

PREVENTION NEEDS ASSESSMENT SURVEY 2021

Whistler Survey: Report Highlights



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EXECUTIVE SUMMARY

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2021. Squamish, Whistler and Pemberton public school students in grades 6 to 12 completed the survey. The survey has been found to have external validity across age, gender and ethnic groups. This report highlights the results from the Whistler survey respondents.

The survey was designed by Bach-Harrison LLC to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. Research has shown that these risk and protective factors influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth¹. In 2021, the Communities that Care Board added survey questions that were tailored to the Sea to Sky area and to measure the effects of the COVID-19 pandemic. The survey results are compared with normative data that is derived from a database of survey results from approximately 970,000 students across North America.

The 2021 survey was initiated in the midst of the global COVID-19 pandemic, when the strains of living in a mountain resort community were weighing heavily on community members. Global travel restrictions were in place, health protocols were strictly required, businesses were suffering large financial losses and were dealing with major operational challenges. Many families suffered job loss and uncertainty through the ups and downs of the virus and its variants. Therefore, the comparisons to the BH Norm and Monitoring the Future benchmarks must be examined carefully as these results were generated in 2019 prior to the pandemic.

WHISTLER COMMUNITY HIGHLIGHTS

The population of Whistler is growing and reached 14,000 residents in 2020 when the last census was calculated. In 2021, 30% of Whistler students between grades 6 to 12 (568 of 1886 total) completed the survey in 2021.

In 2021, additional questions were added to the standardized survey to better qualify respondents and their experiences would provide relevant localized context for the survey results.

The positive highlights revealed in the 2021 Whistler survey findings include:

- A decrease in the use of alcohol in the weighted average across grades since 2013
- A decrease in binge drinking for all grades since 2013
- A majority of the antisocial behaviors are tracking below the BH Norm
- A high proportion (78%) would turn to a parent or relative if they needed help.

The 2021 survey responses revealed the following areas of need in Whistler:

- Higher risk factors in the family domain, particularly related to poor family management, family conflict, exposure to adult antisocial behavior and parent attitudes favoring antisocial behavior, parent attitudes that favor drug use
- Peer-individual risk factors are also higher in Whistler than the norm for attitudes favorable to antisocial behavior and drug use, perceived risk of drug use, friend's use of drugs and depressive symptoms
- Energy drink consumption has increased approximately 10% since 2017
- The highest rated antisocial behavior is going to school drunk or high and this shows up well above the BH Norm. In particular, 42% of grade 10 students showed this antisocial behavior in Whistler, well above the average levels across the Sea to Sky at 23% and the BH norm of 11%.
- When the survey was issued, 100 respondents had seriously considered attempting suicide over the last 12 months. It should be noted that this was most evident in the grades 6 to 9 with some even making a 'plan' about how they would attempt it.

¹ 2021 Prevention Needs Assessment Survey Profile Report, Communities that Care – Whistler Profile

PREVENTION PRIORITIES

Risk factors related to the family and peer/individual domains are a concern, as some of the increases in risk factors were 10% and higher than the 2017 survey findings.

Following up from the 2017 Prevention Needs Assessment recommendations, particular attention should be focused on the low perceived risk of drug use and the increases in use. Altering students' perception that alcohol, tobacco, and other drugs (ATOD), particularly alcohol and marijuana, are safe and consequence-free will be necessary in any attempt to persuade young people in Whistler to avoid their use.

From the new questions added in 2021 that pertained to experiences either on the student's phone or online, uncovered new data should be monitored going forward. Across all grades, from 35 to 68% have received aggressive or hurtful messages, including physical threats. Overall, 65.5% received nude photos and 36.4% sent these to others.

The most concerning findings from this report were the high levels of mental health issues and stress among youth in Whistler. When the survey was issued, additional questions were posed related to attempting suicide. In 2021, 100 respondents had seriously considered attempting suicide over the last 12 months. It should be noted that this was most evident in the grades 6 to 9 with some even making a 'plan' about how they would attempt it.

Protective factors have consistently decreased in all domains. The 2021 survey results indicate that helping students find positive ways in which to channel their time at home and at school will ensure that our youth continue to exhibit strengths on the protective factors measured. Antibullying campaigns may also support improvements, particularly since a majority of all grades (50% and higher) responded that they had experienced bullying and cyberbullying.

While most of the students surveyed could get help from a parent or other adults, increased efforts are needed to improve youth's understanding of the other available resources and how to access them.

BACKGROUND

Communities That Care was first adopted in Whistler in 2003 in response to concerns arising from risk related behaviors associated with substance use in youth. Preventing and delaying the use of substances such as alcohol is an important challenge not just in Whistler, but in Canada and internationally. Drawing on a strong evidence base was felt to be a helpful way to support healthy development of our local youth.

This system was developed by Dr. David Hawkins and Dr. Richard Catalano. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed over life.

A key goal of the Communities That Care effort is to identify which risk factors, protective factors and behavioral health problems are most prevalent in our community and to implement evidence-based programs that address our community's unique profile. To that end, the Risk and Protective-Factor Assessment work group collected and analyzed data on Whistler.

The last time the data was collected across the Sea to Sky corridor was in 2013. The 2021 survey included schools in Squamish, Whistler and Pemberton. When referencing the full reports and detailed tables for each community, the columns that highlights 'County' data are calculated as an average of results from all three communities in the Sea to Sky corridor.

The Prevention Needs Assessment Report reflects the input of many community members and organizations working together with care, skill and dedication to promote the healthiest possible development of children and youth in our community.

Communities That Care Whistler is made up of representatives from Whistler Community Services Society, Sea to Sky Community Services Society, School District 48, Resort Municipality of Whistler, RCMP, Whistler Blackcomb, Ministry of Children & Families, Vancouver Coastal Health, parents, and community members. The process has contributed to in depth discussions and learning about best and better practices in prevention of child and youth health and behavior issues in relation to our community's local context.

PREVENTION NEEDS ASSESSMENT SURVEY

The 2021 Prevention Needs Assessment Survey was prepared by Bach Harrison L.L.C., based in Salt Lake City, Utah². For this survey, two normative groups were used: a) approximately 460,000 U.S. students who comprise the Bach-Harrison Norm³ (BH Norm); and b) approximately 50,000 U.S. students who are surveyed annually for the Monitoring the Future (MTF) project. By comparing survey data from Whistler students with that from a large group of same-age peers, it is possible to determine if, and how, Whistler students' responses differ the norm.

Survey questions were designed to assess use of Alcohol, Tobacco and Other Drugs (ATOD), and participation in Antisocial Behaviors. The survey also examined risk and protective factors that influence delinquency, substance use and other antisocial behavior.

