

Pennsylvania
Substance Use and Problem Gambling
Prevention Needs and Resource
Assessment

January 2026



Pennsylvania
**Department of Drug and
Alcohol Programs**

Contents

I. Executive Summary.....	2
II. Demographic Trends.....	10
III. PA Youth Survey Data Limitations	11
IV. Substance Use Behaviors	12
V. Substance Use Consequences.....	15
VI. Gambling Behaviors and Consequences.....	18
VII. Risk Factors	20
VIII. Protective Factors	27
IX. Contributing Factors/Community Conversations	30
X. Resources/Readiness Assessment	31
XI. Areas of Concern Summary	33

I. Executive Summary

Purpose

In State Fiscal Year (SFY) 24/25 the PA Department of Drug & Alcohol Programs (DDAP) required all 47 county drug and alcohol agencies, also known as Single County Authorities (SCAs), to conduct a needs/resource assessment for the counties they serve. The purpose of this assessment was to gather and analyze available data that can be used to inform the creation of SCA's plans to implement programs/activities/strategies to prevent substance use and problem gambling. This state level report represents an analysis of state level data and a compilation of the data from the SCA's assessments on the following:

1. (Substance Use/Gambling Behaviors) What substances are being consumed at what rate by which populations? What types of gambling are engaged in at what rate by which populations?
2. (Consequences) What are the health, safety, economic and community impacts of substance use and problem gambling?
3. (Why) What are the risk and protective factors that are influencing or contributing to substance use and gambling behaviors/consequences?
4. (Why Here) What are the more specific community level factors that are contributing to why problems or risk/protective factors are occurring?
5. (Resource/Readiness Assessment) How ready are our communities to address the problems and risk/protective factors influencing those problems? What resources do we have and what resources do we need to address the problems and risk/protective factors?

Process

The needs and resource assessment was broken into a two-part process for SCAs to complete. Before beginning part 1 SCAs identified SCA staff to be part of their assessment team. Some SCAs also included staff from their contracted prevention provider(s) on their team. Just over half of the SCAs contracted with a consultant with expertise in areas such as data analysis and qualitative data collection to help complete this assessment.

Part 1

To begin the prevention needs/resource assessment process SCAs participated in a two day, in person training and work session in August 2024. SCAs were given data books which provided county and region level data from relevant publicly available data sets such as the PA Youth Survey. SCAs were guided through analyzing this data. SCAs then summarized their analysis of these data into Tables 1-10 of their report.

After completing Tables 1-10, SCAs identified top areas of concern for their county(ies). SCAs then planned community conversations to gather qualitative data and community input into both needs and resources related to substance use and problem gambling prevention. Planning included identifying populations to have conversations with, selecting the format of conversations and drafting the questions that would be asked in the conversations.

Part 1 was completed in December of 2024.

Part 2

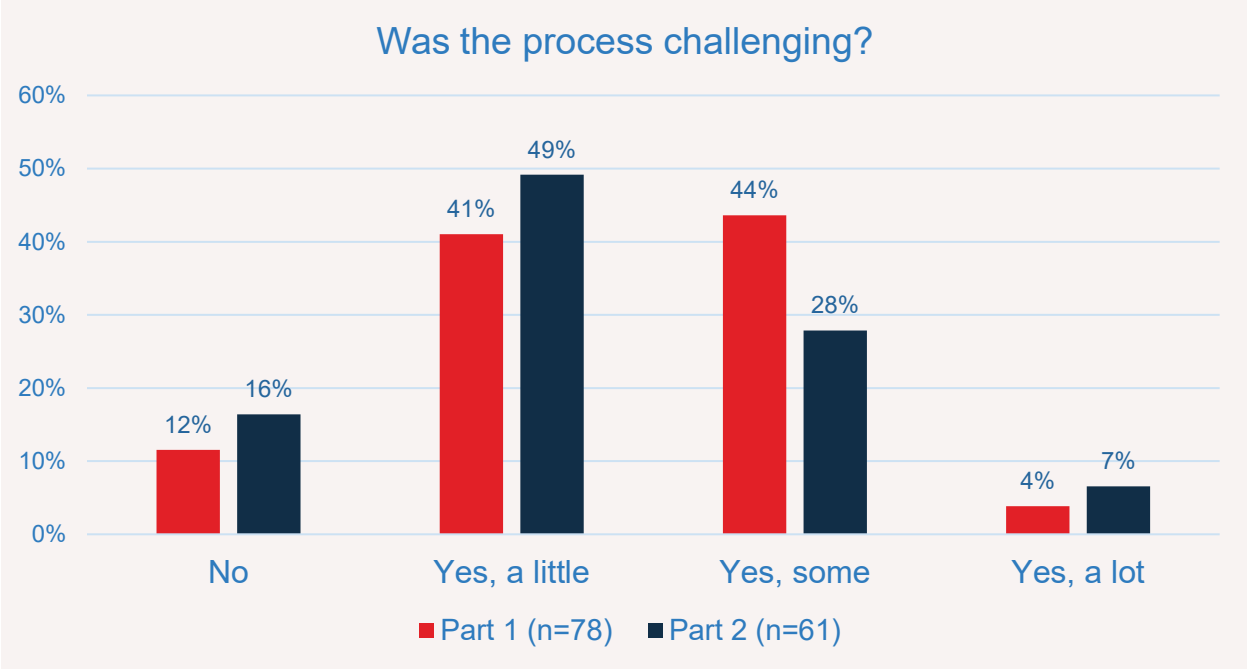
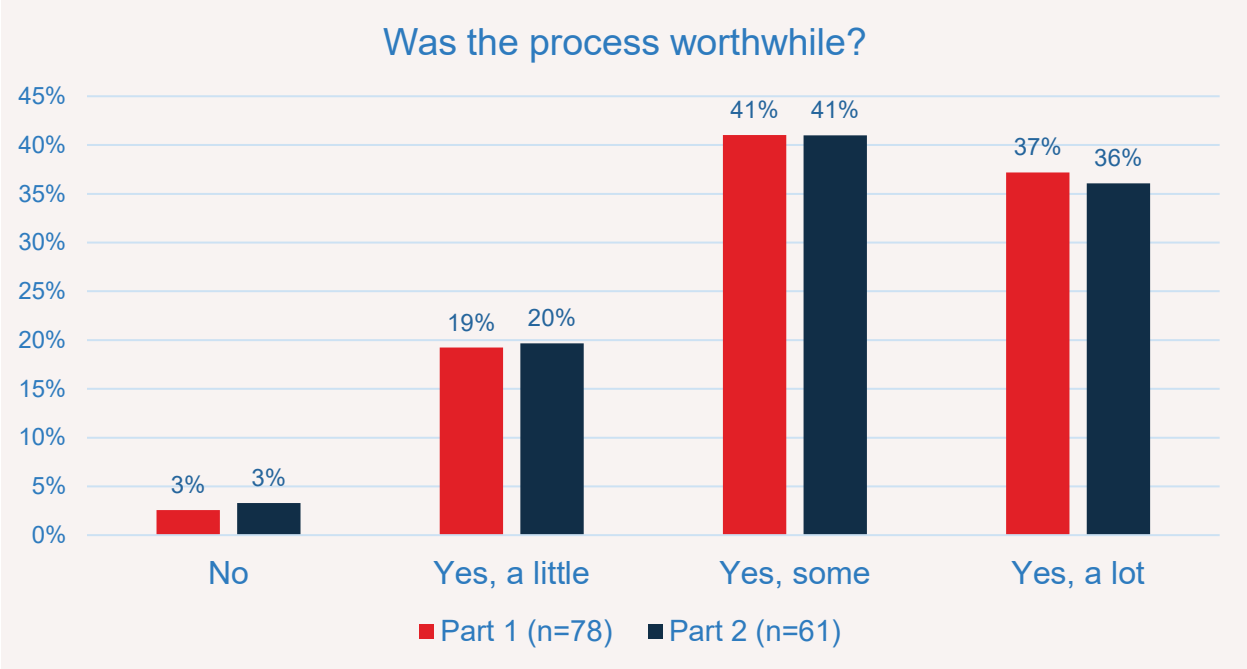
Training was provided for SCAs on Part 2 of the process virtually through webinars. In part 2 of the process SCAs completed the following:

- Conducted their community conversations and summarized the findings
- Identified contributing factors, the specific local conditions giving rise to their top problems and risk/protective factors of concern
- Assessed resources and readiness:
 - Gathered feedback on resources/readiness in community conversations
 - Inventoried current prevention programs/services funded by the SCA or others
 - Identified top strengths and gaps in resources/readiness
 - Assessed capacity to address top areas of concern
- Narrowed down their top areas of concern into a final set of priority behaviors, risk/protective factors and contributing factors they will address through their prevention action plan

Part 2 was completed in June 2025.

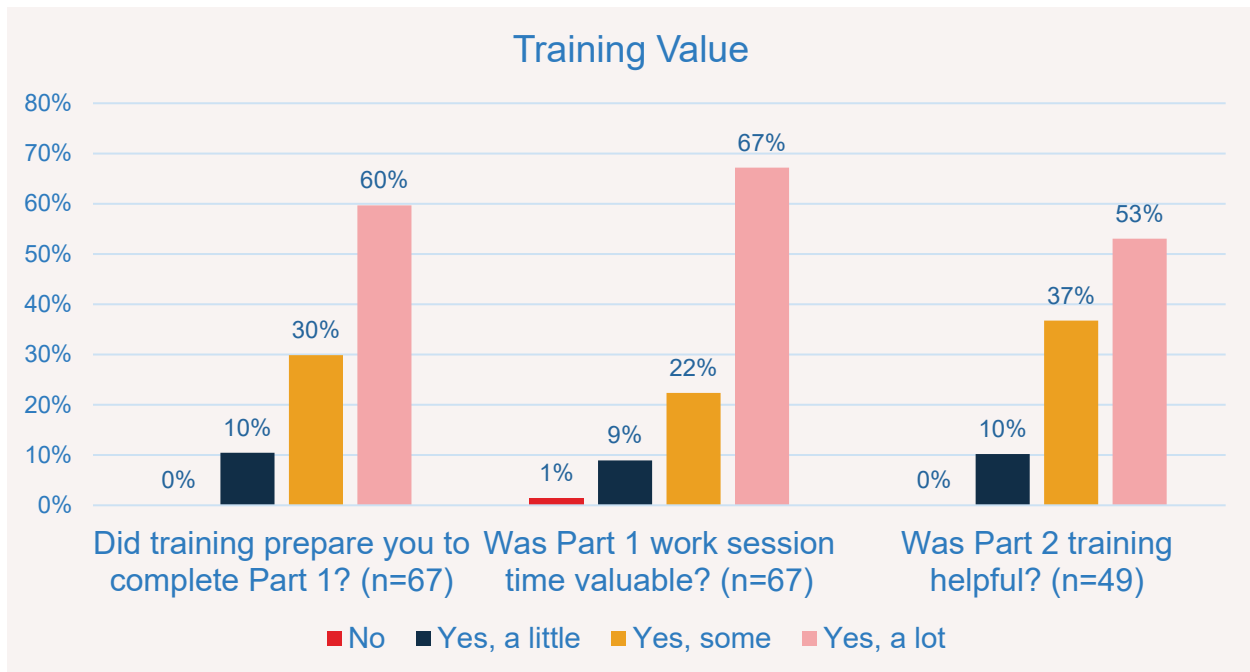
SCA Feedback on Process

SCA staff as well as other members of their assessment teams (e.g. provider staff and consultants) were asked to complete an evaluation survey at the end of Part 1 and Part 2 of the assessment process. There were 79 completed surveys for Part 1 and 66 for Part 2. Highlights from these survey results are below.



While most respondents found the process at least a little challenging, nearly 80% found the process somewhat or a lot worthwhile. After completing Part 1 of the process, over 90% of respondents indicated they learned something new from the data they analyzed and 63% of respondents felt they had a somewhat or a lot better understanding of the needs of their county.

Respondents provided positive feedback about the training and tools provided to support them in completing this process.



