cocaine, amphetamines or another illegal drug?
 - i** Use marijuana?

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Sensation Seeking

Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.

- C11** How many times have you done the following things?
- a** Done what feels good no matter what.
 - b** Done something dangerous because someone dared you to do it.
 - c** Done crazy things even if they are a little dangerous.

Rewards for Antisocial Behavior

Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.

- C12** What are the chances you would be seen as cool if you:
- a** Carried a handgun?
 - b** Began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - c** Smoked cigarettes?
 - d** Used marijuana?

Friends' Use of Drugs

Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.

- C17** Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:
- f** Tried beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) when their parents didn't know about it?
 - g** Smoked cigarettes?
 - i** Used LSD, cocaine, amphetamines, or other illegal drugs?
 - j** Used marijuana?

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Interaction with Antisocial Peers

Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.

- C17** Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:
- a** Been arrested?
 - b** Dropped out of school?
 - c** Stolen or tried to steal a motor vehicle such as a car or motorcycle?
 - d** Been suspended from school?
 - e** Carried a handgun?
 - h** Sold illegal drugs?

Depressive Symptoms

Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.

- C4** In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?
- C5** Sometimes I think that life is not worth it.
- C6** At times I think I am no good at all.
- C7** All in all, I am inclined to think that I am a failure.

Protective Factors

Belief in the Moral Order

Young people who have a belief in what is “right” or “wrong” are less likely to use drugs.

- C13** I think it is okay to take something without asking as long as you get away with it.
- C14** It is all right to beat up people if they start the fight.
- C15** I think sometimes it’s okay to cheat at school.
- C16** It is important to be honest with your parents, even if they become upset or you get punished.

Religiosity

Young people who regularly attend religious services are less likely to engage in problem behaviors.

- C9** How often do you attend religious services or activities?

UNDERSTANDING CUT-POINTS

It is important that the reader gain an understanding of the cut-points that are used to create the risk and protective factor scale scores presented in this section, and to understand how to interpret and analyze these results.

What are Cut-Points?

A cut-point is a way to represent the percentage of students whose answers reflect significant risk or protection on a given scale. Statistical analyses are conducted for each scale to determine the point that separates students at risk of engaging in problem behaviors from those not at risk. Similarly, protective cut-points separate students who are buffered against engaging in problem behaviors (due to the protective effects of positive behaviors and interactions) from those who are not. In this way, when you are provided a percentage for a particular scale, you will know that this percentage represents the population of your youth that are either at greater risk or higher level of protection than the national cut-point level. Cut-points also provide a standard for comparisons of risk and protection over time.

The PAYS questionnaire was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. However, before the percentage of youth at risk or with protection on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the group that was not at-risk. Because surveys measuring the risk and protective factors had been given to thousands of youth across the United States through federally funded

research projects, it was possible to select two groups of youth, one that was more at-risk for problem behaviors and another group that was less at-risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades); alcohol, tobacco, and other drug use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions); and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

How to use Cut-Points

The scale cut-points that were determined to best classify youth into the more at-risk and less at-risk groups have remained constant and are used to produce the profiles in this report. Because the cut-points for each scale will remain fixed, the percentage of youth above

the cut-point on each of the risk and protective factor scales provides a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

How does using Cut-Points affect my data?

Risk and Protective Factor data presented in this report use the scale cut-points discussed above. Instead of the percentile scores used prior to 2013, percentage of youth at-risk and with protection are presented in the report. For example:

- If your Community Laws and Norms Favorable toward Drug Use, Firearms, and Crime risk factor scale for 8th graders is at 35%, this means that 35% of 8th graders are at risk for engaging in problem behaviors due to Community Laws and Norms Favorable toward Drug Use, Firearms, and Crime.
- If your School Opportunities for Prosocial Involvement protective factor scale is at 60% for your 10th graders, the interpretation of this is that 60% of your 10th graders are protected against engaging in problem behaviors due to School Opportunities for Prosocial Involvement.

What is the Bach Harrison Norm and how do I use it?

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection,

and antisocial measures with more national results (see page 11 for more information on BH Norm development).

Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your state. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than the national sample.

The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors that your state should consider including in prevention planning programs. The Bach Harrison Norm is especially helpful when reviewing scales with a small percentage of youth at-risk such as the Rebelliousness scale. For example, even though a small percentage of youth are at-risk within this scale, if you notice that the percentage at risk on your Rebelliousness scale is higher than the Bach Harrison Norm, then that is probably an issue that should be considered for an intervention in your state. As you look through your data, we would encourage you to circle or mark risk scales that are higher than the BH Norm and protective factor scales that are lower than the BH Norm and add these items to your list of possible areas to tackle with prevention efforts.

OVERALL RISK AND PROTECTIVE SCORES

Overall risk and protective factor scales are a good way to review the health of State of Pennsylvania. Scales are grouped into four domains: community, family, school, and peer/individual. The charts show the overall percentage of students at risk and with protection for each of the scales.

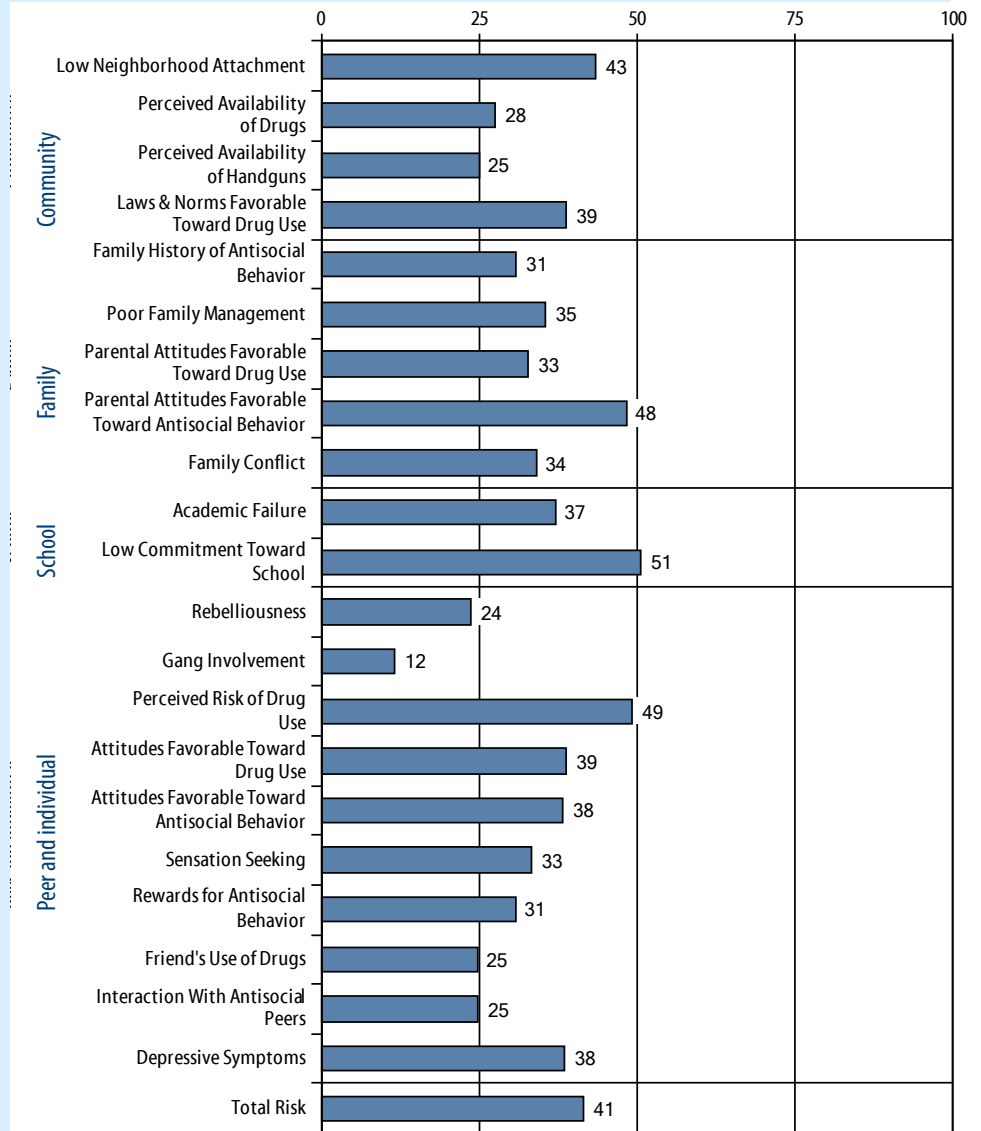
Students in State of Pennsylvania reported the three highest overall (all grades combined) scores for the following risk factor scales: Low Commitment Toward School (50.6% of students at risk), Perceived Risk of Drug Use (49.2% at risk), and Parental Attitudes Favorable Toward Antisocial Behavior (48.2% at risk).

