

TABLE OF CONTENTS

MIDDLE SCHOOL CADETS SURVEY REPORT.....	2
THE SURVEY	2
SURVEY ADMINISTRATION.....	3
SURVEY VALIDATION	3
DEMOGRAPHIC PROFILE OF SURVEYED YOUTH	4
DRUG USE	8
ALCOHOL.....	13
TOBACCO.....	18
MARIJUANA	22
INHALANTS	25
OTHER DRUGS	30
OTHER ANTISOCIAL BEHAVIORS.....	40
ATTACKING SOMEONE WITH INTENT TO HARM	40
ATTEMPTING TO STEAL A VEHICLE.....	41
BEING ARRESTED.....	41
BEING DRUNK OR HIGH AT SCHOOL	41
CARRYING A HANDGUN	41
GETTING SUSPENDED.....	42
SELLING DRUGS.....	42
TAKING A HANDGUN TO SCHOOL	42
RISK AND PROTECTIVE FACTORS	51
PROTECTIVE FACTORS	52
RISK FACTORS	56
BEHAVIORAL OUTCOMES.....	66
RISK AND PROTECTIVE FACTOR PROFILE.....	73
APPENDIX A. REFERENCES	74
APPENDIX B. OTHER RESOURCES	76
APPENDIX C. RISK AND PROTECTIVE FACTOR MATRIX	77
APPENDIX D. THE SOCIAL DEVELOPMENT STRATEGY	82
APPENDIX E. RISK AND PROTECTIVE FACTORS AND SELECTED ASSOCIATED SURVEY ITEMS	83

Middle School Cadets Survey Report

This report describes the administration and findings for the *Communities That Care*[®] *Youth Survey* for the Middle School Cadets at Maxwell AFB, Alabama. The survey effort was sponsored by Maxwell Air Force Base (AFB) Civil Air Patrol, which contracted with Developmental Research and Programs, Inc., of Seattle, Washington (a subsidiary of Channing L. Bete Co., Inc.) to conduct the survey. The survey data were collected in July 2001.

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

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

The Survey

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

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

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

Survey Administration

Survey plans called for participation of 6th, 7th and 8th grade Middle School Cadets from Maxwell Air Force Base (AFB) Civil Air Patrol.

All 6th, 7th and 8th grade cadets were asked to participate, rather than just a sample. Therefore, the survey findings reflect the actual reported prevalence of behaviors and of risk and protective factors for the surveyed cadets. Since no sampling was conducted, there are no error terms (such as “a margin of error of plus or minus 3%”) associated with the findings in this report.

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

The survey was administered in the classroom and required approximately one class period to complete. Each teacher received an appropriate number of surveys and survey collection envelopes. The teachers reviewed the instructions with their cadets and asked the cadets to complete the survey. The instructions informed the cadets that there were no right or wrong answers. The instructions also explained the proper way to mark the answers.

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

Survey Validation

Three strategies were used to assess the validity of the surveys. The first two strategies eliminated the surveys of cadets who appeared to exaggerate their drug use. The third strategy eliminated the surveys of cadets who repeatedly reported logically inconsistent patterns of drug use.

- In the first strategy, surveys from cadets who reported the highest possible levels of use for every drug (excluding marijuana) were eliminated from the survey data set. This strategy removes the survey of any cadet who did not take it seriously. The presence of this type of exaggeration is one of the clearest indicators of nonvalid surveys.
- In the second strategy, cadets were asked whether they had used a fictitious drug, Derbisol, in the past 30 days or in their lifetimes, as well as how old the cadets were when they first (if ever) used Derbisol. If cadets reported the use of Derbisol on two of these three questions, their surveys were not included in the analysis of the findings.
- The third strategy was used to detect logical inconsistencies among responses to the drug-related questions. Cadets were identified as inconsistent responders in the following circumstances only: (1) if they were inconsistent on two or more of the following drugs: alcohol, cigarettes, smokeless tobacco and marijuana; or (2) if they were inconsistent on five or more of the eight remaining drugs. An example of an inconsistent response would be if a cadet reported that he or she had used alcohol 3-5 times in the past 30 days but had never used alcohol in his or her lifetime.

Middle School Cadets were cooperative and produced an average percentage of valid surveys. All but 39 cadets (5.7%) completed valid surveys. This level of cooperation is typical for most schools using the *Communities That Care*[®] *Youth Survey*. Of the 39 surveys identified and eliminated by one or more of the three strategies described above, 11 exaggerated drug use (strategy 1), 26 reported the use of Derbisol (strategy 2) and 28 responded in a logically inconsistent way (strategy 3). The elimination total produced by these three strategies equals more than 39 because some surveys were identified by more than one strategy.

Demographic Profile of Surveyed Youth

A total of 688 cadets participated in the survey.

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

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

For Middle School Cadets, a notably higher percentage of the respondents were male (62.7% male compared to 34.4% female). Table 1 also shows the ethnic breakdown of the surveyed population. Most cadets identified themselves as African American (48.8%). Slightly more than one in five cadets identified themselves as White (22.2%), and 12.6% of cadets identified themselves as Latino. Note that while the “Other” category listed on all tables includes cadets

who selected “Other” as their primary ethnicity, this category also includes those cadets who selected multiple ethnicities. Therefore, for example, cadets who reported both African American and Latino ethnicity were classified in the “Other” category for the purposes of this report.

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

Overall, it appears that the majority of Middle School Cadets speak English at home (87.0%) and live in a city, town or suburb (94.5%). Furthermore, the average number of adults living in the households of the surveyed cadets is 1.8.

Grade, gender and ethnic breakdowns reveal some differences in the home lives of the surveyed Middle School Cadets. Specifically, a notably higher percentage of females reported that they speak primarily Spanish at home, compared to males (14.6% versus 8.3%, respectively). Table 2 shows that 73.1% of the Latino cadets use Spanish as their primary language at home.

Table 1
Selected Demographic Characteristics of Surveyed Youth

Middle School Cadets

	Number of Students	Percent of Students
Overall Valid Surveys	649	100.0%
Grade		
6th	141	21.7%
7th	231	35.6%
8th	174	26.8%
9th	24	3.7%
10th	8	1.2%
11th	10	1.5%
12th	18	2.8%
Did Not Respond	43	6.6%
Sex		
Male	407	62.7%
Female	223	34.4%
Did Not Respond	19	2.9%
Ethnicity		
White	144	22.2%
African American	317	48.8%
Latino	82	12.6%
American Indian	17	2.6%
Asian	15	2.3%
Other / Multiple	68	10.5%
Did Not Respond	6	0.9%

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

Table 2

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

Middle School Cadets

	<i>Primary Language Spoken at Home</i>			<i>Urbanicity of Primary Residence</i>			<i>Average Number of Adults Living in Household</i>
	English %	Spanish %	Other %	City, town, suburb %	Country %	Farm %	
Overall	87.0	10.7	2.3	94.5	4.9	0.7	1.8
Grade							
6th	85.8	13.4	0.7	93.9	5.3	0.8	1.9
7th	89.0	10.0	0.9	96.3	3.7	0.0	1.9
8th	91.6	4.2	4.2	91.7	7.1	1.2	1.8
9th	73.9	26.1	0.0	95.7	4.3	0.0	1.8
Sex							
Male	89.4	8.3	2.3	94.6	4.7	0.8	1.9
Female	83.1	14.6	2.3	93.9	5.6	0.5	1.8
Ethnicity							
White	96.3	0.0	3.7	87.4	11.1	1.5	1.9
African American	98.7	0.3	1.0	97.4	2.6	0.0	1.7
Latino	26.9	73.1	0.0	98.7	1.3	0.0	2.1
American Indian	100.0	0.0	0.0	88.2	11.8	0.0	1.9
Asian	76.9	0.0	23.1	100.0	0.0	0.0	1.9
Other / Multiple	82.8	12.5	4.7	90.6	6.3	3.1	2.1

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

Drug Use

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

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

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

Table 3

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

	Middle School Cadets							Monitoring the Future ¹						
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	6th %	7th %	8th %	9th %	10th %	11th %	12th %
Alcohol	16.1	30.5	38.9	22.7	--	--	--	--	--	51.7	--	71.4	--	80.3
Cigarettes	15.9	21.9	32.7	14.3	--	--	--	--	--	40.5	--	55.1	--	62.5
Smokeless Tobacco	4.4	3.1	6.1	4.5	--	--	--	--	--	12.8	--	19.1	--	23.1
Marijuana	4.5	6.8	13.1	4.5	--	--	--	--	--	20.3	--	40.3	--	48.8
Inhalants	10.1	10.0	6.9	4.5	--	--	--	--	--	17.9	--	16.6	--	14.2
Methamphetamine	0.0	0.5	0.6	0.0	--	--	--	--	--	--	--	--	--	--
Cocaine	0.0	0.5	1.9	0.0	--	--	--	--	--	4.5	--	6.9	--	8.6
Crack	0.0	0.5	1.9	0.0	--	--	--	--	--	3.1	--	3.7	--	3.9
Downers	0.0	1.0	0.6	0.0	--	--	--	--	--	--	--	--	--	--
LSD/Psychedelics	0.9	1.1	1.9	0.0	--	--	--	--	--	4.6	--	8.9	--	13.0
Heroin	0.0	0.0	0.0	0.0	--	--	--	--	--	1.9	--	2.2	--	2.4
Steroids	1.9	0.0	2.5	0.0	--	--	--	--	--	3.0	--	3.5	--	2.5

