Youth Now
PREVENTION INITIATIVE

Youth Marijuana Prevention Community Needs Assessment

Educational Service District 112
Prevention & Youth Services

Youth Now is an initiative of the PREVENT! coalition administered through ESD 112. It is funded through the Washington State Department of Health, Dedicated Marijuana Account Funding.

Executive Summary

This report summarizes the regional needs assessment conducted through the Prevent Coalition Youth Now Prevention Initiative, in partnership with Clark County Public Health, Battle Ground Prevent Together, Connect Evergreen, La Center United, Unite Washougal, and West Van for Youth and One Prevention Alliance of Skamania County. The assessment took place April 2016 through June 2017 and included two parts: analysis of the quantitative data Healthy Youth Survey (HYS), and OSPI (Office of Superintendent and Public Instruction School Discipline and Dropout Data) and a stakeholder survey regarding community priorities and needs. Both were essential to developing effective strategies to meet the challenges in Clark County and Skamania County around youth marijuana use.

Healthy Youth Survey data clearly established that marijuana use and related risk factors affect all communities in the region. The workgroup decided to select specific issues influencing youth marijuana use as "priority populations" instead of focusing on particular geographical areas, ethnicities, or school-related factors. Adverse Childhood Experiences (ACEs), while familial and individual in effect, become an environmental and community-wide issue due to prevalence and known correlation to substance abuse risk across the lifespan. The workgroup analyzed rates of use of marijuana among 10th graders in the general population and among 10th graders who also reported ACEs-related risk factors.

Key findings

- Youth who perceive no or low risk of harm from regular marijuana use were identified as a priority population.
- Youth who report marijuana is easy to get were identified as a priority population.
- Youth who have experienced any ACEs-related risk factors were identified as a priority population.

By examining the HYS data in conjunction with the gaps and needs identified in the stakeholder survey, it was clear that the highest risk factors involve issues that crossed ethnicity, behavioral, and other demographic categories.

As this report is shared with community leaders, it is important to consider the role of resilience and cross-sector strategies in primary prevention and continue capturing local conditions to assess the best opportunities for community-based prevention efforts.

Youth Marijuana Prevention – Needs Assessment Report

A Youth Marijuana Prevention Evaluation Workgroup was formed in spring of 2016 to conduct a regional need assessment related to youth marijuana use. This work was supported by the Washington State Department of Health Youth Marijuana Prevention and Education Program funds awarded to Clark and Skamania Counties. The purpose of the assessment was to understand the community-specific needs to help inform strategies to prevent youth marijuana use. This report summarizes the four sections of the needs assessment template provided by the Washington State Department of Health and includes two phases of the needs assessment: quantitative data analysis and results of a stakeholder survey regarding community priorities and needs.

Section 1: Understanding Reach and Populations to Serve

The coalitions in the Southwest Washington Region working on marijuana prevention and education are as follows: Prevent Coalition, Battle Ground Prevent Together, Connect Evergreen, La Center United, Unite Washougal, West Van for Youth and One Prevention Alliance (Skamania County). Representatives from all seven coalitions meet monthly to collaborate, share resources and ensure fiscal responsibility.

Prevent Coalition is housed within ESD 112 with the mission to support and connect communities to build resilience and prevent youth substance abuse in Clark County. Prevent Coalition is the lead organization for the Department of Health Youth Marijuana Prevention and Education Program through Department of Health and co-author of this needs assessment.

Battle Ground Prevent Together is a community coalition with the overall goal to prevent and reduce youth substance abuse in the Battle Ground community by working with all sectors of the community to build resiliency, strengthen relationships and provide education for families and community members. Prevent Together is funded through the federal Drug Free Communities Support Program and works collaboratively with Prevent Coalition.

Connect Evergreen is the newest substance abuse prevention coalition serving the Evergreen School District boundaries in Vancouver, Washington. Prevent Coalition formally mentored Connect Evergreen to build capacity and apply for the Drug Free Communities Grant in March of 2017.

La Center United formed in 2013 to serve the La Center community and was mentored by Prevent Coalition to successfully build capacity and receive a Drug Free Communities Grant in the fall of 2015. La Center United's Mission is: Inspiring our community to be safe, healthy and resilient; Preventing destructive behavior through open access to education and environmental strategies; Supporting those in need; sharing ideas and offering help.

Unite! Washougal focuses on collaboration to build a healthy community for youth and families to thrive. Unite! focuses on healthy choices and reducing substance abuse and underage drinking. Unite! partners with the local school district to bring Prevention Intervention services to our youth. As a Community

Prevention and Wellness Coalition, Unite! brings direct services that promote parenting skills and social emotional learning to the community. Unite! partners with Prevent Coalition to promote the Youth Now messaging and events and training for the Washougal community.

West Van for Youth is a coalition serving the neighborhood of West Vancouver. The coalition focuses on reducing underage drinking and marijuana use among youth and is funded through the Community Prevention Wellness Initiative.

One Prevention Alliance is a community coalition serving Skamania County. The coalition receives Community Wellness Prevention Initiative funding as well as the Drug Free Communities Program. OPA was formally mentored by Prevent Coalition in 2013 when the coalition applied and received the Drug Free Communities grant.

Quantitative Data Analysis:
Healthy Youth Survey (HYS), Office of Superintendent and Public Instruction (OSPI)

Healthy Youth Survey is a survey of youth in 6th, 8th, 10th and 12th grades to monitor health risks and protective factors affecting youth health. This report focuses on 10th graders. Results based on small numbers of students answering questions are unstable (with high margin of error) and a potential risk of confidentiality breach. In order to protect confidentiality, data were suppressed where minimum sample requirements were not met per Clark County Public Health Data Standards. Therefore, if fewer than 30 students selected a given response option, data were suppressed. Appendix A represents a chart of all data points for each county within the region as requested by Department of Health.

Demographics

Data were gathered on the demographic characteristics of the 10th grade populations in Washington State, Clark and Skamania Counties who completed the 2016 Healthy Youth Survey. Characteristics by race/ethnicity, gender, sexual orientation and free or reduced lunch status are reported. Free or reduced lunch status is intended to serve as a proxy indicator for socioeconomic status.

Table 1. 10th Graders Who Completed the 2016 Healthy Youth Survey by Race/Ethnicity

Population	White/ Caucasian (NH)	American Indian/ Alaska Native (NH)	Asian/ Asian American (NH)	Black/ African American (NH)	Hispanic	Native Hawaiian/ Pacific Islander (NH)	Multi-racial (NH)	Other (NH)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
WA State	54.5 (47.2, 61.6)	2.4 (1.8, 3.3)	5.5 (4.1, 7.3)	3.1 (2.3, 4.1)	20.3 (13.2, 29.8)	1.4 (1.0, 1.9)	8.5 (7.5, 9.6)	4.2 (3.7, 4.7)
Clark County	64.2 (62.8, 65.7)	2.0 (1.6, 2.4)	5.5 (4.9, 6.3)	3.3 (2.8, 3.9)	10.9 (1.0, 11.8)	1.8 (1.5, 2.3)	6.6 (5.9, 7.4)	5.5 (4.9, 6.2)
Skamania County	63.8 (50.4, 75.4)	5.2 (1.6, 15.3)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	12.1 (5.7, 23.6)	1.7 (0.2, 11.9)	15.5 (8.1, 27.6)	1.7 (0.2, 11.9)

NH=Non-Hispanic

There was a greater proportion of 10th graders who identified as White/Caucasian (NH) (64.2%) in Clark County than Washington State (54.5%). Additionally, there was a lower proportion of 10th graders who identified as Hispanic (10.9%) and Multiracial (6.6%) in Clark County than in Washington State, with 20.3% and 8.5% identifying as Hispanic and Multiracial, respectively.

Table 2. 10th Graders Who Completed the 2016 Healthy Youth Survey by Gender, Sexual Orientation and Free/Reduced Lunch Status

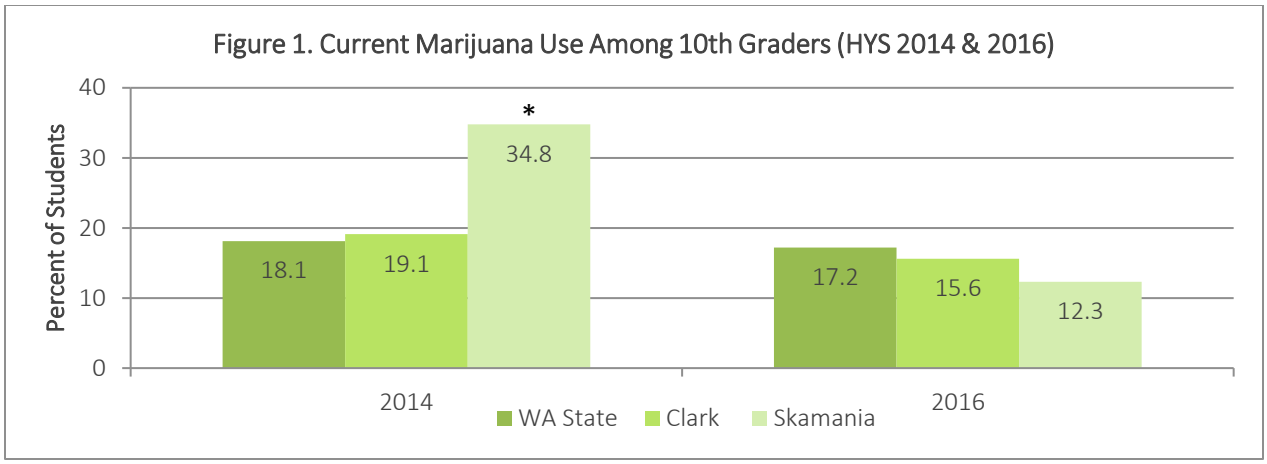
Population	Male	Female	Hetero-sexual	LGBQ	Free/ Reduced Lunch	No Free/ Reduced Lunch	Unsure of Free/ Reduced Lunch Status
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
WA State	48.5 (47.3, 49.8)	51.5 (50.2, 52.7)	81.6 (80.1, 83.0)	18.4 (16.9, 19.9)	32.3 (26.6, 38.6)	60.4 (53.6, 66.9)	7.2 (6.2, 8.4)
Clark County	47.7 (46.2, 49.2)	52.3 (50.8, 53.7)	82.0 (80.1, 83.8)	18.0 (16.2, 19.9)	26.6 (24.7, 28.5)	68.0 (66.0, 70.0)	5.4 (4.5, 6.4)
Skamania County	56.7 (43.6, 68.9)	43.3 (31.1, 56.4)	85.2 (72.6, 92.6)	14.8 (7.4, 27.4)	46.7 (29.0, 65.2)	40.0 (23.5, 59.1)	13.3 (4.8, 32.0)

Ratios by gender, sexual orientation and free/reduced lunch status were similar across Washington State, Clark and Skamania Counties. However, a significantly greater proportion of 10th graders in Skamania County reported receiving free or reduced priced lunches at school (46.7%) compared to Clark County 10th graders (26.6%).

Current Marijuana Use

The HYS question measuring current marijuana use reads: *During the past 30 days, on how many days did you use marijuana or hashish (weed, hash, pot)?* Use on any day was reported as current marijuana use.

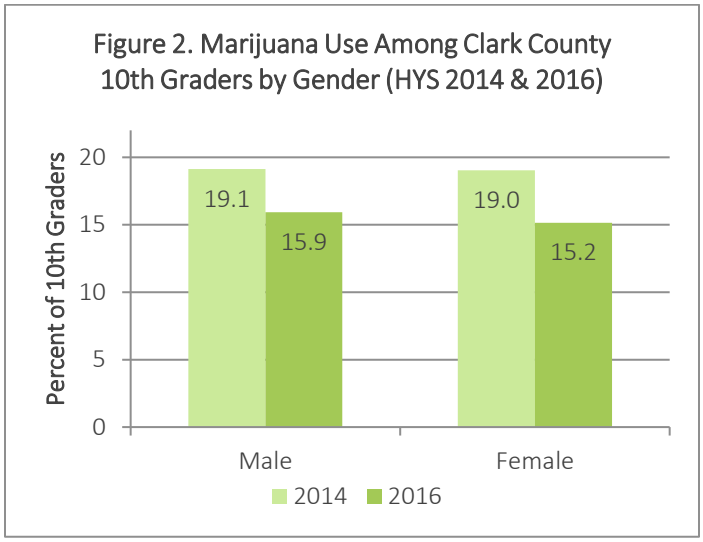
- In Clark County, 19.1% of 10th graders reported current marijuana use in 2014 and 15.6% reported current marijuana use in 2016. This rate was similar to the statewide average in both years.
- In Skamania County, 35% of 10th graders reported current marijuana use in 2014. This rate is significantly higher than the statewide average. In 2016, only 12.3% of 10th graders in Skamania County reported current marijuana use.



*Asterisk indicates statistically significant difference compared to WA State

Current Marijuana Use: By Gender

Rates of current marijuana use by gender are reported for Clark County. Due to limited data, rates are not available for Skamania County.

