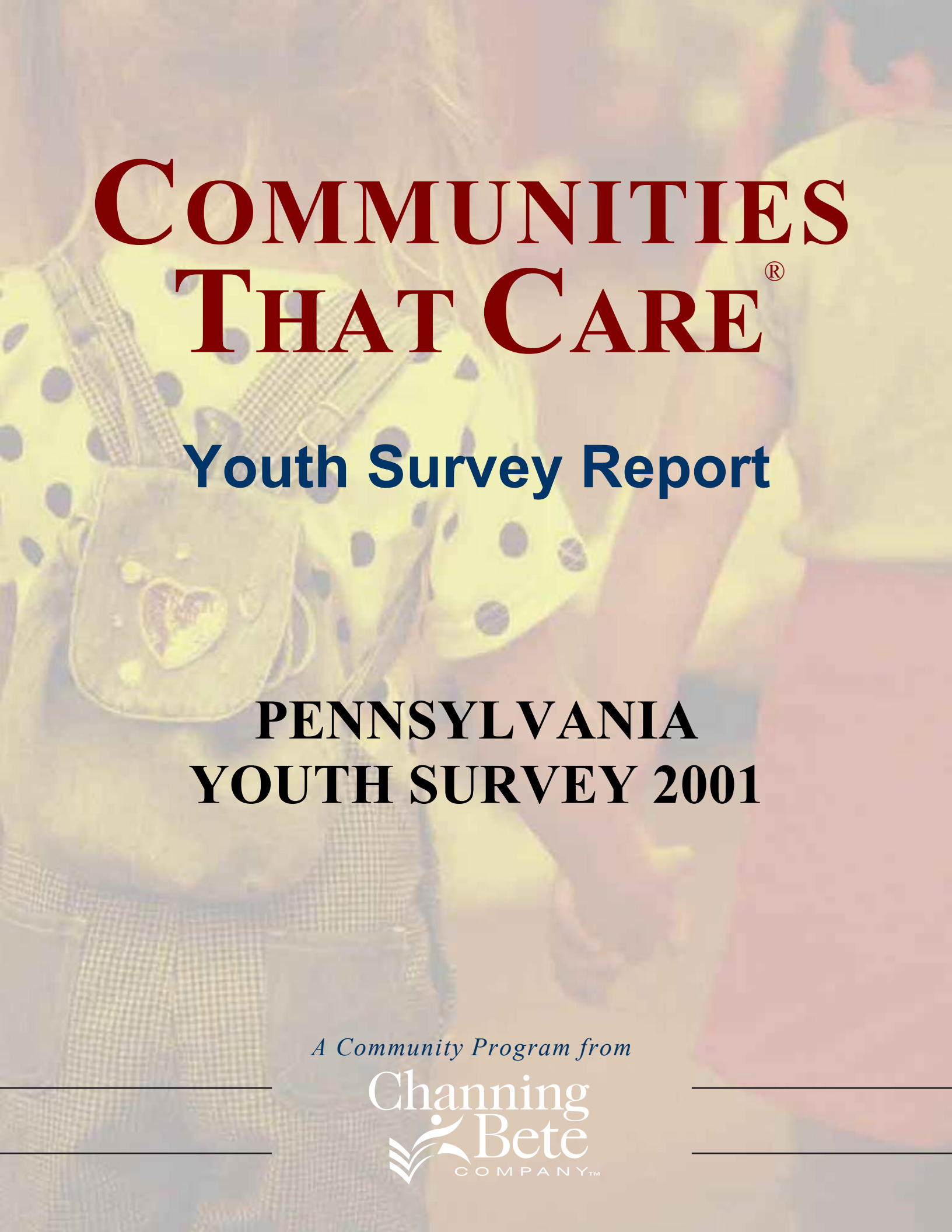

COMMUNITIES THAT CARE®

Youth Survey Report

PENNSYLVANIA YOUTH SURVEY 2001

A Community Program from

Channing Bete COMPANY™

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Executive Summary

The *Pennsylvania Youth Survey 2001 (PAYS 2001)* was conducted between October and November 2001. A total of 43,889 valid surveys were collected from 6th, 8th, 10th and 12th grade public school students throughout the state. In order to facilitate trend analysis, the study was designed to provide compatibility with the *Primary Prevention Awareness, Attitude, and Use Survey (PPAAUS)*, a biennial survey of Pennsylvania students conducted from 1989 through 1997.

There were two main objectives for the current survey. The first was to estimate the prevalence of alcohol, tobacco and other drug (ATOD) use and other delinquent behaviors among middle school and high school students. The second and equally important objective of the survey was to identify risk and protective factors that correlate with ATOD use and other delinquent behaviors in order to inform prevention planning.

Results from the *Pennsylvania Youth Survey 2001* illustrate the complexity of drug use and delinquent behavior among the state's 6th, 8th, 10th and 12th graders as well as the factors that may contribute to these activities. While some of the data compare favorably to national findings or reveal encouraging trends, Pennsylvania's youth are still reporting drug use and delinquent behavior that will negatively affect their lives and society. Overall, these results reveal a combination of existing strengths and opportunities for improvement.

Existing Strengths

- With the exception of alcohol, the prevalence of ATOD use among Pennsylvania students is low. Among these substance categories, past-30-day prevalence of use rates range from a high of 15.4% for cigarettes to a low of 0.3% for heroin.

- Past-30-day prevalence of use rates are especially low across these substance categories: inhalants (1.9%), methamphetamine (0.7%), club drugs (1.8%), cocaine (0.8%), crack (0.4%), hallucinogens (1.6%), heroin (0.3%) and steroids (0.7%).

- Overall, prevalence rates for ATOD use among surveyed Pennsylvania 8th and 10th graders are lower than the national results reported by the *Monitoring the Future* study.

- The prevalence of drinking and driving has been dropping since 1989. In that year, 14.5% of seniors reported driving while under the influence of alcohol on a monthly basis, compared to just 6.7% in the *PAYS 2001*.

- The reported willingness of Pennsylvania students to try or use alcohol has declined since 1989. This trend is most pronounced among 6th graders. Starting at a high of 60.2% in 1989, this figure sank to 30.4% in 1997, before dropping another 12.9 percentage points to 17.5% in the 2001 survey. This means that a strong majority of 6th grade students in the current study, 82.5%, reported that they "would never use" or "probably wouldn't use" alcohol.

- Smoking rates among Pennsylvania 6th graders have declined since 1995, and rates among Pennsylvania 12th graders have declined since 1997. In the current study, 15.4% of surveyed students reported that they had smoked cigarettes in the past 30 days. In other words, six out of seven students reported not having smoked cigarettes in the past month.

- Across all four grade levels, 86.1% of surveyed students agree that nicotine is addictive, and 76.8% agree that inhalants cause lung damage.

- Less than 1% of surveyed students reported having taken a handgun to school within the past year.

- On seven out of nine protective factor scales (conditions that buffer youth from exposure to risk), Pennsylvania students scored higher than the matched comparison normative sample. (Because protective factors are associated with positive behavioral outcomes, it is better to have higher protective factor scale scores.) In particular, students reported high levels for *School Opportunities for Prosocial Involvement* and *Religiosity*.

- Results for the 23 risk factor scales (conditions that increase the likelihood of a young person becoming involved in delinquent behavior) were also positive, with Pennsylvania students scoring lower than the normative sample on 16 scales and equaling the normative sample on five scales. (Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher.) Results were especially positive for questions concerning the availability of drugs and firearms and the risks associated with drug use.

Opportunities for Improvement

- Alcohol was the most frequently used substance among surveyed Pennsylvania 6th, 8th, 10th and 12th grade students, with one out of four reporting they had used alcohol at least once in the past 30 days. Nearly 15% reported at least one episode of binge drinking (defined as five or more drinks in a row in the past two weeks).

- Across all four grade levels, 21.1% reported that they had used marijuana in their lifetime, and 11.4% reported that they had used marijuana at least once in the past 30 days. These rates are part of a marked increase, both in Pennsylvania and across the nation, in marijuana use since the early 1990s.

- Mirroring the rise in use, willingness to try or use marijuana has been on the increase since 1989. In that year, 26.0% of seniors reported a willingness to use the drug, compared to 40.5% in 2001.

- In contrast to the decline in drinking and driving, marijuana use while driving has increased. In 1989 just 7.5% of seniors reported smoking marijuana while driving. By 1997 this figure had increased to 12.2%, before climbing to 16.0% in the current study.

- Nearly 9% of male students reported the use of smokeless tobacco within the past 30 days.

- While prevalence levels are relatively low, stimulant, depressant and club drug use rates have increased since the mid 1990s.
- More than one in five 12th graders (21.2%) reported being drunk or high at school on at least one occasion within the past year.
- Nearly 10% of surveyed students reported having attacked someone with intent to cause harm in the past year.
- One-third of surveyed students reported having "been threatened to be hit or beaten up" within the past year, and 7.6% report having been "threatened by someone with a weapon."

Both sets of findings provide critical information for policy creation and program development. By focusing on existing strengths, community leaders can continue to channel resources toward programs that work. By focusing on opportunities for development, policy makers can supplement successful programs with new initiatives that target key problem areas for Pennsylvania youth.

By continuing surveillance of drug use prevalence in middle and high schools, Pennsylvania will have available the information it needs to continue its drug prevention efforts. The real power of these data can then be harnessed as they are used for prevention, intervention and treatment planning at the local level. One of the primary benefits of conducting the *Pennsylvania Youth Survey 2001* is that the data can continue to be used as the baseline against which future prevention and intervention efforts can be assessed.

Introduction

This report describes the administration and findings for the *Pennsylvania Youth Survey 2001* (*PAYS 2001*) for 6th, 8th, 10th and 12th grade public school students in Pennsylvania. The survey effort was sponsored by the Pennsylvania Commission on Crime and Delinquency (PCCD), in cooperation with the Pennsylvania Department of Education. PCCD contracted with Channing Bete Company, Inc., to conduct the survey. The survey data were collected in October and November of 2001.

Organization of this Report

This report provides a comprehensive review of the entire survey process. This includes the planning and implementation of the sampling procedure, school recruitment, survey administration and scoring, as well as the survey results. These topics are organized into the following sections.

- *Survey Development and Methodology*. This section provides a summary of all sampling, recruitment, survey administration, and validation procedures in the *PAYS 2001*. This section also includes a report on the basic demographics of the participating students.

- *Survey Findings: Alcohol, Tobacco and Other Drug Use*. This section presents a detailed review of the *PAYS 2001* findings for all alcohol, tobacco and other drugs (ATODs) measured in the survey. Subtopics include lifetime prevalence rates, past-30-day prevalence rates, regional variation and historical trend data. In addition, for alcohol use, prevalence rates for binge drinking are discussed.

- *Survey Findings: Antisocial Behaviors*. This section presents a detailed review of the *PAYS 2001* findings for the past-year prevalence rates for all antisocial behaviors measured in the survey. There are 12 different antisocial behaviors measured in the *PAYS 2001*, including three behaviors (carrying a knife, carrying a long gun and taking a long gun to school) that were specifically added for Pennsylvania. In addition, regional variation is discussed where relevant throughout this section.

- *Survey Findings: Special Topics*. This section presents a detailed review of the *PAYS 2001* findings for frequency of driving after alcohol or marijuana use, knowledge about the physiological effects of drugs, student willingness to try ATODs in the future, student reports of personal threats or assaults, and student reports on gang involvement. Item level analyses are presented, along with a discussion of regional variation and historical trends, as appropriate.

- *Risk and Protective Factor Prevalence*. A detailed review of the risk and protective factors measured in the *PAYS 2001*. Comparison is made with national normative data and demographically matched comparison data.

- *Conclusion*. A brief discussion on how Pennsylvania can effectively use the data from the *Pennsylvania Youth Survey 2001* to help improve the lives of its young people.

- *Appendices*: Technical and supporting documents for the *PAYS 2001*.

Development of the Pennsylvania Youth Survey 2001

From 1989 through 1997, Pennsylvania conducted a biennial statewide survey of students regarding their use of alcohol, tobacco and drugs. The *Generation at Risk* survey was administered to approximately 60,000 6th, 7th, 9th and 12th graders. The survey was an important tool for professionals and policy makers who dealt with substance abuse and related issues. Results from the study provided an important benchmark of alcohol, tobacco, and drug use among young Pennsylvanians, and helped indicate whether prevention and treatment programs were achieving their intended results. The survey has been expanded over the years to include questions on a range of issues such as physical fighting, carrying weapons, gangs, drinking and driving, and attitudes about school.

Prior to conducting the planned 1999 survey, an advisory group representing the Pennsylvania Departments of Health, Education, and Public Welfare, and other state agencies including the Governor's Policy Office, the Children's Partnership, Juvenile Court Judges Commission and the Commission on Crime and Delinquency, suggested the survey be redesigned to include additional information on risk and protective factors associated with delinquency and substance abuse.

With this goal in mind, the *Communities That Care® Youth Survey* (*CTCYS*) was adopted as the basis for the *PAYS 2001*. The *Communities That Care® Youth Survey* was developed from research (the *Six-State Study*) funded by the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. Normative survey data were collected in five states: Kansas, Maine, Oregon, South Carolina and Washington. One other state, Utah, participated in the *Six-State Study*, but school survey data collected in Utah were not collected in the same manner as in other states. Over 72,000 students participated in these statewide surveys, and analysis of the collected data was the basis for the development of the survey. The survey, its uses, and its ongoing development have been described in two recent articles (Pollard, Hawkins and Arthur, 1999; Arthur, Hawkins, Pollard, Catalano and Baglioni, 2001).

With the adoption of the *CTCYS* format, the *PAYS 2001* provides prevention planners and policy makers with three important resources:

1. Most of the ATOD questions in the *PAYS 2001* are comparable to those used in the *Monitoring the Future* study, a national survey of drug use among middle and high school students. This allows results from Pennsylvania to be accurately compared to national findings.

2. The *PAYS 2001* questionnaire includes items that measure 23 risk and nine protective factors. Risk and protective factors are characteristics of the community, family, school, and peer-individual environments, as well as individual characteristics of the students themselves, that are known to predict drug use, delinquency, and gang involvement (Hawkins, Catalano and Miller, 1992).

3. The *PAYS 2001* retains many of the important measures from the *Generation At Risk* survey. As a result, researchers can continue to monitor historical trends in drug use and other delinquent behavior among Pennsylvania youth.

The Sampling Plan

The Sampling Frames

Complete listings of all public and non-public schools were provided to Channing Bete Company, Inc., by the Pennsylvania Department of Education. From this roster, separate samples of public and non-public schools with enrollment in the 6th, 8th, 10th and 12th grades were developed for the *PAYS 2001*. For purposes of developing the sampling frame, the sampling unit was defined as each unique grade by school combination. Therefore, separate school rosters were developed for each of the four grade levels. Schools that did not report any student enrollment at these grade levels (primarily K-5 elementary schools) were eliminated from further consideration. Most schools were included in more than one roster. For example, a middle school would typically be included in both the 6th and 8th grade rosters. A total of 1,880 public schools reported some enrolled students in at least one of the four target grade levels (see the first two data columns of Table 1).

In addition, schools with 19 or fewer enrolled students were excluded from the sample. No public schools met this criterion, but 66.6% of the non-public schools reported enrollments of 19 or fewer students. This reduced the total of non-public schools across the four grades to 872, and removed a total of 2.6% of Pennsylvania's 6th, 8th, 10th and 12th grade students from consideration (see the first two data columns of Table 2).

Finally, for the public school roster, schools were assigned to one of six regions in the state (see page 142 for a map of the counties within each region):

Region 1 – northwest
Region 2 – north central
Region 3 – northeast
Region 4 – southwest
Region 5 – south central
Region 6 – southeast

For the non-public schools, schools in Regions 1-5 were grouped together, while non-public schools in southeast Pennsylvania (Region 6) were retained in their own list. This process created 24 separate public school listings (grade level by region), and eight non-public school listings, which formed the final sampling frames used for sample selection.

Sample Selection

The goal of the sampling procedure was to select a school sample whose enrollment included a minimum of 20% of the total number of public school students, and a minimum of 14% of all non-public school students, within each grade level by region combination. It was anticipated

that approximately half of the public and non-public schools would be successfully recruited. Thus, after completion of the recruitment process, it was expected that approximately 10% of all public school students and 7% of all non-public school students would actually participate in the *PAYS 2001*.

For all schools, the probability of selection was proportional to enrollment. That is, schools with higher enrollment were more likely to be selected than smaller schools. The selection process was implemented by first assigning a probability value to each school calculated as the percentage of region-wide enrollment that was located at the school. This value ranged from hundredths of a percentage point at small schools to nearly six percent in large schools. Schools were then randomly selected until their combined enrollment equaled or exceeded the 20% sampling goal for enrollment at the grade level.

Across all grade-by-region combinations, a total of 463 schools were selected in the public school sample, and 151 schools in the non-public school sample. The total sample across all grade levels and regions included 21.0% of all public school students (n=115,541), and 15.0% of all non-public school students (n=11,083) (see the third data column of Tables 1 and 2). As would be expected, schools with larger enrollments were more frequently included in the sample.

As described earlier, except for elementary schools, which contributed only to the 6th grade rosters, almost all other schools were eligible for selection in more than one grade by region combination. Middle schools typically were included in both the 6th and 8th grade sampling pools, while high schools typically were included in both the 10th and 12th grade samples. Smaller rural schools, and non-public schools, often have 8th through 12th grade combinations, or even 6th through 12th combinations. Thus, it was possible for a school to be selected in more than one sample within its region. In fact, 32 of the public schools were selected twice, reducing the total of non-duplicated public schools to 431. By chance, no public school was selected more than twice. For the non-public schools, 16 of the schools were included in two rosters. This results in a total of 135 unique non-public school selections (see the fourth data column of Tables 1 and 2).

Modifications of the Sampling Plan

Three modifications to the original sampling plan were required in the course of the survey effort. The first modification addresses the low response rate of non-public school students. As described earlier, the sample plan set a recruitment goal of 5,186 for non-public school students (7% of total enrollment). With this target in mind, a sample of 11,083 non-public school students was drawn, with the expectation of a 50% response rate. Unfortunately, only 672 non-public school students completed and returned valid survey questionnaires, yielding a response rate of just 6.1%. While response rates to statewide student surveys are usually lower than researchers would like, and results are generally presented with the caveat that some response bias may have influenced the findings, a rate this low warrants extreme caution.

This concern was investigated by comparing the demographic characteristics and ATOD prevalence levels of public and non-public school students. While some gaps between the two student populations are expected, the magnitude of the differences between the two subsamples

reinforced the concern that a substantial response bias in the non-public school sample was likely. As a result, non-public school students were excluded from the final sample.

The second modification involved the Philadelphia School District. Early in the recruitment process, the Philadelphia School District was contacted to solicit their cooperation in the survey effort. It was known that the school district was experiencing a variety of management challenges, and that participation in the survey might be perceived as a burden. Following meetings with the school district conducted in the late spring and summer of 2001, a working plan for cooperation with the Philadelphia schools was created.

As part of the original sampling process, a sample of Philadelphia schools was created that enrolled approximately 20% of the Philadelphia students in the 6th, 8th, 10th and 12th grades. This large a sample was felt by the district to be too heavy of an administrative burden. An alternative sampling plan, requiring a smaller sample of Philadelphia students, was created. In this plan, sufficient samples were drawn from schools with students enrolled in the 6th, 8th, 10th and 12th grades so that at least 1,000 enrolled students were included in each grade. The procedures used to draw the sample were the same as those used previously for the state samples. A total of six high schools and five middle schools were selected for participation in the survey (one middle school contributed two grade levels). These schools cumulatively enrolled approximately 5% of Philadelphia students in the sampled grade levels.

A third modification of the sampling plan was required because of insufficient recruitment of sample schools for some grade-by-region combinations. The first four data columns presented in Table 3 show the recruitment target and actual responses for each of the 24 grade-by-region combinations. While a number of the grade-by-region combinations fell short of the target, the recruiting problems were concentrated in northeast and southwest Pennsylvania (Regions 3 and 4). At the conclusion of the recruiting period, most grade levels in these two regions were substantially short of the 50% recruiting target. In order to achieve the analytic goals of the survey, additional students, called "piggyback" students, were added to the sample through the process that follows.

Of the sample schools that did participate, many chose to have additional grades surveyed at their school. For example, high schools in the survey sample that were selected for 10th grade participation could choose to include 12th grade students in the survey process. This opportunity was offered to all sample schools throughout the state free of charge. This was offered as an incentive for participation, and was a planned part of the recruitment process at the start of the recruitment effort. Students who participated in the sample schools, but who were not in the sampled grade, were called "piggyback" students.

In grade-by-region samples with a recruiting shortfall, piggyback students from within the same grade-by-region combination experiencing the recruiting shortfall were added to the sample. Analyses of the differences between piggyback and regularly sampled students were undertaken before the decision to use the piggyback students was made. Piggyback students were compared to regularly sampled students within the same region. In general, piggyback students appeared to be very similar to regularly sampled students in all respects. There were no significant variations in demographic characteristics, or in their patterns of drug use, delinquency, or risk and protective factor prevalence.

After the addition of the piggyback students and the removal of the invalid surveys, a total of 43,889 students remained for analysis in the *PAYS 2001*. Final totals for the number of students in the *PAYS 2001* are presented in the fifth data column of Table 3. Note that even with the addition of the piggyback students, northeast and southwest Pennsylvania (Regions 3 and 4) still remained short of recruiting goals. However, the number of students in each grade level was sufficient for all planned analyses. Consequently, no further additions or modifications of the sampling plan were made.

Survey Administration

Survey plans called for participation of 6th, 8th, 10th and 12th graders in the state of Pennsylvania. Survey administration procedures were standardized throughout the state. Following school or district commitment to participate, surveys were sent directly to the participating schools. Within the school, the survey forms were distributed to individual classrooms that were eligible for participation. Each teacher received an appropriate number of surveys and survey collection envelopes. Teachers reviewed the instructions with their students and asked the students to complete the survey. Students had 50 minutes in which to complete the survey.

A passive consent procedure was used for this survey administration. This means that students were given the consent notification, and they were asked to give it to their parents. It was then up to the parents to notify the school if they did not want their child to participate in the survey.

Students were asked to complete the survey but were also told that they could skip any question that they were not comfortable answering. Additionally, both the teacher and the written instructions on the front of the survey form assured students that the survey was anonymous and confidential.

There were no known irregularities in survey administration. All aspects of the survey protocol appeared to be appropriately implemented, including all protections of student confidentiality.

A total of 45,403 survey forms were returned for processing (see Table 4). Of these, 136 forms (0.3% of the total) were removed from the data set because the students did not provide valid answers to at least 20% of the survey items. These forms are regarded as indicating a decision by the student to withdraw from participation in the survey. Therefore, all data from these forms were discarded. This reduced the total number of forms available for analysis in the *PAYS 2001* to 45,267.

Survey Validation

Three strategies were used to assess the validity of the surveys available for analysis. The first two strategies eliminated students who appeared to exaggerate their illicit drug use. The third strategy identified students who repeatedly reported logically inconsistent patterns of illicit drug use (see Table 4).

1. In the first strategy, surveys from students who reported 120 or more uses of every illicit drug (excluding marijuana) in the last 30 days were eliminated from the survey data set. This

strategy removes surveys that are not taken seriously. This type of exaggeration is one of the clearest ways to identify non-valid surveys.

2. In the second strategy, students were asked if they had used a fictitious drug, Derbisol, in the past 30 days or in their lifetime. If students reported the use of Derbisol on either question, their surveys were not included in the analysis of the findings.

3. In the third strategy, students' responses were checked for logical consistency. An example of an inconsistent response would be if a student reported that he or she had used alcohol three to five times in the past 30 days but had never used alcohol in his or her lifetime. Students with inconsistencies were removed from the analysis if they met one of the following criteria: (1) if they had two or more inconsistent responses for the use of alcohol, cigarettes or marijuana; or (2) if they had two or more inconsistent responses for the use of inhalants, cocaine, crack, heroin, hallucinogens, methamphetamine, club drugs, depressants, stimulants or steroids.

Pennsylvania students were cooperative and produced a high percentage of valid surveys. All but 1,378 students (3.0%) completed valid surveys. Of the 1,378 surveys identified and eliminated by one or more of the three strategies described above, 641 exaggerated illicit drug use (strategy 1), 1,143 reported the use of Derbisol (strategy 2), and 536 were identified because of logical inconsistencies in their answers (strategy 3). The elimination totals produced by these three strategies equal more than 1,378 because some surveys were identified by more than one strategy.

Confidence Intervals

Confidence intervals provide a range of values within which the "true" population value can be found. The level of certainty, in this case 95%, means that 95 out of 100 times, the "true" population value will fall within the range of scores specified by the confidence interval.

At the statewide level, the maximum 95% confidence interval calculated for any prevalence estimate was always ±0.5% or smaller. At the regional level, the confidence intervals ranged from a high of ±1.7% for northeast Pennsylvania (Region 3) to a low of ±0.7% for southeast Pennsylvania (Region 6). The grade-by-region combinations had smaller samples, and therefore larger confidence intervals. However, the smallest N in any grade-by-region combination was for 12th grade students in northeast Pennsylvania (Region 3) (N=727). For this group, the maximum confidence interval was ±2.7%. Finally, larger confidence intervals are associated with specific demographic groups because of the small sample size—American Indians (±5.1%) and students who did not indicate an ethnicity (±3.6%).

Note that for less prevalent behaviors (such as heroin use), the confidence interval drops substantially. For instance, if the American Indian prevalence rate for a specific drug was 5%, the confidence interval around that rate would decrease to ±2.2%. In short, for almost any prevalence rate calculation, the associated confidence interval is small enough to ensure good reliability in the estimate.

Table 1

Public School Sample Design

		All Schools		Sampled Schools	
		Number of Students	**Number of Schools[1]**	**Number of Students**	**Number of Schools[1]**
Northwest	6th	11,493	117	2,516	16
(Region 1)	8th	12,208	87	2,625	14
	10th	13,146	95	2,657	14
	12th	12,369	93	2,509	15
	Total	**49,216**	**227**	**10,307**	**54**
North Central	6th	7,868	73	2,006	10
(Region 2)	8th	8,387	57	1,917	9
	10th	8,632	57	1,998	10
	12th	8,014	59	1,638	8
	Total	**32,901**	**137**	**7,559**	**32**
Northeast	6th	17,479	100	3,589	16
(Region 3)	8th	17,503	78	3,632	15
	10th	19,417	75	4,078	10
	12th	17,059	75	3,650	11
	Total	**71,458**	**192**	**14,949**	**49**
Southwest	6th	30,193	253	6,222	36
(Region 4)	8th	31,330	186	6,470	28
	10th	34,348	177	7,373	28
	12th	32,262	177	6,493	24
	Total	**128,133**	**473**	**26,558**	**107**
South Central	6th	18,997	151	4,262	20
(Region 5)	8th	19,103	92	3,844	13
	10th	19,549	91	4,131	16
	12th	17,673	92	3,847	16
	Total	**75,322**	**265**	**16,084**	**61**
Southeast	6th	53,636	359	10,873	50
(Region 6)	8th	52,124	255	11,016	44
	10th	53,197	175	10,971	22
	12th	34,347	93	7,224	18
	Total	**193,304**	**586**	**40,084**	**128**
Statewide	6th	139,666	1,053	29,468	148
	8th	140,655	755	29,504	123
	10th	148,289	670	31,208	100
	12th	121,724	589	25,361	92
	Total	**550,334**	**1,880**	**115,541**	**431**

[1] School totals do not equal sums across grade levels because some schools were included in more than one grade level.

Table 2
Private School Sample Design

		All Schools		Sampled Schools	
		Number of Students	**Number of Schools[1]**	**Number of Students**	**Number of Schools[1]**
Regions 1 to 5	6th	7,497	218	1,120	28
	8th	6,529	310	939	25
	10th	5,948	74	850	7
	12th	5,649	69	977	9
	Total	**25,623**	**432**	**3,886**	**62**
Southeast	6th	13,376	365	1,887	35
(Region 6)	8th	12,822	358	1,810	33
	10th	11,560	106	1,703	5
	12th	10,704	103	1,797	9
	Total	**48,462**	**440**	**7,197**	**73**
Statewide	6th	20,873	583	3,007	63
	8th	19,351	668	2,749	58
	10th	17,508	180	2,553	12
	12th	16,353	172	2,774	18
	Total	**74,085**	**872**	**11,083**	**135**

[1] School totals do not equal sums across grade levels because some schools were included in more than one grade level.

Table 3

Sample Totals by Region and Grade Level

		Recruitment Target		Actual Responses		Final Sample	
		Number of Students	Number of Schools[1]	Number of Students	Number of Schools[1]	Number of Students	Number of Schools[1]
Northwest	6th	1,258	8	774	5	1,293	6
(Region 1)	8th	1,313	7	1,157	8	1,354	9
	10th	1,329	7	1,249	6	1,325	7
	12th	1,255	8	953	6	1,296	9
	Total	**5,154**	**27**	**4,133**	**20**	**5,268**	**20**
North Central	6th	1,003	5	523	1	1,056	3
(Region 2)	8th	959	5	132	1	995	3
	10th	999	5	600	2	770	3
	12th	819	4	330	2	770	4
	Total	**3,780**	**16**	**1,585**	**4**	**3,591**	**4**
Northeast	6th	1,795	8	552	3	935	6
(Region 3)	8th	1,816	8	806	4	834	5
	10th	2,039	5	605	3	969	6
	12th	1,825	6	349	2	727	6
	Total	**7,475**	**25**	**2,312**	**12**	**3,465**	**12**
Southwest	6th	3,111	13	317	2	790	4
(Region 4)	8th	3,235	14	1,018	6	1,487	9
	10th	3,687	14	591	5	1,235	9
	12th	2,147	12	439	4	840	8
	Total	**13,279**	**54**	**2,365**	**14**	**4,352**	**14**
South Central	6th	2,131	10	946	4	2,202	9
(Region 5)	8th	1,922	7	1,956	9	1,957	9
	10th	2,066	8	773	5	2,157	12
	12th	1,924	8	902	6	1,312	9
	Total	**8,042**	**31**	**4,577**	**19**	**7,628**	**19**
Southeast	6th	5,437	25	3,616	13	5,232	17
(Region 6)	8th	5,508	22	2,557	12	5,541	19
	10th	5,486	11	1,663	6	4,809	16
	12th	3,612	9	2,905	10	4,003	14
	Total	**20,042**	**64**	**10,741**	**36**	**19,585**	**36**
Statewide	6th	14,734	69	6,728	28	11,508	45
	8th	14,752	63	7,626	40	12,168	54
	10th	15,604	50	5,481	27	11,265	53
	12th	12,681	47	5,878	30	8,948	50
	Total	**57,771**	**217**	**25,713**	**105**	**43,889**	**105**

[1] School totals do not equal sums across grade levels because some schools were included in more than one grade level.

Table 4
Survey Ns Removed, by Reason of Removal

	Number of Students	Percent of Students
Surveys Returned for Processing	45,403	100.0
6th	11,692	25.8
8th	12,589	27.7
10th	11,723	25.8
12th	9,399	20.7
Refusals	136	0.3
Ineligible - Total	1,378	3.0
Exaggerated Use	641	1.4
Derbisol	1,143	2.5
Inconsistencies	536	1.2
Valid Surveys Available for Analysis	43,889	96.7

Note: "Surveys Returned for Processing" represents the number and percentage of students in the Pennsylvania sample who completed a survey form with at least some items filled out. Refusals are defined as students who did not provide valid responses to at least 20% of the survey items.

There are three strategies used to assess the validity of the surveys. The "Ineligible" section shows the number and percentage of students who were eliminated under each disqualifying criterion and the total number of students who were removed from the data analysis.

Demographic Profile of Surveyed Youth

The *PAYS 2001* measured a variety of demographic characteristics. The demographics of students providing valid surveys are presented in Table 5. A slightly higher percentage of the respondents were female (49.3% female compared to 47.6% male; 3.1% of students did not indicate their sex). A large majority of the students identified themselves as White (79.6%). African American and Other/Multiple students constitute the two largest minority groups (6.5% and 6.1%, respectively), followed by Latino, Asian and American Indian students (3.2%, 2.1% and 0.8%, respectively).

Overall, the ethnic composition of the sample closely matches that of the student population. For the 2000-2001 school year, the Pennsylvania Department of Education reported a public secondary school population with 80.2% White students, 3.9% Hispanic students, 2.1% Asian students, and 0.1% American Indian students. The 13.7% figure reported by the state for Black students, however, does not match the sample, which is 6.5% African American. In large part, this disparity reflects the inclusion of an "Other/Multiple" category in the survey report. Instead of classifying themselves as African American or Black, as they would given an ethnicity question with a single response option, a number of respondents selected two or more ethnicity categories. These multi-ethnic students are classified as Other/Multiple in the survey report.

Table 6 shows selected characteristics of the home life of surveyed youth. These attributes include family status and the primary language spoken by the student at home. The results are broken down by grade level, sex and ethnicity. A large majority speak English at home (96.4%). There were, however, two notable exceptions: nearly half (42.6%) of the students who self-identified as Latino reported that Spanish was the primary language they used at home, and 40.2% of Asian students reported primarily speaking a language other than English or Spanish at home.

A majority of students (76.5%) reported that they lived in a "city, town, or suburb." Slightly more than 20% of students reported that they lived in the "country" and only 3.1% of students reported that they lived on a "farm." There was some variation by ethnic group. For example, while 22.6% of White students reported they lived in the country, only 4.6% of African American students, 9.7% of Asian students, and 10.7% of Latino students reported that they lived in the country.

Finally, Table 6 shows the average number of adults living in the household. The overall state average was 1.9 adults, with little variation across demographic groups.

Table 5

Selected Demographic Characteristics of Surveyed Youth

Pennsylvania Statewide

	Number of Students	Percent of Students
Overall		
Valid Cases	43,889	100.0%
Grade		
6th	11,508	26.2%
8th	12,168	27.7%
10th	11,265	25.7%
12th	8,948	20.4%
Sex		
Female	21,640	49.3%
Male	20,895	47.6%
Did Not Respond	1,354	3.1%
Ethnicity		
White	34,936	79.6%
African American	2,861	6.5%
Latino	1,392	3.2%
American Indian	364	0.8%
Asian	902	2.1%
Other/Multiple	2,683	6.1%
Did Not Respond	751	1.7%

Note: Rounding can produce totals that do not equal 100%.

Table 6

Selected Characteristics of the Home Life of Surveyed Youth, by Grade, Sex, and Ethnicity

Pennsylvania Statewide

	Primary Language Spoken at Home			***Urbanicity of Primary Residence***			***Average Number of Adults Living in Household***
	English %	**Spanish %**	**Other %**	**City, town, suburb %**	**Country %**	**Farm %**	
Overall							
Valid Cases	96.4	1.6	2.0	76.5	20.3	3.1	1.9
Grade							
6th	96.2	2.1	1.7	78.6	18.8	2.6	2.0
8th	96.7	1.9	1.4	75.7	21.0	3.3	1.9
10th	97.0	1.1	1.9	74.9	21.5	3.6	1.9
12th	95.7	1.1	3.2	77.1	19.8	3.2	1.9
Sex							
Female	96.7	1.6	1.7	77.5	19.8	2.8	1.9
Male	96.2	1.5	2.3	75.5	21.0	3.5	1.9
Ethnicity							
White	99.2	0.1	0.7	74.2	22.6	3.2	1.9
African American	97.2	0.6	2.1	94.1	4.6	1.3	1.7
Latino	56.2	42.6	1.2	87.8	10.7	1.5	1.9
American Indian	92.9	2.5	4.5	70.1	20.4	9.5	2.0
Asian	59.0	0.8	40.2	88.3	9.7	1.9	2.1
Other/Multiple	91.6	1.8	6.6	79.0	17.0	4.0	2.0

Note: Rounding can produce totals that do not equal 100%.

Alcohol, Tobacco and Other Drug Use

Presentation of the Findings

Alcohol, tobacco and other drug (ATOD) use is measured in the *PAYS 2001* with a 28-item set from the *Communities That Care® Youth Survey (CTCYS)*. Most of the *CTCYS* items are comparable to those used in the *Monitoring the Future* study, an annual survey of drug use among middle and high school students. The *Monitoring the Future* study is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan. (For a review of the methodology of this study, please see Johnston, O'Malley and Bachman, 2001.) The *Monitoring the Future* survey project provides national prevalence-of-use information for alcohol, tobacco and other drugs from a representative sample of 8th, 10th and 12th graders. For many years the *Monitoring the Future* survey has served as the primary reference for determining the prevalence of alcohol, tobacco and other illicit drug use among adolescents in the United States. Comparisons between prevalence levels measured in the *PAYS 2001* and the *Monitoring the Future* study are presented in Tables 7 and 8 and Graphs 3 to 8.

Tables 7 to 28 show ATOD use by 6th, 8th, 10th and 12th grade students in Pennsylvania. There are two ways in which data that depict student involvement in ATOD use are provided. First, prevalence rates are used to illustrate the percentage of students who reported using an ATOD. A prevalence rate is the percentage of students who reported use of a drug at least once in the specified prevalence time period. These results are presented for two prevalence periods: lifetime (whether the student has ever used the ATOD) and past 30 days (whether the student has used the ATOD within 30 days prior to the survey date). Table 10, for example, presents lifetime and past-30-day prevalence rates for alcohol use. In addition to overall rates, these tables include findings by grade, sex and ethnicity.

Second, frequency tables are used to illustrate the number of occasions that students reported using a specific drug (e.g., Table 11). For those who reported the use of alcohol within the past 30 days, Table 11 shows the number of occasions that they reported using it. Please note that when the prevalence rate is quite low (i.e., less than 2%), larger sample sizes are required to reliably estimate the prevalence rate as well as the frequency of use. Also, because of the number of frequency-of-use categories presented on each table, rounding will sometimes lead to percentages that do not sum to exactly 100%.

Trend analyses comparing current ATOD prevalence rates with historical data are presented in two formats. First, in Table 9, past-30-day ATOD prevalence rates from the *PAYS 2001* are compared to Pennsylvania statewide results from the 1989 through 1997 *Primary Prevention Awareness, Attitude, and Use Survey (PPAAUS)*. Appendix B discusses the differences between and comparability of ATOD items in the two surveys.

Finally, Graphs 9 through 14 compare national and Pennsylvania statewide prevalence trends for alcohol, tobacco, marijuana, inhalant, cocaine and hallucinogen use.

Each graph contains three trend lines:

1. Past-30-day prevalence rates for Pennsylvania 6th graders, as measured by the 1989 through 1997 *PPAAUS* and the *PAYS 2001*.

2. Past-30-day prevalence rates for Pennsylvania 12th graders, as measured by the 1989 through 1997 *PPAAUS* and the *PAYS 2001*.

3. Past-30-day prevalence rates for a national sample of 12th graders, as measured by the 1989 through 2001 *Monitoring the Future* study.

Results at the regional level are also discussed throughout the report. The tabular region-level findings are included in Appendix A.

Overall Results

Lifetime and past-30-day ATOD prevalence rates for the combined sample of 6th, 8th, 10th and 12th graders are presented in Graphs 1 and 2. Alcohol is the only substance for which a majority of Pennsylvania students reported a history of use. Nearly two out of three surveyed students (61.3%) reported that they had used alcohol in their lifetimes, and 25.6% reported that they had used alcohol at least once in the past 30 days.

Prevalence rates drop substantially for the second and third most commonly used drugs (cigarettes and marijuana). Just one out of three surveyed students (32.9%) reported that they had smoked cigarettes in their lifetimes, and 15.4% reported that they had smoked at least once in the past 30 days. About one out of five students (21.1%) reported that they had used marijuana in their lifetimes, and 11.4% reported that they had used marijuana at least once in the past 30 days. Prevalence rates for the remaining 11 substance categories are notably lower, with lifetime use ranging from 11.0% for stimulants to 0.8% for heroin, and past-30-day use ranging from 5.4% for smokeless tobacco to 0.3% for heroin.