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

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

Table 4

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

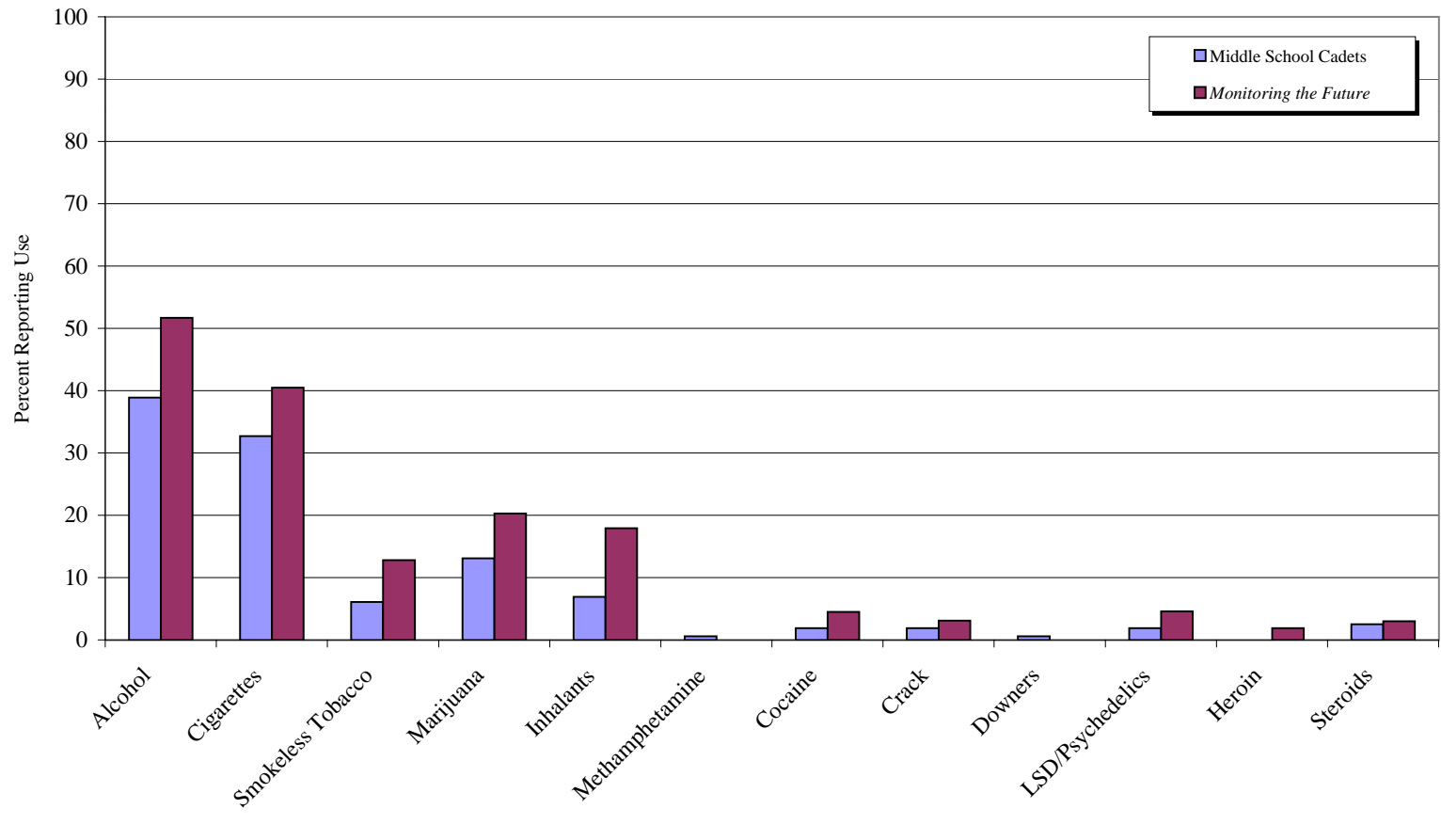
	Middle School Cadets							Monitoring the Future ¹						
	6th	7th	8th	9th	10th	11th	12th	6th	7th	8th	9th	10th	11th	12th
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	9.7	10.6	22.7	9.1	--	--	--	--	--	22.4	--	41.0	--	50.0
Binge Drinking	2.8	3.8	14.0	0.0	--	--	--	--	--	14.1	--	26.2	--	30.0
Cigarettes	3.5	5.2	10.4	9.1	--	--	--	--	--	14.6	--	23.9	--	31.4
Smokeless Tobacco	1.8	1.0	2.5	4.5	--	--	--	--	--	4.2	--	6.1	--	7.6
Marijuana	1.8	5.3	7.5	0.0	--	--	--	--	--	9.1	--	19.7	--	21.6
Inhalants	2.7	4.2	1.3	0.0	--	--	--	--	--	4.5	--	2.6	--	2.2
Methamphetamine	0.0	0.0	0.0	0.0	--	--	--	--	--	--	--	--	--	--
Cocaine	0.0	0.5	0.6	0.0	--	--	--	--	--	1.2	--	1.8	--	2.1
Crack	0.0	0.0	0.6	0.0	--	--	--	--	--	0.8	--	0.9	--	1.0
Downers	0.0	0.0	0.6	0.0	--	--	--	--	--	--	--	--	--	--
LSD/Psychedelics	0.0	0.5	0.6	0.0	--	--	--	--	--	1.2	--	2.3	--	2.6
Heroin	0.0	0.0	0.6	0.0	--	--	--	--	--	0.5	--	0.5	--	0.7
Steroids	0.0	0.0	1.3	0.0	--	--	--	--	--	0.8	--	1.0	--	0.8

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

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

Graph 1

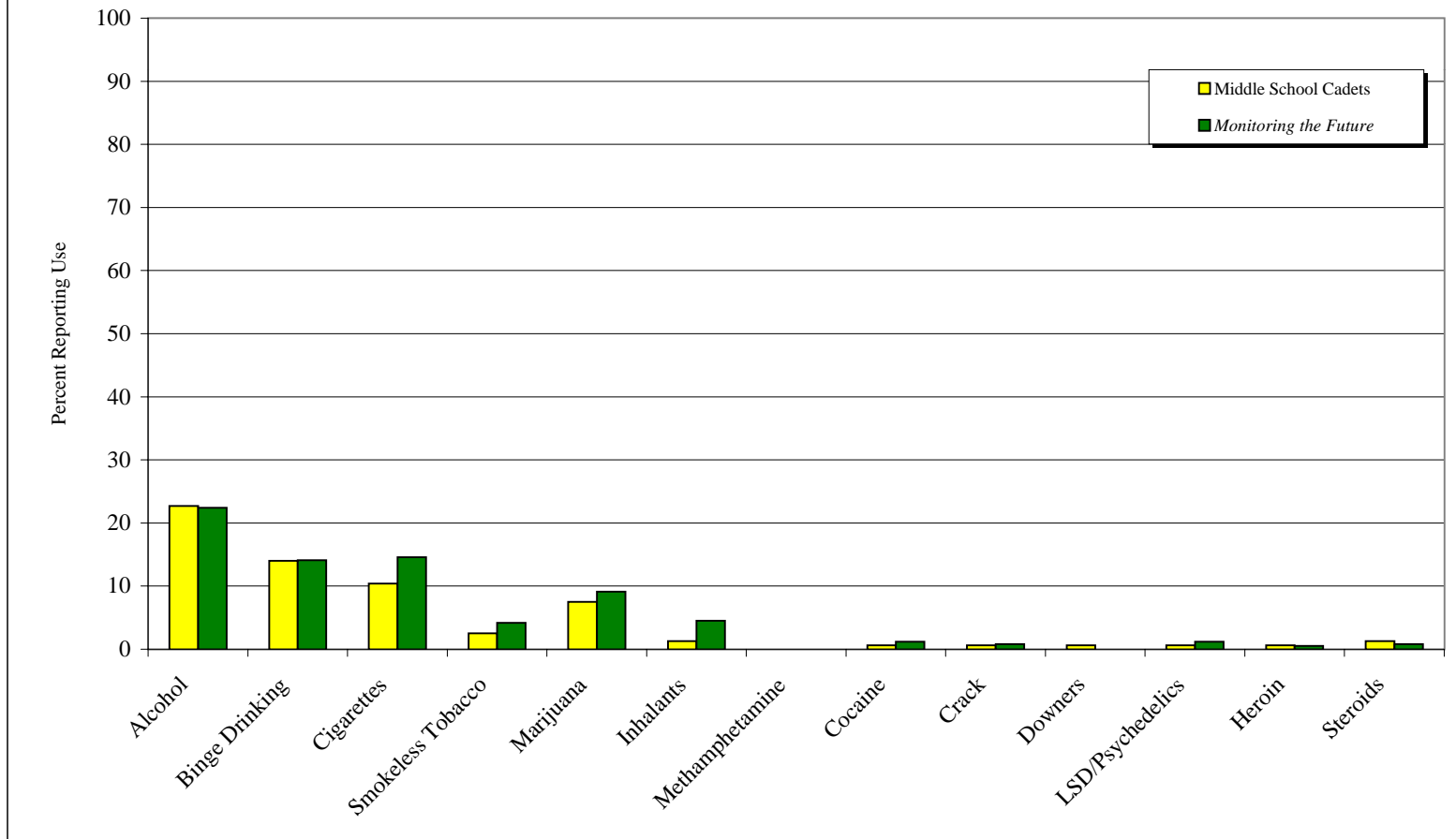
Lifetime Prevalence of Alcohol, Tobacco, and Other Drug Use for 8th Grade Middle School Cadets and the “Monitoring the Future” Study



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

Graph 2

Past-30-Day Prevalence of Alcohol, Tobacco, and Other Drug Use for 8th Grade Middle School Cadets and the “Monitoring the Future” Study



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

Alcohol

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

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

The lifetime prevalence-of-use rate for alcohol is a good measure of cadet experimentation. Of the surveyed Middle School Cadets, 30.2% have used alcohol sometime in their lifetimes (see Table 5). Lifetime prevalence of alcohol use ranges from a low of 16.1% for 6th grade cadets to a high of 38.9% for 8th grade cadets. The findings from the *Monitoring the Future* study (see Table 3) indicate a national lifetime prevalence of alcohol use that ranges from a low of 51.7% for 8th graders to a high of 80.3% for 12th graders (note that there are no comparison data available from *Monitoring the Future* for the 6th and 7th grades). The surveyed 8th grade cadets have experimented with alcohol at a rate that is slightly lower than the national average.

The past-30-day prevalence-of-use rate is a good measure of current use of alcohol. Fewer than one in six (15.4%) of the surveyed Middle School Cadets reported using alcohol in the past 30-days. The surveyed 8th grade cadets reported a rate for past-30-day prevalence of alcohol use that is similar to that in the *Monitoring the Future* study (see Table 4) for the year 2000.

The frequency of alcohol use is presented in Table 6. This table shows the percentage of cadets who reported using alcohol in the past 30 days as well as the number of times that they reported using it. For instance, 1.8% of the 8th grade cadets indicated that they had used alcohol from 6-9 times in the past month. Table 6 also shows the average frequency of alcohol use for those cadets who reported at least one use. Among surveyed cadets there is some fluctuation in the frequency of alcohol use. That is, among users during the past month, 6th grade cadets used alcohol an average of 5.5 times while 8th grade cadets used it an average of 6.3 times. Seventh grade cadets who use alcohol reported using it more frequently than cadets in other grades (8.3 times).

Findings on binge drinking (defined as a report of five or more drinks in a row within the past two weeks) are likely to be among the most important related to alcohol use (Johnston et al., 1999). Binge drinking should be considered extremely dangerous. Several studies have shown that binge drinking is related to higher probabilities of drinking and driving as well as injury due to intoxication. Analysis of the survey results for Middle School Cadets reveals that 8th grade

cadets are involved in binge drinking at a rate similar to that reported by students around the rest of the nation. As shown in Table 7, 7.5% of Middle School Cadets reported at least one episode of binge drinking in the past two weeks.

Often, there are differences between the sexes regarding the findings on alcohol use. This is the case among Middle School Cadets. Specifically, males reported lower rates for both lifetime and past-30-day alcohol use, compared to females (lifetime use is 39.7% of girls and 25.3% of boys; past-30-day use is 22.2% of girls and 12.3% of boys). Furthermore, males reported a lower rate of binge drinking than did girls (9.1% of girls compared to 6.2% of boys).

Given that most of the surveyed cadets identified themselves as African American, it is worth noting that the lifetime prevalence of use rate for African American cadets (25.7%) is slightly lower than the reported rate of lifetime use for White (36.4%) and Latino cadets (35.1%). For past-30-day alcohol use, the rate of use for African American (11.8%) is lower than the rates of use for White and Latino cadets (21.3% and 22.8%, respectively).

