



Department of Public Health & Human Services

Addiction and Mental Disorders Division, Chemical Dependency Bureau

2018 Montana Prevention Needs Assessment Survey



Lincoln County
Profile report

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MPNA: GOALS AND OVERVIEW

Since 1998, the Montana Department of Public Health & Human Services (DPHHS) has conducted a voluntary survey of youth in the 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.

This report summarizes the findings from the Montana Prevention Needs Assessment (MPNA) Survey that was conducted during the spring of 2018 in grades 8, 10, and 12. For the 2018 survey, schools were also given the option to survey students in grades 7, 9, and 11. The results for your county are presented along with comparisons to the results for the state of Montana. The 2018 MPNA was the tenth biennial administration (1998-2018). Comparisons in this report were made between the results of the 2014, 2016, and 2018 surveys, as well as comparisons to youth nationwide.

Results from administrations prior to 2014 may be found by consulting past years' profile reports. The survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Over the last several survey administrations, MPNA has added additional questions about problem behaviors based on areas of interest to state and local leaders. These include questions on vaping and e-cigarette use, suicidal ideation, school climate and safety, and bullying. After each survey administration, Montana 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 that can be brought to

bear 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 about family relationships, neighborhood safety, and participation in extracurricular activities.

The MPNA is a primary tool in Montana'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, the MPNA 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 Montana youth

The 2018 MPNA was administered during the spring of 2018 to youth in grades 8, 10, and 12, resulting in 11,362 valid surveys. (The total number of valid surveys increases to 14,445 when the odd grades are included.) Profile reports like this one were issued to more than 150 schools and counties.

Measurement Standards

Risk and Protective Factor Scales

Section 2 measures specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales.

Youth Substance Use

Section 3 measures alcohol, tobacco, and other drug (ATOD) use and access, explored by the MPNA in over 30 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 be easily compared to data from MPNA.

Social and Emotional Health

Section 4 features data related to the percentage of youth exhibiting depressive symptoms, and student responses to questions about suicide.

Depression-related indicators are divided into two sections. The first reports student responses about depression in the past year, and the second part is a calculated scale that groups students into those experiencing high, moderate, or no depressive symptoms.

Data regarding suicide were first collected in 2016. These questions are similar to those used by the Youth Risk Behavior Survey, a nationwide study of risky behavior in students grades 9-12.

Community-School climate and safety

Section 5 features data related to school climate and safety issues including student commitment to school, violence and drugs on school property, and bullying. The 2018 survey was enhanced with many school safety and climate questions which will allow schools a wealth of data to use for planning and evaluation.

All data in Sections 4 and 5 represent the percent of students marking each respective question. All data represent behaviors or beliefs experienced in the past 12 months.

Antisocial Behavior

Section 6 features data regarding past-month or past-year reports of other antisocial behaviors such as driving after drinking and school suspensions.

Systemic Factors

Section 7 features data which measure the attitudes and perceptions students hold about the three AMDD priorities – alcohol use, binge drinking, and marijuana use. Data presented in this section include perception of risk regarding substance use, perception of parental disapproval regarding substance use, perception of peer disapproval regarding substance use, student attitudes toward peer use, intention to use substances, and perceived availability of alcohol and marijuana. While many of these data are included in risk factor analysis, the data presented in this section represent student responses to individual survey questions.

Comparisons to National Results

Comparing and contrasting findings from a county- or school-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 2017 Monitoring the Future study and to the 2017 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). Monitoring the Future data appear on the charts as “MTF.”*

The Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The most recent YRBS data on the topics of suicide and depression are from 2017 and appear in the tables for grades 9 through 12 as “YRBS.”**

The 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 12 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 and for students at risk and 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 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 prevention specialists should consider addressing when planning prevention programs.

* MTF comparisons are unavailable for odd numbered grades and any time those grades are included in “All Grades” data.

** YRBS comparisons are unavailable for grades 7, 8, and any time those grades are included in “All Grades” data.

The Strategic Prevention Framework

The MPNA is an important data source for the Strategic Prevention Framework (SPF). The SPF model guides states and communities in creating planned, data-driven, effective, and sustainable prevention programs.

Assessment

The SPF begins with an assessment of the needs in the community that is based on data such as the substance use, antisocial behavior, and risk and protective factors collected by the MPNA. The data presented in this report are predictive of adolescent problem behaviors and will help identify needs for prevention services.

Capacity

Engagement at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Mobilizing leaders and stakeholders to build coalitions, provide training, and identify sources of funding helps build the capacity needed for sustained prevention activities.

Planning

States and communities should develop a vision for the prevention activities and strategies for organizing and implementing prevention efforts. The plan should address the priority needs identified during assessment, build on resources/strengths, set measurable objectives, and identify how progress will be monitored.

Implementation

By measuring and identifying the risk factors that contribute to the problems specified in your plan,

programs can be implemented that will reduce the prioritized substance abuse problems. Communities should choose prevention strategies that have been shown to be effective, sustainable, and appropriate for the population served. The [State of Montana Evidence-Based Approved Programs](#) is a searchable, independently reviewed list of scientifically based intervention programs.

Evaluation

Finally, ongoing monitoring and evaluation are essential to identify successes, measure outcomes, and encourage improvement where needed.

Sustainability and cultural competence

Sustainability is accomplished by building adaptive and flexible programs around a variety of resources, funding and organizations. By responding to changing issues and priorities, long term results are achievable.

Cultural competence entails recognizing the needs, styles, values and beliefs of the recipients of prevention efforts. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase efficacy and ensure sustainable results.

1. DEMOGRAPHICS

46.6% of participants were female, and 52.8% were male. The 2018 MPNA added the response options “transgender” (0.0% of respondents) and “other” (0.6% of respondents).

Overall, 85.1% of students surveyed were white or Caucasian, 8.7% of students were multi-racial, and the remainder were a combination of the remaining categories. 2.5% of students identified as being of Hispanic, Latino, or Spanish origin.

Table 1. Characteristics of participants

| | County 2014 | | County 2016 | | County 2018 | | State 2018 | |
|-------------------------------------|-------------|---------|-------------|---------|-------------|---------|------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Students | | | | | | | | |
| All grades* | 181 | 100.0 | 334 | 100.0 | 162 | 100.0 | 11,362 | 100.0 |
| Students by grade | | | | | | | | |
| 8 | 74 | 40.9 | 104 | 31.1 | 58 | 35.8 | 4,508 | 39.7 |
| 10 | 67 | 37.0 | 139 | 41.6 | 53 | 32.7 | 4,223 | 37.2 |
| 12 | 40 | 22.1 | 91 | 27.2 | 51 | 31.5 | 2,631 | 23.2 |
| Students by gender | | | | | | | | |
| Male | 92 | 52.6 | 170 | 51.8 | 85 | 52.8 | 5,519 | 49.1 |
| Female | 83 | 47.4 | 158 | 48.2 | 75 | 46.6 | 5,477 | 48.7 |
| Transgender | ~ | ~ | ~ | ~ | 0 | 0.0 | 105 | 0.9 |
| Other | ~ | ~ | ~ | ~ | 1 | 0.6 | 141 | 1.3 |
| Students by race/ethnicity | | | | | | | | |
| American Indian or Alaska Native | 5 | 2.8 | 11 | 3.3 | 3 | 1.9 | 839 | 7.4 |
| Asian | 1 | 0.6 | 1 | 0.3 | 0 | 0.0 | 112 | 1.0 |
| Black or African American | 0 | 0.0 | 1 | 0.3 | 2 | 1.2 | 114 | 1.0 |
| Hispanic or Latino | 9 | 5.0 | 9 | 2.7 | 4 | 2.5 | 527 | 4.7 |
| Native Hawaiian or Pacific Islander | 1 | 0.6 | 0 | 0.0 | 1 | 0.6 | 50 | 0.4 |
| White | 152 | 84.4 | 291 | 87.7 | 137 | 85.1 | 8,815 | 78.3 |
| Multi-racial | 12 | 6.7 | 19 | 5.7 | 14 | 8.7 | 808 | 7.2 |

* "All grades" represents the combined responses of all students from participating grades. For most reports this is grades 8, 10, and 12. (For schools surveying grades 7-8, state "All grades" comparison data is 8th grade statewide results. For schools surveying grades 9-12, state "all grades" data are a combination of statewide 10th and 12th grade results. Please note the distribution of participants in "all grades" data for this report and keep this in mind when comparing local data to state data. State-level "All grades" data are most useful for comparison when they have a similar distribution of participants to the state.

Data are reported by individual grade in the tables, but are omitted if there are fewer than 25 valid participants for that grade.

2. 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

| | | 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 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 MPNA 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 & PROTECTIVE SCALE DEFINITIONS

Table 2. Risk and protective factor scales explained

| Community Domain Risk Factors | |
|--|--|
| Low Neighborhood Attachment | Low neighborhood bonding is related to higher levels of juvenile crime and drug selling. |
| Laws and Norms Favorable Toward Drug Use | Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age and restricting smoking in public places have been followed by decreases in consumption. National surveys of students have shown that shifts in normative attitudes toward drug use have preceded changes in use. |
| Perceived Availability of Drugs | The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. |
| Community Domain Protective Factors | |
| Opportunities for Prosocial Involvement | When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors. |
| Rewards for Prosocial Involvement | Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use. |
| Family Domain Risk Factors | |
| Poor Family Management | Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse. |
| Family Conflict | Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use. |
| Family History of Antisocial Behavior | When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors. |
| Parental Attitudes Favorable Toward Antisocial Behavior & Drugs | In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. |
| Family Domain Protective Factors | |
| Family Attachment | Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors. |
| Opportunities for Prosocial Involvement | Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors. |
| Rewards for Prosocial Involvement | When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors. |
| School Domain Risk Factors | |
| Academic Failure | Beginning in the late elementary school (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors. |
| Low Commitment to School | Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use. |
| School Domain Protective Factors | |
| Opportunities for Prosocial Involvement | When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors. |
| Rewards for Prosocial Involvement | When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors. |

| Table 2. Risk and protective factor scales explained | |
|--|---|
| Peer-Individual Risk Factors | |
| Rebelliousness | Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use. |
| Early Initiation of Antisocial Behavior and Drug Use | Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use. |
| Attitudes Favorable Toward Antisocial Behavior and Drug Use | During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use. |
| <i>Perceived Risk of Drug Use*</i> | <i>Young people who do not perceive drug use to be risky are far more likely to engage in drug use.</i> |
| <i>Intention to Use ATODs*</i> | <i>Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.</i> |
| Interaction with Antisocial Peers | Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves. |
| Friends' Use of Drugs | Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing. |
| Rewards for Antisocial Behavior | Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use. |
| Depressive Symptoms | Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors. |
| Peer-Individual Protective Factors | |
| Belief in the Moral Order | Young people who have a belief in what is "right" or "wrong" are less likely to use drugs. |
| Religiosity | Young people who regularly attend religious services are less likely to engage in problem behaviors. |
| Interaction with Prosocial Peers | Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use. |
| Prosocial Involvement | Participation in positive school and community activities helps provide protection for youth. |
| <i>Rewards for Prosocial Involvement*</i> | <i>Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.</i> |

* Peer-Individual risk and protective factors *Perceived Risk of Drug Use*, *Intention to Use ATODs*, and *Rewards for Prosocial Involvement* are AMDD priority scales.

More in-depth information about *Perceived Risk of Drug Use* can be found in the Systemic Factors section, [here](#).

More in-depth information about *Intention to Use* can be found in the Systemic Factors section, [here](#).

OVERALL RISK AND PROTECTIVE SCORES

Overall risk and protective factor scales are a good way to review the health of this county. 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.

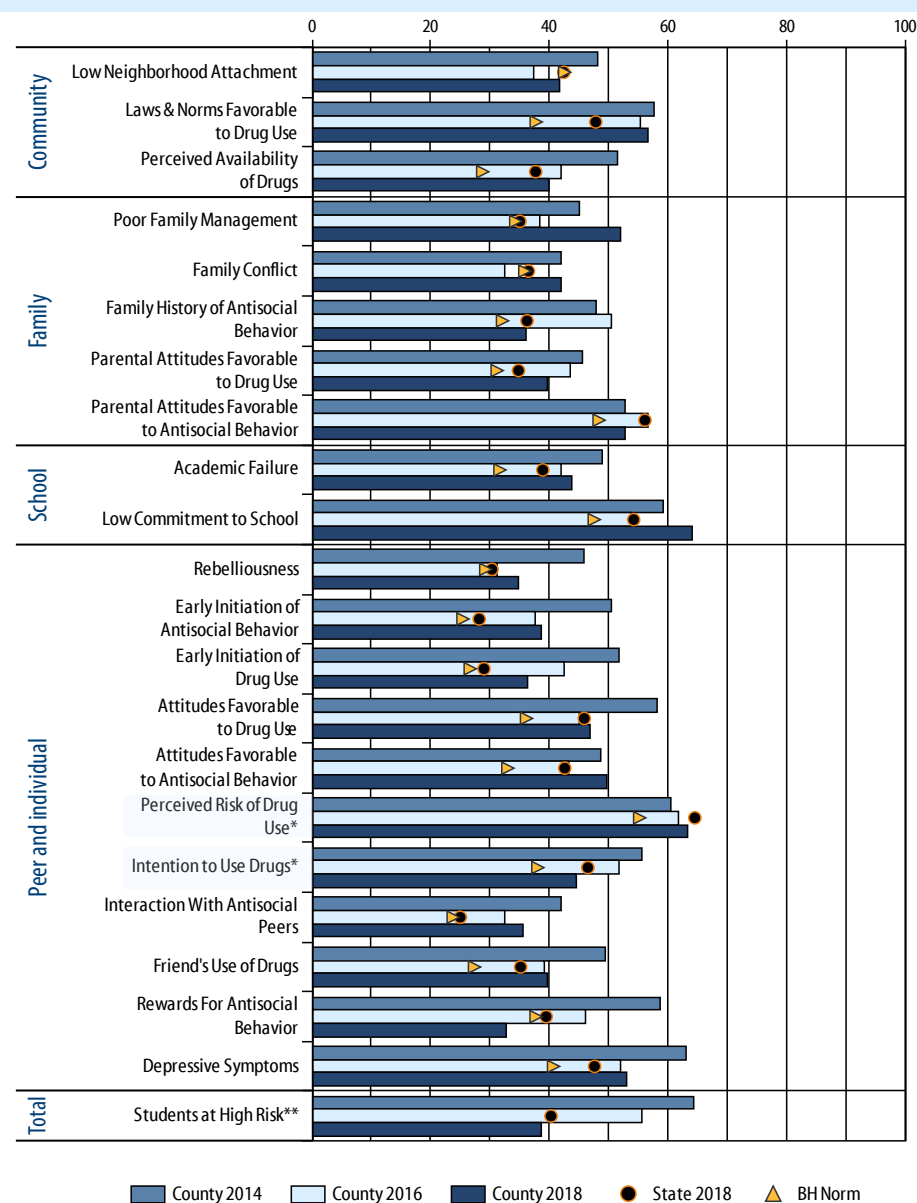
Risk and Protective Factor data are presented in this report as the percentage of youth at-risk and youth with protection. Statewide, the risk factor score for *Community Laws and Norms Favorable toward Drug Use* in grades 8, 10, and 12 combined is 47.9%. This means that 47.9% of students in Montana are at increased risk for engaging in problem behaviors due to the increased risk associated with lax community attitudes toward substance use.

Similarly, the protective scale *School Rewards for Prosocial Involvement* is 57.2% at the state level, meaning that 57.2% of Montana students are buffered against engaging in problem behaviors due to the protective effects of positive reinforcement in school and teacher interactions.

Students reported the two highest overall (all grades combined) risk factor scale scores for Low Commitment to School (64.1% of students at risk) and Perceived Risk of Drug Use (63.3% at risk).

Lincoln County

Risk Factors, 2018 Montana Youth Survey



* Designates an AMDD priority scale

***Total Risk** is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (7th & 8th grades: 8 or more risk factors, 9th-12th grades: 9 or more risk factors.)

BH Norm data for "High Risk" are not available due to state-by-state differences in calculation methodology.

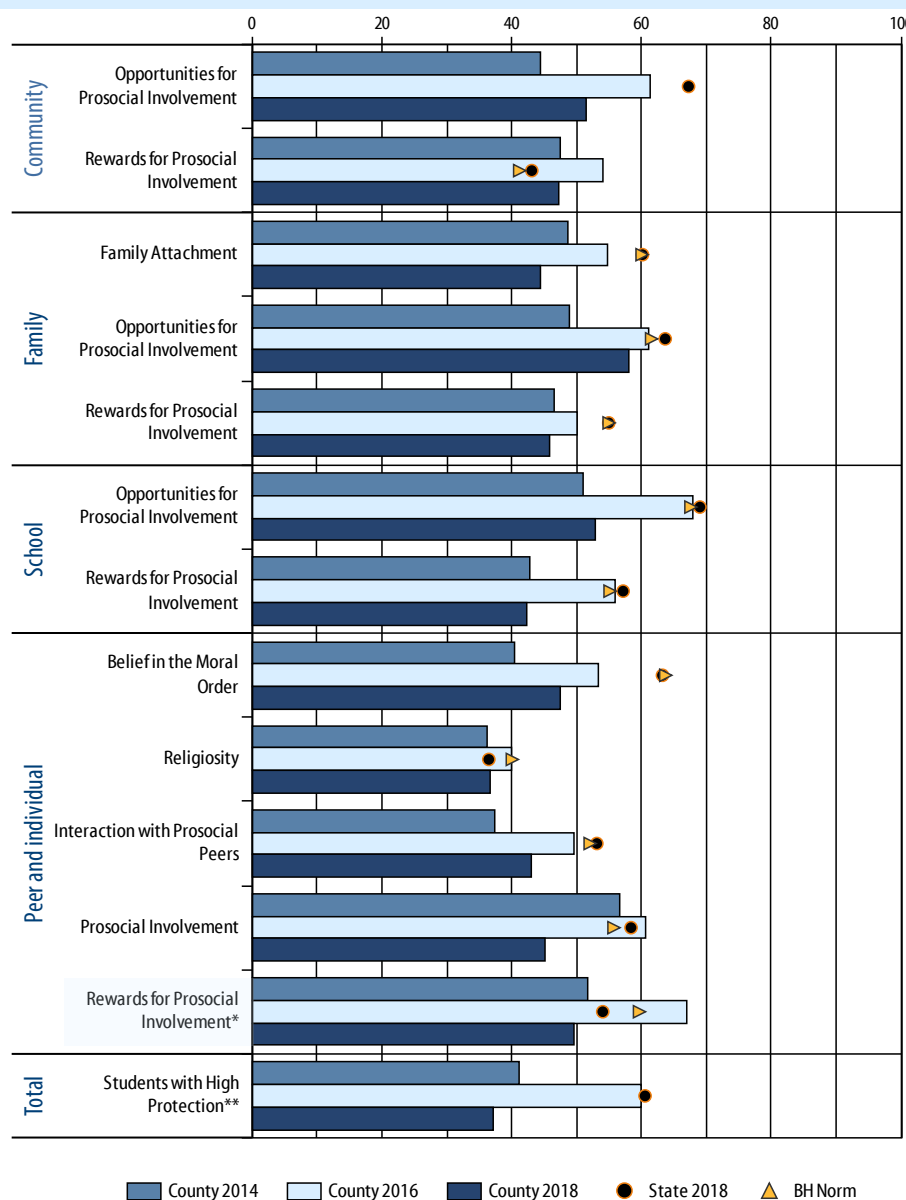
The two lowest overall risk scale scores were Rewards For Antisocial Behavior (32.9% at risk) and Rebelliousness (34.7% at risk).

Of the twelve protective factor scales, the two highest scores in the overall sample of students were reported for Family Opportunities for Prosocial Involvement (58.2% of students with protection) and School Opportunities for Prosocial Involvement (52.9% with protection).

The lowest protective factor scales in the overall sample were Religiosity (36.7% with protection) and School Rewards for Prosocial Involvement (42.3% with protection).

