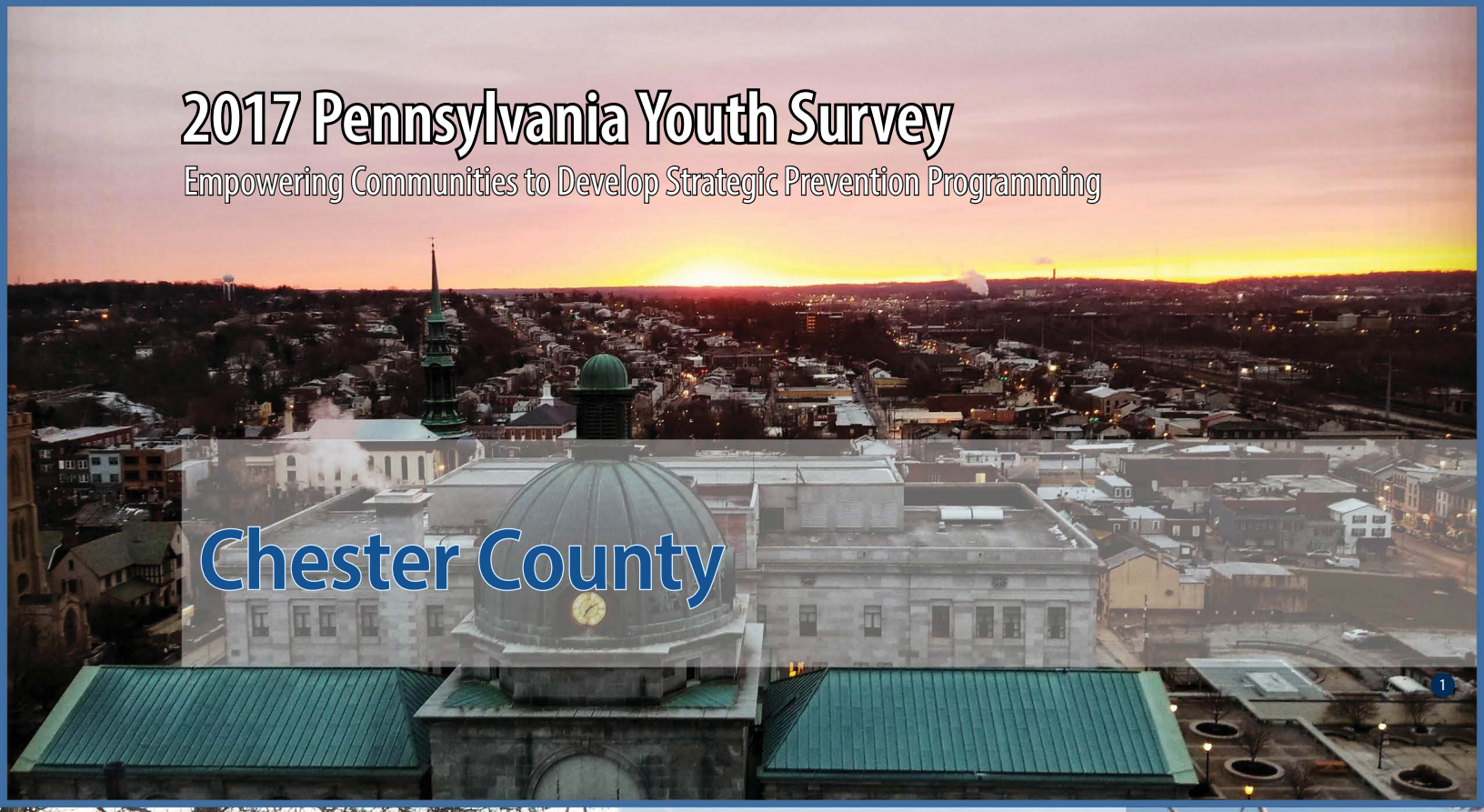
2017 Pennsylvania Youth Survey

Empowering Communities to Develop Strategic Prevention Programming



Chester County

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The administration of the survey would not have been a success without the contributions of 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 2017 PAYSAG members included:

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The success of the 2017 PAYS could not have been achieved without the support and participation of school superintendents, administrators, principals, prevention coordinators, and teachers throughout the state. We extend our appreciation to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which they live and learn.

Please note that this report does not contain data from all survey questions. To access and analyze county or state level data from the entire survey dataset, please visit www.bach-harrison.com/PAYSWebTool. For more information about PAYS, and to see aggregate reporting of responses by provided to Pennsylvania youth, please visit www.pays.pa.gov. This site contains links to materials developed for the 2017 administration, as well as materials from prior survey administrations. Results from earlier PAYS administrations (e.g. reports from 2015 and earlier) can be found by consulting the links to past years' reports.

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PAYS: GOALS AND OVERVIEW

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

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

The 2017 PAYS was the fourteenth biennial administration (1989-2017). Comparisons in this report were made between the results of the 2013, 2015, and 2017 surveys, as well as comparisons to youth nationwide.

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

Questions are asked across four domains (community, school, family, and peer/individual) to help determine where the strengths of a community are 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 food security, housing instability, and the loss of a close family member or friend.

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

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

Participation by Pennsylvania youth

The 2017 PAYS was administered during the fall of 2017 to youth in grades 6, 8, 10, and 12, resulting in 253,566 valid surveys. Community-level summary reports were issued to more than 400 school districts and counties.

There were 973 schools that chose to participate in the 2017 PAYS (out of 1,666 eligible). Estimated enrollment figures for the 2016-17 school year show that participating schools had 336,082 students enrolled in grades 6, 8, 10, and 12 who were eligible to participate in the survey. An attempt was made to survey all eligible Pennsylvania students, resulting in 253,566 valid participants in grades 6, 8, 10, and 12 (a participation rate of 75.5%), represented evenly across the state.

	County 2017			State 2017		
	Surveys	Enrolled in participating school(s)*	Participation rate	Surveys	Enrolled in participating school(s)*	Participation rate
Grade						
6	3,905	5,063	77.1	62,971	75,254	83.7
8	4,847	5,681	85.3	70,214	84,030	83.6
10	4,326	5,751	75.2	65,164	90,295	72.2
12	3,709	5,604	66.2	55,217	86,503	63.8
Total	16,787	22,099	76.0	253,566	336,082	75.5

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

In this county, 38 out of 43 schools (in 13 of 13 districts) participated in the 2017 PAYS. 2016-17 enrollment show that of the 22,099 students in grades 6, 8, 10, and 12 enrolled in participating schools, 16,787 valid surveys were submitted (a participation rate of 76.0%).

	County 2017			State 2017		
	Surveys	Enrolled in all schools(s)**	Modified participation rate**	Surveys	Enrolled in all schools(s)**	Modified participation rate**
Grade						
6	3,905	5,470	71.4	62,971	124,825	50.5
8	4,847	5,686	85.2	70,214	125,263	56.1
10	4,326	5,764	75.1	65,164	129,924	50.2
12	3,709	5,626	65.9	55,217	124,223	44.5
Total	16,787	22,546	74.5	253,566	504,235	50.3

** Enrollment in the second table refers to the number of students enrolled in all schools in the district, county or community that were eligible to participate in 2017 PAYS, even if they did not participate.

Enrollment figures for all 43 schools in this county show that 22,546 students in grades 6, 8, 10, and 12 were eligible to participate in the 2017 PAYS administration. This means that the 16,787 valid surveys submitted from this county resulted in a modified participation rate of 74.5% (as seen in the second table).

Statewide, the 1,666 schools eligible to participate in the 2017 PAYS had an estimated enrollment of 504,235 public school students in grades 6, 8, 10, and 12. The 253,566 valid surveys submitted resulted in a modified participation rate of 50.3% statewide.

Sample Confidence Intervals

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

	Statewide Sample †	Enrollment for Statewide Sample †	Confidence Interval
Grade			
6	6,845	106,307	±1.7
8	8,019	109,226	±1.5
10	6,459	113,970	±1.7
12	6,008	109,605	±1.8
Total	27,331	439,108	±0.8

† For information on the design of statewide sample please refer to the 2017 PAYS State report.

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

Validity of PAYS data

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

1. the student indicated that they had used a fictitious drug (statewide, 3,395 surveys were identified as dishonest with this check)
2. the student reported an improbably high level of multiple drug use (2,497 surveys statewide)
3. the student indicated past-month use rates that were higher than lifetime use rates (1,520 surveys)
4. the student reported an age that was inconsistent with their grade or the grades served by their school (1,030 surveys)
5. the student reported an age for joining a gang that was older than their reported age (417 surveys)

Dishonest and incomplete surveys were eliminated from the data and are not included in the final analyses. Of the 258,508 survey questionnaires from grades 6, 8, 10, and 12 completed and returned to Bach Harrison for scanning analysis, 4,942 (1.9%) were eliminated for meeting one or more of the above criteria.

The results within this county report are based on 16,787 honest responses (out of 17,150 surveys submitted).

PAYS analysis

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

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

1. DEMOGRAPHICS

49.9% of participants were female, and 50.1% were male. 8th graders were the best represented, with an estimated 85.3% participation rate based on most recent enrollment.

Overall, 70.8% of students surveyed in this county were white or Caucasian, 9.5% of students were Asian or Pacific Islander, and the remainder were a combination of the remaining categories. 12.3% of students identified as being of Hispanic, Latino, or Spanish origin.

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

	County 2013		County 2015		County 2017		State 2017	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Survey respondents								
All	16,941	100.0	17,159	100.0	16,787	100.0	253,566	100.0
Survey respondents by grade								
6	4,239	25.0	4,132	24.1	3,905	23.3	62,971	24.8
8	4,681	27.6	4,874	28.4	4,847	28.9	70,214	27.7
10	4,415	26.1	4,396	25.6	4,326	25.8	65,164	25.7
12	3,606	21.3	3,757	21.9	3,709	22.1	55,217	21.8
Survey respondents by gender								
Male	8,340	49.5	8,406	50.3	8,205	50.1	124,823	50.3
Female	8,510	50.5	8,291	49.7	8,159	49.9	123,271	49.7
Survey respondents by ethnicity								
Yes, of Hispanic, Latino, or Spanish origin	1,743	10.3	1,994	11.6	2,069	12.3	33,940	13.4
No, not of Hispanic, Latino, or Spanish origin	15,198	89.7	15,165	88.4	14,718	87.7	219,626	86.6
Survey respondents by race								
Black, African American	1,043	6.2	959	5.6	894	5.3	22,272	8.8
American Indian	118	0.7	199	1.2	210	1.3	4,095	1.6
Asian/Pacific Islander	1,055	6.2	1,362	7.9	1,594	9.5	13,134	5.2
White, Caucasian	13,136	77.5	12,618	73.5	11,881	70.8	179,972	71.0
Multi-racial	768	4.5	748	4.4	757	4.5	14,065	5.5
Race Unmarked	821	4.8	1,273	7.4	1,451	8.6	20,028	7.9

PAYS 2017 category:	*PAYS 2017 question text:*
Demographic questions	*How old are you?* *10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 or older* *What grade are you in?* *6th / 7th / 8th / 9th / 10th / 11th / 12th* *Are you of Hispanic, Latino, or Spanish origin?* *No, not of Hispanic, Latino, or Spanish origin* *Yes, Mexican, Mexican Am., Chicano* *Yes, Puerto Rican* *Yes, Cuban* *Yes, another Hispanic, Latino, or Spanish origin (for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)* *What is your race? (Select all that apply)* *White, Caucasian* *Black, African American* *American Indian or Alaska Native* *Asian Indian, Japanese, Native Hawaiian, Chinese, Korean, Guamanian or Chamorro, Filipino, Vietnamese, Samoan, Other Asian, Other Pacific Islander* *Are you male or female?* *Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)* *Mother / Stepmother / Foster mother / Grandmother / Aunt / Father / Stepfather / Foster father / Grandfather / Uncle / Other adults / Older Brother(s) / Younger Brother(s) / Older Stepbrother(s) / Younger Stepbrother(s) / Older Sister(s) / Younger Sister(s) / Older Stepsister(s) / Younger Stepsister(s) / Other children* *What is the language you use most often at home?* *English* *Spanish* *Another language*

2. ATOD USE AND ACCESS

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

Measurement

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

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

The survey also includes six questions designed to measure non-medical use of prescription drugs. The questions cover three general categories of non-medical prescription drug use: pain relievers, tranquilizers, and stimulants. Questions were added in 2015 to assess recreational use of over-the-counter drugs and to assess the use of electronic vaping products such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens.

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 2017 Monitoring the Future study and to the 2016 Bach–Harrison Norm.

Monitoring the Future Data

The Monitoring the Future (MTF) survey project, which provides prevalence–of–use information for ATODs from a nationally representative sample of 8th, 10th, and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see pages 3-4 of www.monitoringthefuture.org/pubs/monographs/mtf-overview2017.pdf.

Monitoring the Future data appear on the charts as "MTF 2017."

Bach Harrison Norm

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from 11 statewide surveys were combined into a database of approximately 878,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state's contributions more in line with the nation's student population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as "BH Norm." In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available. The most recent update to the Bach Harrison Norm was completed using 2016-2017 data.

A comparison to state–wide and national results provides additional information for your county 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 county 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.

HIGH PREVALENCE/EARLY INITIATION DRUGS

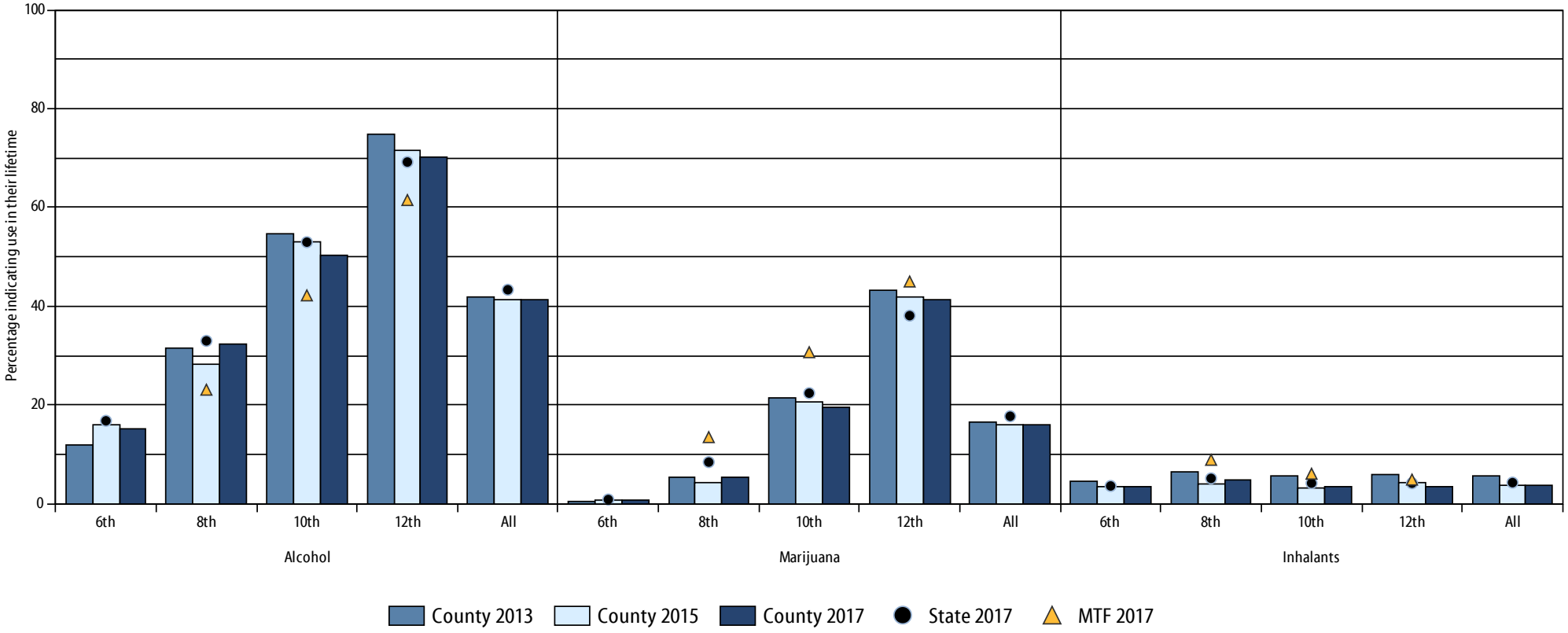
This section covers alcohol, tobacco (cigarettes, smokeless, and vaporized), marijuana, and inhalants, the drugs first and most commonly abused by youth. The higher prevalence and earlier initiation of use makes monitoring these drugs useful when monitoring at-risk students for progression from experimentation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

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

The most common early initiation/higher prevalence substance used was alcohol (41.4% of students in this county, compared to 43.3% at the state level). The next most frequent drug used was marijuana, with 16.0% indicating lifetime use (compared to 17.7% at the state level).

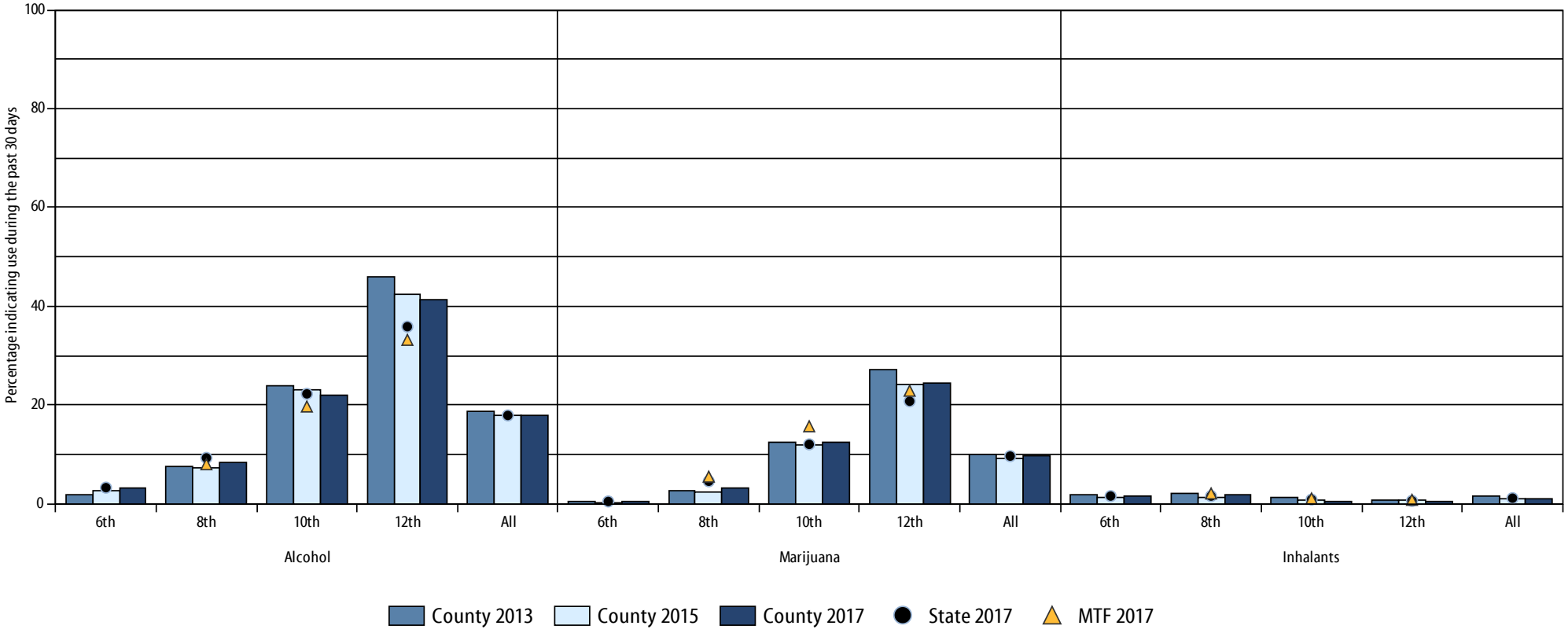
PAYS 2017 category:	*PAYS 2017 question text:*
Alcohol including beer, wine, and hard liquor is the drug used most often by adolescents today.	*How many times (if any) have you had beer, wine, or hard liquor in your lifetime/during the past 30 days?*
Marijuana is the most widely used illicit drug. It 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.	*How many times (if any) have you used marijuana (pot, hash, cannabis, weed) in your lifetime/during the past 30 days?*
Inhalants are any gases or fumes that can be inhaled for the purpose of getting high. While overall prevalence is fairly low, it is more prevalent with younger students, perhaps because inhalants are often easy for them to obtain. Health consequences can include brain damage and heart failure.	*How many times (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime/during the past 30 days?*
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?*
Vaping is an emerging method of drug use where a device with a heating element is used to vaporize and inhale the psychoactive ingredients in tobacco (or sometimes marijuana). While it is often portrayed a safer alternative to smoking, the data on vaping are scant and the risks poorly understood.	*How frequently have you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pens, e-hookahs, or hookah pens during the past 30 days?* *If you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 12 months, with which substances did you use it? (Mark all that apply.)* *Just flavoring* *Nicotine* *Marijuana or hash oil* *Other substance* *I don't know*

Early initiation and higher prevalence drugs - Lifetime use
Chester County 2017 Pennsylvania Youth Survey



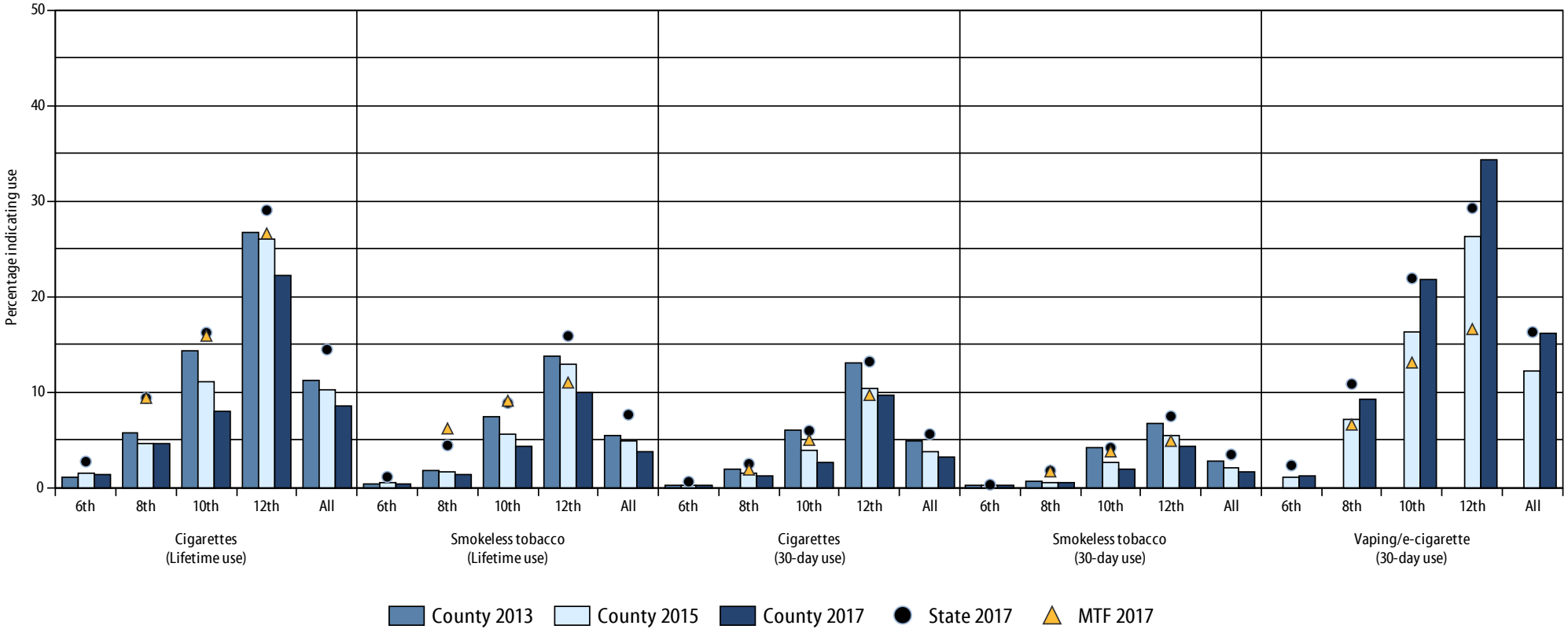
	Alcohol					Marijuana					Inhalants				
Grade	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017
6	11.9	16.0	15.3	16.8	n/a	0.4	0.7	0.9	0.9	n/a	4.6	3.5	3.4	3.6	n/a
8	31.5	28.2	32.5	33.0	23.1	5.4	4.4	5.4	8.4	13.5	6.4	4.0	4.8	5.2	8.9
10	54.5	53.1	50.2	53.0	42.2	21.3	20.7	19.5	22.4	30.7	5.6	3.3	3.4	4.2	6.1
12	74.7	71.6	70.1	69.2	61.5	43.2	41.9	41.4	38.1	45.0	6.0	4.2	3.4	4.2	4.9
All	41.8	41.2	41.4	43.3	n/a	16.4	16.0	16.0	17.7	n/a	5.7	3.7	3.8	4.3	n/a

Early initiation and higher prevalence drugs - 30-day use
Chester County 2017 Pennsylvania Youth Survey



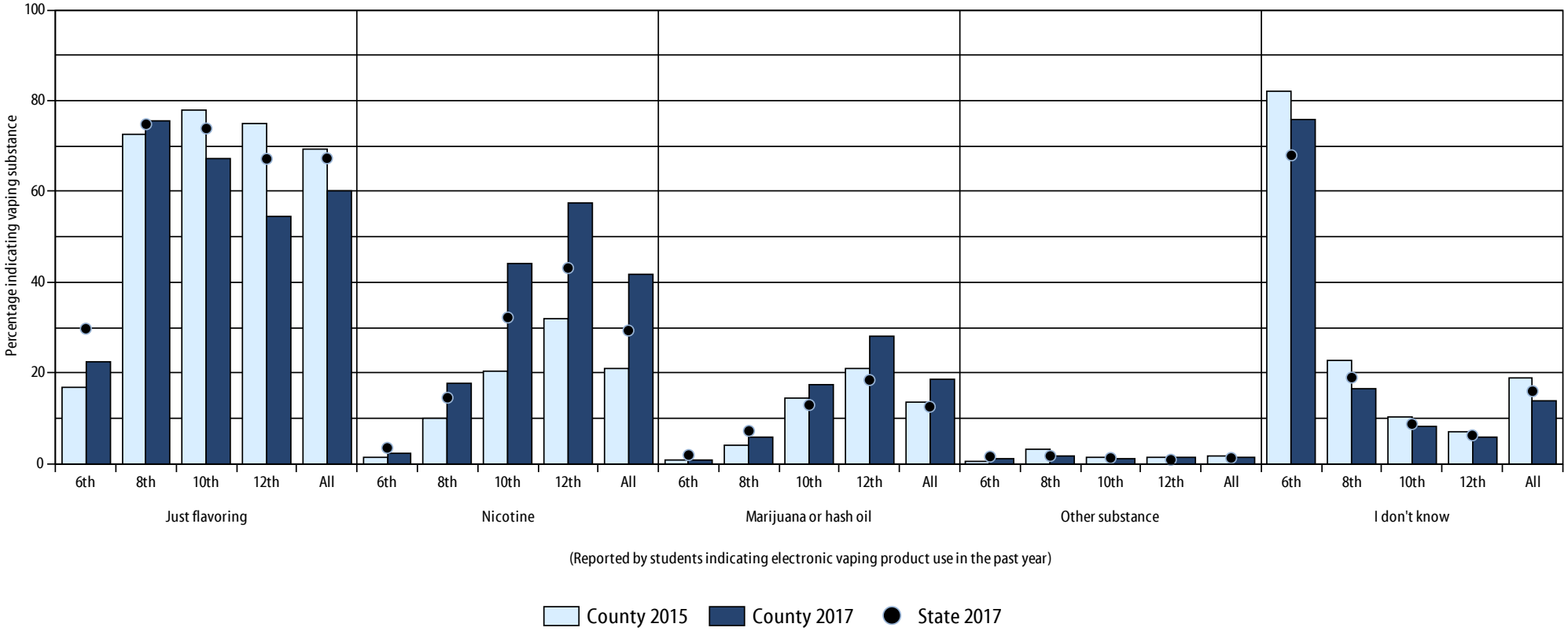
	Alcohol					Marijuana					Inhalants				
Grade	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017
6	1.9	2.6	3.1	3.3	n/a	0.3	0.3	0.4	0.5	n/a	1.7	1.4	1.6	1.6	n/a
8	7.5	7.2	8.3	9.3	8.0	2.6	2.4	3.3	4.6	5.5	2.0	1.3	1.8	1.6	2.1
10	24.0	23.1	22.0	22.3	19.7	12.4	11.8	12.4	12.0	15.7	1.4	0.8	0.5	0.9	1.1
12	45.9	42.5	41.2	35.9	33.2	27.1	24.2	24.5	20.8	22.9	0.8	0.7	0.5	0.6	0.8
All	18.6	17.9	17.9	17.9	n/a	9.9	9.2	9.7	9.7	n/a	1.5	1.1	1.1	1.1	n/a

Tobacco and Vaping - Lifetime and 30-day use
Chester County 2017 Pennsylvania Youth Survey



Grade	Cigarettes (Lifetime use) County 2013	County 2015	County 2017	State 2017	MTF 2017	Smokeless tobacco (Lifetime use) County 2013	County 2015	County 2017	State 2017	MTF 2017	Cigarettes (30-day use) County 2013	County 2015	County 2017	State 2017	MTF 2017	Smokeless tobacco (30-day use) County 2013	County 2015	County 2017	State 2017	MTF 2017	Vaping/e-cigarette (30-day use) County 2013	County 2015	County 2017	State 2017	MTF 2017
6	1.1	1.5	1.4	2.7	n/a	0.4	0.6	0.4	1.1	n/a	0.3	0.2	0.2	0.6	n/a	0.3	0.2	0.2	0.3	n/a	n/a	1.1	1.3	2.3	n/a
8	5.7	4.7	4.6	9.4	9.4	1.9	1.6	1.3	4.4	6.2	2.0	1.5	1.2	2.5	1.9	0.7	0.5	0.5	1.8	1.7	n/a	7.1	9.3	10.9	6.6
10	14.3	11.1	7.9	16.2	15.9	7.4	5.6	4.4	8.9	9.1	6.0	3.9	2.7	6.0	5.0	4.2	2.7	1.9	4.2	3.8	n/a	16.2	21.8	21.9	13.1
12	26.6	26.0	22.2	29.0	26.6	13.7	13.0	9.9	15.9	11.0	13.0	10.5	9.7	13.2	9.7	6.7	5.4	4.3	7.5	4.9	n/a	26.3	34.3	29.3	16.6
All	11.3	10.2	8.6	14.5	n/a	5.5	4.9	3.8	7.6	n/a	4.9	3.8	3.2	5.6	n/a	2.8	2.1	1.6	3.5	n/a	n/a	12.3	16.2	16.3	n/a

Vaping substances used by students indicating electronic vaping product use in the past year
Chester County 2017 Pennsylvania Youth Survey



4_28_2018

	Just flavoring				Nicotine				Marijuana or hash oil				Other substance				I don't know			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	16.7	22.5	29.8	n/a	1.5	2.4	3.5	n/a	0.9	0.8	1.9	n/a	0.6	1.2	1.6	n/a	82.1	75.9	68.0
8	n/a	72.6	75.7	74.8	n/a	10.0	17.7	14.6	n/a	4.1	6.0	7.2	n/a	3.2	1.8	1.7	n/a	22.8	16.5	19.0
10	n/a	78.0	67.3	73.9	n/a	20.5	44.2	32.2	n/a	14.5	17.5	12.9	n/a	1.5	1.1	1.3	n/a	10.3	8.3	8.7
12	n/a	74.9	54.4	67.2	n/a	32.1	57.4	43.1	n/a	21.0	28.0	18.5	n/a	1.4	1.5	0.9	n/a	7.0	5.9	6.3
All	n/a	69.4	60.2	67.3	n/a	21.1	41.7	29.4	n/a	13.7	18.5	12.6	n/a	1.7	1.4	1.3	n/a	18.9	13.8	16.0

PRESCRIPTION AND OVER-THE-COUNTER DRUGS AND MEDICATIONS

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

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

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

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

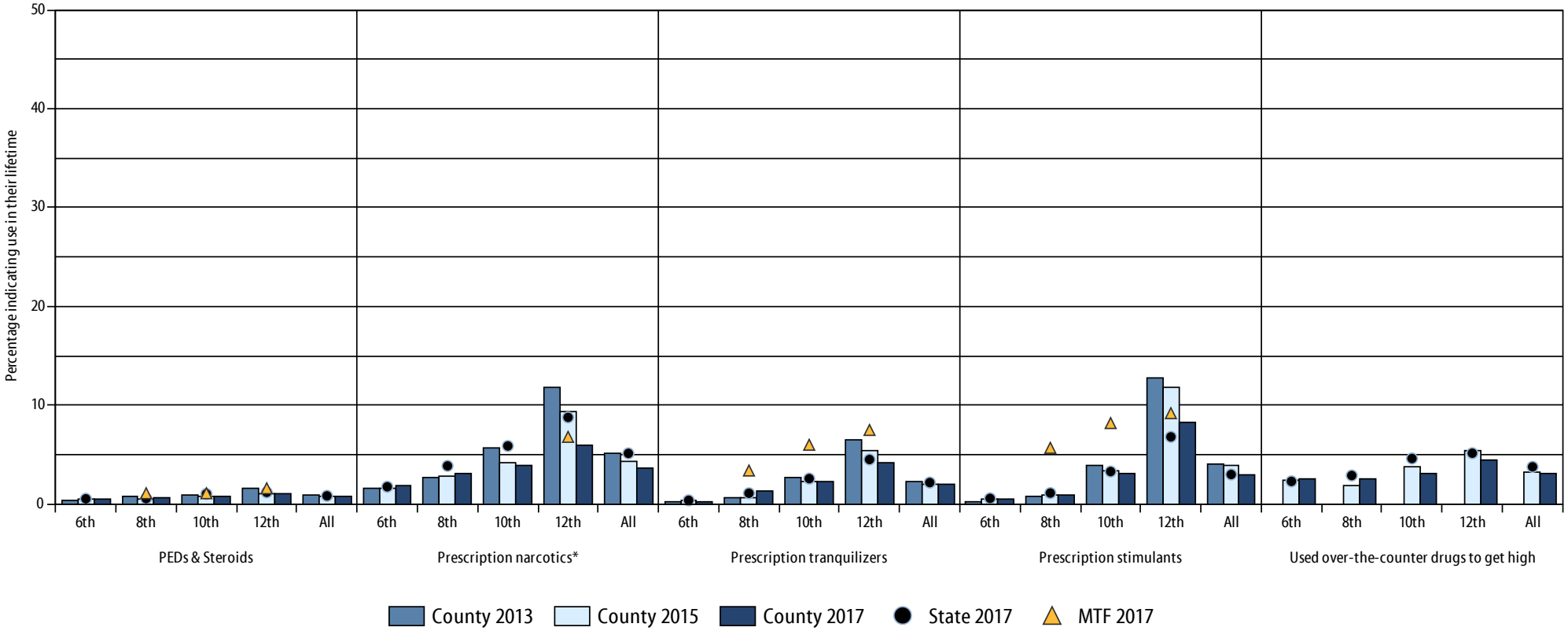
Heroin was the second most frequently identified substance in decedents (45 percent of deaths), followed by benzodiazepines (33 percent of deaths), cocaine (27 percent of deaths), and prescription opioids (25 percent of deaths). Heroin was present in 95.3 percent of counties that reported an overdose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

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

The prescription drug most frequently used by students in this county was prescription narcotics (3.7% of students indicating lifetime use, compared to 5.1% at the state level). The next most frequently used substance was used over-the-counter drugs to get high (3.1% of students indicating lifetime use, compared to 3.8% at the state level).