Table 5

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

	Lifetime		30-Day	
	N	%	N	%
Overall	550	30.2%	553	15.4%
Grade				
6th	112	16.1%	113	9.7%
7th	187	30.5%	188	10.6%
8th	162	38.9%	163	22.7%
9th	22	22.7%	22	9.1%
Sex				
Male	348	25.3%	351	12.3%
Female	189	39.7%	189	22.2%
Ethnicity				
White	140	36.4%	141	21.3%
African American	268	25.7%	271	11.8%
Latino	57	35.1%	57	22.8%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	55	38.2%	55	16.4%

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

Table 6

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

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never</i> %	<i>Any Occasion</i> %	<i>1-2</i> %	<i>3-5</i> %	<i>6-9</i> %	<i>10-19</i> %	<i>20-39</i> %	<i>40+</i> %	
Overall	84.6	15.4	9.2	2.7	0.7	1.4	0.2	1.1	6.5
<i>Grade</i>									
6th	90.3	9.7	7.1	1.8	0.0	0.0	0.0	0.9	5.5
7th	89.4	10.6	6.9	1.1	0.0	1.1	0.5	1.1	8.3
8th	77.3	22.7	12.3	4.3	1.8	3.1	0.0	1.2	6.3
9th	90.9	9.1	9.1	0.0	0.0	0.0	0.0	0.0	1.5
<i>Sex</i>									
Male	87.7	12.3	6.8	2.3	0.9	1.4	0.0	0.9	6.6
Female	77.8	22.2	14.3	3.7	0.5	1.6	0.5	1.6	6.4
<i>Ethnicity</i>									
White	78.7	21.3	13.5	3.5	0.7	1.4	0.0	2.1	6.8
African American	88.2	11.8	7.4	1.1	0.7	1.8	0.0	0.7	6.5
Latino	77.2	22.8	14.0	5.3	0.0	1.8	0.0	1.8	6.0
American Indian	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*
Other / Multiple	83.6	16.4	7.3	5.5	1.8	0.0	1.8	0.0	6.1

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

Table 7

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

	<i>Prevalence</i>		<i>Number of Occasions</i>					<i>Average Number of Occasions</i>
	<i>Never</i> %	<i>Any Occasion</i> %	<i>1</i> %	<i>2</i> %	<i>3-5</i> %	<i>6-9</i> %	<i>10+</i> %	
Overall	92.5	7.5	2.8	1.3	2.1	0.6	0.7	3.4
<i>Grade</i>								
6th	97.2	2.8	0.9	0.9	0.9	0.0	0.0	2.3
7th	96.2	3.8	1.1	0.0	1.1	0.0	1.6	5.7
8th	86.0	14.0	5.7	1.9	4.5	1.3	0.6	3.1
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	
<i>Sex</i>								
Male	93.8	6.2	2.4	1.5	1.5	0.3	0.6	3.1
Female	90.9	9.1	2.7	1.1	3.2	1.1	1.1	4.0
<i>Ethnicity</i>								
White	92.6	7.4	2.9	0.7	2.2	1.5	0.0	3.3
African American	94.6	5.4	2.7	1.2	0.8	0.4	0.4	2.8
Latino	88.9	11.1	5.6	0.0	3.7	0.0	1.9	3.5
American Indian	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*
Other / Multiple	85.5	14.5	1.8	3.6	5.5	0.0	3.6	4.6

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

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

	Lifetime		30-Day	
	N	%	N	%
Overall	557	23.9%	559	6.6%
Grade				
6th	113	15.9%	113	3.5%
7th	192	21.9%	192	5.2%
8th	162	32.7%	163	10.4%
9th	21	14.3%	22	9.1%
Sex				
Male	353	21.5%	356	4.8%
Female	191	28.8%	191	10.5%
Ethnicity				
White	140	28.6%	140	7.1%
African American	272	19.9%	275	4.4%
Latino	58	24.1%	57	12.3%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	29.8%	57	10.5%

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

Table 9

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

	<i>Prevalence</i>		<i>Reported Daily Frequency of Cigarette Use</i>						<i>Average Number of Cigarettes Daily</i>
	<i>Never</i> %	<i>Any Occasion</i> %	<i>< 1</i> %	<i>1-5</i> %	<i>10</i> %	<i>20</i> %	<i>30</i> %	<i>40+</i> %	
Overall	93.4	6.6	4.1	1.3	0.7	0.4	0.0	0.2	4.1
Grade									
6th	96.5	3.5	1.8	1.8	0.0	0.0	0.0	0.0	1.8
7th	94.8	5.2	3.1	1.0	0.5	0.5	0.0	0.0	3.9
8th	89.6	10.4	6.7	1.2	1.8	0.6	0.0	0.0	3.6
9th	90.9	9.1	9.1	0.0	0.0	0.0	0.0	0.0	0.5
Sex									
Male	95.2	4.8	2.5	1.1	0.6	0.3	0.0	0.3	5.7
Female	89.5	10.5	7.3	1.6	1.0	0.5	0.0	0.0	2.8
Ethnicity									
White	92.9	7.1	2.9	1.4	1.4	1.4	0.0	0.0	6.8
African American	95.6	4.4	2.2	1.5	0.4	0.0	0.0	0.4	5.4
Latino	87.7	12.3	12.3	0.0	0.0	0.0	0.0	0.0	0.5
American Indian	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*
Other / Multiple	89.5	10.5	8.8	1.8	0.0	0.0	0.0	0.0	0.9

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

Table 10

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

	Lifetime		30-Day	
	N	%	N	%
Overall	562	4.4%	558	2.0%
Grade				
6th	113	4.4%	110	1.8%
7th	193	3.1%	193	1.0%
8th	164	6.1%	163	2.5%
9th	22	4.5%	22	4.5%
Sex				
Male	358	4.7%	355	1.4%
Female	191	3.1%	190	2.6%
Ethnicity				
White	141	7.1%	141	1.4%
African American	276	2.9%	273	2.2%
Latino	58	3.4%	57	3.5%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	7.0%	57	1.8%

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

Marijuana

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

The 8th grade Middle School Cadets reported a lower rate of lifetime marijuana use compared to the result from the *Monitoring the Future* study (see Table 3). In their lifetimes, about 9.5% of the surveyed cadets have used marijuana or hashish, with use rising from a low of 4.5% in the 6th grade to a high of 13.1% in the 8th grade (see Table 11).

For past-30-day use, the reported rate for prevalence of marijuana use by 8th grade cadets is slightly lower than the *Monitoring the Future* rate (see Table 4). Overall, 4.8% of surveyed cadets reported using marijuana in the past 30-days.

Table 12 presents the frequency of marijuana use in the past 30 days. Among Middle School Cadets, 7th graders reported using marijuana with the greatest frequency (20.2 times in the past month). As with alcohol and cigarettes, frequency of marijuana use has a tendency to increase substantially as cadets progress through school. This is the case with the Middle School Cadets.

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

	Lifetime		30-Day	
	N	%	N	%
Overall	548	9.5%	544	4.8%
Grade				
6th	110	4.5%	109	1.8%
7th	190	6.8%	187	5.3%
8th	160	13.1%	160	7.5%
9th	22	4.5%	22	0.0%
Sex				
Male	348	8.3%	344	3.2%
Female	187	12.3%	188	8.0%
Ethnicity				
White	139	10.1%	138	3.6%
African American	267	7.9%	265	3.4%
Latino	54	13.0%	54	7.4%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	14.0%	57	10.5%

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

Table 12

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

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	95.2	4.8	1.3	0.9	0.4	0.9	0.7	0.6	13.7
Grade									
6th	98.2	1.8	0.9	0.0	0.0	0.9	0.0	0.0	8.0
7th	94.7	5.3	1.6	0.5	0.0	0.5	1.1	1.6	20.2
8th	92.5	7.5	1.3	2.5	0.6	1.9	1.3	0.0	10.8
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex									
Male	96.8	3.2	0.6	0.3	0.0	0.9	0.6	0.9	20.9
Female	92.0	8.0	2.7	2.1	1.1	1.1	1.1	0.0	8.4
Ethnicity									
White	96.4	3.6	0.0	1.4	0.0	0.0	1.4	0.7	21.4
African American	96.6	3.4	1.5	0.8	0.0	0.4	0.4	0.4	10.9
Latino	92.6	7.4	1.9	1.9	0.0	3.7	0.0	0.0	8.6
American Indian	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*
Other / Multiple	89.5	10.5	0.0	0.0	3.5	3.5	1.8	1.8	18.9

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

Inhalants

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

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

Inhalant use typically peaks in middle school years and decreases throughout high school. This can be seen in the lifetime and past-30-day prevalence-of-use data from the *Monitoring the Future* study (see Tables 3 and 4). For Middle School Cadets, lifetime inhalant use peaks in the 6th grade. For past-30-day prevalence, inhalant use peaks in the 7th grade (see Table 13). Compared to the *Monitoring the Future* study, the rates of lifetime and past-30-day inhalant use are notably lower among 8th grade Middle School Cadets (see Tables 3 and 4).

Table 13

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

	Lifetime		30-Day	
	N	%	N	%
Overall	547	8.0%	548	2.6%
Grade				
6th	109	10.1%	110	2.7%
7th	190	10.0%	190	4.2%
8th	159	6.9%	160	1.3%
9th	22	4.5%	22	0.0%
Sex				
Male	346	7.2%	347	2.3%
Female	188	8.5%	189	2.6%
Ethnicity				
White	139	9.4%	139	3.6%
African American	267	7.9%	268	2.2%
Latino	54	7.4%	54	3.7%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	7.0%	57	1.8%

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

Table 14

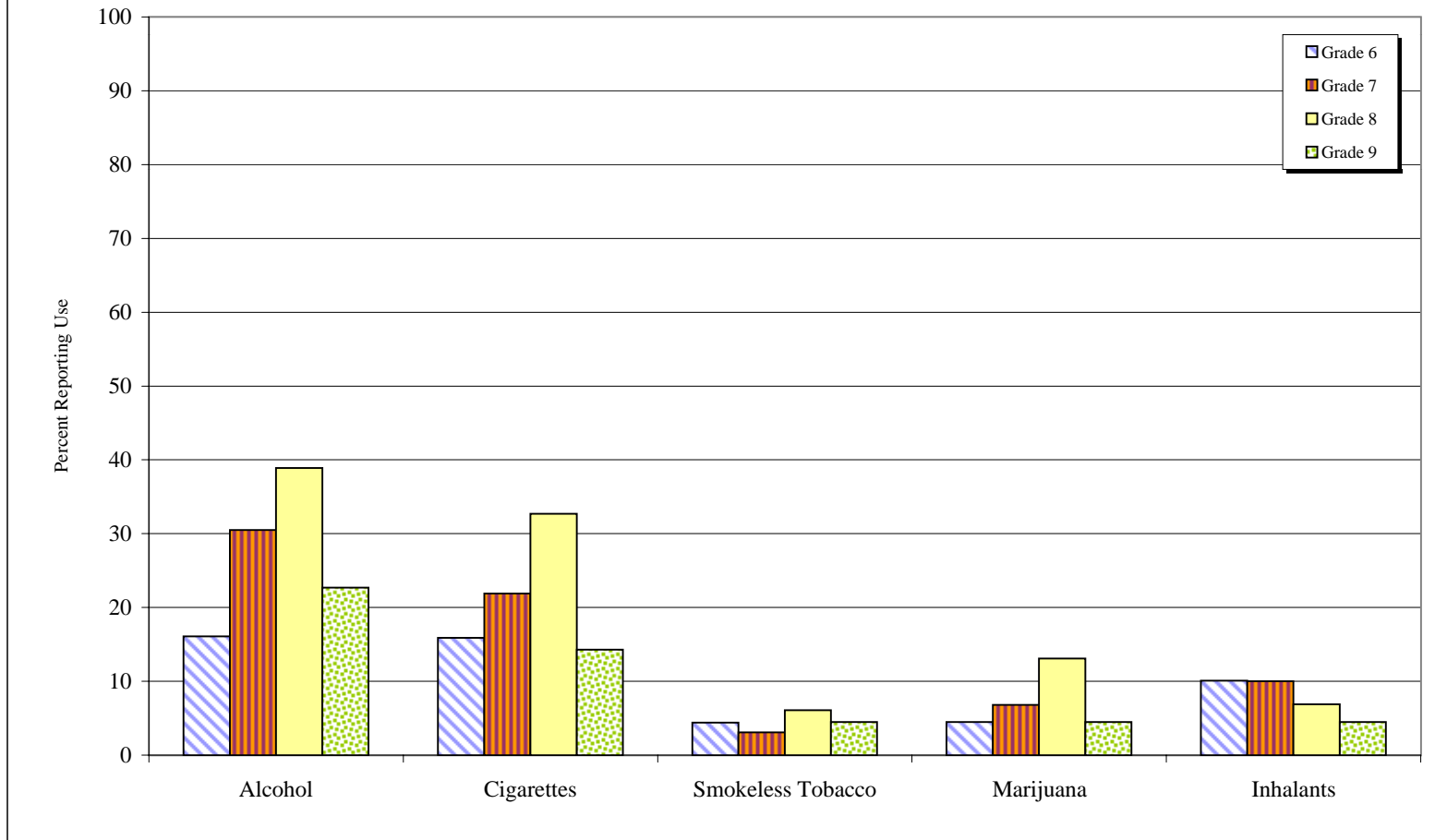
Frequency of Inhalant Use During the Past 30 Days, by Selected Demographic Characteristics