Lincoln County

Protective Factors, 2018 Montana Youth Survey



While policies that target any risk or protective factor could potentially be an important resource for students in this county, 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 planners can build on. In conjunction with a review of community-specific issues and resources, this information can help direct the efforts of prevention planners.

Grade-Level Results

While grouped-grade scale scores provide a general picture of the risk and protective factor profile for this county, they can mask problems within individual grades. Refer to the data tables section of this report for risk and protective scales broken out by grade.

* Designates an AMDD priority scale

***Total Protection* is defined as the percentage of students who have 5 or more protective factors operating in their lives. BH Norm data for "High Protection" are not available due to state-by-state differences in calculation methodology.

3. YOUTH SUBSTANCE USE

Monitoring alcohol, tobacco, and other drug (ATOD) trends in Montana youth

Substance use charts and tables show the percentages of students who reported substance use in the past 30-days. Past 30-day prevalence of use (whether the student has used the drug within the last month) is a good measure of current use. (Lifetime use data, while also valuable, are less sensitive and more likely to reflect experimentation. The MPNA still gathers these data but they are now published in the crosstab reports.) ATOD reporting is divided into three sections.

Montana priority substance use

The first section covers past 30-day rates of alcohol use, binge drinking (5 or more drinks of alcohol in a row within a couple of hours) and marijuana use. The Addiction and Mental Disorders Division (AMDD) recognizes that as the substances first and most commonly abused by youth, alcohol and marijuana warrant special attention. The higher prevalence, greater social acceptability, and typically earlier initiation of use makes these substances important when monitoring at-risk students.

Tobacco use prevention is another state priority, and is reflected in this chart through 30-day use rates of cigarettes, e-cigarettes, and smokeless tobacco.

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, alcohol poisoning, and an increased probability of DUI (reported in the section on antisocial behaviors).

Other substance use

The second section shows past 30-day use of substances other than alcohol and marijuana that tend to have lower prevalence of use, such as hallucinogens, inhalants, and non-medical use of prescription drugs. (Note that this chart includes alcohol and marijuana to help contextualize prevalence rates of these “other” substances.)

Sources of alcohol

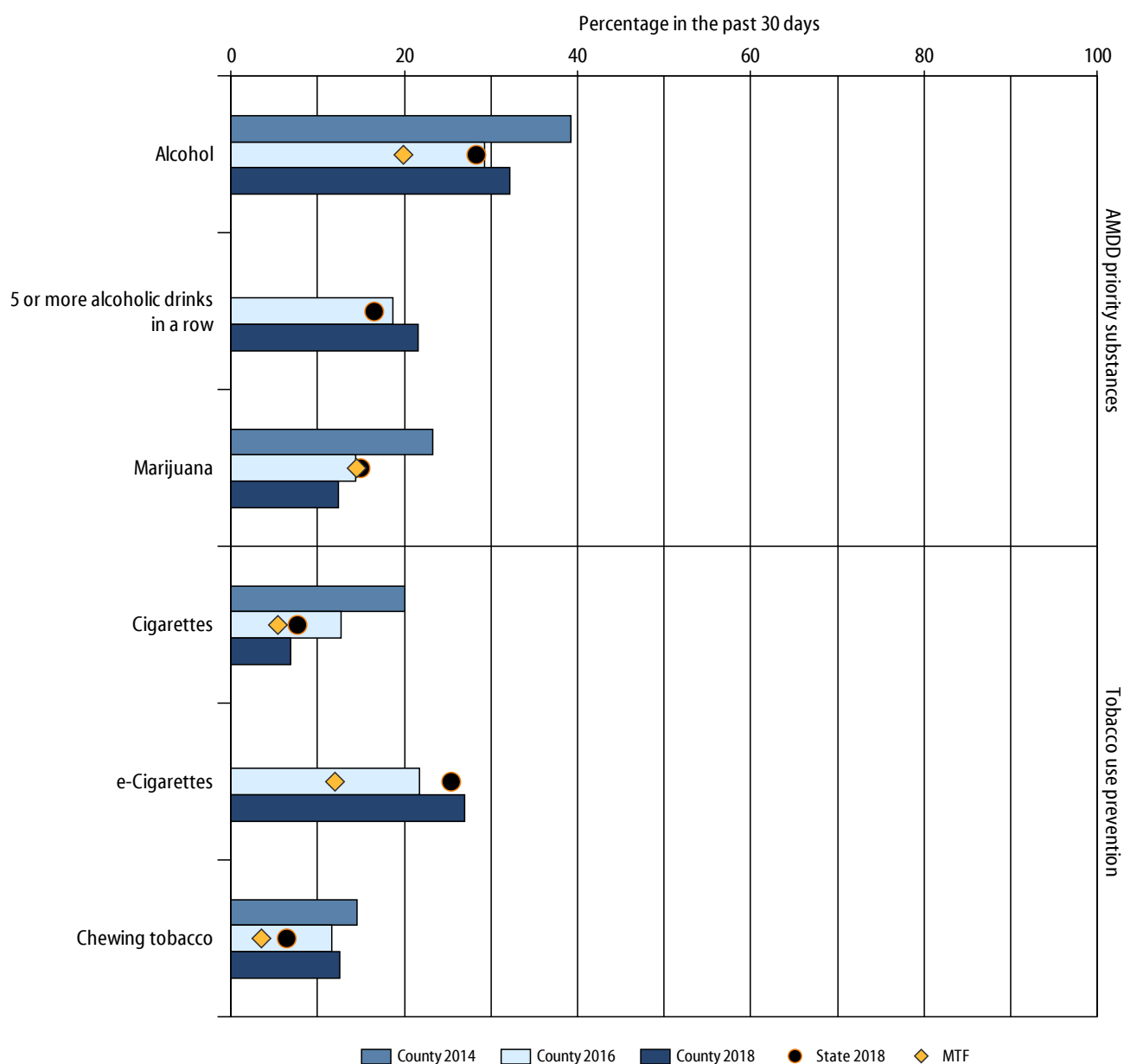
The final section reports how those students who drank over the past year were able to get it. Because availability is such a strong driver of use, understanding specific sources and methods students have used to obtain alcohol is an important tool in guiding prevention efforts.

MONTANA PRIORITY SUBSTANCE USE

This section covers alcohol (any use, as well as binge drinking) and marijuana use in the past 30 days. The higher prevalence and earlier initiation of use of these substances makes these three measures important when monitoring at-risk students.

32.1% of students used alcohol in the past 30 days (compared to 28.3% at the state level). 21.7% reported binge drinking in the past 30 days (compared to 16.5% at the state level).

Lincoln County: All grades data



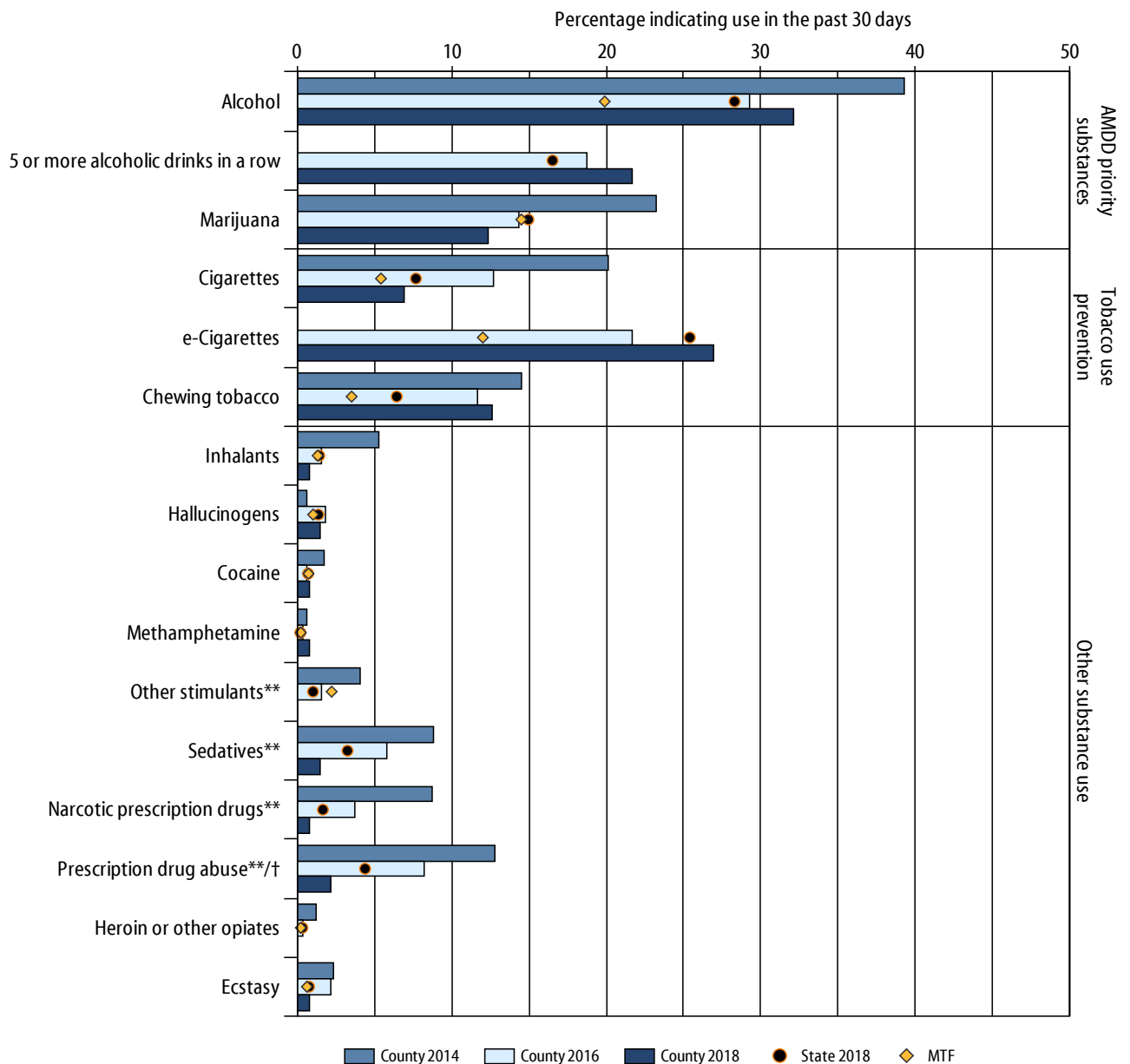
OTHER SUBSTANCE USE

MPNA measures the use prevalence for other drugs beyond alcohol and marijuana. While 30-day use rates of these drugs are typically lower than the of priority substances, monitoring helps identify emerging trends.*

AMDD priority substance and tobacco use rates are included in this chart for comparison.

The most frequently used substance in the “other” category was prescription drug abuse (2.2% of students indicating use in the past thirty days, compared to 4.4% at the state level).

Lincoln County: All grades data



* As the use of the drugs other than marijuana and alcohol tends to be concentrated in the upper grade levels, refer to the data tables for grade-level data.

** Monitoring the Future data for “Sedatives” and “Narcotic prescription drugs,” are not available for grades 8 and 10. MTF has no equivalent to “Other stimulants.”

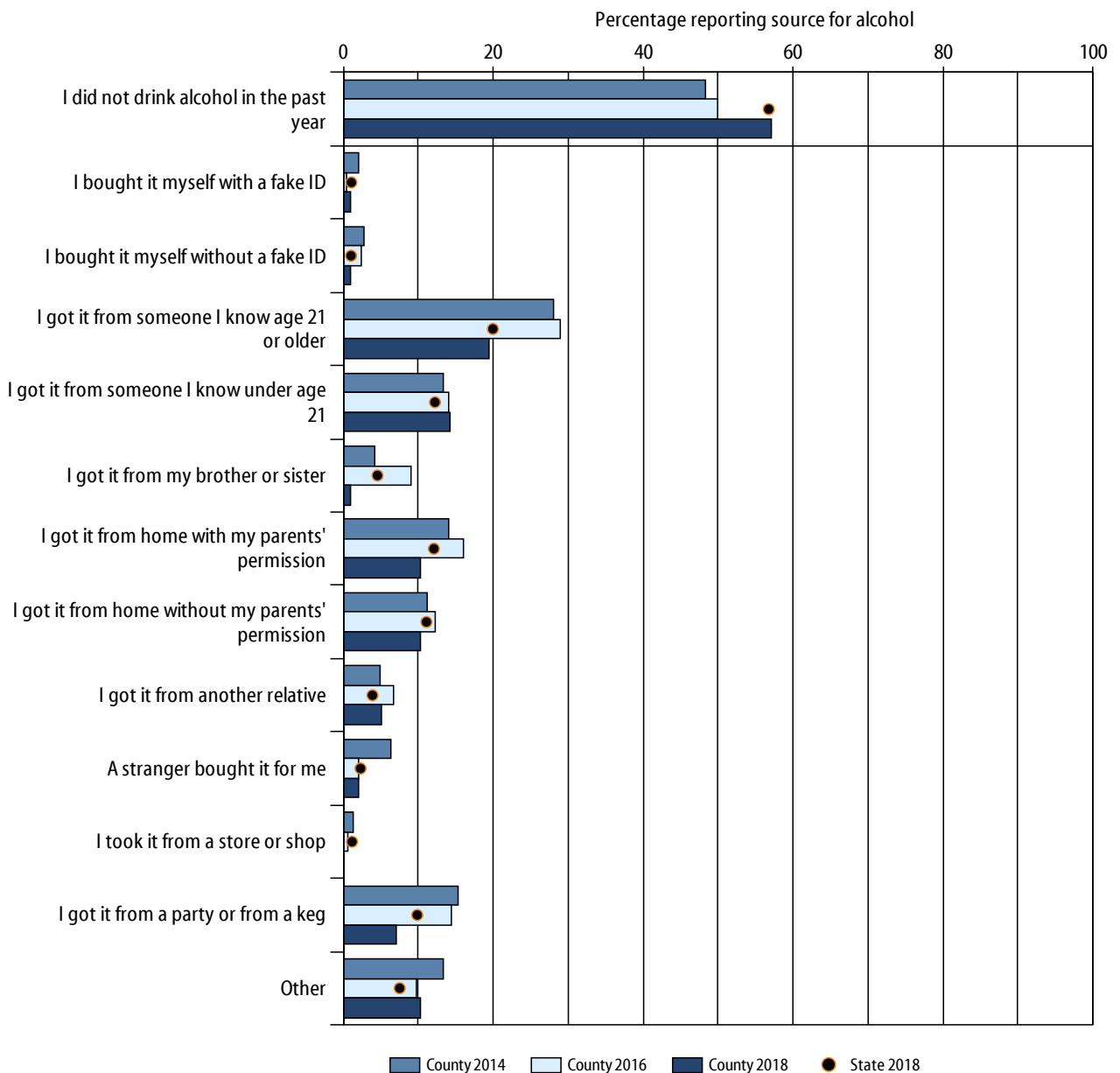
† “Any prescription drug abuse” is a combined measure showing the total rate of abuse of any prescription stimulant, prescription sedative, or prescription narcotic drugs.

SOURCES OF ALCOHOL

This chart presents the percentage of students who obtained alcohol from twelve specific sources in response to the survey item “If you drank ALCOHOL (beer, wine, or hard liquor) and not just a sip or taste in the past year, how did you USUALLY get it? (Choose all that apply.)”*

19.4% of students chose “I got it from someone I know age 21 or older” as their most frequent source/method of obtaining the alcohol they used, compared to 20.0% at the state level.

Lincoln County: All grades data



4. SOCIAL AND EMOTIONAL HEALTH

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

Social and Emotional Health

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.

Depression

The first type of depression data reports student responses about depression in the past year (*“During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”* and *“In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?”*).

The second type is the depressive symptoms scale. The scale is calculated from student responses to the following statements:

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

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

Suicide

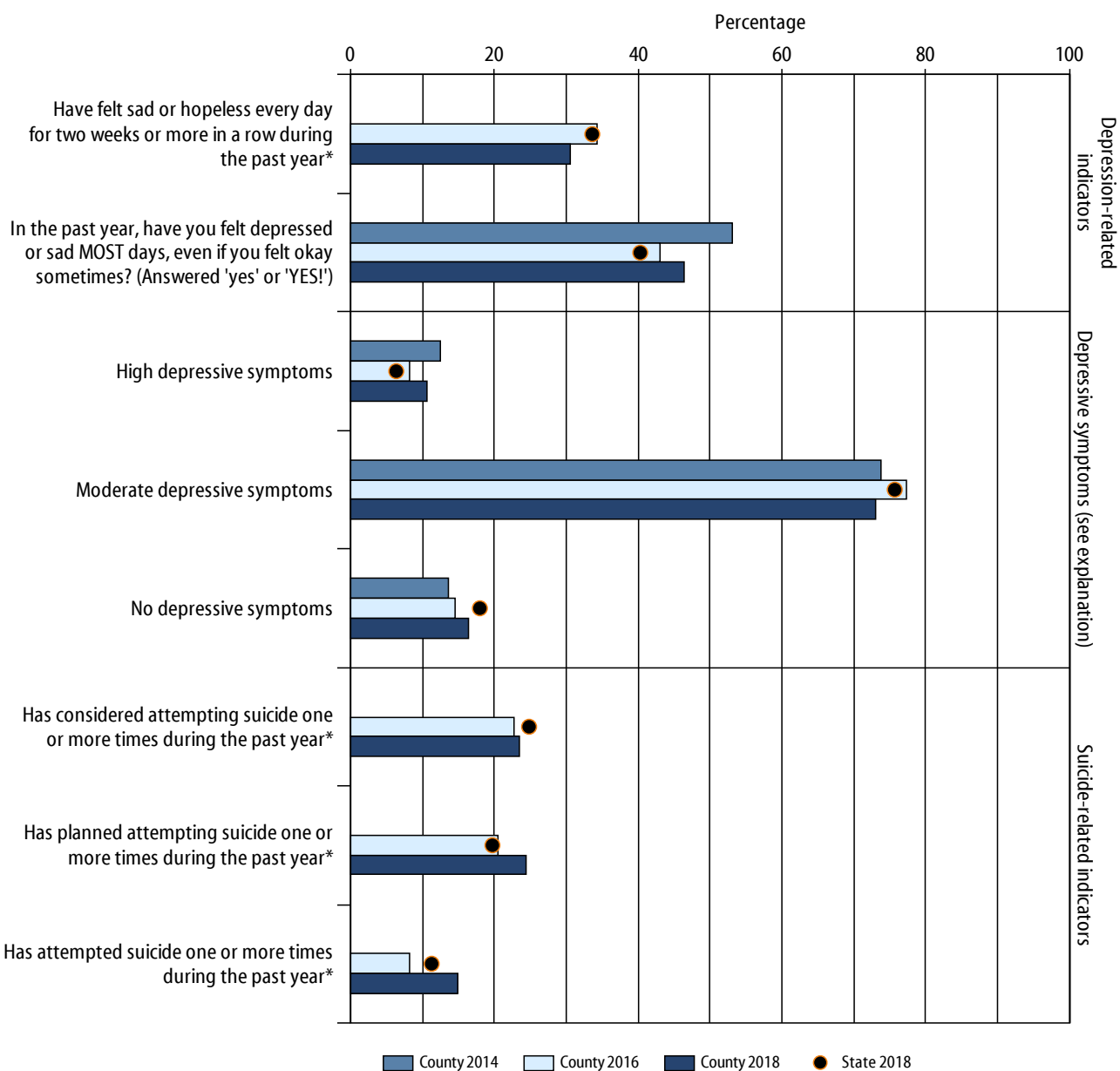
Suicide data are based on a series of questions about suicide. These questions provide information about suicidal ideation and attempts of suicide (*“During the past 12 months, did you ever seriously consider attempting suicide?”* and *“During the past 12 months, how many times did you actually attempt suicide?”*). Percentages represent the number of students reporting one or more times considering suicide, planning suicide, or attempting suicide.

SOCIAL AND EMOTIONAL HEALTH INDICATORS

The mental health charts show the percentage of youth exhibiting depressive symptoms, and student responses to questions about suicide.

46.5% of students reported they felt sad or depressed MOST days in the past 12 months. Overall, 23.4% of students had seriously considered attempting suicide, compared to 24.8% of students at the state level.

