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2010 Oklahoma Prevention Needs Assessment Survey

Results for Native American and Non-Native Student Comparison

Introduction

2010 Native American and Non-Native Student Prevention Needs Assessment Survey Report

This report summarizes the findings from the State of Oklahoma Prevention Needs Assessment (OPNA) Survey that was conducted during the spring of 2010 in grades 6, 8, 10, and 12. The results for Native American and non-Native American Student are presented along with the results for the State of Oklahoma. In addition, the report contains important information about the risk and protective factor framework and guidelines on how to interpret and use the data.

The OPNA Survey is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

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Table 1. Characteristics of Participants - 2010

	Native Am.		Non-Native Am.		State	
	Number	Percent	Number	Percent	Number	Percent
Total Student	16,455	100	55,744	100	72,199	100
Grade						
6	6,347	38.6	17,214	30.9	23,561	32.6
8	4,795	29.1	16,425	29.5	21,220	29.4
10	3,139	19.1	12,845	23.0	15,984	22.1
12	2,174	13.2	9,260	16.6	11,434	15.8
Student by Gender						
Male	7,961	49.2	26,809	49.1	34,770	49.1
Female	8,216	50.8	27,801	50.9	36,017	50.9
Student by Race/Ethnicity*						
American Indian or Alaska Native	16,455	61.1	0	0.0	16,455	19.1
Asian	272	1.0	1,763	3.0	2,035	2.4
Black or African American	1,612	6.0	7,508	12.6	9,120	10.6
Hawaiian or other Pacific Islander	261	1.0	658	1.1	919	1.1
Hispanic or Latino	1,429	5.3	7,226	12.2	8,655	10.0
White	6,919	25.7	42,221	71.1	49,140	56.9

* Student can select one or more categories. The sum of Student by Race/Ethnicity may exceed Total Student.

Table 1 compares the characteristics of Native American to non-native Student. A total of 686 schools across Oklahoma participated in the survey. Since students are able to select more than one race or ethnicity, the sum of students of individual categories may exceed the total number of students surveyed. Because not all students answer all of the questions, the total count of students by gender (and less frequently, students by ethnicity) may be less than the reported total students.

When using the information in this report, please pay attention to the number of students who participated from your community. If **60% or more** of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60% participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.

Coordination and administration of the Oklahoma PNA Survey was a collaborative effort of the State Office of the Governor; Oklahoma Department of Mental Health and Substance Abuse Services; Area Prevention Resource Centers; Oklahoma State Department of Health; Oklahoma Department of Education; Oklahoma Commission on Children and Youth; and all of the participating schools. If you have any questions about the report or prevention activities that are underway in the state, please refer to the Contacts for Prevention section.

Administration of the Oklahoma Prevention Needs Assessment Survey and the preparation of this report were funded by a federal grant administered by the Oklahoma Department of Mental Health and Substance Abuse Services from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

How to Read the Charts in this Report

There are five types of charts presented in this report:

1. Substance use charts
2. Antisocial behavior (ASB) charts
3. Sources of alcohol acquisition
4. Risk factor charts
5. Protective factor charts.

Data from the charts are also presented in Tables 3 through 10. Additional data found in Tables 11 and 12 are explained at the end of this section.

Understanding the Format of the Charts

There are several graphical elements common to all the charts. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the 2010 OPNA survey.

- **The Bars** on substance use and antisocial behavior charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category.

  Each set of differently colored bars represents results for a specific population taking the 2010 OPNA. By looking at the percentages over time, it is possible to identify trends in substance use and antisocial behavior. By studying the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention.

- **Dots and Diamonds** provide points of comparison to larger samples. The dots on the charts represent the percentage of all of the youth surveyed across Oklahoma who reported substance use, problem behavior, elevated risk, or elevated protection.

  For the 2010 OPNA Survey, there were 72,199 participants in grades 6, 8, 10, and 12, out of 181,546 enrolled, a participation rate of 39.8%. Please note that the state dot represents the aggregate results of all participating students rather than a random sample of students. The fact that over 72,000 students across the state participated in the OPNA make the state dot a good estimate of the rates of ATOD use and levels of risk and protective factors of youth in Oklahoma. The survey results provide considerable information for communities to use in planning prevention services.

  The diamonds represent national data from either the Monitoring the Future (MTF) Survey or the Bach Harrison Norm. The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eight statewide surveys and five large regional surveys across the nation were combined into a database of approximately 460,000 students. The results were weighted to make the contribution of each state and region proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available.

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

Lifetime & 30 Day ATOD Use Charts

There are two types of use measured on the ATOD charts.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Charts and Tables in this Report

Problem Substance Use & ASB Charts

- **Problem substance use** is measured in several ways: *binge drinking* (five or more drinks in a row over the last two weeks), use of *one-half a pack or more of cigarettes per day* and youth indicating *drinking alcohol and driving* or *riding with a drinking driver.*
- **Treatment needs** scales show the percentage of students in need of treatment for alcohol, drugs, and the total in need of *any* treatment (either alcohol *or* drug). The need for treatment is defined as students who have used alcohol or drugs on 10 or more occasions in their lifetime and marked at least three of the following items specific to their drug or alcohol use in the past year: *spent more time using than intended; neglected some of your usual responsibilities because of use; wanted to cut down on use; others objected to your use;* and *frequently thought about using, used alcohol or drugs to relieve feelings such as sadness, anger, or boredom.*
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the charts.

Sources of Alcohol

This chart presents the percentage of students who obtained alcohol from 12 specific sources during the past year. The data focus on a subgroup of students who indicated at least one means of obtaining alcohol. (Students reporting no alcohol use are not represented.) It is important to note that the charts represent a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student's responses. For example, if only one student in a particular grade reported where he/she obtained alcohol, each category would show up as either 0% or 100%. The chart legend indicates the sample size for each grade surveyed to help clarify the value of the data.

Risk and Protective Factor Charts

Risk and protective factor scales measure specific aspects of a youth's life experience that predict whether he/she will engage in problem behaviors. The scales, defined in Table 2, are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales.

Additional Tables in this Report

Table 11 contains information required by communities with Drug Free Communities Grants, such as the perception of the risks of ATOD use, perception of parent and peer disapproval of ATOD use, past 30-day use, and average age of first use.

Table 12 contains additional data for prevention planning on the subjects of safety, violence, and gangs.

The OPNA and No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use guidelines in choosing and implementing federally funded prevention and intervention programs. The results of the OPNA Survey presented in this report can help your schools and community comply with the NCLB Act in three ways:

1. Programs must be chosen based on objective data about problem behaviors in the communities served. The OPNA reports these data in the substance use and antisocial behavior charts and tables presented on the following pages.
2. NCLB-approved prevention programs can address not only substance use and antisocial behavior (ASB) outcomes, but also behaviors and attitudes demonstrated to be predictive of the youth problem behaviors. Risk and protective factor data from this report provide valuable information for choosing prevention programs.
3. Periodic evaluations of outcome measures must be conducted to evaluate the efficacy of ongoing programs. This report provides schools and communities the ability to compare past and present substance use and ASB data.

The Risk and Protective Factor Model of Prevention

Prevention is a science. The Risk and Protective Factor Model of Prevention is a proven way of reducing substance abuse and its related consequences. This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth. For example, children who live in disorganized, crime-ridden neighborhoods are more likely to become involved in crime and drug use than children who live in safe neighborhoods.

The chart below shows the links between the 19 risk factors and six problem behaviors. The check marks indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community, and peers; and healthy beliefs and clear standards for behavior. Protective bonding depends on three conditions:

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

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these schools, families, and neighborhoods must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

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

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

In addition to helping assess current conditions and prioritize areas of greatest need, data from the Oklahoma Prevention Needs Assessment Survey can be a powerful tool in applying for and complying with several federal programs outlined later in this report, such as the Strategic Prevention Framework process and the No Child Left Behind Act.

Risk Factors

	Community						Family				School		Peer / Individual						
	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Deprivation	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behaviors	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness	Friends Who Use Drugs & Engage in Problem Behaviors	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy						✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		
School Drop-Out			✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Violence	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓

SOURCE: COMMUNITIES THAT CARE (CTC) PREVENTION MODEL, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)

Building a Strategic Prevention Framework

The OPNA is an important data source for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework (SPF). CSAP created the SPF model to guide states and communities in creating planned, data-driven, effective, and sustainable prevention programs. Each part represents an interdependent element of the ongoing process of prevention coordination.

Assessment: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery. The SPF begins with an assessment of the needs in the community that is based on data. The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) has compiled data from several sources to aid in the needs assessment process. One of the primary sources of needs assessment data is this Prevention Needs Assessment Survey (PNA). While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, and community readiness. The OPNA results presented in this Profile Report will help you to identify needs for prevention services. OPNA data include adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors.

Capacity: Mobilize and/or Build Capacity to Address Needs. Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Planning: Develop a Comprehensive Strategic Plan. States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on the assessments conducted during Step 1. The plan should address the priority needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities.

Implementation: Implement Evidence-based Prevention Programs and Infrastructure Development Activities. By measuring and identifying the risk factors and other causal factors that contribute to the targeted problems specified in your strategic plan, programs can be implemented that will reduce the prioritized substance abuse problems. After completing Steps 1, 2, and 3, communities will be able to choose prevention strategies that have been shown to be effective, are appropriate for the population served, can be implemented with fidelity, are culturally appropriate, and can be sustained over time. The Western Center for the Application of Prevention Technology has developed an internet tool located at http://casat.unr.edu/bestpractices/search.php for identifying Best Practice Programs. Another resource for evidence-based prevention practices is SAMHSA's National Registry of Evidence-based Programs and Practices www.nrepp.samhsa.gov.

Evaluation: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail. Finally, ongoing monitoring and evaluation are essential to determine if the desired outcomes are achieved, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. The OPNA allows communities to monitor levels of ATOD use, antisocial behavior, risk, and protection.

Sustainability and Cultural Competence: Incorporate principles of cultural competence and sustainability in each of the five elements. At the center of the SPF model, sustainability and cultural competence play a key role in assessment, capacity appraisal, planning, implementation and evaluation, ensuring successful, long lasting prevention programs.

Sustainability is accomplished by utilizing a comprehensive approach. States and communities should plan adaptive, flexible programs around a variety of resources, funding, and organizations. An inclusive design helps build sustainable programs and achieve sustainable outcomes. A strategic plan that dynamically responds to changing issues, data, priorities, and resources is more likely to achieve long term results.

Sharing information gathered during the evaluation stage with key stakeholders, forging partnerships and encouraging creative collaboration all enhance sustainability.

Cultural competence recognizes unique needs, styles, values and beliefs of the recipients of prevention efforts. Culturally competent prevention strategies use interventions, evaluations and communication strategies appropriate to their intended community. Cultural issues reflect a range of influences and are not just a matter of ethnic or racial identity. Learning to communicate with audiences from diverse geographic, cultural, economic, social, and linguistic backgrounds can increase program efficacy and ensure sustainable results.

Whether enlisting extended family networks as a prevention resource for single parent households, or ensuring there are resources available to bridge language gaps, cultural competency will help you recognize differences in prevention needs and tailor prevention approaches accordingly.

A one-size-fits-all program is less effective than a program that draws on community-based values, traditions, and customs and works with knowledgeable people from the community to develop focused interventions, communication, and support.

Tools for Assessment and Planning

What are the numbers telling you?

Review the charts and data tables presented in this report. Note your findings as you discuss the following questions.

- **Which 3-5 risk factors** appear to be higher than you would want when compared to the Bach Harrison Norm?
- **Which 3-5 protective factors** appear to be lower than you would want when compared to the Bach Harrison Norm?
- **Which levels of 30-day drug** use are increasing and/or unacceptably high? Which substances are your students using the most? At which grades do you see unacceptable usage levels?
- **Which antisocial behaviors** are increasing and/or unacceptably high? Which behaviors are your students exhibiting the most? At which grades do you see unacceptable behavior levels?

How to identify high priority problem areas

Once you have familiarized yourself with the data, you can begin to identify priorities.

- **Look across the charts** for items that stand out as either much higher or much lower than the others.
- **Compare your data** with statewide, and/or national data. Differences of 5% between local and other data are probably significant.
- **Prioritize problems for your area** according to the issues you've identified. Which can be realistically addressed with the funding available to your community? Which problems fit best with the prevention resources at hand?
- **Determine the standards and values** held within your community. For example: Is it acceptable in your community for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

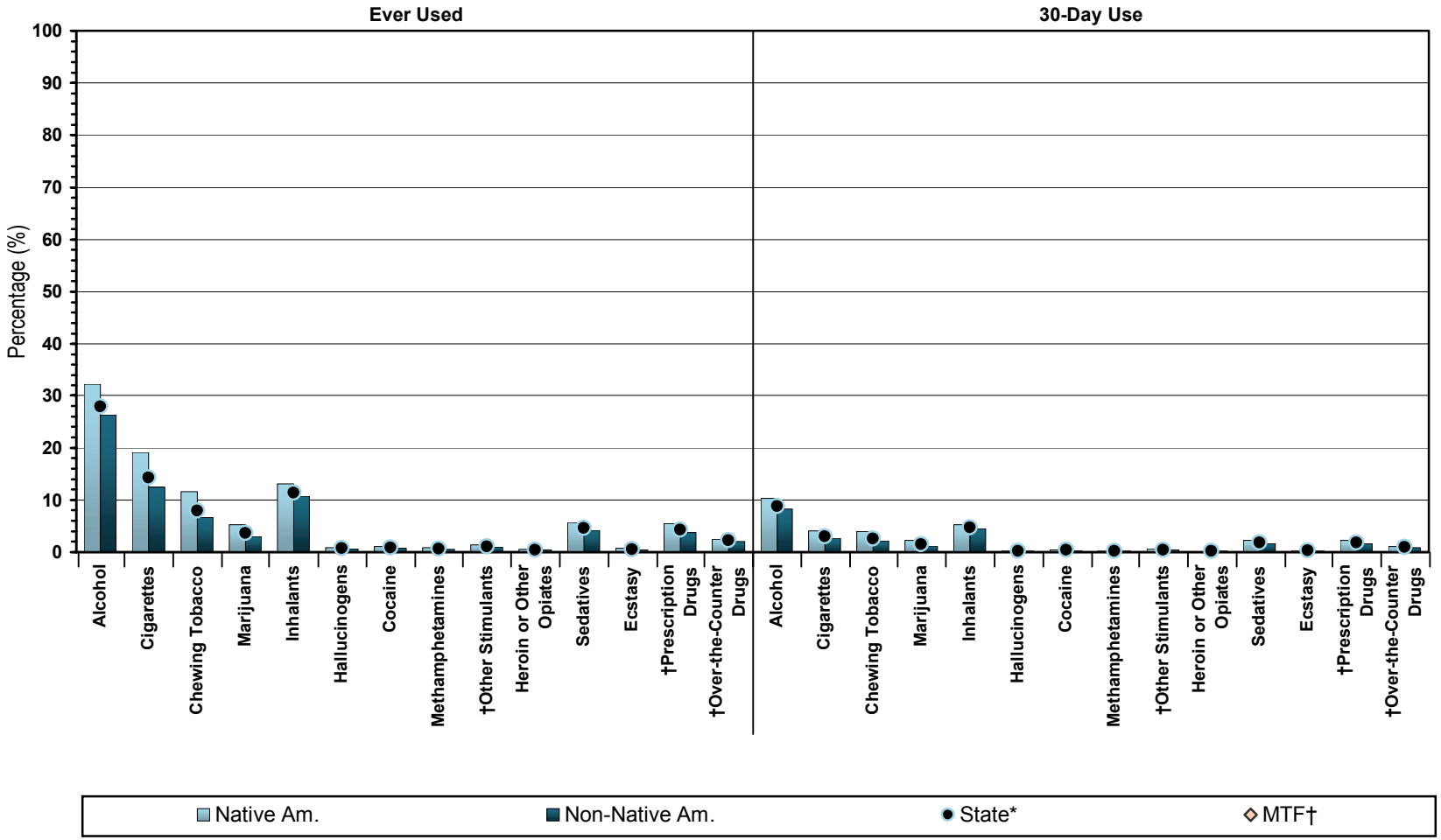
Use these data for planning.

Once priorities are established, use data to guide your prevention efforts.

- **Substance use and antisocial behavior data** are excellent tools to raise awareness about the problems and promote dialogue.
- **Risk and protective factor data** can be used to identify exactly where the community needs to take action.
- **Promising approaches** for any prevention goal are available for through resources listed on the last page of this report. These contacts are a great resource for information about programs that have been proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low.

