

2015 Pennsylvania Youth Survey

Empowering Communities to Develop Strategic Prevention Programming

Boyertown Community



Conducted by
Pennsylvania Commission on
Crime and Delinquency
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Pennsylvania Department
of Education

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The success of the 2015 PAYS could not have been achieved without the support and participation of school superintendents, administrators, principals, prevention coordinators, and teachers throughout the state. We extend our appreciation to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which they live and learn.

Please note that this report does not contain data from all survey questions. To access and analyze data from the entire survey dataset, please visit www.bach-harrison.com/PAYSWebTool. For more information about PAYS, and to see copies of the survey instruments provided to Pennsylvania youth, please visit www.pays.pa.gov. This site contains links to materials developed for the 2015 administration, as well as materials from prior survey administrations. Results from earlier PAYS administrations (e.g. data from 2009 and earlier) can be found by consulting past years' reports.

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PAYS: GOALS AND OVERVIEW

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

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

The 2015 PAYS was the thirteenth biennial administration (1989-2015). Comparisons in this report were made between the results of the 2011, 2013, and 2015 surveys, as well as comparisons to youth nationwide.

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

Questions are asked across four domains (community, school, family, and peer/individual) to help determine

where the strengths of a community are that can be brought to bear to assist students. The questions also help determine where potential problems may exist outside of school that can have an impact on a student’s readiness to learn when they arrive at their school each morning. This includes questions on food security, housing instability, and the loss of a close family member or friend.

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

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

to be the most effective in helping youth develop into healthy, productive members of their society.

Participation by Pennsylvania Youth

The 2015 PAYS was administered during the fall of 2015 to youth in grades 6, 8, 10, and 12, resulting in 216,916 valid surveys. Community-level summary reports were issued to more than 400 school districts and counties.

Grade	District 2015			State 2015		
	Respondents	Enrolled*	Participation rate	Respondents	Enrolled*	Participation rate
6	n/a	n/a	n/a	53,532	70,448	76.0
8	417	558	74.7	61,222	79,115	77.4
10	458	582	78.7	56,128	81,269	69.1
12	419	510	82.2	46,034	77,385	59.5
Total	1,294	1,650	78.4	216,916	308,217	70.4

*2015-2016 enrollment is estimated based on 2014-2015 enrollment figures provided by PDE. Participation rates are therefore approximate.

There were 960 schools that chose to participate in the 2015 PAYS. Estimated enrollment figures for the 2015-2016 school year show that there were 308,217 public school students in grades 6, 8, 10, and 12 enrolled in these schools and eligible to participate in the survey. An attempt was made to survey all eligible Pennsylvania students, resulting in 216,916 valid participants in grades 6, 8, 10, and 12 (a participation rate of 70.4%), represented evenly across the state.

In order to ensure the highest level of confidence in the survey results, measures are implemented to retain only those surveys that are deemed to be most honest and to remove surveys determined to contain possible dishonest or exaggerated responses. The results within this district report are based on 1,294 honest responses (out of 1,336 surveys submitted).

Please see the table on this page, as well as the table on the following page, for participation and demographics data specific to the population addressed in this report.

PAYS Analysis

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

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

1. DEMOGRAPHICS

49.1% of participants were female, and 50.9% were male. 12th graders were the best represented, with an estimated 82.2% participation rate based on most recent enrollment.

Overall, 87.6% of students surveyed in this district were white or Caucasian, 4.1% of students were multi-racial, and the remainder were a combination of the remaining categories. 4.0% of students identified as being of Hispanic, Latino, or Spanish origin.

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

	District 2011		District 2013		District 2015		State 2015	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Survey respondents								
All	n/a	n/a	1,330	100.0	1,294	100.0	216,916	100.0
Survey respondents by grade								
6	n/a	n/a	1	0.1	0	0.0	53,532	24.7
8	n/a	n/a	449	33.8	417	32.2	61,222	28.2
10	n/a	n/a	463	34.8	458	35.4	56,128	25.9
12	n/a	n/a	417	31.4	419	32.4	46,034	21.2
Survey respondents by gender								
Male	n/a	n/a	641	48.2	645	50.9	106,472	50.3
Female	n/a	n/a	688	51.8	622	49.1	105,341	49.7
Survey respondents by ethnicity								
Yes, of Hispanic, Latino, or Spanish origin	n/a	n/a	58	4.4	52	4.0	25,504	11.8
No, not of Hispanic, Latino, or Spanish origin	n/a	n/a	1,272	95.6	1,242	96.0	191,412	88.2
Survey respondents by race								
Black, African American	n/a	n/a	34	2.6	31	2.4	18,070	8.3
American Indian	n/a	n/a	2	0.2	11	0.9	3,326	1.5
Asian/Pacific Islander	n/a	n/a	29	2.2	31	2.4	9,915	4.6
White, Caucasian	n/a	n/a	1,188	89.3	1,133	87.6	157,967	72.8
Multi-racial	n/a	n/a	54	4.1	53	4.1	11,087	5.1
Race Unmarked	n/a	n/a	23	1.7	35	2.7	16,551	7.6

Please note that this district does not meet the minimum cutoff for all four grades surveyed (6, 8, 10, and 12). It is important to exercise discretion when comparing “All Grades” data from Boyertown Community to state-level “All Grades” data.

PAYS 2015 category: PAYS 2015 question text:

Demographic questions

How old are you?

10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 or older

What grade are you in?

6th / 7th / 8th / 9th / 10th / 11th / 12th

Are you of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin (for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

What is your race? (Select all that apply)

White, Caucasian

Black, African American

American Indian or Alaska Native

Asian Indian, Japanese, Native Hawaiian, Chinese, Korean, Guamanian or Chamorro, Filipino, Vietnamese, Samoan, Other Asian, Other Pacific Islander

Are you male or female?

Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)

Mother / Stepmother / Foster mother / Grandmother / Aunt

/ Father / Stepfather / Foster father / Grandfather / Uncle /

Other adults / Older Brother(s) / Younger Brother(s) / Older

Stepbrother(s) / Younger Stepbrother(s) / Older Sister(s) /

Younger Sister(s) / Older Stepsister(s) / Younger Stepsister(s) /

Other children

What is the language you use most often at home?

English

Spanish

Another language

2. ATOD USE AND ACCESS

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

Measurement

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

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

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

Comparisons to National Results

Comparing and contrasting findings from a county- or school-district-level survey to relevant data from a national survey provides a valuable perspective on local data. In this report, national comparisons for ATOD use will be made to the 2015 Monitoring the Future study and to the Bach-Harrison Norm.

Monitoring the Future Data

The Monitoring the Future (MTF) survey project, which provides prevalence-of-use information for ATODs from a nationally representative sample of 8th, 10th, and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see pages 3-4 of www.monitoringthefuture.org/pubs/monographs/mtf-overview2014.pdf.

Monitoring the Future data appear on the charts as “MTF 2015.” Comparison data for certain prescription drug items are calculated from raw data that MTF makes available one year following the current data set. Those will be noted as “MTF 2014” in chart legends.

Bach Harrison Norm

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from 11 statewide surveys were combined into a database of approximately 657,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state's contributions more in line with the nation's student population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as "BH Norm." In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available.

A comparison to state-wide and national results provides additional information for your community in determining the relative importance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the

first step in identifying the levels of risk and protection that are higher or lower than those in other communities. The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors that your community should consider addressing when planning prevention programs.

Lifetime Use

Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance. Lifetime prevalence of use (whether the student has ever used the drug) is a good measure of student experimentation with a given substance.

30-Day Use

30-day use (whether the student has recently used the drug) is a more sensitive measure of current activities.

HIGH PREVALENCE/EARLY INITIATION DRUGS

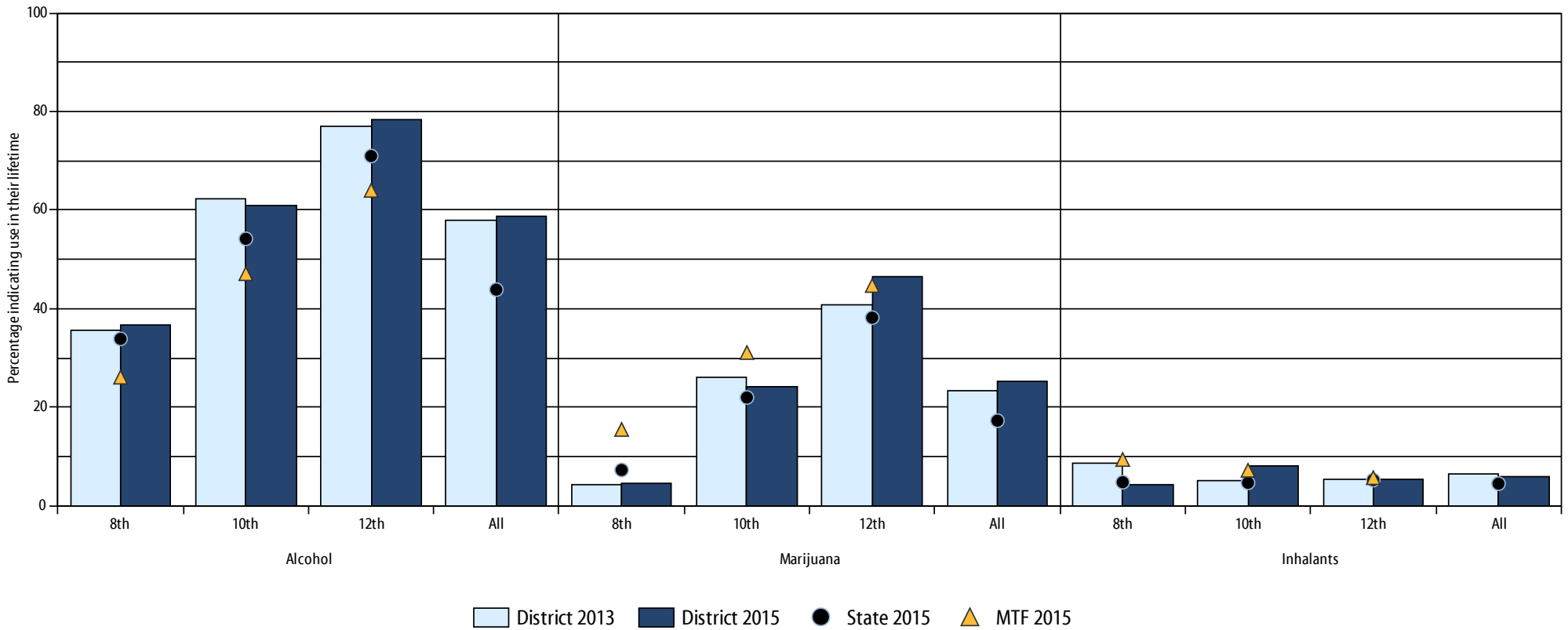
This section covers alcohol, tobacco (cigarettes, smokeless, and vaporized), marijuana, and inhalants, the drugs first and most commonly abused by youth. The higher prevalence and earlier initiation of use makes monitoring these drugs useful when monitoring at-risk students for progression from experimentation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

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

The most common early initiation/higher prevalence substance used was alcohol (58.8% of students in this district, compared to 43.9% at the state level). The next most frequent drug used was marijuana, with 25.2% indicating lifetime use (compared to 17.3% at the state level).

PAYS 2015 category:	PAYS 2015 question text:
<p>Alcohol including beer, wine, and hard liquor is the drug used most often by adolescents today.</p>	<p><i>How many times (if any) have you had beer, wine, or hard liquor in your lifetime/during the past 30 days?</i></p>
<p>Marijuana is the most widely used illicit drug. It is most frequently smoked although it can also be consumed mixed with food. Rates peaked in the late nineties, but the last few years have seen a reversal of this trend and the prevalence of marijuana use has increased.</p>	<p><i>How many times (if any) have you used marijuana (pot, hash, cannabis, weed) in your lifetime/during the past 30 days?</i></p>
<p>Inhalants are any gases or fumes that can be inhaled for the purpose of getting high. While overall prevalence is fairly low, it is more prevalent with younger students, perhaps because inhalants are often easy for them to obtain. Health consequences can include brain damage and heart failure.</p>	<p><i>How many times (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime/during the past 30 days?</i></p>
<p>Tobacco (including cigarettes and smokeless tobacco) was the second most commonly used drug among adolescents. National smoking rates, however, have declined substantially in recent years.</p>	<p><i>Have you ever smoked cigarettes?</i></p> <p><i>How frequently during the past 30 days have you smoked cigarettes?</i></p> <p><i>Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?</i></p> <p><i>How frequently during the past 30 days have you used smokeless tobacco?</i></p>
<p>Vaping is an emerging method of drug use where a device with a heating element is used to vaporize and inhale the psychoactive ingredients in tobacco (or sometimes marijuana). While it is often portrayed a safer alternative to smoking, the data on vaping are scant and the risks poorly understood.</p>	<p><i>How frequently have you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pens, e-hookahs, or hookah pens during the past 30 days?</i></p> <p><i>If you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 12 months, with which substances did you use it? (Mark all that apply.)</i></p> <ul style="list-style-type: none"> <i>Just flavoring</i> <i>Nicotine</i> <i>Marijuana or hash oil</i> <i>Other substance</i> <i>I don't know</i>

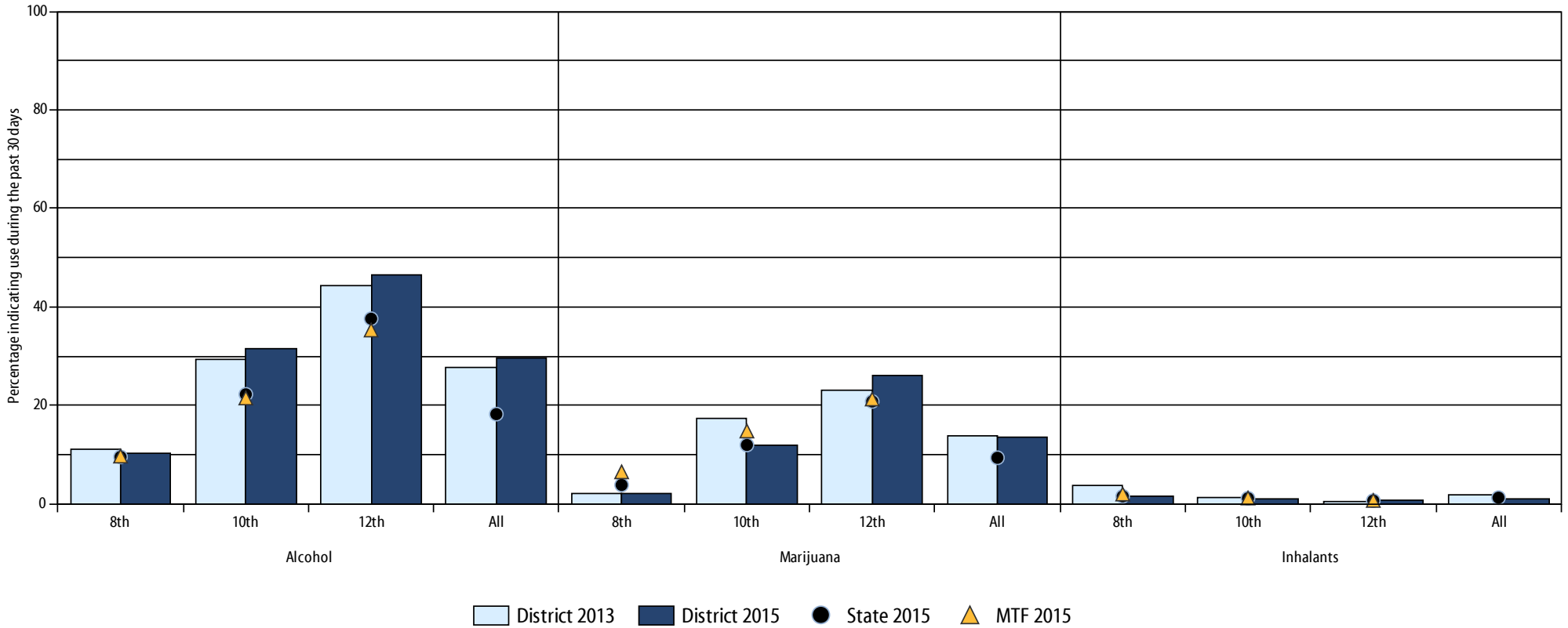
Early initiation and higher prevalence drugs - Lifetime use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Alcohol					Marijuana					Inhalants				
	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015
8	n/a	35.6	36.8	33.9	26.1	n/a	4.3	4.6	7.3	15.5	n/a	8.7	4.3	4.8	9.4
10	n/a	62.4	61.0	54.2	47.1	n/a	26.1	24.3	22.0	31.1	n/a	5.0	8.1	4.7	7.2
12	n/a	77.1	78.3	71.0	64.0	n/a	40.9	46.6	38.2	44.7	n/a	5.4	5.3	5.2	5.7
All	n/a	57.9	58.8	43.9	n/a	n/a	23.3	25.2	17.3	n/a	n/a	6.4	6.0	4.5	n/a

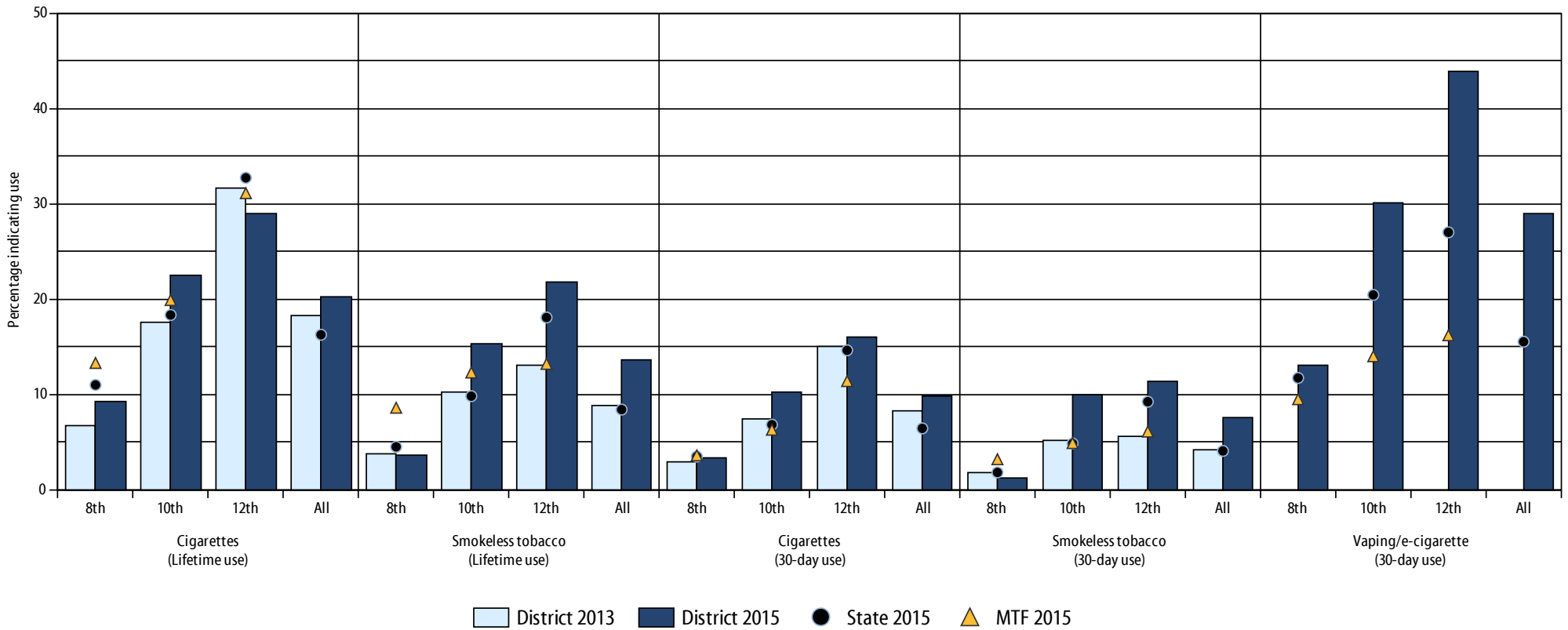
Early initiation and higher prevalence drugs - 30-day use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Alcohol					Marijuana					Inhalants				
	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015
8	n/a	11.1	10.4	9.5	9.7	n/a	2.1	2.2	3.8	6.5	n/a	3.9	1.5	1.5	2.0
10	n/a	29.3	31.6	22.3	21.5	n/a	17.3	11.8	12.0	14.8	n/a	1.3	0.9	1.1	1.2
12	n/a	44.2	46.5	37.6	35.3	n/a	23.0	26.2	20.8	21.3	n/a	0.5	0.7	0.7	0.7
All	n/a	27.8	29.6	18.2	n/a	n/a	13.9	13.4	9.4	n/a	n/a	1.9	1.0	1.3	n/a

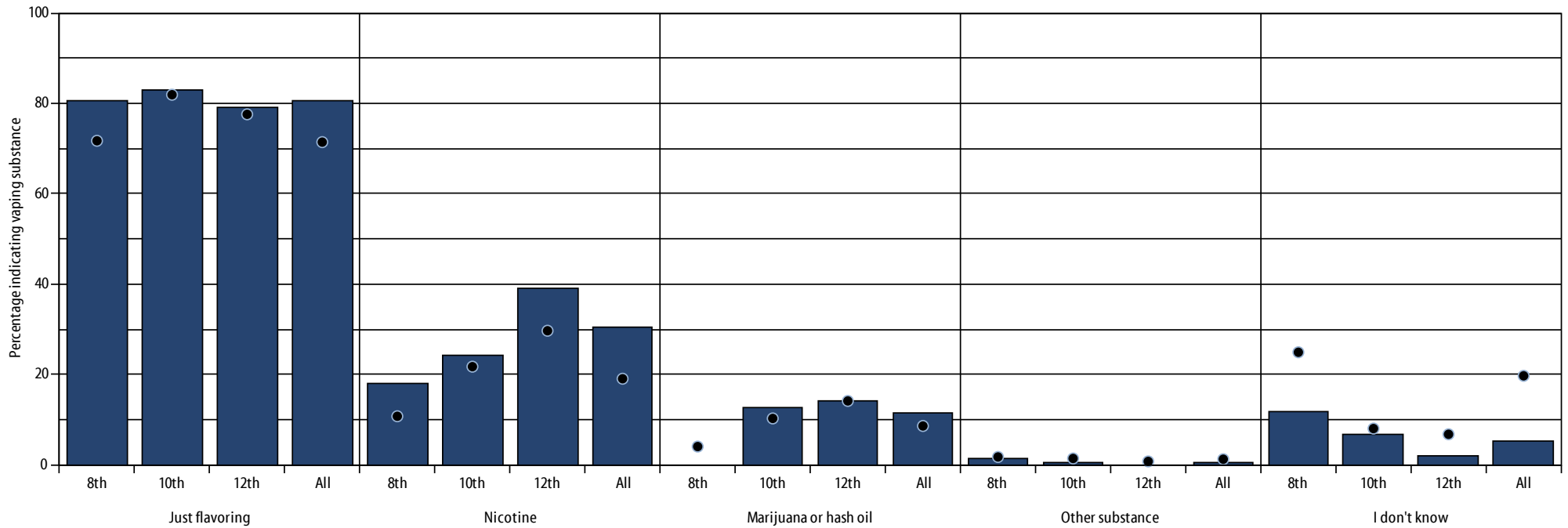
Tobacco and Vaping - Lifetime and 30-day use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Cigarettes (Lifetime use)					Smokeless tobacco (Lifetime use)					Cigarettes (30-day use)					Smokeless tobacco (30-day use)					Vaping/e-cigarette (30-day use)				
	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015
8	n/a	6.7	9.2	11.0	13.3	n/a	3.8	3.6	4.5	8.6	n/a	2.9	3.4	3.5	3.6	n/a	1.8	1.2	1.8	3.2	n/a	n/a	13.1	11.7	9.5
10	n/a	17.5	22.5	18.3	19.9	n/a	10.2	15.3	9.8	12.3	n/a	7.4	10.2	6.8	6.3	n/a	5.2	9.9	4.9	4.9	n/a	n/a	30.1	20.4	14.0
12	n/a	31.6	29.0	32.7	31.1	n/a	13.0	21.8	18.1	13.2	n/a	15.0	16.1	14.6	11.4	n/a	5.6	11.4	9.2	6.1	n/a	n/a	43.9	27.0	16.2
All	n/a	18.3	20.3	16.3	n/a	n/a	8.9	13.6	8.4	n/a	n/a	8.2	9.9	6.4	n/a	n/a	4.1	7.6	4.1	n/a	n/a	n/a	29.0	15.5	n/a

Vaping Substances Used During the Past 12 Months Boyertown Community 2015 Pennsylvania Youth Survey



(Reported by students indicating electronic vaping product use in the past year)

■ District 2015 ● State 2015

4_30_2016

Grade	Just flavoring				Nicotine				Marijuana or hash oil				Other substance				I don't know			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	80.6	71.7	n/a	n/a	17.9	10.8	n/a	n/a	0.0	4.1	n/a	n/a	1.5	1.8	n/a	n/a	11.9	24.9
10	n/a	n/a	82.9	81.9	n/a	n/a	24.4	21.7	n/a	n/a	12.8	10.3	n/a	n/a	0.6	1.4	n/a	n/a	6.7	8.1
12	n/a	n/a	79.0	77.6	n/a	n/a	39.0	29.7	n/a	n/a	14.3	14.2	n/a	n/a	0.0	0.8	n/a	n/a	1.9	6.8
All	n/a	n/a	80.7	71.4	n/a	n/a	30.4	19.1	n/a	n/a	11.6	8.6	n/a	n/a	0.5	1.3	n/a	n/a	5.2	19.7

PRESCRIPTION AND OVER-THE-COUNTER DRUGS AND MEDICATIONS

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

Students often believe these substances are safer than illicit drugs because they are prescribed by a doctor and dispensed by a pharmacist. This is particularly troubling given the adverse health consequences related to prescription drug abuse: physiological and psychological addiction, physical dependence, and the possibility of overdose.

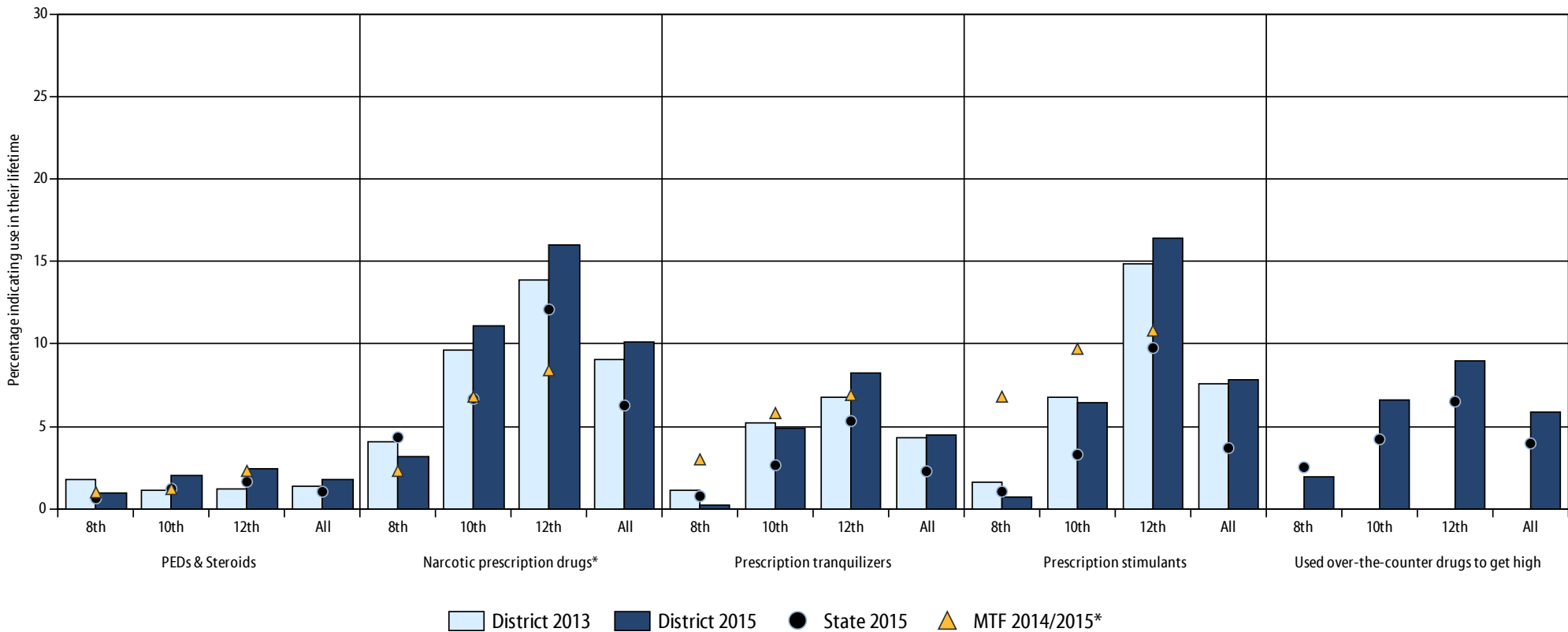
Prescription opiates (e.g. Vicodin, OxyContin, Percocet, Codeine) accounted for 32% of drug overdose deaths in Pennsylvania in 2015. Recent studies have found that once access to prescription drugs is limited, some abusers have adopted the use of heroin or other illicit substances. In 2014, the CDC reported that 3 out of 4 new heroin users report having abused prescription opioids prior to using heroin. This relationship is especially concerning since heroin was the most frequently identified drug (58.1% percent) in the toxicology test results of drug-related overdose decedents in Pennsylvania in 2015.

While over-the-counter (OTC) medications represent less danger of fatal overdose, high perceived safety and lax control of distribution compared to their prescription counterparts combine with real abuse potential makes them worth monitoring.

The prescription drug most frequently used by students in this district was narcotic prescription drugs (10.1% of students indicating lifetime use, compared to 6.3% at the state level). The next most frequently used substance was prescription stimulants (7.8% of students indicating lifetime use, compared to 3.7% at the state level).

