



**Bach Harrison, L.L.C.**

Survey Research & Evaluation Services

# **2009 Prevention Needs Assessment Survey Results**

**Report for:  
Franklin County**

**Sponsored By:  
Community Coalition for Teens  
278 Main St. Suite 411  
Greenfield, MA 01301  
413-774-1194**

116 South 500 East  
Salt Lake City, Utah 84102

Phone: (801) 359-2064  
Fax: (801) 524-9688

# Introduction

## 2009 Prevention Needs Assessment Survey Profile Report for Franklin County

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2009 in grades 8, 10, and 12. The results are presented along with comparisons to National data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison 8-State database.

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 community. When using the information in this report, please pay attention to the number and percentage of students who participated from your community. If 70% or more of the students participated, the report is a good

### Contents:

Introduction

The Risk and Protective Factor Model of Substance Abuse Prevention

Building a Strategic Prevention Framework

Tools for Assessment and Planning

Practical Implications of the PNA

How to Read the Charts

- Substance Use,
- Antisocial Behavior and Gambling,
- Risk & Protective Factor Profiles

Risk and Protective Factor Scale Definitions

Data Tables

Drug Free Communities Report

Contacts for Prevention

indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 70% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

### Risk and Protective Factors

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	Franklin County					
	2003		2006		2009	
	Number	Percent	Number	Percent	Number	Percent
	1339	100	1436	100	1824	100
<b>Grade</b>						
8	575	42.9	606	42.2	707	38.8
10	440	32.9	469	32.7	611	33.5
12	324	24.2	361	25.1	506	27.7
<b>Gender</b>						
Male	635	47.9	647	46.1	881	49.0
Female	691	52.1	757	53.9	917	51.0
<b>Ethnicity *</b>						
Native American	n/a	n/a	47	3.3	74	4.1
Asian	n/a	n/a	27	1.9	34	1.9
African American	n/a	n/a	19	1.4	36	2.0
Pacific Islander	n/a	n/a	4	0.3	10	0.6
Hispanic	n/a	n/a	39	2.8	71	4.0
White	n/a	n/a	1221	86.8	1465	81.8
Multi-racial or Other	n/a	n/a	50	3.6	100	5.6

\* Ethnicity data is not available for 2003.

# 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>					
1. Availability of Drugs	✓				✓
2. Availability of Firearms		✓			✓
3. Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓
4. Transitions and Mobility *	✓	✓		✓	
5. Low Neighborhood Attachment	✓	✓			✓
6. Community Disorganization	✓	✓			✓
7. Extreme Economic Deprivation *	✓	✓	✓	✓	✓
<b>Family</b>					
8. Family History of the Problem Behavior	✓	✓	✓	✓	✓
9. Family Management Problems	✓	✓	✓	✓	✓
10. Family Conflict	✓	✓	✓	✓	✓
11. Parental Attitudes Favorable Towards Drugs / Other Problem Behavior	✓	✓			✓
<b>School</b>					
12. Academic Failure	✓	✓	✓	✓	✓
13. Lack of Commitment to School	✓	✓	✓	✓	✓
<b>Peer / Individual</b>					
14. Early Initiation of Drug Use / Problem Behavior	✓	✓	✓	✓	✓
15. Rebelliousness	✓	✓		✓	
16. Friends Who Use Drugs / Engage in Other Problem Behavior	✓	✓	✓	✓	✓
17. Favorable Attitudes Toward Drug Use / Other Problem Behavior	✓	✓	✓	✓	
18. Perceived Risks of Drug Use	✓	✓		✓	
19. Peer Rewards for Drug Use	✓	✓		✓	
20. Depressive Symptoms	✓	✓		✓	

# 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 four types of charts presented in this report: 1) substance use charts, 2) antisocial behavior and gambling charts, 3) risk factor charts, and 4) 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 10. Table 11 contains youth perceptions of substance use, and Table 12 contains the information necessary to complete the Drug Free Communities Report.

### Substance Use, Antisocial Behavior , and Gambling 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.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey) and use of **one-half a pack or more of cigarettes per day**.
- **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.
- **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.
- **Gambling behavior** is a measure of the percentage of students who engaged in 10 types of gambling as well as an overall measure of gambling in the past year.

## How to Read the Charts: Continued

### 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 the percentage of High Risk Youth and percentage of High Protection Youth. High Risk Youth 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 7 or more risk factors, for 7<sup>th</sup> to 9<sup>th</sup> grade it is 8 or more risk factors, and for 10<sup>th</sup> to 12<sup>th</sup> grade, it is 9 or more risk factors. High Protection Youth is defined as the percentage of students in all grades who have 5 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 blue diamond 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, anti-social 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.

### Monitoring the Future / 8-State

Levels of risk and protection in your community also can be compared to a more national sample. The yellow diamond on each of the charts represents the percentage of youth at risk or with protection for the eight states across the country upon which the cut-points were developed. On the ATOD charts, it is the national norm from the Monitoring the Future data.

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.

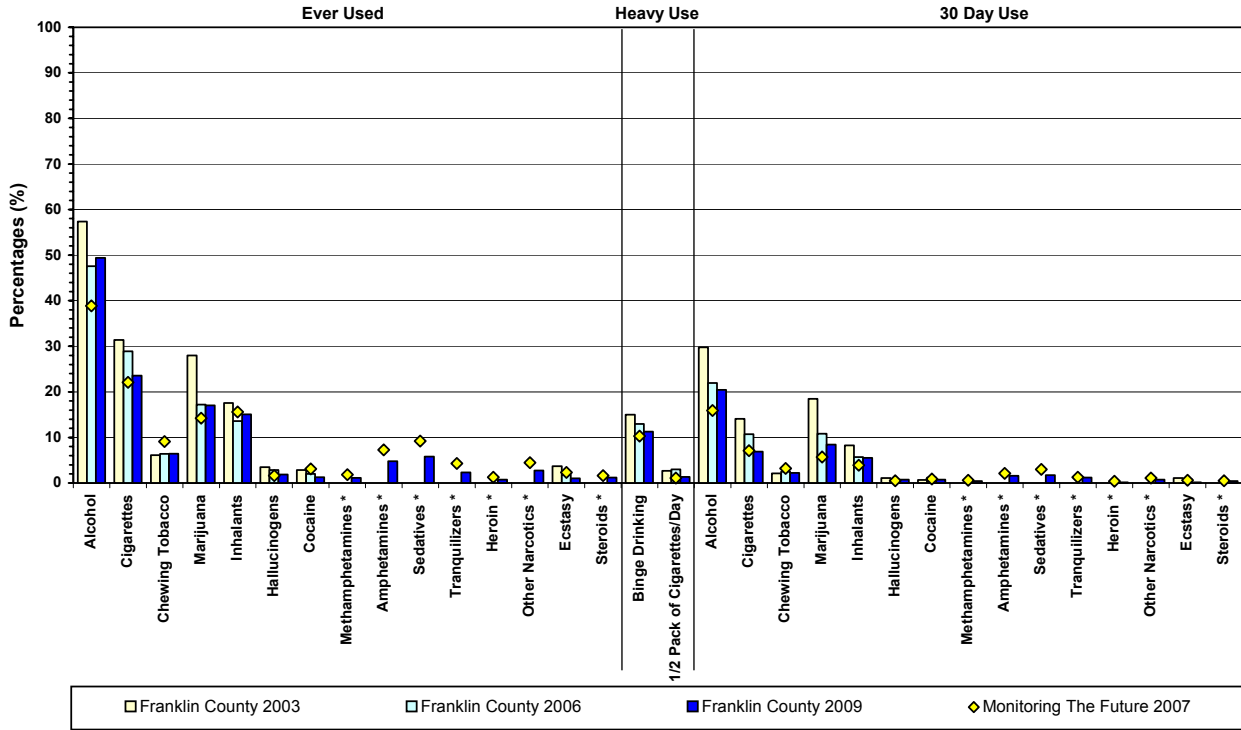
### Youth Perception of Substance Use

Youth often overestimate the percentage of their peers who are using substances. Youth perceptions of the percentage of their peers who use cigarettes, alcohol, marijuana, and other illegal drugs are shown in Tables 11 and higher.

