



2018 Rise Above Colorado Youth Survey

on Behavioral Health & Substance Use

Presented January 2019



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Executive Summary

Since the legalization of marijuana in 2012, Colorado has been in the national spotlight for having recreational marijuana readily available for consumption, and more importantly, for its possible impact on the state's youth and their use of substances. Despite the concerns, numerous studies conducted both nationally and within the state have found that usage of marijuana and other substances among youth in Colorado is either consistent with previous levels or even lower than the pre-legalization periods.¹ The 2018 Rise Above Colorado Youth Survey (RACYS) also confirms this pattern, with teens' substance use remaining consistent with what was reported in 2016.

However, youth today are less likely to consider the use of alcohol and marijuana as a risky behavior than they did in 2013 and 2016, and access to alcohol and marijuana remains fairly easy according to the majority of teens. Given the current climate, equipping teens with accurate information regarding substance use becomes increasingly important, especially since youth today report they are significantly less likely to have been provided with such information at school than in 2016.

How youth feel about their wellbeing continues to have a strong correlation with substance use, as demonstrated by various risk and protective factors. Those who have missed school because of personal safety concerns, those who live with someone who has an alcohol or drug problem, and those who have a family member who has a mental health issue, such as being depressed or attempting suicide, are all significantly more likely to have tried alcohol, marijuana, prescription drugs, and/or meth than those who have not experienced these kinds of issues. Similarly, youth who experience six or more mentally difficult days per month are also more likely to have tried some of these substances.

According to social norms theory, accurate perception about peer substance use is associated with lower usage.² The 2018 RACYS results show that while overestimation of peers' use of alcohol, prescription drugs and meth decreased significantly since 2016 among middle schoolers (age 12 to 14), inaccurate perceptions of marijuana use remains prevalent. Among high schoolers (age 15 to 17), perceived peer use of marijuana increased significantly since 2016 to a staggering 92 percent overestimating marijuana use by their schoolmates today.

Another concern that has surfaced this year is the use of vape pens or e-cigarettes among Colorado teens, with 27% of high school students reporting current 30-day use of an e-cigarette.³ The RACYS data provides additional context to that usage data, in which those who smoke or use a vape pen are found to be much more likely to have used, been offered, or be curious to try other substances. These data demonstrate the need for educational efforts to prevent youth from using what are often mistakenly seen as less-harmful nicotine products.

1 Ingraham, Christopher (2017, December 11) Following marijuana legalization, teen drug use is down in Colorado. Washington Post). Retrieved from <https://www.washingtonpost.com/news/wonk/wp/2017/12/11/following-marijuana-legalization-teen-drug-use-is-down-in-colorado>.

2 Lamorte, Wayne. (2018, August 29), Social Norms Theory. Retrieved from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories7.html>.

3 Colorado Department of Public Health & Environment (2017), Healthy Kids Colorado Survey (HKCS).

Executive Summary: Recommendations

In light of this survey's (and the 2017 HKCS') findings, there are reasons for hope and concern. While youth see increased risk in misusing prescription drugs, they see significantly less risk in using alcohol and marijuana. In this normative climate, we must remember that 90% of addictions start with use in the teenage years⁴ and invest in stronger primary prevention efforts. Survey results indicate that the following strategies should be adopted:

- Utilize Positive Youth Development principles to effectively engage youth in prevention programming.
- Emphasize in-school and out-of-school prevention efforts with middle school-aged youth and sustain those efforts throughout high school, offering peer-led opportunities.
 - Six of ten youth who have tried alcohol (and 55% of those trying marijuana) first used before the age of 15.
 - From age 14 to 15, access and curiosity increase while offers to experiment and use double.
- Continue to close the gaps in perceived and actual usage through positive social norming so that teens recognize that the vast majority of their peers are NOT regularly using substances like alcohol, marijuana and prescription drugs.
 - While these results are representative of Colorado, communities may benefit from utilizing their local and regional data (e.g. HKCS) to reinforce positive community norms about youth substance use.
- Increase behavioral health education that focuses on:
 - Empowering youth with accurate information about the risks of using substances during the teenage years, emphasizing the science behind the adolescent developing brain.
 - Cultivating opportunities for social-emotional learning, focusing on key domain areas: self-awareness, self-management, responsible decision-making, relationship skills, and social awareness.⁵
 - Developing the confidence and skills necessary to stand up to peer pressure.
 - Intentionally including and supporting LGBTQ youth.

⁴ National Center on Addiction and Substance Abuse at Columbia University (2011). *Adolescent Substance Use: America's #1 Public Health Problem*.

⁵ Collaborative for Academic, Social and Emotional Learning (2015). *Effective Social and Emotional Learning Programs*.

Summary of Findings by Substance



- Use fell significantly from 46% in 2016 to 37% in 2018, back to a similar level as 2013
 - The perceived risk of drinking has decreased since 2013, with only half of teenagers in 2018 (52%) saying there is at least “Moderate” risk involved in drinking alcohol once or twice
 - Teens’ curiosity to try alcohol has increased as well, from 14% in 2013 to 24% in 2018
 - Alcohol remains the most accessible substance, with 60% saying it would be “Very” or “Somewhat Easy” for them to get
-



- Lifetime reported use among teens remained stable at 17%
 - Perception of risk continues to fall in all measurements, including only 60% seeing “Great Risk” in regular use, down from 71% in 2016
 - Half (50%) of respondents who have used marijuana said they first tried it when they were between 12 and 14 years of age
-



- Perception of risk of using prescription pain relievers to get high rose in all measurements from 2016, including 65% who see great risk in using them once or twice, up 17 points from 48% in 2016
 - Significantly more youth recognize that prescription pain relievers are just as dangerous and addictive as street drugs than in 2016
 - While lifetime prescription pain reliever misuse is still low at 4%, this is double the percentage reported in 2013 (2%)
 - Family discussions about prescription drugs have increased substantially, from 32% in 2013 to 51% in 2018
-



- The vast majority of youth (84%) see “Great Risk” in trying meth once or twice, though this percentage has declined slightly over the years (down six points from 2013)
- Eighty-two percent said their friends would discourage them from using meth, which is holding steady but still statistically higher than the 2009 benchmark of 76%
- Access is consistent with 2016 at 17%, but is significantly higher than what was reported in 2013 (9%)

Methodology

Rise Above Colorado, with funding support from the Colorado Department of Human Services, Office of Behavioral Health, (CDHS/OBH), commissioned this 2018 assessment among Colorado's teenagers with HealthCare Research, Inc. to understand their attitudes and behaviors surrounding substance use, with a specific focus on methamphetamines, marijuana, prescription drugs, and alcohol.

OBH executes federal responsibilities as the State Mental Health Authority and the State Substance Abuse Authority, administering federal mental health and substance abuse block grant funds. OBH funds supports and monitors numerous mental health and substance abuse community programs, 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 similar statewide studies conducted in 2009, 2010, 2011, 2013 and 2016. Survey data were gathered using both phone and online data collection approaches. Surveying occurred between April 5th and May 15th, 2018.

After obtaining the consent of parents, teenagers had to meet the following criteria in order to participate in the survey:

- Must reside in the state of Colorado.
- Must be between 12 and 17 years of age.
- Must be enrolled in grades seven through twelve, or have dropped out of school*

A total of 604 interviews were completed, 291 by phone (48%) and 313 online (52%). The maximum margin of sampling error on a sample size of 604 interviews is +/- 4.0 points. Margins of error are greater when looking at smaller subsets of the data. Data collection for the 2016 also employed a hybrid phone/online approach, with 60% of the surveys gathered by phone and the remaining 40% online. Prior to 2016, all survey data were gathered by phone.

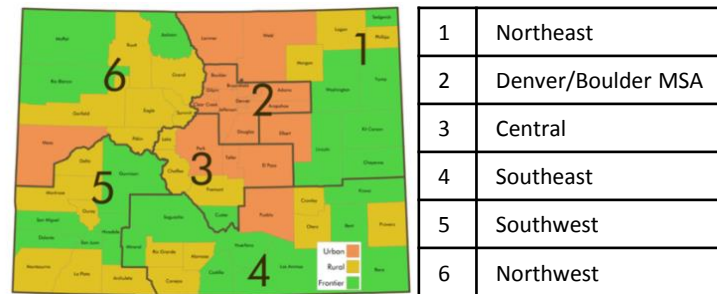
* Teenagers who had already graduated from high school were not eligible for survey participation.

Methodology (continued)

The survey instrument includes material from the assessments conducted in 2013 and 2016, along with new content to cover expanding areas of interest. Topics explored in this survey include, but are not limited to, the following:

- Teenagers' agreement on issues that impact youth use of substances (risk and protective factors)
- Substance awareness, interest in trying substances, ease of access and self-reported use (first time, most recent, and ever)
- Family discussion and school/community education on substance use
- Perceived social norms of peer substance use (e.g., perceived use at school and in grade)
- Smoking and vaping
- Social media use, extracurricular activity, and mental health
- Campaign awareness ("I Rise Above" / "On The Rise" / "Not even once")

To ensure that a sufficient amount of data was available for analysis across each of the OBH regions (see map on the right), quotas were established by geographic area. Then the sample data were weighted to mirror the state's population distributions,* as well as the distribution of respondents' age from the 2016 data.



* Based upon the population estimates provided by CO Department of Local Affairs (<https://demography.dola.colorado.gov/population/data/>)

Methodology (continued)

The Survey Instrument

HealthCare Research used a 125-question survey to collect the necessary data for this year's assessment among Colorado's teenagers. The survey utilized 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 22 minutes to complete (25 minutes for phone and 20 minutes for online). 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 those individuals who did not respond, or said "Don't know," on a question-by-question basis. Due to both skip logic and these missing-value exclusions, the respondent base varies for each question, and is therefore noted on each slide of the report.

Survey Response

The phone incidence of finding qualified participants for this survey was 4%, using a targeted sample of households with children. 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.

Methodology (continued)

Explanation of Terminology

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.”
- *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 and 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 sampling error). Significance testing is performed only when the sample size is at or larger than 30.



When a difference from 2016 to 2018 is said to be statistically significant, it is notated by an arrow.



When a difference from 2013 to 2018 is said to be statistically significant, it is notated by an arrow within a circle.

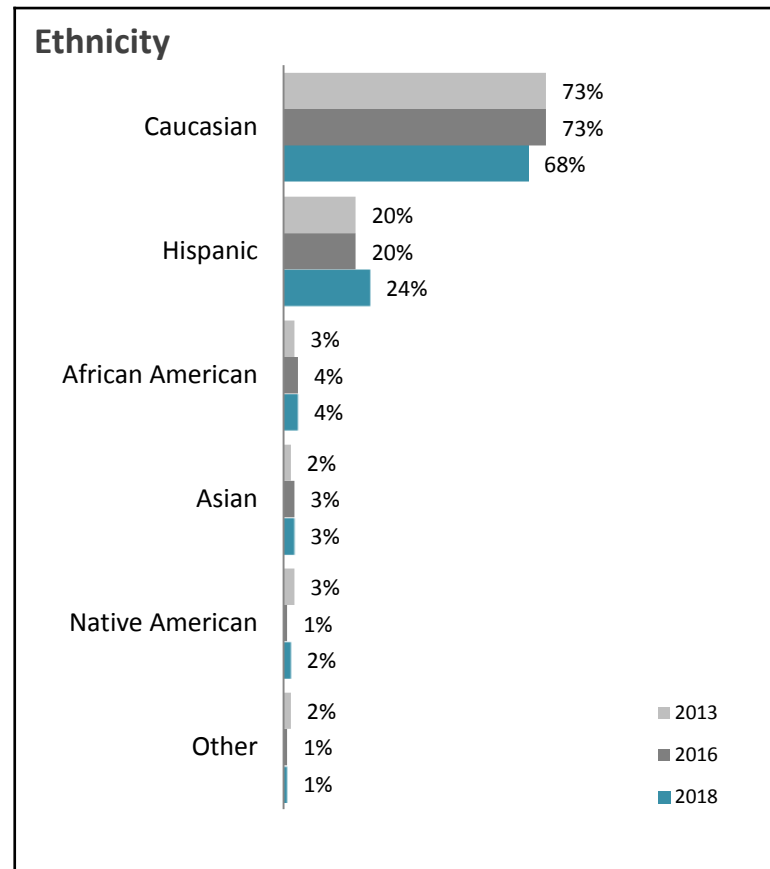
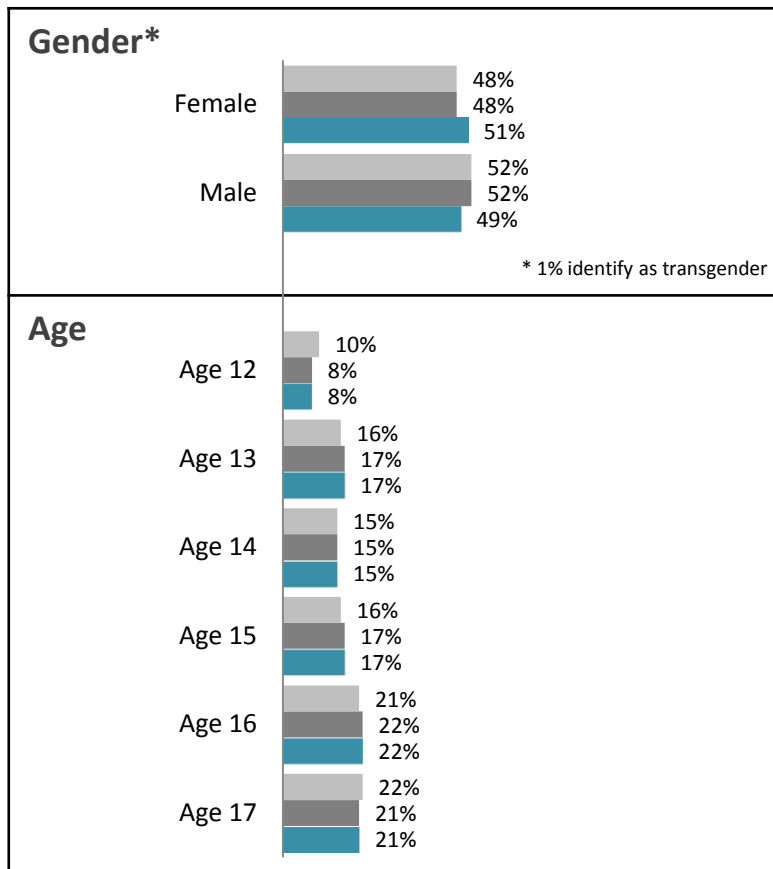
When a difference in a table is statistically significant, this is indicated by a shaded cell.

Red shadings (■) indicate negative changes/differences, while green shadings (■) indicate positive changes/differences.

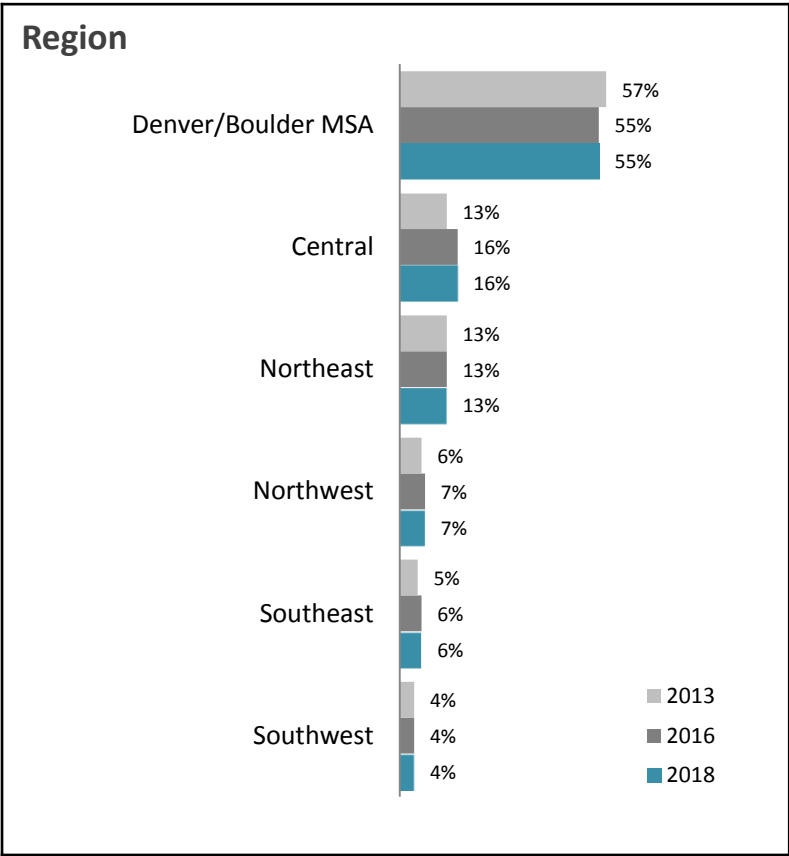
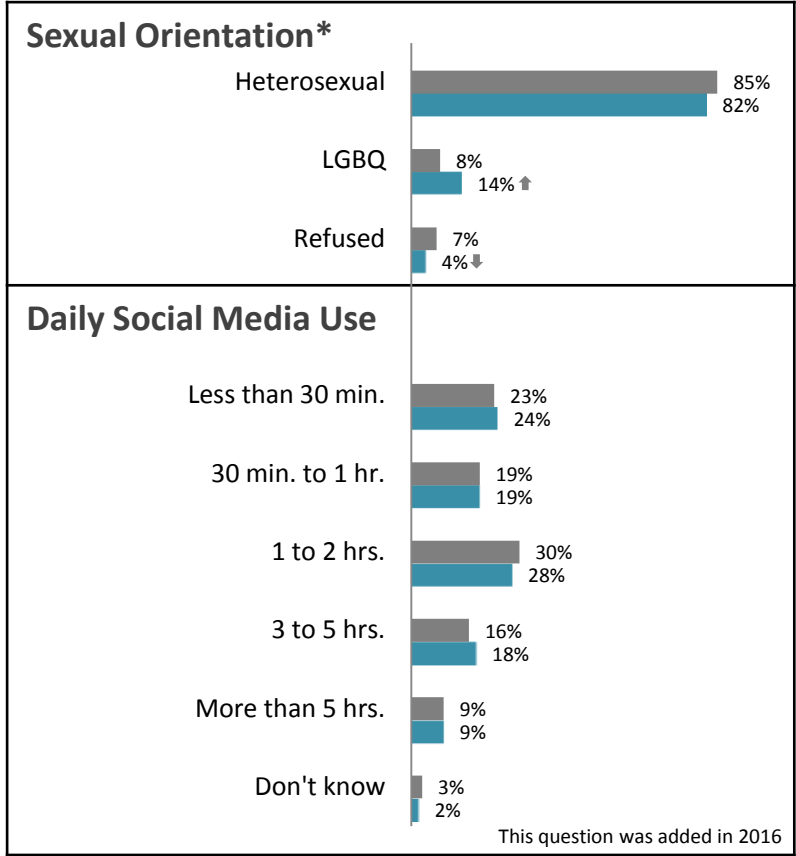
Neutral —neither positive nor negative—changes/differences that are statistically significant are indicated with yellow shading (■).

The level of confidence used for all statistical significance testing in this document is 95%.

Participant Demographics



Participant Demographics (continued)



* Question added in 2016. It was asked only of online participants in 2016, and all participants in 2018.

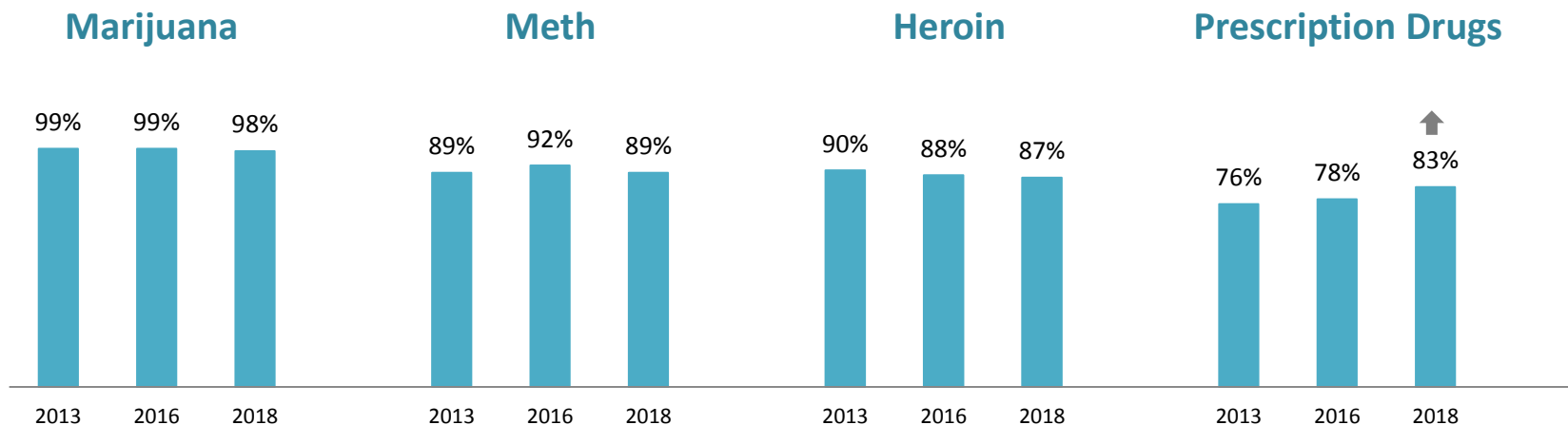


Substance Use, Perceived Risk & Curiosity

Substance Awareness



“Which, if any, of the following drugs have you heard of?” (% Yes)



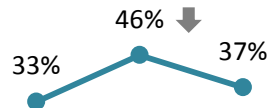
Awareness of the above substances among Colorado teens has remained statistically stable since 2013 for marijuana, meth and heroin (at 98%, 89% and 87%, respectively). Meanwhile, awareness of prescription drugs has increased over the years, adding seven points since 2013 to 83% today.