PAYS 2017 category:	*PAYS 2017 question text:*
Performance Enhancing Drugs (PEDs) such as steroids and human growth hormones are taken for muscle gain and athletic performance rather than psychoactive effects. Unsupervised use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.	*How many times (if any) have you taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor telling you to take them in your lifetime/during the past 30 days?*
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.	*How many times (if any) have you used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor's orders, in your lifetime/during the past 30 days?*
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.	*How many times (if any) have you used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor telling you to take them in your lifetime/during the past 30 days?*
Prescription Stimulants are used to treat attention deficit hyperactivity disorder (ADHD). In 2007, parents reported an approximated 9.5% of children aged 4-17 years (5.4 million) had been diagnosed with ADHD, insuring a ready availability for recreational misuse.	*How many times (if any) have you used prescription stimulants (such as Ritalin or Adderall) without a doctor telling you to take them in your lifetime/during the past 30 days?*
Over-the-Counter (OTC) Medications, when taken as intended, safely treat specific medical conditions. When taken in quantities other than recommended, OTC medicine may affect the brain much like illicit drugs will and repeated abuse may lead to dependence.	*How many times (if any) have you used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high in your lifetime/during the last 30 days?*

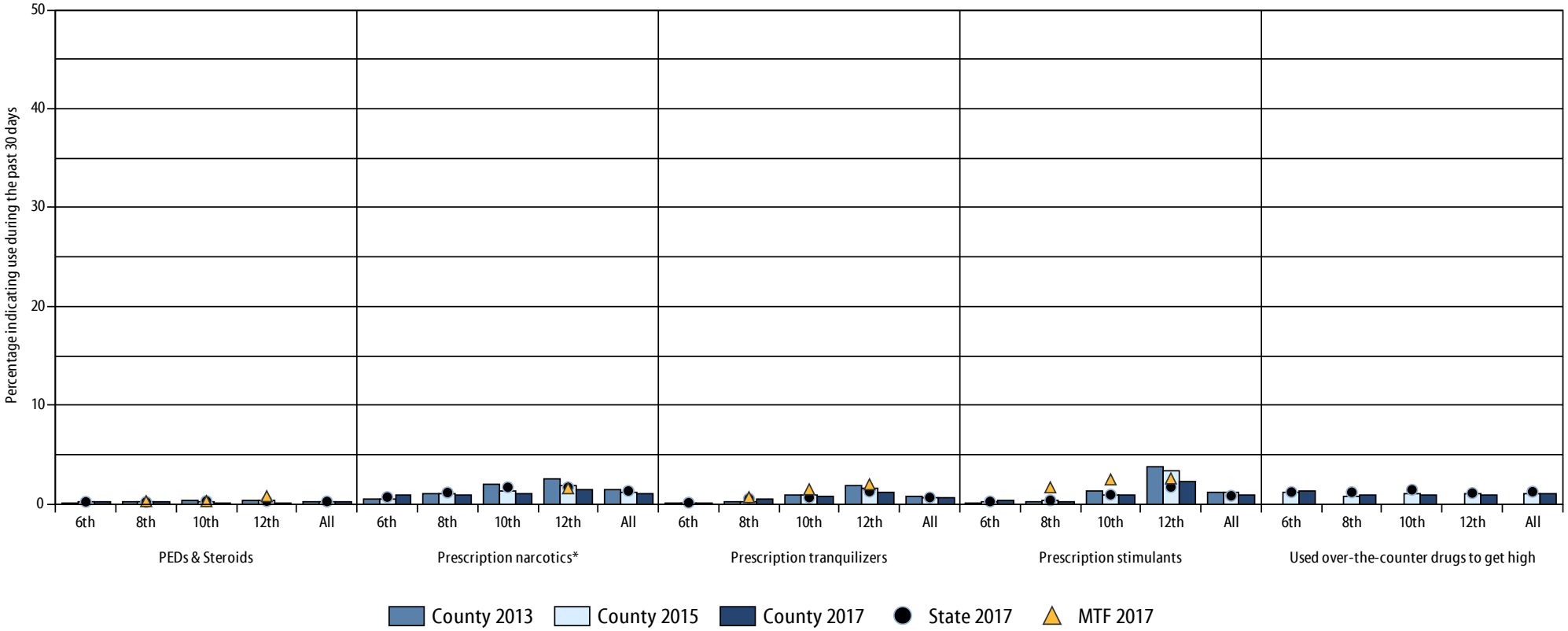
Prescription and over-the-counter drugs and medications - Lifetime use
Chester County 2017 Pennsylvania Youth Survey



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

	PEDs & Steroids					Prescription narcotics*					Prescription tranquilizers					Prescription stimulants					Used over-the-counter drugs to get high				
Grade	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017
6	0.3	0.5	0.5	0.5	n/a	1.6	1.6	1.9	1.8	n/a	0.2	0.4	0.3	0.4	n/a	0.2	0.5	0.5	0.6	n/a	n/a	2.4	2.6	2.3	n/a
8	0.7	0.5	0.7	0.6	1.1	2.7	2.8	3.1	3.9	n/a	0.6	0.6	1.3	1.1	3.4	0.7	0.9	0.9	1.1	5.7	n/a	1.8	2.5	2.9	n/a
10	0.9	0.8	0.8	1.0	1.1	5.7	4.2	3.9	5.9	n/a	2.7	2.3	2.3	2.6	6.0	4.0	3.4	3.1	3.3	8.2	n/a	3.7	3.1	4.6	n/a
12	1.6	1.1	1.1	1.2	1.6	11.8	9.4	6.0	8.8	6.8	6.5	5.4	4.2	4.5	7.5	12.8	11.8	8.3	6.8	9.2	n/a	5.4	4.5	5.1	n/a
All	0.9	0.7	0.8	0.8	n/a	5.1	4.3	3.7	5.1	n/a	2.3	2.1	2.0	2.2	n/a	4.0	3.9	3.0	3.0	n/a	n/a	3.2	3.1	3.8	n/a

Prescription and over-the-counter drugs and medications - 30-day use
Chester County 2017 Pennsylvania Youth Survey



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

	PEDs & Steroids					Prescription narcotics*					Prescription tranquilizers					Prescription stimulants					Used over-the-counter drugs to get high				
Grade	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017
6	0.1	0.3	0.3	0.2	n/a	0.6	0.6	0.9	0.7	n/a	0.1	0.1	0.1	0.1	n/a	0.1	0.2	0.3	0.3	n/a	n/a	1.2	1.3	1.2	n/a
8	0.3	0.2	0.3	0.2	0.3	1.1	1.0	1.0	1.2	n/a	0.3	0.3	0.4	0.5	0.7	0.2	0.4	0.3	0.4	1.7	n/a	0.8	0.9	1.2	n/a
10	0.4	0.3	0.2	0.3	0.3	2.0	1.3	1.0	1.7	n/a	0.9	0.9	0.8	0.7	1.5	1.3	0.9	0.9	0.9	2.5	n/a	1.0	0.9	1.5	n/a
12	0.3	0.4	0.2	0.3	0.8	2.5	1.8	1.4	1.7	1.6	1.9	1.6	1.2	1.3	2.0	3.8	3.4	2.3	1.7	2.6	n/a	1.1	0.9	1.1	n/a
All	0.3	0.3	0.2	0.3	n/a	1.5	1.2	1.1	1.3	n/a	0.7	0.7	0.6	0.7	n/a	1.2	1.2	0.9	0.8	n/a	n/a	1.0	1.0	1.3	n/a

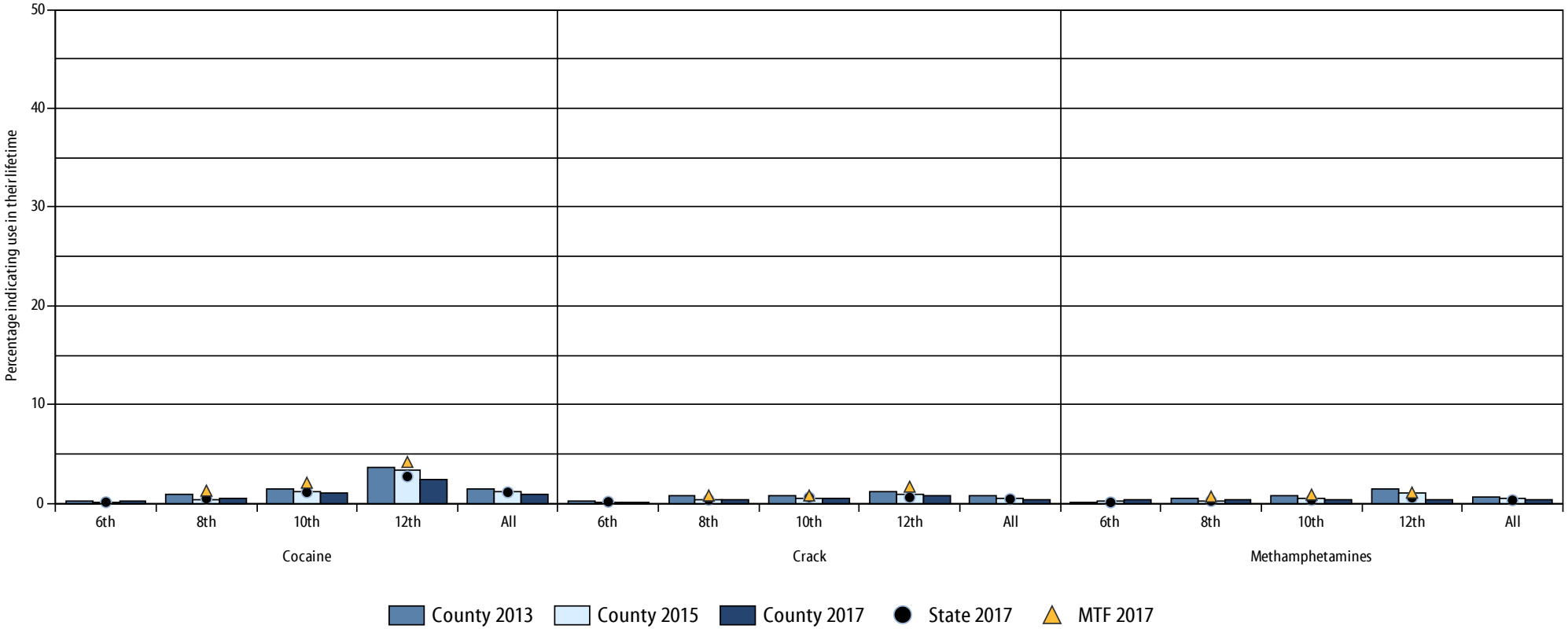
OTHER DRUGS

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

The most frequently used substance in the "other" category in this county was hallucinogens (2.6% of students indicating lifetime use, compared to 2.6% at the state level).

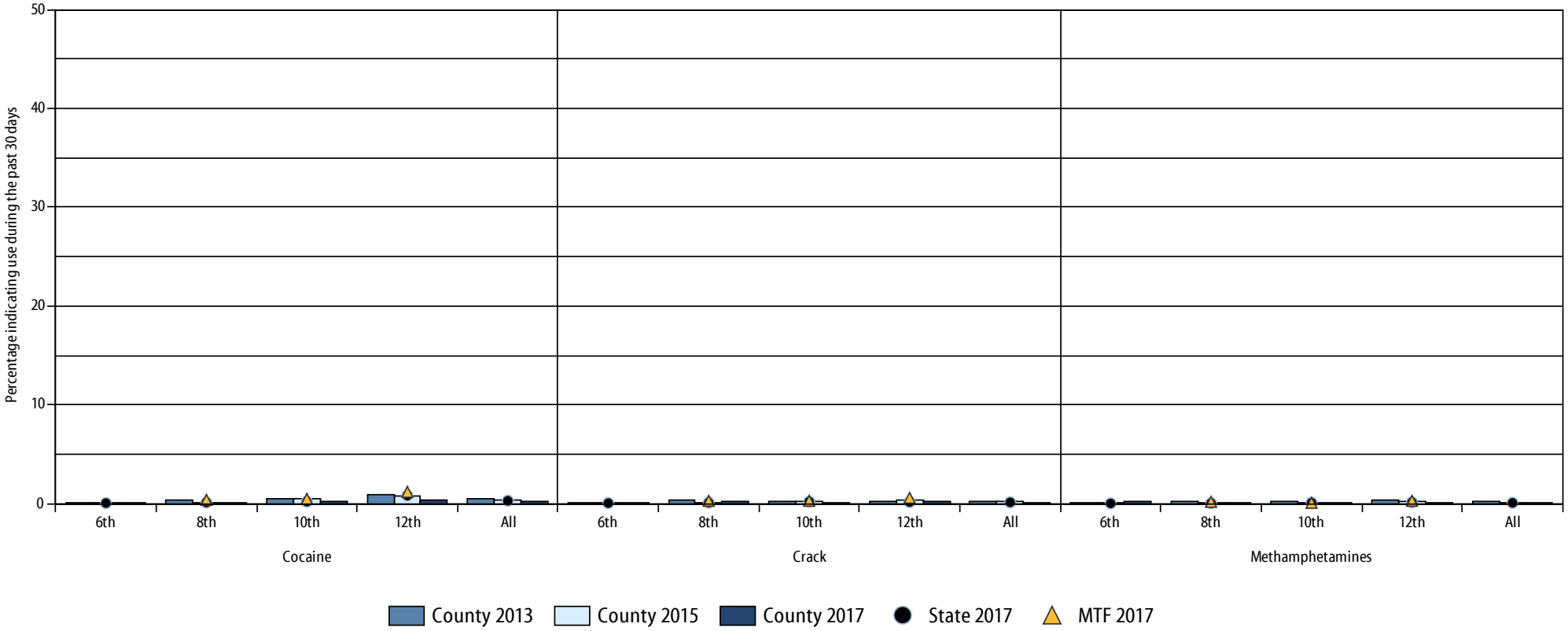
PAYS 2017 category:	*PAYS 2017 question text:*
Cocaine is a powerfully addictive stimulant. Users may develop tolerance and use can cause a variety of physical problems, including chest pain, strokes, seizures, and abnormal heart rhythm.	*How many times (if any) have you used cocaine in your lifetime/during 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.	*How many times (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.	*How many times (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.	*How many times (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.	*How many times (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. Reports of use declined each year from 2014 to 2016	*How many times (if any) have you used Ecstasy or Molly 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.	*How many times (if any) have you used synthetic drugs (man–made drugs such as Bath Salts, K2, Spice, Mr. Smiley, Blaze) in your lifetime/during the past 30 days?*

Other drugs (cocaine, crack, methamphetamines) - Lifetime use
Chester County 2017 Pennsylvania Youth Survey



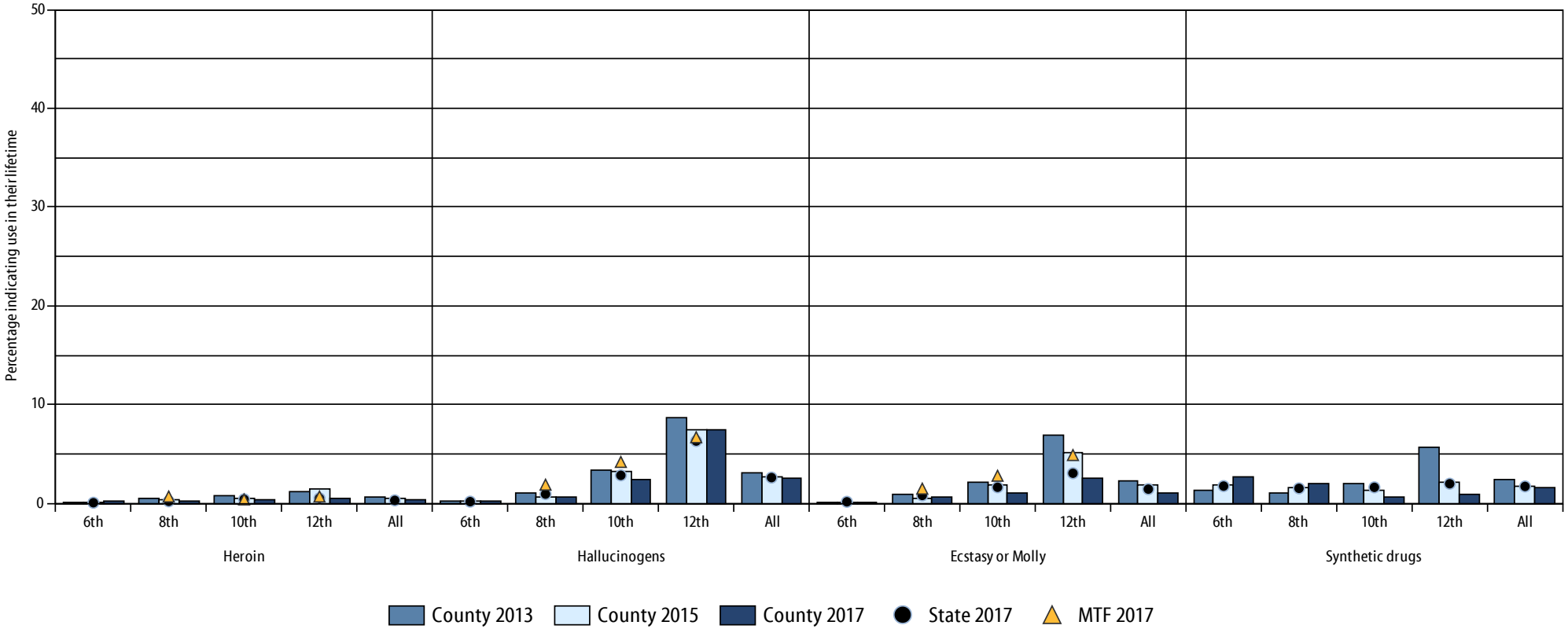
Grade	Cocaine County 2013	Cocaine County 2015	Cocaine County 2017	Cocaine State 2017	Cocaine MTF 2017	Crack County 2013	Crack County 2015	Crack County 2017	Crack State 2017	Crack MTF 2017	Methamphetamines County 2013	Methamphetamines County 2015	Methamphetamines County 2017	Methamphetamines State 2017	Methamphetamines MTF 2017
6	0.2	0.1	0.2	0.1	n/a	0.3	0.2	0.2	0.2	n/a	0.1	0.2	0.4	0.1	n/a
8	0.9	0.3	0.5	0.5	1.3	0.8	0.3	0.4	0.4	0.8	0.5	0.3	0.3	0.3	0.7
10	1.5	1.2	1.1	1.1	2.1	0.8	0.6	0.4	0.6	0.8	0.7	0.5	0.4	0.4	0.9
12	3.6	3.4	2.4	2.7	4.2	1.2	0.9	0.7	0.6	1.7	1.5	1.1	0.4	0.6	1.1
All	1.5	1.2	1.0	1.1	n/a	0.8	0.5	0.4	0.4	n/a	0.7	0.5	0.4	0.3	n/a

Other drugs (cocaine, crack, methamphetamines) - 30-day use
Chester County 2017 Pennsylvania Youth Survey



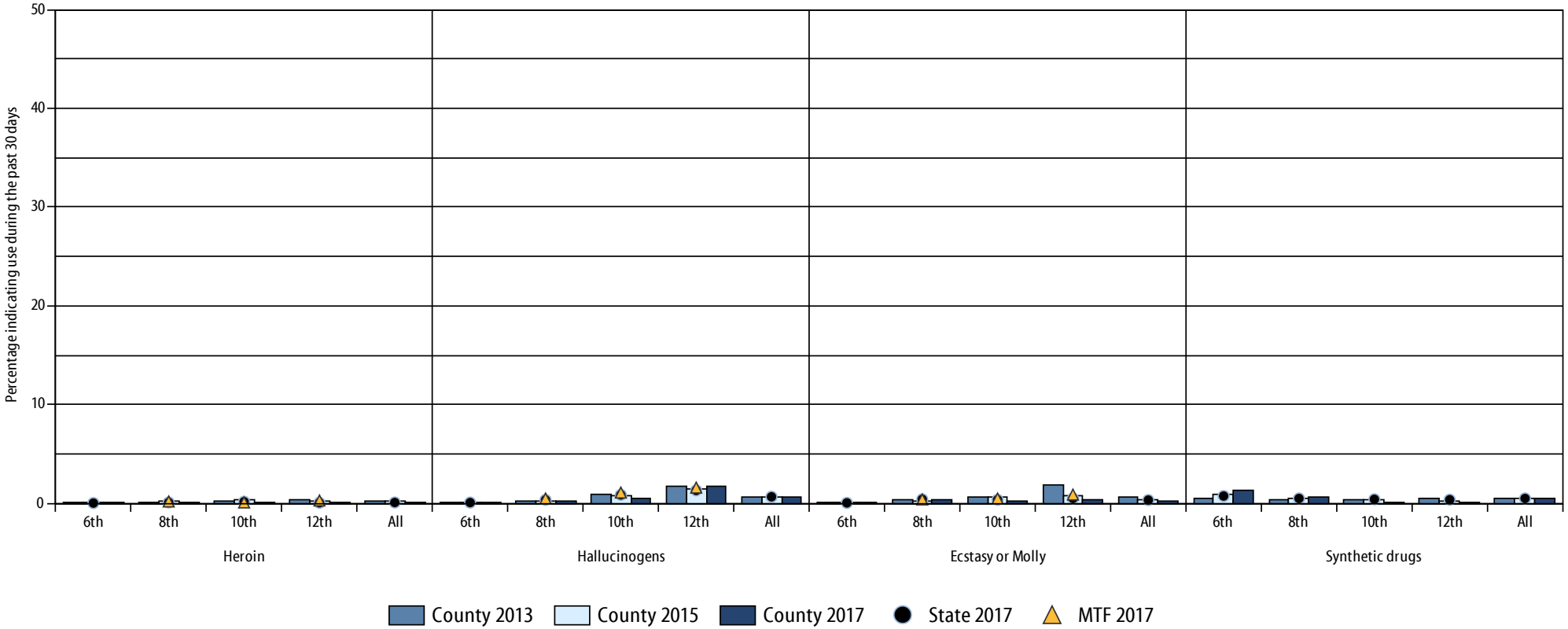
Grade	Cocaine County 2013	Cocaine County 2015	Cocaine County 2017	Cocaine State 2017	Cocaine MTF 2017	Crack County 2013	Crack County 2015	Crack County 2017	Crack State 2017	Crack MTF 2017	Methamphetamines County 2013	Methamphetamines County 2015	Methamphetamines County 2017	Methamphetamines State 2017	Methamphetamines MTF 2017
6	0.1	0.1	0.1	0.1	n/a	0.1	0.1	0.1	0.1	n/a	0.1	0.1	0.2	0.0	n/a
8	0.4	0.1	0.2	0.1	0.4	0.3	0.1	0.2	0.1	0.3	0.2	0.1	0.1	0.1	0.2
10	0.5	0.5	0.3	0.2	0.5	0.3	0.3	0.1	0.2	0.3	0.3	0.1	0.0	0.1	0.1
12	0.9	0.8	0.4	0.8	1.2	0.3	0.4	0.2	0.2	0.6	0.3	0.3	0.0	0.2	0.3
All	0.5	0.4	0.2	0.3	n/a	0.2	0.2	0.1	0.1	n/a	0.2	0.2	0.1	0.1	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - Lifetime use
Chester County 2017 Pennsylvania Youth Survey



Grade	Heroin County 2013	Heroin County 2015	Heroin County 2017	Heroin State 2017	Heroin MTF 2017	Hallucinogens County 2013	Hallucinogens County 2015	Hallucinogens County 2017	Hallucinogens State 2017	Hallucinogens MTF 2017	Ecstasy or Molly County 2013	Ecstasy or Molly County 2015	Ecstasy or Molly County 2017	Ecstasy or Molly State 2017	Ecstasy or Molly MTF 2017	Synthetic drugs County 2013	Synthetic drugs County 2015	Synthetic drugs County 2017	Synthetic drugs State 2017	Synthetic drugs MTF 2017
6	0.1	0.1	0.2	0.1	n/a	0.2	0.3	0.2	0.2	n/a	0.2	0.2	0.2	0.2	n/a	1.4	1.8	2.6	1.8	n/a
8	0.5	0.3	0.3	0.2	0.7	1.1	0.7	0.7	0.9	1.9	0.9	0.6	0.6	0.8	1.5	1.1	1.6	2.0	1.5	n/a
10	0.7	0.5	0.4	0.4	0.4	3.3	3.2	2.4	2.8	4.2	2.1	1.9	1.1	1.6	2.8	2.0	1.4	0.7	1.6	n/a
12	1.2	1.4	0.5	0.5	0.7	8.6	7.4	7.5	6.3	6.7	6.9	5.1	2.5	3.1	4.9	5.7	2.1	0.9	2.0	n/a
All	0.6	0.5	0.3	0.3	n/a	3.1	2.7	2.6	2.6	n/a	2.3	1.8	1.1	1.4	n/a	2.4	1.7	1.6	1.7	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - 30-day use
Chester County 2017 Pennsylvania Youth Survey



Grade	Heroin County 2013	Heroin County 2015	Heroin County 2017	Heroin State 2017	Heroin MTF 2017	Hallucinogens County 2013	Hallucinogens County 2015	Hallucinogens County 2017	Hallucinogens State 2017	Hallucinogens MTF 2017	Ecstasy or Molly County 2013	Ecstasy or Molly County 2015	Ecstasy or Molly County 2017	Ecstasy or Molly State 2017	Ecstasy or Molly MTF 2017	Synthetic drugs County 2013	Synthetic drugs County 2015	Synthetic drugs County 2017	Synthetic drugs State 2017	Synthetic drugs MTF 2017
6	0.1	0.0	0.0	0.0	n/a	0.1	0.1	0.1	0.1	n/a	0.1	0.1	0.0	0.1	n/a	0.6	0.9	1.4	0.8	n/a
8	0.2	0.2	0.1	0.1	0.2	0.3	0.2	0.2	0.4	0.5	0.4	0.2	0.3	0.4	0.4	0.4	0.5	0.6	0.5	n/a
10	0.3	0.3	0.1	0.2	0.1	0.9	0.8	0.6	0.9	1.1	0.6	0.6	0.3	0.4	0.5	0.4	0.4	0.1	0.4	n/a
12	0.4	0.3	0.1	0.1	0.3	1.7	1.5	1.7	1.3	1.6	1.9	0.8	0.4	0.5	0.9	0.5	0.2	0.1	0.4	n/a
All	0.2	0.2	0.1	0.1	n/a	0.7	0.6	0.6	0.7	n/a	0.7	0.4	0.3	0.3	n/a	0.5	0.5	0.5	0.5	n/a

RISKY SUBSTANCE USE-RELATED BEHAVIORS

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

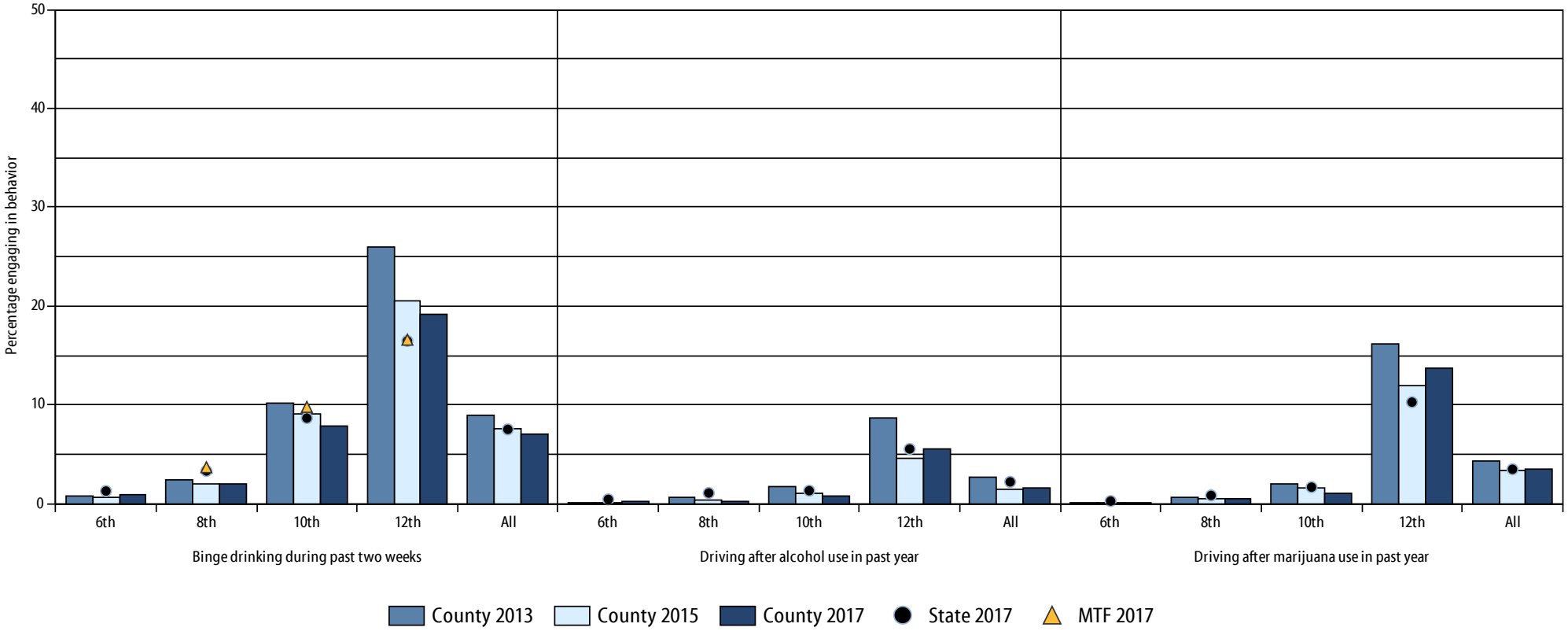
Binge drinking – loosely, "drinking to get drunk" – is the pattern of alcohol consumption that is probably of greatest concern from a public health perspective. Studies have shown that it is related to increased rates of injury due to intoxication, as well as an increased probability of driving while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

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

7.1% of students in this county engaged in binge drinking in the past two weeks (compared to 7.5% at the state level). 1.6% of students reported driving while or shortly after drinking (compared to 2.2% at the state level).

PAYS 2017 category:	*PAYS 2017 question text:*
Risky substance use-related behaviors	*Think back over the last two weeks.*
	How many times have you had five or more alcoholic drinks in a row?
	How often have you:
	Driven a car while or shortly after drinking?
	Driven a motor vehicle while or shortly after using marijuana (pot, hash, cannabis, weed)?