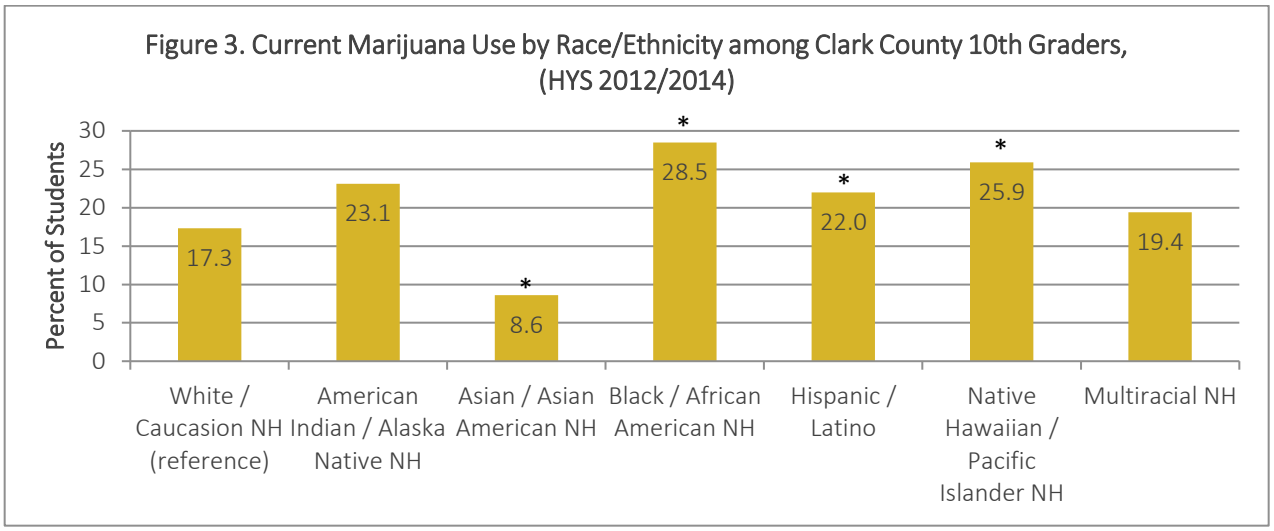


- Among Clark County 10th graders, 19.1% of males and 19.0% of females reported current marijuana use in 2014 and 15.9% of males and 15.2% of females reported current marijuana use 2016.
- There were no statistically significant differences of current marijuana use between male and female youth in either 2014 or 2016.

Current Marijuana Use: Disparity by Race/Ethnicity (2012/2014)

Rates of current marijuana use by racial/ethnic groups are reported for Clark County. Due to limited data, rates are not available for Skamania County. Due to small numbers in various racial/ethnic groups, data was combined for years 2012 and 2014 when conducting disparity analysis.

- In Clark County, current marijuana use was lower among non-Hispanic (NH) Asian or Asian American youth (8.6%) when compared with NH White youth (17.3%).
- However, current marijuana use is higher among NH American Indian/Alaska Native (23.1%), NH African American (28.5%), Hispanic (22.0%), and NH Native Hawaiian/Pacific Islander (25.9%) youth when compared with NH White youth (17.3%).

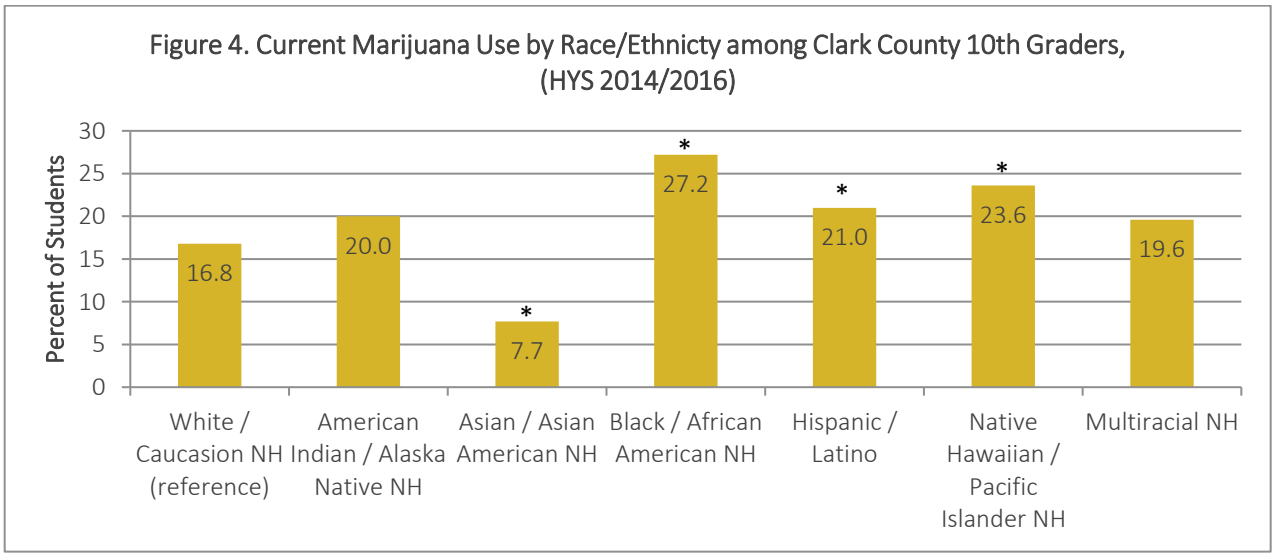


*Asterisk indicates statistically significant difference compared to non-Hispanic White race

Current Marijuana Use: Disparity by Race/Ethnicity (2014/2016)

Rates of current marijuana use by racial/ethnic groups are reported or Clark County. Due to limited data, rates are not available for Skamania County. Due to small numbers in various racial/ethnic groups, data was combined for years 2014 and 2016 when conducting disparity analysis.

- In Clark County, current marijuana use was significantly lower among non-Hispanic (NH) Asian/Asian American youth (7.7%) when compared with NH White youth (16.8%).
- However, current marijuana use is significantly higher among NH Black/African American youth (27.2%), Hispanic/Latino youth (21.0%), and NH Native Hawaiian/Pacific Islander youth (23.6%) when compared with NH White youth (16.8%).

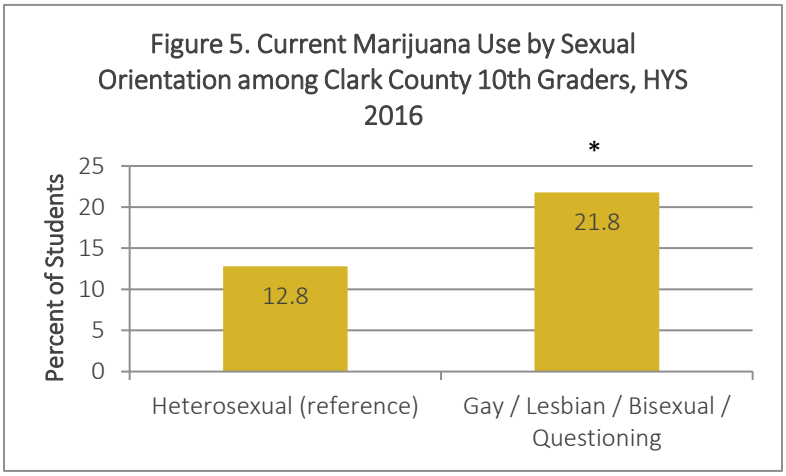


*Asterisk indicates statistically significant difference compared to non-Hispanic White race

Current Marijuana Use: By Sexual Orientation

Rates of current marijuana use by sexual orientation are reported for Clark County. Due to limited data, rates are not available for Skamania County.

- In Clark County, current marijuana use was significantly higher among youth who identified as gay, lesbian, bisexual or were unsure of their sexual orientation (21.8%) compared to youth who identified as heterosexual (12.8%).

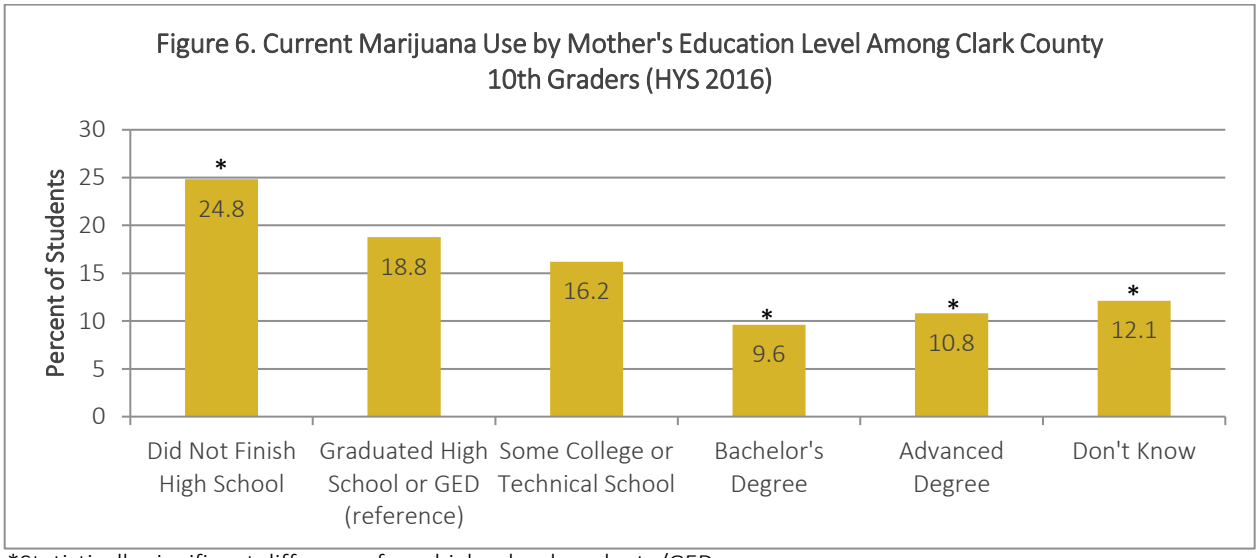


*Statistically significant difference compared to heterosexual.

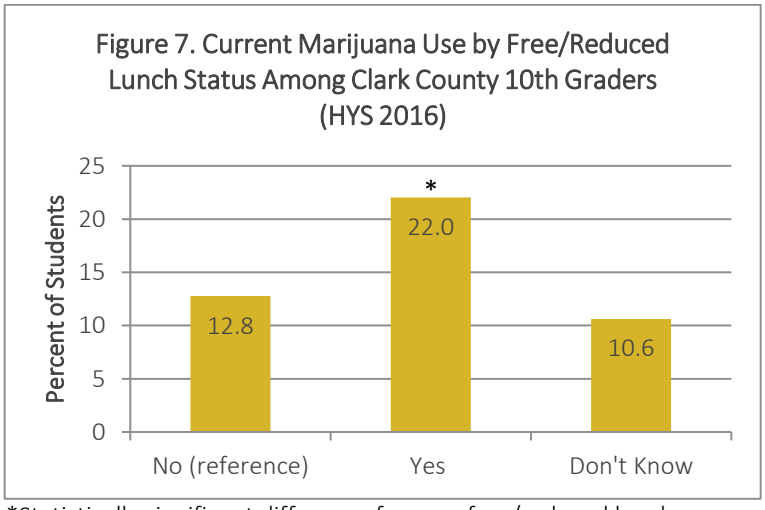
Current Marijuana Use: By Socioeconomic Status

Mother's education level and student's free or reduced lunch status were used a proxy indicators for socioeconomic status. Those students with mothers who have lower educational attainment and those students who receive free or reduced priced lunch at school are assumed to have a lower socioeconomic status than students who mothers have a higher educational attainment and those that do not receive free or reduced priced lunch as school. Rates of current marijuana use by these indicators are reported for Clark County. Due to limited data, rates are not available for Skamania County.

- In Clark County, current marijuana use was significantly lower among youth with mothers who received either a Bachelor's degree (9.6%) or an advanced degree (10.8%) when compared to those with mothers with a high school education (18.8%).
- In addition, current marijuana use was significantly higher among youth with mother who did not finish high school (24.8%) when compared to those with mothers with a high school education (18.8%).



*Statistically significant difference from high school graduate/GED.



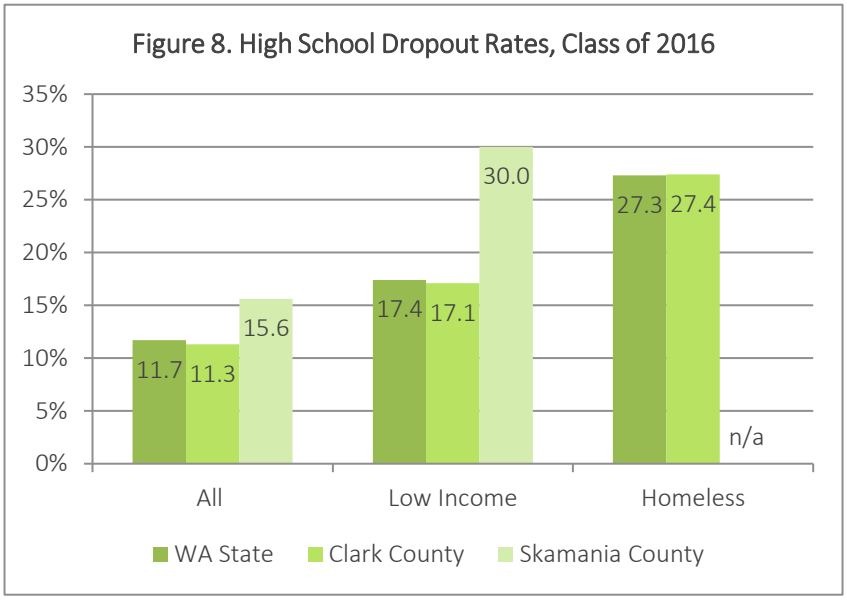
*Statistically significant difference from no free/reduced lunch.

