

# **New York State** Youth Development Survey

Long Island Regional Youth Development Survey

**2010-11 Results Report:**  
**7-12th Grade Students**

NASSAU COUNTY  
LONG ISLAND REGION





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New York State Office of Alcoholism and Substance Abuse Services, Long Island Field Office

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# 1. INTRODUCTION

This report summarizes findings from the New York State Youth Development Survey conducted during the 2010-11 school year. The survey instrument was designed to assess risk and protective factors that predict substance use and other problem behaviors such as delinquency. The survey also measures substance use, youth gambling and other problem behaviors. In addition, grade groups and gender comparisons often are provided as well.

OASAS uses a number of surveys in assessing the prevalence of substance use, gambling and related problems. The YDS is especially valuable because it provides information on risk and protective factors for school districts and county planning. However, due to differences in survey design, sampling methods, months of administration and estimation methods, the substance use, gambling and other results will differ somewhat across the different surveys, such as, the Youth Development Survey conducted by ISA/PRIDE, the Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention, **and** The National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) **as well as other OASAS Surveys**. All these surveys are used by OASAS for policy development and planning at the state and regional levels.

Following receipt of the surveys, all survey forms were checked to determine the validity and reliability of the data. A small percentage of students were judged to have returned invalid survey data. For example, students who claimed to use all drugs at the highest levels of use were eliminated from the final data set. In total, five separate checks of the logical consistency and validity of the students' responses were conducted.

Tables 1 thru 5 contain comparisons of your data to larger aggregates of data, if appropriate. For instance, a school report may also contain comparison data from all the data collected in your district, in your county and if applicable, your region. Results from county and region data are weighted based on enrollment numbers. Results for school and district are not weighted.

Table 1 contains a count of the students included in this report. Table 2 provides information on the number and percent of students surveyed at each grade level (in order to protect student anonymity, grade levels which recorded fewer than the required minimum number of student responses per grade are reported as 0). Table 3 provides information on the number and percent of students surveyed by sex. Table 4 provides information on the number and percent of students surveyed by Hispanic status. Table 5 provides information on the number and percent of students surveyed by race and ethnicity.

Table 1: Student Totals

Response	Group	2010-11
Total Students	county	28,168
	long island	44,287

Table 2: Grade

Response	Group	2010-11	
		pct	n
7	county	19.7	5,538
	long island	19.6	8,678
8	county	20.8	5,860
	long island	19.6	8,680
9	county	17.2	4,838
	long island	17.4	7,722
10	county	14.9	4,193
	long island	16.0	7,083
11	county	14.3	4,016
	long island	14.8	6,564
12	county	13.2	3,723
	long island	12.6	5,560

Table 3: Sex

Response	Group	2010-11	
		pct	n
Male	county	47.9	13,080
	long island	47.9	20,552
Female	county	52.1	14,208
	long island	52.1	22,371

Table 4: Are you Hispanic or Latino?

Response	Group	2010-11	
		pct	n
No	county	84.0	22,857
	long island	85.7	36,711
Yes	county	16.0	4,349
	long island	14.3	6,140

Table 5: Ethnic Origin

Response	Group	2010-11	
		pct	n
Asian American	county	8.2	2,267
	long island	6.8	2,972
Black or African American	county	6.3	1,746
	long island	5.7	2,475
Native American or Alaska Native	county	0.4	111
	long island	0.4	194
Native Hawaiian or Pacific Islander	county	0.4	121
	long island	0.4	181
White	county	65.6	18,131
	long island	69.7	30,342
Multi Racial	county	6.0	1,661
	long island	5.9	2,572
Other	county	13.0	3,584
	long island	11.0	4,806



## 2. RISK AND PROTECTIVE FACTORS

Risk and protective factor-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart attacks such as diets high in fats, lack of exercise, and smoking, a team of researchers, the Social Development Research Group (SDRG), at the University of Washington has defined a set of risk factors for drug abuse. The research team also found that some children exposed to multiple risk factors manage to avoid behavior problems later even though they were exposed to the same risks as children who exhibited behavior problems. Based on research, the team identified protective factors and processes that work together to buffer children from the effects of high risk exposure and lead to the development of healthy behaviors.

Risk factors include characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, and violent behaviors among youth (Hawkins, Catalano & Miller, 1992; Hawkins, Arthur & Catalano, 1995; Brewer, Hawkins, Catalano & Neckerman, 1995).

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by the Social Development Research Group include: Social bonding to family, school, community and peers; and healthy beliefs and clear standards for behavior.

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided that will improve academic performance, and also increase opportunities and rewards for classroom participation.

Risk and protective factor-focused drug abuse prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D.; and a team of researchers at the University of Washington in Seattle. Beginning in the early 1980's, the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse and delinquency. The chart below shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the

chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Table 6: Risk Factors That Inhibit Healthy Youth Development

Risk Factors	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
<b>Community</b>					
Availability of Alcohol and Other Drugs	✓				✓
Community Laws and Norms Favorable Toward Substance Use	✓	✓			✓
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment	✓	✓			✓
Community Disorganization	✓	✓			✓
Extreme Economic Deprivation	✓	✓	✓	✓	✓
<b>Family</b>					
Family History of the Problem Behavior	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Parental Attitudes Favorable Towards Drugs/Other Problem Behavior	✓	✓			✓
<b>School</b>					
Academic Failure	✓	✓	✓	✓	✓
Low Commitment to School	✓	✓	✓	✓	✓
<b>Individual/Peer</b>					
Early Initiation of Drug Use	✓	✓	✓	✓	✓
Early Initiation of Problem Behavior	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓	
Friends Who Use Drugs/Engage in Other Problem Behavior	✓	✓	✓	✓	✓
Favorable Attitudes Towards Drug Use/Other Problem Behavior	✓	✓	✓	✓	
Perceived Risk of Drug Use	✓				
Peer Rewards for Drug Use	✓				
Depressive Symptoms	✓				

✓ Indicates that 2 or more epidemiological prospective studies have found the risk factor to predict youth problem behavior.

Table 7: Protective Factors That Promote Healthy Youth Development

Community
Community Opportunities for Prosocial Involvement
Community Rewards for Prosocial Involvement
Family
Family Attachment
Family Opportunities for Prosocial Involvement
Family Rewards for Prosocial Involvement
School
School Opportunities for Prosocial Involvement
School Rewards for Prosocial Involvement
Individual/Peer
Religiosity
Social Skills
Belief in the Moral Order
Prosocial Involvement
Peer Rewards for Prosocial Involvement

## 2.1. HOW TO READ THE CHARTS

1. Brief definitions of the risk and protective factors can be found on page 50.
2. The factors are grouped into 4 domains: community, family, school, and peer-individual.
3. Scanning across these charts, you can easily determine which factors are most (or least) prevalent, thus identifying which are the most important for your community to address.
4. Actual percentages are provided in the data tables in Appendix F on page 56. The tables provide percentage figures for county and Long Island level. The headers for each column represent the factors for each domain and the percentage figures represent the percent of students whose factor score exceeds the cutoff point for the particular factor. Suppose, for a specific risk factor, that the percentage figure for the line "Combined" and "County" is 42.3. That would mean that 42.3 percent of all surveyed students in the county were above the cutoff point for that factor.
5. The bars represent the percent of students in the grouped grades who reported elevated risk or protection.
6. Bars are complemented by a red dash. The red dash shows the comparison from the highest aggregate level (i.e. usually county for a school report) and provides additional information for you in determining the relative importance of each risk or protective factor. If present, a yellow diamond shows the comparison of the aggregate that is the next level down (usually district for a school report).
7. A dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. This gives you a comparison to a large multi-state baseline sample.
8. The following abbreviations are sometimes used in the tables and charts due to space constraints:

