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Survey Research & Evaluation Services

# **2006 Prevention Needs Assessment Survey Results**

**Report for:**

**Franklin County**

**Sponsored By:**

**Community Coalition for Teens**

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# Introduction

## 2005 Prevention Needs Assessment Survey School Summary Report for Franklin County

This report summarizes the findings from the Community Coalition for Teens Prevention Needs Assessment (PNA) Survey that was conducted during the spring of 2006 in grades 6, 8, 10, and 12.

This is the first year that the PNA survey has been conducted by the Community Action Coalition for Prevention. The results for your school are presented along with comparisons to the results from the National Survey, Monitoring the Future.

The survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. Table 1 contains the characteristics of the students who completed the survey from your school and community.

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## The Risk and Protective Factor Model of Substance Abuse Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

**Table 1. Characteristics of Participants**

Student Totals				
Total Students	Franklin County			
	2003		2006	
	Number	Percent	Number	Percent
	1339	100	1436	100
Gender				
8	575	42.9	606	42.2
10	440	32.9	469	32.7
12	324	24.2	361	25.1
Gender				
Male	635	47.9	647	46.1
Female	691	52.1	757	53.9
Ethnicity				
Native American	n/a	n/a	47	3.3
Asian	n/a	n/a	27	1.9
Black	n/a	n/a	19	1.4
Pacific Islander	n/a	n/a	4	0.3
Hispanic	n/a	n/a	39	2.8
White	n/a	n/a	1221	86.8
Multi-racial or Other	n/a	n/a	50	3.6

# Risk and Protective Factors

## The Risk and Protective Factor Model of Substance Abuse Prevention (Continued)

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart to the right shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Risk Factors	Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
<b>Community</b>					
Availability of Drugs and Firearms	✓	✓			✓
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓
Media Portrayals of Violence					✓
Transitions and Mobility	✓	✓			✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓
Extreme Economic and Social Deprivation	✓	✓	✓	✓	✓
<b>Family</b>					
Family History of the Problem Behavior	✓	✓	✓	✓	
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓
<b>School</b>					
Academic Failure in Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓
<b>Peer / Individual</b>					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓		✓	
Friends Who Engage in a Problem Behavior	✓	✓	✓	✓	✓
Gang Involvement	✓	✓			✓
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓
Constitutional Factors	✓	✓			✓

# Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating a planned, data-driven, effective, and sustainable prevention program. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grants Request for Application.

## **Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery**

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will help you to identify needs for prevention. States should consider administering a survey such as the Prevention Needs Assessment Survey biannually to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as data from this survey.
- **Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

**Step 2: Mobilize and/or Build Capacity to Address Needs:** Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

**Step 3: Develop a Comprehensive Strategic Plan:** States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

**Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities:** By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website ([www.westcapt.org](http://www.westcapt.org)) contains a search engine for identifying Best Practice Programs.

**Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail:** Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

# Tools for Assessment and Planning

## School and Community Improvement Using Survey Data

### Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

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

### What are the numbers telling you?

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

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

### How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide, and/or national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for 40% of high school seniors to drink alcohol regularly even when the national percentage is 50%?

### Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue
- **Risk and protective factor data** – identify exactly where the community needs to take action
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

#### MEASURE

Risk Factors  
Protective Factors  
Substance Use  
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

# Practical Implications of the PNA

## No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Prevention Needs Assessment Survey presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

## How to Read the Charts: Substance Use, Antisocial Behavior, Risk, and Protection

There are three types of charts presented in this report: 1) substance use and antisocial behavior charts, 2) risk factor charts, and 3) protective factor charts. All the charts show the results of the PNA Survey, and the actual percentages from the charts are presented in Tables 3 through 9. Table 10 contains the information necessary to complete the Drug Free Communities Report.

### Substance Use and Antisocial Behavior Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.

- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance. For both ever-used and 30-day use, national rates from the Monitoring the Future survey for grades 8, 10, and 12 have been included to allow a comparison of your data to a national sample of students.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey), use of **one-half a pack or more of cigarettes per day, and need for alcohol, drug, or alcohol or drug treatment**. The need for treatment is defined as students who have used alcohol or drugs on ten or more occasions in their lifetime and marked three or more of the following six items related to their past year drug or alcohol use: 1) spent more time using than intended, 2) neglected some of your usual responsibilities because of use, 3) wanted to cut down on use, 4) others objected to your use, 5) frequently thought about using, or 6) used alcohol or drugs to relieve feeling such as sadness, anger, or boredom.

## How to Read the Charts: Continued

- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **during the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.

### Risk and Protective Factor Charts

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. Along with the risk and protective factor scales, there are bars that show total risk and total protection. Total risk is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 8 or more risk factors, for 8<sup>th</sup> grade it is 9 or more risk factors, and for 10<sup>th</sup> and 12<sup>th</sup> grades it is 10 or more risk factors. Total protection is defined as the percentage of students in grade 6 who have 5 or more protective factors and the percentage of students in grades 8, 10, and 12 who have 6 or more protective factors operating in their lives.

There are two components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales and 2) the dashed lines that indicate a more “national” value.

### Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. Since the PNA survey has recently been given to over 300,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that

was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

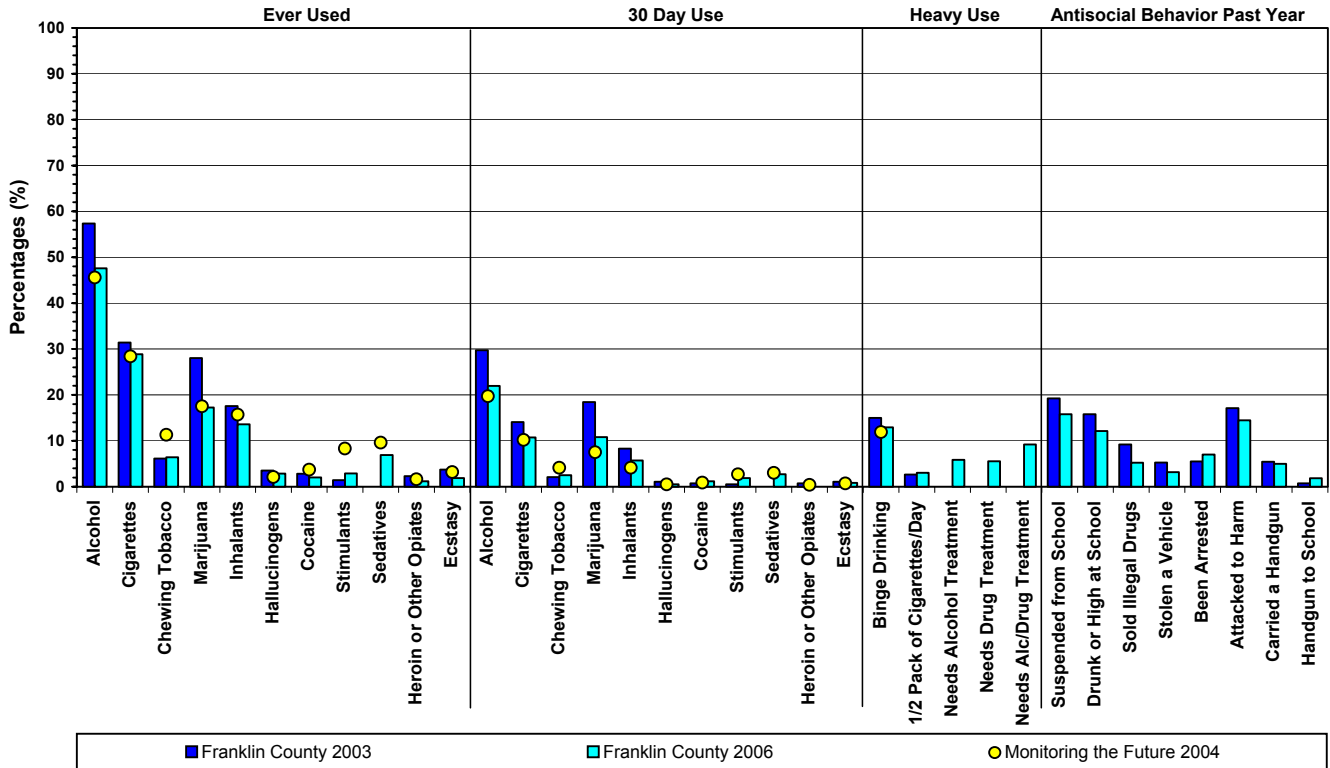
Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

