Utah 2025 SHARP survey results snapshot

January 2026

The Utah Student Health and Risk Prevention (SHARP) Survey measures a variety of substance use and health related behaviors among Utah's youth population. This provides critical information about the health and wellness of Utah's youth to state and local level substance abuse prevention and health promotion professionals, parents, school district staff, and community prevention coalitions.

The SHARP Survey is administered on odd numbered years to youth in grades 6, 8, 10 and 12, and typically samples between 45,000 and 90,000 youth. The 2025 SHARP Survey was the 12th administration of the survey and had a sample size of over 75,000. This data brief provides a snapshot of the results from the 2025 survey about trends in substance use and mental health. It also highlights new data collected in 2025 to better understand the use of electronic devices and social media by youth in Utah.

Utah youth substance use trends

The SHARP Survey collects both lifetime use (any use during your lifetime) and past 30-day use data (any use in the 30 days preceding the survey) across a variety of substance types. **Figure 1** presents past 30-day trend data for a selected set of substance use prevention priorities identified by the Utah Office of Substance Use and Mental Health (OSUMH), including alcohol, marijuana, e-cigarettes/vaping, and (non-medical use of) prescription drugs[1]. Overall, youth substance use rates have been trending favorably (decreasing) in Utah over time. This is particularly true for alcohol (including binge drinking), traditional cigarettes, and prescription drug use. For example, between 2005 and 2025, 30-day alcohol use rates for youth in grades 6, 8, 10 and 12 decreased from 11.9% to 3.8% (a decrease of 68%). Over a similar timeframe, rates of any non-medical prescription drug use decreased even more dramatically from 3.3% to 0.6% (in 2009 and 2025, respectively).

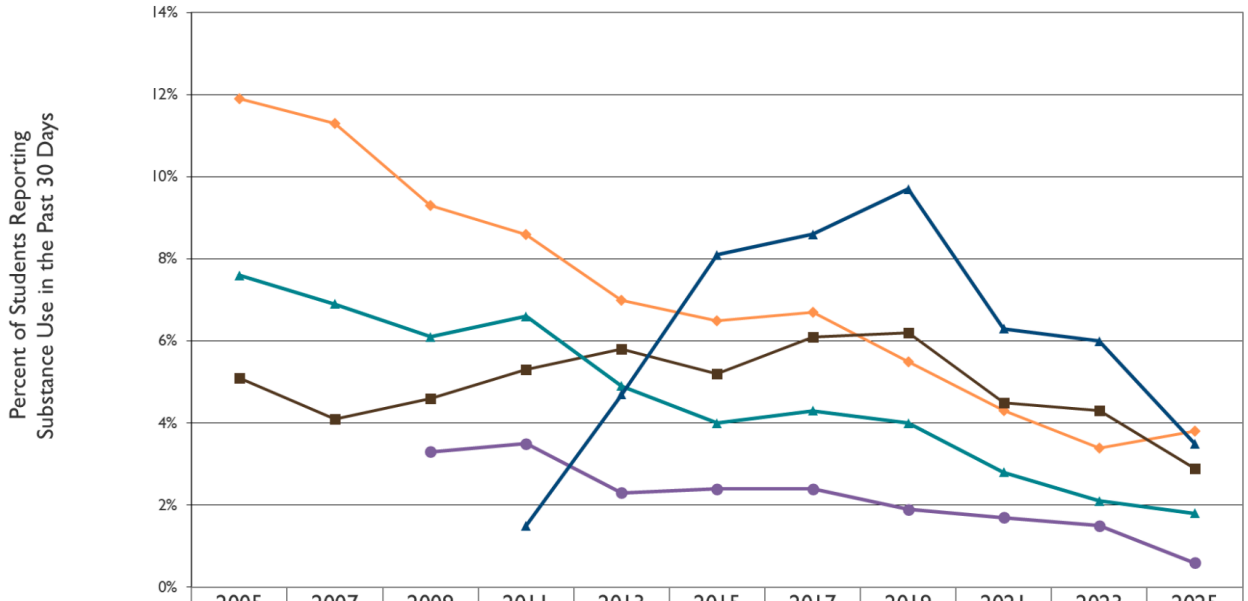
Historically, trends for youth marijuana use and vaping/e-cigarette use have not followed the same steady decrease observed for other substances. Youth past 30-day marijuana use rates have fluctuated over the years, increasing between 2007 and 2019, then decreasing from 2019 to 2025. The recent decrease observed in youth marijuana use is encouraging given that medical marijuana use became legal in Utah in 2018 and adult-use is now legal in almost half of the states in the U.S. (including 4 of the 6 states that border Utah). The impact of the legalization of medical and adult-use is apparent when examining Utah adult marijuana use rates (18 years and older), which have *increased* substantially in recent years[2] (from 6.3% to 11.2% from 2018 to 2025, respectively). The fact that youth marijuana use rates have decreased speaks to the effectiveness of prevention work being implemented throughout the state.

