MONTANA

Department of Public Health & Human Services

Addiction and Mental Disorders Division, Chemical Dependency Bureau

2012 Montana Prevention Needs Assessment Survey

Results for AA Schools

Introduction

2012 AA Schools Prevention Needs Assessment Survey Report

This report summarizes the findings from the State of Montana Prevention Needs Assessment (MPNA) Survey that was conducted during the spring of 2012 in grades 8, 10, and 12. For the 2012 survey, schools were also given the voluntary option to survey students in grades 7, 9, and 11. The results for your district athletic classification group are presented along with comparisons to the results for the State of Montana.

Results from administrations prior to 2008 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.

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Table 1 contains the characteristics of the students who completed the survey from your district classification group and the State of Montana. Because not all students answer all of the questions, the total count of students by gender and students by ethnicity may be less than the reported total students.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.

Table 1. Characteristics of Participants

	Group 2008		Group 2010		Group 2012		State 2012	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Students	4,977	100.0	5,897	100.0	5,943	100.0	9,202	100.0
Students by Grade								
10	2,893	58.1	3,363	57.0	3,488	58.7	5,221	56.7
12	2,084	41.9	2,534	43.0	2,455	41.3	3,981	43.3
Students by Gender								
Male	2,380	48.7	2,828	48.8	2,851	48.8	4,520	49.9
Female	2,510	51.3	2,967	51.2	2,991	51.2	4,535	50.1
Students by Ethnicity								
American Indian or Alaska Native	115	2.3	168	2.9	121	2.2	546	6.4
Asian	60	1.2	70	1.2	67	1.2	101	1.2
Black or African American	46	0.9	74	1.3	61	1.1	92	1.1
Hispanic or Latino	78	1.6	165	2.8	144	2.6	211	2.5
Native Hawaiian or Pacific Islander	21	0.4	30	0.5	34	0.6	51	0.6
White	4,231	85.7	4,964	84.7	4,635	84.8	6,978	81.3
Multi-racial	386	7.8	390	6.7	405	7.4	602	7.0

How to Read the Charts in this Report

There are five types of charts presented in this report:

1. substance use charts
2. antisocial behavior (ASB) charts
3. sources of alcohol acquisition
4. risk factor charts
5. protective factor charts.

Data from the charts are presented numerically in Tables 3 through 10.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2010 MPNA survey.

- **The Bars** on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category.

  Each set of differently colored bars represents one of the last three administrations of the MPNA: 2008, 2010, and 2012. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

- **Dots and Diamonds.** The dots on the charts represent the percentage of all of the youth surveyed across Montana who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm. A comparison to the state-wide and national results provides additional information for your community in determining the relative importance of levels of alcohol, tobacco and other drug (ATOD) use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

The 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 eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as the BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every 2 years as new data become available.

Charts and Tables in this Report

Lifetime & 30 Day ATOD Use Charts

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Problem Substance Use & ASB Charts

- **Problem substance use** is measured in several different ways: binge drinking (having five or more drinks in a row during the two weeks prior to the survey), use of one-half a pack or more of cigarettes per day and youth indicating drinking alcohol and driving or reporting riding with a driver who had been drinking alcohol.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement during the past year** with the eight antisocial behaviors listed in the charts.

Sources of Alcohol

This chart present the percentage of students who obtained alcohol from twelve specific sources during the past year. The number of students reporting use is presented to assist in interpreting the results. The percentages are based upon only those students who used alcohol in the past year.

Risk and Protective Factor Charts

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

Additional Tables in this Report

Table 11 contains information about the age of initiation of the use of five substances including:

1. more than a sip or two of an alcoholic beverage
2. regularly drinking alcoholic beverages
3. smoking cigarettes
4. smoking marijuana
5. using inhalants

The MPNA and No Child Left Behind

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

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

The Risk and Protective Factor Model of Prevention

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the 19 risk factors and six problem behaviors. The check marks indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

- **Opportunities** for young people to actively contribute
- **Skills** to be able to successfully contribute
- **Consistent recognition** or reinforcement for their efforts and accomplishments

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and to prevent problem behaviors, **it is necessary to address the factors that predict these outcomes**. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help you 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 Montana Prevention Needs Assessment Survey can be a powerful tool in applying for and complying with several federal programs outlined later in this report, such as the Strategic Prevention Framework process and the No Child Left Behind Act, and state standards such as the Media Literacy Standards identified by the Montana Office of Public Instruction.

Risk Factors

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

SOURCE: COMMUNITIES THAT CARE (CTC) PREVENTION MODEL, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)

Building a Strategic Prevention Framework

The MPNA is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. The Montana State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The MPNA results presented in this Profile Report will help you to identify needs for prevention services. MPNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

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

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

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. SAHMSA's National Registry of Evidence-based Programs and Practices (located at www.nrepp.samhsa.gov) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. This resource can help identify scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

Evaluation: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The MPNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Sustainability and Cultural Competence are at the core of the SPF model, indicating the key role they play in each of the five elements. Incorporating principles of cultural competence and sustainability throughout assessment, capacity appraisal, planning, implementation and evaluation helps ensure successful, long lasting prevention programs.

Sustainability: Sustainability is accomplished by utilizing a comprehensive approach. By building adaptive and flexible programs around a variety of resources, funding and organizations, states and communities will build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural Competence: Planners need to recognize the needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication and support.

School and Community Improvement Using Survey Data

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?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **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 can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

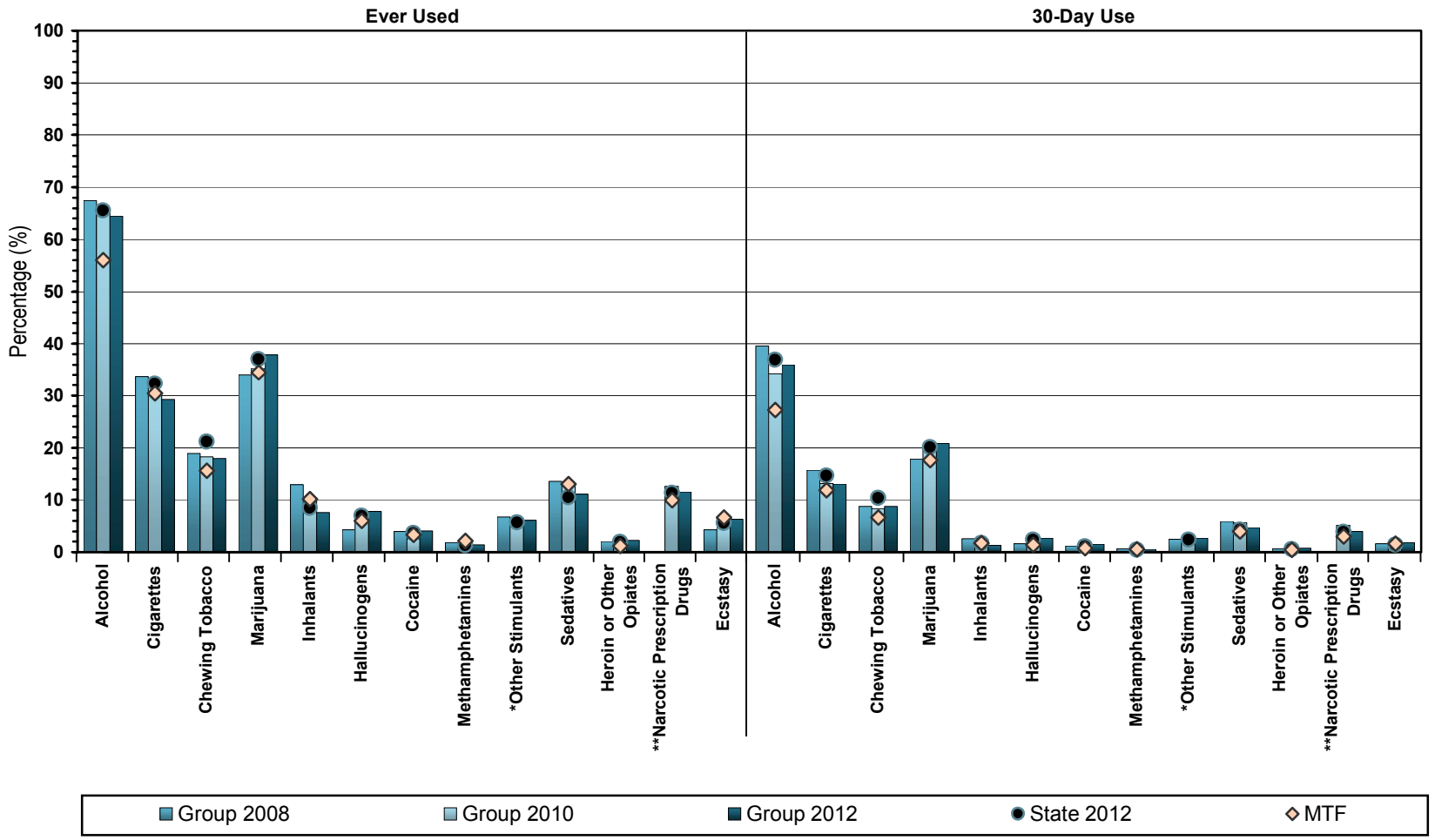
Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue.
- **Risk and protective factor data** – identify exactly where the community needs to take action.
- **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.

