



# Rise Above Colorado Youth Survey

*on Behavioral Health & Substance Use*

November 2016

# Table of Contents



- Executive Summary
- Methodology
- Substance Use, Perceived Risk & Curiosity
- Access to Substances
- Risk & Protective Factors
- Social Norms
- Putting the Data Together: Segmentation Analysis
- Summary of Findings about Marijuana
- Summary of Findings about Prescription Drugs
- Summary of Findings about Meth
- Appendix A: Factor Analysis
- Appendix B: Survey

# Executive Summary



This is an unprecedented time for drug policy in Colorado and the United States. Marijuana has been legal in Colorado since 2012, leading many to wonder about its impact on our state, especially with regard to Colorado's youth. While contextually much has changed since 2013, many things have remained remarkably stable. This survey's results reflect what the Healthy Kids Colorado Survey (HKCS) 2015 found – self-reports of using marijuana have actually declined since 2013 despite teenagers viewing many substances, including marijuana, as less risky and more accessible, acceptable and curious. Teenagers' general perceptions and attitudes toward drugs have remained relatively stable based upon the risk factor analysis and the stability of the segments that emerged in 2013 (Anti-Drug, Undecided, Social Use or Regular Use). The prevalence of two risk factors – that the misuse of Ritalin is safe and their parents are OK with occasional marijuana use – increased in 2016. This year's additional inquiry into protective factors found that usage was significantly associated with not having meaningful and important schoolwork, a parent or another adult to go to for help, or the ability to stand up to peer pressure.

Despite this relieving news, other concerns were illuminated, including rising alcohol usage and curiosity about prescription medications. Although only alcohol usage rates increased, the age of first use of several substances was significantly earlier. Younger teens also reported increased direct offers of most substances. Teens in the central region of Colorado reported greater usage and accessibility and lower perceived risk this year along with significantly less meaningful and important schoolwork. With the caveat of a small sample size, teenagers who identify as Lesbian, Gay, Bisexual, Transgender, or Queer/Questioning (LGBTQ) are more likely to use substances and see less risk associated with that usage.

Teenagers' self-reported mental health was found to be associated with substance use. Females in general and teens in the Northeast region reported significantly higher rates of difficult mental health days per month. Teens with mental health challenges reported having significantly less meaningful and important school work, close friends, the capability to deal with life's problems, and parents they could go to for help. They also reported seeing bad things happen due to drugs and that experimenting with drugs is just part of being a teenager significantly more than peers with better self-reported mental health.

Generally, males hold more false, or invincible, beliefs about drugs.

Lastly, this study found that most teenagers do not have an accurate perception of how many of their schoolmates actually use various substances, typically overestimating actual usage by a wide margin. The increased acceptability, low risk and overestimates of usage are likely associated with the decreases seen this year in teens who reported they would give their friends a hard time for using alcohol or marijuana. Those with more accurate perceptions of schoolmate use hold stronger views against substance misuse.

# Executive Summary: Recommendations



Despite concerns about changing drug policies negatively influencing youth behavior, the data does not bear out those fears. Reports of perceptions, accessibility and norms have changed, which warrant a stronger prevention and behavioral health promotion approach. The following strategies should be considered in light of this survey's (and HKCS) findings:

- Focus prevention efforts on younger teens as those 12 and 13 years old are showing slightly higher rates of usage and accessibility of both alcohol and marijuana
- Close the gaps in perceived and actual usage through a positive social norming campaign so that teens can hold a more accurate perception of the peer pressure their developing brains interpret as highly influential, often more influential than perceived risk
- Increase behavioral health education that focuses on:
  - empowering teens with accurate information and dispelling myths of invincibility and addiction, especially for males
  - cultivating their ability to develop and sustain close friendships
  - developing the confidence and skills necessary to stand up to peer pressure
  - creating the space to practice strategies to manage problems that arise, including those that are the result of drug misuse/addiction
  - Intentionally including and supporting LGBTQ youth
- Integrate behavioral health education, and other real life issues, into school curricula in order to increase teens' sense of their schoolwork being meaningful and important to them.

As a statewide survey, communities may benefit from exploring their regional data with various stakeholders to supplement local data, relevant context and opportunities.





Rise Above Colorado, with funding support from the Office of Behavioral Health (OBH) and in cooperation with Ground Floor Media, commissioned this 2016 assessment among Colorado's teenagers to understand their attitudes and behaviors surrounding substance misuse, with a specific focus on methamphetamines, marijuana and prescription drugs.

OBH executes the State's federal responsibilities as the State Mental Health Authority and the State Substance Abuse Authority for the purposes of administering federal mental health and substance abuse block grant funds. OBH funds, supports and monitors numerous mental health and substance abuse community programs and providers and is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight for the public behavioral health system.

This is a follow-up to a similar study conducted in 2013. HealthCare Research, Inc. was retained to conduct this statewide assessment, surveying six-hundred-and-seven Colorado teenagers with 60% of the interviews gathered by telephone (n=357) and 40% online (250), after obtaining the consent of their parents, between March 17th and May 1st, 2016.

The survey instrument included material from past assessments conducted in 2009, 2010, 2011 and 2013, along with new content to cover expanding areas of interest. The survey was fairly extensive (averaging approximately 20 minutes to complete) and covered the following topics:

- Attitudinal statements about drug use
- Knowledge and behavioral metrics, such as drug awareness, interest in trial, ease of access and self-reported usage (first time, most recent and ever)
- Positive community norms questions such as perceived schoolmate usage
- Social media use, extracurricular activity and mental health
- Communications metrics such as anti-drug advertising awareness, tagline awareness ("Not Even Once" and "I Rise Above") and school communications
- Demographics

To ensure the sample data maintained a close representation to the demographic characteristics of residents in the state, quotas were established by county to provide sufficient data to look at separate regions of Colorado and then weighted back to mirror the population distributions based upon the most recent census data<sup>1</sup>.

Beyond these geographic quotas, the only screening criteria Colorado teens needed to meet in order to qualify for the survey was that they were between the ages of 12 and 17 and either enrolled in grades seven through twelve or have dropped out of school.

The maximum margin of sampling error is +/- 4.0 points on a sample size of 607 interviews; margins of error will be greater when looking at smaller subsets of the data.



# Methodology (cont.)

## The Survey

HealthCare Research used a 119-question survey to collect the necessary data for this year's assessment among Colorado's teenagers. The survey used skip logic in order to present individuals with questions that are most relevant to them, based upon their previous answers in the survey. The questionnaire took an average of 20 minutes to complete. Respondents were allowed to indicate when they do not know the answer to a particular question or to not respond if they were uncomfortable providing an answer. For the purposes of this report, we have excluded these individuals who did not respond on a question-by-question basis. Due to both skip logic and these non-response exclusions, the number of respondents (*n* value) varies for each question, and is therefore presented on each slide of the report.

## Changes to 2016 Survey and Sampling Methodology

Several new questions were added this year and wording adjustments were made to many others to better reflect the evidence base on risk and protective factors that influence substance use. Two of these new questions, regarding sexual orientation and being transgender, were only asked of online participants. Additionally, 41% (*n*=250) of interviews were collected online this year, whereas previous data had only been gathered by telephone. Adjustments were made to the 2013 data to account for differences which arose from including with online data, such as increases in "Don't Know" responses. Therefore, the 2013 ratings provided in this report may be different from those reported originally in the 2013 assessment. Several of the key metric slides show the ratings obtained from the 2016 phone-only data to provide that more apples-to-apples comparison to previous years.

## Survey Response

Employing a randomized sample, the phone incidence of finding qualified participants for this survey was 2.9%. The greatest impact to both the incidence and response rate was obtaining parental permission and, when obtained, finding a time when the teen was at home and willing and able to participate. Despite these challenges, the sample garnered represents the state's teen demographics based on the 2010 Census data.

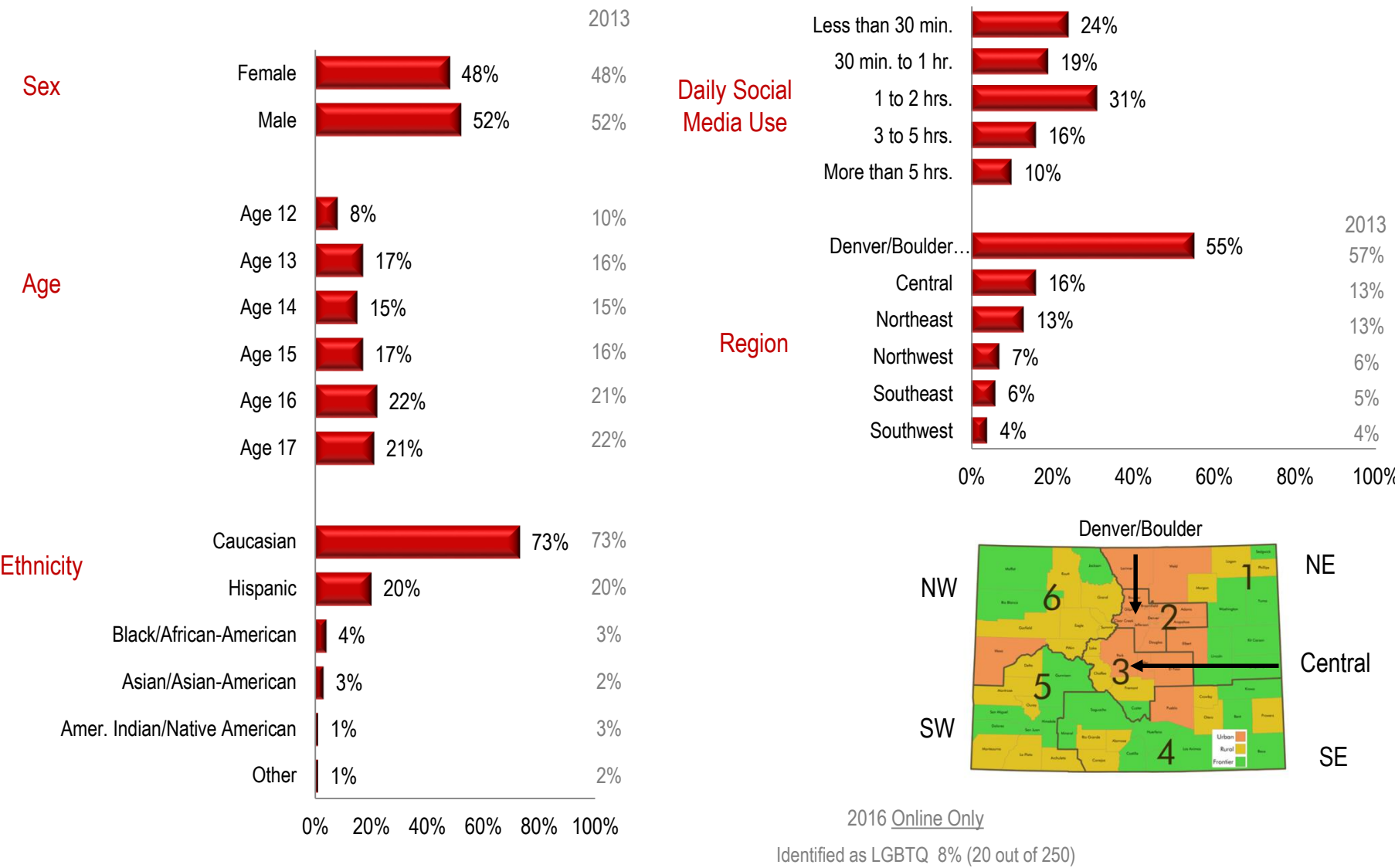
## Explanation of Terminology and Notations

This report uses terminology that is somewhat unique to survey research:

- *Top-Box Responses*: Several survey questions provide respondents with different options to choose from, such as "Strongly Agree," "Agree," etc. When we refer to the "Top-Box," this is in reference to the highest level of agreement or most positive response on any of these types of scales, such as the percentage of respondents who said "**Strongly Agree**" or "**Very Difficult**."
- *Top-Two Box Responses*: The "Top-Two Box" response includes the second highest response along with the top-box response. For example, on a question with an agreement scale, participants who answered "Strongly Agree" are combined with those who answered "Somewhat Agree," and the percentage of these respondents represents the top-two box response.
- *Statistical Significance Testing*: Statistical tests (typically t-tests of means or proportions) are used throughout the analysis to indicate which results are most likely to represent real differences in the data (as opposed to differences which fall within the margin of error). When a difference is said to be statistically significant, it is notated by either an arrow or a shaded cell when located within a table. The level of confidence used for all significance testing in this analysis is at the 95% level. Comparisons of demographic groups are always made to everyone else, minus that demographic group.
- When necessary, notations are included on several slides regarding statistical significance testing and small sample sizes. Arrows and shaded table cells are indicative of statistically significant shifts at the 95% level of confidence. Blue cells indicate significantly higher ratings, while pink cells indicate significantly lower ratings. Additionally, several breakouts are included that do reach a sample size of thirty, but are nonetheless noteworthy, and should be used with caution when considering these values. These are noted with asterisks.



# Participant Demographics





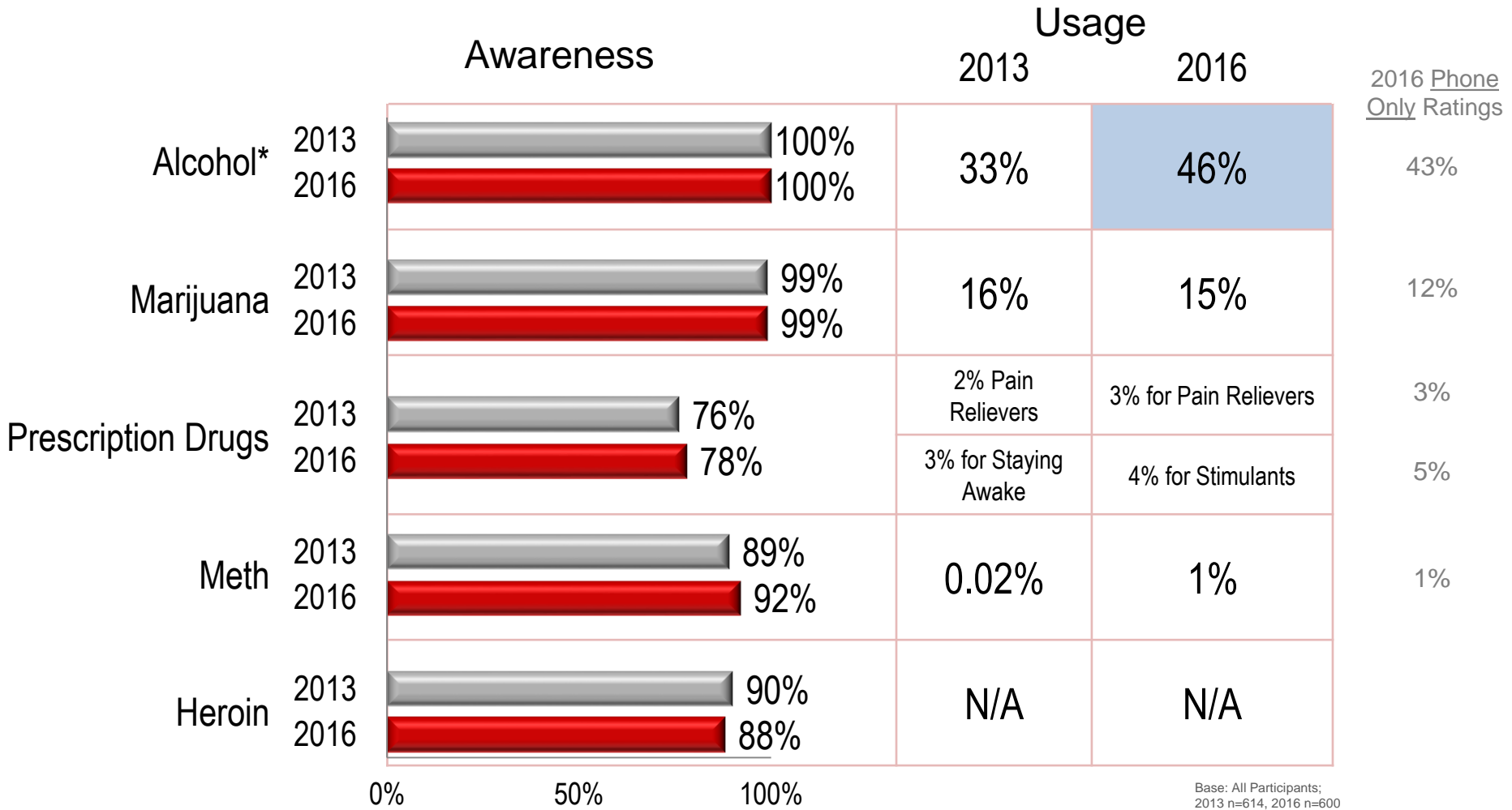
## Substance Use, Perceived Risk & Curiosity





# Drug Awareness and Usage

Which, if any, of the following drugs have you heard of? During your life, how many times have you tried each?

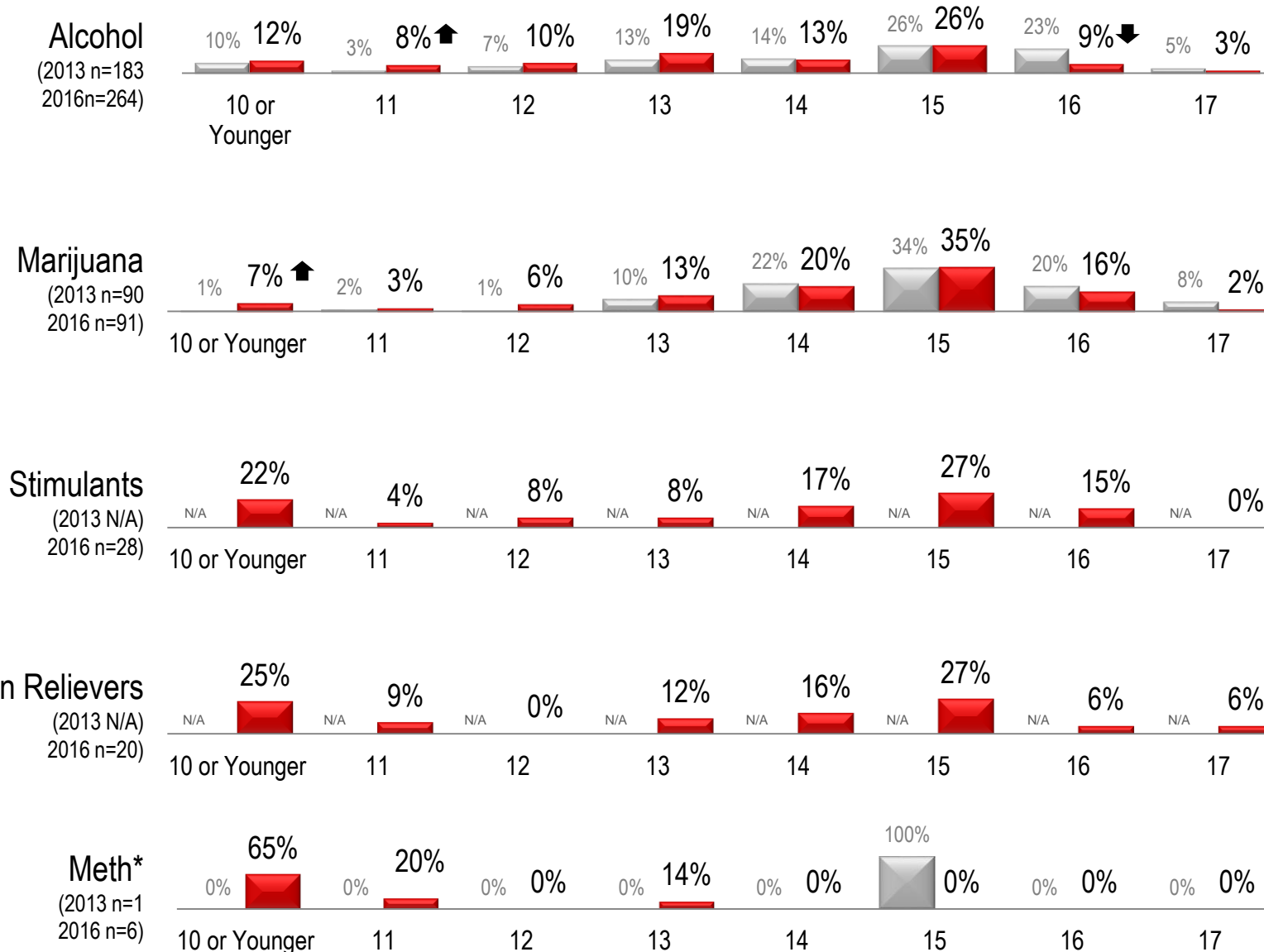


\* Awareness of alcohol was not asked, and assumed to be 100%



# Using Substances for the First Time

How old were you when you first tried each of the following?

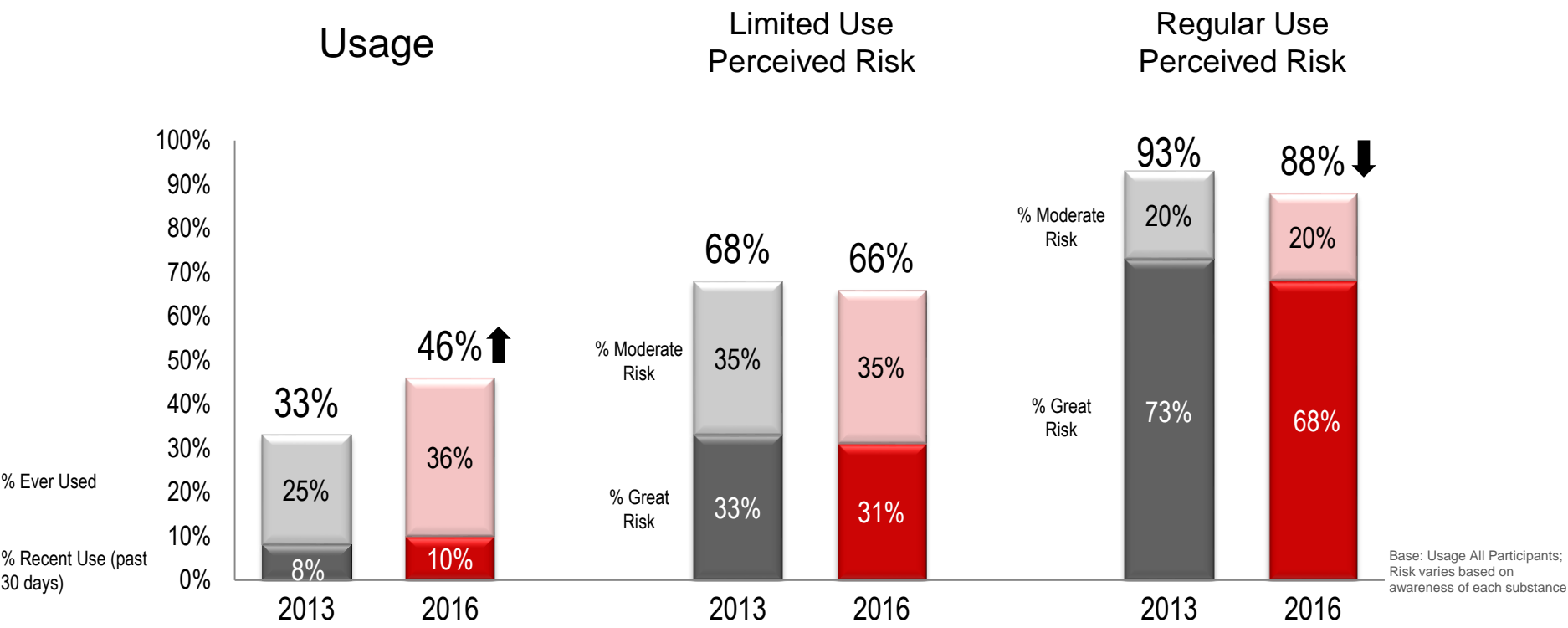


The charts to the left show the age participants who have used each substance first tried them. First-time usage is relatively low for each of the five substances until about age 13 when it increases substantially compared to younger age groups. Meth does not follow the same trend, however, this information is only among users and there were very few users of meth in 2016 (n=6).

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Alcohol Use and Perceived Risk



The next several slides show teens' self-reported usage and level of perceived risk for each of the five substances assessed in this survey, beginning with alcohol. Reported alcohol usage (in terms of "Ever Used") increased significantly from 2013 to 2016, from 33% of participants saying they have had alcohol to 46% today, but recent usage (within the past 30 days) held steady at about one out of ten teenagers surveyed (8% in 2013 and 10% this year). The perceived risk of using alcohol on a *limited* basis held steady this year, with two-thirds of participants considering drinking alcohol on a limited basis to be either a "moderate" or "great" risk (66%), while there was a slight decline in the perceived risk of drinking alcohol regularly (down five points to 88%).

### 2016 Phone Only Ratings

Use: 43% ↑  
Recent Use: 7%  
Limited Use "Great Risk": 43% ↑  
Limited Use "Great" or "Moderate Risk": 88% ↑  
Regular Use "Great Risk": 76%  
Limited Use "Great" or "Moderate Risk": 92%

Questions: Recent Usage - During the past 30 days, how many times have you used alcohol?  
Ever Used - During your life, how many times have you tried alcohol?  
Perceived Risk - How much risk, if any, do you think there is involved in drinking alcohol once or twice (limited use)/on a regular basis (regular use)?

# Alcohol Use and Perceived Risk by Demographics



	Sex						Ethnicity														
	Female			Male			Caucasian			Hispanic/Latino			African-American*			Asian*			Native American*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	31%	49%	+18	34%	44%	+10	34%	46%	+12	31%	49%	+18	49%	61%	+12	14%	38%	+24	41%	15%	-26
Limited Use ("Great Risk")	34%	28%	-6	32%	34%	+2	31%	32%	+1	36%	33%	-3	31%	16%	-15	45%	0%	-45	35%	0%	-35
Regular Use ("Great Risk")	77%	66%	-11	69%	70%	+1	72%	69%	-3	78%	66%	-12	73%	54%	-19	86%	51%	-35	38%	42%	+4

	Age																	
	12			13			14			15			16			17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	10%	29%	+19	11%	33%	+22	16%	31%	+15	40%	58%	+18	39%	52%	+13	59%	61%	+2
Limited Use ("Great Risk")	40%	40%	0	53%	36%	-17	34%	29%	-5	28%	25%	-3	27%	29%	+2	23%	34%	+11
Regular Use ("Great Risk")	82%	77%	-5	73%	67%	-6	77%	71%	-6	71%	57%	-14	78%	73%	-5	62%	66%	+4

Self-reported consumption of ever drinking alcohol increased across sex, ethnicity (except Native Americans which was a small sample size) and age this year, most having statistically significant double-digit gains since the 2013 time period. Correspondingly, perceived risk typically declined across all of these demographics, significantly so for females (down 11 points to 66% who now consider regular alcohol consumption a "great" risk) and Hispanics (down 12 points to 66% as well).

Questions: Recent Usage - During the past 30 days, how many times have you used alcohol?  
Ever Used - During your life, how many times have you tried alcohol?

Perceived Risk - How much risk, if any, do you think there is involved in drinking alcohol once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).





# Alcohol Use and Perceived Risk by Demographics

	Region of Colorado																	
	Denver/Boulder			Central			Northeast			Northwest			Southeast			Southwest*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	33%	44%	+11	27%	49%	+22	41%	63%	+22	20%	44%	+24	29%	42%	+13	53%	31%	-22
Limited Use ("Great Risk")	32%	29%	-3	41%	35%	-6	27%	30%	+3	34%	31%	-3	46%	35%	-11	19%	44%	+25
Regular Use ("Great Risk")	73%	68%	-5	72%	67%	-5	68%	60%	-8	70%	59%	-11	84%	81%	-3	62%	89%	+27

	LGBTQ*
	2016
Usage	60%
Limited Use ("Great Risk")	13%
Regular Use ("Great Risk")	57%

Regional differences in reported alcohol usage and perceived risk ratings reveal significant increases in alcohol usage among teens living in the Denver/Boulder region, Central, Northeast and Northwest regions. However, the perceived risk of drinking alcohol held steady compared to 2013 (the large differences among those living in the Southwest region do not qualify as statistically significant as the sample size for this region is below 30).

A new demographic question was added to the online version of the survey this year, asking sexual and gender identification of teens. Of the 250 teens reached online, 20 (8%) identified as either lesbian, gay, bisexual, transgender or queer/questioning. These teens often have greater likelihood to experiment and use the substances assessed in this survey. While there were not enough LGBTQ teen participants in this year's survey to test for statistically significant differences, directional differences demonstrate that this pattern is typically the case. Alcohol usage is higher, and its perceived risk is lower among these individuals than teens who identify as heterosexual and cis-gender.

Questions: Recent Usage - During the past 30 days, how many times have you used alcohol?

Ever Used - During your life, how many times have you tried alcohol?

Perceived Risk - How much risk, if any, do you think there is involved in drinking alcohol once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

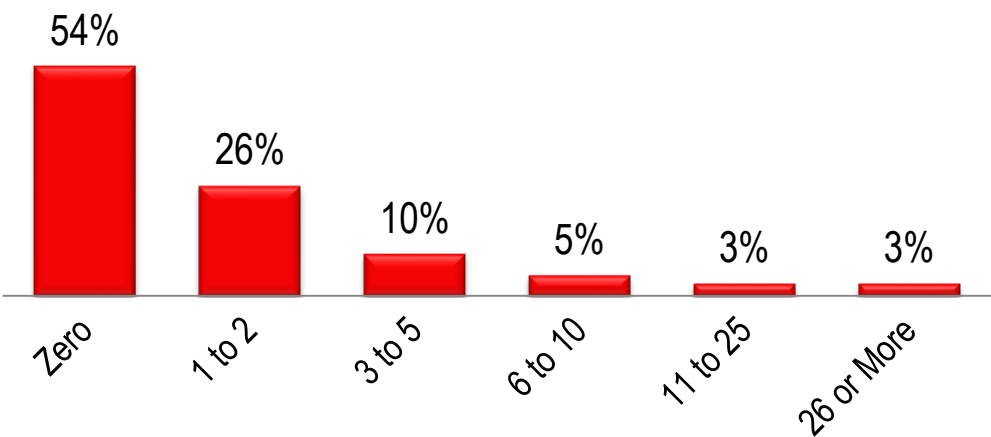
\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Number of Times Drinking Alcohol

During your life, how many times have you tried alcohol?

Number of Times Drinking Alcohol



While most teenagers surveyed say they have never consumed alcohol, a quarter (26%) said they drank once or twice, 10% said three to five times and 11% more times than that. As expected, the number of times teens have used alcohol increases with age, from an average of about one time among those ages 12 and 13 years old to over five times for 17 year-olds. There were few other large differences, however, usage was much higher among the LGBTQ participants, who reported drinking an average of 13 times compared to about three times for heterosexual teens.

