

Risk and Protection Profile for Substance Abuse Prevention Planning in Washington State



Washington State Department of Social & Health Services
Division of Alcohol and Substance Abuse
Research and Data Analysis
May 2000

This report is available at: <http://www.wa.gov/dshs/geninfo/rdapub.html>.

Copies of the state and of the individual county risk and protection profiles can be obtained by phoning the Washington State Alcohol Drug Clearinghouse at 206-725-9696 or 1-800-662-9111.

To write, the address is 3700 Rainier Avenue South, Suite A, Seattle, Washington, 98144.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

June 1, 2000

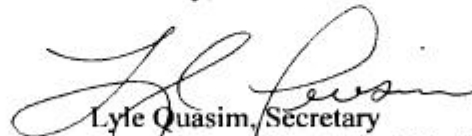
Dear Reader,

When we make our communities a better place to live, we help young people avoid drugs and alcohol abuse, which takes a very heavy toll on their lives and their futures.

This report draws data from many different state and local agencies, and organizes the data into information on the pressures affecting the youth of our state. With this information, we can work more effectively in our communities, using proven strategies to reduce risk and increase protection against substance abuse.

It is my hope that this report will help all of us to direct our energies to making a positive difference for the children and youth living around us. We need to come together and recognize that every child is sacred. They are our future and our hope.

Sincerely,



Lyle Quasim, Secretary
Department of Social and Health Services

Risk and Protection Profile for Substance Abuse Prevention Planning in Washington State

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Washington State Department of Social & Health Services
May 2000

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This report benefitted enormously from the contributions of the many individuals and their agencies who collect and maintain the data reported in this Risk and Protection Profile. Besieged by data requests as most state agencies are, these people indirectly but tirelessly support the planning and research that enhances state, county and community efforts to prevent substance use and abuse among the youth of Washington.

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INTRODUCTION



Needs Assessment -- A Science-Based Planning Model for Prevention

What is the purpose of this report?

This report presents information on youth substance abuse, related problem behaviors, and risk and protective factors at national, state, and county scales. The report updates and continues the approach to state-level substance abuse prevention that began with the “1997 Profile on Risk and Protection for Substance Abuse Present Planning: Washington State.”

The value of a risk-focused approach to prevention has been well established by the public health campaigns regarding heart disease and the health risks associated with smoking. These diseases can be “prevented” by reducing the risk factors—the behaviors and environments—that increase the likelihood of acquiring the disease. Public health education efforts have made the risk and protective factors for heart and lung disease part of our every day vocabulary.

To apply a similar approach to the prevention of substance abuse, researchers have identified the individual, family, peer and community factors that put a young person at greater or lesser risk of abusing alcohol, tobacco or other drugs. For the past five years the DSHS Division of Alcohol and Substance Abuse (DASA) has been collaborating with researchers at the University of Washington and other states in developing and validating a research-based prevention framework for substance abuse.

In this model, risk factors (such as poor school performance in the early grades) are those that predict a greater likelihood of later substance abuse, while protective factors reduce the likelihood of later substance abuse. These factors are measured annually, and are used in this report to describe state and

national trends in risk factors and problem behavior. This report also presents county-by-county comparisons in risk factors and problem behavior. These patterns help the state to focus prevention activities where they will do the most good.

Where do these data come from?

The data reported here are drawn from student surveys and from 29 different sets of public agency records (the latter are sometimes known as “archival social indicators”).

The Washington State Survey of Adolescent Health Behaviors (WSSAHB) is the best source of reliable information at the state level on youth substance use, abuse, risk and protection. This survey generates reliable estimates of how many young people are using alcohol, tobacco, marijuana and other illicit drugs. It also produces information on the attitudes of young people towards substance use, and describes their understanding of community, parental and peer attitudes.

However, other data sources are needed for prevention planning at the county and community level because school survey data is only statistically valid at three geographic scales: by state as a whole, by region, and by individual school buildings where the survey was administered. Only a few counties and communities have broad school survey participation across the county, and some have no school survey data at all.

Therefore, as companion to student survey risk profiles, this report presents risk indicators drawn from public agency records. These archival indicators are drawn from databases maintained by various state and local agencies as part of their routine business. These databases record events like births, deaths, licenses, arrests, accidents, or hospitalizations.

The particular event rates reported in this series of profiles as risk indicators were chosen because of their conceptual and statistical relationship to student survey measures of substance abuse and risk and protection. These measures have been validated in a series of research studies carried out by the Social Development Research Group at the University of Washington. For example, the rate of alcohol and tobacco sales licenses per thousand persons in a place is used as an indicator of the availability of drugs in that place. In the Six State Study, that indicator was validated as an indirect measure by comparing it with direct, survey-based reports. Where there were many licenses, students reported higher availability of alcohol. (For an explanation of this research, see the Six State Consortium – Final Report, listed in References. A literature review that supports this research is available in the 1997 Profile on Risk and Protection, Appendix D.)

What data are available in this report?

This report presents survey and archival indicators measuring youth substance use, abuse, other problem behaviors, the risk factors that increase the likelihood of substance abuse, and the protective factors that decrease the likelihood of substance abuse. These measures are presented at the state level, and compared with national data where it was available.

County variation in the archival indicators is also reported. The archival indicators have already been used to create risk profiles for each county. The county profiles contain detail useful for county-level planners, including annual and trend data for each indicator. This report summarizes those profiles in a standardized format, comparing counties to statewide averages.

This report also presents county data consolidated into six groups, known as “Counties Like Us”. (For details on this grouping, see Technical Notes.)

Organization of this Report

The first section reviews the trends in adolescent health behavior at the state and national scales, including the 1998 survey of adolescent health behaviors. The next four sections present survey and archival data on risk and protective factors, organized into four domains: community, school, family and individual. A fifth section presents archival data on other problem behaviors. Each of these five sections contain research notes and examples of prevention activities--those efforts that increase protection and reduce risk. A sixth section includes 39 updated county profiles, and a final section includes technical notes and data sources.

Survey Data

- Washington State survey data in this report come from the Survey of Adolescent Health Behaviors (WSSAHB).
- National survey data come from the annual “Monitoring the Future”.

See “References” at the end of this report.

We will highlight Healthy People 2010 goals throughout this report. Healthy People 2010 outlines a national health promotion and disease prevention agenda. By setting specific ambitious but achievable goals, including goals for reducing substance use among youth, HP2010 can serve as a roadmap for our prevention efforts. For information about specific goals, see: <http://www.health.gov/healthypeople/document/html/volume2/26substance.htm>

***The Use of Alcohol, Tobacco & Other
Drugs Among Washington Youth***



**Division of Alcohol and Substance Abuse
Performance Measures**

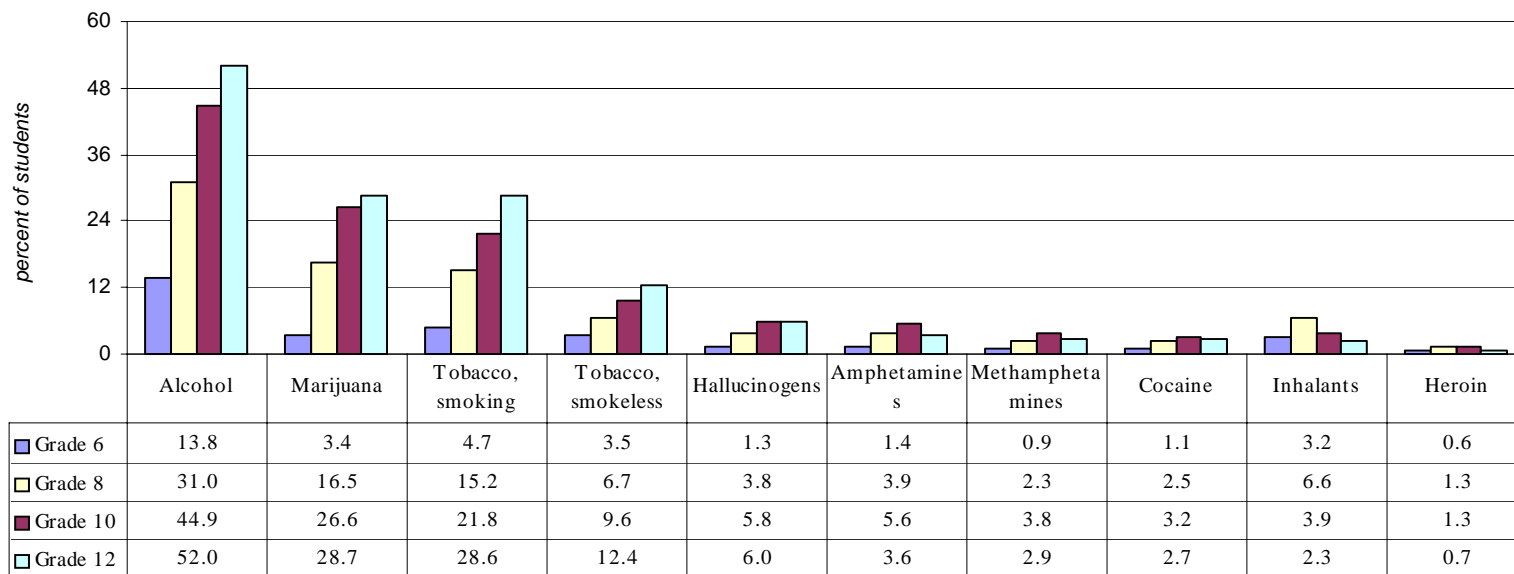
- *Increase the number of 6th, 8th, and 10th grade students not using alcohol in the past 30 days.*
- *Increase the number of 6th, 8th, and 10th grade students not using tobacco in the past 30 days.*
- *Increase the number of 6th, 8th, and 10th grade students not using marijuana in the past 30 days.*

Survey of Substance Use among Youth in Washington State

The substance use data in this report come from the Washington State Survey of Adolescent Health Behaviors. Since 1988 this survey, which is administered to 6th, 8th, 10th and 12th graders, has provided prevention workers with state-level information on trends in alcohol, tobacco and other drug (ATOD) use. Beginning in 1995 the survey included questions on the risk and protective factors that predict use or non-use of substances. The goal of this multi-agency effort is to provide risk and protective factor profiles and measures of ATOD use for school districts, counties and communities in order to better target prevention efforts.

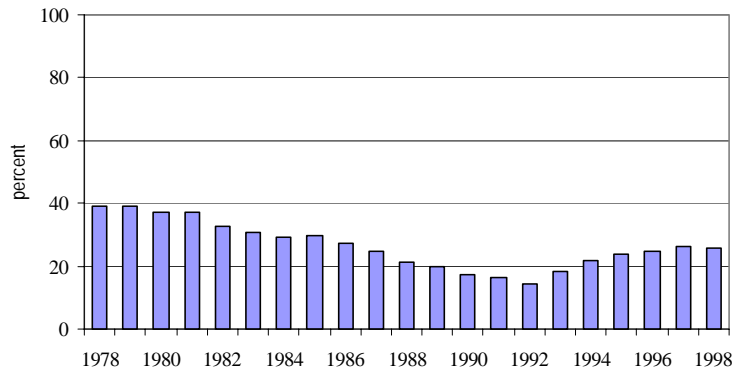
The most obvious conclusion that stems from these survey data is the increase in drug use as young people age. A notable exception is inhalent use, highest among 8th graders.

Percent of students (by grade) who have used alcohol, tobacco or other drugs during the past 30-days (1998)

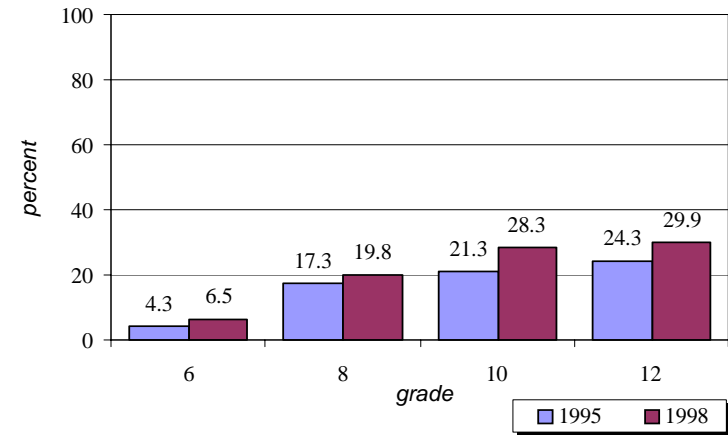


According to national data, the use of illicit drugs among high school seniors has been increasing since 1992. Corresponding to this trend, between 1995 and 1998 Washington 6th, 8th, 10th and 12th graders increased their use of illicit drugs.

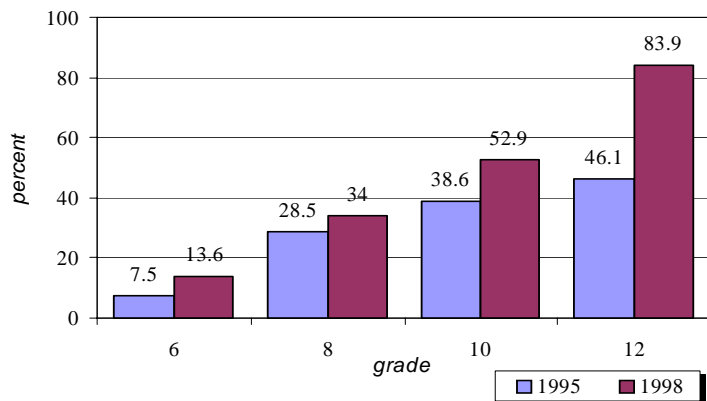
30-Day Prevalence of Illicit Drug Use, 1978-1998 Among Graduating Seniors (National)



Percent of Washington Students Who Used any Illicit Drug During the Past 30 Days



Percent of Washington Students Who Used an Illicit Drug at Least Once



Healthy People 2010 Goal

Reduce to 5.8% the proportion of youth reporting use of any drugs during the past 30 days.

1999 Nation-wide Drug Use Survey

The national data used in this report come from the 1998 Monitoring the Future Survey, an annual study among 8th, 10th and 12th graders, conducted by the Institute for Social Research at the University of Michigan. Because 1998 is the most recent year for data from the Washington State Survey of Adolescent Health Behaviors, comparisons with national data are made with the 1998 Monitoring the Future.

*Survey data in this report come from 1998 surveys, but results from the **1999** Monitoring the Future Survey have been released. While Washington does not have a 1999 survey with which to compare, there were some important changes in trends at the national level which are encouraging. Some highlights from that report are presented here.*

“Drug use among the Nation’s adolescents generally held steady in 1999 with the exception of MDMA, or “ecstasy,” and steroids...

Secretary of Health and Human Services Dr. Donna E. Shalala....noted that for the third year in a row adolescent drug use rates stayed the same or declined after the rapid rise in the early 1990s. “Today’s report confirms what we’ve suspected for some time: that the trend of increased drug use among America’s young people is grinding to a halt,” she said...

Although no significant changes occurred in 1999 in the use of marijuana, amphetamines, hallucinogens, tranquilizers, or heroin, several significant changes in other drug use did occur, including:

- a reduction in the use of crack cocaine by 8th and 10th graders, following several years of gradually increasing use;
- a reduction in the use of crystal methamphetamine, or “ice,” among 12th graders, reaching the lowest level in 5 years;
- a reduction in cigarette smoking among 8th graders;
- an increase in the use of MDMA among 10th and 12th graders; and
- an increase in the use of anabolic steroids among 8th and 10th grades, primarily among boys.

Referring to the increase in MDMA use, Dr. Johnston (the study’s principal investigator) said that the forces that help spread the use of a new drug by adolescents generally work more quickly than the forces that help to contain its use. “When a newer drug comes onto the scene, young people hear much more about its supposed benefits than about its potential harms,” he said. “It can take some time for evidence of the adverse consequences to become known to them.”

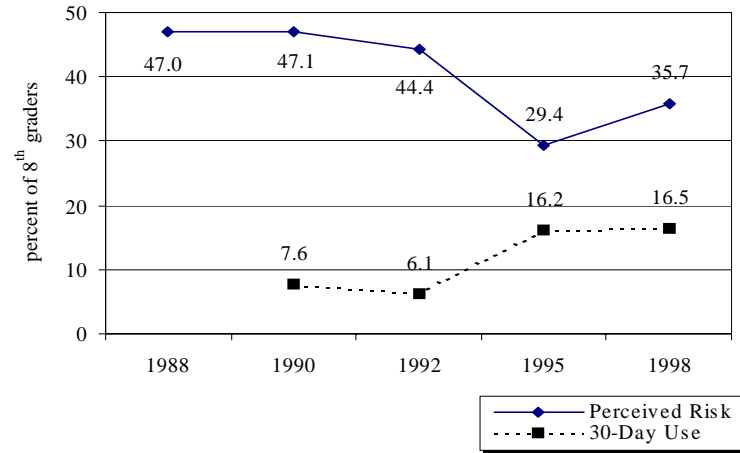
From: NIDA Notes, Volume 15, Number 1, page 5.

By far the most widely used illicit substance is marijuana. The Washington survey shows a steep rise in marijuana use between 1992 and 1995, coinciding with a decline in students' perception of harm from marijuana use.

This graph shows that when the perception of harm from marijuana use began to decline, actual use of marijuana began to rise. When marijuana use began to climb in the early 1990s, health educators and prevention workers launched a campaign to counteract the steep decline in perception of harm.

Data on the next page shows that among 6th and 8th graders the trend in marijuana use has flattened.

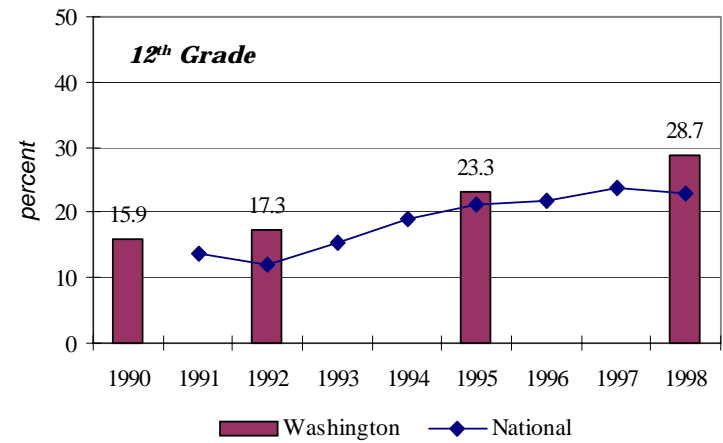
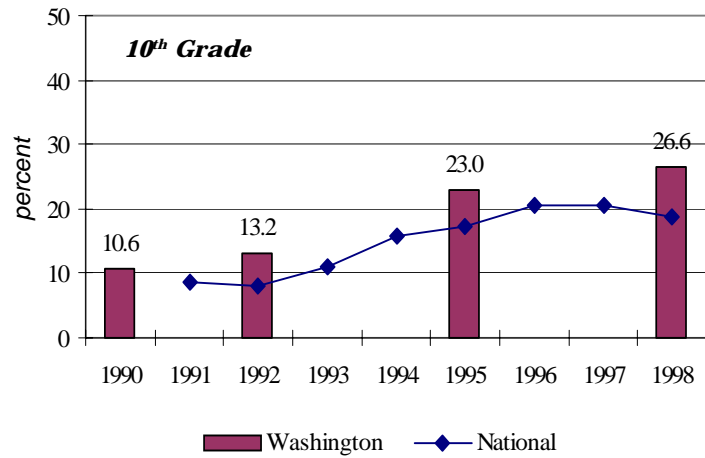
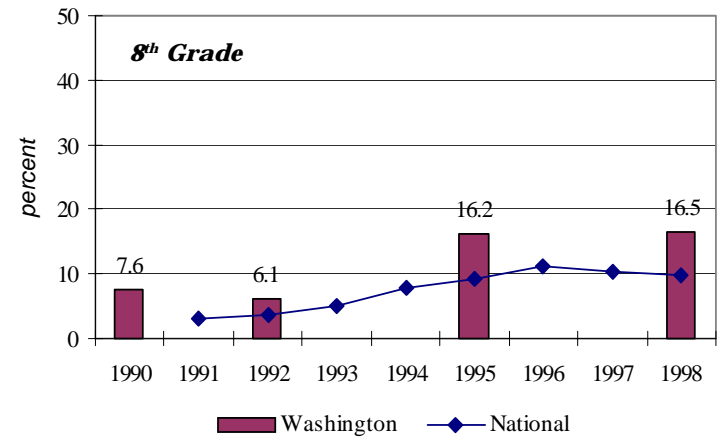
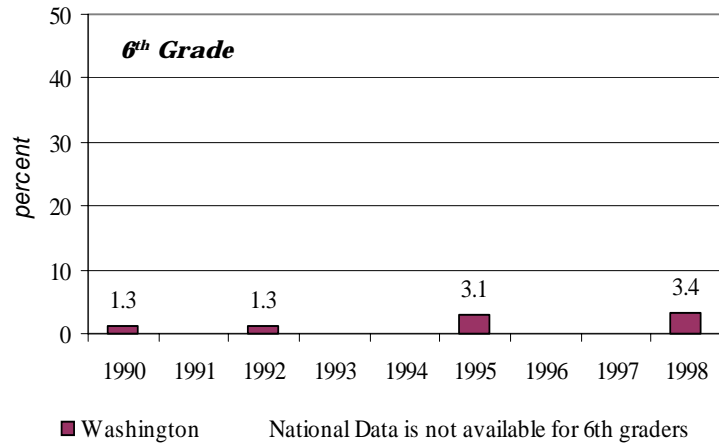
8th graders' perception of risk from using marijuana, compared to their actual use of marijuana (1988 to 1998)



Healthy People 2010 Goal

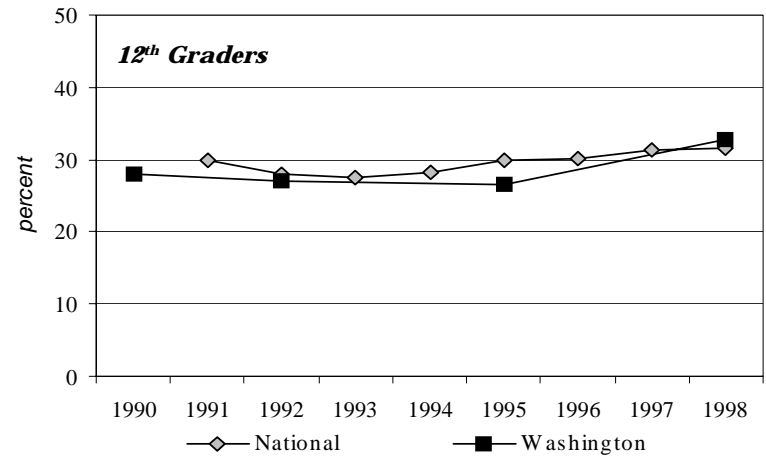
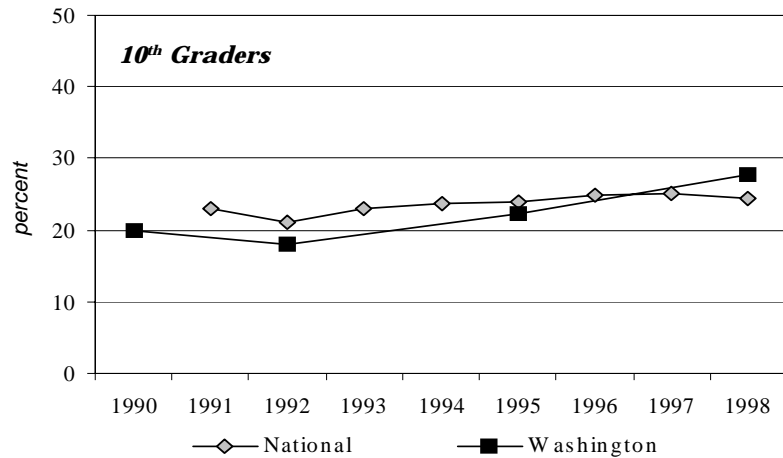
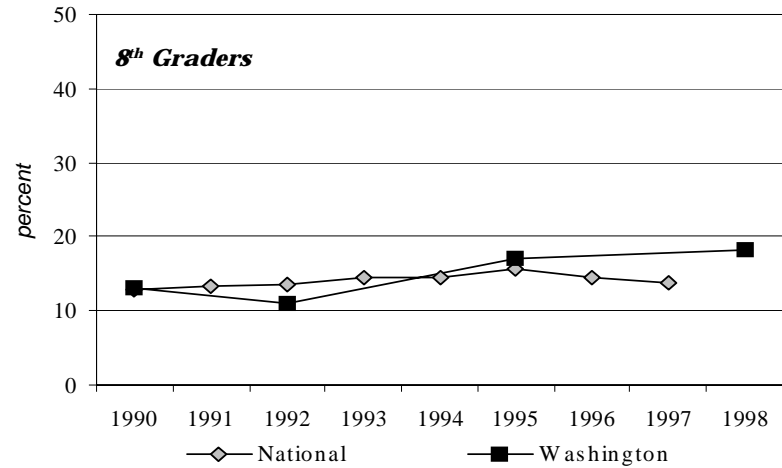
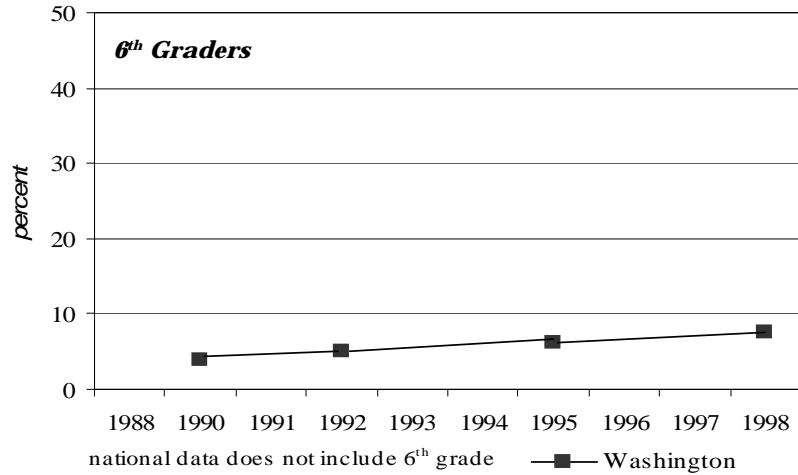
Reduce to 0.7% the proportion of youth reporting use of marijuana during the past 30 days.

Percent of students in each grade who have used marijuana during the past 30 days (by survey year)



The most widely used substance is alcohol.

Percent of Students Who Reported Binge Drinking in the Past Two Weeks
 (Binge drinking is defined as having five or more drinks in a row.)



Healthy People 2010 Goal

Reduce to 11% the proportion of high school seniors reporting binge drinking during the past 2 weeks.

Healthy People 2010 Goal

Reduce to 15% the proportion of youth reporting use of alcoholic beverages during the past 30 days.

Prevention

Increases in alcohol use among young people pose a great public health and safety challenge. In the 1998 national survey, 31.5% of high school seniors reported binge drinking in the past two weeks. In Washington the number is slightly higher, 32.7%. Impaired-driving, physical fights, property destruction, trouble in school and with law enforcement, unplanned sexual activity, suicide—all of these behaviors are linked to alcohol use.

Some of the strategies that have been used to address under aged drinking:

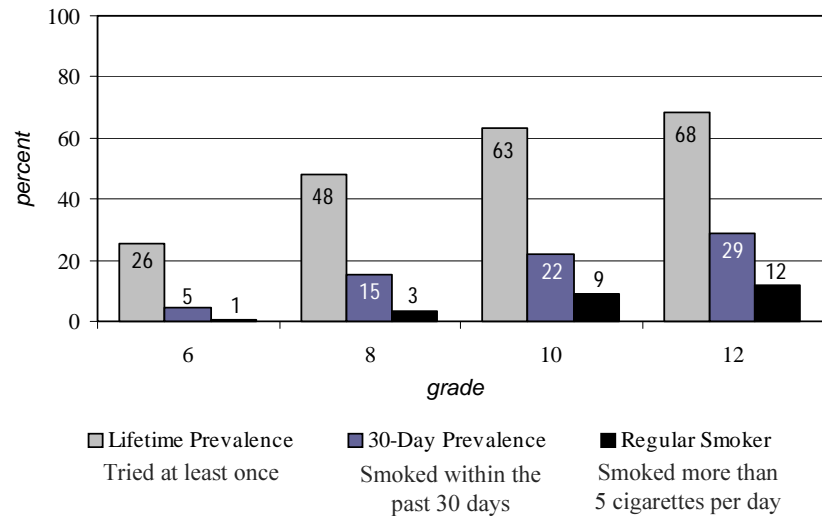
- *Passage of higher minimum purchase ages for alcoholic beverages during the mid-1980s.*
- *Tougher penalties and improved enforcement for alcoholic beverage retailers who fail to comply with the minimum purchase age.*
- *Restrictions on the sale of alcoholic beverages at recreational facilities and entertainment events where minors are present.*
- *Implementation of server training and standards for responsible hospitality.*
- *Restrictions on marketing to underage populations, including limiting advertisements and promotions.*

Except for increasing experimentation and regular use with age, trends in smoking among Washington youth are difficult to interpret.

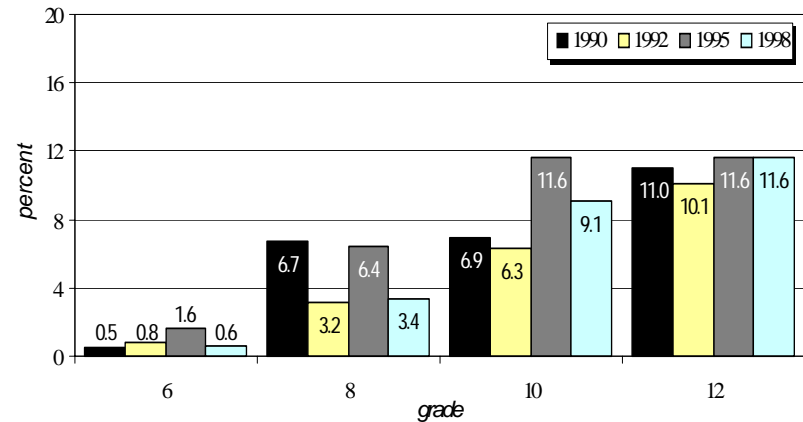
Most regular smokers first tried smoking when they were teenagers.

According to the Department of Health's report "Tobacco & Health in Washington State", in 1997 almost 20% of deaths in the state were attributable to smoking. In spite of this evidence of the risk, the student survey (WSSAHB) shows that 63.4% of 10th graders have tried smoking, and by 12th grade 11.6% are smoking five or more cigarettes a day. That means that approximately 5,000 high school seniors are regular smokers.

Smoking Tobacco Use - by grade (1998)



Prevalence of Smoking More than 5 Cigarettes per Day - by grade (1990 - 1998)



National Settlement and Legislative Commitment Fuel Tobacco Prevention Efforts

Tobacco use has continued to increase among youth in Washington State, and has remained relatively stable among adults during the past ten years. Funding from the recent national Attorneys General Master Settlement Agreement will be used in part to support significantly increased frequency and intensity of statewide tobacco prevention and control programs in Washington. The interlocking activities in these programs have proven successful in other states where tobacco use is falling, and falling dramatically. Program components will include:

- school-based prevention and early intervention activities;
- community-based prevention, cessation, and education activities;
- public education campaigns;
- increased access to cessation programs, including through a statewide toll-free Quit Line;
- Youth Access reduction campaigns, including retailer compliance and education activities; and
- assessment and evaluation activities.

Prevention and intervention that begins at an early age is critical if the state expects to see lower tobacco use rates. Increased support and therapeutic services for youth and adults who are motivated to quit, continued effort in schools and communities, and enforcement of minor access laws also will contribute to reductions.

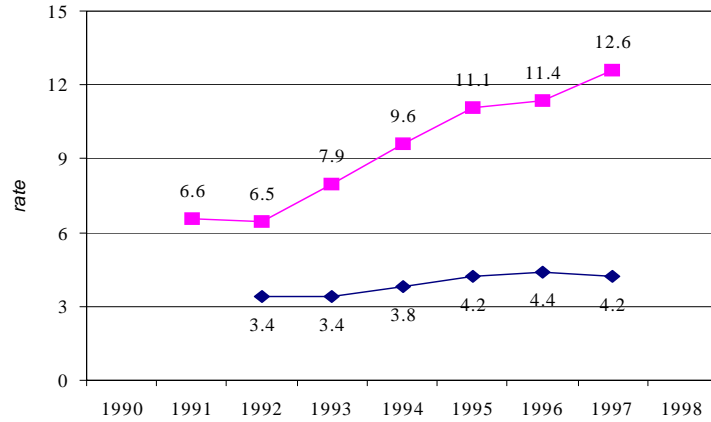
For information about these efforts, contact the Tobacco Program communications officer, Filiz Satir, 360-236-3678.

Prevention

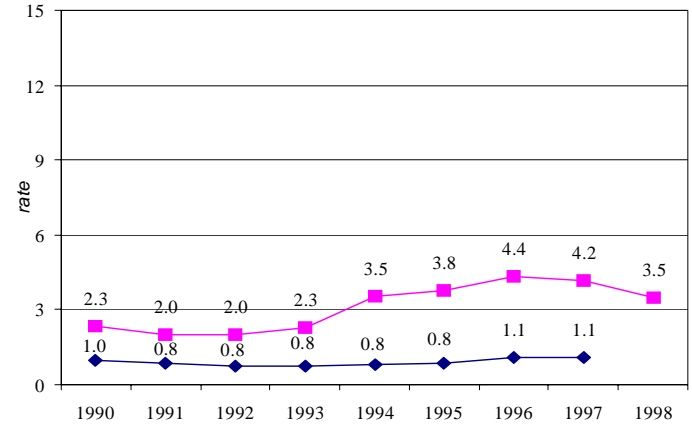
According to the 1994 Surgeon General's report, of adults who went on to become regular smokers, 82% tried smoking before they were 18. Education about health risks is pervasive—by now young people must be fully aware of the risks caused by smoking. It is likely, however, that they overestimate their own individual potential to resist addiction. The Surgeon General also reports that among high school students who were daily smokers, 44% believed they would not be smoking in five years. Five years later, of those 44%, 74% were still smoking.

As with student survey indicators, treatment and arrest data appear to show increasing substance use among youth.

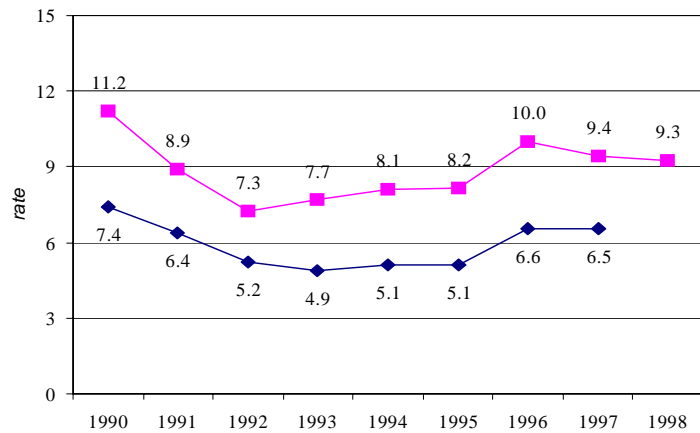
Adolescents in Alcohol and Drug Treatment, per 1,000 Adolescents (age 10-17)



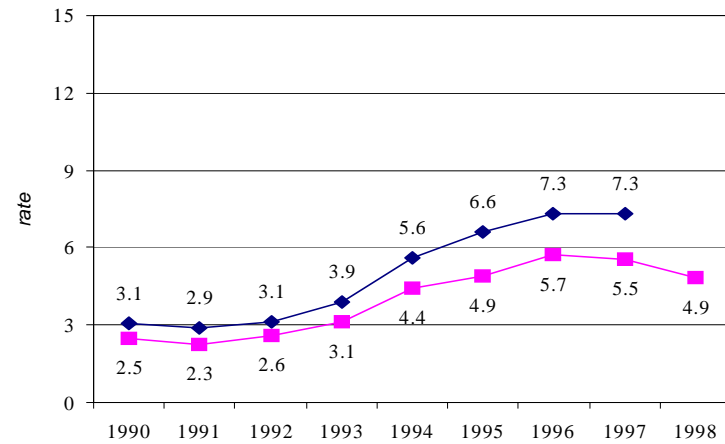
Alcohol and Drug Related Arrests, per 1,000 Children (age 10-14)



Juvenile Alcohol Violation Arrests, per 1,000 Juveniles (age 10-17)



Juvenile Drug Law Violation Arrests, per 1,000 Juveniles (age 10-17)



◆ National ■ Washington

Beginning in 1992 the number of young people in treatment for alcohol and drug dependence, and the number of kids arrested for drug law violations trend upwards.

The trend lines that flatten and even turn down after 1996 are encouraging. These may be indications that efforts among the state's prevention and criminal justice systems are having the desired effect.

It is interesting to speculate on the relationship between rising use and rising treatment and arrest rates. The data in these four charts may reflect more than just rising substance use rates, but also changes in treatment capacity and, perhaps more directly, changing emphases among criminal justice policy makers. For instance, the criminal justice system may have responded to rising rates of substance use by "cracking down" on juvenile offenders, or by increasing court-mandated alcohol and drug treatment.

COMMUNITY



Community Risk and Protective Factors

Children are influenced in several different environments—in their homes, by their peers, in schools, and in the broader community in which they live. Each of these arenas exposes children to a variety of opportunities and risks. The community environment affects the other social domains—that is, school, home and peers are nested within and influenced by the community domain.

It is this nesting of other social domains within it that makes the community domain so important in prevention planning. The

risk factors within the community domain point to local attitudes, beliefs and standards. Prevention activities in the schools, families, and among individuals and peer groups, can be undermined or enhanced by what is going on in the broader community.

The prevention framework adopted by many State prevention agencies calls for community mobilization to prevent problems of alcohol, tobacco and other drugs. Communities that mobilize around these issues will not be able to find “quick fixes”. Rather, they must make comprehensive long-term investments in community change.

Community Domain Risk and Protective Factor Indicators	Student Survey Scales	Archival Indicators
<i>Risk Factors</i>		
<ul style="list-style-type: none"> ▪ Availability of Drugs 	<ul style="list-style-type: none"> ▪ Perceived Availability of Drugs 	<ul style="list-style-type: none"> ▪ Alcohol Sales Outlets ▪ Tobacco Distributors
<ul style="list-style-type: none"> ▪ Community Laws and Norms Favorable Toward Drug Use 	<ul style="list-style-type: none"> ▪ Laws and Norms Favorable to Drug Use 	
<ul style="list-style-type: none"> ▪ Extreme Economic Deprivation 		<ul style="list-style-type: none"> ▪ Children in Aid to Families Programs ▪ Food Stamp Recipients Free and Reduced Lunch Program ▪ Low Birthweight Babies Born ▪ Unemployment
<ul style="list-style-type: none"> ▪ Low Neighborhood Attachment and Community Disorganization 	<ul style="list-style-type: none"> ▪ Low Neighborhood Attachment ▪ Community Disorganization 	<ul style="list-style-type: none"> ▪ Population Not Registered to Vote ▪ Population Not Voting in Elections ▪ Prisoners in State Correctional Systems ▪ Residential Vacancies
<ul style="list-style-type: none"> ▪ Transitions and Mobility 	<ul style="list-style-type: none"> ▪ Community Transitions & Mobility ▪ Personal Transitions & Mobility 	<ul style="list-style-type: none"> ▪ Existing Home Sales ▪ Households in Rental Properties ▪ Net Migration ▪ New Residence Construction
<i>Protective Factors</i>		
<ul style="list-style-type: none"> ▪ Opportunities 	<ul style="list-style-type: none"> ▪ Opportunities for Prosocial Involvement - Community 	
<ul style="list-style-type: none"> ▪ Recognition 	<ul style="list-style-type: none"> ▪ Rewards for Prosocial Involvement - Community 	

Availability of Drugs

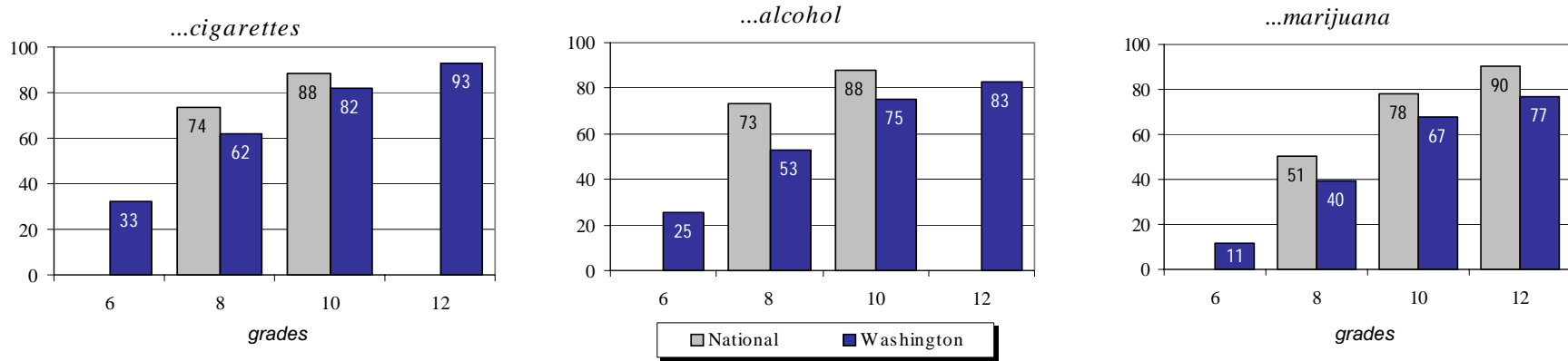
This risk factor takes into account both perceptions of availability (survey data) and actual availability, indirectly indicated by retail licenses. While the state collects license information for locales of tobacco and alcohol sales outlets, no similar data exists for illicit drugs.

Survey Data

The following graphs show that fewer students in Washington believe it to be easy to get marijuana, alcohol and cigarettes than students reporting in the national survey, Monitoring the Future (MTF).

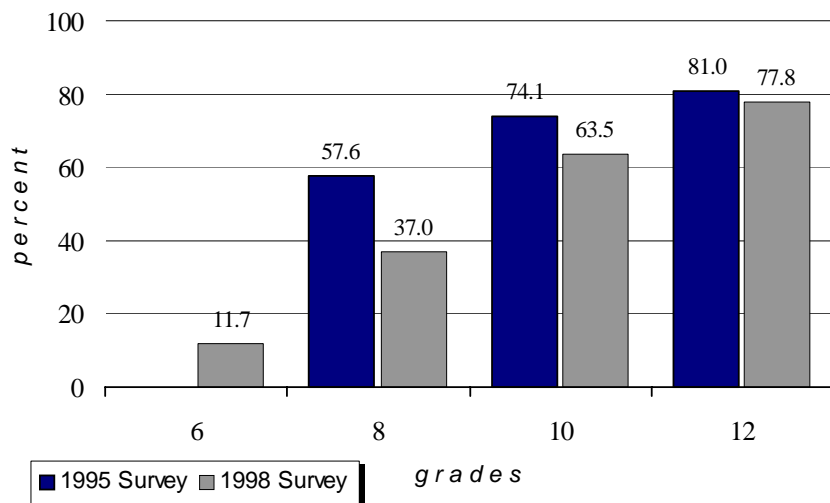
Note: MTF does not survey 6th graders. Also, they do not ask 12th graders about cigarettes and alcohol due to the universal ease of availability for that age group.

Percent of students (by grade, in 1998) who said it would be either “easy” or “very easy” to obtain...



Availability of Drugs - Survey Data

Percent of Students at Risk on Scale for Availability of Drugs, 1995 and 1998



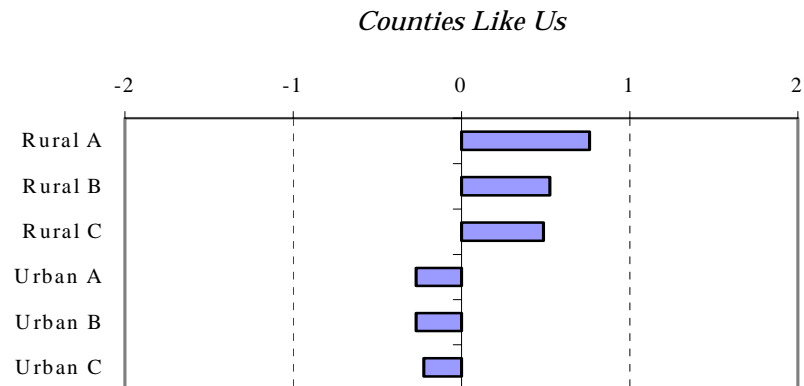
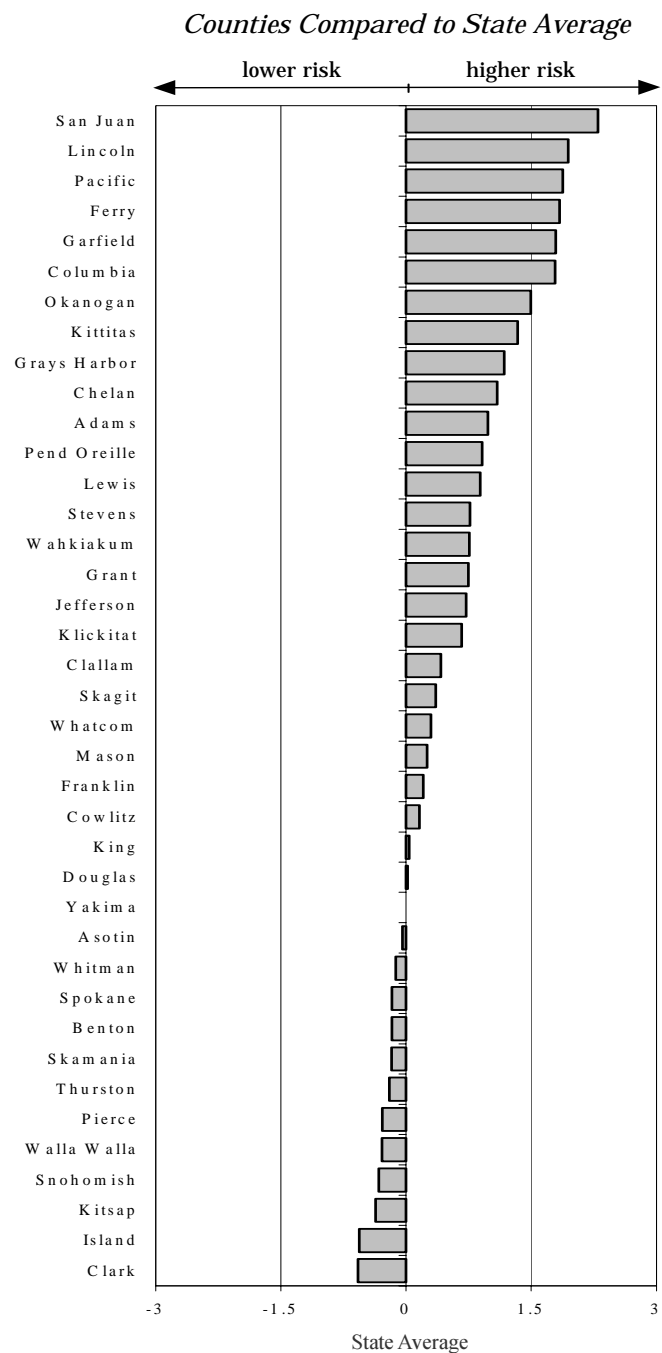
Perceptions of the availability of cigarettes, alcohol, illicit drugs, and firearms, increases as children age. This composite scale (Availability of Drugs) counts a student at risk if she or he believes that it would be either “easy” or “very easy” to get alcohol, tobacco, marijuana, other illicit drugs or firearms. The good news is that at every age this number has declined from 1995 to 1998.

Note: These questions were not on the 1995 survey of Washington 6th graders.

Community Risk Factors Highly Correlated with Substance Use

In developing the student risk and protective factor survey, the researchers tested the relationship between the risk factors and actual measures of substance use. A positive relationship (or correlation) would mean that where a risk factor is high, substance use is also high. This analysis of correlation between questions on the survey shows that the strongest positive relationship between risk factors and behavior is with the community risk factors, and especially with “perceived availability”.

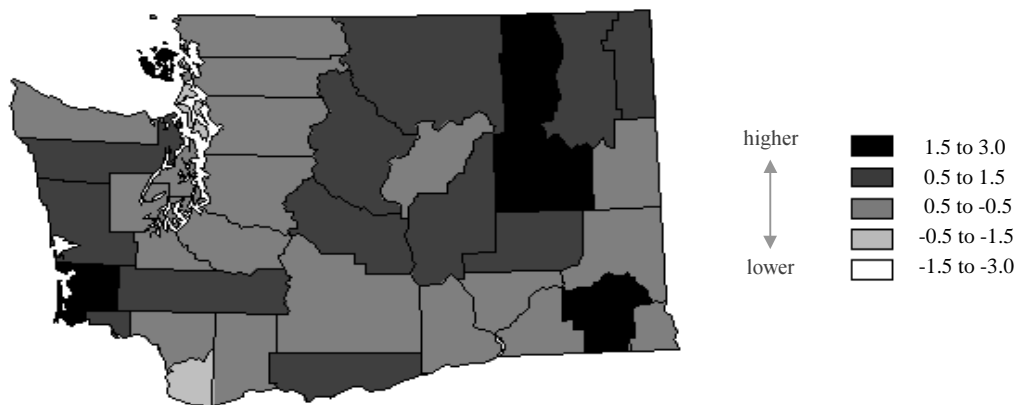
Availability of Drugs - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

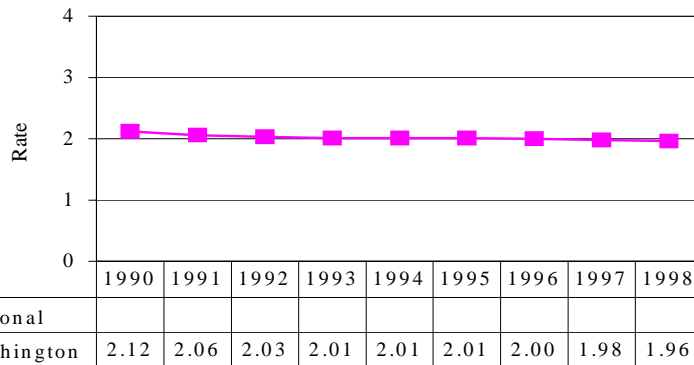
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Availability of Drugs - Archival Data

Alcohol Retail Licenses, per 1,000 persons (all ages)



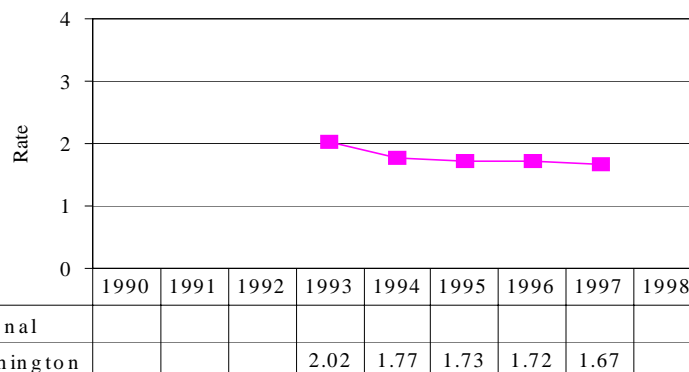
Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. No comparable national data are available.

Sources: State S12, S26 (See Appendix Data Sources)

Archival Social Indicators

- The proxy measures for availability of drugs are currently limited to sales licenses. These data show a small but steady decline in the per capita rate of alcohol and tobacco sales licenses.
- Both indicators, and consequently the summary measure, suggest a higher level of risk in rural counties. The rate may reflect the density of customer base; in a dense urban area one sales licensee will serve a higher number of customers.
- Sales per retail license could be measured with per capita sales tax receipts, but these data are not currently available at county level. In addition, the climb in average retail price of cigarettes encourages smokers to acquire cigarettes from non-taxed sources--military bases and Indian reservations.

Tobacco Sales Licenses, per 1,000 persons (all ages)



Tobacco sales licenses current in the month of November.

Sources: State - S7, S12 (See Appendix Data Sources)

Availability of Drugs - Archival Data

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Alcohol Retail Licenses, per 1,000 persons (all ages) ¹	Rank*	Tobacco Sales Licenses, per 1,000 persons (all ages) ²
2.30	San Juan	1	6.76	10	2.98
1.94	Lincoln	5	4.33	2	3.97
1.88	Pacific	2	5.00	5	3.37
1.84	Ferry	3	4.96	6	3.32
1.80	Garfield	11	3.29	1	4.39
1.78	Columbia	4	4.57	4	3.49
1.50	Okanogan	7	3.64	3	3.57
1.34	Kittitas	6	3.91	8	3.07
1.18	Grays Harbor	8	3.51	9	3.04
1.09	Chelan	13	3.20	7	3.08
0.98	Adams	15	3.05	11	2.97
0.91	Pend Oreille	10	3.43	15	2.57
0.89	Lewis	16	3.03	12	2.80
0.77	Stevens	17	2.92	14	2.64
0.76	Wahkiakum	12	3.23	16	2.40
0.75	Grant	18	2.78	13	2.70
0.72	Jefferson	9	3.43	19	2.20
0.67	Klickitat	14	3.16	17	2.28
0.41	Clallam	20	2.55	18	2.21
0.35	Skagit	19	2.70	23	1.98
0.30	Whatcom	21	2.47	21	2.03
0.25	Mason	22	2.43	24	1.97
0.21	Franklin	26	2.07	20	2.13
0.16	Cowlitz	25	2.14	22	1.99
0.04	King	27	2.06	27	1.81
0.02	Douglas	28	1.94	25	1.85
-0.00	Yakima	30	1.92	26	1.83
-0.04	Asotin	24	2.22	33	1.54
-0.12	Whitman	29	1.93	31	1.59
-0.17	Spokane	32	1.71	28	1.64
-0.17	Benton	31	1.76	29	1.61
-0.17	Skamania	23	2.42	37	1.14
-0.20	Thurston	33	1.69	30	1.60
-0.29	Pierce	36	1.55	34	1.52
-0.29	Walla Walla	38	1.52	32	1.54
-0.33	Snohomish	35	1.55	35	1.45
-0.37	Kitsap	34	1.61	36	1.33
-0.56	Island	37	1.54	39	0.99
-0.58	Clark	39	1.45	38	1.02

Notes:

1/ Retail alcohol facilities on reservations and military bases are not licensed by Washington State and, therefore, are not included in these data.

2/ Tobacco retailers on reservations and military bases are not licensed by Washington State and, therefore, are not included in these data.

Prevention

One of the first prevention strategies that communities follow to lower the availability and perceptions of availability of substances is to enforce existing laws.

Tobacco Compliance Checks

The Youth Tobacco Sales Compliance System, run by local health department staff, supervise trained volunteer youth to conduct “buy attempts” at tobacco sales outlets. The data are used to assess compliance, and (because it records the circumstances under which successful illegal purchases are made) provides guidelines on how to improve compliance. According to this data, 14.7% of underage youth that attempt to buy cigarettes are able to do so. This is better than the national average, but still indicates a lack of compliance with laws regarding tobacco sales to minors.

- *In Yakima County, the compliance check data showed that 30% of minors who attempted to purchase cigarettes were able to do so. And in Island, San Juan and Skagit the regional sales rate was 27%.*

*For more information, see **Tobacco and Health in Washington State**.*

Alcohol Compliance Checks

The Washington State Liquor Control Board also conducts compliance checks. Their monthly reports provide details on the circumstances in which an underage youth was able to purchase alcohol. The penalties for non-compliant sales include fees and license suspensions for merchants, and criminal citations for the employees who make the sales.

- *The December 1999 Liquor Compliance Checks Report shows that 156 locations were subject to compliance checks during the month. Of those, a total of 30 businesses (19.23%) sold liquor to underage customers. For 1999, the 12-month rolling average of non-compliance was 20.5%.*

For more information, see www.liq.wa.gov. You can find monthly reports on this web site at www.liq.wa.gov/enforcement/com_checks.asp.

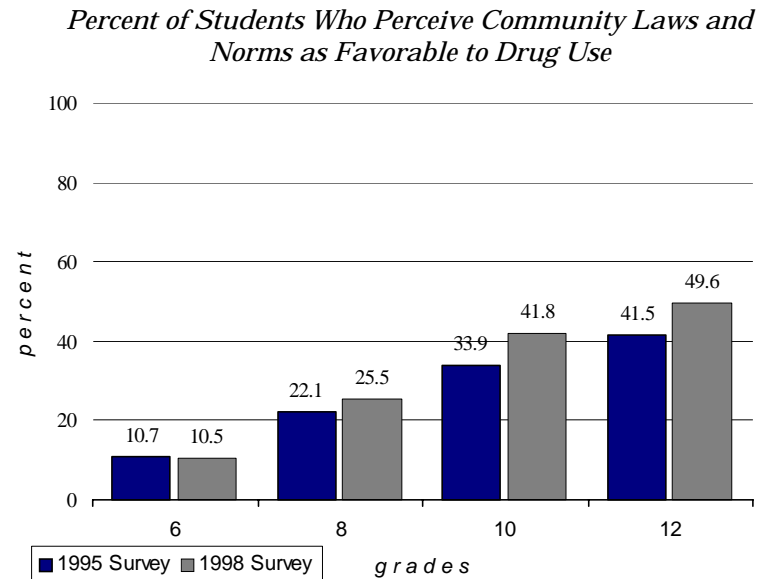
Community Laws and Norms Favorable to Drug Use

The laws and norms that reflect a community's attitude toward young peoples' behavior are communicated in a variety of ways: through laws and policies, and the way those are implemented and enforced; through informal social practices (the tolerance or popularity of tailgate parties, beer gardens, and so on); and through the expectations of parents and other members of the community. As with the risk factor "availability of drugs", research shows that this risk factor has a strong positive relationship with substance use.

Survey Data

With answer choices from "very wrong" to "not wrong at all", students are asked what adults in their neighborhoods would think about their use of tobacco, alcohol and marijuana. They are also asked about the likelihood of getting caught by the police if they used alcohol or marijuana.

The period between 1995 and 1998 saw a considerable rise in the percent of 8th, 10th and 12th grade students at risk on the scale "community laws and norms favorable to drug use". That 6th grade levels remained constant bodes well for the future. If this is a real trend, as 6th graders mature, the overall risk level for the cohort will decline. This is an important issue for prevention workers.



Marijuana and the Law

Throughout the 1990s surveys recorded a dramatic fall in the disapproval students expressed regarding drug use. Monitoring the Future, a nation-wide annual survey of substance use, has been tracking these changes since the mid-1970s. Besides measuring approval and disapproval of marijuana use, the survey has been asking high school seniors about penalties that should be given to those who are caught. While undoubtedly there is wide variation among communities, these attitudes reflect a prevailing norm about marijuana use, one that has led the Office of National Drug Control Strategy (ONDCP) to focus on education about and reduction in marijuana use. ONDCP has also focussed on emerging issues around criminalization. The symbolic message and the impact of legalizing or decriminalizing marijuana are unknown, but ONDCP argues that legalizing drugs in general would lead to astronomically increased costs to individuals and society.

There are also concerns at ONDCP and other federal agencies about the impact of legalizing medical marijuana. Very little research has been done on the medical use of marijuana, so the National Institute of Health is sponsoring research on marijuana safety and usefulness. ONDCP is sponsoring research at the National Academy of Science's Institute on Medicine on the drug's pharmacological effects; the state of current scientific knowledge; marijuana's ability to produce psychological dependence; risk posed to public health; marijuana's history and current pattern of abuse; and the scope, duration, and significance of abuse.

