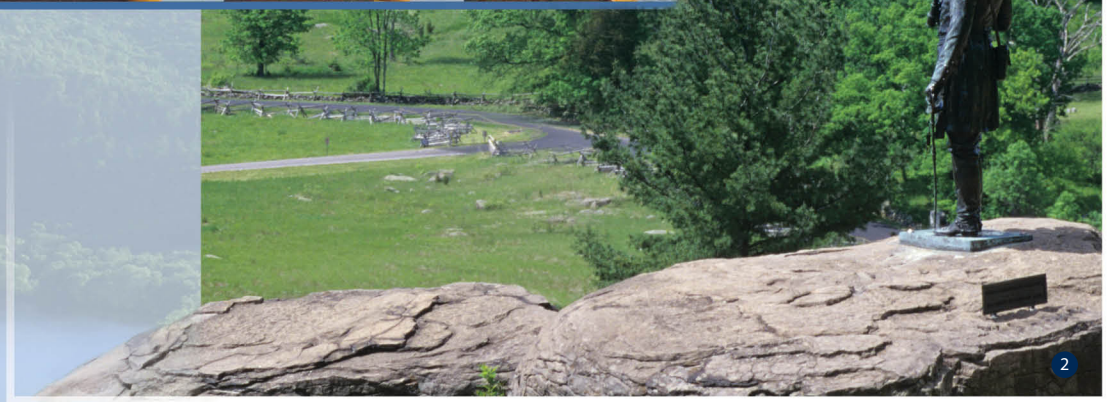
2013 Pennsylvania Youth Survey

Cumberland County



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About the cover photographs:

1. Railroad bridge over Susquehanna River, Harrisburg, PA
   Credit: Commonwealth Media Services

2. A bronze statue of Maj. Gen. G. K. Warren surveys the battlefield at Little Round Top, Gettysburg National Military Park
   Credit: Commonwealth Media Services

3. Susquehanna River, Asylum Township, Bradford County, PA as seen from Marie Antoinette Overlook along Route 6.
   Credit: Nicholas A. Tonelli

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Additionally, a great deal of thanks for the leadership of this survey needs to go to the PCCD Resource Center Steering Committee, who provided guidance and oversight to this effort.

The administration of the survey would not have been a success without the contributions of the PAYS Advisory Group (PAYSAG), whose tireless efforts and ideas helped make this year's PAYS the most widely administered survey since Pennsylvania has been administering the tool. The 2013 PAYSAG members included:

Kelly Brown, Family Services of Montgomery County
Alicia Chico, Allegheny County IU
Michelle Denk, PACDAA
Shaye Erhard, DPW – OMHSAS
Mark Feinberg, PSU Prevention Research Center
Staci Fehr, PCCD – ORESPD
Beth Gardner, PLCB
Donna Gority, Fmr. Blair County Commissioner
Heather Hallman, DPW Spec. Adv. to the Secretary
Justine Hinckley, DPW – BJJS
Sandy Hinkle, EPISCenter
Kelley Hodge, Safe School Advocate
Geoff Kolchin, PCCD – OJJDP
Phyllis Law, EPISCenter
Joe Loccisano, PDE Office of Safe Schools
Ken Martz, DDAP
Sharron Michels, Adams County CTC
Andrea Niedererr, Communities In Schools
Michelle Nutter, Center for Safe Schools
Kathy Peffer, Lower Dauphin CTC
Nancy Records, Mifflin County CTC
Meg Small, PSU Prevention Research Center
Tammy Taylor, Washington County D&A
Mary Beth Wolfe, PLCB

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PAYS: GOALS AND OVERVIEW

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

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

The 2013 PAYS was the twelfth biennial administration (1989-2013). Comparisons in this report were made between the results of the 2009, 2011, and 2013 surveys, as well as comparisons to youth nationwide. Readers who are interested in the results from earlier surveys can consult past reports. Please note that this report does not contain data from all survey questions. To access and analyze data from the entire survey dataset, please visit www.bach-harrison.com/PAYSWebTool.

Over the last several survey administrations, the PAYS has added additional questions about problem behaviors based on areas of interest to state and local leaders. These include questions around: illegal prescription drug use, gambling, depression/suicidal ideation, violence on school property, bullying (physical and online), Internet safety, gang involvement, and texting while driving. After each survey administration, Pennsylvania stakeholders review the survey instrument to determine if there are additional areas of importance that should be included in the next cycle or if some items have outlived their value and should be removed.

Questions are asked across four domains (community, school, family and peer/individual) to help determine where the strengths of a community are 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 on having enough food, parental incarceration, military deployment of a family member, or loss of a close family member or friend.

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

PAYS is a primary tool in Pennsylvania's prevention approach of using data to drive decision making. By looking not just at rates of problem behaviors but also at the root causes of those behaviors, PAYS allows schools and communities to address root causes (such as a

lack of commitment to school) rather than only looking at the symptoms after the fact (like poor grades). This approach has been repeatedly shown in national research studies to be the most effective in helping youth develop into healthy, productive members of their society.

Participation by Pennsylvania Youth

The 2013 PAYS was administered to 200,622 youth in grades 6, 8, 10 and 12 during the fall of 2013. Community-level summary reports were issued to more than 400 school districts and counties.

There were 891 schools that chose to participate in the 2013 PAYS. 2012-2013 PDE enrollment figures show that there were a total of 288,632 public school students in grades 6, 8, 10, and 12 enrolled in these schools and eligible to participate in the survey. An attempt was made to survey all eligible Pennsylvania students, resulting in 200,622 valid participants in grades 6, 8, 10, and 12 (a participation rate of 69.5%), represented evenly across the state. Please see the table below, as well as the table on the following page, for participation and demographics data specific to the population addressed in this report.

Survey Completion Rate	County 2013			State 2013		
	Surveyed	Enrolled	Percent	Surveyed	Enrolled	Percent
Grade						
6	2,081	3,108	67.0	48,034	65,901	72.9
8	2,453	3,665	66.9	57,088	73,287	77.9
10	2,067	3,687	56.1	52,042	75,550	68.9
12	1,645	3,588	45.8	43,458	73,894	58.8
Total	8,246	14,048	58.7	200,622	288,632	69.5

PAYS Analysis

The survey results are analyzed for school students in the grades 6, 8, 10, and 12 grades to serve two primary needs for critical information regarding (a) the changes in patterns of the use and abuse of harmful substances and behaviors; and, (b) risk factors that are related to these behaviors and the protective factors that help guard against them. Using the results, school administrators, state agency directors, legislators, and other community leaders can direct prevention resources to areas where they are likely to have the greatest impact.

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

For more information about PAYS, and to see copies of the survey instruments provided to Pennsylvania youth, please visit www.pays.state.pa.us. On that page are links to materials developed for the 2013 administration, as well as materials from prior survey administrations.

Please note: The results presented in this 2013 report for 2009 and 2011 were created from the final cleaned data sets released by the vendor at the conclusion of the respective report. Any differences between this report and prior reports are due to the final validation of the complete data sets before release.

1. DEMOGRAPHICS

50.2% of participants were female, and 49.8% were male. Sixth graders were the best represented, with an estimated 67.0% participation rate based on most recent enrollment.

Overall, 79.4% of students surveyed in this county were white, 10.5% were multi-racial, and the remainder were a combination of the remaining categories.

Please note that the tables and charts of this report do not show every survey question or list every response for a question. Data not presented in this report are available (at the county and state levels) using the PAYS data web tool found at www.bach-harrison.com/PAYSWebTool.

Grade-level data are only displayed in this report when there were a minimum of 25 valid participants. "All Grades" represents the combined responses of all participating students from grades 6, 8 , 10, and 12. To insure comparability to state data, "All Grades" data are only presented if the total number of participants meet the minimum cutoff and data are available for all four grades. Please note the distribution of participants in "All Grades" data for this county and keep this in mind when comparing local data to state data.

Demographic questions

How old are you?

What grade are you in?

Are you of Hispanic, Latino, or Spanish origin?

What is your race? (Select all that apply)

Are you male or female?

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

What is the language you use most often at home?

	County 2009		County 2011		County 2013		State 2013	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Survey Respondents	516	100.0	3,343	100.0	8,246	100.0	200,622	100.0
Survey Respondents by Grade								
6	150	29.1	694	20.8	2,081	25.2	48,034	23.9
8	136	26.4	1,237	37.0	2,453	29.7	57,088	28.5
10	152	29.5	771	23.1	2,067	25.1	52,042	25.9
12	78	15.1	641	19.2	1,645	19.9	43,458	21.7
Survey Respondents by Gender								
Male	252	50.2	1,581	48.1	4,084	49.8	99,487	49.9
Female	250	49.8	1,706	51.9	4,114	50.2	100,045	50.1
Survey Respondents by Ethnicity								
African American	107	23.2	258	7.8	293	3.6	12,227	6.2
Asian	7	1.5	67	2.0	368	4.5	6,585	3.3
Hispanic	38	8.2	120	3.6	111	1.4	5,993	3.0
American Indian	5	1.1	35	1.1	46	0.6	1,162	0.6
White	264	57.1	2,693	80.9	6,449	79.4	150,092	75.8
Multi-racial	41	8.9	155	4.7	855	10.5	21,962	11.1

2. ATOD USE AND ACCESS

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

Measurement

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

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

The survey also includes six questions designed to measure non-medical use of prescription drugs. The questions cover three general categories of non-medical prescription drug use: pain relievers, tranquilizers, and stimulants. A new question has been added to assess the use of synthetic drugs.

Comparisons to National Results

Comparing and contrasting findings from a county– or school–district–level survey to relevant data from a national survey provides a valuable perspective on local data. In this report, national comparisons for ATOD use will be made to the 2013 Monitoring the Future study and to the Bach–Harrison Norm.

The Monitoring the Future survey project, which provides prevalence–of–use information for ATODs from a nationally representative sample of 8th, 10th, and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see Johnston et al. (2011).

Bach Harrison Norm

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

measures with more national measures. Survey participants from 11 statewide surveys were combined into a database of approximately 657,000 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.

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

Lifetime Use

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

30-Day Use

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

GATEWAY DRUGS

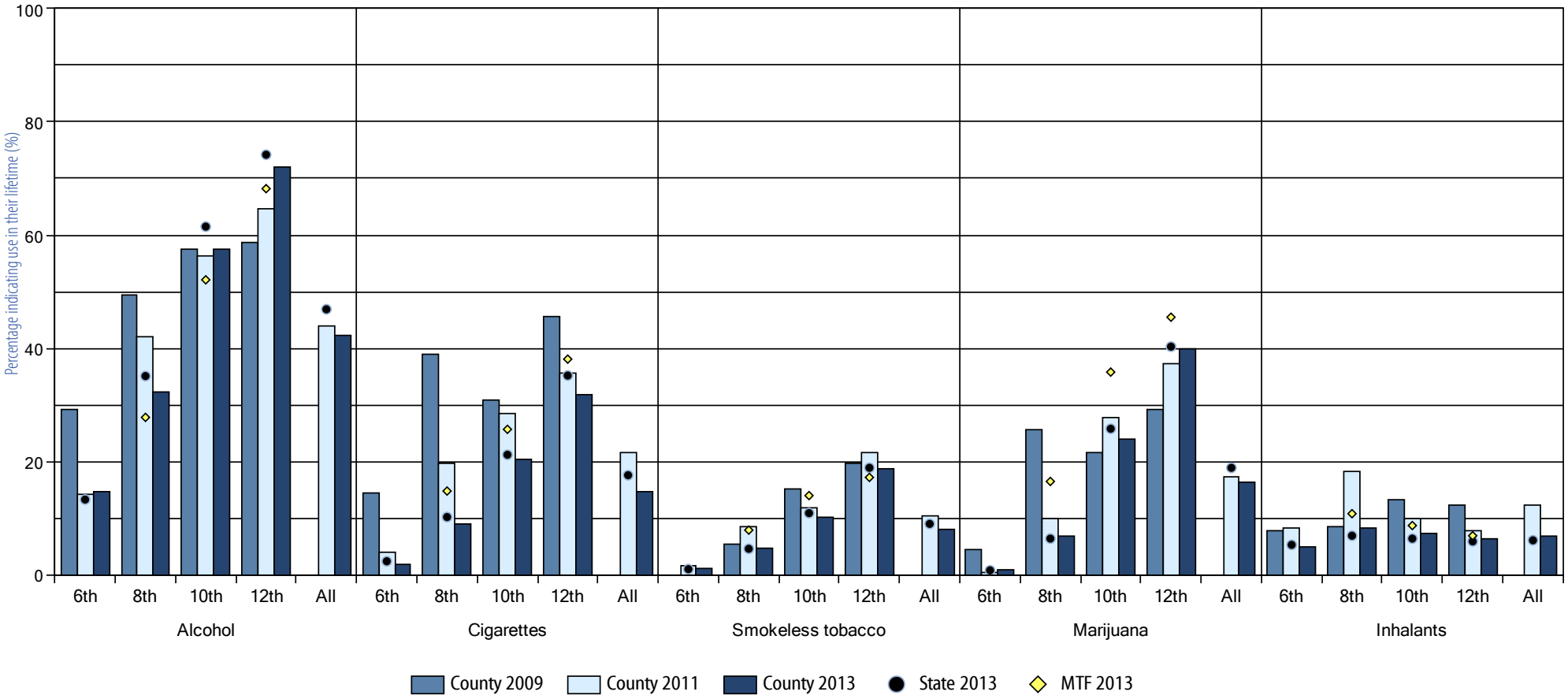
This section covers alcohol, tobacco, marijuana, and inhalants, the drugs most commonly used by youth. These drugs are often the first substances abused, leading to the term "gateway drugs."

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

The most common gateway substance used in this county was alcohol. Overall, 42.3% of students in this county used alcohol in their lifetime. The next most frequent gateway drug used was marijuana, with 16.3% of students reporting lifetime use, compared to the state (18.9%).

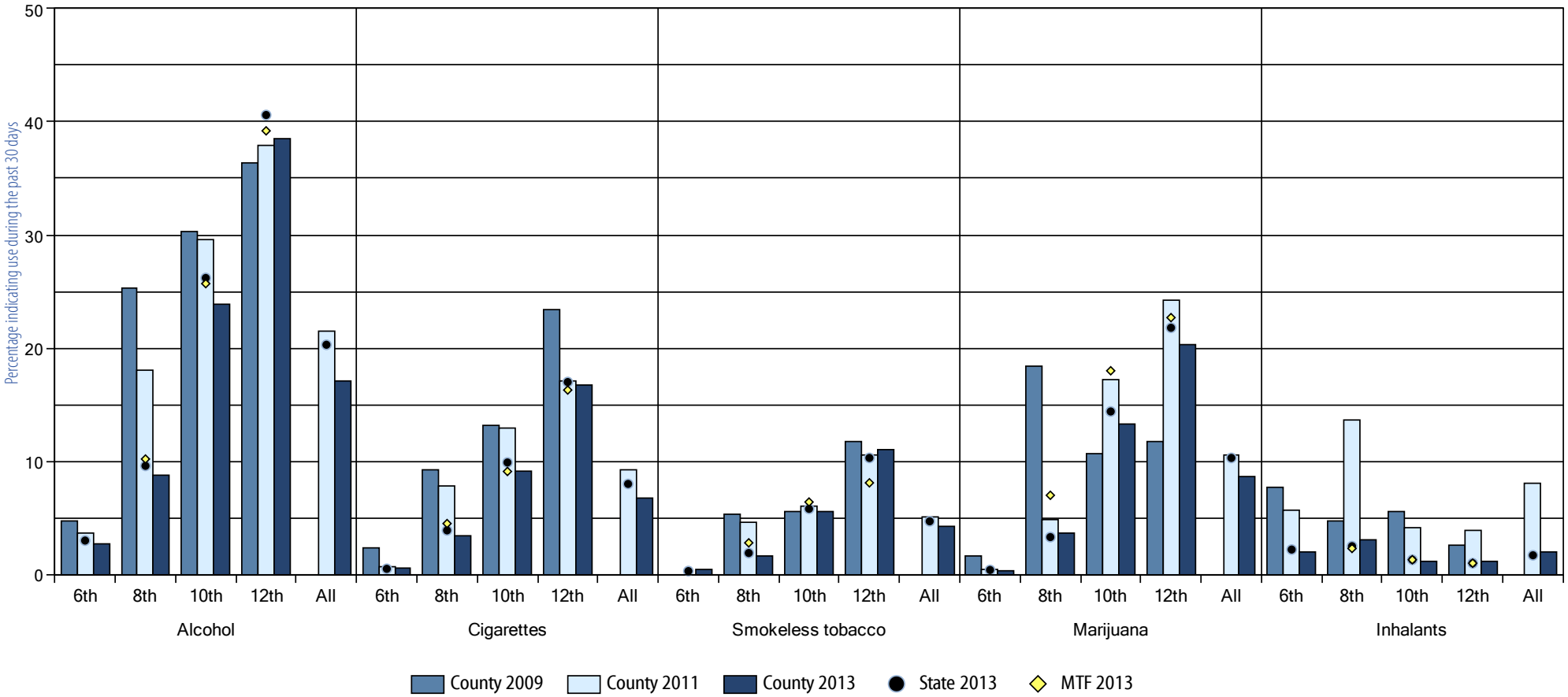
Alcohol including beer, wine, and hard liquor is the drug used most often by adolescents today.	*On how many occasions (if any) have you had beer, wine, or hard liquor in your lifetime/during the past 30 days?*
Tobacco including cigarettes and smokeless tobacco was the second most commonly used drug among adolescents. National smoking rates, however, have declined substantially in recent years.	*Have you ever smoked cigarettes?* *How frequently during the past 30 days have you smoked cigarettes?* *Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?* *How frequently during the past 30 days have you used smokeless tobacco?*
Marijuana is the most widely used illicit drug. It is most frequently smoked although it can also be consumed mixed with food. Rates peaked in the late nineties, but the last few years have seen a reversal of this trend and the prevalence of marijuana use has increased.	*On how many occasions (if any) have you used marijuana in your lifetime/during the past 30 days?*
Inhalants are any gases or fumes that can be inhaled for the purpose of getting high. Use is more prevalent with younger students, perhaps because inhalants are often the easiest drugs for them to obtain. Health consequences can include brain damage and heart failure.	*On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime/during the past 30 days?*

Gateway drugs - Lifetime use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Alcohol County 2009	Alcohol County 2011	Alcohol County 2013	Alcohol State 2013	Alcohol MTF 2013	Cigarettes County 2009	Cigarettes County 2011	Cigarettes County 2013	Cigarettes State 2013	Cigarettes MTF 2013	Smokeless tobacco County 2009	Smokeless tobacco County 2011	Smokeless tobacco County 2013	Smokeless tobacco State 2013	Smokeless tobacco MTF 2013	Marijuana County 2009	Marijuana County 2011	Marijuana County 2013	Marijuana State 2013	Marijuana MTF 2013	Inhalants County 2009	Inhalants County 2011	Inhalants County 2013	Inhalants State 2013	Inhalants MTF 2013
6	29.2	14.1	14.6	13.3	n/a	14.4	4.1	1.9	2.4	n/a	0.0	1.5	1.1	1.0	n/a	4.5	0.5	0.8	0.8	n/a	7.7	8.3	4.9	5.3	n/a
8	49.5	42.0	32.4	35.1	27.8	38.9	19.6	9.0	10.2	14.8	5.3	8.4	4.6	4.6	7.9	25.7	10.0	6.9	6.4	16.5	8.5	18.3	8.3	6.9	10.8
10	57.6	56.2	57.6	61.5	52.1	30.8	28.5	20.4	21.2	25.7	15.2	11.8	10.2	10.9	14.0	21.5	27.7	24.0	25.8	35.8	13.2	9.9	7.4	6.4	8.7
12	58.7	64.7	72.0	74.2	68.2	45.5	35.6	31.9	35.2	38.1	19.7	21.5	18.8	18.9	17.2	29.3	37.2	39.8	40.3	45.5	12.2	7.9	6.3	5.9	6.9
All	n/a	44.0	42.3	46.9	n/a	n/a	21.6	14.6	17.6	n/a	n/a	10.3	8.0	9.0	n/a	n/a	17.3	16.3	18.9	n/a	n/a	12.4	6.8	6.1	n/a

Gateway drugs - 30-day use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Alcohol County 2009	Alcohol County 2011	Alcohol County 2013	Alcohol State 2013	Alcohol MTF 2013	Cigarettes County 2009	Cigarettes County 2011	Cigarettes County 2013	Cigarettes State 2013	Cigarettes MTF 2013	Smokeless tobacco County 2009	Smokeless tobacco County 2011	Smokeless tobacco County 2013	Smokeless tobacco State 2013	Smokeless tobacco MTF 2013	Marijuana County 2009	Marijuana County 2011	Marijuana County 2013	Marijuana State 2013	Marijuana MTF 2013	Inhalants County 2009	Inhalants County 2011	Inhalants County 2013	Inhalants State 2013	Inhalants MTF 2013
6	4.7	3.7	2.7	3.0	n/a	2.4	0.7	0.6	0.5	n/a	0.0	0.0	0.4	0.3	n/a	1.6	0.4	0.3	0.4	n/a	7.7	5.7	2.0	2.2	n/a
8	25.3	18.1	8.8	9.6	10.2	9.3	7.8	3.4	3.9	4.5	5.3	4.6	1.6	1.9	2.8	18.4	4.9	3.6	3.3	7.0	4.7	13.7	3.1	2.5	2.3
10	30.3	29.6	23.9	26.2	25.7	13.2	12.9	9.1	9.9	9.1	5.5	6.0	5.5	5.8	6.4	10.7	17.2	13.3	14.4	18.0	5.6	4.1	1.2	1.3	1.3
12	36.4	37.9	38.5	40.6	39.2	23.4	17.1	16.7	17.0	16.3	11.8	10.6	11.0	10.3	8.1	11.8	24.2	20.3	21.8	22.7	2.6	3.9	1.1	1.0	1.0
All	n/a	21.5	17.1	20.3	n/a	n/a	9.3	6.8	8.0	n/a	n/a	5.1	4.2	4.7	n/a	n/a	10.5	8.7	10.3	n/a	n/a	8.0	2.0	1.7	n/a

PRESCRIPTION DRUGS

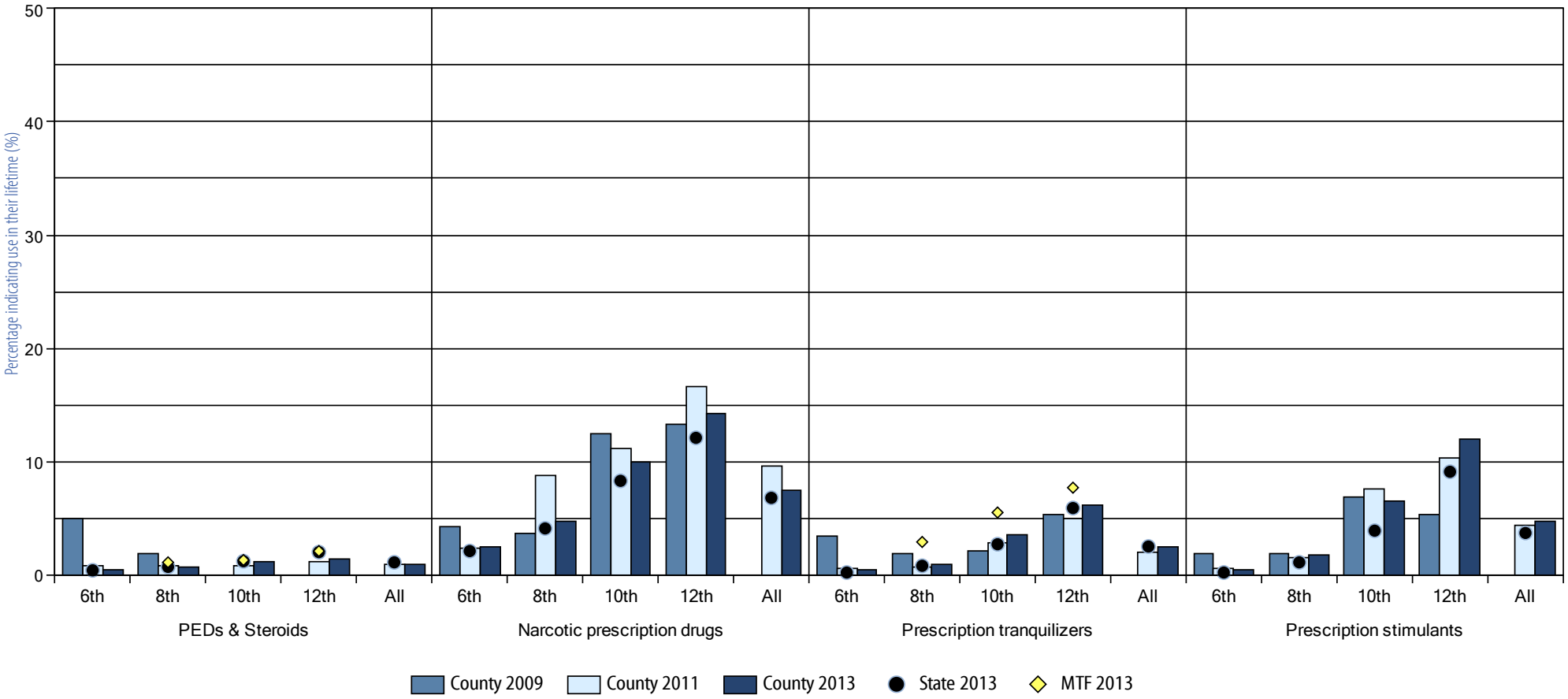
In recent years, the non-medical use of prescription drugs has emerged as a major public health issue. According to the recent Monitoring the Future study, prescription drugs are the second-most abused category of drugs after marijuana.

Students often believe these substances are safer than illicit drugs because they are prescribed by a doctor and dispensed by a pharmacist. This is particularly troubling given the adverse health consequences related to prescription drug abuse: physiological and psychological addiction, physical dependence, and the possibility of overdose.

The prescription drug most frequently used by students in this county was narcotic prescription drugs (7.5% of students). The next most frequently used substance was prescription stimulants (4.7% of students), compared to a state rate of 3.7%.