# Substance Use and Antisocial Behavior

## LIFETIME, 30 DAY & HEAVY ATOD USE

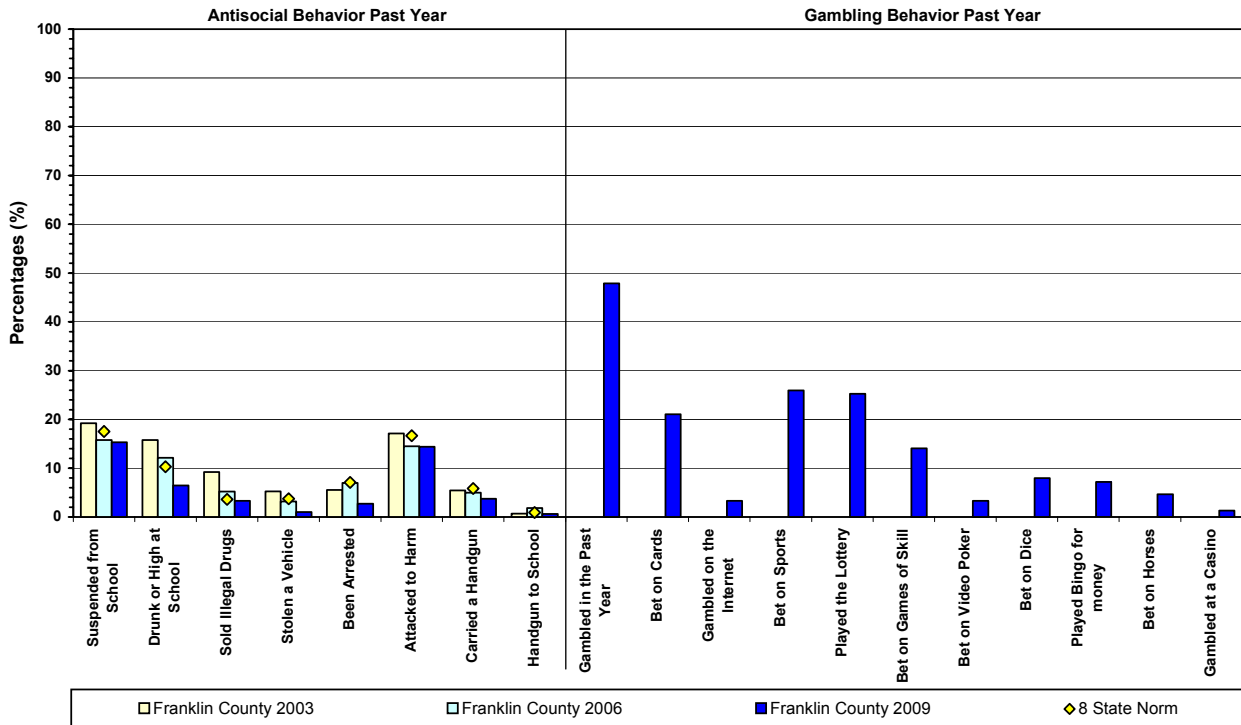
### 2009 Franklin County Student Survey, Grade 8



\* Questions were not asked prior to 2009, or the wording has changed enough to make direct comparisons impossible.

## ANTISOCIAL BEHAVIOR AND GAMBLING

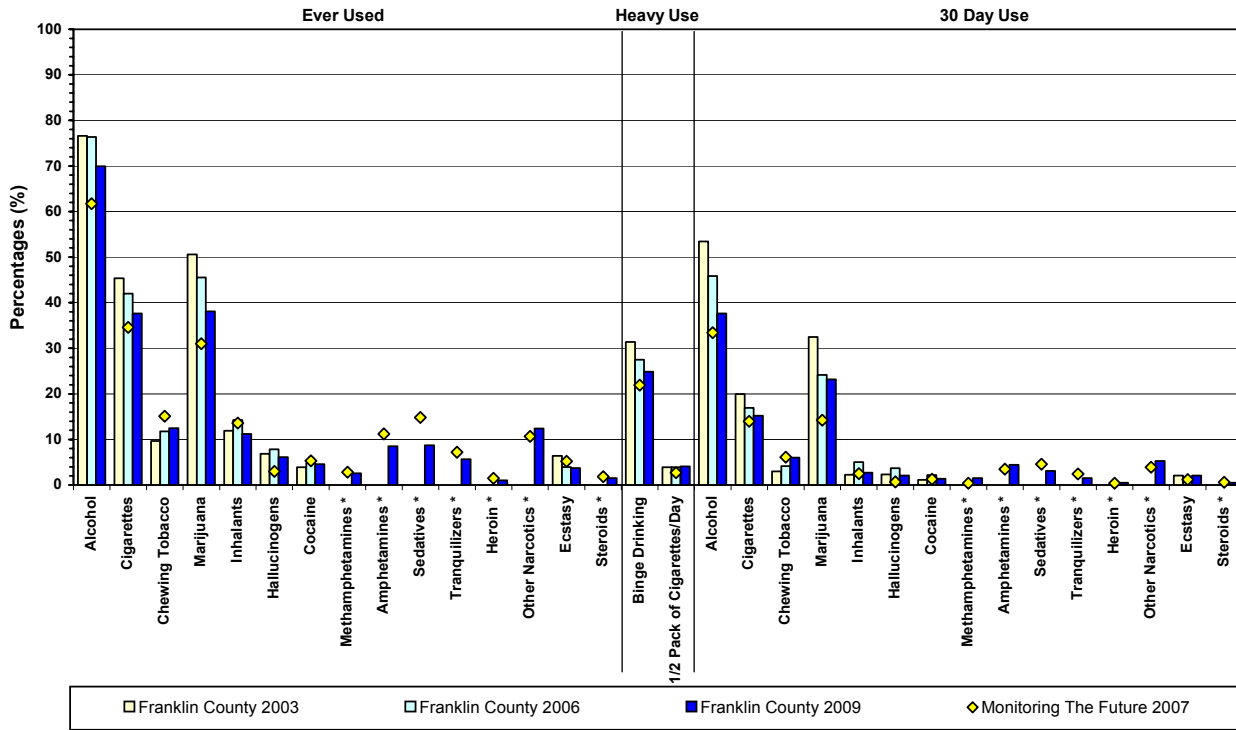
### 2009 Franklin County Student Survey, Grade 8



Because not all of the 8 State Surveys had Gambling Behavior questions, no combined value is available. Gambling questions not asked prior to 2009.

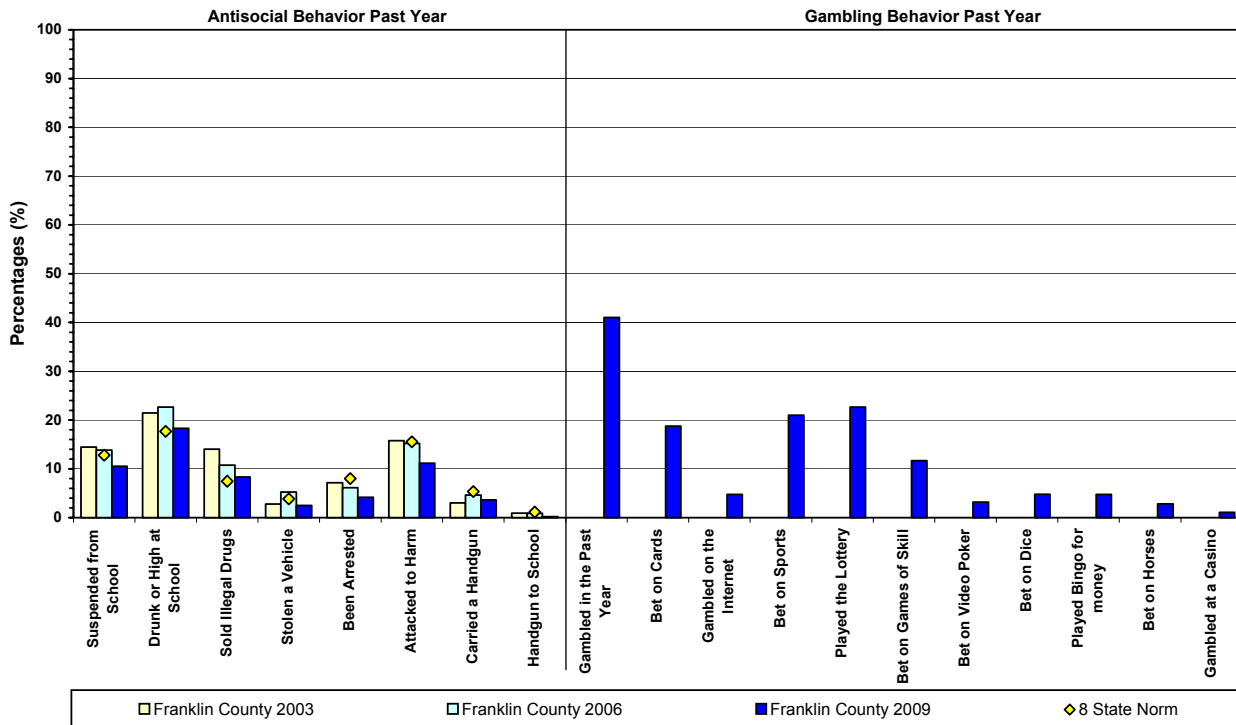
# Substance Use and Antisocial Behavior

**LIFETIME, 30 DAY & HEAVY ATOD USE**  
**2009 Franklin County Student Survey, Grade 10**



\* Questions were not asked prior to 2009, or the wording has changed enough to make direct comparisons impossible.

