# KIP Survey Statewide Findings

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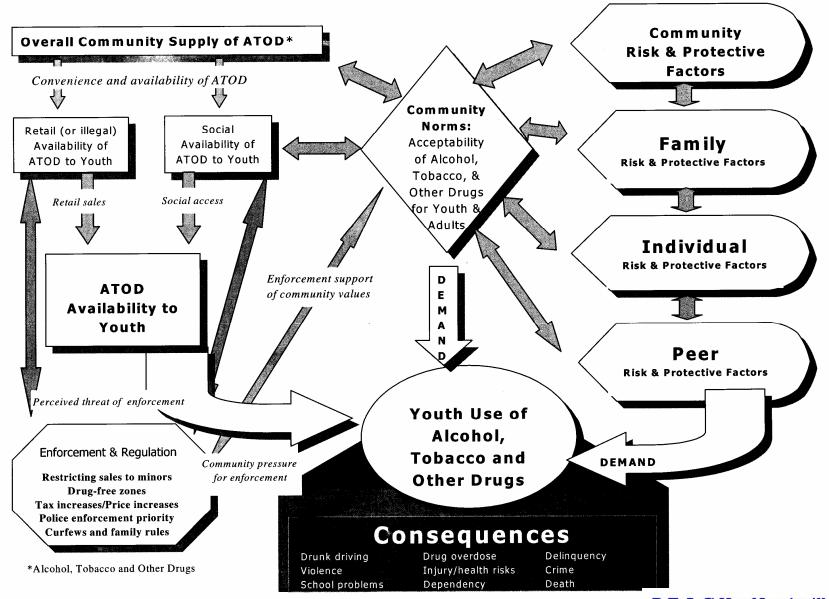
## Demographics of the 2004 KIP Administration

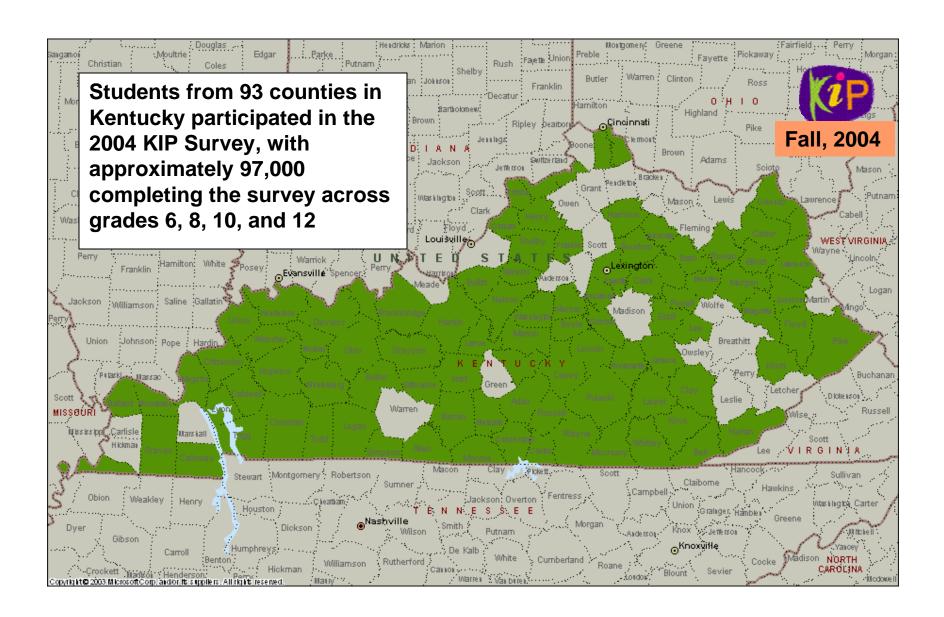
- Across 125 Kentucky school districts, 96,917 students completed the survey
- Equal distribution by gender (50%)
- About 35% participate in the free/reduced school lunch program (proxy for SES)
- Primarily rural sample, with Jefferson, Warren, Madison, and Boone not participating (Lexington/Fayette does participate)
- 83% said they lived on a farm, in the country, or in a small town
- Representative of rural Kentucky

