

2009 Pennsylvania Youth Survey Report

Chester County

**Conducted by
Pennsylvania Commission on Crime and Delinquency**



Table of Contents

Section 1: The Survey	1
Introduction.....	1
Summary of Results	2
Exploring PAYS Results Online via SmartTrack™	3
Survey Methodology	3
Demographic Profile of Surveyed Youth.....	6
Section 2: Alcohol, Tobacco and Other Drug Use	9
Measurement	9
Results Summary	9
Item-Level Results	14
Prescription Drugs.....	23
Section 3: Other Antisocial Behaviors	27
Introduction.....	27
Results Summary	27
Item-Level Results	30
Section 4: Special Topics	33
Introduction.....	33
Age of Onset of ATOD Use and Other Antisocial Behavior.....	33
Driving After Alcohol or Marijuana Use.....	34
Willingness to Try or Use ATODs	35
Gambling	36
Symptoms of Depression.....	37
Violence and Drugs on School Property	38
Bullying at School and Internet Safety.....	38
Section 5: Risk and Protective Factors	41
Introduction.....	41
Results Summary	42
Protective Factors	48
Risk Factors	52
Appendix A: Additional Prevention Planning Data	65
Introduction.....	65
Risk of Harm.....	65
Disapproval of Drug Use	66
Social Norms	67
Parental Disapproval of Drug Use	68
Frequency of Drug Use.....	68
Frequency of Bringing a Weapon to School	72
Gang Involvement.....	73

Appendix B: Historical Data	75
Introduction	75
Demographic Trends	75
ATOD Results, 2001, 2003, 2005 and 2007	76
Other Antisocial Behavior Results, 2001, 2003, 2005 and 2007	80
Risk and Protective Results, 2005 and 2007	82
Appendix C: Risk and Protective Factor Scale Construction Summary	85
Appendix D: Other Resources	99
Web Sites	99
Prevention Program Guides.....	99
Prevention Planning	99
References	101

Section 1

The Survey

Introduction

Since 1989, the Commonwealth of Pennsylvania has conducted a survey of secondary school students on their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence. The *Pennsylvania Youth Survey (PAYS)* of 6th, 8th, 10th and 12th grade public school students is conducted every two years. The findings from the *PAYS* build upon the data gathered during the four previous waves of the survey in 2001, 2003, 2005 and 2007, as well as the *Generation at Risk* survey, a biennial study of drug use prevalence rates that was conducted from 1989 through 1997.

This survey was sponsored by the Pennsylvania Commission on Crime and Delinquency (PCCD). The PCCD contracted with SmartTrack, Inc., to conduct the survey, which was administered in fall of 2009. This report was prepared by Rothenbach Research and Consulting, LLC.

The data gathered in the *PAYS* serve two primary needs. First, the survey results provide an important benchmark for alcohol, tobacco, and other drug (ATOD) use and delinquent behavior among young Pennsylvanians, and help indicate whether prevention and treatment programs are achieving their intended results. Second, the survey assesses risk factors that are related to these behaviors and the protective factors that guard against them. This information allows community leaders and school administrators to direct prevention resources to areas where they are likely to have the greatest impact.

The *Communities That Care Youth Survey (CTCYS)* was adopted as the basis for the *PAYS*. Based on the work of Dr. J. David Hawkins and Dr. Richard F. Catalano, the *CTCYS* is designed to identify the levels of risk factors related to problem behaviors such as ATOD use—and to identify the levels of protective factors that help guard against those behaviors. In addition to measuring risk and protective factors, the *CTCYS* also measures the actual prevalence of drug use, violence and other antisocial behaviors among surveyed students. Three articles (Pollard, Hawkins & Arthur, 1999; Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002; Glaser, Van Horn, Arthur, Hawkins & Catalano, 2005) describe the *CTCYS*, its uses and its ongoing development.

By administering the *PAYS*, Chester County has assessed the risk and protective factors its young people face. This report identifies the risk and protective factors most in need of attention in the community. This

information can be used to guide prevention efforts, to help address existing problems, and to promote healthy and positive youth development.

Of course, the survey would not have been possible without the support and cooperation of school superintendents, parents and students throughout the Commonwealth. The PCCD would like to take this opportunity to thank these individuals for supporting this valuable and worthwhile endeavor.

All together, 14,986 students in grades 6, 8, 10 and 12 participated in the survey.

Summary of Results

This report presents findings on a number of topics, including ATOD use, other antisocial behaviors, and risk and protective factors. A brief summary of the findings from each of these sections is presented here. A more detailed summary is presented at the start of each section, followed by an item-by-item discussion of the results.

Alcohol, Tobacco and Other Drug Use

Chester County students recorded the highest lifetime prevalence-of-use rates for alcohol (40.8%), cigarettes (16.8%) and marijuana (15.9%). Other lifetime prevalence rates ranged from 0.5% for heroin and methamphetamine to 9.3% for inhalants. The rate of illicit drug use excluding marijuana is summarized by the indicator “any illicit drug (other than marijuana),” with 11.9% of surveyed students reporting use of these drugs in their lifetimes. Chester County students reported the highest past-30-day prevalence-of-use rates for alcohol (22.1%), marijuana (10.0%) and cigarettes (6.8%). Other past-30-day prevalence rates ranged from 0.2% for heroin to 4.8% for inhalants. Overall, 6.5% of Chester County students reported the use of any illicit drug (other than marijuana) in the past 30 days.

National data from the *Monitoring the Future* survey provide a valuable reference point for evaluating the severity of drug use behavior. Compared to their national counterparts, Chester County students reported lower average levels of lifetime cigarette, marijuana, smokeless tobacco, alcohol, Ecstasy and inhalant use. For past-30-day ATOD use, students reported higher average levels of inhalant and alcohol use than their national counterparts and a lower average level of cigarette use.

Other Antisocial Behaviors

For the overall sample, the past-12-month prevalence rates recorded for the seven other problem, or antisocial, behaviors cover a broad range. In Chester County, 7.6% of students reported *Being Drunk or High at School* in the past year, making it the most prevalent of the seven behaviors. *Attacking Someone with Intent to Harm* is the second most prevalent antisocial behavior, with 7.2% of Chester County students reporting having attacked someone in the past year. Students in Chester County reported very low levels of participation in the following antisocial behaviors: *Being Arrested*, *Bringing a Weapon to School* and *Attempting to Steal a Vehicle*.

Risk and Protective Factor Profile

For the overall sample of 6th, 8th, 10th and 12th graders in Chester County, percentile scores across the nine protective factor scales range from a low of 37 to a high of 66, with an average score of 54, which is four points higher than the normative average of 50. The three lowest overall scores were for the following protective factor scales: *Community Opportunities for Prosocial Involvement* (37), *Religiosity* (45) and *Community Rewards for Prosocial Involvement* (52). Chester County students reported the three highest overall scores for the following protective factor scales: *School Rewards for Prosocial Involvement* (66), *School Opportunities for Prosocial Involvement* (63) and *Belief in the Moral Order* (60).

Overall percentile scores across the 23 risk factor scales range from a low of 34 to a high of 58, with an average score of 44, which is six points lower than the normative average of 50. Chester County students reported the three highest overall scores for the following risk factor scales: *Community Disorganization* (58), *Parental Attitudes Favorable toward Antisocial Behavior* (54) and *Perceived Availability of Drugs* (50). The three lowest overall scores were for the following risk factor scales: *Early Initiation of Drug Use* (34), *Rebelliousness* (37) and *Family History of Antisocial Behavior* (37).

While policies that target any risk or protective factor could potentially be an important resource for students in Chester County, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with low risk or high protection represent strengths that Chester County can build on. These objective data, in conjunction with a review of community-specific issues and resources, can help direct prevention efforts for Chester County. It is important to keep in mind, however, that overall scores can mask problems within individual grades. Section 5 of this report provides grade-level results that will enable prevention planners to more precisely target opportunities for intervention.

Exploring PAYS Results Online via SmartTrack™

This report includes a detailed review of findings from each content area of the *PAYS* questionnaire. Some counties and schools, however, may wish to go beyond these key metrics. ***In order to facilitate this process, all 2009 survey participants will have the ability to review their results using the SmartTrack™ online data browsing system.***

SmartTrack’s internet-based reporting tools allow for instant presentation of various reports, ranging from frequency distributions to crosstabulations. Data can be viewed in both table and graph formats (via Excel), and users can review results for any appropriate aggregation or subsample.

Here is an example of an Excel chart generated using SmartTrack. In this report, an educator is examining student perception of the risk associated with smoking cigarettes.

How much do you think people risk harming themselves (physically or in other ways) if they:						
	No risk	Slight risk	Moderate risk	Great risk	Skips	Totals
Smoke one or more packs of cigarettes per day?	07.22%	05.60%	27.15%	59.23%	0.80%	100%

SmartTrack online access will be available to authorized users beginning in late January and will continue through the end of the 2010 school year. For more information on accessing your results, or any other questions about SmartTrack, you can visit the website at www.thesmartrack.com, email info@thesmartrack.com, or call (866) 714-8080.

Survey Methodology

The *CTCYS* was developed to provide scientifically sound information to communities. It measures a variety of risk and protective factors by using groups of survey items, which are called scales. Please note that some of the risk factors are measured with more than one scale.

The *CTCYS* was developed from research funded by the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. This research supported the development of a student survey to measure the following items:

- risk and protective factors that predict alcohol, tobacco and other drug (ATOD) use, delinquency and other problem behaviors in adolescents.

-
- the prevalence and frequency of drug use.
 - the prevalence and frequency of antisocial behaviors.

This survey instrument became the *CTCYS*. The original research involved data collection in five states: Kansas, Maine, Oregon, South Carolina and Washington. Over 72,000 students participated in these statewide surveys, and analysis of the collected data contributed to the development of the *CTCYS*.

Changes to the PAYS Questionnaire

While the majority of the 2009 *PAYS* questionnaire is identical to the 2007 questionnaire, several changes were introduced in this survey cycle.

- Items from the 2007 questionnaire assessing the abuse of prescription drugs were replaced with six new questions designed to measure prevalence-of-use rates across the three prescription drug categories: pain relievers, stimulants and tranquilizers.
- The risk factor scale *Laws and Norms Favorable to Handguns* was dropped from the questionnaire. All other risk and protective factor scales from the 2007 questionnaire were retained in full.
- The 2009 questionnaire includes six items addressing student experiences with gambling. Two of the six gambling questions—the past-12-months and past-30-days gambling for “money or anything of value” items—are identical to questions used on the 2005 and 2007 surveys. The sports betting, lottery ticket, and table gaming questions are similar to questions used in the 2007 survey.
- Starting in 2009, the *PAYS* asked students a series of eight questions about bullying at school and internet safety.
- The ordering of items throughout the questionnaire was changed so that data points most critical to the prevention planning process would be collected in first sections of the survey. This change improves the response rate for these key items.
- For some survey items the layout of the question and response options was changed in order to improve readability.

Administration

The survey was administered in the classroom and required approximately one class period to complete. Each teacher received an appropriate number of surveys and survey collection envelopes. The teachers reviewed the instructions with their students and asked the students to complete the survey. The instructions informed the students that there were no right or wrong answers. The instructions also explained the proper way to mark the answers. In some schools, some or all of the student respondents completed the survey in a computer lab using an internet-based survey administration system. The contractor, SmartTrack, Inc., managed the internet administration. Please see the statewide 2009 *PAYS* report for more information on this system.

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

Survey Validation

Four strategies were used to assess the validity of the surveys. The first two strategies eliminated the surveys of students who appeared to exaggerate their drug use and other antisocial behavior. The third strategy eliminated students who reported use of a fictitious drug. The fourth strategy eliminated the surveys of students who repeatedly reported logically inconsistent patterns of drug use.

- In the first strategy, surveys from students who reported an average of four or more daily uses of the following drugs—inhalants, cocaine, hallucinogens, Ecstasy, methamphetamine and heroin—were eliminated from the survey data set. This strategy removes from the survey any student who did not take it seriously.
- The second strategy supplements the drug use exaggeration test by examining the frequency of four other antisocial behaviors: *Attacking Someone with Intent to Harm*, *Attempting to Steal a Vehicle*, *Being Arrested*, and *Getting Suspended*. Respondents who reported an unrealistically high frequency of these behaviors—more than 80 instances within the past year—were removed from the analysis.
- In the third strategy, students were asked if they had used a fictitious drug in the past 30 days or in their lifetimes. If students reported any use of the fictitious drug, their surveys were not included in the analysis of the findings.
- The fourth strategy was used to detect logical inconsistencies among responses to the drug-related questions. Students were identified as inconsistent responders in the following circumstances only: (1) if they were inconsistent on two or more of the following drugs: alcohol, cigarettes, smokeless tobacco and marijuana/hashish; or (2) if they were inconsistent on two or more of the remaining drugs. 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.

Chester County students were cooperative—all but 788 students (5.0%) completed valid surveys. Of the 788 surveys identified and eliminated by one or more of the four strategies described above, 305 exaggerated drug use (strategy 1), 203 exaggerated other antisocial behavior (strategy 2), 569 reported the use of the fictitious drug (strategy 3) and 407 responded in a logically inconsistent way (strategy 4). The elimination total produced by these four strategies equals more than 788 because some surveys were identified by more than one strategy.

Sample Analysis

When reviewing survey results people often ask, “What is the margin of error?” This is referred to as the “confidence interval,” and it reflects the precision of a statistical estimate. For example, a confidence interval of ± 3.0 points for a drug use prevalence rate of 50.0% means that there is a 95% chance that the true score is between 47.0% and 53.0%.

For school-based survey research, confidence intervals are determined by the size of the sample relative to the school’s enrollment. The higher the percentage of a school’s total enrollment that is included in the sample, the smaller the confidence interval and the more precise the results. Table 1 presents confidence intervals for both grade-level and overall estimates. Note that these confidence intervals are for prevalence rates of 50%. For less prevalent behaviors, such as heroin use and bringing a weapon to school, the confidence interval narrows substantially.

Table 1. Confidence Intervals for Sample

Grade	Enrollment		Sample		Confidence Interval
	Number	Percentage	Number	Percentage	
6 th	5,747	24.0%	4,155	27.7%	$\pm 0.8\%$
7 th	--	--	--	--	--
8 th	5,891	24.6%	4,326	28.9%	$\pm 0.8\%$
9 th	--	--	--	--	--
10 th	6,174	25.8%	3,581	23.9%	$\pm 1.1\%$
11 th	--	--	--	--	--
12 th	6,100	25.5%	2,924	19.5%	$\pm 1.3\%$
Totals	23,912	100.0%	14,986	100.0%	$\pm 0.5\%$

Note: Rounding can produce totals that do not equal 100%. The total sample size in this table does not include respondents who did not report their grade level.

Demographic Profile of Surveyed Youth

The survey measures a variety of demographic characteristics. Table 2 shows selected characteristics of surveyed youth: sex, ethnicity and the primary language spoken at home. The primary language spoken at home refers to the primary language the student speaks at home (rather than what the parents speak at home).

A higher percentage of surveyed Chester County students were male (48.1% male versus 47.8% female). A majority of students identified themselves as White (74.9%). The largest minority group is Latino (5.5%), followed by African American (5.0%), Asian (3.7%) and American Indian (0.6%). Note that while the “Other/Multiple” category listed on all tables includes students who selected “Other” as their primary ethnicity, this category also includes those students who selected multiple ethnicities. Therefore, for example, students who reported both African American and Latino ethnicity would be classified in the “Other/Multiple” category for the purposes of this report.

Nearly all of the surveyed students (92.7%) reported English as the language they most often speak at home.

Table 2. Selected Demographic Characteristics of Surveyed Youth

	Number of Students	Percentage of Students
Overall Valid Surveys	14,986	100.0%
Sex		
Male	7,207	48.1%
Female	7,163	47.8%
Did not respond	616	4.1%
Ethnicity		
White	11,219	74.9%
African American	756	5.0%
Latino	824	5.5%
American Indian	90	0.6%
Asian	557	3.7%
Other/Multiple	1,472	9.8%
Did not respond	68	0.5%
Primary Language Spoken at Home		
English	13,887	92.7%
Spanish	570	3.8%
Other Language	417	2.8%
Did not respond	112	0.7%

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

Section 2

Alcohol, Tobacco and Other Drug Use

Measurement

Alcohol, tobacco and other drug (ATOD) use is measured in the *PAYS* by a set of 36 questions. The questions are similar to those used in the *Monitoring the Future* study, a nationwide study of drug use by middle and high school students. Consequently, national data as well as data from other similar surveys can be easily compared to data from the *PAYS*.

Prevalence-of-use tables and graphs show the percentages of students who reported using ATODs. These results are presented for both lifetime and past-30-day prevalence of use periods. Lifetime prevalence of use (whether the student has ever used the drug) is a good measure of student experimentation. Past-30-day prevalence of use (whether the student has used the drug within the last month) is a good measure of current use. In addition to the standard lifetime and past-30-day prevalence rates for alcohol use, binge drinking behavior (defined as a report of five or more drinks in a row within the past two weeks) is also measured.

A multi-question indicator—“any illicit drug (other than marijuana)” —measures the use of one or more of the following drugs: inhalants, cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids. The purpose of this drug combination rate is to provide prevention planners with an overall gauge of so-called “hard” drug use (Johnston, O’Malley, Bachman & Schulenberg, 2009a).

The survey also includes six questions designed to measure nonmedical use of prescription drugs. The questions cover three general categories of nonmedical prescription drug use: pain relievers, tranquilizers and stimulants.

Results Summary

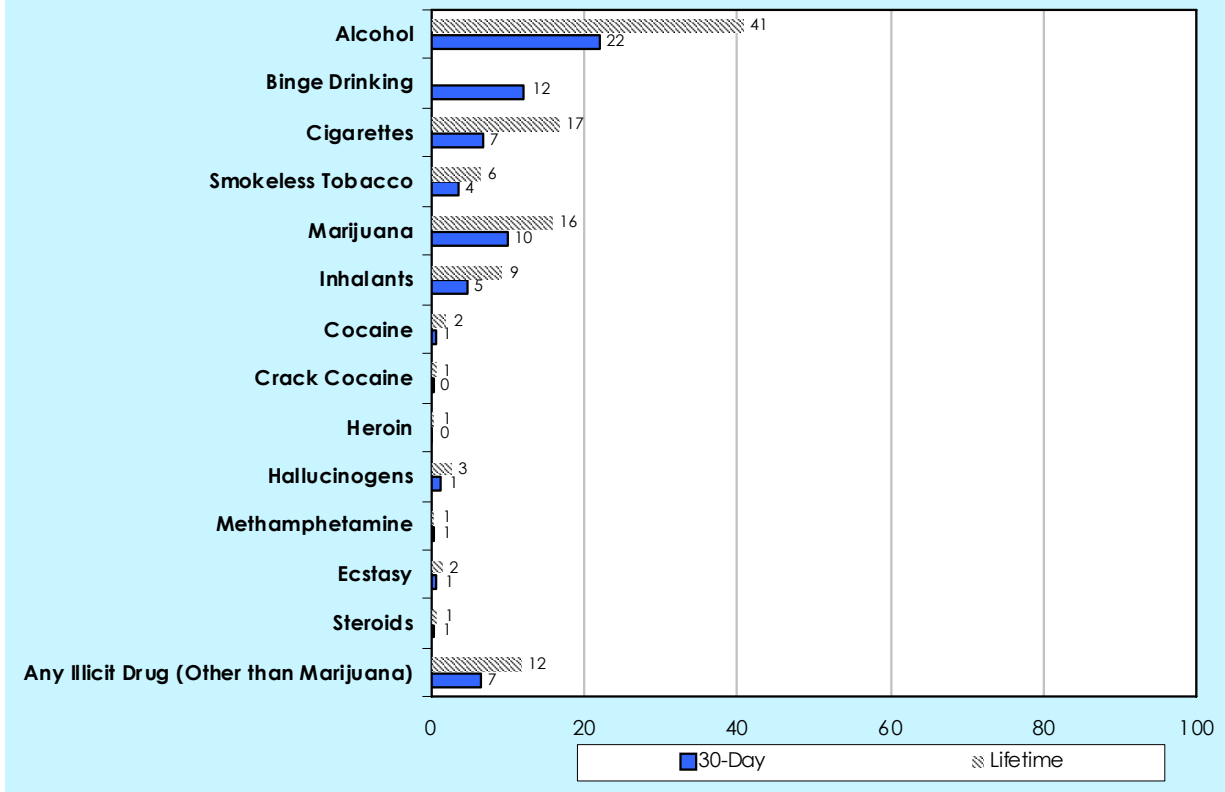
Overall Results

ATOD prevalence rates for the combined sample of 6th, 8th, 10th and 12th graders are presented in Graph 1, and in the overall results column of Tables 3 and 4. As these results show, Chester County students recorded the highest lifetime prevalence-of-use rates for alcohol (40.8%), cigarettes (16.8%) and marijuana (15.9%). Other lifetime prevalence rates ranged from 0.5% for heroin and methamphetamine to 9.3% for inhalants. The rate of illicit drug use excluding marijuana is summarized by the indicator “any

illicit drug (other than marijuana),” with 11.9% of surveyed students reporting use of these drugs in their lifetimes.

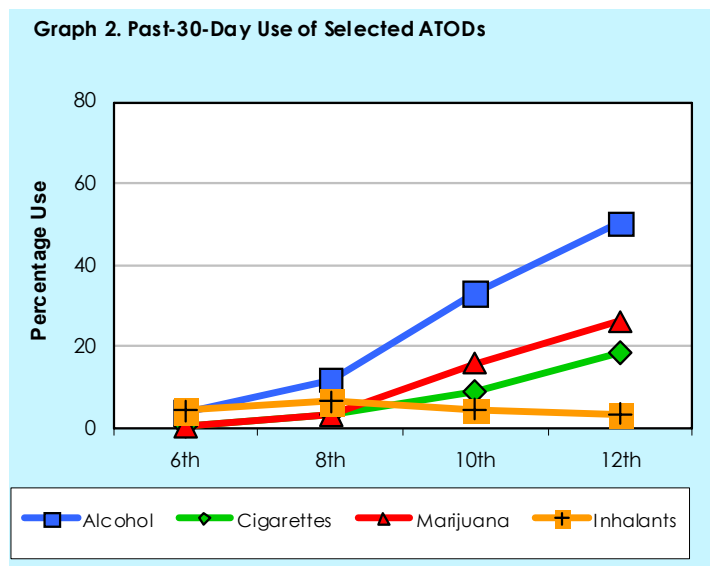
Chester County students reported the highest past-30-day prevalence-of-use rates for alcohol (22.1%), marijuana (10.0%) and cigarettes (6.8%). Other past-30-day prevalence rates ranged from 0.2% for heroin to 4.8% for inhalants. Overall, 6.5% of Chester County students reported the use of any illicit drug (other than marijuana) in the past 30 days.

Graph 1. Overall Lifetime and Past-30-Day Prevalence of Alcohol, Tobacco and Other Drug Use



Grade-Level Results

ATOD prevalence rates for individual grade levels are presented in Graph 2 and Tables 3 and 4. Typically, prevalence rates for the use of most substances increase as students enter higher grades. In many communities, however, inhalant use provides an exception to this pattern, often peaking during the late middle school or early high school years. This may be because inhalants are relatively easy for younger students to obtain. Past-30-day alcohol use in Chester County ranges from a low of 3.7% among 6th graders to a high of 50.3% among 12th graders. Past-30-day marijuana use ranges from a low of 0.4% among 6th graders to a high of 26.1% among 12th graders. Past-30-day cigarette use ranges from a low of 0.5% among 6th graders to a high of 18.4% among 12th graders. Past-30-day inhalant use ranges from a low of 3.4% among 12th graders to a high of 6.4% among 8th graders.



