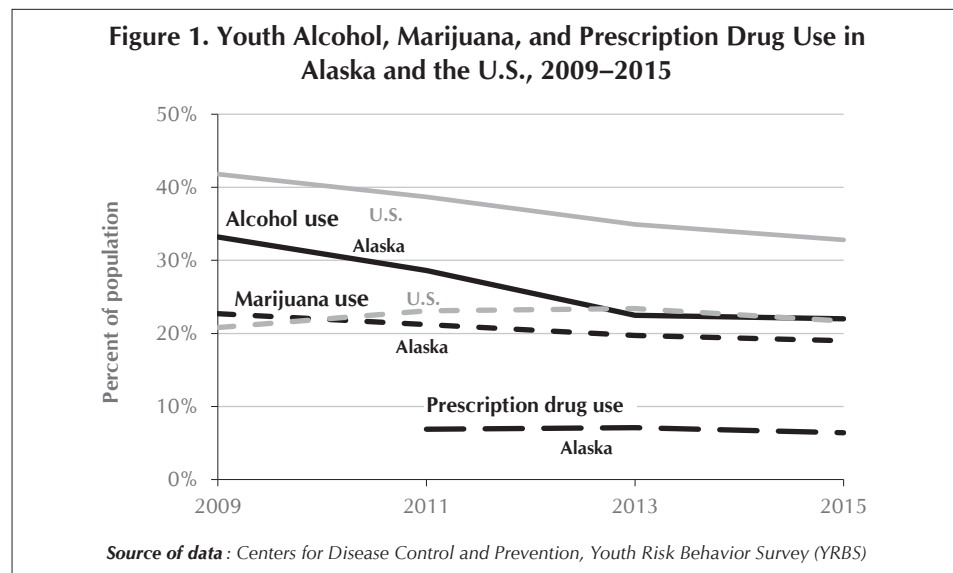


Youth Marijuana and Prescription Drug Abuse in Anchorage

Marny Rivera and Cory R. Lepage

Although alcohol use by youth under 21 years of age remains a concern both in Alaska and nationwide, growing attention has focused on the problems of youth marijuana use and youth non-medical use of prescription drugs. (All references hereafter in this article to prescription drug use by youth refer to *non-medical use*. See “Definition of Non-Medical Prescription Drug Use,” below.) The problem of youth substance use involves both the illegal consumption of these substances and the harmful consequences resulting from their use. The legalization of marijuana in Alaska—as well as in Colorado, Washington, Oregon, and Washington, D.C.—has heightened the focus on youth marijuana use and concern about its potentially harmful effects. In addition, there has been a spike in prescription drug use and abuse across the nation according to a 2016 Centers for Disease Control (CDC) study. The reported all-time high number of drug overdose deaths in the U.S. in 2014 has spurred a closer look at prescription drug use by youth, particularly because prescription opioid pain relievers were involved in most of the overdose deaths. In order to better understand youth access to and use of marijuana and prescription drugs, including the role adults play, this article focuses on the results of a survey about what adults, both parents and non-parents, think about *underage marijuana use and prescription drug use*, and what their concerns are.

Because parents and non-parenting adults play such an important role in whether youth are involved in substance use and abuse, Healthy Voices Healthy Choices, a coalition of Volunteers of America Alaska with support from the Anchorage Collaborative Coalitions, asked the University of Alaska Anchorage Justice Center to conduct a survey to gather information about the knowledge, attitudes, and behaviors of adults in Anchorage regarding youth substance use



and abuse in our community. The survey, the *Adult Perceptions of Anchorage Youth: 2015 Survey (APAYS)*, was designed to replicate a 2010 survey, the *Adult Underage Drinking Survey (AUDS)*, but with an expanded focus that gathered adult perceptions regarding youth use of marijuana and prescription drugs, as well as other youth behavioral health problems. The survey findings show that adults in Anchorage report definite concern about youth marijuana and prescription drug use. The views of parents differed from the views of other adults regarding youth use of marijuana. Parents expressed greater concern than non-parenting adults about youth marijuana abuse and its consequences. Parents and non-parents had relatively similar views regarding youth use of prescription drugs. Parents and other adults expressed greater concern about youth prescription drug use and its consequences than about youth marijuana use. This recognition of the problem indicates a degree of community readiness to address the issue. According to substance use prevention research on community readiness, clear recognition of the problem is an important sign of a com-

munity’s readiness to be part of solutions designed to prevent and address the problem of youth substance abuse. Furthermore, prevention strategies are more likely to be effective in communities that are ready to adopt them.

Adults and parents should be an integral component of solutions for controlling youth substance use and abuse. There are a number of known risk and protective factors that can be addressed in efforts to help prevent youth substance use and abuse. The likelihood of youth substance use and abuse is influenced by characteristics of individuals, as well as characteristics of communities, schools, peers, and families. Adults, including parents, play an instrumental role in youth substance use with regard to influencing youth access to substances. Parents and caregivers play an especially important role in affecting the likelihood that youth will abuse substances based on the extent to which their parenting practices cultivate known risk and protective factors for youth substance use.