Risk factors and protective factors are characteristics of communities, families, and schools which increase or decrease, respectively, the likelihood that youth will engage in substance use and antisocial behavior. Where possible, results from the 2021 *Prevention Needs Assessment Survey* are compared with those from the 2013, 2017 and 2021 surveys. When applicable, results from the Whistler survey are compared with results from students in the entire Sea-to-Sky corridor and with two large normative sample groups.

By using a longitudinal approach, Communities that Care Whistler can monitor the effectiveness of prevention strategies that have been implemented and can adjust them to meet current needs.

² Bach-Harrison Prevention Needs Assessment Survey [Project Information Sheet](#)

³ **BH Norm** - Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide communities with the ability to compare their survey results with national measures. There is a database of approximately 970,000 US students and in order to keep the BH Norm relevant**, it is updated approximately every two years as new data becomes available. **The BH Norm was last updated in 2019 before the COVID-19 Pandemic so the comparisons must be reviewed with this in mind.

SURVEY OVERVIEW AND PARTICIPANT SUMMARY

The Communities That Care (CTC) Risk and Protective Factor Youth Survey (also known as the Prevention Needs Assessment (PNA) Survey) was designed to measure the need for prevention services among youth in the areas of substance abuse, delinquency, antisocial behavior, and violence. The questions on the survey ask youth about the factors that place them at risk for substance use and other problem behaviors along with the factors that offer them protection from problem behaviors. The survey also inquires about the use of alcohol, tobacco, and other drugs (ATODs) and participation in various antisocial behaviors.⁴

The survey was designed to assess students’ involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors noted in the chart below⁵.

Risk Factors for Adolescent Problem Behavior																				
Problem Behaviors	Community							Family			School		Peer/Individual							
	Availability of Drugs	Availability of Firearms	Community Laws & Norms Favorable Toward Drug Use, Firearms, & Crime	Media Portrayals of the Behavior	Transitions and Mobility	Low Neighborhood Attachment and Community Disorganization	Extreme Economic Deprivation	Family History of the Problem Behavior	Family Management Problems	Family Conflict	Favorable Parental Attitudes & Involvement in the Problem Behavior	Academic Failure Beginning in Late Elementary School	Lack of Commitment to School	Early & Persistent Antisocial Behavior	Rebelliousness	Gang Involvement	Friends Who Engage in the Problem Behavior	Favorable Attitudes Toward the Problem Behavior	Early Initiation of the Problem Behavior	Constitutional Factors
Substance Abuse	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency		✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy							✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	
School Drop-Out					✓		✓	✓	✓		✓	✓	✓	✓			✓	✓	✓	
Violence	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Depression & Anxiety					✓		✓	✓	✓		✓	✓	✓	✓						✓

The survey is completely confidential. The student is given a survey booklet that contains the question items and a place for him/her to record responses. The survey booklets do not have the student’s name, or any other identifying information on it other than grade, race and gender. Through the survey’s administration process, most of the reasons for students to exaggerate or deny behaviors were eliminated to ensure the data was valid. Surveys were eliminated from the final data reported in this report for meeting one or more the following five pre-determined dishonesty indicators⁶.

Please note that, due to the relatively small sample size when results are looked at by grade level, results that reflect the responses of five or fewer students are not included in this report. Excluding data that reflects the responses of fewer than five people is standard research protocol. Therefore, “reportable” results are those that reflect the responses of more than five students.

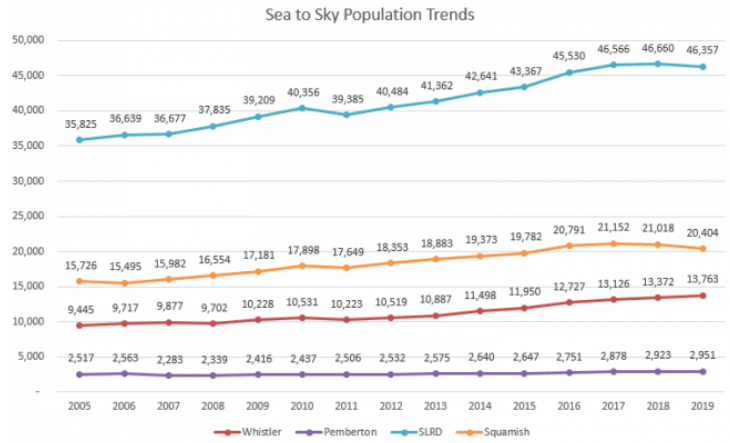
In 2021, the survey was administered within the school districts in late May. Comparisons to prior years must be made cautiously as the survey was previously conducted in the late September. Time of year may influence the results.

⁴ Bach-Harrison website <http://bach-harrison.com/BhResources/PnaSurvey.aspx>
⁵ 2021 Prevention Needs Assessment Survey Profile Report, Communities that Care – Whistler Profile
⁶ 2021 Prevention Needs Assessment Survey Profile Report, Communities that Care – Whistler Profile – Validity Measures

SEA TO SKY PROFILE

According to BC Stats and Stats Canada Census data⁷, all three communities in the Sea to Sky are experiencing growth and have over the last decade.

As of September 2020, School District 48 had 5,062 students enrolled which represents a 1.9% increase over 2019. The majority of the students (1,800) are represented in Grades 8 to 12.



WHISTLER

As a resort community, Whistler has a higher-than-average proportion of young people. Over 25 per cent of permanent residents are under the age of 25 with many more seasonal employees, temporary residents and visitors adding to the number of youth in the community. The resort community strives to keep young families living and working in Whistler. This has in turn resulted in high demand for childcare programs, after school activities, and services for working parents. Similarly, demands on youth support services in areas such as mental health and housing are high.

In 2020, Whistler’s population of permanent residents was calculated at almost 14,000, following a 10-year pattern of consistent year-over-year growth.

The sample size for this survey was 2,540 students in the Sea to Sky corridor and 1,778 participated, representing 70% of the student population from grades six to 12. In 2021, 30% of Whistler students between grades 6 to 12 (568 of 1,886 total) completed the survey in 2021. In the 2021 survey, 17% of respondents were in grade six while only 7% were in grade 12. This percentage breakdown, however, is fairly representative of the overall youth population in Whistler.