## Scale Components

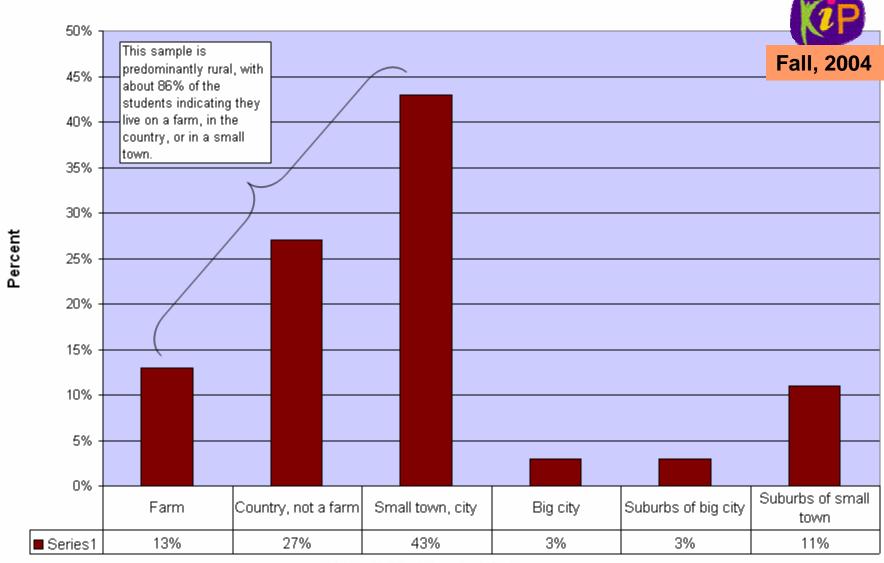
- Demographics Age, gender, race, zip, achievement, grades, SES, school attendance, family constellation, urban/suburban/rural
- ATOD Use (personal & peer) 30 day, past year, lifetime, onset
- ATOD-related problems/antisocial behavior
- ATOD accessibility
- Values (personal, parental)
- School safety
- Family harmony/conflict

#### FRAMEWORK FOR PREVENTING YOUTH SUBSTANCE ABUSE



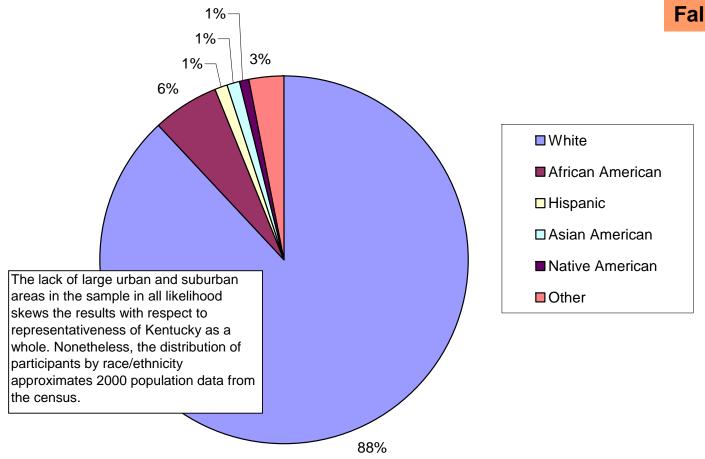


#### KIP Survey Participants - Urban/Suburban/Rural



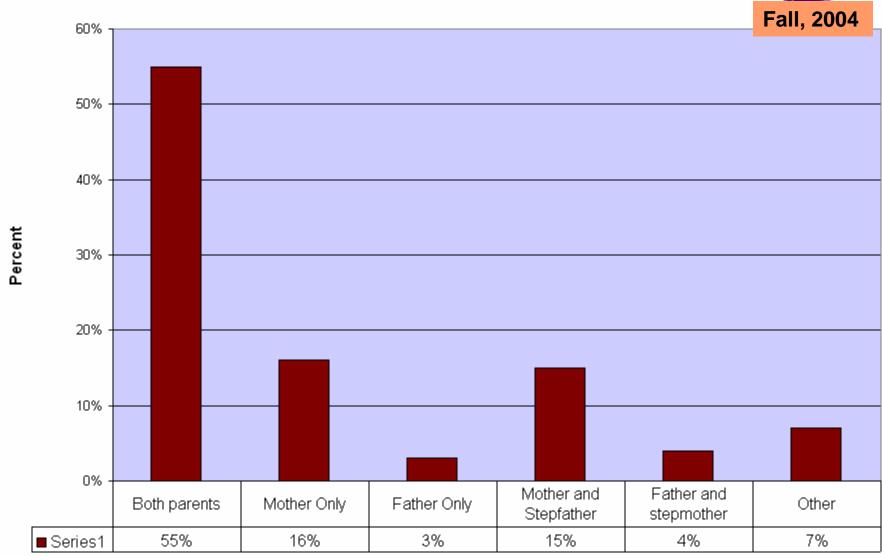
#### 2004 KIP Survey Participants by Race/Ethnicity