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Definition of Non-Medical Prescription Drug Use

The term, “prescription drug use” as it is used in this article is limited to the *non-medical use of prescription or psychotherapeutic drugs*. Non-medical use of prescription drugs—NMUPD—excludes legitimate uses of prescription drugs, and also excludes use of over-the-counter medications that do not require a prescription to purchase.

Non-medical use refers to prescription drug use without a doctor’s orders (e.g., a prescription), use of a drug by non-patients for the feeling of its effects such as getting high, and the use of the drug in unintended amounts or ways (e.g., exceeding the recommended

dosage). The categories and types of prescription drugs used in the *Adult Perceptions of Anchorage Youth: 2015 Survey (APAYS)* and in this article mirror the types of drugs referred to in large-scale national surveys such as the Monitoring the Future (MTF) Survey, the National Survey on Drug Use and Health (NSDUH), and the Youth Risk Behavior Survey (YRBS). The prescription drugs commonly referred to in those surveys include pain relievers (e.g., OxyContin, Percocet, Vicodin, and codeine), depressants (e.g., Xanax, Valium and other drugs that relieve anxiety or sleeplessness), and stimulants (e.g., Ritalin and Adderall).

Glossary

CDC—Centers for Disease Control and Prevention. The CDC conducts health research and disseminates information on public health issues, and is responsible for a wide number of regular public health reports and publications. The role of the CDC includes “detecting and responding to new and emerging health threats” and “promoting health and safe behaviors, communities, and environment.” <http://www.cdc.gov/>

MTF—Monitoring the Future. The Monitoring the Future (MTF) Survey is an annual “ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.” The survey is funded by NIDA and conducted by the University of Michigan. <http://www.monitoringthefuture.org/>

NSDUH—National Survey on Drug Use and Health. This annual survey “provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.” The survey is sent to a sample population of individu-

als aged 12 years and older. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS) <https://nsduhweb.rti.org/respweb/homepage.cfm>

NIH NIDA—National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA). NIDA is responsible for research on the “causes and consequences of drug use and addiction.” The agency works with research partners to develop drug prevention strategies and treatment options for persons with substance use disorders. NIDA releases regular research reports. <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-drug-abuse-nida>

YRBS (also called YRBSS)—Youth Risk Behavior Surveillance System. YRBS includes a nationwide high school-based survey conducted by the CDC biennially that collects data on six types of health-risk behaviors that contribute to youth mortality and injury. <http://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

Youth drug use

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Youth Substance Use

Prevalence rates of youth substance use in Alaska indicate that youth use of alcohol has declined, use of marijuana has declined slightly, and prescription drug use has remained relatively stable. The percentage of youth using alcohol and marijuana is lower in Alaska than in the U.S. as a whole (see Figure 1, page 5). Nonetheless, the risk of harm to youth who do use these substances remains a concern.

Alcohol is the substance that is most frequently consumed by youth based on self-reported data. According to the 2015 Youth Risk Behavior Surveillance (YRBS) survey, 22 percent of youth in Alaska reported using alcohol in the past 30 days. Nineteen percent of Alaska youth reported using marijuana in the past 30 days. Considering the different factors that impact youth access, such as legality of the substance, it is interesting that there is only a three percentage point difference between prevalence rates of past month youth alcohol use and past month marijuana use.

Youth alcohol use in Alaska has decreased by 33 percent since 2009. The percentage of youth who report current alcohol use has decreased over the same time period for the nation as a whole, though the decrease has been less dramatic (down 17 percent between 2009 and 2015). Other youth alcohol consumption indicators (binge drinking and first use of alcohol before turning 13) have also improved over the same time period in both Alaska and nationwide. Reported rates of past month marijuana use among youth stayed relatively stable and

have decreased only slightly in Alaska during 2009 to 2015—going from 23 percent to 19 percent. Rates of marijuana use by youth nationwide have increased slightly from 21 percent in 2009 to 23 percent in 2015.

Data from the Alaska Youth Risk Behavior Surveillance (YRBS) survey for 2011, 2013, and 2015, show far fewer youth reported using prescription drugs than reported using alcohol or marijuana. Less than seven percent of youth in Alaska reported current (past month) use of prescription drugs in each of the last three YRBS surveys. (National YRBS past month current prescription drug use data are not available.) The 2014 National Survey on Drug Use and Health (NSDUH) reported a past month prescription drug use rate of 2.2 percent for 12 to 17 year-old youth. While the YRBS figures for Alaska show more youth reported using prescription drugs monthly than the NSDUH figures, it is important to keep in mind that these surveys collect data from different samples of youth. YRBS is a survey of *high school students* ages 14 to 18 years old and NSDUH is a *household* survey that includes 12 to 17-year-old youth. According to these surveys, youth prescription drug use is the most frequently used drug category after alcohol and marijuana. More youth reported current prescription drug use than reported using cocaine, heroin, or methamphetamine. In fact, according to 2014 NSDUH data, one-third of all new prescription drug users in the past year were youth between the ages of 12 and 17.