PAYS 2015 category:	PAYS 2015 question text:
<p>Performance Enhancing Drugs such as steroids and human growth hormones are taken for muscle gain and athletic performance rather than psychoactive effects. Unsupervised use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.</p>	<p><i>How many times (if any) have you taken performance enhancing drugs (such as steroids, human growth hormone) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Prescription Narcotics are used primarily to manage pain, but are also sought after for the accompanying euphoria. The number of opioid prescriptions received by patients seeking pain treatment has nearly doubled in the last decade.</p>	<p><i>How many times (if any) have you used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor's orders, in your lifetime/during the past 30 days?</i></p>
<p>Prescription Tranquilizers are used to induce sleep, prevent seizures, and relieve anxiety, but non-medical use is widespread. Sedatives are a leading source of adverse drug events recorded in hospital settings. Depressed respiration and slowed cognitive function are often compounded with concurrent alcohol use.</p>	<p><i>How many times (if any) have you used prescription tranquilizers (such as Ambien, Lunesta, Valium, or Xanax) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Prescription Stimulants are used to treat attention deficit hyperactivity disorder (ADHD). In 2007, parents reported that approximated 9.5% of children aged 4-17 years (5.4 million) had been diagnosed with ADHD, insuring a ready availability for recreational misuse.</p>	<p><i>How many times (if any) have you used prescription stimulants (such as Ritalin or Adderall) without a doctor telling you to take them in your lifetime/during the past 30 days?</i></p>
<p>Over-the-Counter (OTC) Medications when taken as intended, safely treat specific medical conditions. When taken in quantities other than recommended, OTC medicine may affect the brain much like illicit drugs will and repeated abuse may lead to dependence.</p>	<p><i>How many times (if any) have you used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high in your lifetime/during the last 30 days?</i></p>

Prescription and over-the-counter drugs and medications - Lifetime use Boyertown Community 2015 Pennsylvania Youth Survey

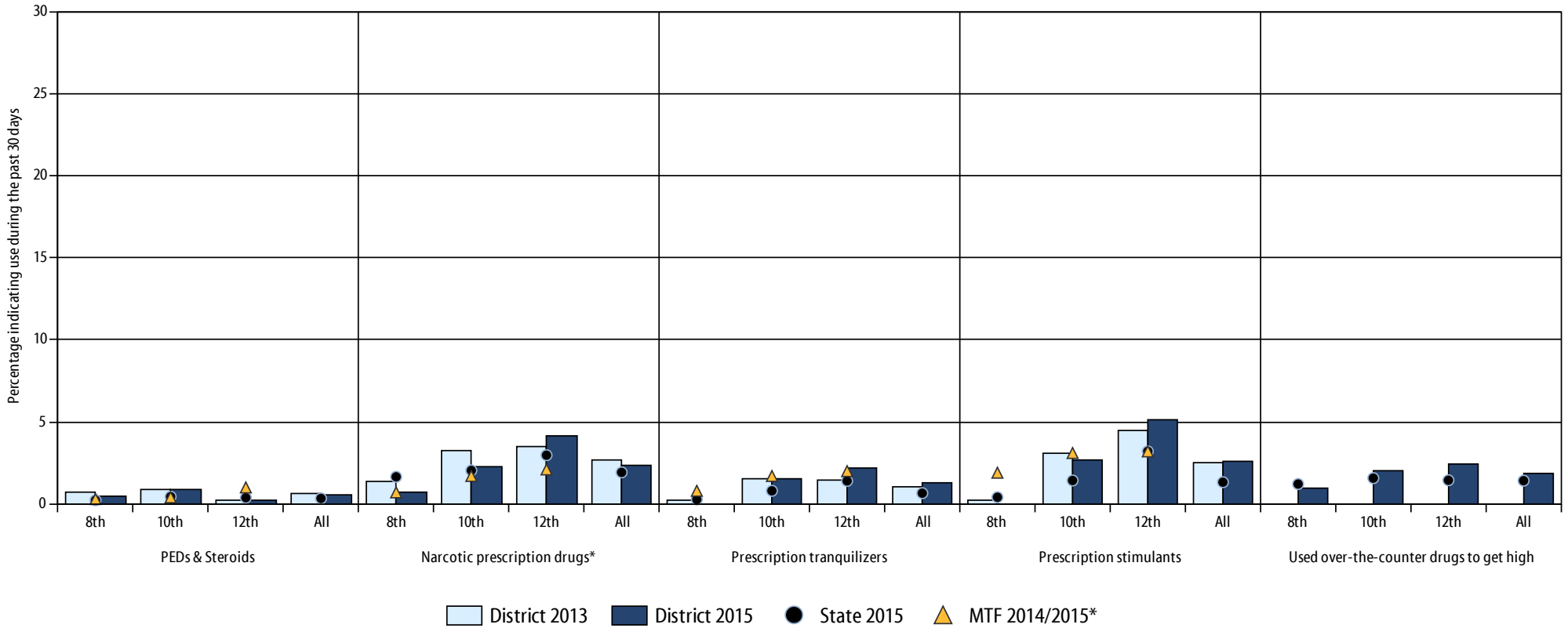


4_30_2016

*The most recent national data available for lifetime narcotic prescription drug use in 8th and 10th graders are from the 2014 Monitoring the Future administration. (However, 12th grade data are from the 2015 administration.)

Grade	PEDs & Steroids					Narcotic prescription drugs*					Prescription tranquilizers					Prescription stimulants					Used over-the-counter drugs to get high				
	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*
8	n/a	1.8	1.0	0.6	1.0	n/a	4.1	3.1	4.3	2.3	n/a	1.1	0.2	0.8	3.0	n/a	1.6	0.7	1.0	6.8	n/a	n/a	1.9	2.5	n/a
10	n/a	1.1	2.0	1.2	1.2	n/a	9.6	11.1	6.7	6.8	n/a	5.2	4.9	2.6	5.8	n/a	6.8	6.4	3.3	9.7	n/a	n/a	6.6	4.2	n/a
12	n/a	1.2	2.4	1.6	2.3	n/a	13.9	16.0	12.1	8.4	n/a	6.8	8.2	5.3	6.9	n/a	14.9	16.4	9.7	10.8	n/a	n/a	9.0	6.5	n/a
All	n/a	1.4	1.8	1.0	n/a	n/a	9.1	10.1	6.3	n/a	n/a	4.3	4.5	2.3	n/a	n/a	7.6	7.8	3.7	n/a	n/a	n/a	5.9	4.0	n/a

Prescription and over-the-counter drugs and medications - 30-day use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

*The most recent national data available for 30-day narcotic prescription drug use in 8th and 10th graders are from the 2014 Monitoring the Future administration. (However, 12th grade data are from the 2015 administration.)

Grade	PEDs & Steroids					Narcotic prescription drugs*					Prescription tranquilizers					Prescription stimulants					Used over-the-counter drugs to get high				
	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*
8	n/a	0.7	0.5	0.2	0.3	n/a	1.4	0.7	1.6	0.7	n/a	0.2	0.0	0.3	0.8	n/a	0.2	0.0	0.4	1.9	n/a	n/a	1.0	1.2	n/a
10	n/a	0.9	0.9	0.4	0.4	n/a	3.3	2.2	2.0	1.7	n/a	1.5	1.6	0.8	1.7	n/a	3.1	2.7	1.4	3.1	n/a	n/a	2.0	1.6	n/a
12	n/a	0.2	0.2	0.4	1.0	n/a	3.5	4.2	3.0	2.1	n/a	1.5	2.2	1.4	2.0	n/a	4.4	5.1	3.2	3.2	n/a	n/a	2.5	1.4	n/a
All	n/a	0.6	0.6	0.3	n/a	n/a	2.7	2.4	1.9	n/a	n/a	1.1	1.3	0.7	n/a	n/a	2.5	2.6	1.3	n/a	n/a	n/a	1.8	1.4	n/a

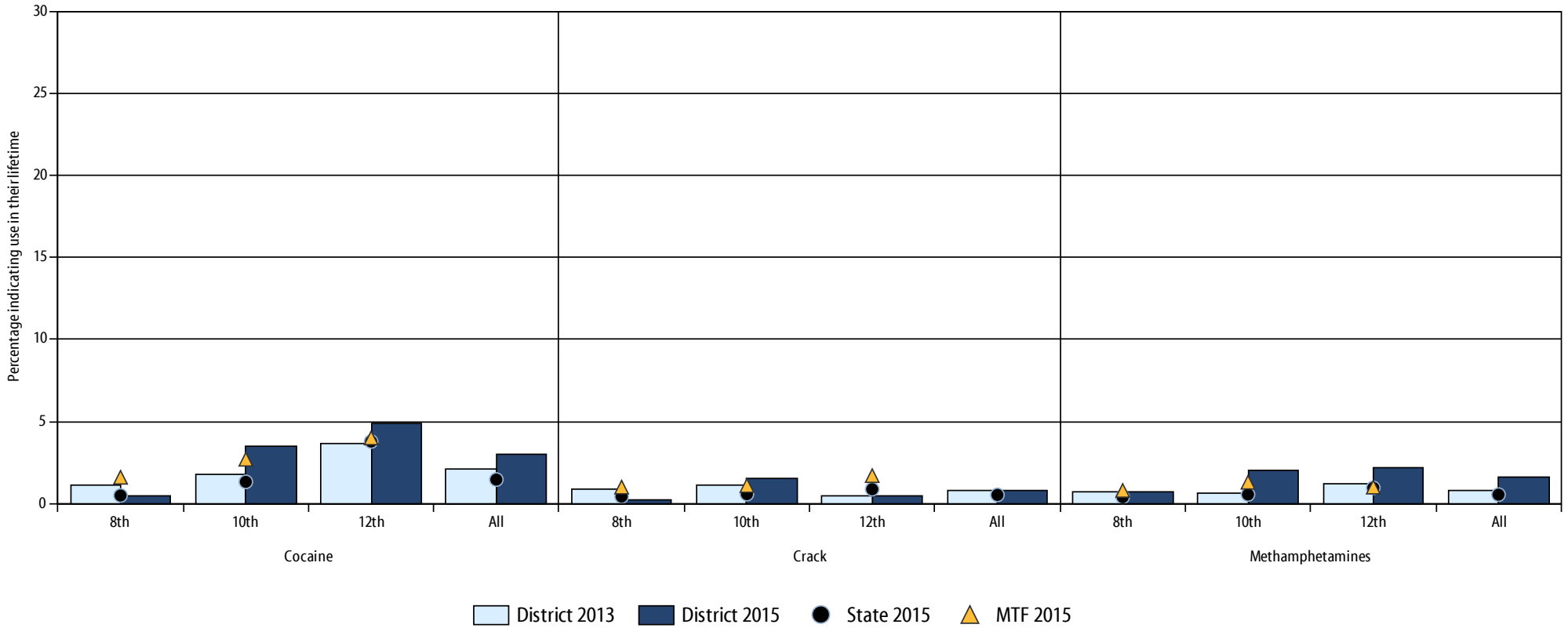
OTHER DRUGS

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

The most frequently used substance in the “other” category in this district was hallucinogens (5.9% of students indicating lifetime use, compared to 2.8% at the state level).

PAYS 2015 category:	PAYS 2015 question text:
<p>Cocaine is a powerfully addictive stimulant. Users may develop tolerance and use can cause a variety of physical problems, including chest pain, strokes, seizures, and abnormal heart rhythm.</p>	<p><i>How many times (if any) have you used cocaine in your lifetime/during the past 30 days?</i></p>
<p>Crack is an inexpensive, smokable form of cocaine producing a very intense but short-term high. Use is associated with cough, shortness of breath, and severe chest pains.</p>	<p><i>How many times (if any) have you used crack in your lifetime/during the past 30 days?</i></p>
<p>Methamphetamine is a highly addictive stimulant with effects similar to cocaine. Use of methamphetamine can cause physical and psychological problems, such as rapid or irregular heart rate, increased blood pressure, anxiety, and insomnia.</p>	<p><i>How many times (if any) have you used methamphetamine (meth, crystal meth, crank) in your lifetime/during the past 30 days?</i></p>
<p>Heroin is a highly addictive drug that can be injected, snorted, or smoked. Users risk overdose as well as long-term problems such as collapsed veins and bacterial infections.</p>	<p><i>How many times (if any) have you used heroin in your lifetime/during the past 30 days?</i></p>
<p>Hallucinogens produce distortions in perception and mood. Effects are unpredictable, varying widely depending on dose, mindset, and setting. Complications range from anxiety and rapid heart rate to triggering schizophrenia in predisposed individuals.</p>	<p><i>How many times (if any) have you used hallucinogens (acid, LSD, shrooms) in your lifetime/during the past 30 days?</i></p>
<p>Ecstasy (also known as MDMA or Molly) has both stimulant and hallucinogenic effects. Dangers include hyperthermia, hyponatremia and possible long-term changes in mood due to long-lasting changes in neurons that make serotonin. Nationally, the proportion of youth perceiving it as dangerous has decreased significantly since 2004, leveling out in 2012.</p>	<p><i>How many times (if any) have you used Ecstasy or Molly in your lifetime/during the past 30 days?</i></p>
<p>Synthetic Drugs are newly emerging analogues to marijuana, amphetamines, and hallucinogens. They are easily available, as modification of chemical formulas allows sellers to sidestep prohibition efforts. Little is known about long term use but acute effects are reported frequently.</p>	<p><i>How many times (if any) have you used synthetic drugs (man-made drugs such as Bath Salts, K2, Spice, Mr. Smiley, Blaze) in your lifetime/during the past 30 days?</i></p>

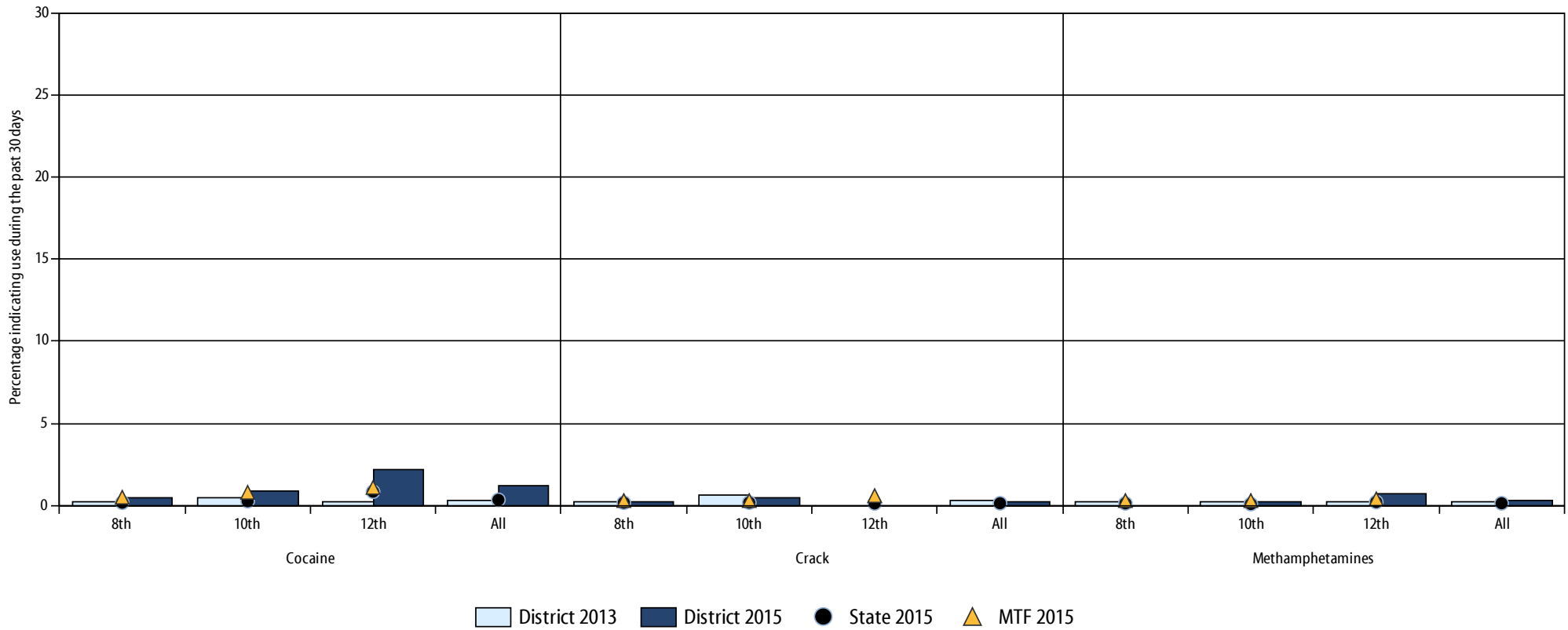
Other drugs (cocaine, crack, methamphetamines) - Lifetime use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Cocaine					Crack					Methamphetamines				
	District 2011	District 2013	District 2015	State 2015	MTF	District 2011	District 2013	District 2015	State 2015	MTF	District 2011	District 2013	District 2015	State 2015	MTF
8	n/a	1.1	0.5	0.5	1.6	n/a	0.9	0.2	0.4	1.0	n/a	0.7	0.7	0.4	0.8
10	n/a	1.7	3.5	1.3	2.7	n/a	1.1	1.6	0.6	1.1	n/a	0.7	2.0	0.6	1.3
12	n/a	3.6	4.9	3.8	4.0	n/a	0.5	0.5	0.9	1.7	n/a	1.2	2.2	1.0	1.0
All	n/a	2.1	3.0	1.5	n/a	n/a	0.8	0.8	0.5	n/a	n/a	0.8	1.6	0.5	n/a

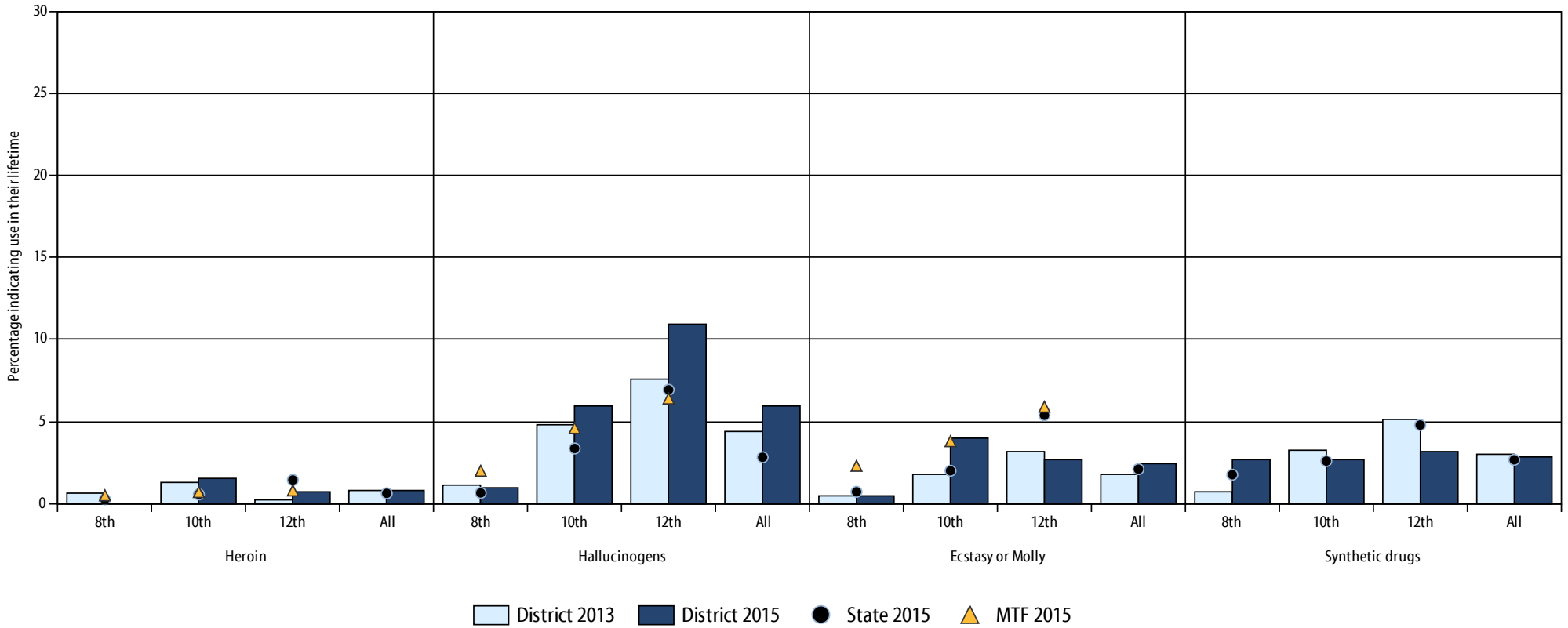
Other drugs (cocaine, crack, methamphetamines) - 30-day use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Cocaine					Crack					Methamphetamines				
	District 2011	District 2013	District 2015	State 2015	MTF	District 2011	District 2013	District 2015	State 2015	MTF	District 2011	District 2013	District 2015	State 2015	MTF
8	n/a	0.2	0.5	0.2	0.5	n/a	0.2	0.2	0.2	0.3	n/a	0.2	0.0	0.1	0.3
10	n/a	0.4	0.9	0.3	0.8	n/a	0.7	0.4	0.2	0.3	n/a	0.2	0.2	0.1	0.3
12	n/a	0.2	2.2	0.8	1.1	n/a	0.0	0.0	0.1	0.6	n/a	0.2	0.7	0.2	0.4
All	n/a	0.3	1.2	0.3	n/a	n/a	0.3	0.2	0.1	n/a	n/a	0.2	0.3	0.1	n/a

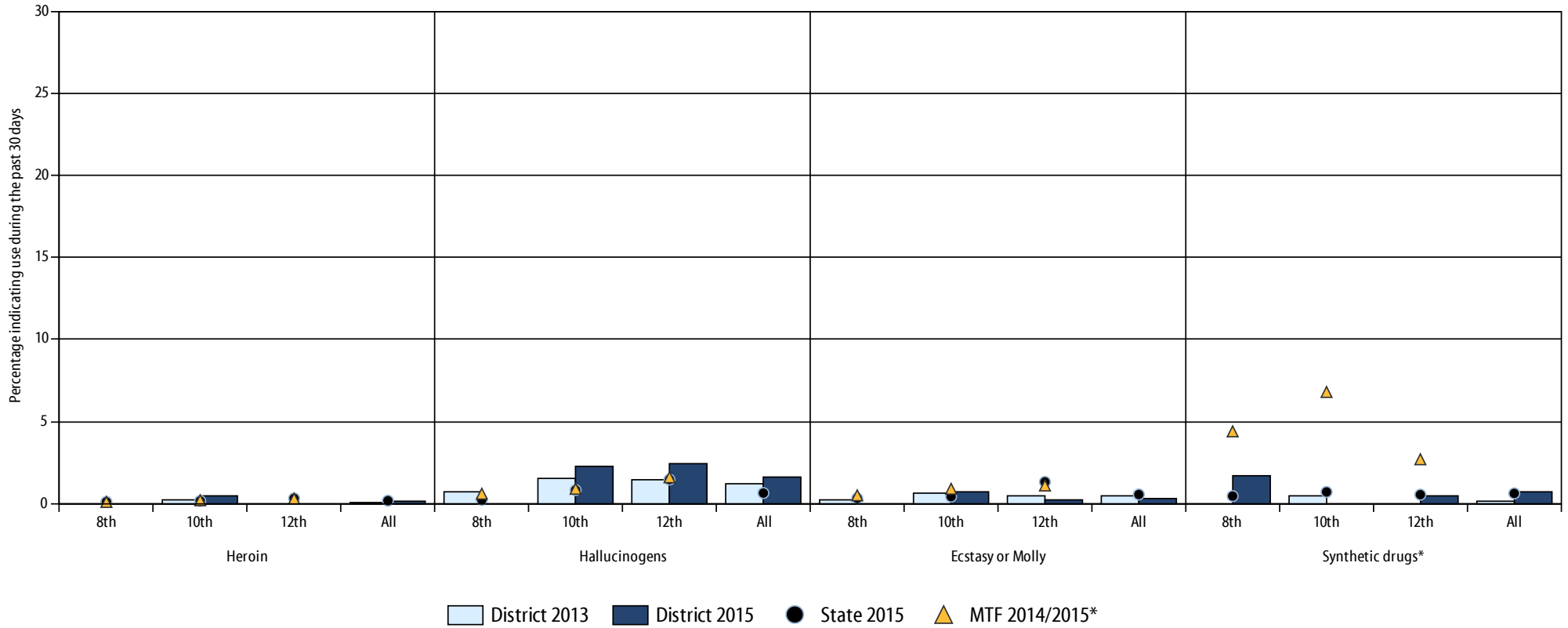
Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - Lifetime use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Heroin					Hallucinogens					Ecstasy or Molly					Synthetic drugs				
	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015
8	n/a	0.7	0.0	0.3	0.5	n/a	1.1	1.0	0.7	2.0	n/a	0.4	0.5	0.7	2.3	n/a	0.7	2.7	1.8	n/a
10	n/a	1.3	1.5	0.6	0.7	n/a	4.8	5.9	3.4	4.6	n/a	1.8	4.0	2.0	3.8	n/a	3.3	2.7	2.6	n/a
12	n/a	0.2	0.7	1.4	0.8	n/a	7.6	10.9	6.9	6.4	n/a	3.2	2.7	5.4	5.9	n/a	5.1	3.1	4.8	n/a
All	n/a	0.8	0.8	0.6	n/a	n/a	4.4	5.9	2.8	n/a	n/a	1.8	2.4	2.1	n/a	n/a	3.0	2.8	2.7	n/a

Other drugs (heroin, hallucinogens, ecstasy, and synthetic drugs) - 30-day use Boyertown Community 2015 Pennsylvania Youth Survey



4/30/2016
*The most recent national data available for 30-day synthetic drug use are from the 2014 Monitoring the Future administration.

Grade	Heroin					Hallucinogens					Ecstasy or Molly					Synthetic drugs*				
	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*	District 2011	District 2013	District 2015	State 2015	MTF 2014/2015*
8	n/a	0.0	0.0	0.1	0.1	n/a	0.7	0.0	0.2	0.6	n/a	0.2	0.0	0.3	0.5	n/a	0.0	1.7	0.5	4.4
10	n/a	0.2	0.4	0.2	0.2	n/a	1.5	2.2	0.8	0.9	n/a	0.7	0.7	0.4	0.9	n/a	0.4	0.0	0.7	6.8
12	n/a	0.0	0.0	0.3	0.3	n/a	1.5	2.4	1.5	1.6	n/a	0.5	0.2	1.3	1.1	n/a	0.0	0.5	0.5	2.7
All	n/a	0.1	0.2	0.2	n/a	n/a	1.2	1.6	0.6	n/a	n/a	0.5	0.3	0.6	n/a	n/a	0.2	0.7	0.6	n/a

RISKY SUBSTANCE USE-RELATED BEHAVIORS

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

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

Driving under the influence of drugs and alcohol endangers everyone on the roadway. Alcohol and marijuana impair clear thinking and hand-eye coordination, and alcohol-impaired drivers were involved in about 29% of crash deaths in Pennsylvania, resulting in nearly 350 deaths in 2014. Studies also show that the risk of involvement in a traffic crash increased as drivers’ THC levels (i.e., marijuana use) increased. Drivers having the highest THC levels had a significantly higher risk of crashing than drug free drivers.

13.2% of students in this district engaged in binge drinking in the past two weeks (compared to 7.8% at the state level). 3.3% of students reported driving while or shortly after drinking (compared to 2.4% at the state level).

PAYS 2015 category: PAYS 2015 question text:

Risky substance use-related behaviors

Think back over the last two weeks.

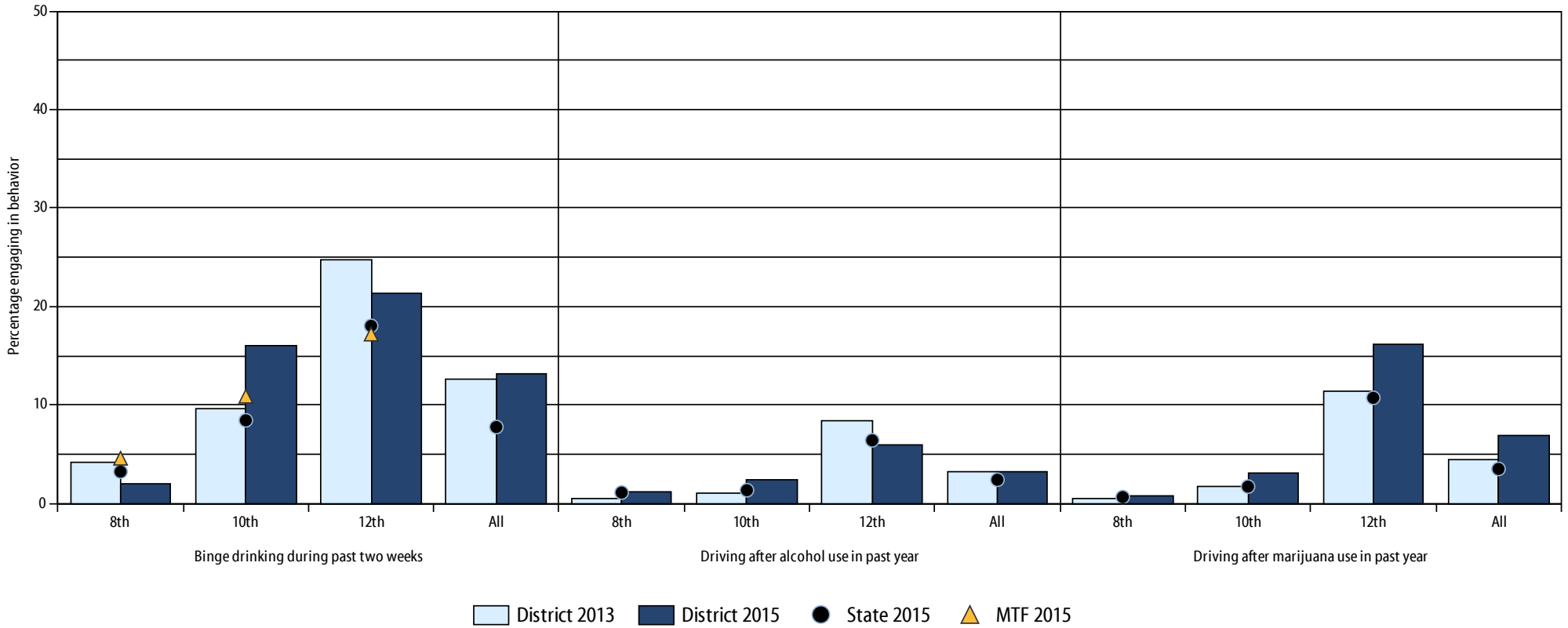
How many times have you had five or more alcoholic drinks in a row?

How often have you:

Driven a car while or shortly after drinking?

Driven a motor vehicle while or shortly after using marijuana (pot, hash, cannabis, weed)?

Risky substance use-related behavior Boyertown Community 2015 Pennsylvania Youth Survey



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Grade	Binge drinking during past two weeks					Driving after alcohol use in past year					Driving after marijuana use in past year				
	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015	District 2011	District 2013	District 2015	State 2015	MTF 2015
8	n/a	4.1	1.9	3.2	4.6	n/a	0.5	1.2	1.1	n/a	n/a	0.5	0.8	0.7	n/a
10	n/a	9.6	16.0	8.4	10.9	n/a	1.1	2.4	1.4	n/a	n/a	1.8	3.2	1.7	n/a
12	n/a	24.8	21.4	18.0	17.2	n/a	8.4	6.0	6.4	n/a	n/a	11.5	16.2	10.7	n/a
All	n/a	12.6	13.2	7.8	n/a	n/a	3.2	3.3	2.4	n/a	n/a	4.4	6.9	3.5	n/a

ACCESS AND WILLINGNESS TO USE

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

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

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

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

39.7% of students chose "friends, brothers, or sisters provided it to me" as their most frequent source/method of obtaining the alcohol they used, compared to 33.7% at the state level. The next most frequently reported source of alcohol was "family/religious celebration" with 37.5% of students indicating this method, compared to 36.6% at the state level. The third most frequently reported source was "parents or friends' parents provided it to me" with 31.8% of students indicating this method, compared to 26.0% at the state level.