#### KIP Survey Participants by Family Constellation



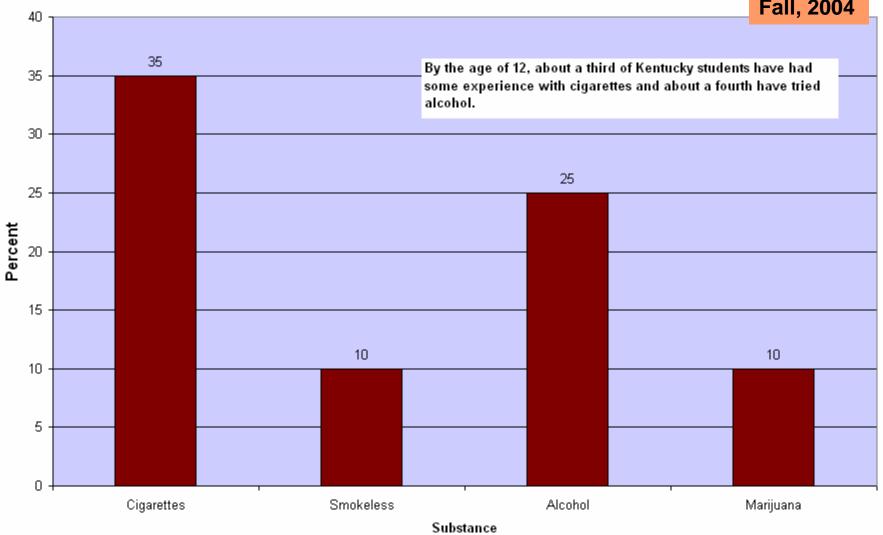


## Summary of Findings

- Kentucky students report very high rates of use of tobacco products, relative to other states.
- The overall level use of alcohol and marijuana in Kentucky is consistent with national patterns.
- Rates of use of inhalants and methamphetamine are notable higher than national benchmarks
- High-risk & high-rate substance abuse (i.e., heavy use that can result in the most serious consequences) behavior (in order of prevalence): (1) alcohol; (2) marijuana; (3) smokeless; (4) cigarettes; (5) narcotics.
- A majority of students find various substances to be readily available, and believe ATOD use is a significant problem in the school environment.
- As they get older, Kentucky students appear to perceive greater risks associated with smoking (a positive finding), but the opposite pattern is seen with marijuana (decreased risk perception). They evidence the least concern about alcohol-related risks, and this does not change with age.