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

Substance Use and Antisocial Behavior

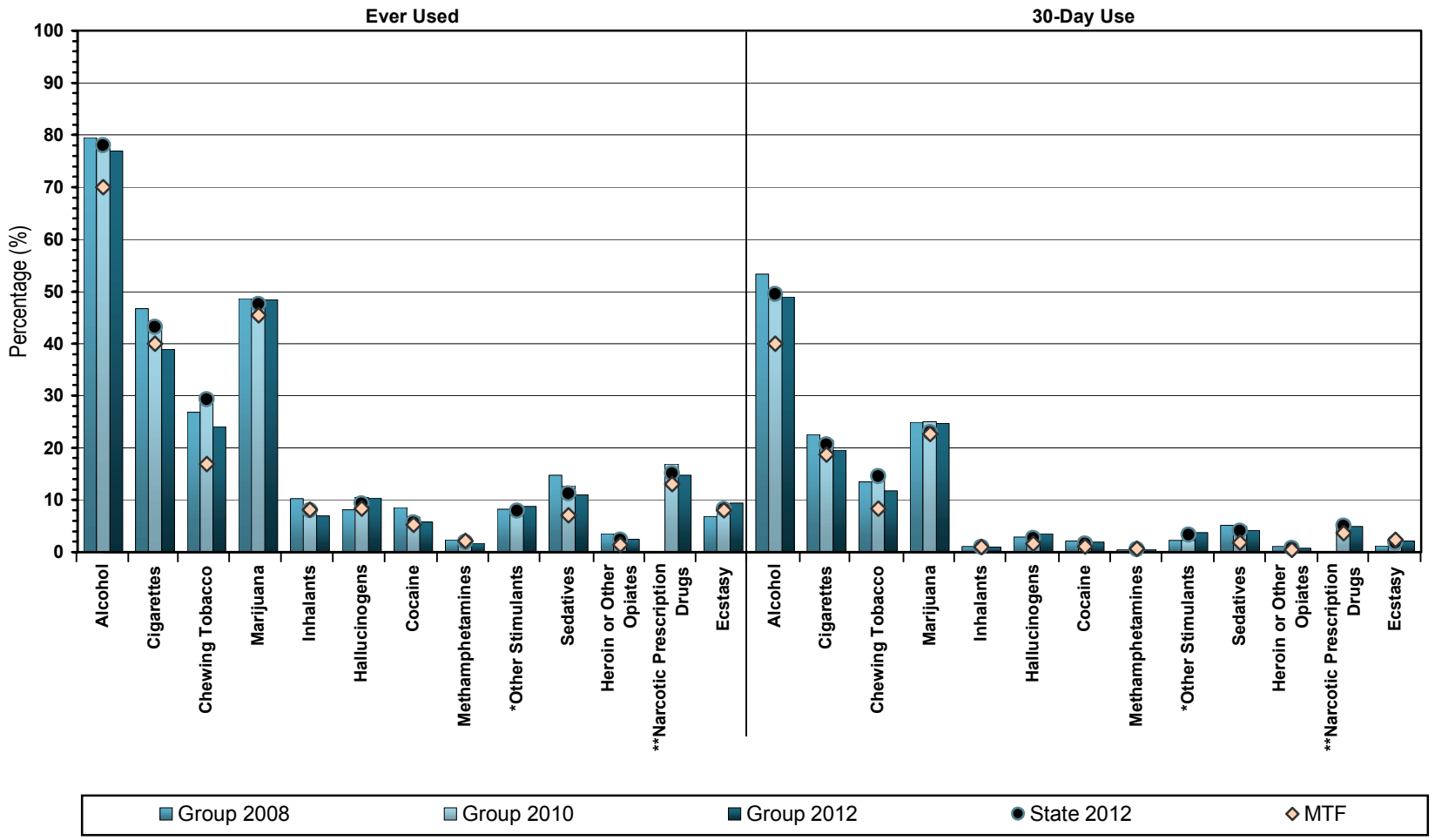
LIFETIME & 30 DAY ATOD USE
2012 AA Schools Student Survey, Grade 10



* Monitoring the Future has no equivalent for the *Other Stimulants* question.
** *Narcotic Prescription Drugs* was introduced with the 2010 MPNA.

Substance Use and Antisocial Behavior

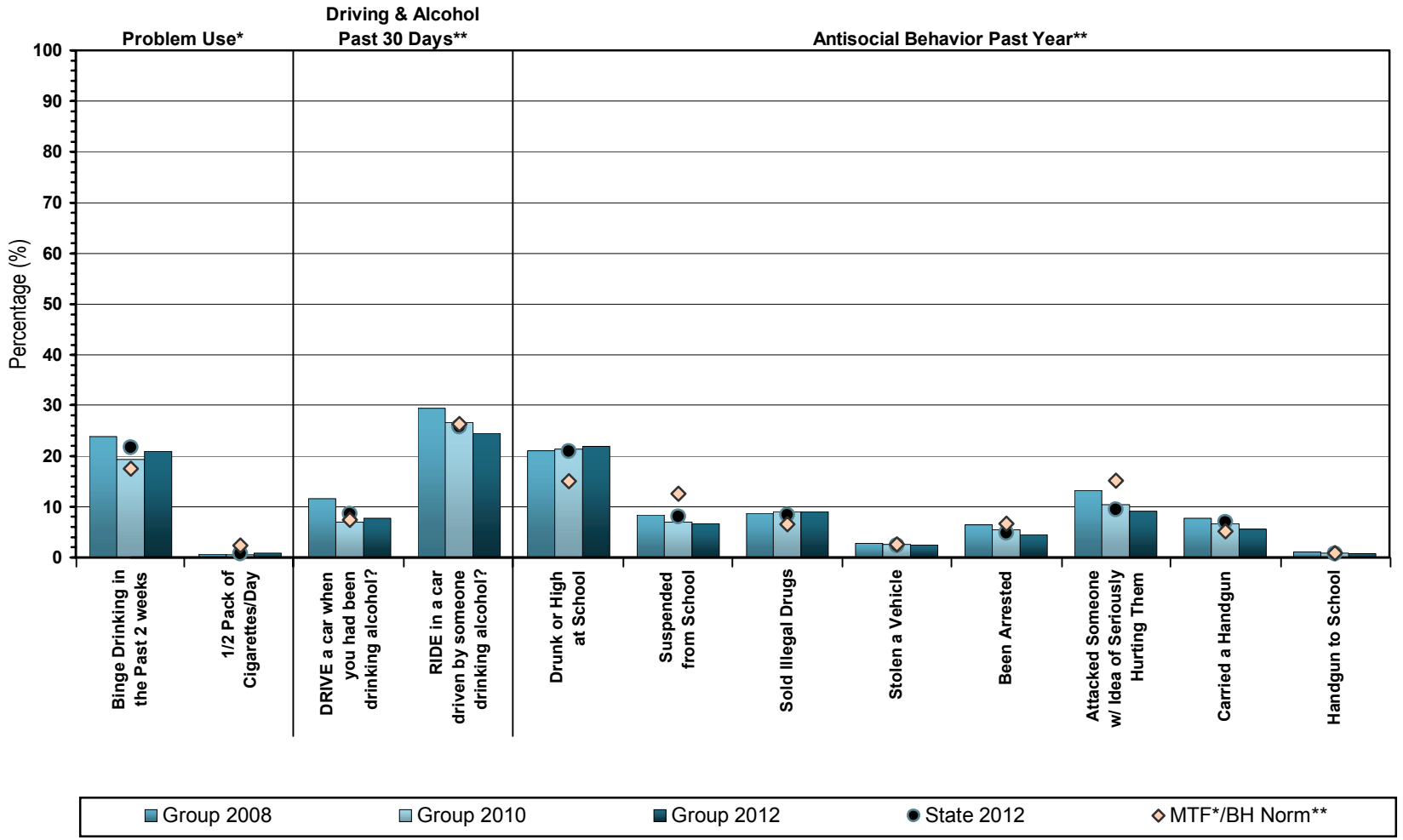
LIFETIME & 30 DAY ATOD USE
2012 AA Schools Student Survey, Grade 12



