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Broome County Student Survey Report

This report describes the administration and findings for the *Communities That Care*[®] *Youth Survey* in Broome County, New York. The survey effort was sponsored by the Broome County Mental Health Department, of Binghamton, New York, in conjunction with the Office of Alcoholism and Substance Abuse Services (OASAS) of Albany, New York, which contracted with Developmental Research and Programs, Inc., of Seattle, Washington (a subsidiary of Channing L. Bete Co., Inc.), to conduct the survey. This survey effort was funded by the New York State Incentive Cooperative Agreement (SICA) grant. The survey data were collected in October and November 2000.

The *Communities That Care*[®] *Youth Survey* was developed to provide scientifically sound information to communities. It assesses the current prevalence of problem behaviors in the community, and the degree to which risk and protective factors exist in community, family, school and peer-individual environments. This information is essential to support needs assessment, prevention planning and intervention planning at the local level. Risk and protective factors are characteristics of the community, family, school and peer-individual environments, as well as individual characteristics of the students themselves, that are known to predict drug use, delinquency and gang involvement (Hawkins, Catalano and Miller, 1992).

The *Communities That Care*[®] *Youth Survey* measures risk factors and protective factors by using groups of survey items, which are called “scales” (see Appendix E). Please note that some of the risk factors are measured with two scales. In addition to measuring risk and protective factors, the *Communities That Care*[®] *Youth Survey* assesses the current prevalence of problem behaviors in the community. The survey, its uses and its ongoing development have been described in two recent articles (Pollard, Hawkins and Arthur, 1999; Arthur, Hawkins, Pollard, Catalano and Baglioni, 2001).

The Survey

The *Communities That Care*[®] *Youth Survey* was developed from research (The Six-State Study) funded by the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. The Six-State Study supported the development of a student survey to measure the following items:

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

- the degree to which risk and protective factors exist that can predict ATOD (alcohol, tobacco and other drug) use, delinquency, gang involvement and other problem behaviors in adolescents.

This survey instrument became the *Communities That Care*[®] *Youth Survey*. School survey data were collected in 5 states: Kansas, Maine, Oregon, South Carolina and Washington. One other state, Utah, participated in the *Communities That Care*[®] (CTC) project, but school survey data collected in Utah were not collected in the same manner as in the other states. Over 72,000 students participated in these statewide surveys, and analysis of the collected data contributed to the development of the survey.

Survey Administration

Survey plans called for participation of 7th, 8th, 9th, 10th, 11th and 12th grade students from four school districts in Broome County. Sampling procedures were conducted in three of the four participating school districts, in which classrooms were randomly selected to represent the school district population. In the fourth school district, all of the high school students were surveyed. This resulted in a non-random selection of students in that particular school. In addition, students were less likely to be surveyed if English was not their primary language.

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

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.

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

Survey Validation

Three 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. The third strategy eliminated the surveys of students who repeatedly reported logically inconsistent patterns of drug use.

- In the first strategy, surveys from students who reported the highest possible levels of use for every drug (excluding marijuana) were eliminated from the survey data set. This strategy removes the survey of any student who did not take it seriously. The presence of this type of exaggeration is one of the clearest indicators of nonvalid surveys.
- In the second strategy, students were asked whether they had used a fictitious drug, Derbisol, in the past 30 days or in their lifetimes, as well as how old the students were when they first (if ever) used Derbisol. If students reported the use of Derbisol on two of these three questions, their surveys were not included in the analysis of the findings.
- The third 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; or (2) if they were inconsistent on five or more of the eight remaining drugs. An example of an inconsistent response would be if a student reported that he or she had used alcohol 3-5 times in the past 30 days but had never used alcohol in his or her lifetime.

Broome County was cooperative and produced a good percentage of valid surveys. All but 143 students (3.6%) completed valid surveys. This level of cooperation is typical for most schools using the *Communities That Care*[®] *Youth Survey*. Of the 143 surveys identified and eliminated by one or more of the three strategies described above, 75 exaggerated drug use (strategy 1), 116 reported the use of Derbisol (strategy 2) and 68 responded in a logically inconsistent way (strategy 3). The elimination total produced by these three strategies equals more than 143 because some surveys were identified by more than one strategy.

Demographic Profile of Surveyed Youth

A total of 4,013 students participated in the survey.

The survey measures a variety of demographic characteristics. The number of students who provided valid surveys is presented in Table 1, and some characteristics of their home lives are presented in Table 2.

In this report, results are often presented for each grade level and gender.

For Broome County, the percentages of male and female respondents were similar (46.1% male compared to 49.3% female).

Table 2 shows the selected characteristics of the home life of surveyed youth. These attributes include the primary language spoken at home, the “urbanicity” of primary residence (defined as the degree of population density in a student’s neighborhood) and the average number of adults living in the household. Again, the results are broken down by grade and gender. The primary language spoken at home refers to the primary language the student speaks at home (rather than what the parents speak at home). The “Urbanicity of Primary Residence” category includes: “city, town, suburb”; “country”; “farm.” The average number of adults living in the household includes the parents and all other adults living there, whether they are relatives or not.

Overall, it appears that a vast majority of students in Broome County speak English at home (94.1%) and most live in a city, town or suburb (89.1%). Fewer than one in ten of the students live in the country (9.3%). Furthermore, the average number of adults living in the households of the surveyed students in this county is 1.9.

Grade and gender breakdowns reveal few differences in the home lives of the surveyed students from Broome County.

Table 1
Selected Demographic Characteristics of Surveyed Youth

Broome County

	Number of Students	Percent of Students
Overall Valid Surveys	3,870	100.0%
Grade		
7th	595	15.4%
8th	550	14.2%
9th	725	18.7%
10th	669	17.3%
11th	615	15.9%
12th	582	15.0%
Did Not Respond	134	3.5%
Sex		
Male	1,784	46.1%
Female	1,909	49.3%
Did Not Respond	177	4.6%
Ethnicity		
White	2,814	72.7%
African American	212	5.5%
Latino	91	2.4%
American Indian	41	1.1%
Asian	123	3.2%
Other / Multiple	423	10.9%
Did Not Respond	166	4.3%

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

Table 2

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

Broome County

	<i>Primary Language Spoken at Home</i>			<i>Urbanicity of Primary Residence</i>			<i>Average Number of Adults Living in Household</i>
	English %	Spanish %	Other %	City, town, suburb %	Country %	Farm %	
Overall	94.1	1.2	4.7	89.1	9.3	1.6	1.9
Grade							
7th	97.4	0.5	2.1	88.5	10.3	1.2	1.9
8th	92.5	1.9	5.6	88.0	10.7	1.3	1.9
9th	94.0	1.6	4.5	90.1	8.1	1.8	1.9
10th	93.4	1.3	5.4	86.6	11.3	2.1	1.9
11th	95.2	0.7	4.1	91.0	7.7	1.3	1.9
12th	92.4	1.2	6.4	89.8	8.3	1.9	1.9
Sex							
Male	93.6	0.8	5.6	87.7	9.8	2.5	1.9
Female	95.0	1.4	3.7	90.3	8.8	0.9	1.9

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

Drug Use

Drug use is measured by a set of over 30 items on the *Communities That Care*[®] *Youth Survey*. The items are the same as those used in the *Monitoring the Future* study, an annual study of drug use by middle and high school students. Consequently, national data as well as data from other similar surveys can be easily and accurately compared to data from the *Communities That Care*[®] *Youth Survey*. The *Monitoring the Future* survey 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, O'Malley and Bachman (1999, 2000). The *Monitoring the Future* survey project provides national prevalence-of-use information for alcohol, tobacco and other drugs from a representative sample of 8th, 10th and 12th graders. For many years the *Monitoring the Future* survey has served as the primary reference for determining the prevalence of alcohol, tobacco and other drug use among adolescents in the United States. The *Communities That Care*[®] *Youth Survey* measures alcohol, tobacco and other drug use with the same survey questions used in the *Monitoring the Future* survey.

Tables 3 to 21 and Graphs 1 to 6 show the use of ATODs (alcohol, tobacco and other drugs) by students in Broome County. There are two distinct types of tables that are used to depict student involvement. First, prevalence-of-use tables are used to illustrate the percentages of students who reported using a drug. These results are presented for two periods: lifetime (whether the student has ever used the drug) and past 30 days (whether the student has used the drug within the last month). Table 5 is an example of a prevalence-of-use table for alcohol. Next, frequency-of-use tables are used to illustrate the number of occasions that students reported using a specific drug. Table 6 is an example of a frequency-of-use table. For those who reported using the drug within the past 30 days, frequency-of-use tables show the number of occasions that they reported using it. Additionally, an "Average Number of Occasions" is calculated, which indicates the average number of occasions that a particular group reported using a specific drug. Please note that when fewer than 5% of students indicate participating in a behavior, this average is unreliable. A frequency-of-use table is generated for the most commonly used drugs: alcohol, tobacco, marijuana and inhalants.

Comparing and contrasting findings from a community- or school-district-level survey to relevant data from state or national surveys provides a valuable perspective on the local data. For the purposes of this report, comparisons for alcohol, tobacco and other drug involvement will be made to the *Monitoring the Future* study.

Table 3

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

	Broome County							Monitoring the Future ¹						
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	6th %	7th %	8th %	9th %	10th %	11th %	12th %
Alcohol	--	32.9	48.7	61.8	69.6	81.2	84.2	--	--	51.7	--	71.4	--	80.3
Cigarettes	--	18.8	31.0	47.5	49.4	60.9	63.4	--	--	40.5	--	55.1	--	62.5
Smokeless Tobacco	--	4.8	6.0	13.4	14.7	18.3	20.6	--	--	12.8	--	19.1	--	23.1
Marijuana	--	4.4	13.4	30.0	35.9	48.6	55.0	--	--	20.3	--	40.3	--	48.8
Inhalants	--	11.6	8.3	10.2	10.6	9.9	10.3	--	--	17.9	--	16.6	--	14.2
Methamphetamine	--	0.6	0.4	1.9	1.9	2.6	3.6	--	--	--	--	--	--	--
Cocaine	--	0.5	1.1	2.0	2.4	2.9	5.0	--	--	4.5	--	6.9	--	8.6
Crack	--	0.2	0.8	1.7	1.7	2.9	1.8	--	--	3.1	--	3.7	--	3.9
Downers	--	0.9	1.2	2.5	2.6	6.1	5.2	--	--	--	--	--	--	--
LSD/Psychedelics	--	0.7	0.8	3.0	4.3	6.8	11.4	--	--	4.6	--	8.9	--	13.0
Heroin	--	0.0	0.6	0.7	1.1	1.0	2.2	--	--	1.9	--	2.2	--	2.4
Steroids	--	1.8	1.3	1.5	2.7	2.7	2.7	--	--	3.0	--	3.5	--	2.5

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

¹ Johnston, O'Malley, and Bachman (2001).

Table 4

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

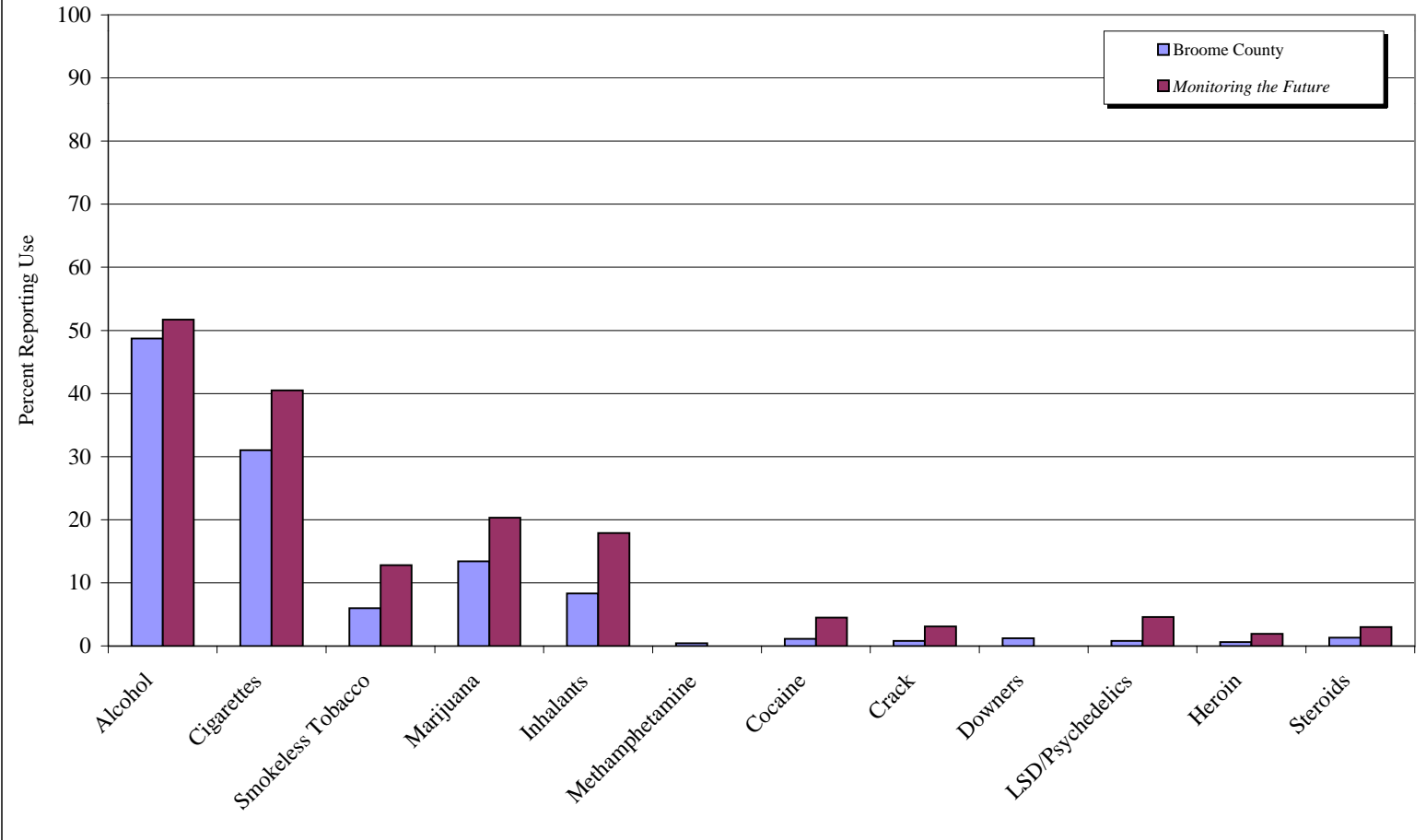
	Broome County							Monitoring the Future ¹						
	6th	7th	8th	9th	10th	11th	12th	6th	7th	8th	9th	10th	11th	12th
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	--	10.3	23.1	36.5	43.9	49.8	57.1	--	--	22.4	--	41.0	--	50.0
Binge Drinking	--	4.1	8.0	16.9	22.5	30.6	37.5	--	--	14.1	--	26.2	--	30.0
Cigarettes	--	5.2	13.3	21.1	21.4	27.9	32.3	--	--	14.6	--	23.9	--	31.4
Smokeless Tobacco	--	0.7	2.6	4.0	6.5	5.6	5.7	--	--	4.2	--	6.1	--	7.6
Marijuana	--	2.0	7.3	21.0	20.5	28.3	32.3	--	--	9.1	--	19.7	--	21.6
Inhalants	--	5.7	2.1	3.9	3.9	2.0	2.3	--	--	4.5	--	2.6	--	2.2
Methamphetamine	--	0.4	0.4	1.2	1.4	1.4	1.4	--	--	--	--	--	--	--
Cocaine	--	0.4	0.6	0.9	0.6	1.7	2.2	--	--	1.2	--	1.8	--	2.1
Crack	--	0.0	0.8	0.6	0.8	1.0	0.4	--	--	0.8	--	0.9	--	1.0
Downers	--	0.4	0.4	1.0	0.8	2.7	2.4	--	--	--	--	--	--	--
LSD/Psychedelics	--	0.4	0.2	1.3	2.2	3.4	4.4	--	--	1.2	--	2.3	--	2.6
Heroin	--	0.0	0.4	0.7	0.3	0.7	0.5	--	--	0.5	--	0.5	--	0.7
Steroids	--	0.4	0.2	0.6	1.6	1.5	1.3	--	--	0.8	--	1.0	--	0.8

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

¹ Johnston, O’Malley, and Bachman (2001).