National Drug control Strategy, 1999.

Prevention

There have been significant changes in community norms concerning tobacco: the rise of tobacco-free environment policies; changes in advertising regulations; and in Washington the elimination of almost all tobacco vending machines.

In some arenas, norms around public drinking are also changing. For instance, the enlistment of alcohol servers, and friends and family in assigning "designated drivers", and many state colleges are making and enforcing firm policies around underage drinking at fraternity parties.

Healthy People 2010 Goal

A comprehensive program of interventions at the community level is crucial to effective substance abuse prevention. Such programs enable communities to address issues related to their environments, not just their at-risk populations. Improving the environment means changing local ordinances and policies, coordinating local prevention services, increasing resident participation, communicating with the local media on how they portray local communities, and addressing numerous other conditions. Because of the diversity of communities, no single partnership model is expected to be the sole model used. However, desirable procedures and practices, such as how a community should get mobilized, are now being promoted.

A recent 48-community study shows that community partnerships that showed statistically significant reductions in substance abuse shared a number of common characteristics. These include: a community-wide vision that reflects the consensus of diverse groups and citizens throughout the community; a strong core of community partners; an inclusive, broad membership of organizations from all parts of the community; an ability to avoid or resolve conflict; decentralized groups that implement a large number of locally tailored prevention programs that effectively target local causes of drug use and empower residents to take action and make decisions; low staff turnover; and extensive prevention activities and support for improvements in local prevention policies.

From: Healthy People 2010, Substance Abuse
<http://www.health.gov/healthypeople/document/html/volume2/26substance.htm>

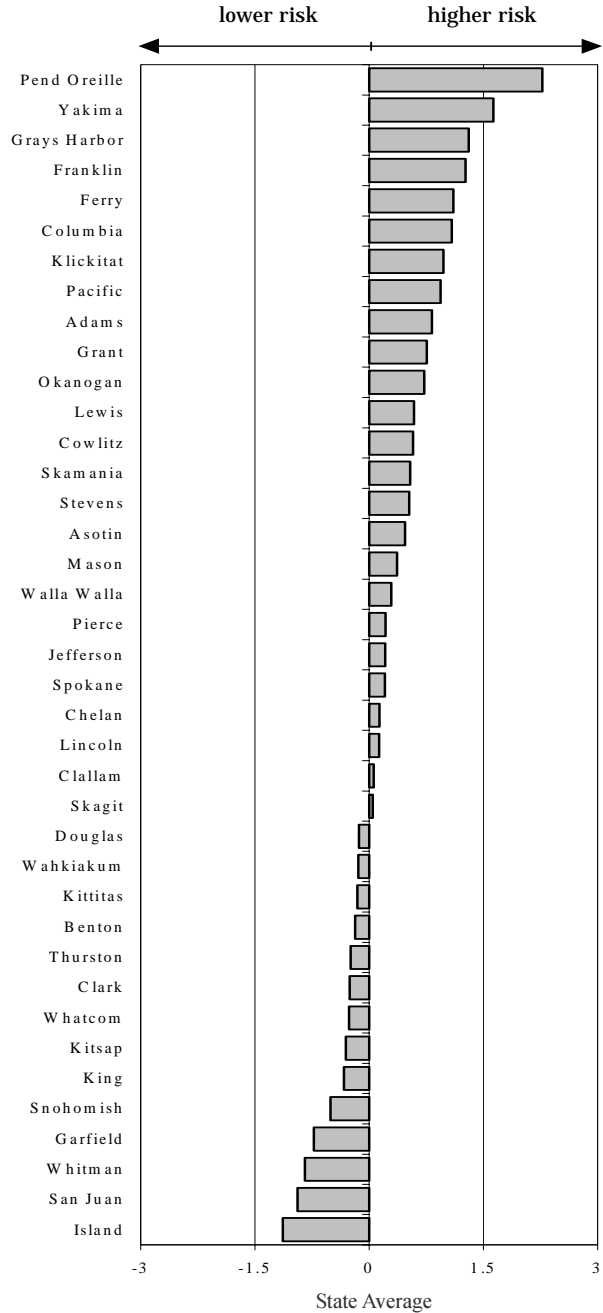
Extreme Economic and Social Deprivation

Communities that are suffering from high rates of unemployment, depopulation, lack of investments and other macroeconomic conditions are more likely to suffer from behavioral problems caused by the lack of social stability and deteriorating social environments. Thus, for a community, extreme economic deprivation is a risk factor. Children who live in these neighborhoods are at a higher risk for developing problem behaviors and those who have behavior problems in early life are more likely to have problems with drugs later on.

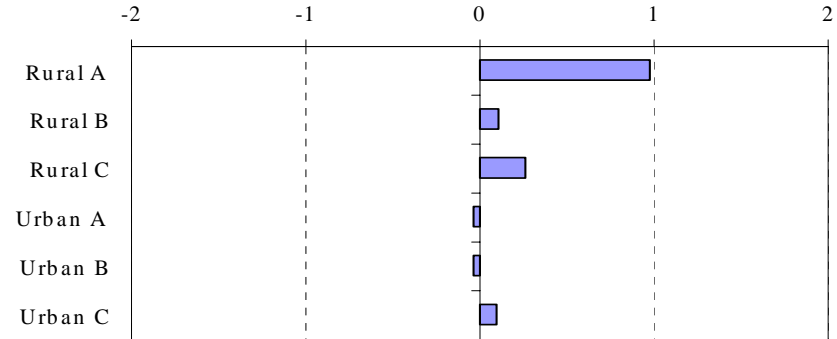
Reaching high-risk youth in these communities is important but must be done with care. As Hawkins and Catalano point out in their book *Communities That Care*, programs targeted only at individuals thought to be at risk may take on a stigma. Worse, the kids themselves could be labeled as future drug users. Prevention programs located in areas with high concentrations of known risk factors can be offered to all those in the area. A large number of children in such a community are at risk, and they could all benefit from a community-wide prevention program.

Extreme Economic and Social Deprivation - Summary of Standardized Scores

Counties Compared to State Average



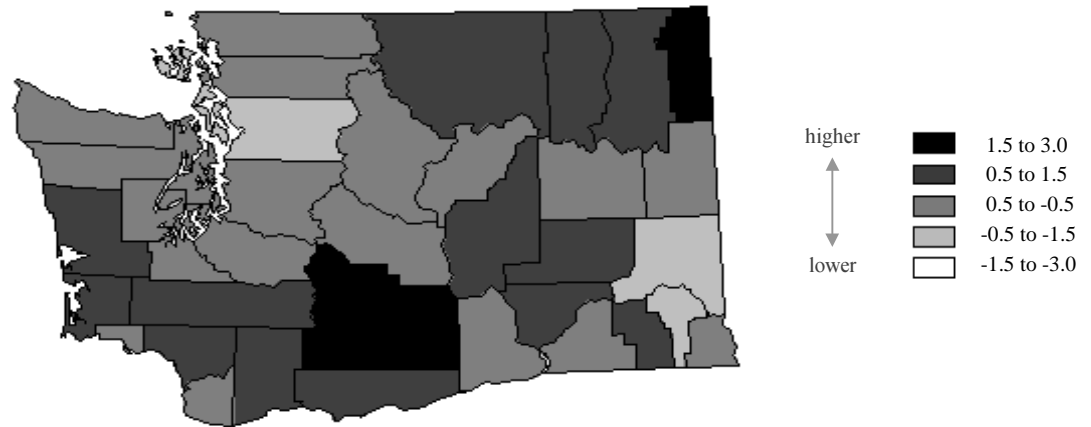
Counties Like Us



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

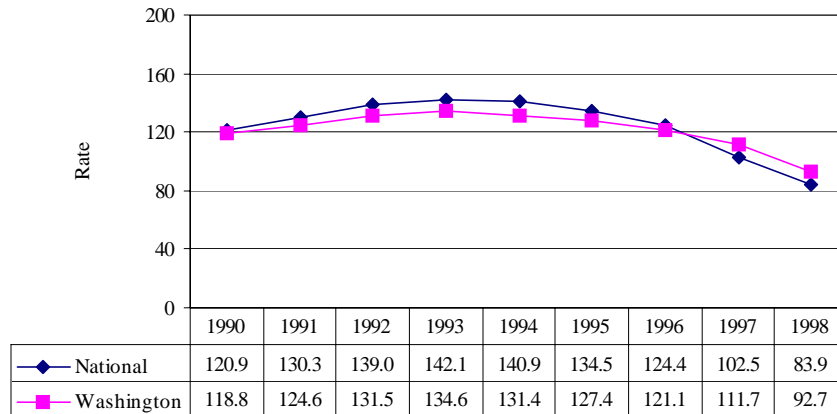
Risk Categories for Summary Measure*



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Extreme Economic and Social Deprivation - Archival Data

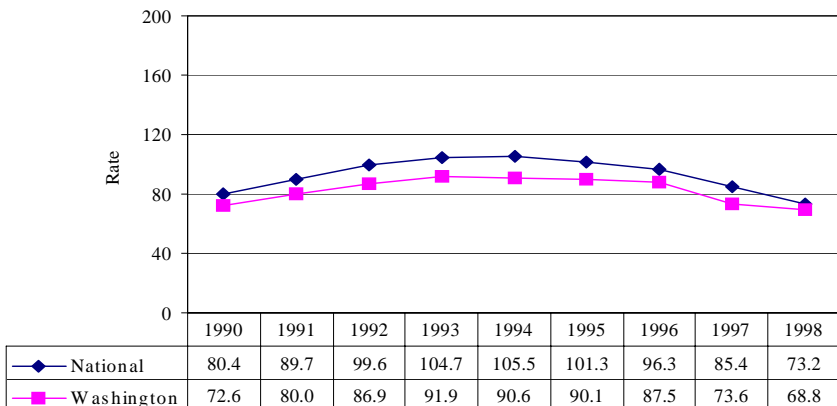
*Children in Aid to Families Programs,
per 1,000 children (age birth-17)*



Children participating in Aid to Families (AFDC from 1990-1996 and subsequently TANF) during the month of April. The national number is the monthly average. National TANF age range is birth-18.

Sources: State - S12, S29 National - N5, N8 (See Appendix Data Sources)

Food Stamp Participants, per 1,000 persons (all ages)



For Washington State data, April was selected as a month with average number of persons who used food stamps. National data are for the average monthly number of food stamp recipients.

Sources: State - S12, S29 National - N2, N5 (See Appendix Data Sources)

Archival Social Indicators

The summary measure for Extreme Economic Deprivation is made up of a variety of proxy indicators. Even counties with overall low levels of poverty may well have school districts or neighborhoods where poverty is widespread.

- Decreased participation in welfare programs since July 1997 reflects more stringent welfare reform eligibility requirements and an improving economy.

Why are the state numbers here different than those in the County Profiles on Risk and Protection for Substance Abuse Prevention?

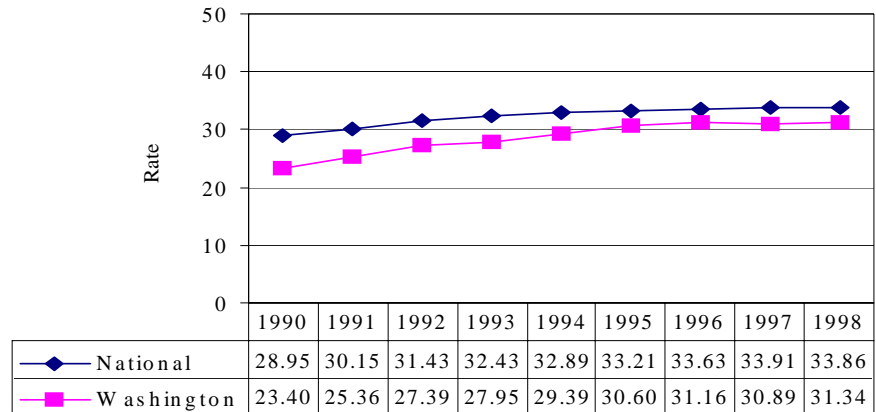
The State food-stamp and aid-to families client counts in this report are average monthly counts for each year. They come from *Income Assistance, Social Services, and Medical Assistance*, known as the “Blue Book”. The Blue Book reports data for the state and for each community service office area, but not for counties. Blue Book counts are updated monthly as the sources – in this case the Automated Client Eligibility System (ACES) and the food stamp system – are corrected and adjusted. Updates include aid-to-families benefits issued retroactively, which typically increase the counts.

The Blue Book does not report data by county, so for the County Profiles on risk and protection, other data systems were used. For 1990 through 1996, county data were available from the Warrant Roll. Warrant Roll provides a count of persons served as of the beginning of a month, and is not updated. During 1996 ACES gradually replaced Warrant Roll. From 1996 on, for the County Profiles, a similar one-time snapshot was drawn from ACES, so trends would be comparable for each county across all years. Warrant Roll reports the number of food-stamp authorizations, Blue Book reports *participation* (the number of authorizations that are redeemed). Since not all authorizations are redeemed, Warrant Roll counts may be higher than those in the Blue Book.

The state data on food-stamps and aid-to-families in the County Profiles are a sum of the county counts for a representative month, April, and do not include updates. Hence, they are not as current or complete as the state counts here.

Extreme Economic and Social Deprivation - Archival Data

Free and Reduced Lunch Program, per 100 students enrolled in public schools (K-12)



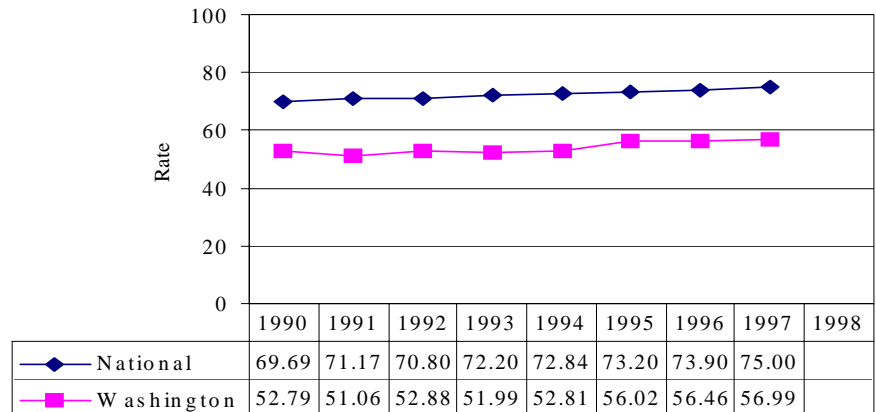
Children are eligible for free lunches if their family income is at or below 130% of the federal poverty level or for reduced price lunches if their family income is at or below 185% of the federal poverty level.

Sources: State - S16 National - N3 (See Appendix Data Sources)

Low birthweight is associated with increased risk of a wide range of neuro-developmental conditions and learning disorders for the infant.

Smoking, poverty, and substance abuse are established risk factors among pregnant women for having low birthweight babies.

Low Birthweight Babies Born, per 1,000 live births

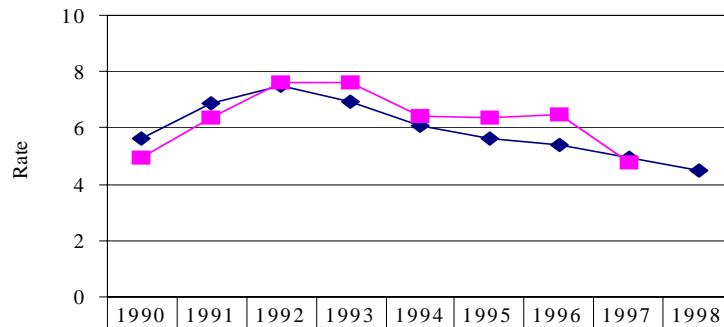


Low birthweight is less than 2,500 grams.

Sources: State - S2 National - N11 (See Appendix Data Sources)

Extreme Economic and Social Deprivation - Archival Data

*Unemployment, per 100 persons (age 16+)
in the civilian labor force*



◆ National	5.62	6.85	7.49	6.91	6.10	5.60	5.40	4.94	4.48
■ Washington	4.93	6.39	7.59	7.63	6.42	6.37	6.50	4.77	

Unemployed persons are individuals who are currently available for work, have actively looked for work, and do not have a job. The civilian labor force includes persons who are working or looking for work.

Sources: State - S14 National - N16 (See Appendix Data Sources)

Prevention

The First Steps Program has served low-income pregnant women in Washington State for 10 years. During that time, low birthweight births among substance abusing women have decreased from 18.9% to 12.9%. The proportion of Washington women with no prenatal care declined by 54% from 1989 to 1994. Information about birth outcomes in Washington is available from Research and Data Analysis publications at <http://www.wa.gov/dshs/geninfo/rdapub.html>. See for instance: "County Profiles: Birth and Unintended Pregnancies Statistics, August 1998," "Family Planning in Washington Community Services Offices," and "The First Steps Program: 1989-1997."

Extreme Economic and Social Deprivation - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rate (prior to standardization)**									
		Rank*	Children in Aid to Families Programs, per 1,000 (0-17)	Rank*	Food Stamp Recipients, per 1,000 persons (all ages) ¹	Rank*	Free and Reduced Lunch Program, per 100 students	Rank*	Low Birthweight Babies Born, per 1,000 live births	Rank*	Unemployment, per 100 (16+) ²
2.27	Pend Oreille	1	276.25	1	196.51	2	55.40	3	67.16	1	13.76
1.63	Yakima	2	218.25	2	165.42	3	55.17	14	55.21	4	12.42
1.31	Grays Harbor	3	203.49	4	141.83	12	42.33	7	63.46	7	11.89
1.26	Franklin	6	179.83	3	144.27	4	55.10	11	57.01	11	10.32
1.10	Ferry	15	144.22	15	106.44	5	51.97	6	63.78	3	12.90
1.08	Columbia	7	176.23	6	132.24	7	46.07	25	48.25	2	13.26
0.98	Klickitat	4	185.57	5	138.25	14	40.38	27	46.53	5	12.19
0.94	Pacific	9	168.36	10	112.51	8	44.32	8	61.65	10	10.41
0.83	Adams	19	130.56	13	108.52	1	57.40	33	43.31	6	12.06
0.76	Grant	12	154.25	9	116.71	10	42.54	13	55.51	12	9.87
0.72	Okanogan	14	150.35	8	118.06	6	47.81	31	44.15	9	10.57
0.59	Lewis	10	159.03	11	112.36	15	36.71	20	53.49	17	9.14
0.57	Cowlitz	8	175.72	12	110.53	18	34.30	18	54.06	18	8.47
0.54	Skamania	21	116.54	19	92.35	22	32.96	5	65.69	8	11.43
0.53	Stevens	17	137.60	14	107.14	9	44.23	29	45.89	13	9.70
0.47	Asotin	5	184.63	7	131.63	19	34.24	21	53.33	38	4.26
0.36	Mason	11	157.16	16	103.26	16	36.22	30	45.68	20	8.20
0.29	Walla Walla	13	153.96	17	101.77	11	42.39	35	41.49	27	6.48
0.21	Pierce	18	135.19	20	85.69	20	33.44	9	60.21	30	6.16
0.21	Jefferson	24	109.81	24	78.95	27	29.44	2	68.29	21	7.84
0.20	Spokane	16	138.96	18	92.54	17	34.89	10	57.39	33	5.34
0.14	Chelan	32	89.66	21	82.15	13	40.96	28	46.23	14	9.51
0.13	Lincoln	22	114.15	25	78.90	23	32.67	4	66.79	31	5.60
0.06	Clallam	20	124.80	23	79.73	24	31.91	34	42.95	15	9.22
0.05	Skagit	25	104.75	26	77.92	21	33.25	26	47.63	16	9.15
-0.13	Douglas	36	79.82	29	68.05	25	31.88	16	54.68	22	7.48
-0.14	Wahkiakum	29	94.00	33	62.19	38	18.34	1	69.52	23	7.32
-0.16	Kittitas	33	89.53	34	59.68	30	28.18	19	53.82	19	8.43
-0.19	Benton	30	93.18	30	67.33	31	27.34	15	54.87	25	6.96
-0.24	Thurston	27	100.92	28	69.87	33	25.96	22	52.09	29	6.21
-0.26	Clark	23	112.85	22	80.26	32	26.41	23	50.70	37	4.37
-0.26	Whatcom	31	90.77	27	70.50	26	30.26	32	44.10	24	7.14
-0.31	Kitsap	34	87.55	32	63.66	34	24.89	17	54.45	28	6.35
-0.33	King	26	101.09	36	58.72	35	24.79	12	56.50	34	5.01
-0.51	Snohomish	35	83.17	35	59.34	36	21.63	24	50.21	32	5.53
-0.72	Garfield	28	95.39	31	64.41	28	29.21	39	21.74	35	4.87
-0.85	Whitman	37	76.73	38	39.87	29	28.64	36	40.66	39	2.10
-0.94	San Juan	39	45.90	39	34.87	37	20.02	38	36.19	26	6.69
-1.13	Island	38	55.30	37	40.59	39	8.12	37	40.29	36	4.62

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

1/ County data are for April, which was selected as a month with an average number of participants. Between April 1996 and April 1997 DSHS implemented a new system to account for welfare. Changes in methods resulted in data that is not strictly comparable to previous years
Source S11.

2/ These data differ from those reported in previous county reports. The differences result from changes in the official numbers provided by Employment Security.

Prevention

Communities with high rates of poverty present a special challenge for prevention workers because they cannot attack the risk factor itself—they cannot remove poverty. Poverty creates the conditions in which other risks can take root, and all of the children in these communities are at some risk.

Prevention planners must offer a set of programs that integrate services across traditional boundaries, and that increase protection across the developmental stages of a child's life. For instance, early school problems are widespread among low-income youth, and the effects are particularly devastating for them. Improving a child's chances to succeed in school will have long range effects across multiple domains.

Strategies in areas of extreme economic and social deprivation must also focus on the community domain protective factors. That is, give children and their families opportunities and rewards for involvement in positive, healthy activities. When people feel bonded to society, or to a social unit like the family or school, they want to live according to its standards or norms: "If you feel you belong in the system, you play by its rules; if you play by the rules, you are more likely to succeed; if you succeed you are accepted by, and hence feel you belong in, the system."

*(Berrueta-Clement et al., cited in **Communities That Care**, 1992, p. 15.)*

Low Neighborhood Attachment and Community Disorganization

In some neighborhoods people do not feel like there are collective rules or goals by which members live. In these neighborhoods there might be higher rates of juvenile delinquency, and less voluntary monitoring or informal surveillance of public spaces, less willingness to intervene for the common good. A willingness to intervene in support of community principles is based on mutual trust and solidarity, but that is difficult to achieve where neighbors do not know each other, where individuals do not believe that they can change things for the better.

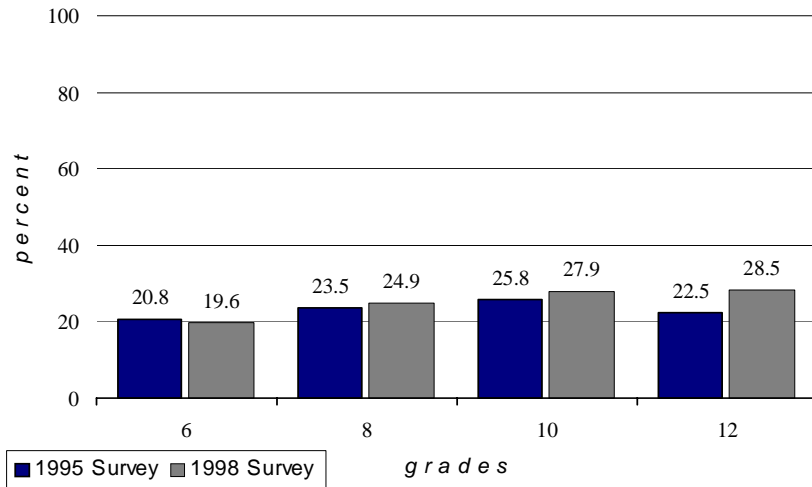
These conditions most likely prevail in neighborhoods of high turnover, and especially where there is a falling population and increased residential vacancies. Not coincidentally, then, these are often areas of economic disadvantage due to rising unemployment. A rise in vacancy rates usually leads to falling rents, which may in turn lead to an influx of newcomers. In these situations it is more difficult to establish clear community goals and identity—people don't know each other. Everyone wants a safe environment, but it takes time to create the kind of neighborhood attachment and organization that leads to commitment towards the common good.

Prevention

Because many of the conditions that lead to community disorganization and low neighborhood attachment arise from macroeconomic changes (which we cannot affect), prevention work will most often focus on the protective factors in the community domain. Efforts to get kids and their families involved in positive and rewarding activities will help to counteract the negative effect of low neighborhood attachment. The act itself of community mobilization will likely yield prevention rewards, offering a counterweight to the lack of control people feel in disorganized neighborhoods.

Low Neighborhood Attachment & Community Disorganization - Survey Data

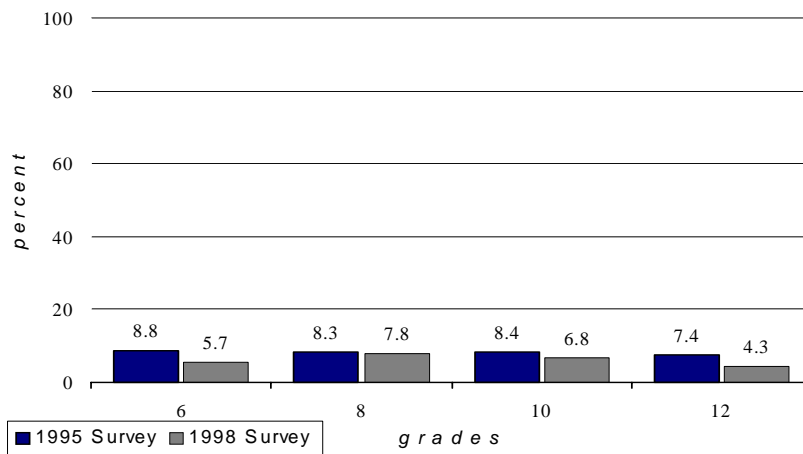
Percent of Students at Risk because of Low Neighborhood Attachment



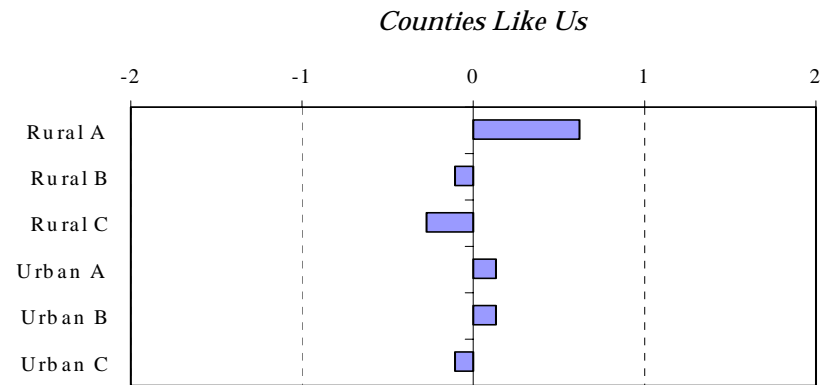
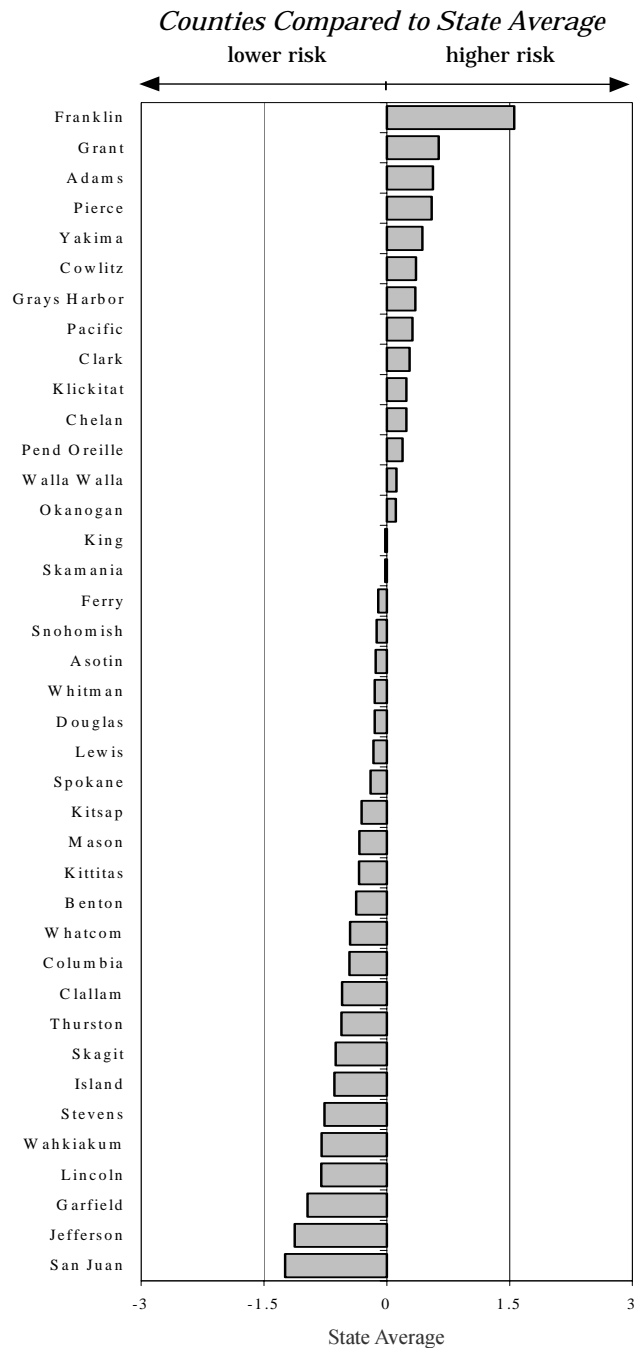
Survey Data

The survey has two scales, one that measures attachment (do you like your neighborhood?), and one that asks about the prevalence of crime, fighting, abandoned buildings and graffiti. Less than a third of students are at risk due to a lack of attachment to their neighborhood, and interestingly, this level of risk does not change from 8th to 12th grade. The number of students at risk for community disorganization are much lower, but the variation from one community to another may be quite high.

Percent of Students at Risk because they Perceive their Community as Disorganized



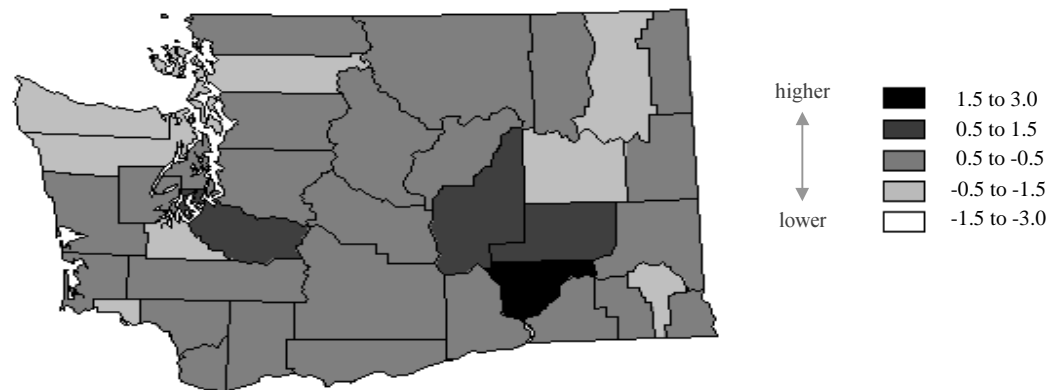
Low Neighborhood Attachment & Community Disorganization - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

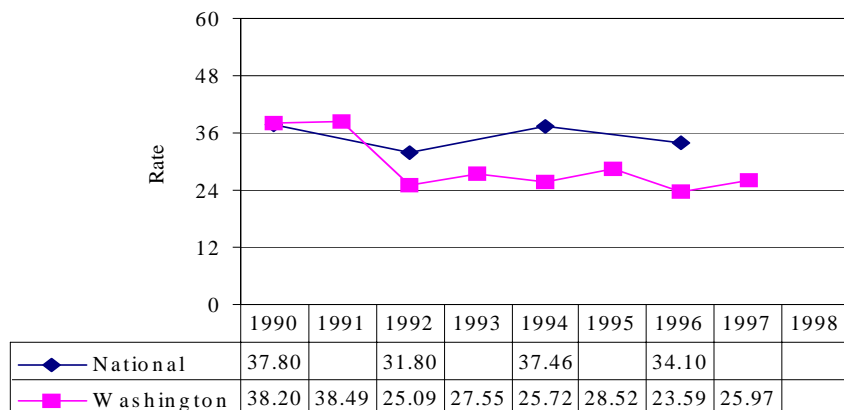
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Low Neighborhood Attachment & Community Disorganization - Archival Data

*Population Not Registered to Vote,
per 100 adults of voting age*

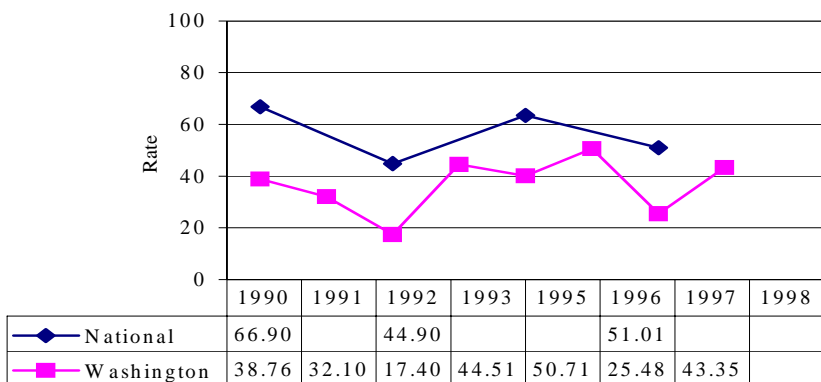


Sources: State - S12, S21 National - N6 (See Appendix Data Sources)

Archival Social Indicators

Voter data is complicated to interpret. The increase in registered voters (or the decline in those not registered, as we report here) likely reflects efforts the state has made to ease voter registration. Actual voting behavior itself would more appropriately indicate attachment to and organization within a community, but that trend is somewhat obscured by the peaks during national election years.

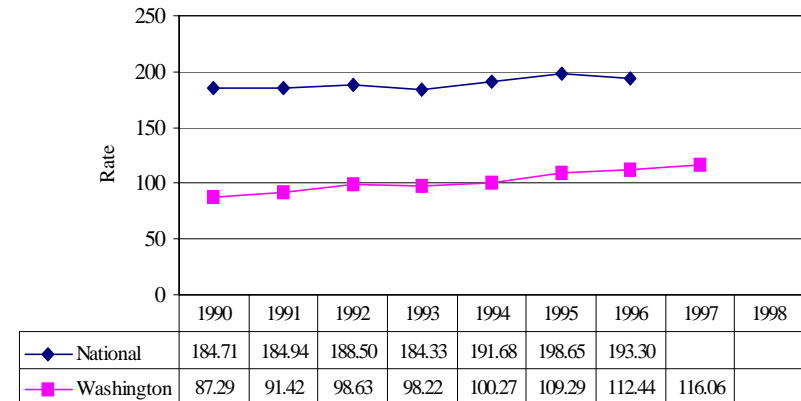
*Population Not Voting in Elections,
per 100 registered voters*



Sources: State - S21, S22 National - N6 (See Appendix Data Sources)

Low Neighborhood Attachment & Community Disorganization - Archival Data

Prisoners in State Correctional Systems, per 100,000 persons (all ages)



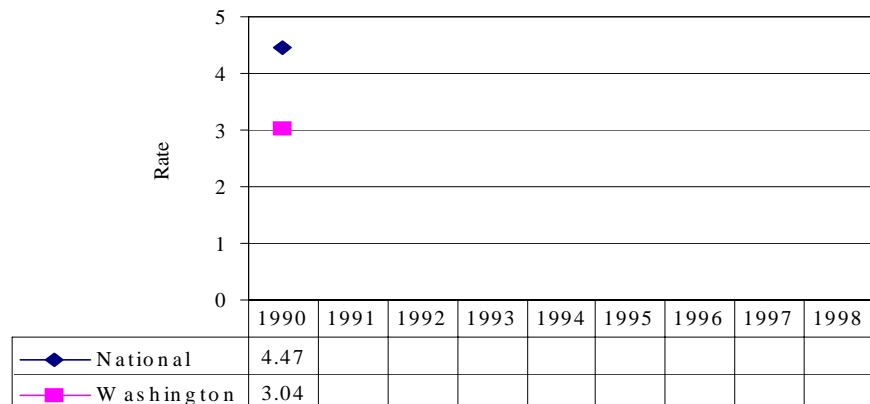
Admissions to prison, including re-admissions, community custody, inmate violations, and parole violations. Each admission counts, even if occurring in the same year. The admissions are attributed to the county where the conviction occurred.

Sources: State - S1, S12 National - N5, N14 (See Appendix Data Sources)

The data for residential vacancies is ten years old. While we wait for the Census 2000 data, local prevention planners may be able to collect this data from city planning offices or realty organizations.

For another way to measure community attachment and organization, discover if key players in a community—merchants, teachers, police, social service workers—actually live in that community. The amount of parental involvement in schools and voter support of school bond issues would also indicate neighborhood attachment. The breadth of participation in neighborhood organizations of any kind would be valuable information, but is unlikely to yield comparative data.

Residential Vacancies, per 100 housing units



Housing units include homeowner-owned housing units and rental housing units.

Source: State - S23 National - N4 (See Appendix Data Sources)

Low Neighborhood Attachment & Community Disorganization - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rate (prior to standardization)**							
		Rank*	Population Not Registered to Vote, per 100 (18+)	Rank*	Population Not Voting in Elections, per 100 reg'd voters	Rank*	State Correctional Systems, per 100,000	Rank*	Residential Vacancies, per 100 housing units ¹
1.56	Franklin	1	41.87	15	39.70	1	278.87	5	4.63
0.63	Grant	4	36.09	26	37.01	6	140.13	4	4.76
0.56	Adams	3	38.54	28	35.50	10	130.48	6	4.62
0.55	Pierce	5	35.58	6	42.16	7	140.05	16	3.39
0.44	Yakima	2	40.89	14	39.81	11	126.48	25	2.90
0.36	Cowlitz	9	30.08	12	41.01	2	209.29	39	1.80
0.35	Grays Harbor	14	27.52	20	38.58	5	151.80	11	3.97
0.31	Pacific	24	23.04	23	37.37	4	171.51	10	4.20
0.28	Clark	12	28.75	3	45.85	13	113.45	24	2.92
0.24	Klickitat	21	24.46	4	44.64	15	108.89	12	3.68
0.24	Chelan	18	25.09	17	39.43	3	179.15	23	2.94
0.19	Pend Oreille	34	13.96	25	37.05	36	46.39	1	7.92
0.12	Walla Walla	7	31.12	7	41.98	28	71.22	13	3.57
0.11	Okanogan	6	35.06	30	35.37	29	66.61	8	4.43
-0.02	King	25	22.93	10	41.20	12	120.49	21	3.04
-0.02	Skamania	17	25.40	11	41.05	19	91.54	15	3.40
-0.10	Ferry	11	28.76	35	29.69	17	102.43	7	4.55
-0.13	Snohomish	19	24.66	8	41.89	27	72.66	17	3.27
-0.14	Asotin	32	16.44	1	51.20	30	66.06	29	2.65
-0.15	Whitman	23	24.24	2	48.28	39	24.21	19	3.10
-0.15	Douglas	8	30.21	24	37.28	14	113.43	35	2.34
-0.16	Lewis	28	19.95	21	38.44	8	139.88	26	2.83
-0.20	Spokane	15	26.75	19	38.64	23	83.49	22	3.03
-0.31	Kitsap	16	25.91	16	39.48	22	85.98	32	2.38
-0.33	Mason	22	24.41	32	33.91	16	107.58	20	3.06
-0.34	Kittitas	13	27.95	13	40.84	34	57.96	34	2.35
-0.38	Benton	30	18.75	5	43.56	26	73.24	30	2.52
-0.45	Whatcom	27	20.13	9	41.32	25	75.92	33	2.36
-0.46	Columbia	33	15.88	33	32.43	20	90.67	9	4.35
-0.54	Clallam	26	21.36	29	35.37	21	86.27	28	2.67
-0.55	Thurston	29	19.18	27	36.79	24	81.81	27	2.76
-0.63	Skagit	20	24.58	31	34.33	18	94.50	38	1.83
-0.64	Island	10	29.17	22	37.81	38	24.73	37	2.09
-0.76	Stevens	38	10.08	18	38.77	35	57.74	18	3.17
-0.79	Wahkiakum	31	16.59	36	29.35	9	135.16	36	2.15
-0.80	Lincoln	37	10.91	39	25.19	33	58.36	2	5.58
-0.96	Garfield	39	4.94	37	28.24	31	64.45	3	4.85
-1.12	Jefferson	35	12.15	34	31.75	32	60.32	31	2.45
-1.24	San Juan	36	11.36	38	27.10	37	36.43	14	3.49

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

1/ This data comes from the U. S. Census and is collected only once per decade.

Transitions and Mobility

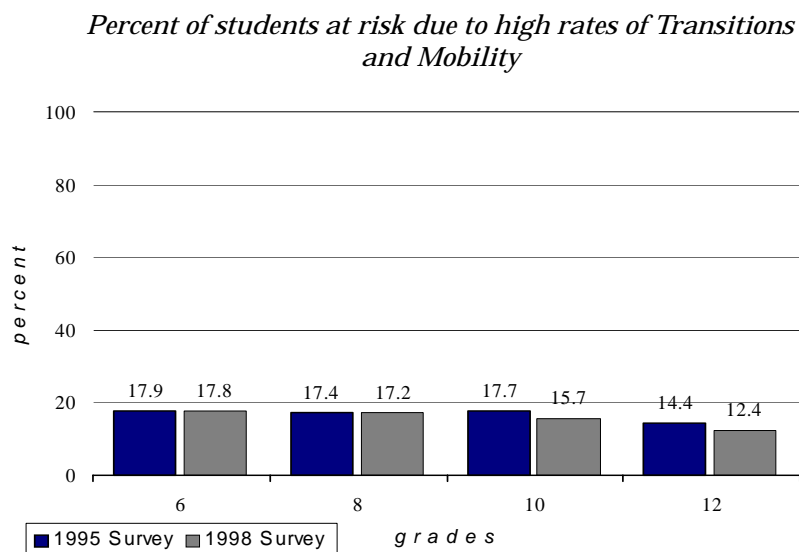
For the community as a whole, high rates of transition present many of the same difficulties as the risk factor, “low neighborhood attachment”. Communities with high rates of mobility appear to suffer from increased risk of drug and crime problems. But mobility also presents problems for individuals—those who are moving. While some people find buffers against the negative effect of mobility by making connections in new communities, other are less likely to have the resources to deal with new environments.

The intense social environment of the school creates challenges for children and young people as they experience changes in their environment. Even normal school transitions (from elementary to middle school, and from middle to high school) predict increases in problem behavior. These levels of impact intersect in the schools where high turnover presents a challenge for teachers trying to keep their students on the same page, and for children who have to adjust to new people, norms, and curricula. Programs that provide mentors for new students, as well as additional volunteer staff to reach out to newly arrived parents will help ease the transition. The problems will be particularly acute where new families face language barriers, and where low income parents face time and transportation constraints.

Survey Data

In the survey, students are asked about their experiences of moving. The data show little change from 6th through 10th grades, and from 1995 to 1998. High school seniors, most of who will have been in one school for two to three years, report lower levels of risk on this factor.

Even though there is little variation over time, there is likely to be a large variation among communities. Further, opportunities in communities with high rates of transition vary according to economic and social/cultural factors.



Increasing Protection, Reducing Risk

Lions (Leaders in Our Neighborhood)

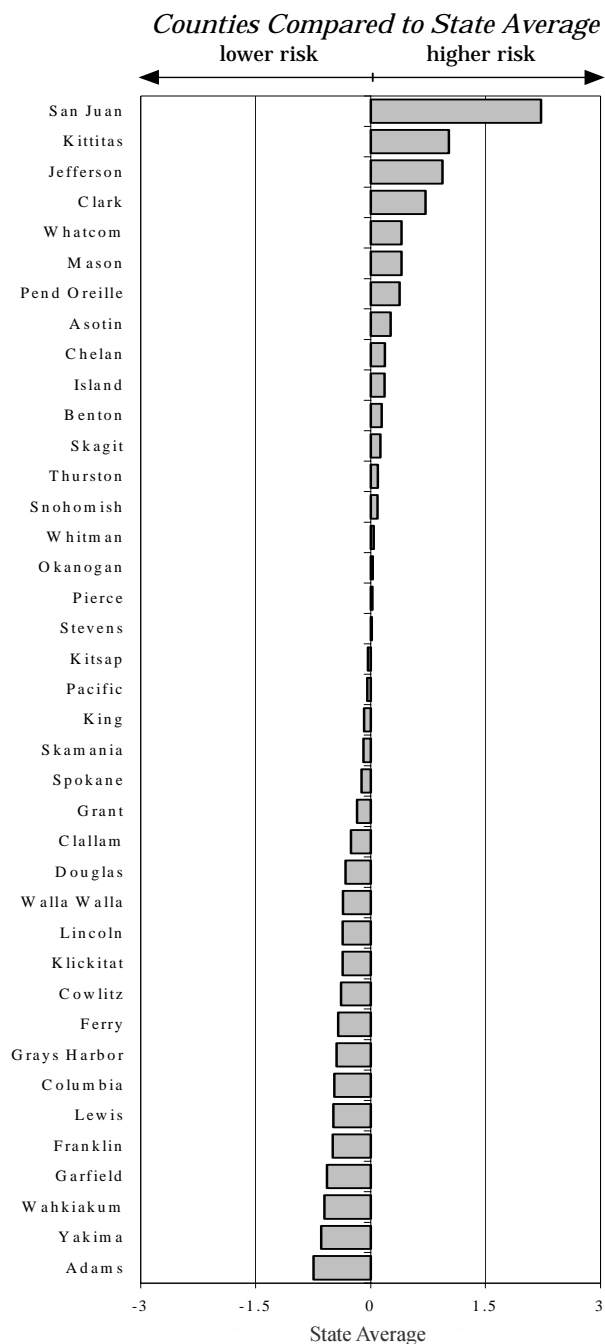
by Heather Reitmeier, The Ruth Dykeman Children's Center - Youth & Family Services Branch

Three years ago we started working in a local housing project. Most of the families in the project are very low income and many are transient, moving into and out of the complex regularly. This makes for a very unstable and disconnected community. Given this background, and with referrals from several sources, we selected ten kids who were all identified as being "at risk". Besides already existing problems with schools, these ten were preparing to move from elementary school to middle school with little resources or assistance. For instance, many of them had been involved in a special intensive tutoring and assistance program (Project LOOK!) that would no longer be available to them. So we started providing homework help and tutoring. We also created community type events, like service projects and some social/cultural events. The kids participate in youth-directed projects, like cleaning up graffiti, visiting nursing homes, and tutoring younger children.

We began this project knowing that helping high-risk youth has to be a long-term commitment. So when individual kids moved away from the housing project, we kept them involved by going to pick them up wherever they live, and we get them together several times a week. We also involve their families by providing monthly family dinners and events. The kids are doing better in school, and they have a community. It may not be the community of the neighborhood where they live, but it is a group of people where they feel safe, committed and connected. One great indication of the success of the program is that after three years, we still have the original group of ten kids—they just keep coming!

[This program received a Washington State Exemplary Substance Abuse Prevention Award.]

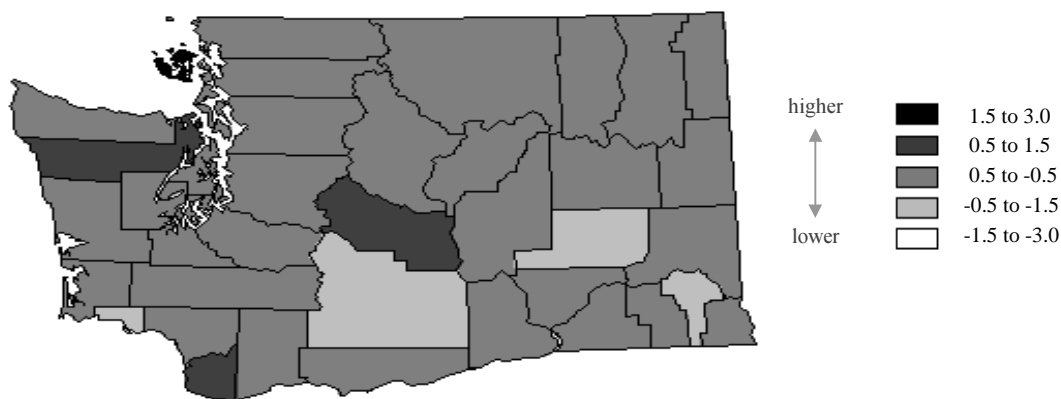
Transitions and Mobility - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

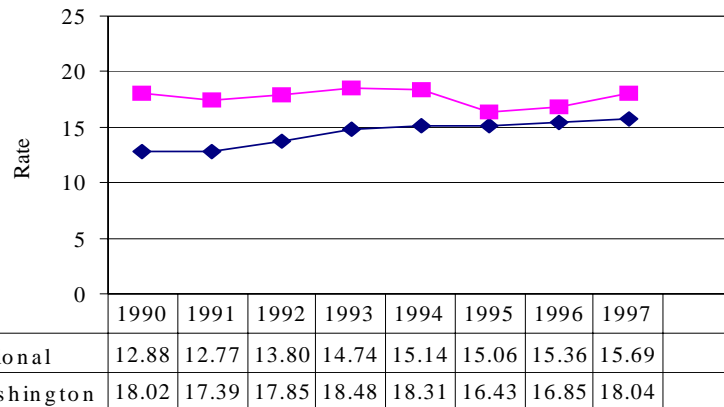
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Transitions and Mobility - Archival Data

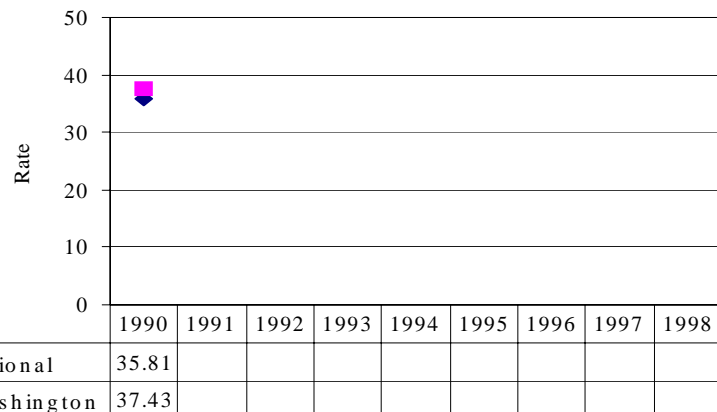
Existing Home Sales, per 1,000 persons (all ages)



Existing homes sold are estimated based on data from multiple listing services, firms that monitor deeds, and local realtors associations.

Sources: State - S12, S25 National - N1, N5 (See Appendix Data Sources)

Households in Rental Properties, per 100 households



A household is defined as an occupied residential housing unit.

Sources: State - S23 National - N14 (See Appendix Data Sources)

Archival Social Indicators

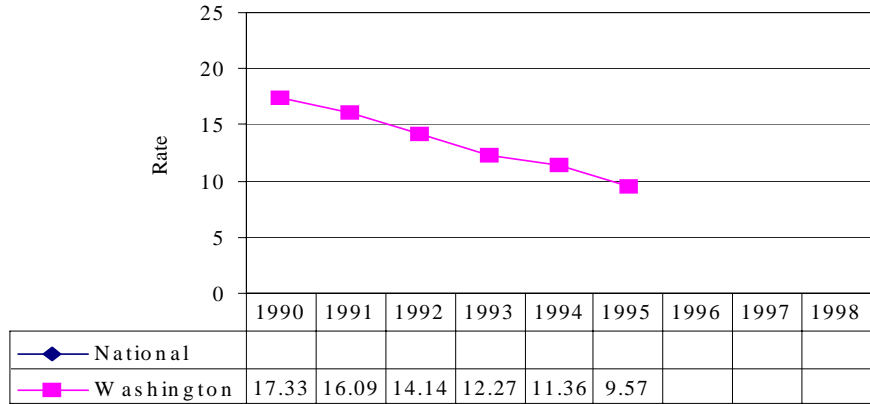
- The summary measure for Transitions and Mobility is made up of proxy measures that focus on residential mobility. All of these indicators suggest that risk related to transitions and mobility is greater in Washington than for the nation. In some parts of the state that is due to the fast paced growth of Washington's economy. Even though the cause of the high mobility is positive, the stress created by the high rate of transitions is still a potential risk. Labor migration is a source of high mobility in some parts of the state, particularly agricultural areas, but that would not be captured in home sales.
- Data for households in rental properties come from the 1990 census. Therefore, there is only one point, 1990.

Transitions and Mobility - Archival Data

With mobility per se as the background for this risk factor, it is clear that net migration is an unsatisfactory indicator. While gross migration would be a better indicator of transition, only net migration was available for trend data—change over time. National data were available only for 1990, the year of the last census.

In the future this report may be able to use OSPI school turnover rates as an indicator for this risk factor. In schools with high turnover rates, the demands on staff are far greater than in more stable schools. Individual children who have a history of changing schools often usually need extra support from the school and at home.

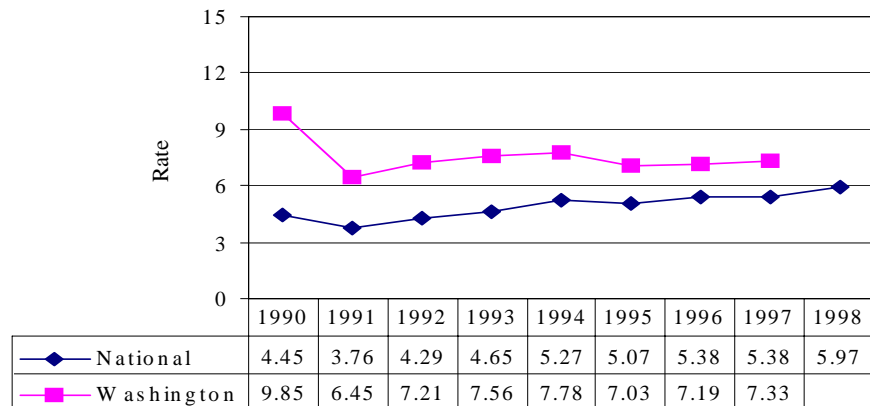
Net Migration, a 5-year rolling average per 1,000 population



The annual number of new residents minus the number of residents that moved out of an area.

Sources: State - S12, S15 (See Appendix Data Sources)

New Residence Construction, per 1,000 persons (all ages)



Building permits issued for single and multi-family dwellings. Each unit in a multi-family dwelling has a separate building permit.

Sources: State - S12, S25 National - N5, N7 (See Appendix Data Sources)

Transitions and Mobility - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rate (prior to standardization)**							
		Rank*	Existing Home Sales, per 1,000 persons (all ages)	Rank*	Households in Rental Properties, per 100 occupied units ¹	Rank*	Net Migration, per 1,000 persons	Rank*	New Residence Construction, per 1,000 persons (all ages)
2.22	San Juan	1	30.50	32	28.10	5	27.74	1	28.84
1.02	Kittitas	7	21.20	2	42.84	15	19.64	3	13.96
0.94	Jefferson	2	25.35	36	26.09	1	34.77	4	10.17
0.72	Clark	31	14.97	12	35.69	2	32.45	2	14.55
0.41	Whatcom	12	18.61	13	35.65	10	21.94	8	9.74
0.40	Mason	4	22.03	39	23.30	4	28.33	6	9.95
0.38	Pend Oreille	3	23.11	35	26.36	3	29.17	24	5.68
0.26	Asotin	5	21.99	19	34.40	23	15.40	16	6.94
0.19	Chelan	19	18.24	6	38.08	16	18.72	22	6.38
0.18	Island	18	18.38	18	34.42	22	15.85	7	9.91
0.14	Benton	21	17.31	8	36.86	17	16.69	10	8.64
0.13	Skagit	15	18.44	28	30.14	7	23.09	11	7.91
0.10	Thurston	35	14.36	15	35.28	12	21.58	5	10.08
0.09	Snohomish	13	18.58	21	33.74	26	14.42	9	9.24
0.04	Whitman	34	14.46	1	51.77	38	5.32	19	6.67
0.03	Okanogan	6	21.42	22	33.31	29	12.68	26	5.57
0.02	Pierce	20	17.35	5	39.70	31	10.85	13	7.56
0.01	Stevens	8	21.15	38	23.80	8	22.70	20	6.65
-0.04	Kitsap	24	16.36	11	35.71	20	16.04	12	7.71
-0.04	Pacific	10	19.01	31	28.10	13	20.58	18	6.75
-0.09	King	11	18.86	3	41.21	37	5.32	25	5.57
-0.09	Skamania	16	18.42	34	26.45	9	22.31	17	6.77
-0.12	Spokane	22	16.47	10	36.28	28	13.10	15	7.17
-0.18	Grant	32	14.56	14	35.39	14	20.53	27	5.41
-0.26	Clallam	37	14.08	30	29.80	11	21.88	14	7.51
-0.33	Douglas	27	15.90	25	31.34	25	14.64	21	6.58
-0.36	Walla Walla	25	16.15	7	37.70	32	10.74	36	3.63
-0.37	Lincoln	14	18.55	33	27.43	18	16.23	33	4.18
-0.37	Klickitat	29	15.77	20	34.04	24	14.74	32	4.28
-0.38	Cowlitz	26	15.90	16	34.56	30	11.67	29	5.04
-0.42	Ferry	30	15.62	27	30.22	19	16.17	28	5.23
-0.44	Grays Harbor	17	18.41	23	33.03	36	6.22	30	4.52
-0.48	Columbia	9	19.38	24	32.36	33	8.70	39	1.84
-0.49	Lewis	33	14.54	29	29.96	21	15.88	23	5.71
-0.49	Franklin	39	13.63	4	40.33	34	7.31	31	4.50
-0.57	Garfield	23	16.36	26	31.24	27	14.30	38	1.89
-0.60	Wahkiakum	38	13.66	37	24.45	6	24.75	34	3.83
-0.64	Yakima	28	15.86	9	36.83	39	2.52	35	3.69
-0.74	Adams	36	14.19	17	34.50	35	6.98	37	3.26

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

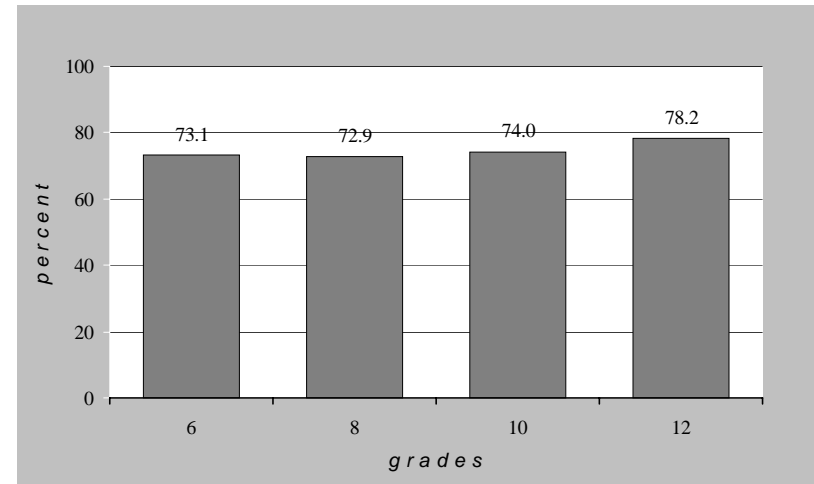
Notes:

1/ This data comes from the U. S. Census and is collected only once per decade.