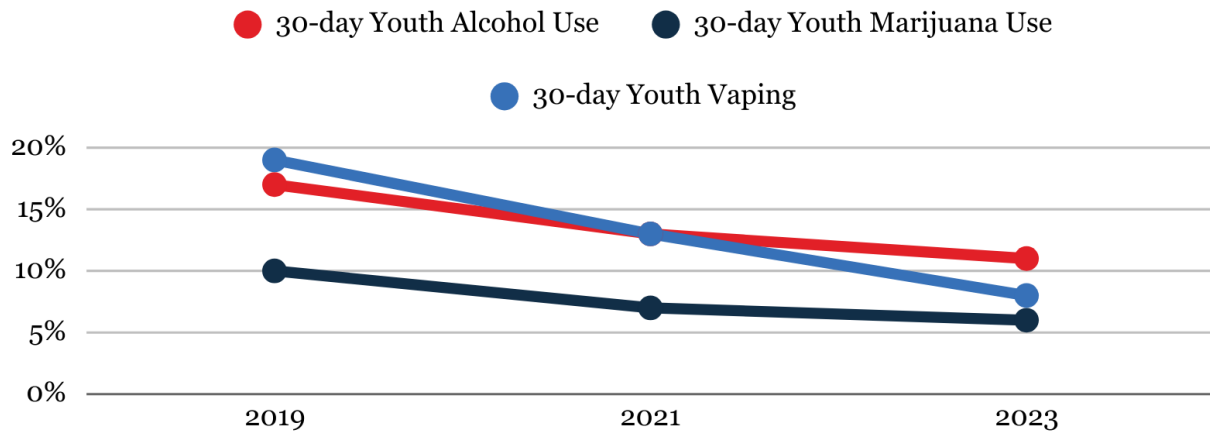
Highlights

Below are highlights of the data presented in this report, including:

- State level needs assessment data on substance use behaviors and consequences, gambling behaviors and consequences, and risk and protective factors
- Resource assessment data on prevention resource strengths and gaps
- Substance use and problem gambling priorities identified by SCAs

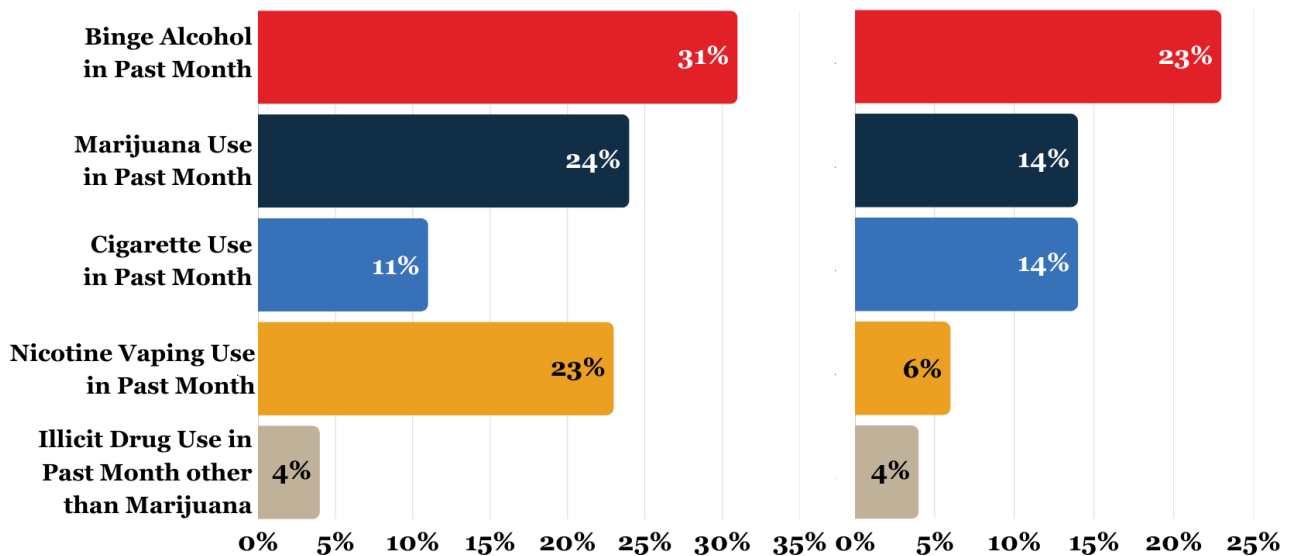
Substance Use Behaviors

Youth Substance Use Behaviors (PAYS)



Adult Substance Use Behaviors 18-25 (NSDUH, 2022-2023)

Adult Substance Use Behaviors 26+ (NSDUH, 2022-2023)



Substance Use Consequences

Over 46,000 DUI arrests (PA UCR, 2023)



4,722 drug overdose deaths (PA DOH, 2023)



9,547 intake calls to the
Get Help Now Hotline (2024)



Gambling Behaviors and Consequences

7,490

enrollments in PA Gaming Control Board self-exclusion programs (2024)

22%

of youth gambled in lifetime (PAYS, 2023)

2,730

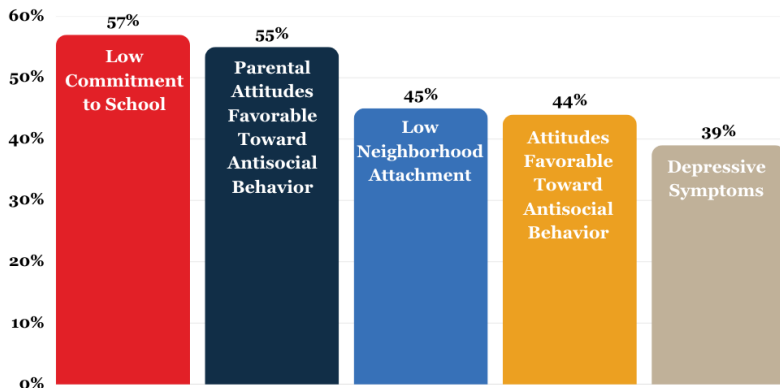
calls/texts/chats to the Problem Gambling Helpline (2024)

66%

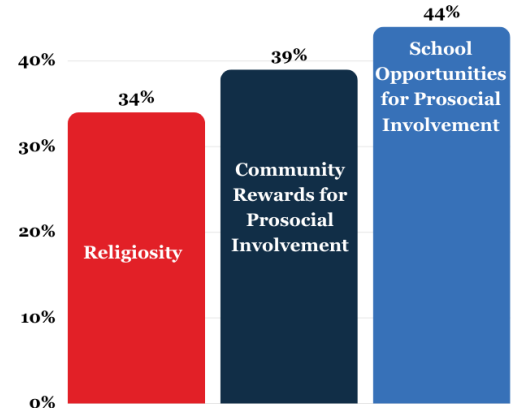
of adults gambled in past year (PA Interactive Gaming Assessment, 2024)

Youth Risk and Protective Factors

Highest Risk Factors (PAYS, 2023)



Lowest Protective Factors (PAYS, 2023)



Note: Risk factors that are a primary focus of SCAs prevention programs (Low Perception of Risk of Substances, Perceived Availability of Substances, Friends Use of Substances, Attitudes Favorable Toward Substance Use, Willingness to Use Substances) are decreasing

Prevention Resources: Top Strengths & Gaps Reported by SCAs

Strengths



Many evidence-based programs being implemented especially with youth



Strong school partnerships



Strong community partnerships

Gaps



Problem gambling not seen as a concern



Lack of/uncertainties in prevention funding



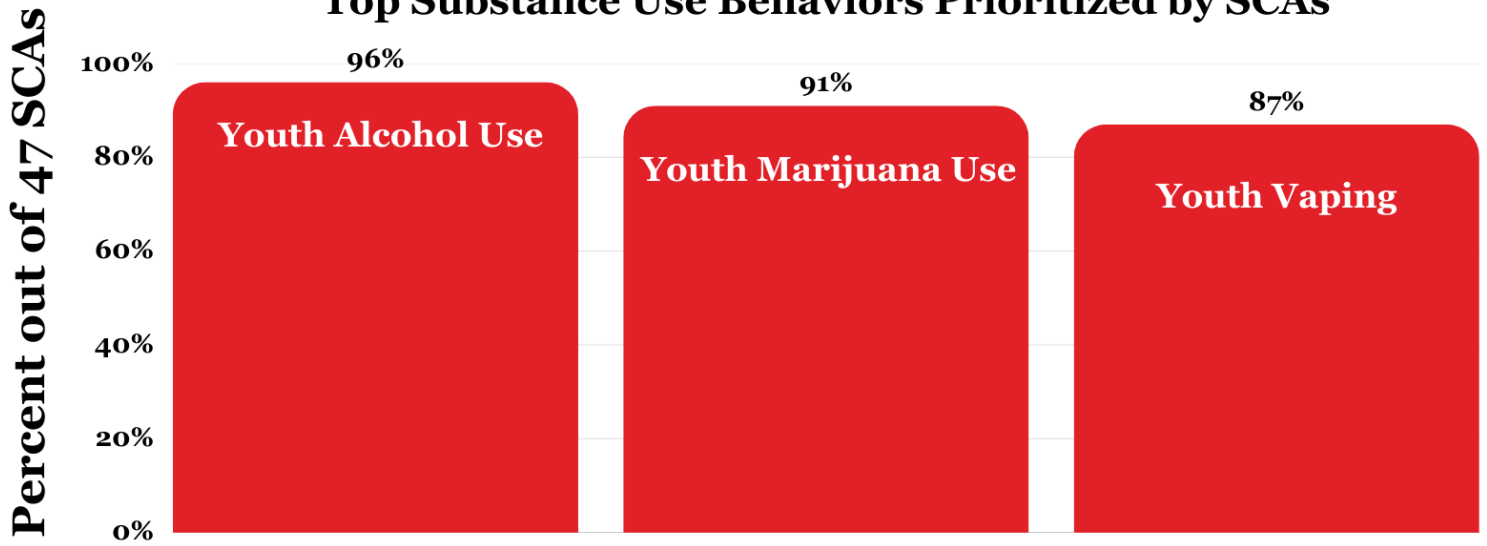
Lack of prevention programs for adults, especially young adults



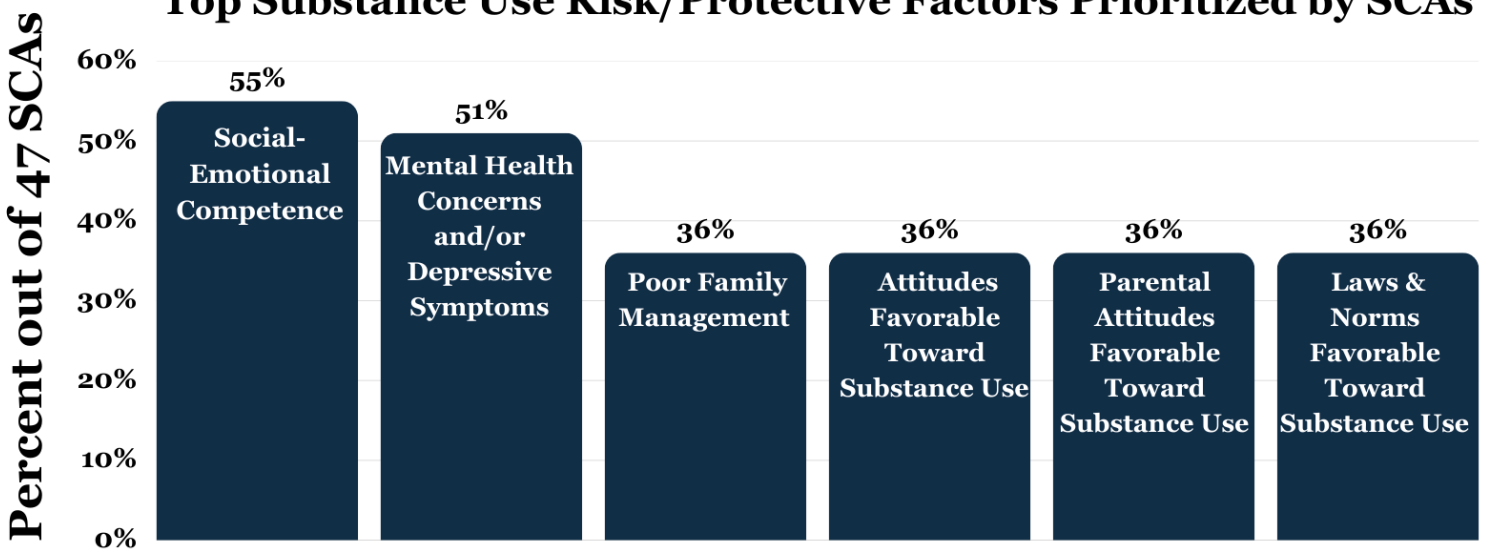
Lack of prevention programs for parents/families and lack of parent engagement in programs