Whistler Survey Respondent Profile - Detail

Question	Response	Grade 6		Grade 7		Grade 8		Grade 9		Grade 10		Grade 11		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
What is your ethnic background?																	
Indigenous (First Nation, Métis, Inuit, Status, Non-Status)	Yes	33	13.6	35	13.0	31	14.0	23	10.1	25	13.1	5	3.0	16	13.3	168	11.7
	No	209	86.4	235	87.0	191	86.0	205	89.9	166	86.9	161	97.0	104	86.7	1271	88.3
White	Yes	177	73.1	186	68.9	166	74.8	162	71.1	135	70.7	132	79.5	83	69.2	1041	72.3
	No	65	26.9	84	31.1	56	25.2	66	28.9	56	29.3	34	20.5	37	30.8	398	27.7
Asian (Chinese, Japanese, Korean, Vietnamese, Cambodian, Malaysian, Laotian, Filipino, etc.)	Yes	29	12.0	27	10.0	28	12.6	35	15.4	29	15.2	29	17.5	20	16.7	197	13.7
	No	213	88.0	243	90.0	194	87.4	193	84.6	162	84.8	137	82.5	100	83.3	1242	86.3
South Asian (East Indian, Pakistani, Sri Lankan, etc.)	Yes	8	3.3	23	8.5	17	7.7	13	5.7	12	6.3	9	5.4	10	8.3	92	6.4
	No	234	96.7	247	91.5	205	92.3	215	94.3	179	93.7	157	94.6	110	91.7	1347	93.6
Black	Yes	2	0.8	9	3.3	8	3.6	8	3.5	4	2.1	5	3.0	3	2.5	39	2.7
	No	240	99.2	261	96.7	214	96.4	220	96.5	187	97.9	161	97.0	117	97.5	1400	97.3
West Asian (Iranian, Afghani, Arab)	Yes	2	0.8	3	1.1	4	1.8	2	0.9	0	0.0	3	1.8	0	0.0	14	1.0
	No	240	99.2	267	98.9	218	98.2	226	99.1	191	100.0	163	98.2	120	100.0	1425	99.0
Latin American	Yes	5	2.1	8	3.0	8	3.6	7	3.1	4	2.1	8	4.8	2	1.7	42	2.9
	No	237	97.9	262	97.0	214	96.4	221	96.9	187	97.9	158	95.2	118	98.3	1397	97.1
Other	Yes	37	15.3	36	13.3	25	11.3	24	10.5	14	7.3	6	3.6	3	2.5	145	10.1
	No	205	84.7	234	86.7	197	88.7	204	89.5	177	92.7	160	96.4	117	97.5	1294	89.9
To which do you most identify?	Female	116	47.3	128	46.9	108	49.1	97	42.9	89	46.4	71	42.3	56	46.7	665	46.1
	Male	121	49.4	135	49.5	98	44.5	121	53.5	94	49.0	91	54.2	63	52.5	723	50.1
	Transgender	0	0.0	3	1.1	4	1.8	2	0.9	0	0.0	2	1.2	0	0.0	11	0.8
	Gender neutral	4	1.6	2	0.7	2	0.9	2	0.9	3	1.6	1	0.6	1	0.8	15	1.0
	Non-Binary	4	1.6	5	1.8	8	3.6	4	1.8	6	3.1	3	1.8	0	0.0	30	2.1

⁷ Resort Municipality of Whistler Community Monitoring – [Sea to Sky Population Trends](#)

2021 DATA RESULTS: WHISTLER

SURVEY CONTEXT: PANDEMIC

In 2021, the strains of living in a mountain resort community were weighing heavily on community members. Global travel restrictions were in place, health protocols were strictly required, businesses were suffering large financial losses and major operational challenges. Many families suffered job loss and uncertainty through the ups and downs of the virus and its variants.

Communities like Whistler are managing through unprecedented times with no pre-existing road map to guide the way. Whistler community leaders mobilized at the onset of the COVID-19 pandemic, using two working groups to address recovery and social services. The Social Services Working Group was focused on the psycho-social recovery of the community. They were tasked with identifying and addressing gaps, looking out for opportunities and advocacy to support the wellbeing of community members.

Social services were integral to the community's response to challenges related to the COVID-19 pandemic. The Whistler Community Services Society had 87% more visits to its food bank as compared to 2019 (6,300 visits) and 52% more clients attending sessions for mental and emotional or peer support (6,000 visits).

When the 2021 survey was administered, students in SD48 were back in school full time with in-person classes that required strict protocols (daily health checks, mask-wearing, isolating if exposed to the virus, testing if symptomatic) to protect against the COVID-19 virus. Sports, music and other extracurricular activities were permitted while mask requirements and other health and safety measures were in place to keep schools safe.

As of September 17, 2021, 86% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 78% received their second dose (source: Vancouver Coastal Health). Proof of vaccination was required in B.C. for people to access a broad range of social, recreational and discretionary events and businesses throughout the province.

It is important to note that the BH Norm, used to benchmark and analyze data from this survey, was last updated in 2019 before the COVID-19 Pandemic so the comparisons must be reviewed with this context.

SUBSTANCE USE

Alcohol, tobacco (cigarettes, smokeless, and vaporized), marijuana, and inhalants are the drugs first and most commonly abused by youth⁸. The higher prevalence and earlier initiation of use makes monitoring these drugs useful when monitoring at-risk students for progression from experimentation to social use to addiction to these and other substances.

The terms "lifetime use" and "regular use" describe respondents' experiences with alcohol, tobacco, and other drugs (ATODs). Throughout this report, the terms "experimental or lifetime use" refer to a respondent indicating that they have tried alcohol or other substances and "regular use" indicates a survey respondent has used alcohol or other substances in the past thirty days.

Substance Use Charts

Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.

30-day use is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.

Heavy use is measured in two ways: binge drinking (five or more drinks in a row over the last two weeks), and use of one-half a pack or more of cigarettes per day.

⁸ 2021 Prevention Needs Assessment Survey Profile Report, Communities that Care – Whistler Profile – ATOD Tables

The most common substance used was alcohol, noted by 49% of students during their lifetime in the 2021 survey. The next most frequent drug used was e-cigarettes, with 28.8% indicating use during their lifetime.