**ATOD** stands for Alcohol, Tobacco and Other Drug Use.

**ASB** stands for Antisocial Behaviors.

**PSI** stands for Prosocial Involvement.

### Risk Factors - Grades 7-8

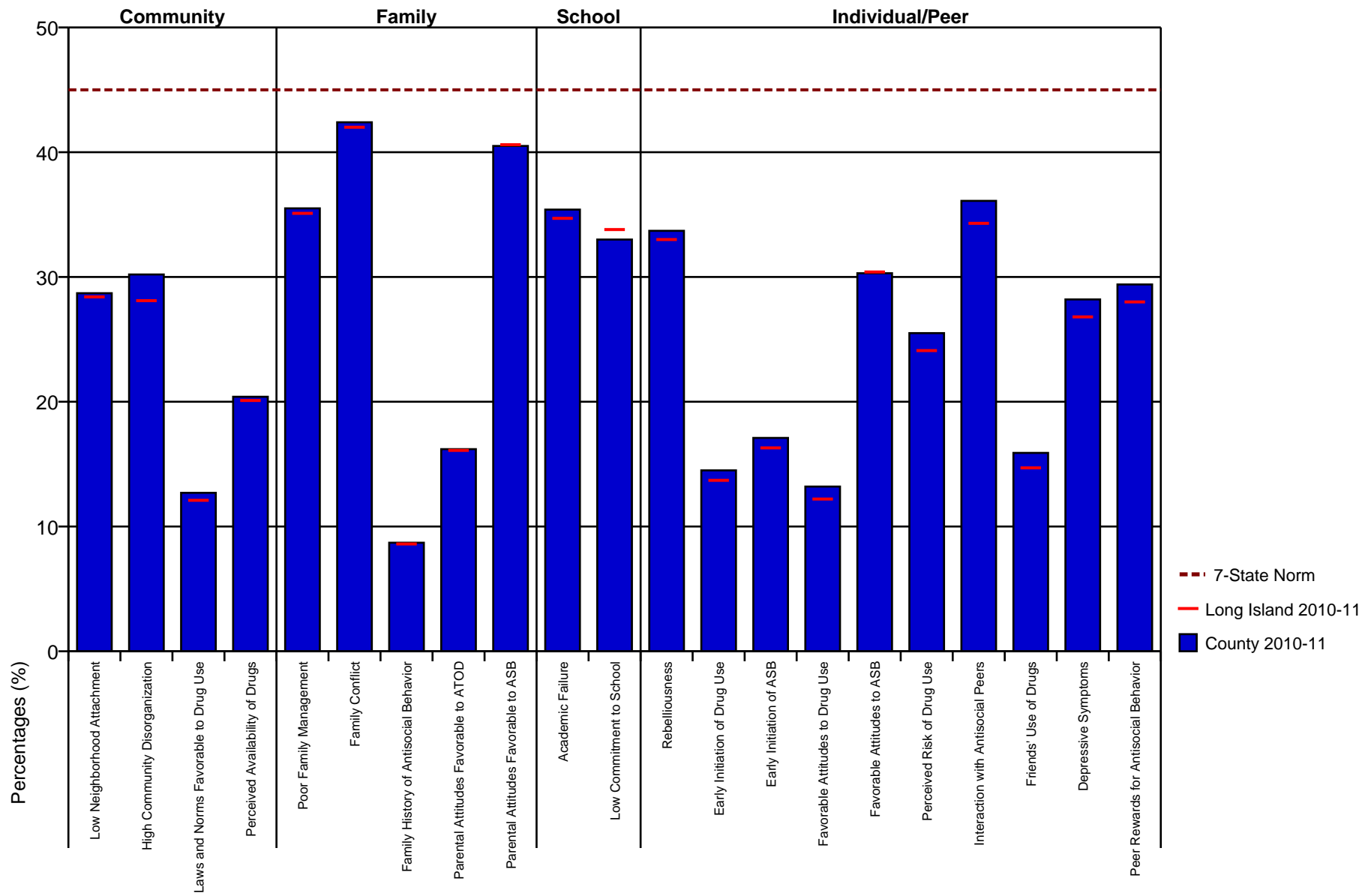


Figure 1: Risk Factors - Grades 7-8

### Risk Factors - Grades 9-10

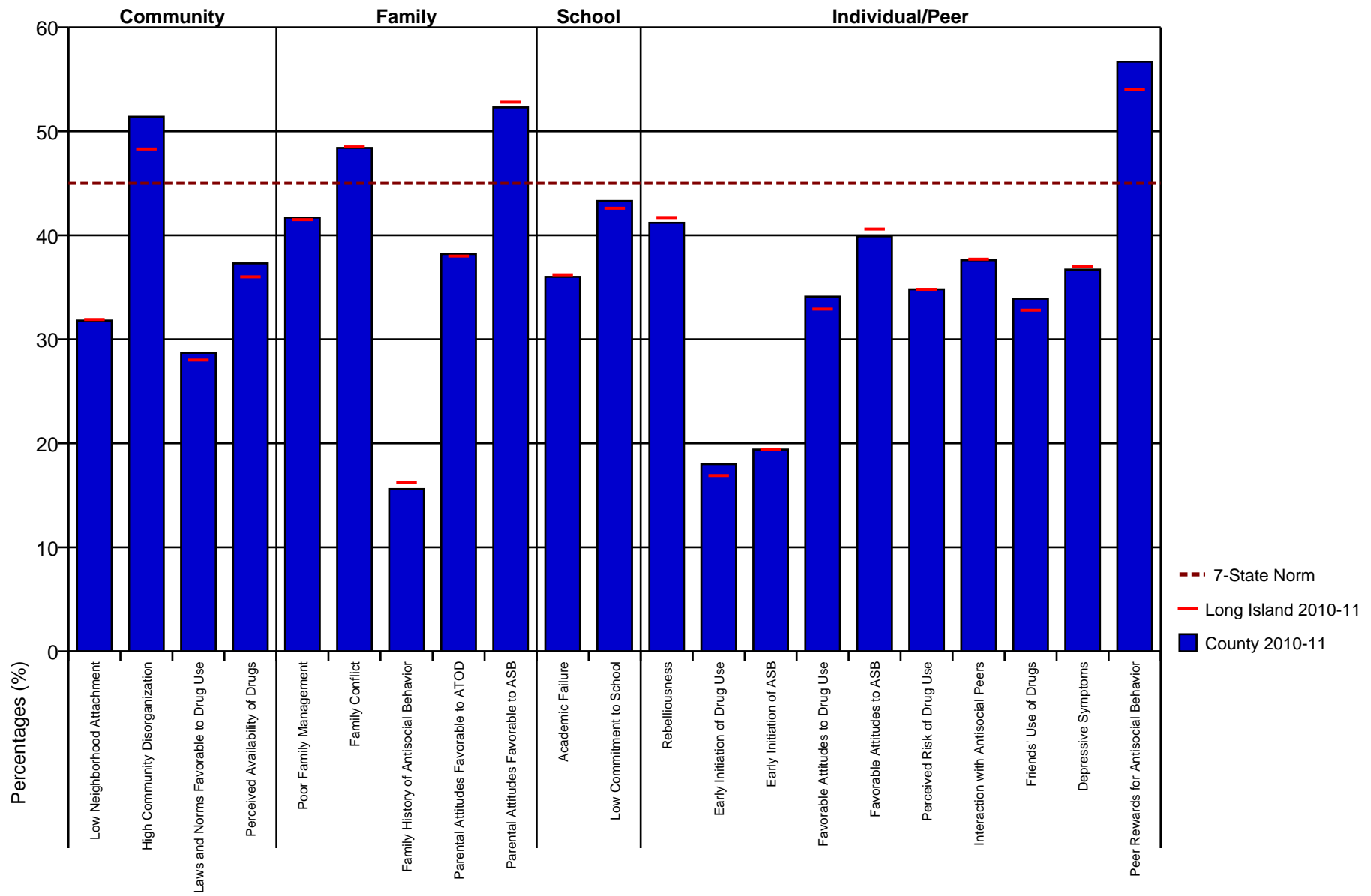


Figure 2: Risk Factors - Grades 9-10

### Risk Factors - Grades 11-12

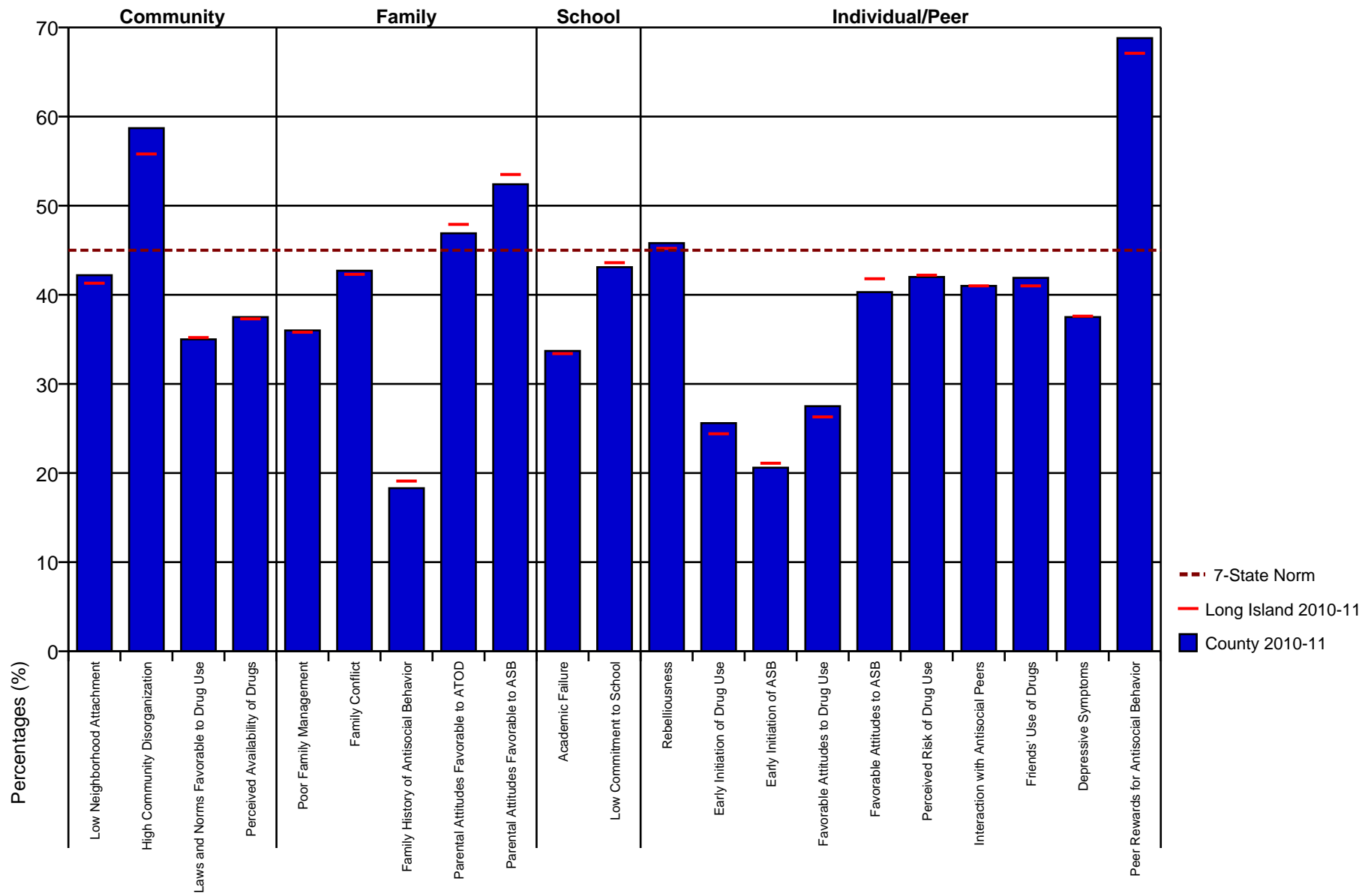


Figure 3: Risk Factors - Grades 11-12

### Protective Factors - Grades 7-8

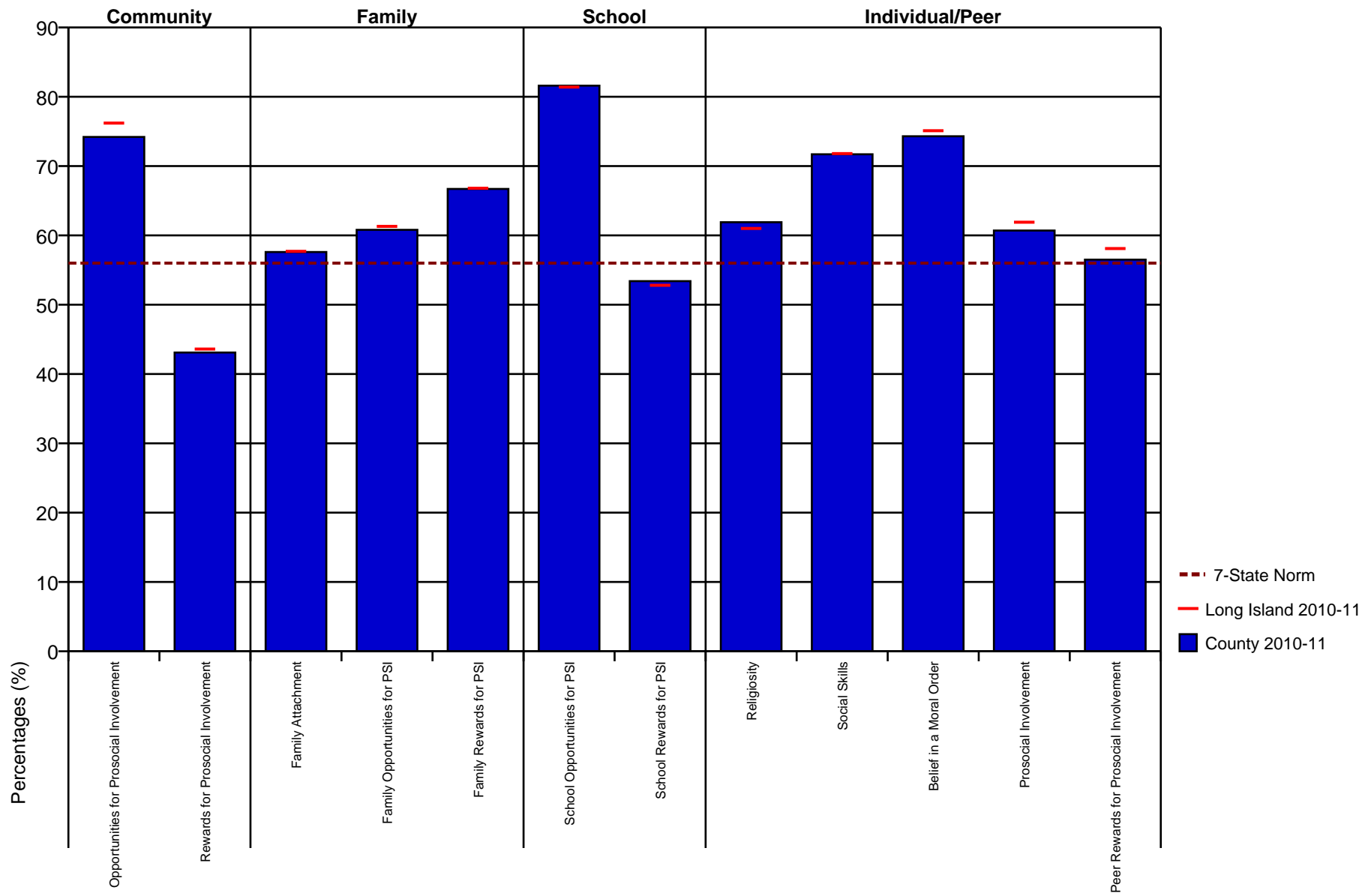


Figure 4: Protective Factors - Grades 7-8

### Protective Factors - Grades 9-10

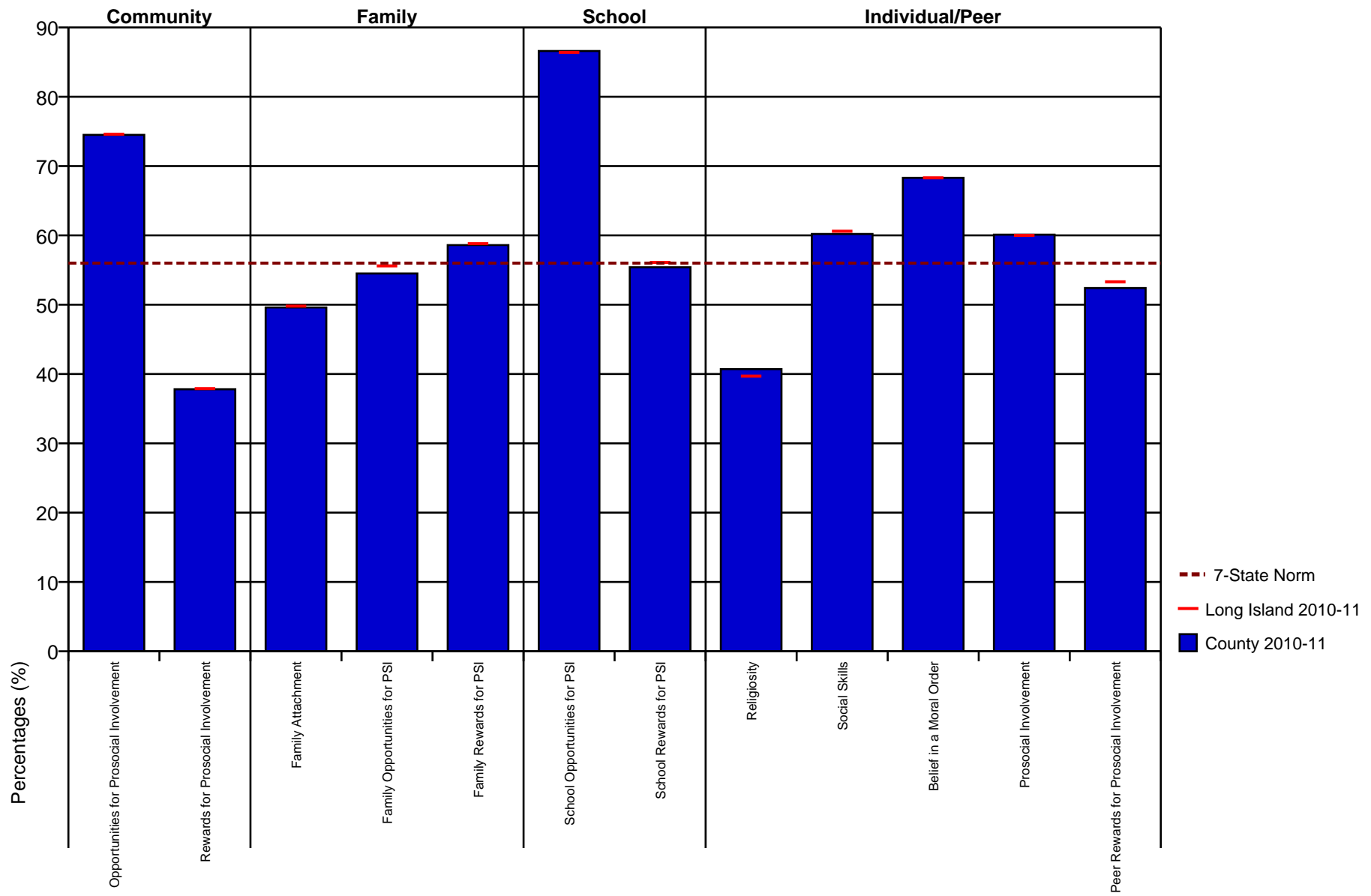


Figure 5: Protective Factors - Grades 9-10

### Protective Factors - Grades 11-12

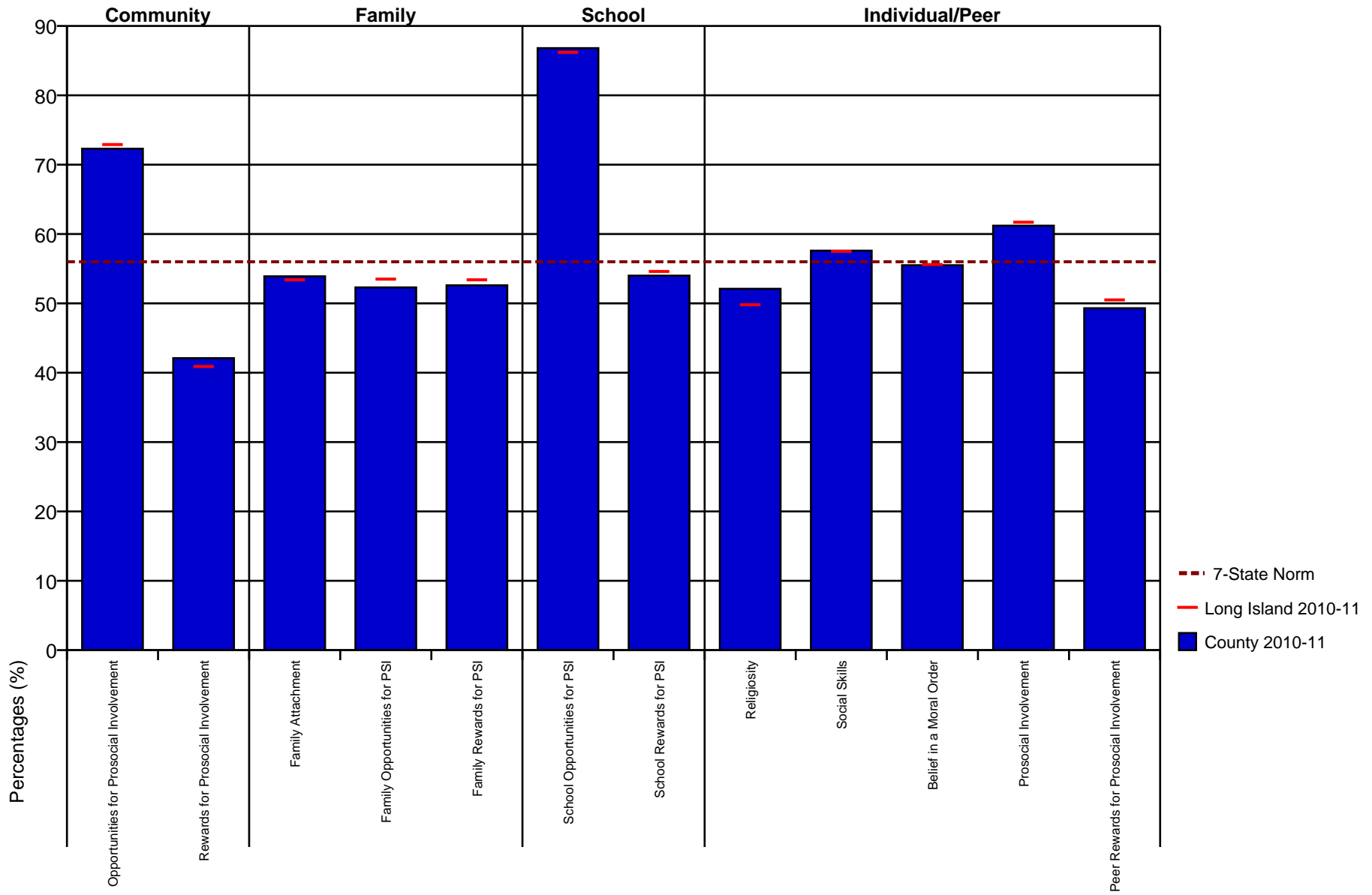


Figure 6: Protective Factors - Grades 11-12



### 3. ALCOHOL, TOBACCO, AND OTHER DRUG USE

The graphs in this section of the report are six different areas of ATOD use and Antisocial Behavior. These are:

**Lifetime Use of ...** The questions *"On how many occasions have you used ... in your lifetime?"* are used to measure this statistic by reporting the percentage of students who reported any use of a particular substance in their lifetime.

**Past 30 Day Use of ...** The questions *"On how many occasions have you used ... during the past 30 days?"* are used to measure this statistic by reporting the percentage of students who reported any use of a particular substance during the past 30 days.

**Heavy Use of Alcohol and Cigarettes** The questions *"How many times in the past two weeks have you had five or more drinks of alcohol in a row?"* and *"How frequently have you smoked cigarettes during the past 30 days?"* are used to measure this statistic by reporting the percentage of students who report any binge drinking or smoking a pack or more of cigarettes per day during the past 30 days.

**Average Age of First Use of ATOD and Antisocial Behaviors** The questions *"How old were you when you first ...?"* are used to measure this statistic by reporting the average age of first exhibiting the particular behavior whether it be using a particular drug or engaging in a particular behavior. The average is based on only those students who reported the behavior.

**How Students Get Alcohol and Where They Use It** The questions *"How did you usually get alcohol?"* and *"Where Did You Usually Drink it?"* are used to measure this statistic by reporting the percentage of students for each method of acquiring alcohol and the locations where they used alcohol.

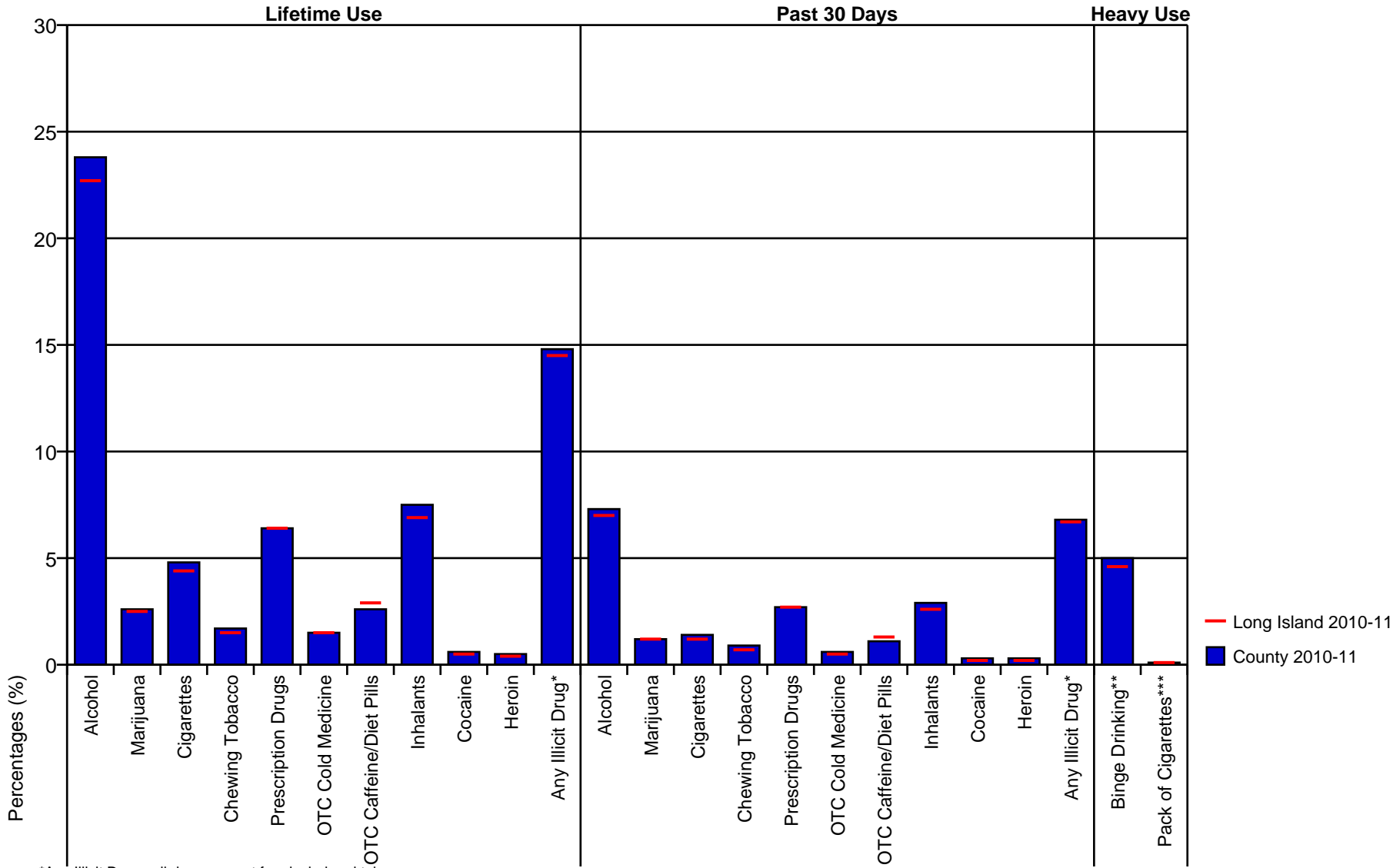
### 3.1. HOW TO READ THE CHARTS

1. Student responses for substance use and antisocial behavior questions are displayed by grade groupings on the following pages.
2. Actual percentages are provided in the data tables in Appendix F on page 64. The tables provide percentage figures for county and Long Island level and, for students in grades 8, 10 and 12, estimates of lifetime and past 30 days substance use from a national survey (MTF - Monitoring the Future). The headers represent the various drugs or activities and the percentage figures represent the percent of students who responded positively to the question. For example, for the table *"Lifetime Prevalence of Use"*, if the *"Combined"* and *"county"* percentage figure for a specific drug is 32.3, then 32.3 percent of all surveyed students in the county responded that they had used that drug at least once in their lifetime. In the case of the average age tables, the figures represent the average age of the first use of a particular drug or first incidence of a particular behavior. In the case of the average age tables, the figures represent the average age of the first use of a particular drug or first incidence of a particular behavior.
3. The bars represent the percent of students in the grouped grades who reported substance use.
4. Bars are complemented by a red dash. The red dash shows the comparison from the highest aggregate level (i.e. usually county for a school report) and provides additional information for you in determining the relative importance of each risk or protective factor. If present, a yellow diamond shows the comparison of the aggregate that is the next level down (usually district for a school report).
5. The following abbreviations are sometimes used in the tables and charts due to space constraints:

**ATOD** stands for Alcohol, Tobacco and Other Drug Use.

**ASB** stands for Antisocial Behaviors.

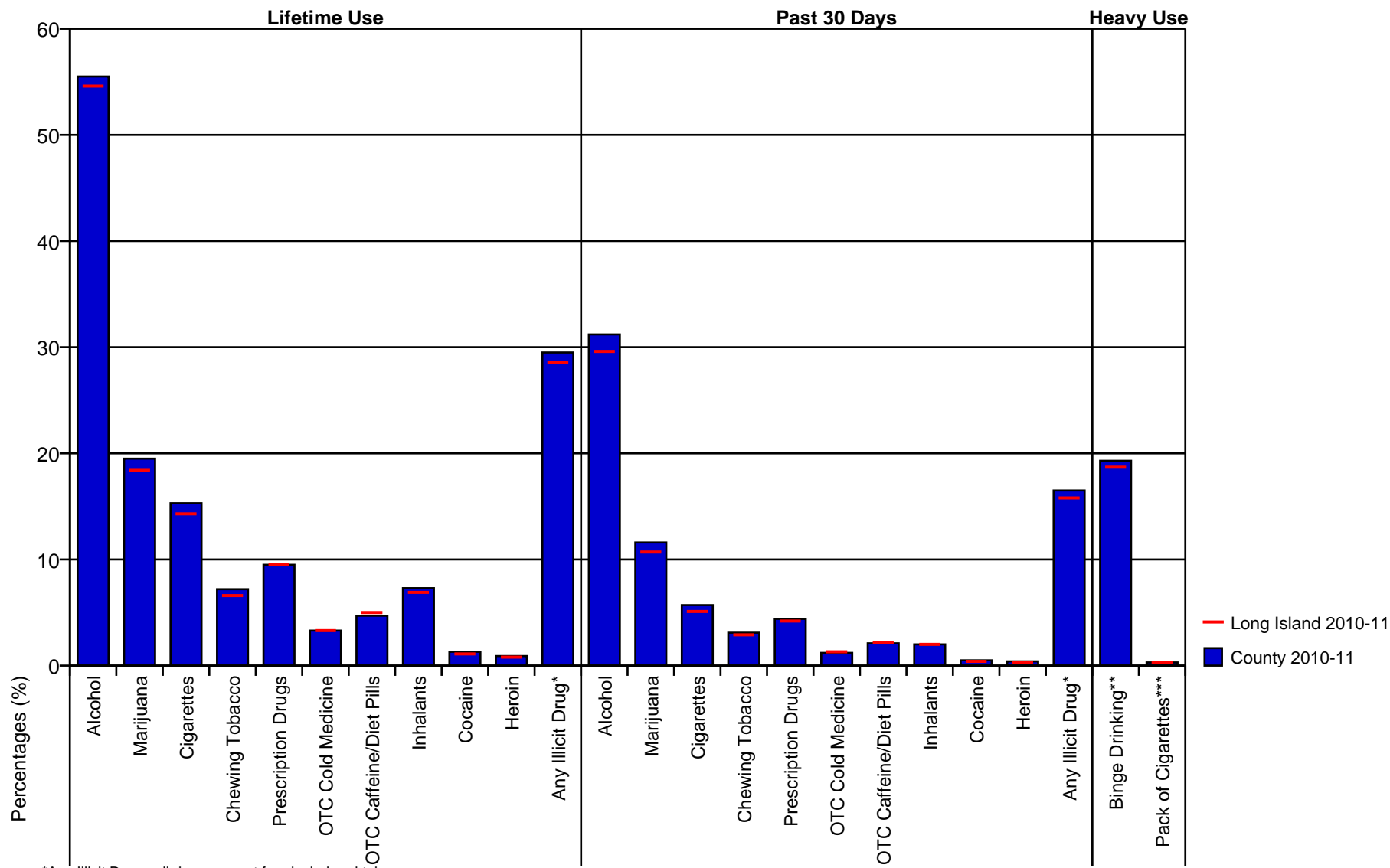
### Alcohol, Tobacco and Other Drug Use - Grades 7-8



\*Any Illicit Drug - all drugs except for alcohol and tobacco  
 \*\*Binge Drinking - having five or more drinks in a row within the past two weeks.  
 \*\*\*Pack of Cigarettes means smoking a pack or more per day.