The three lowest overall scale scores were Gang Involvement (11.6% at risk), Rebelliousness (23.7% at risk), and Friend's Use of Drugs (24.7% at risk).

Of the eight protective factor scales, the highest scores in the overall sample of students in this state were reported for Family Attachment (62.3% of students with protection), Family Opportunities for Prosocial Involvement (61.9% with protection) and Family Rewards for Prosocial Involvement (60.3% with protection).

The lowest protective factor scales in the overall sample were Religiosity (37.0% with protection), Community

**State of Pennsylvania
Risk Factors, 2019 Pennsylvania Youth Survey**



"TOTAL RISK" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF RISK FACTORS OPERATING IN THEIR LIVES. (6TH AND 8TH GRADES: 5 OR MORE RISK FACTORS, 10TH AND 12TH GRADES: 7 OR MORE RISK FACTORS.)

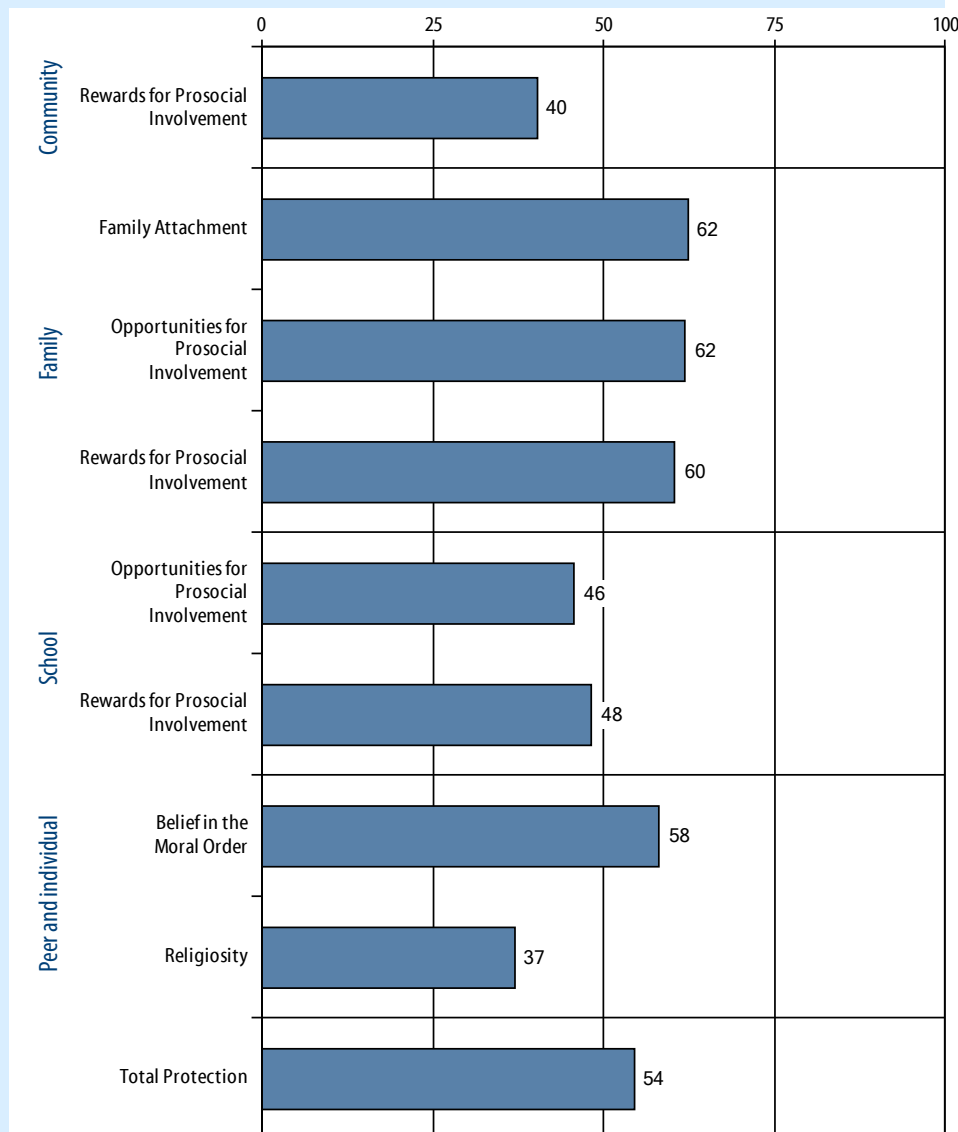
Rewards for Prosocial Involvement (40.3% with protection) and School Opportunities for Prosocial Involvement (45.7% with protection).

While policies that target any risk or protective factor could potentially be an important resource for students in this State, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with low risk or high protection represent strengths that this State can build on. In conjunction with a review of community-specific issues and resources, this information can help direct prevention efforts for State of Pennsylvania.

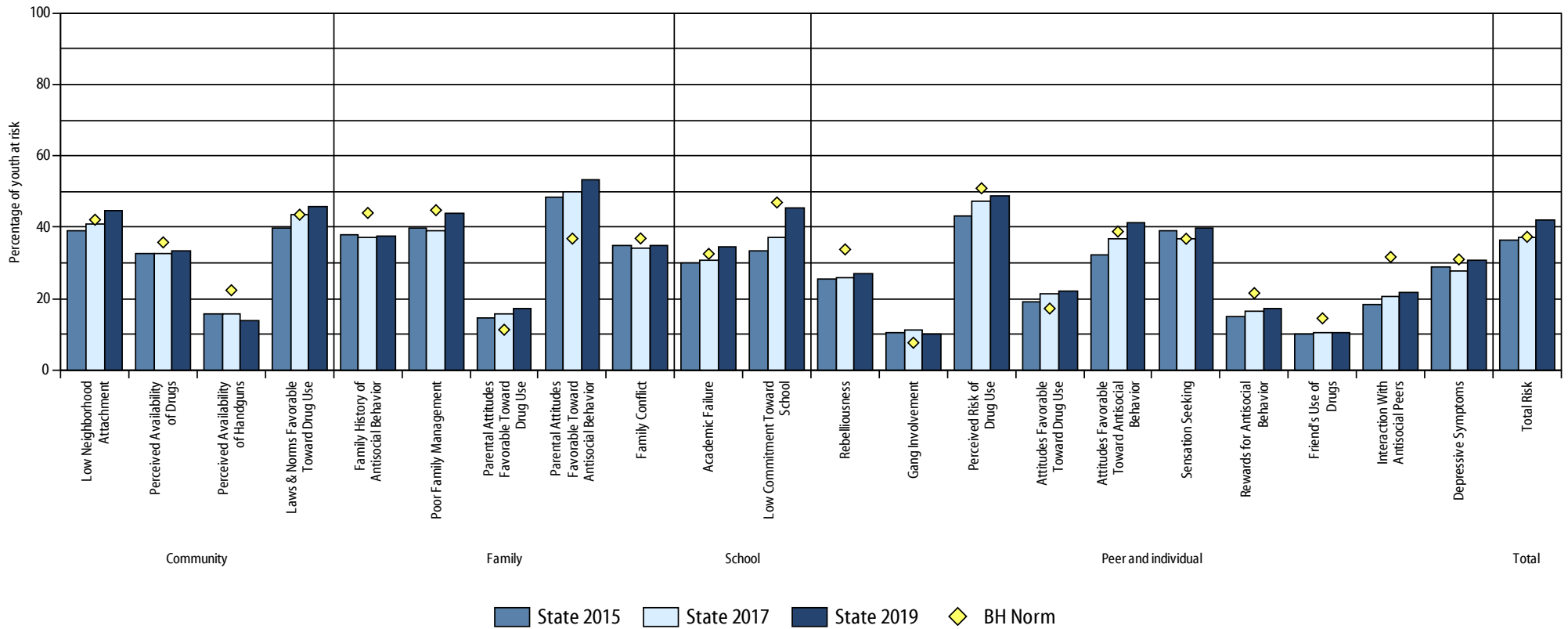
State of Pennsylvania Protective Factors, 2019 Pennsylvania Youth Survey

