2019 Pennsylvania Youth Survey (PAYS)

Bucks County Data Overview
PENNSYLVANIA YOUTH SURVEY (PAYS)

The Pennsylvania Youth Survey, or 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 reasons (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.

PAYS is conducted every other year, in the fall of odd-numbered years. Questions are asked across four domains - community, school, family, and peer/individual - to help determine where the strengths of a community are, which can be promoted 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.

Over the last several survey administrations, PAYS has added additional questions about problem behaviors based on areas of interest to state and local leaders:

- 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
- involvement in after-school activities in the community or workplace

2019 PAYS PARTICIPATION

65
OUT OF 85
Bucks County schools participated (13 out of 13 public school districts)

76.6%
STUDENT PARTICIPATION RATE
Grades 6, 8, 10 and 12
VALIDITY OF PAYS DATA
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. Dishonest surveys were identified using five validity checks:

1. The student indicated that they had used a fictitious drug (statewide, 3,497 surveys were identified as dishonest with this check)

2. The student reported an improbably high level of multiple drug use (2,524 surveys statewide)

3. The student indicated past-month use rates that were higher than lifetime use rates (1,654 surveys)

4. The student reported an age that was inconsistent with their grade or the grades served by their school (1,622 surveys)

5. The student reported an age for joining a gang that was older than their reported age (468 surveys)

The results within this county report are based on 20,424 honest responses (out of 20,880 surveys submitted).

HIGHEST LIFETIME USAGE RATES - ALL GRADES

- **Alcohol**: 40.5% (State level: 41.0%)  
  30 day and lifetime use down from 2017

- **Marijuana**: 18.7% (State level: 17.3%)  
  30 day and lifetime use up from 2017

- **Vaping**: 16.8% (State level: 19.0%)  
  30 day use down from 2017

Cigarette use - both lifetime and 30-day use - is down in all grades from 2017  
30 day use went from 3.7% to 1.9%  |  All grades for lifetime use went from 9.9% to 7.2%
## Frequently Used Substances & Risky Behaviors

### Prescription Pain Relievers

- **3.4%** of students indicating lifetime use, compared to **4.1%** at the state level.
  - Slight increase in 2019 for 8th graders’ lifetime use: **3.2%** prescription pain relievers & **1.6%** prescription stimulants.

### Over-The-Counter Drugs

- **3.4%** of students indicating lifetime use, compared to **3.9%** at the state level.

### Binge Drinking

- **8.3%** of students in the past two weeks, compared to **7.4%** at the state level.
  - Percentages for binge drinking decreased in 2019 from 2017 in all grades, except for a slight increase in 10th graders.

### Drinking & Driving

- **1.3%** of students reported driving while - or shortly after - drinking (state level: **1.5%**).
  - Decreased percentages across all grades for driving after drinking (1.5% to 1.3%) and driving after marijuana use.

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.)

## Availability of Alcohol

- **39.3%** - “Took it without permission [from my home, friend’s home, store, etc.]” - most frequent source/method of obtaining the alcohol they used, compared to **34.3%** at the state level.

- **31.1%** - “Gave someone money to buy it for me” - most frequently reported source of alcohol, compared to **26.7%** at the state level.

- **27.4%** - “Friends, brothers, or sisters over 21 provided it to me,” compared to **23.8%** at the state level.

- **26.2%** - “Would like to try it or use it” or “would use it any chance I got” - willingness to use alcohol, compared to **24.5%** at the state level.
AVAILABILITY OF PRESCRIPTION DRUGS

42.9% “Took them from a family member living in my home” - most frequent source/method of obtaining the prescription drugs they used without a doctor’s prescription, compared to 41.4% at the state level.

38.1% “A friend or family member gave them to me” - most frequently reported source of prescription drugs, compared to 38.7% at the state level.

SCHOOL

Overall decreases related to commitment to school: feel school is going to be important, later in life; feel assigned schoolwork is meaningful and important; enjoyed being in school during the past year

47.9% of students in Bucks County viewed the things they are learning in school as going to be important later in life (compared to 50.0% at the state level).

School work was viewed as meaningful and important by 34.3% of students (state rate: 35.9%) and 38.8% enjoyed being in school during the past year (state rate: 38.6%).

A feeling of safety was reported by 81.3% of students (state rate: 80.0%).

77.7% of students reported opportunities to talk with a teacher one-on-one (state rate: 76.2%) and 87.0% reported chances to be part of class discussions or activities (state rate: 85.6%).