Graph 1a

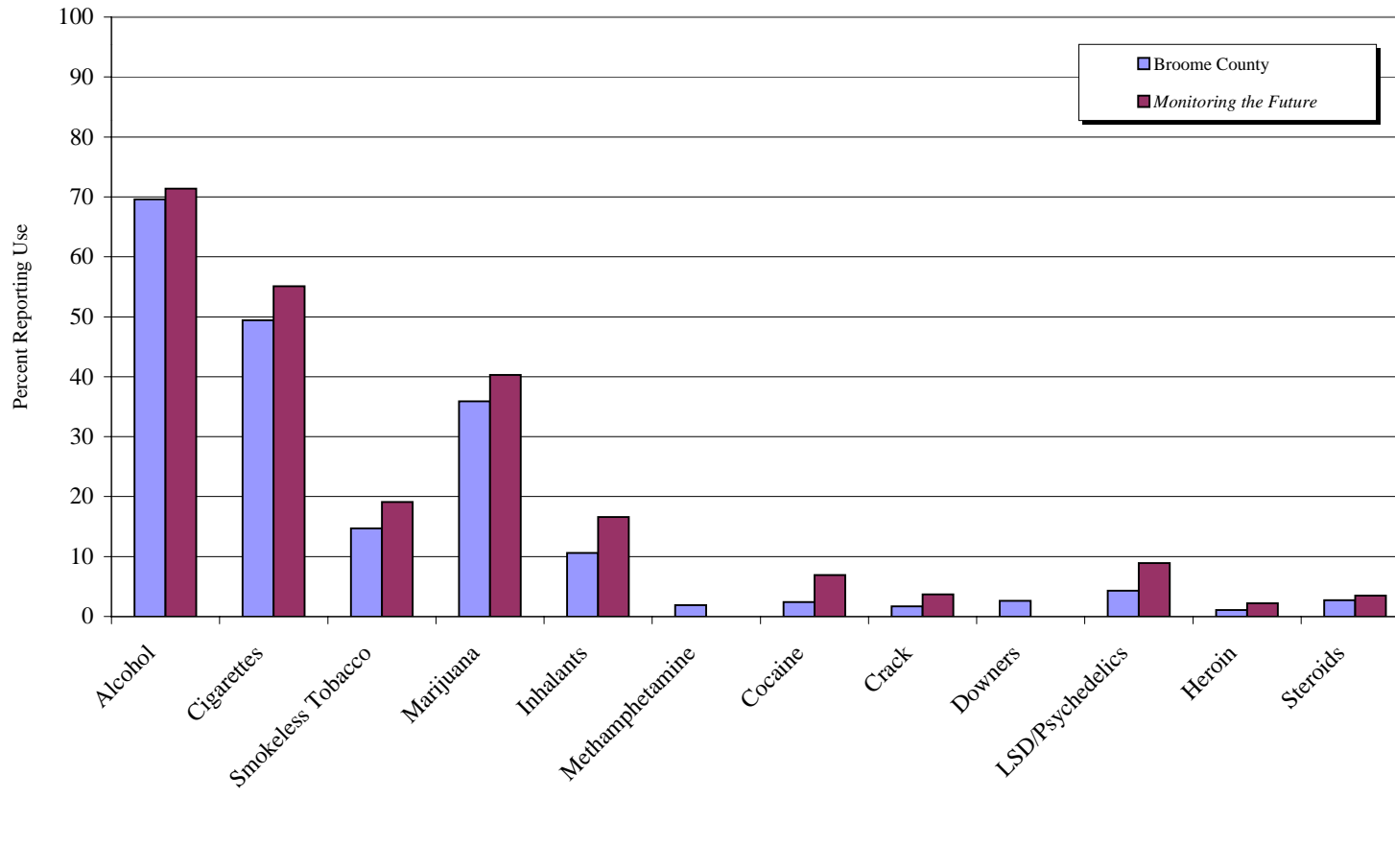
Lifetime Prevalence of Alcohol, Tobacco, and Other Drug Use for 8th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study.

Graph 1b

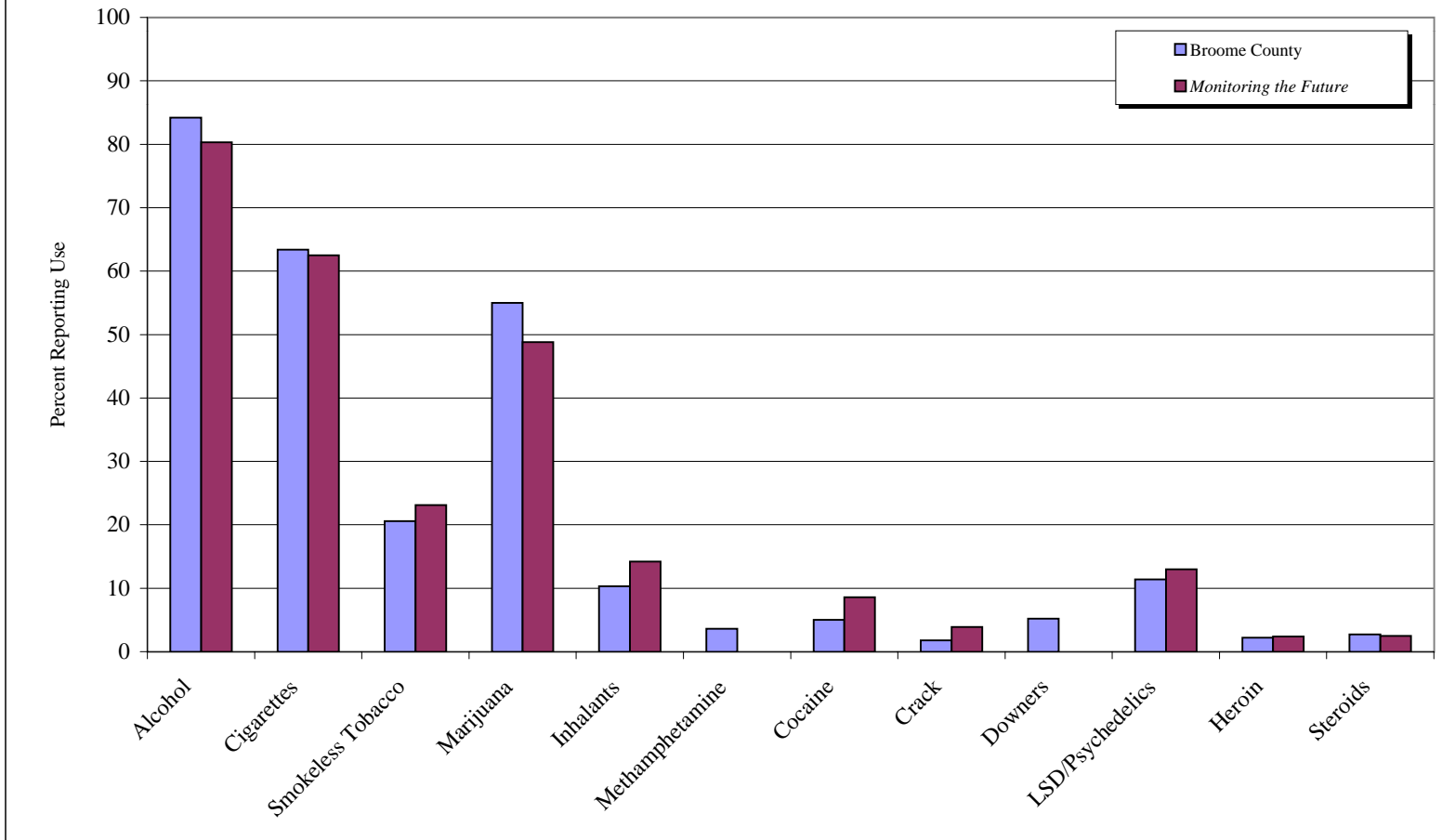
Lifetime Prevalence of Alcohol, Tobacco, and Other Drug Use for 10th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study.

Graph 1c

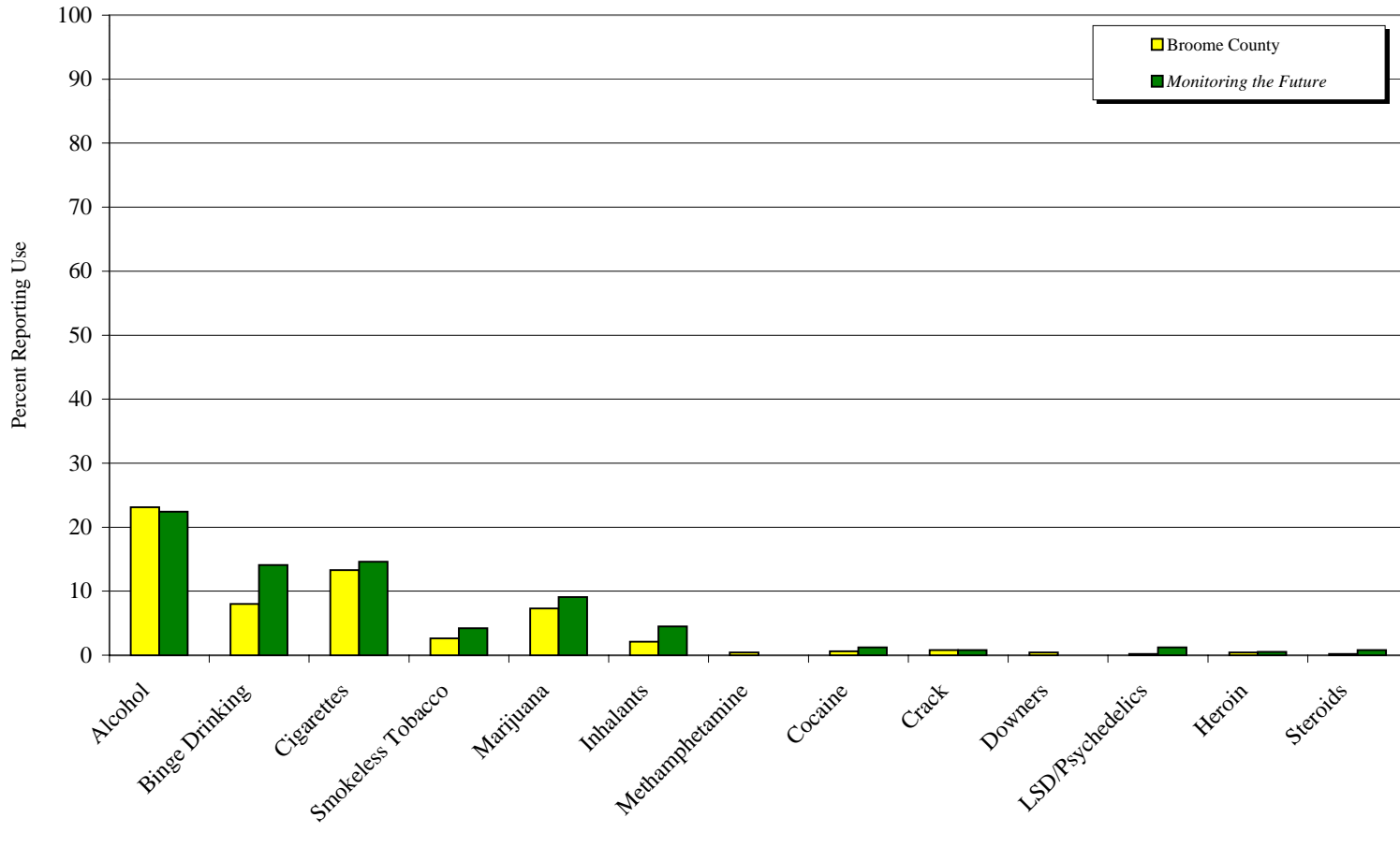
Lifetime Prevalence of Alcohol, Tobacco, and Other Drug Use for 12th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study.

Graph 2a

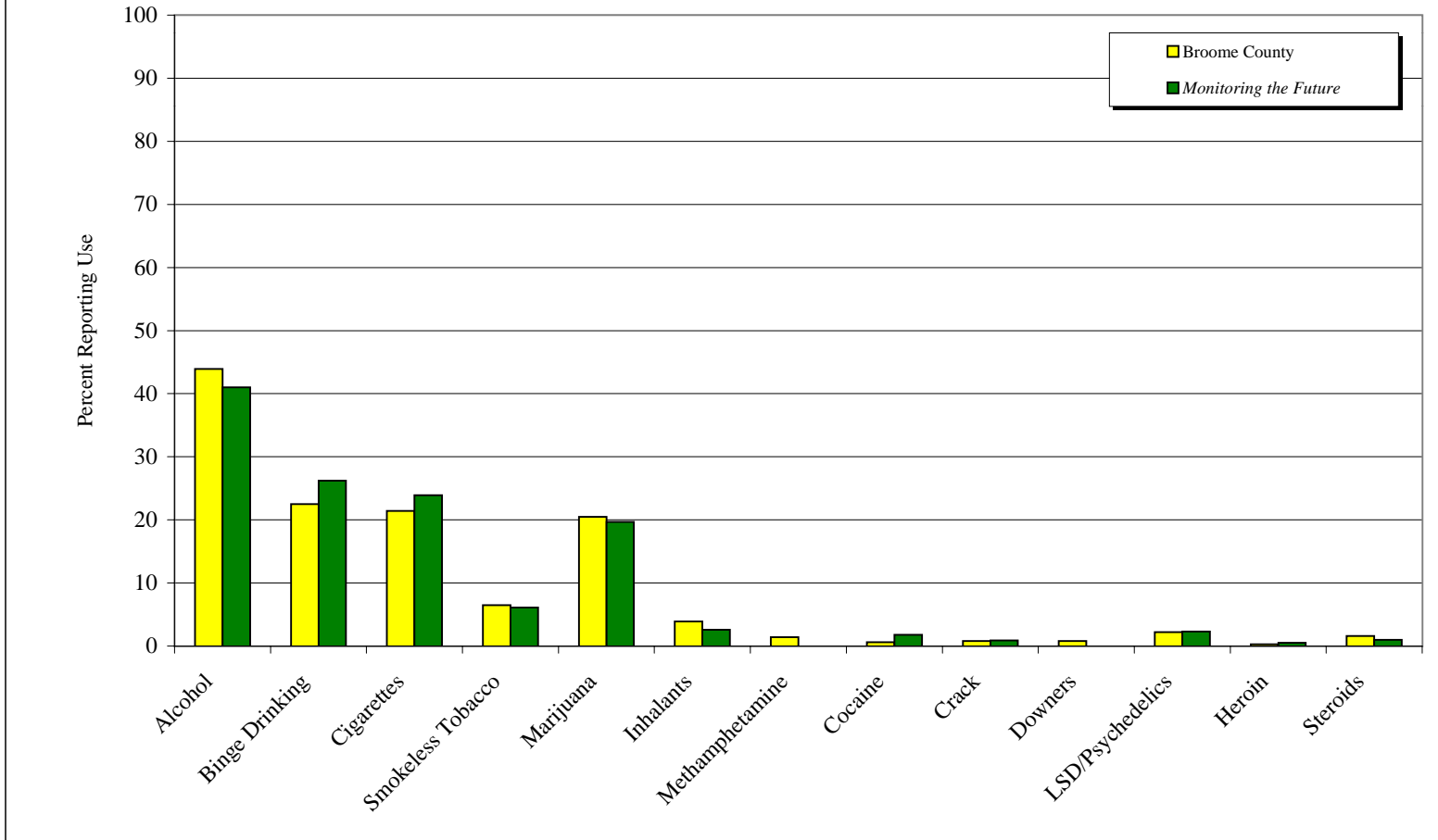
Past-30-Day Prevalence of Alcohol, Tobacco, and Other Drug Use for 8th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study. Binge drinking is defined as five or more drinks in a row in the last two weeks.