Lincoln County: All grades data



5. COMMUNITY-SCHOOL CLIMATE AND SAFETY

Many youth surveys, including the MPNA, 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.

Safe supportive schools and communities are essential to ensuring students' academic and social success. Community-school climate and safety are measured in four ways: commitment to and involvement in school, violence and drugs on school property, and monitoring the prevalence of 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 positive feedback and opportunities for participation helps create a feeling of personal investment in school and learning, reducing the likelihood that the students will become involved in problem behaviors.

Violence/drugs on school property

Violence on school property seriously diminishes student trust in the school environment. Similarly, the presence

of drugs on school property erodes the ability to establish safe and successful schools.

Bullying

Bullying is when a student or students make fun of, exclude, threaten, spread rumors about, hit, shove, or hurt another student on purpose repeatedly. While bullying is not a new phenomenon, the growing awareness that bullying has serious consequences for both schools and students is.

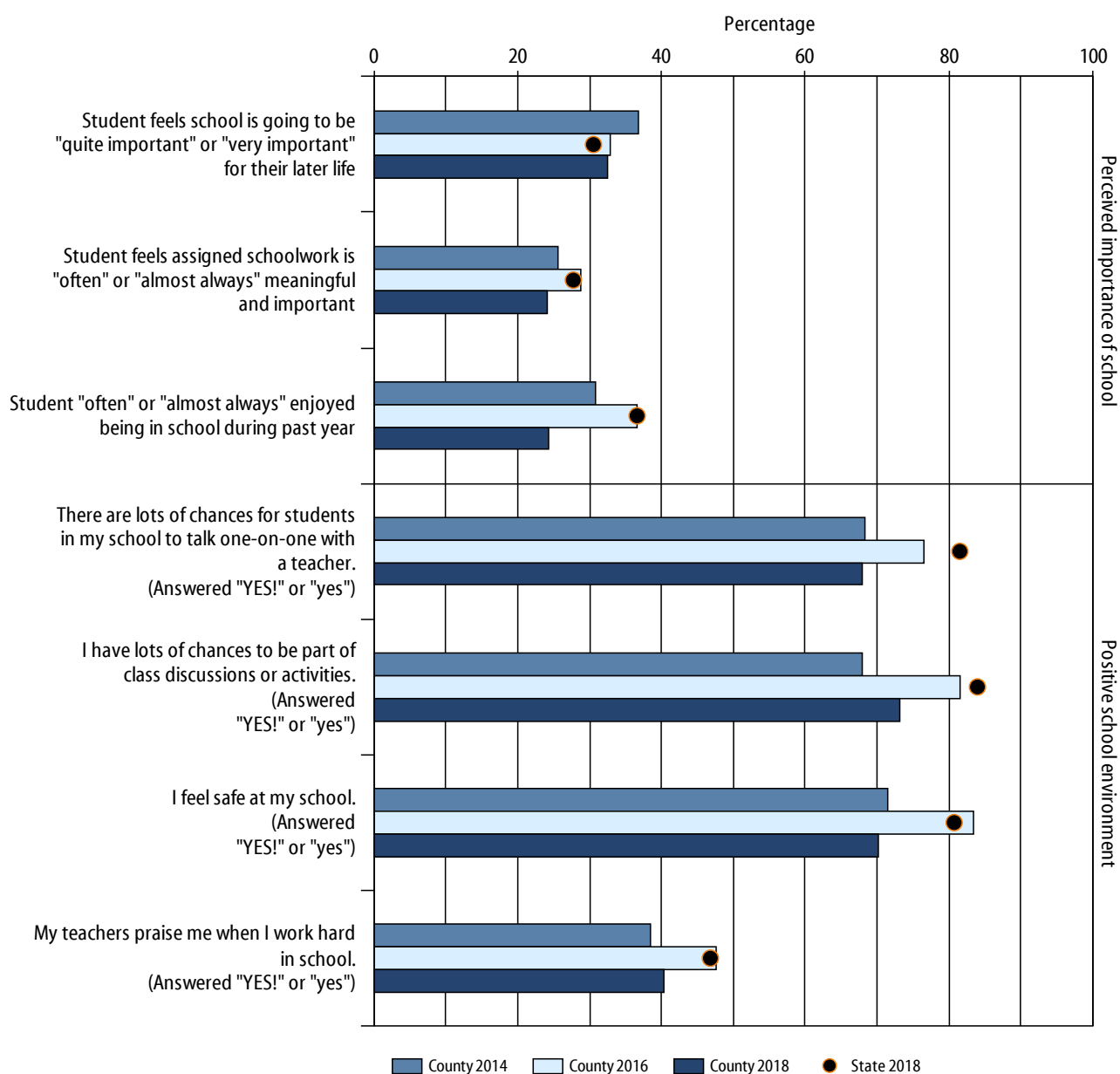
The 2018 MPNA explores the prevalence of bullying in the entire student social sphere (in person as well as online), measuring frequency, where on the school campus it may have occurred, the perceived reasons behind it, and what abusive behaviors students may have experienced.

COMMITMENT TO SCHOOL

Commitment to school is divided into two sections: perceived importance of school and whether the school is perceived as a positive, reinforcing environment.

32.5% students viewed the things they are learning in school as going to be important later in life (compared to 30.5% at the state level), and 40.3% of students reported that teachers praise them when they work hard in school (state rate: 46.8%).

Lincoln County: All grades data

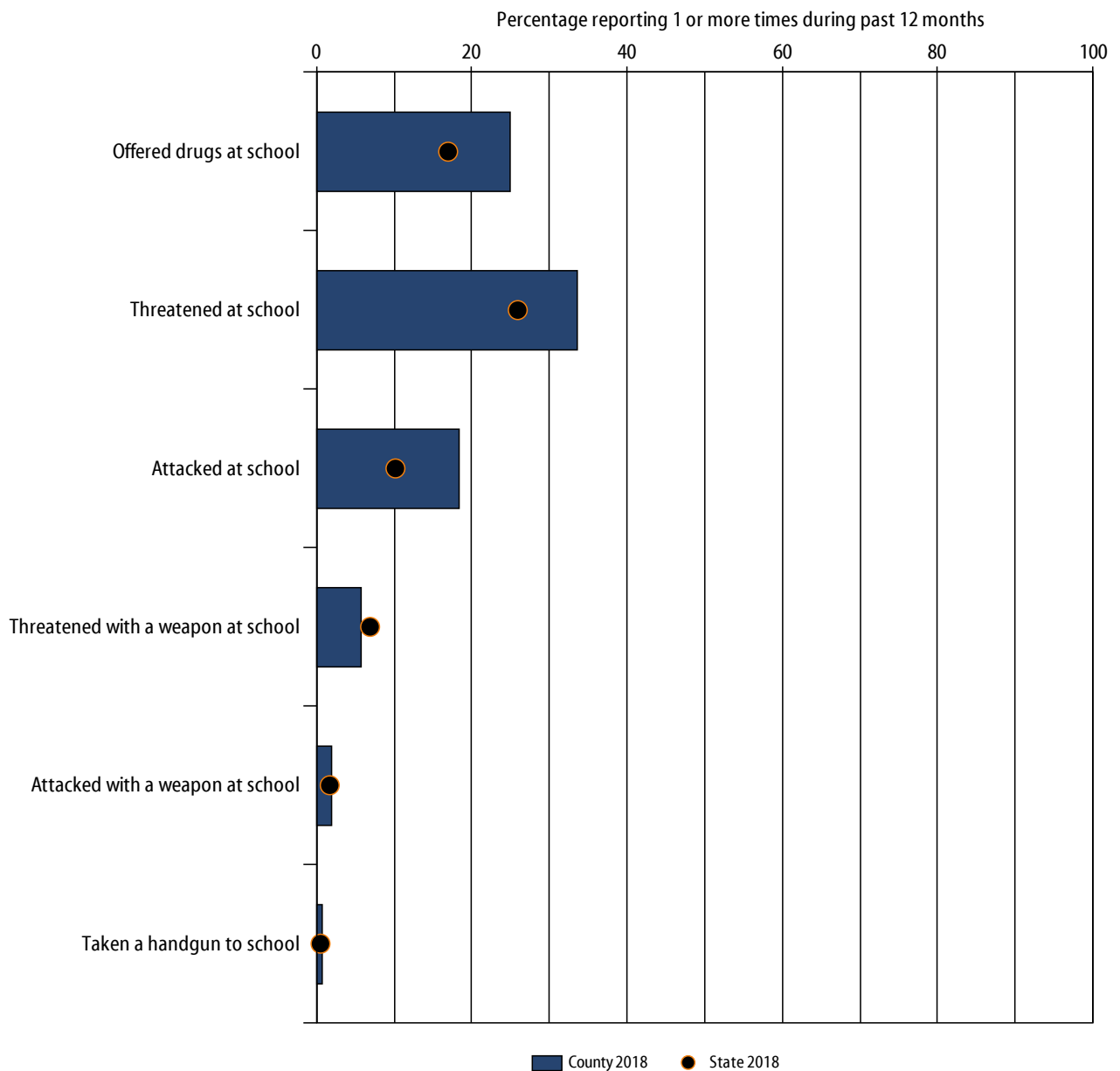


VIOLENCE/DRUGS ON SCHOOL PROPERTY

Montana 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, 33.5% of students reported being threatened with violent behavior on school property (compared to 25.9% at the state level). 18.4% of students reported having actually been attacked on school property.

Lincoln County: All grades data

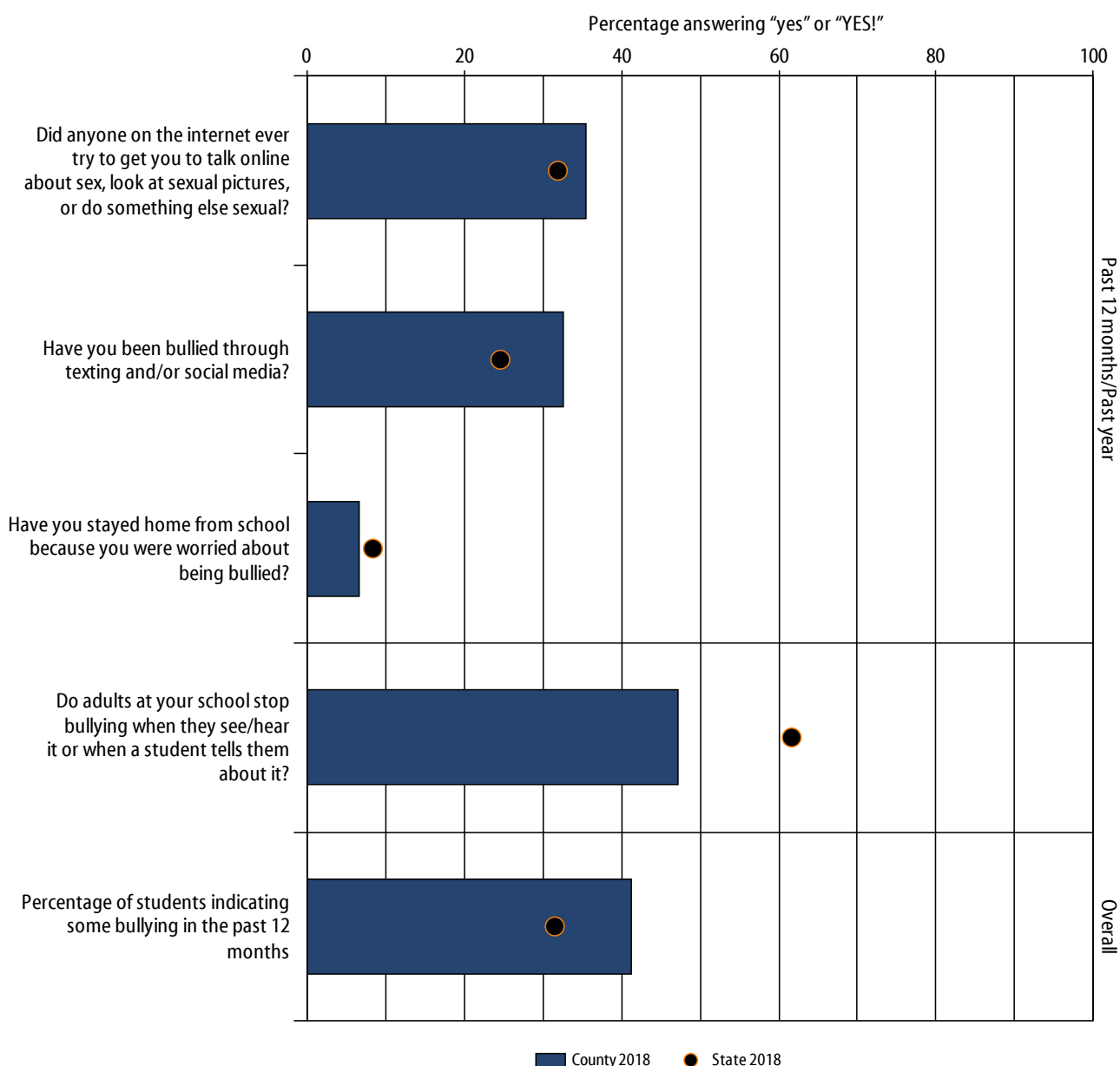


BULLYING AND INTERNET SAFETY

The social space of today's student is both physical and electronic; time spent at school and home is interwoven with texting, social media, and the Internet. The chart addresses student experiencing bullying both in person and via electronic means.*

Overall, 41.3% of students indicated experiencing bullying in the past 12 months (compared to 31.5% of students at the state level).

Lincoln County: All grades data

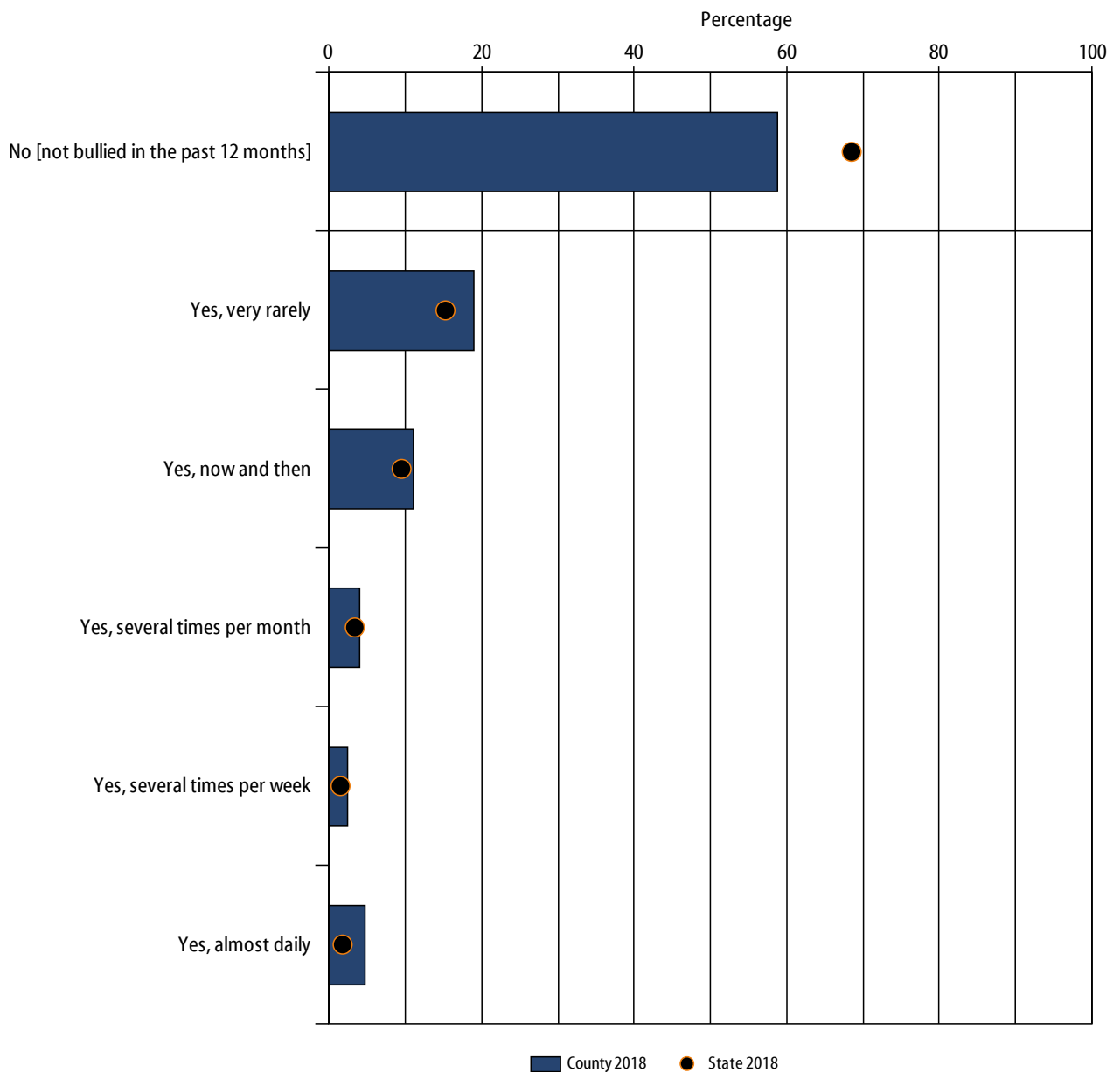


FREQUENCY OF BULLYING

This chart breaks down specific responses to the survey item “Please state whether you have been bullied in the past 12 months”* (dichotomized as a single item the previous chart).

Although 58.7% of students said they were not bullied in the last year, 19.0% of students indicated they were bullied “very rarely”, (the most picked option regarding frequency of bullying for students that were bullied.)

Lincoln County: All grades data

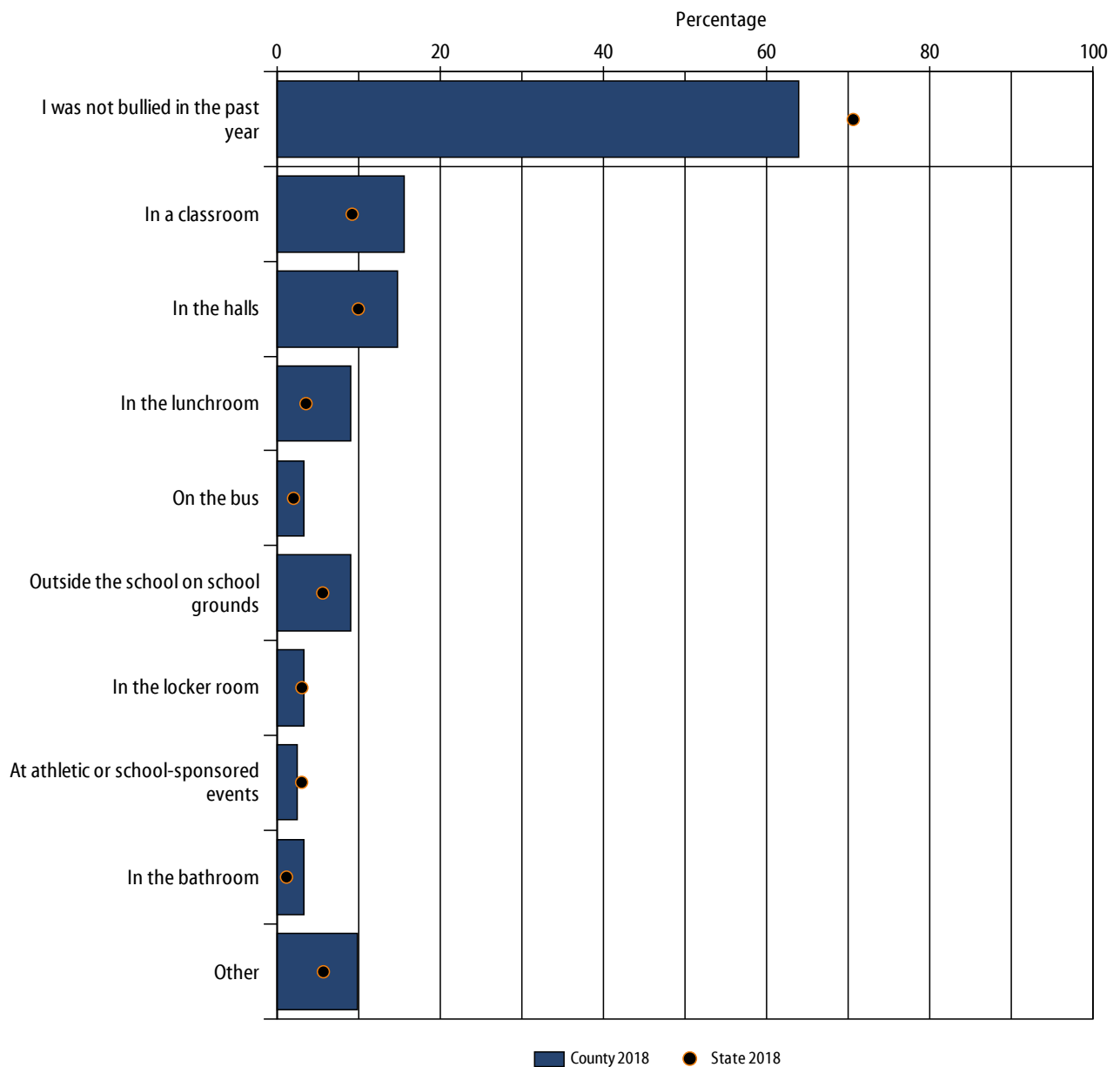


LOCATION OF BULLYING ON SCHOOL PROPERTY

This chart shows student responses to the question “If you have been bullied on school property in the past 12 months, which answer best describes where you were bullied?”