National Data on Youth Access to Substances

While youth access to alcohol, marijuana, and prescription drugs varies based on sev-

eral factors, most often it is adults, including parents, who provide youth with access to these substances—either intentionally or unintentionally. According to the national 2014 Monitoring the Future (MTF) Survey, 81 percent of high school seniors said it was fairly easy or very easy for them to get marijuana if they wanted it. The substances for which a greater percentage of high school seniors report they can access fairly or very easily (alcohol, marijuana, and prescription drugs) are the substances with the highest youth and adult use prevalence rates. (The changing landscape of marijuana legalization, regulation, and sale will make marijuana accessibility more like alcohol and may impact prevalence rates)

Data from several national surveys present information on how youth are accessing substances. One of these, the Monitoring the Future (MTF) Survey, noted earlier, is an ongoing survey of youth’s lifestyles and values conducted by the University of Michigan and funded by the National Institute on Drug Abuse (NIDA). The MTF reports annually on the behaviors and attitudes of adolescents in the U.S. According to a 2014 report by the National Institutes of Health, MTF data show that youth are most likely to access prescription drugs through: (1) friends or relatives who give them the drugs (59%); (2) through friends or relatives who sell them their prescription drugs (38%); and (3) through prescriptions from a doctor for legitimate purposes but the drugs are then used in an unintended manner (33%). (Drug sources are not mutually exclusive and do not sum to 100%.)

Parents may be less likely to provide prescription drugs to youth for the purpose of getting high in the way that they may provide

their children and their children’s friends with alcohol. However, while some parents may attempt to control their children’s access to alcohol at home because they are familiar with youth sneaking alcohol from home, these parents may be less likely to control access to the medicine cabinet. Similarly, other relatives, including grandparents, may have prescription drugs in their homes that youth can access.

The Role of Adults and Parents in Youth Substance Use

Researcher Jill Ryan and her colleagues have noted that throughout the research literature, parental knowledge and monitoring of children’s activities have been found to be protective factors consistently associated with a reduced likelihood of youth substance use of alcohol or marijuana. Studies by scholars Candice Donaldson and J.E. Nargiso and others have examined the use of prescription drugs by youth and also found parental monitoring to be a protective factor associated with lower rates of youth prescription drug use. The association between parental monitoring and youth substance use likely involves a combination of multiple protective parenting practices including effective parent-child communication, knowledge of the child’s friends and activities, parental disapproval of substance use, and parental warmth.

About the Survey

The *Adult Perceptions of Anchorage Youth: 2015 Survey (APAYS)* was mailed to a random sample of 2,237 Municipality of Anchorage adult residents. The sample contained 369 undeliverable addresses which were removed, resulting in a sample of 1,868 residents. A two-dollar bill was included

with each survey as an incentive to complete and return the survey. Respondents also had the option of completing the survey online. From the random sample, 648 residents returned a completed survey—either by mail or online—resulting in a 34.7 percent response rate.

The survey included questions about underage substance use (alcohol, marijuana, prescription drugs); adult influences on underage substance use; substance use by the respondent; knowledge of behavioral health issues, including bullying and suicide; and level of personal engagement with Anchorage youth.

Survey data were weighted to align with Anchorage population totals. Weighting procedures adjusted results based on the likelihood of being selected into the sample and to correspond to demographic characteristics of adults in Anchorage based on 2014 U.S. Census Bureau estimates. Results presented in this article are based on weighted survey data representing the views of 220,203 adults in Anchorage, whose parenting status was available, including 68,526 parents (31.1%) and 151,677 non-parenting adults (68.9%).

All of the associations between parenting status (currently parenting a youth or young adult aged 12–24 or not) and views regarding youth substance abuse were statistically significant; this may be due to the large size of the population represented in the weighted data. Though significant, the majority of associations between parenting status and views regarding youth use of prescription drug use were weak. The effect sizes for the majority of associations between parenting status and views of youth marijuana use ranged from moderate to moderately strong. Parents and non-parenting adults had differing views regarding youth use of marijuana.

However, parents and non-parenting adults had relatively similar views on youth use of prescription drugs.