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never</i> %	<i>Any Occasion</i> %	<i>1-2</i> %	<i>3-5</i> %	<i>6-9</i> %	<i>10-19</i> %	<i>20-39</i> %	<i>40+</i> %	
Overall	97.4	2.6	2.0	0.5	0.0	0.0	0.0	0.0	2.0
Grade									
6th	97.3	2.7	1.8	0.9	0.0	0.0	0.0	0.0	2.3
7th	95.8	4.2	3.2	1.1	0.0	0.0	0.0	0.0	2.1
8th	98.8	1.3	1.3	0.0	0.0	0.0	0.0	0.0	1.5
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex									
Male	97.7	2.3	2.0	0.3	0.0	0.0	0.0	0.0	1.8
Female	97.4	2.6	1.6	1.1	0.0	0.0	0.0	0.0	2.5
Ethnicity									
White	96.4	3.6	3.6	0.0	0.0	0.0	0.0	0.0	1.5
African American	97.8	2.2	1.5	0.7	0.0	0.0	0.0	0.0	2.3
Latino	96.3	3.7	1.9	1.9	0.0	0.0	0.0	0.0	2.8
American Indian	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*
Other / Multiple	98.2	1.8	1.8	0.0	0.0	0.0	0.0	0.0	1.5

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

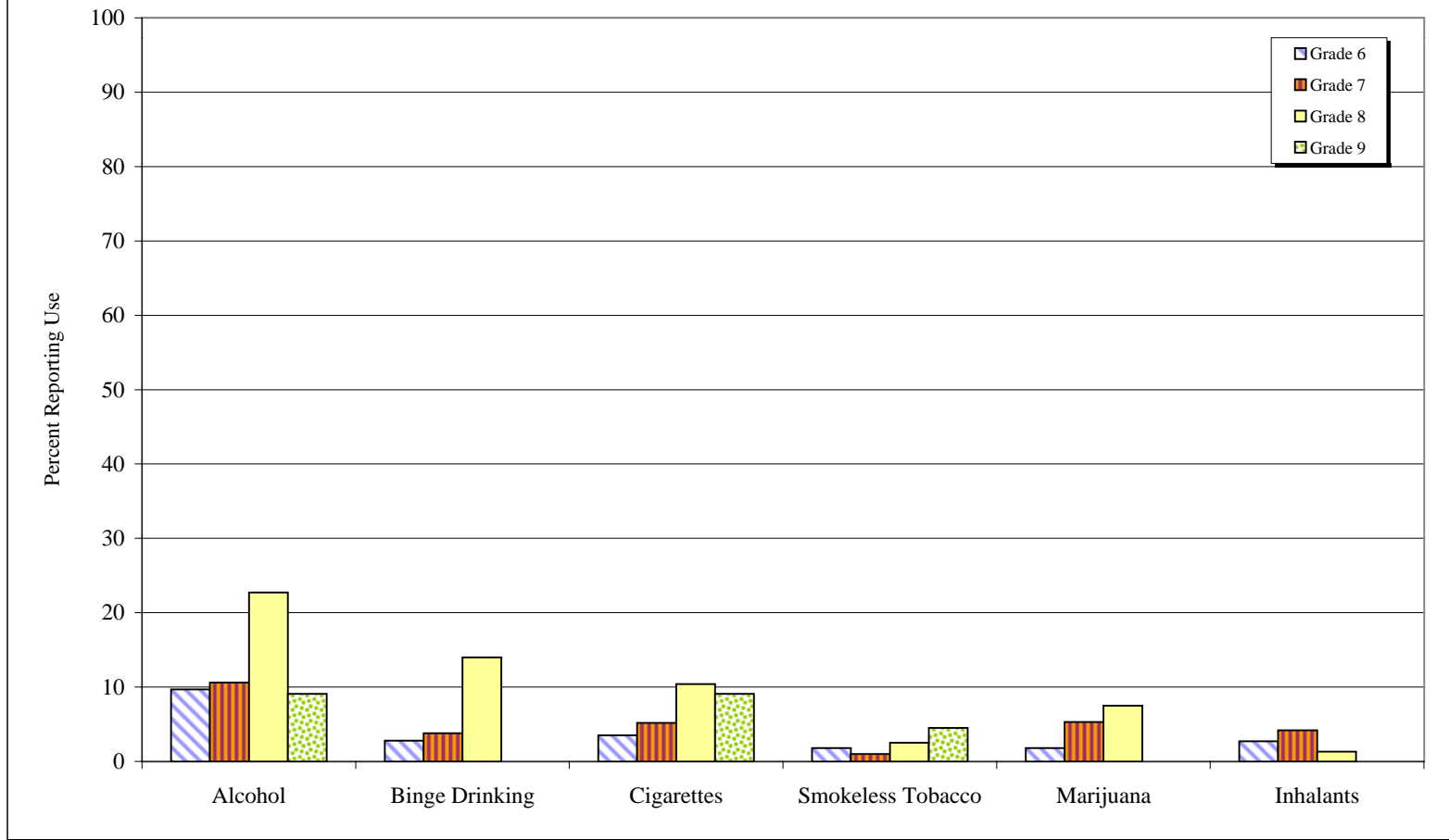
Graph 3

Lifetime Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Middle School Cadets



Graph 4

Past-30-Day Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Middle School Cadets



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

Other Drugs

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

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

Overall, 1.1% of Middle School Cadets reported using cocaine, crack, hallucinogens, or steroids at least once in their lifetimes (see Tables 16, 17, 19 and 21). With the exception of cocaine (0.6%), no more than 0.4% of cadets reported using the aforementioned drugs at least once within the past month. Rates of use are generally highest among 8th grade cadets.

No more than 0.6% of cadets indicated use of methamphetamine, downers/depressants, or heroin during their lifetimes.

Table 15

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

	Lifetime		30-Day	
	N	%	N	%
Overall	539	0.6%	539	0.2%
Grade				
6th	105	0.0%	106	0.0%
7th	188	0.5%	187	0.0%
8th	158	0.6%	159	0.0%
9th	22	0.0%	22	0.0%
Sex				
Male	341	0.6%	342	0.3%
Female	185	0.5%	185	0.0%
Ethnicity				
White	137	0.7%	136	0.7%
African American	265	0.8%	264	0.0%
Latino	51	0.0%	52	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	56	0.0%	57	0.0%

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

Table 16

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

	Lifetime		30-Day	
	N	%	N	%
Overall	543	1.1%	545	0.6%
Grade				
6th	108	0.0%	106	0.0%
7th	188	0.5%	192	0.5%
8th	159	1.9%	160	0.6%
9th	22	0.0%	22	0.0%
Sex				
Male	343	1.2%	347	0.6%
Female	188	1.1%	185	0.5%
Ethnicity				
White	137	2.2%	140	0.0%
African American	266	0.8%	269	0.4%
Latino	53	0.0%	51	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	1.8%	56	1.8%

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

Table 17

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

	Lifetime		30-Day	
	N	%	N	%
Overall	546	1.1%	545	0.4%
Grade				
6th	106	0.0%	106	0.0%
7th	192	0.5%	193	0.0%
8th	160	1.9%	159	0.6%
9th	22	0.0%	22	0.0%
Sex				
Male	347	0.9%	348	0.0%
Female	186	1.1%	184	0.5%
Ethnicity				
White	141	2.1%	140	0.7%
African American	269	0.7%	270	0.0%
Latino	51	0.0%	50	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	56	1.8%	56	1.8%

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

Table 18

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

	Lifetime		30-Day	
	N	%	N	%
Overall	535	0.6%	533	0.2%
Grade				
6th	102	0.0%	102	0.0%
7th	191	1.0%	190	0.0%
8th	158	0.6%	157	0.6%
9th	22	0.0%	21	0.0%
Sex				
Male	344	0.9%	342	0.3%
Female	179	0.0%	179	0.0%
Ethnicity				
White	137	1.5%	137	0.7%
African American	266	0.0%	263	0.0%
Latino	49	0.0%	50	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	55	1.8%	55	0.0%

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

Table 19

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

	Lifetime		30-Day	
	N	%	N	%
Overall	545	1.1%	543	0.4%
Grade				
6th	110	0.9%	107	0.0%
7th	190	1.1%	190	0.5%
8th	157	1.9%	159	0.6%
9th	22	0.0%	22	0.0%
Sex				
Male	344	0.9%	344	0.0%
Female	189	1.6%	187	1.1%
Ethnicity				
White	139	0.7%	137	0.0%
African American	266	1.1%	267	0.4%
Latino	54	1.9%	52	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	57	1.8%	57	1.8%

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

Table 20

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

	Lifetime		30-Day	
	N	%	N	%
Overall	540	0.0%	539	0.2%
Grade				
6th	105	0.0%	104	0.0%
7th	190	0.0%	190	0.0%
8th	159	0.0%	158	0.6%
9th	22	0.0%	22	0.0%
Sex				
Male	344	0.0%	342	0.0%
Female	185	0.0%	185	0.5%
Ethnicity				
White	137	0.0%	138	0.0%
African American	267	0.0%	265	0.4%
Latino	51	0.0%	51	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	56	0.0%	56	0.0%

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

Table 21

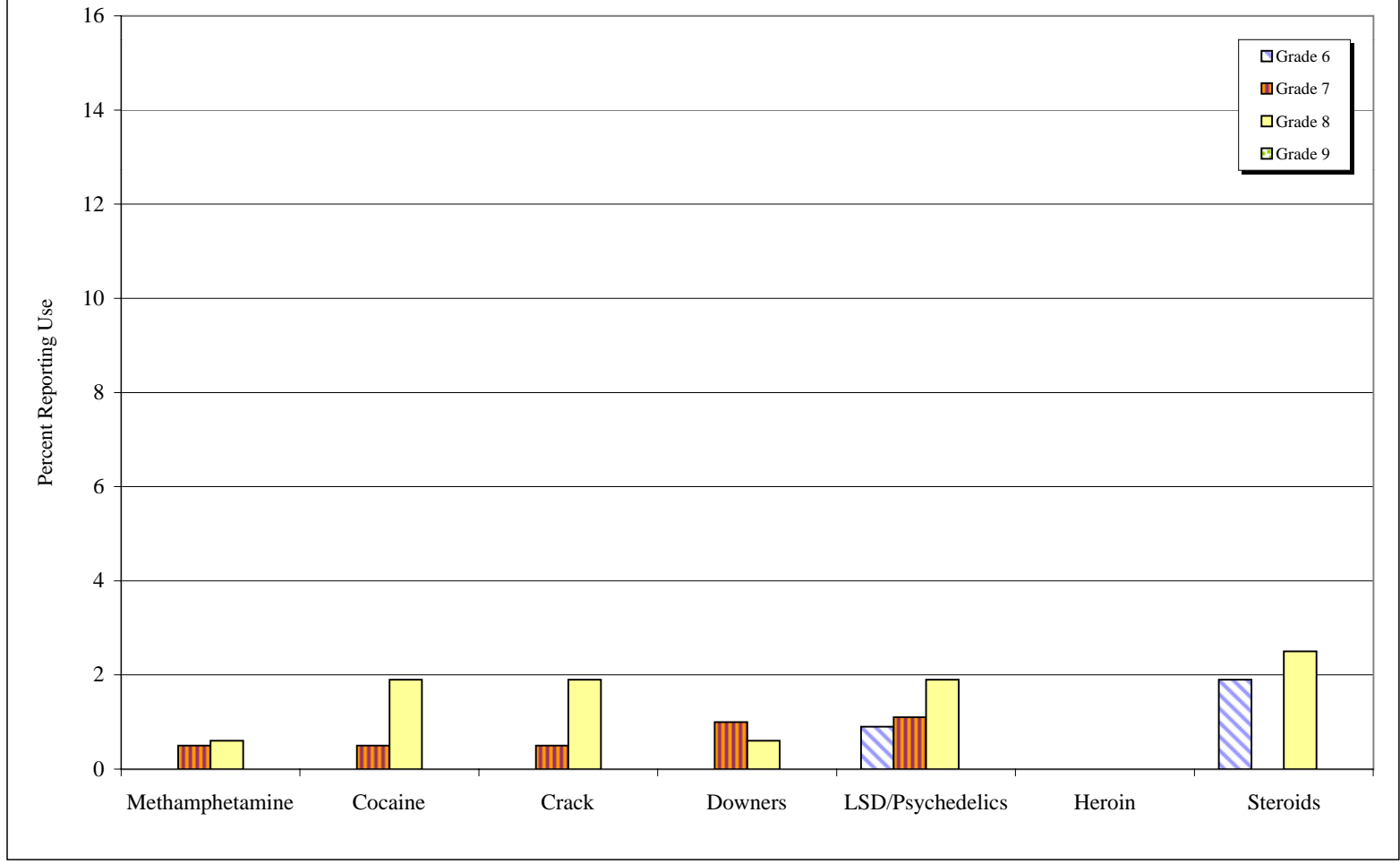
Lifetime and Past-30-Day Prevalence of Steroid Use, by Selected Demographic Characteristics