### Dashed Line

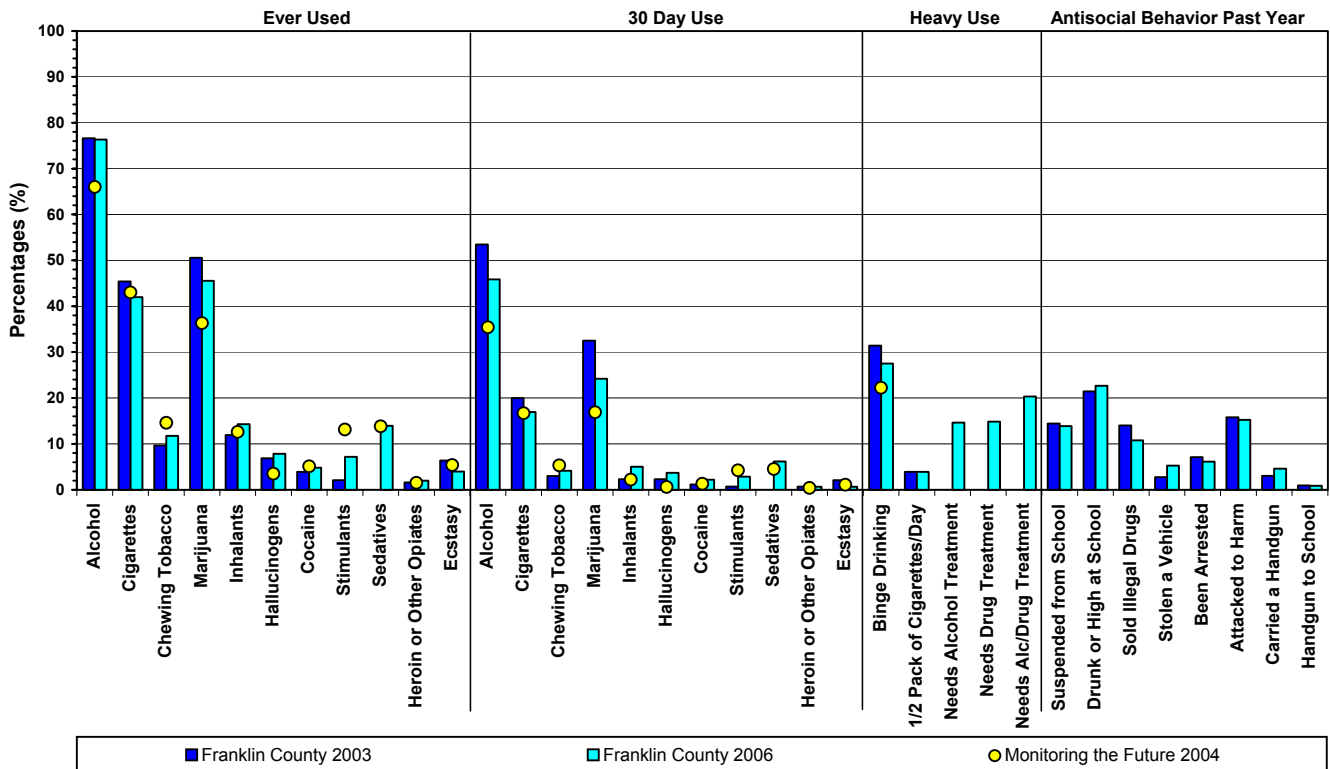
Levels of risk and protection in your community also can be compared to a more national sample. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the eight states across the county upon which the cut-points were developed. All of the states have a mix of urban and rural students.

Brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

## ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Franklin County Student Survey, Grade 8

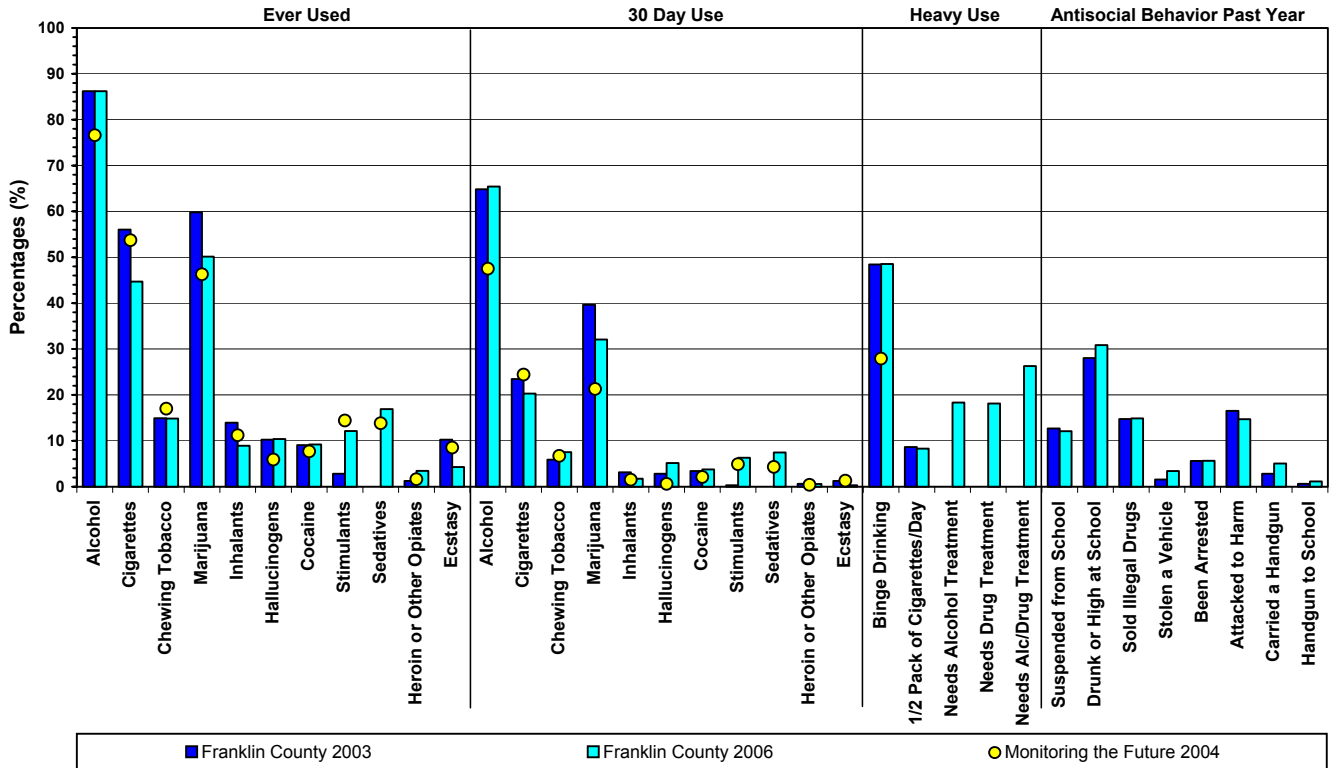


## ATOD USE AND ANTISOCIAL BEHAVIOR 2006 Franklin County Student Survey, Grade 10



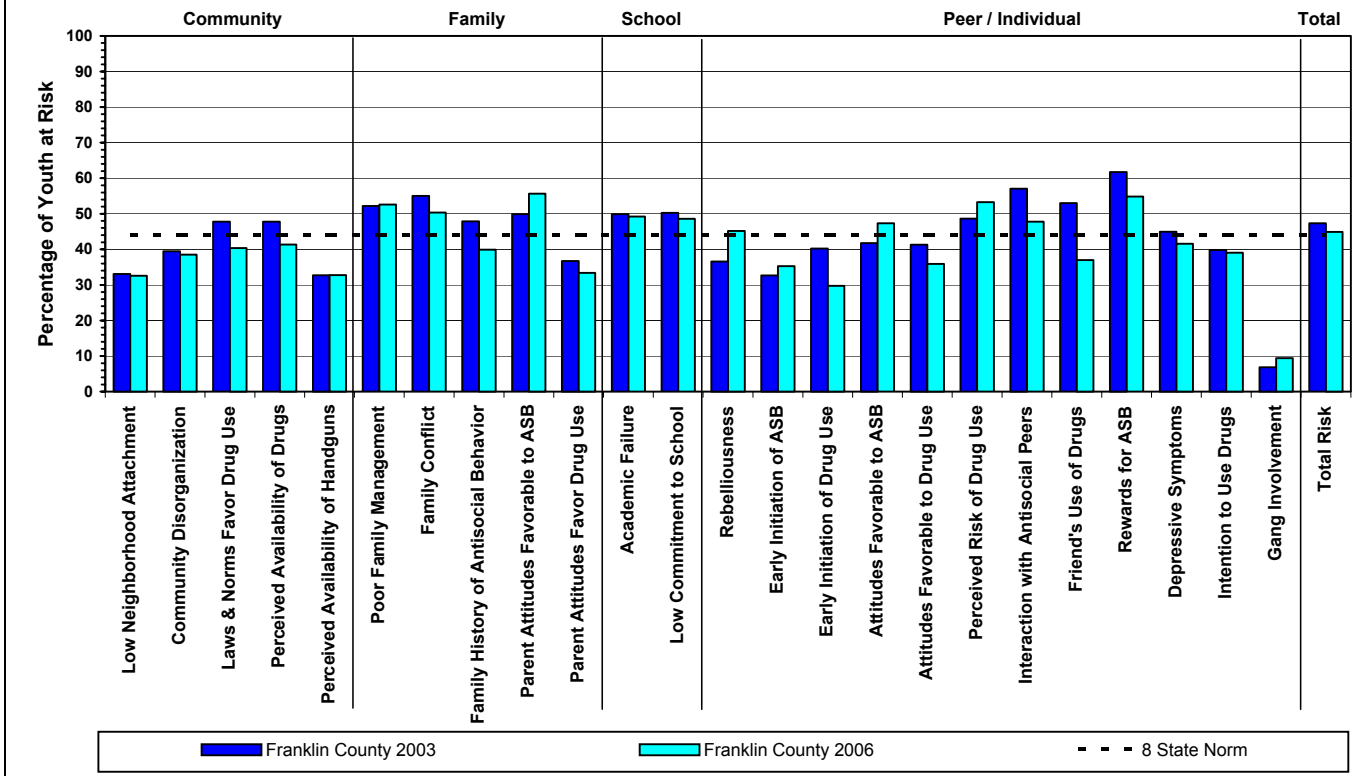
## ATOD USE AND ANTISOCIAL BEHAVIOR

### 2006 Franklin County Student Survey, Grade 12



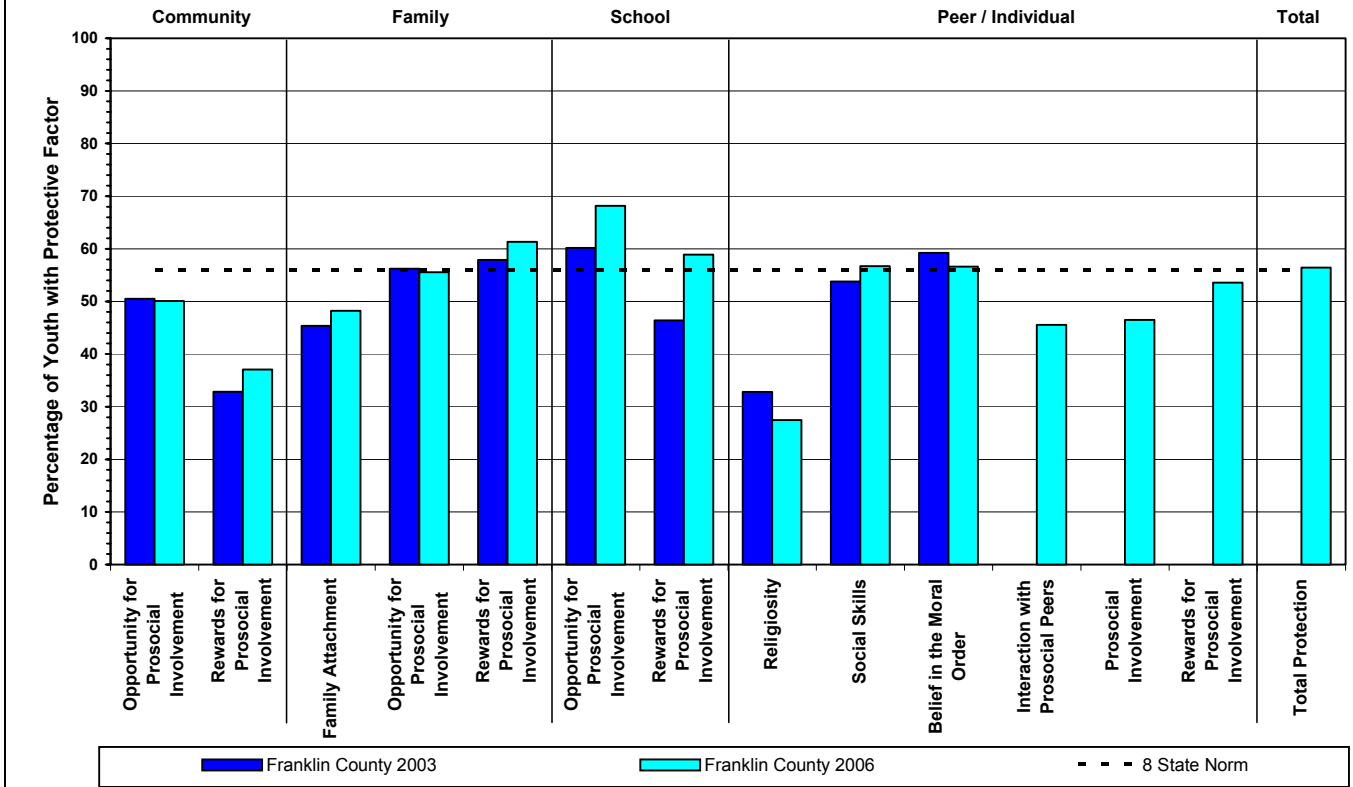
## RISK PROFILE

### 2006 Franklin County Student Survey, Grade 8



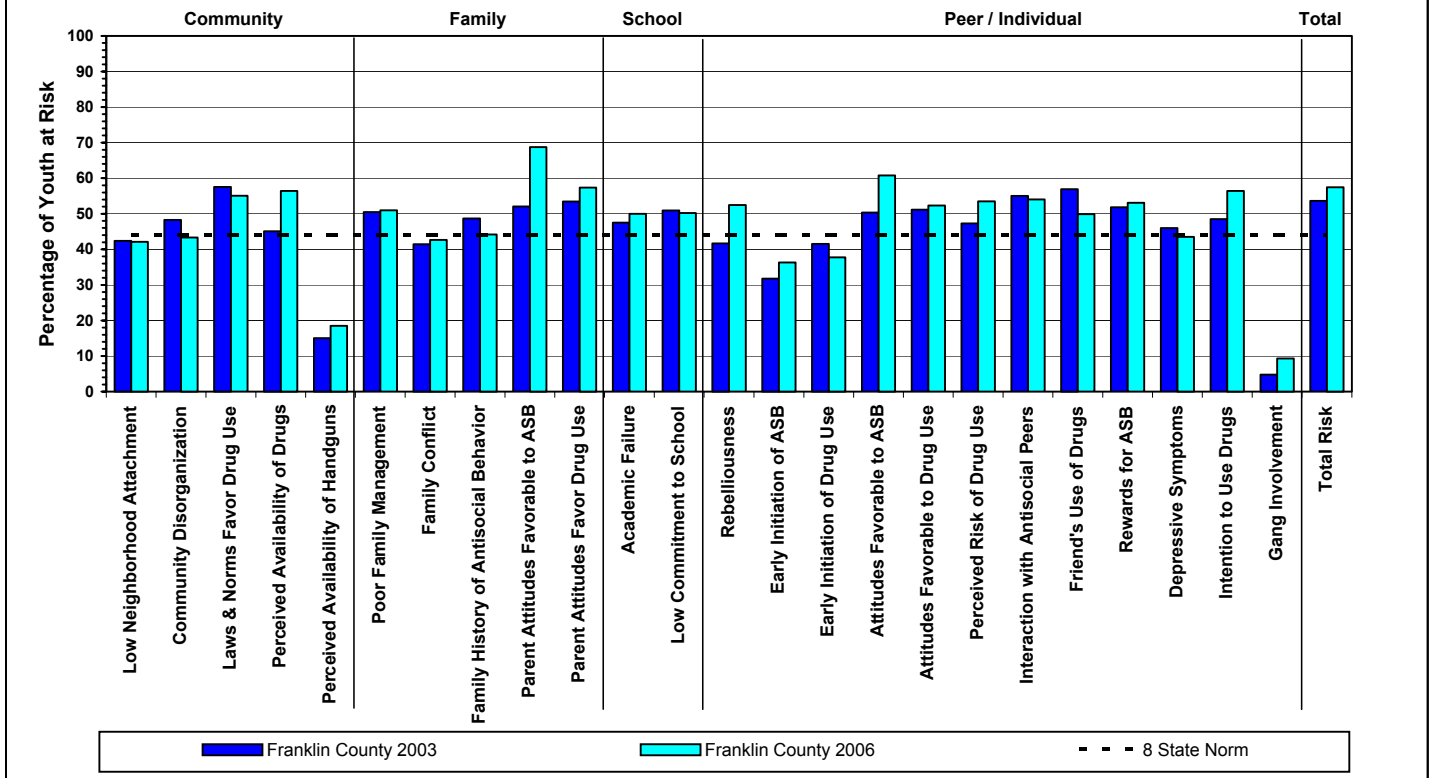
## PROTECTIVE PROFILE

### 2006 Franklin County Student Survey, Grade 8



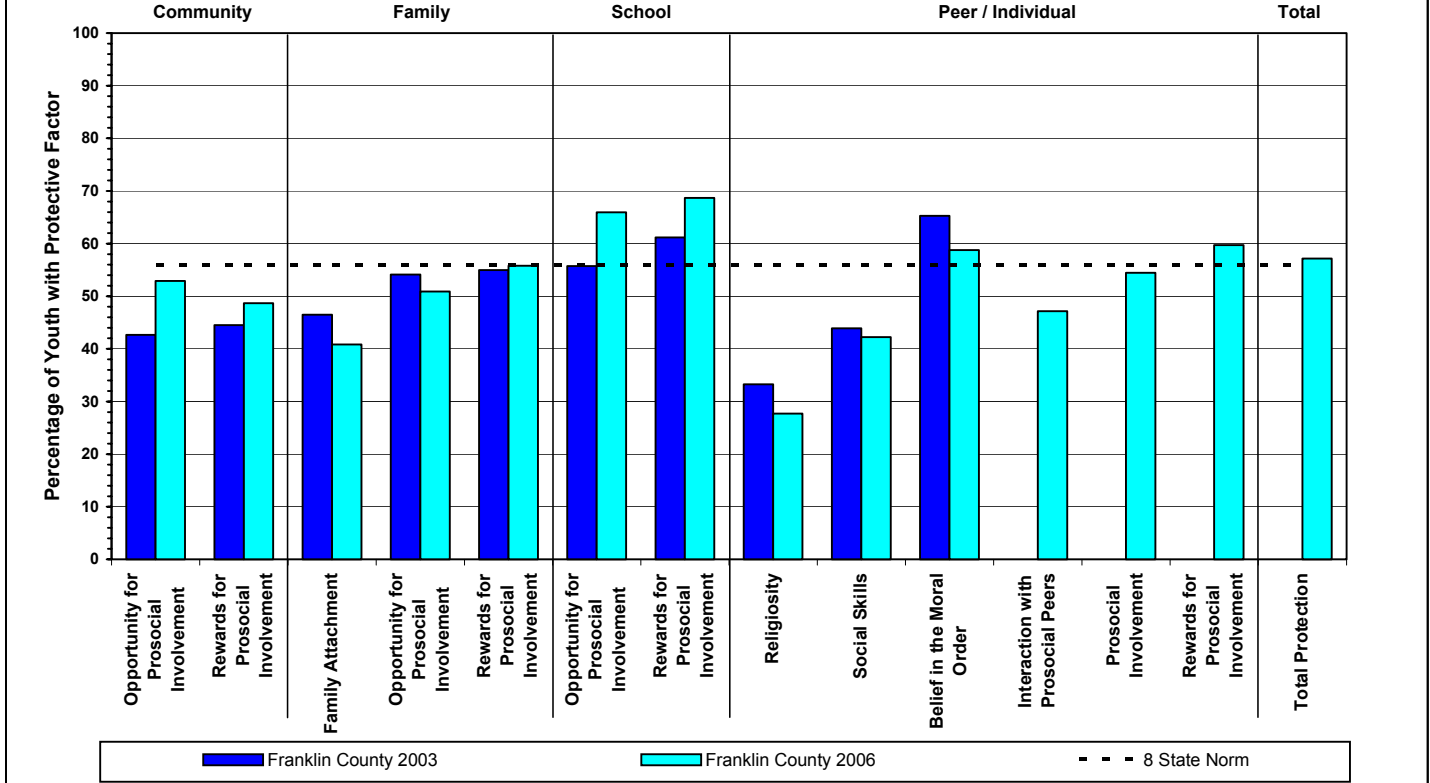
## RISK PROFILE

### 2006 Franklin County Student Survey, Grade 10



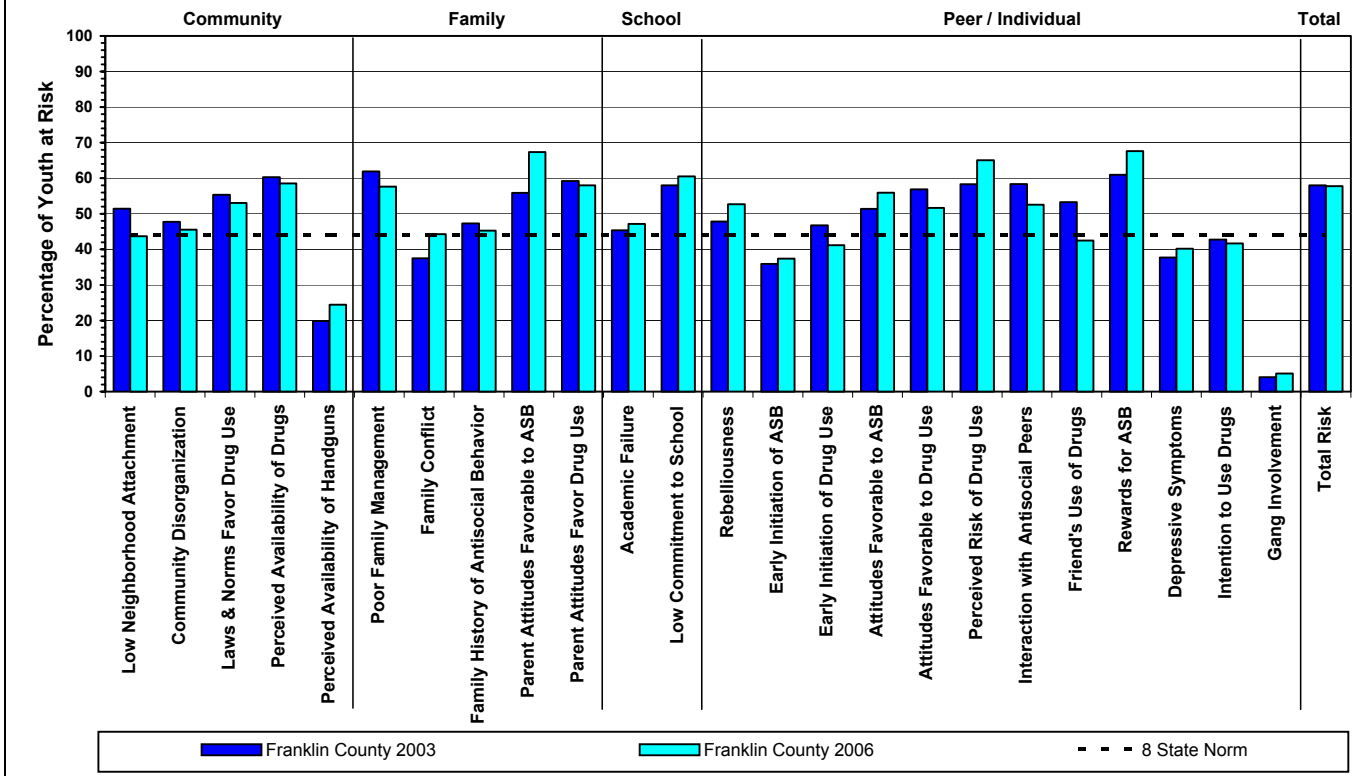
## PROTECTIVE PROFILE

### 2006 Franklin County Student Survey, Grade 10



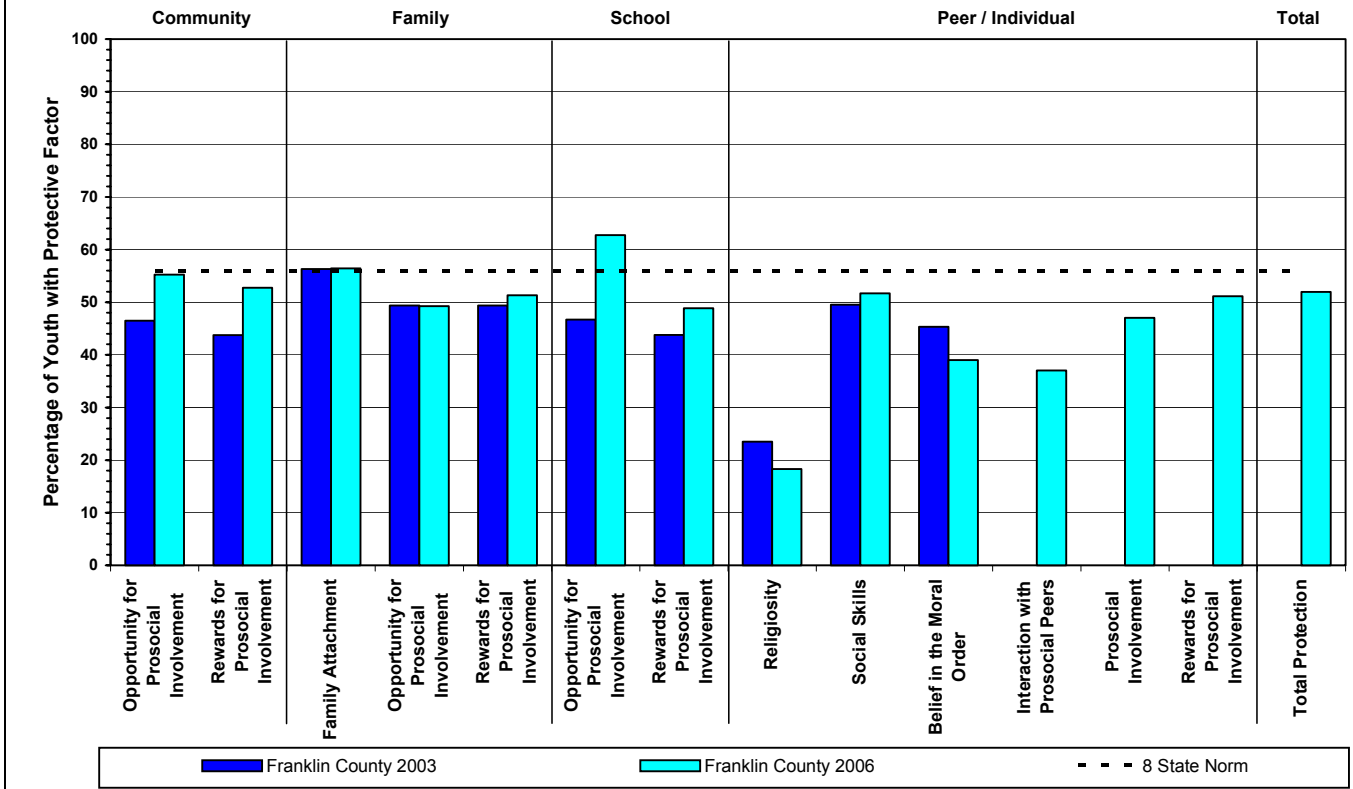
### RISK PROFILE

#### 2006 Franklin County Student Survey, Grade 12



### PROTECTIVE PROFILE

#### 2006 Franklin County Student Survey, Grade 12



**Table 2. Risk and Protective Factor Scale Definitions**

<b><i>Community Domain Risk Factors</i></b>	
<b><i>Community Disorganization</i></b>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<b><i>Low Neighborhood Attachment</i></b>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<b><i>Laws and Norms Favorable Toward Drug Use</i></b>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<b><i>Perceived Availability of Drugs and Handguns</i></b>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<b><i>Community Domain Protective Factors</i></b>	
