2021



KIP Survey District Report

Prepared for: Kentucky Cabinet for Health and Family Services Department for Behavioral Health, Developmental and Intellectual Disabilities Division of Behavioral Health

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KENTUCKY INCENTIVES FOR PREVENTION





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KIP Survey 2021



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Additional information related to the KIP Survey, including the most up-to-date data and the introductory section of this report, can be found at: <u>www.kipsurvey.com</u>



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At A Glance: National and Kentucky Trends in Behavioral Health

At A Glance: National and Kentucky Trends in Behavioral Health

Over the past several years, the use of many substances has declined among youth, with some notable exceptions. 2021 was a year particularly marked by exceptions and caveats, with survey results that require context and qualification. The impact of the COVID-19 pandemic on adolescent behavioral health has been profound, and those impacts are documented by both national and Kentucky data. Over the past two years students have experienced social isolation, learning from home, increased parental supervision, effects of the racial justice movement, and the outcomes are just beginning to become evident.

In many ways, 2021 adolescent survey data are a snapshot of a singular unprecedented point in time. Comparing these data to years past, while interesting, must be done with caution and consideration of contributing factors. Similarly, these data are not necessarily an indication of what will be seen in future administrations.

The graphs in this section depict Kentucky's 2021 KIP data as compared to national data, and place these figures in a trend line. To illustrate the disconnect between 2018 data and 2021 data, we have utilized a dotted line for that timeframe. Comparisons are drawn between our state-level results, which largely reflect what has been indicated on a national-level.

Kentucky Incentives for Prevention (KIP) Survey administration typically takes place every other year in even-numbered years. Due to the COVID-19 pandemic, the planned October 2020 administration was cancelled. Administration resumed in October 2021, and a total of 93,812 students representing 127 Kentucky school districts completed the survey.

The 2021 mid-pandemic KIP administration included the addition of several imperative new questions to address impacts of the pandemic, impacts of the racial justice movement and experience of race-based discrimination; as well as sleep habits, sexual orientation, social media use, connection to a trusted adult, extracurricular involvement, vaping and hallucinogenic drug use, academic grades and deaf/hard of hearing status.

A primary resource for a national comparison point on bullying, cyberbullying, and suicidal thoughts and behaviors, is the CDC's Youth Risk Behavior Surveillance System (YRBSS), which uses the same questions as KIP. Typically, the YRBSS is administered in odd-numbered years, and the KIP is administered in evennumbered years, so the data do not align in terms of year. However, due to pandemic rescheduling, in fall of 2021 the YRBSS was conducted simultaneously with the KIP Survey. As of the publication of this report, the 2021 YRBSS data have not been released and thus were not available for comparison purposes. When released, 2021 YRBSS data will be accessible here:

https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

The national Monitoring the Future (MTF) Survey asks many of the same substance use questions as the KIP Survey, providing a reference point for Kentucky's data. In 2021, Monitoring the Future also included questions to capture how students have been impacted by the COVID-19 pandemic, providing a national comparison point on those measures. 2021 Monitoring the Future results are accessible here:

http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2021.pdf

Results of the 2021 KIP Survey largely mirror the major findings indicated by the 2021 Monitoring the Future data: (1) rates of youth substance use dropped substantially during the pandemic, and (2) the mental health of students was negatively impacted during the pandemic. These findings are described in detail here.

Alcohol and Illicit Drug Use

In 2021, the percentage of U.S. adolescents reporting substance use decreased significantly, representing the largest one-year decrease in overall illicit drug use reported since the national Monitoring the Future survey began in 1975.¹ The table below depicts the percentage of U.S. students reporting any past-year illicit drug use in MTF survey years 2011 through 2021.

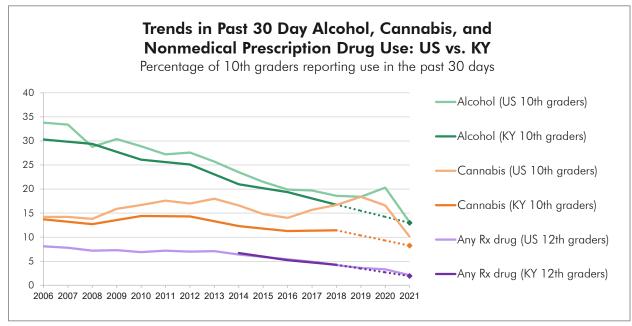
U.S. Students Reporting Any Past Year Illicit Drug Use

Any Past-Ye	ar Illicit D	rug Use									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
8th Grade	14.7%	13.4%	15.2%	14.6%	14.8%	12.0%	12.9%	13.4%	14.8%	15.6%	10.2%
10th Grade	31.1%	30.1%	32.1%	29.9%	27.9%	26.8%	27.8%	29.9%	31.0%	30.4%	18.7%
12th Grade	40.0%	39.7%	40.1%	38.7%	38.6%	38.3%	39.9%	38.8%	38.0%	36.8%	32.0%

Illicit drug use among Kentucky youth is declining, and remains below the national average. Cannabis/ marijuana use among 8th, 10th and 12th graders decreased significantly, following a national uptick since 2016. In Kentucky, past 30-day use of alcohol, cannabis, non-medical prescription drug and heroin use all declined, following the trend of the past several KIP Survey administrations. Nationally, the percentage of students who reported using alcohol within the past year decreased significantly for 10th and 12th grade students, and remained stable for eighth graders. Past 30-day use by students in higher grades marked the lowest levels of alcohol use ever recorded by the national Monitoring the Future study. Compared to the U.S. average, 2021 KIP data showed lower levels of alcohol use among Kentucky youth.

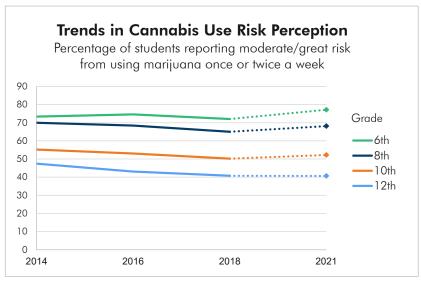
Though the general trend in Kentucky was a decrease in substance use, some subgroups of students reported increased use of alcohol, tobacco/nicotine, and other drugs as compared to before the pandemic. These subgroups with increased risk are important to note, as they may be overlooked by looking at the overall trend.

¹ Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2022). Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.



Kentucky data source: 2006-2021 KIP Survey National data source: 2006-2021 Monitoring the Future Survey

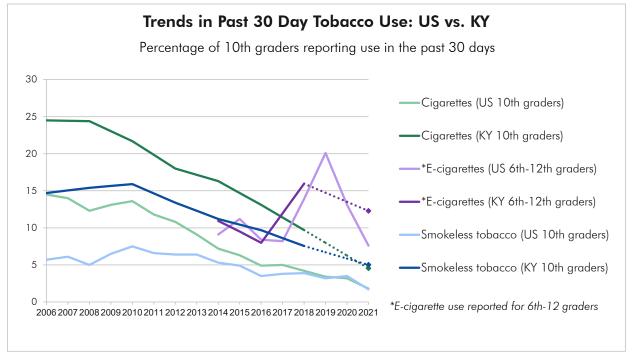
2021 KIP data show a slight increase in the percentage of students who perceive moderate or great risk from using cannabis once or twice a week. Perception of risk associated with regular cannabis use continues to be lowest among 10th and 12th grade students.