	Lifetime		30-Day	
	N	%	N	%
Overall	545	1.1%	544	0.4%
Grade				
6th	106	1.9%	106	0.0%
7th	192	0.0%	192	0.0%
8th	160	2.5%	159	1.3%
9th	22	0.0%	22	0.0%
Sex				
Male	347	0.6%	347	0.3%
Female	186	1.6%	184	0.0%
Ethnicity				
White	141	1.4%	140	1.4%
African American	269	0.7%	268	0.0%
Latino	50	2.0%	51	0.0%
American Indian	*	*	*	*
Asian	*	*	*	*
Other / Multiple	56	0.0%	56	0.0%

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

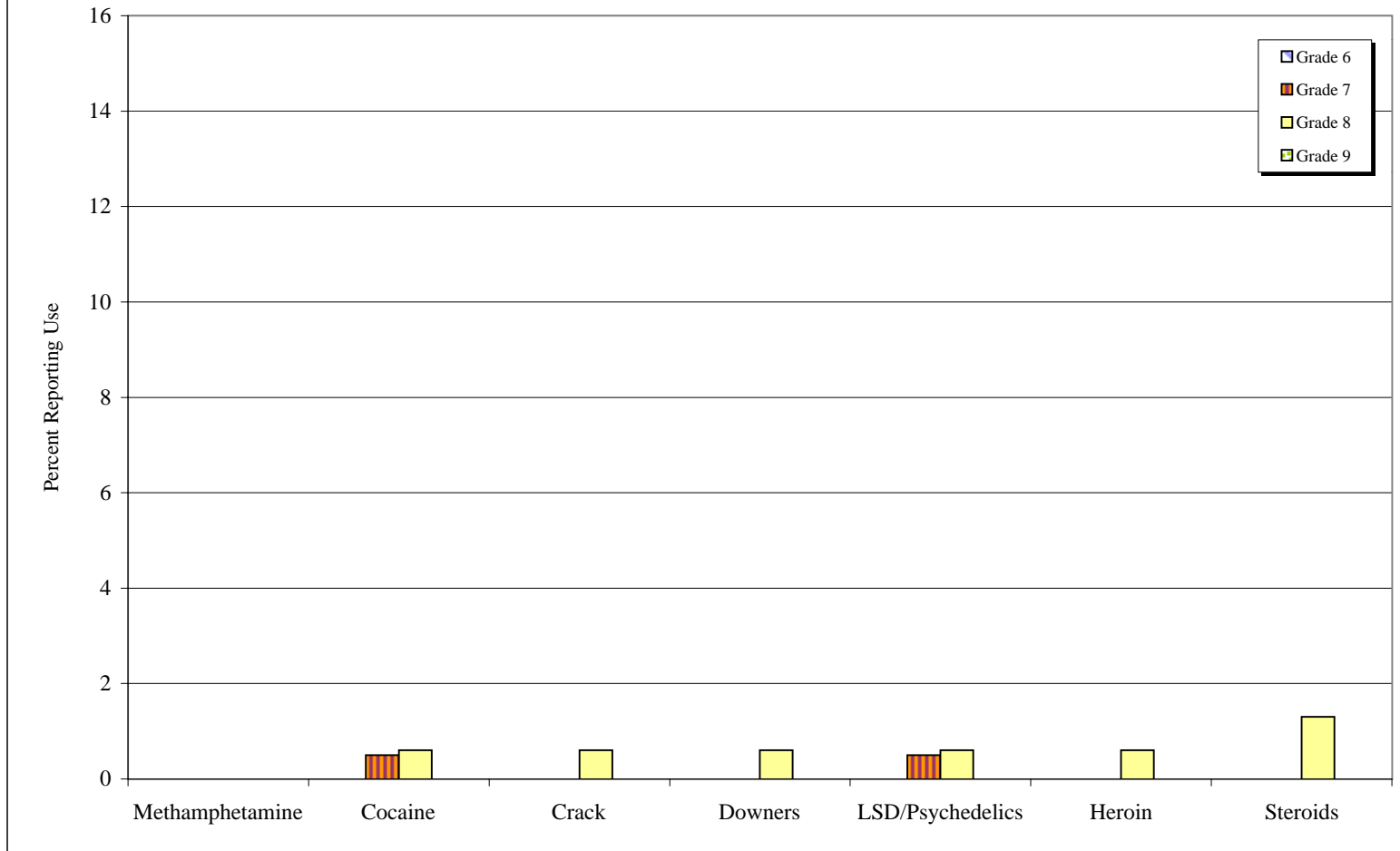
Graph 5

Lifetime Prevalence of Other Drug Use for Middle School Cadets



Graph 6

Past-30-Day Prevalence of Other Drug Use for Middle School Cadets



Other Antisocial Behaviors

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

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

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

See Tables 22-29 for specifics by grade, sex and ethnicity, as well as for information on frequency of student involvement in these behaviors. With some notable exceptions, only a small proportion of the surveyed Middle School Cadets reported that they had engaged in any of the antisocial behaviors measured by the survey. Furthermore, given the small proportion of cadets that indicated an antisocial act, differences by grade, sex, and ethnicity are difficult to interpret. However, consistent differences between boys and girls were found, with boys reporting these behaviors more often.

Attacking Someone with Intent to Harm

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

Among surveyed Middle School Cadets, 15.0% reported having attacked someone with the intent to harm them in the past year (see Table 22). Rates of this behavior are highest among 7th graders and lowest among 6th graders. The rate for this behavior for African Americans (18.1%) is notably higher than the rates for Whites (10.6%) or Latinos (11.1%).

Attempting to Steal a Vehicle

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

Among surveyed Middle School Cadet, 2.3% reported having stolen, or attempted to steal, a motor vehicle in the past year (see Table 23). Findings are highest among 8th graders (3.6%). The rate of this behavior for White cadets (2.8%) is notably higher than the rates for both African American (1.7%) and Latino cadets (1.4%).

Being Arrested

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

Among surveyed Middle School Cadets, 7.1% reported having been arrested in the past year. Table 24 reveals rates that are the same for males and females (7.2%).

Being Drunk or High at School

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

Among surveyed Middle School Cadets, 5.8% reported having been drunk or high at school in the past year. Table 25 reveals that a notably higher percentage of females reported having been drunk or high at school compared to males (8.5% versus 4.2%).

Carrying a Handgun

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

Among surveyed Middle School Cadets, 4.3% reported having carried a handgun in the past year. Table 26 illustrates that a notably higher percentage of males reported carrying a handgun

in the past year compared to females (5.2% versus 2.9%). Ninth graders reported no involvement.

Getting Suspended

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

Among surveyed Middle School Cadets, 27.3% reported having been suspended in the past year (Table 27). Rates are highest among 6th graders and lowest among 7th graders. This is the most prevalent antisocial behavior reported by surveyed cadets. Table 27 reveals that African American cadets reported being suspended at a notably higher rate than those reported by either White or Latino cadets (3.5% of African Americans, compared to 13.6% of Whites and 19.2% of Latinos).

Selling Drugs

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

Among surveyed Middle School Cadets, 2.7% reported having sold drugs in the past year. As can be seen in Table 28, three times as many female cadets reported involvement in drug selling compared to males (4.8% versus 1.6%).

Taking a Handgun to School

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

Among surveyed Middle School Cadets, 0.3% reported having taken a handgun to school in the past year. Table 29 reveals that only 7th grade cadets reported involvement in this behavior (0.9%).

Table 22

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

Attacking Someone with Intent to Harm

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	Never %	Any Occasion %	1-2 %	3-5 %	6-9 %	10-19 %	20-29 %	30-39 %	40+ %	
Overall	85.0	15.0	10.0	2.5	1.5	0.2	0.3	0.0	0.5	4.5
Grade										
6th	87.3	12.7	11.1	0.8	0.8	0.0	0.0	0.0	0.0	2.0
7th	82.5	17.5	10.8	3.3	1.4	0.5	0.5	0.0	0.9	5.5
8th	84.7	15.3	8.8	2.9	2.4	0.0	0.6	0.0	0.6	5.3
9th	91.3	8.7	8.7	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Sex										
Male	84.1	15.9	11.1	2.4	1.6	0.0	0.3	0.0	0.5	4.1
Female	86.1	13.9	8.2	2.9	1.4	0.5	0.5	0.0	0.5	5.2
Ethnicity										
White	89.4	10.6	8.5	1.4	0.7	0.0	0.0	0.0	0.0	2.2
African American	81.9	18.1	12.2	3.8	1.0	0.3	0.3	0.0	0.3	3.8
Latino	88.9	11.1	6.9	1.4	0.0	0.0	0.0	0.0	2.8	11.4
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	85.9	14.1	7.8	0.0	6.3	0.0	0.0	0.0	0.0	4.2

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

Table 23

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

Attempting to Steal a Vehicle

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never</i>	<i>Any Occasion</i>	<i>1-2</i>	<i>3-5</i>	<i>6-9</i>	<i>10-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40+</i>	
	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	
Overall	97.7	2.3	1.5	0.2	0.2	0.2	0.2	0.0	0.2	7.4
Grade										
6th	99.2	0.8	0.8	0.0	0.0	0.0	0.0	0.0	0.0	1.5
7th	97.7	2.3	1.4	0.5	0.5	0.0	0.0	0.0	0.0	3.2
8th	96.4	3.6	2.4	0.0	0.0	0.0	0.6	0.0	0.6	11.8
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex										
Male	97.6	2.4	1.6	0.0	0.3	0.3	0.3	0.0	0.0	6.2
Female	97.6	2.4	1.4	0.5	0.0	0.0	0.0	0.0	0.5	9.7
Ethnicity										
White	97.2	2.8	2.1	0.0	0.0	0.7	0.0	0.0	0.0	4.8
African American	98.3	1.7	1.4	0.0	0.0	0.0	0.3	0.0	0.0	6.1
Latino	98.6	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	1.5
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	95.2	4.8	1.6	0.0	1.6	0.0	0.0	0.0	1.6	16.3

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

Table 24

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

Being Arrested

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	Never %	Any Occasion %	1-2 %	3-5 %	6-9 %	10-19 %	20-29 %	30-39 %	40+ %	
Overall	92.9	7.1	5.0	0.8	1.0	0.2	0.0	0.0	0.0	3.0
Grade										
6th	95.2	4.8	4.8	0.0	0.0	0.0	0.0	0.0	0.0	1.5
7th	90.9	9.1	5.3	1.4	2.4	0.0	0.0	0.0	0.0	3.5
8th	92.3	7.7	5.9	0.6	0.6	0.6	0.0	0.0	0.0	3.2
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex										
Male	92.8	7.2	5.1	1.1	1.1	0.0	0.0	0.0	0.0	2.8
Female	92.8	7.2	5.3	0.5	1.0	0.5	0.0	0.0	0.0	3.3
Ethnicity										
White	96.5	3.5	2.1	1.4	0.0	0.0	0.0	0.0	0.0	2.5
African American	92.3	7.7	6.3	0.3	0.7	0.3	0.0	0.0	0.0	2.8
Latino	92.9	7.1	4.3	0.0	2.9	0.0	0.0	0.0	0.0	3.9
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	85.7	14.3	9.5	1.6	3.2	0.0	0.0	0.0	0.0	3.1

