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Survey Research & Evaluation Services

2008 Prevention Needs Assessment Survey Results

Report for:

Glen Cove Schools

Sponsored By:

Substance Abuse Free Environment

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Introduction

2008 Prevention Needs Assessment Survey Profile Report for Glen Cove Schools

This report summarizes the findings from the Substance Abuse Free Environment, Prevention Needs Assessment (PNA) Survey that was conducted in January of 2008 in grades 6 through 12. The results are presented along with comparisons to National data sources such as the Monitoring the Future Survey 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

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

participated, the report is a good 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		
Total Students	Glen Cove Schools	
	Number	Percent
	696	100
Grade		
6	192	27.6
8	197	28.3
10	153	22.0
12	154	22.1
Gender		
Male	345	51.0
Female	331	49.0
Ethnicity		
Native American	10	1.5
Asian	25	3.7
African American	63	9.4
Pacific Islander	3	0.4
Hispanic	215	32.0
White	279	41.5

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
Community					
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 *	✓	✓	✓	✓	✓
Family					
8. Family History of the Problem Behavior	✓	✓	✓	✓	✓
9. Family Management Problems	✓	✓	✓	✓	✓
10. Family Conflict	✓	✓	✓	✓	✓
11. Parental Attitudes Favorable Towards Drugs / Other Problem Behavior	✓	✓			✓
School					
12. Academic Failure	✓	✓	✓	✓	✓
13. Lack of Commitment to School	✓	✓	✓	✓	✓
Peer / Individual					
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) 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?
 - o Which substances are your students using the most?
 - o At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - o Which behaviors are your students exhibiting the most?
 - o 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 a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state rate?

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 (MTF) 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 8th grade it is 8 or more risk factors, and for 10th and 12th grades it is 9 or more risk factors. High Protection Youth is defined as the percentage of students in grades 6 through 12 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 8-State value that indicate a more “national” norm.

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.

8-State Norm

Levels of risk and protection in your community also can be compared to a more national sample. The 8-State Norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for the eight states across the country upon which the cut-points were developed. In developing the 8-State Norm, the contribution of each of eight states was proportional to its percentage of the national population which makes the results more representative of the nation. Further, a review of ATOD use rates from the 8-State database showed them to be very similar to those reported by the MTF survey.