Protective Factors - Community

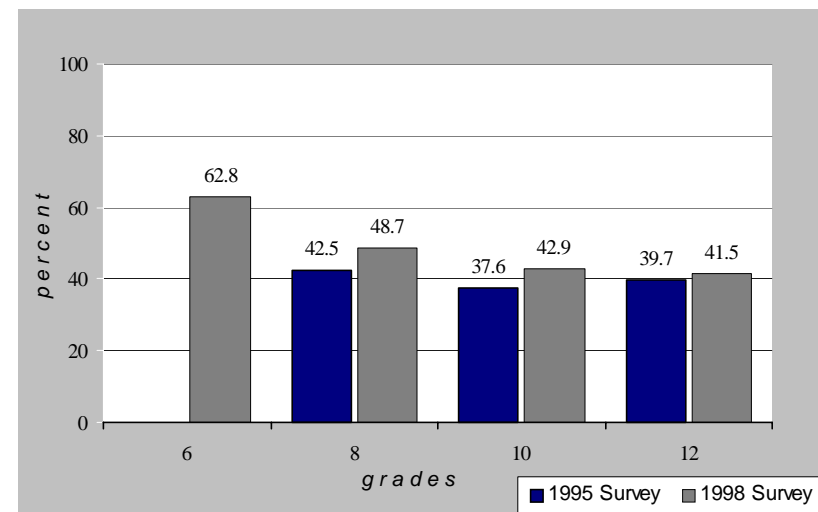
This item measures the perception of the availability of positive activities like sports, scouting, or clubs for youth. Young people who are given more opportunities to participate meaningfully in important activities at school or in the responsibilities and activities of their families are less likely to engage in drug use.

Opportunities for Prosocial Involvement



Being rewarded for positive activity (eg., doing a good job) is important in development. This measure indicates the experience individual students have had of receiving rewards (attention, praise, encouragement).

Rewards for Prosocial Involvement



Bonding: A Key Protective Factor

*The State's prevention framework is based on a social development model that emphasizes the importance of bonding as a key protective factor. The following excerpts describe how bonding develops. (These paragraphs are taken from **Communities That Care**, Hawkins and Catalano, 1992, p. 14-15.)*

Research has demonstrated that bonding is a significant factor in children's resistance to crime and drugs. Strong positive bonds have three important components: (1) *attachment* – positive relationships with others; (2) *commitment* – an investment in the future; and (3) *belief* about what is right and wrong, with an orientation to positive, moral behavior and action. Anti-drug attitudes are strengthened by promoting adolescents' bonds, including relationships with non-drug users, commitment to various social groups in which they are involved (families, schools, community, prosocial peer groups), and values and beliefs regarding what is healthy and ethical behavior.

How does bonding develop? The social development model identifies three conditions that create social bonding: opportunity, skills, and recognition. First, the *opportunity* to be an active contributor or member or a group could mean feeding the gerbils...in first grade, for example. Making a meaningful contribution to the family, school, or community is critical to becoming bonded to that unit. Second, having the *skills* to be successful in contributing to the social unit promotes bonding...(U)nless they have the skills to carry out those responsibilities, the opportunities may become burdens of frustration and failure. Third, a system of consistent recognition or reinforcement is essential. Children, like adults, need to know when they are doing well. Praise or *recognition* reinforces children's efforts and makes them feel accepted and bonded.

Research has demonstrated that young people who are strongly bonded to parents, to school, to non-drug using peers, and to their communities are less likely to engage in behaviors disapproved of by these groups because such behaviors threaten those bonds.

FAMILY



Family Domain Risk Factors

Certainly families have the primary responsibility for ensuring children’s safety and for providing the nurturing and guidance children need. Skillful parents help their children navigate the challenges of growing up, help them on the way towards becoming competent and caring adults. Children facing high levels of risk in their lives need special, even inspired, support from their families. However families with rebellious children are often at a

loss on how to influence their children, and may have a particularly difficult time coping with the demands of adolescents. Family-centered prevention services will be more difficult to implement for families with significant unmet needs related to food, shelter, employment, literacy and physical and mental health.

The following chart indicates the data we use for specific risk factors.

Family Domain Risk and Protective Factor Indicators	Student Survey Scales	Archival Indicators
<i>Risk Factors</i>		
<ul style="list-style-type: none"> ▪ Family Conflict 	<ul style="list-style-type: none"> ▪ Family Conflict 	<ul style="list-style-type: none"> ▪ Divorce ▪ Domestic Violence Arrests
<ul style="list-style-type: none"> ▪ Family History of Substance Abuse 	<ul style="list-style-type: none"> ▪ Family History of Antisocial Behavior 	<ul style="list-style-type: none"> ▪ Adults in Alcohol and Other Drug (AOD) Treatment Programs ▪ Alcohol- and Drug- Related Deaths
<ul style="list-style-type: none"> ▪ Family Management Problems 	<ul style="list-style-type: none"> ▪ Poor Family Management ▪ Poor Discipline 	<ul style="list-style-type: none"> ▪ Children Living in Foster Care ▪ Children Living Away From Parents ▪ Victims in Accepted Child Abuse Referrals
<ul style="list-style-type: none"> ▪ Favorable Parental Attitudes and Involvement in the Problem Behavior 	<ul style="list-style-type: none"> ▪ Parental Attitudes Favorable Toward Drug Use ▪ Parental Attitudes Favorable Toward Antisocial Behavior 	
<i>Protective Factors</i>		
<ul style="list-style-type: none"> ▪ Bonding: Attachment 	<ul style="list-style-type: none"> ▪ Family Attachment 	
<ul style="list-style-type: none"> ▪ Opportunities 	<ul style="list-style-type: none"> ▪ Opportunities for Prosocial Involvement 	
<ul style="list-style-type: none"> ▪ Recognition 	<ul style="list-style-type: none"> ▪ Rewards for Prosocial Involvement 	

The case for family-centered approaches is strong. While school- and community-based substance abuse prevention programs are essential, they are not sufficient. Frequently, schools do not begin addressing the substance abuse problem until adolescence, although the data indicate that the problem often begins in preadolescence. If families are to be successful in preventing substance abuse during the early years of a child's development, both parents and children need to develop the behaviors and skills that will enable them to manage themselves and their families in ways that support health growth. This training and support is all the more important today as a variety of stresses push and pull the family from every side.

Family functioning, structure, and values have a significant impact on children's capacity to develop prosocial skills and cope with life's challenges. Parent and family skills training can provide parents and family members with new skills. These skills enable families to better nurture and protect their children, help children develop prosocial behaviors, and train families to deal with particularly challenging children.

*“Preventing Substance Abuse Among Children
and Adolescents: Family Centered Approaches”
SAMHSA 1998*

Data for Family Domain Risk and Protective Factors

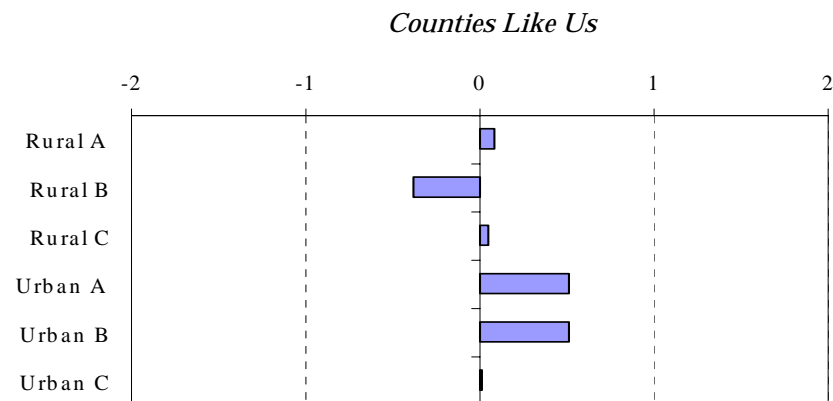
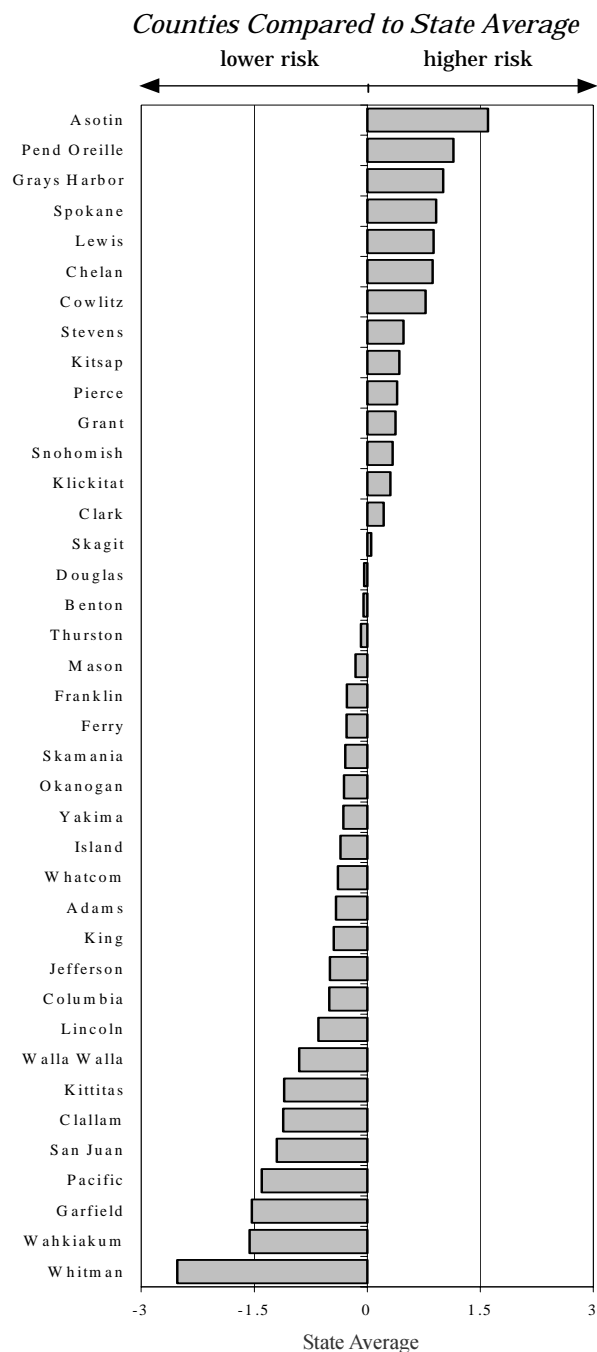
There are no state-level survey data for family risk factors. School personnel have been reluctant to include family risk factor questions in the student survey for fear that it would lead parents to refuse to allow their children to participate. Prevention, for which there are many excellent family-oriented science-based activities, must rely on archival social indicators for planning purposes.

While there are archival indicators for family domain risk factors, there are no data for family protective factors. One of the most interesting and important areas for research is to learn why some kids, even when faced with multiple risks, are able to remain resilient. For instance, the impact of community risk factors can be lessened by the protective factors of family warmth, attachment, bonding, cohesion, and effective parenting. Experience suggests that family-based prevention plans are more useful when they focus not only on problems but also on the strengths, competencies, and capabilities that help the family survive and thrive.

Prevention

Family conflict between parents and children can be addressed in parenting classes. However, if the problem that creates conflict lies between adults, and not between adult and child, then support groups for children outside of the family may offer opportunities to reduce risk and raise protection.

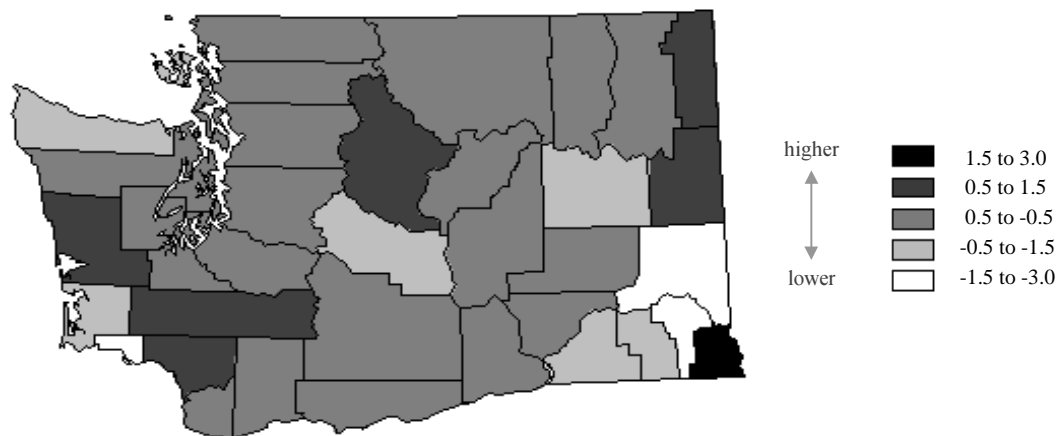
Family Conflict - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

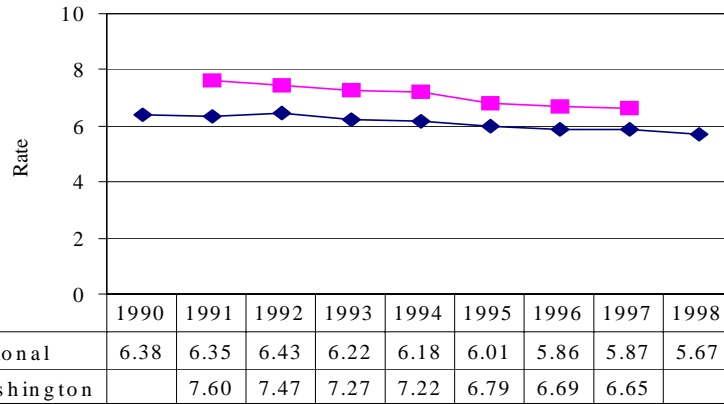
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Family Conflict - Archival Data

Divorces, per 1,000 adults (age 15 and over)



Divorce includes dissolutions, annulments, and unknown decree types. The national age range is 18 and over.

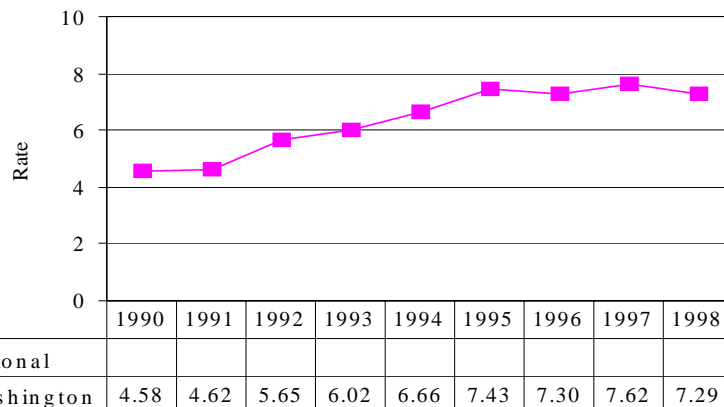
Sources: State - S4, S12 National - N5, N10 (See Appendix Data Sources)

Archival Social Indicators

Persistent conflict between parents or caregivers, or between parents and children, increases the risks for kids in these families. In fact, family conflict is a strong predictor of delinquency and antisocial behavior, including substance abuse.

Divorce is a social indicator for this risk factor because it suggests the existence of conflict, but domestic violence arrests is a more direct indicator of conflict. However, it is important to remember that the rate of domestic violence arrests can fluctuate according to social and police norms for defining domestic violence as well as work-load constraints. One well-publicized domestic violence case can lead to an increased number of reports and heightened police vigilance. This data should be interpreted with the help of local police agencies, shelter providers, and treatment agencies.

Domestic Violence Arrests, per 1,000 adults



Domestic violence includes any violence of one family member against another family member, including former spouses.

Sources: State - S12, S27 (See Appendix Data Sources)

Family Conflict - Archival Data

Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Divorce, per 1,000 (15+) ¹	Rank*	Domestic Violence Arrests, per 1,000 (18+) ²
1.60	Asotin	6	7.82	1	12.73
1.14	Pend Oreille	2	8.27	7	9.68
1.01	Grays Harbor	10	7.46	3	10.77
0.91	Spokane	9	7.46	4	10.33
0.88	Lewis	5	7.82	8	9.42
0.87	Chelan	14	7.11	2	10.88
0.77	Cowlitz	1	8.58	17	7.31
0.48	Stevens	17	7.04	9	9.23
0.43	Kitsap	3	8.04	22	6.86
0.40	Pierce	4	7.89	19	7.04
0.38	Grant	23	6.59	6	9.70
0.34	Snohomish	8	7.46	14	7.69
0.31	Klickitat	25	6.26	5	10.07
0.22	Clark	16	7.04	12	8.01
0.05	Skagit	13	7.16	21	7.00
-0.04	Douglas	22	6.59	13	7.76
-0.05	Benton	11	7.45	27	5.91
-0.08	Thurston	7	7.46	28	5.75
-0.16	Mason	20	6.84	23	6.70
-0.27	Franklin	27	6.19	15	7.55
-0.27	Ferry	21	6.61	25	6.66
-0.29	Skamania	33	5.81	10	8.26
-0.31	Okanogan	34	5.80	11	8.20
-0.32	Yakima	24	6.34	20	7.03
-0.35	Island	15	7.08	30	5.29
-0.39	Whatcom	28	6.12	18	7.17
-0.42	Adams	32	5.92	16	7.45
-0.44	King	26	6.22	24	6.69
-0.50	Jefferson	18	6.90	32	5.03
-0.50	Columbia	19	6.87	31	5.06
-0.65	Lincoln	12	7.41	38	3.24
-0.90	Walla Walla	30	6.08	33	4.89
-1.10	Kittitas	37	4.84	26	6.58
-1.11	Clallam	31	6.00	35	4.09
-1.20	San Juan	29	6.09	37	3.48
-1.40	Pacific	35	5.36	34	4.13
-1.53	Garfield	36	5.12	36	4.04
-1.56	Wahkiakum	38	4.27	29	5.69
-2.52	Whitman	39	3.68	39	2.52

Notes:

1/ Divorces, which were reported by county of decree in prior county reports, are now reported by county of residence. This avoids the high incidences report for Lincoln County due to decrees issued to residence of other counties.

2/ These data differ slightly from previous reports because arrest of juveniles and arrests for misdemeanors, previously omitted are included in this report for all years.

Increasing Protection, Reducing Risk

Asian Kids Society (AKS)
by Heather Reitmeier
Ruth Dykeman Children's Center

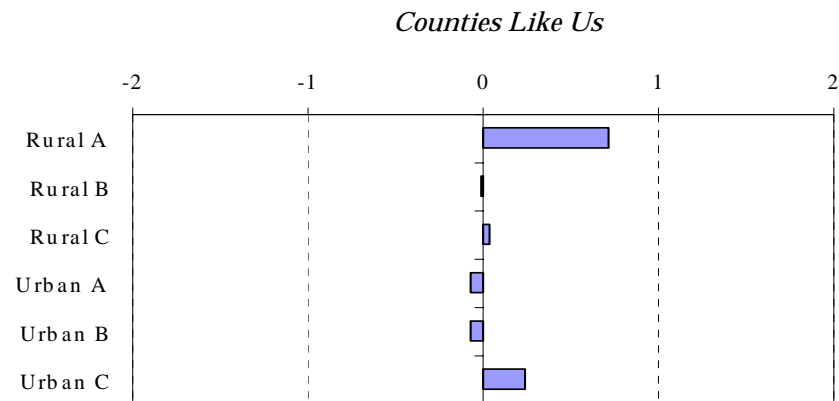
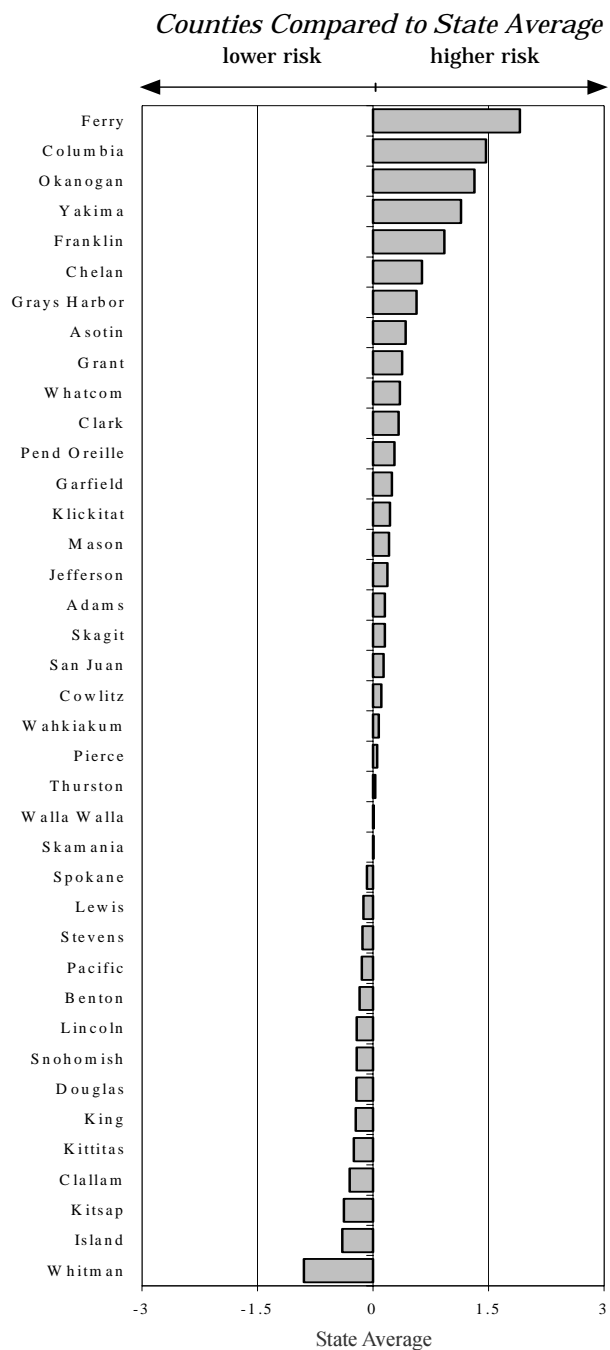
Our part of the county has a large immigrant and refugee Cambodian community. The kids in these families face a special set of risks. As a whole, the families we serve are low income, and there is a lot of substance abuse, with some kids starting really early. In addition, many of the kids are having trouble in school and conflict at home. The risk factors we recognized were "academic failure", "early first use", and "friends who use", based on recent surveys of the Highline School District. Another, often unmentioned, kind of stress on their lives is that the children and parents in these families are caught between two worlds—the Cambodian culture, especially at home, and the American culture at school and all around them. The temptation to Americanize at the expense of rejecting one's own cultural heritage for the chance to "fit in" is exceptionally high for these teenaged youth.

We decided that if we were going to help these high risk kids, we were going to have to do it in a way that acknowledged their dual worlds, minimized family conflict, and helped foster as a special strength their cultural heritage. Even if the kids were straining against the restrictions their parents tried to place on them, we wanted to help them learn to value their family's history and beliefs. This was going to have to happen if the families were going to be a source of strength and protection. Then, in addition, we would work on the skills that would help the youth succeed in school and resist peer pressures to use drugs.

The program we designed is full of cultural events and recognition. We help get the kids involved in traditional Cambodian celebrations, and we organize events that include their parents. We also do trainings with their parents—help them develop parenting skills, and learn about the school system. In other words, our central focus is still success in school. When the kids get together for our homework and tutoring sessions, the older kids help the younger ones. And we also do community service work. There are more than 40 kids of all ages enrolled in the program. As measured by the on-going participation of children and their families, the program has been very successful.

[This program received a Washington State Exemplary Substance Abuse Prevention Award.]

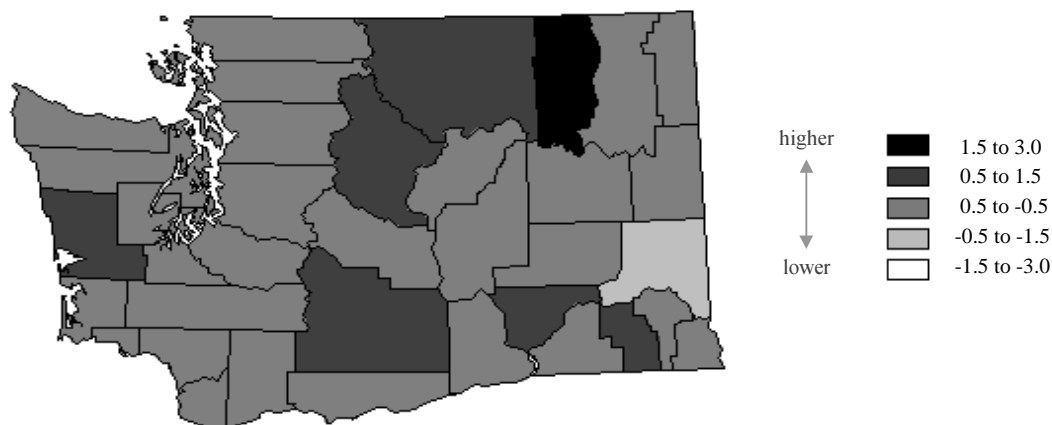
Family History of Substance Abuse - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

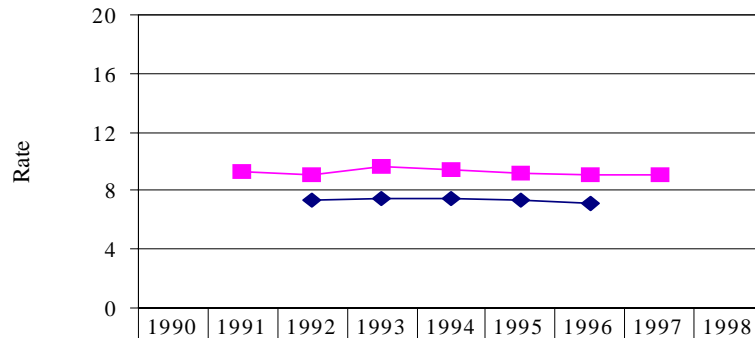
Risk Categories for Summary Measure*



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Family History of Substance Abuse - Archival Data

*Adults in Alcohol and Drug Treatment,
per 1,000 adults*



◆ National			7.30	7.47	7.51	7.37	7.17		
■ Washington		9.26	9.03	9.63	9.40	9.22	9.04	9.08	

Adults admitted to or assessed in state-funded alcohol or drug treatment programs. Those in treatment more than once during the year are only counted once for that year. There is some variation in reporting standards among the states. Because of these limitations, it is better to compare trends than to compare actual rates.

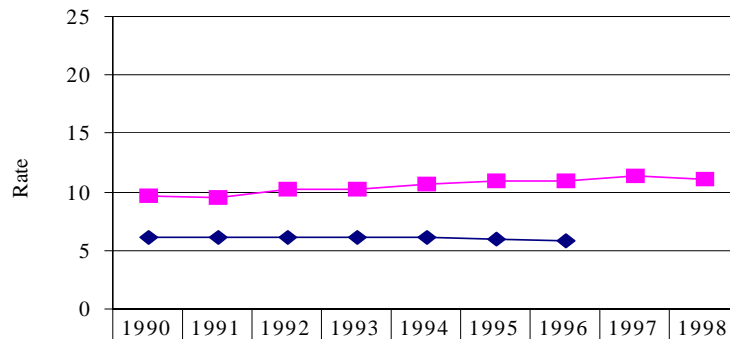
Sources: State - S10, S12 National - N5, N13 (See Appendix Data Sources)

Archival Social Indicators

These proxy indicators for Family History of Substance Abuse suggest that Washington is higher on this risk factor than the nation as a whole.

If children are raised in a family with a history of alcohol, tobacco, or drug abuse, they face far greater odds of developing chemical dependency. Similarly, children living in households with histories of criminal activity face high risk of delinquency, and research shows that the children of teenage mothers are more likely to be teen parents.

Alcohol or Drug Related Deaths, per 100 deaths



◆ National	6.14	6.15	6.11	6.06	6.05	5.94	5.81		
■ Washington	9.63	9.55	10.25	10.19	10.69	10.95	10.96	11.37	11.01

Includes deaths that are directly or indirectly related to alcohol or drug use, based on death certificates.

Sources: State - S3 National N9 (See Appendix Data Sources)

Family History of Substance Abuse - Archival Data

Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

1/ These numbers differ from those reported from the DSHS Needs Assessment Database. The differences result from changes and up-dates in the source systems and unduplication methods. Persons enrolled more than one year in the same outpatient or methadone treatment are included in this report, but were not reported in county level reports.

2/ The indicator Alcohol- and Drug-Related Deaths has been added to the calculation of Family History of Substance Abuse. This data was not available for the county reports. For information on our methods of determining alcohol or drug related deaths see <http://www.wa.gov/dshs/geninfo/rdapub.html> "Profile on Risk and Protection for Substance Abuse Prevention Planning in Washington State, May 1997" Appendix B.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Adults in Alcohol and Drug Treatment, per 1,000 (18+) ¹	Rank*	Alcohol- and Drug-Related Deaths, per 100 deaths ²
1.91	Ferry	2	21.60	1	14.95
1.47	Columbia	1	24.59	32	9.20
1.32	Okanogan	4	17.18	2	14.08
1.14	Yakima	3	18.13	6	11.99
0.92	Franklin	5	16.70	9	11.51
0.63	Chelan	8	13.61	7	11.80
0.57	Grays Harbor	9	13.10	8	11.71
0.42	Asotin	6	16.17	38	8.13
0.38	Grant	16	10.57	5	12.33
0.35	Whatcom	12	12.01	17	10.94
0.33	Clark	27	8.92	3	13.32
0.28	Pend Oreille	15	11.34	16	10.96
0.25	Garfield	7	15.23	39	7.56
0.22	Klickitat	19	10.20	11	11.45
0.21	Mason	26	8.92	4	12.41
0.19	Jefferson	10	12.67	33	9.19
0.15	Adams	14	11.54	27	9.84
0.15	Skagit	11	12.06	31	9.41
0.14	San Juan	20	9.85	14	11.10
0.11	Cowlitz	17	10.49	24	10.35
0.07	Wahkiakum	13	11.91	35	8.95
0.05	Pierce	22	9.54	19	10.71
0.03	Thurston	29	8.53	12	11.35
0.01	Walla Walla	18	10.33	29	9.75
0.00	Skamania	23	9.39	22	10.48
-0.08	Spokane	21	9.81	30	9.47
-0.13	Lewis	25	8.98	28	9.82
-0.14	Stevens	28	8.58	25	10.05
-0.15	Pacific	34	7.27	15	11.04
-0.18	Benton	32	7.43	20	10.69
-0.21	Lincoln	24	9.34	36	8.88
-0.21	Snohomish	33	7.42	23	10.42
-0.22	Douglas	35	6.87	18	10.83
-0.22	King	31	8.03	26	9.85
-0.25	Kittitas	36	5.83	10	11.45
-0.30	Clallam	30	8.13	34	9.17
-0.38	Kitsap	37	5.69	21	10.55
-0.40	Island	38	4.65	13	11.26
-0.90	Whitman	39	3.54	37	8.36

Prevention

Preventing the Cycle of Drug Abuse

by Jennifer Lane

Grant County PARC

The Parent Child Assistance Program (PCAP) is designed for mothers or pregnant women who are abusing drugs, and who have lost other opportunities for support—perhaps by continuing to use drugs which makes them ineligible for treatment. The PCAP never kicks the participant and her family out of the program regardless of what she does. PCAP will be a constant in her and her family's life. The goal is to prevent the harm that drug addiction causes babies and children.

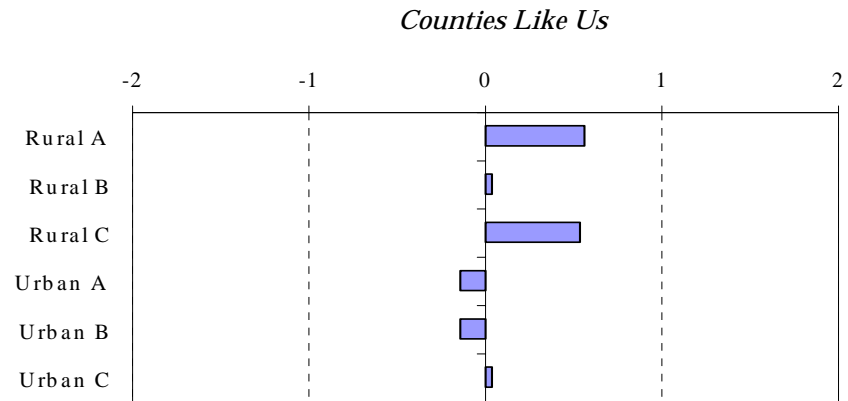
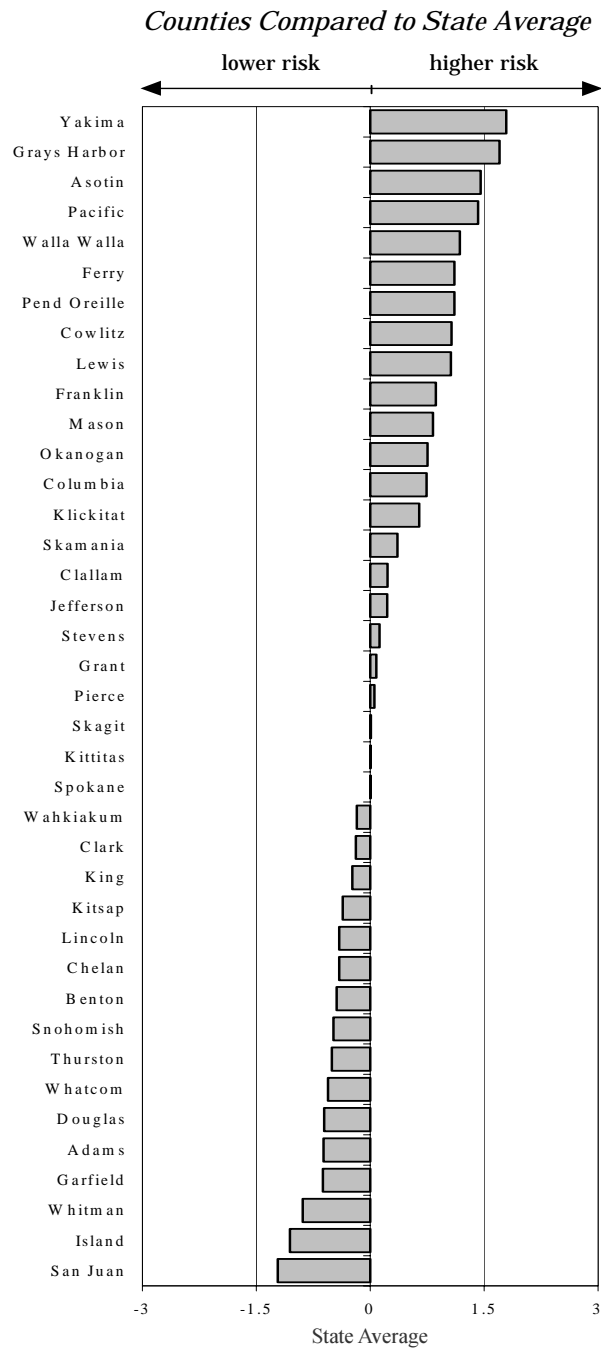
Most of the women who enter PCAP are not independent—they rely heavily on a partnership, a partnership where they “think” they are being cared for or taken care of. Because of the lack of independence, they repeatedly drag themselves and their children into bad relationships, often with partners who are also using and encourage them to use. They find themselves trapped in a cycle of chemical abuse and addiction, and dealing with issues such as guilt, either for their children or due to some physical and mental abuse. Worse, we see a pattern where the problems are manifested by the children, who in turn replicate the lifestyle of chemical abuse, physical/mental abuses, etc.

These environmental issues are complicated, and may reduce the likelihood of successful drug treatment. The goal of the Parent Child Assistance Program is to support the parent so she can break that cycle for herself and her children, and believe me, they want to. When we added the PCAP to our treatment options, many more women successfully entered treatment—I think the increase is because we are committed to helping them deal with other aspects of their lives that are important to them. By working with the mom to deal with the many complicated environmental issues she faces, treatment becomes her choice instead of the “system's” mandate.

Note:

The PCAP project has been in existence in Seattle and Tacoma for quite some time and now is also in Spokane, Yakima and Grant Counties, and the Colville Tribe.

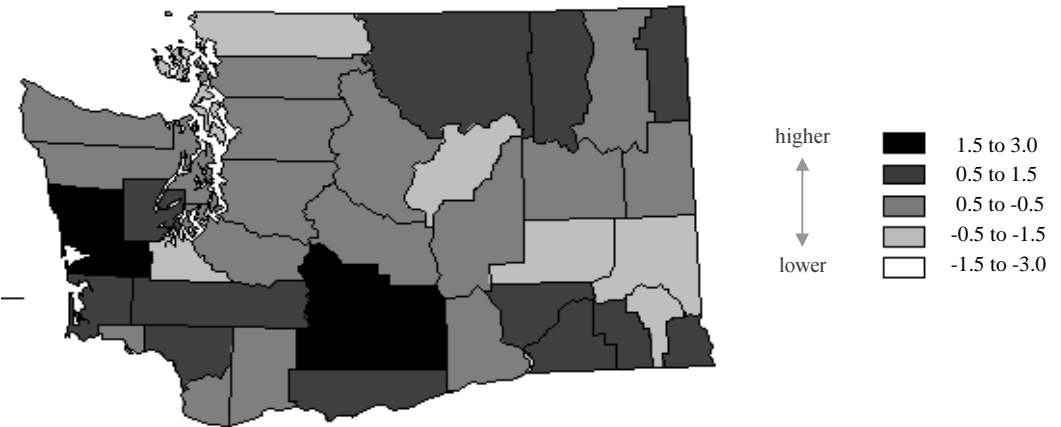
Family Management Problems - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

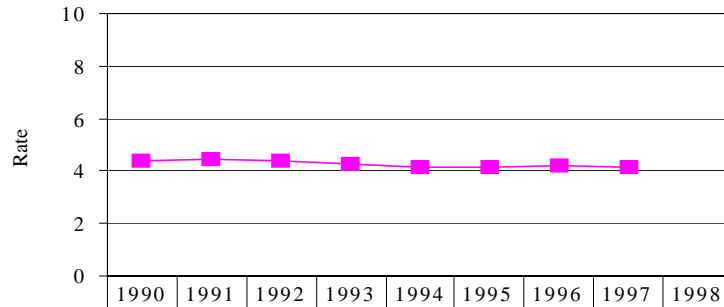
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Family Management Problems - Archival Data

*Children in Foster Care,
per 1,000 children (age birth-17)*



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National									
■ Washington	4.41	4.44	4.41	4.25	4.13	4.14	4.22	4.17	

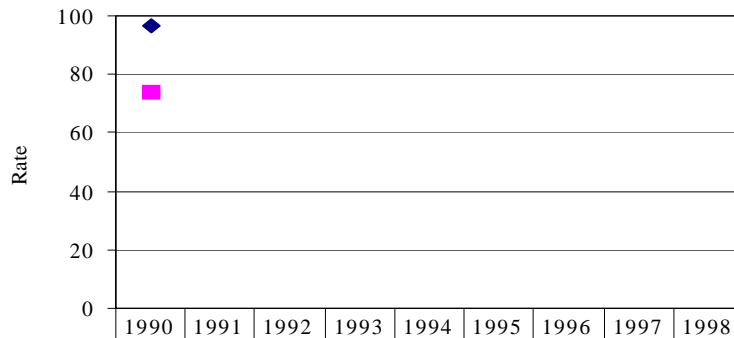
Average monthly number of children in state-paid, family-based foster care or guardianship; regardless of parental rights termination or length of care. This is a "duplicated" count. Children entering service more than once are counted each time.

Source: State - S9, S12 (See Appendix Data Sources)

Archival Social Indicators

Family management practices that increase the risk of substance abuse include lack of clear expectations for behavior, failure of parents to monitor their children (where they are and who they are with), and excessively severe or inconsistent punishment. Children living in families with management problems may be more adrift than other children, perhaps more vulnerable to additional risk factors outside of the family. Parent and family skills training can provide parents and family members with new skills, and can also train parents to deal with particularly challenging children.

*Children Living Away From Parents,
per 1,000 children (age birth-17)*



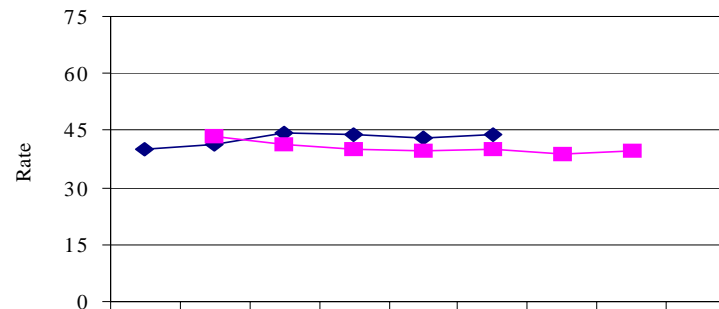
	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	96.59								
■ Washington	73.90								

The annual number of children who do not live with either or both of their parents or guardians.

Sources: State - S23 National - N4 (See Appendix Data Sources)

Family Management Problems - Archival Data

*Victims in Accepted Child Abuse Referrals,
per 1,000 children (age birth-17)*



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	40.18	41.40	44.17	43.75	43.15	43.91			
■ Washington		43.50	41.30	40.03	39.71	40.16	38.98	39.60	

The annual number of children (age birth-17) identified as victims in reports to Child Protective Services that were accepted for further action. Children are counted more than once if they are reported as a victim more than once during the year.

Sources: State - S8, S12 National - N5, N12 (See Appendix Data Sources)

Prevention

Washington Council for Prevention of Child Abuse and Neglect

The Washington Council for Prevention of Child Abuse and Neglect funds programs that improve the health and well being of children and families in Washington State. Each program offers services to participants that help them develop some of the following protective factors and skills:

- *Positive nurturing and bonding behaviors*
- *Effective communication skills*
- *Effective problem-solving skills*
- *A responsive social network*
- *Understand stress cues*
- *Knowledge of child development*
- *Life skills/self-sufficiency management*
- *Non-punitive discipline and guidance skills*

If you would like more information, contact the Washington Council for Prevention of Child Abuse and Neglect at wpcpan@dshs.wa.gov or (206) 464-6151.

Family Management Problems - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**					
		Rank*	Children in Foster Care, per 1,000 (0-17) ¹	Rank*	Children Living Away From Parents, per 1,000 (0-17) ²	Rank*	Victims in Accepted Child Abuse Referrals, per 1,000 (0-17) ³
1.79	Yakima	4	7.01	2	105.93	5	64.18
1.71	Grays Harbor	5	6.93	7	88.19	2	80.34
1.45	Asotin	3	7.26	19	71.60	1	82.60
1.42	Pacific	8	6.03	3	100.24	6	62.18
1.18	Walla Walla	10	6.01	4	91.35	7	60.26
1.11	Ferry	18	4.82	1	109.32	15	49.40
1.11	Pend Oreille	1	8.73	21	70.53	13	51.01
1.07	Cowlitz	13	5.35	11	81.44	3	72.54
1.06	Lewis	12	5.37	6	88.20	4	64.40
0.86	Franklin	9	6.02	9	83.26	11	53.25
0.83	Mason	14	5.09	8	85.73	9	58.42
0.75	Okanogan	7	6.12	5	88.35	24	41.11
0.74	Columbia	2	7.32	23	68.07	14	50.27
0.65	Klickitat	6	6.25	17	73.21	12	51.07
0.36	Skamania	20	4.64	12	80.46	20	45.47
0.23	Clallam	16	4.98	16	73.34	21	43.31
0.22	Jefferson	21	4.55	30	64.57	10	57.16
0.12	Stevens	17	4.85	26	66.41	18	47.11
0.08	Grant	11	5.47	24	66.99	28	37.83
0.05	Pierce	23	4.35	13	77.50	29	36.60
0.01	Skagit	24	4.34	10	81.94	33	29.48
0.00	Kittitas	30	3.56	32	61.84	8	59.70
0.00	Spokane	19	4.72	22	69.33	26	39.22
-0.18	Wahkiakum	27	3.90	28	65.53	22	43.10
-0.19	Clark	28	3.62	14	75.12	30	34.78
-0.23	King	29	3.57	15	74.96	32	33.25
-0.36	Kitsap	37	2.84	31	63.35	17	47.33
-0.41	Lincoln	26	3.99	36	54.31	23	42.97
-0.41	Chelan	22	4.47	25	66.90	37	23.97
-0.44	Benton	33	3.28	34	54.93	16	47.91
-0.49	Snohomish	35	2.99	29	64.70	27	38.08
-0.51	Thurston	31	3.47	18	71.66	36	24.30
-0.55	Whatcom	32	3.42	27	66.25	34	28.41
-0.61	Douglas	25	3.99	20	70.55	39	15.07
-0.62	Adams	15	5.07	37	49.01	35	27.12
-0.62	Garfield	34	3.18	35	54.51	25	40.38
-0.89	Whitman	36	2.87	39	39.76	19	46.66
-1.06	Island	39	2.26	38	48.73	31	34.65
-1.22	San Juan	38	2.27	33	57.74	38	16.81

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

1/ This data shows the average monthly duplicated number of children in foster care. Previous county reports gave the total annual unduplicated number of children in foster care. (In Technical Notes, see Duplicated and Unduplicated Counts.)

2/ This data comes from the U.S. Census and is collected only once per decade.

3/ Referral is a report of suspected child abuse.

SCHOOL



The School Risk and Protective Factors

Being able to succeed in school is certainly one of the most important factors in a child's or adolescent's self-confidence and hopes and beliefs in the future. Beginning in the late elementary grades, academic failure increases the risk of both early substance abuse and delinquency. While schools have the principle responsibility for education, success for a child requires a supportive environment outside of the school. From having space and a routine for completing homework to the family's expectations for achievement, the home and environment plays a powerful role in academic involvement. Parents already stressed for time may lack the resources to help their children participate in school and extracurricular activities (those that create bonding to the school), or for helping their children who are having trouble in school.

While the survey and archival social indicators we use for risk factors in the school domain focus on individual

achievement, the environment of the school building itself affects the development of habits necessary to keep up with classmates. For instance, those with crowded classrooms, high rates of student turnover, high staff turnover, limited budgets for teachers' aids to staff reading rooms and tutoring help face enormous challenges in meeting the needs of high risk children. An influential study in 1989 by the Carnegie Council on Adolescent Development pointed directly to school structure as a major problem at the middle school level. Many of the same problems they cite apply to high schools and, in some communities, elementary schools. Among their recommendations, the Carnegie report emphasized smaller more personal school units, more meaningful contact between children and caring adults; an emphasis on success for all students; and closer, more trusting relationships between the school, students, and parents, leading to a "community of shared purpose" (Hawkins and Catalano, 1992).

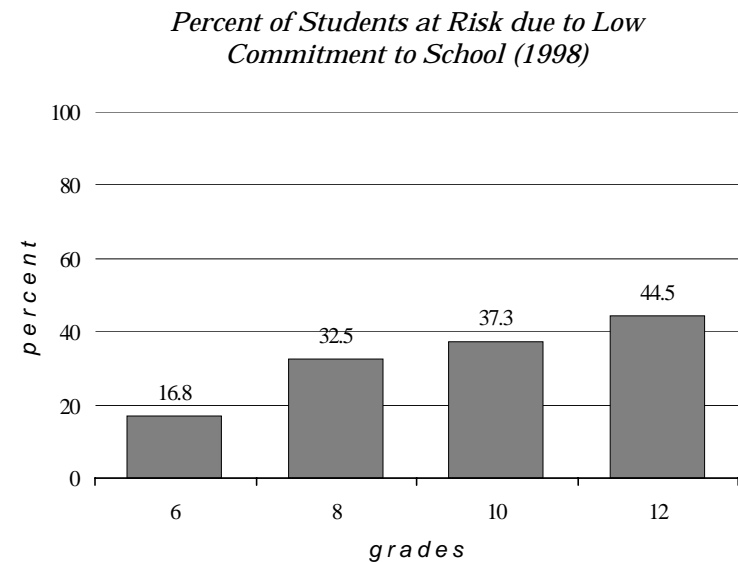
School Domain Risk and Protective Factor Indicators	Student Survey Scales	Archival Indicators
<i>Risk Factors</i>		
<ul style="list-style-type: none"> ▪ Low Commitment to School 	<ul style="list-style-type: none"> ▪ Little Commitment to School 	<ul style="list-style-type: none"> ▪ High School Dropouts
<ul style="list-style-type: none"> ▪ Low School Achievement 	<ul style="list-style-type: none"> ▪ Academic Failure 	<ul style="list-style-type: none"> ▪ Academic Failure ▪ Poor Academic Performance, Grade 4 ▪ Poor Academic Performance, Grade 8
<i>Protective Factors</i>		
<ul style="list-style-type: none"> ▪ Opportunities 	<ul style="list-style-type: none"> ▪ Opportunities for Prosocial Involvement - School 	
<ul style="list-style-type: none"> ▪ Recognition 	<ul style="list-style-type: none"> ▪ Rewards for Prosocial Involvement - School 	

Low Commitment to School

Research has shown that drug use is significantly lower among students who expect to attend college than those who do not. Factors such as liking school, spending time on homework, and perceiving their coursework as relevant are also negatively related to high levels of drug use. When young people cease to see school as meaningful or important in their lives, they are at higher risk of engaging in unhealthy behavior.

Survey Data

Students respond to questions about how interesting and meaningful they find their coursework, about how important school will be for their later life, and how often they either enjoy or hate school, and how often they miss school.



Increasing Protection, Reducing Risk

Teen Mentors for Elementary School Children
by Mary Ellen de la Peña
Prevention Specialist, Kitsap County

In August 1990, under the auspices of the Kitsap County Commission on Children and Youth, we spent a whole day brainstorming with a group of 15 teens from five high schools in the county. The task was to identify significant social, educational and health issues that face youth, and recommend solutions. The teenagers unanimously recommended that support be given to children early in their development, before problems get serious. They also suggested that one important form of support for children should be providing them with older teens who would act as their “big brothers” or “big sisters”. From the beginning this made sense. We all remembered that as kids ourselves there was a special aura that hung around older kids, they were magic—and they were better than adults.

The idea of teen mentors for children made sense because the Big Brother/Big Sister program in our community was struggling to meet the demands of a long waiting list. Planning this as a school-based program meant that some of the program costs could be reduced using existing staff and facilities, and therefore more children could be served.

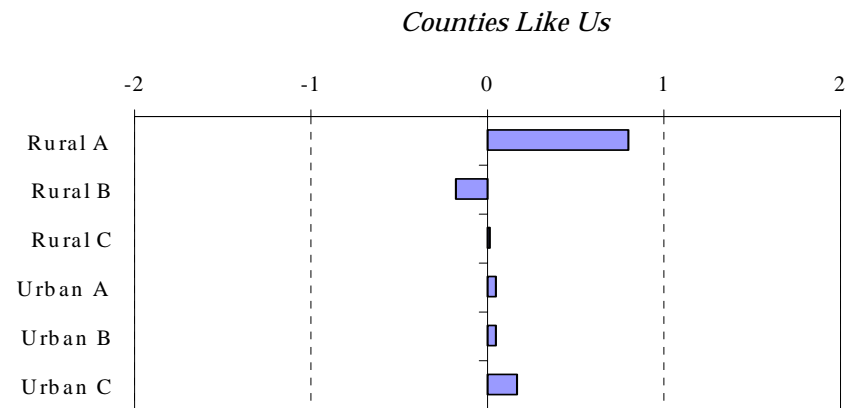
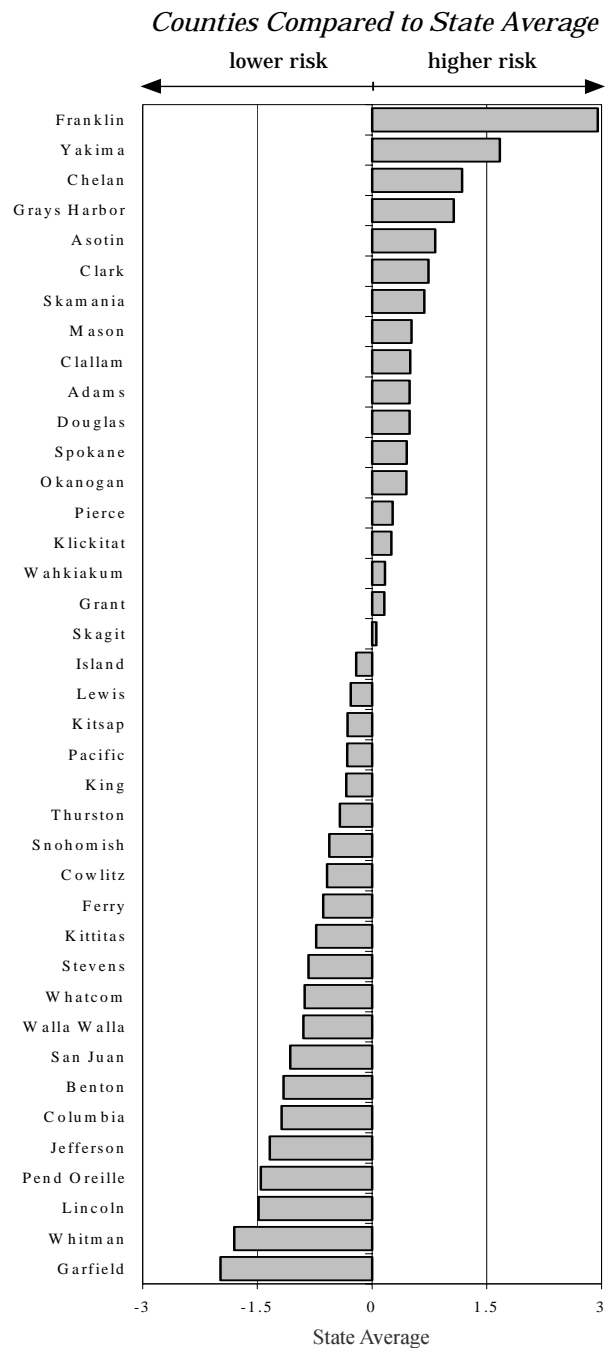
So we started out working with staff in one high school and one elementary school to identify 12 teen mentors and 12 children who needed additional social and/or academic support at school. The teens who wanted to become mentors went through an extensive selection process based on their qualifications and commitment to act as role models and friends to younger children. This program has proved to work so well for mentors and “mentees” that it has expanded to involve close to 100 mentors from three high schools in two school districts, working with their mentees in eight elementary schools.

These mentoring relationships fill important social and academic gaps for younger children—it helps to reduce their risks for problem behaviors by giving them a positive role model, an older successful student to bond to in the school setting, and an opportunity to shine. Experience has shown that the younger child who has a teen as their special friend at school is considered by other children to be very fortunate. This is no stigma but rather a social benefit associated with having a teen mentor. School staff and parents are seeing some positive changes in self-confidence and attitude toward school as a result of this program.

Kids have some of the best ideas about what works for kids!

[This program received a Washington State Exemplary Substance Abuse Prevention Award.]

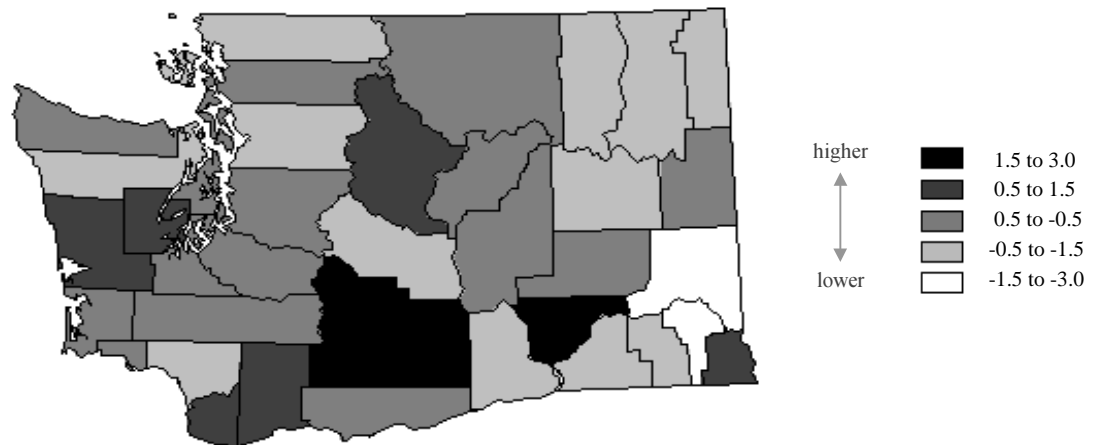
Low Commitment to School - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

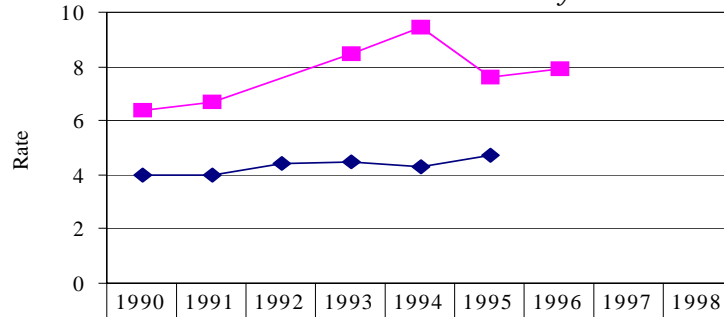
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Low Commitment to School - Archival Data

*High School Dropouts, per 100 students (grades 9-12)
enrolled in school in May*



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	4.00	4.00	4.40	4.50	4.30	4.70			
■ Washington	6.36	6.68		8.47	9.45	7.62	7.94		

The annual number of students who dropped out of school in a single year. National rates do not include data for 9th graders.

Sources: State - S17, S18 (See Appendix Data Sources)

Low Commitment to School - Archival Data

Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**	
		Rank*	High School Dropouts, per 100 (grades 9-12) ¹
2.95	Franklin	1	13.51
1.67	Yakima	2	10.67
1.18	Chelan	3	9.57
1.07	Grays Harbor	4	9.33
0.83	Asotin	5	8.79
0.74	Clark	6	8.59
0.68	Skamania	7	8.48
0.51	Mason	8	8.10
0.50	Clallam	9	8.06
0.49	Adams	11	8.04
0.49	Douglas	10	8.04
0.45	Spokane	12	7.97
0.45	Okanogan	13	7.96
0.27	Pierce	14	7.56
0.25	Klickitat	15	7.52
0.17	Wahkiakum	16	7.33
0.16	Grant	17	7.31
0.05	Skagit	18	7.08
-0.21	Island	19	6.49
-0.28	Lewis	20	6.34
-0.32	Kitsap	21	6.24
-0.33	Pacific	22	6.23
-0.34	King	23	6.21
-0.42	Thurston	24	6.03
-0.56	Snohomish	25	5.72
-0.59	Cowlitz	26	5.66
-0.64	Ferry	27	5.54
-0.73	Kittitas	28	5.33
-0.83	Stevens	29	5.11
-0.88	Whatcom	30	5.00
-0.90	Walla Walla	31	4.96
-1.07	San Juan	32	4.58
-1.16	Benton	33	4.39
-1.18	Columbia	34	4.33
-1.33	Jefferson	35	4.00
-1.45	Pend Oreille	36	3.73
-1.48	Lincoln	37	3.67
-1.80	Whitman	38	2.96
-1.98	Garfield	39	2.56

Notes:

1/ These data from the Office of Superintendent of Public Instruction are provided instead of the Census data used in previous reports. No data are available for 1992.

