In Washington State, an estimated 24 percent of 10th grade youth have a physical, emotional, or learning disability.1 Alcohol, tobacco, and other drug use can negatively impact a youth’s physical, emotional, and social development, relationships with families and friends, and satisfactory progress in school. Several studies have found that youth with disabilities are more likely than those without disabilities to be at risk for substance use such as cigarette smoking, using illicit drugs and drinking alcohol.i,ii,iii,iv,v,vii The primary purpose of this data monograph is to present Washington State data on substance use behaviors for youth with disabilities.

Washington’s Healthy Youth Survey (HYS) is a statewide survey of youth attitudes and health behaviors. Public schools administer the survey every two years in grades 6, 8, 10, and 12. Although any school can participate in the survey, a random sample of public schools generates statewide data. The HYS provides important information about adolescents in Washington. County drug and alcohol prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policies and programs that serve youth.

The Youth Disability Screener used in the Healthy Youth Survey 2008 administration (for grades 8, 10, 12) is a 4-item measure based on self-reported disability status developed by the Seattle Quality of Life Group at the University of Washington.

Youth were classified as having a disability if they answered “Yes” to any of the following questions:

- Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?

1 Source: Washington State 2008 Healthy Youth Survey (HYS). The HYS is a collaborative effort between the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Social and Health Service’s Division of Behavioral Health and Recovery, the Department of Commerce, the Liquor Control Board, and the Governor’s Family Policy Council.
In 2008, about 19 percent (±1 percent) of 8th graders, 24 percent (±1 percent) of 10th graders, and 25 percent (±2 percent) of 12th graders were classified as having a disability using the Youth Disability screener. Results from Grade 10 are presented below.\(^2\)

Compared to 10th grade youth without disabilities, Washington 10th graders with disabilities are more likely to use tobacco, be current smokers or drinkers, binge drink, or use illicit drugs. For example, about 26 percent of 10th graders with disabilities reported smoking cigarettes in the past 30 days compared to 12 percent of 10th graders with no disabilities. Similar results were found for 8th and 12th graders.

### Comparison of Youth with Disabilities to Youth Without Disabilities, 10th Grade

Washington State Healthy Youth Survey Data 2008 (N = 3,318)

<table>
<thead>
<tr>
<th></th>
<th>Disability (n = 786)</th>
<th>No Disability (n = 2,532)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% ± margin of error</td>
<td>% ± margin of error</td>
</tr>
<tr>
<td><strong>Ever Used</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked a whole cigarette*</td>
<td>42 (±3%)</td>
<td>23 (±2%)</td>
</tr>
<tr>
<td>Ever had more than sip of alcohol*</td>
<td>75 (±3%)</td>
<td>61 (±3%)</td>
</tr>
<tr>
<td>Ever smoked marijuana*</td>
<td>40 (±3%)</td>
<td>27 (±2%)</td>
</tr>
<tr>
<td><strong>Current Substance Use (past 30 days)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current cigarette use*</td>
<td>26 (±3%)</td>
<td>12 (±2%)</td>
</tr>
<tr>
<td>Current alcohol use*</td>
<td>43 (±4%)</td>
<td>30 (±2%)</td>
</tr>
<tr>
<td>Current Marijuana Use*</td>
<td>28 (±3%)</td>
<td>16 (±1%)</td>
</tr>
<tr>
<td>Current illicit drug use (not including marijuana)*</td>
<td>14 (±3%)</td>
<td>4 (±1%)</td>
</tr>
<tr>
<td>Current illicit drug use (including marijuana)*</td>
<td>31 (±3%)</td>
<td>17 (±1%)</td>
</tr>
<tr>
<td>Current chewing tobacco use*</td>
<td>11 (±2%)</td>
<td>5 (±1%)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge drinking (5 or more drinks in a row in the past two weeks)*</td>
<td>25 (±3%)</td>
<td>16 (±2%)</td>
</tr>
</tbody>
</table>

*Statistically significant difference (p < 0.05) based on Mantel-Haenszel chi-square test after adjusting for gender, race, mother’s education, and rural-urban residence

---

\(^2\) Because results for 8th grade students may be affected by variations in school environment (8th graders can be in a middle school or junior high) and the potential for high risk students to have dropped out before entering 12th grade we chose to limit the results presented here to 10th grade students.
By understanding the unique needs of youth with special needs and disabilities, substance use prevention planning efforts can identify resources and educational approaches that are accessible, culturally and developmentally appropriate, and family-centered. Family-centered approaches recognize the unique partnership roles that youth, parents, and professionals play in improving outcomes for youth with disabilities.

While the Department of Health (DOH) does not specifically target substance use prevention for youth with disabilities, there are some DOH programs that address substance use prevention or youth development for all youth.

**Department of Health- Select Programs:**

**Tobacco Prevention Program (Select Youth Programs):**
- The Tobacco Prevention and Control Program implements a school-based tobacco prevention program based on the Centers for Disease Control and Prevention's Guidelines for School Health Programs. The program, which is a research-based, includes: delivering tobacco prevention curricula to students; training teachers and staff to implement curricula; strengthening, and enforcing tobacco-free school policies, and providing support to quit programs for students who use tobacco, involving parents, families, students, staff, local government, and other community members in the school’s anti-tobacco program efforts.
- The Tobacco Prevention and Control Program and its partner organizations support youth efforts to counter tobacco industry advertising, change attitudes in their community about tobacco, and prevent tobacco use among other young people. To increase the number of high school-aged youth who are trained and taking action against tobacco use, the Tobacco Program; encourages the formation of local tobacco prevention programs and supports youth anti-tobacco action groups, helps existing local youth anti-tobacco groups recruit new members, and provides training, skill development, and networking opportunities for youth and their adult advisors.