Students who were bullied on school property in the past 12 months said that “In a classroom” (15.6% of students), “In the halls” (14.8% of students) were the most frequent places they were bullied.

Lincoln County: All grades data

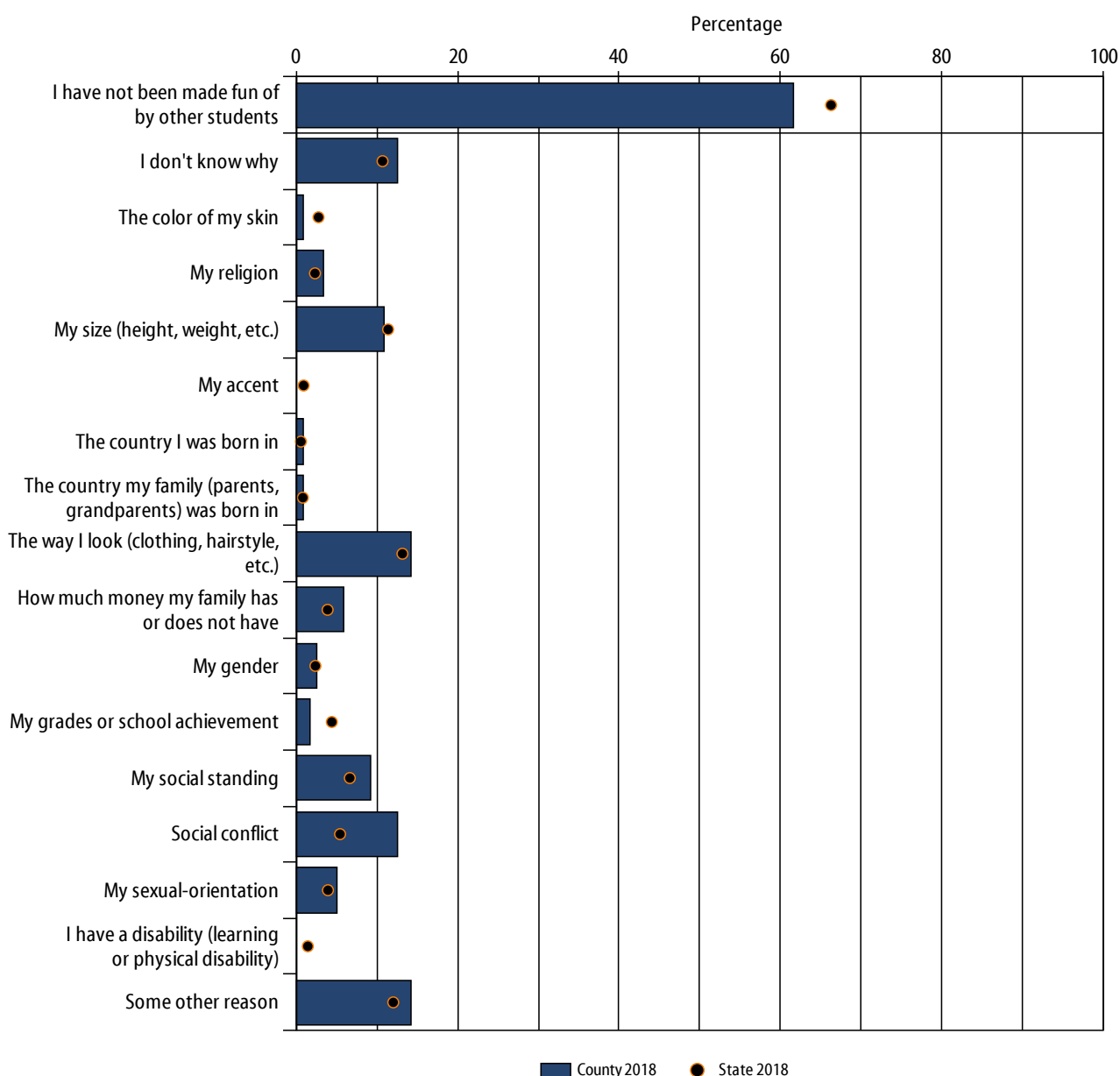


PERCEIVED REASONS FOR BULLYING

This chart shows student responses to the question “If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply.)”*

While, 61.7% of students indicated “I have not been made fun of by other students” (compared to 66.3% of students at the state level), students who indicated experiencing bullying in the past 12 months reported that “some other reason” (14.2% of students), “the way I look [clothing, hairstyle, etc.]” (14.2%), and “I don’t know why” (12.5%) were the most frequent reasons they were bullied.

Lincoln County: All grades data

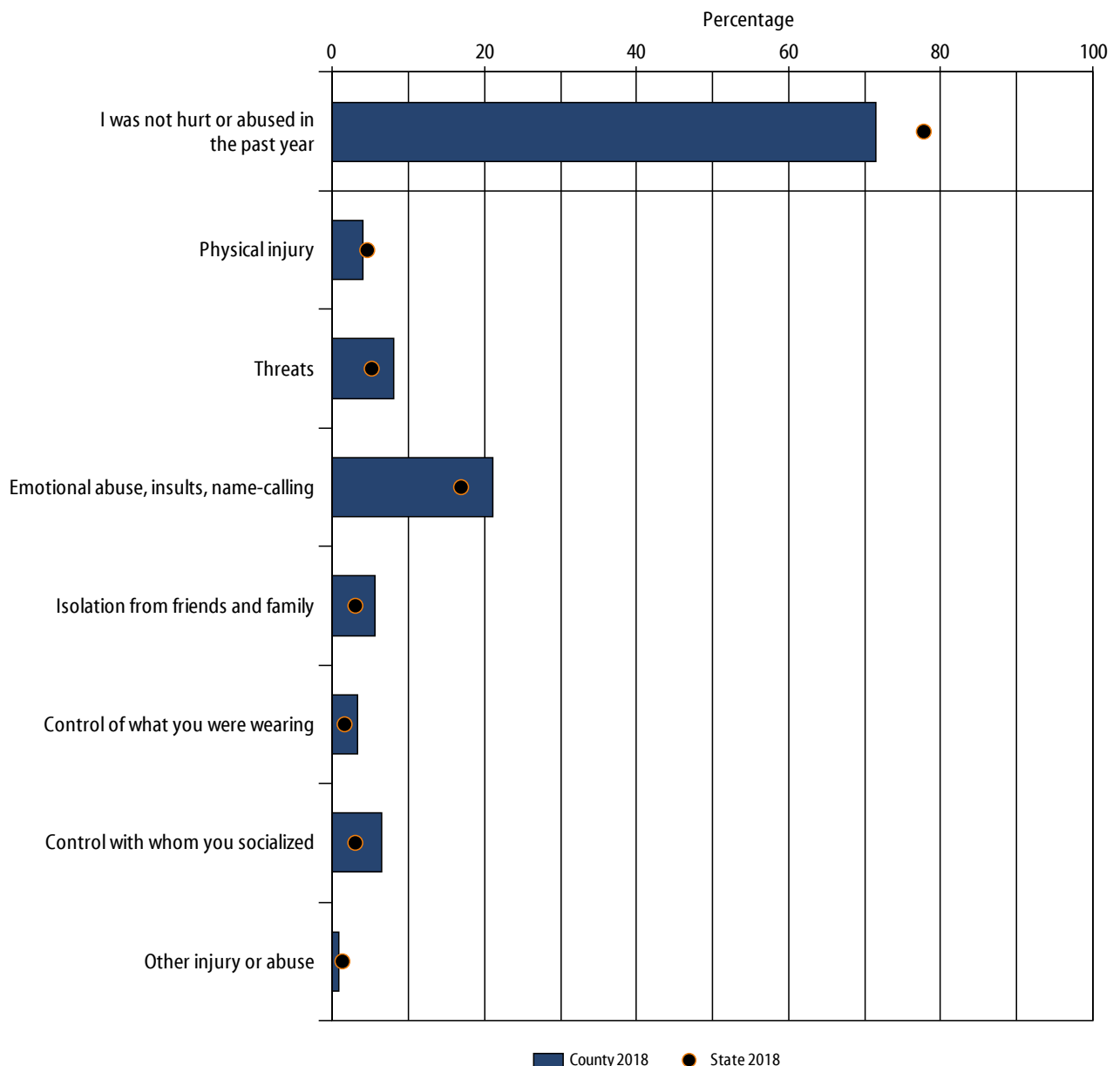


HOW STUDENTS WERE HURT OR ABUSED

This chart shows student responses to the question “If you were hurt or abused by another person in the past 12 months, how were you hurt or abused?”*

While, 71.5% of students indicated “I was not hurt or abused in the past year” (compared to 77.8% of students at the state level), the remaining students reported “Emotional abuse, insults, name-calling” (21.1% of students), “Threats” (8.1%), and “Control with whom you socialized” (6.5%) were the most frequent forms of abuse they experienced.

Lincoln County: All grades data



6. ANTISOCIAL BEHAVIOR

Antisocial behavior refers to a cluster of related behaviors (such as disobedience, aggression, stealing, and violence) that cause harm or distress to others. Observed in the student population, they can be strong predictors of future delinquent and criminal activity.

Antisocial behavior (ASB) may involve aggression against adults or peers, or might be behavior destructive to property, or oneself.

The chart that follows present the rates of a variety of antisocial behaviors over two distinct intervals - past month and past year.

Interventions have been proven to effectively reduce the incidence of ASB. Programs that focus on diminishing rewards for ASB, enhancing participation in education, and increasing reinforcement for prosocial behavior can encourage young people to discard these detrimental behavioral strategies.

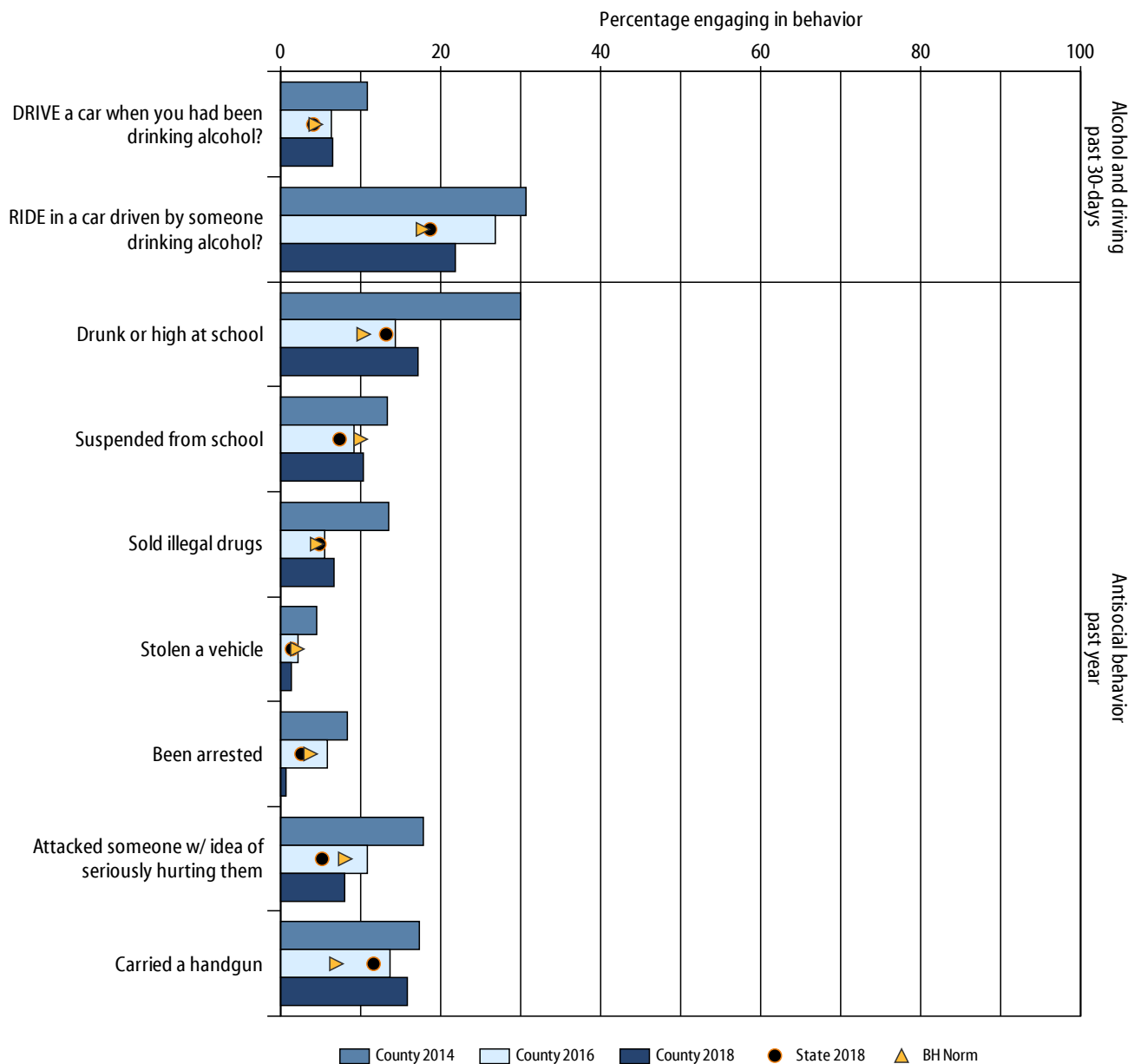
Note: Some school-specific antisocial behaviors previously reported in this section have been moved to the section on Community & School Climate.

ANTISOCIAL BEHAVIOR

This chart presents the percentage of youth reporting antisocial behaviors. Questions regarding drinking and driving reflect behavior reported in the past 30 days, while other ASB (e.g., selling illegal drugs), and related consequences (e.g., being suspended from school or arrested) reflect behavior reported over the past year.

The most frequent antisocial behavior was “been drunk or high at school,” reported by 17.1% of students (compared to 13.2% at the state level). 6.5% of students reported driving while or shortly after drinking (compared to 4.1% at the state level).

Lincoln County: All grades data



7. SYSTEMIC FACTORS

Systemic factors are measures of the attitudes and perceptions students hold about the three AMDD priorities — alcohol use, binge drinking, and marijuana use — as well as tobacco use.

Systemic factors measure student perception of the availability of substances and the risks of their use, their expectations of how parents and peers would react if the student were to use, how the student would react to use by his or her peers, and plans for future use.

Perception of risk*

The measure of how much the student thinks people risk harming themselves if they use the substance in question.

Perception of parental disapproval*

The measure of the student's perception of how wrong his or her parents would feel it was if the student regularly used the substance

Perception of peer disapproval*

The measure of how wrong friends would feel it was if the student regularly used the substance

Attitudes toward peer use*

The measure of the student's level of disapproval or how wrong it would be if someone their age regularly used the substance.

Intention to use

The student's expectation that they will use alcohol or marijuana as an adult. This attitude can be predictive of drug use in the near future, not just adulthood.

Perceived availability**

This measures how easy the student feels it would be to get alcohol or marijuana. Interestingly, studies have shown that even when the belief is unwarranted, an increase in perceived availability is associated with increased drug use.

*These factors have been chosen as a common set of measures to fulfill the reporting requirements of several national drug prevention grants. Because many grantees collect these same core measures, evaluators use them to assess the compliance and effectiveness of the programs. Drug Free Community grantees and PFS grantees will find these data repeated in Table 19, specifically formatted for ease of reporting.

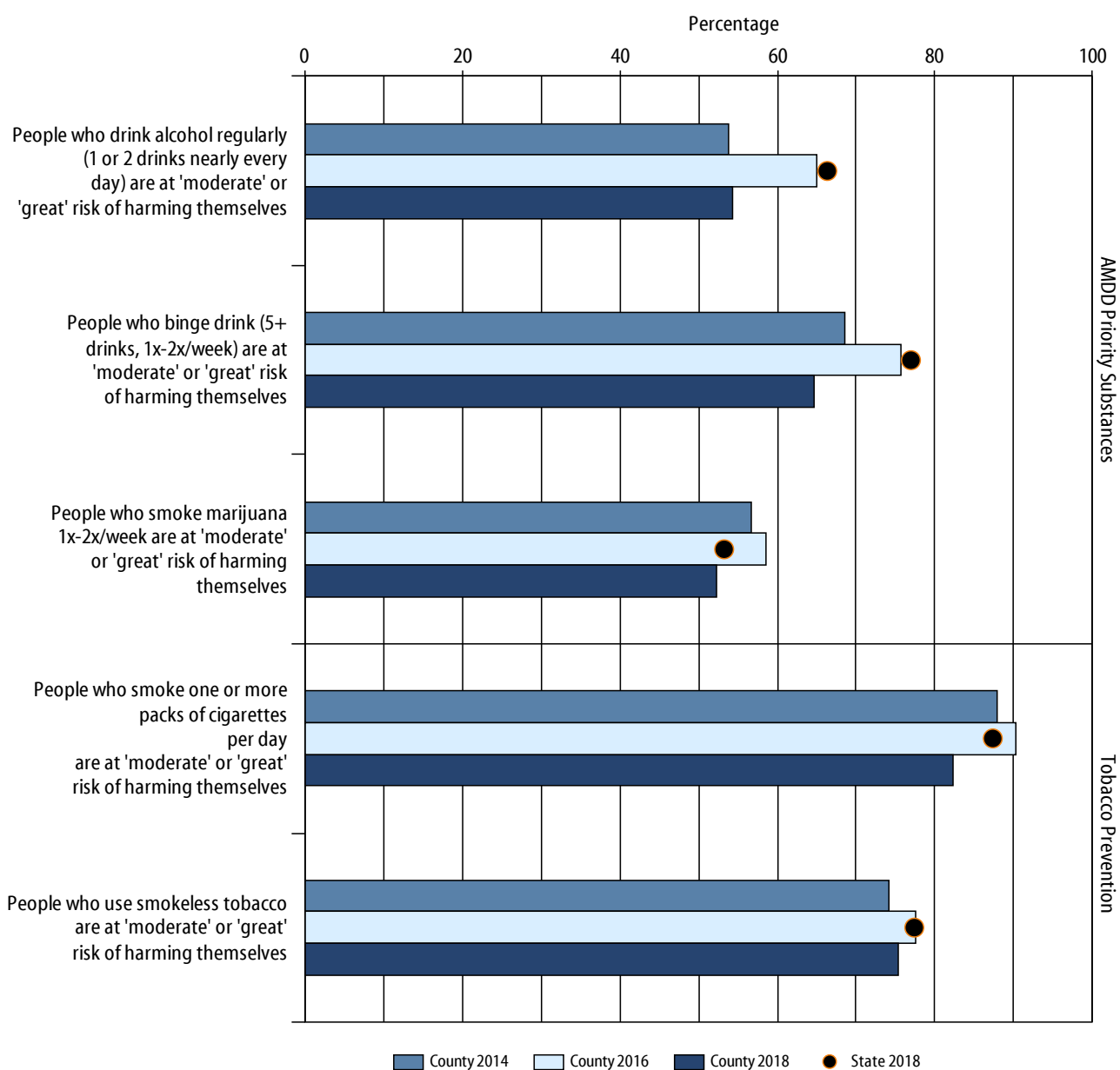
** *Perceived Availability of Drugs* is also a calculated scale in the Risk Factors section of this report.