Prevention

Research and our common sense shows that students' problems with substance use and problems in school go hand in hand. Because substance use and the social situations in which substance use may occur happen outside of the school setting, it is not an issue that schools can take on easily. Nevertheless, the school day provides an excellent venue for intervening with prevention and intervention services. For this reason, service providers, community organizations and schools are working closely to reach at-risk kids with the attention and services they need to help them succeed in school, and improve their skills at resisting social pressures that favor substance use. DASA prevention specialists work closely with schools, delivering programs and services both in and out of school, working with schools to identify those families that may need support services, and often collaborating with school districts or Educational Service Districts to apply for grant funding for prevention curricula.

Schools have internal prevention services, as well. Since 1990 the State has been supporting the Prevention and Intervention Services Program (PISP) which has put more than 240 intervention specialists into 600 schools. These specialists make presentations in classrooms, form support groups, refer students to community resources, and integrate their school-based services with community resources. In an evaluation of the PISP, prevention specialists and school staff all reported that the program has "helped tremendously" in expanding and integrating the efforts of schools and communities to better serve students with substance use problems. The evaluation also found a significant improvement in grades for students participating in these prevention services. When students improve their grades, they may also improve their commitment to school, and to their own drug-free future.

Among recommendations that came from the PISP evaluation are several that can apply to prevention more broadly.

- Intervene early before problem behavior begins.*
- Expand outreach efforts between schools, community groups, social and health service providers.*
- Expand the breadth and depth of family engagement.*
- Intervene in tobacco use early. ("Early tobacco initiation may be the single best observable predictor of subsequent alcohol and marijuana use and other antisocial behavior.")*
- Attend to developmental differences. (School professionals have training in adolescent development, and prevention specialists are trained to assess drug dependence—they must work together to determine what prevention activities may be appropriate at what developmental stage.)*

For more information, see "Intervening in Adolescent Substance Abuse - An Evaluation of Washington's Prevention and Intervention Services Program."

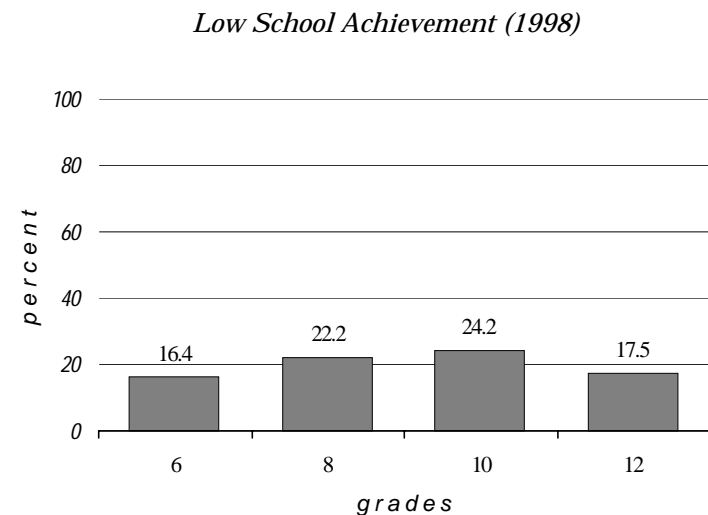
Low School Achievement

Children fail in school for many reasons, but research indicates that the very experience of failure, whether or not the failure is linked to the student's ability, places the student at high risk. When children experience early school failure, it can become self-perpetuating—a self-fulfilling prophecy (Hawkins and Catalano, 1992). Studies that have traced the impact of early school failure and its relationship to later conduct disorders reveal several patterns. When poor school performance and disruptive conduct cause a child to be placed in special education classes, the child's social world narrows—they are exposed primarily to other children with problems. This in turn limits their opportunities to learn prosocial skills from peers. Further, being classified as an academic and social failure by authority figures may shape a child's self-perception of competence, perhaps leading to lowered expectations.

Early childhood education and increased support in elementary school can have a significant impact on a child's opportunity for success in school. Longitudinal studies show, however, that unless followed by high quality educational programs, the benefits of early school support fade.

Survey Data

Students who earn good grades are less likely to use alcohol, tobacco and marijuana.



Prevention

Instructional Improvement

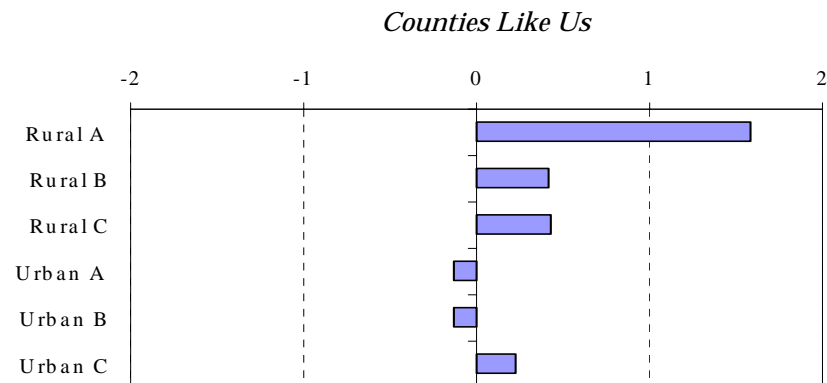
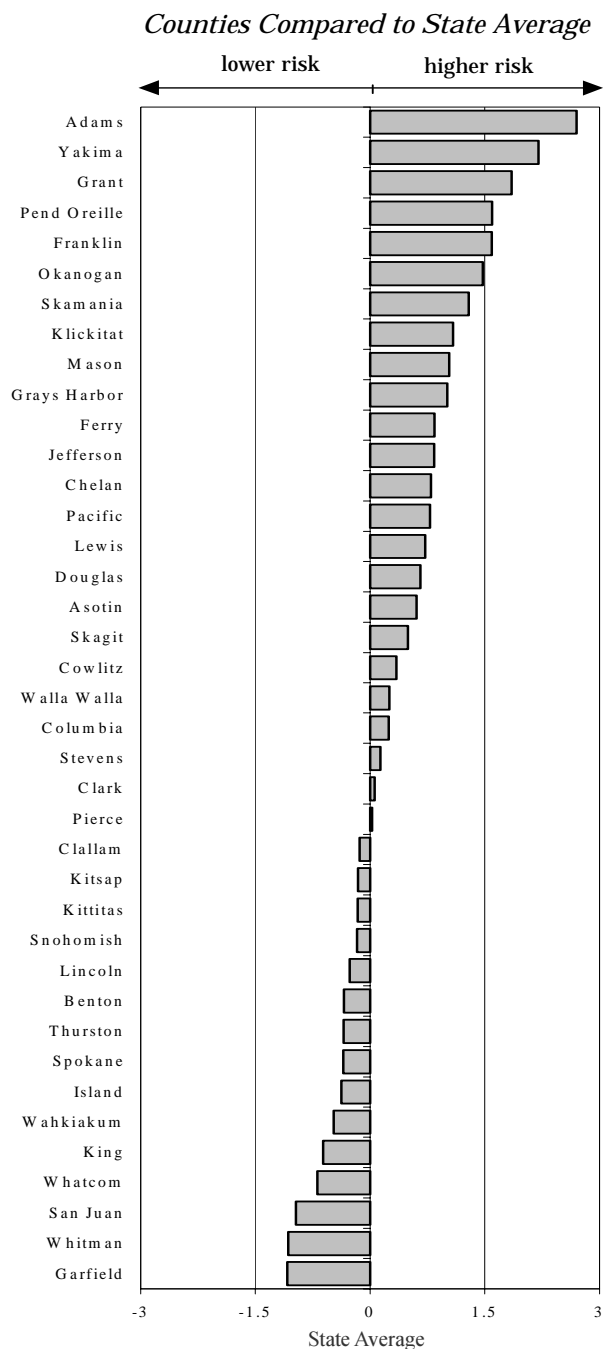
Children who experience low academic achievement and behavior problems in the primary grades often fall into a pattern of repeated failure and acting out that teachers and parents find difficult to change. Better organized classrooms allow more time to be spent on teaching and less time on reactive discipline. When students spend more time engaged in learning, student achievement improves, and bonding—to the classroom, the teacher, other students, and the school—is enhanced.

Instructional improvement attempts to prevent school failure by exposing all students, including those at high risk, to teaching strategies that improve classroom climate, interactions among students and between students and teachers, and academic achievement for all. All students in kindergarten through twelfth grade can be affected by instructional improvement.

*This approach includes three distinct but complementary strategies: **proactive classroom management**, which involves students in their learning through more effective use of classroom time; **effective teaching strategies**, a method for designing lesson plans to motivate students, keep them actively involved in learning, and help them to achieve; and **cooperative learning**, which encourages students to work together in groups, thereby developing a wide range of social and academic skills.*

From *Communities That Care*, Chapter 9.

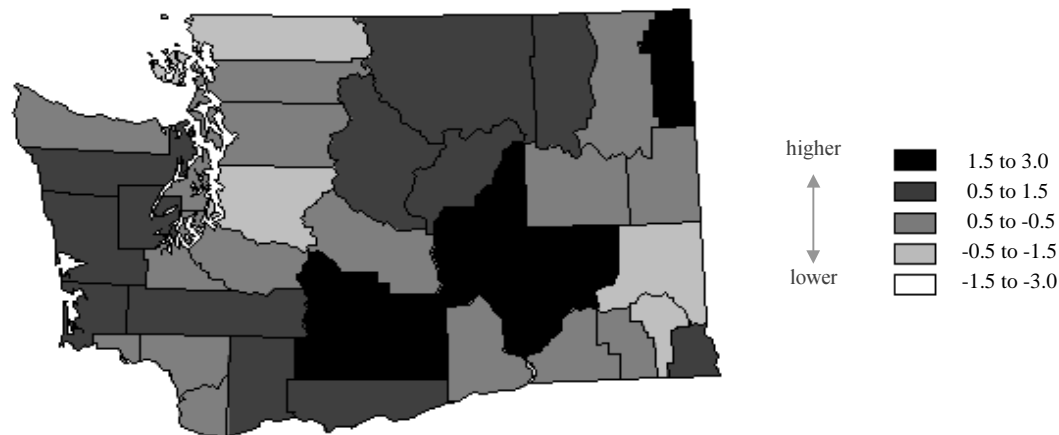
Low School Achievement - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

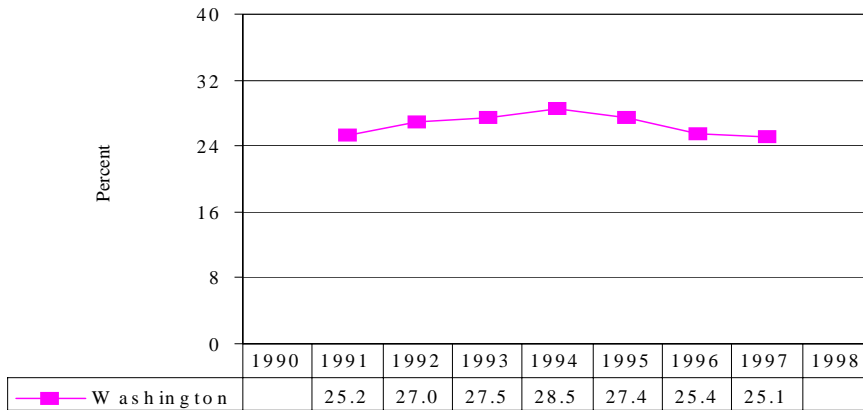
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Low School Achievement - Archival Data

Percent of Students Who Scored at or Below the National Poor Academic Performance Threshold - 4th Graders



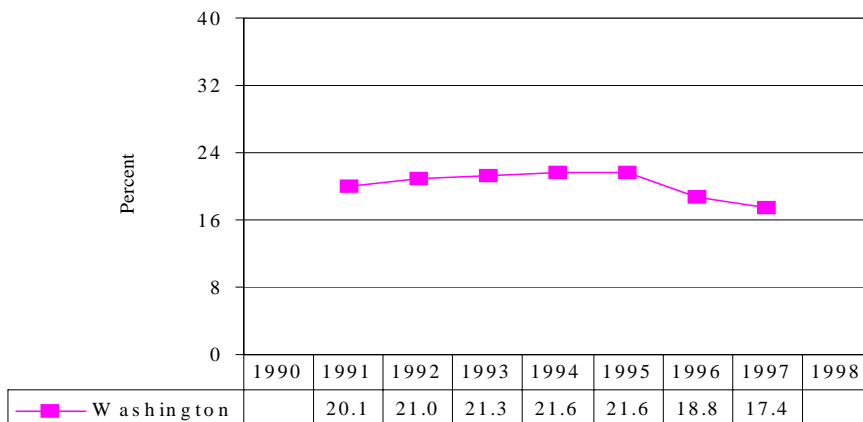
Test scores in the lowest 25% compared to the national norm group. The Battery test score is the average of the scores on the reading, language, and math portions of the Comprehensive Tests of Basic Skills.

Source: State - S19 (See Appendix Data Sources)

Archival Social Indicators

This risk factor indicator is based on Washington 4th and 8th graders' scores on a nationwide academic achievement test. For this scale, a threshold for poor performance is defined as the top score earned by the lowest scoring quartile of the nation's students. Washington youth are considered showing "poor academic performance" if their scores fall at or below the threshold. The trend chart shows the percentage of Washington 4th and 8th graders who fell into this category.

Percent of Students Who Scored at or below the National Poor Academic Performance Threshold - 8th Graders



Test scores in the lowest 25% compared to the national norm group. The Battery test score is the average of the scores on the reading, language, and math portions of the Comprehensive Tests of Basic Skills.

Source: State - S20 (See Appendix Data Sources)

Low School Achievement - Archival Data

Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

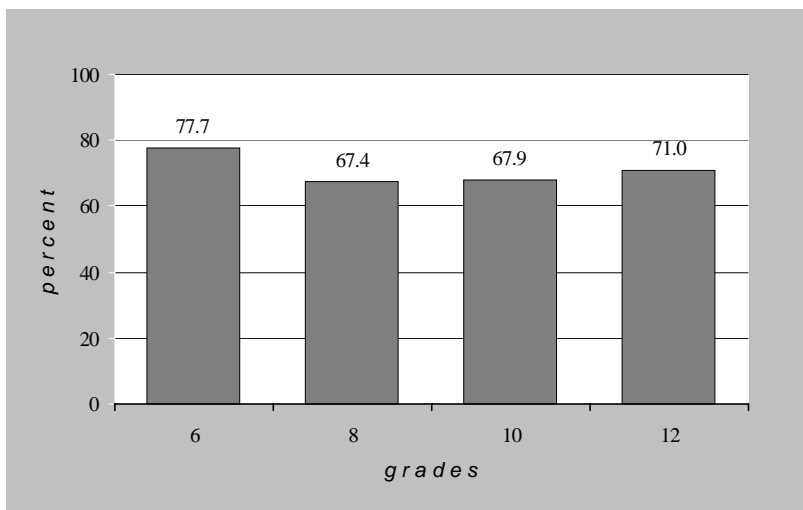
***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Poor Academic Performance, per 100 tested (4th graders)	Rank*	Poor Academic Performance, per 100 tested (8th graders)
2.70	Adams	1	46.46	1	37.64
2.20	Yakima	2	45.80	2	31.90
1.85	Grant	3	42.38	6	30.34
1.59	Pend Oreille	5	38.04	5	30.75
1.59	Franklin	6	36.86	3	31.70
1.48	Okanogan	4	38.76	7	28.65
1.29	Skamania	15	33.02	4	31.16
1.08	Klickitat	10	34.21	9	27.51
1.03	Mason	14	33.10	8	27.80
1.01	Grays Harbor	12	33.85	10	26.90
0.84	Ferry	13	33.63	11	24.95
0.84	Jefferson	7	36.46	17	22.54
0.80	Chelan	11	34.00	14	24.08
0.79	Pacific	8	35.35	16	22.82
0.72	Lewis	16	31.81	12	24.91
0.66	Douglas	17	31.76	13	24.23
0.61	Asotin	9	34.64	21	21.15
0.49	Skagit	19	30.32	15	23.34
0.34	Cowlitz	18	30.50	20	21.30
0.25	Walla Walla	22	29.77	22	20.78
0.25	Columbia	20	30.07	23	20.43
0.14	Stevens	21	29.89	27	19.20
0.06	Clark	23	25.76	18	21.70
0.02	Pierce	25	25.68	19	21.31
-0.14	Clallam	24	25.70	26	19.27
-0.16	Kitsap	29	24.41	25	20.06
-0.16	Kittitas	30	24.37	24	20.07
-0.17	Snohomish	26	25.60	29	18.92
-0.26	Lincoln	31	24.00	28	19.09
-0.34	Benton	32	23.93	30	18.13
-0.35	Thurston	27	24.66	33	17.49
-0.35	Spokane	33	23.84	31	18.12
-0.37	Island	28	24.61	34	17.18
-0.48	Wahkiakum	36	22.57	32	17.60
-0.61	King	34	22.60	35	15.85
-0.69	Whatcom	35	22.57	36	14.90
-0.97	San Juan	38	21.86	38	11.99
-1.07	Whitman	39	18.25	37	13.72
-1.08	Garfield	37	22.39	39	10.13

Protective Factors - School

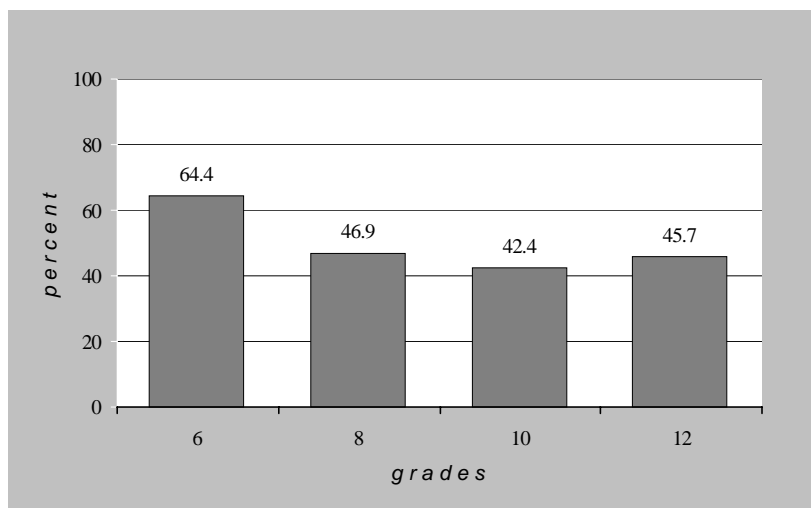
Percent of Students Protected by Opportunities for Prosocial Involvement at School (1998)



When young people are given opportunities to participate meaningfully in activities at school, they are less likely to engage in problem behaviors. However, taking up these opportunities require bonding to leaders, mentors or others associated with these activities.

For this protective factor scale, students answer questions as to whether or not they have chances to help decide things in class (activities and rules), to be part of class discussions or activities, to talk to teachers one-on-one, and to work on special projects.

Percent of Students Protected because they Perceive Recognition for Prosocial Involvement at School (1998)



As in the community and family domains, when young people are recognized and rewarded for their contributions, they are less likely to get involved in health risk behaviors.

For this scale, students are asked if their teachers notice when they are doing a good job, and let them know it, if they are praised for working hard, and if the school lets their parents know when they are doing a good job.

INDIVIDUAL / PEER



Individual/Peer Risk and Protective Factors

Risk-taking behavior and experimentation are part of the developmental trajectory in the transition to adulthood. But all risk-taking behavior is not the same. The potential harm that lies behind each risky behavior depends on the age of the person who experiments, and the reinforcement for the behavior that may exist among friends or in the acceptance that exists in the family, community or society at large.

Children who experience alienation or rebelliousness, or who associate with peers who engage in risk-taking behavior, may feel they are not bound by society's rules. They may not believe in trying to be successful, and may be antagonistic toward mainstream norms and behaviors. Children who engage in these behaviors are at increased risk for eventual drug abuse. The younger they are when they internalize these behaviors, the more difficult it is to turn them toward a healthier, more affirmative life style.

Individual/Peer Domain Risk and Protective Factor Indicators	Student Survey Scales	Archival Indicators
<i>Risk Factors</i>		
▪ Rebelliousness	▪ Rebelliousness	
▪ Antisocial Behavior	▪ Antisocial Behavior	
▪ Friends Who Engage in the Problem Behavior	▪ Friends' Use of Drugs ▪ Interaction with Antisocial Peers	
▪ Favorable Attitudes Toward the Problem Behavior	▪ Favorable Attitudes Toward Drug Use ▪ Perceived Risks of Drug Use ▪ Favorable Attitudes Toward Antisocial Behavior ▪ Rewards for Antisocial Involvement	
▪ Early Initiation of the Problem Behavior	▪ Early Initiation of Problem Behavior	▪ Alcohol- and Drug-Related Arrests, Age 10-14 ▪ Property Crime Arrests, Age 10-14 ▪ Vandalism Arrests, Age 10-14
▪ Constitutional Factors	▪ Sensation-seeking	
<i>Protective Factors</i>		
▪ Healthy Beliefs & Clear Standards	▪ Belief in the Moral Order ▪ Religiosity	
▪ Skills	▪ Social Skills	

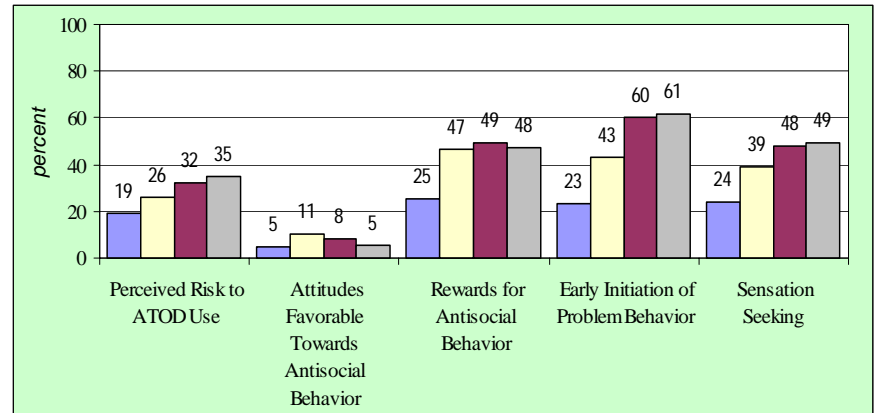
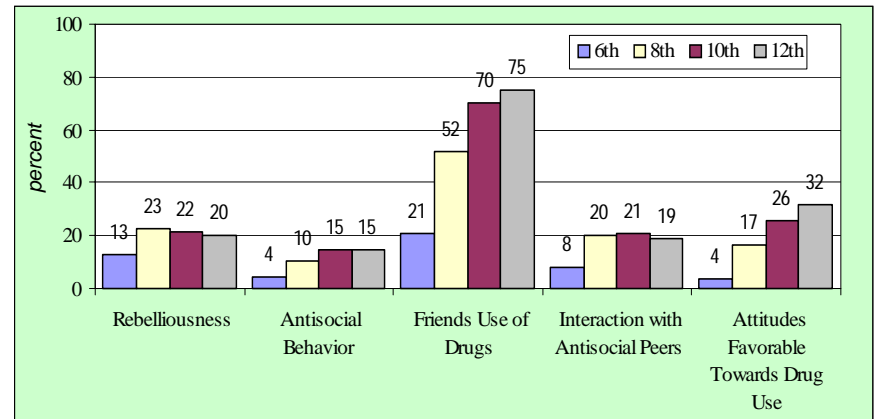
Individual/Peer Risk Factors

It is helpful to focus on risk-taking because it allows us to link behaviors that are conceptually quite different, but that often occur together in the same individual. For instance, young people who smoke are also much more likely to engage in precocious or risky sexual behavior. By seeing the links between health-endangering behaviors, we can be more efficient in our use of prevention activities.

For these scales, students are asked about their behavior and opinions on various risk-taking behavior.

- *Rebelliousness*: do they ignore rules, like to try to get away with things, or do the opposite of what they are told to do, just to get someone mad.
- *Antisocial behavior*: school suspensions, carrying a handgun (including to school), selling drugs, stealing a motor vehicle, being arrested, attacking someone, and being drunk or high at school.
- *Friends use of drugs*: best friends who smoke, drink, and/or use marijuana or other illegal drugs.
- *Interaction with antisocial peers*: four best friends engage in antisocial behavior (listed above), or dropped out of school.
- *Attitudes favorable to drug use*: how wrong is it to drink, smoke or use various illegal drugs.
- *Perception of risk*: for using alcohol regularly, smoking cigarettes, and using marijuana and a list of other illegal substances.
- *Favorable attitudes toward antisocial behavior*: how wrong is it for someone your age to... (behaviors from the other antisocial behavior scales).
- *Rewards for antisocial involvement*: be seen as cool smoking cigarettes, drinking alcohol regularly, smoking marijuana and/or carrying a handgun.
- *Early initiation of problem behavior*: age of the student when he/she first engaged in preceding behavior.
- *Sensation seeking*: doing something dangerous, crazy, or something that “feels good no matter what”.

Percent of Students (by grade) at Risk on Ten Factor Scales Relating to Personal or Peer-Group Behavior (1998)



Friends Who Use

It is generally acknowledged that much youthful drug use is initiated through a peer social-learning process, and research has shown a high correlation between an individual's illicit drug use and that of her or his friends. Such a correlation can, and probably does, reflect several different causal patterns: (a) a person with friends who use a drug will be more likely to try the drug; (b) conversely, the individual who is already using a drug will be more likely to introduce friends to the experience; and (c) users are more likely to establish friendships with other users.

From: *Monitoring the Future*

Healthy People 2010 Goal

Increase to 83% the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day.

Healthy People 2010 Goal

Increase to 72% the proportion of adolescents who disapprove of trying marijuana once or twice.

Healthy People 2010 Goal

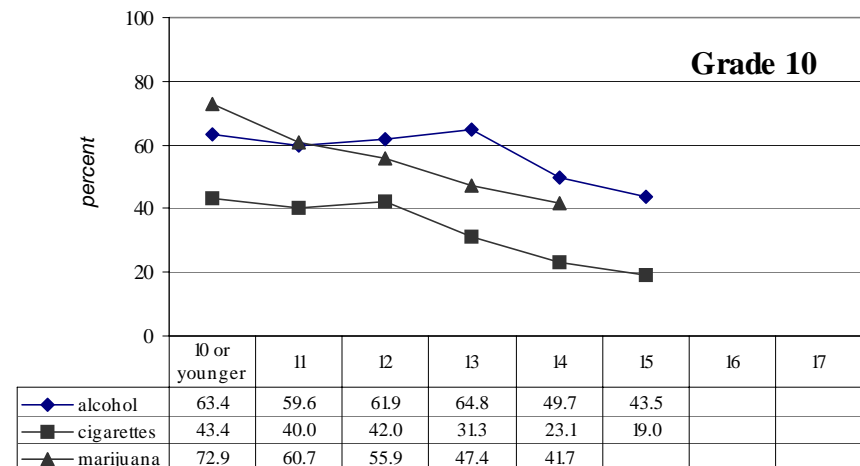
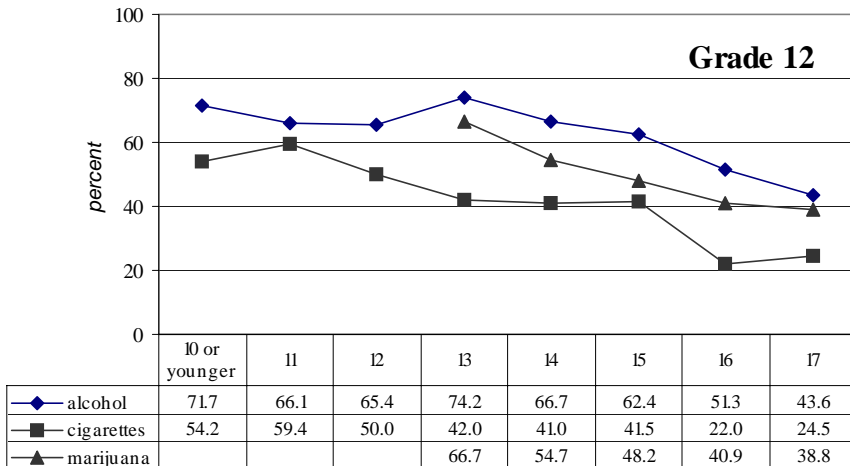
Increase to 80% the proportion of adolescents who perceive great risk in using cocaine or marijuana once a month, or binge drinking once a week.

The younger the age at which youth first used alcohol, cigarettes, or marijuana, the more likely it is that they are still using in later grades.

Because alcohol, tobacco and illicit drug abuse attracts the most concern, it also receives the most attention. But numerous studies show that habitual users start using substances when they are young. The graphs below show that for the most part, the younger a person is when she or he first started using the substances, the more likely it is that they used recently (within 30 days of the survey).

Due to the compelling nature of this evidence, many planners target age-of-first-use for their prevention efforts. If we can delay the age at which a young person experiments with substances (for instance, with education on the dangers, by teaching and practicing refusal skills, etc.), the more likely it is that the individual child will ultimately reject experimentation and use. The implication is that increased maturity leads to increasingly mature decisions.

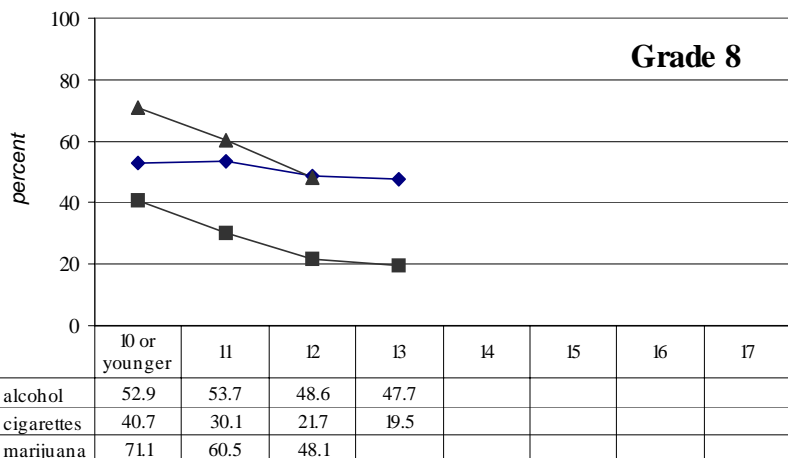
The percent of students who have used alcohol, cigarettes or marijuana during the past 30 days, by the age at which they first used that substance.



Source: Eric Einspruch, 1999 [WSSAHB(1998)] - "Relationships Among Health Risk Behaviors and Related Risk and Protective Factors."

Antisocial Behavior - Survey Data

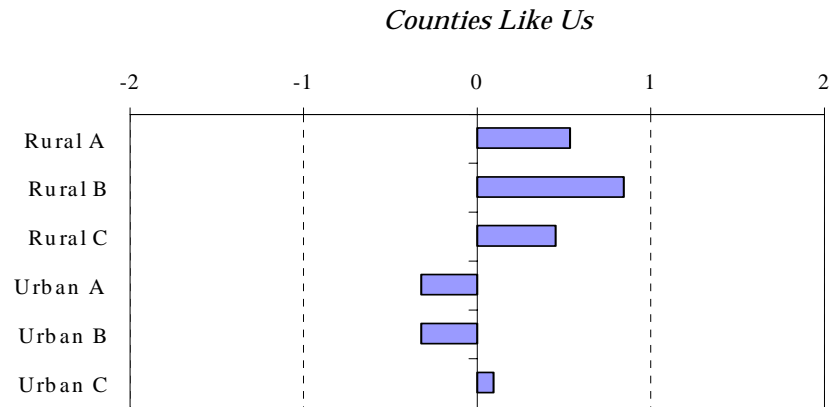
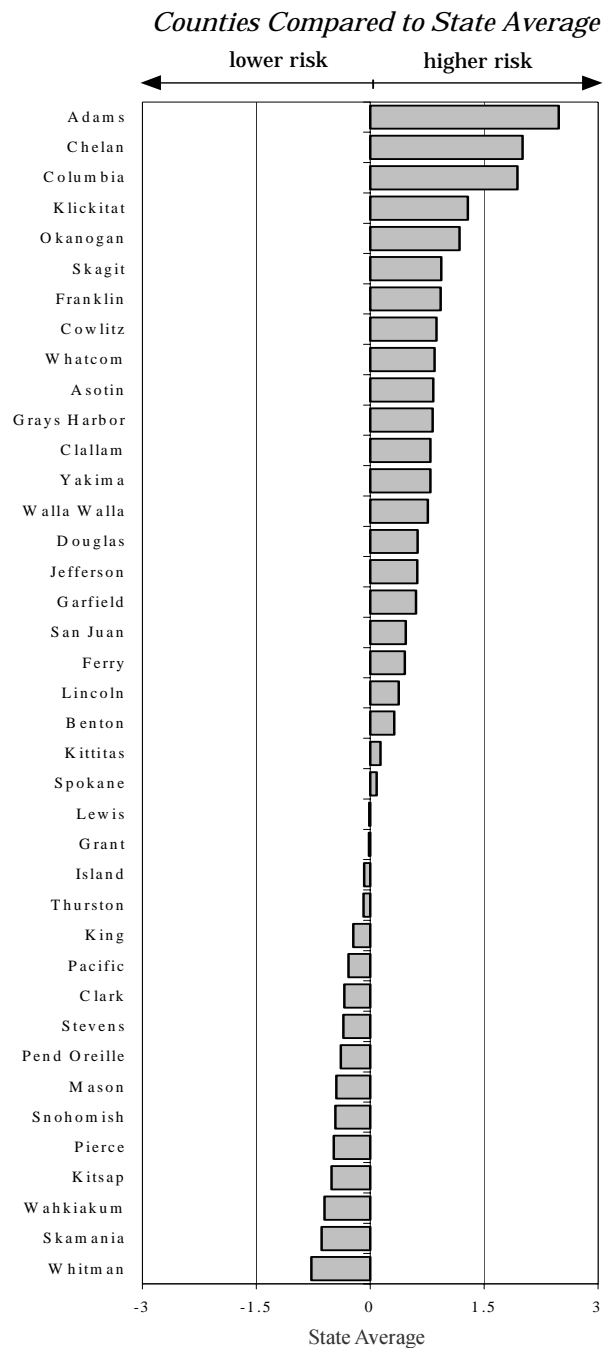
Through the Office of the State Superintendent of Public Instruction, **Washington's Prevention and Intervention Services Program** has brought prevention services to students in over 600 schools. The evaluation of that program found positive results among students referred to the program. In its recommendations, the evaluators (as well as the intervention specialists and coordinators involved) argued for earlier intervention: "The chance of success is probably greater before youths have developed habits or dependencies that are difficult to change."



Healthy People 2010 Goal

Increase the average age of first use from 12 years old to 14 for cigarettes, from 13.1 years old to 16.1 for alcohol, and from 13.7 years old to 17.4 for marijuana.

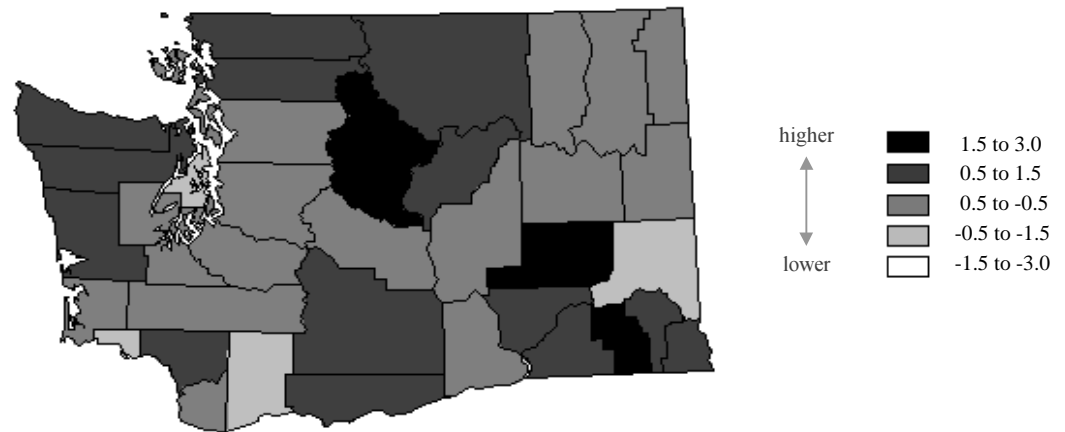
Early Initiation of Problem Behavior - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

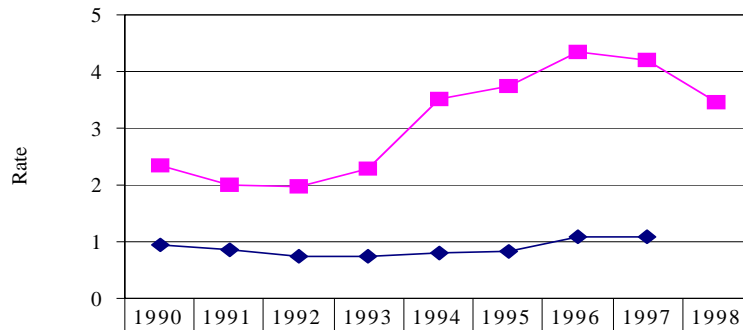
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Early Initiation of Problem Behavior - Archival Data

*Alcohol- and Drug-Related Arrests, Age 10-14,
per 1,000 children (age 10-14)*

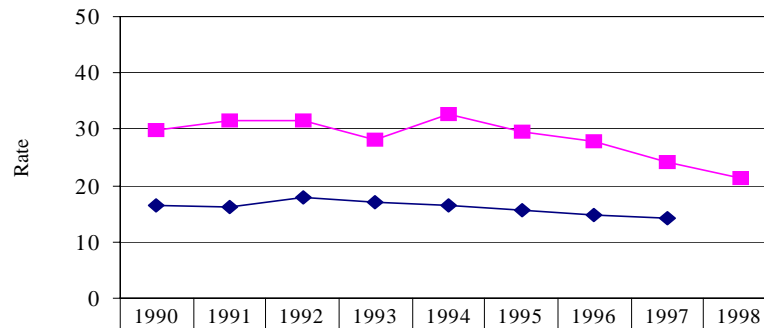


◆ National	0.95	0.85	0.75	0.75	0.81	0.83	1.08	1.08	
■ Washington	2.34	1.99	1.97	2.29	3.51	3.75	4.35	4.19	3.46

For children, arrests for liquor law violations are usually arrests for minor in possession.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

*Property Crime Arrests, Age 10-14,
per 1,000 children (age 10-14)*

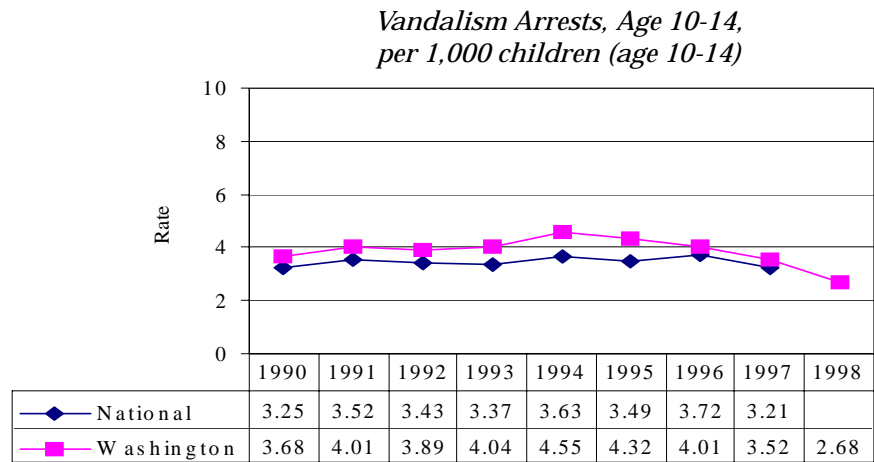


◆ National	16.38	16.28	17.76	17.08	16.62	15.70	14.68	14.07	
■ Washington	29.90	31.50	31.67	28.24	32.60	29.58	27.90	24.26	21.19

Property crimes include all crimes involving burglary, larceny-theft, motor vehicle theft, and arson.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Early Initiation of Problem Behavior - Archival Data



Includes vandalism of residence, non-residence, vehicles, venerated objects, police cars, or other.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Prevention

Reducing problem behavior means teaching children self-control. One approach to reducing children's problem behavior is for adults to establish clear rules, monitor and supervise the child's behavior, consistently enforce rules, and reinforce desired behavior. These principles can be effective when applied both at home and in the classroom. Approaches that focus exclusively on adult control of children's behavior may be harmful in the long run, however, because they fail to develop the child's ability to control her or her own behavior. Child development experts now widely agree that self-monitoring is more effective than external monitoring for controlling behavior.

Helping children learn how to solve problems and resolve conflicts is a more child-centered form of behavior management that complements the clear establishment and monitoring of rules. This approach teaches children such skill as stopping to think about what they are doing instead of behaving impulsively, considering alternative solutions to problems, predicting the consequences of alternative solutions, and considering the effects of their behavior on others.

*From *Communities That Care*, by David Hawkins and Richard Catalano, 1992, page 72.*

Early Initiation of Problem Behavior - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**					
		Rank*	Alcohol- and Drug-Related Arrests, per 1,000 (10-14) ¹	Rank*	Property Crime Arrests, per 1,000 (10-14) ¹	Rank*	Vandalism Arrests, per 1,000 (10-14) ¹
2.48	Adams	4	10.47	1	51.07	1	14.47
2.00	Chelan	9	8.01	2	45.64	2	13.72
1.94	Columbia	1	14.53	9	38.53	4	9.48
1.28	Klickitat	3	10.76	13	34.60	8	7.64
1.18	Okanogan	5	10.08	16	31.48	6	8.21
0.93	Skagit	13	6.53	8	39.30	9	6.44
0.92	Franklin	19	4.92	17	29.55	3	11.04
0.87	Cowlitz	12	6.63	6	40.34	13	5.39
0.85	Whatcom	7	8.14	11	35.99	16	5.20
0.83	Asotin	14	6.23	5	40.59	14	5.30
0.82	Grays Harbor	10	7.82	10	36.63	18	5.05
0.79	Clallam	22	4.19	12	35.81	5	8.29
0.79	Yakima	18	4.93	7	40.16	11	6.18
0.76	Walla Walla	30	3.34	3	43.63	10	6.20
0.63	Douglas	28	3.58	4	42.19	17	5.12
0.62	Jefferson	2	11.88	23	24.46	28	3.32
0.60	Garfield	8	8.09	32	19.78	7	8.09
0.47	San Juan	11	7.08	14	32.19	25	3.65
0.46	Ferry	6	9.78	28	21.01	19	4.71
0.37	Lincoln	16	5.82	22	26.90	12	5.57
0.32	Benton	21	4.64	15	32.16	22	4.37
0.14	Kittitas	20	4.67	19	28.23	23	3.82
0.08	Spokane	32	3.16	18	28.79	21	4.48
-0.01	Lewis	24	4.16	26	22.54	20	4.67
-0.02	Grant	17	5.58	25	23.29	29	3.06
-0.08	Island	26	3.85	21	27.00	30	2.81
-0.09	Thurston	23	4.17	24	23.68	26	3.52
-0.22	King	36	2.01	20	28.02	31	2.72
-0.29	Pacific	25	4.07	31	20.36	33	2.67
-0.34	Clark	31	3.17	27	21.51	35	2.60
-0.35	Stevens	29	3.41	36	17.97	27	3.41
-0.39	Pend Oreille	15	6.08	35	18.02	39	0.65
-0.45	Mason	27	3.74	33	19.61	38	1.65
-0.46	Snohomish	35	2.60	34	19.22	32	2.69
-0.48	Pierce	37	1.99	30	20.39	34	2.63
-0.51	Kitsap	34	2.60	29	20.43	37	1.78
-0.60	Wahkiakum	38	1.95	39	9.11	15	5.21
-0.64	Skamania	33	2.94	37	13.85	36	2.31
-0.77	Whitman	39	1.69	38	9.12	24	3.72

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

^{1/} These denominator populations are adjusted by subtracting population of the police jurisdictions that did not report arrest data to UCR. This adjustment is made so data could be compared across years. Nevertheless, rates may differ markedly from one year to the next due to the geographically uneven occurrences of crime. (For more information on agencies that did not report to UCR, see Technical Notes, Non-Reporting Police Jurisdictions.) The 5-year span of UCR data used for the state report is 1994-1998. The county reports contained data from 1993-1997.

Early Initiation of Problem Behavior - Protective Factors

Protective Factors

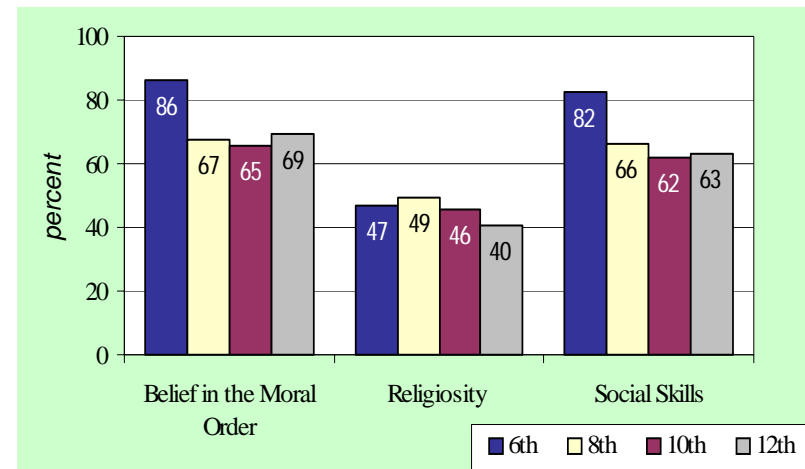
Young people who generally prescribe to a belief in what is “right” or “wrong” are at lower risk for engaging in problem behaviors. These protective factors require not only beliefs, but also resistance skills.

The student survey assesses *belief in the moral order* by posing questions as to acceptable conduct.

- Is it okay to “take something without asking, if you can get away with it”?
- Is it okay to cheat at school?
- Is it okay to “beat people up if they start the fight”?
- Is it important to “be honest with your parents even if they become upset”?

Social skills are measured by posing a series of situations and asking the student about how she/he would respond. The situations involve taking a CD from a store under circumstances of low risk, responding to a parent’s effort to prevent going out on a school night, being purposely bumped into by a stranger on the street, and a friend offering alcohol at a party.

Percent of Students (by grade) Protected by Three Protective Factors Relating to Personal Behavior (1998)





PROBLEM BEHAVIORS



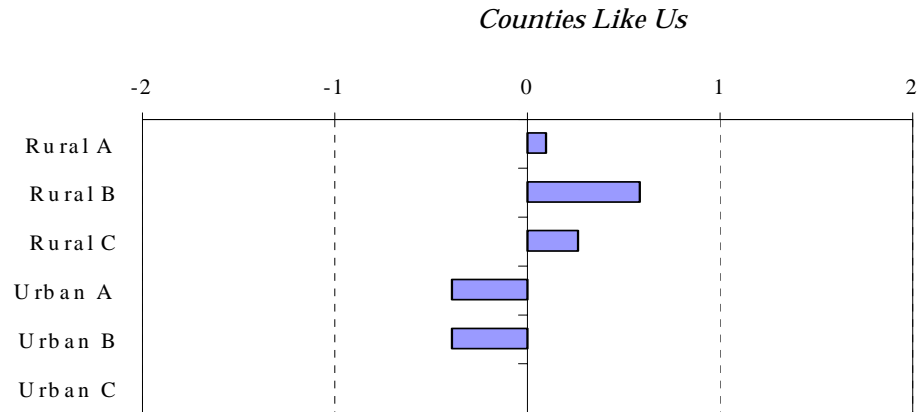
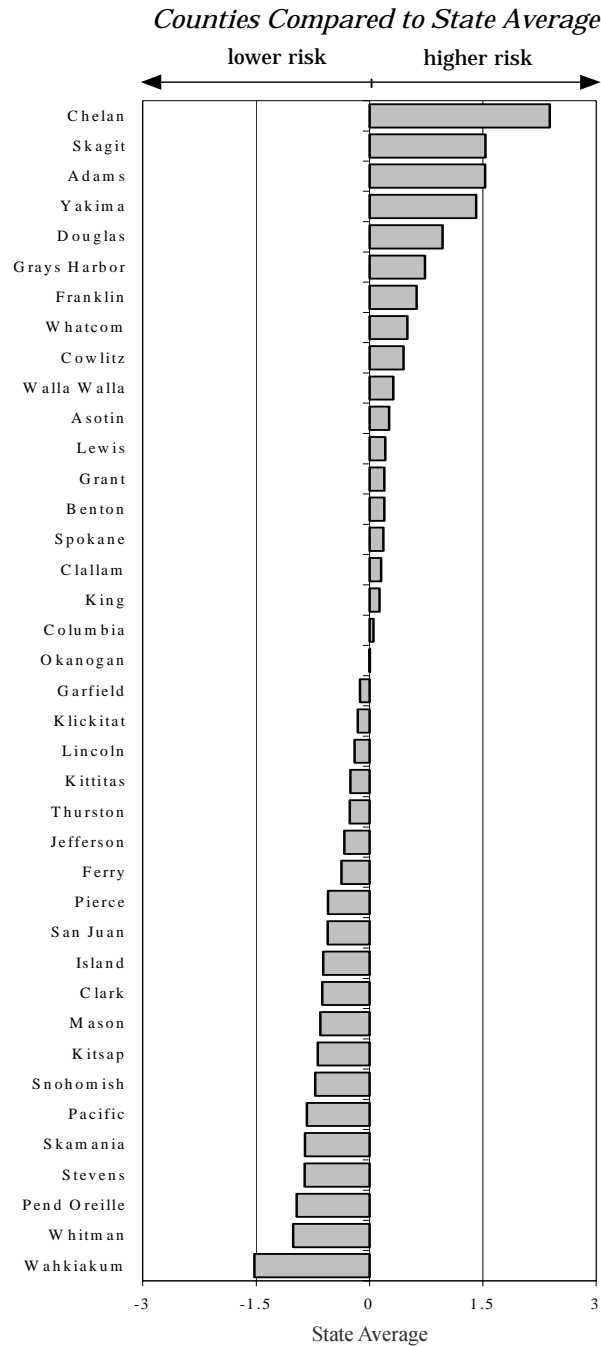
Problem Behaviors - Additional Indicators

The risk and protective factor framework has been applied in areas other than substance abuse. The links between risk factors and a variety of youthful problem behaviors are especially apparent in the number of juvenile offenders and pregnant teenagers who are involved with alcohol, tobacco and other drugs. Consequently, just as smoking cessation decreases the risks for lung *and* heart disease, removing or reducing a youth risk factor affects a number of different problem behaviors.

The same can be said for protective factors. Because many high-risk children live in multiple environments of risk (an unstable community, trouble at school, conflict at home, anti-social peer group influences), the process of reducing their risk factors is truly daunting. But strengthening protection, especially if done in more than one domain, offers a way around the seemingly insurmountable challenge of interconnected risks.

Prevalence Measures	Student Survey Scales	Archival Indicators
<i>Crime Prevalence</i>		
<ul style="list-style-type: none"> ▪ Non-Violent Crime 		<ul style="list-style-type: none"> ▪ Adult Property Crime Arrests ▪ Juvenile Vandalism and Conduct Type Arrests ▪ Juvenile Property Crimes Arrests
<ul style="list-style-type: none"> ▪ Violence 		<ul style="list-style-type: none"> ▪ Adult Violent Crime Arrests ▪ Violent Crime Arrests, Age 10-14
<i>Substance Use Prevalence</i>		
<ul style="list-style-type: none"> ▪ Substance Use 		<ul style="list-style-type: none"> ▪ Adolescents in Alcohol and Drug Treatment ▪ Adult Alcohol-Related Arrests ▪ Adult Drug-Related Arrests ▪ Adult Drunken Driving Arrests ▪ Alcohol-Related Traffic Fatalities ▪ Juvenile Alcohol Violation Arrests ▪ Juvenile Drug Law Violation Arrests
<i>Other Prevalence</i>		
<ul style="list-style-type: none"> ▪ Adolescent Sexual Behavior 		<ul style="list-style-type: none"> ▪ Adolescent Sexually Transmitted Diseases ▪ Birthrate Among Adolescents
<ul style="list-style-type: none"> ▪ Suicide 		<ul style="list-style-type: none"> ▪ Adolescent Suicide and Suicide Attempts

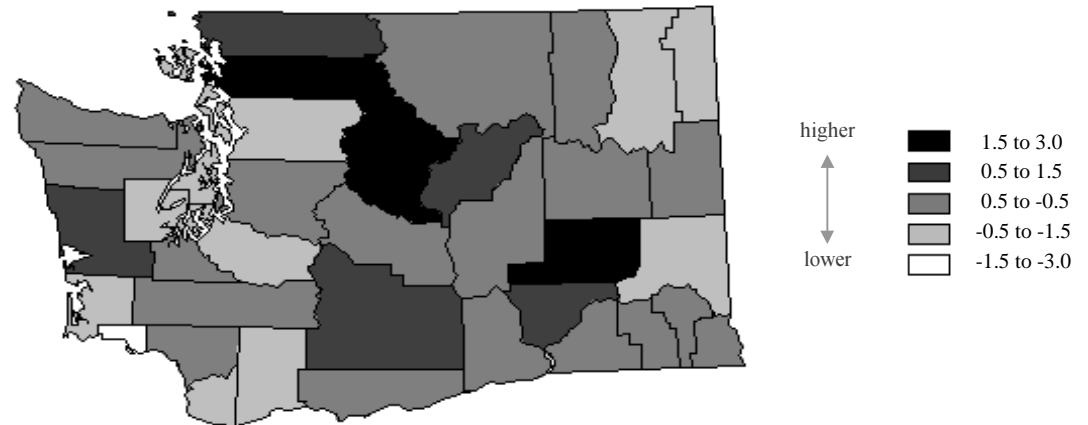
Non-Violent Crime - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

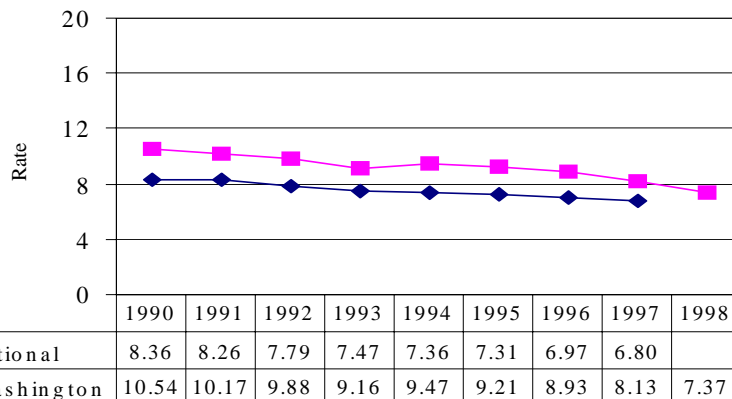
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Non-Violent Crime - Archival Data

Adult Property Crime Arrests, per 1,000 adults

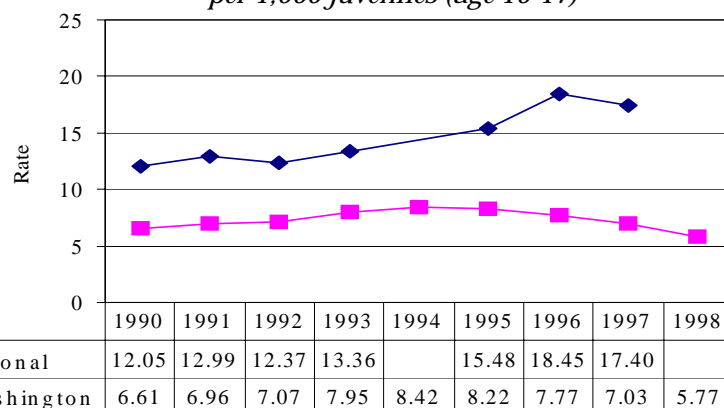


*Property crimes include burglary, larceny-theft, motor vehicle theft, and arson.
Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)*

Archival Social Indicators

- Comparisons between state and national rates for juvenile crimes should be made with caution. The juvenile justice system varies dramatically from state to state.
- Examination of county rates in the data tables should take local laws and norms into account. For instance, a new police chief or city ordinance may take a tough-on-loitering stand, then in several years change the stand due to policy change.