Graph 2b

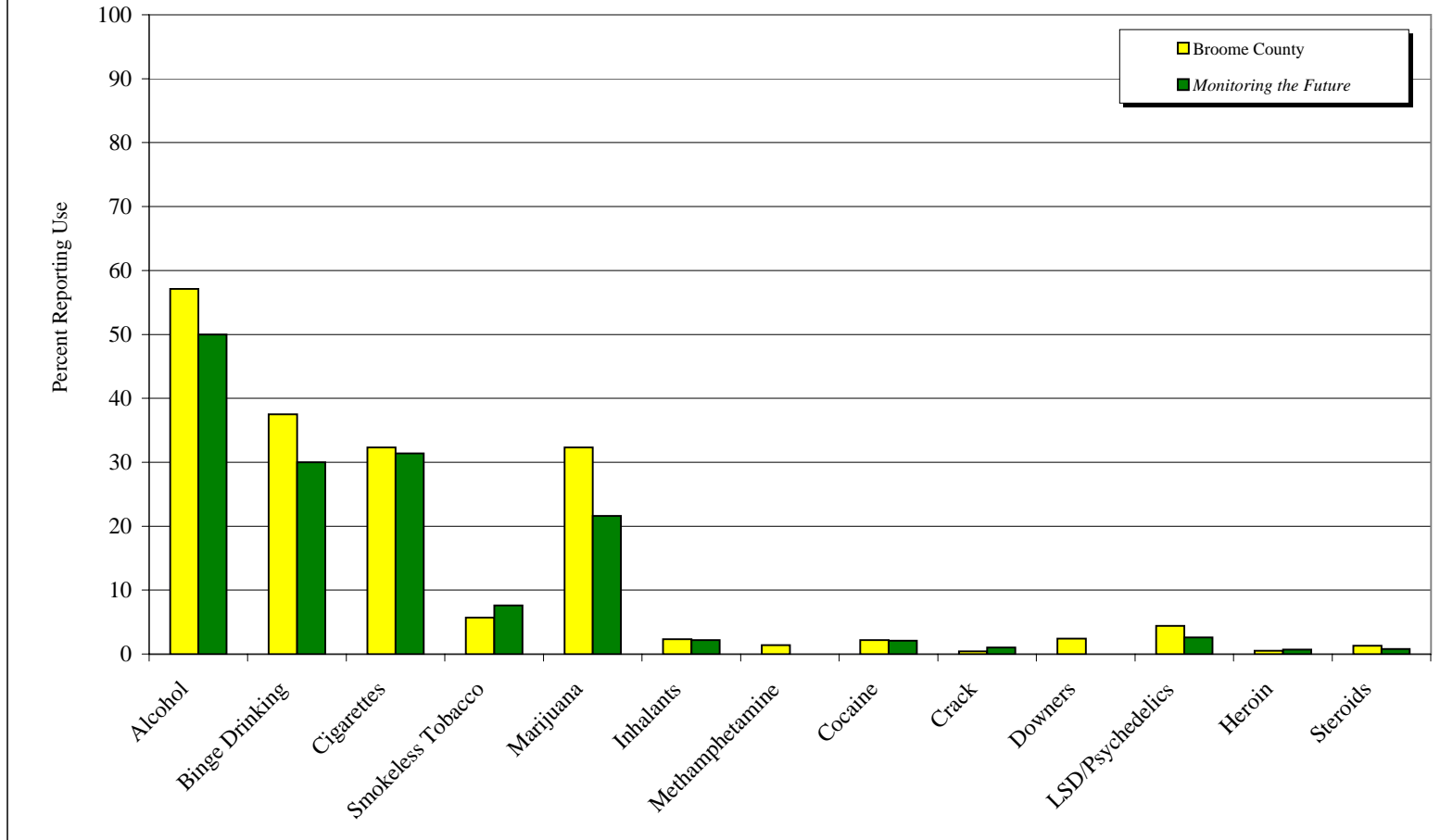
Past-30-Day Prevalence of Alcohol, Tobacco, and Other Drug Use for 10th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study.
Binge drinking is defined as five or more drinks in a row in the last two weeks.

Graph 2c

Past-30-Day Prevalence of Alcohol, Tobacco, and Other Drug Use for 12th Grade Students from Broome County and the “Monitoring the Future” Study



Note: No methamphetamine or downers data are available from the *Monitoring the Future* study.
Binge drinking is defined as five or more drinks in a row in the last two weeks.

Alcohol

The most available, attractive and pervasive drug for adolescents is alcohol. This includes beer, wine and hard liquor. It is the drug used most often, and arguably it does more damage than any other.

Longitudinal findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In 2000, the percentages of 8th, 10th and 12th graders who reported using alcohol in the past month were 22.4%, 41.0% and 50.0%, respectively. For all three of these grade levels, these rates held steady throughout the 1990s. Given the national trend, it is not surprising that alcohol is the most used drug among students in Broome County.

The lifetime prevalence-of-use rate for alcohol is a good measure of student experimentation. Of the surveyed students in Broome County, 63.3% have used alcohol sometime in their lifetimes (see Table 5). Lifetime prevalence of alcohol use ranges from a low of 32.9% for 7th graders to a high of 84.2% for 12th graders. The findings from the *Monitoring the Future* study (see Table 3) indicate a national lifetime prevalence of alcohol use that ranges from a low of 51.7% for 8th graders to a high of 80.3% for 12th graders (note that there are no comparison data available from *Monitoring the Future* for the 7th, 9th and 11th grades). The surveyed 8th, 10th and 12th graders in Broome County have experimented with alcohol at rates similar to the national averages.

The past-30-day prevalence-of-use rate is a good measure of current use of alcohol. More than one-third (37.2%) of the students surveyed in Broome County reported using alcohol in the past 30 days. The surveyed 8th and 10th graders in this county reported rates for past-30-day prevalence of alcohol use that are similar to those in the *Monitoring the Future* study (see Table 4) for the year 2000; Broome County 12th graders reported a slightly higher rate.

The frequency of alcohol use is presented in Table 6. This table shows the percentage of students who reported using alcohol in the past 30 days as well as the number of times that they reported using it. For instance, 11.4% of the 12th graders indicated that they had used alcohol from 6 to 9 times in the past month. Table 6 also shows the average frequency of alcohol use for those students who reported at least one use. As you can see, the average frequency generally increases with grade. That is, among users during the past month, 7th graders used alcohol an average of 3.4 times while 12th graders used it an average of 7.3 times.

Findings on binge drinking (defined as a report of five or more drinks in a row within the past two weeks) are likely to be among the most important related to alcohol use (Johnston et al., 1999). Binge drinking should be considered 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. Analysis of the survey results for Broome County reveals that 8th graders are binge drinking at a lower rate than are students around the rest of the nation; county-level 10th graders reported a slightly lower rate. However, surveyed 12th graders reported binge drinking at a slightly higher rate than did students in the *Monitoring the Future* study. For surveyed students in Broome County, binge drinking appears to increase as they grow older. As shown in Table 7, 20.1% of the students in this county reported at least one episode of binge drinking in the past two weeks, while 37.5% of 12th graders reported at least one episode.

Often, there are differences between the sexes regarding the findings on alcohol use. In Broome County, however, there is no dramatic difference. Specifically, Table 5 illustrates that alcohol use is similar for male and female students, for both the lifetime and past-30-day prevalence-of-use periods (lifetime use is 64.5% for boys and 62.4% for girls; past-30-day use is 38.2% for boys and 36.6% for girls). Boys did report binge drinking at a slightly higher rate than girls (23.0% compared to 17.7%).

Table 5

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,570	63.3%	3,582	37.2%
Grade				
7th	562	32.9%	561	10.3%
8th	524	48.7%	523	23.1%
9th	684	61.8%	690	36.5%
10th	624	69.6%	633	43.9%
11th	586	81.2%	584	49.8%
12th	557	84.2%	559	57.1%
Sex				
Male	1,675	64.5%	1,680	38.2%
Female	1,824	62.4%	1,833	36.6%

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

Table 6

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

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	62.8	37.2	18.5	8.3	5.2	3.1	0.9	1.1	5.8
Grade									
7th	89.7	10.3	7.5	2.0	0.2	0.5	0.0	0.2	3.4
8th	76.9	23.1	13.4	5.0	1.3	2.5	0.4	0.6	5.2
9th	63.5	36.5	19.6	8.1	5.4	1.7	0.9	0.9	5.1
10th	56.1	43.9	24.3	8.2	5.5	3.6	1.3	0.9	5.4
11th	50.2	49.8	22.9	13.2	6.7	4.3	1.5	1.2	5.9
12th	42.9	57.1	22.4	12.7	11.4	6.4	1.3	2.9	7.3
Sex									
Male	61.8	38.2	17.2	9.0	5.7	3.3	1.3	1.8	6.8
Female	63.4	36.6	20.0	7.7	4.8	3.1	0.5	0.5	4.8

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

Table 7

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

	<i>Prevalence</i>		<i>Number of Occasions</i>					<i>Average Number of Occasions</i>
	<i>Never</i> %	<i>Any Occasion</i> %	<i>1</i> %	<i>2</i> %	<i>3-5</i> %	<i>6-9</i> %	<i>10+</i> %	
Overall	79.9	20.1	7.5	6.0	4.5	0.9	1.3	2.8
Grade								
7th	95.9	4.1	2.5	0.5	0.7	0.0	0.4	2.4
8th	92.0	8.0	2.9	2.9	1.7	0.2	0.4	2.6
9th	83.1	16.9	7.3	5.2	2.6	0.6	1.2	2.6
10th	77.5	22.5	8.9	6.4	5.0	0.6	1.6	2.8
11th	69.4	30.6	12.4	7.8	6.6	1.7	2.0	2.9
12th	62.5	37.5	10.5	12.6	9.8	2.5	2.1	3.1
Sex								
Male	77.0	23.0	8.3	6.3	5.3	1.1	2.0	3.1
Female	82.3	17.7	6.8	5.7	3.7	0.8	0.7	2.6

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

Tobacco

After alcohol, tobacco (including cigarettes and smokeless tobacco) is the most commonly used drug among adolescents. National trends in cigarette use have been generally stable over the last five years.

Table 8 presents the lifetime and past-30-day prevalence-of-use findings for Broome County. Overall, 45.6% of students have used cigarettes sometime in their lifetimes and 20.4% reported using cigarettes in the past 30 days. Lifetime prevalence of cigarette use for students in this county ranges from a low of 18.8% in the 7th grade to a high of 63.4% in the 12th grade. For past-30-day use of cigarettes, the rates range from a low of 5.2% in the 7th grade to a high of 32.3% in the 12th grade. Compared to the *Monitoring the Future* study (see Tables 3 and 4), rates for lifetime prevalence of cigarette use by students in this county appear to be slightly lower than those found at the national level for 8th and 10th graders, and similar for 12th graders. Past-30-day prevalence of cigarette use in Broome County appears to be similar in the 8th and 12th grades and slightly lower in the 10th grade, when compared to the *Monitoring the Future* study.

Comparing findings for cigarette use between the sexes reveals some variation. Specifically, female students in Broome County reported a slightly higher rate of cigarette use for the lifetime prevalence period, and a higher rate of use for the past-30-day prevalence period (48.0% of females compared to 43.1% of males for lifetime use, and 23.1% of females compared to 17.5% of males for current use).

The frequency of cigarette use in the past 30 days is presented in Table 9. This table also shows the past-30-day prevalence-of-use rate. The prevalence-of-use rate is notably higher for 12th graders (32.3%) than for 7th graders (5.2%). Additionally, the average number of cigarettes smoked daily by 12th graders (7.3) is higher than the average number of cigarettes smoked daily by 7th graders (3.9).

Compared to cigarette use, relatively low use of smokeless (chewing) tobacco was reported (see Table 10). Compared to the *Monitoring the Future* study, the lifetime rate of smokeless tobacco use in Broome County is notably lower in the 8th grade, and slightly lower in the 10th and 12th grades (see Table 3). Compared to the *Monitoring the Future* study again, 8th and 12th graders in this county reported a lower rate of past-30-day use of smokeless tobacco, while 10th graders reported a similar rate of use (see Table 4).

Table 8
Lifetime and Past-30-Day Prevalence of Cigarette Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	%	N	%
Overall	3,622	45.6%	3,625	20.4%
Grade				
7th	574	18.8%	578	5.2%
8th	532	31.0%	535	13.3%
9th	693	47.5%	693	21.1%
10th	634	49.4%	632	21.4%
11th	591	60.9%	591	27.9%
12th	568	63.4%	564	32.3%
Sex				
Male	1,688	43.1%	1,699	17.5%
Female	1,862	48.0%	1,855	23.1%

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

Table 9

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

	<i>Prevalence</i>		<i>Reported Daily Frequency of Cigarette Use</i>						<i>Average Number of Cigarettes Daily</i>
	<i>Never</i>	<i>Any Occasion</i>	<i>< 1</i>	<i>1-5</i>	<i>10</i>	<i>20</i>	<i>30</i>	<i>40+</i>	
	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	
Overall	79.6	20.4	8.0	6.1	3.5	1.8	0.7	0.2	6.1
Grade									
7th	94.8	5.2	3.3	1.0	0.3	0.3	0.2	0.0	3.9
8th	86.7	13.3	6.0	4.5	1.9	0.4	0.2	0.4	4.8
9th	78.9	21.1	7.8	7.2	3.0	1.3	1.4	0.3	6.5
10th	78.6	21.4	9.0	6.2	3.8	1.7	0.3	0.3	5.5
11th	72.1	27.9	9.5	9.8	4.7	2.7	1.0	0.2	6.2
12th	67.7	32.3	11.9	7.4	6.9	4.6	1.2	0.2	7.3
Sex									
Male	82.5	17.5	6.5	4.9	3.4	1.5	0.9	0.3	7.0
Female	76.9	23.1	9.3	7.3	3.6	2.2	0.5	0.2	5.6

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

Table 10

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,643	13.1%	3,635	4.3%
Grade				
7th	580	4.8%	577	0.7%
8th	536	6.0%	534	2.6%
9th	704	13.4%	702	4.0%
10th	633	14.7%	635	6.5%
11th	591	18.3%	592	5.6%
12th	567	20.6%	563	5.7%
Sex				
Male	1,708	20.8%	1,699	6.8%
Female	1,862	6.3%	1,864	2.1%

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

Marijuana

During the 1990s, there were major changes in trends of marijuana use throughout the United States. After a dramatic increase in the early 1990s—when rates for 8th and 10th graders doubled or nearly doubled—the lifetime and past-30-day prevalence-of-use rates stabilized (Johnston et al., 2001). In 2000, the national past-30-day prevalence-of-use rates were 9.1%, 19.7% and 21.6%, for the 8th, 10th and 12th grades, respectively (Johnston et al., 2001). These rates have remained stable for the last five years.