[1] Non-medical prescription drug use includes any use of: prescription narcotics (pain relievers), sedatives, tranquilizers, and/or stimulants ("without a doctor telling you to take them").

[2] Utah past month marijuana use rates obtained from the National Survey of Drug Use and Health (NSDUH).

E-cigarettes/vape devices made their initial appearance in the U.S. in 2007 and began gaining popularity a few years later. An item to measure vape use was added to the SHARP Survey in 2011. Vape use among Utah youth increased at a dramatic pace from 2011 to 2015. During this time, prevention and health promotion efforts were ramped up to address this epidemic. Increases in vaping began to level out somewhat after 2015, and eventually showed a decrease after 2019. A sharp drop in use has been observed since 2019, illustrating the importance of prevention efforts to decrease youth vaping.

Figure 1. Youth priority 30-day substance use trends in Utah: Grades 6, 8, 10 &12 combined (2005-2025)



	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
Alcohol	11.9%	11.3%	9.3%	8.6%	7.0%	6.5%	6.7%	5.5%	4.3%	3.4%	3.8%
Marijuana	5.1%	4.1%	4.6%	5.3%	5.8%	5.2%	6.1%	6.2%	4.5%	4.3%	2.9%
Binge Drinking (Past 2 Weeks)	7.6%	6.9%	6.1%	6.6%	4.9%	4.0%	4.3%	4.0%	2.8%	2.1%	1.8%
Any Prescription Drug Misuse			3.3%	3.5%	2.3%	2.4%	2.4%	1.9%	1.7%	1.5%	0.6%
Any E-Cigarette/Vape Use				1.5%	4.7%	8.1%	8.6%	9.7%	6.3%	6.0%	3.5%

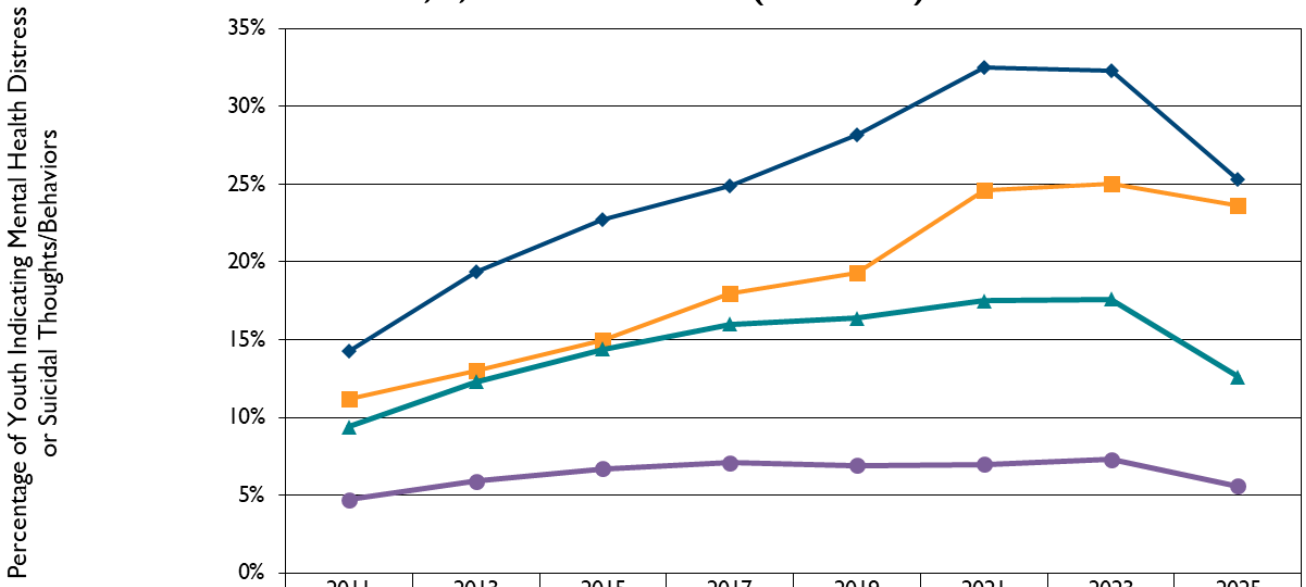
Utah mental health and suicidal ideation trends