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

Table 25

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

Being Drunk or High at School

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	94.2	5.8	2.3	1.5	0.5	0.3	0.5	0.3	0.3	9.5
Grade										
6th	97.6	2.4	1.6	0.8	0.0	0.0	0.0	0.0	0.0	2.3
7th	95.3	4.7	2.3	0.0	0.5	0.0	0.9	0.5	0.5	13.9
8th	91.8	8.2	2.4	2.4	1.2	0.6	0.6	0.6	0.6	10.8
9th	95.7	4.3	4.3	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Sex										
Male	95.8	4.2	1.6	1.1	0.0	0.3	0.5	0.5	0.3	12.3
Female	91.5	8.5	3.3	2.4	1.4	0.5	0.5	0.0	0.5	7.3
Ethnicity										
White	95.1	4.9	1.4	1.4	0.0	0.7	0.0	0.7	0.7	14.3
African American	94.9	5.1	2.4	1.0	1.0	0.3	0.0	0.3	0.0	6.3
Latino	93.1	6.9	4.2	1.4	0.0	0.0	0.0	0.0	1.4	9.7
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	89.1	10.9	3.1	3.1	0.0	0.0	4.7	0.0	0.0	12.1

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

Table 26

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

Carrying a Handgun

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	95.7	4.3	2.6	0.3	0.3	0.3	0.3	0.2	0.2	7.7
Grade										
6th	96.9	3.1	3.1	0.0	0.0	0.0	0.0	0.0	0.0	1.5
7th	95.8	4.2	3.3	0.0	0.0	0.5	0.5	0.0	0.0	5.5
8th	93.5	6.5	2.4	0.6	1.2	0.6	0.6	0.6	0.6	12.6
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex										
Male	94.8	5.2	3.4	0.5	0.3	0.3	0.3	0.3	0.3	7.4
Female	97.1	2.9	1.4	0.0	0.5	0.5	0.5	0.0	0.0	8.5
Ethnicity										
White	98.6	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	1.5
African American	95.9	4.1	2.4	0.3	0.0	0.3	0.3	0.3	0.3	10.7
Latino	94.5	5.5	2.7	1.4	1.4	0.0	0.0	0.0	0.0	3.6
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	92.2	7.8	3.1	0.0	1.6	1.6	1.6	0.0	0.0	9.9

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

Table 27

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

Getting Suspended

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	72.7	27.3	17.5	5.4	1.8	1.6	0.7	0.0	0.3	4.2
Grade										
6th	68.0	32.0	22.7	6.3	1.6	1.6	0.0	0.0	0.0	2.9
7th	73.0	27.0	16.3	7.0	1.4	1.4	0.5	0.0	0.5	4.2
8th	69.2	30.8	18.9	5.9	1.8	3.0	1.2	0.0	0.0	4.5
9th	95.7	4.3	0.0	0.0	4.3	0.0	0.0	0.0	0.0	7.5
Sex										
Male	71.4	28.6	18.7	5.2	2.1	1.8	0.5	0.0	0.3	4.0
Female	73.9	26.1	15.5	6.3	1.4	1.4	1.0	0.0	0.5	4.7
Ethnicity										
White	86.4	13.6	6.4	2.1	2.9	1.4	0.0	0.0	0.7	6.6
African American	65.0	35.0	22.8	7.8	1.7	2.4	0.3	0.0	0.0	3.5
Latino	80.8	19.2	12.3	5.5	0.0	0.0	1.4	0.0	0.0	3.9
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	65.6	34.4	26.6	4.7	0.0	0.0	3.1	0.0	0.0	3.9

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

Table 28

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

Selling Drugs

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	97.3	2.7	1.3	0.7	0.0	0.3	0.0	0.2	0.2	8.2
Grade										
6th	99.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8	40.0
7th	97.1	2.9	1.9	1.0	0.0	0.0	0.0	0.0	0.0	2.3
8th	97.0	3.0	1.8	0.0	0.0	0.6	0.0	0.6	0.0	10.7
9th	95.7	4.3	0.0	4.3	0.0	0.0	0.0	0.0	0.0	4.0
Sex										
Male	98.4	1.6	0.5	0.0	0.0	0.5	0.0	0.3	0.3	17.8
Female	95.2	4.8	2.9	1.9	0.0	0.0	0.0	0.0	0.0	2.5
Ethnicity										
White	98.6	1.4	0.0	0.0	0.0	0.7	0.0	0.7	0.0	24.5
African American	96.9	3.1	1.7	1.0	0.0	0.3	0.0	0.0	0.0	3.8
Latino	98.6	1.4	1.4	0.0	0.0	0.0	0.0	0.0	0.0	1.5
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	95.2	4.8	1.6	1.6	0.0	0.0	0.0	0.0	1.6	15.2

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

Table 29

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

Taking a Handgun to School

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	Never %	Any Occasion %	1-2 %	3-5 %	6-9 %	10-19 %	20-29 %	30-39 %	40+ %	
Overall	99.7	0.3	0.2	0.0	0.0	0.0	0.0	0.0	0.2	20.8
Grade										
6th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
7th	99.1	0.9	0.5	0.0	0.0	0.0	0.0	0.0	0.5	20.8
8th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
9th	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sex										
Male	99.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.3	40.0
Female	99.5	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Ethnicity										
White	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
African American	99.7	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Latino	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Other / Multiple	98.4	1.6	0.0	0.0	0.0	0.0	0.0	0.0	1.6	40.0

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

Risk and Protective Factors

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

Protective factors, which can be considered assets, are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to risks.

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

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

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

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

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

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

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

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

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

Protective Factors

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

The *Communities That Care*[®] *Youth Survey* measures a variety of protective factors across four major domains: Community Domain, Family Domain, School Domain and Peer-Individual

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

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

Community Domain

Community Rewards for Prosocial Involvement

Young people experience bonding as feeling valued and being seen as an asset. Students who feel recognized and rewarded by their community are less likely to engage in negative behaviors, because that recognition helps increase a student’s self-esteem and the feeling of bondedness to that community. *Community Rewards for Prosocial Involvement* is surveyed by such items as “There are people in my neighborhood who are proud of me when I do something well.”

Surveyed Middle School Cadets reported a score of 50 on the *Community Rewards for Prosocial Involvement* scale. This level is the same as the national average of 50 and slightly lower than the matched comparison score of 52.

Family Domain

Family Attachment

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

protective factor is measured by such items on the survey as “Do you share your thoughts and feelings with your mother?”

Surveyed Middle School Cadets reported a score of 57 on the *Family Attachment* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 54.

Family Opportunities for Prosocial Involvement

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

Surveyed Middle School Cadets reported a score of 60 on the *Family Opportunities for Prosocial Involvement* scale. This level is substantially higher than the national average of 50 and higher than the matched comparison score of 55.

Family Rewards for Prosocial Involvement

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

Surveyed Middle School Cadets reported a score of 58 on the *Family Rewards for Prosocial Involvement* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 55.

School Domain

School Opportunities for Prosocial Involvement

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviors. Students who feel they have a

personal investment in their school bond to that school and thus adopt the school's standards of behavior. This bond can protect a student from engaging in behaviors that violate socially accepted standards. This protective factor is measured by survey items such as "In my school, students have lots of chances to help decide things like class activities and rules."

Surveyed Middle School Cadets reported a score of 52 on the *School Opportunities for Prosocial Involvement* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 48.

School Rewards for Prosocial Involvement

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

Surveyed Middle School Cadets reported a score of 49 on the *School Rewards for Prosocial Involvement* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 52.

Peer-Individual Domain

Religiosity

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

Surveyed Middle School Cadets reported a score of 55 on the *Religiosity* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 51.

Social Skills

Society helps to clearly define what behavior is acceptable. If these standards are not clear, it can be especially confusing for children and youth. This is particularly true with regard to social messages about alcohol and other drug use. Students who have positive and healthy interpersonal

relationships and who understand how their society works are less likely to engage in problem behaviors, such as drug use.

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

Surveyed Middle School Cadets reported a score of 59 on the *Social Skills* scale. This level is higher than both the national average of 50 and the matched comparison score of 50.

Belief in the Moral Order

When people feel bonded to society, they are more motivated to follow society’s standards and expectations. It is important for families, schools and communities to have clearly stated policies on ATOD use. Young people who have developed a positive belief system are less likely to become involved in problem behaviors. For example, young people who believe that drug use is socially unacceptable or harmful might be protected against peer influences to use drugs. *Belief in the Moral Order* is measured by items on the survey such as “It is all right to beat up people if they start the fight.”

Surveyed Middle School Cadets reported a score of 56 on the *Belief in the Moral Order* scale. This level is higher than both the national average of 50 and the matched comparison score of 49.

Risk Factors

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

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

Community Domain

Low Neighborhood Attachment

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

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

Surveyed Middle School Cadets reported a score of 54 on the *Low Neighborhood Attachment* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 51.

Community Disorganization

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

The *Community Disorganization* scale is based on students' responses to five items, four of which indicate a neighborhood in disarray (e.g., the existence of graffiti, abandoned buildings, fighting and drug selling). The fifth item is “I feel safe in my neighborhood.”

Surveyed Middle School Cadets reported a score of 55 on the *Community Disorganization* scale. This level is higher than the national average of 50 and slightly higher than the matched comparison score of 54.

Transitions and Mobility

Even normal school transitions are associated with an increase in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rates of drug use, school dropout and antisocial behavior may occur.

This is thought to occur because by making a transition to a new environment, students no longer have the bonds they had in their old environment. Consequently, students may be less likely to become attached to their neighborhoods and develop the bonds that help protect them from involvement in problem behaviors.

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

Surveyed Middle School Cadets reported a score of 59 on the *Personal Transitions and Mobility* scale and a score of 48 on the *Community Transitions and Mobility* scale. The *Personal Transitions and Mobility* level is higher than both the national average of 50 and the matched comparison score of 54. The *Community Transitions and Mobility* finding is slightly lower than both the national average of 50 and the matched comparison score of 50.

Laws and Norms Favorable to Drug Use and Firearms

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

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

This risk factor is measured by six items on the survey, such as “How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?” In this case, responses include Very Wrong, Wrong, A Little Bit Wrong and Not Wrong at All. Other items include “If

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

Surveyed Middle School Cadets reported a score of 43 on the *Laws and Norms Favorable to Drug Use and Firearms* scale. This level is lower than both the national average of 50 and the matched comparison score of 48.

Perceived Availability of Drugs and Firearms

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

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

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

Surveyed Middle School Cadets reported a score of 27 on the *Perceived Availability of Drugs and Firearms* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 46.

Family Domain

Poor Family Management

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

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

Surveyed Middle School Cadets reported a score of 47 on the *Poor Family Supervision* scale and a score of 48 on the *Poor Family Discipline* scale. The *Poor Family Supervision* score is slightly lower than the national average of 50 and slightly higher than the matched comparison score of 45. The *Poor Family Discipline* score is slightly lower than the national average of 50 and higher than the matched comparison score of 43.

Family History of Antisocial Behavior

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

Surveyed Middle School Cadets reported a score of 39 on the *Family History of Antisocial Behavior* scale. This level is substantially lower than the national average of 50 and slightly lower than the matched comparison score of 43.

Parental Attitudes Favorable toward ATOD Use

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

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

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

Surveyed Middle School Cadets reported a score of 40 on the *Parental Attitudes Favorable toward ATOD Use* scale. This level is substantially lower than the national average of 50 and lower than the matched comparison score of 45.

Parental Attitudes Favorable toward Antisocial Behavior

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

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

Surveyed Middle School Cadets reported a score of 45 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale. This level is lower than the national average of 50 and slightly lower than the matched comparison score of 48.

School Domain

Poor Academic Performance

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

Poor Academic Performance—students' feelings about their performance at school—is measured with two questions on the survey, "Putting them all together, what were your grades like last year?" and "Are your school grades better than the grades of most students in your class?" Elevated findings for this risk factor suggest that not only do students believe that they have lower grades than they might expect to get, but also that they perceive that compared to their peers they have below-average grades.