The students from Broome County reported rates of marijuana use that vary compared to results from the *Monitoring the Future* study. In their lifetimes, about 31.6% of students in this county have used marijuana or hashish, with use rising from a low of 4.4% in the 7th grade to a high of 55.0% in the 12th grade (see Table 11). When compared to the *Monitoring the Future* study, the rate for 8th graders in this county is lower, and the rate for 10th graders is slightly lower. However, the rate for 12th graders in this county is slightly higher than the rate for 12th graders in the *Monitoring the Future* study (see Table 3).

For past-30-day use, the reported rate for prevalence of marijuana use by 8th graders in Broome County is slightly lower than the *Monitoring the Future* rate for 8th graders, the county-level rate for 10th graders is similar to the national rate, and 12th graders in this county reported a rate higher than that of 12th graders in the *Monitoring the Future* study (see Table 4). Overall, 19.0% of Broome County students have used marijuana in the past 30 days, with use ranging from 2.0% in the 7th grade to 32.3% in the 12th.

Table 12 presents the frequency of marijuana use in the past 30 days. Frequency and prevalence of marijuana use have a tendency to increase substantially as students progress in school. This is generally the case in Broome County. Despite dips in the 8th and 10th grades, there is a general increase in the frequency of marijuana use among surveyed students as they grow older. Specifically, the average number of marijuana uses during the past month increases from 10.6 in the 7th grade to 14.5 in the 12th grade.

Table 11
Lifetime and Past-30-Day Prevalence of Marijuana Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	%	N	%
Overall	3,605	31.6%	3,592	19.0%
Grade				
7th	566	4.4%	560	2.0%
8th	528	13.4%	524	7.3%
9th	693	30.0%	694	21.0%
10th	633	35.9%	634	20.5%
11th	587	48.6%	586	28.3%
12th	565	55.0%	561	32.3%
Sex				
Male	1,679	33.9%	1,673	21.5%
Female	1,850	29.6%	1,847	16.7%

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

Table 12

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

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	81.0	19.0	6.4	3.3	2.7	2.3	1.8	2.4	11.9
Grade									
7th	98.0	2.0	0.2	0.7	0.7	0.0	0.2	0.2	10.6
8th	92.7	7.3	3.4	1.5	1.1	1.0	0.0	0.2	5.7
9th	79.0	21.0	6.6	3.2	3.6	3.6	1.6	2.4	11.7
10th	79.5	20.5	7.3	4.7	2.5	2.2	1.6	2.2	10.5
11th	71.7	28.3	12.1	2.7	4.1	2.9	2.4	4.1	11.9
12th	67.7	32.3	8.2	6.2	3.9	4.1	4.8	5.0	14.5
Sex									
Male	78.5	21.5	6.5	3.1	3.5	2.7	2.0	3.8	13.9
Female	83.3	16.7	6.4	3.5	2.1	2.0	1.6	1.1	9.5

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

Inhalants

Inhalant use is more prevalent with younger students, perhaps because inhalants are often the easiest drugs for them to obtain. The negative consequences of inhalant use can be substantial, one of them being a higher probability of using other drugs later in life.

Inhalant use was measured by the survey question “On how many occasions (if any) have you used inhalants (whippets, butane, paint thinner, or glue to sniff, etc.)?” Comparisons with the *Monitoring the Future* study should be made carefully because there are differences in survey questions for this class of drugs.

Inhalant use typically peaks in middle school years and decreases throughout high school. This can be seen in the lifetime and past-30-day prevalence-of-use data from the *Monitoring the Future* study (see Tables 3 and 4). In Broome County, inhalant use seems to follow this pattern. For both prevalence periods, inhalant use peaks in the 7th grade. Compared to the *Monitoring the Future* study, the rate of lifetime inhalant use is notably lower in this county for 8th graders, lower for 10th graders, and slightly lower for Broome County 12th graders. For past-30-day prevalence, 8th graders reported a notably lower rate of inhalant use, while 10th graders reported a notably higher rate of use, and 12th graders reported a similar rate, compared to the *Monitoring the Future* data.

Table 13

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,597	10.3%	3,596	3.4%
Grade				
7th	560	11.6%	559	5.7%
8th	527	8.3%	525	2.1%
9th	693	10.2%	695	3.9%
10th	635	10.6%	635	3.9%
11th	586	9.9%	587	2.0%
12th	564	10.3%	563	2.3%
Sex				
Male	1,675	11.8%	1,676	4.0%
Female	1,850	9.0%	1,849	2.9%

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

Table 14

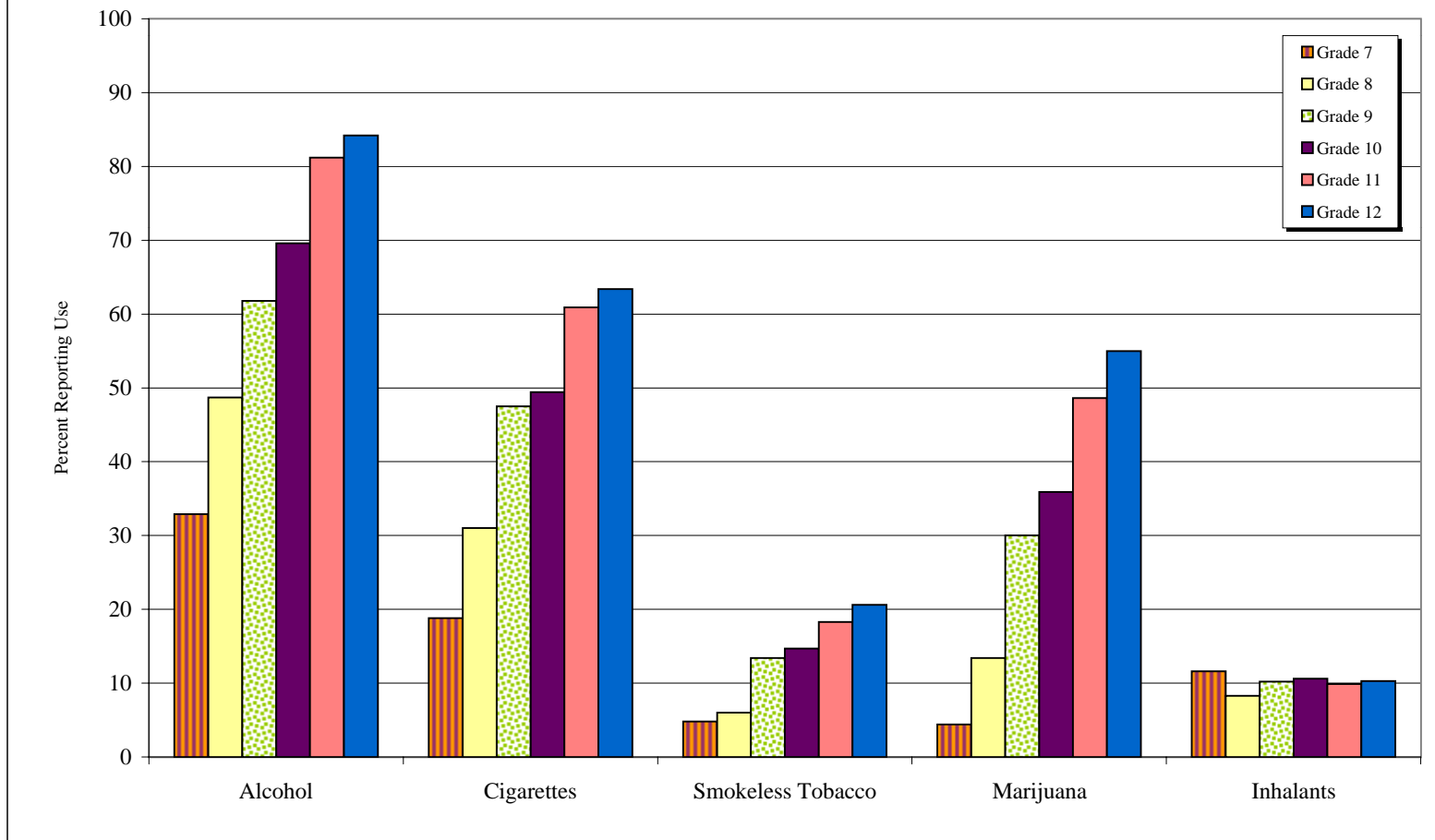
Frequency of Inhalant Use During the Past 30 Days, by Selected Demographic Characteristics

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	96.6	3.4	2.3	0.6	0.3	0.1	0.1	0.1	5.0
Grade									
7th	94.3	5.7	4.1	0.7	0.4	0.4	0.0	0.2	4.2
8th	97.9	2.1	1.5	0.0	0.4	0.0	0.0	0.2	6.1
9th	96.1	3.9	1.9	1.0	0.4	0.1	0.1	0.3	7.2
10th	96.1	3.9	2.8	0.9	0.0	0.0	0.0	0.2	3.6
11th	98.0	2.0	1.7	0.2	0.0	0.0	0.2	0.0	4.0
12th	97.7	2.3	1.4	0.4	0.5	0.0	0.0	0.0	3.3
Sex									
Male	96.0	4.0	2.5	0.9	0.2	0.1	0.1	0.2	5.2
Female	97.1	2.9	2.1	0.3	0.3	0.1	0.0	0.1	4.3

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

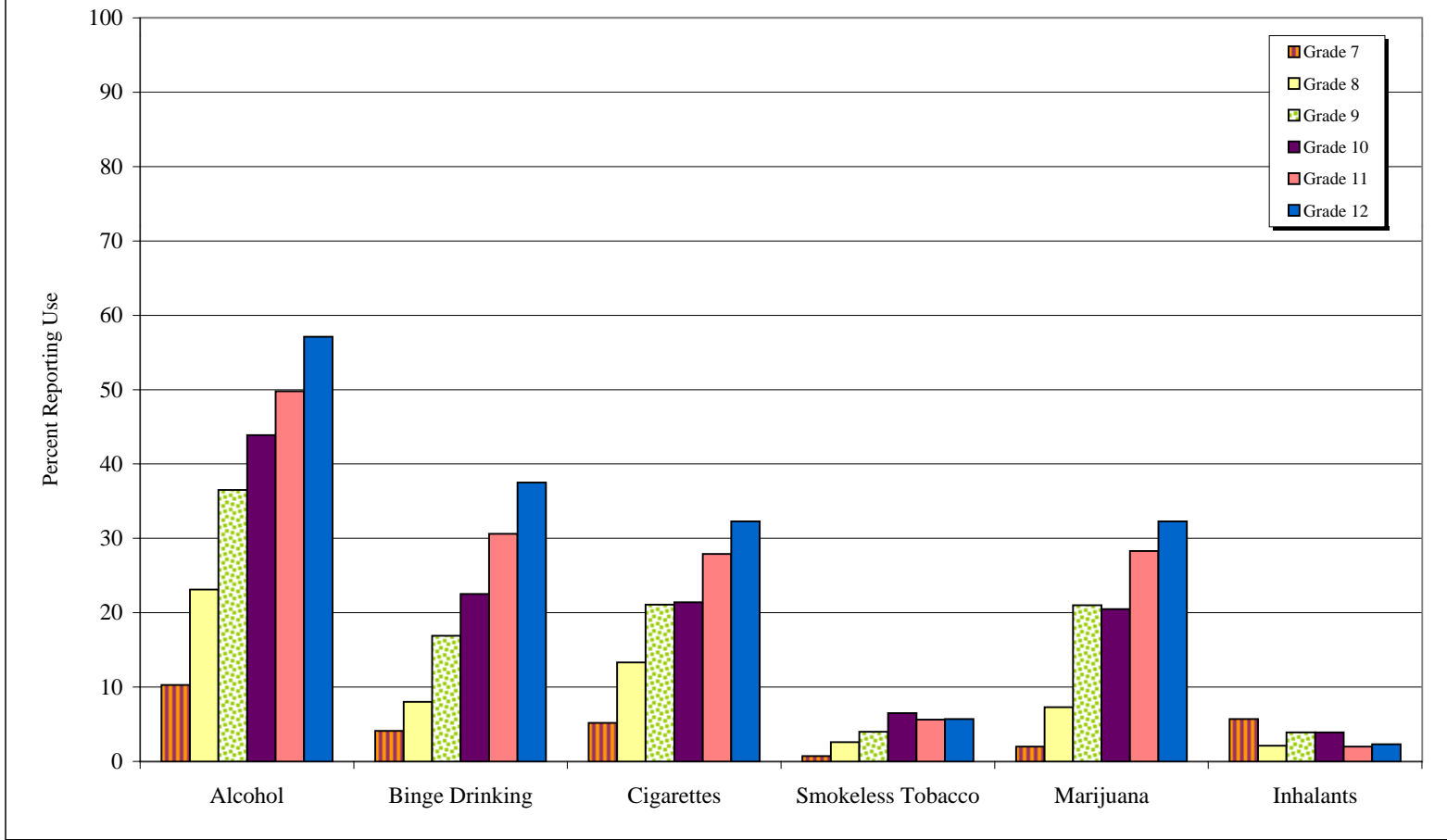
Graph 3

Lifetime Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Broome County Students



Graph 4

Past-30-Day Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Broome County Students



Note: Binge drinking is defined as five or more drinks in a row in the last two weeks.

Other Drugs

The *Communities That Care*[®] *Youth Survey* also measures the prevalence of use for a variety of other drugs. This includes student use of the following: methamphetamine, cocaine, crack, downers, hallucinogens, heroin, and steroids without a prescription. (See Tables 15-21.)

The rates for prevalence of use of these other drugs are much lower than the rates for alcohol, tobacco, marijuana and inhalants (10% or lower). Additionally, use of these other drugs tends to be concentrated in the upper grade levels.

Overall, the other drug most frequently used by Broome County students was hallucinogens. For the purposes of the *Communities That Care*[®] *Youth Survey*, hallucinogens were defined as “LSD or other psychedelics.” Overall, 4.6% of the students in this county reported using hallucinogens at least once in their lifetimes (see Table 19), while 2.1% of them reported that they had used hallucinogens in the past 30 days. As can be seen in Table 19, older students in this county are experimenting with hallucinogens at higher rates. The reported lifetime and past-30-day rates of hallucinogen use are highest among 12th graders.

With the possible exception of downers (reported lifetime use of 3.1%), students in Broome County reported relatively little use of the other drugs that are measured by the survey. Specifically, no more than 2.4% of students indicated use of methamphetamine, cocaine, crack, heroin or steroids during their lifetimes.