49.8% of students reported that teachers praise them when they work hard in school (state rate: 49.6%).

HIGHEST RISK FACTORS
Students in Bucks County reported the three highest overall scores (all grades combined) for the following risk factor scales:

51.8% Low Commitment Toward School
48.5% Perceived Risk of Drug Use
47.7% Parental Attitudes Favorable Toward Antisocial Behavior

HIGHEST PROTECTIVE FACTORS
The highest scores in the overall sample of students in this county were reported for:

66.4% Family Attachment
65.2% Family Opportunities for Prosocial Involvement
64.1% Family Rewards for Prosocial Involvement

LOWEST PROTECTIVE FACTORS
The lowest protective factor scales in the overall sample were:

32.6% Religiosity
39.2% Community, Rewards for Prosocial Involvement
46.4% School Opportunities for Prosocial Involvement
ALCOHOL

62.3% think that if a kid drank alcohol, he or she would not be caught by the police (state rate: 63.6%).

18.6% 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 (state rate: 19.1%).

42.3% reported that alcohol would be “sort of easy” or “very easy” to get (state rate: 40.7%).

87.1% say the rules in their family are clear (compared to 87.1% at the state level), with 87.1% reporting their families have clear rules about drugs and alcohol (state rate: 86.9%).

10.0% stated their parents felt it was “a little bit wrong” or “not at all wrong” to drink alcohol (state rate: 10.4%).

16.5% thought it was “a little bit wrong” or “not at all wrong” for someone their age to use alcohol (state rate: 16.2%).

VAPING

Although lifetime vaping statistics are not gathered, the 30-day use rate of e-cigarettes and other vapor products in Bucks County was 16.8%.

30-day vaping/e-cigarette use went down in 2019 from 2017 with the exception of 6th grade.

Vaping/e-cigarette use in the past year (vaping marijuana or hash oil) increased in 2019 from 22.6% in 2017 to 37.8%.

Increases in all grades for vaping marijuana in past year.

Vaping nicotine rates went up in 2019 from 2017 for all grades (40.8% in 2017 to 62.9% in 2019).

57.3% of 6th graders indicated they did not know what they were vaping.

MARIJUANA

14.6% report that adults would think it was “a little bit wrong” or “not at all wrong” for kids their age to use marijuana (state level: 14.5%).

11.2% stated that their parents felt it was “a little bit wrong” or “not at all wrong” to use marijuana (state rate: 10.9%).

30.1% thought it was “a little bit wrong” or “not at all wrong” for someone their age to use marijuana (state rate: 28.1%).
### Social Activities

- **86.7%** reported participating in at least one pro-social activity. State level: 85.3%
- Students most frequently participated in school-sponsored activities (**60.2%**).

<table>
<thead>
<tr>
<th>48.8%</th>
<th>30.5%</th>
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<tr>
<td>family-supported activities or hobbies</td>
<td>other activities</td>
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### For Parents & Caregivers

**Sources of Alcohol**
- “Parents gave it to me” went up in 2019 in all grades except 6th grade. 10th grade remained the same. (**24.3%, all grades**)
- “Friends’ parents gave it to me” increased in 2019 in all grades except 8th grade. This is the same for “Relatives provided it to me.” (**18.0%, all grades**)
- **64.2%** of 12th grade students report it would be very easy to get beer, wine or hard liquor.
- Increases in all grades (except 8th grade) for “Took it from parent’s home without permission.”

When the students are not home, **92.2%** of students stated their parents know where they are and who they are with.

Students reported they have personally known someone over 21 who has:
- gotten high or drunk (**52.9%**, compared to 54.1% at the state level);
- used marijuana, crack, cocaine, or other drugs (**25.6%**, compared to 25.7% at the state level); or
- done other antisocial behaviors (**12.1%**, compared to 13.1% at the state level).

**8.0%** of students reported that a handgun would be “sort of easy” or “very easy” to get (state rate: **12.8%**).

The most frequent “other” antisocial behavior in Bucks County was “been drunk or high at school,” reported by **6.8%** of students (state level: **6.2%**).

- All grade increases in 2019 for being drunk or high at school

Keep your medicines up and away and out of sight: visit [www.upandaway.org](http://www.upandaway.org) for info.

- **95%** of students reported they thought their parents would think it’s wrong or very wrong to use prescription drugs not prescribed to you.
- **77.5%** of 12th grade students reported they think their parents would think it’s wrong or very wrong to smoke marijuana.
BULLYING AND VIOLENCE AT SCHOOL

- In the past twelve months, 16.4% of students in Bucks County reported being threatened with violent behavior on school property (18.9% at the state level).