Comparisons to National Results

Comparing and contrasting findings from a county- or school-district-level survey to relevant data from a national survey provides a valuable perspective on local data. In this report, national comparisons for ATOD use will be made to the 2009 *Monitoring the Future* study. The *Monitoring the Future* survey project, which provides prevalence-of-use information for ATODs from a nationally representative sample of 8th, 10th and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see Johnston et al. (2009a).

In addition to a complete report of prevalence-of-use rates for each surveyed grade, Tables 3 and 4 present national results from the *Monitoring the Future* study. Across the three comparison grades (8th, 10th and 12th), students in Chester County reported lower average levels of lifetime cigarette, marijuana, smokeless tobacco, alcohol, Ecstasy and inhalant use than their national counterparts. The largest grade-level differences in lifetime substance use were for marijuana in the 8th grade (6.3% versus 15.7% for *Monitoring the Future*) and cigarettes in the 8th and 10th grades (11.2% and 22.1% versus 20.1% and 32.7% for *Monitoring the Future*).

For past-30-day ATOD use, students in Chester County reported higher average levels of inhalant and alcohol use than their national counterparts and a lower average level of cigarette use. The largest grade-level differences in past-30-day substance use were for marijuana in the 12th grade (26.1% versus 20.6% for *Monitoring the Future*), binge drinking in the 12th grade (32.4% versus 25.2% for *Monitoring the Future*) and alcohol in the 12th grade (50.3% versus 43.5% for *Monitoring the Future*).

Table 3. Lifetime Use of Alcohol, Tobacco and Other Drugs

	Chester County 2009								Monitoring the Future ¹		
	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %	8 th %	10 th %	12 th %
Alcohol	16.9	--	32.5	--	55.2	--	68.8	40.8	36.6	59.1	72.3
Cigarettes	2.8	--	11.2	--	22.1	--	38.3	16.8	20.1	32.7	43.6
Smokeless Tobacco	1.1	--	3.2	--	8.6	--	15.8	6.4	9.6	15.2	16.3
Marijuana	0.5	--	6.3	--	23.6	--	42.3	15.9	15.7	32.3	42.0
Inhalants	7.0	--	11.0	--	10.0	--	9.2	9.3	14.9	12.3	9.5
Cocaine	0.2	--	1.0	--	1.9	--	5.6	1.9	2.6	4.6	6.0
Crack Cocaine	0.2	--	0.7	--	0.9	--	1.3	0.7	1.7	2.1	2.4
Heroin	0.0	--	0.4	--	0.6	--	1.0	0.5	1.3	1.5	1.2
Hallucinogens	0.1	--	0.8	--	3.4	--	8.9	2.8	3.0	6.1	7.4
Methamphetamine	0.2	--	0.4	--	0.5	--	1.0	0.5	1.6	2.8	2.4
Ecstasy	0.1	--	0.6	--	1.5	--	4.5	1.5	2.2	5.5	6.5
Steroids	0.4	--	0.8	--	0.9	--	1.1	0.8	1.3	1.3	2.2
Any Illicit Drug (Other than Marijuana)	7.4	--	12.0	--	12.9	--	16.7	11.9	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.

¹ Johnston et al. (2009b).

Table 4. Past-30-Day Use of Alcohol, Tobacco and Other Drugs

	Chester County 2009								Monitoring the Future ¹		
	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %	8 th %	10 th %	12 th %
Alcohol	3.7	--	11.8	--	33.0	--	50.3	22.1	14.9	30.4	43.5
Binge Drinking	1.0	--	4.4	--	17.9	--	32.4	12.2	7.8	17.5	25.2
Cigarettes	0.5	--	3.5	--	8.8	--	18.4	6.8	6.5	13.1	20.1
Smokeless Tobacco	0.5	--	1.7	--	5.1	--	9.0	3.6	3.7	6.5	8.4
Marijuana	0.4	--	3.3	--	15.9	--	26.1	10.0	6.5	15.9	20.6
Inhalants	4.2	--	6.4	--	4.5	--	3.4	4.8	3.8	2.2	1.2
Cocaine	0.1	--	0.5	--	0.6	--	1.8	0.7	0.8	0.9	1.3
Crack Cocaine	0.1	--	0.3	--	0.5	--	0.6	0.4	0.5	0.4	0.6
Heroin	0.0	--	0.2	--	0.2	--	0.6	0.2	0.4	0.4	0.4
Hallucinogens	0.1	--	0.6	--	2.1	--	3.5	1.4	0.9	1.4	1.6
Methamphetamine	0.2	--	0.6	--	0.4	--	0.8	0.5	0.5	0.6	0.5
Ecstasy	0.1	--	0.4	--	0.9	--	2.2	0.8	0.6	1.3	1.8
Steroids	0.3	--	0.5	--	0.5	--	0.8	0.5	0.4	0.5	1.0
Any Illicit Drug (Other than Marijuana)	4.5	--	7.4	--	6.6	--	7.6	6.5	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.

¹ Johnston et al. (2009b).

Comparisons to Pennsylvania Statewide Results

Additional context for evaluating the pattern of ATOD use reported by Chester County students is provided by a comparison to statewide results from the 2009 *PAYS*. This comparison—as well as other comparisons to statewide results throughout this report—focuses on results recorded for individual grade levels. Comparisons of overall results can be valuable as well, but consideration should be given to how differences in the composition of each sample across grade levels may impact the validity of the comparison. For example, overall results from a school district that only surveyed students in grades 6 and 8 are not directly comparable to overall results from a statewide survey that included students in grades 6, 8, 10 and 12.

Lifetime and past-30-day prevalence rates for surveyed students in Pennsylvania are presented in Tables 5 and 6. (Please note that throughout this report tables that include statewide results are shaded orange, while tables that include county or district results are shaded blue.) Across the four comparison grades (6th, 8th, 10th and 12th), students in Chester County reported lower average levels of lifetime cigarette, alcohol, smokeless tobacco and inhalant use than Pennsylvania statewide. The largest grade-level differences in lifetime substance use were for cigarettes in the 8th and 10th grades (11.2% and 22.1% versus 20.6% and 32.0% for Pennsylvania statewide) and alcohol in the 8th grade (32.5% versus 45.0% for Pennsylvania statewide).

For past-30-day ATOD use, students in Chester County reported a lower average level of cigarette use than Pennsylvania statewide. The largest grade-level differences in past-30-day substance use were for cigarettes in the 10th grade (8.8% versus 13.9% for Pennsylvania statewide), binge drinking in the 12th grade (32.4% versus 27.6% for Pennsylvania statewide) and alcohol in the 8th grade (11.8% versus 17.2% for Pennsylvania statewide).

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	20.8	--	45.0	--	56.7	--	70.0	49.3
Cigarettes	4.6	--	20.6	--	32.0	--	44.3	26.3
Smokeless Tobacco	2.5	--	8.8	--	14.2	--	21.4	12.1
Marijuana	0.6	--	9.8	--	25.1	--	41.1	20.0
Inhalants	10.2	--	13.9	--	12.2	--	9.7	11.5
Cocaine	0.0	--	0.5	--	1.8	--	4.8	1.9
Crack Cocaine	0.2	--	0.4	--	1.2	--	1.1	0.8
Heroin	0.1	--	0.2	--	0.9	--	1.4	0.7
Hallucinogens	0.1	--	1.0	--	3.7	--	8.0	3.3
Methamphetamine	0.2	--	0.2	--	0.7	--	1.1	0.6
Ecstasy	0.2	--	0.7	--	2.2	--	4.8	2.1
Steroids	0.6	--	0.7	--	1.1	--	1.0	0.8
Any Illicit Drug (Other than Marijuana)	10.5	--	15.0	--	15.4	--	17.2	14.7

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

Table 6. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Pennsylvania Statewide 2009

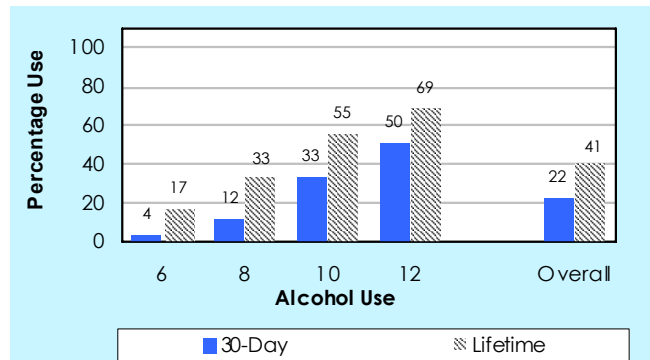
	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	5.1	--	17.2	--	30.5	--	46.0	25.5
Binge Drinking	1.2	--	7.5	--	15.7	--	27.6	13.6
Cigarettes	0.9	--	6.7	--	13.9	--	20.8	11.0
Smokeless Tobacco	0.6	--	4.7	--	7.6	--	10.9	6.2
Marijuana	0.3	--	5.4	--	14.2	--	23.7	11.4
Inhalants	6.8	--	8.2	--	5.5	--	3.3	5.9
Cocaine	0.1	--	0.2	--	0.6	--	1.2	0.6
Crack Cocaine	0.0	--	0.3	--	0.4	--	0.4	0.3
Heroin	0.0	--	0.2	--	0.2	--	0.5	0.2
Hallucinogens	0.1	--	0.8	--	2.3	--	3.5	1.8
Methamphetamine	0.0	--	0.1	--	0.5	--	0.4	0.3
Ecstasy	0.0	--	0.4	--	1.4	--	2.2	1.1
Steroids	0.5	--	0.3	--	0.7	--	0.8	0.6
Any Illicit Drug (Other than Marijuana)	7.3	--	9.3	--	8.1	--	7.6	8.1

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

Item-Level Results

Alcohol

Alcohol, including beer, wine and hard liquor, is the drug used most often by adolescents today. Findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In comparison, cigarette use (the second most pervasive category of ATOD use) is only about half as prevalent as alcohol use. Given the national pattern, it is not surprising that alcohol is the most used drug among students in Chester County.



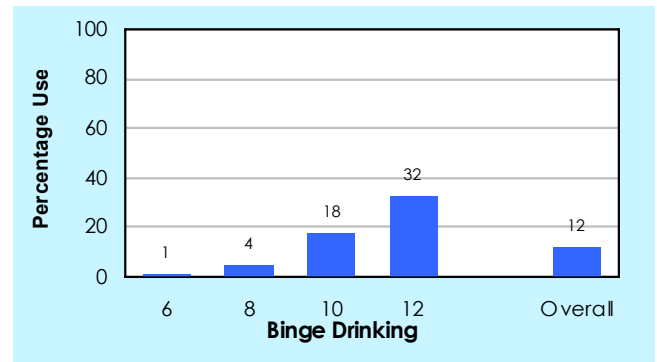
Lifetime Use:

- Lifetime prevalence of alcohol use ranges from a low of 16.9% for 6th graders to a high of 68.8% for 12th graders. Overall, 40.8% of Chester County students have used alcohol at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported lower rates of lifetime alcohol use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 6th and 8th graders and similar among 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of alcohol use ranges from a low of 3.7% for 6th graders to a high of 50.3% for 12th graders. Overall, 22.1% of Chester County students have used alcohol at least once in the last 30 days.
- Compared to national findings, 8th graders reported a lower rate of past-30-day alcohol use and 10th and 12th graders reported higher rates of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were higher among 10th and 12th graders, lower among 8th graders and similar among 6th graders.

Binge drinking (defined as a report of five or more drinks in a row within the past two weeks) is extremely dangerous. Several studies have shown that binge drinking is related to higher probabilities of drinking and driving as well as injury due to intoxication. As with alcohol use in general, binge drinking tends to become more pervasive as students grow older.



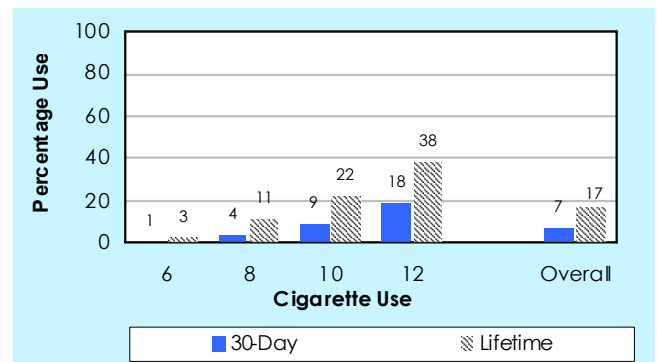
- Across grades, the prevalence rate of binge drinking ranges from a low of 1.0% for 6th graders to a high of 32.4% for 12th graders. Overall, 12.2% of Chester County students have reported at least one episode of binge drinking in the past two weeks.
- Compared to national findings, 8th graders reported a lower rate of binge drinking, 10th graders reported a similar rate and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of use that were higher among 10th and 12th graders, lower among 8th graders and similar among 6th graders.

Tobacco

After alcohol, tobacco (including cigarettes and smokeless tobacco) is the most commonly used drug among adolescents. Nationally, tobacco use (including both cigarettes and smokeless tobacco) has declined substantially since the 1990s (Johnston et al., 2009b).

Lifetime Cigarette Use:

- Lifetime prevalence of cigarette use ranges from a low of 2.8% for 6th graders to a high of 38.3% for 12th graders. Overall, 16.8% of Chester County students have used cigarettes at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported lower rates of lifetime cigarette use.



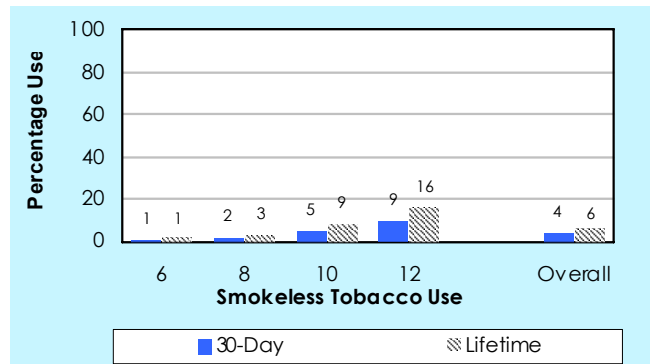
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 8th, 10th and 12th graders and similar among 6th graders.

Past-30-Day Cigarette Use:

- Past-30-day prevalence of cigarette use ranges from a low of 0.5% for 6th graders to a high of 18.4% for 12th graders. Overall, 6.8% of Chester County students have used cigarettes at least once in the last 30 days.
- Compared to national findings, 8th and 10th graders reported lower rates of past-30-day cigarette use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were lower among 8th, 10th and 12th graders and similar among 6th graders.

Lifetime Smokeless Tobacco Use:

- Lifetime prevalence of smokeless tobacco use ranges from a low of 1.1% for 6th graders to a high of 15.8% for 12th graders. Overall, 6.4% of Chester County students have used smokeless tobacco at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime smokeless tobacco use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 8th, 10th and 12th graders and similar among 6th graders.

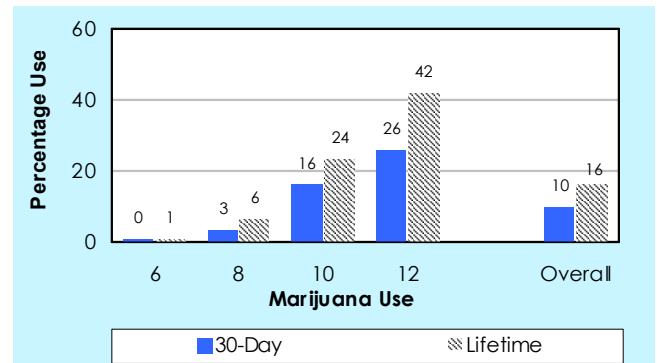


Past-30-Day Smokeless Tobacco Use:

- Past-30-day prevalence of smokeless tobacco use ranges from a low of 0.5% for 6th graders to a high of 9.0% for 12th graders. Overall, 3.6% of Chester County students have used smokeless tobacco at least once in the last 30 days.
- Compared to national findings, 8th graders reported a lower rate of past-30-day smokeless tobacco use and 10th and 12th graders reported similar rates of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were lower among 8th and 10th graders and similar among 6th and 12th graders.

Marijuana

During the 1990s, there were notable changes in trends of marijuana use throughout the United States. Results from the *Monitoring the Future* study show increases in both lifetime and past-30-day prevalence rates through the early and mid 1990s (Johnston et al., 2009b). For 8th and 10th graders, the past-30-day rates more than doubled during this period. Since 1996 and 1997, when past-30-day marijuana use peaked, rates have declined.



Lifetime Use:

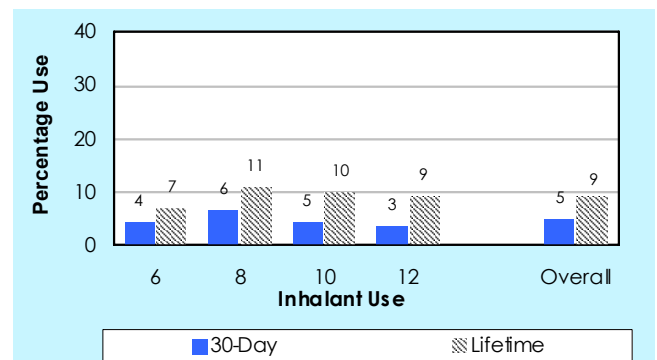
- Lifetime prevalence of marijuana use ranges from a low of 0.5% for 6th graders to a high of 42.3% for 12th graders. Overall, 15.9% of Chester County students have used marijuana at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime marijuana use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 8th graders and similar among 6th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of marijuana use ranges from a low of 0.4% for 6th graders to a high of 26.1% for 12th graders. Overall, 10.0% of Chester County students have used marijuana at least once in the last 30 days.
- Compared to national findings, 8th graders reported a lower rate of past-30-day marijuana use, 10th graders reported the same rate and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were higher among 12th graders, lower among 8th graders and similar among 6th and 10th graders.

Inhalants

Inhalant use is more prevalent with younger students, perhaps because inhalants are often the easiest drugs for them to obtain. 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 (national results) should be made carefully because there are differences in survey questions for this class of drugs.



Lifetime Use:

- Lifetime prevalence of inhalant use ranges from a low of 7.0% for 6th graders to a high of 11.0% for 8th graders. Overall, 9.3% of Chester County students have used inhalants at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime inhalant use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 6th, 8th and 10th graders and similar among 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of inhalant use ranges from a low of 3.4% for 12th graders to a high of 6.4% for 8th graders. Overall, 4.8% of Chester County students have used inhalants at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported higher rates of past-30-day inhalant use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were lower among 6th graders and similar among 8th, 10th and 12th graders.

Other Illicit Drugs

The *PAYS* also measures the prevalence of use for a variety of other drugs. This includes student use of the following: cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids. The rates for prevalence of use of these other drugs are generally lower than the rates for alcohol, tobacco, marijuana and inhalants. Additionally, use of these other drugs tends to be concentrated in the upper grade levels.

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.

Lifetime Use:

- Lifetime prevalence of cocaine use ranges from a low of 0.2% for 6th graders to a high of 5.6% for 12th graders. Overall, 1.9% of Chester County students have used cocaine at least once in their lifetimes.
- Compared to national findings, 8th and 12th graders reported similar rates of lifetime cocaine use and 10th graders reported a lower rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of cocaine use ranges from a low of 0.1% for 6th graders to a high of 1.8% for 12th graders. Overall, 0.7% of Chester County students have used cocaine at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day cocaine use.

-
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 6th and 10th graders and similar among 8th and 12th graders.

Crack Cocaine

“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.

Lifetime Use:

- Lifetime prevalence of crack cocaine use ranges from a low of 0.2% for 6th graders to a high of 1.3% for 12th graders. Overall, 0.7% of Chester County students have used crack cocaine at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime crack cocaine use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of crack cocaine use ranges from a low of 0.1% for 6th graders to a high of 0.6% for 12th graders. Overall, 0.4% of Chester County students have used crack cocaine at least once in the last 30 days.
- Compared to national findings, 8th and 10th graders reported similar rates of past-30-day crack cocaine use and 12th graders reported the same rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 8th graders and similar among 6th, 10th and 12th graders.

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.

Lifetime Use:

- Lifetime prevalence of heroin use ranges from a low of 0.0% for 6th graders to a high of 1.0% for 12th graders. Overall, 0.5% of Chester County students have used heroin at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime heroin use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of heroin use ranges from a low of 0.0% for 6th graders to a high of 0.6% for 12th graders. Overall, 0.2% of Chester County students have used heroin at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day heroin use.

-
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 6th, 8th and 10th graders and similar among 12th graders.

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*, hallucinogens were defined as “hallucinogens (acid, LSD, and ’shrooms).”

Lifetime Use:

- Lifetime prevalence of hallucinogen use ranges from a low of 0.1% for 6th graders to a high of 8.9% for 12th graders. Overall, 2.8% of Chester County students have used hallucinogens at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime hallucinogen use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of hallucinogen use ranges from a low of 0.1% for 6th graders to a high of 3.5% for 12th graders. Overall, 1.4% of Chester County students have used hallucinogens at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day hallucinogen use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 6th and 12th graders and similar among 8th and 10th graders.

Methamphetamine

Methamphetamine is a highly addictive stimulant with effects similar to cocaine. Use of methamphetamine can cause physical and psychological problems, such as rapid or irregular heart rate, increased blood pressure, anxiety and insomnia.

Lifetime Use:

- Lifetime prevalence of methamphetamine use ranges from a low of 0.2% for 6th graders to a high of 1.0% for 12th graders. Overall, 0.5% of Chester County students have used methamphetamine at least once in their lifetimes.
- Compared to national findings, 8th and 12th graders reported similar rates of lifetime methamphetamine use and 10th graders reported a lower rate of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of methamphetamine use ranges from a low of 0.2% for 6th graders to a high of 0.8% for 12th graders. Overall, 0.5% of Chester County students have used methamphetamine at least once in the last 30 days.

-
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day methamphetamine use.
 - Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were similar across all of the comparison grades.

Ecstasy

Ecstasy (also known as MDMA) has both stimulant and hallucinogenic effects. After showing an increase in use nationwide from 1998 to 2001, use of Ecstasy appears to have declined in recent years, while the proportion of young people perceiving it as dangerous has increased (Johnston et al., 2009b).

Lifetime Use:

- Lifetime prevalence of Ecstasy use ranges from a low of 0.1% for 6th graders to a high of 4.5% for 12th graders. Overall, 1.5% of Chester County students have used Ecstasy at least once in their lifetimes.
- Compared to national findings, 8th graders reported a similar rate of lifetime Ecstasy use and 10th and 12th graders reported lower rates of use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of Ecstasy use ranges from a low of 0.1% for 6th graders to a high of 2.2% for 12th graders. Overall, 0.8% of Chester County students have used Ecstasy at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day Ecstasy use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 8th and 12th graders and similar among 6th and 10th graders.

Steroids

The primary use for steroids in humans is to raise inadequate levels of testosterone. However, some 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.

Lifetime Use:

- Lifetime prevalence of steroid use ranges from a low of 0.4% for 6th graders to a high of 1.1% for 12th graders. Overall, 0.8% of Chester County students have used steroids at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime steroid use.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of steroid use ranges from a low of 0.3% for 6th graders to a high of 0.8% for 12th graders. Overall, 0.5% of Chester County students have used steroids at least once in the last 30 days.