Comparisons to National ATOD Prevalence Rates. As data presented in Tables 7 and 8 and Graphs 3 to 8 show, prevalence rates for ATOD use among 8th and 10th grade Pennsylvania students are generally lower than those reported in the *Monitoring the Future* study, a national survey of 8th, 10th and 12th graders. In particular, Pennsylvania 8th and 10th graders are less likely than their national counterparts to report lifetime use of cigarettes, marijuana and inhalants; past-30-day use of marijuana; and binge drinking. Alcohol use provides an exception to this pattern, with Pennsylvania 8th and 10th graders reporting higher lifetime prevalence rates than their national counterparts.

Among 12th graders, however, the rates for Pennsylvania students generally increase to match national levels. Exceptions to this pattern include lifetime alcohol use and past-30-day marijuana use, for which Pennsylvania 12th graders report slightly higher rates than their national counterparts, and lifetime cigarette use, for which Pennsylvania 12th graders report slightly lower rates.

Historical Trends in Pennsylvania. Table 9 reveals an inconsistent pattern of changes in drug use among Pennsylvania students. The most encouraging trend appears for tobacco use. After notable increases in the mid 1990s, Pennsylvania students are reporting lower levels of cigarette use. Among 6th graders, past-30-day use has dropped from a peak of 9.4% in 1995 to just 2.2% in 2001. Past-30-day cigarette use among 12th graders peaked at 40.4% in 1997 before dropping to 31.9% in 2001. Past-30-day smokeless tobacco use also declined, falling from a high of 12.4% in 1993 to 9.7% in 2001.

Trend data for alcohol use show mixed results. Past-30-day alcohol use among 6th graders has declined from a peak of 8.3% in 1995 to a low of 4.8% in 2001. In contrast, past-30-day use among Pennsylvania 12th graders has remained fairly constant since 1989, ranging between 47% and 51% throughout the last 12 years.

The most worrisome trend that emerges from the historical analysis is for marijuana use. Among Pennsylvania 12th graders, past-30-day use has increased steadily from a low of 10.9% in 1991 to a peak of 25.6% in 2001. While their prevalence levels are still relatively low, stimulant, depressant, and club drug use have also increased since the mid 1990s.

Demographic Differences. For the majority of ATODs, prevalence rates are very similar between males and females, or males report slightly higher usage levels than females. Exceptions to this rule include depressant and stimulant use, where females report slightly elevated rates of use, and smokeless tobacco, where males report a notably higher rate of use (8.7% of boys versus 2.2% of girls).

Typical of many national studies, there are some differences in prevalence rates among the ethnic groups (Johnston, O'Malley and Bachman, 2001). While these differences vary from question to question, a fairly consistent pattern emerges for the complete survey. Overall, African American and Asian students reported the lowest prevalence rates for ATOD use, followed by Latino, Other/Multiple ethnicity students, and then White students. While they constitute less than 1% of the sample, American Indian students generally reported the highest levels of ATOD use.

Regional Differences. For the majority of ATOD categories, prevalence rates differ by only a few percentage points across the six regions. Nevertheless, a general pattern is apparent. Students from north central and southeast Pennsylvania (Regions 2 and 6, respectively) generally reported the lowest prevalence rates, students from northwest and southwest Pennsylvania (Regions 1 and 4, respectively) generally reported the highest rates and students from northeast and south central Pennsylvania (Regions 3 and 5, respectively) generally fall in the middle. The most extreme example is lifetime prevalence of alcohol use, where students from north central and southwest Pennsylvania (Regions 2 and 4, respectively) report rates of 57.7% and 69.7%, respectively.

Table 7

Lifetime Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the Monitoring the Future *Study*

	Pennsylvania Statewide							***Monitoring the Future (2001)*** [1]						
	6th	7th	8th	9th	10th	11th	12th	6th	7th	8th	9th	10th	11th	12th
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	32.3	--	57.4	--	75.8	--	83.8	--	--	50.5	--	70.1	--	79.7
Cigarettes	8.9	--	27.1	--	43.8	--	57.0	--	--	36.6	--	52.8	--	61.0
Smokeless Tobacco	--	--	--	--	--	--	--	--	--	11.7	--	19.5	--	19.7
Marijuana	1.3	--	10.9	--	30.9	--	47.1	--	--	20.4	--	40.1	--	49.0
Inhalants	2.3	--	5.8	--	7.5	--	12.5	--	--	17.1	--	15.2	--	13.0
Methamphetamine	0.6	--	1.8	--	3.3	--	4.4	--	--	4.4	--	6.4	--	6.9
Club Drugs	0.4	--	2.5	--	6.9	--	11.3	--	--	--	--	--	--	--
Cocaine	0.4	--	1.0	--	3.0	--	6.0	--	--	4.3	--	5.7	--	8.2
Crack	0.4	--	0.9	--	1.7	--	2.3	--	--	3.0	--	3.1	--	3.7
Depressants	2.5	--	5.9	--	12.2	--	14.9	--	--	--	--	--	--	--
Hallucinogens	0.2	--	1.8	--	6.3	--	12.7	--	--	4.0	--	7.8	--	12.8
Heroin	0.2	--	0.5	--	0.9	--	1.7	--	--	1.7	--	1.7	--	1.8
Steroids	0.9	--	2.1	--	2.8	--	2.5	--	--	2.8	--	3.5	--	3.7
Stimulants	1.6	--	6.1	--	16.2	--	22.2	--	--	--	--	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

[1] Johnston, O'Malley and Bachman (2002).

Table 8

Past-30-Day Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the Monitoring the Future *Study*

	Pennsylvania Statewide							***Monitoring the Future (2001)*** [1]						
	6th	7th	8th	9th	10th	11th	12th	6th	7th	8th	9th	10th	11th	12th
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	4.8	--	17.4	--	36.4	--	48.5	--	--	21.5	--	39.0	--	49.8
Binge Drinking	2.4	--	8.6	--	20.9	--	31.2	--	--	13.2	--	24.9	--	29.7
Cigarettes	2.2	--	10.6	--	20.2	--	31.9	--	--	12.2	--	21.3	--	29.5
Smokeless Tobacco	1.5	--	4.1	--	7.0	--	9.7	--	--	4.0	--	6.9	--	7.8
Marijuana	0.6	--	5.3	--	17.0	--	25.6	--	--	9.2	--	19.8	--	22.4
Inhalants	0.7	--	1.9	--	2.1	--	3.0	--	--	4.0	--	2.4	--	1.7
Methamphetamine	0.3	--	0.6	--	1.0	--	0.9	--		1.3	--	1.5	--	1.5
Club Drugs	0.2	--	1.0	--	2.5	--	4.0	--	--	--	--	--	--	--
Cocaine	0.2	--	0.4	--	1.0	--	1.9	--	--	1.2	--	1.3	--	2.1
Crack	0.1	--	0.4	--	0.5	--	0.6	--	--	0.8	--	0.7	--	1.1
Depressants	0.6	--	2.3	--	5.7	--	6.1	--	--	--	--	--	--	--
Hallucinogens	0.1	--	0.8	--	2.2	--	3.6	--	--	1.2	--	2.1	--	3.2
Heroin	0.1	--	0.2	--	0.4	--	0.5	--	--	0.6	--	0.3	--	0.4
Steroids	0.3	--	0.6	--	0.9	--	1.0	--	--	0.7	--	0.9	--	1.3
Stimulants	0.6	--	2.5	--	7.1	--	9.2	--	--	--	--	--	--	--

Note: Binge drinking is defined as five or more drinks in a row in the past two weeks. The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

[1] Johnston, O'Malley and Bachman (2002).

Table 9

Summary of the Past-30-Day Prevalence for ATOD Use for Pennsylvania Surveys Conducted in 1989, 1991, 1993, 1995, 1997 and 2001

		Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Stimulants	Inhalants	Depressants	Hallucinogens	Cocaine	Methamphetamine	Club Drugs	Steroids	Crack	Heroin
		%	%	%	%	%	%	%	%	%	%	%	%	%	%
6th	1989	7.8	6.7	3.2	0.6	0.4	0.8	0.1	0.1	0.2	--	--	--	--	0.0
	1991	8.3	6.6	3.1	0.4	0.6	0.5	0.2	0.2	0.2	--	--	0.5	0.1	0.1
	1993	6.6	6.4	2.2	0.6	0.9	0.9	0.2	0.1	0.2	0.3	0.3	0.5	0.1	0.0
	1995	8.3	9.4	2.4	1.6	1.3	1.0	0.3	0.3	0.3	0.4	0.4	0.7	0.2	0.1
	1997	6.7	7.4	1.4	1.5	1.1	1.1	0.6	0.4	0.4	0.4	0.2	0.7	0.2	0.2
	2001	4.8	2.2	1.5	0.6	0.6	0.7	0.6	0.1	0.2	0.3	0.2	0.3	0.1	0.1
12th	1989	48.9	30.8	12.4	13.9	4.6	2.1	1.3	1.4	2.4	--	--	--	--	0.1
	1991	47.2	30.4	11.8	10.9	3.5	1.5	1.3	1.9	1.2	--	--	0.6	0.3	0.3
	1993	47.9	32.7	12.4	15.0	3.8	2.7	1.3	2.5	1.1	0.2	0.5	0.6	0.5	0.2
	1995	48.8	37.5	11.3	21.1	5.0	4.3	2.3	5.4	2.0	0.6	1.1	0.7	0.6	0.5
	1997	50.7	40.4	10.7	21.8	7.2	3.7	4.1	5.0	2.6	1.0	1.3	0.9	0.7	0.6
	2001	48.5	31.9	9.7	25.6	9.2	3.0	6.1	3.6	1.9	0.9	4.0	1.0	0.6	0.5

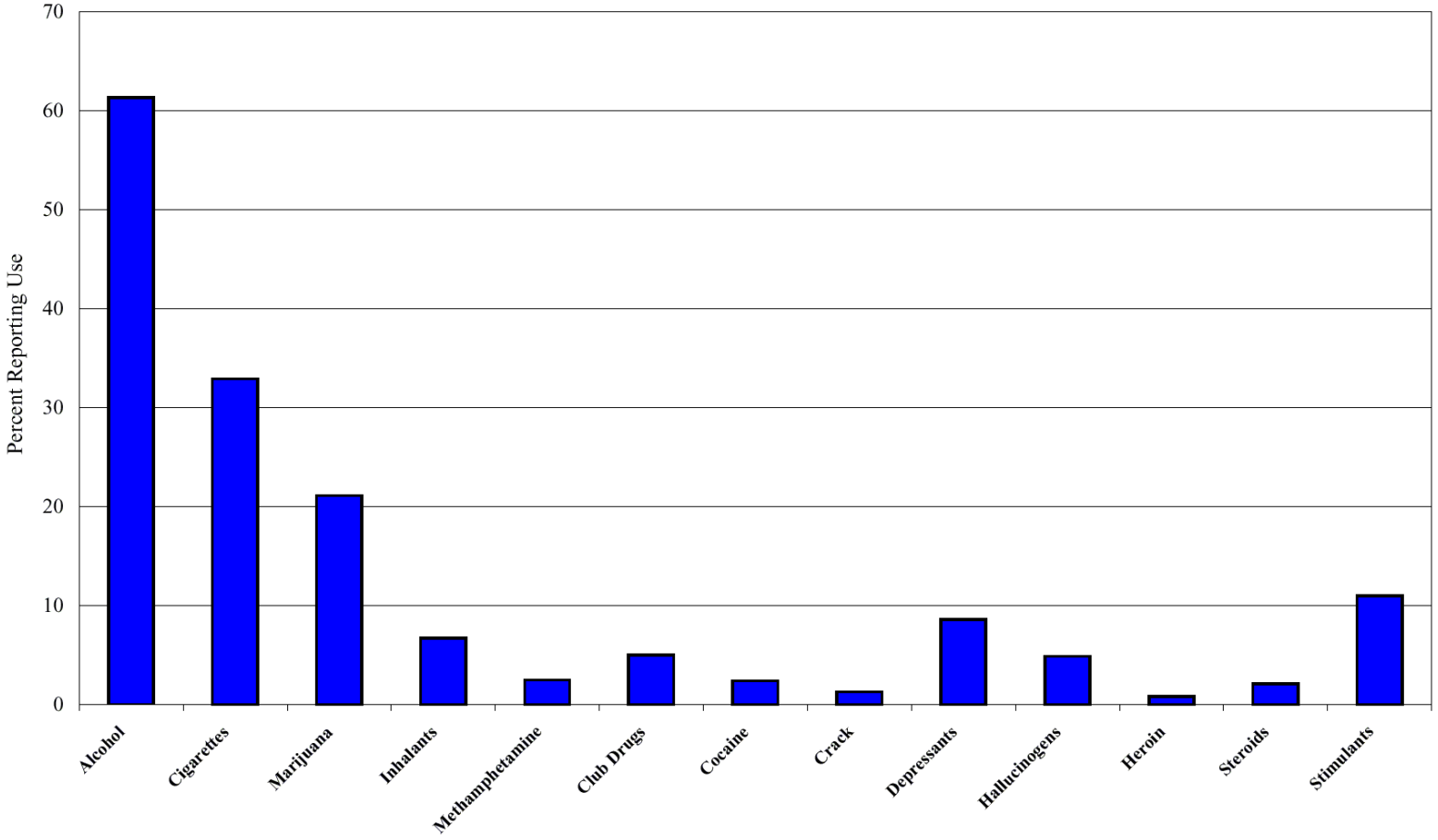
Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Note: For 1989-1997 data, prevalence was defined as students' self-reported regular (monthly or more often) use. In 2001, prevalence was defined as students' self reported use of the drug in the past 30 days.

Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001.

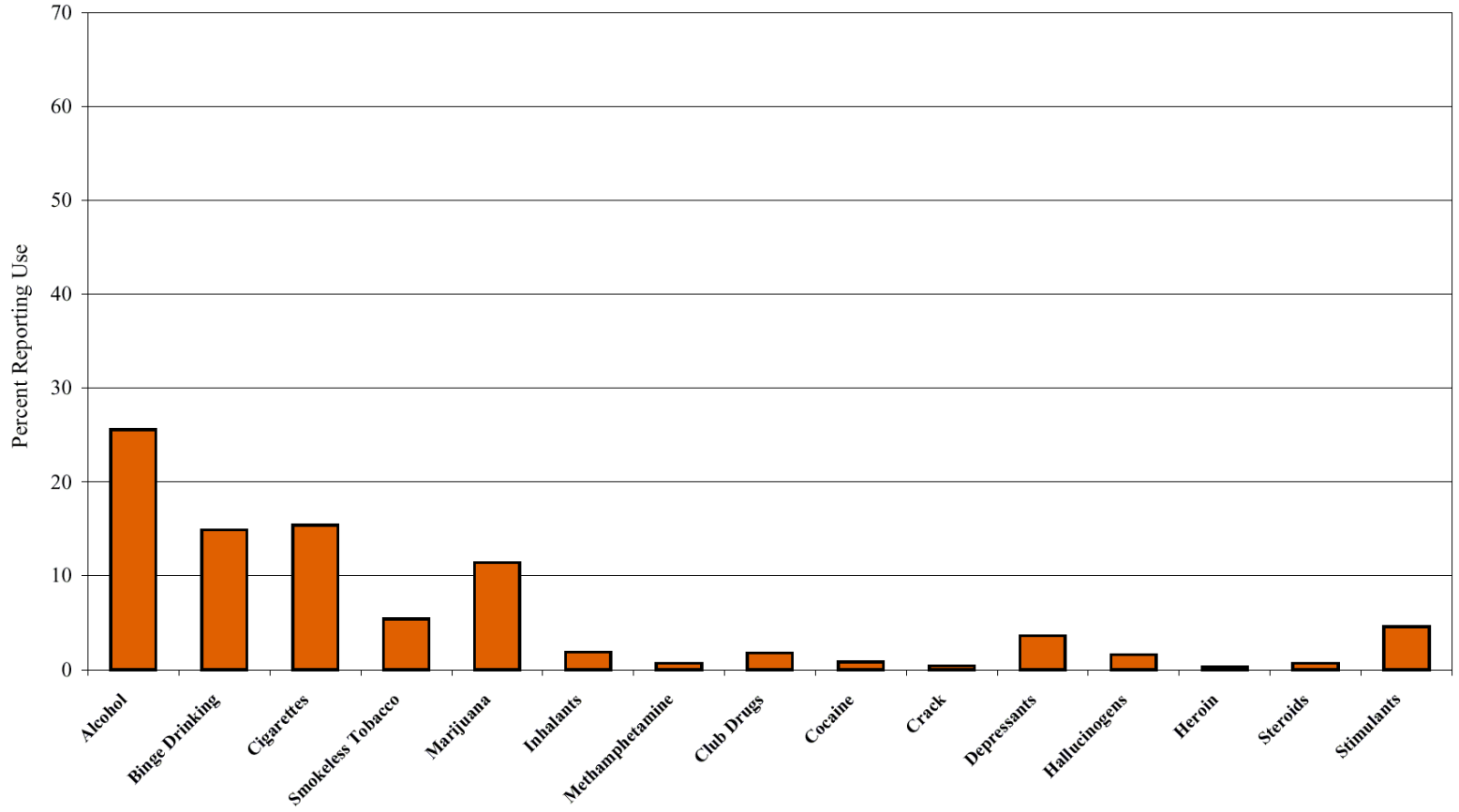
Graph 1

Lifetime Use of Alcohol, Tobacco and Other Drugs for Pennsylvania Statewide 6th, 8th, 10th and 12th Graders



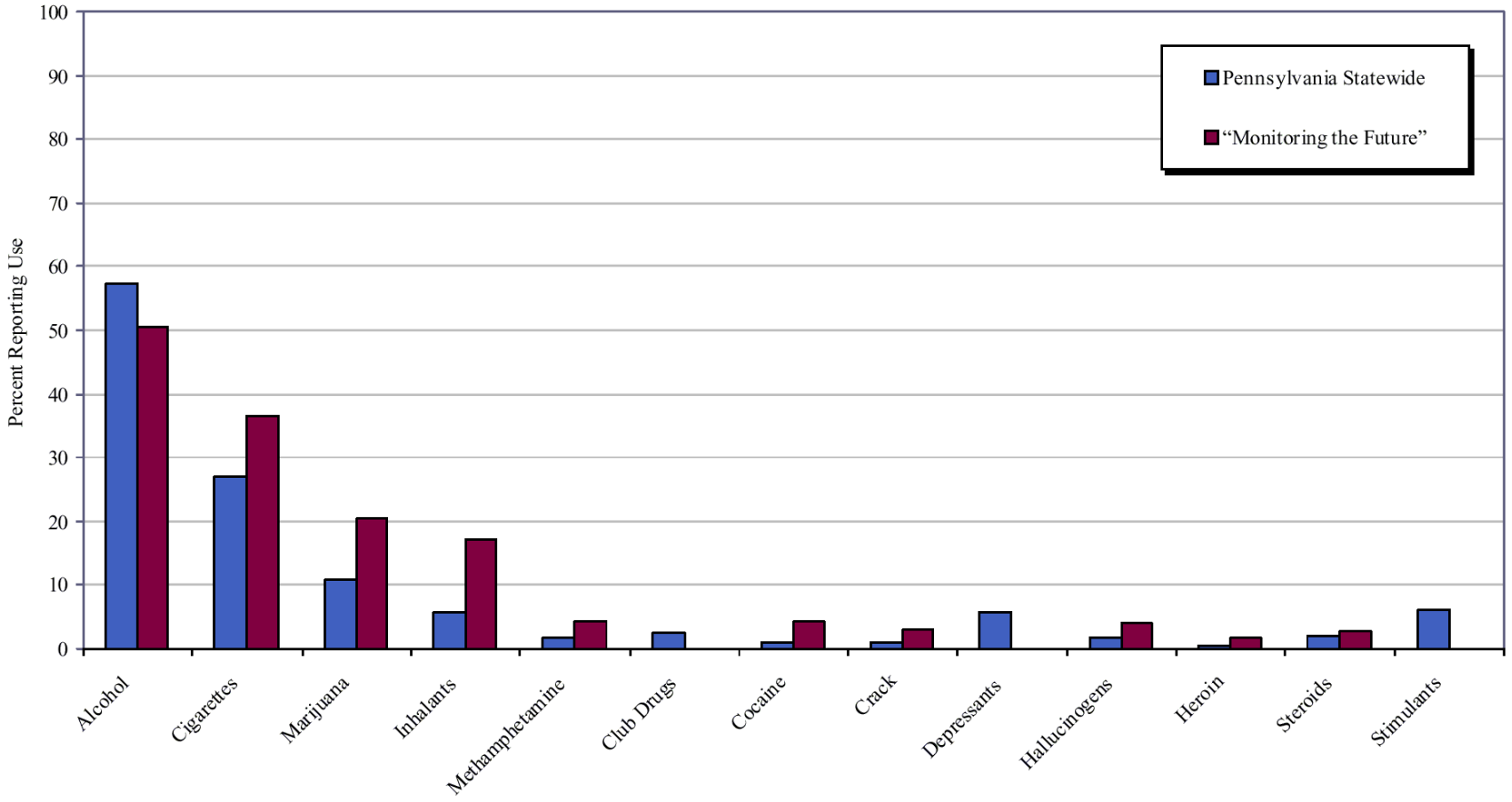
Graph 2

Past-30-Day Use of Alcohol, Tobacco and Other Drugs for Pennsylvania Statewide 6th, 8th, 10th and 12th Graders



Graph 3

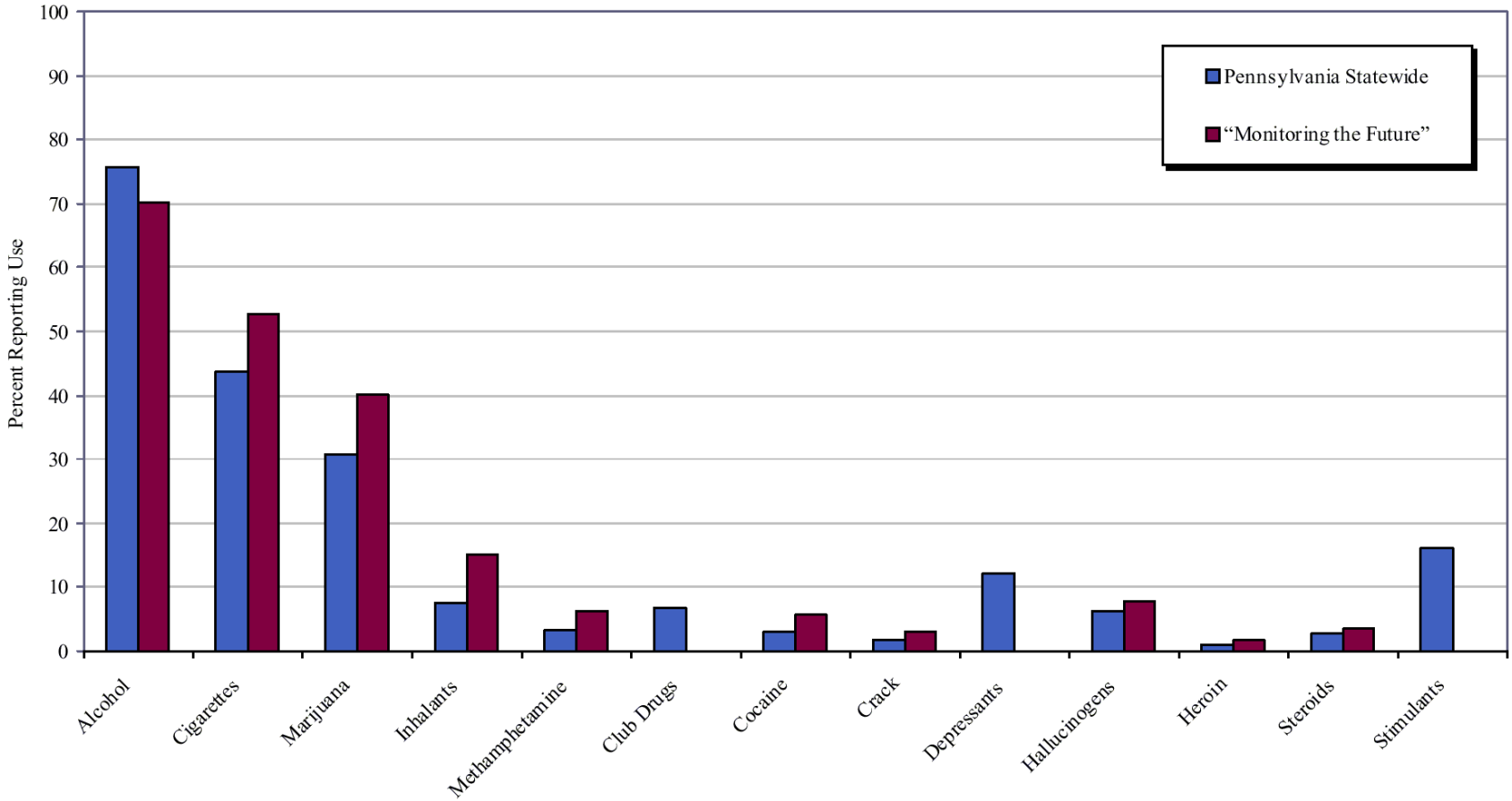
Lifetime Prevalence of Alcohol, Tobacco and Other Drug Use for 8th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.

Graph 4

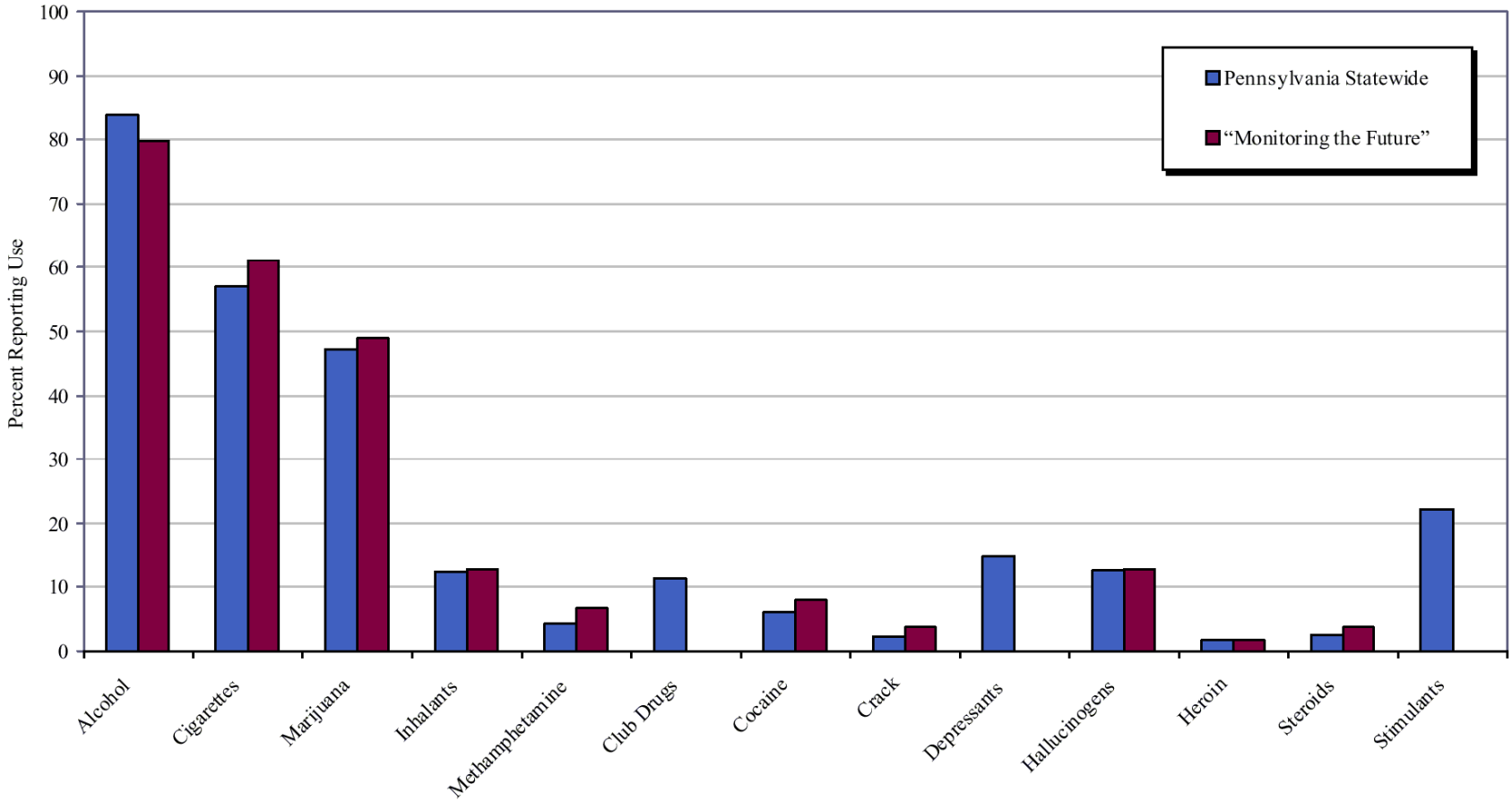
Lifetime Prevalence of Alcohol, Tobacco and Other Drug Use for 10th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.

Graph 5

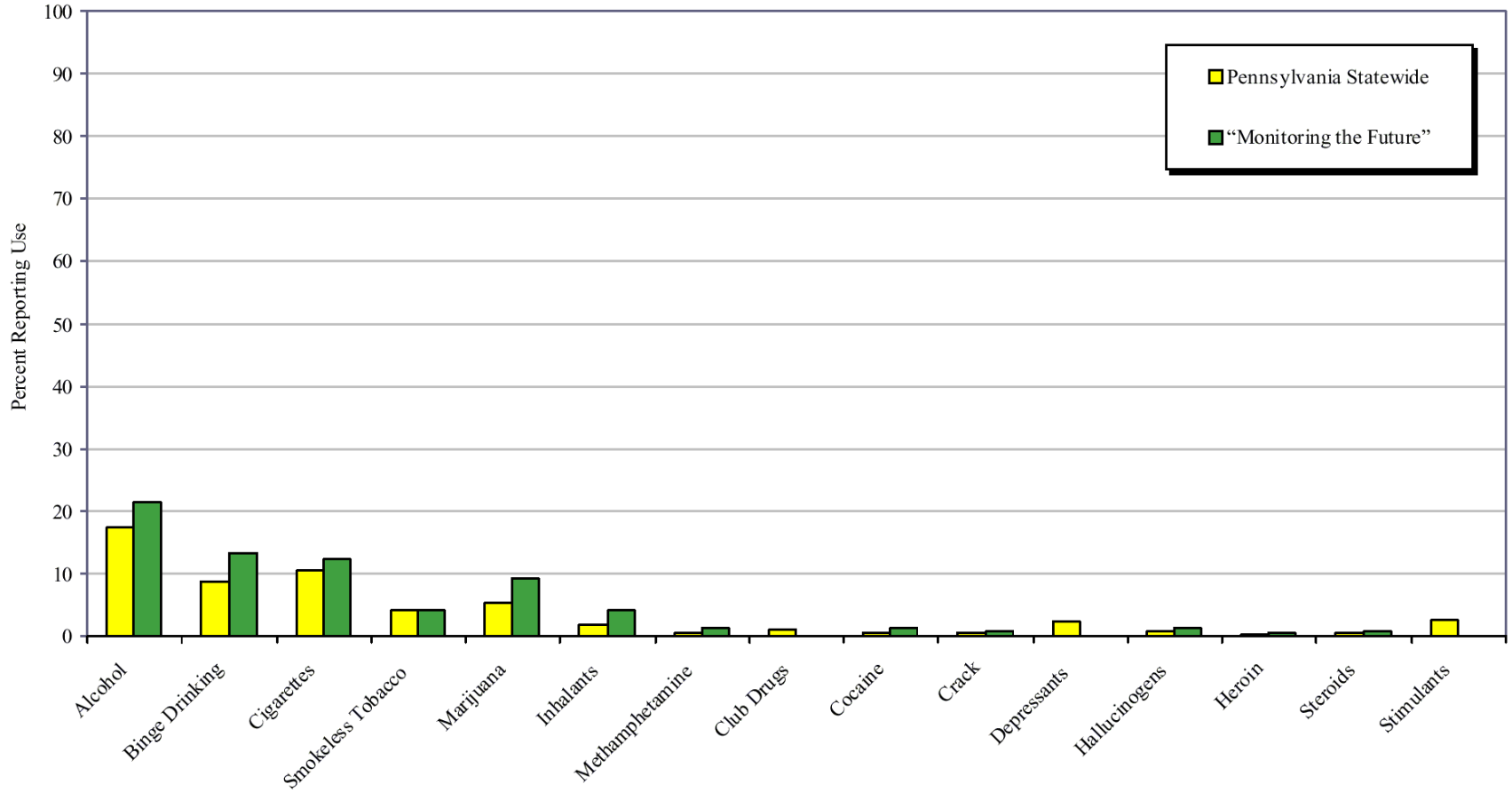
Lifetime Prevalence of Alcohol, Tobacco and Other Drug Use for 12th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.

Graph 6

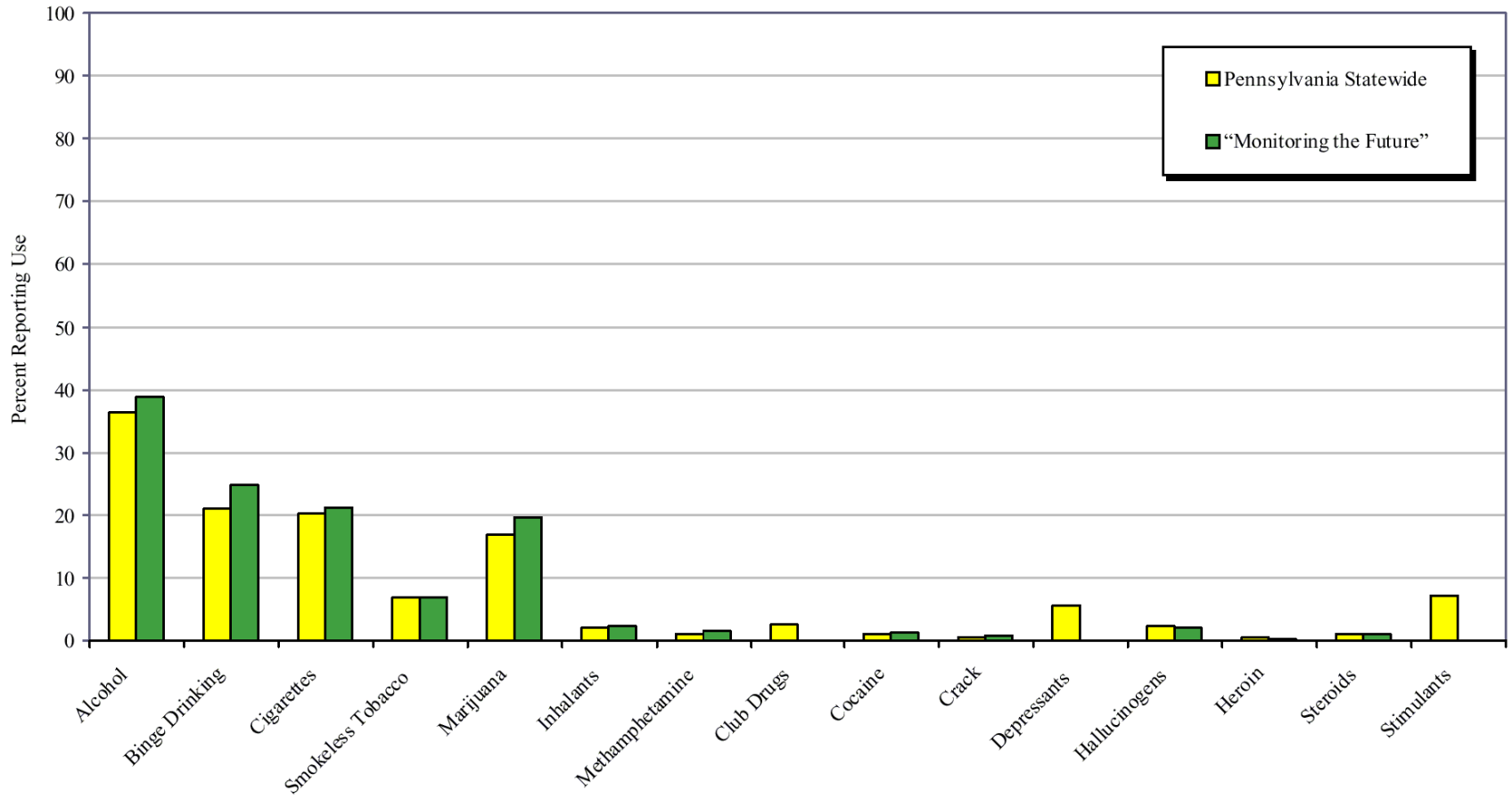
Past-30-Day Prevalence of Alcohol, Tobacco and Other Drug Use for 8th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.
Binge drinking is defined as five or more drinks in a row in the last two weeks.

Graph 7

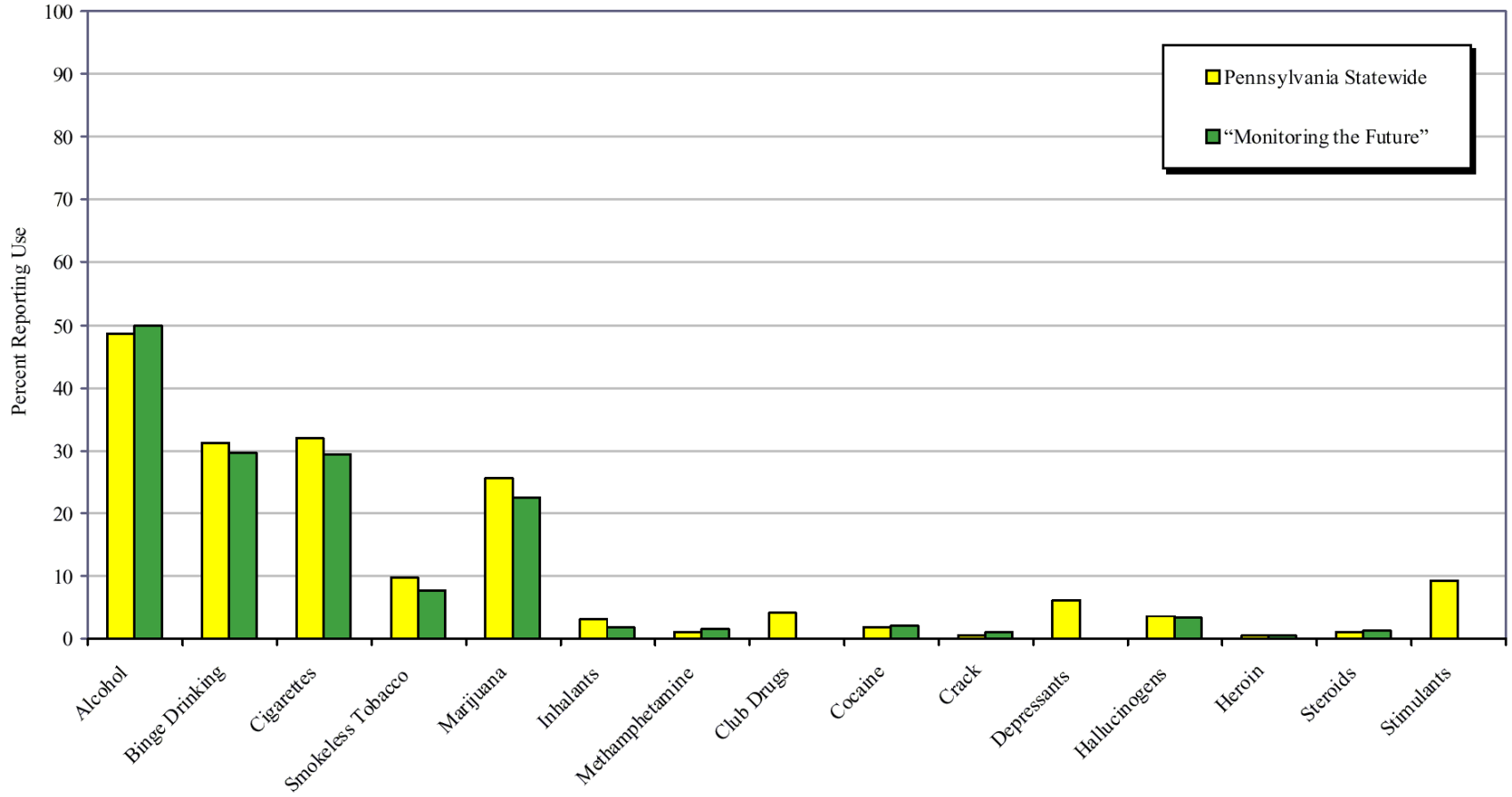
Past-30-Day Prevalence of Alcohol, Tobacco and Other Drug Use for 10th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.
Binge drinking is defined as five or more drinks in a row in the last two weeks.