Substance Use



“During your life, how many times have you used [substance]?” (% Ever used)

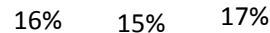
Alcohol



Base: All Participants;
2013 n=614, 2016 n=607, 2018 n=604

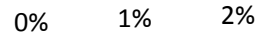
2013 2016 2018

Marijuana



2013 2016 2018

Meth



2013 2016 2018

Prescription Drugs

Year	Pain Relievers	Stimulants
2013	2%	3%
2016	3%	4%
2018	4%	4%

2013 2016 2018

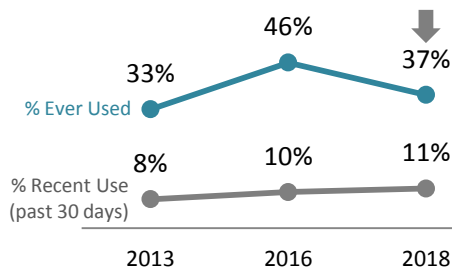
Reported use of alcohol among Colorado teens dropped significantly from the 46% usage reported in 2016 to 37% today, but is still slightly higher than what was measured in 2013 (33%).* Use of marijuana, meth and prescription drugs did not show statistically significant changes from the 2016 results (at 17%, 2% and 4%, respectively, in 2018). However, use of prescription pain relievers increased by two points since 2013 to 4%, which is statistically significant.

* Question wording changed slightly in 2018 to define alcohol consumption as “at least one drink rather than just a few sips.”

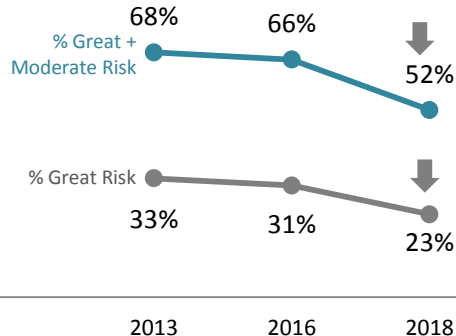
Alcohol Use and Perceived Risk



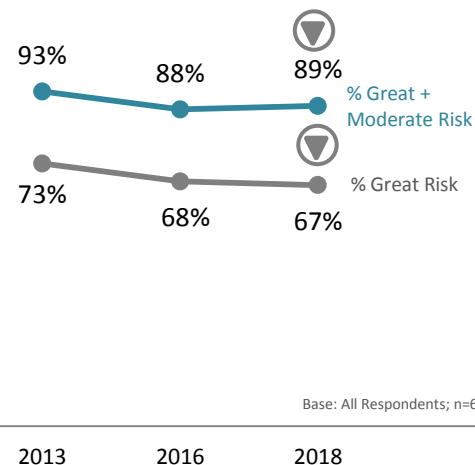
Use



Risk of Limited Use



Risk of Regular Use



Base: All Respondents; n=604

The perceived *risk* of drinking alcohol on a limited basis has decreased significantly over the years, with only half of teenagers (52%) currently saying there is at least “Moderate” risk involved in drinking alcohol once or twice, down from 68% in 2013. When it comes to the regular consumption of alcohol, nine out of ten teenagers (89%) said there is “Great” or “Moderate” risk, stable with 2016 but significantly lower than 2013.

Ever Used - During your life, how many times have you tried [substance]? (For alcohol, “meaning at least one drink rather than just a few sips” was added to the two questions leading to this measure in the 2018 survey)

Recent Use - During the past 30 days, how many times have you used [substance]?

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

Alcohol Use by Demographics



	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used alcohol	29	8	33	32	31	30	58	31	52	49	61	51	49	35	44	39	53	36	60	43
% Great risk (limited use)	40	47	36	21	29	36	25	17	29	18	34	15	28	24	34	22	19	23	13	21
% Great risk (regular use)	77	77	67	74	71	79	57	58	73	65	66	59	66	71	70	64	60	68	57	57

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation*		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used alcohol	44	37	49	36	63	37	44	32	42	48	31	36	42	35	46	40	49	37
% Great risk (limited use)	29	23	35	21	30	16	31	39	35	26	44	14	29	27	32	20	33	33
% Great risk (regular use)	68	70	67	68	60	60	59	77	81	61	89	49	69	71	69	67	66	68

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used alcohol	36	47	53	31	48	41	43	35	40	18
% Great risk (limited use)	28	27	31	35	29	23	31	21	41	23
% Great risk (regular use)	67	52	66	70	67	67	66	70	73	68

Self-reported alcohol use dropped significantly since 2016 among teens who are 12 years of age (-21 points), 15 years of age (-27), female (-14), heterosexual** (-17), of Hispanic descent (-12), and those who live in the northeast region of the state (-26). Among teens who live in areas with median household incomes*** of \$35-49K and those with incomes \$100K or more, alcohol use also declined significantly from 2016, both down 22 points.

* Constellation communities consist of Adams, Arapahoe, Denver, Douglas, Larimer, Mesa, Pueblo, Grand, Moffatt, Routt, and Prowers Counties.

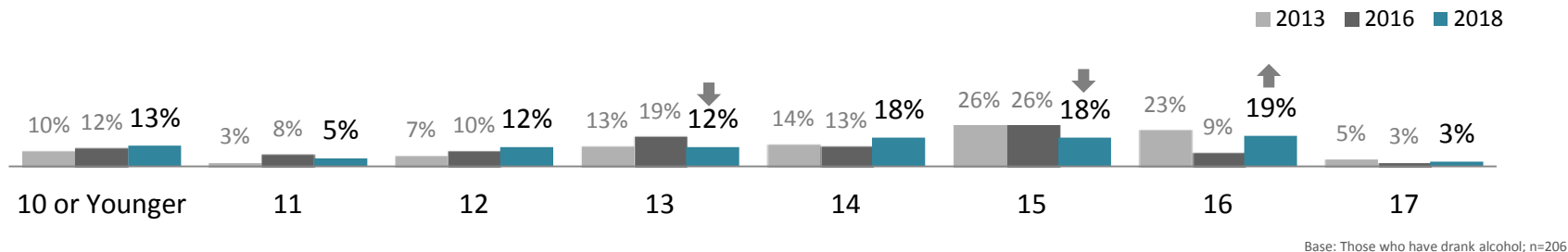
** The question of sexual orientation was asked only of online participants in 2016, whereas in 2018, this question was asked of both online and telephone survey participants.

*** Derived from respondents' zip codes and their corresponding median household incomes using the 2016 American Community Survey (ACS) by the US Census Bureau.

First Use of Alcohol and Frequency



“How old were you when you first drank alcohol?”



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

2016 Average
3.4 times

→

2018 Average
3.9 times

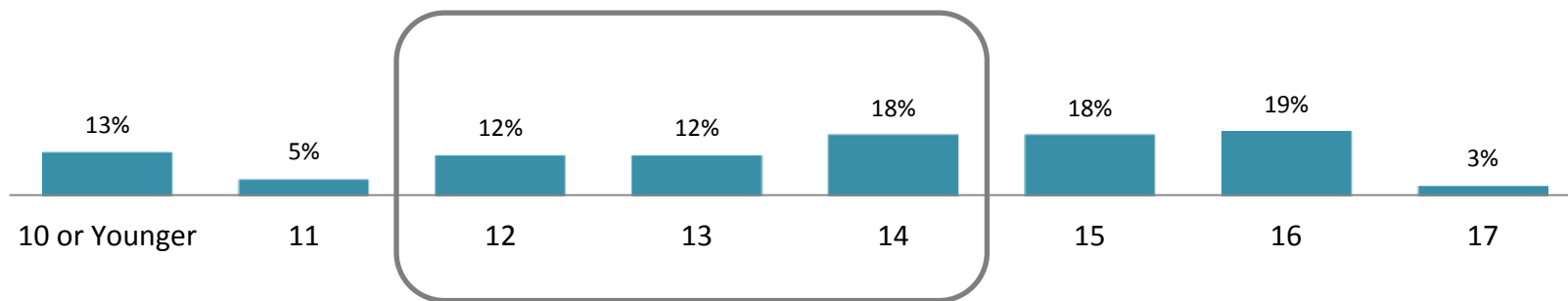
Of those teens who have reportedly drank alcohol (defined at least one drink rather than just a few sips), four out of ten (40%) said they had their first drink when they were 15 years of age or older, stable with 2016.

The average number of times they have tried alcohol in their life was reported at 3.9 this year, also statistically consistent with 2016.

First Use of Alcohol (2018 Results)

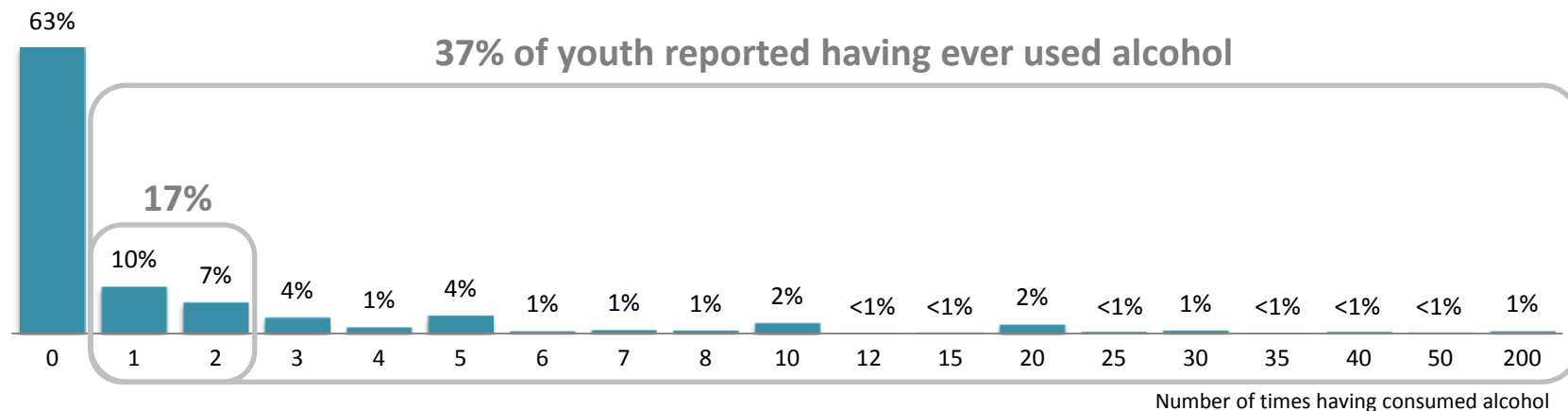


“How old were you when you first drank alcohol?”



Four out of ten (42%) of respondents who have consumed alcohol said they first tried it when they were between 12 and 14 years of age (middle school age).

Alcohol Use Distribution



Looking at the distribution of the number of times teens have reportedly ever drank alcohol reveals that half of those who have consumed alcohol in the past have only done so once or twice (17% among the 37% who said they have consumed alcohol).

Alcohol Use Frequency by Demographics



Average number of times drinking alcohol

Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
1.1	0.1	0.8	1.5	3.2	1.4	3.8	2.2	4.1	2.7	5.6	11.5	3.1	3.1	3.6	4.6	2.7	4.0	13.4	3.7

Average number of times drinking alcohol

Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
3.2	3.4	4.0	2.1	5.6	9.5	1.4	2.0	1.4	2.8	2.7	2.4	2.5	5.5	3.4	4.5	3.0	2.9

Average number of times drinking alcohol

Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
1.2	2.6	3.6	1.8	3.5	2.9	3.4	4.9	3.2	0.9

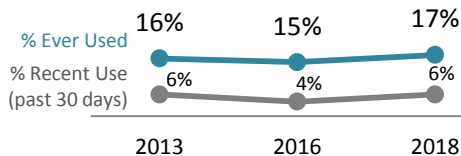
The largest change in the number of times teens reportedly drank alcohol was seen among those who identify as lesbian, gay, bisexual, or queer/questioning (from 13.4 in 2016 to 3.7 today), but this is not statistically significant due to small sample sizes.

Marijuana Use and Perceived Risk

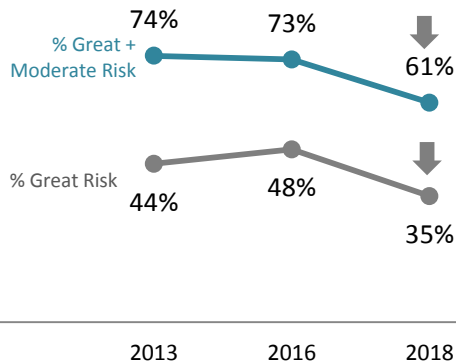


Use

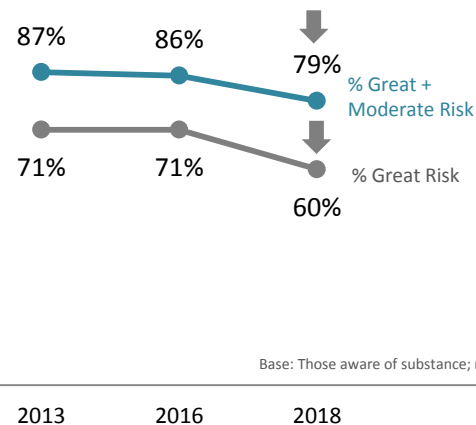
Base: All Respondents



Risk of Limited Use



Risk of Regular Use



Base: Those aware of substance; n=590

Marijuana use among teens has remained stable despite its legalization in the state in 2014. However, the perceived risk which teenagers associate with using marijuana decreased significantly over the years, with 61% today considering the *limited* use of marijuana to be a “Moderate” or “Great Risk,” and 79% for *regular* marijuana use, down 13 and 8 points from 2013, respectively.

Marijuana Use by Demographics



	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used marijuana	9	4	5	8	6	6	21	16	18	21	25	34	15	16	16	18	17	15	43	27
% Great risk (limited use)	70	50	38	41	38	51	45	28	52	28	52	27	47	32	48	38	28	35	13	31
% Great risk (regular use)	78	72	65	70	67	71	66	61	70	49	79	50	68	58	73	61	57	62	24	46

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used marijuana	14	18	18	14	17	22	19	12	12	18	12	7	14	19	16	15	13	20
% Great risk (limited use)	47	35	46	31	44	35	48	43	55	46	83	25	47	38	48	35	51	36
% Great risk (regular use)	73	62	61	55	63	52	77	73	80	53	94	59	74	59	71	60	77	58

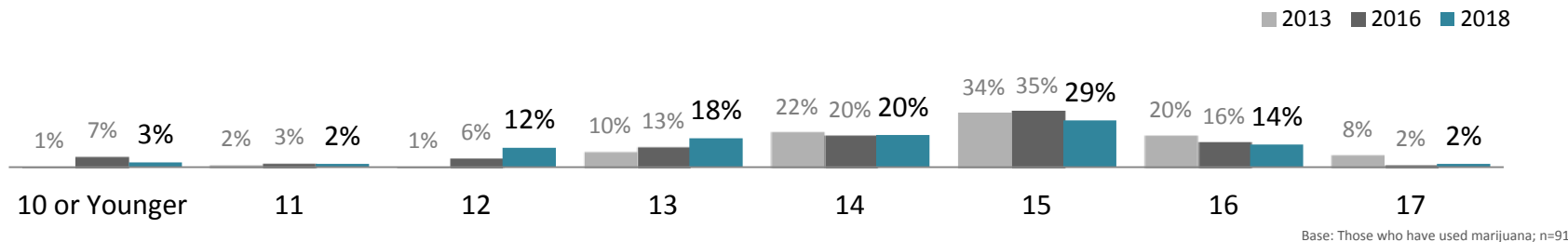
	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used marijuana	12	23	18	14	20	19	12	16	9	7
% Great risk (limited use)	40	41	45	45	49	29	49	41	45	44
% Great risk (regular use)	62	54	70	64	70	57	71	66	72	68

While the perceived risk of marijuana for both limited and regular use declined for most demographic groups, the percentages considering the risk of limited use to be “Great” increased significantly among those who are 14 years of age and those who identified themselves as heterosexual, adding 13 and 7 points since 2016 to 51% and 35%, respectively.

First Use of Marijuana and Frequency



“How old were you when you first tried marijuana?”



“During your life, how many times have you used marijuana?”

2016 Average
2.9 times → **4.4** times
2018 Average

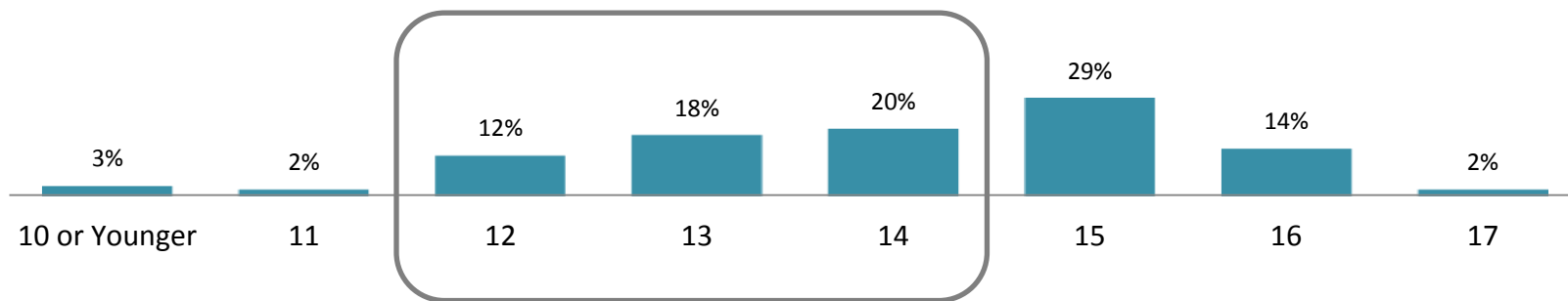
Of those who have tried marijuana, 65% said they first did so when they were 14 years of age or older, stable with 2016.

The average number of times they have reportedly tried marijuana was 4.4 this year, slightly higher than what was measured in 2016 (2.9), but statistically unchanged.

First Use of Marijuana (2018 Results)

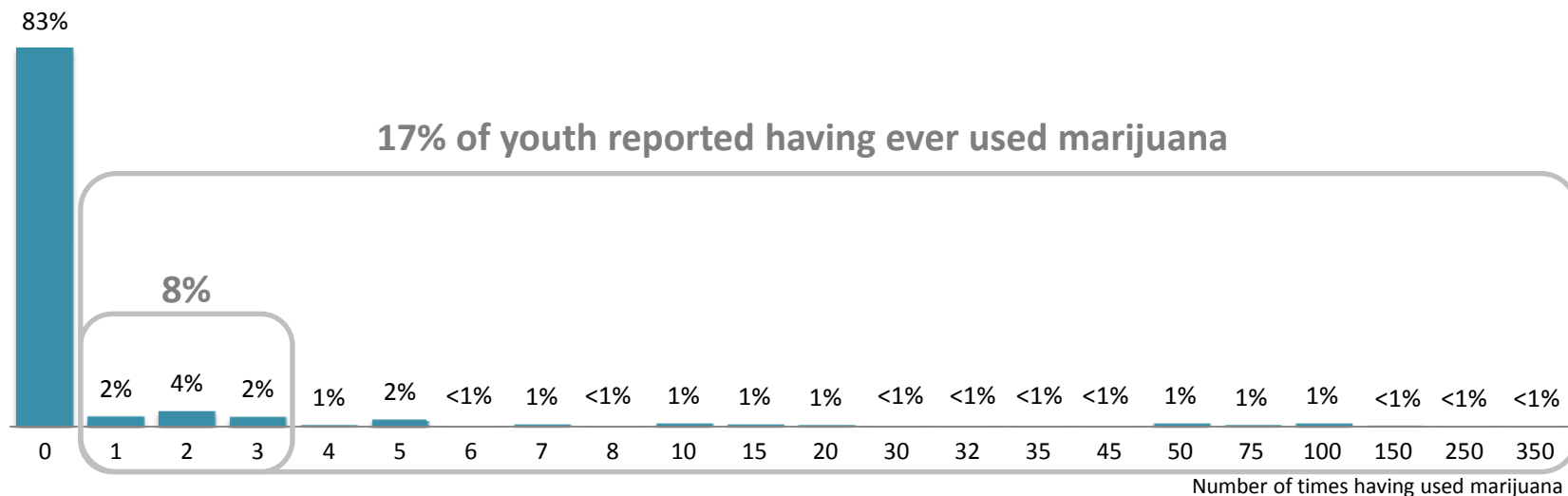


“How old were you when you first tried marijuana?”



Half (50%) of respondents who have used marijuana said they first tried it when they were between 12 and 14 years of age.

Marijuana Use Distribution



Looking at the distribution of the number of times teens have reportedly used marijuana in their lives reveals that approximately half of those who reported having used marijuana have only used it three or fewer times (8% among the 17% who have used marijuana).

Marijuana Use Frequency by Demographics



Average number of times using marijuana

Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
0.4	0.1	0.1	0.7	2.4	3.6	2.9	1.2	5.2	2.0	4.4	15.0	2.4	3.4	3.4	5.3	3.4	3.8	13.5	9.9

Average number of times using marijuana

Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
1.5	5.0	5.6	1.3	6.9	9.9	0.8	0.3	4.5	0.6	1.2	1.1	2.0	6.9	3.1	3.7	2.8	7.7

Average number of times using marijuana

Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
0.4	0.6	4.1	1.6	2.9	4.3	3.5	5.4	0.9	0.8

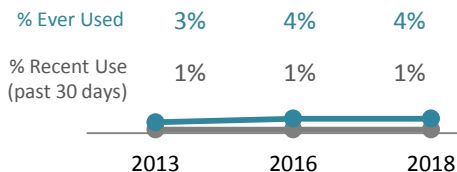
The largest increase in the average number of times participants reported trying marijuana was seen among those who are 17 years of age, from 4.4 in 2016 to 15 times today, but this is not statistically significant due to the small sample sizes for this age group.