46.9% of students chose "a friend or family member gave them to me" as their most frequent source/method of obtaining the prescription drugs they used without a doctor's prescription, compared to 41.8% at the state level. The next most frequently reported source of prescription drugs was "took them from a family member living in my home" with 35.9% of students indicating this method, compared to 41.0% at the state level.

40.7% of students showed a willingness to use alcohol (indicating they "would like to try it or use it" or "would use it any chance I got"), compared to 27.3% at the state level.

PAYS 2015 category: PAYS 2015 question text:

Sources of alcohol *If you drank alcohol during the past 12 months, how did you usually get it? (Mark all that apply.)*

- Did not drink any alcohol*
- Was part of family or religious celebration*
- Bought it in a store*
- Bought it at a restaurant, bar, or club*
- Bought it at a public event such as a concert or sporting event*
- Gave someone money to buy it for me*
- Parents or friends' parents provided it to me*
- Friends, brothers, or sisters provided it to me*
- Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me*
- Other source provided it to me*
- Took without permission, stole, or found it (my home, friend's home, store, etc.)*

Sources of prescription drugs *If you used any prescription drugs without a prescription from your doctor during the last 12 months, how did you get them? (Mark all that apply.)*

- I did not take any prescription drugs without a doctor's prescription.*
- Took them from a family member living in my home.*
- Took them from other relatives not living in my home.*
- Took them from someone not related to me.*
- A friend or family member gave them to me.*
- Bought them from someone.*
- Ordered them over the Internet.*

Willingness to use *How willing are you to try or use:*

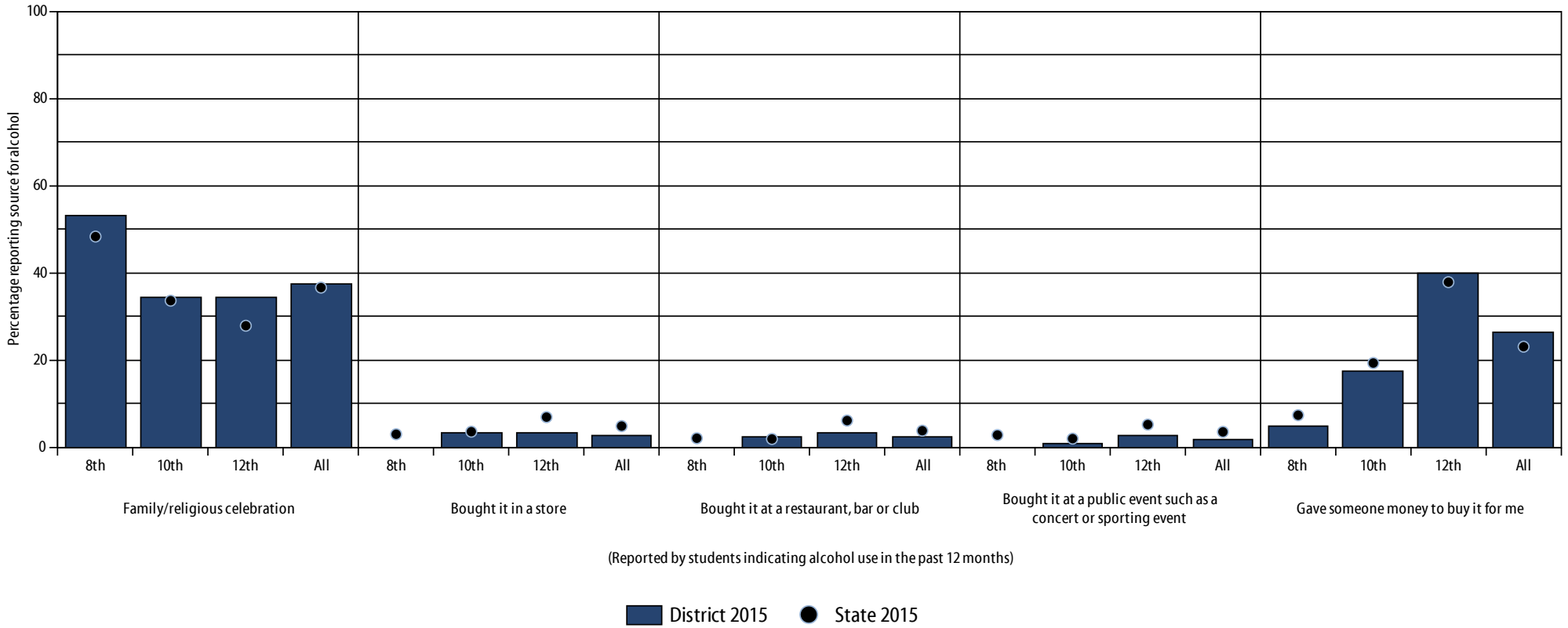
- Alcohol (beer, wine, coolers, hard liquor)?*
- Marijuana (pot, hash, hemp, weed)?*

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

- Beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum)?*
- Cigarettes?*
- A drug like cocaine, LSD, heroin, or amphetamines?*
- Marijuana?*

If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?

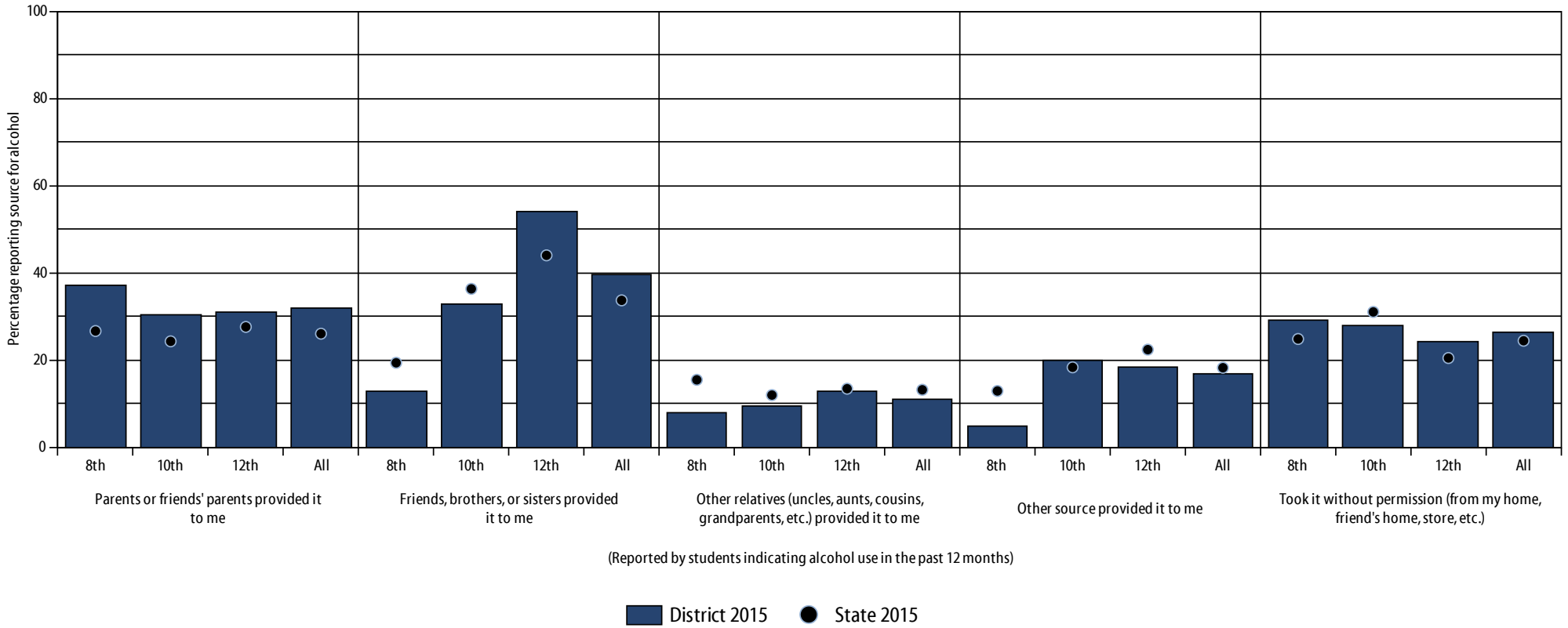
Sources of alcohol Boyertown Community 2015 Pennsylvania Youth Survey



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Grade	Family/religious celebration				Bought it in a store				Bought it at a restaurant, bar or club				Bought it at a public event such as a concert or sporting event				Gave someone money to buy it for me			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	53.2	48.3	n/a	n/a	0.0	3.0	n/a	n/a	0.0	2.1	n/a	n/a	0.0	2.8	n/a	n/a	4.8	7.4
10	n/a	n/a	34.4	33.6	n/a	n/a	3.2	3.6	n/a	n/a	2.4	1.9	n/a	n/a	0.8	2.0	n/a	n/a	17.6	19.3
12	n/a	n/a	34.3	27.9	n/a	n/a	3.4	6.9	n/a	n/a	3.4	6.1	n/a	n/a	2.8	5.2	n/a	n/a	39.9	37.9
All	n/a	n/a	37.5	36.6	n/a	n/a	2.7	4.9	n/a	n/a	2.5	3.8	n/a	n/a	1.6	3.5	n/a	n/a	26.3	23.1

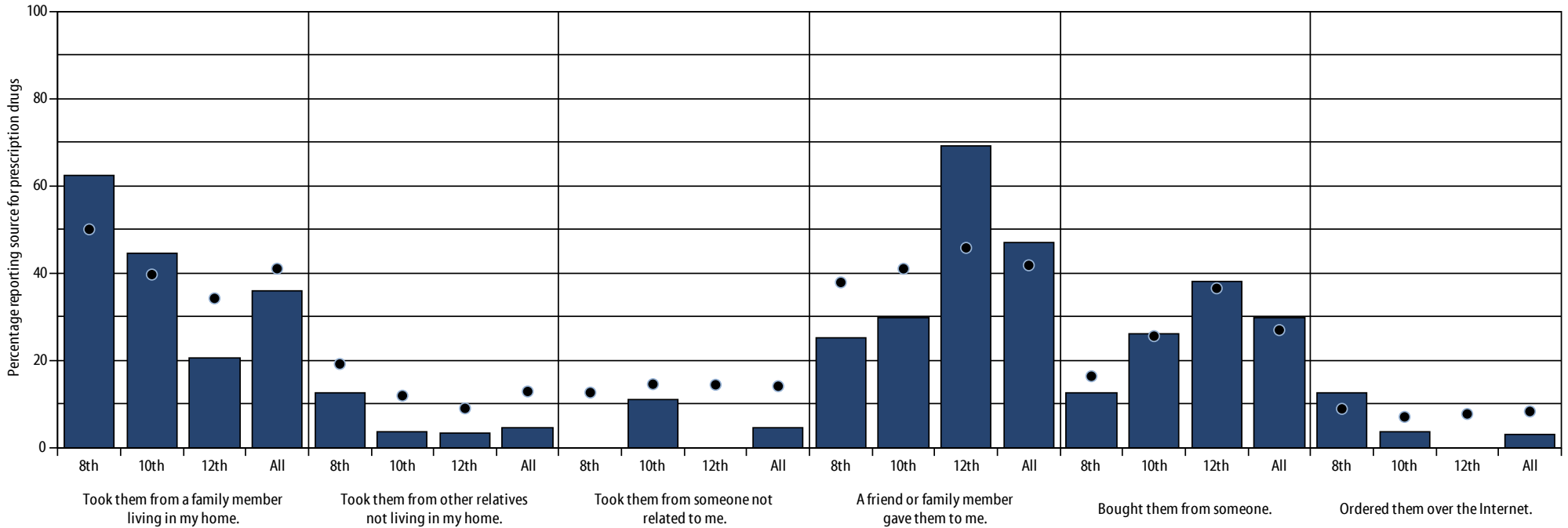
Sources of alcohol (cont'd) Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Parents or friends' parents provided it to me				Friends, brothers, or sisters provided it to me				Other relatives (uncles, aunts, cousins, grandparents, etc.) provided it to me				Other source provided it to me				Took it without permission (from my home, friend's home, store, etc.)			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	37.1	26.7	n/a	n/a	12.9	19.4	n/a	n/a	8.1	15.5	n/a	n/a	4.8	12.9	n/a	n/a	29.0	24.8
10	n/a	n/a	30.4	24.3	n/a	n/a	32.8	36.3	n/a	n/a	9.6	12.0	n/a	n/a	20.0	18.3	n/a	n/a	28.0	31.0
12	n/a	n/a	30.9	27.6	n/a	n/a	53.9	44.0	n/a	n/a	12.9	13.4	n/a	n/a	18.5	22.4	n/a	n/a	24.2	20.5
All	n/a	n/a	31.8	26.0	n/a	n/a	39.7	33.7	n/a	n/a	11.0	13.2	n/a	n/a	16.7	18.2	n/a	n/a	26.3	24.4

Sources of prescription drugs Boyertown Community 2015 Pennsylvania Youth Survey



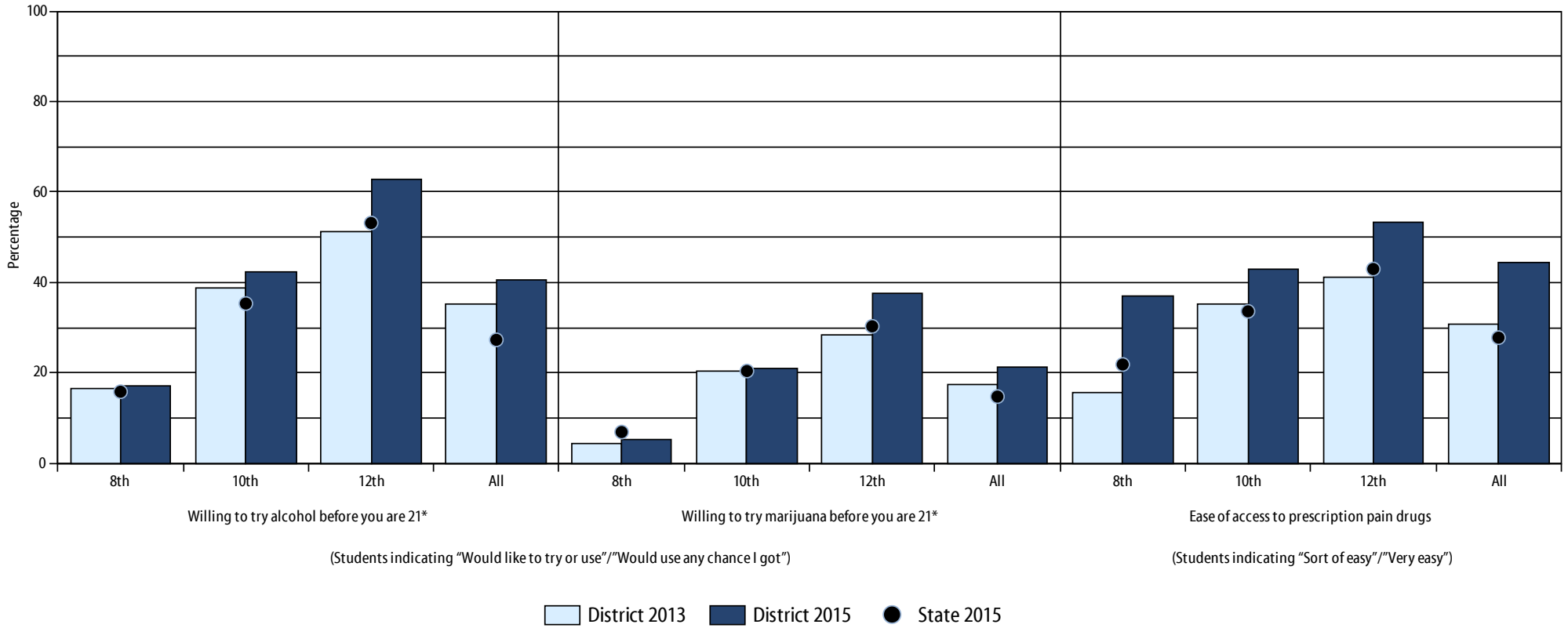
(Reported by students indicating medically unapproved prescription drug use in the past 12 months)

■ District 2015 ● State 2015

4_30_2016

Grade	Took them from a family member living in my home.				Took them from other relatives not living in my home.				Took them from someone not related to me.				A friend or family member gave them to me.				Bought them from someone.				Ordered them over the Internet.			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	62.5	50.0	n/a	n/a	12.5	19.2	n/a	n/a	0.0	12.6	n/a	n/a	25.0	37.9	n/a	n/a	12.5	16.4	n/a	n/a	12.5	8.9
10	n/a	n/a	44.4	39.6	n/a	n/a	3.7	11.9	n/a	n/a	11.1	14.5	n/a	n/a	29.6	41.0	n/a	n/a	25.9	25.6	n/a	n/a	3.7	7.0
12	n/a	n/a	20.7	34.2	n/a	n/a	3.4	9.0	n/a	n/a	0.0	14.4	n/a	n/a	69.0	45.8	n/a	n/a	37.9	36.5	n/a	n/a	0.0	7.7
All	n/a	n/a	35.9	41.0	n/a	n/a	4.7	12.9	n/a	n/a	4.7	14.1	n/a	n/a	46.9	41.8	n/a	n/a	29.7	26.9	n/a	n/a	3.1	8.3

Access and willingness to use Boyertown Community 2015 Pennsylvania Youth Survey



(Students indicating "Would like to try or use"/"Would use any chance I got")

(Students indicating "Sort of easy"/"Very easy")

□ District 2013 ■ District 2015 ● State 2015

4.30.2016
*Questions were revised in 2015 to add the qualifier "before you are 21." Rates reported in 2015 may be lower than previous years' data.

Grade	Willing to try alcohol				Willing to try marijuana				Ease of access to prescription pain drugs			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	16.4	17.1	15.8	n/a	4.3	5.3	6.9	n/a	15.7	37.0	21.9
10	n/a	38.9	42.3	35.4	n/a	20.3	21.1	20.4	n/a	35.2	43.0	33.6
12	n/a	51.2	62.7	53.1	n/a	28.3	37.7	30.3	n/a	41.1	53.4	43.0
All	n/a	35.1	40.7	27.3	n/a	17.4	21.3	14.8	n/a	30.8	44.5	27.8

3. ANTISOCIAL BEHAVIOR

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

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

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

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

GAMBLING

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

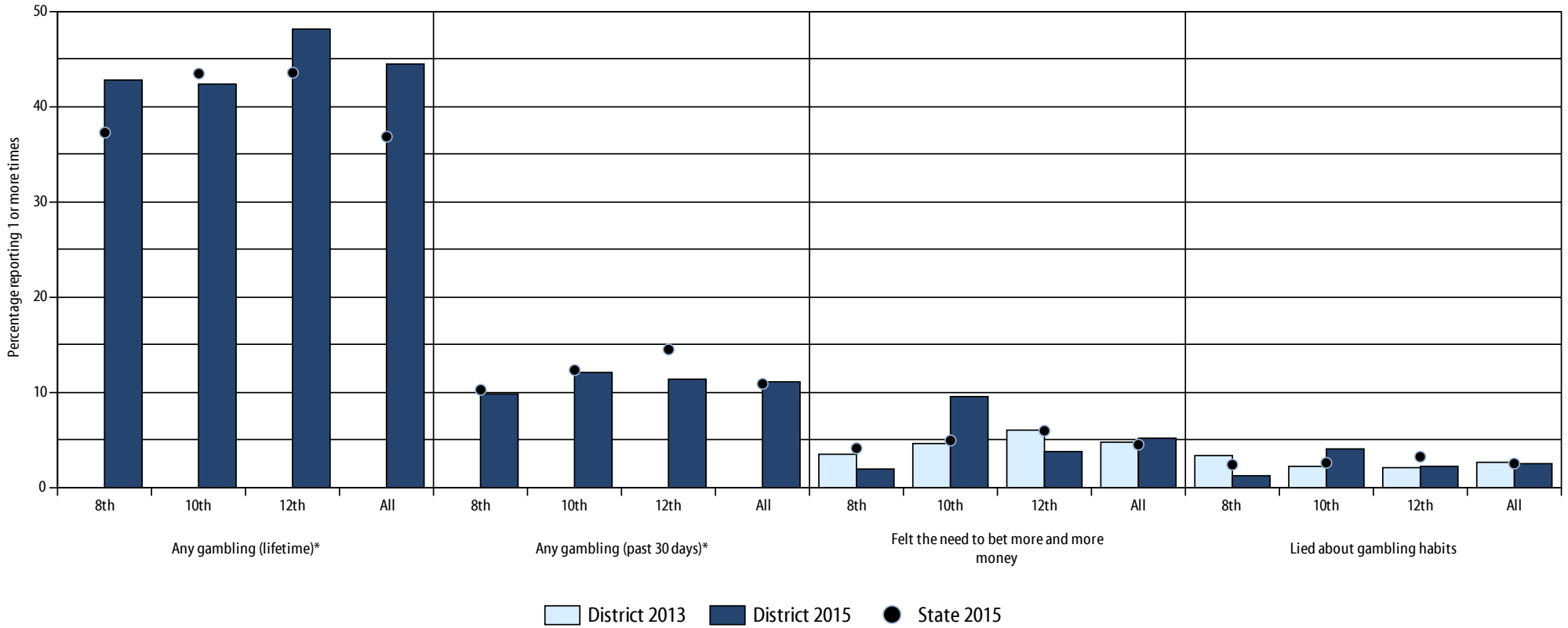
Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

Overall, 44.4% of students in this district engaged in gambling for money or anything of value in their lifetime (compared to 36.8% at the state level).

The most frequently reported form of gambling was “lottery (scratch cards, numbers, etc.)” reported by 26.5% of students who had gambled in the past 12 months (compared to 21.8% at the state level).

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
Students engaging in gambling	<p><i>How many times (if any) have you, in your lifetime bet/gambled for money or anything of value?</i></p> <p><i>In the last 30 days have you gambled for money or anything of value?</i></p>
Specific types of student gambling (in the past 12 months)	<p><i>During the past 12 months, how often have you bet/gambled, even casually, for money or valuables in the following ways:</i></p> <p><i>Table games like poker or other card games, dice, backgammon, or dominoes</i></p> <p><i>Lottery (scratch cards, numbers, etc.)</i></p> <p><i>Sporting events or sports pools</i></p> <p><i>Online (Internet) gambling</i></p> <p><i>Personal skill games (such as pool, darts, coin tossing, video games)</i></p> <p><i>Bet/gambled in some other way</i></p>
Compulsive/dishonest gambling behavior	<p><i>Have you ever felt the need to:</i></p> <p><i>Bet more and more money?</i></p> <p><i>Lie to important people (e.g. family/friends) about how much you gamble?</i></p>

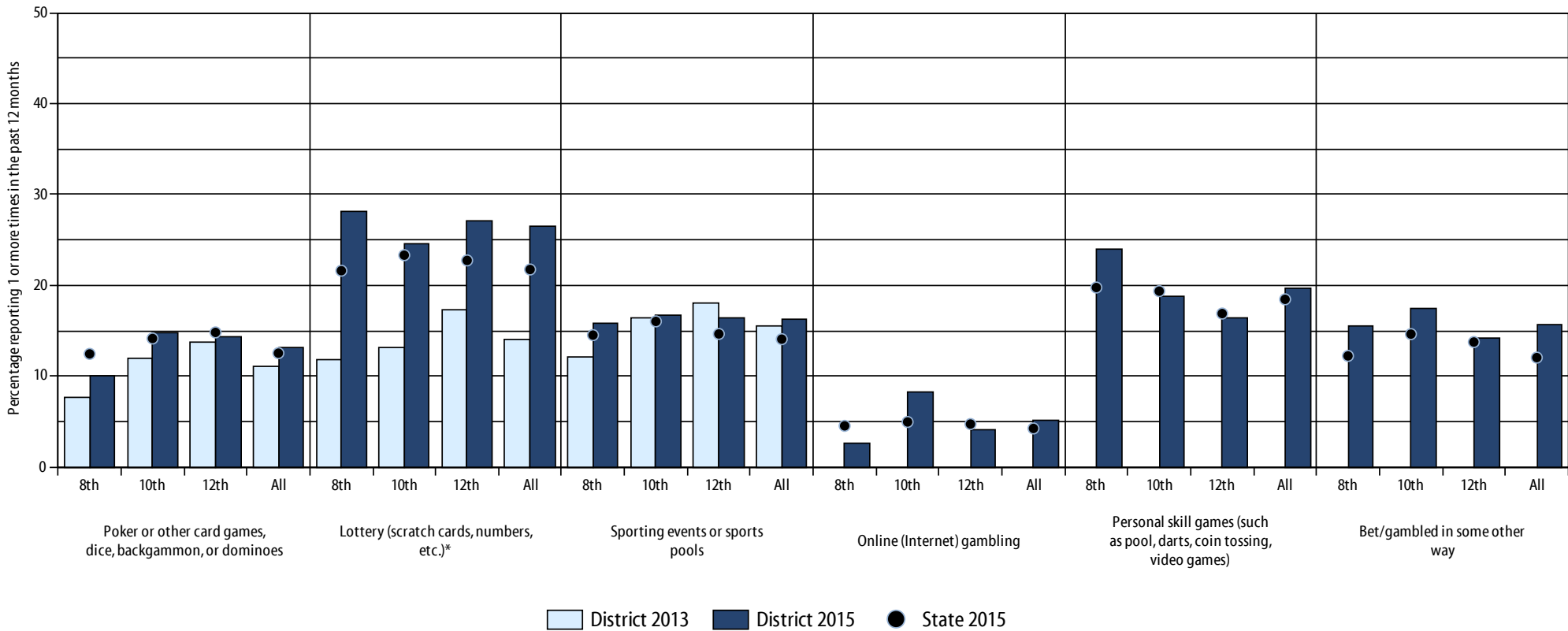
Gambling Boyertown Community 2015 Pennsylvania Youth Survey



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

Grade	Any gambling (lifetime)				Any gambling (past 30 days)				Felt the need to bet more and more money				Lied about gambling habits			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	42.7	37.2	n/a	n/a	9.8	10.3	n/a	3.5	2.0	4.1	n/a	3.3	1.2	2.4
10	n/a	n/a	42.4	43.4	n/a	n/a	12.1	12.3	n/a	4.6	9.5	4.9	n/a	2.2	4.0	2.6
12	n/a	n/a	48.1	43.5	n/a	n/a	11.3	14.5	n/a	6.0	3.7	6.0	n/a	2.0	2.2	3.2
All	n/a	n/a	44.4	36.8	n/a	n/a	11.1	10.9	n/a	4.8	5.1	4.5	n/a	2.6	2.5	2.5

Types of gambling Boyertown Community 2015 Pennsylvania Youth Survey



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

Grade	Poker or other card games, dice, backgammon, or dominoes				Lottery (scratch cards, numbers, etc.)*				Sporting events or sports pools				Online (Internet) gambling				Personal skill games (such as pool, darts, coin tossing, video games)				Bet/gambling in some other way			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	7.7	10.0	12.5	n/a	11.9	28.1	21.6	n/a	12.1	15.8	14.5	n/a	n/a	2.7	4.6	n/a	n/a	24.0	19.8	n/a	n/a	15.6	12.2
10	n/a	12.0	14.8	14.2	n/a	13.1	24.5	23.3	n/a	16.4	16.7	16.0	n/a	n/a	8.3	5.0	n/a	n/a	18.8	19.4	n/a	n/a	17.5	14.6
12	n/a	13.7	14.4	14.8	n/a	17.3	27.0	22.7	n/a	18.1	16.4	14.7	n/a	n/a	4.1	4.7	n/a	n/a	16.4	16.9	n/a	n/a	14.2	13.8
All	n/a	11.2	13.1	12.5	n/a	14.0	26.5	21.8	n/a	15.6	16.3	14.1	n/a	n/a	5.1	4.3	n/a	n/a	19.7	18.5	n/a	n/a	15.8	12.1

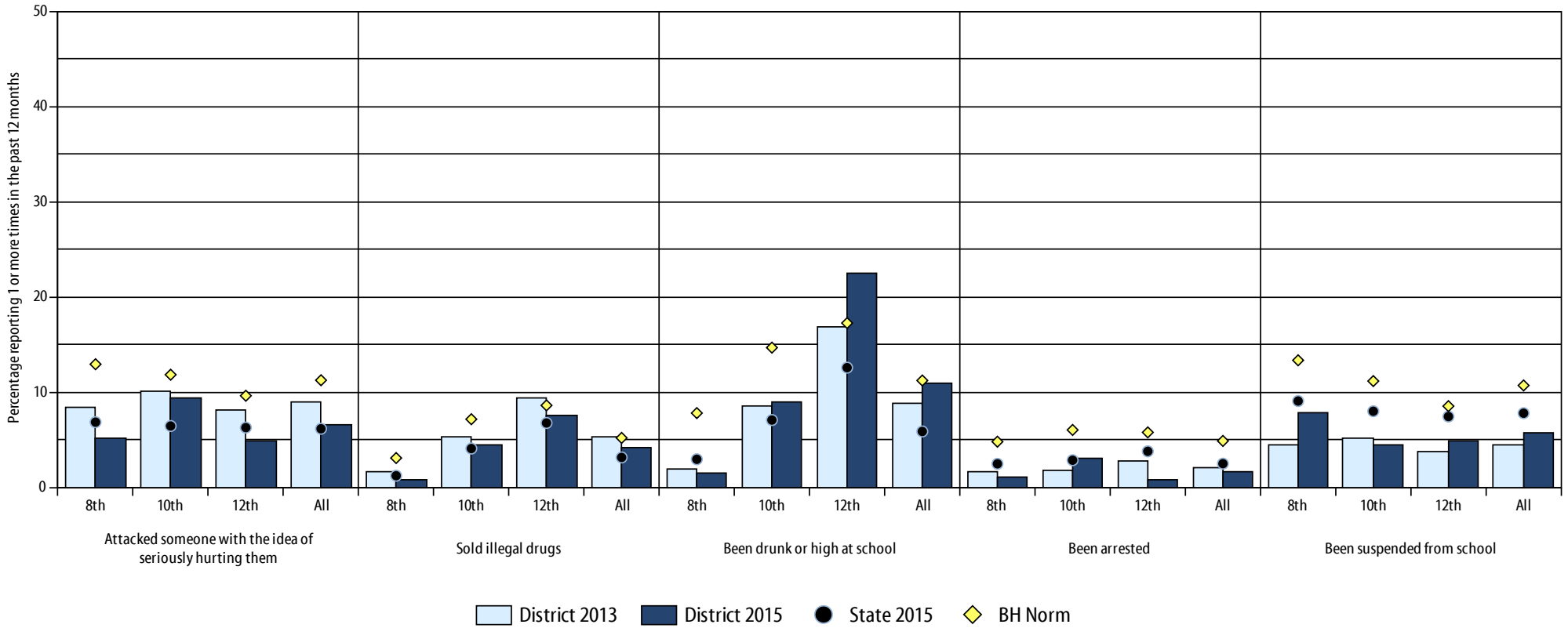
OTHER ANTISOCIAL BEHAVIOR

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

The most frequent “other” antisocial behavior in Boyertown Area School District was “been drunk or high at school,” reported by 10.9% of students (compared to 5.9% at the state level).