	Sex		Ethnicity					Age					
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*	12	13	14	15	16	17
Average Number of Times	3.1	3.6	3.4	3.0	8.3	1.0	0.1	1.1	0.8	3.2	3.8	4.1	5.6

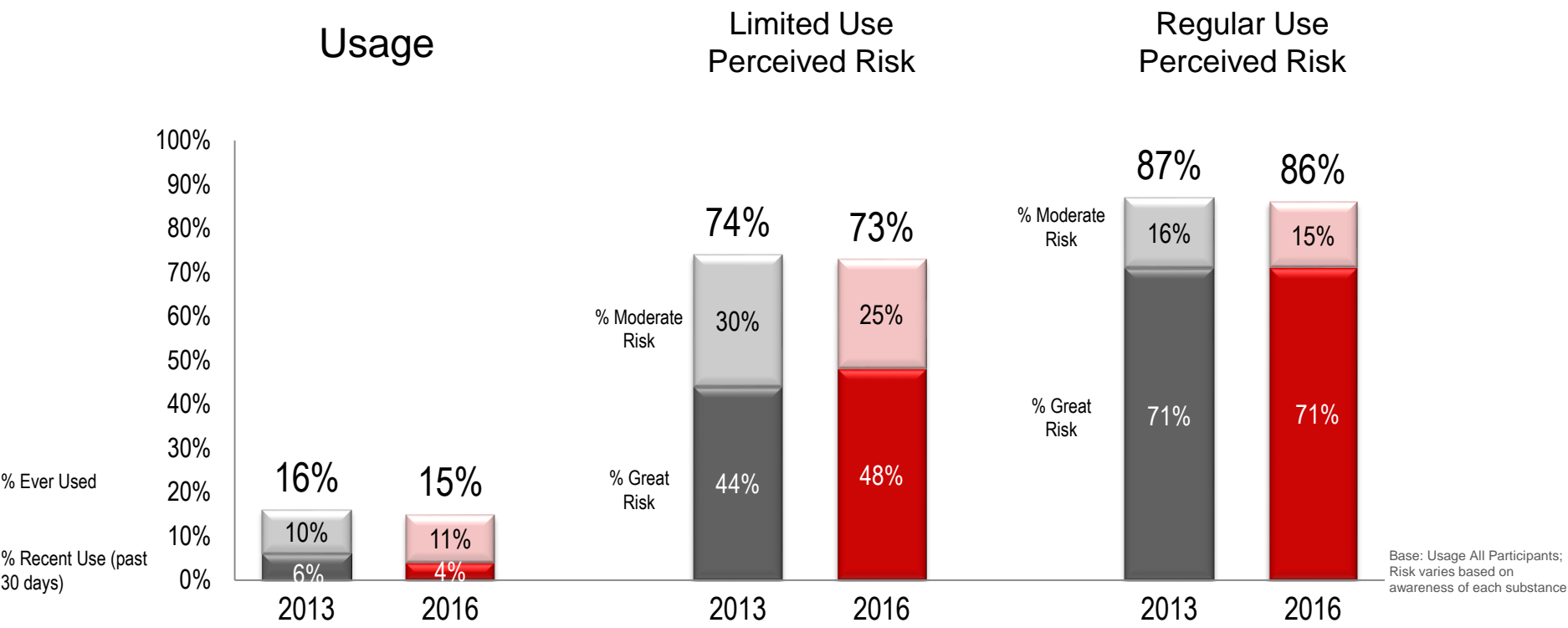
	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Average Number of Times	3.2	4.0	5.6	1.4	1.4	2.7	13.4

Base: Varies by demographic

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Marijuana Use and Perceived Risk



Despite the legalization of marijuana in Colorado in 2012, self-reported usage of marijuana was one point lower this year (15%) compared to 2013 (16%), and the perceived risk of using marijuana held steady, down just one point for both limited use (to 73% considering using marijuana a “Moderate” or “Great” risk) and regular use (86%).

### 2016 Phone Only Ratings

- Use: 12%
- Recent Use: 2% ↓
- Limited Use “Great Risk”: 67% ↑
- Limited Use “Great” or “Moderate Risk”: 92% ↑
- Regular Use “Great Risk”: 87% ↑
- Regular Use “Great” or “Moderate Risk”: 96% ↑

Questions: Recent Usage - During the past 30 days, how many times have you used marijuana?  
Ever Used - During your life, how many times have you tried marijuana?  
Perceived Risk - How much risk, if any, do you think there is involved in using marijuana once or twice (limited use)/on a regular basis (regular use)?

# Marijuana Use and Perceived Risk by Demographics



	Sex						Ethnicity														
	Female			Male			Caucasian			Hispanic/Latino			African-American*			Asian*			Native American*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	12%	15%	+3	20%	15%	-5	14%	16%	+2	23%	13%	-10	14%	27%	+13	14%	6%	-8	30%	0%	-30
Limited Use ("Great Risk")	47%	47%	0	42%	48%	+6	44%	48%	+4	44%	51%	-7	45%	27%	-18	58%	29%	-29	29%	23%	-6
Regular Use ("Great Risk")	75%	68%	-8	68%	73%	+5	72%	71%	-1	68%	77%	-9	66%	58%	-11	86%	41%	-45	53%	55%	+2

	Age																	
	12			13			14			15			16			17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	9%	+9	3%	5%	+2	4%	6%	+2	20%	21%	+1	23%	18%	-5	32%	25%	-7
Limited Use ("Great Risk")	70%	70%	0	65%	38%	-27	46%	38%	-8	35%	45%	+10	37%	52%	+15	30%	52%	+22
Regular Use ("Great Risk")	92%	78%	-4	86%	65%	-21	72%	67%	-5	74%	66%	-8	64%	70%	+6	56%	79%	+23

Marijuana usage declined significantly among Hispanics since 2013 (-11 points to 13%), but increased significantly among 12 year olds, from no users in 2013 (0%) to 9% this year. Also notable was an increase in the perceived risk of using marijuana on both a limited and regular basis among older teens (ages 16 and 17), up over 20 points since 2013.

Questions: Recent Usage - During the past 30 days, how many times have you used marijuana?  
 Ever Used - During your life, how many times have you tried marijuana?  
 Perceived Risk - How much risk, if any, do you think there is involved in using marijuana once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Marijuana Use and Perceived Risk by Demographics



	Region of Colorado																	
	Denver/Boulder			Central			Northeast			Northwest			Southeast			Southwest*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	18%	14%	-4	12%	18%	+6	17%	17%	0	7%	19%	+12	14%	12%	-2	25%	12%	-13
Limited Use ("Great Risk")	42%	47%	+5	51%	46%	+5	43%	44%	+1	53%	48%	-5	58%	55%	-3	26%	83%	+57
Regular Use ("Great Risk")	70%	73%	+3	78%	61%	+3	71%	63%	-8	76%	77%	+1	77%	80%	+3	65%	94%	+29

	LGBTQ*
	2016
Usage	43%
Limited Use ("Great Risk")	13%
Regular Use ("Great Risk")	24%

No statistically significant differences were detected in marijuana usage and perceived risk across the six regions.

The few LGBTQ participants showed a stronger likelihood to have used marijuana (43%) and to view using this substance as less of a risk for both limited (13%) and regular use (24%).

Questions: Recent Usage - During the past 30 days, how many times have you used marijuana?  
 Ever Used - During your life, how many times have you tried marijuana?  
 Perceived Risk - How much risk, if any, do you think there is involved in using marijuana once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic  
by year

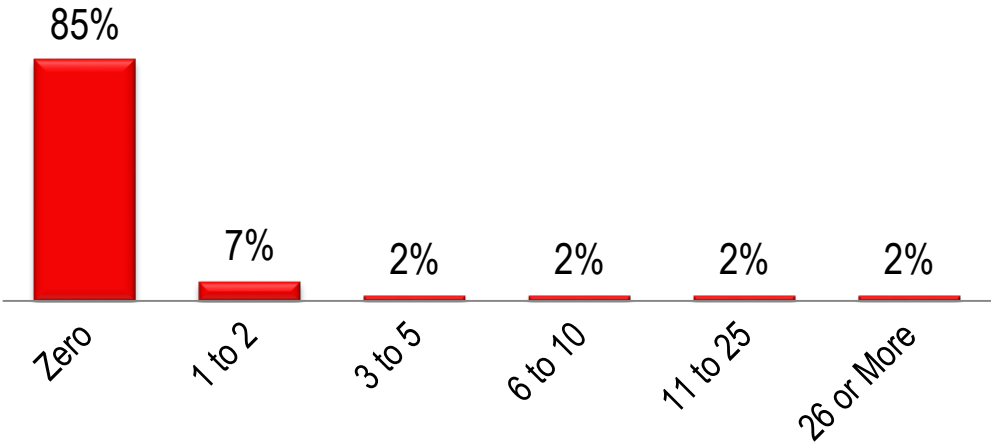
\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

# Number of Times Using Marijuana



During your life, how many times have you tried marijuana?

Number of Times Using Marijuana



Among the 15% of teens who reported using marijuana, less than one out of ten (8%) reported using it more than twice.

	Sex		Ethnicity					Age					
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*	12	13	14	15	16	17
Average Number of Times	2.4	3.4	3.1	2.8	6.2	1.2	0.0	0.4	0.1	2.4	2.9	5.2	4.4

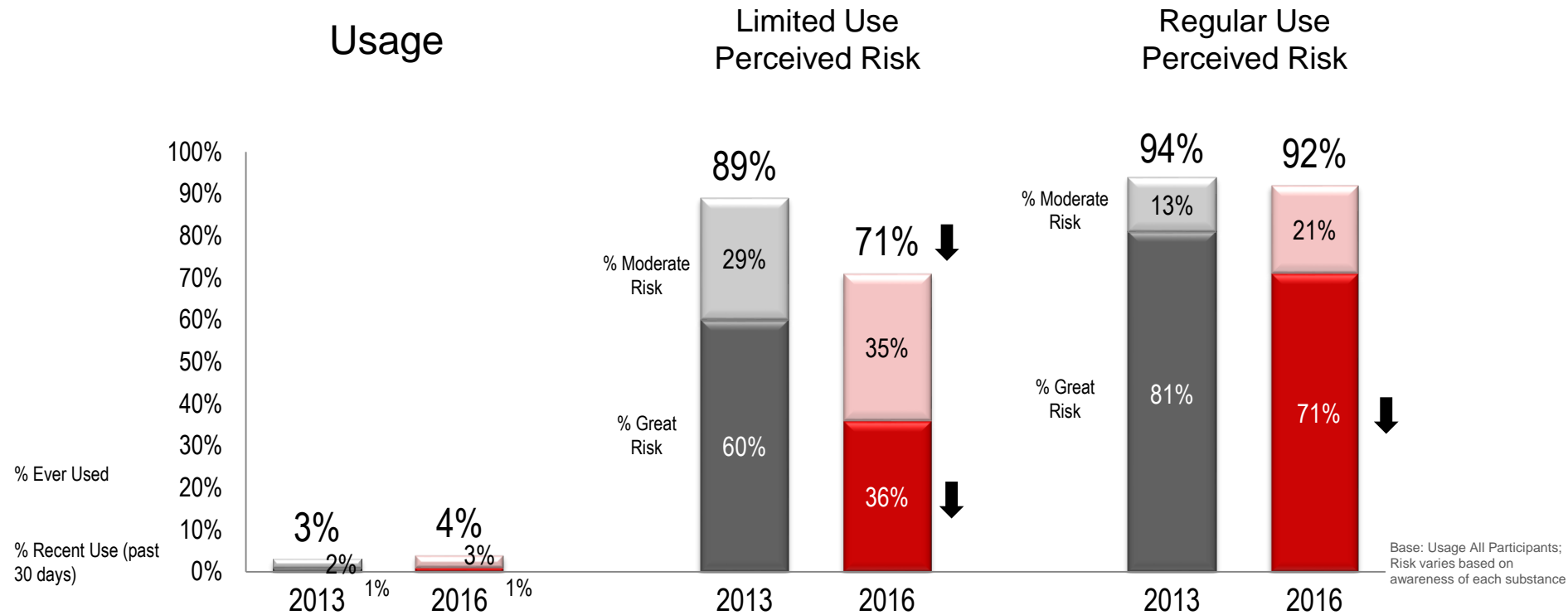
	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Average Number of Times	1.5	5.6	6.9	0.8	4.5	1.2	13.5

Base: Varies by demographic

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Stimulant Use and Perceived Risk



Use of prescription stimulants such as Adderall and Ritalin, which were not prescribed for them, for the purpose of staying awake to study, was similar this year as in 2013 (4% versus 3%), but its perceived risk among those aware of stimulants, especially when it comes to limited use, declined 18 points ("Moderate" or "Great" risk). The perceived risk of regularly using prescription stimulants dipped significantly at the top-box level (81% to 71% "Great" risk), but held at the top-two box level (at 92% compared to 94% in 2013).

## 2016 Phone Only Ratings

Use: 5%  
Recent Use: 1%  
Limited Use "Great Risk": 28% ↓  
Limited Use "Great" or "Moderate Risk": 66% ↓  
Regular Use "Great Risk": 68% ↓  
Regular Use "Great" or "Moderate Risk": 92%

Questions: Recent Usage - During the past 30 days, how many times have you used stimulants?  
Ever Used - During your life, how many times have you tried stimulants?  
Perceived Risk - How much risk, if any, do you think there is involved in using stimulants once or twice (limited use)/on a regular basis (regular use)?

# Stimulant Use and Perceived Risk by Demographics



	Sex						Ethnicity														
	Female			Male			Caucasian			Hispanic/Latino			African-American*			Asian*			Native American*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	2%	4%	+2	3%	5%	+2	1%	4%	+3	4%	8%	+4	0%	0%	0	8%	0%	-8	14%	0%	-14
Limited Use ("Great Risk")	67%	35%	-32	55%	36%	-19	60%	35%	-25	66%	39%	-27	73%	34%	-39	44%	45%	+1	51%	33%	-18
Regular Use ("Great Risk")	84%	72%	-12	79%	70%	-9	84%	70%	-14	77%	73%	-4	87%	66%	-21	78%	80%	+2	62%	66%	+4

	Age																	
	12			13			14			15			16			17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	6%	+6	0%	1%	+1	0%	3%	+3	4%	4%	0	2%	6%	+4	6%	6%	0
Limited Use ("Great Risk")	66%	55%	-11	58%	44%	-14	60%	48%	-12	56%	33%	-23	63%	25%	-38	61%	28%	-33
Regular Use ("Great Risk")	88%	74%	-6	82%	75%	-7	97%	79%	-18	81%	64%	-17	78%	69%	-9	78%	68%	-10

No statistically significant shifts in self-reported usage of prescription stimulants occurred this year by sex, ethnicity or age, but several statistically significant declines occurred in the perceived risk of the limited usage of prescription stimulants (for both sexes, Caucasians, Hispanics and older teens, ages 15, 16 and 17).

Questions: Recent Usage - During the past 30 days, how many times have you used stimulants?  
 Ever Used - During your life, how many times have you tried stimulants?  
 Perceived Risk - How much risk, if any, do you think there is involved in using stimulants once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Stimulant Use and Perceived Risk by Demographics



	Region of Colorado																	
	Denver/Boulder			Central			Northeast			Northwest*			Southeast*			Southwest*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	3%	3%	0	1%	4%	+3	2%	15%	+13	0%	0%	0	2%	0%	-2	6%	4%	-2
Limited Use ("Great Risk")	57%	35%	-22	57%	48%	-9	63%	29%	-34	61%	38%	-23	77%	37%	-40	60%	20%	-40
Regular Use ("Great Risk")	82%	71%	-11	70%	80%	+10	82%	60%	-22	78%	74%	-4	86%	74%	-12	87%	64%	-23

	LGBTQ*
	2016
Usage	12%
Limited Use ("Great Risk")	30%
Regular Use ("Great Risk")	57%

By geography, the perceived risk of stimulant use was significantly lower this year than in 2013 among teens living in the Denver/Metro and Northeast regions of Colorado.

LGBTQ teens report much lower (albeit not statistically significant) perceived risk ratings for stimulant use as well much higher self-reported usage.

Questions: Recent Usage - During the past 30 days, how many times have you used stimulants?  
 Ever Used - During your life, how many times have you tried stimulants?  
 Perceived Risk - How much risk, if any, do you think there is involved in using stimulants once or twice (limited use)/on a regular basis (regular use)?

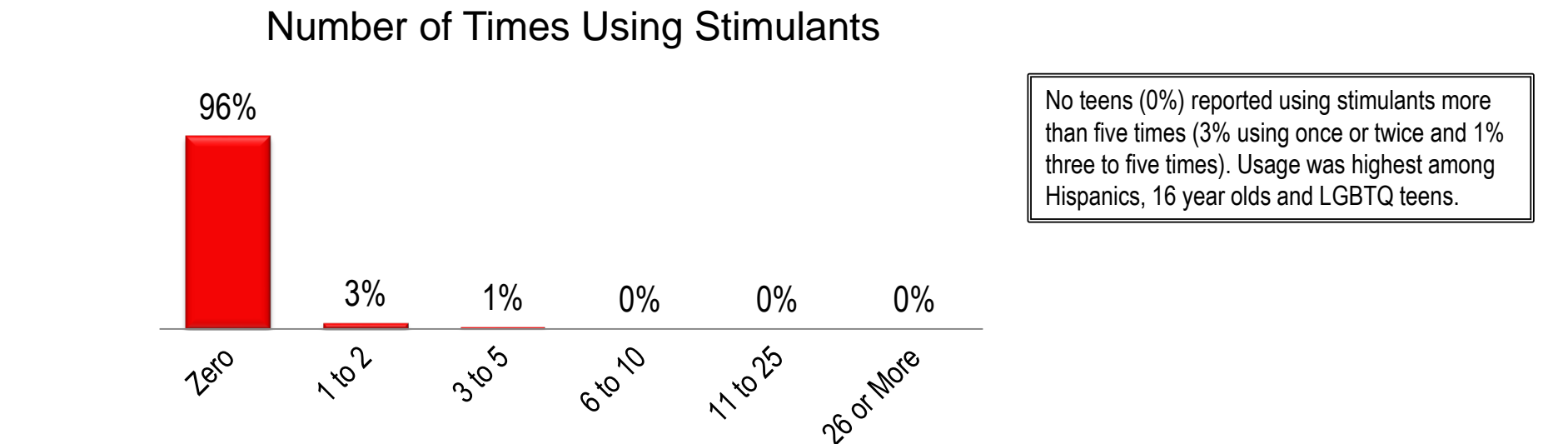
Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

# Number of Times Using Stimulants



During your life, how many times have you used prescriptions drugs to help you stay awake to study?



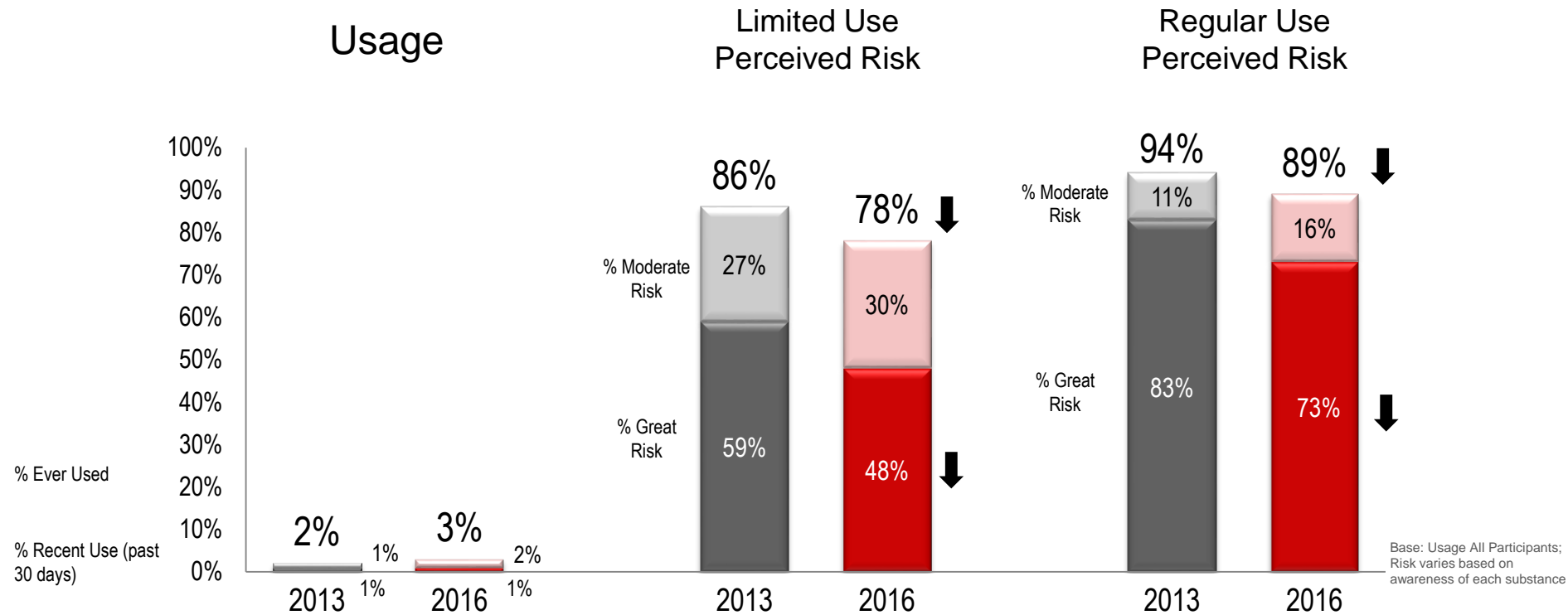
	Sex		Ethnicity					Age					
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*	12	13	14	15	16	17
Average Number of Times	0.3	1.5	0.1	4.2	0.0	0.0	0.0	0.1	0.0	0.1	0.8	3.4	0.1

	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Average Number of Times	1.6	0.1	0.3	0.0	0.0	0.2	4.3

Base: Varies by demographic



# Pain Reliever Use and Perceived Risk



Usage of prescription pain relievers such as Vicodin or OxyContin for the purpose of getting high remained low (3% compared to 2% in 2013); however, among those aware of prescription pain relievers, the perceived risk of using these medicines for getting high declined significantly both for limited and regular usage (down eight points to 78% and five points to 89%, respectively).

## 2016 Phone Only Ratings

Use: 3%  
Recent Use: 1%  
Limited Use "Great Risk": 44% ↓  
Limited Use "Great" or "Moderate Risk": 74% ↓  
Regular Use "Great Risk": 68% ↓  
Regular Use "Great" or "Moderate Risk": 88% ↓

Questions: Recent Usage - During the past 30 days, how many times have you used pain relievers?

Ever Used - During your life, how many times have you tried pain relievers?

Perceived Risk - How much risk, if any, do you think there is involved in using pain relievers once or twice (limited use)/on a regular basis (regular use)?

# Pain Reliever Use and Perceived Risk by Demographics



	Sex						Ethnicity														
	Female			Male			Caucasian			Hispanic/Latino			African-American*			Asian*			Native American*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	2%	2%	0	2%	4%	+2	1%	3%	+2	4%	5%	+1	0%	9%	+9	8%	6%	-2	7%	0%	-7
Limited Use ("Great Risk")	62%	49%	-13	55%	48%	-7	58%	48%	-10	57%	50%	-7	53%	43%	-10	78%	56%	-22	65%	66%	+1
Regular Use ("Great Risk")	87%	74%	-13	79%	71%	-8	85%	73%	-8	76%	71%	-5	64%	53%	-11	100%	69%	-31	76%	100%	+24

	Age																	
	12			13			14			15			16			17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	3%	+3	0%	1%	+1	0%	3%	+3	2%	5%	+3	2%	2%	0	5%	6%	+1
Limited Use ("Great Risk")	53%	54%	+1	70%	67%	-3	55%	55%	0	51%	40%	-9	61%	41%	-20	59%	43%	-16
Regular Use ("Great Risk")	92%	80%	-8	71%	86%	+5	87%	80%	-7	83%	65%	-18	86%	74%	-12	83%	60%	-17

There were no statistically significant changes from 2013 in self-reported usage of prescription pain relievers by sex, ethnicity or age. However, perceived risk of using these substances declined significantly among females and older teens (ages 15, 16 and 17).

Questions: Recent Usage - During the past 30 days, how many times have you used pain relievers?  
 Ever Used - During your life, how many times have you tried pain relievers?  
 Perceived Risk - How much risk, if any, do you think there is involved in using pain relievers once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

# Pain Reliever Use and Perceived Risk by Demographics



	Region of Colorado																	
	Denver/Boulder			Central			Northeast			Northwest*			Southeast*			Southwest*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	3%	4%	+1	3%	4%	+1	0%	5%	+5	0%	0%	0	3%	2%	-1	3%	0%	-3
Limited Use ("Great Risk")	58%	47%	-11	63%	59%	-4	59%	44%	-5	57%	45%	-12	75%	59%	-16	53%	38%	-15
Regular Use ("Great Risk")	83%	72%	-11	82%	83%	+	81%	62%	-19	82%	74%	-8	89%	75%	-14	79%	75%	-4

	LGBTQ*
	2016
Usage	12%
Limited Use ("Great Risk")	48%
Regular Use ("Great Risk")	75%

While usage of prescription pain relievers for getting high barely moved across the regions between 2013 and 2016, perceived risk was lower in each, significantly so in the Denver/Boulder and Northeast regions.

The same pattern holds for LGBTQ teens for this substance as well, with higher usage and lower perceived risk than other teens.

Questions: Recent Usage - During the past 30 days, how many times have you used pain relievers?

Ever Used - During your life, how many times have you tried pain relievers?

Perceived Risk - How much risk, if any, do you think there is involved in using pain relievers once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

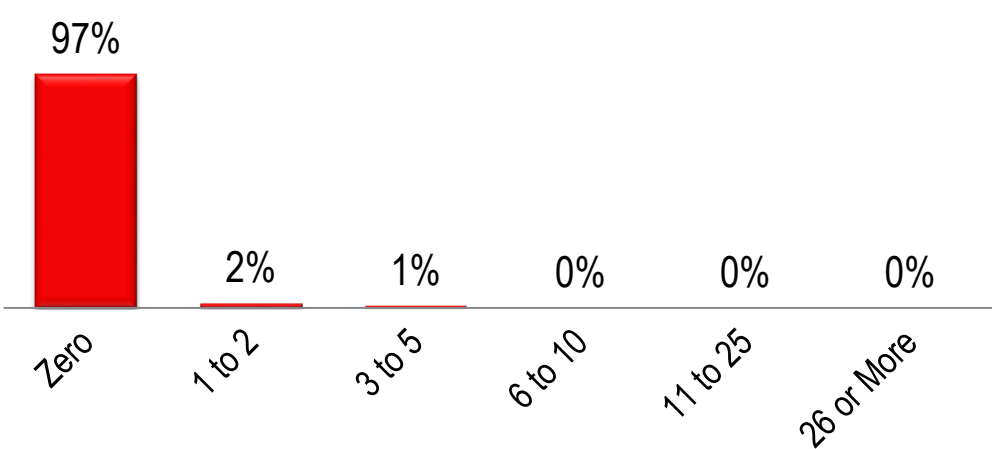
\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Number of Times Using Pain Relievers

During your life, how many times have you used prescriptions drugs for the purpose of getting high?

Number of Times Using Pain Relievers



Very few teens have used pain relievers to get high, at just 3%, and among those, none reported using them more than five times. Usage was higher among males than females, and teens ages 15 and 16.

	Sex		Ethnicity					Age					
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*	12	13	14	15	16	17
Average Number of Times	0.4	1.3	0.8	1.4	0.1	0.0	0.0	0.0	0.0	0.1	2.1	2.1	0.2

	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Average Number of Times	0.9	0.3	2.5	0.0	0.0	0.0	6.4

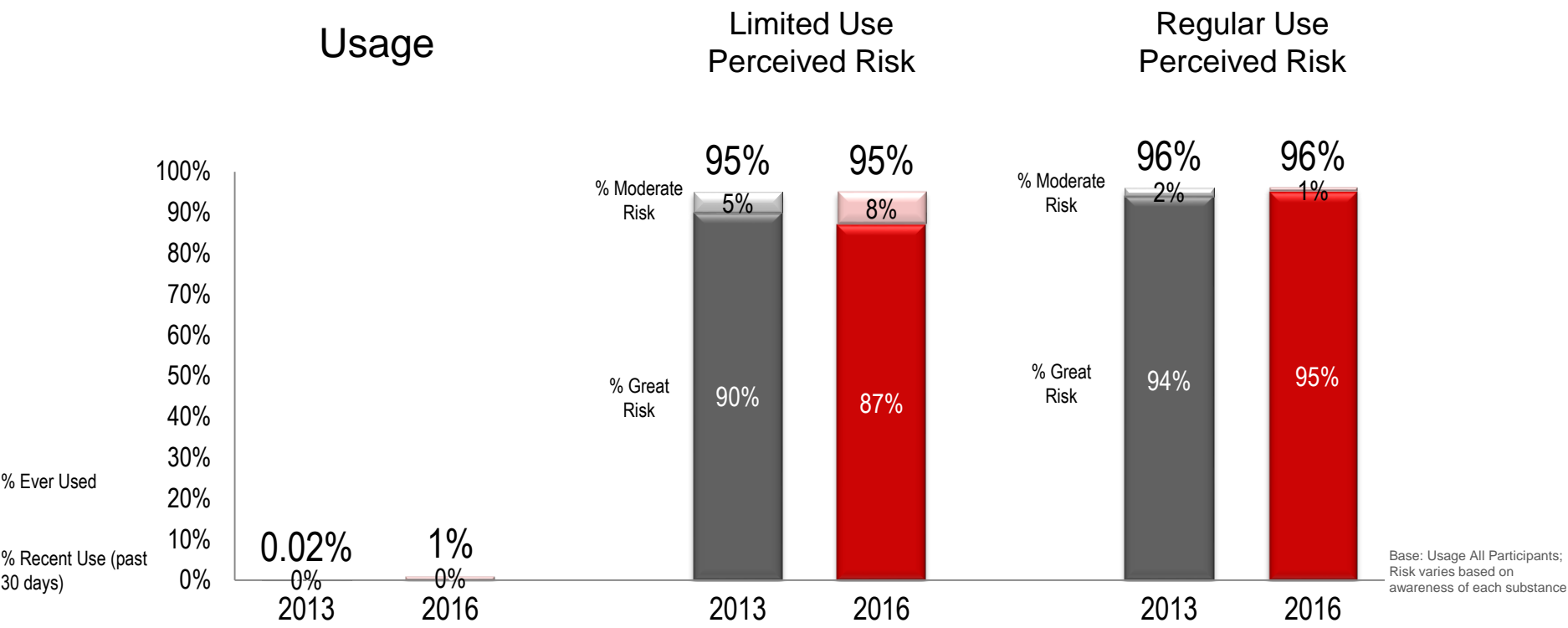
Base: Varies by demographic

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).





# Meth Use and Perceived Risk



Self-reported meth use held steady between 2013 and 2016, with just 1% reporting using the drug, and 0% saying they have used it recently (within the past 30 days). Risk perception among those aware of meth held at the 2013 levels, with nearly all teens considering the use of meth a “great” risk (87% for limited use just once or twice and 95% for regular use).

## 2016 Phone Only Ratings

Use: 1%  
Recent Use: 0%  
Limited Use “Great Risk”: 91%  
Limited Use “Great” or “Moderate Risk”: 97%  
Regular Use “Great Risk”: 96%  
Regular Use “Great” or “Moderate Risk”: 98%

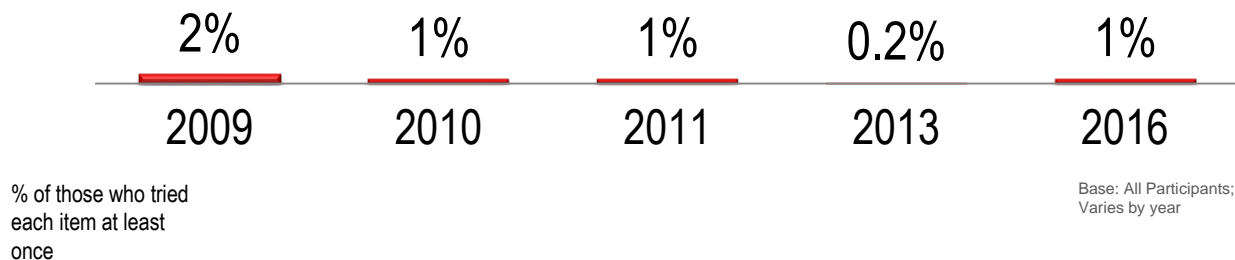
Questions: Recent Usage - During the past 30 days, how many times have you used meth?  
Ever Used - During your life, how many times have you tried meth?  
Perceived Risk - How much risk, if any, do you think there is involved in using meth once or twice (limited use)/on a regular basis (regular use)?

# Meth Usage Since 2009



Have you ever tried Meth?

## Meth Usage Trend



Meth use has remained at this low level since 2009, peaking at 2% in 2009 and not reaching above 1% since.