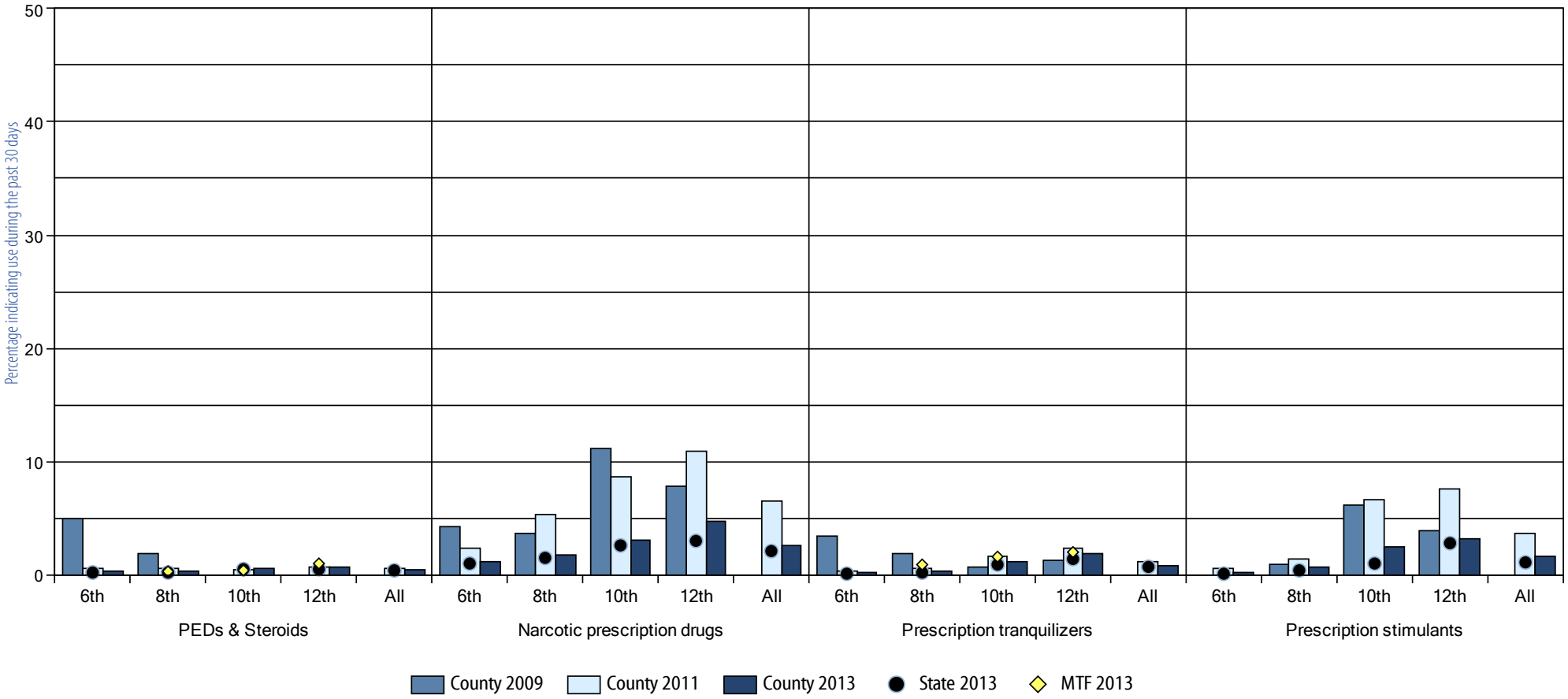
Performance Enhancing Drugs such as steroids and human growth hormones are taken for muscle gain and athletic performance rather than psychoactive effects. Unsupervised use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.	*On how many occasions (if any) have you: Taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor's orders in your lifetime/during the past 30 days?*
Prescription Narcotics are used primarily to manage pain, but are also sought after for the accompanying euphoria. The number of opioid prescriptions received by patients seeking pain treatment has nearly doubled in the last decade.	*On how many occasions (if any) have you: Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Tylox) without a doctor's orders, in your lifetime/during the past 30 days?*
Prescription Tranquilizers are used to induce sleep, prevent seizures, and relieve anxiety, but non-medical use is widespread. Sedatives are a leading source of adverse drug events recorded in hospital settings. Depressed respiration and slowed cognitive function are often compounded with concurrent alcohol use.	*On how many occasions (if any) have you: Used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor's orders, in your lifetime/during the past 30 days?*
Prescription Stimulants are used to treat attention deficit hyperactivity disorder (ADHD). In 2007, parents reported that approximated 9.5% of children aged 4-17 years (5.4 million) had been diagnosed with ADHD, insuring a ready availability for recreational misuse.	*On how many occasions (if any) have you: Used prescription stimulants (such as Ritalin or Adderall) without a doctor's orders, in your lifetime/during the past 30 days?*

Prescription drugs - Lifetime use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	PEDs & Steroids					Narcotic prescription drugs					Prescription tranquilizers					Prescription stimulants				
	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013
6	5.0	0.8	0.5	0.4	n/a	4.3	2.4	2.5	2.1	n/a	3.4	0.6	0.5	0.2	n/a	1.9	0.6	0.5	0.2	n/a
8	1.9	0.8	0.7	0.7	1.1	3.7	8.8	4.7	4.1	n/a	1.9	0.7	0.9	0.8	2.9	1.9	1.5	1.7	1.1	n/a
10	0.0	0.8	1.2	1.2	1.3	12.5	11.2	10.0	8.3	n/a	2.1	2.8	3.5	2.7	5.5	6.9	7.6	6.5	3.9	n/a
12	0.0	1.2	1.4	2.0	2.1	13.3	16.6	14.3	12.1	n/a	5.3	5.0	6.1	5.9	7.7	5.3	10.3	12.0	9.1	n/a
All	n/a	0.9	0.9	1.1	n/a	n/a	9.6	7.5	6.8	n/a	n/a	2.0	2.5	2.5	n/a	n/a	4.4	4.7	3.7	n/a

Prescription drugs - 30-day use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	PEDs & Steroids					Narcotic prescription drugs					Prescription tranquilizers					Prescription stimulants				
	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013
6	5.0	0.6	0.3	0.2	n/a	4.3	2.3	1.2	1.0	n/a	3.4	0.3	0.2	0.1	n/a	0.0	0.6	0.2	0.1	n/a
8	1.9	0.6	0.3	0.2	0.3	3.7	5.3	1.7	1.5	n/a	1.9	0.6	0.3	0.2	0.9	0.9	1.4	0.7	0.4	n/a
10	0.0	0.5	0.6	0.5	0.4	11.1	8.7	3.1	2.6	n/a	0.7	1.6	1.1	0.9	1.6	6.2	6.6	2.5	1.0	n/a
12	0.0	0.7	0.7	0.5	1.0	7.8	10.9	4.7	3.0	n/a	1.3	2.3	1.9	1.4	2.0	3.9	7.6	3.2	2.8	n/a
All	n/a	0.6	0.5	0.4	n/a	n/a	6.5	2.6	2.1	n/a	n/a	1.1	0.8	0.7	n/a	n/a	3.6	1.6	1.1	n/a

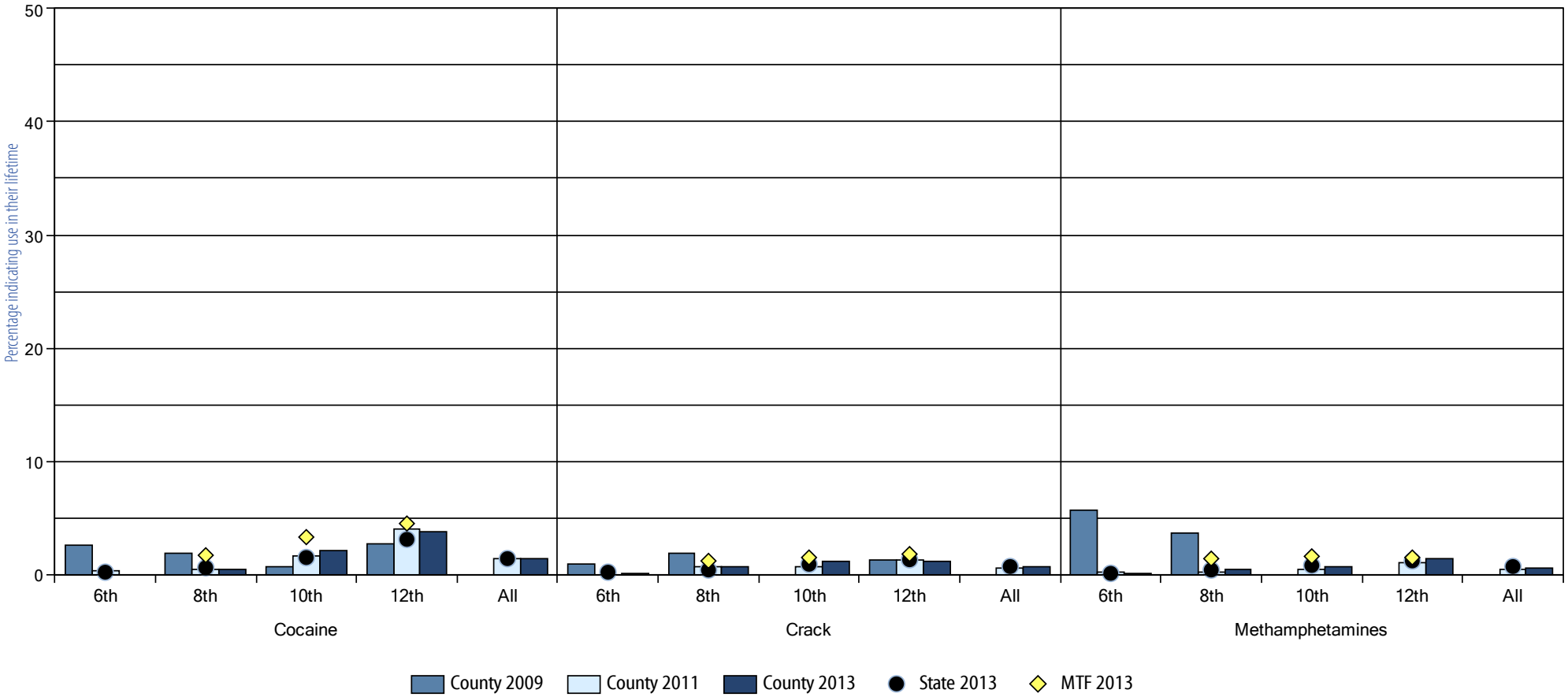
OTHER DRUGS

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

A low percentage of students in this county used drugs in the "other" category. For lifetime use, the most frequent substance used was hallucinogens (3.6% of students), compared to a state rate of 3.2%.

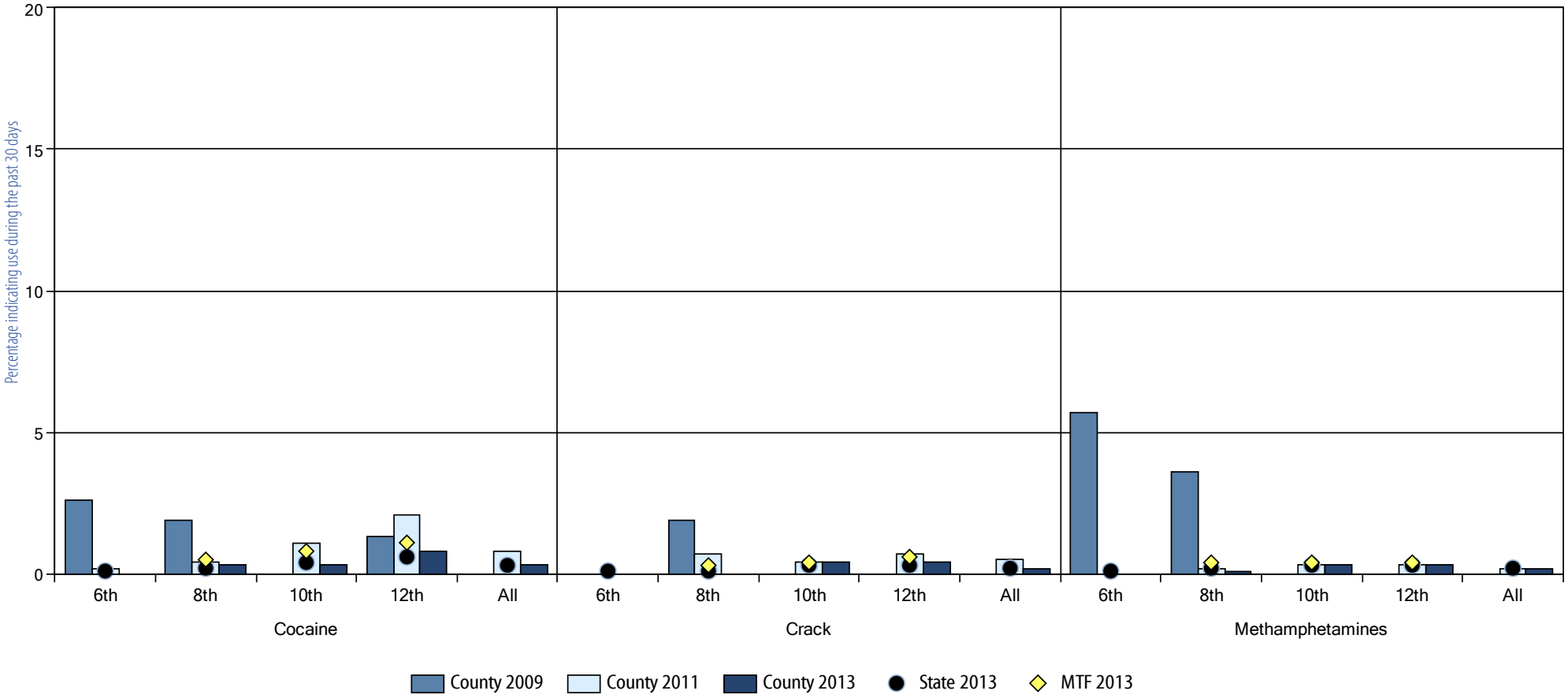
Cocaine is a powerfully addictive stimulant. Users may develop tolerance and use can cause a variety of physical problems, including chest pain, strokes, seizures, and abnormal heart rhythm.	*On how many occasions (if any) have you:* *Used cocaine in your lifetime/during the past 30 days?*
Crack is an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

Other drugs (cocaine, crack, methamphetamines) - Lifetime use
Cumberland County 2013 Pennsylvania Youth Survey



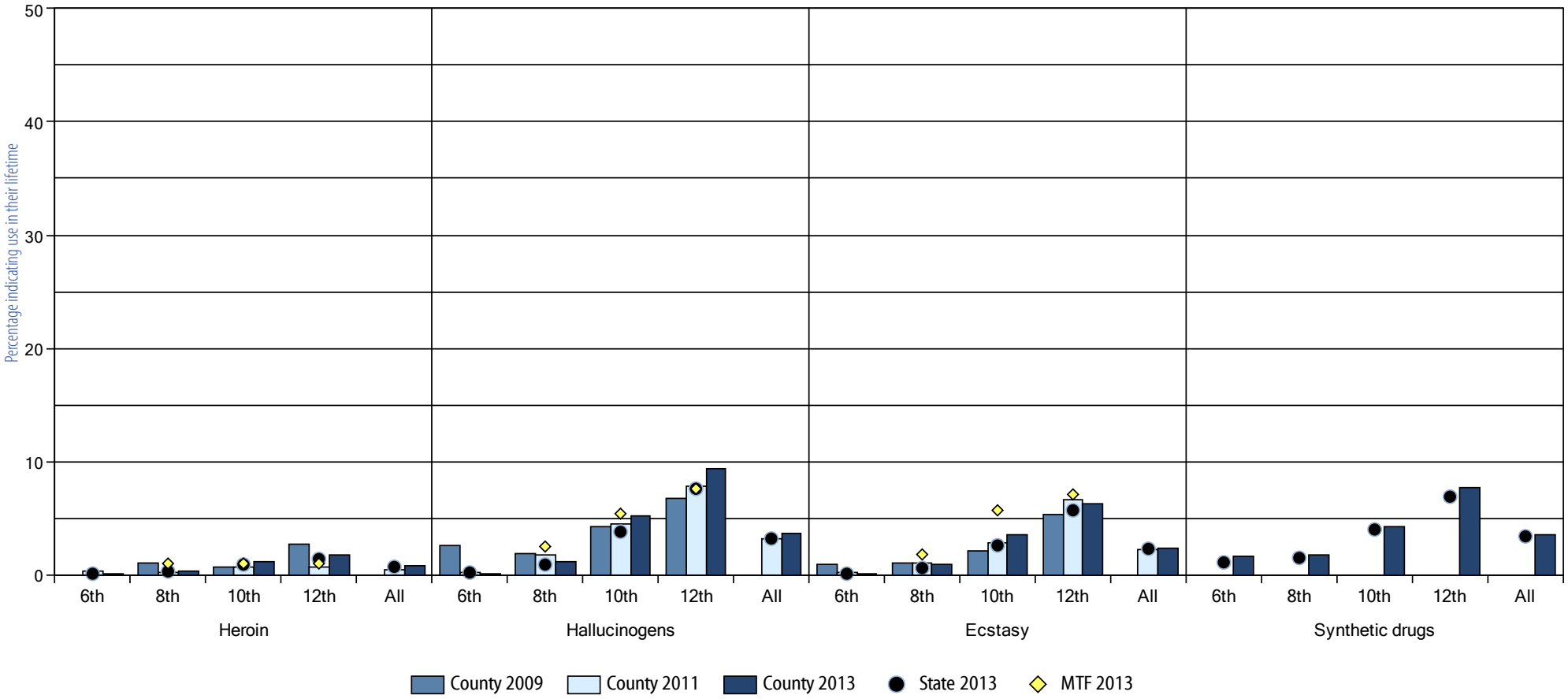
Grade	Cocaine County 2009	Cocaine County 2011	Cocaine County 2013	Cocaine State 2013	Cocaine MTF 2013	Crack County 2009	Crack County 2011	Crack County 2013	Crack State 2013	Crack MTF 2013	Methamphetamines County 2009	Methamphetamines County 2011	Methamphetamines County 2013	Methamphetamines State 2013	Methamphetamines MTF 2013
6	2.6	0.3	0.0	0.2	n/a	0.9	0.0	0.1	0.2	n/a	5.7	0.2	0.1	0.1	n/a
8	1.9	0.5	0.4	0.6	1.7	1.9	0.7	0.7	0.4	1.2	3.6	0.2	0.5	0.4	1.4
10	0.7	1.6	2.1	1.5	3.3	0.0	0.7	1.2	0.9	1.5	0.0	0.4	0.7	0.8	1.6
12	2.7	4.0	3.8	3.1	4.5	1.3	1.3	1.1	1.3	1.8	0.0	1.0	1.4	1.2	1.5
All	n/a	1.4	1.4	1.4	n/a	n/a	0.6	0.7	0.7	n/a	n/a	0.4	0.6	0.7	n/a

Other drugs (cocaine, crack, methamphetamines) - 30-day use
Cumberland County 2013 Pennsylvania Youth Survey



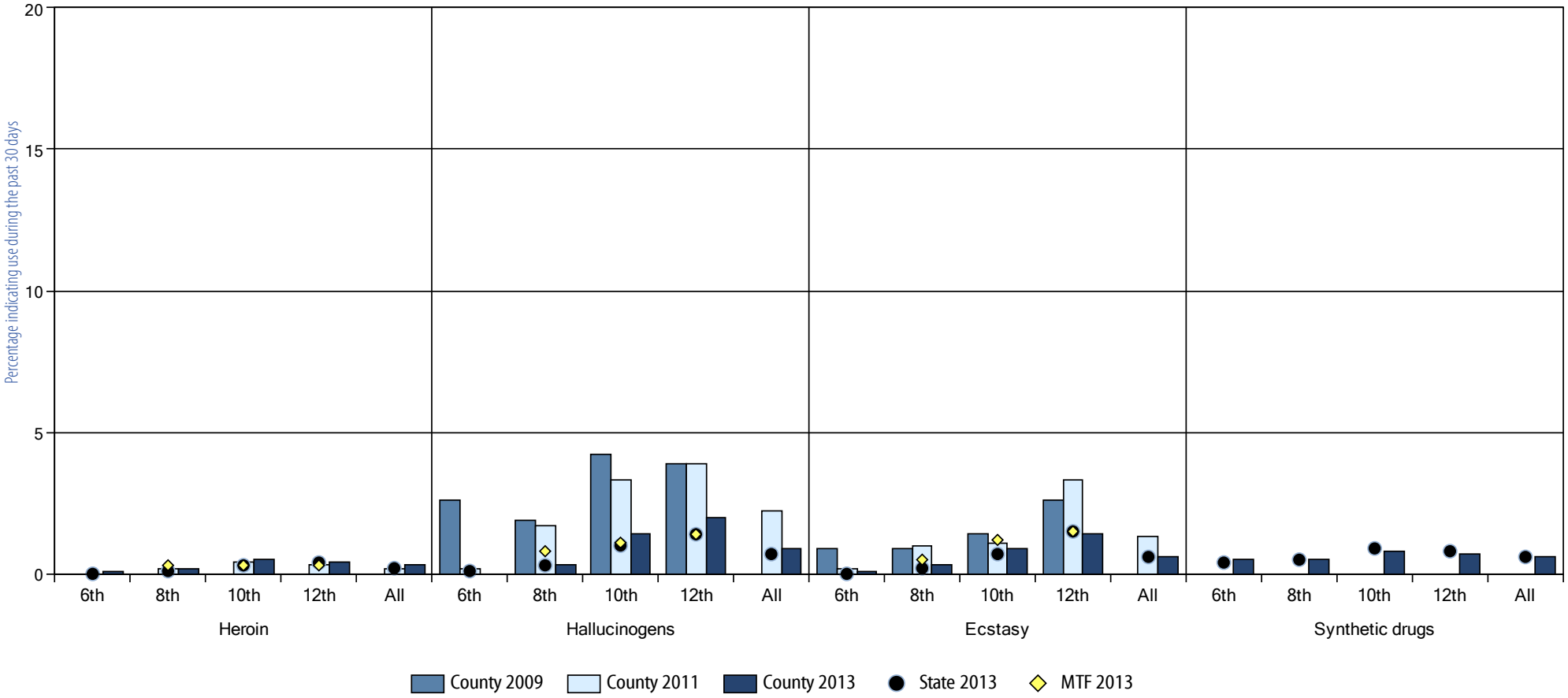
Grade	Cocaine County 2009	Cocaine County 2011	Cocaine County 2013	Cocaine State 2013	Cocaine MTF 2013	Crack County 2009	Crack County 2011	Crack County 2013	Crack State 2013	Crack MTF 2013	Methamphetamines County 2009	Methamphetamines County 2011	Methamphetamines County 2013	Methamphetamines State 2013	Methamphetamines MTF 2013
6	2.6	0.2	0.0	0.1	n/a	0.0	0.0	0.0	0.1	n/a	5.7	0.0	0.0	0.1	n/a
8	1.9	0.4	0.3	0.2	0.5	1.9	0.7	0.0	0.1	0.3	3.6	0.2	0.1	0.2	0.4
10	0.0	1.1	0.3	0.4	0.8	0.0	0.4	0.4	0.3	0.4	0.0	0.3	0.3	0.3	0.4
12	1.3	2.1	0.8	0.6	1.1	0.0	0.7	0.4	0.3	0.6	0.0	0.3	0.3	0.3	0.4
All	n/a	0.8	0.3	0.3	n/a	n/a	0.5	0.2	0.2	n/a	n/a	0.2	0.2	0.2	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - Lifetime use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Heroin County 2009	Heroin County 2011	Heroin County 2013	Heroin State 2013	Heroin MTF 2013	Hallucinogens County 2009	Hallucinogens County 2011	Hallucinogens County 2013	Hallucinogens State 2013	Hallucinogens MTF 2013	Ecstasy County 2009	Ecstasy County 2011	Ecstasy County 2013	Ecstasy State 2013	Ecstasy MTF 2013	Synthetic drugs County 2009	Synthetic drugs County 2011	Synthetic drugs County 2013	Synthetic drugs State 2013	Synthetic drugs MTF 2013
6	0.0	0.3	0.1	0.1	n/a	2.6	0.2	0.1	0.2	n/a	0.9	0.2	0.1	0.1	n/a	n/a	n/a	1.6	1.1	n/a
8	1.0	0.2	0.3	0.3	1.0	1.9	1.8	1.1	0.9	2.5	1.0	1.0	0.9	0.6	1.8	n/a	n/a	1.7	1.5	n/a
10	0.7	0.7	1.2	0.9	1.0	4.2	4.5	5.2	3.8	5.4	2.1	2.8	3.5	2.6	5.7	n/a	n/a	4.2	4.0	n/a
12	2.7	0.7	1.7	1.4	1.0	6.7	7.8	9.4	7.6	7.6	5.3	6.6	6.3	5.7	7.1	n/a	n/a	7.7	6.9	n/a
All	n/a	0.4	0.8	0.7	n/a	n/a	3.2	3.6	3.2	n/a	n/a	2.2	2.4	2.3	n/a	n/a	n/a	3.5	3.4	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - 30-day use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Heroin County 2009	Heroin County 2011	Heroin County 2013	Heroin State 2013	Heroin MTF 2013	Hallucinogens County 2009	Hallucinogens County 2011	Hallucinogens County 2013	Hallucinogens State 2013	Hallucinogens MTF 2013	Ecstasy County 2009	Ecstasy County 2011	Ecstasy County 2013	Ecstasy State 2013	Ecstasy MTF 2013	Synthetic drugs County 2009	Synthetic drugs County 2011	Synthetic drugs County 2013	Synthetic drugs State 2013	Synthetic drugs MTF 2013
6	0.0	0.0	0.1	0.0	n/a	2.6	0.2	0.0	0.1	n/a	0.9	0.2	0.1	0.0	n/a	n/a	n/a	0.5	0.4	n/a
8	0.0	0.2	0.2	0.1	0.3	1.9	1.7	0.3	0.3	0.8	0.9	1.0	0.3	0.2	0.5	n/a	n/a	0.5	0.5	n/a
10	0.0	0.4	0.5	0.3	0.3	4.2	3.3	1.4	1.0	1.1	1.4	1.1	0.9	0.7	1.2	n/a	n/a	0.8	0.9	n/a
12	0.0	0.3	0.4	0.4	0.3	3.9	3.9	2.0	1.4	1.4	2.6	3.3	1.4	1.5	1.5	n/a	n/a	0.7	0.8	n/a
All	n/a	0.2	0.3	0.2	n/a	n/a	2.2	0.9	0.7	n/a	n/a	1.3	0.6	0.6	n/a	n/a	n/a	0.6	0.6	n/a

RISKY SUBSTANCE USE BEHAVIORS

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

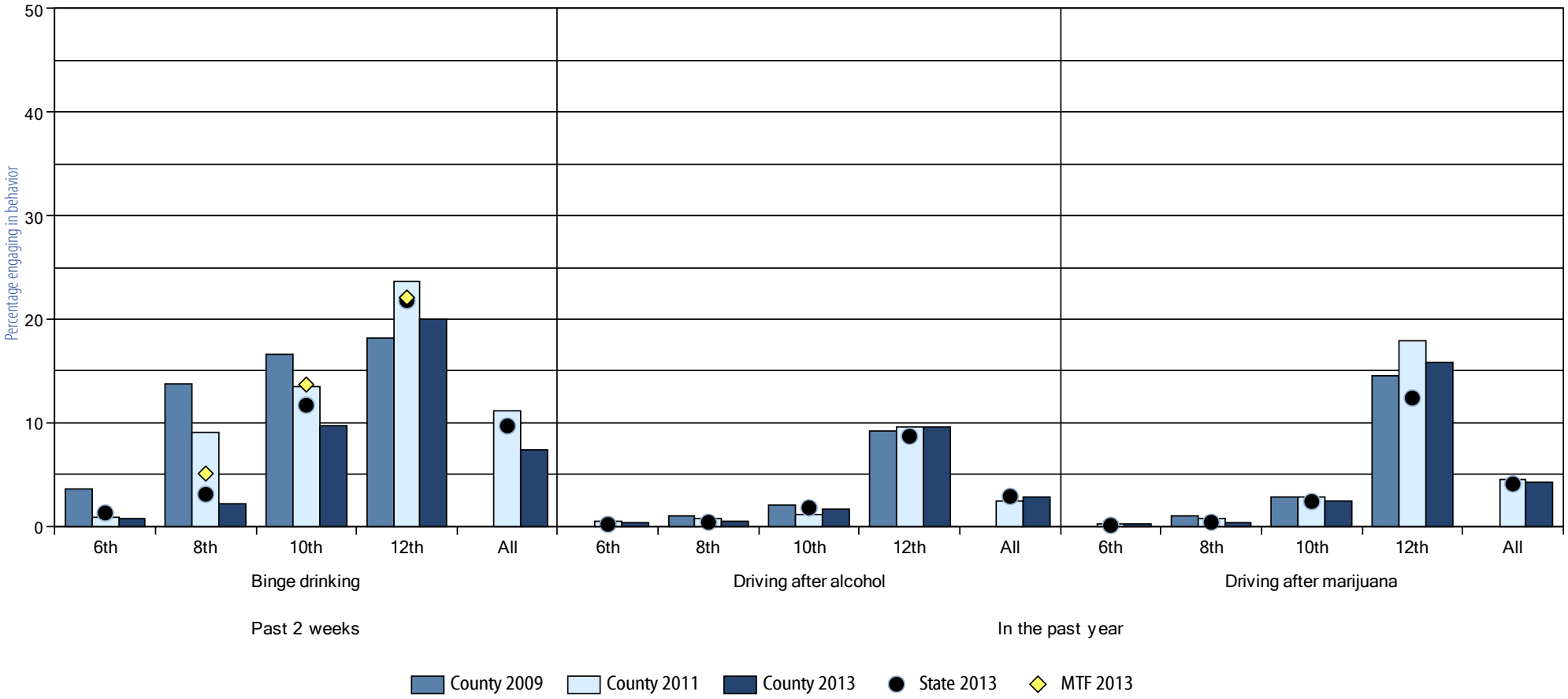
Binge drinking – loosely, "drinking to get drunk" – is the pattern of alcohol consumption that is probably of greatest concern from a public health perspective. Studies have shown that it is related to increased rates of injury due to intoxication, as well as an increased probability of later drinking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

Driving under the influence of drugs and alcohol endangers everyone on the roadway. Alcohol and marijuana impair clear thinking and hand-eye coordination, and alcohol-impaired drivers are involved in about 1 in 3 crash deaths, resulting in nearly 10,000 deaths nationwide in 2011. Studies also show that the risk of involvement in a traffic crash increased as drivers' THC levels (i.e., marijuana use) increased. Drivers having the highest THC levels had a significantly higher risk of crashing than drug free drivers.