Concern about Marijuana and Prescription Drug Use

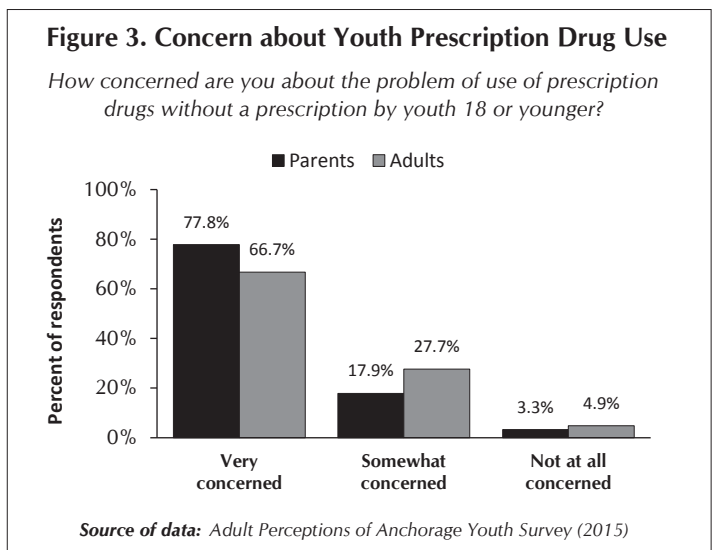
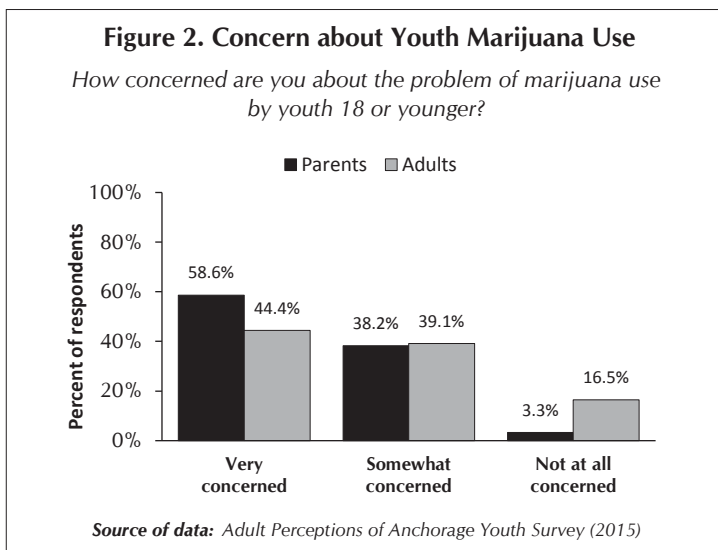
Adults in Anchorage were asked how concerned they were about the problems of youth marijuana and prescription drug use. Both parents and other adults in Anchorage are greatly concerned about youth marijuana use. Significantly more parents (59%) than other adults (44%) are very concerned about the problem of youth marijuana use (see Figure 2). More non-parenting adults (17%) than parents (3%) are not at all concerned about youth marijuana use.

Parents and other adults in Anchorage are concerned about youth prescription drug use. More parents (78%) than other adults (67%) are very concerned about the problem of youth (under 18) using prescription drugs (see Figure 3). Only three percent of parents and five percent of other adults are not at all concerned about the problem of youth use of prescription drugs.

Relative Safety of Various Substances

Parents and other adults were asked about the relative safety of various substances used by youth. Figure 4 (page 8) shows the perceptions of parents and other adults regarding the safety of youth alcohol use relative to youth marijuana use. When parents and other adults were asked their level of agreement regarding whether youth marijuana use was safer than youth alcohol use, only one-third of parents (33%) and just over half of other adults (51%) agreed that youth marijuana use was safer than youth alcohol use.

Please see *Youth drug use*, page 8



Youth drug use (continued from page 7)