2016 Phone Only Ratings

Use: 1%



# Meth Use and Perceived Risk by Demographics

	Sex						Ethnicity														
	Female			Male			Caucasian			Hispanic/Latino			African-American*			Asian*			Native American*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	0%	0	0%	2%	+2	0%	1%	+1	1%	3%	+2	0%	0%	0	0%	0%	0	0%	0%	0
Limited Use ("Great Risk")	91%	88%	-3	88%	86%	-2	92%	88%	-4	84%	84%	0	75%	69%	-6	91%	82%	-9	74%	75%	+1
Regular Use ("Great Risk")	96%	94%	-2	93%	96%	+3	96%	97%	+1	88%	92%	+4	93%	86%	-7	100%	94%	-6	83%	75%	-8

	Age																	
	12			13			14			15			16			17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	4%	+4	0%	1%	+1	0%	1%	+1	0%	0%	0	1%	0%	-1	0%	3%	+3
Limited Use ("Great Risk")	92%	89%	-3	85%	85%	0	85%	86%	+1	87%	86%	-1	94%	89%	-5	92%	88%	-4
Regular Use ("Great Risk")	94%	95%	+1	88%	97%	+9	94%	93%	-1	92%	93%	+1	96%	98%	+2	97%	93%	-4

There was very little statistically significant movement in meth usage and perceived risk of using meth, just two increases, one for males (from 0% to 2% who have ever used) and another 17 year olds (from 0% to 3% who have ever used).

Questions: Recent Usage - During the past 30 days, how many times have you used meth?

Ever Used - During your life, how many times have you tried meth?

Perceived Risk - How much risk, if any, do you think there is involved in using meth once or twice (limited use)/on a regular basis (regular use)?

Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Meth Use and Perceived Risk by Demographics

	Region of Colorado																	
	Denver/Boulder			Central			Northeast			Northwest			Southeast			Southwest*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Usage	0%	1%	+1	1%	4%	+3	0%	1%	+1	0%	0%	0	0%	2%	+2	0%	0%	0
Limited Use ("Great Risk")	90%	88%	-2	83%	86%	+3	93%	78%	-5	97%	97%	0	88%	89%	+1	87%	100%	+13
Regular Use ("Great Risk")	95%	94%	-1	91%	94%	+3	95%	95%	0	95%	100%	+5	96%	91%	-5	94%	100%	+6

	LGBTQ*
	2016
Usage	4%
Limited Use ("Great Risk")	71%
Regular Use ("Great Risk")	88%

There were no statistically significant differences in meth use and perceived risk among teens of different geographic regions across the state, but LGBTQ use held the same pattern, with higher use and lower perceived risk (not statistically significant).

Questions: Recent Usage - During the past 30 days, how many times have you used meth?  
 Ever Used - During your life, how many times have you tried meth?  
 Perceived Risk - How much risk, if any, do you think there is involved in using meth once or twice (limited use)/on a regular basis (regular use)?

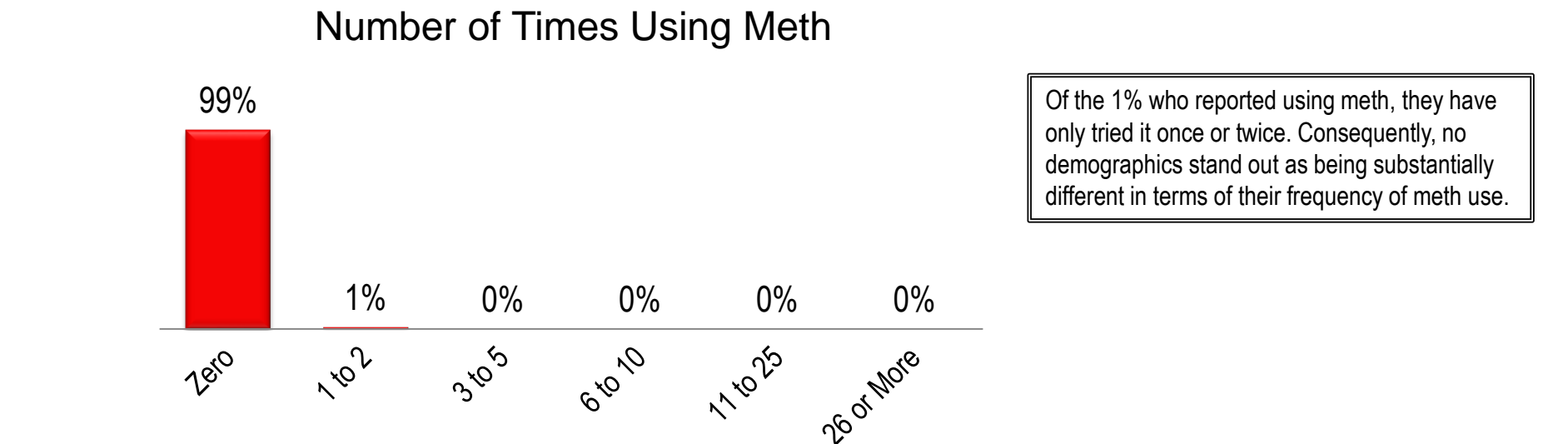
Base: Varies by demographic by year

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

# Number of Times Using Meth



During your life, how many times have you used meth?



	Sex		Ethnicity					Age					
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*	12	13	14	15	16	17
Average Number of Times	0.0	0.1	0.0	0.0	0.0	0.0	0.	0.0	0.0	0.1	0.1	0.0	0.0

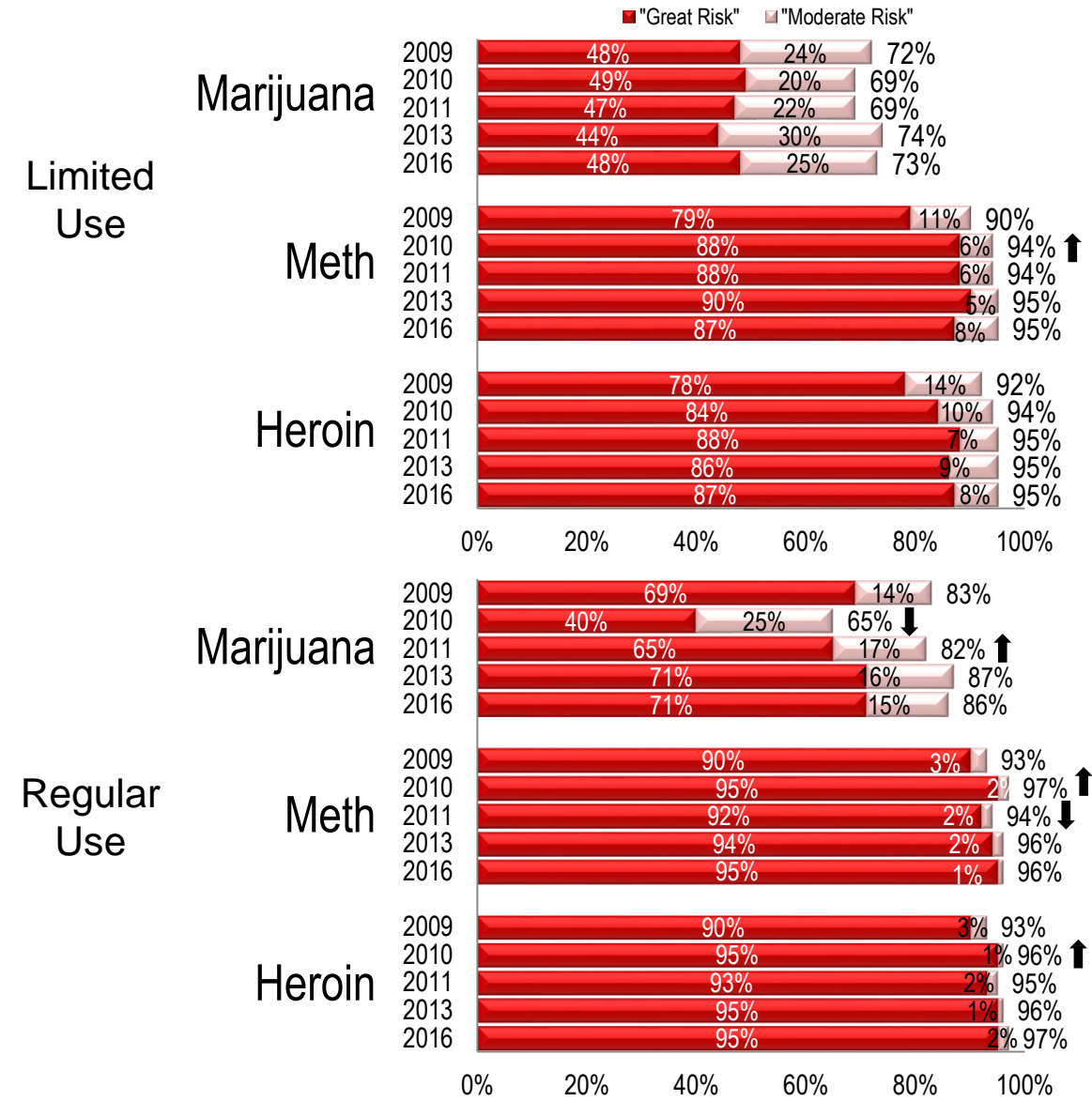
	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Average Number of Times	0.0	0.1	0.0	0.0	0.2	0.0	0.1

Base: Varies by demographic



# Risk Perception Since 2009

How much risk, if any, do you think there is involved in each of the following activities?



Trending data back to 2009 shows that meth, heroin and marijuana are all holding at, or are just one point below their historical highs for perceived risk (both in terms of limited and regular use). Regular use of heroin and meth are still seen as presenting the greatest potential risk among these three drugs (97% and 96%, respectively).

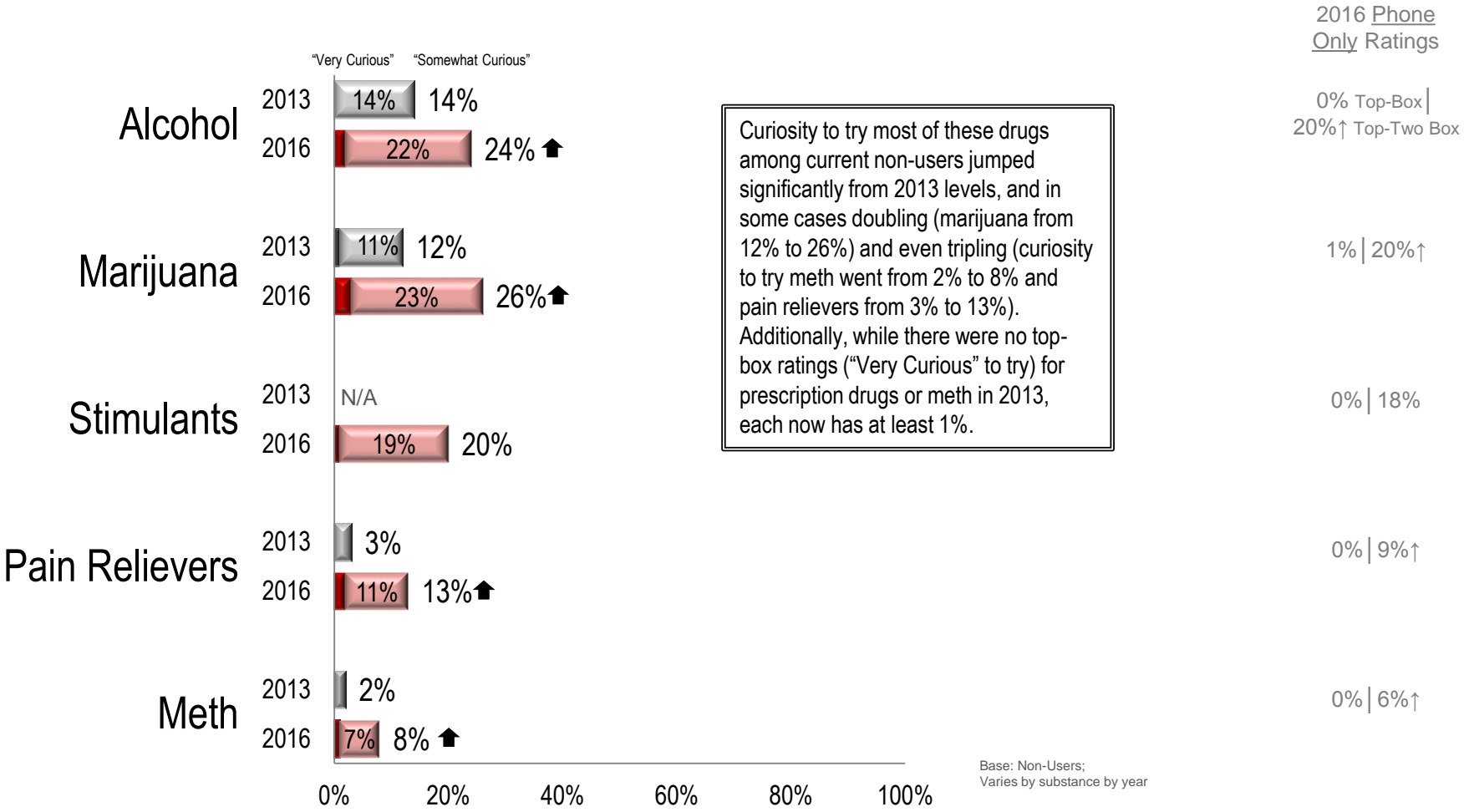
Base: Those aware of each drug; varies by substance by year

Arrows indicate statistically significant differences from 2013 at the 95% level of confidence.



# Curiosity to Try Substances among Non-Users

If someone were to give you each of the following, how curious would you be to try it?

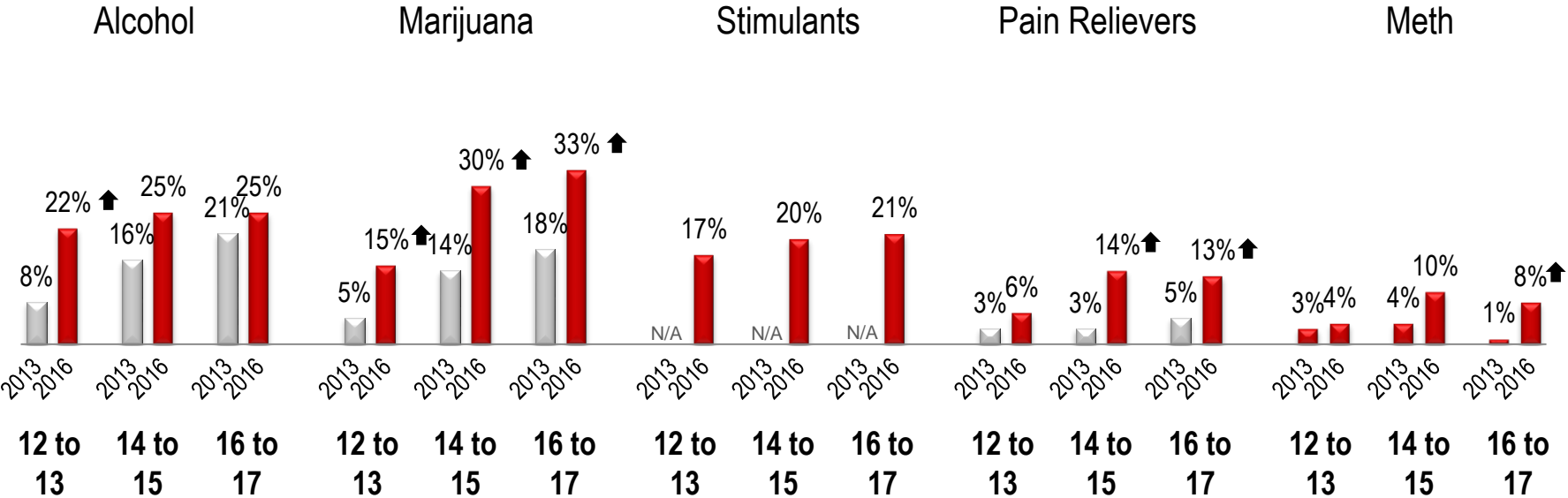






# Non-User Curiosity by Age

If someone were to give you each of the following, how curious would you be to try them?



Base: Non-Users;  
Varies by substance by year  
by age

Curiosity to try marijuana has increased significantly across all age groups, each up at least 10 points. Other notable shifts include an increase from 8% of 12 and 13 year olds who were curious to try alcohol in 2013 to 22% today, while older groups are now significantly more likely to be curious about trying prescription pain relievers (up 11 points among those 14 or 15 and 8 points among older teens). Older teens (16 and 17 year olds) are also significantly more curious to try meth today (up seven points now to 8%).

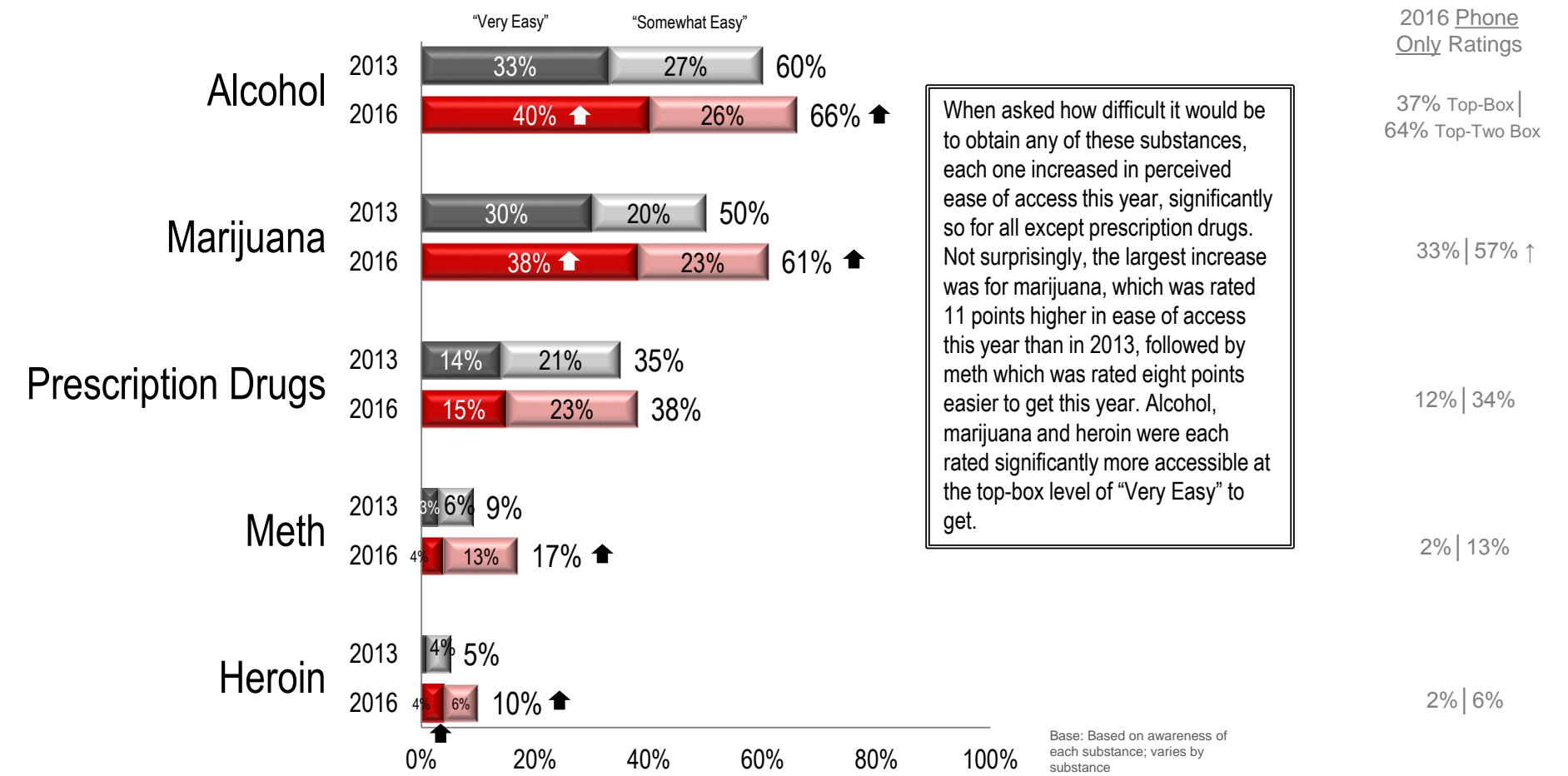


## Access to Substances



# Ease of Access

How difficult, or easy, do you think it would be for YOU to get each of the following?





# Ease of Access by Age

How difficult, or easy, do you think it would be for you to get each of the following?

“Very” + “Somewhat” Easy	Age 12			Age 13			Age 14			Age 15			Age 16			Age 17		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Alcohol	36%	<b>56%</b>	+20	39%	<b>54%</b>	+15	46%	<b>57%</b>	+11	72%	<b>75%</b>	+3	70%	<b>72%</b>	+2	75%	<b>75%</b>	0
Marijuana	14%	<b>43%</b>	+29	22%	<b>45%</b>	+23	41%	<b>57%</b>	+16	63%	<b>67%</b>	+4	67%	<b>72%</b>	+5	69%	<b>69%</b>	0
Pres. Drugs	16%	<b>24%</b>	+8	24%	<b>26%</b>	+2	26%	<b>35%</b>	+9	42%	<b>47%</b>	+5	42%	<b>41%</b>	-1	45%	<b>45%</b>	0
Meth	0%	<b>11%</b>	+11	9%	<b>13%</b>	+4	4%	<b>15%</b>	+11	16%	<b>19%</b>	+3	10%	<b>17%</b>	+7	12%	<b>21%</b>	+9
Heroin	4%	<b>4%</b>	0	3%	<b>9%</b>	+6	2%	<b>9%</b>	+7	7%	<b>10%</b>	+3	5%	<b>10%</b>	+5	9%	<b>13%</b>	+4

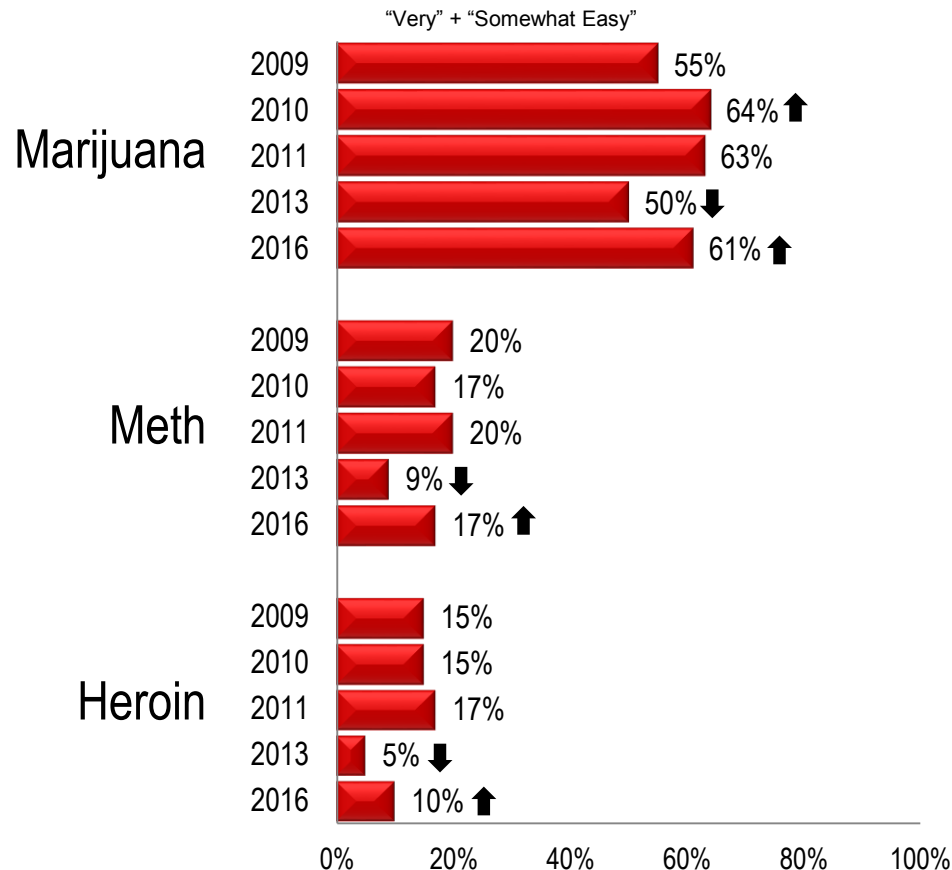
Base: Based on awareness of each substance; varies by substance by age

Looking at ease of access by participants' age shows several statistically significant shifts among the three younger age groups (12, 13 and 14), with each being significantly more likely to say it is now either “Somewhat” or “Very Easy” to get marijuana this year (up 29, 23 and 16 points, respectively). Twelve and thirteen year olds were also significantly more likely to rate their access to alcohol higher, while 12 and 14 year olds say meth is easier to access this year than what was reported in 2013. Ease of heroin access is also reported at levels higher than in 2013 among 14 year olds this year.



# Ease of Access Since 2009

How difficult, or easy, do you think it would be for YOU to get each of the following types of drugs?



Ease of access to marijuana, meth and heroin was relatively stable between 2009 and 2011, but then dipped considerably for each in 2013. This year's ratings are higher than they were in 2013, but each remain lower than when they peaked in 2011 and 2010.

Base: Based on awareness of each substance; varies by substance





# Ease of Access by Region

% "Very" + "Somewhat Easy"

Northwest	2013	2016
Sample Size	n=37	n=41
Alcohol	67%	65%
Marijuana	50%	65%
Pres. Drugs	41%	37%
Meth	4%	12%
Heroin	0%	12%

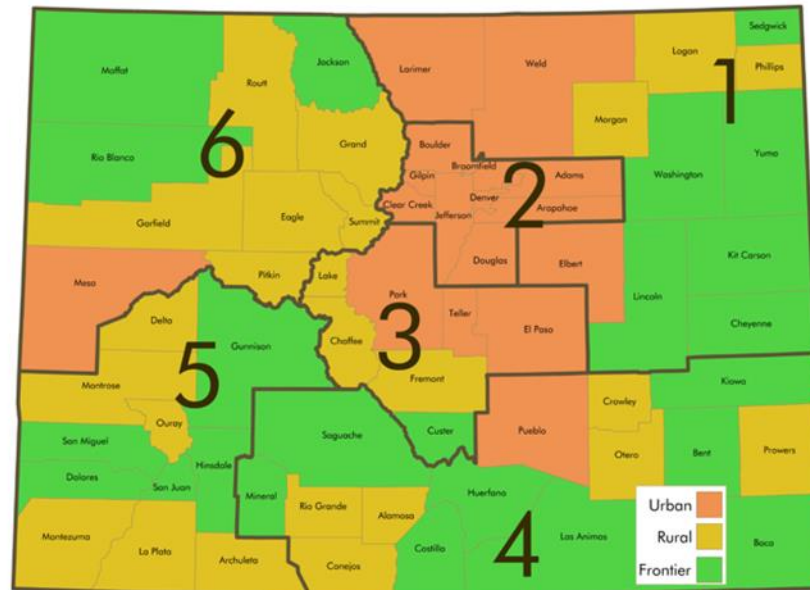
Southwest	2013	2016
Sample Size	n=25	n=22
Alcohol	72%	65%
Marijuana	65%	58%
Pres. Drugs	43%	35%
Meth	9%	12%
Heroin	0%	0%

Denver/Boulder	2013	2016
Sample Size	n=340	n=335
Alcohol	58%	65%
Marijuana	50%	57%
Pres. Drugs	32%	36%
Meth	9%	15%
Heroin	6%	9%

Northeast	2013	2016
Sample Size	n=80	n=81
Alcohol	77%	70%
Marijuana	56%	67%
Pres. Drugs	47%	42%
Meth	6%	16%
Heroin	3%	6%

Central	2013	2016
Sample Size	n=80	n=95
Alcohol	52%	70%
Marijuana	46%	68%
Pres. Drugs	33%	40%
Meth	12%	24%
Heroin	7%	17%

Southeast	2013	2016
Sample Size	n=32	n=34
Alcohol	41%	61%
Marijuana	36%	69%
Pres. Drugs	29%	39%
Meth	9%	20%
Heroin	6%	9%



Ease of access to each of these drugs at the regional level reveals that the central region once again stands out, with significantly higher levels of reported ease of access this year than in 2013 for each of the drugs except prescription drugs, which also increased, but not significantly. The perceived ease of access to meth increased significantly in the Denver/Boulder and Southeast regions and was also up by double-digits in both the Northwest and Northeast regions (although not statistically significant increases due to smaller sample sizes). Lastly, teens reported significantly greater ease of access to heroin in the northwest region this year, up from 0% in 2013 to 12%.

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

Map Source: <https://rpcolorado-public.sharepoint.com/Pages/About-Team.aspx>

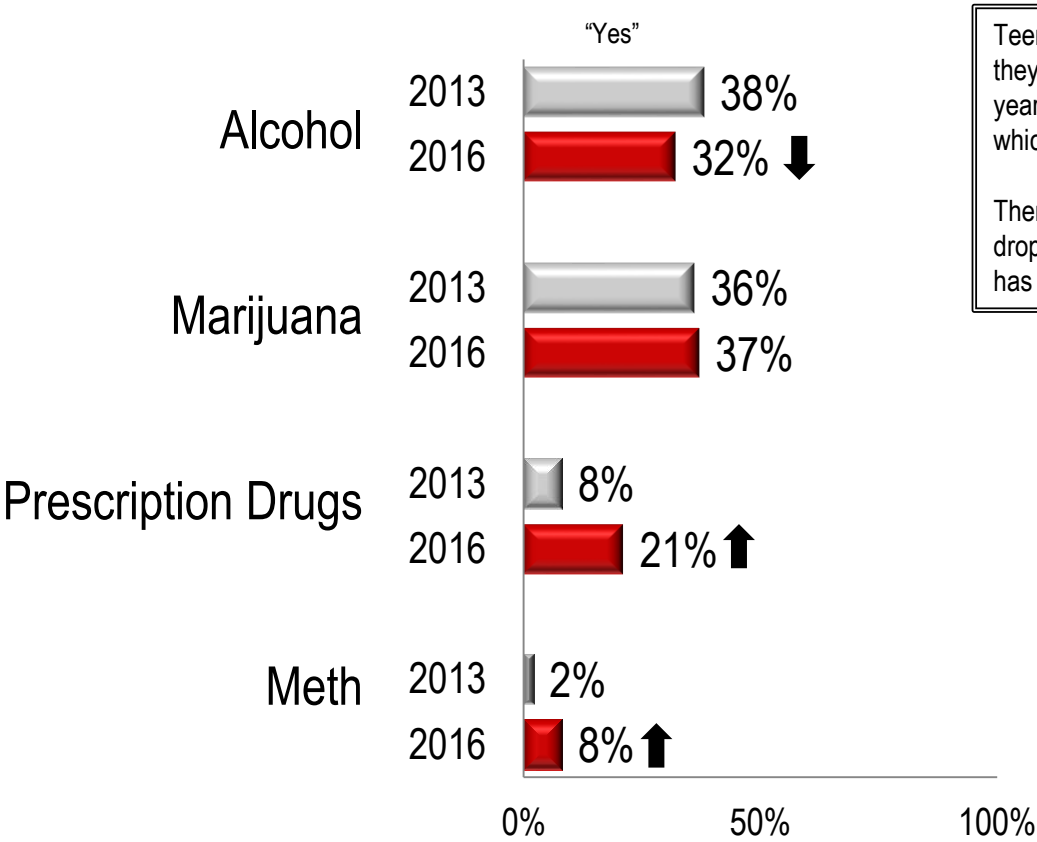
Shaded cells indicate statistically significant differences from 2013 at the 95% level of confidence.

# Direct Offers



Has anyone ever offered you one of the following?

2016 Phone  
Only Ratings



Teenagers were significantly more likely to say they have been offered prescription drugs this year, with a 13 point increase to 21%, and meth, which was up from 2% in 2013 to 8% this year.

There was also one significant decline, a six point drop in the percentage of teens saying someone has offered them alcohol (to 32%).