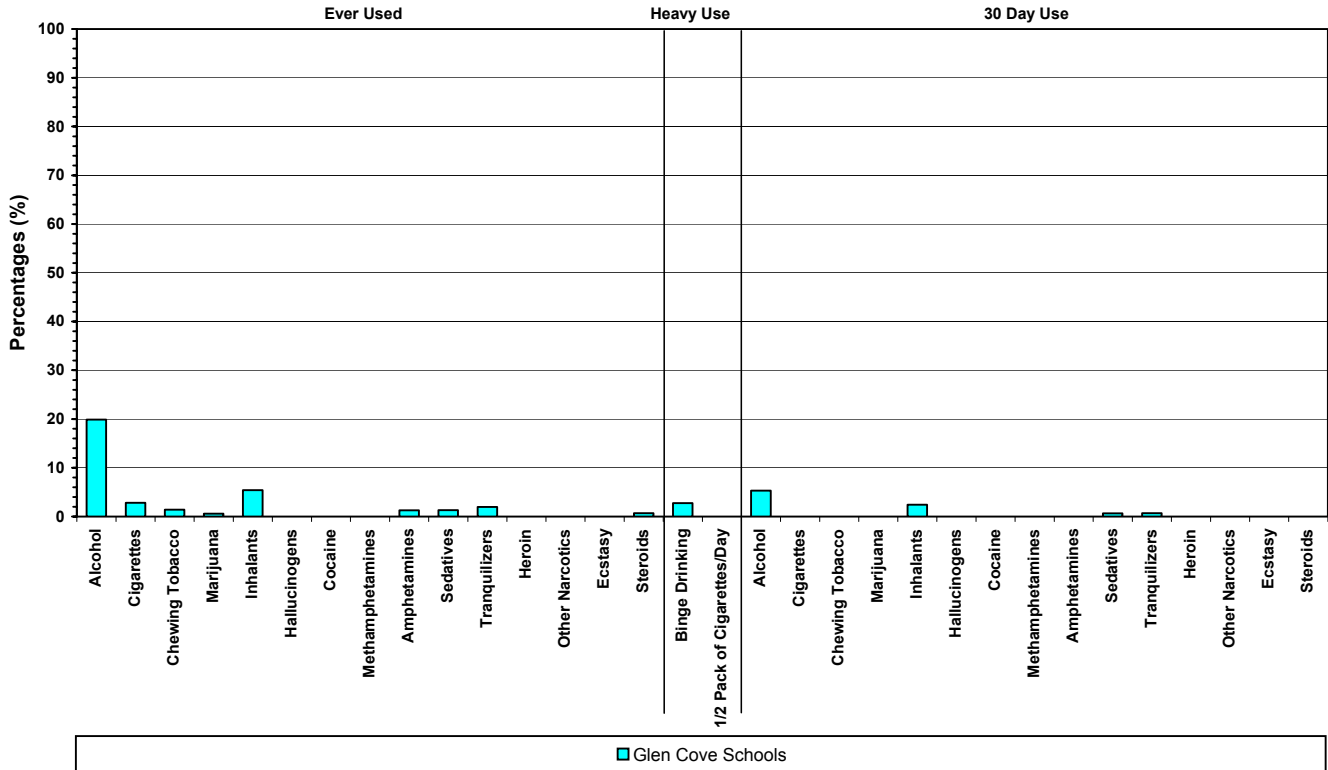
Brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

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 Table 11.

ATOD USE PROFILE

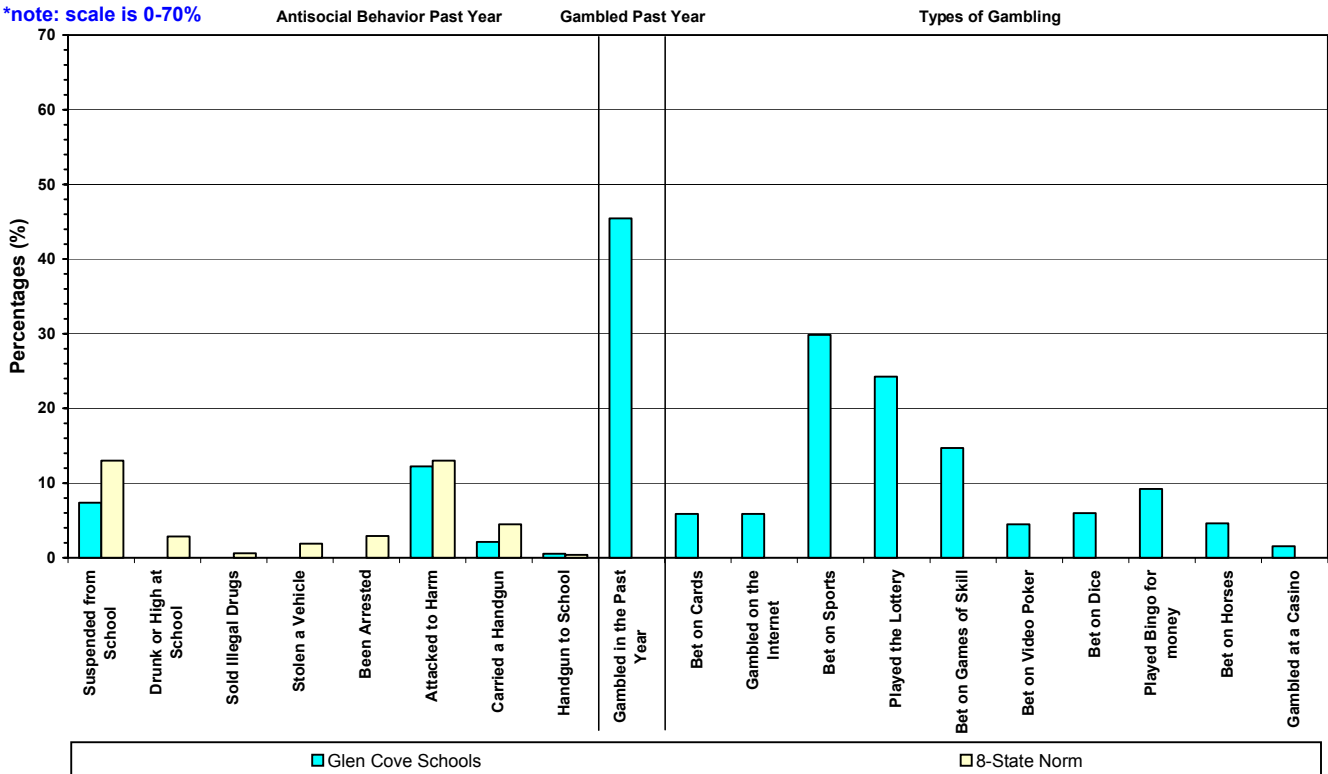
2008 Glen Cove Schools Student Survey, Grade 6