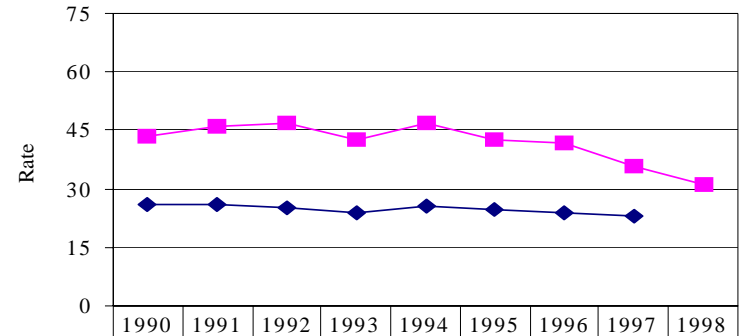
Juvenile Vandalism and Conduct Type Arrests, per 1,000 juveniles (age 10-17)



*The annual number of arrests for curfew, loitering, vandalism, and disorderly conduct.
Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)*

Non-Violent Crime - Archival Data

*Juvenile Property Crimes Arrests,
per 1,000 juveniles (age 10-17)*



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	25.82	25.91	25.01	23.86	25.67	24.77	24.04	22.91	
■ Washington	43.57	46.05	46.94	42.52	46.67	42.75	41.57	35.67	31.06

*Property crimes include all crimes involving burglary, larceny-theft, motor vehicle theft, and arson.
Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)*

Non-Violent Crime - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rate (prior to standardization)**					
		Rank*	Adult Property Crime Arrests, per 1,000 (18+) ¹	Rank*	Juvenile Vandalism & Conduct Type Arrests, per 1,000 (10-17) ¹	Rank*	Juvenile Property Crimes Arrests, per 1,000 (10-17) ¹
2.38	Chelan	4	12.74	1	32.71	1	68.47
1.53	Skagit	1	14.10	5	17.39	2	59.37
1.53	Adams	8	10.59	3	25.50	4	57.49
1.41	Yakima	2	13.74	6	16.42	3	57.82
0.97	Douglas	3	13.36	17	9.46	5	55.13
0.73	Grays Harbor	5	11.92	11	11.04	10	48.77
0.62	Franklin	10	9.82	4	18.57	21	38.73
0.50	Whatcom	12	9.14	8	11.59	9	49.48
0.45	Cowlitz	13	8.91	20	8.29	6	54.40
0.32	Walla Walla	15	7.90	16	9.51	8	50.82
0.26	Asotin	17	7.30	18	8.79	7	52.25
0.21	Lewis	7	10.86	15	9.73	25	35.38
0.20	Grant	6	11.61	23	7.91	24	35.42
0.20	Benton	14	8.07	21	8.06	11	48.36
0.18	Spokane	11	9.38	22	8.03	15	43.07
0.16	Clallam	22	6.33	13	10.81	12	48.29
0.14	King	9	10.25	32	5.20	14	43.13
0.05	Columbia	23	6.25	12	10.93	13	44.48
0.01	Okanogan	21	6.52	9	11.51	18	40.57
-0.13	Garfield	36	2.97	2	26.86	37	20.78
-0.15	Klickitat	32	4.68	7	11.98	17	40.59
-0.20	Lincoln	30	5.12	10	11.13	20	38.82
-0.25	Kittitas	19	7.13	26	6.56	22	37.63
-0.26	Thurston	16	7.78	27	6.33	26	35.29
-0.33	Jefferson	25	6.04	30	6.08	19	39.45
-0.37	Ferry	28	5.47	14	10.24	27	32.69
-0.55	Pierce	18	7.25	38	4.12	28	30.47
-0.55	San Juan	37	2.85	28	6.16	16	42.99
-0.62	Island	38	2.71	19	8.69	23	36.53
-0.63	Clark	24	6.08	34	5.04	30	30.10
-0.65	Mason	20	6.71	37	4.13	32	28.50
-0.68	Kitsap	26	5.84	36	4.34	29	30.17
-0.72	Snohomish	27	5.65	35	4.68	31	28.98
-0.83	Pacific	33	4.61	25	6.65	34	25.08
-0.85	Skamania	29	5.43	29	6.11	36	22.05
-0.86	Stevens	34	4.57	33	5.16	33	26.76
-0.96	Pend Oreille	35	3.76	24	6.83	35	22.97
-1.01	Whitman	31	5.09	31	5.78	38	17.98
-1.52	Wahkiakum	39	2.68	39	3.61	39	11.63

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

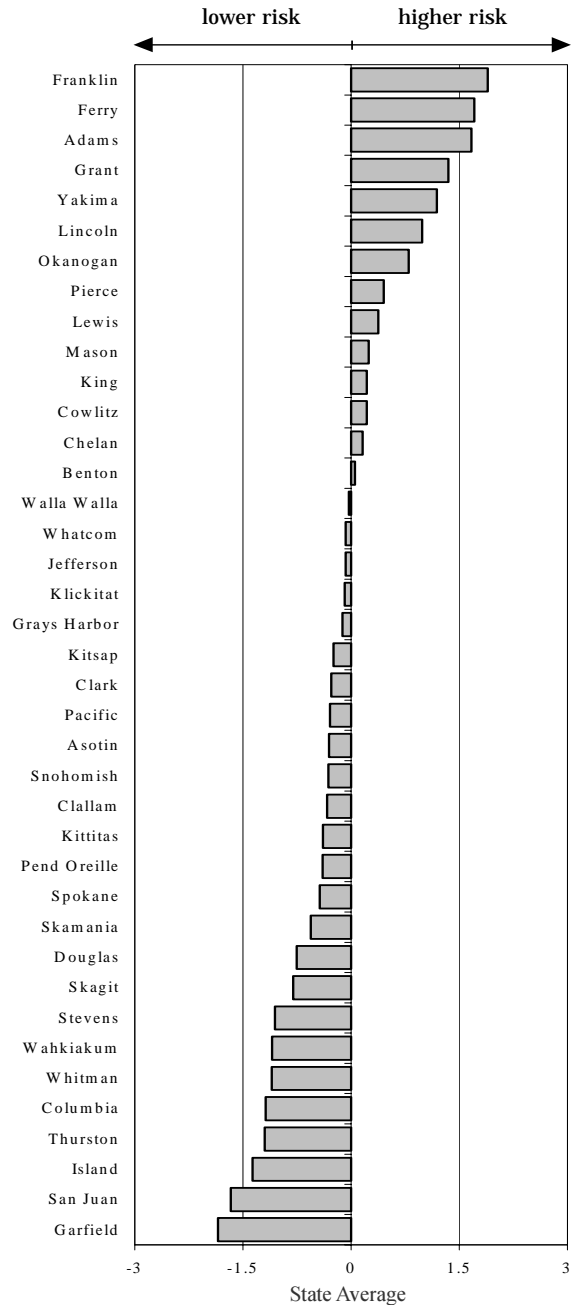
The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

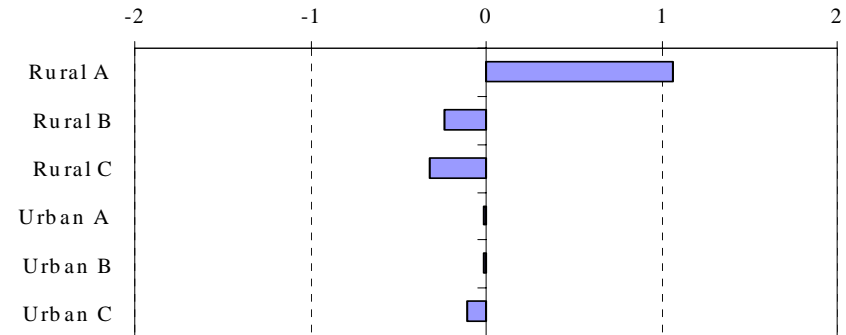
1/ These denominator populations are adjusted by subtracting population of the police jurisdictions that did not report arrest data to UCR. This adjustment is made so data could be compared across years. Nevertheless, rates may differ markedly from one year to the next due to the geographically uneven occurrences of crime. (For more information on agencies that did not report to UCR, see Technical Notes, Non-Reporting Police Jurisdictions.) The 5-year span of UCR data used for the state report is 1994-1998. The county reports contained data from 1993-1997.

Violence - Summary of Standardized Scores

Counties Compared to State Average



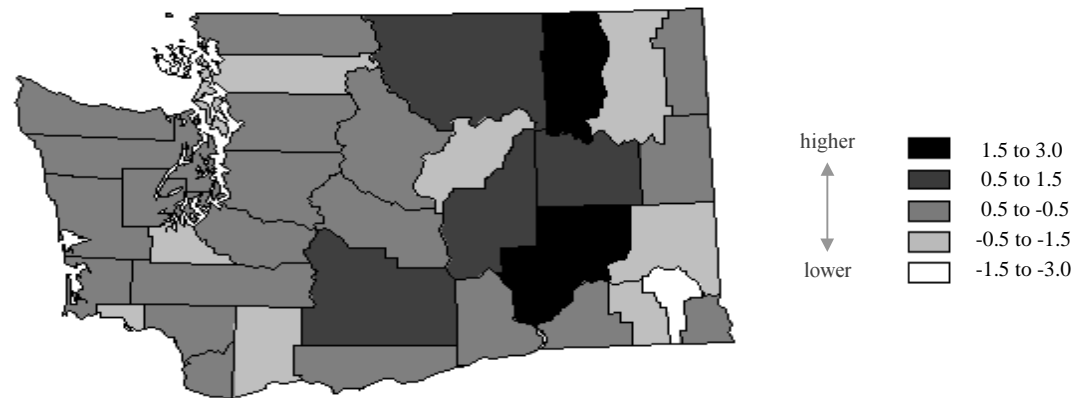
Counties Like Us



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

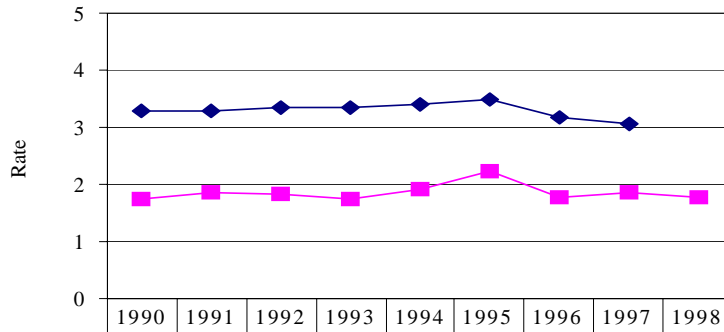
Risk Categories for Summary Measure*



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Violence - Archival Data

Adult Violent Crime Arrests, per 1,000 adults

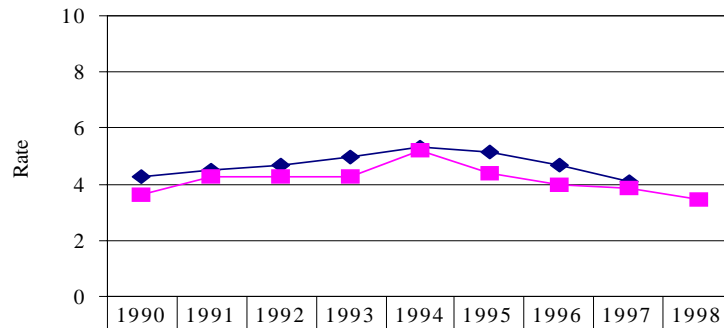


◆ National	3.28	3.27	3.35	3.34	3.39	3.47	3.18	3.07	
■ Washington	1.73	1.87	1.83	1.73	1.91	2.23	1.78	1.86	1.78

Violent crimes include homicide, forcible rape, robbery, and aggravated assault. Simple assault is not defined as a violent crime.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

*Violent Crime Arrests Age 10-17,
per 1,000 juveniles (age 10-17)*



◆ National	4.26	4.52	4.68	4.98	5.32	5.15	4.67	4.07	
■ Washington	3.62	4.28	4.26	4.24	5.22	4.36	3.97	3.88	3.45

Violent crimes include all crimes involving criminal homicide, forcible rape, robbery, and aggravated assault. Simple assault is not defined as a violent crime.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Violence - Archival Data

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

Notes:

1/ These denominator populations are adjusted by subtracting population of the police jurisdictions that did not report arrest data to UCR. This adjustment is made so data could be compared across years. Nevertheless, rates may differ markedly from one year to the next due to the geographically uneven occurrences of crime. (For more information on agencies that did not report to UCR, see Technical Notes, Non-Reporting Police Jurisdictions.) The 5-year span of UCR data used for the state report is 1994-1998. The county reports contained data from 1993-1997.

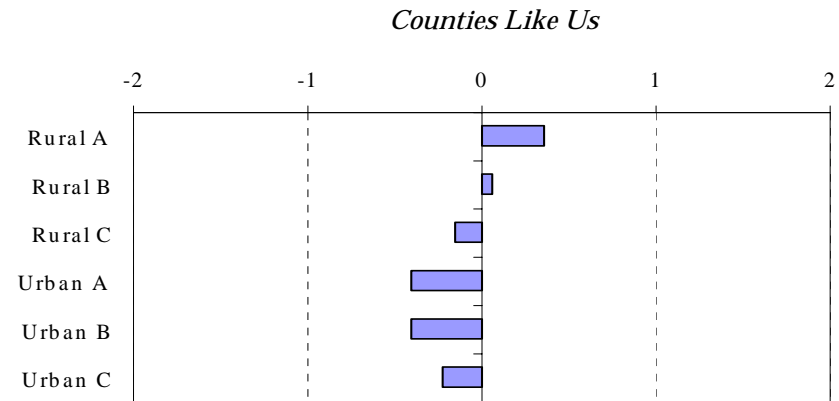
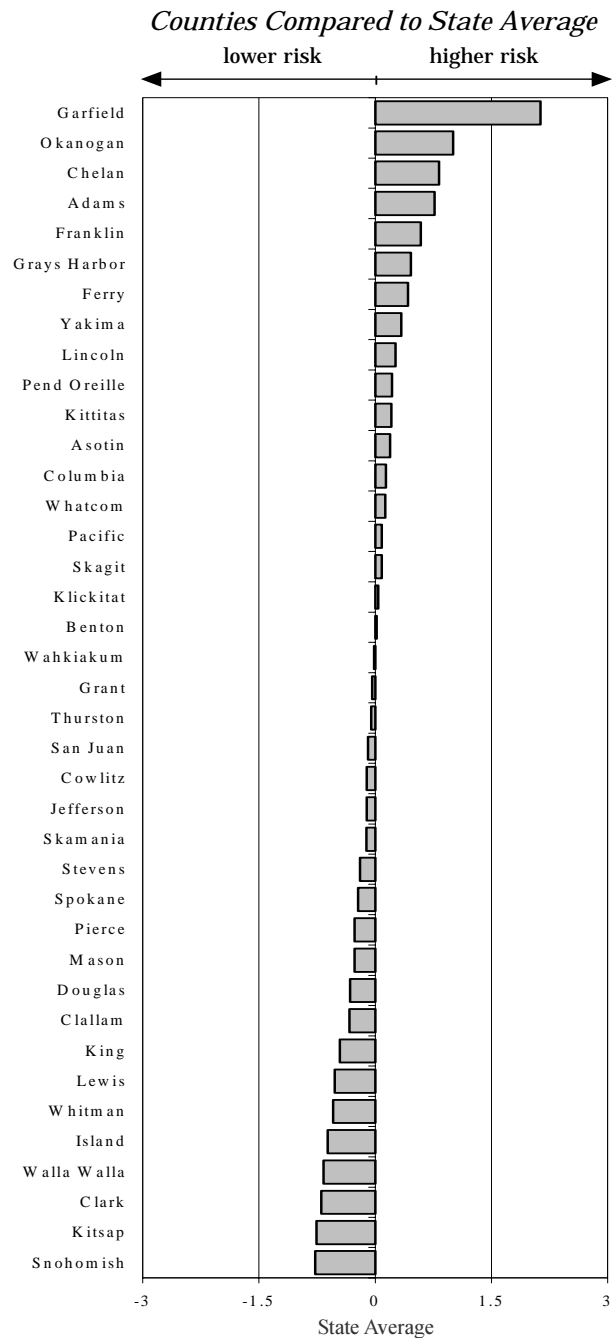
Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Adult Violent Crime Arrests, per 1,000 (18+) ¹	Rank*	Violent Crime Arrests, per 1,000 (10-17) ¹
1.90	Franklin	4	3.41	1	7.31
1.71	Ferry	1	4.03	5	5.45
1.67	Adams	3	3.47	3	6.43
1.35	Grant	2	3.82	7	4.70
1.19	Yakima	6	2.67	2	6.48
0.98	Lincoln	9	2.49	4	6.15
0.80	Okanogan	5	3.13	12	4.27
0.45	Pierce	7	2.64	13	4.13
0.38	Lewis	8	2.53	14	4.11
0.25	Mason	11	2.36	15	4.01
0.22	King	28	1.61	6	5.43
0.22	Cowlitz	16	1.98	8	4.68
0.16	Chelan	12	2.30	19	3.85
0.05	Benton	21	1.74	9	4.62
-0.03	Walla Walla	22	1.73	10	4.37
-0.07	Whatcom	17	1.87	17	3.95
-0.07	Jefferson	24	1.68	11	4.33
-0.09	Klickitat	14	2.14	24	3.35
-0.12	Grays Harbor	15	2.01	20	3.51
-0.25	Kitsap	19	1.81	21	3.49
-0.27	Clark	18	1.85	25	3.32
-0.29	Pacific	13	2.14	28	2.69
-0.31	Asotin	31	1.46	16	4.00
-0.31	Snohomish	23	1.72	22	3.45
-0.33	Clallam	30	1.48	18	3.88
-0.39	Kittitas	27	1.64	23	3.36
-0.39	Pend Oreille	20	1.74	27	3.15
-0.43	Spokane	26	1.65	26	3.20
-0.56	Skamania	10	2.45	38	1.20
-0.75	Douglas	25	1.67	32	2.12
-0.80	Skagit	32	1.39	29	2.52
-1.06	Stevens	34	1.22	33	2.03
-1.10	Wahkiakum	29	1.57	37	1.20
-1.10	Whitman	35	1.11	31	2.12
-1.18	Columbia	33	1.27	36	1.51
-1.20	Thurston	36	0.87	30	2.26
-1.36	Island	37	0.77	34	1.93
-1.67	San Juan	39	0.36	35	1.74
-1.85	Garfield	38	0.69	39	0.51

Local Context

To interpret risk profiles, users of this data must consider the meaning of these indicators in the context of local events or changes. In a way, the background to a needs assessment is a kind of natural history. Local knowledge about the economy, the political climate, social and cultural attitudes about any and everything that affects kids, families and schools (especially laws and norms)—all of this has an impact on the nature of the risk climate in which adolescents develop.

Certain details in this natural history will be particularly critical in this analysis. Changes in laws, county and state budgets, scientific opinion—any change that affects policy can also affect interpretation of risk factor data. For instance, a big change in the number of arrests for loitering could be due to an increase in the amount of delinquency among youth, but it could also be due to a new police chief's policies, or a new city ordinance. Similarly, changes in funding for drug abuse treatment could increase the number of people in treatment without (at least at first) changing the number of people who are abusing substances. Or a highly publicized domestic murder could lead to increases in reports of domestic violence. These changes probably reflect changes in public awareness of these problems, and an increased willingness to report them or ask for help.

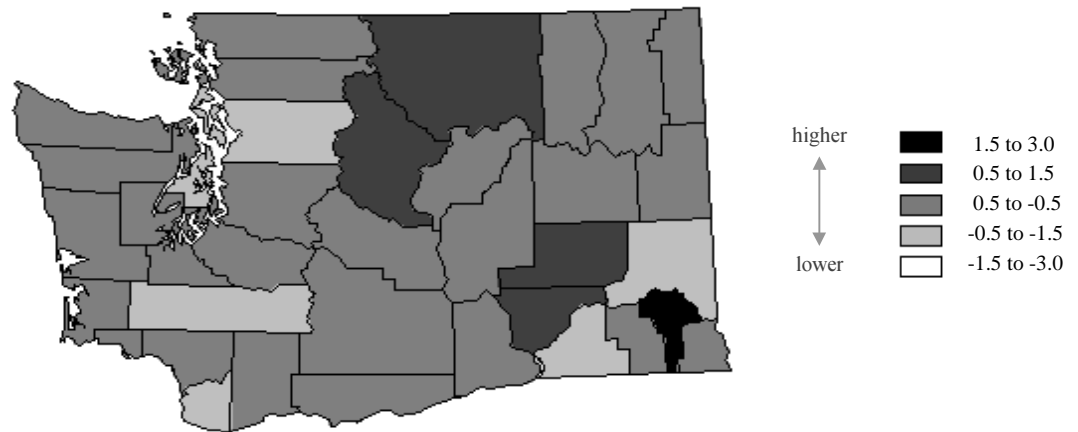
Substance Use - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

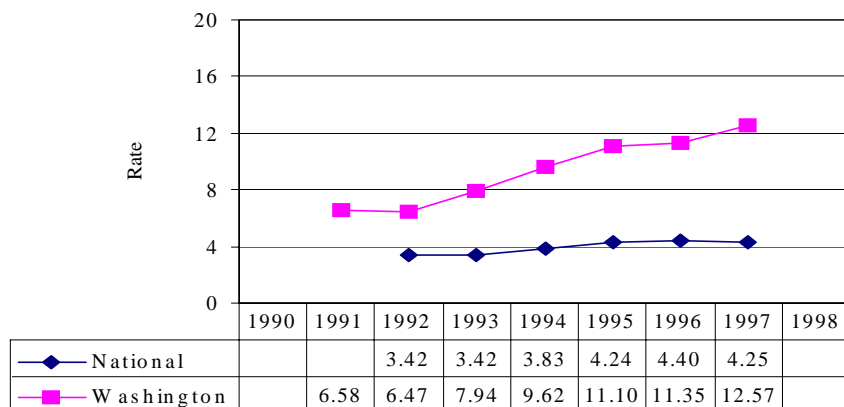
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Substance Use - Archival Data

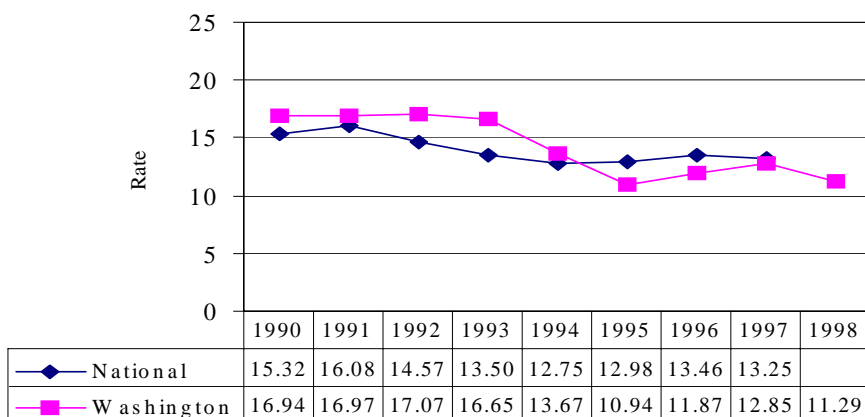
Adolescents in Alcohol and Drug Treatment, per 1,000 adolescents (age 10-17)



Adolescents admitted or assessed in state-funded treatment programs. Those admitted to treatment more than once in a year were only counted once for that year.

Sources: State - S10, S12 National - N5, N13 (See Appendix Data Sources)

Adult Alcohol-Related Arrests, per 1,000 adults



Arrests of adults (age 18 and over) for alcohol violations (driving under the influence, liquor law violations, and drunkenness). In Washington, 29% of the arrests for Driving Under the Influence are made by the Washington State Patrol. These arrests are included in the state count but cannot be assigned to individual counties.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Archival Social Indicators

- Comparisons between state and local data for adolescents in drug and alcohol treatment would best be based on trends rather than on numbers in treatment. While most states report treatment data that is similar to Washington's, there is variation in reporting standards. Further, some states report privately funded treatment, and some report duplicated counts—that is, if a person enters treatment twice in one year, it is counted as two admissions.
- Interpreting the rate of adolescents or adults in treatment should be viewed from several perspectives. The number of people in treatment is not the same thing as the number of people who should be in treatment. And other characteristics of the substance abusing population can affect the number of people in treatment. First, some populations are more likely to seek treatment than others. Second, a higher rate of people in treatment could reflect better outreach in general, or better outreach to certain populations. Another interesting statistic is the estimation of unmet need—the size of the population that uses services as a percent of the population that needs services. See “Profile of Substance Use and Need for Treatment Services in Washington State.”

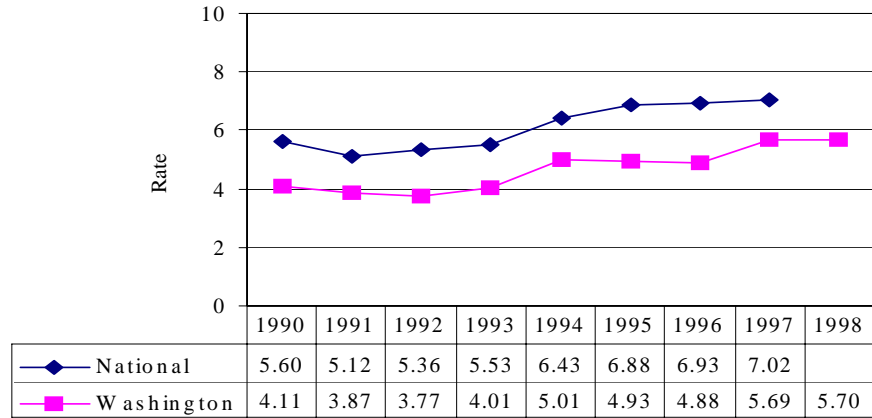
Substance Use - Archival Data

Healthy People 2010 Goal

Extend legal requirements for maximum blood alcohol concentration levels of 0.08% for drivers 21 years and older.

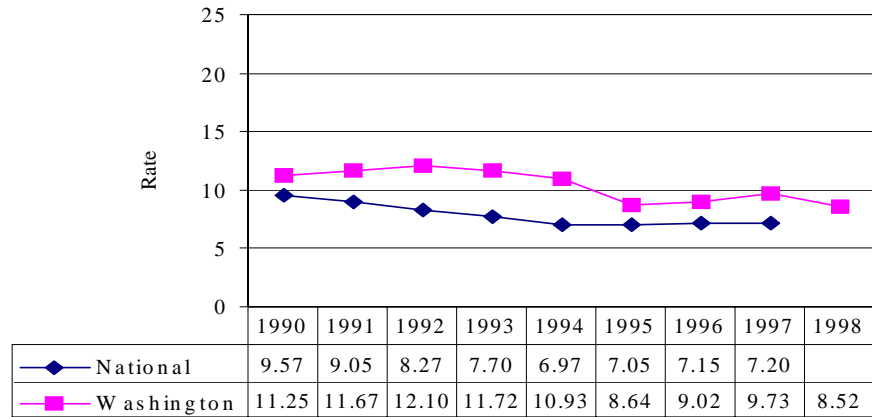
Washington has already met this goal with a new law that took effect Jan. 1, 1999.

Adult Drug-Related Arrests, per 1,000 adults



Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.
Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Adult Drunken Driving Arrests, per 1,000 adults (age 18 and older)

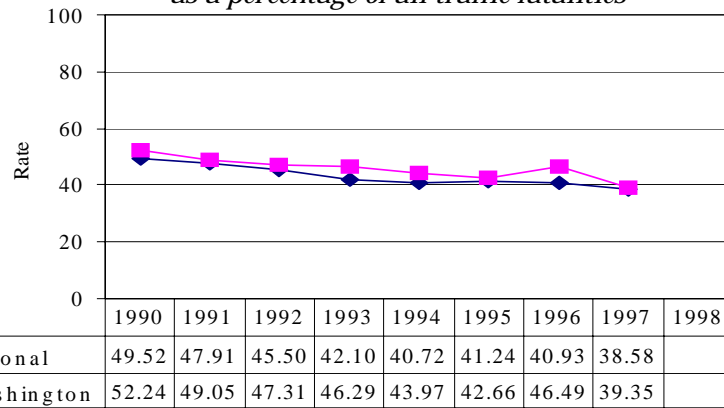


In Washington, 29% of the arrests for Driving Under the Influence are made by the Washington State Patrol. These arrests are included in the state count but cannot be assigned to individual counties.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

Substance Use - Archival Data

*Alcohol-Related Traffic Fatalities,
as a percentage of all traffic fatalities*



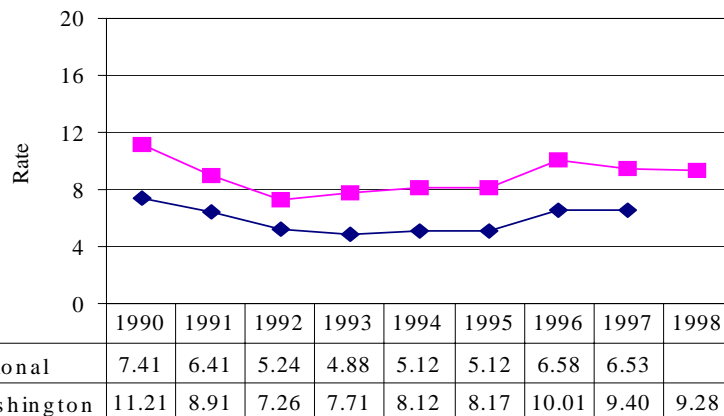
Healthy People 2010 Goal

*Reduce deaths caused by alcohol related motor vehicle crashes to 4.0 per 100,000.
(In 1998, the rate in Washington was 5.0 per 100,000 population.)*

“Alcohol-related” means that at least one driver involved in the accident had been drinking.

Sources: State - S28 National - N17 (See Appendix Data Sources)

*Juvenile Alcohol Violation Arrests,
per 1,000 juveniles (age 10-17)*



For juveniles, arrests for liquor law violations are usually arrests for minor in possession.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)

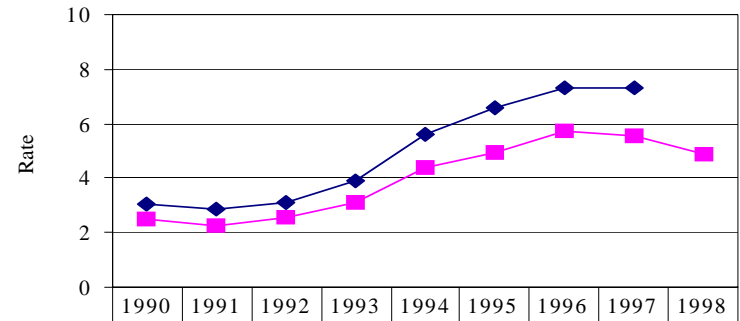
Archival Social Indicators

For juveniles, arrests for liquor law violations are usually arrests for minors in possession. DUI arrests by the Washington State Patrol (5% of all juvenile arrests for alcohol violations) are included in the state trend data but are not included in the county rankings because the State patrol arrests are not assigned to counties.

Declines in DUI arrests have occurred for every age group. Of special note, DUI arrests for people 16 to 20 years old have declined significantly since 1980.

Substance Use - Archival Data

*Juvenile Drug Law Violation Arrests,
per 1,000 juveniles (ages 10-17)*



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	3.05	2.89	3.12	3.92	5.63	6.61	7.32	7.31	
■ Washington	2.49	2.26	2.59	3.14	4.42	4.91	5.71	5.53	4.85

Drug law violations include all crimes involving sale, manufacturing, and possession of drugs.

Sources: State - S12, S13, S24 National - N5, N15 (See Appendix Data Sources)



Substance Use - Archival Data

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**													
		Rank*	Adolescents in Alcohol and Drug Treatment, per 100,000 (10-17) ¹	Rank*	Adult Alcohol-Related Arrests, per 1,000 (18+) ^{2,3}	Rank*	Adult Drug-Related Arrests, per 1,000 (18+) ²	Rank*	Adult Drunken Driving Arrests, per 1,000 (18+) ^{2,3}	Rank*	Alcohol-Related Traffic Fatalities, per 100 traffic fatalities	Rank*	Juvenile Alcohol Violation Arrests, per 1,000 (10-17) ^{2,3}	Rank*	Juvenile Drug Law Violation Arrests, per 1,000 (10-17) ²
2.13	Garfield	4	21.49	1	35.92	1	9.60	7	11.48	2	80.00	2	34.97	4	7.60
1.00	Okanogan	30	6.50	3	25.67	21	4.42	1	19.22	5	56.72	4	28.08	8	6.62
0.82	Chelan	38	4.61	4	23.66	5	6.14	6	11.55	24	41.27	5	26.01	1	9.61
0.77	Adams	31	6.47	2	27.30	19	4.70	2	17.24	37	27.50	3	33.40	7	6.72
0.59	Franklin	37	5.48	6	18.83	3	7.83	3	14.29	13	50.00	33	6.15	6	6.85
0.46	Grays Harbor	15	9.80	10	16.31	2	8.25	10	9.68	29	39.34	9	23.15	16	4.94
0.42	Ferry	25	7.67	19	12.42	18	4.79	24	6.99	3	70.83	19	14.38	2	8.28
0.33	Yakima	5	17.92	17	13.38	20	4.65	16	8.46	8	51.39	26	10.54	11	6.20
0.26	Lincoln	3	23.76	21	11.67	14	5.12	29	5.73	34	33.33	7	24.32	18	4.83
0.22	Pend Oreille	27	7.29	11	16.20	6	6.13	4	13.37	17	43.75	16	17.19	29	3.54
0.21	Kittitas	11	12.40	5	19.17	15	4.99	11	9.53	25	40.00	22	11.29	15	5.29
0.19	Asotin	1	27.16	24	10.49	10	5.62	34	4.89	38	27.27	14	18.46	19	4.80
0.14	Columbia	2	24.10	8	18.13	23	4.12	13	9.34	39	0.00	1	41.09	39	2.26
0.13	Whatcom	16	9.79	12	15.47	29	3.40	26	6.06	6	52.48	11	20.90	10	6.24
0.09	Pacific	24	7.70	9	17.82	13	5.21	5	12.35	23	41.67	12	19.38	36	2.61
0.09	Skagit	9	13.95	15	14.02	22	4.22	9	9.71	30	37.78	15	17.20	20	4.69
0.04	Klickitat	23	8.40	27	9.67	24	4.10	30	5.67	12	50.00	8	23.75	9	6.49
0.02	Benton	33	6.17	26	9.67	17	4.89	25	6.45	9	50.70	23	11.19	3	7.66
-0.01	Wahkiakum	14	11.44	14	15.22	36	2.48	8	11.17	11	50.00	25	10.83	23	4.41
-0.04	Grant	39	4.47	20	11.95	11	5.58	23	7.07	10	50.00	17	15.44	14	5.30
-0.05	Thurston	8	14.87	30	9.10	9	5.67	31	5.43	16	44.44	30	7.03	13	5.35
-0.09	San Juan	10	13.49	32	8.37	39	1.23	33	5.05	1	83.33	10	21.70	33	2.81
-0.11	Cowlitz	12	12.23	18	12.89	27	3.56	15	8.48	33	34.85	13	19.08	22	4.43
-0.11	Jefferson	19	9.34	23	10.69	33	2.76	18	7.79	28	39.39	6	24.33	12	5.64
-0.11	Skamania	28	7.12	13	15.41	8	5.92	12	9.49	32	37.50	18	15.01	34	2.79
-0.20	Stevens	32	6.33	22	11.19	31	3.34	22	7.22	4	62.75	20	13.89	26	3.76
-0.22	Spokane	18	9.44	31	8.55	4	6.43	28	5.74	20	42.70	31	6.91	21	4.43
-0.27	Pierce	6	17.54	37	5.66	7	6.12	37	4.01	19	43.21	38	2.83	25	3.78
-0.27	Mason	7	15.16	28	9.44	25	3.62	17	7.88	7	52.00	36	5.24	35	2.68
-0.33	Douglas	17	9.67	16	13.48	34	2.70	14	8.76	21	42.22	21	11.53	32	3.33
-0.33	Clallam	13	11.61	35	6.72	26	3.58	27	5.84	31	37.50	39	2.17	5	7.04
-0.46	King	22	8.70	33	6.94	16	4.91	35	4.69	26	39.90	37	5.09	17	4.83
-0.52	Lewis	34	6.09	25	10.23	12	5.35	21	7.22	36	30.77	24	11.06	37	2.52
-0.54	Whitman	36	5.90	7	18.67	30	3.35	20	7.43	35	30.77	29	7.40	38	2.47
-0.61	Island	21	8.99	29	9.12	38	1.83	19	7.49	27	39.39	27	8.17	30	3.52
-0.67	Walla Walla	35	6.02	34	6.82	35	2.69	32	5.07	15	44.44	28	7.60	24	4.12
-0.70	Clark	20	9.14	38	5.62	28	3.49	39	3.42	22	41.83	32	6.29	27	3.62
-0.76	Kitsap	29	6.74	39	5.59	32	2.89	38	3.94	14	47.00	34	5.80	31	3.37
-0.77	Snohomish	26	7.62	36	6.20	37	2.29	36	4.46	18	43.37	35	5.62	28	3.58

Substance Use - Archival Data

Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

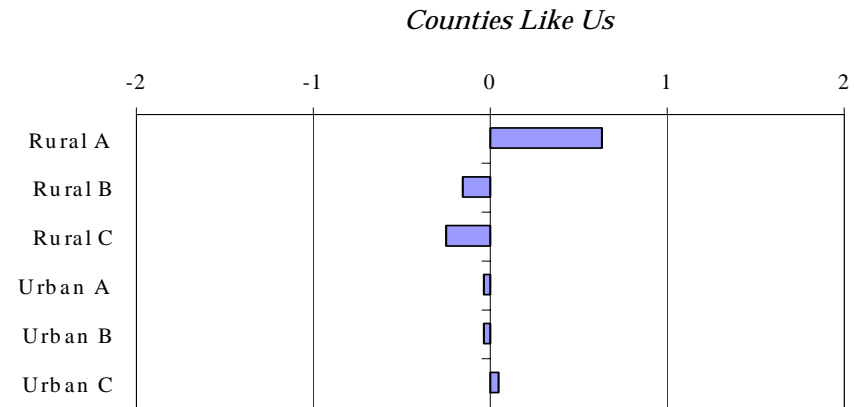
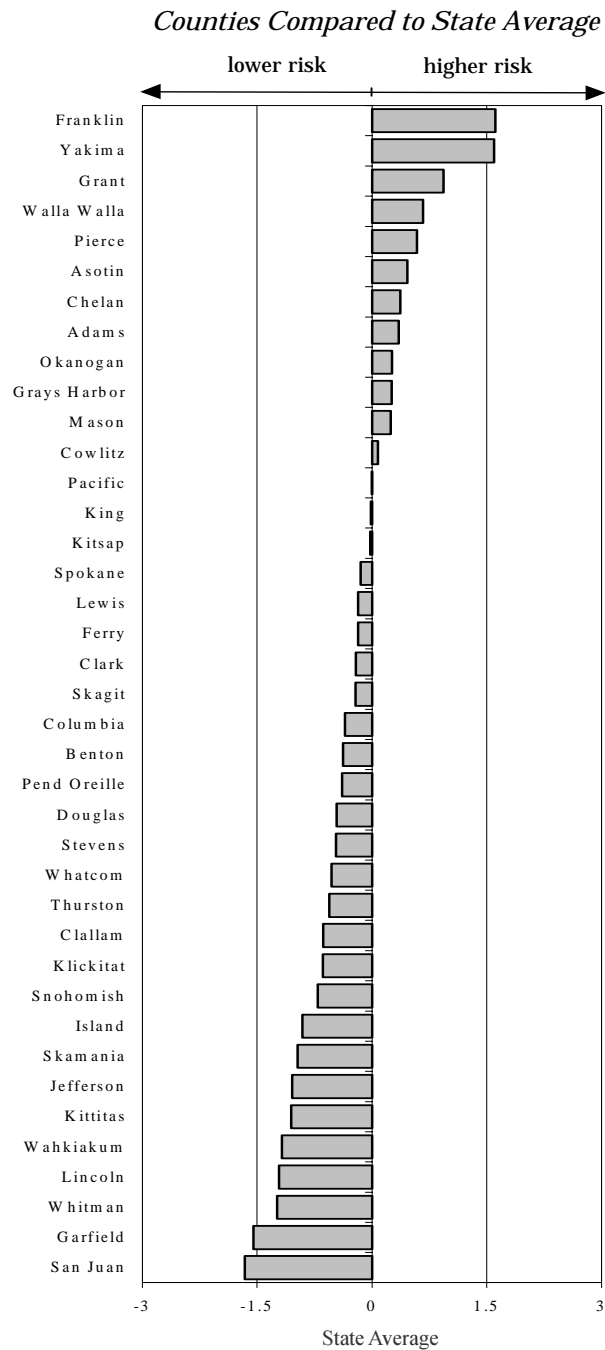
Notes:

1/ These numbers differ from those reported from the DSHS Needs Assessment Database. The differences result from changes and up-dates in the source systems and unduplication methods. Persons enrolled more than one year in the same outpatient or methadone treatment are included in this report, but were not reported in county level reports.

*2/ These denominator populations are adjusted by subtracting the population of the police jurisdictions that did not report arrest data to UCR. This adjustment is made so data could be compared across years. Nevertheless, rates may differ markedly from one year to the next due to the geographically uneven occurrences of crime. (**For more information on agencies that did not report to UCR, see Technical Notes, Non-Reporting Police Jurisdictions.**) The 5-year span of UCR data used for the state report is 1994-1998. The county reports contained data from 1993-1997.*

3/ Individual county report numbers likely under report the DUI arrests. This is because State Patrol arrests, which account for up to 40% of all DUI arrests, cannot be attributed to counties. State Patrol arrests are included in the calculation of state rates.

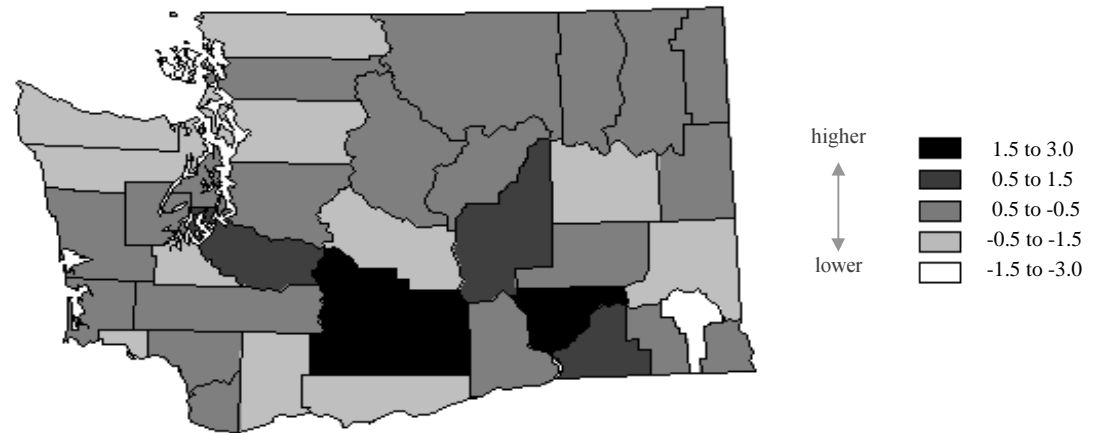
Adolescent Sexual Behavior - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

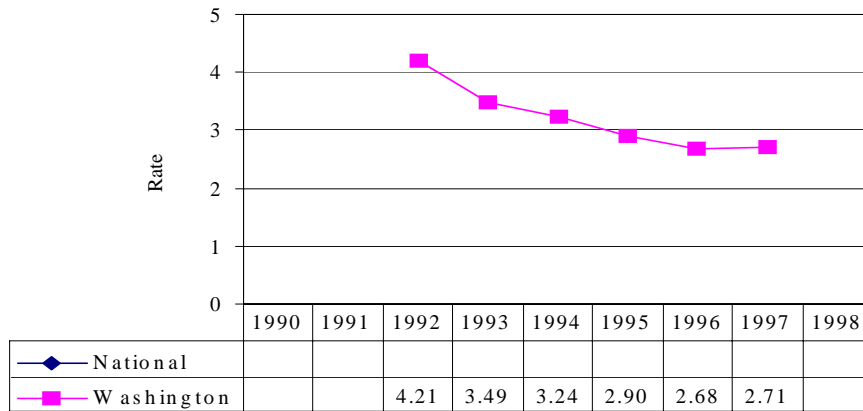
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Adolescent Sexual Behavior - Archival Data

*Sexually Transmitted Diseases,
per 1,000 adolescents (age birth-19)*



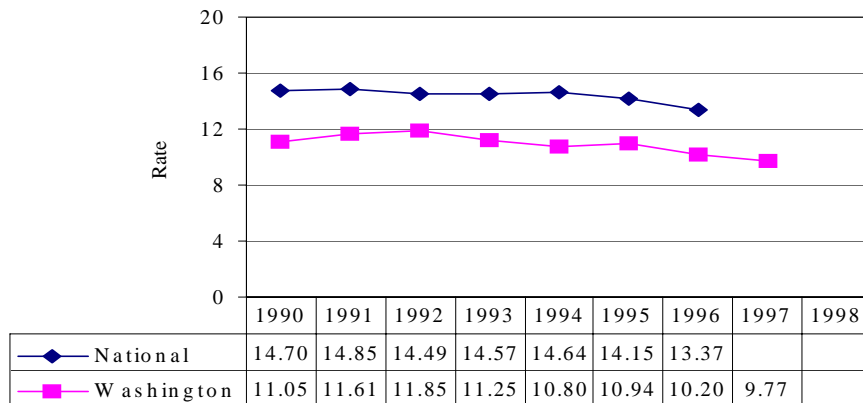
*The annual number of reported cases of gonorrhea, syphilis, or chlamydia.
Sources: State - S6, S12 (See Appendix Data Sources)*

Archival Social Indicators

The number of youth who are diagnosed each year with sexually transmitted diseases has declined substantially since 1992. While the variation in this risk factor between counties is notable, the variation within counties may also be quite high. For instance, in “Healthy Youth in King County”, the Public Health Department reported that STD rates within Seattle were significantly higher than the rest of King County. The same was true for births to teenagers.

Of more use in prevention planning is the evidence that poverty plays a significant role in describing the distribution of teenage pregnancy. “Healthy Youth in King County” reports that births rates to teens living in areas where more than 20% of the residents live in poverty were 3 to 10 times higher than in areas where fewer than 5% live in poverty.

*Birthrate Among Adolescents,
per 1,000 females (age 10-17)*



Sources: State - S2, S12 National - N5, N11 (See Appendix Data Sources)

Adolescent Sexual Behavior - Archival Data

Key:

*Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.

**Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)

The numbers in brackets are the age range of the populations included for each indicator rate.

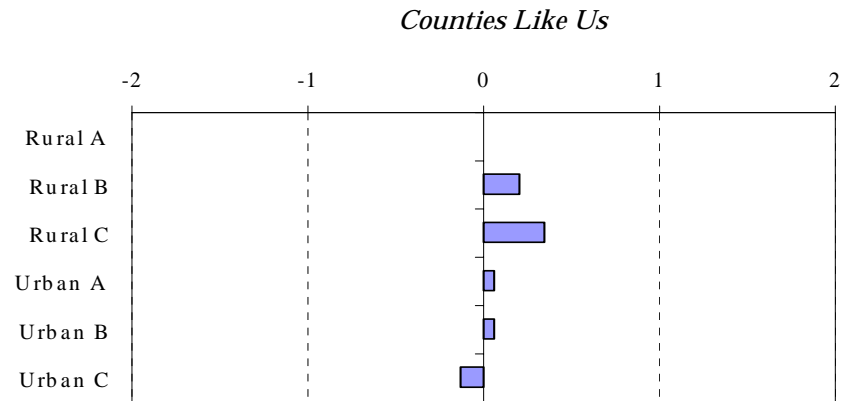
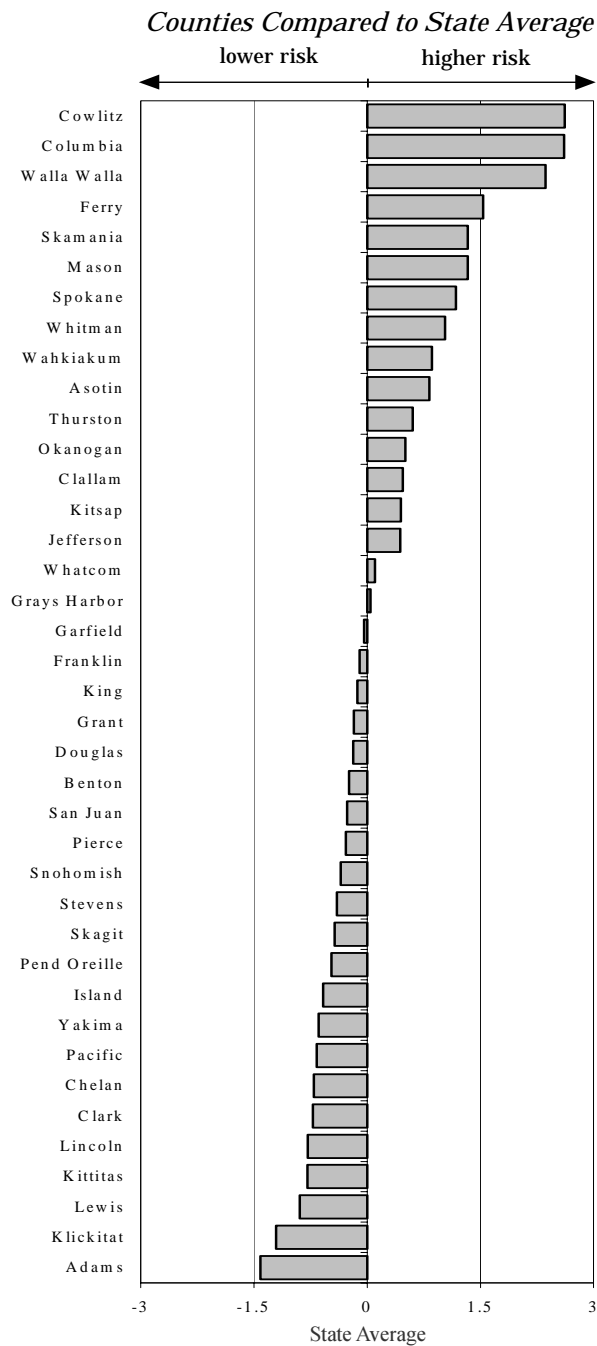
Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**			
		Rank*	Sexually Transmitted Diseases, per 1,000 (0-19) ¹	Rank*	Birthrate Among Adolescents, per 1,000 females (10-17)
1.61	Franklin	4	3.31	1	26.55
1.60	Yakima	3	3.57	2	25.17
0.94	Grant	8	3.01	4	20.64
0.67	Walla Walla	7	3.20	5	16.86
0.58	Pierce	1	4.12	17	11.64
0.46	Asotin	5	3.29	10	14.19
0.37	Chelan	11	2.78	8	15.59
0.35	Adams	31	1.59	3	20.95
0.26	Okanogan	15	2.46	7	15.97
0.26	Grays Harbor	10	2.96	12	13.57
0.25	Mason	9	2.97	13	13.36
0.08	Cowlitz	16	2.39	9	14.24
-0.00	Pacific	26	1.83	6	16.00
-0.01	King	2	3.69	32	7.21
-0.02	Kitsap	6	3.26	25	9.14
-0.15	Spokane	12	2.70	23	10.37
-0.18	Lewis	19	2.15	15	12.55
-0.18	Ferry	13	2.60	22	10.48
-0.21	Clark	14	2.59	24	10.23
-0.21	Skagit	21	1.98	14	13.01
-0.35	Columbia	20	2.14	21	10.72
-0.38	Benton	23	1.90	18	11.61
-0.39	Pend Oreille	33	1.33	11	14.15
-0.46	Douglas	29	1.64	16	11.90
-0.47	Stevens	25	1.85	20	10.82
-0.53	Whatcom	17	2.32	29	8.02
-0.56	Thurston	18	2.28	30	7.89
-0.64	Clallam	24	1.88	26	8.91
-0.64	Klickitat	34	1.30	19	11.52
-0.71	Snohomish	22	1.95	31	7.80
-0.91	Island	27	1.74	35	6.57
-0.97	Skamania	32	1.54	34	6.88
-1.04	Jefferson	35	1.13	28	8.02
-1.05	Kittitas	28	1.65	36	5.45
-1.18	Wahkiakum	36	0.99	33	7.18
-1.21	Lincoln	39	0.68	27	8.26
-1.24	Whitman	30	1.59	37	3.75
-1.55	Garfield	37	0.92	38	3.50
-1.66	San Juan	38	0.76	39	3.04

Notes:

^{1/} SDT counts, formerly available by zip code, are now available only by city. This caused a slight change in data for some counties.



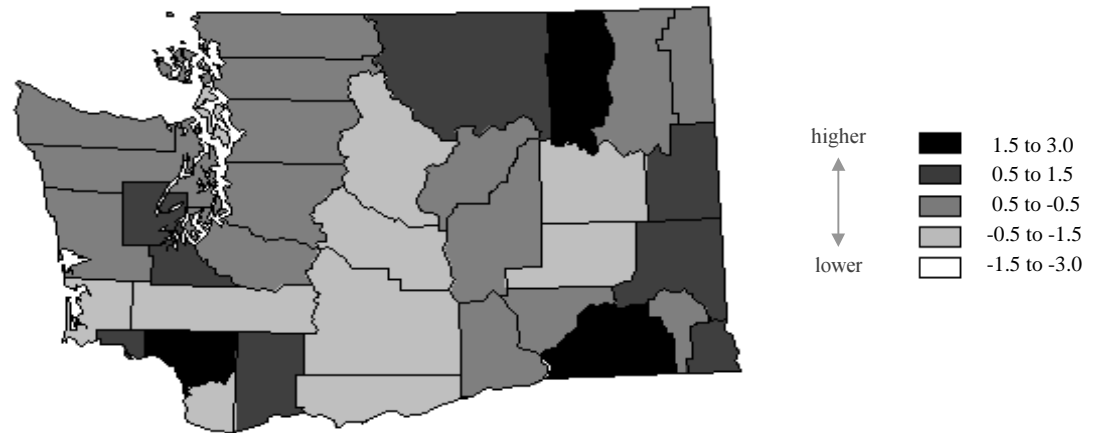
Suicide - Summary of Standardized Scores



Rural A: Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania Counties. **Rural B:** Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla Walla, and Whitman Counties. **Rural C:** Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, and Wahkiakum Counties.

Urban A: King County. **Urban B:** Pierce, Snohomish, and Spokane Counties. **Urban C:** Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima Counties.

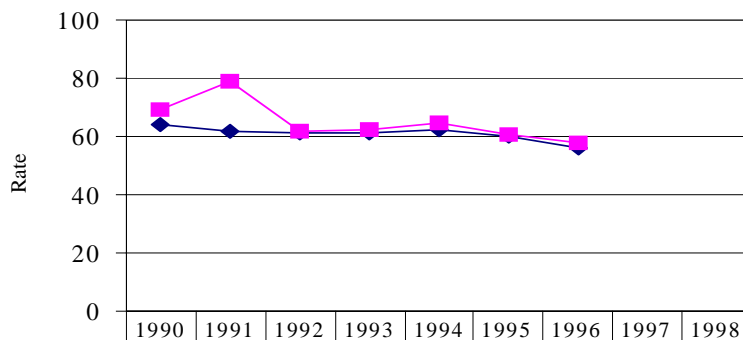
*Risk Categories for Summary Measure**



*Summary Measures are the average of the standardized scores for each component indicator. You can find the value for the summary measure as well as the pre-standardized indicator rates in the table at the end of this section.

Suicide - Archival Data

Adolescent Suicide and Suicide Attempts, per 100,000 adolescents (age 10-17)



	1990	1991	1992	1993	1994	1995	1996	1997	1998
◆ National	64.00	62.00	61.00	61.40	62.30	60.00	56.10		
■ Washington	69.31	78.85	61.96	62.54	64.68	60.76	57.88		

Suicides are based on death certificate information. Suicide attempts are based on hospital admissions, but do not include admissions to federal hospitals.

Sources: State - S3, S5, S12 National - N5, N9 (See Appendix Data Sources)

This indicator now reflects Department of Health guidelines. This change results in lower rates than those reported in the 1997 State Profile of Risk and Protection.

Prevention

According to the American Psychiatric Association, substance abuse is a major risk factor for suicide. However in discussing suicide reduction among adolescents, the Center for Disease Control points out that those working in suicide prevention rarely consider the effects that substance abuse prevention programs have on suicide. The CDC recommends that closer working relationships among prevention programs (like with drug and alcohol abuse treatment programs) may enhance suicide prevention efforts. The CDC goes on to suggest that when school-based education is used, program planners should consider broad curricula that address suicide prevention in conjunction with other adolescent health issues before considering curricula that address only suicide.

(This report on suicide prevention programs is available at <http://wonder.cdc.gov/wonder/prevguid>).

Suicide - Archival Data

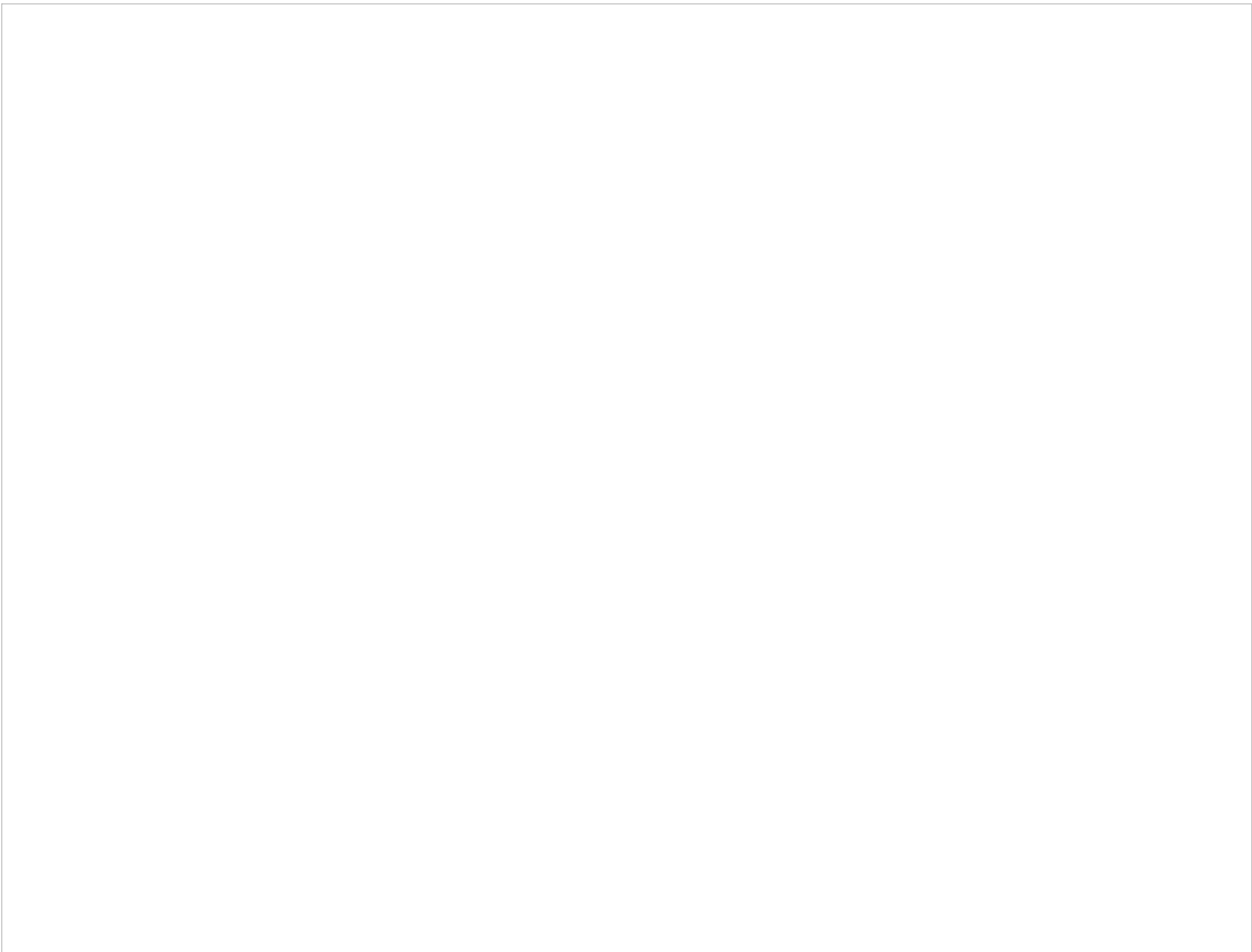
Key:

**Rank refers to the order, from highest risk (1) to lowest risk (39) among the 39 counties, for each particular indicator.*

***Indicator rates are based on the average of the latest available 5 years of data. (See individual County Profiles for annual data.) These indicator rates, grouped by risk factors, are standardized and then averaged, to yield the Summary Measure of Standardized Scores. (See page 176 for a more detailed explanation.)*

The numbers in brackets are the age range of the populations included for each indicator rate.