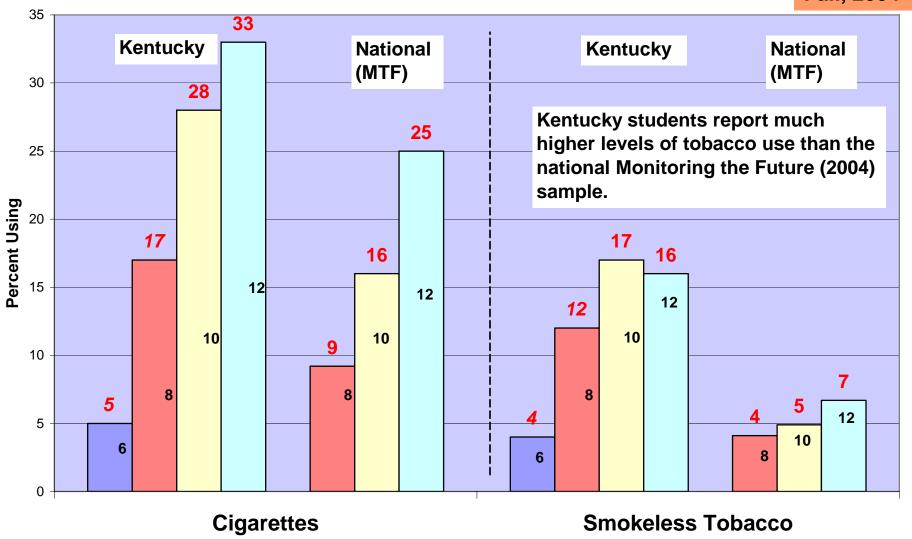
#### Age of initiation: 12 or younger





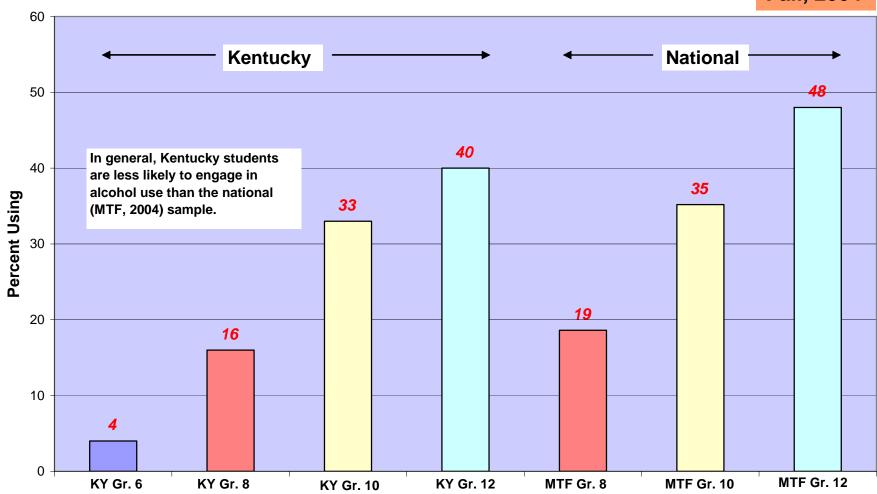
#### **Tobacco Products (30-day use)**





#### Alcohol (30-day use)





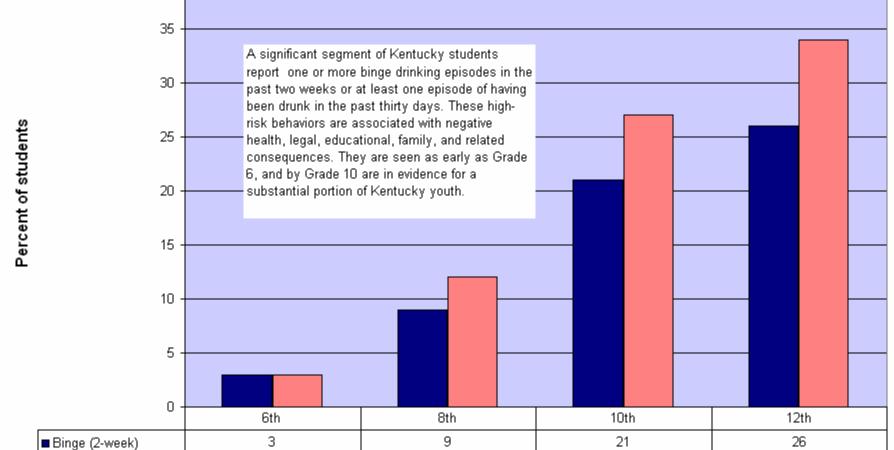
#### Binging/drunkenness

40

■ Drunkenenss (30-day)



34



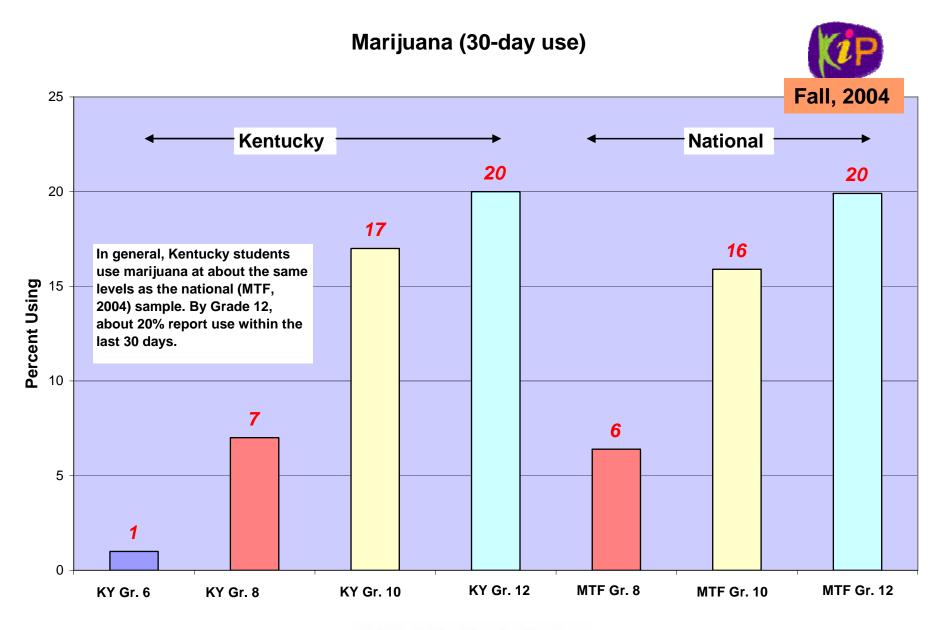
Grade level

27

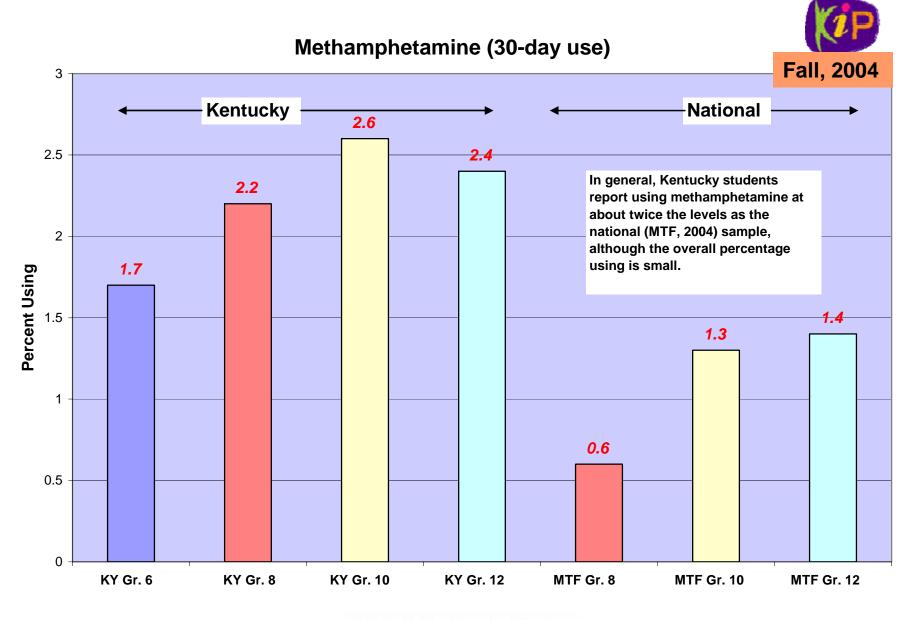
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12