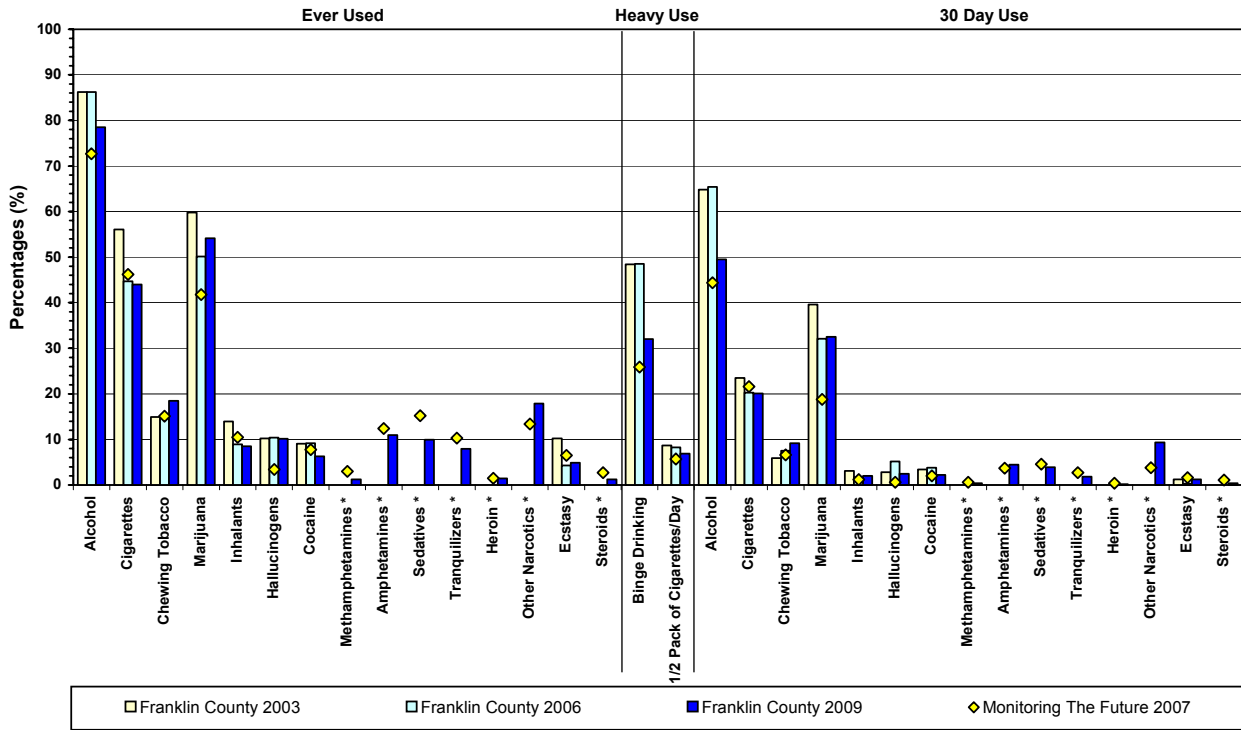
**ANTISOCIAL BEHAVIOR AND GAMBLING**  
**2009 Franklin County Student Survey, Grade 10**



Because not all of the 8 State Surveys had Gambling Behavior questions, no combined value is available. Gambling questions not asked prior to 2009.

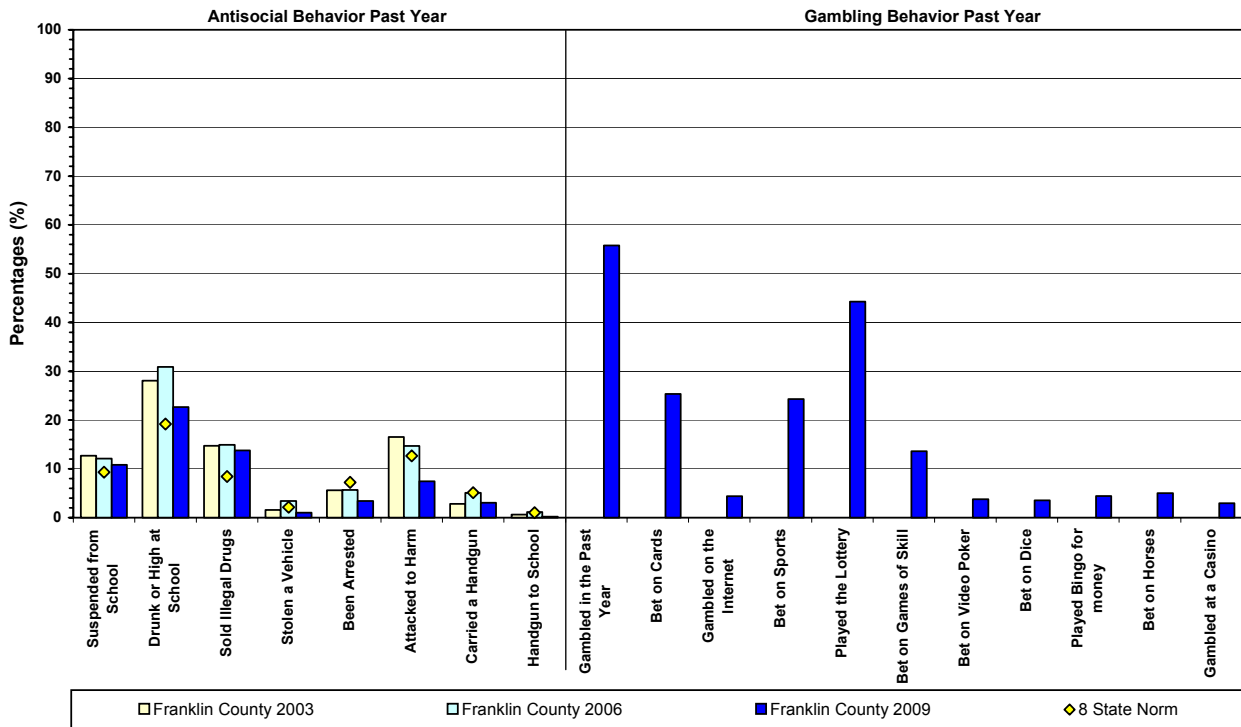
# Substance Use and Antisocial Behavior

**LIFETIME, 30 DAY & HEAVY ATOD USE**  
**2009 Franklin County Student Survey, Grade 12**



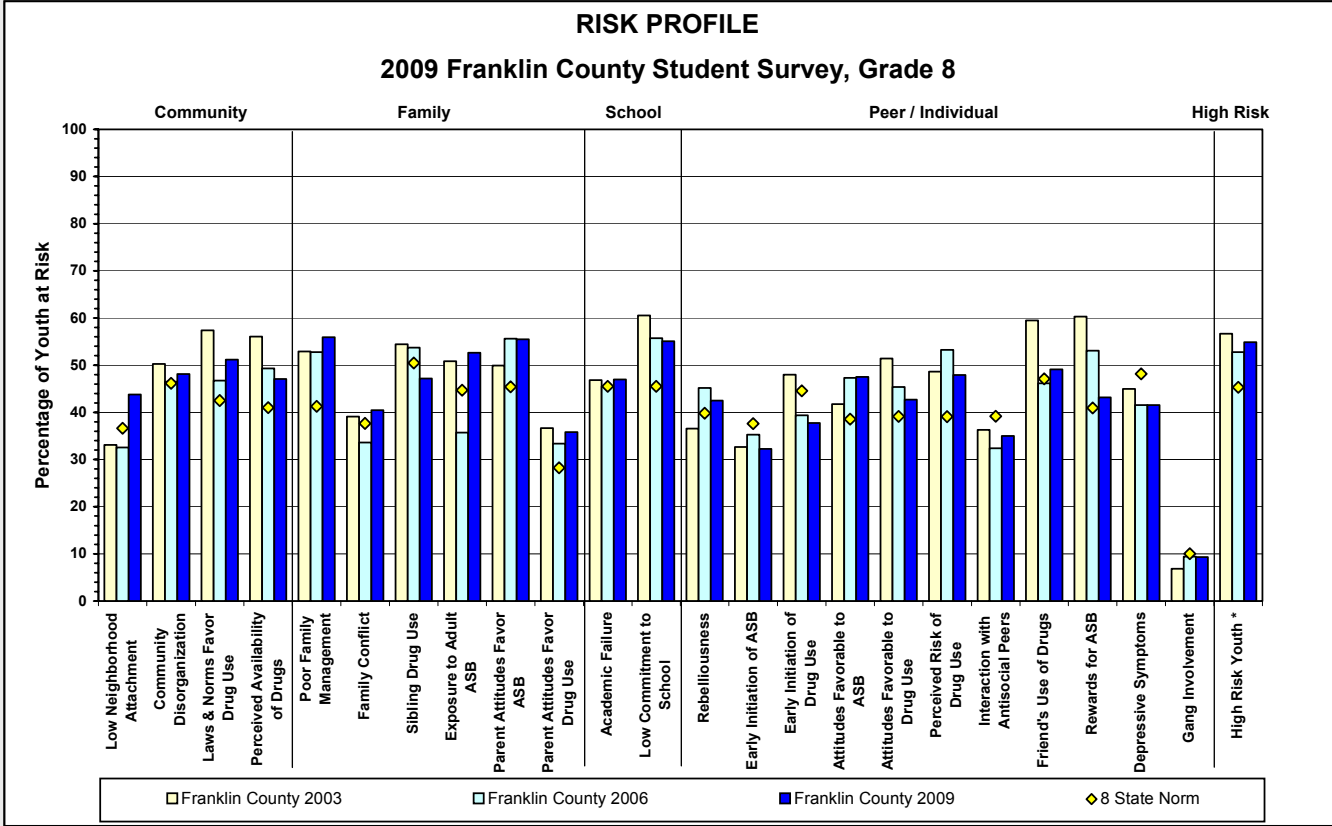
\* Questions were not asked prior to 2009, or the wording has changed enough to make direct comparisons impossible.