Grade-Level Results

While grouped-grade scale scores provide a general picture of the risk and protective factor profile for this state, they can mask problems within individual grades. The next pages of this report present individual-grade data, where available, for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot revealing which risk and protective factor scales are of greatest concern by grade. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action—and to target their prevention efforts as precisely as possible.

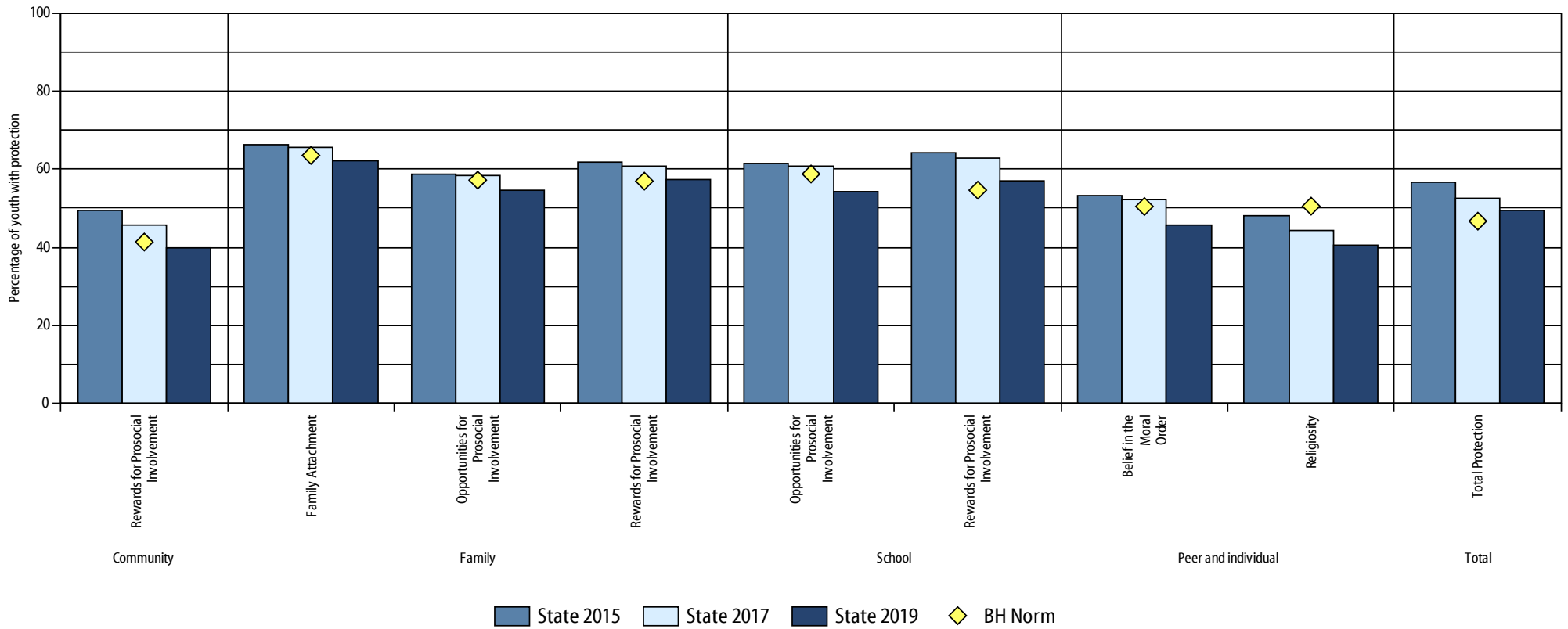


Risk factors, 6th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



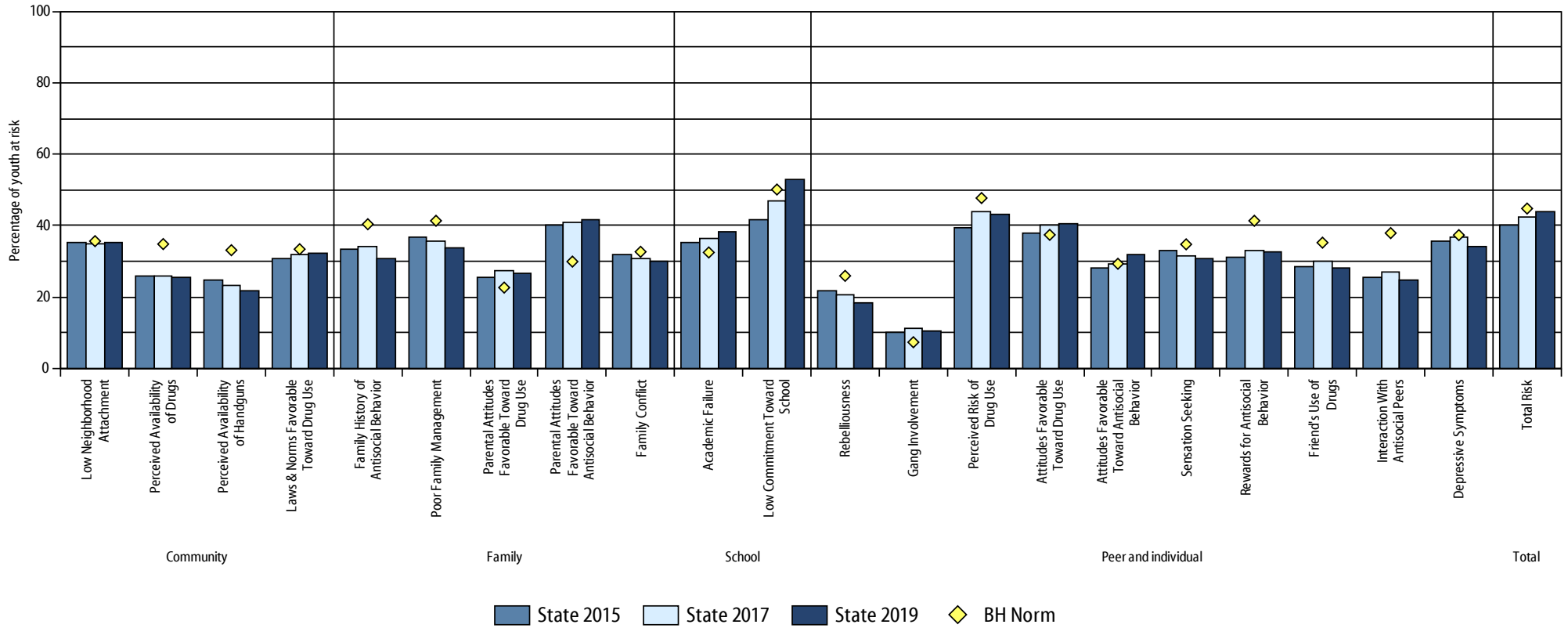
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Protective factors, 6th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