Kentucky data source: 2014-2021 KIP Survey

Tobacco Use and Vaping

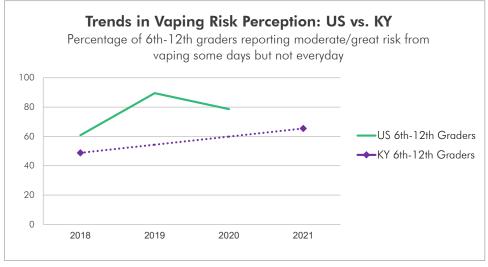
Vaping continues to be the most leading form of nicotine use among youth, however, national data show that the percentage of students who reported vaping nicotine within the past year decreased significantly for 8th, 10th and 12th grade students. Although Kentucky youth continue to report tobacco use at levels greater than the national average, there has been a decline in smokeless tobacco and cigarette use. Mirroring national data trends, after a significant increase in use from 2016 to 2018, vaping among Kentucky youth decreased in 2021. Kentucky vaping rates, however, remain higher than national averages.



Kentucky data source: 2006-2021 KIP Survey

National data sources: 2006-2021 Monitoring the Future, 2014-2021 National Youth Tobacco Survey NOTE: The wording for the e-cigarette survey items varies slightly between the national data source (National Youth Tobacco Survey) and the KIP Survey

Although 2021 KIP data show that perception of risk associated with vaping has increased, the percentage of students perceiving moderate or great risk from vaping remains lower than the national average.

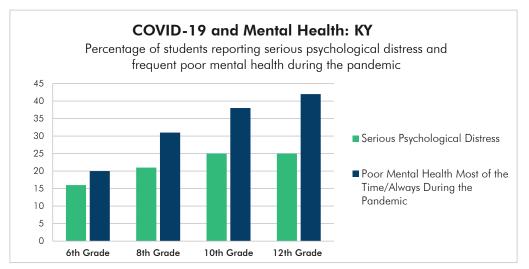


Kentucky data source: 2018-2021 KIP Survey National data source: 2018-2021 National Youth Tobacco Survey

Impacts of COVID-19 Pandemic

The 2021 iteration of the KIP Survey included critical new questions to address impacts of the COVID-19 pandemic. Across all surveyed grade levels, it is clear that the COVID-19 had an impact on the mental health of Kentucky students. One in three 10th and 12th graders and one in five 6th graders reported experiencing poor mental health most of the time or always during the pandemic. Students also reported experiencing symptoms indicative of serious psychological distress, with the highest rates among high schoolers. Statewide, students across all grade levels experienced poor mental health during the COVID-19 pandemic. As grade level increased, so did the prevalence of serious psychological distress and poor mental health.

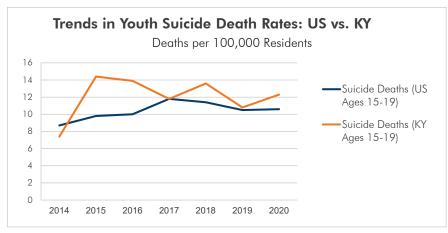
The Monitoring the Future study addressed student mental health during the pandemic. Similar to the results found among Kentucky students, the study found that nationally, students across all age groups reported moderate increases in feelings of boredom, anxiety, depression, loneliness, worry, difficulty sleeping, and other negative mental health indicators since the beginning of the pandemic.



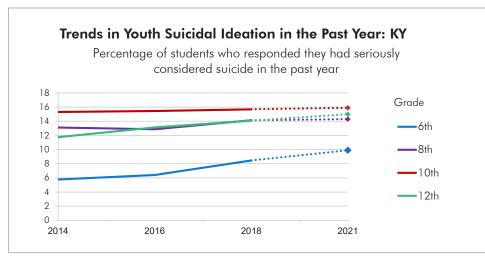
Kentucky data source: 2021 KIP survey

Suicidal Thoughts and Behaviors

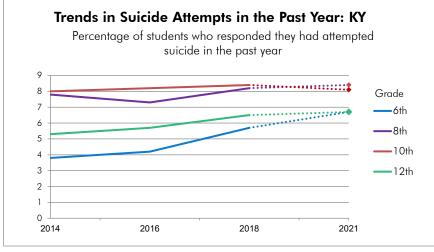
Since 2017, the rate of suicide deaths among Kentucky 15-19 year-olds has been higher than the national average. 2021 KIP results mirror the suicide death data showing an increase in reported suicide attempts among 6th, 8th, and 12th grade students, with 6th graders reporting the most significant increase. Kentucky 6th grade students also indicated a sizeable increase in deliberate self-harm within the last year.



Kentucky and National data source: Centers for Disease Control and Prevention, National Center for Health Statistics Underlying Cause of Death 1999-2020 on CDC WONDER Online Database



Kentucky data source: 2014-2021 KIP survey



Kentucky data source: 2014-2021 KIP survey

Race-Based Experiences and Concerns

The 2021 iteration of the KIP Survey included critical new questions to address student race-based experiences and concerns, as well as impacts of the past-year racial justice movement.

In Kentucky, participating Non-Hispanic Black students, followed by Non-Hispanic Asian students and Non-Hispanic multiracial students, had the highest percentage of students in the past year who:

- Worried they could be treated differently because of their race
- Reported their friends/family had been treated differently because of their race
- Experienced stress because they worried they would be a target of racism
- Reported being treated differently because of their race
- Reported being a target of racism

Non-Hispanic Black students, followed by Non-Hispanic Asian students and Non-Hispanic Native Hawaiian/Pacific Islander students, had the highest percentage of students in the past year who:

- Reported fear for their friends' or family's safety because of their race or culture
- Reported their friends or loved ones had been targets of racism

The following pages present your district's data and recommendations on interpreting your district's results.

Organizing, Synthesizing, Interpreting, and Using Your School District's KIP Survey Data

Organizing, Synthesizing, Interpreting, and Using Your School District's KIP Survey Data

This section begins with a brief description of the background and methodology of the survey. It proceeds to consider the kinds of uses the findings may support, in the context of a broad conceptual framework for thinking about substance abuse and prevention in a school-community. Planning tools that may facilitate organization of the data are also offered.

History and Development of the KIP Survey

The purpose of the KIP Survey is to anonymously assess adolescent use of alcohol, tobacco and other drugs (ATOD), as well as a number of additional factors related to adolescent social and emotional well-being, including school safety, mental health, bullying, relationship violence, school performance and community involvement. The survey provides information about student self-reported use of substances, student perceptions about substance use, and perceived accessibility of substances in the community.

Since 1999, the KIP Survey has been administered in Kentucky through the Substance Abuse Prevention Program in the Cabinet for Health and Family Services, through agreements with individual school districts across the state. Originally, the KIP survey was used as part of a federal initiative that funded state incentive grants for substance abuse prevention

History of Statewide KIP Survey School District Participation

2003: 47 districts	2010: 153 districts
2004: 125 districts	2012: 153 districts
2006: 137 districts	2014: 159 districts
2008: 153 districts	2016: 149 districts

2018: 151 districts

Jefferson County School District participated; Fayette County School District did not.

2021: 127 out of 173 school districts

The total sample size for 6th, 8th, 10th and 12th grades was 93,523. Fayette County School District participated; Jefferson County School District did not.

across the country. In Kentucky, these pilot programs were termed the Kentucky Incentives for Prevention program (thus, the name "KIP Survey.") The fact that the KIP survey has been administered since 1999 enables school-community comparisons over time.

Beginning in 2004, the survey was conducted bi-annually in the fall in even-numbered years, and that schedule was maintained through the fall 2018 administration. to the COVID-19 pandemic, the planned October 2020 administration was cancelled. Administration resumed in October 2021, and over 93,000 6th, 8th, 10th and 12th grade students representing 127 school districts completed the survey. Moving forward, the KIP Survey will continue with an every-other-year schedule in odd-numbered years; the next survey will take place in fall 2023.