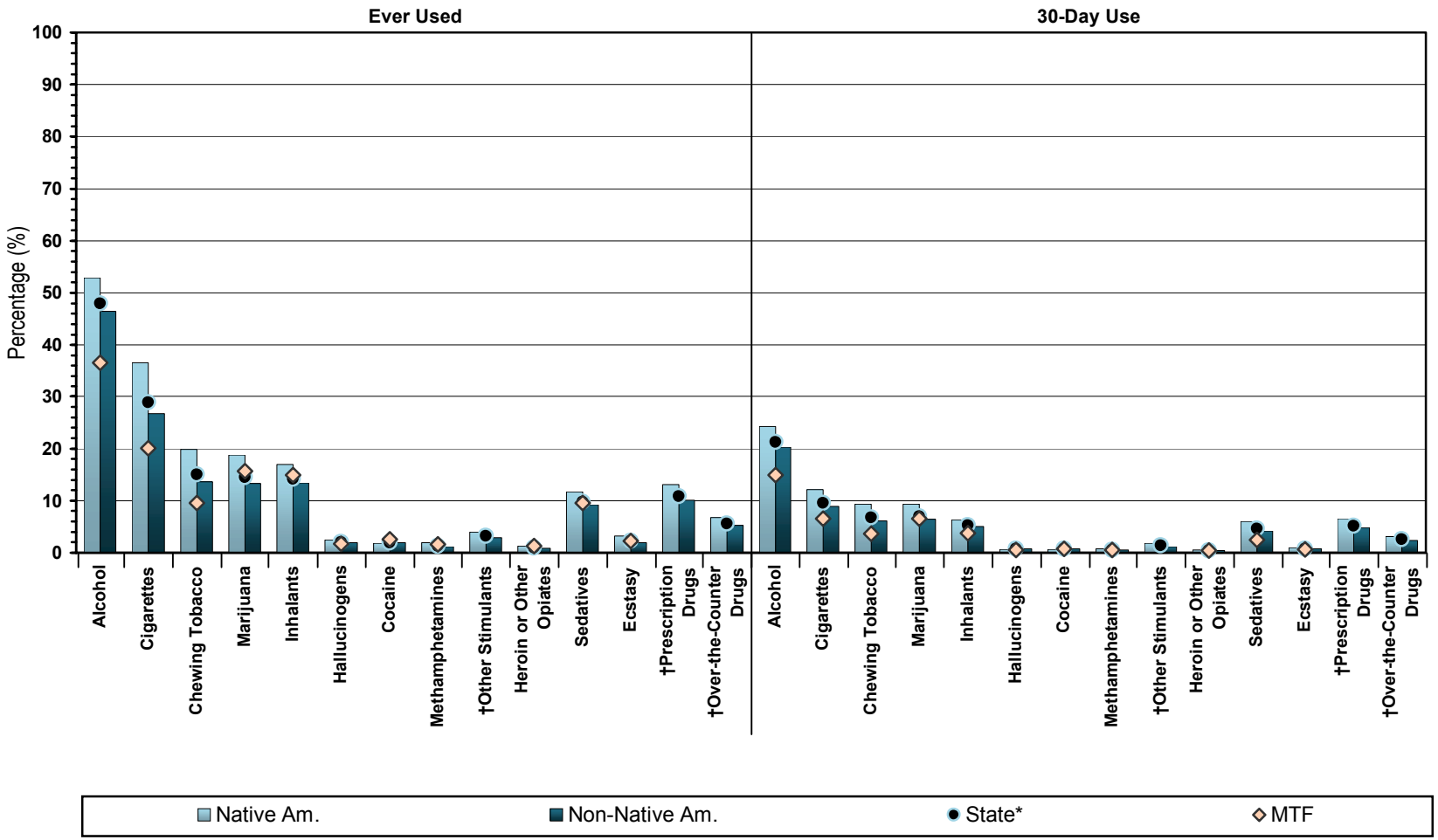
	Sample	Priority Rate 1	Priority Rate 2	Priority Rate 3
Risk Factors	6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 15% (8% > 8-state av.)			
Protective Factors	10th grd - Rewards for prosocial involvm. (School Domain) 40% (down 5% from 2 yrs ago & 16% below state av.)			
30-day Substance Abuse	8th grd Binge Drinking @13% (5% above state av.)			
Antisocial Behavior	12th grd - Drunk/High at School @ 21% (about same as state, but remains a priority.)			

LIFETIME & 30 DAY ATOD USE
2010 Native American and Non-Native Student Survey, Grade 6



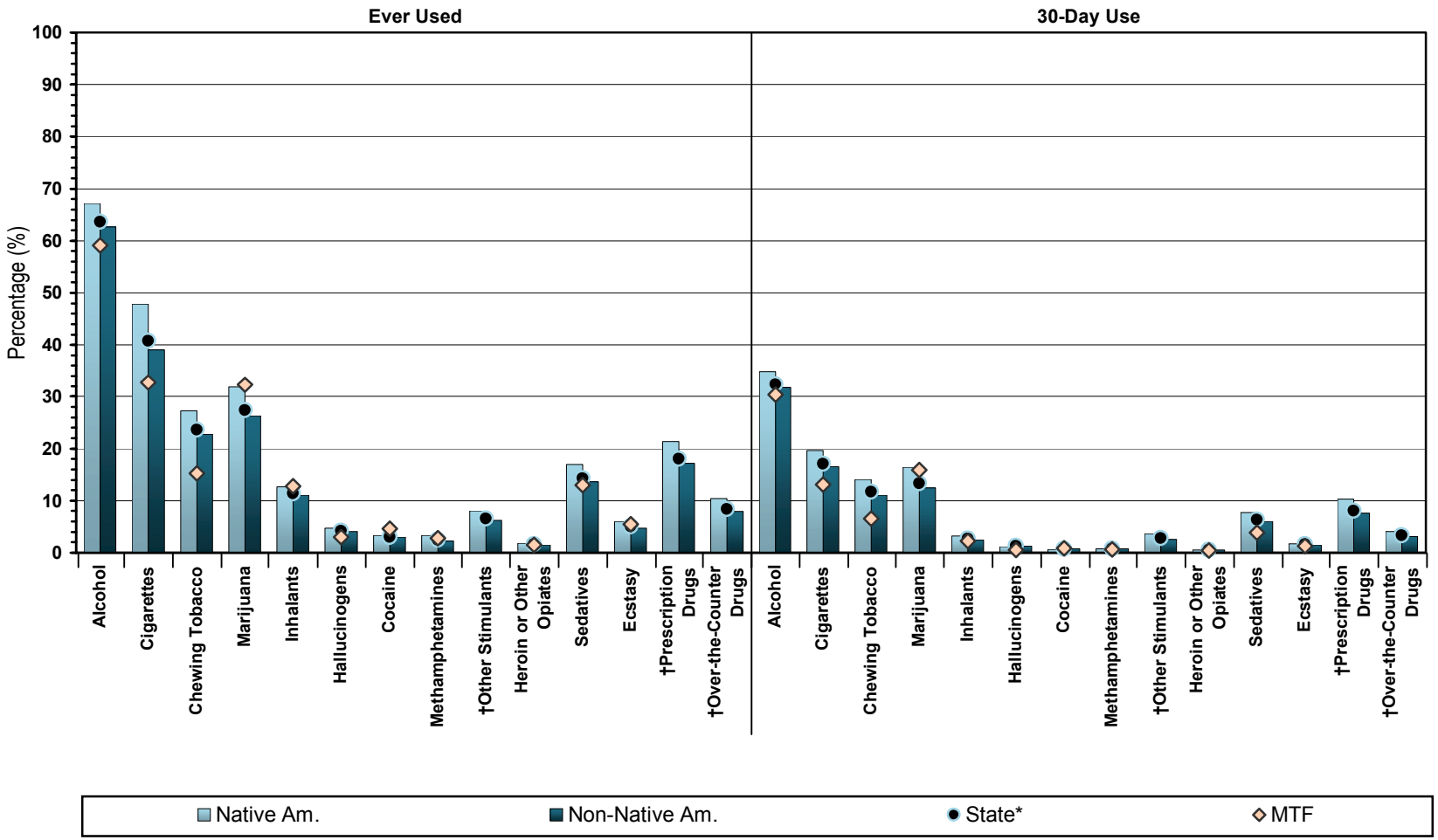
* State represents the aggregate results of all OPNA participants rather than a random sample of students.
† MTF has no equivalent for *Other Stimulants*, *Prescription Drugs* or *Over-the-Counter Drugs*. MTF does not survey 6th graders.

LIFETIME & 30 DAY ATOD USE
2010 Native American and Non-Native Student Survey, Grade 8



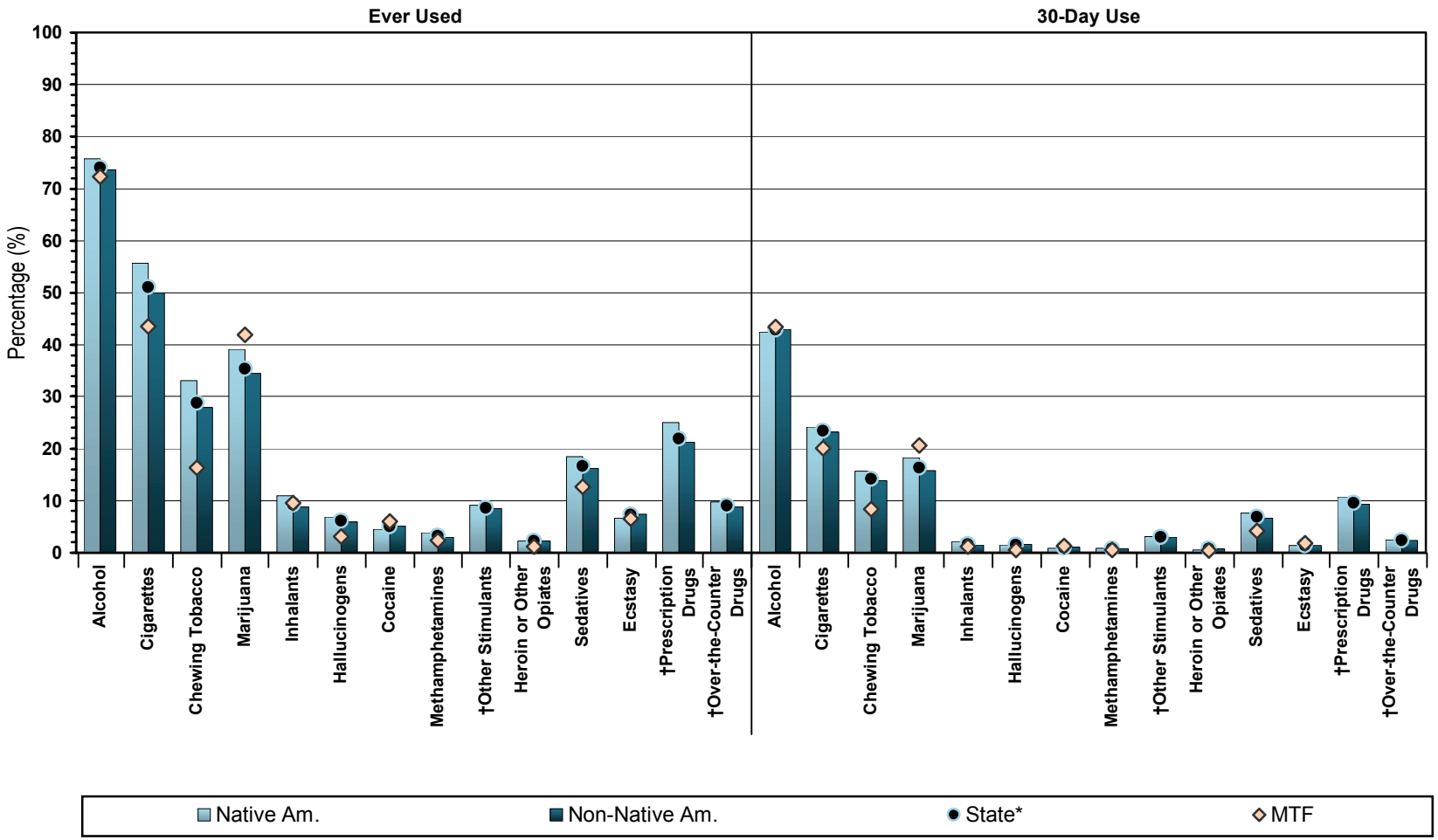
* State represents the aggregate results of all OPNA participants rather than a random sample of students.
† MTF has no equivalent for *Other Stimulants*, *Prescription Drugs* or *Over-the-Counter Drugs*.

LIFETIME & 30 DAY ATOD USE
2010 Native American and Non-Native Student Survey, Grade 10



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
† MTF has no equivalent for *Other Stimulants*, *Prescription Drugs* or *Over-the-Counter Drugs*.

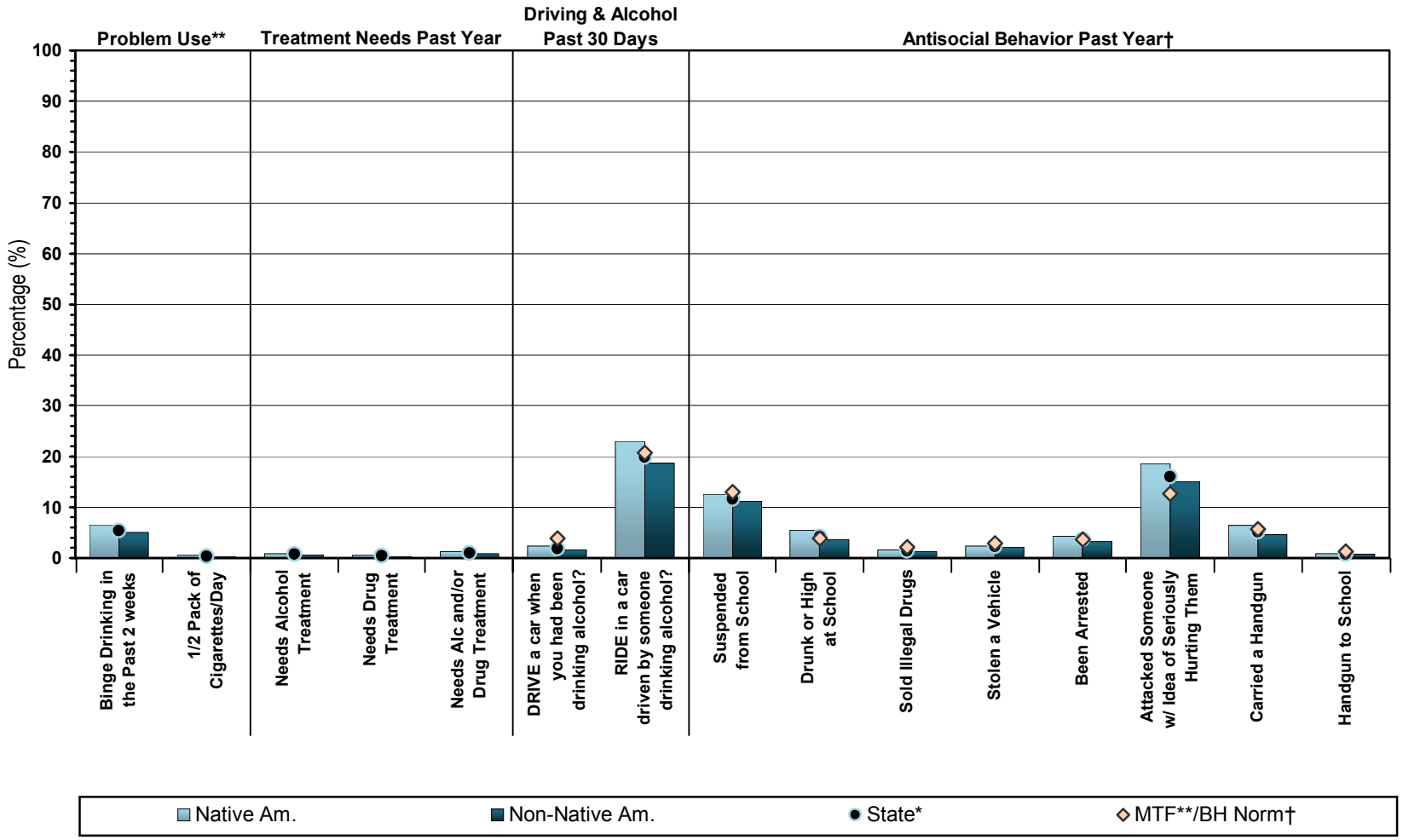
LIFETIME & 30 DAY ATOD USE
2010 Native American and Non-Native Student Survey, Grade 12



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
† MTF has no equivalent for *Other Stimulants*, *Prescription Drugs* or *Over-the-Counter Drugs*.