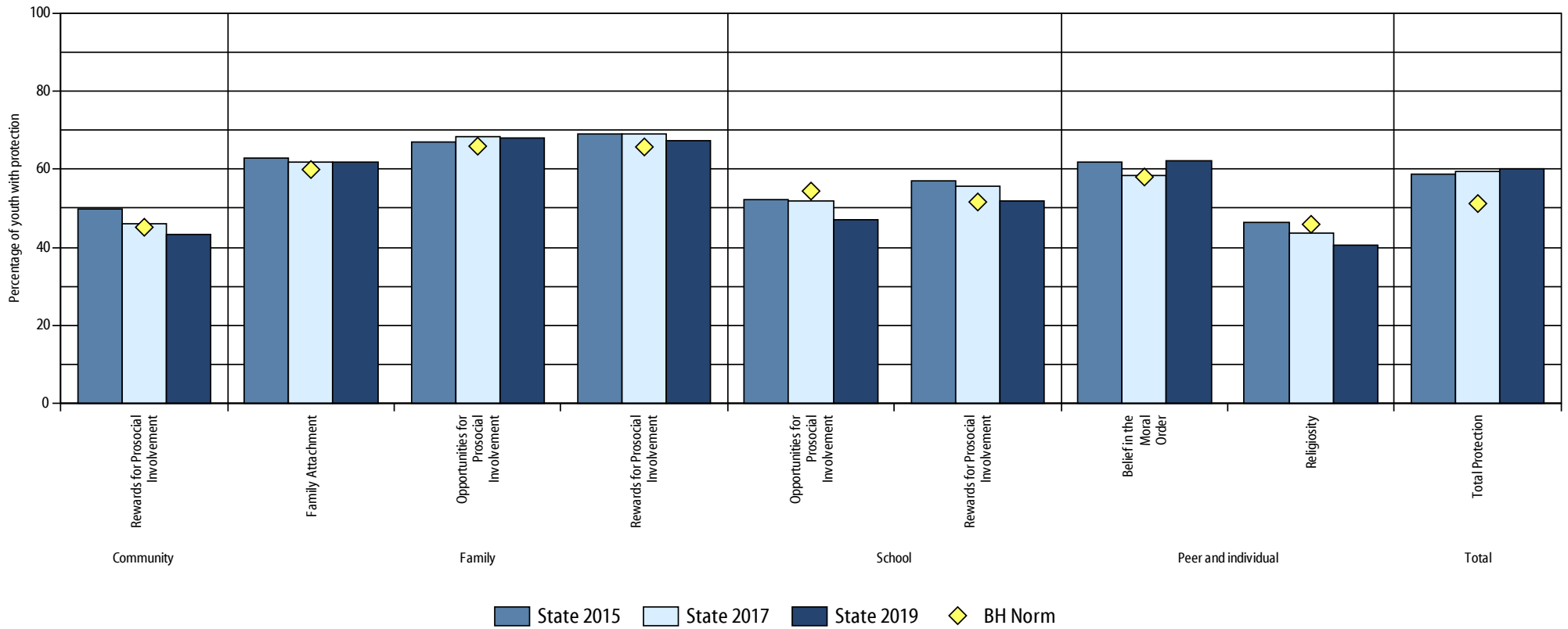
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Risk factors, 8th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



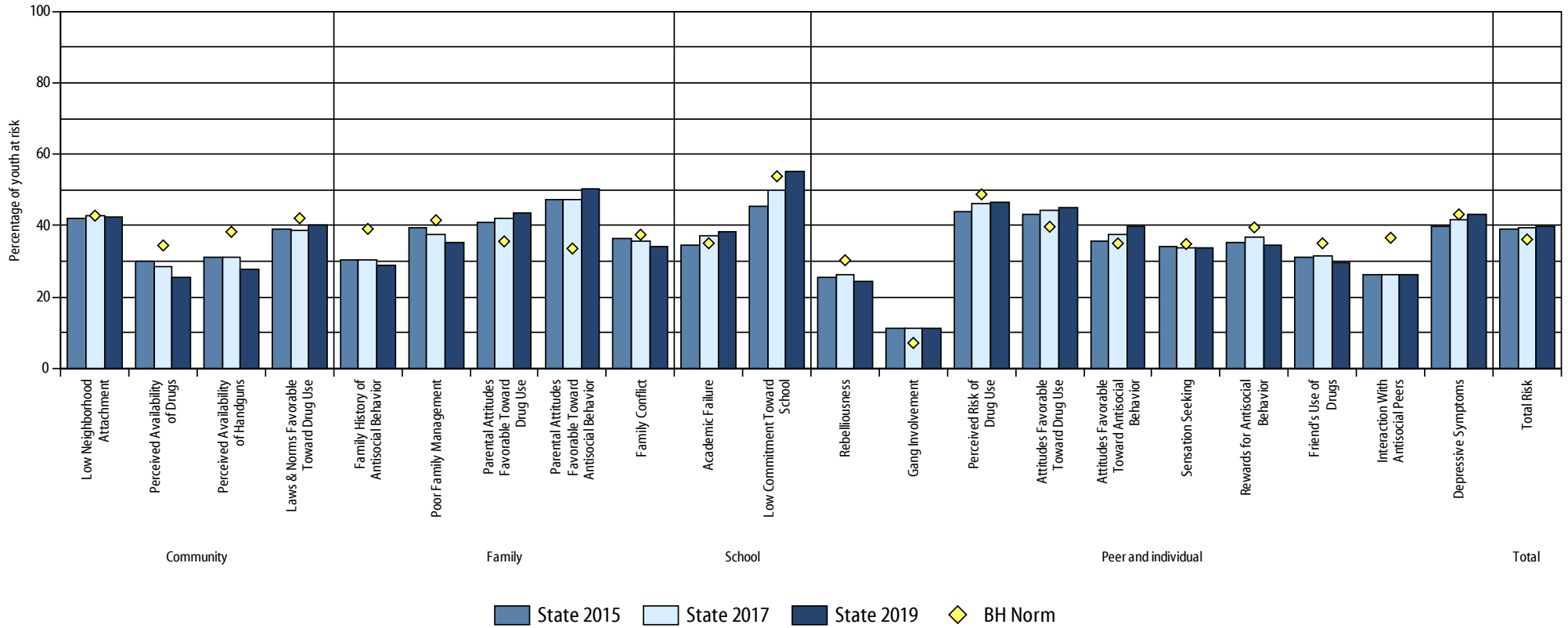
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Protective factors, 8th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