Graph 8

Past-30-Day Prevalence of Alcohol, Tobacco and Other Drug Use for 12th Grade Students from Pennsylvania Statewide and the "Monitoring the Future" Study



Note: No club drug, depressant or stimulant data are available from the "Monitoring the Future" study.
Binge drinking is defined as five or more drinks in a row in the last two weeks.

Alcohol

Alcohol, including beer, wine and hard liquor, is the drug used most often by adolescents today. Longitudinal findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In 2001, the percentages of 8th, 10th and 12th graders who reported using alcohol in the past 30 days were 21.5%, 39.0% and 49.8%, respectively (see Table 8). For all three of these grade levels, these rates held steady throughout the 1990s.

The findings for alcohol use by Pennsylvania students are presented in Tables 10 through 12 and Graph 9. The tables and graph include findings for lifetime and past-30-day prevalence, the prevalence of binge drinking, and long-term trends. In addition, the tables are broken down by grade, sex and ethnicity. Also, regional variations in alcohol use are presented in Table 65.

Lifetime Prevalence. The lifetime use of alcohol is a good measure of student experimentation. Of the students surveyed in Pennsylvania in 2001, 61.3% have used alcohol at some time in their lifetimes. Lifetime prevalence rates for alcohol use range from a low of 32.3% for 6th graders to a high of 83.8% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth graders in Pennsylvania reported a higher lifetime rate (57.4%) of alcohol use compared to the *Monitoring the Future* results (50.5%). However, lifetime alcohol use rates for 10th and 12th graders in Pennsylvania (75.8% and 83.8%, respectively) are only slightly higher than the *Monitoring the Future* results (70.1% and 79.7%, respectively).

Past-30-Day Prevalence. The past-30-day prevalence of alcohol use is a good measure of current use. In 2001, 25.6% of surveyed Pennsylvania students reported the use of alcohol in the past 30 days. Past-30-day use ranged from a low of 4.8% for 6th graders to a high of 48.5% for 12th graders. In Table 8 and Graphs 6 to 8, Pennsylvania results are compared to results from the *Monitoring the Future* study. The past-30-day prevalence rate for Pennsylvania students was slightly lower among 8th and 10th graders (17.4% and 36.4%, respectively) and similar among 12th graders (48.5%), when compared to the *Monitoring the Future* results (21.5%, 39.0% and 49.8%, respectively).

The frequency of alcohol use in the past 30 days is summarized on Table 11. This table shows the percentage of students who reported using alcohol on a specific number of occasions in the past 30 days. Note that for this table, the number of occasions of use has been aggregated into six categories: 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions and 40 or more occasions. For instance, 23.3% of 12th grade students indicated that they had used alcohol 1-2 times in the past month.

Binge Drinking. Findings on binge drinking (defined as consuming five or more drinks in a row within the past two weeks) are likely to be among the most important findings related to alcohol use (Johnston, O'Malley and Bachman, 2000). Results for Pennsylvania students' binge drinking are reported on Table 12. Overall, 14.9% of Pennsylvania students reported binge drinking in the past two weeks. Of the students who reported binge drinking, this activity occurred an average of 2.8 times. The prevalence rate for binge drinking ranged from a low of 2.4% for 6th graders to a high of 31.2% for 12th graders. Rates for 8th (8.6%) and 10th (20.9%) graders in Pennsylvania

were slightly lower than the equivalent *Monitoring the Future* findings (13.2% and 24.9%, respectively), and 12th graders in Pennsylvania had a rate similar to the *Monitoring the Future* data (31.2% and 29.7%, respectively).

Regional Variations in Alcohol Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 65 shows some differences in alcohol use across survey regions. For both lifetime and past-30-day use, students from southwest Pennsylvania (Region 4) reported the highest prevalence levels (69.7% for lifetime; 30.3% for past-30-day). Students from north central Pennsylvania (Region 2) reported the lowest lifetime prevalence level (57.7%) and students from southeast Pennsylvania (Region 6) reported the lowest past-30-day prevalence level (23.8%).

The Long-Term Trend for Alcohol Use. Past-30-day alcohol prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. The past-30-day prevalence for alcohol use among 6th grade students has decreased slightly since 1995, with prevalence declining from 8.3% in 1995 to 4.8% in 2001. There has been no meaningful shift in prevalence for past-30-day use by 12th graders since 1989. The prevalence rates have consistently stayed within a narrow range, with a low value of 47.2% in 1991 to the high value of 50.7% in 1997. The 2001 rate of 48.5% is intermediate between these two values.

Graph 9 compares the past-30-day prevalence trend for Pennsylvania 12th graders to national data from the *Monitoring the Future* study. From 1993 through 2001, national prevalence rates are nearly identical to or only slightly higher than those reported by Pennsylvania students. The larger gap in 1989 and 1991 is attributable, at least in part, to an alternative question format used by *Monitoring the Future* in those years.

Table 10

Lifetime and Past-30-Day Prevalence of Alcohol Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,532	61.3%	41,514	25.6%
Grade				
6th	10,594	32.3%	10,579	4.8%
8th	11,544	57.4%	11,544	17.4%
10th	10,837	75.8%	10,823	36.4%
12th	8,557	83.8%	8,568	48.5%
Sex				
Female	20,655	61.6%	20,680	25.3%
Male	19,636	61.5%	19,592	26.3%
Ethnicity				
White	33,495	63.2%	33,506	26.9%
African American	2,505	46.9%	2,494	17.2%
Latino	1,237	53.8%	1,233	21.2%
American Indian	324	59.0%	319	25.4%
Asian	846	52.2%	848	17.5%
Other/Multiple	2,495	60.1%	2,486	23.0%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 11

Frequency of Alcohol Use During the Past 30 Days, by Selected Demographic Characteristics

	Prevalence		***Number of Occasions***						***Average Number of Occasions***
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-39 %**	**40+ %**	
Overall									
Valid Cases	74.4	25.6	14.1	5.1	3.1	1.9	0.6	0.8	5.5
Grade									
6th	95.2	4.8	3.7	0.7	0.2	0.2	0.0	0.1	3.6
8th	82.6	17.4	11.4	3.1	1.4	0.9	0.3	0.3	4.3
10th	63.6	36.4	19.8	7.5	4.7	2.5	0.8	1.1	5.5
12th	51.5	48.5	23.3	10.4	7.0	4.4	1.6	1.7	6.4
Sex									
Female	74.7	25.3	15.1	4.9	2.8	1.6	0.5	0.4	4.7
Male	73.7	26.3	13.4	5.4	3.5	2.2	0.8	1.1	6.3
Ethnicity									
White	73.1	26.9	14.8	5.4	3.3	2.0	0.7	0.7	5.4
African American	82.8	17.2	9.6	3.1	1.7	1.4	0.5	0.9	6.5
Latino	78.8	21.2	11.6	4.1	2.1	1.9	0.6	1.1	6.4
American Indian	74.6	25.4	12.2	4.1	4.1	2.8	1.6	0.6	7.0
Asian	82.5	17.5	9.9	4.4	1.7	0.6	0.4	0.6	5.0
Other/Multiple	77.0	23.0	12.9	4.5	2.5	1.6	0.6	0.8	5.7

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 12

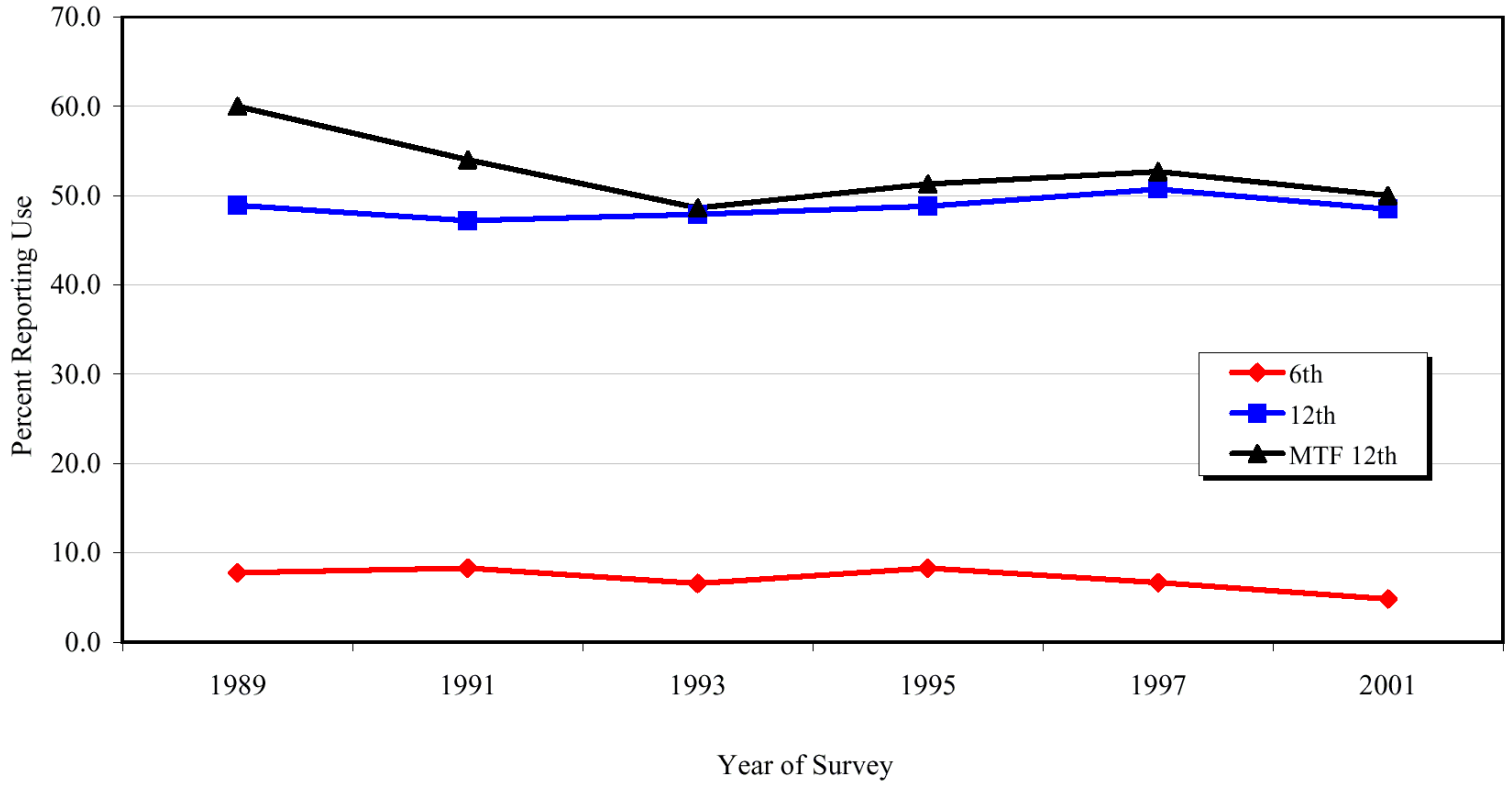
Frequency of Binge Drinking During the Past Two Weeks, by Selected Demographic Characteristics

	Prevalence		***Number of Occasions***					***Average Number of Occasions***
	Never %	**Any Occasion %**	**1 %**	**2 %**	**3-5 %**	**6-9 %**	**10+ %**	
Overall								
Valid Cases	85.1	14.9	6.3	3.7	3.0	0.8	1.0	2.8
Grade								
6th	97.6	2.4	1.4	0.6	0.2	0.1	0.2	2.3
8th	91.4	8.6	4.4	2.0	1.2	0.4	0.5	2.5
10th	79.1	20.9	8.8	5.3	4.4	1.2	1.2	2.8
12th	68.8	31.2	11.7	8.0	7.2	2.0	2.4	3.0
Sex								
Female	86.5	13.5	6.3	3.6	2.6	0.6	0.5	2.4
Male	83.4	16.6	6.3	4.0	3.6	1.1	1.6	3.2
Ethnicity								
White	84.6	15.4	6.6	3.9	3.2	0.9	1.0	2.8
African American	88.7	11.3	4.5	2.7	2.2	0.6	1.2	3.1
Latino	85.0	15.0	6.7	3.4	3.0	1.0	0.9	2.8
American Indian	79.5	20.5	7.3	4.6	3.1	1.8	3.7	3.9
Asian	90.1	9.9	4.3	3.1	1.7	0.3	0.3	2.4
Other/Multiple	86.4	13.6	5.4	3.7	2.3	1.0	1.2	3.1

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past two weeks and includes only those who indicated at least one occasion of use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 9

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Alcohol



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Tobacco

After alcohol, tobacco (including cigarettes and smokeless tobacco) is the most commonly used drug among adolescents. Nationally, tobacco use has been slowly declining over the past five years (Johnston et al., 2001).

The findings for tobacco use by Pennsylvania students are presented in Tables 13 through 15 and Graph 10. The tables and graph include findings for lifetime and past-30-day prevalence, the prevalence of smokeless tobacco use, and long-term trends. In addition, the tables are broken down by grade, sex and ethnicity. Also, regional variations in tobacco use are presented in Table 66.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 32.9% have used cigarettes at some time in their lifetimes. Lifetime prevalence rates for cigarette use range from a low of 8.9% for 6th graders to a high of 57.0% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth and 10th graders in Pennsylvania reported lower lifetime rates (27.1% and 43.8%, respectively) of cigarette use compared to the *Monitoring the Future* national sample (36.6% and 52.8%, respectively). Among 12th graders the gap was smaller, with Pennsylvania reporting a rate of 57.0% compared to 61.0% for *Monitoring the Future*.

Past-30-Day Prevalence. The past-30-day prevalence of cigarette use is a good measure of current use. In 2001, 15.4% of surveyed Pennsylvania students reported the use of cigarettes in the past 30 days. Past-30-day use ranged from a low of 2.2% for 6th graders to a high of 31.9% for 12th graders. In Table 8 and Graphs 6 to 8, Pennsylvania results are compared to results from the *Monitoring the Future* study. The past-30-day prevalence rates for Pennsylvania 8th, 10th and 12th graders (10.6%, 20.2% and 31.9%, respectively) are similar to those reported in the *Monitoring the Future* results (12.2%, 21.3% and 29.5%, respectively).

The frequency of cigarette use in the past 30 days is summarized on Table 15. This table shows the percentage of students who reported using cigarettes on a specific number of occasions in the past 30 days. Note that for this table, the number of occasions of use has been divided into six categories: less than 1 occasion, 1-5 occasions, 10 occasions, 20 occasions, 30 occasions, and 40 or more occasions. For instance, 8.4% of 12th grade students indicated that they used cigarettes 1-5 times in the past month.

Smokeless Tobacco. Past-30-day results for Pennsylvania students' smokeless tobacco use are reported on Table 14. Overall, 5.4% of Pennsylvania students reported smokeless tobacco use in the past 30 days. The prevalence rate for smokeless tobacco use ranged from a low of 1.5% for 6th graders to a high of 9.7% for 12th graders. Rates for Pennsylvania 8th, 10th and 12th graders (4.1%, 7.0% and 9.7%, respectively) are similar to or slightly higher than those reported in the *Monitoring the Future* results (4.0%, 6.9% and 7.8%, respectively). Males reported a notably higher rate of smokeless tobacco use compared to females (8.7% versus 2.2%, respectively).

Regional Variations in Tobacco Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 66 shows differences in cigarette and smokeless tobacco use

across survey regions. Students from northwest Pennsylvania (Region 1) reported the highest lifetime rates for cigarette use (39.7%) and students from southwest Pennsylvania (Region 4) reported the highest past-30-day cigarette use (19.6%). For both lifetime and past-30-day cigarette use, students from north central Pennsylvania (Region 2) reported the lowest prevalence levels (28.2% and 12.4%, respectively). Students from northwest Pennsylvania (Region 1) reported the highest past-30-day rate of smokeless tobacco use and students from southeast Pennsylvania (Region 6) reported the lowest (9.9% and 3.0%, respectively).

The Long-Term Trend for Tobacco Use. Past-30-day tobacco prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 10. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. The past-30-day prevalence for cigarette use among 6th grade students has decreased since its peak in 1995, with prevalence declining from 9.4% in 1995 to 2.2% in 2001. Among Pennsylvania 12th graders, prevalence rates for past-30-day cigarette use peaked in 1997 at 40.4% before declining to 31.9% in 2001. Graph 10 compares the past-30-day prevalence trend for Pennsylvania 12th graders to national data from the *Monitoring the Future* study. From 1989 through 2001, national prevalence rates for past-30-day cigarette use are nearly identical to or slightly lower than those reported by Pennsylvania 12th graders.

Overall, the past-30-day prevalence for smokeless tobacco use among 6th grade students has also declined slightly since 1989, with prevalence decreasing from 3.2% to 1.5% in 2001. A similar downward trend has occurred among 12th graders, with rates dropping slightly from a high of 12.4% in 1989 and 1993 to a low of 9.7% in 2001.

Table 13

Lifetime and Past-30-Day Prevalence of Cigarette Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,918	32.9%	41,855	15.4%
Grade				
6th	10,747	8.9%	10,660	2.2%
8th	11,650	27.1%	11,631	10.6%
10th	10,906	43.8%	10,914	20.2%
12th	8,615	57.0%	8,650	31.9%
Sex				
Female	20,860	33.9%	20,827	16.0%
Male	19,795	32.3%	19,769	14.9%
Ethnicity				
White	33,766	33.3%	33,746	16.1%
African American	2,523	29.8%	2,525	9.0%
Latino	1,265	35.3%	1,254	13.8%
American Indian	333	42.6%	325	21.8%
Asian	868	25.6%	858	10.5%
Other/Multiple	2,512	33.8%	2,507	14.9%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 14

Lifetime and Past-30-Day Prevalence of Smokeless (Chewing) Tobacco Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	--	--	41,729	5.4%
Grade				
6th	--	--	10,615	1.5%
8th	--	--	11,584	4.1%
10th	--	--	10,891	7.0%
12th	--	--	8,639	9.7%
Sex				
Female	--	--	20,730	2.2%
Male	--	--	19,739	8.7%
Ethnicity				
White	--	--	33,637	5.5%
African American	--	--	2,517	4.0%
Latino	--	--	1,250	4.7%
American Indian	--	--	329	13.4%
Asian	--	--	854	3.5%
Other/Multiple	--	--	2,501	5.3%

Note: “N” represents the number of responses for a given survey item, and “%” represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity. The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Table 15

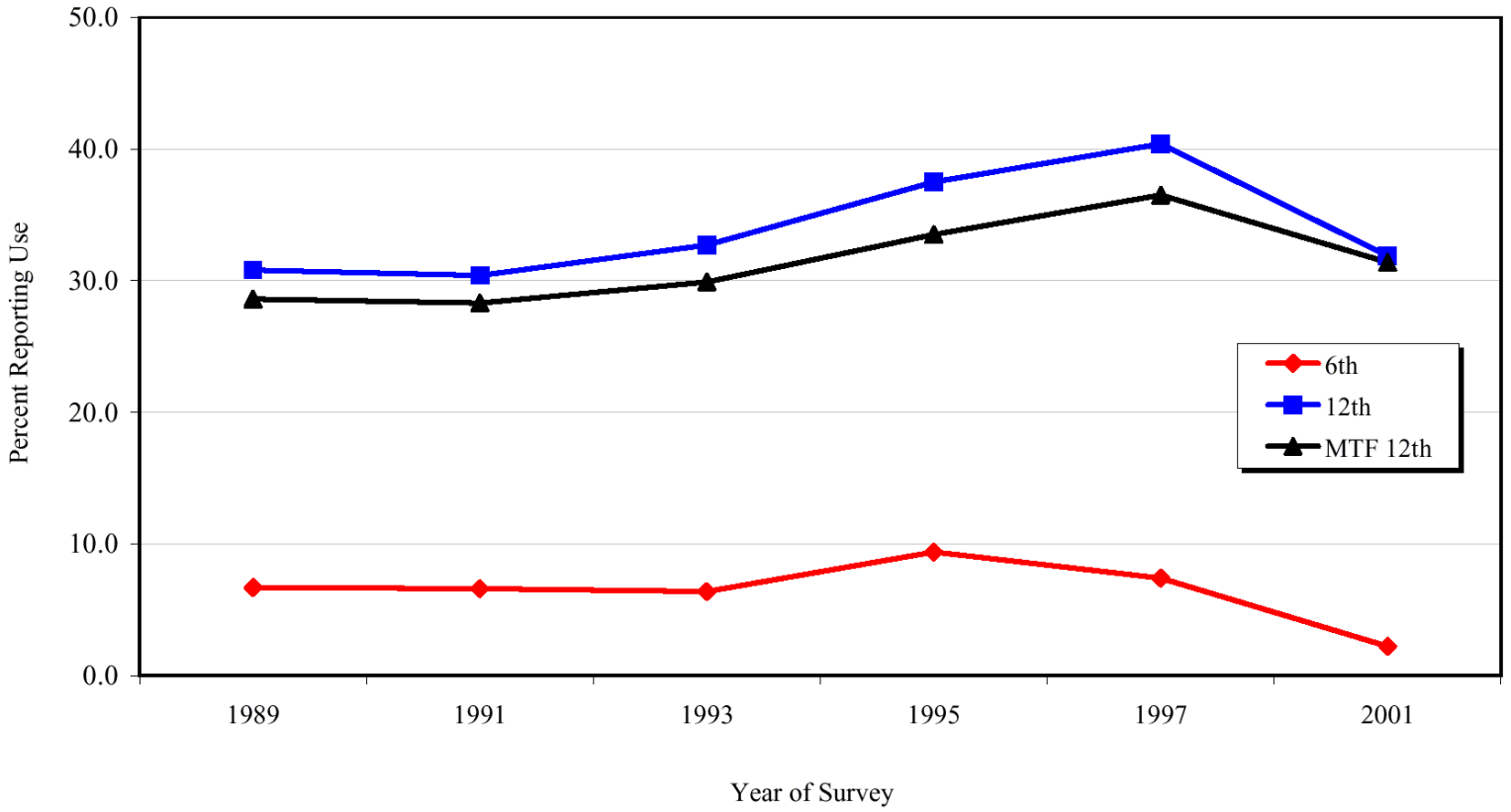
Frequency of Cigarette Use During the Past 30 Days, by Selected Demographic Characteristics

	Prevalence		***Reported Daily Frequency of Cigarette Use***						***Average Number of Cigarettes Daily***
	Never %	**Any Occasion %**	**< 1 %**	**1-5 %**	**10 %**	**20 %**	**30 %**	**40+ %**	
Overall									
Valid Cases	84.6	15.4	6.0	4.0	2.6	1.8	0.7	0.3	6.9
Grade									
6th	97.8	2.2	1.5	0.4	0.2	0.1	0.0	0.0	3.7
8th	89.4	10.6	5.4	2.9	1.1	0.5	0.3	0.3	5.1
10th	79.8	20.2	8.5	5.3	3.2	1.8	1.0	0.3	6.5
12th	68.1	31.9	9.2	8.4	7.0	5.4	1.4	0.4	8.4
Sex									
Female	84.0	16.0	6.5	4.6	2.7	1.6	0.6	0.2	6.2
Male	85.1	14.9	5.6	3.5	2.7	2.0	0.7	0.3	7.8
Ethnicity									
White	83.9	16.1	6.2	4.2	2.8	1.9	0.7	0.2	7.0
African American	91.0	9.0	3.2	2.9	1.3	0.6	0.4	0.5	7.4
Latino	86.2	13.8	6.9	3.7	1.5	1.0	0.5	0.2	5.1
American Indian	78.2	21.8	8.0	5.5	3.7	2.2	1.8	0.6	8.3
Asian	89.5	10.5	4.9	2.8	1.7	0.6	0.3	0.1	5.3
Other/Multiple	85.1	14.9	5.9	4.3	2.3	1.2	0.8	0.4	6.8

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six "Reported Daily Frequency" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Cigarettes Daily" column shows the average number of times per day that a group reported use during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 10

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Cigarettes



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Marijuana

During the 1990s, there were major changes in trends of marijuana use throughout the United States. After a dramatic increase in the early 1990s—when rates for 8th and 10th graders doubled or nearly doubled—the lifetime and past-30-day prevalence-of-use rates stabilized (Johnston et al., 2001). In 2001, the national past-30-day prevalence-of-use rates were 9.2%, 19.8% and 22.4%, for the 8th, 10th and 12th grades, respectively (see Table 8). These rates have remained stable for the last six years.

The findings for marijuana use by Pennsylvania students are presented in Tables 16 and 17 and Graph 11. The tables and graph include findings for lifetime and past-30-day prevalence of marijuana use, as well as long-term trends. In addition, the tables are broken down by grade, sex and ethnicity. Also, regional variations in marijuana use are presented in Table 67.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 21.1% have used marijuana at some point in their lifetimes. Lifetime prevalence rates for marijuana use range from a low of 1.3% for 6th graders to a high of 47.1% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available in Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth and 10th graders in Pennsylvania reported notably lower lifetime rates of marijuana use (10.9% and 30.9%, respectively) compared to the *Monitoring the Future* results (20.4% and 40.1%, respectively). In contrast, the rate reported by Pennsylvania 12th graders (47.1%) nearly matched the national level findings from *Monitoring the Future* (49.0%).

Past-30-Day Prevalence. The past-30-day prevalence of marijuana use is a good measure of current use. In 2001, 11.4% of surveyed Pennsylvania students reported the use of marijuana in the past 30 days. Past-30-day use ranged from a low of 0.6% for 6th graders to a high of 25.6% for 12th graders. In Table 8 and Graphs 6 to 8, Pennsylvania results are compared to national results from the *Monitoring the Future* study. The past-30-day prevalence rate for Pennsylvania students was slightly lower among 8th and 10th graders (5.3% and 17.0%, respectively) and slightly higher among 12th graders (25.6%), when compared to the *Monitoring the Future* results (9.2%, 19.8% and 22.4%, respectively).

The frequency of marijuana use in the past 30 days is summarized on Table 17. This table shows the percentage of students who reported using marijuana on a specific number of occasions in the past 30 days. Note that for this table, the number of occasions of use has been aggregated into six categories: 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions. For instance, 8.4% of 12th grade students indicated that they used marijuana 1-2 times in the past month.

Regional Variations in Marijuana Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 67 shows some differences in marijuana use across survey regions. For lifetime and past-30-day marijuana use, students from southwest Pennsylvania (Region 4) reported the highest prevalence levels (24.3% and 13.3%, respectively). Students from north central Pennsylvania (Region 2) reported the lowest lifetime and past-30-day prevalence rates (15.6% and 8.4%, respectively).

The Long-Term Trend for Marijuana Use. Past-30-day marijuana prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 11. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For 6th graders, past-30-day marijuana prevalence rates are low across the trend period, peaking at 1.6% in 1995 before dropping to 0.6% in 2001. In contrast, among Pennsylvania 12th graders, there has been a continuous and substantial increase in prevalence rates. Between 1989 and 2001, the proportion of high school seniors who reported having used marijuana within the past 30 days increased from 13.9% to 25.6%.

Table 16

Lifetime and Past-30-Day Prevalence of Marijuana Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,522	21.1%	41,509	11.4%
Grade				
6th	10,580	1.3%	10,561	0.6%
8th	11,557	10.9%	11,541	5.3%
10th	10,836	30.9%	10,832	17.0%
12th	8,549	47.1%	8,575	25.6%
Sex				
Female	20,680	19.6%	20,677	10.2%
Male	19,603	23.3%	19,595	12.9%
Ethnicity				
White	33,513	21.5%	33,492	11.6%
African American	2,498	21.5%	2,495	11.2%
Latino	1,232	18.9%	1,231	9.7%
American Indian	318	23.6%	318	13.5%
Asian	849	14.8%	849	7.7%
Other/Multiple	2,481	20.3%	2,492	11.1%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 17

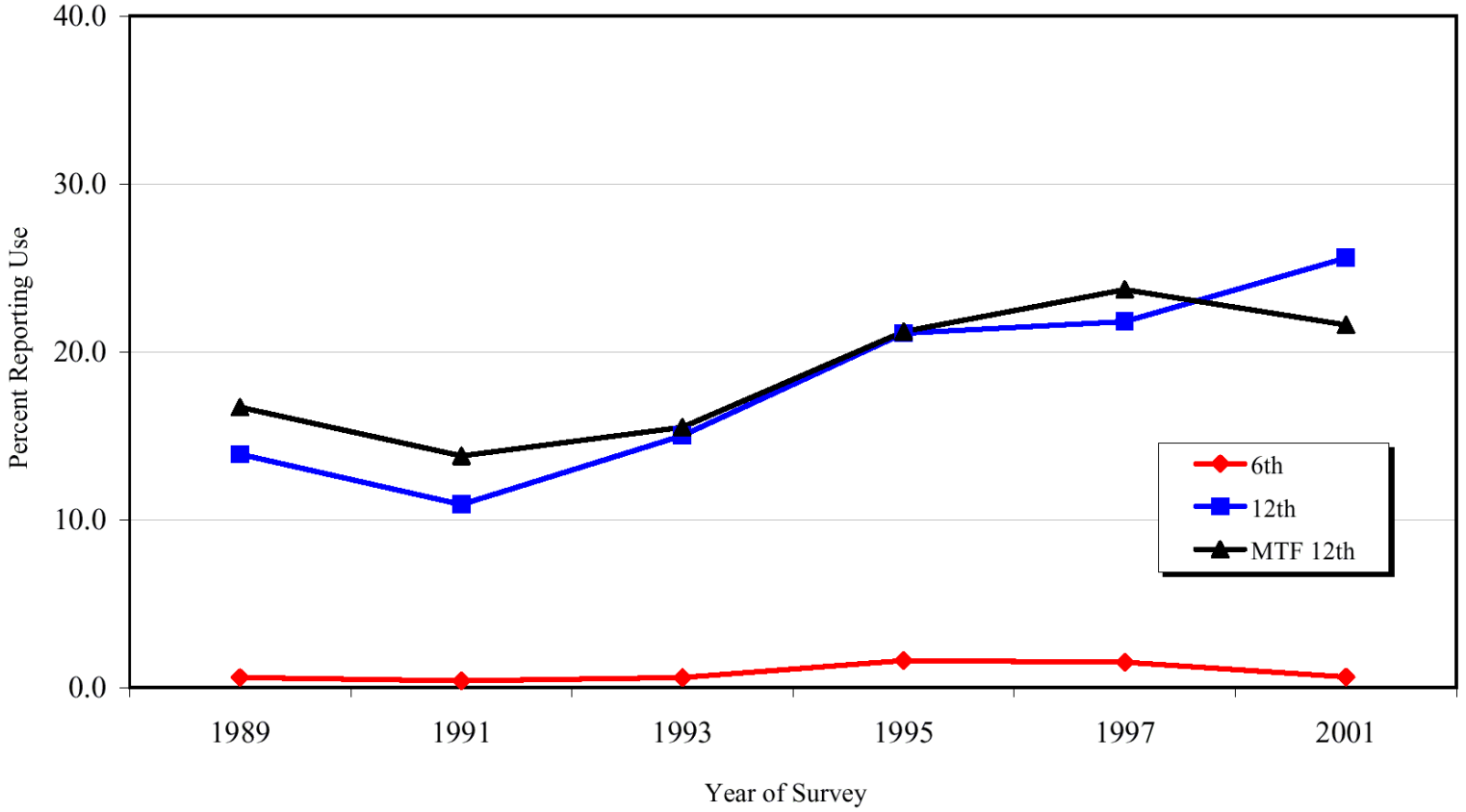
Frequency of Marijuana Use During the Past 30 Days, by Selected Demographic Characteristics

	Prevalence		***Number of Occasions***						***Average Number of Occasions***
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-39 %**	**40+ %**	
Overall									
Valid Cases	88.6	11.4	4.1	1.7	1.3	1.5	1.1	1.6	12.5
Grade									
6th	99.4	0.6	0.3	0.1	0.1	0.1	0.0	0.1	9.7
8th	94.7	5.3	2.5	0.8	0.6	0.6	0.3	0.5	9.6
10th	83.0	17.0	6.1	2.6	2.2	2.3	1.6	2.3	12.2
12th	74.4	25.6	8.4	3.9	2.8	3.6	2.8	4.2	13.6
Sex									
Female	89.8	10.2	4.3	1.8	1.2	1.2	0.9	0.9	9.9
Male	87.1	12.9	3.9	1.8	1.5	1.9	1.3	2.4	14.7
Ethnicity									
White	88.4	11.6	4.2	1.8	1.3	1.6	1.1	1.6	12.3
African American	88.8	11.2	4.1	1.4	1.5	1.4	0.8	2.0	12.9
Latino	90.3	9.7	3.5	1.1	1.1	1.4	1.1	1.7	14.0
American Indian	86.5	13.5	3.8	2.8	2.2	0.6	1.9	2.2	13.8
Asian	92.3	7.7	2.7	1.4	1.5	0.8	0.6	0.6	9.7
Other/Multiple	88.9	11.1	3.5	1.7	1.4	1.5	1.1	1.8	13.5

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 11

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Marijuana



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Inhalants

The health consequences of inhalant use can be substantial, including brain damage and heart failure. Inhalant use was measured by the survey question "On how many occasions (if any) have you used inhalants (whippets, butane, paint thinner, or glue to sniff, etc.)?" Comparisons with the *Monitoring the Future* study should be made carefully because there are differences in survey questions for this class of drugs.

The findings for inhalant use by Pennsylvania students are presented in Tables 18 and 19 and Graph 12. The tables and graph include findings for lifetime and past-30-day prevalence of inhalant use, as well as long-term trends. In addition, the tables are broken down by grade, sex and ethnicity. Also, regional variations in inhalant use are presented in Table 68.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 6.7% have used inhalants at some time in their lifetimes. Lifetime prevalence rates for inhalant use range from a low of 2.3% for 6th graders to a high of 12.5% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth and 10th graders in Pennsylvania reported notably lower lifetime rates (5.8% and 7.5%, respectively) of inhalant use compared to the *Monitoring the Future* results (17.1% and 15.2%, respectively). Surveyed 12th graders in Pennsylvania reported a similar rate (12.5%) of lifetime inhalant use, compared to 12th graders in the *Monitoring the Future* study (13.0%).

Past-30-Day Prevalence. The past-30-day prevalence of inhalant use is a good measure of current use. In 2001, 1.9% of surveyed Pennsylvania students reported the use of inhalants in the past 30 days. Past-30-day use ranged from a low of 0.7% for 6th graders to a high of 3.0% for 12th graders. In Table 8 and Graphs 6 to 8, Pennsylvania results are compared to results from the *Monitoring the Future* study. The past-30-day prevalence rate for Pennsylvania students was slightly lower among 8th graders (1.9%), similar among 10th graders (2.1%), and slightly higher among 12th graders (3.0%), when compared to the *Monitoring the Future* results (4.0%, 2.4% and 1.7%, respectively).

The frequency of inhalant use in the past 30 days is summarized on Table 19. This table shows the percentage of students who reported using inhalants a specific number of occasions in the past 30 days. Note that for this table, the number of occasions of use has been aggregated into six categories: 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions and 40 or more occasions. For instance, 1.9% of 12th grade students indicated that they used inhalants 1-2 times in the past month.

Regional Variations in Inhalant Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 68 shows only slight differences in inhalant use across survey regions.

The Long-Term Trend for Inhalant Use. Past-30-day inhalant prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 12. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been

collected across all survey years. Among Pennsylvania 6th graders, prevalence levels have remained low over the trend period, with rates varying by only 0.6 percentage points across the trend period. Among 12th graders, past-30-day inhalant use has remained in the 2.7% to 4.3% range since 1993. Graph 12 reveals a similar pattern among a national sample of 12th graders.