Prescription Stimulant Use and Perceived Risk

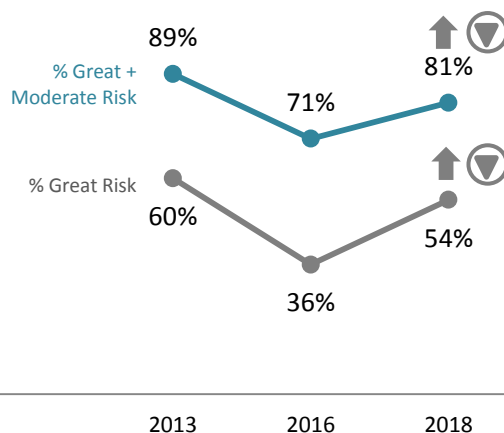


Use

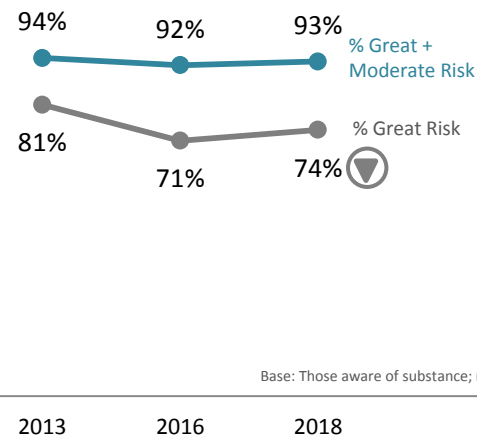
Base: All Respondents



Risk of Limited Use



Risk of Regular Use



Base: Those aware of substance; n=485

Use of prescription stimulants for the purpose of staying awake (such as Adderall and Ritalin that were not prescribed to them) remained low at 4%. Eight out of ten teenagers (81%) considered the *limited* use of prescription stimulants to be either a “Great” or “Moderate” risk, which is significantly higher than 2016 (71%), but still significantly lower than the level measured in 2013 (89%). The perceived risk of *regular* use of prescription stimulants remained stable with 2016, but at the top-box level (“Great risk”), today’s 75% score is significantly lower than 2013’s 81%.

Prescription Stimulant Use by Demographics



	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used stimulants	6	0	1	3	3	2	4	6	6	6	6	5	4	2	5	6	4	4	12	5
% Great risk (limited use)	55	64	44	68	48	59	33	45	25	50	28	51	35	59	36	49	52	55	30	48
% Great risk (regular use)	74	73	75	81	79	78	64	76	69	66	68	74	72	76	70	72	77	76	57	61

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used stimulants	3	5	4	2	15	10	0	0	0	2	4	0	3	4	4	3	8	6
% Great risk (limited use)	35	56	48	45	29	55	38	65	37	54	20	39	36	59	35	52	39	58
% Great risk (regular use)	71	75	80	66	60	75	74	87	74	70	64	60	75	81	70	72	73	80

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used stimulants	0	6	4	3	5	6	8	4	1	3
% Great risk (limited use)	50	54	32	62	35	50	40	59	33	50
% Great risk (regular use)	56	67	73	75	71	71	68	77	74	75

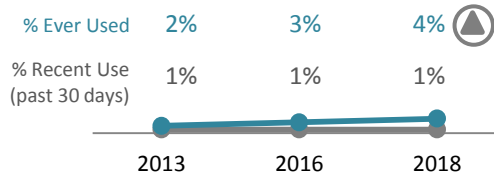
The perceived risk of using prescription stimulants on a limited basis increased across all demographic segments since 2016, with the largest gains seen among those who are 16 years of age (+25 points), in the northwest region of the state (+26), and those with household incomes of \$35-49K (+30).

Prescription Pain Reliever Use and Perceived Risk

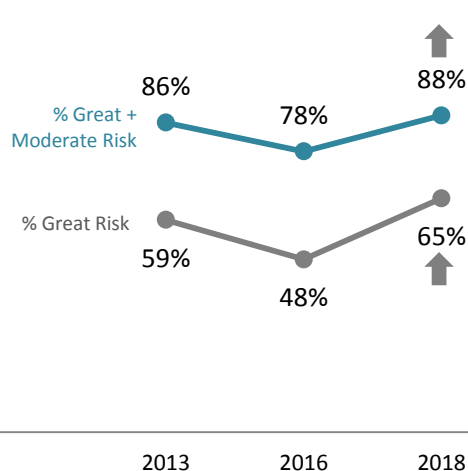


Use

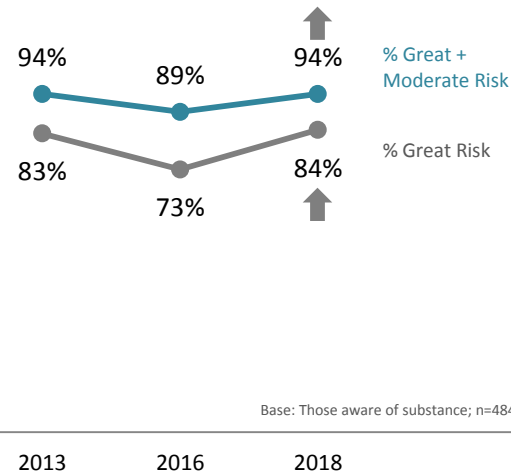
Base: All Respondents



Risk of Limited Use



Risk of Regular Use



Base: Those aware of substance; n=484

Use of prescription pain relievers for the purpose of getting high (such as Vicodin or OxyContin that were not prescribed to them) has added two points since 2013, which is a statistically significant increase. The perceived risk of prescription pain relievers for both limited and regular use increased significantly from 2016 to 88% and 94%, respectively, which is close to the levels seen in 2013.

Prescription Pain Reliever Use by Demographics



	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used pain reliever	3	0	1	2	3	1	5	3	2	5	6	10	2	3	4	5	3	4	12	7
% Great risk (limited use)	54	72	67	76	55	69	40	61	41	62	43	61	49	68	48	63	60	65	48	63
% Great risk (regular use)	80	87	86	88	80	90	65	87	74	78	60	80	74	83	71	85	82	85	75	74

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used pain reliever	4	4	4	2	5	8	0	2	2	5	0	0	4	4	3	4	5	5
% Great risk (limited use)	47	67	59	59	44	65	45	76	59	69	38	47	50	68	48	64	50	72
% Great risk (regular use)	72	85	83	78	62	87	74	90	75	76	75	68	76	88	73	82	71	86

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used pain reliever	4	0	4	3	4	4	2	5	4	1
% Great risk (limited use)	66	71	44	68	46	60	56	71	46	68
% Great risk (regular use)	62	79	76	85	71	81	73	84	73	89

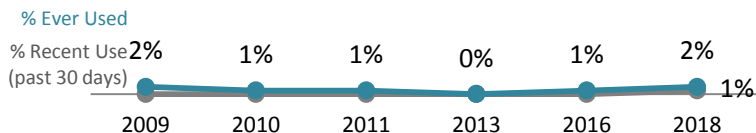
The perceived risk associated with using prescription pain relievers on a limited basis increased from 2016 across all demographic segments, with the largest gains seen among those who are 16 years of age (+25 points), those who live in the northwest region of the state (+26), and those with median household incomes of \$35-49K (+30).

Meth Use and Perceived Risk

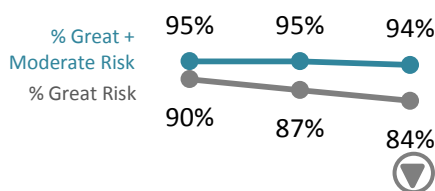


Use*

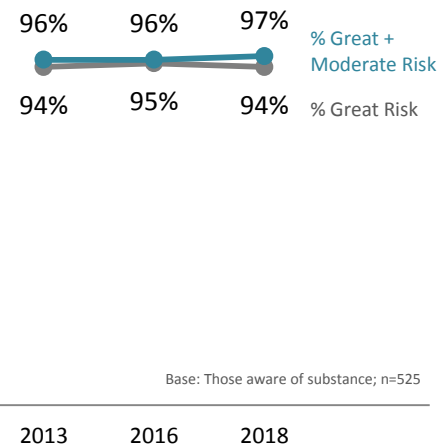
Base: All Respondents



Risk of Limited Use



Risk of Regular Use



Reported use of methamphetamines gained one point since 2016 to 2%, now at the same level seen in 2009. The perceived risk of using meth remained high, at 94% for limited use and 97% for regular use. However, the percentage of teenagers considering meth use to present a “Great” risk has declined over the years, currently at 84%, six points lower than what was measured in 2013 (a statistically significant decline).

* Meth data for 2009, 2010 and 2011 are obtained from the Colorado Meth Use & Attitudes Survey conducted by GfK Roper.

Meth Use by Demographics



	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used meth	4	0	1	2	1	3	0	1	0	3	3	4	0	1	2	4	1	3	4	2
% Great risk (limited use)	89	82	85	83	86	86	86	80	89	81	88	92	88	82	86	86	83	85	71	79
% Great risk (regular use)	95	92	97	96	93	95	93	90	98	90	93	98	94	95	96	93	94	93	88	95

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used meth	1	2	4	3	1	3	0	7	2	2	0	0	1	2	1	3	3	3
% Great risk (limited use)	88	84	86	82	78	86	97	90	89	89	100	76	89	83	88	86	84	84
% Great risk (regular use)	94	93	94	96	95	94	100	98	91	92	100	82	95	95	97	93	92	95

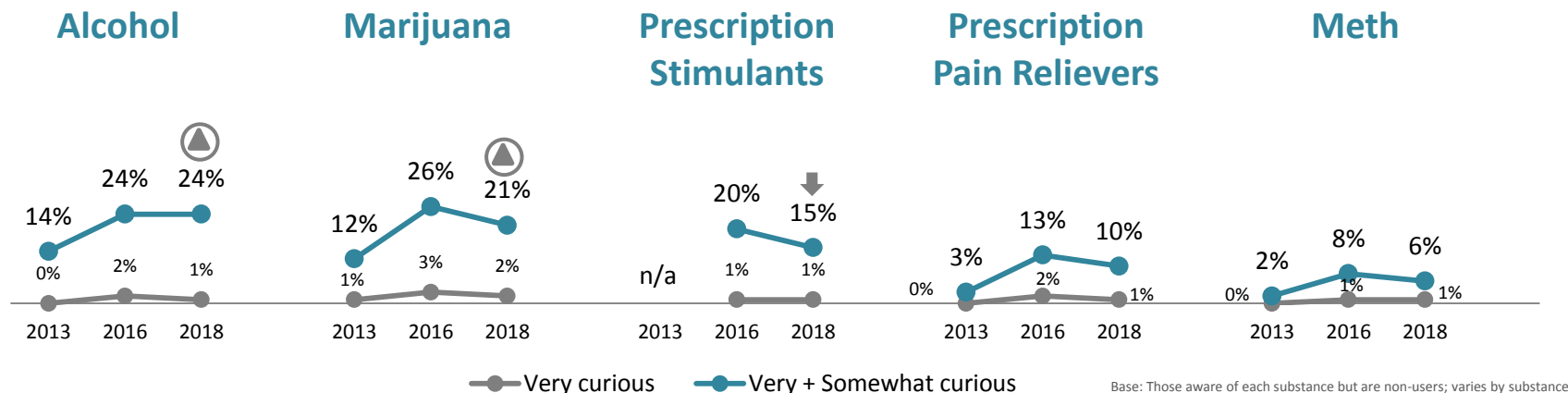
	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
% Ever used meth	4	5	3	2	1	3	1	1	0	1
% Great risk (limited use)	87	96	84	78	88	83	86	91	91	81
% Great risk (regular use)	92	96	92	92	95	92	95	96	97	94

Self-reported meth use increased significantly since 2016 among those who are 16 years of age (+3 points to 3%) and Caucasians (+2 points to 3%). These two groups' risk perception for using meth on a regular basis declined significantly as well, dropping eight and four points each to 90% and 93%, respectively.

Curiosity to Try Substances



“If someone were to give you [substance], how curious would you be to try it?”



The percentage of teenagers saying they would be either “Very” or “Somewhat Curious” to try any of these substances remained statistically unchanged since 2016 except for prescription stimulants, for which the level of curiosity dropped significantly, from 20% in 2016 to 15% today. Meanwhile, at least one in five teens said they would be curious to try alcohol (24%) and/or marijuana (21%), which is significantly higher than the levels measured in 2013.

Curiosity by Demographics



% Very + Somewhat Curious

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	6	2	3	6	14	4	8	9	8	6	7	5	6	7	9	4	10	4	24	16
Marijuana	10	11	17	20	27	16	33	32	36	26	28	16	27	22	27	20	33	20	29	33
Prescription Pain Reliever	12	12	3	8	14	9	15	11	13	11	13	10	9	12	16	8	14	10	40	15
Prescription Stimulant	19	8	16	11	23	14	19	17	19	16	22	17	20	16	20	13	23	13	26	25
Alcohol	25	18	21	20	24	23	25	27	25	28	26	29	29	20	20	28	30	24	48	28

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	8	4	5	10	12	6	11	7	7	8	0	0	7	4	8	4	9	8
Marijuana	25	23	32	24	32	14	24	24	20	9	19	23	23	20	29	21	20	21
Prescription Pain Reliever	12	9	13	16	13	13	14	11	12	6	12	0	9	10	13	11	12	8
Prescription Stimulant	21	14	16	21	20	13	22	15	24	7	13	5	18	15	20	15	20	15
Alcohol	27	24	24	25	31	30	13	9	8	21	20	34	24	22	24	26	19	17

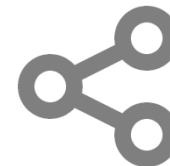
	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	13	4	12	5	6	6	9	9	2	5
Marijuana	29	13	28	14	28	25	27	23	21	20
Prescription Pain Reliever	15	9	15	4	14	13	13	6	5	17
Prescription Stimulant	20	8	22	10	20	18	23	13	16	20
Alcohol	11	48	24	12	23	23	28	26	22	30

Among teenagers with household incomes of \$100K or above, their level of curiosity to try prescription pain relievers increased significantly, from 5% in 2016 to 17% today. Meanwhile, among teenage boys, those who identified themselves as heterosexual, Caucasians, and those with incomes \$35-49K, their curiosity to try at least three of the five substances surveyed decreased significantly.

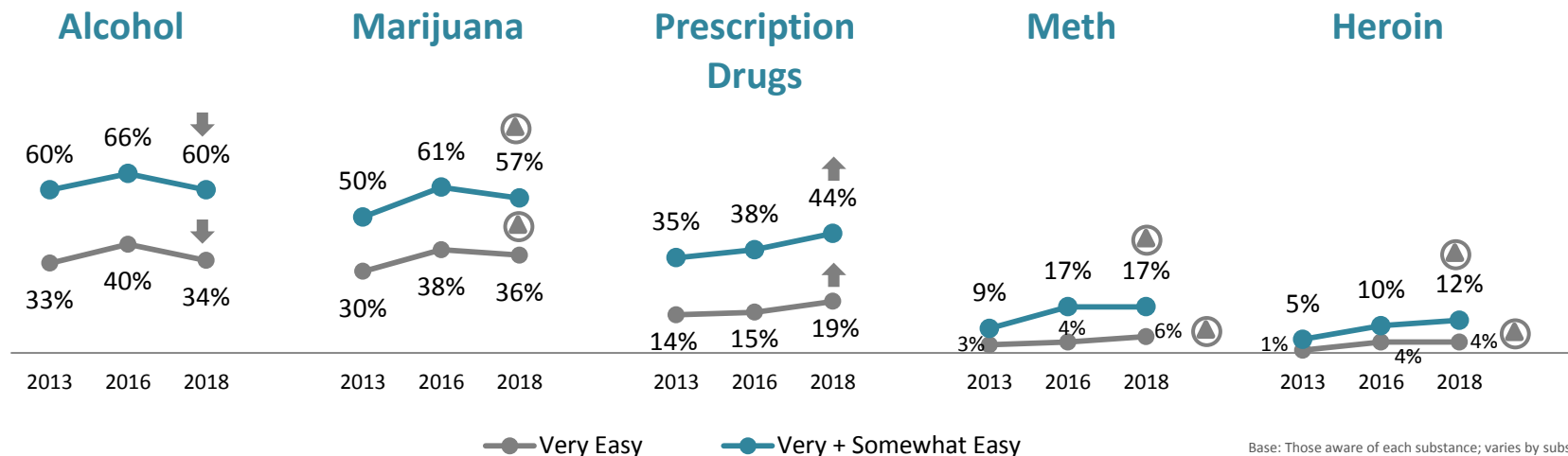


Access to Substances

Ease of Access



“How difficult, or easy, do you think it would be for YOU to get [substance]?”



Six out of ten teenagers (60%) said it would be either “Very” or “Somewhat Easy” to get alcohol, which is significantly lower (*i.e.*, now being more difficult to get) than 2016, but at the exact same level as 2013. Six out of ten (57%) said marijuana would be easy to get, statistically consistent with 2016, but significantly higher than in 2013 (50%). Access to prescription drugs reached a record high this year with 44% saying these are now easy to get, while meth and heroin continued to remain the most difficult substances for teens to obtain, at 17% and 12%, respectively. However, the accessibility of those two substances has gradually increased over the years, nearly doubling for meth and more than doubling for heroin since 2013.

Access by Demographics



% Very + Somewhat Easy

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	11	3	13	10	15	19	19	21	17	19	21	21	16	18	17	16	22	17	27	16
Heroin	4	7	9	9	9	12	10	11	10	16	13	12	10	12	10	12	14	12	33	9
Marijuana	43	26	45	40	57	50	67	63	72	64	69	75	63	58	60	56	66	57	88	58
Alcohol	56	20	54	50	57	58	75	70	72	67	75	67	67	58	66	60	69	60	94	55
Prescription Drugs	24	23	26	31	35	34	47	51	41	48	45	54	38	48	38	40	45	43	45	43

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	15	16	24	17	16	21	12	19	20	24	12	14	17	17	16	18	19	16
Heroin	9	12	17	8	6	11	12	11	9	30	0	10	10	14	9	12	13	11
Marijuana	57	51	68	69	67	61	65	60	69	67	58	63	56	54	60	59	67	50
Alcohol	65	59	70	67	70	61	65	54	61	53	65	55	64	55	68	64	63	46
Prescription Drugs	36	42	40	58	42	45	37	36	39	39	35	28	37	38	38	45	38	38

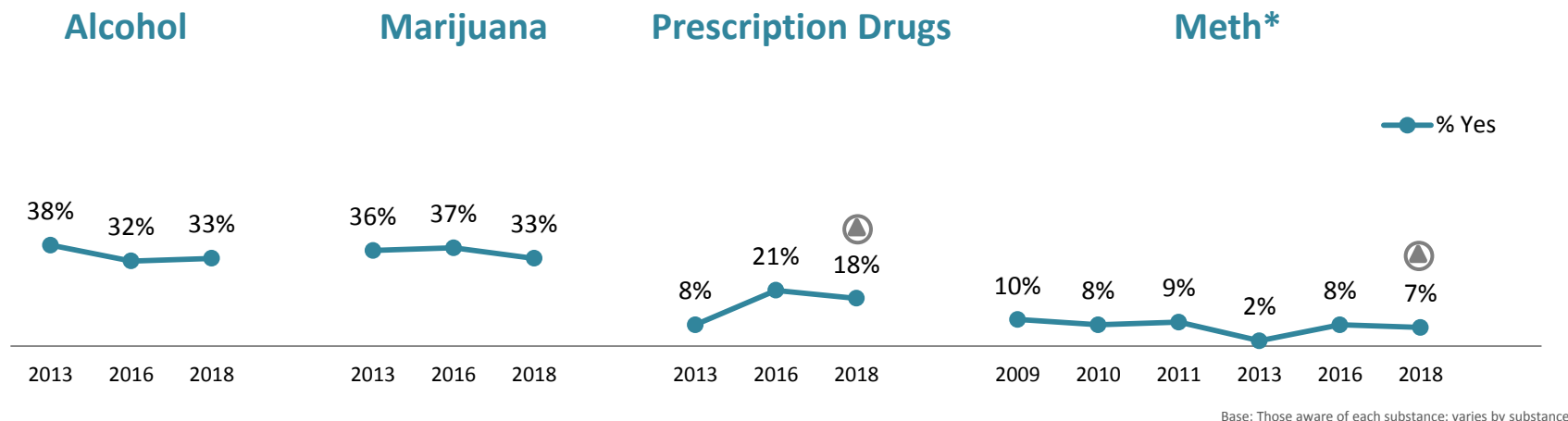
	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	40	9	22	18	16	19	13	17	11	9
Heroin	16	12	17	12	11	12	5	11	4	9
Marijuana	70	63	71	48	59	58	59	51	55	59
Alcohol	56	55	71	46	66	64	67	62	63	63
Prescription Drugs	45	23	35	38	38	43	33	47	49	54

The increased accessibility of prescription drugs was most noticeable among teenage girls (+10 points from 2016 to 48%), those who live in the central region of the state (+18 points to 58%), and those with household incomes of \$75-99K (+14 points to 47%). Heroin accessibility increased significantly in the southeast region of Colorado, reaching 30% (from 9% in 2016).

Direct Offers



“Has anyone ever offered you [substance]?”



The percentage of teenagers saying they have been offered each of these substances remained statistically unchanged from 2016, with alcohol and marijuana both at 33%, prescription drugs at 18%, and meth at 7%. Since 2013, however, offers of prescription drugs have increased significantly, up ten points. Offers of meth have also increased significantly since 2013, but today's 7% is still below the levels measured between 2009 and 2011.

* Meth data for 2009, 2010 and 2011 are obtained from the Colorado Meth Use & Attitudes Survey conducted by GfK Roper.