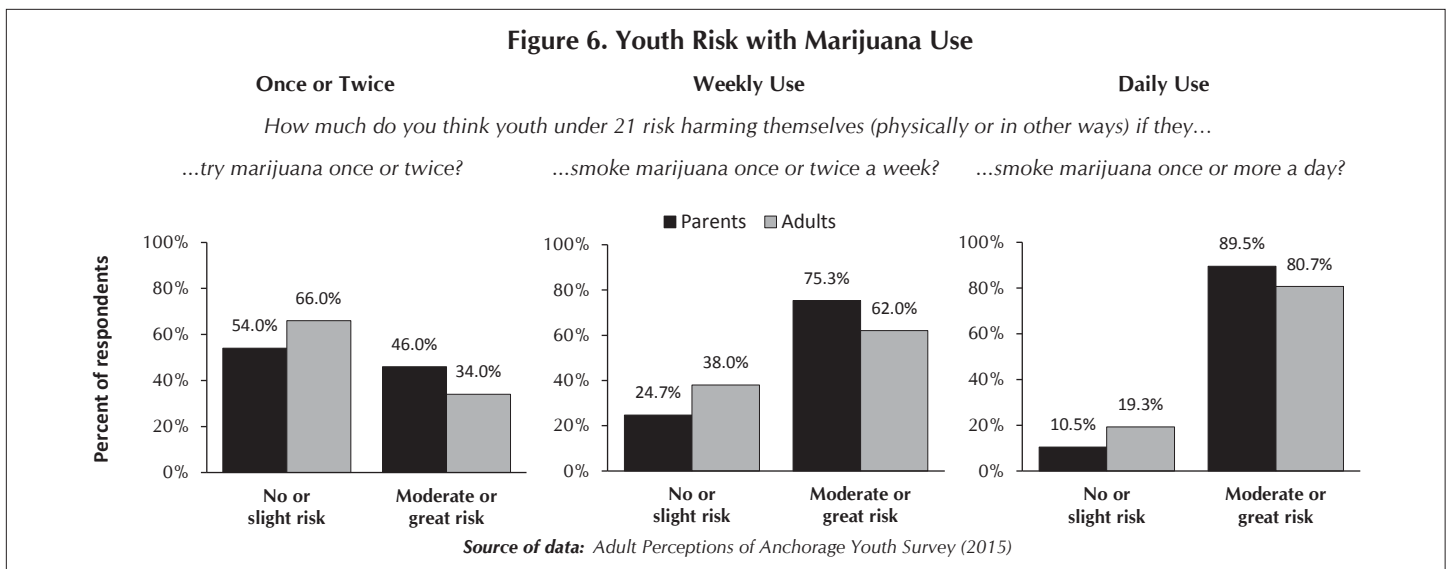
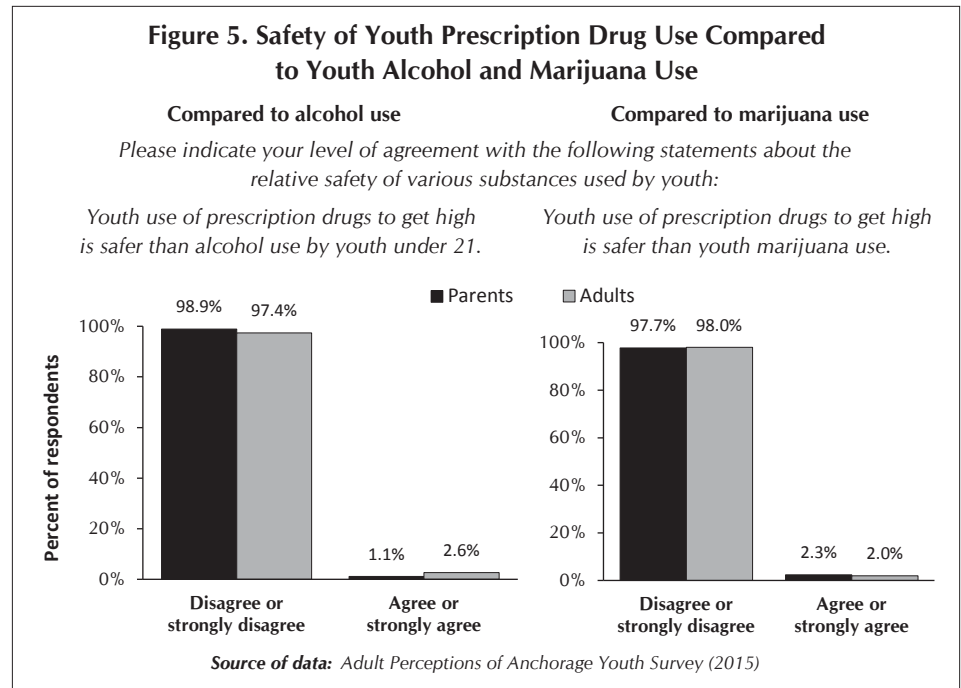
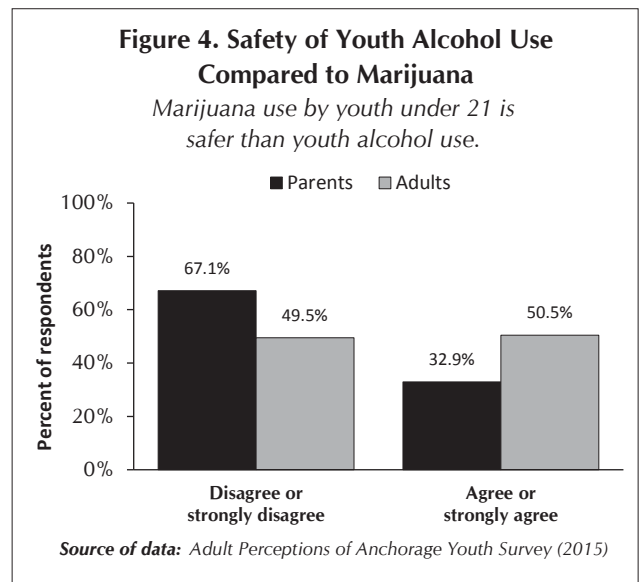
Parents and other adults were asked their level of agreement regarding whether youth use of *prescription drugs* to get high was safer than alcohol use (see Figure 5). Both parents (99%) and other adults (97%) overwhelmingly disagreed that youth prescription drug use was safer than youth alcohol use. When asked about their level of agreement regarding whether youth use of prescription drug use to get high was safer than marijuana use, again both parents and other adults (98% each) overwhelmingly disagreed that prescription drug use was safer.

Risk of Harm from Marijuana and Prescription Drugs

Parents and other adults were asked to indicate how much youth under 21 risk harming themselves, physically or in other ways, if they tried various substances or used them regularly. Parents and other adults in Anchorage agreed that youth are at moderate to great risk of harm from substance use (see Figure 6). More parents than other adults agreed that youth were at moderate to great risk of harm from marijuana use of any frequency (once or twice, weekly, and daily use). Nearly half (46%) of parents agreed that youth are at moderate or great risk of harm from trying marijuana once or twice, while one-third (34%) of other adults agreed that there is moderate or great risk of harm. A little over half (54%) of parents agreed that trying marijuana once or twice posed no or slight risk to youth compared to two-thirds of other adults (66%) who agreed that there is no or slight risk.