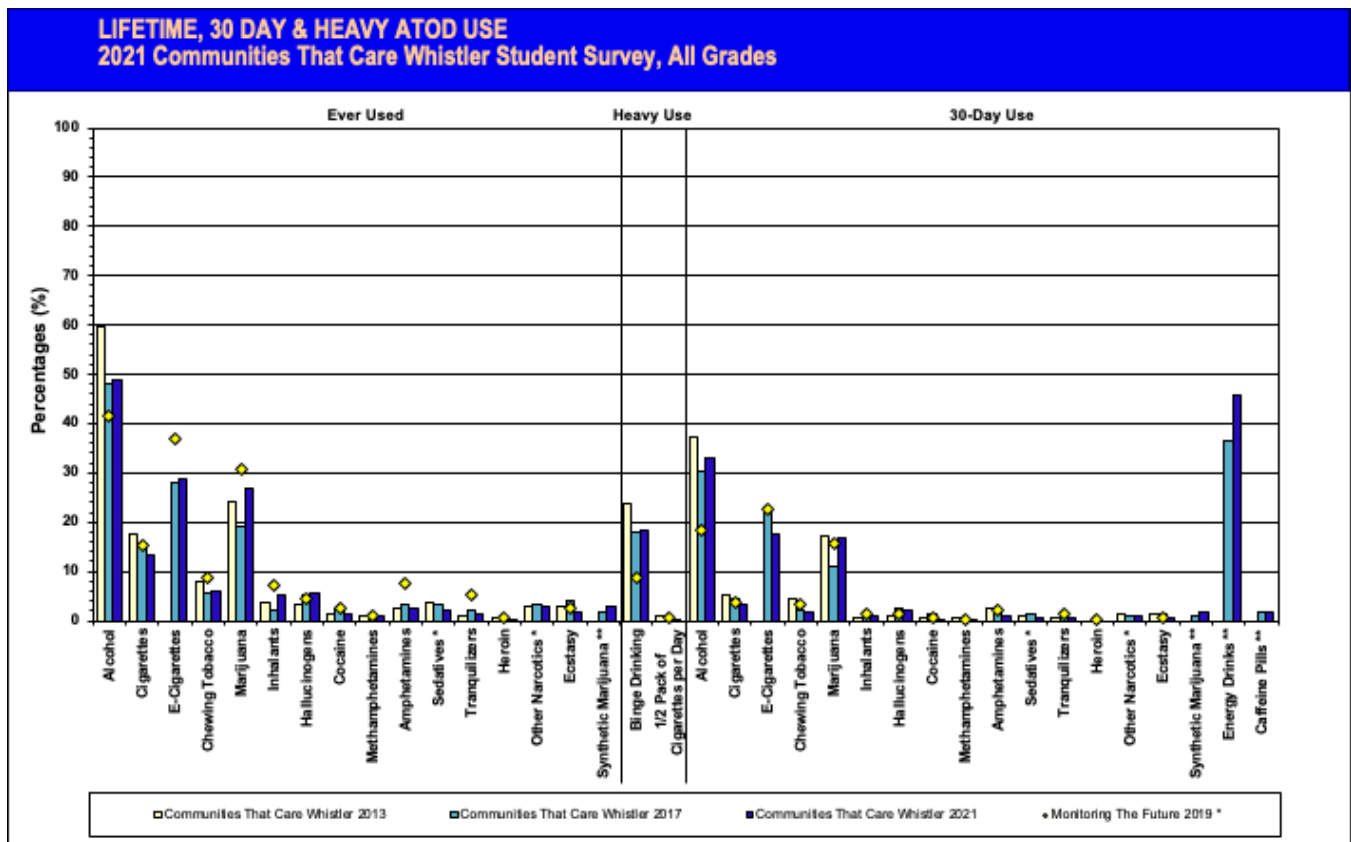
The prescription drug most used by students in this survey was prescription pain relievers (3.0% of students indicating lifetime use). The next most frequently used substance was prescription stimulants or amphetamines (2.5% of students indicating lifetime use).

When data is aggregated across all grades surveyed, the use of alcohol overall has decreased since 2013 but is still above the comparative norm. By grade 8, 48% of students surveyed in 2021 had tried consuming alcohol, climbing to over 80% in grade 11. Of these Grade 11 students, 60% also participated in binge drinking within two weeks of completing the survey.

In terms of accessing alcohol, 46.8% of students chose “I got it from home with my parents’ permission” as their most frequent source/method of obtaining the alcohol they used. The next most frequently reported source of alcohol was “I got it from someone I know age 21 or older” with 36.5% of students indicating this method. *Note: the legal drinking age in British Columbia is 19 so the age 21 reference refers to the US-based norm.

This survey captures data for marijuana use, which was legalized in Canada in 2018, so this may skew the comparisons from 2017 and 2013, as attitudes toward its use have shifted. The federal Cannabis Act allows Canadians 18 years of age and over to purchase and use cannabis. The comparisons show the highest rate of use for all students surveyed in 2021 likely due to this shift in legislation. By Grade 9, over 30% of participants tried marijuana, climbing to over 60% in grade 11.

In all grades, the indicators for 2021 noted increasing use for most of the substances relative to the 2017 survey (alcohol, cigarettes, e-cigarettes, marijuana and binge drinking all showed single-digit percent increases). These were more prominent in the 9th and 10th grade responses, with some showing 10% increases. Energy drinks in particular showed a 10% increase across all grades. When comparing 2013 to 2021 results, binge drinking has decreased overall, with a slightly higher incidence compared to 2017.



ANTISOCIAL BEHAVIORS

Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the charts.

Antisocial behavior may be outwardly directed, involving aggression against adults or peers, or might be other destructive or inappropriate. Less overt antisocial behavior includes addictive behavior (such as gambling) or dishonest communication with parents.

Antisocial Behavior charts

Antisocial behavior (ASB) is a measure of the percentage of students who report any involvement during the past year with the eight antisocial behaviors listed in the charts.

Driving and Alcohol is a measure of the percentage of students who report drinking and driving, or being a passenger in a car where the driver had been drinking in the past 30 days.

Gambling Behavior is a measure of the percentage of students who report any involvement during the past year with the ten types of gambling listed in the charts. *Gambled in the Past Year* is a measure of any participation in any of the gambling types whatsoever.