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
Other antisocial behavior	<p><i>How many times in the past 12 months have you attacked someone with the idea of seriously hurting them?</i></p> <p><i>How many times in the past 12 months have you sold illegal drugs?</i></p> <p><i>How many times in the past 12 months have you been drunk or high at school?</i></p>
Consequences of antisocial behavior	<p><i>How many times in the past 12 months have you been arrested?</i></p> <p><i>How many times in the past 12 months have you been suspended from school?</i></p>

Other antisocial behavior Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Attacked someone with the idea of seriously hurting them					Sold illegal drugs					Been drunk or high at school					Been arrested					Been suspended from school				
	District 2011	District 2013	District 2015	State 2015	BH Norm	District 2011	District 2013	District 2015	State 2015	BH Norm	District 2011	District 2013	District 2015	State 2015	BH Norm	District 2011	District 2013	District 2015	State 2015	BH Norm	District 2011	District 2013	District 2015	State 2015	BH Norm
8	n/a	8.4	5.2	6.9	12.9	n/a	1.6	0.7	1.2	3.1	n/a	1.9	1.5	3.0	7.8	n/a	1.6	1.1	2.5	4.8	n/a	4.4	7.9	9.1	13.4
10	n/a	10.1	9.3	6.5	11.8	n/a	5.3	4.5	4.1	7.2	n/a	8.5	9.0	7.1	14.7	n/a	1.7	3.1	2.9	6.0	n/a	5.2	4.5	8.0	11.2
12	n/a	8.1	4.9	6.3	9.6	n/a	9.5	7.5	6.8	8.6	n/a	16.8	22.6	12.6	17.3	n/a	2.8	0.8	3.8	5.8	n/a	3.8	4.9	7.4	8.5
All	n/a	8.9	6.6	6.2	11.3	n/a	5.3	4.3	3.2	5.2	n/a	8.8	10.9	5.9	11.2	n/a	2.0	1.7	2.5	4.9	n/a	4.5	5.7	7.8	10.7

4. COMMUNITY AND SCHOOL CLIMATE AND SAFETY

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

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

COMMITMENT TO SCHOOL

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

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

48.9% students in this district viewed the things they are learning in school as going to be important later in life (compared to 61.6% at the state level). School work was viewed as meaningful and important by 30.9% of students (state rate: 43.9%) and 36.8% enjoyed being in school during the past year (state rate: 43.4%).

A feeling of safety was reported by 79.1% of the students, compared to 84.1% at the state level. 71.9% students reported opportunities to talk with a teacher one-on-one (state rate: 78.5%) and 85.2% reported chances to be part of class discussions or activities (state rate: 86.6%). 43.7% of students reported that teachers praise them when they work hard in school (state rate: 53.7%).

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
----------------------------	---------------------------------

Perceived importance of school

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

How often do you feel that the school work you are assigned is meaningful and important?

*Now thinking back over the past year in school, how often did you:
Enjoy being in school?*

Positive school environment

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

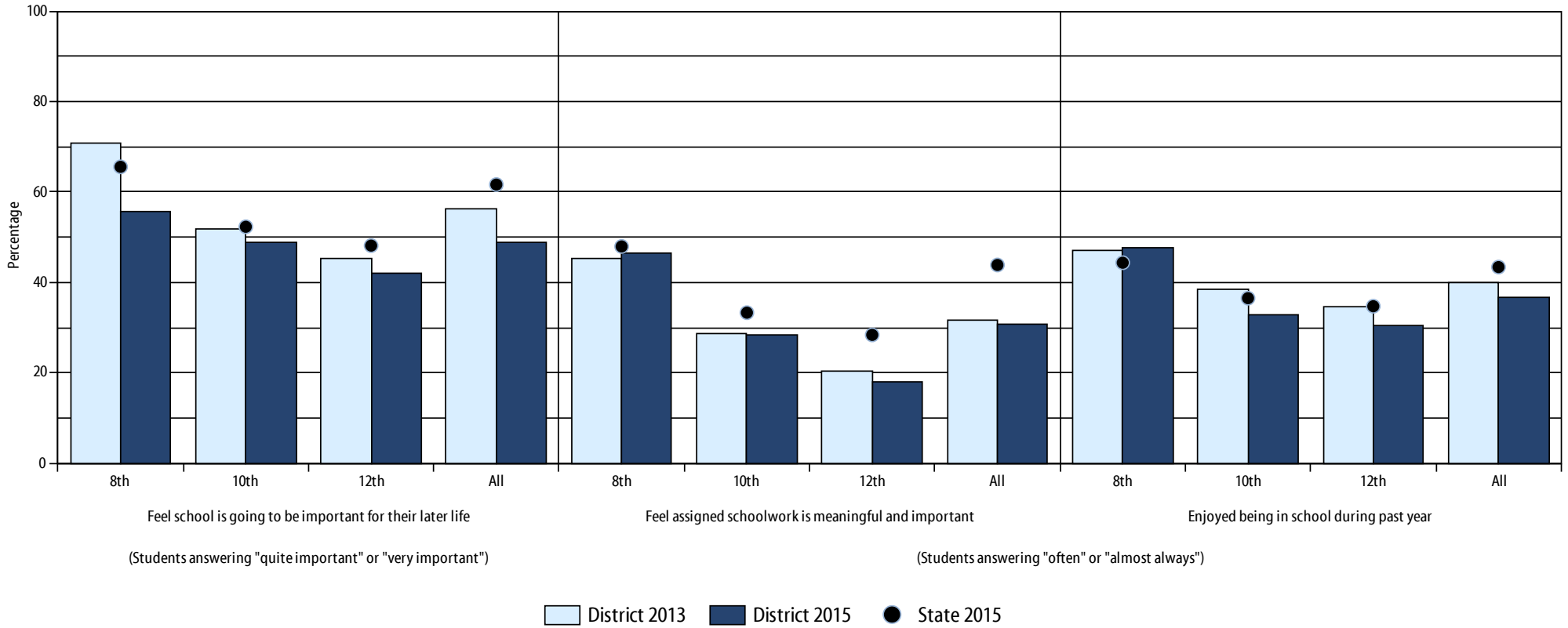
I have lots of chances to be part of class discussions or activities.

I feel safe at my school.

My teachers praise me when I work hard in school.

Commitment and involvement in school - Perceived importance of school

Boyerstown Community 2015 Pennsylvania Youth Survey

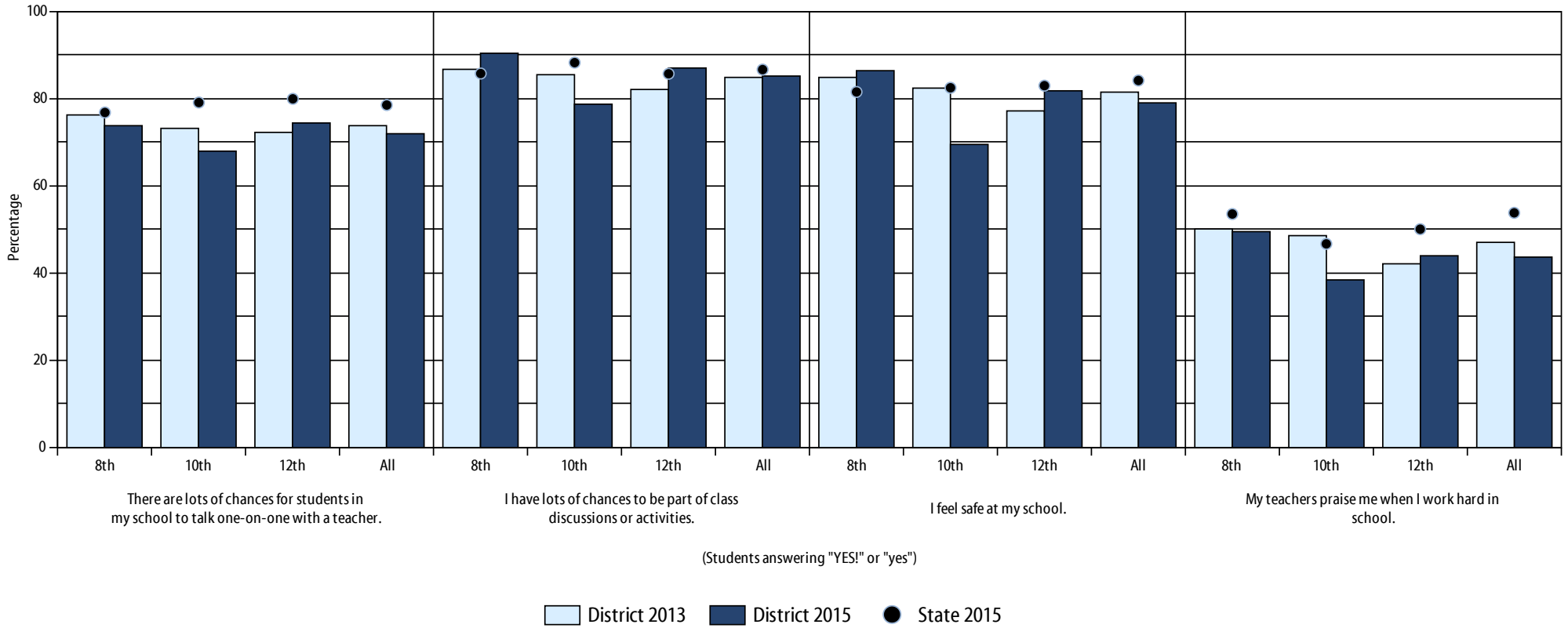


4_30_2016

Grade	Feel school is going to be important for their later life				Feel assigned schoolwork is meaningful and important				Enjoyed being in school during past year			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	70.9	55.7	65.6	n/a	45.3	46.6	48.0	n/a	47.0	47.6	44.4
10	n/a	51.9	48.9	52.3	n/a	28.7	28.4	33.3	n/a	38.5	32.9	36.5
12	n/a	45.2	42.2	48.1	n/a	20.5	18.2	28.4	n/a	34.5	30.4	34.8
All	n/a	56.2	48.9	61.6	n/a	31.5	30.9	43.9	n/a	40.0	36.8	43.4

Commitment and involvement in school - Positive school environment

Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	There are lots of chances for students in my school to talk one-on-one with a teacher.				I have lots of chances to be part of class discussions or activities.				I feel safe at my school.				My teachers praise me when I work hard in school.			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	76.2	73.7	76.8	n/a	86.7	90.2	85.7	n/a	84.7	86.3	81.5	n/a	50.0	49.3	53.5
10	n/a	73.0	67.8	79.0	n/a	85.5	78.8	88.2	n/a	82.3	69.5	82.4	n/a	48.6	38.3	46.6
12	n/a	72.1	74.4	79.9	n/a	81.9	86.8	85.6	n/a	77.0	81.8	82.9	n/a	42.1	43.9	50.0
All	n/a	73.7	71.9	78.5	n/a	84.7	85.2	86.6	n/a	81.4	79.1	84.1	n/a	47.0	43.7	53.7

INVOLVEMENT IN AFTER-SCHOOL AND COMMUNITY ACTIVITIES

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

90.0% of students in this district reported participating in at least one activity, compared to 87.6% at the state level.

Students most frequently participated in school sponsored activities (70.8% of students). The second and third most frequent after-school activities were family supported activities or hobbies (56.3%) and volunteering (38.9%).

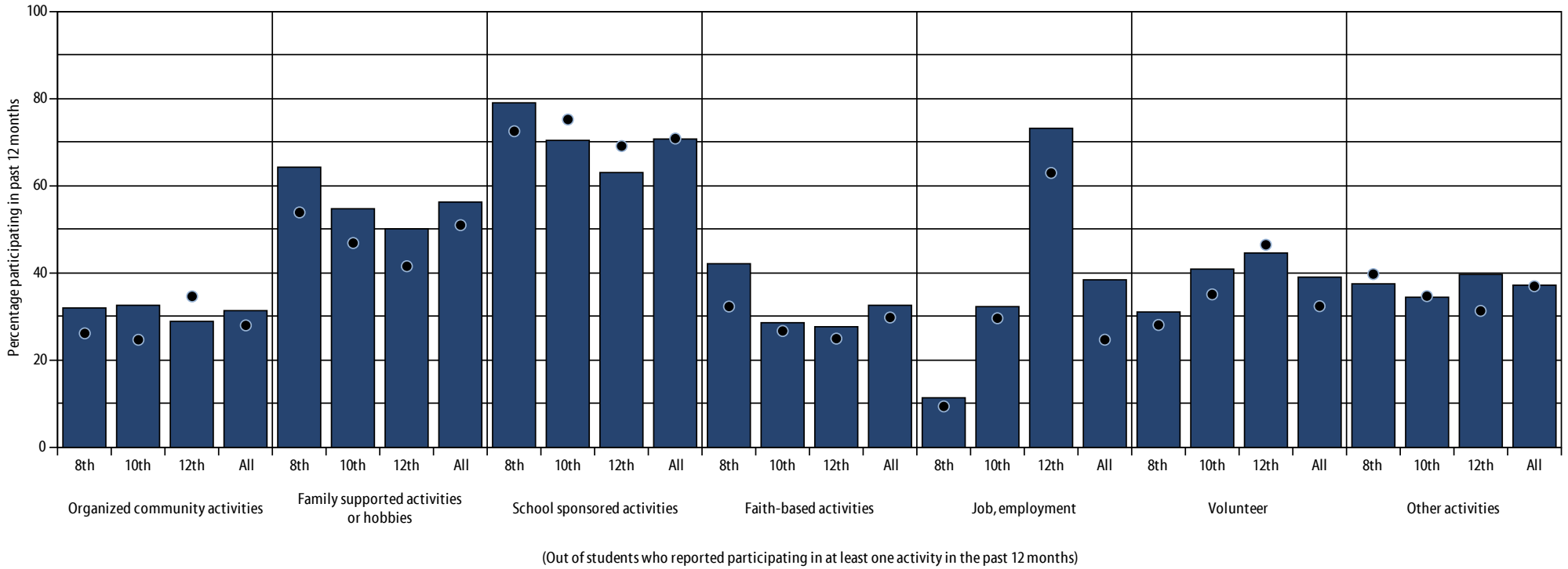
PAYS 2015 category: PAYS 2015 question text:

Involvement in after-school and community activities

In the past 12 months, in which of the following activities did you participate? (Mark all that apply.)

- Organized community activities (such as scouting, 4-H, service clubs, YMCA, etc)*
- Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.)*
- School sponsored activities (such as sports, music, clubs, after-school programs, etc.)*
- Faith-based activities (such as choir, youth group, mission, church leagues, etc)*
- Job, employment*
- Volunteer*
- Other activities*

Involvement in after-school and community activities Boyertown Community 2015 Pennsylvania Youth Survey



■ District 2015 ● State 2015

4_30_2016

Grade	Organized community activities				Family supported activities or hobbies				School sponsored activities				Faith-based activities				Job, employment				Volunteer				Other activities			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	32.0	26.1	n/a	n/a	64.3	53.8	n/a	n/a	78.8	72.4	n/a	n/a	41.9	32.3	n/a	n/a	11.2	9.4	n/a	n/a	31.1	28.0	n/a	n/a	37.3	39.7
10	n/a	n/a	32.6	24.6	n/a	n/a	54.5	46.8	n/a	n/a	70.5	75.1	n/a	n/a	28.4	26.6	n/a	n/a	32.2	29.6	n/a	n/a	40.9	35.0	n/a	n/a	34.5	34.6
12	n/a	n/a	29.0	34.6	n/a	n/a	50.0	41.5	n/a	n/a	63.0	69.1	n/a	n/a	27.7	24.9	n/a	n/a	73.1	62.9	n/a	n/a	44.5	46.4	n/a	n/a	39.5	31.3
All	n/a	n/a	31.2	27.9	n/a	n/a	56.3	50.9	n/a	n/a	70.8	70.8	n/a	n/a	32.6	29.7	n/a	n/a	38.5	24.6	n/a	n/a	38.9	32.3	n/a	n/a	37.0	36.9

VIOLENCE/DRUGS ON SCHOOL PROPERTY

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

Pennsylvania students were surveyed regarding the frequency with which they have been threatened or attacked on school property within the past year, and whether they were offered, given, or sold illegal drugs on school property within the past year.

In the past twelve months, 20.5% of students in this district reported being threatened with violent behavior on school property (compared to 20.3% at the state level). 7.6% of students reported having actually been attacked on school property (1.8% reported being attacked with weapons). 1.3% of students had brought a weapon to school (state rate: 1.6%). Threatening incidents were highest for 8th graders (24.1% of students, compared to 25.1% for that grade on the state level).

PAYS 2015 category: PAYS 2015 question text:

Violence and drugs on school property

How many times in the past 12 months have you been offered, given, or sold an illegal drug on school property?

In the past 12 months, how often have you:

Been threatened to be hit or beaten up on school property?

Been attacked and hit by someone or beaten up on school property?

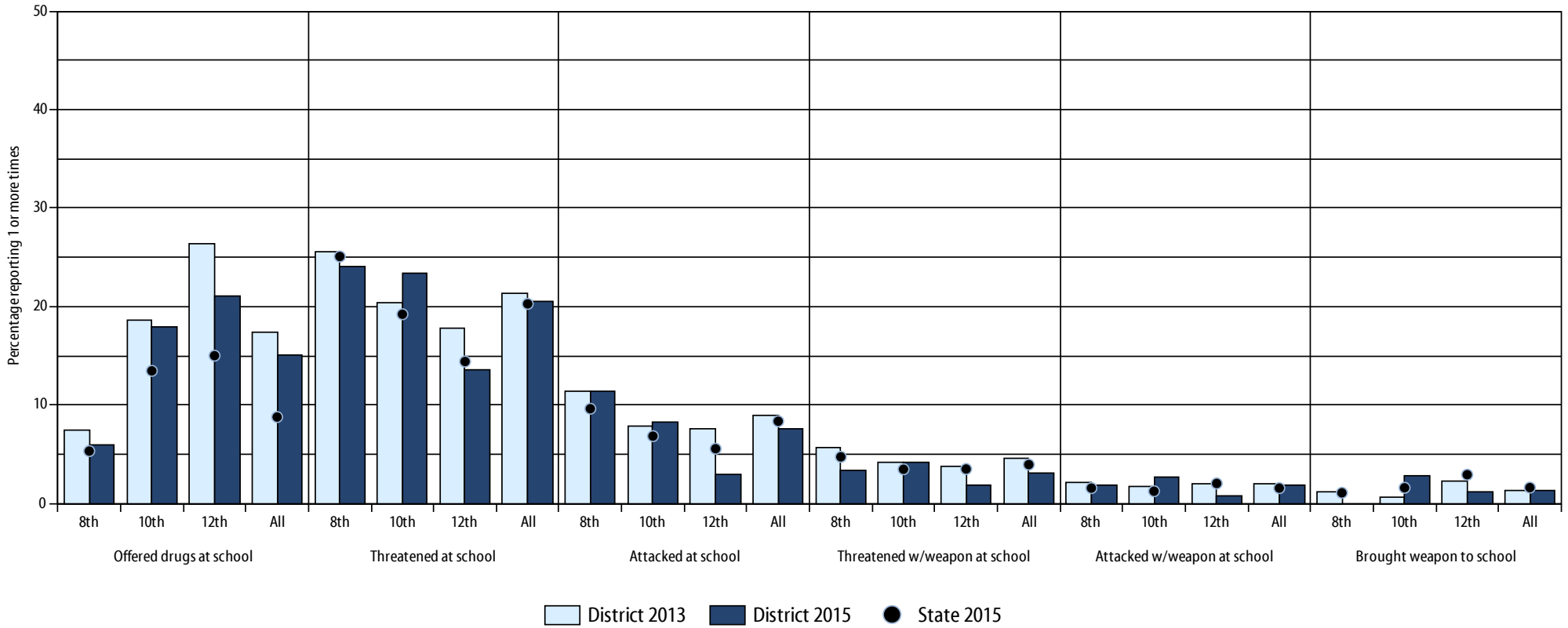
Been threatened by someone with a weapon on school property?

Been attacked by someone with a weapon on school property?

How many times in the past 30 days have you brought a weapon (such as a gun, knife, or club) to school?

Violence and drugs on school property

Boyerstown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Offered drugs at school				Threatened at school				Attacked at school				Threatened w/weapon at school				Attacked w/weapon at school				Brought weapon to school			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	7.4	5.9	5.3	n/a	25.5	24.1	25.1	n/a	11.4	11.4	9.6	n/a	5.6	3.3	4.7	n/a	2.1	1.9	1.6	n/a	1.2	0.0	1.1
10	n/a	18.7	17.9	13.5	n/a	20.4	23.4	19.2	n/a	7.8	8.3	6.8	n/a	4.1	4.2	3.5	n/a	1.8	2.7	1.3	n/a	0.7	2.8	1.6
12	n/a	26.4	21.1	15.0	n/a	17.9	13.5	14.4	n/a	7.6	3.0	5.6	n/a	3.8	1.9	3.5	n/a	2.1	0.7	2.0	n/a	2.3	1.1	2.9
All	n/a	17.4	15.0	8.8	n/a	21.3	20.5	20.3	n/a	9.0	7.6	8.4	n/a	4.5	3.2	4.0	n/a	2.0	1.8	1.6	n/a	1.3	1.3	1.6

BULLYING AND INTERNET SAFETY

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

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

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

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

Overall, 17.2% of students in this district indicated experiencing bullying in the past 12 months (compared to 16.9% of students at the state level). Students who indicated experiencing bullying in the past 12 months reported that “the way I look (clothing, hairstyle, etc.)” (46.1% of students), “my size (height, weight, etc.)” (38.7% of students), and “some other reason” (34.8% of students) were the most frequent reasons they were bullied.

PAYS 2015 category: PAYS 2015 question text:

Bullying behavior

Bullying is a student or students doing any of the following to another student on purpose repeatedly:

- making fun of
 - excluding
 - threatening
- spreading rumors about
 - hitting
 - shoving
 - hurting

It is not bullying if:

- two students argue or fight with each other
- friends tease each other.

Have you stayed home from school this year because you were worried about being bullied?

Do adults at your school stop bullying when they see/hear it or when a student tells them about it?

If you have been bullied in the past 12 months, how frequently were you bullied?

- Everyday • 3 to 4 times a week • 4 to 5 times a week
• More than 5 times a week • I was not bullied*

If you have been bullied in any way in the past 12 months, where were you bullied? (Mark all that apply.)

- On school property*
- At a school-sponsored event*
- While going to or from school*
- In the community*
- At home*
- I was not bullied*

Bullying behavior (cont'd)

If you have been bullied in the past 12 months by other students, why were you bullied? (Mark all that apply.)

- I have not been made fun of by other students*
- The color of my skin*
- My religion*
- My size (height, weight, etc.)*
- My accent*
- The country I was born in*
- The country my family (parents, grandparents) was born in*
- The way I look (clothing, hairstyle, etc.)*
- How much money my family has or does not have*
- My gender*
- My grades or school achievement*
- My social standing*
- Social conflict*
- My sexual-orientation*
- I have a disability (learning or physical disability)*
- Some other reason*

Perceived acceptability of bullying
(peer and parental)

How wrong do you think it is for someone your age to bully another student or peer?

How wrong do your parents feel it would be for you to bully another student or peer?

PAYS 2015 category: PAYS 2015 question text:

Internet safety and other hurt or abuse

During the past 12 months, have you been bullied through texting and/or social media?

In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?

If you were hurt or abused by another person in the past 12 months, how were you hurt or abused? (Mark all that apply.)

Physical injury

Threats

Emotional abuse, insults, name-calling

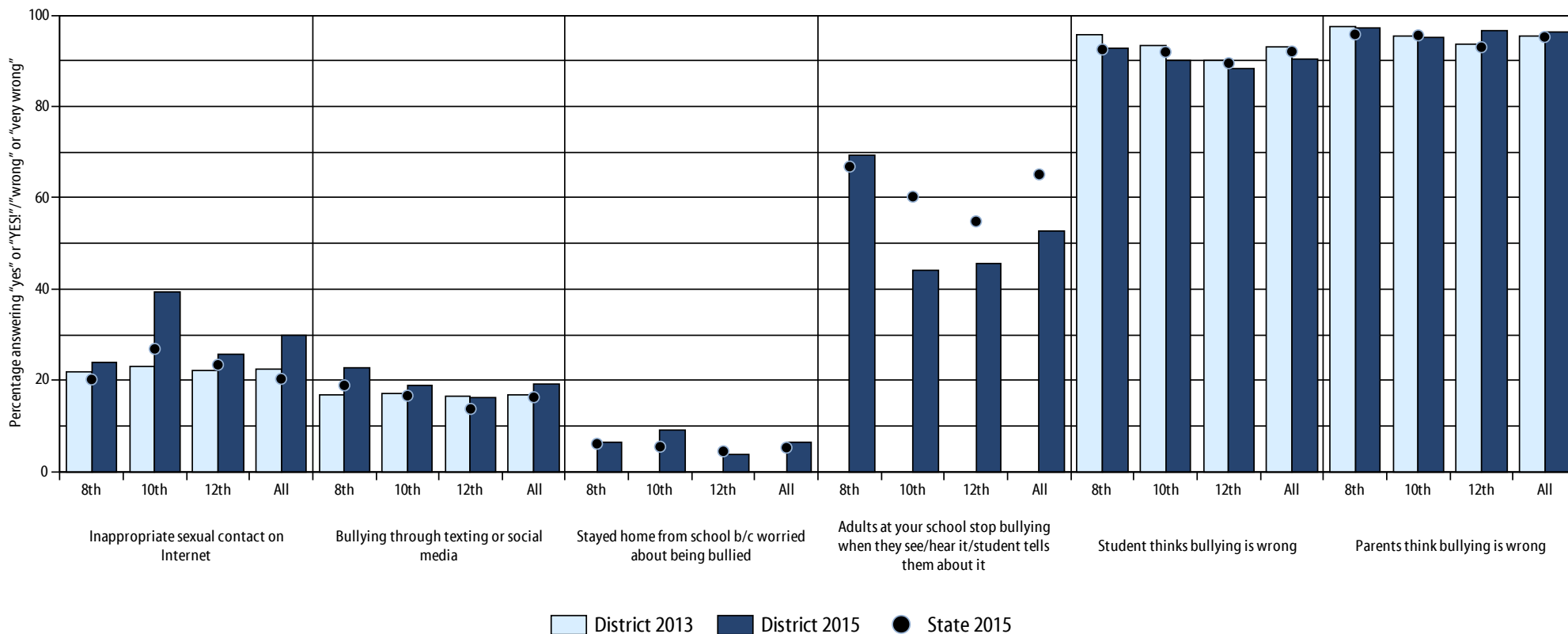
Isolation from friends and family

Control of what you were wearing

Control with whom you socialized

Other injury or abuse

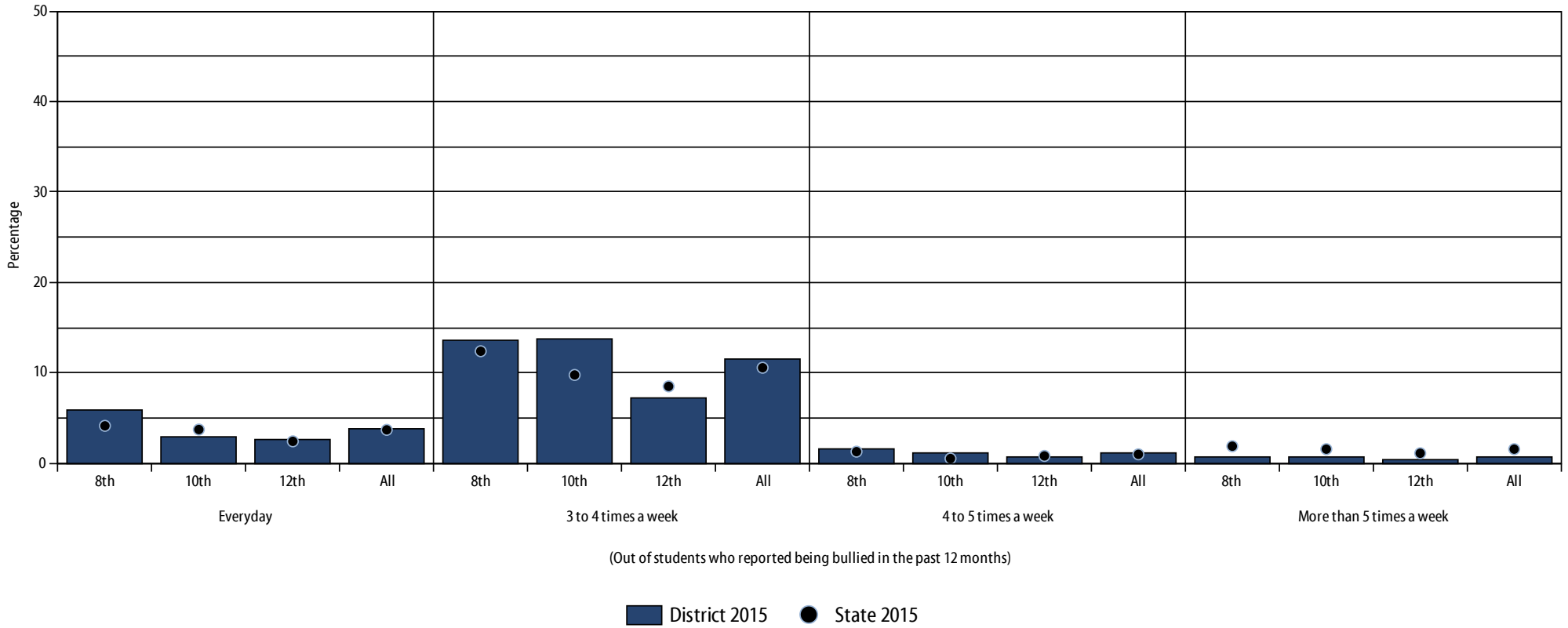
Bullying and Internet safety Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Inappropriate sexual contact on Internet				Bullying through texting or social media				Stayed home from school b/c worried about being bullied				Adults at your school stop bullying when they see/hear it/student tells them about it				Student thinks bullying is wrong				Parents think bullying is wrong			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	21.9	24.0	20.2	n/a	16.8	22.7	18.9	n/a	n/a	6.5	6.1	n/a	n/a	69.3	66.8	n/a	95.8	92.6	92.5	n/a	97.5	97.3	95.8
10	n/a	23.2	39.4	26.9	n/a	17.1	19.0	16.7	n/a	n/a	9.2	5.5	n/a	n/a	44.0	60.3	n/a	93.4	90.1	91.9	n/a	95.4	95.1	95.6
12	n/a	22.2	25.8	23.4	n/a	16.7	16.3	13.8	n/a	n/a	3.8	4.5	n/a	n/a	45.7	54.8	n/a	90.2	88.3	89.5	n/a	93.5	96.5	93.0
All	n/a	22.5	29.8	20.3	n/a	16.8	19.3	16.3	n/a	n/a	6.5	5.3	n/a	n/a	52.8	65.1	n/a	93.1	90.3	92.0	n/a	95.4	96.3	95.2