<b><i>Opportunities for Positive Involvement</i></b>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<b><i>Rewards for Positive Involvement</i></b>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<b><i>Family Domain Risk Factors</i></b>	
<b><i>Family History of Antisocial Behavior</i></b>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<b><i>Family Conflict</i></b>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<b><i>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</i></b>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<b><i>Poor Family Management</i></b>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
<b><i>Family Domain Protective Factors</i></b>	
<b><i>Family Attachment</i></b>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<b><i>Opportunities for Positive Involvement</i></b>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<b><i>Rewards for Positive Involvement</i></b>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<b><i>School Domain Risk Factors</i></b>	
<b><i>Academic Failure</i></b>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<b><i>Low Commitment to School</i></b>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

**Table 2. Risk and Protective Factor Scale Definitions (Continued)**

<b><i>School Domain Protective Factors</i></b>	
<b><i>Opportunities for Positive Involvement</i></b>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<b><i>Rewards for Positive Involvement</i></b>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
<b><i>Peer-Individual Risk Factors</i></b>	
<b><i>Early Initiation of Antisocial Behavior and Drug Use</i></b>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<b><i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i></b>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<b><i>Friends' Use of Drugs</i></b>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<b><i>Interaction with Antisocial Peers</i></b>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<b><i>Perceived Risk of Drug Use</i></b>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<b><i>Rewards for Antisocial Behavior</i></b>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<b><i>Rebelliousness</i></b>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<b><i>Intention to Use ATODs</i></b>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<b><i>Depressive Symptoms</i></b>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<b><i>Gang Involvement</i></b>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<b><i>Peer-Individual Protective Factors</i></b>	
<b><i>Religiosity</i></b>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<b><i>Social Skills</i></b>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
<b><i>Belief in the Moral Order</i></b>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<b><i>Prosocial Involvement</i></b>	Participation in positive school and community activities helps provide protection for youth.
<b><i>Prosocial Norms</i></b>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<b><i>Involvement with Prosocial Peers</i></b>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.

**Table 3. Number of Students Who Completed the Survey**

Number of Youth	Franklin County								
	8th			10th			12th		
	County		MTF	County		MTF	County		MTF
	2003	2006	2004	2003	2006	2004	2003	2006	2004
	575	606	*	440	469	*	324	361	*