Substance Use and Antisocial Behavior

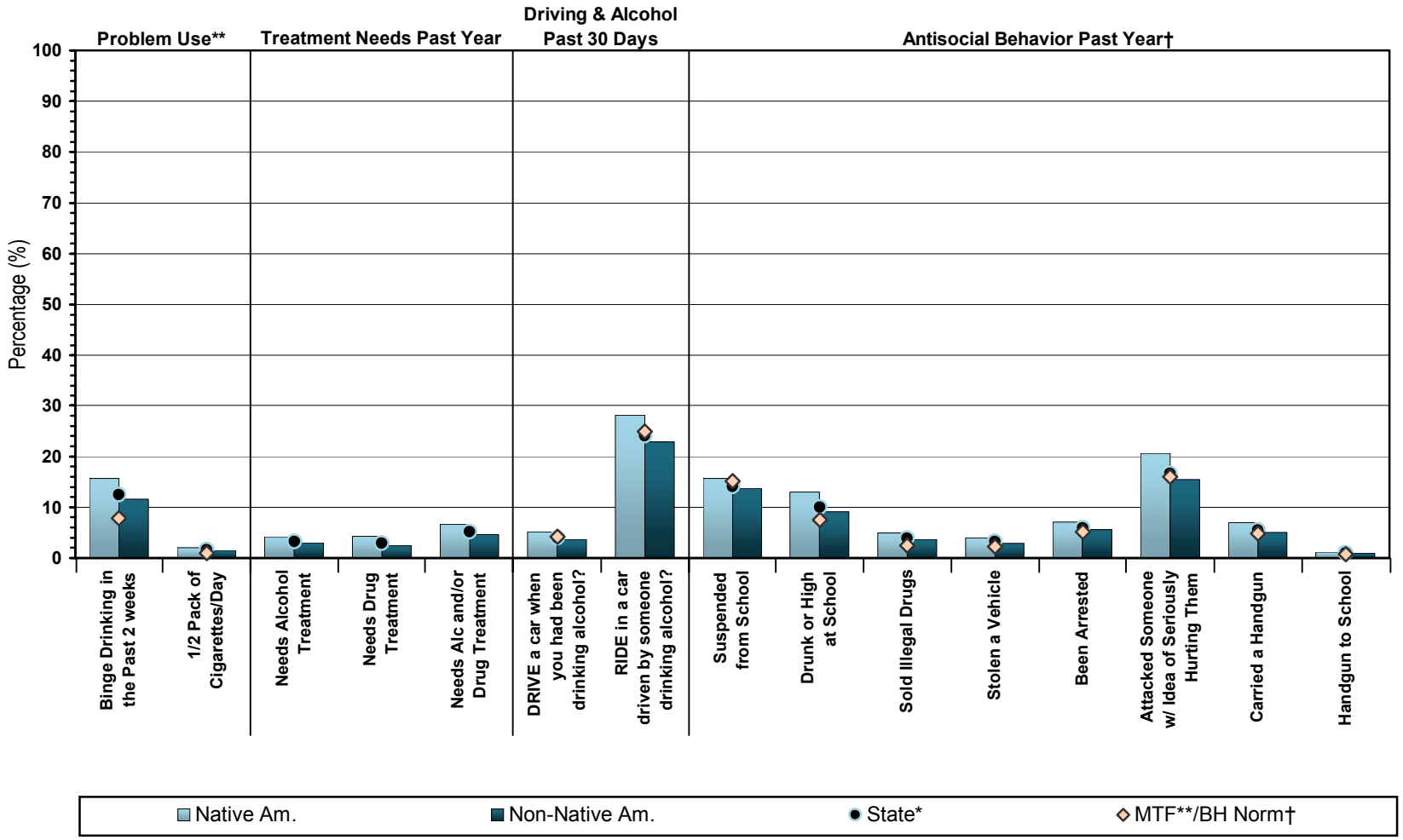
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2010 Native American and Non-Native Student Survey, Grade 6



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** National Comparison data for *Problem Use* category are Monitoring the Future values. MTF does not survey 6th graders.
† National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Substance Use and Antisocial Behavior

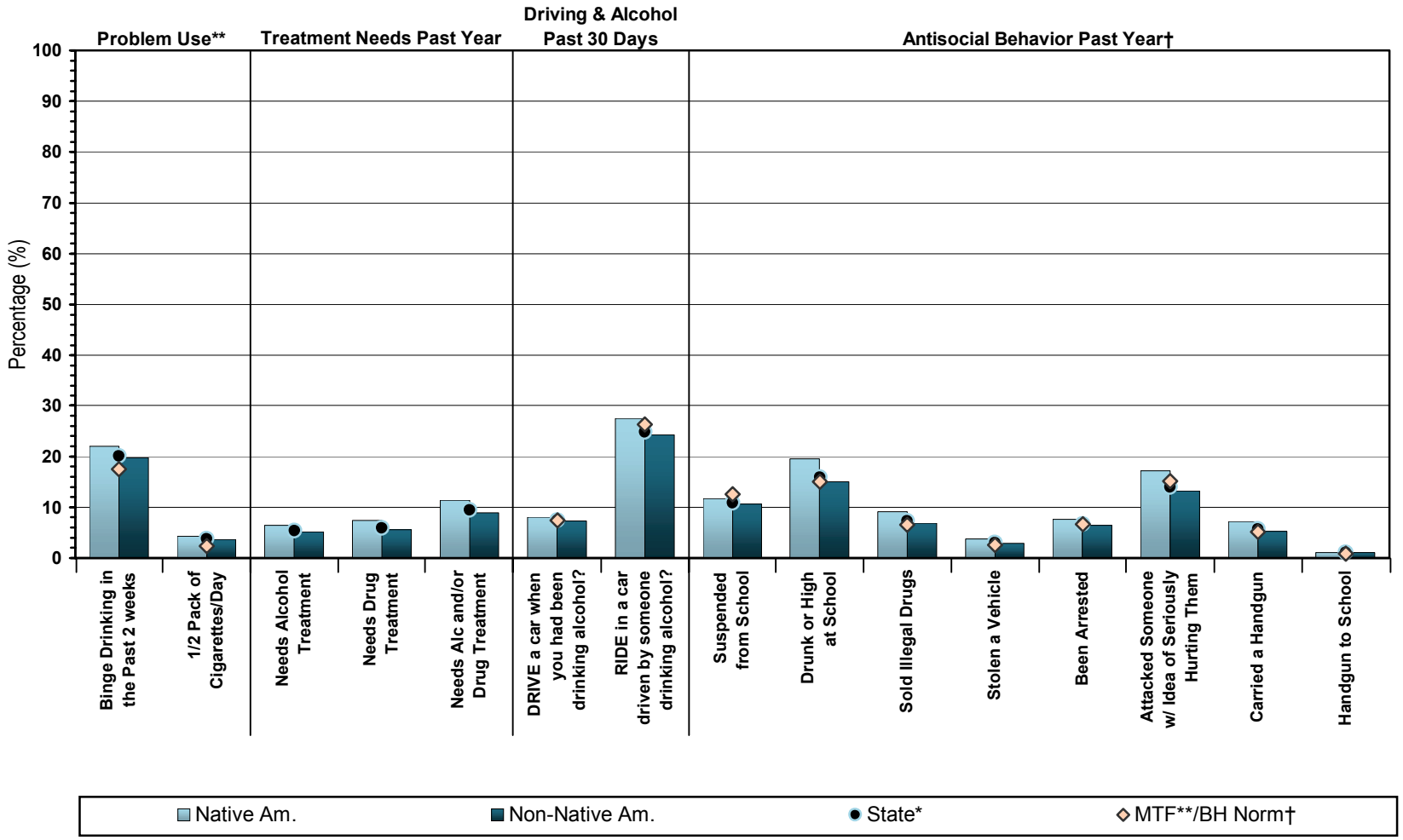
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2010 Native American and Non-Native Student Survey, Grade 8



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** National Comparison data for *Problem Use* category are Monitoring the Future values.
† National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Substance Use and Antisocial Behavior

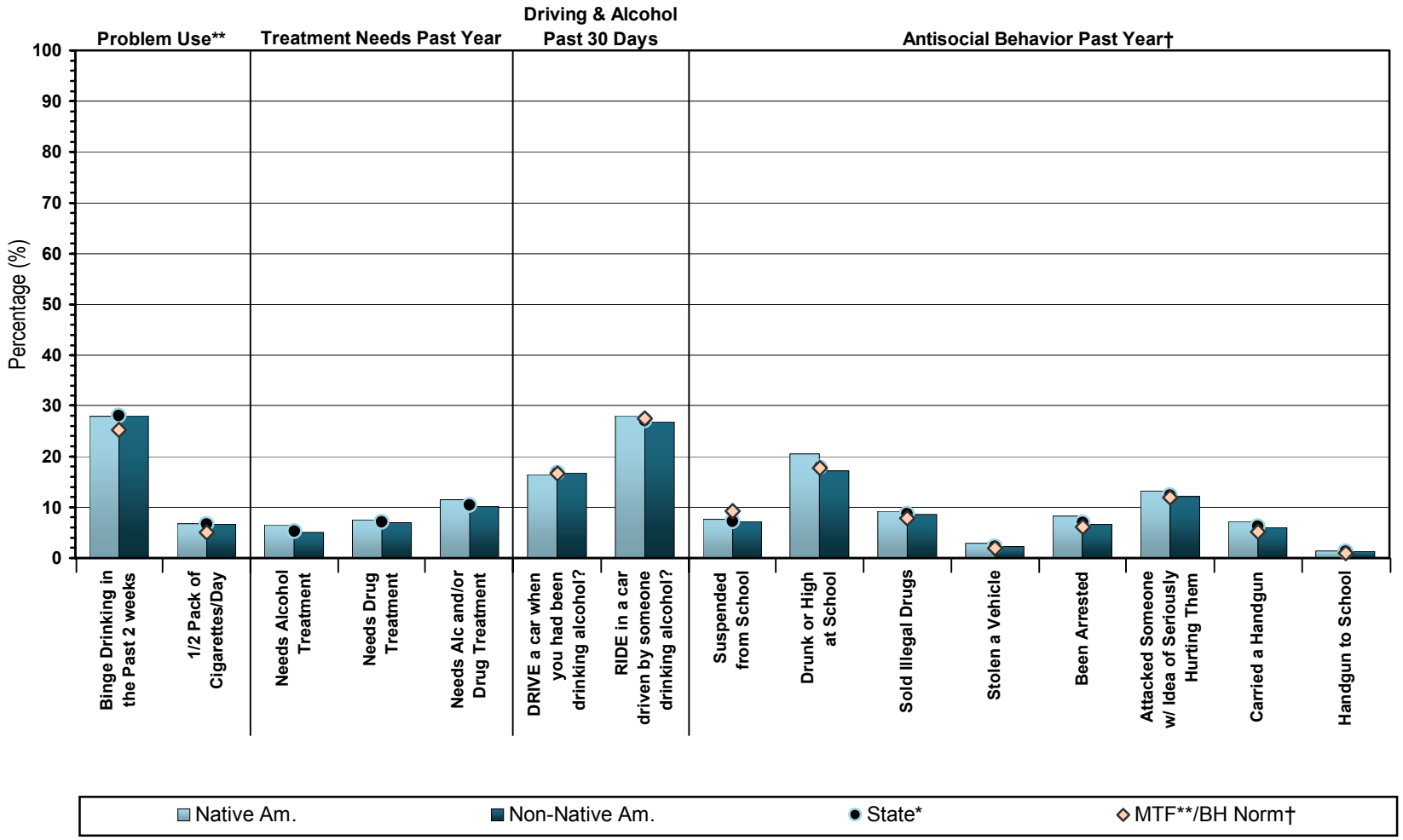
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2010 Native American and Non-Native Student Survey, Grade 10



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** National Comparison data for *Problem Use* category are Monitoring the Future values.
† National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Substance Use and Antisocial Behavior

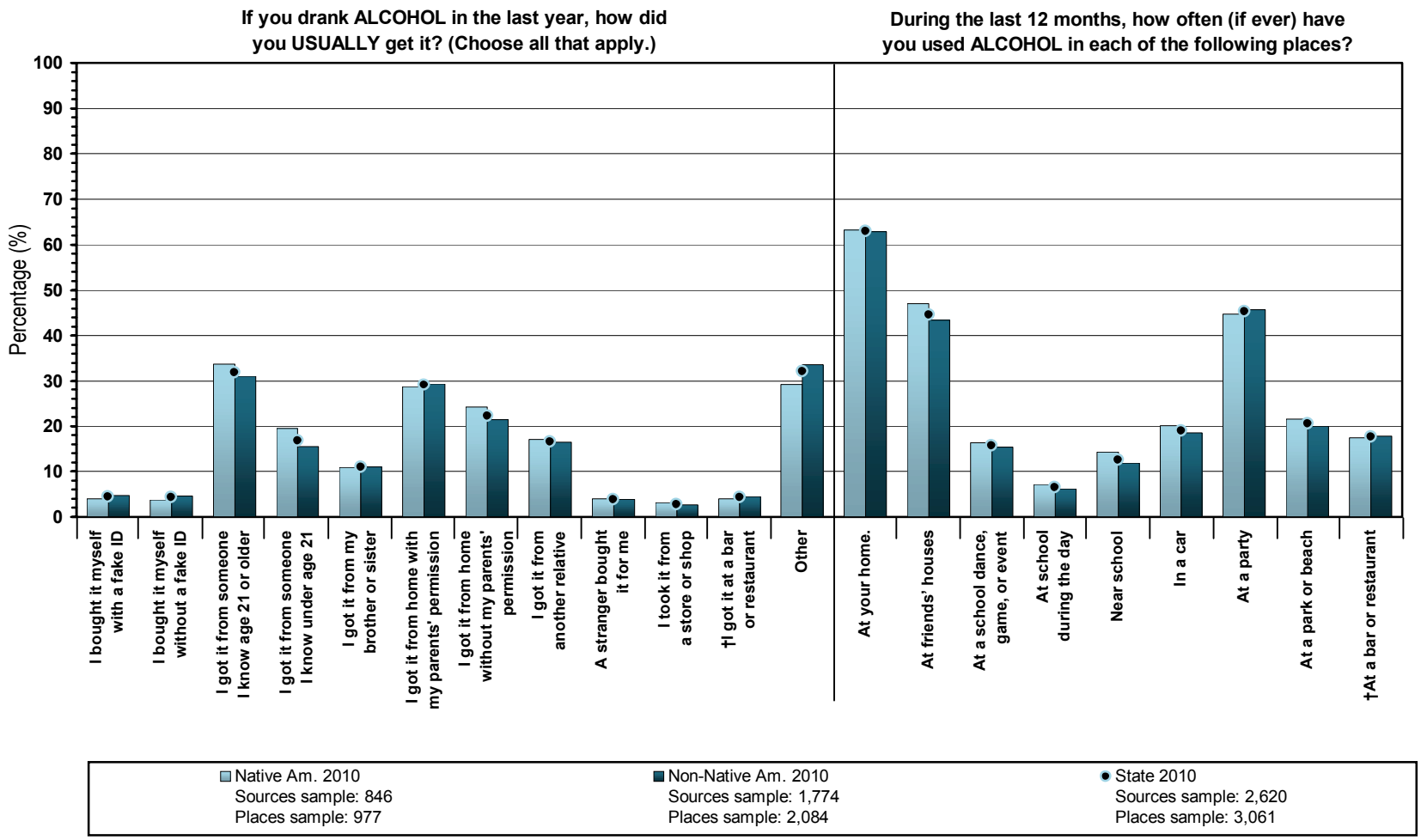
PROBLEM SUBSTANCE USE & ANTISOCIAL BEHAVIOR
2010 Native American and Non-Native Student Survey, Grade 12



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** National Comparison data for *Problem Use* category are Monitoring the Future values.
† National Comparison data for *Antisocial Behavior* category are Bach Harrison Norm values.