Frequency of bullying Boyertown Community 2015 Pennsylvania Youth Survey



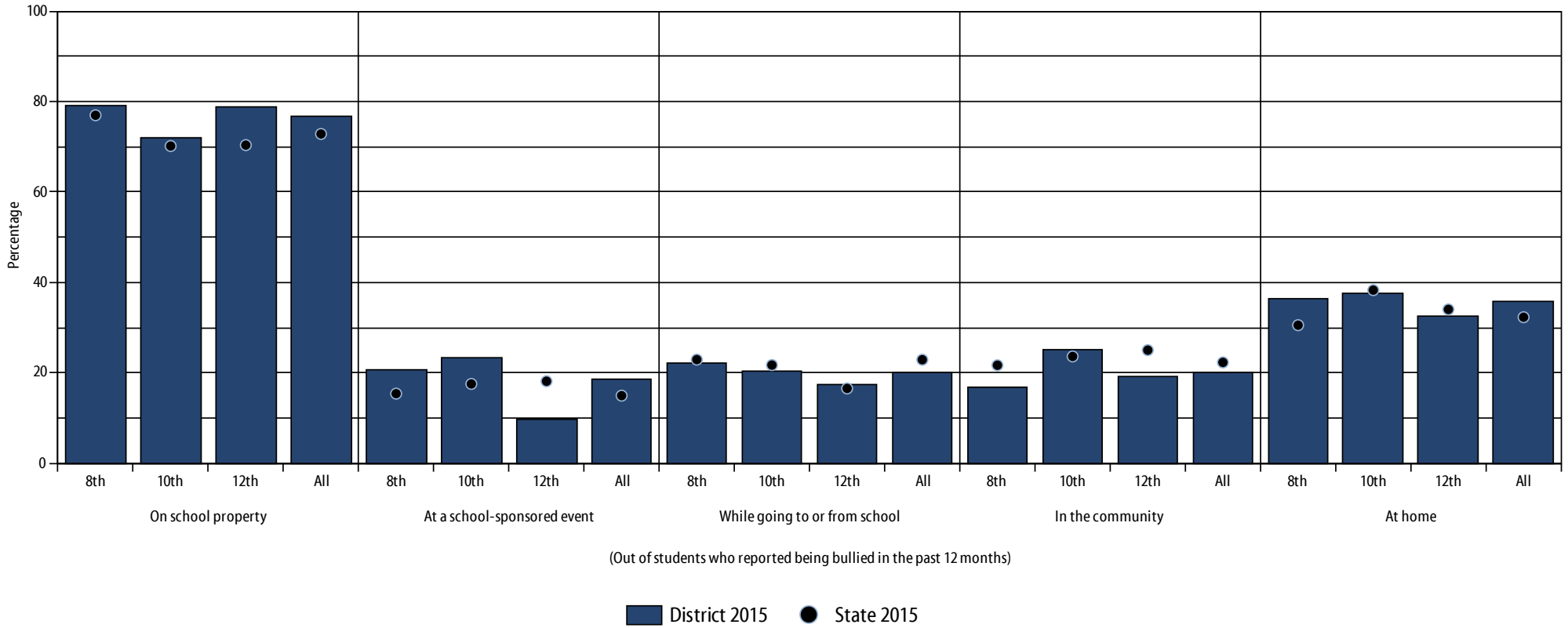
(Out of students who reported being bullied in the past 12 months)

■ District 2015 ● State 2015

4_30_2016

Grade	Everyday				3 to 4 times a week				4 to 5 times a week				More than 5 times a week			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	5.8	4.2	n/a	n/a	13.6	12.4	n/a	n/a	1.6	1.3	n/a	n/a	0.8	1.9
10	n/a	n/a	3.0	3.7	n/a	n/a	13.8	9.8	n/a	n/a	1.1	0.5	n/a	n/a	0.7	1.6
12	n/a	n/a	2.7	2.4	n/a	n/a	7.3	8.5	n/a	n/a	0.8	0.8	n/a	n/a	0.4	1.1
All	n/a	n/a	3.8	3.7	n/a	n/a	11.6	10.6	n/a	n/a	1.1	1.0	n/a	n/a	0.6	1.6

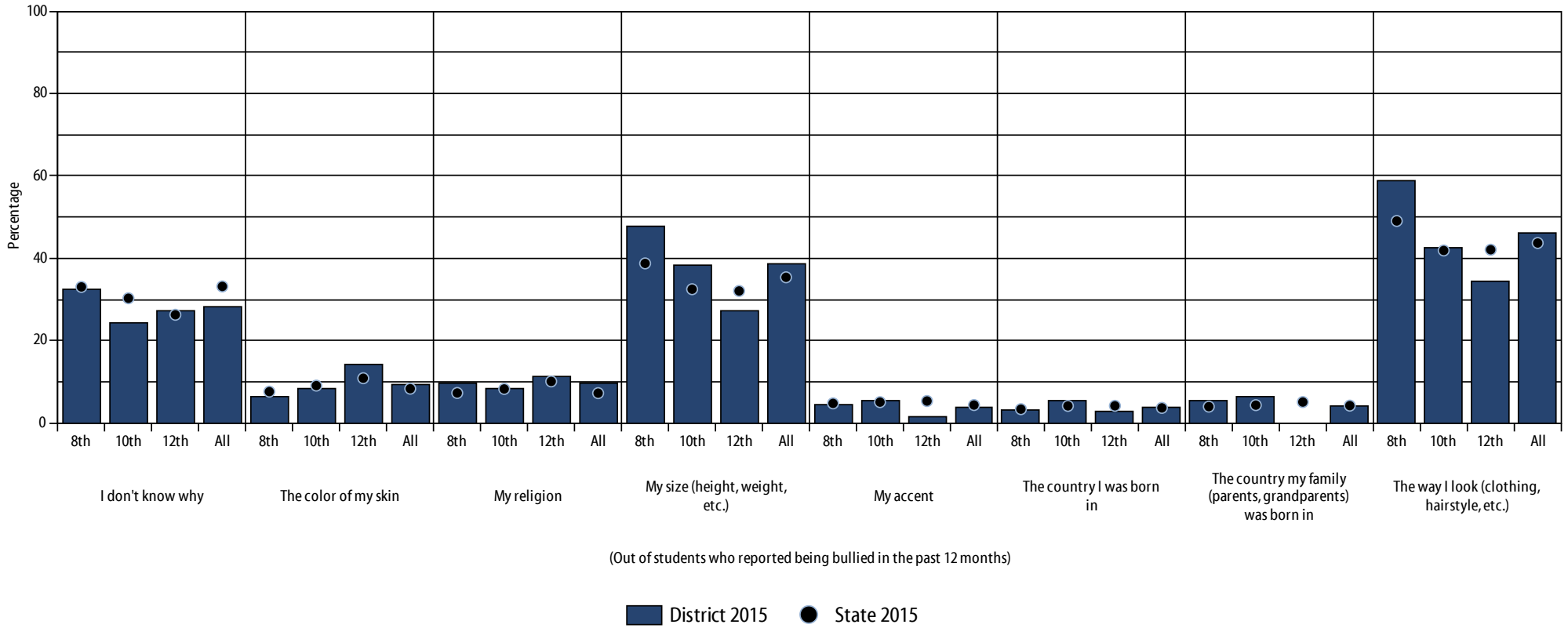
Location of bullying Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	On school property				At a school-sponsored event				While going to or from school				In the community				At home			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	79.2	77.0	n/a	n/a	20.8	15.4	n/a	n/a	22.1	23.0	n/a	n/a	16.9	21.7	n/a	n/a	36.4	30.6
10	n/a	n/a	71.9	70.2	n/a	n/a	23.4	17.6	n/a	n/a	20.3	21.7	n/a	n/a	25.0	23.6	n/a	n/a	37.5	38.3
12	n/a	n/a	78.8	70.4	n/a	n/a	9.6	18.2	n/a	n/a	17.3	16.6	n/a	n/a	19.2	25.0	n/a	n/a	32.7	34.0
All	n/a	n/a	76.7	72.8	n/a	n/a	18.7	15.0	n/a	n/a	20.2	22.9	n/a	n/a	20.2	22.3	n/a	n/a	35.8	32.3

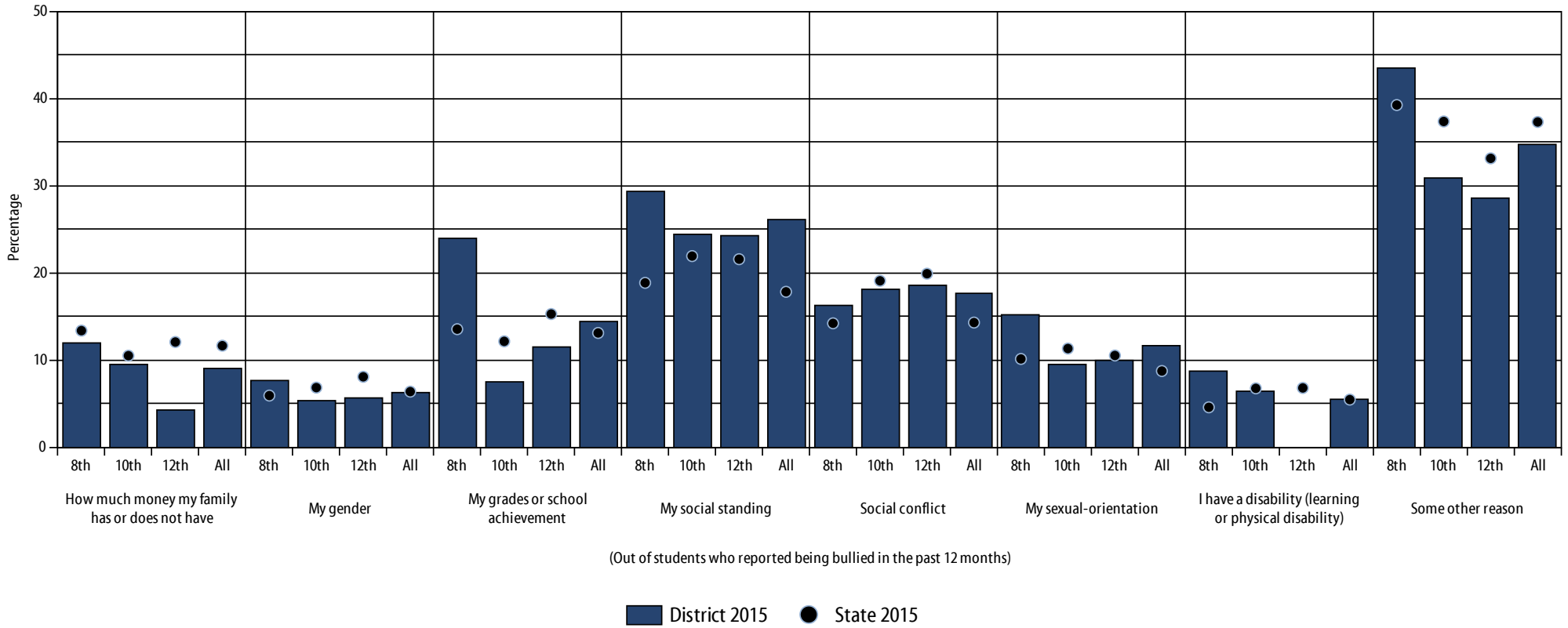
Perceived reasons for bullying Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	I don't know why				The color of my skin				My religion				My size (height, weight, etc.)				My accent				The country I was born in				The country my family (parents, grandparents) was born in				The way I look (clothing, hairstyle, etc.)			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	32.6	33.1	n/a	n/a	6.5	7.7	n/a	n/a	9.8	7.3	n/a	n/a	47.8	38.8	n/a	n/a	4.3	4.8	n/a	n/a	3.3	3.4	n/a	n/a	5.4	4.0	n/a	n/a	58.7	49.1
10	n/a	n/a	24.5	30.3	n/a	n/a	8.5	9.1	n/a	n/a	8.5	8.3	n/a	n/a	38.3	32.5	n/a	n/a	5.3	5.1	n/a	n/a	5.3	4.2	n/a	n/a	6.4	4.4	n/a	n/a	42.6	41.9
12	n/a	n/a	27.1	26.3	n/a	n/a	14.3	10.9	n/a	n/a	11.4	10.1	n/a	n/a	27.1	32.1	n/a	n/a	1.4	5.4	n/a	n/a	2.9	4.2	n/a	n/a	0.0	5.1	n/a	n/a	34.3	42.1
All	n/a	n/a	28.1	33.2	n/a	n/a	9.4	8.4	n/a	n/a	9.8	7.3	n/a	n/a	38.7	35.4	n/a	n/a	3.9	4.4	n/a	n/a	3.9	3.7	n/a	n/a	4.3	4.3	n/a	n/a	46.1	43.7

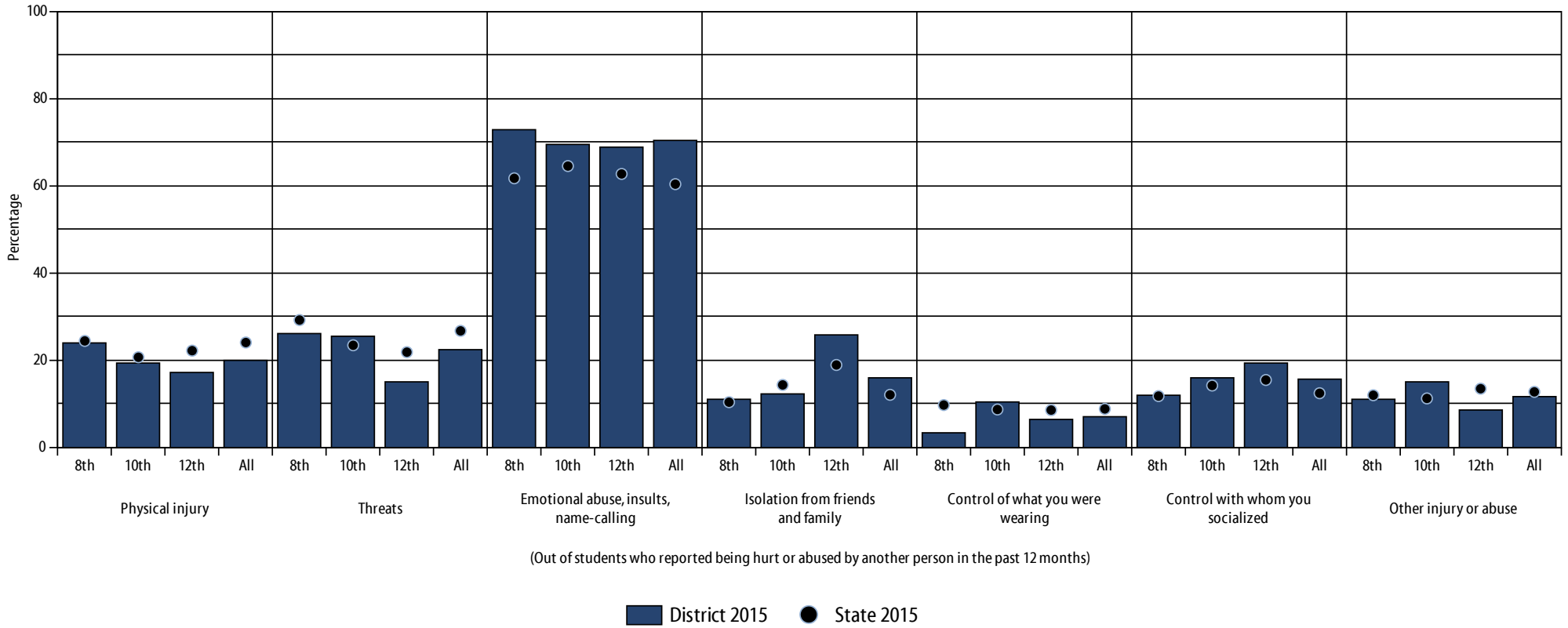
Perceived reasons for bullying (cont'd) Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	How much money my family has or does not have				My gender				My grades or school achievement				My social standing				Social conflict				My sexual-orientation				I have a disability (learning or physical disability)				Some other reason			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	12.0	13.4	n/a	n/a	7.6	5.9	n/a	n/a	23.9	13.5	n/a	n/a	29.3	18.9	n/a	n/a	16.3	14.2	n/a	n/a	15.2	10.1	n/a	n/a	8.7	4.6	n/a	n/a	43.5	39.2
10	n/a	n/a	9.6	10.5	n/a	n/a	5.3	6.8	n/a	n/a	7.4	12.1	n/a	n/a	24.5	21.9	n/a	n/a	18.1	19.1	n/a	n/a	9.6	11.3	n/a	n/a	6.4	6.8	n/a	n/a	30.9	37.4
12	n/a	n/a	4.3	12.1	n/a	n/a	5.7	8.1	n/a	n/a	11.4	15.3	n/a	n/a	24.3	21.6	n/a	n/a	18.6	19.9	n/a	n/a	10.0	10.5	n/a	n/a	0.0	6.8	n/a	n/a	28.6	33.1
All	n/a	n/a	9.0	11.6	n/a	n/a	6.3	6.4	n/a	n/a	14.5	13.1	n/a	n/a	26.2	17.8	n/a	n/a	17.6	14.3	n/a	n/a	11.7	8.8	n/a	n/a	5.5	5.5	n/a	n/a	34.8	37.3

How students were hurt or abused Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Physical injury				Threats				Emotional abuse, insults, name-calling				Isolation from friends and family				Control of what you were wearing				Control with whom you socialized				Other injury or abuse			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	23.9	24.4	n/a	n/a	26.1	29.2	n/a	n/a	72.8	61.7	n/a	n/a	10.9	10.3	n/a	n/a	3.3	9.7	n/a	n/a	12.0	11.7	n/a	n/a	10.9	11.9
10	n/a	n/a	19.3	20.6	n/a	n/a	25.4	23.4	n/a	n/a	69.3	64.5	n/a	n/a	12.3	14.3	n/a	n/a	10.5	8.7	n/a	n/a	15.8	14.2	n/a	n/a	14.9	11.2
12	n/a	n/a	17.2	22.2	n/a	n/a	15.1	21.8	n/a	n/a	68.8	62.7	n/a	n/a	25.8	18.9	n/a	n/a	6.5	8.5	n/a	n/a	19.4	15.4	n/a	n/a	8.6	13.4
All	n/a	n/a	20.1	24.0	n/a	n/a	22.4	26.7	n/a	n/a	70.2	60.3	n/a	n/a	16.1	12.0	n/a	n/a	7.0	8.8	n/a	n/a	15.7	12.4	n/a	n/a	11.7	12.7

5. SOCIAL AND EMOTIONAL HEALTH

Stress, anxiety, loneliness, and frustration are all emotions that can negatively impact student health, and outcomes such as suicide underscore the necessity of tracking student emotional health.

Mental Health

Important mental health habits—including coping, resilience, and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. Although mood swings are common during adolescence, around 20% of adolescents has a diagnosable mental disorder, such as depression or oppositional defiant disorder. Friends and family can watch for warning signs of social and emotional distress and urge young people to get help. Effective treatments may include a combination of therapy and medication. Unfortunately, less than half of adolescents who need mental health services receive them.

Mental Health Disorders

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

Access to Mental Health Care

Less than half of the adolescents who need mental health care receive treatment. A social stigma continues to surround mental health disorders, and

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

Positive Mental Health: Resilience

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

MENTAL HEALTH CONCERNS AND SUICIDE RISK

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

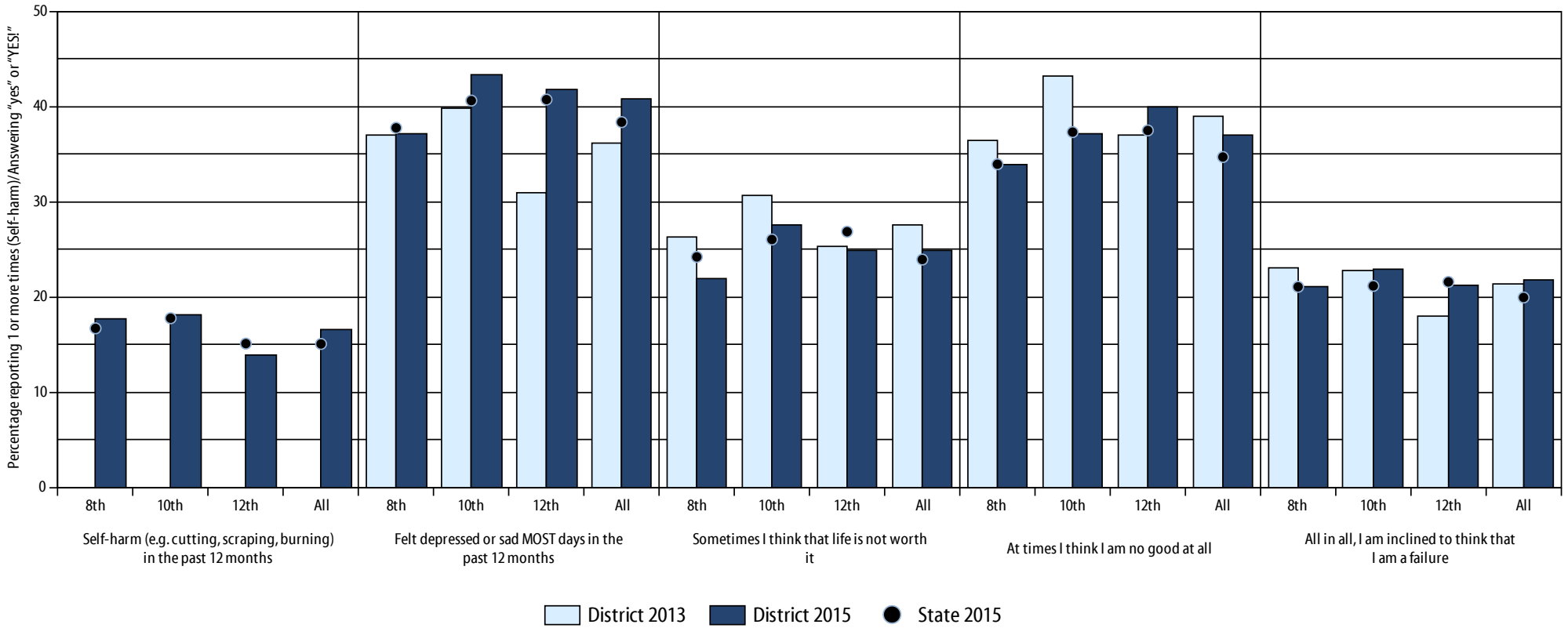
PAYS includes one question about self-harm and four questions that ask students about feelings—sadness, hopelessness, and worthlessness—that can be symptoms of depression. PAYS also asks five questions specific to suicide, measuring depressed behavior, suicidal intention, actual suicide attempts, and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

The most common depressed thought was “at times I think I am no good at all,” reported by 37.0% of students in this district. 40.8% of students reported they felt sad or depressed MOST days in the past 12 months. Overall, 18.0% of students had seriously considered attempting suicide, compared to 16.0% of students at the state level.

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
----------------------------	---------------------------------

<p>Mental health concerns <i>(self-harm and depression)</i></p>	<p><i>In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?</i></p> <p><i>At times I think I am no good at all.</i></p> <p><i>All in all, I am inclined to think that I am a failure.</i></p> <p><i>Sometimes I think that life is not worth it.</i></p> <p><i>How many times in the past 12 months have you done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?</i></p>
<p>Suicide risk</p> <p>The next questions ask about sad feelings and attempted suicide.</p> <p>Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.</p>	<p><i>During the past 12 months:</i></p> <p><i>Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?</i></p> <p><i>Did you ever seriously consider attempting suicide?</i></p> <p><i>Did you make a plan about how you would attempt suicide?</i></p> <p><i>How many times did you actually attempt suicide?</i></p> <p><i>If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?</i></p>

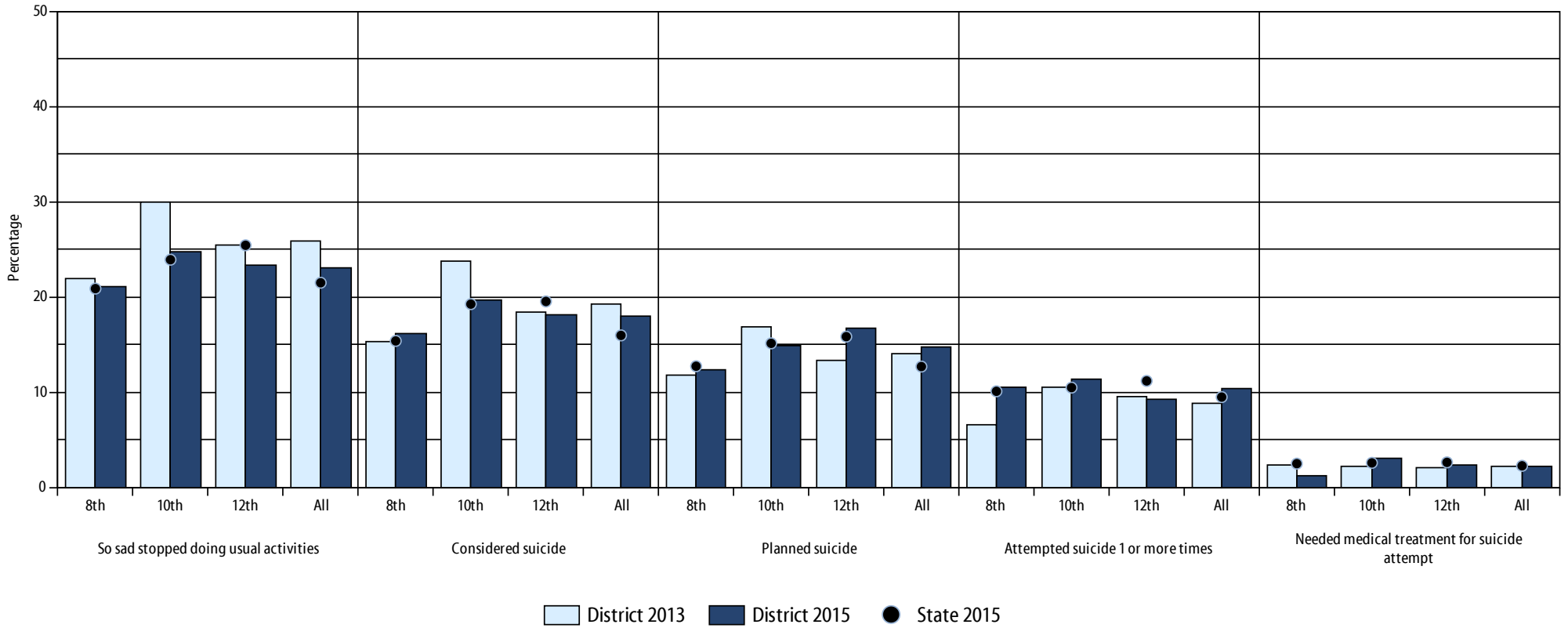
Mental Health Concerns Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Self-harm (e.g. cutting, scraping, burning) in the past 12 months				Felt depressed or sad MOST days in the past 12 months				Sometimes I think that life is not worth it				At times I think I am no good at all				All in all, I am inclined to think that I am a failure			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	n/a	17.7	16.7	n/a	37.1	37.2	37.7	n/a	26.3	21.9	24.2	n/a	36.5	33.9	33.9	n/a	23.1	21.1	21.1
10	n/a	n/a	18.1	17.8	n/a	39.8	43.3	40.6	n/a	30.6	27.5	26.0	n/a	43.2	37.1	37.3	n/a	22.7	22.9	21.2
12	n/a	n/a	14.0	15.1	n/a	30.9	41.8	40.7	n/a	25.3	24.8	26.8	n/a	37.0	39.9	37.5	n/a	18.0	21.2	21.6
All	n/a	n/a	16.6	15.1	n/a	36.1	40.8	38.3	n/a	27.5	24.8	23.9	n/a	39.0	37.0	34.7	n/a	21.4	21.8	19.9

Suicide risk Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	So sad stopped doing usual activities				Considered suicide				Planned suicide				Attempted suicide				Needed medical treatment for suicide attempt			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	21.9	21.1	20.9	n/a	15.3	16.2	15.4	n/a	11.8	12.4	12.7	n/a	6.6	10.6	10.1	n/a	2.4	1.2	2.5
10	n/a	30.0	24.8	23.9	n/a	23.8	19.6	19.2	n/a	16.8	14.9	15.1	n/a	10.5	11.4	10.5	n/a	2.2	3.1	2.6
12	n/a	25.4	23.3	25.4	n/a	18.3	18.1	19.5	n/a	13.4	16.7	15.8	n/a	9.6	9.3	11.2	n/a	2.0	2.4	2.6
All	n/a	25.9	23.1	21.5	n/a	19.3	18.0	16.0	n/a	14.1	14.7	12.7	n/a	8.9	10.4	9.5	n/a	2.2	2.2	2.3

TRANSITIONS AND MOBILITY, GRIEF, AND OTHER STRESSFUL EVENTS

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

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

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

40.5% of students in this district reported the death of close friend or family member in the past twelve months, compared to 40.3% at the state level. 8.8% of students reported changing homes once or twice within the past 12 months, and 4.3% of students reported having changed homes three or more times in the past three years.

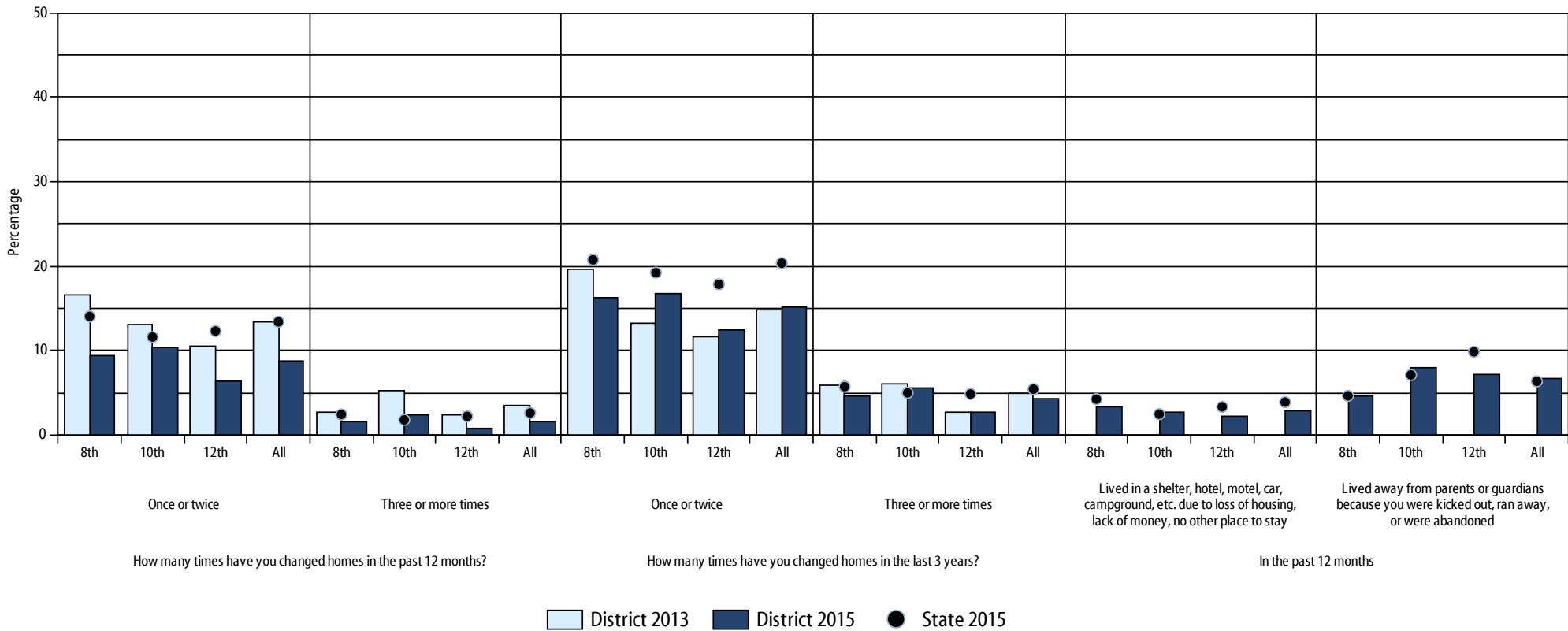
The three most frequently reported stressful events in this district were students reporting "they were worried they would run out of food at home due to money issues" (reported by 13.8% of students), "they had lived away from parents or guardians because you were kicked out, ran away, or were abandoned" (reported by 6.6% of students), and "they had skipped a meal because their family didn't have enough money for food" (reported by 6.4% of students).