ANTISOCIAL BEHAVIOR AND GAMBLING PROFILE

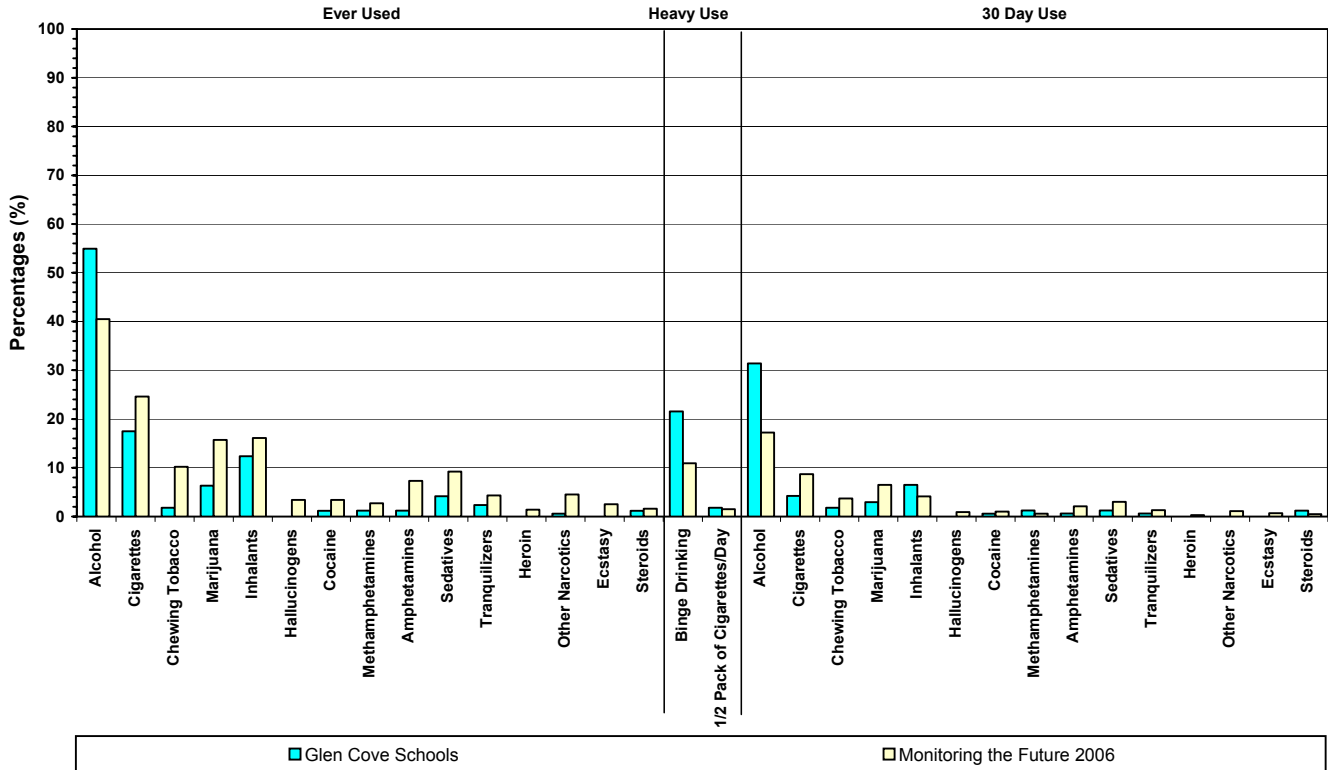
2008 Glen Cove Schools Student Survey, Grade 6