Both parents and other adults agreed that there is increased risk of harm for youth

who use marijuana on a weekly basis. Three out of four parents (75%) agreed that weekly use of marijuana use by youth posed a moderate or great risk of harm to youth while six out of ten other adults (62%) agreed that there is moderate or great risk of harm with weekly marijuana use. Only one quarter (25%) of parents and over one-third (38%) of other adults agreed that weekly marijuana use posed no or slight risk of harm to youth. Anchorage residents, especially parents, reported agreement that there is moderate or great



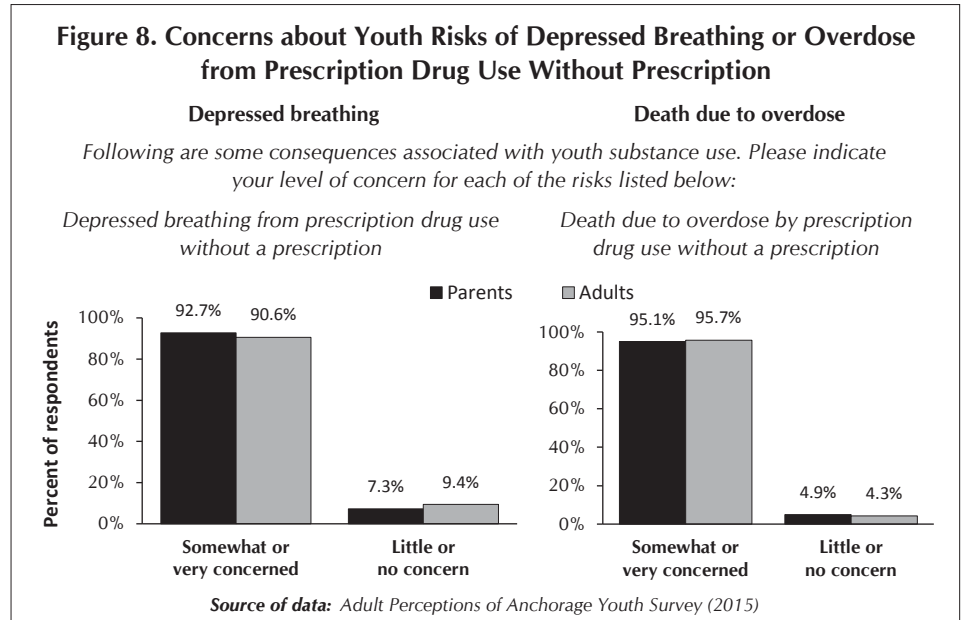
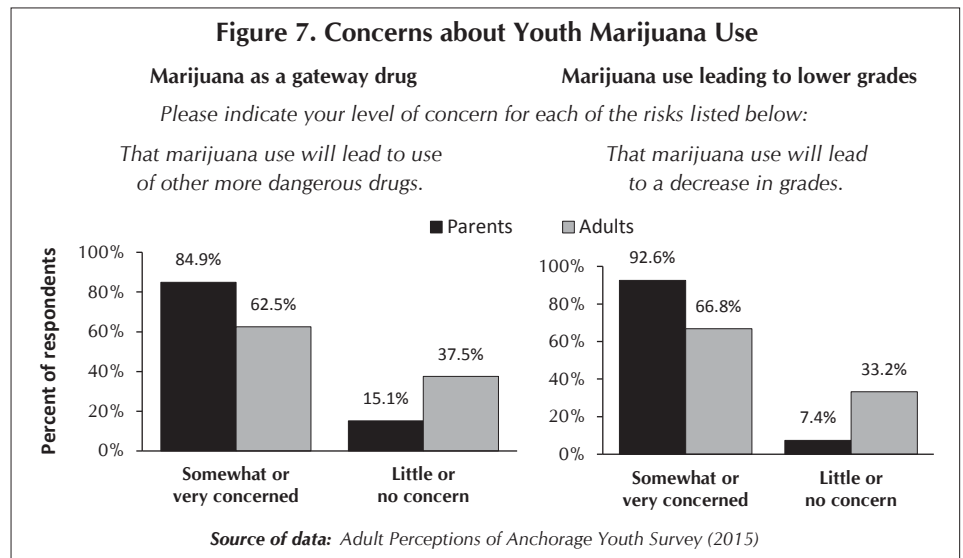
risk of harm for youth who use marijuana once or more a day. Nine out of 10 parents (90%) and 8 out of 10 of other adults (81%) agreed that marijuana use once or more a day by youth posed moderate or great risk of harm. Eleven percent of parents and 19 percent of other adults perceived marijuana use once or more a day as posing no or slight risk of harm.

Both parents and other adults agreed that youth were at risk of harming themselves, physically or in other ways, if they tried prescription drugs (painkillers, sedatives, stimulants, etc.) that were not prescribed to them. The perception by both parents and other adults of the risk of youth harming themselves by using prescription drugs changed as the frequency of youth prescription drug use increased. Eighty-seven percent of parents and 81 percent of other adults perceived that youth face moderate or great risk of harm from trying prescription drugs once or twice. When the frequency increased to monthly youth prescription drug use, 9 out of 10 parents (91%) and other adults (90%), perceived moderate or great risk of youth harming themselves (results not shown).