Sources of Alcohol and Places of Alcohol Use

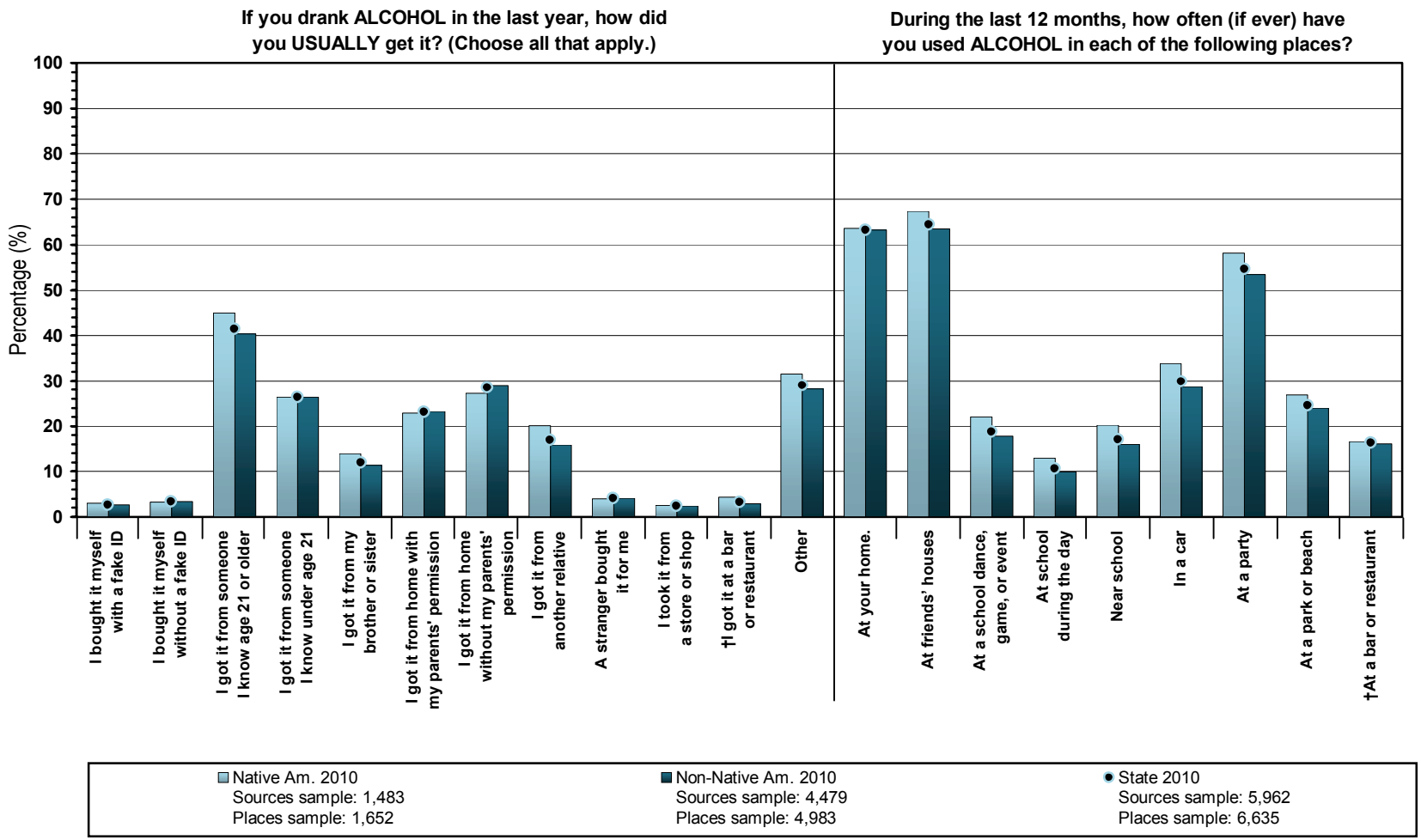
STUDENT ALCOHOL USE
2010 Native American and Non-Native Student Survey, Grade 6



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.
† *I got it from a bar or restaurant* and *At a bar or restaurant* are new for 2010 OPNA.

Sources of Alcohol and Places of Alcohol Use

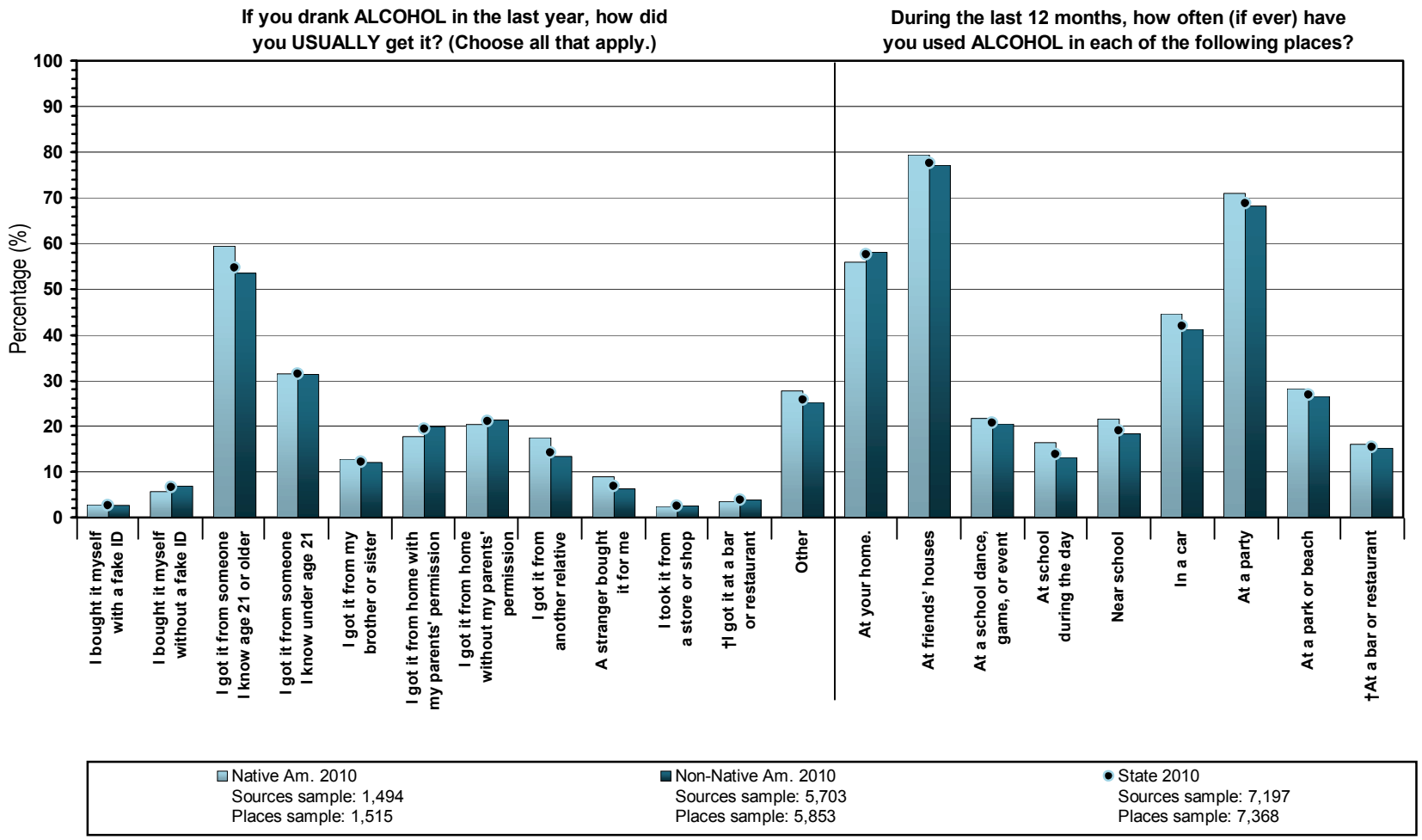
STUDENT ALCOHOL USE
2010 Native American and Non-Native Student Survey, Grade 8



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.
† *I got it from a bar or restaurant* and *At a bar or restaurant* are new for 2010 OPNA.

Sources of Alcohol and Places of Alcohol Use

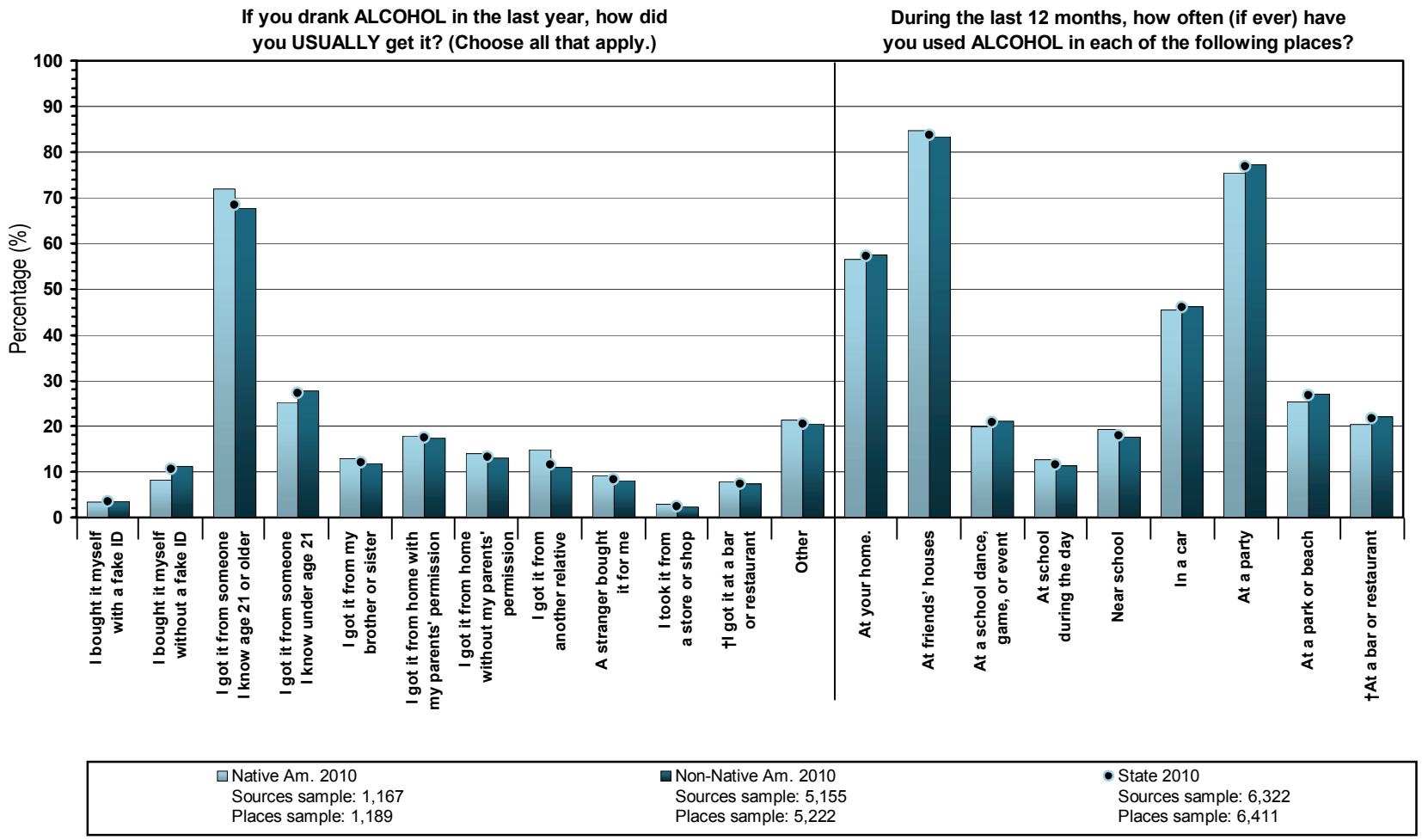
STUDENT ALCOHOL USE
2010 Native American and Non-Native Student Survey, Grade 10



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.
† *I got it from a bar or restaurant* and *At a bar or restaurant* are new for 2010 OPNA.

Sources of Alcohol and Places of Alcohol Use

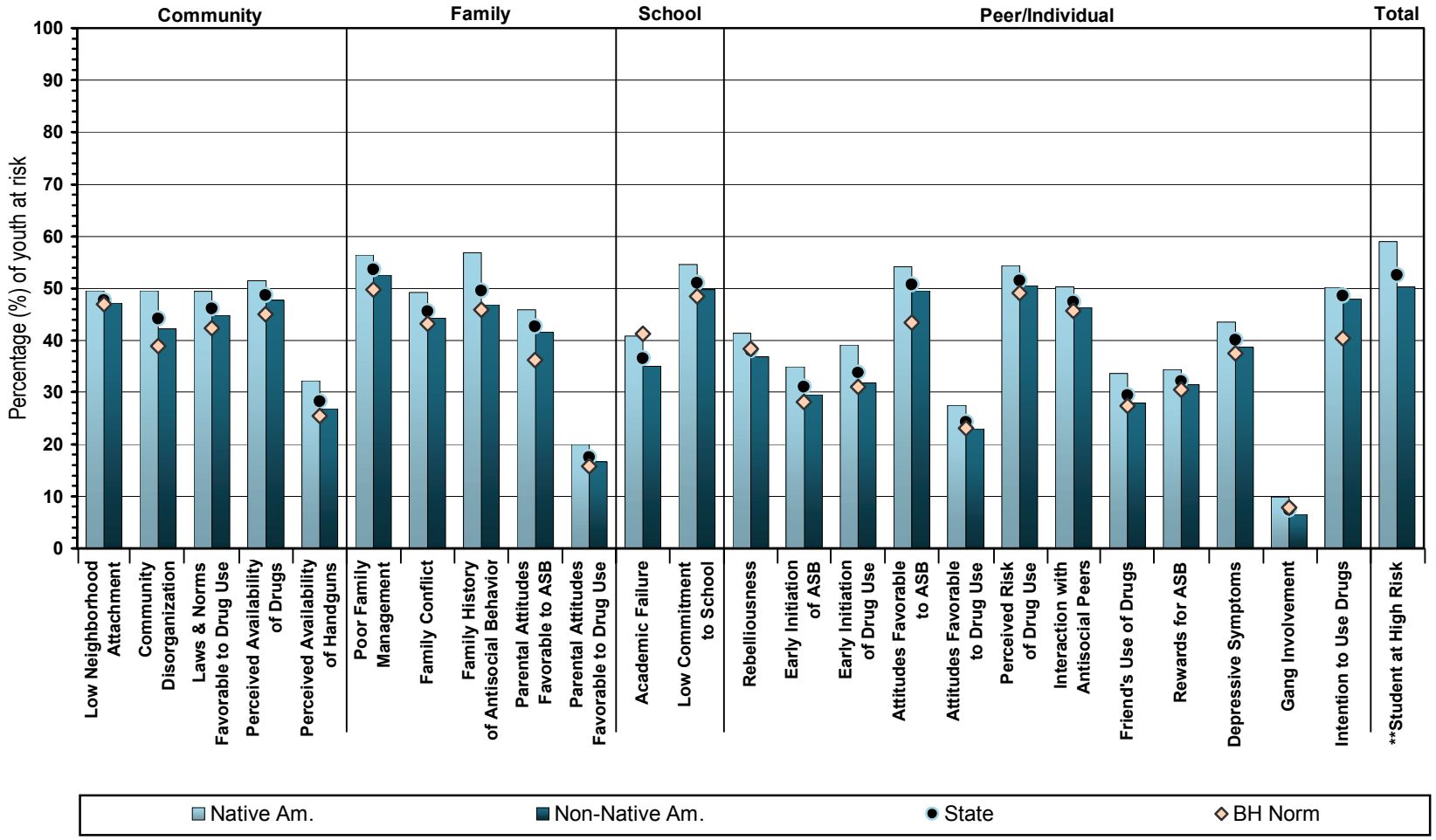
STUDENT ALCOHOL USE
2010 Native American and Non-Native Student Survey, Grade 12



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** Sample size represents the number of youth who obtained alcohol from at least one source. Students indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.
† *I got it from a bar or restaurant* and *At a bar or restaurant* are new for 2010 OPNA.