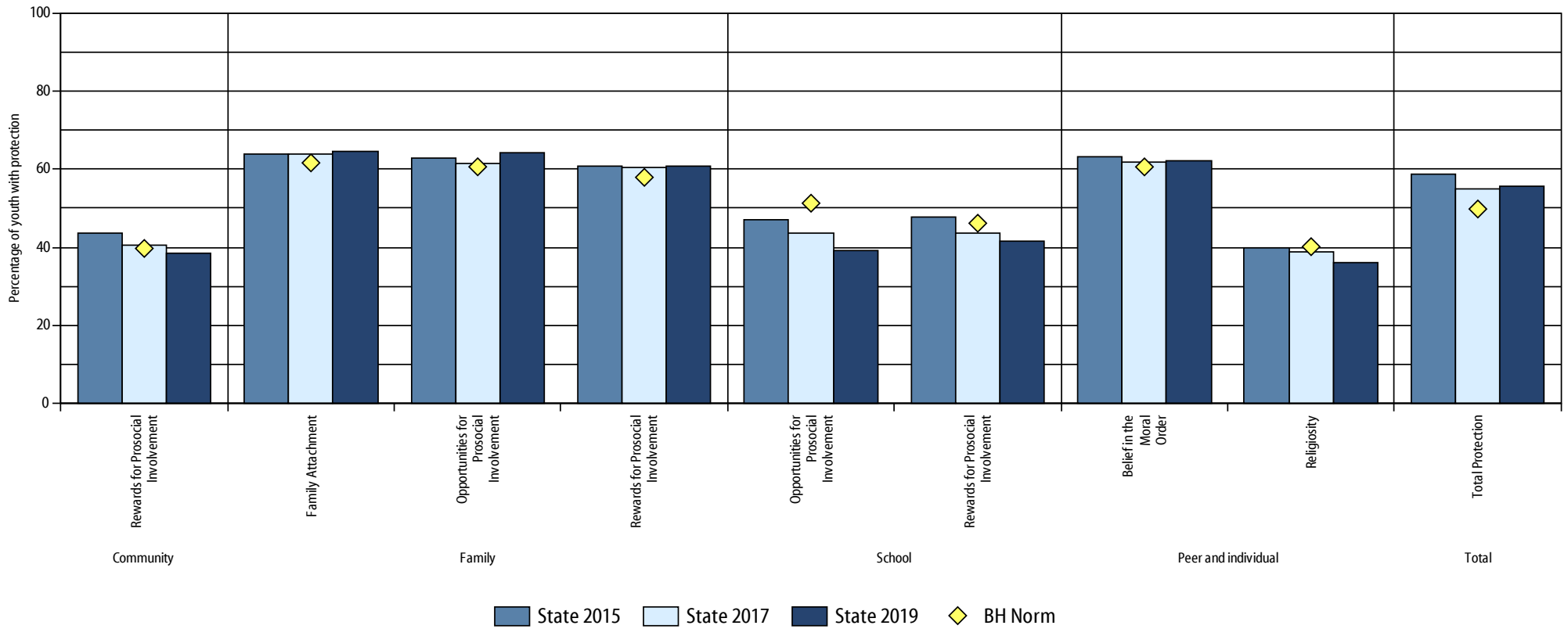
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Risk factors, 10th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



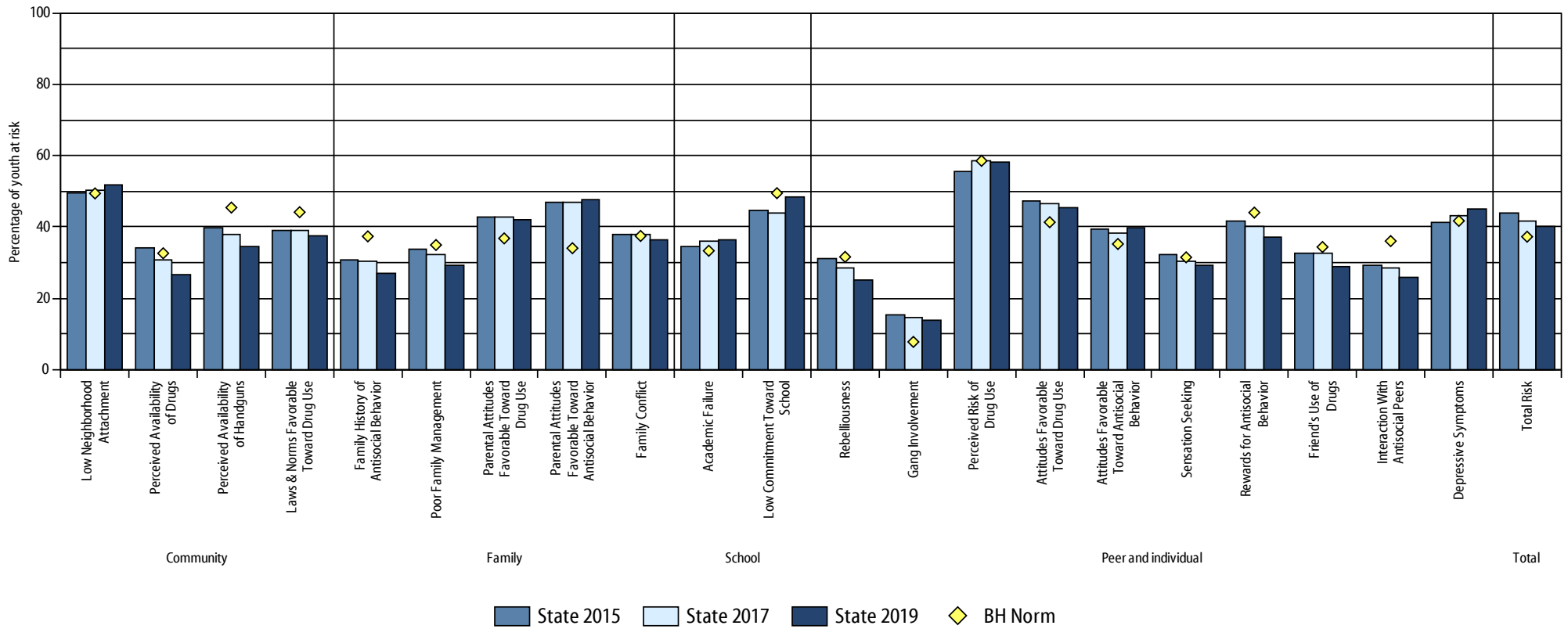
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Protective factors, 10th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



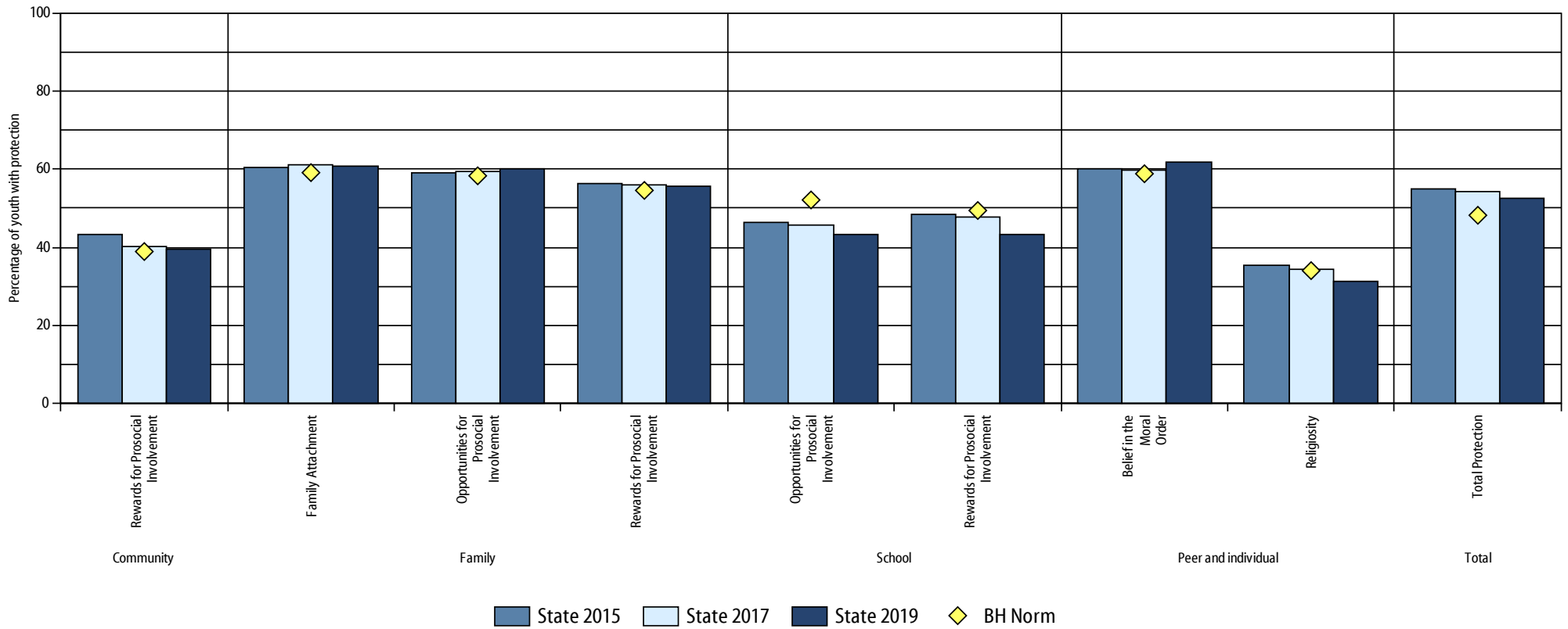
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Risk factors, 12th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Protective factors, 12th grade State of Pennsylvania 2019 Pennsylvania Youth Survey