3



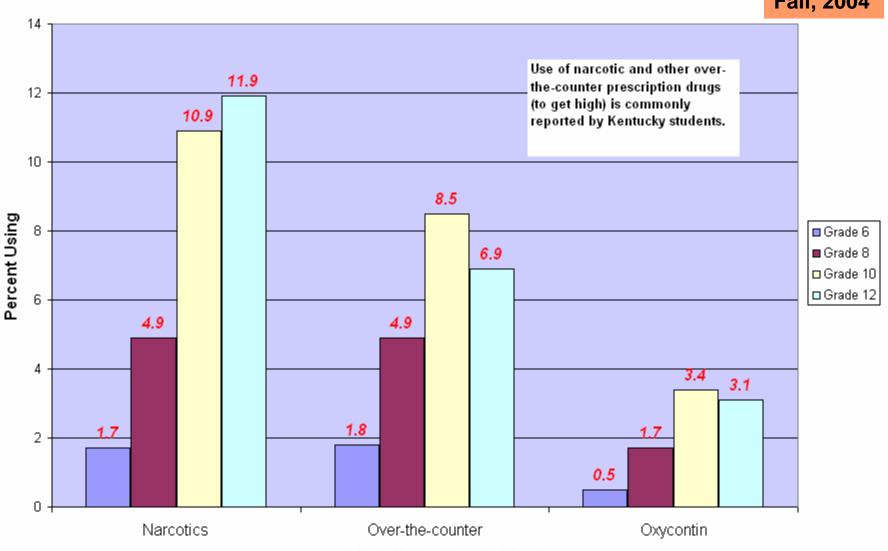
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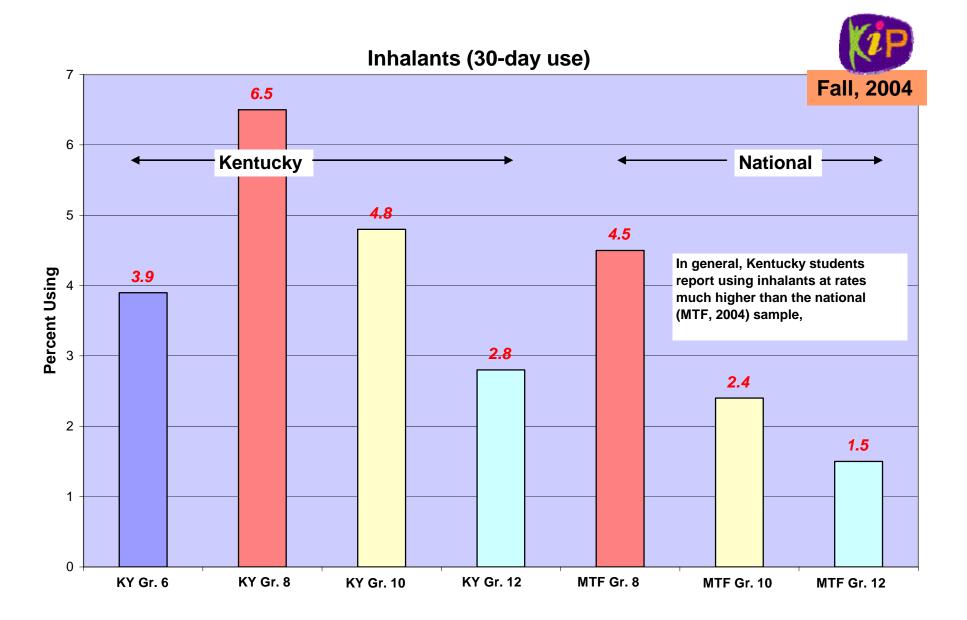


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#### Prescription and OTC Drugs (30-day use)