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. Generally, when the perceived risk of harm is high, reported frequency of use is low.

This chart presents prevalence rates for surveyed youth assigning “moderate risk” or “great risk” of harm to regular use of alcohol, binge use of alcohol, using marijuana once or twice a week, smoking one or more packs of cigarettes per day, and using smokeless tobacco.

Lincoln County: All grades data

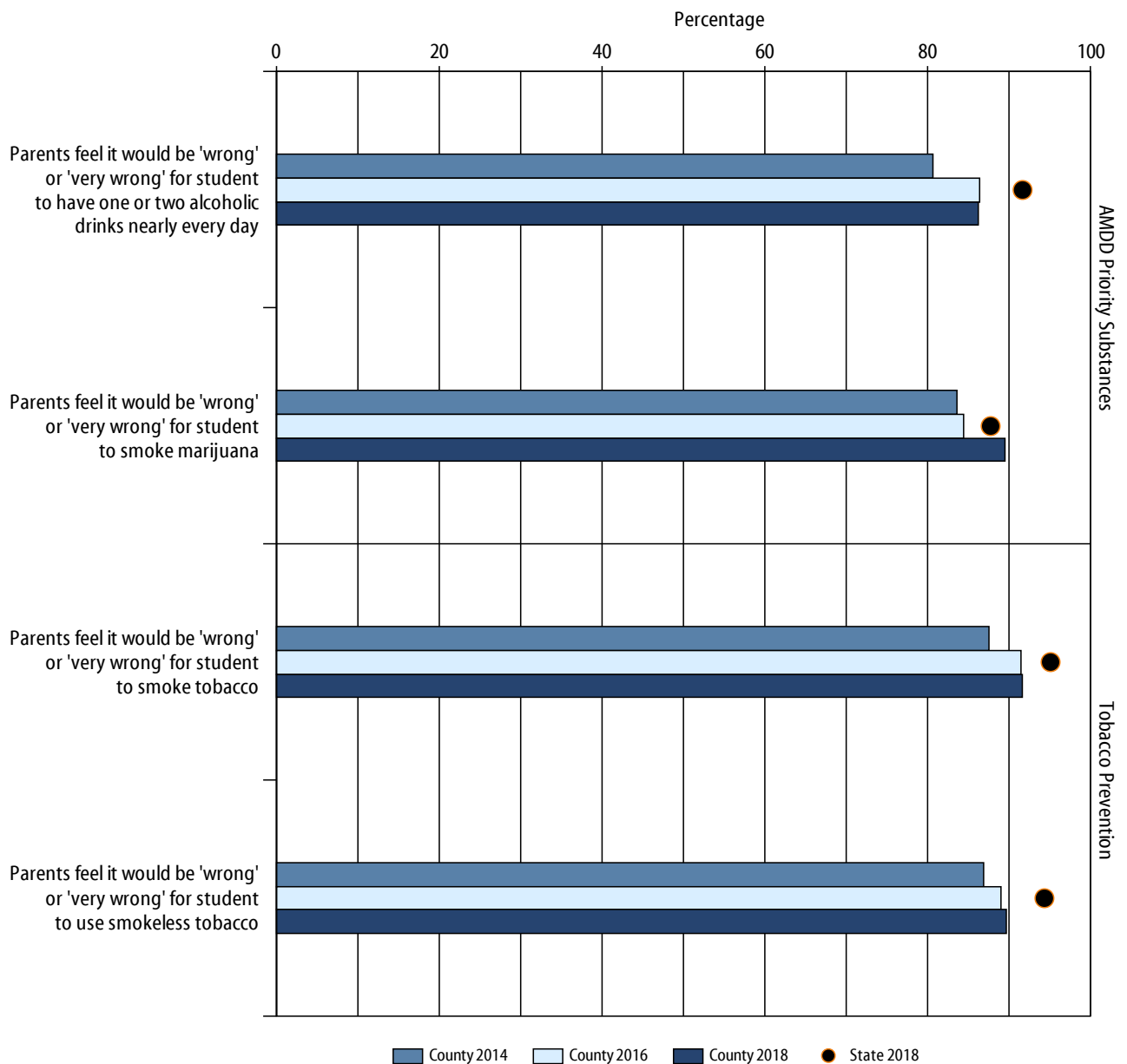


PERCEPTION OF PARENTAL DISAPPROVAL

Parents influence their children's perceptions on drug and alcohol use. For example, parental approval of moderate drinking substantially increases the likelihood of the young person using alcohol.

This chart presents prevalence rates for surveyed youth saying their parents would feel it would be "wrong" or "very wrong" to have one or two drinks of an alcoholic beverage nearly every day, smoke marijuana, smoke tobacco, or use smokeless tobacco.

Lincoln County: All grades data

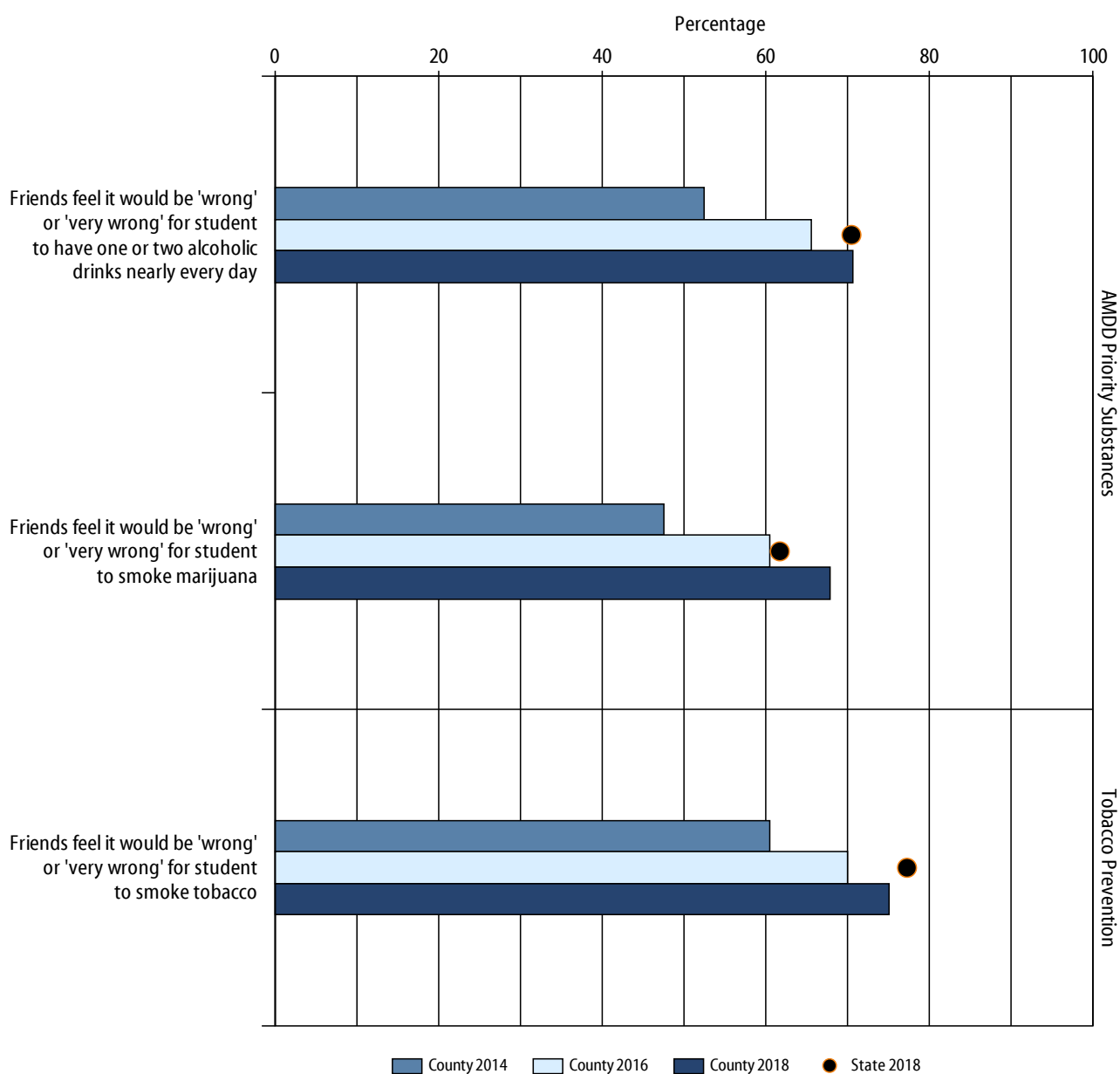


PERCEPTION OF PEER DISAPPROVAL

Parent influences tend to be more salient for younger students, but the older the student is, the more influence a student's peers exert on the student's behavior. The greater the perceived level of peer disapproval, the less likely students are to use alcohol, marijuana, or tobacco.

The rates are the percentages of surveyed youth who reported that their friends feel it would be “wrong” or “very wrong” for them to have one or two drinks of an alcoholic beverage nearly every day, smoke marijuana, or smoke tobacco.

Lincoln County: All grades data

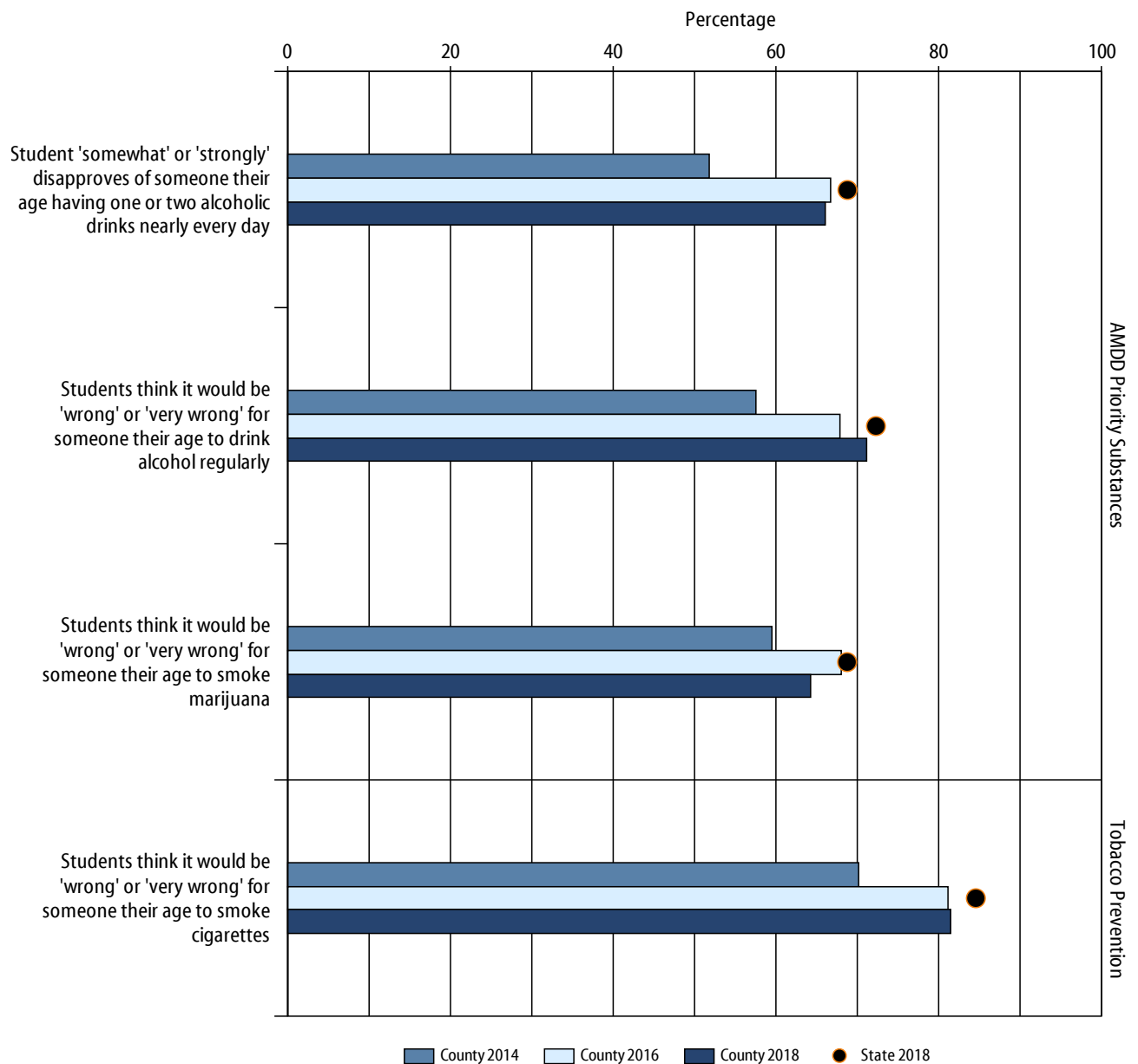


ATTITUDES TOWARD PEER USE

Students who express personal disapproval toward alcohol or marijuana use by their peers are less likely to use.

Personal disapproval is expressed in the chart below as the percentage of surveyed youth who “somewhat disapprove” or “strongly disapprove” of someone their age having one or two alcoholic drinks nearly every day or think it is “wrong” or “very wrong” to drink alcohol regularly, smoke marijuana, or smoke cigarettes.

Lincoln County: All grades data

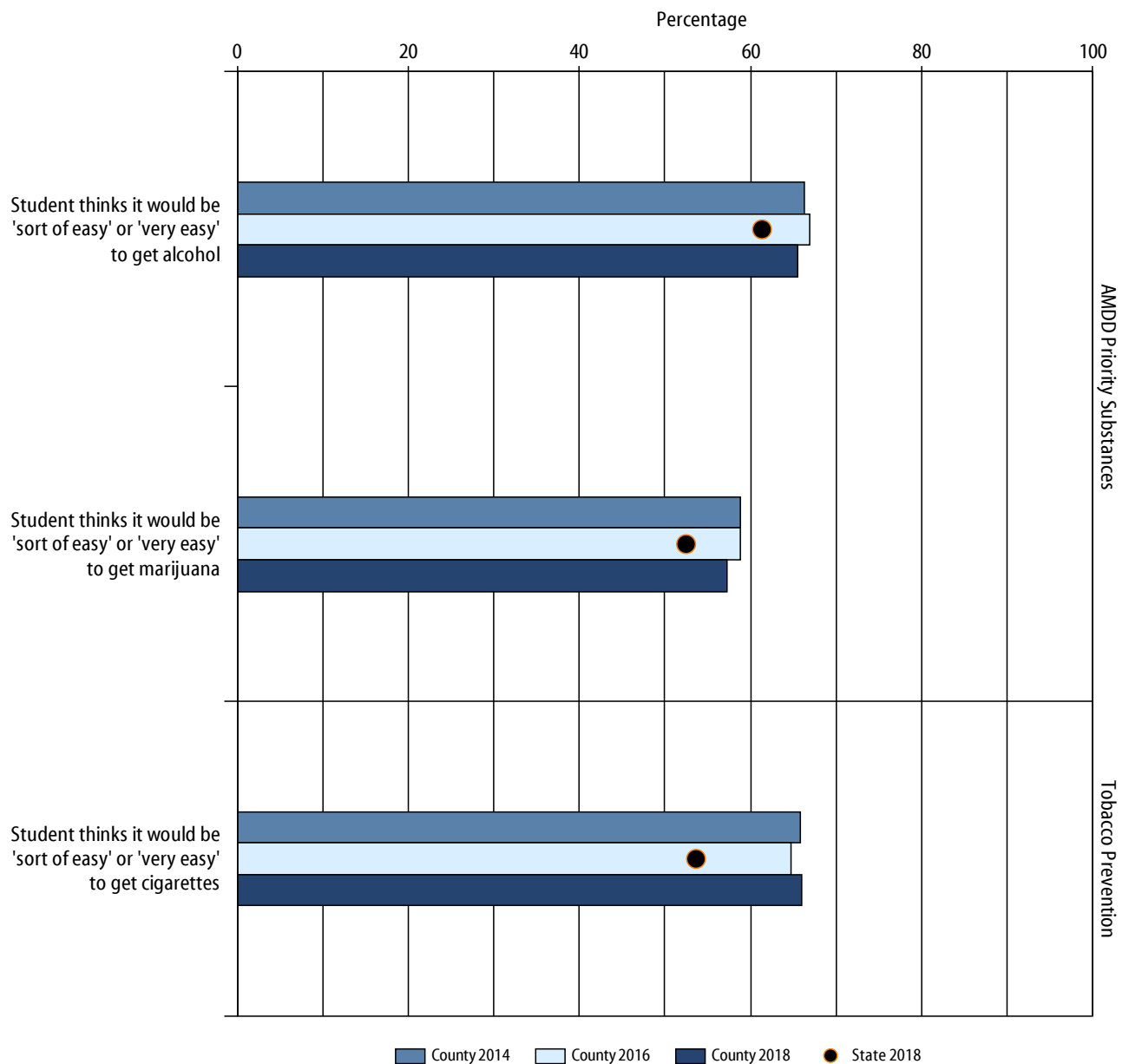


PERCEIVED AVAILABILITY

In schools where youth believe that alcohol or marijuana are readily available, a higher rate of drug use has been found to occur. Even when unwarranted, perceived availability is associated with increased use.

This chart presents the percentage of surveyed youth saying it would be “sort of easy” or “very easy” to get alcohol, marijuana, or cigarettes “if [they] wanted to get some.”

Lincoln County: All grades data

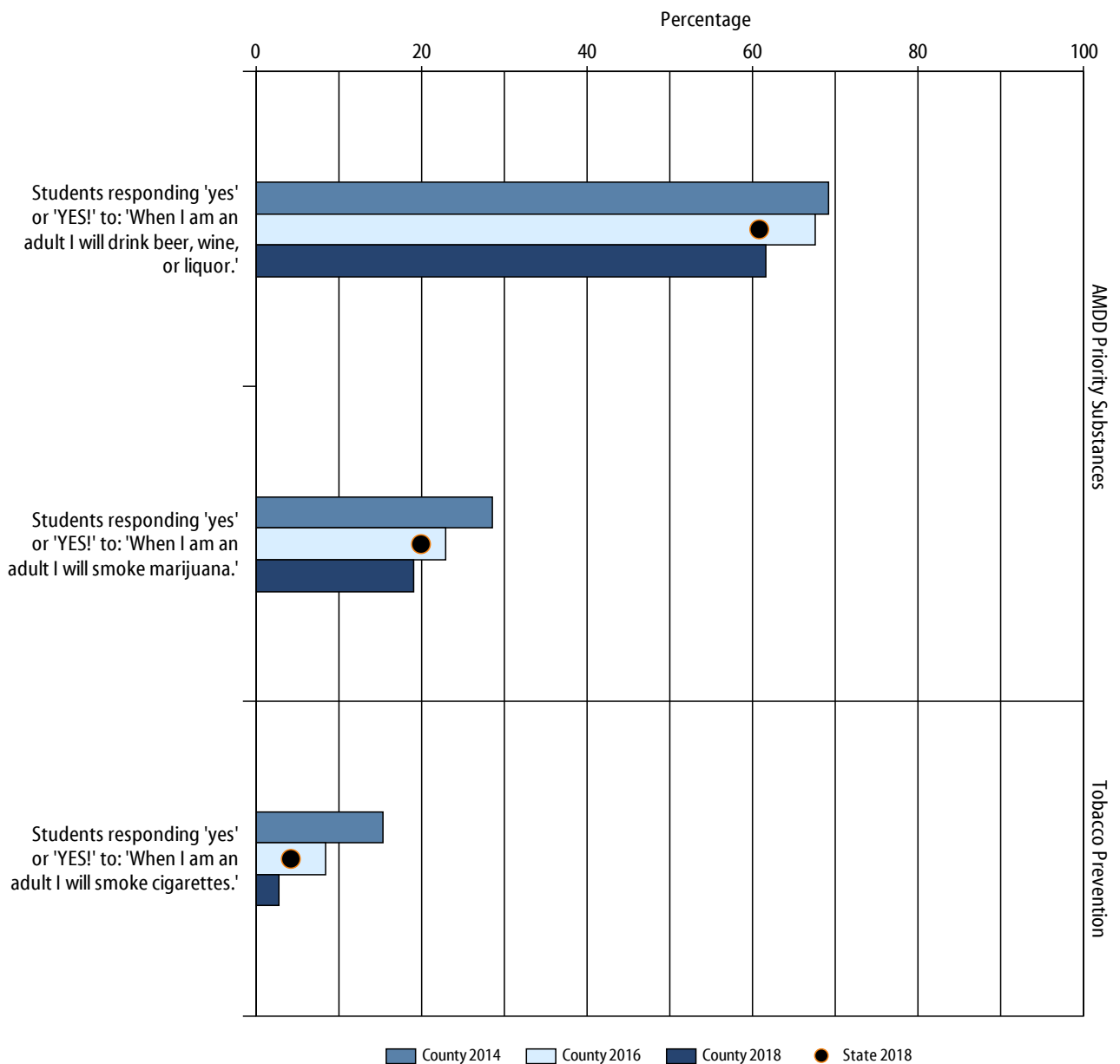


INTENTION TO USE

The future intention to use drugs and alcohol is consistently related to self-reported use. The attitudes and norms measured in the previous five charts coalesce into the student's behavioral intentions – the “last stop” between systemic factor and outcome.