*note: scale is 0-70%



ATOD USE PROFILE

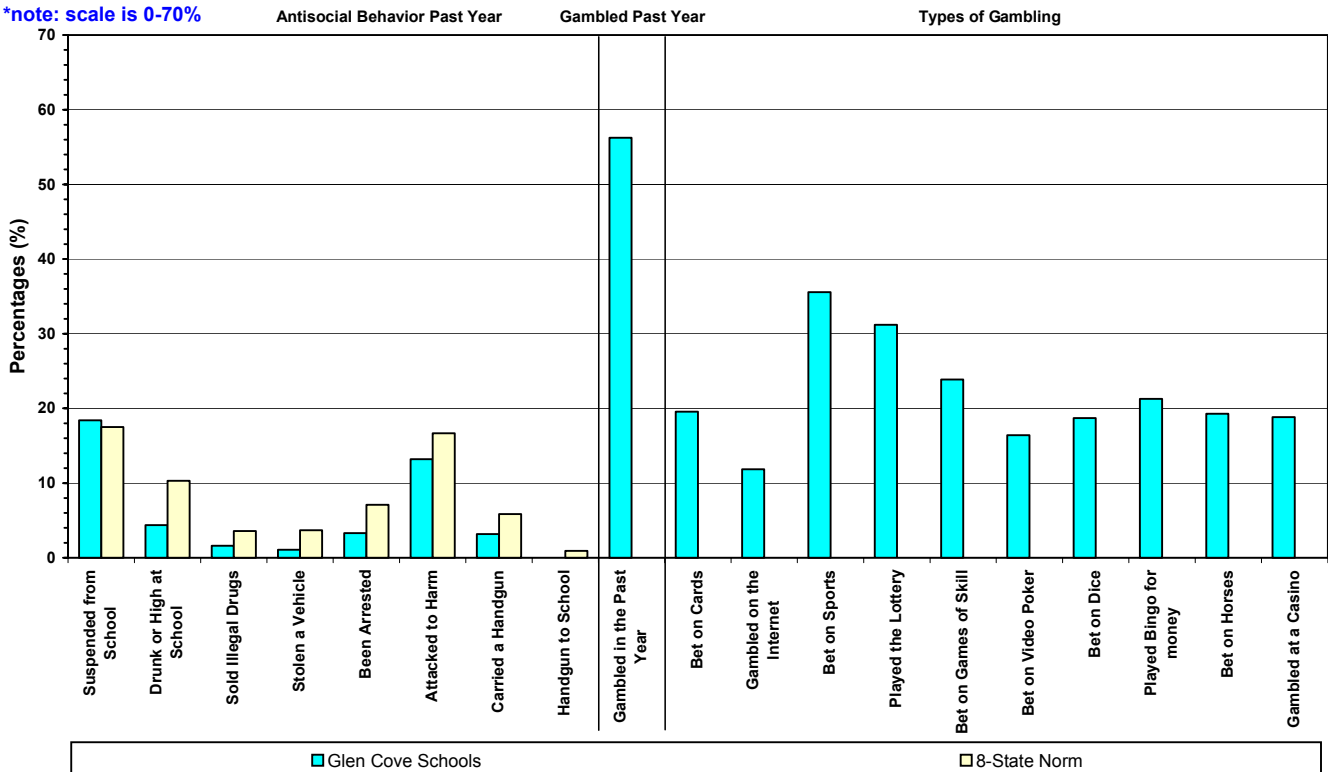
2008 Glen Cove Schools Student Survey, Grade 8