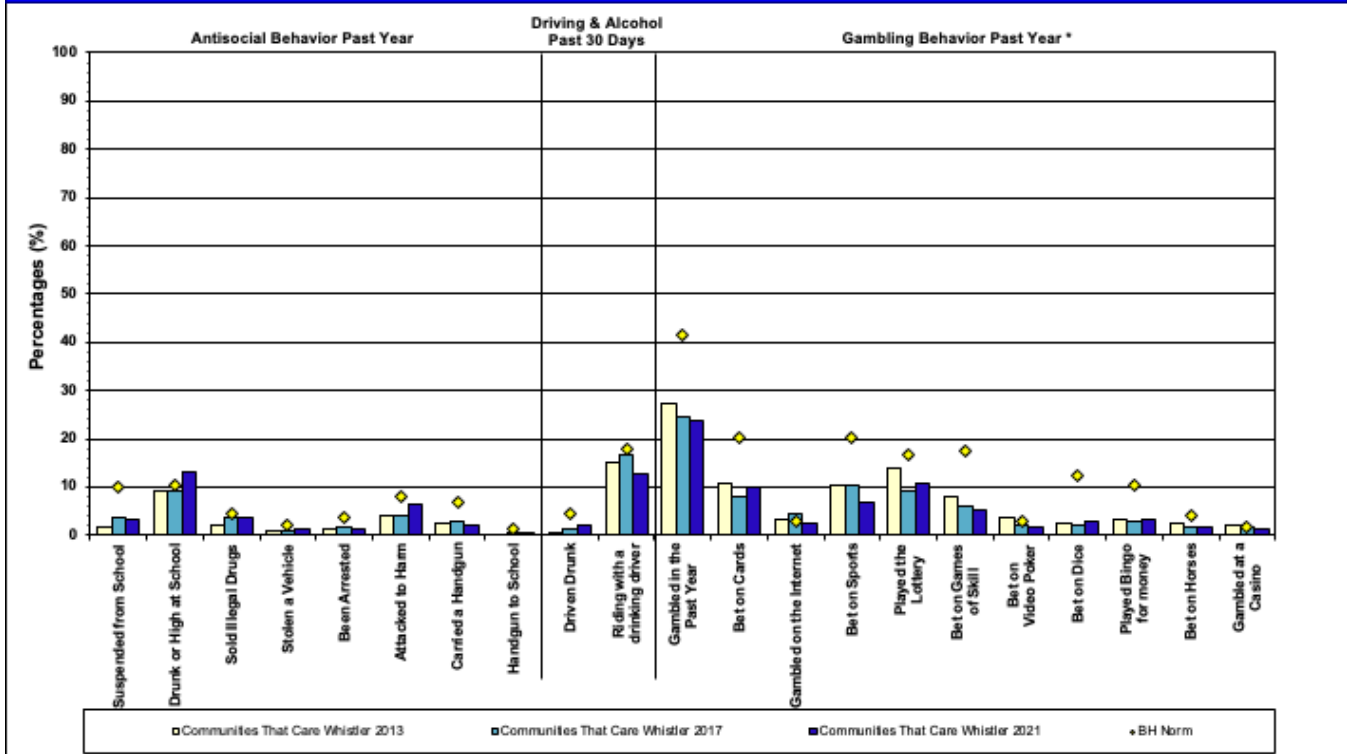
The most frequently reported antisocial behavior in this survey was having “been drunk or high at school” reported by 17.5% of students in Whistler. This is an increase over both the 2017 and 2013 results. The Sea to Sky average in 2021 was 13%. While the responses are not representative of the majority of Whistler students, the rates for being drunk or high at school are more than 50% higher than the BH norm for students in Grades 7, 8, 9, 10 and 11. The grade 10 responses had more than 20% higher rates for this behavior than in 2017.

While there was a small increase overall in the survey respondents driving while drunk, there is a decrease in the results for riding with a drinking driver, showing the lowest rate since 2013.

The overall rates for gambling are well below the BH norm. There were some increases also noted for gambling in the past year for grades 10 and 11. Even though gambling activities are legally restricted to adults, there is clear evidence that underage youth actively participate in gambling. Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

Overall, 23.8% of students in Whistler engaged in gambling for money or anything of value in their lifetime. The most frequently reported form of gambling was “buy lottery or scratch-off tickets” reported by 10.8% of students who had gambled in the past 12 months.

ANTISOCIAL BEHAVIOR AND GAMBLING
2021 Communities That Care Whistler Student Survey, All Grades



ADDITIONAL QUESTIONS POSED IN 2021

The typical Prevention Needs Assessment Survey is standardized across the United States and contains some questions that are not as relevant to a Canadian population. The Board of Directors at Communities that Care Whistler added questions to better qualify respondents and their experiences to provide relevant localized context for the survey results. The questions were designed to address particular trends that were noticed across the corridor in 2021 and give additional insights into the impacts of the global pandemic.

The following summarizes highlights from 10 additional questions in the 2021 survey.

Qualifications related to ethnicity and gender identity

In the Whistler sample, 72% of respondents identified as white with 11% as First Nation, 13% as Asian, 6 South Asian, 2% as Latin American and 2% as Black. Forty five percent identified as Female, 50% as Male and 3.8% as Transgender, Gender Neutral or Non-Binary. Note: respondents were able to make more than one selection.

Areas of your life that have been negatively impacted due to COVID-19 restrictions or symptoms

When asked if their quality and enjoyment of life was impacted by COVID-19, 54% answered yes and 25% noted that it negatively impacted relationships with their family and 44% with friends. Approximately 40% noted COVID negatively impacted their enjoyment of school, rising to 60% of 12th grader’s experience.

Experiences due to COVID-19 circumstances or symptoms

In 2021, 12% of respondents had a member of their household lose their employment due to the COVID pandemic and 5% had to move or change homes. Keeping up with school and learning online was challenging for 31% of students on average, with over 50% of 11th graders having difficulty. Almost a quarter of respondents felt sad or hopeless over a two-week period with 10% seriously considering suicide; closer to 20% of grade 8 students had these suicidal thoughts.

Detail on personal experiences, not limited to 2021, but in their lifetime

28% of respondents needed or knew someone under the age of 25 who has needed access to abortion / pregnancy termination services. A quarter of respondents engaged in sexual activity while drinking alcohol. Six out of ten respondents have received nude photos and 30% have sent these photos to others. Only 17% questioned whether consent was given/received for sexual activity they were engaged in. Approximately 28% have talked with at least one parent/caregiver about being sexually active.

Knowledge and confidence related to accessing services and resources in their community

Seven out of 10 respondents are confident in accessing services in their community related to mental health, 48% for sexual health, 47% for suicide, 51% for bullying, 44% for sexual assault or harassment, 60% for counseling and 47% for food security.

Barriers / things that prevent individuals from getting help when they need it

The barriers are mainly related to what others will think about them accessing services: 37% worried about what family will think, 25% worried about friends, 43% embarrassment or guilt, 22% fear or punishment and 30% are afraid of not being taken seriously.

Experiences on their phone or online

Approximately 42% of students had a private message or photo forwarded or shared without their permission and 56% received explicit images they did not ask for. Also, 46% have received aggressive or hurtful messages, such as name-calling and/or physical threats, including 62% of grade 8 respondents.

Adults that they can go to for help

If they had a problem, 78% would turn to a parent or relative, followed by 66% who would turn to a friend. The percentage is much lower for other adults, including: 12% youth centre employee or counselor, 19% school counselor, almost 20% teacher 18% friend's parents or family, 15% police officer, 10% activity leader and 9% social worker.

Experiences that have happened in their lifetime

These questions covered a range of different scenarios, 22% had considered running away from home at some point in their lifetime (7% actually did leave home) and 6% needed housing away from family or caregivers.