7.4% of students in this county engaged in binge drinking, a rate lower than the state (9.7%). 2.8% of students reported drinking while driving, a rate about the same as the state (2.9%).

Risky substance use behaviors	*Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?*
	How often have you: Driven a car while or shortly after drinking?
	Driven a car while or shortly after smoking pot?

Risky substance use behaviors
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Binge drinking					Driving after alcohol					Driving after marijuana				
	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013	County 2009	County 2011	County 2013	State 2013	MTF 2013
6	3.6	0.9	0.7	1.3	n/a	0.0	0.5	0.3	0.2	n/a	0.0	0.2	0.2	0.1	n/a
8	13.7	9.1	2.2	3.1	5.1	1.0	0.8	0.5	0.4	n/a	1.0	0.7	0.4	0.4	n/a
10	16.6	13.5	9.7	11.7	13.7	2.1	1.1	1.7	1.8	n/a	2.8	2.9	2.5	2.4	n/a
12	18.2	23.6	20.0	21.8	22.1	9.2	9.6	9.6	8.7	n/a	14.5	17.9	15.8	12.4	n/a
All	n/a	11.2	7.4	9.7	n/a	n/a	2.5	2.8	2.9	n/a	n/a	4.5	4.3	4.1	n/a

ACCESS AND WILLINGNESS TO USE

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

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

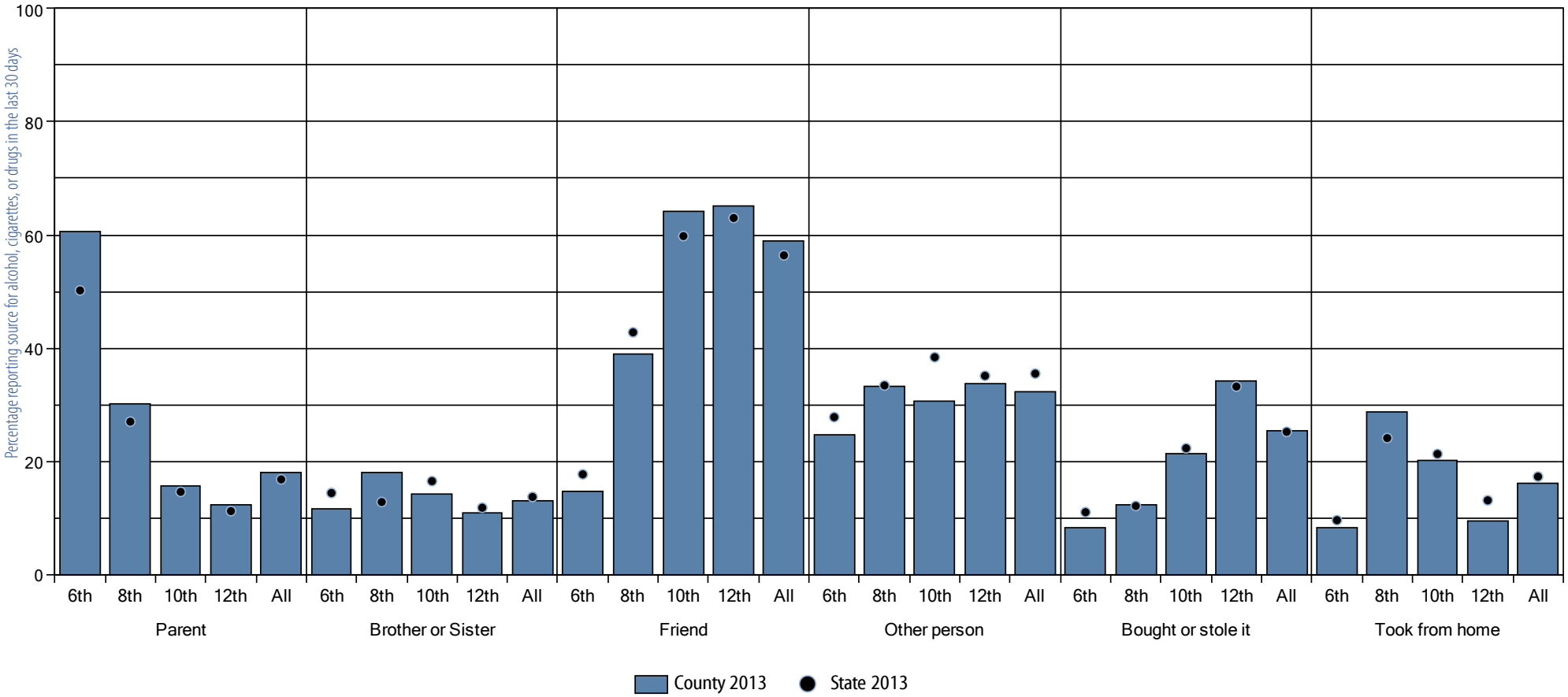
Sources of substances may include sources such as a *parent, brother or sister, friend,* or *other person*, as well as methods such as *bought or stole it,* and *took from home.* Willingness to use is purely a measure of a student's openness to a substance (the survey explicitly states *[t]hese are not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

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

58.9% of students chose "friend" as their most frequent source/method of obtaining the alcohol, cigarettes, or drugs they used. The next most frequently reported source was "other person" with 32.2% of students indicating this method, compared to the state rate of 35.5%. 21.8% of students showed a willingness to use alcohol, reporting they "would like to try it or use it" or "would use it any chance I got," compared to a state rate of 24.0%.

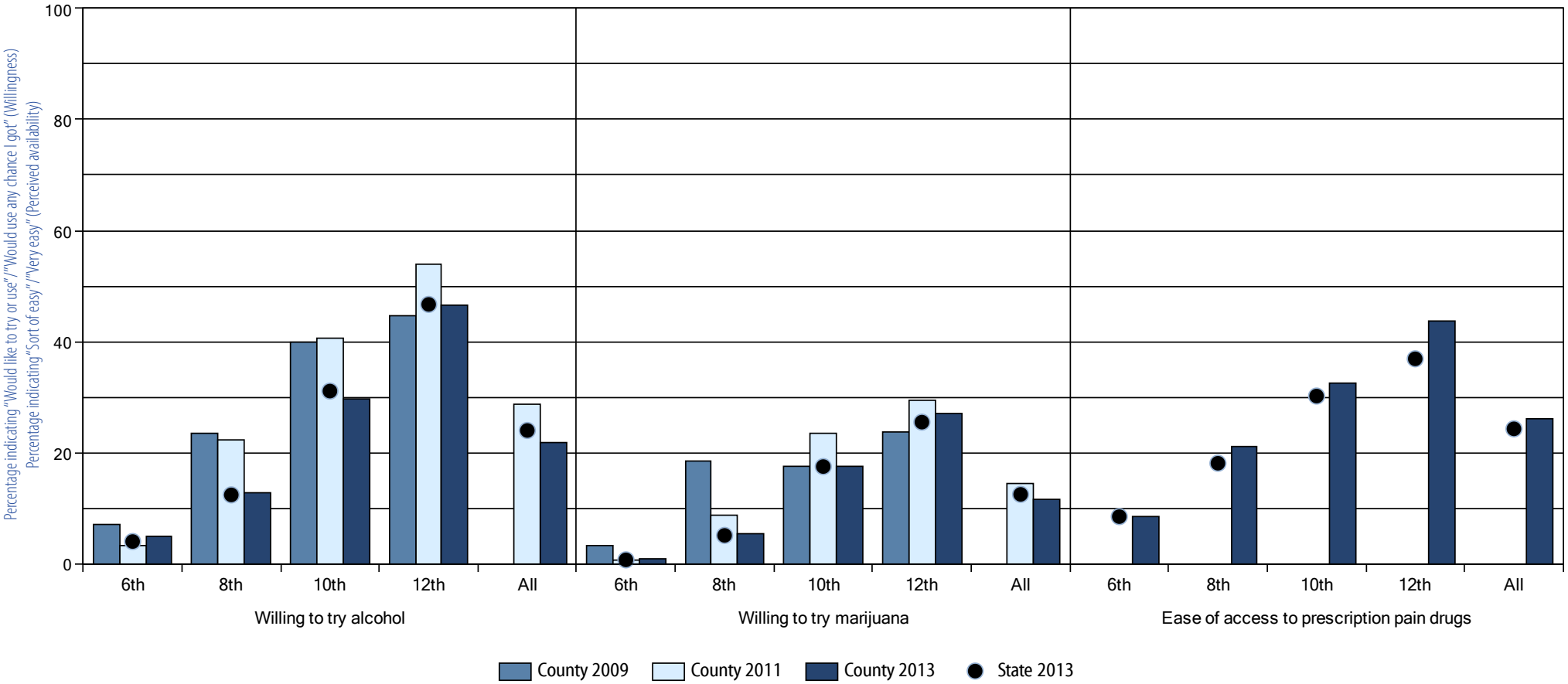
Sources of substances	*Think of the last 30 days, how did you get any alcohol, cigarettes, or drugs you may have used? (Check all that apply)*
Willingness to use	*How willing are you to try or use:* *Alcohol (beer, wine, coolers, hard liquor)?* *Marijuana (pot, hash, hemp, weed)?*
Perceived availability	*If you wanted to get:* *Prescription drugs not prescribed to you, how easy would it be for you to get some?* *Some beer, wine, or hard liquor (for example: vodka, whiskey, or gin), how easy would it be for you to get some?* *Some cigarettes, how easy would it be for you to get some?* *A drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?* *Some marijuana, how easy would it be for you to get some?*

Sources of alcohol, cigarettes, and drugs
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Parent		Brother or Sister		Friend		Other person		Bought or stole it		Took from home	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	60.7	50.2	11.5	14.4	14.8	17.7	24.6	27.8	8.2	11.0	8.2	9.6
8	30.2	27.0	18.0	12.8	39.0	42.8	33.2	33.4	12.2	12.1	28.8	24.1
10	15.7	14.6	14.2	16.5	64.1	59.8	30.6	38.4	21.4	22.3	20.2	21.3
12	12.3	11.2	10.8	11.8	65.0	63.0	33.8	35.1	34.1	33.2	9.4	13.1
All	18.0	16.8	13.0	13.7	58.9	56.4	32.2	35.5	25.3	25.2	16.0	17.3

Access and willingness to use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Willing to try alcohol				Willing to try marijuana				Ease of access to prescription pain drugs			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	7.0	3.2	4.9	4.0	3.2	0.6	0.8	0.7	n/a	n/a	8.5	8.5
8	23.4	22.4	12.8	12.4	18.5	8.8	5.4	5.1	n/a	n/a	21.0	18.1
10	39.9	40.5	29.7	31.1	17.5	23.6	17.5	17.5	n/a	n/a	32.6	30.2
12	44.7	53.9	46.5	46.7	23.7	29.5	27.1	25.5	n/a	n/a	43.8	36.9
All	n/a	28.7	21.8	24.0	n/a	14.5	11.6	12.5	n/a	n/a	26.1	24.3

3. ANTISOCIAL BEHAVIOR

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

Less overt antisocial behavior includes addictive behavior (such as gambling), high-risk activities (such as texting and driving), and dishonest communication with parents and other adults.

Rates of both antisocial behavior and gambling reflect reported behavior in the past year. Gambling in the past 30-days is provided as a more sensitive indicator of student gambling involvement. For texting and driving data, students were asked to respond regarding their experience over a two-month time frame.

Measuring a student's first age when they gambled or engaged in gang behavior can be useful in predicting the persistence of the behavior. The earlier the behavior manifests itself, the more likely it is to persist into adulthood. Intervention programs that focus on diminishing rewards for ASB and increasing reinforcement for prosocial behavior can encourage young people to discard these detrimental behavioral strategies.

GAMBLING

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

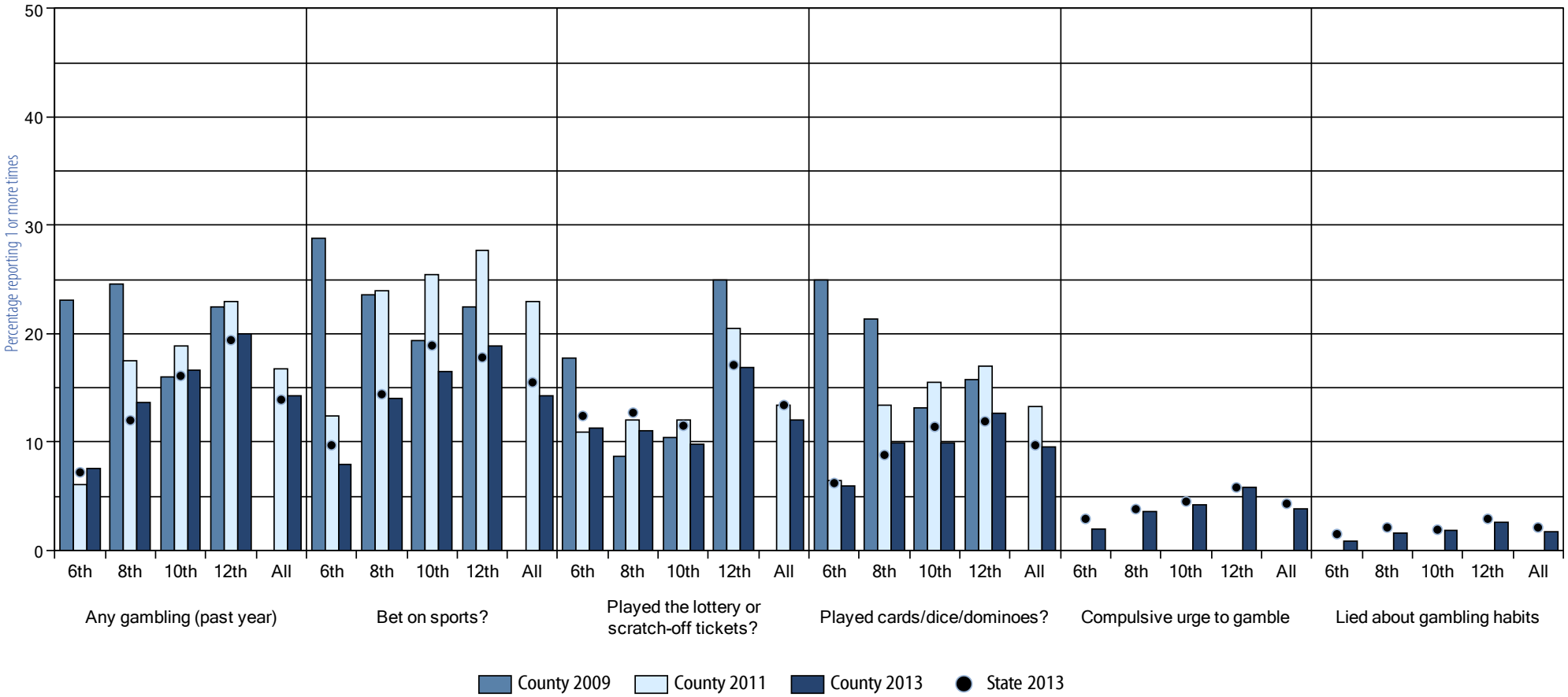
Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

Overall, 14.3% of students in this county engaged in gambling for money or anything of value in the past 12 months, compared to a state rate of 13.9%.

The most frequently reported form of gambling was "bet on sports" reported by 14.2% of students who had gambled in the past 12 months (the state rate was 15.5%). For students that had engaged in gambling, the average age they first did so was 11.8 years old.

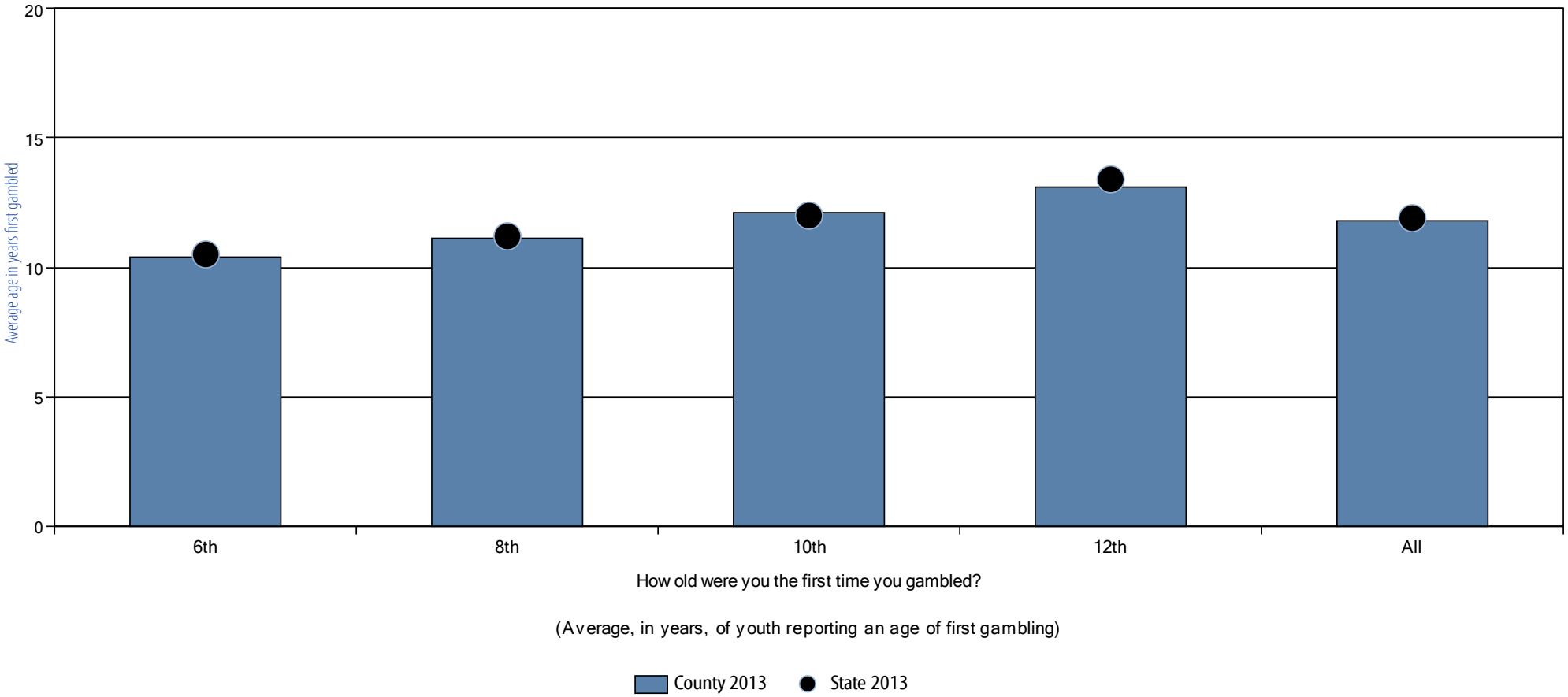
Students engaging in gambling	*In the past 12 months have you gambled for money or anything of value?* *In the last 30 days have you gambled for money or anything of value?*
Specific types of student gambling (in the past 12 months)	*Have you bet money or anything of value on sporting events (includes participating in sports pools)?* *Have you bought lottery tickets?* *Have you bet money or anything of value on table games like poker or other card games, dice, backgammon, or dominoes?*
Compulsive/dishonest gambling behavior	*Have you ever felt the need to bet more and more money?* *Have you ever felt the need to lie to important people (e.g. family/friends) about how much you gamble?*
Age first gambled	*How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games)?*

Gambling
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Any gambling (past year)				Bet on sports?				Played the lottery or scratch-off tickets?				Played cards/dice/dominoes?				Compulsive urge to gamble				Lied about gambling habits			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	23.1	6.1	7.6	7.2	28.8	12.4	7.9	9.7	17.8	10.9	11.3	12.4	25.0	6.4	5.9	6.2	n/a	n/a	2.0	2.9	n/a	n/a	0.9	1.5
8	24.6	17.5	13.7	12.0	23.6	24.0	14.0	14.4	8.7	12.0	11.0	12.7	21.4	13.4	9.9	8.8	n/a	n/a	3.6	3.8	n/a	n/a	1.6	2.1
10	16.0	18.9	16.6	16.1	19.4	25.4	16.5	18.9	10.4	12.0	9.8	11.5	13.2	15.5	9.9	11.4	n/a	n/a	4.2	4.5	n/a	n/a	1.8	1.9
12	22.4	23.0	20.0	19.4	22.4	27.7	18.8	17.8	25.0	20.5	16.9	17.1	15.8	17.0	12.7	11.9	n/a	n/a	5.8	5.8	n/a	n/a	2.6	2.9
All	n/a	16.8	14.3	13.9	n/a	22.9	14.2	15.5	n/a	13.4	12.0	13.4	n/a	13.3	9.6	9.7	n/a	n/a	3.8	4.3	n/a	n/a	1.7	2.1

Age first gambled
Cumberland County 2013 Pennsylvania Youth Survey



How old were you the first time you gambled?

Grade	County 2013	State 2013
6	10.4	10.5
8	11.1	11.2
10	12.1	12.0
12	13.1	13.4
All	11.8	11.9

YOUTH GANG INVOLVEMENT

Gangs often serve as a sanctuary for troubled youth from troubled families. Gangs can provide social structure where family, school, and community fail.

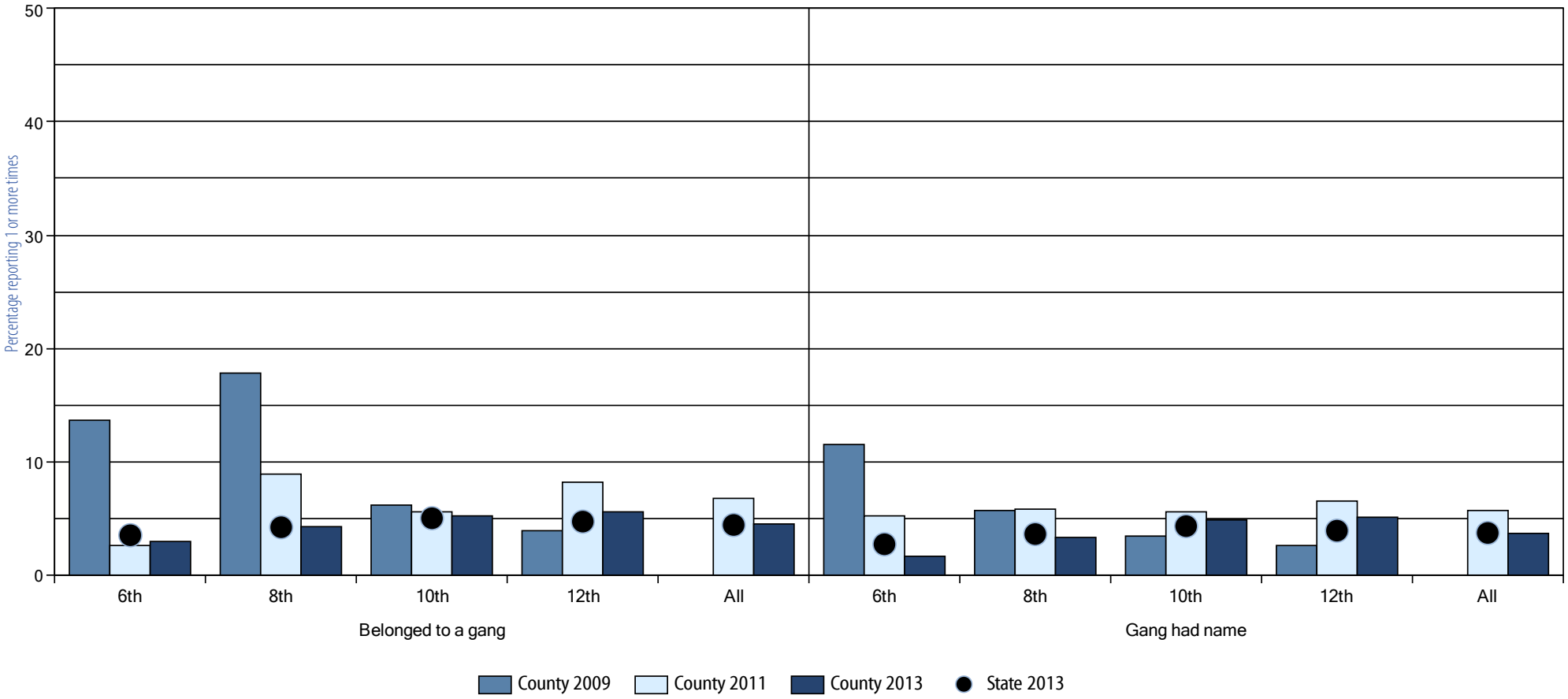
Gangs tend to cluster in high-crime, socially disorganized neighborhoods, where many youth are in trouble, feel unsafe, and are less attached to others in the community and where firearms are readily available.

Evidence suggests that gangs contribute to antisocial behavior beyond simple association with delinquent peers. Up to about age sixteen, gang membership was the strongest predictor of hidden gun carrying. Future gang members are likely to have current gang members in their school classrooms. Feeling unsafe at school also proved to be a strong correlate of gang membership and vulnerable students may seek protection in the gang (see the *School Climate and Safety* section).