Figure 7: Alcohol, Tobacco and Other Drug Use - Grades 7-8

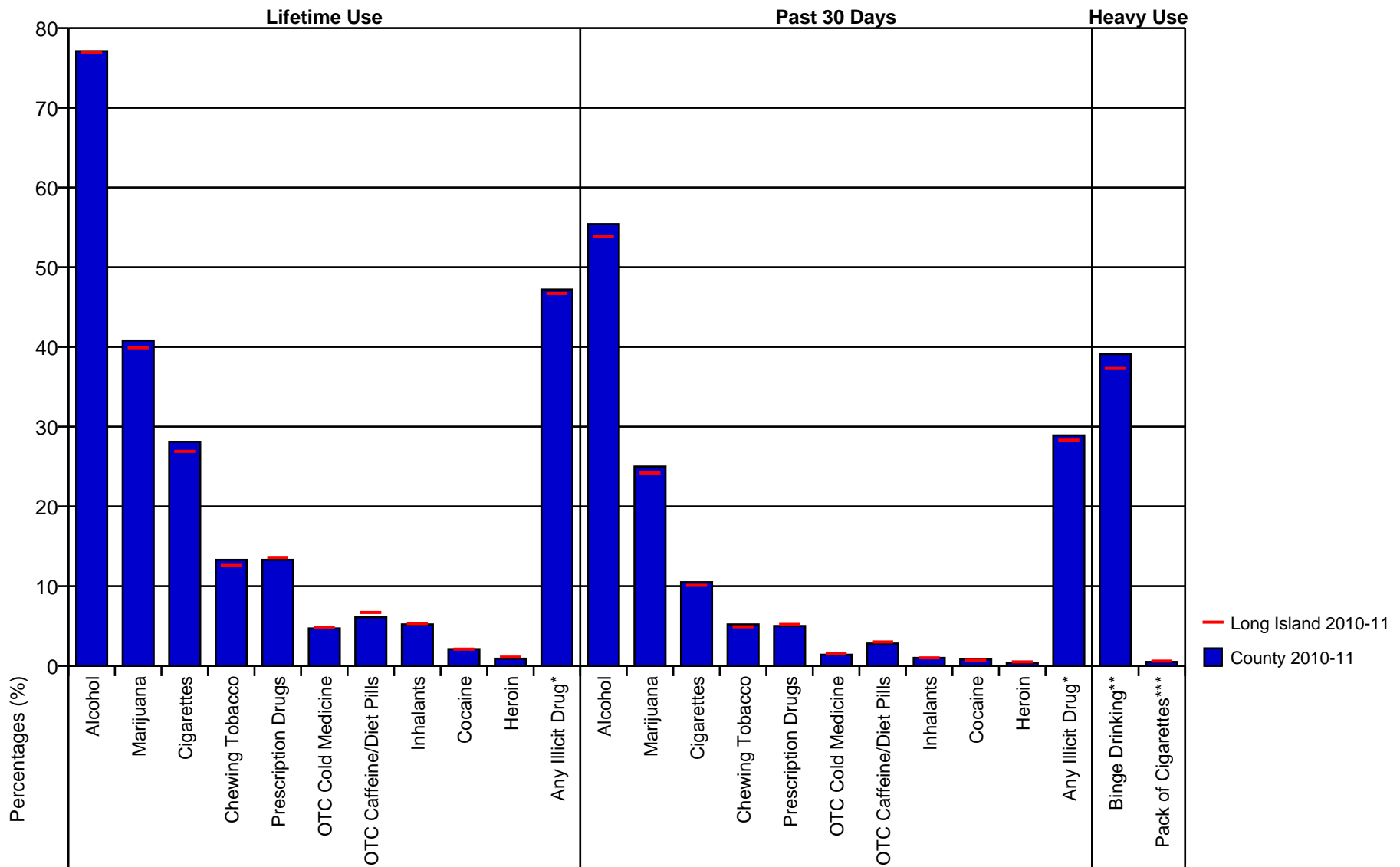
### Alcohol, Tobacco and Other Drug Use - Grades 9-10



\*Any Illicit Drug - all drugs except for alcohol and tobacco  
 \*\*Binge Drinking - having five or more drinks in a row within the past two weeks.  
 \*\*\*Pack of Cigarettes means smoking a pack or more per day.

Figure 8: Alcohol, Tobacco and Other Drug Use - Grades 9-10

## Alcohol, Tobacco and Other Drug Use - Grades 11-12



\*Any Illicit Drug - all drugs except for alcohol and tobacco

\*\*Binge Drinking - having five or more drinks in a row within the past two weeks.

\*\*\*Pack of Cigarettes means smoking a pack or more per day.