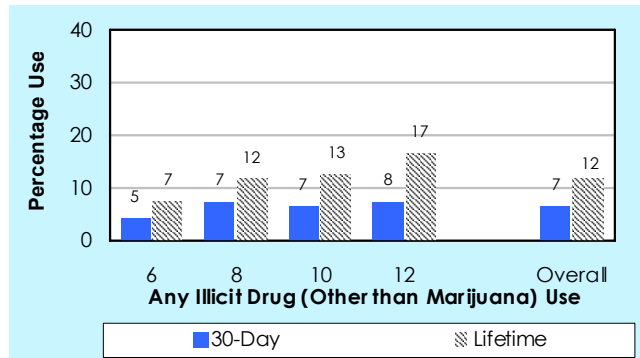
-
- Compared to national findings, 8th and 12th graders reported similar rates of past-30-day steroid use and 10th graders reported the same rate of use.
 - Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 12th graders and similar among 6th, 8th and 10th graders.

Any Illicit Drug (Other than Marijuana)

The final ATOD indicator reports on the use of any illicit drug other than marijuana. This drug combination rate—which includes use of one or more of the following drugs: inhalants, cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids—provides prevention planners with an overall indicator of so-called “hard” drug use.

Marijuana use is excluded from this index because the higher prevalence of marijuana use tends to obscure the presence or absence of the other drugs. In other words, an indicator of

“Any Illicit Drug Use (*Including Marijuana*)” primarily measures marijuana use. Direct comparisons to *Monitoring the Future* results are not available for this measure.



Lifetime Use:

- Lifetime prevalence of any illicit drug (other than marijuana) use ranges from a low of 7.4% for 6th graders to a high of 16.7% for 12th graders. Overall, 11.9% of Chester County students have used any illicit drug (other than marijuana) at least once in their lifetimes.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were lower among 6th, 8th and 10th graders and similar among 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of any illicit drug (other than marijuana) use ranges from a low of 4.5% for 6th graders to a high of 7.6% for 12th graders. Overall, 6.5% of Chester County students have used any illicit drug (other than marijuana) at least once in the last 30 days.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were lower among 6th graders, the same among 12th graders and similar among 8th and 10th graders.

Prescription Drugs

In recent years the nonmedical use of prescription drugs has emerged as a major public health issue. Both the *National Survey on Drug Use and Health* (Substance Abuse and Mental Health Services Administration, 2003) and the *Monitoring the Future* study (Johnston et al., 2009a), two major sources of youth drug abuse prevalence data, have reported increases in the unauthorized use of prescription drugs. This trend is particularly troubling given the adverse health consequences related to prescription drug abuse, which include addiction, physical dependence and the possibility of overdose.

Despite these concerns, the research community is still in the early stages of developing survey methods that can accurately measure the prevalence of prescription drug abuse. If anonymity is ensured, most students will honestly and accurately report their use of alcohol, tobacco, marijuana and other easily recognized categories of illicit drugs. The measurement of prescription drug use, however, is more complex. There are many prescription medicines that are subject to abuse, making it impossible to present an exhaustive list. Also, respondents may have difficulty identifying the names of prescription drugs they have used, and they may have difficulty distinguishing between prescription and over-the-counter medications.

With these challenges in mind, the *PAYS* included six new questions designed to measure prevalence-of-use rates across the three prescription drug categories that, according to the National Institute on Drug Abuse, are among the most likely to be abused: pain relievers, stimulants and tranquilizers. Each question includes examples of some of the best known drugs within that category. Results for Chester County are presented in Tables 7 and 8, and results for Pennsylvania statewide are presented in Tables 9 and 10.

On how many occasions (if any) have you:

- Used prescription pain relievers, such as Vicodin[®], OxyContin[®] or Tylox[®], without a doctor's orders, in your lifetime?
- Used prescription pain relievers, such as Vicodin[®], OxyContin[®] or Tylox[®], without a doctor's orders, during the past 30 days?
- Used prescription tranquilizers, such as Xanax[®], Valium[®] or Ambien[®], without a doctor's orders, in your lifetime?
- Used prescription tranquilizers, such as Xanax[®], Valium[®] or Ambien[®], without a doctor's orders, during the past 30 days?
- Used prescription stimulants, such as Ritalin[®] or Adderall[®], without a doctor's orders, in your lifetime?
- Used prescription stimulants, such as Ritalin[®] or Adderall[®], without a doctor's orders, during the past 30 days?

Pain Relievers

Lifetime Use:

- Lifetime prevalence of prescription pain reliever use ranges from a low of 1.0% for 6th graders to a high of 13.0% for 12th graders. Overall, 5.1% of Chester County students have used prescription pain relievers at least once in their lifetimes.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of prescription pain reliever use ranges from a low of 0.9% for 6th graders to a high of 7.9% for 12th graders. Overall, 3.6% of Chester County students have used prescription pain relievers at least once in the last 30 days.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were similar across all of the comparison grades.

Tranquilizers

Lifetime Use:

- Lifetime prevalence of tranquilizer use ranges from a low of 0.4% for 6th graders to a high of 8.7% for 12th graders. Overall, 3.0% of Chester County students have used tranquilizers at least once in their lifetimes.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were the same among 8th graders and similar among 6th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of tranquilizer use ranges from a low of 0.2% for 6th graders to a high of 5.0% for 12th graders. Overall, 1.8% of Chester County students have used tranquilizers at least once in the last 30 days.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Stimulants

Lifetime Use:

- Lifetime prevalence of stimulant use ranges from a low of 0.4% for 6th graders to a high of 11.3% for 12th graders. Overall, 3.7% of Chester County students have used stimulants at least once in their lifetimes.
- Compared to Pennsylvania statewide, students in Chester County reported rates of lifetime use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of stimulant use ranges from a low of 0.3% for 6th graders to a high of 7.0% for 12th graders. Overall, 2.5% of Chester County students have used stimulants at least once in the last 30 days.
- Compared to Pennsylvania statewide, students in Chester County reported rates of past-30-day use that were similar across all of the comparison grades.

Table 7. Lifetime Use of Prescription Drugs, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Pain Relievers	1.0	--	2.3	--	6.6	--	13.0	5.1
Tranquilizers	0.4	--	0.7	--	4.0	--	8.7	3.0
Stimulants	0.4	--	1.1	--	4.6	--	11.3	3.7

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

Table 8. Past-30-Day Use of Prescription Drugs, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Pain Relievers	0.9	--	1.8	--	5.2	--	7.9	3.6
Tranquilizers	0.2	--	0.5	--	2.7	--	5.0	1.8
Stimulants	0.3	--	0.8	--	3.3	--	7.0	2.5

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

Table 9. Lifetime Use of Prescription Drugs, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Pain Relievers	1.6	--	3.7	--	8.3	--	14.8	7.4
Tranquilizers	0.2	--	0.7	--	3.0	--	8.4	3.2
Stimulants	0.4	--	1.5	--	4.3	--	10.1	4.2

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

Table 10. Past-30-Day Use of Prescription Drugs, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Pain Relievers	1.0	--	3.6	--	6.1	--	8.7	5.0
Tranquilizers	0.2	--	0.8	--	2.1	--	4.2	1.9
Stimulants	0.2	--	1.2	--	3.2	--	6.0	2.8

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

Section 3

Other Antisocial Behaviors

Introduction

The *PAYS* also measures a series of seven other problem, or antisocial, behaviors—that is, behaviors that run counter to established norms of good behavior.

- Attacking Someone with Intent to Harm
- Attempting to Steal a Vehicle
- Being Arrested
- Being Drunk or High at School
- Getting Suspended
- Selling Drugs
- Bringing a Weapon (Such as a Gun, Knife or Club) to School

Measurement

As with alcohol, tobacco and other drug use, prevalence tables and graphs are employed to illustrate the percentages of students who reported other antisocial behaviors. For the first six other antisocial behaviors, prevalence rates are presented for the incidence of behavior over the past 12 months. For *Bringing a Weapon (Such as a Gun, Knife or Club) to School*, prevalence rates are reported for the past 30 days. In addition, frequency data for *Bringing a Weapon (Such as a Gun, Knife or Club) to School*, illustrating the number of occasions that students reported bringing a weapon to school within the past 30 days, are presented in Appendix A.

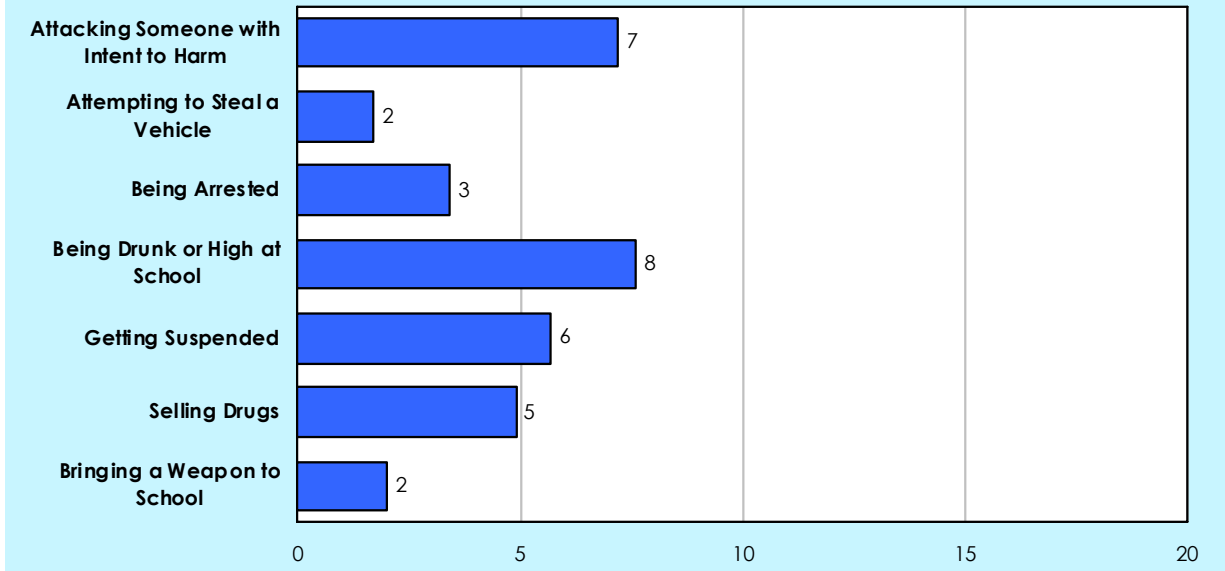
Results Summary

Overall Results

Other antisocial behavior prevalence rates for the combined sample of 6th, 8th, 10th and 12th graders are presented in Graph 3, and in the overall results column of Table 11. Across all grades, 7.6% of students reported *Being Drunk or High at School* in the past year, making it the most prevalent of the seven behaviors in Chester County. *Attacking Someone with Intent to Harm* is the second most prevalent antisocial behavior, with 7.2% of Chester County students reporting having attacked someone in the past

year. Students in Chester County reported very low levels of participation in the following antisocial behaviors: *Being Arrested*, *Bringing a Weapon to School* and *Attempting to Steal a Vehicle*.

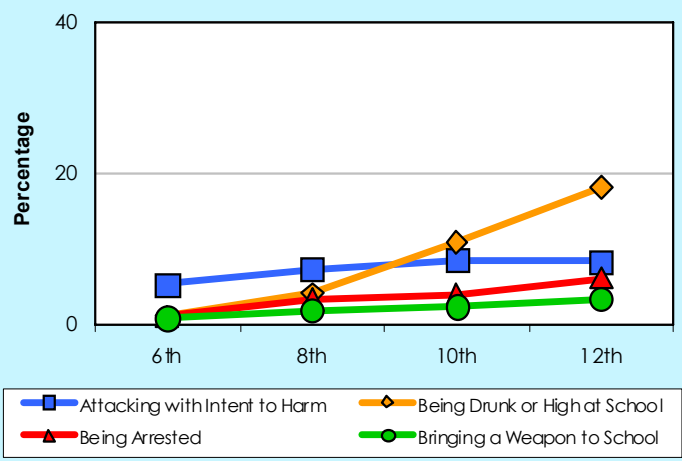
Graph 3. Overall Prevalence of Other Antisocial Behaviors



Grade-Level Results

Other antisocial behavior prevalence rates within individual grades are presented in Graph 4 and Table 11. In many communities, these behaviors reveal a complex pattern of changes across grades. Typically, reports of *Being Drunk or High at School* and *Selling Drugs* follow the ATOD model, with prevalence rates increasing through the upper grade levels. In contrast, reports of *Attacking Someone with Intent to Harm*, *Getting Suspended* and *Being Arrested* often peak in the late middle school or early high school years. Prevalence rates for *Attempting to Steal a Vehicle* and *Bringing a Weapon (Such as a Gun, Knife or Club) to School* are generally too low to allow meaningful comparisons across grade levels.

Graph 4. Prevalence of Selected Other Antisocial Behaviors, by Grade



Prevention planners in Chester County should review the other antisocial behavior profiles within individual grades, with special attention toward behaviors that show a marked deviation from these patterns.

Table 11. Prevalence of Other Antisocial Behaviors, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	5.3	--	7.2	--	8.5	--	8.3	7.2
Attempting to Steal a Vehicle	0.7	--	1.3	--	2.6	--	2.4	1.7
Being Arrested	1.0	--	3.3	--	4.0	--	6.1	3.4
Being Drunk or High at School	1.0	--	4.1	--	10.8	--	18.1	7.6
Getting Suspended	3.8	--	6.8	--	5.7	--	6.6	5.7
Selling Drugs	0.3	--	2.1	--	6.8	--	12.8	4.9
Bringing a Weapon to School	0.8	--	1.9	--	2.3	--	3.4	2.0
Average	1.8	--	3.8	--	5.8	--	8.2	4.6

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

Comparisons to Pennsylvania Statewide

Additional context for evaluating the pattern of other antisocial behaviors reported by Chester County students is provided by a comparison to results from Pennsylvania statewide. Prevalence rates for surveyed students in Pennsylvania are presented in Table 12. Across the four comparison grades (6th, 8th, 10th and 12th), students in Chester County reported lower average levels of *Getting Suspended* and *Attacking Someone with Intent to Harm* than Pennsylvania statewide. The largest grade-level differences in other antisocial behaviors were for *Getting Suspended* in the 10th grade (5.7% versus 10.8% for Pennsylvania statewide), *Being Drunk or High at School* in the 8th grade (4.1% versus 6.9% for Pennsylvania statewide) and *Attacking Someone with Intent to Harm* in the 8th grade (7.2% versus 10.3% for Pennsylvania statewide).

Table 12. Prevalence of Other Antisocial Behaviors, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	5.8	--	10.3	--	10.8	--	10.5	9.5
Attempting to Steal a Vehicle	0.5	--	1.8	--	2.5	--	1.8	1.7
Being Arrested	0.6	--	4.6	--	5.8	--	5.5	4.3
Being Drunk or High at School	1.6	--	6.9	--	11.5	--	17.4	9.7
Getting Suspended	3.0	--	9.1	--	10.8	--	9.0	8.2
Selling Drugs	0.1	--	2.3	--	6.7	--	10.7	5.2
Bringing a Weapon to School	0.9	--	2.1	--	2.8	--	3.2	2.3
Average	1.8	--	5.3	--	7.3	--	8.3	5.8

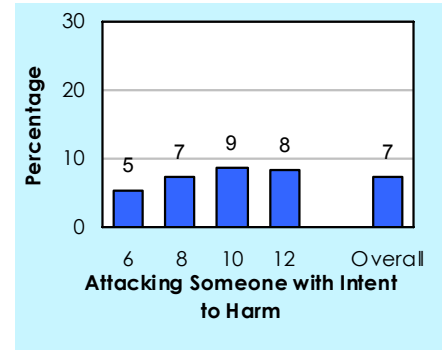
Note: The symbol "--" indicates that data are not available because students were not surveyed.

Item-Level Results

Attacking Someone with Intent to Harm

Attacking someone with intent to harm is measured 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.

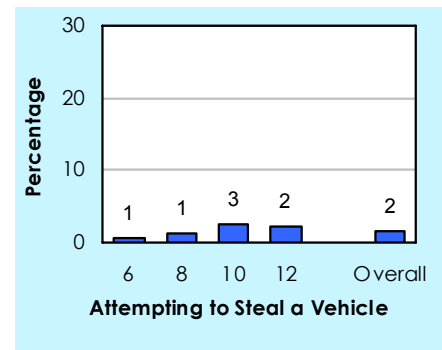
- Prevalence rates for *Attacking Someone with Intent to Harm* range from a low of 5.3% among 6th graders to a high of 8.5% among 10th graders.
- Overall, 7.2% of Chester County students reported having attacked someone with intent to harm in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were lower among 8th, 10th and 12th graders and similar among 6th graders.



Attempting to Steal a Vehicle

Vehicle theft is measured 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?”

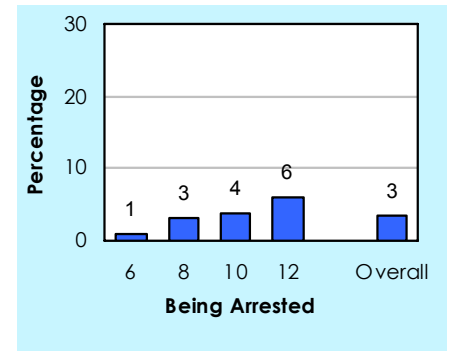
- Prevalence rates for *Attempting to Steal a Vehicle* range from a low of 0.7% among 6th graders to a high of 2.6% among 10th graders.
- Overall, 1.7% of Chester County students reported having attempted to steal a vehicle in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were similar across all of the comparison grades.



Being Arrested

Any student experience with being arrested is measured 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.

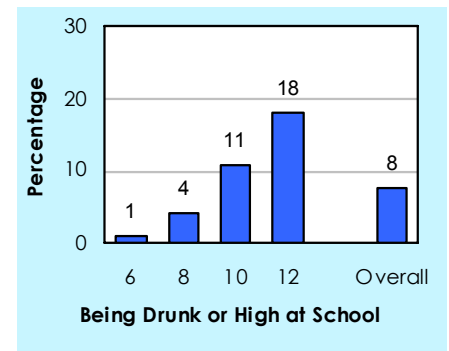
- Prevalence rates for *Being Arrested* range from a low of 1.0% among 6th graders to a high of 6.1% among 12th graders.
- Overall, 3.4% of Chester County students reported having been arrested in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were similar across all of the comparison grades.



Being Drunk or High at School

Having been drunk or high at school is measured by the question “How many times in the past year (12 months) have you been drunk or high at school?”

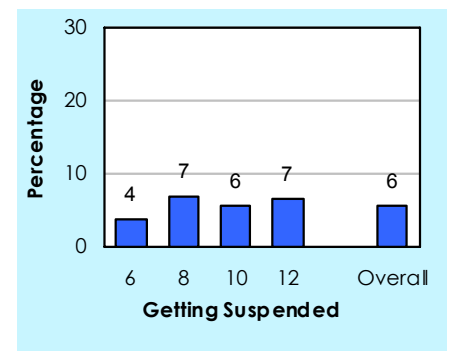
- Prevalence rates for *Being Drunk or High at School* range from a low of 1.0% among 6th graders to a high of 18.1% among 12th graders.
- Overall, 7.6% of Chester County students reported having been drunk or high at school in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were lower among 8th graders and similar among 6th, 10th and 12th graders.



Getting Suspended

Suspension is measured 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 make that definition. School suspension rates vary substantially from district to district. Therefore, these rates should be interpreted by someone knowledgeable about local school suspension policy.

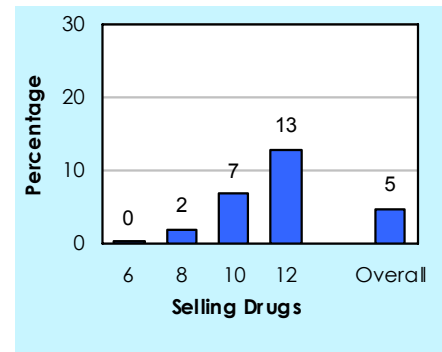
- Prevalence rates for *Getting Suspended* range from a low of 3.8% among 6th graders to a high of 6.8% among 8th graders.
- Overall, 5.7% of Chester County students reported having been suspended in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were lower among 8th, 10th and 12th graders and similar among 6th graders.



Selling Drugs

Selling drugs is measured 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.”

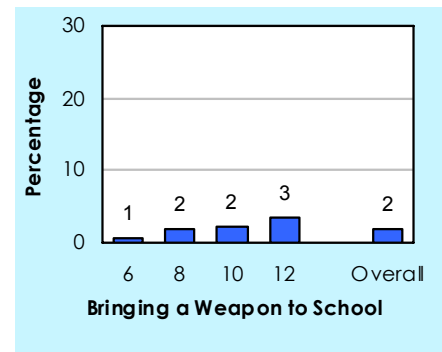
- Prevalence rates for *Selling Drugs* range from a low of 0.3% among 6th graders to a high of 12.8% among 12th graders.
- Overall, 4.9% of Chester County students reported having sold drugs in the past year.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were higher among 12th graders and similar among 6th, 8th and 10th graders.



Bringing a Weapon (Such as a Gun, Knife or Club) to School

Bringing a weapon (such as a gun, knife or club) to school is measured by the question “How many times in the past 30 days have you brought a weapon (such as a gun, knife or club) to school?”

- Prevalence rates for *Bringing a Weapon to School* range from a low of 0.8% among 6th graders to a high of 3.4% among 12th graders.
- Overall, 2.0% of Chester County students reported having brought a weapon to school in the past 30 days.
- Compared to Pennsylvania statewide, students in Chester County reported rates that were similar across all of the comparison grades.



Section 4

Special Topics

Introduction

The *PAYS* included questions on the following special topics: age of onset of ATOD use and other antisocial behavior, driving under the influence of alcohol or marijuana, willingness to try or use ATODs, gambling, symptoms of depression, and the frequency of having been threatened or attacked at school.

Age of Onset of ATOD Use and Other Antisocial Behavior

Using age-of-initiation data to coordinate the timing of prevention efforts can be an important tool for maximizing program effectiveness. For example, programs delivered after the majority of potential drug users have already initiated the behavior may have limited impact. Alternatively, very early intervention might prove less effective because it is not close enough to the critical initiation period.

Chester County students were asked nine questions about the age at which they first used ATODs and participated in other antisocial behaviors. The topics covered include: trying alcohol (“more than a sip or two”), drinking alcohol regularly (“at least once or twice a month”), smoking cigarettes, smoking marijuana, being suspended from school, being arrested, carrying a handgun, attacking someone with intent to harm, and belonging to a gang. Results for Chester County students are presented in Table 13, and comparison data from the statewide survey are presented in Table 14.

While the average age of onset is typically lower in the earlier grades than it is in the later ones, this should not be interpreted as indicating that the younger cohorts are initiating substance use at an earlier age than the older cohorts did. Rather, the average age for each cohort increases as its members progress through school and more of them initiate experimentation with ATODs and engage in other antisocial behaviors. For this reason, the question “When do students first start using alcohol?” is best answered by examining the responses of students in the highest grade level surveyed because they can best reflect on their high school and/or middle school experiences and accurately report the age they first started using drugs or engaging in other antisocial behaviors.