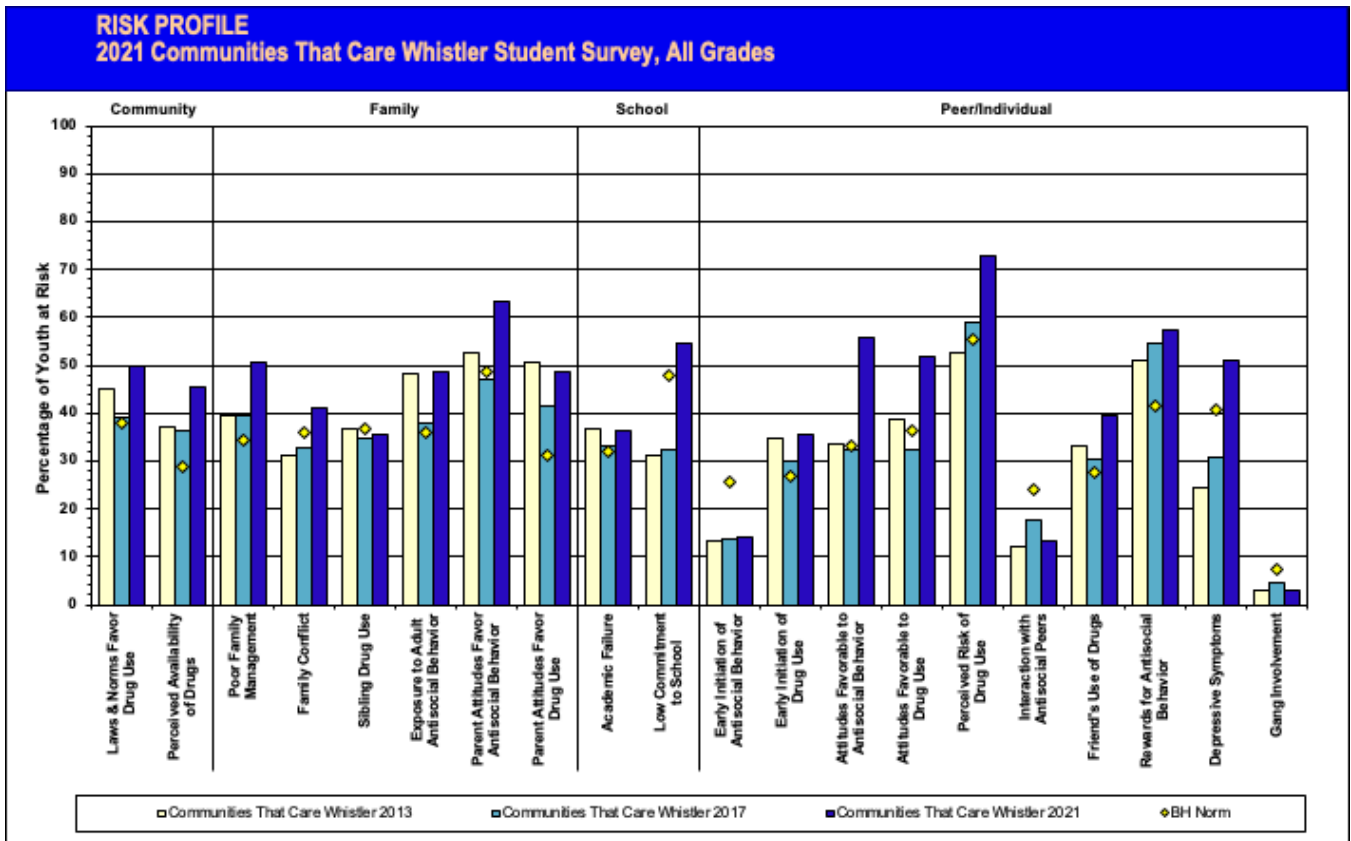
RISKS AND PROTECTIVE FACTORS

Risk and protective factor scales measure specific aspects of a youth’s life experience that predict whether he/she will engage in problem behaviors. The scales are grouped into four domains: community, family, school, and peer/individual. The risk and protective factor charts show the percentage of students at risk and with protection for each of the scales.

OVERVIEW: RISK FACTORS

Risk factors are characteristics of school, community and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth.

Across all grades, only 4 of the risk factors were below the BH Norm. The largest increases were seen with parent attitudes favoring drug use, low commitment to school, attitudes favorable to antisocial behavior and attitudes favorable to drug use.