Risky substance use-related behavior
Chester County 2017 Pennsylvania Youth Survey



	Binge drinking during past two weeks					Driving after alcohol use in past year					Driving after marijuana use in past year				
Grade	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017	County 2013	County 2015	County 2017	State 2017	MTF 2017
6	0.8	0.7	0.8	1.3	n/a	0.1	0.1	0.2	0.4	n/a	0.1	0.0	0.1	0.3	n/a
8	2.4	2.0	2.0	3.3	3.7	0.7	0.4	0.2	1.1	n/a	0.7	0.5	0.4	0.8	n/a
10	10.2	9.0	7.9	8.7	9.8	1.7	1.1	0.8	1.3	n/a	2.0	1.6	1.0	1.7	n/a
12	25.9	20.6	19.2	16.5	16.6	8.7	4.6	5.5	5.5	n/a	16.1	11.9	13.8	10.3	n/a
All	9.0	7.6	7.1	7.5	n/a	2.6	1.5	1.6	2.2	n/a	4.4	3.4	3.6	3.5	n/a

ACCESS AND WILLINGNESS TO USE

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

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

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

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

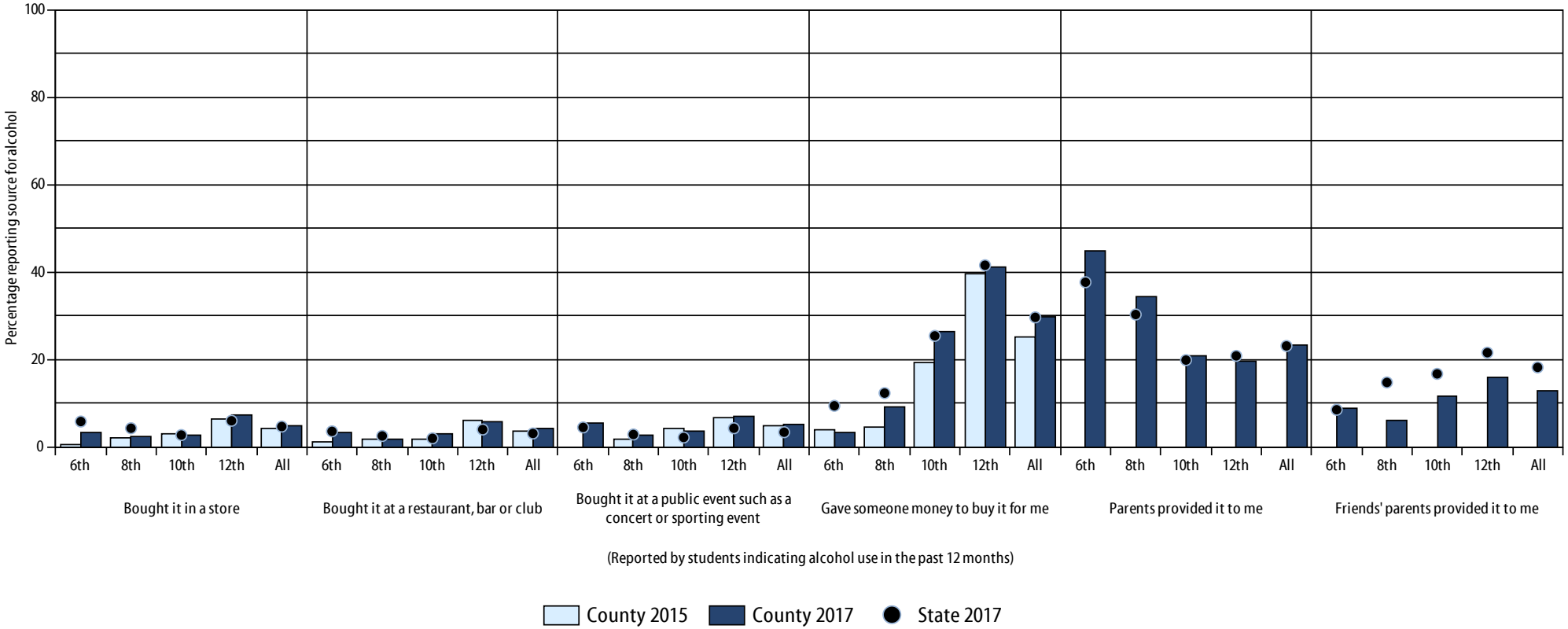
35.3% of students chose "took it without permission [from my home, friend's home, store, etc.]" as their most frequent source/method of obtaining the alcohol they used, compared to 33.3% at the state level. The next most frequently reported source of alcohol was "gave someone money to buy it for me" with 29.8% of students indicating this method, compared to 29.6% at the state level. The third most frequently reported source was "Friends, brothers, or sisters over 21 provided it to me" with 26.1% of students indicating this method, compared to 25.4% at the state level.

42.8% of students chose "a friend or family member gave them to me" as their most frequent source/method of obtaining the prescription drugs they used without a doctor's prescription, compared to 40.6% at the state level. The next most frequently reported source of prescription drugs was "took them from a family member living in my home" with 38.8% of students indicating this method, compared to 39.1% at the state level.

26.6% of students showed a willingness to use alcohol (indicating they "would like to try it or use it" or "would use it any chance I got"), compared to 26.5% at the state level.

PAYS 2017 category:	*PAYS 2017 question text:*
Sources of alcohol	*If you drank alcohol during the past 12 months, how did you usually get it? (Mark all that apply.)* *Did not drink any alcohol* *Bought it in a store* *Bought it at a restaurant, bar, or club* *Bought it at a public event such as a concert or sporting event* *Gave someone money to buy it for me* *Parents provided it to me* *Friends' parents provided it to me* *Friends, brothers, or sisters over 21 provided it to me* *Friends, brothers, or sisters under 21 provided it to me* *Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me* *Other source provided it to me* *Took without permission, stole, or found it (my home, friend's home, store, etc.)*
Sources of prescription drugs	*If you used any prescription drugs without a prescription from your doctor during the last 12 months, how did you get them? (Mark all that apply.)* *I did not take any prescription drugs without a doctor's prescription.* *Took them from a family member living in my home.* *Took them from other relatives not living in my home.* *Took them from someone not related to me.* *A friend or family member gave them to me.* *Bought them from someone.* *Ordered them over the Internet.*
Willingness to use	*How willing are you to try or use:* *Alcohol (beer, wine, coolers, hard liquor)?* *Marijuana (pot, hash, hemp, weed)?*
Perceived availability	*How easy would it be for you to get any, if you wanted to get any of the following:* *Beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum)?* *Cigarettes?* *A drug like cocaine, LSD, heroin, or amphetamines?* *Marijuana?* *If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?*

Sources of alcohol by students who reported alcohol use
Chester County 2017 Pennsylvania Youth Survey



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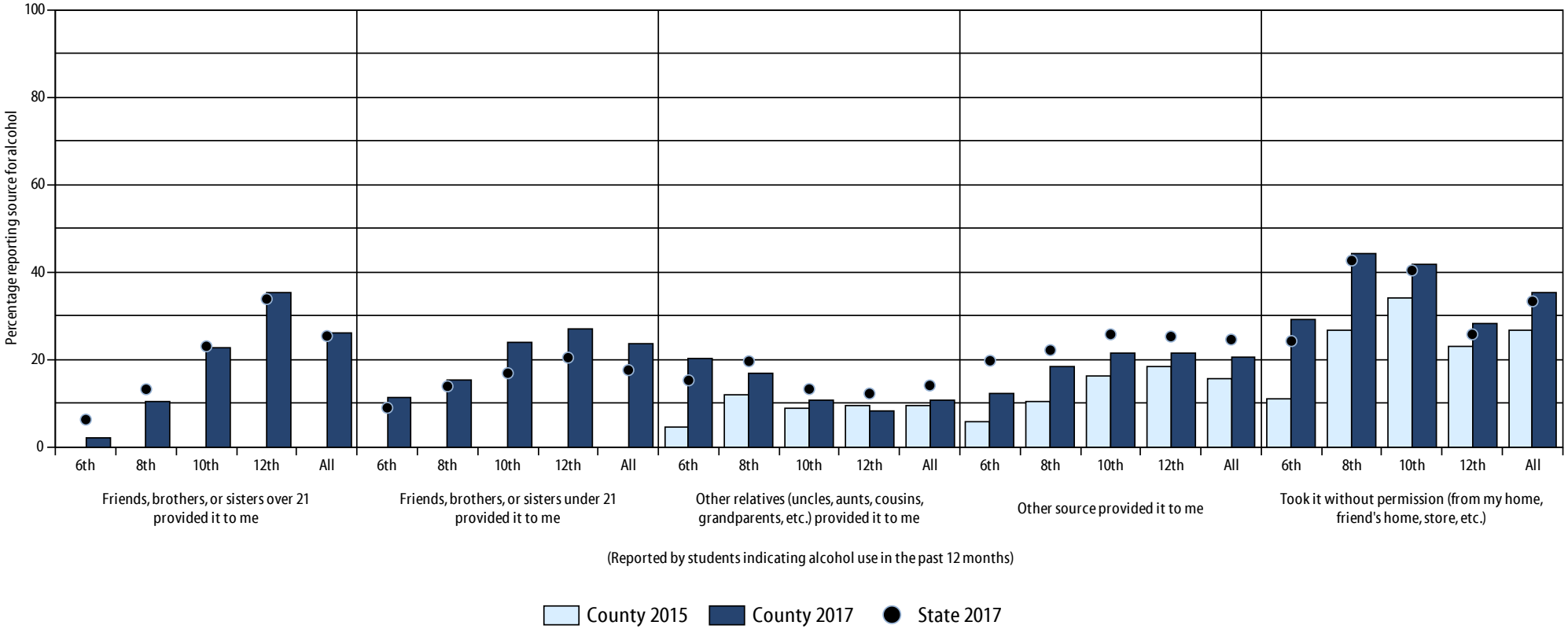
Grade	Bought it in a store				Bought it at a restaurant, bar or club				Bought it at a public event such as a concert or sporting event				Gave someone money to buy it for me				Parents provided it to me				Friends' parents provided it to me			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	0.6	3.4	5.8	n/a	1.1	3.4	3.6	n/a	0.0	5.6	4.5	n/a	4.0	3.4	9.4	n/a	n/a	44.9	37.7	n/a	n/a	9.0	8.5
8	n/a	2.0	2.4	4.3	n/a	1.6	1.9	2.5	n/a	1.8	2.6	2.9	n/a	4.5	9.1	12.3	n/a	n/a	34.4	30.3	n/a	n/a	6.2	14.8
10	n/a	3.2	2.7	2.7	n/a	1.9	2.9	2.0	n/a	4.2	3.8	2.2	n/a	19.3	26.5	25.4	n/a	n/a	20.8	19.9	n/a	n/a	11.7	16.7
12	n/a	6.3	7.4	6.0	n/a	6.1	5.8	4.0	n/a	6.7	7.1	4.3	n/a	39.7	41.1	41.5	n/a	n/a	19.6	20.8	n/a	n/a	16.0	21.6
All	n/a	4.2	4.9	4.7	n/a	3.7	4.2	3.1	n/a	4.7	5.3	3.4	n/a	25.1	29.8	29.6	n/a	n/a	23.3	23.1	n/a	n/a	12.8	18.2

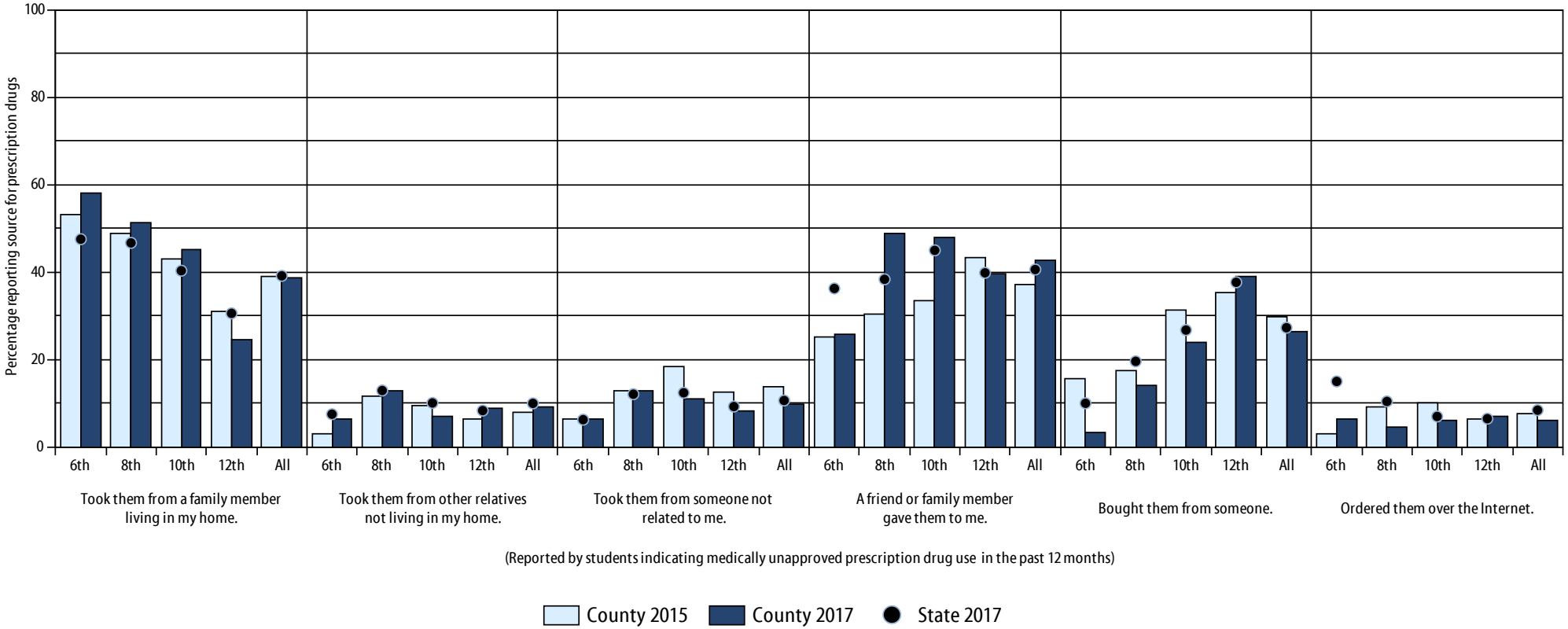
Sources of alcohol by students who reported alcohol use (cont'd)
Chester County 2017 Pennsylvania Youth Survey



4_28_2018

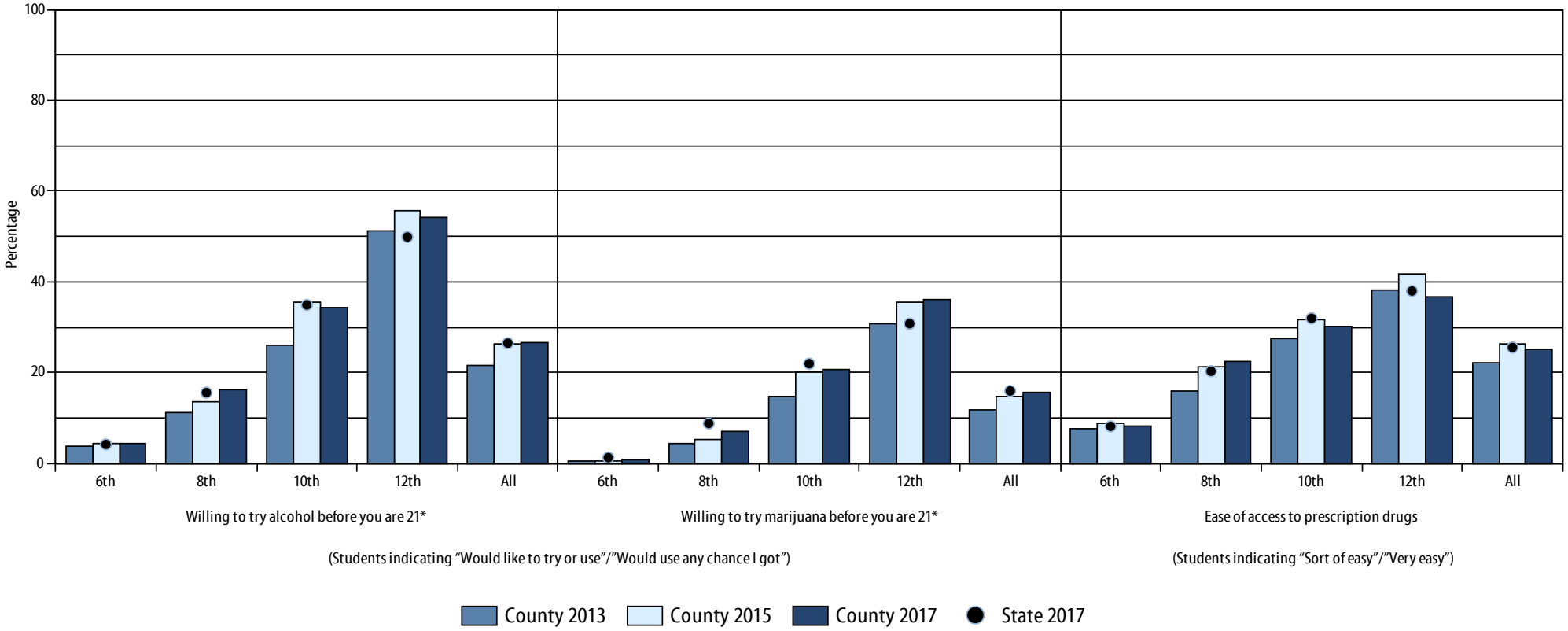
Grade	Friends, brothers, or sisters over 21 provided it to me				Friends, brothers, or sisters under 21 provided it to me				Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me				Other source provided it to me				Took it without permission (from my home, friend's home, store, etc.)			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	n/a	2.2	6.3	n/a	n/a	11.2	9.0	n/a	4.6	20.2	15.2	n/a	5.7	12.4	19.7	n/a	10.9	29.2	24.2
8	n/a	n/a	10.3	13.2	n/a	n/a	15.3	13.9	n/a	11.8	16.7	19.6	n/a	10.4	18.4	22.1	n/a	26.7	44.2	42.6
10	n/a	n/a	22.7	23.0	n/a	n/a	23.8	16.9	n/a	8.9	10.7	13.3	n/a	16.4	21.5	25.8	n/a	34.0	41.7	40.4
12	n/a	n/a	35.4	33.8	n/a	n/a	27.1	20.4	n/a	9.5	8.1	12.2	n/a	18.5	21.4	25.3	n/a	23.0	28.3	25.8
All	n/a	n/a	26.1	25.4	n/a	n/a	23.6	17.6	n/a	9.5	10.8	14.1	n/a	15.8	20.6	24.6	n/a	26.8	35.3	33.3

Sources of prescription drugs by students who reported prescription drug use
Chester County 2017 Pennsylvania Youth Survey



Grade	Took them from a family member living in my home.				Took them from other relatives not living in my home.				Took them from someone not related to me.				A friend or family member gave them to me.				Bought them from someone.				Ordered them over the Internet.			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	53.1	58.1	47.5	n/a	3.1	6.5	7.5	n/a	6.3	6.5	6.3	n/a	25.0	25.8	36.3	n/a	15.6	3.2	10.0	n/a	3.1	6.5	15.0
8	n/a	48.8	51.2	46.7	n/a	11.6	12.8	12.9	n/a	12.8	12.8	12.1	n/a	30.2	48.8	38.3	n/a	17.4	14.0	19.6	n/a	9.3	4.7	10.4
10	n/a	43.1	45.0	40.3	n/a	9.5	7.0	10.1	n/a	18.2	11.0	12.4	n/a	33.6	48.0	45.0	n/a	31.4	24.0	26.7	n/a	10.2	6.0	7.0
12	n/a	31.1	24.5	30.6	n/a	6.3	8.8	8.3	n/a	12.6	8.2	9.3	n/a	43.3	39.6	39.8	n/a	35.3	39.0	37.7	n/a	6.3	6.9	6.5
All	n/a	38.9	38.8	39.1	n/a	7.9	9.0	10.0	n/a	13.8	9.8	10.6	n/a	37.1	42.8	40.6	n/a	29.8	26.3	27.3	n/a	7.7	6.1	8.4

Access and willingness to use
Chester County 2017 Pennsylvania Youth Survey



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

	Willing to try alcohol				Willing to try marijuana				Ease of access to prescription drugs			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	3.7	4.4	4.5	4.2	0.4	0.6	0.8	1.3	7.5	9.0	8.3	8.2
8	11.1	13.5	16.2	15.6	4.5	5.2	6.9	8.8	16.0	21.4	22.3	20.3
10	26.0	35.4	34.4	34.9	14.8	20.0	20.6	22.0	27.6	31.8	30.2	32.0
12	51.3	55.8	54.2	49.9	30.8	35.5	36.2	30.8	38.1	41.7	36.8	38.0
All	21.7	26.4	26.6	26.5	11.8	14.7	15.5	16.0	22.2	26.4	25.0	25.5

3. ANTISOCIAL BEHAVIOR

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

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

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

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

GAMBLING

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

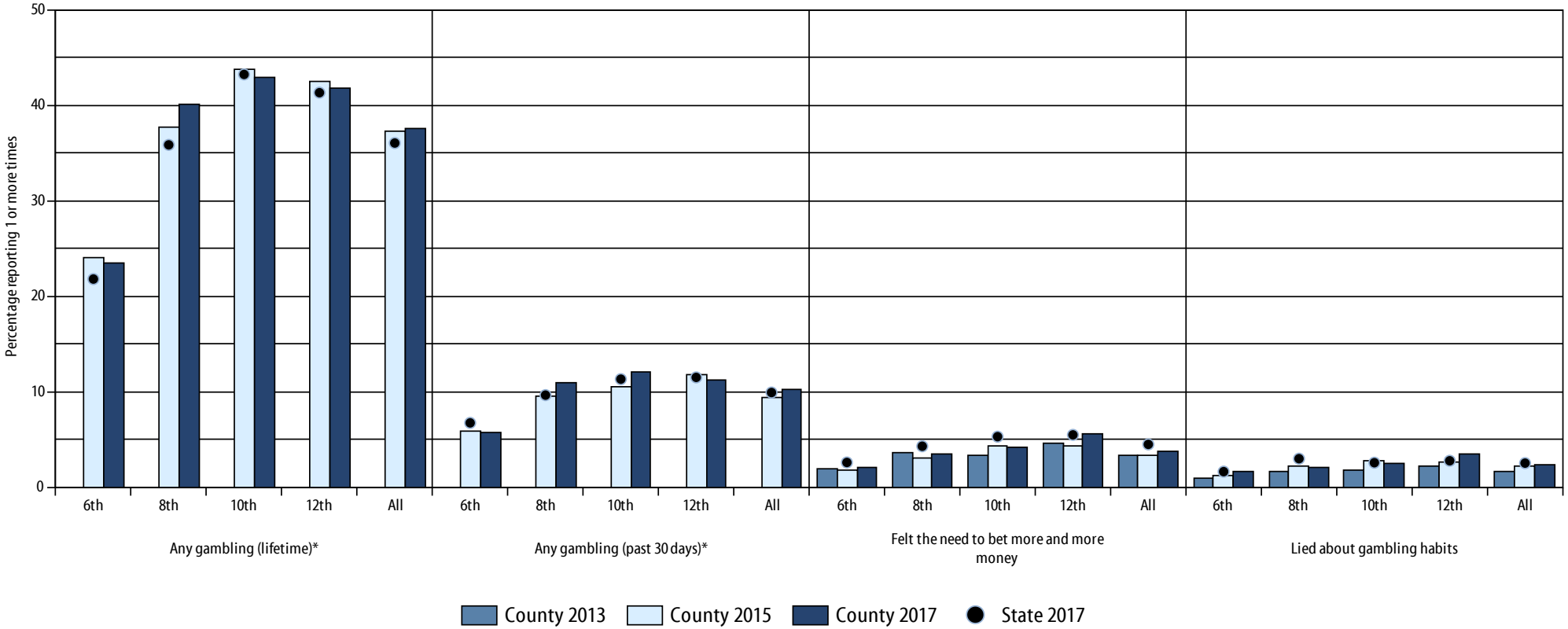
Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

Overall, 37.5% of students in this county engaged in gambling for money or anything of value in their lifetime (compared to 36.0% at the state level).

The most frequently reported form of gambling was "lottery [scratch cards, numbers, etc.]" reported by 17.8% of students who had gambled in the past 12 months (compared to 21.4% at the state level).

PAYS 2017 category:	*PAYS 2017 question text:*
Students engaging in gambling	*How many times (if any) have you, in your lifetime bet/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)	*During the past 12 months, how often have you bet/gambled, even casually, for money or valuables in the following ways:* *Table games like poker or other card games, dice, backgammon, or dominoes* *Lottery (scratch cards, numbers, etc.)* *Sporting events or sports pools* *Online (Internet) gambling* *Personal skill games (such as pool, darts, coin tossing, video games)* *Bet/gambled in some other way*
Compulsive/dishonest gambling behavior	*Have you ever felt the need to:* *Bet more and more money?* *Lie to important people (e.g. family/friends) about how much you gamble?*

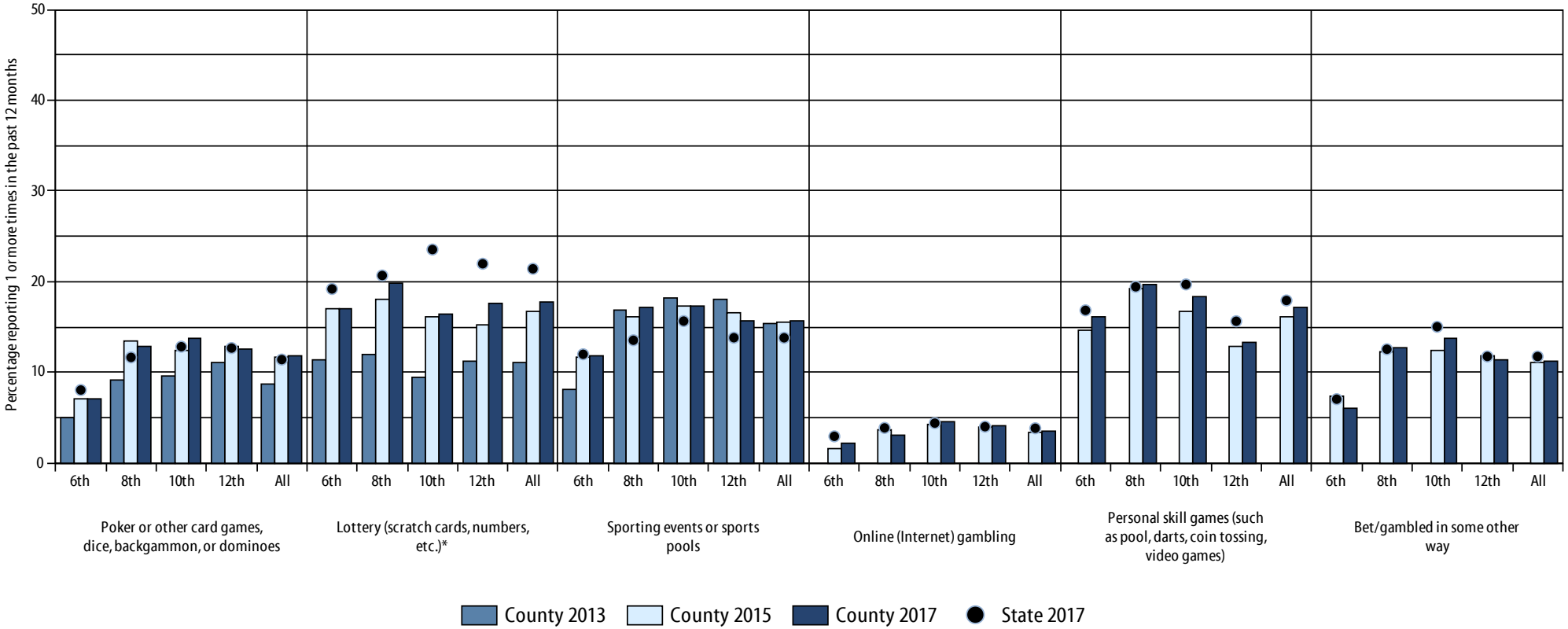
Gambling
Chester County 2017 Pennsylvania Youth Survey



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

	Any gambling (lifetime)				Any gambling (past 30 days)				Felt the need to bet more and more money				Lied about gambling habits			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	24.0	23.4	21.8	n/a	5.9	5.7	6.7	1.9	1.8	2.1	2.6	1.0	1.3	1.7	1.6
8	n/a	37.7	40.1	35.8	n/a	9.5	11.0	9.6	3.6	3.0	3.4	4.3	1.6	2.3	2.1	3.0
10	n/a	43.8	42.9	43.2	n/a	10.5	12.1	11.3	3.3	4.3	4.2	5.3	1.7	2.7	2.5	2.6
12	n/a	42.5	41.8	41.3	n/a	11.7	11.2	11.5	4.7	4.4	5.6	5.5	2.3	2.6	3.4	2.8
All	n/a	37.3	37.5	36.0	n/a	9.5	10.2	9.9	3.3	3.4	3.8	4.5	1.6	2.2	2.4	2.5

Types of gambling
Chester County 2017 Pennsylvania Youth Survey



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

	Poker or other card games, dice, backgammon, or dominoes				Lottery (scratch cards, numbers, etc.)				Sporting events or sports pools				Online (Internet) gambling				Personal skill games (such as pool, darts, coin tossing, video games)				Bet/gambled in some other way			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	4.9	7.1	7.2	8.1	11.4	17.0	17.0	19.2	8.1	11.7	11.8	12.0	n/a	1.6	2.2	3.0	n/a	14.6	16.1	16.8	n/a	7.3	6.1	7.0
8	9.1	13.5	12.8	11.7	12.0	18.1	19.8	20.7	16.9	16.1	17.1	13.5	n/a	3.6	3.1	3.9	n/a	19.3	19.8	19.4	n/a	12.3	12.8	12.6
10	9.6	12.4	13.8	12.8	9.4	16.1	16.5	23.5	18.3	17.4	17.4	15.7	n/a	4.2	4.5	4.4	n/a	16.8	18.3	19.7	n/a	12.4	13.8	15.0
12	11.0	12.8	12.6	12.7	11.3	15.2	17.6	22.0	18.0	16.6	15.6	13.8	n/a	3.9	4.2	4.0	n/a	12.9	13.3	15.6	n/a	11.8	11.4	11.8
All	8.6	11.6	11.8	11.4	11.0	16.7	17.8	21.4	15.4	15.5	15.7	13.8	n/a	3.4	3.5	3.8	n/a	16.2	17.2	17.9	n/a	11.1	11.3	11.8

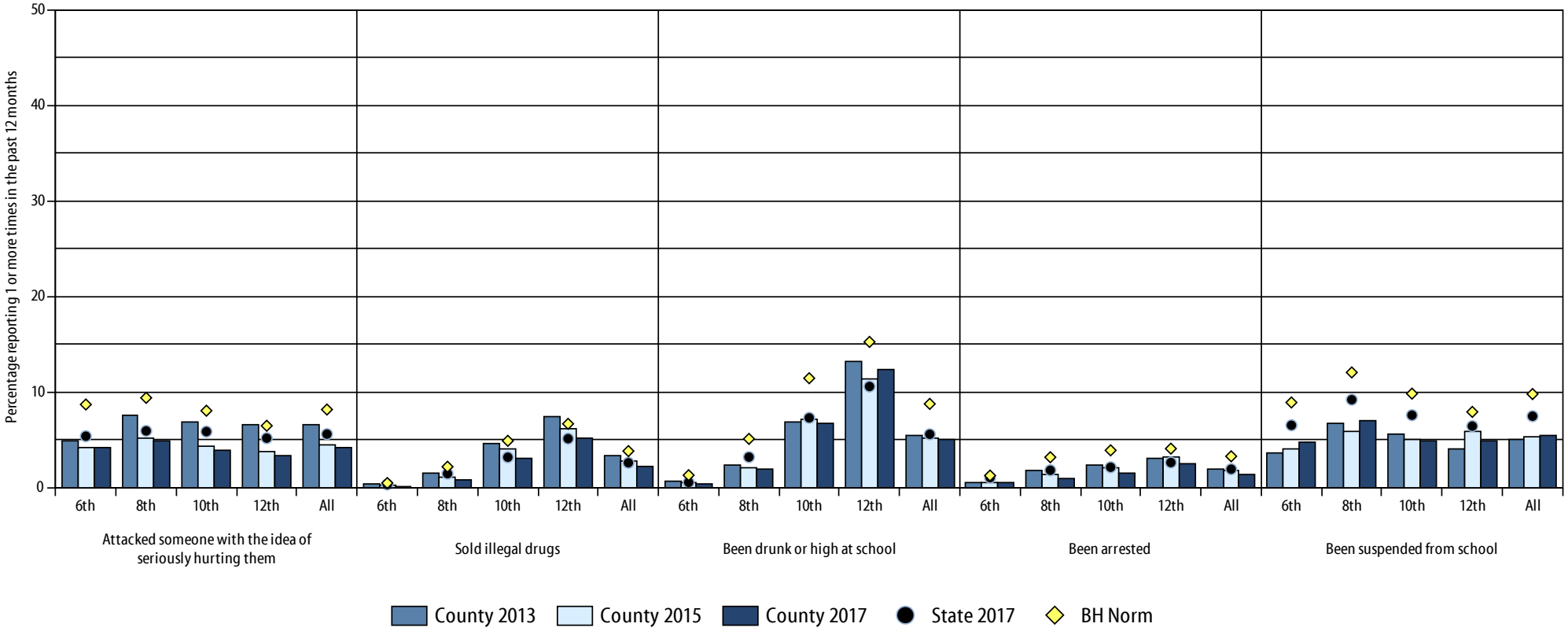
OTHER ANTISOCIAL BEHAVIOR

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

The most frequent "other" antisocial behavior in Chester County was "been suspended from school," reported by 5.5% of students (compared to 7.5% at the state level).