- In Clark County, current marijuana use was significantly higher among youth who receive free or reduced priced lunches at school (22.0%) when compared with students who do not receive free or reduced priced lunches at school (12.8%).

High School Drop Out

Research has shown a strong association between marijuana use and low educational attainment. High school drop-out rates for the class of 2016 are reported for students of various socioeconomic statuses in Clark and Skamania Counties.

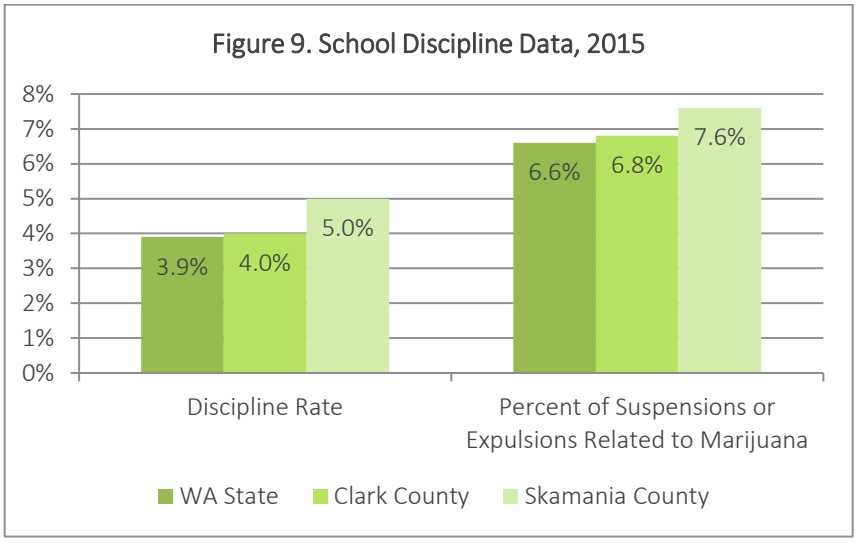
- Among all Clark County students in the class of 2016, 11 % dropped out of school before graduating. 16% of students in the Skamania County class of 2016 dropped out before graduating.
- High school drop-out rates were higher for low income students in Clark County (17%) and low income students in Skamania County (30%), as well as for homeless students in Clark County (27%).



Source: Office of Superintendent of Public Instruction (OSPI), 2015

School Discipline

Discipline rates and the percentage of marijuana-related incidents are reported for Clark and Skamania counties.



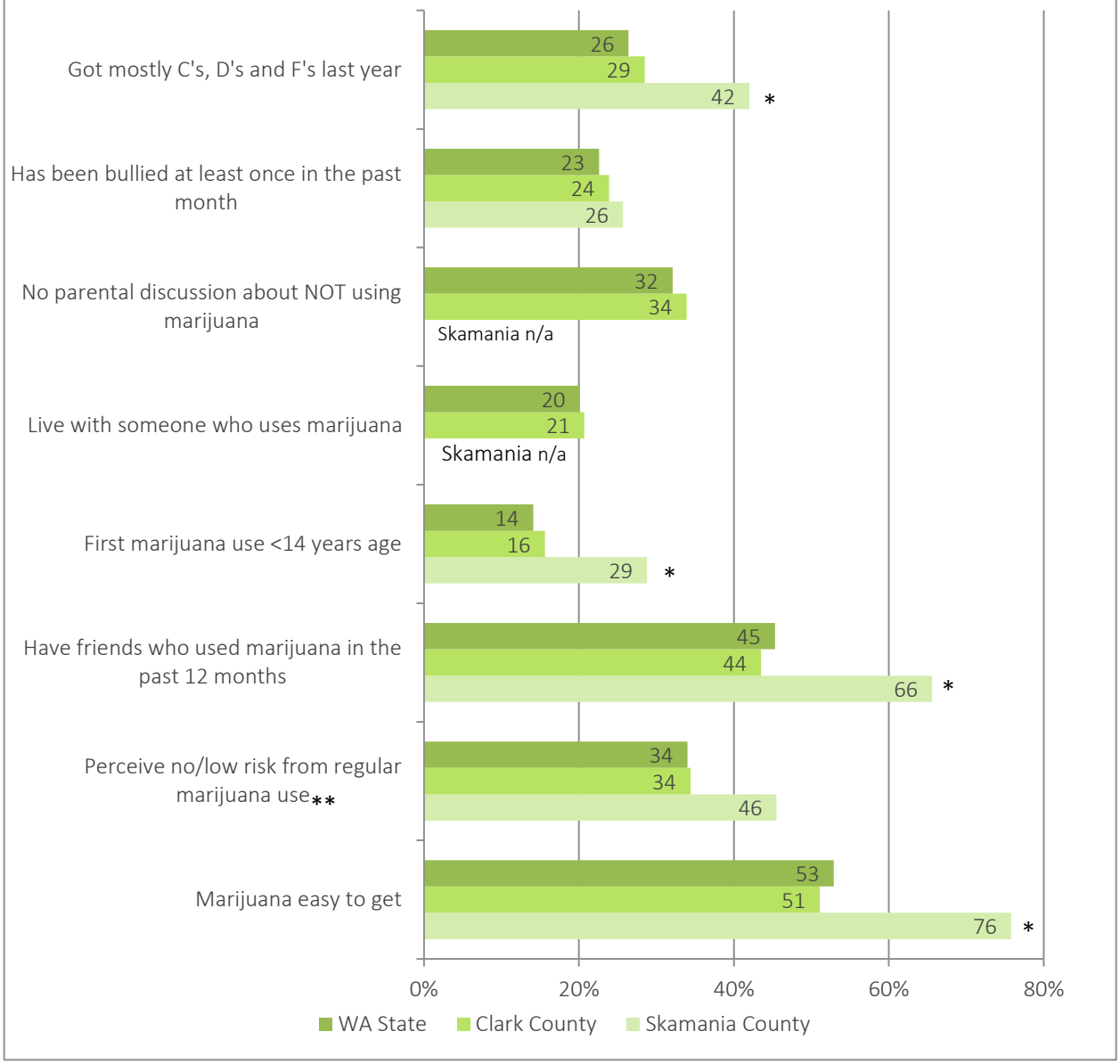
Source: Office of Superintendent of Public Instruction (OSPI), 2015
Notes: Discipline Rate = ((Total distinct students with short-term suspension, long term suspension or expulsion) / (Total distinct students)) x100.

- In Clark County, 4% of enrolled students were either suspended or expelled from school in 2015. This rate was 5% in Skamania County and 3.9% in Washington State.
- In Clark County, 6.8% of suspensions and expulsions in 2015 were related to marijuana. This rate was 7.6% in Skamania County and 6.6% in Washington State.

Youth Risk Factors

Several indicators were analyzed to understand the risk factors impacting youth marijuana use. Indicator topics address community, family, school, and individual/peer domains. Figure 10 below shows the percent of youth reporting characteristics that may predict marijuana use.

Figure 10. Marijuana-Related Risk Factors among 10th graders (HYS 2014)

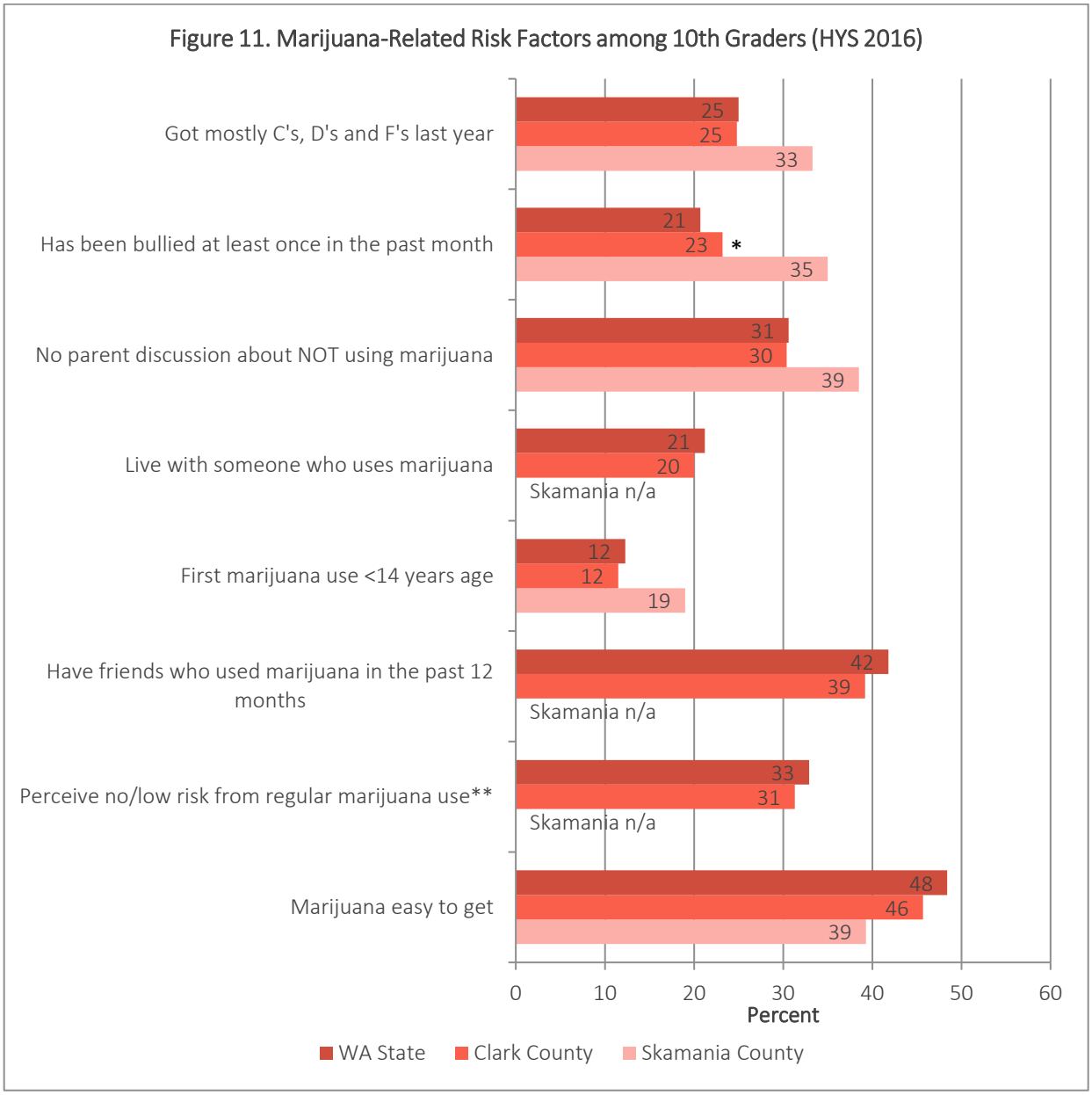


* Indicates statistically significant difference compared to WA State;

**Regular marijuana use is defined as using once or twice a week

Figure 11 below shows youth marijuana-related risk factors among 10th graders in 2016. In Clark County, the percentage of 10th graders who had friends who used marijuana in the past year (39%) was significantly lower than in 2014 (44%). In addition, the percentage of 10th graders in Clark County who used marijuana before the age of 14 significantly decreased from 2014 (16%) to 2016 (12%) and the percentages of 10th graders who reported having easy access to marijuana also significantly decreased from 2014 (51%) to 2016 (46%). The percentage of 10th graders in Clark County who reported getting mostly C's, D's and F's in school last year also significantly decreased from 2014 (29%) to 2016 (25%). There were no statistically significant differences between 2014 and 2016 rates for marijuana-related risk factors in Skamania County.

Figure 11. Marijuana-Related Risk Factors among 10th Graders (HYS 2016)



*Indicates a statistically significant difference compared to WA State

**Regular marijuana use is defined as using at least once or twice a week

Risk Factors Related to Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic events that can have negative, lasting effects on health and well-being. Research shows that ACEs are related to youth substance abuse. Indicators in the HYS that may be related to ACEs were selected to understand prevalence of trauma-related risk factors in the region and assess how each relates to marijuana use. Topic areas of selected indicators included mental health, suicide, physical abuse, gang activity, adult support, and poor family management. Poor family management is measured by asking youth a combination of questions addressing parental engagement, supervision, and appropriate discipline. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children – knowing where they are and whom they are with, and inconsistent punishment. Figure 12 shows the percent of youth experiencing ACEs-related risk factors.