This chart presents the percentage of surveyed youth reporting “yes” or “YES!” to the statements “when I am an adult I will drink beer, wine, or liquor”, “when I am an adult I will smoke marijuana,” or “when I am an adult I will smoke cigarettes.”

Lincoln County: All grades data



8. SUBSTANCE USE AND PERCEIVED PARENTAL ACCEPTABILITY

Even a small amount of perceived parental acceptability can lead to substance use.

When parents have favorable attitudes toward drugs, they influence the attitudes and behavior of their children. For example, parental approval of moderate drinking, even under parental supervision, substantially increases the risk of the young person using alcohol. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug users in adolescence.

In the Montana PNA Survey, students were asked how wrong their parents felt it was to use alcohol, marijuana, cigarettes, or prescription drugs not prescribed to them. The table above displays lifetime and past 30 days use rates in relation to perceived parental acceptance of drinking alcohol regularly or smoking marijuana.

In 2018, 74.4% of Montana students in grades 8, 10, and 12 indicated that their parents felt it was "very wrong" for them to regularly use alcohol. Table 3 shows that, of those students, 44.9% reported lifetime alcohol use and 21.1% reported alcohol use in the past 30-days.

In contrast, for the 17.2% of Montana students who marked that their parents believe that regular alcohol use is "wrong," lifetime alcohol use was reported at 74.1% and 45.5% reported alcohol use in the past 30-days.

The difference between a parent who feels regular alcohol use by their child was "wrong" as opposed to "very wrong" may initially seem minor, but students who perceived their parents found it somewhat acceptable had 65% greater lifetime alcohol use rates and 115% greater 30-day use rates than their peers whose parents unequivocally condemned regular alcohol use. Similar findings can be observed regarding marijuana use.

Table 3 illustrates how even a small amount of perceived parental acceptability can lead to substance use. These results make a strong argument for the importance of parents having strong and clear standards and rules when it comes to ATOD use.

| Table 3. Substance use in relation to perceived parental acceptability | | | | | |
|--|--------------------|--------------|------------|--------------|------------|
| How wrong do your parents feel it would be for you to... | | County 2018 | | State 2018 | |
| | | Lifetime Use | 30-Day Use | Lifetime Use | 30-Day Use |
| drink beer, wine, or hard liquor regularly? | Very wrong | 46.7 | 20.0 | 44.9 | 21.1 |
| | Wrong | 63.2 | 36.8 | 74.1 | 45.5 |
| | A little bit wrong | 100.0 | 63.6 | 84.5 | 58.1 |
| | Not wrong at all | 100.0 | 100.0 | 87.5 | 67.6 |
| smoke marijuana? | Very wrong | 19.7 | 6.8 | 18.3 | 7.1 |
| | Wrong | 44.4 | 5.6 | 47.6 | 23.8 |
| | A little bit wrong | 50.0 | 25.0 | 72.2 | 47.3 |
| | Not wrong at all | 85.7 | 42.9 | 79.5 | 62.4 |

9. USING THE RESULTS

What are the numbers telling you?

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

- Which 3-5 risk factors appear to be higher than you would want when compared to the state or the Bach Harrison Norm?
- Which 3-5 protective factors appear to be lower than you would want when compared to the state or the Bach Harrison Norm?
- Which levels of drug use are increasing and/or unacceptably high? Which substances are your students using the most?
- Which levels of antisocial behaviors are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most?

How to identify high priority problem areas.

Look across the charts – which items stand out as either much higher or much lower than the others?

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

Prioritize problems for your area – Make an assessment of the rates you've identified. Which problem(s)

can be realistically addressed with the funding available to your community? Which problem(s) fit best with the prevention resources at hand?

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

Use these data for planning.

Work with your local coalition and community leaders – they can help you to interpret your data and identify high priority items. Community coalitions and local prevention specialists work with many key leaders and can assist you.

Promising approaches – access resources listed on the last page of this report for ideas about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

Planning notes

| | Sample | Priority rate 1 | Priority rate 2 | Priority rate 3 |
|--------------------|---|-----------------|-----------------|-----------------|
| Risk factors | <i>Favorable Attitude to Drugs @14% (8% > BH Norm.)</i> | | | |
| Protective factors | <i>School rewards for prosocial involvement down 7%</i> | | | |
| Substance abuse | <i>Marijuana @7% (3% above state av.)</i> | | | |
| Social & Emotional | <i>Suicide ideation @ 5% (same as state, but seems addressable)</i> | | | |
| Systemic Factors | <i>Suicide ideation @ 5% (same as state, but still too high)</i> | | | |

10. DATA TABLES

The following data tables allow a more in depth look at the MPNA results by breaking out the data by the grade level of the respondent.

Risk and Protective Factors

Table 4. Percentage of students reporting risk

Table 5. Percentage of students reporting protection

Youth Substance Use

Table 6. Montana priority substance use

Table 7. Other substance use

Table 8. Sources of alcohol use

Social and Emotional Health

Table 9. Social and emotional health indicators

Community-School Climate and Safety

Table 10. Violence and drugs on school property

Table 11. Bullying and Internet safety

Table 12. Frequency of bullying

Table 13. Location of bullying on school property

Table 14. Perceived reasons for bullying

Table 15. How students were hurt or abused

Table 16. Commitment to and involvement in school

Antisocial Behavior

Table 17. Antisocial behavior

Systemic Factors

Table 18. Systemic factors

Table 19. Drug Free Communities data (2018)

Table 4. Percentage of students reporting risk

| Percentage of students reporting risk | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|---|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|
| | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm |
| Community | | | | | | | | | | | | | | | | | | | | |
| Low Neighborhood Attachment | 49.3 | 31.3 | 34.3 | 38.0 | 35.7 | 41.9 | 37.1 | 52.4 | 43.9 | 42.8 | 57.1 | 44.9 | 36.8 | 47.6 | 49.4 | 48.2 | 37.5 | 41.7 | 42.5 | 42.6 |
| Laws & Norms Favorable to Drug Use | 51.4 | 51.0 | 55.9 | 44.0 | 33.5 | 62.3 | 54.2 | 60.0 | 45.7 | 36.0 | 61.8 | 61.8 | 53.8 | 57.5 | 44.2 | 57.6 | 55.3 | 56.6 | 47.9 | 37.8 |
| Perceived Availability of Drugs | 47.8 | 47.5 | 41.9 | 37.0 | 26.8 | 63.9 | 35.4 | 45.2 | 38.6 | 27.4 | 37.1 | 46.1 | 32.4 | 37.5 | 32.7 | 51.5 | 42.1 | 40.0 | 37.7 | 28.8 |
| Family | | | | | | | | | | | | | | | | | | | | |
| Poor Family Management | 43.5 | 41.2 | 48.1 | 36.7 | 36.0 | 42.1 | 39.2 | 47.4 | 32.9 | 32.0 | 52.9 | 34.1 | 60.0 | 35.9 | 35.2 | 45.1 | 38.4 | 52.0 | 35.1 | 34.4 |
| Family Conflict | 37.5 | 27.8 | 44.4 | 34.4 | 32.7 | 36.8 | 37.7 | 47.4 | 39.5 | 37.5 | 58.8 | 29.9 | 34.3 | 35.2 | 37.5 | 41.9 | 32.5 | 42.0 | 36.5 | 35.9 |
| Family History of Antisocial Behavior | 42.9 | 46.2 | 25.0 | 33.3 | 29.5 | 49.0 | 50.0 | 48.7 | 38.9 | 32.6 | 54.3 | 55.8 | 29.4 | 36.8 | 34.4 | 47.9 | 50.5 | 36.1 | 36.3 | 32.1 |
| Parental Attitudes Favorable to Drug Use | 31.8 | 34.3 | 20.7 | 26.6 | 22.7 | 55.0 | 44.2 | 48.8 | 39.9 | 35.6 | 55.9 | 52.8 | 44.4 | 40.0 | 36.8 | 45.6 | 43.5 | 39.8 | 34.8 | 31.2 |
| Parental Attitudes Favorable to Antisocial Behavior | 56.9 | 49.5 | 44.8 | 54.6 | 46.5 | 46.7 | 60.5 | 50.0 | 57.2 | 49.6 | 55.9 | 59.1 | 62.9 | 57.0 | 49.1 | 52.8 | 56.6 | 52.8 | 56.2 | 48.4 |
| School | | | | | | | | | | | | | | | | | | | | |
| Academic Failure | 40.3 | 38.4 | 30.2 | 36.9 | 29.6 | 53.0 | 47.8 | 55.8 | 41.3 | 32.3 | 57.9 | 37.1 | 45.7 | 38.6 | 33.4 | 48.9 | 41.9 | 43.7 | 38.9 | 31.7 |
| Low Commitment to School | 58.1 | 57.7 | 69.6 | 55.7 | 49.1 | 61.2 | 51.8 | 64.2 | 53.3 | 45.9 | 57.9 | 52.7 | 57.4 | 53.3 | 47.8 | 59.2 | 53.9 | 64.1 | 54.3 | 47.6 |
| Peer and individual | | | | | | | | | | | | | | | | | | | | |
| Rebelliousness | 36.5 | 24.0 | 29.4 | 27.6 | 26.0 | 48.5 | 33.1 | 38.8 | 32.8 | 30.4 | 59.5 | 37.1 | 36.2 | 31.2 | 31.7 | 45.8 | 31.3 | 34.7 | 30.4 | 29.3 |
| Early Initiation of Antisocial Behavior | 55.4 | 39.4 | 30.9 | 27.7 | 24.6 | 46.3 | 40.9 | 44.2 | 29.7 | 26.3 | 48.7 | 31.1 | 41.7 | 26.6 | 25.5 | 50.6 | 37.8 | 38.7 | 28.2 | 25.5 |
| Early Initiation of Drug Use | 41.9 | 38.8 | 25.0 | 27.9 | 23.3 | 62.7 | 38.8 | 43.4 | 29.3 | 24.8 | 51.3 | 52.2 | 41.7 | 30.5 | 32.3 | 51.7 | 42.5 | 36.3 | 29.0 | 26.7 |
| Attitudes Favorable to Drug Use | 50.0 | 32.7 | 33.9 | 36.1 | 27.9 | 71.6 | 48.9 | 54.7 | 52.7 | 39.6 | 50.0 | 53.3 | 53.2 | 52.0 | 41.4 | 58.1 | 45.0 | 46.8 | 45.9 | 36.2 |
| Attitudes Favorable to Antisocial Behavior | 33.8 | 35.6 | 37.5 | 37.0 | 29.4 | 61.2 | 46.8 | 52.8 | 46.7 | 34.7 | 55.3 | 46.7 | 60.9 | 45.8 | 35.3 | 48.6 | 43.2 | 49.7 | 42.6 | 33.0 |
| Perceived Risk of Drug Use* | 58.1 | 51.9 | 58.3 | 58.8 | 47.7 | 63.1 | 67.4 | 66.7 | 70.9 | 60.2 | 61.1 | 64.4 | 65.1 | 64.2 | 58.6 | 60.6 | 61.7 | 63.3 | 64.6 | 55.3 |
| Intention to Use Drugs* | 45.9 | 36.9 | 26.1 | 34.7 | 28.7 | 63.6 | 54.3 | 49.0 | 51.3 | 40.4 | 61.1 | 64.4 | 58.7 | 58.9 | 46.0 | 55.7 | 51.7 | 44.7 | 46.5 | 38.1 |
| Interaction With Antisocial Peers | 47.3 | 31.7 | 30.4 | 25.0 | 23.9 | 40.0 | 33.6 | 47.2 | 26.9 | 24.0 | 35.1 | 31.9 | 29.2 | 22.1 | 23.5 | 42.0 | 32.5 | 35.7 | 25.0 | 23.8 |
| Friend's Use of Drugs | 43.2 | 37.6 | 28.6 | 35.0 | 26.5 | 60.0 | 40.1 | 52.8 | 38.2 | 27.7 | 43.2 | 39.6 | 38.3 | 30.7 | 28.2 | 49.4 | 39.2 | 39.7 | 35.2 | 27.4 |
| Rewards For Antisocial Behavior | 45.9 | 34.0 | 26.9 | 35.2 | 30.1 | 74.6 | 44.5 | 30.6 | 42.5 | 39.5 | 56.8 | 62.2 | 42.2 | 42.0 | 44.1 | 58.6 | 46.2 | 32.9 | 39.5 | 37.8 |
| Depressive Symptoms | 62.2 | 52.4 | 59.2 | 44.6 | 37.4 | 63.1 | 56.8 | 50.0 | 52.6 | 43.2 | 64.9 | 43.8 | 50.0 | 45.0 | 41.8 | 63.1 | 52.0 | 53.2 | 47.7 | 40.8 |
| Total | | | | | | | | | | | | | | | | | | | | |
| Students at High Risk** | 60.8 | 51.9 | 28.1 | 37.6 | ~ | 64.2 | 56.1 | 47.2 | 42.3 | ~ | 71.8 | 59.3 | 42.0 | 42.0 | ~ | 64.4 | 55.7 | 38.8 | 40.3 | ~ |

* Designates an AMDD priority scale.

** "Total Risk" is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (7th and 8th grades: 8 or more risk factors, 9th-12th grades: 9 or more risk factors.)

BH Norm data on High Risk youth are not available due to state-by-state differences in calculation methodology.

Table 5. Percentage of students reporting protection

| Percentage of students reporting protection | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|---|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|
| | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm |
| Community | | | | | | | | | | | | | | | | | | | | |
| Opportunities for Prosocial Involvement | 58.8 | 61.5 | 58.8 | 67.2 | ~ | 33.3 | 65.1 | 58.3 | 66.7 | ~ | 35.3 | 55.8 | 38.5 | 68.2 | ~ | 44.4 | 61.4 | 51.4 | 67.3 | ~ |
| Rewards for Prosocial Involvement | 49.3 | 54.5 | 55.9 | 45.3 | 45.1 | 46.8 | 56.1 | 43.9 | 41.0 | 39.7 | 45.7 | 50.6 | 43.6 | 42.8 | 38.9 | 47.6 | 54.1 | 47.4 | 43.1 | 41.2 |
| Family | | | | | | | | | | | | | | | | | | | | |
| Family Attachment | 50.8 | 50.5 | 38.5 | 57.4 | 59.9 | 45.6 | 57.0 | 44.7 | 61.7 | 61.4 | 50.0 | 56.3 | 48.6 | 62.3 | 59.0 | 48.7 | 54.8 | 44.4 | 60.2 | 60.1 |
| Opportunities for Prosocial Involvement | 52.5 | 64.9 | 72.0 | 66.8 | 65.9 | 48.2 | 57.8 | 52.6 | 61.5 | 60.6 | 44.1 | 61.4 | 54.3 | 62.2 | 58.3 | 49.0 | 61.0 | 58.2 | 63.7 | 61.6 |
| Rewards for Prosocial Involvement | 41.4 | 50.0 | 41.7 | 49.9 | 52.5 | 49.1 | 52.0 | 50.0 | 57.7 | 57.9 | 51.5 | 47.1 | 44.1 | 58.6 | 54.6 | 46.5 | 50.0 | 45.8 | 55.0 | 55.0 |
| School | | | | | | | | | | | | | | | | | | | | |
| Opportunities for Prosocial Involvement | 55.4 | 69.9 | 64.3 | 69.6 | 68.5 | 46.3 | 65.9 | 46.2 | 68.2 | 66.9 | 51.3 | 68.9 | 46.8 | 69.3 | 67.5 | 51.1 | 68.0 | 52.9 | 69.0 | 67.6 |
| Rewards for Prosocial Involvement | 37.8 | 51.0 | 53.6 | 55.8 | 54.9 | 53.7 | 64.5 | 47.2 | 63.8 | 60.8 | 33.3 | 48.9 | 23.4 | 48.9 | 49.4 | 42.8 | 56.0 | 42.3 | 57.2 | 55.2 |
| Peer and individual | | | | | | | | | | | | | | | | | | | | |
| Belief in the Moral Order | 44.6 | 56.9 | 58.3 | 70.6 | 71.8 | 37.9 | 48.6 | 42.6 | 59.0 | 60.6 | 36.1 | 56.7 | 40.9 | 57.7 | 58.8 | 40.3 | 53.3 | 47.5 | 63.3 | 63.8 |
| Religiosity | 47.3 | 42.3 | 53.8 | 39.3 | 45.9 | 28.8 | 43.4 | 35.3 | 36.5 | 40.2 | 27.0 | 32.2 | 19.1 | 31.6 | 34.0 | 36.2 | 40.0 | 36.7 | 36.5 | 40.1 |
| Interaction with Prosocial Peers | 43.2 | 54.0 | 53.6 | 57.4 | 54.8 | 36.9 | 51.1 | 35.8 | 51.7 | 53.6 | 27.0 | 42.9 | 38.3 | 48.1 | 47.6 | 37.5 | 49.7 | 42.9 | 53.1 | 52.1 |
| Prosocial Involvement | 56.8 | 60.2 | 48.1 | 58.9 | 55.4 | 62.7 | 59.0 | 44.0 | 57.4 | 57.3 | 46.2 | 64.0 | 42.6 | 59.2 | 54.5 | 56.7 | 60.7 | 45.0 | 58.4 | 55.8 |
| Rewards for Prosocial Involvement* | 48.6 | 72.0 | 46.2 | 46.2 | 54.4 | 61.5 | 66.7 | 52.1 | 57.0 | 61.8 | 40.5 | 62.2 | 51.1 | 62.8 | 63.3 | 51.7 | 67.1 | 49.7 | 54.0 | 59.7 |
| Total | | | | | | | | | | | | | | | | | | | | |
| Students with High Protection** | 45.9 | 59.6 | 36.8 | 59.4 | ~ | 38.8 | 61.2 | 45.3 | 61.0 | ~ | 35.9 | 58.2 | 28.6 | 61.8 | ~ | 41.1 | 59.9 | 37.1 | 60.6 | ~ |

* Designates an AMDD priority scale.

** "Total Protection" is defined as the percentage of students who have 5 or more protective factors operating in their lives.

BH Norm data on High Protection youth are not available due to state-by-state differences in calculation methodology.