SCA Substance Use Problem Priorities

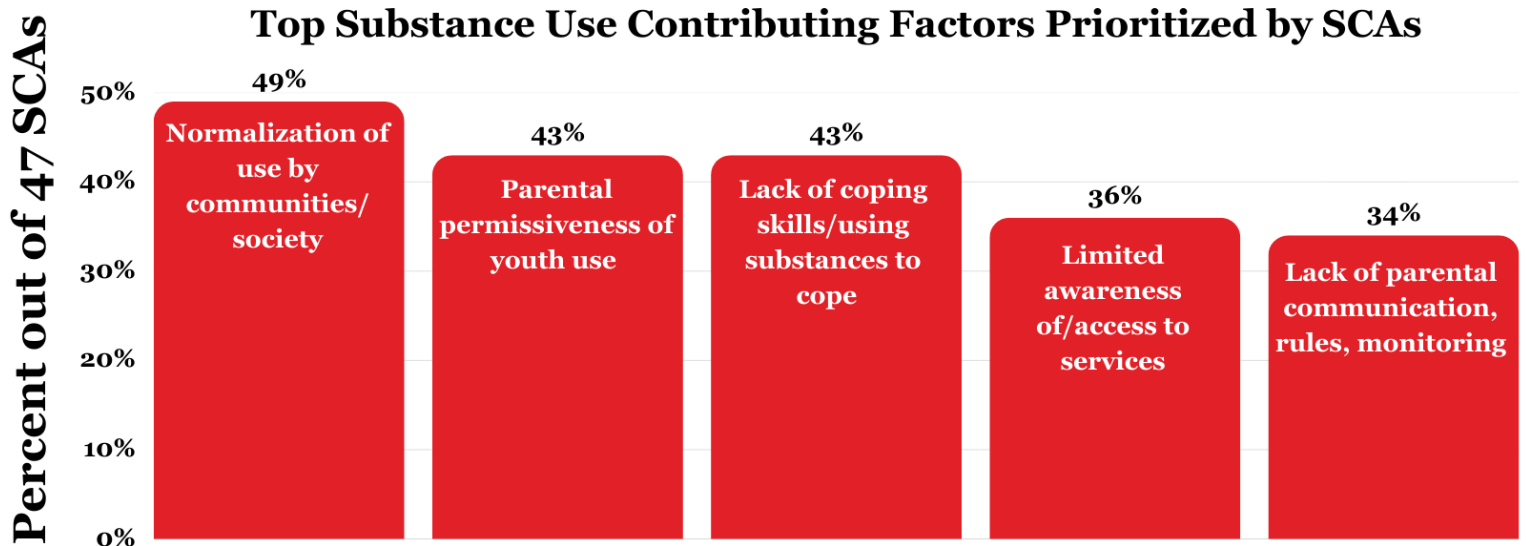
Top Substance Use Behaviors Prioritized by SCAs



Top Substance Use Risk/Protective Factors Prioritized by SCAs



Top Substance Use Contributing Factors Prioritized by SCAs

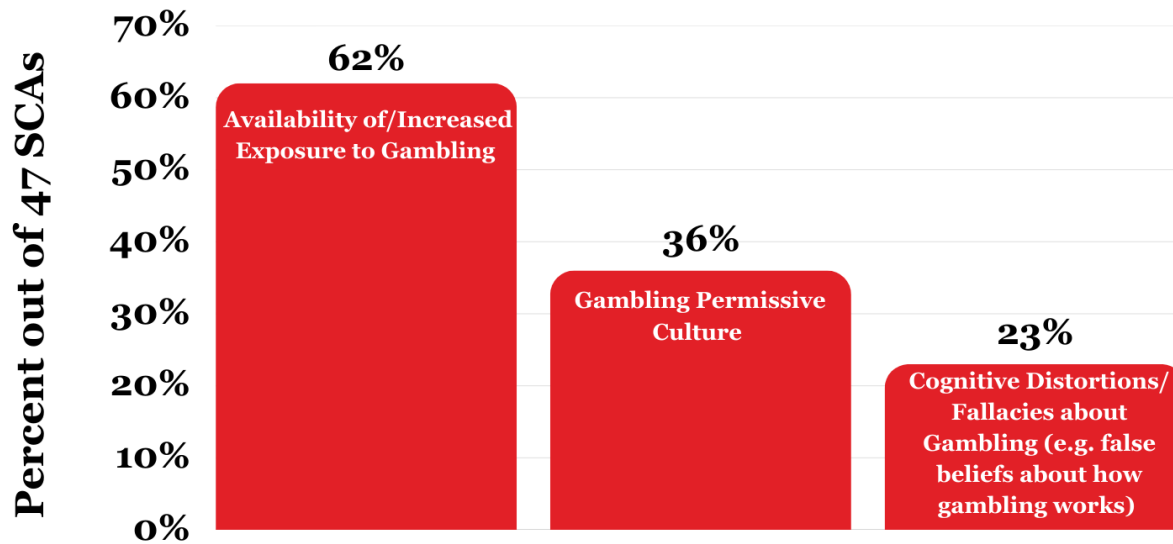


SCA Problem Gambling Priorities

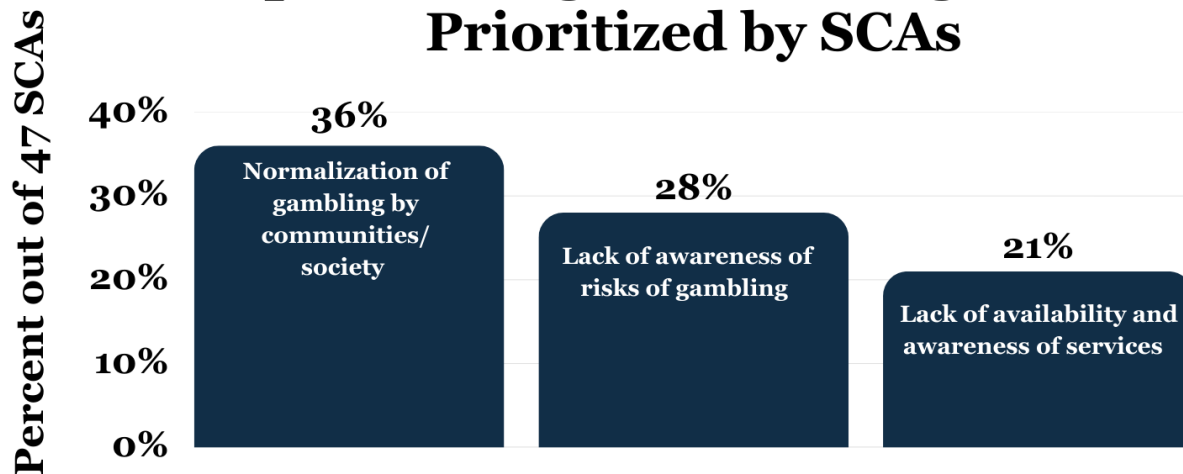
Top Gambling Behaviors Prioritized by SCAs



Top Gambling Risk/Protective Factors Prioritized by SCAs



Top Gambling Contributing Factors Prioritized by SCAs



II. Demographic Trends

Demographic data helps to identify populations that may need to be examined as part of the needs assessment to determine if there are groups with different needs or at greater risk of certain substance use or gambling behaviors and consequences. Many of the demographic groups outlined below are not collected or reported on within all data sources creating gaps in ability to discern differences in needs for these populations/groups.

Table 1: Data Discussion/Interpretation

Demographic Trends of Relevance to Prevention Planning
<p>Per the Census Bureau’s American Community Survey 5-year estimates for 2019-2023:</p> <p>Age</p> <ul style="list-style-type: none"> Youth (under 18) make up 21% of the population. The counties with the largest % of the population under 18 are primarily in the southeast and southcentral regions of PA (Lancaster County is the highest at 23%). Adults 35 to 64 years old are the largest age group (38% of the population). Older Adults (65+) have increased from 16% (2009-2013) to 19% (2019-2023) of the population. The counties with the largest % of the population 65 and over are primarily rural counties in the northern tier of PA (Sullivan County is highest at 30%). <p>Race/Ethnicity</p> <ul style="list-style-type: none"> Most residents identified as White (74%) followed by Black/African American (11%), Hispanic (8%), multiracial (6%), Asian (4%), and other (4%). Counties with the largest % of the population identifying as Black/African American are primarily urban counties including Philadelphia, Delaware, Dauphin, and Allegheny. Counties with the largest % of the population identifying as Hispanic are in the east/southeast region of PA (Lehigh County is highest at 27% followed by Berks at 24%). Counties with the largest % of the population identifying as Asian are primarily in southeastern PA (Philadelphia County is highest at 8%). <p>Disability Status</p> <ul style="list-style-type: none"> Just over 1.8 million (14%) Pennsylvanians live with at least one disability. Counties with the highest percentages of individuals with at least one disability are Cameron (25%), Forest (23%), Fayette (20%), McKean (20%), and Clearfield (20%). <p>Limited English Proficiency</p> <ul style="list-style-type: none"> More than 260,000 (2%) Pennsylvanians have limited English proficiency. The five counties with the highest percent of individuals with limited English proficiency are Philadelphia (6%), Lehigh (6%), Berks (5%), Luzerne (4%), and Dauphin (3%). <p>Education/Income</p> <ul style="list-style-type: none"> 9% of Pennsylvanians aged 18+ do not have a high school degree or its equivalent. The five counties with the highest percentage of those without a high school degree or its equivalent are Juniata (19%), Mifflin (18%), Snyder (16%), Cameron (14%), and Lancaster (13%). 5% of Pennsylvanians aged 16+ are unemployed. The five counties with the highest unemployment rates are Cameron (9%), Philadelphia (8%), Pike (7%), Carbon (7%), and Delaware (7%). 12% of Pennsylvanians live below the federal poverty line. Counties with the highest percentage of residents experiencing poverty are Philadelphia (22%), Fayette (17%), Centre (17%), Cameron (16%), and Mifflin (16%).

- 6% of Pennsylvanians are uninsured. The counties with the highest percentage of those uninsured included: Juniata (15%), Mifflin (13%), Snyder (12%), Lancaster (11%), as well as Clinton, Perry, and Union (tied at 10%).

Single-Parent Families

- 15% of Pennsylvania families were single-parent families. The five counties with the highest rates of single-parent families included Philadelphia (28%), Cameron (22%), Lackawanna (19%), Luzerne (19%), and Erie (19%).

No Broadband Internet

- 9% of Pennsylvania households did not have access to broadband internet. The five counties with the highest percentage of households with no access to broadband were Forest (26%), Jefferson (20%), Union (19%), Mifflin (19%), and Indiana (19%).

Populations SCAs most commonly identified as important to assess for differences in need/risk

- Older adults
- Individuals who identify as multiracial, Hispanic/Latino, and Black/African American
- Individuals living in poverty
- Single-parent families
- Individuals with a disability
- Households with no broadband internet

Nearly all data sources used by SCAs only allowed for assessment of differences by race/ethnicity, age and/or gender.

III. PA Youth Survey Data Limitations

The PA Youth Survey (PAYS) is a primary data source on youth substance use behaviors and risk and protective factors used in this needs assessment. The important limitations to this data source are noted below.