Figure 9: Alcohol, Tobacco and Other Drug Use - Grades 11-12

### No Child Left Behind Profile - Grades 7-8

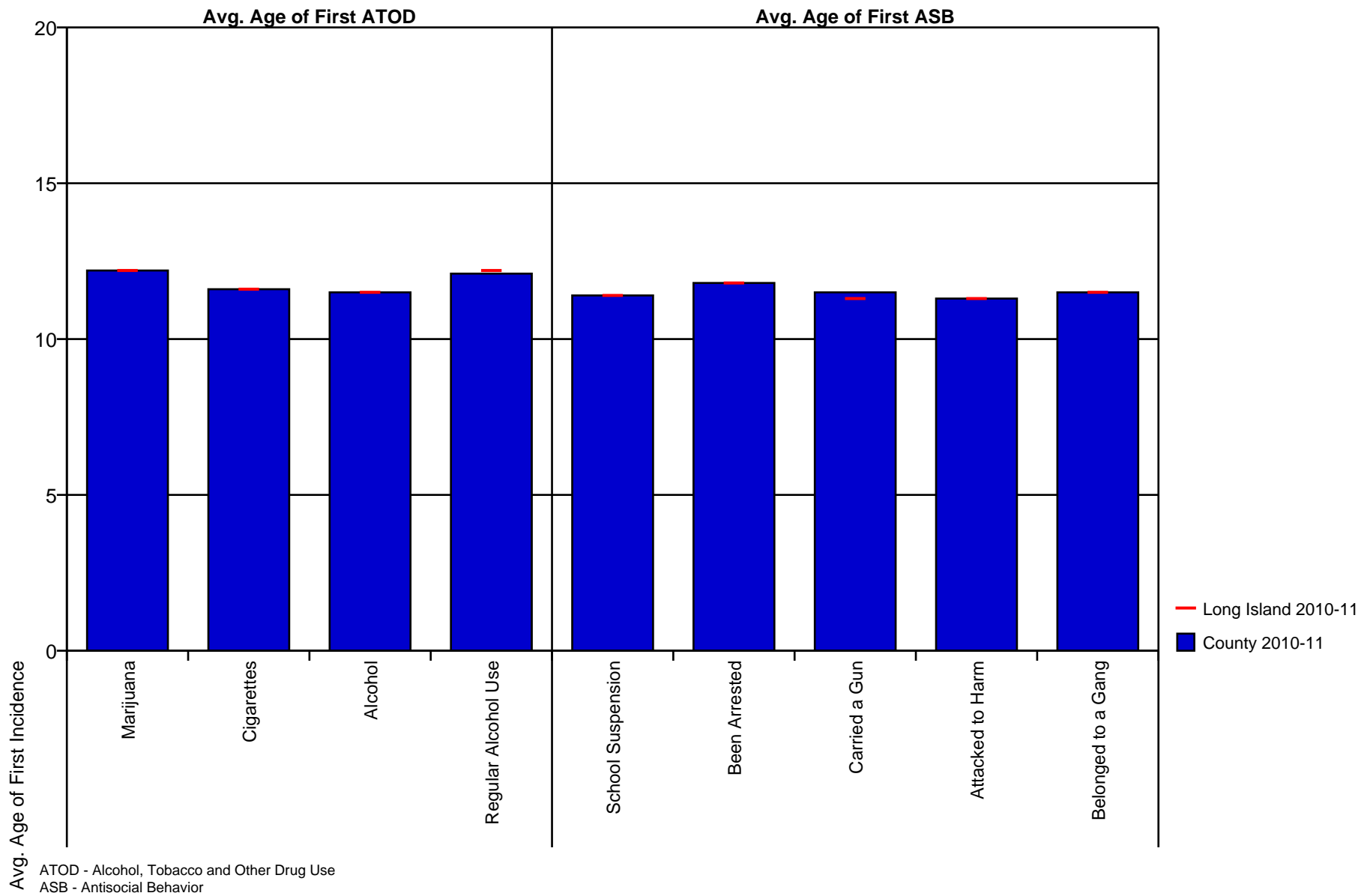


Figure 10: No Child Left Behind Profile - Grades 7-8

No Child Left Behind Profile - Grades 9-10

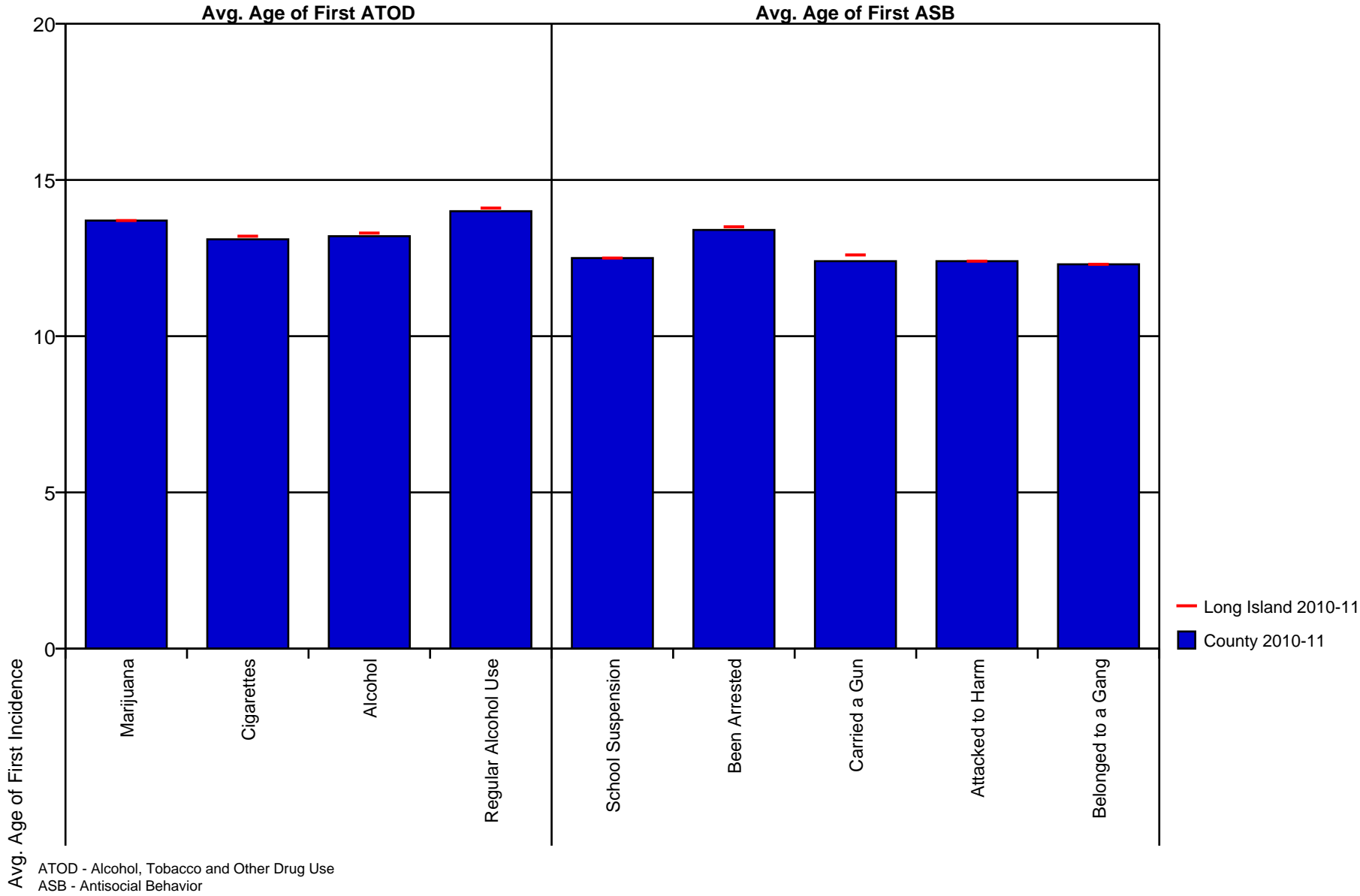


Figure 11: No Child Left Behind Profile - Grades 9-10

### No Child Left Behind Profile - Grades 11-12

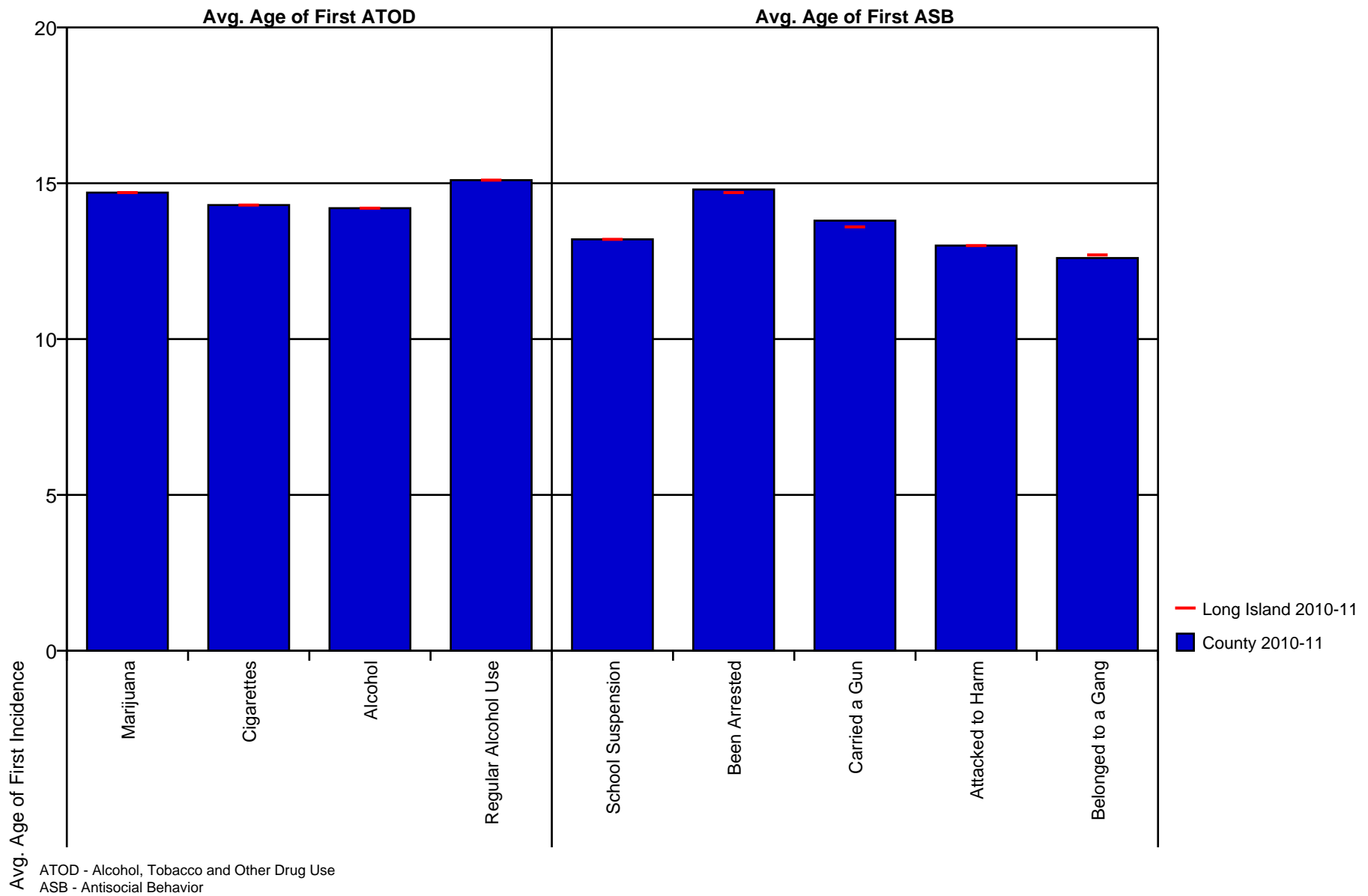


Figure 12: No Child Left Behind Profile - Grades 11-12

### Sources and Locations of Alcohol Use - Grades 7-8

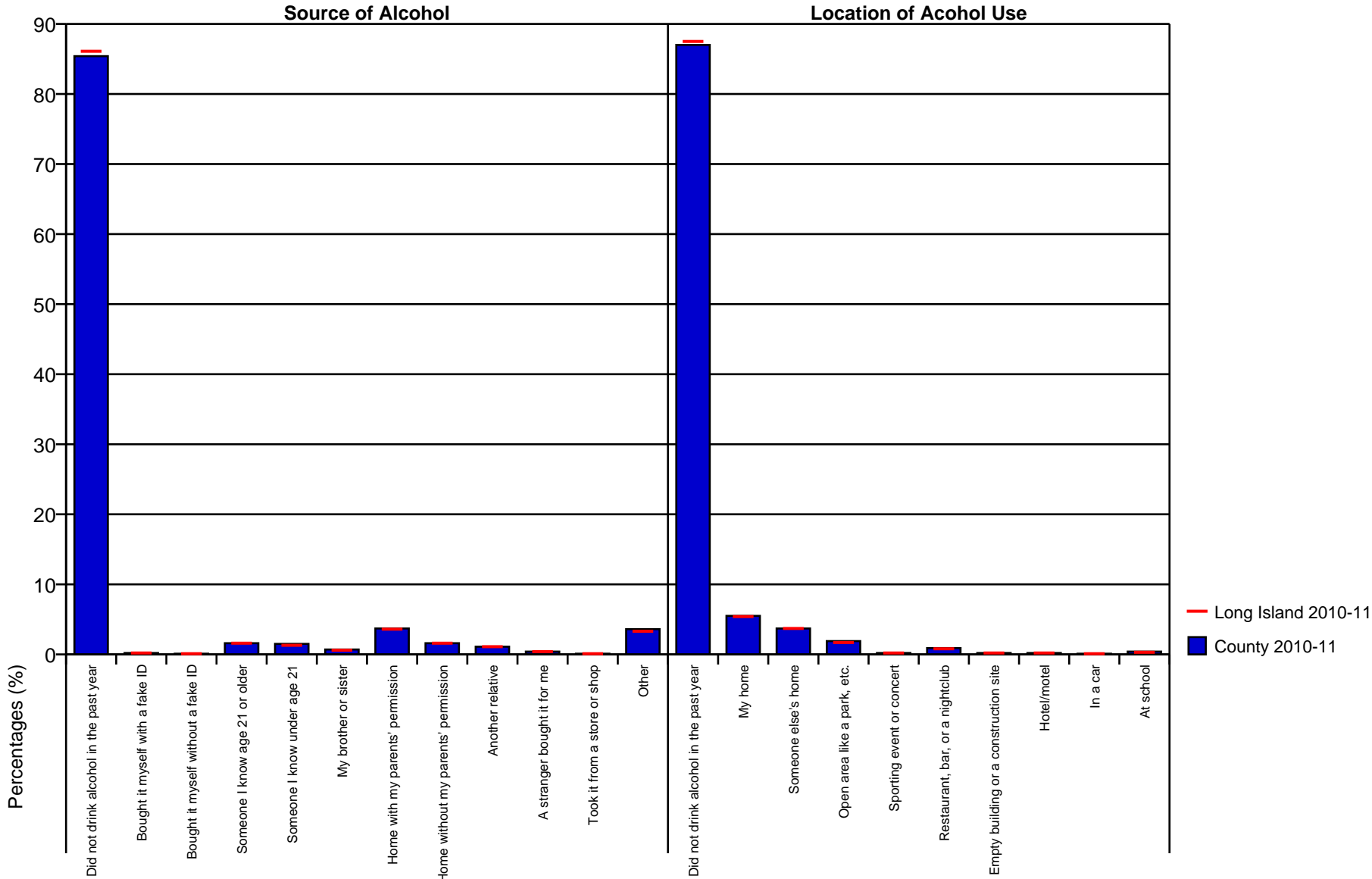


Figure 13: Sources and Locations of Alcohol Use - Grades 7-8



## Sources and Locations of Alcohol Use - Grades 9-10

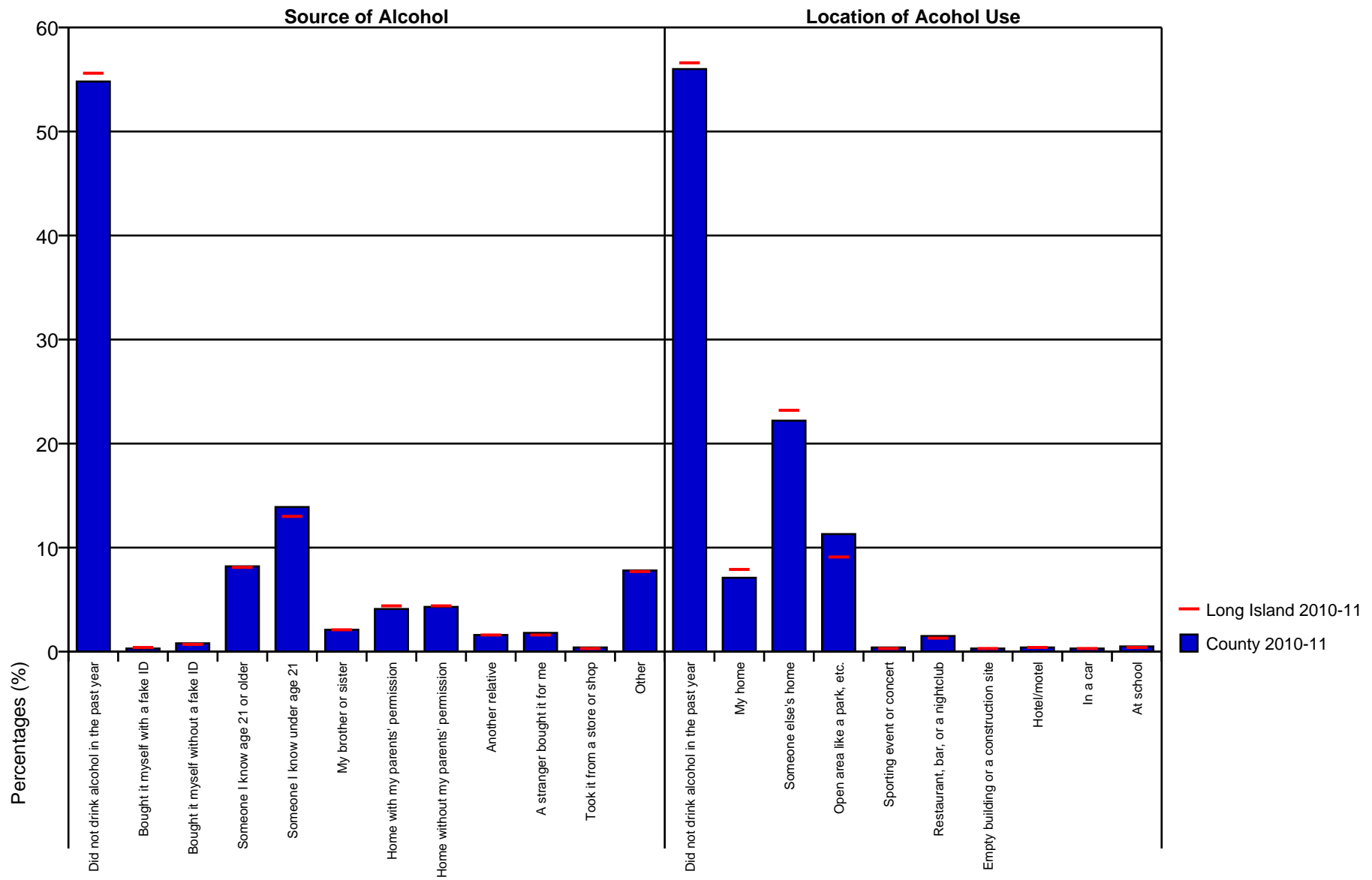


Figure 14: Sources and Locations of Alcohol Use - Grades 9-10

## Sources and Locations of Alcohol Use - Grades 11-12

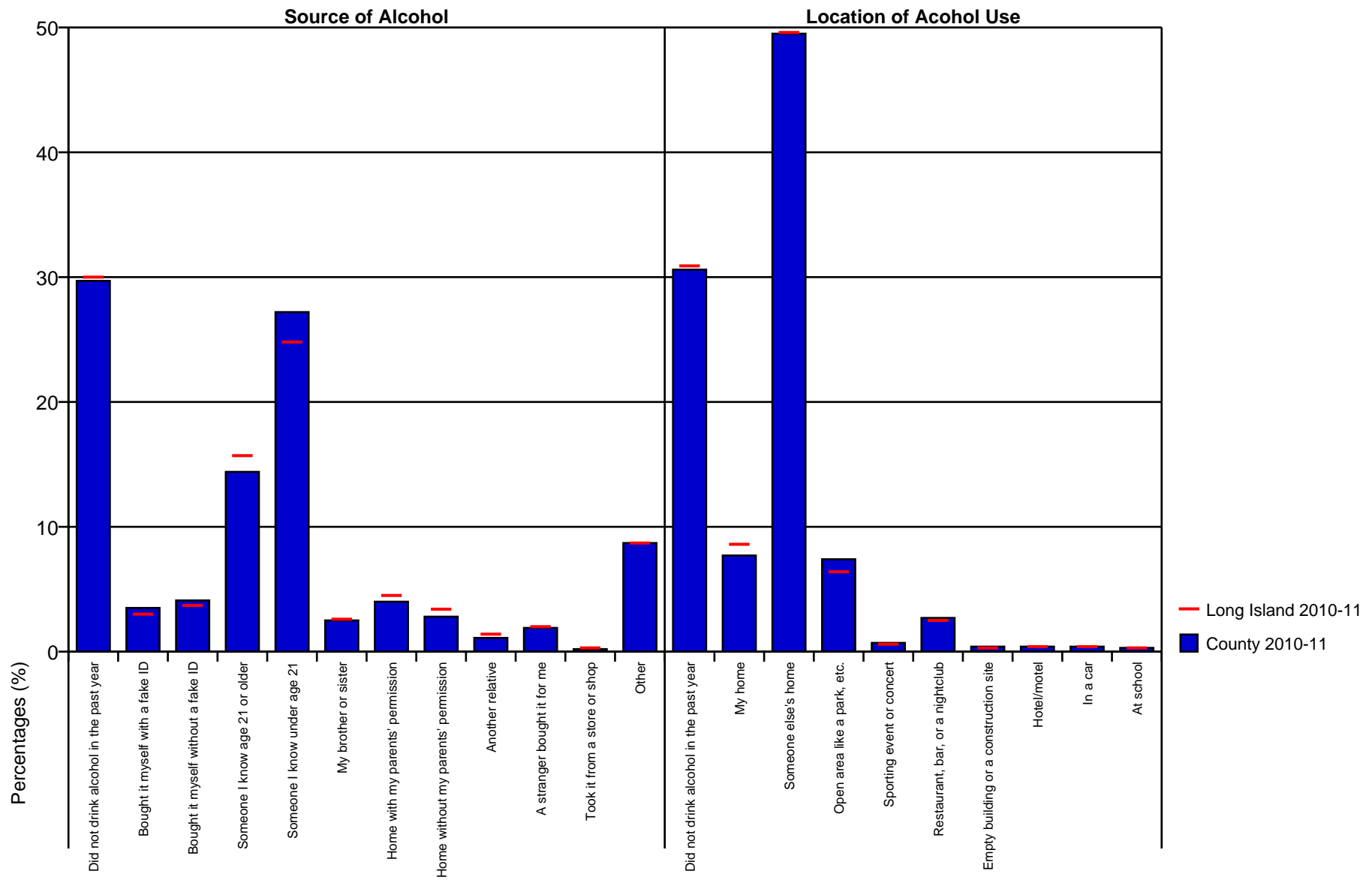


Figure 15: Sources and Locations of Alcohol Use - Grades 11-12

## 4. GAMBLING PREVALENCE INFORMATION

OASAS is the New York State agency principally responsible for the prevention and treatment of substance use and gambling problems. OASAS, New York City and county governments, school districts and prevention service providers, develop and implement policies, plans and services to address substance use and gambling problems. A series of questions were developed for the OASAS 2006 School Survey to address and measure various gambling activities. Students were asked to respond with the number of days, if any, that they had participated in various gambling activities. All the gambling questions, with one exception, refer to activity measured over the past year. The one exception measures activity over the past 30 days. The tables that follow detail the percentage of students who reported engaging in any of the listed activities.

### 4.1. HOW TO READ THE CHARTS

1. Student responses for questions on gambling and gambling behaviors are reported by grade groupings on the following pages.
2. Actual percentages are provided in the data tables in Appendix F on page 74. The tables provide percentage figures for county and Long Island level. The headers represent the various gambling activities and the percentage figures represent the percent of students who responded positively to the question. For example, suppose that for a specific gambling behavior, the percentage figure for the line "*Combined*" and "*County*" is 10.5. That means that 10.5 percent of all surveyed students in the county responded that they had engaged in that behavior at least once in the past year.
3. The bars represent the percent of students' grade groups levels who reported gambling behaviors.
4. Bars are complemented by a red dash. The red dash shows the comparison from the highest aggregate level (i.e. usually county for a school report) and provides additional information for you in determining the relative importance of each risk or protective factor. If present, a yellow diamond shows the comparison of the aggregate that is the next level down (usually district for a school report).