Table 15

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,553	1.9%	3,564	1.1%
Grade				
7th	543	0.6%	540	0.4%
8th	518	0.4%	521	0.4%
9th	687	1.9%	688	1.2%
10th	629	1.9%	634	1.4%
11th	587	2.6%	588	1.4%
12th	558	3.6%	562	1.4%
Sex				
Male	1,653	2.3%	1,661	1.5%
Female	1,829	1.5%	1,832	0.7%

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

Table 16

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,597	2.4%	3,580	1.1%
Grade				
7th	558	0.5%	551	0.4%
8th	525	1.1%	526	0.6%
9th	697	2.0%	686	0.9%
10th	634	2.4%	634	0.6%
11th	588	2.9%	594	1.7%
12th	564	5.0%	558	2.2%
Sex				
Male	1,674	2.6%	1,664	1.4%
Female	1,848	2.2%	1,842	0.9%

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

Table 17

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,575	1.6%	3,550	0.6%
Grade				
7th	551	0.2%	543	0.0%
8th	522	0.8%	523	0.8%
9th	687	1.7%	683	0.6%
10th	633	1.7%	630	0.8%
11th	592	2.9%	588	1.0%
12th	560	1.8%	552	0.4%
Sex				
Male	1,665	1.7%	1,655	0.7%
Female	1,837	1.5%	1,823	0.5%

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

Table 18

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,539	3.1%	3,524	1.3%
Grade				
7th	537	0.9%	531	0.4%
8th	521	1.2%	521	0.4%
9th	684	2.5%	683	1.0%
10th	624	2.6%	624	0.8%
11th	589	6.1%	586	2.7%
12th	556	5.2%	551	2.4%
Sex				
Male	1,648	3.5%	1,640	1.3%
Female	1,819	2.9%	1,815	1.3%

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

Table 19

Lifetime and Past-30-Day Prevalence of LSD or Other Psychedelic Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	%	N	%
Overall	3,587	4.6%	3,588	2.1%
Grade				
7th	558	0.7%	558	0.4%
8th	525	0.8%	523	0.2%
9th	694	3.0%	696	1.3%
10th	635	4.3%	634	2.2%
11th	586	6.8%	585	3.4%
12th	559	11.4%	563	4.4%
Sex				
Male	1,669	5.6%	1,673	2.8%
Female	1,846	3.7%	1,845	1.3%

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

Table 20

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

	Lifetime		30-Day	
	N	%	N	%
Overall	3,550	1.0%	3,538	0.5%
Grade				
7th	545	0.0%	544	0.0%
8th	524	0.6%	520	0.4%
9th	683	0.7%	678	0.7%
10th	628	1.1%	623	0.3%
11th	588	1.0%	590	0.7%
12th	553	2.2%	554	0.5%
Sex				
Male	1,652	1.3%	1,648	0.7%
Female	1,829	0.8%	1,819	0.3%

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

Table 21

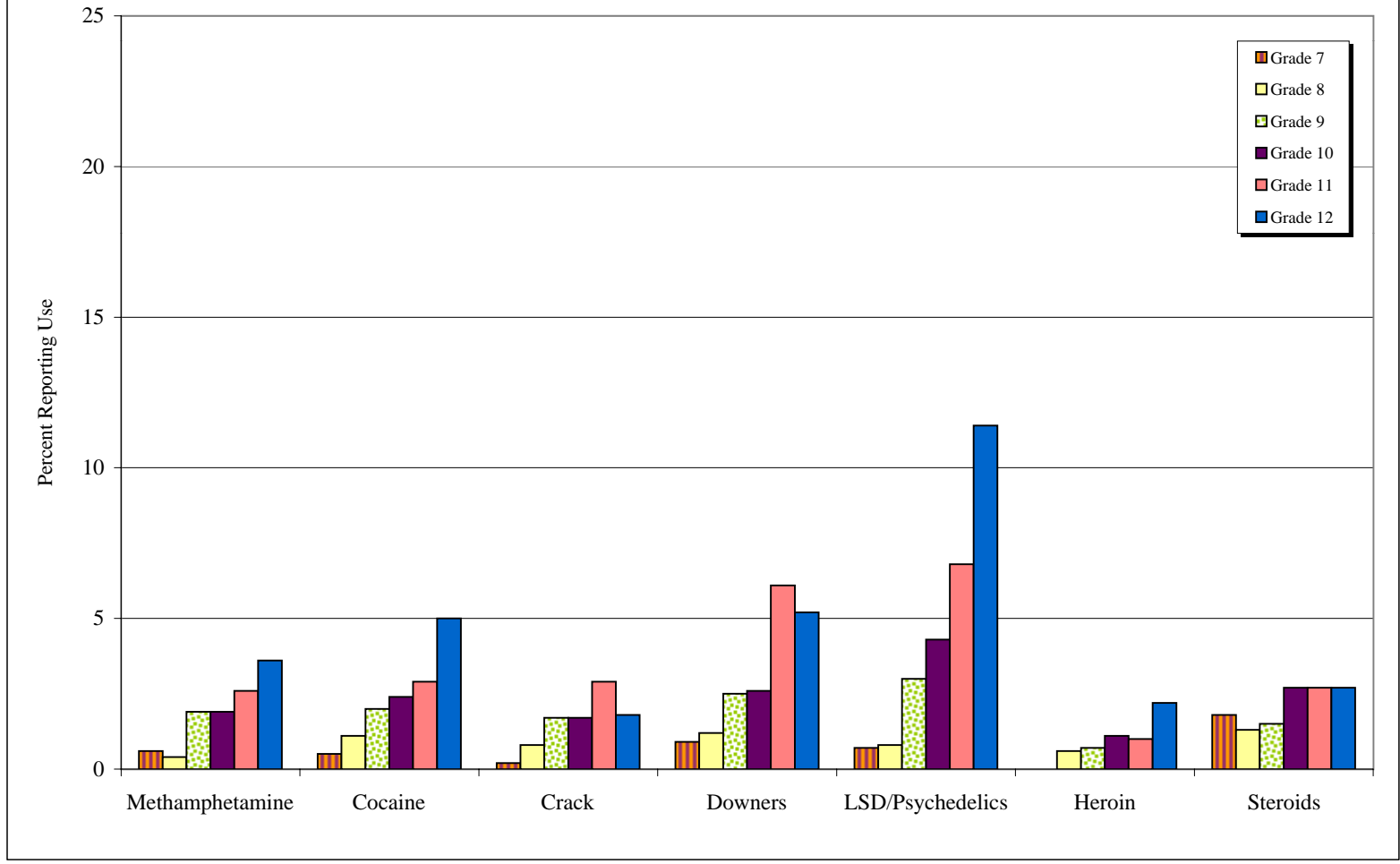
Lifetime and Past-30-Day Prevalence of Steroid Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	%	N	%
Overall	3,564	2.1%	3,556	0.9%
Grade				
7th	550	1.8%	547	0.4%
8th	523	1.3%	522	0.2%
9th	686	1.5%	686	0.6%
10th	628	2.7%	629	1.6%
11th	591	2.7%	589	1.5%
12th	555	2.7%	554	1.3%
Sex				
Male	1,657	3.3%	1,655	1.2%
Female	1,835	1.1%	1,831	0.7%

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

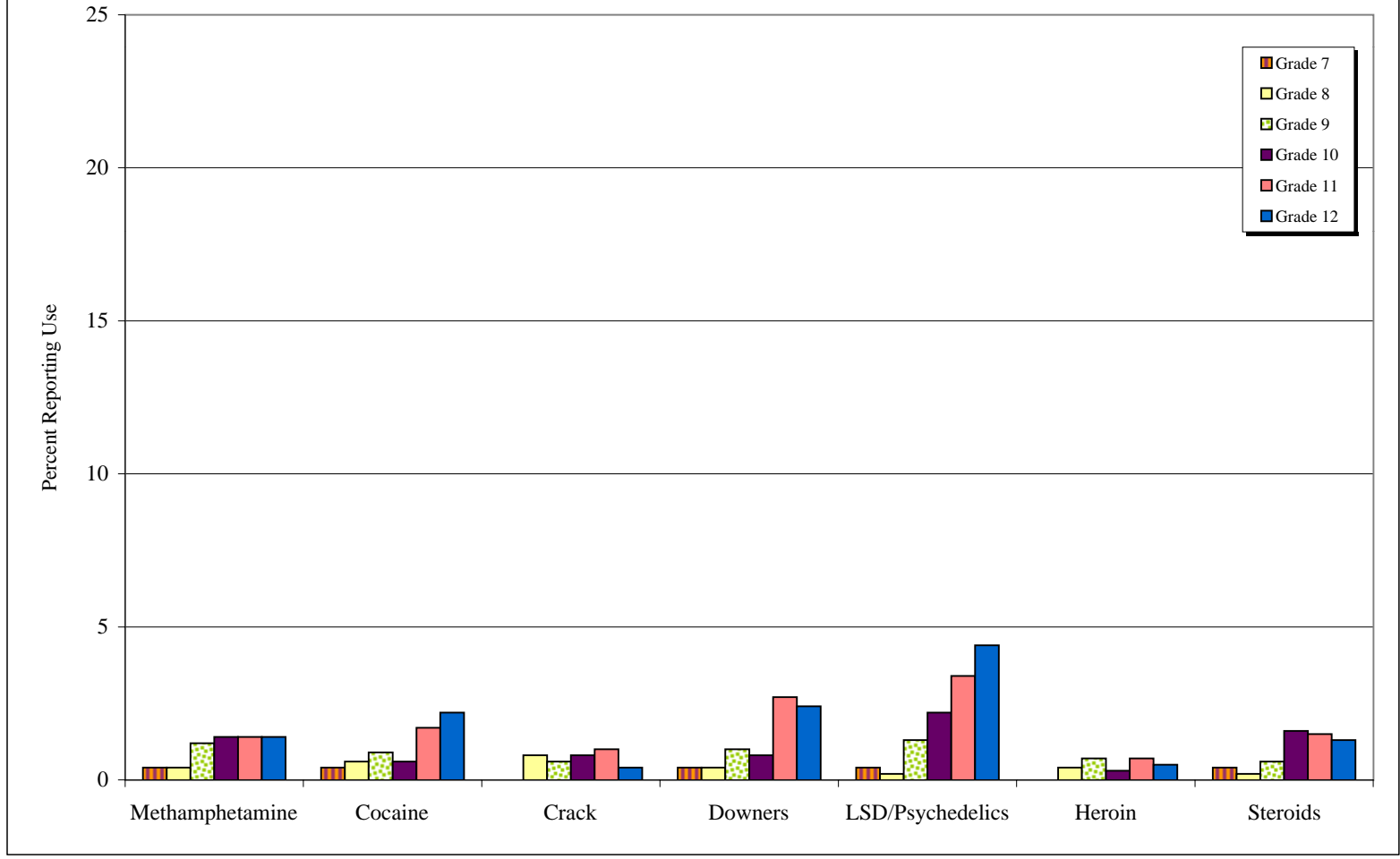
Graph 5

Lifetime Prevalence of Other Drug Use for Broome County Students



Graph 6

Past-30-Day Prevalence of Other Drug Use for Broome County Students



Other Antisocial Behaviors

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

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

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

See Tables 22-29 for specifics by grade and sex, as well as for information on frequency of student involvement in these behaviors. A relatively small proportion of the students in Broome County reported that they had engaged in the antisocial behaviors measured by the survey. Given the relatively small proportion of students that indicated an antisocial act, differences by grade and sex are difficult to interpret. However, some differences between boys and girls were found.

Attacking Someone with Intent to Harm

Attacking someone with intent to harm is surveyed by the question “How many times in the past year (12 months) have you attacked someone with the idea of seriously hurting them?” The question does not ask specifically about the use of a weapon; therefore, occurrences of physical fighting without weapons will be captured with this question.

In Broome County, 12.5% of surveyed students reported having attacked someone with the intent to harm them in the past year (see Table 22). Involvement in this behavior varies between the sexes, with almost twice as many male students reporting involvement in this behavior (16.7% of boys versus 8.5% of girls).

Attempting to Steal a Vehicle

Vehicle theft is surveyed by the question “How many times in the past year (12 months) have you stolen or tried to steal a motor vehicle such as a car or motorcycle?”

In Broome County, 2.5% of surveyed students reported having stolen, or attempted to steal, a motor vehicle in the past year (see Table 23). Findings are generally low across all participating grades, with rates increasing slightly from 7th through 11th grades, and then declining in the 12th grade.

Being Arrested

Any student experience with being arrested is surveyed by the question “How many times in the past year (12 months) have you been arrested?” Note that the question does not define “arrested.” Rather, it is left to the individual respondent to define. Some youths may define any contact with police as an arrest, while others may consider that only an official arrest justifies a positive answer to this question.

In Broome County, 4.7% of surveyed students reported having been arrested in the past year. Table 24 reveals rates that increase as students progress through school, with participation ranging from 2.0% in the 7th grade to 6.9% in the 12th grade.

Being Drunk or High at School

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

In Broome County, 18.7% of surveyed students reported having been drunk or high at school in the past year. Table 25 reveals a considerable increase in participation in this behavior as students get older. Specifically, 4.2% of 7th graders indicated being drunk or high at school compared to 31.6% of 12th graders. The prevalence of this behavior is higher among boys than among girls (22.3% versus 15.6%). And, overall, it is the most prevalent antisocial behavior for students in Broome County.

Carrying a Handgun

Carrying a handgun is surveyed by the question “How many times in the past year (12 months) have you carried a handgun?”

In Broome County, 1.9% of surveyed students reported having carried a handgun in the past year. Table 26 illustrates that reported involvement in this behavior was highest among 10th graders (2.8%).

Getting Suspended

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

In Broome County, 7.6% of surveyed students reported having been suspended in the past year. Looking at Table 27, it appears that rates generally increase by grade level, peaking in the 11th grade. The reported rate of suspension is notably higher for males than for females (10.8% versus 4.8%).

Selling Drugs

Selling drugs is surveyed by the question “How many times in the past year (12 months) have you sold illegal drugs?” Note that the question asks about, but does not define or specify, “illegal drugs.”

In Broome County, 6.4% of surveyed students reported having sold drugs in the past year. As can be seen in Table 28, older students in Broome County are participating at elevated rates—9.1% of 11th graders and 10.9% of 12th graders indicated having sold drugs in the past 12 months. Reported involvement in this behavior was notably higher among males than among females (10.0% versus 3.1%).

Taking a Handgun to School

Taking a handgun to school is surveyed by the question “How many times in the past year (12 months) have you taken a handgun to school?”

In Broome County, 0.6% of surveyed students reported having taken a handgun to school in the past year. Reported involvement in this behavior was very low (see Table 29).