Table 2: PAYS Data Limitations

PAYS Participation
<p>Statewide, 1,048 schools chose to participate in the 2023 PAYS (out of 1,953 eligible). The 1,953 schools eligible to participate in the 2023 PAYS had an estimated enrollment of 501,752 public school students in grades 6, 8, 10, and 12. The 262,535 valid surveys submitted resulted in a participation rate of 52% statewide (similar to the 2019 and 2021 participation rates of 54% and 49%, respectively). The 2023 participation rate was lowest for 12th grade (44%) and highest for 8th grade (59%). County level participation rates vary widely.</p> <p>Schools in 66 of 67 PA counties participated in the PAYS in 2023 (only Wyoming County did not participate). The Philadelphia and Pittsburgh Public School Districts did not participate in the PAYS in 2019, 2021 or 2023. This means that data is less representative of PA’s large urban centers.</p> <p>The state level data presented in the tables below is weighted data only from schools selected for the Statewide Sample, a representative sample of public schools.</p>

IV. Substance Use Behaviors

Table 3: Youth Data Discussion/Interpretation

Substances used by the most youth		
<p>Per 2023 PAYS, the top four most used substances for grades 6, 8, 10, and 12 are:</p> <ul style="list-style-type: none"> • Alcohol (Lifetime Use: 29%; Past 30-Day Use: 12%) <ul style="list-style-type: none"> ○ Lifetime use ranged from a low of 21% in Snyder County to a high of 48% in Elk County. Counties with the highest rate of lifetime alcohol use are primarily rural counties in northwestern PA. • Vaping (Lifetime Use 14%; Past 30-Day Use: 8%). The two substances most commonly vaped were nicotine and marijuana. <ul style="list-style-type: none"> ○ Lifetime vaping ranged from a low of 8% in Centre County to a high of 24% in Jefferson County. Counties with the highest rate of lifetime vaping are primarily rural counties in northwestern and northcentral PA. • Marijuana (Lifetime: 12%; Past 30-Day Use: 6%) <ul style="list-style-type: none"> ○ Lifetime use ranged from a low of 7% in Centre County to a high of 18% in Crawford County. Counties with the highest rate of lifetime marijuana use are primarily in western PA. • Cigarettes (Lifetime: 6%; Past 30-Day Use: 2%) <ul style="list-style-type: none"> ○ Lifetime use ranged from a low of 2% in Philadelphia County and 3% in Lehigh County to a high of 15% in Jefferson County. Counties with the highest rate of lifetime cigarette use are primarily the most rural counties across PA. <p>Few students report current regular use of any substances (1% alcohol; 2% marijuana; 3% vaping).</p>		
Trends in substance use behaviors		
<p>Comparing 2019 to 2023 PAYS data there were no meaningful increases in use of any substances. Alcohol use, vaping, marijuana use, cigarette use, binge drinking, and driving after alcohol/marijuana use all decreased. Use of all other substances either decreased or remained nearly the same.</p>		
Comparison to national data		
<p>Comparing 2023 PAYS data to 2023 Monitoring the Future (MTF) data, PA youth reported lower rates of alcohol use, marijuana use, vaping, cigarette use and smokeless tobacco use than youth nationally. Looking specifically at 12th grade:</p>		
Substance	2023 PAYS	2023 MTF
Lifetime Alcohol	47%	53%
Lifetime Marijuana	26%	37%
Lifetime Vaping	25%	34%
Lifetime Cigarette	12%	15%
Lifetime Smokeless Tobacco	6%	8%
Grades/age groups of particular concern for specific substance use behaviors		
<p>Per 2023 PAYS, as would be expected, prevalence of use of most substances is highest among 12th grade, with rates of use increasing with age. One notable exception is inhalant use which is highest among 6th grade and then decreases with age. Rates of prescription drug misuse and illegal drugs other than marijuana are more similar across grades given the very low prevalence of use of these substances in all grades. Sixth graders show some very small increases in use of some substances such as past 30-day alcohol use and lifetime prescription pain reliever misuse. But, given the very low prevalence of use of these substances in 6th graders, it's likely these increases are not meaningful.</p>		

Differences in substance use behaviors by gender/race/ethnicity

Per 2023 PAYS, substance use rates were very similar across gender, race, and ethnicity.

Gender:

- Female youth reported slightly higher rates of alcohol use, marijuana use, and vaping.
- Rates of substance use were highest among youth identifying as a gender other than male or female.

Lifetime Use (All Grades)	Male	Female	Other
Alcohol Use	27%	30%	37%
Marijuana Use	10%	13%	15%
Vaping	12%	16%	18%
Cigarette	6%	6%	11%
Pain Relievers Not Prescribed	3%	3%	6%

Race/Ethnicity:

- Respondents identifying as White had higher rates of alcohol and cigarette use.
 - Lifetime alcohol use: White – 32%; Non-White – 22%
 - Lifetime cigarette use: White – 7%; Non-White – 3%
- Respondents identifying as Asian had the lowest rates of substance use across substances.

Changes to simplify and clarify race/ethnicity questions on the 2025 PAYS may produce more accurate or meaningful data on differences in substance use by race/ethnicity.

Data limitations and other important information regarding substance use behaviors

Data Limitations: See Table 2 for information about PAYS data limitations.

Other Important Information:

Nicotine pouches such as ZYN are a growing concern. No PA specific data is currently available on the use of nicotine pouches, but national Monitoring the Future data shows increases from 2023 to 2024 in use (lifetime use for 12th graders increased from 3.6% to 6.8%). Twelve SCAs noted nicotine pouch use in their key themes from their community conversations with youth, parents, school staff and others. The 2025 PAYS will ask about past 30 day and lifetime use of nicotine pouches to help track use of this nicotine product by PA youth.

Student Assistance Program Data

- The Pennsylvania Student Assistance Program (SAP) is a team process used to mobilize school resources to remove barriers to learning. SAP is designed to identify academic, social, attendance, substance use, mental health, and other concerns which pose a barrier to student success. The primary goal of the Student Assistance Program is to help students overcome these barriers so that they may achieve, advance, and remain in school.
- Out of the 95,391 referrals to SAP in SFY 24/25, 2,883 referrals had a primary referral reason of substance use and 4,790 had a primary referral reason of policy violation related to substance use. (Most SAP referrals have a primary referral reason of “internalizing behaviors” or “externalizing behaviors.” Substance use may be the underlying reason for some of the internalizing or externalizing behaviors observed.)
- In SFY 24/25, SAP liaison agencies conducted 17,366 screenings for substance use and/or mental health concerns. Of those screenings, 1,233 resulted in a recommendation for a drug and alcohol level of care assessment.

Table 4: Adult Data Discussion/Interpretation

Substances used by the most adults					
Like youth, alcohol, marijuana and tobacco/nicotine products are the most used substances by adults.					
Per 2022 Behavioral Risk Factor Surveillance System (BRFSS) data for PA:					
Substance	All Adults	18-29	30-44	45-64	65+
Smoke every day or some days	15%	12%	20%	19%	9%
Use smokeless tobacco every day or some days	5%	3%	10%	5%	2%
Use electronic vapor products every day or some days	7%	18%	9%	4%	2%
Binge drinking in past 30 days	17%	26%	21%	18%	5%
Drink 2 or more drinks every day in past 30 days	7%	6%	7%	9%	5%
Used prescription pain medicines not prescribed to them in past year	7%	10%	6%	7%	6%
Per 2022-2023 National Survey on Drug Use and Health (NSDUH) PA Estimates:					
Substance	18-25	26 or Older			
Alcohol Use in Past Month	52%	56%			
Binge Alcohol Use in Past Month	31%	23%			
Marijuana Use in Past Month	24%	14%			
Cigarette Use in Past Month	11%	14%			
Nicotine Vaping in Past Month	23%	6%			
Illicit Drug Use Other than Marijuana in Past Month	4%	4%			
Opioid Misuse in Past Year	3%	3%			
Pain Reliever Misuse in Past Year	3%	3%			
Hallucinogen Use in Past Year	7%	3%			
Cocaine Use in Past Year	3%	2%			
Trends in substance use behaviors					
Looking at BRFSS data from 2018-2022, there are no notable increases in substance use. Due to shifts in NSDUH survey methodology in 2021, only state level data from 2021-2022 and 2022-2023 is available for comparison. There are no notable increases in substance use comparing those two years.					
Cigarette smoking has decreased:					
<ul style="list-style-type: none"> • Past month cigarette use, per NSDUH data for 2021-2022 compared to 2022-2023, decreased from 17% to 14% for adults 26+. • BRFSS data showed a small decline in current smoking among adults (decreased from 17% in 2018 to 15% in 2022). 					

Comparison to national data

Comparing 2022-2023 NSDUH PA and national data for the substances most used by adults, shows that PA rates of use among adults are nearly the same as national rates. Cigarette use in the past month is slightly higher at 17% for adults ages 18 or older in PA compared to 15% nationally. Alcohol use in the past month is also slightly higher at 52% for young adults (18-25) and 56% for adults (26+) in PA compared to 49% (18-25) and 52% (26+) nationally. Per 2022 BRFSS data, PA rates of smoking, smokeless tobacco use and binge drinking are similar to national rates.

Differences in substance use behaviors by gender/race/ethnicity

Per 2022 BRFSS data for PA adults:

- Smoke every day or some days:
 - 20% of Black, non-Hispanic respondents compared to 14% of White, non-Hispanic
 - 19% of lesbian, gay or bisexual respondents compared to 14% of straight
- Smokeless tobacco use every day or some days:
 - 8% of male respondents compared to 2% of female
 - 8% of lesbian, gay or bisexual respondents compared to 5% of straight
- Electronic vapor product use every day or some days:
 - Highest for Black, non-Hispanic (10%) and Hispanic (12%)
 - 11% of lesbian, gay or bisexual respondents compared to 6% of straight
- Binge drinking:
 - 21% of male respondents compared to 13% of female
 - Highest for White, non-Hispanic (18%) and Asian (19%)
- Drinking 2 or more drinks every day:
 - 10% of male respondents compared to 3% of female
 - 11% of lesbian, gay or bisexual respondents compared to 6% of straight

Available NSDUH data did not allow for breaking data down by race, ethnicity or gender.

Data limitations and other important information regarding substance use behaviors

Other Information: Data on **alcohol sales** can also serve as a potential indicator of trends in alcohol use. While NSDUH and BRFSS data did not show an increase in the percentage of adults reporting alcohol use, PA Liquor Control Board data on the sales of wine and spirits shows a slow increase over the past 10 years from 1.9 billion in sales in 2013-2014 to 2.4 billion in 2023-2024. Counties with the highest wine and spirits sales per capita in 2023-2024 were Forest (\$1,792), Wayne (\$1,425), Allegheny (\$1,129), Montgomery (\$1,070), and Bucks (\$1,034).

Data Limitations: County level data on adult substance use is not available via BRFSS and NSDUH. While BRFSS data does provide regional estimates, the most recent NSDUH regional estimates are from 2016-2018. The lack of county level data limits the ability of SCAs to discern trends in adult substance use in their counties.

V. Substance Use Consequences

Table 5: Data Discussion/Interpretation

Common substance use consequences

Substance-Related Arrests (per PA Uniform Crime Reporting System data for 2023)

- Driving Under the Influence – 46,017 arrests statewide (313 of these were juveniles)
- Drug Possession – 25,428 arrests statewide (1,799 of these were juveniles), nearly half of these arrests were for marijuana possession

Substance-Related Crashes (Per PennDOT for 2024)

- Alcohol-Related – 7,745 crashes and 244 fatalities
- Drug-Related – 2,955 crashes and 227 fatalities

Overdose (per 2023 PA Department of Health’s Pennsylvania Overdose Data Brief)

- 4,722 any drug overdose deaths, rate of 3.6 deaths per 10,000 population. Fentanyl contributed to 77% of all fatal overdoses in 2023.
- The five counties with the highest overdose death crude rate per 10,000 population were Montour, Philadelphia, Lawrence, Fayette, and Allegheny.
- The rate of emergency department visits per 10,000 population for any opioid overdose was 1.7 in quarter three of 2023, nearly the same as the rate of 1.8 in quarter three of 2022.

Causes of death that can be linked to alcohol and tobacco use (per 2023 Death Certificate data from PA Dept. of Health)

- Lung Cancer – 6,073 deaths or 31.2 deaths per 100,000 people
- Chronic Lower Respiratory Disease – 5,911 deaths or 30.9 deaths per 100,000 people
- Liver Disease, Chronic Cirrhosis – 1,715 deaths or 10.1 deaths per 100,000 people

Substance Use Disorder (NSDUH 2022-2023 PA Estimates)

	12-17	18-25	26+
Past Year Substance Use Disorder	9%	27%	17%
Past Year Alcohol Use Disorder	3%	15%	10%
Past Year Opioid Use Disorder	1%	1%	2%

Get Help Now Hotline Calls (PA Dept. of Drug & Alcohol Programs data for 2024)

- The state rate of intake calls to the hotline was 75.6 intakes per 100,000 people (9,547 intake calls). Fayette County had the highest intake rate, 98.3 intakes per 100,000, followed by Dauphin (95.4 per 100,000), Carbon (90.5 per 100,000), Cambria (90.2 per 100,000), and Allegheny (89.8 per 100,000).
- The most frequent resource referral for callers was recovery support (9,375 referrals). Other frequent resource referrals include detox/crisis stabilization (4,988 referrals), inpatient residential treatment (2,147 referrals), and Single County Authority (1,136 referrals).

Warm Hand Off (PA Dept. of Drug & Alcohol Programs data for 2024)

- Warm hand-offs are face-to-face engagements with an individual in a hospital setting to provide transition for opioid use survivors from the emergency room to substance use disorder treatment.
- Over 22,000 warm hand-offs occurred statewide (17.0 hand-offs per 10,000 Pennsylvanians) in 2024. The Southeast region had the highest rate of hand-offs at 22.0 hand-offs per 10,000 Pennsylvanians, followed by the Northwest and Northeast regions (21.1 and 17.4, respectively).