5_12_2020

Risk Factors

State of Pennsylvania 2019 Pennsylvania Youth Survey

	6th				8th				10th				12th			
	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm
Community																
Low Neighborhood Attachment	39.2	41.0	44.5	42.1	35.2	35.1	35.2	35.7	42.0	42.8	42.5	42.8	49.7	50.5	51.9	49.4
Perceived Availability of Drugs	32.9	32.8	33.5	35.8	26.0	25.9	25.5	34.9	30.1	28.5	25.4	34.5	34.4	30.8	26.8	32.7
Perceived Availability of Handguns	15.9	15.7	13.9	22.4	24.9	23.4	21.8	33.2	31.1	31.0	28.0	38.3	39.9	37.9	34.6	45.5
Laws & Norms Favorable Toward Drug Use	39.8	43.6	45.8	43.6	30.7	31.8	32.4	33.5	39.2	38.8	40.3	42.1	39.1	38.9	37.7	44.2
Family																
Family History of Antisocial Behavior	37.8	37.3	37.5	44.0	33.3	34.0	30.7	40.4	30.3	30.3	28.8	39.1	30.9	30.3	27.0	37.4
Poor Family Management	39.7	39.0	43.8	44.8	36.7	35.7	34.0	41.4	39.2	37.6	35.1	41.6	33.7	32.2	29.3	35.0
Parental Attitudes Favorable Toward Drug Use	14.5	15.6	17.4	11.4	25.7	27.3	26.6	22.7	40.9	42.1	43.5	35.6	42.8	42.9	42.2	36.8
Parental Attitudes Favorable Toward Antisocial Behavior	48.3	50.1	53.3	36.9	40.1	40.9	41.7	30.0	47.3	47.2	50.4	33.6	47.0	47.1	47.7	34.1
Family Conflict	34.9	34.0	35.1	36.9	31.8	30.9	30.1	32.7	36.3	35.8	34.2	37.5	38.1	38.0	36.6	37.5
School																
Academic Failure	29.9	30.7	34.4	32.6	35.3	36.3	38.3	32.5	34.7	37.4	38.5	35.1	34.6	35.9	36.6	33.4
Low Commitment Toward School	33.3	37.2	45.4	47.0	41.7	46.8	52.7	50.1	45.5	49.8	55.3	53.8	44.6	43.8	48.6	49.5
Peer and individual																
Rebelliousness	25.7	25.8	27.2	33.8	21.7	20.8	18.3	26.0	25.7	26.1	24.4	30.4	31.1	28.4	25.2	31.7
Gang Involvement	10.4	11.3	10.3	7.7	10.3	11.3	10.7	7.4	11.5	11.2	11.3	7.2	15.6	14.6	13.9	7.9
Perceived Risk of Drug Use	43.0	47.2	48.8	50.9	39.3	43.8	43.2	47.7	43.9	46.3	46.7	48.8	55.7	58.6	58.2	58.6
Attitudes Favorable Toward Drug Use	19.1	21.5	22.4	17.3	38.0	40.2	40.7	37.4	43.1	44.2	45.0	39.7	47.4	46.6	45.5	41.4
Attitudes Favorable Toward Antisocial Behavior	32.4	36.8	41.2	38.8	28.3	29.2	32.0	29.4	35.6	37.7	39.8	35.1	39.4	38.3	39.7	35.3
Sensation Seeking	39.1	36.7	39.6	36.8	33.0	31.5	30.7	34.8	34.3	33.7	33.6	34.9	32.2	30.3	29.4	31.5
Rewards for Antisocial Behavior	15.2	16.4	17.2	21.6	31.2	33.0	32.6	41.4	35.2	36.9	34.5	39.5	41.7	40.1	37.2	44.1
Friend's Use of Drugs	10.2	10.5	10.5	14.6	28.4	30.2	28.3	35.3	31.0	31.7	29.8	35.1	32.8	32.8	28.8	34.4
Interaction With Antisocial Peers	18.3	20.7	21.9	31.7	25.4	27.0	24.9	38.0	26.3	26.4	26.3	36.6	29.2	28.6	25.9	36.1
Depressive Symptoms	28.9	27.9	30.8	31.1	35.9	36.8	34.2	37.4	39.9	41.5	43.3	43.2	41.5	43.2	45.0	41.8
Total																
Total Risk	36.2	37.1	42.1	37.4	40.2	42.3	44.1	44.8	39.2	39.5	39.7	36.2	43.8	41.8	40.1	37.3

Protective Factors State of Pennsylvania 2019 Pennsylvania Youth Survey

	6th				8th				10th				12th			
	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm	State 2015	State 2017	State 2019	BH Norm
Community																
Rewards for Prosocial Involvement	49.4	45.8	39.7	41.4	49.9	45.9	43.2	45.1	43.5	40.6	38.5	39.7	43.3	40.1	39.6	38.9
Family																
Family Attachment	66.1	65.6	62.1	63.5	62.9	61.8	61.8	59.9	63.8	63.7	64.6	61.6	60.3	61.0	60.6	59.1
Opportunities for Prosocial Involvement	58.6	58.3	54.8	57.2	67.0	68.4	68.0	65.9	63.0	61.4	64.3	60.6	58.9	59.5	60.1	58.3
Rewards for Prosocial Involvement	61.7	60.7	57.4	56.9	69.1	69.0	67.4	65.7	60.8	60.4	60.9	57.9	56.2	56.0	55.5	54.6
School																
Opportunities for Prosocial Involvement	61.6	60.8	54.2	58.8	52.3	51.9	47.0	54.4	47.0	43.7	39.3	51.3	46.5	45.5	43.3	52.1
Rewards for Prosocial Involvement	64.1	62.9	57.1	54.6	56.9	55.5	51.7	51.6	47.9	43.8	41.5	46.2	48.5	47.6	43.2	49.4
Peer and individual																
Belief In The Moral Order	53.3	52.1	45.8	50.5	61.7	58.5	62.0	58.0	63.2	61.9	62.2	60.6	60.1	59.7	61.7	58.8
Religiosity	47.9	44.4	40.5	50.5	46.2	43.7	40.5	45.9	40.0	38.8	36.0	40.2	35.4	34.5	31.3	34.0
Total																
Total Protection	56.7	52.5	49.4	46.7	58.8	59.3	60.2	51.2	58.9	55.0	55.7	49.8	55.1	54.3	52.4	48.2

8. THE SOCIAL DEVELOPMENT STRATEGY

The Social Development Strategy (SDS) promotes positive youth development from birth through every stage of development.



As described in the Risk and Protective Factors section, researchers have identified multiple protective factors that increase the likelihood of healthy outcomes for youth. The knowledge on what protects young people from developing health and behavior problems has been organized into this easy-to-use strategy. Providing young people of all ages with opportunities, skills, and recognition strengthens bonding with family, school, community, and even among peers. Bonding is one of the most vital components in protecting a child from risky behaviors. Strong bonds motivate young people to adopt healthy standards for behavior.