Effective with the 2021 administration, the KIP Survey has transitioned to a completely web-based administration process within a classroom setting. All KIP survey data are transferred over a secure connection and stored in a protected database to ensure confidentiality throughout the administration and analysis process. The web-based KIP Survey can successfully be administered on desktop computers, laptops, tablets and smartphones.

Content

The core items on the present KIP survey were originally chosen by the federal Center for Substance Abuse Prevention (CSAP), based on extensive research on risk and resilience factors associated with youth substance use. Basing the scale on the federal model enables comparisons to other states and to the nation, while at the same time making within-state comparisons. Since 2006, questions addressing additional illicit substances, gambling and other Kentucky-specific items have been added to the survey.

In 2012 questions were added to address:

- Past 30-day psychological distress (specifically, the Kessler Psychological Distress Scale/K6 scale, as utilized in the CDC Behavioral Risk Factors Surveillance Survey and the SAMHSA National Household Survey) (#20a-f)
- Friend disapproval of alcohol, tobacco, marijuana and prescription drug abuse (#58a-d)

In 2014 questions were added to address:

- Heroin use and perception of risk associated with heroin use (#43 and #60g)
- Novel tobacco products (#32) (e.g., electronic cigarettes, hookah, dissolvable products)
- Synthetic marijuana (#35)
- Steroids (#47)
- Prescription drug diversion (#53)
- Bullying and online bullying (#16-19)
- Relationship violence (#15f and #15g)
- Self-harm (#21)
- Suicide (ideation #22, plan #23, attempts #24)
- Family member in the military (#6)

In 2018 questions were added to address:

- Changing terminology associated with e-cigarette use (#32)
- Risk perception associated with e-cigarette use (#60)

In 2021 questions were added to address:

- Impacts of the COVID-19 pandemic (#108-111)
- Race-based concerns and experience of race-based discrimination (#112)
- Impacts of the racial justice movement (#113)
- Attitudes toward, access to and experience using e-cigarettes (#36-43)
- Social media use (#103-104)
- School performance (#100)
- Sleep (#101)
- Extracurricular and community involvement (#102)
- Mode of marijuana ingestion (#62)
- Hallucinogenic drug use (#95)
- Trusted adult (#105)
- Hearing status (#7)

Results

Each participating school district receives the following:

- 1) A comprehensive training manual
- 2) A set of preliminary cross-tabulations

- 3) A district-level report including comparisons with the region, the rest of the state and the US (when available)
- 4) A district-level trend report, showing within-district trend data for applicable questions from the current administration back to 2012
- 5) A report synthesizing the core-measure items required to be submitted by all Drug Free Communities (DFC) grant recipients as a component of the federal DFC National Cross-Site Evaluation
 - District-level results are reported only to the school district and are not released in a public report.
 - Interested school districts also have the option to order supplementary analysis of their report based on gender, school building, combinations of schools, or other desired domains.
 - The fact that the KIP Survey has been administered within Kentucky since 1999 enables districts to monitor trends and analyze changes over time.

The following are produced for **public** consumption:

- 1) A State and Regional Data Report, comprised of maps and graphs showing regional ATOD trends for each of Kentucky's fourteen Regional Prevention Centers (RPCs)
- 2) A Statewide Trends report, showing statewide trend data for applicable questions from the current administration back to 2012

Administration

- Classroom administration of the web-based KIP Survey (including giving instructions, logging in and completing the survey) takes between thirty and forty minutes.
- School districts have some flexibility as to when to administer the survey within an approximate 6-week window (October mid November), and results are analyzed, tabulated and reported in three to four months following administration.
- There is no cost to the individual districts (costs are paid by the Substance Abuse Prevention Program, Cabinet for Health and Family Services).
- Extensive efforts go into assuring the anonymity of students who complete the brief survey, and to ensuring that no student feels coerced to participate.
- The KIP survey utilizes a passive consent model. At least two weeks prior to administration, parents are informed of the upcoming survey and given the opportunity to opt their child out of participating.
- The KIP survey instrument is available in English, Spanish, Arabic, French and Mandarin.
- KIP survey parental notification letters and opt-out forms are available in nine languages, including English, Spanish, Arabic, French, Mandarin, Somali, Swahili, Nepali, Vietnamese and Kinyarwanda.

KIP Survey Website: kipsurvey.com

- The "2021 KIP Survey State and Regional Data Report" and the "KIP Survey Statewide Trends Report" are accessible on the home page of <u>kipsurvey.com</u>
- The website contains extensive information related to all technical aspects of the KIP survey, including the history of the KIP survey, content development, survey methodology and validation studies, as well as a collection of research utilizing recent KIP Survey data.
- The "Data Tools" tab includes two dynamic tools useful for analyzing KIP Survey data on a regional and statewide-level. These tools, the KIP Data Dashboard and the KIP Data Visualizer, allow users to track and display key data indicators utilizing survey results from 2006-2021.
- The "Resources" tab includes a number of links to additional Kentucky and national sources of additional information on related health and research issues.
- KIP Survey Coordinators have a specially-designated page to access training manuals, pdf's of all required forms and materials, a comprehensive FAQ list, and contact information for further assistance.

Conceptual Framework for Substance Abuse Prevention

In the third section of this report, you will be provided with numerous charts depicting the data from your district's survey and comparing it to KIP survey data at the regional and state levels, and, when available, to comparable data at the national level. Administration of the KIP survey in a school district yields a great deal of data. However, the fact of having data does not insure that the data are understood or used in a sound and meaningful way. In fact, perhaps the greatest challenge involved in conducting the KIP survey is to translate these raw data into useful information so that meaningful conclusions can be drawn.

In order to do that, we believe there is a need for a broad-based conceptual framework for thinking about substance abuse prevention. A review of the research literature in the emerging field of prevention science (see pages 9 and 10) suggests that there are certain key factors to be considered in school- and community-based substance abuse prevention. These can be grouped into three main areas (or domains): (1) Substance Abuse Problem Identification; (2) Proximal Risk and Resilience (i.e., protective) Factors; and, (3) Community-Level Contextual Factors (page 16).

Substance Abuse Problem Identification

The first domain listed above, Substance Abuse Problem Identification, refers to prevalence and incidence data that can help a community understand: (1) the rate at which substances are being used or abused; (2) the nature and scope of these problems; and, (3) how the problems are perceived. These kinds of problem identification data are most often used to construct a needs assessment for the community. The KIP survey can be invaluable in this respect, because it provides information about student self-reported use of substances (e.g., within last 30 days, last year), student perceptions about substance use (e.g., level of risk, peer and parent disapproval), and perceived accessibility of substances in the community.

However, as you will note on the graphic, you also have available to you other sources of data that can help you "fill in the picture." These include data your district reports to the Kentucky Center for School Safety, such as the number of school disciplinary actions related to ATOD offenses on school property in a given year, and the rate of tobacco-related policy violations in your school district.

It is important to note that in addition to the "quantitative" information described above, a more complete picture may emerge by using "qualitative" methods to gather information. Such methods can include anecdotal data from specific incidents, focus groups, and supplemental student surveys.

Proximal¹ Risk and Resilience Factors

Research has shown that there are some factors that are highly correlated with substance abuse. Knowledge about the relative presence or absence of these factors in a given school-community can help to both understand the nature of the problems and plan for effective preventive interventions. Examples of proximal factors at the school level may include economic disadvantage (as measured by the number of students eligible for free and reduced lunch), student engagement or "bonding" (as measured by attendance and drop out rates), school achievement (e.g., retention rates, academic performance/achievement assessment scores), and school safety and climate (e.g., perception of risk, number of law and school board policy violations).