The SHARP Survey collects a variety of data that provides insight into the mental health status of Utah youth, including suicidal ideation and attempts. Most of these measures were added to the SHARP Survey in 2011, providing data for over a decade. **Figure 2** presents trend data from a selected set of mental health and suicide variables, including the percentage of youth categorized as being in need for mental health treatment, felt sad or hopeless for 2 or more weeks in a row, seriously considered suicide, or made a suicide attempt.[3] While the trends for youth substance use have been quite favorable, the same cannot be said for the trends regarding mental health distress and suicide, which consistently trended upward until 2021. Rates of distress and suicidal

[3] Note: The need for mental health treatment measure is based on a past month time frame,while the other measures are based on a past year time frame.

ideation generally increased with age, peaking in the 10th and 12th grades. However, worsening trends were seen across all grades included in the SHARP (6, 8, 10 and 12). There were substantial increases across the four indicators highlighted in **Figure 2**, with the rate for each of the indicators doubling or nearly doubling from 2011 to 2021. However, the 2023 and 2025 surveys suggest the state has reached a turning point. There have been decreases in all four of the indicators from 2021 to 2025, with substantial decreases observed in the percentage of youth who reported being sad/hopeless for two weeks or more, as well as those reporting suicidal ideation and attempts. These data provide a basis for optimism that resources to support youth mental health are making a positive difference, and that continued support of these activities will further improve mental health outcomes.

Figure 2. Youth mental health & suicide indicator trends: Grades 6, 8, 10 & 12 combined (2011-2025)



	2011	2013	2015	2017	2019	2021	2023	2025
Sad or Hopeless for 2 weeks or more*	14.3%	19.4%	22.7%	24.9%	28.2%	32.5%	32.3%	25.3%
Need for MH Treatment^	11.2%	13.0%	15.0%	18.0%	19.3%	24.6%	25.0%	23.6%
Seriously Considered Suicide*	9.4%	12.3%	14.4%	16.0%	16.4%	17.5%	17.6%	12.6%
Attempted Suicide*	4.7%	5.9%	6.7%	7.1%	6.9%	7.0%	7.3%	5.6%