Table 13. Average Age of Onset of ATOD Use and Other Antisocial Behaviors, Chester County 2009

	6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Trying Alcohol	10.5	--	11.8	--	13.4	--	14.4	13.1
Drinking Alcohol Regularly	12.0	--	12.6	--	14.4	--	15.6	14.8
Smoking Cigarettes	10.6	--	11.9	--	13.2	--	14.4	13.3
Smoking Marijuana	11.4	--	12.4	--	13.9	--	14.8	14.2
Being Suspended from School	10.4	--	11.6	--	12.6	--	13.6	12.2
Being Arrested	10.5	--	12.1	--	13.3	--	14.8	13.4
Carrying a Handgun	10.6	--	11.5	--	12.4	--	13.1	11.9
Attacking Someone with Intent to Harm	10.5	--	11.6	--	12.2	--	13.0	12.0
Belonging to a Gang	10.7	--	12.1	--	12.3	--	12.8	12.0

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

Table 14. Average Age of Onset of ATOD Use and Other Antisocial Behaviors, Pennsylvania Statewide 2009

	6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Trying Alcohol	10.4	--	11.7	--	13.2	--	14.3	13.1
Drinking Alcohol Regularly	11.5	--	12.6	--	14.2	--	15.6	14.7
Smoking Cigarettes	10.6	--	11.7	--	12.9	--	13.9	13.0
Smoking Marijuana	11.8	--	12.4	--	13.7	--	14.7	14.1
Being Suspended from School	10.4	--	11.4	--	12.6	--	13.3	12.4
Being Arrested	10.4	--	11.9	--	13.4	--	14.6	13.5
Carrying a Handgun	10.6	--	11.5	--	12.5	--	13.2	12.1
Attacking Someone with Intent to Harm	10.5	--	11.4	--	12.3	--	13.2	12.1
Belonging to a Gang	10.6	--	11.7	--	13.0	--	13.4	12.3

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

Driving After Alcohol or Marijuana Use

Driving a car requires clear thinking and good hand-eye coordination. Operating a vehicle after using alcohol or marijuana may impair driving skills, making the driver a hazard on any roadway. 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?" Results for Chester County students are presented in Table 15, and comparison data from the statewide survey are presented in Table 16.

Table 15. Percentage of Youth Reporting Any Occasion of Driving Under the Influence, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Driving after Alcohol Use	0.4	--	1.3	--	2.2	--	18.4	4.7
Driving after Marijuana Use	0.2	--	0.9	--	2.7	--	22.7	5.5

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

Table 16. Percentage of Youth Reporting Any Occasion of Driving Under the Influence, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Driving after Alcohol Use	0.5	--	1.9	--	3.2	--	16.5	5.8
Driving after Marijuana Use	0.1	--	1.2	--	4.7	--	18.5	6.5

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

Willingness to Try or Use ATODs

Along with perceptions of risk and level of disapproval (Bachman et al., 1988), willingness to try or use ATODs may be viewed as one of the attitudinal constructs that facilitates drug use. Pennsylvania students were questioned regarding their willingness to try or use alcohol, marijuana, cocaine, hallucinogens and inhalants. Results for Chester County students are presented in Table 17, and comparison data from the statewide survey are presented in Table 18.

Table 17. Percentage of Youth Reporting Willingness to Try Selected ATODs, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	15.8	--	34.9	--	61.9	--	73.4	43.8
Marijuana	1.5	--	10.4	--	31.0	--	41.4	19.0
Cocaine	0.8	--	2.3	--	3.5	--	6.6	3.1
Hallucinogens	0.7	--	2.7	--	9.1	--	15.7	6.3
Inhalants	1.0	--	3.1	--	4.1	--	5.1	3.2

Note: The percentages reported in this table represent 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." Students who indicated "probably wouldn't use it" or "would never use it" were considered to be unwilling to try the substance. The symbol "--" indicates that data are not available because students were not surveyed.

Table 18. Percentage of Youth Reporting Willingness to Try Selected ATODs, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	17.3	--	42.7	--	60.2	--	72.0	49.6
Marijuana	1.6	--	13.2	--	28.4	--	38.4	21.4
Cocaine	0.9	--	2.2	--	3.8	--	5.7	3.3
Hallucinogens	0.8	--	2.8	--	9.2	--	14.1	7.1
Inhalants	1.3	--	3.2	--	5.0	--	4.7	3.7

Note: The percentages reported in this table represent 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." Students who indicated "probably wouldn't use it" or "would never use it" were considered to be unwilling to try the substance. The symbol "--" indicates that data are not available because students were not surveyed.

Gambling

The 2009 PAYS asks students a series of six questions about their experiences with gambling. These include past-12-month prevalence measures for: gambling for "money or anything of value," betting "money or anything of value on sporting events," buying "lottery tickets," betting "money using the internet," and betting "money or anything of value on table games like poker or other card games, dice, backgammon, or dominoes." A question about gambling for "money or anything of value" in the past 30 days is also asked. Results for Chester County students are presented in Table 19, and comparison data from the statewide survey are presented in Table 20.

Please note that two of the six gambling questions—the past-12-months and past-30-days gambling for "money or anything of value" items—are identical to questions used on the 2005 and 2007 surveys. The sports betting, lottery ticket, and table gaming questions are similar to questions that were included in the 2007 survey.

Table 19. Percentage of Youth Reporting Gambling or Gambling-Related Problems, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Gambled for money in the past year	7.3	--	14.8	--	20.2	--	22.8	15.7
Gambled for money in the past 30 days	4.7	--	8.5	--	10.4	--	12.9	8.9
Bet on sporting events in the past year	14.6	--	22.7	--	26.4	--	26.6	22.3
Bought lottery tickets in the past year	8.7	--	12.2	--	12.1	--	15.5	11.9
Bet money using the internet in the past year	2.3	--	4.0	--	3.8	--	4.8	3.7
Bet money on table games in the past year	8.8	--	14.2	--	16.5	--	19.2	14.4

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

Table 20. Percentage of Youth Reporting Gambling or Gambling-Related Problems, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Gambled for money in the past year	8.7	--	16.6	--	20.6	--	22.3	17.5
Gambled for money in the past 30 days	5.0	--	9.8	--	11.5	--	12.6	10.0
Bet on sporting events in the past year	14.8	--	23.2	--	25.0	--	25.7	22.5
Bought lottery tickets in the past year	11.5	--	12.1	--	14.5	--	19.2	14.5
Bet money using the internet in the past year	2.5	--	3.7	--	4.6	--	4.1	3.8
Bet money on table games in the past year	9.9	--	16.4	--	17.9	--	18.6	16.0

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

Symptoms of Depression

A number of scientific studies have identified a link between mental health problems, such as depression, and the use of alcohol, tobacco and other drugs during adolescence. The *PAYS* includes four questions that asks students about feelings—sadness, hopelessness and worthlessness—that can be symptoms of depression. Results for Chester County students are presented in Table 21, and comparison data from the statewide survey are presented in Table 22.

Table 21. Percentage of Youth Reporting Symptoms of Depression, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
In the past year, felt depressed or sad most days	19.7	--	23.1	--	27.0	--	27.7	24.1
Sometimes I think that life is not worth it	10.5	--	16.3	--	17.9	--	18.0	15.5
At times I think I am no good at all	17.9	--	22.8	--	27.1	--	26.1	23.2
All in all, I am inclined to think that I am a failure	7.5	--	10.8	--	13.6	--	13.3	11.1

Note: The numbers reported in this table represent the percentage of students who answered either "yes" or "Yes!" to each question. The symbol "--" indicates that data are not available because students were not surveyed.

Table 22. Percentage of Youth Reporting Symptoms of Depression, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
In the past year, felt depressed or sad most days	26.8	--	32.1	--	33.2	--	33.2	31.6
Sometimes I think that life is not worth it	14.7	--	23.0	--	22.9	--	21.0	20.6
At times I think I am no good at all	23.6	--	29.1	--	29.0	--	28.9	27.8
All in all, I am inclined to think that I am a failure	10.6	--	13.6	--	14.9	--	15.2	13.7

Note: The numbers reported in this table represent the percentage of students who answered either "yes" or "Yes!" to each question. The symbol "--" indicates that data are not available because students were not surveyed.

Violence and Drugs on School Property

Pennsylvania students were also surveyed regarding the frequency with which they have been threatened or attacked on school property within the past year, and whether they were offered, given, or sold illegal drugs on school property within the past year. Results for Chester County students are presented in Table 23, and comparison data from the statewide survey are presented in Table 24.

Table 23. Percentage of Youth Reporting Violence or Drugs on School Property in the Past Year, Chester County

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Threatened to be hit or beaten up	13.3	--	16.4	--	14.2	--	10.7	13.9
Attacked or beaten up	5.9	--	6.7	--	4.9	--	3.7	5.5
Threatened with a weapon	1.8	--	3.2	--	2.6	--	2.0	2.5
Attacked with a weapon	0.6	--	1.2	--	1.0	--	1.1	1.0
Been offered, given, or sold an illegal drug	1.4	--	8.6	--	20.5	--	24.7	12.7

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

Table 24. Percentage of Youth Reporting That They Have Been Threatened or Attacked on School Property in the Past Year, Pennsylvania Statewide

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Threatened to be hit or beaten up	16.1	--	23.6	--	19.0	--	14.7	18.3
Attacked or beaten up	8.9	--	8.0	--	6.2	--	5.9	7.2
Threatened with a weapon	2.5	--	3.5	--	3.1	--	2.7	3.0
Attacked with a weapon	0.7	--	1.2	--	1.4	--	1.1	1.1
Been offered, given, or sold an illegal drug	1.5	--	8.2	--	17.2	--	20.1	12.3

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

Bullying at School and Internet Safety

While bullying is not a new phenomenon, the growing awareness that bullying has serious consequences for both schools and students is new. Bullying behavior contributes to lower attendance rates, lower student achievement, low self-esteem and depression, as well as higher rates of both juvenile and adult crime (Banks, 1997). While the problem of bullying is receiving increased public attention, actual incidences of bullying often go undetected by both teachers and parents (Skiba and Fontanini, 2000). Adults often fail to both identify bullying incidences and understand the dynamics of the behavior. Without adequate training adults may actually endorse the bullying behavior, either by sending children the message that bullying is "part of growing up" or by simply ignoring the behavior (U.S. Department of Education, 1998).

The most effective means of addressing bullying is through comprehensive, school-wide programs (Atlas and Pepler, 1998; Garrity et al., 1997; Skiba and Fontanini, 2000). A student survey is one of the most common methods for identifying a potential bullying problem in a school (Leff, Power, and Goldstein, 2004). Starting in 2009, the *PAYS* asked students a series of eight questions about bullying at school and

internet safety. These include past-12-month prevalence measures for: (1) being “hit, kicked, pushed, shoved around, or locked indoors,” (2) being “called names, made fun of, or teased in a hurtful way,” (3) being “left out of things on purpose by other students,” (4) other students telling lies or spreading false rumors, (5) other students taking money or damaging your things, (6) other students threatening or forcing “you to do things you do not want to do,” (7) other students using “the internet or a cell phone to threaten or embarrass you,” and (8) someone on the internet trying “to get you to talk online about sex, look at sexual pictures, or do something else sexual when you did not want to.” Results for Chester County students are presented in Table 25, and comparison data from the statewide survey are presented in Table 26.

Table 25. Percentage of Youth Reporting Bullying at School or Sexual Harassment on the Internet in the Past Year, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Been hit, kicked, pushed, or shoved around	17.8	--	18.2	--	13.9	--	8.5	15.2
Been called names, made fun of, or teased	39.0	--	43.3	--	42.2	--	33.8	40.0
Been left out of things on purpose	30.2	--	31.6	--	33.9	--	30.9	31.6
Other students telling lies or spreading false rumors	44.7	--	51.0	--	49.6	--	46.7	48.1
Other students taking money or damaging your things	17.0	--	20.0	--	23.0	--	20.1	19.9
Other students threatening or forcing you to do things	9.9	--	10.8	--	12.7	--	9.0	10.7
Other students using the internet or a cell phone to threaten or embarrass you	4.8	--	10.6	--	11.9	--	10.4	9.3
Sexual harassment on the internet	5.5	--	10.6	--	14.4	--	11.7	10.3

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

Table 26. Percentage of Youth Reporting Bullying at School or Sexual Harassment on the Internet in the Past Year, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Been hit, kicked, pushed, or shoved around	23.2	--	24.5	--	16.5	--	9.5	18.1
Been called names, made fun of, or teased	45.5	--	49.5	--	43.0	--	34.9	43.0
Been left out of things on purpose	35.6	--	34.9	--	31.5	--	28.7	32.5
Other students telling lies or spreading false rumors	50.1	--	57.2	--	51.3	--	47.4	51.4
Other students taking money or damaging your things	20.4	--	23.0	--	21.2	--	18.1	20.7
Other students threatening or forcing you to do things	13.1	--	14.3	--	11.4	--	9.2	11.9
Other students using the internet or a cell phone to threaten or embarrass you	6.7	--	10.7	--	11.8	--	10.7	10.1
Sexual harassment on the internet	6.6	--	12.2	--	17.0	--	12.9	12.4

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

Section 5

Risk and Protective Factors

Introduction

Just as eating a high-fat diet is a risk factor for heart disease and getting regular exercise is a protective factor 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.

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. Protective factors identified through research include strong bonding to family, school, community and peers. These groups support the development of healthy behaviors for children by setting and communicating healthy beliefs and clear standards for children’s behavior. Young people are more likely to follow the standards for behavior set by these groups if the bonds are strong. Strong bonds are encouraged by providing young people with opportunities to make meaningful contributions, by teaching them the skills they need to be successful in these new opportunities, and by recognizing their contributions.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout and/or violence. For example, children living in families with poor parental monitoring are more likely to become involved in these problems.

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, as well as with characteristics of the individual (Hawkins, Catalano & Miller, 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).

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 & Pandina, 1982; Newcomb, Maddahian & Skager, 1987; Newcomb & Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999).

The analysis of risk and protective factors is the most powerful tool available for understanding what promotes both positive and negative adolescent behavior and for helping design successful prevention programs for young people. To promote positive development and prevent problem behavior, it is necessary to address the factors that predict these outcomes. By measuring these risk and protective factors, specific factors that are elevated should be prioritized in the community. This process also helps in selecting targeted tested-effective prevention programming shown to address those elevated factors and consequently provide the greatest likelihood for success.

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, Catalano & Associates, 1992). The Social Development Strategy is a theoretical framework that organizes risk and protective factors for adolescent problem behavior prevention.

Measurement

The *Communities That Care Youth Survey*, the survey upon which the *PAYS* was based, provides the most comprehensive measurement of risk and protective factors currently available for 6th to 12th graders. Risk and protective factors are measured by sets of survey items called scales. All together, the *PAYS* assesses 22 risk factor and nine protective factor scales across four domains: Community Domain, Family Domain, School Domain, and Peer and Individual Domain.

Risk and protective factor scales are scored against the *Communities That Care* normative database. Like the scoring systems used by many national testing programs—such as the SAT[®] and ACT[™]—this method generates percentile scores ranging from 0 to 100. A score of 50, which matches the normative median, indicates that 50% of the respondents in the normative sample reported a score that is lower than the average for Chester County and 50% reported a score that is higher. Similarly, a score of 75 indicates that 75% of the normative sample reported a lower score and 25% reported a higher score. 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 higher protective factor scale scores, not lower.

The *Communities That Care* normative database contains survey responses from over 280,000 students in grades 6 through 12. It compiled by combining the results of selected *Communities That Care Youth Survey* efforts conducted in 2000, 2001 and 2002. To enhance representativeness, statistical weights were applied to adjust the sample to exactly match the population of U.S. public school students on four key demographic variables: ethnicity, sex, socioeconomic status and urbanicity. Information on the U.S. public school student population was obtained from the Common Core of Data program at the U.S. Department of Education's National Center for Education Statistics.

The risk and protective factor measurement and scoring model employed in the 2009 *PAYS* is nearly identical to the 2007 model, with the only difference being that the risk factor scale *Laws and Norms Favorable to Handguns* is not included in this year's survey. Please note, however, that a number of changes to the model were introduced in 2007. Please see your 2007 report for a description of these changes. Also note that some school districts elected to administer a secondary version of the *PAYS* that excluded questions measuring risk and protective factors within the family. In these cases, scale scores for the Family Domain risk and protective factors are not available.

Results Summary

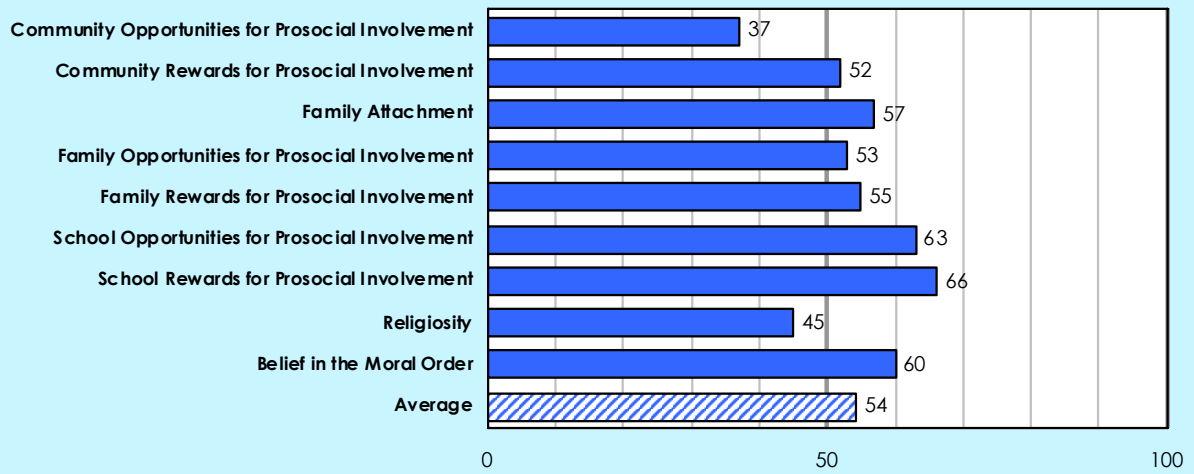
Overall Results

Overall risk and protective factor scale scores are presented in Graphs 5 and 6. These results provide a general description of the prevention needs of Chester County 6th, 8th, 10th and 12th graders as a whole.

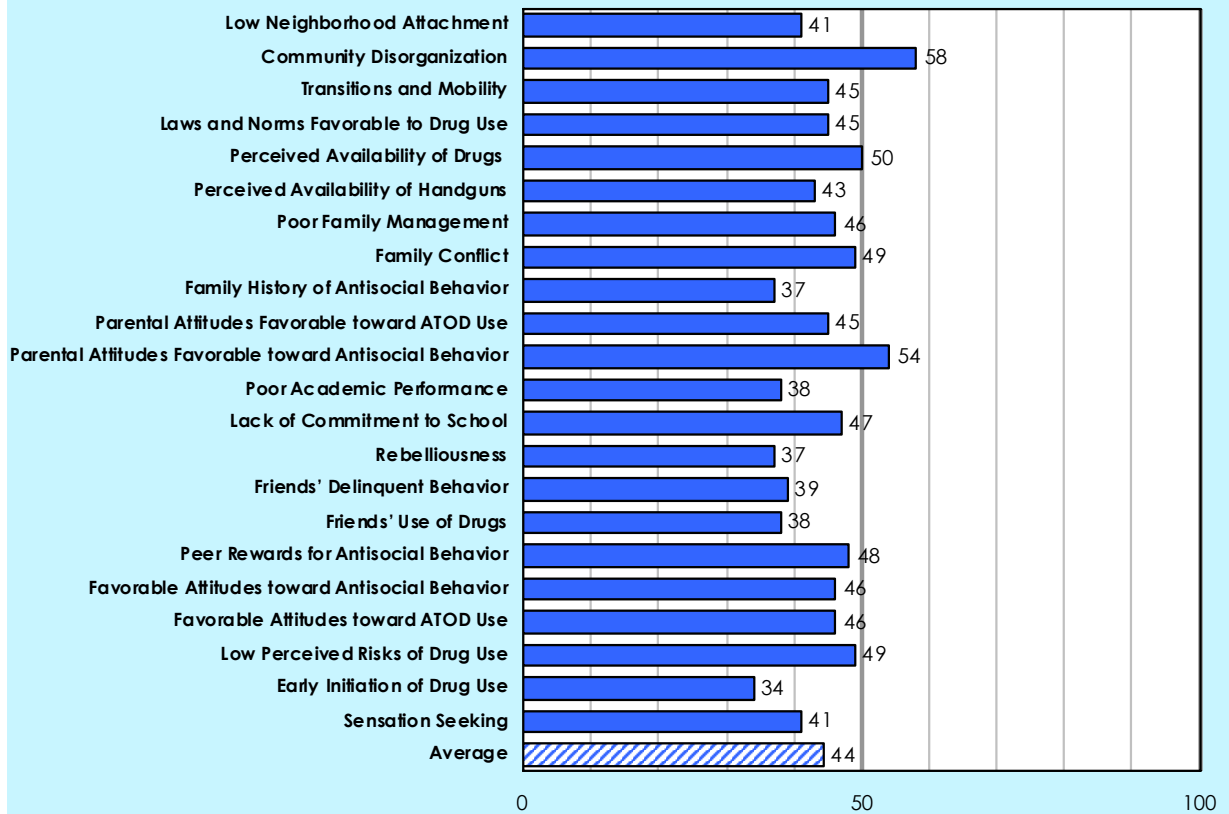
As Graph 5 shows, overall percentile scores across the nine protective factor scales range from a low of 37 to a high of 66, with an average score of 54, which is four points higher than the normative average of 50. The three lowest overall scores were for the following protective factor scales: *Community Opportunities for Prosocial Involvement* (37), *Religiosity* (45) and *Community Rewards for Prosocial Involvement* (52). While policies that target any protective factor could potentially be an important resource for students in Chester County, focusing prevention planning in these areas could be especially beneficial. Chester County students reported the three highest overall scores for the following protective factor scales: *School Rewards for Prosocial Involvement* (66), *School Opportunities for Prosocial Involvement* (63) and *Belief in the Moral Order* (60). The higher scores reported by students in these areas represent strengths that Chester County can build on.

As Graph 6 shows, overall scores across the 23 risk factor scales range from a low of 34 to a high of 58, with an average score of 44, which is six points lower than the normative average of 50. The three highest risk factor scales are *Community Disorganization* (58), *Parental Attitudes Favorable toward Antisocial Behavior* (54) and *Perceived Availability of Drugs* (50). Once again, while policies that target any risk factor could potentially be an important resource for students in Chester County, directing prevention programming in these areas is likely to be especially beneficial. The three lowest risk factor scales are *Early Initiation of Drug Use* (34), *Rebelliousness* (37) and *Family History of Antisocial Behavior* (37). The lower scores reported by students in these areas represent strengths that Chester County can build on.

Graph 5. Overall Protective Factor Scale Scores



Graph 6. Overall Risk Factor Scale Scores



Grade-Level Results

While overall scores provide a general picture of the risk and protective factor profile for Chester County, they can mask problems within individual grades. Tables 27 and 28 present individual-grade data for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot revealing which risk and protective factor scales are of greatest concern by grade. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action—and to target their prevention efforts as precisely as possible.

For example, younger students tend to report different factors than older students as being the most elevated or suppressed. Chester County 6th graders reported their four highest levels of risk for *Community Disorganization* (63), *Parental Attitudes Favorable toward Antisocial Behavior* (53), *Perceived Availability of Drugs* (51) and *Transitions and Mobility* (49). Chester County 12th graders reported their four highest levels of risk for *Peer Rewards for Antisocial Behavior* (62), *Community Disorganization* (59), *Low Perceived Risks of Drug Use* (59) and *Parental Attitudes Favorable toward Antisocial Behavior* (58).