**Table 4. Percentage of Students Who Used ATODs During Their Lifetime**

Drug Used	Franklin County								
	8th			10th			12th		
	County		MTF	County		MTF	County		MTF
	2003	2006	2004	2003	2006	2004	2003	2006	2004
	Alcohol	57.4	47.6	45.6	76.6	76.4	66.0	86.2	86.2
Cigarettes	31.4	28.9	28.4	45.4	42.0	43.0	56.0	44.7	53.7
Chewing Tobacco	6.1	6.4	11.3	9.7	11.7	14.6	14.9	14.9	17.0
Marijuana	28.0	17.2	17.5	50.6	45.5	36.3	59.8	50.1	46.3
Inhalants	17.6	13.6	15.7	11.9	14.3	12.6	13.9	8.9	11.2
Hallucinogens	3.5	2.8	2.1	6.9	7.8	3.5	10.2	10.4	5.9
Cocaine	2.8	2.0	3.7	3.9	4.8	5.1	9.1	9.2	7.7
Stimulants	1.4	2.9	8.3	2.1	7.2	13.1	2.8	12.1	14.4
Sedatives	n/a	6.9	9.6	n/a	13.9	13.8	n/a	16.9	13.8
Heroin or Other Opiates	2.3	1.2	1.6	1.6	2.0	1.5	1.2	3.4	1.6
Ecstasy	3.7	1.9	3.2	6.4	3.9	5.4	10.2	4.3	8.5
Any Drug	36.7	25.3	30.7	53.9	51.2	45.0	62.5	53.2	49.6

**Table 5. Percentage of Students Who Used ATODs During the Past 30 Days**

Drug Used	Franklin County								
	8th			10th			12th		
	County		MTF	County		MTF	County		MTF
	2003	2006	2004	2003	2006	2004	2003	2006	2004
	Alcohol	29.8	21.9	19.7	53.5	45.9	35.4	64.8	65.4
Cigarettes	14.1	10.7	10.2	20.0	16.9	16.7	23.5	20.3	24.4
Chewing Tobacco	2.1	2.5	4.1	3.0	4.1	5.3	5.9	7.5	6.7
Marijuana	18.4	10.8	7.5	32.5	24.2	16.9	39.6	32.1	21.3
Inhalants	8.3	5.7	4.1	2.3	5.0	2.2	3.1	1.7	1.5
Hallucinogens	1.1	0.5	0.5	2.3	3.7	0.6	2.8	5.2	0.6
Cocaine	0.7	1.2	0.9	1.1	2.2	1.3	3.4	3.8	2.1
Stimulants	0.5	1.9	2.7	0.7	2.9	4.2	0.3	6.3	4.9
Sedatives	n/a	2.7	3.0	n/a	6.1	4.5	n/a	7.4	4.3
Heroin or Other Opiates	0.7	0.0	0.4	0.7	0.7	0.4	0.6	0.6	0.4
Ecstasy	1.1	0.8	0.7	2.1	0.7	1.1	1.2	0.3	1.3
Any Drug	24.5	14.7	12.1	33.8	28.3	20.6	41.1	34.5	23.3

**Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes**

Drug Used	Franklin County								
	8th			10th			12th		
	County		MTF	County		MTF	County		MTF
	2003	2006	2004	2003	2006	2004	2003	2006	2004
	Binge Drinking	15.0	12.9	11.9	31.4	27.5	22.2	48.4	48.5
1/2 Pack of Cigarettes/Day	2.6	3.0	n/a	3.9	3.9	n/a	8.6	8.3	n/a
Needs Alcohol Treatment	n/a	5.9	n/a	n/a	14.6	n/a	n/a	18.3	n/a
Needs Drug Treatment	n/a	5.6	n/a	n/a	14.8	n/a	n/a	18.1	n/a
Needs Alc/Drug Treatment	n/a	9.2	n/a	n/a	20.3	n/a	n/a	26.3	n/a

\* See the Monitoring The Future website ( [www.monitoringthefuture.org](http://www.monitoringthefuture.org) )

**Table 7. Percentage of Students With Antisocial Behavior in the Past Year**

Behavior	Franklin County					
	8th		10th		12th	
	County		County		County	
	2003	2006	2003	2006	2003	2006
Suspended from School	19.2	15.8	14.4	13.9	12.7	12.1
Drunk or High at School	15.8	12.1	21.4	22.7	28.0	30.9
Sold Illegal Drugs	9.2	5.2	14.0	10.7	14.7	14.9
Stolen a Vehicle	5.3	3.2	2.7	5.3	1.5	3.4
Been Arrested	5.5	7.0	7.1	6.1	5.6	5.6
Attacked to Harm	17.1	14.5	15.8	15.2	16.5	14.7
Carried a Handgun	5.4	5.0	3.0	4.6	2.8	5.1
Handgun to School	0.7	1.8	0.9	0.9	0.6	1.1

**Table 8. Percentage of Students Reporting Protection**

Protective Factors	Franklin County					
	8th		10th		12th	
	County		County		County	
	2003	2006	2003	2006	2003	2006
<b>Community Domain</b>						
Opportunity for Prosocial Involvement	50.5	50.1	42.6	52.9	46.5	55.2
Rewards for Prosocial Involvement	32.8	37.1	44.5	48.7	43.8	52.7
<b>Family Domain</b>						
Family Attachment	45.4	48.2	46.5	40.8	56.3	56.4
Opportunity for Prosocial Involvement	56.2	55.6	54.1	50.9	49.4	49.3
Rewards for Prosocial Involvement	57.9	61.3	55.0	55.8	49.4	51.3
<b>School Domain</b>						
Opportunity for Prosocial Involvement	60.2	68.2	55.7	65.9	46.7	62.7
Rewards for Prosocial Involvement	46.4	58.9	61.1	68.7	43.8	48.9
<b>Peer-Individual Domain</b>						
Religiosity	32.8	27.5	33.3	27.7	23.5	18.3
Social Skills	53.8	56.7	43.9	42.2	49.5	51.7
Belief in the Moral Order	59.2	56.6	65.3	58.8	45.3	39.0
Interaction with Prosocial Peers	n/a	45.5	n/a	47.2	n/a	37.0
Prosocial Involvement	n/a	46.5	n/a	54.5	n/a	47.0
Rewards for Prosocial Involvement	n/a	53.6	n/a	59.7	n/a	51.1
Total Protection	n/a	56.4	n/a	57.2	n/a	51.9

**Table 9. Percentage of Students Reporting Risk**

Risk Factors	Franklin County					
	8th		10th		12th	
	County		County		County	
	2003	2006	2003	2006	2003	2006
<b>Community Domain</b>						
Low Neighborhood Attachment	33.1	32.6	42.4	42.1	51.4	43.7
Community Disorganization	39.4	38.5	48.3	43.3	47.8	45.5
Laws & Norms Favor Drug Use	47.8	40.4	57.5	55.1	55.3	53.0
Perceived Availability of Drugs	47.8	41.3	45.1	56.4	60.3	58.5
Perceived Availability of Handguns	32.7	32.8	15.0	18.5	19.9	24.4
<b>Family Domain</b>						
Poor Family Management	52.2	52.6	50.5	51.0	61.9	57.6
Family Conflict	55.0	50.3	41.4	42.7	37.5	44.2
Family History of Antisocial Behavior	47.9	39.9	48.7	44.2	47.3	45.3
Parent Attitudes Favorable to ASB	49.9	55.6	52.0	68.7	55.9	67.3
Parent Attitudes Favor Drug Use	36.7	33.4	53.5	57.4	59.2	58.0
<b>School Domain</b>						
Academic Failure	49.9	49.2	47.5	50.0	45.4	47.1
Low Commitment to School	50.3	48.6	50.9	50.2	58.0	60.5
<b>Peer-Individual Domain</b>						
Rebelliousness	36.6	45.2	41.7	52.5	47.8	52.7
Early Initiation of ASB	32.7	35.3	31.8	36.3	35.9	37.4
Early Initiation of Drug Use	40.2	29.7	41.5	37.7	46.7	41.2
Attitudes Favorable to ASB	41.7	47.3	50.4	60.8	51.4	55.9
Attitudes Favorable to Drug Use	41.3	35.9	51.2	52.3	56.9	51.7
Perceived Risk of Drug Use	48.6	53.3	47.3	53.5	58.3	65.0
Interaction with Antisocial Peers	57.1	47.8	55.0	54.0	58.3	52.6
Friend's Use of Drugs	53.0	37.0	56.9	49.9	53.3	42.5
Rewards for ASB	61.7	54.9	51.8	53.1	61.0	67.6
Depressive Symptoms	45.0	41.6	46.0	43.5	37.7	40.2
Intention to Use Drugs	39.8	39.1	48.5	56.4	42.7	41.7
Gang Involvement	6.9	9.4	4.8	9.3	4.0	5.1
Total Risk	47.3	44.9	53.6	57.5	58.0	57.8

**Table 10. Drug Free Communities Report**

Outcomes	Definition	Substance	Franklin County 2003													
			Grade 8		Grade 10		Grade 12		Total		Male		Female		Total	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk	drink 1 or two drinks nearly every day	Alcohol	68.8	554	71.3	418	63.1	317	68.2	1289	62.3	607	73.2	671	68.0	1278
	smoke 1 or more packs or cigarettes per day	Cigarettes	90.3	547	94.1	421	91.9	320	91.9	1288	90.8	606	92.8	671	91.9	1277
	smoke marijuana regularly	Marijuana	81.7	546	73.0	422	59.2	319	73.3	1287	70.1	606	75.8	670	73.1	1276
Perception of Parent Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	88.0	535	81.9	414	64.6	316	80.2	1265	79.9	587	80.2	668	80.1	1255
	smoke cigarettes	Cigarettes	95.7	533	91.1	417	81.8	313	90.7	1263	91.3	583	90.3	670	90.7	1253
	smoke marijuana	Marijuana	93.0	529	85.6	417	82.4	313	87.9	1259	86.6	581	88.9	668	87.8	1249
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	29.8	568	53.5	434	64.8	324	46.1	1326	45.0	629	47.0	685	46.0	1314
		Cigarettes	14.1	569	20.0	436	23.5	324	18.3	1329	17.3	630	19.4	687	18.4	1317
		Marijuana	18.4	564	32.5	437	39.6	323	28.2	1324	31.8	628	25.0	685	28.3	1313
Perception of Peer Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	68.8	560	50.7	428	34.6	318	54.5	1306	55.4	617	53.8	677	54.6	1294
	smoke cigarettes	Cigarettes	81.4	560	73.8	424	55.9	320	72.7	1304	75.9	615	69.7	677	72.7	1292
	smoke marijuana	Marijuana	75.9	561	56.6	424	47.2	320	62.6	1305	59.9	616	64.8	677	62.5	1293
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset	average age	Alcohol	11.7	306	13.3	319	13.8	274	12.9	899	12.7	411	13.1	481	12.9	892
		Cigarettes	11.5	192	12.7	209	13.4	189	12.5	590	12.5	277	12.5	309	12.5	586
		Marijuana	12.2	155	13.6	222	14.4	206	13.5	583	13.4	304	13.6	276	13.5	580