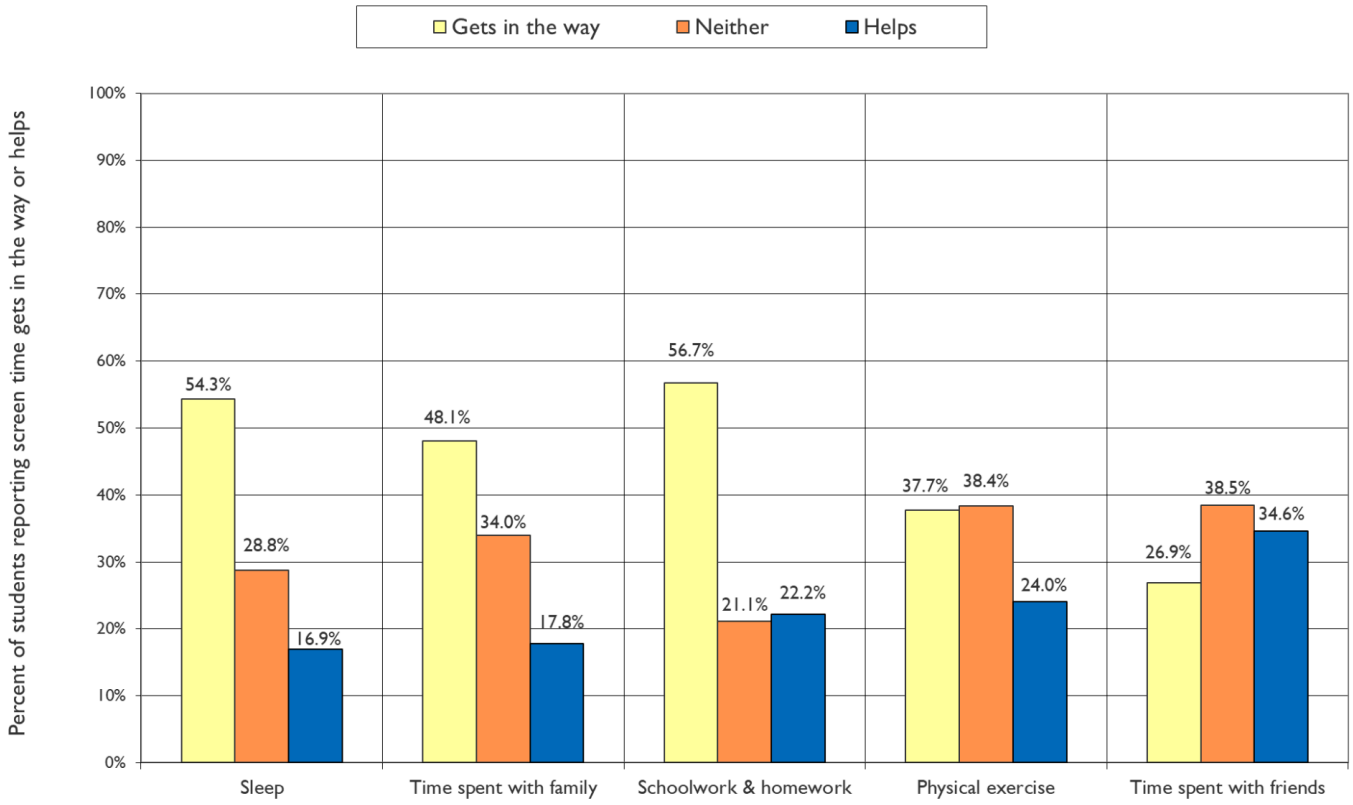
^In the past month
*In the past year

Youth screen time and social media use

Several new items were included in the 2025 SHARP survey to better understand screen time and social media use by Utah youth. Today, youth have countless opportunities for screen time through video games, television, mobile phones, or tablet use. According to the SHARP Survey, nearly 80% of Utah youth in grades 6, 8, 10 and 12 reported two or more hours of (non-school work) screen time on an average school day, and 34% reported an

average of 4 hours or more.[4] The vast majority (97%) of youth reported using a cell/smart phone in the past month, and more than 40% indicated checking their phones every 15 minutes or less when not asleep or at school (80% check their phone every 60 minutes or less). In terms of the impact of screen time, youth were asked whether screen time *helps* or *gets in the way of* sleep, time spent with family, schoolwork, exercise, and time with friends. Youth reported that screen time got in the way most for sleep, time spent with family and schoolwork (see **Figure 3)**, with at least 48% of youth indicating screen time gets in the way of these activities.[5] Youth had more neutral or mixed opinions about the impact of screen time on exercise and time spent with friends with 38% and 27% indicating screen time has a negative impact on these activities. Time spent with friends was the only activity that more youth felt screen time had a positive vs. negative impact.

Figure 3. Do you think your screen time helps or gets in the way of the following? Grades 8, 10 & 12 combined (2025)