Comparisons to Pennsylvania Statewide

Additional insight into the protective factor profile for Chester County can be gained through a comparison to results from Pennsylvania statewide. Table 29 presents protective factor scale scores for Pennsylvania statewide. The differences between profiles from Chester County and Pennsylvania statewide can be summarized by comparing the average protective factor scale score within each grade level. As the bottom rows of Tables 27 and 29 show, students in Chester County reported a higher average level of protection than students in Pennsylvania statewide as a whole. Across the nine protective factor scales, the most pronounced differences in average levels of protection were for the following three scales: *School Rewards for Prosocial Involvement*, *School Opportunities for Prosocial Involvement* and *Family Rewards for Prosocial Involvement*.

Table 30 presents grade-level risk factor scale scores for Pennsylvania statewide. Like the protective factors, the differences between Chester County and Pennsylvania statewide are best summarized by comparing the average risk factor scale score within each grade level. As the bottom rows of Tables 28 and 30 show, students in Chester County reported a lower average level of risk than students in Pennsylvania statewide as a whole. This trend is particularly pronounced in the 8th grade, where Chester County students reported an average risk score that was notably lower than their Pennsylvania statewide counterparts (43 for Chester County versus 48 for Pennsylvania statewide). Across the 21 risk factor scales, the most pronounced differences in average levels of risk were for the following three scales: *Community Disorganization*, *Perceived Availability of Handguns* and *Laws and Norms Favorable to Drug Use*.

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Community Opportunities for Prosocial Involvement	31	--	38	--	41	--	42	37
	Community Rewards for Prosocial Involvement	52	--	52	--	53	--	51	52
Family Domain	Family Attachment	60	--	57	--	56	--	53	57
	Family Opportunities for Prosocial Involvement	55	--	54	--	53	--	52	53
	Family Rewards for Prosocial Involvement	58	--	56	--	55	--	53	55
School Domain	School Opportunities for Prosocial Involvement	64	--	63	--	62	--	61	63
	School Rewards for Prosocial Involvement	63	--	65	--	68	--	68	66
Peer and Individual Domain	Religiosity	46	--	44	--	44	--	43	45
	Belief in the Moral Order	64	--	62	--	58	--	53	60
Average		55	--	55	--	54	--	53	54

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Low Neighborhood Attachment	40	--	41	--	41	--	40	41
	Community Disorganization	63	--	55	--	56	--	59	58
	Transitions and Mobility	49	--	43	--	43	--	46	45
	Laws and Norms Favorable to Drug Use	45	--	41	--	45	--	50	45
	Perceived Availability of Drugs	51	--	49	--	50	--	52	50
	Perceived Availability of Handguns	48	--	46	--	41	--	39	43
Family Domain	Poor Family Management	42	--	46	--	48	--	49	46
	Family Conflict	48	--	49	--	49	--	49	49
	Family History of Antisocial Behavior	37	--	36	--	37	--	41	37
	Parental Attitudes Favorable toward ATOD Use	44	--	42	--	46	--	48	45
	Parental Attitudes Favorable toward Antisocial Behavior	53	--	51	--	56	--	58	54
School Domain	Poor Academic Performance	38	--	37	--	38	--	39	38
	Lack of Commitment to School	48	--	47	--	46	--	48	47
Peer and Individual Domain	Rebelliousness	35	--	36	--	40	--	40	37
	Friends' Delinquent Behavior	38	--	38	--	39	--	42	39
	Friends' Use of Drugs	40	--	35	--	38	--	43	38
	Peer Rewards for Antisocial Behavior	42	--	41	--	52	--	62	48
	Favorable Attitudes toward Antisocial Behavior	44	--	44	--	47	--	50	46
	Favorable Attitudes toward ATOD Use	42	--	42	--	47	--	52	46
	Low Perceived Risks of Drug Use	44	--	45	--	52	--	59	49
	Early Initiation of Drug Use	37	--	32	--	33	--	36	34
Sensation Seeking	43	--	39	--	40	--	41	41	
Average		44	--	43	--	45	--	47	44

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Community Opportunities for Prosocial Involvement	33	--	38	--	38	--	40	37
	Community Rewards for Prosocial Involvement	50	--	51	--	53	--	52	52
Family Domain	Family Attachment	59	--	55	--	54	--	52	55
	Family Opportunities for Prosocial Involvement	54	--	52	--	50	--	50	51
	Family Rewards for Prosocial Involvement	56	--	52	--	53	--	51	53
School Domain	School Opportunities for Prosocial Involvement	58	--	59	--	51	--	53	55
	School Rewards for Prosocial Involvement	58	--	59	--	55	--	54	57
Peer and Individual Domain	Religiosity	45	--	45	--	45	--	43	45
	Belief in the Moral Order	62	--	59	--	57	--	55	58
Average		53	--	52	--	51	--	50	51

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Low Neighborhood Attachment	42	--	45	--	47	--	45	45
	Community Disorganization	72	--	70	--	69	--	69	70
	Transitions and Mobility	41	--	49	--	51	--	47	47
	Laws and Norms Favorable to Drug Use	50	--	52	--	52	--	55	52
	Perceived Availability of Drugs	54	--	56	--	53	--	52	53
	Perceived Availability of Handguns	59	--	58	--	53	--	47	53
Family Domain	Poor Family Management	44	--	47	--	50	--	48	47
	Family Conflict	51	--	53	--	50	--	53	52
	Family History of Antisocial Behavior	41	--	44	--	43	--	46	44
	Parental Attitudes Favorable toward ATOD Use	45	--	46	--	47	--	49	47
	Parental Attitudes Favorable toward Antisocial Behavior	56	--	54	--	57	--	61	57
School Domain	Poor Academic Performance	42	--	44	--	43	--	44	43
	Lack of Commitment to School	49	--	46	--	48	--	49	48
Peer and Individual Domain	Rebelliousness	40	--	45	--	44	--	42	43
	Friends' Delinquent Behavior	40	--	42	--	43	--	44	42
	Friends' Use of Drugs	41	--	42	--	40	--	42	41
	Peer Rewards for Antisocial Behavior	43	--	43	--	47	--	55	47
	Favorable Attitudes toward Antisocial Behavior	46	--	45	--	46	--	48	46
	Favorable Attitudes toward ATOD Use	43	--	46	--	47	--	48	46
	Low Perceived Risks of Drug Use	45	--	49	--	55	--	57	51
	Early Initiation of Drug Use	39	--	40	--	38	--	39	39
Sensation Seeking	47	--	43	--	43	--	42	44	
Average		47	--	48	--	48	--	49	48

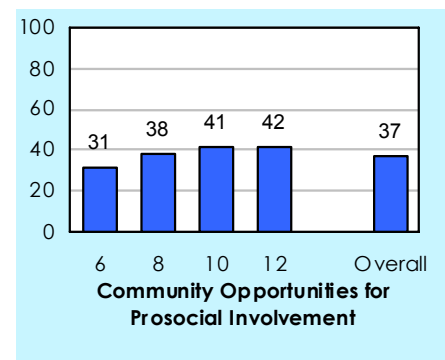
Protective Factors

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

The Social Development Strategy organizes the research on protective factors. Protective factors can buffer young people from risks and promote positive youth development. To develop these healthy positive behaviors, young people must be immersed in environments that consistently communicate healthy beliefs and clear standards for behavior; that foster the development of strong bonds to members of their family, school and community; and that recognize the individual characteristics of each young person.

Community Opportunities for Prosocial Involvement

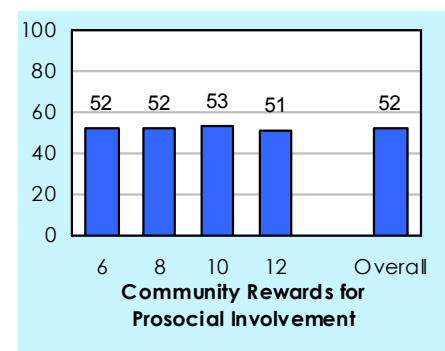
When young people become involved in their communities by participating in activities and organizations that foster healthy development, they are more likely to form connections with prosocial peers. Community involvement also provides the opportunity to bond with adult role models—such as neighbors, police, clergy and other community leaders—who can give moral guidance and emotional support. This protective factor is measured by survey items such as “Which of the following activities for people your age are available in your community: Sports teams, Scouting, Boys and girls clubs, 4-H clubs, Service Clubs?”



- Overall, Chester County students received a percentile score of 37 on the *Community Opportunities for Prosocial Involvement* scale, 13 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Community Opportunities for Prosocial Involvement* range from a low of 31 among 6th graders to a high of 42 among 12th graders.
- Overall, Chester County students received a percentile score of 37 on the *Community Opportunities for Prosocial Involvement* scale, equaling the statewide score of 37.

Community Rewards for Prosocial Involvement

Young people experience bonding as feeling valued and being seen as an asset. 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. *Community Rewards for Prosocial Involvement* is measured by such items as “There are people in my neighborhood who are proud of me when I do something well.”



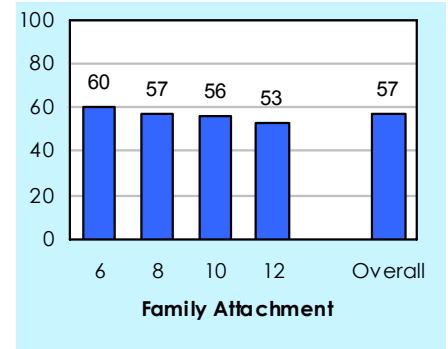
- Overall, Chester County students received a percentile score of 52 on the *Community Rewards for Prosocial Involvement* scale, two points higher than the normative average of 50.

- Across grade levels, percentile scores for *Community Rewards for Prosocial Involvement* range from a low of 51 among 12th graders to a high of 53 among 10th graders.
- Overall, Chester County students received a percentile score of 52 on the *Community Rewards for Prosocial Involvement* scale, equaling the statewide score of 52.

Family Attachment

One of the most effective ways to buffer children against risk factors is to strengthen their bonds with family members who embody healthy beliefs and clear standards. 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 is measured by such items on the survey as “Do you share your thoughts and feelings with your mother?”

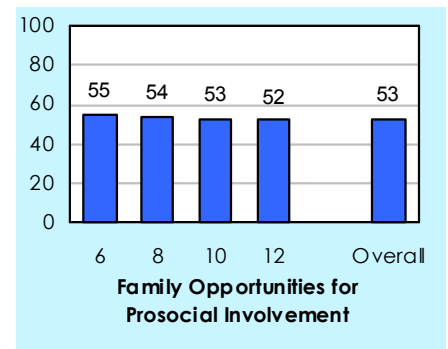
- Overall, Chester County students received a percentile score of 57 on the *Family Attachment* scale, seven points higher than the normative average of 50.
- Across grade levels, percentile scores for *Family Attachment* range from a low of 53 among 12th graders to a high of 60 among 6th graders.
- Overall, Chester County students received a percentile score of 57 on the *Family Attachment* scale, two points higher than the statewide score of 55.



Family Opportunities for Prosocial Involvement

When students have the opportunity to make meaningful contributions to their families, they feel closer to their family members and are less likely to get involved in risky behaviors. These opportunities for involvement reinforce family bonds and cause students to more easily adopt the norms projected by their families. 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 is surveyed by such items as “My parents ask me what I think before most family decisions affecting me are made.”

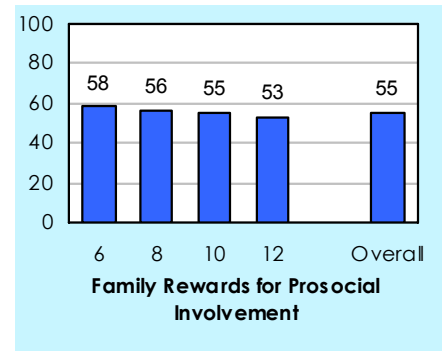
- Overall, Chester County students received a percentile score of 53 on the *Family Opportunities for Prosocial Involvement* scale, three points higher than the normative average of 50.
- Across grade levels, percentile scores for *Family Opportunities for Prosocial Involvement* range from a low of 52 among 12th graders to a high of 55 among 6th graders.
- Overall, Chester County students received a percentile score of 53 on the *Family Opportunities for Prosocial Involvement* scale, two points higher than the statewide score of 51.



Family Rewards for Prosocial Involvement

When family members reward their children for positive participation in activities, it further strengthens the bonds the children feel to their families, and helps promote clear standards for behavior. This protective factor is measured by such survey items as “How often do your parents tell you they’re proud of you for something you’ve done?”

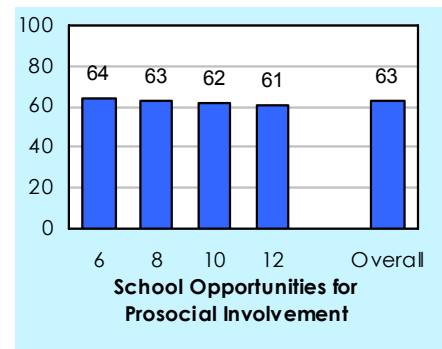
- Overall, Chester County students received a percentile score of 55 on the *Family Rewards for Prosocial Involvement* scale, five points higher than the normative average of 50.
- Across grade levels, percentile scores for *Family Rewards for Prosocial Involvement* range from a low of 53 among 12th graders to a high of 58 among 6th graders.
- Overall, Chester County students received a percentile score of 55 on the *Family Rewards for Prosocial Involvement* scale, two points higher than the statewide score of 53.



School Opportunities for Prosocial Involvement

Giving students opportunities to participate in important activities at school helps to create a feeling of personal investment in their school. This results in greater bonding and adoption of the school’s standards of behavior, reducing the likelihood that they will become involved in problem behaviors. This protective factor is measured by survey items such as “In my school, students have lots of chances to help decide things like class activities and rules.”

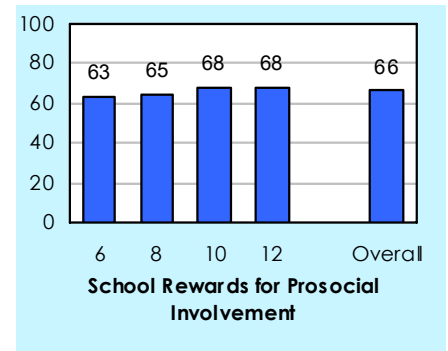
- Overall, Chester County students received a percentile score of 63 on the *School Opportunities for Prosocial Involvement* scale, 13 points higher than the normative average of 50.
- Across grade levels, percentile scores for *School Opportunities for Prosocial Involvement* range from a low of 61 among 12th graders to a high of 64 among 6th graders.
- Overall, Chester County students received a percentile score of 63 on the *School Opportunities for Prosocial Involvement* scale, eight points higher than the statewide score of 55.



School Rewards for Prosocial Involvement

Making students feel appreciated and rewarded for their involvement at school further strengthens school bonding, and helps to reduce the likelihood of their involvement in drug use and other problem behaviors. This protective factor is measured by such statements as “The school lets my parents know when I have done something well.”

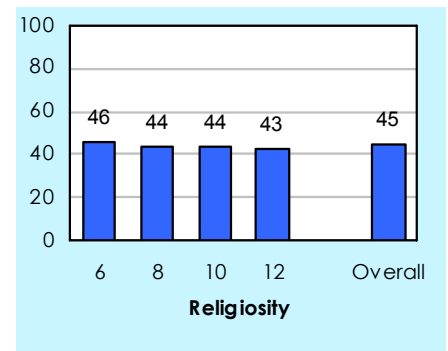
- Overall, Chester County students received a percentile score of 66 on the *School Rewards for Prosocial Involvement* scale, 16 points higher than the normative average of 50.
- Across grade levels, percentile scores for *School Rewards for Prosocial Involvement* range from a low of 63 among 6th graders to a high of 68 among 10th and 12th graders.
- Overall, Chester County students received a percentile score of 66 on the *School Rewards for Prosocial Involvement* scale, nine points higher than the statewide score of 57.



Religiosity

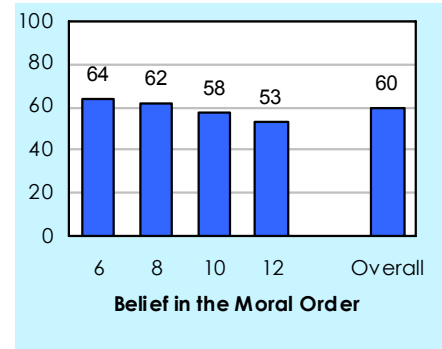
Religious institutions can help students develop firm prosocial beliefs. Students who have preconceived ideas about certain activities are less vulnerable to becoming involved with antisocial behaviors because they have already adopted a social norm against those activities. *Religiosity* is measured by the question “How often do you attend religious services or activities?”

- Overall, Chester County students received a percentile score of 45 on the *Religiosity* scale, five points lower than the normative average of 50.
- Across grade levels, percentile scores for *Religiosity* range from a low of 43 among 12th graders to a high of 46 among 6th graders.
- Overall, Chester County students received a percentile score of 45 on the *Religiosity* scale, equaling the statewide score of 45.



Belief in the Moral Order

When people feel bonded to society, they are more motivated to follow society's standards and expectations. Therefore, 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, and a clear sense of right and wrong, are less likely to become involved in problem behaviors. For example, young people who believe that drug use is wrong might be protected against peer influences to use drugs. *Belief in the Moral Order* is measured by items on the survey such as "It is all right to beat up people if they start the fight."



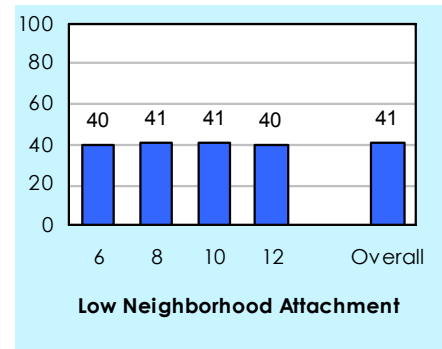
- Overall, Chester County students received a percentile score of 60 on the *Belief in the Moral Order* scale, 10 points higher than the normative average of 50.
- Across grade levels, percentile scores for *Belief in the Moral Order* range from a low of 53 among 12th graders to a high of 64 among 6th graders.
- Overall, Chester County students received a percentile score of 60 on the *Belief in the Moral Order* scale, two points higher than the statewide score of 58.

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 a young person 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.

Low Neighborhood Attachment

Higher rates of drug problems, delinquency and violence occur in communities or neighborhoods where people feel little attachment to the community. Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their own lives. If the key players in the neighborhood—such as merchants, teachers, clergy, police 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 risk factor is measured by items 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."

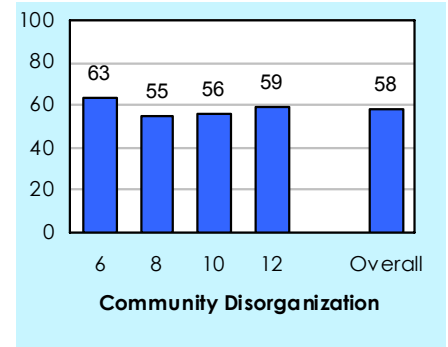
- Overall, Chester County students received a percentile score of 41 on the *Low Neighborhood Attachment* scale, nine points lower than the normative average of 50.

- Across grade levels, percentile scores for *Low Neighborhood Attachment* range from a low of 40 among 6th and 12th graders to a high of 41 among 8th and 10th graders.
- Overall, Chester County students received a percentile score of 41 on the *Low Neighborhood Attachment* scale, four points lower than the statewide score of 45.

Community Disorganization

The *Community Disorganization* scale pertains to students' feelings and perceptions regarding their communities and other external attributes. It is based on students' responses to five items, 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."

- Overall, Chester County students received a percentile score of 58 on the *Community Disorganization* scale, eight points higher than the normative average of 50.
- Across grade levels, percentile scores for *Community Disorganization* range from a low of 55 among 8th graders to a high of 63 among 6th graders.
- Overall, Chester County students received a percentile score of 58 on the *Community Disorganization* scale, 12 points lower than the statewide score of 70.

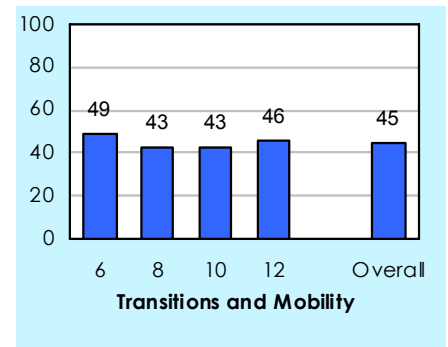


Transitions and Mobility

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 schools and neighborhoods, and do not develop the bonds that protect them from involvement in problem behaviors.

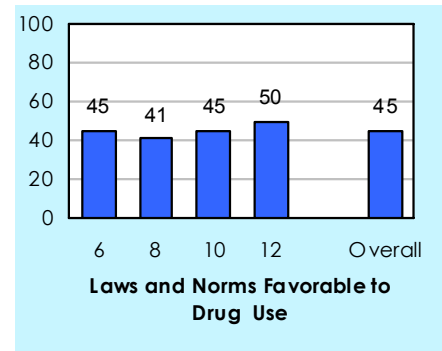
The *Transitions and Mobility* scale on the survey measures how often the student has changed homes or schools in the past year and since kindergarten. This risk factor is measured with items such as "How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?" and "How many times have you changed homes since kindergarten?"

- Overall, Chester County students received a percentile score of 45 on the *Transitions and Mobility* scale, five points lower than the normative average of 50.
- Across grade levels, percentile scores for *Transitions and Mobility* range from a low of 43 among 8th and 10th graders to a high of 49 among 6th graders.
- Overall, Chester County students received a percentile score of 45 on the *Transitions and Mobility* scale, two points lower than the statewide score of 47.



Laws and Norms Favorable to Drug Use

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, consistent, community-level, anti-drug message can have.

This risk factor is measured by six items on the survey, such as “How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?” and “If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?”

- Overall, Chester County students received a percentile score of 45 on the *Laws and Norms Favorable to Drug Use* scale, five points lower than the normative average of 50.
- Across grade levels, percentile scores for *Laws and Norms Favorable to Drug Use* range from a low of 41 among 8th graders to a high of 50 among 12th graders.
- Overall, Chester County students received a percentile score of 45 on the *Laws and Norms Favorable to Drug Use* scale, seven points lower than the statewide score of 52.

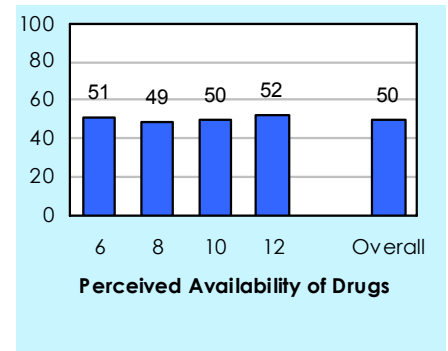
Perceived Availability of Drugs

The perceived availability of drugs, alcohol and handguns in a community is directly related to the prevalence of delinquent behaviors. In schools where children believe that drugs are more available, a higher rate of drug use occurs.

The *Perceived Availability of Drugs* scale on the survey is designed to assess students' feelings about how easily they can get alcohol, tobacco and other drugs. Elevation of this risk factor scale 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.

This risk factor is measured by four items on the survey, such as "If you wanted to get some marijuana, how easy would it be for you to get some?"