¹The word "proximal" in this context refers to factors that are more likely to be directly involved in the development of substance abuse (such as school engagement), as opposed to more "distal" factors that may be correlated at low levels (e.g., access to child care at a young age).

All of these are indicators that may help to understand the factors that may give rise to problems related to substance abuse. Interpretation of the KIP findings should always take these factors into consideration.

Community-Level Contextual Factors

The data for each school-community have meaning only in the context of the general factors that make that community unique. For example, some communities are densely populated within relatively small geographic regions, while others are more sparsely populated but are geographically quite large. Communities across Kentucky vary tremendously with respect to demographic characteristics, such as population, race/ethnicity, literacy, poverty, business patterns, and many other such dimensions. A broad understanding of these factors can also help to place substance abuse issues in context.

Planning Worksheet

Worksheets to help you organize information related to the domains of Substance Abuse Problem Identification, Proximal Risk and Resilience Factors and Community-Level Contextual Factors are available at <u>www.kipsurvey.com</u> (scroll down to "Additional Resources"). Some of the information will be derived from the next section of this report, which provides your district's KIP findings.

Additionally, county level demographics and related information are now available online for your examination in our substance abuse prevention data warehouse at http://sig.reachoflouisville.com. In addition to providing a wealth of information about community characteristics and substance abuse prevention, this site will also be very helpful in creating presentation-ready tables, graphs, and maps.

Finally, information related to the KIP survey administration can be found at: <u>www.kipsurvey.com</u>. Here you can also access answers to frequently asked questions about the KIP Survey, the KIP Training Manual, and contact information for KIP personnel.

Prevention Science: A Guide for Evidence-Based Intervention

Program planning and evaluation efforts to prevent substance abuse in Kentucky are grounded in the emerging field of prevention science. While the concepts of prevention and early interventions are long-standing in public health, community psychology, education, and related fields, it has been only recently that scientific knowledge and methodology have evolved such that findings can be usefully related to substance abuse programs and practices. Prevention science is related to on-going work in the areas of health promotion and behavioral risk reduction.

Fundamental to this emerging science of substance abuse prevention are certain core empirically-based concepts. All are predicated on the belief that it is crucial to have clear estimates of the prevalence and incidence of substance abuse for various populations and settings (a key reason for the KIP survey in Kentucky) in order to gauge change and the effectiveness of prevention and treatment programs.

These core concepts include:

- There are a variety of developmental pathways to substance abuse.
- Early childhood developmental and family factors can play a substantial role in creating subsequent vulnerability.

- The eventual emergence of substance abuse is influenced by the presence or absence of specific risk and resilience factors, which can also serve as targets for intervention.
- Substance abuse prevention efforts need to be systemic in orientation, and have been shown to be effective in family, school, peer group, mass media, or community contexts (or combinations of these).
- A substantial portion of the substance abuse prevention literature relates to school-based programs.
- Media-based programs have been shown to have some utility when used with other strategies, but alone are insufficient to induce change.
- Target population characteristics should be considered in planning for prevention program implementation (e.g., adolescents, African-American youth, male-female differences, children of divorce).
- Setting characteristics of prevention and intervention strategies can also make a difference (e.g., urban-rural).
- Promoting behavioral competence in social, behavioral, emotional, and academic areas is central to effective prevention.
- Effective substance abuse interventions tend to combine useful content with a delivery approach that is engaging.

Based on this emerging research literature, the US Department of Education has published guidelines for schoolbased substance abuse prevention termed the Principles of Effectiveness. These are:

- base programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served;
- with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives;
- design and implement programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth;
- evaluate programs periodically to assess progress toward achieving goals and objectives; use evaluation results to refine, improve, and strengthen program; and to refine its goals and objectives as appropriate.

Some Key Terms

Evidence-based program

A program that is theory-driven, has activities/ interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

Science-based refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based. Experts analyze programs for credibility, utility, and generalizability. Credibility refers to the level of certainty concerning the cause-and-effect relationship of programs to outcomes. Utility refers to the extent to which the findings can be used to improve programming, explain program effects, or guide future studies. Generalizability refers to the extent to which findings from one site can be applied to other settings and populations.

Synthesizing Your Information

Once you have gone through the process of organizing the information from the KIP survey findings and the other data sources described previously, it is easier to begin to see patterns and draw inferences. Sometimes patterns in the data will become more obvious if you create comparison graphs to look at historical trends or compare your district or county with surrounding counties or your region. The ultimate goal, of course, is to obtain a clearer understanding of what the data are telling you. There is no one piece or type of data that can answer all the questions. However, it is useful to begin with evaluation questions as you review your district's data. Here are some examples:

- What is the current state of affairs within our district with respect to student use of various substances? Has this changed over time?
- How do we compare to other school districts in Kentucky that completed the survey this year? How do we compare to national scores, such as the Monitoring the Future?
- Are there any patterns or trends that emerge as we review our data? Any surprises? When there have been changes, what are the factors that likely contributed to the change?
- What are the areas of greatest concern for our school-community? Where should our priorities lie?
- Are there any obvious linkages between our current substance abuse prevention and intervention activities and the patterns seen in the data?
- What are the perceptual data about risk, approval/disapproval, and accessibility telling us about our community's norms, values, and expectations?
- Are there demographic factors that cause our community to be more (or less) susceptible to youth substance abuse problems?
- To what extent do students in our community perceive that they are engaged in the schooling process? To what extent do some students feel alienated or disenfranchised?
- In general, how do our students achieve in school, compared to other counties, the region, and the state? Do any patterns emerge across grade levels? Across subject areas?
- Do students perceive that they are safe in school? What aspects of school safety may be related to substance abuse?
- What are the physical, resource, and geographic features of our county? Population characteristics? Family characteristics? Socioeconomic characteristics? How might these variables contribute (directly or indirectly) to substance abuse?

The process of profiling your school-community can lead to not only insights into possible connections between these various factors, but also ideas for goal-setting and prevention program planning.



Please mark the most accurate response(s) for each question. We hope that you will answer all questions, but if you find you cannot answer a question honestly, please leave it blank. In the cases where you have no experience, please mark the circle, "None," "Never Have," or "0." <u>Remember that your answers will be kept</u> confidential and will never be connected to your name or class. You cannot get in trouble for answering these questions honestly.