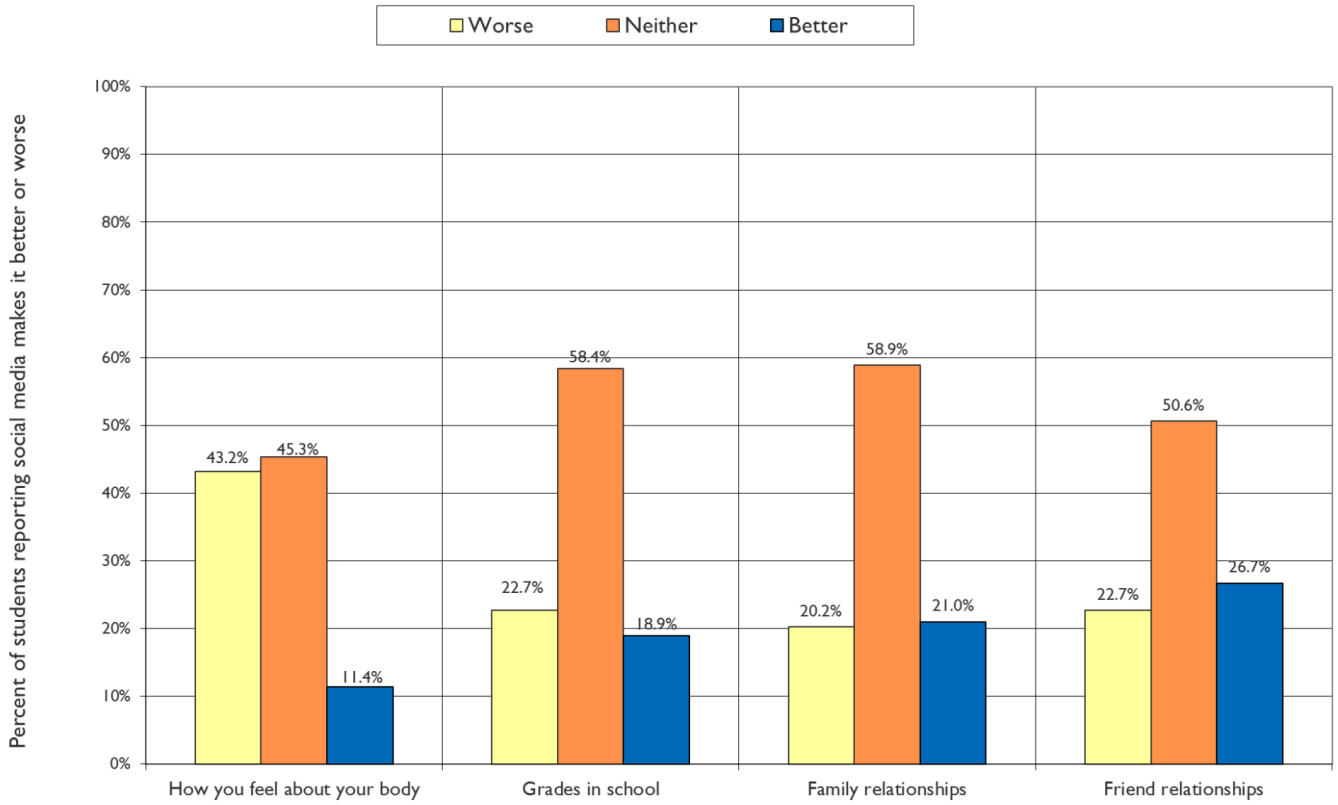
Youth were also asked specifically about the impact of social media (Instagram, Snapchat, TikTok, etc.) on how they feel about their body, their grades in school, family relationships, and friend relationships. As seen in

[4] Electronic device screen time for something that is not school work (e.g., Xbox, Playstation, texting, YouTube, Instagram Facebook, or other social media)

[5] The screen time and social media impact items were not included in surveys for 6th graders, therefore the data presented for these items includes only 8th, 10th and 12th grade respondents.

Figure 4, youth were most likely to report that social media had a negative impact on how they felt about their body (with 43% indicating they felt worse). Responses about the impacts of social media on their grades, their family relationships and their friend relationships were relatively neutral, with the most frequent response being no impact, and similar proportions indicating worse or better for each option.

Figure 4. Do you think social media makes each of the following better or worse? Grades 8, 10 & 12 combined (2025)