- 6.8% of students reported having actually been attacked on school property (state rate: 7.6%). 1.1% reported being attacked with weapons both in Bucks County and at the state level. 3.8% of students reported they had been threatened by someone with a weapon, compared to a state rate of 3.9%. 1.0% of students had brought a weapon to school in the past 30 days (state rate: 0.9%).

- Overall, 24.4% of students in Bucks County indicated experiencing bullying in the past 12 months (compared to 25.1% of students at the state level).

- Students who indicated experiencing bullying in the past 12 months reported that “some other reason” (36.1% of students), “the way I look [clothing, hairstyle, etc.]” (34.6% of students), and “I don’t know why” (33.2% of students) were the most frequent reasons they were bullied.

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).

BULLYING AND DEPRESSED BEHAVIOR

“At times I think I am no good at all.”

- 32.8% of students

34.0% students reported they felt sad or depressed MOST days in the past 12 months.

Overall, 14.7% of students had seriously considered attempting suicide (state level: 16.2%).

Of students at the state level who indicated they hadn’t been bullied through texting or social media in the past year, 20.6% reported that they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Of students who indicated they had been cyberbullied, 54.0% indicated feeling so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities. In the past year, 39.5% of those students had seriously considered suicide, 30.9% had made a suicide plan, and 28.2% had attempted suicide.
MORE STATS...

Similar relationships exist for students who indicated they had skipped school due to bullying fears in the past year. Of those students:

- **70.1%** had felt so sad or hopeless almost every day for at least two weeks in past year that they stopped doing usual activities
- **51.3%** had seriously considered suicide
- **41.3%** had made a suicide plan
- **39.6%** had attempted suicide

- **37.4%** of students reported the death of close friend or family member in the past twelve months (state level: 39.1%)
- **10.4%** reported changing homes once or twice within the past 12 months
- **3.7%** reported having changed homes three or more times in the past three years
- **9.9%** said “they were worried they would run out of food at home due to money issues”
- **5.4%** said “they had skipped a meal because their family didn’t have enough money for food”
- **4.8%** said “they had lived away from parents or guardians because you were kicked out, ran away, or were abandoned”

- **38.6%** of students in all grades average sleeping less than 7 hours a night on school nights
- **51.3%** of 10th graders and **58%** of 12th graders reported getting less than 7 hours a night on school nights
- **80.6%** of 12th grade students reported they felt tired or sleepy during the day "every day" or "several times" during the past two weeks; all grades averaged **66.8%**

PAYS data shows a strong relationship between being bullied and depression and suicidal behaviors.

- **Less than 1 in 5 depressed and suicidal youth is receiving help.** There are long gaps between first symptoms and treatment.
- **17%** of youth 6-17 years old experience a mental health disorder.
- **50%** of all lifetime mental illness begins by age 14, and **75%** by age 24.
- **Suicide is the second leading cause of death for 10 to 24 year olds.** The leading cause of death among young people is drug overdoses.
- **Pennsylvania Safe to Say data shows that youth are primarily concerned about teen mental illness, reporting concerns about other students who seemed depressed. 16% of reports were about potential suicide.**
- **Asking about suicide does not increase the risk of suicide. It is silence that is dangerous.**

Info from Bucks County Courier Times (Why Kids Suffer Mental Health Problems - Jan. 16, 2020) and National Alliance on Mental Illness (NAMI)

WARNING SIGNS OF YOUTH MENTAL ILLNESS

1. Feeling very sad or withdrawn for more than two weeks
2. Seriously trying to harm or kill oneself or making plans to do so
3. Severe out-of-control, risk-taking behaviors
4. Sudden, overwhelming fear for no reason
5. Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain
6. Seeing, hearing or believing things that are not real
7. Repeatedly using drugs or alcohol
8. Drastic changes in mood, behavior, personality or sleeping habits
9. Extreme difficulty in concentrating or staying still
10. Intense worries or fears that get in the way of daily activities
THE LINK BETWEEN MENTAL HEALTH AND SUBSTANCE USE

The substance use rate of youth who reported depressive symptoms is much greater than those who have a more positive outlook on life. When compared to the non-depressed group, youth in the state of Pennsylvania with high depressive symptoms indicate 30-day alcohol use rates that are **four times higher** than non-depressed students. Statewide, depressed students indicate use rates that are **seven times higher** for past-month cigarette use and **three times higher** for past month marijuana use in comparison to non-depressed students.