Thus, gang membership can be viewed as both an outcome predicted by an undesirable environment and conditions, and a predictor of future antisocial behavior. 4.5% of students in this county reported having belonged to a gang, compared to the state rate of 4.4%. For students that belonged to a gang, the average age they joined was 12.1 years old.

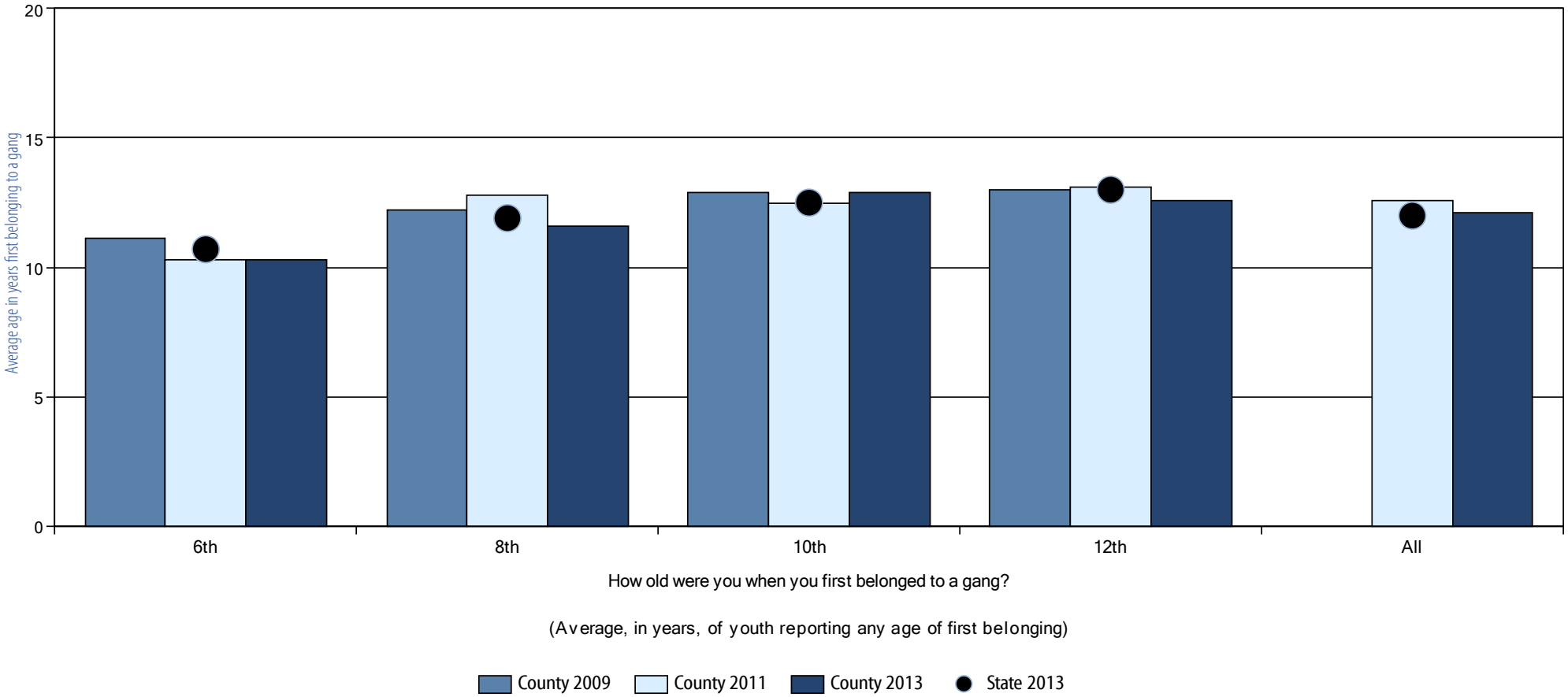
Youth gang involvement	*Have you ever belonged to a gang?*
	If you have ever belonged to a gang, did that gang have a name?
	How old were you when you first belonged to a gang?

Gang involvement
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Belonged to a gang				Gang had name			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	13.7	2.6	3.0	3.5	11.5	5.2	1.6	2.7
8	17.8	8.9	4.3	4.2	5.7	5.8	3.3	3.6
10	6.1	5.5	5.2	5.0	3.4	5.5	4.9	4.3
12	3.9	8.2	5.6	4.7	2.6	6.5	5.1	3.9
All	n/a	6.7	4.5	4.4	n/a	5.7	3.7	3.7

Age of first gang involvement
Cumberland County 2013 Pennsylvania Youth Survey



Grade	How old were you when you first belonged to a gang? County 2009	County 2011	County 2013	State 2013
6	11.1	10.3	10.3	10.7
8	12.2	12.8	11.6	11.9
10	12.9	12.5	12.9	12.5
12	13.0	13.1	12.6	13.0
All	n/a	12.6	12.1	12.0

TEXTING AND DRIVING

Most teens own a cell phone, and teens age 14-17 send about 100 texts every single day. Today's multi-tasking teens can be found texting in combination with all sorts of other tasks, even driving.

Driving is an attentionally intensive activity, especially for inexperienced teen drivers. Distraction-affected crashes cause of an estimated 3,000 deaths per year. Distracted driving has three pillars: visual (eyes-off-of-the-wheel), manual (hands-off-of-the-wheel) and cognitive (taking your mind off of driving). The texting driver of a moving vehicle fits all three criteria.

Young drivers 18 to 20 have the highest incidence of self-reported crash or near-crash experiences compared to all other age groups and the highest incidence of phone involvement at the time of the crash or near-crash.

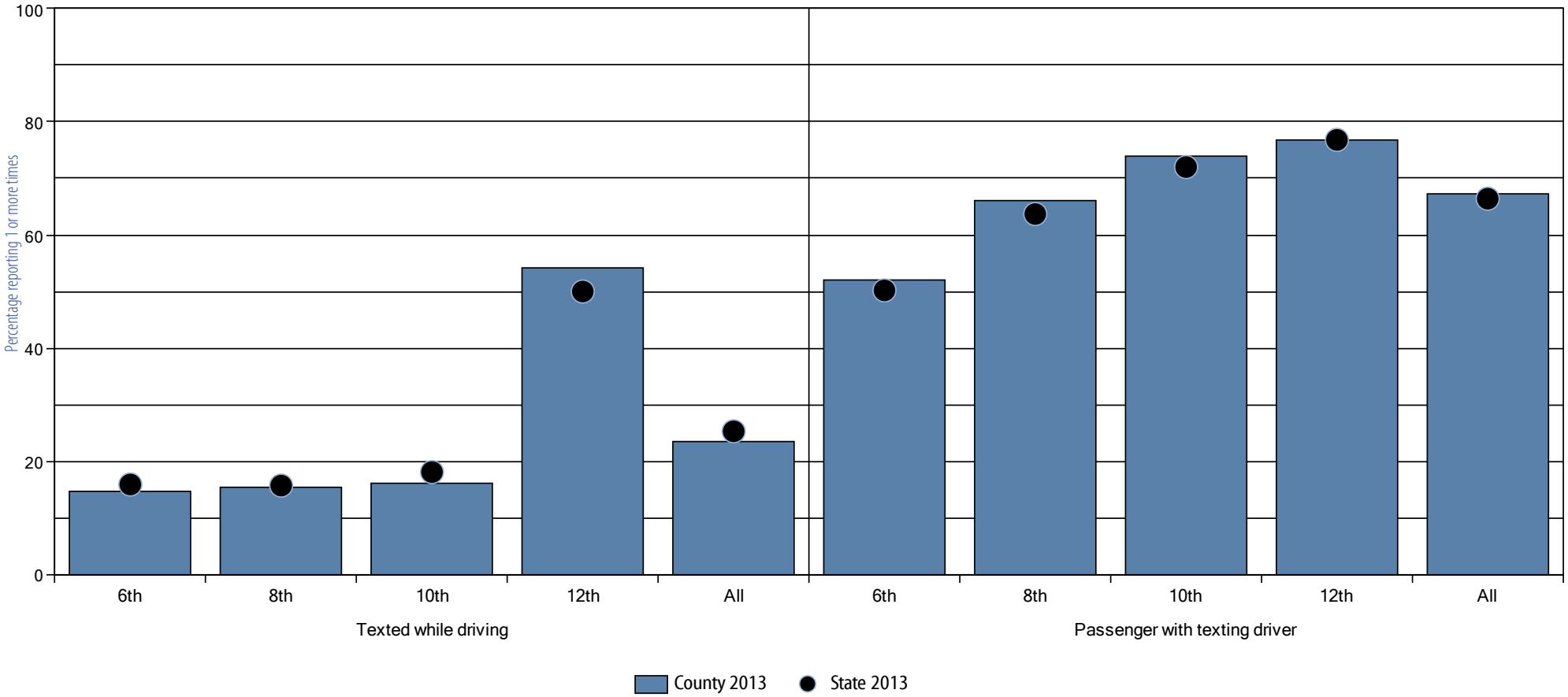
Rates of texting while driving in this county were highest for twelfth graders (54.2%). 67.2% of students had been a passenger in a moving vehicle where the driver was texting.

Texting and driving

Think back over the last two months. How many times have you been the passenger and saw the driver text and the vehicle (car, ATV, truck) was moving?

Think back over the last two months. How many times have you texted while driving and the vehicle (car, ATV, truck) was moving?

Texting and driving
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Texted while driving		Passenger with texting driver	
	County 2013	State 2013	County 2013	State 2013
6	14.8	15.9	52.0	50.2
8	15.4	15.7	66.1	63.7
10	16.1	18.1	74.0	72.0
12	54.2	50.0	76.7	76.8
All	23.5	25.3	67.2	66.4

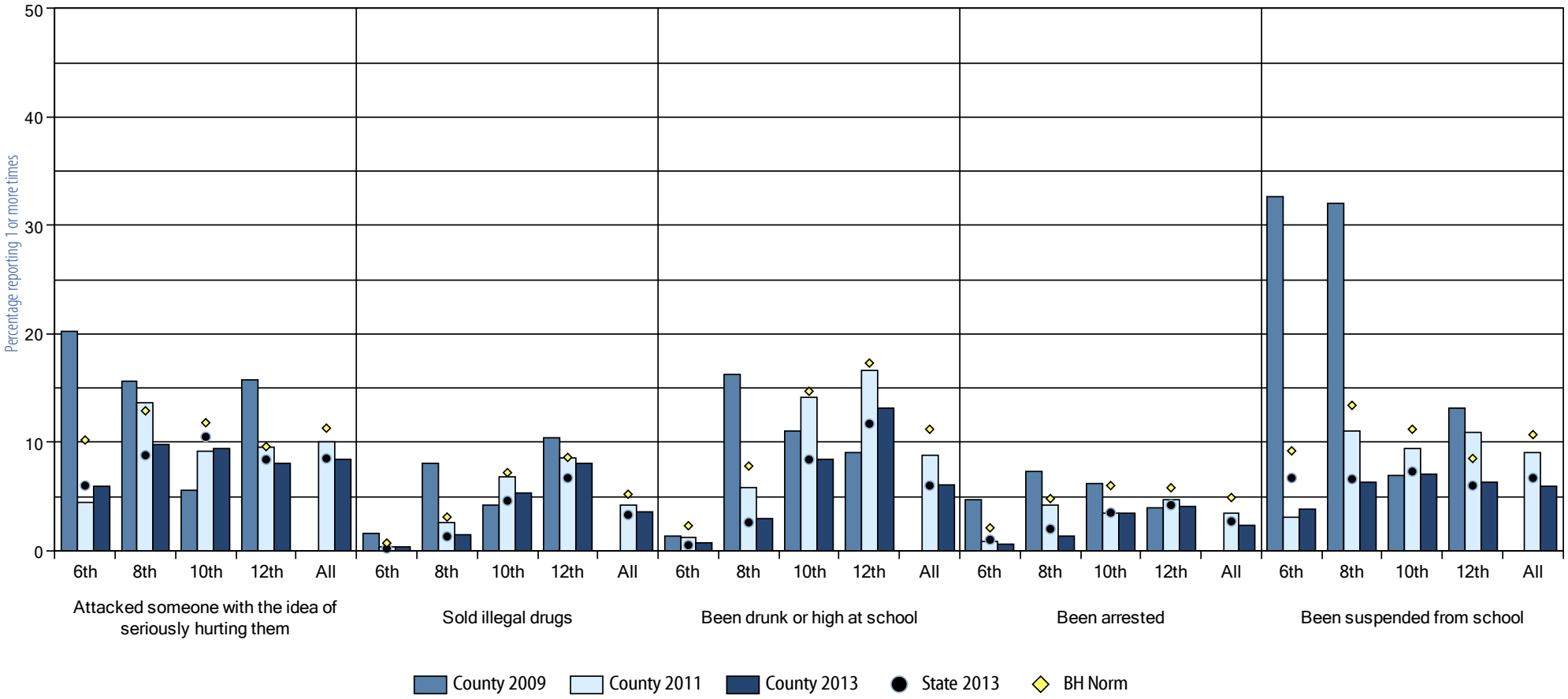
OTHER ANTISOCIAL BEHAVIOR

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

The most frequent "other" antisocial behavior in this county was "attacked someone with the idea of seriously hurting them," reported by 8.4% of students, about the same as the state rate of 8.5%.

Other antisocial behavior	*How many times in the past 12 months have you attacked someone with the idea of seriously hurting them?* *How many times in the past 12 months have you sold illegal drugs?* *How many times in the past 12 months have you been drunk or high at school?*
Consequences of ASB	*How many times in the past 12 months have you been arrested?* *How many times in the past 12 months have you been suspended from school?*

Other antisocial behavior
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Attacked someone with the idea of seriously hurting them					Sold illegal drugs					Been drunk or high at school					Been arrested					Been suspended from school				
	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm
6	20.2	4.4	5.9	6.0	10.2	1.6	0.3	0.3	0.2	0.7	1.4	1.2	0.7	0.5	2.3	4.7	0.8	0.6	1.0	2.1	32.7	3.1	3.8	6.7	9.2
8	15.6	13.6	9.8	8.8	12.9	8.1	2.6	1.5	1.3	3.1	16.2	5.8	3.0	2.6	7.8	7.3	4.2	1.4	2.0	4.8	32.0	11.0	6.3	6.6	13.4
10	5.6	9.2	9.4	10.5	11.8	4.2	6.8	5.3	4.6	7.2	11.0	14.1	8.4	8.4	14.7	6.2	3.5	3.5	3.5	6.0	6.9	9.4	7.0	7.3	11.2
12	15.8	9.5	8.1	8.4	9.6	10.4	8.5	8.1	6.7	8.6	9.1	16.6	13.1	11.7	17.3	3.9	4.7	4.1	4.2	5.8	13.2	10.9	6.3	6.0	8.5
All	n/a	10.0	8.4	8.5	11.3	n/a	4.2	3.6	3.3	5.2	n/a	8.8	6.0	6.0	11.2	n/a	3.4	2.3	2.7	4.9	n/a	9.1	5.9	6.7	10.7

4. SCHOOL CLIMATE AND SAFETY

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

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

VIOLENCE/DRUGS ON SCHOOL PROPERTY

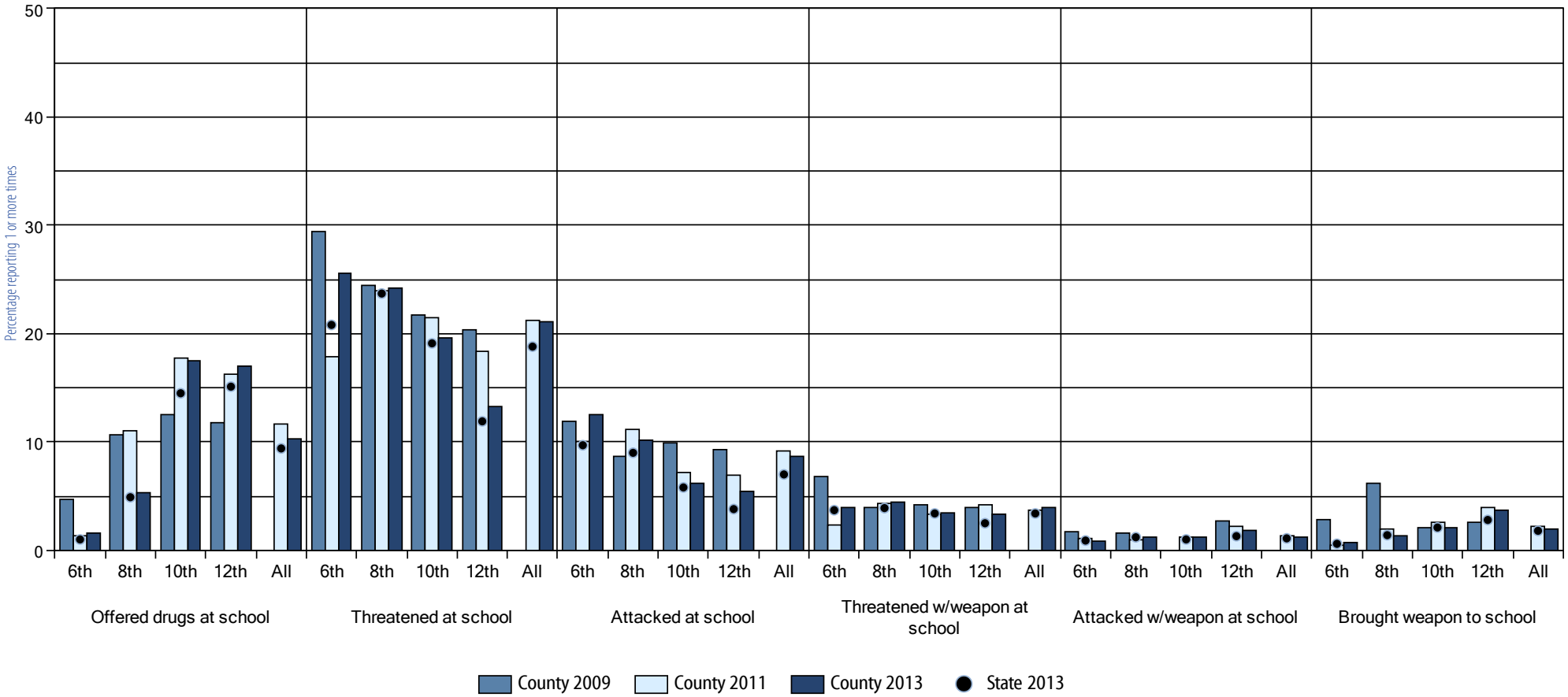
Violence on school property is widely held to have become a serious problem in recent decades, especially where weapons such as guns or knives are involved. The presence of drugs on school property is also an area of concern.

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

In the past twelve months, 21.1% of students in this county had been threatened with violent behavior on school property (compared to 18.8% at the state level). 8.7% of students reported having actually been attacked on school property (1.2% of students attacked with weapons). 1.9% of students in this county had brought a weapon to school, a rate higher than than the state (1.8%). Threatening incidents were highest for sixth graders (25.6%), compared to a state rate of 20.8% for that grade.

Violence and drugs on school property	*How many times in the past 12 months have you been offered, given, or sold an illegal drug on school property?*
	In the past 12 months, how often have you:
	Been threatened to be hit or beaten up on school property?
	Been attacked and hit by someone or beaten up on school property?
	Been threatened by someone with a weapon on school property?
	Been attacked by someone with a weapon on school property?
	How many times in the past 30 days have you brought a weapon (such as a gun, knife, or club) to school?

Violence and drugs on school property
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Offered drugs at school				Threatened at school				Attacked at school				Threatened w/weapon at school				Attacked w/weapon at school				Brought weapon to school			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	4.7	1.3	1.6	1.0	29.4	17.9	25.6	20.8	11.9	10.0	12.5	9.7	6.8	2.3	4.0	3.7	1.7	1.1	0.9	0.9	2.8	0.5	0.7	0.6
8	10.6	11.0	5.3	4.9	24.4	24.0	24.2	23.7	8.7	11.1	10.1	9.0	3.9	4.3	4.5	3.9	1.6	1.0	1.2	1.2	6.2	1.9	1.4	1.4
10	12.5	17.8	17.5	14.5	21.7	21.5	19.6	19.1	9.9	7.2	6.2	5.8	4.2	3.3	3.5	3.4	0.0	1.2	1.2	1.0	2.1	2.6	2.1	2.1
12	11.8	16.2	17.0	15.1	20.3	18.4	13.3	11.9	9.3	6.9	5.4	3.8	4.0	4.2	3.3	2.5	2.7	2.2	1.8	1.3	2.6	4.0	3.7	2.8
All	n/a	11.6	10.3	9.4	n/a	21.2	21.1	18.8	n/a	9.2	8.7	7.0	n/a	3.7	3.9	3.4	n/a	1.3	1.2	1.1	n/a	2.2	1.9	1.8

BULLYING AND INTERNET SAFETY

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

Bullies who operate electronically (that is, via text message, social media, or the Internet) can remain virtually anonymous, freeing them from normative and social constraints on their behavior.

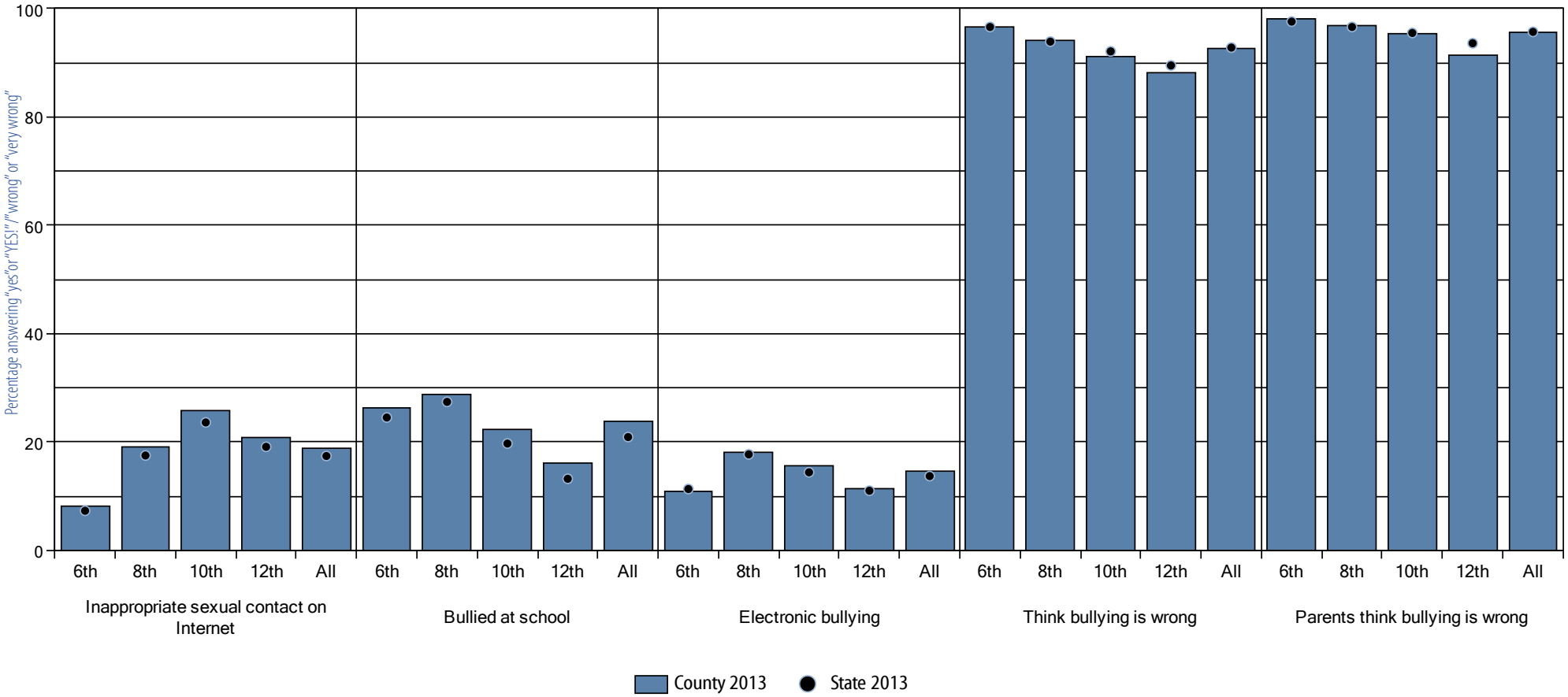
Bullying behavior contributes to lower attendance rates, lower student achievement, low self-esteem, and depression, as well as higher rates of both juvenile and adult crime. Although the problem of bullying is receiving increased public attention, actual incidences of bullying often go undetected by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

Increased public awareness of electronic or "cyber" bullying is due in part to high profile suicides linked to malicious use of social media services Twitter and Facebook. The modern teen's social sphere is deeply intertwined with texting, social media, and the Internet. Invaded by bullying behavior, the harassment can feel inescapable, and traditional places of refuge such as the home no longer apply. The resulting isolation from simply "turning off the phone" has the unfortunate effect of further punishing the victim.

Overall, 23.8% of students in this county experienced bullying on school property (compared to a state rate of 20.9%). 92.6% of students reported that they thought bullying was "wrong" or "very wrong," and 95.6% of students reported that their parents would feel that bullying was "wrong" or "very wrong."

Bullying *"Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way."* (*within the past year*)	*During the past 12 months,* *have you ever been bullied on school property?* *have you ever been electronically bullied? (Include being bullied through e–mail, chat rooms, instant messaging, Web sites, or texting.)* *did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?*
Perceived acceptability of bullying *(peer & parental)*	*How wrong do you think it is for someone your age to bully another student or peer?* *How wrong do your parents feel it would be for you to bully another student or peer?*

Bullying and Internet safety
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Inappropriate sexual contact on Internet		Bullied at school		Electronic bullying		Think bullying is wrong		Parents think bullying is wrong	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	8.2	7.3	26.2	24.5	11.0	11.3	96.6	96.6	98.1	97.6
8	19.1	17.5	28.7	27.4	18.2	17.7	94.2	93.9	96.9	96.6
10	25.7	23.6	22.2	19.7	15.5	14.4	91.2	92.1	95.3	95.5
12	20.8	19.1	16.2	13.2	11.3	11.0	88.1	89.5	91.5	93.6
All	18.9	17.4	23.8	20.9	14.5	13.7	92.6	92.8	95.6	95.7

5. 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.

Mental Health

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

Mental Health Disorders

Nationwide, approximately one out of five adolescents has a diagnosable mental health disorder, and one in four shows at least mild symptoms of depression. Warning signs are not always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Ongoing stigmas regarding mental health disorders inhibit some adolescents and their families from seeking help.

Access to Mental Health Care

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

Positive Mental Health: Resilience

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

DEPRESSION AND SUICIDE RISK

A number of scientific studies have identified a link between mental health problems, such as depression, and the use of ATODs during adolescence.