Substance Use Disorder Treatment Admissions

- In 2023 there were more than 17,000 substance use disorder treatment admissions reported to the PA Department of Drug and Alcohol Programs. Of all admissions, alcohol was the primary substance used (37.5%), followed by opioids (26.4%) and stimulants (22.3%).

Trends in substance use consequences

There are no notable recent increases in substance use consequences, with the exception of an increasing trend in the number of deaths due to Liver Disease, Chronic Cirrhosis from 2014 (1,292 deaths) to 2023 (1,715 deaths). Some substance use consequences are declining:

Substance-Related Crashes (per PennDOT)

- Alcohol-related crashes decreased from 8,337 in 2023 to 7,745 in 2024. Alcohol-related fatalities decreased to 244 in 2024 from 308 in 2023.
- Drug related crashes decreased from 3,138 in 2023 to 2,955 in 2024 (this is the lowest number of drug-related crashes in the past 10 years).

Overdose Deaths (per PA Department of Health)

- Overdose deaths decreased from 5,165 in 2022 to 4,722 in 2023. Preliminary 2024 data shows a continued decline.

Comparison to national data

Overdose Deaths

- The PA 2023 age-adjusted any drug overdose death rate per 100,000 was 36.1, which is higher than the US rate of 31.3.

Substance Use Disorder

- NSDUH PA estimates for 2022-2023 on individuals with a past year substance use disorder are the same as the national prevalence.

Causes of death that can be linked to alcohol and tobacco use

- 2023 data presented by the Centers for Disease Control and Prevention (CDC) from the National Vital Statistics System indicates PA death rates per 100,000 for chronic lower respiratory disease and liver disease, chronic cirrhosis are both lower than national rates.
 - Chronic Lower Respiratory Disease – 43.4 for US compared to 30.9 for PA.
 - Liver Disease, Chronic Cirrhosis – 15.6 for US compared to 10.1 for PA.

Lack of accessible and comparable data at the national level limits the ability to compare PA substance use consequences data to national data.

Differences in substance use consequences by gender/race/ethnicity

Substance-Related Arrests (per PA Uniform Crime Reporting System data for 2023)

- 73% of Driving Under the Influence (DUI) arrests and 73% of drug possession arrests were male.
- The proportion of arrests for individuals who are Black/African American and Hispanic/Latino are higher than their proportion of the population, but this may likely represent disparities in enforcement not disparities in behavior.

Substance-Related Crashes (per PennDOT data for 2024; drinking driver is defined as driver suspected of drinking by police or had measured BAC level of 0.01 or greater)

- 72% of the drinking drivers in traffic crashes were male.
- 21 to 25 age group was involved in the most crashes with a drinking driver.

Overdose (per PA Department of Health)

- In 2023 overdose death rates were highest among those ages 35-44 (7.4), Hispanic persons (4.1), Black persons (7.6) and males (5.2).

Data limitations and other important information regarding substance use consequences

Arrests: Participation in the PA Uniform Crime Reporting program by law enforcement agencies is voluntary and not all agencies report. Changes in participation and changes in level of enforcement limit ability to accurately assess trends over time. More complete arrest data from the Administrative Office of PA Courts is not publicly available.

Crashes: Data on alcohol related crashes was taken from PennDOT’s 2024 Crash Facts and Statistics Report. Drug-related crash data was pulled from PennDOT’s online custom query tool.

Substance Use Disorder Treatment Admissions: Treatment providers are only required to report data for clients whose treatment is funded by a Single County Authority, so this data is not representative of all individuals receiving substance use disorder treatment.

VI. Gambling Behaviors and Consequences

Table 6: Data Discussion/Interpretation

Common gambling behaviors/consequences

Youth (per 2023 PAYS)

- Prevalence of gambling: 22% of youth in grades 6, 8, 10 and 12 report gambling in their lifetime and 9% report gambling in the past 30 days.
- Counties with the highest percentage of students indicating gambling in their lifetime (among counties with data for more than one school) include: Elk (30%), Philadelphia (26%), Potter (25%), Allegheny (25%), and Tioga (25%).
- Types of gambling: The most common types of gambling youth reported engaging in during the past year were lottery (8%), sports betting/fantasy sports (8%), games such as poker, card games, dice, pool, darts (8%), and video games/online games (7%).

Adults

- PA Interactive Gaming Assessment: [The Pennsylvania Interactive Gaming Assessment: Online Gambling Report 2024](#) has detailed findings from the 2024 survey of PA adults conducted by Penn State University. Some highlights include:
 - 66% reported gambling in the past year
 - 20% reported gambling online in the past year
 - 17% indicated they gambled on some form of gambling once a week or more
 - The potential population prevalence of at-risk or problem gambling among Pennsylvania adults is likely in the range of 7.8-8.7%.
- Problem Gambling Helpline: A total of 2,168 calls and 562 texts/chats for help were made to the helpline during 2024. In 2024 81% of callers were calling about themselves. The most frequently identified type of problematic gambling was internet/online (53% of calls), followed by slots and sports betting. Counties with the highest rates of calls per 100,000 individuals in 2024 included: Lackawanna (25.8, 54 calls), Venango (23.8, 12 calls), Allegheny (21.7, 263 calls), Northumberland (21.1, 19 calls), and Bedford (20.3, 10 calls).
- PA Gaming Control Board Self-Exclusion Programs: During calendar year 2024 there were 7,490 enrollments across the four self-exclusion programs (casinos, internet-based gambling, video gaming terminals and fantasy sports wagering). Looking specifically at the casino self-exclusion program, there were a total of 2,488 new enrollments of PA residents during 2024, a rate of 12.2 per 100,000 individuals. Counties with the highest rates of new enrollments in 2024 included: Lackawanna (36.4, 76 enrollments), Carbon (35.9, 23 enrollments), Luzerne (32.5, 103 enrollments), Erie (30.9, 83 enrollments), and Wyoming (30.1, 8 enrollments).

- Gambling Disorder Treatment Admissions: 233 total admissions in SFY 23/24 were funded by DDAP through the Compulsive and Problem Gambling Treatment (CPFT) fund. Lackawanna (28), Bucks (21), Philadelphia (20), Blair (18), Luzerne (17), and Montgomery (17) Counties had the highest number of CPGT funded admissions in SFY 23/24.

Trends in gambling behaviors and consequences

Youth (per PAYS)

- While youth (grades 6, 8, 10, 12) reporting any lifetime gambling decreased from 34% in 2019 to 22% in 2023, past 30-day gambling went from 9% in 2019 to 6% in 2021 and back to 9% in 2023. Changes to questions on the 2023 PAYS regarding the types of gambling youth engaged in during the past year limit the ability to compare the 2023 data to prior years.

Adults

- PA Interactive Gaming Assessment: Survey results show an increase in the prevalence of online gambling among PA adults (11% in 2021 and 2022, 16% in 2023, 20% in 2024).
- Problem Gambling Helpline: Calls to the helpline increased in the years following the pandemic. While calls for help per quarter averaged near or below 300 per quarter from 2015 through 2020, the average number of calls per quarter doubled starting in 2021 and peaked in 2023 at 673. In 2024 the hotline had an average of 542 calls for help per quarter, the lowest since 2021 (the number of calls for 2025 are on track to be higher than 2023). Text and chat requests for help have increased (2022: 342; 2023: 515; 2024: 562). Online gambling and sports betting have both increased over time as the most problematic form of gambling reported by callers. In 2021 30% of callers indicated online gambling or sports betting was their most problematic form of gambling compared to 70% in 2024.
- PA Gaming Control Board Self-Exclusion Programs: The total number of people enrolling in self-exclusion programs annually has increased every year since 2020.
- Gambling Disorder Treatment Admissions: DDAP funded treatment admissions have increased slightly (214 in SFY 21/22, 225 in SFY 22/23, 233 in SFY 23/24).

Comparison to national data

No comparable national data is available.

Grades/age groups of particular concern for gambling behaviors

Youth (per 2023 PAYS)

- As would be expected, the prevalence of gambling and problem gambling indicators among youth increase with age.

Adults

- PA Interactive Gaming Assessment: The 2024 average age of adults reporting gambling was 54 years old for exclusively offline, 36 years old for exclusively online, and 39 years old for those gambling both online and offline.
- Problem Gambling Helpline: Among callers to the helpline in 2024 who shared their age, the largest percentage were young adults ages 25-34. This age group has made up the largest percentage of calls since 2020.
- PA Gaming Control Board Self-Exclusion Programs: Among those who enrolled in a self-exclusion program in 2024, 38% were 21-34 years old and 33% were 35-44 years old.
- Gambling Disorder Treatment Admissions: 23% of DDAP funded treatment admissions in SFY 23/24 were for people ages 25-34 and 29% were for people ages 35-44.

Differences in gambling behaviors/consequences by gender/race/ethnicity

Youth (per 2023 PAYS)

- Male youth reported the highest rates of gambling.

Gambling (All Grades)	Male	Female	Other Gender
Lifetime Gambling	29%	14%	25%
Past 30-Day Gambling	14%	5%	8%

Adults

- PA Interactive Gaming Assessment (2024 data for adults reporting gambling): A slight majority (54%) of exclusively offline gamblers were women, but a majority of online exclusively (71%) and those gambling both online and offline (60%) were men.
- Problem Gambling Helpline: In 2024 71% of callers were men and 64% identified as White/Caucasian (race/ethnicity unknown for 13% of callers).
- PA Gaming Control Board Self-Exclusion Programs: Among those who enrolled in a self-exclusion program in 2024, 71% were males and 79% were white.
- Gambling Disorder Treatment Admissions: Most individuals receiving DDAP funded treatment identified as white (89% of admissions).

Data limitations and other important information regarding gambling behaviors/consequences

Data on adult gambling behaviors is more limited than the data available for youth from PAYS. See Table 2 for PAYS data limitations.

VII. Risk Factors

Table 7: Youth Data Discussion/Interpretation

Five highest PAYS risk factor scales

Per the 2023 PAYS, the five highest risk factor scales for grades 6, 8, 10, and 12 are (% represent the % of youth at risk of problem behaviors due to the risk factor):

- Low Commitment to School (57% at risk)
 - This scale is made up of 7 questions asking about skipping school, how important things they are learning in school are to later life, how interesting courses are, how often schoolwork is meaningful/important, and how often they enjoy school, hate school, and try to do their best work in school.
- Parental Attitudes Favorable Toward Antisocial Behavior (55% at risk)
 - This risk factor scale asks youth about how wrong they perceive their parents feel it would be for them to pick a fight, steal something worth more than \$5, and draw graffiti. 90% reported their parents would feel stealing or graffiti would be wrong (similar to about 90% of students who reported their parents feel it would be wrong to drink regularly, smoke cigarettes or use marijuana). However, only 75% of students felt their parents would feel it would be wrong to pick a fight. The question on picking a fight greatly influences this overall scale.
- Low Neighborhood Attachment (45% at risk)
 - This scale is made up of three questions asking if youth like their neighborhood, would like to get out of their neighborhood and if they would miss their neighborhood if they had to move.