Figure 12. Prevalence of ACEs-Related Risk Factors among 10th Graders (HYS 2014)

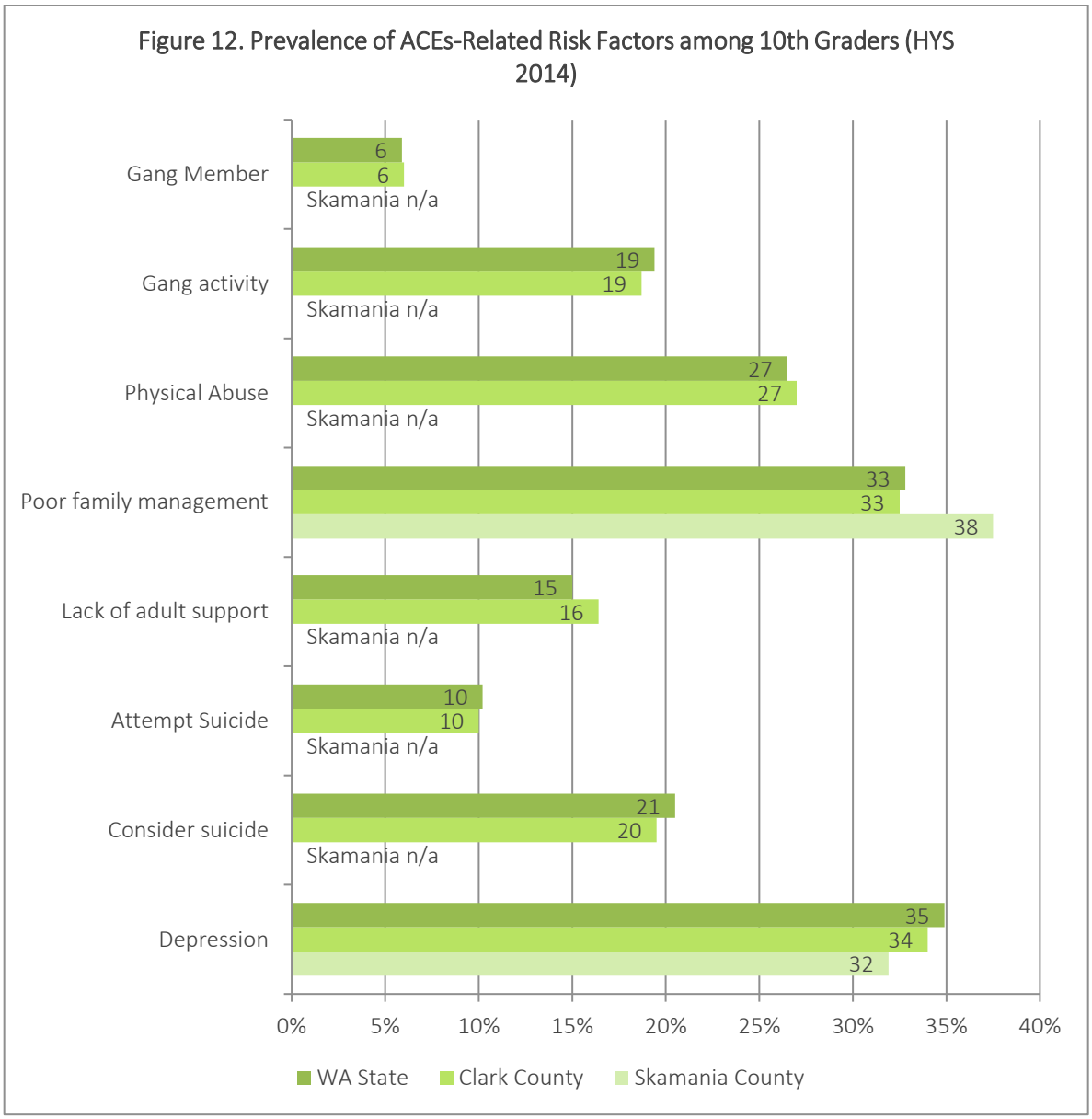
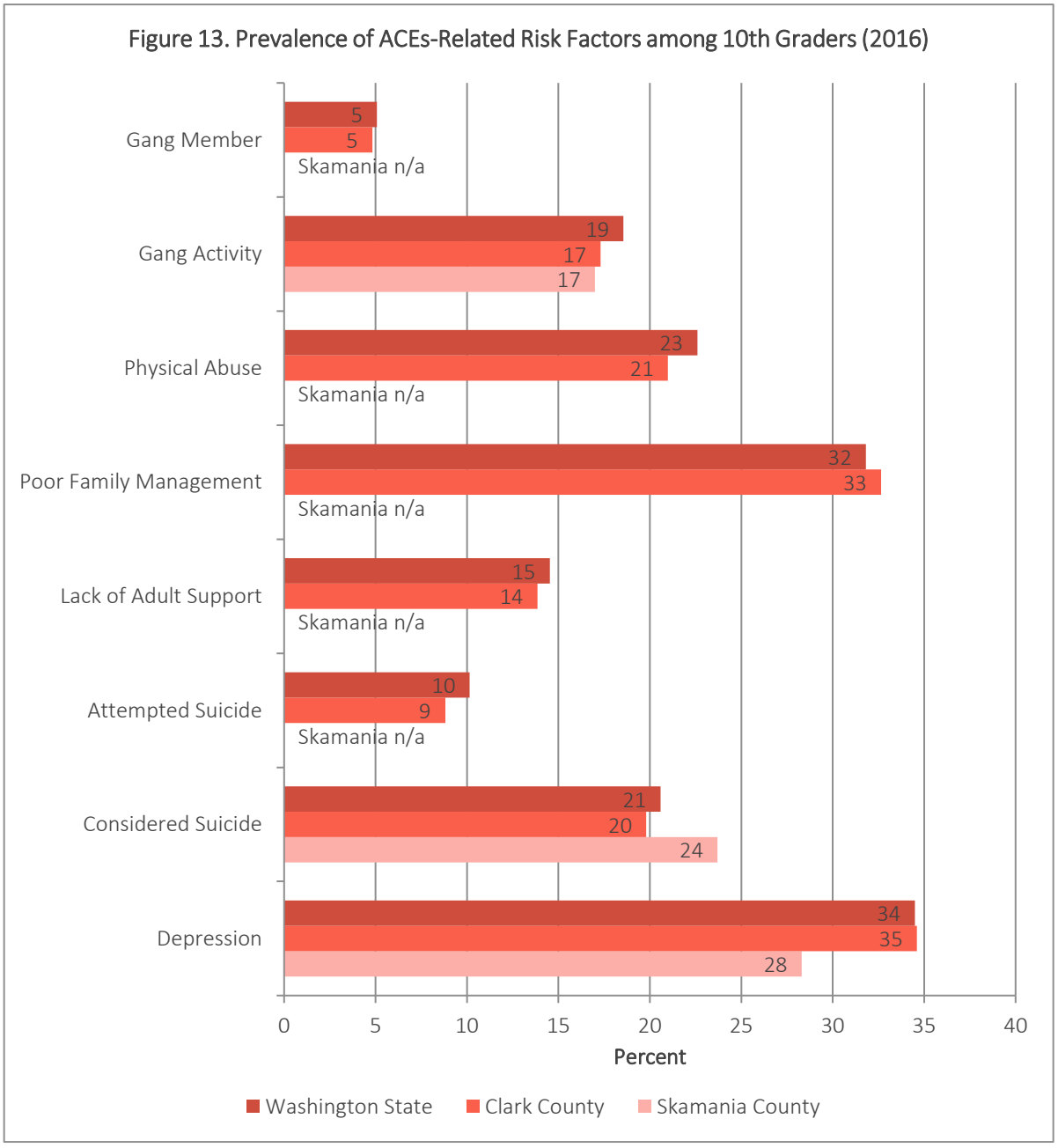
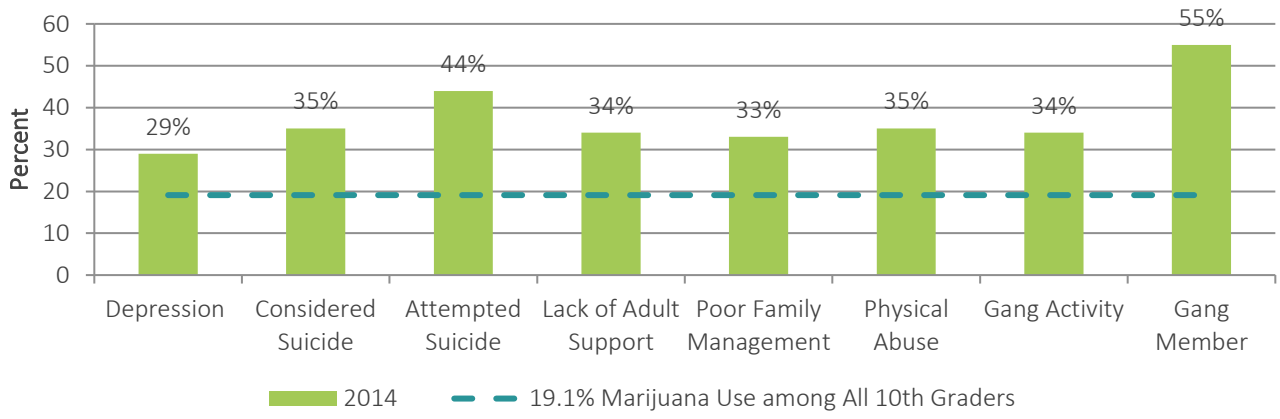


Figure 13 below shows the prevalence of ACEs-related risk factors among 10th graders in 2016. The percentage of 10th graders in Clark County who reported ever being physically abused by an adult, significantly decreased from 2014 (27%) to 2016 (21%). There were no statistically significant differences between 2014 and 2016 rates for ACEs-related risk factors in Skamania County.



Key Finding: Youth reporting risk factors related to ACEs also reported significantly higher rates of marijuana use when compared with the overall rate of marijuana use (19%) among 10th graders in Clark County. Figure 14 shows youth are significantly more likely to use marijuana if they experience any of the ACEs related risk factors.

Figure 14. Percent Marijuana Use among 10th Graders with ACEs-Related Risk Factors
Clark County (2014)



Among Clark County 10th graders with depression, 29% also use marijuana

Among ~ 2,207 youth with depression ~ 642 of those youth also use marijuana

Among Clark County 10th graders who considered suicide, 35% also use marijuana

Among ~1,266 youth who considered suicide ~ 439 of those youth also use marijuana

Among Clark County 10th graders who attempted suicide, 44% also use marijuana

Among ~649 youth who attempted suicide ~ 288 of those youth also use marijuana

Among Clark County 10th graders lacking adult support, 34% also use marijuana

Among ~1,064 youth lacking adult support ~ 362 of those youth also use marijuana

Among Clark County 10th graders with poor family management, 33% also use marijuana

Among ~2,109 youth with poor family management ~702of those youth also use marijuana

Among Clark County 10th graders who were physically abused, 35% also use marijuana

Among ~1.752 youth who were physically abused ~ 608 of those youth also use marijuana

Among Clark County 10th graders reporting gang activity, 34% also use marijuana

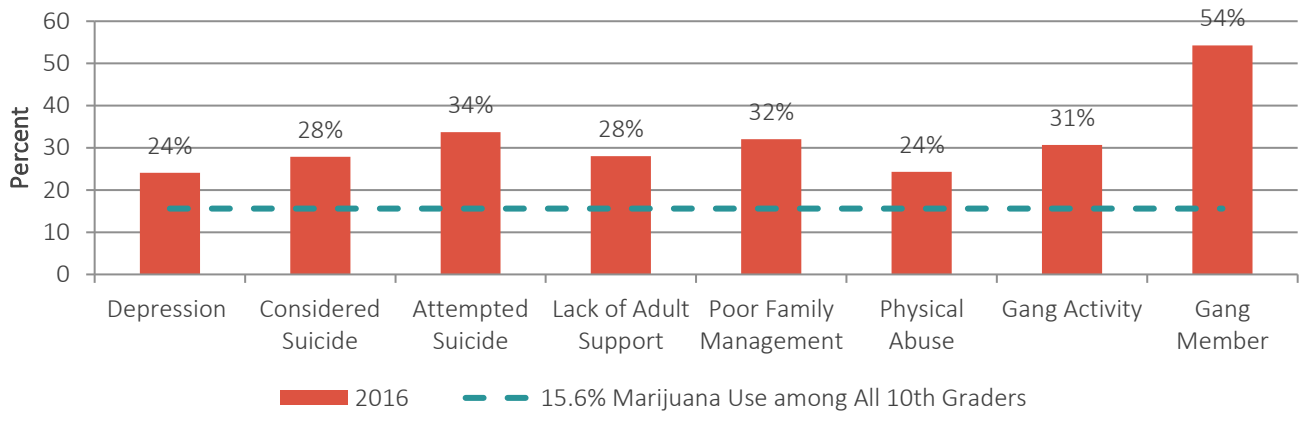
Among ~1,214 youth reporting gang activity ~ 411 of those youth also use marijuana

Among Clark County 10th graders who are gang members, 55% also use marijuana

Among ~389 youth who are gang members ~ 213 of those youth also use marijuana

Key Finding: Youth reporting risk factors related to ACEs also reported significantly higher rates of marijuana use when compared with the overall rate of marijuana use (19%) among 10th graders in Clark County. Figure 15 shows youth are significantly more likely to use marijuana if they experience any of the ACEs related risk factors.