Meth Offers Since 2009	
2009	10%
2010	8%
2011	9%
2013	2%
2016	8%

33%

26%↓

13%↑

4%

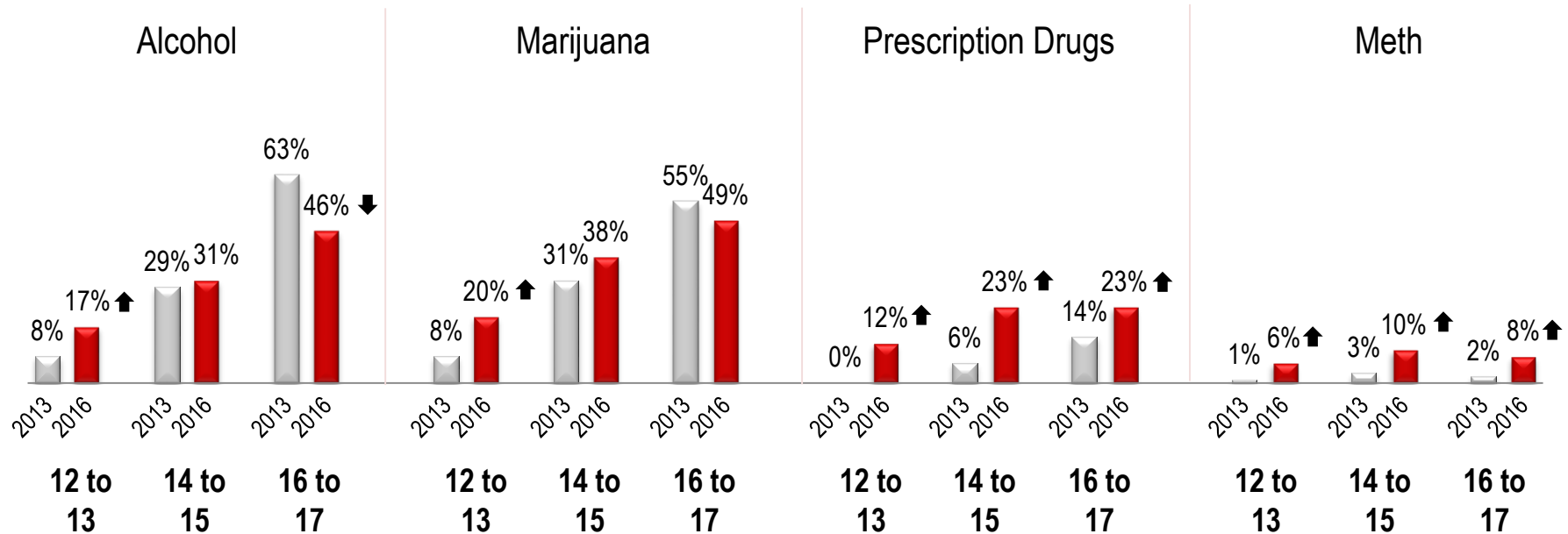
Base: All Participants;  
2013 n=614, 2016 n=607





# Direct Offers by Age

Has anyone ever offered you one of the following?



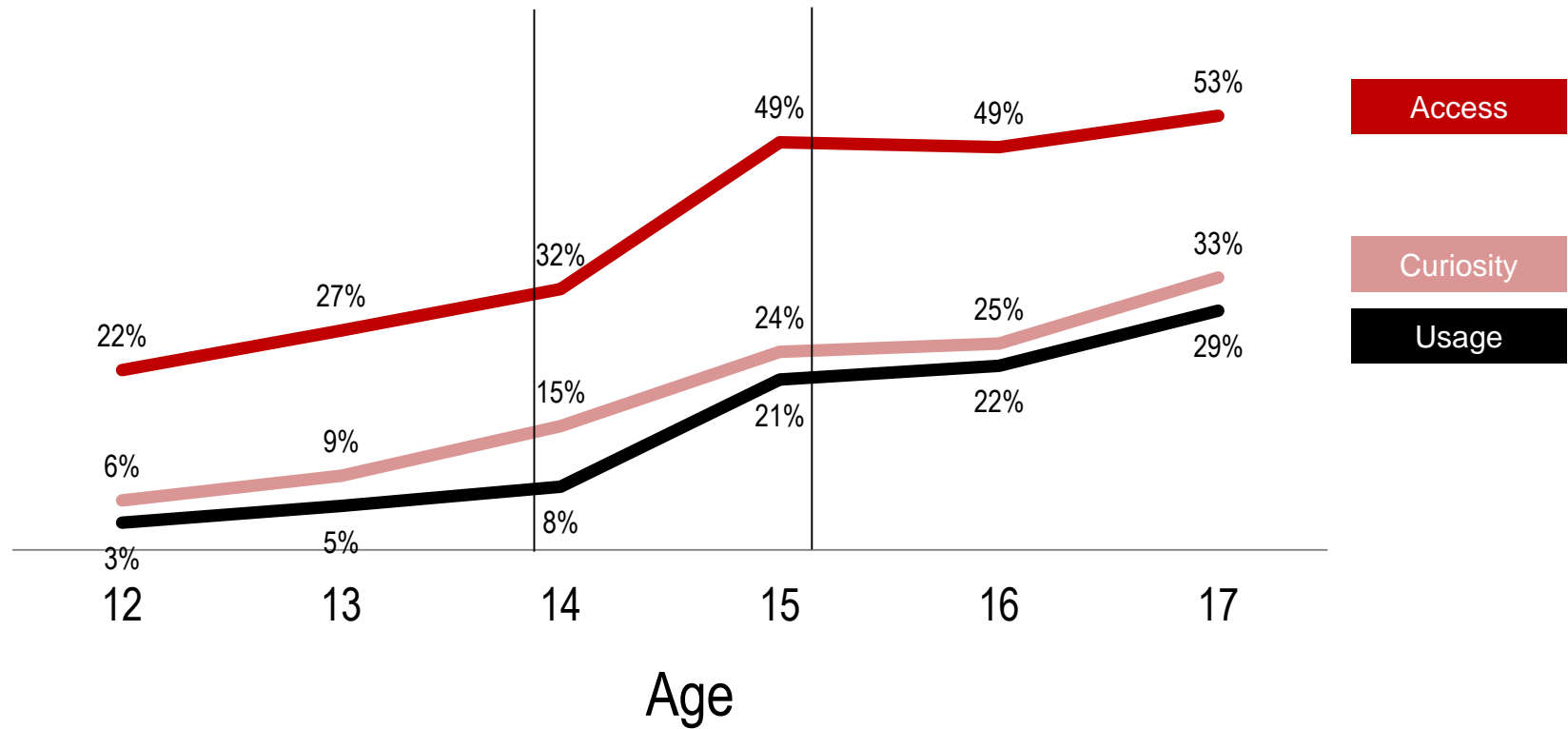
Base: All participants;  
Varies by substance by age

Offers to use each of these substances increased significantly among teenagers who are 12 and 13 years of age, while older teenagers reported being offered prescription drugs and meth significantly more often this year as well. Just one significant decline countered these increases, a large drop in alcohol being offered to teenagers ages 16 and 17 (although they are still the most likely to be offered alcohol at 46%).



# 2013 - The Need to Get to Teens Early

**2013** Averages include cough syrup, marijuana, meth and prescription drugs by age

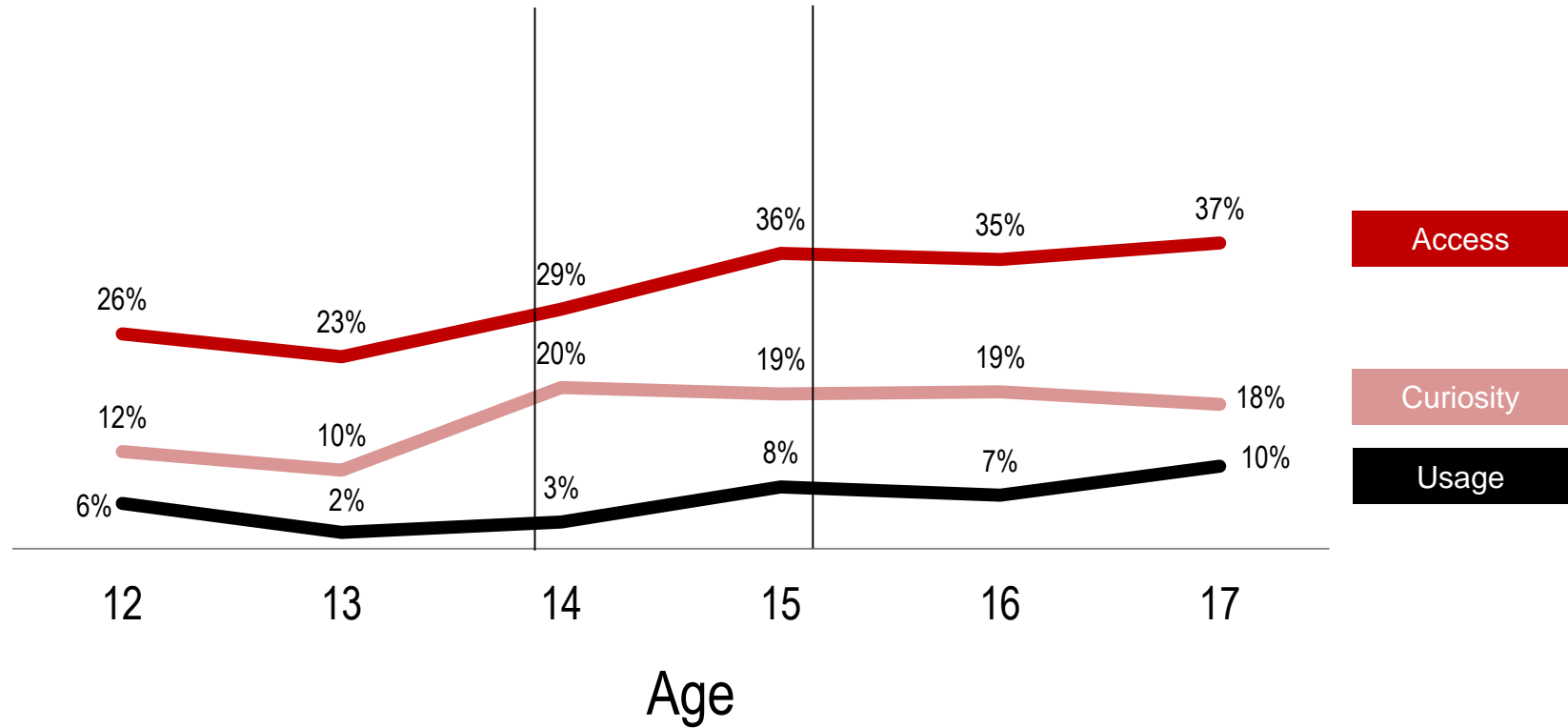


In 2013, it became very apparent that it was important to reach teenagers by 14 or 15 about the problems of substance misuse, as usage, curiosity and access each increased substantially at these ages.



# 2016 – Age 12 May Not Be Young Enough

2016 Averages include marijuana, meth and prescription drugs by age



Things are looking very different among today's youngest participants compared to 2013, especially since cough syrup which is a common household item was removed from the analysis. This illustrates the critical need to inform younger children, possibly those under 12 years of age. The higher percentages among the youngest teens surveyed demonstrate the need to make efforts to impact them.



## Risk & Protective Factors



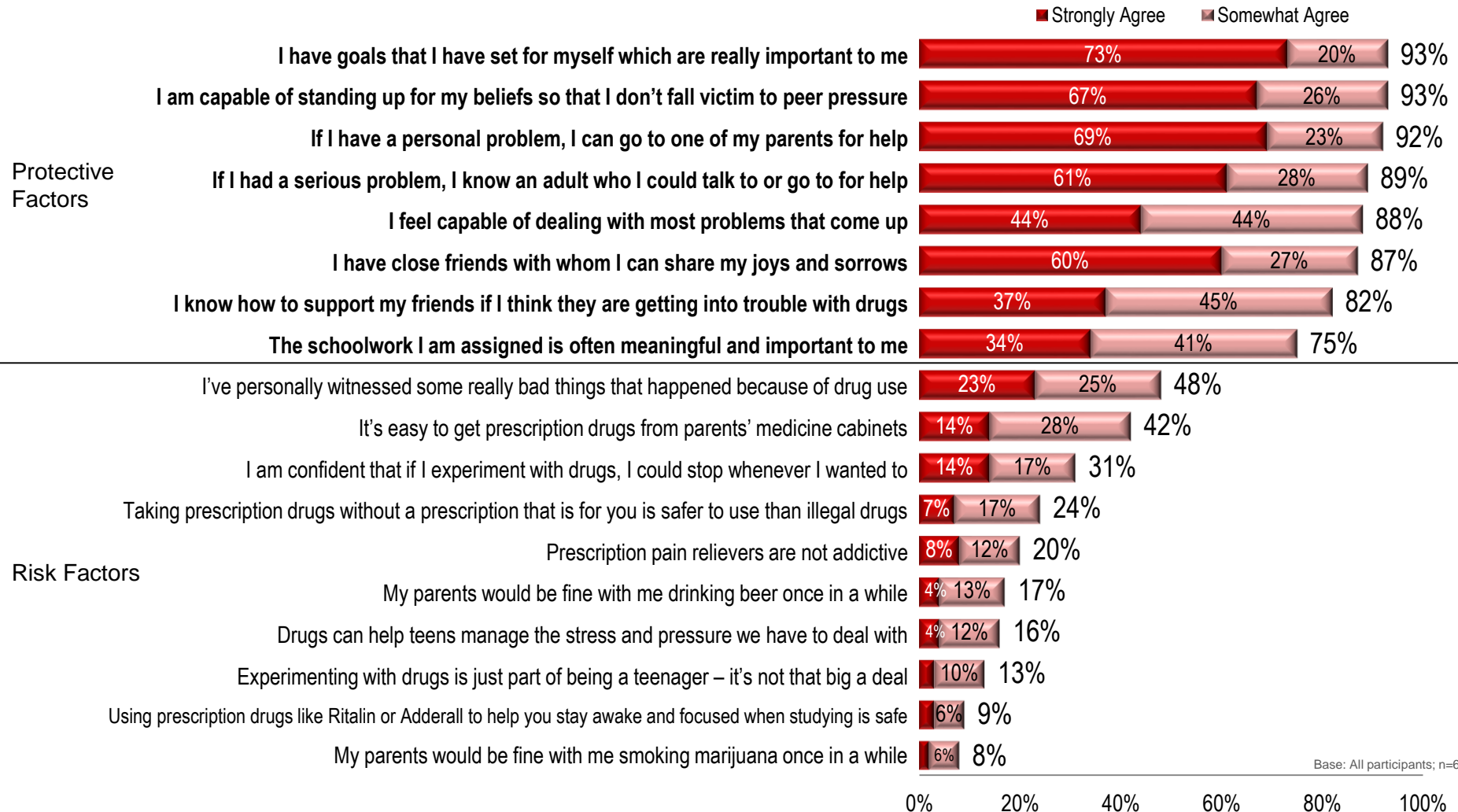
# Risk & Protective Factors

This year's survey included ten risk factor statements similar to the survey prior. Additionally, eight protective factor statements were included in this year's survey. In addition to these attitudinal statements addressing parental and other adult support, personal goals, coping skills, school connectedness, and positive peers, the survey included specific questions assessing mental health, engagement in extracurricular activities, familial discussions about substances, and likelihood for peer-to-peer communication about substance misuse. All of these attitudes and experiences were assessed and analyzed to illuminate the context and potential opportunities for prevention/intervention of teens' substance misuse.



# Risk & Protective Factor Statements

How much do you agree with the following statements?



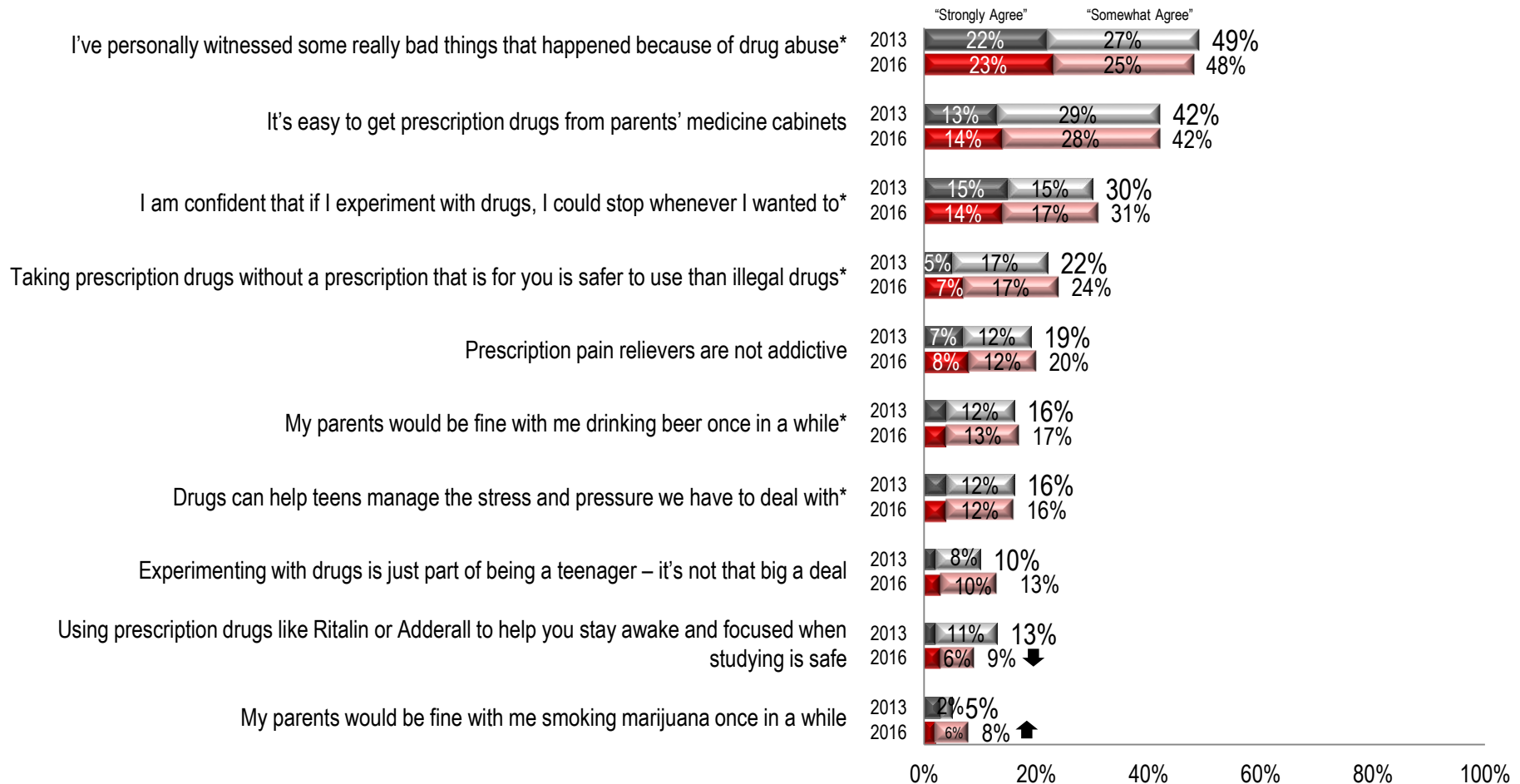
Base: All participants; n=607

Participants were asked about their agreement with several attitudinal statements, many of which were new this year (those marked in **bold font**). The most agreed with statements surround *having important goals, standing up for beliefs* and *having the ability to go to parents for help* (each above 90%). Few teenagers have *permission to smoke marijuana once in a while* (8%) and believe that *taking stimulants is safe* (9%).



# 2013/2016 Risk Factor Trends

How much do you agree with the following statements?



Base: All participants; 2013 n=614, 2016 n=607

Agreement with the risk factor statements (which were included in the 2013 survey) have remained very stable, with just two statistically significant shifts: less agreement with the statement *Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe* (down four points to 9%), and increased agreement on the statement *My parents would be fine with me smoking marijuana once in a while* (from 5% to 8%).

\* Indicates wording change from 2013 survey





# Risk Factors by Demographics

How much do you agree with the following statements?

Top-Two Box Ratings (% "Strongly" + "Somewhat Agree")	Overall	Sex		Age						LGBTQ*
		Female	Male	12	13	14	15	16	17	
<i>Sample Size</i>	n=607	n=291	n=315	n=48	n=104	n=94	n=101	n=133	n=127	n=20
I've personally witnessed some really bad things that happened because of drug abuse	48%	48%	47%	34%	42%	47%	50%	48%	56%	58%
It's easy to get prescription drugs from parents' medicine cabinets	42%	45%	40%	36%	38%	38%	46%	44%	47%	46%
I am confident that if I experiment with drugs, I could stop whenever I wanted to	31%	25%	37%	25%	23%	33%	32%	34%	35%	45%
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	24%	19%	28%	20%	26%	16%	26%	29%	22%	20%
Prescription pain relievers are not addictive	20%	17%	24%	34%	22%	15%	19%	21%	19%	7%
My parents would be fine with me drinking beer once in a while	17%	15%	19%	14%	8%	10%	21%	18%	27%	26%
Drugs can help teens manage the stress and pressure we have to deal with	16%	12%	20%	10%	9%	15%	18%	20%	19%	38%
Experimenting with drugs is just part of being a teenager – it's not that big a deal	13%	12%	14%	14%	2%	9%	17%	16%	18%	21%
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe	9%	7%	11%	15%	4%	8%	11%	11%	8%	10%
My parents would be fine with me smoking marijuana once in a while	8%	7%	9%	11%	3%	6%	11%	7%	11%	28%

Males agreed with more risk factor statements than females, believing they *could stop taking drugs* (37% versus 25% of females), that *prescription drugs are safe* (28% v. 19%), that *pain relievers are safer than illegal drugs* (24% v. 17%) and that *drugs help manage stress* (20% v. 12%). Additionally, 12 year olds are significantly more likely to agree that *pain relievers are not addictive* (34% compared to about 20% or less of older participants), while 17 year olds are more likely to say they *have witnessed some bad things because of drugs* (56%) and that their *parents are okay with them drinking a beer once in a while* (27%).



# Risk Factors by Demographics

How much do you agree with the following statements?

Top-Two Box Ratings (% "Strongly" + "Somewhat Agree")	Overall	Region						Ethnicity				
		Denver/ Boulder	Central	North- East	South- East	South- West*	North- West	Caucasian	Hispanic/ Latino	Black/ African American*	Asian*	Native American*
<i>Sample Size</i>	n=607	n=335	n=95	n=81	n=34	n=22	n=41	n=438	n=120	n=24	n=16	n=6
I've personally witnessed some really bad things that happened because of drug abuse	48%	45%	55%	46%	58%	48%	49%	48%	42%	54%	57%	44%
It's easy to get prescription drugs from parents' medicine cabinets	42%	41%	45%	46%	47%	54%	31%	40%	45%	48%	68%	15%
I am confident that if I experiment with drugs, I could stop whenever I wanted to	31%	33%	34%	30%	31%	21%	21%	30%	36%	25%	34%	35%
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	24%	21%	28%	21%	33%	42%	24%	21%	34%	28%	17%	15%
Prescription pain relievers are not addictive	20%	19%	26%	22%	27%	12%	15%	19%	29%	15%	22%	21%
My parents would be fine with me drinking beer once in a while	17%	17%	16%	22%	6%	23%	22%	18%	16%	14%	13%	21%
Drugs can help teens manage the stress and pressure we have to deal with	16%	15%	21%	20%	10%	19%	5%	14%	21%	22%	9%	0%
Experimenting with drugs is just part of being a teenager – it's not that big a deal	13%	13%	16%	14%	6%	15%	7%	11%	19%	28%	0%	0%
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe	9%	9%	8%	13%	12%	4%	2%	9%	12%	10%	0%	21%
My parents would be fine with me smoking marijuana once in a while	8%	9%	9%	7%	2%	12%	5%	8%	6%	13%	7%	15%

Agreement on three of the negatively-toned statements is significantly higher among Hispanics, who are more likely to agree that *prescription drugs are safer than illegal drugs* (34%), that *prescription drugs are not addictive* (29%) and that *experimenting with drugs is just part of being a teenager* (19%).



# Risk Factors and Usage

Usage by Risk Factors (“Strongly/Somewhat Agree” Versus Less than Top-Two Box Agreement)

Statement Agreement	Alcohol Use		Marijuana Use		Prescription Stimulants		Prescription Pain Relievers		Meth Use		Use Of Any Key Drug*	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
I've personally witnessed some really bad things that happened because of drug abuse	52%	41%	21%	10%	5%	4%	5%	2%	2%	0%	23%	14%
It's easy to get prescription drugs from parents' medicine cabinets	47%	47%	15%	16%	5%	4%	5%	2%	3%	0%	19%	18%
I am confident that if I experiment with drugs, I could stop whenever I wanted to	59%	41%	28%	11%	7%	4%	8%	2%	3%	1%	31%	14%
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	51%	45%	18%	14%	8%	4%	5%	3%	4%	1%	23%	17%
Prescription pain relievers are not addictive	50%	45%	16%	15%	9%	4%	6%	2%	4%	1%	21%	18%
My parents would be fine with me drinking beer once in a while	81%	39%	25%	13%	9%	4%	11%	1%	5%	1%	28%	16%
Drugs can help teens manage the stress and pressure we have to deal with	68%	42%	33%	12%	14%	3%	12%	1%	6%	0%	38%	14%
Experimenting with drugs is just part of being a teenager – it's not that big a deal	75%	42%	51%	10%	15%	3%	18%	1%	7%	0%	53%	13%
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe	65%	44%	32%	14%	20%	3%	13%	2%	6%	1%	38%	16%
My parents would be fine with me smoking marijuana once in a while	79%	43%	48%	12%	20%	4%	18%	2%	9%	1%	47%	15%

Base: Varies by statement agreement

\*\*Key Drugs\* include marijuana, meth or prescription drugs.

The table above shows how agreement (“Strongly” or “Somewhat Agree”) with risk factors has a relationship compared to those who do not agree with the statements as much (“Somewhat” or “Strongly Disagree”). Usage of each drug is shown in the table above based on these two levels of agreement, revealing that in most instances usage is higher (often by a statistically significant margin) among those who are more likely to agree with many of these statements.

Shaded cells indicate statistically significant differences between agreement levels combined at the 95% level of confidence.



# Protective Factors by Demographics

How much do you agree with the following statements?

Top-Two Box Ratings (% "Strongly" + "Somewhat Agree")	Overall	Sex		Age						LGBTQ*
		Female	Male	12	13	14	15	16	17	
<i>Sample Size</i>	n=607	n=291	n=315	n=48	n=104	n=94	n=101	n=133	n=127	n=20
I have goals that I have set for myself which are really important to me	93%	95%	92%	90%	97%	93%	92%	92%	93%	94%
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	93%	91%	94%	97%	91%	91%	93%	93%	93%	81%
If I have a personal problem, I can go to one of my parents for help	92%	92%	92%	98%	96%	89%	93%	92%	88%	81%
If I had a serious problem, I know an adult who I could talk to or go to for help	89%	90%	88%	88%	92%	89%	89%	89%	88%	87%
I feel capable of dealing with most problems that come up	88%	86%	90%	92%	84%	86%	87%	91%	90%	65%
I have close friends with whom I can share my joys and sorrows	87%	89%	87%	88%	88%	84%	87%	85%	92%	73%
I know how to support my friends if I think they are getting into trouble with drugs	82%	83%	81%	76%	78%	84%	79%	88%	82%	75%
The schoolwork I am assigned is often meaningful and important to me	75%	76%	74%	78%	78%	75%	73%	74%	73%	45%

Looking at the new positively-worded statement ratings by participants' sex and age shows no statistically significant differences, all being agreed with at similar levels, most by 85% or more. There are lower ratings of agreement among LGBTQ participants, however the sample size limits its statistical significance.



# Protective Factors by Demographics

How much do you agree with the following statements?

Top-Two Box Ratings (% “Strongly” + “Somewhat Agree”)		Region						Ethnicity				
	Overall	Denver/ Boulder	Central	North- East	South- East	South- West*	North- West	Caucasian	Hispanic/ Latino	Black/ African American*	Asian*	Native American*
Sample Size	n=607	n=335	n=95	n=81	n=34	n=22	n=41	n=438	n=120	n=24	n=16	n=6
I have goals that I have set for myself which are really important to me	93%	93%	90%	91%	96%	100%	95%	93%	94%	92%	95%	65%
I am capable of standing up for my beliefs so that I don’t fall victim to peer pressure	93%	94%	93%	87%	92%	96%	88%	94%	92%	81%	100%	44%
If I have a personal problem, I can go to one of my parents for help	92%	94%	91%	84%	96%	92%	91%	93%	91%	88%	100%	100%
If I had a serious problem, I know an adult who I could talk to or go to for help	89%	89%	88%	93%	92%	92%	81%	90%	88%	72%	94%	44%
I feel capable of dealing with most problems that come up	88%	90%	86%	82%	91%	96%	84%	88%	90%	84%	100%	85%
I have close friends with whom I can share my joys and sorrows	87%	89%	89%	82%	83%	88%	86%	88%	87%	86%	85%	65%
I know how to support my friends if I think they are getting into trouble with drugs	82%	81%	84%	84%	82%	85%	81%	82%	85%	53%	93%	44%
The schoolwork I am assigned is often meaningful and important to me	75%	79%	67%	61%	83%	88%	72%	74%	75%	69%	89%	79%

Agreement with the positive statements varies only slightly by geographic region, with several significantly lower ratings in the Northeast region. Both the Northeast and Central regions have significantly lower agreement on *The schoolwork I am assigned is often meaningful and important to me* (both regions score in the 60s), while participants in the Denver/Boulder region are significantly more likely to agree with this statement (agreement is in the 80s in the Southeast and Southwest regions, but because of their smaller sample sizes, these differences are not statistically significant). Among the different ethnicities, Caucasians are significantly more likely to agree with *I am capable of standing up for my beliefs so that I don't fall victim to peer pressure* (94%).

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

Shaded cells indicate statistically significant differences from other demographic groups combined at the 95% level of confidence.



# Protective Factors and Usage

## Usage by Protective Factors (“Strongly/Somewhat Agree” Versus “Strongly/Somewhat Disagree”)

Statement Agreement	Alcohol Use		Marijuana Use		Prescription Stimulants		Prescription Pain Relievers		Meth Use		Use Of Any Key Drug*	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
I have goals that I have set for myself which are really important to me	46%	56%	14%	25%	4%	11%	3%	14%	1%	2%	17%	30%
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	46%	51%	14%	30%	4%	9%	3%	11%	1%	2%	17%	30%
If I have a personal problem, I can go to one of my parents for help	45%	66%	14%	30%	4%	8%	3%	9%	1%	2%	17%	29%
If I had a serious problem, I know an adult who I could talk to or go to for help	46%	54%	14%	23%	4%	5%	2%	9%	1%	0%	17%	26%
I feel capable of dealing with most problems that come up	46%	53%	14%	22%	4%	4%	3%	1%	1%	4%	17%	25%
I have close friends with whom I can share my joys and sorrows	44%	62%	14%	20%	4%	7%	3%	6%	1%	1%	17%	24%
I know how to support my friends if I think they are getting into trouble with drugs	47%	46%	15%	19%	5%	3%	3%	5%	1%	1%	18%	21%
The schoolwork I am assigned is often meaningful and important to me	43%	56%	12%	23%	4%	6%	2%	6%	1%	1%	15%	24%

Base: Varies by statement agreement

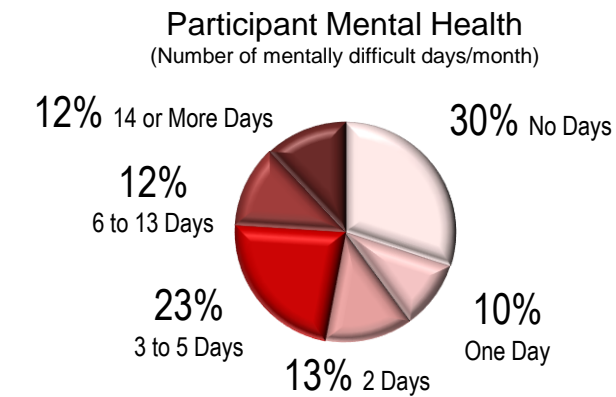
\*\*\*Key Drugs\* include marijuana, meth or prescription drugs.