Wh	at is your zip code:			6.	Who in yo	our famil	y is curren	tly in the r	nilitary (Army, Nav	у,
1. 2. 3. 4. 5.	How old are you? O10 O11 O12 O13 O14 O15 O What grade are you in? O6 O8 Are you: OFemale OMale OQuest	O 10 tioning or U not to say	O 12 nsure y.)	7.	Marines, A previously if you have O No one O Father O Brother Are you: O Hard of If you ans prefer to	Air Force y served more than in my fam OMoti or Sister hearing swered D learn inf in America n English	, National in the mili one family n ly is in the m O Grandpa O Deaf eaf, Hard o ormation? n Sign Langu O In spo	Guard, Coa tary? (You nember in the nilitary her guardian rent or other O Deafblind of Hearing	ast Guarc can mark n te military. o or parent r relative O No , or Deafl O Throu	d or Reser more than o) figure O Don't ne of these blind, hov gh an interp	ves) or ne answer know v do you oreter
Th	ne next 3 questions ask about violence-related be	ehaviors.									
-					1-2	3-5	6-9	10-19	20-29	30-39	40+
8.	How many times (if any) in the past year (12	months)	nave you	Never	times O	times O	times O	times O	times O	times O	times O
	a. been suspended from school?			0	0	0	0	0	0	0	0
	b. carried a handgun?			0	0	0	0	0	0	0	0
	c. sold illegal drugs?d. been arrested?			Ö	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
	e. attacked someone with the idea of seriously hurtin	ng them?		-			0	-			
	f. been drunk or high at school?			0	0	0	0	0	0	0	0
	g. taken a handgun to school?			0	0	0	0	0	0	0	0
				Never	10 or						17 or
9.	When (if ever) did you first			Have	Younger	11		3 14	15	16	older
	a. get suspended from school?			0	0	0		0	0	0	0
	b. get arrested?			0	0	0	0 (0	0	0
	c. carry a handgun?			0	0	0	0 (0	0	0
	d. attack someone with the idea of seriously hurting	them?		0	0	0	0 0	0	0	0	0
				The	e next 6 qu	estions a	sk about so	chool safety	ν.		
10.	Do you think the following are problems at y	our scho	ol?	11.	How safe	e do you	feel at sch	ool?			
		Yes	No		O Very sa	fe	O Safe	Ο ι	Jnsafe	O Ver	/ unsafe
a. \	/andalism, including graffiti	0	0		,						,
b. (Gangs	0	0	12.	Are there	particu	ar places a	at school w	vhere you	u feel uns	afe?
c. T	Tobacco use	0	0		O Yes		O No				
d. A	Alcohol use	0	0								
e. D	Drug use	0	0	13.	lf Yes, wł	nere do y	ou feel un	safe? (Mar	k ALL that	t apply.)	
f. F	Fights between students of different racial and/or ethnic backgrounds	0	0		O Restroc O Parking		D Gym/Lock D Hallways		StairwellsSchool Bu		srooms
g. S	Selling (dealing) drugs	0	0	14	Are there	certain	times of d	av when v	ou feel +l	hese nlace	
h. C	Carrying guns	õ	0		are unsa	fe? (Mark	ALL that ap	ply.)	ou icei li	isse place	
i. C	Carrying other weapons	0	0		O Before	School C	During Lund Entire Scho	ch O C			ng Class

15.	During the last school year	Yes	No	The next 2 questions ask about how you have been feeling. For each
	did someone take money or things directly from you by using force, weapons, or threats at school?	0	0	question, please fill in the circle that best describes how often you had this feeling.
b.	did someone verbally threaten you at school?	0	0	20. During the past 30 days, about how often did you feel
	did you have something stolen from your desk, locker, or other place at school?	0	0	(<i>Mark ONE CIRCLE for each line.</i>) All of Most of Some of A little of None of
d. (did someone physically threaten, attack, or hurt you at school?	0	0	anervous? O O O O
		\sim	\sim	bhopeless?
	did someone make unwanted sexual advances or attempt to sexually assault you at school?	0	0	crestless or fidgety? O O O O O
	did a boyfriend or girlfriend physically hurt you (hit, push, pull your hair) on purpose?	0	0	dso depressed that nothing O O O O O O O O O
	did a boyfriend or girlfriend emotionally hurt you (threaten,	0	0	ethat everything was an effort? O O O O fworthless? O O O O
	make threatening phone calls/texts, call you names, harass you online) on purpose?	0	0	fworthless? O O O O 21. Have you ever cut or harmed yourself on purpose? O Yes O No
st e	urt another student over and over again. It is not bull tudents of about the same strength or power argue, fi ach other in a friendly way. <u>Bullying involves an imba</u> <u>d repeated incidents over time.</u>	ght, or te	ease	 feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. 22. During the past 12 months, did you ever seriously consider
		Yes	No	attempting suicide?
16.	During the past year (12 months), have you ever bullied on school property?	0	0	O Yes O No
17.	During the past year (12 months), have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, TikTok, online gaming, or other social media.)	0	0	 23. During the past 12 months, did you make a plan about how you would attempt suicide? O Yes O No
18.	Does your school have a way to report bullying or harassment?	0	0	24. During the past 12 months, how many times did you actually attempt suicide?
19.	If your school does have a way to report bullying or harrassment, is this reporting method effective? (if not applicable, please leave blank)	0	0	None 1 times 2-3 times 4-5 times 6+ times O O O O O
	The next 9 questions are about smoking ciga	rettes (oi	nes that ho	ave to be lit and burned, this includes blacks and black and milds.)
25.	When (if ever) did you first smoke a cigarette?			29. How wrong do you think it is for <u>someone your age</u> to smoke cigarettes?
		17 16 old O C	er	O Very wrong O Wrong O A little bit wrong O Not wrong at all
26.	On how many occasions (if any) have you smoked			30. How wrong <u>do your parents feel</u> it would be for you to smoke cigarettes?

O Very wrong O Wrong O A little bit wrong O Not wron
--

31. How wrong <u>do your friends feel</u> it would be for you to smoke tobacco?

O Very wrong O Wrong O A little bit wrong O Not wrong at all

32. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your four best friends have smoked cigarettes?

O None O 1 O 2 O 3 O 4

33. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes a day?

O No risk O Slight risk O Moderate risk O Great risk

you to get some?

O Very hard

(Mark ONE CIRCLE for each line.)

a. ...in the past 12 months? O

Less than 1

Ο

b. ...in the past 30 days?

None

Ο

0

0

many cigarettes did you smoke per day?

1

Ο

O Sort of hard

1-2

Ο

0

27. During the past 30 days, on the days you smoked (if at all), how

2-5

Ο

28. If you wanted to get some cigarettes, how easy would it be for

3-5

Ο

Ο

6-9

Ο

Ο

6-10

Ο

O Sort of easy

10-19 20-39 40+

Ο

0 0

20+

Ο

O Very easy

Ο

Ο

Ο

11-20

Ο

The next 2 questions are about smokeless tobacco (chew, dip, snuff, dipping tobacco, chewing tobacco.) <u>Do not count any electronic vapor</u> products for this question.

	Never	10 or	, ,					acco?	17	or
		Younger	11 O	12 O	13 O	14 O	15 O	-	old	er
	On h	ow many	occas	ions (if anv)	have v	ou use	d smol	keless	
		:co (Mi						10-19	20-39	40+
	in the	past 12 m	onths?	Ő	0	0	0-9	0	0 0	40+ O
	in the	past 30 da	ays?	0	0	0	0	0	0	0
l r	JUL, Vi iclude ens, an	t 9 questi ise, Mark e-cigaret d mods. j marijua	Ten, A tes, va <u>Do not</u>	lto, Pu pes, va count	ff and l pe pen any ele	blu. Eleo s, e-cigo ectronio	ctronic ars, e-h : vapoi	: vapor 100kah: 1 produ	produ s, hook	cts ah
6.	Wher prod	n, if ever, uct?	did y	ou firs	t vape/	⁄use an	electr	onic va	por	
	Never								17	
	наve	Younger	11 O	12 O	13 O	14 O	15 O	-	_	
•		ow many ronic vaj								
	in the	past 12 m	onths?		1-2 O	3-5 O	6-9 O	10-19 O	20-39 O	40+ O
		past 30 da		0	0	0	0	0	0	0
	sto O g O b O b O b O to O to O g	ought ther ore, gas sta ot them or ave someo orrowed th person who pok them f ot them so	tion, or n the Inte ne else r nem fror o can leg rom a st me othe	vape sto ernet noney t n someo ally buy ore or a er way	ore o buy the one else e these pe nother p	em for m roducts g erson	e ave ther	n to me		
•-		wrong d arettes?	o you	think	it is foi	somed	one yo	<u>ur age</u>	to vap	e/use
	O Ve	ry wrong	0 w	rong	0 ai	ittle bit v	vrong	O Not	wrong	at all
•		wrong d arettes?	o <u>your</u>	parer	<u>nts</u> feel	it wou	ld be t	for you	to va	pe/use
	O Ve	ry wrong	0 w	rong	0 ai	ittle bit v	vrong	O Not	wrong a	at all
•		wrong d arettes?	o <u>your</u>	friend	<u>ds</u> feel	it wou	d be f	or you	to vap	e/use
	O Ve	ry wrong	Οw	rong	0 AI	ittle bit v	vrong	O Not	wrong a	at all
_	Think	of your	four b	est fri	ends (t	he frier	nds yo	u feel c	losest	to).
	In the	e past ye Is have v				-	-			r best

43. How much do you think people risk harming themselves (physically or in other ways) if they vape/use e-cigarettes some days but not every day?