- Attitudes Favorable Toward Antisocial Behavior (44% at risk)
 - This scale is made up of five questions asking how wrong it is for someone their age to skip school, take a handgun to school, steal anything worth more than \$5, pick a fight with someone, and attack someone with the idea of seriously hurting them.
- Depressive Symptoms (39% at risk); Additional data related to mental health indicates:
 - Among youth reporting high depressive symptoms, 22% report past 30-day alcohol use and 18% report past 30-day marijuana use compared to 6% and 2%, respectively, among youth reporting no depressive symptoms.
 - 37% of youth reported feeling sad or depressed most days in the past year.
 - 29% of youth reported their overall mental health in the past month was not good.
 - 27% of youth reported they've ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Other risk factors of concern due to magnitude (i.e. impacting large number of youth)

Other risk factors of concern due to the percentage of students impacted or being a commonly identified as a priority by SCAs are (data from 2023 PAYS):

- Sensation Seeking (41% at risk)
 - This scale is made up of three questions asking if they have done what feels good no matter what, done something dangerous because someone dared them to, done crazy things even if they are a little dangerous.
- Laws & Norms Favorable Toward Substance Use (38% at risk)
 - This scale asks if youth would be caught by the police if they drank or smoked marijuana and how wrong adults in their neighborhood think it is for kids their age to drink, smoke cigarettes and use marijuana.
 - % who perceive that most adults (over 21) in their neighborhood would think it was not wrong at all or a little bit wrong to for kids their age to:
 - Drink alcohol: 20% (all grades); 33% (12th grade)
 - Smoke cigarettes: 13% (all grades); 18% (12th grade)
 - Use marijuana: 14% (all grades); 23% (12th grade)
- Poor Family Management (37% at risk)
 - This scale asks eight questions related to parental monitoring and rules.
- Attitudes Favorable Toward Substance Use (35% at risk)
 - This scale asks how wrong youth perceive their parents feel it would be for them to drink alcohol, smoke cigarettes, use marijuana, use other illegal drugs, and use prescription drugs not prescribed.
 - % who think it is not wrong at all or a little bit wrong for someone their age to:
 - Drink regularly: 17% (all grades); 27% (12th grade)
 - Smoke cigarettes: 13% (all grades); 20% (12th grade)
 - Use marijuana: 19% (all grades); 37% (12th grade)
 - In regard to perception of peer attitudes (not part of scale), % who perceive their friends feel it would be not wrong at all or a little bit wrong for them to:
 - Have one or two drinks nearly every day: 21% (all grades); 28% (12th grade)
 - Use marijuana: 25% (all grades); 42% (12th grade)
 - Use an electronic vapor product: 25% (all grades); 37% (12th grade)
- Parental Attitudes Favorable Toward Substance Use (33% at risk)
 - This scale asks about student's perceptions of their parents'/caregivers' attitudes toward them drinking regularly, smoking cigarettes, using marijuana, and using prescription drugs not prescribed.

- % who perceive their parents/caregivers feel it would be not wrong at all or a little bit wrong for them to (*item not part of risk factor scale):
 - *Have one or two drinks nearly every day: 7% (all grades); 9% (12th grade)
 - Smoke cigarettes: 6% (all grades); 8% (12th grade)
 - Use marijuana: 10% (all grades); 16% (12th grade)
- Low Perceived Risk of Substance Use (32% at risk)
 - This scale asks how much students think people risk harming themselves if they drink daily, smoke one or more packs of cigarettes per day, try marijuana once or twice and use marijuana regularly.
 - % who perceive no or slight risk of harm if they (*item not part of risk factor scale):
 - Take one or two drinks nearly every day: 20% (all grades); 23% (6th grade); 20% (12th grade)
 - *Take 5 or more drinks once/twice a week: 16% (all grades); 18% (6th grade); 17% (12th grade)
 - *Use marijuana once or twice a week: 27% (all grades); 41% (12th grade)
 - *Use an electronic vapor product: 20% (all grades); 24% (12th grade)
- Perceived Availability of Substances (20% at risk)
 - This scale asks students how easy it would be for them to get alcohol, cigarettes, marijuana, and drugs like cocaine/LSD/heroin/methamphetamines.
 - % who perceive it would be very easy or sort of easy to get:
 - Alcohol: 32% (all grades); 49% (12th grade)
 - Cigarettes: 20% (all grades); 31% (12th grade)
 - Marijuana: 21% (all grades); 39% (12th grade)
- Personally know one or more adults (over 21) in the past year who have:
 - Gotten Drunk/High: 48% (all grades); 33% (6th grade); 60% (12th grade)
 - Used Marijuana, Crack, Cocaine or Other Drugs: 23% (all grades); 11% (6th grade); 34% (12th grade)
- Someone in their family has ever had a severe alcohol or drug problem: 27% (all grades); 18% (6th grade); 34% (12th grade)

Trends in risk factors

Per PAYS:

The following risk factor scales increased from 2019 to 2023 for grades 6, 8, 10, 12 combined:

- Sensation Seeking: Increased from 33% to 41% at risk (increase is only in 6th and 8th grades)
- Low Commitment to School: Increased from 51% to 57% at risk
- Parental Attitudes Favorable Toward Antisocial Behavior: Increased from 48% to 55% at risk
- Attitudes Favorable Toward Antisocial Behavior: Increased from 38% to 44% at risk

Multiple risk factors also decreased from 2019 to 2023 for grades 6, 8, 10, 12 combined. Some of those with the biggest decreases include:

- Low Perceived Risk of Substance Use: Decreased from 49% to 32% at risk.
 - The % of youth reporting no/slight risk decreased for all substances asked in 2019 and 2023. The biggest decreases were for marijuana use with the % of youth perceiving no/slight risk of trying marijuana once/twice, using marijuana once/twice a week, and using marijuana regularly decreasing by 13, 15 and 14 percentage points, respectively.
 - From 2015 to 2021 the % of youth reporting great risk across substances shows little change but then increases significantly in 2023. From 2015-2021 there was a decrease

in the % of 6th graders reporting great risk for most substances. This trend reverses in 2023 with a large jump in the % of 6th graders reporting great risk.

- Perceived Availability of Substances: Decreased from 28% to 20% at risk
- Friends’s Use of Drugs: Decreased from 25% to 17% at risk
- Attitudes Favorable Toward Substance Use: Decreased from 39% to 35% at risk
- % of youth who personally know one or more adults who have gotten drunk or high in the past year decreased from 54% to 48%.
- Willingness to use: % of youth who reported they would like to try/use or would use any chance they got before age 21:
 - Alcohol: Decreased from 26% to 16% (for 12th grade decreased from 47% to 28%)
 - Marijuana: Decreased from 16% to 8% (for 12th grade decreased from 31% to 18%)

Comparison to national data

The Bach Harrison (BH) Norm was developed by BH to create a national comparison for risk and protective factor scale data. Survey participants from 11 statewide surveys were combined into a database of approximately 580,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state’s contributions more in line with the nation’s student population.

More than half of the risk factor scales measured on the PAYS are below the BH Norm. Those that are farthest below the BH Norm national comparison for the percentage of youth at risk are: Low Perceived Risk of Substance Use (18% points lower); Low Commitment to School (11% points lower); Interaction with Antisocial Peers (10% points lower); Friends’ Use of Substances (9% points lower); Perceived Availability of Substances (9% points lower).

The risk factor scales notably higher than the BH Norm are: Parental Attitudes Favorable Toward Antisocial Behavior (16% points higher); Parental Attitudes Favorable Toward Substances (7% points higher); Sensation Seeking (7% points higher). Total risk (defined as the % of students who have more than a specified number of risk factors operating in their lives) is also higher for PA (40% compared to 36% for BH Norm).

Grades/age groups that are of particular concern for specific risk factors

Per 2023 PAYS:

12th Grade

- Disapproving personal attitudes toward substance use and perceived disapproving attitudes of peers, parents and other adults are lowest among 12th graders (with a trend of disapproving attitudes decreasing with age).
- Perception of risk of marijuana use follows a similar trend with perception of risk decreasing with age and being lowest for 12th grade. However, for other substances (cigarettes, daily drinking, vaping and prescription drugs not prescribed), perception of risk is much more similar across grades.
- Other factors highest for 12th grade include willingness to use substances, easy to access substances, overall mental health in the past month was not good, and getting less than 7 hours of sleep on average per school night.

Middle School Youth

- 6th grade has the highest % of youth at risk due to the following risk factors (10 of the 20 measured risk factor scales): Laws & Norms Favorable to Substance Use, Perceived Availability of Substances, Poor Family Management, Family Conflict, Family History of Antisocial Behaviors, Parental Attitudes Favorable Toward Antisocial Behaviors, Attitudes Favorable Toward Antisocial Behaviors, Rebelliousness, Sensation Seeking, Low Perceived Risk of

Substance Use (6th grade had a slightly lower perception of risk of smoking cigarettes, daily drinking and using prescription drugs not prescribed than other grades).

- 8th grade has the highest % of youth at risk due to the following risk factors: Low Commitment to School, Interaction with Antisocial Peers, Friends' Use of Substances.
- The risk factor scales showing an increase for all grades combined from 2019 to 2023 is primarily driven by increases for 6th and 8th grade.
 - While many risk factor scales decreased for all grades combined, most risk factor scales increased at least slightly for 6th graders. Total risk (defined as the % of students who have more than a specified number of risk factors operating in their lives) increased from 42% in 2019 to 52% in 2023 for 6th grade (it remained about the same for 8th grade and decreased for 10th and 12th grade).
- 6th and 8th graders also reported higher rates of being bullied in the past year (34% and 33%, respectively).

Differences in risk factors by gender/race/ethnicity

Per 2023 PAYS:

Gender

- Youth identifying as female are more likely to report mental health concerns.
 - At risk due to Depressive Symptoms: 49% females; 29% males
 - Past Month Mental Health Not Good: 34% females; 22% males
 - Ever Seriously Considered Attempting Suicide: 20% females; 11% males
- The risk factor scales where the % of males at risk is at least 5 percentage points higher than females are:
 - Parental Attitudes Favorable Toward Antisocial Behavior: 57% males; 52% females
 - Low Perceived Risk of Substance Use: 34% males; 29% females
 - Interaction with Antisocial Peers: 24% males; 18% females
 - Sensation Seeking: 45% males; 37% females
- Youth identifying as a gender other than male or female have the highest % of youth at risk due to all 20 risk factor scales measured except for Sensation Seeking. The biggest differences are: Low Neighborhood Attachment (66% at risk vs 45% for all youth); Family Conflict (55% at risk vs 33% for all youth); and Depressive Symptoms (72% at risk vs 39% for all youth). The % of youth identifying as a gender other than male or female reporting their mental health in the past month was not good was 65% compared to 29% for all youth. 48% of youth identifying as a gender other than male or female reported ever seriously considering attempting suicide compared to 16% of all youth.

Race/Ethnicity

- The % of youth at risk for many of the risk factor scales is higher for youth identifying as Black/African American or Hispanic/Latino compared to all youth. The three risk factor scales with differences of more than 10 percentage points for % of youth at risk are:
 - Low Neighborhood Attachment
 - Academic Failure
 - Interaction with Antisocial Peers

Changes to simplify and clarify race/ethnicity questions on the 2025 PAYS may produce more accurate or meaningful data on differences in risk factors by race/ethnicity.

Data limitations and other important information regarding risk factors
<p>Data Limitations See Table 2 for PAYS data limitations.</p> <p>Problem Gambling Risk Factors</p> <ul style="list-style-type: none"> • Little data is available on risk factors specific to problem gambling. Some of the risk factors for substance use described above are also risk factors for problem gambling (e.g. depressive symptoms, sensation seeking and academic failure). • The risk factors prioritized by SCAs were based on qualitative data from community conversations and other anecdotal data (see Table 23 for the most commonly prioritized risk factors).

Table 8: Adult Data Discussion/Interpretation

Data on risk factors for adults is limited, especially at the county level, which impacts the conclusions that can be drawn about the key risk factors that are most influencing adult substance use.

Risk factors of potential concern					
Mental Health Concerns (per 2022 PA BRFSS data)					
<ul style="list-style-type: none"> • In 2022 nearly a quarter of PA adults reported being ever told they have a depressive disorder, with the highest rates of reported depression by age group among young adults. Females reported higher rates of ever being told they have a depressive disorder than males (28% compared to 15%) and were more likely to report their mental health was not good 14 or more days in the past month (18% compared to 11%). Adults identifying as lesbian, gay or bisexual reported higher rates of ever being told have a depressive disorder than those identifying as straight (39% compared to 19%) and were more likely to report their mental health was not good 14 or more days in the past month (33% compared to 13%). 					
PA BRFSS 2022	All Adults	18-29	30-44	45-64	65+
Mental health not good 14 or more days in the past month	15%	23%	18%	13%	9%
Ever told they have a depressive disorder including depression, major depression, minor depression or dysthymia	22%	28%	25%	19%	18%
Other Social/Emotional Concerns (per 2022 PA BRFSS data)					
<ul style="list-style-type: none"> • Loneliness/isolation, lack of social support and chronic stress can be risk factors for substance use/misuse. One common reason noted in SCA’s community conversations for using substances was to cope with stress. 					
PA BRFSS 2022	All Adults	18-29	30-44	45-64	65+
Rarely or never get the social and emotional support they need	9%	10%	6%	9%	10%
Had stress all of the time in the past 30 days	30%	26%	21%	31%	38%
Usually or always feel socially isolated from others	9%	14%	9%	8%	8%

Adverse Childhood Experiences (per 2021 PA BRFSS data, not measured in 2022)

- Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). ACEs can have long-term negative impacts on health, opportunity and well-being. Below are examples of some ACEs measured on the 2021 PA BRFSS.