Risk and Protective Factor Profiles

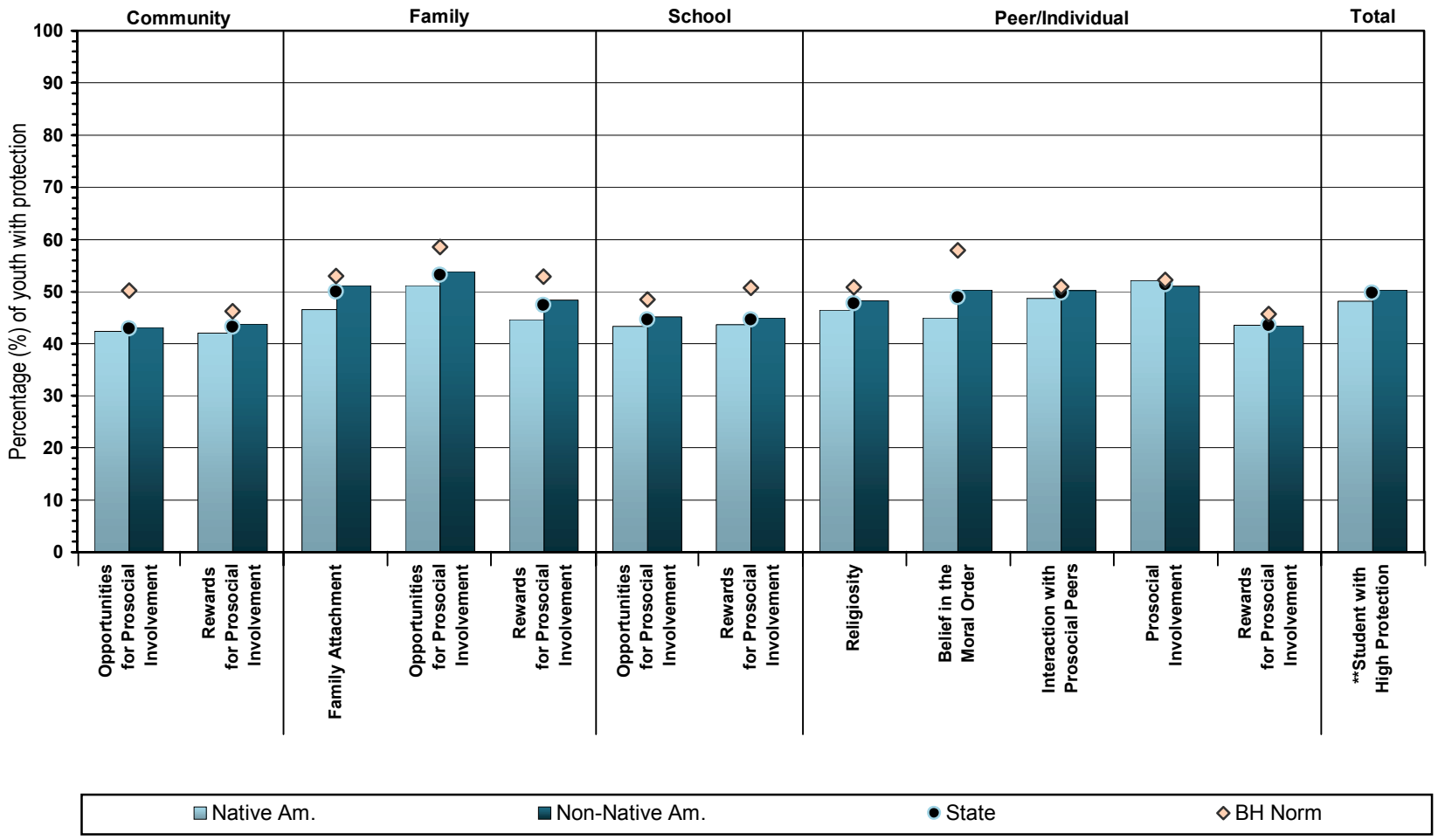
RISK PROFILE
2010 Native American and Non-Native Student Survey, Grade 6



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th and 12th grades: 9 or more risk factors.)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students at High Risk*.

Risk and Protective Factor Profiles

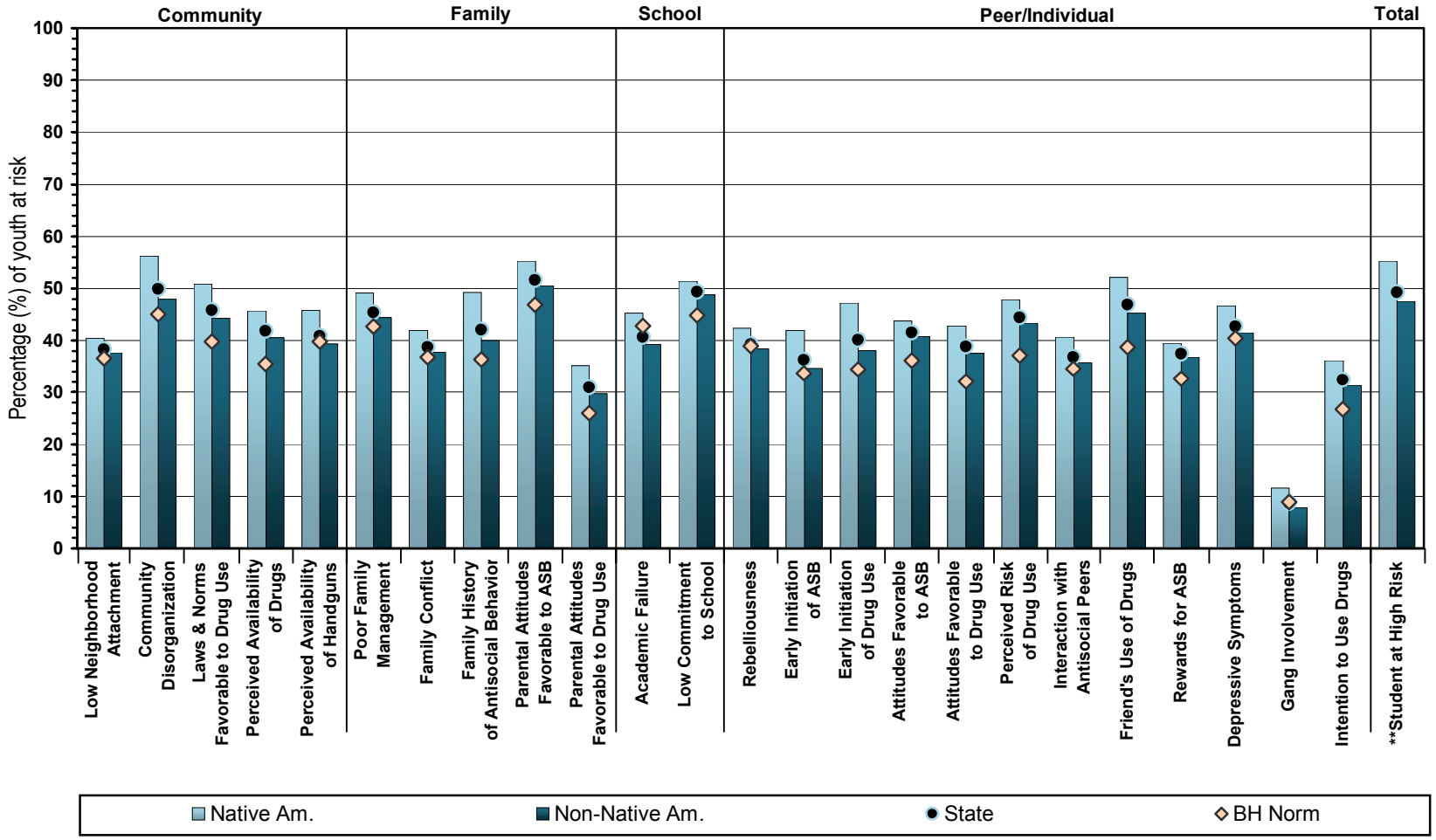
PROTECTIVE PROFILE
2010 Native American and Non-Native Student Survey, Grade 6



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives.
(6th grade: 4 or more protective factors; 8th, 10th, and 12th grade: 5 or more protective factors)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students with High Protection.*

Risk and Protective Factor Profiles

RISK PROFILE
2010 Native American and Non-Native Student Survey, Grade 8



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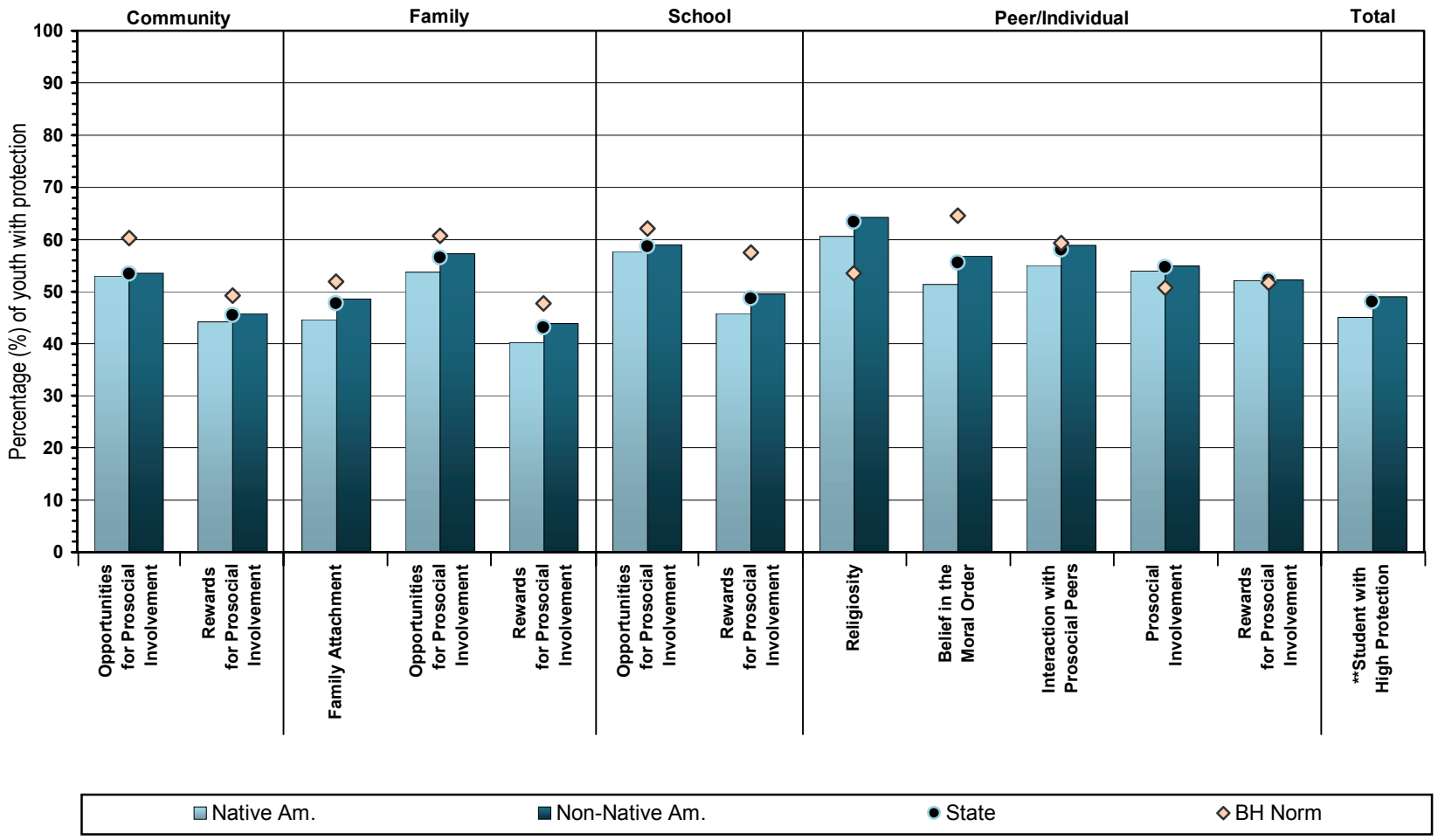
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students at High Risk*.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE
2010 Native American and Non-Native Student Survey, Grade 8



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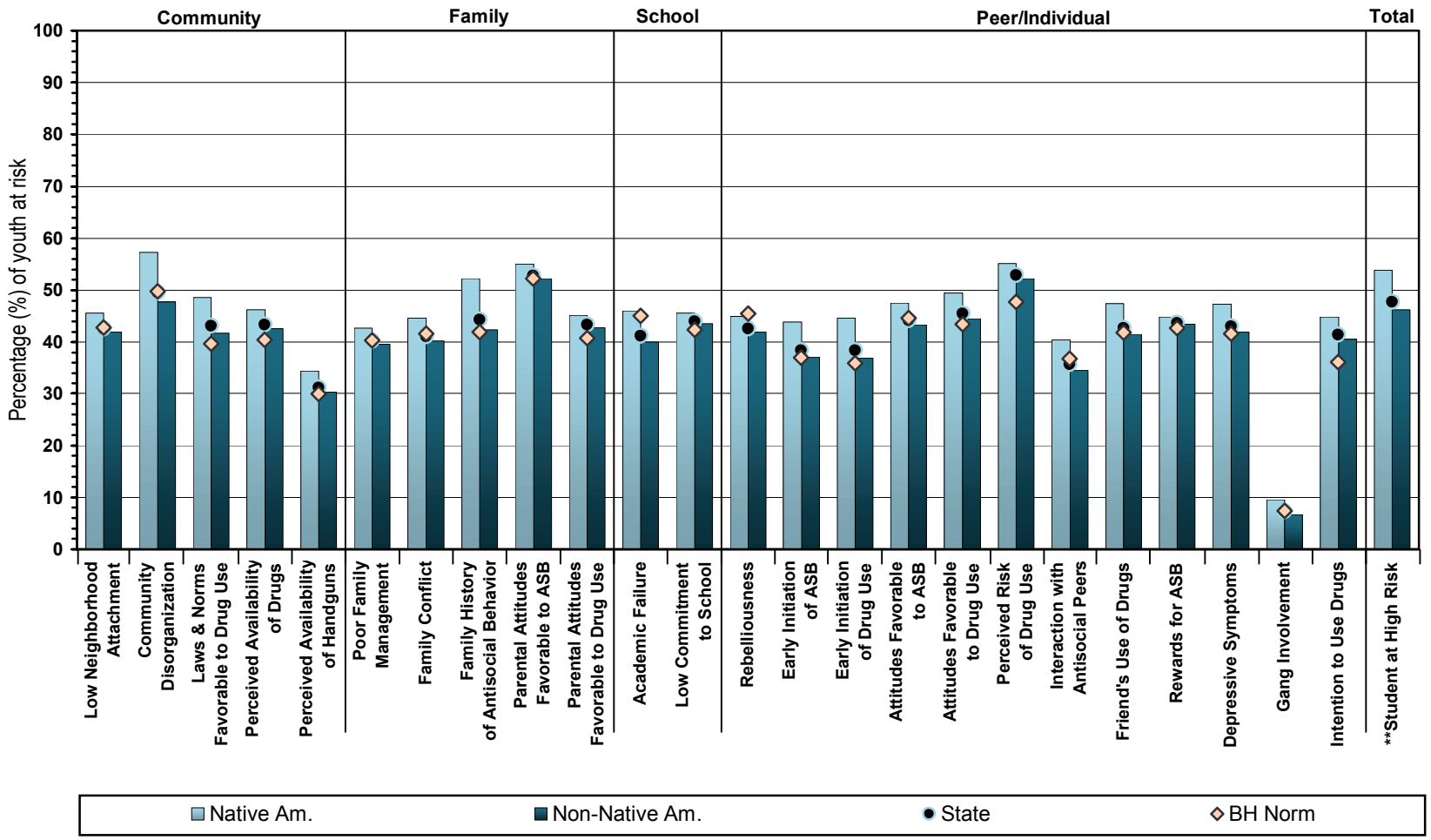
(6th grade: 4 or more protective factors; 8th, 10th, and 12th grade: 5 or more protective factors)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students with High Protection*.