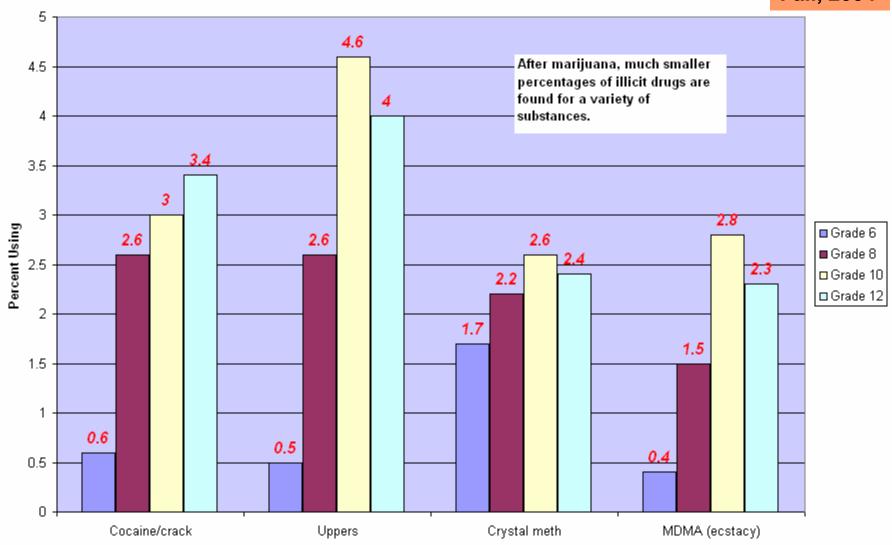






### Selected Illicit Drugs (30-day use)

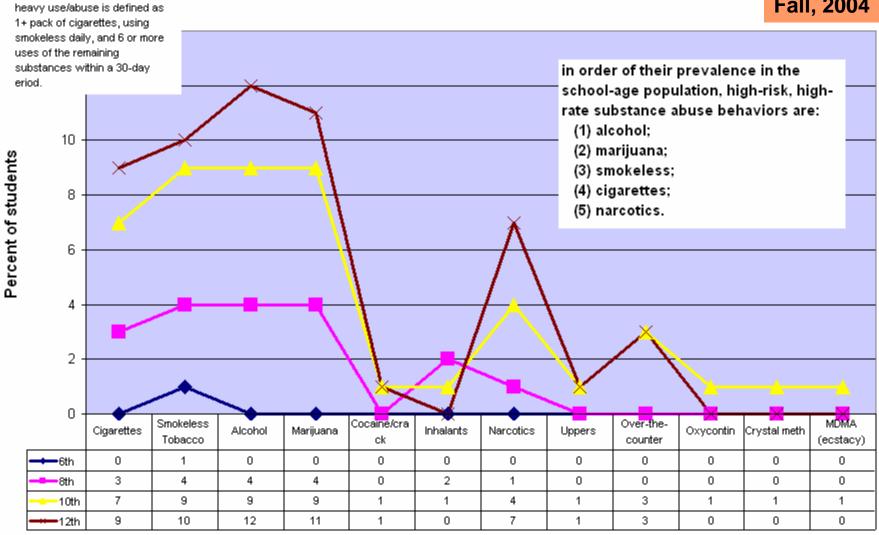




#### High-risk heavy use/abuse of various substances

For purposes of this analysis,

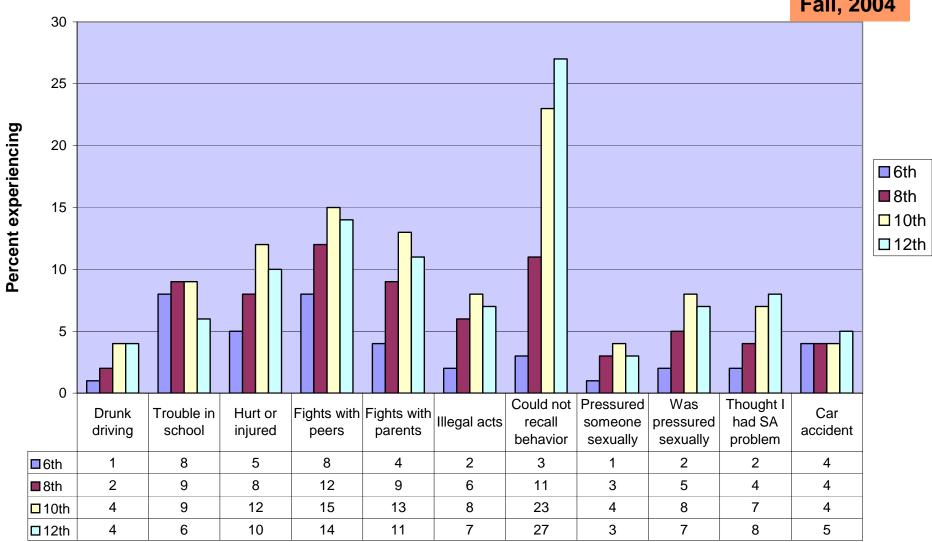




Substance

#### **Consequences of Substance Use**





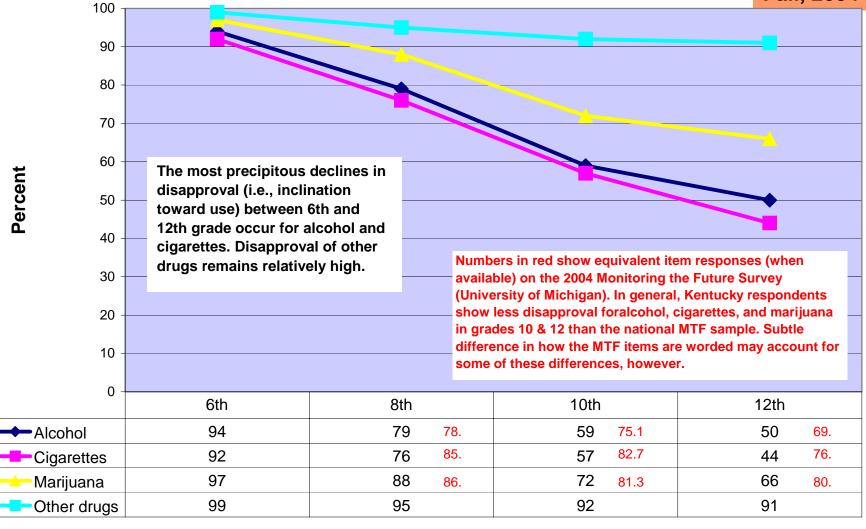