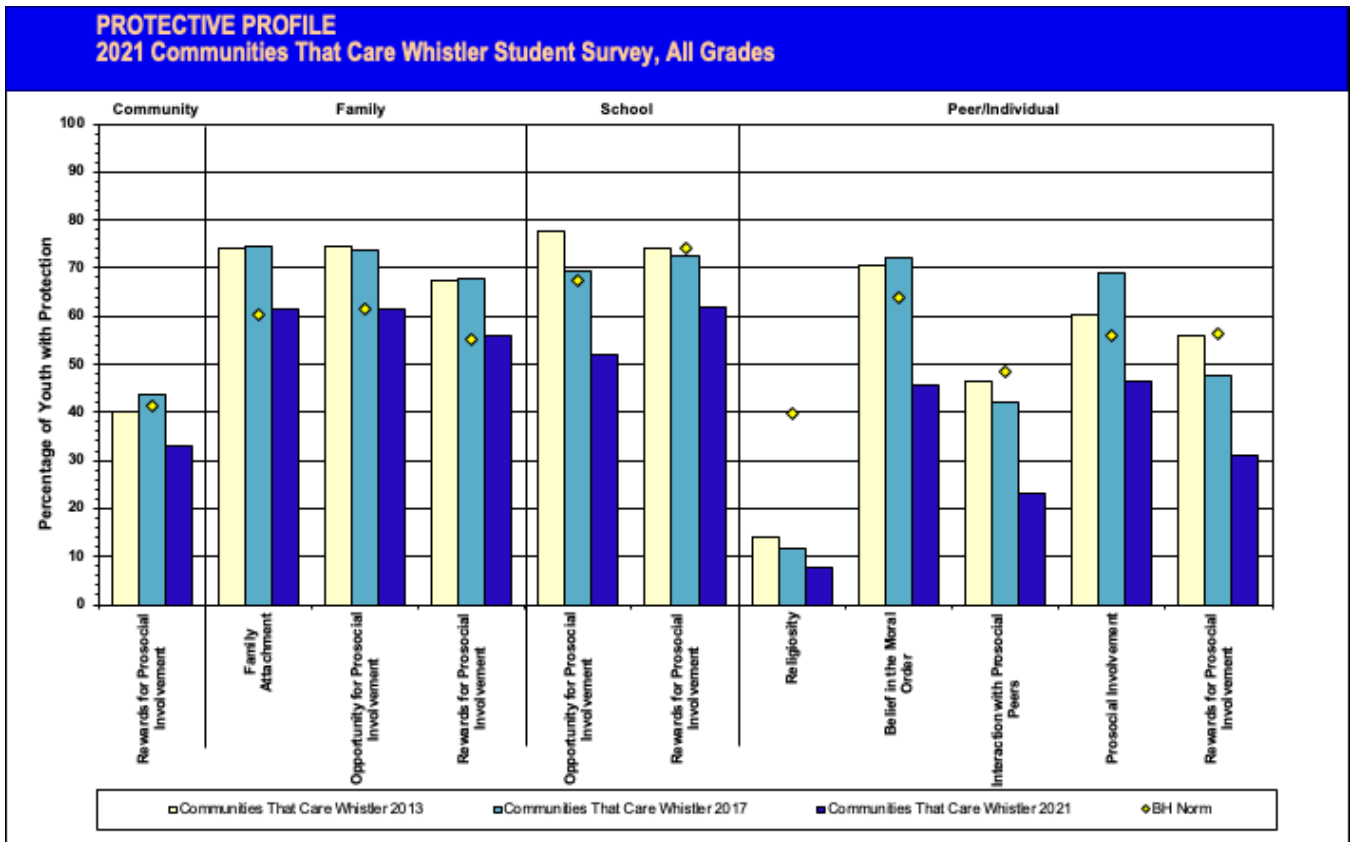


OVERVIEW: PROTECTIVE FACTORS

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behavior.

Over all the grade levels, protective factors decreased between 2017 and 2021. For opportunities for prosocial involvement, from 2017 to 2021, the percentage of youth with protection decreased significantly for grades 6, 7 and 8 and decreased slightly for grades 9, 10, 11 (although grade 9 decreased a lot since 2013) and increased slightly for grade 12.

Over the longer-term view, every protective factor has decreased since 2013. Belief in moral order showed the largest decline along with interaction with prosocial peers and rewards for prosocial involvement.



HIGHLIGHTS: BY DOMAIN

COMMUNITY DOMAIN – RISK FACTORS

Both scales in this domain deal with attitudes toward drug use. As noted above, the federal Cannabis Act introduced in 2018 allows Canadians 18 years of age and over to purchase and use cannabis. This has likely influenced changes in the risk factors related to: Laws that Favour Drug Use and Perceived Availability of Drugs. Both of these factors saw increases in 2021 for grades 8 – 12.

Community Risk Factors

Laws and Norms Favorable Toward Drug Use: Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.

Perceived Availability of Drugs: The availability of cigarettes, alcohol, ecigarettes/vapes, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.

COMMUNITY DOMAIN – PROTECTIVE FACTORS

The sole scale for this domain, “Rewards for Prosocial Involvement,” measures recognition and encouragement for youth by their neighbors. All grades were well below 50% in this factor with some grades (6, 7, 9) falling short of the BH Norm and the 2017 results.

Community Protective Factors

Rewards for Positive Involvement: Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.

FAMILY DOMAIN – RISK FACTORS

The family domain consists of six risk factors: Poor Family Management, Family Conflict, Sibling Drug Use, Exposure to Adult Antisocial Behavior, Parental Attitudes Favorable to Antisocial Behavior, and Parental Attitudes Favorable to ATOD Use. Conflict in the home, a lack of clear rules governing substance abuse and antisocial behavior, and older siblings setting less-than-positive examples can all contribute to a teen’s participating in negative behaviors.

In 2021, almost every indicator was consistently above the BH Norm across all grades in Whistler. Some increases in risk factors reported in 2021 were evident in “family conflict”, “sibling drug use” and “parent attitudes favour drug use”.

Family Risk Factors

Exposure to Adult Antisocial Behavior: When children are raised in a family or are around adults with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.

Sibling Drug Use: Youth who are raised in a family where their siblings use drugs are more likely to use drugs themselves.

Family Conflict: Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.

Parental Attitudes Favorable Toward Antisocial Behavior & Drugs: In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children’s use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent’s cigarette or get the parent a beer from the refrigerator.

Poor Family Management: Parents’ use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents’ failure to provide clear expectations and to monitor their children’s behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.

FAMILY DOMAIN – PROTECTIVE FACTORS

This scale measures the degree to which the survey respondents enjoy spending time with their parents and how much positive recognition they receive from their parents. Positive family bonds and open communication at home can influence the protective factors. Most grades had higher results in 2021 than the Sea to Sky average, with some improvements made in grades 8, 11 and 12.

Family Protective Factors

Family Attachment: Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.

Opportunities for Prosocial Involvement: Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.

Rewards for Prosocial Involvement: When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.

SCHOOL – RISK FACTORS

The risks factors related to Academic Failure were lower for all grades 2021 compared to 2017 and in all but grade 12 and 6, were lower than the BH Norm. Academic failure increases the risk of both drug abuse and delinquency. Comparing 2017 to 2021 should consider that attitudes may have shifted were many changes over the 2020 academic year due to distance learning and restrictions through the pandemic. Approximately 65% of grade 9s showed a low commitment to school, which was considerably higher than other grades.

School Risk Factors

Academic Failure: Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

Low Commitment to School: Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

SCHOOL – PROTECTIVE FACTORS

When students in Whistler see school as a place with a variety of fun activities where they receive praise and positive reinforcement, it can provide motivation for teens to become good citizens of their school rather than engage in antisocial behaviors.

Across most grades, Whistler fell short of the BH Norm in both opportunities for prosocial involvement and rewards for prosocial involvement. There were increases in 2021 however, with improvements noted in Grades 8, 9, 10 and 12 for opportunities for prosocial involvement.

School Protective Factors

Opportunities for Prosocial Involvement: When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.

Rewards for Prosocial Involvement: When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

PEER-INDIVIDUAL – RISK FACTORS

The Peer-Individual domain uses ten separate scales to construct a picture of how student introduction to delinquency and association with friends who use drugs and engage in problem behaviors puts them at risk of engaging in those same types of actions in the future.

All grades showed significantly higher percentages than the BH Norm with respect to: “attitudes favorable toward antisocial behavior” and “attitudes favorable toward drug use”. When students don’t believe they will suffer any physical harm or consequences if they take ATODs, then they are much more likely to do so. It should be noted that the legal drinking age in British Columbia is 19 but the US-based norms consider age 21, further, most states in the US have not legalized cannabis.

Further, a “friend’s use of drugs” and “rewards for antisocial behavior” were consistently higher (almost 20 percentage points) than the BH Norm. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.

These patterns were consistent with the 2017 survey. Of note, 72% of all students surveyed in 2021 were noted on the scale for “perceived risk of drug use”. Altering students’ perception that ATODs, particularly alcohol and marijuana, are safe and consequence-free will be necessary in any attempt to persuade young people in Whistler to avoid their use.

Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use. In 2021, 36% of students in grade 9, 18% in grade 8 and 10% in grade 7 had already used Marijuana in their lifetime, and the figures are quite similar for use in the past 30 days.

Depressive Symptoms across all grades were reported at levels above the BH Norm, and respondent rates above 50% were reported in grades 8, 9, 10, and 11. Of respondents in grade 8, 55.1% endorsed Depressive Symptoms, compared to the BH Norm of 37.4%. Further, 56.5% of grade 9 students, 55.6% of grade 10 students, and 60% of grade 11 students reported Depressive Symptoms, compared to the BH Norms of 38.2%, 43.2%, and 44.9% respectively.

When evaluating Depressive Symptoms for the survey, the scale for questions includes the following references: *Sometimes I think that life is not worth it; At times I think I am no good at all; All in all, I am inclined to think that I am a failure; In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?*

Peer-Individual Risk Factors

Early Initiation of Antisocial Behavior and Drug Use: Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use.

Attitudes Favorable Toward Antisocial Behavior and Drug Use: During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.

Friends' Use of Drugs: Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth.

Interaction with Antisocial Peers: Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.

Perceived Risk of Drug Use: Young people who do not perceive drug use to be risky are far more likely to engage in drug use.

Rewards for Antisocial Behavior: Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.

Rebelliousness: Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.

Depressive Symptoms: Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.

Gang Involvement: Youth who belong to gangs are more at risk for antisocial behavior and drug use.

PEER-INDIVIDUAL – PROTECTIVE FACTORS

A strong grasp of what is right and wrong, and a belief in honesty and accountability is captured in survey questions about cheating, stealing, fighting and lying to parents. These are essential building blocks for helping young people make more difficult moral choices as they grow up.

Overall belief in moral order has declined from over 70% in 2017 to approximately 42% in 2021. This was consistent in all grades and is well below the BH Norm. It is possible that the decline was influenced by the lack of options to participate in school and community activities (prosocial involvement) during the pandemic in 2020 and 2021 contributed to the changes.

Peer-Individual Protective Factors

Religiosity: Young people who regularly attend religious services are less likely to engage in problem behaviors.

Social Skills: Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.

Belief in the Moral Order: Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.

Prosocial Involvement: Participation in positive school and community activities helps provide protection for youth.

Rewards for Prosocial: Young people who view working hard in school and the community as rewarding are less likely to engage in problem behavior.

PREVENTION PRIORITIES

RISK FACTORS

Risk factors related to the family and peer/individual domains are a concern, as some of the increases in risk factors were 10% and higher than the 2017 survey findings.

Following up from the 2017 Prevention Needs Assessment recommendations, now that cannabis is legal in Canada, particular attention should be focused on the low perceived risk of drug use and the increases in use, particularly the grade 8 students where the largest increase in use was noted. Altering students' perception that ATODs, particularly alcohol and marijuana, are safe and consequence-free will be necessary in any attempt to persuade young people in Whistler to avoid their use.

The new questions added in 2021 that pertained to experiences either on the student's phone or online uncovered new data that should be monitored going forward. Across all grades, from 35 to 68% have received aggressive or hurtful messages, including physical threats. Overall, 65.5% received nude photos and 36.4% sent these to others.

The most concerning findings from this report were the high levels of mental health issues and stress among youth in Whistler. When the survey was issued, additional questions were posed related to attempting suicide. In 2021, 100 respondents had seriously considered attempting suicide over the last 12 months. It should be noted that this was most evident in the grades 6 to 9 with some even making a 'plan' about how they would attempt it.

PROTECTIVE FACTORS

Protective factors have consistently decreased in all domains. The number of Whistler students exhibiting protection is largely influenced by the availability of positive ways to spend their free time and the amount of time they spend doing enjoyable activities with their parents. The 2021 survey results indicate that helping students find positive ways in which to channel their time at home and at school will ensure that our youth continue to exhibit strengths on the protective factors measured.

While most of the students surveyed could get help from a parent or other adults, the rates were fairly low (in many cases below 10%) when considering: school counselors, social workers, teachers, police officers or activity leaders as an adult in your life you could go to for help. Increased efforts are needed to improve youth's understanding of the available resources and how to access them.

REFERENCES

2021 PREVENTION NEEDS ASSESSMENT SURVEY PROFILE REPORT

Full data summaries and charts referenced in this report are provided in the 2021 Prevention Needs Assessment Survey Profile Report for Communities that Care Whistler (CTC Whistler Profile Report).

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2021. The results are presented along with comparisons to the Monitoring the Future Survey (A US nation-wide survey of grades 8, 10, and 12) and the Bach Harrison Norm (BH Norm).

The survey was designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth.

The report also breaks down the Risk and Protective scale definitions along with the questions that are included in the survey to measure responses within each of the four following domains to qualify the responses: Family, Community, School and Peer-Individual.

BH NORM

The BH Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national measures. Survey participants from eleven statewide surveys and one large regional survey across the nation were combined into a database of approximately 970,000 students.

The results were weighted to make the contribution of each state and region proportional to its share of the national population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as BH Norm. In order to keep the BH Norm relevant, it is updated approximately every few years as new data become available.

The last update of the BH Norm was in 2019.

MONITORING THE FUTURE

Additional benchmarks are provided from a nation-wide survey of grades 8, 10 and 12 in the United States. The Monitoring the Future study only considers drug and alcohol use.

The last update for the Monitoring the Future study was in 2019.

2017 PREVENTION NEEDS ASSESSMENT SURVEY

Prior to the 2021 survey referenced in this report, Communities that Care Whistler conducted a **2017 Communities that Care (CTC) Youth Survey**, which was administered to Whistler public school students in grades 6 to 12 in the fall of 2017. The 2017 survey follows previous survey administrations in the spring of 2003, 2006 and the fall of 2013.

2021 AND 2016 YOUNG ADULT SURVEY

In addition to public-school students, young adults 18 to 26 years old were surveyed in 2009 and separate surveys for ages 19 to 30 in 2016 and 2021. The goal of this survey was to describe the experience of young adults in Whistler, rather than to answer a specific hypothesis. The primary data for this report was collected via an online survey distributed to young adults (ages 18 - 30) living in Whistler, in the same way it was distributed in 2016. Previous survey data was collected via paper surveys.

Supporting data from Statistics Canada, the BC CDC, Vital Signs Whistler, and Whistler Community Services Society were accessed to provide contextual and comparative data.

COMMUNITIES THAT CARE WHISTLER

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Thank you to past Board members that were instrumental in editing additional questions and coordinating with the School Board.

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For more information and to access past surveys, please go to our website:

ctcwhistler.ca