Direct Offers by Demographics



% Yes

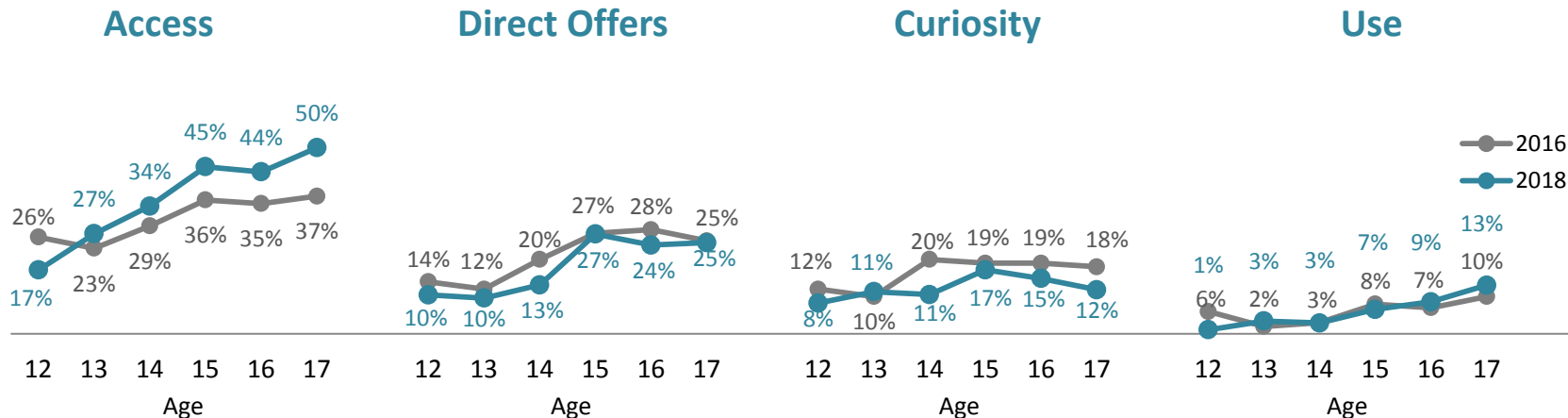
	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero- sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	9	11	5	4	9	9	10	5	6	6	11	11	7	8	9	7	13	6	28	9
Marijuana	25	12	18	18	34	20	43	49	54	43	44	43	35	35	39	30	45	33	40	32
Prescription Drugs	7	9	14	7	17	10	28	26	25	23	21	19	22	16	20	19	32	16	49	23
Alcohol	23	15	14	21	31	15	31	52	56	38	33	50	36	38	28	27	43	33	48	42

	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	6	7	8	7	16	9	11	5	7	18	4	0	6	6	8	7	9	8
Marijuana	35	32	43	34	34	28	44	34	46	39	36	41	38	34	37	35	40	30
Prescription Drugs	18	14	28	25	25	17	21	32	17	24	24	11	20	14	19	19	28	16
Alcohol	31	34	39	36	36	28	17	26	32	28	27	34	29	36	30	35	42	23

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	18	14	6	6	9	6	8	7	8	3
Marijuana	65	40	40	31	42	33	30	27	32	27
Prescription Drugs	22	21	23	9	18	18	22	22	23	15
Alcohol	29	40	36	23	31	33	37	33	21	34

Among teenagers who identified themselves as heterosexual, offers of all of these substances decreased significantly since 2016, while among teens aged 15 and 17, the percentage being offered alcohol increased significantly from 2016, adding 21 and 17 points to 52% and 50%, respectively.

Substance Access by Age



Looking at teens' access to these substances (average of marijuana, meth and prescription drugs) by their age reveals that the largest incline in substance accessibility occurs between 14 and 15 years of age (+11 points), typically the age at which many are entering high school. Direct offers of these substances and curiosity to try them also increase the most between 14 and 15 years of age (+14 and +6 points, respectively). Substance use jumps four points from age 14 (3%) to age 15 (7%), which is comparable to the increase seen between age 16 and 17 (+4 points from 9% to 13%).



Risk & Protective Factors

Risk & Protective Factors

Participants were asked to rate their level of agreement of the following statements:

- 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
- Getting good grades is 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
- I am capable of standing up for my beliefs so that I don't fall victim to peer pressure
- On most days I look forward to going to school*
- When I'm in a difficult situation, I can usually find a safe way out of it*

Protective Factors

- I am confident that if I experimented with drugs, I could stop whenever I wanted
- Experimenting with drugs is just part of being a teenager – it's not that big of 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
- Taking someone else's prescription drugs is safer than using 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 like Vicodin or OxyContin are not addictive

Risk Factors

Risk Factors



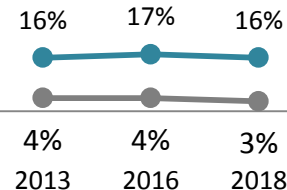
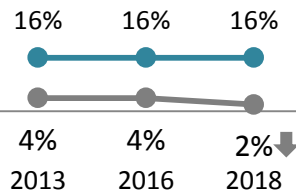
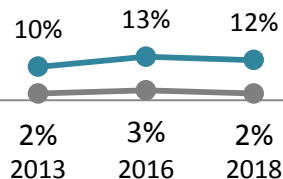
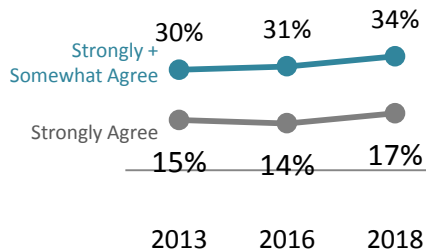
If I experimented with drugs, I could stop whenever I wanted

Experimenting with drugs is not that big of a deal

Drugs can help teens manage the stress

My parents would be fine with me drinking beer

Base: All Respondents

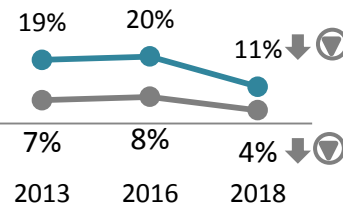
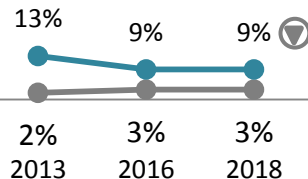
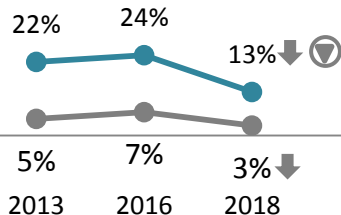
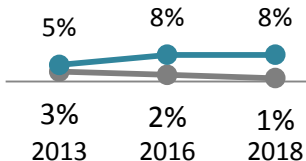


My parents would be fine with me smoking marijuana

Prescription drugs are safer than illegal drugs

Stimulants are safe even if the script wasn't written for you

Prescription pain relievers are not addictive



Agreement on the statements about *Taking someone else's prescription drugs is safer than using illegal drugs* and *Prescription pain relievers like Vicodin or OxyContin are not addictive* is now significantly lower than what was measured in 2013 and 2016, currently at 13% and 11%, respectively.



Risk Factors by Demographics

% Strongly + Somewhat Agree	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
If I experimented with drugs, I could stop whenever I wanted	25	11	23	28	33	36	32	40	34	34	35	42	25	37	37	32	38	32	45	50
Experimenting with drugs is not that big of a deal	14	3	2	6	9	14	17	15	16	10	18	19	12	11	14	13	13	13	21	13
Drugs can help teens manage the stress	10	4	9	8	15	13	18	15	20	17	19	29	12	14	20	18	11	15	38	27
My parents would be fine with me drinking beer	14	7	8	4	10	11	21	15	18	21	27	31	15	11	19	21	15	15	26	26
My parents would be fine with me smoking marijuana	11	7	3	6	6	6	11	6	7	9	11	14	7	9	9	8	7	7	28	18
Prescription drugs are safer than illegal drugs	20	7	26	16	16	12	26	16	29	15	22	11	19	12	28	15	15	13	20	17
Stimulants are safe even if the script wasn't written for you	15	4	4	8	8	6	11	9	11	9	8	13	7	8	11	10	11	9	10	12
Prescription pain relievers are not addictive	34	3	22	17	15	16	19	14	21	13	19	4	17	11	24	12	13	11	7	12

Teenage girls were significantly more likely this year than in 2016 to agree with the statement *I am confident that if I experimented with drugs, I could stop whenever I wanted* (+12 points to 37%). For the statement *Taking someone else's prescription drugs is safer than using illegal drugs*, the level of agreement decreased most substantially among 16 year-olds (-14 points to 15%) and teenage boys (-13 points to 15%). However, for the statement *Prescription pain relievers like Vicodin or OxyContin are not addictive*, the largest decline was seen among 12 year-olds (-31 points to 3%).



Risk Factors by Demographics (continued)

% Strongly + Somewhat Agree	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
If I experimented with drugs, I could stop whenever I wanted	33	35	34	36	30	38	21	26	31	37	21	13	33	36	30	33	36	38
Experimenting with drugs is not that big of a deal	13	12	16	16	14	9	7	14	6	18	15	8	10	12	11	12	19	14
Drugs can help teens manage the stress	15	16	21	16	20	17	5	21	10	17	19	8	14	19	14	16	21	16
My parents would be fine with me drinking beer	17	14	16	16	22	30	22	10	6	21	23	8	15	16	18	17	16	17
My parents would be fine with me smoking marijuana	9	7	9	6	7	12	5	6	2	15	12	14	7	11	8	9	6	7
Prescription drugs are safer than illegal drugs	22	13	28	17	21	12	24	15	33	17	42	1	23	13	21	13	34	16
Stimulants are safe even if the script wasn't written for you	9	10	8	7	13	4	2	11	12	9	4	0	9	10	9	7	12	12
Prescription pain relievers are not addictive	19	12	26	12	22	9	15	15	27	14	12	4	18	14	19	10	29	16

For the statement, *Drugs can help teens manage the stress and pressure we have to deal with*, those living in the northwest region of Colorado showed a significantly higher level of agreement this year than in 2016 (+16 points to 21%), while those in the southeast region showed increased levels of agreement on the two statements regarding their parents being fine with them drinking beer and/or smoking marijuana occasionally (+15 and +13 points to 21% and 15%, respectively).

Risk Factors and Substance Use



Correlation Coefficient* to Substance Use	Meth	Marijuana	Prescription Pain Relievers	Prescription Stimulants	Alcohol
My parents would be fine with me drinking beer once in a while	0.17	0.32	0.20	0.12	0.39
Experimenting with drugs is just part of being a teenager – it's not that big a deal	0.24	0.50	0.25	0.21	0.31
Drugs can help teens manage the stress and pressure we have to deal with	0.16	0.41	0.21	0.18	0.24
I am confident that if I experiment with drugs, I could stop whenever I wanted to	not significant	0.30	0.16	0.15	0.20
My parents would be fine with me smoking marijuana once in a while	0.15	0.36	0.11	0.10	0.18
Using prescription drugs like Ritalin or Adderall is safe, even if the prescription wasn't written for you.	0.15	0.21	0.11	0.17	0.16
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	0.14	not significant	0.11	0.11	not significant
Prescription pain relievers like Vicodin or OxyContin are not addictive	0.14	not significant	not significant	0.13	not significant

* Correlation coefficient is measured to show a degree to which two variables are related, with values ranging from -1.0 to +1.0. A correlation coefficient of 1.0 indicates a perfectly positive relationship, whereas a value of -1.0 indicates a perfectly negative relationship. The outlined boxes are those with the highest correlation coefficient for each substance.

The one risk factor that has the highest degree of influence on teenagers' use of substances is *Experimenting with drugs is just part of being a teenager – it's not that big a deal*, with a correlation coefficient as strong as 0.50 to marijuana use. For alcohol, the attribute *My parents would be fine with me drinking beer once in a while* has the strongest correlation to usage (0.39).

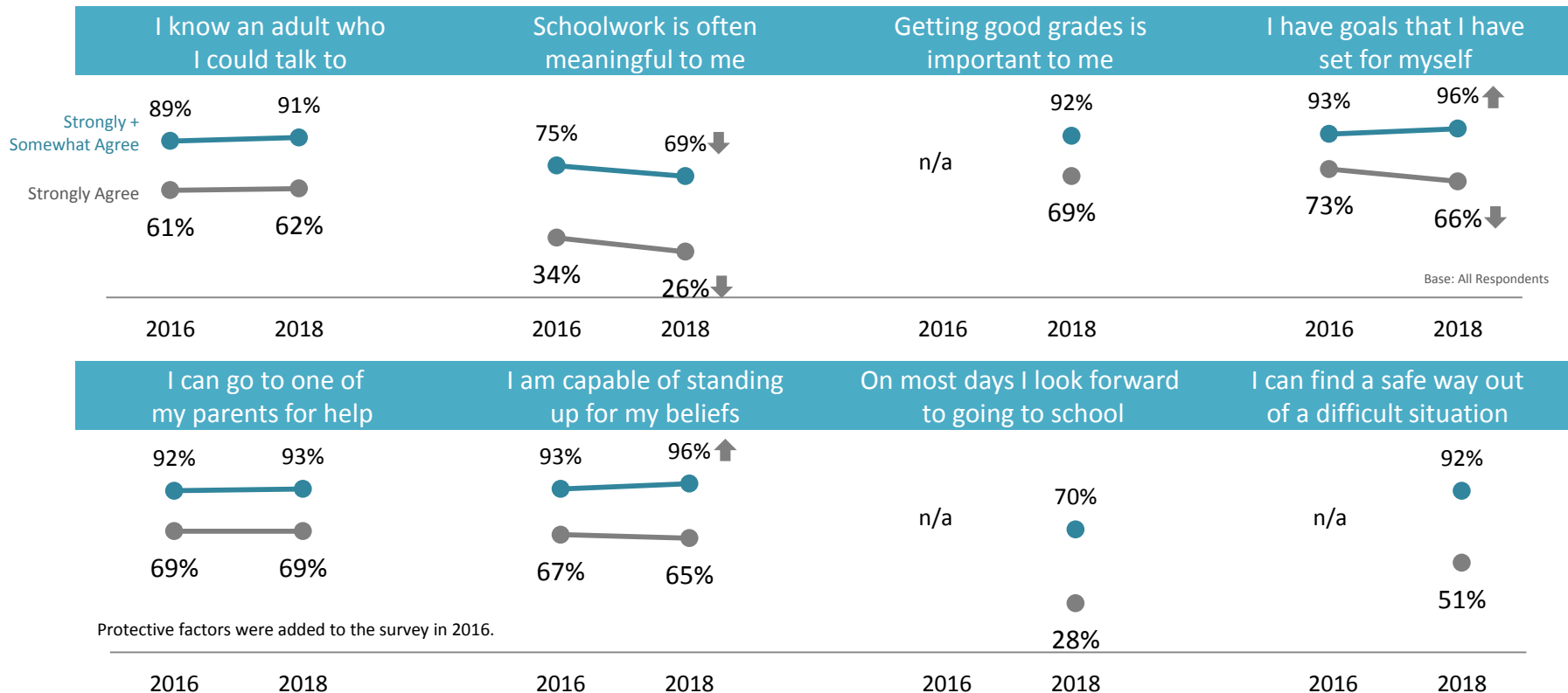
Risk Factors and Curiosity



Correlation Coefficient to Curiosity	Meth	Marijuana	Prescription Pain Relievers	Prescription Stimulants	Alcohol
Experimenting with drugs is just part of being a teenager – it's not that big a deal	0.17	0.45	0.33	0.22	0.29
Using prescription drugs like Ritalin or Adderall is safe, even if the prescription wasn't written for you.	0.16	0.17	0.29	0.23	not significant
Drugs can help teens manage the stress and pressure we have to deal with	0.15	0.34	0.27	0.27	0.13
My parents would be fine with me drinking beer once in a while	0.09	0.24	0.17	0.09	0.19
I am confident that if I experiment with drugs, I could stop whenever I wanted to	not significant	0.11	0.15	0.10	0.13
My parents would be fine with me smoking marijuana once in a while	not significant	0.26	0.16	0.12	0.18
Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs	not significant	not significant	not significant	not significant	not significant
Prescription pain relievers like Vicodin or OxyContin are not addictive	not significant	not significant	not significant	0.13	not significant

The attribute *Experimenting with drugs is just part of being a teenager – it's not that big a deal* is also strongly correlated to teens' curiosity to try meth (0.17), marijuana (0.45), pain relievers (0.33), and alcohol (0.29). For prescription stimulants, the attribute *Drugs can help teens manage the stress and pressure we have to deal with* has the strongest relationship to curiosity (0.27), and the same attribute is also strongly correlated to marijuana (0.34).

Protective Factors



Agreement on the protective factor statements, *I have goals that I have set for myself which are really important to me* and *I am capable of standing up for my beliefs so that I don't fall victim to peer pressure* increased significantly from 2016, both reaching 96% at the top-two box level.



Protective Factors by Demographics

% Strongly + Somewhat Agree	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero- sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
I know an adult who I could talk to	88	94	92	91	89	94	89	89	89	86	88	93	90	91	88	90	84	91	87	86
Schoolwork is often meaningful to me	78	76	78	78	75	70	73	62	74	71	73	62	76	70	74	69	60	70	45	62
Getting good grades is important to me	n/a	96	n/a	94	n/a	86	n/a	91	n/a	95	n/a	91	n/a	94	n/a	90	n/a	92	n/a	88
I have goals that I have set for myself	90	92	97	98	93	99	92	95	92	94	93	96	95	96	92	96	89	97	94	92
I can go to one of my parents for help	98	96	96	95	89	92	93	95	92	88	88	93	92	91	92	95	90	94	81	85
I am capable of standing up for my beliefs	97	95	91	97	91	96	93	99	93	93	93	98	91	95	94	97	88	97	81	90
On most days I look forward to going to school	n/a	62	n/a	75	n/a	73	n/a	71	n/a	68	n/a	66	n/a	68	n/a	71	n/a	71	n/a	61
I can find a safe way out of a difficult situation	n/a	94	n/a	92	n/a	89	n/a	92	n/a	93	n/a	91	n/a	91	n/a	92	n/a	93	n/a	87

Teens who identify as heterosexual* showed significantly higher levels of agreement than 2016 on four statements: *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* (+7 points to 91%), *The schoolwork I am assigned is often meaningful and important to me* (+10 points to 70%), *I have goals that I have set for myself which are really important to me* (+8 points to 97%), and *I am capable of standing up for my beliefs so that I don't fall victim to peer pressure* (+9 points to 97%).

* The question of sexual orientation was asked only of online participants in 2016, whereas in 2018, this question was asked of both online and telephone survey participants.



Protective Factors by Demographics (continued)

% Strongly + Somewhat Agree	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
I know an adult who I could talk to	89	92	88	83	93	94	81	95	92	89	92	78	88	93	90	91	88	92
Schoolwork is often meaningful to me	79	71	67	61	61	74	72	64	83	75	88	61	76	72	74	69	75	74
Getting good grades is important to me	n/a	92	n/a	88	n/a	95	n/a	89	n/a	91	n/a	92	n/a	94	n/a	91	n/a	93
I have goals that I have set for myself	93	97	90	92	91	97	95	100	96	94	100	93	92	98	93	95	94	98
I can go to one of my parents for help	94	93	91	89	84	97	91	94	96	90	92	99	92	92	93	94	91	92
I am capable of standing up for my beliefs	94	97	93	96	87	96	88	94	92	96	96	100	93	96	94	96	92	98
On most days I look forward to going to school	n/a	72	n/a	64	n/a	72	n/a	69	n/a	70	n/a	57	n/a	71	n/a	70	n/a	69
I can find a safe way out of a difficult situation	n/a	92	n/a	90	n/a	97	n/a	89	n/a	91	n/a	81	n/a	91	n/a	93	n/a	94

Teens in the Denver/Boulder area are significantly less likely this year than in 2016 to agree with the statement *The schoolwork I am assigned is often meaningful and important to me*, down eight points to 71%. In the Constellation Communities where Rise Above Colorado's campaign efforts are concentrated, teens' agreement increased significantly from 2016 for the statements *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* (+5 points to 93%), and *I have goals that I have set for myself which are really important to me* (+6 points to 98%).



Protective Factors and Substance Use

Correlation Coefficient to Substance Use	Meth	Marijuana	Prescription Pain Relievers	Prescription Stimulants	Alcohol
The schoolwork I am assigned is often meaningful and important to me	not significant	-0.21	not significant	not significant	-0.19
On most days I look forward to going to school	not significant	-0.18	not significant	not significant	-0.15
When I'm in a difficult situation, I can usually find a safe way out of it	not significant	-0.15	not significant	not significant	-0.09
If I have a personal problem, I can go to one of my parents for help	not significant	-0.14	-0.14	not significant	not significant
Getting good grades is important to me	not significant	-0.12	not significant	not significant	-0.10
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	not significant	-0.08	not significant	not significant	not significant
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	not significant	not significant	not significant	not significant	not significant
I have goals that I have set for myself which are really important to me	not significant	not significant	not significant	not significant	not significant

For marijuana and alcohol, most of these protective factors have a negative relationship to reported use, meaning the more strongly teens agree with these statements, the less likely they are to have used each substance. The attribute *The schoolwork I am assigned is often meaningful and important to me* has the strongest correlation to both marijuana and alcohol use, with a correlation coefficients of -0.21 and -0.19, respectively. Meth and prescription drug use are not correlated to these attributes at a statistically significant level.

Protective Factors and Curiosity



Correlation Coefficient to Curiosity	Meth	Marijuana	Prescription Pain Relievers	Prescription Stimulants	Alcohol
The schoolwork I am assigned is often meaningful and important to me	-0.19	-0.24	-0.28	-0.25	-0.26
On most days I look forward to going to school	-0.17	-0.15	-0.18	-0.18	-0.20
If I have a personal problem, I can go to one of my parents for help	-0.15	-0.12	-0.18	-0.19	not significant
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	-0.14	-0.11	-0.14	-0.18	not significant
Getting good grades is important to me	-0.10	-0.20	-0.16	not significant	-0.18
When I'm in a difficult situation, I can usually find a safe way out of it	-0.10	-0.12	not significant	-0.10	-0.15
I have goals that I have set for myself which are really important to me	not significant	-0.15	-0.12	not significant	not significant
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	not significant	-0.19	-0.16	-0.15	-0.19

When it comes to curiosity, the attribute *The schoolwork I am assigned is often meaningful and important to me* is the most strongly associated with the degree to which respondents felt curious to try each of the five substances surveyed, with the strongest relationship measured with prescription pain relievers (-0.28).