PAYS 2017 category:	*PAYS 2017 question text:*
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 antisocial behavior	*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
Chester County 2017 Pennsylvania Youth Survey



	Attacked someone with the idea of seriously hurting them				Sold illegal drugs				Been drunk or high at school				Been arrested				Been suspended from school			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	4.9	4.2	4.2	5.4	0.4	0.2	0.2	0.3	0.7	0.6	0.3	0.6	0.5	0.5	0.5	1.0	3.6	4.1	4.7	6.5
8	7.5	5.2	4.8	5.9	1.5	1.1	0.8	1.5	2.3	2.0	1.9	3.2	1.8	1.4	1.0	1.8	6.7	5.9	6.9	9.2
10	6.8	4.3	3.9	5.9	4.6	4.0	3.1	3.2	6.9	7.1	6.8	7.3	2.3	2.0	1.5	2.1	5.6	5.0	4.9	7.6
12	6.5	3.8	3.3	5.2	7.4	6.1	5.2	5.1	13.2	11.4	12.3	10.6	3.1	3.2	2.5	2.6	4.0	5.9	5.0	6.4
All	6.5	4.4	4.1	5.6	3.3	2.8	2.2	2.6	5.5	5.2	5.1	5.6	1.9	1.8	1.3	1.9	5.1	5.3	5.5	7.5

4. COMMUNITY AND SCHOOL CLIMATE AND SAFETY

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

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

COMMITMENT TO SCHOOL

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

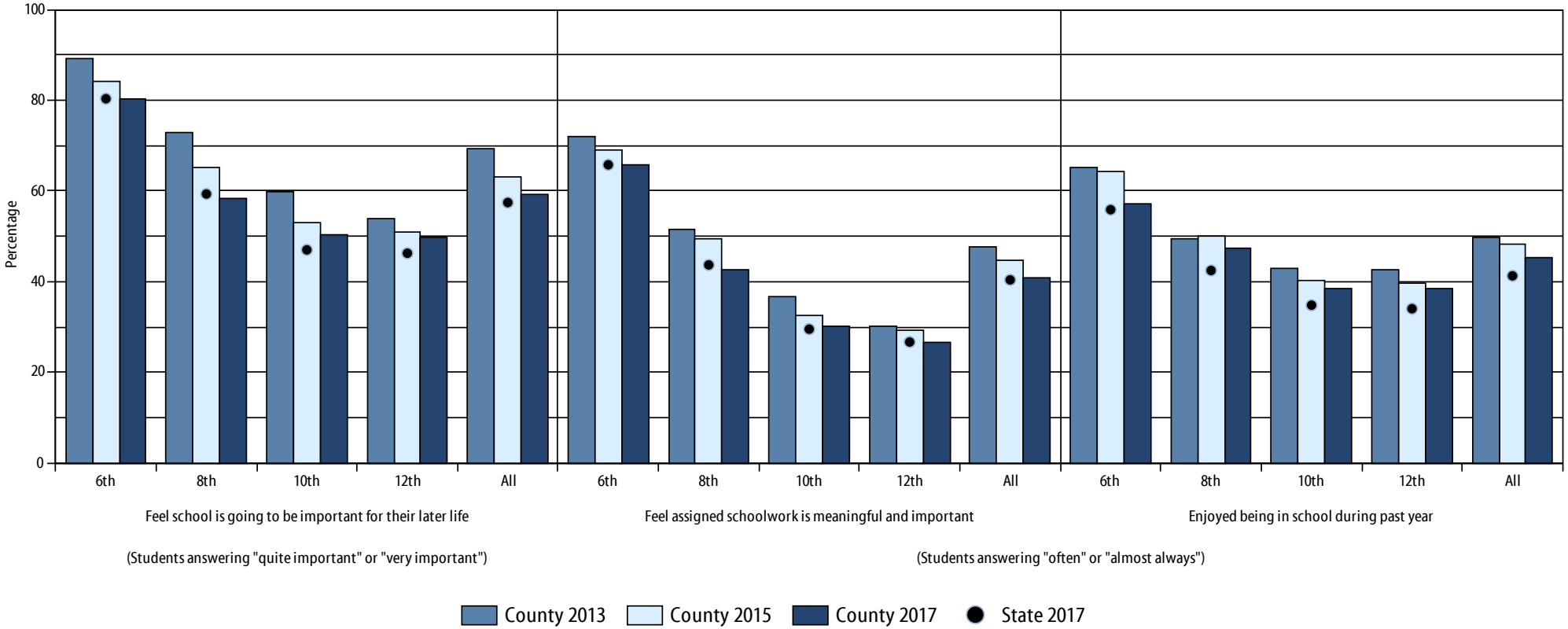
Students who demonstrate a lack of commitment to school are more likely to have ceased viewing being a student as a positive role. These students have a higher risk for a variety of problem behaviors.

59.2% students in this county viewed the things they are learning in school as going to be important later in life (compared to 57.5% at the state level). School work was viewed as meaningful and important by 40.8% of students (state rate: 40.4%) and 45.3% enjoyed being in school during the past year (state rate: 41.3%).

A feeling of safety was reported by 88.8% of the students, compared to 83.4% at the state level. 81.7% students reported opportunities to talk with a teacher one-on-one (state rate: 77.2%) and 89.8% reported chances to be part of class discussions or activities (state rate: 86.7%). 52.3% of students reported that teachers praise them when they work hard in school (state rate: 52.7%).

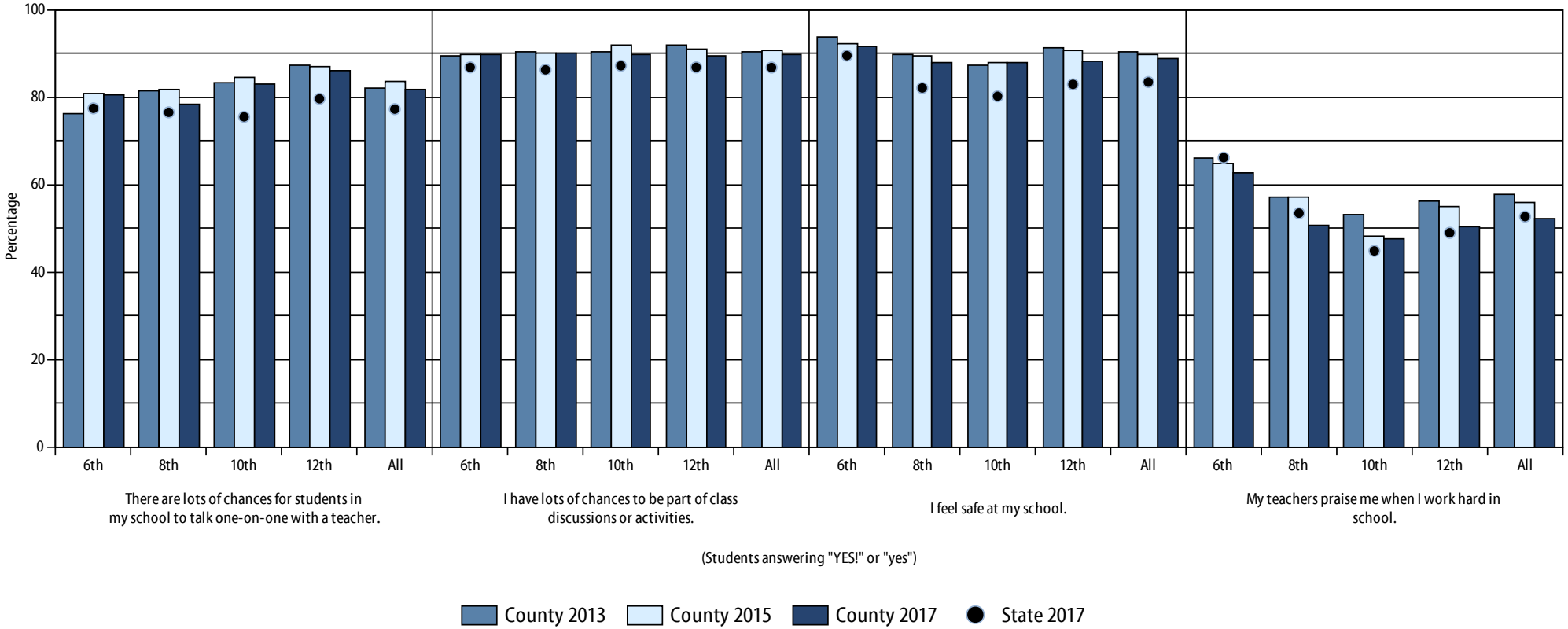
PAYS 2017 category:	*PAYS 2017 question text:*
Perceived importance of school	*How important do you think the things you are learning in school are going to be for your later life?*
	How often do you feel that the school work you are assigned is meaningful and important?
	Now thinking back over the past year in school, how often did you:
	Enjoy being in school?
Positive school environment	*There are lots of chances for students in my school to talk one-on-one with a teacher.*
	I have lots of chances to be part of class discussions or activities.
	I feel safe at my school.
	My teachers praise me when I work hard in school.

Commitment and involvement in school - Perceived importance of school
Chester County 2017 Pennsylvania Youth Survey



Grade	Feel school is going to be important for their later life				Feel assigned schoolwork is meaningful and important				Enjoyed being in school during past year			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	89.3	84.1	80.2	80.3	72.0	69.0	65.7	65.8	65.1	64.2	57.3	55.9
8	72.9	65.3	58.3	59.3	51.4	49.6	42.6	43.7	49.4	49.9	47.4	42.5
10	59.9	53.1	50.3	47.0	36.7	32.6	30.2	29.5	43.0	40.2	38.4	34.8
12	54.0	50.9	49.9	46.3	30.1	29.2	26.6	26.7	42.5	39.8	38.6	34.0
All	69.2	63.0	59.2	57.5	47.6	44.7	40.8	40.4	49.9	48.2	45.3	41.3

Commitment and involvement in school - Positive school environment
Chester County 2017 Pennsylvania Youth Survey



Grade	There are lots of chances for students in my school to talk one-on-one with a teacher.				I have lots of chances to be part of class discussions or activities.				I feel safe at my school.				My teachers praise me when I work hard in school.			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	76.2	80.8	80.3	77.4	89.4	89.8	89.7	86.8	93.6	92.1	91.5	89.5	66.2	64.9	62.8	66.1
8	81.5	81.7	78.3	76.5	90.3	90.1	90.0	86.2	89.7	89.3	87.9	82.1	57.1	57.2	50.8	53.5
10	83.2	84.6	82.9	75.5	90.4	91.9	89.9	87.1	87.3	88.0	87.9	80.2	53.0	48.2	47.5	44.8
12	87.2	87.0	86.0	79.6	91.9	90.8	89.5	86.8	91.2	90.6	88.2	82.9	56.2	55.1	50.4	49.0
All	82.0	83.5	81.7	77.2	90.5	90.7	89.8	86.7	90.3	89.8	88.8	83.4	57.9	55.9	52.3	52.7

INVOLVEMENT IN PRO-SOCIAL ACTIVITIES

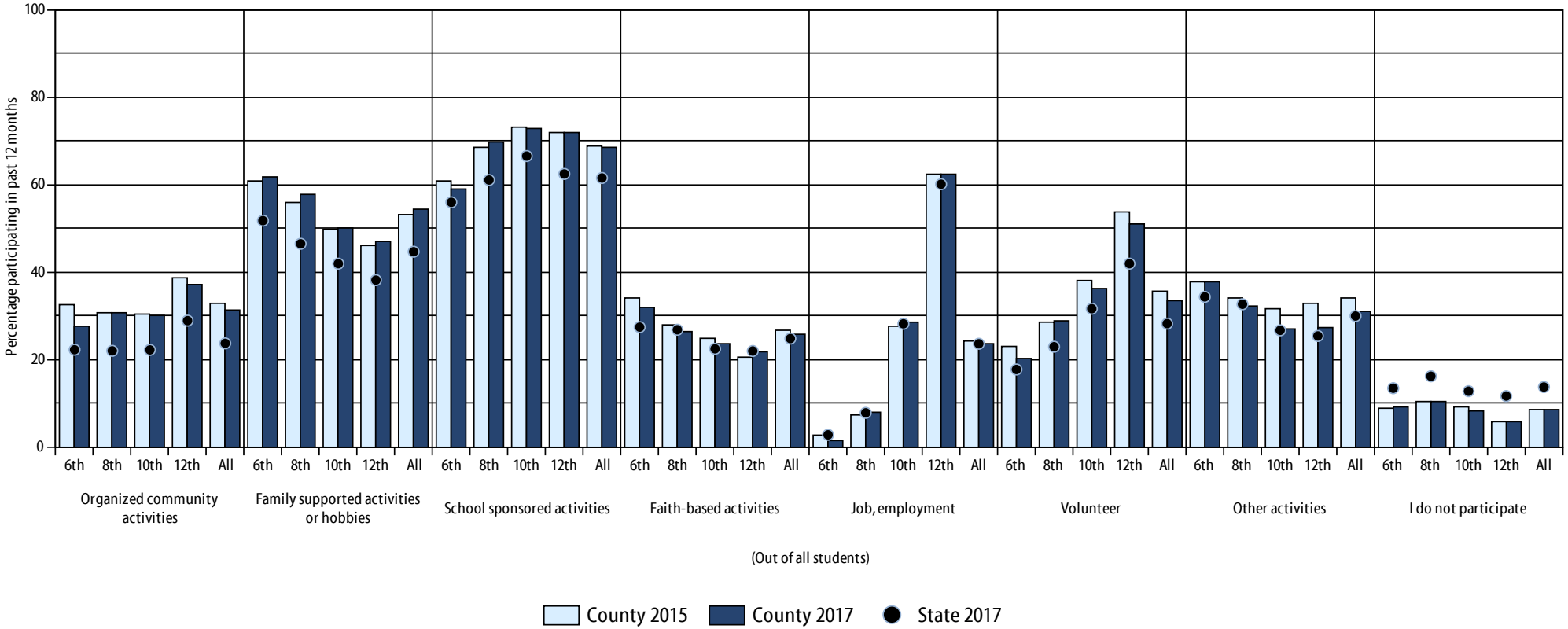
When young people participate in pro-social activities that foster healthy development, they are more likely to develop connections with peers and members of the community who engage in prosocial behaviors. Being engaged in pro-social activities provides opportunities for bonding with adult role models—such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

91.4% of students in this county reported participating in at least one pro-social activity, compared to 86.5% at the state level.

Students most frequently participated in school sponsored activities (68.6% of students). The second and third most frequent pro-social activities were family supported activities or hobbies (54.3%) and volunteering (33.6%).

PAYS 2017 category:	*PAYS 2017 question text:*
Involvement in pro-social activities	*In the past 12 months, in which of the following activities did you participate? (Mark all that apply.)* *Organized community activities (such as scouting, 4-H, service clubs, YMCA, etc)* *Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.)* *School sponsored activities (such as sports, music, clubs, after-school programs, etc.)* *Faith-based activities (such as choir, youth group, mission, church leagues, etc)* *Job, employment* *Volunteer* *Other activities* *I do not participate.*

Involvement in pro-social activities
Chester County 2017 Pennsylvania Youth Survey



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Grade	Organized community activities				Family supported activities or hobbies				School sponsored activities				Faith-based activities				Job, employment				Volunteer				Other activities				I do not participate			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	32.5	27.5	22.2	n/a	60.7	61.9	51.8	n/a	60.7	59.0	55.9	n/a	34.2	31.8	27.4	n/a	2.9	1.6	2.8	n/a	23.1	20.2	17.7	n/a	37.6	37.7	34.3	n/a	8.8	9.0	13.4
8	n/a	30.6	30.7	22.0	n/a	56.0	57.9	46.5	n/a	68.5	69.6	61.0	n/a	27.9	26.3	26.8	n/a	7.4	7.9	7.8	n/a	28.4	28.7	22.9	n/a	34.0	32.3	32.6	n/a	10.4	10.5	16.2
10	n/a	30.5	30.1	22.2	n/a	49.7	50.0	41.9	n/a	73.2	72.7	66.5	n/a	25.0	23.5	22.5	n/a	27.6	28.6	28.2	n/a	37.9	36.1	31.6	n/a	31.7	27.1	26.7	n/a	9.1	8.4	12.8
12	n/a	38.8	37.0	28.9	n/a	46.0	47.0	38.2	n/a	71.8	72.0	62.4	n/a	20.6	21.8	21.9	n/a	62.3	62.3	60.1	n/a	53.8	51.0	41.9	n/a	32.9	27.4	25.4	n/a	5.8	5.9	11.7
All	n/a	32.9	31.2	23.7	n/a	53.1	54.3	44.6	n/a	68.8	68.6	61.5	n/a	26.8	25.8	24.8	n/a	24.2	23.7	23.6	n/a	35.6	33.6	28.2	n/a	33.9	31.1	29.9	n/a	8.6	8.6	13.7

VIOLENCE/DRUGS ON SCHOOL PROPERTY

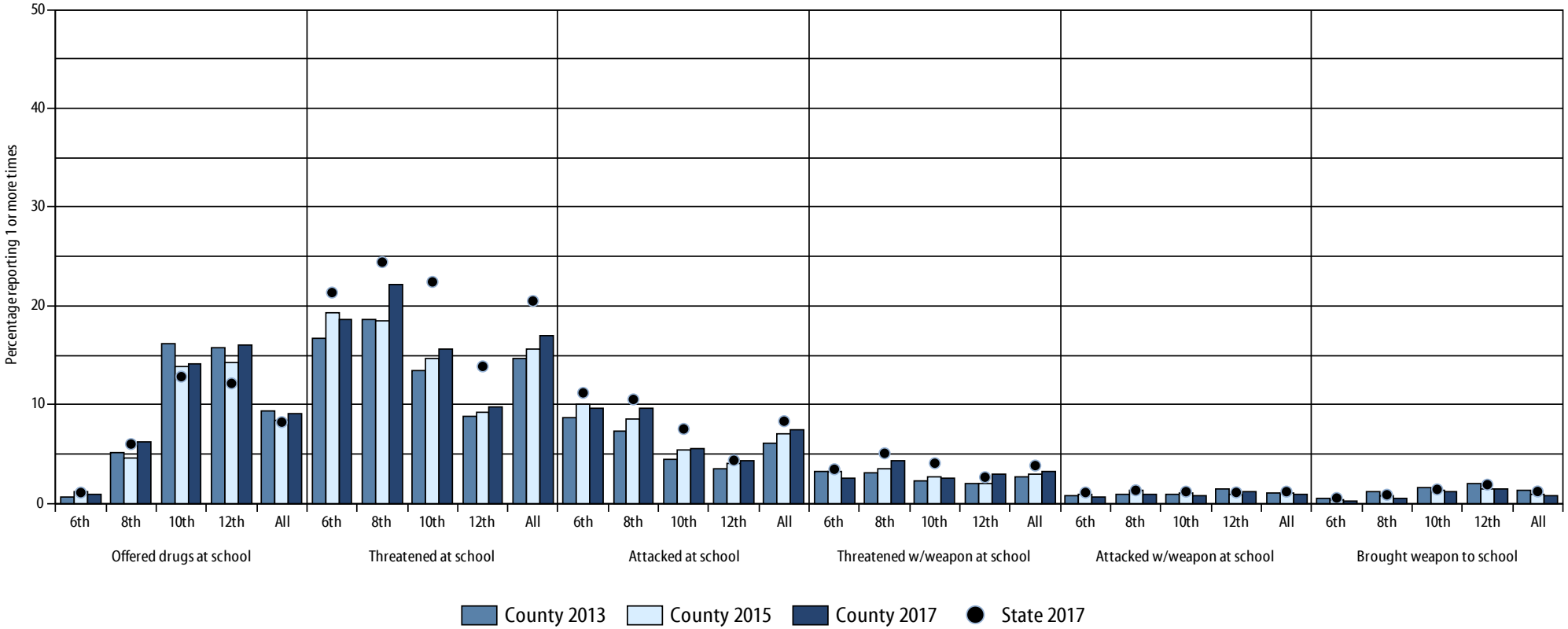
Violence on school property is widely held to have become a serious problem in recent decades, especially where weapons such as guns or knives are involved. The presence of drugs on school property is also an area of concern.

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, 17.0% of students in this county reported being threatened with violent behavior on school property (compared to 20.5% at the state level). 7.4% of students reported having actually been attacked on school property (0.9% reported being attacked with weapons). 0.8% of students had brought a weapon to school (state rate: 1.2%). 17.0% of students reported they had been threatened to be hit or beaten up on school property in the past 12 months, compared to a state rate of 20.5%).

PAYS 2017 category:	*PAYS 2017 question text:*
Violence and drugs on school property	*How many times in the past 12 months have you been offered, given, or sold an illegal drug on school property?* *In the past 12 months, how often have you:* *Been threatened to be hit or beaten up on school property?* *Been attacked and hit by someone or beaten up on school property?* *Been threatened by someone with a weapon on school property?* *Been attacked by someone with a weapon on school property?* *How many times in the past 30 days have you brought a weapon (such as a gun, knife, or club) to school?*

Violence and drugs on school property
Chester County 2017 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 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	0.6	1.2	0.9	1.1	16.7	19.3	18.6	21.3	8.7	10.1	9.7	11.2	3.2	3.2	2.6	3.5	0.8	0.9	0.6	1.1	0.5	0.4	0.3	0.5
8	5.1	4.6	6.2	6.0	18.6	18.5	22.1	24.4	7.3	8.6	9.6	10.5	3.1	3.5	4.3	5.1	0.9	1.3	1.0	1.3	1.2	0.8	0.5	0.9
10	16.2	13.8	14.1	12.8	13.4	14.6	15.6	22.4	4.4	5.5	5.5	7.5	2.3	2.7	2.6	4.1	1.0	1.0	0.8	1.2	1.5	1.3	1.1	1.4
12	15.8	14.2	16.0	12.2	8.8	9.3	9.8	13.9	3.5	4.0	4.3	4.4	2.0	2.0	2.9	2.7	1.4	0.9	1.1	1.1	2.0	1.4	1.4	1.9
All	9.4	8.4	9.2	8.2	14.7	15.6	17.0	20.5	6.0	7.1	7.4	8.3	2.7	2.9	3.2	3.8	1.0	1.0	0.9	1.2	1.3	1.0	0.8	1.2

BULLYING AND INTERNET SAFETY

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

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

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

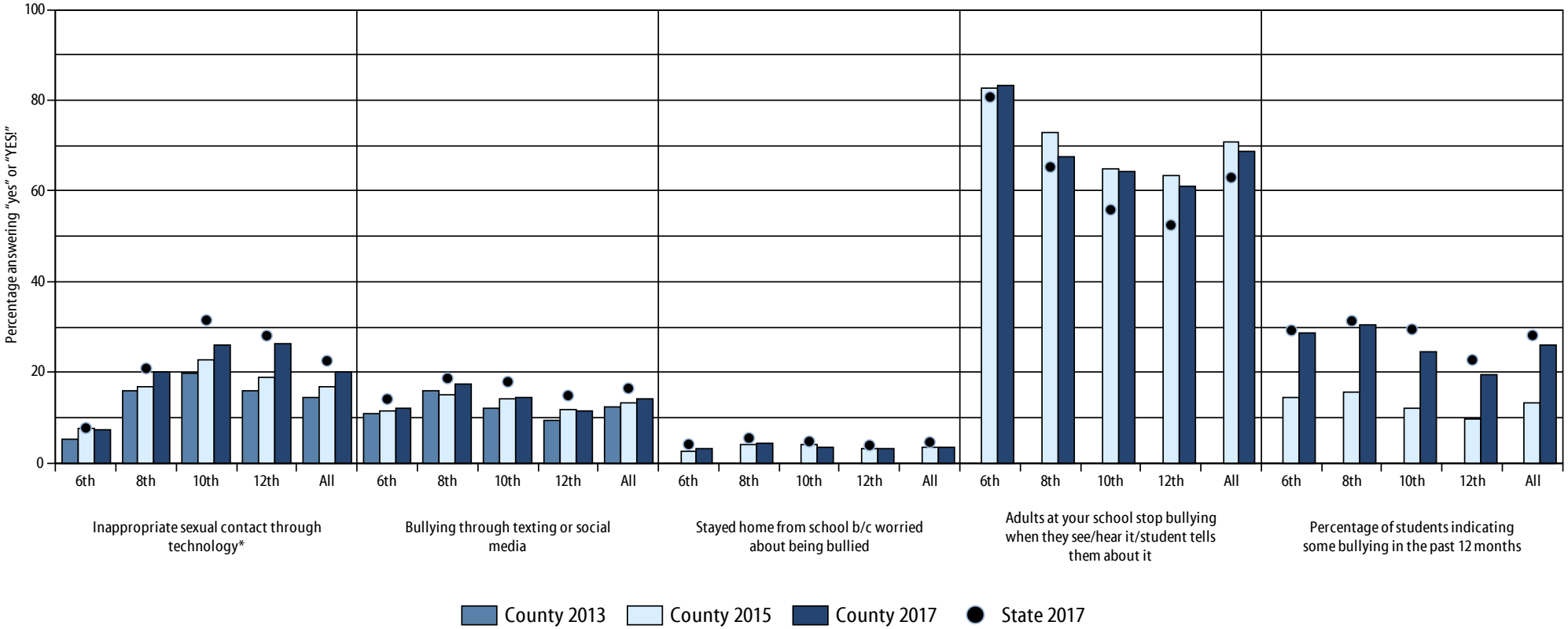
The modern teen's social sphere is deeply intertwined with texting, social media, and the Internet. Invaded by bullying behavior, the harassment can feel inescapable, and traditional places of refuge such as the home no longer apply. The resulting isolation from simply "turning off the phone" has the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

Overall, 26.2% of students in this county indicated experiencing bullying in the past 12 months (compared to 28.2% of students at the state level). Students who indicated experiencing bullying in the past 12 months reported that "the way I look [clothing, hairstyle, etc.]" (37.6% of students), "some other reason" (35.1% of students), and "I don't know why" (30.9% of students) were the most frequent reasons they were bullied.

PAYS 2017 category:	*PAYS 2017 question text:*
Bullying behavior Bullying is a student or students doing any of the following to another student on purpose repeatedly: • making fun of • excluding • threatening • spreading rumors about • hitting • shoving • hurting It is <u>not</u> bullying if: • two students argue or fight with each other • friends tease each other.	*Have you stayed home from school this year because you were worried about being bullied?* *Do adults at your school stop bullying when they see/ hear it or when a student tells them about it?* *If you have been bullied in the past 12 months, how frequently were you bullied?* *No • Yes, very rarely • Yes, now and then • Yes, several times per month • Yes, several times per week • Yes, almost daily* *If you have been bullied in any way in the past 12 months, where were you bullied? (Mark all that apply.)* *On school property* *At a school-sponsored event* *While going to or from school* *In the community* *At home* *I was not bullied*
Bullying behavior *(cont'd)*	*If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply.)* *I have not been made fun of by other students* *The color of my skin* *My religion* *My size (height, weight, etc.)* *My accent* *The country I was born in* *The country my family (parents, grandparents) was born in* *The way I look (clothing, hairstyle, etc.)* *How much money my family has or does not have* *My gender* *My grades or school achievement* *My social standing* *Social conflict* *My sexual-orientation* *I have a disability (learning or physical disability)* *Some other reason*

PAYS 2017 category:	*PAYS 2017 question text:*
Internet safety and other hurt or abuse	*During the past 12 months, have you been bullied through texting and/or social media?* *In the past 12 months, did anyone when using technology ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?* *If you were hurt or abused by another person in the past 12 months, how were you hurt or abused? (Mark all that apply.)* *Physical injury* *Threats* *Emotional abuse, insults, name-calling* *Isolation from friends and family* *Control of what you were wearing* *Control with whom you socialized* *Other injury or abuse*

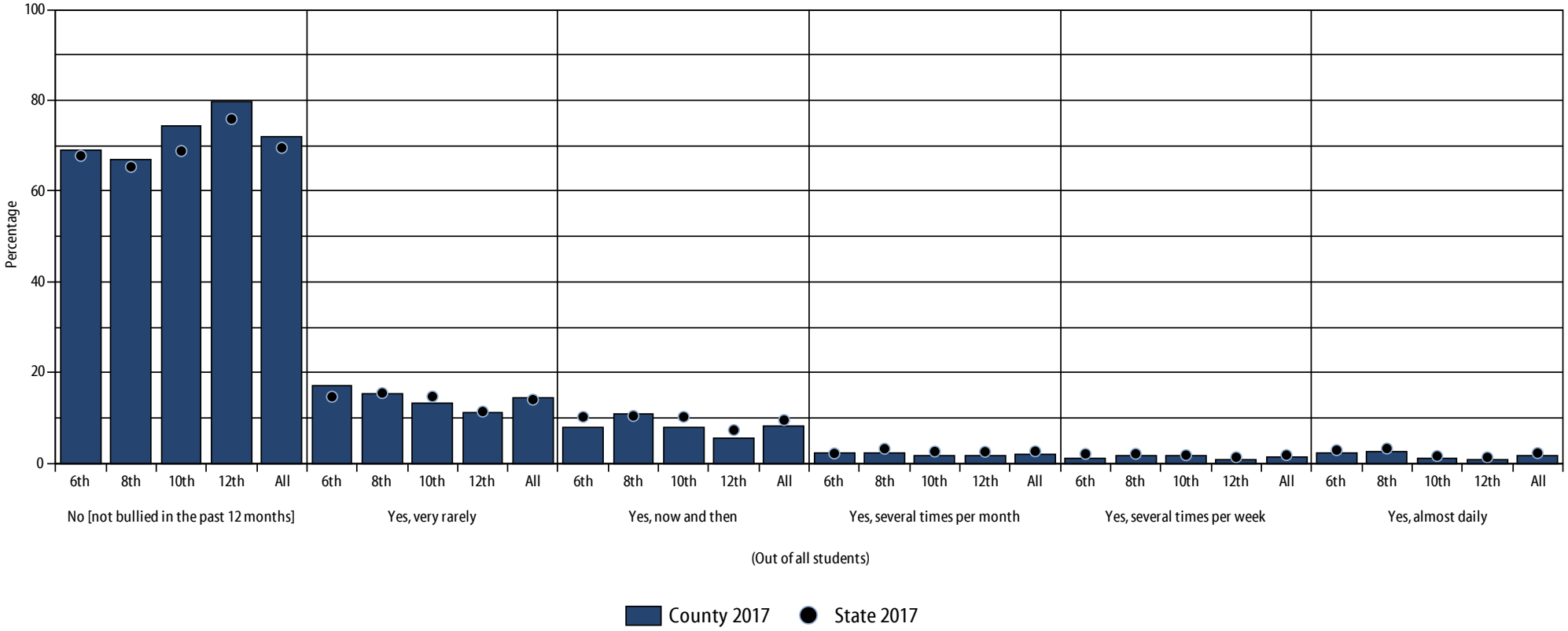
Bullying and Internet safety
Chester County 2017 Pennsylvania Youth Survey



Grade	Inappropriate sexual contact through technology*				Bullying through texting or social media				Stayed home from school b/c worried about being bullied				Adults at your school stop bullying when they see/hear it/student tells them about it				Percentage of students indicating some bullying in the past 12 months			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	5.2	7.6	7.2	7.8	10.8	11.5	12.0	14.1	n/a	2.7	3.2	4.2	n/a	82.6	83.3	80.7	n/a	14.6	28.6	29.3
8	15.9	16.9	20.2	20.9	15.8	15.0	17.4	18.7	n/a	4.2	4.5	5.5	n/a	72.9	67.4	65.3	n/a	15.7	30.4	31.4
10	19.7	22.7	26.0	31.5	12.2	14.2	14.5	17.9	n/a	4.0	3.5	4.8	n/a	64.8	64.4	55.9	n/a	12.2	24.7	29.5
12	15.8	18.9	26.3	28.1	9.6	11.8	11.5	14.9	n/a	3.3	3.1	3.9	n/a	63.5	61.0	52.5	n/a	9.7	19.5	22.8
All	14.4	16.9	20.1	22.6	12.3	13.3	14.1	16.5	n/a	3.6	3.6	4.6	n/a	70.8	68.8	63.0	n/a	13.2	26.2	28.2

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

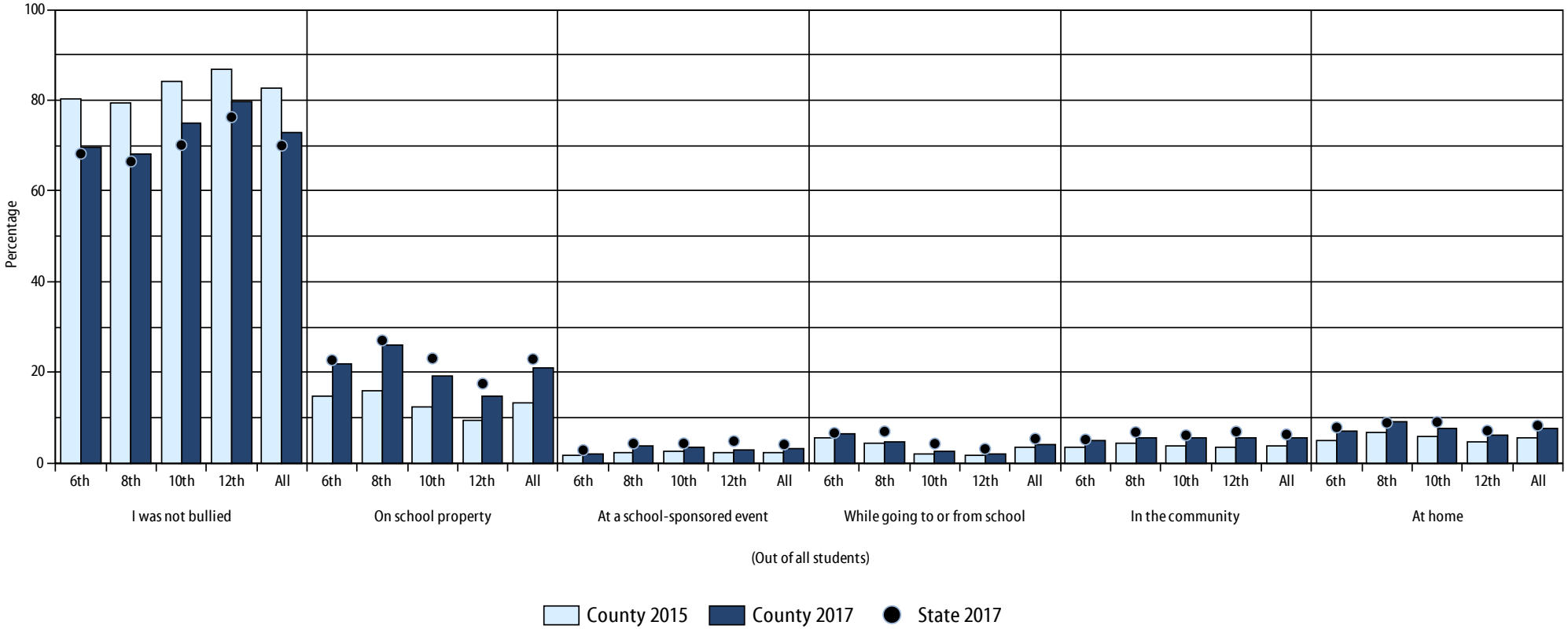
Frequency of bullying by students indicating some bullying in the past year*
Chester County 2017 Pennsylvania Youth Survey