Table 18

Lifetime and Past-30-Day Prevalence of Inhalant Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,433	6.7%	41,493	1.9%
Grade				
6th	10,519	2.3%	10,530	0.7%
8th	11,506	5.8%	11,542	1.9%
10th	10,828	7.5%	10,842	2.1%
12th	8,580	12.5%	8,579	3.0%
Sex				
Female	20,642	5.9%	20,680	1.5%
Male	19,554	7.7%	19,571	2.3%
Ethnicity				
White	33,462	7.1%	33,509	1.9%
African American	2,480	3.7%	2,482	1.5%
Latino	1,224	4.5%	1,234	1.7%
American Indian	318	9.1%	318	3.1%
Asian	846	4.3%	844	1.7%
Other/Multiple	2,479	6.8%	2,482	2.3%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 19

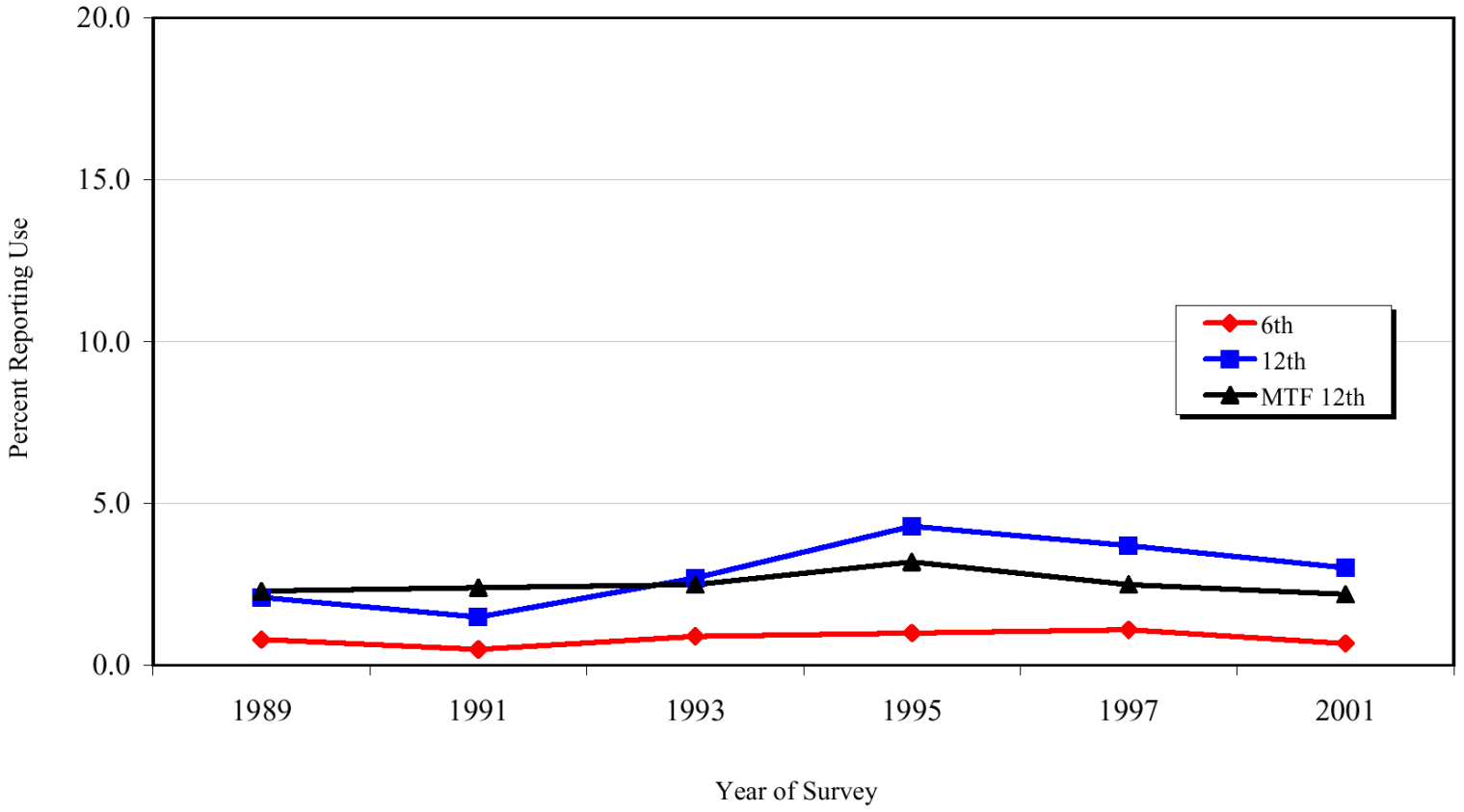
Frequency of Inhalant Use During the Past 30 Days, by Selected Demographic Characteristics

	Prevalence		***Number of Occasions***						***Average Number of Occasions***
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-39 %**	**40+ %**	
Overall									
Valid Cases	98.1	1.9	1.2	0.3	0.2	0.1	0.0	0.1	5.2
Grade									
6th	99.3	0.7	0.4	0.1	0.1	0.0	0.0	0.0	5.2
8th	98.1	1.9	1.2	0.3	0.2	0.1	0.1	0.1	5.1
10th	97.9	2.1	1.2	0.4	0.2	0.2	0.1	0.1	6.0
12th	97.0	3.0	1.9	0.5	0.3	0.2	0.0	0.1	4.6
Sex									
Female	98.5	1.5	1.0	0.2	0.1	0.1	0.0	0.0	4.6
Male	97.7	2.3	1.3	0.4	0.2	0.2	0.1	0.1	5.7
Ethnicity									
White	98.1	1.9	1.2	0.3	0.2	0.1	0.0	0.0	4.8
African American	98.5	1.5	0.9	0.1	0.1	0.1	0.1	0.1	8.5
Latino	98.3	1.7	0.8	0.4	0.3	0.2	0.0	0.0	4.5
American Indian	96.9	3.1	1.9	0.9	0.3	0.0	0.0	0.0	2.8
Asian	98.3	1.7	0.9	0.2	0.2	0.0	0.1	0.1	7.5
Other/Multiple	97.7	2.3	1.2	0.6	0.0	0.2	0.0	0.2	7.0

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 12

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Inhalants



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Methamphetamine

Methamphetamine is a highly addictive stimulant with effects similar to cocaine. However, since the effects of methamphetamine last only a few minutes, users commonly "binge." Use of methamphetamine can cause physical and psychological problems, such as rapid or irregular heart rate, increased blood pressure, anxiety and insomnia. For the purposes of the *PAYS 2001*, methamphetamine was defined as "crystal meth (ice, crank, speed)."

The findings for methamphetamine use by Pennsylvania students are presented in Table 20. This table includes findings for lifetime and past-30-day prevalence of methamphetamine use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in methamphetamine use are presented in Table 69.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 2.5% have used methamphetamine at some time in their lifetimes. Lifetime prevalence rates for methamphetamine use range from a low of 0.6% for 6th graders to a high of 4.4% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth, 10th and 12th graders in Pennsylvania reported slightly lower lifetime rates (1.8%, 3.3% and 4.4%, respectively) of methamphetamine use compared to the *Monitoring the Future* results (4.4%, 6.4% and 6.9%, respectively).

Past-30-Day Prevalence. The past-30-day prevalence of methamphetamine use is a good measure of current use. In 2001, just 0.7% of surveyed Pennsylvania students reported the use of methamphetamine in the past 30 days. With such a low overall rate, differences across demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 8 and Graphs 6 to 8, also show negligible differences.

Regional Variations in Methamphetamine Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 69 shows slight differences in methamphetamine use across survey regions. For lifetime methamphetamine use, prevalence rates range from a low of 1.8% in southeast Pennsylvania (Region 6) to a high of 4.1% in southwest Pennsylvania (Region 4). Differences in past-30-day use across regions are negligible.

The Long-Term Trend for Methamphetamine Use. Past-30-day methamphetamine prevalence rates, as measured by all Pennsylvania surveys since 1993, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For both grade levels, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends.

Table 20

Lifetime and Past-30-Day Prevalence of Methamphetamine Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,028	2.5%	40,910	0.7%
Grade				
6th	10,216	0.6%	10,176	0.3%
8th	11,442	1.8%	11,406	0.6%
10th	10,807	3.3%	10,776	1.0%
12th	8,563	4.4%	8,552	0.9%
Sex				
Female	20,441	2.4%	20,390	0.6%
Male	19,359	2.6%	19,294	0.8%
Ethnicity				
White	33,160	2.5%	33,069	0.6%
African American	2,445	1.2%	2,439	0.7%
Latino	1,215	2.1%	1,216	0.9%
American Indian	322	5.6%	320	2.5%
Asian	833	2.9%	824	1.1%
Other/Multiple	2,445	3.0%	2,436	1.1%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Club Drugs

The category "club drugs" includes illicit drugs that are classified together because their use started at dance clubs and "raves," not because they are of a similar class (like amphetamines). The *PAYS 2001* measured the use of Ecstasy and the use of "other club drugs" (including GHB, ketamine, and Rohypnol®). Note that this list is not meant to be exclusive, as other drugs are used at clubs and raves. Ecstasy (MDMA) now ranks among the most popular illicit drugs used by American youth today (Johnston et al., 2001).

The findings for club drug use by Pennsylvania students are presented in Table 21. This table includes findings for lifetime and past-30-day prevalence of club drug use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in club drug use are presented in Table 70.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 5.0% have used club drugs at some time in their lifetimes. Lifetime prevalence rates for club drug use range from a low of 0.4% for 6th graders to a high of 11.3% for 12th graders. While *Monitoring the Future* does ask students about several drugs in this category, the question format is different, and, therefore, inappropriate for comparison.

Past-30-Day Prevalence. The past-30-day prevalence of club drug use is a good measure of current use. In 2001, 1.8% of surveyed Pennsylvania students reported the use of club drugs in the past 30 days. Past-30-day use ranged from a low of 0.2% for 6th graders to a high of 4.0% for 12th graders. With such a low overall rate, differences across demographic categories are very small and hold little statistical significance.

Regional Variations in Club Drug Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 70 shows slight differences in club drug use across survey regions. For lifetime club drug use prevalence rates range from a low of 3.1% in north central Pennsylvania (Region 2) to a high of 6.1% in southwest Pennsylvania (Region 4). Differences in past-30-day use across regions are negligible.

The Long-Term Trend for Club Drug Use. Past-30-day club drug prevalence rates, as measured by all Pennsylvania surveys since 1993, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For 6th graders, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends. Among 12th graders, prevalence levels also showed little change between 1993 and 1997, ranging from 0.5% to 1.3%. However, by 2001, club drug use showed a noteworthy increase, with Pennsylvania 12th graders reporting a past-30-day prevalence rate of 4.0%.

Table 21

Lifetime and Past-30-Day Prevalence of Club Drug Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	40,982	5.0%	40,884	1.8%
Grade				
6th	10,244	0.4%	10,207	0.2%
8th	11,422	2.5%	11,398	1.0%
10th	10,775	6.9%	10,759	2.5%
12th	8,541	11.3%	8,520	4.0%
Sex				
Female	20,434	5.0%	20,393	1.7%
Male	19,317	5.1%	19,264	2.0%
Ethnicity				
White	33,130	5.1%	33,049	1.8%
African American	2,437	3.2%	2,435	1.6%
Latino	1,216	4.4%	1,213	2.0%
American Indian	321	7.5%	321	2.5%
Asian	831	5.1%	825	2.3%
Other/Multiple	2,438	4.8%	2,433	2.0%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Cocaine

Cocaine is a powerfully addictive stimulant that directly affects the brain. Users may develop tolerance and need more and more of the drug to feel the same effects. Cocaine use can cause a variety of physical problems, including chest pain, strokes, seizures and abnormal heart rhythm.

The findings for cocaine use by Pennsylvania students are presented in Table 22 and Graph 13. The table and graph include findings for lifetime and past-30-day prevalence of cocaine use, as well as long-term trends. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in cocaine use are presented in Table 71.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 2.4% have used cocaine at some time in their lifetimes. Lifetime prevalence rates for cocaine use range from a low of 0.4% for 6th graders to a high of 6.0% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth, 10th and 12th graders in Pennsylvania reported slightly lower lifetime rates (1.0%, 3.0% and 6.0%, respectively) of cocaine use compared to the *Monitoring the Future* results (4.3%, 5.7% and 8.2%, respectively).

Past-30-Day Prevalence. The past-30-day prevalence of cocaine use is a good measure of current use. In 2001, just 0.8% of surveyed Pennsylvania students reported the use of cocaine in the past 30 days. Past-30-day use ranged from a low of 0.2% for 6th graders to a high of 1.9% for 12th graders. With such a low overall rate, differences across demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 8 and Graphs 6 to 8, also show negligible differences.

Regional Variations in Cocaine Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 71 shows slight differences in cocaine use across survey regions. For lifetime cocaine use, prevalence rates range from a low of 2.0% in north central and southeast Pennsylvania (Region 2 and Region 6, respectively) to a high of 4.3% in southwest Pennsylvania (Region 4). Differences in past-30-day use across regions are negligible.

The Long-Term Trend for Cocaine Use. Past-30-day cocaine prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 13. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For both grade levels, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends. Graph 13 reveals a similar pattern among a national sample of 12th graders.

Table 22

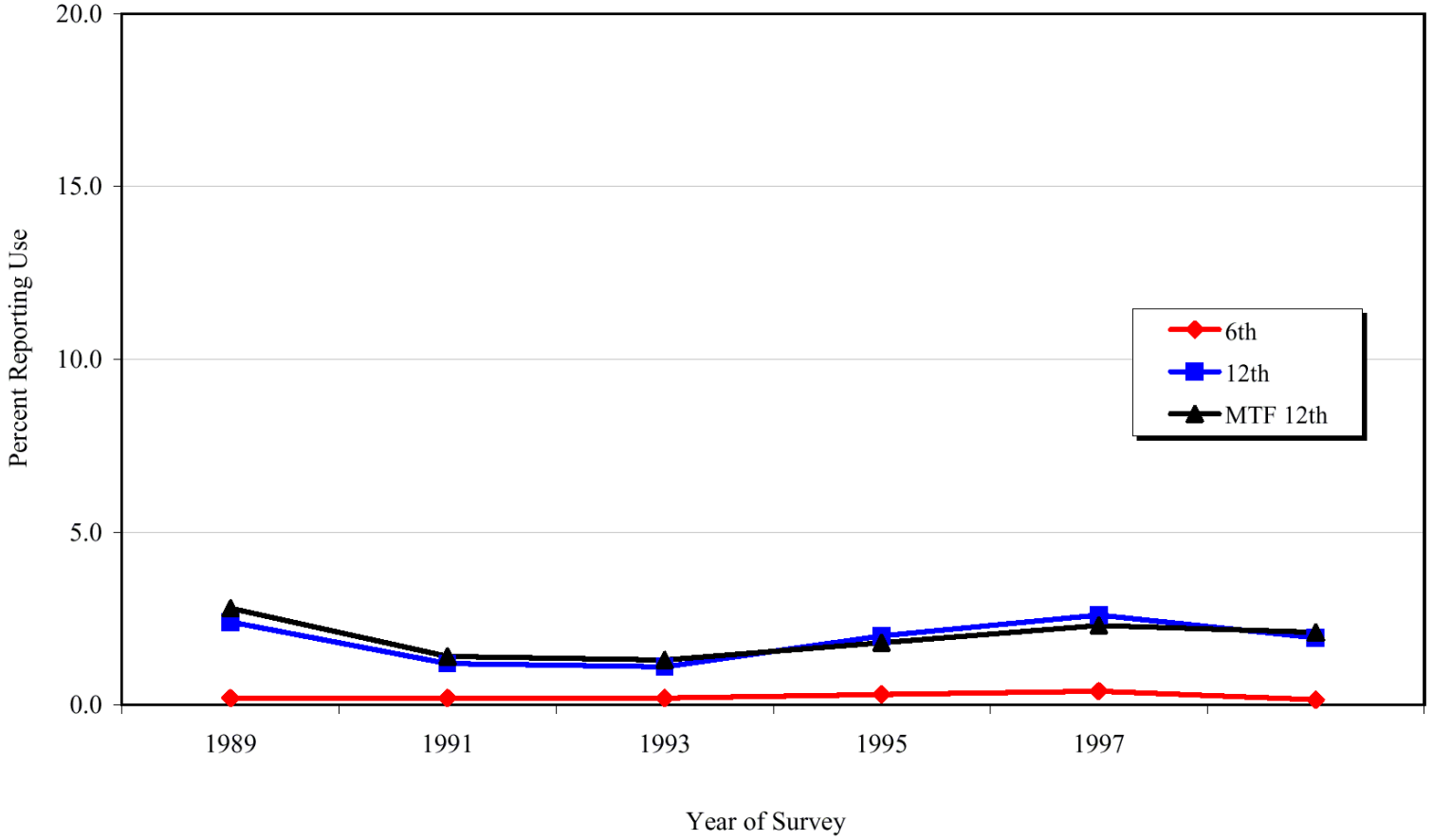
Lifetime and Past-30-Day Prevalence of Cocaine Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,426	2.4%	41,488	0.8%
Grade				
6th	10,515	0.4%	10,534	0.2%
8th	11,507	1.0%	11,534	0.4%
10th	10,825	3.0%	10,832	1.0%
12th	8,579	6.0%	8,588	1.9%
Sex				
Female	20,650	2.1%	20,672	0.7%
Male	19,540	2.9%	19,572	1.0%
Ethnicity				
White	33,457	2.5%	33,499	0.9%
African American	2,480	1.2%	2,490	0.6%
Latino	1,233	1.5%	1,230	0.5%
American Indian	318	5.0%	322	1.6%
Asian	843	2.3%	844	0.9%
Other/Multiple	2,468	2.7%	2,475	0.9%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 13

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Cocaine



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Crack

"Crack" is the street name given to the freebase form of cocaine, which has been processed into a less expensive, smokeable drug. Because crack is smoked, the user experiences a very quick, intense, but short-term high. Smoking large quantities of crack can cause acute problems, including cough, shortness of breath, and severe chest pains.

The findings for crack use by Pennsylvania students are presented in Table 23. This table includes findings for lifetime and past-30-day prevalence of crack use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in crack use are presented in Table 72.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, just 1.3% have used crack at some time in their lifetimes. Lifetime prevalence rates for crack use range from a low of 0.4% for 6th graders to a high of 2.3% for 12th graders. With such a low overall rate, differences across demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 7 and Graphs 3 to 5, also show negligible differences.

Past-30-Day Prevalence. The past-30-day prevalence of crack use is a good measure of current use. In 2001, just 0.4% of surveyed Pennsylvania students reported the use of crack in the past 30 days. With such a low overall rate, differences across grade levels and demographic categories, as well as differences between Pennsylvania data and national data from the *Monitoring the Future* study, are very small and hold little statistical significance.

Regional Variations in Crack Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 72 shows negligible differences in crack use across survey regions.

The Long-Term Trend for Crack Use. Past-30-day crack use prevalence rates, as measured by all Pennsylvania surveys since 1991, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For both grade levels, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends.

Table 23

Lifetime and Past-30-Day Prevalence of Crack Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,480	1.3%	41,449	0.4%
Grade				
6th	10,525	0.4%	10,505	0.1%
8th	11,525	0.9%	11,515	0.4%
10th	10,849	1.7%	10,843	0.5%
12th	8,581	2.3%	8,586	0.6%
Sex				
Female	20,668	1.2%	20,658	0.3%
Male	19,569	1.4%	19,550	0.5%
Ethnicity				
White	33,501	1.3%	33,474	0.4%
African American	2,483	0.8%	2,483	0.4%
Latino	1,231	1.2%	1,231	0.4%
American Indian	323	3.7%	320	2.2%
Asian	842	1.3%	842	0.7%
Other/Multiple	2,474	1.5%	2,476	0.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Depressants

Prescribed depressants are commonly used as stress relievers or sleep aids. However, improper use can lead to physical and psychological dependence on the drugs. Chronic use of depressants can trigger a variety of side effects such as memory impairment, depression and insomnia.

The findings for depressant use by Pennsylvania students are presented in Table 24. This table includes findings for lifetime and past-30-day prevalence of depressant use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in depressant use are presented in Table 73.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 8.6% have used depressants at some time in their lifetimes. Lifetime prevalence rates for depressant use range from a low of 2.5% for 6th graders to a high of 14.9% for 12th graders. In contrast to the majority of ATOD categories, female students in Pennsylvania reported a slightly higher rate of lifetime depressant use compared to male students (9.7% versus 7.5%, respectively). While *Monitoring the Future* does survey students about drug use in this category, the question format is different, and therefore inappropriate for comparison.

Past-30-Day Prevalence. The past-30-day prevalence of depressant use is a good measure of current use. In 2001, 3.6% of surveyed Pennsylvania students reported the use of depressants in the past 30 days. Past-30-day use ranged from a low of 0.6% for 6th graders to a high of 6.1% for 12th graders. While *Monitoring the Future* does survey students about drug use in this category, the question format is different, and therefore inappropriate for comparison.

Regional Variations in Depressant Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 73 shows some differences in depressant use across survey regions. For lifetime and past-30-day depressant use, students from southwest Pennsylvania (Region 4) reported the highest prevalence levels (12.3% for lifetime; 5.6% for past-30-day). Students from north central Pennsylvania (Region 2) reported the lowest lifetime prevalence level (6.5%) and students from southeast Pennsylvania (Region 6) reported the lowest past-30-day prevalence level (2.7%).

The Long-Term Trend for Depressant Use. Past-30-day depressant prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. Among 6th graders, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends. Use among Pennsylvania 12th graders, however, does show an upward trend, rising from 1.3% in 1993 to 6.1% in 2001.

Table 24

Lifetime and Past-30-Day Prevalence of Depressant Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	40,919	8.6%	40,872	3.6%
Grade				
6th	10,228	2.5%	10,218	0.6%
8th	11,406	5.9%	11,389	2.3%
10th	10,752	12.2%	10,744	5.7%
12th	8,533	14.9%	8,521	6.1%
Sex				
Female	20,403	9.7%	20,378	3.9%
Male	19,287	7.5%	19,267	3.3%
Ethnicity				
White	33,099	9.0%	33,055	3.8%
African American	2,426	3.5%	2,430	1.5%
Latino	1,213	7.1%	1,209	3.3%
American Indian	320	13.4%	318	4.1%
Asian	829	6.9%	825	1.9%
Other/Multiple	2,426	8.6%	2,427	3.8%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Hallucinogens

Hallucinogenic drugs can have short- and long-term effects on perception and mood. For instance, users of LSD, the most potent mood- and perception-altering drug, may have unpredictable experiences (known as "trips") ranging from pleasant hallucinations to terrifying thoughts and feelings. LSD can also cause physical complications, including increased blood pressure and heart rate, dizziness, loss of appetite, nausea and numbness. For the purposes of the *PAYS 2001,* hallucinogens were defined as "hallucinogens (acid, LSD, and shrooms)."

The findings for hallucinogenic drug use by Pennsylvania students are presented in Table 25 and Graph 14. The table and graph include findings for lifetime and past-30-day prevalence of hallucinogen use, as well as long-term trends. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in hallucinogen use are presented in Table 74.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 4.9% have used hallucinogens at some time in their lifetimes. Lifetime prevalence rates for hallucinogen use range from a low of 0.2% for 6th graders to a high of 12.7% for 12th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth graders in Pennsylvania reported a slightly lower lifetime rate of hallucinogen use (1.8%) when compared to 8th graders from the *Monitoring the Future* study (4.0%). Rates for Pennsylvania 10th and 12th graders (6.3% and 12.7%, respectively), however, more closely match the national sample (7.8% and 12.8%, respectively).

Past-30-Day Prevalence. The past-30-day prevalence of hallucinogen use is a good measure of current use. In 2001, 1.6% of surveyed Pennsylvania students reported the use of hallucinogenic drugs in the past 30 days. Past-30-day use ranged from a low of 0.1% for 6th graders to a high of 3.6% for 12th graders. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 8 and Graphs 6 to 8, show negligible differences.

Regional Variations in Hallucinogen Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 74 shows slight differences in hallucinogen use across survey regions. For lifetime hallucinogen use, students from southwest Pennsylvania (Region 4) reported the highest prevalence level (6.4%), while students from north central Pennsylvania (Region 2) reported the lowest rate (4.0%).

The Long-Term Trend for Hallucinogen Use. Past-30-day hallucinogen prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9 and Graph 14. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. Among 6th graders, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends. Among Pennsylvania 12th graders, however, hallucinogen use increased during the early part of the trend period, with past-30-day prevalence rates rising from a low of 1.4% in 1989 to a high of 5.4% in 1995. By 2001 this rate dropped slightly to 3.6%. Graph 14 reveals a similar pattern among the *Monitoring the Future* national sample of 12th graders.

Table 25

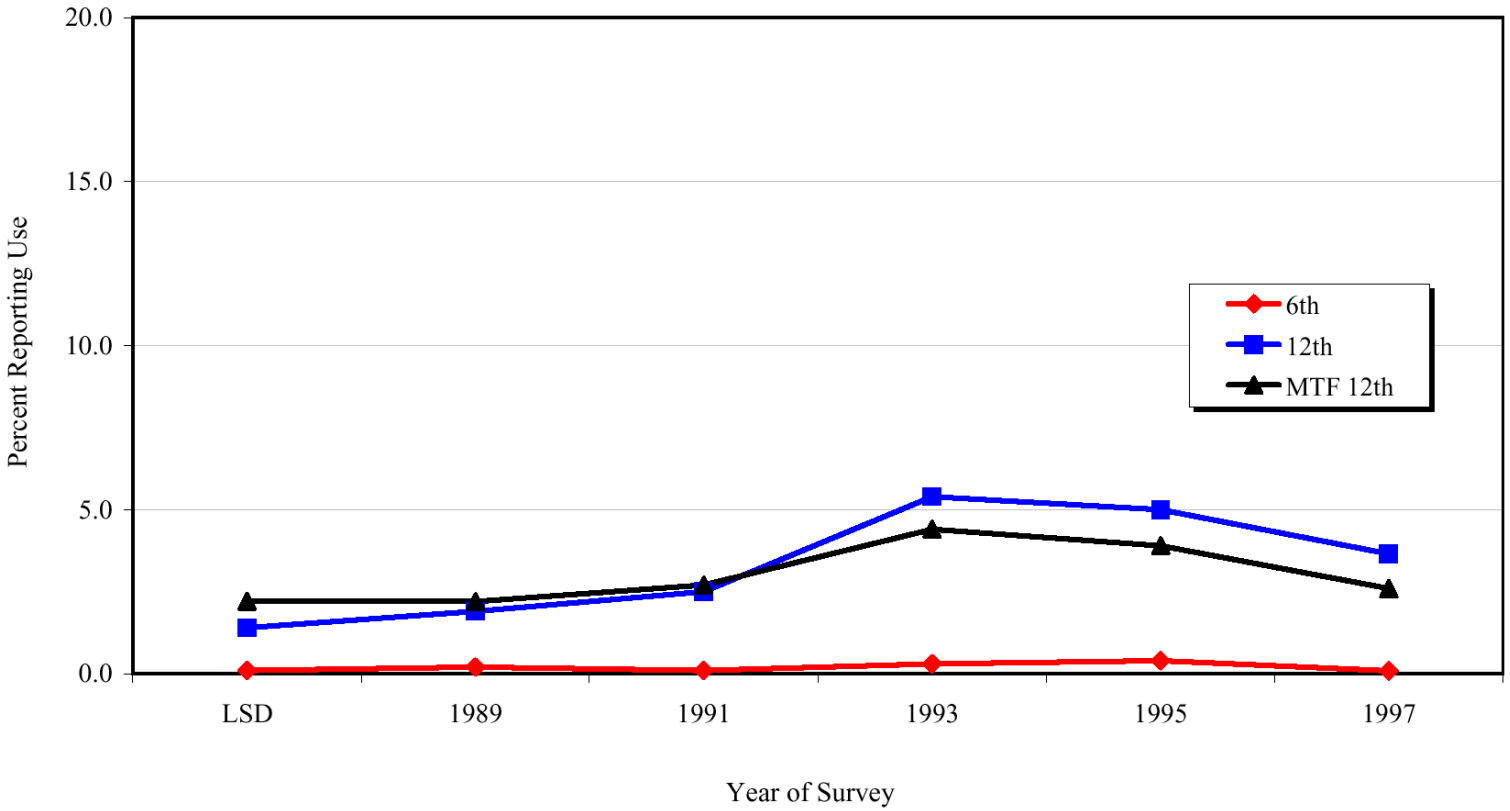
Lifetime and Past-30-Day Prevalence of Hallucinogen Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,338	4.9%	41,289	1.6%
Grade				
6th	10,472	0.2%	10,448	0.1%
8th	11,498	1.8%	11,474	0.8%
10th	10,819	6.3%	10,818	2.2%
12th	8,549	12.7%	8,549	3.6%
Sex				
Female	20,581	4.1%	20,565	1.1%
Male	19,515	5.8%	19,488	2.1%
Ethnicity				
White	33,392	5.2%	33,361	1.6%
African American	2,480	1.8%	2,465	0.7%
Latino	1,227	3.5%	1,222	1.1%
American Indian	320	7.8%	319	5.0%
Asian	836	3.2%	836	1.2%
Other/Multiple	2,467	4.8%	2,467	1.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Graph 14

Plot of Pennsylvania Historical Data vs. "Monitoring the Future," Past-30-Day Use of Hallucinogens



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Heroin

Heroin is a highly addictive drug with rapid effects. Processed from morphine, heroin is usually injected, snorted or smoked. Physical dependence on the drug often develops among users. Long-term health problems caused by heroin use include collapsed veins, kidney or liver disease and bacterial infections.

The findings for heroin use by Pennsylvania students are presented in Table 26. This table includes findings for lifetime and past-30-day prevalence of heroin use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in heroin use are presented in Table 75.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, just 0.8% have used heroin at some time in their lifetimes. Lifetime prevalence rates for heroin use range from a low of 0.2% for 6th graders to a high of 1.7% for 12th graders. With such a low overall rate, differences across demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 7 and Graphs 3 to 5, also show negligible differences.

Past-30-Day Prevalence. The past-30-day prevalence of heroin use is a good measure of current use. In 2001, just 0.3% of surveyed Pennsylvania students reported the use of heroin in the past 30 days. With such a low overall rate, differences across grade levels and demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 8 and Graphs 6 to 8, also show negligible differences.

Regional Variations in Heroin Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 75 shows only negligible differences in heroin use across survey regions.

The Long-Term Trend for Heroin Use. Past-30-day heroin prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For both grade levels, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends.

Table 26

Lifetime and Past-30-Day Prevalence of Heroin Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	41,467	0.8%	41,332	0.3%
Grade				
6th	10,510	0.2%	10,472	0.1%
8th	11,526	0.5%	11,491	0.2%
10th	10,840	0.9%	10,810	0.4%
12th	8,591	1.7%	8,559	0.5%
Sex				
Female	20,666	0.7%	20,594	0.2%
Male	19,560	0.9%	19,500	0.3%
Ethnicity				
White	33,486	0.8%	33,393	0.3%
African American	2,487	0.6%	2,472	0.4%
Latino	1,230	0.6%	1,228	0.2%
American Indian	320	2.2%	320	0.6%
Asian	841	0.8%	835	0.5%
Other/Multiple	2,478	1.1%	2,462	0.4%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Steroids

The primary use for steroids in humans is to raise inadequate levels of testosterone. However, many athletes misuse the drug to "improve" their appearance or athletic performance. Improper use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.

The findings for steroid use by Pennsylvania students are presented in Table 27. This table includes findings for lifetime and past-30-day prevalence of steroid use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in steroid use are presented in Table 76.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 2.1% have used steroids at some time in their lifetimes. Lifetime prevalence rates for steroid use range from a low of 0.9% for 6th graders to a high of 2.8% for 10th graders. Comparison with 8th, 10th and 12th graders in the *Monitoring the Future* survey is available on Table 7 and Graphs 3 to 5. (*Monitoring the Future* does not collect data on 6th graders' ATOD use.) Eighth, 10th and 12th graders in Pennsylvania report similar rates (2.1%, 2.8% and 2.5%, respectively) when compared to national results from the *Monitoring the Future* study (2.8%, 3.5% and 3.7%, respectively).

Past-30-Day Prevalence. The past-30-day prevalence of steroid use is a good measure of current use. In 2001, just 0.7% of surveyed Pennsylvania students reported the use of steroids in the past 30 days. With such a low overall rate, differences across grade levels and demographic categories are very small and hold little statistical significance. Comparisons with national data from the *Monitoring the Future* study, which are presented in Table 8 and Graphs 6 to 8, also show negligible differences.

Regional Variations in Steroid Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 76 shows only negligible differences in steroid use across survey regions.

The Long-Term Trend for Steroid Use. Past-30-day steroid prevalence rates, as measured by all Pennsylvania surveys since 1991, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. For both grade levels, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends.

Table 27

Lifetime and Past-30-Day Prevalence of Steroid Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	40,909	2.1%	40,824	0.7%
Grade				
6th	10,214	0.9%	10,190	0.3%
8th	11,397	2.1%	11,375	0.6%
10th	10,759	2.8%	10,738	0.9%
12th	8,539	2.5%	8,521	1.0%
Sex				
Female	20,379	1.4%	20,373	0.3%
Male	19,302	2.8%	19,232	1.1%
Ethnicity				
White	33,090	2.1%	33,030	0.6%
African American	2,427	1.2%	2,416	0.6%
Latino	1,208	1.7%	1,203	0.8%
American Indian	321	2.8%	317	1.3%
Asian	829	1.9%	823	0.9%
Other/Multiple	2,432	3.2%	2,427	1.1%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Stimulants

Prescription stimulants are available for the treatment of obesity, narcolepsy and attention deficit hyperactivity disorders. However, improper use can lead to physical and psychological dependence. Side effects include extreme fatigue ("crash"), depression, anxiety and chest pain.

The findings for stimulant use by Pennsylvania students are presented in Table 28. This table includes findings for lifetime and past-30-day prevalence of stimulant use. In addition, the table is broken down by grade, sex and ethnicity. Also, regional variations in stimulant use are presented in Table 77.

Lifetime Prevalence. Of the students surveyed in Pennsylvania in 2001, 11.0% have used stimulants at some time in their lifetimes. Lifetime prevalence rates for stimulant use range from a low of 1.6% for 6th graders to a high of 22.2% for 12th graders. In contrast to the majority of ATOD categories, female students reported a higher rate of lifetime stimulant use compared to male students (13.2% versus 8.9%, respectively). While *Monitoring the Future* does survey students about drug use in this category, the question format is different, and therefore inappropriate for comparison.

Past-30-Day Prevalence. The past-30-day prevalence of stimulant use is a good measure of current use. In 2001, 4.6% of surveyed Pennsylvania students reported the use of stimulants in the past 30 days. Past-30-day use ranged from a low of 0.6% for 6th graders to a high of 9.2% for 12th graders. As with lifetime rates, female students reported a slightly higher rate of past-30-day stimulant use compared to male students (5.5% versus 3.8%, respectively). While *Monitoring the Future* does survey students about drug use in this category, the question format is different, and therefore inappropriate for comparison.

Regional Variations in Stimulant Use. Detailed tables showing regional prevalence rates are presented in Appendix A. Table 77 shows some differences in stimulant use across survey regions. For lifetime and past-30-day stimulant use, students from southwest Pennsylvania (Region 4) reported the highest prevalence levels (15.2% for lifetime; 7.0% for past-30-day). Students from north central Pennsylvania (Region 2) reported the lowest lifetime stimulant use prevalence level (8.4%) and southeast Pennsylvania (Region 6) reported the lowest past-30-day prevalence level (3.6%).

The Long-Term Trend for Stimulant Use. Past-30-day stimulant prevalence rates, as measured by all Pennsylvania surveys since 1989, are shown in Table 9. These rates are reported only for 6th and 12th grade students, the two grade levels for which data have been collected across all survey years. Among 6th graders, the differences in prevalence levels between years are too small to reveal any statistically meaningful trends. Among Pennsylvania 12th graders, however, stimulant use has increased from a low of 3.5% in 1991 to a high of 9.2% in 2001.

Table 28

Lifetime and Past-30-Day Prevalence of Stimulant Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Valid Cases	40,890	11.0%	40,827	4.6%
Grade				
6th	10,205	1.6%	10,191	0.6%
8th	11,400	6.1%	11,364	2.5%
10th	10,759	16.2%	10,746	7.1%
12th	8,526	22.2%	8,526	9.2%
Sex				
Female	20,393	13.2%	20,376	5.5%
Male	19,271	8.9%	19,229	3.8%
Ethnicity				
White	33,077	11.8%	33,022	4.9%
African American	2,422	4.1%	2,425	2.0%
Latino	1,209	7.9%	1,208	3.3%
American Indian	318	14.2%	318	6.3%
Asian	829	5.9%	824	2.9%
Other/Multiple	2,428	10.2%	2,428	5.0%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Other Antisocial Behaviors

The *Pennsylvania Youth Survey 2001* also measured a series of 12 other problem, or antisocial, behaviors—that is, behaviors that run counter to established norms of good behavior. Note that information on antisocial behavior is collected only for the past 12 months. The antisocial behaviors measured on the survey include the following:

- Attacking Someone with Intent to Harm
- Attempting to Steal a Vehicle
- Being Arrested
- Being Drunk or High at School
- Carrying a Handgun
- Carrying a Knife
- Carrying a Long Gun
- Carrying Other Weapons
- Getting Suspended
- Selling Drugs
- Taking a Handgun to School
- Taking a Long Gun to School

Each question is specifically described below. Note that for all 12 questions, responses include: Never, 1 or 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 times, 20 to 29 times, 30 to 39 times and 40+ times.

See Graph 15 and Tables 29 through 41 for specifics by grade, sex and ethnicity, as well as for information on frequency of student involvement in these behaviors. A relatively small proportion of the Pennsylvania students reported that they had engaged in the antisocial behaviors measured by the survey. Given the relatively small proportion of students who indicated an antisocial act, differences by grade, sex and ethnicity are difficult to interpret. However, some important differences between boys and girls were found.

Overall Results

Pennsylvania students reported low rates for the 12 antisocial behaviors. About one out of six surveyed students (16.4%) reported having carried a knife on at least one occasion in the past year, making it the most prevalent—but still fairly rare—antisocial behavior. Rates for other weapons were lower, with 4.2% reporting having carried a handgun, 9.0% having carried a long gun and 9.3% having carried "other weapons." Reports of carrying a handgun or long gun to school were extremely infrequent, with prevalence rates of just 0.5% and 0.3%, respectively. Rates for other antisocial behaviors are also low—10.2% of surveyed students reported being drunk or high at school, 9.6% reported attacking someone with intent to harm, and 4.9% reported selling illegal drugs.

<u>*Grade Level*</u>. Unlike ATOD use, students in the upper grades do not always report higher prevalence rates for these antisocial behaviors. Only on the two drug-related behaviors—*being drunk or high at school* and *selling drugs*—does prevalence increase consistently with grade level. Instead, for most of the behaviors, prevalence rates increase between 6th and 8th grade before leveling out for the remaining years in school.

Sex. In contrast to the consistent pattern of ATOD use across the sexes, males are much more likely than females to report involvement in the other antisocial behaviors included on the survey. Examples include *attacking someone with intent to harm* (12.9% of boys versus 6.3% of girls), *carrying a knife* (26.9% of boys versus 6.4% of girls), and *selling drugs* (7.2% of boys versus 2.9% of girls).

Ethnicity. For ATOD use, African American and Asian students reported the lowest prevalence rates, followed by Latino, Other/Multiple ethnicity students, White students and American Indian students. Questions about other antisocial behaviors, such as *attacking someone with intent to harm* or *carrying a knife*, reveal a different order. Asian students are generally the least likely to engage in these behaviors, followed by White students, Latino students, African American students, Multiple/Other students, and American Indian students.

Regional Differences. Detailed tables showing regional response patterns are presented in Appendix A (Table 78). For the majority of the 12 antisocial behaviors, differences in prevalence rates across the six regions are either statistically insignificant or relatively small (less than five percentage points between the lowest region and the highest region). Not surprisingly, given the likely impact of urban, suburban and rural residency, *carrying a long gun* provides a notable exception to this pattern. At 15.1%, students in northwest Pennsylvania (Region 1) were the most likely to report carrying a long gun on at least one occasion during the past year. In contrast, just 5.5% of southeast Pennsylvania (Region 6) students reported the behavior.

Detailed Results

Attacking Someone with Intent to Harm. Attacking someone with intent to harm is surveyed by the question "How many times in the past year (12 months) have you attacked someone with the idea of seriously hurting them?" The question does not ask specifically about the use of a weapon; therefore, occurrences of physical fighting without weapons will be captured with this question. In Pennsylvania, 9.6% of surveyed students reported having attacked someone with intent to cause harm in the past year (see Table 30).

Attempting to Steal a Vehicle. Vehicle theft is surveyed by the question "How many times in the past year (12 months) have you stolen or tried to steal a motor vehicle such as a car or motorcycle?" Only 2.1% of surveyed students reported having stolen, or attempted to steal, a motor vehicle in the past year (see Table 31).

Being Arrested. Any student experience with being arrested is surveyed by the question "How many times in the past year (12 months) have you been arrested?" Note that the question does not define "arrested." Rather, it is left to the individual respondent to define. Some youths may define any contact with police as an arrest, while others may consider that only an official arrest justifies a positive answer to this question. Less than one out of 20 (4.5%) Pennsylvania students reported having been arrested in the past year (see Table 32).

Being Drunk or High at School. Having been drunk or high at school is surveyed by the question "How many times in the past year (12 months) have you been drunk or high at school?" About one out of ten (10.2%) surveyed students reported having been drunk or high at school in the past year (see Table 33).

Carrying a Handgun. Carrying a handgun is surveyed by the question "How many times in the past year (12 months) have you carried a handgun?" In Pennsylvania, 4.2% of surveyed students reported having carried a handgun in the past year (see Table 34).

Carrying a Knife. Carrying a knife is surveyed by the question "How many times in the past year (12 months) have you carried a knife?" Overall, 16.4% of surveyed students reported having carried a knife in the past year, making it the most prevalent antisocial behavior for students in Pennsylvania (Table 35). This figure, however, should be interpreted with caution. While it is illegal and dangerous for students to carry a knife to places such as school or shopping malls, on some occasions, such as camping and fishing trips, students may have legitimate reasons to carry and use a knife.

Carrying a Long Gun. Carrying a long gun is surveyed by the question "How many times in the past year (12 months) have you carried a long gun?" As Table 36 shows, 9.0% of surveyed students report carrying a long gun on at least one occasion during the past year. Again, caution should be exercised when interpreting this figure. Students may have legitimate reasons, such as family hunting trips, to carry a long gun.