### Gambling Behaviors - Past Year - Grades 7-8

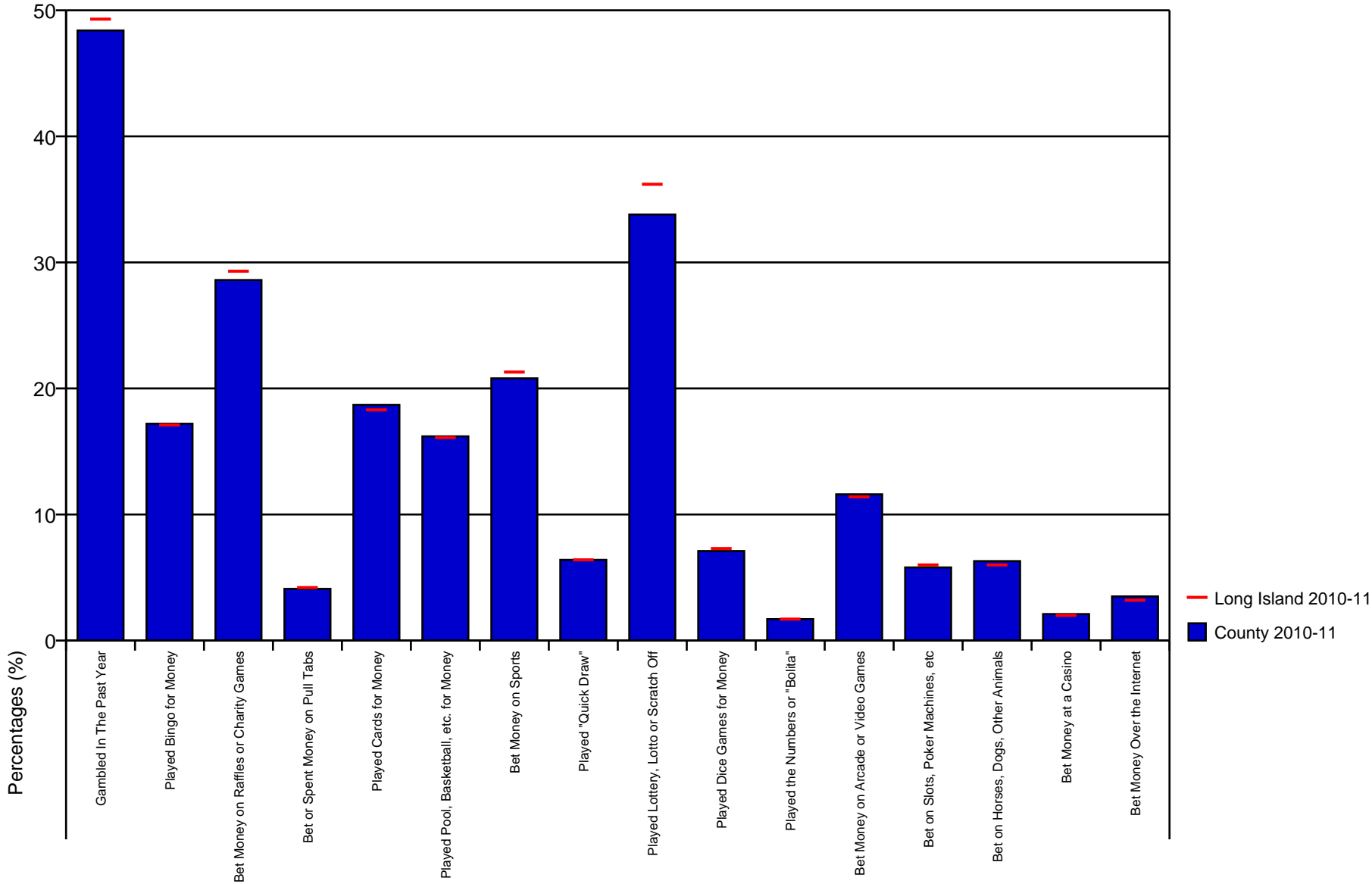


Figure 16: Gambling Behaviors - Past Year - Grades 7-8

### Gambling Behaviors - Past Year - Grades 9-10

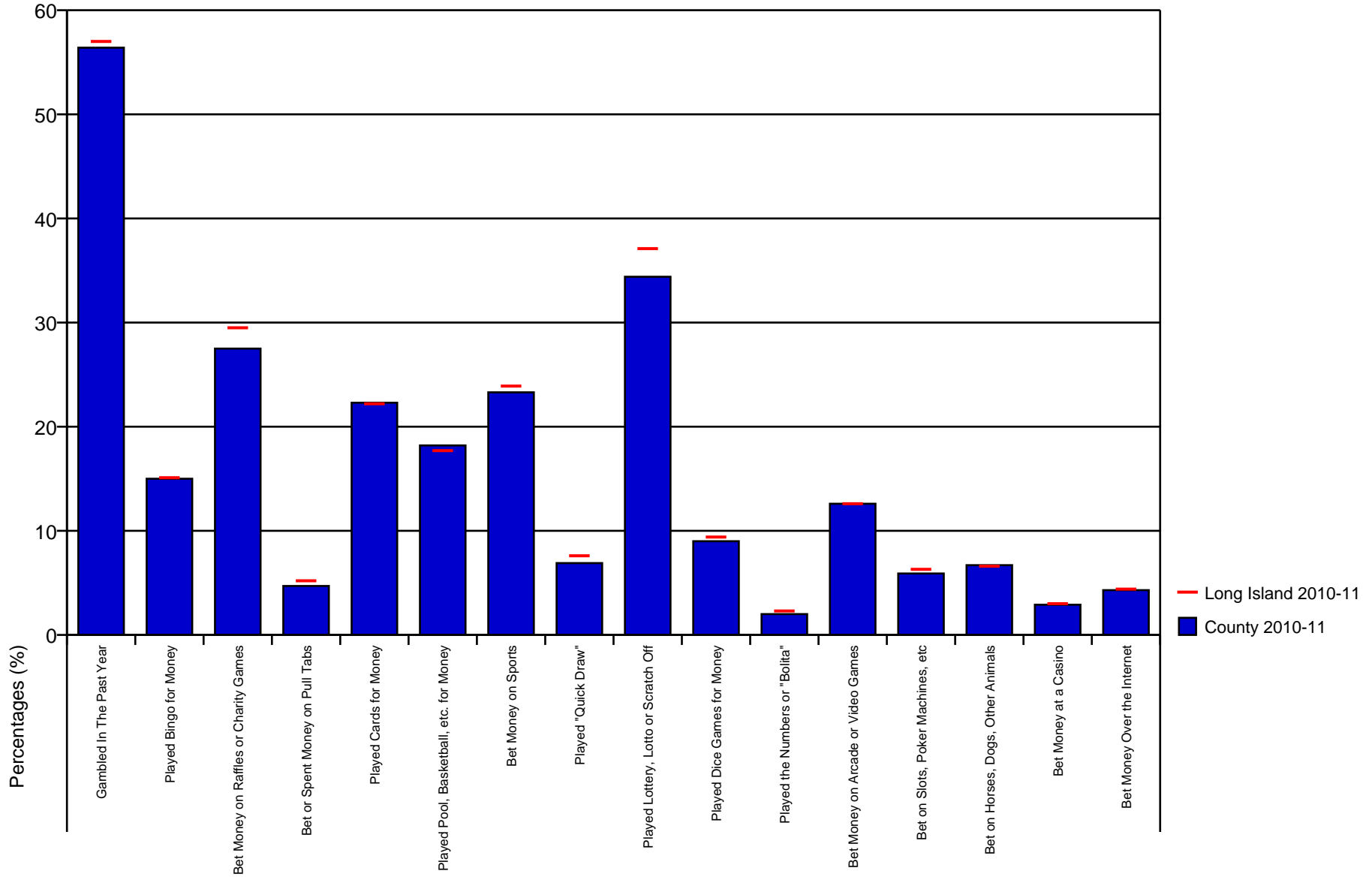


Figure 17: Gambling Behaviors - Past Year - Grades 9-10

### Gambling Behaviors - Past Year - Grades 11-12

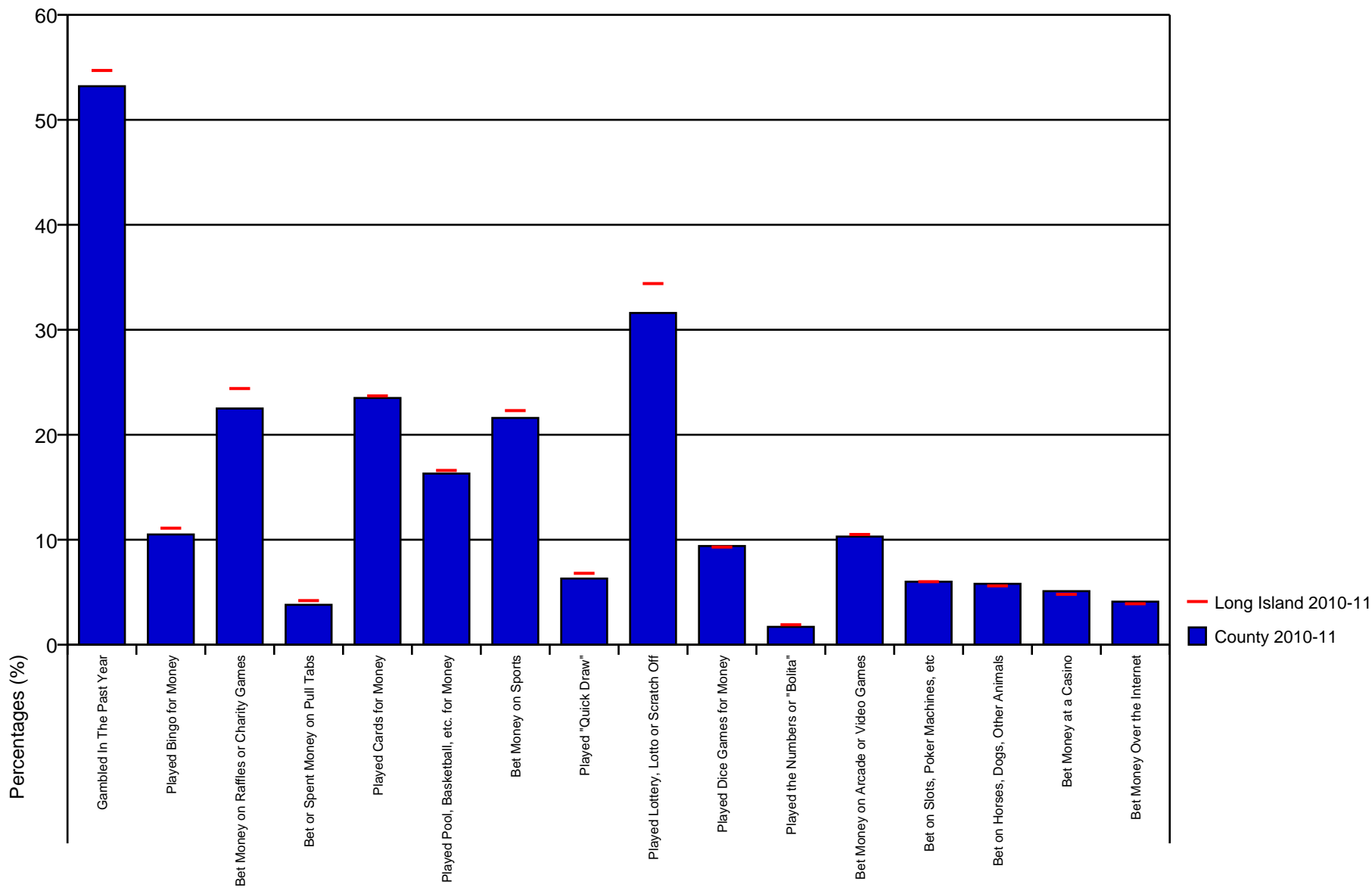


Figure 18: Gambling Behaviors - Past Year - Grades 11-12

## 5. SCHOOL SAFETY ISSUES

School safety has been an area of growing concern among students, parents and school personnel. This section details how students responded to questions regarding their general feelings of safety and their attitudes and experiences regarding handguns at school.

### 5.1. HOW TO READ THE CHARTS

1. Student responses for questions on school safety are reported by grade groupings on the following pages.
2. Actual percentages are provided in the data tables in Appendix F on page 77. The tables provide percentage figures for county and Long Island level. The headers represent the responses to questions regarding handguns and the percentage figures represent the percent of students who responded to the question with that response. For example, for a specific antisocial behavior, if under the header "*Never*" the percentage figure for the line "*Combined*" and "*county*" is 98.2, then 98.2 percent of all surveyed students in the county responded that they had never engaged in that antisocial behavior.
3. The bars represent the percent of students in the grade groups who reported school safety concerns.
4. Bars are complemented by a red dash. The red dash shows the comparison from the highest aggregate level (i.e. usually county for a school report) and provides additional information for you in determining the relative importance of each risk or protective factor. If present, a yellow diamond shows the comparison of the aggregate that is the next level down (usually district for a school report).

### School Safety Profile - Grades 7-8

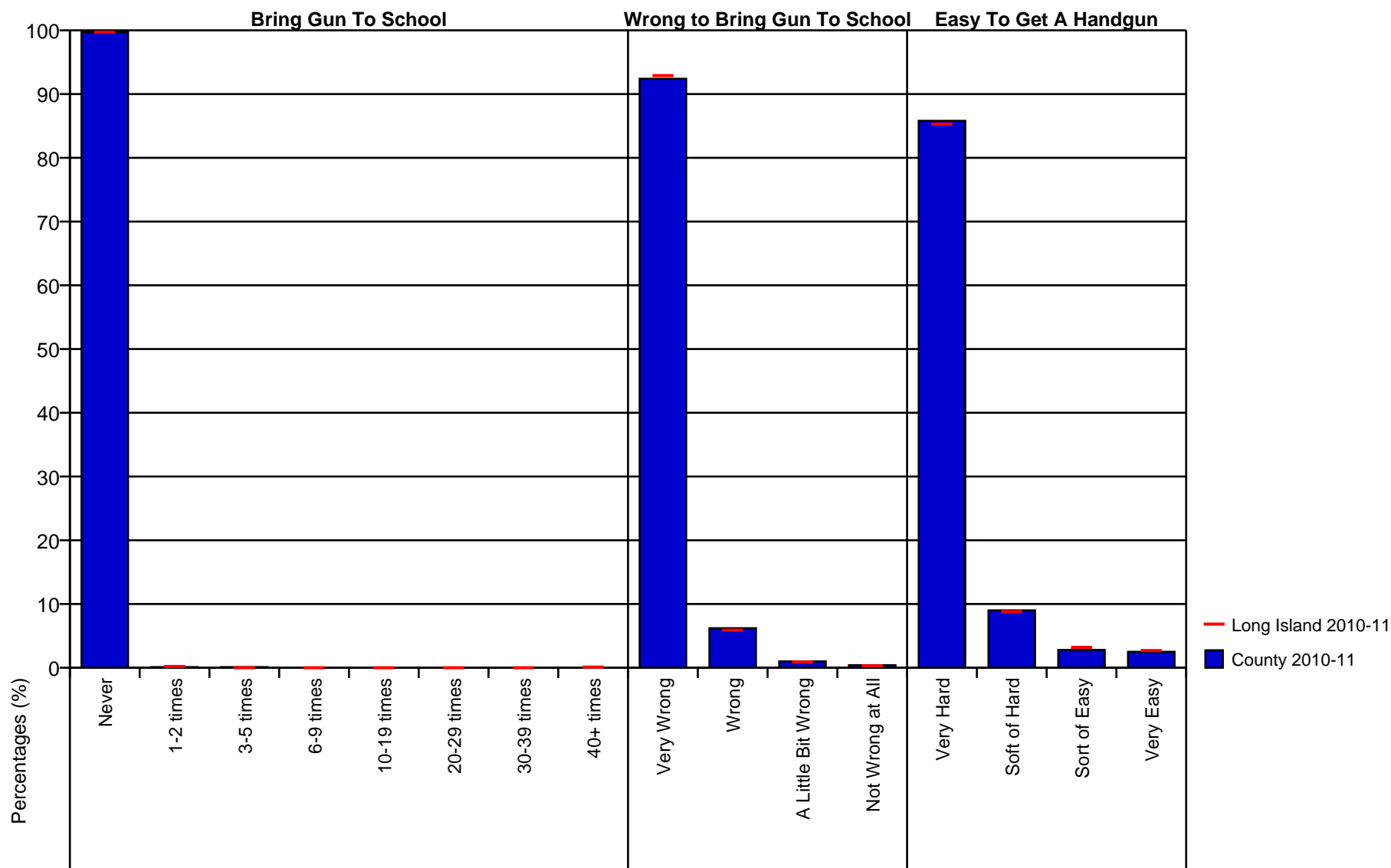


Figure 19: School Safety Profile - Grades 7-8



### School Safety Profile - Grades 9-10

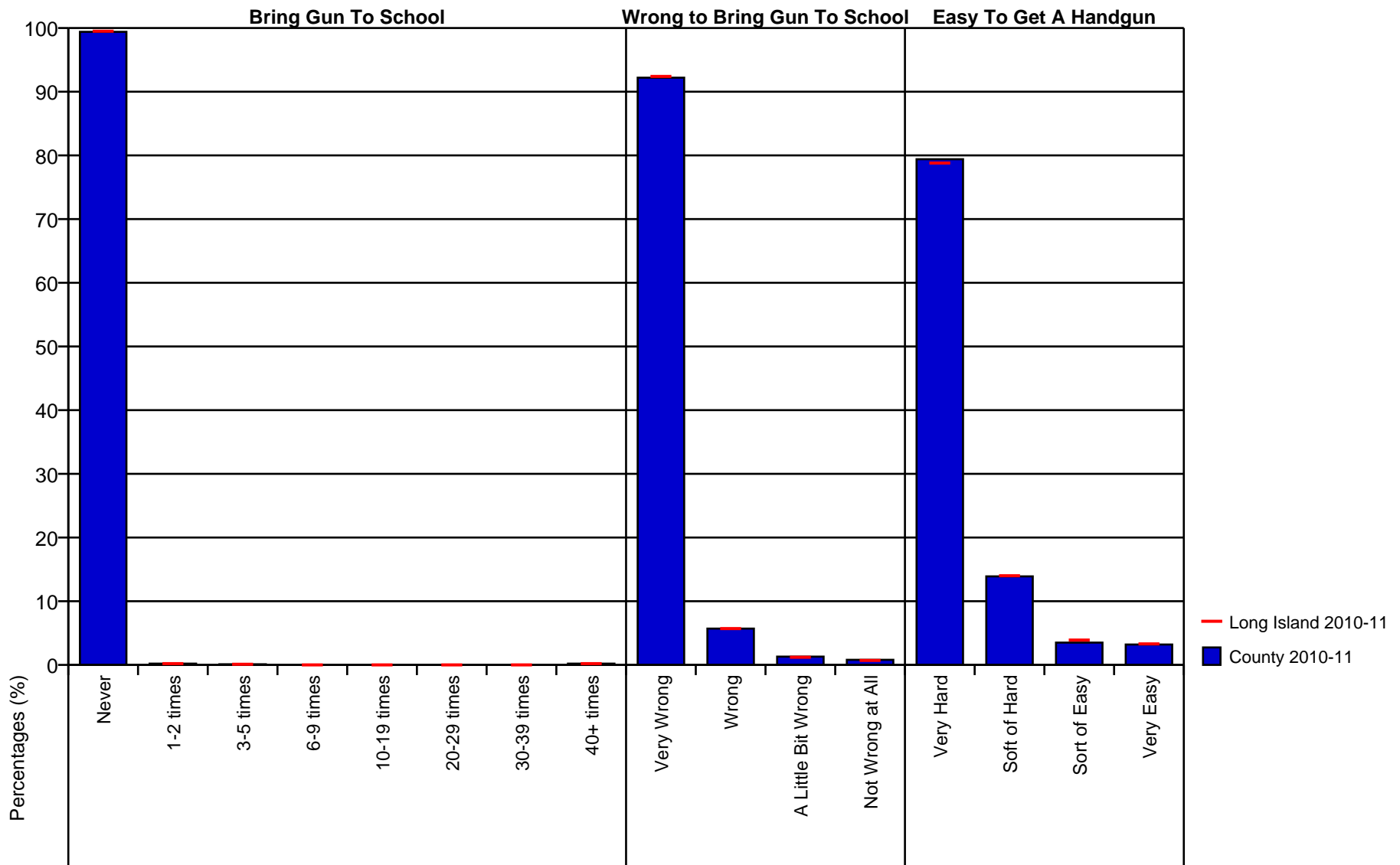


Figure 20: School Safety Profile - Grades 9-10

### School Safety Profile - Grades 11-12

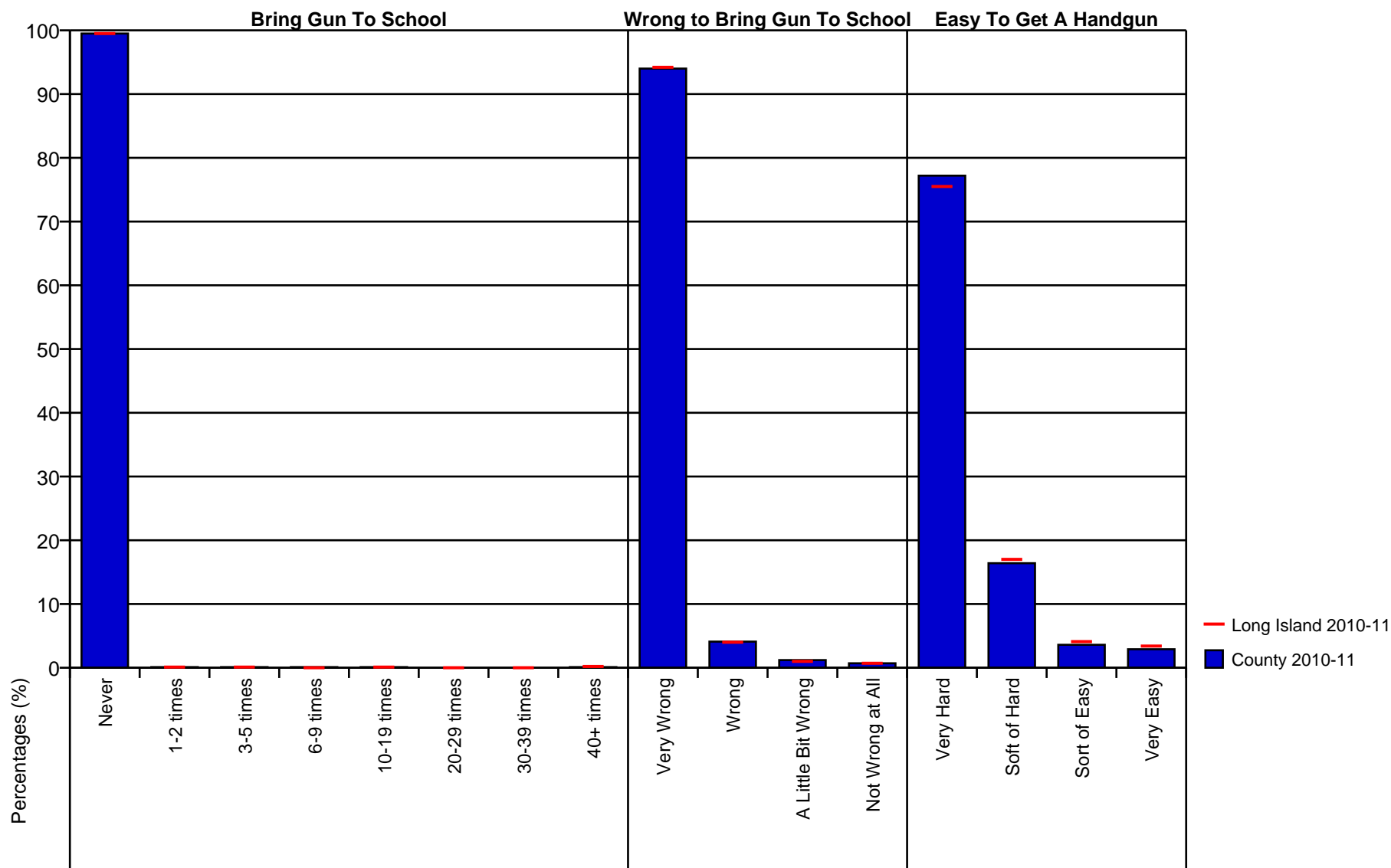


Figure 21: School Safety Profile - Grades 11-12

## 6. DRUG-FREE COMMUNITIES SUPPORT PROGRAM CORE MEASURES

The Drug-Free Communities Support Program, administered by the Center for Substance Abuse Prevention, requests specific data which are typically referred to as the Core Measures. The drug categories measured are tobacco, alcohol and marijuana and the table is broken down by grade level. For each drug, and at each grade level, the percentage of students who responded positively to the question and the number of students who responded to the question are reported. For "Age of First Use", the average age of first use for those students who reported use is reported.

**Past 30-Day Use** The question "On how many occasions have you used ... in the past 30 days?" is used to measure this statistic by reporting the percentage of students who report any use in the past 30 days.

**Perception of Risk** The question "How much do you think people risk harming themselves if they ...?" is used to measure this statistic by reporting the percentage of students who report that using the drug is a "Moderate Risk" or a "Great Risk" to their health.

**Perception of Parental Disapproval** The question "How wrong do your parents feel it would be for you to ...?" is used to measure this statistic by reporting the percentage of students who report that parents would feel it is "Wrong" or "Very Wrong" to use tobacco, alcohol and marijuana.

**Age of Onset** The question "How old were you when you first...?" is used to measure this statistic. The possible responses to this question range from 10 or Under to 17 or Older. The table shows the average age of onset of use of those students who answered the question with a response other than Never Used.