Risk and Protective Factor Profiles

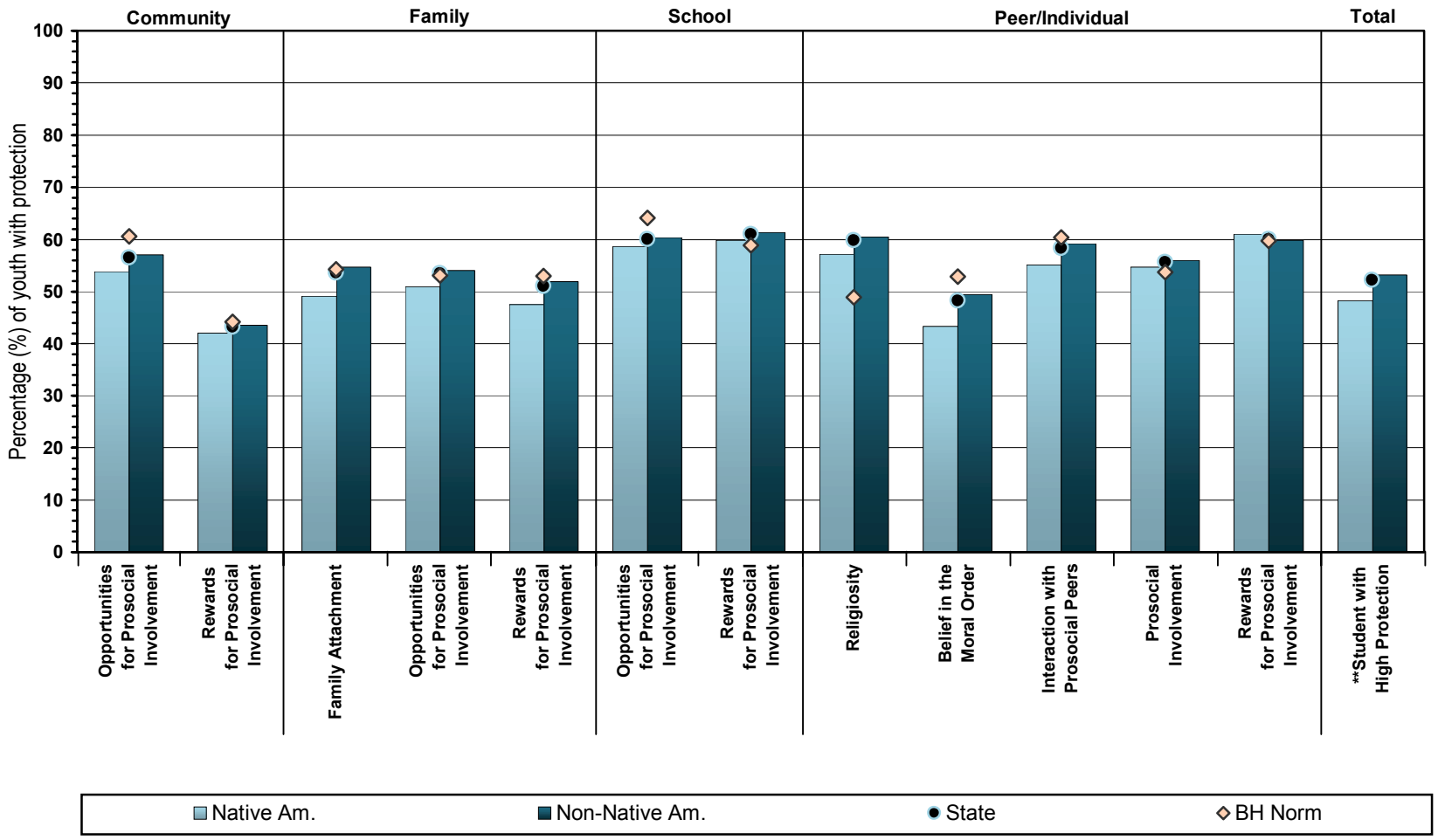
RISK PROFILE
2010 Native American and Non-Native Student Survey, Grade 10



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th and 12th grades: 9 or more risk factors.) Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students at High Risk*.

Risk and Protective Factor Profiles

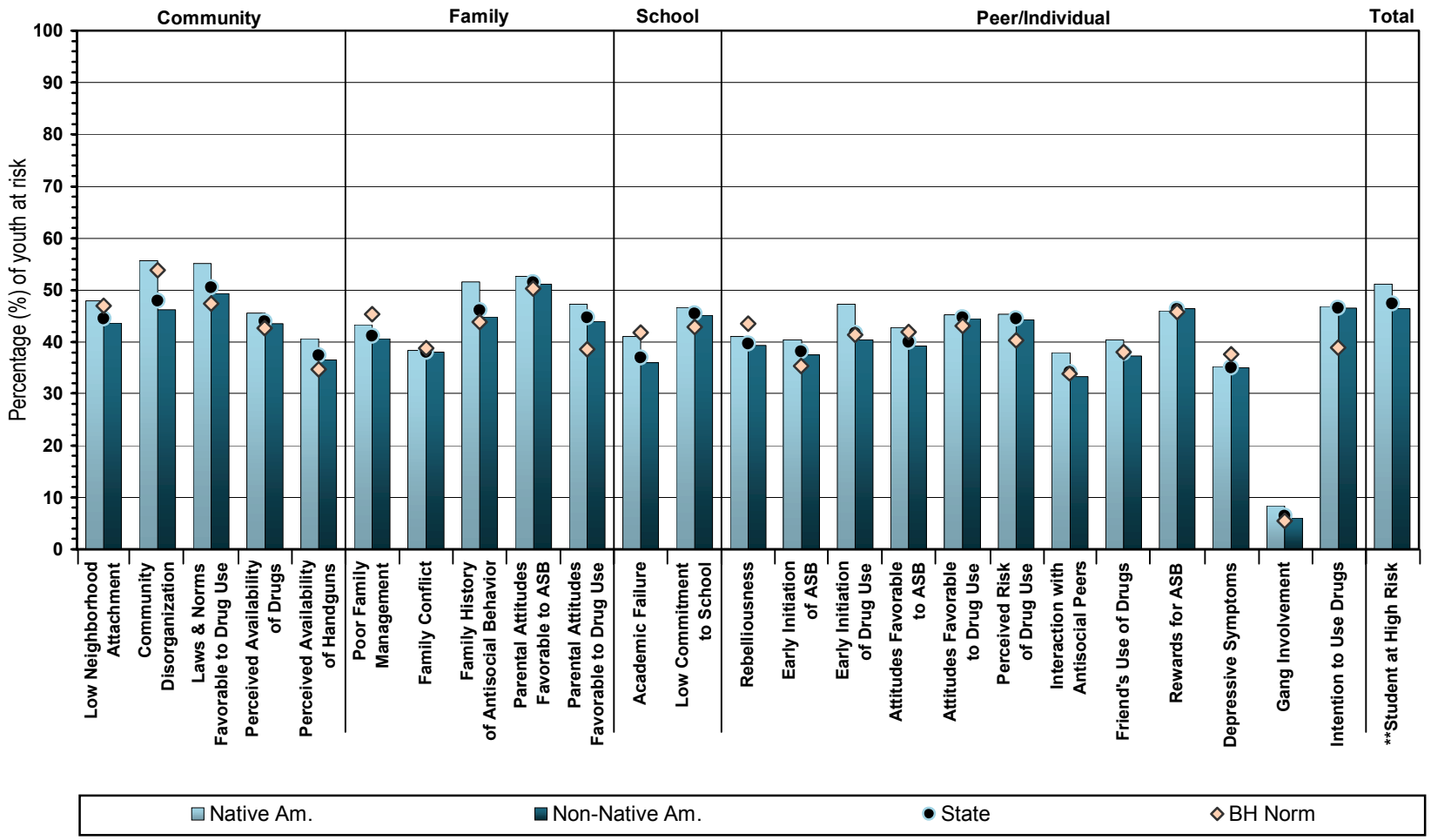
PROTECTIVE PROFILE
2010 Native American and Non-Native Student Survey, Grade 10



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives.
(6th grade: 4 or more protective factors; 8th, 10th, and 12th grade: 5 or more protective factors)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students with High Protection.*

Risk and Protective Factor Profiles

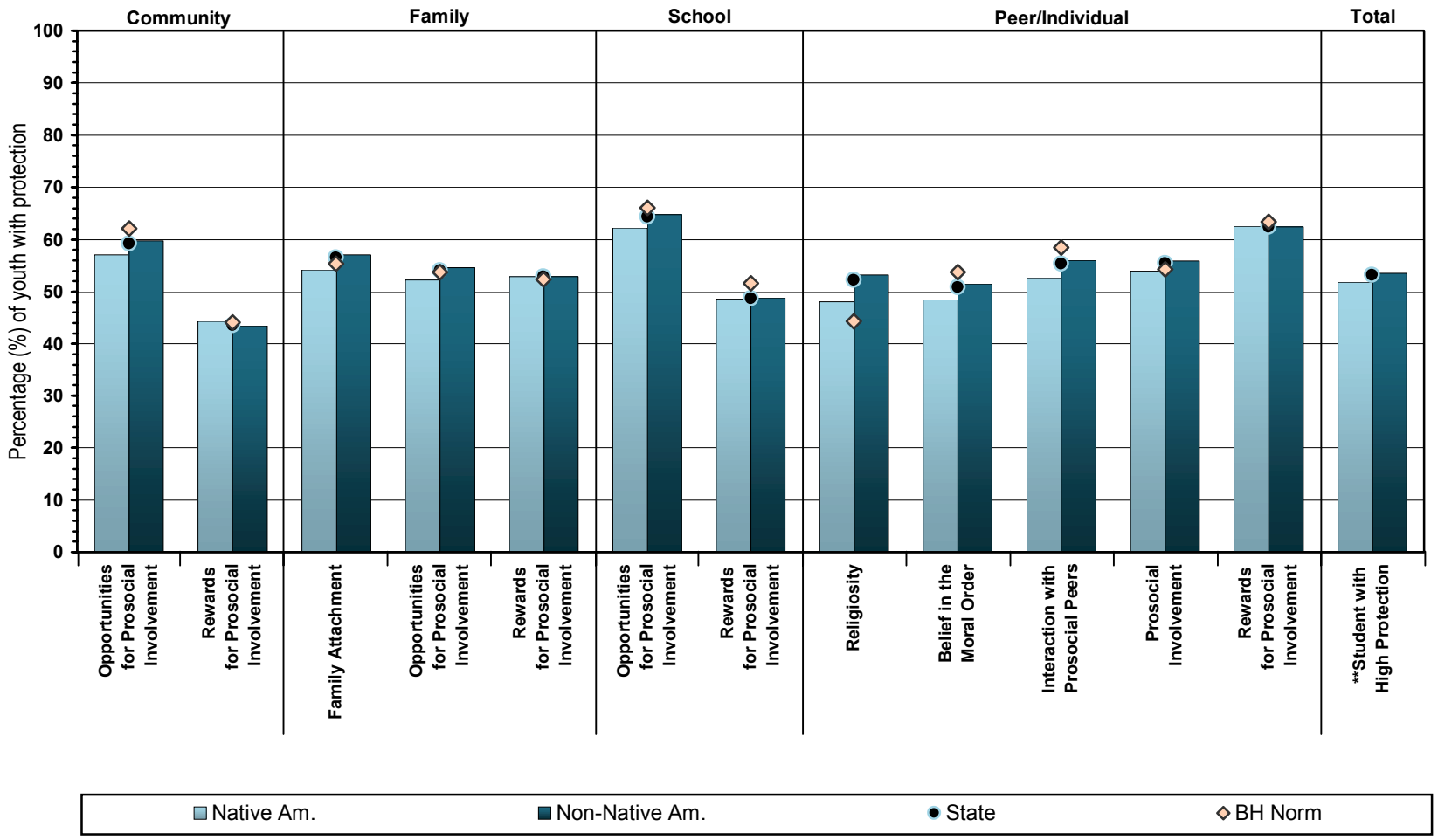
RISK PROFILE
2010 Native American and Non-Native Student Survey, Grade 12



* State represents the aggregate results of all OPNA participants rather than a random sample of students.
** High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th and 12th grades: 9 or more risk factors.) Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students at High Risk*.

Risk and Protective Factor Profiles

PROTECTIVE PROFILE
2010 Native American and Non-Native Student Survey, Grade 12



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** High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives.
(6th grade: 4 or more protective factors; 8th, 10th, and 12th grade: 5 or more protective factors)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for *Students with High Protection.*

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

Community Domain Risk Factors	
Low Neighborhood Attachment	Research has shown that youth who don't like the neighborhoods in which they live are more likely to become involved in juvenile crime and drug selling.
Community Disorganization	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
Perceived Availability of Drugs and Handguns	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
Community Domain Protective Factors	
Opportunities for Prosocial Involvement	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Rewards for Prosocial Involvement	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
Family Domain Risk Factors	
Poor Family Management	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
Family Conflict	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
Family History of Antisocial Behavior	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
Family Domain Protective Factors	
Family Attachment	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
Opportunities for Prosocial Involvement	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
School Domain Risk Factors	
Academic Failure	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
Low Commitment to School	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Risk and Protective Scale Definitions

Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles

School Domain Protective Factors	
Opportunities for Prosocial Involvement	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
Rewards for Prosocial Involvement	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
Peer-Individual Risk Factors	
Rebelliousness	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
Early Initiation of Antisocial Behavior and Drug Use	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
Attitudes Favorable Toward Antisocial Behavior and Drug Use	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
Intention to Use ATODs	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
Perceived Risk of Drug Use	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
Interaction with Antisocial Peers	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
Friends' Use of Drugs	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
Rewards for Antisocial Behavior	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
Depressive Symptoms	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and youth problem behaviors.
Gang Involvement	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
Peer-Individual Protective Factors	
Belief in the Moral Order	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
Religiosity	Young people who regularly attend religious services are less likely to engage in problem behaviors.
Interaction with Prosocial Peers	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
Prosocial Involvement	Participation in positive school and community activities helps provide protection for youth.
Rewards for Prosocial Involvement	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

Data Tables

Table 3. Number of Student Who Completed the Survey - 2010

Number of Youth	Grade 6				Grade 8				Grade 10				Grade 12			
	Native Am.	Non-Native Am.	State*	MTF†	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF
	6,347	17,214	23,561	n/a	4,795	16,425	21,220	n/a	3,139	12,845	15,984	n/a	2,174	9,260	11,434	n/a

Table 4. Percentage of Student Who Used ATODs During Their Lifetime - 2010

In your lifetime, on how many occasions (if any) have you… (One or more occasions)		Grade 6				Grade 8				Grade 10				Grade 12			
		Native Am.	Non-Native Am.	State*	MTF†	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	32.2	26.3	27.9	n/a	52.9	46.5	48.0	36.6	67.2	62.7	63.6	59.1	75.8	73.6	74.0	72.3
Cigarettes	smoked cigarettes?	19.1	12.5	14.3	n/a	36.6	26.7	28.9	20.1	47.9	39.1	40.8	32.7	55.7	50.0	51.1	43.6
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	11.6	6.6	7.9	n/a	19.9	13.6	15.0	9.6	27.2	22.7	23.6	15.2	33.0	27.9	28.8	16.3
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	5.3	3.0	3.6	n/a	18.8	13.3	14.5	15.7	31.9	26.3	27.4	32.3	39.2	34.5	35.4	42.0
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	13.1	10.7	11.4	n/a	16.9	13.4	14.2	14.9	12.7	11.0	11.4	12.8	10.9	8.8	9.2	9.5
Hallucinogens	used LSD or other hallucinogens?	0.9	0.6	0.7	n/a	2.5	1.9	2.0	1.7	4.7	4.1	4.2	3.0	6.9	5.9	6.1	3.1
Cocaine	used cocaine or crack?	1.1	0.8	0.9	n/a	1.8	1.9	1.9	2.6	3.3	3.0	3.0	4.6	4.5	5.2	5.0	6.0
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.9	0.5	0.6	n/a	1.9	1.2	1.3	1.6	3.3	2.3	2.5	2.8	3.9	3.0	3.2	2.4
Other Stimulants†	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to?	1.4	1.0	1.1	n/a†	4.0	2.9	3.2	n/a†	8.0	6.2	6.5	n/a†	9.1	8.5	8.6	n/a†
Heroin or Other Opiates	used heroin or other opiates?	0.5	0.4	0.4	n/a	1.3	0.9	1.0	1.3	1.8	1.5	1.6	1.5	2.3	2.3	2.3	1.2
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	5.7	4.2	4.6	n/a	11.7	9.2	9.8	9.5	17.0	13.6	14.3	13.0	18.5	16.2	16.6	12.7
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.7	0.4	0.5	n/a	3.2	1.9	2.2	2.2	6.0	4.7	5.0	5.5	6.7	7.4	7.3	6.5
Prescription Drugs†	used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, or sleeping pills) without a doctor telling you to take them?	5.5	3.8	4.3	n/a†	13.1	10.1	10.8	n/a†	21.4	17.2	18.0	n/a†	25.0	21.2	21.9	n/a†
Over-the-Counter Drugs†	used a non-prescription cough or cold medicine (robos, DXM, etc.) to get high and not for medical reasons?	2.5	2.0	2.2	n/a†	6.8	5.3	5.6	n/a†	10.4	7.9	8.4	n/a†	9.8	8.8	9.0	n/a†

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

† MTF has no equivalent for *Other Stimulants, Prescription Drugs* or *Over-the-Counter Drugs*. MTF does not survey 6th graders.