Summary Measures of Standardized Scores	County	Indicator Rates (prior to standardization)**	
		Rank*	Adolescent Suicide and Suicide Attempts, per 100,000 (10-17)
2.62	Cowlitz	1	158.86
2.61	Columbia	2	158.48
2.36	Walla Walla	3	149.29
1.54	Ferry	4	118.74
1.33	Skamania	5	111.04
1.33	Mason	6	110.98
1.18	Spokane	7	105.23
1.03	Whitman	8	99.82
0.86	Wahkiakum	9	93.50
0.83	Asotin	10	92.17
0.60	Thurston	11	83.95
0.51	Okanogan	12	80.32
0.47	Clallam	13	79.10
0.45	Kitsap	14	78.04
0.44	Jefferson	15	77.71
0.11	Whatcom	16	65.40
0.04	Grays Harbor	17	63.11
-0.04	Garfield	18	60.10
-0.10	Franklin	19	57.71
-0.13	King	20	56.64
-0.18	Grant	21	54.88
-0.19	Douglas	22	54.62
-0.24	Benton	23	52.71
-0.27	San Juan	24	51.64
-0.28	Pierce	25	50.91
-0.35	Snohomish	26	48.53
-0.40	Stevens	27	46.59
-0.43	Skagit	28	45.61
-0.48	Pend Oreille	29	43.80
-0.58	Island	30	39.92
-0.64	Yakima	31	37.60
-0.67	Pacific	32	36.60
-0.70	Chelan	33	35.33
-0.72	Clark	34	34.72
-0.79	Lincoln	35	32.12
-0.79	Kittitas	36	32.01
-0.89	Lewis	37	28.33
-1.21	Klickitat	38	16.61
-1.41	Adams	39	9.00



COUNTY PROFILES

*These profiles originally appeared in each "County Profile on Risk and Protection for Substance Abuse Prevention Planning",
<http://www.wa.gov/dshs/geninfo/rdapub.html>.*



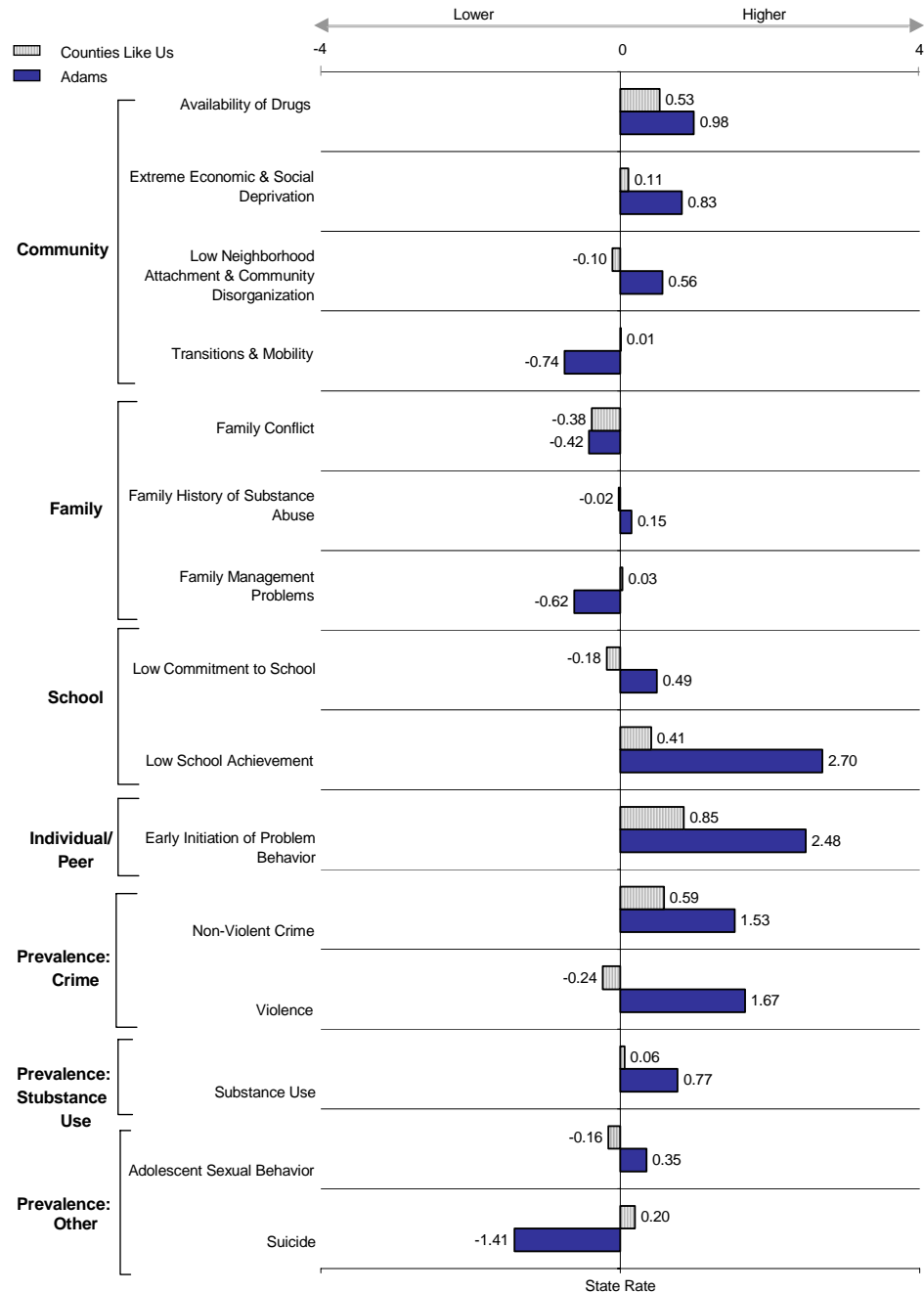
Revised County Profile
Adams County

Please Note...

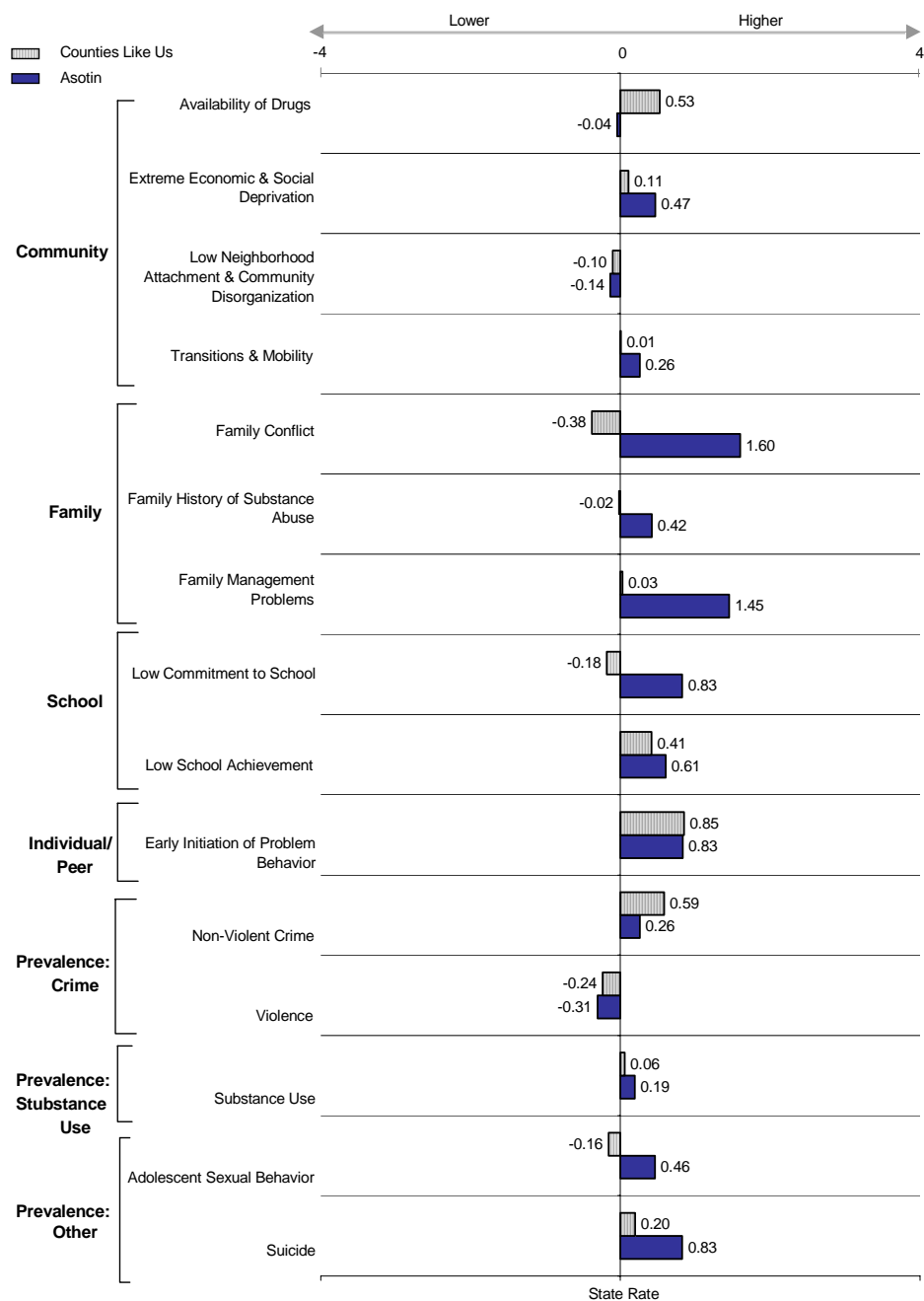
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- *The indicator Alcohol- and Drug- Related Deaths has been added to the calculation of Family History of Substance Abuse. This data was not available for the county reports.*
- *The 5-year span of Uniform Crime Report data used for the state report is 1994-1998. The county reports contained data from 1993-1997. This data difference is reflected in factor values for Early Initiation of Problem Behavior and Prevalence factors for Violence, Non-Violent Crime, and Substance Use.*

Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Asotin County

Please Note...

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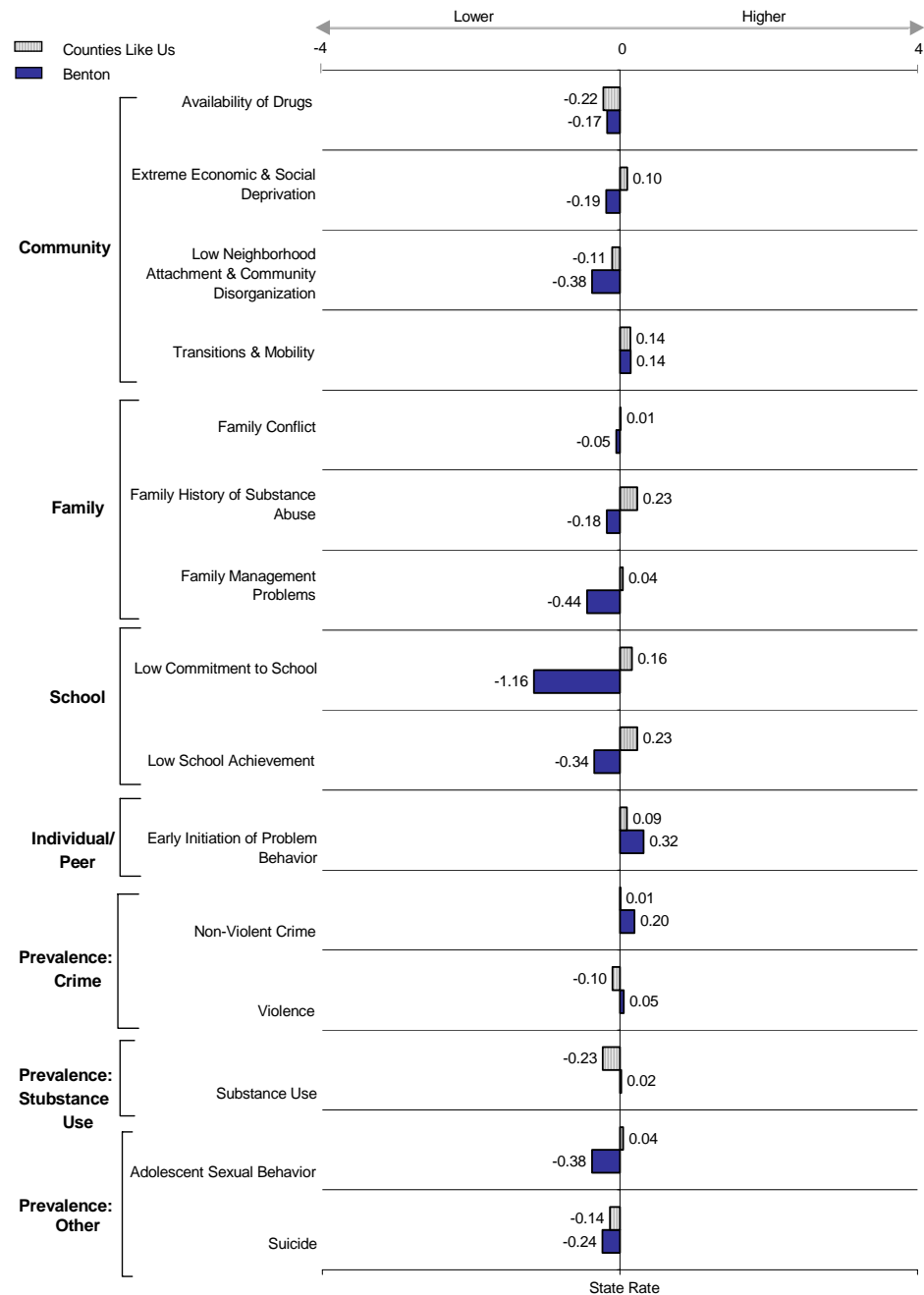
Revised County Profile
Benton County

Please Note...

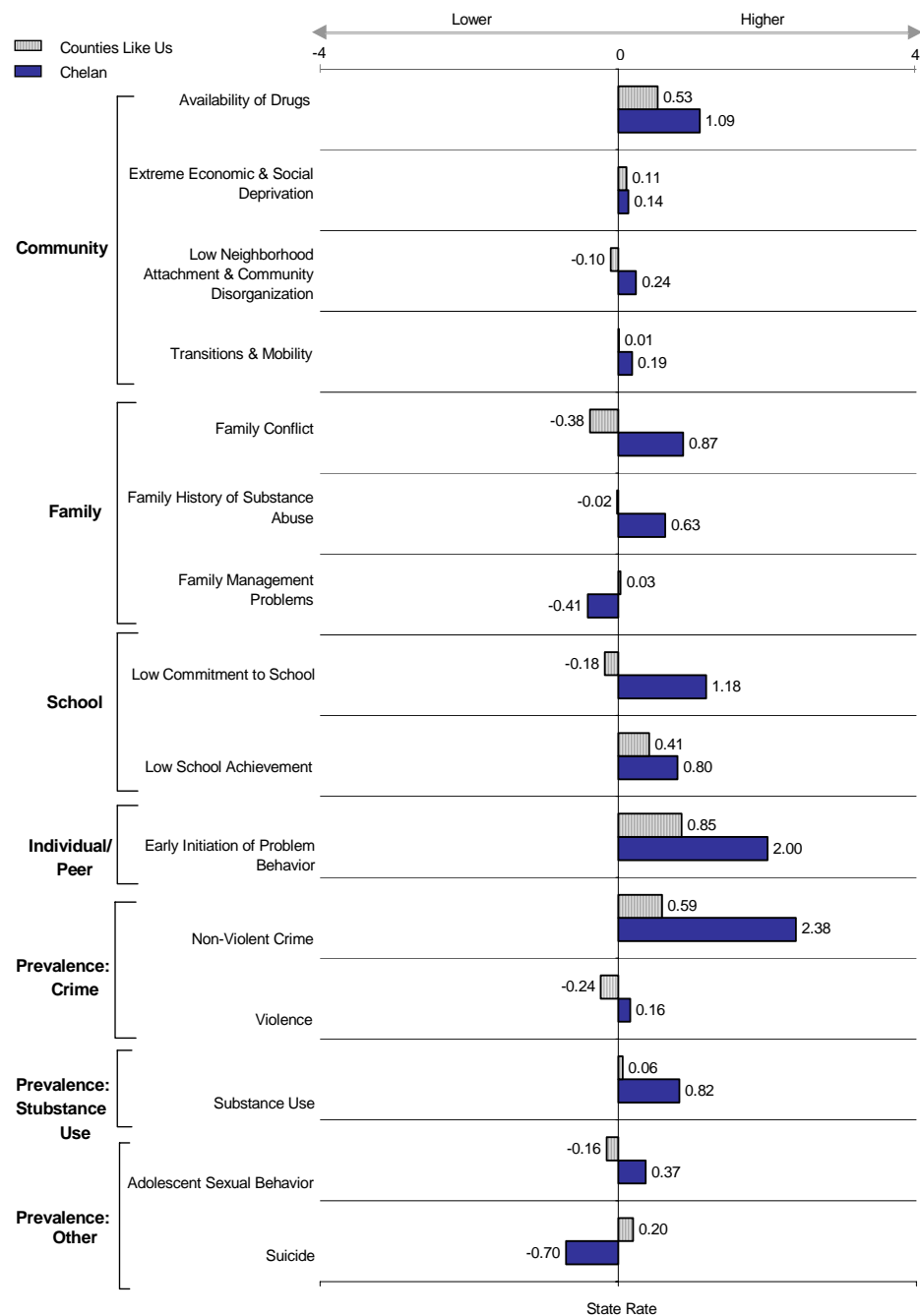
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Chelan County

Please Note...

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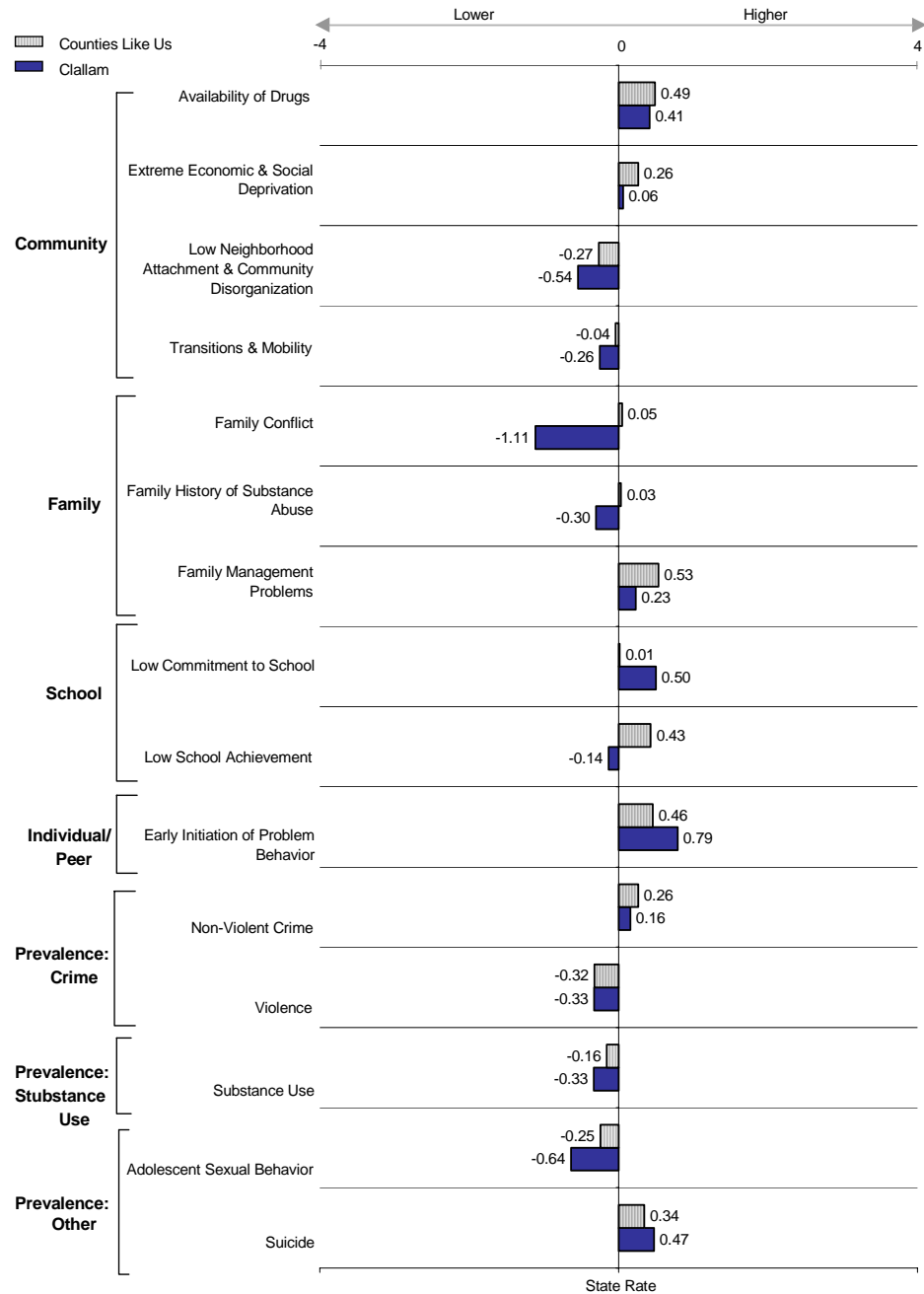
Revised County Profile
Clallam County

Please Note...

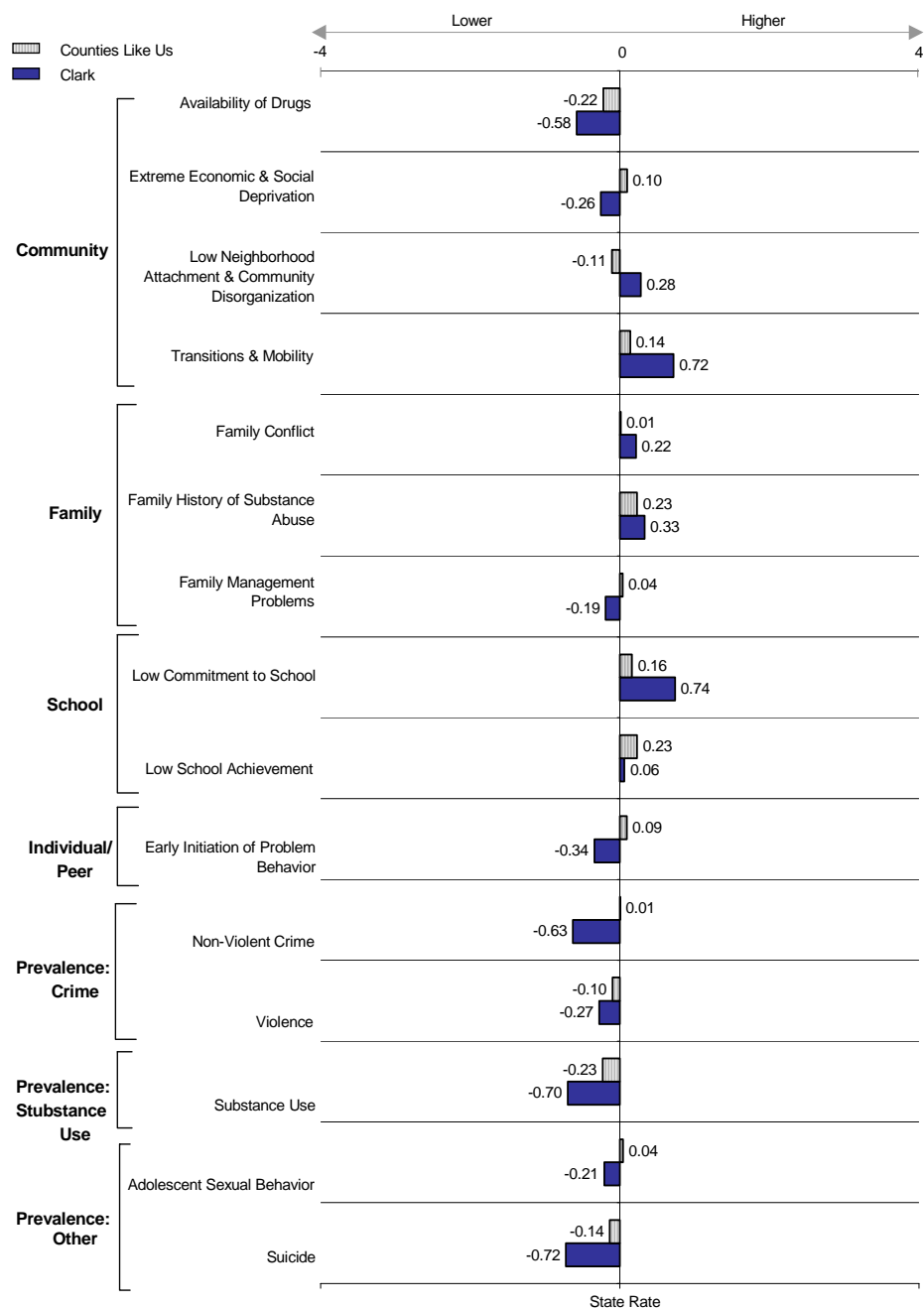
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Clark County

Please Note...

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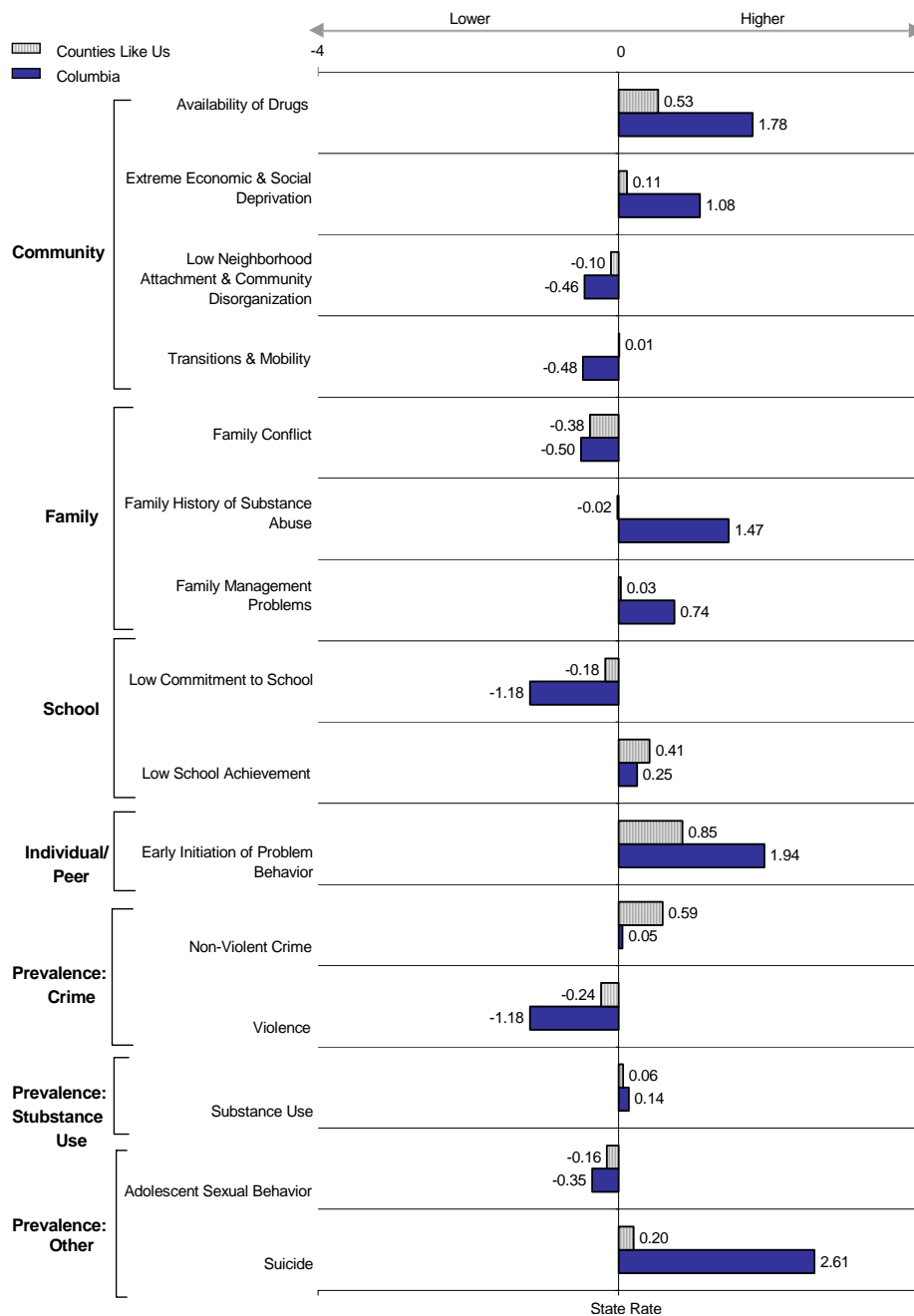
Revised County Profile
Columbia County

Please Note...

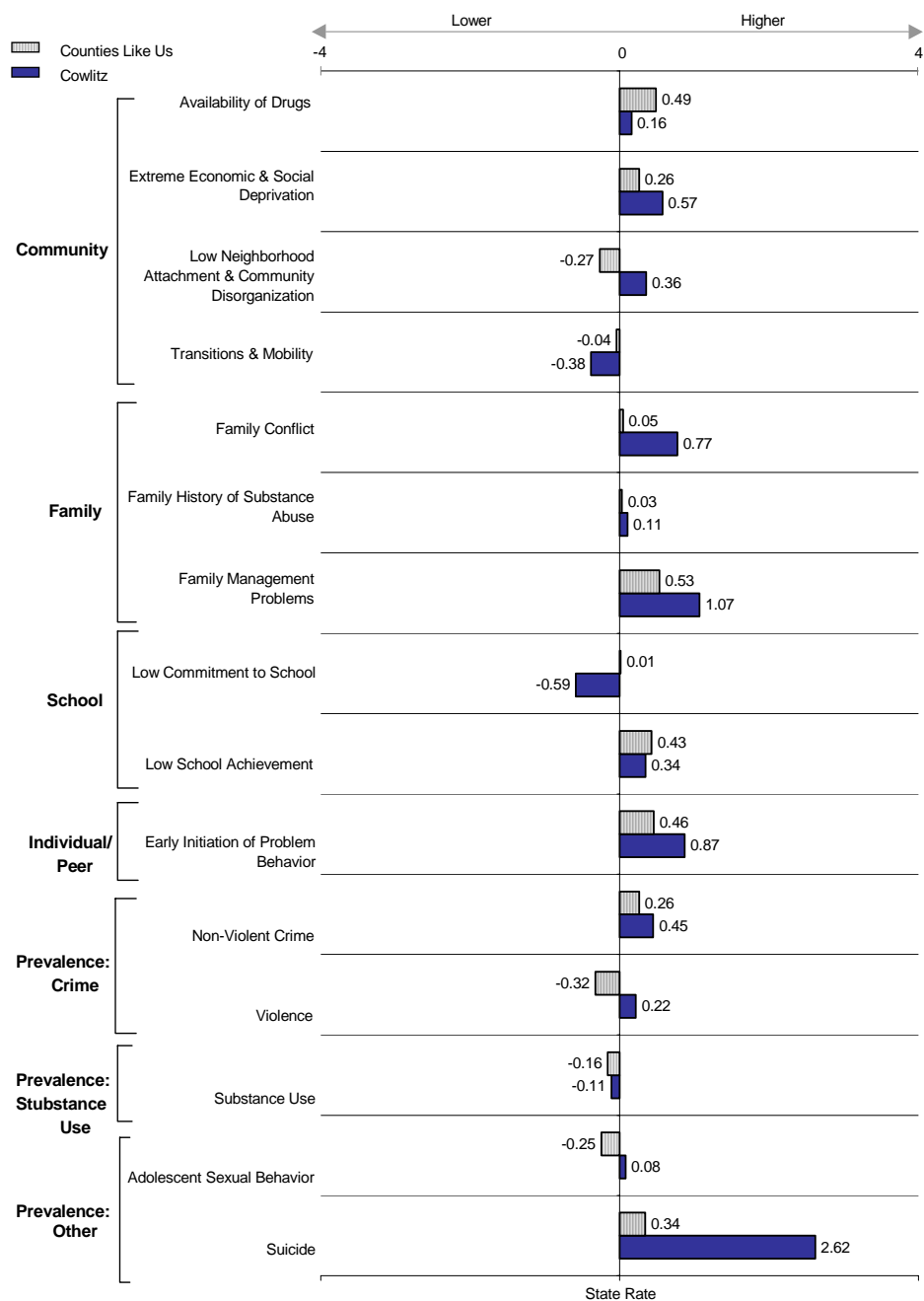
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile
Cowlitz County

Please Note...

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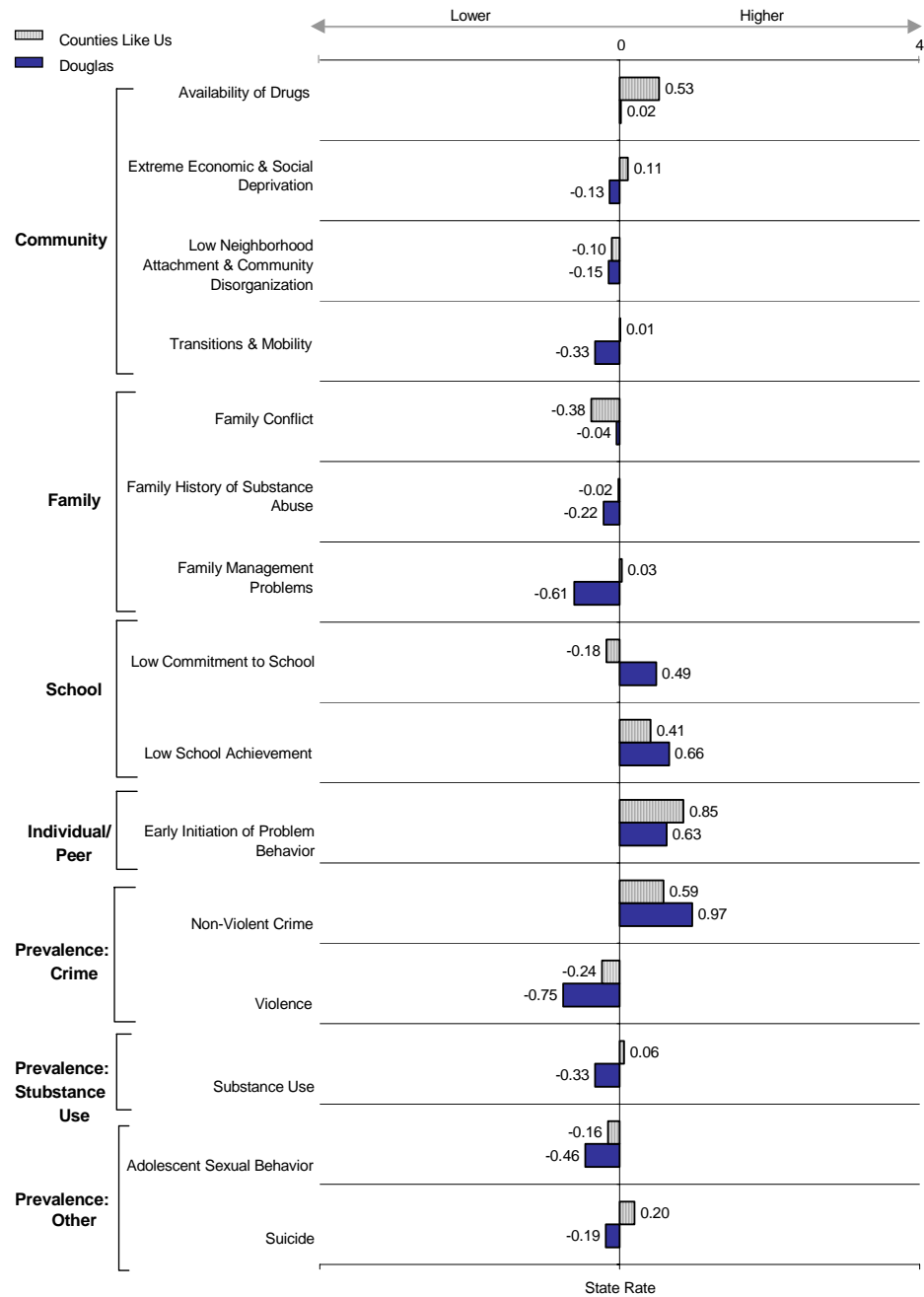
Revised County Profile Douglas County

Please Note...

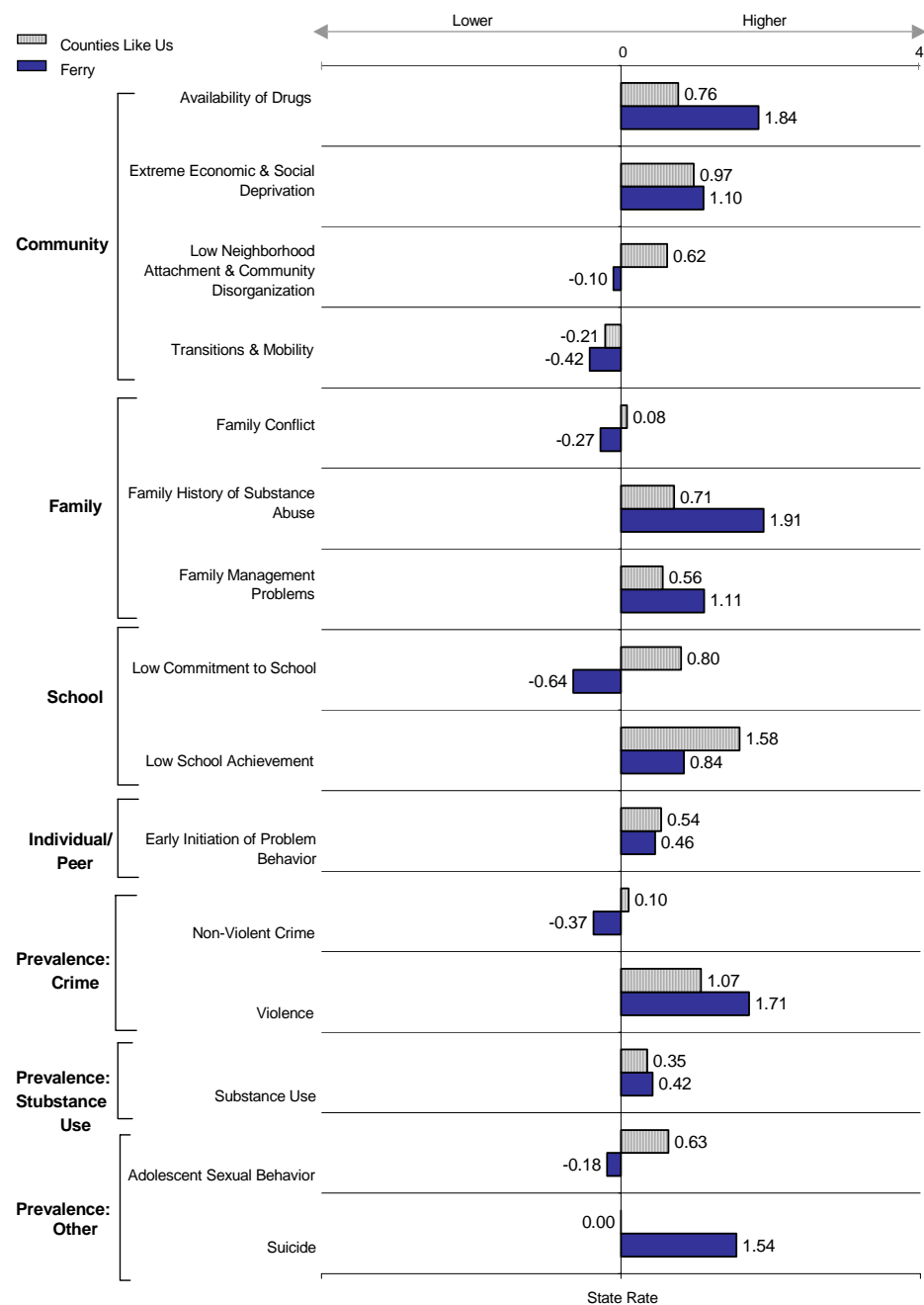
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Ferry County

Please Note...

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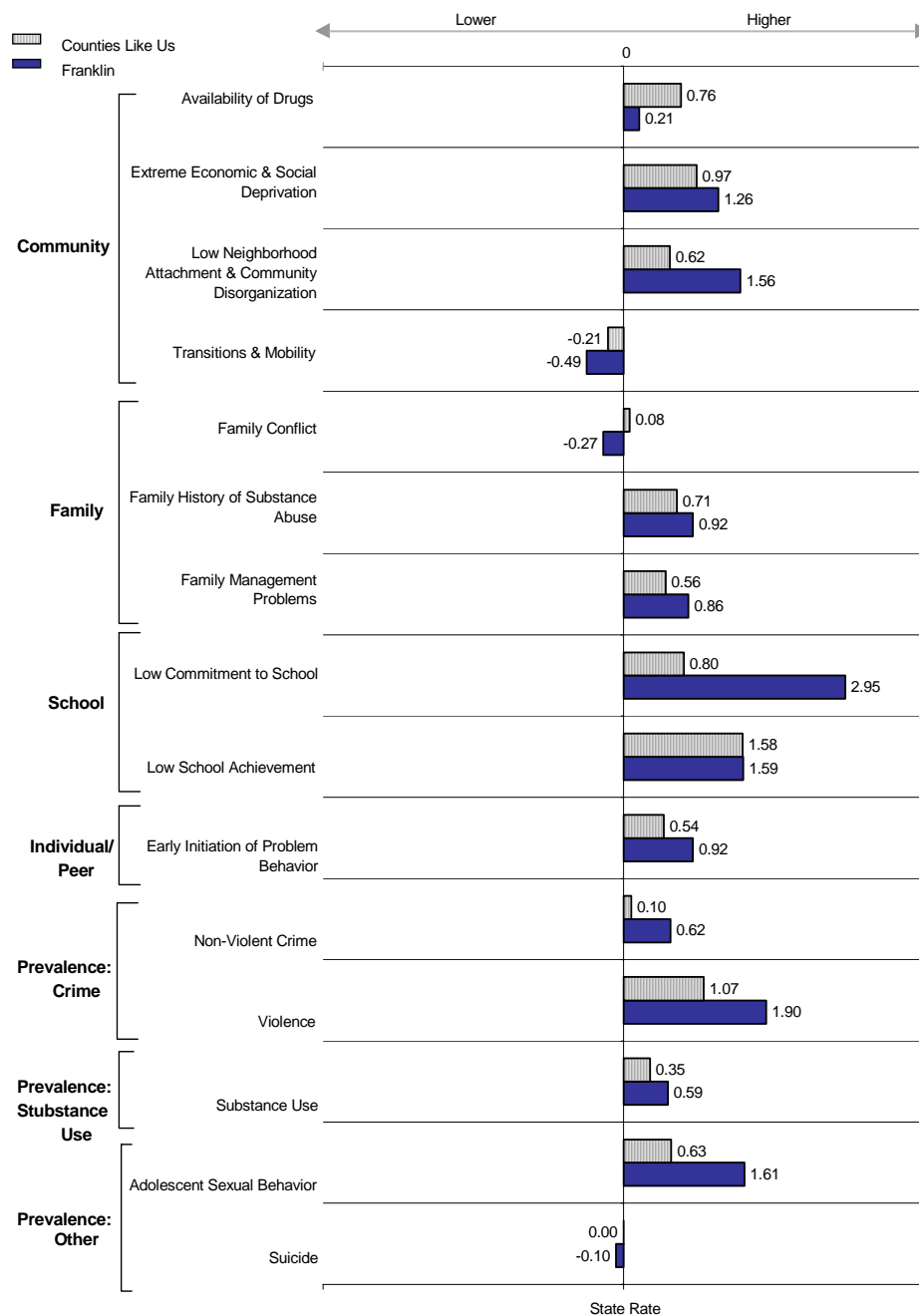
Revised County Profile Franklin County

Please Note...

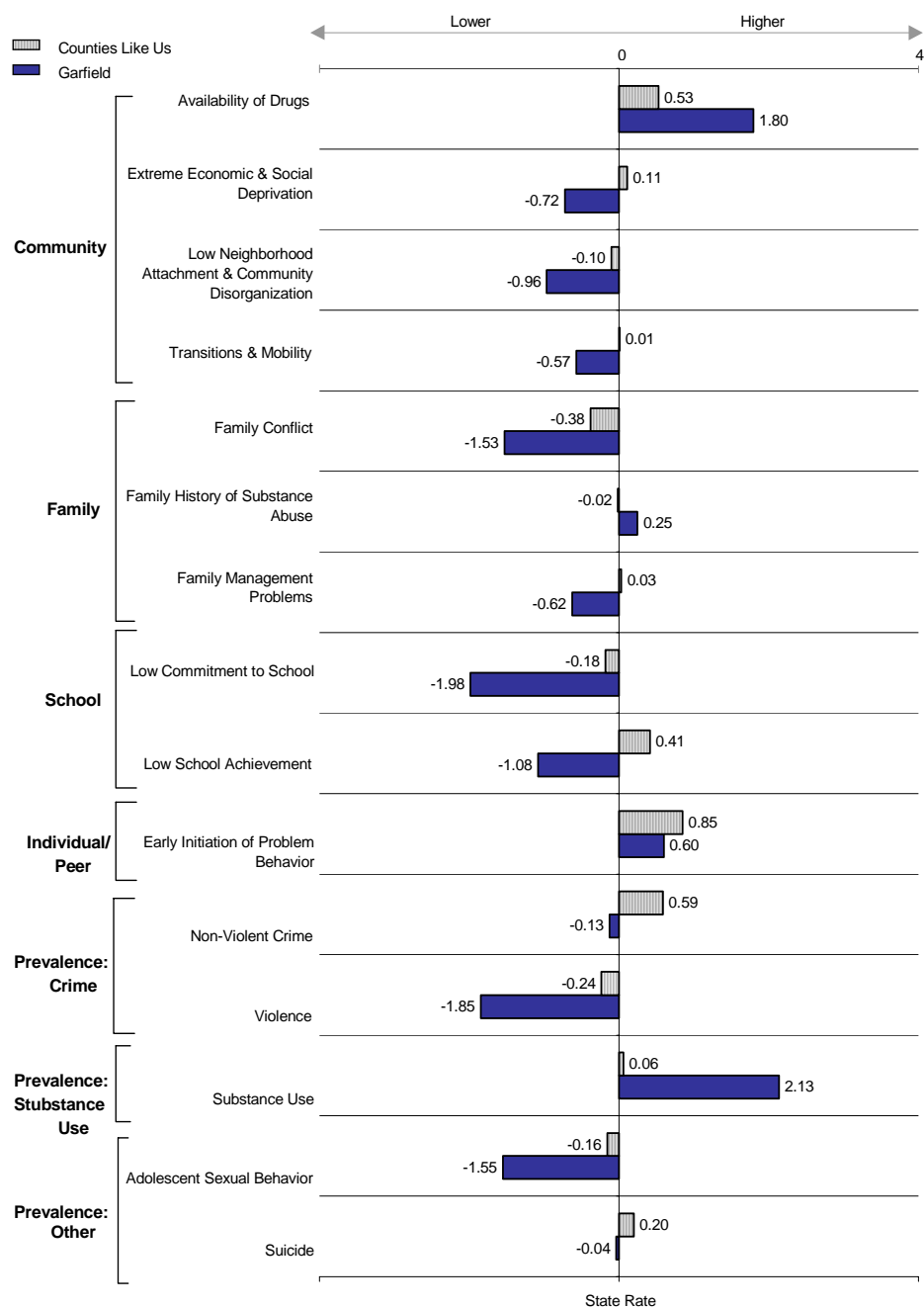
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Garfield County

Please Note...

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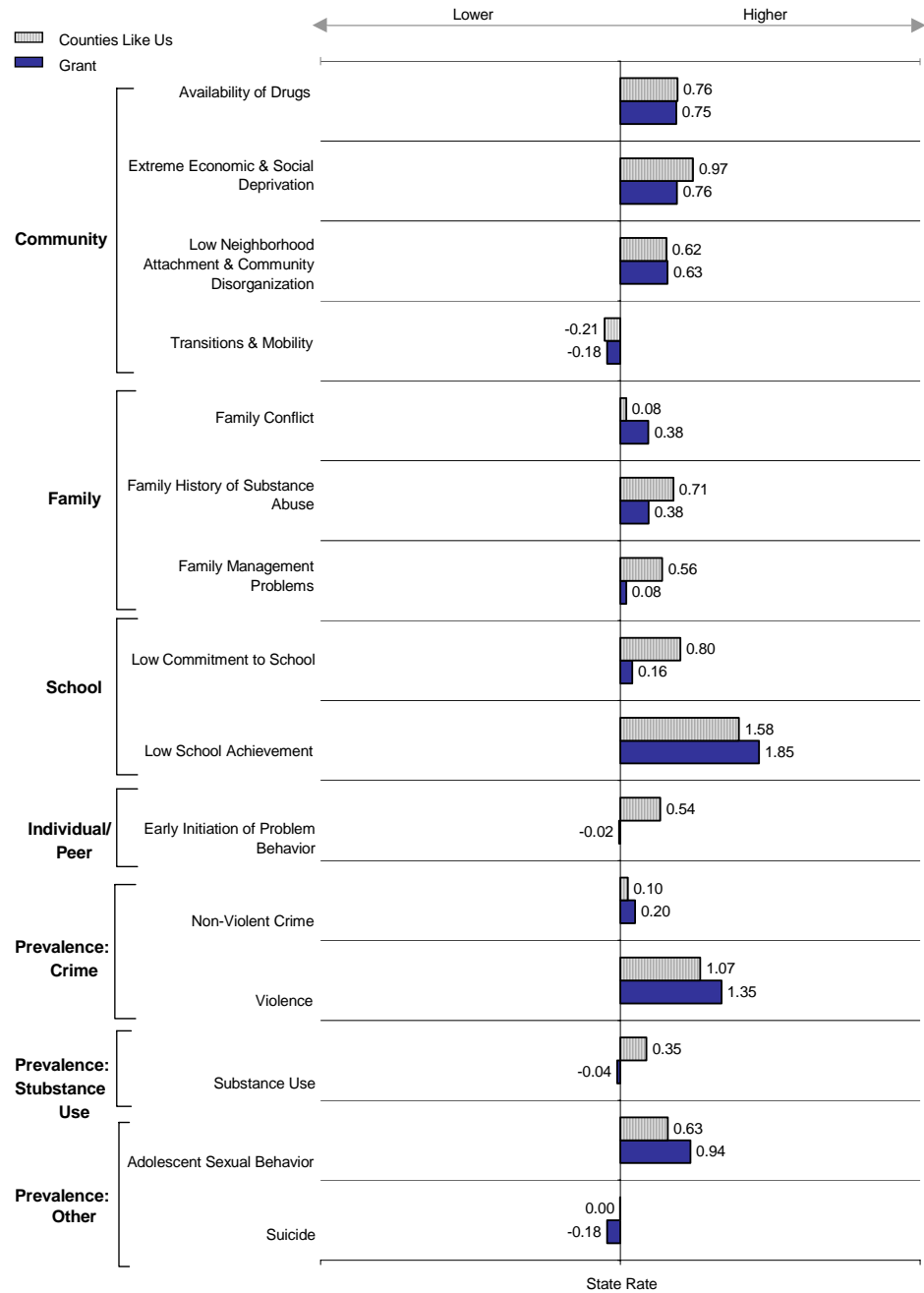
Revised County Profile
Grant County

Please Note...

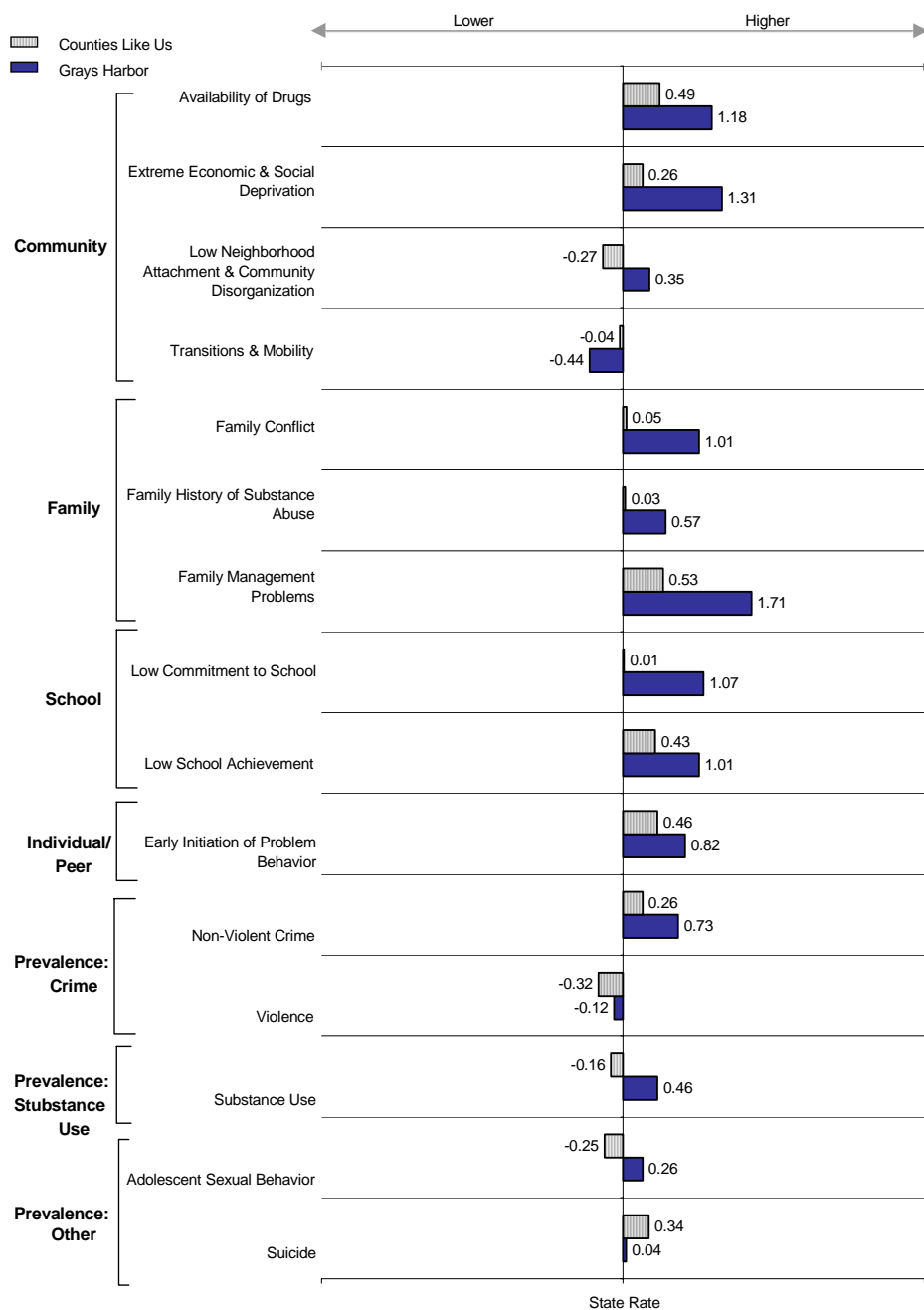
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Grays Harbor County

Please Note...

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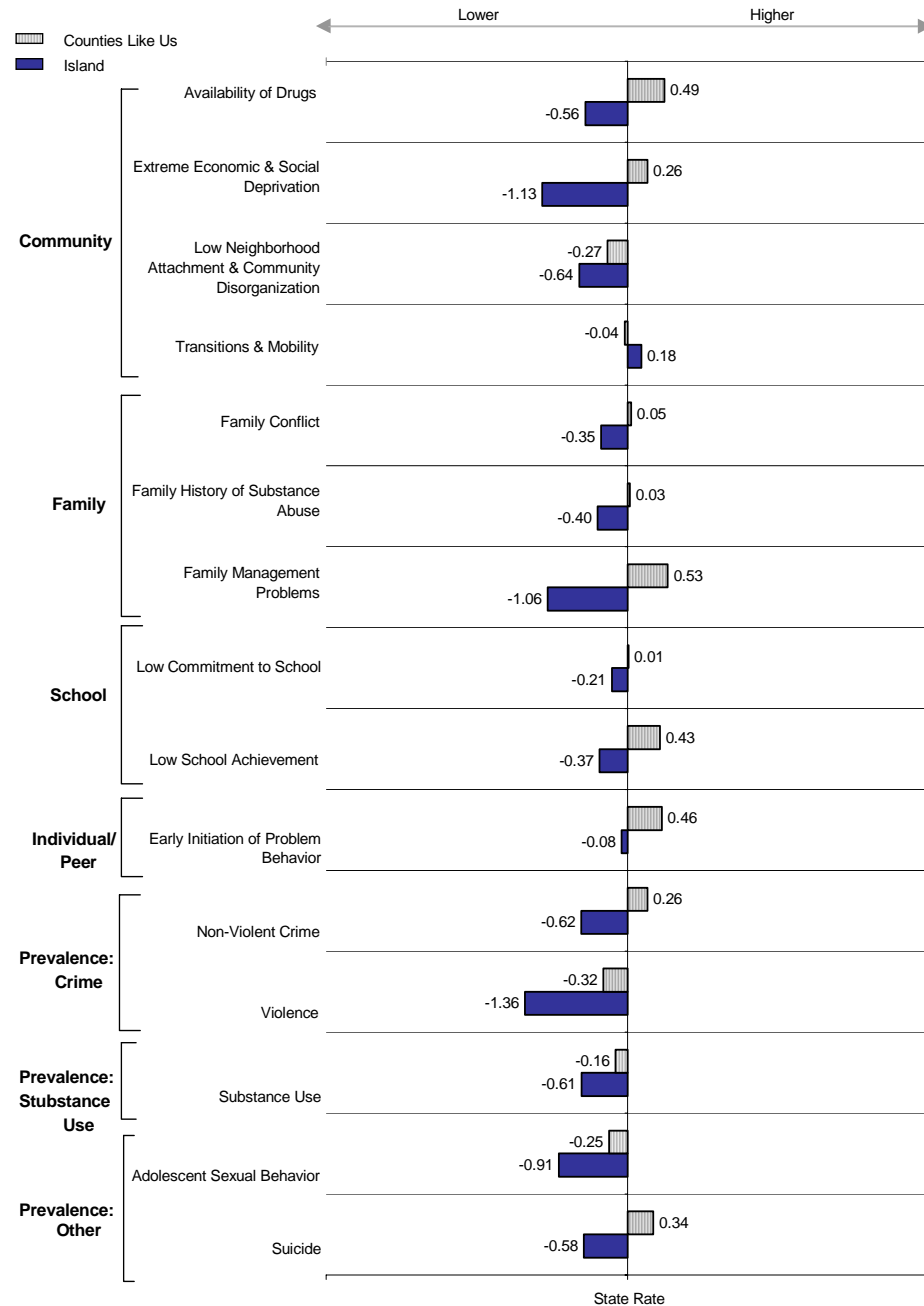
Revised County Profile Island County

Please Note...

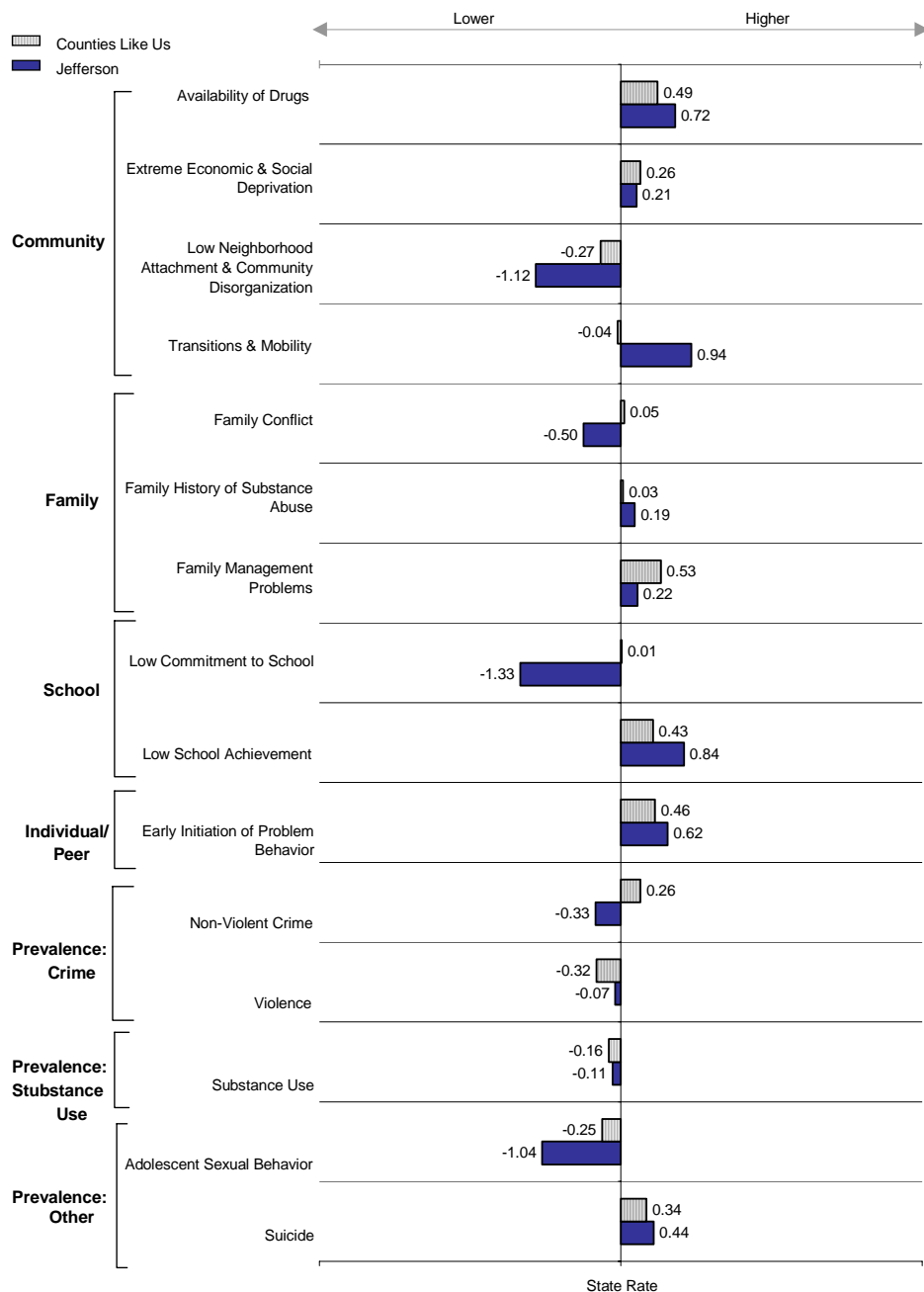
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Jefferson County

Please Note...