Grade	No [not bullied in the past 12 months]				Yes, very rarely				Yes, now and then				Yes, several times per month				Yes, several times per week				Yes, almost daily			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	n/a	69.1	67.8	n/a	n/a	17.1	14.7	n/a	n/a	7.9	10.3	n/a	n/a	2.3	2.2	n/a	n/a	1.3	2.1	n/a	n/a	2.4	2.9
8	n/a	n/a	67.0	65.4	n/a	n/a	15.4	15.5	n/a	n/a	10.8	10.5	n/a	n/a	2.4	3.2	n/a	n/a	1.8	2.1	n/a	n/a	2.5	3.3
10	n/a	n/a	74.3	68.8	n/a	n/a	13.2	14.8	n/a	n/a	8.0	10.3	n/a	n/a	1.8	2.6	n/a	n/a	1.6	1.8	n/a	n/a	1.1	1.7
12	n/a	n/a	79.6	75.9	n/a	n/a	11.3	11.4	n/a	n/a	5.7	7.4	n/a	n/a	1.8	2.6	n/a	n/a	0.8	1.4	n/a	n/a	0.9	1.4
All	n/a	n/a	72.1	69.5	n/a	n/a	14.3	14.1	n/a	n/a	8.3	9.6	n/a	n/a	2.1	2.7	n/a	n/a	1.4	1.9	n/a	n/a	1.8	2.3

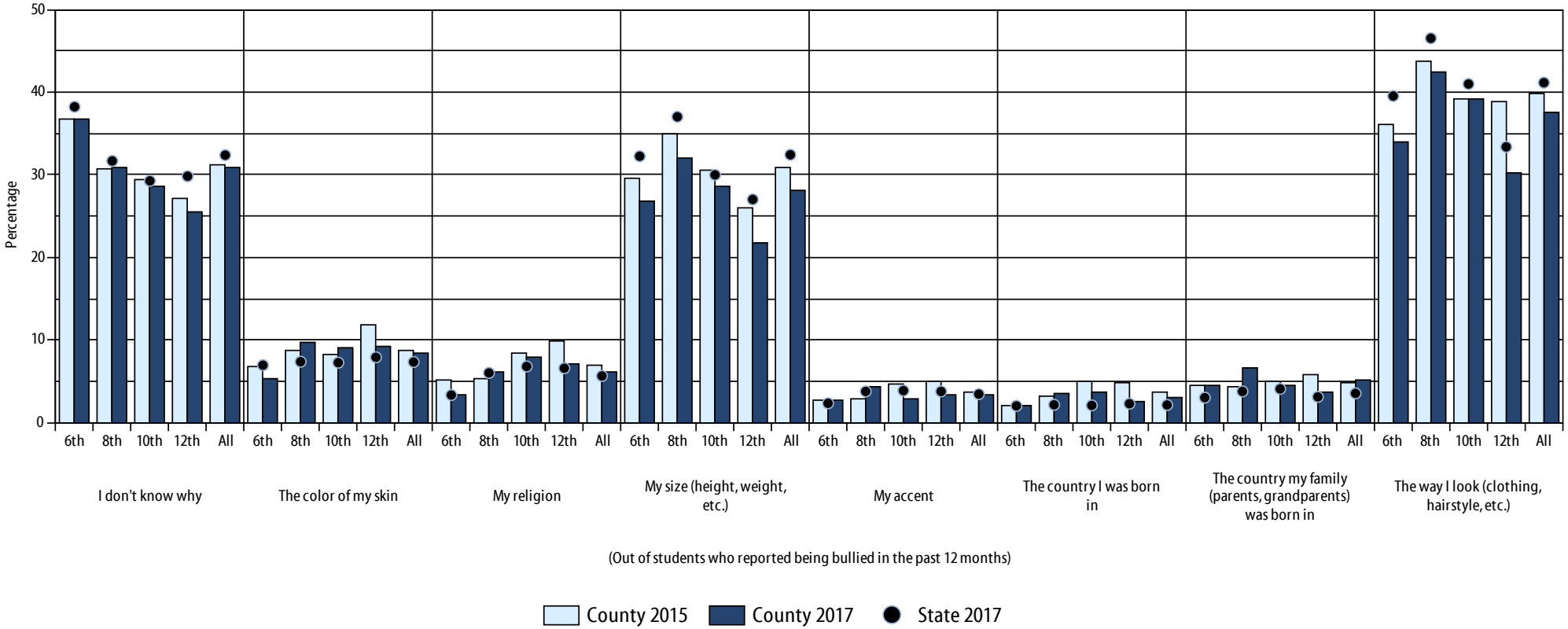
*The 2017 PAYS administration revised the answer options to this question. Previous years' answer options are not comparable and are not included in this chart/table.

Location of bullying
Chester County 2017 Pennsylvania Youth Survey



Grade	I was not bullied				On school property				At a school-sponsored event				While going to or from school				In the community				At home			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	80.2	69.7	68.2	n/a	14.8	22.0	22.7	n/a	1.8	1.9	2.9	n/a	5.5	6.4	6.7	n/a	3.4	4.9	5.2	n/a	5.1	6.9	7.9
8	n/a	79.5	68.2	66.5	n/a	16.1	26.1	27.1	n/a	2.4	3.8	4.3	n/a	4.4	4.8	7.0	n/a	4.3	5.5	6.8	n/a	6.7	9.1	8.9
10	n/a	84.1	74.9	70.1	n/a	12.4	19.2	23.1	n/a	2.6	3.5	4.4	n/a	2.0	2.6	4.3	n/a	3.8	5.7	6.2	n/a	5.9	7.8	9.1
12	n/a	86.9	79.8	76.3	n/a	9.5	14.8	17.5	n/a	2.4	2.9	4.9	n/a	1.9	1.9	3.2	n/a	3.5	5.6	7.0	n/a	4.6	6.2	7.2
All	n/a	82.5	72.8	70.0	n/a	13.3	20.9	22.9	n/a	2.3	3.1	4.1	n/a	3.4	4.0	5.4	n/a	3.8	5.4	6.3	n/a	5.7	7.6	8.3

Perceived reasons for bullying
Chester County 2017 Pennsylvania Youth Survey



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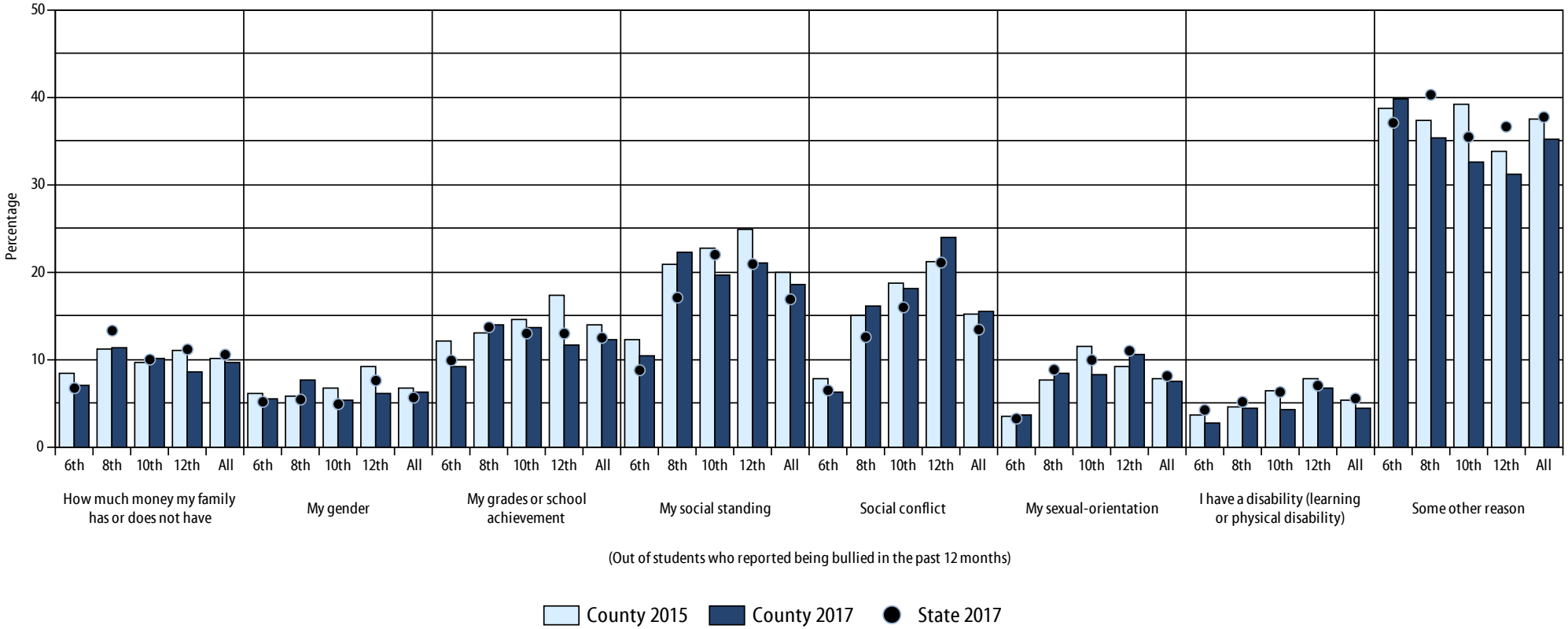
Grade	I don't know why				The color of my skin				My religion				My size (height, weight, etc.)				My accent				The country I was born in				The country my family (parents, grandparents) was born in				The way I look (clothing, hairstyle, etc.)			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	36.8	36.8	38.2	n/a	6.7	5.3	7.0	n/a	5.2	3.4	3.4	n/a	29.6	26.8	32.3	n/a	2.7	2.7	2.4	n/a	2.1	2.0	2.1	n/a	4.5	4.6	3.1	n/a	36.1	34.0	39.5
8	n/a	30.7	30.9	31.7	n/a	8.8	9.8	7.4	n/a	5.4	6.2	6.0	n/a	35.0	32.0	37.0	n/a	2.9	4.3	3.8	n/a	3.3	3.5	2.2	n/a	4.3	6.7	3.8	n/a	43.8	42.5	46.5
10	n/a	29.4	28.6	29.3	n/a	8.2	9.0	7.3	n/a	8.4	8.0	6.8	n/a	30.5	28.6	30.0	n/a	4.7	3.0	3.9	n/a	5.0	3.7	2.1	n/a	5.0	4.5	4.1	n/a	39.2	39.2	41.0
12	n/a	27.1	25.5	29.8	n/a	11.8	9.2	7.9	n/a	10.0	7.1	6.6	n/a	25.9	21.8	27.0	n/a	5.0	3.4	3.8	n/a	4.8	2.6	2.3	n/a	5.8	3.8	3.1	n/a	38.9	30.2	33.4
All	n/a	31.2	30.9	32.4	n/a	8.7	8.4	7.4	n/a	6.9	6.1	5.7	n/a	30.9	28.2	32.4	n/a	3.7	3.4	3.5	n/a	3.7	3.1	2.2	n/a	4.8	5.2	3.6	n/a	39.9	37.6	41.2

Perceived reasons for bullying (cont'd)
Chester County 2017 Pennsylvania Youth Survey



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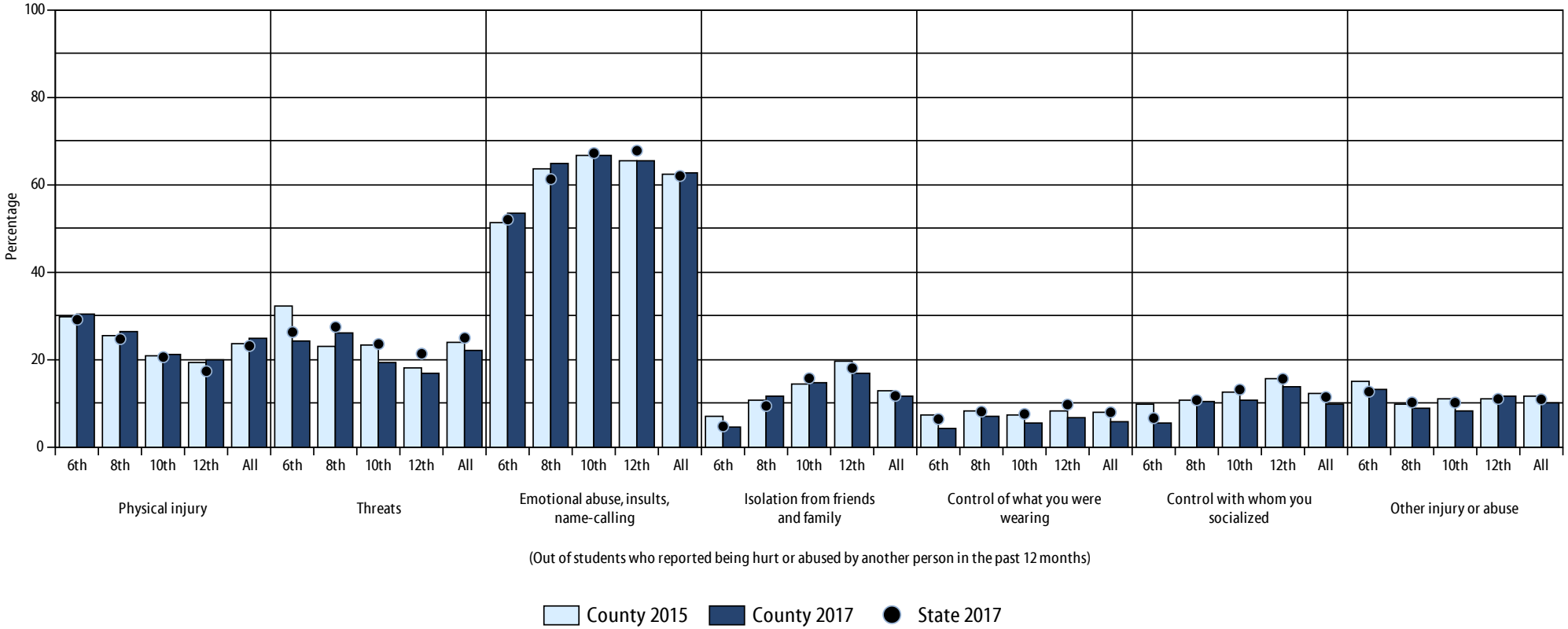
Grade	How much money my family has or does not have				My gender				My grades or school achievement				My social standing				Social conflict				My sexual-orientation				I have a disability (learning or physical disability)				Some other reason			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	8.4	7.1	6.7	n/a	6.1	5.5	5.2	n/a	12.1	9.1	9.9	n/a	12.3	10.4	8.8	n/a	7.8	6.3	6.5	n/a	3.4	3.7	3.2	n/a	3.6	2.8	4.2	n/a	38.8	39.8	37.0
8	n/a	11.2	11.4	13.3	n/a	5.8	7.6	5.4	n/a	13.0	14.0	13.7	n/a	20.9	22.3	17.1	n/a	15.0	16.1	12.6	n/a	7.6	8.4	8.8	n/a	4.5	4.5	5.2	n/a	37.4	35.4	40.3
10	n/a	9.6	10.2	10.0	n/a	6.7	5.4	4.9	n/a	14.6	13.7	13.0	n/a	22.7	19.7	22.0	n/a	18.8	18.2	16.0	n/a	11.4	8.2	9.9	n/a	6.4	4.3	6.3	n/a	39.2	32.6	35.4
12	n/a	11.0	8.6	11.2	n/a	9.2	6.2	7.6	n/a	17.4	11.6	13.0	n/a	25.0	21.0	20.9	n/a	21.2	24.0	21.1	n/a	9.2	10.5	11.0	n/a	7.8	6.8	7.0	n/a	33.7	31.1	36.6
All	n/a	10.1	9.6	10.6	n/a	6.7	6.3	5.6	n/a	14.0	12.3	12.5	n/a	20.0	18.5	16.9	n/a	15.3	15.5	13.4	n/a	7.8	7.6	8.1	n/a	5.3	4.4	5.5	n/a	37.5	35.1	37.7

How students were hurt or abused
Chester County 2017 Pennsylvania Youth Survey



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Grade	Physical injury				Threats				Emotional abuse, insults, name-calling				Isolation from friends and family				Control of what you were wearing				Control with whom you socialized				Other injury or abuse			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	29.8	30.3	29.1	n/a	32.3	24.1	26.3	n/a	51.4	53.5	52.0	n/a	6.9	4.7	4.7	n/a	7.4	4.2	6.4	n/a	9.8	5.4	6.6	n/a	15.0	13.0	12.6
8	n/a	25.4	26.3	24.7	n/a	23.0	26.0	27.4	n/a	63.5	64.8	61.2	n/a	10.8	11.5	9.4	n/a	8.3	6.9	8.1	n/a	10.7	10.4	10.7	n/a	9.9	8.9	10.2
10	n/a	20.8	21.1	20.6	n/a	23.4	19.4	23.5	n/a	66.6	66.7	67.2	n/a	14.5	14.7	15.7	n/a	7.4	5.5	7.6	n/a	12.6	10.7	13.1	n/a	11.0	8.3	10.1
12	n/a	19.4	20.0	17.3	n/a	18.1	16.9	21.3	n/a	65.3	65.4	67.7	n/a	19.6	16.9	18.0	n/a	8.3	6.6	9.7	n/a	15.7	13.7	15.6	n/a	11.0	11.5	11.0
All	n/a	23.7	24.7	23.1	n/a	23.9	22.2	24.9	n/a	62.2	62.7	62.0	n/a	13.0	11.7	11.7	n/a	7.9	5.8	7.9	n/a	12.1	9.9	11.4	n/a	11.5	10.2	10.9

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, around 20% of adolescents has a diagnosable mental disorder, such as depression or oppositional defiant disorder. Friends and family can watch for warning signs of social and emotional distress and urge young people to get help. Effective treatments may include a combination of therapy and medication. Unfortunately, less than half of adolescents who need mental health services receive them.

Mental Health Disorders

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

Access to Mental Health Care

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

Positive Mental Health: Resilience

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

MENTAL HEALTH CONCERNS AND SUICIDE RISK

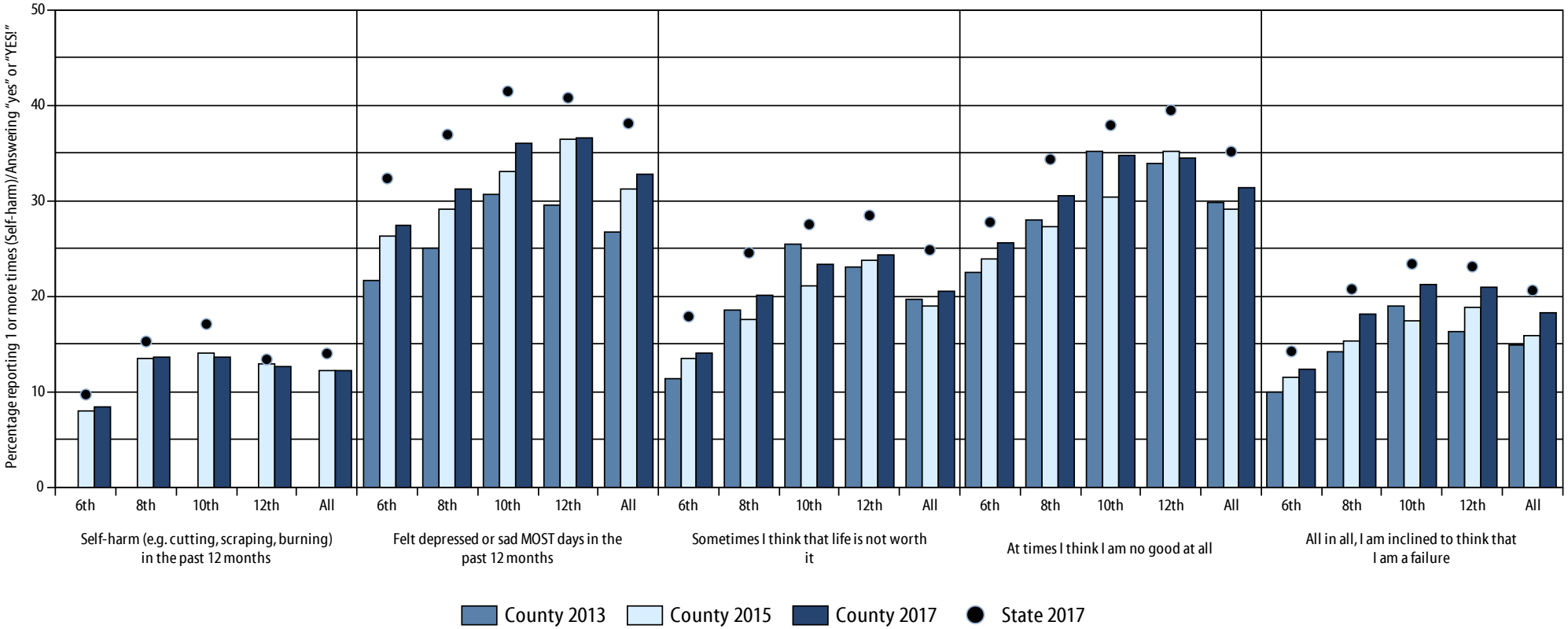
A number of scientific studies have identified a link between mental health problems, such as depression, and the use of ATODs during adolescence. Depression is the number one risk factor for suicide by teens, a risk amplified in teens self-medicating with ATODs. For youth between the ages of 10 and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

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

The most common depressed thought was "at times I think I am no good at all," reported by 31.4% of students in this county. 32.8% of students reported they felt sad or depressed MOST days in the past 12 months. Overall, 13.3% of students had seriously considered attempting suicide, compared to 16.5% of students at the state level.

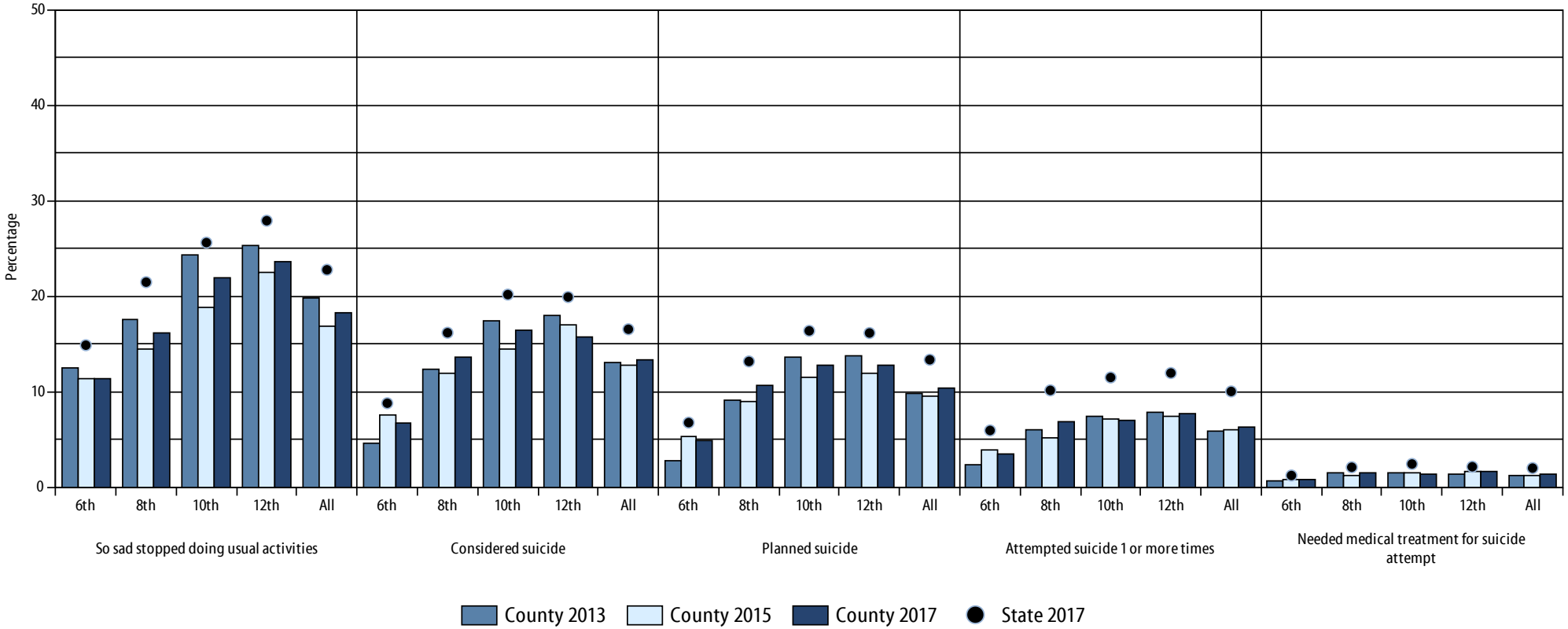
PAYS 2017 category:	*PAYS 2017 question text:*
Mental health concerns *(self-harm and depression)*	*In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?* *At times I think I am no good at all.* *All in all, I am inclined to think that I am a failure.* *Sometimes I think that life is not worth it.* *How many times in the past 12 months have you done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?*
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?*

Mental Health Concerns
Chester County 2017 Pennsylvania Youth Survey



Grade	Self-harm (e.g. cutting, scraping, burning) in the past 12 months				Felt depressed or sad MOST days in the past 12 months				Sometimes I think that life is not worth it				At times I think I am no good at all				All in all, I am inclined to think that I am a failure			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	n/a	8.1	8.5	9.7	21.6	26.2	27.4	32.3	11.4	13.5	14.1	17.9	22.5	23.9	25.6	27.7	10.0	11.5	12.3	14.2
8	n/a	13.4	13.6	15.3	25.0	29.1	31.2	36.9	18.5	17.6	20.1	24.5	28.0	27.3	30.5	34.3	14.2	15.3	18.2	20.7
10	n/a	14.0	13.6	17.1	30.6	33.1	36.0	41.4	25.5	21.1	23.3	27.5	35.2	30.4	34.7	37.9	18.9	17.4	21.2	23.4
12	n/a	12.8	12.6	13.4	29.5	36.4	36.6	40.8	23.1	23.7	24.3	28.4	33.9	35.2	34.5	39.5	16.3	18.8	20.9	23.1
All	n/a	12.2	12.2	14.0	26.6	31.2	32.8	38.1	19.6	19.0	20.6	24.8	29.9	29.1	31.4	35.1	14.9	15.8	18.3	20.6

Suicide risk
Chester County 2017 Pennsylvania Youth Survey



Grade	So sad stopped doing usual activities				Considered suicide				Planned suicide				Attempted suicide				Needed medical treatment for suicide attempt			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	12.4	11.4	11.4	14.9	4.7	7.5	6.7	8.8	2.8	5.4	4.9	6.8	2.4	4.0	3.5	5.9	0.6	0.8	0.9	1.2
8	17.5	14.5	16.1	21.5	12.3	11.9	13.6	16.2	9.1	9.0	10.7	13.2	6.0	5.2	6.9	10.1	1.5	1.2	1.6	2.1
10	24.3	18.8	21.9	25.6	17.4	14.5	16.5	20.2	13.6	11.5	12.8	16.4	7.5	7.2	7.0	11.5	1.6	1.5	1.4	2.4
12	25.3	22.5	23.6	27.9	17.9	17.0	15.7	19.9	13.7	11.9	12.8	16.2	7.8	7.5	7.8	12.0	1.4	1.6	1.7	2.2
All	19.8	16.8	18.2	22.8	13.0	12.8	13.3	16.5	9.8	9.6	10.4	13.4	5.9	6.0	6.3	10.0	1.3	1.3	1.4	2.0

TRANSITIONS AND MOBILITY, GRIEF, AND OTHER STRESSFUL EVENTS

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

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

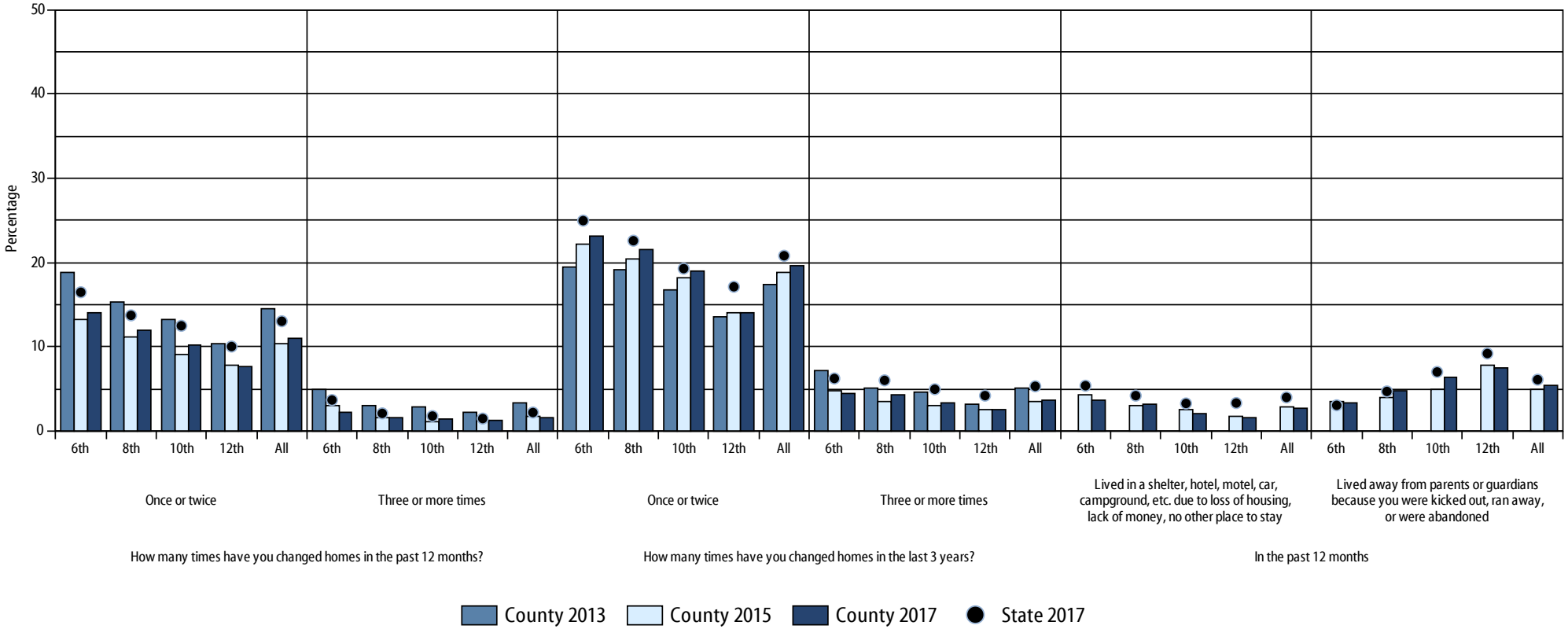
Changing homes often means losing one's friends and learning the way around a new neighborhood or school. Neighborhoods with high rates of migration are also less cohesive and stable.

34.6% of students in this county reported the death of close friend or family member in the past twelve months, compared to 40.7% at the state level. 11.0% of students reported changing homes once or twice within the past 12 months, and 3.7% of students reported having changed homes three or more times in the past three years.

The three most frequently reported stressful events in this county were students reporting "they were worried they would run out of food at home due to money issues" (reported by 8.2% of students), "they had lived away from parents or guardians because you were kicked out, ran away, or were abandoned" (reported by 5.4% of students), and "they had skipped a meal because their family didn't have enough money for food" (reported by 4.1% of students).