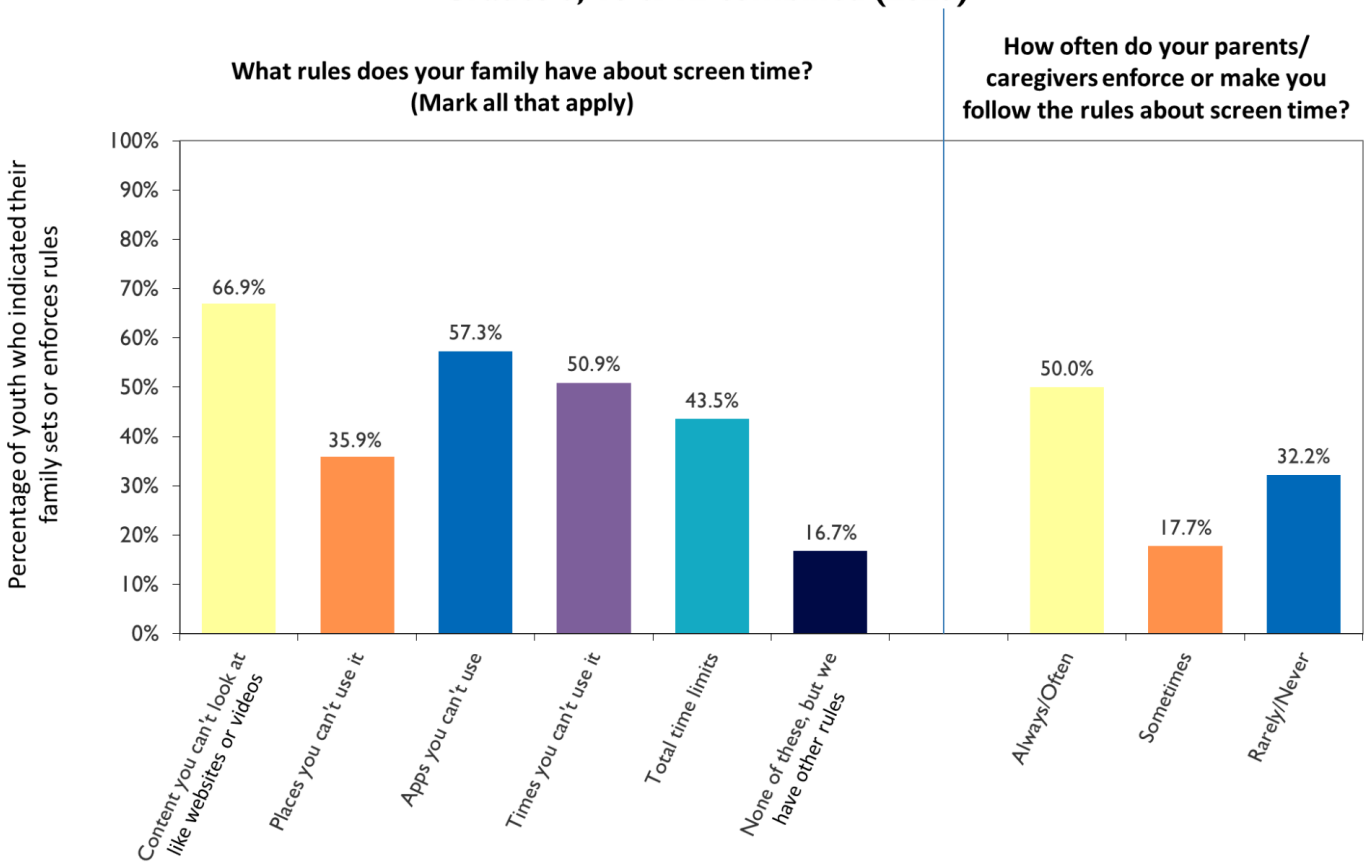


Given the prevalence and potential impact of electronic devices and social media use by youth, parent involvement and monitoring can be important buffers to overuse and the negative effects of screen time and social media. Both the American Psychological Association and the American Academy of Pediatrics recommend that parents set boundaries and communicate with their children about their social media use.[6] Utah youth were asked what type of rules their parents have for their screen time use, and the extent to which their parents enforce those rules (see **Figure 5**). More than half of youth reported that their parents had rules regarding the: content they were allowed to view, apps they were allowed to use, and the times of day they were allowed screen time. Between a third and half indicated there were rules for total use time and for places screen time was allowed. As far as parental enforcement of these rules, only about half of youth respondents indicated their

[6] https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use
https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/qa-portal/qa-portal-library/qa-portal-library-questions/setting-social-media-limits-with-your-teen

parents/caregivers enforced rules about screen time *often* or *always*. Rule enforcement was reportedly inconsistent (18%) or mostly non-existent (32%) for the other half of respondents. These data suggest that Utah parents could have a potentially greater protective impact by improving follow-through of their rules for screen time and social media use.

Figure 5. Rules about screen time and device usage: Grades 8, 10 & 12 combined (2025)



This data brief was prepared for the Utah State Epidemiological Outcomes Workgroup by Bach Harrison, LLC. To learn more about prevention efforts to reduce substance abuse and misuse, visit https://utahprevention.org/.