* Monitoring the Future has no equivalent for the *Other Stimulants* question.
** *Narcotic Prescription Drugs* was introduced with the 2010 MPNA.

Substance Use and Antisocial Behavior

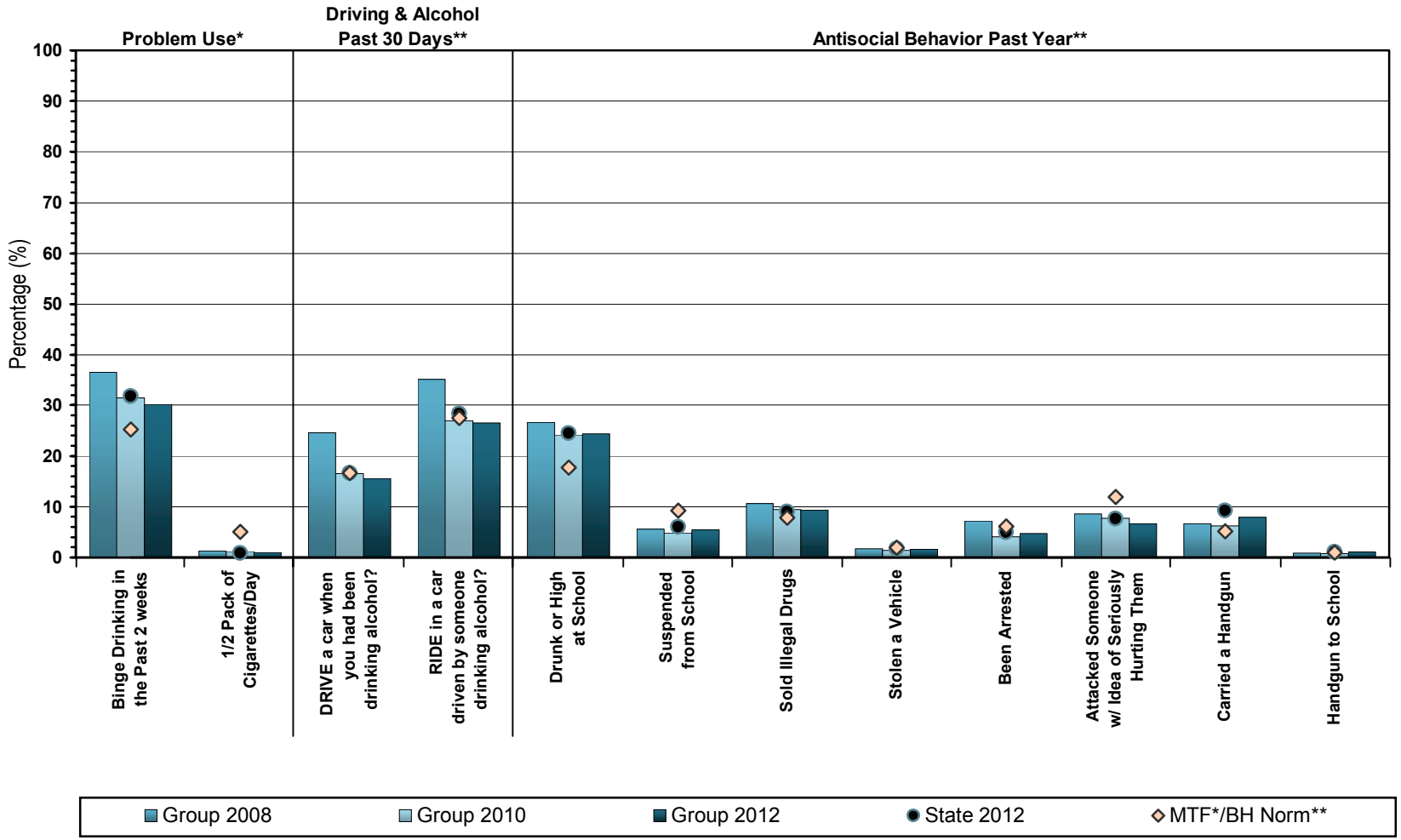
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2012 AA Schools Student Survey, Grade 10



* National Comparison data for *Problem Use* category are Monitoring the Future values.
** National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Substance Use and Antisocial Behavior

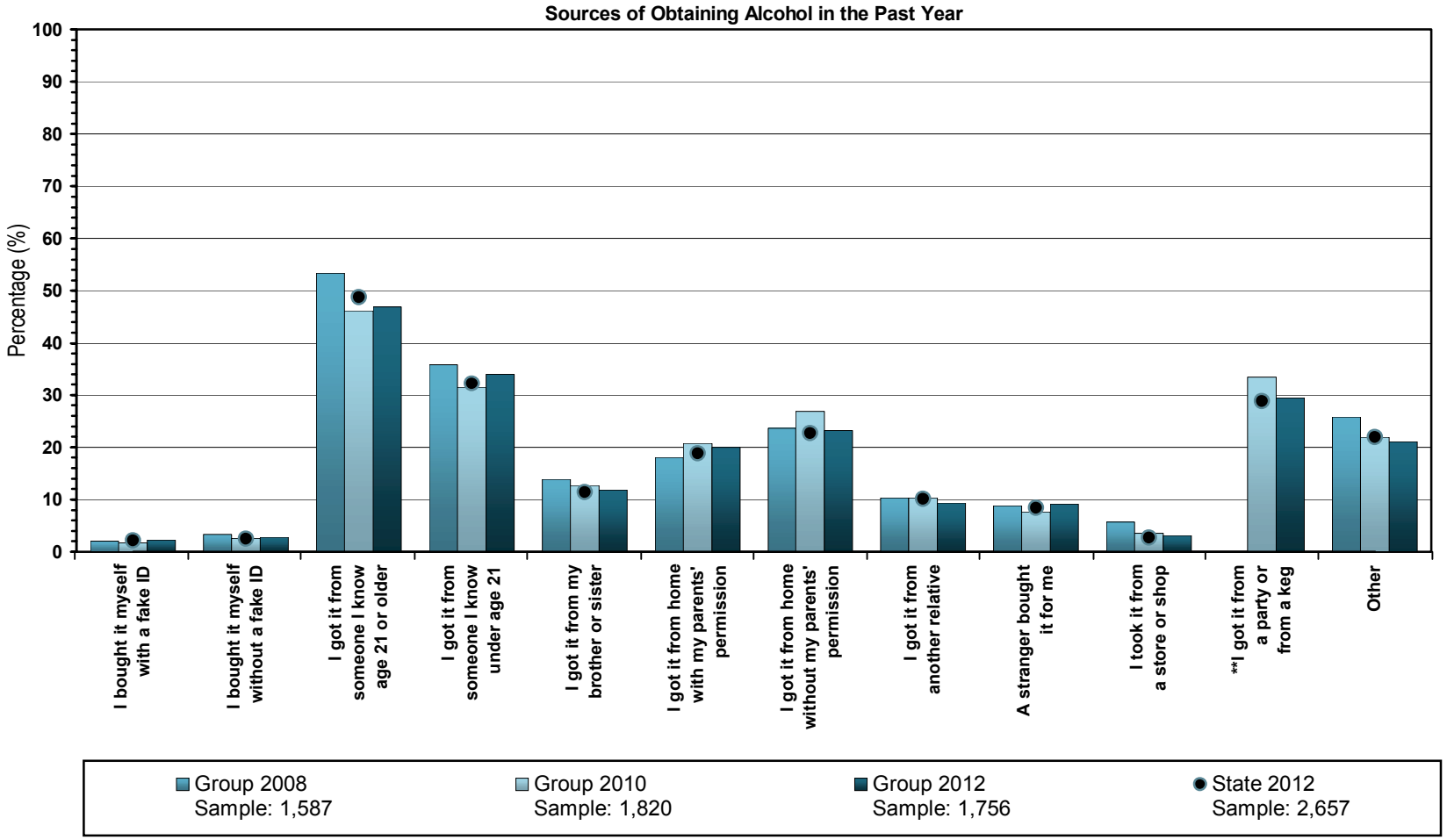
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2012 AA Schools Student Survey, Grade 12