Factor Analysis



Factor analyzing* these risk and protective statements yielded four distinct themes: **complacency** about using substances and **prescription drug acceptability** from the risk measures, and **educational engagement** and **self-efficacy** from the protective measures.

Complacency

My parents would be fine with me smoking marijuana once in a while
Experimenting with drugs is just part of being a teenager – it's not that big a deal

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

I am confident that if I experiment with drugs, I could stop whenever I wanted to

Educational Engagement

Getting good grades is important to me

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

On most days I look forward to going to school

Prescription Drug Acceptability

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.

Taking prescription drugs without a prescription that is for you is safer to use than illegal drugs

Prescription pain relievers like Vicodin or OxyContin are not addictive

Self-efficacy

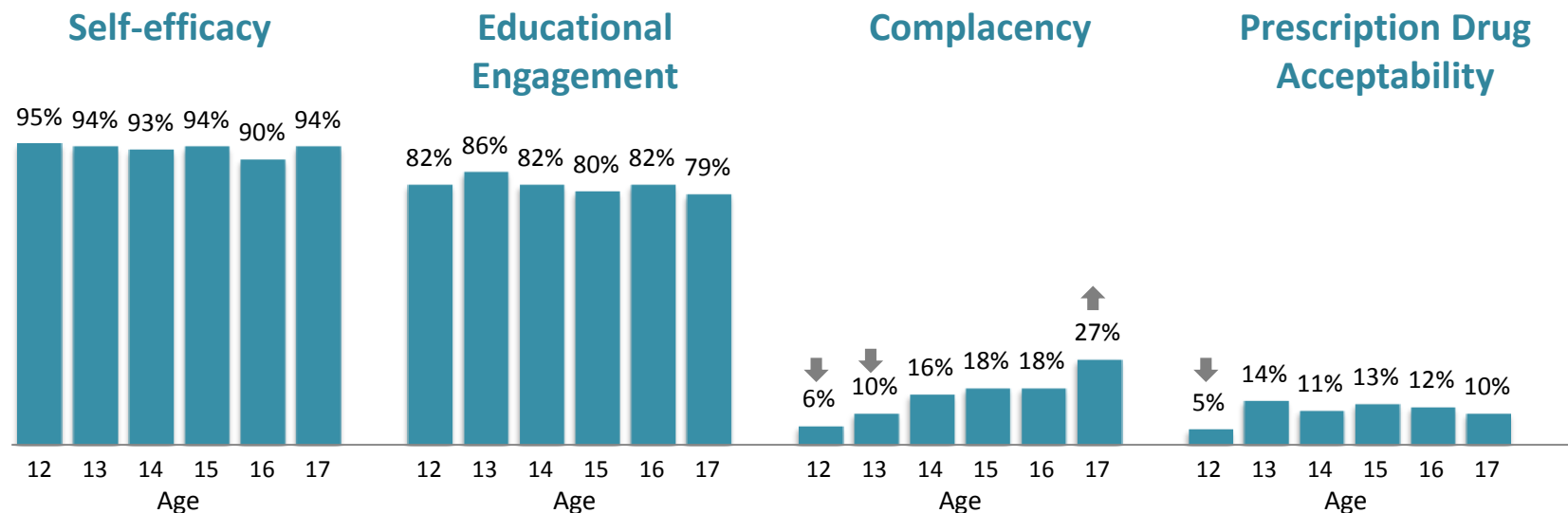
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure

When I'm in a difficult situation, I can usually find a safe way out of it

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

If I have a personal problem, I can go to one of my parents for help

Dimension Ratings by Age



Looking at the average ratings of each dimension by participants' age reveals that there are no statistically significant differences in their **self-efficacy** and **educational engagement** ratings as teens move from 12 to 17 years of age. However, when it comes to **complacency** (i.e., having more relaxed attitudes toward using substances), 17 year-olds showed significantly higher levels of agreement than 12 to 13 year-olds (27% versus 6% and 10%, respectively). On **prescription drug acceptability**, 12 year-olds also showed a significantly lower level of agreement that prescription drugs are acceptable than their older peers.

Dimension Ratings by Personal Safety & Mentally Difficult Days



	Personal Safety			Difficult Mental Health Days per Month			
	Missed school because of safety	Live with someone with alcohol/drug issues	Has someone in family with mental health issues	None	One to Two	Three to Five	Six or more
Sample Size	53	115	154	204	130	116	139
Self-efficacy	80	88	89	96	94	94	86
Educational Engagement	69	73	75	90	83	79	71
Complacency	27	29	26	12	17	16	26
Rx Drug Acceptability	20	16	13	11	10	10	12

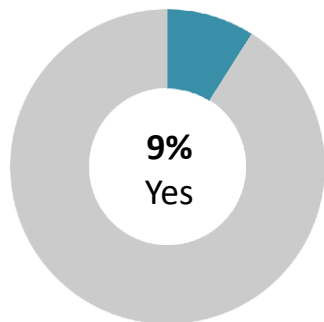
Teenagers who say they live with someone who has an alcohol/drug problem, as well as those who say they have a family member with mental health issues (such as being depressed, mentally ill, or attempted suicide) are significantly more likely to show higher levels of agreement in terms of their **complacency** about using substances. Meanwhile, teenagers who said they've missed school within the past 30 days because of personal safety concerns at, or on their way to school, scored significantly lower on the dimensions surrounding **self-efficacy** and **educational engagement**. Teenagers' self-reported mental health status also plays a role in these ratings, with those reporting no mentally trying days showing the highest scores on **self-efficacy** and **engagement**, while those with six or more mentally trying days per month show the highest scores on **complacency** about using substances.

No statistically significant differences were detected in the average ratings of these dimensions regardless of respondents' region, ethnicity, gender, or sexual orientation.

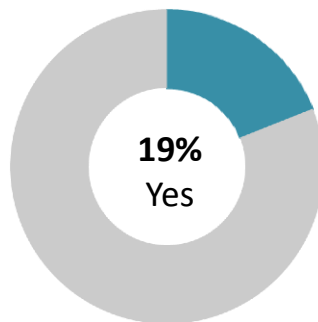
Personal Safety



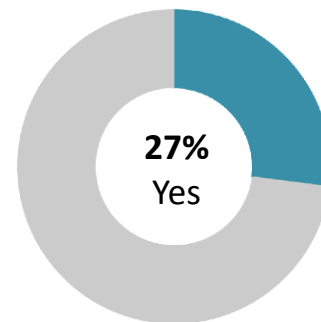
“In the past 30 days, did you ever not go to school because you thought it would be unsafe at school or unsafe on your way to or from school?”



“Have you lived with anyone who was a problem drinker or alcoholic or who used street drugs?”

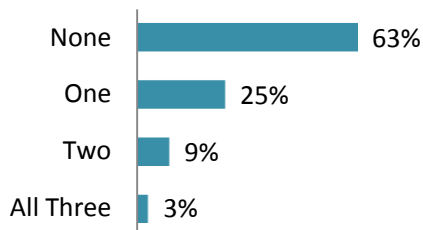


“Has a member of your household been depressed or mentally ill or attempted suicide?”



Base: All Respondents; n=604

Number of Personal Safety Issues



Three questions, derived largely from the Adverse Childhood Experiences (ACE) questionnaire, were added to the 2018 survey regarding personal safety. One in ten teenagers in Colorado (9%) said they recently missed school because of concerns they had about their personal safety, and one in five (19%) said they’ve lived with someone who had a problem with alcohol and/or drug use. About one quarter (27%) said they have a family member who has had a mental health issue, such as being depressed or attempting suicide. In total, over one third (37%) of teens surveyed indicated that they have experienced at least one of these problems, but only 3% indicated that they have experienced all three of these issues.

Personal Safety by Demographics



% Yes	Age						Region							Ethnicity		Gender		Sexual Orientation	
	12	13	14	15	16	17	Denver/ Boulder	Central	NE	SE	SW	NW	Constell- ation	Cauca- sian	Hispa- nic	Female	Male	Hetero	LGBQ
Sample Size	47	118	108	110	127	94	311	91	89	47	27	39	301	410	145	297	303	489	85
Missed school because of safety issues	10	12	5	8	12	7	8	15	9	7	7	6	7	8	11	11	7	7	18
Lived with someone with alcohol/drug problem	4	14	25	16	20	28	18	23	18	25	14	26	18	19	20	20	19	18	32
Family member has been depressed/mentally ill	11	26	20	26	31	33	26	19	39	30	23	20	28	29	25	31	23	22	52

Teenagers who identified themselves as gay, lesbian, bi-sexual, or queer/questioning were significantly more likely to have experienced all three of these personal safety issues than those who identify as heterosexual. Twelve year-olds were significantly less likely than older teenagers to report having lived with someone who has alcohol/drug issues (4%), or to have a family member who has had mental health issues (11%).

Personal Safety and Substances



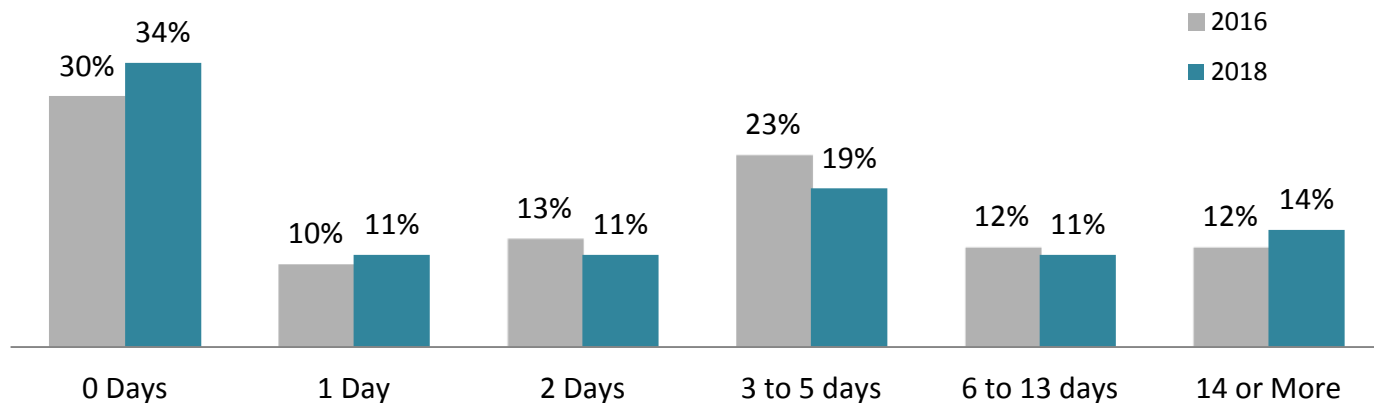
	Number of Personal Safety Issues			Yes (%)		
	None	One	Two or more	Missed School because of safety	Live with someone with alcohol/drug issues	Has someone in family with mental health issues
Sample Size	379	148	77	53	115	154
Substance Use (% Ever used)						
Meth	1	3	11	5	11	6
Marijuana	9	27	34	28	35	30
Prescription Pain Relievers	2	6	11	10	12	7
Prescription Stimulants	2	9	8	7	10	8
Alcohol	30	44	58	37	57	50
Direct Offers (% Yes)						
Meth	4	11	20	31	14	13
Marijuana	26	36	68	64	55	46
Prescription Drugs	11	23	39	26	34	32
Alcohol	26	41	74	65	60	49
Curious to Try (% Very + Somewhat Curious)						
Meth	3	8	12	12	10	10
Marijuana	18	25	37	39	34	28
Prescription Pain Relievers	7	16	17	15	15	20
Prescription Stimulants	12	22	17	20	20	21
Alcohol	20	33	44	45	38	35

Teens who said “No” to all three personal safety measures were significantly less likely to have tried any of these substances, while those who said “Yes” to two or more of the measures were significantly more likely to have tried most of the substances, as well as to have been offered all substances.

Mental Health Challenges



“During the past 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.”



Base: All Respondents; n=604

One third of all teenagers (34%) said they had no emotionally difficult days within the past 30 days, statistically stable with 2016. About one in five (22%) said they had “one” or “two days” where they felt their mental health was not good, another one in five (19%) said they experienced “three to five” difficult days in the past month. The remaining quarter (25%) said they had “six” or more emotionally difficult days in the past month. These numbers are all statistically unchanged from 2016.

Mental Health by Demographics



Number of days with mental health challenges (%)

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	47	50	31	39	29	34	31	27	29	34	24	29	25	23	34	44	25	37	15	13
1-2 days	16	24	24	22	29	23	23	27	18	15	29	25	20	22	27	23	24	24	4	16
3-5 day	17	11	24	23	25	25	22	22	25	19	20	12	25	22	21	16	31	19	43	18
6+ days	20	14	21	16	17	19	24	24	28	31	27	34	30	33	18	17	20	20	37	52

None
1-2 days
3-5 day
6+ days

	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	31	32	34	29	18	40	17	42	55	43	35	27	30	35	28	33	37	35
1-2 days	23	22	27	22	22	18	29	28	18	26	23	32	23	22	25	22	17	23
3-5 day	23	21	19	21	20	12	45	12	8	16	23	18	28	19	25	19	19	17
6+ days	23	25	20	27	40	30	10	18	18	14	19	23	20	25	21	26	28	25

None
1-2 days
3-5 day
6+ days

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	58	29	29	47	27	31	34	31	26	34
1-2 days	8	39	25	17	26	20	18	26	26	25
3-5 day	25	18	22	17	25	20	18	25	24	15
6+ days	8	14	23	18	20	31	29	18	23	26

Teenage boys, those who identified themselves as heterosexual, those who live in the northeast and northwest regions of the state, and those whose household incomes are \$35-49K were significantly more likely this year than in 2016 to say they have not had any mentally trying days.

Mental Health and Substances



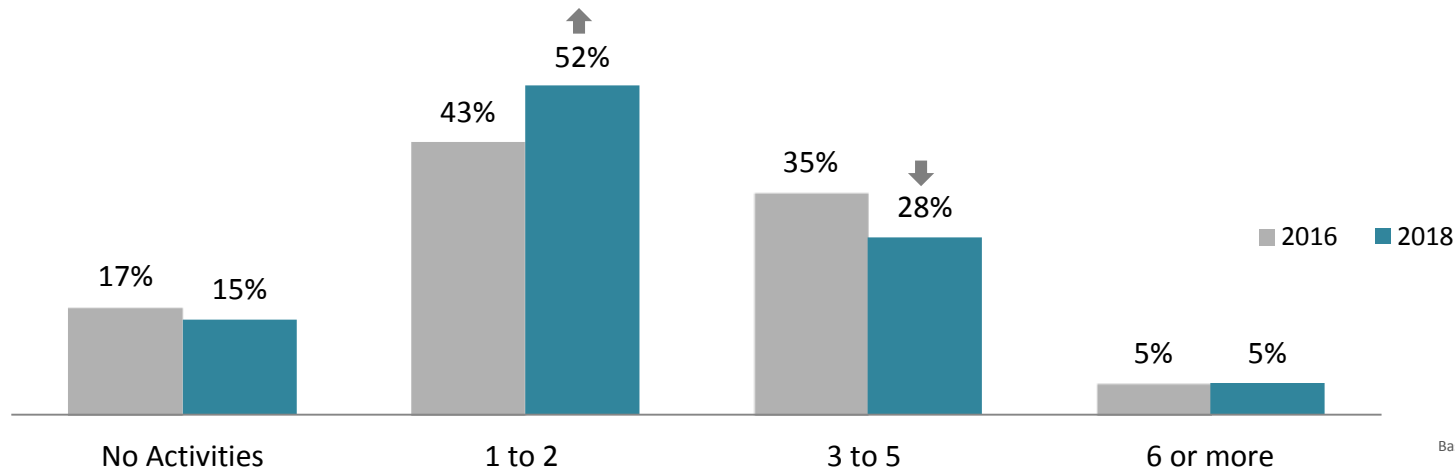
	Number of Mentally Difficult Days per Month			
	None	One to two	Three to five	Six or more
Sample Size	204	130	116	139
Substance Use (% Ever used)				
Meth	1	2	3	4
Marijuana	8	17	13	33
Prescription Pain Relievers	2	3	2	10
Prescription Stimulants	2	4	4	8
Alcohol	30	37	39	48
Direct Offers (% Yes)				
Meth	5	6	10	9
Marijuana	27	29	35	45
Prescription Drugs	11	23	12	27
Alcohol	20	41	34	46
Curious to Try (% Very + Somewhat Curious)				
Meth	0	10	4	11
Marijuana	15	23	23	30
Prescription Pain Relievers	4	7	13	21
Prescription Stimulants	8	13	21	20
Alcohol	17	27	31	29

Teens who said they have six or more mentally difficult days per month were significantly more likely to have tried marijuana (33%), prescription pain relievers (10%) and alcohol (48%). They were also significantly more likely to have been offered those substances and were also significantly more likely to be curious about trying marijuana and prescription pain relievers than those who reported a fewer number of mentally trying days.

Extracurricular Activity



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



Half of teenagers (52%) said they participate in one to two extracurricular activities, significantly more than was measured in 2016 (43%). Meanwhile, the percentage of teenagers participating in three to five activities decreased significantly, from 35% in 2016 to 28% today.

Extracurricular Activity by Demographics



Number of Activities (%)	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero- sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	21	11	11	14	20	11	14	19	20	15	18	19	14	17	19	14	18	14	16	22
1 to 2	27	56	52	52	42	57	46	50	43	53	40	47	43	47	42	56	53	52	57	55
3 to 5	46	24	34	30	35	28	36	29	31	31	36	22	36	30	34	25	28	28	27	22
6 or more	6	8	3	4	4	4	4	2	7	1	6	12	6	6	4	5	1	6	0	1

	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	18	12	19	23	14	19	7	24	17	9	23	4	17	14	15	14	21	16
1 to 2	44	57	52	53	36	44	31	34	50	51	27	38	46	55	45	50	40	57
3 to 5	35	28	25	22	44	27	55	27	27	26	35	58	35	27	35	29	34	26
6 or more	4	3	4	2	7	9	7	15	6	13	15	0	2	5	6	6	4	1

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
None	26	10	23	18	16	14	14	13	12	15
1 to 2	54	34	39	52	44	62	41	40	49	54
3 to 5	12	42	32	25	37	22	38	41	34	24
6 or more	8	15	7	4	3	2	6	6	5	7

One quarter of teenagers living in the northwest region of the state (24%) said they do not currently participate in any extracurricular activities, significantly higher than what was reported in 2016, and the highest of all demographic segments (although followed closely by those in the central region, at 23%, and those who identified themselves as LGBQ, at 22%).

Extracurricular Activity and Substance



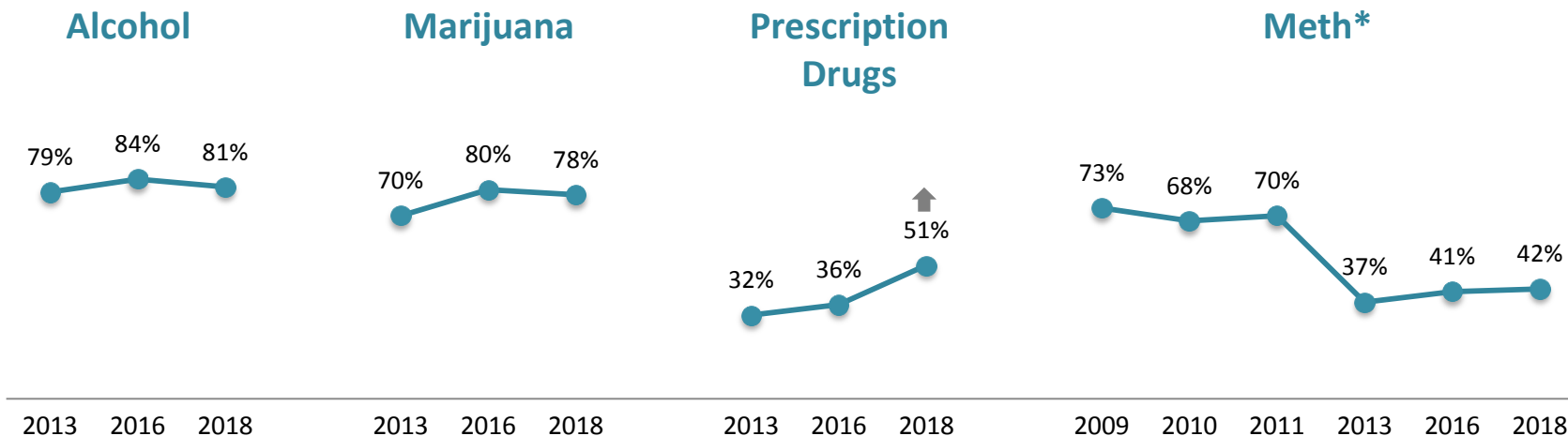
	Number of Activities			
	None	One to two	Three to five	Six or more
Sample Size	88	313	171	28
Substance Use (% Ever used)				
Meth	1	1	4	9
Marijuana	24	16	16	9
Prescription Pain Relievers	3	4	6	0
Prescription Stimulants	2	5	4	0
Alcohol	41	35	37	47
Direct Offers (% Yes)				
Meth	6	7	9	10
Marijuana	37	32	31	41
Prescription Drugs	21	15	20	15
Alcohol	43	28	35	33
Curious to Try (% Very + Somewhat Curious)				
Meth	5	7	3	3
Marijuana	23	26	14	8
Prescription Pain Relievers	9	11	10	3
Prescription Stimulants	15	16	14	3
Alcohol	25	26	20	22

The number of extracurricular activities teenagers participate in did not have a strong relationship to their use of, or access to (direct offers), any of these substances, nor did it impact their level of curiosity to try any of these substances. The only statistically significant difference was seen among those who participate in three to five activities, whose level of curiosity to try marijuana was substantially lower, at 14%.

Family Discussions



“Have you ever talked to your parents about [substance]?” (% Yes)



Base: Those aware of each substance; varies by substance

Family discussions about alcohol, marijuana and meth remained statistically unchanged from 2016, currently at 81%, 78% and 42%, respectively. For prescription drugs, however, family discussions have increased significantly over the years, reaching a record high of 51% today.