Data Tables

Table 5. Percentage of Student Who Used ATODs During the Past 30 Days - 2010

In the past 30 days, on how many occasions (if any) have you… (One or more occasions)		Grade 6				Grade 8				Grade 10				Grade 12			
		Native Am.	Non-Native Am.	State*	MTF†	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF	Native Am.	Non-Native Am.	State*	MTF
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	10.3	8.3	8.8	n/a	24.3	20.3	21.2	14.9	34.9	31.8	32.4	30.4	42.5	43.0	42.9	43.5
Cigarettes	smoked cigarettes?	4.1	2.7	3.0	n/a	12.1	8.9	9.6	6.5	19.6	16.5	17.1	13.1	24.1	23.2	23.4	20.1
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	4.0	2.1	2.6	n/a	9.3	6.1	6.8	3.7	14.1	11.1	11.7	6.5	15.7	13.8	14.2	8.4
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	2.3	1.2	1.5	n/a	9.3	6.4	7.0	6.5	16.4	12.5	13.3	15.9	18.2	15.8	16.3	20.6
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	5.3	4.5	4.7	n/a	6.3	5.0	5.3	3.8	3.2	2.5	2.7	2.2	2.1	1.5	1.6	1.2
Hallucinogens	used LSD or other hallucinogens?	0.3	0.2	0.2	n/a	0.6	0.8	0.7	0.5	1.2	1.3	1.3	0.5	1.5	1.6	1.5	0.5
Cocaine	used cocaine or crack?	0.4	0.3	0.4	n/a	0.6	0.8	0.8	0.8	0.6	0.8	0.7	0.9	0.9	1.1	1.0	1.3
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.3	0.2	0.2	n/a	0.8	0.5	0.5	0.5	0.8	0.7	0.7	0.6	0.9	0.8	0.8	0.5
Other Stimulants†	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to?	0.6	0.4	0.4	n/a†	1.8	1.2	1.4	n/a†	3.6	2.6	2.8	n/a†	3.1	3.0	3.0	n/a†
Heroin or Other Opiates	used heroin or other opiates?	0.1	0.2	0.2	n/a	0.5	0.4	0.4	0.4	0.5	0.5	0.5	0.4	0.5	0.8	0.7	0.4
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbituates or sleeping pills) without a doctor telling you to take them?	2.2	1.6	1.8	n/a	6.0	4.2	4.6	2.5	7.7	6.0	6.3	3.9	7.6	6.7	6.9	4.2
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	0.3	0.2	0.3	n/a	1.0	0.8	0.8	0.6	1.7	1.5	1.6	1.3	1.4	1.4	1.4	1.8
Prescription Drugs†	used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, OxyContin, or sleeping pills) without a doctor telling you to take them?	2.3	1.6	1.8	n/a†	6.5	4.8	5.2	n/a†	10.3	7.6	8.1	n/a†	10.7	9.3	9.6	n/a†
Over-the-Counter Drugs†	used a non-prescription cough or cold medicine (robos, DXM, etc.) to get high and not for medical reasons?	1.1	0.9	1.0	n/a†	3.1	2.4	2.6	n/a†	4.1	3.1	3.3	n/a†	2.5	2.4	2.4	n/a†

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

† MTF has no equivalent for *Other Stimulants, Prescription Drugs* or *Over-the-Counter Drugs*. MTF does not survey 6th graders.

Data Tables

Table 6. Percentage of Student With Problem ATOD Use - 2010

		Grade 6				Grade 8				Grade 10				Grade 12			
		Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm
Problem Use																	
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks? (One or more times)	6.5	5.0	5.4	n/a	15.7	11.6	12.5	7.8	22.0	19.7	20.1	17.5	27.9	28.0	28.0	25.2
1/2 Pack of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	0.5	0.3	0.3	n/a	2.0	1.5	1.6	1.0	4.3	3.7	3.8	2.4	6.8	6.6	6.7	5.0
Alcohol and Driving																	
Drinking and Driving	During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?	2.4	1.6	1.8	3.9	5.2	3.7	4.0	4.2	8.0	7.3	7.4	7.4	16.4	16.7	16.7	16.6
Riding with a Drinking Driver	During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?	23.0	18.7	19.8	20.7	28.1	22.9	24.0	24.9	27.5	24.2	24.8	26.3	28.0	26.8	27.0	27.5
Treatment Needs																	
Student who have used alcohol or drugs on 10 or more occasions in their lifetime and marked 3 or more of the following 6 items related to their past year drug or alcohol use: 1) Spent more time using than intended 2) Neglected some of your usual responsibilities because of use 3) Wanted to cut down on use 4) Others objected to your use 5) Frequently thought about using 6) Used alcohol or drugs to relieve feelings	Needs Alcohol Treatment	0.9	0.6	0.7	n/a	4.2	3.0	3.2	n/a	6.4	5.1	5.4	n/a	6.5	5.0	5.3	n/a
	Needs Drug Treatment	0.5	0.3	0.4	n/a	4.3	2.5	2.9	n/a	7.4	5.6	5.9	n/a	7.5	7.0	7.1	n/a
	Needs Alcohol and/or Drug Treatment	1.3	0.9	1.0	n/a	6.7	4.6	5.1	n/a	11.4	8.9	9.4	n/a	11.5	10.2	10.4	n/a

Table 7. Percentage of Student With Antisocial Behavior - 2010

How many times in the past year (12 months) have you: (One or more times)	Grade 6				Grade 8				Grade 10				Grade 12			
	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm
Been Suspended from School	12.6	11.2	11.6	13.0	15.7	13.7	14.1	15.1	11.7	10.6	10.8	12.6	7.6	7.2	7.2	9.2
Been Drunk or High at School	5.5	3.7	4.2	3.9	13.0	9.1	10.0	7.5	19.5	15.0	15.9	15.0	20.5	17.2	17.8	17.7
Sold Illegal Drugs	1.6	1.3	1.4	2.1	4.9	3.6	3.9	2.5	9.1	6.9	7.3	6.5	9.2	8.6	8.7	7.8
Stolen or Tried to Steal a Motor Vehicle	2.4	2.1	2.2	2.9	4.0	2.9	3.2	2.3	3.8	2.9	3.0	2.6	2.9	2.2	2.3	1.9
Been Arrested	4.3	3.3	3.6	3.7	7.1	5.6	5.9	5.2	7.6	6.4	6.7	6.7	8.3	6.6	7.0	6.1
Attacked Someone with the Idea of Seriously Hurting Them	18.6	15.0	16.0	12.7	20.6	15.5	16.6	16.0	17.2	13.2	14.0	15.1	13.2	12.1	12.3	11.9
Carried a Handgun	6.4	4.6	5.1	5.7	7.0	5.0	5.5	4.8	7.2	5.3	5.7	5.2	7.2	6.0	6.2	5.2
Carried a Handgun to School	0.9	0.8	0.8	1.3	1.2	1.0	1.0	0.8	1.1	1.1	1.1	0.9	1.4	1.3	1.3	1.0

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

Table 8. Student Alcohol Use - 2010

If you drank ALCOHOL (beer, wine, or hard liquor) and not just a sip or taste in the last year, how did you USUALLY get it? (Choose all that apply.)	Grade 6			Grade 8			Grade 10			Grade 12		
	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*
*Sample size***	*846*	*1,774*	*2,620*	*1,483*	*4,479*	*5,962*	*1,494*	*5,703*	*7,197*	*1,167*	*5,155*	*6,322*
I bought it myself with a fake ID	4.0	4.7	4.5	3.0	2.6	2.7	2.8	2.6	2.7	3.4	3.5	3.5
I bought it myself without a fake ID	3.8	4.6	4.4	3.3	3.4	3.4	5.6	6.9	6.6	8.2	11.2	10.6
I got it from someone I know age 21 or older	33.7	31.1	31.9	45.0	40.4	41.5	59.4	53.6	54.8	72.0	67.7	68.5
I got it from someone I know under age 21	19.5	15.5	16.8	26.4	26.4	26.4	31.5	31.4	31.5	25.2	27.7	27.2
I got it from my brother or sister	10.9	11.0	11.0	13.9	11.4	12.0	12.7	12.0	12.2	12.9	11.8	12.0
I got it from home with my parents' permission	28.7	29.4	29.2	22.9	23.2	23.1	17.7	19.8	19.4	17.8	17.3	17.4
I got it from home without my parents' permission	24.2	21.4	22.3	27.2	28.9	28.5	20.3	21.3	21.1	13.9	13.0	13.2
I got it from another relative	17.1	16.4	16.6	20.1	15.9	16.9	17.4	13.4	14.2	14.8	10.9	11.6
A stranger bought it for me	4.0	3.9	3.9	4.0	4.1	4.1	8.9	6.3	6.9	9.1	8.1	8.3
I took it from a store or shop	3.1	2.6	2.8	2.5	2.4	2.4	2.4	2.5	2.5	2.9	2.3	2.4
I got it at a bar or restaurant†	4.0	4.5	4.4	4.4	2.9	3.3	3.5	3.9	3.8	7.8	7.3	7.4
Other	29.3	33.6	32.2	31.5	28.2	29.0	27.7	25.2	25.8	21.3	20.4	20.5

During the last 12 months, how often (if ever) have you used ALCOHOL (beer, wine, or hard liquor) in each of the following places?	Grade 6			Grade 8			Grade 10			Grade 12		
	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*
*Sample size***	*977*	*2,084*	*3,061*	*1,652*	*4,983*	*6,635*	*1,515*	*5,853*	*7,368*	*1,189*	*5,222*	*6,411*
At your home.	63.2	62.9	63.0	63.6	63.2	63.3	56.0	58.1	57.7	56.5	57.5	57.3
At friends' houses.	47.0	43.4	44.6	67.4	63.5	64.5	79.4	77.1	77.6	84.7	83.4	83.7
At a school dance, a game, or other event.	16.3	15.4	15.7	22.0	17.8	18.8	21.7	20.4	20.7	19.9	21.0	20.8
At school during the day.	7.1	6.2	6.5	12.9	9.9	10.7	16.4	13.1	13.8	12.6	11.3	11.5
Near school.	14.3	11.9	12.6	20.2	16.0	17.1	21.5	18.3	19.0	19.3	17.6	17.9
In a car.	20.1	18.5	19.0	33.8	28.6	29.9	44.7	41.3	42.0	45.5	46.2	46.1
At a party.	44.7	45.7	45.4	58.2	53.4	54.6	71.0	68.2	68.8	75.4	77.2	76.9
At a park or beach.	21.5	20.0	20.5	26.8	23.9	24.6	28.1	26.5	26.8	25.3	27.0	26.7
At a bar or restaurant.	17.4	17.8	17.7	16.6	16.1	16.3	16.0	15.2	15.4	20.3	22.0	21.7

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

** Sample size represents the number of youth who obtained alcohol from at least one source. Student indicating they did not drink alcohol in the past year are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

Data Tables

Table 9. Percentage of Student Reporting Risk - 2010

Risk Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm
Community Domain																
Low Neighborhood Attachment	49.6	47.2	47.8	47.0	40.5	37.7	38.3	36.6	45.6	41.9	42.6	42.8	48.0	43.7	44.5	47.0
Community Disorganization	49.6	42.3	44.2	39.0	56.2	48.0	49.9	45.1	57.3	47.7	49.6	49.8	55.7	46.2	48.0	53.9
Laws & Norms Favorable to Drug Use	49.5	44.8	46.1	42.4	50.9	44.3	45.8	39.8	48.6	41.7	43.1	39.7	55.1	49.4	50.5	47.4
Perceived Availability of Drugs	51.5	47.7	48.7	45.1	45.7	40.6	41.8	35.5	46.2	42.6	43.3	40.5	45.6	43.6	44.0	42.7
Perceived Availability of Handguns	32.2	26.8	28.2	25.4	45.8	39.4	40.9	39.8	34.4	30.3	31.1	29.9	40.7	36.6	37.4	34.8
Family Domain																
Poor Family Management	56.4	52.6	53.7	49.8	49.1	44.4	45.4	42.7	42.7	39.6	40.2	40.3	43.4	40.7	41.2	45.4
Family Conflict	49.2	44.3	45.6	43.2	41.9	37.8	38.7	36.8	44.6	40.2	41.1	41.6	38.4	38.1	38.1	38.8
Family History of Antisocial Behavior	56.9	46.9	49.6	45.9	49.3	40.0	42.1	36.4	52.2	42.4	44.3	41.9	51.6	44.8	46.1	43.9
Parental Attitudes Favorable to ASB	45.9	41.6	42.7	36.3	55.3	50.5	51.6	46.9	55.0	52.3	52.8	52.3	52.7	51.2	51.5	50.3
Parental Attitudes Favorable to Drug Use	20.0	16.6	17.5	15.8	35.2	29.7	30.9	26.0	45.2	42.8	43.3	40.8	47.3	44.0	44.7	38.6
School Domain																
Academic Failure	40.9	35.1	36.6	41.3	45.3	39.3	40.7	42.8	46.0	40.0	41.2	45.1	41.1	36.1	37.0	41.8
Low Commitment to School	54.6	49.8	51.1	48.5	51.4	48.8	49.4	44.8	45.6	43.6	44.0	42.4	46.7	45.2	45.5	42.9
Peer-Individual Domain																
Rebelliousness	41.4	36.9	38.1	38.4	42.4	38.4	39.3	39.0	45.0	42.0	42.6	45.5	41.1	39.4	39.7	43.6
Early Initiation of ASB	35.0	29.5	31.0	28.1	41.9	34.7	36.3	33.7	43.9	37.1	38.4	37.0	40.4	37.6	38.2	35.4
Early Initiation of Drug Use	39.2	31.8	33.8	31.0	47.2	38.1	40.1	34.4	44.6	36.9	38.4	35.9	47.3	40.4	41.7	41.4
Attitudes Favorable to ASB	54.2	49.6	50.8	43.5	43.8	40.8	41.5	36.2	47.5	43.4	44.2	44.6	42.8	39.3	40.0	41.9
Attitudes Favorable to Drug Use	27.5	23.0	24.2	23.1	42.8	37.6	38.8	32.1	49.5	44.5	45.5	43.5	45.3	44.5	44.7	43.1
Perceived Risk of Drug Use	54.4	50.5	51.5	49.1	47.9	43.4	44.4	37.1	55.2	52.3	52.9	47.8	45.4	44.3	44.5	40.3
Interaction with Antisocial Peers	50.3	46.4	47.4	45.7	40.7	35.7	36.8	34.5	40.5	34.5	35.7	36.8	38.0	33.3	34.2	33.9
Friend's Use of Drugs	33.7	27.9	29.4	27.4	52.1	45.3	46.9	38.7	47.4	41.5	42.7	41.8	40.4	37.3	37.9	38.1
Rewards for ASB	34.4	31.4	32.2	30.5	39.5	36.8	37.5	32.6	44.8	43.5	43.7	42.7	46.0	46.5	46.4	45.8
Depressive Symptoms	43.6	38.7	40.1	37.6	46.7	41.5	42.7	40.4	47.3	41.9	43.0	41.6	35.3	35.1	35.1	37.7
Gang Involvement	9.9	6.5	7.4	7.8	11.6	7.8	8.7	8.9	9.5	6.7	7.3	7.4	8.4	6.0	6.4	5.5
Intention to Use Drugs	50.2	48.0	48.6	40.5	36.2	31.3	32.4	26.7	44.8	40.6	41.4	36.2	46.9	46.6	46.6	39.0
Total Risk																
Student at High Risk**	59.0	50.3	52.6	n/a	55.3	47.5	49.3	n/a	53.9	46.2	47.7	n/a	51.2	46.5	47.4	n/a

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

** High Risk youth are defined as the percentage of Student who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 8th grade: 8 or more risk factors, 10th &12th grades: 9 or more risk factors.)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for Student at High Risk.