**ANTISOCIAL BEHAVIOR AND GAMBLING**  
**2009 Franklin County Student Survey, Grade 12**

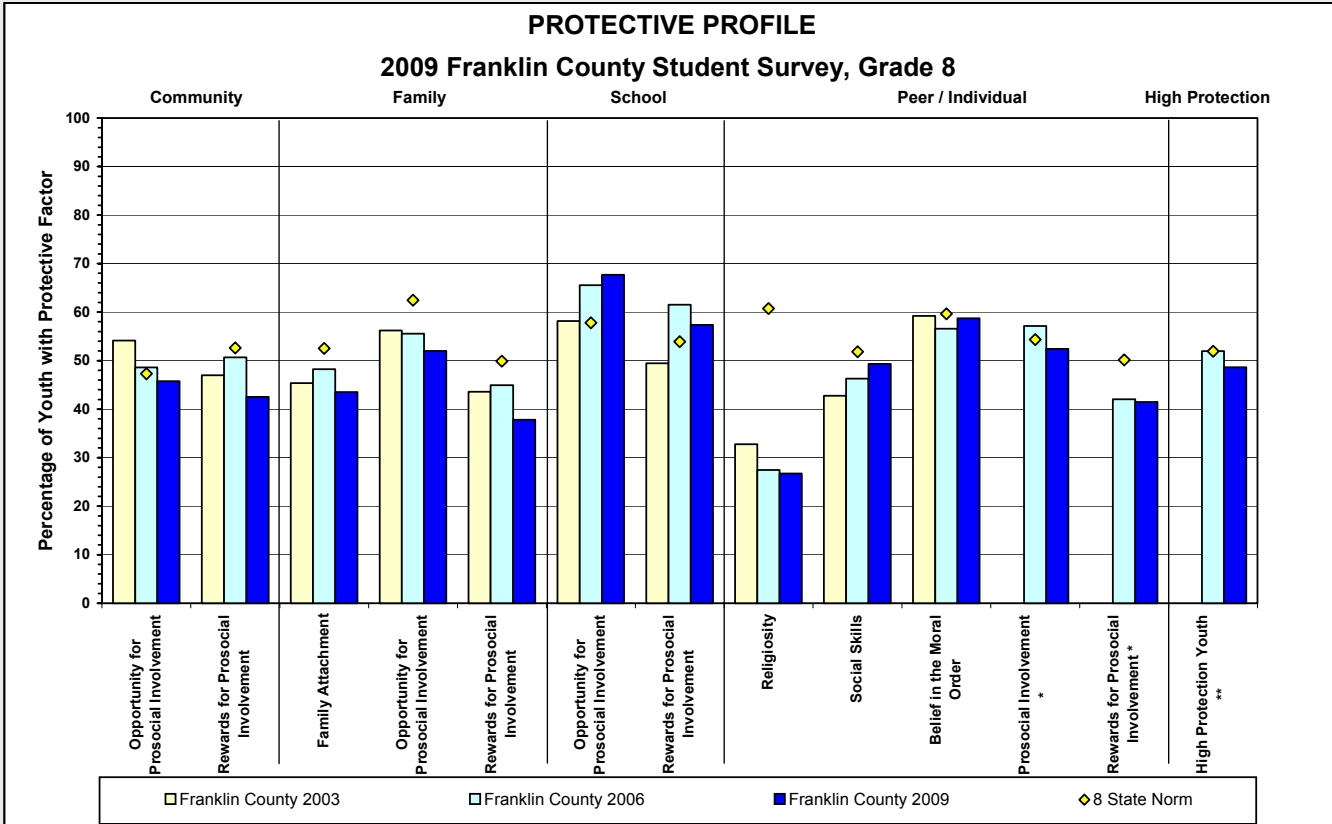


Because not all of the 8 State Surveys had Gambling Behavior questions, no combined value is available. Gambling questions not asked prior to 2009.

# Risk and Protective Factor Profiles



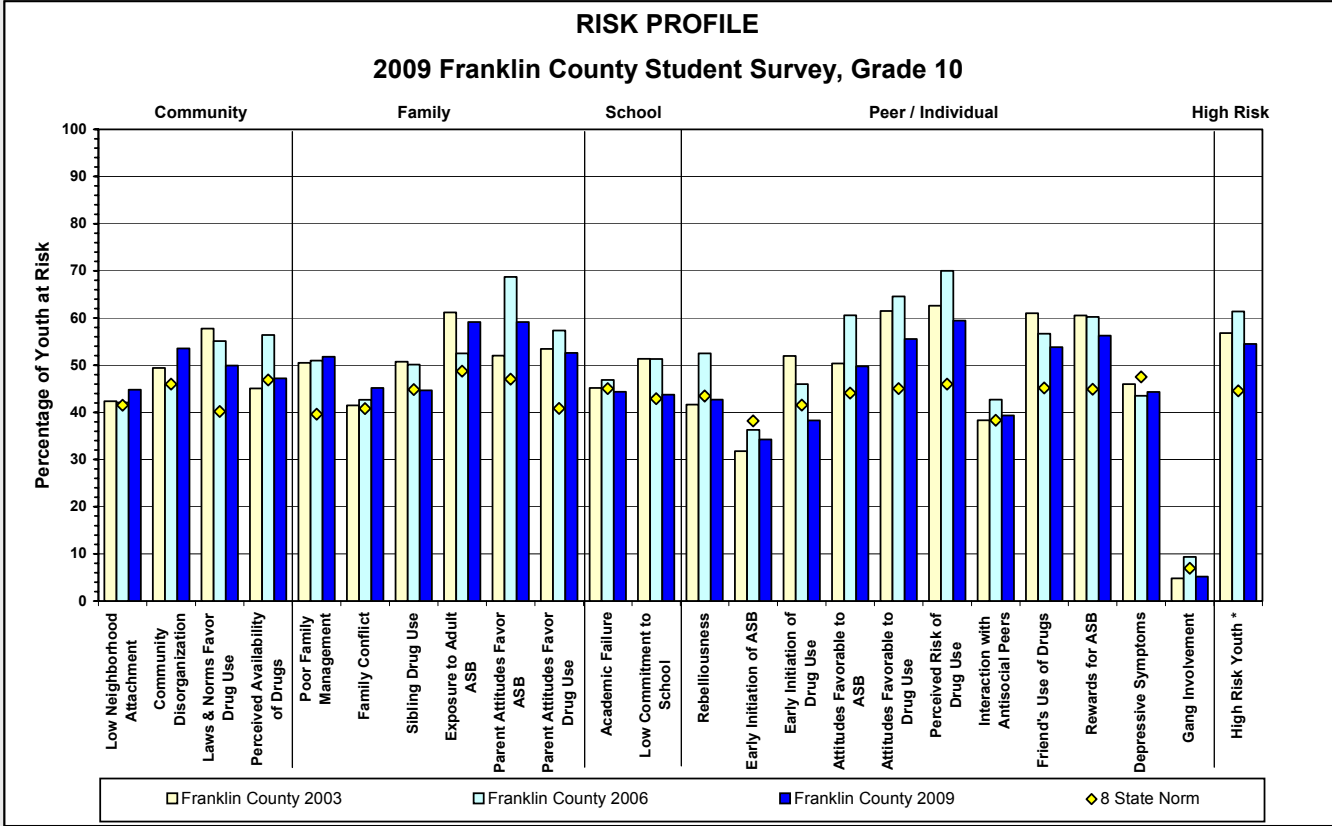
\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-9th grade: 8 or more risk factors, 10th-12th graders: 9 or more factors)