Table 6. Montana priority substance use

| | | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|---|--|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|
| In the past 30 days, on how many occasions (if any) have you... (One or more occasions.) | | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 |
| AMDD Priority Substances | | | | | | | | | | | | | | | | | | | | | |
| Alcohol | had alcoholic beverages (beer, wine, or hard liquor) to drink - more than just a few sips? | 24.7 | 17.3 | 6.5 | 14.7 | 8.0 | 48.4 | 24.6 | 44.0 | 32.4 | 19.7 | 52.8 | 50.0 | 45.5 | 44.8 | 33.2 | 39.3 | 29.3 | 32.1 | 28.3 | 19.9 |
| Binge drinking* | have 5 or more drinks of alcohol in a row, that is, within a couple of hours? | ~ | 7.8 | 7.1 | 6.8 | ~ | ~ | 14.4 | 30.8 | 18.8 | ~ | ~ | 38.2 | 28.6 | 29.6 | ~ | ~ | 18.7 | 21.7 | 16.5 | ~ |
| Marijuana | used marijuana? | 6.9 | 12.5 | 4.3 | 7.2 | 5.5 | 46.9 | 13.9 | 20.8 | 19.0 | 15.7 | 13.9 | 17.4 | 11.6 | 21.7 | 22.9 | 23.3 | 14.4 | 12.3 | 15.0 | 14.5 |
| Tobacco use prevention | | | | | | | | | | | | | | | | | | | | | |
| Cigarettes | smoked cigarettes? | 15.7 | 9.8 | 0.0 | 3.9 | 1.9 | 21.9 | 10.5 | 15.6 | 9.4 | 5.0 | 25.7 | 19.1 | 4.9 | 11.2 | 9.7 | 20.1 | 12.7 | 6.9 | 7.7 | 5.4 |
| e-Cigarettes* | used electronic cigarettes, e-cigarettes, vape pens, or e-hookahs? | ~ | 12.5 | 8.7 | 14.3 | 6.6 | ~ | 21.6 | 32.0 | 32.2 | 13.1 | ~ | 32.6 | 40.0 | 33.3 | 16.6 | ~ | 21.7 | 27.0 | 25.4 | 12.0 |
| Chewing tobacco | used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)? | 11.1 | 6.9 | 2.2 | 2.6 | 1.7 | 15.6 | 11.9 | 15.6 | 7.7 | 3.8 | 19.4 | 16.9 | 20.0 | 10.8 | 4.9 | 14.5 | 11.7 | 12.6 | 6.4 | 3.5 |

* Past 30-day Binge Drinking and e-Cigarettes were not collected in the 2014 MPNA.

Table 7. Other substance use

| | | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|---|---|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|----------------|----------------|----------------|---------------|-------------|
| In the past 30 days, on how many occasions (if any) have you... (One or more occasions.) | | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 | County 2014 | County 2016 | County 2018 | State 2018 | MTF 2017 |
| Inhalants | sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high? | 6.9 | 1.9 | 2.1 | 2.0 | 2.1 | 6.3 | 1.5 | 0.0 | 1.2 | 1.1 | 0.0 | 1.1 | 0.0 | 0.8 | 0.8 | 5.2 | 1.5 | 0.7 | 1.4 | 1.3 |
| Hallucinogens | used LSD or other hallucinogens? | 0.0 | 1.0 | 0.0 | 0.4 | 0.5 | 1.6 | 1.5 | 2.1 | 1.8 | 1.1 | 0.0 | 3.4 | 2.3 | 2.1 | 1.6 | 0.6 | 1.8 | 1.5 | 1.3 | 1.0 |
| Cocaine | used cocaine or crack? | 0.0 | 0.0 | 2.1 | 0.2 | 0.4 | 3.2 | 0.7 | 0.0 | 0.6 | 0.5 | 2.8 | 1.1 | 0.0 | 1.6 | 1.2 | 1.8 | 0.6 | 0.7 | 0.7 | 0.7 |
| Methamphetamine | used methamphetamines (meth, crystal meth)? | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 1.6 | 0.7 | 2.1 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.3 | 0.3 | 0.6 | 0.3 | 0.7 | 0.2 | 0.2 |
| Other stimulants* | used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them? | 1.4 | 1.0 | 0.0 | 0.5 | 1.7 | 7.8 | 1.5 | 0.0 | 1.3 | 2.5 | 2.8 | 2.2 | 0.0 | 1.4 | 2.6 | 4.1 | 1.5 | 0.0 | 1.0 | 2.2 |
| Sedatives* | used sedatives (tranquilizers, such as Valium or Xanax, barbiturates or sleeping pills) without a doctor telling you to take them? | 2.8 | 5.8 | 2.2 | 3.1 | ~ | 19.0 | 5.9 | 2.1 | 3.6 | ~ | 2.8 | 5.6 | 0.0 | 2.7 | 1.4 | 8.8 | 5.8 | 1.4 | 3.2 | ~ |
| Narcotic prescription drugs* | used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them? | 4.2 | 1.9 | 0.0 | 0.8 | ~ | 18.8 | 4.4 | 2.1 | 2.1 | ~ | 0.0 | 4.5 | 0.0 | 2.3 | 1.6 | 8.7 | 3.7 | 0.7 | 1.6 | ~ |
| Past 30-day any prescription drug abuse** | used prescription drugs (stimulants, sedatives, or narcotics) without a doctor telling you to take them? | 6.9 | 7.7 | 2.1 | 3.7 | ~ | 23.4 | 8.1 | 4.3 | 5.0 | ~ | 5.6 | 9.0 | 0.0 | 4.6 | 4.9 | 12.8 | 8.2 | 2.2 | 4.4 | ~ |
| Heroin or other opiates | used heroin or other opiates? | 1.4 | 0.0 | 0.0 | 0.1 | 0.2 | 1.6 | 0.0 | 0.0 | 0.3 | 0.1 | 0.0 | 1.1 | 0.0 | 0.6 | 0.3 | 1.2 | 0.3 | 0.0 | 0.3 | 0.2 |
| Ecstasy | used MDMA ('X', 'E', or ecstasy)? | 2.8 | 0.0 | 0.0 | 0.3 | 0.4 | 3.2 | 0.7 | 2.1 | 0.8 | 0.5 | 0.0 | 6.7 | 0.0 | 1.3 | 0.9 | 2.3 | 2.1 | 0.7 | 0.7 | 0.6 |

* Monitoring the Future data for "Sedatives" and "Narcotic prescription drugs," are not available for grades 8 and 10. MTF has no equivalent to "Other stimulants."

** "Any prescription drug abuse" is a combined measure showing the total rate of abuse of any prescription stimulant, prescription sedative, or prescription narcotic drugs.

Table 8. Sources of alcohol use*

| If you drank alcohol (not just a sip or taste) in the past year, how did you get it? | 8th grade | | | | 10th grade | | | | 12th grade | | | | All grades | | | |
|--|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|
| | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 |
| I did not drink alcohol in the past year | 60.7 | 74.2 | 78.3 | 75.0 | 37.0 | 49.2 | 57.5 | 50.8 | 45.5 | 25.9 | 42.9 | 38.0 | 48.3 | 50.0 | 57.1 | 56.8 |
| I bought it myself with a fake ID | 1.8 | 0.0 | 0.0 | 0.4 | 1.9 | 0.8 | 0.0 | 0.8 | 3.0 | 0.0 | 2.9 | 2.5 | 2.1 | 0.3 | 1.0 | 1.1 |
| I bought it myself without a fake ID | 0.0 | 2.2 | 0.0 | 0.4 | 3.7 | 0.8 | 0.0 | 1.1 | 6.1 | 4.7 | 2.9 | 2.0 | 2.8 | 2.3 | 1.0 | 1.0 |
| I got it from someone I know age 21 or older | 14.3 | 10.1 | 4.3 | 7.0 | 33.3 | 26.2 | 17.5 | 21.8 | 42.4 | 52.9 | 31.4 | 37.0 | 28.0 | 29.0 | 19.4 | 20.0 |
| I got it from someone I know under age 21 | 8.9 | 3.4 | 8.7 | 5.3 | 16.7 | 16.7 | 12.5 | 14.7 | 15.2 | 21.2 | 20.0 | 19.1 | 13.3 | 14.0 | 14.3 | 12.2 |
| I got it from my brother or sister | 1.8 | 3.4 | 0.0 | 2.6 | 5.6 | 9.5 | 0.0 | 5.3 | 6.1 | 14.1 | 2.9 | 6.5 | 4.2 | 9.0 | 1.0 | 4.6 |
| I got it from home with my parents' permission | 14.3 | 12.4 | 4.3 | 7.7 | 11.1 | 15.9 | 7.5 | 13.2 | 18.2 | 20.0 | 17.1 | 17.2 | 14.0 | 16.0 | 10.2 | 12.1 |
| I got it from home without my parents' permission | 12.5 | 9.0 | 8.7 | 7.6 | 13.0 | 11.1 | 10.0 | 14.6 | 6.1 | 17.6 | 11.4 | 11.0 | 11.2 | 12.3 | 10.2 | 11.1 |
| I got it from another relative | 3.6 | 3.4 | 4.3 | 2.8 | 3.7 | 8.7 | 2.5 | 4.4 | 9.1 | 7.1 | 8.6 | 4.8 | 4.9 | 6.7 | 5.1 | 3.9 |
| A stranger bought it for me | 3.6 | 0.0 | 0.0 | 0.8 | 9.3 | 4.0 | 2.5 | 3.1 | 6.1 | 1.2 | 2.9 | 3.4 | 6.3 | 2.0 | 2.0 | 2.3 |
| I took it from a store or shop | 0.0 | 0.0 | 0.0 | 0.6 | 1.9 | 0.0 | 0.0 | 1.6 | 3.0 | 2.4 | 0.0 | 1.3 | 1.4 | 0.7 | 0.0 | 1.2 |
| I got it from a party or from a keg | 5.4 | 1.1 | 8.7 | 3.0 | 24.1 | 14.3 | 2.5 | 12.2 | 18.2 | 28.2 | 11.4 | 16.8 | 15.4 | 14.3 | 7.1 | 9.9 |
| Other | 12.5 | 6.7 | 4.3 | 6.2 | 14.8 | 11.1 | 15.0 | 8.7 | 12.1 | 10.6 | 8.6 | 7.8 | 13.3 | 9.7 | 10.2 | 7.5 |

* Percentages reported for each source are based upon all students who answered the question, including those who answered "I did not drink alcohol in the past year."

Table 9. Social and emotional health indicators

| | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|--|-------------|-------------|-------------|------------|------|-------------|-------------|-------------|------------|------|-------------|-------------|-------------|------------|------|-------------|-------------|-------------|------------|------|
| | County 2014 | County 2016 | County 2018 | State 2018 | YRBS | County 2014 | County 2016 | County 2018 | State 2018 | YRBS | County 2014 | County 2016 | County 2018 | State 2018 | YRBS | County 2014 | County 2016 | County 2018 | State 2018 | YRBS |
| Depression-related indicators | | | | | | | | | | | | | | | | | | | | |
| During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?* | ~ | 32.3 | 39.1 | 31.3 | ~ | ~ | 36.7 | 33.3 | 38.0 | 32.5 | ~ | 32.6 | 21.2 | 30.3 | 31.0 | ~ | 34.2 | 30.5 | 33.6 | ~ |
| In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes? | 50.0 | 45.6 | 53.1 | 38.4 | ~ | 53.8 | 44.2 | 41.7 | 44.8 | ~ | 58.3 | 38.2 | 44.4 | 36.1 | ~ | 53.1 | 43.0 | 46.5 | 40.3 | ~ |
| Depressive symptoms calculation (See text for explanation.) | | | | | | | | | | | | | | | | | | | | |
| High depressive symptoms | 13.5 | 7.8 | 12.2 | 6.4 | ~ | 13.8 | 7.9 | 12.5 | 7.2 | ~ | 8.1 | 9.0 | 6.8 | 4.8 | ~ | 12.5 | 8.2 | 10.6 | 6.3 | ~ |
| Moderate depressive symptoms | 75.7 | 76.7 | 73.5 | 74.0 | ~ | 70.8 | 79.9 | 62.5 | 77.1 | ~ | 75.7 | 74.2 | 84.1 | 76.3 | ~ | 73.9 | 77.3 | 73.0 | 75.7 | ~ |
| No depressive symptoms | 10.8 | 15.5 | 14.3 | 19.6 | ~ | 15.4 | 12.2 | 25.0 | 15.7 | ~ | 16.2 | 16.9 | 9.1 | 18.9 | ~ | 13.6 | 14.5 | 16.3 | 18.0 | ~ |
| Suicide-related indicators | | | | | | | | | | | | | | | | | | | | |
| During the past 12 months, did you ever seriously consider attempting suicide?*(Answered 'Yes') | ~ | 19.4 | 34.6 | 23.3 | ~ | ~ | 25.4 | 19.1 | 28.3 | 17.3 | ~ | 22.2 | 15.2 | 21.9 | 17.4 | ~ | 22.7 | 23.4 | 24.8 | ~ |
| During the past 12 months, did you make a plan about how you would attempt suicide?*(Answered 'Yes') | ~ | 17.6 | 35.3 | 18.8 | ~ | ~ | 24.5 | 17.0 | 23.1 | 14.1 | ~ | 17.8 | 19.6 | 15.9 | 12.9 | ~ | 20.5 | 24.3 | 19.7 | ~ |
| During the past 12 months, how many times did you actually attempt suicide?*(Answered 1 or more times) | ~ | 6.7 | 20.4 | 11.8 | ~ | ~ | 10.1 | 12.8 | 13.2 | 8.6 | ~ | 6.7 | 11.1 | 7.2 | 5.8 | ~ | 8.1 | 14.9 | 11.3 | ~ |

* These items were not available on the 2014 MPNA.

Table 10. Violence and drugs on school property*

| | 8th grade | | 10th grade | | 12th grade | | All grades | |
|-------------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| Offered drugs at school | 11.1 | 11.1 | 39.6 | 23.9 | 24.5 | 15.9 | 25.0 | 17.0 |
| Threatened at school | 38.6 | 32.5 | 34.0 | 26.2 | 27.1 | 14.3 | 33.5 | 25.9 |
| Attacked at school | 19.3 | 14.8 | 24.5 | 8.5 | 10.4 | 5.1 | 18.4 | 10.2 |
| Threatened w/weapon at school | 1.8 | 7.2 | 9.4 | 7.7 | 6.3 | 5.1 | 5.7 | 6.9 |
| Attacked w/weapon at school | 0.0 | 2.1 | 3.8 | 1.5 | 2.0 | 1.3 | 1.9 | 1.7 |
| Taken a handgun to school | 0.0 | 0.4 | 2.0 | 0.6 | 0.0 | 0.8 | 0.7 | 0.5 |

* These questions are new for the 2018 MPNA, except for "Taken a handgun to school." Past years' data for "Taken a handgun to school" can be seen in the crosstab report.

Table 11. Bullying and internet safety*

| | 8th grade | | 10th grade | | 12th grade | | All grades | |
|---|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| 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? (Students answering 'Yes') | 43.9 | 30.9 | 30.2 | 35.7 | 32.5 | 27.4 | 35.5 | 31.9 |
| During the past 12 months, have you been bullied through texting and/or social media? (Students answering affirmatively) | 39.5 | 28.8 | 30.2 | 24.8 | 27.5 | 17.2 | 32.5 | 24.6 |
| Have you stayed home from school this year because you were worried about being bullied? (Students answering 'Yes') | 7.9 | 10.9 | 4.7 | 8.1 | 7.5 | 4.6 | 6.6 | 8.3 |
| Do adults at your school stop bullying when they see/hear it or when a student tells them about it? (Students answering 'yes' or 'YES!') | 62.8 | 64.7 | 39.5 | 58.8 | 38.5 | 61.2 | 47.2 | 61.7 |
| Percentage of students indicating some bullying in the past 12 months | 42.9 | 38.7 | 45.5 | 30.4 | 35.0 | 21.3 | 41.3 | 31.5 |

* These questions are new for the 2018 MPNA.

Table 12. Frequency of bullying*

| | 8th grade | | 10th grade | | 12th grade | | All grades | |
|--|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| Please state whether you have been bullied in the past 12 months | | | | | | | | |
| No [not bullied in the past 12 months] | 57.1 | 61.3 | 54.5 | 69.6 | 65.0 | 78.7 | 58.7 | 68.5 |
| Yes, very rarely | 14.3 | 17.2 | 27.3 | 15.1 | 15.0 | 12.5 | 19.0 | 15.3 |
| Yes, now and then | 14.3 | 11.9 | 6.8 | 9.5 | 12.5 | 5.7 | 11.1 | 9.5 |
| Yes, several times per month | 7.1 | 4.9 | 4.5 | 3.2 | 0.0 | 1.3 | 4.0 | 3.4 |
| Yes, several times per week | 2.4 | 2.1 | 4.5 | 1.4 | 0.0 | 0.7 | 2.4 | 1.5 |
| Yes, almost daily | 4.8 | 2.7 | 2.3 | 1.3 | 7.5 | 1.1 | 4.8 | 1.8 |

* This question is new for the 2018 MPNA.

Table 13. Location of bullying on school property*

| If you have been bullied on school property in the past 12 months, which answer best describes where you were bullied? | 8th grade | | 10th grade | | 12th grade | | All grades | |
|--|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| I was not bullied in the past year | 59.5 | 63.4 | 61.9 | 72.0 | 71.1 | 80.4 | 63.9 | 70.6 |
| In a classroom | 21.4 | 10.9 | 11.9 | 8.9 | 13.2 | 6.8 | 15.6 | 9.2 |
| In the halls | 19.0 | 12.4 | 19.0 | 9.8 | 5.3 | 6.1 | 14.8 | 9.9 |
| In the lunchroom | 14.3 | 5.5 | 11.9 | 2.8 | 0.0 | 1.4 | 9.0 | 3.5 |
| On the bus | 2.4 | 3.5 | 7.1 | 1.3 | 0.0 | 0.6 | 3.3 | 2.0 |
| Outside the school on school grounds | 11.9 | 8.4 | 11.9 | 4.3 | 2.6 | 2.8 | 9.0 | 5.6 |
| In the locker room | 2.4 | 3.6 | 7.1 | 3.5 | 0.0 | 1.3 | 3.3 | 3.0 |
| At athletic or school-sponsored events | 4.8 | 3.0 | 2.4 | 3.5 | 0.0 | 2.1 | 2.5 | 3.0 |
| In the bathroom | 4.8 | 1.6 | 4.8 | 0.9 | 0.0 | 0.7 | 3.3 | 1.1 |
| Other | 9.5 | 7.5 | 7.1 | 4.5 | 13.2 | 4.4 | 9.8 | 5.6 |

* Although students were not instructed to mark all that apply, data analysis was adjusted to allow for multiple marks, so the total of all items may exceed 100%. This question is new for the 2018 MPNA.

Table 14. Perceived reasons for bullying*

| If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply) | 8th grade | | 10th grade | | 12th grade | | All grades | |
|---|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| I have not been made fun of by other students | 55.3 | 59.0 | 59.5 | 67.0 | 70.0 | 77.1 | 61.7 | 66.3 |
| I don't know why | 10.5 | 14.2 | 14.3 | 9.8 | 12.5 | 6.4 | 12.5 | 10.7 |
| The color of my skin | 0.0 | 3.4 | 2.4 | 2.4 | 0.0 | 2.3 | 0.8 | 2.8 |
| My religion | 5.3 | 2.6 | 4.8 | 2.6 | 0.0 | 1.5 | 3.3 | 2.3 |
| My size (height, weight, etc.) | 15.8 | 15.3 | 11.9 | 11.1 | 5.0 | 5.6 | 10.8 | 11.4 |
| My accent | 0.0 | 1.2 | 0.0 | 1.0 | 0.0 | 0.5 | 0.0 | 0.9 |
| The country I was born in | 2.6 | 0.8 | 0.0 | 0.5 | 0.0 | 0.4 | 0.8 | 0.6 |
| The country my family (parents, grandparents) was born in | 0.0 | 1.0 | 2.4 | 0.8 | 0.0 | 0.6 | 0.8 | 0.8 |
| The way I look (clothing, hairstyle, etc.) | 23.7 | 17.7 | 11.9 | 12.7 | 7.5 | 6.6 | 14.2 | 13.2 |
| How much money my family has or does not have | 7.9 | 5.1 | 9.5 | 4.0 | 0.0 | 1.7 | 5.8 | 3.9 |
| My gender | 0.0 | 2.8 | 0.0 | 2.3 | 7.5 | 1.8 | 2.5 | 2.4 |
| My grades or school achievement | 0.0 | 5.3 | 4.8 | 4.8 | 0.0 | 2.4 | 1.7 | 4.4 |
| My social standing | 13.2 | 8.2 | 7.1 | 7.0 | 7.5 | 3.6 | 9.2 | 6.7 |
| Social conflict | 7.9 | 5.7 | 16.7 | 5.9 | 12.5 | 4.2 | 12.5 | 5.4 |
| My sexual-orientation | 7.9 | 4.4 | 2.4 | 4.4 | 5.0 | 2.5 | 5.0 | 3.9 |
| I have a disability (learning or physical disability) | 0.0 | 1.8 | 0.0 | 1.7 | 0.0 | 0.5 | 0.0 | 1.5 |
| Some other reason | 18.4 | 14.9 | 16.7 | 11.7 | 7.5 | 7.9 | 14.2 | 12.0 |

* Because students are invited to mark all that apply, the total of all items may exceed 100%. This question is new for the 2018 MPNA.