O No risk O Slight risk O Moderate risk O Great risk

44. If you wanted to get an e-cigarette/vaping product, how easy would it be for you to get one?

O Very hard O Sort of hard O Sort of easy O Very easy

The next question asks about other tobacco products.

- 45. During the past 30 days, which of the following tobacco products did you use on at least one day? (You can choose ONE ANSWER or MORE THAN ONE ANSWER.)
 - O Roll-your-own cigarettes
 - O Smoking tobacco from a hookah or waterpipe
 - ${\sf O}\,$ Pipes filled with tobacco (not hookah or waterpipe)
 - O Snus, such as Camel, Marlboro or General Snus
 - O Dissolvable tobacco products such as Ariva, Stonewall, Camel orbs, Camel sticks, Marlboro sticks or Camel strips
 - O Bidis (small brown cigarettes wrapped in a leaf)
 - O Some other new tobacco product not listed here
 - $O\,$ I have not used any of the products listed above, or any new tobacco product

The next several questions ask about alcohol use. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

46. When (if ever) did you first have more than a sip or two of beer, wine, or hard liquor such as vodka, bourbon, cognac, gin, etc.?

	10 or							17 or
Have	Younger	11	12	13	14	15	16	older
0	0	0	0	0	0	0	0	0

47. When (if ever) did you first begin drinking alcoholic beverages regularly, that is, at least once or twice a month?

Never	10 or							17 or
Have	Younger	11	12	13	14	15	16	older
0	0	0	0	0	0	0	0	0

48. On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink – more than a few sips... (Mark ONE CIRCLE for each line.)

	0	1-2	3-5	6-9	10-19	20-39	40+
ain the past 12 months?	0	0	0	0	0	0	0
bin the past 30 days?	0	0	0	0	0	0	0

49. On how many occasions (if any) during the past 30 days have you been drunk or very high from drinking alcoholic beverages?

0 1-2 3-5 6-9 10-19 20-39 O O O O O O

50. Think back over the last two weeks. How many times (if any) have you had five or more alcoholic drinks in a row?

Vone	1 time	2 times	3-5 times	6-9 times	10+ times
0	0	0	0	0	0

51. If you drink, do you primarily get alcohol from... (Mark ALL that apply.)

O Convenience stores	O Friends	O Online ordering
O Parents	O Strangers	O Grocery pickup
O Brother/sister	O Other relatives	O Other

- 52. If you drink, where do you drink? (Mark ALL that apply.)
 - O School O Friends' homes O Parks/fields O Home O Bars O Other O Parties O Cars

40+

Ο

53.	If you wanted to get some beer, wine, or hard liquor such as vodka, bourbon, cognac or gin, how easy would it be for you to get some?	65. How wrong <u>do your parents feel</u> it would be for you to use marijuana?
	O Very hard O Sort of hard O Sort of easy O Very easy	O Very wrong O Wrong O A little bit wrong O Not wrong at all
54.	How wrong do you think it is for <u>someone your age</u> to drink beer, wine, or hard liquor such as vodka, whiskey, gin, etc. regularly?	66. How wrong <u>do your friends feel</u> it would be for you to use marijuana?
	$O \ \ {\rm Very \ wrong} O \ \ {\rm Wrong} \qquad O \ \ {\rm A \ little \ bit \ wrong} \qquad O \ \ {\rm Not \ wrong \ at \ all}$	O Very wrong O Wrong O A little bit wrong O Not wrong at all
55.	How wrong <u>do your parents feel</u> it would be for you to have one or two drinks of an alcoholic beverage nearly every day?	67. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your four best
	$O \ \ {\sf Very \ wrong} O \ \ {\sf Wrong} \qquad O \ \ {\sf A \ little \ bit \ wrong} \qquad O \ \ {\sf Not \ wrong \ at \ all}$	friends have used marijuana?
56.	How wrong <u>do your friends feel</u> it would be for you to have one	O None O 1 O 2 O 3 O 4 68. How much do you think people risk harming themselves (physically
	or two drinks of an alcoholic beverage nearly every day? O Very wrong O Wrong O A little bit wrong O Not wrong at all	or in other ways) if they try marijuana once or twice?
57	Think of your four best friends (the friends you feel closest to). In the	O No risk O Slight risk O Moderate risk O Great risk
57.	past year (12 months), how many (if any) of your four best friends have tried beer, wine, or hard liquor such as vodka, bourbon, cognac,	69. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana once or twice a week?
	gin, etc. when their parents didn't know about it?	O No risk O Slight risk O Moderate risk O Great risk
	O None O 1 O 2 O 3 O 4	
58.	How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of an alcoholic beverage once or twice a week?	The next several questions ask about misuse of prescription drugs and other medicine.
	O No risk O Slight risk O Moderate risk O Great risk	70. When (if ever) did you first take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin or Xanax)
59.	How much do you think people risk harming themselves (physically or in other ways) if they have five or more alcoholic drinks in a row?	without a doctor's prescription?
	O No risk O Slight risk O Moderate risk O Great risk	Never 10 or 17 or Have Younger 11 12 13 14 15 16 older
		0 0 0 0 0 0 0 0 0
	e next questions ask about marijuana use. Marijuana is also called t, weed, or cannabis.	71. On how many occasions (if any) have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them(Mark ONE CIRCLE for each line.)
		0 1-2 3-5 6-9 10-19 20-39 40+
60.	When (if ever) did you first use marijuana?	ain the past 12 months? O O O O bin the past 30 days? O O O O
	Never 10 or 17 or Have Younger 11 12 13 14 15 16 older O O O O O O O O	72. On how many occasions (if any) have you taken prescription painkillers such as OxyContin, Percocet, Vicodin, or Codeine
61.	On how many occasions (if any) have you used marijuana	without a doctor's prescription(Mark ONE CIRCLE for each line.)
	(Mark ONE CIRCLE for each line.)	0 1-2 3-5 6-9 10-19 20-39 40+ ain the past 12 months? O O O O O
а	in the past 12 months? O O O O O O	bin the past 30 days? O O O O O O O
b 62.	in the past 30 days? O O O O O O	73. On how many occasions (if any) have you used speed/uppers such as Adderall or Ritalin without a doctor's prescription (Mark ONE CIRCLE for each line.)
	(Mark ALL that apply.)	0 1-2 3-5 6-9 10-19 20-39 40+
	O I smoked it in a joint or blunt	ain the past 12 months? O O O O O O
	O I smoked it in a bowl, pipe, or bong O I vaped it in a dab pen	bin the past 30 days? O O O O O O
	 I ate it in edibles or food such as brownies, cakes, cookies or candy I drank it in tea, cola, alcohol, or other drinks I vaporized it 	74. On how many occasions (if any) have you used tranquilizers such as Valium, Xanax (Zannies), Librium, Ativan, Ambien, Ketamine, Special K, etc. without a doctor telling you to do so (Mark ONE CIRCLE for each line.)
	O I dabbed it using waxes or concentrates O I used it some other way	0 1-2 3-5 6-9 10-19 20-39 40+
	U I used it some other way	ain the past 12 months? O O O O bin the past 30 days? O O O O O
63.	If you wanted to get some marijuana, how easy would it be for you to get some?	
	O Very hard O Sort of hard O Sort of easy O Very easy	75. On how many occasions (if any) have you taken over-the counter drugs such as stay-awake pills, caffeine pills or cough
64.	How wrong do you think it is for <u>someone your age</u> to use	syrup in order to get high (<i>Mark ONE CIRCLE for each line.</i>) 0 1-2 3-5 6-9 10-19 20-39 40+
	marijuana?	ain the past 12 months? O O O O O O
	O Very wrong O Wrong O A little bit wrong O Not wrong at all	bin the past 30 days? O O O O O O O