PA BRFSS 2021	All Adults
During childhood lived with someone who used illegal drugs or misused prescription drugs	13%
During childhood lived with someone who misused alcohol or had alcohol use disorder	25%
During childhood lived with someone who with mental health disorder/concerns	22%
During childhood lived with someone who served time or was sentenced to prison/jail/correctional facility	9%
During childhood their parents were separated or divorced	26%
As a child, their parents/adults slapped/hit/kicked/punched/beat each other up at least one time in their home	17%
Before age 18, their parents/adults hit/beat/kicked/physically hurt them in any way at least one time in their home	25%
As a child, their parents or adults swore, insulted or put them down at least one time in their home	36%
As a child, they had someone at least 5 years older touch them sexually at least one time	10%

Perception of Risk

Per NSDUH data for 2022-2023, less than 20% of adults perceive great risk of harm from smoking marijuana once a month and less than 50% of adults perceive great risk of harm from having five or more alcoholic drinks one or twice a week. The % of adults perceiving great risk from smoking marijuana once a month decreased slightly from 21% in 2021-2022 to 18% in 2022-2023.

% Perceiving Great Risk From:	18-25	26 or Older
Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	35%	43%
Smoking One or More Packs of Cigarettes per Day	62%	69%
Smoking Marijuana Once a Month	10%	20%
Using Cocaine Once a Month Among	60%	70%

Alcohol Outlet Density (per data for the PA Liquor Control Board)

- The [Community Preventive Services Task Force](#) recommends regulation of alcohol outlet density as a strategy to reduce excessive alcohol consumption and related harms.
- Statewide, there were 14,798 liquor licenses in 2023. Counties with the highest number of liquor licenses per 100,000 people included Sullivan (325.3), Cameron (263.9), and Elk (222.7). Counties with the highest density of liquor licenses per 1,000 square miles include Philadelphia (13,472), Allegheny (2,610), and Delaware (2,372).

Problem Gambling Risk Factors

- Little data is available on risk factors specific to problem gambling. Some of the risk factors for substance use described above are also risk factors for problem gambling (e.g. depressive symptoms and childhood maltreatment).
- Substance misuse can be a risk factor for problem gambling. PAYS data for youth shows the cooccurrence of substance use and gambling with youth using substances reporting more gambling and youth gambling reporting more substance use. Similarly for adults, [The Pennsylvania Interactive Gaming Assessment: Online Gambling Report 2024](#) found higher rates of alcohol, nicotine/tobacco and marijuana use among gamblers compared to non-gamblers.
- While not specifically risk factors, [The Pennsylvania Interactive Gaming Assessment: Online Gambling Report 2024](#) identified motivations for gambling. The most common motivation was for enjoyment, excitement, fun, or entertainment. Among those who gambled exclusively online, the most common motivation was to win money.

VIII. Protective Factors

Table 9: Youth Data Discussion/Interpretation

Three lowest PAYS protective factor scales

Per the 2023 PAYS, the three lowest factor scales for grades 6, 8, 10, and 12 are (% represent the % of youth with protection from problem behaviors due to the protective factor):

- Religiosity (34% with protection)
 - This scale is made up of one question asking youth how often they attend religious services or activities. 20% reported once a week or more, 14% reported 1-2 times per month, 31% reported rarely and 36% reported never.
- Community Rewards for Prosocial Involvement (39% with protection)
 - This scale is made up of three questions asking youth if their neighbors notice when they are doing a good job and let them know about it, if there are people in their neighborhood who are proud of them when they do something well, and if people in their neighborhood encourage them to do their best.
- School Opportunities for Prosocial Involvement (44% with protection)
 - This scale is made up of five questions. The percentage of youth reporting they have lots of chances in school to get involved in sports, clubs and other activities outside of class was high at 92%. 86% of students reported having lots of chances to be part of class discussions or activities and 78% reported lots of chances to talk one-on-one with a teacher. However, only 30% reported teachers ask them to work on special classroom projects and 55% reported they have lots of chances to help decide things like class activities and rules.

All protective factors measured on the PAYS show significant opportunity for improvement with only 52%-68% of youth with protection (School Rewards for Prosocial Involvement: 52%; Belief in the Moral Order: 53%; Family Rewards for Prosocial Involvement: 55%; Family Opportunities for Prosocial Involvement: 64%; Family Attachment: 68%). Total protection, defined as the percentage of students who have three or more protective factors operating in their lives, is only 54%.

Trends in protective factors

Per PAYS, the following protective factor scales decreased from 2019 to 2023 for grades 6, 8, 10, and 12 combined:

- Family Rewards for Prosocial Involvement: Decreased from 60% to 55% with protection
 - This scale is made up of three questions asking youth if parents/caregivers notice when they are doing a good job and let them know about it, how often their parents/caregivers tell them they are proud of them for something they have done, and if they enjoy spending time with their parents/caregivers.
- Belief in the Moral Order: Decreased from 58% to 54% with protection
 - This scale is made up of four questions asking youth if it's ok to take something without asking, if it's all right to beat people up if they start the fight, if it's sometimes ok to cheat at school and if it's important to be honest with your parents.
- Religiosity: Decreased from 37% to 34% with protection

Comparison to national data

The Bach Harrison (BH) Norm was developed by BH to create a national comparison for risk and protective factor scale data. Survey participants from 11 statewide surveys were combined into a database of approximately 580,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state's contributions more in line with the nation's student population.

Of the eight protective factor scales measured on the PAYS, only two protective factors are below the BH Norm for grades 6, 8, 10, 12 combined (the other scales are about 3-5 percentage points above the BH Norm):

- School Opportunities for Prosocial Involvement: 44% for PA; 49% for BH Norm
- Religiosity: 34% for PA; 37% for BH Norm

Grades/age groups that are of particular concern for specific protective factors

6th grade (per 2023 PAYS)

- 6th grade had the lowest total protection at 45% (total protection is defined as the percentage of students who have three or more protective factors operating in their lives)
- 6th grade had the lowest % of students with protection for 5 of the 8 risk factor scales measured on the PAYS (community rewards for prosocial involvement, fam attachment, family opportunities for prosocial involvement, fam rewards for prosocial involvement, belief in moral order)
- All eight protective factor scales decreased at least slightly from 2019-2023 for 6th grade (the biggest decrease was in family opportunities for prosocial involvement which decreased 14 percentage points from 57% with protection in 2019 to 43% in 2023).

Differences in protective factors by gender/race/ethnicity

Per 2023 PAYS

Gender

- Youth identifying as a gender other than male or female have the lowest % of youth with protection for all eight protective factor scales measured. The biggest differences are in the Family Domain protective factors: Family Attachment (43% with protection vs 68% for all youth); Family Opportunities for Prosocial Involvement (44% with protection vs 64% for all youth); Family Rewards for Prosocial Involvement (38% with protection vs 54% for all youth).
- Youth identifying as female also have a lower percentage with protection compared to males for the Family Domain protective factors. Three specific questions contribute most to this difference:

<ul style="list-style-type: none"> ○ (Family Attachment) Do you feel very close to your parents/caregivers: 15% of females reported no compared to 10% of males. ○ (Family Rewards for Prosocial Involvement) My parents/caregivers notice when I am doing a good job and let me know about it: 39% report never or sometimes compared to 34% of males ○ (Family Rewards for Prosocial Involvement) How often do your parents/caregivers tell you they're proud of you for something you've done: 40% report never or sometimes compared to 35% of males <ul style="list-style-type: none"> ● Youth identifying as male with protection due to Belief in the Moral Order was lower than for youth identifying as female (51% for males vs 57% for females). <p>Race/Ethnicity</p> <ul style="list-style-type: none"> ● The percentage of youth with protection due to Community Rewards for Prosocial Involvement and the three Family Domain protective factors was lower for youth identifying as Hispanic/Latino or a race other than White. However, it is unclear if or how cultural differences and other socio-economic factors may be influencing or contributing to the differences in this protective factor data by race/ethnicity.
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Data limitations and other important information regarding protective factors
See Table 2 for PAYS data limitations.

Table 10: Adult Data Discussion/Interpretation

Protective factors of potential concern
<p>Research on protective factors for adult substance use is more limited than the research on protective factors influencing youth use. One set of identified protective factors for adults are Positive Childhood Experiences (adult made you feel safe and protected, felt you belonged in high school, felt supported by friends, at least 2 adults that took an interest in you, felt your family stood by you, enjoyed community traditions, and felt able to talk to your family). A study published in 2025 found that adults reporting 6-7 Positive Childhood Experiences were 36% less likely to smoke cigarettes and 68% less likely to report poor mental health.¹</p> <p>No state level data on protective factors among adults is available through public data sets.</p> <p>While most SCAs did not have any available data on adult protective factors, several SCAs had data from local surveys and other anecdotal sources pointing to protective factors for adults related to connection:</p> <ul style="list-style-type: none"> ● Friends/family can depend on ● Community engagement ● Knowing neighbors ● Healthy relationships/friendships ● Involvement in community, social, faith-based activities <p>¹Sege R, Aslam M, Peterson C, Bethell C, Burstein D, Niolon PH, Ettinger de Cuba S, Hannan K, Swedo EA,. Positive Childhood Experiences and Health and Opportunity Outcomes in Four U.S. States. JAMA Netw Open. July 29, 2025.</p>

IX. Contributing Factors/Community Conversations

SCAs used their data to identify top problems and risk/protective factors of concern. See [Top Areas of Concern](#) section below. These top areas of concern guided community conversations and assessment of contributing factors.

Community Conversations: Community conversations could include focus groups, large group discussions (e.g. town hall meetings), interviews or surveys to collect information from community members, youth, parents and others. All SCAs were required to conduct at least three community conversations (one with youth, one with parents/caregivers and one with another population/group).

Contributing Factors: Contributing factors are the specific local conditions that give rise to the problems and risk/protective factors. Contributing factors answer “why here” questions such as: why do our youth have low perception of risk of marijuana, why do our youth perceive parent attitudes as favorable toward vaping, why is family conflict high, in what ways are laws favorable toward adult alcohol misuse. Identifying contributing factors involves digging deeper into the local root causes of problems and risk/protective factors.

Table 11: Community Conversation Summary

Number of Community Conversations Conducted

- 324 Focus Groups/Large Groups – All SCAs conducted at least 1 focus group.
- 226 Interviews – Just under half of SCAs (22 SCAs) conducted at least 1 interview.
- 6,883 Surveys Collected from 52 Surveys – 72% of SCAs (34 SCAs) conducted at least 1 survey.

Most Common Populations Involved in Community Conversations

- Youth
- Parents/Caregivers
- School Staff
- Community members/adults

Other populations engaged in community conversations include but are not limited to:

- Coalitions/taskforces
- Other professionals from social/human services, youth serving organizations, health care, etc.
- Law enforcement
- Young adults
- People in treatment/recovery

Most Common Key Themes from Community Conversations

The contributing factors outlined in Table 21 summarize the most common key themes from the community conversations. One other common key theme is problem gambling not being seen as an important concern by communities, schools and families (this is also the most common resource/readiness gap identified in Table 15).

X. Resources/Readiness Assessment

SCAs used community conversations as well as input from prevention staff, prevention providers and other partners to assess resources and readiness to address problems and risk/protective factors of concern.

- Resources: The fiscal, human, organizational and other resources available to address an issue.
- Readiness: The degree to which a community is ready to take action on an issue.

Prevention Program/Service Inventory

SCAs conducted a review of prevention programs and services funded by the SCA and also programs implemented by other organizations and partners.

Table 12: Organizations Connected with To Learn About Other Prevention Programs/Services

SCAs were required to connect with at least three agencies, organizations, or schools/colleges that may offer prevention programs/services they were not already aware of to learn what they may be doing.

SCAs connected with 308 other organizations/schools/agencies. The majority of SCAs (57%) reached out to 3-5 organizations/school/agencies and 17% reached out to 10 or more.

Table 13: Inventory Summary

SCAs profiled the available prevention programs/services to assess potential strengths and gaps.

Programs by Evidence-Base, Domain and Setting

- SCAs reported many evidence-based and evidence-informed programs being implemented.
- The majority of programs impact the peer-individual domain. Programs impacting the family, school and community domains are much less common.
- Programs are implemented across in-school, after school and community-based settings, with after school being less common than in-school and community-based settings.