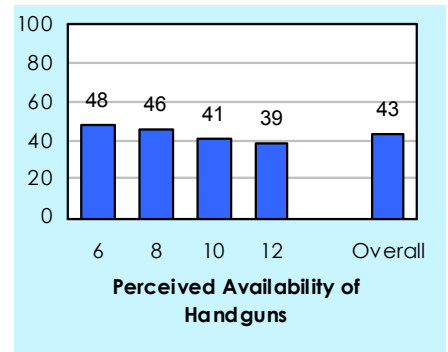
- Overall, Chester County students received a percentile score of 50 on the *Perceived Availability of Drugs* scale, equaling the normative average of 50.
- Across grade levels, percentile scores for *Perceived Availability of Drugs* range from a low of 49 among 8th graders to a high of 52 among 12th graders.
- Overall, Chester County students received a percentile score of 50 on the *Perceived Availability of Drugs* scale, three points lower than the statewide score of 53.



Perceived Availability of Handguns

If students believe that it would be difficult to get a handgun, they are less likely to become involved with the unauthorized and unsupervised use of firearms. *Perceived Availability of Handguns* is measured by the question "If you wanted to get a handgun, how easy would it be for you to get one?"

- Overall, Chester County students received a percentile score of 43 on the *Perceived Availability of Handguns* scale, seven points lower than the normative average of 50.
- Across grade levels, percentile scores for *Perceived Availability of Handguns* range from a low of 39 among 12th graders to a high of 48 among 6th graders.
- Overall, Chester County students received a percentile score of 43 on the *Perceived Availability of Handguns* scale, 10 points lower than the statewide score of 53.

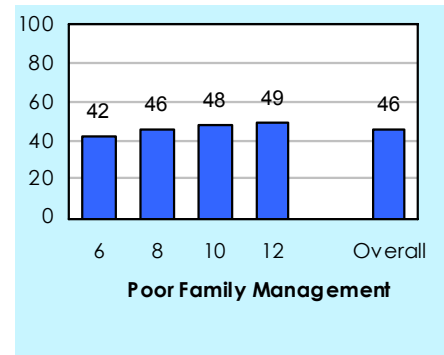


Poor Family Management

The risk factor scale *Poor Family Management* measures two components of family life: “poor family supervision,” which is defined as parents failing to supervise and monitor their children, and “poor family discipline,” which is defined as parents failing to communicate clear expectations for behavior and giving excessively severe, harsh or inconsistent punishment. Children who experience poor family supervision and poor family discipline are at higher risk of developing problems with drug use, delinquency, violence and school dropout.

Sample items 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.”

- Overall, Chester County students received a percentile score of 46 on the *Poor Family Management* scale, four points lower than the normative average of 50.
- Across grade levels, percentile scores for *Poor Family Management* range from a low of 42 among 6th graders to a high of 49 among 12th graders.
- Overall, Chester County students received a percentile score of 46 on the *Poor Family Management* scale, one point lower than the statewide score of 47.

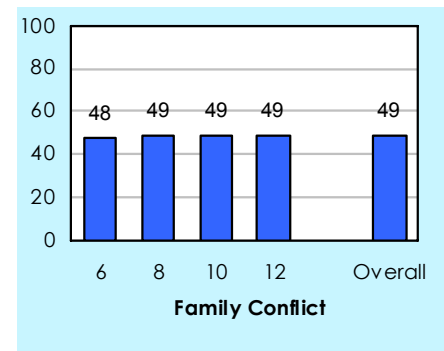


Family Conflict

Bonding between family members, especially between children and their parents or guardians, is a key component in the development of positive social norms. High levels of family conflict interfere with the development of these bonds, and increase the likelihood that young people will engage in illegal drug use and other forms of delinquent behavior.

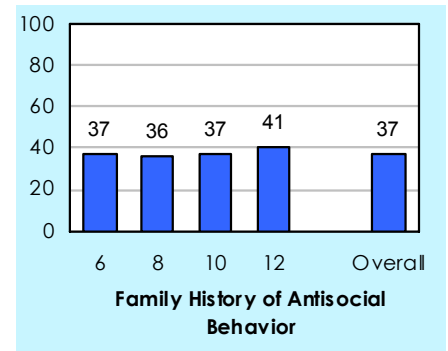
Family Conflict is measured by four items on the survey, such as “People in my family often insult or yell at each other.”

- Overall, Chester County students received a percentile score of 49 on the *Family Conflict* scale, one point lower than the normative average of 50.
- Across grade levels, percentile scores for *Family Conflict* range from a low of 48 among 6th graders to a high of 49 among 8th, 10th and 12th graders.
- Overall, Chester County students received a percentile score of 49 on the *Family Conflict* scale, three points lower than the statewide score of 52.



Family History of Antisocial Behavior

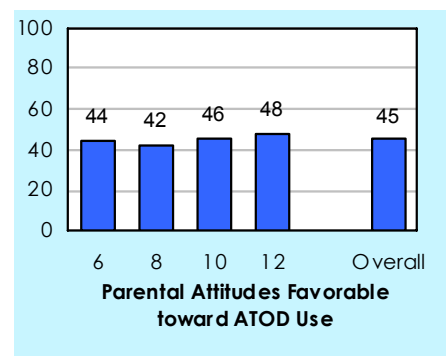
If children are raised in a family where a history of addiction to alcohol or other drugs exists, the risk of their having alcohol or other drug problems themselves increases. If children are born or raised in a family where criminal activity or behavior is normal, their risk for delinquency increases. 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. *Family History of Antisocial Behavior* is assessed by items such as "Has anyone in your family ever had a severe alcohol or drug problem?"



- Overall, Chester County students received a percentile score of 37 on the *Family History of Antisocial Behavior* scale, 13 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Family History of Antisocial Behavior* range from a low of 36 among 8th graders to a high of 41 among 12th graders.
- Overall, Chester County students received a percentile score of 37 on the *Family History of Antisocial Behavior* scale, seven points lower than the statewide score of 44.

Parental Attitudes Favorable toward ATOD Use

Students' perceptions of their parents' opinions about alcohol, tobacco and other drug use are an important risk factor. In families where parents use illegal drugs, are heavy users of alcohol or are tolerant of use by their children, children are more likely to become drug users in adolescence. *Parental Attitudes Favorable toward ATOD Use* is measured by survey items such as "How wrong do your parents feel it would be for you to smoke marijuana?"

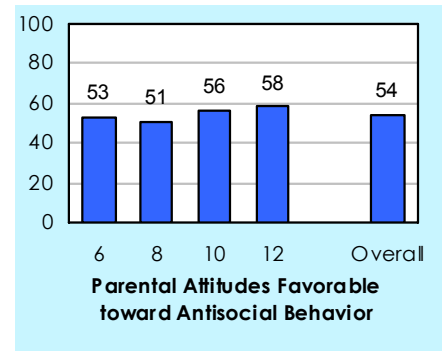


- Overall, Chester County students received a percentile score of 45 on the *Parental Attitudes Favorable toward ATOD Use* scale, five points lower than the normative average of 50.
- Across grade levels, percentile scores for *Parental Attitudes Favorable toward ATOD Use* range from a low of 42 among 8th graders to a high of 48 among 12th graders.
- Overall, Chester County students received a percentile score of 45 on the *Parental Attitudes Favorable toward ATOD Use* scale, two points lower than the statewide score of 47.

Parental Attitudes Favorable toward Antisocial Behavior

Students' perceptions of their parents' opinions about antisocial behavior are also an important risk factor. Parental attitudes and behavior regarding 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. *Parental Attitudes Favorable toward Antisocial Behavior* is measured by survey items such as "How wrong do your parents feel it would be for you to pick a fight with someone?"

- Overall, Chester County students received a percentile score of 54 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale, four points higher than the normative average of 50.
- Across grade levels, percentile scores for *Parental Attitudes Favorable toward Antisocial Behavior* range from a low of 51 among 8th graders to a high of 58 among 12th graders.
- Overall, Chester County students received a percentile score of 54 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale, three points lower than the statewide score of 57.

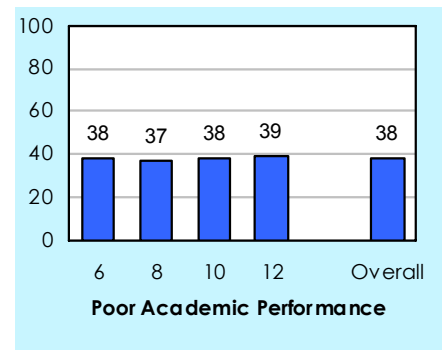


Poor Academic Performance

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.

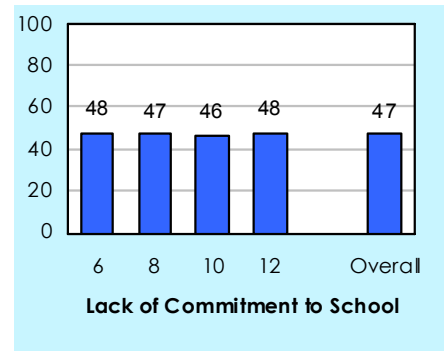
Poor Academic Performance—students' feelings about their performance at school—is measured with two questions on the survey: "Putting them all together, what were your grades like last year?" and "Are your school grades better than the grades of most students in your class?" Elevated findings for this risk factor scale suggest that students believe that they have lower grades than would be expected, and they perceive they have below-average grades, compared to their peers.

- Overall, Chester County students received a percentile score of 38 on the *Poor Academic Performance* scale, 12 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Poor Academic Performance* range from a low of 37 among 8th graders to a high of 39 among 12th graders.
- Overall, Chester County students received a percentile score of 38 on the *Poor Academic Performance* scale, five points lower than the statewide score of 43.



Lack of Commitment to School

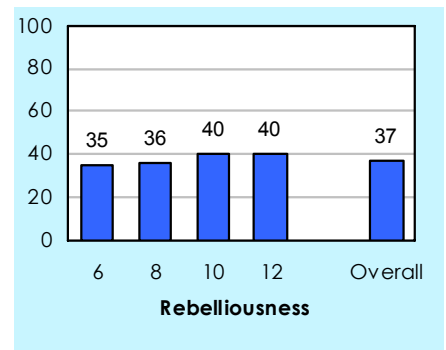
Nine items on the survey assess *Lack of Commitment to School*—a student’s general feelings about his or her schooling. Survey items include “How important do you think the things you are learning in school are going to be for your later life?” and “Now, thinking back over the past year in school, how often did you enjoy being in school?” Elevated findings for this risk factor scale 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.



- Overall, Chester County students received a percentile score of 47 on the *Lack of Commitment to School* scale, three points lower than the normative average of 50.
- Across grade levels, percentile scores for *Lack of Commitment to School* range from a low of 46 among 10th graders to a high of 48 among 6th and 12th graders.
- Overall, Chester County students received a percentile score of 47 on the *Lack of Commitment to School* scale, one point lower than the statewide score of 48.

Rebelliousness

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 don’t believe in trying to be successful or responsible. These students are at higher risk of drug use, delinquency and school dropout. *Rebelliousness* is measured by three items, such as “I ignore the rules that get in my way.”

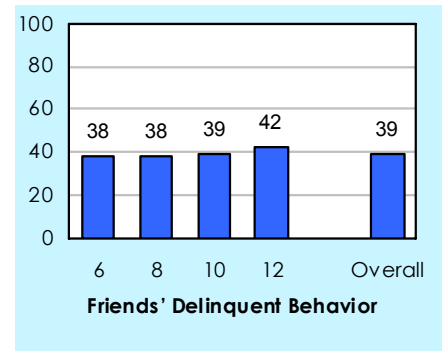


- Overall, Chester County students received a percentile score of 37 on the *Rebelliousness* scale, 13 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Rebelliousness* range from a low of 35 among 6th graders to a high of 40 among 10th and 12th graders.
- Overall, Chester County students received a percentile score of 37 on the *Rebelliousness* scale, six points lower than the statewide score of 43.

Friends' Delinquent Behavior

Young people who associate with peers who engage in delinquent behavior are much more likely to engage in delinquent behavior themselves. 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 delinquent behavior greatly increases the risk of their becoming involved in delinquent behavior.

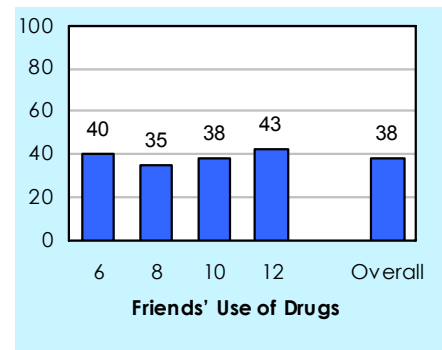
Friends' Delinquent Behavior is measured by survey items such as "In the past year, how many of your four best friends have been suspended from school?"



- Overall, Chester County students received a percentile score of 39 on the *Friends' Delinquent Behavior* scale, 11 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Friends' Delinquent Behavior* range from a low of 38 among 6th and 8th graders to a high of 42 among 12th graders.
- Overall, Chester County students received a percentile score of 39 on the *Friends' Delinquent Behavior* scale, three points lower than the statewide score of 42.

Friends' Use of Drugs

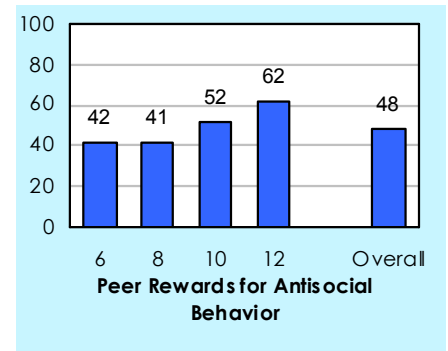
Young people who associate with peers who engage in substance use are much more likely to engage in it themselves. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who use drugs greatly increases a youth's risk of becoming involved in such behavior. *Friends' Use of Drugs* is measured by survey items such as "In the past year, how many of your best friends have used marijuana?"



- Overall, Chester County students received a percentile score of 38 on the *Friends' Use of Drugs* scale, 12 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Friends' Use of Drugs* range from a low of 35 among 8th graders to a high of 43 among 12th graders.
- Overall, Chester County students received a percentile score of 38 on the *Friends' Use of Drugs* scale, three points lower than the statewide score of 41.

Peer Rewards for Antisocial Behavior

Students' perceptions of their peer groups' social norms are also an important predictor of involvement in problem behavior. Any indication that students feel that 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 is measured by items such as "What are the chances you would be seen as cool if you smoked marijuana?"

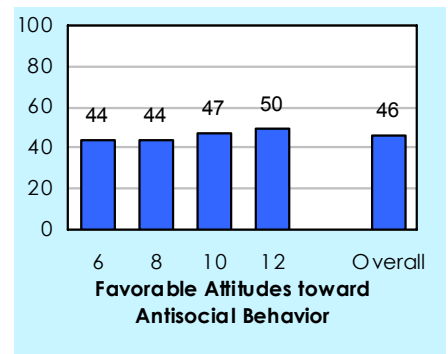


- Overall, Chester County students received a percentile score of 48 on the *Peer Rewards for Antisocial Behavior* scale, two points lower than the normative average of 50.
- Across grade levels, percentile scores for *Peer Rewards for Antisocial Behavior* range from a low of 41 among 8th graders to a high of 62 among 12th graders.
- Overall, Chester County students received a percentile score of 48 on the *Peer Rewards for Antisocial Behavior* scale, one point higher than the statewide score of 47.

Favorable Attitudes toward Antisocial Behavior

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.

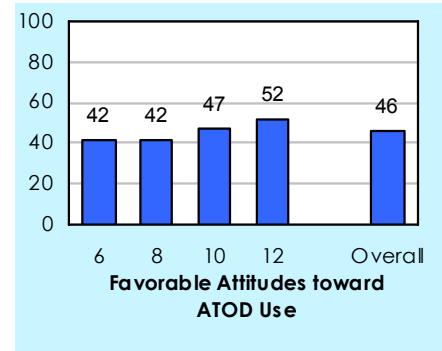
These attitudes are measured on the survey by items like "How wrong do you think it is for someone your age to pick a fight with someone?"



- Overall, Chester County students received a percentile score of 46 on the *Favorable Attitudes toward Antisocial Behavior* scale, four points lower than the normative average of 50.
- Across grade levels, percentile scores for *Favorable Attitudes toward Antisocial Behavior* range from a low of 44 among 6th and 8th graders to a high of 50 among 12th graders.
- Overall, Chester County students received a percentile score of 46 on the *Favorable Attitudes toward Antisocial Behavior* scale, equaling the statewide score of 46.

Favorable Attitudes toward ATOD Use

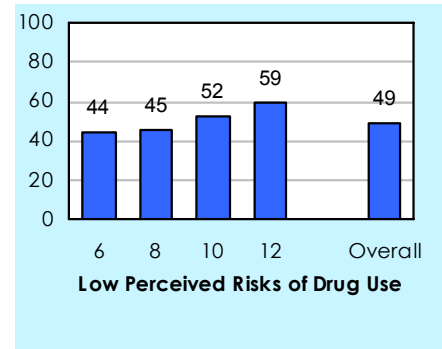
During the elementary school years, children usually express anti-drug attitudes and have difficulty imagining why people use drugs. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance 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. Survey items used to measure this risk factor 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.



- Overall, Chester County students received a percentile score of 46 on the *Favorable Attitudes toward ATOD Use* scale, four points lower than the normative average of 50.
- Across grade levels, percentile scores for *Favorable Attitudes toward ATOD Use* range from a low of 42 among 6th and 8th graders to a high of 52 among 12th graders.
- Overall, Chester County students received a percentile score of 46 on the *Favorable Attitudes toward ATOD Use* scale, equaling the statewide score of 46.

Low Perceived Risks of Drug Use

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. *Low Perceived Risks of Drug Use* is measured with four survey items, 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.

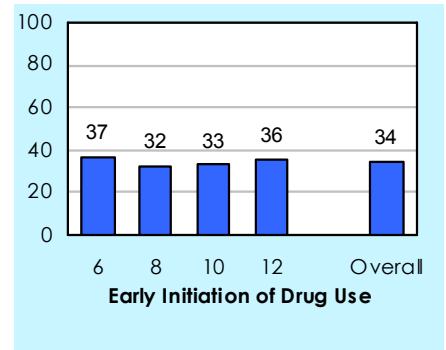


- Overall, Chester County students received a percentile score of 49 on the *Low Perceived Risks of Drug Use* scale, one point lower than the normative average of 50.
- Across grade levels, percentile scores for *Low Perceived Risks of Drug Use* range from a low of 44 among 6th graders to a high of 59 among 12th graders.
- Overall, Chester County students received a percentile score of 49 on the *Low Perceived Risks of Drug Use* scale, two points lower than the statewide score of 51.

Early Initiation of Drug Use

The initiation of alcohol, tobacco or other drug use at an early age is linked to a number of negative outcomes. The earlier that experimentation with drugs begins, the more likely it is that experimentation will become consistent, regular use. Early initiation may lead to the use of a greater range of drugs, as well as other problem behaviors. This scale is measured by survey items that ask when drug use began.

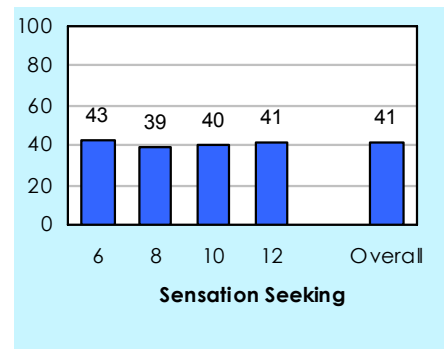
- Overall, Chester County students received a percentile score of 34 on the *Early Initiation of Drug Use* scale, 16 points lower than the normative average of 50.
- Across grade levels, percentile scores for *Early Initiation of Drug Use* range from a low of 32 among 8th graders to a high of 37 among 6th graders.
- Overall, Chester County students received a percentile score of 34 on the *Early Initiation of Drug Use* scale, five points lower than the statewide score of 39.



Sensation Seeking

Constitutional factors are individual characteristics that may have a biological or physiological basis. 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. *Sensation Seeking* is measured by survey items such as “How many times have you done crazy things even if they are a little dangerous?”

- Overall, Chester County students received a percentile score of 41 on the *Sensation Seeking* scale, nine points lower than the normative average of 50.
- Across grade levels, percentile scores for *Sensation Seeking* range from a low of 39 among 8th graders to a high of 43 among 6th graders.
- Overall, Chester County students received a percentile score of 41 on the *Sensation Seeking* scale, three points lower than the statewide score of 44.



Appendix A

Additional Prevention Planning Data

Introduction

The following section presents detailed response data for survey items that may be of particular interest to prevention planners. Some of this information has already been presented earlier in this report in the form of several of the risk factor scale scores (see Section 5). These detailed response data have been provided to help communities form a more complete picture of the attitudes and behaviors held by the youth who were surveyed. It is helpful, however, to view this information within the context of the risk and protective factor framework covered earlier in this report.

Risk of Harm

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco or other drugs (Bachman, Johnston, O’Malley & Humphrey, 1988). Data analysis across a range of *Communities That Care Youth Survey* communities shows a consistent negative correlation between perception of risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low. Evidence also suggests that perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community (Bachman, Johnston, O’Malley & Humphrey, 1986). Table 31 presents prevalence rates for surveyed youth assigning “great risk” of harm to four drug use behaviors: regular use of alcohol (one or two drinks nearly every day), regular use of cigarettes (a pack or more daily), trying marijuana once or twice, and regular use of marijuana. These four survey items form the risk factor scale *Low Perceived Risks of Drug Use*. Comparison data from the statewide survey are presented in Table 32.

Table 31. Percentage of Youth Who Reported Perception of “Great Risk” of Harm, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	41.4	--	33.8	--	29.2	--	28.0	33.7
Smoking Cigarettes Regularly	74.6	--	72.2	--	70.5	--	69.5	71.9
Trying Marijuana Once or Twice	45.4	--	34.9	--	19.3	--	11.9	29.6
Smoking Marijuana Regularly	84.4	--	77.7	--	51.8	--	35.8	65.2

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

Table 32. Percentage of Youth Who Reported Perception of “Great Risk” of Harm, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	40.3	--	30.2	--	25.2	--	26.2	30.1
Smoking Cigarettes Regularly	71.7	--	67.5	--	63.0	--	64.6	66.5
Trying Marijuana Once or Twice	46.0	--	36.1	--	21.5	--	15.4	29.0
Smoking Marijuana Regularly	83.2	--	74.5	--	54.9	--	43.2	63.0

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

Disapproval of Drug Use

Personal approval or disapproval is another key attitudinal construct that influences drug use behavior (Bachman et al., 1988). Like risk of harm, disapproval is negatively correlated with the level of reported ATOD use across a range of *Communities That Care Youth Survey* communities. Personal disapproval was measured by asking surveyed youth how wrong it would be for someone their age to drink alcohol regularly, smoke cigarettes, smoke marijuana, or use other illicit drugs (“LSD, cocaine, amphetamines or another illegal drug”). The rates presented in Table 33 represent the percentages of surveyed youth who thought it would be “wrong” or “very wrong” to use each drug. These four survey items form the risk factor scale *Favorable Attitudes toward ATOD Use*. Comparison data from the statewide survey are presented in Table 34.