PAYS 2015 category: PAYS 2015 question text:

Transitions and mobility *How many times have you changed homes:
in the past 12 months?
including the past 12 months, in the last 3 years?
During the past 12 months, have you or your family
lived in a shelter, hotel, motel, car, campground, or
someone else's home, etc. due to loss of housing, lack
of money, or did not have another place to stay?
In the past 12 months, did you ever live away
from your parents or guardians because you were
kicked out, ran away, or were abandoned?*

Other Stressful Events *In the past 12 months, have any of your friends
or family members close to you died?
How many times have you:
Worried that food at home would run out before
your family got money to buy more?
Skipped a meal because your family didn't have enough money to
buy food? How many times have the following things happened?*

Transitions and mobility Boyertown Community 2015 Pennsylvania Youth Survey

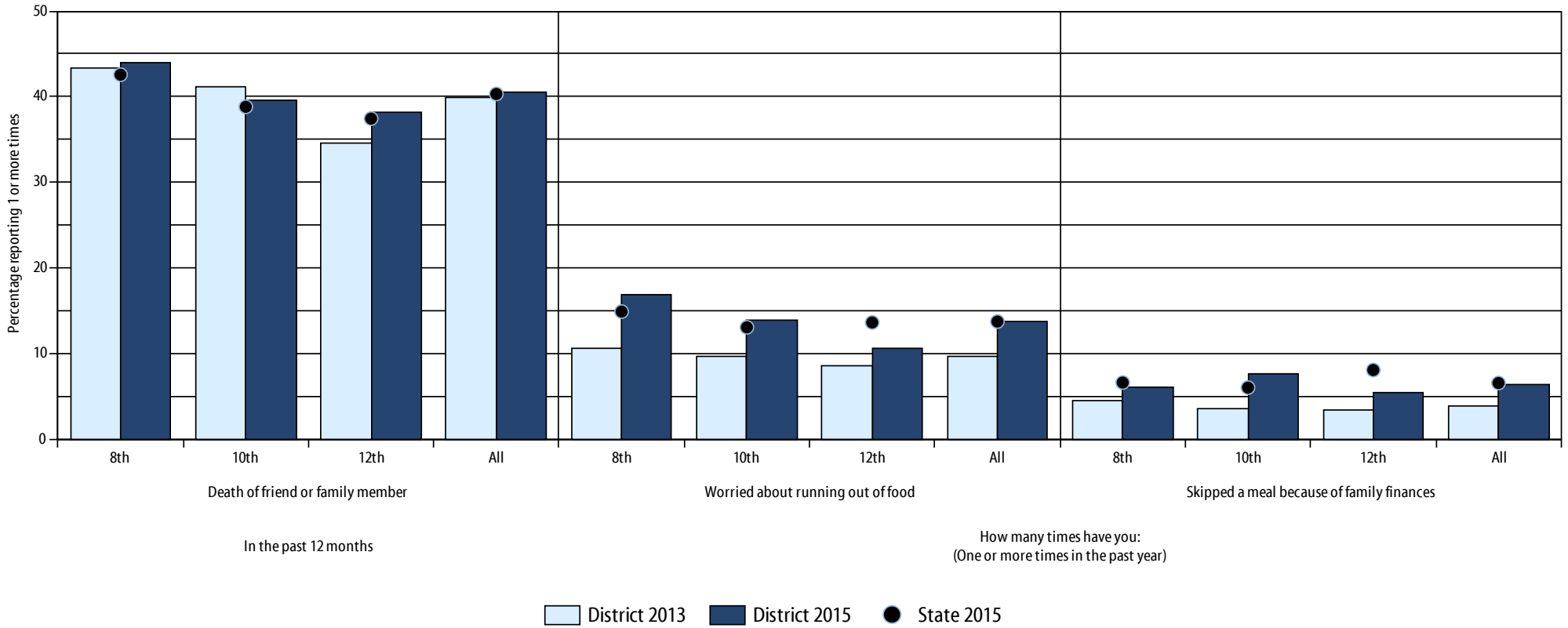


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Grade	Once or twice in the last year				Three or more times in the last year				Once or twice in last 3 years				Three or more times in last 3 years				Lived in a shelter, hotel, motel, car, campground, etc. due to loss of housing, lack of money, no other place to stay				Lived away from parents or guardians because you were kicked out, ran away, or were abandoned			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	16.6	9.4	14.0	n/a	2.7	1.5	2.4	n/a	19.5	16.2	20.7	n/a	5.9	4.5	5.7	n/a	n/a	3.4	4.2	n/a	n/a	4.5	4.6
10	n/a	13.0	10.4	11.6	n/a	5.2	2.4	1.8	n/a	13.3	16.7	19.2	n/a	6.1	5.6	5.0	n/a	n/a	2.8	2.5	n/a	n/a	8.0	7.1
12	n/a	10.6	6.4	12.3	n/a	2.4	0.8	2.2	n/a	11.6	12.5	17.8	n/a	2.7	2.7	4.8	n/a	n/a	2.3	3.3	n/a	n/a	7.2	9.8
All	n/a	13.4	8.8	13.4	n/a	3.5	1.6	2.6	n/a	14.8	15.2	20.3	n/a	4.9	4.3	5.4	n/a	n/a	2.8	3.9	n/a	n/a	6.6	6.3

Grief and other stressful events

Boyetown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Death of friend or family member				Worried about running out of food				Skipped a meal because of family finances			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	43.3	43.9	42.6	n/a	10.7	16.9	14.9	n/a	4.5	6.2	6.6
10	n/a	41.2	39.6	38.8	n/a	9.7	13.9	13.1	n/a	3.5	7.6	6.0
12	n/a	34.6	38.1	37.4	n/a	8.5	10.6	13.6	n/a	3.4	5.5	8.1
All	n/a	39.9	40.5	40.3	n/a	9.6	13.8	13.7	n/a	3.8	6.4	6.6

6. SYSTEMIC FACTORS

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

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

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

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

PERCEPTION OF RISK

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

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

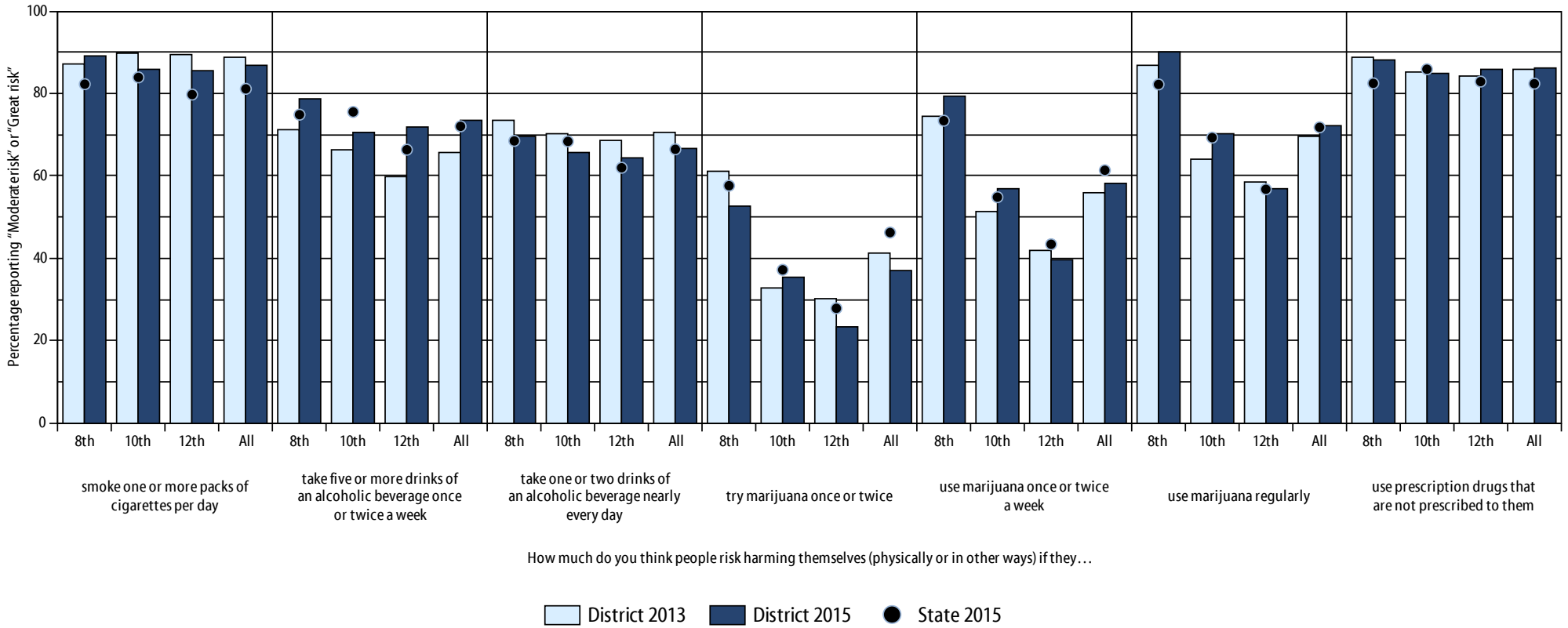
Evidence also suggests that perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community. These are presented as prevalence rates for surveyed youth assigning “moderate risk” or “great risk” of harm to four drug use behaviors: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

PAYS 2015 category: PAYS 2015 question text:

Perception of Risk *How much do you think people risk harming themselves (physically or in other ways) if they:*

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

Perception of risk Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Tobacco				Binge drinking				Regular alcohol use				Marijuana (try once or twice)				Marijuana (use 1 or 2 times per week)				Marijuana (use regularly)				Prescription drugs			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	87.3	89.3	82.3	n/a	71.1	78.8	74.9	n/a	73.3	69.7	68.5	n/a	61.0	52.6	57.6	n/a	74.4	79.4	73.4	n/a	86.7	90.1	82.2	n/a	88.9	88.0	82.5
10	n/a	89.8	85.8	83.9	n/a	66.2	70.6	75.5	n/a	70.1	65.6	68.4	n/a	33.0	35.3	37.2	n/a	51.2	56.9	54.8	n/a	64.0	70.3	69.3	n/a	85.1	85.0	85.9
12	n/a	89.5	85.5	79.8	n/a	59.9	71.8	66.4	n/a	68.5	64.5	62.0	n/a	30.2	23.5	27.9	n/a	41.8	39.7	43.4	n/a	58.4	57.0	56.8	n/a	84.1	86.0	82.9
All	n/a	88.8	86.8	81.1	n/a	65.8	73.6	72.0	n/a	70.6	66.6	66.5	n/a	41.3	36.9	46.3	n/a	56.0	58.3	61.4	n/a	69.7	72.1	71.8	n/a	86.0	86.3	82.4

PERCEPTION OF PARENTAL DISAPPROVAL

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

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

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

PAYS 2015 category: PAYS 2015 question text:

Perception of parental disapproval *How wrong do your parents feel it would be for you to:*

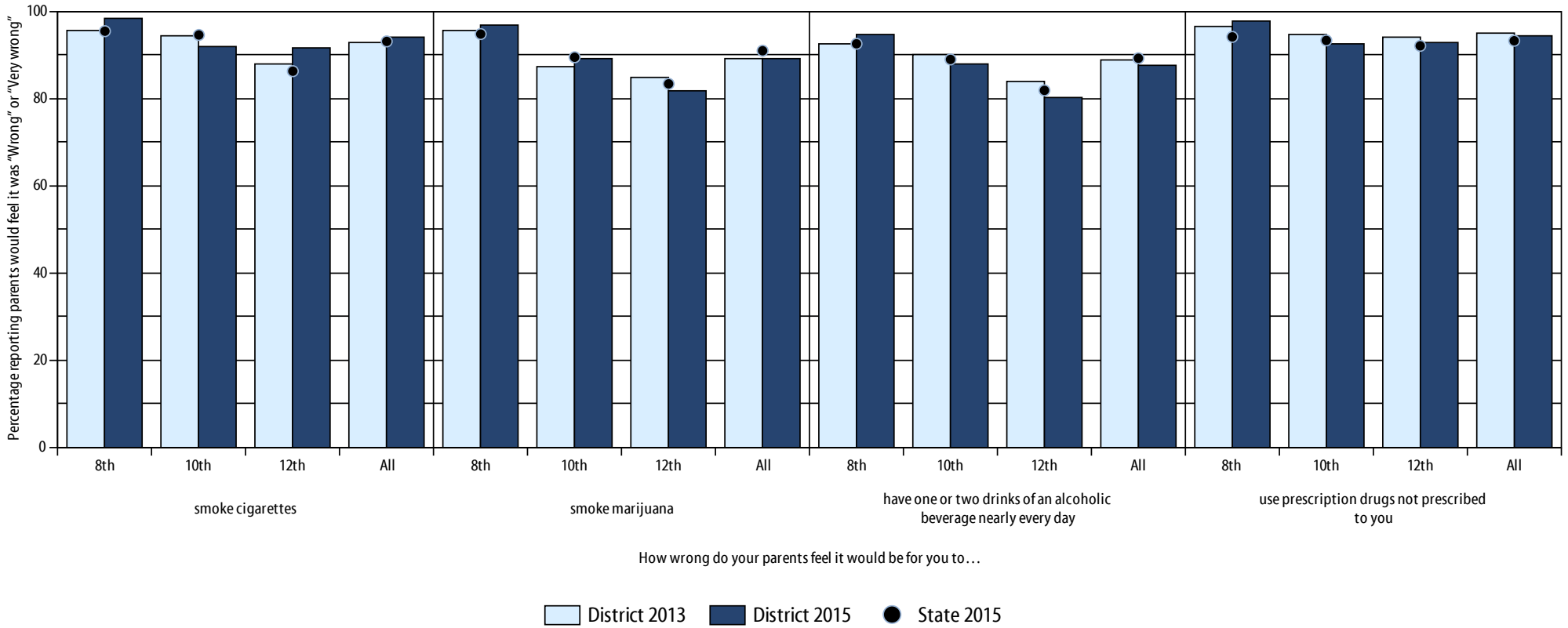
*Have one or two drinks of alcoholic
beverage nearly every day?*

Smoke cigarettes?

Use marijuana?

Use prescription drugs not prescribed to you?

Perception of parental disapproval Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Tobacco				Marijuana				Alcohol				Prescription drugs			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	95.5	98.2	95.4	n/a	95.5	96.9	94.7	n/a	92.5	94.8	92.5	n/a	96.6	97.7	94.1
10	n/a	94.2	92.0	94.5	n/a	87.4	89.0	89.4	n/a	90.0	87.9	88.9	n/a	94.6	92.4	93.3
12	n/a	87.9	91.7	86.2	n/a	84.8	81.8	83.3	n/a	83.9	80.1	81.8	n/a	93.9	92.9	92.0
All	n/a	92.6	93.9	93.0	n/a	89.2	89.1	90.9	n/a	88.9	87.6	89.2	n/a	95.0	94.3	93.2

PERCEPTION OF PEER DISAPPROVAL

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

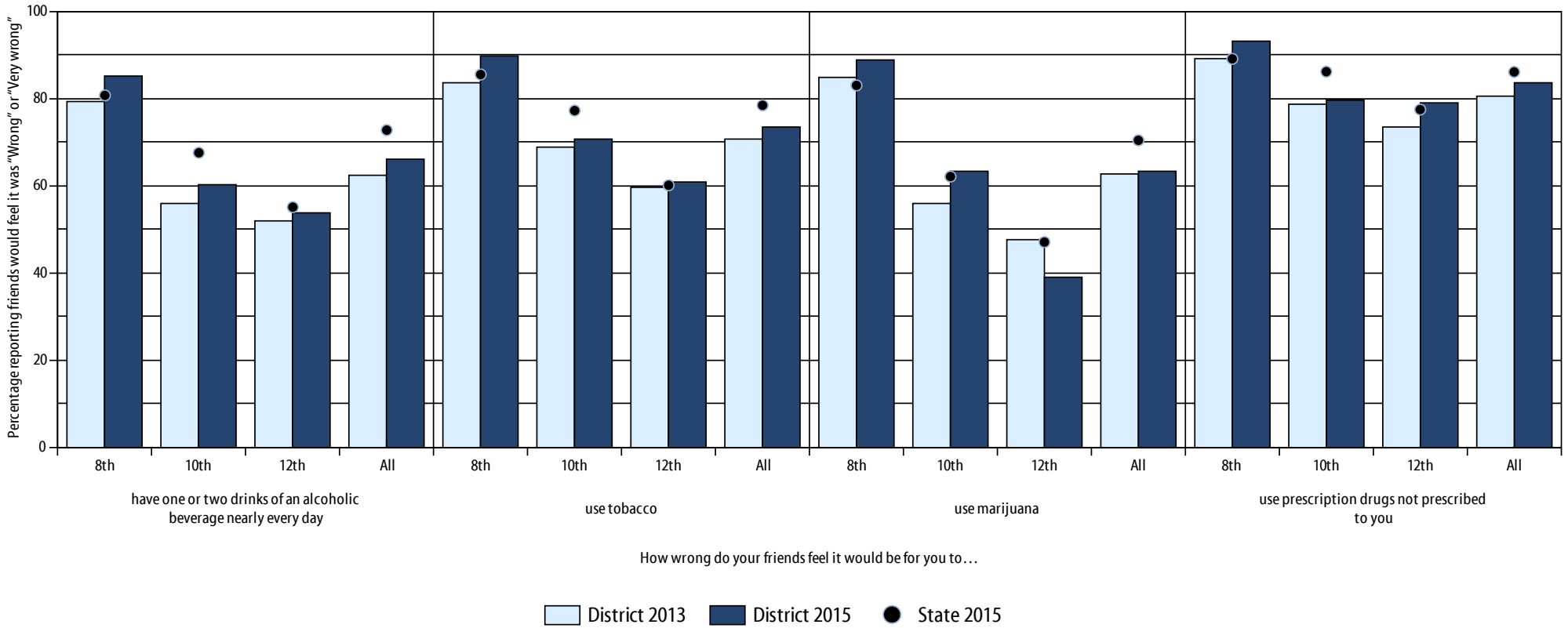
Researchers have identified a positive correlation between the amount of peer disapproval of alcohol and other drug use and the level of alcohol and other drug use among students. Thus, the greater the peer disapproval, the less likely students are to use alcohol and other drugs. The rates are the percentages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

PAYS 2015 category: PAYS 2015 question text:

Perception of peer disapproval *How wrong do your friends feel it would be for you to:*

- Have one or two drinks of an alcoholic beverage nearly every day?*
- Use tobacco?*
- Use marijuana?*
- Use prescription drugs not prescribed to you?*

Perception of peer disapproval Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Alcohol				Tobacco				Marijuana				Prescription drugs			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	79.3	85.2	80.7	n/a	83.5	89.7	85.5	n/a	84.7	88.9	83.0	n/a	89.2	93.1	89.1
10	n/a	55.8	60.1	67.5	n/a	68.8	70.8	77.2	n/a	55.9	63.1	62.1	n/a	78.5	79.5	86.1
12	n/a	51.9	53.8	55.1	n/a	59.5	60.8	60.1	n/a	47.6	38.8	47.1	n/a	73.5	78.8	77.4
All	n/a	62.4	66.0	72.7	n/a	70.7	73.5	78.4	n/a	62.8	63.1	70.4	n/a	80.4	83.6	86.1

ATTITUDES TOWARD PEER USE

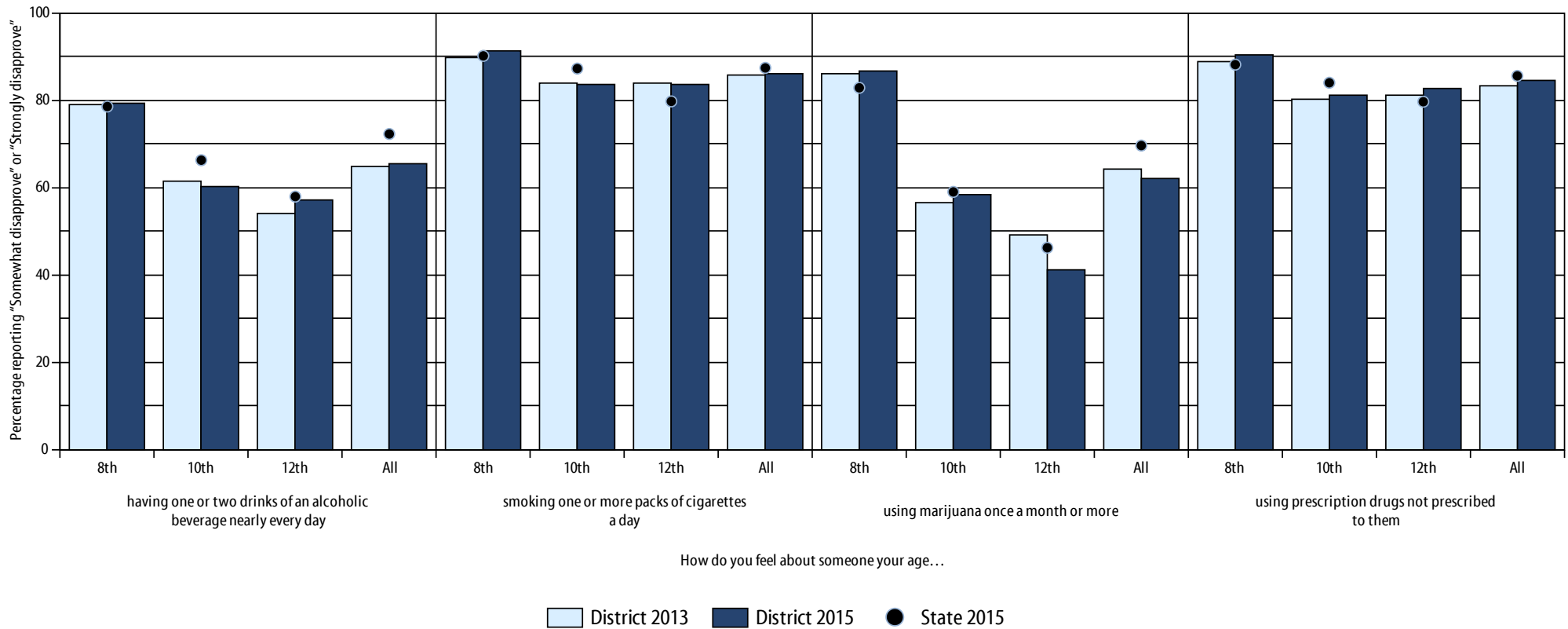
Personal approval or disapproval is another key attitudinal construct that influences drug use behavior.

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

PAYS 2015 category: PAYS 2015 question text:

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

Attitudes toward peer use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Alcohol				Tobacco				Marijuana				Prescription drugs			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	78.8	79.3	78.5	n/a	89.7	91.3	90.1	n/a	85.9	86.7	82.8	n/a	88.9	90.3	88.1
10	n/a	61.3	60.3	66.2	n/a	84.0	83.5	87.2	n/a	56.6	58.5	59.0	n/a	80.2	81.1	84.0
12	n/a	54.0	57.2	57.9	n/a	83.7	83.5	79.7	n/a	49.0	41.2	46.2	n/a	81.0	82.6	79.6
All	n/a	65.0	65.4	72.2	n/a	85.9	86.0	87.4	n/a	64.1	62.0	69.6	n/a	83.4	84.6	85.5

COMMUNITY RISK ASSOCIATED WITH AVAILABILITY

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

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

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

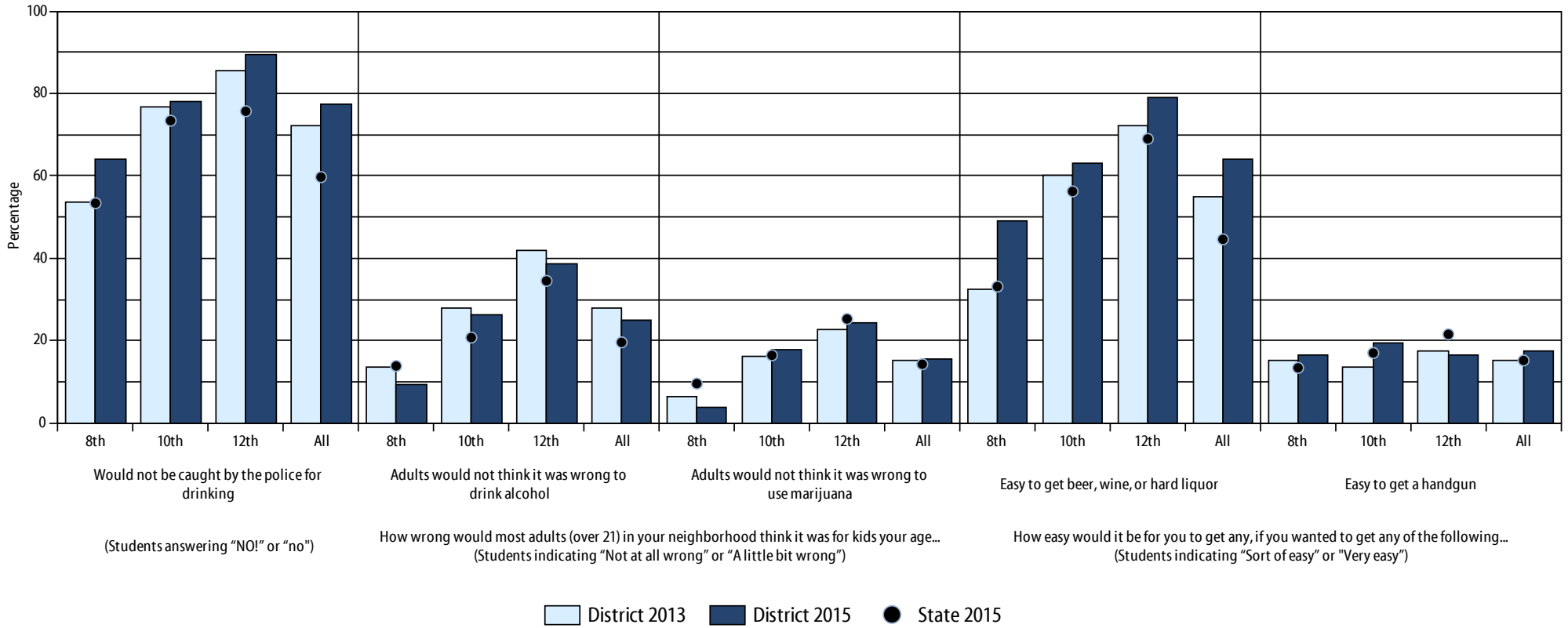
77.4% of students in this district think that if a kid drank alcohol, he or she would not be caught by the police (state rate: 59.7%).

25.0% of students report that most adults in their neighborhood would think it was “a little bit wrong” or “not at all wrong” for kids their age to drink alcohol (compared to 19.6% at the state level) and 15.4% of students reports that adults would think it was “a little bit wrong” or “not at all wrong” for kids their age to use marijuana (compared to 14.3% at the state level).

64.1% of students reported that alcohol would be “sort of easy” or “very easy” to get, and 17.5% reported that a handgun would be “sort of easy” or “very easy” to get (compared to state rates of 44.6% and 15.2%, respectively).

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
Community Risk Associated with Availability	<p><i>If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum) in your neighborhood would he or she be caught by the police?</i></p> <p><i>How wrong would most adults (over 21) in your neighborhood think it was for kids your age:</i></p> <ul style="list-style-type: none"><i>To drink alcohol?</i><i>To use marijuana?</i> <p><i>How easy would it be for you to get any, if you wanted to get any of the following:</i></p> <ul style="list-style-type: none"><i>Beer, wine, or hard liquor (for example: vodka, whiskey, gin, or rum)?</i><i>A handgun</i>

Community risk associated with availability Boyertown Community 2015 Pennsylvania Youth Survey



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Grade	Would not be caught by the police for drinking				Most adults would think it was wrong to drink alcohol				Most adults would think it was wrong to use marijuana				Easy to get beer, wine, or hard liquor				Easy to get a handgun			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	53.5	64.0	53.4	n/a	13.7	9.3	13.9	n/a	6.3	3.7	9.6	n/a	32.5	49.2	33.1	n/a	15.3	16.5	13.4
10	n/a	76.8	77.9	73.4	n/a	28.0	26.4	20.8	n/a	16.3	17.7	16.5	n/a	60.0	63.2	56.3	n/a	13.5	19.3	17.0
12	n/a	85.4	89.4	75.7	n/a	41.9	38.6	34.5	n/a	22.8	24.2	25.3	n/a	72.3	79.0	69.0	n/a	17.6	16.6	21.6
All	n/a	72.2	77.4	59.7	n/a	27.8	25.0	19.6	n/a	15.2	15.4	14.3	n/a	55.0	64.1	44.6	n/a	15.3	17.5	15.2

RULES AND ANTISOCIAL BEHAVIOR

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

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

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

84.4% of students in this district have clear rules about drugs and alcohol (compared to 86.1% at the state level). 86.5% of students have clear rules for their behavior expectations (state rate: %). When the students are not home, 90.2% of students stated their parents know where they are and who they are with.

Adult actions influence youth. Students reported they have personally known someone over 21 who has: gotten high or drunk (71.1%, compared to 59.0% at the state level); used marijuana, crack, cocaine, or other drugs (32.5%, compared to 27.0% at the state level); or has done other antisocial behaviors (19.0%, compared to 16.3% at the state level).

PAYS 2015 category:	<i>PAYS 2015 question text:</i>
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Rules and antisocial behavior

My family has clear rules about alcohol and drug use.