Table 22

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

Attacking Someone with Intent to Harm

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	87.5	12.5	8.5	2.0	0.9	0.4	0.1	0.1	0.4	4.6
Grade										
7th	87.6	12.4	10.4	0.7	0.9	0.3	0.0	0.0	0.2	2.9
8th	87.7	12.3	8.6	1.7	0.9	1.1	0.0	0.0	0.0	3.5
9th	86.4	13.6	8.4	3.0	1.1	0.1	0.1	0.1	0.7	5.2
10th	88.0	12.0	7.3	2.3	0.9	0.5	0.3	0.2	0.6	5.9
11th	89.1	10.9	8.1	2.0	0.2	0.0	0.0	0.2	0.5	4.3
12th	86.8	13.2	8.6	1.9	1.1	0.7	0.2	0.4	0.4	5.3
Sex										
Male	83.3	16.7	11.4	2.5	1.2	0.5	0.2	0.2	0.8	5.1
Female	91.5	8.5	5.9	1.4	0.6	0.3	0.1	0.1	0.1	3.5

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

Table 23

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

Attempting to Steal a Vehicle

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	97.5	2.5	1.5	0.4	0.1	0.2	0.1	0.0	0.2	7.2
Grade										
7th	99.0	1.0	0.8	0.0	0.0	0.0	0.2	0.0	0.0	5.3
8th	98.3	1.7	1.5	0.2	0.0	0.0	0.0	0.0	0.0	1.8
9th	97.1	2.9	1.8	0.6	0.1	0.3	0.0	0.0	0.1	5.3
10th	96.9	3.1	1.7	0.6	0.2	0.2	0.2	0.0	0.3	7.9
11th	96.7	3.3	2.0	0.2	0.2	0.2	0.2	0.0	0.7	11.4
12th	97.4	2.6	0.7	1.1	0.4	0.4	0.0	0.0	0.2	7.6
Sex										
Male	96.1	3.9	2.0	0.7	0.3	0.3	0.1	0.0	0.5	8.6
Female	98.8	1.2	1.0	0.2	0.0	0.1	0.1	0.0	0.0	3.4

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

Table 24

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

Being Arrested

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	95.3	4.7	3.9	0.4	0.1	0.1	0.1	0.0	0.0	2.9
Grade										
7th	98.0	2.0	1.7	0.2	0.2	0.0	0.0	0.0	0.0	2.2
8th	96.6	3.4	2.8	0.6	0.0	0.0	0.0	0.0	0.0	1.9
9th	95.6	4.4	3.5	0.4	0.1	0.3	0.0	0.0	0.0	2.8
10th	95.5	4.5	3.7	0.2	0.2	0.2	0.2	0.0	0.2	4.4
11th	93.5	6.5	5.5	0.7	0.0	0.2	0.2	0.0	0.0	2.7
12th	93.1	6.9	6.0	0.2	0.4	0.2	0.2	0.0	0.0	2.8
Sex										
Male	93.5	6.5	5.3	0.5	0.2	0.3	0.1	0.0	0.1	3.3
Female	97.0	3.0	2.7	0.3	0.1	0.0	0.1	0.0	0.0	2.2

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

Table 25

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

Being Drunk or High at School

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	81.3	18.7	7.7	3.5	1.5	1.4	1.1	0.6	2.9	11.8
Grade										
7th	95.8	4.2	2.0	1.2	0.3	0.5	0.0	0.0	0.2	5.8
8th	91.5	8.5	5.4	1.5	0.7	0.2	0.2	0.0	0.6	5.8
9th	81.2	18.8	6.9	4.5	1.8	1.3	1.0	0.7	2.7	11.4
10th	78.1	21.9	9.3	4.7	1.8	1.2	1.1	1.1	2.6	10.6
11th	74.2	25.8	11.6	3.8	1.8	1.3	2.5	0.5	4.3	12.2
12th	68.4	31.6	10.8	5.1	2.1	3.7	1.8	1.2	6.9	14.8
Sex										
Male	77.7	22.3	8.1	3.8	1.7	1.5	1.7	0.7	4.8	14.3
Female	84.4	15.6	7.4	3.5	1.2	1.2	0.6	0.6	1.1	8.4

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

Table 26

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

Carrying a Handgun

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	98.1	1.9	0.8	0.2	0.1	0.1	0.1	0.1	0.5	15.8
Grade										
7th	98.3	1.7	1.4	0.0	0.2	0.2	0.0	0.0	0.0	3.4
8th	98.5	1.5	0.7	0.0	0.0	0.2	0.2	0.0	0.4	15.6
9th	97.7	2.3	0.8	0.4	0.0	0.1	0.3	0.0	0.6	15.3
10th	97.2	2.8	1.1	0.3	0.2	0.2	0.2	0.2	0.8	16.6
11th	98.2	1.8	0.8	0.2	0.2	0.0	0.2	0.2	0.3	14.4
12th	98.9	1.1	0.0	0.0	0.0	0.2	0.0	0.4	0.5	33.9
Sex										
Male	96.4	3.6	1.4	0.2	0.2	0.3	0.3	0.2	1.0	17.5
Female	99.7	0.3	0.2	0.1	0.0	0.0	0.0	0.0	0.0	2.0

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

Table 27

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

Getting Suspended

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	92.4	7.6	5.8	1.0	0.4	0.1	0.1	0.1	0.2	3.7
Grade										
7th	94.1	5.9	4.7	0.7	0.3	0.2	0.0	0.0	0.0	2.5
8th	93.3	6.7	5.2	0.9	0.4	0.0	0.0	0.0	0.2	3.3
9th	91.8	8.2	6.3	0.7	0.4	0.1	0.1	0.1	0.3	4.5
10th	91.8	8.2	7.0	0.9	0.0	0.0	0.0	0.2	0.2	3.1
11th	91.1	8.9	6.1	1.2	0.8	0.3	0.2	0.0	0.3	4.7
12th	92.6	7.4	5.1	1.4	0.5	0.2	0.2	0.0	0.0	3.3
Sex										
Male	89.2	10.8	7.8	1.6	0.6	0.1	0.2	0.1	0.3	4.1
Female	95.2	4.8	3.9	0.4	0.2	0.2	0.0	0.1	0.0	2.8

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

Table 28

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

Selling Drugs

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	93.6	6.4	2.5	1.1	0.8	0.5	0.1	0.2	1.3	12.8
Grade										
7th	99.3	0.7	0.7	0.0	0.0	0.0	0.0	0.0	0.0	1.5
8th	98.9	1.1	0.9	0.0	0.0	0.0	0.0	0.0	0.2	7.9
9th	93.1	6.9	2.8	1.0	0.8	0.7	0.3	0.1	1.1	11.8
10th	91.0	9.0	3.8	1.7	1.5	0.8	0.0	0.2	1.1	9.2
11th	90.9	9.1	2.8	1.8	1.3	0.5	0.2	0.0	2.5	14.5
12th	89.1	10.9	3.5	1.8	0.7	1.1	0.0	0.7	3.2	16.9
Sex										
Male	90.0	10.0	3.3	1.6	1.4	1.0	0.1	0.3	2.4	14.3
Female	96.9	3.1	1.6	0.7	0.2	0.1	0.1	0.1	0.4	9.1

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

Table 29

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

Taking a Handgun to School

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	99.4	0.6	0.2	0.1	0.0	0.0	0.0	0.0	0.3	22.2
Grade										
7th	99.7	0.3	0.2	0.2	0.0	0.0	0.0	0.0	0.0	2.8
8th	99.6	0.4	0.2	0.0	0.0	0.0	0.0	0.0	0.2	20.8
9th	98.9	1.1	0.3	0.3	0.0	0.0	0.0	0.0	0.6	21.4
10th	99.7	0.3	0.2	0.0	0.0	0.0	0.0	0.0	0.2	20.8
11th	99.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.3	40.0
12th	99.1	0.9	0.2	0.0	0.0	0.0	0.2	0.2	0.4	28.1
Sex										
Male	98.9	1.1	0.3	0.2	0.0	0.0	0.1	0.1	0.6	23.9
Female	99.9	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	1.5

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

Risk and Protective Factors

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

Protective factors, which can be considered 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.

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

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

The Social Development Strategy (Hawkins et al., 1992) is a theoretical framework that informs and organizes the risk and protective factor framework of adolescent problem behavior prevention. There is a substantial amount of research showing that adolescents' exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon and Pandina, 1982; Newcomb, Maddahian and Skager, 1987; Newcomb and Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999; Pollard and Lofquist, 1998).

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

This system of risk and protective factors is organized into a strategy that families can use to help children develop healthy behaviors—the Social Development Strategy (Hawkins et al., 1992); see Appendix D. Parents support the development of healthy behaviors for their children by setting and communicating healthy beliefs and clear standards for children's behavior.

Children are more likely to follow the standards if the bonds to their family are strong. Strong family bonds are the reason children care about the standards parents set for their behavior. Parents can keep family bonds strong by providing children with opportunities to make meaningful contributions to the family, by teaching them the skills they need to be successful in these new opportunities, and by giving them recognition for their contributions.

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

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

Because risk and protective factors are sensitive to age and sex, it is important to have relevant data with which to compare. For the purposes of this report, a matched comparison sample was drawn from data on students who participated in the *Communities That Care*[®] Six-State Study and whose demographic characteristics match Broome County students exactly in terms of age and gender. This may be an especially important consideration for Broome County because the existence of an exact demographic match allows comparisons to be made with more confidence. Throughout the next section, the *Communities That Care*[®] matched comparison for Broome County will be helpful in evaluating Broome County's risk and protective factor profile.

Protective Factors

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

The *Communities That Care*[®] Youth Survey measures a variety of protective factors across four major domains: Community Domain, Family Domain, School Domain and Peer-Individual Domain. The protective factors can also be divided into three categories, or opportunities for

success, based on the Social Development Strategy: Bonding; Opportunities and Rewards for Prosocial Involvement; and Healthy Beliefs and Clear Standards. The Bonding category consists of the *Family Attachment* scale. The Opportunities and Rewards for Prosocial Involvement category consists of *Community Rewards for Prosocial Involvement*, *Family Opportunities for Prosocial Involvement*, *Family Rewards for Prosocial Involvement*, *School Opportunities for Prosocial Involvement* and *School Rewards for Prosocial Involvement*. The Healthy Beliefs and Clear Standards category is the same as the Peer-Individual Domain, consisting of *Religiosity*, *Social Skills* and *Belief in the Moral Order*.

For each domain, a variety of protective factors are assessed. Below, each protective factor is described and the results for Broome County are reported. Remember—because protective factor scores are associated with better behavioral outcomes, it is better to have protective factor scores with high values. Tables and graphs for all domains are located at the end of this discussion.

Community Domain

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 surveyed by such items as “There are people in my neighborhood who are proud of me when I do something well.”

In Broome County, students reported a score of 47 on the *Community Rewards for Prosocial Involvement* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 48.

Family Domain

Family Attachment

One of the most effective ways to reduce children’s risk factors is to help strengthen their bonds with family members who embody healthy beliefs and clear standards. Children who are bonded to others who have healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes or drop out of school. Positive bonding can act as a buffer against risk factors. If children are attached to their parents and want to please them, they will be less likely to threaten that connection by doing things that their parents strongly disapprove of. This protective factor is measured by such items on the survey as “Do you share your thoughts and feelings with your mother?”

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

Family Opportunities for Prosocial Involvement

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

In Broome County, students reported a score of 49 on the *Family Opportunities for Prosocial Involvement* scale. This level is slightly lower than the national average of 50 and the same as the matched comparison score of 49.

Family Rewards for Prosocial Involvement

When family members reward their children for positive participation in activities, it helps the children feel bonded to their families, thus reducing their risk for problem behaviors. When families promote clear standards for behavior, and when young people consequently develop strong bonds of attachment and commitment to their families, young people’s behavior becomes increasingly consistent with those standards. 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?”

In Broome County, students reported a score of 50 on the *Family Rewards for Prosocial Involvement* scale. This level is the same as the national average of 50 and slightly higher than the matched comparison score of 49.

School Domain

School Opportunities for Prosocial Involvement

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviors. Students who feel they have a personal investment in their school bond to that school and thus adopt the school’s standards of behavior. This bond can protect a student from engaging in behaviors that violate socially

accepted standards. This protective factor is measured by survey items such as “In my school, students have lots of chances to help decide things like class activities and rules.”

In Broome County, students reported a score of 57 on the *School Opportunities for Prosocial Involvement* scale. This level is higher than both the national average of 50 and the matched comparison score of 48.

School Rewards for Prosocial Involvement

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

In Broome County, students reported a score of 46 on the *School Rewards for Prosocial Involvement* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 48.

Peer-Individual Domain

Religiosity

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

In Broome County, students reported a score of 53 on the *Religiosity* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 49.

Social Skills

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

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

In Broome County, students reported a score of 50 on the *Social Skills* scale. This level is the same as the national average of 50 and slightly higher than the matched comparison score of 47.

Belief in the Moral Order

When people feel bonded to society, they are more motivated to follow society’s standards and expectations. It is important for families, schools and communities to have clearly stated policies on ATOD use. Young people who have developed a positive belief system are less likely to become involved in problem behaviors. For example, young people who believe that drug use is socially unacceptable or harmful 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.”

In Broome County, students reported a score of 49 on the *Belief in the Moral Order* scale. This level is slightly lower than the national average of 50 and slightly higher than the matched comparison score of 47.

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.

The *Communities That Care*[®] *Youth Survey* measures a variety of risk factors across four major domains. Below, each of the risk factors in the Community, Family, School, and Peer-Individual Domains is described and the results for Broome County are reported. Tables and graphs for all domains are located at the end of this discussion.

Community Domain

Low Neighborhood Attachment

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

The *Low Neighborhood Attachment* scale on the survey uses three items to measure the level of attachment that students feel to their neighborhoods. This 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.” Responses include YES!, yes, no and NO!

In Broome County, students reported a score of 52 on the *Low Neighborhood Attachment* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 51.

Community Disorganization

The *Community Disorganization* scale pertains to students’ perceptions of their communities’ appearance and other external attributes.

The *Community Disorganization* scale 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.”

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

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 neighborhoods and develop the bonds that help protect them from involvement in problem behaviors.

There are two measures of *Transitions and Mobility* on the survey. One scale, *Personal Transitions and Mobility*, 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 since kindergarten?” and “How many times have you changed homes since kindergarten?” The other scale, *Community Transitions and Mobility*, measures students’ perceptions of the stability of their neighborhoods with one item: “People move in and out of my neighborhood a lot.” Responses include YES!, yes, no and NO!

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

Laws and Norms Favorable to Drug Use and Firearms

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

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

This risk factor 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?” In this case, responses include Very Wrong, Wrong, A Little Bit Wrong and Not Wrong at All. Other items include “If

a kid smoked marijuana in your neighborhood, would he or she be caught by the police?” Responses include YES!, yes, no and NO!

In Broome County, students reported a score of 53 on the *Laws and Norms Favorable to Drug Use and Firearms* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 54.

Perceived Availability of Drugs and Firearms

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

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

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

In Broome County, students reported a score of 42 on the *Perceived Availability of Drugs and Firearms* scale. This level is lower than the national average of 50 and substantially lower than the matched comparison score of 57.

Family Domain

Poor Family Management

Poor family management practices are defined as parents failing to communicate clear expectations for behavior, parents failing to supervise and monitor their children (knowing where they are and whom they’re with) and parents giving excessively severe, harsh or inconsistent punishment. Children exposed to poor family management practices are at higher risk of developing problems with drug use, delinquency, violence and school dropout.

Two scales were developed to summarize students' feelings about their families' management practices: *Poor Family Supervision* and *Poor Family Discipline*. 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."

In Broome County, students reported a score of 53 on the *Poor Family Supervision* scale and a score of 52 on the *Poor Family Discipline* scale. The *Poor Family Supervision* score is slightly higher than both the national average of 50 and the matched comparison score of 52. The *Poor Family Discipline* score is slightly higher than the national average of 50 and the same as the matched comparison 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 teenage mothers are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior themselves. Students' perceptions of their families' behavior and standards regarding drug use and other antisocial behaviors are measured by the survey. This risk factor is assessed by items such as "Has anyone in your family ever had a severe alcohol or drug problem?"