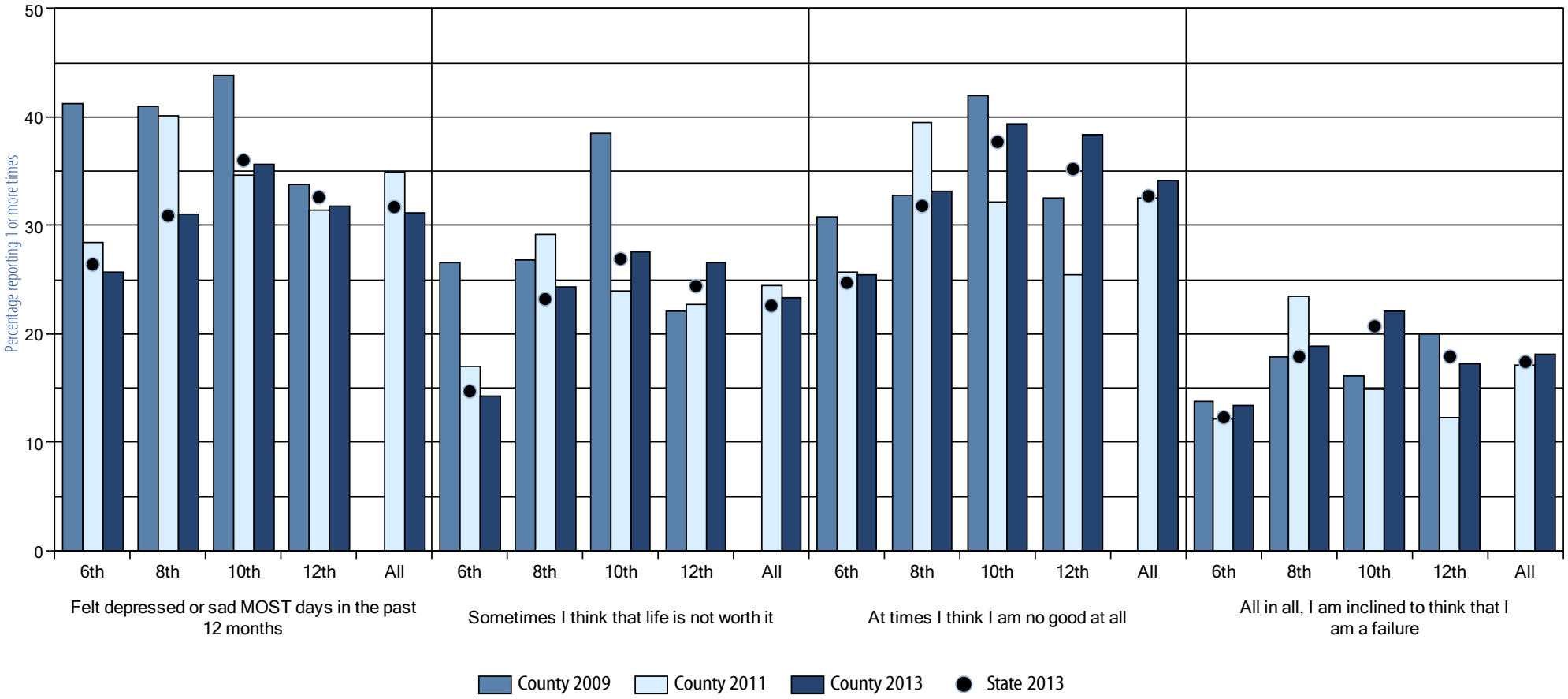
Depression is the number one risk factor for suicide by teens, a risk amplified in teens self-medicating with ATODs. In 2007, suicide was the third leading cause of death for young people ages 15 to 24.

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

Overall, the most commonly reported depressed thought was "at times I think I am no good at all," reported by 34.1% of students in this county. 31.2% of students actually felt depressed or sad MOST days. Overall, 15.6% of students in this county had seriously considered attempting suicide, a rate about the same as than the state (15.6%).

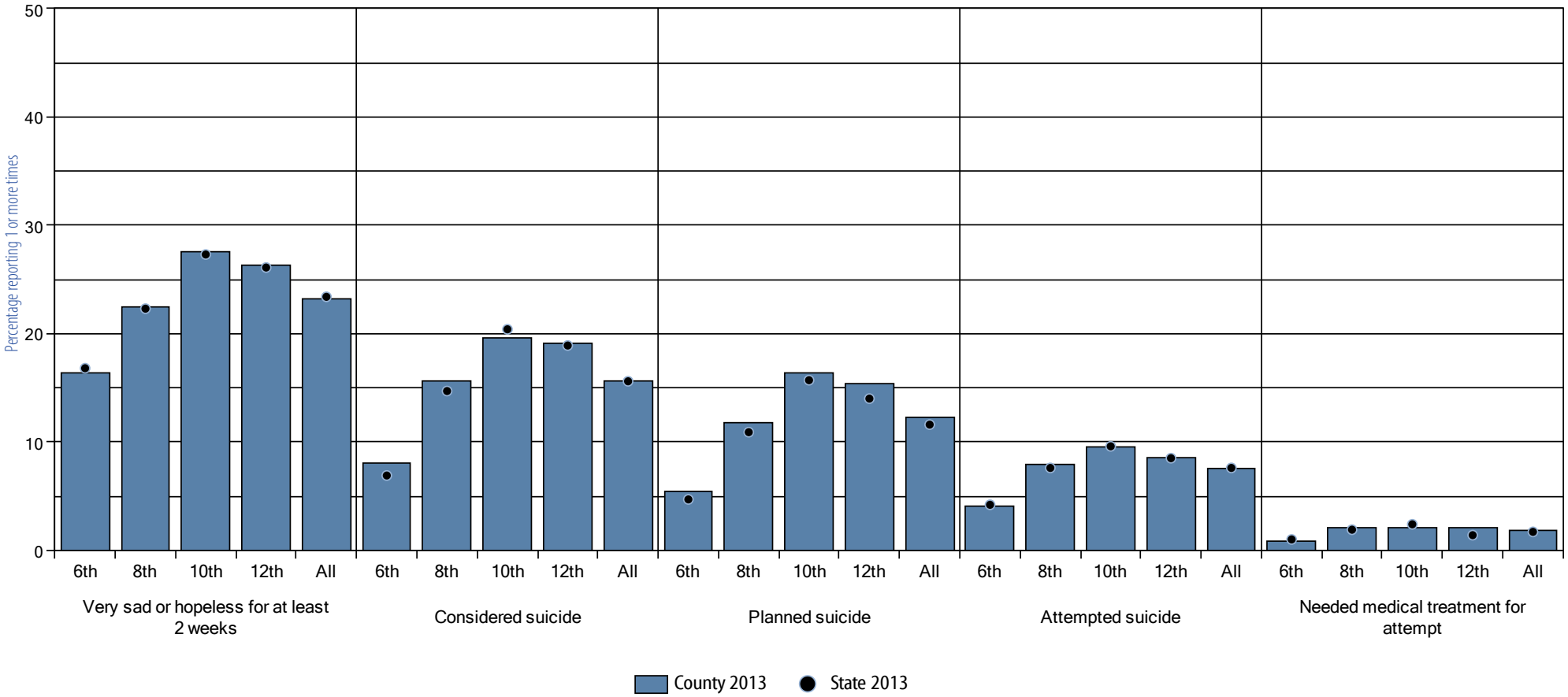
Depression	*In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?* *At times I think I am no good at all.* *All in all, I am inclined to think that I am a failure.* *Sometimes I think that life is not worth it.*
Suicide risk *"The next questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life."*	*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?* *...did you ever seriously consider attempting suicide?* *...did you make a plan about how you would attempt suicide?* *...how many times did you actually attempt suicide?* *If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?*

Symptoms of depression
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Felt depressed or sad MOST days in the past 12 months				Sometimes I think that life is not worth it				At times I think I am no good at all				All in all, I am inclined to think that I am a failure			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	41.2	28.4	25.7	26.4	26.5	17.0	14.3	14.7	30.8	25.7	25.4	24.7	13.8	12.2	13.4	12.3
8	41.0	40.1	31.0	30.9	26.8	29.2	24.3	23.2	32.8	39.5	33.2	31.8	17.9	23.4	18.8	17.9
10	43.8	34.6	35.6	36.0	38.5	24.0	27.6	26.9	42.0	32.2	39.3	37.7	16.1	14.9	22.1	20.7
12	33.8	31.4	31.8	32.6	22.1	22.7	26.6	24.4	32.5	25.5	38.4	35.2	20.0	12.3	17.3	17.9
All	n/a	34.9	31.2	31.7	n/a	24.4	23.3	22.6	n/a	32.5	34.1	32.7	n/a	17.1	18.1	17.4

Suicide risk
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Very sad or hopeless for at least 2 weeks		Considered suicide		Planned suicide		Attempted suicide		Needed medical treatment for attempt	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	16.4	16.8	8.1	6.9	5.4	4.7	4.1	4.2	0.9	1.0
8	22.5	22.3	15.6	14.7	11.8	10.9	7.9	7.6	2.1	1.9
10	27.5	27.3	19.6	20.4	16.4	15.7	9.6	9.6	2.1	2.4
12	26.3	26.1	19.1	18.9	15.4	14.0	8.6	8.5	2.1	1.4
All	23.2	23.4	15.6	15.6	12.3	11.6	7.6	7.6	1.8	1.7

FAMILY SEPARATION

For Pennsylvania students with family members in the military, stress and strain is an everyday occurrence. PAYS focuses on the stress of the long term deployment of a close family member.

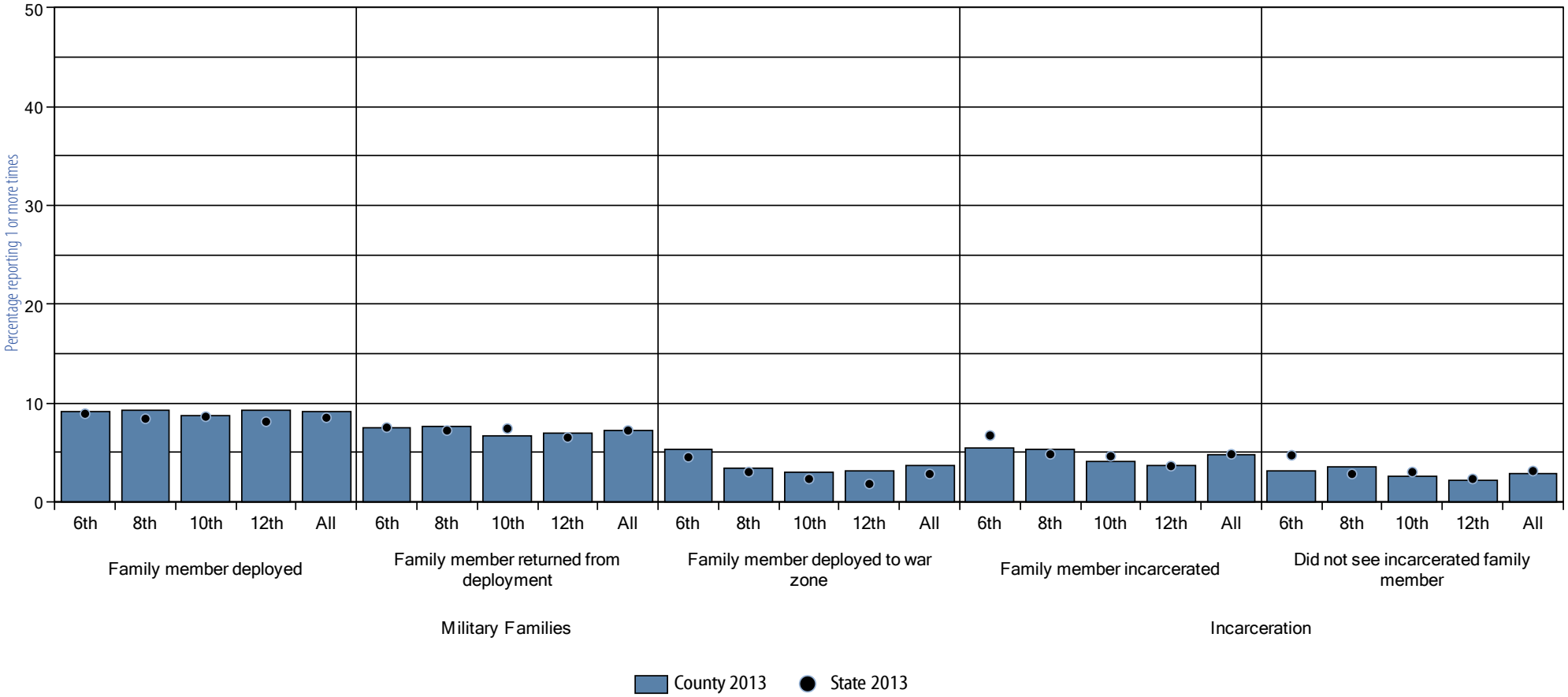
Separation stress can also occur when a parent or parental figure is incarcerated.

Having a close family member be deployed far away under potentially life threatening circumstances, returning from deployment, or just the stress of possible deployment can affect students. Even with the availability of email and video chat, the division of the family places enormous stress on familial bonds. 9.1% of students in this county had a close family member deployed for 6 or more months, 3.7% of students had a parent or parental figure in the military deployed to a war zone.

The incarceration of a parent or parental figure has its own set of stressors. As with military deployment, students suffer an interruption of family cohesiveness and fears for the safety of the parent, but there is also an added social stigma for students with parents in jail or prison. 4.7% of students in this county had a parent or parental figure in jail for a week or more, a rate about the same as than the state (4.8%).

Military family separation	*In the past 12 months, have any of the family members close to you been deployed to serve 6 months or more away from home (in another state or other country)?* *In the past 12 months, have any of the family members close to you returned from deployment after serving 6 months or more away from home (in another state or other country)?* *In the past 12 months, have any of the family members close to you joined the military and may be deployed for 6 months or more away from home (in another state or other country)?* *In the past 12 months, was a parent or a parent figure (step–father, etc.) deployed to a war zone in the military?*
Other family separation	*In the past 12 months, was a parent or a parent figure (step–father, etc.) in jail or prison for more than one week?* *IF YES: Did you ever go more than 3 months without seeing this person because they were in jail during the last year?*

Family separation
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Family member deployed		Family member returned from deployment		Family member deployed to war zone		Family member incarcerated		Did not see incarcerated family member	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	9.1	8.9	7.5	7.5	5.3	4.5	5.5	6.7	3.1	4.7
8	9.3	8.4	7.6	7.2	3.4	3.0	5.3	4.8	3.5	2.8
10	8.7	8.6	6.7	7.4	3.0	2.3	4.1	4.6	2.6	3.0
12	9.3	8.1	6.9	6.5	3.1	1.8	3.6	3.6	2.1	2.3
All	9.1	8.5	7.2	7.2	3.7	2.8	4.7	4.8	2.9	3.1

TRAUMA AND GRIEF, TRANSITIONS, AND OTHER STRESSFUL EVENTS

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

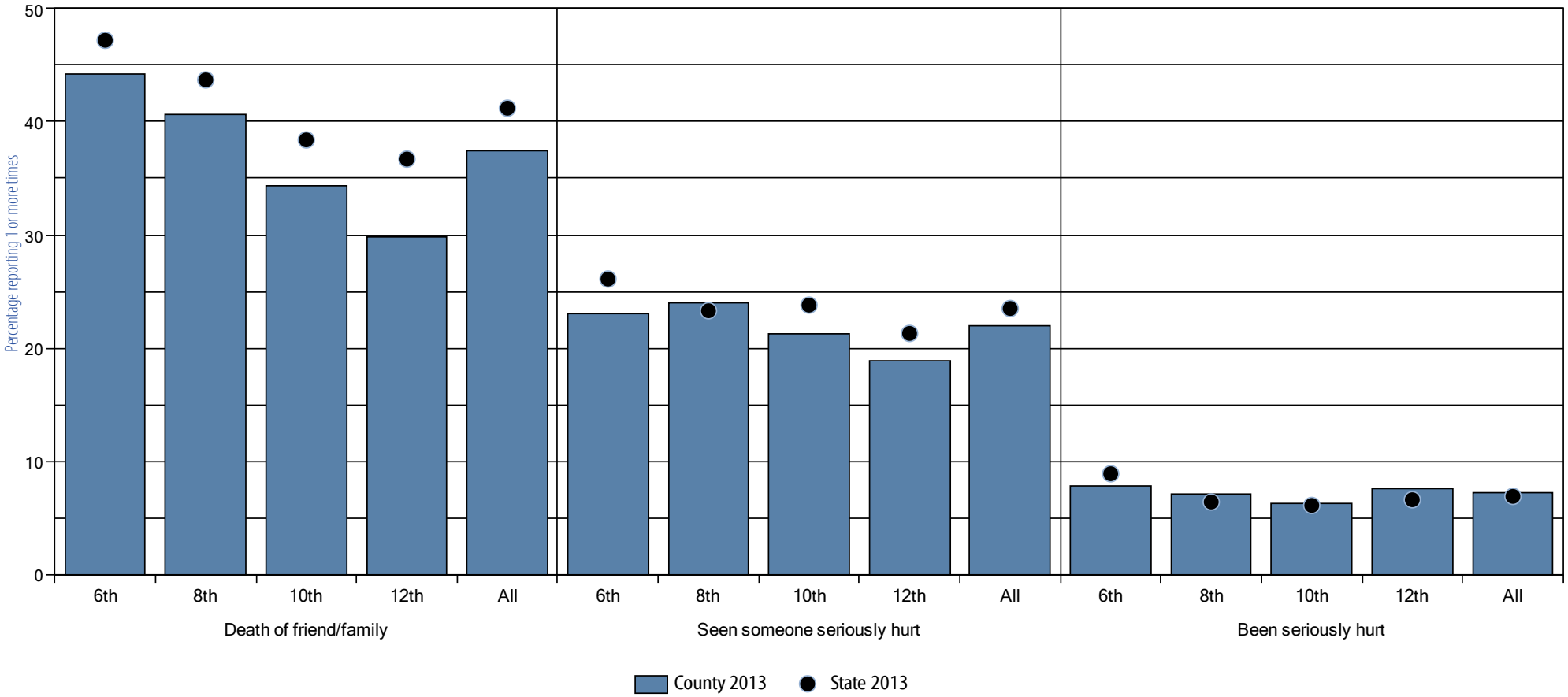
Psychological trauma can occur as a result of a severely distressing event. A traumatic event involves a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. PAYS asks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

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

Overall, the most commonly reported traumatic event was death of friend/family (reported by 37.4% of students in this county), compared to a state rate of 41.2%. 20.3% of students in this county reported changing homes once or twice within the past year, and 2.1% of students reported having changed homes five or more times in the past three years. This county saw 9.5% of students worrying they would run out of food at home due to money issues (compared to a state rate of 9.5%), and 4.4% of students having to skip a meal.

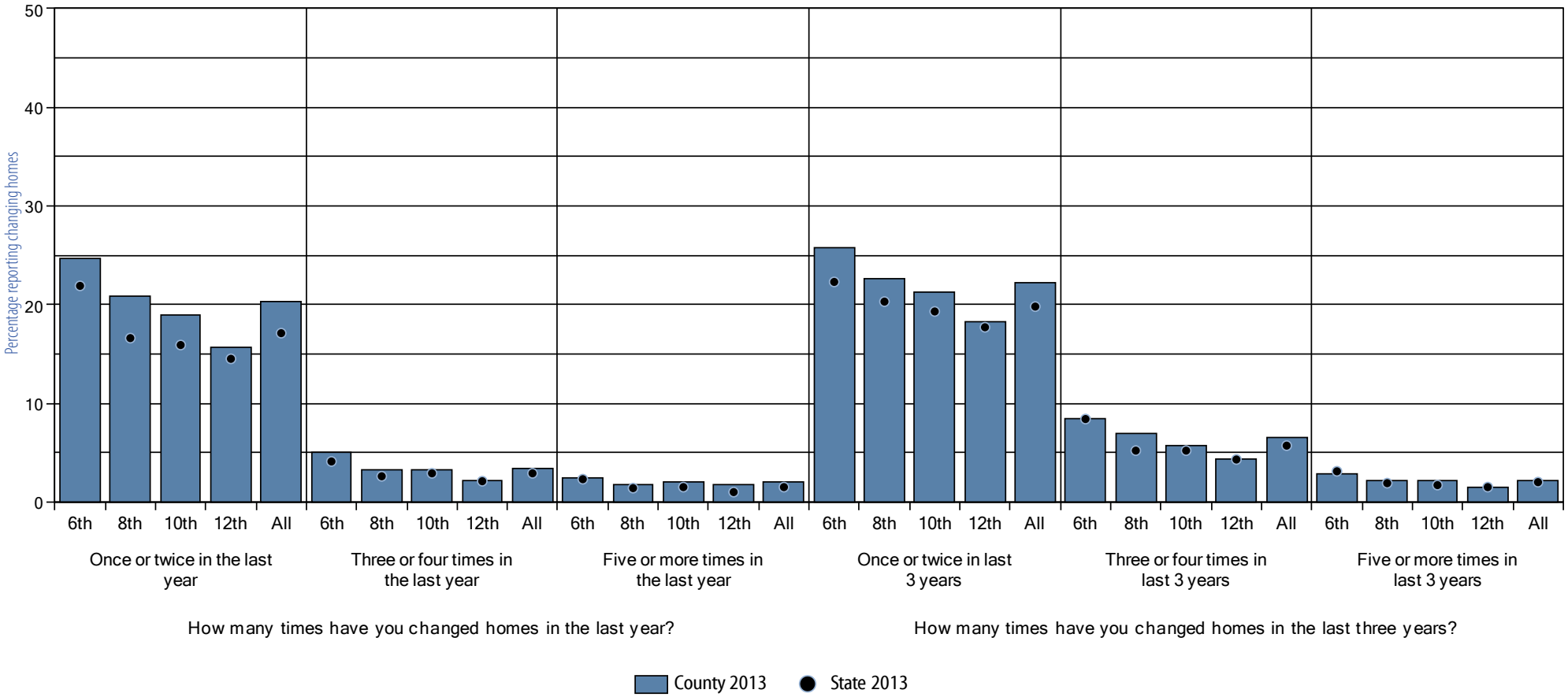
Trauma and grief	*In the past 12 months, have any of your friends or family members close to you died?* *In the past 12 months, have you seen someone get seriously hurt in a fight, a shooting, a car accident, etc.?* *In the past 12 months, have you yourself been seriously hurt --such as the result of a bad fight, a shooting, a car accident, etc.?*
Transitions and mobility	*How many times have you changed homes in the last year?* *How many times have you changed homes in the last three years?*
Other Stressful Events	*How many times have the following things happened?* *Worry that food at home would run out before your family got money to buy more?* *Skip a meal because your family didn't have enough money to buy food?*

Trauma and grief
Cumberland County 2013 Pennsylvania Youth Survey



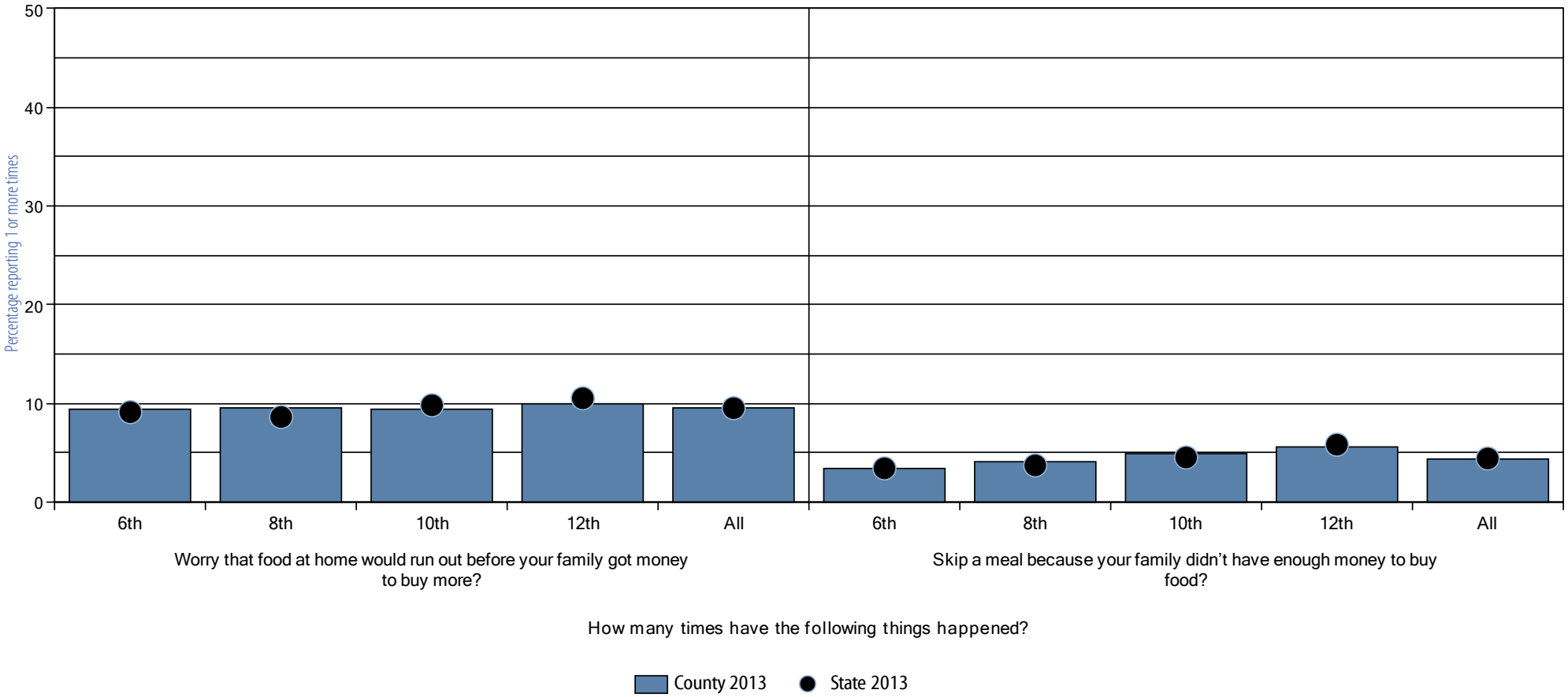
Grade	Death of friend/family		Seen someone seriously hurt		Been seriously hurt	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	44.2	47.2	23.1	26.1	7.8	8.9
8	40.6	43.7	24.0	23.3	7.1	6.4
10	34.3	38.4	21.3	23.8	6.3	6.1
12	29.8	36.7	18.9	21.3	7.6	6.6
All	37.4	41.2	22.0	23.5	7.2	6.9

Transitions and mobility
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Once or twice in the last year		Three or four times in the last year		Five or more times in the last year		Once or twice in last 3 years		Three or four times in last 3 years		Five or more times in last 3 years	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	24.7	21.9	5.0	4.1	2.4	2.3	25.7	22.3	8.5	8.4	2.8	3.1
8	20.8	16.6	3.2	2.6	1.7	1.4	22.6	20.3	7.0	5.2	2.1	1.9
10	18.9	15.9	3.2	2.9	2.0	1.5	21.3	19.3	5.7	5.2	2.1	1.7
12	15.6	14.5	2.2	2.1	1.7	1.0	18.3	17.7	4.3	4.3	1.5	1.5
All	20.3	17.1	3.4	2.9	2.0	1.5	22.2	19.8	6.5	5.7	2.1	2.0

Other stressful events
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Worry about running out of food		Forced to skip a meal	
	County 2013	State 2013	County 2013	State 2013
6	9.4	9.1	3.4	3.4
8	9.5	8.6	4.1	3.7
10	9.4	9.8	4.9	4.5
12	10.0	10.5	5.6	5.8
All	9.5	9.5	4.4	4.4

6. SYSTEMIC FACTORS

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

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

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

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

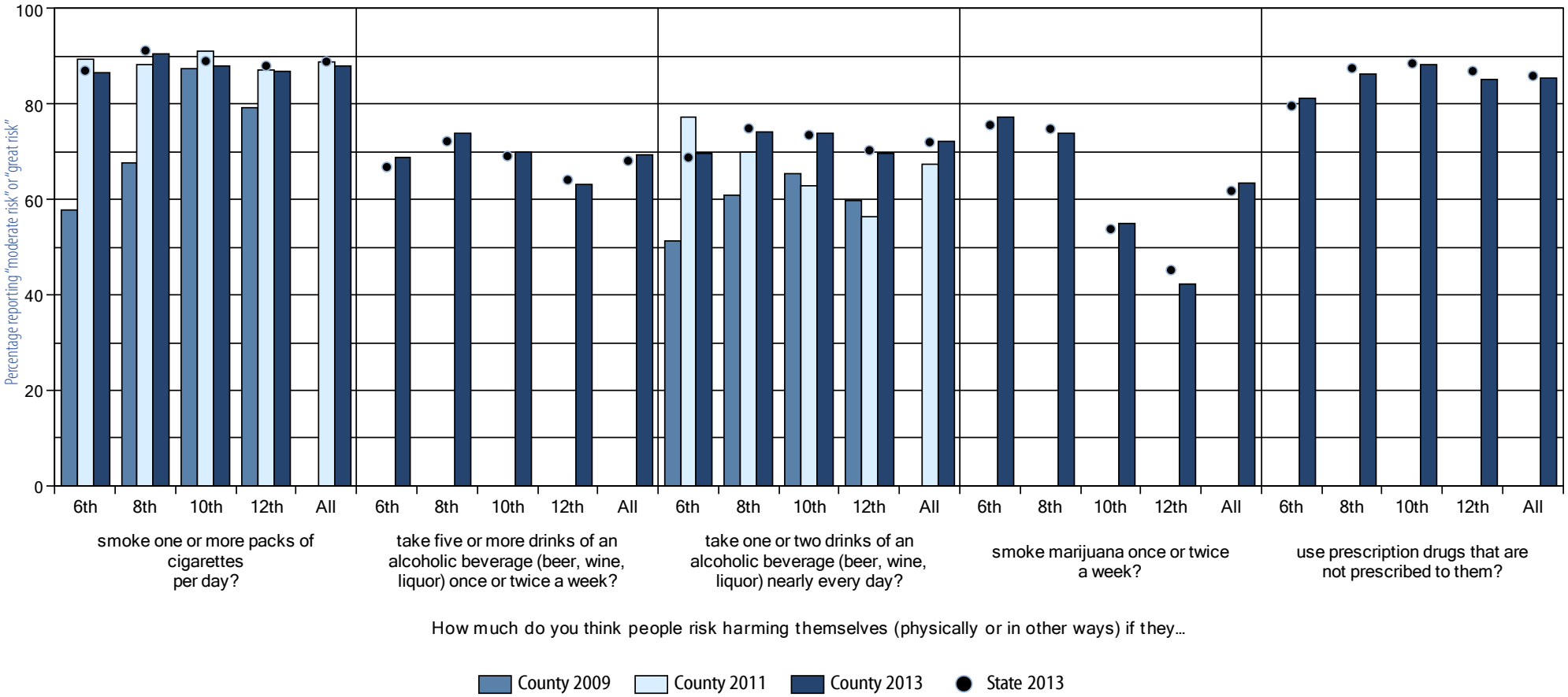
PERCEPTION OF RISK

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs. Data analysis shows a consistent negative correlation between perception of risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low.