Top 3 Most Common Age Groups Served

- Middle School Students (47 SCAs, 100%, reporting)
- Elementary School Students (40 SCAs, 85%, reporting)
- High School Students (37 SCAs, 79%, reporting)

Other Program Access/Availability Factors

Programs provided in a language other than English	Just over half of SCAs (27) reported having no programs provided in a language other than English
Populations of high need that are underserved (e.g. no or few programs reaching that population)	Adults were the most common underserved population noted, specifically young adults/college students (32 SCAs, 68%, reporting) and older adults (14 SCAs, 30%, reporting). Other underserved populations noted by multiple SCAs were individuals with limited English proficiency (9 SCAs, 19%, reporting) and parents/caregivers (7 SCAs, 15%, reporting).

Populations that aren't accessing or have barriers accessing programs	People without access to transportation (25 SCAs, 53%, reporting) Rural communities (12 SCAs, 26%, reporting) Low-income populations (10 SCAs, 21%, reporting) Individuals with limited English proficiency (9 SCAs, 19%, reporting)
Geographic gaps in services	While many SCAs identified gaps for specific communities or schools, the most common geographic gap in services noted was rural areas (23 SCAs, 49%, reporting).

Strengths/Gaps in Resources/Readiness

SCAs identified 3-6 of their biggest strengths and 3-6 of their biggest gaps for resources and readiness. Many of the strengths and gaps identified were unique to each SCA with some areas being a strength for one SCA but a gap for another. Below are the most common strengths and gaps noted by SCAs.

Table 14: Resource/Readiness Strengths

Strengths	#/% of SCAs Identifying as Strength
Many evidence-based programs are being implemented, especially with youth	36 (77%)
Strong school partnerships, including schools supporting prevention efforts and allowing prevention programs to be implemented across multiple grades	36 (77%)
Strong community partnerships – this includes strong coalitions, diverse networks of partners, and collaboration across partners and various community sectors	32 (68%)

Table 15: Resource/Readiness Gaps

Gaps	#/% of SCAs Identifying as Gap
Problem gambling is not seen as an important concern by communities, schools and families and there is a lack of awareness of and receptivity to problem gambling prevention programs	29 (62%)
Lack of prevention programs for adults, especially young adults	20 (43%)
Lack of/uncertainties in prevention funding	17 (36%)
Lack of prevention programs for parents/families and lack of engagement of parents/families in existing programs	17 (36%)

XI. Areas of Concern Summary

Top Areas of Concern

After reviewing available data and completing tables 1-10, SCAs identified top areas of concern. After holding community conversations and completing the resource assessment, SCAs revised their top areas of concern, if needed, and rated their capacity (high, medium, low, unknown) to address each top area of concern. Capacity indicates the current resources and readiness to address the behavior, consequence or risk/protective factor. The top areas of concern most commonly identified by SCAs are listed in Tables 17-20 below.

Of these top areas of concern, those most often identified as higher or lower capacity were:

Substance Use Behaviors

- **Higher:** Youth substance use behaviors were given higher capacity ratings. Only 11 SCAs (23%) indicated low capacity for a youth substance use behavior of concern – this was most often youth marijuana use.
- **Lower:** Adult substance use behaviors were given lower capacity ratings. Only 7 SCAs (15%) indicated high capacity to address an adult substance use behavior of concern – this was most often adult opioid use.

Gambling Behaviors

- **Lower:** Gambling behaviors for both youth and adults were given lower capacity ratings. While SCAs indicated a greater capacity to prevent youth gambling behaviors than adult behaviors, SCAs were more likely to select low capacity for youth gambling behaviors compared to youth substance use behaviors.

Risk/Protective Factors

- **Higher:** Youth risk and protective factors given a higher capacity rating were: Low perceived risk of substance use, social-emotional competencies, attitudes favorable to substance use, parental attitudes favorable toward substance use, and mental health concerns/depressive symptoms. Most of these risk/protective factors fall into the peer-individual domain.
- **Lower:** Youth risk and protective factors falling in the school and community domains such as low neighborhood attachment, low commitment to school, availability of substances and gambling, religiosity and community rewards for prosocial involvement were given lower capacity ratings.
- **Lower:** Adult risk and protective factors were rated as lower capacity compared to youth risk and protective factors.
- **Lower:** SCAs were less likely to pick a capacity rating of “high” for their top youth risk and protective factors of concern compared to their top youth substance use behaviors of concern.

Table 16: Substance Use Behaviors

Substance Use Behaviors of Most Concern	#/% of SCAs Identifying as Top Concern
Youth Alcohol Use	47 (100%)
Adult Alcohol Misuse, including binge drinking, heavy drinking and driving under the influence	45 (96%)
Youth Marijuana Use	45 (96%)
Youth Vaping*	44 (94%)
Adult Marijuana Use	19 (40%)
Adult Opioid Misuse	17 (36%)

*2 SCAs who did not select vaping as a top concern, selected nicotine/tobacco use as a top concern.

Table 17: Substance Use Consequences

Substance Use Consequences of Most Concern	#/% of SCAs Identifying as Top Concern
Driving Under the Influence Arrests	27 (57%)
Alcohol Related Crashes	25 (53%)
Drug-Related Overdose Deaths	22 (47%)
Drug Possession Arrests	13 (28%)

Table 18: Gambling Behaviors and Consequences

Gambling Behaviors/Consequences of Most Concern	#/% of SCAs Identifying as Top Concern
Youth Any Gambling	36 (77%)
Adult Any Gambling	26 (55%)
Youth Video Games/Online Gaming	24 (51%)
Youth Sports Betting/Fantasy Sports	23 (49%)
Youth Playing Lottery	20 (43%)

Table 19: Risk Factors

Risk Factors of Most Concern	#/% of SCAs Identifying as Top Concern
Low Commitment to School	31 (66%)
Mental Health Concerns / Depressive Symptoms	28 (60%) / 18 (38%)
Laws & Norms Favorable Toward Substance Use	25 (53%)
Poor Family Management	24 (51%)
Parental Attitudes Favorable Toward Substance Use	22 (47%)
Low Neighborhood Attachment	19 (40%)
Low Perceived Risk of Substance Use	19 (40%)
Sensation Seeking	18 (38%)

Table 20: Protective Factors

Protective Factors of Most Concern	#/% of SCAs Identifying as Top Concern
School Opportunities for Prosocial Involvement	32 (68%)
Community Rewards for Prosocial Involvement	30 (64%)
Social-Emotional Competence	28 (60%)
Family Rewards for Prosocial Involvement	21 (45%)
Religiosity	17 (36%)
Belief in the Moral Order	11 (23%)

Table 21: Contributing Factors for Top Areas of Concern

SCAs identified 5-10 contributing factors of most concern from their community conversations. The most common contributing factors SCA's identified were:

Contributing Factors of Most Concern	#/% of SCAs Identifying as Top Concern
Substance use or gambling as a coping mechanism or to self-medicate and a lack of healthy coping skills	28 (60%)
Normalization of substance use by communities/society	25 (53%)
Parents/caregivers are permissive of youth substance use, are using substances in home and provide substances to youth	25 (53%)
Lack of availability of, access to or awareness of services, support and programs to prevent/address substance use and gambling (10 SCAs specifically highlighted a lack of prosocial activities for youth)	24 (51%)
Easy access to/widespread availability of substances	22 (47%)
Easy access to/widespread availability of gambling (9 SCAs specifically highlighted access to skill games as a concern)	20 (43%)
Parenting and family management practices such as lack of communication with youth about substances, lack of consistent rules and enforcing rules around substance use, lack of parental monitoring and engagement and other family stressors leading to negative parenting practices	20 (43%)
Normalization of gambling by communities/society, e.g. socially accepted form of entertainment	17 (36%)
Lack of knowledge of risks/consequences of substance use, low perceived risk of substance use, or misperceptions about substance use such as perceiving substance use as more common than it actually is	17 (36%)
Lack of awareness/understanding of the potential risks of gambling	16 (34%)
Stressors such as academic pressure, bullying, family issues, home environment, and other adversities impacting youth mental health and well-being	11 (23%)
Negative impacts of social media and increased screen time on youth mental health, substance use and gambling	11 (23%)
Legalization of medical marijuana and legalization for recreational use in other states contributing to greater accessibility, lower perception of risk and increased acceptance of marijuana use	11 (23%)
Lack of social-emotional competencies	9 (19%)
Exposure to gambling advertising	9 (19%)

Final Priority Problems and Risk/Protective Factors

SCAs narrowed down their top areas of concern into a final selection of priority problems and risk, protective and contributing factors. SCAs were required to identify:

- 2-3 priority substance use behaviors
- 3-5 priority substance use risk/protective factors (one had to be a protective factor)
- 1-5 priority substance use contributing factors
- 1-2 priority gambling behaviors
- 1-3 priority gambling risk/protective factors
- 1-3 priority gambling contributing factors

The most common priorities selected by SCAs were:

Table 22: Final Substance Use Problem Priorities

Substance Use Behaviors	#/% of SCAs Identifying as Top Concern
Youth Alcohol Use	45 (96%)
Youth Marijuana Use	43 (91%)
Youth Vaping	41 (87%)
<ul style="list-style-type: none"> • 37 SCAs identified youth alcohol use, marijuana use and vaping as their top three priorities. 3 additional SCAs identified youth alcohol use, marijuana use and nicotine use as their priorities. • 6 SCAs identified an adult substance use behavior as a priority (2 opioid misuse, 2 alcohol misuse, 1 stimulant misuse, 1 illegal drug use) 	
Risk/Protective Factors	#/% of SCAs Identifying as Top Concern
Social-Emotional Competence	26 (55%)
Mental Health Concerns and/or Depressive Symptoms	24 (51%)
Poor Family Management	17 (36%)
Attitudes Favorable Toward Substance Use	17 (36%)
Parental Attitudes Favorable Toward Substance Use	17 (36%)
Laws & Norms Favorable Toward Substance Use	17 (36%)
<ul style="list-style-type: none"> • While nearly all SCAs selected the same priority substance use behaviors, there was much more variation in the priority risk and protective factors selected, with 25 risk or protective factors being prioritized by at least one SCA. • Several of the top risk and protective factors most commonly identified by SCAs in Tables 19 and 20 were much less commonly identified as priorities. This is due, in part, to less capacity for SCAs to impact these risk factors. <ul style="list-style-type: none"> ○ Low Commitment to School (31 SCAs had as top concern; 13 had as final priority) ○ Low Neighborhood Attachment (19 SCAs had as top concern; 1 had as final priority) ○ Sensation Seeking (18 SCAs had as top concern; 7 had as final priority) ○ School Opportunities for Prosocial Involvement (32 SCAs had as top concern; 7 had as final priority) ○ Community Rewards for Prosocial Involvement (30 SCAs had as top concern; 7 had as final priority) ○ Family Rewards for Prosocial Involvement (21 SCAs had as top concern; 6 had as final priority) • While Attitudes Favorable Toward Substance Use was not among the top 8 most commonly identified risk factors of concern in Table 19, all 17 SCAs who identified it as a top risk factor of concern selected it as one of their priorities. 	

Contributing Factors	#/% of SCAs Identifying as Top Concern
Normalization of substance use by communities/society	23 (49%)
Parents/caregivers are permissive of youth substance use, are using substances in home and provide substances to youth	20 (43%)
Substance use as a coping mechanism or to self-medicate and a lack of healthy coping skills	20 (43%)
Limited awareness of or access to services, support and programs (8 SCAs specifically noted a lack of accessible prosocial activities for youth)	17 (36%)
Parenting and family management practices such as lack of communication with youth about substances, lack of consistent rules and enforcing rules around substance use, lack of parental monitoring and engagement and other family stressors leading to negative parenting practices	16 (34%)

Table 23: Final Problem Gambling Priorities

Gambling Behaviors	#/% of SCAs Identifying as Top Concern
Youth Any Gambling	26 (55%)
Adult Any Gambling	17 (36%)
Youth Video Games/Online Gaming	16 (34%)
Youth Sports Betting/Fantasy Sports	10 (21%)

Risk/Protective Factors	#/% of SCAs Identifying as Top Concern
Availability of/Increased Exposure to Gambling (4 SCAs also noted increased opportunities to gamble as a priority contributing factor)	29 (62%)
Gambling Permissive Culture	17 (36%)
Cognitive Distortions/Fallacies about Gambling (e.g. false beliefs about how gambling works)	11 (23%)

Contributing Factors	#/% of SCAs Identifying as Top Concern
Normalization of gambling by communities/society, e.g. socially accepted form of entertainment	17 (36%)
Lack of awareness/understanding of the potential risks of gambling	13 (28%)
Lack of availability and awareness of services, support and programs	10 (21%)