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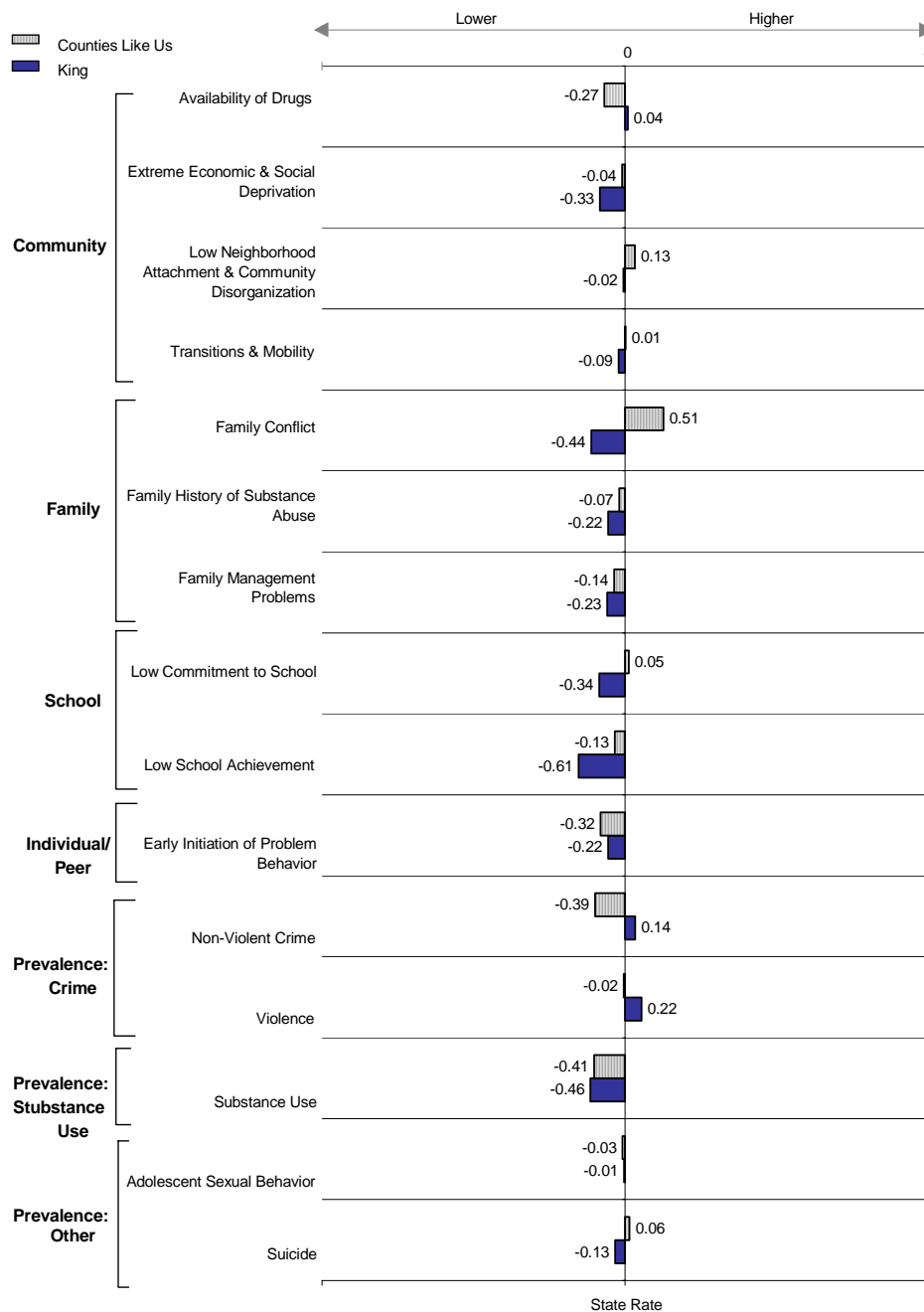
Revised County Profile King County

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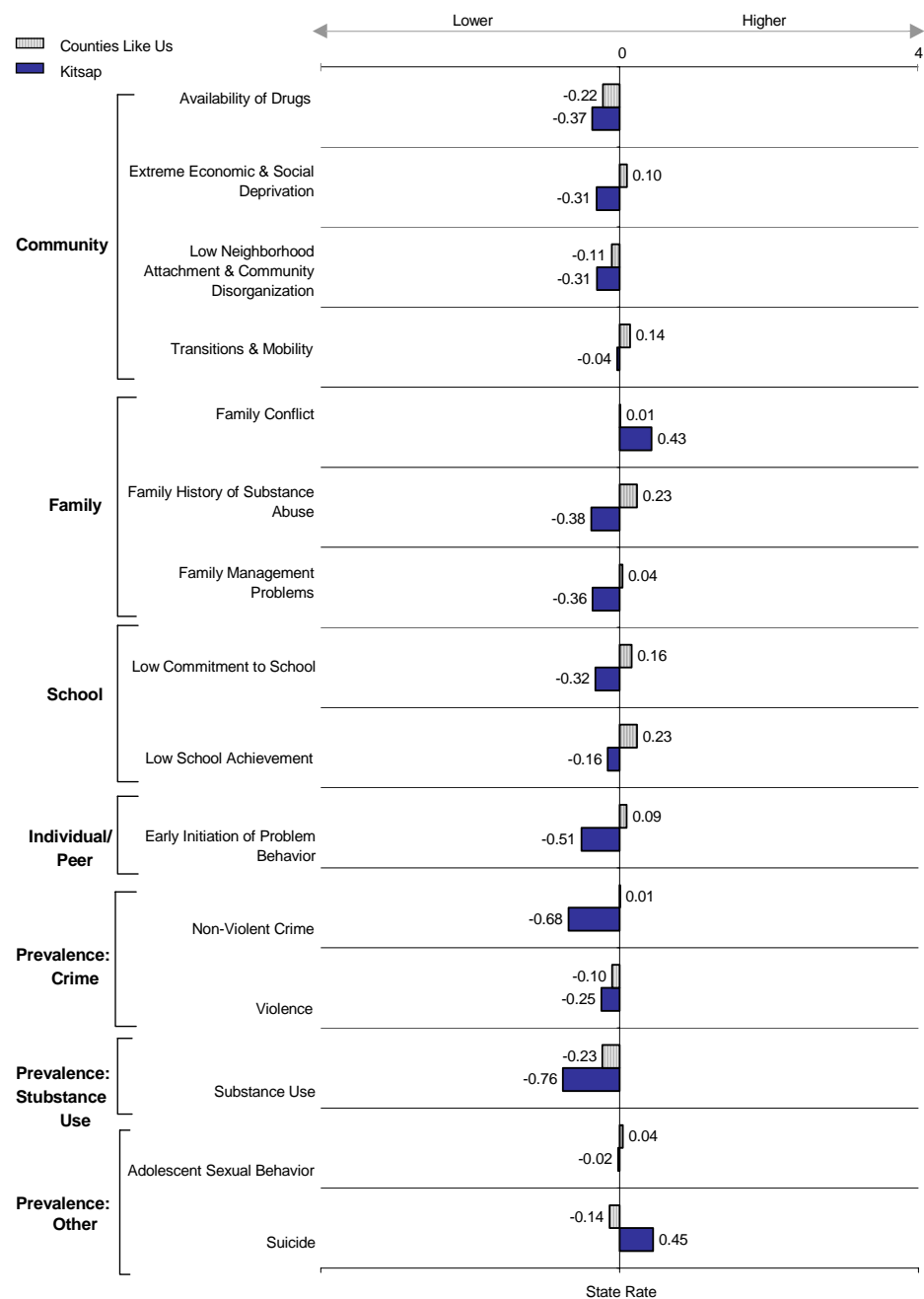
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Summary Measures of Standardized Risk Factors Grouped by Domain



State Rate

Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Kitsap County

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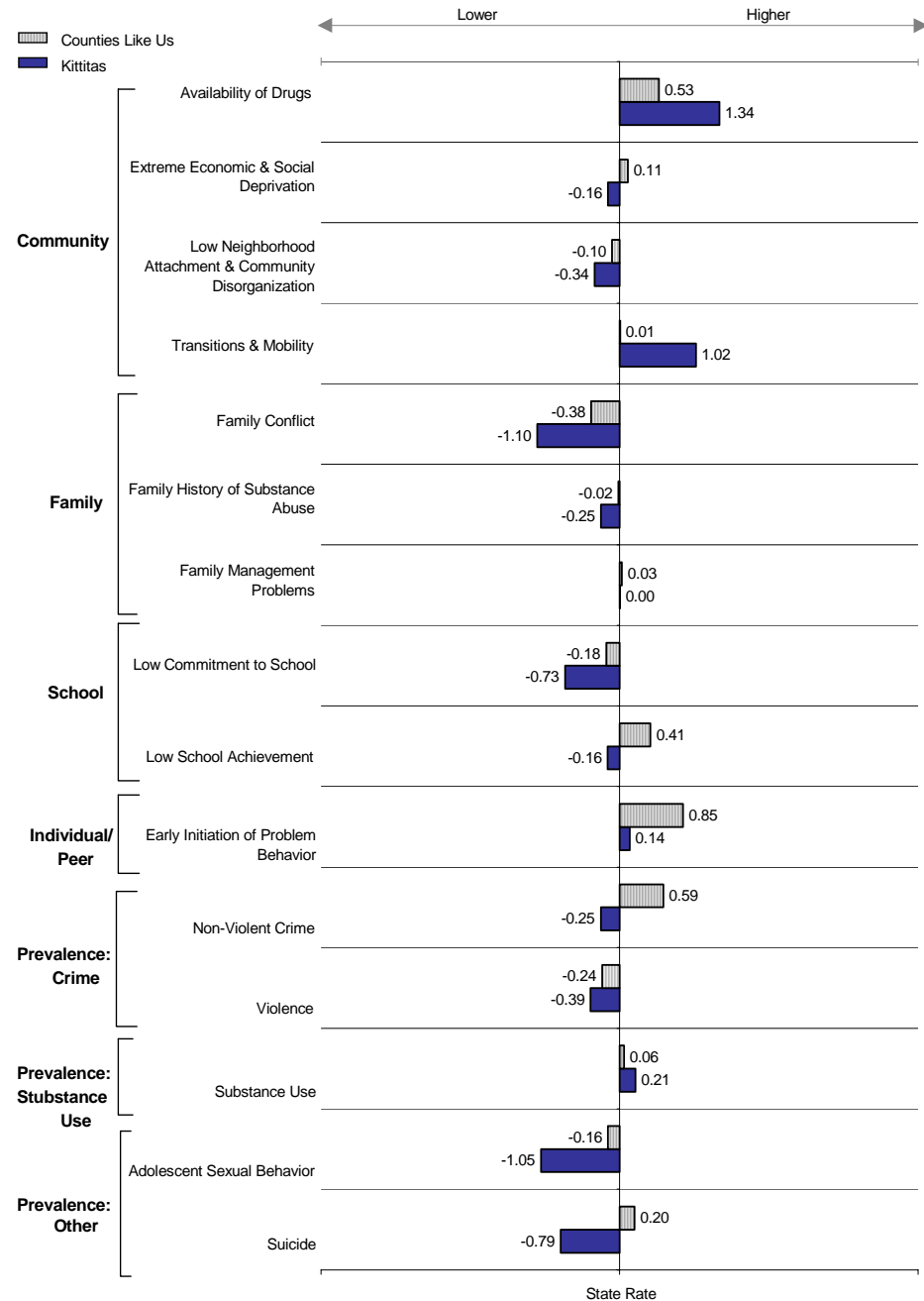
Revised County Profile
Kittitas County

Please Note...

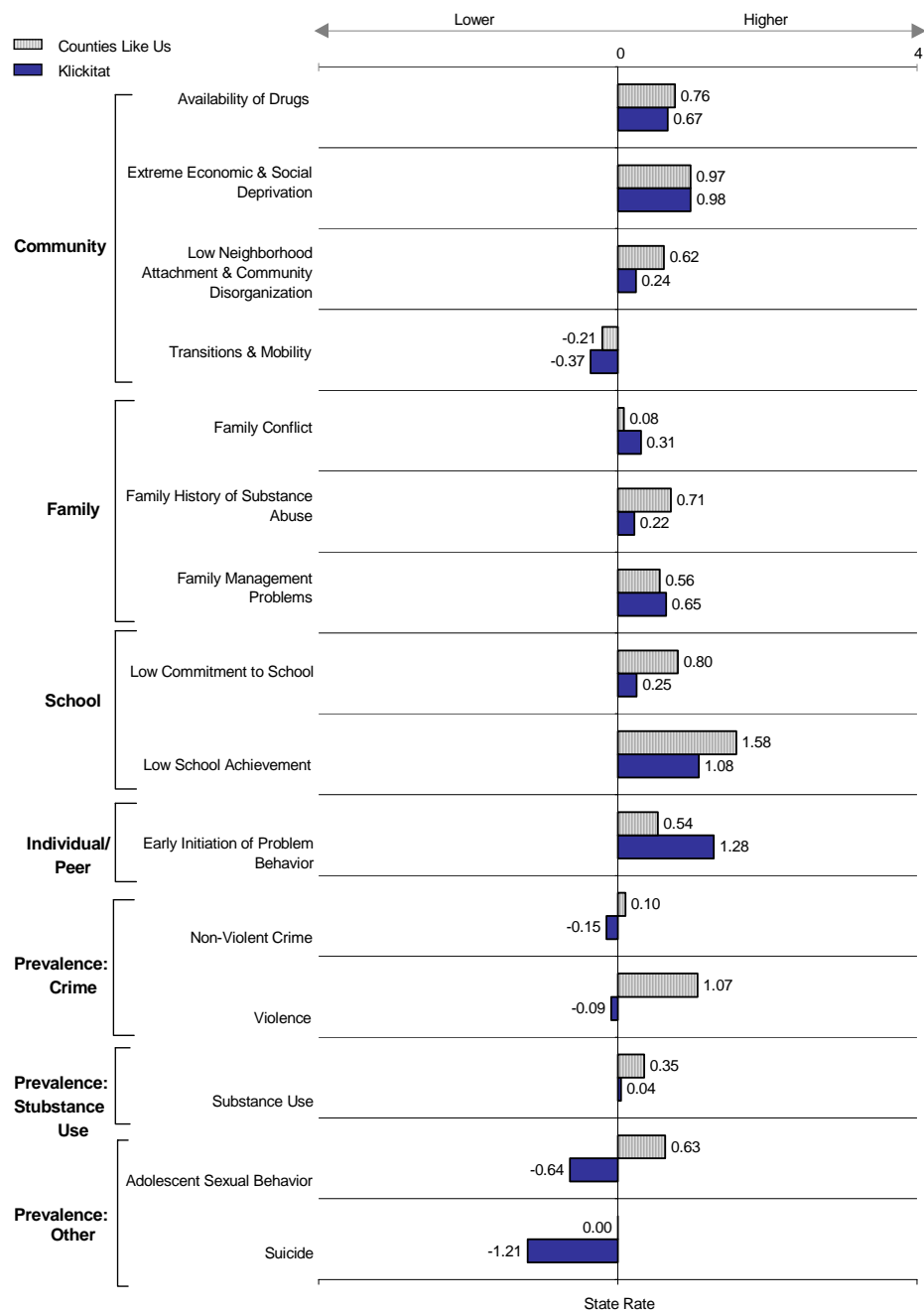
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Klickitat County

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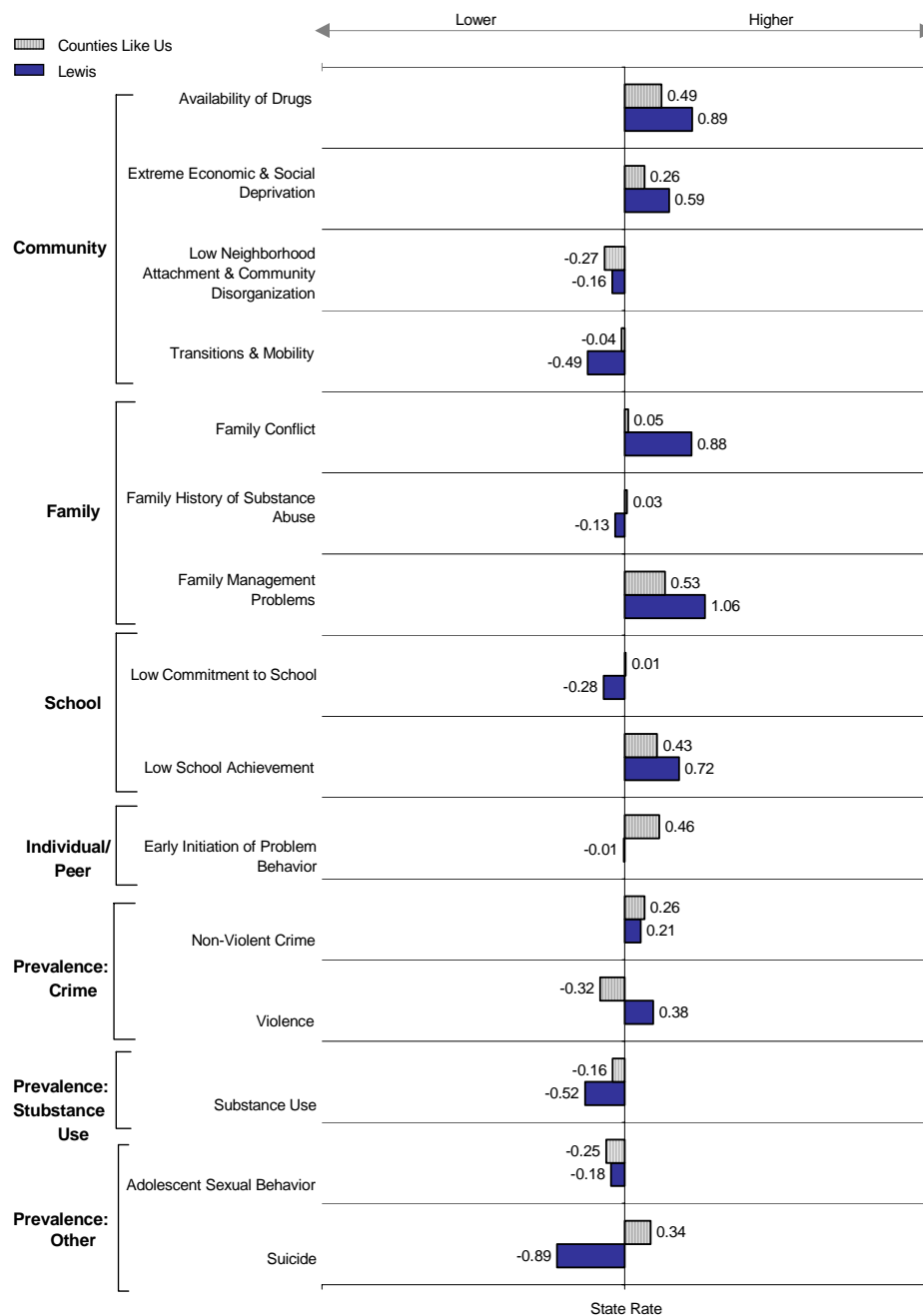
Revised County Profile
Lewis County

Please Note...

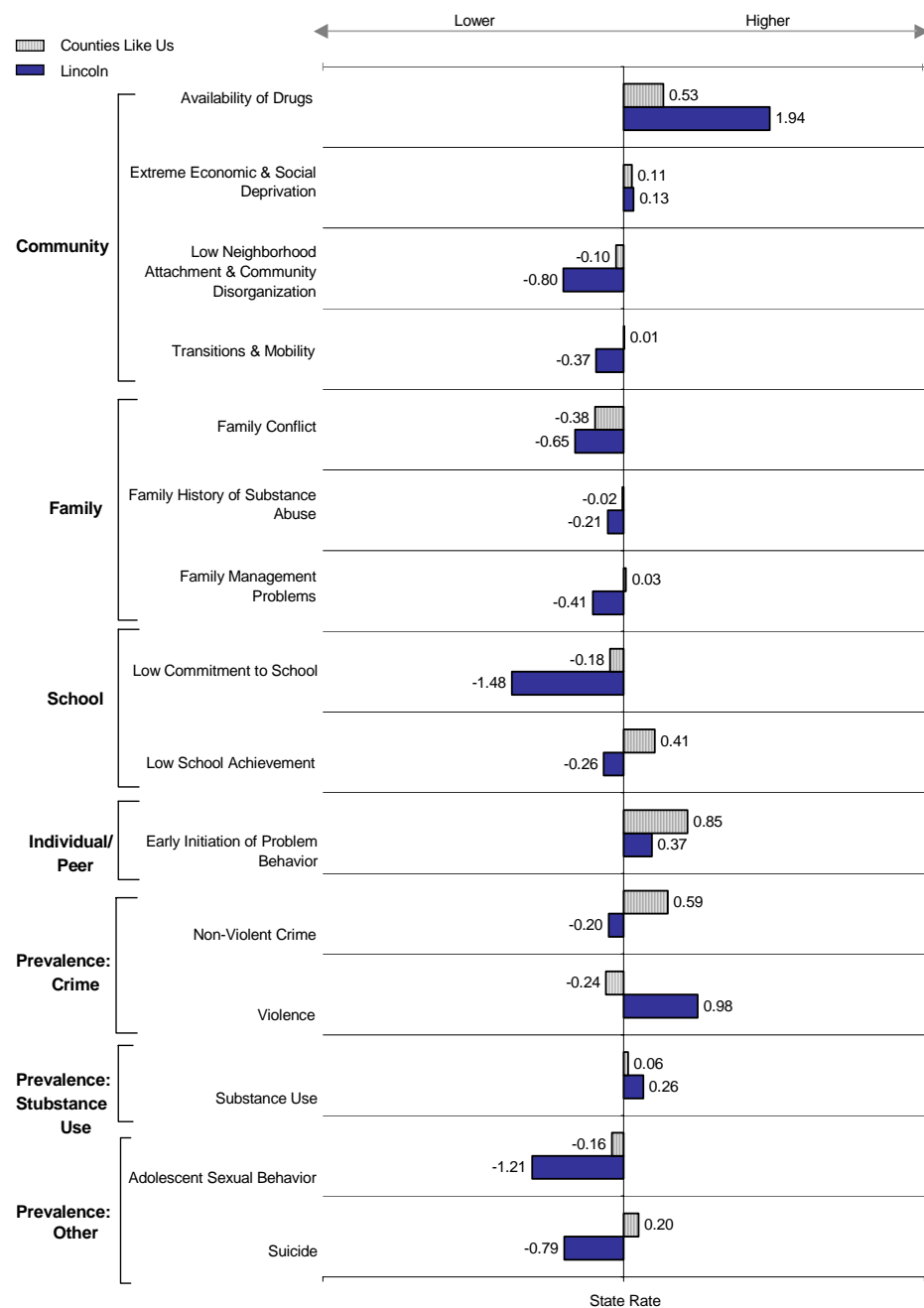
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Lincoln County

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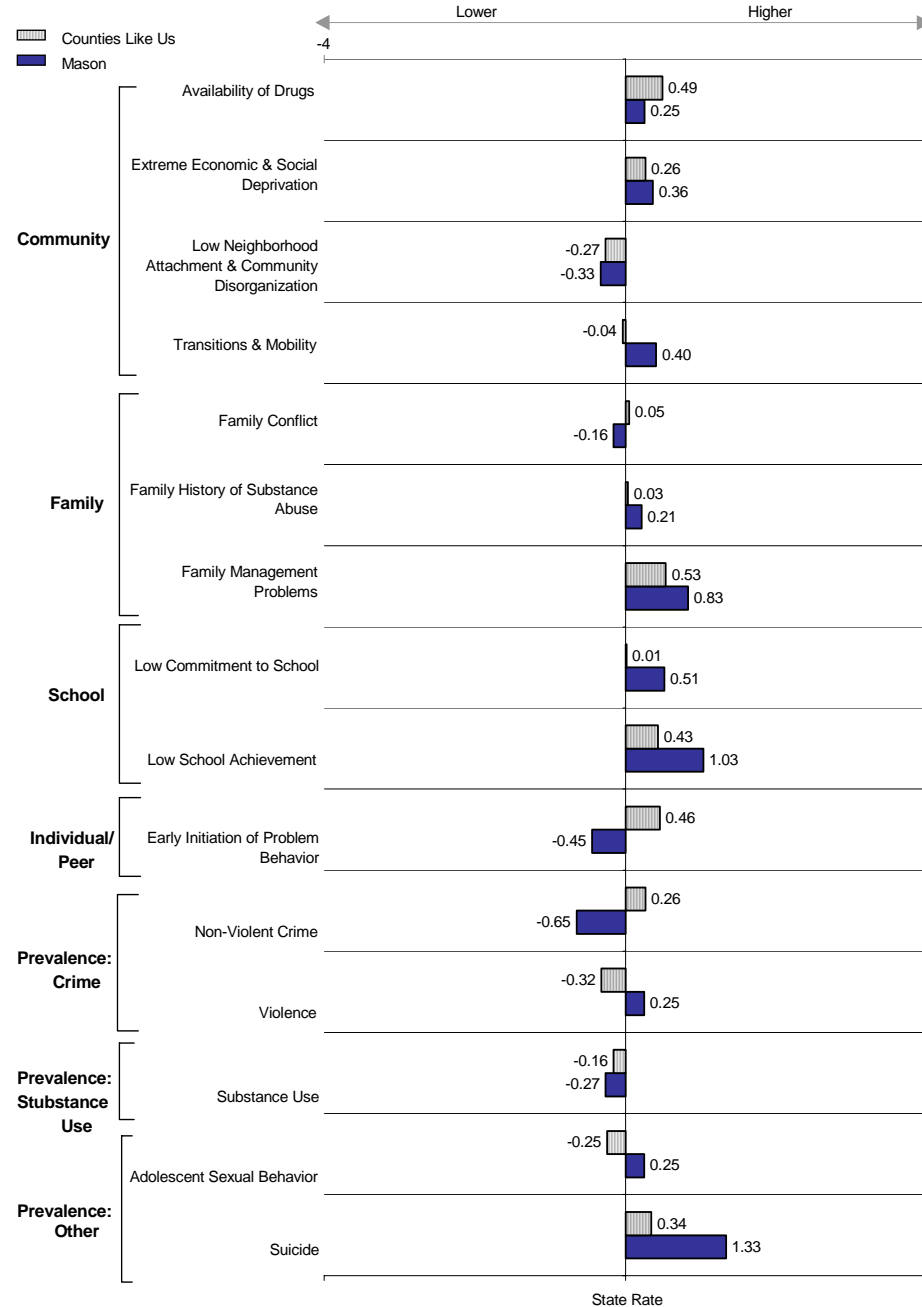
Revised County Profile
Mason County

Please Note...

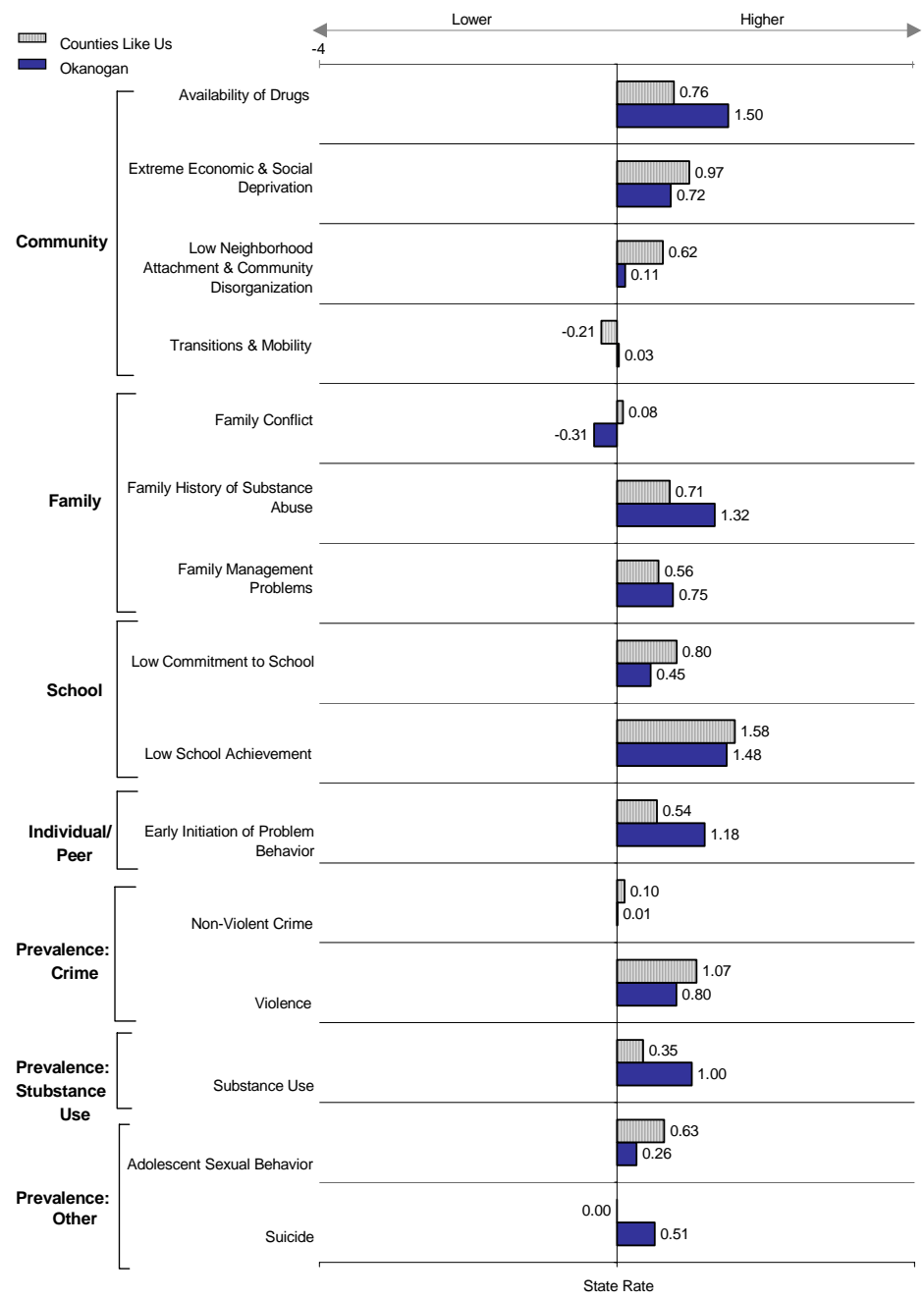
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Okanogan County

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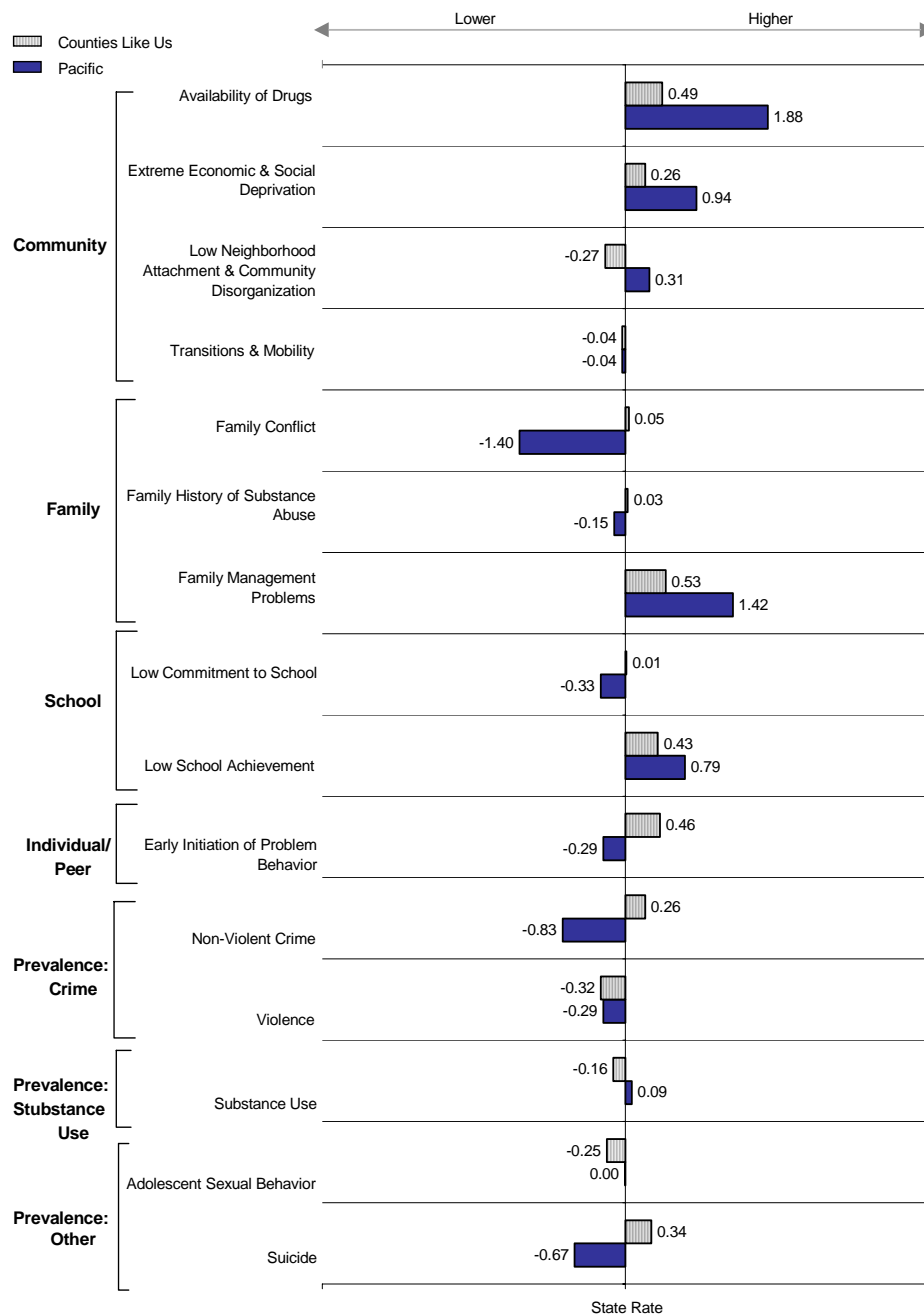
Revised County Profile Pacific County

Please Note...

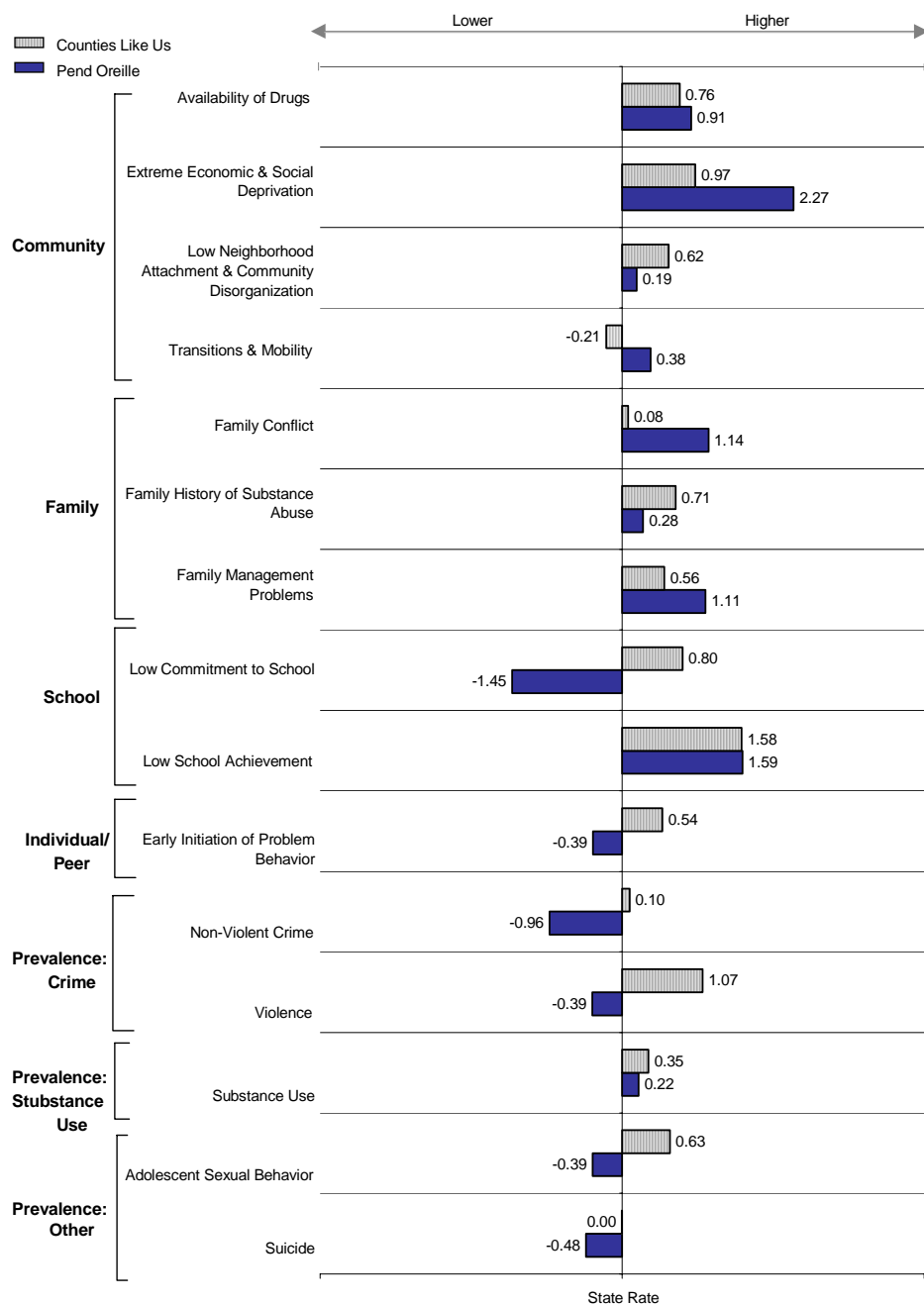
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Pend Oreille County

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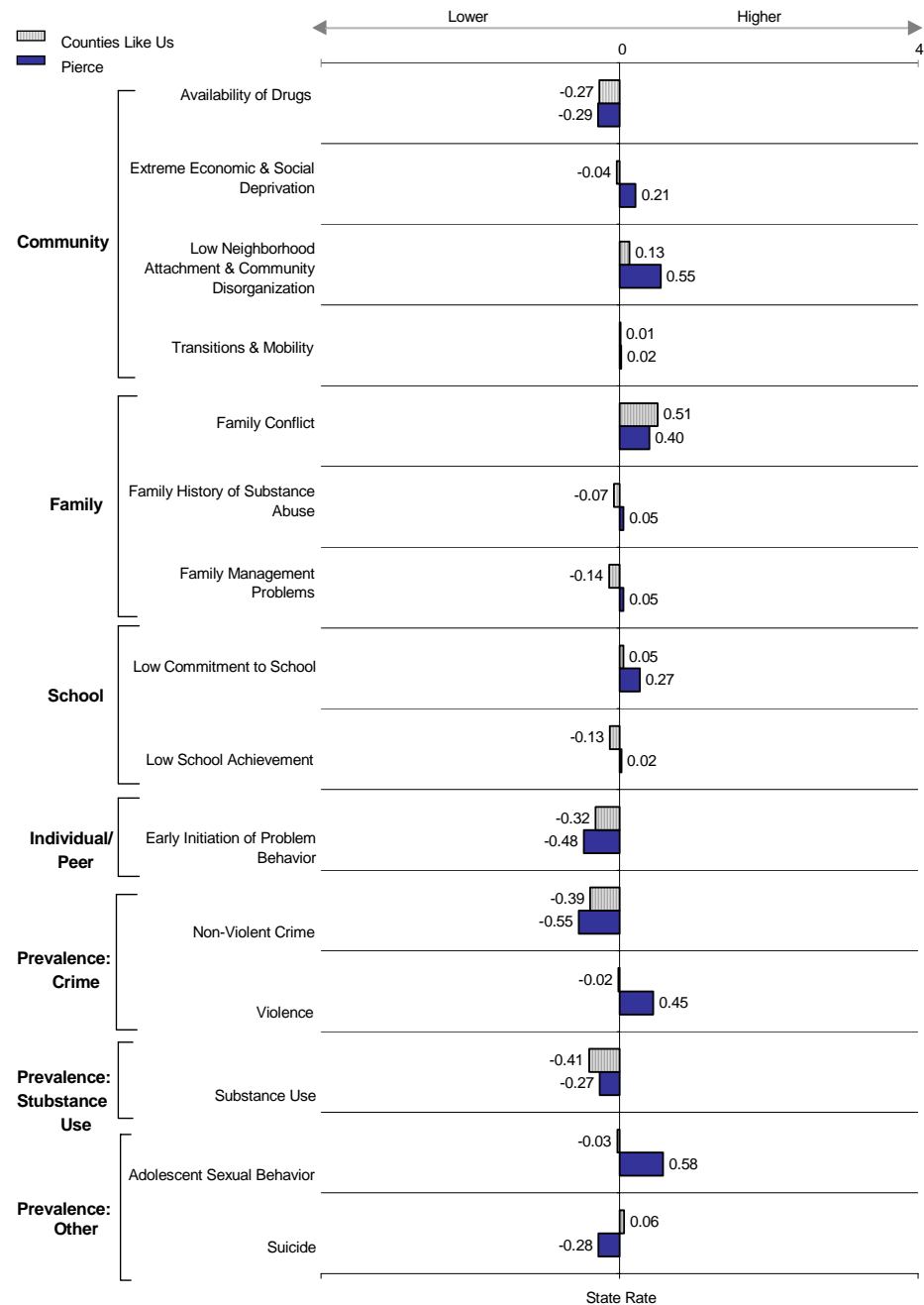
Revised County Profile Pierce County

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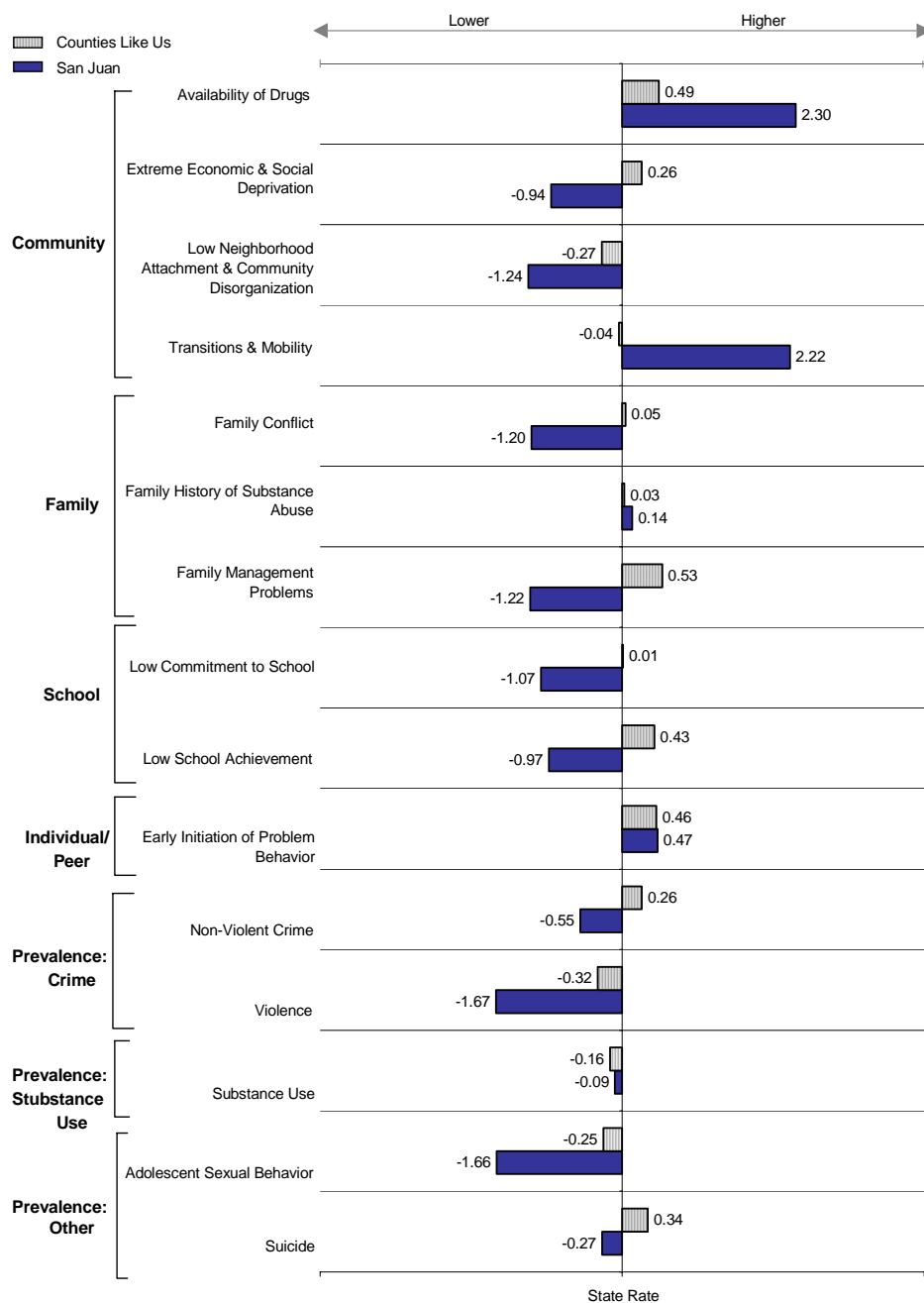
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile San Juan County

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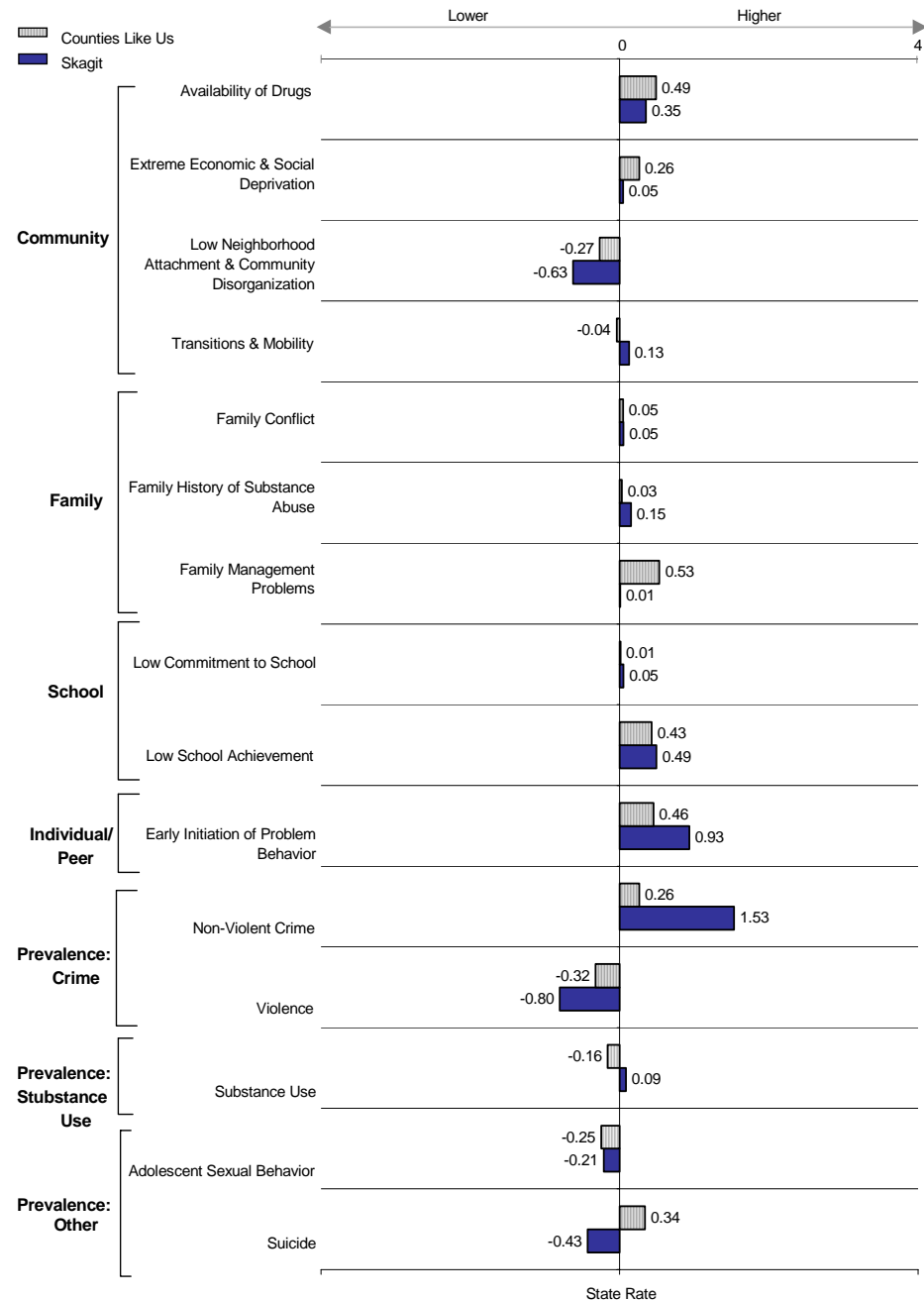
Revised County Profile Skagit County

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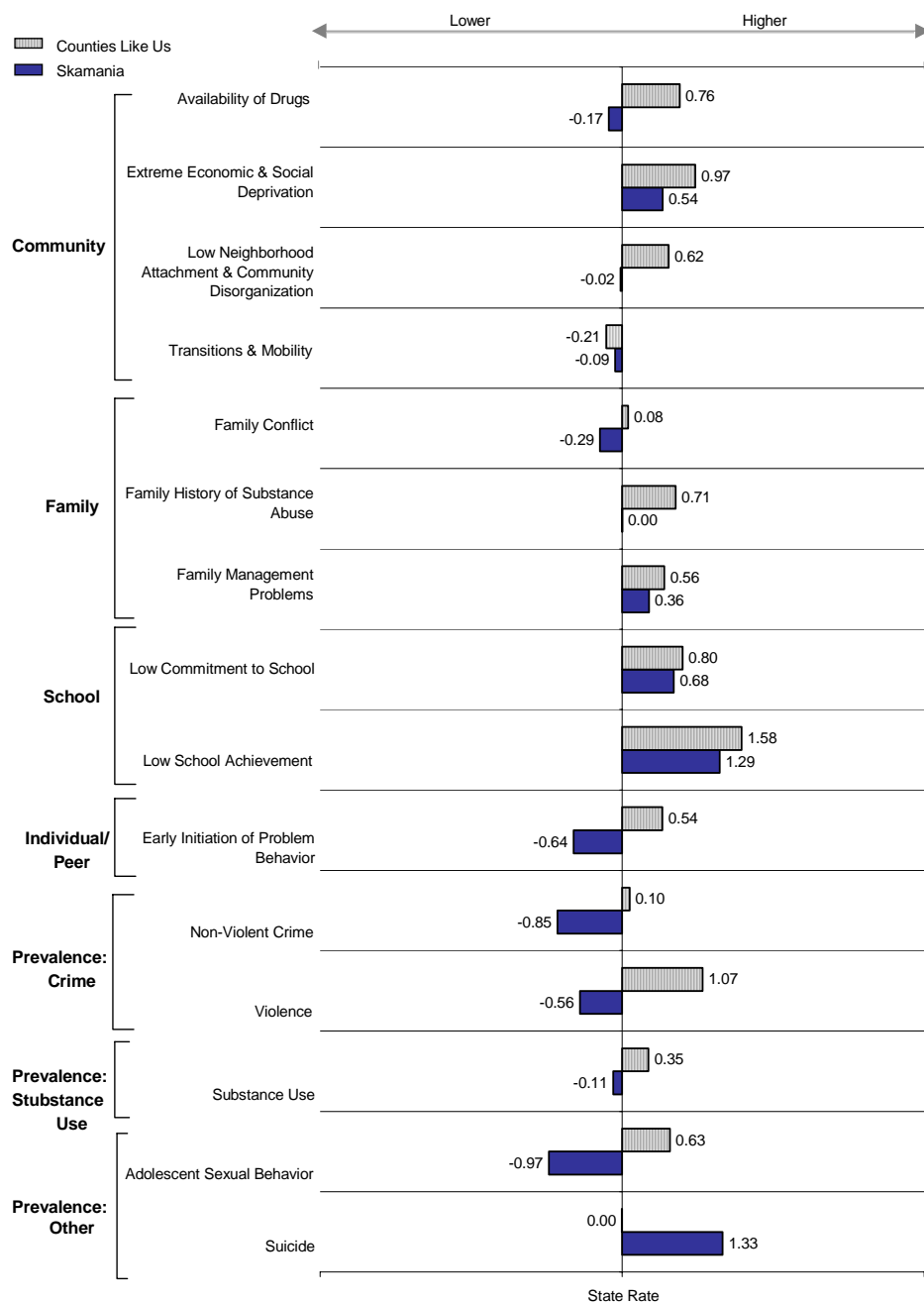
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Skamania County

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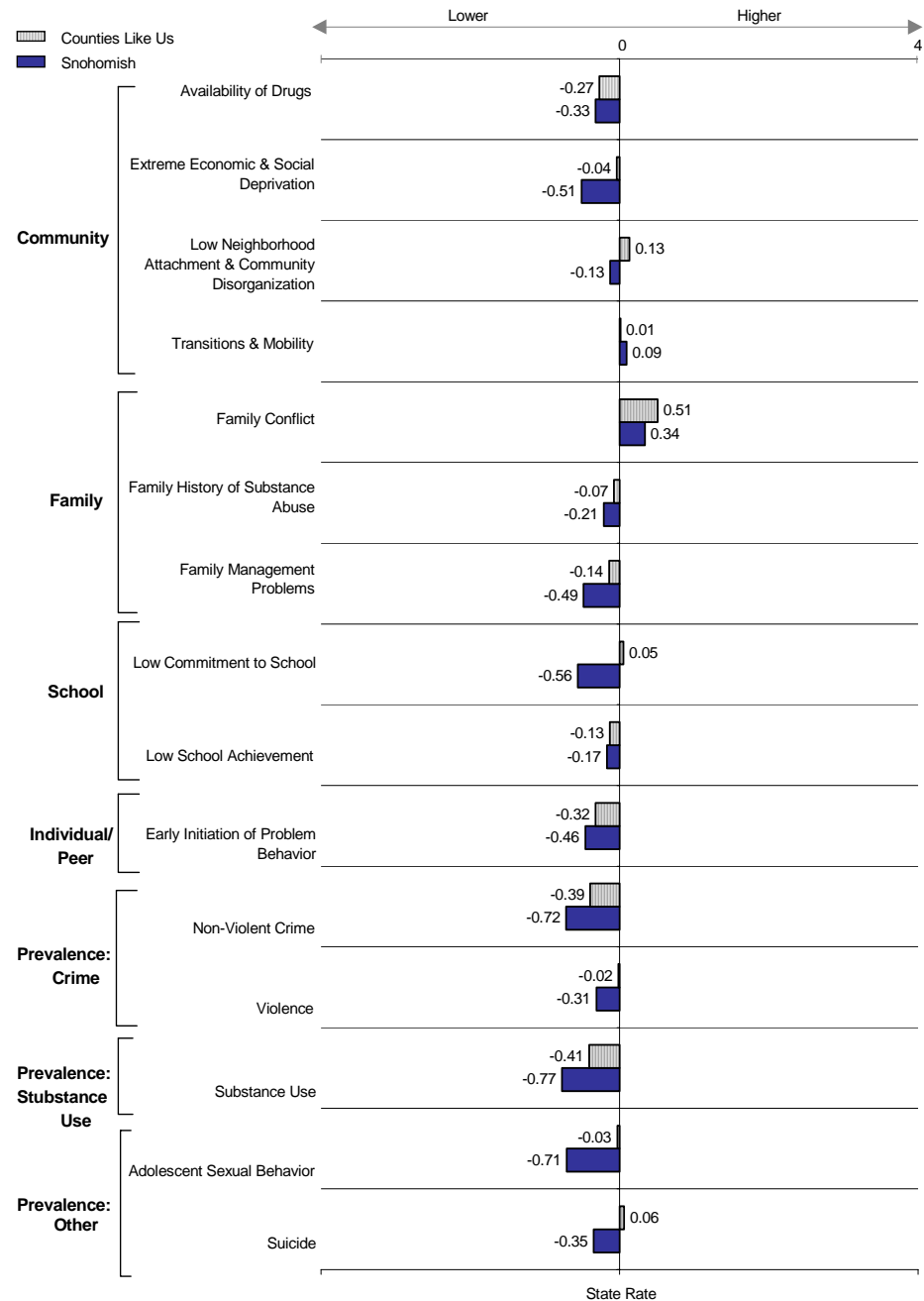
Revised County Profile Snohomish County