**Children with Special Health Care Needs Program**
- **Adolescent Health Transition Project:** The Children with Special Health Care Needs Program at DOH contracts with the University of Washington Center for Human Development and Disability and the Adolescent Health Transition Project to provide education and information through a variety of media and forums on health and life transitions for youth with special needs. The focus is on assisting parents, youth, and medical providers with the necessary tools and resources needed to improve their transition to all aspects of adult life.
- **Parent to Parent:** The Children with Special Health Care Needs Program contracts with and supports a number of organizations that provide information and support to families of children and youth with special health care needs. Parent to Parent services includes Person Centered Planning for youth with disabilities to assist them to transition.
to school and adulthood, as well as referrals to many other programs and services.

Division of Behavioral Health and Recovery, Department of Social and Health Services Select Programs
Select Division of Behavioral Health and Recovery programs targeting youth substance abuse prevention identified as effective interventions include:

- **Reducing Underage Drinking:** The goal of this program is to prevent underage use of alcohol by minors. Funds received from the Office of Juvenile Justice and Delinquency Prevention since 1998 have supported public education efforts, Liquor Control Board enhancements, a Reducing Underage Drinking (RUaD) track and/or workshops at the State Prevention Summit, youth leadership activities, and community-based coalitions (www.starttalkingnow.org). The driving force behind state-level alcohol policy discussions and recommendations, the RUaD Coalition includes 24 state agencies and statewide organizations, including the Washington State Liquor Control Board, Washington State Patrol, the Attorney General’s office, the Department of Health, the Washington Traffic Safety Commission, National Guard Counter-Drug Task Force, the College Coalition for Substance Abuse Prevention and others. Most recently, six communities piloted a RUaD product - *Action Kit: Reducing Alcohol Marketing to Youth*; support for additional environmental strategies will be developed.

- **Strengthening Families Program:** The Strengthening Families Program is for families whose kids are ages 10-14. The seven-session program includes both parents and children, with half of each session separate, and half together. The goal of Strengthening Families is to promote parent-child bonding, effective family functioning, and strengthened defenses against negative peer influences. Research has shown that youth participants in the program who were followed for four years were less likely to begin using alcohol, experience drunkenness and experiment with marijuana. Strengthening Families is delivered in diverse communities across the state, including a Spanish language version, and increasingly in Native American Communities. Several state agencies are partnering with WSU to study the success of the program in its many settings.

- **Life Skills Training:** The Life Skills Training Program is school-based and is designed to help students learn to think critically, make independent decisions, resist media pressures, manage common adolescent anxieties, as well as communicate effectively with parents, friends and authority figures. National studies indicate this program is effective in reducing alcohol use. Schools across the state use this program especially with programs that serve special education students.

**Washington’s Development Disability Council’s Youth Leadership Project:** This project trains, educates and supports youth with developmental disabilities in a culturally diverse leadership forum. Topics
include: disability civil rights movement, public policy, leadership skills, self-determination, achieving employment, and achieving community living. The project is an inclusive club and all students, faculty and community members are welcome. [http://www.ddc.wa.gov/Council_Projects.html]

- **National Youth Leadership Network**: The National Youth Leadership Network is dedicated to advancing the next generation of disability leaders. It promotes leadership development, education, employment, independent living, and health and wellness among young leaders; fosters the inclusion of young leaders with disabilities into all aspects of society at national, state and local levels; communicates about issues important to youth with disabilities and the policies and practices. Information is available at: [www.nyln.org](http://www.nyln.org)

- **Kids As Self-Advocates**: Kids as Self Advocates is a national, grassroots network of youth with special needs and our friends, speaking on behalf of ourselves. We are leaders in our communities, and we help spread helpful, positive information among our peers to increase knowledge around various issues. Information is available at [www.fvkasa.org](http://www.fvkasa.org)

- **Healthy and Ready to Work**: Success in the classroom, within the community, and on the job requires that young people with special health care needs stay healthy. To stay healthy, young people need an understanding of their health and to participate in their health care decisions. The program provides information and connections to health and transition expertise nationwide – from those in the know, doing the work and living it! Information is available at: [www.hrtw.org](http://www.hrtw.org)

**Tobacco Websites of Interest:**

- **Campaign for Tobacco Free Kids** A comprehensive site describing tobacco industry targeting of youth: [http://www.tobaccofreekids.org/index.php](http://www.tobaccofreekids.org/index.php)


*Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health. All links were correct at time of publication.*
Additional Websites of Interest:

Start Talking Now: http://www.starttalkingnow.org

Healthy Youth Survey:


Division of Alcohol and Substance Abuse, Department of Social and Health Services:
http://www1.dshs.wa.gov/dasa/default.shtml

Adolescent Health Transition Project: http://depts.washington.edu/healthtr/

Genetics:


Parent to Parent: http://www.arcwa.org/parent_to_parent.htm

Youth Disability Screener: http://depts.washington.edu/yqol/YDS

National Council on Disability: The Youth Advisory Committee: http://www.ncd.gov/

National Youth Advocacy Association: http://www.nyacyouth.org/

Center for Children with Special Care Needs: http://www.cshcn.org

References


vii Horner-Johnson W., PhD1, Charles E. Drum, JD, PhD1, Abdullah N., and Morrell B, MPH2 The 131st Annual Meeting (November 15-19, 2003) of APHA Abstract #62344 Youth Risk Behavior Survey: Health risks among Oregon high school students with disabilities.