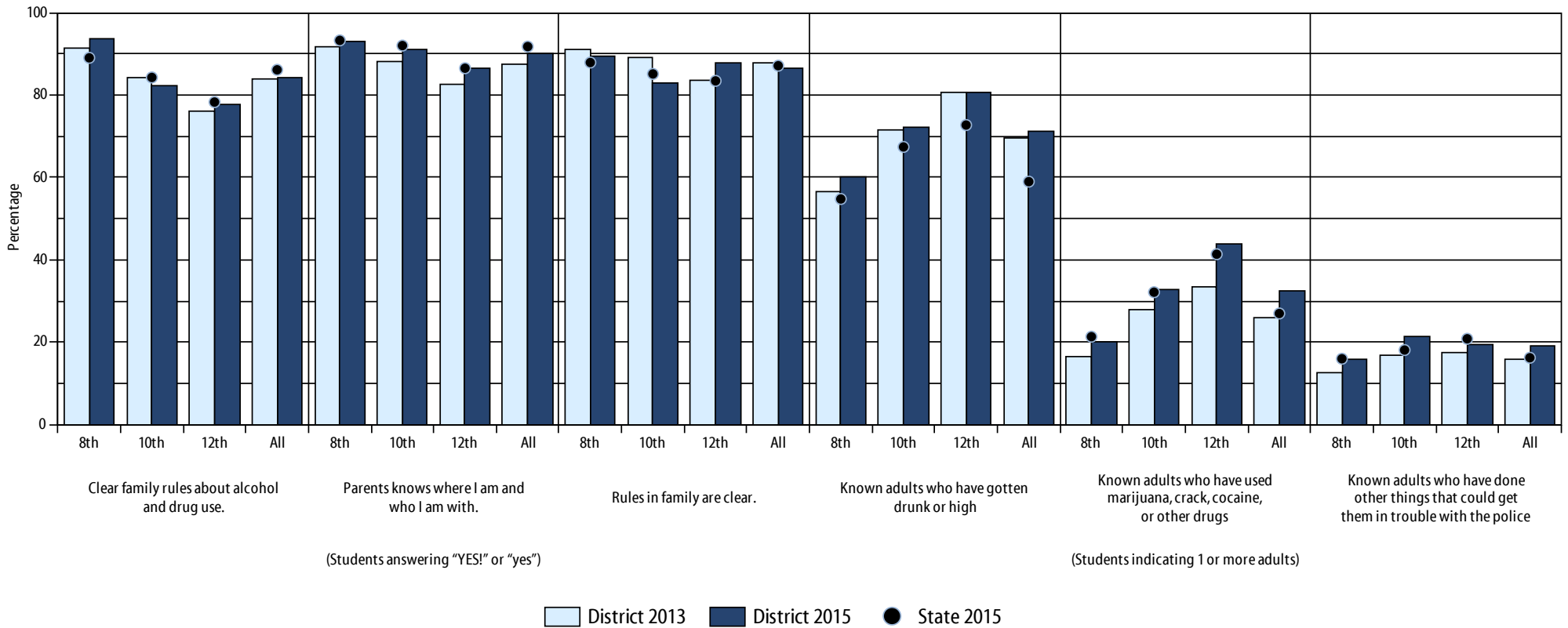
When I am not at home, one of my parents knows where I am and who I am with.

The rules in my family are clear.

About how many adults (over 21) have you known personally who in the past 12 months have:

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

Rules and antisocial behavior Boyertown Community 2015 Pennsylvania Youth Survey



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Grade	Clear family rules about alcohol and drug use.				Parents knows where I am and who I am with.				Rules in family are clear.				Known adults who have gotten drunk or high				Known adults who have used marijuana, crack, cocaine, or other drugs				Known adults who have done other things that could get them in trouble w/ police			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	91.3	93.6	89.0	n/a	91.8	93.2	93.3	n/a	91.1	89.3	87.9	n/a	56.7	60.1	54.8	n/a	16.6	20.3	21.4	n/a	12.7	16.0	16.0
10	n/a	84.2	82.2	84.3	n/a	88.1	91.0	92.0	n/a	89.0	82.9	85.1	n/a	71.5	72.3	67.4	n/a	28.0	32.9	32.2	n/a	17.0	21.4	18.1
12	n/a	76.1	77.6	78.3	n/a	82.5	86.5	86.5	n/a	83.6	87.7	83.5	n/a	80.7	80.5	72.7	n/a	33.5	44.0	41.4	n/a	17.5	19.6	20.9
All	n/a	84.0	84.4	86.1	n/a	87.5	90.2	91.8	n/a	88.0	86.5	87.1	n/a	69.5	71.1	59.0	n/a	26.0	32.5	27.0	n/a	15.7	19.0	16.3

FAVORABLE ATTITUDES TOWARD DRUG USE

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

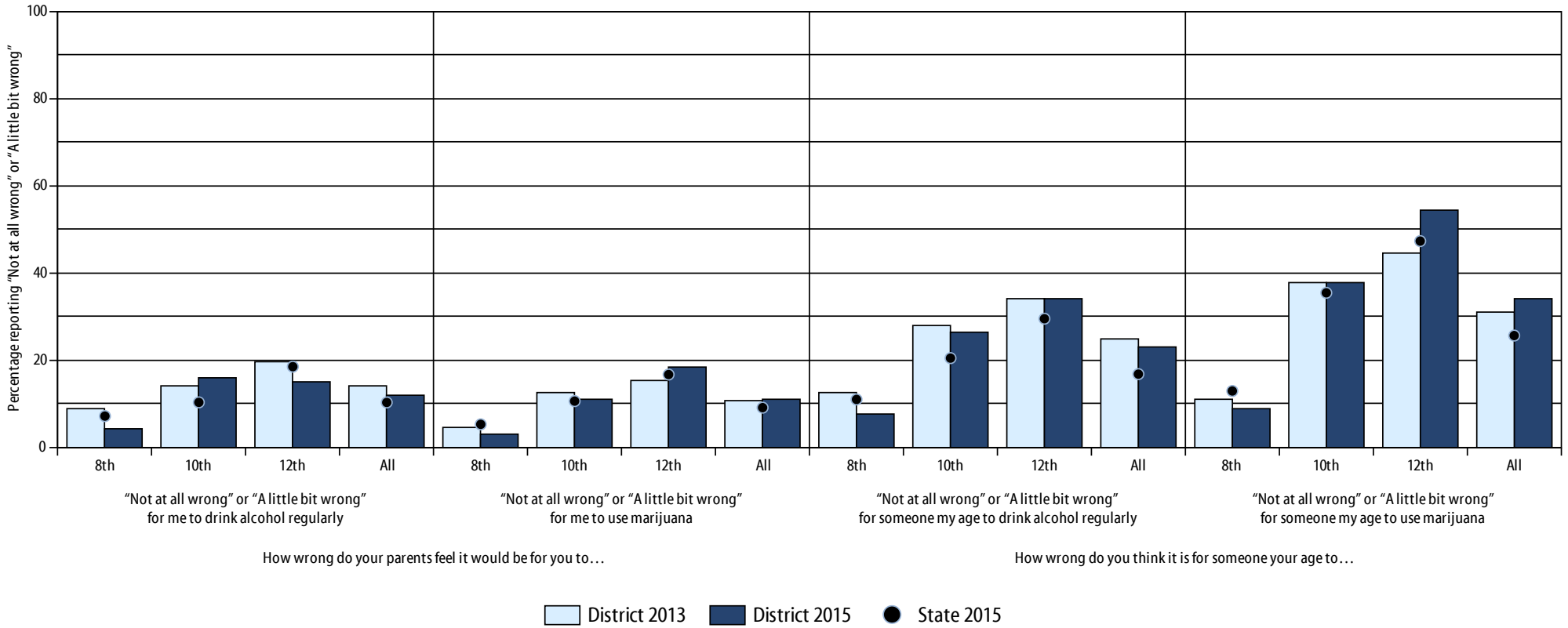
During the elementary school years, children usually express anti-drug attitudes. They often have difficulty imagining why people use drugs. During the middle school years, as others they know participate in these activities, their attitudes shift toward greater acceptance of these behaviors. This acceptance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

11.9% of students in this district stated their parents felt it “a little bit wrong” or “not at all wrong” to drink alcohol (state rate: 10.3%) and 10.9% stated that their parents felt it was “a little bit wrong” or “not at all wrong” to use marijuana (state rate: 9.1%). 22.9% of the students thought it was “a little bit wrong” or “not at all wrong” for someone their age to use alcohol (state rate: 16.8%) and 33.9% thought it was “a little bit wrong” or “not at all wrong” for someone their age to use marijuana (state rate: 25.6%).

PAYS 2015 category: PAYS 2015 question text:

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

Attitudes favorable toward drug use Boyertown Community 2015 Pennsylvania Youth Survey



4_30_2016

Grade	Parents feel it would be wrong to drink alcohol regularly				Parents feel it would be wrong to use marijuana				It is wrong for someone my age to drink alcohol regularly				It is wrong for someone my age to use marijuana			
	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015	District 2011	District 2013	District 2015	State 2015
8	n/a	8.8	4.4	7.2	n/a	4.5	3.1	5.3	n/a	12.5	7.5	11.0	n/a	10.9	8.8	12.9
10	n/a	13.9	15.8	10.3	n/a	12.6	11.0	10.6	n/a	28.0	26.4	20.4	n/a	37.8	37.6	35.4
12	n/a	19.5	15.1	18.5	n/a	15.2	18.3	16.7	n/a	34.1	34.0	29.5	n/a	44.5	54.3	47.3
All	n/a	14.0	11.9	10.3	n/a	10.8	10.9	9.1	n/a	24.8	22.9	16.8	n/a	31.0	33.9	25.6

7. RISK AND PROTECTIVE FACTORS

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.

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

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

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these neighborhoods, families, and schools must communicate healthy values and

set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to anti-social peers would not be likely to reinforce positive behavior.

Risk factors are conditions that increase the likelihood of a young person

becoming involved in drug use, delinquency, school dropout, and/or violence

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Low Neighborhood Attachment	✓	✓		✓	
	Perceived Availability of Drugs	✓			✓	
	Perceived Availability of Handguns		✓		✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓		✓	
Family	Family History of Antisocial Behavior	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓
	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓		✓	
School	Academic Failure	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	
	Rebelliousness	✓	✓	✓	✓	
	Gang Involvement	✓	✓		✓	
Peer / Individual	Perceived Risk of Drug Use	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	
	Depressive Symptoms	✓			✓	✓

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

- Opportunities for young people to actively contribute

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

Research on risk and protective factors has important implications for children’s academic success, positive youth development, and prevention of health and behavior problems. In order to promote

academic success and positive youth development and prevent problem behaviors, it is necessary to address the factors that predict these outcomes. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

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

		Healthy Beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Rewards for Prosocial Involvement		✓			✓
	Family Attachment		✓			
Family	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement	✓	✓			✓
School	Opportunities for Prosocial Involvement		✓	✓		
	Rewards for Prosocial Involvement		✓			✓
Peer / Individual	Interaction with Prosocial Peers		✓		✓	
	Prosocial Involvement		✓		✓	
	Rewards for Prosocial Involvement		✓			✓
	Belief in the Moral Order	✓				
	Religiosity	✓				

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

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

RISK AND PROTECTIVE SCALES DEFINED

To access data for individual risk and protective factor questions, visit

www.bach-harrison.com/PAYSWebTool.

Community Domain

Risk Factors

Low Neighborhood Attachment

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

A20 I like my neighborhood.

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

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

Perceived Availability of Drugs and Handguns

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

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

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

Laws and Norms Favorable Toward Drug Use

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

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

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

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

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

Protective Factors

Rewards for Prosocial Involvement

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

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

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

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

Family Domain

Risk Factors

Family History of Antisocial Behavior

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

B21 How many of your brothers or sisters ever:

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

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

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

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

Poor Family Management

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

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

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

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

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

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

B13 The rules in my family are clear.

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

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

Family Conflict

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

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

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

B17 People in my family have serious arguments.

Family Domain (cont'd)

Risk Factors (cont'd)

Parental Attitudes Favorable Toward Drugs and Antisocial Behavior

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

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

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

Protective Factors

Family Attachment

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

B6 Do you feel very close to your:

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

B7 Do you share your thoughts and feelings with your:

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

Opportunities for Prosocial Involvement

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

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

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

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

Rewards for Prosocial Involvement

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

B8 Do you enjoy spending time with your:

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

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

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

School Domain

Risk Factors

Academic Failure

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

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

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

Low Commitment to School

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

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

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

A3 How interesting are most of your courses to you?

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

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

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

Protective Factors

Opportunities for Prosocial Involvement

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

A8 Teachers ask me to work on special classroom projects.

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

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

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

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

Rewards for Prosocial Involvement

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

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

A14 I feel safe at my school.

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

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

Peer-Individual Domain

Risk Factors

Rebelliousness

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

- C1** I like to see how much I can get away with.
- C2** I ignore the rules that get in my way.
- C3** I do the opposite of what people tell me, just to get them mad.

Gang Involvement

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

- A28a** Have you ever belonged to a gang?
- A28b** If you have ever belonged to a gang, did that gang have a name?
- A29** How old were you when you first belonged to a gang?
- A30** In the past 12 months, how many of your best friends have been a member of a gang?

Perceived Risk of Drug Use

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

- C8** How much do you think people risk harming themselves (physically or in other ways) if they:
 - a** Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
 - c** Smoke one or more packs of cigarettes per day?
 - d** Try marijuana once or twice?
 - f** Use marijuana regularly?

Attitudes Favorable Toward Antisocial Behavior and Drug Use

During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in anti-social behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.

- C10** How wrong do you think it is for someone your age to: Stay away from school all day when their parents think they are at school?
 - a** Stay away from school all day when their parents think they are at school?
 - b** Take a handgun to school?
 - c** Steal anything worth more than \$5?
 - d** Pick a fight with someone?
 - e** Attack someone with the idea of seriously hurting them?
 - f** Drink beer, wine or hard liquor (for example, vodka, whiskey, gin, or rum) regularly?
 - g** Smoke cigarettes?
 - h** Use LSD, cocaine, amphetamines or another illegal drug?
 - i** Use marijuana?

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Sensation Seeking

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

- C11** How many times have you done the following things?
- a** Done what feels good no matter what.
 - b** Done something dangerous because someone dared you to do it.
 - c** Done crazy things even if they are a little dangerous.

Rewards for Antisocial Behavior

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

- C12** What are the chances you would be seen as cool if you:
- a** Carried a handgun?
 - b** Began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - c** Smoked cigarettes?
 - d** Used marijuana?

Friends' Use of Drugs

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

- C17** Think of your four best friends (the friends you feel closest to). In the past 12 months, how many of your best friends have:
- f** Tried beer, wine, or hard liquor (for example, vodka, whiskey, gin, or rum) when their parents didn't know about it?
 - g** Smoked cigarettes?
 - i** Used LSD, cocaine, amphetamines, or other illegal drugs?
 - j** Used marijuana?

Peer-Individual Domain (cont'd)

Risk Factors (cont'd)

Interaction with Antisocial Peers

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

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

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

Depressive Symptoms

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

- C4** In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?
- C5** Sometimes I think that life is not worth it.
- C6** At times I think I am no good at all.
- C7** All in all, I am inclined to think that I am a failure.

Protective Factors

Belief in the Moral Order

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

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

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

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

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

Religiosity

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

C8 How often do you attend religious services or activities?

UNDERSTANDING CUT-POINTS

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

What are Cut-Points?

A cut-point helps to define the level of responses that are at or above a standard/normal level of risk, or conversely at or below a standard/normal level of protection. Rather than randomly determining whether a youth may be at risk or protected, a statistical analysis is completed that helps to determine at what point on any particular scale that the risk or protective factor is outside the normal range. In this way, when you are provided a percentage for a particular scale, you will know that this percentage represents the population of your youth that are either at greater risk or lower protection than the national cut-point level. Cut-points also provide a standard for comparisons of risk and protection over time.

PAYS questionnaire was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. However, before the percentage of youth at risk or with protection on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the group that was not at-risk. Because surveys measuring the risk and protective factors had been given to thousands of youth across the United States through federally funded research projects, it was possible to select two groups of youth, one that was more at-risk for problem behaviors and another group that was less at-risk. A cut-point

score was then determined for each risk and protective factor scale that best divided the youth into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades); alcohol, tobacco, and other drug use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions); and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

How to use Cut-Points

The scale cut-points that were determined to best classify youth into the more at-risk and less at-risk groups have remained constant and are used to produce the profiles in this report. Because the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on each of the risk and protective factor scales provides a method for evaluating the progress of prevention programs over time. For example, if the percentage of

youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

How does using Cut-Points affect my data?

Risk and Protective Factor data from the 2011 and 2013 PAYS have been re-analyzed using the scale cut-points discussed above in order that the results from the past PAYS can be compared to the results from the 2015 PAYS. Instead of the percentile scores used previously, percentage of youth at-risk and with protection are presented in the 2015 report. For example:

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

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

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national results (see page 8 for more information on BH Norm development).

Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your community. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than the national sample.

The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors that your community should consider including in prevention planning programs. The Bach Harrison Norm is especially helpful when reviewing scales with a small percentage of youth at-risk such as the Rebelliousness scale. For example, even though a small percentage of youth are at-risk within this scale, if you notice that the percentage at risk on your Rebelliousness scale is higher than the Bach Harrison Norm, then that is probably an issue that should be considered for an intervention in your community. As you look through your data, we would encourage you to circle or mark risk scales that are higher than the BH Norm and protective factor scales that are lower than the BH Norm and add these items to your list of possible areas to tackle with prevention efforts.

OVERALL RISK AND PROTECTIVE SCORES

Overall risk and protective factor scales are a good way to review the health of Boyertown Community. Scales are grouped into four domains: community, family, school, and peer/individual. The charts show the overall percentage of students at risk and with protection for each of the scales.

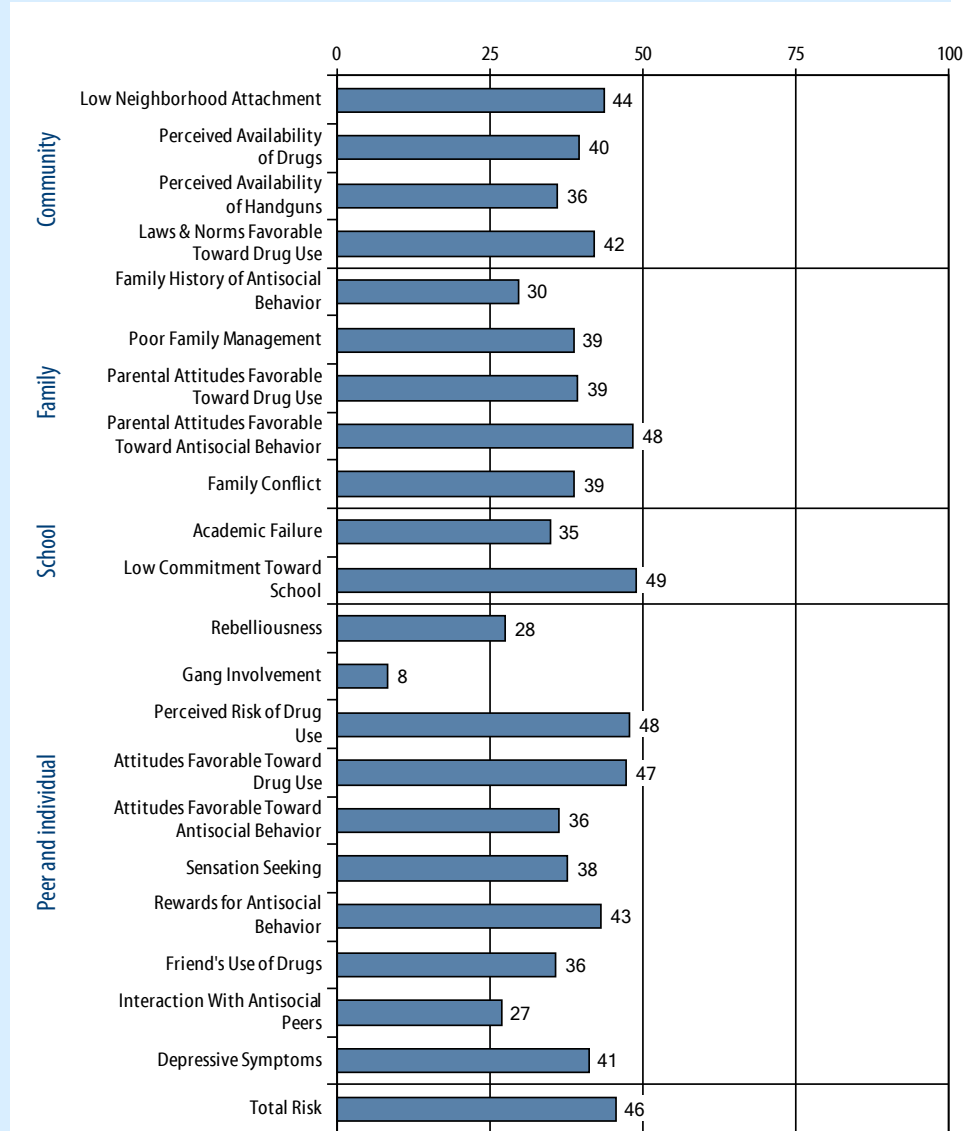
Students in Boyertown Area School District reported the three highest overall (all grades combined) scores for the following risk factor scales: Low Commitment Toward School (48.9% of students at risk), Parental Attitudes Favorable Toward Antisocial Behavior (48.4% at risk), and Perceived Risk of Drug Use (47.8% at risk).

The three lowest overall scale scores were Gang Involvement (8.3% at risk), Interaction With Antisocial Peers (26.9% at risk), and Rebelliousness (27.6% at risk).

Of the eight protective factor scales, the highest scores in the overall sample of students in this district were reported for Family Attachment (65.1% of students with protection), Family Opportunities for Prosocial Involvement (62.9% with protection) and Family Rewards for Prosocial Involvement (62.0% with protection).

The lowest protective factor scales in the overall sample were School Opportunities for Prosocial Involvement (36.6% with protection), Community

Boyertown Community Risk Factors, 2015 Pennsylvania Youth Survey



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

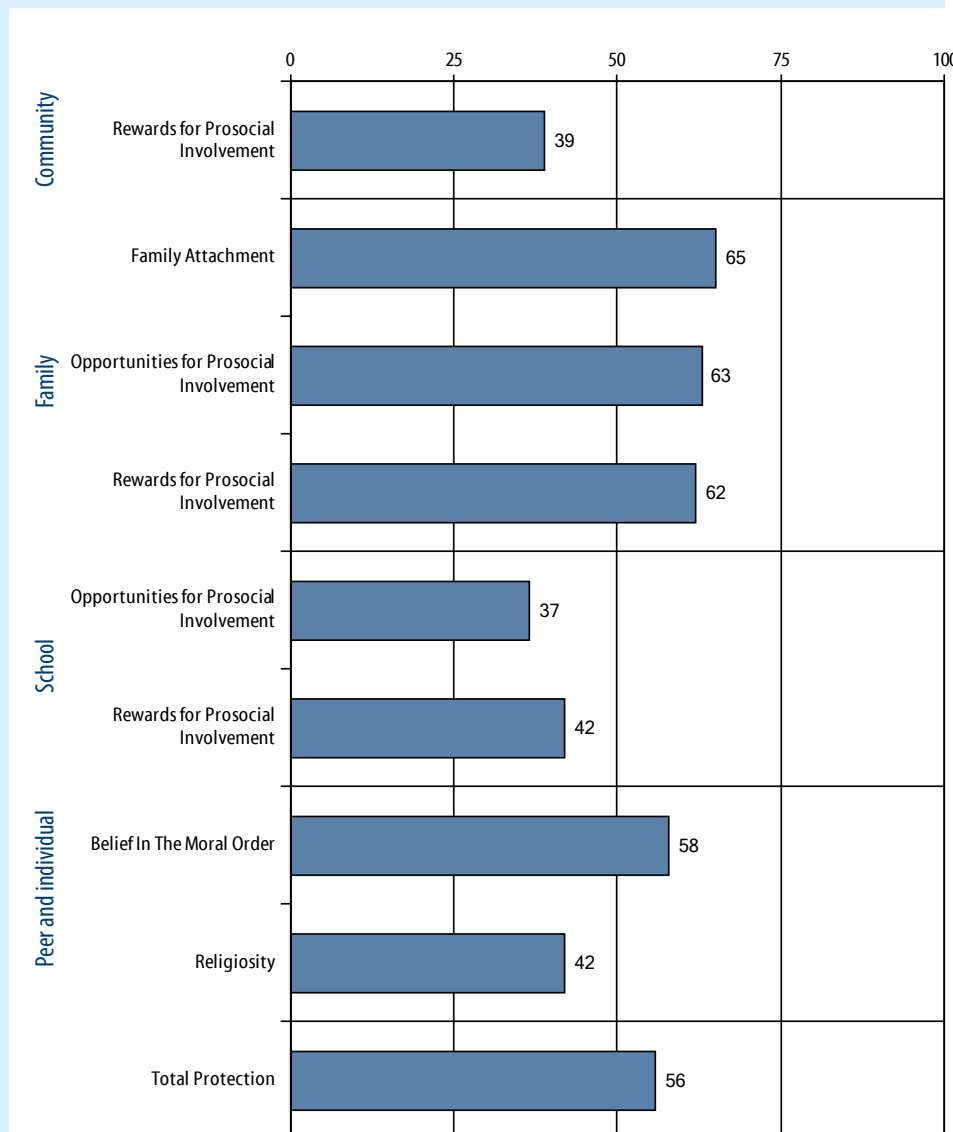
Rewards for Prosocial Involvement (39.0% with protection) and School Rewards for Prosocial Involvement (41.9% with protection).

While policies that target any risk or protective factor could potentially be an important resource for students in this district, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with low risk or high protection represent strengths that this district can build on. In conjunction with a review of community-specific issues and resources, this information can help direct prevention efforts for Boyertown Community.

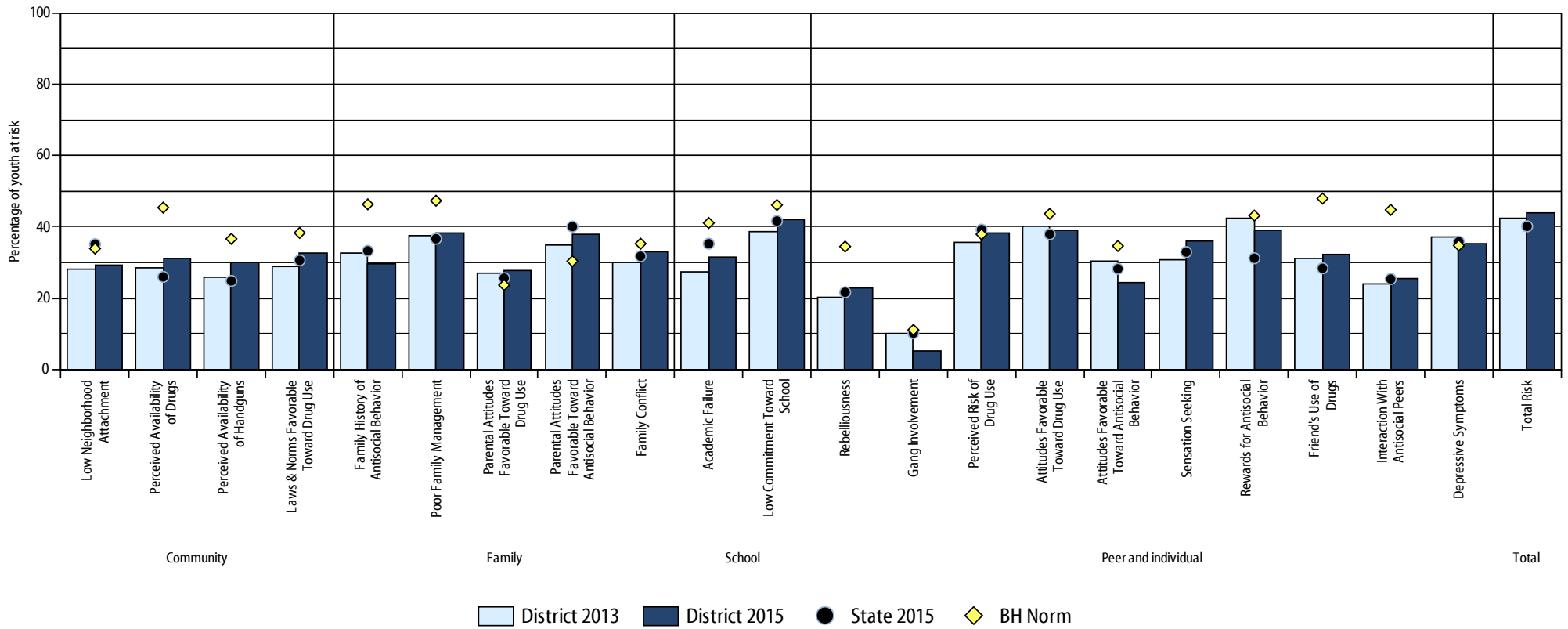
Boyertown Community Protective Factors, 2015 Pennsylvania Youth Survey

Grade-Level Results

While grouped-grade scale scores provide a general picture of the risk and protective factor profile for this district, they can mask problems within individual grades. The next pages of this report present individual-grade data, where available for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot revealing which risk and protective factor scales are of greatest concern by grade. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action—and to target their prevention efforts as precisely as possible.