In Broome County, students reported a score of 48 on the *Family History of Antisocial Behavior* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 51.

Parental Attitudes Favorable toward ATOD Use

Student perceptions of their parents' opinions about alcohol, tobacco and other drug use are also an important risk factor. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of their children's use of these substances, children are more likely to become drug users in adolescence. This risk is further increased if parents involve children in their own drug- or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Furthermore, parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana and developing a drug use problem.

This risk factor is measured by items such as "How wrong do your parents feel it would be for you to smoke marijuana?" Looking at this risk factor alongside *Laws and Norms Favorable to*

Drug Use and Firearms in the Community Domain can show if the youth in your community report strong antidrug messages from adults (both parents and other local adults).

In Broome County, students reported a score of 51 on the *Parental Attitudes Favorable toward ATOD Use* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 52.

Parental Attitudes Favorable toward Antisocial Behavior

Parental attitudes and behavior regarding drugs, crime and violence influence the attitudes and behavior of children. If parents approve of, or excuse, their children for breaking the law, then the children are more likely to develop problems with juvenile delinquency.

The survey also measures a student's understanding of his or her parents' standards regarding the student's participation in delinquent behaviors. This risk factor, *Parental Attitudes Favorable toward Antisocial Behavior*, is surveyed by items such as "How wrong do your parents feel it would be for you to pick a fight with someone?"

In Broome County, students reported a score of 52 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 51.

School Domain

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 suggest that not only do students believe that they have lower grades than they might expect to get, but also that they perceive that compared to their peers they have below-average grades.

In Broome County, students reported a score of 52 on the *Poor Academic Performance* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 50.

Low School Commitment

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

In Broome County, students reported a score of 52 on the *Low School Commitment* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 56.

Peer-Individual Domain

Rebelliousness

The survey also determines 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.”

In Broome County, students reported a score of 53 on the *Rebelliousness* scale. This level is slightly higher than the national average of 50 and the same as the matched comparison score of 53.

Friends’ Delinquent Behavior

The *Friends’ Delinquent Behavior* scale measures antisocial behaviors acted out within the past year by the four best friends of the student. Six items survey this risk factor, such as “In the past year, how many of your four best friends have been suspended from school?” An elevated score for this risk factor can suggest that students’ involvement in antisocial behaviors is heavily influenced by their peers.

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

In Broome County, students reported a score of 49 on the *Friends' Delinquent Behavior* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 51.

Friends' Use of Drugs

The *Friends' Use of Drugs* scale measures how many of a student's close friends have used ATODs in the past year. A sample survey item for this risk factor is "In the past year, how many of your best friends have used marijuana?" An elevated score can indicate that students are interacting with more antisocial peers than average.

In Broome County, students reported a score of 54 on the *Friends' Use of Drugs* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 55.

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?"

In Broome County, students reported a score of 51 on the *Peer Rewards for Antisocial Behavior* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 54.

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 begin to participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk for 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?” There are five such items, and responses range from Very Wrong to Not Wrong at All.

In Broome County, students reported a score of 58 on the *Favorable Attitudes toward Antisocial Behavior* scale. This level is higher than both the national average of 50 and the matched comparison score of 52.

Favorable Attitudes toward ATOD Use

During the elementary school years, children usually express antidrug attitudes and have difficulty imagining why people use drugs. However, in middle school, as others they know begin to participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk. This risk factor, *Favorable Attitudes toward ATOD Use*, assesses risk by asking young people how wrong they think it is for someone their age to use drugs. Items 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 can indicate that students see little wrong with using drugs.

In Broome County, students reported a score of 54 on the *Favorable Attitudes toward ATOD Use* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 55.

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 5 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.

In Broome County, students reported a score of 38 on the *Low Perceived Risks of Drug Use* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 54.

Early Initiation (of Drug Use and Antisocial Behavior)

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

On the survey, *Early Initiation* of drug use is measured by asking when drug use began. The earlier that drug experimentation begins, the more likely it is that experimentation will become consistent, regular use. Similarly, *Early Initiation* of antisocial behavior is measured by four items that ask when specific antisocial behaviors began. The behaviors that are measured on the survey include getting suspended from school, getting arrested, carrying a handgun and attacking somebody with the intent to harm them. The earlier these behaviors occur, the more likely it is that they will become a consistent way of life.

In Broome County, students reported a score of 48 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 52.

Constitutional Factors—Impulsiveness and Sensation Seeking

Constitutional factors are individual characteristics that may have a biological or physiological basis. Constitutional factors that increase risk are often manifested as sensation seeking, low harm avoidance and lack of impulse control. They appear to increase the risk of a young person's using drugs, engaging in delinquent behavior and/or committing violent acts.

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

In Broome County, students reported a score of 55 on the *Impulsiveness* scale and a score of 55 on the *Sensation Seeking* scale. The score for *Impulsiveness* is higher than both the national average of 50 and the matched comparison score of 50. The *Sensation Seeking* score is higher than the national average of 50 and slightly higher than the matched comparison score of 54.

Behavioral Outcomes

Table 30c displays the results for three behavioral outcome scales measuring alcohol, tobacco and other drug (ATOD) use; delinquency; and gang involvement. These scales are formed by calculating average scores for all of the items on the survey that contribute to the measurement of the behaviors. Because risk factors are associated with increased levels of ATOD use, it is desirable for these behavioral outcome scores to be as low as possible.

The first behavioral outcome scale, *Current ATOD Use*, is based on average scores from survey items pertaining to alcohol, tobacco and other drug use (past-30-day questions). In Broome County, the *Current ATOD Use* score is 52. This score is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 53.

The second behavioral outcome scale is *Current Antisocial Behavior*. This scale is constructed from survey questions involving antisocial behaviors, such as “How many times in the past year have you carried a handgun?” and “How wrong do you think it is for someone your age to pick a fight with someone?” Broome County students’ score is 49. This level is slightly lower than both the national average of 50 and the matched comparison score of 51.

Gang Involvement, the third behavioral outcome scale, is formed from students’ responses to four questions:

- “Have you ever belonged to a gang?”
- “If you ever belonged to a gang, did that gang have a name?”
- “How old were you when you first belonged to a gang?”
- “Think of your four best friends: In the past year, how many of your best friends have been members of a gang?”

In Broome County, students reported a score of 46 on the *Gang Involvement* scale. This score is slightly lower than both the national average of 50 and the matched comparison score of 49.

Table 30a
Protective Factor Scores

	Broome County	CTC Matched Comparison
Community Domain		
Community Opportunities for Prosocial Involvement	*	*
Community Rewards for Prosocial Involvement	47	48
Family Domain		
Family Attachment	49	49
Family Opportunities for Prosocial Involvement	49	49
Family Rewards for Prosocial Involvement	50	49
School Domain		
School Opportunities for Prosocial Involvement	57	48
School Rewards for Prosocial Involvement	46	48
Peer-Individual Domain		
Religiosity	53	49
Social Skills	50	47
Belief in the Moral Order	49	47

* This scale is currently under revision.

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

Table 30b
Risk Factor Scores

	Broome County	CTC Matched Comparison
Community Domain		
Low Neighborhood Attachment	52	51
Community Disorganization	49	50
Personal Transitions and Mobility	46	49
Community Transitions and Mobility	46	49
Laws and Norms Favorable to Drug Use and Firearms	53	54
Perceived Availability of Drugs and Firearms	42	57
Family Domain		
Poor Family Supervision	53	52
Poor Family Discipline	52	52
Family Conflict	*	*
Family History of Antisocial Behavior	48	51
Parental Attitudes Favorable toward ATOD Use	51	52
Parental Attitudes Favorable toward Antisocial Behavior	52	51
School Domain		
Poor Academic Performance	52	50
Low School Commitment	52	56
Peer-Individual Domain		
Rebelliousness	53	53
Friends' Delinquent Behavior	49	51
Friends' Use of Drugs	54	55
Peer Rewards for Antisocial Behavior	51	54
Favorable Attitudes toward Antisocial Behavior	58	52
Favorable Attitudes toward ATOD Use	54	55
Low Perceived Risks of Drug Use	38	54
Early Initiation (of Drug Use and Antisocial Behavior)	48	52
Impulsiveness	55	50
Sensation Seeking	55	54

* This scale is currently under revision.

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

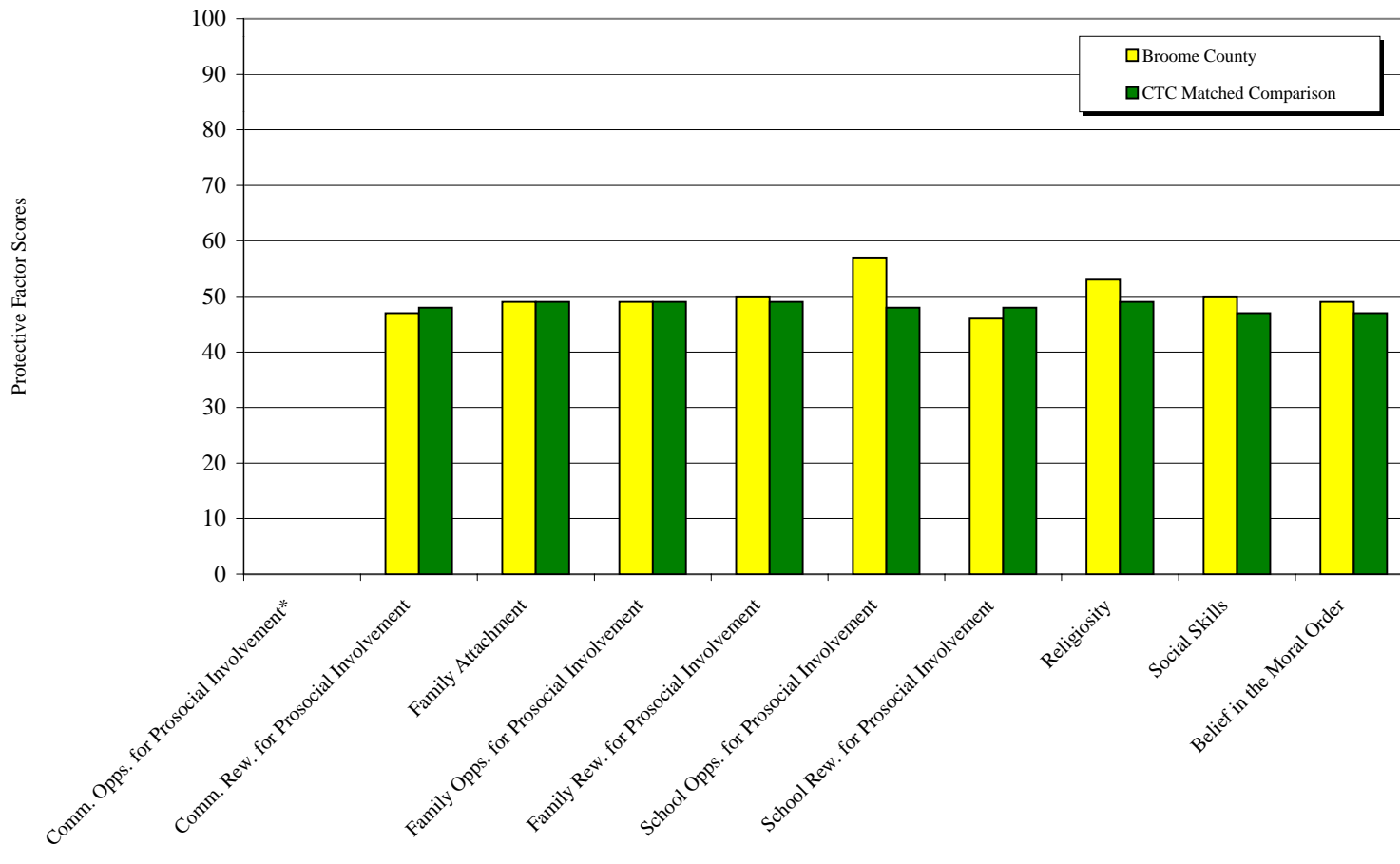
Table 30c
Behavioral Outcome Scores

	Broome County	CTC Matched Comparison
Current ATOD Use	52	53
Current Antisocial Behavior	49	51
Gang Involvement	46	49

Note: A score of 50 matches the national average, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores.

Graph 7

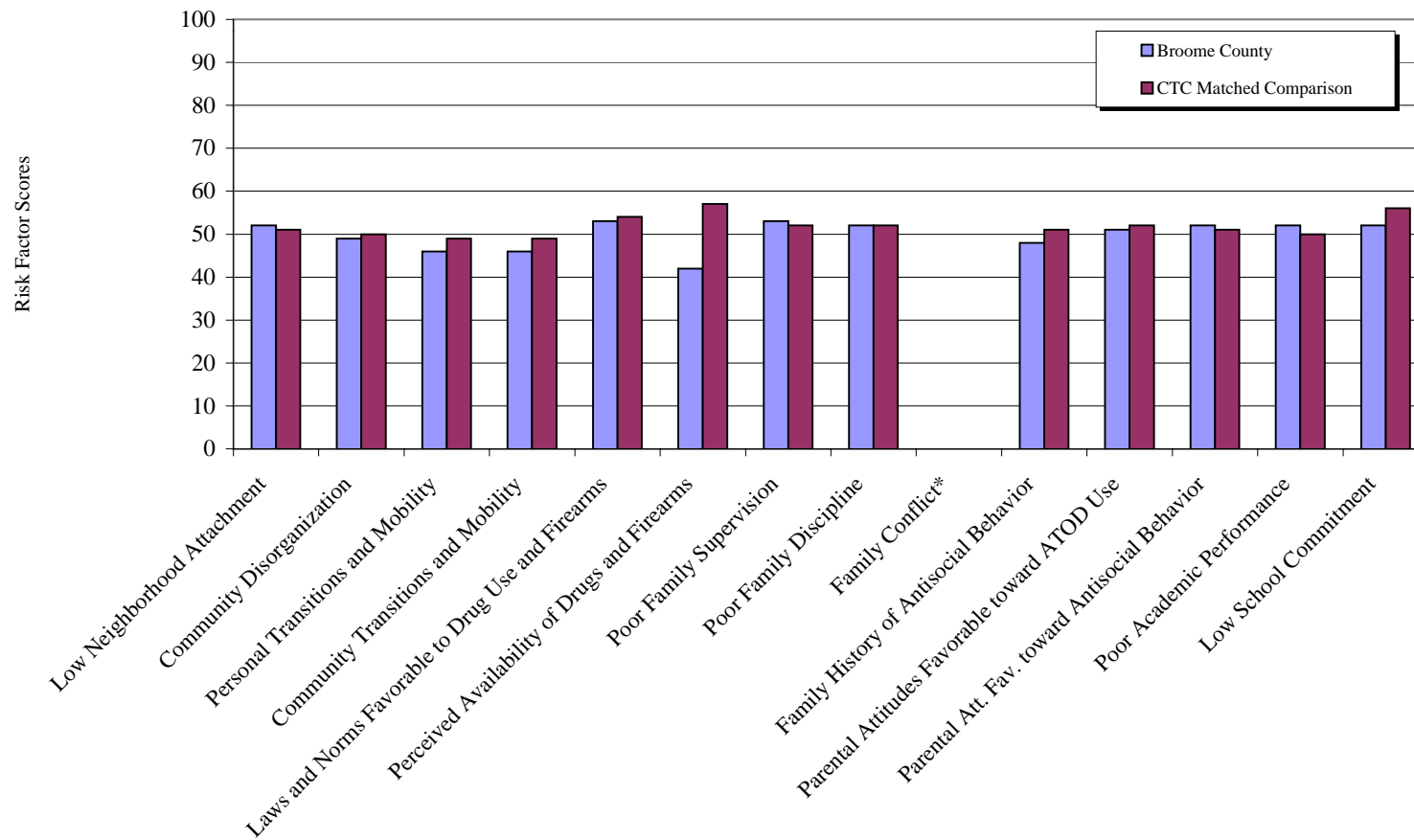
Protective Factor Scores for Broome County Students Compared to the CTC Matched Comparison



*This scale is currently under revision.