* Meth data for 2009, 2010 and 2011 are obtained from the Colorado Meth Use & Attitudes Survey conducted by GfK Roper.

Family Discussion by Demographics



Yes (%)

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero- sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	28	39	42	45	50	37	47	44	34	42	44	42	44	37	39	47	53	42	42	45
Marijuana	79	71	79	73	82	70	80	79	80	81	79	88	81	79	79	77	84	77	96	86
Prescription Drugs	27	42	29	46	35	49	44	51	41	55	36	53	37	51	36	51	44	51	39	51
Alcohol	80	72	81	79	82	69	91	80	82	87	86	89	84	80	84	82	91	80	75	87

	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	40	40	45	38	44	46	42	47	37	55	42	52	41	38	42	45	45	37
Marijuana	80	76	83	79	80	83	79	76	76	93	81	80	77	75	79	81	88	73
Prescription Drugs	35	46	40	50	40	59	30	63	41	64	39	48	36	49	37	51	39	47
Alcohol	84	79	87	79	77	89	84	84	87	80	89	87	84	79	86	86	84	70

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	53	61	45	38	41	43	43	46	30	24
Marijuana	86	90	84	62	81	79	79	83	70	73
Prescription Drugs	43	61	42	40	36	55	32	52	36	34
Alcohol	89	77	82	65	85	83	82	88	85	76

The increase in the percentage of teenagers having talked with their parents about prescription drugs is seen across all demographic segments, with the largest gain among those who live in the northwest region of the state (+33 points). Meanwhile, family discussion of marijuana decreased significantly since 2016 among 14 year-olds, those who identify as heterosexual, Hispanic, and those with household incomes of \$35-49K.

Family Discussion and Substances



	Have talked to parents about... (%)			
	Alcohol	Marijuana	Prescription Drugs	Meth
Sample Size	476	454	239	218
Substance Use (% Ever used)				
Meth	2	3	4	5
Marijuana	19	21	19	20
Prescription Pain Relievers	4	5	5	3
Prescription Stimulants	4	5	5	4
Alcohol	40	41	41	41
Direct Offers (% Yes)				
Meth	8	8	9	13
Marijuana	35	36	39	39
Prescription Drugs	18	20	23	24
Alcohol	38	38	43	42
Curious to Try (% Very + Somewhat Curious)				
Meth	6	6	4	4
Marijuana	24	24	26	23
Prescription Pain Relievers	10	11	10	12
Prescription Stimulants	15	16	16	15
Alcohol	28	27	29	26

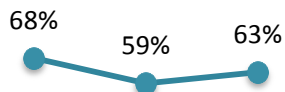
Teens who have talked to their parents about meth were significantly more likely to have been offered meth and alcohol (13% and 42%, respectively). Those who have talked to parents about prescription drugs were also significantly more likely to have been offered alcohol (43%). However, family discussions did not make statistically significant differences on teens' use of, or curiosity to try, any of these substances.

Discouraging Friends

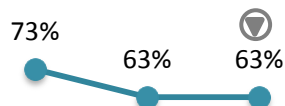


“Would you give a friend a hard time if he or she were going to try [substance]?” (% Yes)

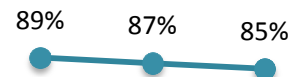
Alcohol



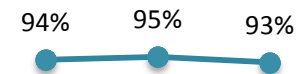
Marijuana



Prescription Drugs



Meth



Base: Those aware of each substance; varies by substance

2013 2016 2018

2013 2016 2018

2013 2016 2018

2013 2016 2018

Six out of ten teenagers said they would give a friend a hard time for trying alcohol or marijuana (both at 63%), while for prescription drugs and meth, about nine out of ten said they would give their friends a hard time for considering using either of those substances. These percentages are statistically unchanged from 2016. However, compared to 2013, discouraging friends from using marijuana declined significantly, down ten points from 73% to 63% today.

Discouraging Friends by Demographics



Yes (%)

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero- sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	89	94	99	91	94	89	94	95	97	93	93	96	96	94	94	92	97	93	95	92
Marijuana	67	81	83	79	74	70	59	62	58	56	49	48	65	60	62	66	63	65	43	45
Prescription Drugs	85	86	92	85	85	85	89	82	83	84	87	87	91	87	84	83	90	84	89	88
Alcohol	71	89	78	81	74	71	53	61	53	51	43	46	62	61	57	64	67	63	59	56

	Denver/ Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	95	92	90	95	95	95	100	89	98	95	96	91	95	94	96	94	93	92
Marijuana	66	65	59	65	60	60	65	68	63	58	56	41	68	63	64	64	66	58
Prescription Drugs	89	83	88	86	79	85	92	90	83	87	75	95	88	83	88	86	83	81
Alcohol	64	63	55	64	48	59	53	76	61	54	58	56	65	64	59	62	61	64

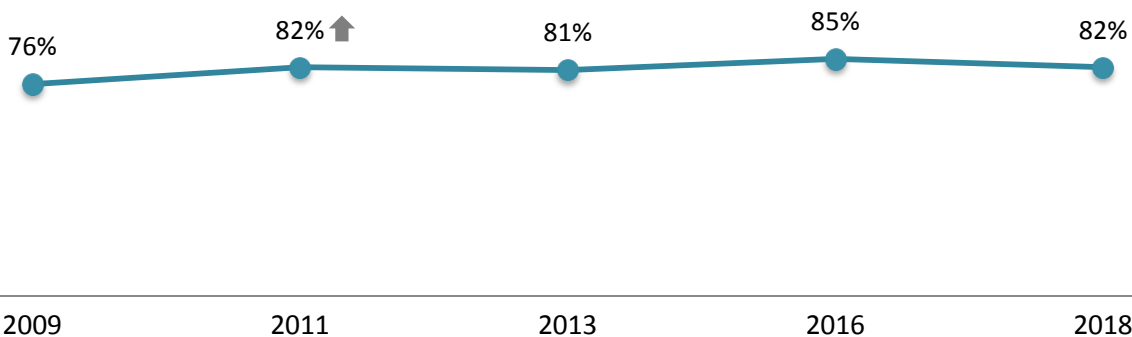
	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	95	93	94	95	94	91	98	92	93	98
Marijuana	49	66	60	69	58	55	73	69	69	79
Prescription Drugs	84	84	86	90	87	81	89	88	86	81
Alcohol	66	62	62	67	59	61	57	68	60	65

Discouraging friends from drinking alcohol increased significantly since 2016 among 12 year-olds (+18 points) and those who live in the northwest region of the state (+23 points).

Being Encouraged Not to Use Meth



“Would your friends give YOU a hard time for using meth?” (% Yes)



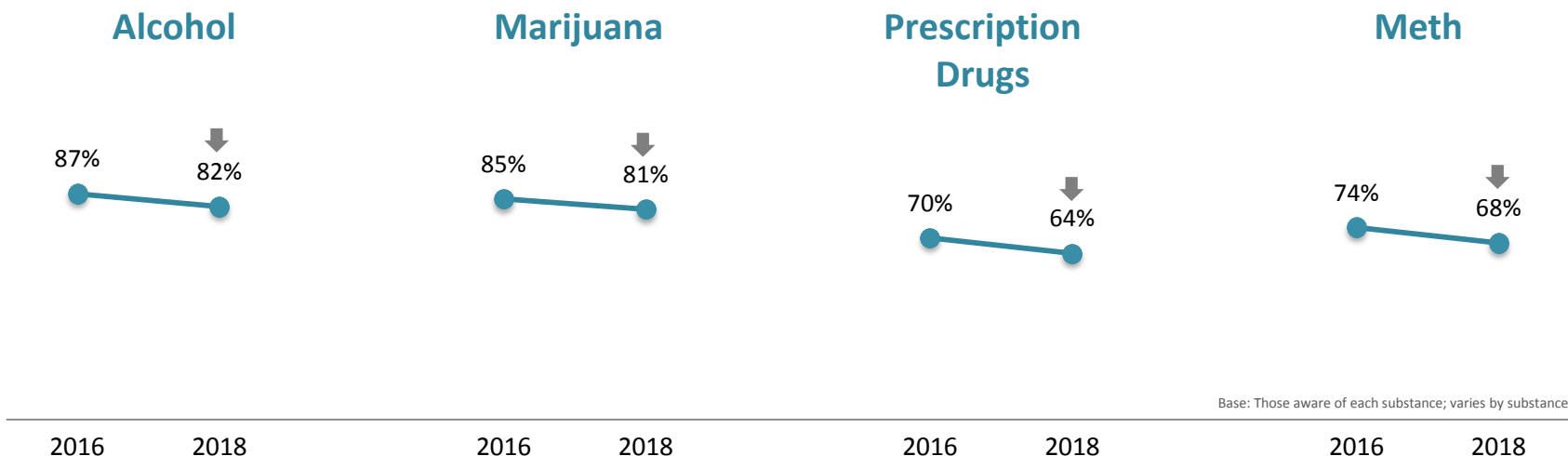
Base: Those aware of meth; n=525

Eight out of ten teenagers (82%) said their friends would discourage them from using meth, statistically unchanged since 2011.

Substance Education at School



“Has your school ever provided any education about the risk of using [substance]?” (% Yes)



Eight out of ten teenagers said that their school has provided education about the risk of using alcohol (82%) and marijuana (81%), both significantly lower than what was reported in 2016. For the risk associated with using prescription drugs and meth, approximately two thirds of teenagers said they've received information from their school on those substances (at 64% and 68%, respectively), also significantly lower than 2016.

Substance Education by Demographics



Yes (%)

	Age 12		Age 13		Age 14		Age 15		Age 16		Age 17		Female		Male		Hetero-sexual		LGBQ	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	47	72	74	74	77	63	76	79	80	65	71	63	75	66	73	71	78	67	85	75
Marijuana	79	90	84	76	84	82	89	89	89	78	83	78	84	85	87	78	87	82	87	79
Prescription Drugs	77	58	64	69	67	63	69	72	70	60	72	61	64	64	74	64	70	64	59	64
Alcohol	88	83	84	82	89	77	87	88	91	82	84	82	87	79	87	86	84	83	81	77

	Denver/Boulder		Central		Northeast		Northwest		Southeast		Southwest		Constellation		Caucasian		Hispanic	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	78	66	72	70	71	71	62	76	63	75	67	72	74	68	75	70	68	61
Marijuana	89	78	81	88	84	81	85	71	83	94	65	94	87	80	86	81	80	81
Prescription Drugs	72	65	66	62	63	62	74	53	70	70	65	88	76	67	70	65	66	55
Alcohol	88	80	84	89	84	86	91	79	89	83	89	87	88	81	87	83	86	80

	Income <\$35K		Income \$35-49K		Income \$50-74K		Income \$75-99K		Income \$100K+	
	2016	2018	2016	2018	2016	2018	2016	2018	2016	2018
Meth	80	71	68	79	70	66	78	72	82	58
Marijuana	85	93	80	85	84	77	90	87	89	81
Prescription Drugs	67	55	65	73	72	65	66	73	74	54
Alcohol	89	84	80	86	87	79	90	91	91	76

Among 12 year-olds, the percentage saying their school has provided education on the risk of using meth increased significantly, from 47% in 2016 to 72% today. For all other demographic groups, school education on substances either decreased significantly, or remained statistically unchanged, from 2016.



Social Norms

Reported vs Perceived Substance Use: Age 12 to 14



Participants were asked what percentage of the students at their school, as well as in just their grade, they believed have used each of these substances in the past 30 days. The purpose of these questions was to see the gap between reported and estimated use. Use of marijuana and alcohol are the most likely to be overestimated by participants who are 12 to 14 years of age.

2016			Gap	2018			Gap
Alcohol	Perceived Use At School	<div><div></div></div> 23%	+18	Perceived Use At School	<div><div></div></div> 19%	+14	
	Perceived Use In Grade	n/a		Perceived Use In Grade	<div><div></div></div> 12%		
	Reported Use	<div><div></div></div> 5%		Reported Use	<div><div></div></div> 5%		
Marijuana	Perceived Use At School	<div><div></div></div> 20%	+18	Perceived Use At School	<div><div></div></div> 21%	+18	
	Perceived Use In Grade	n/a		Perceived Use In Grade	<div><div></div></div> 17%		
	Reported Use	<div><div></div></div> 2%		Reported Use	<div><div></div></div> 3%		
Prescription Stimulants	Perceived Use At School	<div><div></div></div> 8%	+8	Perceived Use At School	<div><div></div></div> 7%	+6	
	Perceived Use In Grade	n/a		Perceived Use In Grade	<div><div></div></div> 5%		
	Reported Use	<div><div></div></div> 0%		Reported Use	<div><div></div></div> 1%		
Prescription Pain Relievers	Perceived Use At School	<div><div></div></div> 10%	+10	Perceived Use At School	<div><div></div></div> 9%	+8	
	Perceived Use In Grade	n/a		Perceived Use In Grade	<div><div></div></div> 6%		
	Reported Use	<div><div></div></div> 0%		Reported Use	<div><div></div></div> 1%		
Meth	Perceived Use At School	<div><div></div></div> 4%	+4	Perceived Use At School	<div><div></div></div> 9%	+8 ↑	
	Perceived Use In Grade	n/a		Perceived Use In Grade	<div><div></div></div> 5%		
	Reported Use	<div><div></div></div> 0%		Reported Use	<div><div></div></div> 1%		

Perceived Use At School- What percentage of students at your school do you believe have used [substance] during the past 30 days?













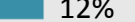








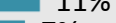



Perceived Use In Grade [New Question Added for 2018] - What percentage of students in your grade do you believe have used [substance] during the past 30 days?

Reported Use - In the past 30 days, how many times have you used [substance]?

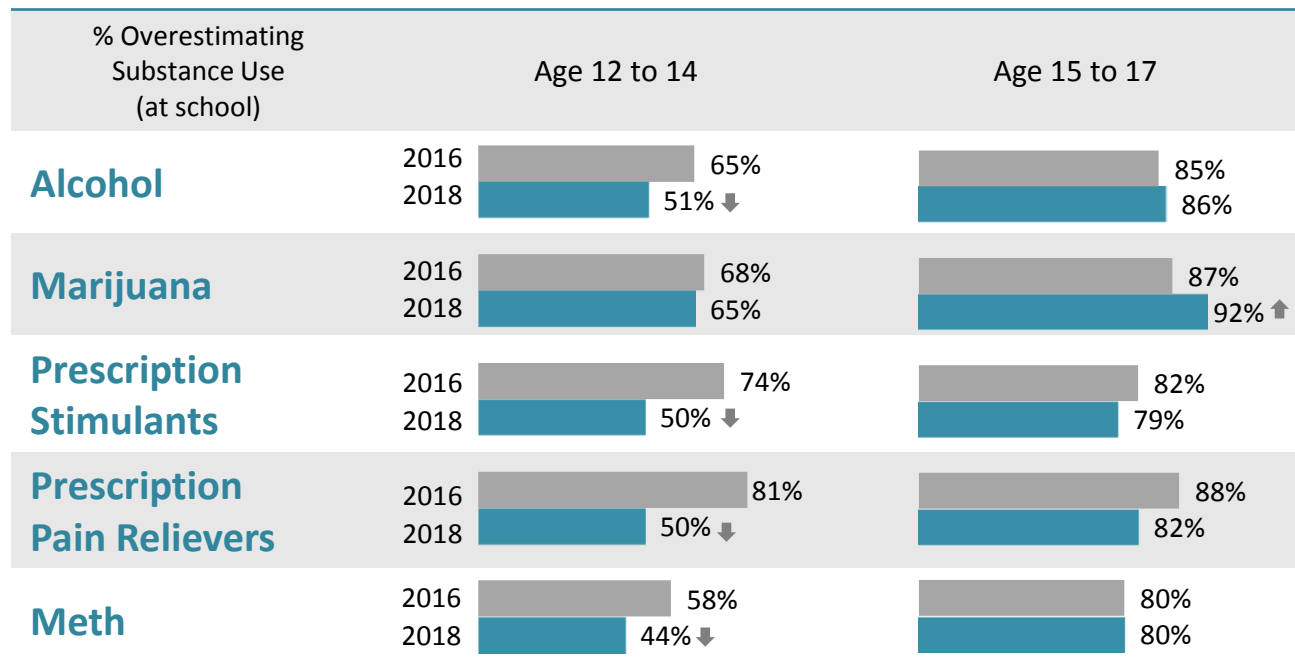
Reported vs Perceived Substance Use: Age 15 to 17



Among teens 15 to 17 years of age, marijuana and alcohol again have the largest gaps between reported and perceived use, but at twice the levels seen among 12 to 14 year-olds.

2016			Gap	2018			Gap
Alcohol	Perceived Use At School	 44%		Perceived Use At School	 45%		
	Perceived Use In Grade	n/a		Perceived Use In Grade	 35%		+31
	Reported Use	 13%		Reported Use	 14%		
Marijuana	Perceived Use At School	 39%		Perceived Use At School	 43%		
	Perceived Use In Grade	n/a		Perceived Use In Grade	 36%		+34
	Reported Use	 6%	+33	Reported Use	 9%		
Prescription Stimulants	Perceived Use At School	 15%		Perceived Use At School	 16%		
	Perceived Use In Grade	n/a		Perceived Use In Grade	 12%		+15
	Reported Use	 1%	+14	Reported Use	 1%		
Prescription Pain Relievers	Perceived Use At School	 17%		Perceived Use At School	 19%		
	Perceived Use In Grade	n/a		Perceived Use In Grade	 13%		+18
	Reported Use	 1%	+16	Reported Use	 1%		
Meth	Perceived Use At School	 7%		Perceived Use At School	 11%		
	Perceived Use In Grade	n/a		Perceived Use In Grade	 7%		+11
	Reported Use	 0%	+7	Reported Use	 0%		

Substance Use Overestimation (at school)



The percentage of middle schoolers (age 12 to 14) overestimating their schoolmates' recent use of alcohol, prescription drugs and meth decreased significantly since 2016, while among high schoolers (age 15 to 17), the percentage overestimating marijuana use increased significantly, from 87% in 2016 to 92% today.

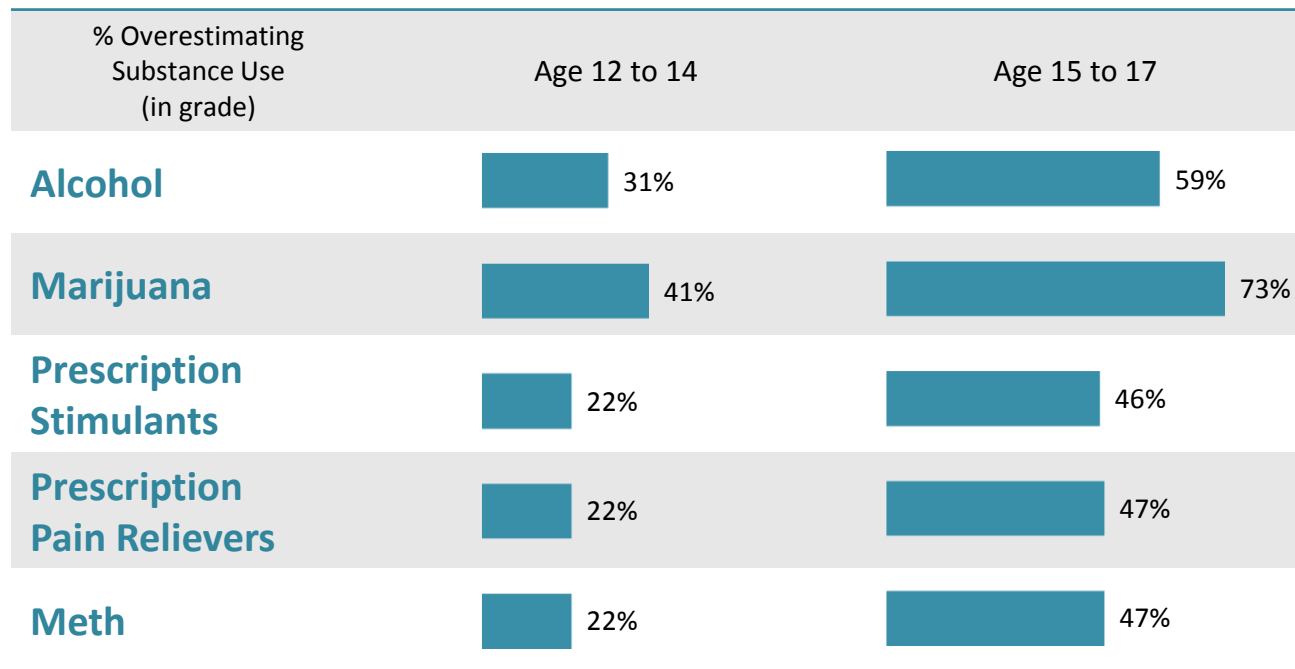
Substance Use Overestimation (continued)



		Overestimation of Substance Use				
		Alcohol	Marijuana	Stimulants	Pain Relievers	Meth
Sample Size		349	403	243	254	256
Substance Use (% Ever used)						
Meth		2	3	2	2	4
Marijuana		22	22	22	23	21
Prescription Pain Relievers		6	5	7	8	7
Prescription Stimulants		6	5	8	8	7
Alcohol		48	47	46	48	50
Direct Offers (% Yes)						
Meth		9	9	8	11	12
Marijuana		41	42	40	44	42
Prescription Drugs		20	20	22	23	24
Alcohol		43	40	42	41	43
Curious to Try (% Very + Somewhat Curious)						
Meth		7	6	6	6	7
Marijuana		23	24	20	22	20
Prescription Pain Relievers		13	12	14	12	9
Prescription Stimulants		17	15	16	16	14
Alcohol		27	31	25	25	33

Teenagers who had been offered marijuana and alcohol were also more likely to have overestimated substance use among their peers. Those who overestimated their schoolmates' recent use of substances were also significantly more likely to have consumed alcohol, at or close to 50%.

Substance Use Overestimation (in grade)



Both middle school- and high school-aged youth were less likely to overestimate within their immediate peer group (in their own grade) than when surveyed about their perceptions of those in their school.