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

Perception of Risk	*How much do you think people risk harming themselves (physically or in other ways) if they:*
	Take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?
	Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
	Smoke one or more packs of cigarettes per day?
	Smoke marijuana once or twice a week?
	Use prescription drugs that are not prescribed to them?

Perception of risk
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Tobacco				Binge drinking				Regular alcohol use				Marijuana				Prescription drugs			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	57.8	89.3	86.5	87.0	n/a	n/a	68.7	66.8	51.2	77.2	69.6	68.8	n/a	n/a	77.2	75.6	n/a	n/a	81.1	79.6
8	67.8	88.3	90.4	91.2	n/a	n/a	74.0	72.2	60.9	70.0	74.1	74.9	n/a	n/a	74.0	74.8	n/a	n/a	86.2	87.5
10	87.3	91.1	87.9	89.0	n/a	n/a	69.8	69.1	65.3	63.0	74.0	73.5	n/a	n/a	54.9	53.8	n/a	n/a	88.3	88.5
12	79.2	87.1	86.9	88.0	n/a	n/a	63.1	64.1	59.7	56.4	69.6	70.3	n/a	n/a	42.2	45.2	n/a	n/a	85.2	86.9
All	n/a	88.9	88.1	88.9	n/a	n/a	69.4	68.1	n/a	67.3	72.1	72.0	n/a	n/a	63.4	61.8	n/a	n/a	85.3	85.9

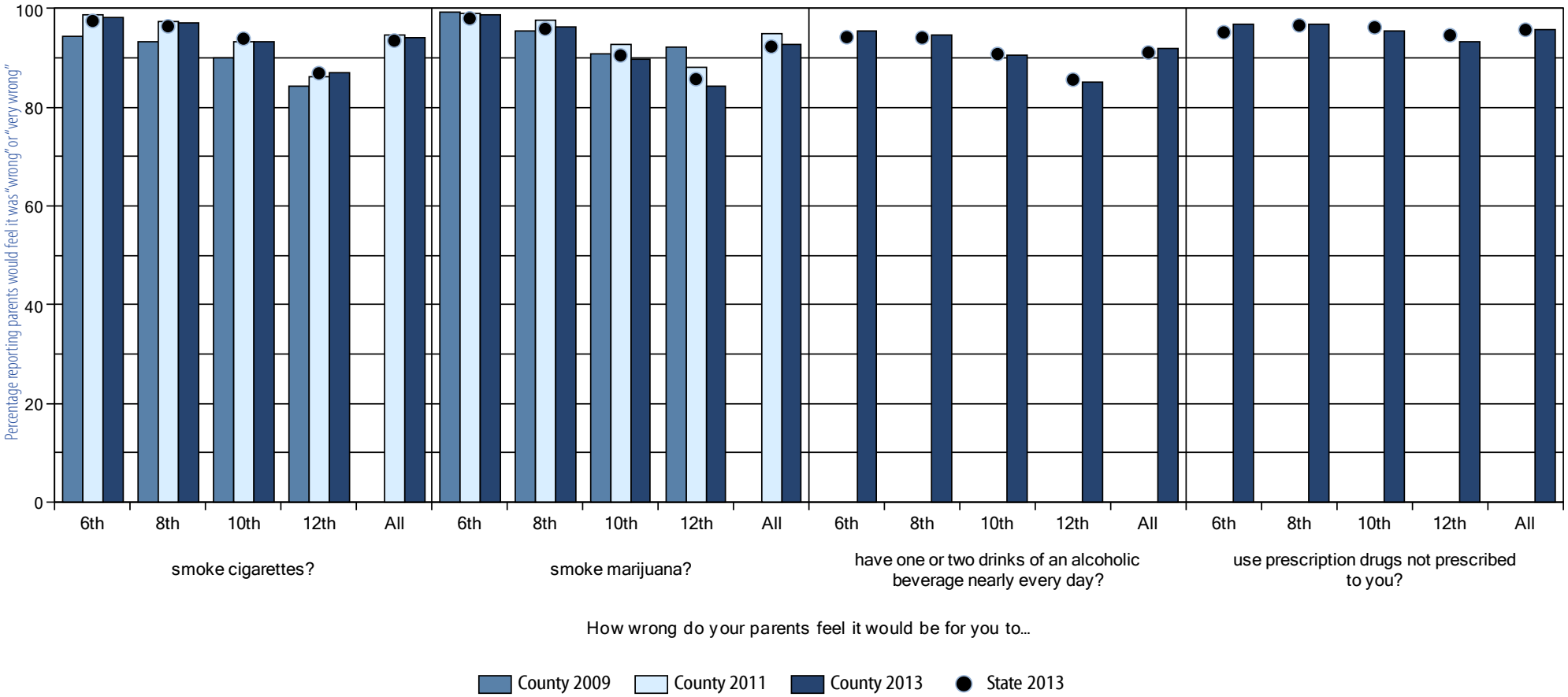
PERCEPTION OF PARENTAL DISAPPROVAL

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 use drugs in adolescence.

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

Perception of parental disapproval	*How wrong do your parents feel it would be for you to:*
	Have one or two drinks of alcoholic beverage nearly every day?
	Smoke cigarettes?
	Smoke marijuana?
	Use prescription drugs not prescribed to you?

Perception of parental disapproval
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Tobacco				Marijuana				Alcohol				Prescription drugs			
	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013	County 2009	County 2011	County 2013	State 2013
6	94.5	98.7	98.1	97.5	99.3	99.0	98.8	98.0	n/a	n/a	95.4	94.2	n/a	n/a	96.7	95.2
8	93.3	97.3	97.0	96.4	95.5	97.7	96.2	95.9	n/a	n/a	94.7	94.1	n/a	n/a	96.7	96.6
10	90.1	93.4	93.2	93.9	90.8	92.7	89.6	90.5	n/a	n/a	90.6	90.8	n/a	n/a	95.4	96.2
12	84.4	86.3	87.1	86.9	92.2	88.0	84.3	85.7	n/a	n/a	85.0	85.6	n/a	n/a	93.2	94.6
All	n/a	94.6	94.2	93.5	n/a	95.0	92.6	92.3	n/a	n/a	91.9	91.1	n/a	n/a	95.7	95.7

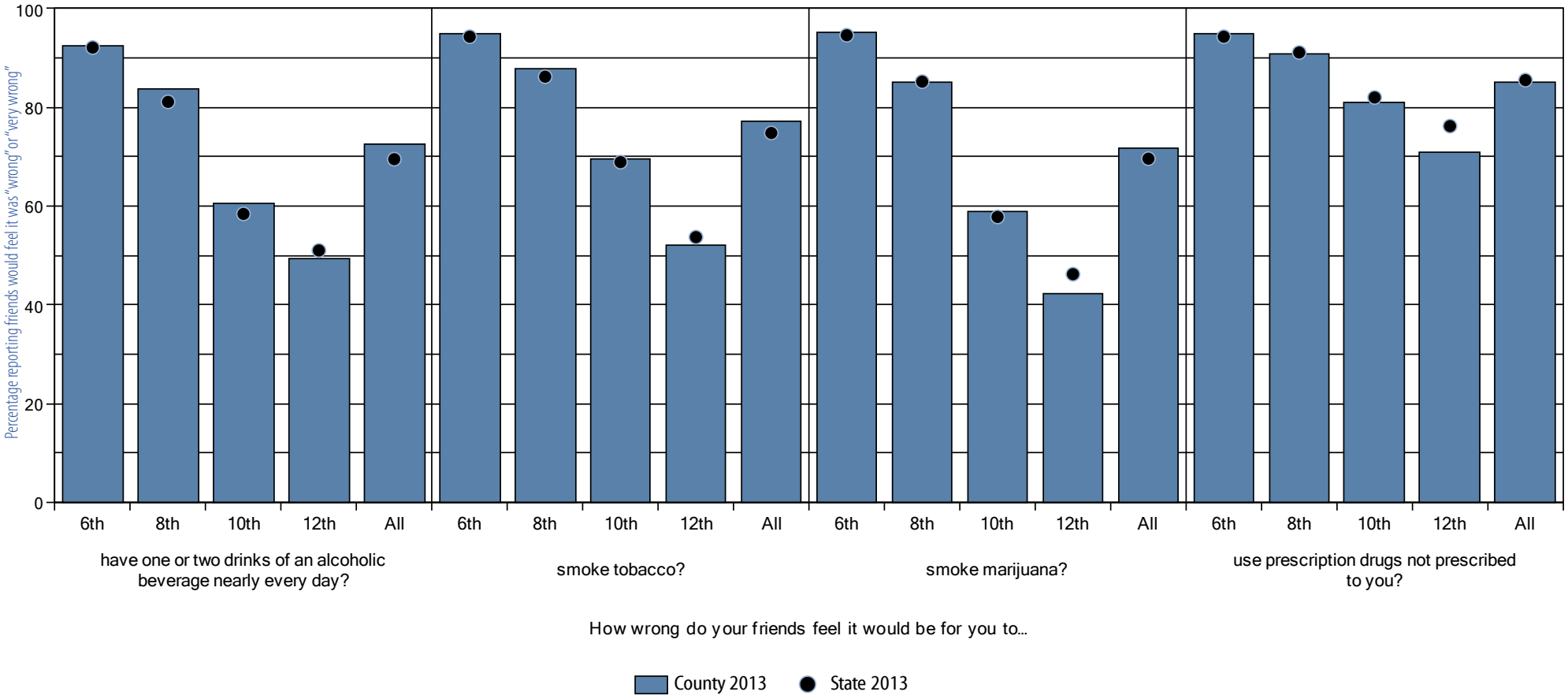
PERCEPTION OF PEER DISAPPROVAL

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

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

Perception of peer disapproval	*How wrong do your friends feel it would be for you to:*
	Have one or two drinks of an alcoholic beverage nearly every day?
	Smoke tobacco?
	Smoke marijuana?
	Use prescription drugs not prescribed to you?

Perception of peer disapproval
Cumberland County 2013 Pennsylvania Youth Survey



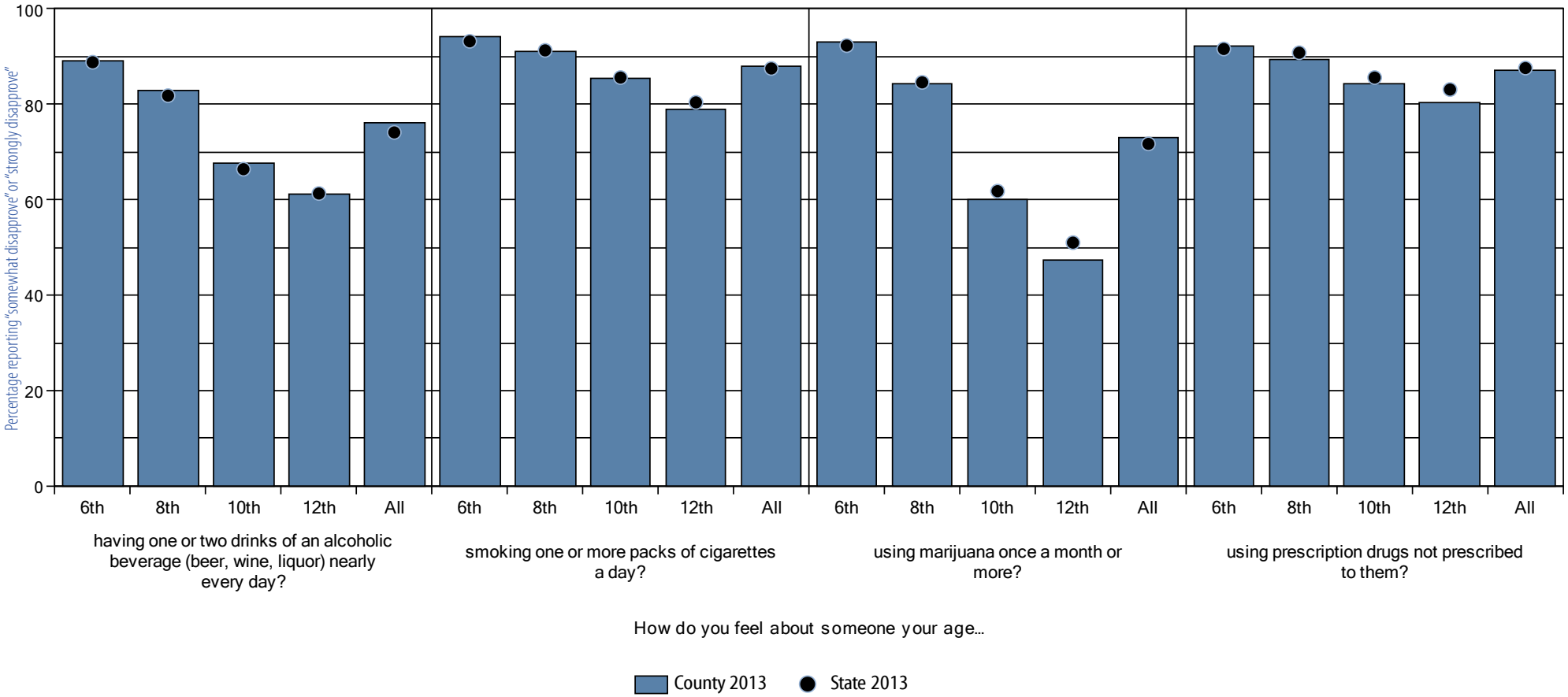
Grade	Alcohol		Tobacco		Marijuana		Prescription drugs	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	92.5	92.1	94.9	94.3	95.3	94.6	95.0	94.3
8	83.8	81.1	87.7	86.2	85.1	85.2	90.9	91.1
10	60.6	58.4	69.4	68.9	58.9	57.8	81.0	82.0
12	49.4	51.0	52.1	53.7	42.3	46.2	70.8	76.2
All	72.5	69.5	77.1	74.8	71.6	69.6	85.1	85.5

ATTITUDES TOWARD PEER USE

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

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

Attitude toward peer use
Cumberland County 2013 Pennsylvania Youth Survey



Grade	Alcohol		Tobacco		Marijuana		Prescription drugs	
	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013	County 2013	State 2013
6	89.2	88.8	94.1	93.2	93.1	92.3	92.3	91.6
8	82.8	81.8	91.2	91.3	84.3	84.6	89.5	90.8
10	67.6	66.4	85.3	85.6	60.1	61.8	84.2	85.6
12	61.2	61.3	79.0	80.4	47.3	51.0	80.3	83.1
All	76.2	74.1	88.0	87.5	72.9	71.7	87.0	87.6

7. RISK AND PROTECTIVE FACTORS

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.

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 antisocial peers would not be likely to reinforce positive behavior.

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

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

NOTE: THE LIST ABOVE REPRESENTS THE CONCEPTUAL MODEL ORIGINALLY ESTABLISHED BY THE RISK AND PROTECTIVE FACTOR MODEL OF PREVENTION. PAYS USES A REFINED AND TARGETED SUBSET OF RISK FACTORS THAT ARE BASED ON THIS MODEL.

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	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement		✓			✓
Family	Family Attachment		✓			
	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement	✓	✓			✓
School	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement		✓			✓
Peer / Individual	Interaction with Prosocial Peers		✓		✓	
	Prosocial Involvement		✓		✓	
	Rewards for Prosocial Involvement		✓			✓
	Belief in the Moral Order	✓				
	Religiosity	✓				

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

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

UNDERSTANDING CUT-POINTS

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

What are Cut-Points?

A cut-point helps to define the level of responses that are at or above a standard/normal level of risk, or conversely at or below a standard/normal level of protection. Rather than randomly determining whether a youth may be at risk or protected, a statistical analysis is completed that helps to determine at what point on any particular scale that the risk or protective factor is outside the normal range. In this way, when you are provided a percentage for a particular scale, you will know that this percentage represents the population of your youth that are either at greater risk or lower protection than the national cut-point level. Cut points also provide a standard for comparisons of risk and protection over time.

The PAYS questionnaire was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. However, before the percentage of youth at risk or with protection on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the group that was not at-risk. Because surveys measuring the risk and protective factors had been given to thousands of youth across the United States through federally funded research projects, it was possible to select two groups of youth, one that was more at-risk for problem behaviors and another group that was less at-risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades); alcohol, tobacco, and other drug use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions); and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

How to use Cut-Points

The scale cut-points that were determined to best classify youth into the more at-risk and less at-risk groups have remained constant and are used to produce the profiles in this report. Because the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on each of the risk and protective factor scales provides a method for evaluating the progress of prevention programs over time. For example, if the percentage of

youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

How does using Cut-Points affect my data?

Risk and Protective Factor data from the 2009 and 2011 PAYS have been re-analyzed using the scale cut-points discussed above in order that the results from the past PAYS can be compared to the results from the 2013 PAYS. Instead of the percentile scores used previously, percentage of youth at-risk and with protection are presented in the 2013 report. For example:

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

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

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national results (see page 8 for more information on BH Norm development). Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your community. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than the national sample.

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

RISK AND PROTECTIVE SCALES DEFINED

Please note: Each risk and protective factor scale score is comprised of one or more individual survey questions, with most scales containing approximately four questions. If you would like to access data for those individual questions, please visit www.bach-harrison.com/PAYSWebTool.

Community Domain

Risk Factors

Low Neighborhood Attachment

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

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.

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 and 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.

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 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.

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 Domain

Risk Factors

Rebelliousness

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

Depressive Symptoms Scale

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.

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.

Peer-Individual Domain

Risk Factors (cont'd)

Sensation Seeking

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

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.

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.

OVERALL RISK AND PROTECTIVE SCORES

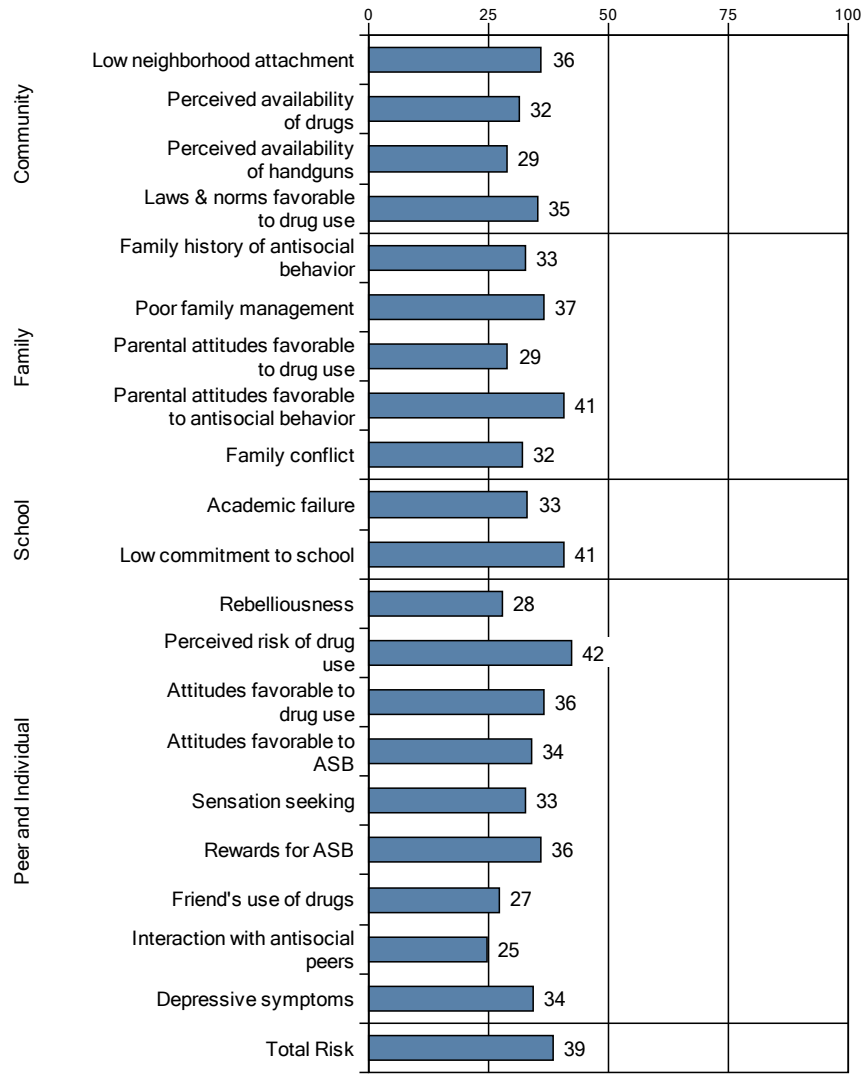
Overall risk and protective factor scales are a good way to review the health of Cumberland County. Scales are grouped into four domains: community, family, school, and peer/individual. The charts show the overall percentage of students at risk and with protection for each of the scales.

Students in Cumberland County reported the three highest overall (all grades combined) scores for the following risk factor scales: Perceived Risk Of Drug Use (42.2% at risk), Low Commitment To School (40.7% at risk), and Parental Attitudes Favorable To Antisocial Behavior (40.6% at risk). The three lowest overall scale scores were Interaction With Antisocial Peers (24.7% at risk), Friend's Use Of Drugs (27.2% at risk), and Rebelliousness (28.0% at risk).

Of the ten protective factor scales, the highest scores in the overall sample of students in this county were reported for Community Opportunity For Prosocial Involvement. (81.0% with protection), Family Attachment (66.1% with protection) and Family Rewards For Prosocial Involvement (65.2% with protection).

The lowest protective factor scales in the overall sample were Community Rewards For Prosocial Involvement (44.2%

Risk Factors, Cumberland County 2013 Pennsylvania Youth Survey

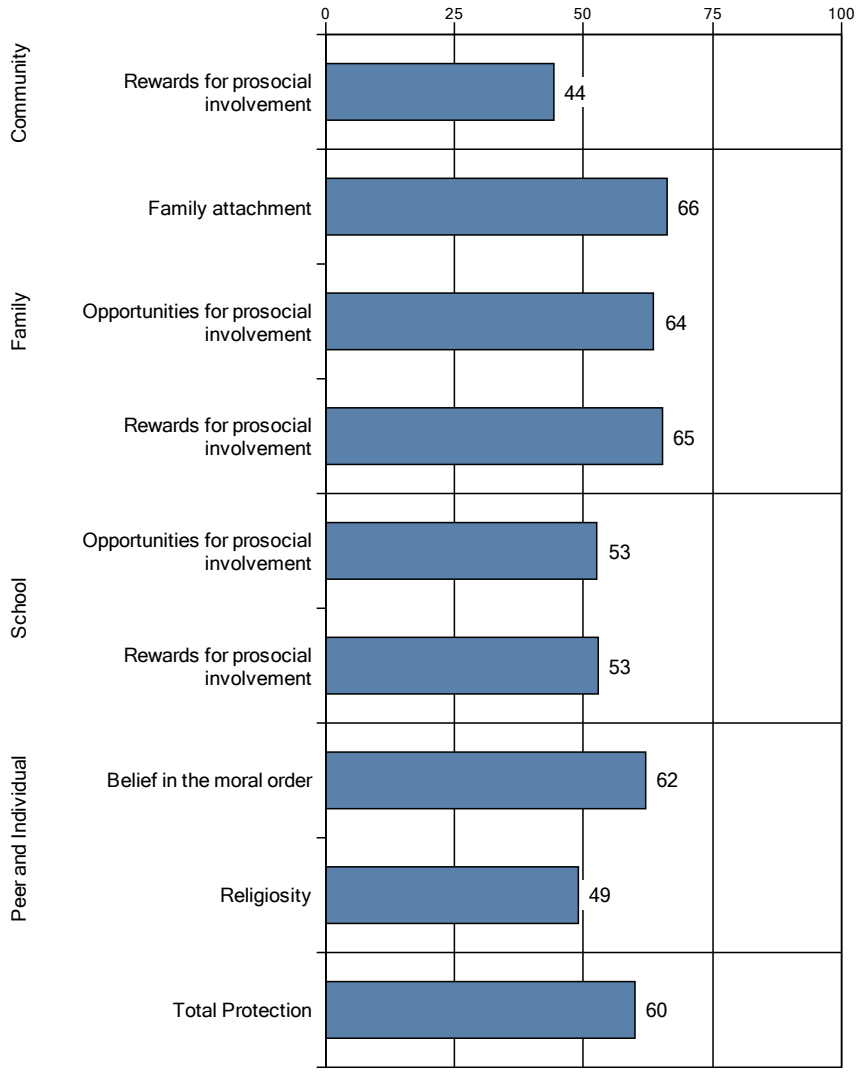


"TOTAL RISK" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF RISK FACTORS OPERATING IN THEIR LIVES. (6TH AND 8TH GRADES: 5 OR MORE RISK FACTORS, 10TH AND 12TH GRADES: 7 OR MORE RISK FACTORS.)

with protection), Religiosity (49.0% with protection) and School Opportunities For Prosocial Involvement (52.6% with protection).