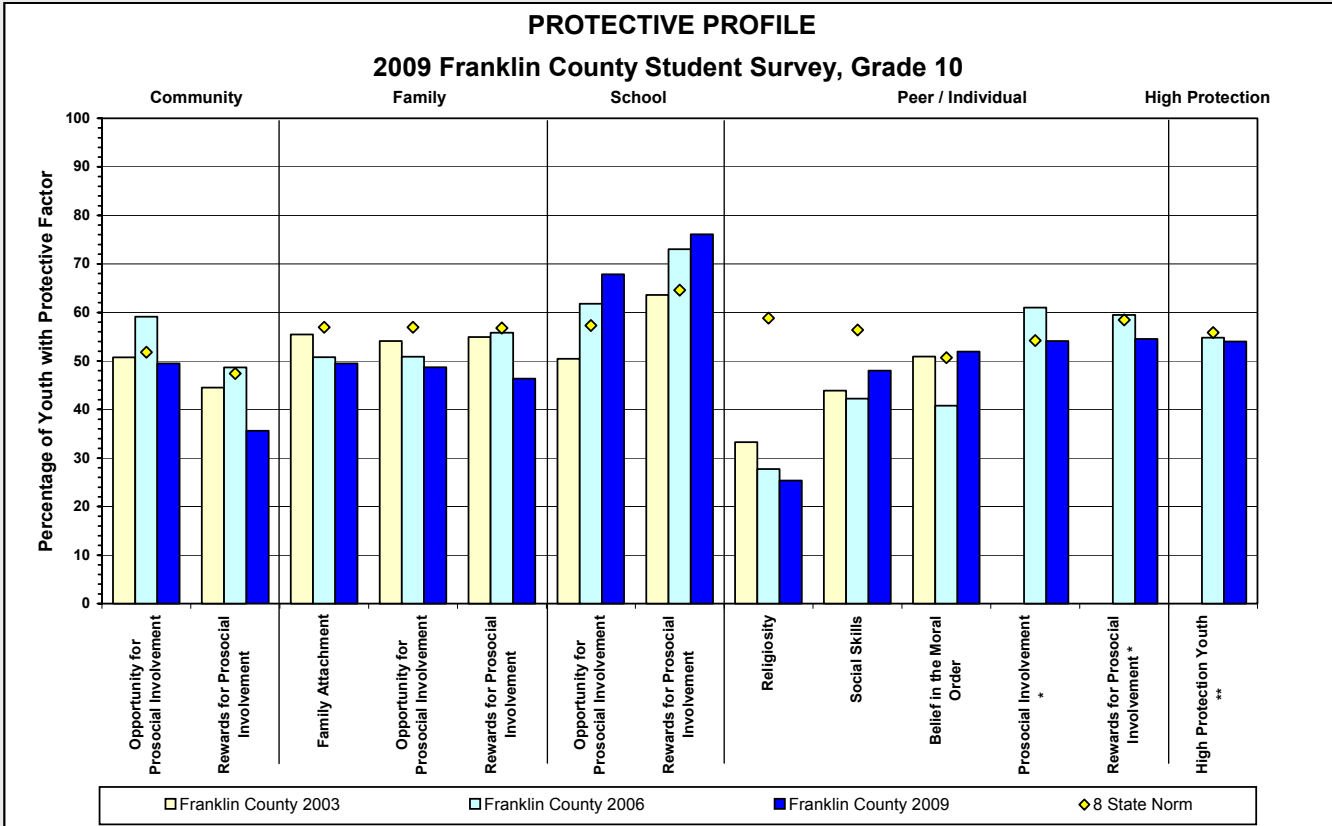
\* Questions not asked prior to 2006.

\*\* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (All grades: 5 or more protective factors)

# Risk and Protective Factor Profiles



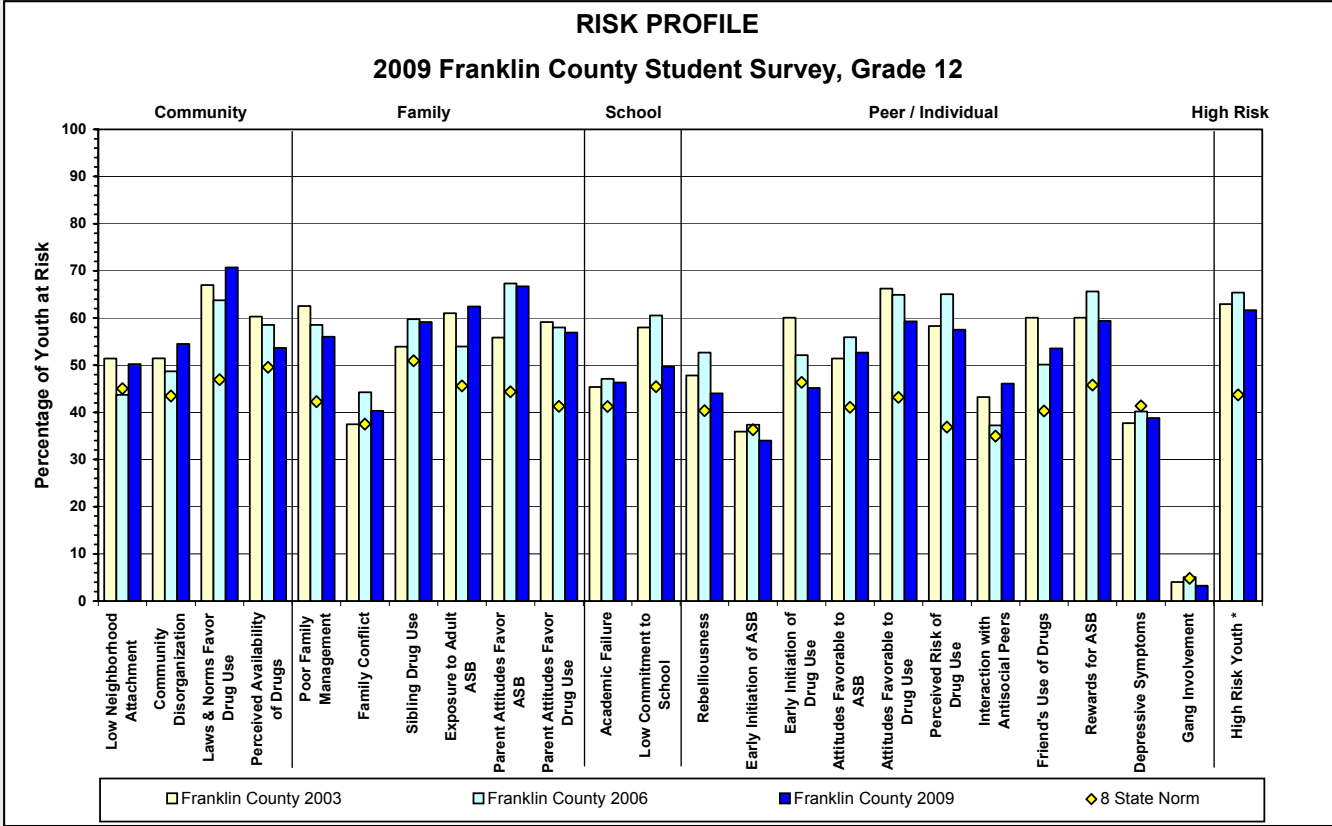
\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-9th grade: 8 or more risk factors, 10th-12th graders: 9 or more factors)



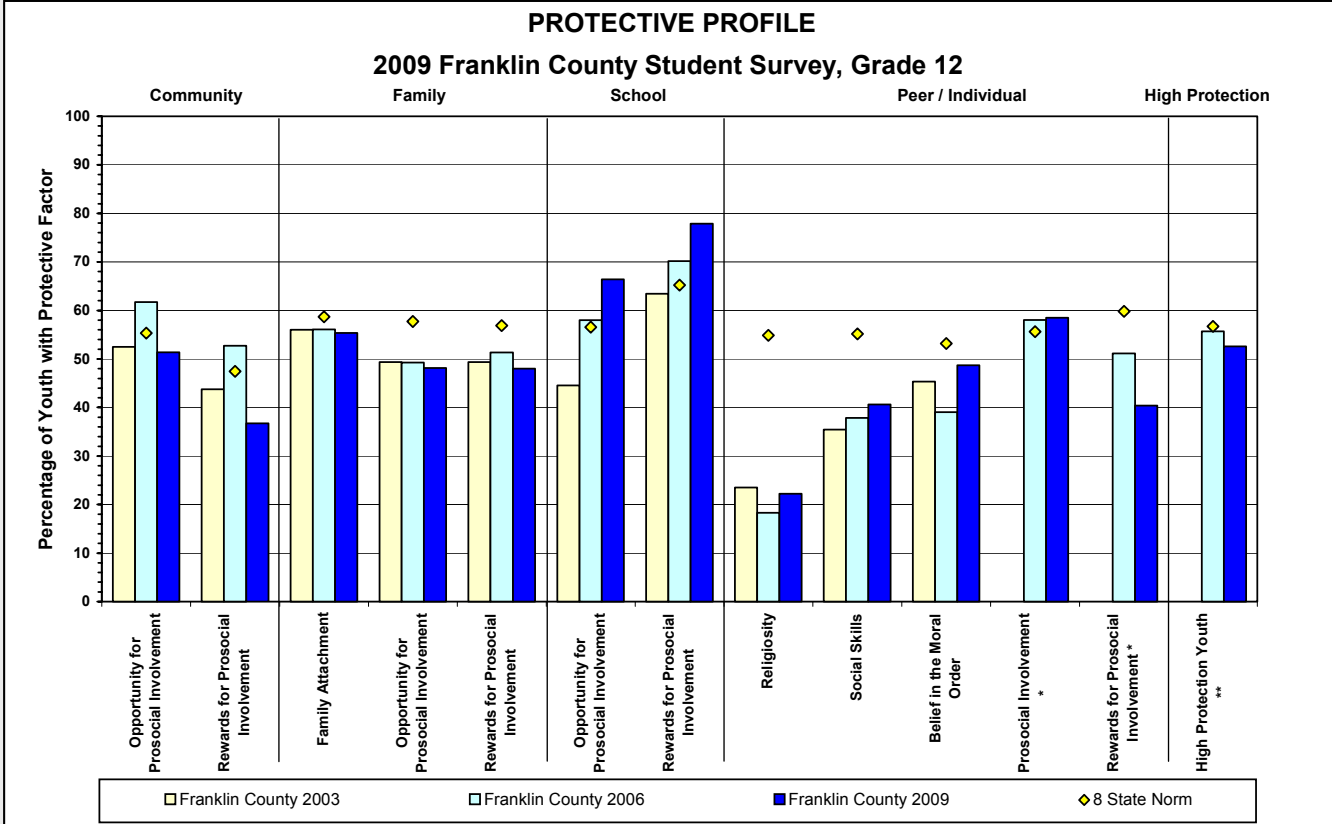
\* Questions not asked prior to 2006.