Table 33. Percentage of Youth Who Indicated Personal Disapproval of Drug Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	97.8	--	87.2	--	59.6	--	42.9	74.8
Smoking Cigarettes	98.1	--	90.2	--	77.3	--	57.8	82.9
Smoking Marijuana	98.8	--	90.9	--	70.7	--	56.3	81.4
Using Other Illicit Drugs	99.1	--	96.7	--	93.1	--	87.9	94.8

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

Table 34. Percentage of Youth Who Indicated Personal Disapproval of Drug Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	97.2	--	82.5	--	62.5	--	49.2	71.6
Smoking Cigarettes	97.3	--	86.7	--	72.1	--	56.8	77.3
Smoking Marijuana	98.4	--	89.0	--	73.1	--	62.3	79.8
Using Other Illicit Drugs	98.7	--	96.3	--	92.8	--	90.3	94.3

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

Social Norms

In addition to students' own attitudes, social norms—the written and unwritten rules and expectations about what constitutes desirable behavior—shape drug use choices. Since drug-related attitudes and behaviors are often acquired through peer group interactions, expectations of how one's peer group might react have an especially strong impact on whether or not young people choose to use drugs. The data presented in Table 35 show the percentage of surveyed youth who said that there is a “pretty good” or “very good” chance that they would be seen as cool if they smoked cigarettes, drank alcohol regularly (once or twice a month) or smoked marijuana. These three survey items form part of the risk factor scale *Peer Rewards for Antisocial Behavior*. Comparison data from the statewide survey are presented in Table 36.

Table 35. Percentage of Youth Who Indicated Peer Approval of Drug Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	0.9	--	4.8	--	18.2	--	28.1	11.5
Smoking Cigarettes	1.0	--	3.5	--	5.9	--	7.5	4.1
Smoking Marijuana	1.0	--	5.4	--	15.7	--	21.9	9.9

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

Table 36. Percentage of Youth Who Indicated Peer Approval of Drug Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	1.4	--	6.7	--	13.5	--	22.2	11.4
Smoking Cigarettes	1.3	--	4.7	--	6.8	--	7.1	5.1
Smoking Marijuana	1.1	--	6.0	--	13.5	--	18.6	10.3

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

In addition to peer attitudes, social norms toward drug use were measured by asking how most neighborhood adults would view student alcohol, cigarette and marijuana use. Table 37 presents the percentage of surveyed youth who thought other adults would feel it was “wrong” or “very wrong” to use each drug. These three survey items form part of the risk factor scale *Laws and Norms Favorable to Drug Use*. Comparison data from the statewide survey are presented in Table 38.

Table 37. Percentage of Youth Who Indicated “Other Adults” Disapprove of Drug Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol	93.3	--	88.3	--	76.0	--	65.1	82.2
Smoking Cigarettes	94.6	--	91.0	--	83.3	--	69.6	86.0
Smoking Marijuana	96.8	--	93.9	--	86.4	--	80.3	90.2

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

Table 38. Percentage of Youth Who Indicated “Other Adults” Disapprove of Drug Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol	90.6	--	80.5	--	70.1	--	60.6	74.8
Smoking Cigarettes	92.2	--	83.2	--	73.7	--	59.5	76.5
Smoking Marijuana	96.2	--	90.3	--	83.3	--	75.9	86.0

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

Parental Disapproval of Drug Use

Parental disapproval was measured by asking surveyed youth “how wrong do your parents feel it would be for you to” drink alcohol regularly, smoke cigarettes, and smoke marijuana. The rates presented in Table 39 represent the percentages of surveyed youth who reported that their parents feel it would be “very wrong” to use each drug. These three survey items form the risk factor scale *Parental Attitudes Favorable toward ATOD Use*. Comparison data from the statewide survey are presented in Table 40.

Table 39. Percentage of Youth Who Indicated Parental Disapproval of Drug Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drink Alcohol Regularly	94.4	--	86.1	--	66.9	--	51.4	77.0
Smoke Cigarettes	96.1	--	90.5	--	80.9	--	68.0	85.4
Smoke Marijuana	97.5	--	92.7	--	81.2	--	71.3	87.1

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

Table 40. Percentage of Youth Who Indicated Parental Disapproval of Drug Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Drinking Alcohol Regularly	93.1	--	81.9	--	68.3	--	54.1	73.5
Smoke Cigarettes	95.1	--	87.3	--	77.4	--	65.4	80.6
Smoke Marijuana	97.2	--	91.2	--	82.7	--	73.3	85.6

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

Frequency of Drug Use

While the prevalence rates presented in Section 2 are useful for determining how many kids are currently using or have experimented with a drug, they give no indication of the frequency or intensity of use. A respondent who reports 1 or 2 occasions of use in the past 30 days is counted the same as one who reports 40 or more occasions of use, even though the level of use is drastically different. Tables 41-48 present the past-30-day frequency of use reported by surveyed youth for the following drugs: alcohol, cigarettes, marijuana, and inhalants.

Table 41. Past-30-Day Frequency of Alcohol Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	96.3	--	88.2	--	67.0	--	49.7	77.9
1 or 2 occasions	3.1	--	8.6	--	22.5	--	27.0	14.0
3 to 5 occasions	0.3	--	2.0	--	6.5	--	13.4	4.9
6 to 9 occasions	0.1	--	0.7	--	2.2	--	5.6	1.9
10 to 19 occasions	0.1	--	0.3	--	1.1	--	2.6	0.9
20 to 39 occasions	0.0	--	0.1	--	0.3	--	0.9	0.3
40 or more occasions	0.0	--	0.0	--	0.4	--	0.7	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 42. Past-30-Day Frequency of Alcohol Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	94.9	--	82.8	--	69.5	--	54.0	74.5
1 or 2 occasions	4.4	--	11.9	--	19.8	--	26.6	16.1
3 to 5 occasions	0.5	--	2.9	--	5.5	--	10.8	5.1
6 to 9 occasions	0.1	--	1.0	--	2.7	--	4.8	2.2
10 to 19 occasions	0.1	--	0.6	--	1.7	--	2.4	1.2
20 to 39 occasions	0.0	--	0.3	--	0.3	--	0.6	0.3
40 or more occasions	0.0	--	0.5	--	0.4	--	0.8	0.5

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 43. Past-30-Day Frequency of Cigarette Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Not at all	99.5	--	96.5	--	91.2	--	81.6	93.2
Less than one cigarette per day	0.2	--	2.1	--	4.8	--	8.7	3.5
One to five cigarettes per day	0.1	--	0.9	--	2.2	--	5.1	1.8
About one-half pack per day	0.0	--	0.2	--	1.0	--	2.7	0.8
About one pack per day	0.0	--	0.1	--	0.3	--	1.3	0.4
About one and one-half packs per day	0.0	--	0.1	--	0.1	--	0.3	0.1
Two packs or more per day	0.0	--	0.1	--	0.3	--	0.4	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 44. Past-30-Day Frequency of Cigarette Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Not at all	99.1	--	93.3	--	86.1	--	79.2	89.0
Less than one cigarette per day	0.6	--	3.9	--	6.1	--	7.7	4.7
One to five cigarettes per day	0.2	--	2.0	--	4.8	--	6.2	3.4
About one-half pack per day	0.1	--	0.3	--	1.8	--	4.2	1.7
About one pack per day	0.0	--	0.2	--	0.6	--	2.1	0.8
About one and one-half packs per day	0.0	--	0.0	--	0.4	--	0.4	0.2
Two packs or more per day	0.0	--	0.2	--	0.3	--	0.3	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 45. Past-30-Day Frequency of Marijuana Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	99.6	--	96.7	--	84.1	--	73.9	90.0
1 or 2 occasions	0.1	--	1.5	--	6.0	--	8.4	3.5
3 to 5 occasions	0.1	--	0.6	--	3.0	--	4.2	1.7
6 to 9 occasions	0.1	--	0.5	--	1.8	--	2.7	1.1
10 to 19 occasions	0.1	--	0.4	--	2.0	--	3.4	1.3
20 to 39 occasions	0.0	--	0.1	--	1.3	--	3.0	0.9
40 or more occasions	0.1	--	0.2	--	1.8	--	4.4	1.4

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 46. Past-30-Day Frequency of Marijuana Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	99.7	--	94.6	--	85.8	--	76.3	88.6
1 or 2 occasions	0.1	--	2.5	--	5.7	--	8.7	4.4
3 to 5 occasions	0.0	--	1.0	--	2.6	--	3.6	1.9
6 to 9 occasions	0.0	--	0.6	--	1.6	--	1.7	1.0
10 to 19 occasions	0.0	--	0.4	--	1.6	--	2.6	1.2
20 to 39 occasions	0.0	--	0.2	--	0.9	--	2.3	0.9
40 or more occasions	0.0	--	0.8	--	1.7	--	4.8	1.9

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 47. Past-30-Day Frequency of Inhalant Use, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	95.8	--	93.6	--	95.5	--	96.6	95.2
1 or 2 occasions	3.1	--	4.6	--	3.2	--	2.1	3.4
3 to 5 occasions	0.7	--	0.9	--	0.5	--	0.5	0.7
6 to 9 occasions	0.1	--	0.4	--	0.4	--	0.4	0.3
10 to 19 occasions	0.2	--	0.2	--	0.1	--	0.1	0.2
20 to 39 occasions	0.0	--	0.1	--	0.0	--	0.1	0.1
40 or more occasions	0.1	--	0.2	--	0.3	--	0.2	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 48. Past-30-Day Frequency of Inhalant Use, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
0 occasions	93.2	--	91.8	--	94.5	--	96.7	94.1
1 or 2 occasions	5.6	--	6.0	--	3.7	--	2.4	4.3
3 to 5 occasions	0.6	--	0.7	--	0.8	--	0.6	0.7
6 to 9 occasions	0.3	--	0.6	--	0.4	--	0.2	0.4
10 to 19 occasions	0.2	--	0.4	--	0.2	--	0.1	0.2
20 to 39 occasions	0.0	--	0.1	--	0.1	--	0.1	0.1
40 or more occasions	0.1	--	0.4	--	0.3	--	0.1	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Frequency of Bringing a Weapon to School

Table 49 presents the past-30-day frequency of bringing a weapon (such as a gun, knife or club) to school, reported by surveyed youth. Comparison data from the statewide survey are presented in Table 50.

Table 49. Past-30-Day Frequency of Bringing a Weapon to School, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Never	99.2	--	98.1	--	97.7	--	96.6	98.0
1 or 2 times	0.7	--	1.3	--	1.2	--	1.6	1.2
3 to 5 times	0.0	--	0.1	--	0.2	--	0.4	0.2
6 to 9 times	0.0	--	0.2	--	0.1	--	0.3	0.1
10 to 19 times	0.0	--	0.1	--	0.2	--	0.2	0.1
20 to 29 times	0.0	--	0.1	--	0.1	--	0.2	0.1
30 to 39 times	0.1	--	0.0	--	0.1	--	0.1	0.1
40+ times	0.0	--	0.2	--	0.3	--	0.5	0.2

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Table 50. Past-30-Day Frequency of Bringing a Weapon to School, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Never	99.1	--	97.9	--	97.2	--	96.8	97.7
1 or 2 times	0.8	--	1.6	--	1.5	--	1.8	1.5
3 to 5 times	0.0	--	0.2	--	0.4	--	0.6	0.3
6 to 9 times	0.0	--	0.1	--	0.2	--	0.1	0.1
10 to 19 times	0.0	--	0.0	--	0.1	--	0.2	0.1
20 to 29 times	0.0	--	0.1	--	0.0	--	0.1	0.1
30 to 39 times	0.0	--	0.0	--	0.0	--	0.0	0.0
40+ times	0.0	--	0.1	--	0.6	--	0.4	0.3

Note: Rounding on the above table can produce totals that do not equal 100%. The symbol "--" indicates that data are not available because students were not surveyed.

Gang Involvement

Gangs have long been associated with crime, violence and other antisocial behaviors. Evidence suggests that gangs contribute to antisocial behavior beyond simple association with delinquent peers. Table 51 presents the percentage of surveyed youth indicating gang involvement. Comparison data from the statewide survey are presented in Table 52.

Table 51. Percentage of Youth Who Indicated Gang Involvement, Chester County 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Ever Belonged to a Gang	2.9	--	5.8	--	4.8	--	4.5	4.5
Belonged to a Gang with a Name	2.2	--	5.4	--	4.8	--	4.5	4.2

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

Table 52. Percentage of Youth Who Indicated Gang Involvement, Pennsylvania Statewide 2009

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Ever Belonged to a Gang	4.5	--	6.2	--	6.7	--	5.4	5.7
Belonged to a Gang with a Name	3.1	--	5.4	--	6.2	--	4.5	4.8

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

Appendix B

Historical Data

Introduction

In addition to the current survey effort, Chester County administered the *PAYS* in the fall of 2001, 2003, 2005 and 2007. Caution should be exercised when comparing overall results across survey administrations. This is because differences in the samples, particularly the distribution of the sample across grade levels, can dramatically impact overall results, making trend comparisons inaccurate for some communities. Also note that risk and protective factor results from 2001 and 2003 are not included in this report because a different scoring methodology was used in those years. (Please see Section 5 of this report for more information on risk and protective factor scoring).

Demographic Trends

The survey measures a variety of demographic characteristics. Table 53 shows selected characteristics of surveyed Chester County youth for 2001, 2003, 2005, 2007 and 2009.

	Number of Students					Percentage of Students				
	2001	2003	2005	2007	2009	2001	2003	2005	2007	2009
Overall Valid Surveys	16,023	16,067	15,530	16,305	14,986	100.0%	100.0%	100.0%	100.0%	100.0%
Sex										
Male	7,710	7,939	7,723	7,999	7,207	48.1%	49.4%	49.7%	49.1%	48.1%
Female	7,701	7,922	7,628	8,095	7,163	48.1%	49.3%	49.1%	49.6%	47.8%
Did not respond	612	206	179	211	616	3.8%	1.3%	1.2%	1.3%	4.1%
Ethnicity										
White	12,626	12,837	12,118	12,559	11,219	78.8%	79.9%	78.0%	77.0%	74.9%
African American	912	788	874	824	756	5.7%	4.9%	5.6%	5.1%	5.0%
Latino	627	699	726	853	824	3.9%	4.4%	4.7%	5.2%	5.5%
American Indian	119	99	58	114	90	0.7%	0.6%	0.4%	0.7%	0.6%
Asian	395	432	511	584	557	2.5%	2.7%	3.3%	3.6%	3.7%
Other/Multiple	1,004	935	1,030	1,183	1,472	6.3%	5.8%	6.6%	7.3%	9.8%
Did not respond	340	277	213	188	68	2.1%	1.7%	1.4%	1.2%	0.5%
Grade Level										
6 th	4,913	4,501	3,819	3,750	4,155	30.7%	28.0%	24.6%	23.0%	27.7%
7 th	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
8 th	4,414	4,692	4,329	4,559	4,326	27.5%	29.2%	27.9%	28.0%	28.9%
9 th	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
10 th	3,976	3,762	4,090	4,040	3,581	24.8%	23.4%	26.3%	24.8%	23.9%
11 th	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
12 th	2,561	2,997	2,839	3,285	2,924	16.0%	18.7%	18.3%	20.1%	19.5%

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

ATOD Results, 2001, 2003, 2005 and 2007

Table 54. Lifetime Use of Alcohol, Tobacco and Other Drugs, Chester County 2001

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	32.3	--	56.4	--	76.4	--	84.0	58.8
Cigarettes	6.2	--	22.5	--	42.1	--	57.2	28.3
Smokeless Tobacco	--	--	--	--	--	--	--	--
Marijuana	1.3	--	10.4	--	34.4	--	51.7	20.5
Inhalants	2.0	--	5.6	--	6.9	--	16.4	6.7
Cocaine	0.6	--	0.7	--	2.5	--	5.7	1.9
Crack Cocaine	0.4	--	0.8	--	1.6	--	1.9	1.1
Heroin	0.2	--	0.5	--	0.7	--	0.9	0.5
Hallucinogens	0.2	--	1.5	--	5.9	--	13.8	4.3
Methamphetamine	0.7	--	1.4	--	2.3	--	4.1	1.9
Ecstasy	0.5	--	2.2	--	7.2	--	14.7	5.1
Steroids	0.8	--	2.2	--	2.7	--	2.1	1.9

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

Table 55. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Chester County 2001

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	4.1	--	17.2	--	36.8	--	51.7	23.9
Binge Drinking	2.0	--	7.6	--	21.1	--	33.9	13.7
Cigarettes	1.6	--	7.4	--	18.6	--	29.3	12.1
Smokeless Tobacco	1.0	--	2.1	--	3.7	--	6.1	2.9
Marijuana	0.6	--	5.0	--	19.8	--	30.9	11.7
Inhalants	0.7	--	2.1	--	1.9	--	3.4	1.9
Cocaine	0.2	--	0.2	--	0.8	--	1.6	0.6
Crack Cocaine	0.2	--	0.2	--	0.6	--	0.7	0.4
Heroin	0.1	--	0.2	--	0.3	--	0.3	0.2
Hallucinogens	0.1	--	0.5	--	2.3	--	4.1	1.5
Methamphetamine	0.3	--	0.4	--	0.7	--	0.7	0.5
Ecstasy	0.3	--	0.9	--	2.6	--	4.9	1.9
Steroids	0.2	--	0.6	--	1.0	--	0.6	0.6

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

Table 56. Lifetime Use of Alcohol, Tobacco and Other Drugs, Chester County 2003

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	26.5	--	52.9	--	72.2	--	82.8	55.7
Cigarettes	4.6	--	18.3	--	34.3	--	51.1	24.5
Smokeless Tobacco	1.1	--	3.9	--	7.1	--	13.8	5.7
Marijuana	0.9	--	8.8	--	29.0	--	47.9	18.7
Inhalants	5.5	--	9.8	--	9.6	--	10.0	8.5
Cocaine	0.2	--	1.4	--	3.8	--	7.7	2.8
Crack Cocaine	0.3	--	1.5	--	2.0	--	2.3	1.4
Heroin	0.2	--	0.7	--	1.5	--	1.9	1.0
Hallucinogens	0.3	--	2.1	--	7.5	--	13.3	5.0
Methamphetamine	0.2	--	0.8	--	2.1	--	2.4	1.3
Ecstasy	0.2	--	1.9	--	4.9	--	9.3	3.6
Steroids	0.9	--	2.0	--	2.4	--	1.8	1.8
Any Illicit Drug (Other than Marijuana)	6.1	--	12.4	--	16.6	--	23.2	13.7

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

Table 57. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Chester County 2003

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	3.1	--	15.4	--	36.5	--	53.5	24.1
Binge Drinking	1.1	--	6.6	--	21.4	--	37.2	14.4
Cigarettes	1.2	--	6.8	--	14.5	--	26.3	10.8
Smokeless Tobacco	0.4	--	1.6	--	2.7	--	5.0	2.2
Marijuana	0.3	--	4.7	--	17.4	--	25.7	10.5
Inhalants	2.2	--	4.1	--	3.8	--	2.9	3.2
Cocaine	0.1	--	0.7	--	2.0	--	3.0	1.3
Crack Cocaine	0.0	--	0.5	--	1.1	--	0.7	0.5
Heroin	0.0	--	0.4	--	1.0	--	0.7	0.5
Hallucinogens	0.1	--	0.8	--	4.2	--	5.9	2.4
Methamphetamine	0.1	--	0.5	--	0.9	--	0.7	0.5
Ecstasy	0.1	--	0.8	--	1.8	--	2.1	1.1
Steroids	0.4	--	0.7	--	1.1	--	0.7	0.7
Any Illicit Drug (Other than Marijuana)	2.5	--	5.4	--	8.6	--	10.4	6.3

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

Table 58. Lifetime Use of Alcohol, Tobacco and Other Drugs, Chester County 2005

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	21.8	--	52.5	--	72.0	--	80.7	55.7
Cigarettes	2.7	--	15.5	--	29.8	--	44.2	22.1
Smokeless Tobacco	0.8	--	2.9	--	6.6	--	12.7	5.4
Marijuana	0.7	--	8.9	--	26.6	--	46.4	19.1
Inhalants	6.1	--	10.2	--	10.5	--	11.5	9.5
Cocaine	0.2	--	1.4	--	4.6	--	10.2	3.8
Crack Cocaine	0.2	--	1.5	--	2.3	--	2.7	1.7
Heroin	0.2	--	0.7	--	1.0	--	2.9	1.1
Hallucinogens	0.1	--	1.6	--	6.5	--	13.5	4.9
Methamphetamine	0.1	--	1.1	--	1.7	--	3.3	1.5
Ecstasy	0.2	--	1.8	--	4.2	--	8.5	3.4
Steroids	0.5	--	1.7	--	1.5	--	1.6	1.3

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

Table 59. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Chester County 2005

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	2.8	--	16.1	--	38.6	--	52.8	26.1
Binge Drinking	0.8	--	6.5	--	20.4	--	32.9	14.1
Cigarettes	0.4	--	5.4	--	13.2	--	22.8	9.9
Smokeless Tobacco	0.3	--	1.2	--	2.8	--	5.2	2.2
Marijuana	0.3	--	3.8	--	15.6	--	26.1	10.6
Inhalants	2.2	--	4.1	--	3.7	--	3.4	3.4
Cocaine	0.1	--	0.6	--	2.1	--	4.1	1.6
Crack Cocaine	0.1	--	0.6	--	1.1	--	1.2	0.7
Heroin	0.1	--	0.4	--	0.5	--	1.3	0.5
Hallucinogens	0.1	--	0.7	--	3.0	--	5.2	2.1
Methamphetamine	0.1	--	0.5	--	0.6	--	1.5	0.6
Ecstasy	0.1	--	0.7	--	1.9	--	3.1	1.3
Steroids	0.2	--	0.6	--	0.7	--	0.9	0.6

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

Table 60. Lifetime Use of Alcohol, Tobacco and Other Drugs, Chester County 2007

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	21.5	--	47.1	--	70.3	--	82.3	54.8
Cigarettes	2.5	--	10.6	--	26.6	--	43.0	19.6
Smokeless Tobacco	0.8	--	2.3	--	7.6	--	13.7	5.8
Marijuana	0.6	--	5.1	--	24.7	--	45.2	17.6
Inhalants	6.1	--	8.2	--	9.7	--	11.0	8.7
Cocaine	0.3	--	1.0	--	4.3	--	10.1	3.6
Crack Cocaine	0.4	--	0.9	--	1.9	--	2.1	1.4
Heroin	0.1	--	0.4	--	1.6	--	1.6	1.0
Hallucinogens	0.3	--	1.0	--	6.4	--	12.8	4.8
Methamphetamine	0.2	--	0.9	--	1.8	--	2.5	1.4
Ecstasy	0.2	--	0.9	--	3.4	--	7.4	2.9
Steroids	1.0	--	1.1	--	1.7	--	1.8	1.4

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

Table 61. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Chester County 2007

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Alcohol	2.7	--	11.2	--	34.4	--	53.5	24.2
Binge Drinking	1.3	--	4.7	--	18.7	--	33.2	13.5
Cigarettes	0.5	--	3.6	--	12.6	--	23.6	9.5
Smokeless Tobacco	0.3	--	1.2	--	4.0	--	6.8	2.9
Marijuana	0.3	--	2.3	--	15.4	--	27.1	10.4
Inhalants	2.0	--	3.0	--	2.8	--	3.3	2.8
Cocaine	0.2	--	0.3	--	1.7	--	3.8	1.4
Crack Cocaine	0.2	--	0.3	--	1.2	--	1.1	0.7
Heroin	0.1	--	0.2	--	0.8	--	0.9	0.5
Hallucinogens	0.2	--	0.5	--	2.6	--	5.7	2.1
Methamphetamine	0.1	--	0.2	--	0.9	--	1.1	0.6
Ecstasy	0.2	--	0.4	--	1.4	--	3.2	1.3
Steroids	0.3	--	0.5	--	0.8	--	1.2	0.7