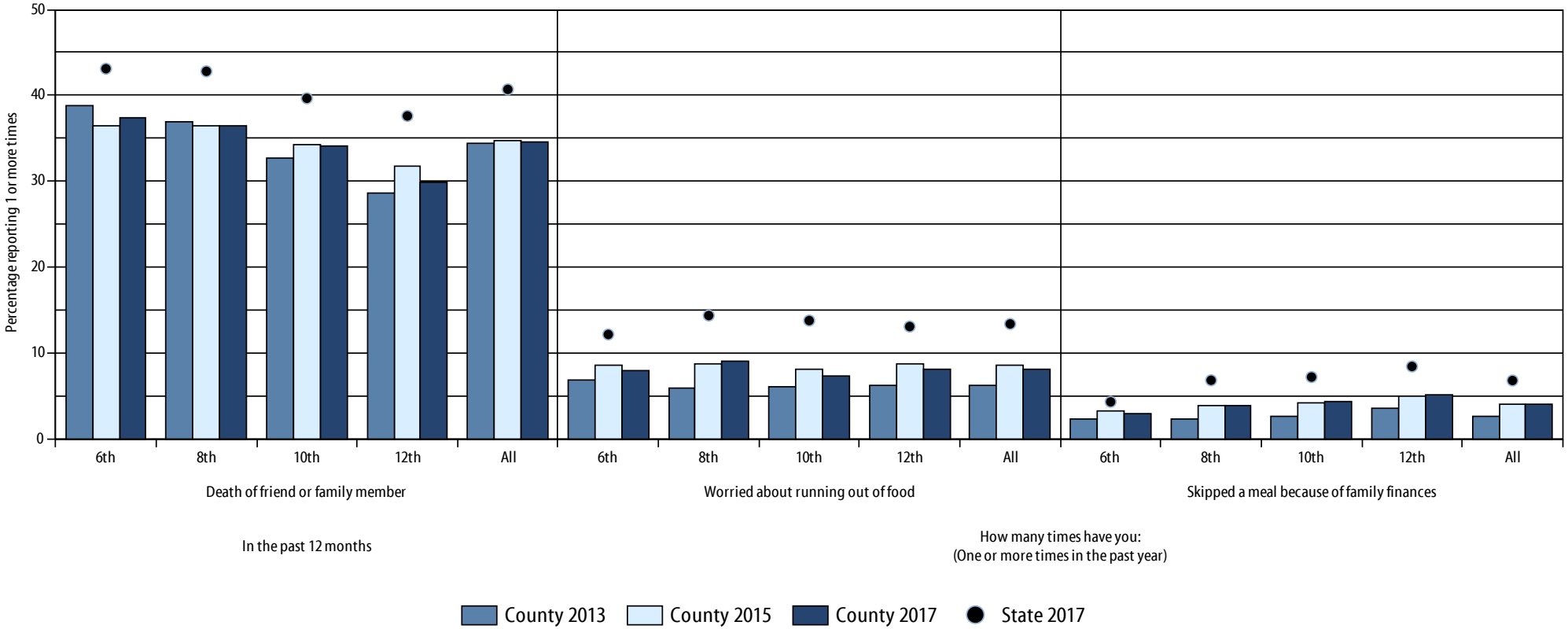
PAYS 2017 category:	*PAYS 2017 question text:*
Transitions and mobility	*How many times have you changed homes:* *in the past 12 months?* *including the past 12 months, in the last 3 years?* *During the past 12 months, have you or your family lived in a shelter, hotel, motel, car, campground, or someone else's home, etc. due to loss of housing, lack of money, or did not have another place to stay?* *In the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?*
Other Stressful Events	*In the past 12 months, have any of your friends or family members close to you died?* *How many times have you:* *Worried that food at home would run out before your family got money to buy more?* *Skipped a meal because your family didn't have enough money to buy food? How many times have the following things happened?*

Transitions and mobility
Chester County 2017 Pennsylvania Youth Survey



Grade	Once or twice in the last year				Three or more times in the last year				Once or twice in last 3 years				Three or more times in last 3 years				Lived in a shelter, hotel, motel, car, campground, etc. due to loss of housing, lack of money, no other place to stay				Lived away from parents or guardians because you were kicked out, ran away, or were abandoned			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	18.7	13.2	14.1	16.5	5.0	3.0	2.3	3.7	19.4	22.2	23.1	25.0	7.1	4.8	4.5	6.2	n/a	4.3	3.7	5.4	n/a	3.5	3.3	3.0
8	15.4	11.2	11.9	13.7	3.1	1.6	1.6	2.1	19.1	20.4	21.5	22.6	5.1	3.5	4.3	6.0	n/a	3.0	3.1	4.2	n/a	3.9	4.8	4.7
10	13.3	9.0	10.2	12.5	2.9	1.1	1.4	1.8	16.8	18.2	19.0	19.3	4.7	3.0	3.3	4.9	n/a	2.4	2.1	3.3	n/a	4.8	6.3	7.0
12	10.3	7.8	7.6	10.0	2.3	1.3	1.3	1.5	13.6	14.0	13.9	17.1	3.1	2.6	2.5	4.2	n/a	1.7	1.5	3.3	n/a	7.7	7.5	9.2
All	14.6	10.3	11.0	13.0	3.3	1.7	1.6	2.2	17.4	18.8	19.6	20.8	5.1	3.5	3.7	5.3	n/a	2.8	2.6	4.0	n/a	4.9	5.4	6.1

Grief and other stressful events
Chester County 2017 Pennsylvania Youth Survey



Grade	Death of friend or family member				Worried about running out of food				Skipped a meal because of family finances			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	38.8	36.4	37.3	43.1	6.9	8.6	8.0	12.2	2.3	3.2	3.0	4.3
8	36.9	36.4	36.5	42.8	5.9	8.8	9.1	14.4	2.3	3.8	3.9	6.8
10	32.6	34.3	34.1	39.7	6.0	8.1	7.3	13.8	2.7	4.2	4.3	7.2
12	28.6	31.7	29.9	37.6	6.3	8.8	8.1	13.1	3.5	5.0	5.2	8.4
All	34.4	34.7	34.6	40.7	6.3	8.6	8.2	13.4	2.7	4.0	4.1	6.8

6. SYSTEMIC FACTORS

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

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

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

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

PERCEPTION OF RISK

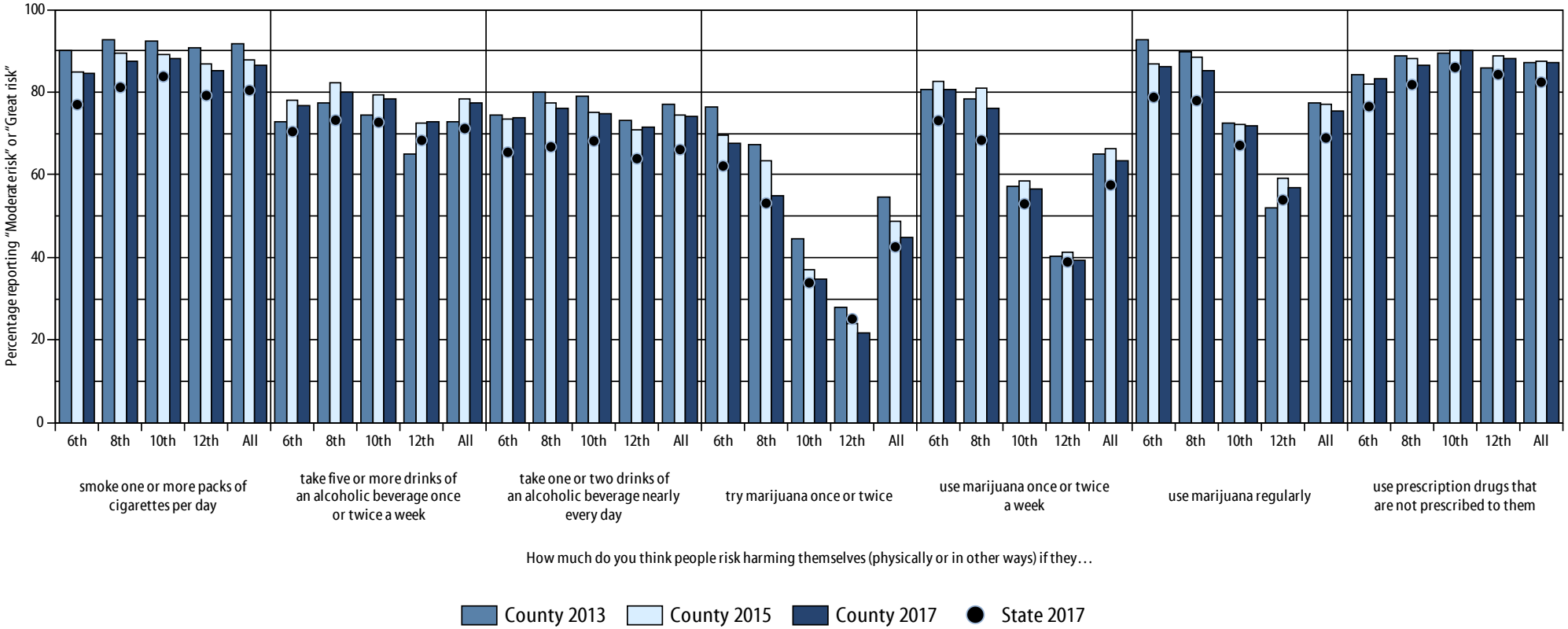
Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs.

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

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

PAYS 2017 category:	*PAYS 2017 question text:*
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, hard liquor) once or twice a week?* *Take one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?* *Smoke one or more packs of cigarettes per day?* *Try marijuana once or twice?* *Use marijuana once or twice a week?* *Use marijuana regularly?* *Use prescription drugs that are not prescribed to them?*

Perception of risk
Chester County 2017 Pennsylvania Youth Survey



Grade	Tobacco				Binge drinking				Regular alcohol use				Marijuana (try once or twice)				Marijuana (use 1 or 2 times per week)				Marijuana (use regularly)				Prescription drugs			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	90.2	84.9	84.5	77.0	72.9	77.9	76.9	70.5	74.6	73.3	73.8	65.5	76.4	69.7	67.6	62.1	80.5	82.7	80.7	73.1	92.6	86.9	86.2	78.8	84.1	81.8	83.3	76.5
8	92.5	89.3	87.4	81.2	77.5	82.4	80.1	73.2	79.9	77.3	76.1	66.8	67.3	63.5	55.0	53.1	78.3	80.9	76.1	68.4	89.8	88.4	85.1	78.0	88.7	88.2	86.6	81.8
10	92.5	89.0	88.1	83.8	74.4	79.5	78.4	72.7	79.1	75.2	74.7	68.2	44.7	37.0	34.6	33.9	57.2	58.5	56.5	53.0	72.4	72.0	71.8	67.1	89.5	90.0	90.2	86.0
12	90.6	86.8	85.2	79.2	64.9	72.5	73.0	68.4	73.2	70.9	71.5	63.9	28.0	23.9	21.8	25.1	40.2	41.4	39.4	38.9	52.1	59.3	56.8	53.9	85.9	88.9	88.1	84.3
All	91.6	87.7	86.4	80.4	72.9	78.4	77.3	71.2	77.0	74.4	74.2	66.1	54.7	48.7	44.7	42.6	65.0	66.3	63.5	57.5	77.5	77.1	75.4	68.9	87.2	87.4	87.2	82.4

PERCEPTION OF PARENTAL DISAPPROVAL

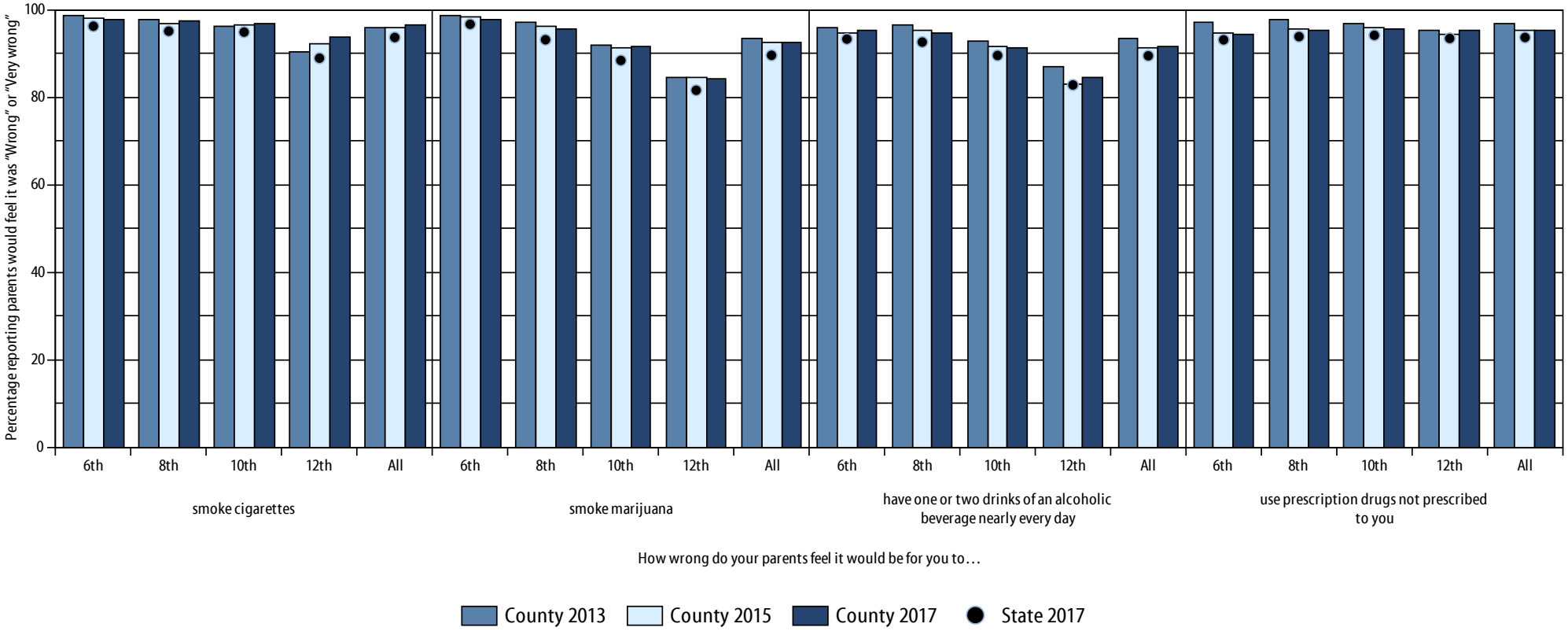
Parents influence the attitudes and behavior of their children, including their perceptions on drug and alcohol use.

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

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

PAYS 2017 category:	*PAYS 2017 question text:*
Perception of parental disapproval	*How wrong do your parents feel it would be for you to:* *Have one or two drinks of alcoholic beverage nearly every day?* *Smoke cigarettes?* *Use marijuana?* *Use prescription drugs not prescribed to you?*

Perception of parental disapproval
Chester County 2017 Pennsylvania Youth Survey



	Tobacco				Marijuana				Alcohol				Prescription drugs			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	98.5	98.0	97.6	96.2	98.7	98.3	97.9	96.6	95.8	94.7	95.1	93.3	97.0	94.7	94.4	93.1
8	97.8	96.9	97.3	95.1	97.0	96.1	95.6	93.1	96.5	95.2	94.5	92.6	97.6	95.5	95.2	93.8
10	96.2	96.4	96.7	94.8	92.0	91.3	91.4	88.4	92.9	91.4	91.3	89.5	96.7	95.8	95.6	94.1
12	90.4	92.3	93.9	88.9	84.3	84.5	84.0	81.6	86.8	83.0	84.5	82.8	95.4	94.2	95.3	93.4
All	96.0	95.9	96.4	93.6	93.3	92.6	92.3	89.5	93.3	91.4	91.5	89.4	96.7	95.1	95.1	93.6

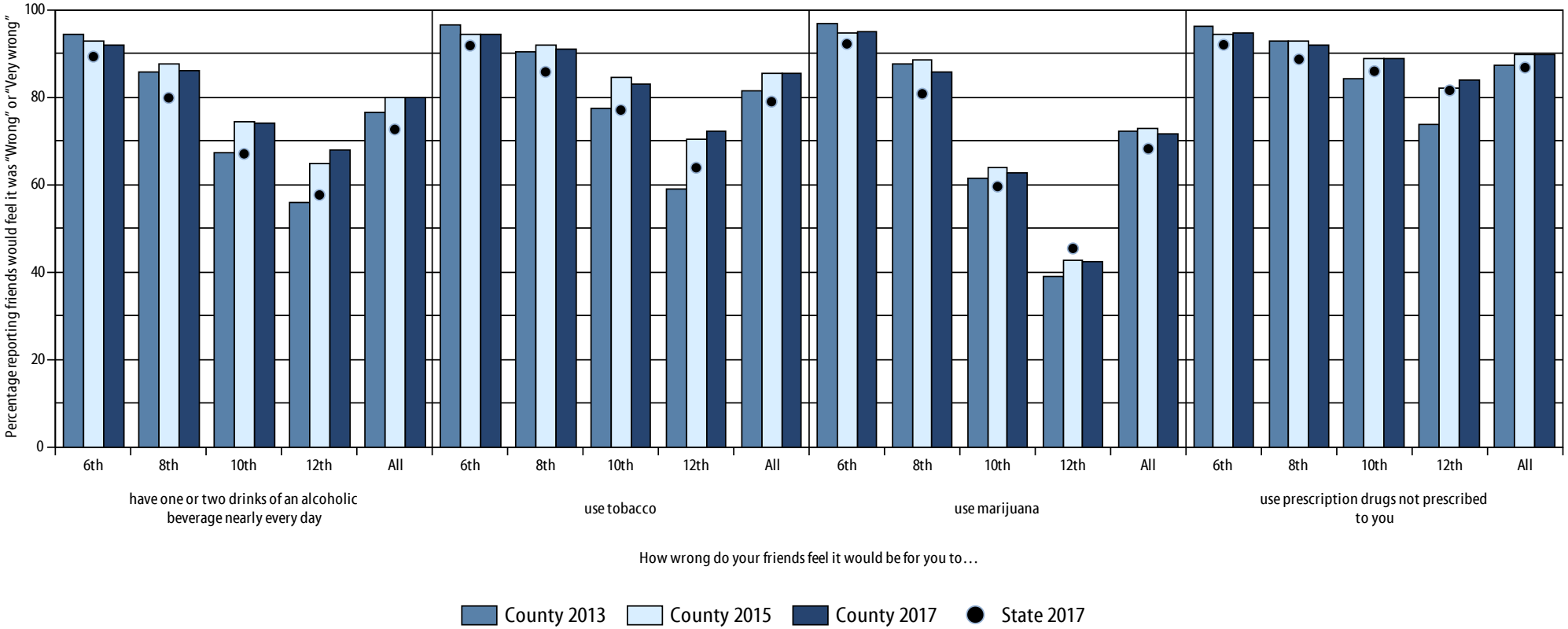
PERCEPTION OF PEER DISAPPROVAL

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

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

PAYS 2017 category:	*PAYS 2017 question text:*
Perception of peer disapproval	*How wrong do your friends feel it would be for you to:* *Have one or two drinks of an alcoholic beverage nearly every day?* *Use tobacco?* *Use marijuana?* *Use prescription drugs not prescribed to you?*

Perception of peer disapproval
Chester County 2017 Pennsylvania Youth Survey



	Alcohol				Tobacco				Marijuana				Prescription drugs			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	94.3	92.7	92.0	89.2	96.5	94.3	94.5	91.8	96.7	94.6	95.0	92.1	96.2	94.2	94.7	91.9
8	85.7	87.4	86.0	79.8	90.3	91.7	91.0	85.7	87.7	88.4	85.8	80.7	92.9	92.9	91.8	88.6
10	67.4	74.4	74.1	67.0	77.3	84.4	82.9	77.0	61.5	64.0	62.5	59.5	84.3	88.9	88.8	85.9
12	55.7	64.8	67.8	57.6	59.1	70.3	72.1	63.8	39.0	42.8	42.2	45.4	73.6	82.0	84.0	81.5
All	76.4	79.9	80.0	72.6	81.5	85.4	85.3	78.9	72.2	72.7	71.6	68.2	87.2	89.6	89.9	86.7

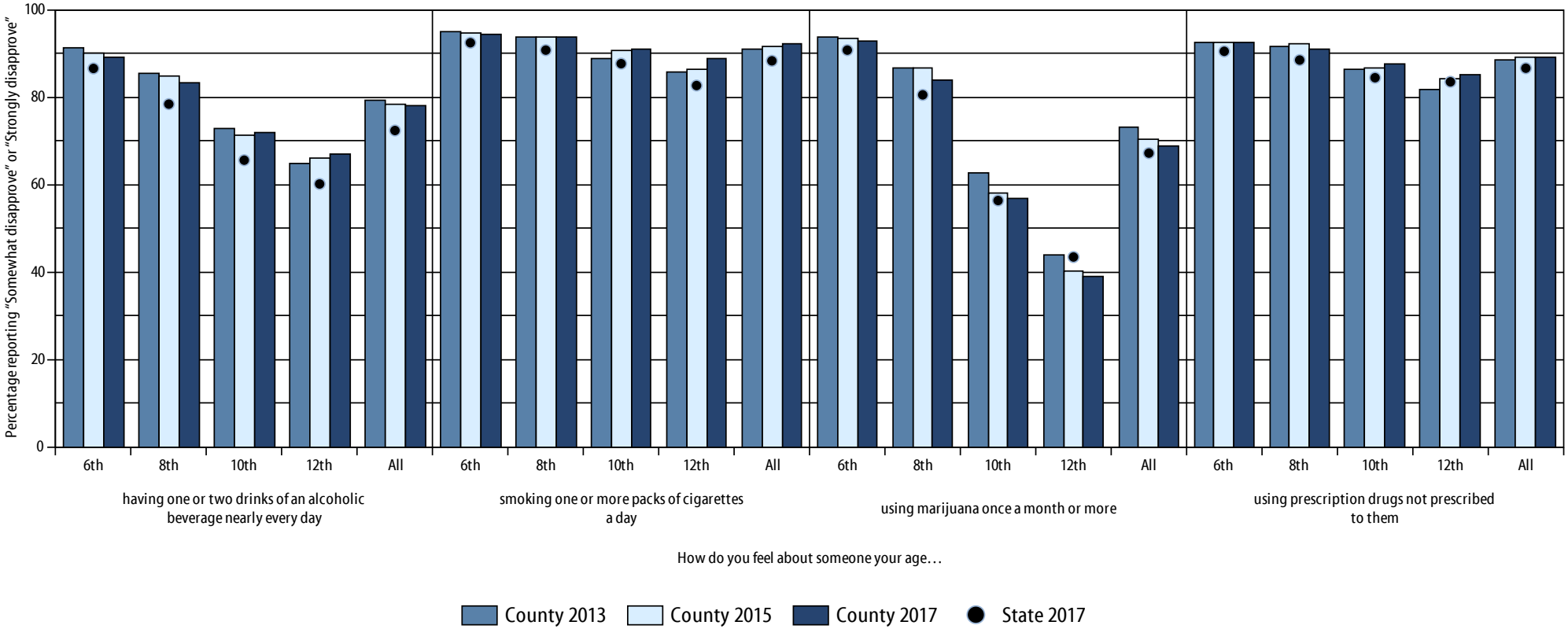
ATTITUDES TOWARD PEER USE

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

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

PAYS 2017 category:	*PAYS 2017 question text:*
Attitudes toward peer use	*How do you feel about someone your age:* *Having one or two drinks of an alcoholic beverage (beer, wine, hard liquor) nearly every day?* *Smoking one or more packs of cigarettes a day?* *Using marijuana once a month or more?* *Using prescription drugs not prescribed to them?*

Attitudes toward peer use
Chester County 2017 Pennsylvania Youth Survey



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	Alcohol				Tobacco				Marijuana				Prescription drugs			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	91.4	90.1	89.1	86.5	94.9	94.6	94.3	92.4	93.8	93.5	92.9	90.7	92.6	92.6	92.3	90.5
8	85.5	84.9	83.4	78.4	93.6	93.7	93.8	90.7	86.6	86.6	83.8	80.5	91.6	92.3	90.9	88.5
10	72.8	71.2	72.0	65.6	88.9	90.8	91.1	87.6	62.7	57.9	56.9	56.3	86.4	86.7	87.4	84.4
12	64.8	66.2	66.9	60.1	85.8	86.4	88.6	82.6	44.0	40.1	39.1	43.4	81.7	84.3	85.2	83.5
All	79.2	78.4	78.1	72.4	91.0	91.5	92.1	88.3	73.0	70.4	68.9	67.2	88.4	89.1	89.1	86.6

COMMUNITY RISK ASSOCIATED WITH AVAILABILITY

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

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

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

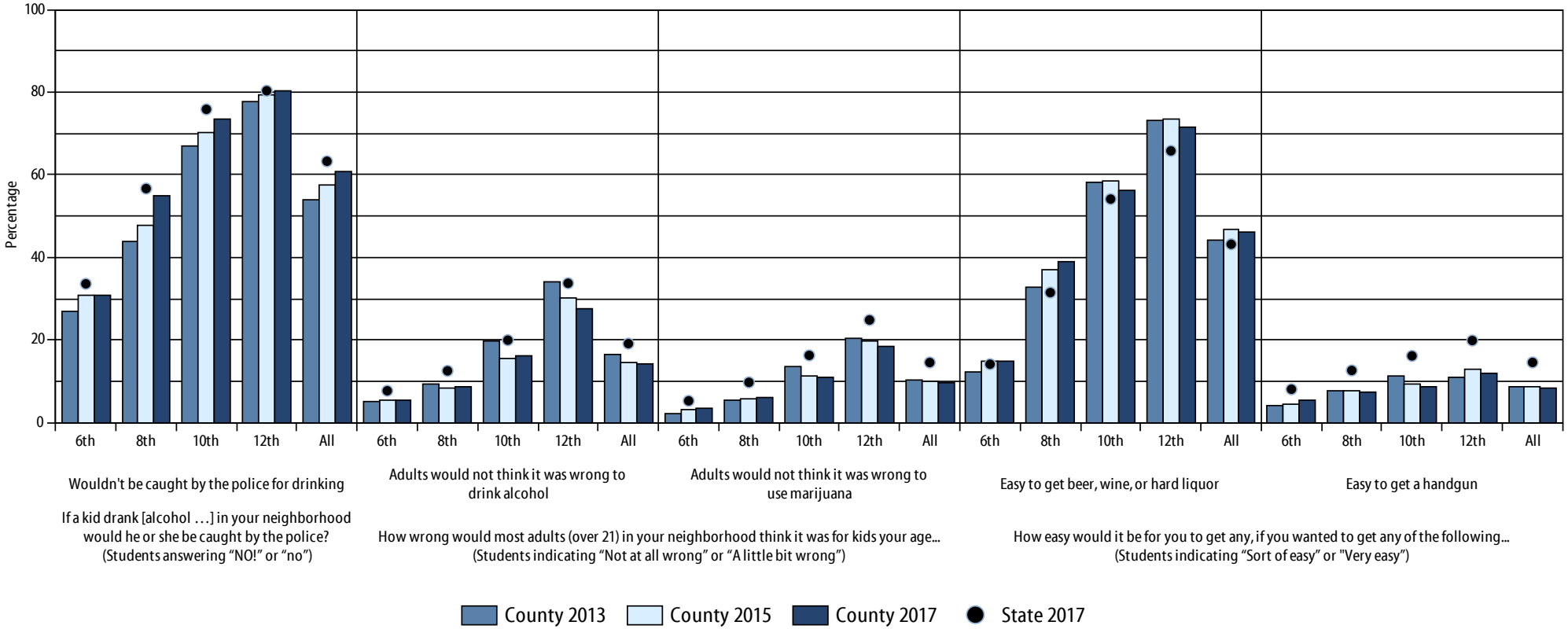
60.8% of students in this county think that if a kid drank alcohol, he or she would not be caught by the police (state rate: 63.3%).

14.3% of students report that most adults in their neighborhood would think it was "a little bit wrong" or "not at all wrong" for kids their age to drink alcohol (compared to 19.2% at the state level) and 9.7% of students reports that adults would think it was "a little bit wrong" or "not at all wrong" for kids their age to use marijuana (compared to 14.6% at the state level).

46.2% of students reported that alcohol would be "sort of easy" or "very easy" to get, and 8.4% reported that a handgun would be "sort of easy" or "very easy" to get (compared to state rates of 43.2% and 14.6%, respectively).

PAYS 2017 category:	*PAYS 2017 question text:*
Community Risk Associated with Availability	*If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?* *How wrong would most adults (over 21) in your neighborhood think it was for kids your age:* *To drink alcohol?* *To use marijuana?* *How easy would it be for you to get any, if you wanted to get any of the following:* *Beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum)?* *A handgun*

Community risk associated with availability
Chester County 2017 Pennsylvania Youth Survey



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	Wouldn't be caught by the police for drinking				Adults would not think it was wrong to drink alcohol				Adults would not think it was wrong to use marijuana				Easy to get beer, wine, or hard liquor				Easy to get a handgun			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	26.8	30.7	30.8	33.6	5.1	5.4	5.6	7.8	2.3	3.3	3.6	5.3	12.3	14.8	14.9	14.2	4.1	4.5	5.5	8.1
8	43.9	47.7	54.8	56.7	9.5	8.4	8.6	12.6	5.6	5.8	6.1	9.8	32.8	36.9	38.9	31.5	7.9	7.8	7.4	12.7
10	67.0	70.4	73.4	75.9	19.7	15.5	16.1	20.0	13.6	11.5	10.9	16.3	58.3	58.4	56.4	54.1	11.2	9.3	8.6	16.2
12	77.6	79.2	80.3	80.3	34.3	30.1	27.6	33.8	20.5	19.8	18.6	24.9	73.2	73.5	71.5	65.8	11.1	12.8	11.9	19.9
All	53.8	57.7	60.8	63.3	16.7	14.7	14.3	19.2	10.3	10.0	9.7	14.6	44.2	46.7	46.2	43.2	8.7	8.7	8.4	14.6

RULES AND ANTISOCIAL BEHAVIOR

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

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

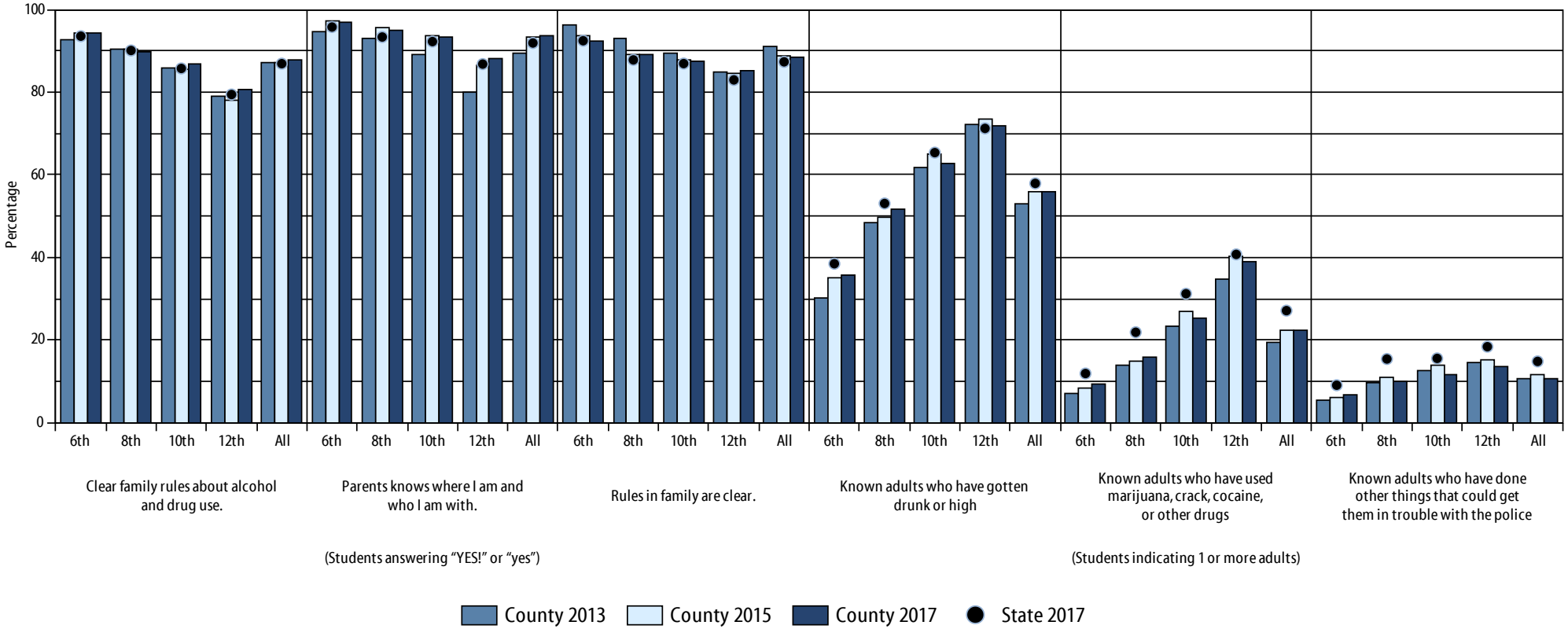
The questions, "My family has clear rules about alcohol and drug use" and "The rules in my family are clear," are set within other questions that reinforce the context for each question to improve the difference in the responses about family rules related to alcohol and drug use and general family rules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

87.9% of students in this county have clear rules about drugs and alcohol (compared to 86.9% at the state level). 88.5% of students have clear rules for their behavior expectations (state rate: 87.4%). When the students are not home, 93.5% of students stated their parents know where they are and who they are with.

Adult actions influence youth. Students reported they have personally known someone over 21 who has: gotten high or drunk (55.8%, compared to 57.9% at the state level); used marijuana, crack, cocaine, or other drugs (22.3%, compared to 27.2% at the state level); or has done other antisocial behaviors (10.6%, compared to 14.9% at the state level).