Carrying Other Weapons. Carrying other weapons is surveyed by the question "How many times in the past year (12 months) have you carried other weapons?" In Pennsylvania, 9.3% of surveyed students reported having carried other weapons in the past year (Table 37).

Getting Suspended. Suspension is surveyed by the question "How many times in the past year (12 months) have you been suspended from school?" Note that the question does not define "suspension." Rather, it is left to the individual respondent to determine that definition. It should also be noted that school suspension rates are difficult to interpret because school suspension policies vary substantially from district to district. Therefore, these rates should be interpreted with caution. Often, however, differences by grade, sex and ethnicity are interesting, as changes may be revealed if the survey is repeated over time. In Pennsylvania, 9.0% of surveyed students reported having been suspended in the past year (Table 38).

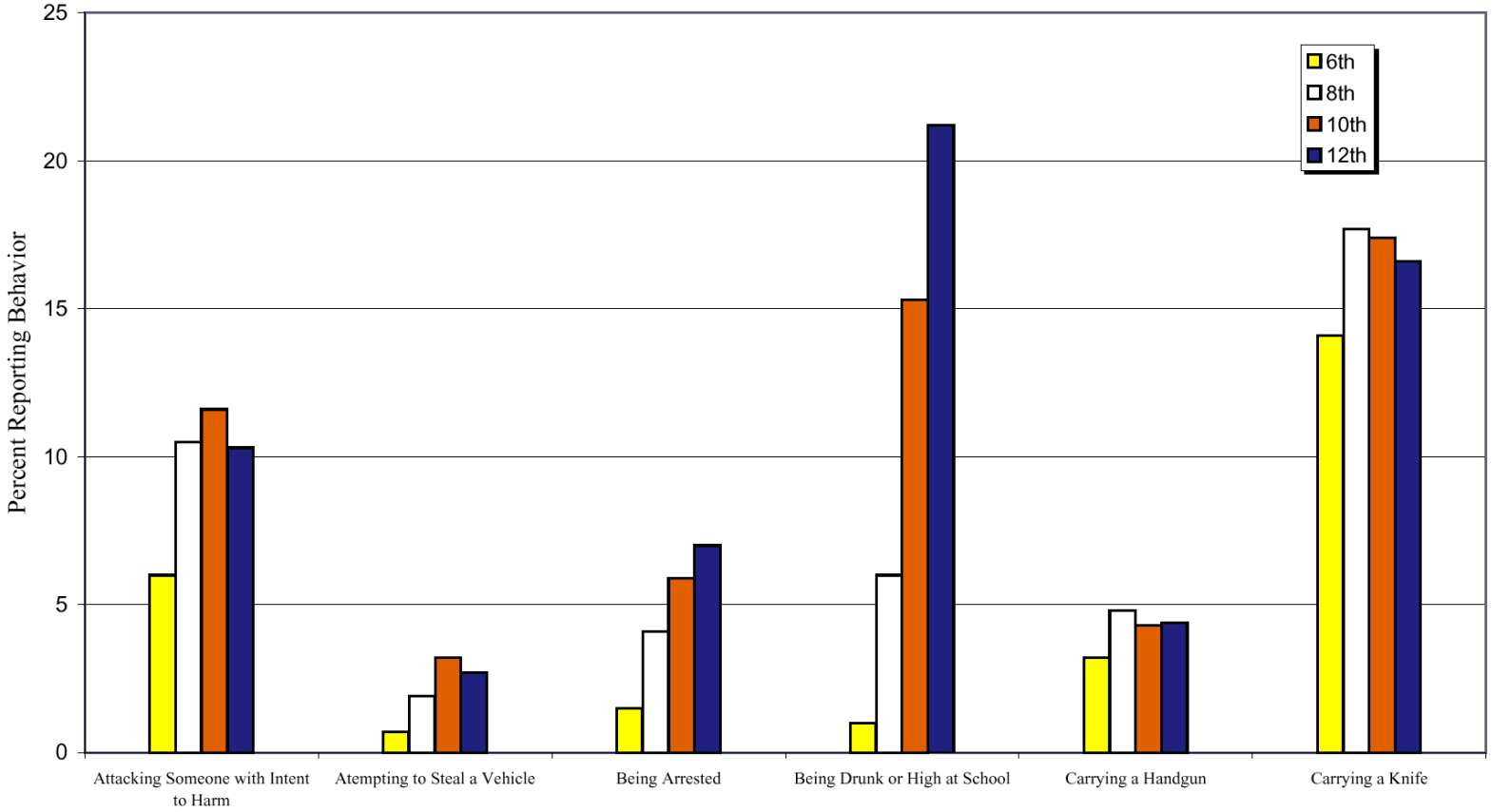
Selling Drugs. Selling drugs is surveyed by the question "How many times in the past year (12 months) have you sold illegal drugs?" Note that the question asks about, but does not define or specify, "illegal drugs." About one in 20 (4.9%) surveyed students reported having sold drugs in the past year (see Table 39).

Taking a Handgun to School. Taking a handgun to school is surveyed by the question "How many times in the past year (12 months) have you taken a handgun to school?" In Pennsylvania, only 0.5% of surveyed students reported having taken a handgun to school in the past year. Reported involvement in this behavior is low across all demographic subgroups (see Table 40).

Taking a Long Gun to School. Taking a long gun to school is surveyed by the question "How many times in the past year (12 months) have you taken a long gun to school?" As Table 41 shows, just 0.3% of respondents reported taking a long gun to school within the past year. Reported involvement in this behavior is low across all demographic subgroups.

Graph 15

Antisocial Behaviors, Statewide Estimates, by Grade



Graph 15 (continued)

Antisocial Behaviors, Statewide Estimates, by Grade

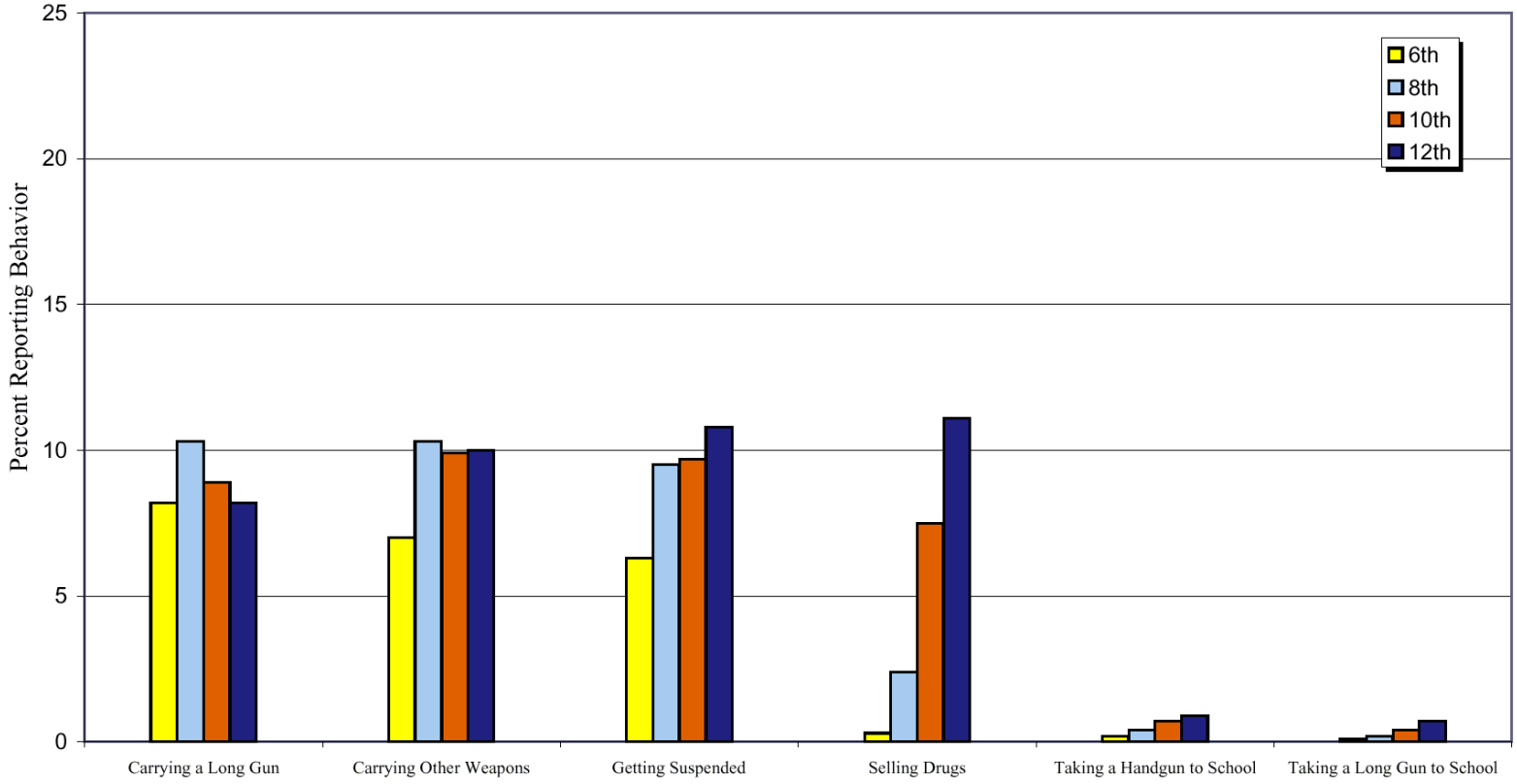


Table 29

Antisocial Behaviors, Statewide Estimates, by Grade

	6th	7th	8th	9th	10th	11th	12th
	%	%	%	%	%	%	%
Attacking Someone with Intent to Harm	6.0	--	10.5	--	11.6	--	10.3
Attempting to Steal a Vehicle	0.7	--	1.9	--	3.2	--	2.7
Being Arrested	1.5	--	4.1	--	5.9	--	7.0
Being Drunk or High at School	1.0	--	6.0	--	15.3	--	21.2
Carrying a Handgun	3.2	--	4.8	--	4.3	--	4.4
Carrying a Knife	14.1	--	17.7	--	17.4	--	16.6
Carrying a Long Gun	8.2	--	10.3	--	8.9	--	8.2
Carrying Other Weapons	7.0	--	10.3	--	9.9	--	10.0
Getting Suspended	6.3	--	9.5	--	9.7	--	10.8
Selling Drugs	0.3	--	2.4	--	7.5	--	11.1
Taking a Handgun to School	0.2	--	0.4	--	0.7	--	0.9
Taking a Long Gun to School	0.1	--	0.2	--	0.4	--	0.7

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Table 30

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Attacking Someone with Intent to Harm

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	90.4	9.6	6.3	1.4	0.8	0.4	0.2	0.1	0.4	5.5
Grade										
6th	94.0	6.0	4.3	0.6	0.4	0.2	0.2	0.1	0.3	5.4
8th	89.5	10.5	6.9	1.6	0.8	0.5	0.3	0.1	0.4	5.4
10th	88.4	11.6	7.6	1.6	1.1	0.5	0.2	0.1	0.6	5.6
12th	89.7	10.3	6.3	1.7	0.9	0.5	0.2	0.1	0.5	5.8
Sex										
Female	93.7	6.3	4.4	0.9	0.5	0.2	0.1	0.0	0.2	4.6
Male	87.1	12.9	8.2	1.9	1.1	0.6	0.3	0.2	0.7	5.9
Ethnicity										
White	91.6	8.4	5.7	1.2	0.6	0.3	0.2	0.1	0.3	5.2
African American	82.4	17.6	10.9	2.5	1.6	1.0	0.3	0.2	1.1	6.2
Latino	87.0	13.0	8.2	1.5	1.4	0.8	0.1	0.3	0.7	6.1
American Indian	82.5	17.5	10.9	2.0	2.0	0.6	1.1	0.0	0.9	6.3
Asian	93.3	6.7	4.0	0.8	0.8	0.5	0.1	0.0	0.6	7.0
Other/Multiple	85.0	15.0	9.2	2.2	1.3	0.7	0.3	0.3	0.9	6.5

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 31

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Attempting to Steal a Vehicle

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	97.9	2.1	1.2	0.3	0.2	0.1	0.1	0.0	0.2	8.0
Grade										
6th	99.3	0.7	0.5	0.1	0.0	0.1	0.0	0.0	0.1	6.8
8th	98.1	1.9	1.1	0.3	0.1	0.1	0.1	0.0	0.2	8.5
10th	96.8	3.2	2.0	0.4	0.3	0.1	0.1	0.0	0.3	7.4
12th	97.3	2.7	1.4	0.5	0.2	0.2	0.1	0.1	0.3	8.7
Sex										
Female	98.8	1.2	0.9	0.2	0.1	0.0	0.0	0.0	0.1	5.3
Male	97.1	2.9	1.6	0.4	0.2	0.2	0.1	0.1	0.3	8.9
Ethnicity										
White	98.2	1.8	1.1	0.3	0.1	0.1	0.0	0.0	0.2	7.5
African American	95.5	4.5	2.5	0.4	0.3	0.3	0.1	0.1	0.7	9.9
Latino	97.1	2.9	1.8	0.3	0.1	0.3	0.1	0.1	0.2	8.5
American Indian	92.8	7.2	4.0	1.1	1.1	0.3	0.0	0.0	0.6	6.5
Asian	97.9	2.1	1.1	0.4	0.0	0.2	0.0	0.0	0.3	9.5
Other/Multiple	96.9	3.1	1.7	0.5	0.3	0.0	0.2	0.0	0.4	8.6

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 32

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Being Arrested

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	95.5	4.5	3.5	0.5	0.2	0.1	0.0	0.0	0.2	3.9
Grade										
6th	98.5	1.5	1.2	0.2	0.1	0.0	0.0	0.0	0.1	4.4
8th	95.9	4.1	3.0	0.5	0.3	0.1	0.0	0.0	0.1	4.0
10th	94.1	5.9	4.6	0.7	0.2	0.1	0.1	0.0	0.2	4.1
12th	93.0	7.0	5.8	0.7	0.2	0.1	0.0	0.0	0.2	3.4
Sex										
Female	97.6	2.4	2.1	0.2	0.1	0.0	0.0	0.0	0.0	2.9
Male	93.3	6.7	5.0	0.8	0.3	0.2	0.0	0.0	0.3	4.2
Ethnicity										
White	96.1	3.9	3.1	0.4	0.2	0.1	0.0	0.0	0.1	3.6
African American	90.4	9.6	7.0	1.2	0.5	0.4	0.0	0.0	0.4	4.5
Latino	94.2	5.8	4.4	0.7	0.3	0.1	0.0	0.0	0.4	4.8
American Indian	88.9	11.1	8.8	1.8	0.0	0.6	0.0	0.0	0.0	2.6
Asian	96.5	3.5	2.4	0.3	0.1	0.2	0.1	0.0	0.3	7.2
Other/Multiple	93.7	6.3	4.7	0.7	0.4	0.0	0.0	0.0	0.4	5.0

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 33

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Being Drunk or High at School

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	89.8	10.2	4.5	1.6	1.0	0.8	0.5	0.3	1.5	11.3
Grade										
6th	99.0	1.0	0.7	0.2	0.0	0.0	0.0	0.0	0.1	7.3
8th	94.0	6.0	3.3	0.8	0.6	0.5	0.2	0.1	0.6	8.8
10th	84.7	15.3	6.9	2.5	1.4	1.1	0.9	0.5	2.1	11.0
12th	78.8	21.2	8.1	3.4	2.2	2.1	1.1	0.7	3.7	12.8
Sex										
Female	91.1	8.9	4.7	1.5	0.8	0.6	0.3	0.2	0.7	8.1
Male	88.1	11.9	4.4	1.7	1.2	1.1	0.7	0.4	2.3	13.8
Ethnicity										
White	89.7	10.3	4.5	1.6	1.0	0.9	0.6	0.3	1.4	11.2
African American	90.6	9.4	4.5	1.1	0.9	0.7	0.2	0.5	1.6	12.1
Latino	90.0	10.0	4.3	1.7	1.1	0.8	0.4	0.5	1.2	10.8
American Indian	84.1	15.9	5.5	4.0	1.7	0.6	0.3	0.6	3.2	12.6
Asian	92.7	7.3	2.7	1.7	1.0	0.1	0.2	0.3	1.2	11.9
Other/Multiple	89.0	11.0	5.0	1.6	1.0	0.6	0.6	0.4	1.8	12.1

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 34

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Carrying a Handgun

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	95.8	4.2	1.9	0.7	0.5	0.3	0.2	0.1	0.5	10.4
Grade										
6th	96.8	3.2	1.6	0.5	0.3	0.2	0.1	0.1	0.4	9.9
8th	95.2	4.8	2.4	0.8	0.6	0.3	0.2	0.1	0.4	8.7
10th	95.7	4.3	2.0	0.7	0.4	0.3	0.2	0.1	0.6	10.4
12th	95.6	4.4	1.6	0.7	0.6	0.4	0.3	0.1	0.8	13.3
Sex										
Female	99.0	1.0	0.6	0.2	0.1	0.1	0.0	0.0	0.1	7.6
Male	92.5	7.5	3.3	1.2	0.9	0.5	0.4	0.2	1.0	10.7
Ethnicity										
White	96.0	4.0	1.8	0.7	0.4	0.3	0.2	0.1	0.5	10.0
African American	94.5	5.5	2.4	0.8	0.6	0.1	0.5	0.1	1.1	12.8
Latino	96.1	3.9	2.2	0.6	0.5	0.2	0.1	0.0	0.3	6.8
American Indian	89.0	11.0	3.5	3.2	1.4	0.9	0.9	0.6	0.6	9.6
Asian	98.0	2.0	0.5	0.3	0.5	0.1	0.0	0.2	0.5	16.2
Other/Multiple	94.9	5.1	2.5	0.7	0.7	0.2	0.3	0.0	0.8	10.4

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 35

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Carrying a Knife

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	83.6	16.4	5.6	2.2	1.5	1.5	1.0	0.5	4.0	15.4
Grade										
6th	85.9	14.1	5.4	2.0	1.5	1.2	0.8	0.4	2.8	13.4
8th	82.3	17.7	6.6	2.9	1.6	1.6	1.0	0.6	3.4	13.4
10th	82.6	17.4	5.6	2.2	1.6	1.6	1.1	0.5	4.7	16.4
12th	83.4	16.6	4.6	1.8	1.5	1.5	1.1	0.5	5.7	19.2
Sex										
Female	93.6	6.4	3.3	1.0	0.4	0.4	0.2	0.1	1.0	10.4
Male	73.1	26.9	8.1	3.6	2.7	2.6	1.8	0.9	7.2	16.7
Ethnicity										
White	83.2	16.8	5.5	2.3	1.6	1.6	1.1	0.5	4.2	15.9
African American	89.1	10.9	5.5	1.4	0.8	0.8	0.4	0.3	1.6	10.7
Latino	87.1	12.9	6.8	1.9	1.0	1.0	0.3	0.1	1.7	9.4
American Indian	72.3	27.7	9.0	4.6	2.9	1.7	1.7	1.4	6.4	15.3
Asian	89.0	11.0	4.5	1.0	0.7	1.5	0.6	0.3	2.5	14.6
Other/Multiple	80.6	19.4	7.5	2.5	1.6	1.4	1.0	0.3	5.1	15.1

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 36

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Carrying a Long Gun

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	91.0	9.0	2.8	1.6	1.2	1.1	0.6	0.3	1.4	13.0
Grade										
6th	91.8	8.2	3.5	1.5	1.0	0.7	0.3	0.2	1.0	10.1
8th	89.7	10.3	3.4	2.0	1.3	1.2	0.7	0.4	1.3	11.7
10th	91.1	8.9	2.2	1.5	1.3	1.3	0.8	0.3	1.5	14.5
12th	91.8	8.2	1.8	1.2	1.1	1.1	0.8	0.4	1.8	16.9
Sex										
Female	97.5	2.5	1.3	0.5	0.3	0.2	0.1	0.1	0.1	7.4
Male	84.3	15.7	4.4	2.7	2.1	2.0	1.2	0.6	2.7	14.0
Ethnicity										
White	90.2	9.8	2.9	1.7	1.3	1.2	0.7	0.4	1.5	13.2
African American	96.8	3.2	1.4	0.5	0.3	0.2	0.3	0.0	0.5	11.1
Latino	96.1	3.9	1.9	0.7	0.2	0.5	0.1	0.0	0.5	9.7
American Indian	85.3	14.7	3.8	2.9	2.3	1.4	1.7	0.0	2.6	13.7
Asian	96.7	3.3	1.2	0.5	0.5	0.3	0.2	0.1	0.5	12.1
Other/Multiple	91.1	8.9	3.8	1.4	1.1	0.6	0.5	0.3	1.2	11.0

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 37

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Carrying Other Weapons

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	90.7	9.3	3.8	1.4	0.9	0.8	0.5	0.3	1.6	12.3
Grade										
6th	93.0	7.0	3.7	1.0	0.6	0.5	0.3	0.1	0.8	9.1
8th	89.7	10.3	4.7	1.6	1.0	0.9	0.4	0.4	1.3	10.6
10th	90.1	9.9	3.4	1.6	1.2	0.9	0.5	0.4	1.9	13.6
12th	90.0	10.0	3.1	1.4	1.0	1.0	0.6	0.4	2.5	16.2
Sex										
Female	96.5	3.5	1.9	0.5	0.3	0.2	0.1	0.1	0.4	8.7
Male	84.7	15.3	5.7	2.3	1.6	1.5	0.9	0.5	2.7	13.2
Ethnicity										
White	91.1	8.9	3.5	1.4	0.9	0.8	0.5	0.3	1.5	12.6
African American	89.4	10.6	5.5	1.5	0.8	0.7	0.3	0.3	1.4	10.1
Latino	91.3	8.7	4.8	1.4	0.8	0.5	0.3	0.0	0.8	7.7
American Indian	82.9	17.1	6.6	2.0	2.6	1.7	1.1	0.6	2.6	12.4
Asian	93.4	6.6	2.8	0.9	0.5	0.3	0.2	0.5	1.4	14.0
Other/Multiple	87.0	13.0	5.5	1.9	1.2	1.0	0.4	0.5	2.5	12.6

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 38

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Getting Suspended

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	91.0	9.0	6.6	1.3	0.5	0.3	0.1	0.0	0.2	3.8
Grade										
6th	93.7	6.3	4.9	0.8	0.4	0.2	0.0	0.0	0.1	3.3
8th	90.5	9.5	7.0	1.3	0.5	0.3	0.2	0.1	0.2	4.0
10th	90.3	9.7	7.0	1.5	0.5	0.3	0.1	0.1	0.3	4.3
12th	89.2	10.8	8.0	1.5	0.6	0.3	0.1	0.0	0.2	3.6
Sex										
Female	94.6	5.4	4.3	0.7	0.2	0.1	0.0	0.0	0.1	3.1
Male	87.3	12.7	9.1	1.8	0.8	0.4	0.2	0.1	0.3	4.1
Ethnicity										
White	93.3	6.7	5.1	0.9	0.3	0.2	0.1	0.0	0.1	3.6
African American	72.9	27.1	19.4	3.4	2.2	1.0	0.3	0.2	0.7	4.2
Latino	80.5	19.5	13.3	3.4	1.3	0.6	0.4	0.1	0.4	4.2
American Indian	79.7	20.3	14.0	2.6	1.1	0.6	0.3	0.3	1.4	6.0
Asian	92.8	7.2	5.1	0.9	0.6	0.1	0.1	0.1	0.3	5.2
Other/Multiple	86.4	13.6	9.6	2.4	0.5	0.7	0.0	0.0	0.3	3.9

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 39

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Selling Drugs

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	95.1	4.9	1.9	0.7	0.5	0.6	0.3	0.1	0.9	12.9
Grade										
6th	99.7	0.3	0.1	0.0	0.0	0.1	0.0	0.0	0.1	16.6
8th	97.6	2.4	1.1	0.3	0.2	0.2	0.1	0.1	0.3	10.6
10th	92.5	7.5	2.8	1.3	0.8	0.7	0.5	0.2	1.2	12.4
12th	88.9	11.1	3.8	1.6	1.0	1.5	0.7	0.3	2.1	13.9
Sex										
Female	97.1	2.9	1.4	0.5	0.3	0.3	0.1	0.0	0.2	8.5
Male	92.8	7.2	2.3	1.0	0.7	0.9	0.5	0.2	1.5	14.8
Ethnicity										
White	95.1	4.9	1.8	0.8	0.5	0.6	0.3	0.1	0.7	12.4
African American	94.0	6.0	2.2	0.5	0.4	0.6	0.4	0.1	1.7	16.7
Latino	94.5	5.5	2.2	0.7	0.7	0.2	0.2	0.1	1.4	14.4
American Indian	92.5	7.5	3.5	0.6	0.3	1.2	0.9	0.0	1.2	12.5
Asian	95.8	4.2	1.7	0.3	0.6	0.7	0.3	0.0	0.6	11.7
Other/Multiple	95.2	4.8	2.0	0.5	0.4	0.3	0.5	0.0	1.0	13.9

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 40

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Taking a Handgun to School

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	99.5	0.5	0.2	0.0	0.0	0.0	0.0	0.0	0.2	18.1
Grade										
6th	99.8	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.1
8th	99.6	0.4	0.2	0.0	0.0	0.0	0.0	0.0	0.1	15.9
10th	99.3	0.7	0.2	0.1	0.1	0.0	0.1	0.0	0.2	17.6
12th	99.1	0.9	0.3	0.0	0.0	0.1	0.1	0.0	0.3	19.4
Sex										
Female	99.9	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	14.8
Male	99.2	0.8	0.3	0.1	0.1	0.1	0.1	0.0	0.3	18.9
Ethnicity										
White	99.6	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.1	17.8
African American	98.5	1.5	0.6	0.1	0.2	0.0	0.1	0.0	0.4	16.2
Latino	99.2	0.8	0.3	0.1	0.1	0.1	0.0	0.0	0.3	17.5
American Indian	97.7	2.3	0.9	0.9	0.0	0.3	0.0	0.3	0.0	8.2
Asian	99.1	0.9	0.1	0.0	0.0	0.1	0.1	0.0	0.6	30.1
Other/Multiple	99.3	0.7	0.1	0.0	0.1	0.1	0.0	0.0	0.3	24.0

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 41

Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics

Taking a Long Gun to School

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	**Any Occasion %**	**1-2 %**	**3-5 %**	**6-9 %**	**10-19 %**	**20-29 %**	**30-39 %**	**40+ %**	
Overall										
Valid Cases	99.7	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.1	23.4
Grade										
6th	99.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	24.5
8th	99.8	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1	23.6
10th	99.6	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.2	24.5
12th	99.3	0.7	0.2	0.1	0.1	0.1	0.0	0.0	0.3	22.1
Sex										
Female	99.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.8
Male	99.4	0.6	0.1	0.0	0.1	0.0	0.0	0.0	0.3	23.4
Ethnicity										
White	99.8	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.1	23.6
African American	99.2	0.8	0.1	0.0	0.1	0.1	0.1	0.1	0.3	23.8
Latino	99.3	0.7	0.1	0.1	0.2	0.0	0.0	0.0	0.3	19.0
American Indian	98.8	1.2	0.6	0.0	0.0	0.0	0.0	0.0	0.6	20.8
Asian	99.2	0.8	0.2	0.0	0.0	0.1	0.0	0.0	0.5	25.4
Other/Multiple	99.4	0.6	0.1	0.0	0.0	0.1	0.0	0.1	0.2	24.3

Note: The two prevalence categories ("Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven "Number of Occasions" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Special Topics

For the 2001 study, Pennsylvania students were questioned on the following special topics: driving under the influence of alcohol or marijuana, knowledge of the physiological effects of ATOD use, willingness to try or use ATODs, frequency of having been attacked or threatened, and gang involvement. In addition to reporting results for the statewide sample, the analysis considers differences across demographic groups, historical trends, and regional variations within each topic.

Driving After Alcohol or Marijuana Use

The impact of ATOD usage on automobile safety is assessed with two items: (1) "How often have you driven a car while or shortly after drinking?" and (2) "How often have you driven a car while or shortly after smoking pot?" The results for the first item are presented in Table 42. Overall, 6.1% of Pennsylvania students reported having driven a car while or shortly after drinking. Not surprisingly, given the age requirement for obtaining a driver's license, this rate increases dramatically among high school seniors. While only 0.5% of 6th graders, 1.5% of 8th graders, and 3.8% of 10th graders reported the operation of a vehicle while under the influence of alcohol, more than one out of five high school seniors (21.5%) reported at least one drinking and driving incident. Analysis of the frequency of drinking and driving behavior is most meaningful when applied to this high risk group. Among the 21.5% of 12th graders who drink and drive, 75% report the behavior as occurring two times per year or less, while 25% report the behavior as occurring once a month or more.

Comparing findings for driving and alcohol use between the sexes reveals that males are more likely than females to drink and drive (7.7% for males versus 4.8% for females).

Findings for driving under the influence of marijuana are reported in Table 43. These results show a similar pattern. Among valid survey responses for all four grade levels, 6.8% reported at least one occurrence of having driven a car while or shortly after "smoking pot." Again, this rate increases with grade level. Less than 1% of 6th graders, 1.3% of 8th graders and 4.8% of 10th graders report driving under the influence of marijuana. In contrast, nearly one out of four 12th graders (24.1%) report at least one occasion of driving while or shortly after using marijuana. While lifetime prevalence rates for driving and marijuana use closely match those for alcohol, the frequency of behavior reported by students is higher. Among the 24.1% of seniors who reported driving after using marijuana, 54% report the behavior as occurring at least once a month, and 17% report it as a daily activity.

As with alcohol use, males are more likely than females to report driving under the influence of marijuana (8.5% for males versus 5.3% for females).

The historical data presented in Graph 16 and Table 44 highlight two conflicting trends. The prevalence of drinking and driving among high school seniors has been dropping since 1989. In that year, 14.5% of seniors reported driving while under the influence of alcohol on a monthly

basis. Between 1991 and 1997 this figure settled to the 9% to 12% range, before falling to 6.7% in the 2001 survey. In contrast, the prevalence of marijuana use while driving has increased. In 1989 just 7.5% of seniors reported smoking marijuana while driving. By 1997 this figure had increased to 12.2%, before climbing to 16.0% in the current study.

Detailed tables showing regional prevalence rates are presented in Appendix A (Tables 79 and 80). Variations are minor for both indicators, with a range across regions of only 3.2 percentage points for driving after alcohol and 2.2 percentage points for driving after marijuana.

Table 42

Frequency of Driving After Alcohol Use, by Selected Demographic Characteristics

	Prevalence			***Reported Frequency of Driving After Alcohol Use***				
	Don't Drive	**Never**	**Any Occasion**	**Not in Past Year**	**1-2/Yr.**	**1-2/Mo.**	**1-2/Wk.**	**Daily**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall								
Valid Cases	72.7	21.3	6.1	1.8	2.6	1.0	0.4	0.2
Grade								
6th	92.4	7.0	0.5	0.2	0.1	0.0	0.0	0.1
8th	91.3	7.2	1.5	0.6	0.4	0.1	0.1	0.2
10th	77.3	18.9	3.8	1.2	1.6	0.5	0.2	0.2
12th	18.9	59.6	21.5	6.2	9.9	3.6	1.5	0.4
Sex								
Female	74.4	20.8	4.8	1.7	2.2	0.6	0.2	0.1
Male	70.0	22.3	7.7	2.0	3.3	1.3	0.7	0.4
Ethnicity								
White	72.1	21.6	6.4	1.9	2.8	1.0	0.4	0.2
African American	73.8	21.8	4.4	1.8	1.4	0.7	0.2	0.3
Latino	73.1	20.9	6.1	2.1	2.4	0.9	0.4	0.3
American Indian	73.5	18.7	7.7	1.3	3.5	1.3	0.6	1.0
Asian	73.0	21.6	5.3	2.1	2.1	0.5	0.4	0.4
Other/Multiple	77.5	17.6	4.9	1.7	1.9	0.9	0.1	0.2

Note: The three prevalence categories ("Don't Drive," "Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five "Reported Frequency" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 43

Frequency of Driving After Marijuana Use, by Selected Demographic Characteristics

	Prevalence			***Reported Frequency of Driving After Marijuana Use***				
	Don't Drive	**Never**	**Any Occasion**	**Not in Past Year**	**1-2/Yr.**	**1-2/Mo.**	**1-2/Wk.**	**Daily**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall								
Valid Cases	72.4	20.9	6.8	1.3	1.9	1.3	1.0	1.2
Grade								
6th	92.1	7.6	0.3	0.1	0.1	0.0	0.0	0.2
8th	91.2	7.5	1.3	0.4	0.3	0.2	0.1	0.3
10th	76.8	18.4	4.8	1.0	1.7	0.9	0.5	0.6
12th	18.9	57.0	24.1	4.5	6.7	4.6	4.1	4.2
Sex								
Female	74.2	20.5	5.3	1.2	1.8	1.1	0.7	0.6
Male	69.6	21.8	8.5	1.5	2.2	1.5	1.5	1.8
Ethnicity								
White	71.9	21.1	7.0	1.4	2.0	1.4	1.1	1.2
African American	72.9	21.8	5.2	0.9	1.3	0.8	0.9	1.2
Latino	72.6	21.7	5.7	1.6	1.3	1.2	0.9	0.8
American Indian	73.3	17.4	9.3	1.6	2.6	1.6	1.0	2.6
Asian	72.6	21.9	5.6	1.6	1.9	0.2	1.1	0.7
Other/Multiple	76.7	17.4	5.9	1.1	1.6	1.3	1.0	1.0

Note: The three prevalence categories ("Don't Drive," "Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five "Reported Frequency" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 44

Percentage of Students Who Reported Driving a Car under the Influence of Alcohol or Marijuana, Historical Trends

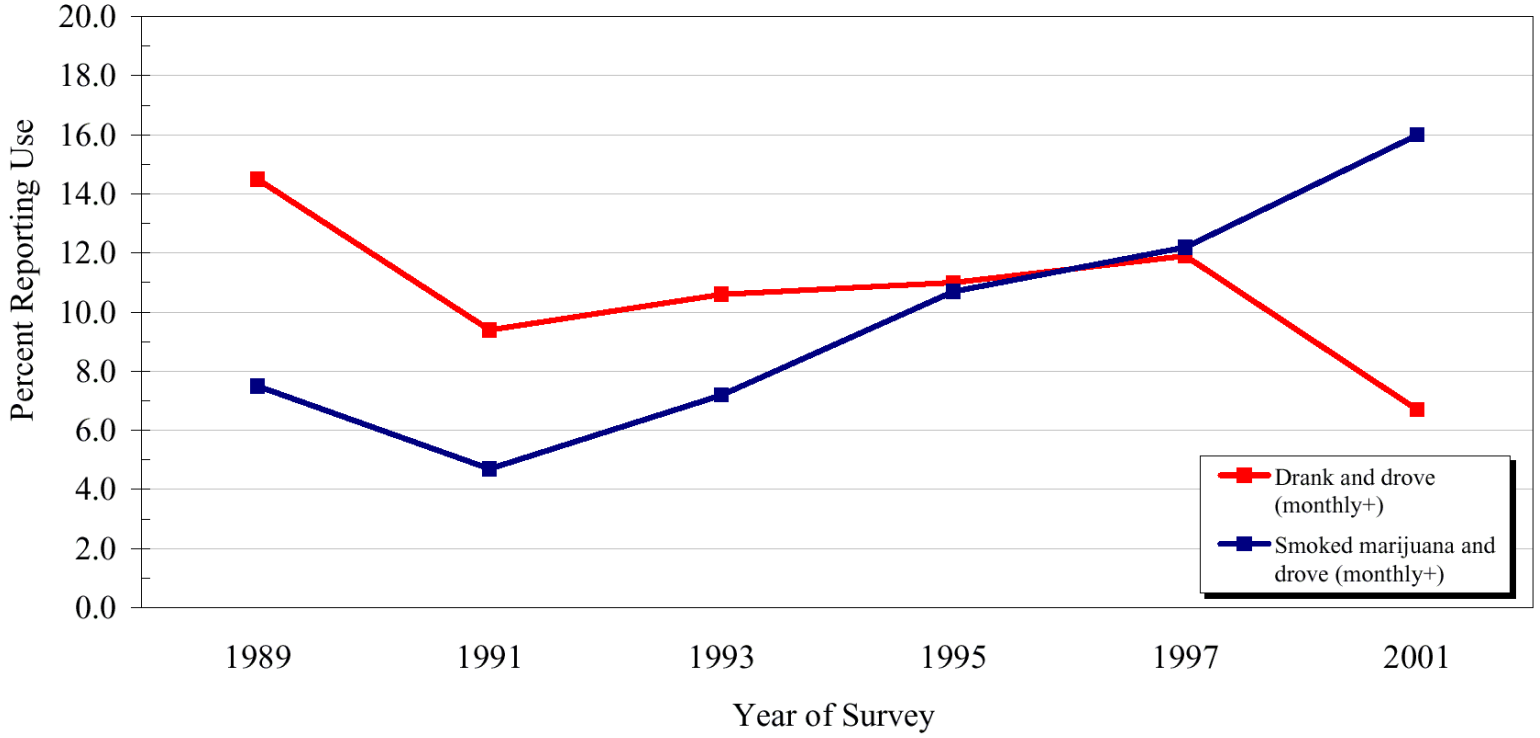
	12th grade					
	1989	**1991**	**1993**	**1995**	**1997**	**2001**
	%	%	%	%	%	%
Drank and drove (monthly+)	14.5	9.4	10.6	11.1	11.9	6.7
Smoked marijuana and drove (monthly+)	7.5	4.7	7.2	10.7	12.2	16.0

Note: "%" represents the percentage of students who indicated that they drove under the influence of alcohol or marijuana "about once a month," "about once or twice a week," or "almost every day." Includes only those that reported driving a car.

Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001.

Graph 16

Percentage of Students Who Reported Driving a Car under the Influence of Alcohol or Marijuana, Historical Trends



Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001; *Monitoring the Future,* 1989-2001.

Knowledge of the Physiological Effects of ATOD Use

Student knowledge of the physiological effects of ATOD use is tested with the following four items:

1. Nicotine is a chemical in cigarettes that makes smokers want to smoke more.

2. Inhalants cause lung damage.

3. If someone has just one drink of alcohol, it affects their coordination.

4. Smoking marijuana speeds up your heart rate.

As the data in Table 45 show, knowledge levels differ for the four substances. For cigarette and inhalant usage, strong majorities, 86.1% and 76.8% respectively, correctly recognize the physiological effects. Recognition rates are notably lower for the other two items, with 51.0% of Pennsylvania students acknowledging that one drink of alcohol can affect their coordination and 41.1% reporting that marijuana use can speed up their heart rate.

Predictably, knowledge of drug effects increases among higher grade levels, with 12th graders providing correct response rates that are 11 to 26 percentage points higher than those provided by 6th graders. Response patterns for males and females are very close across all four measures. Knowledge differences across ethnic groups, however, are noteworthy. Nearly 90% of white students report that nicotine is addictive, compared to between 68% and 71% of African American, Latino, and American Indian students. The inhalants item yields a similar pattern, with 78.7% of White students indicating that inhalant use causes lung damage, while about 64% of African American, Latino, and American Indian students recognized the danger. While the knowledge gap was less pronounced for alcohol and marijuana, African American, Latino, and American Indian students were, again, less likely (about 10 percentage points) to recognize the physiological effect of these drugs.