Figure 15. Percent Marijuana Use among 10th Graders With ACEs-Related Risk Factors
Clark County (2016)



Among Clark County 10th graders with depression, 24% also use marijuana

Among ~ 1452 youth with depression ~ 350 of those youth also use marijuana

Among Clark County 10th graders who considered suicide, 28% also use marijuana

Among ~828 youth who considered suicide ~231 of those youth also use marijuana

Among Clark County 10th graders who attempted suicide, 34% also use marijuana

Among ~190 youth who attempted suicide ~64 of those youth also use marijuana

Among Clark County 10th graders lacking adult support, 28% also use marijuana

Among ~300 youth lacking adult support ~84 of those youth also use marijuana

Among Clark County 10th graders with poor family management, 32% also use marijuana

Among ~627 youth with poor family management ~201 of those youth also use marijuana

Among Clark County 10th graders who were physically abused, 24% also use marijuana

Among ~415 youth who were physically abused ~101 of those youth also use marijuana

Among Clark County 10th graders reporting gang activity, 31% also use marijuana

Among ~723 youth reporting gang activity ~222 of those youth also use marijuana

Among Clark County 10th graders who are gang members, 54% also use marijuana

Among ~199 youth who are gang members ~ 108 of those youth also use marijuana

Prioritized Populations

Healthy Youth Survey data clearly established that marijuana use and related risk factors affect all communities in the region. Rather than focusing on particular geographical areas, ethnicities, or school-related factors the Clark County workgroup looked for specific issues that might influence youth marijuana use. Where we found a statistical correlation, we established these as "priority populations". Adverse Childhood Experiences (ACEs), while familial and individual in effect, become an environmental and community-wide issue due to their prevalence and known correlation to substance abuse risk across the lifespan. The workgroup analyzed rates of use among 10th graders in the general population and among 10th graders who also reported ACEs-related risk factors.

Key findings:

1. Youth who perceive no or low risk of harm from regular marijuana use were identified as a priority population.
2. Youth who report marijuana is easy to get were identified as a priority population.
3. Youth who have experienced any ACEs-related risk factors were identified as a priority population.

In April 2017, the Clark County workgroup cross-referenced all family, community, school, and peer/individual risk and protective factors with all marijuana-related risk factors for each priority population: youth with easy access to marijuana; youth with a low perception of harm from regular marijuana use; and, youth who have experienced ACEs. Proxy indicators for ACEs included depression, lack of adult support, and poor family management. The following groupings were identified as the most statistically significant risk factors and most statistically significant protective factors associated with each of the priority populations.

Group 1: Youth with low perception of harm of regular marijuana use.

This population is a priority, because many youth report that regular marijuana use is not harmful. The Healthy Youth Survey asked youth: "How much do you think people risk harming themselves if they use marijuana regularly (at least once or twice a week)?" Thirty-one percent of 10th graders in the region reported "no to low risk" of regular marijuana use (using at least once or twice a week). The top risk factors correlated with this population were: parental attitudes favorable toward drug use; early initiation of drug use; favorable peer attitudes toward drug use; and, having best friends who have used marijuana. The top protective factors for this population were: interaction with pro-social peers; belief in moral order; social skills; and, belief that using marijuana would result in being caught by police. (See appendix B for tables and charts of cross tabulations as well as interpretation of the cross tabs.) Strategies to reach this population will address individuals, schools and communities across the entire region and will focus on policy, systems, and environmental change.

Group 2: Youth who report easy access to marijuana

This population is a priority, because many youth report marijuana is easy to get. The Healthy Youth Survey asked youth: "If you want to get some marijuana, how easy would it be?" Approximately 45 percent of 10th

graders in the region report that marijuana is "very or sort of easy" to get. The top risk factors correlated with this population were: laws and norms favorable to drug use; early initiation of drug use; favorable attitudes towards drug use; and, having best friends who use marijuana. The top protective factors for this population were: belief in moral order; social skills; belief that using marijuana would result in being caught by police; and, perception of risk from regular marijuana use. Strategies to reach this population will address individuals, schools, and communities across the entire region and will focus on policy, systems, and environmental change.

Group 3: Youth who experience ACEs related risk factors

This population is a priority, because youth are significantly more likely to use marijuana if they have experienced any ACEs-related risk factors. Proxy indicators for ACEs-related risk factors were: depression; lack of adult support; and, poor family management. The Healthy Youth Survey asked youth: "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?" In our region, 34.4 percent of 10th graders reported "yes." The top risk factors correlated with youth experiencing depression were: low commitment to school; age at first marijuana use; youth who report being bullied at least once in the past month; and, youth who report the presence of adult support when they feel sad. The top protective factors were: opportunities for pro-social involvement in the family; rewards for pro-social involvement in school; interaction with pro-social peers at the individual, peer, and community level. Strategies to reach this population will address individuals, schools, and communities across the entire region and will focus on policy, systems, and environmental change.

Of the coalitions listed in Section 1, many specifically focus on the populations prioritized above. For example, Unite Washougal involves youth who do not think marijuana is harmful, youth who have easy access to marijuana and youth who experience report experiencing ACEs related risk factors.

Another example is the Connect Evergreen Coalition that specifically focuses on building resilience and mitigating the negative effects of toxic stress and trauma. The coalition membership reflects the populations we have prioritized as evidenced by strong membership of students who have stated a need to understand why marijuana is harmful as well as students who report that marijuana is easy to get.

Of the coalitions listed in Section 1, youth are involved with each coalition in different ways. The Strong Teens Against Substance Hazards and Abuse is a Clark County wide prevention group that elects coalition liaisons for each coalition. The STASHA liaison attends the coalition meeting and act as a representative for youth voice and involvement. Battle Ground Prevent Together has a strong youth coalition called the DREAM Team that meets weekly. The DREAM Team participates in activities and projects such as the vSTARS community assessment of vapor stores and community education nights for parents and peers. Unite! Washougal Community Coalition engages students through opportunities to build leadership skills and making their voice heard with public speaking. They formed a youth coalition that made a video about

coping skills. They won a scholarship to the Spring Youth Forum and will be reaching out to middle school youth to help them transition to high school.

Section 2: Risk, Protective and Contributing Factors of Youth Marijuana Use

Stakeholder Feedback Survey Findings

The qualitative survey gathered input from community stakeholders about youth marijuana-related risk factors, existing resources to address those risk factors, and resources and services needed. The web-based survey was administered via Survey Monkey to school district prevention interventionists, counselors, school nurses, social workers, principals, local prevention coalition coordinators, and treatment providers throughout Clark and Skamania Counties between April 2016- June 2017. An additional survey was administered between December 2016-March 2017 throughout Clark and Skamania Counties that specifically targeted Law Enforcement and Health Care Professionals. The first stakeholder feedback survey received 42 responses. The second stakeholder feedback survey received 18 responses. The following results of the first survey are summarized and are reported as a percentage of the survey respondents (Figure 16,17,18). The second survey was changed slightly to include the sector of the respondent and is reported as a percentage of the survey respondents in figures 19 and 20.

Priority Risk Factors

Community stakeholders responded that the top three issues affecting youth marijuana use were low perception of harm (83%), ACEs (73%), and ease of access (64%). Some respondents also selected depression (26%), academic risk (24%), and poverty (17%).

Figure 16.

Priority Risk Factors
Low perception of harm (83%)
Adverse Childhood Experiences (73%)
Ease of access (64%)

Respondents also identified additional risk factors as follows:

Figure 17.

Domain	Additional Risk factors
Community	Societal acceptance and lack of perceived consequences (22%) Lack of youth-engaging activities (14%) Lack of research on impacts of marijuana (6%)

Family	Parental tolerance of marijuana use and lack of communication and engagement with youth (42%)
School	Lack of curriculums addressing legalized marijuana (8%)
Individual/ Peer	Peer pressure and perception that peers are using (31%) Self-medication and coping with mental health issues (19%)

Domain	Protective Factors
Community	Youth-engaging activities (45%) Mentoring and counseling services (38%) Positive social norms (17%) Trauma-informed services (7%) Culturally competent services (5%)
Family	Prevention curriculums and policies (45%)
School	Lack of curriculums addressing legalized marijuana (8%)
Individual/Peer	Peer support (38%) Resilience and self-esteem (10%)

Protective Factors

Protective factors suggested by stakeholders that may shield youth from marijuana use were:

Figure 18.

Expanded Stakeholder Outreach

Figure 19.

Priority Risk Factors
Low perception of harm (78%)
Adverse Childhood Experiences (67%)
Ease of access (56%)

After completing the first needs assessment in June 2016, the evaluation workgroup expanded the stakeholder survey outreach to include additional stakeholders, specifically targeting law enforcement and health care professionals. The survey was distributed via Survey Monkey between December 2016 - June 2017 and 18 surveys were collected. Respondents were asked which sector they identified with (this question was added to the second survey). 61% of the respondents indicated they identify as Law Enforcement, 22% identify as Health Care Professionals, 5.5% identify as Treatment or other Youth Serving Agencies, 5.5% identify as Schools, and 5.5% identify as parents.

Priority Risk Factors

This expanded stakeholder outreach concluded that the top three risk factors contributing to youth marijuana use are: Low Perception of Harm (78%), Easy Access to Marijuana (67%) and ACEs (56%). Some respondents also selected depression (28%), academic risk (22%), and poverty (28%).

Respondents also identified additional risk factors as follows:

Figure 20.

Domain	Additional Risk factors
Community	Societal acceptance (40%) Community Racism (10%)
Family	Parental tolerance of marijuana use and lack of communication and engagement with youth (50%)
School	Lack of activities and resources (10%)
Individual/ Peer	Peer pressure and perception that peers are using (30%)

In the qualitative section of the survey, stakeholders reported concerns about societal view of marijuana use, consequences of use, and parental tolerance of marijuana use, and the impact those views have on youth.

Stakeholders suggested protective factors that help shield youth from marijuana use including school services such as education and prevention programs, extracurricular activities, and community projects completed by prevention coalitions.

The strategies to increase protective factors will be identified during the strategic planning session that will take place by the evaluation workgroup once this needs assessment is complete. The workgroup will ensure effective measurements are identified to evaluate the effectiveness of the efforts and strategies.

Section 3: Assessing Resources

Currently existing resources and services addressing priority risk factors were:

Figure 21.

Domain	Existing Resources & Services
Community	Community Prevention Coalitions (31%) Substance-use treatment (17%) Boys and Girls Club (7%) Cross-sector engagement (with medical, public health, faith-based, and mental health communities) (5%)
School	Prevention programs (31%) Prevention specialist (31%) Prevention courses (Life Skills, Second Step, All Stars) (5%) Activities such as sports, music, theatre (5%)
Family / Individual/ Peer	Adult and peer support (5%)

Comments from stakeholder survey when asked: "What resources and prevention services are currently available to address youth marijuana use?"

> *"We have a strong coalition and prevention/intervention counselors and school counselors in the schools. We also have a community center but, it is in the city next to ours and the local students do not have transportation to it."*
>
> *"Prevention courses and events such as; life skills, second step, all stars, prevention ed. also event such as; Teens care 2 and stand up 4 teens"*
>
> *"Schools, Coalition, Community Health Office, Local Mental Health/Substance Abuse Office, Local Medical Office"*

Needed Resources and Services

The resource and service needs reported by stakeholders are described below.

Resource & Service Needs
Treatment and counseling (24%)
Research on legalized marijuana (19%)
Culturally specific services (14%)
Education on harm and consequences (14%)
Engage youth (14%)
Prevention marketing (11%)
Cross-sector engagement (medical, public health, faith-based, mental health communities) (11%)
Consistent enforcement & consequences (11%)
Affordable & accessible activities (8%)
Trauma-informed discipline (8%)
Mentor & adult support (8%)
Policies for marketing and retail (8%)

Comments made from stakeholders when asked "what resources and prevention services are needed to address youth marijuana prevention?"

> *"I believe more face to face involvement in school. Through small group settings."*
>
> *"Would be beneficial to provide youth with school credit for attending drug/alcohol treatment services."*
>
> *"On line education is there but generally when people search for side effect to marijuana use they get all the "scientific" evidence from websites promoting marijuana use first. These companies pay a lot of money to ,google for example, to have there "adds" pop up first. Real studies and credible in biased information is way at the bottom of lists on line"*

"There are no free community after-school programs in our community for youth. There are also not enough counselors in our middle and high school to properly assess problems with marijuana and to effectively introduce interventions with those students. We currently have a very part-time addictions intervention person who is not employed by the schools. She has not been effective in establishing relationships with students, in order to properly help them, due to her very part-time status"

"The schools have some assistance through P.I.'s and counselors, but they all seem to be stretched too thin. There are some group support and treatment services on-site at the schools, but there could always be more support for parents and student. If we were able to build strong Prevention Clubs in the Middle and High Schools, it would strengthen the Peer-to-Peer efforts to reach youth -- which has tremendous potential. The UTC work at Battle Ground High School demonstrates the power of Student to Student influence"

"Training to help adults better understand students that are different and help develop strategies to engage students more at school"

Section 4: Assessing Community Readiness

The SW Washington Region is ready to address youth marijuana use and the need for prevention resources and services. The eight substance abuse prevention coalitions within Clark and Skamania counties work closely together to ensure collaboration takes place within the entire region. For the past three years, the coalitions have met monthly as a regional collaborative to support one another, analyze data, provide technical assistance and plan effective prevention strategies together, especially as they relate to youth marijuana prevention. The Educational Service District 112 supports and leads the Prevention Intervention Specialists working in middle and high schools throughout the region. As a result, Prevent has direct access to students and the priority populations in the schools throughout the region.