* National Comparison data for *Problem Use* category are Monitoring the Future values.
** National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Sources of Alcohol

SOURCES OF ALCOHOL
2012 AA Schools Student Survey, Grade 10

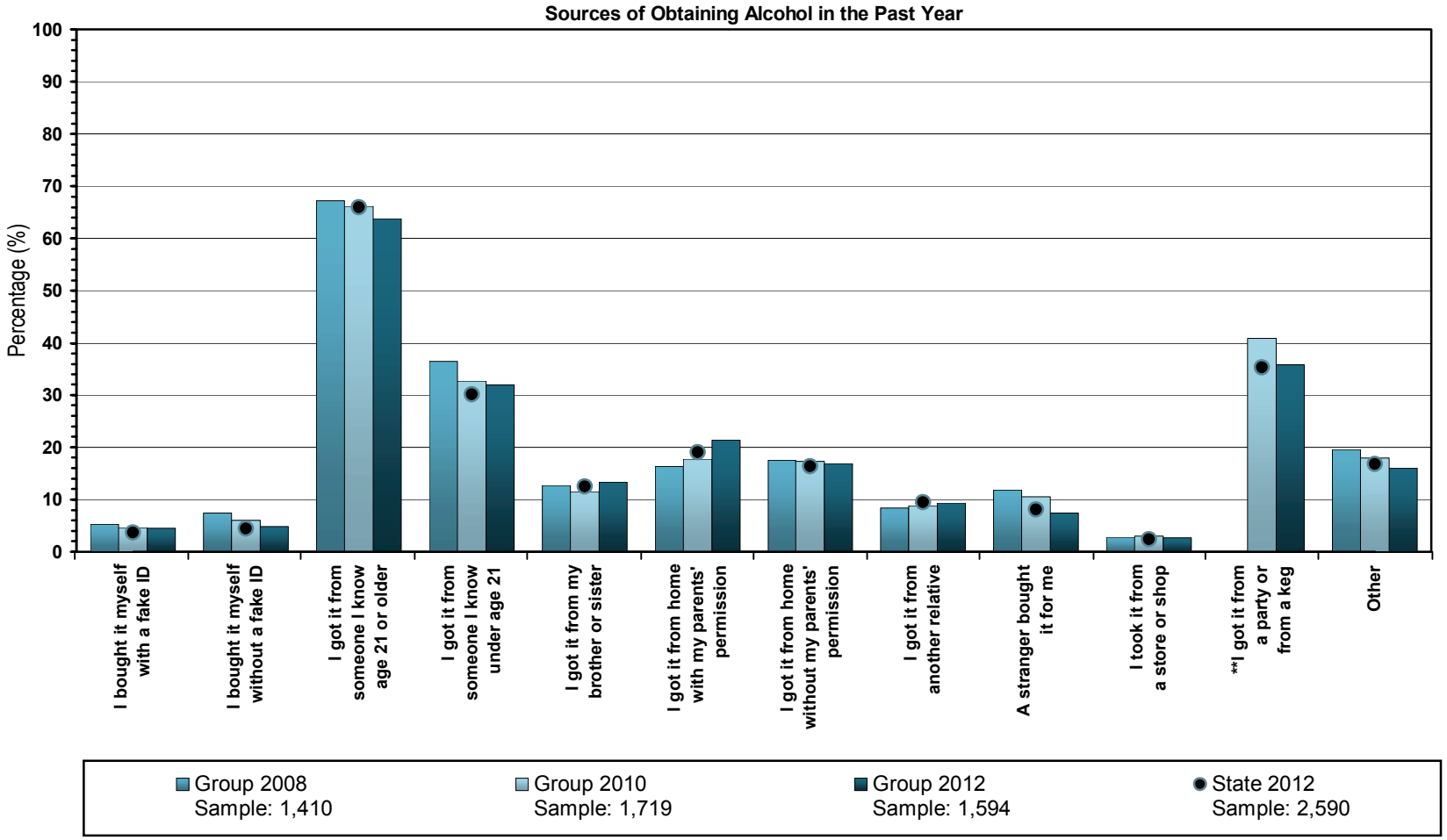


* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

** *I got it from a party or from a keg* was introduced with the 2010 MPNA.

Sources of Alcohol

SOURCES OF ALCOHOL
2012 AA Schools Student Survey, Grade 12