The table above shows how agreement (“Strongly” or “Somewhat Agree”) with some of the positive statements has a relationship compared to those who do not agree with the statements as much (“Somewhat” or “Strongly Disagree”). Usage of each drug is shown in the table above based on these two levels of agreement, revealing that teenagers who “Strongly Agree” they are *capable of standing up for their beliefs, can go to their parents or another adult for help and felt their schoolwork is meaningful* are significantly less likely to say they have ever used either alcohol, marijuana or prescription pain relievers.



# Teens Experiencing Mental Health Challenges

## Demographics reported by number of difficult mental health days each month



Also included in the survey this year was a question designed to capture a sense of participants' mental health by asking how many difficult days they have had in the past month. Three out of ten teenagers (30%) said that they had no days where they felt their mental health was not good (described as having anxiety, stress, depression or problems with emotions) within the past 30 days, while a quarter (23%) had good mental health on all but one or two days per month. In addition, a quarter of teenagers surveyed (23%) said they had between three and five difficult days a month and 24% had more than five difficult days in the last month. Demographically, females were significantly more likely to report having had six or more mentally difficult days in the last month, at 30% compared to 18% of males, who reported having the fewest difficult days per month (61% with two or fewer mentally trying days per month). The youngest teens surveyed also had significantly fewer mentally trying days (47% with no difficult days compared to about 30% among older age groups). Teens living in northern regions also experience more days that challenge their mental health.

Days With Reported Mental Health Issues	Sex		Age						LGBTQ*
	Female	Male	12	13	14	15	16	17	
Sample Size	n=278	n=304	n=48	n=100	n=89	n=96	n=131	n=120	n=20
No difficult days	25%	34%	47%	31%	29%	31%	29%	24%	15%
1 to 2 Days	20%	27%	16%	24%	29%	23%	18%	29%	4%
3 to 5 Days	25%	21%	17%	24%	25%	22%	25%	20%	43%
6 days or more	30%	18%	20%	21%	17%	24%	28%	27%	37%

Days With Reported Mental Health Issues	Region						Ethnicity				
	Denver/ Boulder	Central	North-East	South-East	South-West*	North-West	Caucasian	Hispanic/ Latino	Black/ African American*	Asian*	Native American*
Sample Size	n=322	n=91	n=78	n=31	n=22	n=40	n=421	n=116	n=22	n=16	n=6
No difficult days	31%	34%	18%	55%	35%	17%	28%	37%	28%	34%	15%
1 to 2 Days	23%	27%	22%	18%	23%	29%	25%	17%	31%	19%	50%
3 to 5 Days	23%	19%	20%	8%	23%	45%	25%	19%	16%	13%	21%
6 days or more	23%	20%	40%	18%	19%	10%	21%	28%	25%	34%	15%

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30). Shaded cells indicate statistically significant differences from other demographic groups combined at the 95% level of confidence.

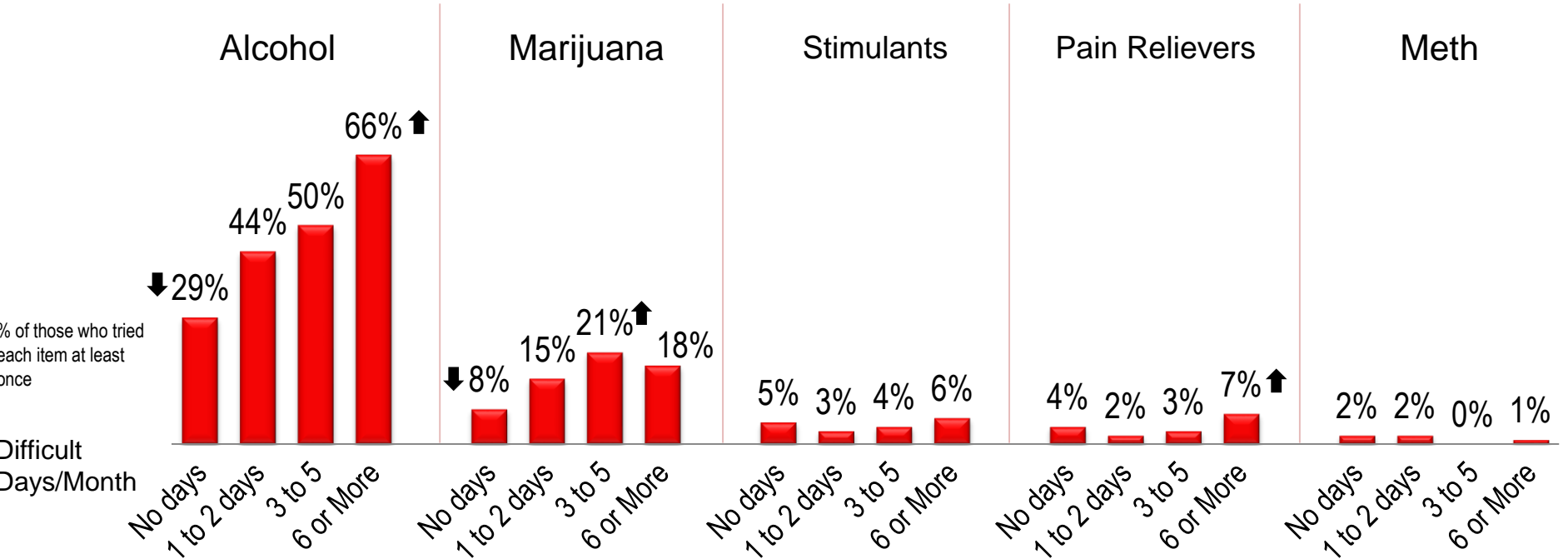


# Substance Usage and Mental Health



During your life, how many times have you tried each?

"Key Substances" include marijuana, meth or prescription drugs. Shaded cells indicate statistically significant differences between agreement levels combined at the 95% level of confidence.



Base: All Participants;  
Varies by substance by level of activity

Self-reported drug usage generally increases along with the number of mentally trying days, climbing the most for alcohol, with 29% of those with no difficult days having drunk alcohol (ever) to 66% for those with more than five mentally difficult days in the past month. This pattern is also evidenced for marijuana, with those who reported having no mentally difficult days in the last month being significantly less likely to have used it (8% versus at least 15% among others).

Difficult Mental Health Days Per Month	Use Of Any Key Drug*	No Use of Any Key Drug*
Sample Size	n=109	n=498
No Days	21%	32%
1 to 2 Days	23%	24%
3 to 5 Days	30%	21%
6 or More Days	26%	23%

Question: Mental Health - During the past month or 30 days, how many days would you say your mental health was not good? Poor mental health includes anxiety, stress, depression, and problems with emotions.

\*\*"Key Drugs" include marijuana, meth or prescription drugs. Arrows or shading indicate statistically significant differences at the 95% level of confidence.



# Protective Factors by Mental Health

How much do you agree with the following statements?

Top-Two Box Ratings (% "Strongly" + "Somewhat Agree")	Days With Reported Mental Health Issues			
	No difficult days	1 to 2 days	3 to 5 days	6 days or more
Sample Size	n=174	n=137	n=133	n=138
I have goals that I have set for myself which are really important to me	92%	95%	93%	92%
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	96%	91%	92%	92%
If I have a personal problem, I can go to one of my parents for help	96%	96%	91%	84%
If I had a serious problem, I know an adult who I could talk to or go to for help	93%	88%	89%	85%
I feel capable of dealing with most problems that come up	93%	89%	91%	77%
I have close friends with whom I can share my joys and sorrows	93%	91%	86%	78%
I know how to support my friends if I think they are getting into trouble with drugs	87%	81%	82%	77%
The schoolwork I am assigned is often meaningful and important to me	82%	82%	65%	68%

There are several statistically significant differences in the positive attitudinal statements between teens who reported having no mentally difficult days per month and those with six or more mentally trying days. Nearly all of the above statements are rated with significantly higher agreement by those with the fewest mentally difficult days, with the largest differences being on *If I had a serious problem, I know an adult who I could talk to or go to for help* (96% versus 84%) and *The schoolwork I am assigned is often meaningful and important to me* (82% versus 68%).



# Risk Factors by Mental Health

How much do you agree with the following statements?

Top-Two Box Ratings (% "Strongly" + "Somewhat Agree")	Days With Reported Mental Health Issues			
	No difficult days	1 to 2 days	3 to 5 days	6 days or more
<i>Sample Size</i>	n=174	n=137	n=133	n=138
I've personally witnessed some really bad things that happened because of drug abuse	42%	44%	49%	57%
It's easy to get prescription drugs from parents' medicine cabinets	40%	44%	42%	45%
I am confident that if I experiment with drugs, I could stop whenever I wanted to	29%	33%	29%	34%
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	25%	20%	21%	28%
Prescription pain relievers are not addictive	25%	21%	14%	20%
My parents would be fine with me drinking beer once in a while	11%	21%	19%	21%
Drugs can help teens manage the stress and pressure we have to deal with	12%	16%	17%	20%
Experimenting with drugs is just part of being a teenager – it's not that big a deal	8%	14%	12%	19%
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe	11%	9%	8%	9%
My parents would be fine with me smoking marijuana once in a while	6%	6%	12%	10%

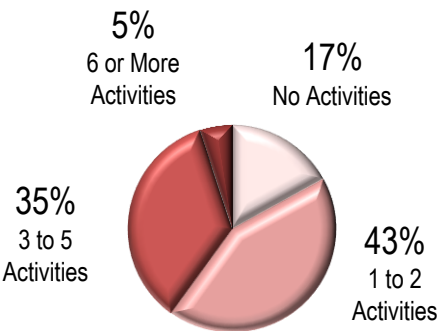
With regard to the statements about risk factors, teens with the fewest difficult days are significantly less likely to have *parents who would allow them to drink a beer once in a while* (11% versus about 20% among the others) and are less likely to believe that *using drugs is just part of being a teenager* (8% compared to at least 12% of others). Those with the most mentally difficult days are significantly more likely to say *they have witnessed some really bad things because of drug abuse* (57% versus less than 50% among the others) and that *using drugs is just part of being a teenager* (19%).

# Extracurricular Activity



## Demographics by extracurricular activity

### Participant Extracurricular Activity



Base: All participants; n=607

Teens were also asked *How many extracurricular activities do you participate in, either at or outside of school, such as sports, band, drama, clubs, or student government?* Most teenagers surveyed (78%) reported participating in between one and five extracurricular activities, with four out of ten (43%) participating in one or two and 35% participating in three to five. One out of five participants (17%) said they do not engage in any of these extracurricular activities, while very few (just 5%) participate in six or more. Among those who have at least one extracurricular activity (defined as being “active”), they are significantly more likely to be Caucasian, 85% compared to about 80% or fewer among the other ethnicities. There were no other statistically significant differences.

Participation in Extracurricular Activities	Sex		Age						LGBTQ*
	Female	Male	12	13	14	15	16	17	
Active (83%)	86%	81%	79%	89%	80%	86%	80%	82%	84%
Inactive (17%)	14%	19%	21%	11%	20%	14%	20%	18%	16%

Participation in Extracurricular Activities	Region						Ethnicity				
	Denver/ Boulder	Central	North-East	South-East	South-West*	North-West	Caucasian	Hispanic/ Latino	Black/ African American*	Asian*	Native American*
Active (83%)	82%	81%	86%	83%	77%	93%	85%	79%	69%	81%	58%
Inactive (17%)	18%	19%	14%	17%	23%	7%	15%	21%	31%	19%	42%

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

Shaded cells indicate statistically significant differences from other demographic groups combined at the 95% level of confidence.

58



# Extracurricular Activities by Region

How many extracurricular activities do you participate in, either at or outside of school, such as sports, band, drama, clubs, or student government?

Northwest	
Sample Size	n=40
Inactive (0)	7%
1 to 2 Activities	31%
3 to 5 Activities	55%
6 or More	7%

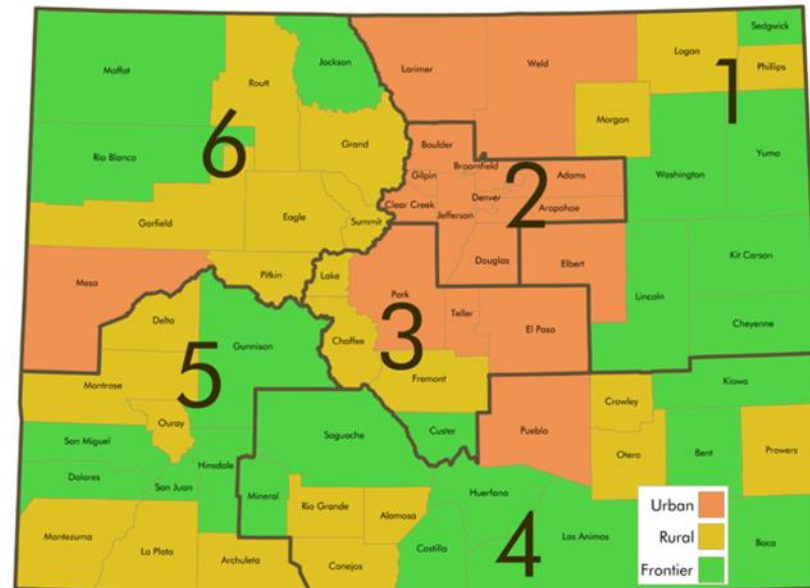
Southwest*	
Sample Size	n=22
Inactive (0)	23%
1 to 2 Activities	27%
3 to 5 Activities	35%
6 or More	15%

Denver/Boulder	
Sample Size	n=332
Inactive (0)	18%
1 to 2 Activities	44%
3 to 5 Activities	35%
6 or More	4%

Northeast	
Sample Size	n=80
Inactive (0)	14%
1 to 2 Activities	36%
3 to 5 Activities	44%
6 or More	7%

Central	
Sample Size	n=94
Inactive (0)	19%
1 to 2 Activities	52%
3 to 5 Activities	25%
6 or More	4%

Southeast	
Sample Size	n=33
Inactive (0)	17%
1 to 2 Activities	50%
3 to 5 Activities	27%
6 or More	6%



Across the different geographic regions, teens living in the Northwest region reported engaging in the most extracurricular activities, with fewer than one out of the ten (7%) not being engaged in at least one activity. Those in the Central region were toward the other end of the spectrum, with 19% inactive, being the least active of all the regions.

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

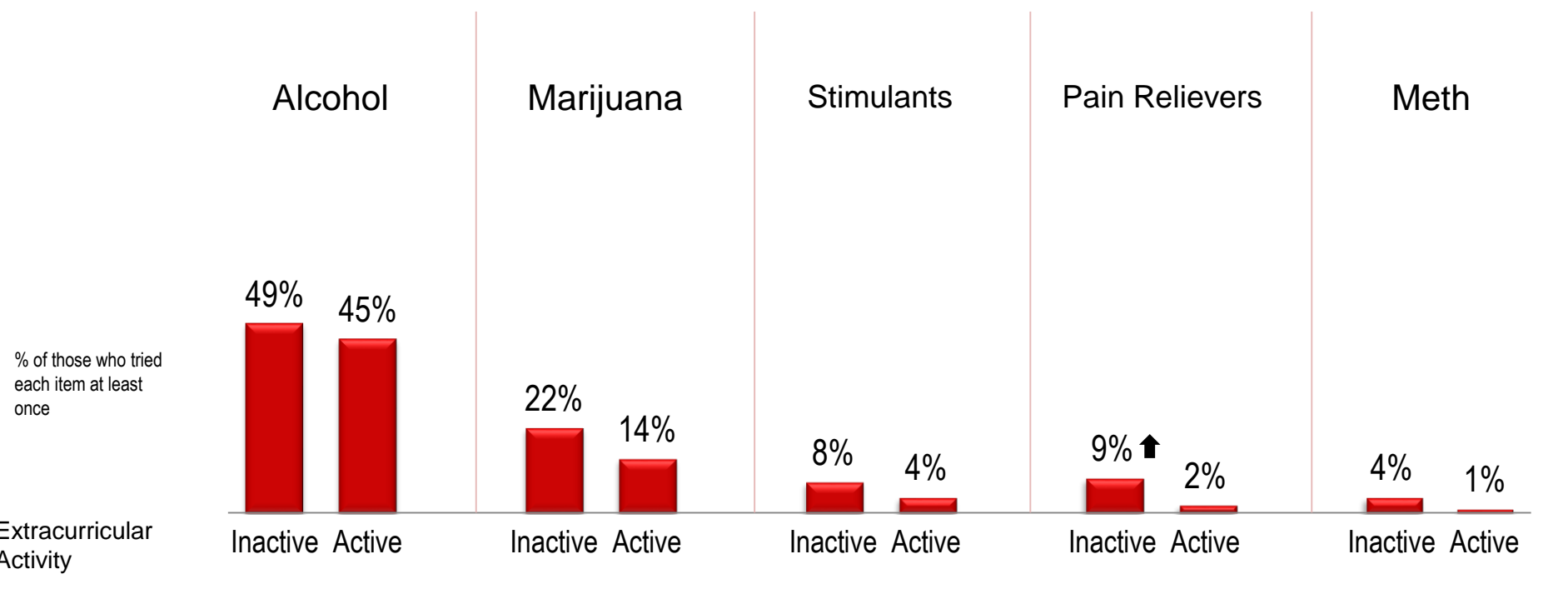
Map Source: <https://rpcolorado-public.sharepoint.com/Pages/About-Team.aspx>

Shaded cells indicate statistically significant differences from 2013 at the 95% level of confidence.

# Substance Use by Extracurricular Activity



## Usage by Substance



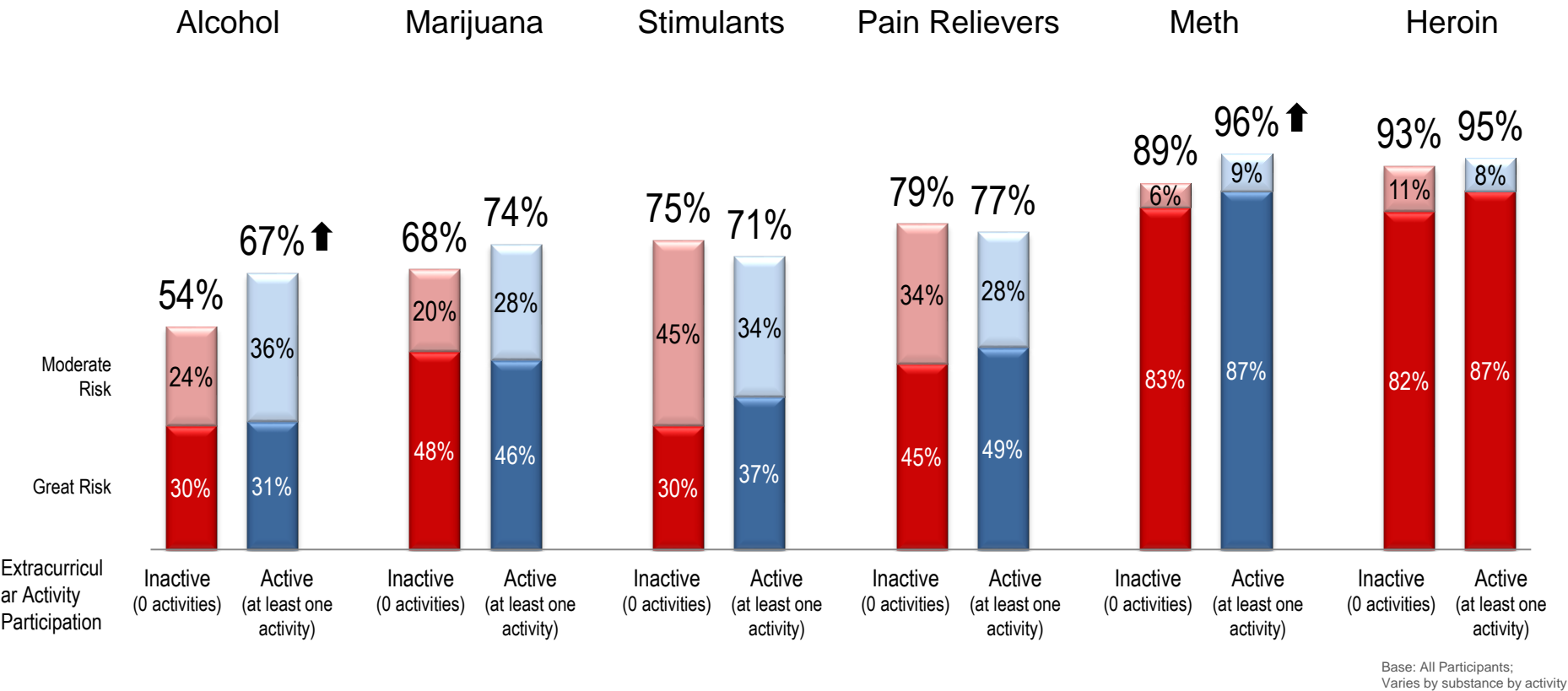
Base: All Participants;  
Varies by substance by activity

Substance usage is typically higher among those teens who do not participate in any extracurricular activities (“inactive”), but only significantly so for those using prescription pain relievers for getting high, at 9% compared to just 2% of active teens. Despite no statistically significant differences, the directional ratings of each of the others likely indicates that there may be a relationship between not being involved in any extracurricular activities and substance misuse.



# Perceived Risk of Substance Use by Extracurricular Activity

Differences between those who participate in no extracurricular activities compare to those who do



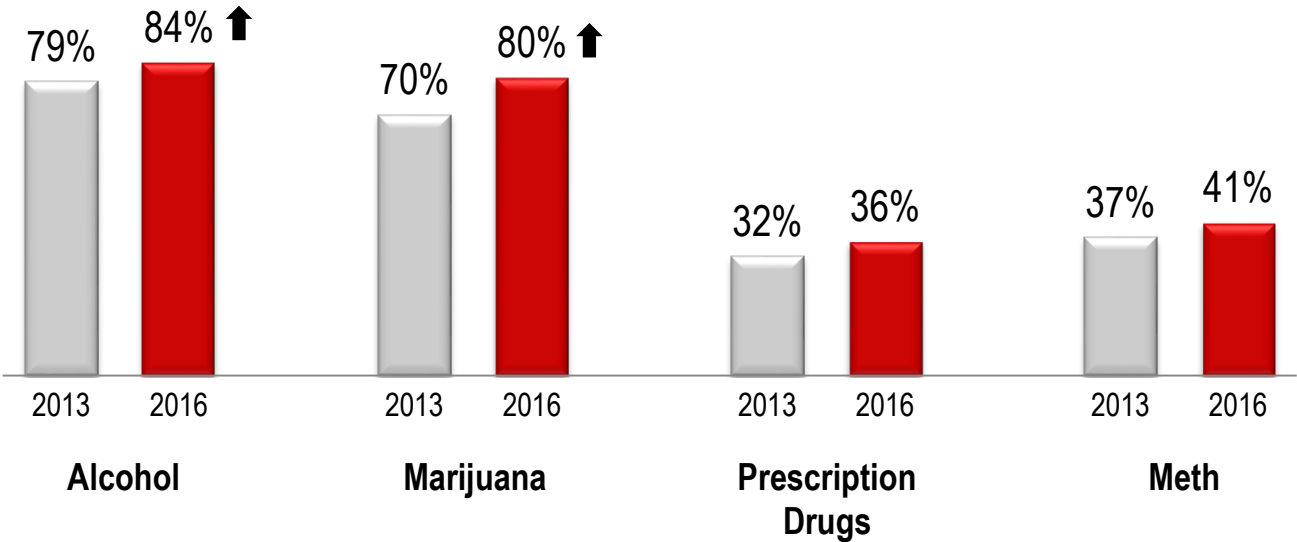
Perceived risk of the limited use of these substances between those who are, and are not, active in extracurricular activities reveals significant differences in the perceived risk of using meth and alcohol just once or twice, and fairly large (but not quite statistically significant difference) for the perceived risk of using marijuana.



# Family Discussions



Have you ever talked to your parents/caregiver about each of the following?



Meth Parental Discussions Since 2009	
2009	73%
2010	68%
2011	70%
2013	37%
2016	41%

Base: All participants;  
Varies by year

Family discussions about substances have increased since 2013 for each of the substances above, with the largest increase happening around marijuana (+10 to 80%) and another significant increase for alcohol (+5 to 84%). While meth discussions also increased slightly from 2013 to 41%, conversations about it continue to remain lower than the levels seen between 2009 and 2011, each of which were about 70%.

2016 Phone  
Only Ratings

80%

77% ↑

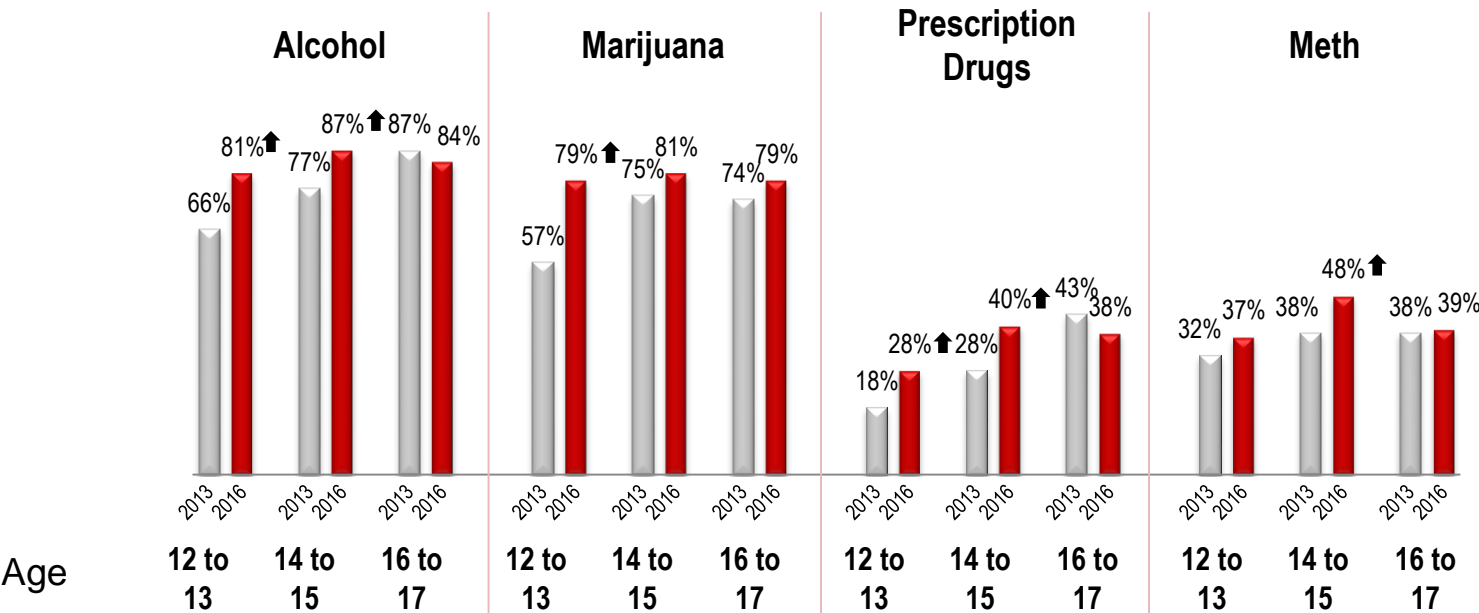
32%

34%



# Family Discussions Across Demographics

Have you ever talked to your parents/caregivers about each of the following?



Age

	2013	2016
Female	80%	84%
Male	77%	84%
Caucasian	80%	86%
Hispanic/Latino	75%	84%
African American	71%	77%
Asian	70%	95%
Native American	94%	65%
LGBTQ	N/A	75%*

	2013	2016
Female	69%	81%
Male	71%	79%
Caucasian	70%	79%
Hispanic/Latino	70%	88%
African American	68%	70%
Asian	46%	78%
Native American	80%	29%
LGBTQ	N/A	96%*

	2013	2016
Female	33%	37%
Male	31%	36%
Caucasian	34%	37%
Hispanic/Latino	28%	39%
African American	29%	27%
Asian	9%	46%
Native American	45%	15%
LGBTQ	N/A	39%*

	2013	2016
Female	36%	44%
Male	37%	39%
Caucasian	39%	42%
Hispanic/Latino	32%	45%
African American	22%	36%
Asian	9%	42%
Native American	31%	44%
LGBTQ	N/A	42%*

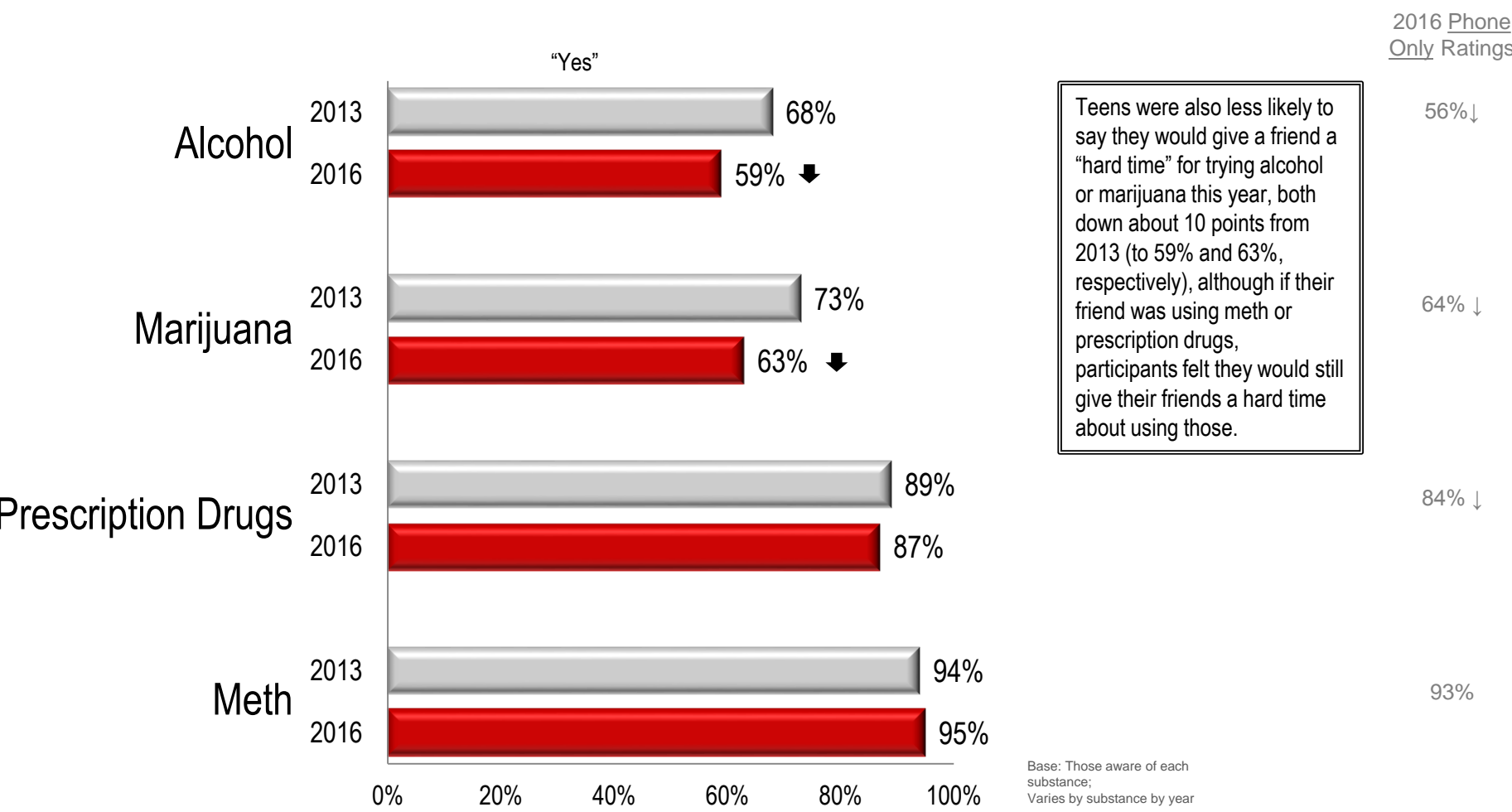
Family discussions about substances increased the most among 12 and 13 year olds, with significantly higher percentages for conversations about marijuana (+22), alcohol (+15) and prescription drugs (+10). In 2013, there were large gaps by age, with older teens being much more likely to have had these parental discussions than younger teens, but the increases this year among younger teens and their parents has closed these gaps considerably, especially when it comes to talking about alcohol and marijuana. Among the other demographics, marijuana discussions were up the most, significantly for nearly all of the different demographic groups, while meth discussions were up for female and Hispanic teens.