Conclusion

The Healthy Youth Survey analysis highlights marijuana-related disparities by race, gender, socioeconomic status, sexual orientation, and geography, as well as youth characteristics such as academic risk, bullying, and risk factors related to Adverse Childhood Experiences (ACEs). The school discipline and dropout data highlights marijuana related disparities by 12th grade dropout rate, dropout rate among low-income population, and marijuana related discipline rates. The evaluation workgroup engaged in a thorough review of the data profiles between April 2016 to June 2017 to identify priorities. Since the data profile demonstrated that marijuana use and related risk factors affect all communities in the region, the workgroup decided to select specific issues influencing youth marijuana use as "priority populations," instead of focusing on particular geographical areas. Consequently, the three priority focus areas selected were:

- Youth who perceive no or low risk of harm from regular marijuana use
- Youth who report marijuana is easy to get
- Youth who experience Adverse Childhood Experiences

The quantitative and qualitative phases of the assessment each resulted in the prioritization of the same three focus areas identified above. The evaluation workgroup's prioritization was based upon review of HYS data while the feedback survey results reflect the perceptions and experiences of diverse youth-serving stakeholders in the community. The stakeholder survey also provides information regarding gaps and needs in the community. Taken together, these findings underscore the priority risk factors impacting youth marijuana use and the resources needed in the community to address youth marijuana prevention.

The evaluation workgroup will continue building upon this assessment over the next year to help inform and refine strategies, including narrowing the priority population to address the disparities found. The evaluation workgroup strives to meet the needs of our unique communities through continual assessment, outreach, and dissemination of findings. In the next steps, the Evaluation Committee will convene, to analyze the risk and protective factors included in this report, to choose the strategies and create the strategic plan.

Acknowledgements

This regional needs assessment was made possible by the Prevent Youth Now Prevention Initiative, in partnerships with Clark County Public Health, Battle Ground Prevent Together, Connect Evergreen, La Center United, One Prevention Alliance (Skamania County), Unite Washougal, and West Van for Youth. Collaboration of these groups and stakeholders within the communities was essential to developing effective strategies to meet the challenges in Clark County and Skamania County around youth marijuana use. Special thanks to the dedication of the follow individuals; Adiba Ali, Epidemiologist Clark County Public Health, Kathleen Lovgren, Epidemiologist Clark County Public Health, Margaret McCarthy, Drug Free Community Program Coordinator Unite! Washougal Community Coalition, Jennifer Kirby Drug Free Community Program Coordinator La Center United, Cyndie Meyer, Program Manager for Chronic Disease Prevention at Clark County Public Health, Kathy Deschner Drug Free Community Program Coordinator Prevent Together Battle Ground Prevention Alliance Coalition, Leanne Reid Prevent Coordinator Educational District 112, Susie Strom Prevention Services Coordinator One Prevention Alliance Community Coalition Skamania County Sheriff's Office, Megan Streeter Prevent Coordinator Educational Service District 112, Joy Lyons Prevention Intervention Coordinator Educational Service District 112.

Funding was provided by Washington State Department of Health, Dedicated Marijuana Account Funding.

Appendix A

Domain	Indicator	Subpopulation	Data Source	County	Year	(%)	95% CI
Dropout	12th Grade Dropout Rate	Overall	OSPI	Clark	2015	11.3	n/a
				Skamania	2015	15.6	n/a
	12th Grade Dropout Rate	Low Income	OSPI	Clark	2015	17.1	n/a
				Skamania	2015	30.0	n/a
	12th Grade Dropout Rate	Homeless	OSPI	Clark	2015	27.4	n/a
				Skamania	2015	n/a	n/a
Discipline	Discipline Rate	Overall	OSPI	Clark	2015	4.0	n/a
				Skamania	2015	5.0	n/a
	% of Incidents Related to Marijuana	Overall	OSPI	Clark	2015	6.8	n/a
				Skamania	2015	7.6	n/a
	Marijuana Discipline Rate / 10,000 Students	Overall	OSPI	Clark	2015	684.7 per 10,000	
				Skamania	2015	759.5 per 10,000	
Marijuana Overall	Current Marijuana Use	10th Grade Overall	HYS	Clark	2014	19.1	(17.9, 20.2)
					2016	15.6	(14.5, 16.7)
				Skamania	2014	34.8	(24.3, 47.0)
					2016	12.3	(5.8, 24.0)
Gender	Current Marijuana Use	10th Grade Females	HYS	Clark	2014	19.0	(17.5, 20.7)
					2016	15.2	(13.7, 16.7)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade Males	HYS	Clark	2014	19.1	(17.5, 20.8)
					2016	15.9	(14.4, 17.6)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
Race/ Ethnicity	Current Marijuana Use	10th Grade American Indian or Alaska Native (NH)	HYS	Clark	2012/14	23.1	(18.4, 28.5)
					2014/16	20.0	(14.8, 26.5)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
	Current Marijuana Use	10th Grade Asian or Asian American (NH)	HYS	Clark	2012/14	8.6	(6.8, 10.8)
					2014/16	7.7	(5.6, 10.3)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
	Current Marijuana Use	10th Grade Black or African American (NH)	HYS	Clark	2012/14	28.5	(24.6, 32.9)
					2014/16	27.2	(22.5, 32.6)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
	Current Marijuana Use	10th Grade Hispanic	HYS	Clark	2012/14	22.0	(19.8, 24.5)
					2014/16	21.0	(18.5, 23.9)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
	Current Marijuana Use	10th Grade Multiracial (NH)	HYS	Clark	2012/14	19.4	(16.8, 22.2)
					2014/16	19.6	(16.6, 23.0)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
	Current Marijuana Use	10th Grade	HYS	Clark	2012/14	25.9	(21.0, 31.4)
					2014/16	23.6	(18.0, 30.4)
				Skamania	2012/14	n/a	n/a

Domain	Indicator	Subpopulation	Data Source	County	Year	(%)	95% CI
		Native Hawaiian or Pacific Islander (NH)			2014/16	n/a	n/a
	Current Marijuana Use	10th Grade White or Caucasian (NH)	HYS	Clark	2012/14	17.3	(16.5, 18.2)
					2014/16	16.8	(15.9, 17.8)
				Skamania	2012/14	n/a	n/a
					2014/16	n/a	n/a
Sexual Orientation	Current Marijuana Use	10th Grade Gay, Lesbian, Bisexual or Questioning	HYS	Clark	2014	n/a	n/a
					2016	21.8	(17.5, 26.9)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade Heterosexual	HYS	Clark	2014	n/a	n/a
					2016	12.8	(11.1, 14.7)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
SES Status (proxy)	Current Marijuana Use	10th Grade Free/Reduced Price Lunch	HYS	Clark	2014	n/a	n/a
					2016	22.0	(18.8, 25.7)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade No Free/Reduced Price Lunch	HYS	Clark	2014	n/a	n/a
					2016	12.8	(11.1, 14.6)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade Mom's Education: Less than High School	HYS	Clark	2014	29.5	(25.6, 33.8)
					2016	24.8	(21.1, 29.0)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade: Mom's Education: High School or GED	HYS	Clark	2014	24.8	(22.1, 27.7)
					2016	18.8	(16.3, 21.5)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade: Mom's Education: Some College	HYS	Clark	2014	17.1	(15.0, 19.5)
					2016	16.2	(14.0, 18.7)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade: Mom's Education: Bachelor's Degree	HYS	Clark	2014	13.5	(11.3, 15.9)
					2016	9.6	(7.8, 11.8)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Current Marijuana Use	10th Grade: Mom's Education: Advanced Degree	HYS	Clark	2014	11.7	(9.1, 14.9)
					2016	10.8	(8.2, 14.1)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
Marijuana-Related Risk Factors	Have friends who used marijuana in the past 12 months	10th Grade Overall	HYS	Clark	2014	44.4	(41.3, 45.6)
					2016	39.2	(37.0, 41.4)
				Skamania	2014	65.6	(46.9, 80.5)
					2016	n/a	n/a
	Perceive no/low risk of harm regular marijuana use	10th Grade Overall	HYS	Clark	2014	34.4	(32.4, 36.4)
					2016	31.3	(29.3, 33.3)
				Skamania	2014	45.4	(28.8, 63.2)

Domain	Indicator	Subpopulation	Data Source	County	Year	(%)	95% CI
					2016	n/a	n/a
	Report easy access to marijuana	10th Grade Overall	HYS	Clark	2014	51.1	(49.0, 53.2)
					2016	45.7	(43.6, 47.8)
				Skamania	2014	75.8	(57.4, 87.9)
					2016	39.3	(22.4, 59.2)
	Got mostly C's, D's and F's last year	10th Grade Overall	HYS	Clark	2014	28.5	(27.2, 29.8)
					2016	24.8	(23.5, 26.1)
				Skamania	2014	42.0	(30.7, 54.2)
					2016	33.3	(21.8, 47.3)
	Lives with some who uses marijuana	10th Grade Overall	HYS	Clark	2014	20.7	(19.0, 22.5)
					2016	20.0	(18.3, 21.9)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Parent have NOT talked to me about not using marijuana in the past 12 months	10th Grade Overall	HYS	Clark	2014	33.9	(31.9, 35.9)
					2016	30.4	(28.5, 32.4)
				Skamania	2014	n/a	n/a
					2016	38.5	(21.1, 59.3)
	Has been bullied at least once in the past month	10th Grade Overall	HYS	Clark	2014	23.8	(22.6, 25.1)
					2016	23.2	(22.0, 24.5)
				Skamania	2014	25.7	(16.6, 37.5)
					2016	35.0	(23.8, 48.2)
	First marijuana use younger than 14 years-old	10th Grade Overall	HYS	Clark	2014	15.6	(14.5, 16.6)
					2016	11.5	(10.6, 12.5)
				Skamania	2014	29.0	(19.3, 41.0)
					2016	19.0	(10.6, 31.5)
ACEs-Related Risk Factors (proxy)	Gang Member	10th Grade Overall	HYS	Clark	2014	6.0	(5.3, 6.7)
					2016	4.8	(4.2, 5.5)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Gang Activity	10th Grade Overall	HYS	Clark	2014	18.7	(17.6, 19.9)
					2016	17.3	(16.2, 18.5)
				Skamania	2014	n/a	n/a
					2016	17.0	(9.2, 29.1)
	Physical Abuse	10th Grade Overall	HYS	Clark	2014	26.9	(25.1, 28.9)
					2016	21.0	(19.3, 22.8)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	High Risk of Poor Family Management	10th Grade Overall	HYS	Clark	2014	32.5	(30.5, 34.6)
					2016	32.6	(30.6, 34.7)
				Skamania	2014	37.5	(22.0, 56.1)
					2016	n/a	n/a
	Lack of Adult Support When Sad	10th Grade Overall	HYS	Clark	2014	16.3	(14.9, 17.9)
					2016	13.9	(12.5, 15.4)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a
	Attempted Suicide in the Past 12 Months	10th Grade Overall	HYS	Clark	2014	9.9	(8.8, 11.2)
					2016	8.8	(7.7, 10.1)
				Skamania	2014	n/a	n/a
					2016	n/a	n/a

Domain	Indicator	Subpopulation	Data Source	County	Year	(%)	95% CI
	Considered Suicide in the Past 12 Months	10th Grade Overall	HYS	Clark	2014	19.5	(18.3, 20.7)
					2016	19.8	(18.6, 21.0)
				Skamania	2014	n/a	n/a
					2016	23.7	(14.4, 36.6)
	Depression in the Past 12 Months	10th Grade Overall	HYS	Clark	2014	34.0	(32.7, 35.4)
					2016	34.6	(33.2, 36.1)
				Skamania	2014	31.9	(21.8, 44.0)
					2016	28.3	(18.2, 41.3)
n/a = data was not available or suppressed because of low participation							

Appendix B

Crosstabs Between HYS Risk/Protective Factors and Marijuana-Related Risk Factors with Priority Populations, Clark and Skamania Counties Combined, 2016

Methods: Crosstabs between all family, community, school, and peer/individual risk and protective factors and all marijuana-related risk factors were done with each priority population: kids with easy access to marijuana, kids with a low perception of harm from regular marijuana use, and kids who have experienced ACEs (proxies for ACEs include depression, lack of adult support and poor family management). The following were identified as the most statistically significant risk factors and most statistically significant protective factors associated with each of the priority populations.

Risk Factor	Protective Factor

Priority 1: Ease of Access to Marijuana

HYS Question: *If you wanted to get some marijuana, how easy would it be for you to get some?*

Ease of Access to Marijuana Cross-tabs, 10th Graders from Clark and Skamania Counties, 2016.			
(%) (95% Confidence Interval)	**Very/Sort of Hard**	**Very/Sort of Easy**	**p-value t-statistic**
Ease of Access to Marijuana	54.8 (52.7, 56.9)	45.2 (43.1, 47.3)	

Community Risk Factor: Laws & Norms Favorable to Drug Use
• *How wrong would most adults in your neighborhood or community think it was for kids your age to:*
  • *Use marijuana?*
  • *Drink alcohol?*
  • *Smoke cigarettes?*
• *If a kid drank some beer, wine, or hard liquor (for example vodka, whiskey, or gin) in your community, would he or she be caught by the police?*
• *If a kid carried a handgun in your community, would he or she be caught by the police?*
• *If a kid used marijuana in your community, would he or she because by the police?*			

Low Risk	65.8 (63.4, 68.2)	34.2 (31.6, 36.6)	

High Risk	28.4 (25.0, 32.0)	71.6 (68.0, 75.0)	0.0000 15.36

Interpretation: Among 10th graders who reported laws and norms in their community are favorable to drug use, 71.6% also reported very or sort of easy access to marijuana. Whereas among 10th graders who reported laws and norms in their community are NOT favorable to drug use, only 34.2% reported very or sort of easy access to marijuana. This suggests that students who perceive laws and norms in their communities are favorable to drug use are more likely to have easier access to marijuana than students who perceive laws and norms in their communities are less favorable to drug use.