Data presented in Table 46 compare ATOD knowledge levels as measured in the 1997 *PPAAUS* study and the 2001 study. The biggest change recorded for both 6th and 12th graders was for the impact of marijuana on heart rate. Among 6th graders, the percentage of students giving the correct answer increased from 22.8% in 1997 to 32.3% in 2001 (a change of 9.5 percentage points). Among 12th graders the correct answer rate increased from 28.5% in 1997 to 43.3% in 2001 (a difference of 14.8 percentage points). With the exception of knowledge about the effect of nicotine in cigarettes among 6th graders—which dropped from 78.2% in 1997 to 74.1% in 2001—Pennsylvania students showed modest increases in their knowledge of physiological effects for the other substances. This overall increase is illustrated in Table 47. The mean number of correct answers for the four-question set posted by Pennsylvania 6th graders increased from 1.98 in 1997 to 2.12 in 2001. Mean scores for 12th graders increased from 2.65 in 1997 to 2.84 in 2001.

Detailed tables showing regional response patterns are presented in Appendix A (Table 81). No meaningful regional differences in knowledge of physiological effects were observed for cigarettes, inhalants, alcohol or marijuana.

Table 45

Student Response to Survey Items Measuring Knowledge about the Physiological Effects of ATOD Use, by Selected Demographic Characteristics

Pennsylvania Statewide

	Nicotine Knowledge			***Inhalants Knowledge***			***Alcohol Knowledge***			***Marijuana Knowledge***		
	Is Addictive	**Makes Me Want to Quit**	**Don't Know**	**Causes Lung Damage**	**Doesn't Get into Lungs**	**Don't Know**	**Affects Coordi-nation**	**Doesn't Affect Coordi-nation**	**Don't Know**	**Speeds Heart**	**Slows Heart**	**Don't Know**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall												
Valid Cases	86.1	2.0	11.9	76.8	2.5	20.7	51.0	30.9	18.2	41.1	22.3	36.6
Grade												
6th	74.1	3.5	22.4	68.9	1.8	29.3	39.0	31.0	30.0	32.3	21.0	46.7
8th	84.9	2.3	12.8	74.9	3.1	22.0	44.0	34.8	21.2	42.5	18.0	39.4
10th	91.5	1.1	7.4	80.2	2.4	17.4	56.0	31.2	12.7	45.4	22.1	32.5
12th	93.6	1.0	5.4	83.4	2.5	14.1	66.2	25.2	8.6	43.3	29.1	27.6
Sex												
Female	86.5	1.9	11.7	77.9	1.9	20.2	52.5	28.7	18.8	41.4	20.5	38.0
Male	86.0	2.0	11.9	75.9	3.1	21.1	49.6	33.2	17.2	40.8	24.2	35.0
Ethnicity												
White	88.8	1.7	9.5	78.7	2.4	18.9	52.2	31.9	15.9	42.4	22.1	35.5
African American	68.6	4.4	27.0	63.9	3.3	32.9	43.5	25.0	31.6	33.7	25.2	41.2
Latino	67.9	3.6	28.5	63.7	3.4	33.0	42.4	27.0	30.5	32.1	25.5	42.3
American Indian	70.6	2.1	27.3	64.2	4.9	30.9	42.8	27.2	30.0	34.5	26.4	39.1
Asian	82.9	2.1	15.0	78.4	1.3	20.2	57.9	23.2	18.9	38.9	21.4	39.7
Other/Multiple	79.5	2.6	17.9	72.0	2.7	25.3	46.4	28.3	25.4	37.9	21.2	40.9

Note: The three response categories for each area of knowledge ("Nicotine Knowledge," "Inhalants Knowledge," "Alcohol Knowledge" and "Marijuana Knowledge") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 46

Student Knowledge about the Physiological Effects of ATOD Use, Historical Trends

	6th		12th	
	1997	**2001**	**1997**	**2001**
	%	%	%	%
Smoking marijuana:				
Speeds up your heart rate.*	22.8	32.3	28.5	43.3
Slows down your heart rate.	15.0	21.0	23.5	29.1
Don't know.	62.2	46.7	48.0	27.6
If someone has just one drink of alcohol:				
It affects their coordination.*	34.4	39.0	66.0	66.2
It doesn't affect coordination.	23.7	31.0	21.9	25.2
Don't know.	41.9	30.0	12.1	8.6
Nicotine…in cigarettes:				
Makes smokers want to smoke more.*	78.2	74.1	92.8	93.6
Makes smokers want to quit.	1.9	3.5	0.5	1.0
Don't know.	19.9	22.4	6.7	5.4
Inhalants:				
Cause lung damage.*	62.5	68.9	77.0	83.4
Don't get into the lungs.	1.6	1.8	1.3	2.5
Don't know.	35.9	29.3	21.7	14.1

* Correct response.

Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey,* 2001.

Table 47

Number of Correct Responses about the Physiological Effects of ATOD Use, Historical Trends

	6th		12th	
	1997	**2001**	**1997**	**2001**
	%	%	%	%
No correct responses	15.2	13.7	3.8	4.0
One correct response	18.3	15.2	9.2	5.4
Two correct responses	29.7	28.6	23.6	19.8
Three correct responses	26.9	30.4	44.8	44.1
All four correct responses	9.9	12.1	18.6	26.6
Mean score of correct response	1.98	2.12	2.65	2.84

Source: *Primary Prevention Awareness, Attitude, and Use Survey,* 1989-1997; *Pennsylvania Youth Survey*, 2001.

Willingness to Try/Use ATODs

In addition to current and past ATOD usage, Pennsylvania students were questioned regarding their willingness to try or use alcohol, marijuana, cocaine, hallucinogens and inhalants. As Table 48 shows, interest in alcohol use was highest among the five substances, with 51.3% reporting that they either "would never use" or "probably wouldn't use," 15.8% reporting that they were "not sure," and 32.9% reporting that they "would like to try or use" or "would use given any chance." Marijuana use falls in the middle, with interest levels that are substantially lower than alcohol but considerably higher than the other drugs. Less than 6% expressed uncertainty ("not sure") regarding marijuana usage and 16.0% indicated a willingness to try or use the drug (top two categories). Interest in the remaining three substances is substantially lower, with just 2.2% reporting a willingness to try cocaine, 4.8% willing to try hallucinogens, and 2.4% willing to try inhalants.

Not surprisingly, interest in ATOD usage increases with grade level (see Table 49). These increases, however, are not linear. Differences in the percentage of students who would use alcohol "given any chance" illustrate this pattern. Among 6th graders, just 1.1% expressed this high level of interest. This rate makes a jump of 6 percentage points to 7.1% for 8th graders, then vaults to 20.5% among 10th graders (an increase of 13.4 percentage points). Between the 10th and 12th grades, interest makes a smaller jump of 6.9 percentage points to 27.4%.

Overall, differences between male and female students' willingness to try or use ATODs are minimal (see Table 50). Again, scores for the "given any chance" category provide an example. While males reported a slightly higher interest in marijuana usage (10.1% for males versus 7.3% for females), differences between males and females for the other four drugs were less than or equal to 1 percentage point.

Trend data for student willingness to try ATODs are presented in Table 52. Note that the prevalence levels reported in this table represent the top three willingness categories, "not sure," "would like to try or use," and "would use given any chance." The most pronounced pattern is for willingness to try or use alcohol among 6th graders. Starting at a high of 60.2% in 1989, this figure sank to 30.4% in 1997, before dropping another 12.9 percentage points to 17.5% in the current survey. While no other long-term trend among 6th graders is clear, between 1997 and 2001 willingness levels did fall to record or near-record lows for the remaining four substance categories (2.2% for marijuana, 1.2% for cocaine, 1.0% for hallucinogens, and 1.4% for inhalants).

The trend pattern for high school seniors is more complex. Willingness to try or use alcohol dropped from a high of 90.5% in 1989 to 72.7% in 1993, before leveling off in the low 70s. Mirroring the increase in use reported in Table 9, willingness to try or use marijuana has been on the increase since 1989. In that year, 26.0% of seniors reported a willingness to use the drug. This rate increased more than 10 percentage points to 36.4% in 1997, before rising to 40.5% in 2001. While long-term trends are not apparent for the remaining three categories, between 1997 and 2001 willingness levels dropped 1.9 percentage points for cocaine, 4.8 percentage points for hallucinogens, and 3.8 percentage points for inhalants.

Detailed tables showing regional response patterns are presented in Appendix A (Table 82). While regional differences in willingness to try or use ATODs are small overall, some variations for alcohol and marijuana are noticeable. Willingness to try or use alcohol ranges from a low of 30.9% in southeast Pennsylvania (Region 6) to a high of 37.5% in southwest Pennsylvania (Region 4). Willingness to try or use marijuana ranges from a low of 12.5% in north central Pennsylvania (Region 2) to a high of 18.8% in northeast Pennsylvania (Region 3).

Table 48

Student Reports about How Willing They Are to Try Selected ATODs, Overall

	Pennsylvania Statewide				
	Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
	%	**%**	**%**	**%**	**%**
Valid Cases					
Alcohol	35.0	16.3	15.8	19.1	13.8
Marijuana	69.9	8.2	5.9	7.5	8.5
Cocaine	91.4	4.4	1.9	1.2	1.0
Hallucinogens	88.2	4.4	2.7	2.9	1.9
Inhalants	90.8	4.6	2.1	1.4	1.0

Note: The five response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 49

Student Reports about How Willing They Are to Try Selected ATODs, by Grade

		Pennsylvania Statewide				
		Would Never Use	Probably Wouldn't Use	Not Sure	Would Like to Try or Use	Would Use, Given Any Chance
		%	%	%	%	%
6th						
	Alcohol	65.1	17.4	12.5	3.9	1.1
	Marijuana	95.5	2.2	1.1	0.5	0.6
	Cocaine	97.2	1.6	0.6	0.2	0.3
	Hallucinogens	97.8	1.2	0.5	0.2	0.3
	Inhalants	96.8	1.8	0.8	0.3	0.3
8th						
	Alcohol	39.1	20.4	18.9	14.5	7.1
	Marijuana	78.7	7.4	5.1	4.4	4.3
	Cocaine	91.9	4.6	1.9	0.9	0.7
	Hallucinogens	91.3	4.3	2.0	1.4	1.0
	Inhalants	91.0	4.7	2.1	1.2	0.9
10th						
	Alcohol	20.5	15.5	17.8	25.6	20.5
	Marijuana	57.0	10.8	8.3	10.7	13.1
	Cocaine	88.8	5.7	2.6	1.6	1.3
	Hallucinogens	83.9	5.7	3.7	3.9	2.8
	Inhalants	89.0	5.8	2.5	1.5	1.3
12th						
	Alcohol	15.6	11.0	12.8	33.2	27.4
	Marijuana	47.4	12.1	8.8	15.1	16.6
	Cocaine	87.6	5.6	2.6	2.4	1.8
	Hallucinogens	79.4	6.3	4.5	6.3	3.5
	Inhalants	86.3	6.2	3.0	2.8	1.7

Note: The five response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 50

Student Reports about How Willing They Are to Try Selected ATODs, by Sex

		Pennsylvania Statewide				
		Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
		%	**%**	**%**	**%**	**%**
Female						
	Alcohol	33.8	16.1	16.2	20.2	13.8
	Marijuana	70.4	8.4	6.2	7.7	7.3
	Cocaine	91.1	4.6	2.2	1.2	0.9
	Hallucinogens	88.6	4.6	2.8	2.6	1.4
	Inhalants	90.9	4.7	2.3	1.4	0.8
Male						
	Alcohol	35.7	16.5	15.4	18.3	14.1
	Marijuana	68.8	8.0	5.6	7.5	10.1
	Cocaine	91.6	4.2	1.6	1.3	1.2
	Hallucinogens	87.6	4.2	2.6	3.2	2.4
	Inhalants	90.7	4.6	2.0	1.5	1.3

Note: The five response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 51

Student Reports about How Willing They Are to Try Selected ATODs, by Ethnicity

	Pennsylvania Statewide				
	Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
	%	**%**	**%**	**%**	**%**
White					
Alcohol	32.2	16.6	16.4	20.2	14.6
Marijuana	69.1	8.4	6.1	7.8	8.7
Cocaine	91.0	4.7	2.1	1.3	1.0
Hallucinogens	87.5	4.7	2.8	3.1	1.9
Inhalants	90.3	5.0	2.2	1.5	1.0
African American					
Alcohol	55.8	13.1	10.9	12.5	7.8
Marijuana	74.0	7.3	4.3	6.3	8.1
Cocaine	95.9	2.3	0.5	0.6	0.7
Hallucinogens	95.0	1.7	1.2	1.2	0.9
Inhalants	95.7	2.2	0.7	0.6	0.8
Latino					
Alcohol	46.4	14.8	12.2	15.3	11.3
Marijuana	73.8	7.4	5.2	5.7	7.9
Cocaine	94.2	3.1	1.5	0.7	0.6
Hallucinogens	92.0	2.5	1.6	2.2	1.7
Inhalants	93.2	2.9	1.8	1.0	1.0
American Indian					
Alcohol	45.9	13.4	8.8	13.8	18.0
Marijuana	65.8	6.0	6.0	10.0	12.1
Cocaine	85.7	5.4	2.5	2.9	3.6
Hallucinogens	83.3	5.0	2.8	3.2	5.7
Inhalants	86.5	3.6	3.6	3.6	2.8

Table 51 (continued)

Student Reports about How Willing They Are to Try Selected ATODs, by Ethnicity

	Pennsylvania Statewide				
	Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
	%	**%**	**%**	**%**	**%**
Asian					
Alcohol	40.4	19.1	15.6	15.5	9.4
Marijuana	74.9	8.8	5.6	4.9	5.7
Cocaine	90.6	5.1	1.9	1.1	1.3
Hallucinogens	89.6	4.8	2.3	1.6	1.7
Inhalants	91.3	4.5	1.7	0.9	1.5
Other/Multiple					
Alcohol	41.6	16.1	14.5	15.7	12.0
Marijuana	72.5	7.0	5.2	7.5	7.7
Cocaine	91.5	3.7	2.2	1.2	1.5
Hallucinogens	88.7	4.1	2.5	2.7	2.0
Inhalants	91.2	3.8	2.2	1.4	1.5

Note: The five response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 52

Student Willingness to Try Selected ATODs, Historical Trends

		Selected ATODs				
		Alcohol	**Marijuana**	**Cocaine**	**Hallucinogens**	**Inhalants**
		%	**%**	**%**	**%**	**%**
6th	1989	60.2	2.1	1.0	0.8	2.3
	1991	39.3	1.7	1.1	1.2	2.5
	1993	28.0	2.9	1.4	--	--
	1995	28.7	5.5	2.1	2.5	4.2
	1997	30.4	6.2	2.9	2.9	3.9
	2001	17.5	2.2	1.2	1.0	1.4
12th	1989	90.5	26.0	6.8	7.8	10.7
	1991	82.8	21.6	5.1	10.2	7.8
	1993	72.7	29.7	5.2	--	--
	1995	70.0	33.6	7.0	17.3	12.4
	1997	73.6	36.4	8.7	19.1	11.3
	2001	73.4	40.5	6.8	14.3	7.5

Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Note: "%" represents the percentage of students who indicated "would use it any chance I got," "would like to try it or use it," or "not sure whether or not I would use it, " on a scale of "would use it any chance I got," "would like to try it or use it," "not sure whether or not I would use it," "probably wouldn't use it," and "would never use it."

Source: *Primary Prevention Awareness, Attitude, and Use Survey* , 1989-1997; *Pennsylvania Youth Survey* , 2001.

Threatened or Attacked

Pennsylvania students were also surveyed regarding the frequency with which they have been threatened or attacked within the past year. As Table 53 shows, one-third of survey respondents reported that, on at least one occasion within the past year, they have "been threatened to be hit, or beaten up." Reports of actual attacks, having "been attacked and hit by someone, or beaten up," are about one-half as common, coming in at 14.6%. Less than one out of ten students (7.6%) report having "been threatened by someone with a weapon," and just 3.7% report having actually "been attacked by someone with a weapon." The frequency of reported incidents is relatively low across all four scenarios. Among students who reported an incident, 77% reported three or fewer incidents of being threatened, 79% reported three or fewer incidents of being attacked, 82% reported three or fewer incidents of being threatened with a weapon, and 76% reported three or fewer incidents of being attacked with a weapon.

Grade level has little impact on the likelihood of being attacked or threatened (Table 54), with the only discernable effect being that 10th and 12th graders are somewhat more likely to report having "been attacked and hit by someone, or beaten up" than 6th and 8th graders. This result, however, should be interpreted with caution, since student interpretations of what constitutes a threat or attack can differ with age. Differences by sex are more distinct (Table 55). Males are more likely than females to be threatened (14.3 percentage points higher), attacked (9.4 percentage points higher), threatened with a weapon (6.4 percentage points higher), and attacked with a weapon (3.9 percentage points higher).

Data presented in Table 57 compare student reports of violence or threats of violence as measured in the *PPAAUS 1997* study and the *PAYS 2001*. Among both 6th and 12th graders, prevalence levels for violence and threats of violence declined between 1997 and 2001 across all four categories. In particular, incidents of being threatened to be hit or beaten up dropped over this period. In the 1997 study, 46.5% of 6th graders and 34.5% of 12th graders reported being threatened, compared to 32.5% and 29.8%, respectively, in 2001. Reductions in the other categories range from 0.7 to 3.5 percentage points.

Detailed tables showing regional prevalence rates are presented in Appendix A (Table 83). Of the four indicators, only having "been threatened to be hit, or beaten up" yielded a noteworthy regional difference. Rates for students reporting that they have "been threatened to be hit, or beaten up" range from a low of 30.6% in southeast Pennsylvania (Region 6) to a high of 37.0% in southwest Pennsylvania (Region 4).

Table 53

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, Overall

	Pennsylvania Statewide					
	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
Valid Cases						
Been threatened to be hit or beaten up	66.7	16.7	9.0	2.8	1.2	3.6
Been attacked and hit by someone, or beaten up	85.4	8.5	3.0	1.1	0.5	1.5
Been threatened by someone with a weapon	92.4	4.8	1.4	0.5	0.3	0.7
Been attacked by someone with a weapon	96.3	2.2	0.6	0.3	0.1	0.5

Note: The six response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 54

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, by Grade

		Pennsylvania Statewide					
		Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
		%	%	%	%	%	%
6th							
	Been threatened to be hit or beaten up	67.5	17.4	8.0	2.4	1.0	3.7
	Been attacked and hit by someone, or beaten up	81.8	10.7	3.6	1.3	0.6	2.0
	Been threatened by someone with a weapon	93.3	4.7	1.0	0.4	0.2	0.5
	Been attacked by someone with a weapon	97.0	1.9	0.5	0.2	0.1	0.3
8th							
	Been threatened to be hit or beaten up	64.1	17.9	9.7	2.9	1.2	4.1
	Been attacked and hit by someone, or beaten up	83.8	9.6	3.2	1.2	0.6	1.7
	Been threatened by someone with a weapon	92.2	4.7	1.5	0.6	0.3	0.7
	Been attacked by someone with a weapon	96.2	2.2	0.6	0.3	0.1	0.6
10th							
	Been threatened to be hit or beaten up	66.0	16.8	9.5	2.8	1.3	3.6
	Been attacked and hit by someone, or beaten up	86.9	7.6	2.8	1.0	0.5	1.2
	Been threatened by someone with a weapon	92.3	4.7	1.4	0.5	0.3	0.7
	Been attacked by someone with a weapon	96.0	2.3	0.6	0.4	0.1	0.6
12th							
	Been threatened to be hit or beaten up	70.2	14.1	8.6	2.9	1.3	2.9
	Been attacked and hit by someone, or beaten up	89.5	6.1	2.3	0.9	0.4	0.9
	Been threatened by someone with a weapon	91.8	5.0	1.6	0.5	0.4	0.8
	Been attacked by someone with a weapon	96.0	2.4	0.6	0.3	0.2	0.6

Note: The six response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 55

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, by Sex

	Pennsylvania Statewide					
	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
Female						
Been threatened to be hit or beaten up	73.7	14.8	6.9	2.1	0.9	1.6
Been attacked and hit by someone, or beaten up	90.1	6.2	2.0	0.8	0.3	0.7
Been threatened by someone with a weapon	95.5	3.1	0.8	0.3	0.1	0.3
Been attacked by someone with a weapon	98.2	1.2	0.3	0.1	0.0	0.2
Male						
Been threatened to be hit or beaten up	59.4	18.7	11.2	3.4	1.6	5.7
Been attacked and hit by someone, or beaten up	80.7	10.9	4.0	1.4	0.8	2.2
Been threatened by someone with a weapon	89.1	6.6	2.0	0.8	0.4	1.1
Been attacked by someone with a weapon	94.3	3.3	0.9	0.5	0.2	0.9

Note: The six response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 56

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, by Ethnicity

	Pennsylvania Statewide					
	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
White						
Been threatened to be hit or beaten up	66.7	16.7	9.2	2.7	1.2	3.5
Been attacked and hit by someone, or beaten up	86.0	8.2	2.9	1.0	0.5	1.4
Been threatened by someone with a weapon	93.0	4.4	1.3	0.4	0.3	0.6
Been attacked by someone with a weapon	96.7	2.0	0.5	0.3	0.1	0.5
African American						
Been threatened to be hit or beaten up	70.2	15.8	7.6	1.9	0.7	3.8
Been attacked and hit by someone, or beaten up	84.7	10.0	2.5	0.9	0.4	1.5
Been threatened by someone with a weapon	89.7	6.3	1.8	0.8	0.3	1.1
Been attacked by someone with a weapon	94.3	3.4	1.0	0.5	0.1	0.7
Latino						
Been threatened to be hit or beaten up	68.7	19.0	7.2	1.7	0.8	2.7
Been attacked and hit by someone, or beaten up	84.7	10.1	2.8	1.0	0.5	0.9
Been threatened by someone with a weapon	90.9	6.8	1.1	0.5	0.3	0.4
Been attacked by someone with a weapon	94.9	3.7	0.9	0.3	0.0	0.3
American Indian						
Been threatened to be hit or beaten up	58.5	15.9	10.0	6.6	2.4	6.6
Been attacked and hit by someone, or beaten up	74.5	12.9	4.2	1.7	1.7	4.9
Been threatened by someone with a weapon	85.4	7.3	1.4	1.7	1.0	3.1
Been attacked by someone with a weapon	90.2	4.5	1.4	1.7	0.3	1.7

Table 56 (continued)

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, by Ethnicity

	Pennsylvania Statewide					
	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
Asian						
Been threatened to be hit or beaten up	76.7	12.3	6.3	2.0	0.4	2.4
Been attacked and hit by someone, or beaten up	88.1	7.2	1.7	0.8	0.7	1.5
Been threatened by someone with a weapon	94.7	3.9	0.3	0.4	0.3	0.5
Been attacked by someone with a weapon	97.0	2.3	0.3	0.0	0.0	0.4
Other/Multiple						
Been threatened to be hit or beaten up	60.1	18.9	10.1	4.2	1.6	5.2
Been attacked and hit by someone, or beaten up	79.4	11.5	4.2	2.0	0.7	2.2
Been threatened by someone with a weapon	87.3	7.4	2.0	1.5	0.5	1.4
Been attacked by someone with a weapon	93.9	3.2	1.1	0.6	0.1	1.1

Note: The six response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 57

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, Historical Trends

In the past 12 months:

	6th		12th	
	1997	2001	1997	2001
	%	%	%	%
Been threatened to be hit or beaten up.	46.5	32.5	34.5	29.8
Been attacked and hit by someone, or beaten up.	21.7	18.2	12.9	10.5
Been threatened by someone with a weapon.	9.8	6.7	10.9	8.2
Been attacked by someone with a weapon.	4.9	3.0	4.7	4.0

Source: *Primary Prevention Awareness, Attitude, and Use Survey* , 1989-1997; *Pennsylvania Youth Survey* , 2001.

Gang Involvement

Pennsylvania students were asked about their involvement and their friends' involvement in gang activity. As Table 58 shows, 5.1% of survey participants reported membership in a gang and 7.9% reported having one or more friends who were or are currently members of a gang. Of the 5.1% who claim gang membership, 76.1% report that their gang had a name.

Students reported little difference in gang membership across grade levels. Just more than one in 20 6th graders (5.2%) and 5.9% of 8th graders claim to belong to a gang, compared to 4.6% for both 10th and 12th graders. Differences for having gang members as friends were slightly more pronounced, with 8th graders reporting the highest rate (9.6%) and 12th graders reporting the lowest rate (5.8%). Males are more likely than females to report gang membership (6.9% for males compared to 3.4% for females).

Changes over time in gang involvement are described in Table 59. Among both 6th and 12th graders, the percentage of students who reported gang membership and the percentage who have friends who are gang members declined between 1997 and 2001. These reductions were most noteworthy, however, among younger study participants. In 1997, 12.4% of 6th graders claimed to belong to a gang. This figure dropped 7.2 points (or 58%) in the 2001 survey. Similarly, 6th graders with friends who belong to a gang dropped from 15.8% in 1997 to 8.5% in 2001, a reduction of 7.3 points (or 46%). Among high school seniors the percentage reporting gang membership dropped 1.7 percentage points to 4.6%, and the percentage with friends in gangs dropped 1.8 percentage points to 5.8%.

Detailed tables showing regional prevalence rates are presented in Appendix A (Table 84). Regional differences across both the “have belonged to a gang” and “have friends who belonged to a gang” items are small, with ranges of 0.9 percentage points and 2.2 percentage points, respectively.

Table 58

Percentage of Students Reporting That They or Their Friends Have Been Involved in Gangs, by Selected Demographics

		Grade				Sex		Ethnicity					
	Overall	**6th**	**8th**	**10th**	**12th**	**Female**	**Male**	**White**	**African American**	**Latino**	**American Indian**	**Asian**	**Other/ Multiple**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Have friends who belonged to a gang.	7.9	8.5	9.6	7.2	5.8	6.1	9.7	6.5	13.8	17.6	23.9	8.8	13.0
Number of friends who have belonged to a gang:													
One	3.8	4.7	4.6	3.2	2.3	3.4	4.2	3.4	4.9	8.3	9.6	3.6	5.3
Two to Three	2.0	2.0	2.5	1.9	1.4	1.5	2.4	1.6	3.0	5.3	5.4	2.8	3.6
Four or more	2.1	1.7	2.5	2.1	2.1	1.1	3.0	1.5	5.8	3.9	9.0	2.5	4.1
Have belonged to a gang.	5.1	5.2	5.9	4.6	4.6	3.4	6.9	4.1	11.1	9.6	14.5	6.9	8.6
Gang belonged to had a name.	76.1	63.2	74.6	84.6	88.3	74.8	76.5	74.2	80.5	86.3	71.7	80.4	78.7

Table 59

Percentage of Students Reporting That They or Their Friends Have Been Involved in Gangs, Historical Trends

	6th		12th	
	1997	2001	1997	2001
	%	%	%	%
Have friends who belonged to a gang.	15.8	8.5	7.6	5.8
Number of friends who have belonged to a gang:				
One	6.4	4.7	2.5	2.3
Two to Three	4.2	2.0	2.0	1.4
Four or more	5.1	1.7	3.1	2.1
Have belonged to a gang.	12.4	5.2	6.3	4.6
Gang belonged to had a name.	72.2	63.2	82.5	88.3

Source: *Primary Prevention Awareness, Attitude, and Use Survey*, 1989-1997; *Pennsylvania Youth Survey* , 2001.

Risk and Protective Factors

Just as eating a high-fat diet and getting regular exercise are risk and protective factors for heart disease and other health problems, there are factors that can help protect youth from, or put them at risk for, drug use and other problem behaviors.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout and/or violence.

Protective factors, also known as "assets," are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to risks.

Research during the past 30 years supports the view that delinquency; alcohol, tobacco and other drug use; school achievement; and other important outcomes in adolescence are associated with specific characteristics in the student's community, school and family environments. The research also shows that such behaviors and outcomes are associated with individual characteristics (Hawkins et al., 1992). In fact, these characteristics have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum et al., 2000).

The Social Development Strategy (Hawkins et al., 1992) is a theoretical framework that informs and organizes the risk and protective factor framework of adolescent problem behavior prevention. There is a substantial amount of research showing that adolescents' exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon and Pandina, 1982; Newcomb, Maddahian and Skager, 1987; Newcomb and Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999).

The analysis of risk and protective factors is the most powerful paradigm available for understanding what promotes both positive and negative adolescent behavioral outcomes and for helping design successful prevention programs for young people.

This system of risk and protective factors is organized into a strategy that families can use to help children develop healthy behaviors—the Social Development Strategy (Hawkins et al., 1992); see Appendix D. Parents support the development of healthy behaviors for their children by setting and communicating healthy beliefs and clear standards for children's behavior. Children are more likely to follow the standards if the bonds to their family are strong. Strong family bonds are the reason children care about the standards parents set for their behavior. Parents can keep family bonds strong by providing children with opportunities to make meaningful contributions to the family, by teaching them the skills they need to be successful in these new opportunities, and by giving them recognition for their contributions.

The *Communities That Care® Youth Survey (CTCYS)* provides the most comprehensive measurement of risk and protective factors currently available for 6th to 12th graders. The *CTCYS* measures 19 risk factors and nine protective factors. The risk and protective factors are organized into four domains: community, family, school and peer-individual.

Because of their breadth, some risk factors are measured by two risk factor ***scales*** on the *CTCYS*. A risk factor *scale* is a set of survey items that partially or completely measures the risk factor construct. If a scale provides only partial coverage of a risk factor, then two risk factor scales are used to measure a single risk factor. For example, "Poor Family Management" is a single risk factor, but it is measured by two risk factor scales: "Poor Family Supervision" and "Poor Family Discipline." In total, there are 23 risk factor scales. All of the protective factors are measured by a single scale, so there are a total of nine protective factor scales. Appendix E provides a summary table of the risk and protective factors, and their associated risk and protective factor scales.

Risk and protective factor scale scores are measured relative to the *Communities That Care®* national comparison database. A student's risk or protective factor scale score is expressed as a number ranging from 0 to 100. A score of 50 indicates the average for the normative population, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

Because risk and protective factors are sensitive to age, sex and ethnicity, it is important to have relevant data with which to compare. For the purposes of this report, a matched comparison sample was drawn from data on students who participated in the *Communities That Care®* Six-State Study and whose demographic characteristics match Pennsylvania students exactly in terms of age, sex and ethnicity. This is an especially important consideration for Pennsylvania schools because the existence of an exact demographic match allows comparisons to be made with more confidence. Throughout the next sections, the *Communities That Care®* matched comparison for Pennsylvania schools will provide a strong reference point from which to evaluate their risk and protective factor profile.

Identifying the protective factors that are most prominent in Pennsylvania is an important step in a sound prevention-planning process. While many prevention programs target specific risk factors, protective factors are much more broadly defined and can have wide-ranging impact in a community. A community that increases the levels of protection that its young people experience will find that the impact of risk factors—across domains—is buffered. Consequently, it is critical to understand how protective factors are functioning in the community. Understanding and prioritizing the risk and protective factors in the community will help target prevention programming and consequently provide the greatest chance for success.

Protective Factors

Protective factors are characteristics that are known to decrease the likelihood that a student will engage in problem behaviors. For example, strong positive attachment or bonding to parents reduces the risk of an adolescent engaging in problem behaviors.

The *Communities That Care® Youth Survey* measures a variety of protective factors across four major domains: Community Domain, Family Domain, School Domain and Peer-Individual Domain. The protective factors can also be divided into three categories, or opportunities, for success based on the Social Development Strategy: Bonding, Opportunities and Rewards for Prosocial Involvement, and Healthy Beliefs and Clear Standards. The Bonding category consists of the *Family Attachment* scale. The Opportunities and Rewards for Prosocial Involvement category consists of *Community Rewards for Prosocial Involvement, Family Opportunities for Prosocial Involvement, Family Rewards for Prosocial Involvement, School Opportunities for Prosocial Involvement* and *School Rewards for Prosocial Involvement.* The Healthy Beliefs and Clear Standards category is the same as the Peer-Individual Domain, consisting of *Religiosity*, *Social Skills* and *Belief in the Moral Order*.

For each domain, a variety of protective factors is assessed. Unlike some risk factors, all of the protective factors are measured using a single protective factor scale. Below, each protective factor scale is described and the results for Pennsylvania schools are reported. Protective factor scale scores are located at the end of this discussion, in Graph 17 and Table 60.

Community Domain

Protective Factor: Community Rewards for Prosocial Involvement
Scale Name: Community Rewards for Prosocial Involvement (5 Questions)

Young people experience bonding as feeling valued and being seen as an asset to the community. Students who feel recognized and rewarded by their community are less likely to engage in negative behaviors, because that recognition helps increase a student's self-esteem and the feeling of bondedness to that community. This protective factor is measured using the *Community Rewards for Prosocial Involvement* scale. This scale includes survey questions such as: "There are people in my neighborhood who are proud of me when I do something well."

In Pennsylvania schools, students reported a score of 50 on the *Community Rewards for Prosocial Involvement* scale. This level is the same as both the national average of 50 and the matched comparison score of 50.

Family Domain

Protective Factor: Family Attachment
Scale Name: Family Attachment (4 Questions)

One of the most effective ways to reduce children's risk factors is to strengthen their bonds with family members who embody healthy beliefs and clear standards. Children who are bonded to

others who have healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes or drop out of school. Positive bonding can act as a buffer against risk factors. If children are attached to their parents and want to please them, they will be less likely to threaten that connection by doing things that their parents strongly disapprove of. This protective factor scale uses survey questions such as: "Do you share your thoughts and feelings with your mother?"

In Pennsylvania schools, students reported a score of 55 on the *Family Attachment* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 51.

Protective Factor: Family Opportunities for Prosocial Involvement
Scale Name: Family Opportunities for Prosocial Involvement (3 Questions)

When students have the opportunity to make meaningful contributions to their families, they are less likely to get involved in risky behaviors. By having the opportunity to make a contribution, students feel closer to their families. These strong bonds cause students to more easily adopt the norms projected by their families, which in turn can protect students from risk. For instance, children whose parents have high expectations for their school success and achievement are less likely to drop out of school. This protective factor scale uses survey questions such as: "My parents ask me what I think before most family decisions affecting me are made."

In Pennsylvania schools, students reported a score of 54 on the *Family Opportunities for Prosocial Involvement* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 51.

Protective Factor: Family Rewards for Prosocial Involvement
Scale Name: Family Rewards for Prosocial Involvement (4 Questions)

When family members reward children for positive participation in activities, it helps the children feel bonded to their families, thus reducing their risk for problem behaviors. When families promote clear standards for behavior, and when young people consequently develop strong bonds of attachment and commitment to their families, the young people's behavior becomes increasingly consistent with those standards. This protective factor scale uses survey questions such as: "How often do your parents tell you they're proud of you for something you've done?"

In Pennsylvania schools, students reported a score of 55 on the *Family Rewards for Prosocial Involvement* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 51.

School Domain

Protective Factor: School Opportunities for Prosocial Involvement
Scale Name: School Opportunities for Prosocial Involvement (5 Questions)

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviors. Students who feel they have a personal investment in their school bond to that school and thus adopt the school's standards of behavior. This bond can protect a student from engaging in behaviors that violate socially accepted standards. This protective factor scale is measured using survey questions such as: "In my school, students have lots of chances to help decide things like class activities and rules."

In Pennsylvania schools, students reported a score of 57 on the *School Opportunities for Prosocial Involvement* scale. This level is higher than both the national average of 50 and the matched comparison score of 49.

Protective Factor: School Rewards for Prosocial Involvement
Scale Name: School Rewards for Prosocial Involvement (4 Questions)

Making students feel appreciated and rewarded for their involvement at school helps reduce the likelihood of their involvement in drug use and other problem behaviors. This is because students who feel acknowledged for their activity at school bond to their school. This protective factor scale is measured using survey questions such as: "The school lets my parents know when I have done something well."

In Pennsylvania schools, students reported a score of 49 on the *School Rewards for Prosocial Involvement* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 50.

Peer-Individual Domain

Protective Factor: Religiosity
Scale Name: Religiosity (1 Question)

Religious institutions can help students develop firm prosocial beliefs. Students who have preconceived ideas about certain activities are less vulnerable to becoming involved with antisocial behaviors because they have already adopted a social norm against those activities. The *Religiosity* scale uses only one survey question, "How often do you attend religious services or activities?"

In Pennsylvania schools, students reported a score of 56 on the *Religiosity* scale. This level is higher than both the national average of 50 and the matched comparison score of 49.

Protective Factor: Social Skills
Scale Name: Social Skills (4 Questions)

Society helps to clearly define what behavior is acceptable. If these standards are not clear, it can be especially confusing for children and youth. This is particularly true with regard to social messages about alcohol and other drug use. Students who have positive and healthy interpersonal relationships and who understand how their society works are less likely to engage in problem behaviors, such as drug use.

The *Social Skills* scale presents students with a series of scenarios and gives them four possible responses to each scenario. The following is one scenario on the survey: "You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you do or say?"

In Pennsylvania schools, students reported a score of 55 on the *Social Skills* scale. This level is higher than both the national average of 50 and the matched comparison score of 50.

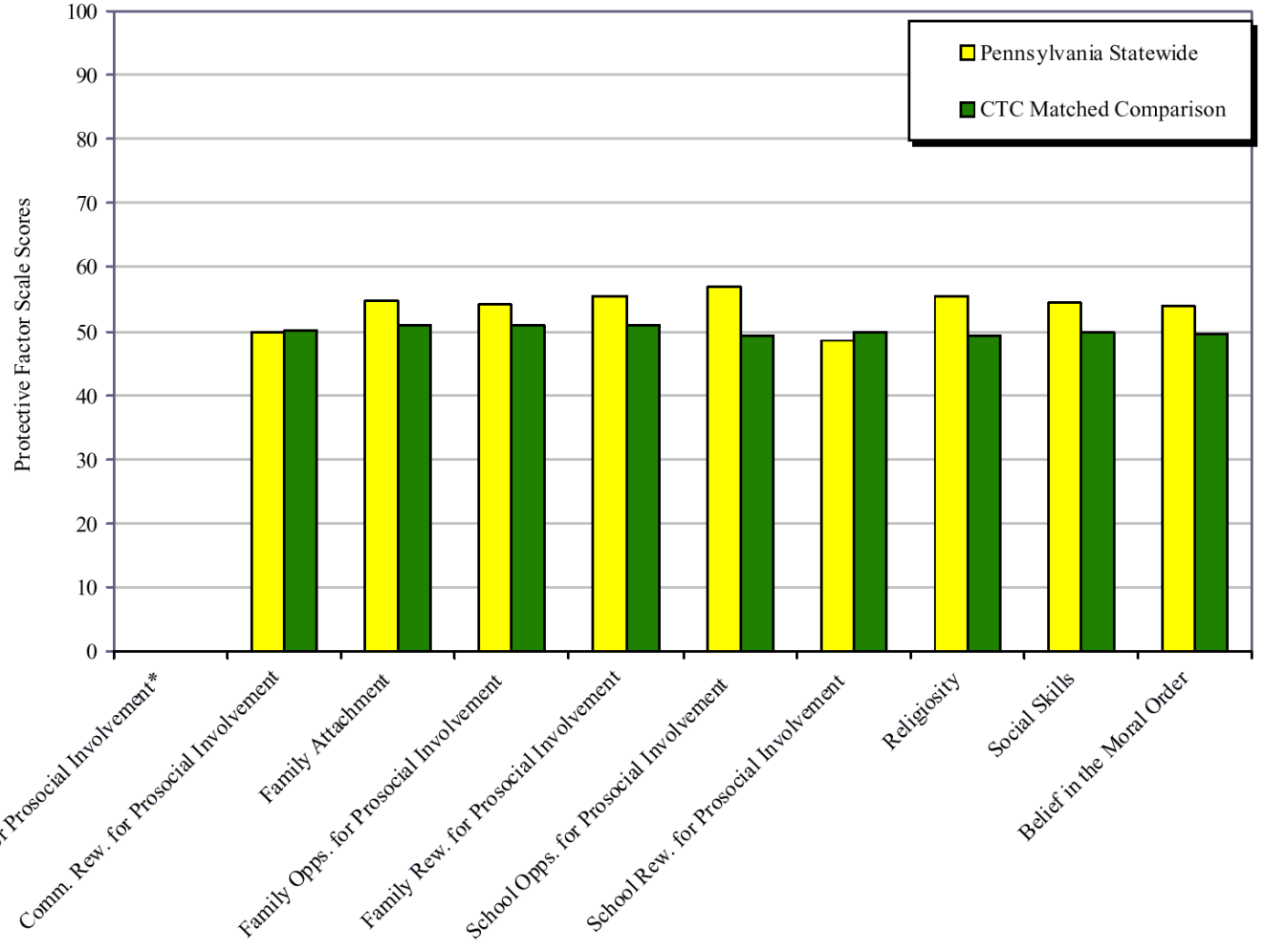
Protective Factor: Belief in the Moral Order
Scale Name: Belief in the Moral Order (4 Questions)

When people feel bonded to society, they are more motivated to follow society's standards and expectations. It is important for families, schools and communities to have clearly stated policies on ATOD use. Young people who have developed a positive belief system are less likely to become involved in problem behaviors. For example, young people who believe that drug use is socially unacceptable or harmful have a greater chance of protection against peer influences to use drugs. The *Belief in the Moral Order* scale is measured using survey questions such as: "It is all right to beat up people if they start the fight."