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 this county can build on. In conjunction with a review of community-specific issues and resources, this information can help direct prevention efforts for Cumberland County.

Protective Factors, Cumberland County 2013 Pennsylvania Youth Survey



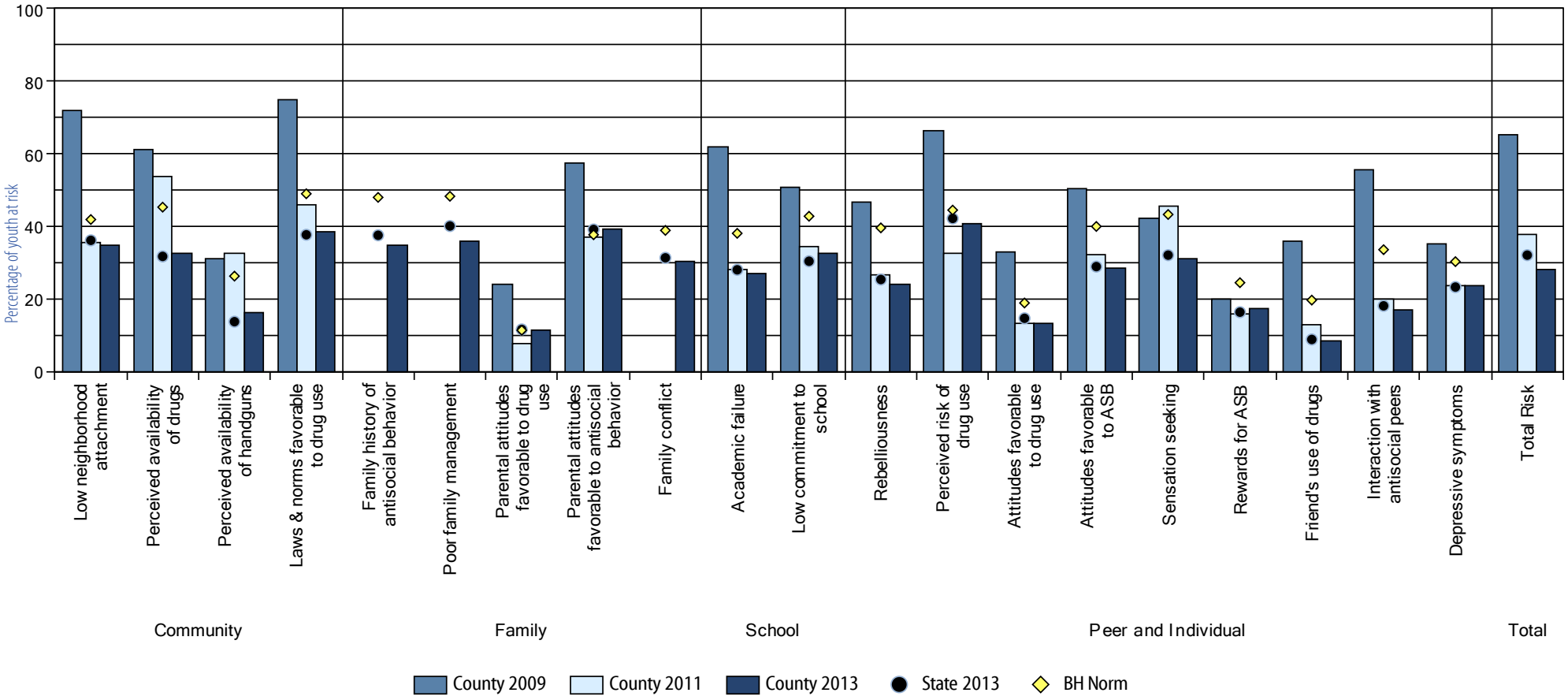
Grade-Level Results

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

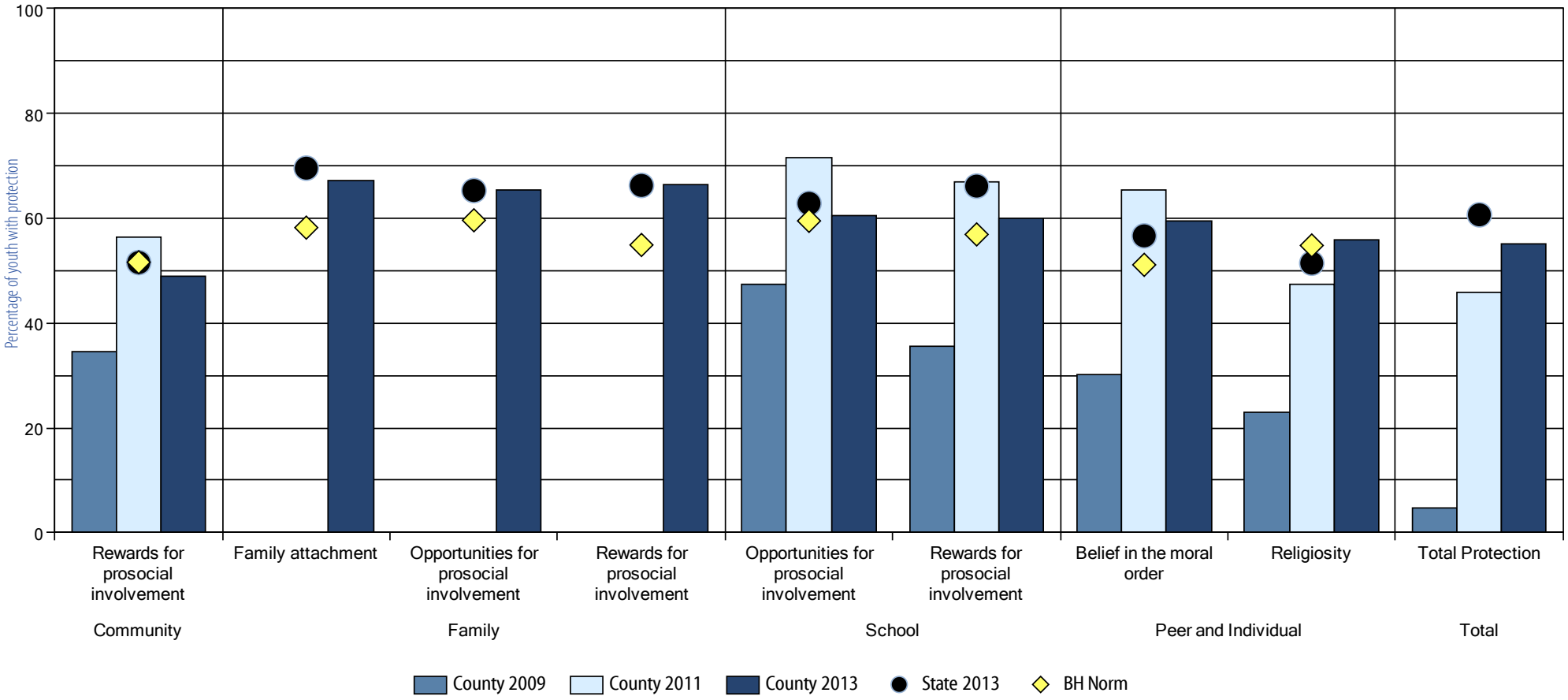
For example, twelfth graders in Cumberland County were calculated as 51.8% at risk for Attitudes favorable to drug use, compared to an overall score of 36.5% for the same scale.

"TOTAL PROTECTION" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF PROTECTIVE FACTORS OPERATING IN THEIR LIVES. (6TH, 8TH, 10TH, AND 12TH GRADES: 3 OR MORE PROTECTIVE FACTORS.)

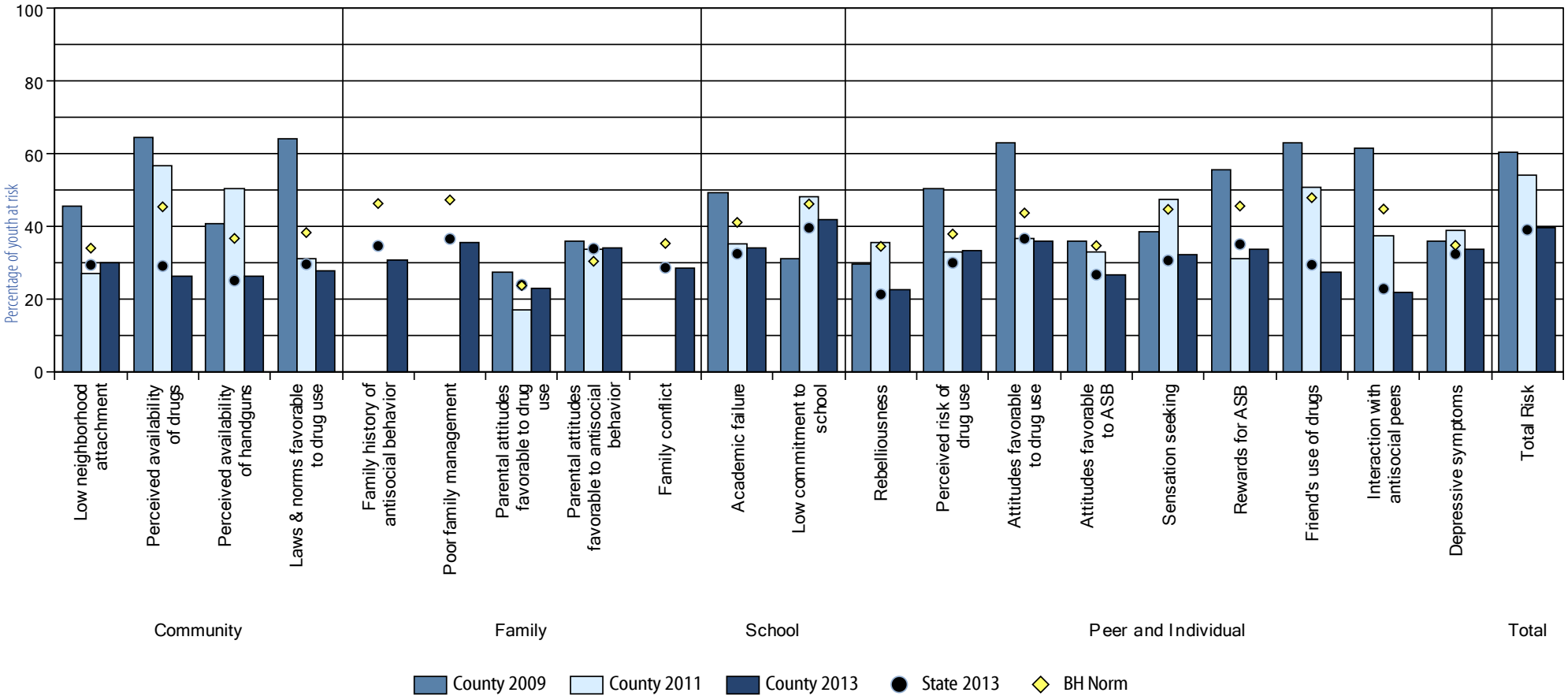
Risk factors, 6th grade
Cumberland County 2013 Pennsylvania Youth Survey



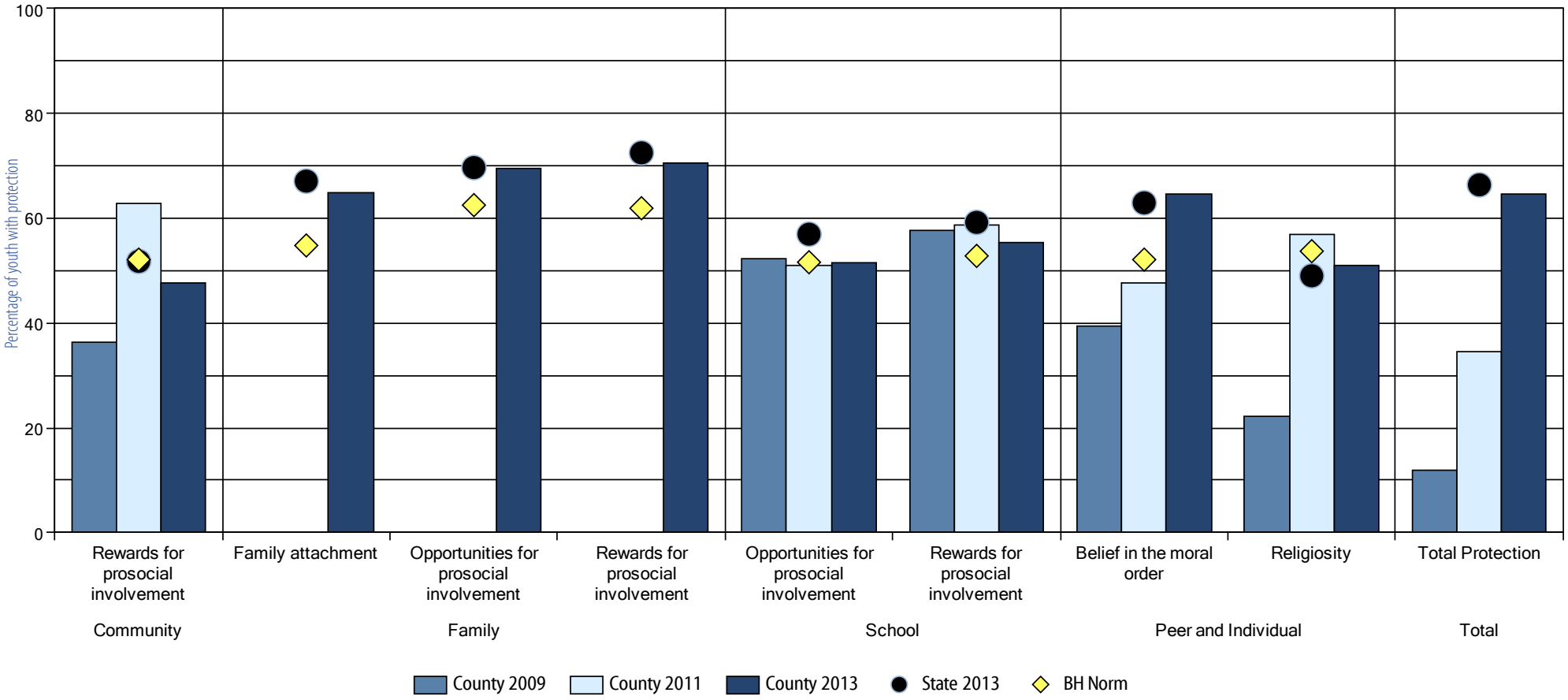
Protective factors, 6th grade
Cumberland County 2013 Pennsylvania Youth Survey



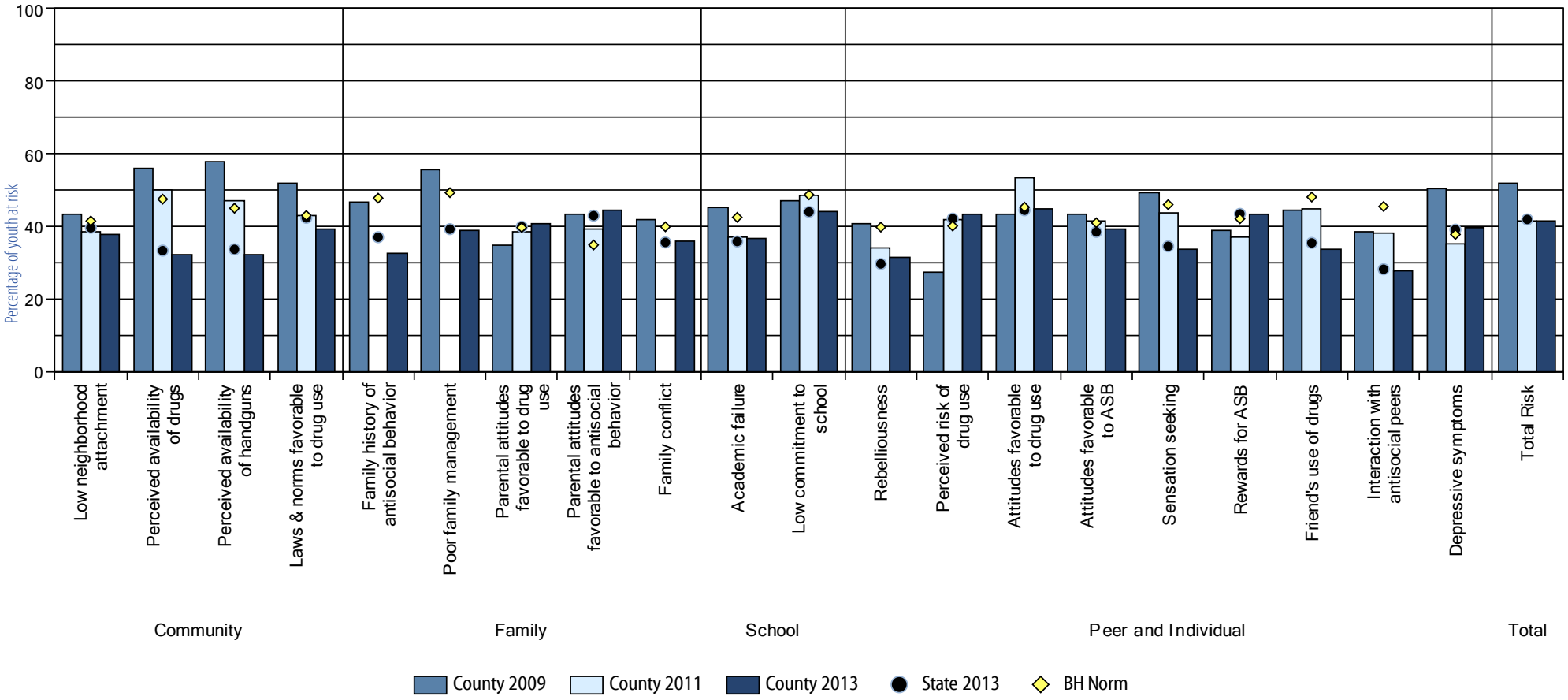
Risk factors, 8th grade
Cumberland County 2013 Pennsylvania Youth Survey



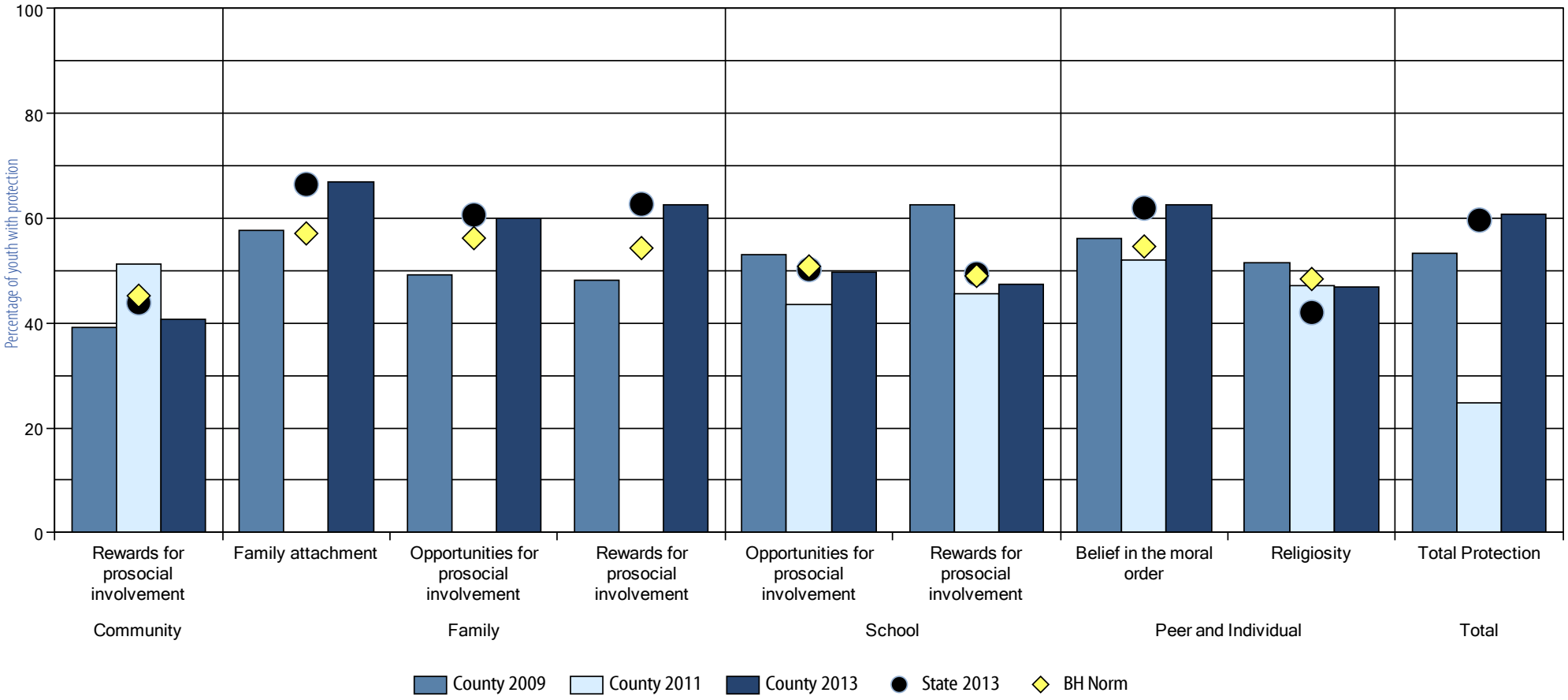
Protective factors, 8th grade
Cumberland County 2013 Pennsylvania Youth Survey



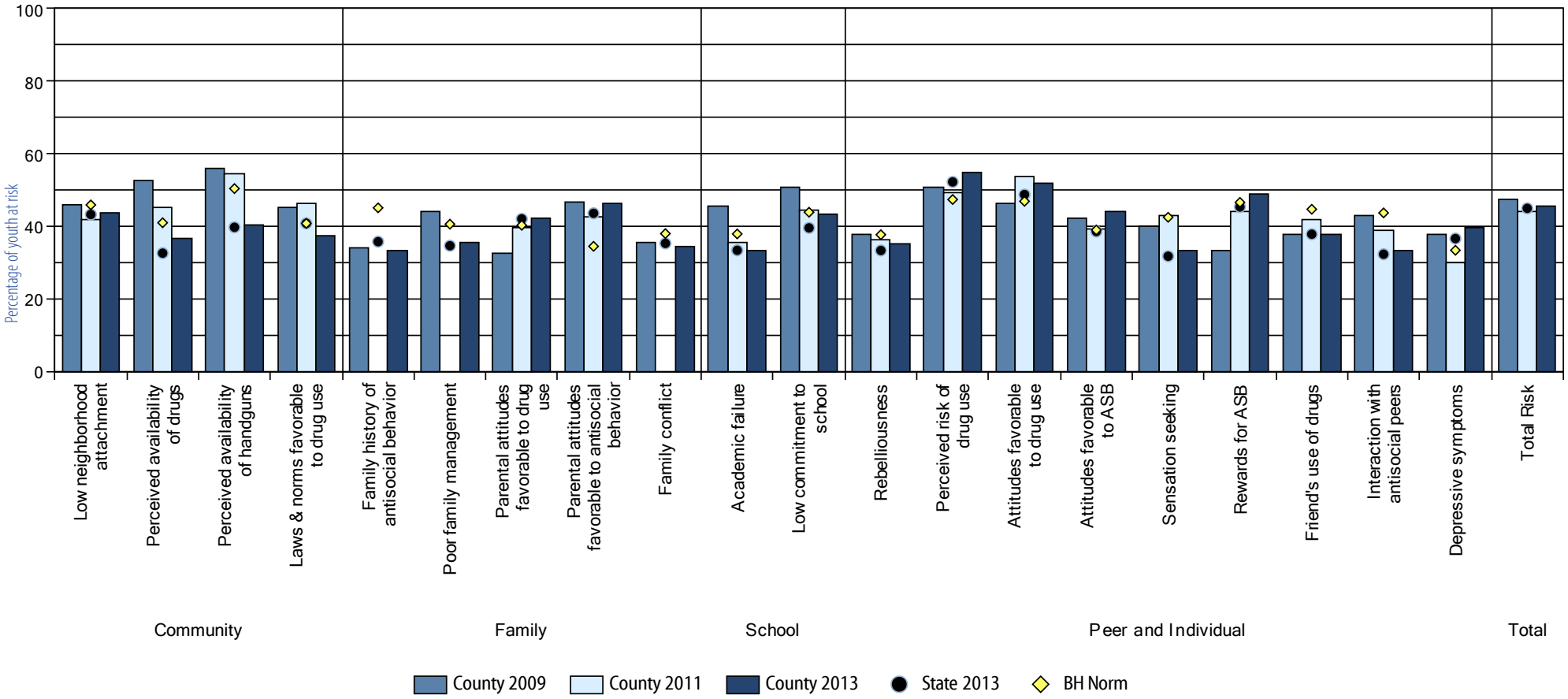
Risk factors, 10th grade
Cumberland County 2013 Pennsylvania Youth Survey



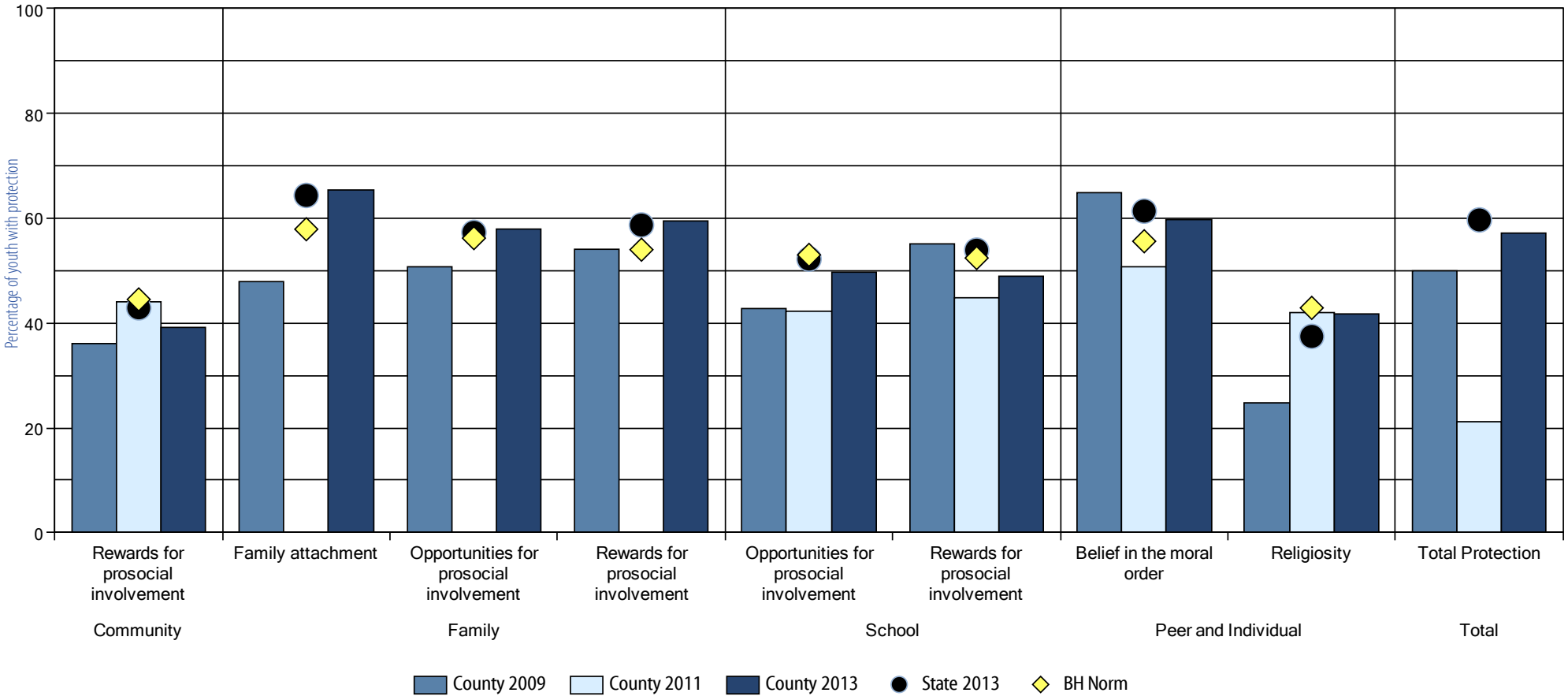
Protective factors, 10th grade
Cumberland County 2013 Pennsylvania Youth Survey