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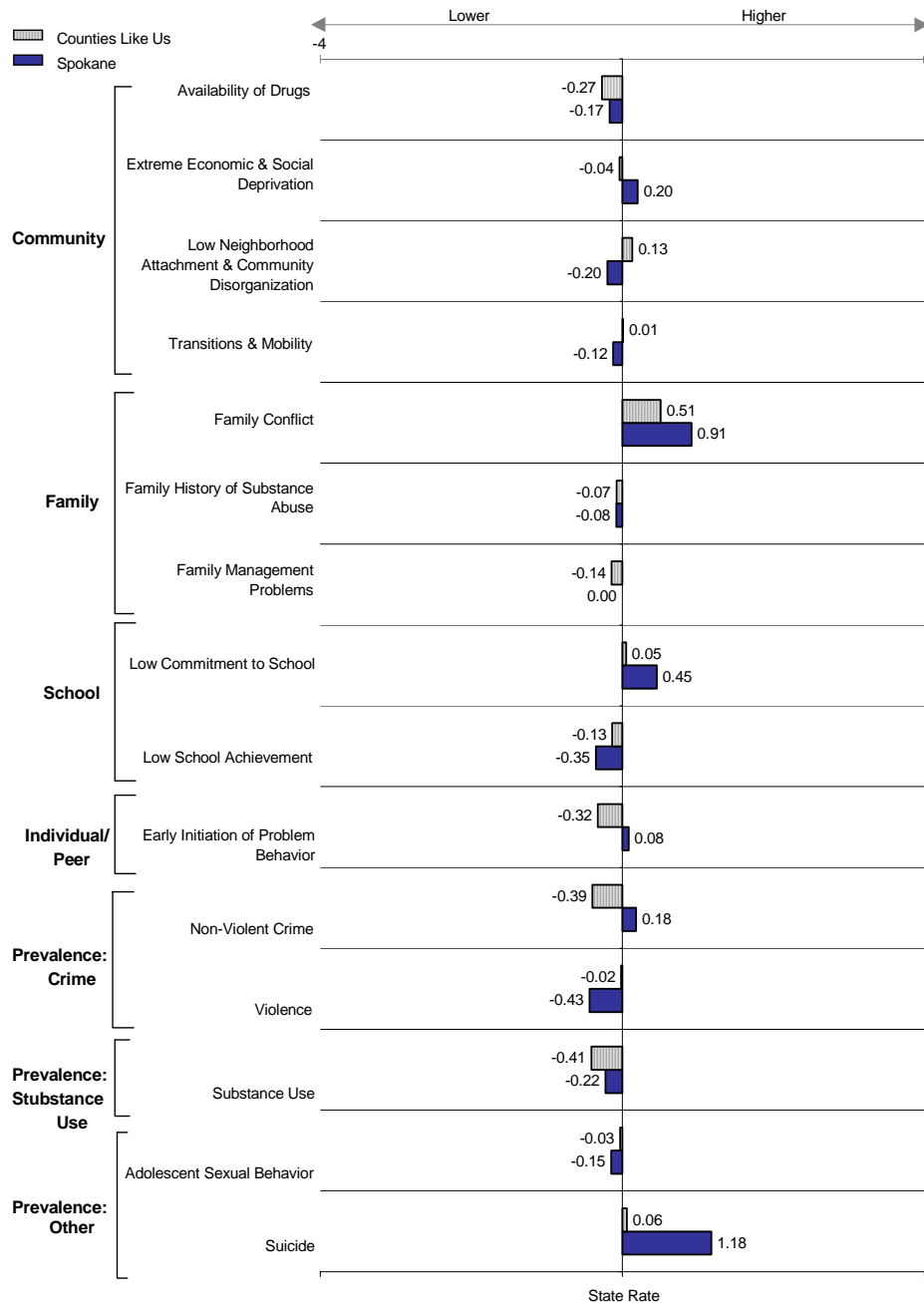
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile
Spokane County

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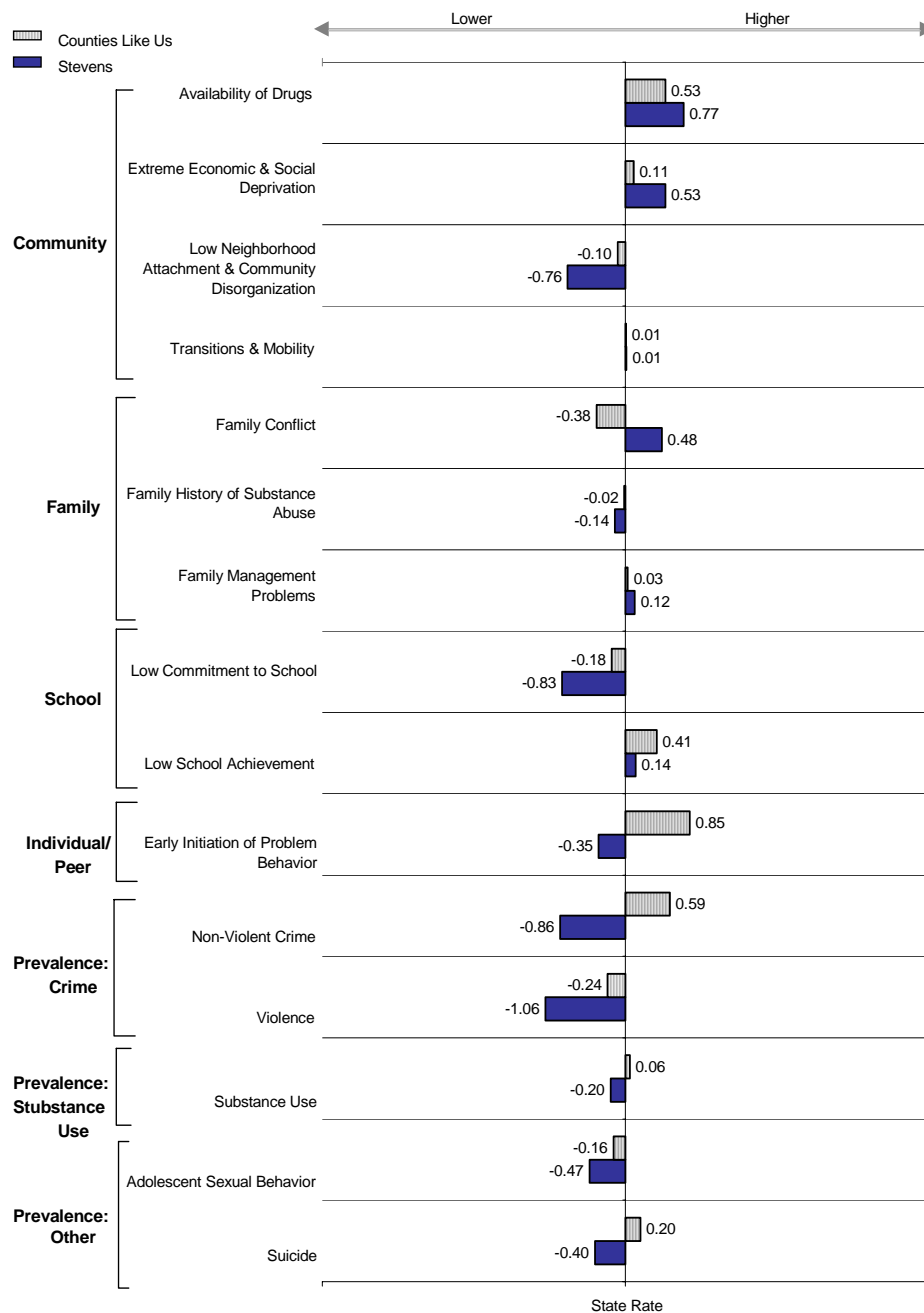
Revised County Profile Stevens County

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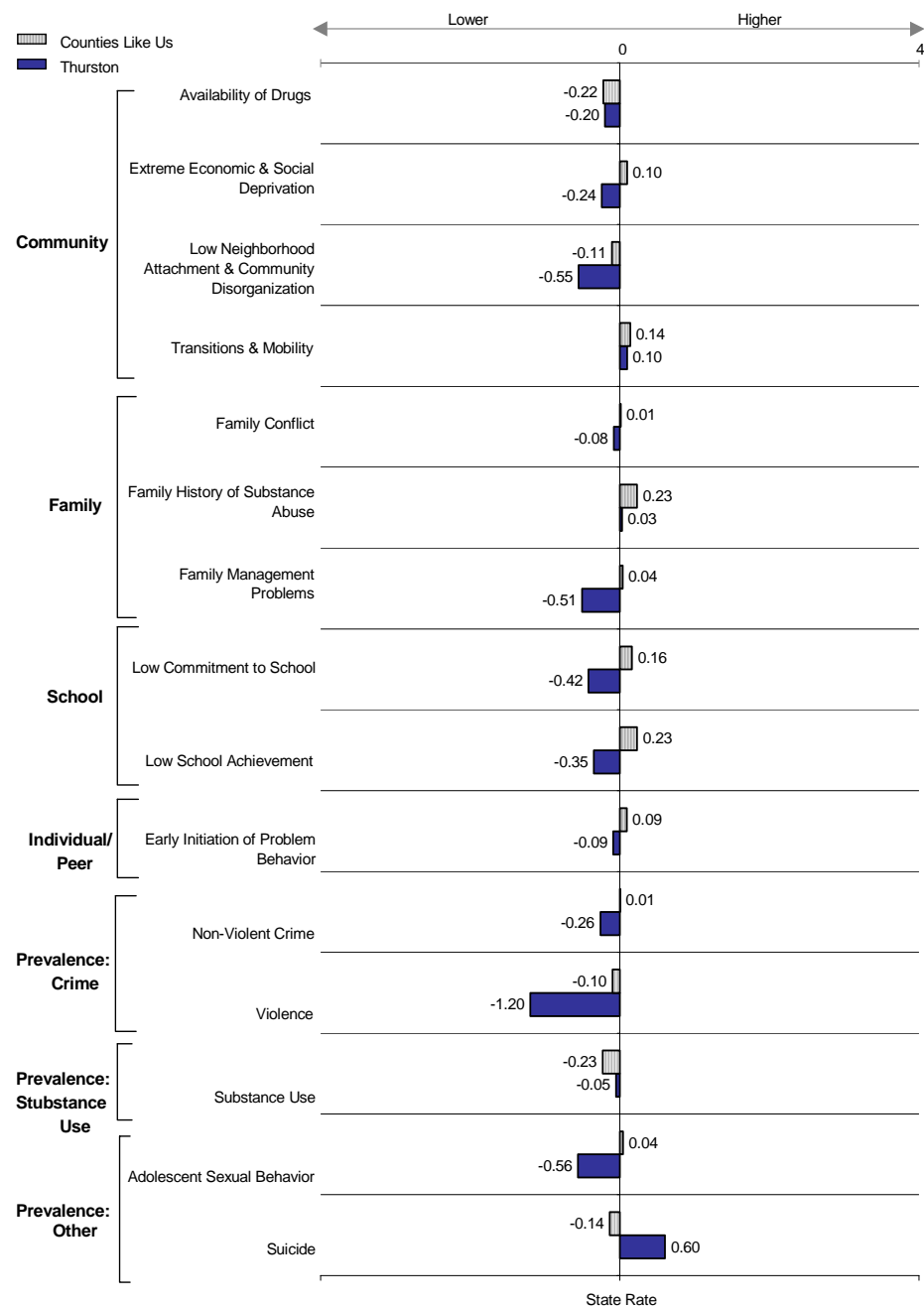
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Thurston County

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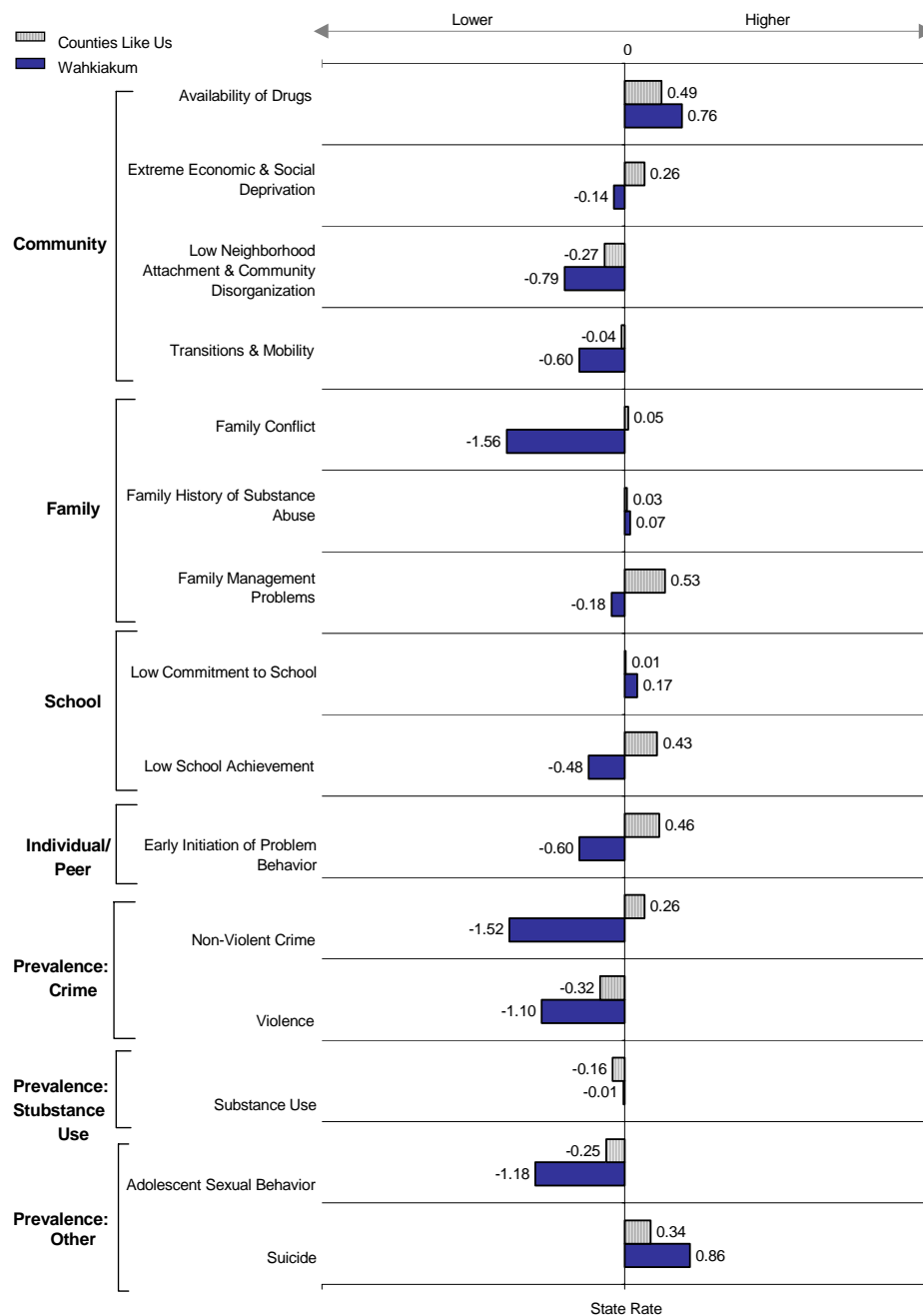
Revised County Profile Wahkiakum County

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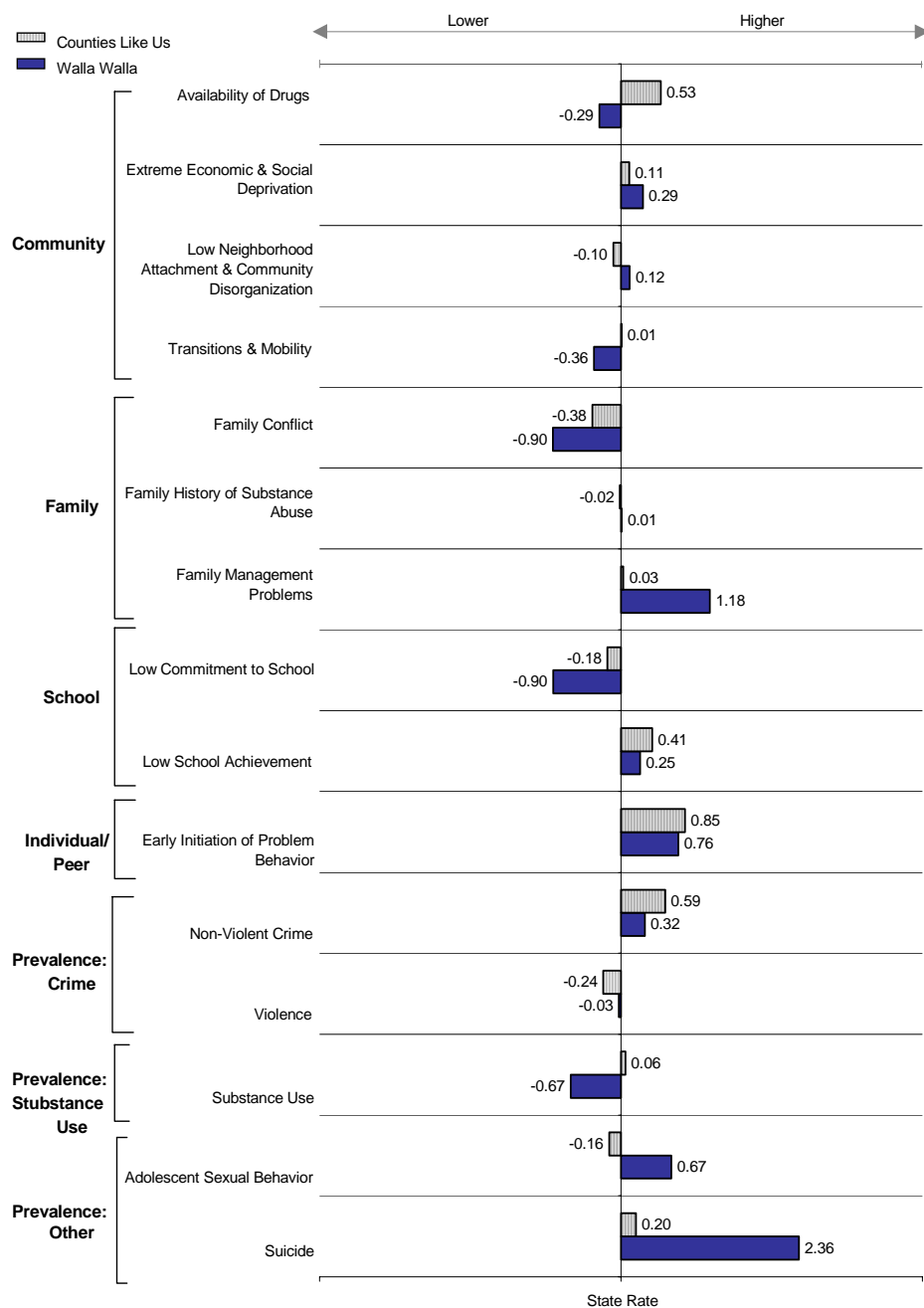
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Walla Walla County

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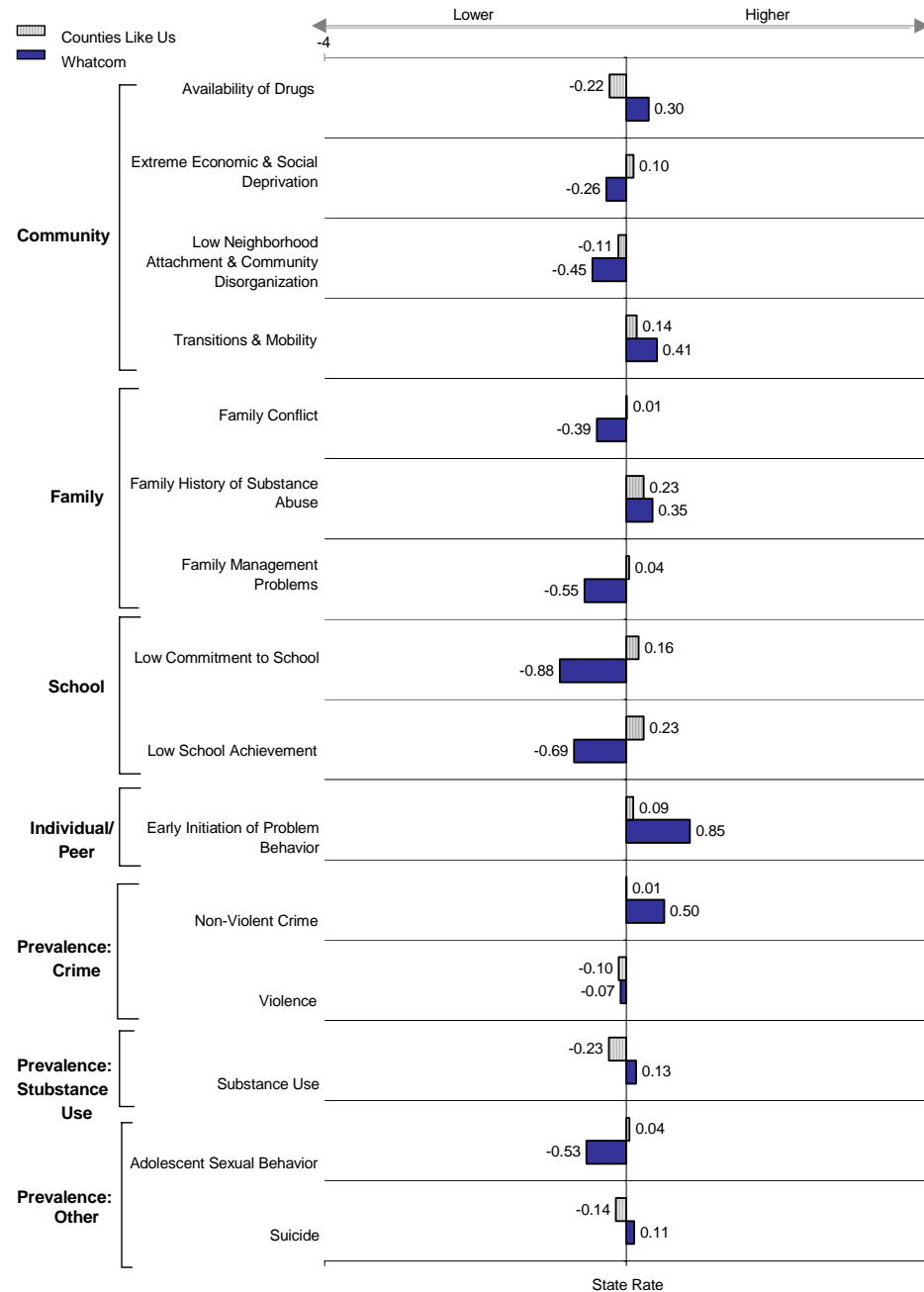
Revised County Profile Whatcom County

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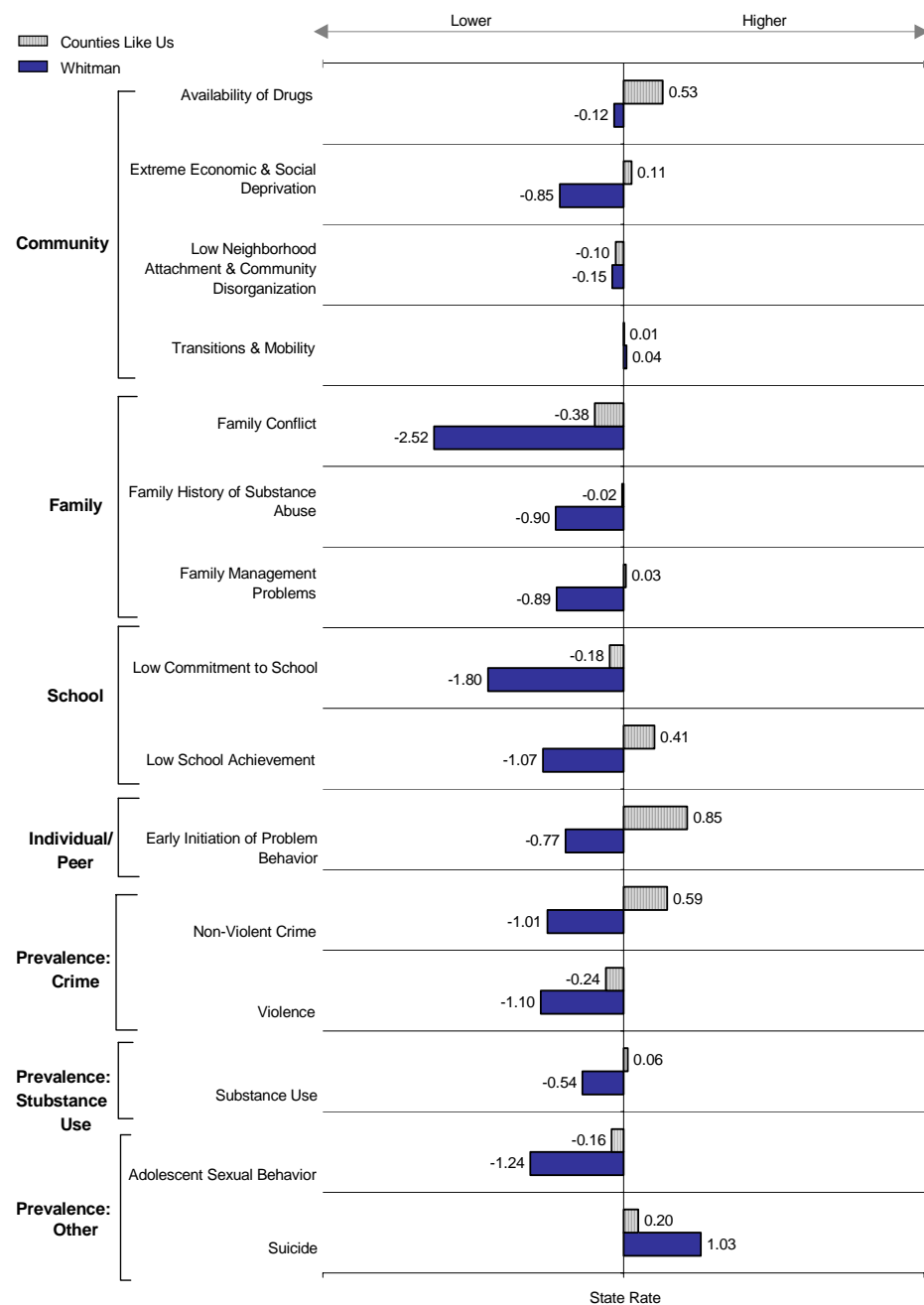
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Summary Measures of Standardized Risk Factors Grouped by Domain



Summary Measures of Standardized Risk Factors Grouped by Domain



Revised County Profile Whitman County

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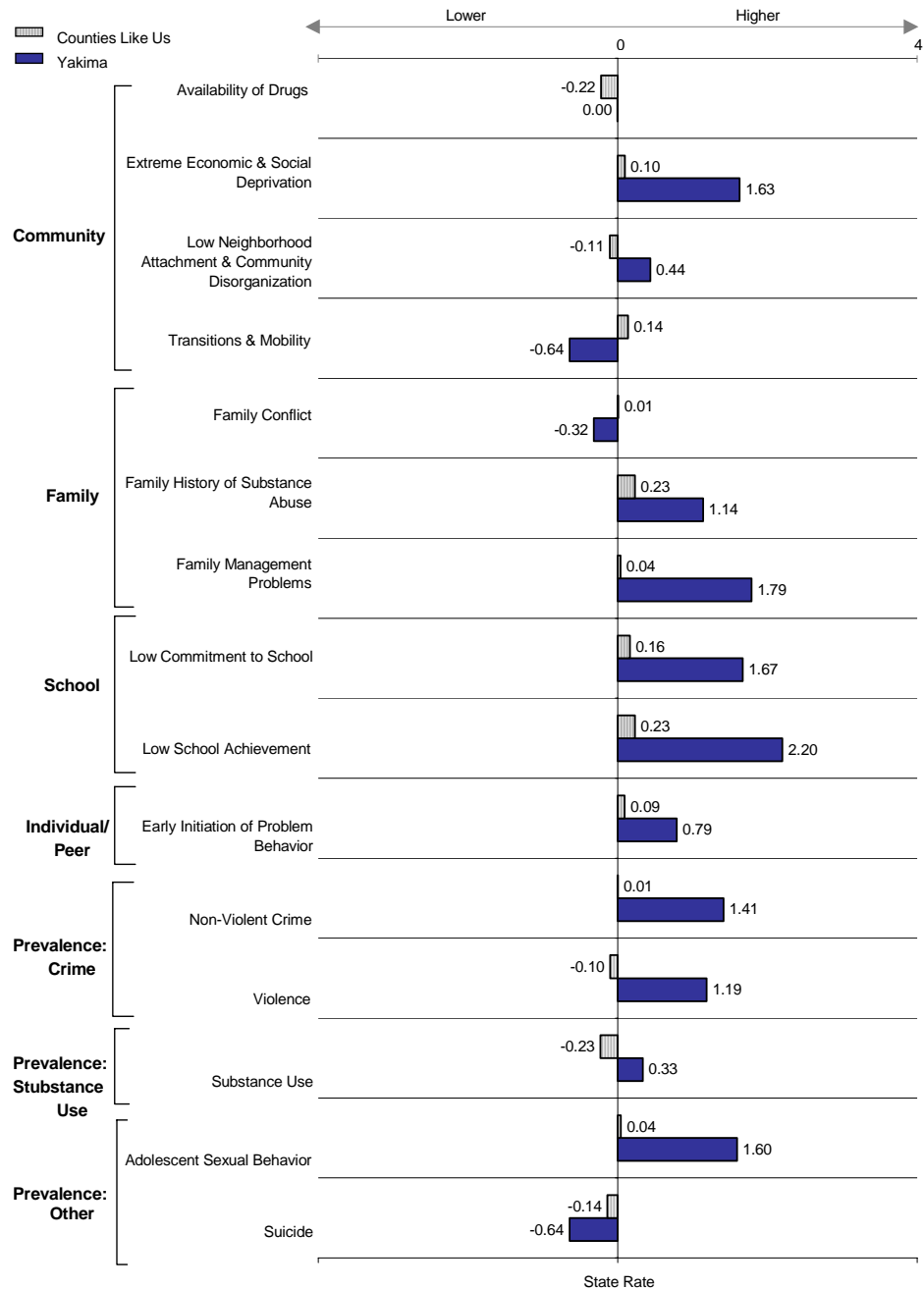
Revised County Profile
Yakima County

Please Note...

In this State profile of risk and protection, we have used a different formula for calculating the summary measures for Counties Like Us than the one we used for the County Profiles. Consequently we have decided to re-run this chart using the newer and (we think) preferable calculations.

- *The indicator Adults in Alcohol and Drug Treatment in Family History of Substance Abuse and indicator Adolescents in Alcohol and Drug Treatment in Prevalence – Substance Use differ from the county reports. Persons enrolled more than one year in the same outpatient or methadone treatment are included in this report, but were not reported in county level reports.*
- *The indicator Alcohol- and Drug- Related Deaths has been added to the calculation of Family History of Substance Abuse. This data was not available for the county reports.*
- *The 5-year span of Uniform Crime Report data used for the state report is 1994-1998. The county reports contained data from 1993-1997. This data difference is reflected in factor values for Early Initiation of Problem Behavior and Prevalence factors for Violence, Non-Violent Crime, and Substance Use.*

Summary Measures of Standardized Risk Factors Grouped by Domain





TECHNICAL NOTES



TOPICS, in alphabetical order:*CORE-GIS**Correlation**Counties Like Us**Duplicated and Unduplicated Counts**Rates – Why is Raw Data Converted to Rates?**Research**Risk Factor Indicators - Changes between 1996 and 1999**Standardized Scores and Summary Measures**Student Survey Scales compared to Archival Indicators, by Risk Factor and Domain**Uniform Crime Report - Non-Reporting Police Jurisdictions***CORE-GIS**

The Community Outcome and Risk Evaluation - Geographic Information System is the analytical database in which the data for County Risk Profiles is stored. The data is drawn from 53 local, state and national agencies and organizations. The CORE-GIS processes the data through an ACCESS controlled SAS database, includes a UNIX data repository, and draws upon ARC-INFO processes for geographic distribution.

The system produces summary information, profiles and reports to DSHS management, the Governor, Legislature, other state agencies doing prevention planning (OSPI, DCTED, Washington State Traffic Safety Commission, DOH, and the Liquor Control Board) and local prevention planning organizations such as cities, counties, public health and safety networks, and school districts.

Correlation

Statistical correlation is a measure of the relationship or association between variables: if, when the value of one variable changes, another one changes in a predictable way, the two variables are correlated. The CORE-GIS uses archival risk factor indicators that are statistically correlated to risk behaviors as measured by the student survey. For instance, from the student survey we have reliable direct measures of the availability of adolescent alcohol, tobacco and other drugs (ATOD), but we also want to measure the availability of ATOD for the communities without student survey data. In the initial research phase of this project, we looked for readily available archival data that would behave the same way as ATOD availability measures from the survey—in other words, what could we measure in the community that would be high wherever student perception of ATOD availability was high?

The strength of correlation is usually described with correlation coefficients, represented with an r . We are not reporting on those correlation coefficients in this county profile. That research was done in conjunction with the Social Development Research Group and five other states. The results of the research that led to the current set of archival indicators is reported in Hawkins, David, Michael Arthur and Richard Catalano, 1997, “Six State Consortium for Prevention Needs Assessment Studies: Alcohol and Other Drugs – Final Report.” National Institute on Drug Abuse.

For a friendly primer on correlation and other prevention statistics, go to Prevention On Line, research briefs, and look for “Prevention Statistics Made Easy: Understanding Correlation, Explained Variance, and Causation.” The URL is www.health.org/pubs/corella2.htm.

Counties Like Us

Knowing that your county has a particular rate for one of the indicators—say, number of tobacco sales licenses—does not help you evaluate the importance of that indicator to your risk profile. You do not know if it is higher or lower than you could reasonably expect. It is more useful to compare your county rate to the state rate, which is the average for the whole state, and to other counties, especially counties that have some characteristics in common with your county. This is especially important when urban rates differ substantially from rural rates. The comparison we present is for a group of counties that are similar in characteristics related to prevention planning: population of young people (aged 10-24), the percentage of deaths in the county that are alcohol and drug-related, and a simple geographic division into Eastern and Western Washington. For each indicator the Counties Like Us rate is the average rate across all of the counties in the cluster.

[For a detailed explanation of how these Counties Like Us Groupings were made, see Appendix H in the 1996 County Profile.]

The groupings for “Counties Like Us” are as follows:

*Urban A** – King County

*Urban B** – Pierce, Snohomish, and Spokane

Urban C – Benton, Clark, Kitsap, Thurston, Whatcom, and Yakima

Rural A – Ferry, Franklin, Grant, Klickitat, Okanogan, Pend Oreille, and Skamania

Rural B – Adams, Asotin, Chelan, Columbia, Douglas, Garfield, Kittitas, Lincoln, Stevens, Walla, and Whitman

Rural C – Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Lewis, Mason, Pacific, San Juan, Skagit, Wahkiakum

** For comparison, King County is compared to Urban B, but average scores for the indicators in Urban B do not include King County.*

Duplicated and Unduplicated Counts

In an unduplicated count, each person is counted only once in a year for the specified activity or service type. Examples include Children in Aid to Families Programs, Food Stamp Recipients, and alcohol and drug treatment.

Duplicated counts are made of events such as prison admissions, arrests, births, or admission to a hospital for attempted suicide. For instance, each time a person is admitted to a prison, that “event” is counted. Therefore, a person admitted more than once is included more than once in the total count.

Rates: why is “raw data” converted to rates?

In order to make comparisons between counties and the state, and between counties that have different sizes, we use rates to describe an event in terms of a standard size population—either per 100 (percent), per 1,000 or per 100,000. For instance, what does it mean if County A has 42 alcohol retail licenses, and County B has 399? Does it mean that based on this indicator, the risk factor (Availability) is much higher in County B than it is County A? No, not if County B is a much bigger county. If County B is bigger, then the “rate” of liquor licenses per population might be the same or even lower. The only way to compare them is to convert the raw numbers to rates, based on the same population factor. For instance:

County A: # of licenses – 42, # of persons (all ages) – 14, 297

County B: # of licenses – 399, # of persons (all ages) – 186,185

To calculate the rate per 1,000:

$42 / 14,297 = .002937$	$.002937 \times 1,000 = 2.94$
$399 / 186,185 = .002143$	$.002143 \times 1,000 = 2.14$

So the rate of alcohol retail licenses is 2.94 per 1,000 people in County A, and 2.14 per 1,000 people in County B.

Research

For a list of the research upon which the original model of risk and protective factor prevention planning was based, see Chapter 2 and Appendix C of the 1996 County Profile. The archival indicators were developed as part of a research project done in conjunction with the Social Development Research Group and five other states. Funding for the research was provided by the Center for Substance Abuse Prevention. For the full report of that research, see Hawkins, David, Michael Arthur and Richard Catalano, 1997, "Six State Consortium for Prevention Needs Assessment Studies: Alcohol and Other Drugs – Final Report." National Institute on Drug Abuse.

Be sure to visit the web sites for the Western Regional Center for the Application of Prevention Technologies (CAPT) - <http://www.unr.edu/westcapt> and <http://unr.edu/educ/cep/prac>.

You will also find helpful information on the Department of Health's Web page for the Youth Risk Assessment Database. The YRAD is available from the DOH homepage, <http://www.doh.wa.gov>, or directly at <http://198.187.0.44/nice/yrad>.

For research based on the Washington State Survey of Adolescent Health Behaviors, see the core **Analytic Report** which is available from the Safe and Drug Free Schools office at the Office of the Superintendent of Public Instruction (OSPI), 360-753-5595. In association with the WSSAHB *Analytic Report*, OSPI also published *WSSAHB - Risk and Protective Factors* in January 1997, and *WSSAHB - Relationships Among Health Risk Behaviors and Related Risk and Protective Factors* in March 1999. There are *Technical Reports* available, as well.

Also see **Kids Count**, a report from the Human Services Policy Center at the University of Washington. The web address is <http://hspsc.org>, and from there you can go to their publications page.

Join Together published a useful brochure, "Working the Web: Using the Internet to Fight Substance Abuse". That brochure will lead you to many other sources of information. *Join Together* can be reached by phone at 617-437-1500, e-mail at info@jointogether.org, or at their web site, www.jointogether.org.

Risk Factor Indicators – Changes between 1996 and 1999

Based on ongoing research, we have slightly changed the organization and relationship between risk factors and indicators. We are exploring new indicators, and will distribute addenda to this county profile, as they become available.

1996 Risk Factor	1999 Changes in Risk Factors and/or Indicators ¹
<i>Community Laws and Norms Favorable to Crime and Drugs</i>	We have no valid archival indicator. You will have to depend exclusively on the WSSAHB data to assess this risk factor.
<i>Low Neighborhood Attachment and Community Disorganization</i>	We have moved the archival indicator "Prisoners in State Correctional Systems" to this risk factor. It was in <i>Family History of High Risk Behavior</i> .
<i>Extreme Economic and Social Deprivation</i>	The number of indicators are reduced in this report. The indicators removed were either not validated by the research, or were from the 1990 census and therefore out of data.
<i>Family History of Substance Abuse and other High Risk Behaviors</i>	This risk factor has been changed to <i>Family History of Substance Abuse</i> .
<i>Favorable Parental Attitudes and Involvement in Crime and Drugs</i>	As a result of the research, some indicators have been grouped in a new set of constructs we call prevalence indicators and problem behaviors : <i>Substance Use, Violence, Non-Violent Crime, Suicide, and Adolescent Sexual Behavior</i> .
<i>Academic Failure</i>	The name of this risk factor has been changed to <i>Low School Achievement</i> .

¹These changes are the result of the research described in our previously published county and state profiles on risk and protective factors for substance abuse prevention planning.

Standardized Scores and Summary Measures

Each individual risk factor is measured by more than one indicator. An individual indicator by itself is interesting because you can compare your county's rate for that indicator to all other counties, and to the state. But it is more difficult to compare all the indicators for one risk factor to each other—that's like comparing apples and oranges. For instance, you cannot compare the number of people voting in the last election to the number of residential vacancies—this would not be meaningful. And, since we cannot add those two indicators together—they do not have a common denominator—we cannot average the indicators together to determine the average level of risk for the risk factor *Low Neighborhood Attachment and Community Disorganization*.

The preferred way to compare and average rates is to find out how much each individual indicator rate varies from some common point, and the point we use is the average rate for the state. In more technical terms, we transform the original absolute rates to a common scale of measure: the relative deviation from the state mean. This is called a **standardized score**, and is based on the mathematical calculation of the standard deviation. For a particular indicator, the county with the highest absolute rate (say, for alcohol retail licenses), will have the highest standardized measure. A standardized score of 1.2, for instance, means that the county's rate is 1.2 standard measures (or standard deviations) above the state rate, and a -1.2 would be 1.2 standard measures *below* the state rate. Approximately 95% of the state will fall between +2 and -2 standard measures.

Summary Measure...

Once we have standardized all of the rates for a particular risk factor, we can find the average of the standardized scores to come up with an average value for the risk factor. This is called a **summary measure**. To stay with the same example, we find the average of the standardized scores for tobacco retail sales licenses and liquor sales licenses to come up with one summary measure for the risk factor *Availability of Drugs*. For instance, if the standardized score for alcohol retail licenses is -.31, and the standardized score for tobacco sales licenses is -.26, the **summary measure** is $-.31 + -.26$, divided by 2, or $-.29$. This means that the summary measure for the risk factor *Availability of Drugs* is .29 below the state average rate for that risk factor.

Uniform Crime Report - Non-Reporting Police Jurisdictions

The arrest data we have provided in this profile is not complete for the whole state. Most law enforcement agencies report arrest data to the Washington Association of Sheriffs and Police Chiefs (WASPC), which in turn provides data to the FBI's Uniform Crime Reporting Program. This is the source of our arrest data. Some jurisdictions do not report all arrests, some report partial years, and some withhold certain categories of arrests. If your county is one with a significant amount of incomplete arrest data, be very careful that you adjust your risk assessment to reflect this. In other words, the reported arrest rates may not adequately reflect the entire county. This will be true especially in those cases where the non-reporting police jurisdictions have either very high or very low arrest rates, compared to the rest of the county.

In order to compensate for missing police reports, we have adjusted the denominator in the rate calculation so that it reflects only the proportion of the county for which we do have data. For instance, say County A, with a population of 40,000, has 8 police districts. Now, if one of the police districts in the county did not report their arrests, the number of arrests would not be representative of the whole county. Therefore, we would not want to use the population of the whole county in the denominator because that would make the rate lower than it should be. The solution used in this report is to subtract the population of that missing police district from the county population. We follow the same procedure for police districts that report partial years: if they report only six months, we use only half of the population to calculate the rate.

Due to the uneven geographic distribution of crime, missing police data can cause spikes or dips in the trend data comparison of multiple consecutive years. We do not run into this problem in this state report because here (as opposed to the individual county reports) we are only reporting 5-year averages. Most adjustments for non-reporting population will be smoothed out at the county level.

We have included a list of all non-reporting or partial-reporting police jurisdictions and a table containing percentages of non-reporting for every county in the County Reports for 1999. However, for this state level report we have provided a table by county, which lists those police jurisdictions, where 2/3 or more of the 5-year data was missing. A map of the state with these non-reporting jurisdictions darkened in relation to county boundaries is also

provided. If your county's rates are based on less than 80% of the population, you should be cautious in your use of the arrest data—use key informants to put your arrest data in a local context. If you are doing a needs assessment in the part of the county for which we have no arrest data, you may be able to receive it directly from the police department.

Non-Reporting Police Jurisdictions



Jurisdictions: Non-Reporting Police Agencies

County*	Jurisdiction**	1994	1995	1996	1997	1998
Clallam	Lower Elwha Tribal Police Department	X	X	X	X	X
Clallam	Makah Tribal Police Department	X	X	X	X	X
Clallam	Quileute Tribal Police Department	X	X	X	X	X
Douglas	Rock Island Police Department	X	X	X		
Ferry	Colville Tribal Police Department	X	X	X	X	X
Grant	Coulee City Police Department	X	X	X	X	X
Grant	Mattawa Police Department	X	6A 6J	X	X	X
Grant	Roy Police Department	X	X	X	X	X
Grays Harbor	Quinault Tribal Police Department	X	X	X	X	X
Island	Coupeville Police Department	X	X	X	X	X
Jefferson	Hoh Tribal Police Department	X	X	X	X	X
Jefferson	Quinault Tribal Police Department	X	X	X	X	X
King	Federal Way Police Department		12J	12J	X	X
King	Kent Police Department	X	X	X	X	X
King	Lake Forest Park Police Department	X	X	X		
King	Muckleshoot Tribal Police Department			X	X	X
King	Puyallup Tribal Police Department	X	X	X	X	X
Kitsap	Department			X	X	X
Kitsap	Suquamish Tribal Police Department	X	X	X	X	X
Klickitat	Yakima Nation Tribal Police Department	X	X	X	X	X
Lewis	Vader Police Department			X	X	X
Lincoln	Spokane Tribal Police Department	X	X	X	X	X
Mason	Squaxin Tribal P.D.	X	X	X	X	X
Okanogan	Colville Tribal Police Department	X	X	X	X	X
Okanogan	Conconully Police Department	X		X	X	
Pacific	Shoalwater Bay Tribal Police D			X	X	X
Pierce	Dupont Police Department	X	X		X	X
Pierce	Federal Way Police Department		12J	12J	X	X
Pierce	Muckleshoot Tribal Police Department			X	X	X
Pierce	Nisqually Tribal Police Department	11A 10J	X	X	X	
Pierce	Orting Police Department	X	X	X	X	X
Pierce	Puyallup Tribal Police Department	X	X	X	X	X
Pierce	Roy Police Department	X	X	X	X	X
Pierce	Wilkeson Police Department	X	X	X	X	
Skagit	Concrete Police Department	X	X	X	X	X
Skagit	Upper Skagit Tribal Police Department	X	X	X	X	X
Snohomish	Everett Police Department	X	X	X		
Snohomish	Lake Forest Park Police Department	X	X	X		
Snohomish	Tulalip Tribal Police Department	X	X	X	X	X
Stevens	Spokane Tribal Police Department	X	X	X	X	X
Stevens	Springdale Police Department	X	X	X	X	X
Thurston	Nisqually Tribal Police Department	11A 10J	X	X	X	
Whatcom	Sumas Police Department	X	X	X		
Whitman	Albion Police Department	X	X	X	X	
Whitman	Colton Police Department	X	X	X	X	
Whitman	Oakesdale Police Department	X	X		X	
Whitman	Palouse Police Department		X	X	X	X
Whitman	Department		X	X		X
Whitman	Rosalia Police Department	X	X	X	X	X
Whitman	Uniontown Police Department	X	X	X	X	
Yakima	Granger Police Department	X	X	X		
Yakima	Mabton Police Department	X	X	X		10A 10J
Yakima	Yakama Nation Tribal Police Department	X	X	X	X	X

Key:

X No Reporting in the year

#A Number of months no adults reported

#J Number of months no juveniles reported

* Police Jurisdictions often span county boundaries and are listed in every county which includes their data.

** For detailed information, see county reports.

DATA SOURCES



Source Id	Agency Name	Source Description	Lowest Geography
N1	Statistical Abstract of the United States	Real Estate Outlook: Market Trends & Insights Table 1204, The National Data Book.	County
N2	U. S. Department of Agriculture, Food, Nutrition, & Consumer Service	Food & Consumer Service, Food and Consumer National Database.	County
N3	U. S. Department of Agriculture, Food, Nutrition, & Consumer Service	Food & Consumer Service, National School Lunch Program.	County
N4	U.S. Department of Commerce, Bureau of the Census	1990 Census of Population and Housing, Summary Tape File (STF) 1A.	County
N5	U.S. Department of Commerce, Bureau of the Census	Population Distribution Branch and Population Estimates Branch, Resident Population of the U.S. and States, by Single Year of Age and Sex: July 1st, Annual Estimates. http://www.census.gov/population .	County
N6	U.S. Department of Commerce, Bureau of the Census	Population Distribution Branch and Population Estimates Branch, Resident Population of the U.S. and States, by Single Year of Age and Sex: July 1st, Annual Estimates. http://www.census.gov/population .	County
N7	U.S. Department of Commerce, Bureau of the Census	Residential Construction Branch, C-40 Reports.	County
N8	U.S. Department of Health & Human Services	Administration for Children and Families.	County
N9	U.S. Department of Health & Human Services, Center for Disease Control and Prevention (CDC)	National Center for Health Statistics (NCHS), ad hoc query of Compressed Mortality dataset through CDC WONDER/PC Data File, Death Count.	County
N10	U.S. Department of Health & Human Services, Center for Disease Control and Prevention (CDC)	National Center for Health Statistics (NCHS), Division of Vital Statistics, Monthly Vital Statistics Report and Births, Marriages, Divorces, and Deaths Vol. 40-47, Monthly Vital Statistics Report.	County
N11	U.S. Department of Health & Human Services, Center for Disease Control and Prevention (CDC)	National Center for Health Statistics (NCHS), Division of Vital Statistics, annual supplement: Advance Report of Final Natality Statistics, Monthly Vital Statistics Report. http://childstats.gov/ac1999/hlth3.htm , Table HEALTH3 .	County
N12	U.S. Department of Health & Human Services, National Center on Child Abuse and Neglect,	National Child Abuse and Neglect Data System, Child Maltreatment: Reports from the States to the National Center on Child Abuse and Neglect. Statistical Abstract of the United States 1998, The National Data Book, Table 374.	County
N13	U.S. Department of Health & Human Services, The Substance Abuse and Mental Health Services Administration (SAMHSA)	Office of Applied Studies, Treatment Episode Data Set (TEDS). http://www.samhsa.gov/oas/oasftp.htm .	County
N14	U.S. Department of Justice, Bureau of Justice Statistics (BJS)	Office of Justice Programs, Correctional Populations in the United States. http://www.ojp.usdoj.gov/bjs/pubalp2.htm .	County

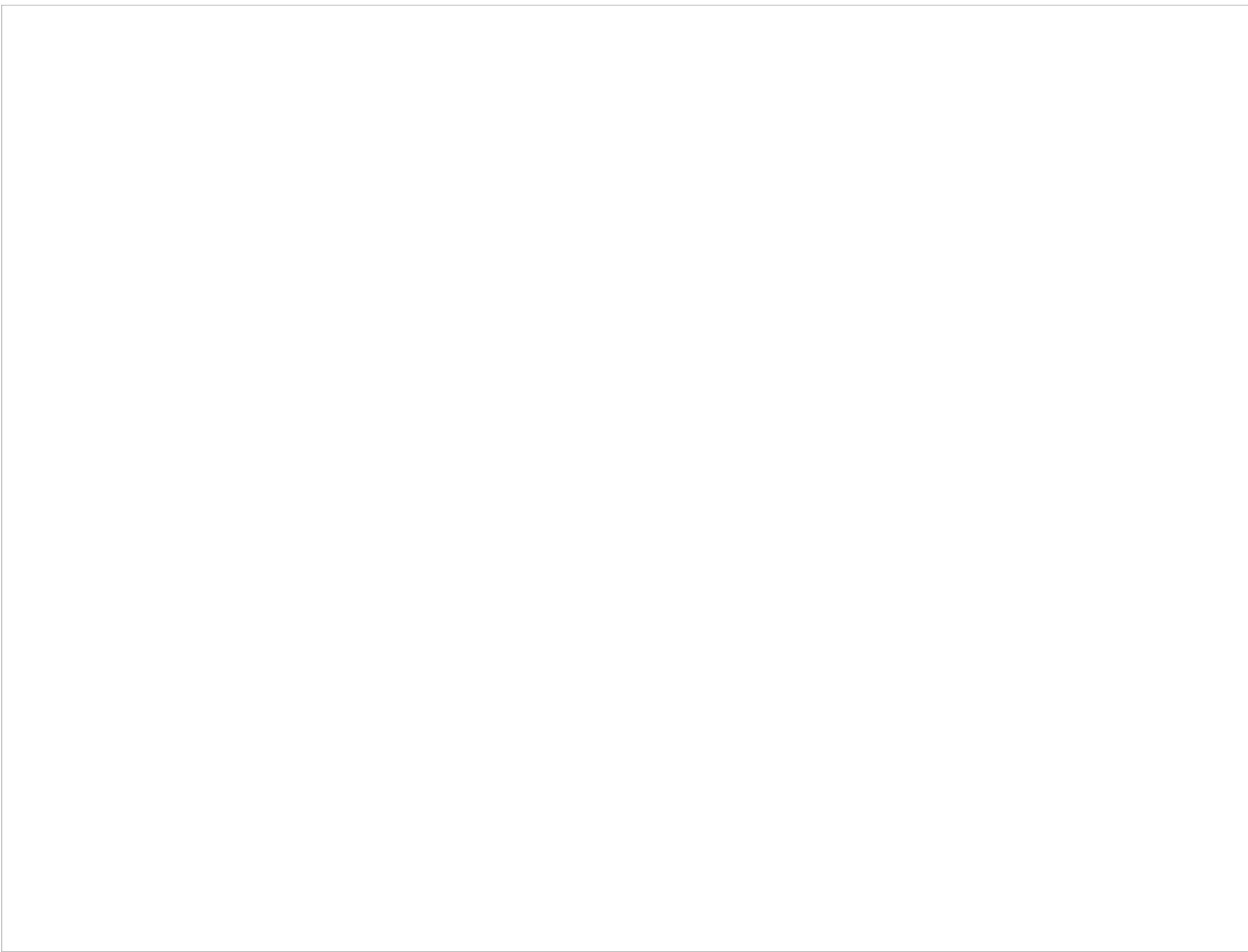
Source Id	Agency Name	Source Description	Lowest Geography
N15	U.S. Department of Justice, Federal Bureau of Investigation (FBI)	Uniform Crime Reports (UCR), Crime in the United States. Adapted by the Department of Social and Health Services, Office of Research and Data Analysis, National Population Estimates for Reporting Police Agencies.	County
N16	U.S. Department of Labor, Bureau of Labor Statistics	Labor Force Statistics from the Current Population Survey, Series ID: LFS21000000.	County
N17	U.S. Department of Transportation, National Highway Traffic Safety Administration	National Center for Statistics and Analysis, Fatal Accident Reporting System (FARS).	County
S1	Department of Corrections	Inmates File	County
S2	Department of Health, Center for Health Statistics	Birth Certificate Data File	County Zipcode
S3	Department of Health, Center for Health Statistics	Death Certificate Data	County Zipcode
S4	Department of Health, Center for Health Statistics	Dissolution and Annulment Data	City
S5	Department of Health, Office of Hospital and Patient Data Systems	Comprehensive Hospital Abstract Reporting System (CHARS)	County Zipcode
S6	Department of Health, Sexually Transmitted Disease (STD) Services	Sexually Transmitted Disease Reported Cases	County Zipcode
S7	Department of Health, Tobacco Prevention Program (from the Department of Licensing)	Tobacco Statistics	County
S8	Department of Social and Health Services, Children's Administration, Administrative Services	Case Management Information System (CAMIS) apportioned using Social Service Payment System (SSPS) numbers, as reported in the Needs Assessment Database for 1990, 1992, and 1994.	Zipcode
S9	Department of Social and Health Services, Children's Administration, Administrative Services	Case Management Information System (CAMIS).	Zipcode
S10	Department of Social and Health Services, Division of Alcohol and Substance Abuse	Treatment and Assessment Report Generation Tool (TARGET)	County Zipcode
S11	Department of Social and Health Services, Research and Data Analysis	Automated Client Eligibility System and Warrant Roll	Zipcode
S12	Department of Social and Health Services, Research and Data Analysis	Population Estimates	Blocks
S13	Department of Social and Health Services, Research and Data Analysis	UCR Non-Reporting Adjustments	Blocks
S14	Employment Security Department, Labor Market and Economic Analysis	County Unemployment File	County

Source Id	Agency Name	Source Description	Lowest Geography
S15	Office of Financial Management	Net Migration Data	County
S16	Office of Superintendent of Public Instruction, Child Nutrition	Free and Reduced Price Lunch	School District
S17	Office of Superintendent of Public Instruction, Information Services	May School Enrollment Files	School District
S18	Office of Superintendent of Public Instruction, Information Services	School Dropout Files	School District
S19	Office of Superintendent of Public Instruction, Instructional Programs, Curriculum and Assessment	Grade 4 Low Quartile Test File	School District
S20	Office of Superintendent of Public Instruction, Instructional Programs, Curriculum and Assessment	Grade 8 Low Quartile Test File	School District
S21	Office of the Secretary of State, Elections Division	Registered Voters	County
S22	Office of the Secretary of State, Elections Division	Voting Records	County
S23	U.S. Department of Commerce, Bureau of the Census	1990 Census - STF1	School District
S24	Washington Association of Sheriffs and Police Chiefs	Uniform Crime Report, Tables 40 and 50	Police Jurisdiction
S25	Washington Center for Real Estate Research, Washington State University	Washington State's Housing Market: A Supply/Demand Assessment	County
S26	Washington State Liquor Control Board	Annual Operations Report	County
S27	Washington State Patrol, Identification and Criminal History Section	Domestic Violence-Related Arrests File	County
S28	Washington State Patrol, Records Section	Traffic Collisions in Washington State, Accident Records Database	County
S29	Department of Social and Health Services, Research and Data Analysis	Income Assistance, Social Services, and Medical Assistance (Blue Book) as of 2/24/00.	State

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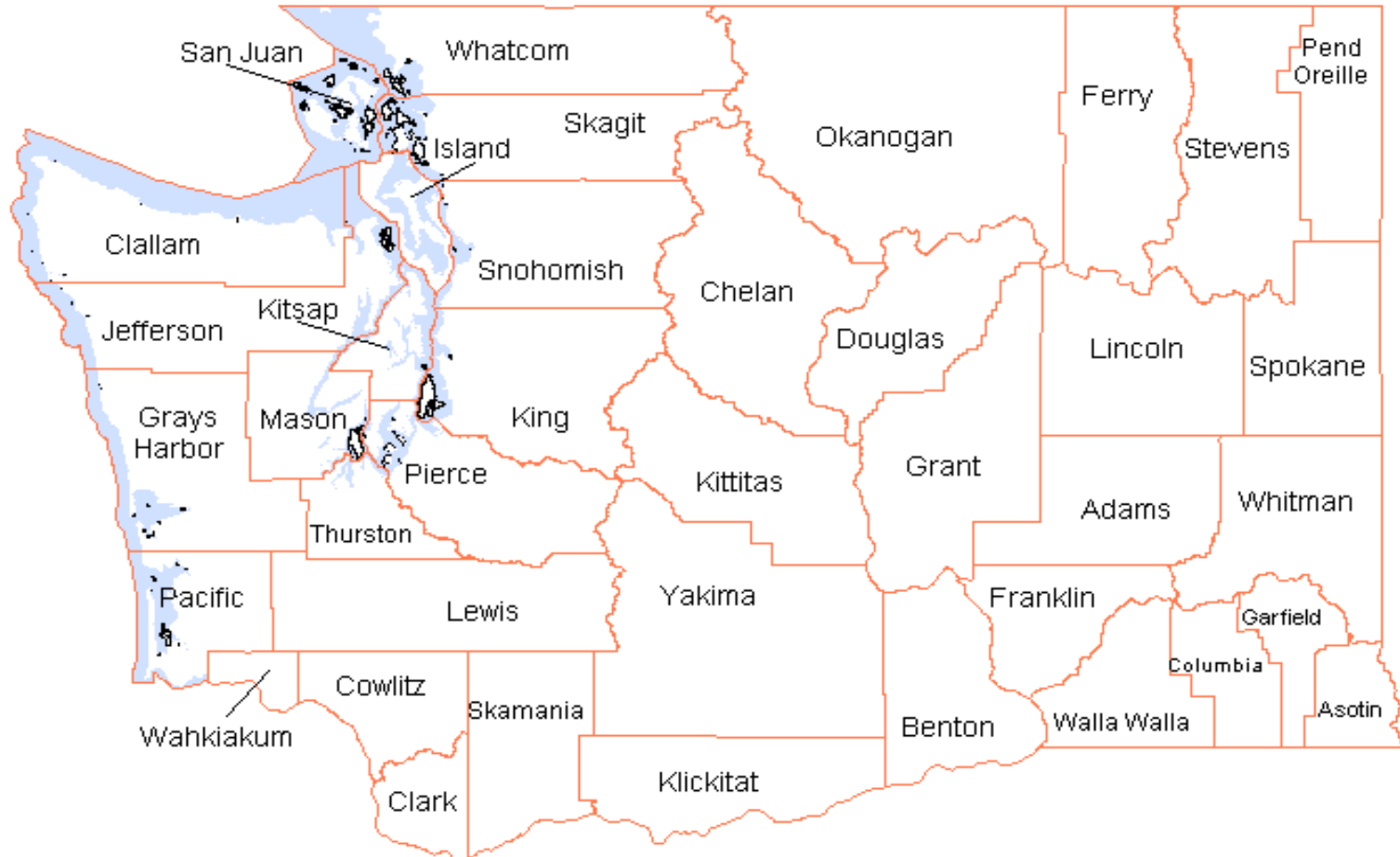


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Research and Data Analysis
Report Number 4.33-40