Surveyed Middle School Cadets reported a score of 51 on the *Poor Academic Performance* scale. This level is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 52.

Low School Commitment

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

Surveyed Middle School Cadets reported a score of 43 on the *Low School Commitment* scale. This level is lower than both the national average of 50 and the matched comparison score of 51.

Peer-Individual Domain

Rebelliousness

The survey also determines the number of young people who feel they are not part of society, who feel they are not bound by rules, and who don’t believe in trying to be successful or responsible. These students are at higher risk of drug use, delinquency and school dropout. *Rebelliousness* is measured by three items, such as “I ignore the rules that get in my way.”

Surveyed Middle School Cadets reported a score of 46 on the *Rebelliousness* scale. This level is slightly lower than both the national average of 50 and the matched comparison score of 50.

Friends’ Delinquent Behavior

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

Young people who associate with peers who engage in a problem behavior—delinquency, drug use, violent activity or dropping out of school—are much more likely to engage in the same

problem behavior. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who engage in problem behaviors greatly increases the risk of their becoming involved in problem behaviors.

Surveyed Middle School Cadets reported a score of 59 on the *Friends' Delinquent Behavior* scale. This level is higher than both the national average of 50 and the matched comparison score of 54.

Friends' Use of Drugs

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

Surveyed Middle School Cadets reported a score of 34 on the *Friends' Use of Drugs* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 46.

Peer Rewards for Antisocial Behavior

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

Surveyed Middle School Cadets reported a score of 38 on the *Peer Rewards for Antisocial Behavior* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 48.

Favorable Attitudes toward Antisocial Behavior

During the elementary school years, children usually express anticrime and prosocial attitudes and have difficulty imagining why people commit crimes or drop out of school. However, in middle school, as others they know begin to participate in such activities, their attitudes often

shift toward greater acceptance of these behaviors. This acceptance places them at higher risk for antisocial behaviors.

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

Surveyed Middle School Cadets reported a score of 45 on the *Favorable Attitudes toward Antisocial Behavior* scale. This level is lower than both the national average of 50 and the matched comparison score of 50.

Favorable Attitudes toward ATOD Use

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

Surveyed Middle School Cadets reported a score of 34 on the *Favorable Attitudes toward ATOD Use* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 45.

Low Perceived Risks of Drug Use

The perception of harm from drug use is related to both experimentation and regular use. The less harm that an adolescent perceives as the result of drug use, the more likely it is that he or she will use drugs. *Low Perceived Risks of Drug Use* is measured with 5 survey items, such as “How much do you think people risk harming themselves if they try marijuana once or twice?” An elevated score can indicate that students are not aware of, or do not comprehend, the possible harm resulting from drug use.

Surveyed Middle School Cadets reported a score of 39 on the *Low Perceived Risks of Drug Use* scale. This level is substantially lower than both the national average of 50 and the matched comparison score of 51.

Early Initiation (of Drug Use and Antisocial Behavior)

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

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

Surveyed Middle School Cadets reported a score of 44 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale. This level is lower than both the national average of 50 and the matched comparison score of 52.

Constitutional Factors—Impulsiveness and Sensation Seeking

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

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

Surveyed Middle School Cadets reported a score of 49 on the *Impulsiveness* scale and a score of 42 on the *Sensation Seeking* scale. The score for *Impulsiveness* is slightly lower than both the national average of 50 and the matched comparison score of 51. The *Sensation Seeking* score is lower than both the national average of 50 and the matched comparison score of 48.

Behavioral Outcomes

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

The first behavioral outcome scale, *Current ATOD Use*, is based on average scores from survey items pertaining to alcohol, tobacco and other drug use (past-30-day questions). Among surveyed Middle School Cadets, the *Current ATOD Use* score is 40. This score is substantially lower than the national average of 50 and lower than the matched comparison score of 44.

The second behavioral outcome scale is *Current Antisocial Behavior*. This scale is constructed from survey questions involving antisocial behaviors, such as “How many times in the past year have you carried a handgun?” and “How wrong do you think it is for someone your age to pick a fight with someone?” The surveyed Middle School Cadets’ score is 54. This level is slightly higher than both the national average of 50 and the matched comparison score of 53.

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

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

Surveyed Middle School Cadets reported a score of 50 on the *Gang Involvement* scale. This score is the same as both the national average of 50 and the matched comparison score of 50.

Table 30a
Protective Factor Scores

	Middle School Cadets	CTC Matched Comparison
Community Domain		
Community Opportunities for Prosocial Involvement	*	*
Community Rewards for Prosocial Involvement	50	52
Family Domain		
Family Attachment	57	54
Family Opportunities for Prosocial Involvement	60	55
Family Rewards for Prosocial Involvement	58	55
School Domain		
School Opportunities for Prosocial Involvement	52	48
School Rewards for Prosocial Involvement	49	52
Peer-Individual Domain		
Religiosity	55	51
Social Skills	59	50
Belief in the Moral Order	56	49

* This scale is currently under revision.

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

Table 30b
Risk Factor Scores

	Middle School Cadets	CTC Matched Comparison
Community Domain		
Low Neighborhood Attachment	54	51
Community Disorganization	55	54
Personal Transitions and Mobility	59	54
Community Transitions and Mobility	48	50
Laws and Norms Favorable to Drug Use and Firearms	43	48
Perceived Availability of Drugs and Firearms	27	46
Family Domain		
Poor Family Supervision	47	45
Poor Family Discipline	48	43
Family Conflict	*	*
Family History of Antisocial Behavior	39	43
Parental Attitudes Favorable toward ATOD Use	40	45
Parental Attitudes Favorable toward Antisocial Behavior	45	48
School Domain		
Poor Academic Performance	51	52
Low School Commitment	43	51
Peer-Individual Domain		
Rebelliousness	46	50
Friends' Delinquent Behavior	59	54
Friends' Use of Drugs	34	46
Peer Rewards for Antisocial Behavior	38	48
Favorable Attitudes toward Antisocial Behavior	45	50
Favorable Attitudes toward ATOD Use	34	45
Low Perceived Risks of Drug Use	39	51
Early Initiation (of Drug Use and Antisocial Behavior)	44	52
Impulsiveness	49	51
Sensation Seeking	42	48

* This scale is currently under revision.

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

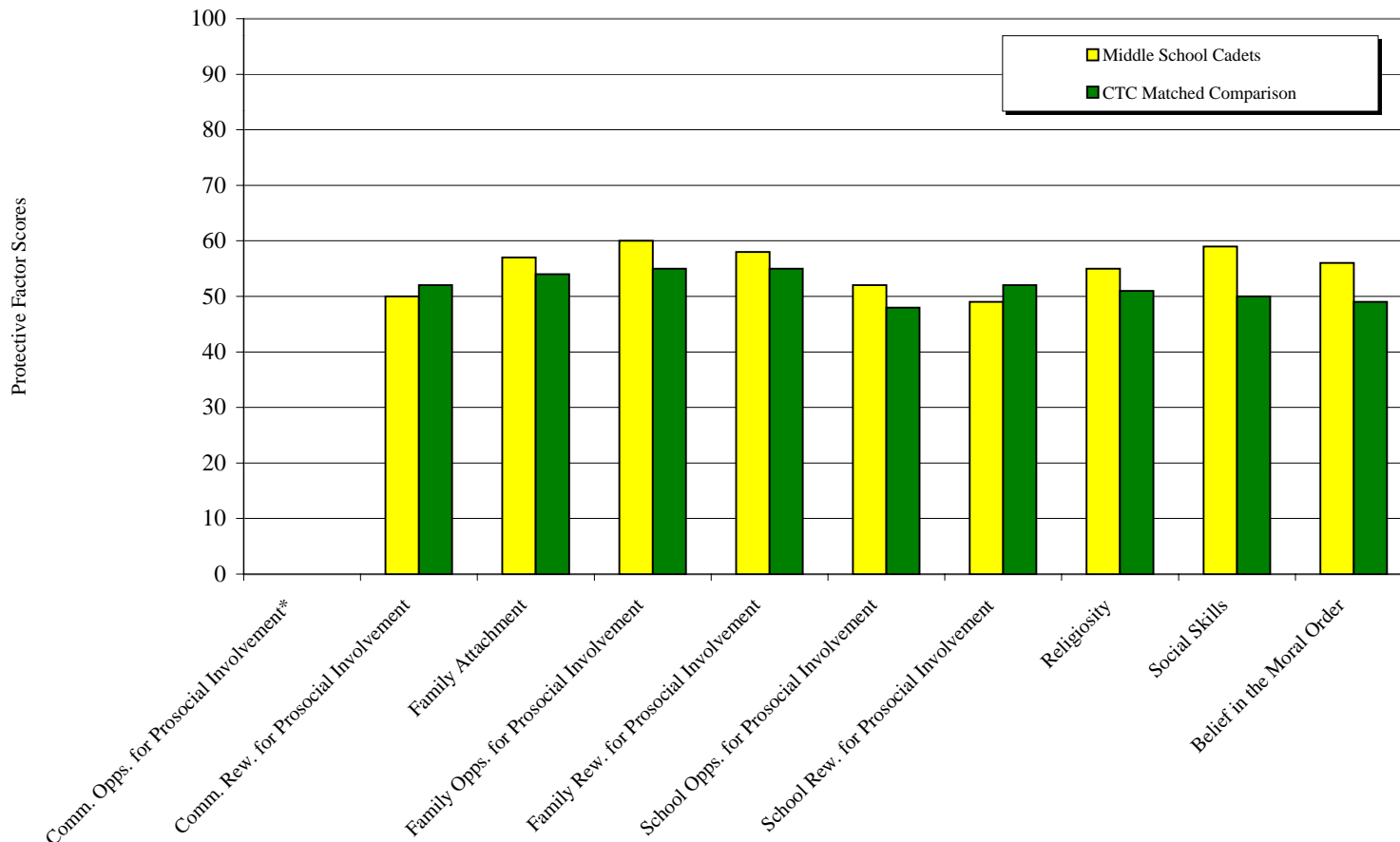
Table 30c
Behavioral Outcome Scores

	Middle School Cadets	CTC Matched Comparison
Current ATOD Use	40	44
Current Antisocial Behavior	54	53
Gang Involvement	50	50