Base: All participants;  
Varies by demographic



# Encouraging Friends to Not Use

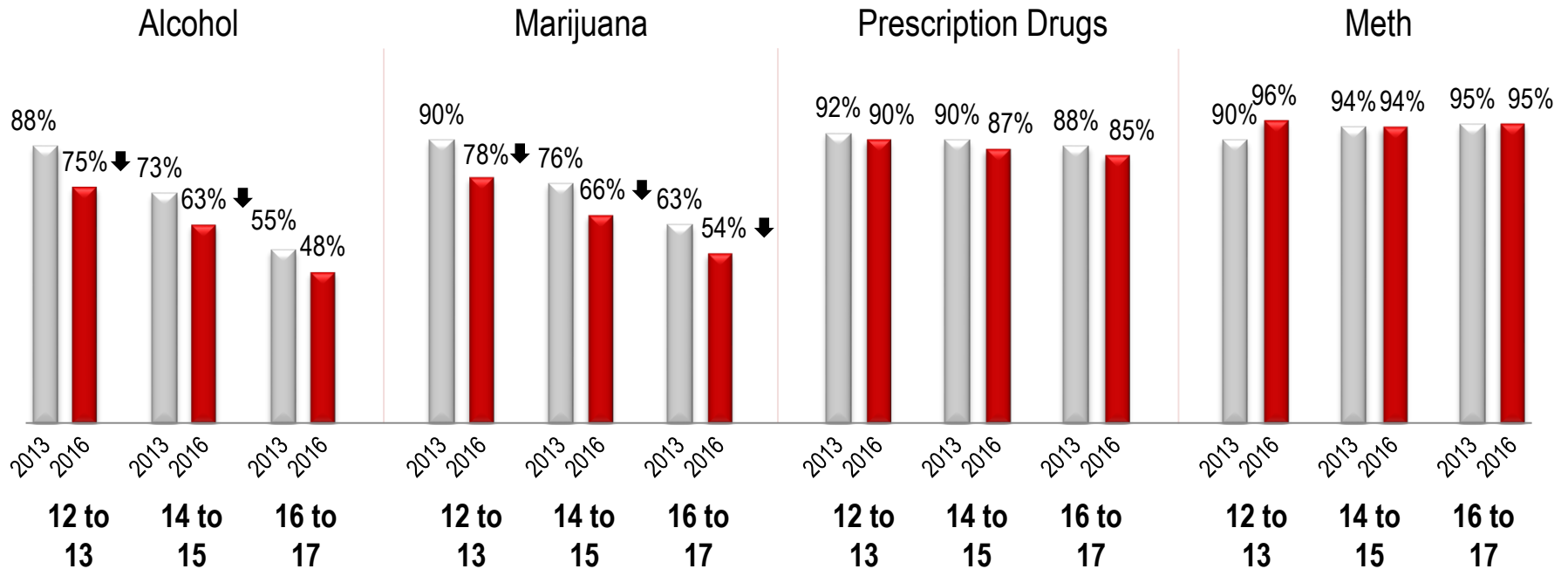
Would you give a friend a hard time if he or she were going to try each of the following?





# Encouraging Friends to Not Use by Age

Would you give a friend a hard time if he or she were going to try each of the following?



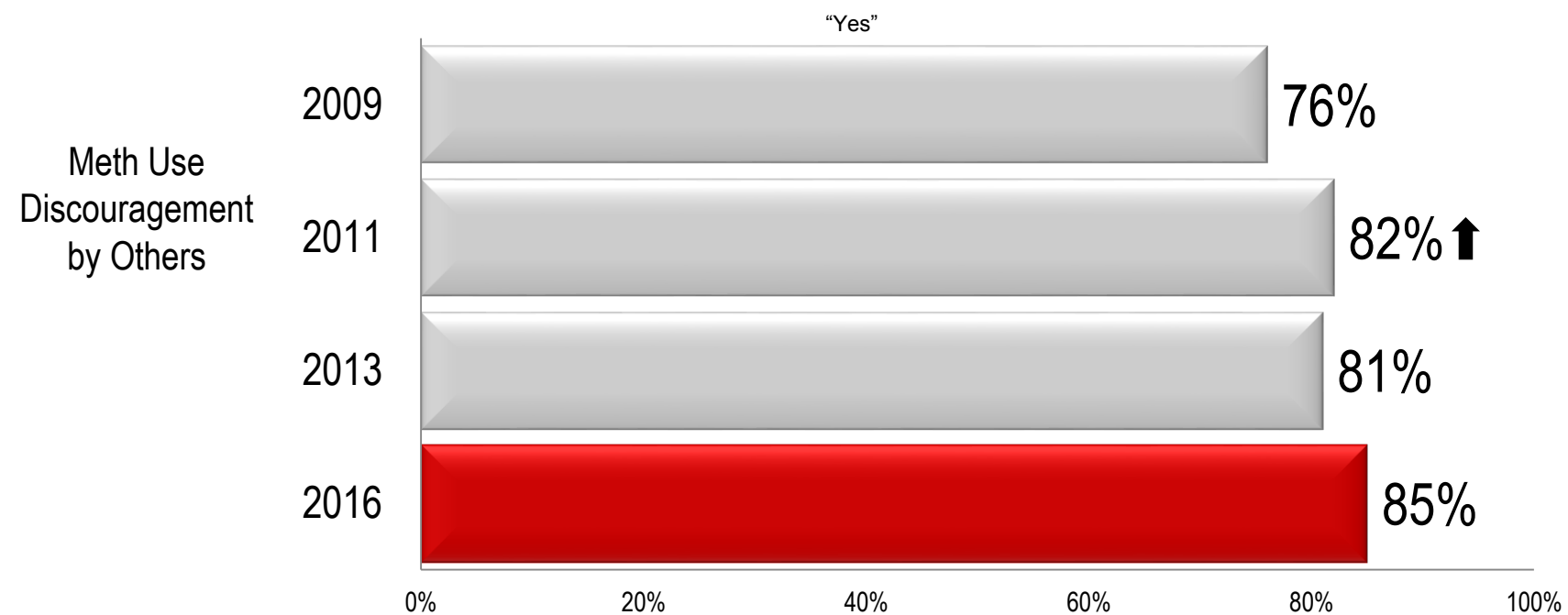
Base: Those aware of each substance;  
Varies by substance by age group by year

Among the different age groups, there were no changes in encouraging friends not to use meth since 2013, however each of the other three substances showed declines among each age group, with significant declines for marijuana for all three age groups of approximately 10 points and similar declines for alcohol among those ages 15 and younger.



# Being Encouraged Not to Use Meth

Would your friends give YOU a hard time for using meth?



Base: Those aware of meth;  
Varies by year

Participants were more likely to feel that their friends would discourage them from using meth this year than in any other time in the past, currently at 85%, a nine-point increase since 2009.

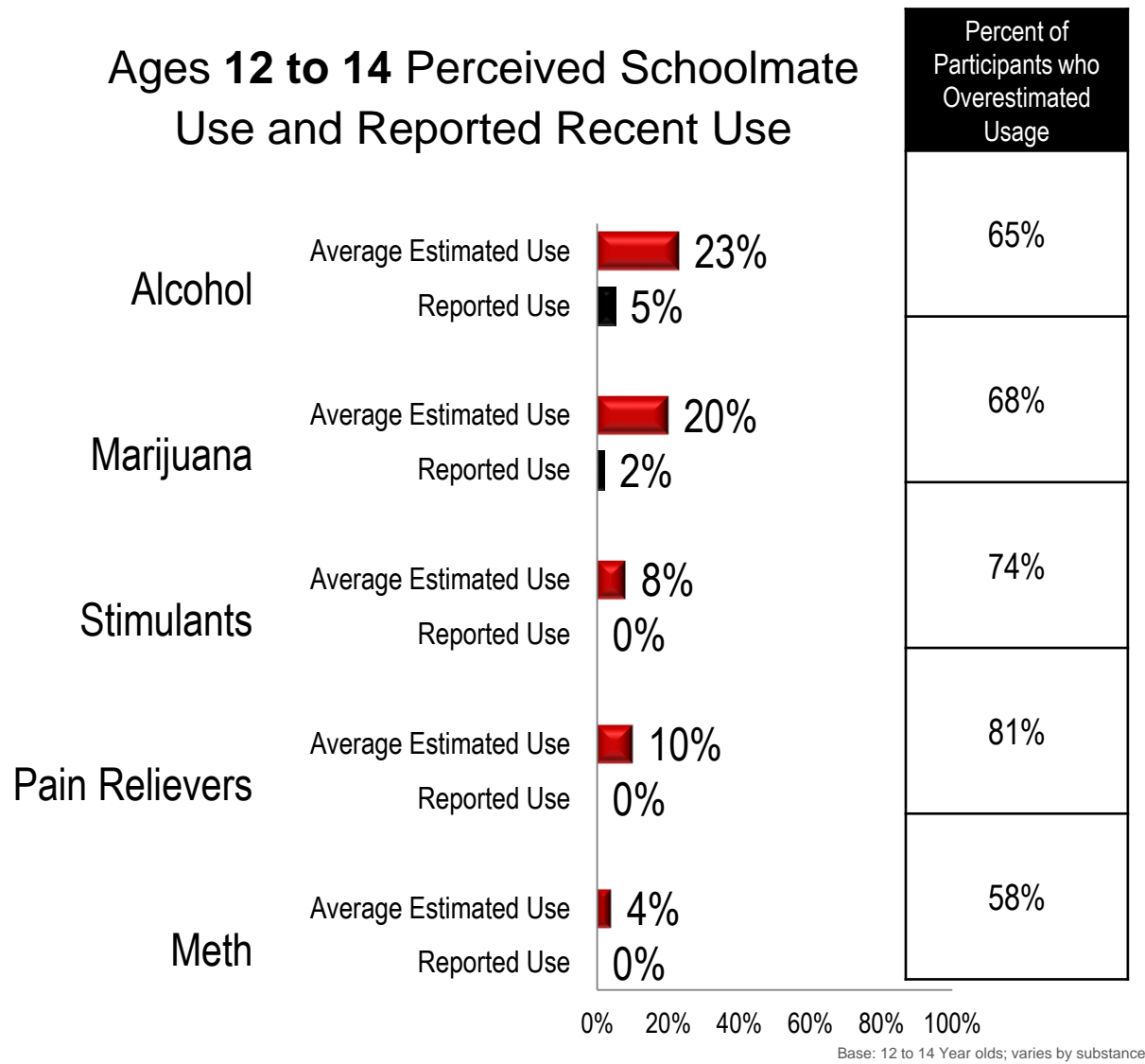
2016 Phone Only Rating: 82%



## Social Norms



# Perceived Vs. Reported Substance Use in School Among Middle School Aged Teens



**Overestimations of peers' substance use has been shown to correlate with actual usage and attitudes towards substances.**

Among the middle school aged group (12 to 14), alcohol had the highest estimated recent use among schoolmates, with participants believing 23% of students at their school, on average, have had alcohol in the last 30 days, well above the actual reported usage of just 5% among participants of this age group. Additionally, two-thirds of 12 to 14 year olds (65%) overestimated the recent usage of alcohol among their peers.

Marijuana had the next largest discrepancy, with an average estimate of recent use of 20% compared to just 2% reporting actual use. Both types of prescription drugs and meth all had reported recent use among the 12 to 14 year old age group of 0%, but teens believed that almost 1 out of 10 of their peers had used prescription pain relievers and stimulants.

**Over half of students overestimated peers' usage of each of these substances.** By sharing actual usage rates, students will have a better understanding that far fewer peers are actually using these substances.

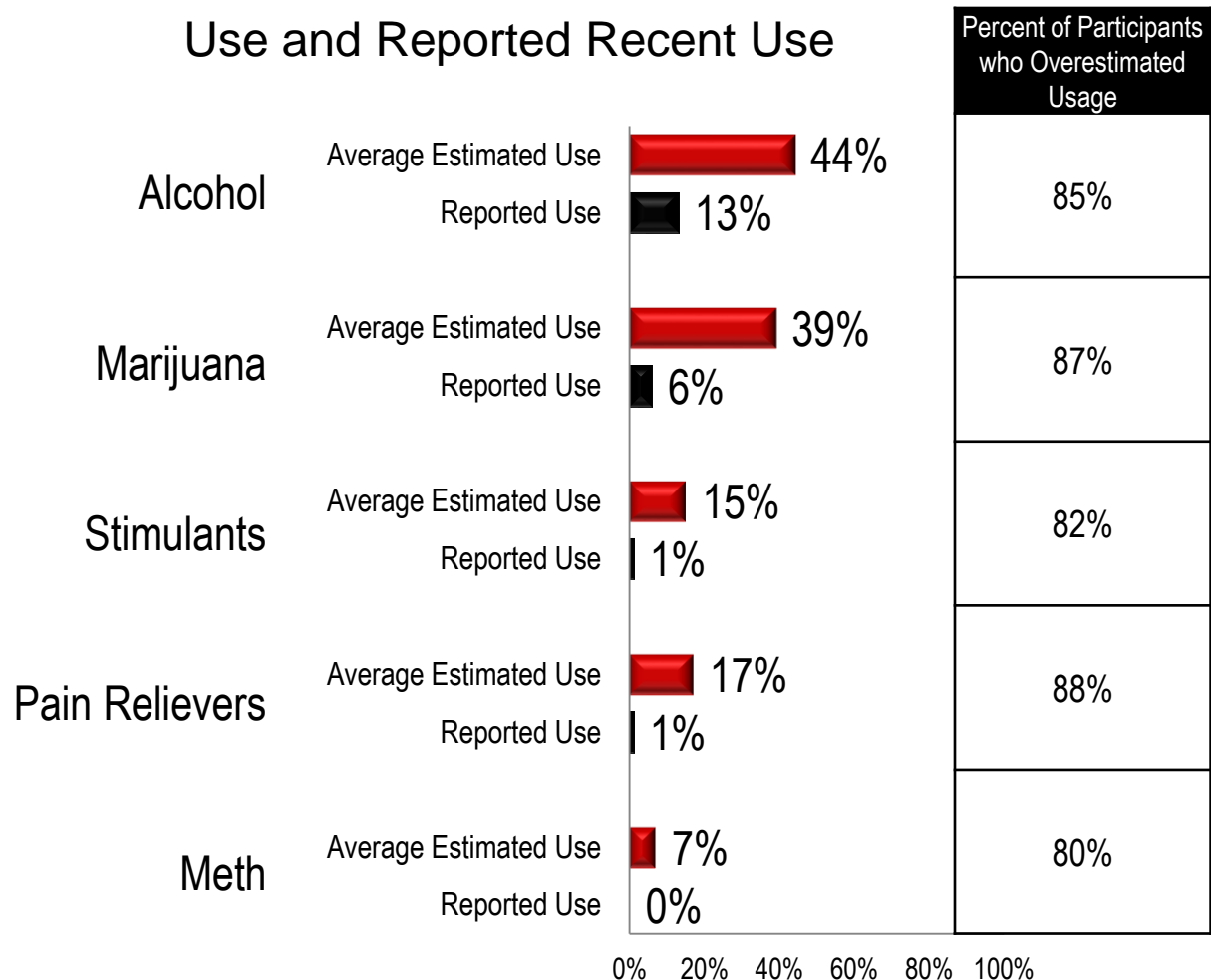
Questions: Estimated Usage - What percentage of students at your school do you believe have used [each substance] during the past 30 days?  
Reported Usage - During the past 30 days, how many times have you used [each substance]?



# Perceived Vs. Reported Substance Use in School Among High School Aged Teens



## Ages 15 to 17 Perceived Schoolmate Use and Reported Recent Use



Base: 15 to 17 Year olds; varies by substance

High school aged teens (ages 15 to 17) were more likely than middle school aged youth to overestimate recent schoolmate use of all substances. **80% or more of high school aged teens over-estimated actual use.** Alcohol again had the highest estimate of recent use, at 44%, 31 points higher than what was reported for use among 15 to 17 year olds (13%). Marijuana use had an even larger gap of 33 points (39% estimated and 6% reported use), while prescription drugs were about 15 points higher and meth was seven points above reported use.

Questions: Estimated Usage - What percentage of students at your school do you believe have used [each substance] during the past 30 days?  
Reported Usage - During the past 30 days, how many times have you used [each substance]?



## Putting the Data Together: Segmentation Findings

# Understanding a Statistical Segmentation



When conducting quantitative research, it can become easy to lose sight of the people we are surveying, focusing our attention on how many people answered the questions in different ways. While of course these data are important – it is why we are doing a survey rather than a focus group – it is also valuable to remind ourselves that behind these percentages are people – in this case, Colorado teenagers, and that they are more than just the answer to a question on a chart. When we look at the data in aggregate, with everyone from 12-17 years of age combined, it is especially easy to lose perspective of that individuality, and even when we look at our survey participants by different age groups, we know that not all 15 year olds are the same, bringing us closer to seeing a person, but still making it difficult to see anything other than trends, statistically significant differences, and ways in which certain age groups differ from others.

A statistical segmentation analysis allows us to find common groups of people, not based on variables which we measure in the survey, such as age or sex, but on *latent* variables which are not directly measured, such as commonly shared attitudes or behaviors to a series of questions.

From a conceptual standpoint, one can think of statistically-based segments being formed by putting all of the participants in a room, and then picking a few of them – say six – completely at random, and placing them apart from one another in that room. Then we look at the seventh person and decide which of those six groups he or she is most similar to, based upon the questions which we chose as being of interest in creating the segmentation. Then, we look at the eighth person, and so-on-and-so-forth until everyone in the room has been assigned to a group. Each time a new person joins one of the groups, everyone else who is already assigned to that group gets to look around and decide if they are still in the group that best represents them, or if the composition of their group has changed enough so that they now fit better somewhere else. Computationally, it is a fairly intensive and exhaustive iterative process (this simulation is run upwards of 1,000 times to see which groupings are the best), so that when the process is completed, participants are assigned to groups so that the internal consistency of each group can no longer be improved upon by moving anyone else around, nor can the differences between the groups be further maximized.

This process is repeated, varying the number of segments, typically looking at segments as small as three groupings to as large as ten. Statistically, looking at internal homogeneity of each segment versus group heterogeneity, the ideal segmentation size (number of groups) is identified.

For this segmentation among Colorado teens, the questions used to create the segments were those regarding teens' attitudes toward drugs. To maintain consistency with the 2013 segmentation, the same questions were used again in 2016, representing the risk factor questions. The segments derived in 2016 were nearly identical to those in 2013 in terms of the composition of the number of segments, the attributes which were critical in forming each segment, and the sizes of each segment.

Once the segments are identified, the goal is to better understand the types of people who comprise each of the segments. We know that the people in each group are going to be very similar to one another in terms of how they responded to the risk factor questions, since that is how the segments were formed, so those responses provide us with our first insights into why they were grouped the way they were and how they think about these risk factors. But what we really want to know is how their similarity in terms of their attitudes toward these risk factors translates into how they think about the protective factors, how curious they are to try different drugs and the extent to which they may have already experimented with or regularly use different drugs. We also want to know how their similarities in terms of their attitudes toward the risk factors carry over to an even broader context of variables, such as their age or sex.

This is the goal of a segmentation analysis: to better see the *people* when we look at groups who hold common attitudes, and as we start to understand those people, we are better able to think about who they are beyond the questions asked in the survey. Once we are able to more clearly wrap our minds around who these people are, and how they differ from other people (segments), it becomes much easier to think about how we reach them in the most meaningful way.

# Segmentation Methodology



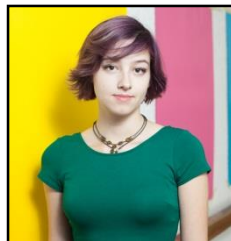
In 2013, a statistically-based segmentation<sup>2</sup> was created based upon responses to the attitudinal statements, which revealed four unique segments of teenagers: *Undecided*, *Social Use*, *Anti-Drug* and *Regular Use*. The names assigned to each of the segments were intended to provide a descriptive explanation of how these different groups feel about substance use, from communicating opposition to complacency around substance use. After re-running the segmentation analysis using 2016 data, the same four segments emerged.

Attitudinal statements used in the segmentation:

- I've personally witnessed some really bad things that happened because of drug abuse
- It's easy to get prescription drugs from parents' medicine cabinets
- I am confident that if I experiment with drugs, I could stop whenever I wanted to
- Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs
- Prescription pain relievers are not addictive
- My parents would be fine with me drinking beer once in a while
- Drugs can help teens manage the stress and pressure we have to deal with
- Experimenting with drugs is just part of being a teenager – it's not that big a deal
- Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe
- My parents would be fine with me smoking marijuana once in a while



Anti-Drug



Undecided



Social Use



Regular Use\*

<sup>2</sup>Segments were derived using a Latent Class cluster model

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Segment Size Shifts

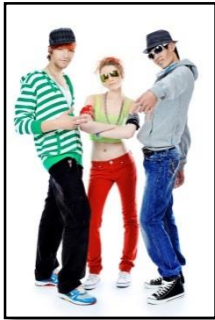
## 2013/2016 Segment Sizes



Anti-Drug



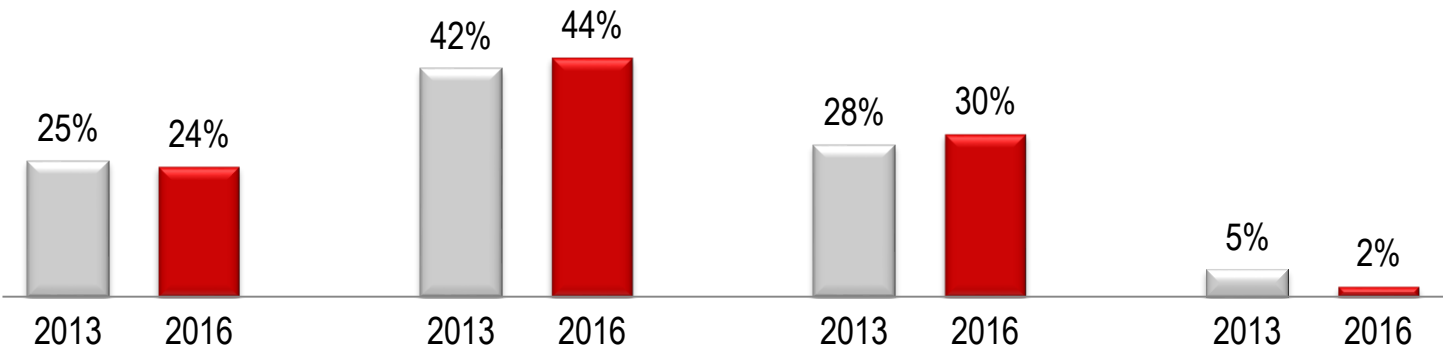
Undecided



Social Use



Regular Use\*



The size of these segments held almost exactly the same as 2013, with *Undecided* teenagers remaining the largest group (44%), followed by *Social Use* second (30%), then the *Anti-Drug* segment (24%) and *Regular Use*, at 2%, marking a small declined for these more avid drug users.

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



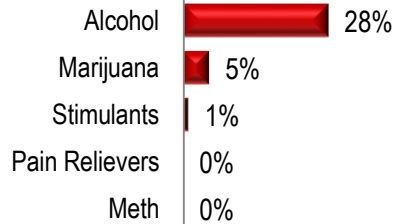


# Usage by Segment

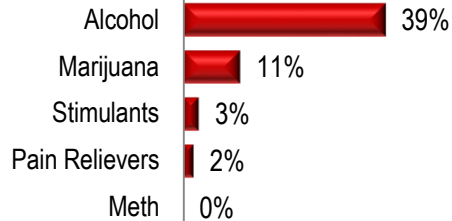
During your life, how many times have you tried the following?



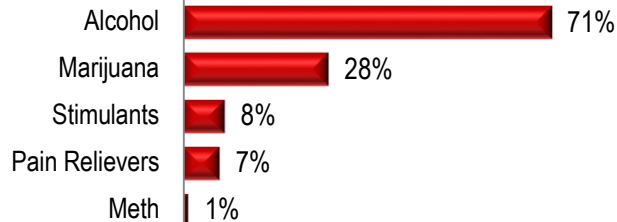
Anti-Drug  
(24%)



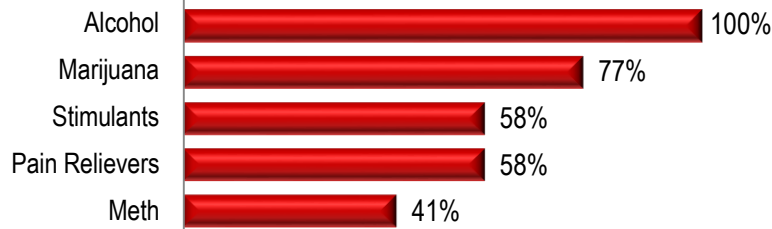
Undecided  
(44%)



Social Use  
(30%)



Regular Use\*  
(2%)



2013	2016	Δ
12%	28%	+16
4%	5%	+1
0%	1%	+1
0%	0%	0
0%	0%	0

2013	2016	Δ
20%	39%	+19
5%	10%	+6
1%	3%	+2
0%	1%	0
0%	0%	0

2013	2016	Δ
61%	71%	+10
32%	27%	-5
4%	8%	+4
4%	7%	+3
0%	1%	+1

2013	2016	Δ
83%	100%	+17
83%	77%	-6
20%	58%	+38
17%	58%	+41
4%	41%	+37

In terms of usage, alcohol increased the most, up significantly for Social Use participants, Undecideds and even Anti-Drug teens. Undecided teens also had reported significantly higher usage for marijuana (+5 to 10% since 2013). The few Regular Use segment members identified this year were much more likely to have used most of these drugs, but, again these large increases are based on very small sample sizes.

Base: Varies by substance by segment

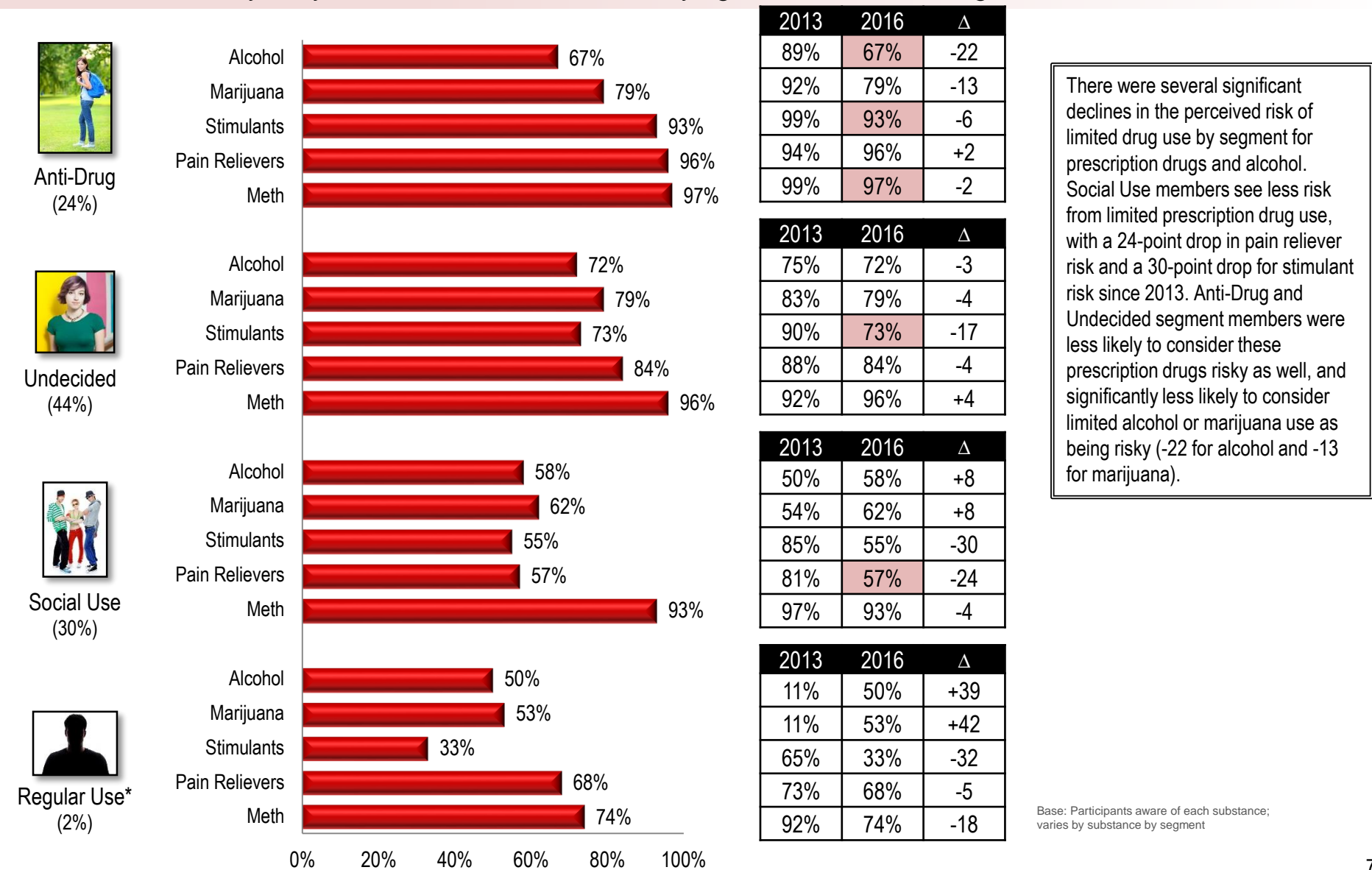
\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

Arrows indicate statistically significant differences from 2013 at the 95% level of confidence.



# Perceived *Limited Use* Risk by Segment

How much risk, if any, do you think there is involved in trying each of the following activities once or twice?