Interaction Strategies

When you use the SDS in daily interactions with young people, it helps keep them on track for healthy development. The strategy has these five key components:

Opportunities: Provide developmentally-appropriate opportunities to young people, for active participation and meaningful interaction with prosocial others

Skills: Teach young people the skills they need to succeed

Recognition: Provide consistent, meaningful, and specific praise and recognition for effort, improvement, and achievement

Bonding: Acknowledge a young person's effort and promote positive bonding — a sense of attachment, emotional connection, and commitment to the people and groups who provide that recognition. Bonding can occur within peer groups as well as with adults including family members, teachers, coaches, employers, or neighbors

Clear Standards for Behavior: Through the process of bonding, young people become motivated to live according to the healthy standards of the person or group to whom they are bonded

Programs that Target SDS are Effective for the Long-term Comprehensive programs and practices that are built on the components of the Social Development Strategy are effective at improving youth outcomes into adulthood! Research has demonstrated that when parents, teachers, and youth participate in intensive programs that incorporate SDS principles, those children have better outcomes¹. In a longitudinal study of 808 ten-year olds who received social competence training, their teachers who received instructional and classroom management skills, and their parents who received developmentally appropriate parenting classes – all based on the Social Development Strategy - had significantly better long-term outcomes 15 years later², including:

- Higher on-time graduation rates
- Better economic outcomes
- Better mental health in their 20's
- Fewer teen pregnancies

For more information and research articles, please visit: www.communitiesthatcare.net/how-ctc-works/social-development-strategy/

Interested in Learning More About SDS?

Visit www.CommunitiesThatCare.net to learn more about the theory and research behind the Social Development Strategy and to learn how communities have put SDS into action!



PennState
College of Health and
Human Development

**Evidence-based Prevention
and Intervention Support (EPIS)**
Edna Bennett Pierce
Prevention Research Center

Additionally, EPIS offers several SDS trainings that are open to anyone interested in improving youth outcomes including, but not limited to:

- coalition members, mobilizers, & stakeholders
- social service & program providers
- parents & caregivers
- school personnel

If you are interested in attending or hosting a SDS training, or would like more information about SDS training of facilitators, please contact the Systems Change team at (814) 863-2568, or via email at EPISCenter@psu.edu, or visit www.EPISCenter.psu.edu.

This information was adapted from the Communities That Care Model developed by Drs. David Hawkins and Richard Catalano of the Social Development Research Group at the University of Washington.

1. Hawkins JD, Catalano RF, Kosterman R, Abbott R, Hill KG. Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood. *Arch Pediatr Adolesc Med.* 1999;153(3):226-234. [doi:10.1001/archpedi.153.3.226](https://doi.org/10.1001/archpedi.153.3.226)

2. Hawkins JD, Kosterman R, Catalano RF, Hill KG, Abbott RD. Effects of Social Development Intervention in Childhood Fifteen Years Later. *Arch Pediatr Adolesc Med.* 2008;162(12):1133-1141. [doi:10.1001/archpedi.162.12.1133](https://doi.org/10.1001/archpedi.162.12.1133)

APPENDIX A. DRUG FREE COMMUNITIES DATA

Core Measure	Definition	Substance	6th		8th		10th		12th		Male		Female	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of risk (People are at moderate or great risk of harming themselves if they...)	take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	Binge drinking	69.2	57,851	74.2	71,073	73.9	65,689	68.6	53,114	68.9	120,448	74.2	123,608
	smoke one or more packs of cigarettes per day?	Tobacco	76.1	57,916	82.2	71,051	82.3	65,657	79.6	53,037	77.5	120,342	82.8	123,637
	smoke marijuana once or twice a week?	Marijuana	72.6	57,138	69.6	70,746	51.6	65,496	38.9	52,909	54.5	119,722	61.2	122,935
	use prescription drugs that are not prescribed to them?	Prescription drugs	76.7	57,330	83.5	70,639	86.2	65,476	84.7	52,938	81.3	119,706	84.5	123,035
Perception of parental disapproval (Parents feel it would be wrong or very wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	92.3	67,067	93.1	76,721	88.5	70,740	82.5	57,950	87.9	134,256	90.4	134,273
	smoke cigarettes?	Tobacco	96.0	57,079	96.0	70,239	94.9	65,355	91.2	52,709	93.4	118,970	95.6	122,788
	smoke marijuana?	Marijuana	96.1	56,830	93.6	70,167	87.3	65,298	80.1	52,669	88.1	118,793	90.2	122,554
	use prescription drugs not prescribed to you?	Prescription drugs	92.9	65,041	94.5	76,008	94.2	70,346	94.2	57,669	93.4	132,361	94.6	132,827
Perception of peer disapproval (Friends feel it would be wrong or very wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	88.7	57,671	81.6	70,806	67.8	65,406	61.6	52,917	71.2	119,731	78.1	123,410
	smoke tobacco?	Tobacco	91.0	57,474	86.7	70,626	77.3	65,301	65.9	52,835	76.3	119,460	83.8	123,130
	smoke marijuana?	Marijuana	91.0	57,049	81.4	70,435	59.3	65,218	44.3	52,802	65.7	119,102	71.1	122,784
	use prescription drugs not prescribed to you?	Prescription drugs	90.7	57,135	89.2	70,383	85.4	65,164	83.2	52,736	84.8	119,012	89.3	122,778
Stop act grantees: Somewhat or strongly disapprove of someone your age...	having one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Alcohol	86.9	67,023	80.1	76,464	68.8	69,903	64.2	56,824	72.7	132,977	77.2	133,159
People are at moderate or great risk of harming themselves if they...	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Regular alcohol use	65.8	58,217	69.1	71,329	69.1	65,888	65.4	53,229	63.2	120,911	71.5	124,050
Past 30-day use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	3.2	69,090	8.4	77,447	21.6	70,556	33.9	57,342	16.0	135,406	17.7	134,828
	smoked cigarettes?	Tobacco	0.5	69,154	1.9	77,306	4.0	70,341	7.5	57,092	3.5	135,012	3.5	134,655
	used marijuana	Marijuana	0.5	67,955	4.0	76,907	12.9	70,211	20.8	57,184	9.8	134,296	9.4	133,839
	combined results of prescription stimulant/tranquilizer/ pain reliever questions	Prescription drugs	1.6	67,983	1.7	77,121	2.4	70,337	2.2	57,240	1.7	134,410	2.2	134,124

APPENDIX B. SURVEY METHODOLOGY

The Communities That Care Youth Survey (CTCYS) was adopted as the basis for PAYS. Based on the work of Dr. J. David Hawkins and Dr. Richard F. Catalano, the CTCYS is designed to identify the levels of risk factors related to problem behaviors such as ATOD use—and to identify the levels of protective factors that help guard against those behaviors. In addition to measuring risk and protective factors, the CTCYS also measures the actual prevalence of drug use, violence, and other antisocial behaviors among surveyed students. Three articles ([Pollard, Hawkins & Arthur, 1999](#); [Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002](#); [Glaser, Van Horn, Arthur, Hawkins & Catalano, 2005](#)) describe the CTCYS, its uses and its ongoing development.

Comparability of the 2019 PAYS to Prior Administrations

The 2019 PAYS instrument and administration enhanced the three-form design, first implemented in 2013 to address the difference in response rates for questions at the beginning of the survey versus those located at the end of the survey. Each of the three forms began with question section X, with sections A-F presented in different order on each of the three forms to offset the tendency for response rates to fall off in the later sections of the survey.

Further, while X, A, B, and C were present on all three survey forms, sections D, E, and F were each presented on two of three forms, which kept the amount of time required to administer the survey manageable while allowing approximately thirty additional questions for a total of 228 questions answered by students in the paper-based format.

For the online survey administration, question sections A, B, C, D, E, and F were presented in a random order. Efficiencies in the online survey and the increased speed of response allowed all survey questions to be presented to the respondents.

The survey retained its two column format to improve readability and speed of response. Focus groups were

held with students enrolled in grades 6, 8, 10, and 12 during the 2014-2015 school year. These students were new to the survey and were not expected to be within the grades completing the survey during subsequent survey administrations. To enhance readability and reduce confusion related to the non-alphabetic order of the presentation of the survey sections, each section of the survey contains a label indicating the topic of the questions within the section. A heading was placed on the page of the 30-day and lifetime use questions to encourage honest responses by reassuring the students they would not be punished for their responses.

A comparative analysis of the enhanced survey and the 2013 survey was completed. No differences in question responses were determined based upon which form of the survey a student completed, indicating that the students were not primed to answer a particular way due to having seen a set of questions prior to another set.