Peer-Individual Risk Factor: Early Initiation of Drug Use

- *How old were you the first time you:*
  - *Used marijuana?*
  - *Smoked a cigarette, even just a puff?*
  - *Had more than a sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?*
  - *Began drinking alcoholic beverages regularly, that is, at least once or twice a month?*

Low Risk	63.1 (60.8, 65.4)	36.9 (34.6, 39.2)	
High Risk	19.5 (15.9, 23.8)	80.5 (76.2, 84.1)	0.0000 14.12
Interpretation: Among 10th graders who began using drugs at a young age, 80.5% also reported very or sort of easy access to marijuana. Whereas among 10th graders who did not begin using drugs at a young age, only 36.9% reported having very or sort of easy access to marijuana. This suggests that early initiation of drug use is a risk factor for easy access to marijuana.			

Peer-Individual Risk Factor: Favorable Attitudes Towards Drug Use
• *How wrong do YOU think it is for someone your age to:*
  • *Drink beer, wine, or hard liquor (for example vodka, whiskey, or gin) regularly?*
  • *Smoke cigarettes?*
  • *Use marijuana?*
  • *Use LSD, cocaine, amphetamines, or another illegal drug?*			

Low Risk	69.3 (66.7, 71.8)	30.7 (28.2, 33.3)	
High Risk	31.5 (28.3, 34.9)	68.5 (65.1, 71.7)	0.0000 16.02
Interpretation: Among 10th graders who have favorable attitudes toward drug use, 68.5% also reported very or sort of easy access to marijuana. Whereas among 10th graders who have less favorable attitudes toward drug use, only 30.7% also reported easy access to marijuana. This suggests that 10th graders who do think it is wrong to use drugs (including alcohol, cigarette, marijuana, and other drugs), tend to have easier access to marijuana than 10th graders who think it is wrong to use drugs.			
Have best friends who have used marijuana *Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?*			
No	71.5 (68.8, 74.1)	28.5 (26.0, 31.2)	
Yes	29.5 (26.3, 32.9)	70.5 (67.1, 73.7)	0.0000 17.20
Interpretation: Among 10th graders who have best friends who have used marijuana, 70.5% also reported having very or sort of easy access to marijuana. Whereas among 10th graders who do not have best friends who have used marijuana, only 28.5% reported having very or sort of easy access to marijuana. This suggests that 10th graders who have friends who have used marijuana are significantly more like to have easy access to marijuana. Additional note: Of 10th graders in Clark and Skamania Counties who reported getting marijuana in the past month, 40% said they got it from their friends.			
Peer-Individual Protective Factor: Belief in the Moral Order • *I think it is okay to take something without asking as long as you get away with it.* • *I think sometimes it's okay to cheat at school.* • *It is all right to beat up people if they start the fight.* • *It is important to be honest with your parents, even if they become upset or you get punished.*			
Low Protection	33.8 (30.0, 37.8)	66.2 (62.2, 70.0)	
High Protection	62.8 (60.4, 65.2)	37.2 (34.8, 39.6)	0.0000 -11.59
Interpretation: Among 10th graders who believe in the moral order, 37.2% also reported very or sort of easy access to marijuana. Whereas among 10th graders who showed low protection for belief in the moral order, 66.2% reported very or sort of easy access to marijuana.			

Peer-Individual Protective Factor: Social Skills

- *You're looking at CDs in a music store with a friend. You look up and see her slip a CD under coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in*

sight, no employees, and no other customers. What would you go now? • *You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?* • *You are at a party at someone's house and one of your friends offer you a drink containing alcohol. What would you say or do?*			
Low Protection	35.4 (31.9, 39.1)	64.6 (60.9, 68.1)	
High Protection	66.4 (63.6, 69.0)	33.6 (31.0, 36.4)	0.0000 -12.71
Interpretation: Among 10th graders have well developed social skills, 33.6% also reported very or sort of easy access to marijuana. Whereas among 10th graders who show less developed social skills, 64.6% also reported very or sort of easy access to marijuana. This suggests that students who have better social skills are significantly less likely to have easy access to marijuana than students who have poorer social skills.			
Would a kid your age using marijuana get caught by the police? *If a kid used marijuana in your neighborhood/community, would he or she be caught by the police?*			
No	41.8 (39.3, 44.3)	58.2 (55.7, 60.7)	
Yes	83.0 (73.9, 85.6)	17.0 (14.4, 20.1)	0.0000 -16.64
Interpretation: Among 10th grader who thought a kid their age using marijuana would not get caught by the police, 58.2% also reported having very or sort of easy access to marijuana. Whereas among 10th graders who thought a kid their age using marijuana would get caught by the police, only 17% also reported having very or sort of easy access to marijuana. This shows that kids who think they would caught by the police for using marijuana are significantly less likely to have easy access to marijuana than kids who think they wouldn't get caught by the police for using marijuana.			
Perception of risk from regular marijuana use *How much do you think people risk harming themselves if they: use marijuana regularly (at least once or twice a week)?*			
No/low risk	32.3 (28.8, 35.9)	67.7 (64.1, 71.2)	
Moderate risk	50.5 (46.5, 54.5)	49.5 (45.5, 53.5)	0.0000 -6.50
Great risk	75.1 (72.0, 78.0)	24.9 (22.0, 28.1)	0.0000 -15.84
Interpretation: 10th graders who perceive no or low risk of harm from regularly using marijuana are significantly more likely to have very or sort of easy access to marijuana (67.7%) than students who perceive a moderate risk of harm (49.5%) or a great risk of harm (24.9%) from regularly using marijuana.			
*Row Percentages			

Priority 2: Low Perception of Harm from Regular Marijuana Use

HYS questions: *How much do you think people risk harming themselves if they: Use marijuana regularly (at least once or twice a week)?*

Perception of Harm from Regular Marijuana Use Cross-tabs, 10th Graders in Clark and Skamania Counties, 2016				
(%) *(95% Confidence Interval)*	**No/Low Risk**	**Moderate Risk**	**Great Risk**	**p-value** **t-statistic**
Perception of harm from regular marijuana use	31.0 (29.1, 33.0)	27.6 (25.7, 29.5)	38.1 (36.1, 40.2)	

Family Risk Factor: Parental Attitudes Favorable 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, or gin) regularly (at least once or twice a month)?*
  • *Smoke cigarettes?*
  ○ *Use marijuana?*				

Low Risk	18.5 (16.5, 20.7)	26.6 (24.2, 29.0)	51.2 (48.5, 53.9)	
High Risk	50.3 (46.9, 53.7)	29.3 (26.3, 32.4)	17.6 (15.2, 20.3)	0.0000 -15.05
Interpretation: Among 10th graders who are likely to have parents with favorable attitudes toward drug use, 50.3% perceived no or low risk of harm from marijuana use, 29.3% perceived a moderate risk, and only 17.6% perceived a great risk. Whereas among 10th graders who are less likely to have parents with favorable attitudes toward drug use, 18.5% perceived no or low risk of harm from marijuana use, 26.6% perceived a moderate risk, and 51.2% perceived a great risk. This suggests that parental attitudes toward drug use play an important role in 10th graders perception of harm from regular marijuana use.				

Peer-Individual Risk Factors: Early Initiation of Drug Use
• *How old were you the first time you:*
  • *Used marijuana?*
  • *Smoked a cigarette, even just a puff?*
  • *Had more than a sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?*
  ○ *Began drinking alcoholic beverages regularly, that is, at least once or twice a month?*				

Low Risk	23.3 (21.4, 25.4)	28.8 (26.7, 31.0)	44.6 (42.2, 47.0)	
High Risk	63.7 (58.8, 68.4)	22.7 (18.8, 27.2)	10.7 (8.0, 14.2)	0.0000 -14.50
Interpretation: Among 10th graders who are at low risk of early initiation of drug use, 23.3% perceived no or low risk of harm from regular marijuana use, 28.8% perceived a moderate risk of harm, and 44.6% perceived a great risk of harm. Among 10th graders who reported first using drugs at a young age, 63.7% perceived no or low risk of harm from regular marijuana use, 22.7% perceived a moderate risk of harm, and only 10.7% perceived a great risk of harm. This suggests that early initiation of drug use is a strong risk factor for low perception of harm from regular marijuana use.				
Peer-Individual Risk Factor: Favorable Attitudes Toward Drug Use 46 *How wrong do YOU think it is for someone your age to:* 46.6 *Drink beer, wine, or hard liquor (for example vodka, whiskey, or gin) regularly?* 46.7 *Smoke cigarettes?* 46.8 *Use marijuana?* ○ *Use LSD, cocaine, amphetamines, or another illegal drug?*				

Low Risk	16.7 (14.8, 18.8)	27.7 (25.3, 30.2)	52.3 (49.5, 55.0)	
High Risk	54.2 (50.6, 57.8)	27.4 (24.3, 30.7)	15.4 (12.9, 18.1)	0.0000 -16.96
Interpretation: Among 10th graders who have less favorable attitudes toward drug use, 16.7% perceived no or low risk of harm from regular marijuana use, 27.7 perceived a moderate risk of harm, and 52.3% perceived a great risk of harm. Among 10th graders who have more favorable attitudes toward drug use, 54.2% perceived no or low risk of harm from regular marijuana use, 27.4% perceived a moderate risk of harm, and only 15.4% perceived a great risk of harm. This shows that students who do not believe using alcohol, tobacco, or marijuana is very wrong for a kid their age are significantly more likely to also perceive little harm in regularly using marijuana.				
Have best friends who have used marijuana *Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?*				
No	17.9 (15.8, 20.2)	27.1 (24.6, 29.7)	51.6 (48.7, 54.5)	
Yes	50.2 (46.6, 53.8)	27.8 (24.7, 31.2)	19.4 (16.7, 22.4)	0.0000 -14.38
Interpretation: Among 10th graders who have best friends who have used marijuana, 50.2% perceived no or low risk of harm from regularly using marijuana, 27.8% perceived a moderate risk of harm, and 19.4% perceived a great risk of harm. Whereas among 10th graders who did not have best friends who have used marijuana, only 17.9% perceived no or low risk of harm and 51.6% perceived a great risk of harm.				
Peer-Individual Protective Factor: Interaction with Prosocial Peers • *Think of you four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have…* o *Participated in clubs, organizations or activities at school?* o *Made a commitment to stay drug-free?* o *Liked school?* o *Regularly attended religious services?* o *Tried to do well in school?*				
Low Protection	44.3 (40.9, 47.8)	26.8 (23.8, 29.9)	25.0 (22.2, 28.2)	
High Protection	20.2 (17.9, 22.6)	27.9 (25.3, 30.6)	49.5 (46.5, 52.5)	0.0000 11.08
Interpretation: Among 10th graders who reported more opportunities for interaction with prosocial peers, 20.2% perceived no or low risk of harm from regularly using marijuana, 27.9% perceived a moderate risk of harm, and 49.5% perceived a great risk of harm.				
Peer-Individual Protective Factor: Belief in the Moral Order • *I think it is okay to take something without asking as long as you get away with it.* • *I think sometimes it's okay to cheat at school.* • *It is all right to beat up people if they start the fight.* • *It is important to be honest with your parents, even if they become upset or you get punished.*				
Low Protection	53.1 (49.0, 57.2)	26.5 (23.1, 30.3)	17.4 (14.5, 20.7)	
High Protection	22.7 (20.7, 24.9)	27.8 (25.6, 30.1)	46.0 (43.5, 48.4)	0.0000 13.01
Interpretation: Among 10th graders who showed a stronger belief in the moral order, 22.7% perceived no or low risk of harm from regular marijuana use, 27.8% perceived a moderate risk of harm, and 46% perceived a great risk of harm.				
Peer-Individual Protective Factor: Social Skills • *You're looking at CDs in a music store with a friend. You look up and see her slip a CD under coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no*				

employees, and no other customers. What would you go now? • *You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?* 4. *You are at a party at someone's house and one of your friends offer you a drink containing alcohol. What would you say or do?*				
Low Protection	49.0 (45.2, 52.7)	27.5 (24.3, 31.0)	19.4 (16.7, 22.6)	
High Protection	19.9 (17.7, 22.3)	27.3 (24.9, 29.9)	50.1 (47.3, 53.0)	0.0000 12.84
Interpretation: Among 10th grader who showed more developed social skills, 19.9% perceived no or low risk of harm from regular marijuana use, 27.3% perceived a moderate risk of harm, and 50.1% perceived a great risk of harm.				
Would a marijuana user get caught by the police? *If a kid used marijuana in your neighborhood/community, would he or she be caught by the police?*				
No	38.1 (35.7, 40.7)	30.0 (27.7, 32.4)	28.9 (26.6, 31.3)	
Yes	14.8 (12.3, 17.8)	22.5 (19.5, 25.9)	58.7 (54.9, 62.4)	0.0000 10.36
Interpretation: Among 10th graders who thought a kid their age using marijuana would get caught by the police, 14.8% perceived no or low risk of harm from regular marijuana use, 22.5% perceived a moderate risk, and 58.7% perceived a great risk of harm.				