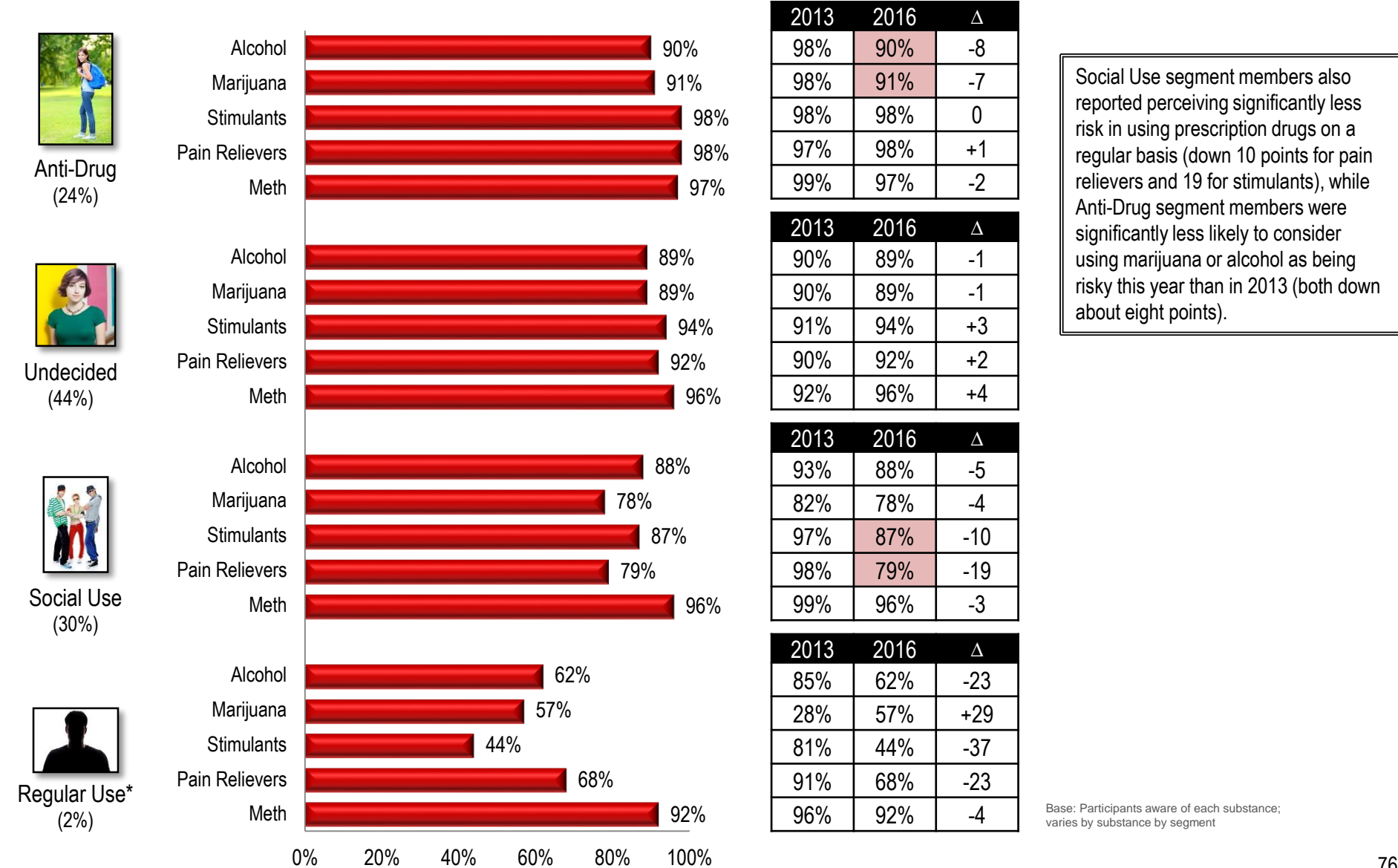






# Perceived *Regular Use* Risk by Segment

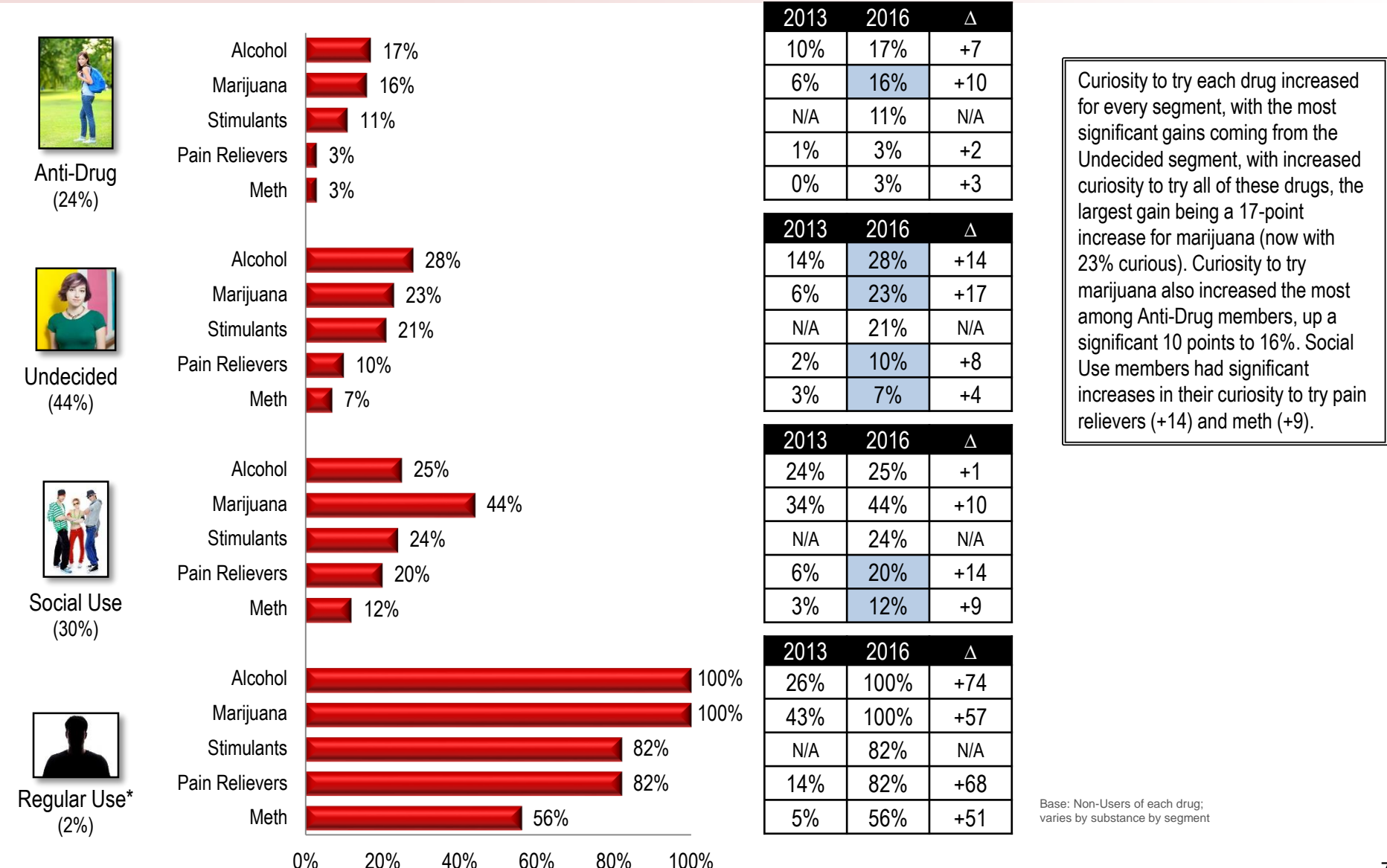
How much risk, if any, do you think there is involved in regularly using each of the following?





# Curiosity by Segment

If someone offered you one of the following, how curious would you be to try it?



# Segment by Age



Anti-Drug (24%)



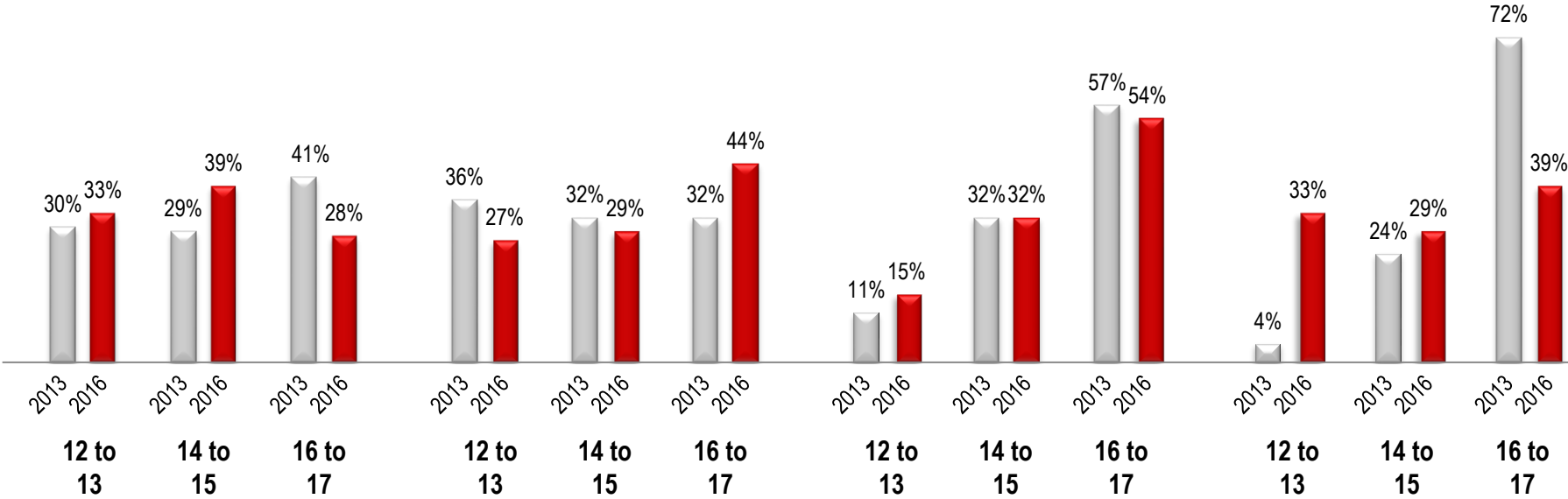
Undecided (44%)



Social Use (30%)



Regular Use\* (2%)



There were no statistically significant shifts in student age among the segments since 2013, however there were noteworthy directional changes. For instance, there were fewer Anti-Drug teens who were 16 or 17 (-13 points), with more 16 to 17 year-olds now in the Undecided segment. Social Use held steady compared to 2013, and there are now slightly more younger teens in the Anti-Drug segment.

Base: Varies by segment

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



# Other Segment Demographics



Demographics	Anti-Drug			Undecided			Social Use			Regular Use*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Sample Size	n=151	n=149		n=259	n=267		n=176	n=180		n=28	n=10	
Female	43%	49%	+6	52%	51%	-1	56%	54%	-2	72%	83%	+11
Male	57%	51%	-6	48%	49%	+1	44%	46%	+2	28%	17%	-11
Caucasian	78%	73%	-5	70%	73%	+3	74%	74%	0	59%	53%	-6
Hispanic/Latino	17%	18%	+1	21%	21%	0	20%	20%	0	28%	47%	+19
Black/African American	2%	5%	+3	2%	3%	+1	5%	4%	-1	4%	8%	+4
Asian	2%	3%	+1	3%	3%	0	1%	1%	0	4%	0%	-4
Native American	1%	2%	+1	3%	0%	-3	4%	2%	-2	4%	0%	-4
LGBTQ*	N/A	5%	N/A	N/A	6%	N/A	N/A	15%	N/A	N/A	14%	N/A
Inactive (0 extra activities)	N/A	16%	N/A	N/A	16%	N/A	N/A	17%	N/A	N/A	50%	N/A
Active	N/A	84%	N/A	N/A	84%	N/A	N/A	83%	N/A	N/A	50%	N/A
No Mentally difficult days	N/A	45%	N/A	N/A	29%	N/A	N/A	20%	N/A	N/A	29%	N/A
1 to 2 difficult days	N/A	19%	N/A	N/A	23%	N/A	N/A	29%	N/A	N/A	29%	N/A
3 to 5 days	N/A	19%	N/A	N/A	24%	N/A	N/A	25%	N/A	N/A	12%	N/A
6 or more	N/A	17%	N/A	N/A	25%	N/A	N/A	27%	N/A	N/A	30%	N/A

There were no statistically significant shifts in the demographic composition of the segments from 2013 to 2016. The 2016 data show that the percentage of LGBTQ teens increases as the segments' attitudes progresses from against use to complacent use, representing 5% of Anti-Drug members, 6% of Undecideds, 15% of Social Use and 14% of Regular Use. Regular Use members are the least likely to be active in extracurricular activities (50% compared to 16% of Anti-Drug and Undecided members) and they are most likely to have six or more mentally difficult days per month, at 30%, nearly twice as high as Anti-Drug members (17%).



# Protective Factors by Segment



Demographics	Anti-Drug	Undecided	Social Use	Regular Use*
	2016	2016	2016	2016
<i>Sample Size</i>	<i>n=149</i>	<i>n=267</i>	<i>n=180</i>	<i>n=10</i>
I have goals that I have set for myself which are really important to me	92%	96%	90%	91%
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	93%	94%	91%	82%
If I have a personal problem, I can go to one of my parents for help	97%	94%	86%	79%
If I had a serious problem, I know an adult who I could talk to or go to for help	90%	91%	85%	91%
I feel capable of dealing with most problems that come up	85%	91%	86%	88%
I have close friends with whom I can share my joys and sorrows	91%	89%	82%	88%
I know how to support my friends if I think they are getting into trouble with drugs	80%	84%	80%	88%
The schoolwork I am assigned is often meaningful and important to me	74%	82%	65%	70%

The new protective factor statements reveals that the Anti-Drug teenagers are significantly more likely to agree with the statement *If I have a personal problem, I can go to one of my parents for help* (97%), possibly indicating strong family relationships among these teens. Undecided teens are the most likely to agree with *I have goals that I have set for myself which are really important to me* (96%), *I feel capable of dealing with most problems that come up* (91%) and *The schoolwork I am assigned is often meaningful and important to me* (82%). Social Use segment members are the least likely to agree with most of these positively-minded statements, being significantly lower on five of the eight statements.

# Risk Factors by Segment



Demographics	Anti-Drug			Undecided			Social Use			Regular Use*		
	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ	2013	2016	Δ
Sample Size	n=151	n=149		n=254	n=267		n=176	n=180		n=28	n=10	
I've personally witnessed some really bad things that happened because of drug abuse	32%	<b>36%</b>	+4	52%	<b>51%</b>	-1	58%	<b>51%</b>	-7	43%	<b>69%</b>	+26
It's easy to get prescription drugs from parents' medicine cabinets	24%	<b>27%</b>	+3	46%	<b>45%</b>	-1	52%	<b>48%</b>	-4	44%	<b>82%</b>	+38
I am confident that if I experiment with drugs, I could stop whenever I wanted to	12%	<b>12%</b>	0	24%	<b>23%</b>	-1	41%	<b>53%</b>	+12	96%	<b>100%</b>	+4
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	0%	<b>0%</b>	0	31%	<b>32%</b>	+1	28%	<b>28%</b>	0	17%	<b>100%</b>	+83
Prescription pain relievers are not addictive	1%	<b>0%</b>	-1	29%	<b>26%</b>	-3	17%	<b>25%</b>	+8	36%	<b>78%</b>	+42
My parents would be fine with me drinking beer once in a while	2%	<b>1%</b>	-1	5%	<b>11%</b>	+6	31%	<b>36%</b>	+5	91%	<b>91%</b>	0
Drugs can help teens manage the stress and pressure we have to deal with	2%	<b>0%</b>	-2	11%	<b>8%</b>	-3	21%	<b>36%</b>	+15	77%	<b>88%</b>	+11
Experimenting with drugs is just part of being a teenager – it's not that big a deal	0%	<b>0%</b>	0	0%	<b>0%</b>	0	22%	<b>39%</b>	+17	87%	<b>88%</b>	+1
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe	0%	<b>0%</b>	0	12%	<b>5%</b>	-7	22%	<b>20%</b>	-2	48%	<b>74%</b>	+26
My parents would be fine with me smoking marijuana once in a while	0%	<b>1%</b>	+1	0%	<b>1%</b>	+1	6%	<b>20%</b>	+14	80%	<b>77%</b>	-3

Social and Regular Use members are the most likely to agree with the negative statements, both segments having several significant increases from last year. Social Use members' agreement increased on the statements *I am confident that if I experiment with drugs, I could stop whenever I wanted to*, *Drugs can help teens manage the stress and pressure we have to deal with*, *Experimenting with drugs is just part of being a teenager – it's not that big a deal* and *My parents would be fine with me smoking marijuana once in a while* (each double-digit increases).



# Perceptions of Peer Usage by Segment

Respondents not over-estimating peers' use of substances



Anti-Drug (24%)



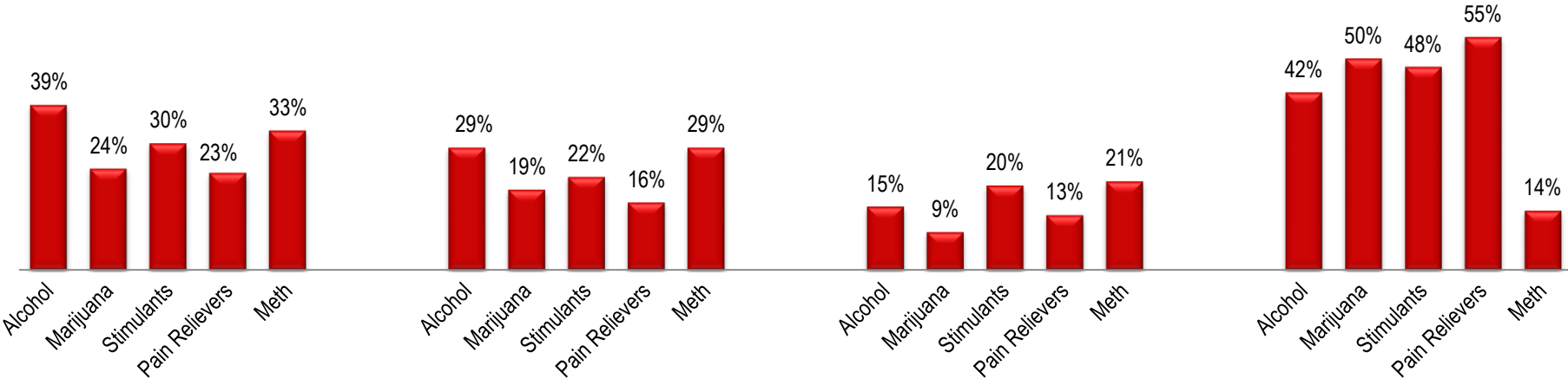
Undecided (44%)



Social Use (30%)



Regular Use\* (2%)



Base: Varies by substance by segment

Excluding the Regular Use segment due to a the small sample size, the Anti-Drug segment is more often not over-estimating peers' usage, followed by those who are Undecided and then the Social Use segment, following the general pattern of how each group feels about these drugs.

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).



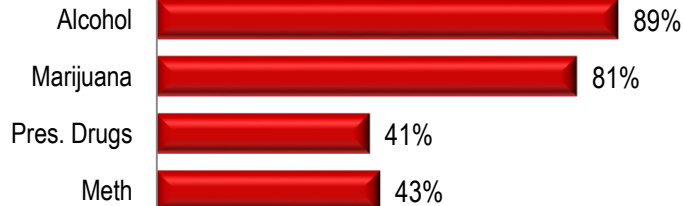


# Family Influence

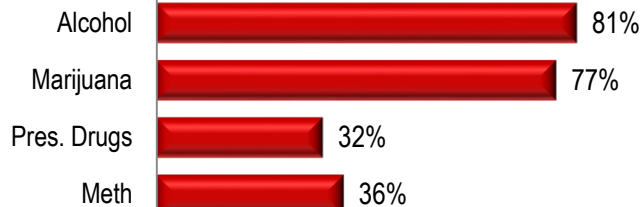
Have you ever talked to your parents/caregivers about the following substances



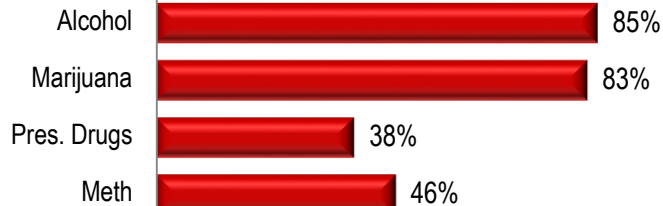
Anti-Drug  
(24%)



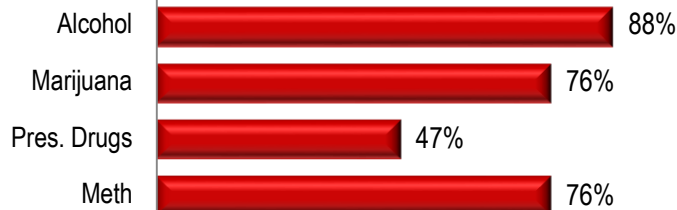
Undecided  
(44%)



Social Use  
(30%)



Regular Use\*  
(2%)



0% 20% 40% 60% 80% 100%

Family discussions about nearly all drugs have increased for each segment, with statistically significant increases for conversations about marijuana among Anti-Drug and Undecided segment members (both up about 13 points to about 80% each). Discussions about alcohol are also up among Anti-Drug members (+9 to 89%), while Social Use members were significantly more likely to have had discussions with their parents about meth (+14 to 46%).

Base: Varies by substance by segment

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30).

Shaded cells indicate statistically significant differences from 2013 at the 95% level of confidence.



## Summaries on Key Substances

# Summary of Findings about Marijuana



## **Substance Use & Perceived Risk**

- In this study, marijuana use among teens held steady between 2013 and 2016, with 15% reporting having ever used and 4% in the last 30 days, compared to 16% and 6% respectively in 2013. Although this survey combines middle and high school aged youth, the trend is consistent with findings in the 2015 Healthy Kids Colorado Survey, where use among middle school (7% ever/4% recent) and high school (38% ever/21% recent) also held steady compared to 2013.
- The perception of risk of limited and regular use of marijuana also held steady, with 48% and 71% seeing “great risk” of limited and regular use respectively.

## **Access and Peer Influence**

- This year, youth reported that marijuana is easier to get than in 2013, with 61% saying it’s “very or somewhat easy” to get (up 11 points from 2013). Younger adolescents showed the greatest increase in ease, with significant increases among 12 year olds (up 29 points to 43%), 13 year olds (up 23 points to 45%) and 14 year olds (up 16 points to 57%).
- Interestingly, despite youth reporting increased access, the percentage of youth who have been offered the drug also continues to hold steady at 37%.
- In 2016, fewer teens reported that they would give their friend a hard time if he/she were going to try marijuana, down 10 points from 2013 to 63%.
- The vast majority of teens are overestimating how many of their peers are regularly using marijuana (in the last 30 days), with 12-14 year old estimating that 1 in 5 of their peers are using (2% reported use) and 15-17 year olds estimating that 4 in 10 are using (6% reported use).

## **Colorado and National Context**

- Colorado does not significantly differ from the national average in lifetime or current marijuana use among teens.

Despite concerns about changing drug policies negatively influencing youth behavior, the data on usage does not bear out those fears. Reports of perceptions, accessibility and norms have changed however, which warrants a stronger prevention and behavioral health promotion approach. Moreover, great opportunity to reshape norms about marijuana use exists based on the gaps in accurate perception of peer usage.

# Summary of Findings about Prescription Drugs



## **Substance Use & Perceived Risk**

- Misuse of prescription drugs did not change since 2013, with 4% reporting stimulant misuse and 3% pain relievers in 2016, compared to 3% and 2% in 2013 respectively. Although this survey reported lower levels of use, the trend is consistent with data from the 2013 and 2015 Healthy Kids Colorado Survey, currently at 13.7% for all prescription drugs combined.
- The perception of risk for using prescription pain relievers to get high declined significantly for both limited and regular usage (down eight points to 78% and five points to 89%, respectively). In addition, perception of risk for limited use of prescription stimulants declined by 18 points to 72%.
- Regionally, perception of risk for prescription pain relievers and stimulants declined the most in Denver/Boulder (Region 2) and Northeast Colorado (Region 1).

## **Access and Peer Influence**

- Although this year's data saw no change in how accessible prescription drugs were compared to 2013, the percentage of teens who were offered prescription drugs nearly tripled, from 8% to 21%. This increase was consistent across all age groups, with the biggest change among youth 12 to 13 years of age.
- Eighty-seven percent of teens would give their friends a hard time for misusing prescription drugs, which held stable from 2013.

## **Colorado and National Context**

- According to the Healthy Kids Colorado Survey and the CDC's Youth Risk Behavior Survey (YRBS), in 2015 the state is now below the national average for high school-aged teens who have misused prescription drugs (13.7% vs. 16.8%).

Although youth usage has not changed, perception of risk in misusing prescription drugs has fallen. Again, the vast majority of youth are overestimating their peers' misuse of prescription drugs. Behavioral health education and social norming campaigns would empower youth with more accurate information for decision-making.

# Summary of Findings about Meth



## **Substance Use & Perceived Risk**

- Although this survey showed teen Meth use holding steady (1% in 2016 and 0.2% in 2013), the 2015 Healthy Kids Colorado Survey shows use among high schoolers is at its lowest level (2.4%) since the data has been tracked (1999), which equates to a 26% decline in the last two years (since 2013) and a 40% decline over the past decade (since 2005).
- According to trends from this survey, teen perception of risk of using Meth once or twice has held at a significantly higher rate compared to baseline data (at 91%\* in 2016 versus 79% in 2009). This ongoing high level of perceived risk may be contributing to declining levels of usage.

## **Access and Peer Influence**

- Low levels of use and high perception of risk exist despite increased availability of Meth among teens.
- More teens (17%) report that Meth is easy to get, an increase of 8 points compared to 2013. In addition, more teens have been offered the drug (8%), compared to only 2% in 2013.
- Eighty-five percent of teens say their friends would give them a hard time if they were to try Meth, up 9 points from the 2009 benchmark.

## **Colorado Context: Youth Improvements Despite Increased Challenges Among Adults**

- Increases in access to Meth may be a cause of the spike in adults seeking treatment from the drug. According to Drug/Alcohol Coordinated Data System data from 2014, Meth treatment admissions in Colorado have surpassed all substances except alcohol, accounting for 19.1% of admissions. The trend has been steadily increasing since 2011. Adults age 25 to 34 are the most common age range seeking treatment (41.5%), followed by users age 35 to 44.
- According to the Colorado Department of Public Safety, Meth-related criminal offenses have more than doubled between 2012 and 2015. This increase in offenses is among adults; there has been no change in offenses among those under 18 years of age.

## **Public Messaging Campaign Awareness**

- The vast majority of teens (81%) continue to be aware of the Colorado Meth Project's "Not Even Once" public messaging campaign.
- Eight out of ten teens report that the campaign makes them less likely to try Meth.
- Ninety-six percent (96%) of teens who are aware of the "Not Even Once" campaign would give a friend a hard time if he/she were going to try Meth, as compared to 87% for those unaware of the campaign, a significant difference of 9 points.

Despite increased access to a drug that continues to present challenges among adults, Colorado teens appear to recognize the significant risks posed by Meth. The 40% decline in use among high school students over the last decade suggests the impact of empowering teens with accurate information to make informed decisions.





## Appendix A: Factor Analysis

# Risk and Protective Factor Analysis



With the addition of the new protective factor statements into the survey, the dimension analysis from 2013 has been updated with two new statistically-based dimensions<sup>1</sup>. The first new dimension is named *Supports for Success* and includes statements about the importance of having goals and meaningful schoolwork, as well as having people to talk to about problems. The second new dimension, *Behavioral Health Advocate*, surrounds support and being able to stand up for beliefs and handling problems. The three previously defined dimensions from 2013 emerged once again this year (*Complacency About Substance Use*, *Prescription Drug Acceptability* and *Situational Context*), despite the removal of three attitudinal statements from the 2013 survey.

## Complacency About Substance Use

- I am confident that if I experiment with drugs, I could stop whenever I wanted to
- Experimenting with drugs is just part of being a teenager – it's not that big a deal
- Drugs can help teens manage the stress and pressure we have to deal with
- My parents would be fine with me drinking beer once in a while
- My parents would be fine with me smoking marijuana once in a while

## Prescription Drug Acceptability

- Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs
- Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe, even if the prescription wasn't written for you.
- Prescription pain relievers are not addictive

## Situational Context

- It's easy to get prescription drugs from parents' medicine cabinets
- I've personally witnessed some really bad things that happened because of drug abuse

## Supports for Success

- If I had a serious problem, I know an adult in or out of school, other than my parents, who I could talk to or go to for help
- The schoolwork I am assigned is often meaningful and important to me
- I have goals that I have set for myself which are really important to me
- If I have a personal problem, I can go to one of my parents for help

## Behavioral Health Advocate

- I know how to support my friends if I think they are getting into trouble with drugs
- I am capable of standing up for my beliefs so that I don't fall victim to peer pressure
- I feel capable of dealing with most problems that come up
- I have close friends with whom I can share my joys and sorrows

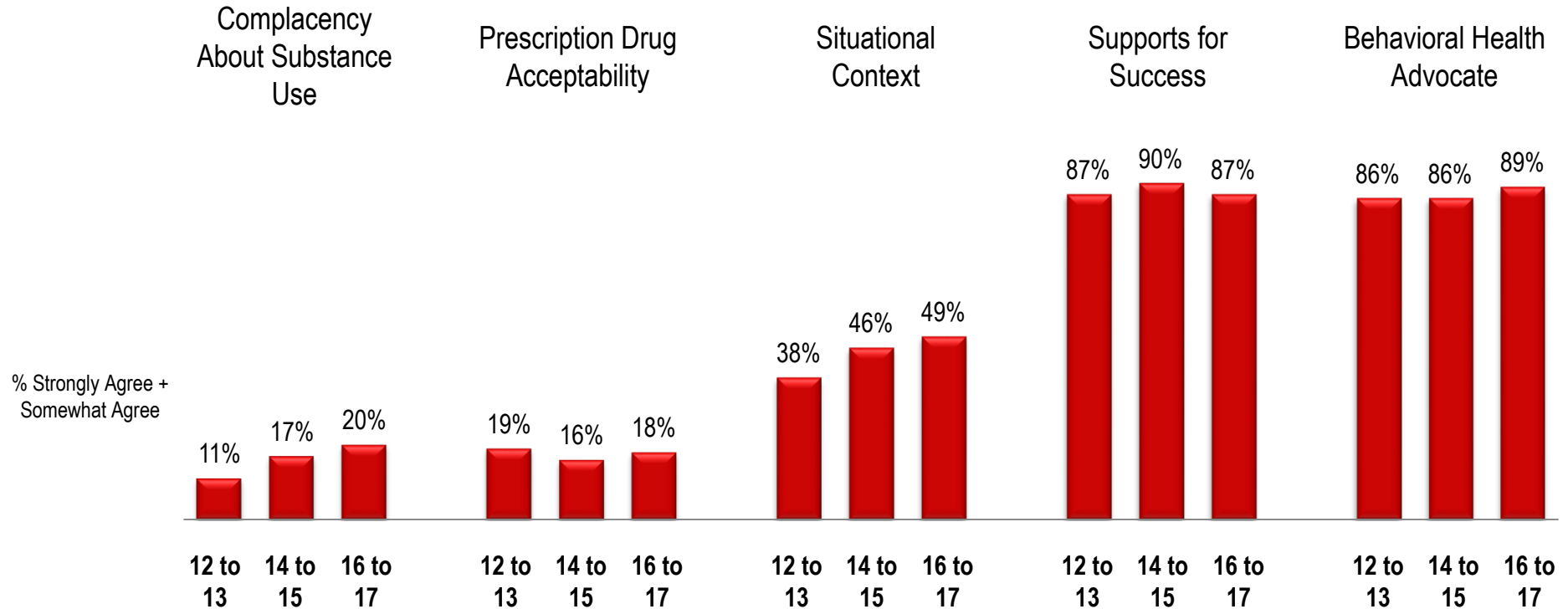
<sup>1</sup>Dimensions were extracted using principal components factor analyses, which were then rotated using an orthogonal (varimax) rotation procedure





# Average Dimension Attribute Ratings by Age

## Average Ratings of Attributes in Each Dimension



Base: Varies by age group

When averaging the individual attribute ratings within in each of the dimensions, we find that regardless of age, teens' protective factors remain constant, but as they get older, they are more likely to agree with the risk factor statements surrounding situational context and substance use complacency, while prescription drug acceptability holds steady, and at lower levels, for each age group.



# Dimension Averages Across Other Demographics

Average Ratings of Attributes in Each Dimension

	Sex		Ethnicity				
	Female	Male	Caucasian	Hispanic/Latino	African-American*	Asian*	Native American*
Sample Size	n=291	n=315	n=438	n=120	n=24	n=16	n=6
Complacency About Drugs	14%	20%	16%	20%	20%	13%	14%
Prescription Drug Acceptability	14%	21%	16%	25%	18%	13%	19%
Situational Context	47%	44%	44%	44%	51%	63%	30%
Supports for Success	88%	87%	88%	87%	80%	95%	72%
Behavioral Health Advocate	87%	88%	88%	89%	76%	95%	60%

	Region						LGBTQ*
	Denver/ Boulder	Central	Northeast	Northwest	Southeast	Southwest*	
Sample Size	n=335	n=95	n=81	n=41	n=34	n=22	n=20
Complacency About Drugs	17%	19%	19%	12%	11%	18%	32%
Prescription Drug Acceptability	16%	21%	19%	14%	24%	19%	12%
Situational Context	43%	50%	46%	40%	53%	51%	52%
Supports for Success	89%	84%	82%	85%	92%	93%	77%
Behavioral Health Advocate	89%	88%	84%	85%	87%	91%	74%

There are only a few statistically significant differences among the other demographic characteristics, each of which come on the new dimensions (*Complacency About Drugs* and *Prescription Drug Acceptability*), of which males' average agreement is significantly higher than females (about 20% compared to 14% for females). Hispanics also provide significantly higher agreement on *Prescription Drug Acceptability* than Caucasians (25% versus 16%).