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

Other Antisocial Behavior Results, 2001, 2003, 2005 and 2007

Table 62. Prevalence of Other Antisocial Behaviors, Chester County 2001

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	5.4	--	9.4	--	10.1	--	9.1	8.3
Attempting to Steal a Vehicle	0.8	--	1.6	--	2.8	--	2.3	1.8
Being Arrested	1.4	--	4.1	--	5.6	--	7.5	4.2
Being Drunk or High at School	1.1	--	5.5	--	15.4	--	24.4	9.7
Getting Suspended	4.4	--	8.7	--	10.2	--	9.5	8.0
Selling Drugs	0.7	--	2.5	--	9.0	--	13.0	5.3
Average	2.3	--	5.3	--	8.9	--	11.0	6.2

Table 63. Prevalence of Other Antisocial Behaviors, Chester County 2003

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	5.5	--	11.2	--	12.0	--	10.5	9.7
Attempting to Steal a Vehicle	0.6	--	2.2	--	3.3	--	2.0	1.9
Being Arrested	1.2	--	4.0	--	6.0	--	7.9	4.5
Being Drunk or High at School	0.7	--	4.9	--	14.6	--	20.1	8.9
Getting Suspended	3.9	--	9.0	--	9.9	--	10.6	8.1
Selling Drugs	0.3	--	2.6	--	8.2	--	11.9	5.1
Bringing a Weapon to School	0.6	--	2.1	--	2.8	--	2.6	1.9
Average	1.8	--	5.1	--	8.1	--	9.4	5.7

Table 64. Prevalence of Other Antisocial Behaviors, Chester County 2005

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	4.7	--	11.3	--	12.1	--	10.6	10.0
Attempting to Steal a Vehicle	0.3	--	1.8	--	3.3	--	1.4	1.8
Being Arrested	0.7	--	4.4	--	6.3	--	5.9	4.5
Being Drunk or High at School	0.7	--	5.1	--	13.9	--	19.5	9.4
Getting Suspended	3.7	--	10.2	--	9.4	--	8.1	8.3
Selling Drugs	0.3	--	3.1	--	8.7	--	11.5	5.7
Bringing a Weapon to School	0.5	--	2.5	--	3.0	--	3.2	2.3
Average	1.6	--	5.5	--	8.1	--	8.6	6.0

Table 65. Prevalence of Other Antisocial Behaviors, Chester County 2007

	6 th %	7 th %	8 th %	9 th %	10 th %	11 th %	12 th %	Overall %
Attacking Someone with Intent to Harm	4.7	--	8.6	--	11.1	--	10.4	8.8
Attempting to Steal a Vehicle	0.4	--	1.5	--	1.8	--	2.6	1.6
Being Arrested	0.4	--	3.0	--	5.6	--	6.4	3.9
Being Drunk or High at School	0.7	--	2.7	--	13.0	--	20.8	8.7
Getting Suspended	3.6	--	8.7	--	8.3	--	8.8	7.4
Selling Drugs	0.3	--	1.7	--	8.0	--	12.9	5.4
Bringing a Weapon to School	0.5	--	1.7	--	2.8	--	2.9	2.0
Average	1.5	--	4.0	--	7.2	--	9.3	5.4

Risk and Protective Results, 2005 and 2007

Table 66. Protective Factor Scale Scores, Chester County 2005

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Community Opportunities for Prosocial Involvement	64	--	63	--	61	--	61	62
	Community Rewards for Prosocial Involvement	59	--	52	--	50	--	50	53
Family Domain	Family Attachment	61	--	54	--	52	--	54	55
	Family Opportunities for Prosocial Involvement	58	--	53	--	52	--	55	54
	Family Rewards for Prosocial Involvement	61	--	54	--	53	--	55	55
School Domain	School Opportunities for Prosocial Involvement	59	--	57	--	57	--	58	58
	School Rewards for Prosocial Involvement	57	--	55	--	56	--	54	56
Peer and Individual Domain	Religiosity	52	--	47	--	46	--	48	48
	Belief in the Moral Order	65	--	62	--	59	--	61	61
Average		60	--	55	--	54	--	55	56

Table 67. Risk Factor Scale Scores, Chester County 2005

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Low Neighborhood Attachment	37	--	42	--	44	--	41	41
	Community Disorganization	35	--	38	--	44	--	42	40
	Transitions and Mobility	57	--	48	--	47	--	49	50
	Laws and Norms Favorable to Drug Use	40	--	42	--	45	--	47	44
	Laws and Norms Favorable to Handguns	39	--	43	--	46	--	44	43
	Perceived Availability of Drugs	41	--	40	--	43	--	48	43
	Perceived Availability of Handguns	43	--	44	--	42	--	40	42
Family Domain	Poor Family Management	37	--	43	--	47	--	44	43
	Family Conflict	43	--	51	--	50	--	50	49
	Family History of Antisocial Behavior	36	--	40	--	41	--	42	40
	Parental Attitudes Favorable toward ATOD Use	44	--	45	--	47	--	48	47
	Parental Attitudes Favorable toward Antisocial Behavior	42	--	45	--	49	--	48	46
School Domain	Poor Academic Performance	40	--	41	--	41	--	42	41
	Lack of Commitment to School	42	--	46	--	43	--	45	44
Peer and Individual Domain	Rebelliousness	35	--	43	--	48	--	46	43
	Friends' Delinquent Behavior	39	--	43	--	46	--	46	45
	Friends' Use of Drugs	39	--	38	--	43	--	49	43
	Peer Rewards for Antisocial Behavior	43	--	46	--	56	--	62	51
	Favorable Attitudes toward Antisocial Behavior	34	--	38	--	42	--	43	40
	Favorable Attitudes toward ATOD Use	38	--	39	--	42	--	46	42
	Low Perceived Risks of Drug Use	39	--	43	--	47	--	49	44
	Early Initiation of Drug Use	36	--	36	--	39	--	42	38
	Sensation Seeking	38	--	39	--	41	--	42	40
Average		40	--	42	--	45	--	46	43

Table 68. Protective Factor Scale Scores, Chester County 2007

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Community Opportunities for Prosocial Involvement	62	--	63	--	63	--	62	63
	Community Rewards for Prosocial Involvement	58	--	55	--	52	--	49	54
Family Domain	Family Attachment	61	--	58	--	55	--	54	57
	Family Opportunities for Prosocial Involvement	58	--	57	--	55	--	54	56
	Family Rewards for Prosocial Involvement	61	--	58	--	55	--	55	57
School Domain	School Opportunities for Prosocial Involvement	59	--	57	--	55	--	55	57
	School Rewards for Prosocial Involvement	55	--	55	--	55	--	52	55
Peer and Individual Domain	Religiosity	48	--	47	--	45	--	45	46
	Belief in the Moral Order	66	--	67	--	61	--	58	63
Average		59	--	57	--	55	--	54	56

Table 69. Risk Factor Scale Scores, Chester County 2007

		6 th	7 th	8 th	9 th	10 th	11 th	12 th	Overall
Community Domain	Low Neighborhood Attachment	36	--	41	--	43	--	44	41
	Community Disorganization	35	--	37	--	42	--	44	39
	Transitions and Mobility	52	--	48	--	47	--	49	49
	Laws and Norms Favorable to Drug Use	40	--	39	--	44	--	48	42
	Laws and Norms Favorable to Handguns	38	--	40	--	43	--	45	41
	Perceived Availability of Drugs	41	--	37	--	41	--	47	41
	Perceived Availability of Handguns	43	--	42	--	39	--	40	41
Family Domain	Poor Family Management	39	--	40	--	43	--	46	42
	Family Conflict	43	--	48	--	51	--	51	48
	Family History of Antisocial Behavior	34	--	36	--	39	--	42	38
	Parental Attitudes Favorable toward ATOD Use	43	--	42	--	46	--	50	45
	Parental Attitudes Favorable toward Antisocial Behavior	41	--	42	--	48	--	52	46
School Domain	Poor Academic Performance	39	--	39	--	40	--	42	40
	Lack of Commitment to School	43	--	43	--	43	--	43	43
Peer and Individual Domain	Rebelliousness	35	--	40	--	47	--	49	43
	Friends' Delinquent Behavior	39	--	40	--	43	--	49	43
	Friends' Use of Drugs	39	--	34	--	42	--	51	41
	Peer Rewards for Antisocial Behavior	43	--	42	--	57	--	65	52
	Favorable Attitudes toward Antisocial Behavior	35	--	35	--	40	--	44	38
	Favorable Attitudes toward ATOD Use	38	--	34	--	41	--	46	40
	Low Perceived Risks of Drug Use	39	--	39	--	45	--	51	43
	Early Initiation of Drug Use	36	--	32	--	36	--	41	36
Sensation Seeking	39	--	37	--	40	--	43	39	
Average		40	--	39	--	43	--	47	42

Appendix C

Risk and Protective Factor Scale Construction Summary

Community Domain Scales

RISK FACTORS

COMMUNITY DOMAIN	Low Neighborhood Attachment	
	Q109	I'd like to get out of my neighborhood.
	Q102	I like my neighborhood.
	Q100	If I had to move, I would miss the neighborhood I now live in.
	Community Disorganization	
	Q103a	How much do each of the following statements describe your neighborhood: crime and/or drug selling.
	Q103b	How much do each of the following statements describe your neighborhood: fights.
	Q103c	How much do each of the following statements describe your neighborhood: lots of empty or abandoned buildings.
	Q103d	How much do each of the following statements describe your neighborhood: lots of graffiti.
	Q107	I feel safe in my neighborhood.
	Transitions and Mobility	
	Q110	Have you changed homes in the past year?
	Q104	How many times have you changed homes since kindergarten?
	Q106	Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?
Q108	How many times have you changed schools since kindergarten?	

RISK FACTORS, CONTINUED

COMMUNITY DOMAIN	Laws and Norms Favorable to Drug Use	
	Q33a	How wrong would most adults (over 21) in your neighborhood think it was for kids your age: to use marijuana?
	Q33b	How wrong would most adults (over 21) in your neighborhood think it was for kids your age: to drink alcohol?
	Q33c	How wrong would most adults (over 21) in your neighborhood think it was for kids your age: to smoke cigarettes?
	Q29	If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?
	Q27	If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
	Perceived Availability of Drugs	
	Q25	If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?
	Q26	If you wanted to get some cigarettes, how easy would it be for you to get some?
	Q32	If you wanted to get some marijuana, how easy would it be for you to get some?
	Q28	If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?
	Perceived Availability of Handguns	
	Q30	If you wanted to get a handgun, how easy would it be for you to get one?

PROTECTIVE FACTORS

COMMUNITY DOMAIN	Community Rewards for Prosocial Involvement	
	Q101	My neighbors notice when I am doing a good job and let me know.
	Q111	There are people in my neighborhood who encourage me to do my best.
	Q105	There are people in my neighborhood who are proud of me when I do something well.
	Community Opportunities for Prosocial Involvement	
	Q2912	Which of the following activities for people your age are available in your community: sports teams?
	Q2913	Which of the following activities for people your age are available in your community: scouting?
	Q2914	Which of the following activities for people your age are available in your community: boys and girls clubs?
	Q2915	Which of the following activities for people your age are available in your community: 4-H clubs?
	Q2916	Which of the following activities for people your age are available in your community: service clubs?
Q555	There are lots of adults in my neighborhood I could talk to about something important.	

Family Domain Scales

RISK FACTORS

FAMILY DOMAIN	Poor Family Management	
	Q78	My parents ask if I've gotten my homework done.
	Q80	Would your parents know if you did not come home on time?
	Q79	When I am not at home, one of my parents knows where I am and whom I am with.
	Q76	The rules in my family are clear.
	Q83	My family has clear rules about alcohol and drug use.
	Q82	If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?
	Q85	If you skipped school, would you be caught by your parents?
	Q84	If you carried a handgun without your parents' permission, would you be caught by your parents?
	Family Conflict	
Q2909	People in my family often insult or yell at each other.	
Q2911	People in my family have serious arguments.	
Q2910	We argue about the same things in my family over and over.	
Parental Attitudes Favorable toward Antisocial Behavior		
Q74d	How wrong do your parents feel it would be for you to: steal anything worth more than \$5?	
Q74e	How wrong do your parents feel it would be for you to: draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	
Q74f	How wrong do your parents feel it would be for you to: pick a fight with someone?	

RISK FACTORS, CONTINUED

FAMILY DOMAIN	Parental Attitudes Favorable toward ATOD Use	
	Q74a	How wrong do your parents feel it would be for you to: drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
	Q74b	How wrong do your parents feel it would be for you to: smoke cigarettes?
	Q74c	How wrong do your parents feel it would be for you to: smoke marijuana?
	Family History of Antisocial Behavior	
	Q77	Has anyone in your family ever had a severe alcohol or drug problem?
	Q75a	Have any of your brothers or sisters ever: drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?
	Q75b	Have any of your brothers or sisters ever: smoked marijuana?
	Q75c	Have any of your brothers or sisters ever: smoked cigarettes?
	Q75d	Have any of your brothers or sisters ever: taken a handgun to school?
	Q75e	Have any of your brothers or sisters ever: been suspended or expelled from school?
	Q34a	About how many adults (over 21) have you known personally who in the past year have: used marijuana, crack, cocaine, or other drugs?
	Q34b	About how many adults (over 21) have you known personally who in the past year have: sold or dealt drugs?
	Q34c	About how many adults (over 21) have you known personally who in the past year have: done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?
Q34d	About how many adults (over 21) have you known personally who in the past year have: gotten drunk or high?	

PROTECTIVE FACTORS

FAMILY DOMAIN	Family Attachment	
	Q87	Do you feel very close to your mother?
	Q88	Do you share your thoughts and feelings with your mother?
	Q97	Do you feel very close to your father?
	Q92	Do you share your thoughts and feelings with your father?
	Family Opportunities for Prosocial Involvement	
	Q99	My parents give me lots of chances to do fun things with them.
	Q89	My parents ask me what I think before most family decisions affecting me are made.
	Q96	If I had a personal problem, I could ask my mom or dad for help.
	Family Rewards for Prosocial Involvement	
	Q86	My parents notice when I am doing a good job and let me know about it.
	Q91	How often do your parents tell you they're proud of you for something you've done?
	Q93	Do you enjoy spending time with your mother?
Q94	Do you enjoy spending time with your father?	

School Domain Scales

RISK FACTORS

SCHOOL DOMAIN	Poor Academic Performance	
	Q13	Putting them all together, what were your grades like last year?
	Q23	Are your school grades better than the grades of most students in your class?
	Lack of Commitment to School	
	Q3681	How often do you feel that the schoolwork you are assigned is meaningful and important?
	Q3682	How interesting are most of your courses to you?
	Q3683	How important do you think the things you are learning in school are going to be for your later life?
	Q3684	Now, thinking back over the past year in school, how often did you: Enjoy being in school?
	Q3685	Now, thinking back over the past year in school, how often did you: Hate being in school?
	Q3686	Now, thinking back over the past year in school, how often did you: Try to do your best work in school?
Q738	During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or “cut”?	

PROTECTIVE FACTORS

SCHOOL DOMAIN	School Opportunities for Prosocial Involvement	
	Q14	In my school, students have lots of chances to help decide things like class activities and rules.
	Q17	There are lots of chances for students in my school to talk with a teacher one-on-one.
	Q2891	Teachers ask me to work on special classroom projects.
	Q2057	There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
	Q3668	I have lots of chances to be part of class discussions or activities.
	School Rewards for Prosocial Involvement	
	Q15	My teacher(s) notices when I am doing a good job and lets me know about it.
	Q21	The school lets my parents know when I have done something well.
	Q18	I feel safe at my school.
Q731	My teachers praise me when I work hard in school.	

Peer and Individual Domain Scales

RISK FACTORS

PEER AND INDIVIDUAL DOMAIN	Low Perceived Risks of Drug Use	
	Q3687	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?
	Q3679	How much do you think people risk harming themselves (physically or in other ways) if they: try marijuana once or twice?
	Q3688	How much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly?
	Q3680	How much do you think people risk harming themselves (physically or in other ways) if they: take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
	Early Initiation of Drug Use	
	Q60a	How old were you when you first: smoked marijuana?
	Q60b	How old were you when you first: smoked a cigarette, even just a puff?
	Q60c	How old were you when you first: had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?
	Q60d	How old were you when you first: began drinking alcoholic beverages regularly, that is, at least once or twice a month?
	Sensation Seeking	
	Q57a	How many times have you done the following things? Done what feels good no matter what.
	Q57b	How many times have you done the following things? Done something dangerous because someone dared you to do it.
Q57c	How many times have you done the following things? Done crazy things even if they are a little dangerous.	

RISK FACTORS, CONTINUED

PEER AND INDIVIDUAL DOMAIN	Rebelliousness	
	Q55	I do the opposite of what people tell me, just to get them mad.
	Q62	I ignore rules that get in my way.
	Q73	I like to see how much I can get away with.
	Friends' Delinquent Behavior	
	Q65a	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have been suspended from school?
	Q65b	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have carried a handgun?
	Q65c	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have sold illegal drugs?
	Q65d	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have stolen or tried to steal a motor vehicle such as a car or motorcycle?
	Q65e	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have been arrested?
Q65f	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have dropped out of school?	

RISK FACTORS, CONTINUED

PEER AND INDIVIDUAL DOMAIN	Friends' Use of Drugs	
	Q58a	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have smoked cigarettes?
	Q58b	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?
	Q58c	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used marijuana?
	Q58d	Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have used LSD, cocaine, amphetamines, or other illegal drugs?
	Peer Rewards for Antisocial Behavior	
	Q59a	What are the chances you would be seen as cool if you smoked cigarettes?
	Q59b	What are the chances you would be seen as cool if you began drinking alcoholic beverages regularly, that is, at least once or twice a month?
	Q59c	What are the chances you would be seen as cool if you smoked marijuana?
	Q59d	What are the chances you would be seen as cool if you carried a handgun?

RISK FACTORS, CONTINUED

PEER AND INDIVIDUAL DOMAIN	Favorable Attitudes toward Antisocial Behavior	
	Q61a	How wrong do you think it is for someone your age to take a handgun to school?
	Q61b	How wrong do you think it is for someone your age to steal anything worth more than \$5?
	Q61c	How wrong do you think it is for someone your age to pick a fight with someone?
	Q61d	How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting him or her?
	Q61e	How wrong do you think it is for someone your age to stay away from school all day when their parents think they are at school?
	Favorable Attitudes toward ATOD Use	
	Q67a	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?
	Q67b	How wrong do you think it is for someone your age to smoke cigarettes?
	Q67c	How wrong do you think it is for someone your age to smoke marijuana?
Q67d	How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?	

PROTECTIVE FACTORS

PEER AND INDIVIDUAL DOMAIN	Religiosity	
	Q54	How often do you attend religious services or activities?
	Belief in the Moral Order	
	Q56	I think it is okay to take something without asking, if you can get away with it.
	Q72	I think sometimes it's okay to cheat at school.
	Q63	It is all right to beat up people if they start the fight.
Q64	It is important to be honest with your parents, even if they become upset or you get punished.	

Appendix D

Other Resources

Web Sites

Office of National Drug Control Policy www.whitehousedrugpolicy.gov

National Clearinghouse for Alcohol and Drug Information www.ncadi.samhsa.gov

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

Monitoring the Future www.monitoringthefuture.org

National Institute on Drug Abuse (NIDA) www.nida.nih.gov and www.drugabuse.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov

Social Development Research Group www.uwsrd.org/sdrg

Prevention Program Guides

Center for Substance Abuse Prevention, Western Center for the Application of Prevention Technologies. (2004). *Building a successful prevention program: list of all practices*. [Data file]. Available at the University of Nevada Reno's Web site, www.casat.unr.edu/bestpractices/alpha-list.php.

Center for the Study and Prevention of Violence, Institute of Behavioral Science. (2004). *Blueprints for Violence Prevention*. [Data file]. Available from the University of Colorado Boulder's Web site, www.colorado.edu/cspv/blueprints.

Hawkins, J. D., & Catalano, R. F. (2004). *Communities That Care Prevention Strategies Guide*. [Data file]. Available from the SAMHSA Web site, www.preventionplatform.samhsa.gov.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2004). *Model Programs list*. [Data file]. Available from the SAMHSA Web site, www.nrepp.samhsa.gov.

Prevention Planning

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

References

- Atlas, R. & Pepler D. (1998). Observations of bullying in the classroom. *Journal of Educational Research*, 92, 86-99.
- Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The communities that care youth survey. *Evaluation Review*, 26, 575-601.
- Bachman, J., Johnston, L., O'Malley, P., & Humphrey, R. (1986). Changes in marijuana use linked to changes in perceived risks and disapproval (Monitoring the Future Occasional Paper 19). Ann Arbor, MI: Institute for Social Research.
- Bachman, J., Johnston, L., O'Malley, P., & Humphrey, R. (1988). Explaining the recent decline in marijuana use: Differentiating the effects of perceived risks, disapproval, and general lifestyle factors. *Journal of Health and Social Behavior*, 29, 92-112.
- Banks, R. (1997). *Bullying in schools*. ERIC Digest [Online]. Available: www.ericdigests.org/1997-4/bullying.htm.
- 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.
- Everett, S. A., Ph.D., M.P.H., Giovino, G. A., Ph.D., Warren, C. W., Ph.D., Crossett, L., R.D.H., & Kann, L., Ph.D. (1998). Other substance use among high school students who use tobacco. *Journal of Adolescent Health*, 23, 289-296.
- Garrity, C., Jens, K., Porter, W. W., Sager, N., & Short-Camilli, C. (1997). Bullyproofing your school: Creating a positive climate. *Intervention in School and Clinic*, 32, 235-243.
- Glaser, R. R., Van Horn, M. L., Arthur, M. W., Hawkins, J. D., & Catalano, R. F. (2005). Measurement properties of the communities that care youth survey across demographic groups. *Journal of Quantitative Criminology*, 21, 73-102.
- 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. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2009a). *Monitoring the Future national survey results on drug use, 1975-2008. Volume I: Secondary school students* (NIH Publication No. 07-7402). Bethesda, MD: National Institute on Drug Abuse.

-
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2009b). *Teen marijuana use tilts up, while some drugs decline in use*. University of Michigan News Service: Ann Arbor, MI. Retrieved 1/15/2010 from <http://www.monitoringthefuture.org>.
- Leff, S. S., Power, T. J., & Goldstein, A. B. (2004). Outcome measures to assess the effectiveness of bullying-prevention programs in the schools. In D. L. Espelage & S. M. Swearer (Eds.) *Bullying in American schools: A social-ecological perspective on prevention and intervention* (pp. 269-294). Mahwah, NJ: Erlbaum.
- 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.
- Skiba, R. & Fontanini, A. (2000). *Bullying prevention: What works in preventing school violence*. Safe and Responsive Schools Project Fact Sheet Series, Indiana Education Policy Center [Online]. Available: www.indiana.edu/~safeschl/SrsBullying.pdf.
- Substance Abuse and Mental Health Services Administration. (2003). Results from the 2002 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NHSDA Series H-22, DHHS Publication No. SMA 03-3836). Rockville, MD.
- U. S. Department of Education. (1998). *Preventing bullying: A manual for schools and communities*. [Online]. Available: www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/17/14/d5.pdf.
- U.S. Department of Education, National Center for Education Statistics. (2004). *The Common Core of Data (CCD)*. [Data file]. Available from National Center for Education Statistics Web site, <http://nces.ed.gov/ccd>.