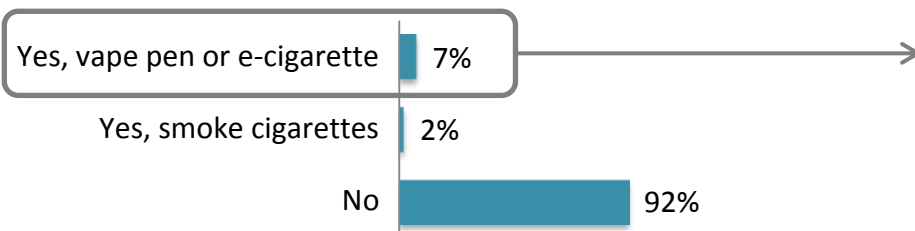


Smoking & Vaping

Smoking and Vaping

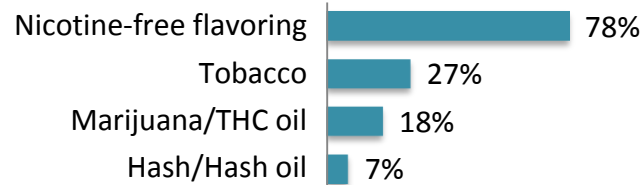


“Do you smoke, including using a vape pen or other e-cigarette?”



Base: All participants; n=604
Sum of percentages exceed 100% due to multi-responses.

“Which of the following do you use in your vape pen?”



Base: Those who use a vape pen; n=38
Sum of percentages exceed 100% due to multi-responses.

In the 2018 survey, participants were asked for the first time if they smoke, use a vape pen or some other form of e-cigarette. The vast majority of teenagers (92%) said they don't, while 7% said they use a vape pen or e-cigarette, and 2% said they smoke cigarettes. Of those who use a vape pen, three-fourths (78%) said they use nicotine-free vape juice or flavoring, 27% use tobacco, 18% use marijuana/THC oil, and 7% use hash/hash oil.

Smoking and Vaping by Demographics



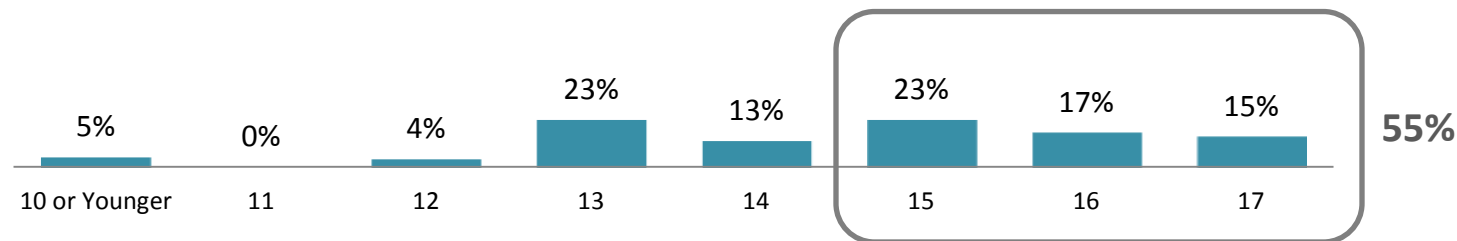
Smoking and Vaping (%)	Age						Region							Ethnicity		Gender		Sexual Orientation	
	12	13	14	15	16	17	Denver/ Boulder	Central	NE	SE	SW	NW	Constell- ation	Cauca- sian	Hispa- nic	Female	Male	Hetero	LGBQ
Sample Size	47	118	108	110	127	94	311	91	89	47	27	39	301	410	145	297	303	489	85
Yes, smoke cigarettes	0	0	3	1	3	5	2	5	3	2	0	0	2	2	5	1	4	3	1
Yes, use a vape pen	0	2	7	7	7	14	6	10	7	10	8	5	8	7	8	6	8	7	11
No	100	98	92	92	91	82	93	88	90	90	92	95	91	91	89	93	90	92	89

The older the teenager, the more likely he/she is to smoke cigarettes or use a vape pen (18% among 17 year-olds versus 0% among 12 year-olds).

Smoking/Vaping for the First Time

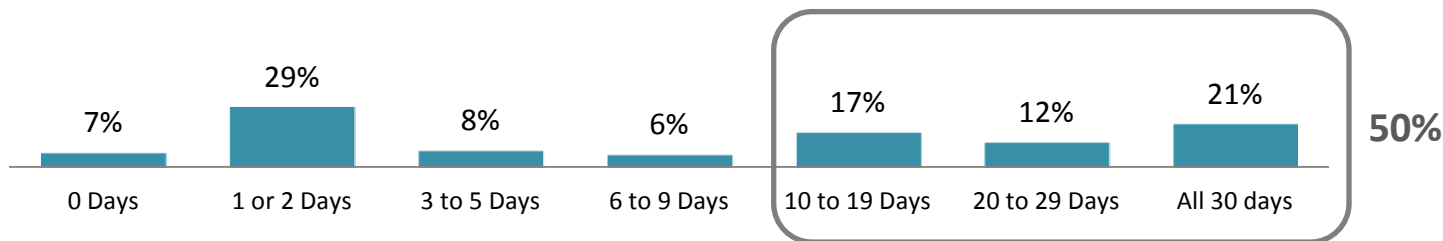


“How old were you when you first started smoking or vaping?”



Base: Those who smoke or use a vape pen; n=46

“During the past 30 days, how many times (days) have you smoked or vaped?”



Of the teenagers who smoke or use a vape pen, half (55%) said they started when they were at least 15 years old. And half of those who smoke or use a vape pen (50%) said they’ve smoked or vaped 10 or more days within the past 30 days.

Smoking/Vaping and Substance



	Smoke or Vape (%)	
	Yes	No
Sample Size	56	545
Substance Use (% Ever used)		
Meth	17	1
Marijuana	60	13
Prescription Pain Relievers	20	2
Prescription Stimulants	24	2
Alcohol	73	34
Direct Offers (% Yes)		
Meth	16	6
Marijuana	68	31
Prescription Drugs	52	15
Alcohol	60	31
Curious to Try (% Very + Somewhat Curious)		
Meth	11	5
Marijuana	60	20
Prescription Pain Relievers	26	9
Prescription Stimulants	39	12
Alcohol	32	24

Teens who smoke cigarettes or use a vape pen were significantly more likely to have used all five types of substances surveyed, and also significantly more likely to have been offered marijuana, prescription drugs and alcohol (at 52% or higher). They also showed significantly higher levels of curiosity to try marijuana and prescriptions.



Segmentation

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 just on prior variables such as demographic characteristics, 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. We continue in this fashion, going next to 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 still most belong to that group, or if another group now fits them better. 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.

Understanding a Statistical Segmentation (continued)



This process is repeated, varying the number of segments, typically looking at groupings as few as three 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 the 2013 and 2016 segmentations among Colorado teens, the questions used to create the segments were those regarding teens' attitudes toward drugs. 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. For 2018, we included the new questions on personal safety, as well as the new protective factors added to the attitudinal assessment, which resulted in a more realistic segmentation than in the past.

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, gender or sexual orientation.

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

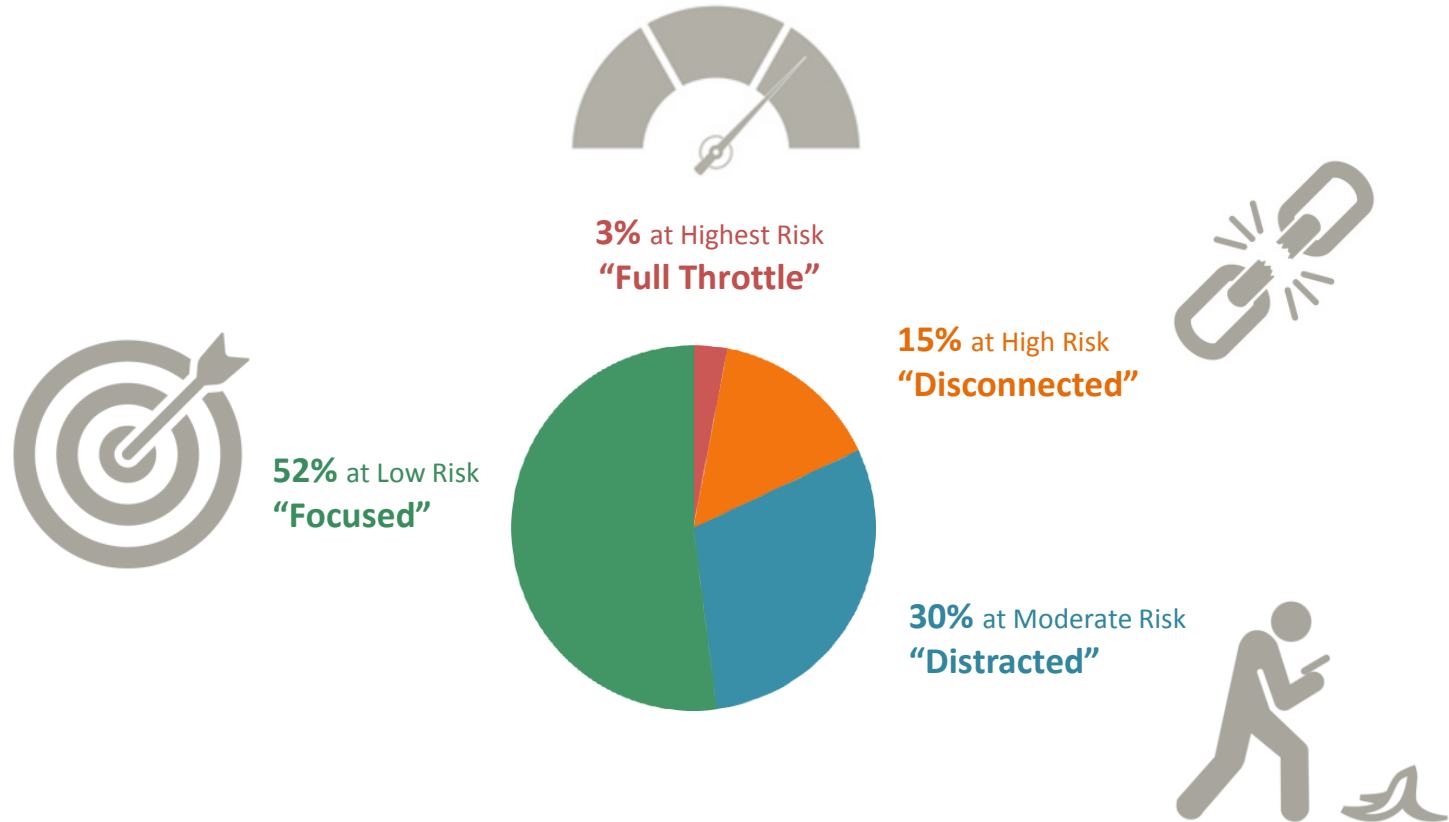


The following survey questions were used in the segmentation.* Questions in blue are new for the 2018 segmentation.

- 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.
- Getting good grades is 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.
- I am capable of standing up for my beliefs so that I don't fall victim to peer pressure.
- On most days I look forward to going to school.
- When I'm in a difficult situation, I can usually find a safe way out of it.
- I am confident that if I experimented with drugs, I could stop whenever I wanted.
- Experimenting with drugs is just part of being a teenager – it's not that big of 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.
- Taking someone else's prescription drugs is safer than using 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 like Vicodin or OxyContin are not addictive.
- In the past 30 days, did you ever not go to school because you thought it would be unsafe at school or unsafe on your way to or from school?
- Have you lived with anyone who was a problem drinker or alcoholic or who used street drugs?
- Has a member of your household been depressed or mentally ill or attempted suicide?
- How many extracurricular activities do you participate in, either at or outside of school, such as arts, sports, band, drama, clubs, youth group, or student government?
- Thinking about an average day, how much time do you spend on social media such as Facebook, Instagram, Snapchat, Twitter, etc.?
- During the past 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.

* Segments were derived using a latent class analysis package in R (poLCA).

Segments Identified



Protective Factors



% Strongly + Somewhat Agree		Focused	Distracted	Disconnected	Full Throttle
Sample Size		324	174	89	17
I know an adult in or out of school, other than my parents, who I could talk to or go to for help		96	92	66	100
The schoolwork I am assigned is often meaningful and important to me		88	67	7	79
Getting good grades is important to me		99	93	64	95
I have goals that I have set for myself which are really important to me		99	96	85	100
If I have a personal problem, I can go to one of my parents for help		97	95	71	100
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure		99	100	80	98
On most days I look forward to going to school		87	66	12	100
When I'm in a difficult situation, I can usually find a safe way out of it		98	91	68	100

Members of the Focused segment are significantly more likely to agree with all of the protective factor statements than members of other segments, with virtually all of the Focused participants (99%) agreeing that *Getting good grades is important to me*, *I have goals that I have set for myself which are really important to me*, and *I am capable of standing up for my beliefs so that I don't fall victim to peer pressure*. Meanwhile, those in the Disconnected segment show the lowest levels of agreement on all of the protective factors, with just 7% agreeing that *The schoolwork I am assigned is often meaningful and important to me*. Those in the Distracted segment rate their agreement on many of the protective factors nearly as high as those in the Focused segment, with the largest differences surrounding their enjoyment of school (or rather lack thereof). Interestingly, of the 17 teens who were classified as the Full Throttle segment, they show some of the highest levels of agreement on these protective factors.

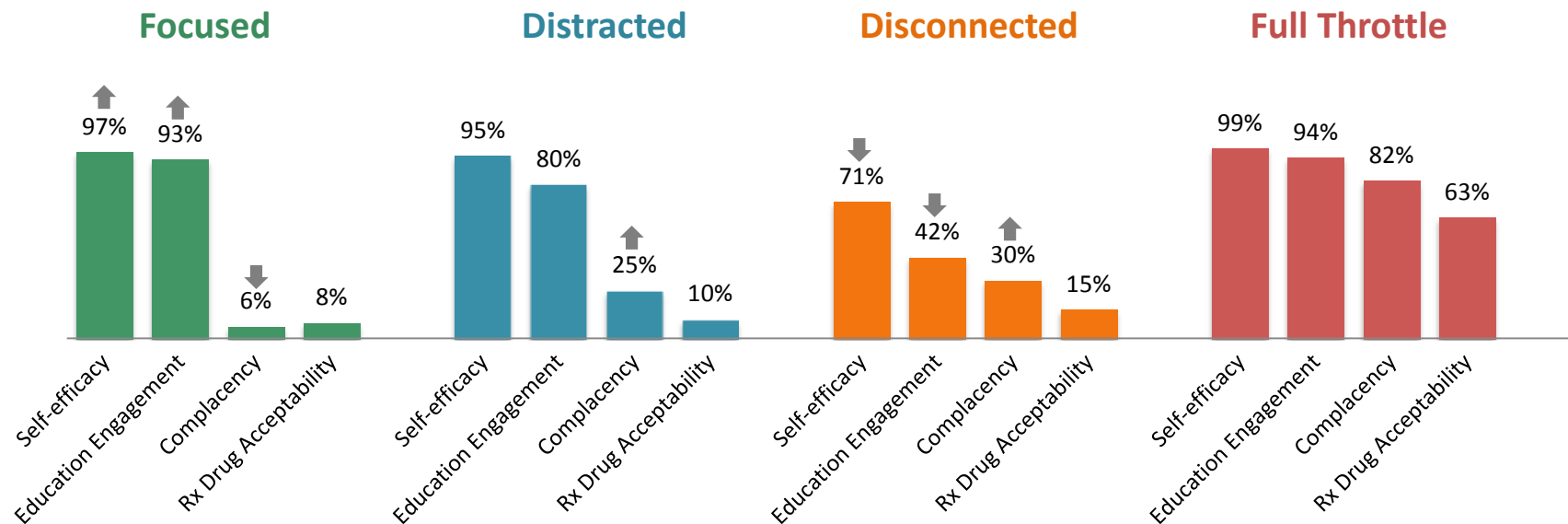
Risk Factors



% Strongly + Somewhat Agree	Focused	Distracted	Disconnected	Full Throttle
Sample Size	324	174	89	17
I am confident that if I experimented with drugs, I could stop whenever I wanted*	21	44	54	71
Experimenting with drugs is just part of being a teenager - it's not that big of a deal*	0	22	23	82
Drugs can help teens manage the stress and pressure we have to deal with*	3	20	37	100
My parents would be fine with me drinking beer once in a while	5	25	25	82
My parents would be fine with me smoking marijuana once in a while	1	14	10	75
Taking someone else's prescription drugs is safer than using illegal drugs	8	19	11	61
Using prescription drugs like Ritalin or Adderall to help you stay awake is safe, even if the prescription wasn't written for you*	4	5	23	54
Prescription pain relievers like Vicodin or OxyContin are not addictive*	10	8	10	72

When it comes to risk factors, those in the Full Throttle segment show the highest level of agreement here as well, with everyone (100%) agreeing that *Drugs can help teens manage the stress and pressure we have to deal with*. However, due to the small sample size (n=17), the Full Throttle' high ratings on these attributes are not marked as statistically significant. Those in the Disconnected and Distracted segments both have more relaxed attitudes toward using substances, but the Disconnected show higher levels of agreement than the Distracted on five of the eight risk factor statements (*), especially in terms of their belief that prescription drugs are safe. Those in the Focused segment are the least likely to agree with any of the statements in the risk factors.

Dimension Ratings



Looking at average ratings of the four dimensions derived from the factor analysis of the risk and protective factors summarizes the characteristics of each segment. The Focused highly value self-efficacy and educational engagement, while shunning substance use. The Distracted are well-grounded when it comes to self-efficacy, but less engaged at school, and more open to the possibility of substance use than the Focused. The Disconnected are the least likely to have the support of parents/adults, thus the lower scores on the self-efficacy and educational engagement dimensions, while having more relaxed attitudes toward substance use. Those in the Full Throttle segment are at great risk for substance abuse because of their high level of complacency and prescription drug acceptability, but on a positive note, they strongly believe in themselves and are highly engaged at school.

Segment by Age

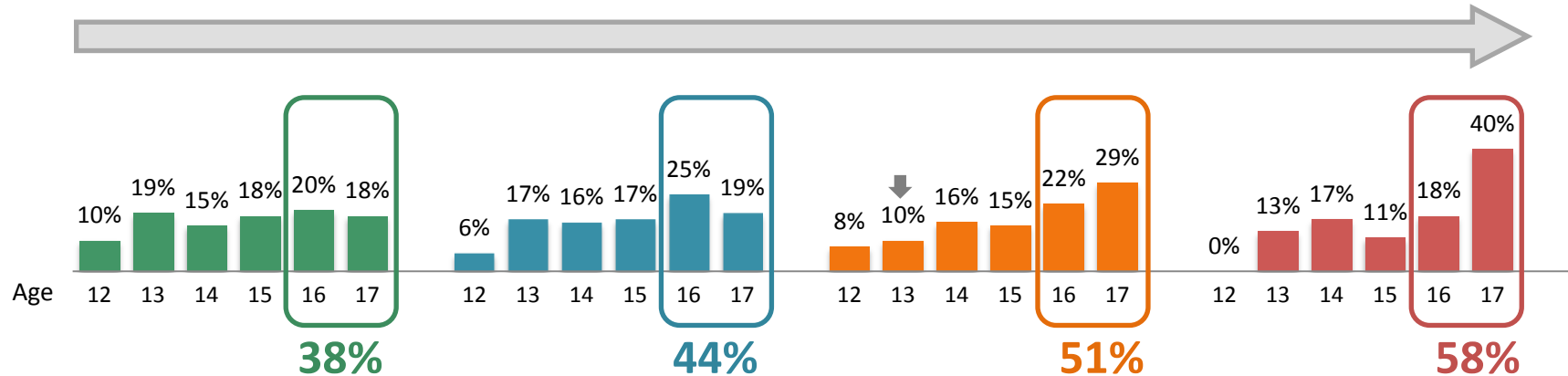


Focused Low Risk

Distracted Moderate Risk

Disconnected High Risk

Full Throttle Highest Risk



As we move from segments with low to high levels of risk for using substances, the age distribution of teenagers gets heavier on the older side, from 38% at age 16 or older among the Focused to 58% among the Full Throttle.

Segment Demographics



(%)		Focused	Distracted	Disconnected	Full Throttle
Sample Size		324	174	89	17
Gender	Male	50	54	47	71
	Female	50	46	53	29
Sexual Orientation	Heterosexual	84	81	74	86
	LGBQ	13	17	23	14
	Refused	3	2	3	0
Ethnicity	Caucasian	70	67	66	71
	Hispanic	23	26	24	29
	African American	3	5	6	0
	Other	4	2	4	0
Income	<\$35K	3	5	4	5
	\$35-49K	22	14	17	32
	\$50-74K	35	45	50	34
	\$75-99K	24	22	23	6
	\$100K	16	14	6	23

Teens in the Disconnected segment are the least likely to live within the zip codes where median household incomes are \$100K or more, whereas among the Full Throttle, one quarter (23%) live within those zip codes. Seven out of ten of those in the Full Throttle segment are teenage boys (71%), but the difference is not marked as statistically significant due to the small sample size.