\*\* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (All grades: 5 or more protective factors)

# Risk and Protective Factor Profiles



\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th grade: 7 or more risk factors, 7th-9th grade: 8 or more risk factors, 10th-12th graders: 9 or more factors)



\* Questions not asked prior to 2006.

\*\* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (All grades: 5 or more protective factors)

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

<i>Community Domain Risk Factors</i>	
<i>Community Disorganization</i>	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.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	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.
<i>Perceived Availability of Drugs</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Exposure to Adult Antisocial Behavior</i>	When children are raised in a family or are around adults with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Sibling Drug Use</i>	Youth who are raised in a family where their siblings use drugs are more likely to use drugs themselves.
<i>Family Conflict</i>	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.
<i>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</i>	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.
<i>Poor Family Management</i>	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
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	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.
<i>Opportunities for Prosocial Involvement</i>	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.
<i>Rewards for Prosocial Involvement</i>	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.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	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.
<i>Low Commitment to School</i>	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 Prosocial 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 Prosocial 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>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>Rewards for Prosocial Involvement</i></b>	Young people who view working hard in school and the community as rewarding are less likely to engage in problem behavior.

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

Number of Youth	Grade 8				Grade 10				Grade 12			
	2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007
	575	606	707	†	440	469	611	†	324	361	506	†

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

In your lifetime, on how many occasions (if any) have you (One or more occasions)		Grade 8				Grade 10				Grade 12			
		2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	57.4	47.6	49.4	38.9	76.6	76.4	69.9	61.7	86.2	86.2	78.5	72.7
Cigarettes	smoked cigarettes?	31.4	28.9	23.6	22.1	45.4	42.0	37.6	34.6	56.0	44.7	44.0	46.2
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	6.1	6.4	6.4	9.1	9.7	11.7	12.5	15.1	14.9	14.9	18.5	15.1
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	28.0	17.2	17.1	14.2	50.6	45.5	38.1	31.0	59.8	50.1	54.2	41.8
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	17.6	13.6	15.1	15.6	11.9	14.3	11.2	13.6	13.9	8.9	8.5	10.5
Hallucinogens	used LSD or other hallucinogens?	3.5	2.8	1.9	1.6	6.9	7.8	6.1	3.0	10.2	10.4	10.1	3.4
Cocaine	used cocaine or crack?	2.8	2.0	1.3	3.1	3.9	4.8	4.6	5.3	9.1	9.2	6.3	7.8
Methamphetamines *	used methamphetamines (meth, speed, crank, crystal meth)?	n/a	n/a	1.2	1.8	n/a	n/a	2.6	2.8	n/a	n/a	1.2	3.0
Amphetamines *	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	n/a	n/a	4.8	7.3	n/a	n/a	8.5	11.2	n/a	n/a	11.0	12.4
Sedatives *	used sedatives (barbiturates, sleeping pills, or downers such as phenobarbital or Tuinal) without a doctor telling you to take them?	n/a	n/a	5.8	9.2	n/a	n/a	8.7	14.8	n/a	n/a	9.9	15.2
Tranquilizers *	used tranquilizers (such as Librium, Valium, or Xanax) without a doctor telling you to take them?	n/a	n/a	2.3	4.3	n/a	n/a	5.7	7.2	n/a	n/a	7.9	10.3
Heroin *	used heroin or other opiates?	n/a	n/a	0.7	1.3	n/a	n/a	1.0	1.5	n/a	n/a	1.4	1.5
Other Narcotics *	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	n/a	2.8	4.5	n/a	n/a	12.4	10.7	n/a	n/a	17.8	13.4
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	3.7	1.9	1.0	2.3	6.4	3.9	3.7	5.2	10.2	4.3	4.9	6.5
Steroids *	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	n/a	1.2	1.6	n/a	n/a	1.5	1.8	n/a	n/a	1.2	2.7

\* Questions were not asked prior to 2009, or the wording has changed enough to make direct comparisons impossible.

† See the Monitoring The Future website ( www.monitoringthefuture.org ). Monitoring The Future data is only available for 8th, 10th, and 12th grades.

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

In the past 30 days, on how many occasions (if any) have you (One or more occasions)		Grade 8				Grade 10				Grade 12			
		2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	29.8	21.9	20.4	15.9	53.5	45.9	37.7	33.4	64.8	65.4	49.5	44.4
Cigarettes	smoked cigarettes?	14.1	10.7	6.9	7.1	20.0	16.9	15.2	14.0	23.5	20.3	20.1	21.6
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	2.1	2.5	2.2	3.2	3.0	4.1	6.0	6.1	5.9	7.5	9.1	6.6
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	18.4	10.8	8.4	5.7	32.5	24.2	23.2	14.2	39.6	32.1	32.5	18.8
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	8.3	5.7	5.5	3.9	2.3	5.0	2.7	2.5	3.1	1.7	2.0	1.2
Hallucinogens	used LSD or other hallucinogens?	1.1	0.5	0.7	0.5	2.3	3.7	2.0	0.7	2.8	5.2	2.4	0.6
Cocaine	used cocaine or crack?	0.7	1.2	0.7	0.9	1.1	2.2	1.4	1.3	3.4	3.8	2.2	2.0
Methamphetamines *	used methamphetamines (meth, speed, crank, crystal meth)?	n/a	n/a	0.4	0.6	n/a	n/a	1.5	0.4	n/a	n/a	0.4	0.6
Amphetamines *	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	n/a	n/a	1.6	2.1	n/a	n/a	4.4	3.5	n/a	n/a	4.5	3.7
Sedatives *	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	n/a	n/a	1.7	3.0	n/a	n/a	3.1	4.6	n/a	n/a	3.9	4.6
Tranquilizers *	used tranquilizers (such as Librium, Valium, or Xanax) without a doctor telling you to take them?	n/a	n/a	1.2	1.3	n/a	n/a	1.5	2.4	n/a	n/a	1.8	2.7
Heroin *	used heroin or other opiates?	n/a	n/a	0.1	0.4	n/a	n/a	0.5	0.4	n/a	n/a	0.2	0.4
Other Narcotics *	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	n/a	n/a	0.7	1.1	n/a	n/a	5.3	3.9	n/a	n/a	9.3	3.8
Ecstasy	used MDMA ('X', 'E', or ecstasy)?	1.1	0.8	0.1	0.6	2.1	0.7	2.1	1.2	1.2	0.3	1.2	1.6
Steroids *	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	n/a	0.4	0.5	n/a	n/a	0.5	0.6	n/a	n/a	0.4	1.1

\* Questions were not asked prior to 2009, or the wording has changed enough to make direct comparisons impossible.