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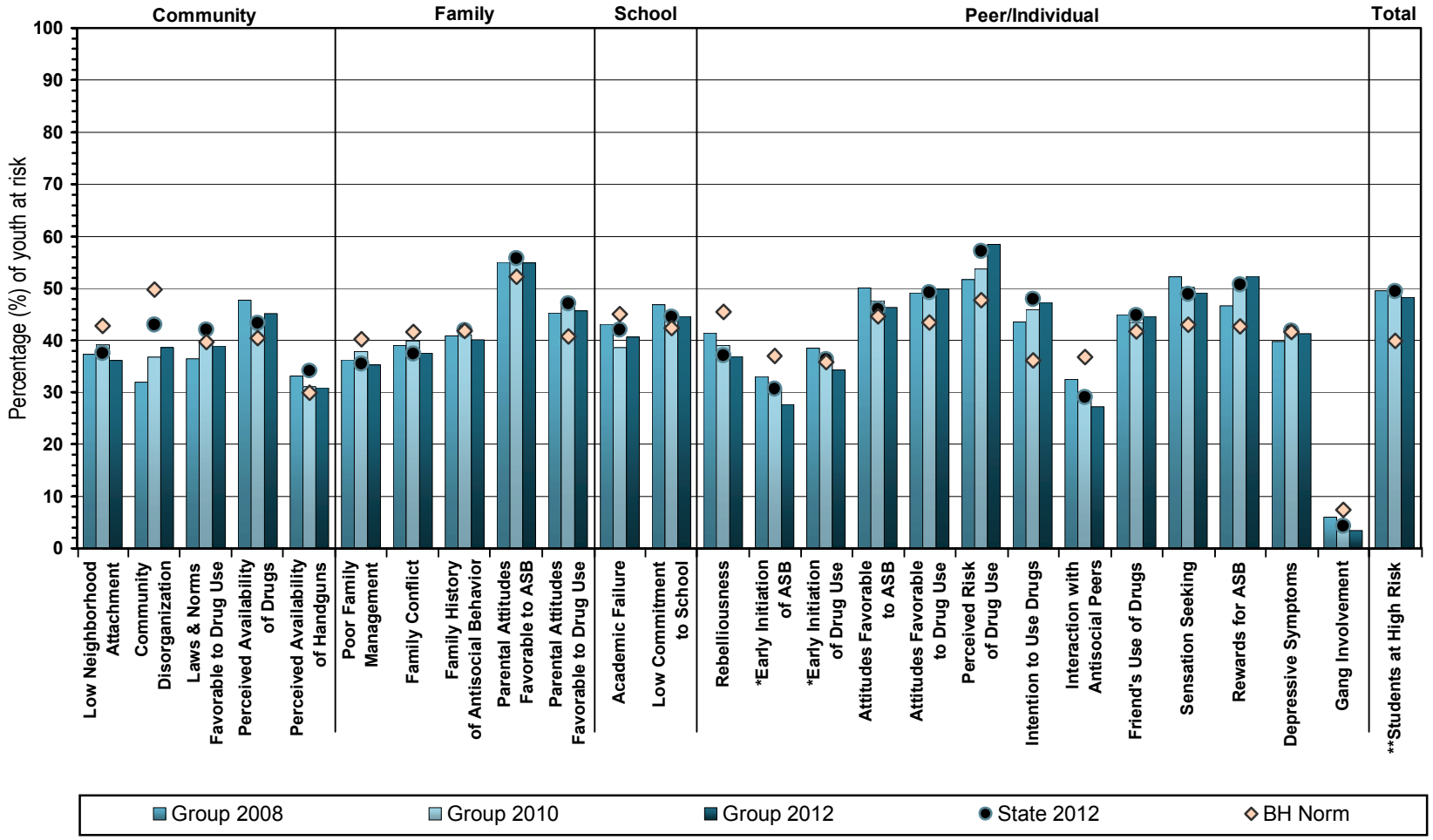
Risk and Protective Factor Profiles

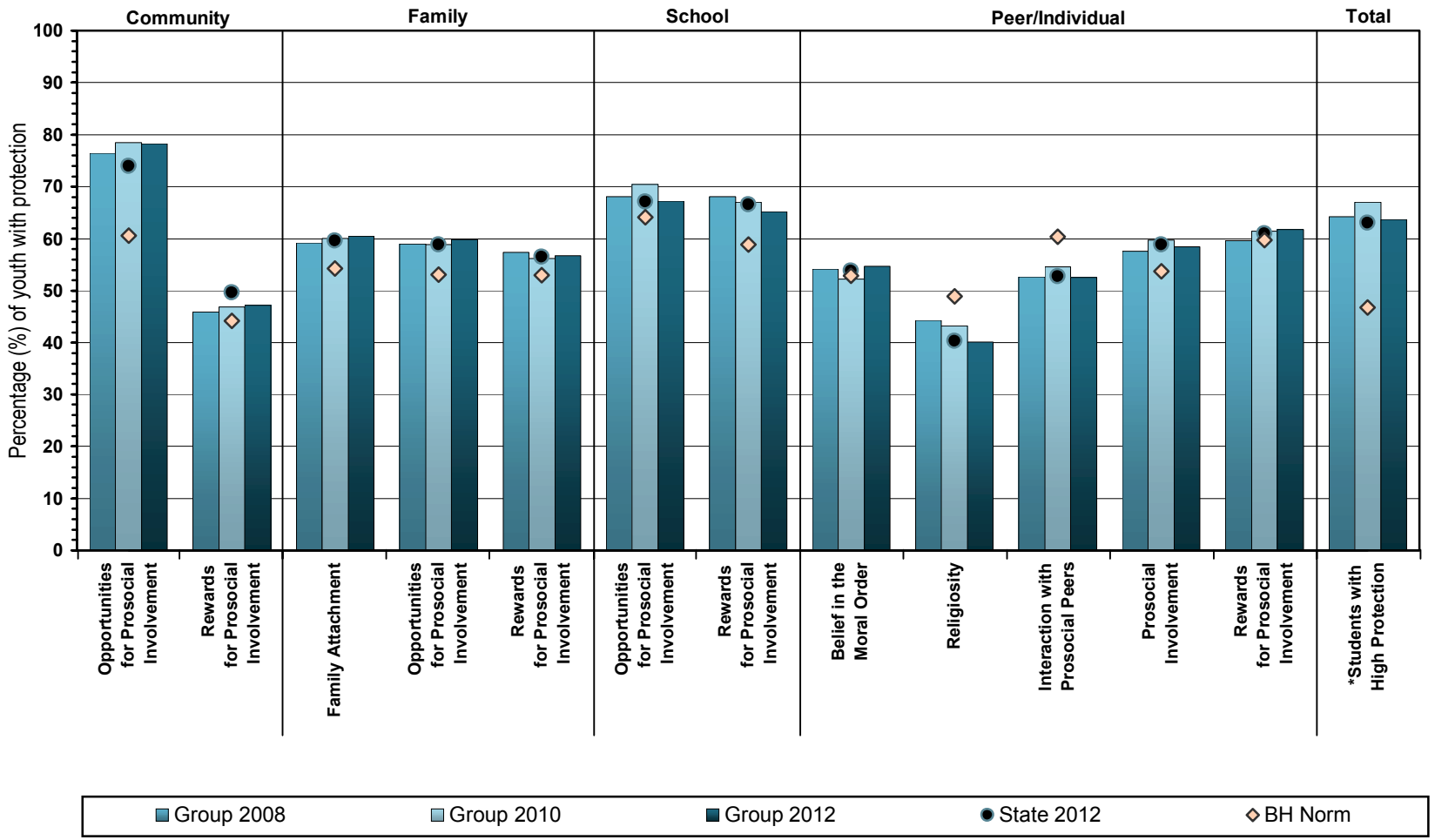
RISK PROFILE
2012 AA Schools Student Survey, Grade 10



* Early Initiation of ASB/Drug Use scales were calculated differently beginning in 2010. 2008 data have been recalculated for comparability with subsequent data. (Recalculation also affects Total Risk.)
** High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.
(8th grade: 9 or more risk factors, 10th &12th grades: 10 or more risk factors.)