Consequences of Marijuana and Prescription Drug Use

The survey asked about consequences associated with youth substance use. Parents and other adults provided their perceptions on two consequences associated with youth marijuana use: marijuana as a gateway drug leading to use of other more dangerous drugs, and marijuana use resulting in lower grades in school (see Figure 7). More parents (85%) than other adults reported being somewhat or very concerned (63%) that marijuana use would lead to youth using other more dangerous drugs. Fewer parents (15%) than other adults (38%) reported having little or no concern about youth marijuana use leading to other more dangerous drug use. More than 9 out of 10 parents (93%) compared to more than 6 out of 10 other adults (67%) reported being somewhat or very concerned that youth marijuana use could result in lower grades. Considerably fewer parents (7%) reported little or no concern that youth marijuana use would lead to lower grades than did other adults (33%).

Parents and other adults expressed great concern regarding the consequences associated with youth prescription drug use (see Figure 8). Ninety-three percent of parents and 91 percent of other adults reported that they were somewhat or very concerned about depressed breathing from youth prescription drug use while only seven percent



of parents and nine percent of other adults reported little or no concern. Ninety-five percent of parents and 96 percent of other adults reported that they were somewhat or very concerned about youth prescription drug use leading to overdose death while only five percent of parents and four percent of other adults reported little or no concern about overdose death.

Youth Access to Prescription Drugs

Parents and other adults were asked about their personal knowledge of youth access to prescription drugs. Specifically, adults in Anchorage were asked whether youth under 21 that they know would be able to access the adult's personal prescription drugs without the parent or other adult knowing about it. More parents (30%) than other adults (12%) reported that youth would be able to access the parent or other adult's prescription drugs without their knowledge.

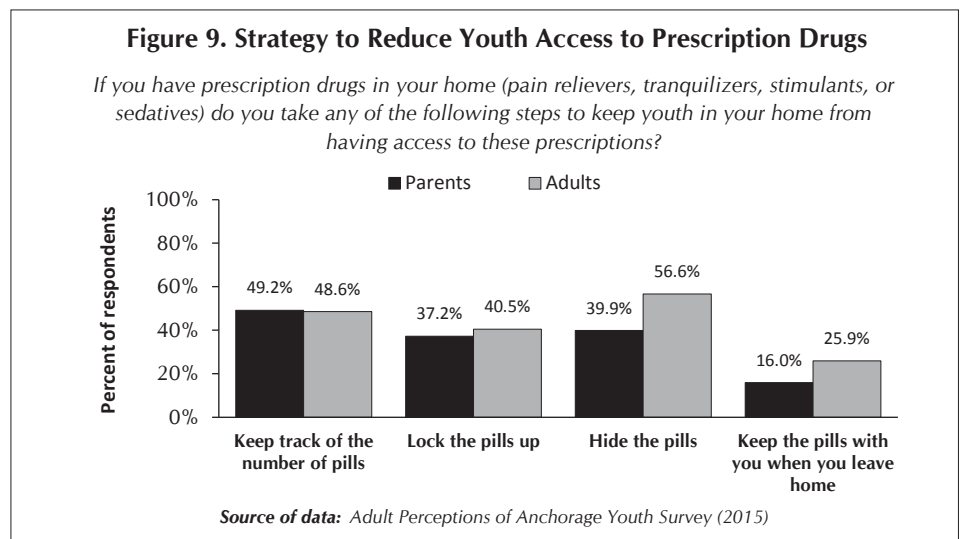
However, the majority of both parents and other adults (70% and 88% respectively) reported that youth under 21 would not be able to access their personal prescription drugs without the parent or other adult knowing about it (results not shown).

Parents and other adults were asked whether they had prescription drugs such pain relievers, tranquilizers, stimulants, or sedatives in the home. Nearly three quarters of parents (73%) and other adults (72%) reported that they had prescription drugs in their home (results not shown). Parents and other adults were asked generally whether it is necessary for parents or guardians to take steps to keep children and youth from having access to prescription drugs in the home. The majority of both parents and other adults (84% and 89% respectively) agreed that it is necessary for parents and guardians to take some type of precautions to control youth

Please see *Youth drug use*, page 10

Youth drug use (continued from page 9)

access to prescription drugs in the home. Those parents and other adults who had prescription drugs in their home were also asked whether they took specific steps to keep youth in their home from having access to those prescription drugs (see Figure 9). About half of both parents and other adults reported keeping track of the number of pills. Over one-third reported locking up the prescription pills (37% of parents and 41% of other adults) to keep youth in the home from having access to the prescription drugs. More non-parenting adults than parents reported taking the following steps to keep youth in the home from having access to their prescription drugs: hiding the pills (57% of other adults and 40% of parents) or keeping the pills with them when leave home (26% of other adults and 16% of parents). In other words, although more parents than other adults acknowledged that youth in their home could access their prescription drugs without their knowledge, fewer parents than other adults took steps to



reduce youth access to prescription drugs by hiding them or taking them with them when they left home.

Conclusion

The goal of the *Adult Perceptions of Anchorage Youth: 2015 Survey (APAYS)*

was to measure parents' and other adults' knowledge, attitudes, and behaviors regarding the problem of youth substance abuse. Survey results clearly show that adults in Anchorage are concerned about the problems of youth prescription drug abuse and youth marijuana abuse. Parents expressed greater concern than non-parenting adults

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about youth marijuana abuse and its consequences. Parents and other adults expressed greater concern about youth prescription drug abuse and its consequences than about youth marijuana abuse.