**Table 6. Percentage of Students With Heavy ATOD Use**

		Grade 8				Grade 10				Grade 12			
		2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007	2003	2006	2009	MTF 2007
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks?	15.0	12.9	11.3	10.3	31.4	27.5	24.8	21.9	48.4	48.5	32.0	25.9
1/2 Pack of Cigarettes/Day	During the past 30 days, have you smoked 1/2 Pack of cigarettes a day or more?	2.6	3.0	1.3	1.1	3.9	3.9	4.1	2.7	8.6	8.3	6.9	5.7

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

How many times in the past year (12 months) have you: (One or more times)	Grade 8				Grade 10				Grade 12			
	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm
Been Suspended from School	19.2	15.8	15.3	17.5	14.4	13.9	10.5	12.8	12.7	12.1	10.8	9.3
Been Drunk or High at School	15.8	12.1	6.4	10.3	21.4	22.7	18.3	17.7	28.0	30.9	22.6	19.2
Sold Illegal Drugs	9.2	5.2	3.3	3.6	14.0	10.7	8.3	7.4	14.7	14.9	13.7	8.4
Stolen or Tried to Steal a Motor Vehicle	5.3	3.2	1.0	3.7	2.7	5.3	2.5	3.8	1.5	3.4	1.0	2.1
Been Arrested	5.5	7.0	2.7	7.1	7.1	6.1	4.1	8.0	5.6	5.6	3.4	7.2
Attacked Someone with the Idea of Seriously Hurting Them	17.1	14.5	14.4	16.7	15.8	15.2	11.1	15.5	16.5	14.7	7.4	12.7
Carried a Handgun	5.4	5.0	3.7	5.9	3.0	4.6	3.6	5.3	2.8	5.1	3.0	5.1
Carried a Handgun to School	0.7	1.8	0.6	0.9	0.9	0.9	0.2	1.1	0.6	1.1	0.2	1.0

**Table 8. Percentage of Students Gambling in the Past Year †**

How many times in the past year (12 months) have you: ( <i>'A few times' or more</i> )	Grade 8				Grade 10				Grade 12			
	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm
Gambled in the Past Year	n/a	n/a	47.9	n/a	n/a	n/a	41.0	n/a	n/a	n/a	55.8	n/a
Bet on Cards	n/a	n/a	21.1	n/a	n/a	n/a	18.7	n/a	n/a	n/a	25.3	n/a
Gambled on the Internet	n/a	n/a	3.3	n/a	n/a	n/a	4.8	n/a	n/a	n/a	4.4	n/a
Bet on Sports	n/a	n/a	25.9	n/a	n/a	n/a	21.0	n/a	n/a	n/a	24.3	n/a
Played the Lottery	n/a	n/a	25.2	n/a	n/a	n/a	22.7	n/a	n/a	n/a	44.3	n/a
Bet on Games of Skill	n/a	n/a	14.1	n/a	n/a	n/a	11.7	n/a	n/a	n/a	13.6	n/a
Bet on Video Poker	n/a	n/a	3.3	n/a	n/a	n/a	3.2	n/a	n/a	n/a	3.8	n/a
Bet on Dice	n/a	n/a	8.0	n/a	n/a	n/a	4.8	n/a	n/a	n/a	3.6	n/a
Played Bingo for money	n/a	n/a	7.2	n/a	n/a	n/a	4.8	n/a	n/a	n/a	4.4	n/a
Bet on Horses	n/a	n/a	4.6	n/a	n/a	n/a	2.8	n/a	n/a	n/a	5.0	n/a
Gambled at a Casino	n/a	n/a	1.3	n/a	n/a	n/a	1.1	n/a	n/a	n/a	2.9	n/a

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

Protective Factors	Grade 8				Grade 10				Grade 12			
	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm
<b>Community Domain</b>												
Opportunity for Prosocial Involvement	54.1	48.6	45.8	47.3	50.8	59.1	49.5	51.8	52.5	61.7	51.4	55.3
Rewards for Prosocial Involvement	47.0	50.7	42.5	52.6	44.5	48.7	35.6	47.4	43.8	52.7	36.7	47.5
<b>Family Domain</b>												
Family Attachment	45.4	48.2	43.5	52.5	55.4	50.8	49.5	56.9	56.0	56.1	55.4	58.7
Opportunity for Prosocial Involvement	56.2	55.6	52.0	62.5	54.1	50.9	48.7	56.9	49.4	49.3	48.2	57.7
Rewards for Prosocial Involvement	43.6	44.9	37.8	49.9	55.0	55.8	46.3	56.8	49.4	51.3	48.0	56.9
<b>School Domain</b>												
Opportunity for Prosocial Involvement	58.1	65.6	67.7	57.8	50.5	61.8	67.8	57.3	44.5	58.0	66.4	56.6
Rewards for Prosocial Involvement	49.5	61.5	57.4	53.9	63.6	73.0	76.1	64.6	63.5	70.2	77.9	65.2
<b>Peer-Individual Domain</b>												
Religiosity	32.8	27.5	26.7	60.7	33.3	27.7	25.4	58.8	23.5	18.3	22.2	54.8
Social Skills	42.8	46.3	49.4	51.8	43.9	42.2	48.0	56.4	35.4	37.9	40.6	55.2
Belief in the Moral Order	59.2	56.6	58.7	59.7	50.9	40.8	51.9	50.7	45.3	39.0	48.7	53.2
Prosocial Involvement *	n/a	57.1	52.4	54.3	n/a	61.0	54.1	54.2	n/a	58.0	58.5	55.6
Rewards for Prosocial Involvement *	n/a	42.0	41.5	50.1	n/a	59.5	54.5	58.4	n/a	51.1	40.4	59.8
<b>High Protection</b>												
High Protection Youth **	n/a	52.0	48.7	51.9	n/a	54.8	54.0	55.9	n/a	55.7	52.6	56.7

† Because not all of the 8 State Surveys had Gambling Behavior questions, no combined value is available. Questions not asked prior to 2009.

\* Questions not asked prior to 2006.

\*\* High Protection youth are defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (All grades: 5 or more protective factors). Because not all Scales were asked in 2003, no value is available.

**Table 10. Percentage of Students Reporting Risk**

Risk Factors	Grade 8				Grade 10				Grade 12			
	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm	2003	2006	2009	8 State Norm
<b>Community Domain</b>												
Low Neighborhood Attachment	33.1	32.6	43.8	36.6	42.4	42.1	44.8	41.5	51.4	43.7	50.2	45.1
Community Disorganization	50.3	46.5	48.1	46.2	49.4	46.0	53.5	46.0	51.4	48.7	54.5	43.5
Laws & Norms Favor Drug Use	57.4	46.7	51.2	42.5	57.8	55.1	49.9	40.2	67.0	63.8	70.7	46.9
Perceived Availability of Drugs	56.0	49.3	47.1	41.0	45.1	56.4	47.2	46.9	60.3	58.5	53.6	49.6
<b>Family Domain</b>												
Poor Family Management	52.9	52.8	55.9	41.3	50.5	51.0	51.8	39.6	62.5	58.5	56.0	42.3
Family Conflict	39.1	33.6	40.5	37.7	41.4	42.7	45.2	40.8	37.5	44.2	40.3	37.5
Sibling Drug Use	54.4	53.7	47.2	50.5	50.7	50.1	44.6	44.9	53.9	59.7	59.2	50.9
Exposure to Adult ASB	50.8	35.7	52.6	44.7	61.2	52.5	59.1	48.7	61.0	54.0	62.4	45.6
Parent Attitudes Favor ASB	49.9	55.6	55.5	45.4	52.0	68.7	59.1	47.0	55.9	67.3	66.7	44.4
Parent Attitudes Favor Drug Use	36.7	33.4	35.8	28.3	53.5	57.4	52.6	40.8	59.2	58.0	56.9	41.3
<b>School Domain</b>												
Academic Failure	46.8	45.5	47.0	45.5	45.2	46.9	44.4	45.0	45.4	47.1	46.3	41.2
Low Commitment to School	60.5	55.7	55.1	45.5	51.4	51.3	43.8	42.9	58.0	60.5	49.7	45.4
<b>Peer-Individual Domain</b>												
Rebelliousness	36.6	45.2	42.5	39.8	41.7	52.5	42.7	43.5	47.8	52.7	44.0	40.4
Early Initiation of ASB	32.7	35.3	32.2	37.6	31.8	36.3	34.2	38.2	35.9	37.4	34.0	36.3
Early Initiation of Drug Use	48.0	39.4	37.7	44.5	52.0	46.0	38.3	41.6	60.1	52.1	45.2	46.4
Attitudes Favorable to ASB	41.7	47.3	47.5	38.6	50.4	60.6	49.8	44.1	51.4	55.9	52.7	41.1
Attitudes Favorable to Drug Use	51.4	45.3	42.7	39.1	61.5	64.6	55.5	45.0	66.3	64.9	59.3	43.2
Perceived Risk of Drug Use	48.6	53.3	47.9	39.1	62.6	70.0	59.4	46.0	58.3	65.0	57.6	36.9
Interaction with Antisocial Peers	36.3	32.4	35.0	39.2	38.3	42.7	39.3	38.3	43.2	37.2	46.1	34.9
Friend's Use of Drugs	59.5	46.2	49.1	47.1	61.0	56.7	53.8	45.2	60.1	50.1	53.5	40.3
Rewards for ASB	60.3	53.1	43.2	40.9	60.6	60.3	56.3	44.9	60.1	65.6	59.4	45.8
Depressive Symptoms	45.0	41.6	41.6	48.2	46.0	43.5	44.3	47.5	37.7	40.2	38.8	41.3
Gang Involvement	6.9	9.4	9.3	10.0	4.8	9.3	5.2	7.0	4.0	5.1	3.2	4.8
<b>High Risk</b>												
High Risk Youth *	56.7	52.8	54.9	45.3	56.8	61.4	54.5	44.6	63.0	65.4	61.7	43.7

\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.  
(6th grade: 7 or more risk factors, 7th-9th grade: 8 or more risk factors, 10th-12th graders: 9 or more factors)