Risk and Protective Factor Profiles

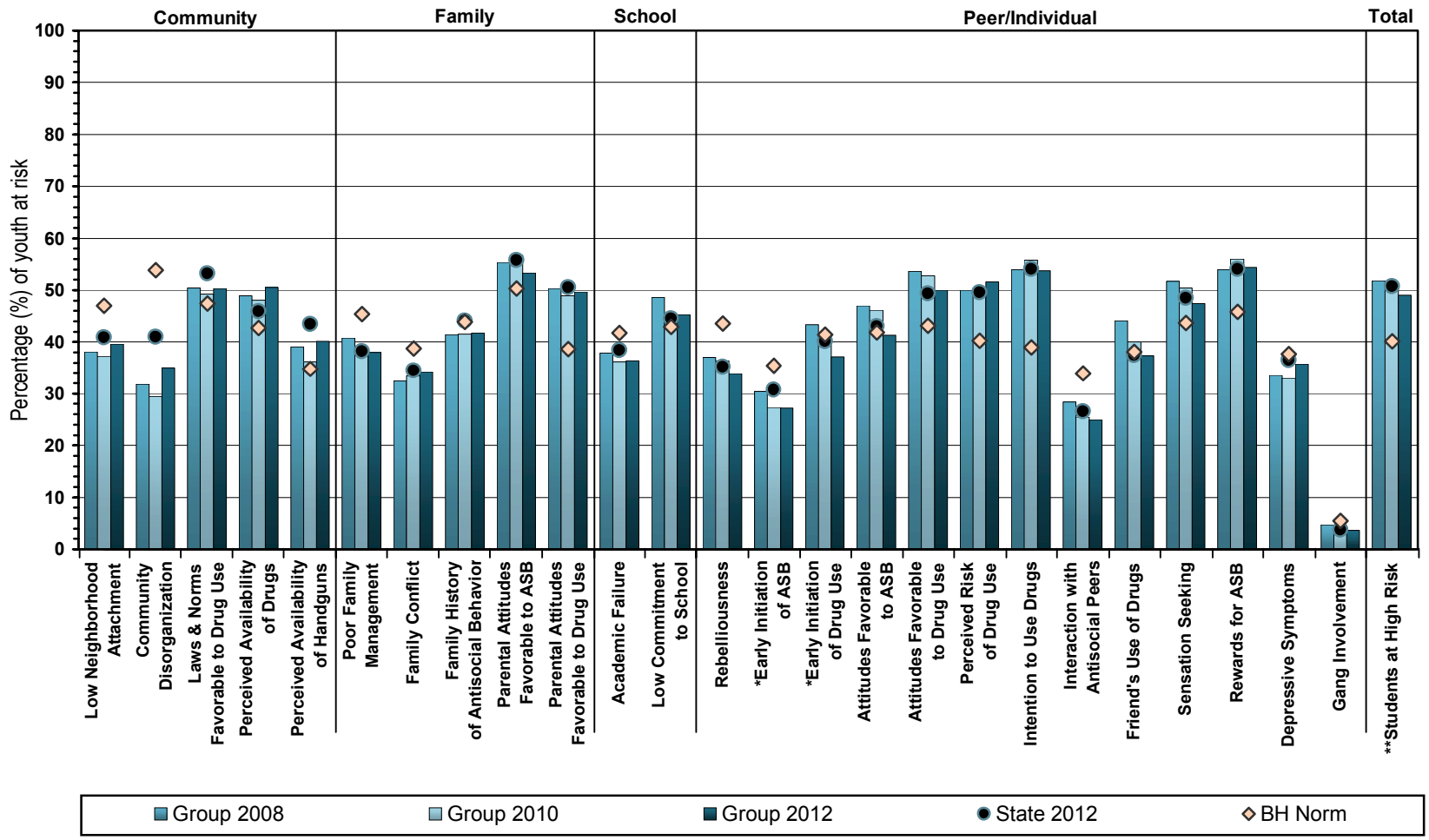
PROTECTIVE PROFILE
2012 AA Schools Student Survey, Grade 10



* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives.

Risk and Protective Factor Profiles

RISK PROFILE
2012 AA Schools Student Survey, Grade 12



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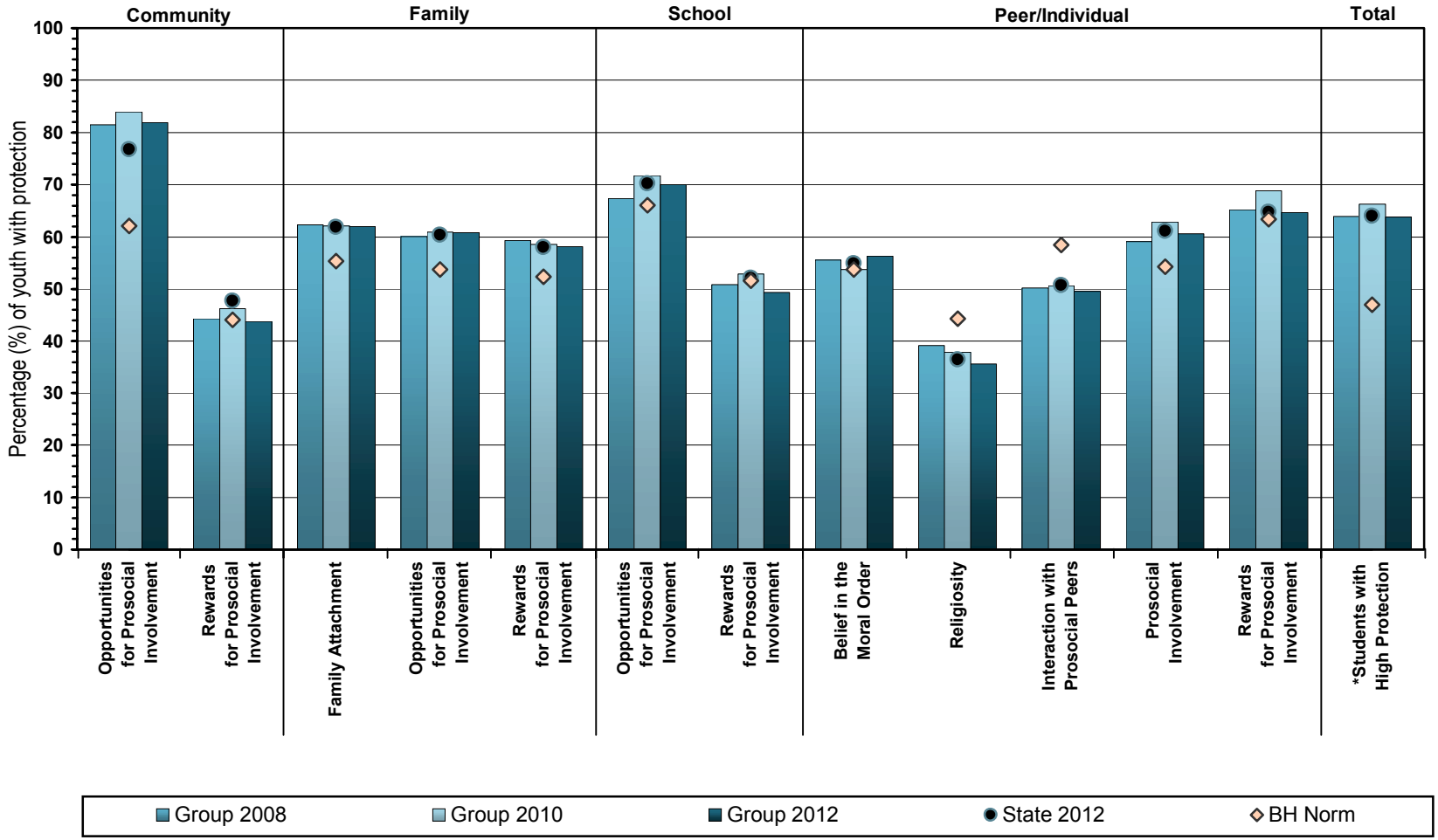
Risk and Protective Factor Profiles

PROTECTIVE PROFILE
2012 AA Schools Student Survey, Grade 12



* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives.

Risk and Protective Scale Definitions

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

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

Risk and Protective Scale Definitions

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

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

Data Tables

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 10					Grade 12				
	Group 2008	Group 2010	Group 2012	State 2012	MTF	Group 2008	Group 2010	Group 2012	State 2012	MTF
	2,893	3,363	3,488	5,221	n/a	2,084	2,534	2,455	3,981	n/a

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

In your lifetime, on how many occasions (if any) have you… (One or more occasions)		Grade 10					Grade 12				
		Group 2008	Group 2010	Group 2012	State 2012	MTF	Group 2008	Group 2010	Group 2012	State 2012	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	67.5	65.9	64.5	65.5	56.0	79.5	78.5	76.9	78.0	70.0
Cigarettes	smoked cigarettes?	33.6	30.3	29.2	32.3	30.4	46.7	43.8	39.0	43.2	40.0
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	18.9	18.3	17.9	21.1	15.6	26.8	29.9	24.0	29.2	16.9
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	34.0	35.3	37.9	37.0	34.5	48.7	48.4	48.5	47.6	45.5
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	12.9	10.0	7.6	8.4	10.1	10.2	8.6	6.9	8.0	8.1
Hallucinogens	used LSD or other hallucinogens?	4.3	6.4	7.8	6.9	6.0	8.1	10.5	10.4	9.3	8.3
Cocaine	used cocaine or crack?	3.9	2.6	4.1	3.6	3.3	8.5	6.7	5.8	5.7	5.2
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	1.8	1.1	1.4	1.3	2.1	2.3	1.4	1.7	1.9	2.1
Other Stimulants*	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	6.7	6.3	6.1	5.7	n/a*	8.2	7.9	8.8	7.9	n/a*
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	13.6	12.7	11.1	10.5	13.0	14.7	12.7	11.0	11.2	7.0
Heroin or Other Opiates	used heroin or other opiates?	2.0	1.3	2.2	1.9	1.2	3.5	3.0	2.5	2.4	1.4
Narcotic Prescription Drugs**	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	12.6	11.5	11.3	9.9	n/a	16.9	14.7	15.1	13.0
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	4.3	5.1	6.3	5.6	6.6	6.8	8.9	9.4	8.2	8.0

* MTF has no equivalent for the *Other Stimulants* question.