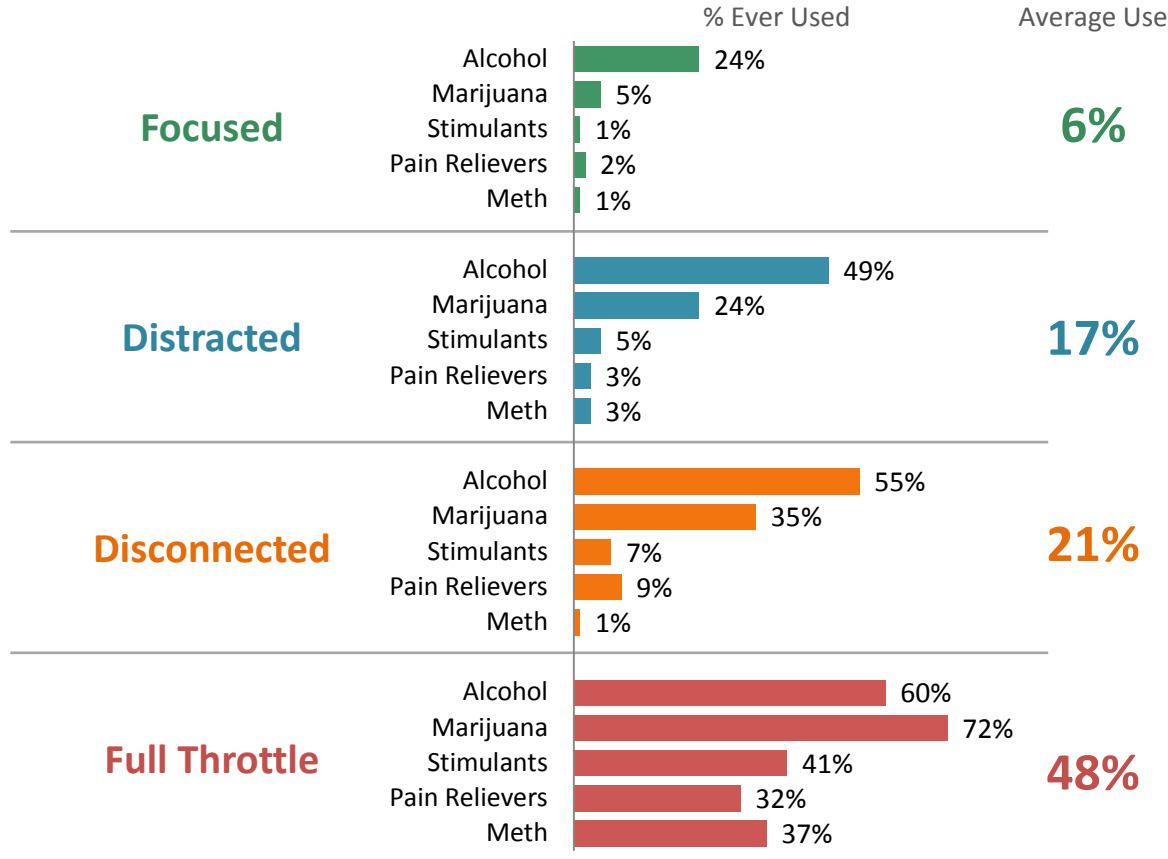
Segment Demographics (continued)



		Focused	Distracted	Disconnected	Full Throttle
Sample Size		324	174	89	17
Social Media Use	Less than 30 mins	29	15	26	10
	30 mins to 1 hour	26	15	2	18
	1 to 2 hours	23	34	35	13
	3 to 5 hours	15	26	13	19
	More than 5 hours	5	9	20	39
	Don't know	3	2	4	1
Mentally Difficult Days	None	49	23	5	29
	1-2 days	22	25	18	19
	3-5 days	16	20	27	20
	6+ days	13	31	51	32
Personal Safety	Missed school because of safety concerns	4	7	27	27
	Lived with someone with alcohol problems	11	19	42	62
	Someone in family with mental health issues	15	37	46	47

When it comes to social media use, the differences between segments were dramatic, with just 5% among the Focused using social media for five or more hours a day, compared to 39% among the Full Throttle. The Disconnected stand out for having the greatest number of mentally difficult days (with 51% having six or more mentally trying days per month). When it comes to personal safety concerns, the Full Throttle and the Disconnected are the most likely to live with someone that has alcohol or drug problems, as well as mental health issues, especially the Full Throttle.

Substance Use



Substance use is very low among the Focused, averaging just 6%, whereas among the Full Throttle, nearly half (48%) have used some kind of substance, with 72% having used marijuana. The Full Throttle is the only group that shows marijuana use higher than alcohol (72% versus 60%), while all other segments have alcohol at the top of their charts.

The Distracted are less likely to have used substances than the Disconnected (17% versus 21%), but still half of the Distracted (49%) drank alcohol, and one quarter (24%) have used marijuana.

Perceived Risk



% Great Risk		Focused	Distracted	Disconnected	Full Throttle
Sample Size		324	174	89	17
Limited Use of	Meth	88	83	81	59
	Heroin	90	88	78	50
	Prescription Pain Relievers	79	59	38	37
	Prescription Stimulants	69	37	39	62
	Marijuana	54	14	14	18
	Alcohol	36	7	13	13
Regular Use of	Meth	95	94	94	79
	Heroin	96	95	94	84
	Prescription Pain Relievers	94	80	68	37
	Prescription Stimulants	84	69	54	68
	Marijuana	82	41	27	20
	Alcohol	79	57	47	54

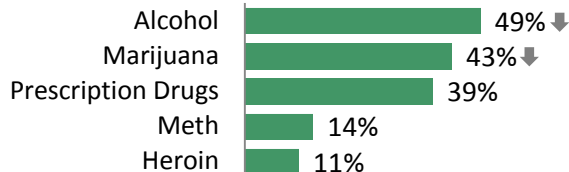
The Focused are the most likely to consider both the limited and regular use of prescription drugs, marijuana and alcohol to be a great risk, while the Disconnected and the Full Throttle are the least likely to say so. The Distracted show a more relaxed attitude toward regular use of marijuana and alcohol than the Focused, but still consider it a great risk, much more so than the Disconnected and the Full Throttle. Both meth and heroin are perceived as having a great risk to be used either sporadically or regularly, regardless of segments.

Access

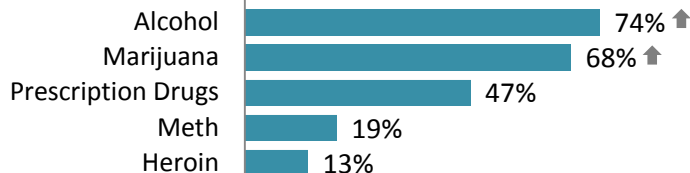


% Very + Somewhat Easy

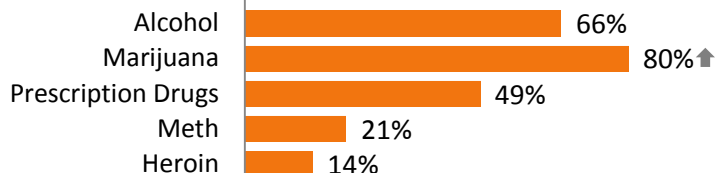
Focused



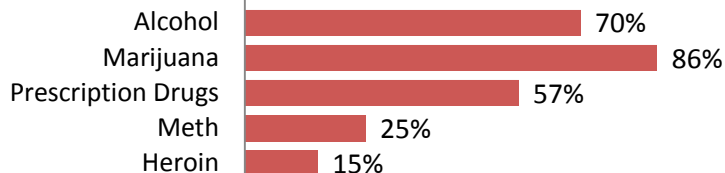
Distracted



Disconnected



Full Throttle



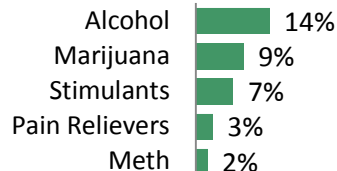
The Focused are significantly less likely to say it is either “Very” or “Somewhat Easy” to get alcohol or marijuana than teenagers in other segments, at 49% and 43%, respectively. The Distracted, on the other hand, are the most likely to say it is easy to get alcohol (74%), while for marijuana, the Full Throttle and the Disconnected have the easiest access (86% and 80%, respectively).

Curiosity

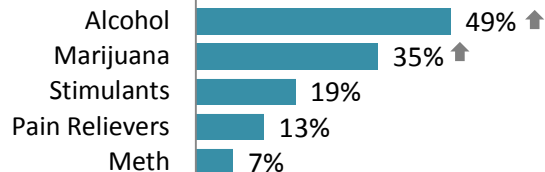


% Very + Somewhat Curious

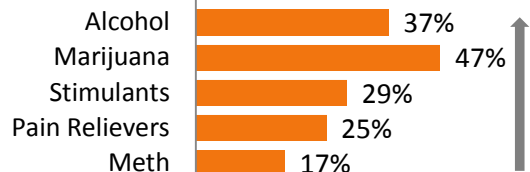
Focused



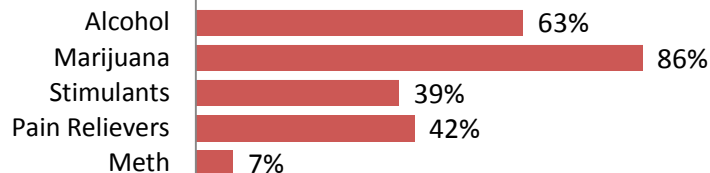
Distracted



Disconnected



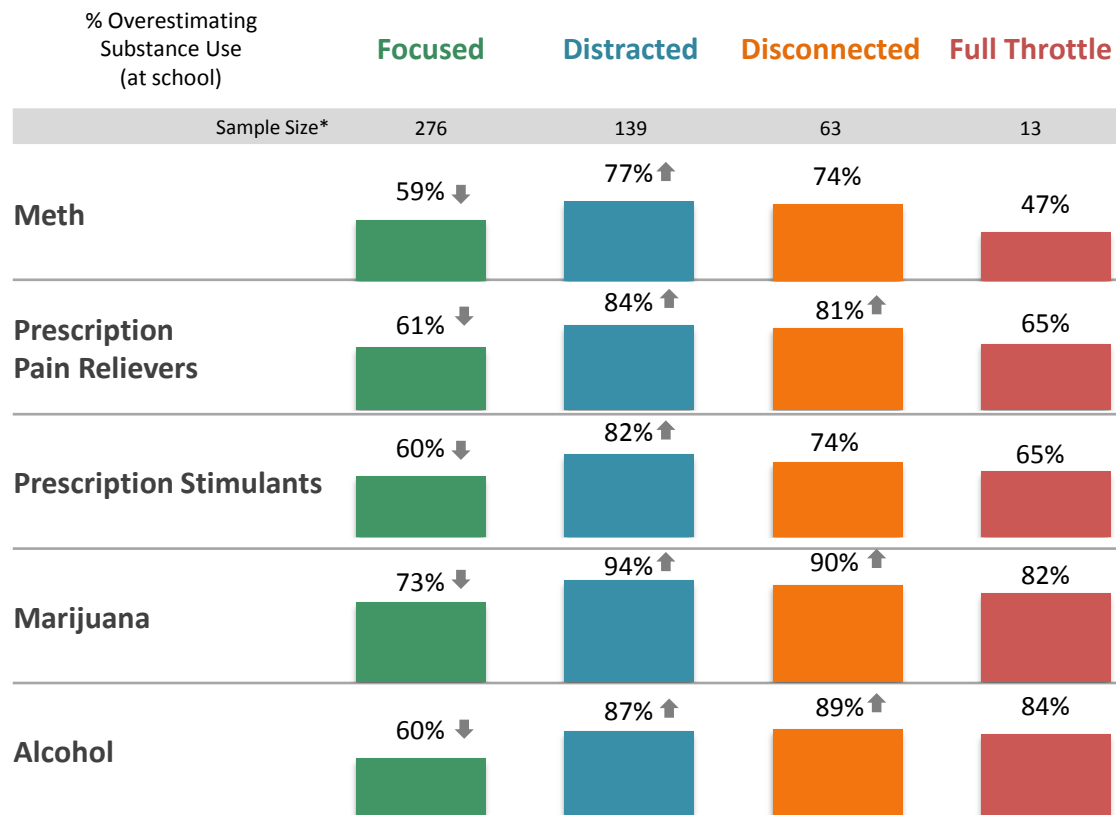
Full Throttle



When it comes to curiosity about trying substances, the Full Throttle top the chart on alcohol (63%), marijuana (86%) and prescription drugs (39% for stimulants and 42% for pain relievers), but for meth, the Disconnected are the most curious (17%).

The Focused are the least interested in trying any of these substances, whereas among the Distracted, the level of interest in alcohol and marijuana is significantly higher, at 49% and 35%, respectively.

Overestimating Substance Use



When it comes to overstating substance use at school, the Distracted are the furthest off, with at least three quarters overestimating use for all five types of substances surveyed. The Focused, on the other hand, are significantly *less* likely than other segments to overestimate their schoolmates' use of any of these substances. The Full Throttle have a more realistic perception of substance use than the Distracted or Disconnected for all but alcohol, although these differences are not statistically significant due to the small sample size (n=13).

* Varies by substance. Based on those who are aware of each substance, excluding "Don't know" responses

Smoking and Vaping



Smoking and Vaping (%)	Focused	Distracted	Disconnected	Full Throttle
Sample Size	324	174	89	17
I smoke cigarettes	1	1	6	26
I use a vape pen or smoke e-cigarettes	2	10	15	28
I don't smoke or vape	98	89	81	51

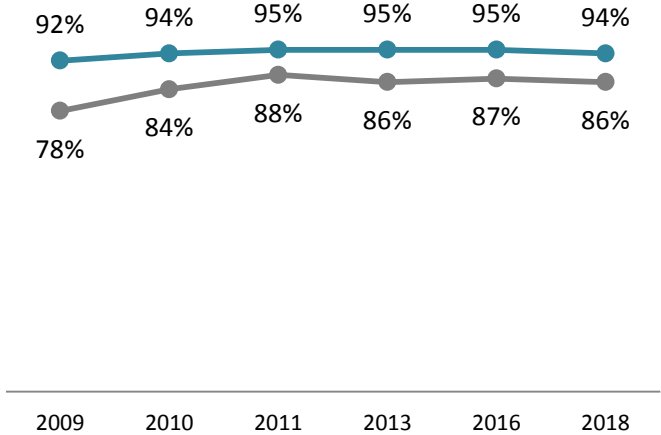
Nearly everyone in the Focused segment (98%) said they do not smoke or use a vaping device, whereas among the Full Throttle segment, half (49%) said they do, with 28% using a vape pen/e-cigarette and 26% smoking traditional cigarettes (one respondent said he/she does both).



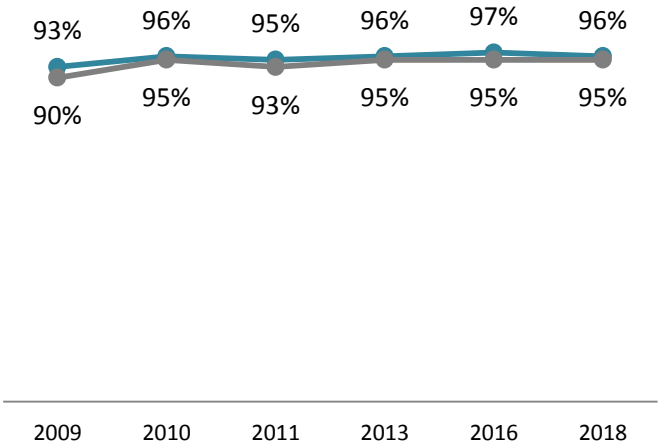
Appendix

Perceived Risk of Heroin Use

Limited Use



Regular Use



Rise Above Colorado Youth Survey: Behavioral Health and Substance Use April 2018

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 Human Services to learn about issues facing Colorado's youth.

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 youngest child above, ideally ages 12-15

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. (READ IF NEW PARENT OR GUARDIAN IS ON THE PHONE) Hello, I'm calling from HealthCare Research, an opinion research firm located in Colorado focusing on health-related issues. We are working with Rise Above Colorado, a local nonprofit, as well as the Colorado Department of Human Services to better understand the issues facing Colorado's youth 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, including what they are hearing and seeing with regard to drugs and alcohol. The information will help community and school programs better inform and support youth 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 2 → Thank & End

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: _____

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 in school are you currently in?

6th 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, but before we begin I'd like to know how you feel about some broader issues in general that impact youth. I am going to read a few statements to you and would like to know if you agree or disagree with each. The first is (READ STATEMENT. RANDOMIZE ORDER). Do you strongly agree with this statement, somewhat agree, somewhat disagree or strongly disagree?

PROTECTIVE FACTORS	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Refused
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	1	2	3	4	9
The schoolwork I am assigned is often meaningful and important to me	1	2	3	4	9
Getting good grades is important to me	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
If I have a personal problem, I can go to one of my parents for help	1	2	3	4	9
Behavioral Health Advocate					
I am capable of standing up for my beliefs so that I don't fall victim to peer pressure	1	2	3	4	9
On most days I look forward to going to school	1	2	3	4	9
When I'm in a difficult situation, I can usually find a safe way out of it	1	2	3	4	9

20. Now I'd like to ask questions more specific to drugs and drug use. The first is (READ STATEMENT. RANDOMIZE ORDER). Do you strongly agree with this statement, somewhat agree, somewhat disagree or strongly disagree?

RISK FACTORS	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Refused
Complacency					
I am confident that if I experimented with drugs, I could stop whenever I wanted	1	2	3	4	9
Experimenting with drugs is just part of being a teenager – it's not that big of 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
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
Rx Drug Acceptability					
Taking someone else's prescription drugs 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
Prescription pain relievers like Vicodin or OxyContin are not addictive	1	2	3	4	9

PERSONAL SAFETY	Yes	No	Don't Know/Refused
In the past 30 days, did you ever not go to school because you thought it would be unsafe at school or unsafe on your way to or from school?	1	2	9
Have you lived with anyone who was a problem drinker or alcoholic or who used street drugs?	1	2	9
Has a member of your household been depressed or mentally ill or attempted suicide?	1	2	9

21. 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, junk, 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, or opioids like Vicodin or OxyContin	1	2	9

22. 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 Q0) 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 that 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	1	2	3	4	9
Trying alcohol once or twice	1	2	3	4	9
Drinking alcohol regularly	1	2	3	4	9

23. 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 Q0].

	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 Q0, SKIP TO Q35]

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

_____ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know 999

25. What percentage of the students in your grade do you believe have used meth during the past 30 days?

_____ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know 999

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

_____ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused 9999

(IF Q26 = 0, SKIP TO Q29)

27. 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

28. In the past 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

(IF Q28=1 OR BLANK, ASK):

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

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

30. 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 Q26 IS NOT 0 OR 9999, SKIP TO Q33)

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

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

32. 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

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

Yes 1
No 2
Refused 9

34. Have you seen any information at your school or community talking about the risks of using meth?

Yes 1
No 2
Refused 9

MARIJUANA

(IF NEVER HEARD OF MARIJUANA IN Q0, SKIP TO Q45)

35. 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

36. What percentage of students in your grade do you believe have used marijuana during the past 30 days?

_____ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know 999

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

_____ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused 9999

(IF Q37 = 0, SKIP TO Q40)

38. 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

39. 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

40. 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 Q37 IS NOT 0 OR 9999, SKIP TO Q43)

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

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

42. 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

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

Yes 1
No 2
Refused 9

44. 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 Q0, SKIP TO Q61]

45. 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

46. What percentage of students in your grade 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

47. 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 Q47 = 0, SKIP TO Q50]

48. 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

49. 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

50. 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

51. What percentage of students in your grade 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

52. 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 Q52 = 0, SKIP TO Q55]

53. 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

54. 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

55. 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

(IF Q47 IS NOT 0 OR 9999, SKIP TO Q58)

56. 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

57. 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 Q52 IS NOT 0 OR 9999, SKIP TO Q59)

58. 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

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

Yes 1
No 2
Refused 9

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

Yes 1
No 2
Refused 9

ALCOHOL

61. What percentage of students at your school do you believe have had alcohol, meaning at least one drink rather than just a few sips, during the past 30 days?

_____ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know 999

62. What percentage of students in your grade do you believe have had alcohol, meaning at least one drink rather than just a few sips, during the past 30 days?

_____ (ENTER PERCENTAGE, BEST ESTIMATE IS FINE)

☐ Don't Know 999

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

_____ (ENTER NUMBER, BEST ESTIMATE IS FINE)

☐ Don't Know/Refused 9999

(IF Q63 = 0, SKIP TO Q66)

64. 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

65. 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

66. 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

(IF Q63 IS NOT 0 OR 9999, SKIP TO Q69)
67. Has anyone EVER OFFERED YOU alcohol?

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

68. 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

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

Yes 1
No 2
Refused 9

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

Yes 1
No 2
Refused 9

VAPING

71. Do you smoke, including using a vape pen or other e-cigarette? (Mark all that apply)

Yes, smoke cigarettes 1 → Continue Skip to Q73
Yes, use vape pen, e-cigarette 2 → Continue
No 3 → Skip to Q75
Refused 9 → Skip to Q75

72. Which of the following do you use in your vape pen? (Mark all that apply)

Tobacco 1
Marijuana/THC Oil 2
Hash/Hash Oil 3
Nicotine-free Vape Juice or flavoring 4
Refused 9

73. How old were you when you first started smoking or vaping?

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

74. During the past 30 days, how many times have you smoked or vaped?

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

OUTSIDE INFLUENCES

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

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

76. 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

77. During the past 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

CAMPAIGN AWARENESS QUESTIONS

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

- Yes 1 → Continue
 No 2 → Skip to Q81
 Not Sure/Refused 9 → Skip to Q81

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

80. Have you ever seen or heard messaging using the phrase "On The Rise"?

- Yes 1
 No 2
 Not Sure/Refused 9

81. 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 Q83
 Don't Remember/Refused 9 → Skip to Q83

82. 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

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

[ENTER #] []

84. 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

85. Are you Latino, Hispanic or Spanish?

Yes 1 → Skip to Q87
 No 2
 Refused 9

86. 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
 Prefer not to say 6
 Don't Know/Refused 9

87. What is your zip code? _____

88. Are you ...

Male 1
 Female 2
 Prefer not to say 3
 Refused 4

89. Do you identify as transgender?

No, I am not transgender 1
 Yes, I am transgender 2
 I do not know if I am transgender 3
 I do not know what this question is asking 4
 Prefer not to say 5
 Refused 9

90. Which of the following best describes you?

Heterosexual (straight) 1
 Gay or lesbian 2
 Bisexual 3
 Not sure 4
 Prefer not to say 5
 Refused 9

Those are all of my questions. Thanks very much for your participation today! We are talking with 600 Colorado residents between the ages of 12 and 17, all of whom have been selected for this survey at random. Your responses will help support youth across the state. 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?