Table 8: Core Measure by Grade for Past 30 Day Use

Grade	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Grade 7	4.1	5324	0.7	5133	0.6	5328
Grade 8	10.2	5612	2.0	5564	1.9	5632
Grade 9	24.2	4714	4.6	4715	7.6	4743
Grade 10	39.5	4016	7.1	4037	16.3	4053
Grade 11	50.2	3817	9.5	3841	21.7	3851
Grade 12	61.1	3524	11.7	3588	28.5	3604
Combined	28.1	27007	5.3	26878	11.1	27211

Table 9: Core Measure by Grade for Perception of Risk

Grade	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Grade 7	79.6	5359	86.9	5361	70.2	5348
Grade 8	81.2	5668	89.0	5687	64.5	5664
Grade 9	81.5	4758	92.0	4758	52.1	4756
Grade 10	79.9	4080	92.4	4090	37.0	4088
Grade 11	80.5	3886	92.8	3898	32.1	3897
Grade 12	78.3	3615	93.7	3624	26.5	3621
Combined	80.3	27366	90.8	27418	49.7	27374

Table 10: Core Measure by Grade for Parental Disapproval

Grade	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Grade 7	96.4	5029	98.6	5021	98.9	5002
Grade 8	94.7	5477	98.6	5465	98.7	5456
Grade 9	91.7	4666	97.5	4673	96.8	4653
Grade 10	84.9	3996	96.5	3998	94.3	3985
Grade 11	81.4	3789	95.9	3797	93.0	3780
Grade 12	70.3	3557	95.5	3557	89.7	3548
Combined	87.9	26514	97.3	26511	95.7	26424

Table 11: Core Measure by Grade for Age of Onset

Grade	Alcohol			Cigarettes			Marijuana		
	pct	n	age	pct	n	age	pct	n	age
Grade 7	18.6	5392	11.0	4.1	5424	11.2	0.9	5433	11.5
Grade 8	28.9	5715	11.8	6.6	5729	11.8	3.8	5753	12.4
Grade 9	43.5	4764	12.9	12.8	4767	12.7	12.6	4779	13.2
Grade 10	63.2	4095	13.5	20.7	4093	13.5	26.5	4114	14.0
Grade 11	70.8	3926	14.0	26.4	3933	14.0	36.2	3941	14.5
Grade 12	80.7	3647	14.3	33.3	3658	14.6	46.2	3665	14.9
Combined	47.3	27539	13.3	15.6	27604	13.5	18.4	27685	14.3

Table 12: Core Measure by Sex for Past 30 Day Use

Sex	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Male	26.9	12499	5.5	12389	13.2	12590
Female	29.5	13729	5.2	13707	9.3	13825
Combined	28.3	26228	5.3	26096	11.2	26415

Table 13: Core Measure by Sex for Perception of Risk

Sex	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Male	76.1	12686	89.7	12691	45.7	12677
Female	84.3	13886	92.0	13921	53.5	13893
Combined	80.4	26572	90.9	26612	49.7	26570

Table 14: Core Measure by Sex for Parental Disapproval

Sex	Alcohol		Cigarettes		Marijuana	
	pct	n	pct	n	pct	n
Male	86.6	12183	96.8	12189	95.1	12148
Female	89.0	13575	97.7	13565	96.4	13524
Combined	87.8	25758	97.3	25754	95.8	25672

Table 15: Core Measure by Sex for Age of Onset

Sex	Alcohol			Cigarettes			Marijuana		
	pct	n	age	pct	n	age	pct	n	age
Male	47.5	12734	13.1	16.6	12767	13.4	20.9	12808	14.1
Female	47.5	13985	13.5	14.8	14014	13.7	16.1	14047	14.4
Combined	47.5	26719	13.3	15.7	26781	13.5	18.4	26855	14.3

# Appendices

## A. SCHOOL IMPROVEMENT USING SURVEY DATA

Data from the New York State Youth Development Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing the risk factor(s) or enhancing the protective factor(s) (see Appendix C). The steps outlined below will help your school and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

### A.1. What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table in section A.3, note your findings as you discuss the following questions

- Which 3 to 5 risk factors appear to be higher than you would want?
- Which 3 to 5 protective factors appear to be lower than you would want?
- Which levels of 30 day drug use are unacceptably high?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

### A.2. How to decide if a rate is "unacceptable."

- Look across the charts to determine which items stand out as either much higher or much lower than the others.
- Compare your data to statewide data and national data. Differences of 5% or more between the local and other data should be carefully reviewed.
- Determine the standards and values held in your area. For example: Is it acceptable in your community for 75% of high school students to drink alcohol regularly even when the statewide percentage is 90%?

### A.3. Use these data for planning:

- Substance use and antisocial behavior data - raise awareness about the problems and promote dialogue.
- Risk and protective factor data - identify exactly where the community needs to take action.
- Evidence-based Programs and Practices - use the resources in Appendix B and identify EBP programs in the chart provided in Appendix C.

Measure	Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4
30 Day Drug Use				
Antisocial Behavior				
Risk Factors				
Protective Factors				

### **How do I decide which intervention(s) to employ?**

- Strategies should be selected based on the risk factors that are high in your community and the protective factors that are low.
- Strategies should be age appropriate and employed prior to the onset of the problem behavior.
- Strategies chosen should address more than a single risk and protective factor.
- No single strategy offers the solution.

### **How do I know whether or not the intervention was effective?**

- Participation in the administration of the YDS survey every two years will provide trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

## B. PREVENTION RESOURCES

### **NYS Office of Alcoholism and Substance Abuse Services**

1450 Western Avenue  
Albany, New York 12203-3526  
Website: <http://www.oasas.state.ny.us>

### **International Survey Associates dba Pride Surveys**

160 Vanderbilt Court  
Bowling Green, KY 42103  
Telephone: (800) 279-6361  
FAX: (270) 746-9598  
Website: <http://www.pridesurveys.com>

### **Safe and Drug Free Schools and Communities**

U.S. Department of Education  
Website: <http://www.ed.gov/offices/OESE/SDFS>

### B.1. Additional Needs Assessment Resources

#### Using Surveys For Planning:

- [http://captus.samhsa.gov/southwest/resources/documents/Pathways\\_8-03.pdf](http://captus.samhsa.gov/southwest/resources/documents/Pathways_8-03.pdf) Chapter 1 of this document provides information on using Survey Data for Program Planning

#### Key Informant Interview Resources:

- <http://ppa.aces.uiuc.edu/NeedsAsmnt.htm>
- [http://www.accessproject.org/getting\\_the\\_lay\\_of\\_the\\_land\\_on\\_health.pdf](http://www.accessproject.org/getting_the_lay_of_the_land_on_health.pdf)

#### Focus Group Resources:

- <http://www.extension.iastate.edu/agdm/wholefarm/html/c5-31.html>
- <http://www.extension.iastate.edu/Publications/PM1969A.pdf>
- <http://www.extension.iastate.edu/Publications/PM1969B.pdf>

#### Archival Data Resources:

- Kids' Well-Being Indicators Clearinghouse [www.nyskwic.org](http://www.nyskwic.org)
- NYS School Report Card [www.emsc.nysed.gov/irts/reportcard/](http://www.emsc.nysed.gov/irts/reportcard/)
- PRISMS: [http://www.oasas.state.ny.us/hps/datamart/prisms\\_home.cfm](http://www.oasas.state.ny.us/hps/datamart/prisms_home.cfm)

#### OASAS Needs Assessment Links:

- <http://www.oasas.state.ny.us/prevention/needs/needsassessment.cfm>

## C. MODEL PROGRAMS RELATED TO RISK AND PROTECTIVE FACTORS

	MODEL PROGRAMS	Community Risk Factors					
		Availability of Drugs	Community Laws and Norms Favorable Toward Drug Use	Transition and Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic Deprivation
1	Across Ages						
2	All Stars™						
3	AI's Pals: Kids Making Healthy Choices						
4	ATLAS (Athletes Training and Learning to Avoid Steroids)		X				
5	Border Binge-Drinking Reduction Program	X	X				
6	Brief Alcohol Screening and Intervention for College Students (BASICS)						
7	Brief Strategic Family Therapy (BSFT)						
8	CASASTART – Striving Together to Achieve Rewarding Tomorrows (CASASTART)	X					
9	Challenging College Alcohol Abuse	X	X				
10	Child Development Project (CDP)						
11	Children in the Middle						
12	Class Action						
13	Communities Mobilizing for Change on Alcohol (CMCA)	X	X				
14	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)	X	X				
15	Coping with Work and Family Stress-TP is adults-R/P factors not applicable						
16	Creating Lasting Family Connections (CLFC)						
17	DARE To Be You (DTBY)						
18	Early Risers Skills for Success						
19	Families And Schools Together (FAST)						
20	Family Effectiveness Training (FET)						
21	Family Matters						
22	Guiding Good Choices (GGC) – Families that Care – Guiding Good Choices – Preparing for the Drug Free Years (PDFY)						
23	Healthy Workplace-TP is adults-R/P factors not applicable						
24	High/Scope Perry Preschool Program						X
25	Incredible Years						
26	Keep A Clear Mind (KACM)						

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).



		Community Risk Factors					
	MODEL PROGRAMS	Availability of Drugs	Community Laws and Norms Favorable Toward Drug Use	Transition and Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic Deprivation
27	keepin' It REAL						
28	Leadership and Resiliency Program (LRP)						
29	LifeSkills Training (LST)						
30	Lions-Quest Skills for Adolescence						
31	Multidimensional Family Therapy						
32	Multisystemic Therapy (MST)						
33	Nurse-Family Partnership (NFP)						X
34	Olweus Bullying Prevention						
35	Parenting Wisely						
36	Positive Action (PA)						
37	Project ACHIEVE						
38	Project ALERT						
39	Project Northland	X	X				
40	Project SUCCESS – (Schools Using Coordinated Community Efforts to Strengthen Students)						
41	Project Toward No Drug Abuse (TND)						
42	Project Towards No Tobacco Use (TNT)						
43	Project Venture						
44	Promoting Alternative THinking Strategies (PATHS)						
45	Protecting You/Protecting Me®						
46	Reconnecting Youth (RY)						
47	Residential Student Assistance Program (RSAP)						
48	Responding in Peaceful and Positive Ways (RIPP)						
49	Schools and Families Educating Children (SAFE Children)			X			
50	Second Step						
51	Start Taking Alcohol Risks Seriously (STARS) for Families						
52	Strengthening Families Program (SFP)						
53	Strengthening Families Program 10-14						
54	Students Managing Anger and Resolution Together (SMART) Team						
55	Too Good For Drugs (TGFD)						
56	Too Good for Violence						
57	Wellness Outreach At Work-TP is adults-R/P factors not applicable						

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		School Risk Factors	
MODEL PROGRAMS		Academic Failure Beginning in Late Elementary	Low Commitment to School
1	Across Ages	X	X
2	All Stars™		
3	Al's Pals: Kids Making Healthy Choices		
4	ATLAS (Athletes Training and Learning to Avoid Steroids)		
5	Border Binge-Drinking Reduction Program		
6	Brief Alcohol Screening and Intervention for College Students (BASICS)		
7	Brief Strategic Family Therapy (BSFT)		
8	CASASTART – Striving Together to Achieve Rewarding Tomorrows (CASASTART)	X	
9	Challenging College Alcohol Abuse		
10	Child Development Project (CDP)		X
11	Children in the Middle		
12	Class Action		
13	Communities Mobilizing for Change on Alcohol (CMCA)		
14	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)		
15	Coping with Work and Family Stress-TP is adults-R/P factors not applicable		
16	Creating Lasting Family Connections (CLFC)		
17	DARE To Be You (DTBY)		
18	Early Risers Skills for Success	X	
19	Families And Schools Together (FAST)		X
20	Family Effectiveness Training (FET)		
21	Family Matters		
22	Guiding Good Choices (GGC) – Families that Care – Guiding Good Choices – Preparing for the Drug Free Years (PDFY)		
23	Healthy Workplace-TP is adults-R/P factors not applicable		
24	High/Scope Perry Preschool Program	X	X
25	Incredible Years		
26	Keep A Clear Mind (KACM)		

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		School Risk Factors	
MODEL PROGRAMS		Academic Failure Beginning in Late Elementary	Low Commitment to School
27	keepin' It REAL		
28	Leadership and Resiliency Program (LRP)		X
29	LifeSkills Training (LST)		
30	Lions-Quest Skills for Adolescence		X
31	Multidimensional Family Therapy		
32	Multisystemic Therapy (MST)		
33	Nurse-Family Partnership (NFP)		
34	Olweus Bullying Prevention		X
35	Parenting Wisely		
36	Positive Action (PA)	X	X
37	Project ACHIEVE	X	X
38	Project ALERT		
39	Project Northland		
40	Project SUCCESS – (Schools Using Coordinated Community Efforts to Strengthen Students)		
41	Project Toward No Drug Abuse (TND)		
42	Project Towards No Tobacco Use (TNT)		
43	Project Venture		X
44	Promoting Alternative THinking Strategies (PATHS)		
45	Protecting You/Protecting Me®		
46	Reconnecting Youth (RY)		
47	Residential Student Assistance Program (RSAP)		
48	Responding in Peaceful and Positive Ways (RIPP)		X
49	Schools and Families Educating Children (SAFE Children)	X	
50	Second Step		
51	Start Taking Alcohol Risks Seriously (STARS) for Families		
52	Strengthening Families Program (SFP)		
53	Strengthening Families Program 10-14		
54	Students Managing Anger and Resolution Together (SMART) Team		
55	Too Good For Drugs (TGFD)		
56	Too Good for Violence		
57	Wellness Outreach At Work-TP is adults-R/P factors not applicable		

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		Family Risk Factors			
	MODEL PROGRAMS	Family History of Substance Abuse	Family Management Problems	Family Conflict	Favorable Parental Attitudes and Involvement
1	Across Ages				
2	All Stars™				
3	Al's Pals: Kids Making Healthy Choices				
4	ATLAS (Athletes Training and Learning to Avoid Steroids)				X
5	Border Binge-Drinking Reduction Program				
6	Brief Alcohol Screening and Intervention for College Students (BASICS)				
7	Brief Strategic Family Therapy (BSFT)		X	X	
8	CASASTART – Striving Together to Achieve Rewarding Tomorrows (CASASTART)				
9	Challenging College Alcohol Abuse				
10	Child Development Project (CDP)				
11	Children in the Middle			X	
12	Class Action				
13	Communities Mobilizing for Change on Alcohol (CMCA)				
14	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)				
15	Coping with Work and Family Stress-TP is adults-R/P factors not applicable				
16	Creating Lasting Family Connections (CLFC)		X	X	X
17	DARE To Be You (DTBY)		X		
18	Early Risers Skills for Success				
19	Families And Schools Together (FAST)		X		X
20	Family Effectiveness Training (FET)			X	
21	Family Matters				
22	Guiding Good Choices (GGC) – Families that Care – Guiding Good Choices – Preparing for the Drug Free Years (PDFY)		X	X	X
23	Healthy Workplace-TP is adults-R/P factors not applicable				
24	High/Scope Perry Preschool Program				
25	Incredible Years		X		
26	Keep A Clear Mind (KACM)				X

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		Family Risk Factors			
	MODEL PROGRAMS	Family History of Substance Abuse	Family Management Problems	Family Conflict	Favorable Parental Attitudes and Involvement
27	keepin' It REAL				
28	Leadership and Resiliency Program (LRP)				
29	LifeSkills Training (LST)				
30	Lions-Quest Skills for Adolescence				
31	Multidimensional Family Therapy		X	X	
32	Multisystemic Therapy (MST)		X		
33	Nurse-Family Partnership (NFP)		X		X
34	Olweus Bullying Prevention				
35	Parenting Wisely		X		
36	Positive Action (PA)		X		X
37	Project ACHIEVE				
38	Project ALERT				
39	Project Northland				
40	Project SUCCESS – (Schools Using Coordinated Community Efforts to Strengthen Students)				
41	Project Toward No Drug Abuse (TND)				
42	Project Towards No Tobacco Use (TNT)				
43	Project Venture				
44	Promoting Alternative THinking Strategies (PATHS)				
45	Protecting You/Protecting Me®				
46	Reconnecting Youth (RY)				
47	Residential Student Assistance Program (RSAP)	X			
48	Responding in Peaceful and Positive Ways (RIPP)				
49	Schools and Families Educating Children (SAFE Children)		X		
50	Second Step				
51	Start Taking Alcohol Risks Seriously (STARS) for Families				
52	Strengthening Families Program (SFP)	X	X		X
53	Strengthening Families Program 10-14		X	X	
54	Students Managing Anger and Resolution Together (SMART) Team				
55	Too Good For Drugs (TGFD)				
56	Too Good for Violence				
57	Wellness Outreach At Work-TP is adults-R/P factors not applicable				

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		Individual / Peer Risk Factors								
	MODEL PROGRAMS	Rebelliousness	Friends Who Use	Favorable Attitudes Toward Substance Abuse	Early Initiation of Substance Abuse/Problem Behavior	Early and Persistent Anti-Social Behavior	Perceived Risks of Drug Use	Peer Rewards for Drug Use	Misperception of Peer Drug Use	Depressive Symptoms
1	Across Ages									
2	All Stars™			X				X		
3	Al's Pals: Kids Making Healthy Choices					X				
4	ATLAS (Athletes Training and Learning to Avoid Steroids)		X	X						
5	Border Binge-Drinking Reduction Program									
6	Brief Alcohol Screening and Intervention for College Students (BASICS)			X			X		X	
7	Brief Strategic Family Therapy (BSFT)									
8	CASASTART – Striving Together to Achieve Rewarding Tomorrows (CASASTART)		X			X				
9	Challenging College Alcohol Abuse						X	X	X	
10	Child Development Project (CDP)									
11	Children in the Middle									
12	Class Action			X	X					
13	Communities Mobilizing for Change on Alcohol (CMCA)									
14	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)									
15	Coping with Work and Family Stress-TP is adults-R/P factors not applicable									
16	Creating Lasting Family Connections (CLFC)				X					
17	DARE To Be You (DTBY)									
18	Early Risers Skills for Success					X				
19	Families And Schools Together (FAST)					X				
20	Family Effectiveness Training (FET)					X				
21	Family Matters									
22	Guiding Good Choices (GGC) – Families that Care – Guiding Good Choices – Preparing for the Drug Free Years (PDFY)		X	X	X					
23	Healthy Workplace-TP is adults-R/P factors not applicable									
24	High/Scope Perry Preschool Program					X				
25	Incredible Years					X				
26	Keep A Clear Mind (KACM)			X						

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		Individual / Peer Risk Factors								
	MODEL PROGRAMS	Rebelliousness	Friends Who Use	Favorable Attitudes Toward Substance Abuse	Early Initiation of Substance Abuse/Problem Behavior	Early and Persistent Anti-Social Behavior	Perceived Risks of Drug Use	Peer Rewards for Drug Use	Misperception of Peer Drug Use	Depressive Symptoms
27	keepin' It REAL			X						
28	Leadership and Resiliency Program (LRP)					X				
29	LifeSkills Training (LST)		X	X			X			
30	Lions-Quest Skills for Adolescence			X		X				
31	Multidimensional Family Therapy			X	X					
32	Multisystemic Therapy (MST)					X				
33	Nurse-Family Partnership (NFP)									
34	Olweus Bullying Prevention	X				X				
35	Parenting Wisely				X					
36	Positive Action (PA)			X		X				
37	Project ACHIEVE					X				
38	Project ALERT				X		X			
39	Project Northland		X	X	X					
40	Project SUCCESS – (Schools Using Coordinated Community Efforts to Strengthen Students)		X							
41	Project Toward No Drug Abuse (TND)			X						
42	Project Towards No Tobacco Use (TNT)				X					
43	Project Venture		X	X	X	X				
44	Promoting Alternative THinking Strategies (PATHS)					X				
45	Protecting You/Protecting Me®			X						
46	Reconnecting Youth (RY)	X	X			X				
47	Residential Student Assistance Program (RSAP)					X				
48	Responding in Peaceful and Positive Ways (RIPP)			X		X				
49	Schools and Families Educating Children (SAFE Children)					X				
50	Second Step					X				
51	Start Taking Alcohol Risks Seriously (STARS) for Families			X	X					
52	Strengthening Families Program (SFP)					X				
53	Strengthening Families Program 10-14									
54	Students Managing Anger and Resolution Together (SMART) Team									
55	Too Good For Drugs (TGFD)		X	X						
56	Too Good for Violence									
57	Wellness Outreach At Work-TP is adults-R/P factors not applicable									

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

		Protective Factors Addressed									
	MODEL PROGRAMS	Belief in the Moral Order	Bonding-Family Attachment	Bonding-Prosocial Involvement	Skills	Recognition-Community Rewards	Recognition-Family Rewards	Recognition-School Rewards	Opportunities-Community	Opportunities-Family	Opportunities-School
1	Across Ages	X		X	X				X		
2	All Stars™	X	X	X							
3	Al's Pals: Kids Making Healthy Choices				X						
4	ATLAS (Athletes Training and Learning to Avoid Steroids)	X									
5	Border Binge-Drinking Reduction Program	X									
6	Brief Alcohol Screening and Intervention for College Students (BASICS)										
7	Brief Strategic Family Therapy (BSFT)		X								
8	CASASTART – Striving Together to Achieve Rewarding Tomorrows (CASASTART)	X	X								
9	Challenging College Alcohol Abuse										
10	Child Development Project (CDP)		X								
11	Children in the Middle				X						
12	Class Action	X			X						
13	Communities Mobilizing for Change on Alcohol (CMCA)	X									
14	Community Trials Intervention to Reduce High-Risk Drinking (RHRD)	X									
15	Coping with Work and Family Stress-TP is adults-R/P factors not applicable										
16	Creating Lasting Family Connections (CLFC)		X		X						
17	DARE To Be You (DTBY)		X		X						
18	Early Risers Skills for Success				X						
19	Families And Schools Together (FAST)		X								
20	Family Effectiveness Training (FET)				X						
21	Family Matters	X			X						
22	Guiding Good Choices (GGC) – Families that Care – Guiding Good Choices – Preparing for the Drug Free Years (PDFY)	X	X		X					X	
23	Healthy Workplace-TP is adults-R/P factors not applicable										
24	High/Scope Perry Preschool Program		X		X						
25	Incredible Years		X								
26	Keep A Clear Mind (KACM)	X			X						

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).