76.	During your life, how many times have you taken steroid pills or shots without a doctor's prescription?	The next several questions ask about use of other illicit drugs.
	None 1-2 times 3-9 times 10-19 times 20-39 times 40+ times O O O O O O O O	85. On how many occasions (if any) have you used/huffed synthetic
77.	If you have ever obtained prescription drugs without a doctor's	marijuana (also called K2, Spice or Potpourri)(Mark ONE CIRCLE for each line.)
	prescription issued to you, how did you get them? (Mark ALL that apply.)	0 1-2 3-5 6-9 10-19 20-39 40+ ain the past 12 months? O O O O O O O
	 Wrote fake prescription Stole from doctor's office, clinic, hospital or pharmacy 	bin the past 30 days? O O O O O O
	 From friend or relative for free Bought from friend or relative 	86. On how many occasions (if any) have you used cocaine or crack (Mark ONE CIRCLE for each line.)
	 O Took from friend or relative without asking O Bought from drug dealer or <u>other</u> stranger 	0 1-2 3-5 6-9 10-19 20-39 40+ ain the past 12 months? O O O O O O
	O Bought on the internet O Some other way	bin the past 30 days? O O O O O O
78.	How wrong do you think it is for <u>someone your age</u> to take a prescription drug such as OxyContin, Percocet, Vicodin, Codeine,	 87. How wrong do you think it is for someone your age to use cocaine? O Very wrong O Wrong O A little bit wrong O Not wrong at all
	Adderall, Ritalin, or Xanax without a doctor's prescription? O Very wrong O Wrong O Not wrong at all	88. How wrong <u>do your parents feel</u> it would be for you to use
79.	How wrong <u>do your parents feel</u> it would be for you to take a	cocaine?
	prescription drug such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax without a doctor's prescription?	O Very wrong O Wrong O A little bit wrong O Not wrong at all 89. Think of your four best friends (the friends you feel closest to).
	O Very wrong O Wrong O A little bit wrong O Not wrong at all	In the past year (12 months), how many (if any) of your four best friends have used cocaine?
80.	How wrong <u>do your friends</u> feel it would be for you to use prescription drugs not prescribed to you?	O None O 1 O 2 O 3 O 4
	O Very wrong O Wrong O A little bit wrong O Not wrong at all	90. On how many occasions (if any) have you used methamphetamines (also called meth, crystal meth, clear, ice or crank)
81.	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many (if any) of your four best	(Mark ONE CIRCLE for each line.) 0 1-2 3-5 6-9 10-19 20-39 40+
	friends have taken a prescription drug such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax without a	ain the past 12 months? O O O O bin the past 30 days? O O O O
	doctor's prescription?	
	O None O 1 O 2 O 3 O 4	91. How wrong do you think it is for <u>someone your age</u> to use methamphetamines (also called meth, crystal meth, clear, ice or crank)?
82.	How much do you think people risk harming themselves (physically or in other ways) if they take a prescription drug such	O Very wrong O Wrong O A little bit wrong O Not wrong at all
	as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax without a doctor's prescription?	92. How wrong <u>do your parents feel</u> it would be for you to use methamphetamines (also called meth, crystal meth, clear, ice or
	O No risk O Slight risk O Moderate risk O Great risk	crank)?
		O Very wrong O Wrong O A little bit wrong O Not wrong at all 93. Think of your four best friends (the friends you feel closest to).
01 <u>n</u> e	he next 2 questions ask about huffing or sniffing glue or other gases ⁻ sprays, in order to get high. This is called using inhalants. <u>This does</u> ot include using an inhaler with medicine for asthma or breathing ouble.	In the past year (12 months), how many (if any) of your four best friends have used methamphetamines (also called meth, crystal meth, clear, ice or crank)?
		O None O 1 O 2 O 3 O 4
83.	On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high (Mark ONE CIRCLE for each line.)	94. On how many occasions (if any) have you used ecstasy (also called MDMA, X, E, Molly, rolls, or beans) (Mark ONE CIRCLE for each line.)
	0 1-2 3-5 6-9 10-19 20-39 40+	0 1-2 3-5 6-9 10-19 20-39 40+ ain the past 12 months? O O O O O O
	in the past 12 months? O O O O O in the past 30 days? O O O O O O	bin the past 30 days? O O O O O O
84.	Think of your four best friends (the friends you feel closest to).	95. On how many occasions (if any) have you used hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms (Mark ONE CIRCLE for each line.)
	In the past year (12 months), how many (if any) of your four best friends have sniffed glue, breathed the contents of an aerosol	0 1-2 3-5 6-9 10-19 20-39 40+
	spray can, or inhaled other gases or sprays, in order to get high?	ain the past 12 months? O O O O O O
	O None O 1 O 2 O 3 O 4	bin the past 30 days? O O O O O O
		5

smack, junk, China White,		-	ow does using s	ocial me	edia ma	ake you	feel?	(Select or	ıly one re	sponse.)
(Mark ONE CIRCLE for each la	,		Usually worse							
0 ain the past 12 months? O	1-2 3-5 6-9 10-19 20-39 4 O O O O O		Sometimes better	and some	times wo	orse				
bin the past 30 days?		0) Doesn't make me		etter or v	vorse				
			I don't use social	media						
97. How much do you think pe or in other ways) if they tr	eople risk harming themselves (phy y heroin once or twice?		o you know an a lk or go to for h		or out o	of schoo	ol with	whom	you co	ld
O No risk O Slight r		^{ik} C	Yes O No							
caused any of the followin (<u>If you never drank alcohol or</u>	s your drinking and/or drug use ng problems? (Mark ALL that apply.) r used drugs, leave each item blank.)	For t when	last two question the purpose of the re you have spen uding in a phone	nese ques nt money	stions, p	olease ii	nclude	any siti	lations	
O Got in trouble at school	r drunk driving or disorderly conduct			upp:						
O Hurt or injured myself O Got into fights (verbal or phys O Got into fights with my paren	nts	pa	n how many oc articipated in o Mark ONE CIRCL	nline gai	ming fo					
O Committed illegal acts (for ex. O Could not recall what I did	x., theft, breaking and entering, vandalism)			0	1-2	3-5	6-9	10-19	20-39	40+
	o something sexual against his or her will		our lifetime?	0	0	0	0	0	0	0
	lse to do something sexual against my will		he past 12 months	-	0	0	0	0	0	0
O Thought I had a drinking or d		cin t	he past 30 days?	0	0	0	0	0	0	0
O Was involved in a car crash O Was hospitalized or had to se	de star		as the money or							
• Was nospitalized of had to set	e a doctor		d to financial pr personal life?	oblems o	or prob	lems in	your f	amily, v	vork, scl	100l,
The next 7 sugging ash show	t athor health related tonics		•	O Yes	C) No				
The next 7 questions ask about	t other neuth-related topics.		l never gamble	U Yes	C	J INO				
O Straight/heterosexual O Questioning or unsure O Prefer not to say	St describes you? (Select only one re Gay/lesbian/homosexual Other identity not listed here	esponse.) worl part close you now, norm	nning in early 2 d, experienced t of the response ed and people we live, your experie or your commu nal. The next 4 q	he coron to this po ere requi ence with nity and puestions	avirus andemi ired to s h the po your so ask ab	disease ic, schoo stay at i andemio chool m out you	(COVI ols and home. c migh night be ir expe	D-19) p l busine. Depend t still be e somew	andemi sses wer ing on v going o vhat bao	c. As re vhere on ck to
in school?	s, how would you describe your g	rades time	, whether in the	past or a	continu	ing nov	V.			
· · · · · · · · · · · · · · · · · · ·	O Mostly C's O Mostly D's does not use this system		uring the COVID ealth not good?							
101. On an average night, how	many hours of sleep do you get?	C	Never O Rarel	y O Sor	metimes	Ом	ost of th	e time 🛛	O Alway	S
O 4 or less O 5 hours O 8 hours O 9 hours	O 6 hours O 7 hours O 10 or more hours		d you drink mo fore it started?		ol duri	ng the	COVID	-19 pan	demic 1	than
	ours during a typical week do you	-	Yes O No I did not drink alc		n not sure)			
participate in? (Mark ON										
 a. <u>School-based</u> extracurricular activi sports, band or drama 	0 Hours 1-4 5-9 10-19 vities such as O O O O	o be	id you use drug efore it started? escription pain medio	(Count us	sing mar	ijuana, sy	mthetic 1	narijuana	, cocaine,	
b. <u>Community activities</u> such as 4-H community sports	I, Scouts or O O O	-	Yes O No							
c. <u>Faith activities</u> such as weekly serv	vices, youth	\circ) I did not use drug	-						
groups, choir or bible study	0 0 0 0		d you vape, sm uring the COVID							ore
	edia like Instagram, Twitter, Snapchat Datforms? (Select only one response.)		Yes O No I did not vape, smo		not sure	-	cc tobac	co durinc	or bafara	
O Every couple of minutes O Once or twice an hour O I don't use social media	O About every 10-15 minutes O A few times a day		 r ara not vape, sm 	uke cigaret	ies of US6	e striokele	55 LODACO	.u auring	UT DETOTE	COVID