**Table 11. Drug Free Communities Report \***

Outcomes	Definition	Substance	Franklin County 2003											
			Grade 8		Grade 10		Grade 12		Total †		Male		Female	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
<b>Perception of Risk</b> <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	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
	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
	smoke marijuana regularly	Marijuana	81.7	546	73.0	422	59.2	319	73.3	1287	70.1	606	75.8	670
<b>Perception of Parent Disapproval</b> <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	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
	smoke cigarettes	Cigarettes	95.7	533	91.1	417	81.8	313	90.7	1263	91.3	583	90.3	670
	smoke marijuana	Marijuana	93.0	529	85.6	417	82.4	313	87.9	1259	86.6	581	88.9	668
<b>Perception of Peer Disapproval</b> <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	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
	smoke cigarettes	Cigarettes	81.4	560	73.8	424	55.9	320	72.7	1304	75.9	615	69.7	677
	smoke marijuana	Marijuana	75.9	561	56.6	424	47.2	320	62.6	1305	59.9	616	64.8	677
<b>Past 30-Day Use</b>	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
		Cigarettes	14.1	569	20.0	436	23.5	324	18.3	1329	17.3	630	19.4	687
		Marijuana	18.4	564	32.5	437	39.6	323	28.2	1324	31.8	628	25.0	685
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
<b>Average Age of Onset **</b>	average age	Alcohol	11.7	306	13.3	319	13.8	274	12.9	899	12.7	411	13.1	481
		Cigarettes	11.5	192	12.7	209	13.4	189	12.5	590	12.5	277	12.5	309
		Marijuana	12.2	155	13.6	222	14.4	206	13.5	583	13.4	304	13.6	276

\* The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

\*\* For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

† Total represents respondents in all grades

**Table 12. Drug Free Communities Report \***

Outcomes	Definition	Substance	Franklin County 2006											
			Grade 8		Grade 10		Grade 12		Total †		Male		Female	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
<b>Perception of Risk</b> <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	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
	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
	smoke marijuana regularly	Marijuana	81.3	583	69.8	454	59.2	341	72.1	1378	65.9	613	78.1	739
<b>Perception of Parent Disapproval</b> <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	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
	smoke cigarettes	Cigarettes	93.4	577	90.1	455	84.0	343	90.0	1375	89.4	613	90.2	734
	smoke marijuana	Marijuana	95.4	568	87.0	453	82.2	342	89.3	1363	88.6	607	90.1	729
<b>Perception of Peer Disapproval</b> <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	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
	smoke cigarettes	Cigarettes	81.6	599	69.2	458	60.2	354	72.2	1411	71.0	638	73.5	743
	smoke marijuana	Marijuana	82.2	601	59.5	454	50.4	355	66.9	1410	62.1	636	71.5	745
<b>Past 30-Day Use</b>	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
		Cigarettes	10.7	597	16.9	461	20.3	350	15.1	1408	15.0	633	15.4	749
		Marijuana	10.8	592	24.2	459	32.1	346	20.5	1397	22.4	629	18.4	740
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
<b>Average Age of Onset **</b>	average age	Alcohol	12.0	303	13.3	353	14.1	309	13.1	965	12.8	451	13.4	496
		Cigarettes	11.8	175	12.7	202	13.4	174	12.6	551	12.4	247	12.7	292
		Marijuana	12.2	116	13.4	213	14.2	190	13.4	519	13.2	246	13.6	261

\* The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

\*\* For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

† Total represents respondents in all grades

Table 13. Drug Free Communities Report \*

Outcomes	Definition	Substance	Franklin County 2009											
			Grade 8		Grade 10		Grade 12		Total †		Male		Female	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
<b>Perception of Risk</b> <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	drink 1 or two drinks nearly every day	Alcohol	68.4	674	73.5	577	73.0	489	71.4	1740	65.7	832	76.9	883
	smoke 1 or more packs or cigarettes per day	Cigarettes	88.4	691	88.4	593	87.0	494	88.0	1778	87.5	856	88.4	897
	smoke marijuana regularly	Marijuana	80.8	673	70.9	580	56.4	489	70.7	1742	64.8	836	76.4	881
<b>Perception of Parent Disapproval</b> <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	89.0	663	80.9	577	68.4	487	80.5	1727	79.2	823	82.3	879
	smoke cigarettes	Cigarettes	94.6	669	90.6	584	84.3	490	90.4	1743	90.9	835	90.0	883
	smoke marijuana	Marijuana	92.8	668	86.9	582	79.8	486	87.2	1736	86.3	831	88.2	880
<b>Perception of Peer Disapproval</b> <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	76.4	698	54.5	609	48.0	496	61.2	1803	63.0	868	59.6	911
	smoke cigarettes	Cigarettes	85.7	697	69.6	606	57.2	495	72.4	1798	74.1	866	70.9	908
	smoke marijuana	Marijuana	83.6	697	63.5	608	50.5	497	67.7	1802	65.3	870	69.9	908
<b>Past 30-Day Use</b>	at least one use in the Past 30 Days	Alcohol	20.4	691	37.7	592	49.5	493	34.2	1776	32.6	855	35.6	895
		Cigarettes	6.9	681	15.2	586	20.1	493	13.4	1760	12.2	842	14.3	893
		Marijuana	8.4	691	23.2	587	32.5	486	20.0	1764	21.0	846	19.1	893
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
<b>Average Age of Onset **</b>	average age	Alcohol	11.9	352	13.4	421	14.3	395	13.3	1168	13.1	543	13.4	610
		Cigarettes	11.8	176	12.9	234	13.7	234	12.9	644	12.8	286	12.9	347
		Marijuana	12.4	110	13.7	234	14.5	274	13.8	618	13.7	302	14.0	306

\* The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

\*\* For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

† Total represents respondents in all grades

**Table 14. Youth Perceptions of Substance Use**

Now think about all the students in your grade at school. How many of them do you think:	Substance	Franklin County 2009							
		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>a. smoke one or more cigarettes a day?</b>	None (0%)	102	14.6	18	3.0	23	4.6	143	7.9
	Few (1-10%)	296	42.3	123	20.3	76	15.3	495	27.4
	Some (11-30%)	161	23.0	163	26.9	139	27.9	463	25.7
	Half or less (31-50%)	73	10.4	120	19.8	108	21.7	301	16.7
	Half or more (51-70%)	47	6.7	118	19.4	98	19.7	263	14.6
	Most (71-90%)	16	2.3	51	8.4	44	8.8	111	6.2
	Almost All (91-100%)	4	0.6	14	2.3	10	2.0	28	1.6
<b>b. drank alcohol sometime in the past month?</b>	None (0%)	76	10.9	14	2.3	13	2.6	103	5.7
	Few (1-10%)	211	30.3	41	6.8	8	1.6	260	14.4
	Some (11-30%)	165	23.7	68	11.2	29	5.8	262	14.5
	Half or less (31-50%)	91	13.1	113	18.6	67	13.4	271	15.0
	Half or more (51-70%)	80	11.5	154	25.4	131	26.3	365	20.3
	Most (71-90%)	50	7.2	164	27.1	184	36.9	398	22.1
	Almost All (91-100%)	23	3.3	52	8.6	67	13.4	142	7.9
<b>c. used marijuana sometime in the past month?</b>	None (0%)	148	21.1	25	4.1	15	3.0	188	10.4
	Few (1-10%)	266	38.0	79	13.0	23	4.6	368	20.4
	Some (11-30%)	116	16.6	101	16.6	63	12.6	280	15.5
	Half or less (31-50%)	74	10.6	106	17.5	111	22.2	291	16.1
	Half or more (51-70%)	41	5.9	135	22.2	120	24.0	296	16.4
	Most (71-90%)	39	5.6	120	19.8	123	24.6	282	15.6
	Almost All (91-100%)	16	2.3	41	6.8	44	8.8	101	5.6
<b>d. used an illegal drug in the past month (not including marijuana)?</b>	None (0%)	283	40.5	74	12.2	40	8.0	397	22.0
	Few (1-10%)	284	40.7	221	36.3	190	37.8	695	38.4
	Some (11-30%)	74	10.6	136	22.4	118	23.5	328	18.1
	Half or less (31-50%)	29	4.2	84	13.8	62	12.4	175	9.7
	Half or more (51-70%)	11	1.6	54	8.9	44	8.8	109	6.0
	Most (71-90%)	10	1.4	31	5.1	33	6.6	74	4.1
	Almost All (91-100%)	7	1.0	8	1.3	15	3.0	30	1.7

## 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)

(From this web-site, the programs and services provided by the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services can be accessed)

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/>

CSAP's Centers for the Advancement of Prevention Technologies (all five CSAP Centers can be accessed through this web site)

<http://captus.samhsa.gov/home.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/>

### LOCAL RESOURCES

Jeanette Voas  
Evaluation Coordinator  
278 Main St. Suite 411  
Greenfield, MA 01301  
413-774-1194 ext 119

[jvoas@frcog.org](mailto:jvoas@frcog.org)

**This Report Was Prepared  
by Bach Harrison L.L.C.**

R. Steven Harrison, Ph.D.

R. Paris Bach-Harrison, B.F.A.

Taylor C. Bryant, B.A.

<http://www.bach-harrison.com>