		Protective Factors Addressed									
	MODEL PROGRAMS	Belief in the Moral Order	Bonding-Family Attachment	Bonding-Prosocial Involvement	Skills	Recognition-Community Rewards	Recognition-Family Rewards	Recognition-School Rewards	Opportunities-Community	Opportunities-Family	Opportunities-School
27	keepin' It REAL	X			X						
28	Leadership and Resiliency Program (LRP)		X		X				X		
29	LifeSkills Training (LST)	X			X						
30	Lions-Quest Skills for Adolescence	X	X		X						
31	Multidimensional Family Therapy				X						
32	Multisystemic Therapy (MST)		X		X						
33	Nurse-Family Partnership (NFP)	X	X		X						
34	Olweus Bullying Prevention	X	X								
35	Parenting Wisely				X						
36	Positive Action (PA)	X	X		X						
37	Project ACHIEVE		X		X						
38	Project ALERT				X						
39	Project Northland	X	X		X						
40	Project SUCCESS – (Schools Using Coordinated Community Efforts to Strengthen Students)				X						
41	Project Toward No Drug Abuse (TND)				X						
42	Project Towards No Tobacco Use (TNT)				X						
43	Project Venture	X	X	X	X	X			X		
44	Promoting Alternative THinking Strategies (PATHS)				X						
45	Protecting You/Protecting Me®	X	X		X						
46	Reconnecting Youth (RY)	X									
47	Residential Student Assistance Program (RSAP)										
48	Responding in Peaceful and Positive Ways (RIPP)	X	X		X						X
49	Schools and Families Educating Children (SAFE Children)		X		X						
50	Second Step				X						
51	Start Taking Alcohol Risks Seriously (STARS) for Families	X									
52	Strengthening Families Program (SFP)		X								
53	Strengthening Families Program 10-14	X	X		X						
54	Students Managing Anger and Resolution Together (SMART) Team				X						
55	Too Good For Drugs (TGFD)	X			X						
56	Too Good for Violence				X						
57	Wellness Outreach At Work-TP is adults-R/P factors not applicable										

(Grid is based on content from SAMHSA and model developer websites. Contact developers for more information).

## D. RISK AND PROTECTIVE FACTORS DEFINITIONS

The following table provides a definition for each of the risk and protective factors in this report. Each definition consists of the name of the factor, a short definition of the factor and the survey questions used to calculate the factor.

Table 16: Risk and Protective Factor Scale Definition

Community Domain Risk Factors	
<b>Low Neighborhood Attachment</b>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
114. I'd like to get out of my neighborhood. 113. I like my neighborhood. 111. If I had to move, I would miss the neighborhood I now live in.	
<b>Community Disorganization</b>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
110a. How much do each of the following statements describe your neighborhood? crime and/or drug selling 110b. How much do each of the following statements describe your neighborhood? fights 110c. How much do each of the following statements describe your neighborhood? lots of empty or abandoned buildings 110d. How much do each of the following statements describe your neighborhood? lots of graffiti	
<b>Laws and Norms Favorable Toward Drug Use</b>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
109a. How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to use marijuana? 109b. How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to drink alcohol? 109c. How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to smoke cigarettes? 119. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police? 118. If a kid smoked marijuana in your neighborhood would he or she be caught by the police? 120. If a kid carried a handgun in your neighborhood would he or she be caught by the police?	

*continued on the next column*

Risk and Protective Factor Scale Definition (continued)

<b>Perceived Availability of Drugs</b>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
122. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? 121. If you wanted to get some cigarettes, how easy would it be for you to get some? 125. If you wanted to get some marijuana, how easy would it be for you to get some? 123. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	
<b>Perceived Availability of Handguns</b>	The availability of handguns has also been related to the use of these substances by adolescents.
124. If you wanted to get a handgun, how easy would it be for you to get one?	
<b>Community Domain Protective Factors</b>	
<b>Opportunities for Prosocial Involvement</b>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
117a. Which of the following activities for people your age are available in your community? sports teams 117b. Which of the following activities for people your age are available in your community? scouting 117c. Which of the following activities for people your age are available in your community? boys and girls clubs 117d. Which of the following activities for people your age are available in your community? 4-H clubs 117e. Which of the following activities for people your age are available in your community? service clubs	
<b>Rewards for Prosocial Involvement</b>	Rewards for positive participation in activities help children bond to the community, thus lowering their risk for substance use.
112. My neighbors notice when I am doing a good job and let me know about it. 116. There are people in my neighborhood who encourage me to do my best. 115. There are people in my neighborhood who are proud of me when I do something well.	
<b>Family Domain Risk Factors</b>	
<b>Poor Family Management</b>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.

*continued on the next column*

Risk and Protective Factor Scale Definition (continued)

101. My parents ask if I've gotten my homework done. 103. Would your parents know if you did not come home on time? 87. When I am not at home, one of my parents knows where I am and who I am with. 85. The rules in my family are clear. 90. My family has clear rules about alcohol and drug use. 89. If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? 91. If you skipped school would you be caught by your parents?	
<b>Family Conflict</b>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
86. People in my family often insult or yell at each other. 102. People in my family have serious arguments. 88. We argue about the same things in my family over and over.	
<b>Family History of Antisocial Behavior</b>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
107. Has anyone in your family ever had severe alcohol or drug problems? 83a. Have any of your brothers or sisters ever: drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)? 83b. Have any of your brothers or sisters ever: smoked marijuana? 83c. Have any of your brothers or sisters ever: smoked cigarettes? 108a. About how many adults (over 21) have you known personally who in the past year have: used marijuana, crack, cocaine, or other drugs? 108b. About how many adults (over 21) have you known personally who in the past year have: sold or dealt drugs? 108c. About how many adults (over 21) have you known personally who in the past year have: done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.? 108d. About how many adults (over 21) have you known personally who in the past year have: gotten drunk or high?	
<b>Parental Attitudes Favorable Toward Drug Use</b>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The 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.
82a. How wrong do your parents feel it would be for YOU to: drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? 82b. How wrong do your parents feel it would be for YOU to: smoke cigarettes? 82c. How wrong do your parents feel it would be for YOU to: smoke marijuana?	
<b>Parental Attitudes Favorable Toward Antisocial Behavior</b>	In families where parents are tolerant of their child's antisocial behavior (i.e. fighting, stealing, defacing property, etc.), children are more likely to become drug abusers during adolescence.

*continued on the next column*

Risk and Protective Factor Scale Definition (continued)

82d. How wrong do your parents feel it would be for YOU to: steal something worth more than \$5? 82e. How wrong do your parents feel it would be for YOU to: draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)? 82f. How wrong do your parents feel it would be for YOU to: pick a fight with someone?	
<b>Family Domain Protective Factors</b>	
<b>Family Attachment</b>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
92. Do you feel very close to your mother? 93. Do you share your thoughts and feelings with your mother? 99. Do you feel very close to your father? 95. Do you share your thoughts and feelings with your father?	
<b>Opportunities for Prosocial Involvement</b>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
100. My parents give me lots of chances to do fun things with them. 94. My parents ask me what I think before most family decisions affecting me are made. 98. If I had a personal problem, I could ask my mom or dad for help.	
<b>Rewards for Prosocial Involvement</b>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
105. My parents notice when I am doing a good job and let me know about it. 106. How often do your parents tell you they're proud of you for something you've done? 96. Do you enjoy spending time with your mother? 97. Do you enjoy spending time with your father?	
<b>School Domain Risk Factors</b>	
<b>Academic Failure</b>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
16. Putting them all together, what were your grades like last year? 12. Are your school grades better than the grades of most students in your class?	
<b>Low Commitment to School</b>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

continued on the next column

Risk and Protective Factor Scale Definition (continued)

15. How often do you feel that the school work you are assigned is meaningful and important? 18. How interesting are most of your courses to you? 17. How important do you think the things you are learning in school are going to be for your later life? 14a. Now thinking back over the past year in school, how often did you: enjoy being in school? 14b. Now thinking back over the past year in school, how often did you: hate being in school? 14c. Now thinking back over the past year in school, how often did you: try to do your best work in school? 19. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?	
<b>School Domain Protective Factors</b>	
<b>Opportunities for Prosocial Involvement</b>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
6. In my school, students have lots of chances to help decide things like class activities and rules. 9. There are lots of chances for students in my school to talk with a teacher one-on-one. 8. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. 13. I have lots of chances to be part of class discussions or activities.	
<b>Rewards for Prosocial Involvement</b>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
7. My teacher(s) notices when I am doing a good job and lets me know about it. 10. The school lets my parents know when I have done something well. 11. My teachers praise me when I work hard in school.	
<b>Individual/Peer Risk Factors</b>	
<b>Rebelliousness</b>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
32. I do the opposite of what people tell me, just to get them mad. 34. I ignore rules that get in my way. 33. I like to see how much I can get away with.	
<b>Early Initiation of Drug Use</b>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.

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Risk and Protective Factor Scale Definition (continued)

<p>22a. How old were you when you first: smoked marijuana?                  22b. How old were you when you first: smoked a cigarette, even just a puff?                  22c. How old were you when you first: had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?                  22d. How old were you when you first: began drinking alcoholic beverages regularly, that is, at least once or twice a month?</p>	
<p><b>Early Initiation of Antisocial Behavior</b></p>	<p>Early onset of antisocial behaviors such as being suspended from school, arrests, carrying handguns, fighting, etc. makes young people more likely to be involved in substance abuse.</p>
<p>22g. How old were you when you first: got suspended from school?                  22h. How old were you when you first: got arrested?                  22i. How old were you when you first: carried a handgun?                  22j. How old were you when you first: attacked someone with the idea of seriously hurting them?</p>	
<p><b>Attitudes Favorable Toward Drug Use and Antisocial Behavior</b></p>	<p>During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use are more likely to engage in a variety of problem behaviors, including drug use.</p>
<p>23f. 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?                  23g. How wrong do you think it is for someone your age to: smoke cigarettes?                  23h. How wrong do you think it is for someone your age to: smoke marijuana?                  23i. How wrong do you think it is for someone your age to: use LSD, cocaine, amphetamines or another illegal drug?</p>	
<p><b>Attitudes Favorable Toward Antisocial Behavior</b></p>	<p>During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward antisocial behavior are more likely to engage in a variety of problem behaviors, including antisocial behavior.</p>

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Risk and Protective Factor Scale Definition (continued)

<p>23a. How wrong do you think it is for someone your age to: take a handgun to school?                  23b. How wrong do you think it is for someone your age to: steal anything worth more than \$5?                  23c. How wrong do you think it is for someone your age to: pick a fight with someone?                  23d. How wrong do you think it is for someone your age to: attack someone with the idea of seriously hurting them?                  23e. How wrong do you think it is for someone your age to: stay away from school all day when their parents think they are at school?</p>	
<p><b>Perceived Risk of Drug Use</b></p>	<p>Young people who do not perceive drug use to be risky are far more likely to engage in drug use.</p>
<p>35a. How much do you think people risk harming themselves (physically or in other ways) if they: smoked one or more packs of cigarettes per day?                  35b. How much do you think people risk harming themselves (physically or in other ways) if they: try marijuana once or twice?                  35c. How much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly?                  35d. How much do you think people risk harming themselves (physically or in other ways) if they: take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?</p>	
<p><b>Interaction with Antisocial Peers</b></p>	<p>Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.</p>
<p>20e. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: been suspended from school?                  20f. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: carried a handgun?                  20g. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: sold illegal drugs?                  20i. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: stolen or tried to steal a motor vehicle such as a car or motorcycle?                  20j. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: been arrested?                  20k. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: dropped out of school?</p>	
<p><b>Friends' Use of Drugs</b></p>	<p>Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.</p>

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Risk and Protective Factor Scale Definition (continued)

20a. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: smoked cigarettes?  
 20b. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?  
 20c. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: used marijuana?  
 20d. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: used LSD, cocaine, amphetamines, or other illegal drugs?

<b>Depressive Symptoms</b>	Young people who express feelings of sadness for long periods over the past year and who have negative attitudes about themselves and life in general are more likely to use drugs.
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37. Sometimes I think that life is not worth it.  
 38. At times I think I am no good at all.  
 39. All in all, I am inclined to think that I am a failure.  
 40. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?

<b>Rewards for Antisocial Behavior</b>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
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21a. What are the chances you would be seen as cool if you: smoked cigarettes?  
 21c. What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, that is, at least once or twice a month?  
 21e. What are the chances you would be seen as cool if you: smoked marijuana?

**Individual/Peer Protective Factors**

<b>Religiosity</b>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
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31. How often do you attend religious services or activities?

<b>Social Skills</b>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
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26. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says 'Which one do you want? Go ahead, take it while nobody's around.' There is nobody in sight, no employees and no other customers. What would you do now?  
 29. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say 'Oh, just going to go hang out with some friends.' She says, 'No, you'll just get into trouble if you go out. Stay home tonight.' What would you do now?  
 27. 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 say or do?  
 28. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

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Risk and Protective Factor Scale Definition (continued)

<b>Belief in the Moral Order</b>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
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42. I think it is okay to take something without asking if you can get away with it.  
 36. I think sometimes it's okay to cheat at school.  
 41. It is all right to beat up people if they start the fight.  
 104. It is important to be honest with your parents, even if they become upset or you get punished.

<b>Prosocial Involvement</b>	Participation in positive school and community activities helps provide protection for youth.
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30e. How many times in the past year (12 months) have you: participated in clubs, organizations or activities at school?  
 30f. How many times in the past year (12 months) have you: participated in clubs, organizations or activities outside school?  
 30j. How many times in the past year (12 months) have you: volunteered to do community service?

<b>Rewards for Prosocial Involvement</b>	Young people who are rewarded for working hard in school and volunteering in the community are less likely to engage in problem behavior.
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21b. What are the chances you would be seen as cool if you: worked hard at school?  
 21d. What are the chances you would be seen as cool if you: defended someone who was being verbally abused at school?  
 21f. What are the chances you would be seen as cool if you: volunteered to do community service?

## E. COMPARISONS OF CTC VS NYS YDS ON RISK AND PROTECTIVE FACTORS

Comparison of the number of items from each risk and protective factor included in the 2008 New York Youth Development Survey (NY YDS) versus the standard 2002 Communities That Care (CTC) survey form.

N of Items		
CTC	NY YDS	COMMUNITY PROTECTION
6	5	Community Opportunities for Prosocial Involvement
3	3	Community Rewards for Prosocial Involvement
CTC	NY YDS	COMMUNITY RISK
5	4	Community Disorganization
7	6	Laws and Norms Favorable to Drug Use
3	3	Low Neighborhood Attachment
4	4	Perceived Availability of Drugs
1	1	Perceived Availability of Handguns
4	0	Transitions and Mobility (Not in 2008 NY YDS)
CTC	NY YDS	FAMILY PROTECTION
4	4	Family Attachment
3	3	Family Opportunities for Prosocial Involvement
4	4	Family Rewards for Prosocial Involvement
CTC	NY YDS	FAMILY RISK
3	3	Family Conflict
10	8	Family History of Antisocial Behavior
3	3	Parental Attitudes Favorable Toward Drug Use
3	3	Parental Attitudes Favorable toward Antisocial Behavior
8	7	Poor Family Management
CTC	NY YDS	SCHOOL PROTECTION
5	4	School Opportunities for Prosocial Involvement
4	3	School Rewards for Prosocial Involvement
CTC	NY YDS	SCHOOL RISK
2	2	Academic Failure
7	7	Low Commitment to School

*continued on next column*

N of Items		
CTC	NY YDS	INDIVIDUAL/PEER PROTECTION
4	4	Belief in the Moral Order
4	0	Interactions with Prosocial Peers (Not in 2008 NY YDS)
4	3	Peer Rewards for Prosocial Involvement
3	3	Prosocial Involvement
1	1	Religiosity
4	4	Social Skills
CTC	NY YDS	INDIVIDUAL/PEER RISK
4	4	Depressive Symptoms
4	4	Early Initiation of Antisocial Behavior
4	4	Early Initiation of Drug Use
5	5	Favorable Attitudes Toward Antisocial Behavior
4	4	Favorable Attitudes Toward Drug Use
4	4	Friends' Use of Drugs
4	2	Gang Involvement
6	6	Interaction with Antisocial Peers
3	0	Intentions to Use (Not in 2008 NY YDS)
4	4	Perceived Risks of Drug Use
4	3	Peer Rewards for Antisocial Behavior(PRRAB)
3	3	Rebelliousness
3	0	Sensation Seeking (Not in 2008 NY YDS)
CTC	NY YDS	BEHAVIORAL OUTCOMES
11	8	Antisocial Behavior

## F. DATA TABLES

### F.1. Risk and Protective Factors

Table 17: Percentage of Students Reporting Risks for Community Domain

		Low Neighborhood Attachment	High Community Disorganization	Laws and Norms Favorable to Drug Use	Perceived Availability of Drugs
7-8	county	28.7	30.2	12.7	20.4
	long island	28.4	28.1	12.1	20.1
9-10	county	31.8	51.4	28.7	37.3
	long island	31.9	48.3	28.0	36.0
11-12	county	42.2	58.7	35.0	37.5
	long island	41.3	55.8	35.2	37.3
Combined	county	33.6	45.4	24.5	31.1
	long island	33.3	42.9	24.2	30.6



Table 18: Percentage of Students Reporting Risks for Family Domain

		Poor Family Management	Family Conflict	Family History of Antisocial Behavior	Parental Attitudes Favorable to ATOD	Parental Attitudes Favorable to ASB
7-8	county	35.5	42.4	8.7	16.2	40.5
	long island	35.1	42.0	8.6	16.1	40.6
9-10	county	41.7	48.4	15.6	38.2	52.3
	long island	41.5	48.5	16.2	38.0	52.8
11-12	county	36.0	42.7	18.3	46.9	52.4
	long island	35.8	42.3	19.1	47.9	53.5
Combined	county	37.7	44.5	13.7	31.9	47.6
	long island	37.5	44.3	14.1	32.2	48.3

Table 19: Percentage of Students Reporting Risks for School Domain

		Academic Failure	Low Commitment to School
7-8	county	35.4	33.0
	long island	34.7	33.8
9-10	county	36.0	43.3
	long island	36.2	42.6
11-12	county	33.7	43.1
	long island	33.4	43.6
Combined	county	35.1	39.1
	long island	34.8	39.4