Gambling

Overall, **34.3%** of students in Bucks County engaged in gambling for money or anything of value in their lifetime (compared to 33.7% at the state level).

Decreases in 2019 from 2017 related to lifetime and 30-day gambling, all grade increase in 2019 for online internet gambling except 8th grade from 2017

The most frequently reported form of gambling was “lottery [scratch cards, numbers, etc.]” reported by **18.2%** of students who had gambled in the past 12 months (compared to 20.2% at the state level).

NEEDS ASSESSMENT

The goal of this collaborative effort between the PA Department of Drug and Alcohol Programs and the Penn State University EPICenter is to develop and implement a systematic process for Single County Authorities (SCAs) to identify high-risk drug and alcohol consumption behaviors in their counties, as well as the social, economic, and health consequences associated with the use of these substances.

Through the utilization and analysis of county-level and comparative data sources, SCAs will then work to identify the underlying risk/protective factors and other indicators influencing substance use and abuse within their county. Collecting and analyzing county and state level quantitative data will provide a foundation to engage local stakeholders in data-driven qualitative discussion around the localized contributing factors that are most influencing the problem areas within their communities.

The Bucks County needs assessment was conducted in 5 phases:

**Phase A** Collect & Analyze County Consumption Data
Consumptions – The overall use of alcohol, tobacco and other substance use/abuse within a county (example: Past 30-day alcohol use rates)

**Phase B** Collect & Analyze Count Consequence Data
Consequences – The social, economic and health problems associated with the use of alcohol, tobacco and other drugs (example: DUI Arrest Rate Per 100,000)

**Phase C** Identify Risk & Protective Factors and Other Indicators

**Phase D** Identify Contributing Factors via Community Conversations

**Phase E** Assessing County/Community Resources
PROBLEMS

1. We are concerned about the **30-day use and lifetime use of alcohol and perception of risk** among youth in Bucks County.

2. We are concerned that the **30-day use and lifetime use of marijuana** in our county continues to be higher than the state average.

3. We are concerned about the **increasing vaping/e-cigarette use** in Bucks County.

IDENTIFIED RISK FACTORS

- Favorable attitudes towards ATOD use
- Perceived availability of drugs
- Parental attitudes favorable towards ATOD use
- Social access and availability

HOW WE’RE ADDRESSING THE PROBLEMS...

**School-based and community education** – evidenced-based programming in schools and community settings (after school) for both youth and parents/caregivers. These programs include **Too Good For Drugs, Life Skills, Strengthening Families 10-14**, and other programming such as **Catch My Breath (vaping prevention)**.

**Informational presentations on a variety of topics (current drug trends, marijuana prevention, youth substance use, opioids, and more).** Presentations are designed for many audiences – school faculty/staff, students, parents/caregivers, community members, and professionals.

**Youth Marijuana Prevention Task Force** – establish a countywide youth marijuana prevention task force which will focus on gathering data, identifying trends, developing educational and awareness materials, and more.

**Educational and awareness campaigns for youth and parents and caregivers.**
**Problem 4**
We continue to see high rates among adults for alcohol-related crashes and DUls.

**Problem 5**
Among adults, we continue to see opioid medication misuses/abuse resulting in increased rates of overdose and overdose deaths in adults.

**Identified Risk Factors**
- Favorable attitudes towards ATOD use
- Perceived availability of drugs
- Laws and norms favorable to drug use

**How We’re Addressing the Problem…**

**Increase education and awareness efforts on college campuses** – this includes awareness campaigns, informative presentations, and implementing programs such as Alcohol Literacy Challenge and informative presentations.

**Increase data collection** – we want to explore ways to gather more data about adults’ consequences and consumption which will help to inform future programming and initiatives.

**Informative presentations targeted to community members and parents and caregivers of adult children to increase education and awareness regarding dangerous drinking.**

**How We’re Addressing the Problem…**

**Continue to expand the very successful countywide medication collection program** – emphasizing the importance of safe disposal, safe storage of medicines in the home, and disposing of vaping/e-cigarette products.

**Continue informational presentations to community members**, increasing education and awareness about the risks of prescription opioids, the correlation to heroin use, and empowering patients to talk with their doctors about opioids.

**Continue education specific to older adults through Project MEDS**, an informative session aimed to provide education to older adults about medication safety.

**Launch a new program, Home Meds**, which focuses on increasing awareness for older adults about the medicines they are prescribed.