In Pennsylvania schools, students reported a score of 54 on the *Belief in the Moral Order* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 50.

Graph 17

Protective Factor Scale Scores for Pennsylvania Statewide Students Compared to the CTC Matched Comparison



* This scale is currently under revision.

Table 60

Protective Factor Scale Scores

	Pennsylvania Statewide	CTC Matched Comparison
Community Domain		
Community Opportunities for Prosocial Involvement	*	*
Community Rewards for Prosocial Involvement	50	50
Family Domain †		
Family Attachment	55	51
Family Opportunities for Prosocial Involvement	54	51
Family Rewards for Prosocial Involvement	55	51
School Domain		
School Opportunities for Prosocial Involvement	57	49
School Rewards for Prosocial Involvement	49	50
Peer-Individual Domain		
Religiosity	56	49
Social Skills	55	50
Belief in the Moral Order	54	50

* This scale is currently under revision.

† Calculation of Family Domain protective factor scale scores only included surveys that contained family questions.

Note: A score of 50 matches the national average, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

Risk Factors

Risk factors are characteristics in the community, family, school and individual's environments that are known to increase the likelihood that a student will engage in one or more problem behaviors. For example, a risk factor in the community environment is the existence of laws and norms favorable to drug use, which can affect the likelihood that an adolescent will try alcohol, tobacco or other drugs. In those communities where there is acceptance or tolerance of drug use, students are more likely to engage in alcohol, tobacco and other drug use.

The *Communities That Care® Youth Survey* measures a variety of risk factors across four major domains. Some of the risk factors are measured by two risk factor scales. Below, each of the risk factors, and the associated scale(s), in the Community, Family, School and the Peer-Individual Domains is described, and the results for Pennsylvania schools are reported in Graphs 18 and 19 and Table 61.

Community Domain

Risk Factor: Low Neighborhood Attachment
Scale Name: Low Neighborhood Attachment (3 Questions)

Higher rates of drug problems, delinquency and violence occur in communities or neighborhoods where people feel little attachment to the community. This condition is not specific to low-income neighborhoods. It can also be found in affluent neighborhoods. Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives. If the key players in the neighborhood—such as merchants, teachers, clergy, police, and human and social services personnel—live outside the neighborhood, residents' sense of commitment will be lower. This low sense of commitment may be reflected in lower rates of voter participation and parental involvement in schools.

The *Low Neighborhood Attachment* scale on the survey uses three items to measure the level of attachment that students feel to their neighborhoods. This scale uses questions such as: "I'd like to get out of my neighborhood" and "If I had to move, I would miss the neighborhood I now live in." Responses include YES!, yes, no, and NO!

In Pennsylvania schools, students reported a score of 49 on the *Low Neighborhood Attachment* scale. This level is slightly lower than the national average of 50 and the same as the matched comparison score of 49.

Risk Factor: Community Disorganization
Scale Name: Community Disorganization (5 Questions)

Community Disorganization pertains to students' feelings and perceptions regarding their communities and other external attributes. The *Community Disorganization* scale is based on students' responses to five questions, four of which indicate a neighborhood in disarray (e.g., the

existence of graffiti, abandoned buildings, fighting and drug selling). The fifth item is "I feel safe in my neighborhood."

In Pennsylvania schools, students reported a score of 47 on the *Community Disorganization* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 49.

Risk Factor: Transitions and Mobility
Scale Name: Personal Transitions and Mobility (4 Questions)
Scale Name: Community Transitions and Mobility (1 Question)

Even normal school transitions are associated with an increase in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rates of drug use, school dropout and antisocial behavior may occur. This is thought to occur because by making a transition to a new environment, students no longer have the bonds they had in their old environment. Consequently, students may be less likely to become attached to their neighborhoods and develop the bonds that protect them from involvement in problem behaviors.

There are two measures of *Transitions and Mobility* on this survey. One scale on the survey, *Personal Transitions and Mobility*, measures how often the student has changed homes or schools in the past year and since kindergarten. This risk factor scale is measured using questions such as "How many times have you changed schools since kindergarten?" and "How many times have you changed homes since kindergarten?" The other scale, *Community Transitions and Mobility*, measures students' perceptions of the stability of their neighborhoods with one item: "People move in and out of my neighborhood a lot." Responses include YES!, yes, no, and NO!

In Pennsylvania schools, students reported a score of 42 on the *Personal Transitions and Mobility* scale and 46 on the *Community Transitions and Mobility* scale. The *Personal Transitions and Mobility* level is lower than the national average of 50 and the matched comparison score of 48. The *Community Transitions and Mobility* finding is slightly lower than both the national average of 50 and the matched comparison score of 49.

Risk Factor: Laws and Norms Favorable to Drug Use and Firearms
Scale Name: Laws and Norms Favorable to Drug Use and Firearms (6 Questions)

Students' perceptions of the rules and regulations concerning alcohol, tobacco and other drug use that exist in their neighborhoods are also associated with problem behaviors in adolescence. Community norms—the attitudes and policies a community holds in relation to drug use and other antisocial behaviors—are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws and community standards are favorable toward drug use, violence, and/or other crime, or even when they are just unclear, young people are more likely to engage in negative behaviors (Bracht and Kingsbury, 1990).

An example of conflicting messages about drug use can be found in the acceptance of alcohol use as a social activity within the community. The beer gardens popular at street fairs and community festivals are in contrast to the "Just Say No" messages that schools and parents may be promoting. These conflicting and ambiguous messages are problematic in that they do not have the positive impact on preventing alcohol and other drug use that a clear, community-level, antidrug message can have.

This risk factor scale uses six questions on the survey, such as "How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?" In this case, responses include Very Wrong, Wrong, A Little Bit Wrong, and Not Wrong at All. Other items include, "If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?" Responses include YES!, yes, no, and NO!

In Pennsylvania schools, students reported a score of 49 on the *Laws and Norms Favorable to Drug Use and Firearms* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 51.

Risk Factor: Perceived Availability of Drugs and Firearms
Scale Name: Perceived Availability of Drugs and Firearms (5 Questions)

The perceived availability of drugs, alcohol and firearms in a community is directly related to the prevalence of delinquent behaviors. The perception of availability of drugs is also associated with increased risk; in schools where children believe that drugs are more available, a higher rate of drug use occurs.

The *Perceived Availability of Drugs and Firearms* scale on the survey is designed to assess students' feelings about how easily they can get alcohol, other drugs or firearms. Four items on the scale measure the perceived availability of drugs. An example item is "If you wanted to get some marijuana, how easy would it be for you to get some?" Possible responses include: Very Hard, Sort of Hard, Sort of Easy, and Very Easy. The fifth item on the scale measures the perceived availability of firearms.

Elevation of this risk factor may indicate the need to make alcohol, tobacco and other drugs more difficult for students to acquire. For instance, a number of policy changes have been shown to reduce the availability of alcohol and cigarettes. Minimum-age requirements, taxation and responsible beverage service have all been shown to affect the perception of availability of alcohol.

In Pennsylvania schools, students reported a score of 37 on the *Perceived Availability of Drugs and Firearms* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 52.

Family Domain

Risk Factor: Poor Family Management
Scale Name: Poor Family Supervision (6 Questions)
Scale Name: Poor Family Discipline (3 Questions)

Poor family management practices are defined as parents failing to communicate clear expectations for behavior, parents failing to supervise and monitor their children (knowing where they are and whom they're with), and parents giving excessively severe, harsh or inconsistent punishment. *Poor Family Discipline,* for instance, assesses students' perceptions of the likelihood that their parents will catch them if they become involved in drug use and other antisocial behaviors. Children exposed to poor family management practices are at higher risk of developing problems with drug use, delinquency, violence and school dropout.

Two scales measure students' feelings about their families' management practices: *Poor Family Supervision* and *Poor Family Discipline.* Sample items from the two scales used to survey *Poor Family Management* include "Would your parents know if you did not come home on time?" and "My family has clear rules about alcohol and drug use."

In Pennsylvania schools, students reported a score of 49 on the *Poor Family Supervision* scale and a score of 45 on the *Poor Family Discipline* scale. The Pennsylvania schools' *Poor Family Supervision* score is slightly lower than the national average of 50 and the same as the matched comparison score of 49. The *Poor Family Discipline* finding is lower than the national average of 50 and slightly lower than the matched comparison score of 48.

Risk Factor: Family History of Antisocial Behavior
Scale Name: Family History of Antisocial Behavior (10 Questions)

If children are raised in a family where a history of addiction to alcohol or other drugs exists, the risk of their having alcohol or other drug problems themselves increases. If children are born or raised in a family where criminal activity or behavior is normal, their risk for delinquency increases. Similarly, children who are born to a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior themselves. Students' perceptions of their families' behavior and standards regarding drug use and other antisocial behaviors are measured by the survey. This risk factor scale uses questions such as, "Has anyone in your family ever had a severe alcohol or drug problem?"

In Pennsylvania schools, students reported a score of 41 on the *Family History of Antisocial Behavior* scale. This level is lower than both the national average of 50 and the matched comparison score of 48.

Risk Factor: Parental Attitudes Favorable toward the Problem Behavior
Scale Name: Parental Attitudes Favorable toward ATOD Use (3 Questions)
Scale Name: Parental Attitudes Favorable toward Antisocial Behavior (3 Questions)

Parental attitudes regarding drugs, crime and violence influence the attitudes and behavior of children. If parents approve of, or excuse, their children for breaking the law, then the children are more likely to develop problems with juvenile delinquency. Furthermore, parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana and developing a drug use problem.

This risk factor is measured using two scales. The scale *Parental Attitudes Favorable toward ATOD Use* uses questions such as "How wrong do your parents feel it would be for you to smoke marijuana?" The scale *Parental Attitudes Favorable toward Antisocial Behavior* is surveyed using questions such as, "How wrong do your parents feel it would be for you to pick a fight with someone?" Looking at this risk factor together with *Laws and Norms Favorable to Drug Use and Firearms* in the Community Domain can show if the youth in the community report strong antidrug messages from adults (both parents and other local adults).

In Pennsylvania schools, students reported a score of 47 on the *Parental Attitudes Favorable toward ATOD Use* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 49. Respondents reported a score of 49 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale. This level is slightly lower than the national average of 50 and the same as the matched comparison score of 49.

School Domain

Risk Factor: Poor Academic Performance
Scale Name: Poor Academic Performance (2 Questions)

Beginning in the late elementary grades, poor academic performance increases the risk of drug use, delinquency, violence and school dropout. Children fail for many reasons, but it appears that the experience of failure increases the risk of these problem behaviors.

The *Poor Academic Performance* scale measures students' feelings about their performance at school, and uses two questions on the survey: "Putting them all together, what were your grades like last year?" and "Are your school grades better than the grades of most students in your class?" Elevated findings for this risk factor scale suggest that not only do students believe that they have lower grades than would be expected, but they perceive that compared to their peers they have below-average grades.

In Pennsylvania schools, students reported a score of 49 on the *Poor Academic Performance* scale. This level is slightly lower than the national average of 50 and the same as the matched comparison score of 49.

Risk Factor: Low School Commitment
Scale Name: Low School Commitment (9 Questions)

Nine items on the survey assess *Low School Commitment*—a student's general feelings about his or her schooling. Survey items include "How important do you think the things you are learning in school are going to be for your later life?" and "Now, thinking back over the past year in school, how often did you enjoy being in school?" Elevated findings for this risk factor can suggest that students feel less attached to, or connected with, their classes and school environments. Lack of commitment to school means the child has ceased to see the role of student as a positive one. Young people who have lost this commitment to school are at higher risk for a variety of problem behaviors.

In Pennsylvania schools, students reported a score of 47 on the *Low School Commitment* scale. This level is slightly lower than the national average of 50 and lower than the matched comparison score of 53.

Peer-Individual Domain

Risk Factor: Rebelliousness
Scale Name: Rebelliousness (3 Questions)

The survey also assesses the number of young people who feel they are not part of society, who feel they are not bound by rules, and who do not believe in trying to be successful or responsible. These students are at higher risk of drug use, delinquency and school dropout. The *Rebelliousness* scale uses three questions, such as "I ignore the rules that get in my way."

In Pennsylvania schools, students reported a score of 48 on the *Rebelliousness* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 50.

Risk Factor: Peer Antisocial Behavior
Scale Name: Friends' Delinquent Behavior (6 Questions)
Scale Name: Friends' ATOD Use (4 Questions)

Young people who associate with peers who engage in a problem behavior—delinquency, substance use, violent activity or dropping out of school—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who engage in problem behaviors greatly increases the risk of their becoming involved in problem behaviors.

Two scales, *Friends' Delinquent Behavior* and *Friends' ATOD Use*, measure the risk factor *Peer Antisocial Behavior*. The *Friends' Delinquent Behavior* scale measures antisocial behaviors acted out within the past year by the four best friends of the student. This scale uses six questions, such as "In the past year, how many of your four best friends have been suspended from school?" A low score on this scale suggests that students' delinquent behavior is not strongly influenced by their peers. The *Friends' Use of Drugs* scale measures how many of a

student's close friends have used ATODs in the past year. A sample survey question for this risk factor scale is "In the past year, how many of your four best friends have used marijuana?" A lower score on this scale indicates that students are interacting with fewer peers who are using drugs than average.

In Pennsylvania schools, students reported a score of 47 on the *Friends' Delinquent Behavior* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 49. Respondents reported a score of 44 on the *Friends' Use of Drugs* scale. This level is lower than both the national average of 50 and the matched comparison score of 51.

Risk Factor: Peer Rewards for Antisocial Behavior
Scale Name: Peer Rewards for Antisocial Behavior (4 Questions)

Students' perceptions of their peer group's social norms are also an important predictor of involvement in problem behavior. Any indication that students feel they get positive feedback from their peers if they use alcohol, tobacco or other drugs, or if they get involved in delinquent behaviors, is important to note and understand. When young people believe that their peer groups are involved in antisocial behaviors, they are more likely to become involved in antisocial behaviors themselves. This risk factor scale uses questions such as, "What are the chances you would be seen as cool if you smoked marijuana?"

In Pennsylvania schools, students reported a score of 45 on the *Peer Rewards for Antisocial Behavior* scale. This level is lower than both the national average of 50 and the matched comparison score of 51.

Risk Factor: Favorable Attitudes toward Antisocial Behavior
Scale Name: Favorable Attitudes toward Antisocial Behavior (5 Questions)

During the elementary school years, children usually express anticrime and prosocial attitudes and have difficulty imagining why people commit crimes or drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk for these antisocial behaviors.

These attitudes are measured on this scale by questions like, "How wrong do you think it is for someone your age to pick a fight with someone?" There are five such questions, and responses range from Very Wrong to Not Wrong at All.

In Pennsylvania schools, students reported a score of 52 on the *Favorable Attitudes toward Antisocial Behavior* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 50.

Risk Factor: Favorable Attitudes toward ATOD Use
Scale Name: Favorable Attitudes toward ATOD Use (4 Questions)

During the elementary school years, children usually express antidrug attitudes and have difficulty imagining why people use drugs. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk. This risk factor scale, *Favorable Attitudes toward ATOD Use,* assesses risk by asking young people how wrong they think it is for someone their age to use drugs. Questions include, "How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?" An elevated score for this risk factor scale can indicate that students see little wrong with using drugs.

In Pennsylvania schools, students reported a score of 46 on the *Favorable Attitudes toward ATOD Use* scale. This level is slightly lower than the national average of 50 and lower than the matched comparison score of 51.

Risk Factor: Low Perceived Risks of Drug Use
Scale Name: Low Perceived Risks of Drug Use (4 Questions)

The perception of harm from drug use is related to both experimentation and regular use. The less harm that an adolescent perceives as the result of drug use, the more likely it is that he or she will use drugs. The *Low Perceived Risks of Drug Use* scale uses four survey question, such as "How much do you think people risk harming themselves if they try marijuana once or twice?" An elevated score can indicate that students are not aware of, or do not comprehend, the possible harm resulting from drug use.

In Pennsylvania schools, students reported a score of 36 on the *Low Perceived Risks of Drug Use* scale. This level is substantially lower than the national average of 50 and the matched comparison score of 52.

Risk Factor: Early Initiation (of Drug Use and Antisocial Behavior)
Scale Name: Early Initiation (of Drug Use and Antisocial Behavior) (8 Questions)

This risk factor scale measures persistent antisocial behavior (both drug use and involvement in delinquent behaviors) in early adolescence, such as misbehaving in school, experimenting with cigarettes, and getting into fights with other children. Both girls and boys who engage in these behaviors in early adolescence are at increased risk. The earlier young people commit crimes, the greater the likelihood that they will have chronic problems with these behaviors later in life.

On the survey, the onset of drug use is measured by asking when it began (if at all). The earlier that drug experimentation begins, the more likely it is that experimentation will become consistent, regular use. Similarly, the *Early Initiation (of Drug Use and Antisocial Behavior)* scale uses questions that ask when specific delinquent behaviors began. The behaviors that are measured on the survey include getting suspended from school, getting arrested, carrying a handgun and attacking somebody with the intent to hurt them. The earlier these behaviors occur, the more likely it is that they become a consistent way of life.

In Pennsylvania schools, students reported a score of 42 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale. This level is lower than both the national average of 50 and the matched comparison score of 50.

Risk Factor: Constitutional Factors—Impulsiveness and Sensation Seeking

Scale Name: Impulsiveness (4 Questions)

Scale Name: Sensation Seeking (3 Questions)

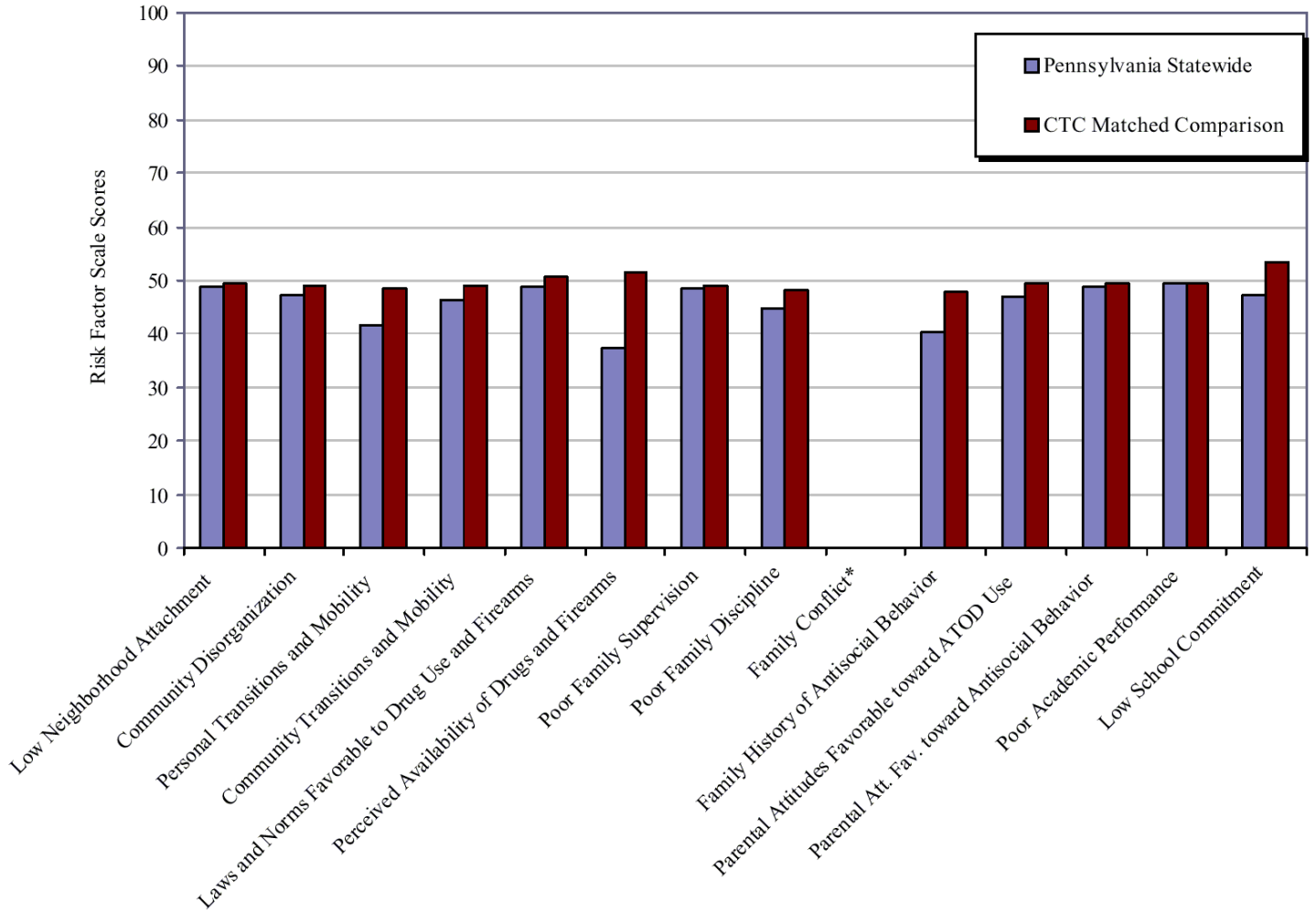
Constitutional factors that increase risk are often seen as sensation seeking, low harm avoidance and lack of impulse control. They appear to increase the risk of young people using drugs, engaging in delinquent behavior and/or committing violent acts.

Impulsiveness surveys the level at which students act before they think. This risk factor is measured by items such as: "I often do things without thinking about what will happen" and "How often have you done something dangerous because someone dared you to do it?" *Sensation Seeking* is assessed by asking how often students participate in behaviors to experience a particular feeling or emotion. *Sensation Seeking* is measured with three survey items such as: "How many times have you done crazy things even if they are a little dangerous?"

In Pennsylvania schools, students reported an average score of 51 on the *Impulsiveness* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 49. Respondents reported a score of 51 on the *Sensation Seeking* scale. This level is slightly higher than the national average of 50 and the same as the matched comparison score of 51.

Graph 18

Community, Family and School Domain Risk Factor Scale Scores for Pennsylvania Statewide Students Compared to the CTC Matched Comparison



* This scale is currently under revision.

Graph 19

Peer-Individual Domain Risk Factor Scale Scores for Pennsylvania Statewide Students Compared to the CTC Matched Comparison

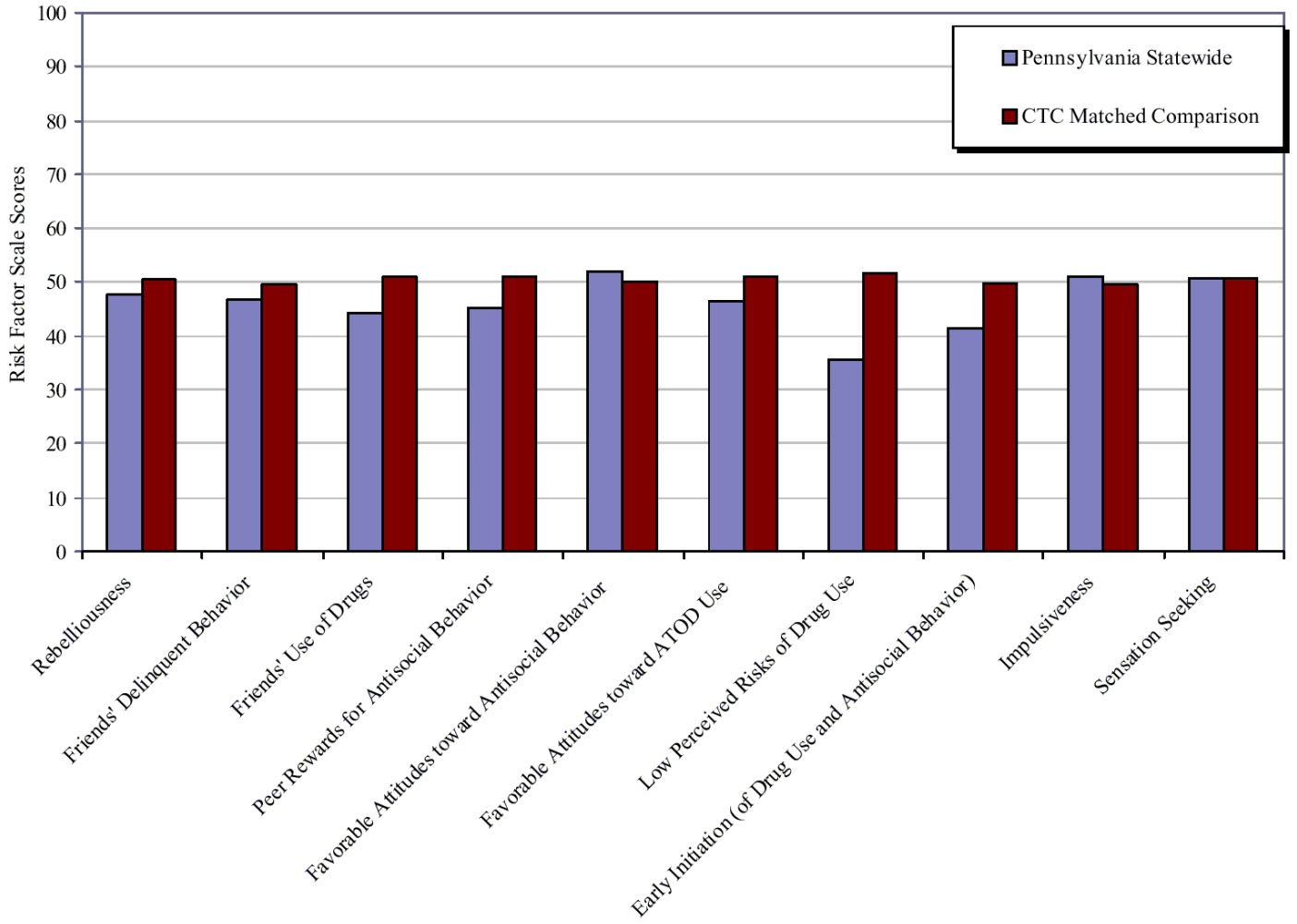


Table 61

Risk Factor Scale Scores

	Pennsylvania Statewide	CTC Matched Comparison
Community Domain		
Low Neighborhood Attachment	49	49
Community Disorganization	47	49
Personal Transitions and Mobility	42	48
Community Transitions and Mobility	46	49
Laws and Norms Favorable to Drug Use and Firearms	49	51
Perceived Availability of Drugs and Firearms	37	52
Family Domain †		
Poor Family Supervision	49	49
Poor Family Discipline	45	48
Family Conflict	*	*
Family History of Antisocial Behavior	41	48
Parental Attitudes Favorable toward ATOD Use	47	49
Parental Attitudes Favorable toward Antisocial Behavior	49	49
School Domain		
Poor Academic Performance	49	49
Low School Commitment	47	53
Peer-Individual Domain		
Rebelliousness	48	50
Friends' Delinquent Behavior	47	49
Friends' Use of Drugs	44	51
Peer Rewards for Antisocial Behavior	45	51
Favorable Attitudes toward Antisocial Behavior	52	50
Favorable Attitudes toward ATOD Use	46	51
Low Perceived Risks of Drug Use	36	52
Early Initiation (of Drug Use and Antisocial Behavior)	42	50
Impulsiveness	51	49
Sensation Seeking	51	51

* This scale is currently under revision.

† Calculation of Family Domain risk factor scale scores only included surveys that contained family questions.

Note: A score of 50 matches the national average, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

Risk and Protective Factor Profiles

Individually, only a few of the risk and protective factor scale scores reported by Pennsylvania 6th, 8th, 10th and 12th graders show clear deviations from the national averages and the *CTC* matched comparison. Among the protective factor scales, *School Opportunities for Prosocial Involvement* showed the biggest difference, with a score of eight points above the *CTC* matched comparison. Among the risk factor scales, two scale scores stand out. Pennsylvania students' scores on the *Low Perceived Risks of Drug Use* and the *Perceived Availability of Drugs and Firearms* scales were 16 and 15 points, respectively, below the matched comparison scores. These results indicate, in both cases, that students are less likely to hold perceptions and beliefs that might encourage involvement with drugs or firearms.

However, when scores for the nine protective factor and 23 risk factor scales are viewed as a whole, the results reveal a clear and positive pattern. Seven out of nine protective factor scale scores are above the *CTC* matched comparison. The average score across the nine protective factor scales is 53.9—3.9 points higher than the national average of 50, and 3.8 points higher than the matched comparison average of 50.1. Among the risk factors, 16 fall below the matched comparison scores, five equal the matched comparison, and only two scales, *Favorable Attitudes toward Antisocial Behavior* and *Impulsiveness,* are higher. Across the 23 risk factor scales Pennsylvania students tallied an average score of 46.0, 4.0 points lower than the national average of 50 and 3.9 points lower than the *CTC* matched comparison average of 49.9. Overall, compared to national norms, Pennsylvania students report a higher protective factor profile and a lower risk factor profile.

Regional differences for risk and protective factor scale scores are presented in Tables 85 and 86 in Appendix A. Among the nine protective factors, the biggest regional differences occur on two scales in the Peer-Individual Domain. Students from north central Pennsylvania (Region 2) reported the most positive results for these two measures, with scores of 58 on the *Social Skills* scale and 57 on the *Belief in the Moral Order* scale. In contrast, southwest Pennsylvania (Region 4) posted the lowest marks, with scores of 51 on the *Social Skills* scale and 49 on the *Belief in the Moral Order* scale.

The pattern of scoring differences across regions is more apparent among the 23 risk factor scales. Overall, students from north central Pennsylvania (Region 2) reported the lowest risk levels. On 18 out of 23 risk factor scales, north central Pennsylvania (Region 2) either scored the lowest or was tied for the lowest score. southwest Pennsylvania (Region 4), in contrast, reported the highest risk levels. On 17 out of 23 risk factor scales, southwest Pennsylvania (Region 4) either scored the highest or was tied for the highest score.

Conclusion

While sharing many of the characteristics of youth around the rest of the United States, Pennsylvania's youth also report some unique information. The State of Pennsylvania now has the knowledge to move forward and design and implement programs that will effectively address the most critical risk and protective factors—as well as the most critical problem behaviors—identified in this report.

The data collected from the statewide *Pennsylvania Youth Survey 2001* can be used as a benchmark to assess future prevention and intervention efforts. Repeated assessments of Pennsylvania's student population, at regular intervals, will make it possible to identify program successes and program areas that may need improvement. The measurement of changes over time in risk and protective factors, substance use and delinquency will provide the State of Pennsylvania with a valuable management tool.

It is possible to promote the development of communities that care enough to ensure that all children have the opportunity to live their lives in a positive way—without drugs, violence or other harmful activities. Findings from the statewide *Pennsylvania Youth Survey 2001,* in conjunction with a careful needs assessment process, can reveal those risk and protective factors that are most critical. However, the survey and this report are but tools. The real work is ahead. This work includes meeting challenges and putting plans into action. This report helps illustrate where the work is needed.

Appendix A: Detailed Regional Findings

As discussed in the introduction, all Pennsylvania public schools were assigned to one of six regions in the state:

Region 1 – northwest
Region 2 – north central
Region 3 – northeast
Region 4 – southwest
Region 5 – south central
Region 6 – southeast

Map 1 shows the counties within each region. Final subsample sizes for each grade-by-region combination are presented in Table 62. Tables 63 through 86 present findings for ATOD use, antisocial behavior, special topics, and risk and protective factors within each region.

Map 1
Pennsylvania Counties by Region

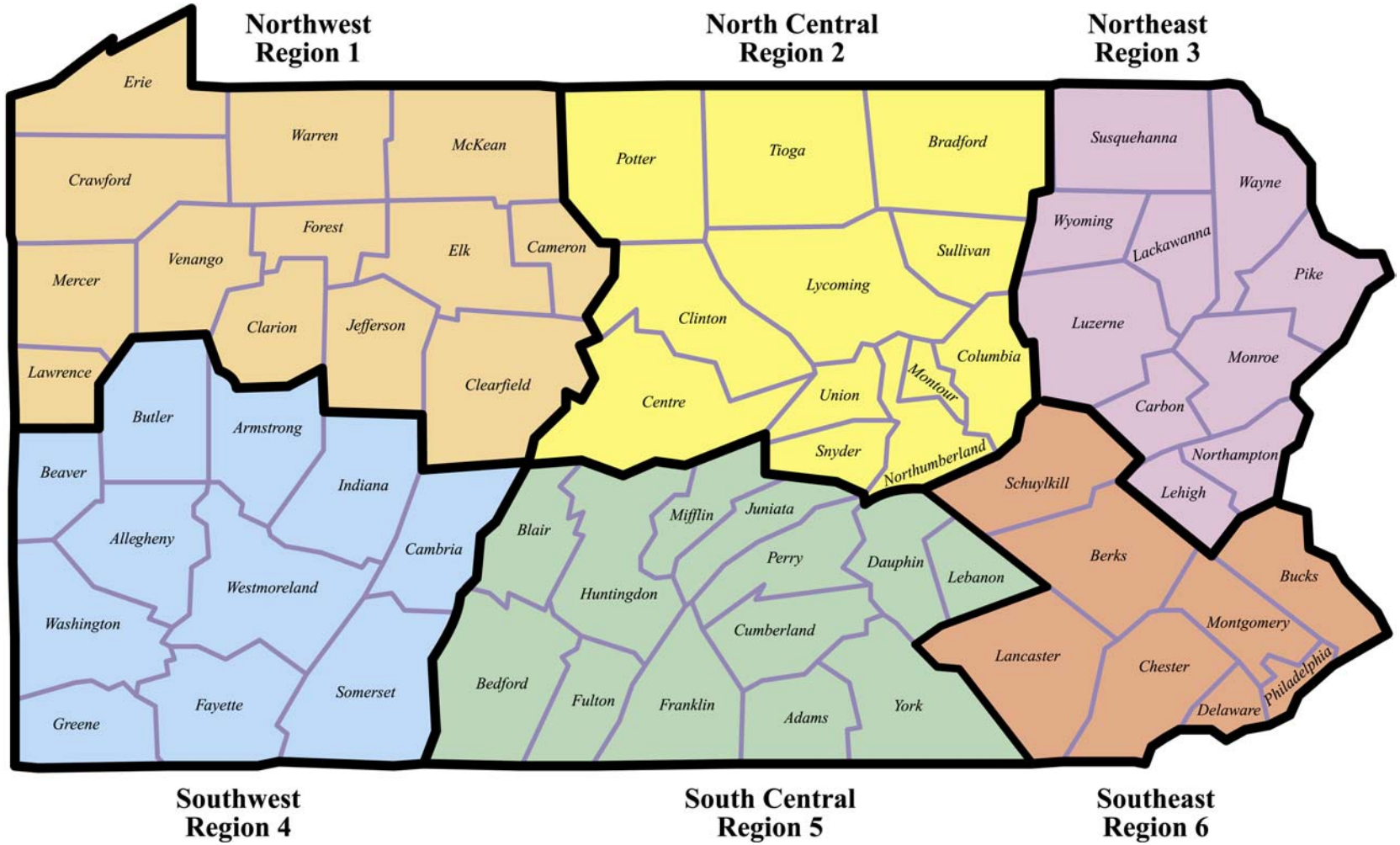


Table 62
Final Survey Ns for State and Regions

	Grade				
	6th	**8th**	**10th**	**12th**	**Overall**
State	11,508	12,168	11,265	8,948	43,889
Region 1	1,293	1,354	1,325	1,296	5,268
Region 2	1,056	995	770	770	3,591
Region 3	925	834	969	727	3,465
Region 4	790	1,487	1,235	840	4,352
Region 5	2,202	1,957	2,157	1,312	7,628
Region 6	5,232	5,541	4,809	4,003	19,585

Table 63

Lifetime Use of Alcohol, Tobacco and Other Drugs, Statewide and Regional Estimates

	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	%	%	%	%	%	%	%
Alcohol	61.3	64.7	57.7	63.7	69.7	61.8	58.3
Cigarettes	32.9	39.7	28.2	35.5	39.3	33.8	29.6
Smokeless Tobacco	--	--	--	--	--	--	--
Marijuana	21.1	22.6	15.6	22.8	24.3	19.8	21.2
Inhalants	6.7	7.7	5.0	7.7	7.0	6.5	6.7
Methamphetamine	2.5	3.2	2.3	2.5	4.1	2.6	1.8
Club Drugs	5.0	4.5	3.1	5.3	6.1	5.0	5.1
Cocaine	2.4	2.8	2.0	2.6	4.3	2.2	2.0
Crack	1.3	1.4	1.0	1.8	1.7	1.7	1.0
Depressants	8.6	10.4	6.5	9.9	12.3	8.7	7.3
Hallucinogens	4.9	5.4	4.0	6.2	6.4	4.3	4.5
Heroin	0.8	0.9	0.7	0.8	1.4	0.9	0.5
Steroids	2.1	2.7	1.8	2.1	2.7	2.0	1.8
Stimulants	11.0	14.4	8.4	12.9	15.2	11.9	8.8

Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Table 64

Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Statewide and Regional Estimates

	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	%	%	%	%	%	%	%
Alcohol	25.6	29.1	25.0	27.8	30.3	23.9	23.8
Binge Drinking	14.9	18.5	12.6	17.5	18.7	13.4	13.6
Cigarettes	15.4	18.9	12.4	18.8	19.6	16.1	13.0
Smokeless Tobacco	5.4	9.9	5.0	7.2	8.5	5.7	3.0
Marijuana	11.4	12.4	8.4	12.9	13.3	9.9	11.5
Inhalants	1.9	1.9	1.2	2.2	2.1	2.0	1.9
Methamphetamine	0.7	0.8	0.5	0.6	1.1	0.9	0.5
Club Drugs	1.8	1.5	1.2	1.7	2.2	2.0	1.9
Cocaine	0.8	1.1	0.7	0.7	1.5	0.9	0.6
Crack	0.4	0.4	0.3	0.6	0.4	0.5	0.3
Depressants	3.6	4.8	3.0	4.4	5.6	3.7	2.7
Hallucinogens	1.6	1.5	1.0	2.2	2.0	1.5	1.5
Heroin	0.3	0.2	0.2	0.2	0.5	0.4	0.2
Steroids	0.7	1.0	0.5	0.6	1.0	0.7	0.6
Stimulants	4.6	6.1	3.7	5.5	7.0	4.9	3.6

Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Table 65

Lifetime and Past-30-Day Prevalence of Alcohol Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,532	61.3%	41,514	25.6%
Region				
Region 1	5,113	64.7%	5,111	29.1%
Region 2	3,459	57.7%	3,456	25.0%
Region 3	3,345	63.7%	3,346	27.8%
Region 4	4,214	69.7%	4,212	30.3%
Region 5	7,240	61.8%	7,238	23.9%
Region 6	18,161	58.3%	18,151	23.8%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use.