Table 20: Percentage of Students Reporting Risks for Individual/Peer Domain

		Rebelliousness	Early Initiation of Drug Use	Early Initiation of ASB	Favorable Attitudes to Drug Use	Favorable Attitudes to ASB	Perceived Risk of Drug Use	Interaction with Antisocial Peers	Friends' Use of Drugs	Depressive Symptoms	Peer Rewards for Antisocial Behavior
7-8	county	33.7	14.5	17.1	13.2	30.3	25.5	36.1	15.9	28.2	29.4
	long island	33.0	13.7	16.3	12.2	30.4	24.1	34.3	14.7	26.8	28.0
9-10	county	41.2	18.0	19.4	34.1	39.9	34.8	37.6	33.9	36.7	56.7
	long island	41.7	16.9	19.4	32.9	40.6	34.8	37.7	32.8	37.0	54.0
11-12	county	45.8	25.6	20.6	27.5	40.3	42.0	41.0	41.9	37.5	68.8
	long island	45.2	24.4	21.1	26.3	41.8	42.2	41.0	41.0	37.6	67.1
Combined	county	39.4	18.7	18.8	23.8	36.1	33.0	37.9	28.8	33.6	49.0
	long island	39.3	17.7	18.6	23.0	36.9	32.7	37.3	27.9	33.3	47.4

Table 21: Percentage of Students Reporting Protection for Community Domain

		Opportunities for Prosocial Involvement	Rewards for Prosocial Involvement
7-8	county	74.2	43.1
	long island	76.2	43.6
9-10	county	74.5	37.8
	long island	74.6	37.9
11-12	county	72.3	42.1
	long island	72.9	40.9
Combined	county	73.7	41.1
	long island	74.7	40.8

Table 22: Percentage of Students Reporting Protection for Family Domain

		Family Attachment	Family Opportunities for PSI	Family Rewards for PSI
7-8	county	57.6	60.8	66.7
	long island	57.7	61.3	66.8
9-10	county	49.6	54.5	58.6
	long island	49.8	55.6	58.8
11-12	county	53.9	52.3	52.6
	long island	53.4	53.5	53.4
Combined	county	53.9	56.4	60.0
	long island	53.8	57.2	60.3

Table 23: Percentage of Students Reporting Protection for School Domain

		School Opportunities for PSI	School Rewards for PSI
7-8	county	81.6	53.4
	long island	81.4	52.8
9-10	county	86.6	55.4
	long island	86.4	56.1
11-12	county	86.8	54.0
	long island	86.2	54.6
Combined	county	84.6	54.2
	long island	84.4	54.4

Table 24: Percentage of Students Reporting Protection for Individual/Peer Domain

		Religiosity	Social Skills	Belief in a Moral Order	Prosocial Involvement	Peer Rewards for Prosocial Involvement
7-8	county	61.9	71.7	74.3	60.7	56.5
	long island	61.0	71.8	75.1	61.9	58.1
9-10	county	40.7	60.2	68.3	60.1	52.4
	long island	39.7	60.6	68.3	60.0	53.3
11-12	county	52.1	57.6	55.5	61.2	49.3
	long island	49.8	57.5	55.6	61.7	50.5
Combined	county	52.4	64.2	67.0	60.7	53.2
	long island	50.8	64.2	67.3	61.2	54.4

## F.2. Lifetime Prevalence of Alcohol, Tobacco and Other Drugs

Table 25: Lifetime Prevalence of Alcohol, Tobacco and Other Drugs, By Grade Level and Group

		Alcohol	Cigarettes	Chewing		Hallucinogens	Cocaine	Inhalants	OTC Cold Medicine	OTC Caffeine/Diet Pills
				Tobacco	Marijuana					
7	county	17.0	3.2	1.1	1.2	0.2	0.4	6.9	1.2	2.3
	long island	16.0	2.8	1.0	1.2	0.2	0.3	6.3	1.2	2.4
8	county	30.3	6.3	2.3	3.9	0.3	0.7	8.0	1.7	2.8
	long island	29.3	5.9	1.9	3.8	0.3	0.6	7.4	1.8	3.4
	MTF 8th Grade	35.8	20.0	9.9	17.3	1.8	2.6	14.5	–	–
9	county	46.8	11.6	4.7	12.8	1.1	0.9	7.8	2.8	4.2
	long island	46.3	10.8	4.3	11.8	0.9	0.7	7.2	2.7	4.4
10	county	65.6	19.7	10.0	27.4	1.8	1.8	6.8	4.0	5.2
	long island	63.8	18.1	9.1	25.5	1.7	1.6	6.5	4.0	5.7
	MTF 10th Grade	58.2	33.0	16.8	33.4	3.0	3.7	12.0	–	–
11	county	72.6	25.3	12.3	36.3	2.5	1.8	5.7	4.6	5.5
	long island	73.2	24.1	11.4	35.6	2.7	1.6	5.7	4.6	6.4
12	county	81.8	31.2	14.3	45.6	3.5	2.4	4.8	4.8	6.8
	long island	81.2	30.1	13.9	45.1	3.7	2.6	4.8	5.0	7.0
	MTF 12th Grade	71.0	42.2	17.6	43.8	4.0	5.5	9.0	–	–
Combined	county	48.7	14.7	6.7	18.5	1.4	1.2	6.8	2.9	4.2
	long island	48.2	13.9	6.2	18.0	1.4	1.1	6.4	3.0	4.6



Table 26: Lifetime Prevalence of Alcohol, Tobacco and Other Drugs, By Grade Level and Group (continued)

		Presc. Pain Killers	Presc. Tranquilizers	Presc. Sedatives	Meth	Stimulants	Heroin	Ecstasy	Any Illicit Drug*
7	county	5.3	0.7	0.4	0.4	0.3	0.3	0.3	13.1
	long island	5.4	0.7	0.4	0.4	0.3	0.2	0.2	12.8
8	county	6.4	0.9	0.3	0.4	0.5	0.6	0.3	16.3
	long island	6.3	0.9	0.4	0.4	0.4	0.5	0.4	16.2
	MTF 8th Grade	–	–	4.4	1.8	5.7	1.3	3.3	–
9	county	7.9	1.6	0.6	0.8	0.7	0.8	1.3	24.4
	long island	7.9	1.4	0.6	0.7	0.7	0.7	1.2	23.4
10	county	9.2	2.7	0.7	0.8	2.3	1.0	2.0	35.5
	long island	9.1	2.7	0.9	0.7	2.1	1.0	2.0	34.4
	MTF 10th Grade	–	–	7.3	2.5	10.6	1.3	6.4	–
11	county	9.5	3.9	0.7	0.8	2.9	1.0	2.6	43.4
	long island	9.9	4.0	0.8	0.8	3.2	1.1	2.9	43.3
12	county	11.4	6.2	1.1	1.0	5.1	0.9	3.9	51.2
	long island	11.8	6.0	1.0	1.1	5.3	1.1	4.1	50.7
	MTF 12th Grade	13.0	–	8.5	2.3	11.1	1.6	7.3	–
Combined	county	8.0	2.4	0.6	0.7	1.7	0.7	1.5	28.4
	long island	8.1	2.3	0.6	0.6	1.8	0.7	1.6	28.0

### F.3. Past 30 Day Prevalence of Alcohol, Tobacco and Other Drugs

Table 27: Past 30 Day Prevalence of Alcohol, Tobacco and Other Drugs, By Grade Level and Group

		Alcohol	Cigarettes	Chewing		Hallucinogens	Cocaine	Inhalants	OTC Cold Medicine	OTC Caffeine/Diet Pills
				Tobacco	Marijuana					
7	county	4.1	0.7	0.5	0.6	0.1	0.3	3.1	0.5	1.1
	long island	3.9	0.6	0.4	0.6	0.1	0.2	2.7	0.4	1.1
8	county	10.2	2.0	1.3	1.9	0.2	0.3	2.7	0.7	1.2
	long island	10.1	1.8	1.1	1.8	0.1	0.3	2.5	0.6	1.4
	MTF 8th Grade	13.8	7.1	4.1	8.0	0.6	0.6	3.6	–	–
9	county	24.2	4.6	2.1	7.6	0.4	0.4	2.4	1.0	2.1
	long island	22.2	3.9	1.9	6.8	0.3	0.3	2.2	1.1	2.1
10	county	39.5	7.1	4.3	16.3	1.0	0.6	1.6	1.5	2.0
	long island	37.8	6.4	3.9	14.9	0.8	0.5	1.8	1.5	2.3
	MTF 10th Grade	28.9	13.6	7.5	16.7	0.7	0.9	2.0	–	–
11	county	50.2	9.5	4.4	21.7	0.9	0.8	1.4	1.4	2.7
	long island	49.1	8.6	4.4	21.1	1.0	0.6	1.3	1.6	3.0
12	county	61.1	11.7	6.0	28.5	1.3	0.9	0.6	1.5	3.0
	long island	59.6	11.8	5.6	27.9	1.3	0.7	0.7	1.4	2.9
	MTF 12th Grade	41.2	19.2	8.5	21.4	0.8	1.3	1.4	–	–
Combined	county	28.1	5.3	2.8	11.1	0.6	0.5	2.1	1.0	1.9
	long island	27.3	5.0	2.6	10.6	0.5	0.4	2.0	1.0	2.0

Table 28: Past 30 Day Prevalence of Alcohol, Tobacco and Other Drugs, By Grade Level and Group (continued)

		Presc. Pain Killers	Presc. Tranquilizers	Presc. Sedatives	Meth	Stimulants	Heroin	Ecstasy	Any Illicit Drug*
7	county	1.8	0.2	0.2	0.1	0.1	0.2	0.2	5.9
	long island	1.9	0.1	0.2	0.1	0.1	0.1	0.1	5.8
8	county	2.9	0.3	0.2	0.2	0.2	0.3	0.1	7.7
	long island	2.9	0.3	0.2	0.2	0.2	0.3	0.2	7.6
	MTF 8th Grade	–	–	1.2	0.7	1.8	0.4	1.1	–
9	county	3.5	0.7	0.5	0.4	0.3	0.4	0.6	13.4
	long island	3.4	0.6	0.4	0.3	0.3	0.3	0.5	12.6
10	county	3.8	1.1	0.2	0.4	1.0	0.4	1.1	20.2
	long island	3.6	1.0	0.2	0.4	0.9	0.4	0.9	19.4
	MTF 10th Grade	–	–	2.2	0.7	3.3	0.4	1.9	–
11	county	3.3	1.3	0.2	0.4	1.1	0.4	0.9	25.8
	long island	3.7	1.5	0.3	0.5	1.3	0.6	1.1	25.4
12	county	3.5	1.6	0.2	0.4	1.8	0.3	1.3	32.2
	long island	3.3	1.7	0.2	0.5	1.9	0.4	1.5	31.6
	MTF 12th Grade	3.6	–	2.5	0.5	3.3	0.4	1.4	–
Combined	county	3.1	0.8	0.2	0.3	0.7	0.3	0.6	16.0
	long island	3.1	0.8	0.2	0.3	0.7	0.3	0.7	15.7

#### F.4. Heavy Use and Antisocial Behaviors

Table 29: Percentage of Students With Heavy Use of Alcohol and Cigarettes

		Binge Drinking**	Pack of Cigarettes***
7-8	county	5.0	0.1
	long island	4.6	0.1
9-10	county	19.3	0.3
	long island	18.7	0.3
11-12	county	39.1	0.5
	long island	37.3	0.6
Combined	county	19.1	0.3
	long island	18.3	0.3

Table 30: Percentage of Students With Antisocial Behavior in the Past Year

		Suspended from School	Drunk or High at School	Sold Illegal Drugs	Stolen a Vehicle	Been Arrested	Attacked to Harm	Carried a Handgun	Handgun to School
7-8	county	8.0	2.3	0.6	0.8	1.2	8.9	1.0	0.3
	long island	7.5	2.1	0.5	0.7	1.1	8.3	1.1	0.3
9-10	county	7.1	7.2	3.7	1.2	2.1	10.2	1.3	0.5
	long island	7.0	7.2	3.4	1.1	2.1	10.0	1.3	0.5
11-12	county	6.1	17.0	5.7	1.3	2.6	8.5	1.5	0.5
	long island	6.5	16.3	5.9	1.4	2.6	8.7	1.6	0.5
Combined	county	7.2	7.9	3.0	1.0	1.9	9.2	1.2	0.4
	long island	7.1	7.7	3.0	1.0	1.8	9.0	1.3	0.4

## F.5. Average Age of First Incidence

Table 31: Average Age of First ATOD Use

		Marijuana	Cigarettes	Alcohol	Regular Alcohol Use
7-8	county	12.2	11.6	11.5	12.1
	long island	12.2	11.6	11.5	12.2
9-10	county	13.7	13.1	13.2	14.0
	long island	13.7	13.2	13.3	14.1
11-12	county	14.7	14.3	14.2	15.1
	long island	14.7	14.3	14.2	15.1
Combined	county	14.3	13.5	13.3	14.5
	long island	14.3	13.6	13.3	14.6

Table 32: Average Age of First Antisocial Behavior

		School Suspension	Been Arrested	Carried a Gun	Attacked to Harm	Belonged to a Gang
7-8	county	11.4	11.8	11.5	11.3	11.5
	long island	11.4	11.8	11.3	11.3	11.5
9-10	county	12.5	13.4	12.4	12.4	12.3
	long island	12.5	13.5	12.6	12.4	12.3
11-12	county	13.2	14.8	13.8	13.0	12.6
	long island	13.2	14.7	13.6	13.0	12.7
Combined	county	12.3	13.8	12.6	12.2	12.1
	long island	12.3	13.8	12.5	12.2	12.2

## F.6. Sources and Locations of Alcohol Use

Table 33: Students' Response to "If you drank alcohol in the past year, how did you usually get it?"

		Did not drink alcohol in the past year	Bought it myself with a fake ID	Bought it myself without a fake ID	Someone I know age 21 or older	Someone I know under age 21	My brother or sister	Home with my parents' permission	Home without my parents' permission	Another relative	A stranger bought it for me	Took it from a store or shop	Other
7-8	county	85.4	0.2	0.1	1.6	1.5	0.7	3.7	1.6	1.1	0.4	0.1	3.6
	long island	86.1	0.2	0.1	1.6	1.3	0.6	3.6	1.6	1.1	0.4	0.1	3.3
9-10	county	54.8	0.3	0.8	8.2	13.9	2.1	4.1	4.3	1.6	1.8	0.4	7.8
	long island	55.6	0.4	0.7	8.1	13.0	2.1	4.4	4.4	1.6	1.6	0.3	7.7
11-12	county	29.7	3.5	4.1	14.4	27.2	2.5	4.0	2.8	1.1	1.9	0.2	8.7
	long island	30.0	3.0	3.7	15.7	24.8	2.6	4.5	3.4	1.4	2.0	0.3	8.7
Combined	county	60.1	1.2	1.4	7.3	12.6	1.6	3.9	2.8	1.2	1.3	0.2	6.4
	long island	60.5	1.0	1.3	7.7	11.7	1.6	4.1	3.0	1.4	1.2	0.2	6.3



Table 34: Students' Response to "If you drank alcohol in the past year, where did you usually drink it?"

		Did not drink alcohol in the past year	My home	Someone else's home	Open area like a park, etc.	Sporting event or concert	Restaurant, bar, or a nightclub	Empty building or a construction site	Hotel/motel	In a car	At school
7-8	county	87.0	5.5	3.7	1.9	0.2	0.9	0.2	0.2	0.1	0.4
	long island	87.5	5.4	3.7	1.7	0.2	0.8	0.2	0.2	0.1	0.3
9-10	county	56.0	7.1	22.2	11.3	0.4	1.5	0.3	0.4	0.3	0.5
	long island	56.6	7.9	23.2	9.1	0.3	1.3	0.3	0.4	0.3	0.4
11-12	county	30.6	7.7	49.5	7.4	0.7	2.7	0.4	0.4	0.4	0.3
	long island	30.9	8.6	49.6	6.4	0.6	2.5	0.3	0.4	0.4	0.3
Combined	county	61.4	6.6	22.3	6.5	0.4	1.6	0.3	0.3	0.2	0.4
	long island	61.7	7.1	22.8	5.5	0.4	1.4	0.3	0.3	0.3	0.3

## F.7. Gambling Behaviors

Table 35: Percentage of Students Engaged in Gambling Activities

		Gambled In The Past Year	Played Bingo for Money	Bet Money on Raffles or Charity Games	Bet or Spent Money on Pull Tabs	Played Cards for Money	Played Pool, Basketball, etc. for Money
7-8	county	48.4	17.2	28.6	4.1	18.7	16.2
	long island	49.3	17.1	29.3	4.2	18.3	16.1
9-10	county	56.4	15.0	27.5	4.7	22.3	18.2
	long island	57.0	15.1	29.5	5.2	22.2	17.7
11-12	county	53.2	10.5	22.5	3.8	23.5	16.3
	long island	54.7	11.1	24.4	4.2	23.7	16.6
Combined	county	52.3	14.5	26.5	4.2	21.3	16.9
	long island	53.4	14.7	28.0	4.5	21.2	16.8

Table 36: Percentage of Students Engaged in Gambling Activities (continued)

		Bet Money on Sports	Played "Quick Draw"	Played Lottery, Lotto or Scratch Off	Played Dice Games for Money	Played the Numbers or "Bolita"	Bet Money on Arcade or Video Games
7-8	county	20.8	6.4	33.8	7.1	1.7	11.6
	long island	21.3	6.4	36.2	7.3	1.7	11.4
9-10	county	23.3	6.9	34.4	9.0	2.0	12.6
	long island	23.9	7.6	37.1	9.4	2.3	12.6
11-12	county	21.6	6.3	31.6	9.4	1.7	10.3
	long island	22.3	6.8	34.4	9.3	1.9	10.5
Combined	county	21.9	6.5	33.4	8.4	1.8	11.6
	long island	22.5	6.9	36.0	8.6	2.0	11.6

Table 37: Percentage of Students Engaged in Gambling Activities (continued)

		Bet on Slots, Poker Machines, etc	Bet on Horses, Dogs, Other Animals	Bet Money at a Casino	Bet Money Over the Internet
7-8	county	5.8	6.3	2.1	3.5
	long island	6.0	6.0	2.0	3.2
9-10	county	5.9	6.7	2.9	4.3
	long island	6.3	6.6	3.0	4.4
11-12	county	6.0	5.8	5.1	4.1
	long island	6.0	5.6	4.8	3.9
Combined	county	5.9	6.3	3.2	3.9
	long island	6.1	6.1	3.1	3.8

## F.8. School Safety Issues

Table 38: Students' Response to "How many times in the past have you taken a handgun to school?"

		Never	1-2 times	3-5 times	6-9 times	10-19 times	20-29 times	30-39 times	40+ times
7-8	county	99.7	0.1	0.1	0.0	0.0	0.0	0.0	0.0
	long island	99.7	0.2	0.0	0.0	0.0	0.0	0.0	0.1
9-10	county	99.4	0.2	0.1	0.0	0.0	0.0	0.0	0.2
	long island	99.5	0.2	0.1	0.0	0.0	0.0	0.0	0.2
11-12	county	99.5	0.1	0.1	0.1	0.1	0.0	0.0	0.1
	long island	99.5	0.1	0.1	0.0	0.1	0.0	0.0	0.2
Combined	county	99.6	0.1	0.1	0.0	0.0	0.0	0.0	0.1
	long island	99.6	0.1	0.1	0.0	0.0	0.0	0.0	0.1

Table 39: Students' Response to "How wrong do you think it is for someone your age to take a handgun to school?"

		Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
7-8	county	92.4	6.2	1.0	0.4
	long island	92.9	5.9	0.9	0.3
9-10	county	92.2	5.7	1.3	0.8
	long island	92.4	5.7	1.2	0.7
11-12	county	94.0	4.1	1.2	0.7
	long island	94.2	4.0	1.0	0.7
Combined	county	92.8	5.5	1.1	0.6
	long island	93.1	5.3	1.0	0.6