Graph 8

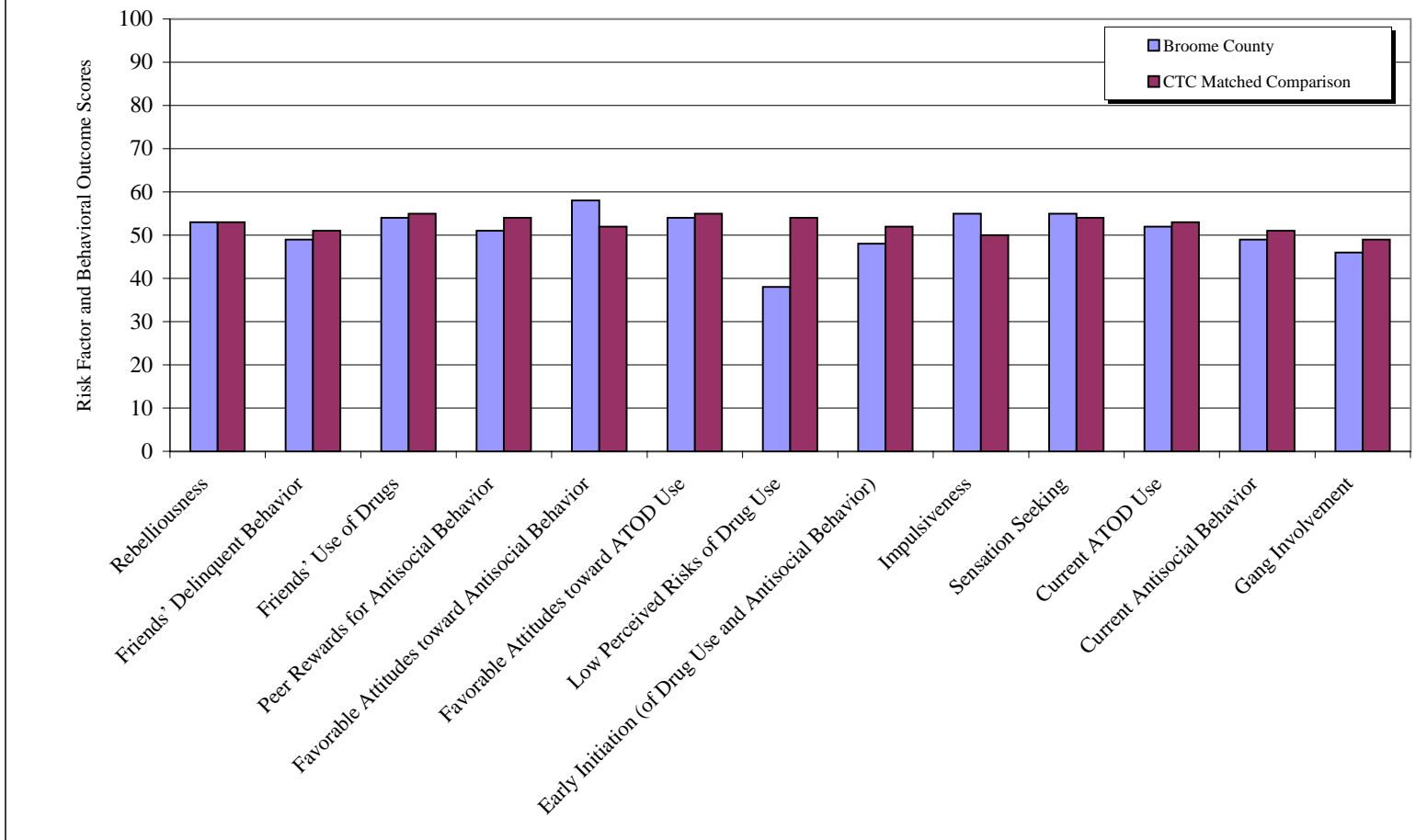
Community, Family and School Domain Risk Factor Scores for Broome County Students Compared to the CTC Matched Comparison



*This scale is currently under revision.

Graph 9

Peer-Individual Domain Risk Factor Scores and Behavioral Outcome Scores for Broome County Students Compared to the CTC Matched Comparison



Risk and Protective Factor Profile

Looking at Broome County's overall risk and protective factor scores reveals several important findings. First, elevated risk factor scores are found in all four domains: Community, Family, School and Peer-Individual. Risk factors in the Peer-Individual Domain are the most elevated.

In Broome County schools, the three highest risk factor scores are *Favorable Attitudes toward Antisocial Behavior*, *Impulsiveness* and *Sensation Seeking*. The two most suppressed protective factors are *School Rewards for Prosocial Involvement* and *Community Rewards for Prosocial Involvement*.

While sharing many of the characteristics of youth around the rest of the United States, Broome County's youth also report some rather unique information. The real power of these data will be harnessed when they are used for prevention, intervention and treatment planning at the local level. One of the primary benefits of conducting the *Communities That Care*[®] *Youth Survey* is that the data can be used as the baseline against which future prevention and intervention efforts can be assessed.

At the dawn of this new millennium, we now have the knowledge and tools to reinvent our communities as protective environments for the positive development of all children—so that children grow up free from the scourges of violence and drug use. It is possible to promote the development of communities that care enough to ensure that all children are bonded to family, school and community and are committed to the highest standards and healthy values for their own futures. Findings from the *Communities That Care*[®] *Youth Survey*, in conjunction with a careful needs assessment process, can reveal those risk and protective factors that are most critical. However, the survey and this report are but tools. The real work is ahead.

Appendix A. References

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Appendix B. Other Resources

Web Sites

Office of National Drug Control Policy www.whitehousedrugpolicy.gov
National Clearinghouse for Alcohol and Drug Information www.health.org/index.htm
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
Developmental Research & Programs, Inc. www.drp.org
Social Development Research Group <http://depts.washington.edu/sdrg>

Prevention Program Guides

Communities that care[®] prevention strategies: A research guide to what works (2000). Seattle, WA: Developmental Research and Programs, Inc.

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

Blueprint Programs www.colorado.edu/cspv/blueprints

Prevention Planning

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

Appendix C. Risk and Protective Factor Matrix

		Protective Factor						
Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	
		Availability of Drugs	Community/School Policies	✓	✓	✓	✓	✓
Availability of Firearms	Community/School Policies	✓					all	
Community Laws and Norms Favorable toward Drug Use	Classroom Curricula for Social and Emotional Competence Promotion	✓		✓			6-14	
	Community Mobilization	✓	✓	✓	✓	✓	all	
	Community/School Policies	✓	✓	✓	✓	✓	all	
	Policing Strategies	✓					all	
Media Portrayals of Violence								
Transitions and Mobility	Organizational Change in Schools	✓	✓	✓	✓	✓	6-18	
Low Neighborhood Attachment and Community Disorganization	Community Mobilization	✓	✓	✓	✓	✓	all	
	Policing Strategies	✓					all	
	Organizational Change in Schools	✓	✓	✓	✓	✓	all	
	Classroom Curricula for Social and Emotional Competence Promotion	✓		✓	✓		11-14	
Extreme Economic Deprivation	Prenatal and Infancy Programs	✓	✓	✓	✓	✓	prenatal-3	
	Youth Employment with Education	✓	✓	✓	✓	✓	all	

Appendix C. Risk and Protective Factor Matrix (cont.)

Risk Factor Addressed		Protective Factor						Developmental Period
		Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Family Domain	Family History of Antisocial Behavior	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-2
	Family Management Problems	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-2
		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	prenatal-14
		Family Therapy	✓	✓	✓	✓	✓	6-14
	Family Conflict	Marital Therapy	✓	✓	✓	✓	✓	prenatal
		Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-2
		Parent Training	✓	✓	✓	✓	✓	prenatal-14
		Family Therapy	✓	✓	✓	✓	✓	6-14
	Favorable Parental Attitudes toward and Involvement in Antisocial Behavior	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-2
		Parent Training	✓	✓	✓	✓	✓	prenatal-14
		Community/School Policies	✓	✓	✓	✓	✓	all

Appendix C. Risk and Protective Factor Matrix (cont.)

Risk Factor Addressed		Protective Factor						Developmental Period
		Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
School Domain	Poor Academic Performance	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-10
		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	prenatal-10
		Organizational Change in Schools	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		Youth Employment with Education	✓	✓	✓	✓	✓	15-21
Lack of Commitment to School		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Organizational Change in Schools	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management, and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		School Behavior Management Strategies	✓		✓		✓	6-14
		Mentoring	✓		✓		✓	11-18
		Youth Employment with Education	✓	✓	✓	✓	✓	15-21

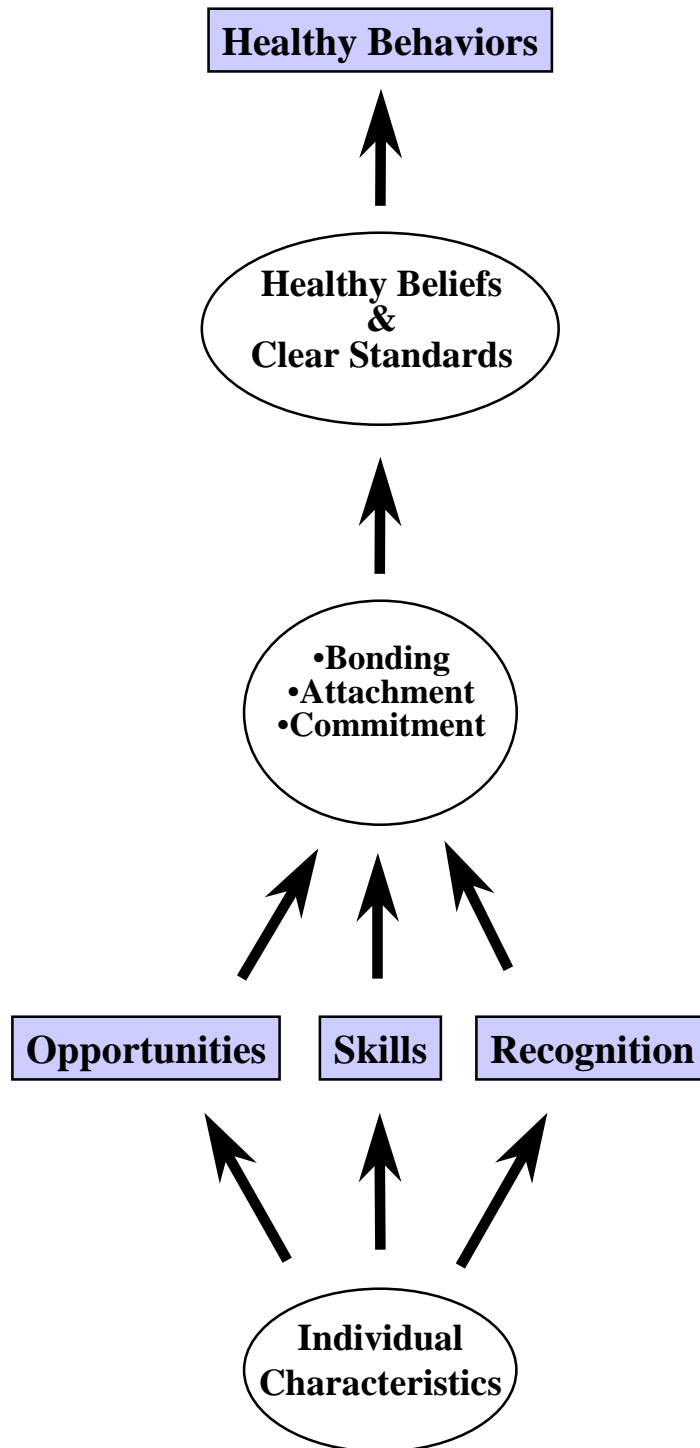
Appendix C. Risk and Protective Factor Matrix (cont.)

	Risk Factor Addressed	Program Strategy	Protective Factor					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Peer-Individual Domain	Rebelliousness	Family Therapy	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓		6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		After-School Recreation	✓	✓	✓	✓	✓	6-10
		Mentoring	✓		✓		✓	11-18
		Youth Employment with Education	✓	✓	✓	✓	✓	15-18
	Friends Who Engage in the Problem Behavior	Parent Training	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		After-School Recreation	✓	✓	✓	✓	✓	6-14
		Mentoring	✓		✓		✓	11-18
	Favorable Attitudes toward the Problem Behavior	Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		Community/School Policies						

Appendix C. Risk and Protective Factor Matrix (cont.)

Risk Factor Addressed		Protective Factor						Developmental Period
		Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Peer-Individual Domain	Early Initiation (of Drug Use and Antisocial Behavior)	Early Childhood Education	✓	✓	✓	✓	✓	3-5
	Parent Training	✓	✓	✓	✓	✓	✓	prenatal-10
	Family Therapy	✓	✓	✓	✓	✓	✓	6-18
	Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	✓	6-18
	Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	✓	6-14
	School Behavior Management Strategies	✓		✓		✓	✓	6-14
	After-School Recreation Programs	✓	✓	✓	✓	✓	✓	6-10
	Mentoring with Contingent Reinforcement	✓		✓		✓	✓	11-18
	Community/School Policies	✓						all
Constitutional Factors	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	✓	prenatal-2

Appendix D. The Social Development Strategy



Appendix E. Risk and Protective Factors and Selected Associated Survey Items

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

Appendix E. Risk and Protective Factors and Selected Associated Survey Items (cont.)

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

Appendix E. Risk and Protective Factors and Selected Associated Survey Items (cont.)

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

Appendix E. Risk and Protective Factors and Selected Associated Survey Items (cont.)

Domain	Scale	Selected Survey Items
Peer-Individual Domain—Protective Factors	Religiosity	How often do you attend religious services or activities?
	Social Skills	Vignette about what the youth would do if he or she were handed an alcoholic beverage at a party.
	Belief in the Moral Order	It is important to be honest with your parents, even if they become upset or you get punished.
Peer-Individual Domain—Risk Factors	Rebelliousness	I ignore rules that get in my way.
	Friends' Delinquent Behavior	Think of your <u>four best friends</u> . In the past year, how many of your best friends have dropped out of school?
	Friends' Use of Drugs	Think of your <u>four best friends</u> . In the past year, how many of your best friends have smoked cigarettes?
	Peer Rewards for Antisocial Behavior	What are the chances you would be seen as cool if you carried a handgun?
	Favorable Attitudes toward Antisocial Behavior	How wrong do you think it is for someone your age to pick a fight with someone?
	Favorable Attitudes toward ATOD Use	How wrong do you think it is for someone your age to smoke cigarettes?
	Low Perceived Risks of Drug Use	How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
	Early Initiation (of Drug Use and Antisocial Behavior)	How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?
	Impulsiveness	Do you have to have everything right away?
	Sensation Seeking	How many times have you done something dangerous because someone dared you to do it?