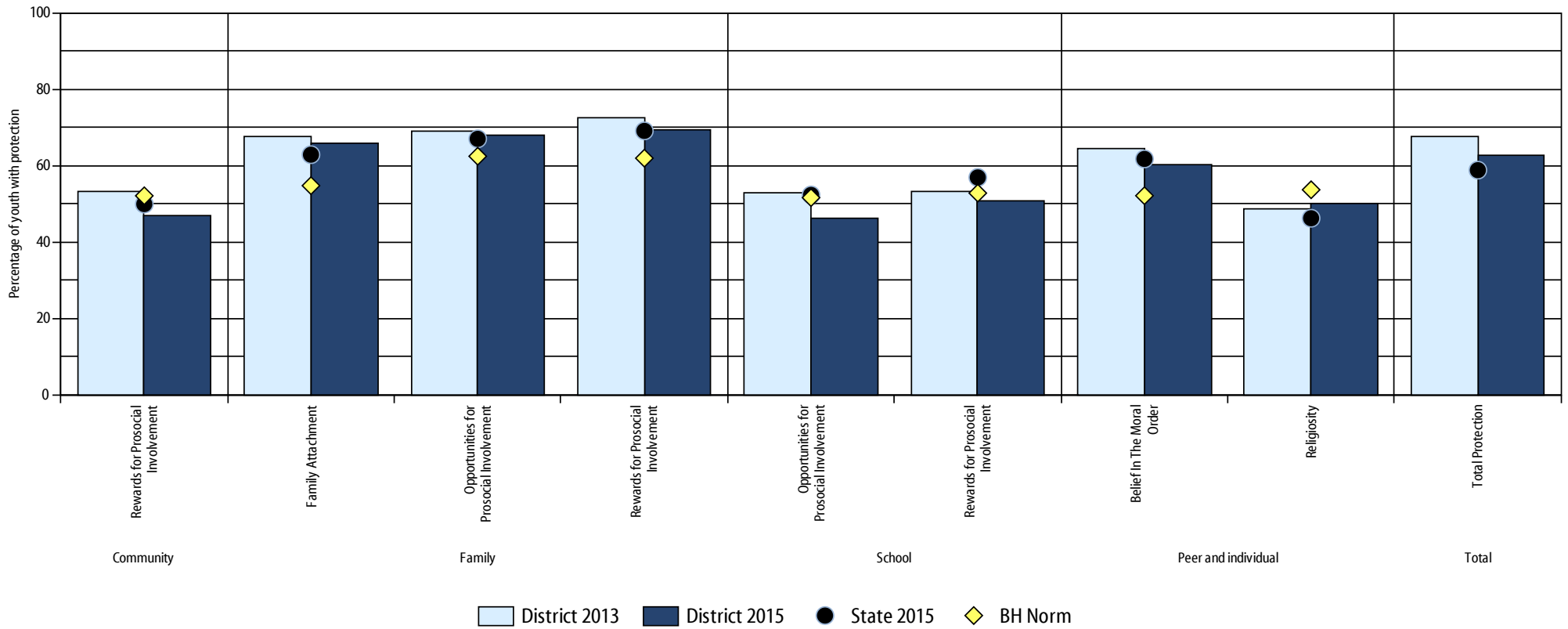


Risk factors, 8th grade Boyertown Community 2015 Pennsylvania Youth Survey



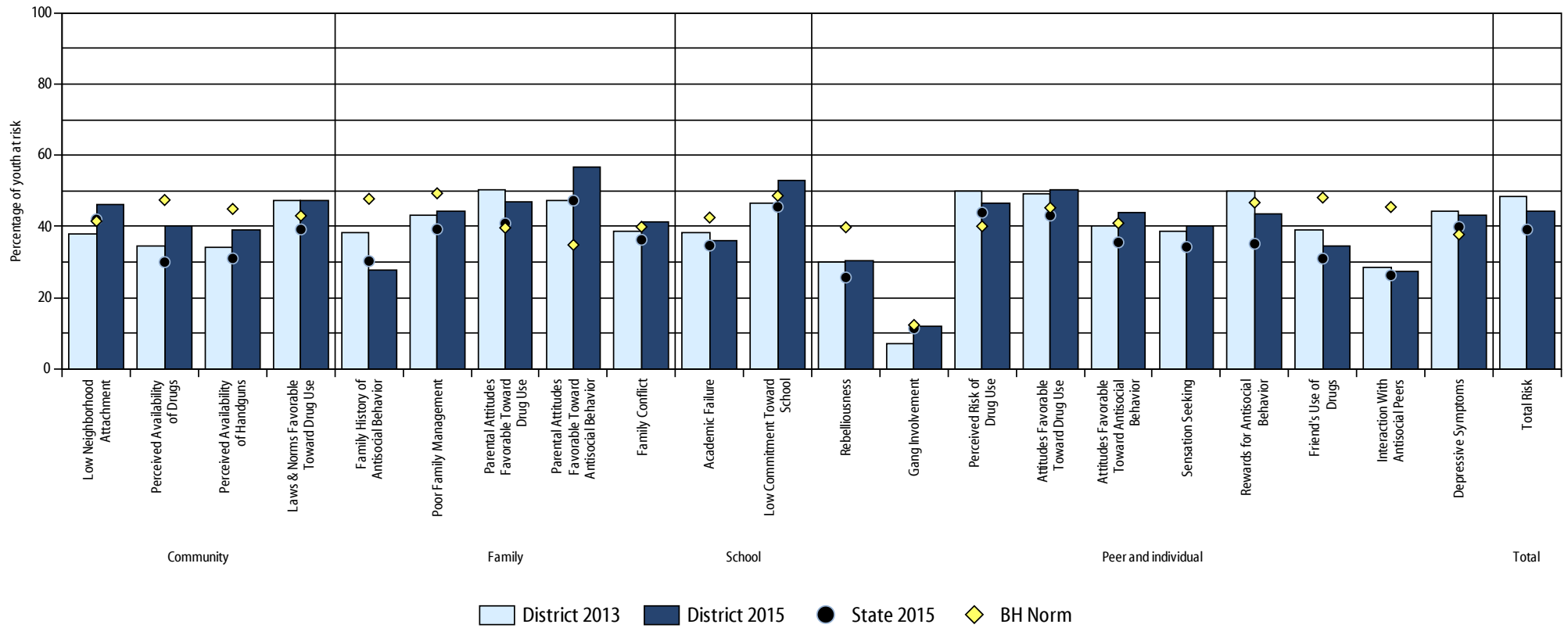
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Protective factors, 8th grade Boyerstown Community 2015 Pennsylvania Youth Survey



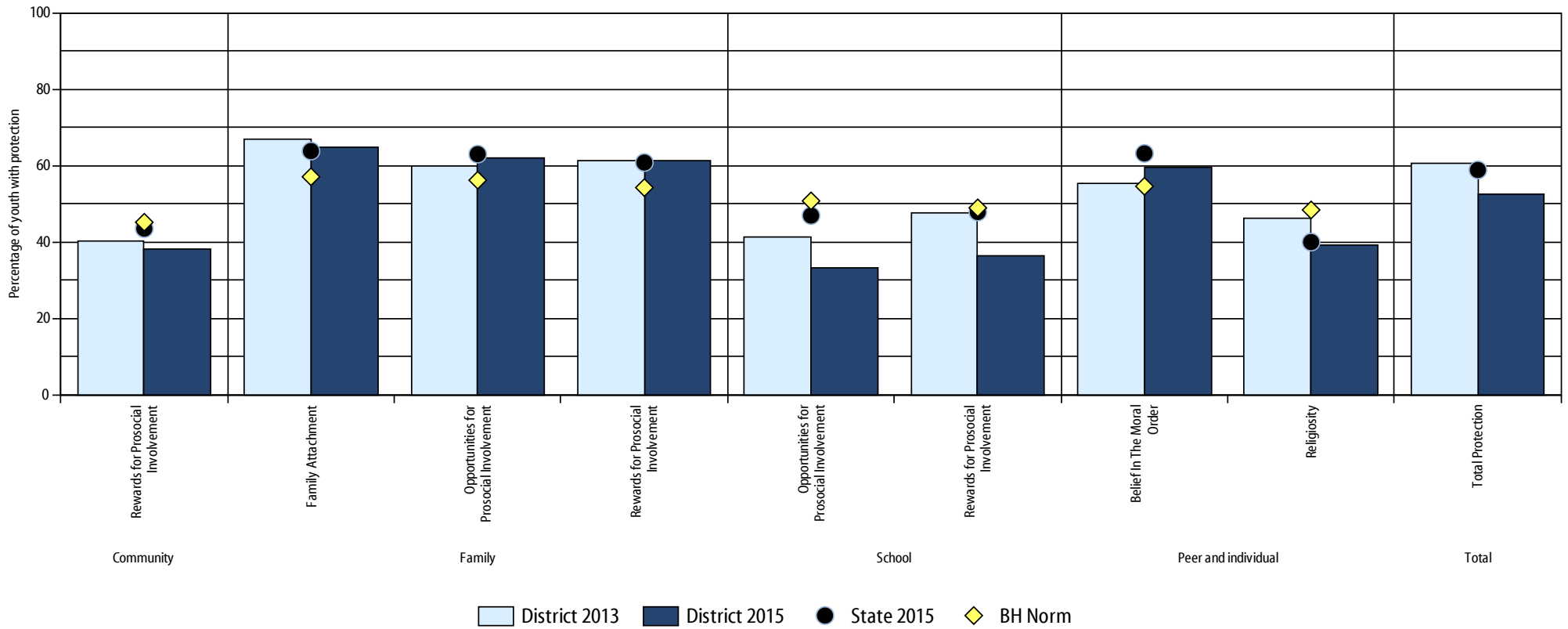
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Risk factors, 10th grade Boyertown Community 2015 Pennsylvania Youth Survey



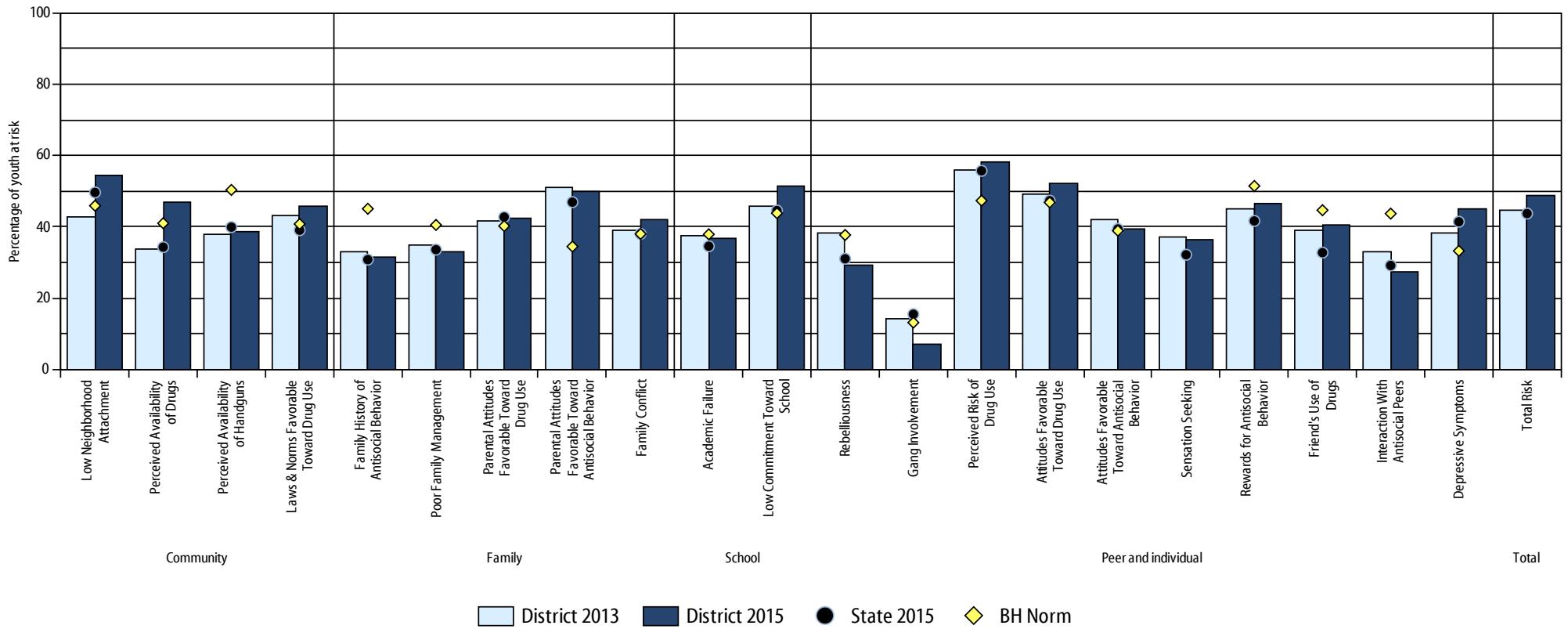
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Protective factors, 10th grade Boyertown Community 2015 Pennsylvania Youth Survey



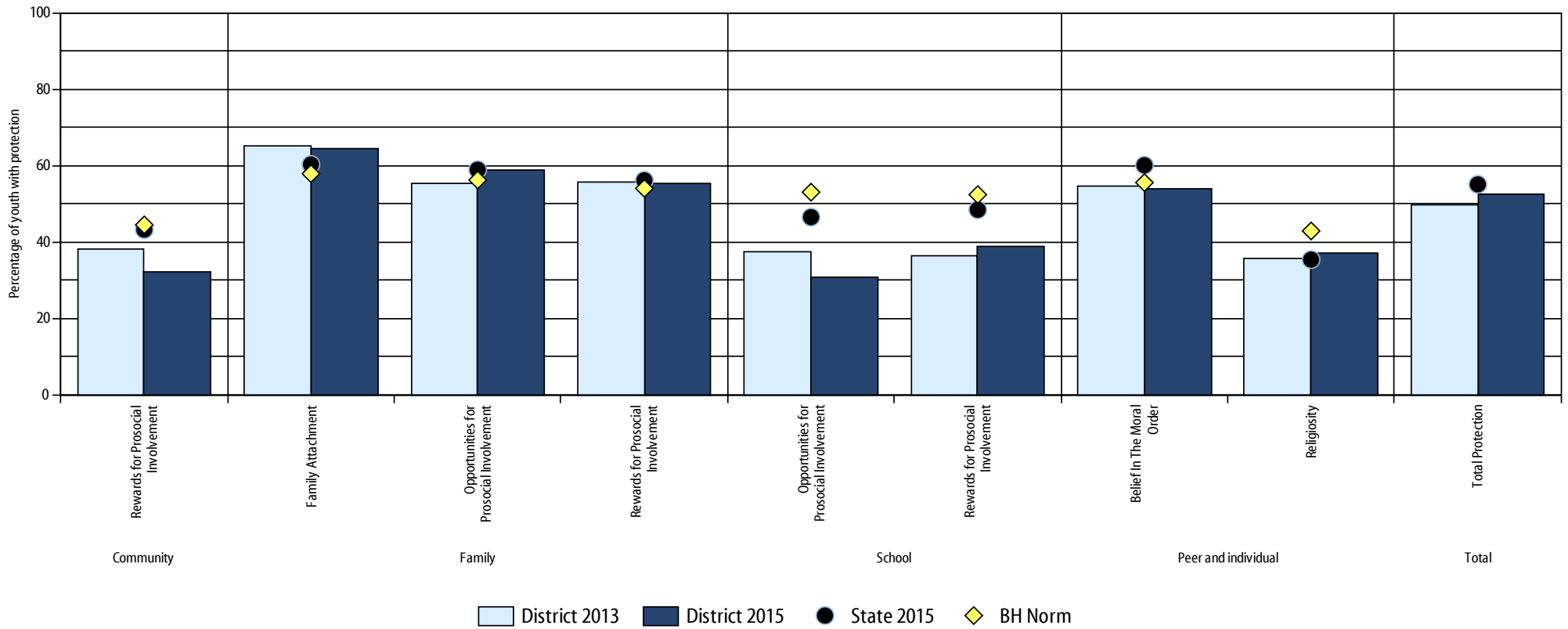
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Risk factors, 12th grade Boyertown Community 2015 Pennsylvania Youth Survey



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Protective factors, 12th grade Boyerstown Community 2015 Pennsylvania Youth Survey



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Risk Factors Boyertown Community 2015 Pennsylvania Youth Survey

	8th				10th				12th			
	District 2013	District 2015	State 2015	BH Norm	District 2013	District 2015	State 2015	BH Norm	District 2013	District 2015	State 2015	BH Norm
Community												
Low Neighborhood Attachment	28.3	29.4	35.2	34.0	37.9	46.2	42.0	41.5	42.6	54.4	49.7	45.9
Perceived Availability of Drugs	28.5	31.0	26.0	45.4	34.7	40.4	30.1	47.5	33.9	46.8	34.4	41.0
Perceived Availability of Handguns	26.0	29.9	24.9	36.7	34.1	38.9	31.1	45.0	38.1	38.8	39.9	50.4
Laws & Norms Favorable Toward Drug Use	29.0	32.6	30.7	38.3	47.4	47.4	39.2	43.0	43.1	45.8	39.1	40.8
Family												
Family History of Antisocial Behavior	32.6	29.7	33.3	46.3	38.3	27.7	30.3	47.8	33.2	31.4	30.9	45.1
Poor Family Management	37.7	38.2	36.7	47.3	43.3	44.2	39.2	49.3	35.1	33.2	33.7	40.6
Parental Attitudes Favorable Toward Drug Use	27.0	27.8	25.7	23.7	50.2	47.1	40.9	39.6	41.8	42.6	42.8	40.3
Parental Attitudes Favorable Toward Antisocial Behavior	34.8	37.9	40.1	30.4	47.3	56.8	47.3	34.9	50.9	49.9	47.0	34.5
Family Conflict	29.9	32.9	31.8	35.3	38.5	41.4	36.3	39.9	38.9	42.0	38.1	38.0
School												
Academic Failure	27.6	31.5	35.3	41.1	38.4	36.1	34.7	42.5	37.7	36.7	34.6	37.9
Low Commitment Toward School	38.7	42.0	41.7	46.2	46.6	53.0	45.5	48.7	45.8	51.4	44.6	43.8
Peer and individual												
Rebelliousness	20.1	22.8	21.7	34.5	30.1	30.5	25.7	39.8	38.3	29.3	31.1	37.7
Gang Involvement	10.3	5.3	10.3	11.2	7.3	12.1	11.5	12.4	14.3	7.3	15.6	13.2
Perceived Risk of Drug Use	35.6	38.5	39.3	37.9	50.1	46.4	43.9	40.1	55.8	58.2	55.7	47.4
Attitudes Favorable Toward Drug Use	40.1	39.2	38.0	43.7	49.2	50.2	43.1	45.3	49.2	52.0	47.4	46.9
Attitudes Favorable Toward Antisocial Behavior	30.6	24.5	28.3	34.7	40.3	44.0	35.6	41.0	42.2	39.5	39.4	39.0
Sensation Seeking	30.7	36.0	33.0	n/a	38.7	40.3	34.3	n/a	37.1	36.4	32.2	n/a
Rewards for Antisocial Behavior	42.5	39.1	31.2	43.2	50.0	43.7	35.2	46.7	45.2	46.5	41.7	51.5
Friend's Use of Drugs	31.1	32.2	28.4	47.9	39.2	34.5	31.0	48.1	38.9	40.5	32.8	44.7
Interaction With Antisocial Peers	23.9	25.6	25.4	44.8	28.4	27.5	26.3	45.5	33.2	27.4	29.2	43.7
Depressive Symptoms	37.3	35.2	35.9	34.8	44.2	43.1	39.9	37.8	38.3	44.9	41.5	33.3
Total												
Total Risk	42.2	43.9	40.2	n/a	48.4	44.2	39.2	n/a	44.8	48.7	43.8	n/a

Protective Factors Boyertown Community 2015 Pennsylvania Youth Survey

	8th				10th				12th			
	District 2013	District 2015	State 2015	BH Norm	District 2013	District 2015	State 2015	BH Norm	District 2013	District 2015	State 2015	BH Norm
Community												
Rewards for Prosocial Involvement	53.4	46.9	49.9	52.1	40.3	38.0	43.5	45.2	38.2	32.3	43.3	44.5
Family												
Family Attachment	67.8	65.8	62.9	54.8	66.7	64.9	63.8	57.1	65.2	64.6	60.3	57.9
Opportunities for Prosocial Involvement	69.0	67.9	67.0	62.5	60.0	61.9	63.0	56.2	55.4	58.9	58.9	56.2
Rewards for Prosocial Involvement	72.6	69.2	69.1	61.9	61.1	61.4	60.8	54.3	55.6	55.5	56.2	54.0
School												
Opportunities for Prosocial Involvement	52.8	46.2	52.3	51.6	41.4	33.2	47.0	50.8	37.5	30.9	46.5	53.1
Rewards for Prosocial Involvement	53.4	50.8	56.9	52.8	47.6	36.6	47.9	49.0	36.3	38.8	48.5	52.4
Peer and individual												
Belief In The Moral Order	64.6	60.3	61.7	52.1	55.5	59.6	63.2	54.6	54.8	53.9	60.1	55.6
Religiosity	48.6	50.0	46.2	53.7	46.3	39.3	40.0	48.4	35.8	37.1	35.4	42.9
Total												
Total Protection	67.6	62.7	58.8	n/a	60.7	52.7	58.9	n/a	49.6	52.7	55.1	n/a

8. USING THESE SURVEY RESULTS

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 state/Bach Harrison Norm?
- Which 3-5 protective factors appear to be lower than you would want when compared to the state/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 levels of 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?

Sample	Priority Rate 1	Priority Rate 2
Risk factors		
<i>6th grd Fav. Attitude to Drugs (Peer/Indiv. Scale) @ 14% (8% > BH Norm.)</i>		
Protective factors		
<i>10th grd - Rewards for prosocial involvm. (School) down 7% from 2 yrs ago</i>		
30-day substance abuse		
<i>8th grd Binge Drinking@7% (3% above state av.)</i>		
Antisocial behavior		
<i>12th - Drunk/High at School @ 5% (same as state, but still too high)</i>		

How to identify high priority problem areas.

- Look across the charts – which items 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 – make an assessment of the rates you have identified. Which problem(s) can be realistically addressed with the funding available to your community? Which problem(s) 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.

- Substance use and antisocial behavior data – raise awareness about the problems and promote dialogue.
- Risk and protective factor data – identify exactly where the community needs to take action.

Priority Rate 3	Priority Rate 4	Priority Rate 5
Risk factors (cont'd)		
Protective factors (cont'd)		
30-day substance abuse (cont'd)		
Antisocial behavior (cont'd)		

APPENDIX A. DRUG FREE COMMUNITIES DATA

Core Measure	Definition	Substance	6th		8th		10th		12th		Male		Female	
			Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample	Percent	Sample
Perception of risk (People are at moderate or great risk of harming themselves if they...)	take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	Binge drinking	n/a	n/a	78.8	382	70.6	415	71.8	401	70.0	586	77.4	588
	smoke one or more packs of cigarettes per day?	Tobacco	n/a	n/a	89.3	382	85.8	416	85.5	400	85.4	584	88.1	590
	smoke marijuana once or twice a week?	Marijuana	n/a	n/a	79.4	383	56.9	415	39.7	401	55.8	586	60.3	589
	use prescription drugs that are not prescribed to them?	Prescription drugs	n/a	n/a	88.0	383	85.0	413	86.0	399	83.0	583	89.5	588
Perception of parental disapproval (Parents feel it would be wrong or very wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	n/a	n/a	94.8	401	87.9	447	80.1	408	87.2	623	88.3	608
	smoke cigarettes?	Tobacco	n/a	n/a	98.2	388	92.0	412	91.7	398	93.4	589	94.4	586
	smoke marijuana?	Marijuana	n/a	n/a	96.9	388	89.0	409	81.8	400	88.5	589	89.6	585
	use prescription drugs not prescribed to you?	Prescription drugs	n/a	n/a	97.7	399	92.4	447	92.9	409	94.4	621	94.3	609
Perception of peer disapproval (Friends feel it would be wrong or very wrong to...)	have one or two drinks of an alcoholic beverage nearly every day?	Alcohol	n/a	n/a	85.2	378	60.1	396	53.8	400	63.7	571	68.2	579
	smoke tobacco?	Tobacco	n/a	n/a	89.7	379	70.8	397	60.8	400	66.7	571	80.0	581
	smoke marijuana?	Marijuana	n/a	n/a	88.9	377	63.1	396	38.8	399	61.2	570	64.9	578
	use prescription drugs not prescribed to you?	Prescription drugs	n/a	n/a	93.1	376	79.5	395	78.8	397	80.2	567	87.5	577
Stop act grantees: Somewhat or strongly disapprove of someone your age... People are at moderate or great risk of harming themselves if they...	having one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Alcohol	n/a	n/a	79.3	411	60.3	448	57.2	411	63.0	629	67.5	615
	take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	Regular alcohol use	n/a	n/a	69.7	386	65.6	419	64.5	400	61.0	592	72.2	589
Past 30-day use (at least one use in the past 30 days)	had beer, wine, or hard liquor	Alcohol	n/a	n/a	10.4	414	31.6	449	46.5	415	27.6	637	32.7	615
	smoked cigarettes?	Tobacco	n/a	n/a	3.4	413	10.2	452	16.1	411	9.8	633	10.2	617
	used marijuana	Marijuana	n/a	n/a	2.2	406	11.8	448	26.2	413	13.1	627	14.0	614
	used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Tylox) without a doctor's orders	Prescription drugs	n/a	n/a	0.7	406	4.5	449	8.1	409	4.3	627	4.7	611

APPENDIX B. SURVEY METHODOLOGY

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

Comparability of the 2015 PAYS to prior administrations

The 2015 PAYS instrument and administration enhanced the three-form design, first implemented in 2013 to address the difference in response rates for questions at the beginning of the survey versus those located at the end of the survey. Each of the three forms began with question section X, with sections A-F presented in different order on each of the three forms to offset the tendency for response rates to fall off in the later sections of the survey.

Further, while X, A, B, and C, were present on all three survey forms, sections D, E, and F were each presented on two of three forms, which kept the amount of time required to administer the survey manageable while allowing approximately thirty additional questions for a total of over 230 questions answered by students in the paper-based format.

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

The survey retained its two column format to improve readability and speed of response. Focus groups were held with students currently in grades 6, 8, 10, and

12 during the 2014-2015 school year. These students were new to the survey and were not expected to be within the grades completing the survey during the 2015-2016 school year. To enhance readability and reduce confusion related to the non-alphabetic order of the presentation of the survey sections, each section of the survey contains a label indicating the topic of the questions within the section. A heading was placed on the page of the 30-day and lifetime use questions to encourage honest responses by reassuring the students they would not be punished for their responses.

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

2015 Question changes and additions

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

The 2015 PAYS added, removed, and updated questions from the previous survey. Some of the questions removed were those that identified as lower priority within the survey; these included questions related to separation due to deployment or incarceration, trauma, and texting and driving. Other question sets were evaluated and edited to gather more specific information; these included gambling, bullying, and participation in after-school and communities activities. Other minor

edits were designed to enhance the accuracy of the data gathered, for example replacing “smoke” with “use” in questions relating to marijuana in order to reflect the increasing popularity of alternative methods of consumption. New questions were added related to abuse, self-harm, housing transitions, the use of over-the-counter medicine to get high, and e-cigarettes and vaping. The edits to the survey were informed by prevention specialists and agencies.

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

2015 PAYS changes and additions

Gambling

During the past 12 months, how often have you bet/gambled, even casually, for money or valuables in the following ways:

Table games like poker or other card games, dice, backgammon, or dominoes

Lottery (scratch cards, numbers, etc.)

Sporting events or sports pools

Online (Internet) gambling

Personal skill games (such as pool, darts, coin tossing, video games)

Bet/gambled in some other way

How many times (if any) have you in your lifetime, bet/ gambled for money or anything of value?

Sources for obtaining alcohol and prescription drugs

If you drank alcohol during the past 12 months, how did you usually get it?

If you used any prescription drugs without a prescription from a doctor during the last 12 months, how did you get them?

School violence

How many times in your lifetime have you brought a weapon (such as a gun, knife, or club) to school?

2015 PAYS changes and additions (cont'd)

Bullying

During the past 12 months, have you been bullied through texting and/or social media?

Have you stayed home from school this year because you were worried about being bullied?

Do adults at your school stop bullying when they see/hear it or when a student tells them about it?

If you have been bullied in the past 12 months, which answer best describes

how frequently you were bullied?

where you were bullied?

why were you bullied?

ATOD use

How frequently have you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pens, e-hookahs, or hookah pens during the past 30 days?

If you used an electronic vapor product such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens during the past 12 months, with which substances did you use it?

How many times (if any) have you: Used over-the-counter medicine (cough syrup, cold medicine, etc.) in order to get high in your lifetime/during the past 30 days?

Housing transition

In the past 12 months, did you ever live away from your parents or guardians because you were kicked out, ran away, or were abandoned?

In the past 12 months, have you or your family lived in a shelter, hotel, motel, car, campground, or someone else's home, etc. due to loss of housing, lack of money, or did not have another place to stay?

Abuse

If you were hurt or abused by another person in the past 12 months, how were you hurt or abused?

In the past 12 months, have you done anything to harm yourself (such as cutting, scraping, burning) as a way to relieve difficult feelings, or to communicate emotions that may be difficult to express verbally?

Grief

In the past 12 months, have any of your friends or family members close to you died?

Involvement in after-school activities

In the past 12 months, in which of the following activities did you participate? Organized community activities (such as scouting, 4H, service clubs, YMCA, etc.); Family supported activities or hobbies (such as dance, gymnastics, hiking, biking, skating, etc.); School sponsored activities (such as sports, music, clubs, after-school programs, etc.); Faith-based activities (such as choir, youth group, mission, church leagues, etc.); Job, employed; Volunteer; Other activities, I do not participate

APPENDIX C. FOR MORE INFORMATION...

Prevention Web Sites

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

Guides to Prevention Programs

- Blueprints for Healthy Youth Development:
www.blueprintsprograms.com
- National Institute of Justice:
www.crimesolutions.gov
- Federal OJJDP Model Programs Guide:
www.ojjdp.gov/mpg

- SAMHSA Model Programs List:
www.nrepp.samhsa.gov
- Washington State Institute for Public Policy (WSIPP):
www.wsipp.wa.gov
- WSIPP Benefit/Cost Results:
www.wsipp.wa.gov/BenefitCost

State Resources

- Pennsylvania General Assembly:
www.legis.state.pa.us
- DDAP – PA Department of Drug and Alcohol Programs: www.ddap.pa.gov
- DOH – PA Department of Health:
www.health.pa.gov
- PLCB – PA Liquor Control Board:
www.lcb.state.pa.us/PLCB/index.htm
- PCCD – PA Commission on Crime and Delinquency:
www.pccd.pa.gov
- PDE – PA Department of Education, Office of Safe Schools (Elementary and Secondary):
www.education.pa.gov/K-12/Safe%20Schools/Pages/default.aspx#.Vro7h1grLIE
- CCAP – County Commissioners Association of PA:
www.pacounties.org
- Pennsylvania Association of County Drug and Alcohol Administrators: www.pacdaa.org

Federal Resources

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

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

If You Need Assistance

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

With bullying:

- US Department of Health and Human Services:
www.stopbullying.gov
- PA Center for Safe Schools:
www.safeschools.info/bullying-prevention
- The Pennsylvania Safe Schools Act:
www.pasafeschoolsact.com

With drugs and alcohol:

- National Clearinghouse for Alcohol and Drug Information: 1-800-729-6686
- National Alcohol and Drug Treatment and Referral Service: 1-800-662-HELP
- Alcoholics Anonymous:
www.aa.org
- Pennsylvania Area Al-Anon:
www.pa-al-anon.org
- PA Department of Drug & Alcohol Programs:
apps.ddap.pa.gov/gethelpnow

With smoking cessation:

- www.DeterminedToQuit.com or
1-800 QUIT NOW (784-8669)

With depression or suicidal thoughts:

For immediate help, call a hotline or check the phone book under “suicide,” “crisis” or “mental health.” In an emergency, call 911. If you call for someone else, stay with the person until help arrives.

- National Depression Hotline:
1-800-448-3000
- National Hopeline Network:
1-800-442-HOPE (442-4673)
- National Suicide Prevention Lifeline:
1-800-273-TALK (273-8255)

With gambling:

- Pennsylvania Gambling Addiction
www.PAproblemgambling.com or
24 Hour Hotline: 1-877-565-2112
- National Resource Center for Domestic Violence and Child Abuse:
1-800-932-4632

APPENDIX D. SCHOOLS AND DISTRICTS IN THIS REPORT

As follows is a list of school districts, charter schools, and private schools which both participated in the 2015 Pennsylvania Youth Survey and are also represented in this profile report. If this report is intended for a school district, charter school, or private school, you will find that only the district/school in question is included. However, County and Community reports will include two or more districts, charter schools, or private schools. In the instance of those reports, this appendix will provide key information for understanding the participants represented in your data.

Boyertown Area Junior High School-East
Boyertown Area Junior High School-West
Boyertown Area Senior High School