Risk factors, 12th grade
Cumberland County 2013 Pennsylvania Youth Survey



Protective factors, 12th grade
Cumberland County 2013 Pennsylvania Youth Survey



Risk Factors
Cumberland County 2013 Pennsylvania Youth Survey

	6th					8th					10th					12th				
	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm
Community																				
Low neighborhood attachment	71.8	35.6	34.8	36.2	41.9	45.6	26.9	30.0	29.4	34.0	43.4	38.6	37.9	39.6	41.5	46.1	41.9	43.7	43.3	45.9
Perceived availability of drugs	61.3	53.9	32.8	31.7	45.3	64.7	56.7	26.4	29.1	45.4	56.1	50.2	32.3	33.3	47.5	52.6	45.0	36.5	32.6	41.0
Perceived availability of handguns	31.2	32.6	16.1	13.8	26.3	40.6	50.2	26.1	25.1	36.7	58.0	47.0	32.3	33.7	45.0	56.0	54.7	40.5	39.7	50.4
Laws & norms favorable to drug use	75.0	46.1	38.7	37.7	49.0	64.1	31.1	27.6	29.6	38.3	52.0	42.9	39.3	42.3	43.0	45.2	46.5	37.3	40.8	40.8
Family																				
Family history of antisocial behavior	n/a	n/a	34.8	37.6	48.0	n/a	n/a	30.7	34.6	46.3	46.8	n/a	32.4	37.0	47.8	34.2	n/a	33.2	35.8	45.1
Poor family management	n/a	n/a	36.1	40.1	48.3	n/a	n/a	35.7	36.6	47.3	55.6	n/a	39.0	39.2	49.3	44.2	n/a	35.6	34.6	40.6
Parental attitudes favorable to drug use	24.0	7.8	11.3	11.6	11.4	27.4	17.0	22.9	23.9	23.7	34.9	38.5	40.9	39.9	39.7	32.5	39.5	42.1	42.1	40.3
Parental attitudes favorable to antisocial behavior	57.5	36.9	39.3	39.2	37.7	35.8	33.7	34.2	33.9	30.4	43.4	39.4	44.4	43.0	34.9	46.8	42.6	46.3	43.6	34.5
Family conflict	n/a	n/a	30.5	31.4	38.9	n/a	n/a	28.6	28.6	35.3	42.0	n/a	35.9	35.6	39.9	35.5	n/a	34.5	35.3	38.0
School																				
Academic failure	62.1	28.1	27.1	28.1	38.1	49.4	35.2	34.1	32.5	41.1	45.0	36.9	36.8	35.9	42.5	45.5	35.5	33.3	33.4	37.9
Low commitment to school	50.9	34.3	32.7	30.4	42.8	31.2	48.3	41.7	39.6	46.2	47.0	48.4	44.1	44.0	48.7	50.6	44.5	43.2	39.6	43.9
Peer And Individual																				
Rebelliousness	46.8	26.7	23.9	25.4	39.6	29.8	35.6	22.7	21.3	34.5	40.7	34.1	31.6	29.7	39.8	37.7	36.5	35.2	33.4	37.7
Perceived risk of drug use	66.4	32.5	40.8	42.2	44.5	50.6	32.9	33.3	30.0	37.9	27.3	41.7	43.5	42.1	40.1	50.6	49.3	54.8	52.3	47.4
Attitudes favorable to drug use	32.9	13.3	13.3	14.7	18.9	62.9	36.5	35.8	36.6	43.7	43.4	53.5	44.9	44.5	45.3	46.2	53.8	51.8	48.8	46.9
Attitudes favorable to ASB	50.3	32.4	28.6	28.9	40.0	36.1	33.1	26.8	26.7	34.7	43.4	41.4	39.1	38.5	41.0	42.3	39.2	44.0	38.6	39.0
Sensation seeking	42.4	45.5	31.2	32.1	43.3	38.5	47.4	32.2	30.6	44.7	49.3	43.7	33.8	34.5	46.0	40.0	42.9	33.2	31.8	42.5
Rewards for ASB	20.0	16.0	17.4	16.4	24.5	55.6	31.1	33.7	35.1	45.6	38.8	37.1	43.3	43.5	42.1	33.3	44.3	48.8	45.4	46.6
Friend's use of drugs	36.1	13.1	8.3	8.9	19.7	63.0	50.7	27.4	29.4	47.9	44.4	44.8	33.8	35.4	48.1	37.7	41.9	37.9	37.8	44.7
Interaction with antisocial peers	55.5	20.1	16.9	18.1	33.6	61.5	37.2	21.8	22.8	44.8	38.4	38.3	27.6	28.2	45.5	42.9	38.9	33.3	32.3	43.7
Depressive symptoms	35.0	23.9	23.8	23.3	30.3	35.8	39.0	33.6	32.4	34.8	50.3	35.2	39.7	39.1	37.8	37.7	29.9	39.5	36.6	33.4
Total																				
Total Risk	65.3	37.6	28.3	32.1	n/a	60.3	54.0	39.8	39.1	n/a	52.0	41.5	41.4	41.9	n/a	47.4	44.1	45.7	45.0	n/a

Protective Factors
Cumberland County 2013 Pennsylvania Youth Survey

	6th					8th					10th					12th				
	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm	County 2009	County 2011	County 2013	State 2013	BH Norm
Community																				
Rewards for prosocial involvement	34.5	56.4	48.9	51.5	51.6	36.3	62.8	47.6	51.8	52.1	39.2	51.3	40.7	43.9	45.2	36.0	44.0	39.1	42.9	44.5
Family																				
Family attachment	n/a	n/a	67.2	69.5	58.2	n/a	n/a	64.9	67.1	54.8	57.6	n/a	66.9	66.5	57.1	48.0	n/a	65.3	64.4	57.9
Opportunities for prosocial involvement	n/a	n/a	65.3	65.3	59.6	n/a	n/a	69.4	69.7	62.5	49.3	n/a	60.1	60.6	56.2	50.6	n/a	58.0	57.3	56.2
Rewards for prosocial involvement	n/a	n/a	66.5	66.3	54.9	n/a	n/a	70.6	72.5	61.9	48.2	n/a	62.5	62.7	54.3	54.1	n/a	59.4	58.7	54.0
School																				
Opportunities for prosocial involvement	47.3	71.5	60.6	62.8	59.5	52.3	51.1	51.5	56.9	51.6	53.0	43.4	49.8	50.2	50.8	42.7	42.2	49.7	52.2	53.0
Rewards for prosocial involvement	35.6	66.8	60.0	66.1	56.9	57.6	58.8	55.4	59.2	52.8	62.7	45.6	47.4	49.4	49.0	55.1	44.8	48.8	53.9	52.4
Peer And Individual																				
Belief in the moral order	30.2	65.5	59.6	56.6	51.1	39.4	47.7	64.7	62.9	52.1	56.2	52.1	62.5	61.9	54.6	64.9	50.8	59.7	61.4	55.6
Religiosity	22.9	47.4	55.8	51.4	54.8	22.1	57.0	51.1	49.0	53.7	51.4	47.2	46.9	42.0	48.4	24.7	42.0	41.7	37.4	42.9
Total																				
Total Protection	4.7	45.8	55.2	60.6	n/a	11.9	34.4	64.7	66.4	n/a	53.3	24.8	60.7	59.6	n/a	50.0	21.1	57.2	59.7	n/a

8. USING THESE SURVEY 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/Bach Harrison Norm?
- Which 3-5 protective factors appear to be lower than you would want when compared to the state/Bach Harrison Norm?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
- Which substances are your students using the most?
- At which grades do you see unacceptable usage levels?
- Which 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?

Sample	Priority Rate 1	Priority Rate 2
Risk factors		
6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 14% (8% > BH Norm.)		
Protective factors		
10th grd - Rewards for prosocial involvm. (School) down 7% from 2 yrs ago		
30-day substance abuse		
8th grd Binge Drinking@7% (3% above state av.)		
Antisocial behavior		
12th - Drunk/High at School @ 5% (same as state, but still too high)		

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 have 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.

- 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.

Priority Rate 3	Priority Rate 4	Priority Rate 5
Risk factors (cont'd)		
Protective factors (cont'd)		
30-day substance abuse (cont'd)		
Antisocial behavior (cont'd)		

APPENDIX A. DRUG FREE COMMUNITIES DATA

Core Measure	Definition	Substance	Grade 6		Grade 8		Grade 10		Grade 12		Male		Female	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk (People are at Moderate or Great Risk of harming themselves if they...)	take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	Binge drinking	68.7	1,942	74.0	2,402	69.8	2,041	63.1	1,620	66.6	3,978	72.3	3,992
	smoke one or more packs of cigarettes per day?	Tobacco	86.5	1,652	90.4	2,276	87.9	1,990	86.9	1,558	87.8	3,658	88.5	3,788
	smoke marijuana once or twice a week?	Marijuana	77.2	1,926	74.0	2,397	54.9	2,037	42.2	1,619	59.6	3,967	67.2	3,976
	use prescription drugs that are not prescribed to them?	Prescription drugs	81.1	1,893	86.2	2,385	88.3	2,028	85.2	1,610	83.9	3,935	86.8	3,945
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	95.4	1,961	94.7	2,393	90.6	2,038	85.0	1,627	90.2	3,953	93.6	4,031
	smoke cigarettes?	Tobacco	98.1	1,702	97.0	2,314	93.2	1,997	87.1	1,569	93.3	3,693	95.0	3,858
	smoke marijuana?	Marijuana	98.8	1,705	96.2	2,313	89.6	1,997	84.3	1,567	91.0	3,694	94.1	3,856
	use prescription drugs not prescribed to you?	Prescription drugs	96.7	1,946	96.7	2,389	95.4	2,034	93.2	1,623	95.1	3,946	96.2	4,012
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	92.5	1,704	83.8	2,290	60.6	2,001	49.4	1,562	66.6	3,672	78.0	3,853
	smoke tobacco?	Tobacco	94.9	1,700	87.7	2,286	69.4	1,998	52.1	1,560	71.7	3,661	82.1	3,851
	smoke marijuana?	Marijuana	95.3	1,694	85.1	2,284	58.9	1,999	42.3	1,560	66.9	3,666	76.1	3,839
	use prescription drugs not prescribed to you?	Prescription drugs	95.0	1,693	90.9	2,275	81.0	1,998	70.8	1,556	82.1	3,657	87.8	3,833
Stop Act Grantees: Somewhat or Strongly Disapprove of someone your age...	having one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Alcohol	89.2	1,996	82.8	2,419	67.6	2,051	61.2	1,633	72.9	4,014	79.4	4,047
People are at Moderate or Great Risk of harming	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Regular alcohol use	69.6	1,944	74.1	2,400	74.0	2,038	69.6	1,624	67.4	3,973	76.9	3,998
Past 30-Day Use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	2.7	1,971	8.8	2,385	23.9	2,034	38.5	1,624	17.5	3,961	16.8	4,019
	smoked cigarettes?	Tobacco	0.6	2,055	3.4	2,439	9.1	2,058	16.7	1,634	7.1	4,053	6.4	4,096
	used marijuana	Marijuana	0.3	1,928	3.6	2,359	13.3	2,029	20.3	1,617	9.7	3,918	7.7	3,981
	Used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Tylox) without a doctor's orders	Prescription drugs	1.4	1,948	2.1	2,376	4.9	2,037	7.2	1,617	3.5	3,937	3.9	4,007

APPENDIX B. SURVEY METHODOLOGY

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

Comparability of the 2013 PAYS to prior administrations

The 2013 PAYS instrument and administration implemented a three-form design to address questions related to the difference in response rates for the questions at the beginning of the survey compared to those at the end of the survey. Updates were made to questions and questions were added or removed.

Some of the questions removed from the survey were those with very low incidence of use as indicated in the analysis of the data for 2007 and 2009 and were not primary prevention topics in prevention programs. Other removed questions were questions with a high potential for inaccurate reporting of responses. The third type of questions removed were those whose data could be attained from other sources and possibly be estimated from other responses on the survey.

Prevention specialists and agencies expressed interest in gathering data in a number of new categories. These new questions provide information that could help attain additional funding to offset prevention program costs to address antisocial behaviors. Questions added were related to separation due to military deployment or incarceration, traumatic experiences, food and security, texting and driving, suicide, synthetic drug use, and perception of risk and attitudes as required by Drug Free Communities.

The three-form design was implemented to increase the generalizability of the outcomes to the cohort participating in the survey. The two-column format and question layouts were used to reduce the time required to complete the survey. The focus groups testing the survey instrument prior to implementation reported completing the survey within 35 to 45 minutes. The survey was designed and administered in a manner that has the potential to increase the response rates and decrease administration time through improved readability, layout, and presentation order.

Following completion of the 2013 administration, an evaluation of the design will be conducted to determine the effect of the changes in the survey. A random sample of locations will be tested to examine if any changes are random and within standard errors of measurement or due to changes in the community.

APPENDIX C. RISK AND PROTECTIVE FACTOR SCALE BREAKDOWN

Community Domain Risk Factors

Low Neighborhood Attachment

A20 I like my neighborhood

A21 I'd like to get out of my neighborhood.

A31 If I had to move, I would miss the neighborhood I now live in.

Laws and Norms Favorable Toward Drug Use

A29 If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

A30 If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

A33a How wrong would most adults (over 21) in your neighborhood think it was for kids your age: To drink alcohol?

A33b How wrong would most adults (over 21) in your neighborhood think it was for kids your age: To smoke cigarettes?

A33c How wrong would most adults (over 21) in your neighborhood think it was for kids your age: To use marijuana?

Perceived Availability of Drugs

A34a If you wanted to get some beer, wine, or hard liquor (for example: vodka, whiskey, or gin), how easy would it be for you to get some?

A34b If you wanted to get some cigarettes, how easy would it be for you to get some?

A34e If you wanted to get some marijuana, how easy would it be for you to get some?

A34d If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Perceived Availability of Handguns

A34c If you wanted to get a handgun, how easy would it be for you to get one?

Community Domain Protective Factors

Opportunities for Prosocial Involvement

A25 There are lots of adults in my neighborhood I could talk to about something important.

A32a Which of the following activities for people your age are available in your community? Sports Teams and recreation

A32b Which of the following activities for people your age are available in your community? Scouts, Camp Fire, 4-H Clubs, or other service clubs

A32c Which of the following activities for people your age are available in your community? Boys and Girls Club, YMCA, or other activity clubs

Rewards for Prosocial Involvement

A26 My neighbors notice when I am doing a good job and let me know.

A27 There are people in my neighborhood who are proud of me when I do something well.

A28 There are people in my neighborhood who encourage me to do my best.

Family Domain Risk Factors

Poor Family Management

B11 My family has clear rules about alcohol and drug use.

B16 Would your parents know if you did not come home on time?

B17 If you skipped school, would you be caught by your parents?

B18 If you carried a handgun without your parent's permission, would you be caught by them?

B19 When I am not at home, one of my parents knows where I am and who I am with.

B20 The rules in my family are clear.

B21 My parents ask if I've gotten my homework done.

B22 If you drank some beer, wine, or liquor (for example vodka, whiskey, or gin) without your parent's permission, would you be caught by them?

Family Conflict

B12 People in my family often insult or yell at each other.

B13 We argue about the same things in my family over and over.

B14 People in my family have serious arguments.

Family History of Antisocial Behavior

B15a How many of your brothers or sisters ever: Drank beer, wine or hard liquor (for example, vodka, whiskey or gin)?

B15b How many of your brothers or sisters ever: Smoked cigarettes?

B15c How many of your brothers or sisters ever: Smoked marijuana?

B15d How many of your brothers or sisters ever: Took a handgun to school?

B15e How many of your brothers or sisters ever: Been suspended or expelled from school?

B23a About how many adults (over 21) have you known personally who in the past year have: Gotten drunk or high?

B23b About how many adults (over 21) have you known personally who in the past year have: Used marijuana, crack, cocaine, or other drugs?

B23c About how many adults (over 21) have you known personally who in the past year have: Sold or dealt drugs?

B23d About how many adults (over 21) have you known personally who in the past year have: Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

B24 Has anyone in your family ever had a severe alcohol or drug problem?

Parental Attitudes Favorable Toward Drugs

B10d How wrong do your parents feel it would be for you to: Drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?

B10e How wrong do your parents feel it would be for you to: Smoke cigarettes?

B10f How wrong do your parents feel it would be for you to: Smoke marijuana?

Parental Attitudes Favorable Toward Antisocial Behavior

B10a How wrong do your parents feel it would be for you to: Pick a fight with someone?

B10b How wrong do your parents feel it would be for you to: Steal anything worth more than $5

B10c How wrong do your parents feel it would be for you to: Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?

Family Domain Protective Factors

Family Attachment

B2a Do you feel very close to your: Mother?

B2b Do you feel very close to your: Father?

B3a Do you share your thoughts and feelings with your: Mother?

B3b Do you share your thoughts and feelings with your: Father?

Opportunities for Prosocial Involvement

B27 My parents ask me what I think before most family decisions affecting me are made.

B28 If I had a personal problem, I could ask my mom or dad for help

B29 My parents give me lots of chances to do fun things with them.

Rewards for Prosocial Involvement

B4a Do you enjoy spending time with your mother?

B4b Do you enjoy spending time with your father?

B5 My parents notice when I am doing a good job and let me know about it.

B6 How often do your parents tell you they're proud of you for something you've done?

School Domain Risk Factors

Academic Failure

A7 Putting them all together, what were your grades like last year?

A24 Are your school grades better than the grades of most students in your class?

Low Commitment to School

A8 During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?

A9 How important do you think the things you are learning in school are going to be for your later life?

A10 How interesting are most of your courses to you?

A22 How often do you feel that the schoolwork you are assigned is meaningful and important?

A23a Now, thinking back over the past year in school, how often did you: Enjoy being in school?

A23b Now, thinking back over the past year in school, how often did you: Hate being in school?

A23c Now, thinking back over the past year in school, how often did you: Try to do your best work in school?

School Domain Protective Factors

Opportunities for Prosocial Involvement

A11 Teachers ask me to work on special classroom projects.

A12 There are lots of chances for students in my school to talk one-on-one with a teacher.

A13 I have lots of chances to be part of class discussions or activities.

A14 In my school, students have lots of chances to help decide things like class activities and rules.

A15 There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

Rewards for Prosocial Involvement

A16 My teacher(s) notices when I am doing a good job and lets me know about it.

A17 I feel safe at my school.

A18 The school lets my parents know when I have done something well.

A19 My teachers praise me when I work hard in school.

Peer-Individual Risk Factors

Rebelliousness

C11 I like to see how much I can get away with.

C12 I ignore the rules that get in my way.

C13 I do the opposite of what people tell me, just to get them mad.

Attitudes Favorable Toward Antisocial Behavior

C9a How wrong do you think it is for someone your age to: Stay away from school all day when their parents think they are at school?

C9b How wrong do you think it is for someone your age to: Take a handgun to school?

C9c How wrong do you think it is for someone your age to: Steal anything worth more than $5?

C9d How wrong do you think it is for someone your age to: Pick a fight with someone?

C9e How wrong do you think it is for someone your age to: Attack someone with the idea of seriously hurting them?

Attitudes Favorable Toward Drug Use

C9f How wrong do you think it is for someone your age to: Drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?

C9g How wrong do you think it is for someone your age to: Smoke cigarettes?

C9h How wrong do you think it is for someone your age to: Use LSD, cocaine, amphetamines or another illegal drug?

C9i How wrong do you think it is for someone your age to: Smoke marijuana?

Sensation Seeking

C17a How many times have you done the following things? Done what feels good no matter what.

C17b How many times have you done the following things? Done something dangerous because someone dared you to do it.

C17c How many times have you done the following things? Done crazy things even if they are a little dangerous.

Perceived Risk of Drug Use

C10a How much do you think people risk harming themselves (physically or in other ways) if they: Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

C10b How much do you think people risk harming themselves (physically or in other ways) if they: Smoke one or more packs of cigarettes per day?

C10c How much do you think people risk harming themselves (physically or in other ways) if they: Try marijuana once or twice?

C10d How much do you think people risk harming themselves (physically or in other ways) if they: Smoke marijuana regularly?

Interaction with Antisocial Peers

C18a Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Been arrested?

C18b Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Dropped out of school?

C18c Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Stolen or tried to steal a motor vehicle such as a car or motorcycle?

C18d Think of your four best friends (the friends you feel closest to).In the past 12 months, how many of your best friends have: Been suspended from school?

C18e Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Carried a handgun?

C18h Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Sold illegal drugs?

Friends' Use of Drugs

C18f Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?

C18g Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Smoked cigarettes?

C18i Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Used LSD, cocaine, amphetamines, or other illegal drugs?

C18j Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have: Used marijuana?

Rewards for Antisocial Behavior

C16a What are the chances you would be seen as cool if you: Carried a handgun?

C16b What are the chances you would be seen as cool if you: Began drinking alcoholic beverages regularly, that is, at least once or twice a month?

C16c What are the chances you would be seen as cool if you: Smoked cigarettes?

C16d What are the chances you would be seen as cool if you: Smoked marijuana?

Depressive Symptoms

C2 In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?

C3 Sometimes I think that life is not worth it.

C4 At times I think I am no good at all.

C5 All in all, I am inclined to think that I am a failure.

Peer-Individual Protective Factors

Belief in the Moral Order

C19 I think it is okay to take something without asking as long as you get away with it.

C20 It is all right to beat up people if they start the fight.

C21 I think sometimes it's okay to cheat at school.

C22 It is important to be honest with your parents, even if they become upset or you get punished.

Religiosity

C15 How often do you attend religious services or activities?

APPENDIX D. FOR MORE INFORMATION…

Prevention Web Sites

- The Center for Communities That Care: www.communitiesthatcare.net/gettingstarted
- Social Development Research Group: www.uwsrd.org/sdrg
- Evidence-Based Prevention and Intervention Support Center (EPISCenter): www.EPISCenter.psu.edu
- Commonwealth Prevention Alliance: www.commonwealthpreventionalliance.org
- Youth Risk Behavior Surveillance System: www.cdc.gov/HealthyYouth/yrbs/index.htm
- National Survey on Drug Use and Health (NSDUH): www.samhsa.gov/data/NSDUH.aspx
- Monitoring the Future: www.monitoringthefuture.org
- The Partnership at Drugfree.org: www.drugfree.org
- Mothers Against Drunk Driving (MADD): www.madd.org
- Drug Free Pennsylvania: www.drugfreepa.org
- PA DUI Association: www.padui.org

Guides to Prevention Programs

- Blueprints for Healthy Youth Development: www.blueprintsprograms.com/
- National Institute of Justice: www.crimesolutions.gov
- Federal OJJDP Model Programs Guide: www.ojjdp.gov/mpg
- SAMHSA Model Programs List: www.nrepp.samhsa.gov
- Washington State Institute for Public Policy (WSIPP): www.wsipp.wa.gov
- WSIPP Benefit/Cost Results: www.wsipp.wa.gov/BenefitCost

State Resources

- Pennsylvania General Assembly: www.legis.state.pa.us
- DDAP – PA Department of Drug and Alcohol Programs: www.ddap.pa.gov
- DOH – PA Department of Health: www.health.state.pa.us
- PLCB – PA Liquor Control Board: www.lcb.state.pa.us/PLCB/index.htm
- PCCD – PA Commission on Crime and Delinquency: www.pccd.state.pa.us
- PDE – PA Department of Education, Office of Safe Schools (Elementary and Secondary): http://www.portal.state.pa.us/portal/server.pt/community/office_of_elementary_secondary_education/7209/office_for_safe_schools/1152067
- CCAP – County Commissioners Association of PA: www.pacounties.org
- Pennsylvania Association of County Drug and Alcohol Administrators: www.pacdaa.org

Federal Resources

- Office of National Drug Control Policy: www.whitehouse.gov/ondcp
- National Clearinghouse for Alcohol and Drug Information: www.ncadi.samhsa.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- National Institute on Drug Abuse (NIDA): www.nida.nih.gov and 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/chronicdisease/index.htm
- CASA - National Center on Addiction and Substance Abuse: www.casacolumbia.org

If You Need Assistance

- Pennsylvania Student Assistance Programs (SAP): www.sap.state.pa.us

With bullying:

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

With drugs and alcohol:

- National Clearinghouse for Alcohol and Drug Information: 1-800-729-6686
- National Alcohol and Drug Treatment and Referral Service: 1-800-662-HELP
- Alcoholics Anonymous: www.aa.org
- Pennsylvania Area Al-Anon: www.pa-al-anon.org

Persons in need of assistance may also visit www.ddap.pa.gov/portal/server.pt/community/need_help_now_/20933 or check the Yellow Pages under "Drugs" for the county D&A services available in your area.

With smoking cessation:

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

With depression or suicidal thoughts:

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

- National Depression Hotline: 1-800-448-3000
- National Hopeline Network: 1-800-442-HOPE (442-4673)
- National Suicide Prevention Lifeline: 1-800-273-TALK (273-8255)

With gambling:

- Pennsylvania Gambling Addiction www.PAproblemgambling.com or 24 Hour Hotline: 1-877-565-2112
- National Resource Center for Domestic Violence and Child Abuse: 1-800-932-4632

APPENDIX E. SCHOOLS AND DISTRICTS IN THIS REPORT

As follows is a list of school districts, charter schools, and private schools which both participated in the 2013 Pennsylvania Youth Survey and are also represented in this profile report. If this report is intended for a school district, charter school, or private school, you will find that only the district/school in question is included. However, County and Community reports will include two or more districts, charter school, or private schools. In the instance of those reports, this appendix will provide key information for understanding the participants represented in your data.

Big Spring School District

Camp Hill School District

Carlisle Area School District

Cumberland Valley School District

East Pennsboro Area School District

Mechanicsburg Area School District

Red Lion Area School District

Shippensburg Area School District

South Middleton School District

West Shore School District