PAYS 2017 category:	*PAYS 2017 question text:*
Rules and antisocial behavior	*My family has clear rules about alcohol and drug use.*
	When I am not at home, one of my parents knows where I am and who I am with.
	The rules in my family are clear.
	About how many adults (over 21) have you known personally who in the past 12 months have:
	Gotten drunk or high?
	Used marijuana, crack, cocaine, or other drugs?
	Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

Rules and antisocial behavior
Chester County 2017 Pennsylvania Youth Survey



Grade	Clear family rules about alcohol and drug use.				Parents knows where I am and who I am with.				Rules in family are clear.				Known adults who have gotten drunk or high				Known adults who have used marijuana, crack, cocaine, or other drugs				Known adults who have done other things that could get them in trouble w/ police			
	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	92.5	94.2	94.3	93.6	94.8	97.2	96.9	95.8	96.3	93.8	92.3	92.5	30.3	35.0	35.9	38.5	7.1	8.5	9.5	11.9	5.6	6.0	6.9	9.1
8	90.3	90.3	89.9	90.1	93.0	95.6	95.1	93.4	93.2	89.2	89.0	87.8	48.3	49.9	51.8	53.1	14.0	14.8	15.9	21.9	9.7	10.9	10.2	15.5
10	85.9	85.6	86.9	85.8	89.2	93.5	93.5	92.3	89.5	87.7	87.5	86.9	61.9	65.0	62.8	65.4	23.4	26.8	25.5	31.2	12.5	14.0	11.8	15.6
12	79.2	78.1	80.6	79.4	80.1	86.3	88.1	86.8	84.7	84.5	85.1	83.0	72.1	73.4	71.9	71.2	34.7	40.2	38.9	40.8	14.7	15.3	13.5	18.4
All	87.2	87.1	87.9	86.9	89.6	93.3	93.5	91.9	91.1	88.8	88.5	87.4	53.0	56.0	55.8	57.9	19.4	22.4	22.3	27.2	10.6	11.7	10.6	14.9

FAVORABLE ATTITUDES TOWARD DRUG USE

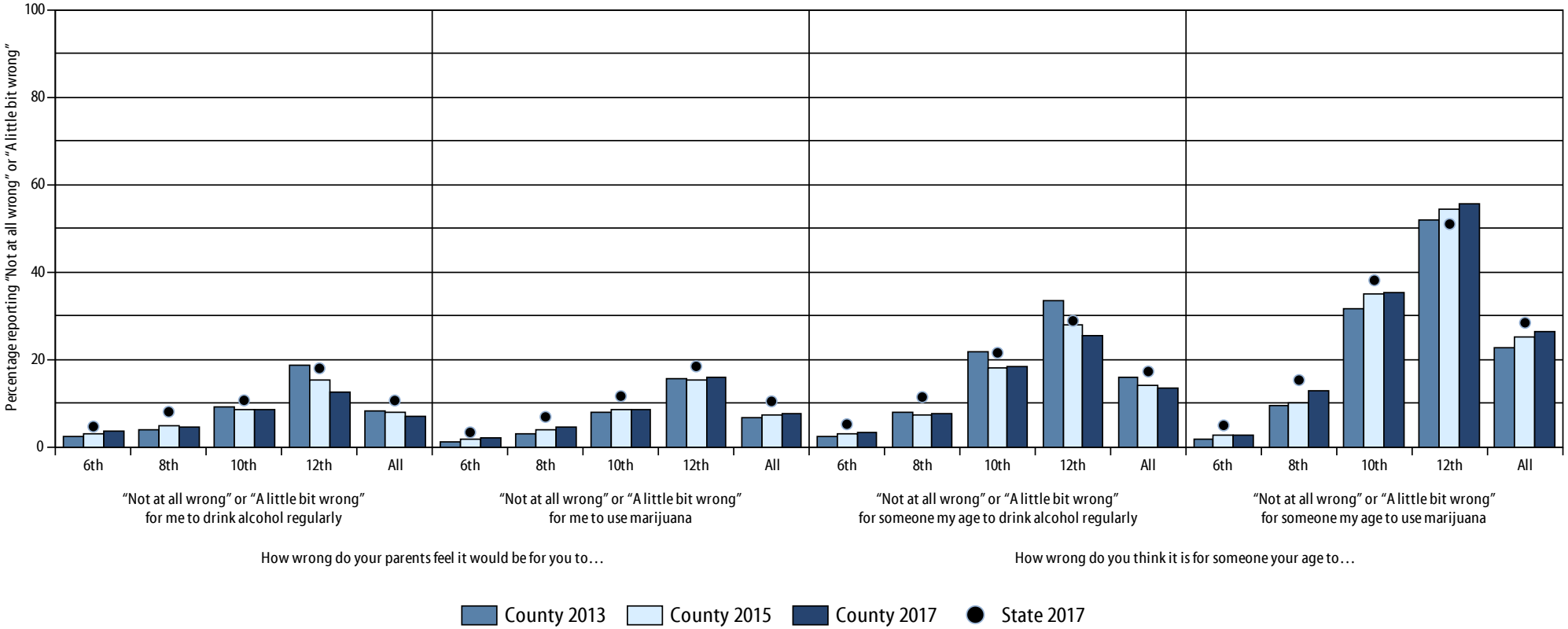
Youth in families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of their children's use are at a higher risk for becoming drug users during adolescence.

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

7.2% of students in this county stated their parents felt it "a little bit wrong" or "not at all wrong" to drink alcohol (state rate: 10.6%) and 7.7% stated that their parents felt it was "a little bit wrong" or "not at all wrong" to use marijuana (state rate: 10.5%). 13.5% of the students thought it was "a little bit wrong" or "not at all wrong" for someone their age to use alcohol (state rate: 17.3%) and 26.3% thought it was "a little bit wrong" or "not at all wrong" for someone their age to use marijuana (state rate: 28.4%).

PAYS 2017 category:	*PAYS 2017 question text:*
Favorable attitudes toward drug use	*How wrong do your parents feel it would be for you to:*
	Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
	Use marijuana?
	How wrong do you think it is for someone your age to:
	Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
	Use marijuana?

Attitudes favorable toward drug use
Chester County 2017 Pennsylvania Youth Survey



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	Parents feel it would be wrong to drink alcohol regularly				Parents feel it would be wrong to use marijuana				It is wrong for someone my age to drink alcohol regularly				It is wrong for someone my age to use marijuana			
Grade	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017	County 2013	County 2015	County 2017	State 2017
6	2.3	2.9	3.5	4.7	1.3	1.7	2.1	3.4	2.3	3.0	3.4	5.2	1.6	2.7	2.7	4.9
8	3.8	5.0	4.5	8.1	3.0	3.9	4.4	6.9	7.8	7.4	7.7	11.4	9.6	10.0	12.9	15.3
10	9.3	8.5	8.5	10.7	8.0	8.7	8.6	11.6	21.9	18.1	18.2	21.5	31.6	35.0	35.4	38.1
12	18.7	15.4	12.4	18.0	15.7	15.5	16.0	18.4	33.5	27.9	25.4	28.8	51.9	54.4	55.6	51.0
All	8.2	7.9	7.2	10.6	6.7	7.4	7.7	10.5	15.8	14.0	13.5	17.3	22.7	25.3	26.3	28.4

7. RISK AND PROTECTIVE FACTORS

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

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

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

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

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these neighborhoods, families, and schools must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to 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	Low Neighborhood Attachment	✓	✓			✓	
	Perceived Availability of Drugs	✓				✓	
	Perceived Availability of Handguns		✓			✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓	
Family	Family History of Antisocial Behavior	✓	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓	✓
	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓			✓	
School	Academic Failure	✓	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	✓	
Peer / Individual	Rebelliousness	✓	✓	✓	✓	✓	
	Gang Involvement	✓	✓			✓	
	Perceived Risk of Drug Use	✓	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	✓	
	Depressive Symptoms	✓			✓		✓

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

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

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

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

		Healthy Beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Rewards for Prosocial Involvement		✓			✓
Family	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 county make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

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

RISK AND PROTECTIVE SCALES DEFINED

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

Community Domain

Risk Factors

Low Neighborhood Attachment

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

A20 I like my neighborhood.

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

A22 If I had to move, I would miss the neighborhood I now live in.

Perceived Availability of Drugs and Handguns

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

A24 How easy would it be for you to get any, if you wanted to get any of the following:

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

Laws and Norms Favorable Toward Drug Use

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

A25 If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?

A26 If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

A27 How wrong would most adults (over 21) in your neighborhood think it was for kids your age:

- **a** To drink alcohol?
- **b** To smoke cigarettes?
- **c** To use marijuana?

Protective Factors

Rewards for Prosocial Involvement

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

A17 My neighbors notice when I am doing a good job and let me know.

A18 There are people in my neighborhood who are proud of me when I do something well.

A19 There are people in my neighborhood who encourage me to do my best.

Family Domain

Risk Factors

Family History of Antisocial Behavior

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

B21 How many of your brothers or sisters ever:

- **a** Drank beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum)?
- **b** Smoked cigarettes?
- **c** Smoked marijuana?
- **d** Took a handgun to school?
- **e** How many of your brothers or sisters ever: Been suspended or expelled from school?

B20 About how many adults (over 21) have you known personally who in the past year have:

- **a** Gotten drunk or high?
- **b** Used marijuana, crack, cocaine, or other drugs?
- **c** Sold or dealt drugs?
- **d** Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

B22 Has anyone in your family ever had a severe alcohol or drug problem?

Poor Family Management

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

B19 My family has clear rules about alcohol and drug use.

B12 Would your parents know if you did not come home on time?

B10 If you skipped school, would you be caught by your parents?

B14 If you carried a handgun without your parent's permission, would you be caught by them?

B9 When I am not at home, one of my parents knows where I am and who I am with.

B13 The rules in my family are clear.

B11 My parents ask if I've gotten my homework done.

B18 If you drank some beer, wine, or liquor (for example vodka, whiskey, gin, or rum) without your parent's permission, would you be caught by them?

Family Conflict

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

B15 People in my family often insult or yell at each other.

B16 We argue about the same things in my family over and over.

B17 People in my family have serious arguments.

Family Domain (cont'd)

Risk Factors (cont'd)

Parental Attitudes Favorable Toward Drugs and Antisocial Behavior

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

B23 How wrong do your parents feel it would be for you to:

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

Protective Factors

Family Attachment

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

B6 Do you feel very close to your:

- **a** Mother?
- **b** Father?

B7 Do you share your thoughts and feelings with your:

- **a** Mother?
- **b** Father?

Opportunities for Prosocial Involvement

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

B1 My parents ask me what I think before most family decisions affecting me are made.

B2 If I had a personal problem, I could ask my mom or dad for help

B3 My parents give me lots of chances to do fun things with them.

Rewards for Prosocial Involvement

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

B8 Do you enjoy spending time with your:

- **a** Mother?
- **b** Father?

B4 My parents notice when I am doing a good job and let me know about it.

B5 How often do your parents tell you they're proud of you for something you've done?

School Domain

Risk Factors

Academic Failure

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

A4 Putting them all together, what were your grades like last year?

A7 Are your school grades better than the grades of most students in your class?

Low Commitment to School

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

A1 During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?

A2 How important do you think the things you are learning in school are going to be for your later life?

A3 How interesting are most of your courses to you?

A5 How often do you feel that the schoolwork you are assigned is meaningful and important?

A6 Now, thinking back over the past year in school, how often did you:

- **a** Enjoy being in school?
- **b** Hate being in school?
- **c** Try to do your best work in school?

Protective Factors

Opportunities for Prosocial Involvement

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

A8 Teachers ask me to work on special classroom projects.

A9 There are lots of chances for students in my school to talk one-on-one with a teacher.

A10 I have lots of chances to be part of class discussions or activities.

A11 In my school, students have lots of chances to help decide things like class activities and rules.

A12 There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

Rewards for Prosocial Involvement

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

A13 My teacher(s) notices when I am doing a good job and lets me know about it.

A14 I feel safe at my school.

A15 The school lets my parents know when I have done something well.

A16 My teachers praise me when I work hard in school.

Peer-Individual Domain

Risk Factors

Rebelliousness

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

C1 I like to see how much I can get away with.

C2 I ignore the rules that get in my way.

C3 I do the opposite of what people tell me, just to get them mad.

Gang Involvement

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

A28a Have you ever belonged to a gang?

A28b If you have ever belonged to a gang, did that gang have a name?

A29 How old were you when you first belonged to a gang?

A30 In the past 12 months, how many of your best friends have been a member of a gang?

Perceived Risk of Drug Use

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

C8 How much do you think people risk harming themselves (physically or in other ways) if they:

- **a** Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- **c** Smoke one or more packs of cigarettes per day?
- **d** Try marijuana once or twice?
- **f** Use marijuana regularly?

Attitudes Favorable Toward Antisocial Behavior and Drug Use

During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in 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.

C10 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?

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

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Sensation Seeking

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

C11 How many times have you done the following things?

- **a** Done what feels good no matter what.
- **b** Done something dangerous because someone dared you to do it.
- **c** Done crazy things even if they are a little dangerous.

Rewards for Antisocial Behavior

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

C12 What are the chances you would be seen as cool if you:

- **a** Carried a handgun?
- **b** Began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- **c** Smoked cigarettes?
- **d** Used marijuana?

Friends' Use of Drugs

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

C17 Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:

- **f** Tried beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) when their parents didn't know about it?
- **g** Smoked cigarettes?
- **i** Used LSD, cocaine, amphetamines, or other illegal drugs?
- **j** Used marijuana?

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Interaction with Antisocial Peers

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

C17 Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:

- **a** Been arrested?
- **b** Dropped out of school?
- **c** Stolen or tried to steal a motor vehicle such as a car or motorcycle?
- **d** Been suspended from school?
- **e** Carried a handgun?
- **h** Sold illegal drugs?

Depressive Symptoms

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

C4 In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?

C5 Sometimes I think that life is not worth it.

C6 At times I think I am no good at all.

C7 All in all, I am inclined to think that I am a failure.

Protective Factors

Belief in the Moral Order

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

C13 I think it is okay to take something without asking as long as you get away with it.

C14 It is all right to beat up people if they start the fight.

C15 I think sometimes it's okay to cheat at school.

C16 It is important to be honest with your parents, even if they become upset or you get punished.

Religiosity

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

C8 How often do you attend religious services or activities?

UNDERSTANDING CUT-POINTS

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

What are Cut-Points?

A cut-point 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 presented in this report use the scale cut-points discussed above. Instead of the percentile scores used prior to 2013, percentage of youth at-risk and with protection are presented in the 2017 report. For example:

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

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

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national results (see page 11 for more information on BH Norm development).

Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your county. 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 county 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 county. As you look through your data, we would encourage you to circle or mark risk scales that are higher than the BH Norm and protective factor scales that are lower than the BH Norm and add these items to your list of possible areas to tackle with prevention efforts.

OVERALL RISK AND PROTECTIVE SCORES

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

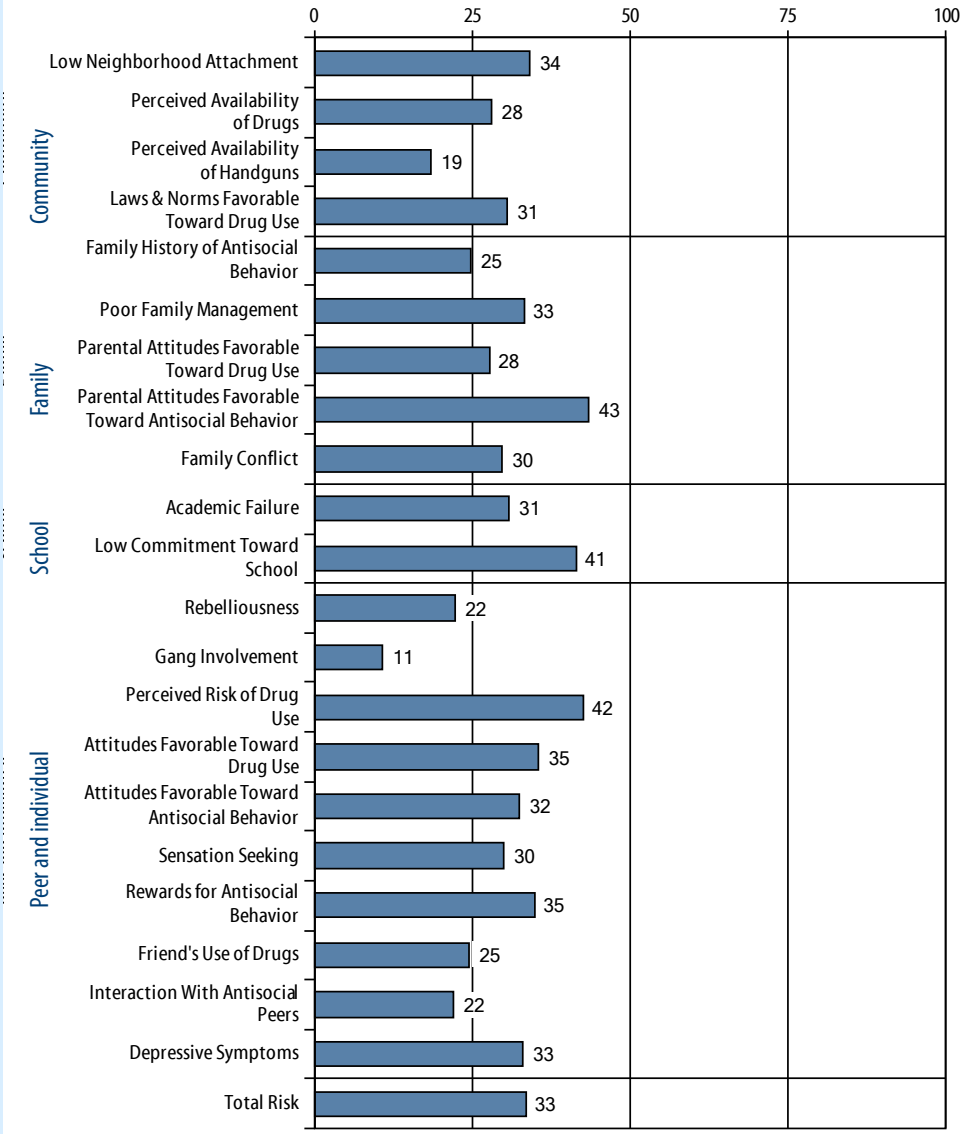
Students in Chester County reported the three highest overall (all grades combined) scores for the following risk factor scales: Parental Attitudes Favorable Toward Antisocial Behavior (43.4% of students at risk), Perceived Risk of Drug Use (42.4% at risk), and Low Commitment Toward School (41.4% at risk).

The three lowest overall scale scores were Gang Involvement (10.8% at risk), Perceived Availability of Handguns in the Community (18.6% at risk), and Interaction With Antisocial Peers (22.1% at risk).

Of the eight protective factor scales, the highest scores in the overall sample of students in this county were reported for Family Attachment (69.9% of students with protection), Family Opportunities for Prosocial Involvement (68.2% with protection) and Family Rewards for Prosocial Involvement (67.6% with protection).

The lowest protective factor scales in the overall sample were Religiosity (41.0% with

Chester County
Risk Factors, 2017 Pennsylvania Youth Survey

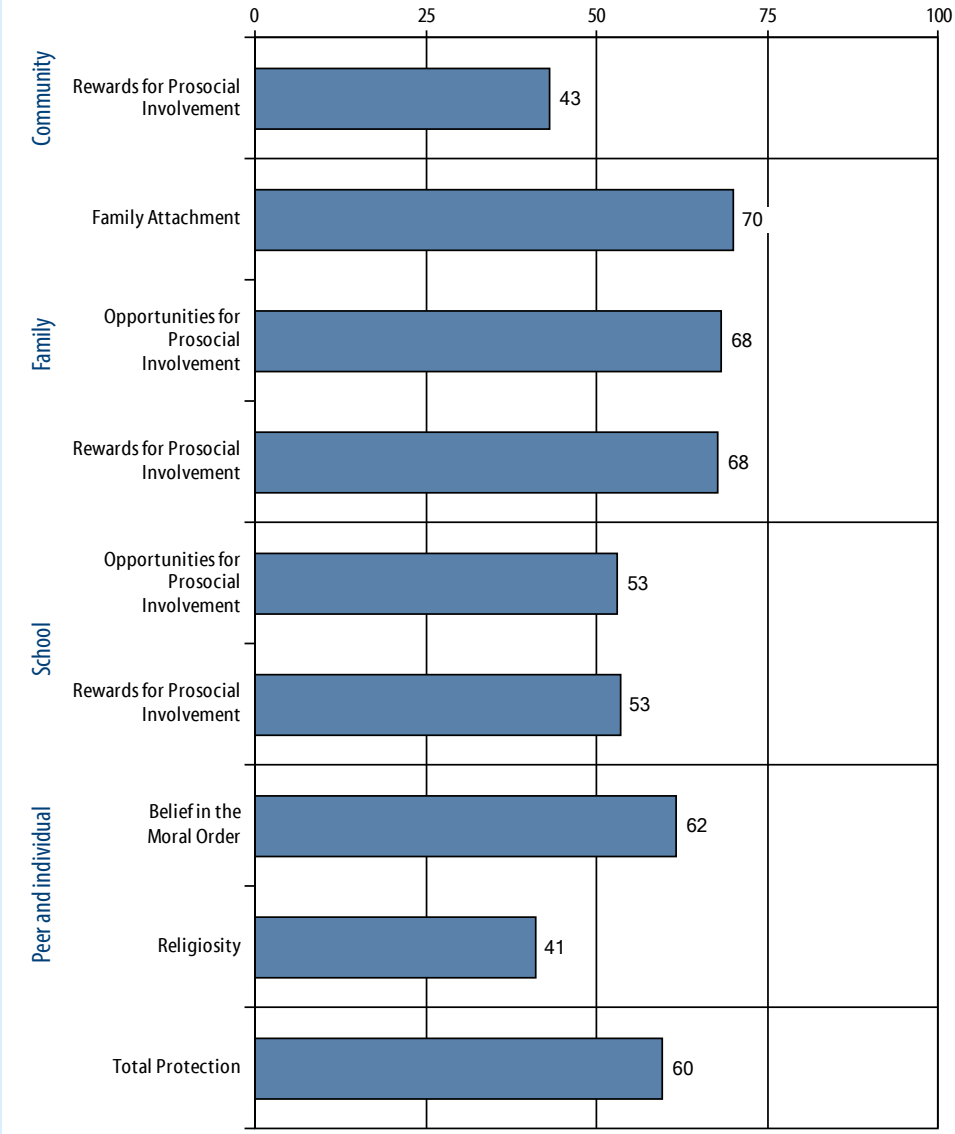


"TOTAL RISK" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF RISK FACTORS OPERATING IN THEIR LIVES. (6TH AND 8TH GRADES: 5 OR MORE RISK FACTORS, 10TH AND 12TH GRADES: 7 OR MORE RISK FACTORS.)

protection), Community Rewards for Prosocial Involvement (43.1% with protection) and School Opportunities for Prosocial Involvement (52.9% 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 Chester County.

Chester County
Protective Factors, 2017 Pennsylvania Youth Survey

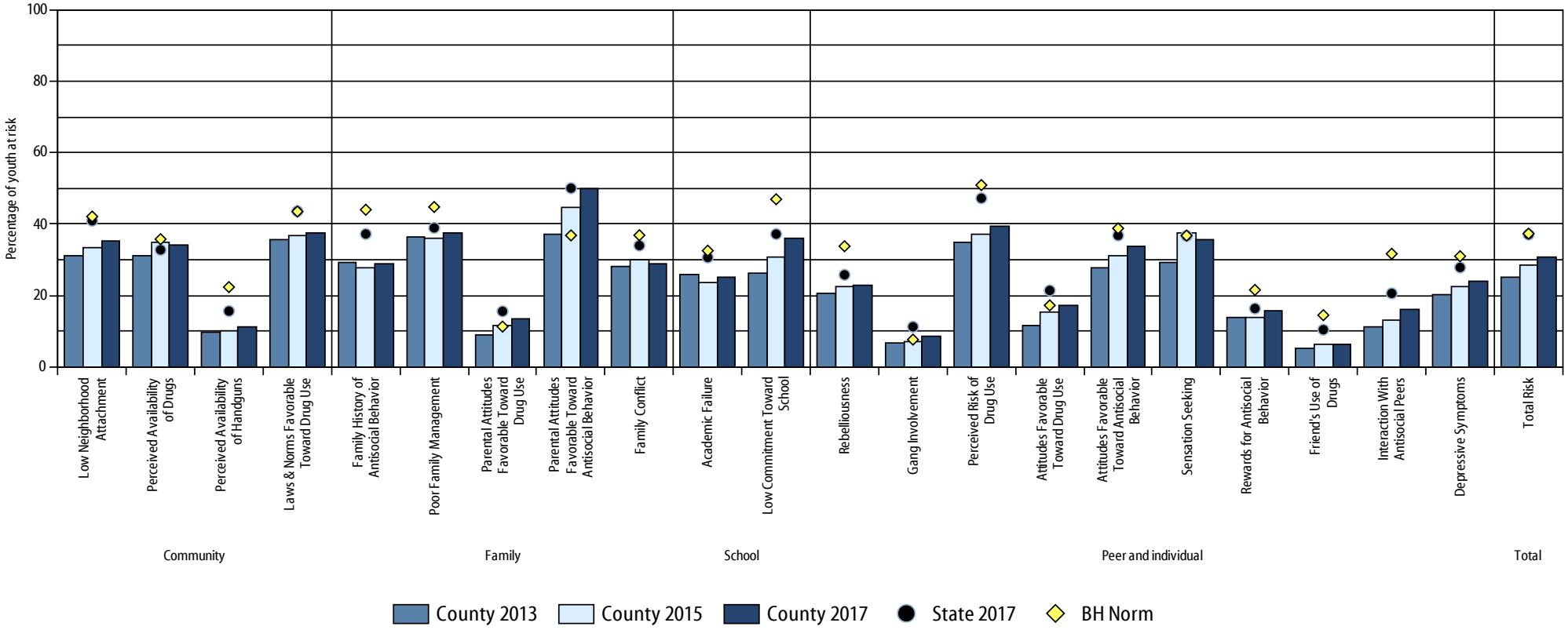


Grade-Level Results

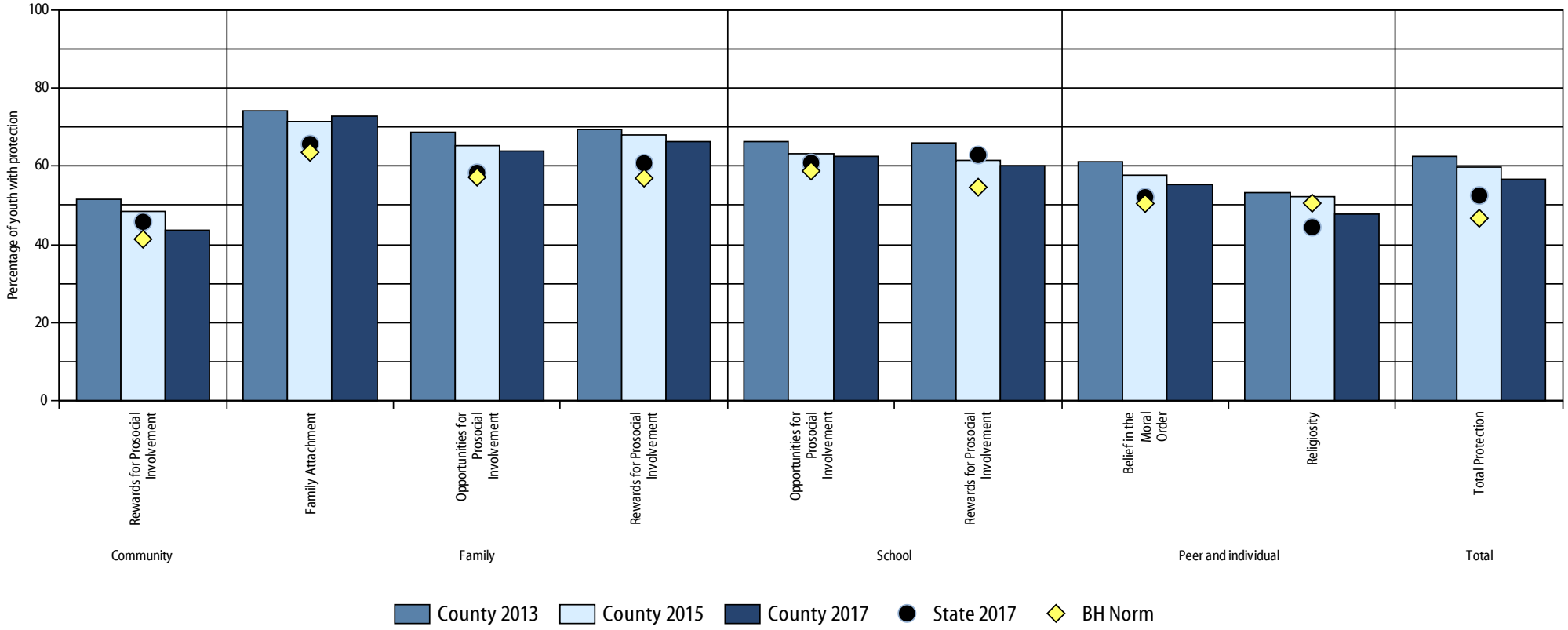
While grouped-grade scale scores provide a general picture of the risk and protective factor profile for this county, they can mask problems within individual grades. The next pages of this report present individual-grade data, where available for risk and protective factor scale scores. This detailed 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.

 "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
Chester County 2017 Pennsylvania Youth Survey



Protective factors, 6th grade
Chester County 2017 Pennsylvania Youth Survey



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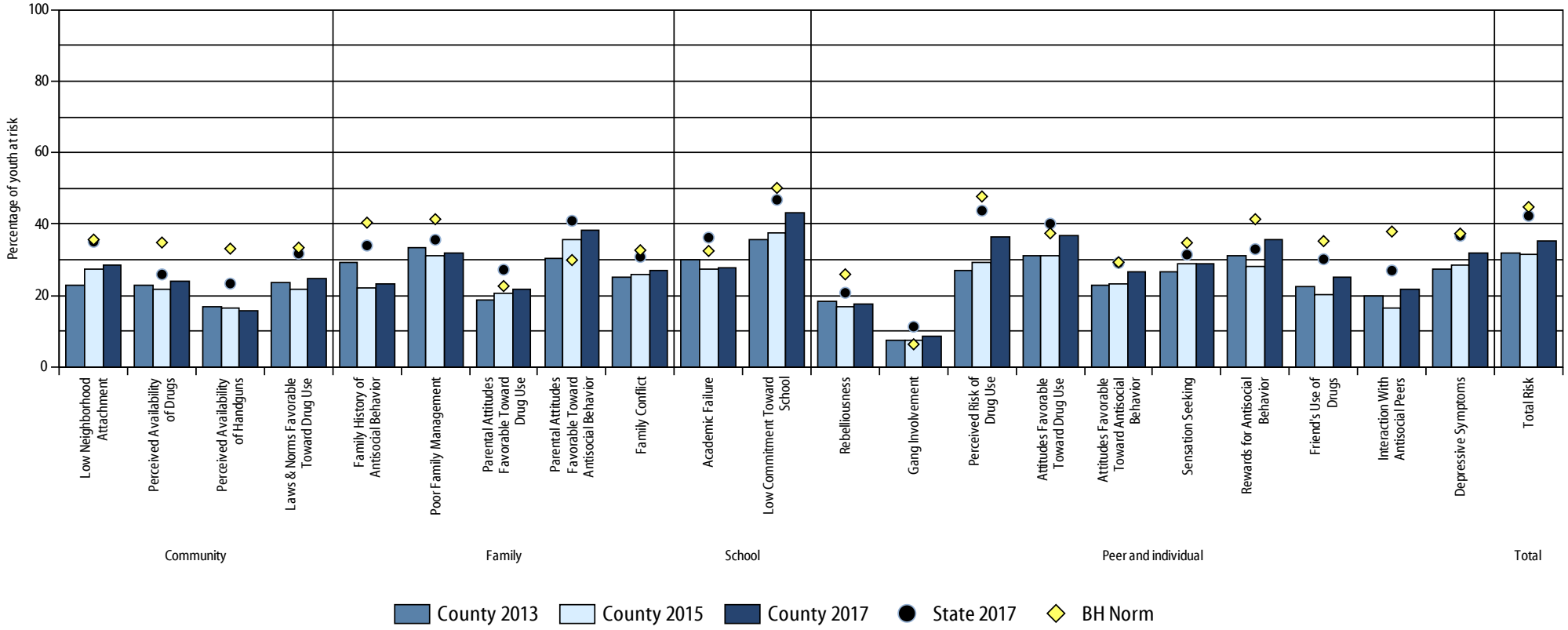
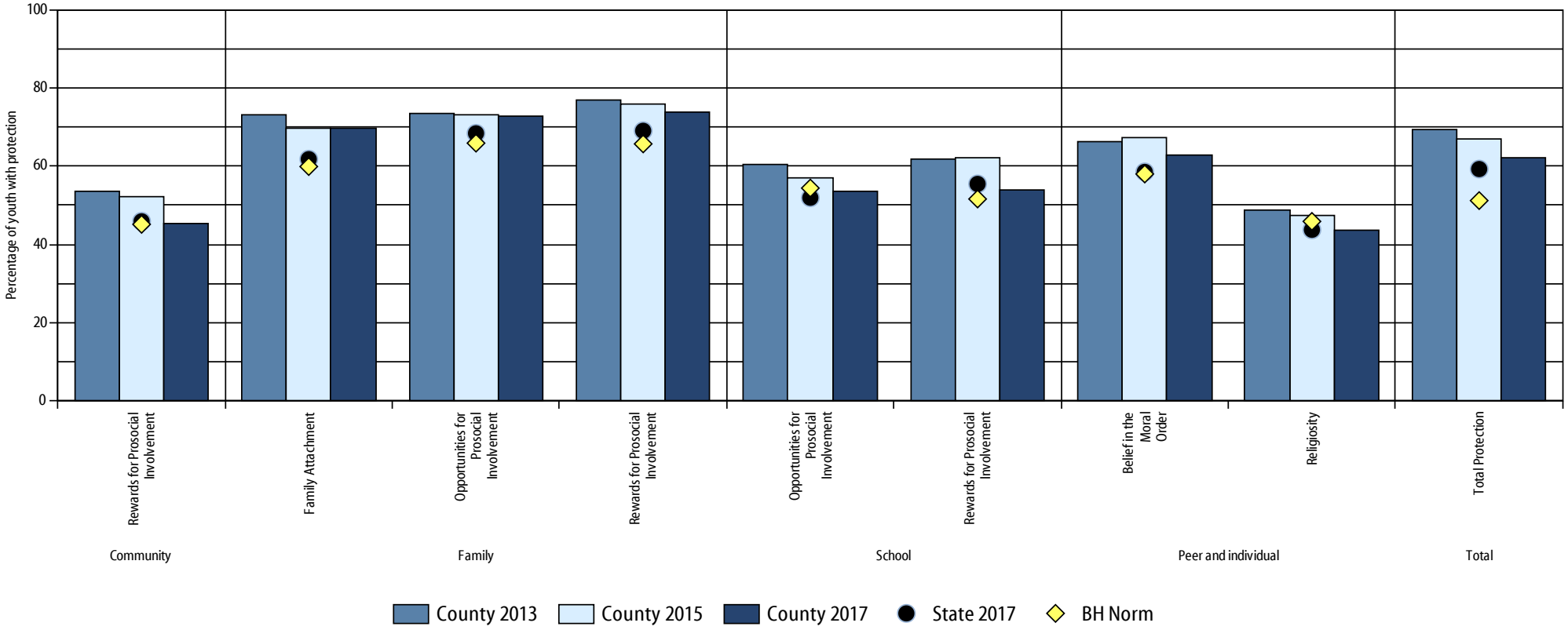
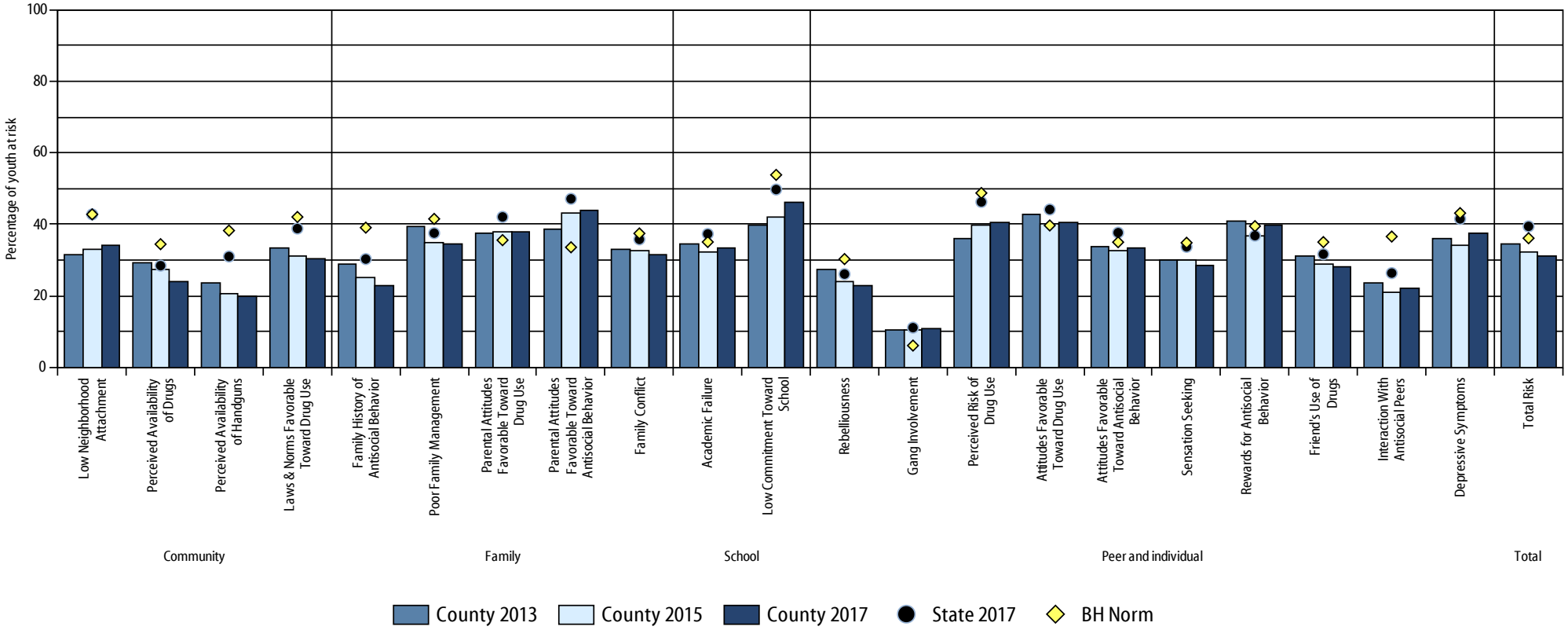
Risk factors, 8th grade
Chester County 2017 Pennsylvania Youth Survey