\* Indicates demographics with sample sizes too low to test for statistically significant differences (n<30). Shaded cells indicate statistically significant differences from other demographic groups combined at the 95% level of confidence.

# Dimension Averages



Anti-Drug (24%)



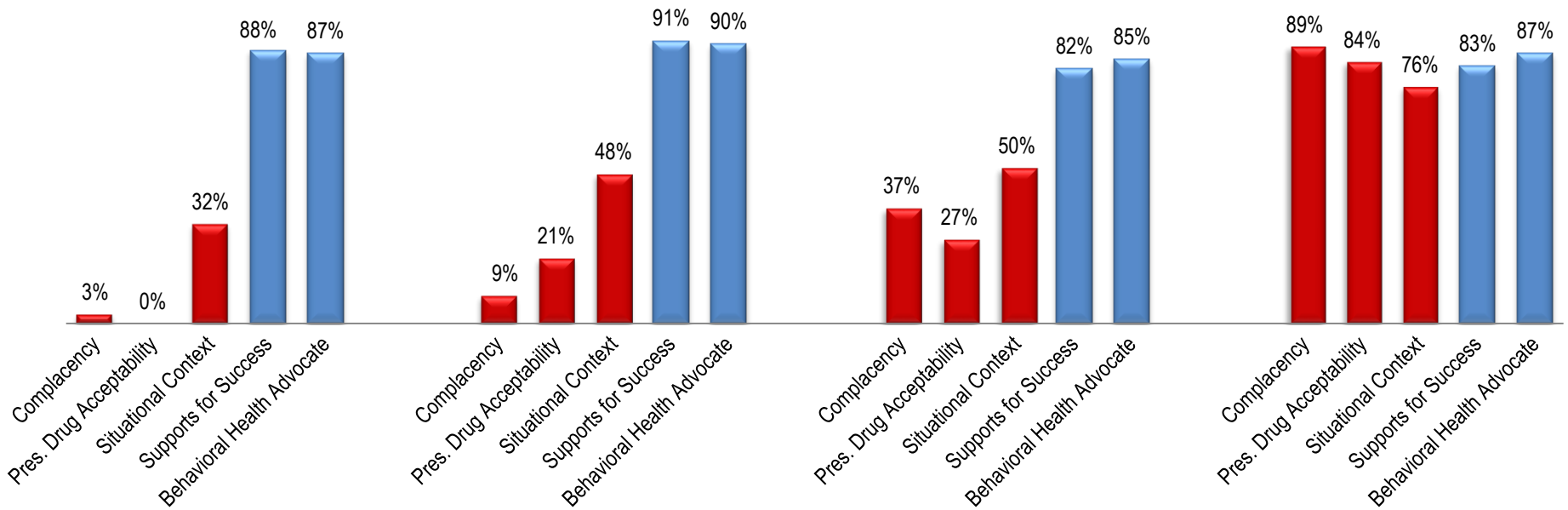
Undecided (44%)



Social Use (30%)



Regular Use (2%)



Risk Factors Protective Factors

Dimension average ratings for each segment help us identify the most defining characteristics of each segment. While the protective factors were relatively constant across all of the segments, risk factors increased from *Anti-Drug* teenagers to *Undecided* to *Social Use* and, ultimately *Regular Use*. *Anti-Drug* and *Undecided* members are the least complacent about drugs, but prescription drug acceptability is higher for *Undecided* and *Social Use* members. *Regular Use* members are much more likely to agree with all of the risk factor statements (between 75% and 90% average ratings for each).



# Trendable Dimension Average Shifts



Anti-Drug (24%)



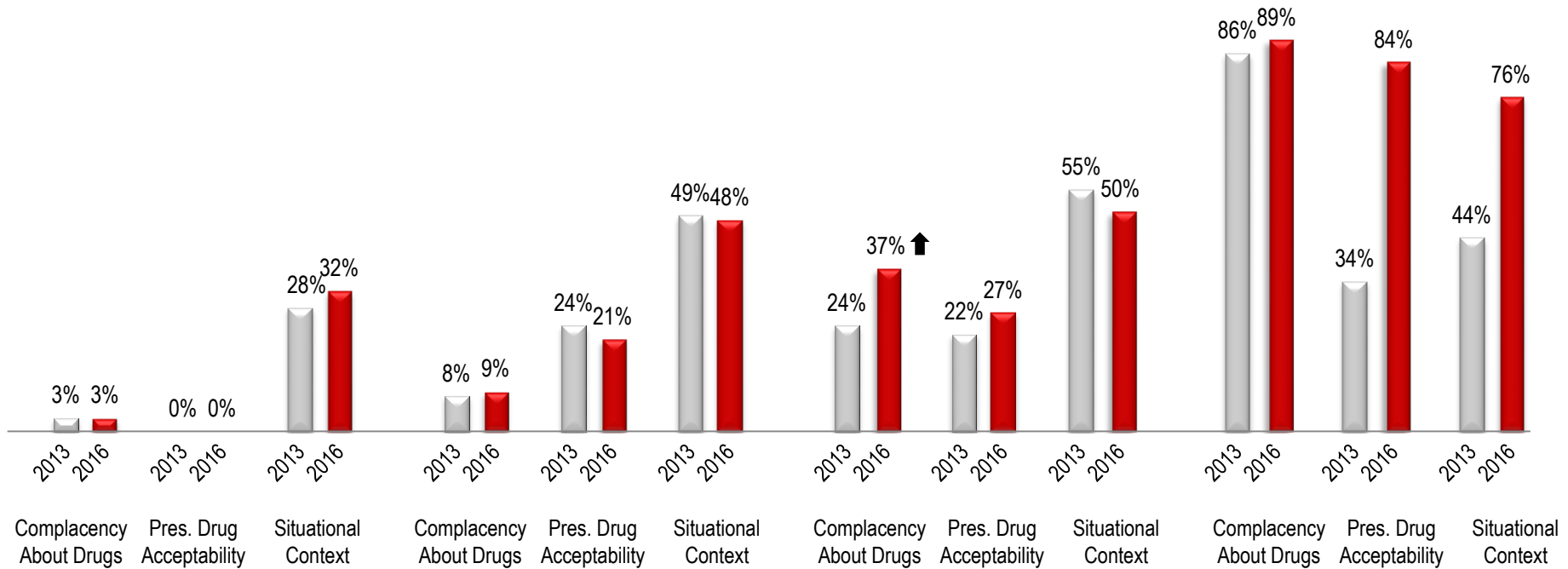
Undecided (44%)



Social Use (30%)



Regular Use\* (2%)



Apart from the Regular Use ratings, which represents an extremely small sample size, dimension ratings were very stable among the segments. Just one statistically significant shift occurred since 2013 – the Social Use segment are now more likely to agree with the *Drug Complacency* dimension than in 2013 (up 13 points to 37%). There were large shifts for the Regular Use segment as well, but because this group has a very small sample size, the difference is not statistically significant.



## Appendix B: Survey



# Survey Instrument

## Colorado Teen Drug Attitude & Use Survey March 2016

Hello, my name is..... I'm calling from HealthCare Research, a public opinion research company which focusses on health-related issues. Today we are working together with Rise Above Colorado as well as the Colorado Department of Health and Human Services to learn about issues facing Colorado's teenagers.

### AS NECESSARY:

- Your answers to this survey are completely confidential.
- We are a research company and we don't sell anything. No one will ever try to sell you something as a result of this survey.

Adult on phone..... 1→Continue  
Will get adult on phone [REPEAT INTRO] ..... 2  
No adult available [ARRANGE CALLBACK] ..... 3  
Screening refusal ..... 9→Thank & End

### HOUSEHOLD SCREENING QUESTIONS

#### 1. Just to confirm, do you live in Colorado?

Yes ..... 1  
No ..... 2→Thank & End  
Refused ..... 9→Thank & End

#### 2. And how many children, between the ages of 12 and 17, are living in your household?

None ..... 0→Thank & End  
One ..... 1→Continue  
More than One ..... 2→Skip to Q5

#### 3. Is your child who is between 12 and 17 years of age enrolled in grades 7 through 12?

Yes ..... 1→Continue  
No, enrolled in school, but not grades 7-12 ..... 2→Thank & End  
No, has dropped out of school ..... 3→Continue  
Refused ..... 9→Thank & End

#### 4. How old is that child? (IF NEEDED: The one who is in grade 7 through 12)

12 ..... 1→Skip to Q8  
13 ..... 2→Skip to Q8  
14 ..... 3→Skip to Q8  
15 ..... 4→Skip to Q8  
16 ..... 5→Skip to Q13  
17 ..... 6→Skip to Q13

### PROGRAMMER: ASK IF MORE THAN ONE CHILD 12-17 YEARS OLD

#### 5. Thinking about just those who are 12 to 17 years of age, how many are enrolled in grades 7 through 12?

None ..... 0→Continue  
One ..... 1→Skip to Q7  
More than one ..... 2→Skip to Q7

#### 6. What grade or grades are they in?

Sixth or less ..... 1→Thank & End  
Graduated high school ..... 2→Thank & End  
Dropped out of school ..... 3→Continue

#### 7. Thinking about just your children who are 12-17 years old, what are their ages?

##### ENTER NUMBER OF CHILDREN IN EACH AGE RANGE:

12 years .....  
13 years .....  
14 years .....  
15 years .....  
16 years .....  
17 years .....

INTERVIEWER: Select child based upon age group most needed to fill.  
{Q8 (Ages 12-15) or Q13 (Ages 16-17)}





# Survey Instrument (continued)

## PARENTAL APPROVAL FOR CHILDREN 12-15 YEARS OF AGE

8. May I please speak with someone who is a parent or guardian of the (AGE) year-old in your household?

Yes, speaking ..... 1  
Yes, will bring to phone ..... 2  
No, not available [SCHEDULE CALLBACK] ..... 3 → Skip to Q11  
No, refused [THANK & TERMINATE] ..... 4

9. (WHEN PARENT ON PHONE) (IF NEW PERSON ON PHONE: Hello, I'm calling from HealthCare Research, an opinion research firm located in Colorado focusing on health-related issues. We are working together with a local nonprofit, Rise Above Colorado, as well as the Colorado Department of Human Services to better understand the issues Colorado's youth are facing as it pertains to their behavioral health, and we would like to speak with your child who is (AGE) years old. The purpose of this survey is to understand how Colorado's youth feel about social issues they encounter on and off the school grounds. The information we gather will help develop community and school behavioral health programs to better inform and support teens across Colorado. Your child's responses will be anonymous. Would you give me permission to speak with your child?

Yes, permission given ..... 1  
No, permission denied [THANK & TERMINATE] ..... 2

10. Is your child available now – it will take about 15 minutes to complete the interview?

Yes, will get ..... 1 → Skip to Q16  
No, not available [SCHEDULE CALLBACK] ..... 2 → Continue  
No, child refuses ..... 3 → Thank & End

11. Should I call back at this phone number or a different number?

This Number ..... 1 → Thank & End  
Different Number (RECORD) ..... 2 → Continue

12. When would be the best time for me to call back?

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

## REQUEST TO SPEAK WITH 16-17 YEAR-OLD

13. (SELECTED CHILD IS 16 OR 17 YEARS OF AGE) For this survey, I would like to speak with the (AGE) year-old in your household. May I speak with that person?

(IF NECESSARY, READ): We are working with Rise Above Colorado and the Colorado Department of Human Services to better understand the behavioral health issues facing Colorado's youth, and would like to speak with your child who is (AGE) years old. The purpose of this survey is to understand how Colorado's teens feel about social issues they encounter on and off the school grounds. The information we gather will help develop programs to support teens in living lives free of drug abuse and addiction. Your child's responses will be anonymous and this information will only be used for developing educational materials about drug abuse.

Yes, will get ..... 1 → Skip to Q17  
No, not available [SCHEDULE CALLBACK] ..... 2 → Continue  
No, child refuses ..... 3 → Thank & End

14. Should I call back at this phone number or a different number?

This Number ..... 1 → Thank & End  
Different Number (RECORD) ..... 2 → Continue

15. When would be the best time for me to call back?

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_





# Survey Instrument (continued)

## MAIN QUESTIONNAIRE

16. (WHEN SELECTED CHILD IS ON PHONE) Hello, I'm calling from HealthCare Research, a Colorado-based public opinion firm. We are conducting a survey among children and teens in Colorado and we would like to include your opinions.

17. First, would you tell me, please, how old are you? RECORD AGE \_\_\_\_\_  
(PROGRAMMER: VALID RANGE 12-17)

18. What grade are you currently in, in school?

6<sup>th</sup> or less ..... 6 → Thank & End  
 7th grade ..... 7  
 8th grade ..... 8  
 9th grade ..... 9  
 10th grade ..... 10  
 11th grade ..... 11  
 12th grade ..... 12  
 Not in school/Dropped out ..... 98  
 Already graduated high school ..... 99 → Thank & End

19. The purpose of this survey is to see how Colorado's teens think about drugs and alternatives to drug abuse. I'm going to read a few statements to you --- things we have heard from other Colorado teenagers --- and I'd like you to tell me how YOU personally feel about these statements. (READ STATEMENT. RANDOMIZE ORDER). Do you strongly agree with this statement, somewhat agree, somewhat disagree or strongly disagree?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Refused
I am confident that if I experiment with drugs, I could stop whenever I wanted to	1	2	3	4	9
If I had a serious problem, I know an adult in or out of school, other than my parents, who I could talk to or go to for help	1	2	3	4	9
Experimenting with drugs is just part of being a teenager --- it's not that big a deal	1	2	3	4	9
Drugs can help teens manage the stress and pressure we have to deal with	1	2	3	4	9
Taking prescription drugs without a prescription that is for you is safer than using illegal drugs	1	2	3	4	9
Using prescription drugs like Ritalin or Adderall to help you stay awake and focused when studying is safe, even if the prescription wasn't written for you.	1	2	3	4	9
It's easy to get prescription drugs from parents' medicine cabinets	1	2	3	4	9
Prescription pain relievers are not addictive	1	2	3	4	9

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Refused
I've personally witnessed some really bad things that happened because of drug abuse	1	2	3	4	9
My parents would be fine with me drinking beer once in a while	1	2	3	4	9
My parents would be fine with me smoking marijuana once in a while	1	2	3	4	9
The schoolwork I am assigned is often meaningful and important to me	1	2	3	4	9
I know how to support my friends if I think they are getting into trouble with drugs	1	2	3	4	9
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	1	2	3	4	9
I feel capable of dealing with most problems that come up	1	2	3	4	9
I have goals that I have set for myself which are really important to me	1	2	3	4	9
I have close friends with whom I can share my joys and sorrows	1	2	3	4	9
If I have a personal problem, I can go to one of my parents for help	1	2	3	4	9

20. Which, if any, of the following drugs have you heard of? (READ EACH ITEM. DO NOT RANDOMIZE LIST)

	Yes	No	DK/Refused
Heroin, also known as H, horse, smack or skag	1	2	9
Marijuana, also known as pot or weed	1	2	9
Methamphetamines, also known as meth, crank, crystal, glass, ice, or tina	1	2	9
Prescription drugs like Ritalin, Adderall, Vicodin or Oxycontin, used to get high or stay awake	1	2	9



# Survey Instrument (continued)

21. How much risk, if any, do you think there is in each of the following activities. (RANDOMIZE PAIRS. DO NOT ASK IF NOT AWARE OF IN Q20) Do you think there is great risk, moderate risk, slight risk or no risk involved in [INSERT]? What about...?

	Great Risk	Moderate Risk	Slight Risk	No Risk	DK/Ref
Trying meth once or twice	1	2	3	4	9
Using meth regular basis	1	2	3	4	9
Trying heroin once or twice	1	2	3	4	9
Using heroin on a regular basis	1	2	3	4	9
Trying a prescription pain reliever like Vicodin or OxyContin that was not prescribed for you, for the purpose of getting high one or two times	1	2	3	4	9
Using these kinds of prescription pain relievers which were not prescribed for you for the purpose of getting high on a regular basis	1	2	3	4	9
Trying prescription stimulants like Ritalin or Adderall that were not prescribed for you for the purpose of staying awake one or two times	1	2	3	4	9
Using prescription stimulants like these that were not prescribed for you for staying awake on a regular basis	1	2	3	4	9
Trying marijuana once or twice	1	2	3	4	9
Using marijuana regularly					
Trying alcohol once or twice	1	2	3	4	9
Drinking alcohol regularly	1	2	3	4	9

22. How difficult, or easy, do you think it would be for YOU to get each of the following types of drugs? Do you think it would be very difficult to get, somewhat difficult, somewhat easy, or very easy to get [INSERT]? What about...? [READ EACH ITEM AWARE OF IN Q20].

	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Not Sure	Refused
Meth	1	2	3	4	5	9
Heroin	1	2	3	4	5	9
Marijuana	1	2	3	4	5	9
Alcohol	1	2	3	4	5	9
Prescription drugs not prescribed to you	1	2	3	4	5	9

## ATTITUDES, USAGE AND SOCIAL NORMING QUESTIONS

### METHAMPHETAMINES

[IF NEVER HEARD OF METH IN Q20, SKIP TO Q33]

23. What percentage of students at your school do you believe have used meth during the past 30 days?

\_\_\_\_\_ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know ..... 999

24. During your life, how many times have you used meth?

\_\_\_\_\_ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused..... 9999

(IF Q24 = 0, SKIP TO Q27)

25. How old were you when you first tried meth?

10 years old or younger ..... 1  
 11 years old ..... 2  
 12 years old ..... 3  
 13 years old ..... 4  
 14 years old ..... 5  
 15 years old ..... 6  
 16 years old ..... 7  
 17 years old ..... 8  
 Refused (DO NOT READ)..... 9

26. In the past month, or 30 days, how many times have you used meth?

0 days..... 1  
 1 or 2 days ..... 2  
 3 to 5 days ..... 3  
 6 to 9 days ..... 4  
 10 to 19 days ..... 5  
 20 to 29 days ..... 6  
 All 30 days..... 7  
 Don't Know/Refused ..... 9

27. Would your friends give YOU a hard time for using meth?

Yes ..... 1  
 No ..... 2  
 Don't Know/Not sure ..... 9



# Survey Instrument (continued)

28. Would YOU give a friend a hard time if he or she were going to try meth?

Yes ..... 1  
No ..... 2  
Don't Know/Refused ..... 9

(IF Q24 IS NOT 0 OR 9999, SKIP TO Q31)

29. Has anyone ever offered you or tried to get you to use meth?

Yes ..... 1  
No ..... 2  
Don't Know/Not sure ..... 9

30. If someone were to give you meth, how curious would you be to try it? (READ LIST)

Very Curious ..... 1  
Somewhat Curious ..... 2  
Not Curious ..... 3  
Refused ..... 9

31. Have you EVER talked to your parents about meth?

Yes ..... 1  
No ..... 2  
Refused ..... 9

32. Has your school ever provided any education about the risks of using meth?

Yes ..... 1  
No ..... 2  
Refused ..... 9

## MARIJUANA

[IF NEVER HEARD OF MARIJUANA IN Q20, SKIP TO Q42]

33. What percentage of students at your school do you believe have used marijuana during the past 30 days?

\_\_\_\_\_ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know ..... 999

34. During your life, how many times have you used MARIJUANA?

\_\_\_\_\_ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused ..... 9999

(IF Q34 = 0, SKIP TO Q37)

35. How old were you when you first tried MARIJUANA?

10 years old or younger ..... 1  
11 years old ..... 2  
12 years old ..... 3  
13 years old ..... 4  
14 years old ..... 5  
15 years old ..... 6  
16 years old ..... 7  
17 years old ..... 8  
Refused (DO NOT READ) ..... 9

36. During the past 30 days, how many times have you used MARIJUANA?

0 days ..... 1  
1 or 2 days ..... 2  
3 to 5 days ..... 3  
6 to 9 days ..... 4  
10 to 19 days ..... 5  
20 to 29 days ..... 6  
All 30 days ..... 7  
Don't Know/Refused ..... 9

37. Would you give a friend a hard time if he or she were going to try MARIJUANA?

Yes ..... 1  
No ..... 2  
Don't Know/Not sure ..... 9

(IF Q34 IS NOT 0 OR 9999, SKIP TO Q40)

38. Has anyone EVER OFFERED YOU or tried to get you to use MARIJUANA?

Yes ..... 1  
No ..... 2  
Don't Know/Not sure ..... 9

39. If someone were to give you MARIJUANA, how curious would you be to try it? (READ LIST)

Very Curious ..... 1  
Somewhat Curious ..... 2  
Not Curious ..... 3  
Refused ..... 9

40. Have you EVER talked to your parents about MARIJUANA?

Yes ..... 1  
No ..... 2  
Refused ..... 9



# Survey Instrument (continued)

41. Has your school ever provided any education about the risks of using MARIJUANA?

- Yes ..... 1  
No ..... 2  
Refused ..... 9

## PRESCRIPTION DRUGS

[IF NEVER HEARD OF USING PRESCRIPTION DRUGS IN Q20, SKIP TO Q56]

42. What percentage of students at your school do you believe have used prescription drugs for the purpose of getting high in the past 30 days?

- ..... (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)  
☐ Don't Know ..... 999

43. During your life, how many times have you used PRESCRIPTION DRUGS for the purpose of getting high?

- ..... (ENTER NUMBER, BEST ESTIMATE IS FINE)  
☐ Don't Know/Refused ..... 9999

[IF Q43 = 0, SKIP TO Q46]

44. How old were you when you first used PRESCRIPTION DRUGS that were not prescribed for you to get high?

- 10 years old or younger ..... 1  
11 years old ..... 2  
12 years old ..... 3  
13 years old ..... 4  
14 years old ..... 5  
15 years old ..... 6  
16 years old ..... 7  
17 years old ..... 8  
Refused (DO NOT READ) ..... 9

45. During the past 30 days, how many times have you used PRESCRIPTION DRUGS for the purpose of getting high?

- 0 days ..... 1  
1 or 2 days ..... 2  
3 to 5 days ..... 3  
6 to 9 days ..... 4  
10 to 19 days ..... 5  
20 to 29 days ..... 6  
All 30 days ..... 7  
Don't Know/Refused ..... 9

46. What percentage of students at your school do you believe used prescription drugs for helping them stay awake to study during the past 30 days?

- ..... (ENTER PERCENTAGE, YOUR BEST ESTIMATE IS FINE)  
☐ Don't Know ..... 999

47. During your life, how many times have you used PRESCRIPTION DRUGS to help you stay awake to study?

- ..... (ENTER NUMBER, YOUR BEST ESTIMATE IS FINE)  
☐ Don't Know/Refused ..... 9999

[IF Q47 = 0, SKIP TO Q50]

48. How old were you when you first used PRESCRIPTION DRUGS that were not prescribed for you to stay awake?

- 10 years old or younger ..... 1  
11 years old ..... 2  
12 years old ..... 3  
13 years old ..... 4  
14 years old ..... 5  
15 years old ..... 6  
16 years old ..... 7  
17 years old ..... 8  
Refused (DO NOT READ) ..... 9

49. During the past 30 days, how many times have you used PRESCRIPTION DRUGS for the purpose of staying awake?

- 0 days ..... 1  
1 or 2 days ..... 2  
3 to 5 days ..... 3  
6 to 9 days ..... 4  
10 to 19 days ..... 5  
20 to 29 days ..... 6  
All 30 days ..... 7  
Don't Know/Refused ..... 9

50. Would you give a friend a hard time if he or she were going to try PRESCRIPTION DRUGS that weren't prescribed to them?

- Yes ..... 1  
No ..... 2  
Don't Know/Not sure ..... 9



# Survey Instrument (continued)

(IF Q43 IS NOT 0 OR 9999, SKIP TO Q53)

51. Has anyone EVER OFFERED YOU or tried to get you to use PRESCRIPTION DRUGS that weren't prescribed to you?

Yes ..... 1  
 No ..... 2  
 Don't Know/Not sure ..... 9

52. If someone were to give you PRESCRIPTION DRUGS for the purpose of getting high, how curious would you be to try them? (READ LIST)

Very Curious ..... 1  
 Somewhat Curious ..... 2  
 Not Curious ..... 3  
 Refused ..... 9

(IF Q47 IS NOT 0 OR 9999, SKIP TO Q54)

53. If someone were to give you PRESCRIPTION DRUGS for the purpose of staying awake, how curious would you be to try them? (READ LIST)

Very Curious ..... 1  
 Somewhat Curious ..... 2  
 Not Curious ..... 3  
 Refused ..... 9

54. Have you EVER talked to your parents about PRESCRIPTION DRUG ABUSE?

Yes ..... 1  
 No ..... 2  
 Refused ..... 9

55. Has your school ever provided any education regarding the risks of PRESCRIPTION DRUG ABUSE?

Yes ..... 1  
 No ..... 2  
 Refused ..... 9

## ALCOHOL

56. What percentage of students at your school do you believe have had alcohol during the past 30 days?

\_\_\_\_\_ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know ..... 999

57. During your life, how many times have you drank alcohol?

\_\_\_\_\_ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused ..... 9999



(IF Q57 = 0, SKIP TO Q60)

58. How old were you when you first drank alcohol?

10 years old or younger ..... 1  
 11 years old ..... 2  
 12 years old ..... 3  
 13 years old ..... 4  
 14 years old ..... 5  
 15 years old ..... 6  
 16 years old ..... 7  
 17 years old ..... 8  
 Refused (DO NOT READ) ..... 9

59. During the past 30 days, how many times have you drank ALCOHOL?

0 days ..... 1  
 1 or 2 days ..... 2  
 3 to 5 days ..... 3  
 6 to 9 days ..... 4  
 10 to 19 days ..... 5  
 20 to 29 days ..... 6  
 All 30 days ..... 7  
 Don't Know/Refused ..... 9

60. Would you give a friend a hard time if he or she were going to drink alcohol?

Yes ..... 1  
 No ..... 2  
 Don't Know/Not sure ..... 9

61. Has anyone EVER OFFERED YOU alcohol?

Yes ..... 1  
 No ..... 2  
 Don't Know/Not sure ..... 9

(IF Q57 IS NOT 0 OR 9999, SKIP TO Q63)

62. If someone were to give you alcohol, how curious would you be to try it? (READ LIST)

Very Curious ..... 1  
 Somewhat Curious ..... 2  
 Not Curious ..... 3  
 Refused ..... 9

63. Have you EVER talked to your parents about drinking alcohol?

Yes ..... 1  
 No ..... 2  
 Refused ..... 9





# Survey Instrument (continued)

64. Has your school ever provided any education about the risks of drinking alcohol?

- Yes ..... 1
- No ..... 2
- Refused ..... 9

## OUTSIDE INFLUENCES

65. How many extracurricular activities do you participate in, either at or outside of school, such as sports, band, drama, clubs, or student government?

- None ..... 1
- 1-2 ..... 2
- 3-5 ..... 3
- 6 or more ..... 4
- Don't Know/Refused ..... 9

66. During the past month or 30 days, how many days would you say your mental health was not good? Poor mental health includes anxiety, stress, depression, and problems with emotions.

- 0 days ..... 1
- 1 day ..... 2
- 2 days ..... 3
- 3 days ..... 4
- 4 to 5 days ..... 5
- 6 to 7 days ..... 6
- 8 to 13 days ..... 7
- 14 or more days ..... 8
- Don't Know/Refused ..... 9

67. Thinking about an average day, how much time do you spend on social media such as Facebook, Instagram, Snapchat, Twitter, etc.? (READ LIST IF NECESSARY)

- Less than 30 minutes ..... 1
- 30 minutes to 1 hour ..... 2
- 1-2 hours ..... 3
- 3-5 hours ..... 4
- More than 5 hours/always connected and checking ..... 5
- Don't Know/Refused ..... 9

68. If you were trying to get information about drugs for yourself or to help a friend, where would you go? (DO NOT READ LIST)

- Parent/older family member ..... 1
- Sibling/cousin ..... 2
- Teacher/adult mentor ..... 3
- Doctor/nurse/clinic/counselor ..... 4
- Website ..... 5 → Continue
- Hotline/Crisis App ..... 6
- Other: ..... 8
- Don't Know/Refused ..... 9

(IF WEBSITE IS MENTIONED ABOVE, ASK):

69. What website would you go to? (INTERVIEWER, IF RESPONDENT IS UNABLE TO RECALL A SPECIFIC WEBSITE, OR IF THEY SAY A SEARCH ENGINE LIKE "GOOGLE," ASK "What keywords would you search for?")

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## CAMPAIGN AWARENESS QUESTIONS

70. Have you ever heard of Rise Above Colorado or seen the hashtag, "I Rise Above"?

- Yes ..... 1 → Continue
- No ..... 2 → Skip to Q73
- Not Sure/Refused ..... 9 → Skip to Q73

71. What does "I Rise Above" mean or represent to you?

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72. Where did you hear about Rise Above Colorado or see the hashtag, "I Rise Above"? (DO NOT READ LIST)

- Internet ..... 1
- Radio ..... 2
- TV ..... 3
- Billboards ..... 4
- School ..... 5
- Social media (Facebook, Instagram, twitter, etc.) ..... 6
- Friend ..... 7
- Other (Please specify) ..... 8
- Don't Know/Remember/Refused ..... 9



# Survey Instrument (continued)

73. Have you ever seen or heard any advertising on the internet, radio, TV, on billboards, at school or any other places about the dangers of using meth, using the phrase, "Not even once"?

Yes ..... 1 → Continue  
No ..... 2 → Skip to Q75  
Don't Remember/Refused ..... 9 → Skip to Q75

74. How much would you say you agree or disagree that these meth ads made you less likely to try or use meth? (READ LIST)

Strongly Agree ..... 1  
Somewhat Agree ..... 2  
Neither Agree nor Disagree ..... 3  
Somewhat Disagree ..... 4  
Strongly Disagree ..... 5  
Refused ..... 9

## DEMOGRAPHICS

75. Right now, how many people including yourself are living in your household, not counting those who are visiting or staying there temporarily?

[ENTER #] [ ]

76. Are your parents...? (READ EACH ITEM. ACCEPT MULTIPLE RESPONSES)

Married to each other ..... 1  
Divorced or separated - neither has married again ..... 2  
Divorced - one or both has married again ..... 3  
My parents were never married to each other ..... 4  
One or both of my parents has died ..... 5  
Refused ..... 9

77. Are you Latino, Hispanic or Spanish?

Yes ..... 1 → Skip to Q79  
No ..... 2  
Refused ..... 9

78. What is your race or ethnic background? Are you... [READ EACH ITEM. MARK ALL THAT APPLY]

White ..... 1  
Black/African-American ..... 2  
Asian/Asian-American ..... 3  
American Indian/Native American ..... 4  
Other (SPECIFY) ..... 5  
Don't Know/Refused ..... 9

79. What is your zip code? \_\_\_\_\_

80. Thinking about the neighborhood where you live, would you describe it as nicer than most neighborhoods in your city or town, about average compared to other neighborhoods, or not as nice as most neighborhoods in your area?

Nicer than most neighborhoods ..... 1  
Average ..... 2  
Not as nice as most neighborhoods ..... 3  
Refused ..... 9

81. [INTERVIEWER RECORD:]

Male ..... 1  
Female ..... 2

(PROGRAMMING NOTE: ASK QUESTIONS 82 AND 83 IN THE ONLINE SURVEY ONLY)

82. Which of the following best describes you?

Heterosexual (straight) ..... 1  
Gay or lesbian ..... 2  
Bisexual ..... 3  
Not sure - Queer/Questioning ..... 4  
Refused ..... 9

83. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender?

No, I am not transgender ..... 1  
Yes, I am transgender and I think of myself as really a boy or man ..... 2  
Yes, I am transgender and I think of myself as really a girl or woman ..... 3  
Yes, I am transgender and I think of myself in some other way ..... 4  
I do not know if I am transgender ..... 5  
I do not know what this question is asking ..... 6  
Refused ..... 9

Those are all of my questions. Thanks very much for your participation today! As you probably figured out, your answers will help develop a new campaign to help educate Colorado teenagers about the risks of drug abuse. We are talking with 600 teenagers between the ages of 12 and 17 across the state, all of whom have been selected for this survey at random. Your experiences will shape these efforts to support kids across Colorado. Once again, I do want to assure you that your answers are completely anonymous and neither your name nor phone number will be attached to anything you said. Is there anything else you'd like to add or share about this topic to support teens like yourself?