During the past several years, the United States has also experienced social movements to promote equal rights and protections for people of all races. In 2020 along with the COVID-19 pandemic, there were a number of protests and rallies as a part of these racial justice movements. The final two questions ask about your experiences and opinions related to these racial justice movements.

112. During the past year (12 months), have you experienced any of the following?

a. Fear for my safety because of my race or culture.	Yes O	No O	Not Sure O
b. Worry I could be treated differently because of my race.	0	0	0
c. My friends/family have been treated differently because of their race.	0	0	0
d. Stress because I worry I will be a target of racism.	0	0	0
e. Fear for my friends' or family's safety because of my race or culture.	0	0	0
f. I have been treated differently because of my race.	0	0	0
g. My friends or loved ones have been targets of racism.	0	0	0
h. I have been a target of racism.	0	0	0
i. I have never personally experienced racism.	0	0	0

113. Have you experienced feeling any of the following from the recent events of the racial justice movement?

•				
	Yes	No	Not Sure	
a. Angry	0	0	0	
b. Overwhelmed	0	0	0	
c. Stressed	0	0	0	
d. Anxious	0	0	0	
e. Scared	0	0	0	
f. Confused	0	0	0	
g. Empowered/energized	0	0	0	
h. Misunderstood	0	0	0	
i. Depressed	0	0	0	
j. Guilty	0	0	0	
k. Other, please specify:				_

If, after completing the survey, you have any personal concerns, you should contact your school counselor. He or she can direct you to resources for help.

KIP SURVEY 2021

This document was prepared through a contract awarded by the Kentucky Division of Behavioral Health with the support of the Kentucky Governor's Office of Drug Control Policy and the Center for Substance Abuse Prevention.

Your School District's 2021 KIP Survey Results

Your School District's 2021 KIP Survey Results

Cautionary notes to consider when reviewing your district's KIP Survey data:

Zero Values: On the pages that follow, graphs with your school district's data are provided, enabling comparisons with regional, state, and national data. In some instances, you may notice that there are what appear to be "blanks" in the data. That is, no number is provided in the data table and no bar is shown in the corresponding graph below for a particular variable. This does not signify that there are missing data, but rather that the data calculated to a value of zero. So, if there is a blank space for your district, but numbers are higher than zero for the region or state, this would mean that your district had less than 0.1% of students compared to 0.1% or more for the comparison group(s).

Supressed rates: Some rates may be suppressed due to very small response groups. When there are fewer than 20 students in a subgroup (e.g. grade), rates have been suppressed to ensure student confidentiality. This typically happens in school districts with small numbers of students. These suppressed rates are denoted with a hash/pound sign (#) in the data table and the bars are suppressed on the graph.

Unstable rates: Some percentages shown in the following report may be unstable, denoted with an asterisk in the data table and the graph shown on each page. An unstable percentage is one based on fewer than 50 students who responded to the question. Again, this typically happens in school districts with small numbers of students or for questions with small numbers of students that answered. Unstable rates can still be meaningful, but they are susceptible to fluctuation based on a small number of students. For this reason, one should use caution when comparing unstable rates to other grades, geographic areas, and years.

Participation rates: The KIP survey is designed to be a census, meaning that every student in 6th, 8th, 10th, and 12th grades in participating school districts is invited to take the survey. Students and their parents/guardians have the right to opt out at any time before, during, or after the survey. Students who are absent or not present in the classroom at the time the survey is administered do not take the survey. Due to COVID-19 causing increased illness and absences, classroom quarantines, and continued remote learning, this year's sample may represent fewer students than in prior years.

The higher the percentage of students that take the survey, the more representative those survey results are. School districts that have a lower participation rate will have survey results that are less representative, meaning it will be more difficult to extrapolate the results from the students who took the survey to the entire school district. The number of students who participated in each grade in your school district is shown on page 30. You can compare these numbers to the most recent enrollment data, available for download at https://education.ky.gov/districts/enrol/Pages/Superintendents-Annual-Attendance-Report-(SAAR).aspx. To obtain exact enrollment at the time the survey was administered in your school district, contact the Director of Pupil Personnel for your school district.

Comparison to prior years: Several changes and circumstances make the 2021 survey different than prior years. Due to the COVID-19 pandemic and widespread school closures and hybrid learning environments across the state, the survey was not held in fall 2020 as originally planned. The survey administration was

delayed to fall 2021, when most school districts were back to in-person instruction. This means that the 6th, 8th, 10th, and 12th grade students for the 2021 KIP Survey represent a new cohort of students not represented in prior surveys. Additionally, a number of new questions were added to the survey, some question wording was revised, some questions were deleted, the survey questions were reordered, and skip patterns were introduced to streamline the survey. All of these changes may have affected the data. Any revisions to question wording are noted in the footnotes on the relevant pages. Finally, the COVID-19 pandemic itself had a substantial impact on many of the behaviors measured in the KIP Survey. For all of these reasons, we recommend against directly comparing 2021 results to prior years' results. If comparisons are made, they should only be made with the above cautionary notes.

Additionally, survey participation on a district level is voluntary, and due to pressures and constraints on school districts returning from periods of non-traditional instruction, some districts were unable to participate. The most notable change from the prior survey administration was that Jefferson County Public Schools, the largest school district in the state, participated in the survey in 2018 but not in 2021. Fayette County, the second largest district in the state, did not participate in 2018, but did participate in 2021. For Regions 6 and 15, where these districts are located, it is strongly recommended that 2021 survey results not be compared to prior years.