** *Narcotic Prescription Drugs was introduced with the 2010 MPNA.*

Data Tables

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

In the past 30 days, on how many occasions (if any) have you… (One or more occasions)		Grade 10					Grade 12				
		Group 2008	Group 2010	Group 2012	State 2012	MTF	Group 2008	Group 2010	Group 2012	State 2012	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	39.6	34.3	36.0	36.9	27.2	53.4	49.4	49.0	49.5	40.0
Cigarettes	smoked cigarettes?	15.7	13.1	13.0	14.6	11.8	22.5	21.4	19.5	20.6	18.7
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	8.8	8.3	8.8	10.3	6.6	13.5	14.7	11.7	14.5	8.3
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	17.8	20.4	20.8	20.1	17.6	24.9	25.0	24.7	22.9	22.6
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	2.6	2.5	1.3	1.7	1.7	1.1	1.3	1.0	1.0	1.0
Hallucinogens	used LSD or other hallucinogens?	1.6	2.2	2.7	2.3	1.4	2.9	2.4	3.5	2.7	1.6
Cocaine	used cocaine or crack?	1.2	0.8	1.5	1.1	0.7	2.1	1.6	1.9	1.6	1.1
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.6	0.3	0.5	0.4	0.5	0.4	0.2	0.5	0.5	0.6
Other Stimulants*	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	2.5	2.4	2.7	2.3	n/a*	2.2	2.2	3.7	3.3	n/a*
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	5.9	5.7	4.7	4.3	3.9	5.1	4.9	4.2	4.1	1.8
Heroin or Other Opiates	used heroin or other opiates?	0.6	0.5	0.7	0.5	0.4	1.1	0.9	0.8	0.7	0.4
Narcotic Prescription Drugs**	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codeine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	5.1	3.9	3.8	3.0	n/a	5.7	4.9	5.0	3.6
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	1.6	1.2	1.8	1.4	1.6	1.2	1.8	2.1	1.8	2.3

* MTF has no equivalent for the *Other Stimulants* question.

** *Narcotic Prescription Drugs was introduced with the 2010 MPNA.*

Data Tables

Table 6. Percentage of Students With Problem ATOD Use

Problem Use

		Grade 10					Grade 12				
		Group 2008	Group 2010	Group 2012	State 2012	MTF	Group 2008	Group 2010	Group 2012	State 2012	MTF
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	23.8	19.3	20.9	21.7	17.5	36.6	31.4	30.1	31.8	25.2
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.6	0.5	0.9	0.8	2.4	1.3	1.2	1.0	0.9	5.0

Alcohol and Driving

During the past 30 days, how many times did you… (One or more times)		Grade 10					Grade 12				
		Group 2008	Group 2010	Group 2012	State 2012	BH Norm	Group 2008	Group 2010	Group 2012	State 2012	BH Norm
Drinking and Driving	DRIVE a car or other vehicle when you had been drinking alcohol?	11.6	7.0	7.7	8.6	7.4	24.6	16.5	15.6	16.6	16.6
Riding with a Drinking Driver	RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	29.4	26.6	24.5	25.7	26.3	35.2	26.9	26.5	28.3	27.5

Table 7. Percentage of Students With Antisocial Behavior

How many times in the past year (12 months) have you: (One or more times)	Grade 10					Grade 12				
	Group 2008	Group 2010	Group 2012	State 2012	BH Norm	Group 2008	Group 2010	Group 2012	State 2012	BH Norm
Been Drunk or High at School	21.0	21.4	21.9	20.9	15.0	26.6	24.1	24.4	24.5	17.7
Been Suspended from School	8.4	7.0	6.6	8.0	12.6	5.6	4.8	5.5	6.0	9.2
Sold Illegal Drugs	8.7	9.0	9.0	8.4	6.5	10.6	9.4	9.3	9.0	7.8
Stolen or Tried to Steal a Motor Vehicle	2.8	2.6	2.5	2.4	2.6	1.7	1.4	1.6	1.7	1.9
Been Arrested	6.4	5.5	4.5	4.8	6.7	7.2	4.1	4.7	4.9	6.1
Attacked Someone with the Idea of Seriously Hurting Them	13.2	10.4	9.1	9.4	15.1	8.6	7.7	6.7	7.6	11.9
Carried a Handgun	7.7	6.7	5.6	7.0	5.2	6.6	6.2	7.9	9.2	5.2
Carried a Handgun to School	1.1	0.9	0.7	0.7	0.9	0.9	0.8	1.1	1.1	1.0

Data Tables

Table 8. Sources of Alcohol Use

Sources of Obtaining Alcohol: If you drank alcohol (not just a sip or taste) in the past year, how did you get it?	Grade 10				Grade 12			
	Group 2008	Group 2010	Group 2012	State 2012	Group 2008	Group 2010	Group 2012	State 2012
*Sample size**	*1,587*	*1,820*	*1,756*	*2,657*	*1,410*	*1,719*	*1,594*	*2,590*
I bought it myself with a fake ID	2.0	1.7	2.3	2.1	5.3	4.6	4.5	3.7
I bought it myself without a fake ID	3.3	2.6	2.8	2.5	7.4	6.0	4.8	4.4
I got it at a party	n/a	33.4	29.4	28.8	n/a	40.9	35.9	35.3
I got it from someone I know age 21 or older	53.4	46.2	46.9	48.8	67.2	66.2	63.8	65.9
I got it from someone I know under age 21	35.9	31.5	34.1	32.2	36.5	32.6	31.9	30.1
I got it from my brother or sister	13.9	12.7	11.8	11.4	12.7	11.5	13.3	12.5
I got it from home with my parents' permission	18.0	20.7	20.0	18.8	16.3	17.7	21.4	19.0
I got it from home without my parents' permission	23.6	26.9	23.2	22.7	17.5	17.3	16.9	16.3
I got it from another relative	10.3	10.3	9.3	10.1	8.4	8.8	9.3	9.5
A stranger bought it for me	8.8	7.6	9.1	8.4	11.8	10.5	7.4	8.1
I took it from a store or shop	5.7	3.5	3.1	2.7	2.8	3.0	2.7	2.4
I got it from a party or from a keg**	n/a	33.4	29.4	28.8	n/a	40.9	35.9	35.3
Other	25.8	21.9	21.0	21.9	19.6	17.9	16.0	16.8

* Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

** *I got it from a party or from a keg* was introduced with 2010 MPNA.

Data Tables

Table 9. Percentage of Students Reporting Risk

Risk Factor	Grade 10					Grade 12				
	Group 2008	Group 2010	Group 2012	State 2012	BH Norm	Group 2008	Group 2010	Group 2012	State 2012	BH Norm
Community Domain										
Low Neighborhood Attachment	37.4	39.2	36.2	37.6	42.8	38.1	37.3	39.6	40.9	47.0
Community Disorganization	31.9	36.8	38.6	43.0	49.8	31.8	29.4	35.0	41.0	53.9
Laws & Norms Favorable to Drug Use	36.5	39.7	39.0	42.1	39.7	50.4	49.2	50.3	53.2	47.4
Perceived Availability of Drugs	47.7	43.7	45.2	43.4	40.5	48.9	48.1	50.5	45.9	42.7
Perceived Availability of Handguns	33.1	31.0	30.8	34.2	29.9	39.1	36.2	40.1	43.5	34.8
Family Domain										
Poor Family Management	36.3	37.9	35.3	35.5	40.3	40.8	37.5	38.0	38.2	45.4
Family Conflict	39.1	39.9	37.6	37.5	41.6	32.4	33.5	34.3	34.5	38.8
Family History of Antisocial Behavior	40.9	41.1	40.1	42.0	41.9	41.4	41.5	41.8	44.1	43.9
Parental Attitudes Favorable to ASB	55.0	55.4	54.9	55.8	52.3	55.3	56.7	53.3	55.8	50.3
Parental Attitudes Favorable to Drug Use	45.3	47.5	45.7	47.1	40.8	50.3	48.9	49.7	50.5	38.6
School Domain										
Academic Failure	43.1	38.7	40.7	42.1	45.1	37.9	36.2	36.4	38.4	41.8
Low Commitment to School	46.9	42.8	44.7	44.5	42.4	48.6	44.2	45.3	44.5	42.9
Peer-Individual Domain										
Rebelliousness	41.4	39.1	36.9	37.2	45.5	37.0	36.4	33.9	35.2	43.6
Early Initiation of ASB*	33.0	30.7	27.6	30.6	37.0	30.4	27.3	27.2	30.7	35.4
Early Initiation of Drug Use*	38.5	36.2	34.4	36.4	35.9	43.4	40.9	37.1	40.1	41.4
Attitudes Favorable to ASB	50.1	47.6	46.4	46.0	44.6	47.0	46.1	41.3	43.0	41.9
Attitudes Favorable to Drug Use	49.1	49.5	49.9	49.2	43.5	53.6	52.8	50.0	49.4	43.1
Perceived Risk of Drug Use	51.7	53.7	58.5	57.2	47.8	50.0	50.2	51.6	49.6	40.3
Interaction with Antisocial Peers	32.4	29.7	27.2	29.0	36.8	28.4	25.5	25.0	26.5	33.9
Friend's Use of Drugs	45.0	43.5	44.7	44.9	41.8	44.1	40.0	37.4	37.5	38.1
Sensation Seeking	52.3	50.2	49.1	48.9	43.0	51.7	50.4	47.4	48.5	43.7
Rewards for ASB	46.7	50.4	52.4	50.8	42.7	54.0	56.0	54.4	54.1	45.8
Depressive Symptoms	39.8	41.3	41.3	41.9	41.6	33.6	33.0	35.8	36.5	37.7
Gang Involvement	6.0	4.7	3.4	4.3	7.4	4.7	3.6	3.6	3.8	5.5
Intentions to Use Drugs	43.6	45.9	47.3	48.0	36.2	54.0	55.8	53.7	54.1	39.0
Total Risk										
Students at High Risk**	49.6	50.1	48.3	49.5	39.9	51.8	50.9	49.0	50.8	40.1

* *Early Initiation of ASB/Drug Use* scales were calculated differently beginning in 2010. 2008 data have been recalculated for comparability with subsequent data. (Recalculation also affects *Total Risk*.)

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

Data Tables

Table 10. Percentage of Students Reporting Protection

Protective Factor	Grade 10					Grade 12				
	Group 2008	Group 2010	Group 2012	State 2012	BH Norm	Group 2008	Group 2010	Group 2012	State 2012	BH Norm
Community Domain										
Opportunities for Prosocial Involvement	76.4	78.5	78.3	74.0	60.6	81.5	83.9	81.9	76.8	62.1
Rewards for Prosocial Involvement	45.9	46.9	47.2	49.7	44.2	44.3	46.3	43.8	47.8	44.1
Family Domain										
Family Attachment	59.2	60.1	60.5	59.6	54.3	62.3	62.1	62.0	61.9	55.4
Opportunities for Prosocial Involvement	59.0	58.9	59.9	58.9	53.1	60.1	60.9	60.8	60.4	53.8
Rewards for Prosocial Involvement	57.4	56.2	56.7	56.5	53.0	59.3	58.6	58.1	58.0	52.4
School Domain										
Opportunities for Prosocial Involvement	68.1	70.4	67.2	67.1	64.1	67.3	71.7	70.0	70.2	66.1
Rewards for Prosocial Involvement	68.1	67.0	65.2	66.6	58.9	50.9	52.9	49.4	52.1	51.6
Peer-Individual Domain										
Religiosity	44.3	43.3	40.2	40.4	48.9	39.2	37.9	35.6	36.5	44.3
Belief in the Moral Order	54.2	52.3	54.7	53.9	52.9	55.6	53.8	56.3	54.9	53.8
Interaction with Prosocial Peers	52.7	54.6	52.6	52.8	60.4	50.2	50.6	49.6	50.8	58.5
Prosocial Involvement	57.6	59.7	58.5	58.9	53.7	59.1	62.8	60.6	61.1	54.3
Rewards for Prosocial Involvement	59.6	61.5	61.8	61.0	59.7	65.2	68.8	64.7	64.8	63.4
Total Protection										
Students with High Protection*	64.2	67.0	63.7	63.1	46.8	63.9	66.3	63.8	64.0	47.0

* High Protection youth are defined as the percentage of students who have six or more protective factors operating in their lives.

Data Tables

Table 11. Age of Initiation

Average Age of Onset* (How old were you when you first…)		Grade 10				Grade 12			
		Group 2008	Group 2010	Group 2012	State 2012	Group 2008	Group 2010	Group 2012	State 2012
had more than a sip or two of beer, wine or hard liquor?	Average age:	13.0	13.2	13.2	13.2	14.2	14.4	14.4	14.3
	Sample size:	*2,867*	*3,333*	*3,440*	*5,142*	*2,062*	*2,507*	*2,419*	*3,921*
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	Average age:	14.3	14.4	14.5	14.4	15.5	15.6	15.7	15.6
	Sample size:	*2,874*	*3,336*	*3,444*	*5,148*	*2,065*	*2,510*	*2,423*	*3,929*
smoked a cigarette, even just a puff?	Average age:	12.5	12.6	12.8	12.6	14.0	14.0	14.3	14.0
	Sample size:	*2,858*	*3,330*	*3,446*	*5,148*	*2,064*	*2,511*	*2,425*	*3,927*
smoked marijuana?	Average age:	13.7	13.8	13.8	13.7	14.7	14.9	14.9	14.7
	Sample size:	*2,872*	*3,337*	*3,452*	*5,158*	*2,061*	*2,508*	*2,428*	*3,933*
sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?**	Average age:	n/a	13.0	13.0	13.0	n/a	13.4	13.4	13.3
	Sample size:	n/a	*3,336*	*3,447*	*5,154*	n/a	*2,509*	*2,425*	*3,929*

* *Sample size* represents the number of youth who answered the question (including students marking they "Never Used" the specified substance). Students indicating they "Never Used" a specified substance are not included in the calculation of *Average age* of onset for the substance.

** Inhalant age of initiation is new for 2010 MPNA.

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Additional Information About the Montana Prevention Needs Assessment Survey

The survey booklets were designed and scanned, the data analyzed, and the various reports produced by Bach Harrison, L.L.C., under contract with the Chemical Dependency Bureau.

Montana Prevention Needs Assessment (MPNA) data from this administration and past administrations can be accessed through the Montana State Epidemiological Online Data System at http://www.bach-harrison.com/mtsocialindicators.

Questions regarding the survey can be directed to Jackie Jandt, Chemical Dependency Bureau Planning and Outcome Officer (see full contact info above).

To find additional reports and further information on risk and protective factors, please visit the Montana Prevention Resource Center Website at http://www.prevention.mt.gov. Select the "Statistics" toolbar, and then select the link for "Montana Prevention Needs Assessment."