Table 66

Lifetime and Past-30-Day Prevalence of Cigarette and Smokeless Tobacco Use, Statewide and Regional Estimates

	Cigarettes				***Smokeless Tobacco***			
	Lifetime		**30-Day**		**Lifetime**		**30-Day**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Overall								
Pennsylvania Statewide	41,918	32.9%	41,855	15.4%	--	--	41,729	5.4%
Region								
Region 1	5,133	39.7%	5,127	18.9%	--	--	5,107	9.9%
Region 2	3,470	28.2%	3,478	12.4%	--	--	3,466	5.0%
Region 3	3,362	35.5%	3,381	18.8%	--	--	3,354	7.2%
Region 4	4,227	39.3%	4,227	19.6%	--	--	4,224	8.5%
Region 5	7,297	33.8%	7,283	16.1%	--	--	7,277	5.7%
Region 6	18,429	29.6%	18,359	13.0%	--	--	18,301	3.0%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

Table 67

Lifetime and Past-30-Day Prevalence of Marijuana Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,522	21.1%	41,509	11.4%
Region				
Region 1	5,113	22.6%	5,118	12.4%
Region 2	3,447	15.6%	3,443	8.4%
Region 3	3,346	22.8%	3,346	12.9%
Region 4	4,206	24.3%	4,213	13.3%
Region 5	7,242	19.8%	7,226	9.9%
Region 6	18,168	21.2%	18,163	11.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 68

Lifetime and Past-30-Day Prevalence of Inhalant Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,433	6.7%	41,493	1.9%
Region				
Region 1	5,093	7.7%	5,108	1.9%
Region 2	3,438	5.0%	3,449	1.2%
Region 3	3,346	7.7%	3,343	2.2%
Region 4	4,199	7.0%	4,206	2.1%
Region 5	7,207	6.5%	7,219	2.0%
Region 6	18,150	6.7%	18,168	1.9%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 69

Lifetime and Past-30-Day Prevalence of Methamphetamine Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,028	2.5%	40,910	0.7%
Region				
Region 1	5,075	3.2%	5,066	0.8%
Region 2	3,414	2.3%	3,400	0.5%
Region 3	3,335	2.5%	3,324	0.6%
Region 4	4,192	4.1%	4,183	1.1%
Region 5	7,145	2.6%	7,128	0.9%
Region 6	17,867	1.8%	17,809	0.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 70

Lifetime and Past-30-Day Prevalence of Club Drug Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	40,982	5.0%	40,884	1.8%
Region				
Region 1	5,079	4.5%	5,079	1.5%
Region 2	3,417	3.1%	3,403	1.2%
Region 3	3,330	5.3%	3,322	1.7%
Region 4	4,179	6.1%	4,173	2.2%
Region 5	7,138	5.0%	7,122	2.0%
Region 6	17,839	5.1%	17,785	1.9%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 71

Lifetime and Past-30-Day Prevalence of Cocaine Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,426	2.4%	41,488	0.8%
Region				
Region 1	5,098	2.8%	5,106	1.1%
Region 2	3,439	2.0%	3,449	0.7%
Region 3	3,344	2.6%	3,342	0.7%
Region 4	4,209	4.3%	4,209	1.5%
Region 5	7,203	2.2%	7,227	0.9%
Region 6	18,133	2.0%	18,155	0.6%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 72

Lifetime and Past-30-Day Prevalence of Crack Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,480	1.3%	41,449	0.4%
Region				
Region 1	5,103	1.4%	5,102	0.4%
Region 2	3,448	1.0%	3,435	0.3%
Region 3	3,343	1.8%	3,340	0.6%
Region 4	4,210	1.7%	4,207	0.4%
Region 5	7,237	1.7%	7,224	0.5%
Region 6	18,139	1.0%	18,141	0.3%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 73

Lifetime and Past-30-Day Prevalence of Depressant Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	40,919	8.6%	40,872	3.6%
Region				
Region 1	5,066	10.4%	5,064	4.8%
Region 2	3,405	6.5%	3,411	3.0%
Region 3	3,329	9.9%	3,323	4.4%
Region 4	4,187	12.3%	4,177	5.6%
Region 5	7,122	8.7%	7,116	3.7%
Region 6	17,810	7.3%	17,781	2.7%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 74

Lifetime and Past-30-Day Prevalence of Hallucinogen Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,338	4.9%	41,289	1.6%
Region				
Region 1	5,082	5.4%	5,090	1.5%
Region 2	3,440	4.0%	3,425	1.0%
Region 3	3,333	6.2%	3,336	2.2%
Region 4	4,188	6.4%	4,187	2.0%
Region 5	7,216	4.3%	7,206	1.5%
Region 6	18,079	4.5%	18,045	1.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 75

Lifetime and Past-30-Day Prevalence of Heroin Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	41,467	0.8%	41,332	0.3%
Region				
Region 1	5,104	0.9%	5,092	0.2%
Region 2	3,450	0.7%	3,440	0.2%
Region 3	3,343	0.8%	3,333	0.2%
Region 4	4,210	1.4%	4,194	0.5%
Region 5	7,231	0.9%	7,202	0.4%
Region 6	18,129	0.5%	18,071	0.2%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 76

Lifetime and Past-30-Day Prevalence of Steroid Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	40,909	2.1%	40,824	0.7%
Region				
Region 1	5,067	2.7%	5,068	1.0%
Region 2	3,414	1.8%	3,409	0.5%
Region 3	3,325	2.1%	3,322	0.6%
Region 4	4,179	2.7%	4,178	1.0%
Region 5	7,123	2.0%	7,101	0.7%
Region 6	17,801	1.8%	17,746	0.6%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 77

Lifetime and Past-30-Day Prevalence of Stimulant Use, Statewide and Regional Estimates

	Lifetime		30-Day	
	N	**%**	**N**	**%**
Overall				
Pennsylvania Statewide	40,890	11.0%	40,827	4.6%
Region				
Region 1	5,063	14.4%	5,060	6.1%
Region 2	3,410	8.4%	3,406	3.7%
Region 3	3,322	12.9%	3,328	5.5%
Region 4	4,179	15.2%	4,177	7.0%
Region 5	7,113	11.9%	7,106	4.9%
Region 6	17,803	8.8%	17,750	3.6%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 78

Antisocial Behaviors, Statewide and Regional Estimates

	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	%	%	%	%	%	%	%
Attacking Someone with Intent to Harm	9.6	9.8	7.9	11.0	12.9	9.0	9.1
Attempting to Steal a Vehicle	2.1	2.4	1.7	2.4	2.8	1.7	2.0
Being Arrested	4.5	4.7	3.2	4.5	5.4	3.3	5.0
Being Drunk or High at School	10.2	11.4	7.9	12.3	12.0	9.7	9.7
Carrying a Handgun	4.2	6.0	5.2	3.8	4.6	5.0	3.1
Carrying a Knife	16.4	19.8	17.3	15.7	19.4	18.6	14.0
Carrying a Long Gun	9.0	15.1	11.5	9.6	10.3	11.4	5.5
Carrying Other Weapons	9.3	11.8	9.1	9.8	11.5	10.0	7.8
Getting Suspended	9.0	9.4	6.9	6.7	9.2	6.1	10.8
Selling Drugs	4.9	5.1	3.7	5.7	5.5	4.2	5.1
Taking a Handgun to School	0.5	0.6	0.4	0.5	0.5	0.4	0.6
Taking a Long Gun to School	0.3	0.4	0.4	0.3	0.3	0.1	0.4

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Table 79

Frequency of Driving After Alcohol Use, Statewide and Regional Estimates

	Prevalence			***Reported Frequency of Driving After Alcohol Use***				
	Don't Drive	**Never**	**Any Occasion**	**Not in Past Year**	**1-2/Yr.**	**1-2/Mo.**	**1-2/Wk.**	**Daily**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall								
Pennsylvania Statewide	72.7	21.3	6.1	1.8	2.6	1.0	0.4	0.2
Region								
Region 1	67.0	24.8	8.3	2.7	3.2	1.2	0.9	0.3
Region 2	71.7	23.2	5.1	1.4	2.4	0.7	0.3	0.4
Region 3	72.3	21.4	6.3	2.2	2.5	0.9	0.5	0.2
Region 4	71.8	21.2	7.0	2.0	2.9	1.3	0.4	0.3
Region 5	72.3	21.8	5.9	1.7	2.7	0.9	0.5	0.2
Region 6	74.9	19.7	5.4	1.7	2.5	0.9	0.3	0.2

Note: The three prevalence categories ("Don't Drive," "Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five "Reported Frequency" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 80

Frequency of Driving After Smoking Marijuana, Statewide and Regional Estimates

	Prevalence			***Reported Frequency of Driving After Marijuana Use***				
	Don't Drive	**Never**	**Any Occasion**	**Not in Past Year**	**1-2/Yr.**	**1-2/Mo.**	**1-2/Wk.**	**Daily**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall								
Pennsylvania Statewide	72.4	20.9	6.8	1.3	1.9	1.3	1.0	1.2
Region								
Region 1	66.9	25.1	8.0	1.9	2.2	1.3	1.1	1.4
Region 2	71.6	22.7	5.8	0.9	1.5	1.1	0.9	1.3
Region 3	71.5	20.6	7.8	1.7	1.9	1.6	1.1	1.5
Region 4	71.8	21.3	6.9	1.5	2.1	1.1	1.0	1.3
Region 5	72.0	21.5	6.5	1.4	2.1	1.2	1.0	0.9
Region 6	74.5	19.0	6.5	1.2	1.8	1.4	1.1	1.1

Note: The three prevalence categories ("Don't Drive," "Never" and "Any Occasion") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five "Reported Frequency" categories generally sum to the "Any Occasion" category. However, again, rounding can produce slightly different sums. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 81

Student Response to Survey Items Measuring Knowledge about the Physiological Effects of ATOD Use, Statewide and Regional Estimates

Pennsylvania Statewide

	Nicotine Knowledge			***Inhalants Knowledge***			***Alcohol Knowledge***			***Marijuana Knowledge***		
	Is Addictive	**Makes Me Want to Quit**	**Don't Know**	**Causes Lung Damage**	**Doesn't Get into Lungs**	**Don't Know**	**Affects Coordi-nation**	**Doesn't Affect Coordi-nation**	**Don't Know**	**Speeds Heart**	**Slows Heart**	**Don't Know**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Overall												
Pennsylvania Statewide	86.1	2.0	11.9	76.8	2.5	20.7	51.0	30.9	18.2	41.1	22.3	36.6
Region												
Region 1	85.9	2.2	11.8	76.1	1.9	22.0	49.4	31.4	19.2	39.7	22.0	38.3
Region 2	85.2	2.1	12.6	77.6	2.3	20.1	50.6	30.5	18.9	38.9	21.9	39.2
Region 3	85.6	2.3	12.1	75.6	2.1	22.3	52.3	30.5	17.2	37.0	23.6	39.4
Region 4	86.3	2.2	11.5	74.7	2.7	22.6	49.2	31.8	18.9	39.5	22.2	38.3
Region 5	87.9	1.7	10.4	76.9	3.0	20.1	50.9	32.2	16.9	44.0	20.6	35.4
Region 6	85.6	1.9	12.6	77.6	2.4	19.9	51.7	30.0	18.3	42.0	22.9	35.1

Note: The three response categories for each area of knowledge ("Nicotine Knowledge," "Inhalants Knowledge," "Alcohol Knowledge" and "Marijuana Knowledge") generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 82

Student Reports about How Willing They Are to Try Selected ATODs, Statewide and Regional Estimates

	Pennsylvania Statewide				
	Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
	%	**%**	**%**	**%**	**%**
Region 1					
Alcohol	32.7	15.1	15.9	19.9	16.4
Marijuana	71.0	8.0	5.9	6.4	8.7
Cocaine	90.9	4.0	2.3	1.5	1.3
Hallucinogens	88.7	3.9	2.4	2.7	2.3
Inhalants	91.1	4.2	2.2	1.4	1.1
Region 2					
Alcohol	36.9	18.1	16.3	18.1	10.5
Marijuana	73.5	7.7	6.2	6.2	6.3
Cocaine	91.9	4.6	1.4	1.2	0.8
Hallucinogens	89.5	4.2	2.6	2.3	1.5
Inhalants	91.8	4.5	1.6	1.3	0.8
Region 3					
Alcohol	31.8	16.5	15.6	19.4	16.6
Marijuana	67.1	8.1	6.0	8.2	10.6
Cocaine	90.2	5.2	2.2	1.2	1.2
Hallucinogens	86.0	4.7	3.0	3.8	2.5
Inhalants	89.3	5.1	2.4	2.0	1.3
Region 4					
Alcohol	29.3	15.5	17.8	21.2	16.3
Marijuana	68.3	8.5	5.7	7.6	10.0
Cocaine	89.7	4.7	2.2	1.7	1.8
Hallucinogens	86.9	4.7	3.0	2.8	2.7
Inhalants	90.7	4.6	2.5	1.0	1.2

Table 82 (continued)

Student Reports about How Willing They Are to Try Selected ATODs, Statewide and Regional Estimates

	Pennsylvania Statewide				
	Would Never Use	**Probably Wouldn't Use**	**Not Sure**	**Would Like to Try or Use**	**Would Use, Given Any Chance**
	%	**%**	**%**	**%**	**%**
Region 5					
Alcohol	35.5	16.1	15.5	19.3	13.6
Marijuana	71.3	7.7	6.1	7.2	7.7
Cocaine	91.5	4.3	2.0	1.2	0.9
Hallucinogens	88.8	4.2	2.4	2.9	1.7
Inhalants	91.1	4.4	2.2	1.3	1.0
Region 6					
Alcohol	37.2	16.7	15.3	18.4	12.5
Marijuana	69.2	8.4	5.8	8.1	8.5
Cocaine	92.0	4.4	1.8	1.1	0.8
Hallucinogens	88.3	4.5	2.7	2.9	1.6
Inhalants	90.7	4.8	2.0	1.5	1.0

Note: The five response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 83

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, Statewide and Regional Estimates

	Pennsylvania Statewide					
	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
Region 1						
Been threatened to be hit or beaten up	64.2	16.9	9.6	3.5	1.3	4.5
Been attacked and hit by someone, or beaten up	84.3	9.4	2.8	1.2	0.5	1.8
Been threatened by someone with a weapon	91.4	5.2	1.5	0.7	0.4	0.9
Been attacked by someone with a weapon	95.8	2.5	0.6	0.3	0.2	0.7
Region 2						
Been threatened to be hit or beaten up	68.0	16.1	8.2	2.4	1.3	3.9
Been attacked and hit by someone, or beaten up	84.6	8.8	2.6	1.1	0.5	2.3
Been threatened by someone with a weapon	93.2	4.4	1.1	0.4	0.3	0.6
Been attacked by someone with a weapon	96.7	1.9	0.5	0.3	0.1	0.6
Region 3						
Been threatened to be hit or beaten up	65.4	16.9	9.7	2.4	1.3	4.2
Been attacked and hit by someone, or beaten up	84.5	9.0	3.0	1.3	0.7	1.5
Been threatened by someone with a weapon	91.6	4.8	1.9	0.4	0.3	1.0
Been attacked by someone with a weapon	95.9	2.4	0.5	0.3	0.1	0.8
Region 4						
Been threatened to be hit or beaten up	63.0	17.6	10.2	3.5	1.1	4.5
Been attacked and hit by someone, or beaten up	86.0	8.0	3.0	1.1	0.5	1.4
Been threatened by someone with a weapon	92.0	4.5	1.6	0.8	0.3	0.9
Been attacked by someone with a weapon	96.3	2.0	0.8	0.3	0.1	0.5

Table 83 (continued)

Percentage of Students Reporting That They Have Been Threatened or Attacked in the Past Year, Statewide and Regional Estimates

Pennsylvania Statewide

	Never	Once	2 or 3 Times	4 or 5 Times	6 to 9 Times	10+ Times
	%	%	%	%	%	%
Region 5						
Been threatened to be hit or beaten up	64.5	18.0	9.6	2.9	1.4	3.6
Been attacked and hit by someone, or beaten up	84.5	8.8	3.6	1.2	0.5	1.4
Been threatened by someone with a weapon	92.3	4.8	1.4	0.5	0.3	0.6
Been attacked by someone with a weapon	96.5	2.1	0.5	0.3	0.1	0.4
Region 6						
Been threatened to be hit or beaten up	69.4	15.9	8.3	2.4	1.1	2.9
Been attacked and hit by someone, or beaten up	86.3	8.2	2.9	0.9	0.5	1.2
Been threatened by someone with a weapon	92.8	4.7	1.3	0.4	0.2	0.6
Been attacked by someone with a weapon	96.3	2.3	0.6	0.3	0.1	0.5

Note: The six response categories generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 84

Percentage of Students Reporting That They or Their Friends Have Been Involved in Gangs, Statewide and Regional Estimates

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
	%	%	%	%	%	%	%
Have friends who belonged to a gang.	7.4	6.5	8.7	8.2	8.3	7.9	7.9
Number of friends who have belonged to a gang:							
One	3.3	3.1	4.2	4.1	4.3	3.8	3.8
Two to Three	2.0	1.7	2.2	2.0	2.1	1.9	2.0
Four or more	2.1	1.7	2.3	2.1	1.9	2.2	2.1
Have belonged to a gang.	5.0	5.7	4.8	5.4	5.2	5.0	5.1
Gang belonged to had a name.	80.9	78.2	79.5	75.1	74.6	74.6	76.1

Table 85

Protective Factor Scale Scores, Statewide and Regional Estimates

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
Community Domain							
Community Opportunities for Prosocial Involvement	*	*	*	*	*	*	*
Community Rewards for Prosocial Involvement	50	50	50	50	50	50	50
Family Domain							
Family Attachment	54	53	53	53	55	55	55
Family Opportunities for Prosocial Involvement	55	54	51	53	54	54	54
Family Rewards for Prosocial Involvement	56	56	53	54	55	56	55
School Domain							
School Opportunities for Prosocial Involvement	54	59	56	56	57	58	57
School Rewards for Prosocial Involvement	47	52	49	48	48	48	49
Peer-Individual Domain							
Religiosity	57	57	54	58	56	54	56
Social Skills	53	58	53	51	55	55	55
Belief in the Moral Order	53	57	53	49	56	54	54

* This scale is currently under revision.

Table 86
Risk Factor Scale Scores, Statewide and Regional Estimates

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
Community Domain							
Low Neighborhood Attachment	50	49	49	50	48	49	49
Community Disorganization	49	42	51	53	46	46	47
Personal Transitions and Mobility	43	46	39	37	38	43	42
Community Transitions and Mobility	44	49	44	45	44	48	46
Laws and Norms Favorable to Drug Use and Firearms	51	45	50	53	50	48	49
Perceived Availability of Drugs and Firearms	40	33	39	41	37	36	37
Family Domain							
Poor Family Supervision	47	47	52	51	47	49	49
Poor Family Discipline	43	44	46	46	44	46	45
Family Conflict	*	*	*	*	*	*	*
Family History of Antisocial Behavior	44	39	42	43	41	39	41
Parental Attitudes Favorable toward ATOD Use	47	45	47	47	47	47	47
Parental Attitudes Favorable toward Antisocial Behavior	50	48	51	51	49	48	49
School Domain							
Poor Academic Performance	51	47	48	49	51	49	49
Low School Commitment	49	46	49	51	47	46	47
Peer-Individual Domain							
Rebelliousness	48	46	48	51	48	47	48
Friends' Delinquent Behavior	48	43	47	48	45	48	47
Friends' Use of Drugs	48	40	47	48	44	43	44
Peer Rewards for Antisocial Behavior	46	43	46	49	45	44	45
Favorable Attitudes toward Antisocial Behavior	52	50	54	56	51	51	52
Favorable Attitudes toward ATOD Use	49	44	49	49	45	45	46
Low Perceived Risks of Drug Use	37	35	37	36	35	35	36
Early Initiation (of Drug Use and Antisocial Behavior)	44	38	42	46	40	41	42
Impulsiveness	51	51	51	54	52	50	51
Sensation Seeking	52	49	52	54	51	49	51

* This scale is currently under revision.

Appendix B: Comparisons of *CTCYS* and *PPAAUS* ATOD Prevalence Items

As noted in the report, the *PAYS 2001* included ATOD questions from the *Communities That Care® Youth Survey (CTCYS)* and the *Primary Prevention Awareness, Attitude, and Use Survey (PPAAUS)*. *PPAAUS* items were used exclusively in statewide surveys conducted from 1989 through 1997. The *CTCYS* items represent a significant change in how students are queried regarding ATOD use.

Comparison of the CTCYS *and* PPAAUS *ATOD Items*. The *CTCYS* item set employs a two-question format and seven response categories for each ATOD substance:

> *On how many occasions (if any) have you had beer, wine, or hard liquor in your lifetime?*
> *On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?*
> *(1) 0 Occasions*
> *(2) 1-2 Occasions*
> *(3) 3-5 Occasions*
> *(4) 6-9 Occasions*
> *(5) 10-19 Occasions*
> *(6) 20-39 Occasions*
> *(7) 40 or More Occasions*

The *PPAAUS* item set, in contrast, employs a single-question format with only six response categories:

> *Below is a list of alcohol, tobacco and other drugs. Please fill in the circle that comes closest to showing how often you use (or have ever used) each one of these things.*
> *(1) Never Used*
> *(2) Used Before, But Not in the Past Year*
> *(3) Use About Once or Twice a Year*
> *(4) Use About Once or Twice a Month*
> *(5) Use About Once or Twice a Week*
> *(6) Use About Every Day*

An advantage of the *CTCYS* items is that they duplicate the ATOD items in the *Monitoring the Future* study (Johnston, O'Malley and Bachman, 2001), allowing Pennsylvania 2001 ATOD prevalence rates to be unambiguously compared to national findings. On the other hand, *PPAAUS* items match previous Pennsylvania statewide surveys, allowing trend analyses that show how ATOD usage levels are changing over time. Both issues are important in understanding current ATOD use by Pennsylvania youth.

From the perspective of the current report, the key question is "Do ATOD prevalence estimates based on *CTCYS* items match prevalence estimates based on *PPAAUS* items?" In other words, do students respond equivalently in terms of reported ATOD use to both sets of items? Ideally,

student response would be equivalent to the *CTCYS* items and the *PPAAUS* items, allowing for consistency with national research through continued use of the *CTCYS* items and compatibility with Pennsylvania historical data.

Before direct comparison of the prevalence rates, two differences between the response options for the two sets of items must be resolved. The first difference is that it is impossible to directly specify past-30-day usage levels from the *PPAAUS* question format. Respondents who select "Use About Once or Twice a Month," for example, may be referring to their average usage pattern over the past year, and may not have used the substance at anytime during the past 30 days. Nevertheless, the best assumption is that responses (4) through (6) do, in fact, indicate usage over the past 30 days. Second, the *PPAAUS* item set employs three separate items to measure beer, wine and liquor usage levels while the *CTCYS* groups all three in a single item. For this investigation, the results of the *PPAAUS* items were combined to yield single scores for lifetime and past-30-day alcohol usage.

Measured Differences Between the CTCYS *and* PPAAUS *Items*. Table 87 compares lifetime and past-30-day ATOD use as measured by both the *CTCYS* and *PPAAUS* (lifetime cigarette use was not collected using a *CTCYS* item). For example, 71.2% of Pennsylvania youth reported that they had not engaged in alcohol use in the past 30 days on both the *CTCYS* and *PPAAUS* items (line 1 of Table 87), and 18.4% answered 'yes' on both items (line 4). The discrepancies between the *PPAAUS* and *CTCYS* responses are noted on lines 2 and 3 of the past-30-day-use table. Looking at line 2, 3.2% of youth reported they had used alcohol in the past 30 days with the *PPAAUS* item, but not the *CTCYS* item. Conversely, on line 3, 7.3% of the students reported that they had used alcohol in the past 30 days with the *CTCYS* item, but not the *PPAAUS* item.

The net prevalence estimates are presented in lines 5 and 6, and the difference between the two prevalence estimates (calculated as the *CTCYS* estimate minus the *PPAAUS* estimate) is presented in line 7. As these results show, response patterns are quite similar for tobacco, marijuana, inhalants and cocaine use, with the difference in prevalence levels between the two question formats ranging from 0.0 to 0.5 percentage points. Not surprisingly, given the three-item format of the *PPAAUS* question set, response patterns for alcohol use show greater variability, with differences in prevalence levels between the two question sets of 3.9 percentage points for past-30-day alcohol use and 5.2 percentage points for lifetime alcohol use.

The compatibility between alcohol use question formats can be further investigated by comparing trend data for *PPAAUS* and *Monitoring the Future* (*Monitoring the Future* uses the same alcohol use question format as the *CTCYS)*. As Graph 9 (page 34) shows, between 1993 and 1997, prevalence levels for past-30-day alcohol use recorded by the *PPAAUS* closely match those reported by *Monitoring the Future*. The larger gaps in 1989 and 1991 are due in part to an alternative question format used by *Monitoring the Future* in those years.

Conclusions and Recommendations. As noted, *PPAAUS* and *CTCYS* items generally produce comparable prevalence rates. The only notable exception is for alcohol, where the absolute differences for the past-30-day and lifetime rates were 3.9 and 5.2 percentage points, respectively. While these larger differences raise some comparability questions, the close match

between *PPAAUS* and *Monitoring the Future* data suggests that trend analyses across the two question formats are appropriate. Based on these findings we have two recommendations:

1. For all drugs, including alcohol, trend data from the 1989 through 1997 *PPAAUS* should be directly compared to the *CTCYS* items in the *PAYS 2001*.
2. ATOD prevalence rates should continue to be reported based on *CTCYS* items. This allows for direct comparison with *Monitoring the Future* national level results.

Table 87

Comparison of CTCYS *and* PPAAUS *Past-30-Day and Lifetime ATOD Use Items*

		Type of ATOD				
		Alcohol	**Cigarettes**	**Marijuana**	**Inhalants**	**Cocaine**
Past-30-Day		**%**	**%**	**%**	**%**	**%**
1	Match No	71.2	83.2	87.2	97.6	98.8
2	CTCYS No - PPAAUS Yes	3.2	1.4	1.5	0.5	0.4
3	CTCYS Yes - PPAAUS No	7.3	2.0	1.9	0.9	0.3
4	Match Yes	18.4	13.4	9.4	0.9	0.5
5	CTCYS 30-Day Prevalence	25.6	15.4	11.4	1.9	0.8
6	PPAAUS 30-Day Prevalence	21.7	14.9	11.0	1.5	0.9
7	Difference	3.9	0.5	0.4	0.4	-0.1
Lifetime						
1	Match No	35.3	--	78.2	92.1	97.0
2	CTCYS No - PPAAUS Yes	3.3	--	0.8	1.2	0.6
3	CTCYS Yes - PPAAUS No	8.6	--	0.8	1.1	0.3
4	Match Yes	52.7	--	20.2	5.5	2.1
5	CTCYS Lifetime Prevalence	61.3	--	21.1	6.7	2.4
6	PPAAUS Lifetime Prevalence	56.1	--	21.2	6.9	2.8
7	Difference	5.2	--	-0.1	-0.2	-0.4

Note: *CTCYS* data are not available for lifetime cigarette use, indicated by "--."

Appendix C: Other Resources

Web Sites

Monitoring the Future www.monitoringthefuture.org.
National Clearinghouse for Alcohol and Drug Information www.health.org/index.htm.
National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov.
National Institute on Drug Abuse (NIDA) www.nida.nih.gov and www.drugabuse.gov.
Office of National Drug Control Policy www.whitehousedrugpolicy.gov.
PCCD Pennsylvania Electronic Juvenile Justice Databook http://209.166.182.185/openpage.asp.
Pennsylvania Children's Partnership www.cp.state.pa.us.
Pennsylvania Commission on Crime & Delinquency (PCCD) www.pccd.state.pa.us.
Pennsylvania Community Resource Connection www.crc.state.pa.us.
Social Development Research Group http://depts.washington.edu/sdrg.
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov.

Prevention Program Guides

Communities That Care® *prevention strategies: A research guide to what works* (2000). Seattle, WA: Developmental Research and Programs, Inc.

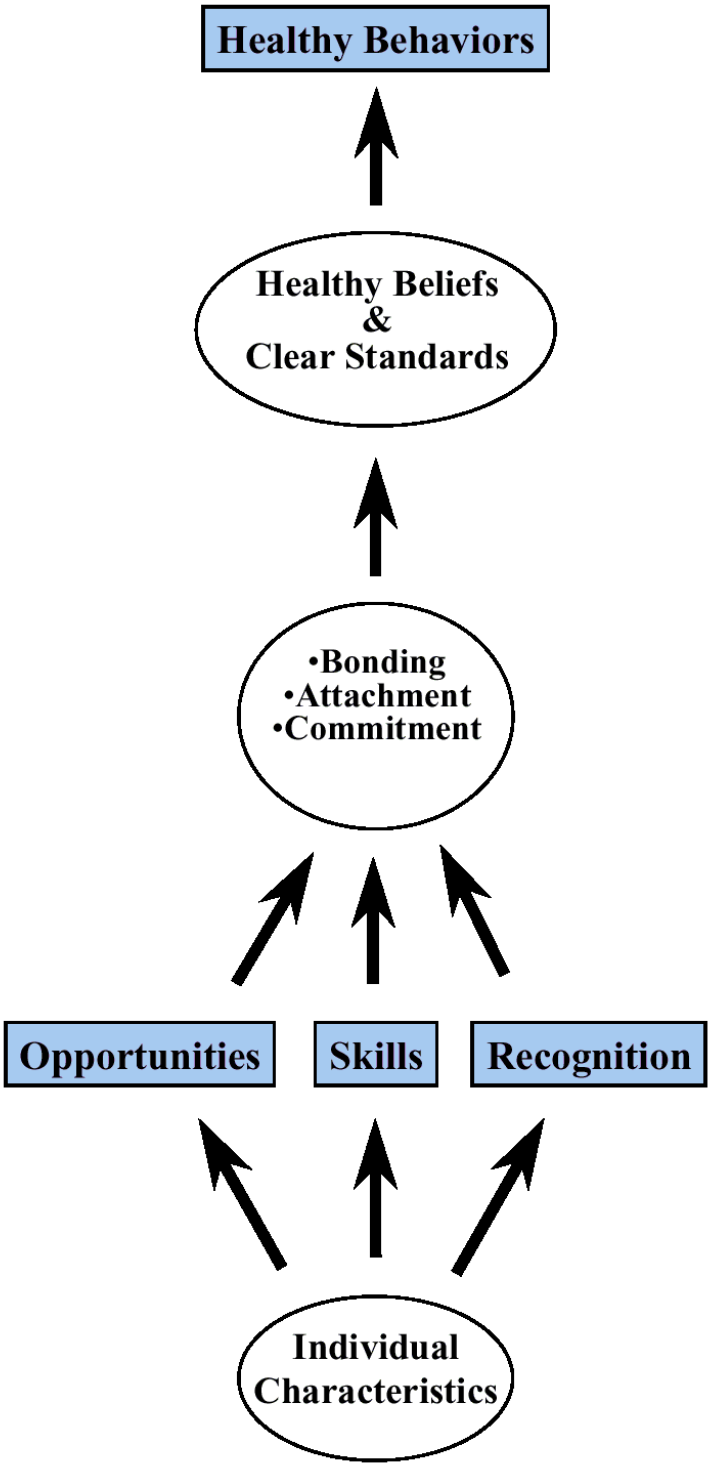
Sloboda, Z., & David, S. L. (1997). Preventing drug use among children and adolescents: A research-based guide (NIH Publication No. 97-4212). Rockville, MD: National Clearinghouse for Alcohol and Drug Information. (ERIC Document Reproduction Service No. ED 424525).

Blueprint Programs www.colorado.edu/cspv/blueprints.

Prevention Planning

Hawkins, J. D., Catalano, R. F., & Associates (1992). *Communities That Care®: Action for drug abuse prevention* (1st ed.). San Francisco: Jossey-Bass.

Appendix D: The Social Development Strategy



Appendix E: Risk and Protective Factors and Sample Survey Item(s)

Community Domain		
Protective Factor	**Scale**	**Sample Survey Item(s)**
Community Rewards for Prosocial Involvement	Community Rewards for Prosocial Involvement	My neighbors notice when I am doing a good job and let me know.
Risk Factor	**Scale**	**Sample Survey Item(s)**
Low Neighborhood Attachment	Low Neighborhood Attachment	If I had to move, I would miss the neighborhood I now live in.
Community Disorganization	Community Disorganization	I feel safe in my neighborhood.
Transitions and Mobility	Personal Transitions and Mobility	How many times have you changed homes since kindergarten?
	Community Transitions and Mobility	People move in and out of my neighborhood a lot.
Laws and Norms Favorable to Drug Use and Firearms	Laws and Norms Favorable to Drug Use and Firearms	If a kid drank some beer, wine or hard liquor in your neighborhood, would he or she be caught by the police? How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?
Perceived Availability of Drugs and Firearms	Perceived Availability of Drugs and Firearms	If you wanted to get some beer, wine or hard liquor, how easy would it be for you to get some?

Appendix E: Risk and Protective Factors and Sample Survey Item(s) (cont.)

Family Domain		
Protective Factor	**Scale**	**Sample Survey Item(s)**
Family Attachment	Family Attachment	Do you share your thoughts and feelings with your mother? Do you share your thoughts and feelings with your father?
Family Opportunities for Prosocial Involvement	Family Opportunities for Prosocial Involvement	My parents give me lots of chances to do fun things with them.
Family Rewards for Prosocial Involvement	Family Rewards for Prosocial Involvement	How often do your parents tell you they're proud of you for something you've done?
Risk Factor	**Scale**	**Sample Survey Item(s)**
Poor Family Management	Poor Family Supervision	My parents ask if I've gotten my homework done.
	Poor Family Discipline	If you skipped school, would you be caught by your parents?
Family History of Antisocial Behavior	Family History of Antisocial Behavior	Has anyone in your family ever had a severe alcohol or drug problem?
Attitudes Favorable toward ATOD Use and Antisocial Behavior	Parental Attitudes Favorable toward ATOD Use	How wrong do your parents feel it would be for <u>you</u> to smoke cigarettes?
	Parental Attitudes Favorable toward Antisocial Behavior	How wrong do your parents feel it would be for <u>you</u> to steal anything worth more than $5?

Appendix E: Risk and Protective Factors and Sample Survey Item(s) (cont.)

School Domain		
Protective Factor	**Scale**	**Sample Survey Item(s)**
School Opportunities for Prosocial Involvement	School Opportunities for Prosocial Involvement	There are lots of chances for students in my school to talk with a teacher one-on-one.
School Rewards for Prosocial Involvement	School Rewards for Prosocial Involvement	My teachers praise me when I work hard in school.
Risk Factor	**Scale**	**Sample Survey Item(s)**
Poor Academic Performance	Poor Academic Performance	Putting them all together, what were your grades like last year?
Low School Commitment	Low School Commitment	How interesting are most of your courses to you?

Appendix E: Risk and Protective Factors and Sample Survey Item(s) (cont.)

Peer-Individual Domain		
Protective Factor	**Scale**	**Sample Survey Item(s)**
Religiosity	Religiosity	How often do you attend religious services or activities?
Social Skills	Social Skills	Vignette about what the youth would do if he or she were handed an alcoholic beverage at a party.
Belief in the Moral Order	Belief in the Moral Order	It is important to be honest with your parents, even if they become upset or you get punished.
Risk Factor	**Scale**	**Sample Survey Item(s)**
Rebelliousness	Rebelliousness	I ignore rules that get in my way.
Friends' Delinquent Behavior and Use of Drugs	Friends' Delinquent Behavior	Think of your four best friends. In the past year, how many of your best friends have dropped out of school?
	Friends' Use of Drugs	Think of your four best friends. In the past year, how many of your best friends have smoked cigarettes?
Peer Rewards for Antisocial Behavior	Peer Rewards for Antisocial Behavior	What are the chances you would be seen as cool if you carried a handgun?
Favorable Attitudes toward Antisocial Behavior	Favorable Attitudes toward Antisocial Behavior	How wrong do you think it is for someone your age to pick a fight with someone?
Favorable Attitudes toward ATOD Use	Favorable Attitudes toward ATOD Use	How wrong do you think it is for someone your age to smoke cigarettes?
Low Perceived Risks of Drug Use	Low Perceived Risks of Drug Use	How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
Early Initiation (of Drug Use and Antisocial Behavior)	Early Initiation (of Drug Use and Antisocial Behavior)	How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?
Impulsiveness and Sensation Seeking	Impulsiveness	I often do things without thinking about what will happen.
	Sensation Seeking	How many times have you done something dangerous because someone dared you to do it?

References

Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2001). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The *Communities That Care® Youth Survey*. Manuscript submitted for publication.

Blum, R. W., Beuhring, T., Shew, M. L., Bearinger, L. H., Sieving, R. E., & Resnick, M. D. (2000). The effects of race/ethnicity, income, and family structure on adolescent risk behaviors. *American Journal of Public Health, 90,* 1879-1884.

Bracht, N., & Kingsbury, L. (1990). Community organization principles in health promotion: A five-state model. In N. Bracht (Ed.), *Health promotion at the community level* (pp. 66-88). Beverly Hills, CA: Sage.

Bry, B. H., McKeon, P., & Pandina, R. J. (1982). Extent of drug use as a function of number of risk factors. *Journal of Abnormal Psychology, 91,* 273-279.

Hawkins, J. D., Catalano, R. F., & Associates (1992). *Communities that care: Action for drug abuse prevention* (1st ed.). San Francisco: Jossey-Bass.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64-105.

Johnston, L., O'Malley, P., & Bachman, J. (1999). *Monitoring the Future national survey results on drug use, 1975-1998. Volume I: Secondary school students* (NIH Publication No. 99-4660). Washington, DC: U.S. Department of Health and Human Services.

Johnston, L., O'Malley, P., & Bachman, J. (2000). *Monitoring the Future national survey results on drug use, 1975-1999. Volume I: Secondary school students* (NIH Publication No. 00-4802). Washington, DC: U.S. Department of Health and Human Services.

Johnston, L., O'Malley, P., & Bachman, J. (2001). *Monitoring the Future national survey results on drug use, 1975-2000. Volume I: Secondary school students* (NIH Publication No. 01-4924). Washington, DC: U.S. Department of Health and Human Services.

Johnston, L., O'Malley, P. & Bachman, J. (2002). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2001.* (NIH Publication No. [yet to be assigned]). Bethesda, MD: National Institute on Drug Abuse. (Yet to be published).

Newcomb, M. D. (1995). Identifying high-risk youth: Prevalence and patterns of adolescent drug abuse. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (NIDA Research Monograph, 156). Washington, DC: U.S. Department of Health and Human Services.

Newcomb, M. D., & Felix-Ortiz, M. (1992). Multiple protective and risk factors for drug use and abuse: Cross-sectional and prospective findings. *Journal of Personality and Social Psychology, 51,* 564-577.

Newcomb, M. D., Maddahian, E., & Skager, R. (1987). Substance abuse and psychosocial risk factors among teenagers: Associations with sex, age, ethnicity, and type of school. *American Journal of Drug and Alcohol Abuse, 13,* 413-433.

Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research, 23,* 145-158.

Pollard, J. A., & Lofquist, A. (1998—under review). The application of GIS technologies in drug and delinquency prevention needs assessment. *The Professional Geographer.*

A generation at risk: alcohol, tobacco, other drugs, weapons, violence, and Pennsylvania's youth. Based on the 1997 Pennsylvania Biennial Youth-Risk Survey: *Primary prevention awareness, attitude, and use survey.* Prepared by Diagnostics Plus, State College, Pennsylvania. November 1997.