**Table 11. Drug Free Communities Report**

Outcomes	Definition	Substance	Franklin County 2006													
			Grade 8		Grade 10		Grade 12		Total		Male		Female		Total	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk	drink 1 or two drinks nearly every day	Alcohol	62.6	593	62.4	458	55.6	349	60.8	1400	53.3	629	67.6	746	61.0	1375
	smoke 1 or more packs or cigarettes per day	Cigarettes	89.8	598	92.0	461	92.8	348	91.3	1407	89.4	631	93.3	748	91.5	1379
	smoke marijuana regularly	Marijuana	81.3	583	69.8	454	59.2	341	72.1	1378	65.9	613	78.1	739	72.6	1352
Perception of Parent Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	90.4	573	80.6	453	66.5	343	81.2	1369	79.2	612	82.7	730	81.1	1342
	smoke cigarettes	Cigarettes	93.4	577	90.1	455	84.0	343	90.0	1375	89.4	613	90.2	734	89.8	1347
	smoke marijuana	Marijuana	95.4	568	87.0	453	82.2	342	89.3	1363	88.6	607	90.1	729	89.4	1336
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	21.9	597	45.9	458	65.4	347	40.5	1402	39.7	629	40.9	746	40.4	1375
		Cigarettes	10.7	597	16.9	461	20.3	350	15.1	1408	15.0	633	15.4	749	15.2	1382
		Marijuana	10.8	592	24.2	459	32.1	346	20.5	1397	22.4	629	18.4	740	20.2	1369
Perception of Peer Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	74.8	602	49.0	457	30.6	356	55.3	1415	54.9	638	56.1	747	55.5	1385
	smoke cigarettes	Cigarettes	81.6	599	69.2	458	60.2	354	72.2	1411	71.0	638	73.5	743	72.3	1381
	smoke marijuana	Marijuana	82.2	601	59.5	454	50.4	355	66.9	1410	62.1	636	71.5	745	67.2	1381
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset	average age	Alcohol	12.0	303	13.3	353	14.1	309	13.1	965	12.8	451	13.4	496	13.1	947
		Cigarettes	11.8	175	12.7	202	13.4	174	12.6	551	12.4	247	12.7	292	12.6	539
		Marijuana	12.2	116	13.4	213	14.2	190	13.4	519	13.2	246	13.6	261	13.4	507

**Table 12. Drug Free Communities Report For Total Area**

Outcomes	Definition	Substance	Franklin County													
			Grade 8		Grade 10		Grade 12		Total		Male		Female		Total	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk	drink 1 or two drinks nearly every day	Alcohol	62.6	593	62.4	458	55.6	349	60.8	1400	53.3	629	67.6	746	61.0	1375
	smoke 1 or more packs or cigarettes per day	Cigarettes	89.8	598	92.0	461	92.8	348	91.3	1407	89.4	631	93.3	748	91.5	1379
	smoke marijuana regularly	Marijuana	81.3	583	69.8	454	59.2	341	72.1	1378	65.9	613	78.1	739	72.6	1352
Perception of Parent Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	90.4	573	80.6	453	66.5	343	81.2	1369	79.2	612	82.7	730	81.1	1342
	smoke cigarettes	Cigarettes	93.4	577	90.1	455	84.0	343	90.0	1375	89.4	613	90.2	734	89.8	1347
	smoke marijuana	Marijuana	95.4	568	87.0	453	82.2	342	89.3	1363	88.6	607	90.1	729	89.4	1336
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	21.9	597	45.9	458	65.4	347	40.5	1402	39.7	629	40.9	746	40.4	1375
		Cigarettes	10.7	597	16.9	461	20.3	350	15.1	1408	15.0	633	15.4	749	15.2	1382
		Marijuana	10.8	592	24.2	459	32.1	346	20.5	1397	22.4	629	18.4	740	20.2	1369
Perception of Peer Disapproval	drink beer, wine, or hard liquor regularly	Alcohol	74.8	602	49.0	457	30.6	356	55.3	1415	54.9	638	56.1	747	55.5	1385
	smoke cigarettes	Cigarettes	81.6	599	69.2	458	60.2	354	72.2	1411	71.0	638	73.5	743	72.3	1381
	smoke marijuana	Marijuana	82.2	601	59.5	454	50.4	355	66.9	1410	62.1	636	71.5	745	67.2	1381
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset	average age	Alcohol	12.0	303	13.3	353	14.1	309	13.1	965	12.8	451	13.4	496	13.1	947
		Cigarettes	11.8	175	12.7	202	13.4	174	12.6	551	12.4	247	12.7	292	12.6	539
		Marijuana	12.2	116	13.4	213	14.2	190	13.4	519	13.2	246	13.6	261	13.4	507

# Contacts for Prevention

## NATIONAL RESOURCES

United States Department of Health and Human Services (USDHHS)  
Substance Abuse and Mental Health Service Administration (SAMHSA)  
1 Choke Cherry Rd., Rm. 8-1054  
Rockville, Maryland 20857  
240-276-2000  
[info@samhsa.hhs.org](mailto:info@samhsa.hhs.org)  
[www.samhsa.gov](http://www.samhsa.gov)

Substance Abuse and Mental Health Service Administration (SAMHSA)  
Center for Substance Abuse Prevention (CSAP)  
1 Choke Cherry Rd., Ste 4-1057  
Rockville, Maryland 20857  
240-276-2420  
[info@samhsa.hhs.org](mailto:info@samhsa.hhs.org)  
<http://prevention.samhsa.gov/>

Center for Substance Abuse Prevention (CSAP)  
Central Center for Applied Prevention Technology (CAPT)  
2720 Hwy. 10  
Mounds View, Minnesota 55112  
1-800-782-1878  
[centralcapt@miph.org](mailto:centralcapt@miph.org)  
<http://www.ccapt.org/>

CSAP's Southwestern CAPT  
Southwestern Regional Center for the Advancement of Prevention Technology  
<http://captus.samhsa.gov/southwest/southwest.cfm>

National Institutes of Health (NIH)  
National Institute on Drug Abuse (NIDA)  
6001 Executive Blvd., Rm. 5213  
Bethesda, Maryland 20892-9561  
301-443-1124  
[Information@lists.nida.nih.gov](mailto:Information@lists.nida.nih.gov)  
<http://www.nida.nih.gov/>

## STATE RESOURCES

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