**Problem** 

#### **Personal Disapproval**



How wrong do you think it is for someone your age to...?

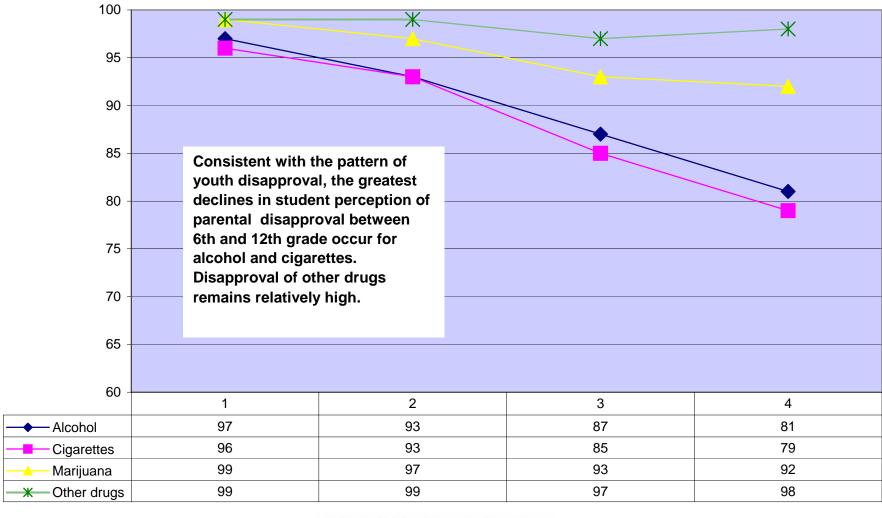
("wrong" + "very wrong")



#### **Parental Disapproval**



(How wrong do your parents feel it would be for you to...? ("wrong" + "very wrong") think



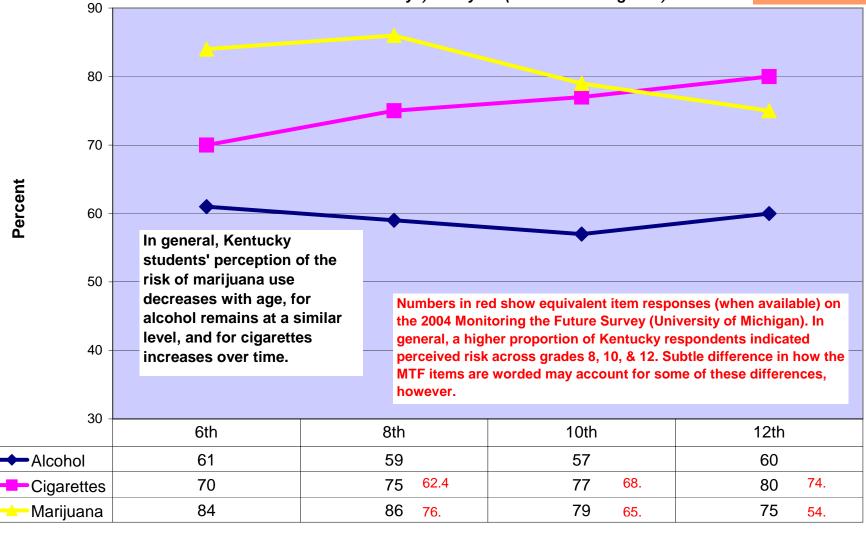
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Percent