2019 Question changes and additions

Changes and adjustments to the survey are made to reflect the ongoing needs of prevention specialists and schools. Questions are edited to improve readability and understanding of the question. Changes and edits were minimized to ensure consistency in data collection and comparability from year to year to determine the effectiveness of programs.

The 2019 PAYS added two questions related to the amount of sleep during the week and frequency of feeling tired during the day. These questions allow for an assessment of the amount of restorative rest and daytime sleepiness. Being tired during the day is a condition with the potential to have a direct relationship to scholastic outcomes. The edits to the survey were informed by prevention specialists and agencies.

The translations in Spanish of the 2019 PAYS instrument were reviewed and updated to include vocabulary that improved the readability of the paper-based and online survey forms presented in Spanish. The Spanish online survey form presented each question in English and Spanish to help with understanding of terms that might be unfamiliar to the students.

The data for questions not included in the 2019 PAYS instrument that appeared on the 2013, 2015, or 2017 survey instruments will still be available for those years in the PAYS online reporting tool (www.bach-harrison.com/PAYSWebTool).

County and state-level reports are available on the PCCD PAYS website, www.pays.pa.gov.

2019 PAYS changes and additions

Sleep

On an average school night, how many hours of sleep do you get?

4 or less hours / 5 hours / 6 hours / 7 hours / 8 hours / 9 hours / 10 or more hours

In the last two weeks, how often have you felt tired or sleepy during the day?

Everyday / Several times / Twice / Once / Never

APPENDIX C. FOR MORE INFORMATION...

Prevention Web Sites

- The Center for Communities That Care: www.communitiesthatcare.net/how-ctc-works
- Social Development Research Group: www.sdrp.org
- Evidence-Based Prevention and Intervention Support Center (EPISCenter): www.EPISCenter.psu.edu
- Commonwealth Prevention Alliance: www.commonwealthpreventionalliance.org
- Youth Risk Behavior Surveillance System: www.cdc.gov/HealthyYouth/yrbs/index.htm
- National Survey on Drug Use and Health (NSDUH): www.samhsa.gov/data/population-data-nsduh
- Monitoring the Future: www.monitoringthefuture.org
- The Partnership at Drugfree.org: www.drugfree.org
- Mothers Against Drunk Driving (MADD): www.madd.org
- Drug Free Workplace PA: www.drugfreeworkplacepa.org
- PA DUI Association: www.padui.org
- The Commonwealth Prevention Alliance Campaign to Stop Opiate Abuse: www.pastop.org
- Prevent Suicide PA: www.preventsuicidepa.org
- Youth Suicide Warning Signs: www.youthsuicidewarningsigns.org
- Overdose Free PA: www.overdosefreepa.org

Guides to Prevention Programs

- Blueprints for Healthy Youth Development: www.blueprintsprograms.com
- National Institute of Justice: www.crimesolutions.gov
- Federal OJJDP Model Programs Guide: www.ojjdp.gov/mpg

- SAMHSA Evidence-Based Practices Resource Center: www.samhsa.gov/ebp-resource-center
- Washington State Institute for Public Policy (WSIPP): www.wsipp.wa.gov
- WSIPP Benefit/Cost Results: www.wsipp.wa.gov/BenefitCost

State Resources

- Pennsylvania General Assembly: www.legis.state.pa.us
- DDAP – PA Department of Drug and Alcohol Programs: www.ddap.pa.gov
- DOH – PA Department of Health: www.health.pa.gov
- PLCB – PA Liquor Control Board: www.lcb.state.pa.us/PLCB/index.htm
- PCCD – PA Commission on Crime and Delinquency: www.pccd.pa.gov
- PDE – PA Department of Education, Office of Safe Schools (Elementary and Secondary): www.education.pa.gov/K-12/Safe%20Schools/Pages/default.aspx
- CCAP – County Commissioners Association of PA: www.pacounties.org
- Pennsylvania Association of County Drug and Alcohol Administrators: www.pacdaa.org
- Safe2Say Something www.safe2saypa.org

Federal Resources

- Office of National Drug Control Policy: www.whitehouse.gov/ondcp
- National Clearinghouse for Alcohol and Drug Information: www.store.samhsa.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- National Institute on Drug Abuse (NIDA): www.drugabuse.gov

- National Institute on Alcohol Abuse and Alcoholism (NIAAA):
www.niaaa.nih.gov
- Centers for Disease Control (CDC):
www.cdc.gov/HealthyYouth/alcoholdrug/index.htm
- National Center for Chronic Disease Prevention/ Health Promotion:
www.cdc.gov/alcohol/index.htm
- CASA - National Center on Addiction and Substance Abuse:
www.centeronaddiction.org
- National Resource Center for Domestic Violence and Child Abuse:
1-800-932-4632

If You Need Assistance

With bullying:

- US Department of Health and Human Services:
www.stopbullying.gov
- PA Center for Safe Schools:
www.safeschools.info/bullying-prevention
- The Pennsylvania Safe Schools Act:
www.pasafeschoolsact.com

With drugs and alcohol:

- National Clearinghouse for Alcohol and Drug Information: 1-800-729-6686
- PA Department of Drug & Alcohol Programs: Find Drug & Alcohol Treatment 1-800-662-HELP apps.ddap.pa.gov/gethelpnow
- National Alcohol and Drug Treatment and Referral Service: 1-800-662-HELP
- Alcoholics Anonymous:
www.aa.org
- Pennsylvania Area Al-Anon:
www.pa-al-anon.org

With smoking cessation:

- www.DeterminedToQuit.com or
1-800 QUIT NOW (784-8669)

With depression or suicidal thoughts:

For immediate help, call a hotline or check the phone book under “suicide,” “crisis” or “mental health.” In an emergency, call 911. If you call for someone else, stay with the person until help arrives.

- National Suicide Prevention Lifeline:
1-800-273-TALK (8255)
- Crisis Text Line: Text PA to 741-741
- TrevorLifeline for LGBTQ+ youth: 1-866-488-7386

With gambling:

- Pennsylvania Gambling Addiction 24 Hour Hotline: 1-800-GAMBLER

Talking with a child about drugs and alcohol:

- SAMHSA – Talk. They Hear You:
www.samhsa.gov/underage-drinking
- MADD – Power of Parents:
www.madd.org/the-solution/power-of-parents/

With child/parent coaching:

- Partnership for Drug-Free Kids:
drugfree.org/

Links to resources that address a number of these and related issues

- NIDA Resource for Parents:
teens.drugabuse.gov/parents/drugs-and-your-kids
www.drugabuse.gov/parents-educators

APPENDIX D. SCHOOLS AND DISTRICTS IN THIS REPORT

As follows is a list of school districts, charter schools, and private schools which participated in the 2019 Pennsylvania Youth Survey and are also represented in this profile report. If this report is intended for a school district, charter school, or private school, you will find that only the district/school in question is included. However, County and Community reports will include two or more districts, charter schools, or private schools. In the instance of those reports, this appendix will provide key information for understanding the participants represented in your data.

Districts from the following counties
are represented in this report:

Adams County
Allegheny County
Armstrong County
Beaver County
Bedford County
Berks County
Blair County
Bradford County
Bucks County
Butler County
Cambria County
Cameron County
Carbon County
Centre County
Chester County
Clarion County
Clearfield County
Clinton County
Columbia County
Crawford County
Cumberland County
Dauphin County
Delaware County
Elk County
Erie County
Fayette County
Forest County
Franklin County
Fulton County
Greene County
Huntingdon County
Indiana County

Jefferson County
Juniata County
Lackawanna County
Lancaster County
Lawrence County
Lebanon County
Lehigh County
Luzerne County
Lycoming County
McKean County
Mercer County
Mifflin County
Monroe County
Montgomery County
Montour County
Northampton County
Northumberland County
Perry County
Philadelphia County
Pike County
Potter County
Schuylkill County
Snyder County
Somerset County
Sullivan County
Susquehanna County
Tioga County
Union County
Venango County
Warren County
Washington County
Wayne County
Westmoreland County
York County