Table 15. How students were hurt or abused*

| If you were hurt or abused by another person in the past 12 months, how were you hurt or abused? | 8th grade | | 10th grade | | 12th grade | | All grades | |
|--|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 | County 2018 | State 2018 |
| I was not hurt or abused in the past year | 67.5 | 75.3 | 62.8 | 76.0 | 85.0 | 84.7 | 71.5 | 77.8 |
| Physical injury | 5.0 | 5.6 | 7.0 | 4.5 | 0.0 | 3.1 | 4.1 | 4.6 |
| Threats | 5.0 | 5.8 | 14.0 | 5.9 | 5.0 | 3.0 | 8.1 | 5.2 |
| Emotional abuse, insults, name-calling | 27.5 | 18.3 | 23.3 | 18.5 | 12.5 | 12.2 | 21.1 | 16.9 |
| Isolation from friends and family | 7.5 | 2.8 | 7.0 | 3.7 | 2.5 | 2.4 | 5.7 | 3.0 |
| Control of what you were wearing | 5.0 | 1.6 | 2.3 | 1.8 | 2.5 | 1.3 | 3.3 | 1.6 |
| Control with whom you socialized | 10.0 | 3.0 | 9.3 | 3.6 | 0.0 | 2.2 | 6.5 | 3.0 |
| Other injury or abuse | 2.5 | 1.6 | 0.0 | 1.4 | 0.0 | 0.8 | 0.8 | 1.3 |

* Although students were not instructed to mark all that apply, data analysis was adjusted to allow for multiple marks, so the total of all items may exceed 100%. This question is new for the 2018 MPNA.

Table 16. Commitment to and involvement in school

| | | 8th grade | | | | 10th grade | | | | 12th grade | | | | All grades | | | |
|--|--|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|
| | | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 |
| Perceived importance of school | | | | | | | | | | | | | | | | | |
| (Students answering "quite important" or "very important") | Feel school is going to be important for their later life | 48.6 | 39.4 | 39.3 | 39.2 | 28.4 | 32.4 | 28.3 | 25.8 | 28.9 | 26.4 | 29.2 | 23.3 | 36.9 | 32.9 | 32.5 | 30.5 |
| (Students answering "often" or "almost always") | Feel assigned schoolwork is meaningful and important | 31.1 | 35.0 | 33.9 | 35.6 | 25.4 | 27.3 | 23.1 | 22.7 | 15.8 | 24.2 | 13.0 | 22.4 | 25.7 | 28.8 | 24.0 | 27.7 |
| | Enjoyed being in school during past year | 27.0 | 41.3 | 23.2 | 40.6 | 33.3 | 36.7 | 24.5 | 33.4 | 34.2 | 30.8 | 25.5 | 34.9 | 30.9 | 36.5 | 24.4 | 36.6 |
| Positive school environment | | | | | | | | | | | | | | | | | |
| (Students answering "YES!" or "yes") | There are lots of chances for students in my school to talk one-on-one with a teacher. | 70.3 | 79.6 | 78.6 | 80.8 | 64.2 | 70.3 | 62.3 | 80.0 | 71.8 | 82.2 | 61.7 | 85.1 | 68.3 | 76.4 | 67.9 | 81.5 |
| | I have lots of chances to be part of class discussions or activities. | 65.8 | 75.7 | 82.1 | 82.5 | 68.2 | 80.4 | 67.9 | 83.9 | 71.8 | 89.9 | 68.1 | 86.4 | 68.0 | 81.5 | 73.1 | 83.9 |
| | I feel safe at my school. | 67.6 | 83.7 | 72.7 | 81.1 | 74.2 | 79.7 | 73.6 | 79.4 | 74.4 | 89.0 | 63.0 | 82.2 | 71.5 | 83.5 | 70.1 | 80.7 |
| | My teachers praise me when I work hard in school. | 41.1 | 46.2 | 52.7 | 49.3 | 35.8 | 47.1 | 36.5 | 43.5 | 38.5 | 50.0 | 29.8 | 47.8 | 38.5 | 47.6 | 40.3 | 46.8 |

Table 17. Antisocial behavior

| | | 8th grade | | | | | 10th grade | | | | | 12th grade | | | | | All grades | | | | |
|---|--|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|-------------|-------------|-------------|------------|---------|
| | | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm | County 2014 | County 2016 | County 2018 | State 2018 | BH Norm |
| Alcohol and driving past 30 days | | | | | | | | | | | | | | | | | | | | | |
| During the past 30 days, how many times did you: (One or more times) | DRIVE a car when you had been drinking alcohol? | 4.1 | 4.9 | 1.9 | 1.6 | 2.3 | 11.9 | 4.4 | 3.9 | 4.2 | 3.5 | 22.2 | 11.1 | 14.3 | 7.9 | 7.5 | 10.7 | 6.4 | 6.5 | 4.1 | 4.4 |
| | RIDE in a car driven by someone drinking alcohol? | 24.3 | 25.2 | 25.0 | 21.1 | 17.8 | 34.8 | 24.6 | 21.2 | 17.9 | 17.8 | 36.1 | 32.2 | 18.8 | 15.8 | 17.8 | 30.7 | 26.9 | 21.8 | 18.7 | 17.8 |
| Antisocial behavior past year | | | | | | | | | | | | | | | | | | | | | |
| How many times in the past year (12 months) have you: (One or more times) | Been drunk or high at school | 17.6 | 9.0 | 5.6 | 6.6 | 5.1 | 44.8 | 11.5 | 33.3 | 17.8 | 11.4 | 28.2 | 24.7 | 12.8 | 17.0 | 15.2 | 30.0 | 14.3 | 17.1 | 13.2 | 10.4 |
| | Been suspended from school | 16.2 | 13.6 | 10.9 | 9.4 | 12.1 | 13.4 | 7.9 | 13.5 | 7.0 | 9.8 | 7.7 | 5.6 | 6.4 | 4.4 | 7.9 | 13.3 | 9.1 | 10.4 | 7.3 | 10.0 |
| | Sold illegal drugs | 5.4 | 1.0 | 1.9 | 2.4 | 2.2 | 22.4 | 5.8 | 15.7 | 6.4 | 4.9 | 13.2 | 10.1 | 2.2 | 6.4 | 6.7 | 13.4 | 5.5 | 6.7 | 4.8 | 4.5 |
| | Stolen or tried to steal a motor vehicle | 1.4 | 3.9 | 0.0 | 1.6 | 1.8 | 9.0 | 1.4 | 3.9 | 1.5 | 2.3 | 2.6 | 1.1 | 0.0 | 0.9 | 2.1 | 4.4 | 2.1 | 1.3 | 1.4 | 2.1 |
| | Been arrested | 5.4 | 3.9 | 1.9 | 3.1 | 3.2 | 12.1 | 6.5 | 0.0 | 2.5 | 3.9 | 7.7 | 6.7 | 0.0 | 1.8 | 4.1 | 8.4 | 5.7 | 0.7 | 2.6 | 3.7 |
| | Attacked someone with the idea of seriously hurting them | 20.3 | 12.6 | 7.4 | 6.6 | 9.4 | 17.9 | 12.2 | 10.0 | 4.8 | 8.1 | 12.8 | 6.7 | 6.4 | 3.3 | 6.5 | 17.8 | 10.9 | 7.9 | 5.2 | 8.1 |
| | Carried a handgun | 20.3 | 9.9 | 15.1 | 11.1 | 6.8 | 15.2 | 15.1 | 15.4 | 12.4 | 6.9 | 15.4 | 15.7 | 17.0 | 11.2 | 7.2 | 17.3 | 13.7 | 15.8 | 11.6 | 7.0 |

Table 18. Systemic factors

| | | 8th grade | | | | 10th grade | | | | 12th grade | | | | All grades | | | |
|---|--|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|-------------|------------|
| | | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 | County 2014 | County 2016 | County 2018 | State 2018 |
| Perception of risk | | | | | | | | | | | | | | | | | |
| People are at moderate or great risk of harming themselves (physically or in other ways) if they... | take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? | 59.5 | 70.2 | 58.3 | 66.7 | 60.0 | 67.9 | 61.7 | 67.0 | 30.6 | 54.4 | 41.9 | 64.8 | 53.7 | 65.0 | 54.3 | 66.4 |
| | take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week? | 67.6 | 69.2 | 66.7 | 77.7 | 74.2 | 80.9 | 70.2 | 77.8 | 61.1 | 75.6 | 56.8 | 74.5 | 68.6 | 75.8 | 64.7 | 77.0 |
| | smoke marijuana once or twice a week? | 65.8 | 67.6 | 65.9 | 64.3 | 49.2 | 58.8 | 48.9 | 48.9 | 51.4 | 47.8 | 41.9 | 41.9 | 56.6 | 58.5 | 52.2 | 53.2 |
| | smoke one or more packs of cigarettes per day? | 87.8 | 87.3 | 83.3 | 86.6 | 89.2 | 92.0 | 75.0 | 87.9 | 86.1 | 91.1 | 88.9 | 87.9 | 88.0 | 90.3 | 82.3 | 87.4 |
| | use smokeless tobacco? | 68.9 | 70.2 | 72.9 | 75.5 | 81.3 | 79.6 | 76.1 | 78.0 | 72.2 | 83.3 | 77.3 | 79.7 | 74.1 | 77.6 | 75.4 | 77.4 |
| Perception of parental disapproval | | | | | | | | | | | | | | | | | |
| Parents feel it would be wrong or very wrong for you to... | have one or two drinks of an alcoholic beverage nearly every day? | 86.4 | 89.9 | 100.0 | 95.1 | 80.0 | 89.1 | 83.7 | 91.4 | 70.6 | 78.7 | 77.8 | 86.6 | 80.6 | 86.4 | 86.2 | 91.7 |
| | smoke marijuana? | 92.3 | 86.9 | 92.6 | 92.7 | 78.0 | 84.3 | 88.1 | 86.4 | 76.5 | 81.8 | 88.9 | 81.9 | 83.5 | 84.4 | 89.5 | 87.7 |
| | smoke tobacco? | 97.0 | 96.0 | 100.0 | 98.0 | 91.7 | 96.1 | 86.0 | 95.7 | 61.8 | 79.8 | 91.7 | 89.6 | 87.5 | 91.5 | 91.7 | 95.1 |
| | use smokeless tobacco? | 95.5 | 90.9 | 100.0 | 97.4 | 86.4 | 93.8 | 85.7 | 94.5 | 70.6 | 79.5 | 86.1 | 89.1 | 86.8 | 88.9 | 89.7 | 94.3 |
| Perception of peer disapproval | | | | | | | | | | | | | | | | | |
| Friends feel it would be wrong or very wrong for you to... | have one or two drinks of an alcoholic beverage nearly every day? | 58.9 | 82.4 | 86.4 | 81.6 | 44.9 | 64.6 | 73.7 | 65.9 | 52.9 | 48.8 | 56.3 | 60.6 | 52.5 | 65.5 | 70.7 | 70.5 |
| | smoke marijuana? | 62.5 | 86.4 | 85.0 | 77.4 | 24.5 | 53.1 | 66.7 | 55.6 | 55.9 | 44.7 | 58.1 | 47.4 | 47.5 | 60.4 | 67.8 | 61.7 |
| | smoke tobacco? | 73.2 | 90.1 | 90.9 | 88.0 | 51.0 | 73.1 | 71.1 | 73.9 | 52.9 | 43.5 | 68.8 | 66.2 | 60.4 | 69.9 | 75.0 | 77.3 |
| Attitudes toward use by peers | | | | | | | | | | | | | | | | | |
| Somewhat or strongly disapproves of someone their age having one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day | | 52.1 | 74.5 | 69.6 | 74.8 | 47.8 | 69.6 | 73.1 | 65.5 | 57.9 | 53.3 | 54.2 | 63.7 | 51.7 | 66.7 | 66.0 | 68.8 |
| Think it would be wrong or very wrong for someone their age to... | drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? | 77.0 | 86.5 | 91.1 | 86.7 | 35.8 | 67.6 | 62.3 | 66.7 | 57.9 | 46.7 | 57.4 | 56.6 | 57.5 | 67.9 | 71.2 | 72.3 |
| | smoke marijuana? | 77.0 | 78.6 | 83.6 | 82.9 | 41.8 | 64.7 | 58.5 | 63.4 | 56.8 | 61.1 | 47.8 | 53.2 | 59.6 | 68.1 | 64.3 | 68.7 |
| | smoke cigarettes? | 79.7 | 91.3 | 92.9 | 92.1 | 62.7 | 84.9 | 77.4 | 83.2 | 64.9 | 63.3 | 72.3 | 73.8 | 70.2 | 81.1 | 81.4 | 84.6 |
| Intention to use | | | | | | | | | | | | | | | | | |
| When I am an adult I will: (Students answering 'yes' or 'YES!') | drink beer, wine, or liquor. | 67.6 | 62.7 | 45.7 | 50.3 | 73.8 | 66.7 | 61.2 | 65.7 | 63.9 | 74.4 | 78.3 | 70.7 | 69.1 | 67.6 | 61.7 | 60.8 |
| | smoke marijuana. | 21.6 | 16.3 | 6.4 | 13.5 | 42.4 | 26.8 | 26.5 | 23.7 | 17.1 | 24.4 | 23.9 | 24.9 | 28.6 | 22.9 | 19.0 | 20.0 |
| | smoke cigarettes. | 9.5 | 8.7 | 0.0 | 3.0 | 15.2 | 8.0 | 6.3 | 4.7 | 27.8 | 8.9 | 2.2 | 5.6 | 15.3 | 8.5 | 2.9 | 4.2 |
| Perceived availability | | | | | | | | | | | | | | | | | |
| Think it would be 'sort of easy' or 'very easy' to get: | beer, wine or hard liquor (for example, vodka, whiskey, or gin) | 46.3 | 56.6 | 41.9 | 47.2 | 88.5 | 66.9 | 69.0 | 68.7 | 65.7 | 78.7 | 81.1 | 72.7 | 66.3 | 67.0 | 65.5 | 61.4 |
| | marijuana | 40.3 | 42.4 | 35.5 | 32.8 | 72.1 | 63.1 | 61.9 | 62.6 | 71.4 | 70.8 | 70.3 | 68.1 | 58.9 | 58.8 | 57.3 | 52.5 |
| | cigarettes | 47.8 | 45.5 | 45.2 | 32.3 | 75.8 | 64.6 | 63.4 | 58.6 | 82.9 | 86.5 | 86.5 | 80.3 | 65.9 | 64.8 | 66.1 | 53.6 |

Table 19. Drug Free Communities data (2018)

| Core Measure | Definition | Substance | 8th grade | | 10th grade | | 12th grade | | All grades | | 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 once or twice a week | Binge drinking | 66.7 | 48 | 70.2 | 47 | 56.8 | 44 | 64.7 | 139 | 56.9 | 72 | 72.3 | 65 |
| | smoke one or more packs of cigarettes per day | Tobacco | 83.3 | 48 | 75.0 | 48 | 88.9 | 45 | 82.3 | 141 | 81.9 | 72 | 82.1 | 67 |
| | smoke marijuana regularly | Marijuana | 65.9 | 44 | 48.9 | 47 | 41.9 | 43 | 52.2 | 134 | 42.0 | 69 | 62.5 | 64 |
| | use prescription drugs that are not prescribed to them | Prescription drugs | 91.7 | 48 | 80.9 | 47 | 86.4 | 44 | 86.3 | 139 | 83.3 | 72 | 89.2 | 65 |
| 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 | 100.0 | 30 | 83.7 | 43 | 77.8 | 36 | 86.2 | 109 | 81.5 | 54 | 90.7 | 54 |
| | smoke tobacco | Tobacco | 100.0 | 29 | 86.0 | 43 | 91.7 | 36 | 91.7 | 108 | 86.8 | 53 | 96.3 | 54 |
| | smoke marijuana | Marijuana | 92.6 | 27 | 88.1 | 42 | 88.9 | 36 | 89.5 | 105 | 88.2 | 51 | 90.6 | 53 |
| | use prescription drugs not prescribed to you | Prescription drugs | 89.3 | 28 | 95.3 | 43 | 100.0 | 34 | 95.2 | 105 | 94.0 | 50 | 96.3 | 54 |
| 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 | 86.4 | 22 | 73.7 | 38 | 56.3 | 32 | 70.7 | 92 | 63.8 | 47 | 77.3 | 44 |
| | smoke tobacco | Tobacco | 90.9 | 22 | 71.1 | 38 | 68.8 | 32 | 75.0 | 92 | 70.2 | 47 | 81.8 | 44 |
| | smoke marijuana | Marijuana | 85.0 | 20 | 66.7 | 39 | 58.1 | 31 | 67.8 | 90 | 62.2 | 45 | 75.0 | 44 |
| | use prescription drugs not prescribed to you | Prescription drugs | 95.5 | 22 | 79.5 | 39 | 96.9 | 32 | 89.2 | 93 | 83.3 | 48 | 95.5 | 44 |
| Past-month binge drinking data for PFS grantees | 5 or more alcoholic drinks in a row in the past 30 days | Binge drinking | 7.1 | 56 | 30.8 | 52 | 28.6 | 49 | 21.7 | 157 | 26.8 | 82 | 16.2 | 74 |
| Past 30-day use (at least one use in the past 30 days) | had beer, wine, or hard liquor | Alcohol | 6.5 | 46 | 44.0 | 50 | 45.5 | 44 | 32.1 | 140 | 40.3 | 72 | 23.9 | 67 |
| | smoked cigarettes | Tobacco | 0.0 | 44 | 15.6 | 45 | 4.9 | 41 | 6.9 | 130 | 9.4 | 64 | 4.6 | 65 |
| | used marijuana | Marijuana | 4.3 | 47 | 20.8 | 48 | 11.6 | 43 | 12.3 | 138 | 15.5 | 71 | 9.2 | 65 |
| | combined results of prescription stimulant/sedative/narcotics questions | Prescription drugs | 2.1 | 47 | 4.3 | 47 | 0.0 | 45 | 2.2 | 139 | 1.4 | 73 | 3.1 | 64 |

APPENDIX A. CONTACTS FOR PREVENTION

State Resources

- Montana Dept. of Public Health and Human Services, Prevention Specialist Resources
prevention.mt.gov/home/preventionspecialistresources
- Montana Tribal and County Health Departments:
dphhs.mt.gov/publichealth/FCSS/countytribalhealthdepts

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

Prevention Web Sites

- The Center for Communities That Care:
www.communitiesthatcare.net/how-ctc-works
- Social Development Research Group:
www.sdrp.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

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
- State of Montana Evidence-Based Approved Programs:
dphhs.mt.gov/amdd/SubstanceAbuse/preventiondocuments/evidence-based-programs
- Washington State Institute for Public Policy (WSIPP):
www.wsipp.wa.gov
- WSIPP Benefit/Cost Results:
www.wsipp.wa.gov/BenefitCost