#### **Risk Perception**

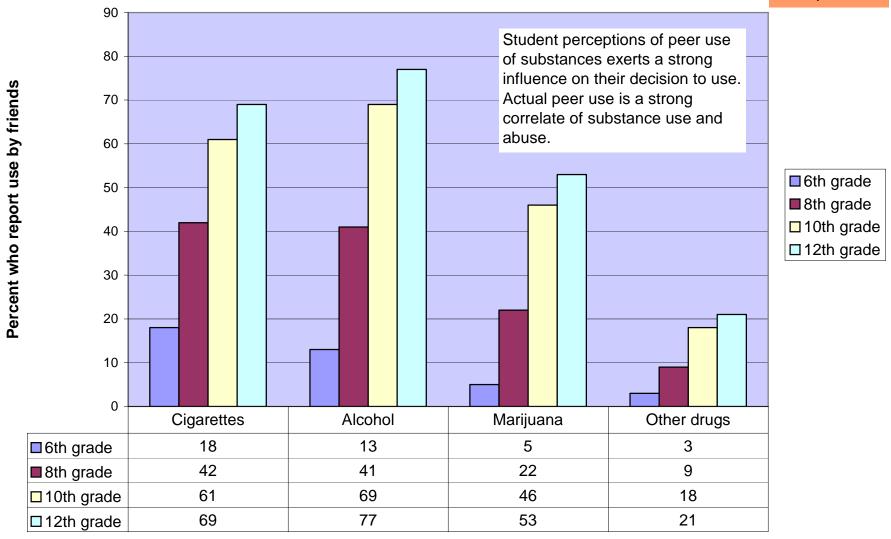


How much do you think people risk harming themselves (physically or in other ways) if they...? ("moderate" + "great")



#### **Perceived Peer Use of Substances**

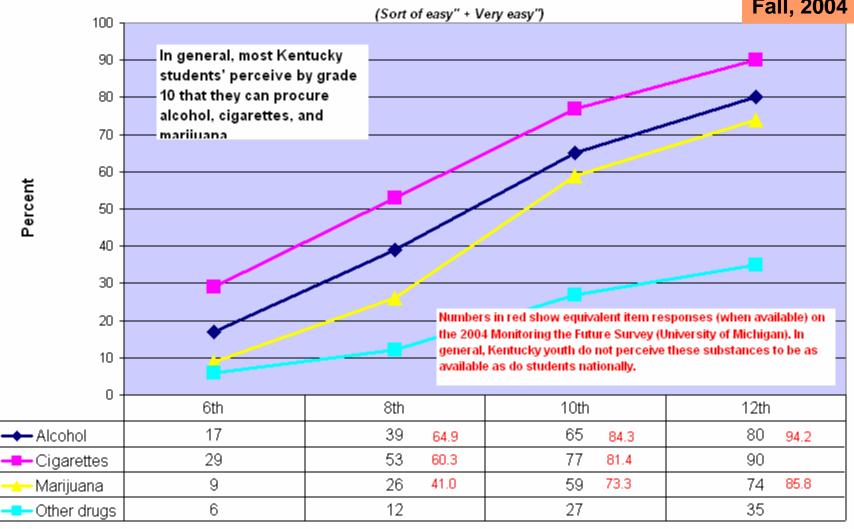




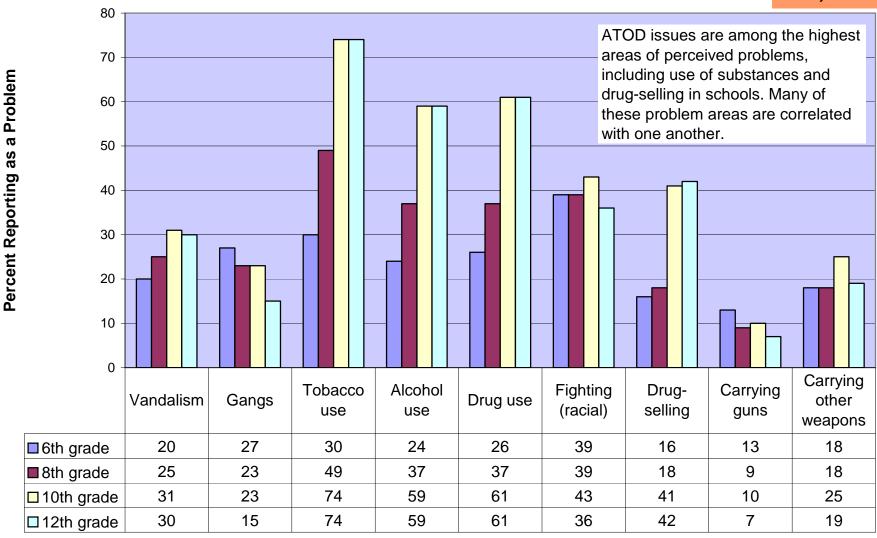
#### **Availability of Substances**



If you wanted to get some \_\_\_\_\_, how easy would it be for you to get some?



#### **Student Perceptions about Problems in Schools**



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