CDC data show that from 2009 to 2015 in Alaska, youth alcohol use has declined substantially, youth marijuana use has declined slightly, and prescription drug use has remained stable. Nonetheless, very real risks of harm remain for those youth who abuse these substances. The concern of parents and other adults in Anchorage suggests that they may be particularly ready to be part of solutions designed to prevent youth substance abuse and its harmful consequences. The community readiness—of parents and other adults—is important because if they do not perceive youth

substance use and abuse as a problem, they are unlikely to promote or become involved in community programs or services designed to prevent or combat the problem. Substance use prevention programs and services should be multifaceted and include youth, adults, schools, and families. Adults in Anchorage could benefit from information on how to reduce youth access to substances including alcohol, marijuana, and prescription drugs. Parents and other adults who interact with youth could also benefit from resources to use when they sense that there is a problem. Parents especially could be helped by having information on effective techniques for monitoring youth and young adults, including communicating with youth about where they are when they are away from home, who they are with, and what they are

doing. Families with youth could gain from information on how to keep conversations going when youth begin to spend more time outside the home and with friends than at home with parents. It is especially important to provide parents with specific guidance on how to talk with youth about the “tough stuff,” including substance use and abuse and other risk behaviors such as dating violence, sexual behavior, driving while texting, or driving after drinking. Parents and other adults are highly influential in the decisions youth make and must be part of solutions to problems experienced by youth in Anchorage and the rest of Alaska.

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UA students

(continued from page 1)

reported to police—only about one-third (33.6%) of these types of victimizations were reported. As seen in Table 1, the percentage of sexual assault/rape victimizations reported to law enforcement is much lower than for other violent crimes, as well as for most other property crimes with the exception of theft.

Reporting to police or other authorities occurs even less frequently when sexual violence victims are college/university students. A recent national study of sexual violence committed against U.S. college/university students led by Bonnie Fisher of the University of Cincinnati School of Criminal Justice found that only 2 percent of sexual violence victims reported their victimization to campus or other police, and just 4 percent reported their victimization to any college/university officials at all (including campus police).

While it is imperative for researchers, university officials, criminal justice professionals, and victim service providers to always respect a victim’s choice to not disclose their victimization to others, it is also important to recognize that nondisclosure may produce unintended negative consequences. Nondisclosure to police rules out the possibility that the person responsible for the sexual violence victimization—the offender—will be arrested or prosecuted. Nondisclosure of sexual violence victimization may prevent victims from learning about or receiving beneficial services and social supports. Nondisclosure means that victims cannot apply for or receive crime victim compensation funds to which they may be entitled. The choice to not disclose to

college/university officials also means that victims may not be able to access on-campus victim advocacy, medical, counseling, and other support services; receive referrals to additional off-campus resources; or seek administrative remedies or other forms of redress provided for in college/university policy. Finally, in the aggregate, high rates of nondisclosure may have the unintended effect of encouraging an overreliance on official sources of data (e.g., Clery Act and/or Uniform Crime Reporting (UCR) Program, see page 12) to (1) estimate the prevalence of sexual violence among students, and (2) to gauge the level of resources needed to develop robust prevention, intervention, and restoration programming.

UA Students’ Sexual Misconduct and Sexual Assault Victimization Disclosures

Within the framework of the *University of Alaska Campus Climate Survey*, UA students who indicated one or more sexual misconduct and/or sexual assault victimizations, either on or off campus, between January 2015 and spring semester 2016 were asked additional follow-up questions. Among the follow-up questions presented to UA student respondents was one asking if they *disclosed* their victimization experiences to anyone, and *to whom* they did (if they reported disclosure). Specifically, students were asked if they disclosed their sexual misconduct and/or sexual assault victimizations to: a roommate, a close friend (other than roommate), a romantic partner, a parent or guardian, a family member (other than parent or guardian), a counselor, a campus sexual assault advocate, a university faculty or staff member, residential hall staff, police (university/college or other), or some other individual or

Table 1. Percent of Victimization Reported to Police, by Type of Offense, 2014

Type of offense	Percent of victimizations reported to police
Violent crime	46.0 %
Sexual assault/rape	33.6
Robbery	60.9
Assault	44.6
Simple assault	40.0
Aggravated assault	58.4
Domestic violence	56.1
Intimate partner violence	57.9
Property crime	37.0 %
Burglary	60.0
Motor vehicle theft	83.3
Theft	29.0

Source: Reproduced from: J.L. Truman & L. Langton, (2015). "Criminal Victimization, 2014" (NCJ 248973), U.S. Department of Justice, Bureau of Justice Statistics, <http://www.bjs.gov/content/pub/pdf/cv14.pdf>

organization. This was a multiple-response question, so survey participants could select any that applied. Results to these questions are presented in Table 2 (page 12).

In Table 2 are shown the specific percentages of UA students who experienced *sexual misconduct*, either on- or off-campus, and who disclosed to a friend (not roommate), a romantic partner, a roommate, a parent/guardian, some other family member, a counselor, university faculty/staff, residence hall staff, a coworker, police, a campus sexual assault advocate, or other persons/organizations. Students were most likely to

Please see UA students, page 12