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

Graph 7

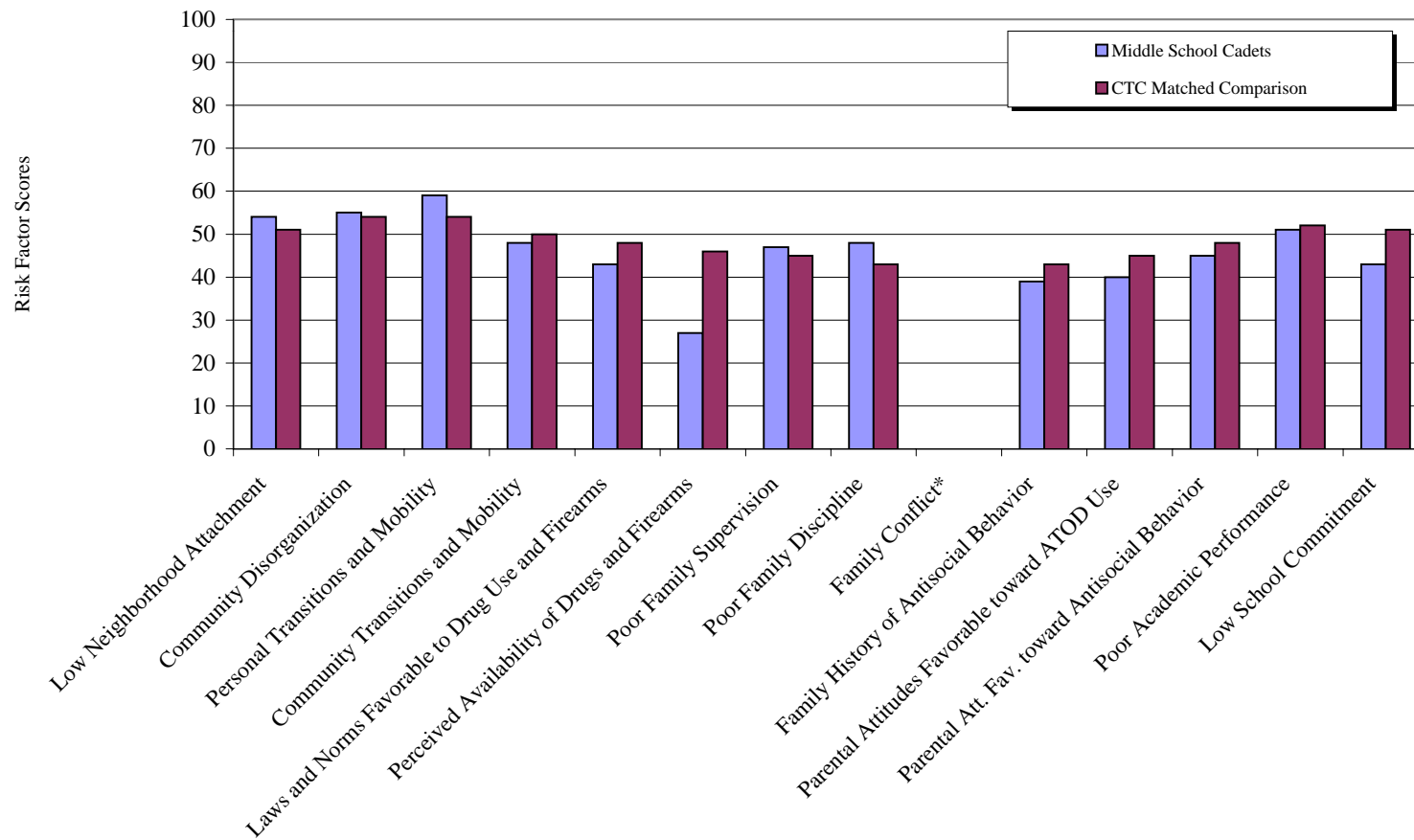
Protective Factor Scores for Middle School Cadets Compared to the CTC Matched Comparison



*This scale is currently under revision.

Graph 8

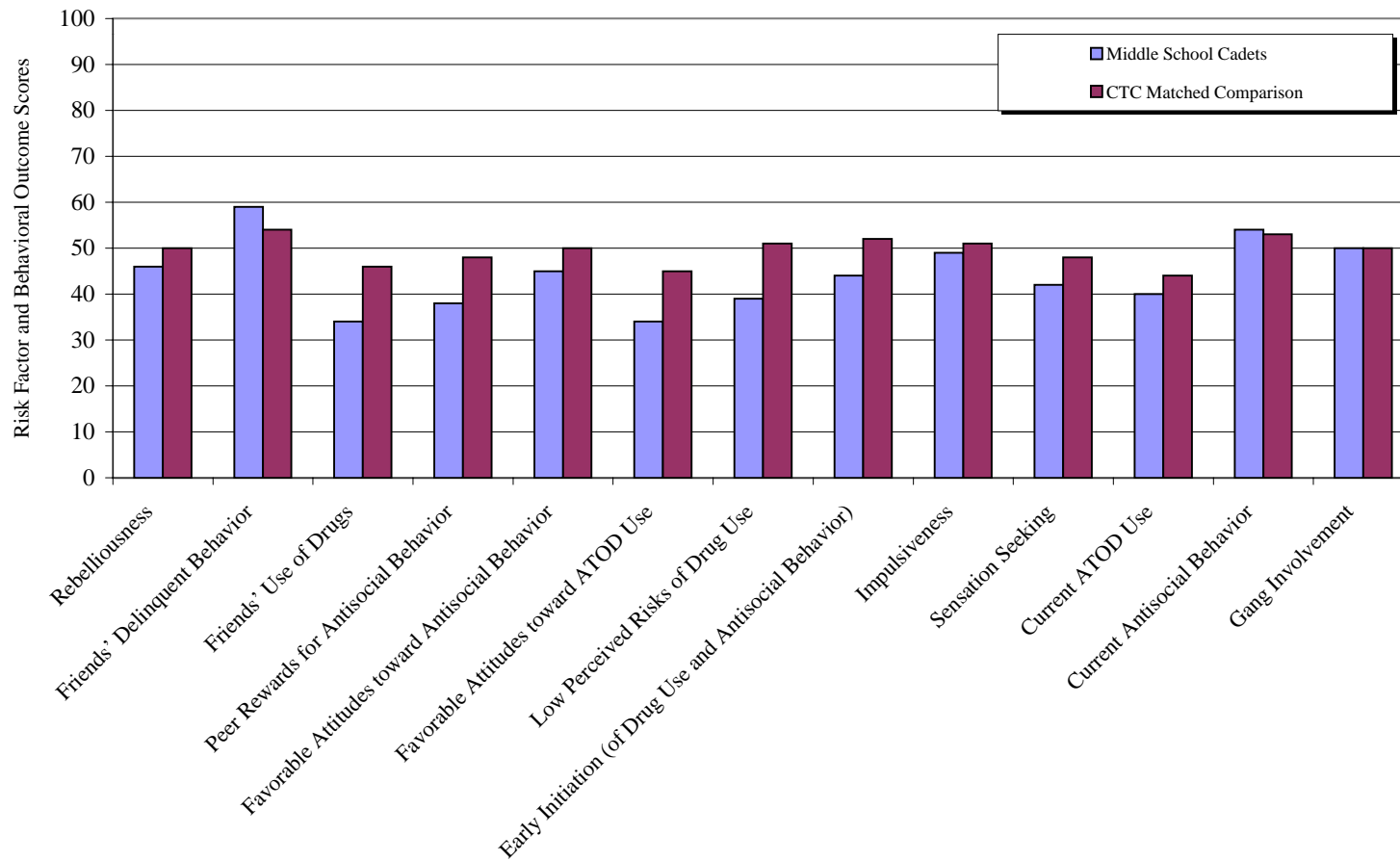
Community, Family and School Domain Risk Factor Scores for Middle School Cadets Compared to the CTC Matched Comparison



*This scale is currently under revision.

Graph 9

Peer-Individual Domain Risk Factor Scores and Behavioral Outcome Scores for Middle School Cadets Compared to the CTC Matched Comparison



Risk and Protective Factor Profile

Looking at the Middle School Cadets overall risk and protective factor scores reveals several important findings. First, elevated risk factor scores are found in three of the four domains: Community, School and Peer-Individual.

Among surveyed Middle School Cadets, the four highest risk factor scores are *Low Neighborhood Attachment*, *Community Disorganization*, *Personal Transitions and Mobility*, and *Friends' Delinquent Behavior*. The only suppressed protective factor (compared to both the national average and the matched comparison score) is *School Rewards for Prosocial Involvement*.

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

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

Appendix A. References

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Appendix B. Other Resources

Web Sites

Office of National Drug Control Policy www.whitehousedrugpolicy.gov
National Clearinghouse for Alcohol and Drug Information www.health.org/index.htm
Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov
Monitoring the Future www.monitoringthefuture.org
National Institute on Drug Abuse (NIDA) www.nida.nih.gov and www.drugabuse.gov
National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov
Developmental Research & Programs, Inc. www.drp.org
Social Development Research Group <http://depts.washington.edu/sdrg>

Prevention Program Guides

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

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

Blueprint Programs www.colorado.edu/cspv/blueprints

Prevention Planning

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

Appendix C. Risk and Protective Factor Matrix

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

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

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

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

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

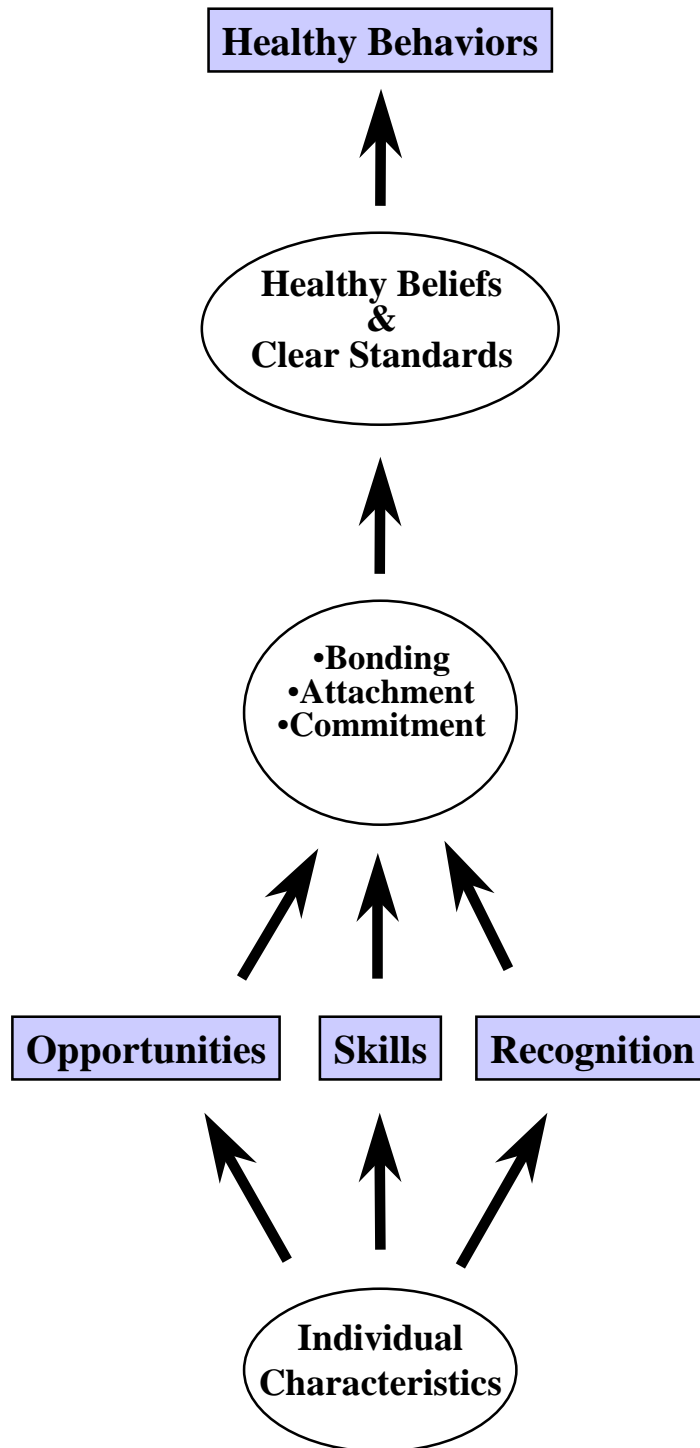
Appendix C. Risk and Protective Factor Matrix (cont.)

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

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

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

Appendix D. The Social Development Strategy



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

Domain	Scale	Selected Survey Items
Community Domain— Protective Factors	Community Opportunities for Prosocial Involvement	Which of the following activities for people your age are available in your community? Sports teams, scouting, boys and girls clubs, 4-H clubs, service clubs.
	Community Rewards for Prosocial Involvement	My neighbors notice when I am doing a good job and let me know.
Community Domain— Risk Factors	Low Neighborhood Attachment and Community Disorganization	If I had to move, I would miss the neighborhood I now live in. I feel safe in my neighborhood.
	Personal Transitions & Mobility	How many times have you changed homes since kindergarten?
	Community Transitions & Mobility	People move in and out of my neighborhood a lot.
	Laws and Norms Favorable to Drug Use and Firearms	If a kid drank some beer, wine or hard liquor in your neighborhood, would he or she be caught by the police? How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?
	Perceived Availability of Drugs and Firearms	If you wanted to get some beer, wine or hard liquor, how easy would it be for you to get some?

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

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

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

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

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

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