Priority 3: Depression

HYS Question: *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?*

Depression Cross-tabs, 10th Graders in Clark and Skamania Counties, 2016			
(%) *(95% Confidence Interval)*	**No**	**Yes**	**p-value** **t-statistic**
Depression in the past year	65.6 (64.2, 67.0)	34.4 (33.0, 35.8)	
School Risk Factor: Low Commitment to School ○ *How often do you feel the schoolwork you are assigned is meaningful and important?* ○ *How interesting are most of your courses to you?* ○ *How important do you think the things you are learning school are going to be for you later in life?* ○ *Think back over the past year in school. How often did you:* ○ *Enjoy being in school?* ○ *Hate being in school?* ○ *Try to do your best work in school?* ○ *During the LAST 4 WEEKS, how many whole days of school have you missed because you skipped of "cut"?*			
Low Risk	73.5 (71.0, 75.9)	26.5 (24.1, 29.0)	
High Risk	51.8 (48.5, 55.0)	48.3 (45.0, 51.5)	0.0000 10.24
Interpretation: 10th graders who expressed a low commitment to school are significantly more likely to have experienced depression in the past year, than 10th grader who expressed a higher commitment to school. Among 10th graders who showed a low commitment to school, 48.3% also reported depression in the past year. Whereas among 10th graders who showed a higher commitment to school, only 26.5% reported depression in the past year.			
Age at first marijuana use *How old were you the first time you used marijuana?*			
Never used marijuana	71.4 (69.8, 73.0)	28.6 (27.0, 30.2)	
13 or younger	47.6 (43.2, 52.0)	52.4 (48.0, 56.8)	0.0000 10.30
14 or older	50.7 (46.7, 54.7)	49.3 (45.3, 53.3)	0.0000 9.77
Interpretation: 10th graders who began using marijuana at a young age are significantly more likely to have experienced depression in the past year compared to 10th graders who have never used marijuana. Among 10th graders who first used marijuana at age 13 or younger, 52.4% also reported depression in the past year.			
Bullied at least once in the past month *A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when tow students of about the same strength argue or fight. In the last 30 days, how often have you been bullied?*			
No	72.2 (70.6, 73.7)	27.8 (26.3, 29.4)	
Yes	44.1 (41.0, 47.1)	55.9 (52.9, 59.0)	0.0000 16.06

Interpretation: 10th graders who have been bullied in the past month are significantly more likely to reported experiencing depression in the past year. Among 10th graders who reported being bullied in the past month, 55.9% also reported depression n in the past year. Whereas among 10th graders who did not report being bullied, only 27.8% also reported depression in the past year.

Adult support when sad *When you feel sad or hopeless, are there adults that you can turn to for help?*			
Yes	69.5 (66.7, 72.1)	30.5 (27.9, 33.2)	
No	31.9 (27.0, 37.3)	68.1 (62.7, 73.0)	0.0000 11.47
Not sure	48.0 (42.2, 53.9)	52.0 (46.1, 57.8)	0.0000 6.62
Interpretation: Among 10th graders who reported they do not have adult support when they feel sad, 68.1% also reported depression in the past year.			
Family Protective Factor: Opportunities for Prosocial Involvement ○ *If I had a personal problem, I could ask my mom or dad for help.* ○ *My parents give me lots of chances to do fun things with them.* ○ *My parents ask me what I think before most family decisions affecting me are made.*			
Low Protection	48.3 (44.9, 51.8)	51.7 (48.2, 55.1)	
High Protection	74.9 (72.3, 77.3)	25.1 (22.7, 27.7)	0.0000 -11.93
Interpretation: 10th graders who have multiple opportunities for prosocial involvement with their families are significantly less likely to suffer from depression than 10th graders who have little opportunities for prosocial involvement with their families. Among 10th graders who have multiple opportunities for prosocial involvement with their families, 25.1% also reported depression in the past year. Whereas 10th graders who reported little opportunities for prosocial involvement with their families, 51.7% also reported depression in the past year. This suggests that prosocial involvement with family is a strong protective factor against teenage depression.			
School Protective Factor: Rewards for Prosocial Involvement ○ *My teacher(s) notices when I am doing a good job and lets me know about it.* ○ *The school lets my parents know when I have done something well.* ○ *I feel safe at my school.* ○ *My teachers praise me when I work hard in school.*			
Low Protection	53.4 (50.1, 56.7)	46.6 (43.4, 49.9)	
High Protection	72.2 (69.6, 74.6)	27.8 (25.4, 30.4)	0.0000 -8.83
Interpretation: Among 10th graders who reported being not often rewarded for prosocial involvement at school, ○ % also reported depression in the past year. Whereas among 10th graders who reported being rewarded for prosocial involvement at school, only 27.8% also reported depression in the past year.			
Peer-Individual Protective Factor: Interaction with Prosocial Peers ▪ *Think of you four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have…* • *Participated in clubs, organizations or activities at school?* • *Made a commitment to stay drug-free?* • *Liked school?* • *Regularly attended religious services?* ○ *Tried to do well in school?*			
Low Protection	53.0 (49.5, 56.4)	47.0 (43.6, 50.5)	
High Protection	72.5 (69.8, 75.1)	27.5 (24.9, 30.2)	0.0000 -8.66
Interpretation: 10th graders who reported having multiple opportunities for prosocial involvement with their peers were significantly less likely to have also reported feeling depressed in the past year than 10th graders who reported having little opportunities for prosocial involvement with their peers. Among 10th graders who reported			

having little opportunities for prosocial involvement with their peers, 47% also reported depression in the past year. Whereas among 10th graders who reported having multiple opportunities for prosocial involvement with their peers, only 27.5% also reported depression in the past year. This suggests that prosocial involvement with peers is a strong protective factor against depression.

Community Protective Factor: Opportunities for Prosocial Involvement

- *There are adults in my neighborhood or community I could talk to about something important.*
- *Which of the following activities for people your age are available if your community?*
  - *Sports teams and recreation*
  - *Scout, Camp Fire, 4-H Clubs, or other service clubs*
  - *Boys and Girls Club, YMCA, or other activity clubs*

Low Protection	49.8 (45.3, 54.3)	50.2 (45.8, 54.7)	
High Protection	68.2 (65.9, 70.4)	31.8 (29.6, 34.1)	0.0000 -7.30

Interpretation: Among 10th graders who reported multiple opportunities for prosocial involvement in their communities, 31.8% also reported depression in the past year. Whereas among 10th graders who reported little opportunities for prosocial involvement in their communities, 50.2% also reported depression in the past year.

*Row percentages

Priority 4: Lack of Adult Support

HYS Question: *When you feel sad or hopeless, are there adults that you can turn to for help?*

**Could not do cross-tabs for "Lack of Adult Support" and risk and protective factors variables, as well as some marijuana risk factors. The HYS question about adult support was only asked on Form B, whereas risk/protective factors questions as well as many questions on marijuana-related risk factors were only asked on Form A.*

Adult Support Cross-tabs, 10th Graders in Clark and Skamania Counties, 2016					
(%) *(95% Confidence Interval)*	**Never sad**	**Adult support**	**NO adult support**	**Not sure**	**p-value** **t-statistic**
When you feel sad, are there adults you can turn to?	22.3 (20.7, 24.1)	51.3 (49.2, 53.4)	13.9 (12.5, 15.4)	12.5 (11.2, 13.9)	
Bullied at least once in the past month *A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when tow students of about the same strength argue or fight. In the last 30 days, how often have you been bullied?*					
No	26.1 (24.1, 28.3)	52.6 (50.2, 54.9)	10.4 (9.1, 12.0)	10.9 (9.5, 12.4)	
Yes	9.7 (7.5, 12.5)	47.6 (43.4, 51.8)	25.0 (21.5, 28.8)	17.7 (14.7, 21.2)	0.0000 7.64
Interpretation: Among 10th graders who reported being bullied in the past month, 25% also said they lack adult support when they feel sad. Whereas among 10th graders who did not report being bullied in the past month, only 10.4% said they lacked adult support.					
Depression in the past year *During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?*					
No	31.2 (28.9, 33.6)	53.3 (50.7, 55.8)	6.6 (5.5, 8.0)	8.9 (7.6, 10.5)	
Yes	4.2 (3.0, 5.9)	47.5 (43.9, 51.1)	28.7 (25.6, 32.1)	19.6 (16.9, 22.6)	0.0000 12.16
Interpretation: Among 10th graders who reported experiencing depression in the past year, 28.7% also said they do not have adults they can turn to when they feel sad.					
*Row percentages					

Priority 5: Poor Family Management

HYS Questions:

- *My parents ask if I've gotten my homework done.*
- *Would you parents know if you did not come home on time?*
- *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.*
- *My family has clear rules about alcohol and drug use.*
- *If you drank some beer, wine, or liquor (for example vodka, whiskey, or gin) without your parent's permission, would you be caught by them?*
- *If you carried a handgun without your parent's permission, would you be caught by them?*
- *If you skipped school, would you be caught by your parents?*

Risk of Poor Family Management Cross-tabs, 10th Graders in Clark and Skamania Counties, 2016			
(%) *(95% Confidence Interval)*	**Low Risk**	**High Risk**	**p-value** **t-statistic**
Poor Family Management	67.7 (65.7, 69.8)	32.3 (30.2, 34.4)	
Family Risk Factor: Parental Attitudes Favorable 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, or gin) regularly (at least once or twice a month)?* ○ *Smoke cigarettes?* ○ *Use marijuana?*			
Low Risk	80.0 (77.6, 82.1)	20.0 (17.9, 22.4)	
High Risk	48.5 (44.9, 52.0)	51.5 (48.0, 55.1)	0.0000 14.24
Interpretation: Among 10th graders who reported having parents with favorable attitudes toward drug use, 51.5% are also at a high risk of poor family management.			
Peer-Individual Risk Factor: Early Initiation of Drug Use • *How old were you the first time you:* ○ *Used marijuana?* ○ *Smoked a cigarette, even just a puff?* ○ *Had more than a sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?* ○ *Began drinking alcoholic beverages regularly, that is, at least once or twice a month?*			
Low Risk	75.0 (72.9, 77.1)	25.0 (22.9, 27.1)	
High Risk	35.2 (30.4, 40.3)	64.8 (59.7, 69.6)	0.0000 13.72
Interpretation: Among 10th graders who initiated drug use at an early age, 64.8% are at high risk of poor family management. Whereas among 10th graders who are at a lower risk for early initiation of drug use, 25% are at a high risk of poor family management.			
Peer-Individual Risk Factor: Favorable Attitudes Toward Drug Use • *How wrong do YOU think it is for someone your age to:* ○ *Drink beer, wine, or hard liquor (for example vodka, whiskey, or gin) regularly?* ○ *Smoke cigarettes?* ○ *Use marijuana?* ○ *Use LSD, cocaine, amphetamines, or another illegal drug?*			

Low Risk	80.8 (78.5, 82.9)	19.2 (17.1, 21.5)	
High Risk	45.7 (42.1, 49.3)	54.3 (50.7, 57.9)	0.0000 15.56
Interpretation: Among 10th graders who reported that a kid their age using drugs (alcohol, tobacco, marijuana, etc.) was not very wrong, 54.3% are also at high risk of poor family management. Whereas among 10th graders who have less favorable attitudes toward drug use, only 19.2% are at high risk of poor family management.			
Family Protective Factor: Opportunities for Prosocial Involvement • *If I had a personal problem, I could ask my mom or dad for help.* • *My parents give me lots of chances to do fun things with them.* • *My parents ask me what I think before most family decisions affecting me are made.*			
Low Protection	46.4 (43.0, 49.8)	53.6 (50.2, 57.0)	
High Protection	82.6 (80.3, 84.6)	17.5 (15.4, 19.7)	0.0000 -16.31
Interpretation: Among 10th graders who reported multiple opportunities for prosocial involvement with their families, only 17.5% are also at high risk of poor family management.			
Peer-Individual Protective Factor: Social Skills • *You're looking at CDs in a music store with a friend. You look up and see her slip a CD under coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees, and no other customers. What would you go now?* • *You are visiting another part of town and you don't know any of the people your age there. You are walking down the street and some teenager you don't know is walking toward you. He is about your size. As he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?* • *You are at a party at someone's house and one of your friends offer you a drink containing alcohol. What would you say or do?*			
Low Protection	48.1 (44.4, 51.9)	51.9 (48.2, 55.6)	
High Protection	78.9 (76.5, 81.1)	21.1 (18.9, 23.5)	0.0000 -13.37
Interpretation: Among 10th graders who have more developed social skills, 21.1% are also at high risk of poor family management. Whereas among 10th graders who have less developed social skills, 51.9% are also at high risk of poor family management.			
Perception of harm from regular marijuana use *How much do you think people risk harming themselves if they: Use marijuana regularly (at least once or twice a week)?*			
No/low risk	48.6 (44.6, 52.6)	51.4 (47.4, 55.4)	
Moderate risk	66.4 (62.3, 70.2)	33.6 (29.8, 37.7)	0.0000 -6.04
Great risk	84.4 (81.6, 86.8)	15.6 (13.2, 18.4)	0.0000 -13.57
Interpretation: Among 10th graders who perceived a great of harm from regular marijuana use, only 15.6% were at high risk of poor family management.			
*Row Percentages			