Data Tables

Table 10. Percentage of Student Reporting Protection - 2010

Protective Factor	Grade 6				Grade 8				Grade 10				Grade 12			
	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm	Native Am.	Non-Native Am.	State*	BH Norm
Community Domain																
Opportunities for Prosocial Involvement	42.4	43.1	42.9	50.2	53.0	53.5	53.4	60.3	53.9	57.1	56.5	60.6	57.1	59.7	59.2	62.1
Rewards for Prosocial Involvement	42.1	43.8	43.3	46.2	44.2	45.8	45.5	49.2	42.1	43.6	43.3	44.2	44.3	43.5	43.6	44.1
Family Domain																
Family Attachment	46.6	51.2	50.0	53.0	44.6	48.6	47.7	51.9	49.1	54.7	53.6	54.3	54.2	57.1	56.5	55.4
Opportunities for Prosocial Involvement	51.2	53.9	53.2	58.6	53.7	57.3	56.5	60.7	51.0	54.1	53.5	53.1	52.2	54.6	54.1	53.8
Rewards for Prosocial Involvement	44.7	48.4	47.4	52.9	40.3	43.9	43.1	47.7	47.5	51.9	51.1	53.0	52.9	52.9	52.9	52.4
School Domain																
Opportunities for Prosocial Involvement	43.4	45.2	44.7	48.5	57.7	59.0	58.7	62.1	58.7	60.4	60.1	64.1	62.2	64.8	64.3	66.1
Rewards for Prosocial Involvement	43.7	45.0	44.6	50.7	45.8	49.6	48.7	57.5	59.8	61.4	61.0	58.9	48.6	48.8	48.7	51.6
Peer-Individual Domain																
Religiosity	46.5	48.3	47.8	50.9	60.6	64.2	63.4	53.5	57.2	60.5	59.9	48.9	48.1	53.2	52.3	44.3
Belief in the Moral Order	45.0	50.3	48.9	57.9	51.4	56.8	55.6	64.6	43.4	49.5	48.3	52.9	48.5	51.5	50.9	53.8
Interaction with Prosocial Peers	48.7	50.2	49.8	51.0	55.0	58.9	58.0	59.3	55.1	59.2	58.4	60.4	52.7	56.0	55.3	58.5
Prosocial Involvement	52.1	51.1	51.4	52.2	54.0	54.9	54.7	50.7	54.7	56.0	55.7	53.7	54.0	55.9	55.5	54.3
Rewards for Prosocial Involvement	43.6	43.5	43.6	45.7	52.1	52.2	52.2	51.7	61.0	59.9	60.1	59.7	62.5	62.4	62.4	63.4
Total Protection																
Student with High Protection**	48.2	50.3	49.8	n/a	45.1	49.0	48.1	n/a	48.3	53.2	52.2	n/a	51.8	53.5	53.2	n/a

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

** High Protection youth are defined as the percentage of Student who have more than a specified number of protective factors operating in their lives. (6th grade: 4 or more protective factors; 8th, 10th, and 12th grade: 5 or more protective factors)
Since not all states use the same scales, the Bach Harrison Norm cannot be calculated for Student with High Protection.

Data Tables

Table 11. Drug Free Communities Report - 2010

Outcome	Definition	Substance	Grade 6				Grade 8				Grade 10				Grade 12			
			Native Am.		Non-Native Am.		Native Am.		Non-Native Am.		Native Am.		Non-Native Am.		Native Am.		Non-Native Am.	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk* *(People are at Moderate or Great Risk of harming themselves if they...)*	drink 1 or two drinks nearly every day	Alcohol	61.7	5,962	63.9	16,243	58.3	4,609	60.6	15,755	60.3	3,043	60.3	12,450	60.9	2,082	60.1	8,934
	smoke 1 or more packs of cigarettes per day	Cigarettes	80.1	5,993	81.9	16,337	83.4	4,630	85.3	15,827	86.2	3,050	88.1	12,485	88.5	2,087	88.5	8,965
	smoke marijuana regularly	Marijuana	83.5	5,837	86.1	15,952	79.4	4,497	83.1	15,409	73.5	2,977	76.2	12,268	70.2	2,052	72.4	8,792
Perception of Parent Disapproval* *(Parents feel it would be Wrong or Very Wrong to...)*	drink beer, wine, or hard liquor regularly	Alcohol	94.0	5,372	95.4	14,455	87.3	4,313	89.3	14,884	82.0	2,918	83.3	11,946	74.0	1,991	74.7	8,621
	smoke cigarettes	Cigarettes	97.0	5,363	97.7	14,430	92.6	4,312	95.0	14,865	88.5	2,914	90.6	11,931	78.3	1,986	81.2	8,615
	smoke marijuana	Marijuana	98.2	5,313	98.9	14,323	94.3	4,282	96.4	14,798	91.3	2,899	93.3	11,906	89.1	1,981	91.0	8,594
Perception of Peer Disapproval* *(I think it is Wrong or Very Wrong for someone my age to...)*	drink beer, wine, or hard liquor regularly	Alcohol	91.5	6,235	93.2	16,907	74.5	4,712	78.3	16,138	62.1	3,091	64.7	12,632	57.8	2,135	57.1	9,089
	smoke cigarettes	Cigarettes	93.1	6,235	95.0	16,899	80.0	4,715	84.5	16,130	68.9	3,091	73.0	12,622	58.9	2,134	60.4	9,095
	smoke marijuana	Marijuana	95.5	6,236	96.9	16,899	83.1	4,713	87.0	16,145	73.4	3,091	77.2	12,640	71.8	2,134	73.3	9,098
Past 30-Day Use*	at least one use in the past 30 days	Alcohol	10.3	5,982	8.3	16,216	24.3	4,604	20.3	15,775	34.9	3,033	31.8	12,451	42.5	2,073	43.0	8,937
		Cigarettes	4.1	5,737	2.7	15,547	12.1	4,513	8.9	15,496	19.6	2,995	16.5	12,292	24.1	2,037	23.2	8,826
		Marijuana	2.3	5,973	1.2	16,188	9.3	4,589	6.4	15,745	16.4	3,022	12.5	12,426	18.2	2,066	15.8	8,915
Average Age of Onset**																		
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
(How old were you when you first...)	had more than a sip or two of beer, wine or hard liquor?	Alcohol	34.1	6,208	28.5	16,926	55.6	4,712	48.5	16,137	69.8	3,082	64.4	12,632	78.8	2,136	75.4	9,093
		Average age:	10.7 years		10.7 years		10.7 years		12.0 years		n/a		13.4 years		14.1 years		14.4 years	
	smoked a cigarette, even just a puff?	Cigarettes	20.4	6,219	13.5	16,963	38.6	4,718	28.5	16,167	50.9	3,087	42.5	12,635	59.6	2,140	54.2	9,097
		Average age:	10.6 years		10.7 years		11.5 years		11.7 years		12.6 years		12.8 years		13.5 years		13.9 years	
	smoked marijuana?	Marijuana	4.8	6,240	2.7	16,997	19.0	4,725	13.3	16,177	33.7	3,090	27.6	12,651	41.7	2,138	37.1	9,110
		Average age:	11.1 years		11.2 years		11.2 years		12.4 years		13.6 years		13.9 years		14.5 years		14.9 years	

* For Past 30-Day Use, Perception of Risk, and Perception of Parental/Peer Disapproval, the "Sample" column represents the sample size - the number of people who answered the question and whose responses were used to determine the percentage. The "Percent" column represents the percentage of youth in the sample answering the question as specified in the definition.

** For Average Age of Onset, the "Sample" column represents the overall sample size: the total number of people that responded to the questions about Age of Onset. This includes responses that are not used to calculate the average age of onset (i.e., youth that have never used alcohol, tobacco, and marijuana). The "Percent" column represents the percentage of youth in the sample reporting any age of first use for the specified substance. "Average age" is calculated by averaging the ages of first use of Student reporting any use.

Table 11. Drug Free Communities Report - 2010 (cont'd)

Outcome	Definition	Substance	Male†				Female†			
			Native Am.		Non-Native Am.		Native Am.		Non-Native Am.	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of Risk* *(People are at Moderate or Great Risk of harming themselves if they...)*	drink 1 or two drinks nearly every day	Alcohol	54.9	7,546	56.5	25,392	65.5	7,895	66.3	26,969
	smoke 1 or more packs of cigarettes per day	Cigarettes	81.7	7,572	84.1	25,503	85.0	7,931	86.9	27,083
	smoke marijuana regularly	Marijuana	75.1	7,398	77.3	24,910	82.2	7,718	83.9	26,514
Perception of Parent Disapproval* *(Parents feel it would be Wrong or Very Wrong to...)*	drink beer, wine, or hard liquor regularly	Alcohol	86.3	6,953	86.6	23,495	87.4	7,404	87.6	25,486
	smoke cigarettes	Cigarettes	91.9	6,945	92.0	23,466	91.1	7,393	92.6	25,456
	smoke marijuana	Marijuana	94.6	6,892	95.1	23,352	94.3	7,346	95.8	25,347
Perception of Peer Disapproval* *(I think it is Wrong or Very Wrong for someone my age to...)*	drink beer, wine, or hard liquor regularly	Alcohol	75.8	7,794	75.0	26,230	77.3	8,113	77.6	27,458
	smoke cigarettes	Cigarettes	80.5	7,793	80.5	26,216	80.1	8,114	81.7	27,453
	smoke marijuana	Marijuana	83.9	7,784	84.0	26,246	85.5	8,122	87.1	27,459
Past 30-Day Use*	at least one use in the past 30 days	Alcohol	24.2	7,530	24.1	25,415	22.4	7,907	22.1	26,942
		Cigarettes	12.1	7,319	11.8	24,696	12.1	7,713	10.7	26,473
		Marijuana	9.8	7,509	8.9	25,356	8.3	7,888	6.8	26,901
Average Age of Onset**										
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
(How old were you when you first...)	had more than a sip or two of beer, wine or hard liquor?	Alcohol	53.5	7,776	51.1	26,268	52.4	8,095	49.6	27,445
		Average age:	12.1 years		12.5 years		12.6 years		13.0 years	
	smoked a cigarette, even just a puff?	Cigarettes	36.7	7,784	32.3	26,290	36.4	8,112	30.3	27,493
		Average age:	11.9 years		12.4 years		12.1 years		12.7 years	
	smoked marijuana?	Marijuana	20.0	7,799	18.7	26,326	18.3	8,128	15.7	27,527
		Average age:	13.0 years		13.6 years		13.4 years		14.0 years	

* For Past 30-Day Use, Perception of Risk, and Perception of Parental/Peer Disapproval, the "Sample" column represents the sample size - the number of people who answered the question and whose responses were used to determine the percentage. The "Percent" column represents the percentage of youth in the sample answering the question as specified in the definition.

** For Average Age of Onset, the "Sample" column represents the overall sample size: the total number of people that responded to the questions about Age of Onset. This includes responses that are not used to calculate the average age of onset (i.e., youth that have never used alcohol, tobacco, and marijuana). The "Percent" column represents the percentage of youth in the sample reporting any age of first use for the specified substance. "Average age" is calculated by averaging the ages of first use of Student reporting any use.

† The male and female values allow a gender comparison for youth who completed the survey. However, unless the percentage of Student who participated from each grade is similar, the gender results are not necessarily representative of males and females in the community. Male and female data are only displayed if the number participating meets the cutoff.

Data Tables

Table 12. Additional Data for Prevention Planning - Safety, Violence, and Gangs - 2010													
		Grade 6			Grade 8			Grade 10			Grade 12		
		Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*	Native Am.	Non-Native Am.	State*
Safety													
I feel safe at my school	YES! or yes	79.8	81.8	81.2	76.2	78.8	78.2	78.5	79.7	79.5	83.3	85.4	85.0
I feel safe in my neighborhood	YES! or yes	74.8	79.7	78.4	76.2	79.5	78.7	78.4	82.4	81.6	80.8	84.9	84.1
Verbal and Physical Violence													
What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?	No or very little chance	17.3	17.6	17.5	15.7	15.6	15.6	14.2	14.3	14.3	13.0	13.7	13.6
How wrong do you think it is for someone your age to pick a fight with someone?	Not wrong at all	6.6	5.6	5.8	11.0	9.1	9.5	9.1	7.4	7.7	6.9	5.5	5.7
How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?	Not wrong at all	3.8	2.8	3.0	6.0	4.6	4.9	5.5	4.1	4.4	4.6	3.2	3.5
How many times in the past year (12 months) have you attacked someone with the idea of seriously hurting them?	At least one time in the past year	18.6	15.0	16.0	20.6	15.5	16.6	17.2	13.2	14.0	13.2	12.1	12.3
It is all right to beat up people if they start the fight.	YES! or yes	48.9	41.7	43.7	64.0	55.3	57.2	65.8	57.8	59.4	60.1	54.3	55.4
How wrong do your parents feel it would be for you to pick a fight with someone?	Not wrong at all	5.2	3.6	4.1	7.1	4.5	5.1	6.4	4.4	4.8	5.3	3.7	4.0
Gang Involvement													
Have you ever belonged to a gang?	No	88.3	91.9	91.0	86.5	90.3	89.4	88.2	91.6	90.9	89.8	92.3	91.8
	No, but would like to	1.8	1.5	1.6	1.9	1.9	1.9	2.3	1.7	1.8	1.8	1.8	1.8
	Yes, in the past	6.3	4.0	4.6	6.8	4.6	5.1	5.7	4.0	4.3	4.9	3.2	3.6
	Yes, belong now	2.9	2.0	2.3	4.4	2.8	3.2	3.4	2.4	2.6	3.2	2.4	2.6
	Yes, but would like to get out	0.7	0.5	0.5	0.4	0.4	0.4	0.4	0.3	0.3	0.2	0.3	0.3

* State represents the aggregate results of all OPNA participants rather than a random sample of Student.

Regional Prevention Contacts

Deep Fork Community Action Foundation
918-689-3132
Serves Hughes, McIntosh, and Muskogee Counties

Eagle Ridge Institute APRC
405-840-1359
Serves Oklahoma County

Gateway to Prevention and Recovery APRC
405-275-3391
Serves Lincoln, Okfuskee, Pottawatomie, and Seminole Counties

NAIC – Center for Alcohol & Drug Services APRC
405-321-0022
Serves Cleveland and McClain Counties

Oklahoma Department of Mental Health and Substance Abuse Services
405-522-6791
Serves Adair, Cherokee, Sequoyah, and Wagoner Counties

Northwest Center for Behavioral Health APRC
580-571-3240
Serves Beaver, Cimarron, Ellis, Harper, Texas, Woods, and Woodward Counties

Kibois / The Oaks Rehabilitative Services APRC
918-421-3500
Serves Atoka, Coal, Haskell, Latimer, and Pittsburg Counties

OSU Seretean Wellness Center, PaNOK APRC
405-624-2220
Serves Kay, Noble, Osage, Payne, and Pawnee Counties

OSU Seretean Wellness Center, Tri-County APRC
918-756-1248
Serves Creek and Okmulgee Counties

PreventionWorkz APRC
580-234-1046
Serves Alfalfa, Garfield, Grant, Kingfisher, Logan, and Major Counties

Red Rock West APRC
580-323-6021
Serves Beckham, Blaine, Caddo, Custer, Dewey, Greer, Kiowa, Roger Mills, and Washita Counties

Red Rock West APRC - Satellite Office
405-354-1928
Serves Canadian and Grady Counties

ROCMND Area Youth Services APRC
918-256-7518
Serves Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, and Washington Counties

ROCMND Area Youth Services APRC - Satellite Office
918-493-6322
Serves Tulsa County

Southern Oklahoma Interlocal Cooperative APRC
580-286-3344
Serves Choctaw, Leflore, McCurtain, and Pushmataha Counties

Wichita Mountains Prevention Network - Ardmore APRC
580-490-9021
Serves Bryan, Carter, Garvin, Johnston, Love, Marshall, Murray, and Pontotoc Counties

Wichita Mountains Prevention Network - Lawton APRC
580-355-5246
Serves Comanche, Cotton, Harmon, Jackson, Jefferson, Stephens, and Tillman Counties

Contacts for Prevention

State Contacts

Oklahoma Department of Mental Health and Substance Abuse Services
405-522-3619
www.odmhsas.org

Oklahoma Department of Mental Health and Substance Abuse Services
2Much2Lose (2M2L)/Students Against Destructive Decisions (SADD)
405-522-2700

Oklahoma Prevention Resource Center
405-522-3810
www.odmhsas.org/resourcecenter

Oklahoma Commission on Children and Youth
405-606-4900

Oklahoma Department of Education
405-521-2107

Oklahoma Department of Health, Tobacco Use Prevention
405-271-3619

Oklahoma Institute for Child Advocacy
405-236-5437

Oklahoma Turning Point Initiative
405-271-6127

Students Working Against Tobacco (SWAT)
405-271-3619

National Contacts and Resources

Center for Substance Abuse Prevention (CSAP)
www.prevention.samhsa.gov

Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.ncjrs.org

Safe and Drug Free Schools and Communities
U.S. Department of Education
www.ed.gov/offices/OESE/SDFS

Substance Abuse and Mental Health Services Administration (SAMHSA)
Prevention Platform
www.preventionplatform.samhsa.gov

Social Development Research Group
University of Washington
www.sdrg.org

National Clearinghouse for Alcohol & Drug Information
www.ncadi.samhsa.gov

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