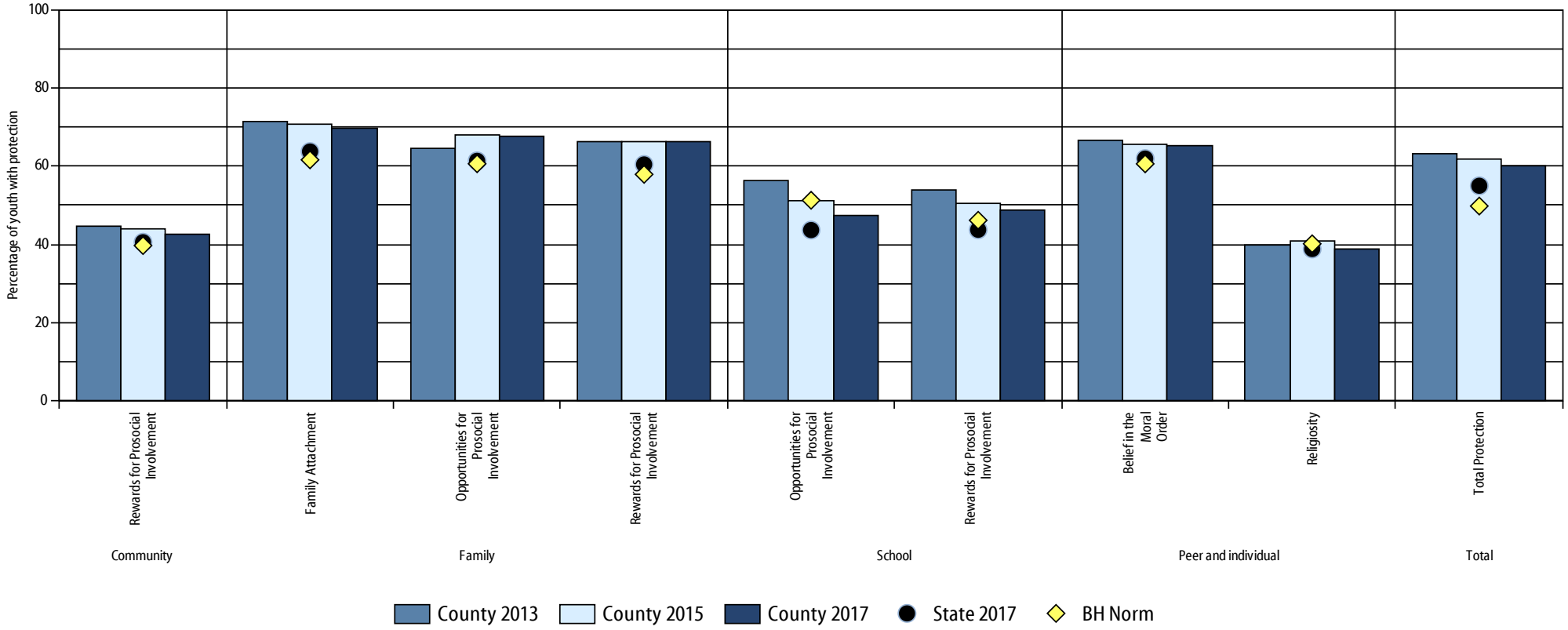
Protective factors, 8th grade
Chester County 2017 Pennsylvania Youth Survey



Risk factors, 10th grade
Chester County 2017 Pennsylvania Youth Survey



Protective factors, 10th grade
Chester County 2017 Pennsylvania Youth Survey



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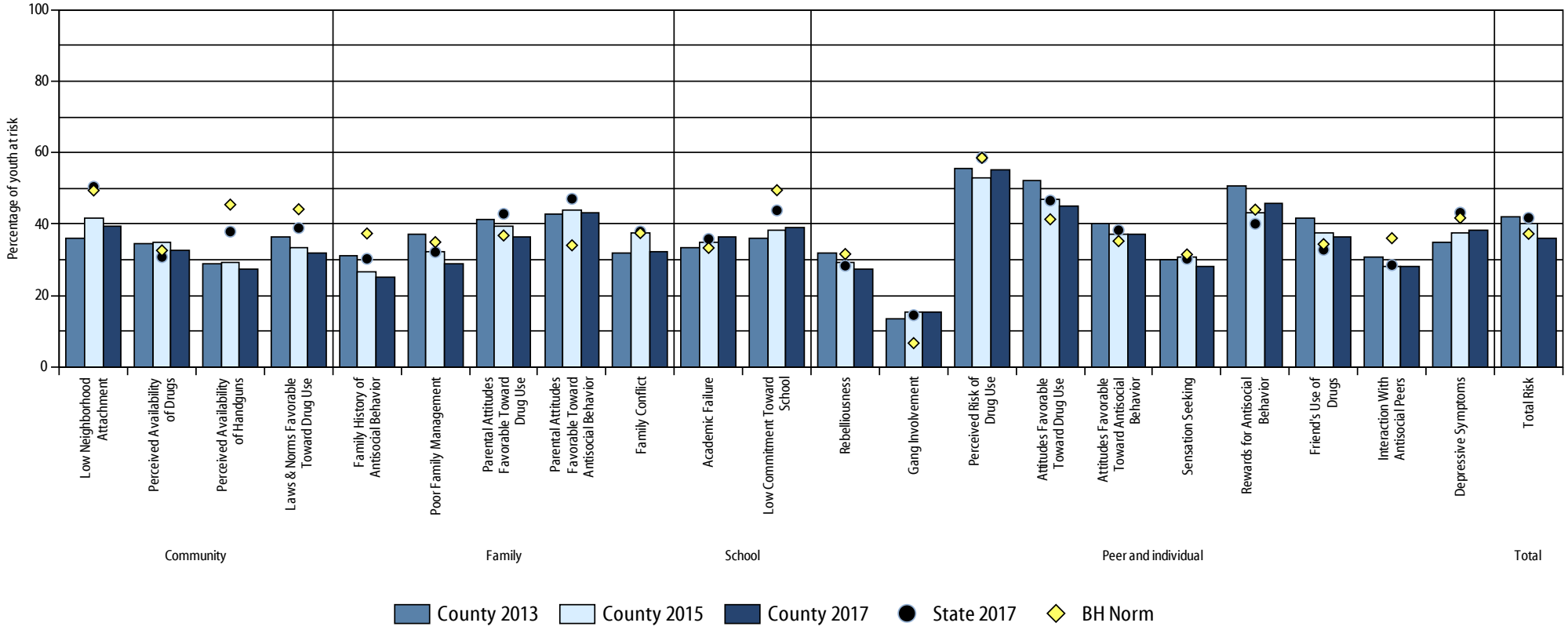
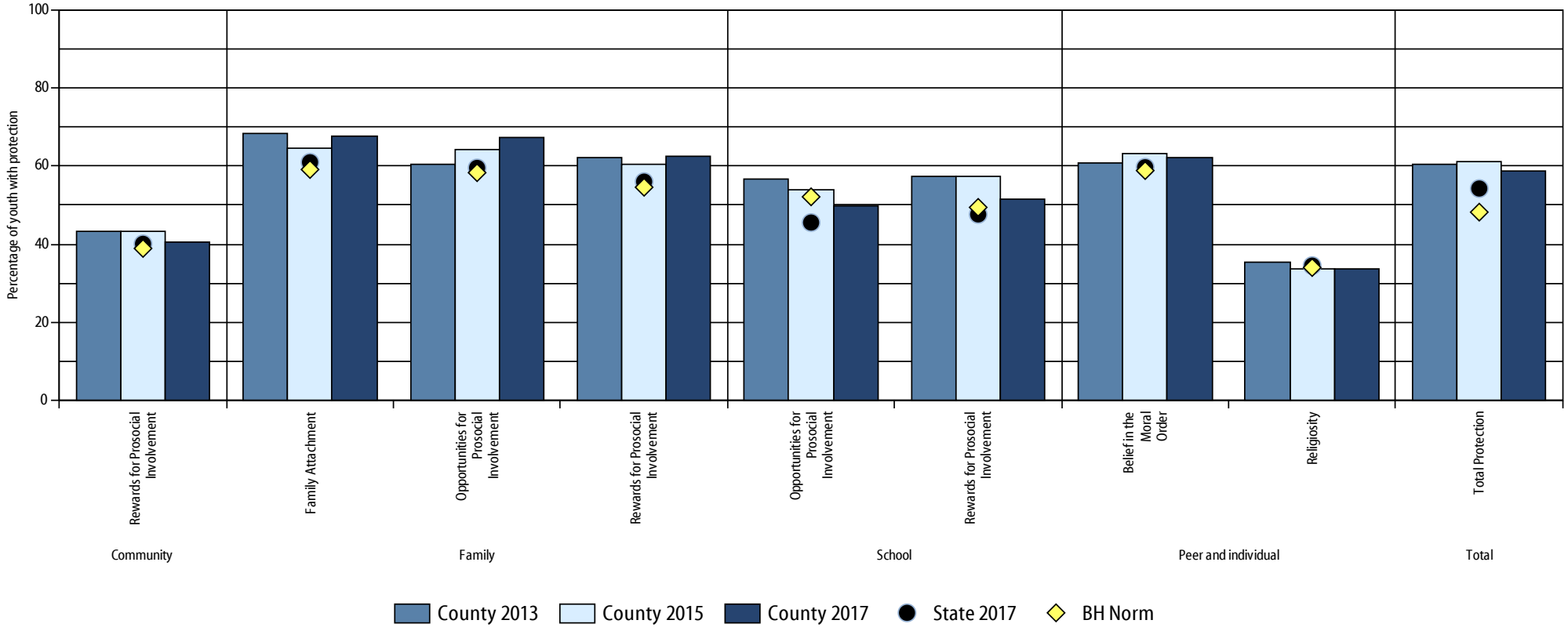
Risk factors, 12th grade
Chester County 2017 Pennsylvania Youth Survey



Protective factors, 12th grade
Chester County 2017 Pennsylvania Youth Survey



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Risk Factors
Chester County 2017 Pennsylvania Youth Survey

	6th					8th					10th					12th				
	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm
Community																				
Low Neighborhood Attachment	31.2	33.5	35.4	41.0	42.1	22.9	27.3	28.7	35.1	35.7	31.4	32.9	34.3	42.8	42.8	36.2	41.7	39.4	50.5	49.4
Perceived Availability of Drugs	31.1	34.8	34.2	32.8	35.8	22.9	21.9	23.9	25.9	34.9	29.4	27.6	24.1	28.5	34.5	34.7	35.0	32.6	30.8	32.7
Perceived Availability of Handguns	9.7	10.2	11.3	15.7	22.4	16.9	16.7	15.7	23.4	33.2	23.7	20.8	19.8	31.0	38.3	28.8	29.4	27.3	37.9	45.5
Laws & Norms Favorable Toward Drug Use	35.7	36.8	37.7	43.6	43.6	23.6	21.7	24.6	31.8	33.5	33.4	31.2	30.4	38.8	42.1	36.3	33.3	31.8	38.9	44.2
Family																				
Family History of Antisocial Behavior	29.2	28.0	28.9	37.3	44.0	29.1	22.3	23.2	34.0	40.4	28.9	25.1	22.8	30.3	39.1	31.4	26.8	25.3	30.3	37.4
Poor Family Management	36.6	36.1	37.6	39.0	44.8	33.3	31.2	31.9	35.7	41.4	39.4	35.0	34.6	37.6	41.6	37.1	32.4	28.8	32.2	35.0
Parental Attitudes Favorable Toward Drug Use	9.1	11.5	13.7	15.6	11.4	18.7	20.5	22.0	27.3	22.7	37.6	38.1	38.0	42.1	35.6	41.4	39.3	36.3	42.9	36.8
Parental Attitudes Favorable Toward Antisocial Behavior	37.3	44.6	49.9	50.1	36.9	30.2	35.7	38.4	40.9	30.0	38.6	43.2	43.8	47.2	33.6	42.9	44.0	43.2	47.1	34.1
Family Conflict	28.0	29.9	28.9	34.0	36.9	25.0	25.8	27.1	30.9	32.7	33.1	32.5	31.4	35.8	37.5	31.7	37.7	32.4	38.0	37.5
School																				
Academic Failure	26.0	23.7	25.2	30.7	32.6	30.0	27.5	27.9	36.3	32.5	34.6	32.1	33.4	37.4	35.1	33.3	34.8	36.6	35.9	33.4
Low Commitment Toward School	26.2	31.0	36.1	37.2	47.0	35.8	37.5	43.0	46.8	50.1	39.9	42.1	46.1	49.8	53.8	36.2	38.1	39.1	43.8	49.5
Peer and individual																				
Rebelliousness	20.7	22.7	23.0	25.8	33.8	18.2	17.0	17.5	20.8	26.0	27.3	24.0	22.9	26.1	30.4	31.9	29.5	27.6	28.4	31.7
Gang Involvement	6.7	7.3	8.5	11.3	7.7	7.4	7.6	8.5	11.3	6.4	10.7	10.4	10.9	11.2	6.2	13.7	15.6	15.6	14.6	6.8
Perceived Risk of Drug Use	35.0	37.2	39.5	47.2	50.9	27.2	29.4	36.3	43.8	47.7	36.1	39.8	40.7	46.3	48.8	55.4	52.8	55.3	58.6	58.6
Attitudes Favorable Toward Drug Use	11.7	15.4	17.4	21.5	17.3	31.0	31.0	36.9	40.2	37.4	42.7	40.2	40.7	44.2	39.7	52.3	46.7	45.1	46.6	41.4
Attitudes Favorable Toward Antisocial Behavior	27.7	31.2	33.9	36.8	38.8	23.0	23.3	26.5	29.2	29.4	33.8	32.6	33.5	37.7	35.1	40.0	37.2	37.4	38.3	35.3
Sensation Seeking	29.2	37.7	35.6	36.7	36.8	26.6	28.8	28.9	31.5	34.8	30.2	30.0	28.7	33.7	34.9	30.2	31.0	28.0	30.3	31.5
Rewards for Antisocial Behavior	14.0	13.7	15.6	16.4	21.6	31.0	28.0	35.9	33.0	41.4	41.1	37.0	39.8	36.9	39.5	50.7	43.2	45.9	40.1	44.1
Friend's Use of Drugs	5.4	6.6	6.3	10.5	14.6	22.7	20.4	25.3	30.2	35.3	31.3	28.8	28.4	31.7	35.1	41.7	37.7	36.6	32.8	34.4
Interaction With Antisocial Peers	11.4	13.2	16.1	20.7	31.7	19.8	16.6	21.9	27.0	38.0	23.8	21.0	22.3	26.4	36.6	30.6	28.1	28.1	28.6	36.1
Depressive Symptoms	20.4	22.6	24.1	27.9	31.1	27.5	28.5	31.8	36.8	37.4	36.2	34.1	37.7	41.5	43.2	35.0	37.7	38.3	43.2	41.8
Total																				
Total Risk	25.3	28.5	31.0	37.1	37.4	32.0	31.5	35.5	42.3	44.8	34.6	32.2	31.2	39.5	36.2	42.2	40.1	36.1	41.8	37.3

Protective Factors
Chester County 2017 Pennsylvania Youth Survey

	6th					8th					10th					12th				
	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm	County 2013	County 2015	County 2017	State 2017	BHNorm
Community																				
Rewards for Prosocial Involvement	51.6	48.6	43.6	45.8	41.4	53.6	52.3	45.2	45.9	45.1	44.6	43.9	42.6	40.6	39.7	43.2	43.2	40.5	40.1	38.9
Family																				
Family Attachment	74.0	71.4	72.6	65.6	63.5	73.0	69.7	69.6	61.8	59.9	71.3	70.6	69.7	63.7	61.6	68.4	64.6	67.7	61.0	59.1
Opportunities for Prosocial Involvement	68.5	65.1	63.9	58.3	57.2	73.5	73.2	72.7	68.4	65.9	64.5	68.0	67.5	61.4	60.6	60.4	64.1	67.4	59.5	58.3
Rewards for Prosocial Involvement	69.2	68.0	66.3	60.7	56.9	76.7	75.7	73.8	69.0	65.7	66.4	66.3	66.4	60.4	57.9	62.1	60.4	62.5	56.0	54.6
School																				
Opportunities for Prosocial Involvement	66.2	63.2	62.5	60.8	58.8	60.4	56.9	53.5	51.9	54.4	56.4	51.0	47.4	43.7	51.3	56.5	53.8	49.8	45.5	52.1
Rewards for Prosocial Involvement	65.8	61.6	60.1	62.9	54.6	61.8	62.0	54.0	55.5	51.6	54.1	50.5	48.9	43.8	46.2	57.2	57.3	51.6	47.6	49.4
Peer and individual																				
Belief In The Moral Order	61.0	57.6	55.3	52.1	50.5	66.2	67.4	62.7	58.5	58.0	66.5	65.5	65.3	61.9	60.6	60.8	63.3	62.1	59.7	58.8
Religiosity	53.1	52.2	47.9	44.4	50.5	48.8	47.4	43.6	43.7	45.9	40.0	40.9	38.7	38.8	40.2	35.3	33.8	33.7	34.5	34.0
Total																				
Total Protection	62.5	59.7	56.5	52.5	46.7	69.5	67.0	62.3	59.3	51.2	63.2	62.0	60.0	55.0	49.8	60.4	61.0	58.7	54.3	48.2

8. THE SOCIAL DEVELOPMENT STRATEGY

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

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

Interaction Strategies

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

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

Skills: Teach young people the skills they need to succeed

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

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

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

Programs That Target SDS Are Effective for the Long-term

Comprehensive programs and practices that are built on the components of the Social Development Strategy are effective at improving youth outcomes into adulthood! Research has demonstrated that when parents, teachers, and youth participate in intensive programs that incorporate SDS principles those children have better outcomes[1]. In a longitudinal study of 808 ten-year olds who received social competence training, their teachers who received instructional and classroom management skills, and their parents who received developmentally appropriate parenting classes – all based on the Social Development Strategy - had significantly better long-term outcomes 15 years later[2], including:

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

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

Interested in Learning More About SDS?

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

Additionally, the EPISCenter Training Institute at Penn State University offers several SDS trainings that are open to anyone interested in improving youth outcomes including, but not limited to:

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

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

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

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

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

APPENDIX A. DRUG FREE COMMUNITIES DATA

Core Measure	Definition	Substance	6th		8th		10th		12th		Male		Female	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of risk (People are at moderate or great risk of harming themselves if they...)	take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	Binge drinking	76.9	3,221	80.1	4,347	78.4	3,956	73.0	3,359	74.8	7,173	80.1	7,364
	smoke one or more packs of cigarettes per day?	Tobacco	84.5	3,236	87.4	4,343	88.1	3,955	85.2	3,364	84.1	7,176	89.0	7,376
	smoke marijuana once or twice a week?	Marijuana	80.7	3,155	76.1	4,318	56.5	3,936	39.4	3,348	59.7	7,114	67.5	7,300
	use prescription drugs that are not prescribed to them?	Prescription drugs	83.3	3,181	86.6	4,315	90.2	3,920	88.1	3,323	85.0	7,087	89.4	7,306
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	95.1	3,602	94.5	4,660	91.3	4,225	84.5	3,645	90.5	7,859	92.7	7,889
	smoke cigarettes?	Tobacco	97.6	3,144	97.3	4,222	96.7	3,872	93.9	3,302	95.5	7,007	97.3	7,195
	smoke marijuana?	Marijuana	97.9	3,118	95.6	4,219	91.4	3,878	84.0	3,294	91.0	6,997	93.7	7,175
	use prescription drugs not prescribed to you?	Prescription drugs	94.4	3,451	95.2	4,633	95.6	4,203	95.3	3,637	94.7	7,752	95.6	7,799
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	92.0	3,164	86.0	4,219	74.1	3,868	67.8	3,307	75.9	6,948	84.1	7,270
	smoke tobacco?	Tobacco	94.5	3,137	91.0	4,201	82.9	3,858	72.1	3,304	80.7	6,929	89.8	7,233
	smoke marijuana?	Marijuana	95.0	3,088	85.8	4,183	62.5	3,847	42.2	3,308	68.3	6,901	75.0	7,187
	use prescription drugs not prescribed to you?	Prescription drugs	94.7	3,120	91.8	4,193	88.8	3,846	84.0	3,305	87.3	6,899	92.3	7,225
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	89.1	3,693	83.4	4,709	72.0	4,186	66.9	3,599	75.1	7,870	81.0	7,933
People are at moderate or great risk of harming themselves if they...	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Regular alcohol use	73.8	3,220	76.1	4,379	74.7	3,969	71.5	3,367	69.7	7,191	78.7	7,398
Past 30-day use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	3.1	3,819	8.3	4,774	22.0	4,227	41.2	3,649	17.3	8,053	18.4	8,022
	smoked cigarettes?	Tobacco	0.2	3,838	1.2	4,772	2.7	4,228	9.7	3,617	3.4	8,012	3.0	8,051
	used marijuana	Marijuana	0.4	3,725	3.3	4,745	12.4	4,200	24.5	3,637	10.2	7,972	9.0	7,952
	used prescription narcotics (such as Vicodin, OxyContin, Percocet, or Tylox) without a doctor's orders	Prescription drugs	1.1	3,705	1.5	4,731	2.0	4,205	3.7	3,634	2.1	7,929	2.0	7,953

APPENDIX B. DEPRESSION AND SUBSTANCE USE

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

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

The high depressive symptoms group scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked "YES!" to all four items or marked "yes" to one item and "YES!" to three. The no depressive symptoms group marked "NO!" to all four of the items, and the moderate depressive symptoms group comprised the remaining respondents. Of the statewide sample, 27.4% of students scored no depressive symptoms on this scale; 65.9% scored moderate symptoms; and 6.7% scored high symptoms.

The table below shows the relationship between youth who report depressive symptoms and ATOD use. When compared to the non-depressed group, the youth with high depressive symptoms indicate 30-day alcohol use rates that are four times higher than non-depressed students. Depressed students indicate use rates that are seven times higher for past-month cigarette use and three times higher for past month marijuana use in comparison to non-depressed students.

The ATOD use rates of the moderate depressive symptoms group (65.9% of Pennsylvania youth), were closer to the rates of the non-depressed group than they were to the depressed. For the three substances, the past month usage rates for the this group were higher than those without depressive symptoms but lower than the high depressive symptoms group. Even with some depressive symptoms, individuals with a positive outlook tend to use fewer substances than peers with high levels of depressive symptoms.

	No Depressive Symptoms		Moderate Depressive Symptoms		High Depressive Symptoms	
	County 2017	State 2017	County 2017	State 2017	County 2017	State 2017
Depressive symptom alone	30.1	27.4	64.7	65.9	5.2	6.7
Alcohol Lifetime	28.6	29.3	46.0	47.8	62.2	67.9
Alcohol 30-Day	12.2	10.8	19.8	19.8	30.0	33.3
Cigarettes Lifetime	4.5	6.9	9.5	15.6	20.6	37.3
Cigarettes 30-Day	1.4	2.4	3.6	6.1	10.3	16.8
Marijuana Lifetime	10.6	9.9	17.5	19.4	29.1	35.8
Marijuana 30-Day	6.2	4.8	10.7	10.6	17.2	21.7

APPENDIX C. BULLYING AND DEPRESSION/SUICIDE

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

When PAYS data for bullying measures (*Have you stayed home from school this year because you were worried about being bullied?* and *During the past 12 months, have you been bullied through texting and/or social media?*) are analyzed alongside measures of depression (*Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?*) and of suicidal ideation (*During the past 12 months did you: seriously consider attempting suicide? Make a plan of how you would attempt suicide? Actually attempted suicide?*) a compelling relationship emerges.

For example, students at the state level who indicated they hadn't been bullied through texting or social media in the past year in the past year, 17.5% reported that they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Of students who indicated they *had* been cyberbullied, 49% indicated feeling so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities. In the past year, 38% of those students had considered suicide, 30.8% had made a suicide plan, and 26.9% had attempted suicide.

The same relationships exist for students who indicated they had skipped school due to bullying fears in the past year. Of those students, 65.8% had felt so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities, 55.5% had considered suicide, 46.2% had made a suicide plan, and 44.8% had attempted suicide.

	Bullied through texting/social media in the past year?				Skipped school due to bullying fears in the past year?			
	NO/no		YES/yes		NO/no		YES/yes	
	County 2017	State 2017	County 2017	State 2017	County 2017	State 2017	County 2017	State 2017
Felt so sad or hopeless almost every day for at least 2 weeks in past year that stopped doing usual activities	14.0	17.5	43.6	49.0	16.4	20.6	66.2	65.8
Considered suicide in the past year	9.9	12.3	34.0	38.0	11.8	14.6	52.7	55.5
Made suicide plan in the past year	7.5	10.0	28.0	30.8	9.1	11.7	46.1	46.2
Attempted suicide one or more times in the past year	4.0	6.7	20.5	26.9	5.3	8.3	35.4	44.8

APPENDIX D. SURVEY METHODOLOGY

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

Comparability of the 2017 PAYS to prior administrations

The 2017 PAYS instrument and administration enhanced the three-form design, first implemented in 2013 to address the difference in response rates for questions at the beginning of the survey versus those located at the end of the survey. Each of the three forms began with question section X, with sections A-F presented in different order on each of the three forms to offset the tendency for response rates to fall off in the later sections of the survey.

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

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

The survey retained its two column format to improve readability and speed of response. Focus groups were held with students currently in grades 6, 8, 10, and 12 during the 2015-2016 school year. These students were new to the survey and were not expected to be within the grades completing the survey during the 2015-2016 school year. To enhance readability and reduce confusion related to the non-alphabetic order of the presentation of the survey sections, each section of the survey contains a label indicating the topic of the questions within the section. A heading was placed on the page of the 30-day and lifetime use questions to encourage honest responses by reassuring the students they would not be punished for their responses.

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

2017 Question changes and additions

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

The 2017 PAYS added, removed, and updated questions from the previous survey. Some of the questions removed were those that identified as lower priority within the survey; these included questions related to perceptions about how wrong it was to bully another student. Other question sets were evaluated and edited to gather more specific information; these included sources of alcohol, bullying frequency, and participation in pro-social activities. The edits to the survey were informed by prevention specialists and agencies.

The translations in Spanish of the 2017 PAYS instrument were reviewed and updated to include vocabulary that improved the readability of the paper-based and online survey forms presented in Spanish. The Spanish online survey form presented each question in English and Spanish to help with understanding of terms that might be unfamiliar to the students.

The data for questions not included in the 2017 PAYS instrument that appeared on the 2009, 2011, 2013, or 2015 survey instruments will still be available for those years in PAYS online reporting tool (www.bach-harrison.com/PAYSWebTool).

2017 PAYS changes and additions

Sources for obtaining alcohol	*If you drank alcohol during the past 12 months, how did you usually get it?* *Removed: Was part of family or religious celebration* *Changed: "Parents or friends' parents provided it to me" was split into "Parents provided it to me" and "Friends' parents provided it to me"* *Changed: "Friends, brothers, or sisters provided it to me" was split into "Friends, brothers, or sisters over 21 provided it to me" and "Friends, brothers, or sisters under 21 provided it to me"*
Bullying	*Removed: How wrong do you think it is for someone your age to bully another student or peer?* *Removed: How wrong do your parents feel it would be for you to bully another student or peer?* *Changed: If you have been bullied in the past 12 months, how frequently were you bullied?* *(answer options were changed in 2017; new options are: No • Yes, very rarely • Yes, now and then • Yes, several times per month • Yes, several times per week • Yes, almost daily)*

2017 PAYS changes and additions (cont'd)

Internet safety	*Changed: Prior to the 2017 PAYS, this question asked "In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?" In 2017, the question was amended to replace "on the Internet" with "when using technology".*
Involvement in pro-social activities	*In the past 12 months, in which of the following activities did you participate? Organized community activities (such as scouting, 4H, service clubs, YMCA, etc) • Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.) • School sponsored activities (such as sports, music, clubs, after-school programs, etc.) • Faith-based activities (such as choir, youth group, mission, church leagues, etc) • Job, employed • Volunteer • Other activities • I do not participate* *While the question has not changed, charts and tables prior to the 2017 PAYS were based on a sample of students participating in at least one pro-social activity. In this years' report the charts and tables have been recalculated to included all students who answered the question (including those who indicated they did not participate in any activities).*

APPENDIX E. FOR MORE INFORMATION…

Prevention Web Sites

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

Guides to Prevention Programs

- Blueprints for Healthy Youth Development: www.blueprintsprograms.com
- National Institute of Justice: www.crimesolutions.gov
- Federal OJJDP Model Programs Guide: www.ojjdp.gov/mpg
- SAMHSA 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.pa.gov
- PLCB – PA Liquor Control Board: www.lcb.state.pa.us/PLCB/index.htm
- PCCD – PA Commission on Crime and Delinquency: www.pccd.pa.gov
- PDE – PA Department of Education, Office of Safe Schools (Elementary and Secondary): www.education.pa.gov/K-12/Safe%20Schools/Pages/default.aspx
- CCAP – County Commissioners Association of PA: www.pacounties.org
- Pennsylvania Association of County Drug and Alcohol Administrators: www.pacdaa.org

Federal Resources

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

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

If You Need Assistance

- The PA Network for Student Assistance Services (PNSAS): pnsas.org

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
- PA Department of Drug & Alcohol Programs: apps.ddap.pa.gov/gethelpnow

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

Talking with a child about drugs and alcohol:

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

With child/parent coaching:

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

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

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

  www.drugabuse.gov/parents-educators

APPENDIX F. SCHOOLS AND DISTRICTS IN THIS REPORT

As follows is a list of school districts, charter schools, and private schools which both participated in the 2017 Pennsylvania Youth Survey and are also represented in this profile report. If this report is intended for a school district, charter school, or private school, you will find that only the district/school in question is included. However, County and Community reports will include two or more districts, charter schools, or private schools. In the instance of those reports, this appendix will provide key information for understanding the participants represented in your data.

Achievement House Charter School
Avon Grove School District
Coatesville Area School District
Downingtown Area School District
Great Valley School District
Kennett Consolidated School District
Octorara Area School District
Owen J. Roberts School District
Oxford Area School District
Phoenixville Area School District
Tredyffrin-Easttown School District
Unionville-Chadds Ford School District
West Chester Area School District