ANTISOCIAL BEHAVIOR AND GAMBLING PROFILE

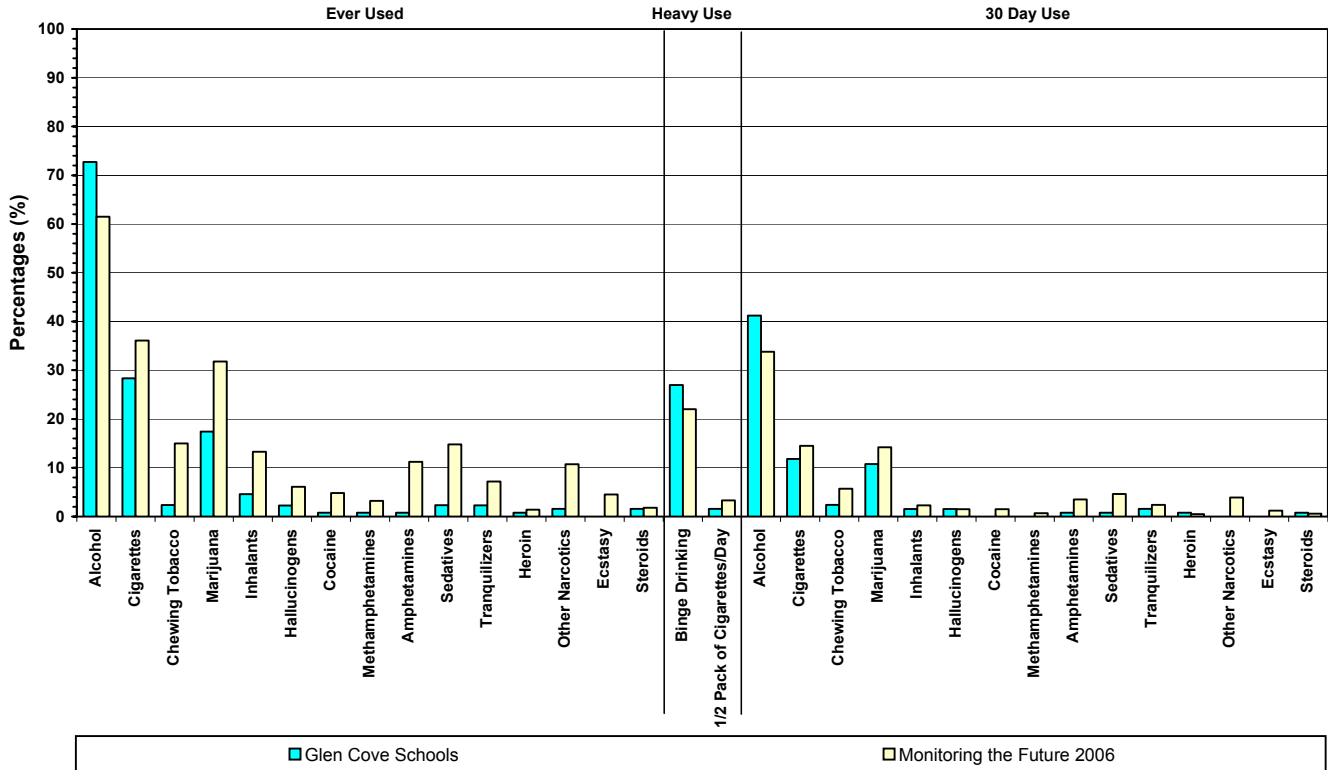
2008 Glen Cove Schools Student Survey, Grade 8

*note: scale is 0-70%



ATOD USE PROFILE

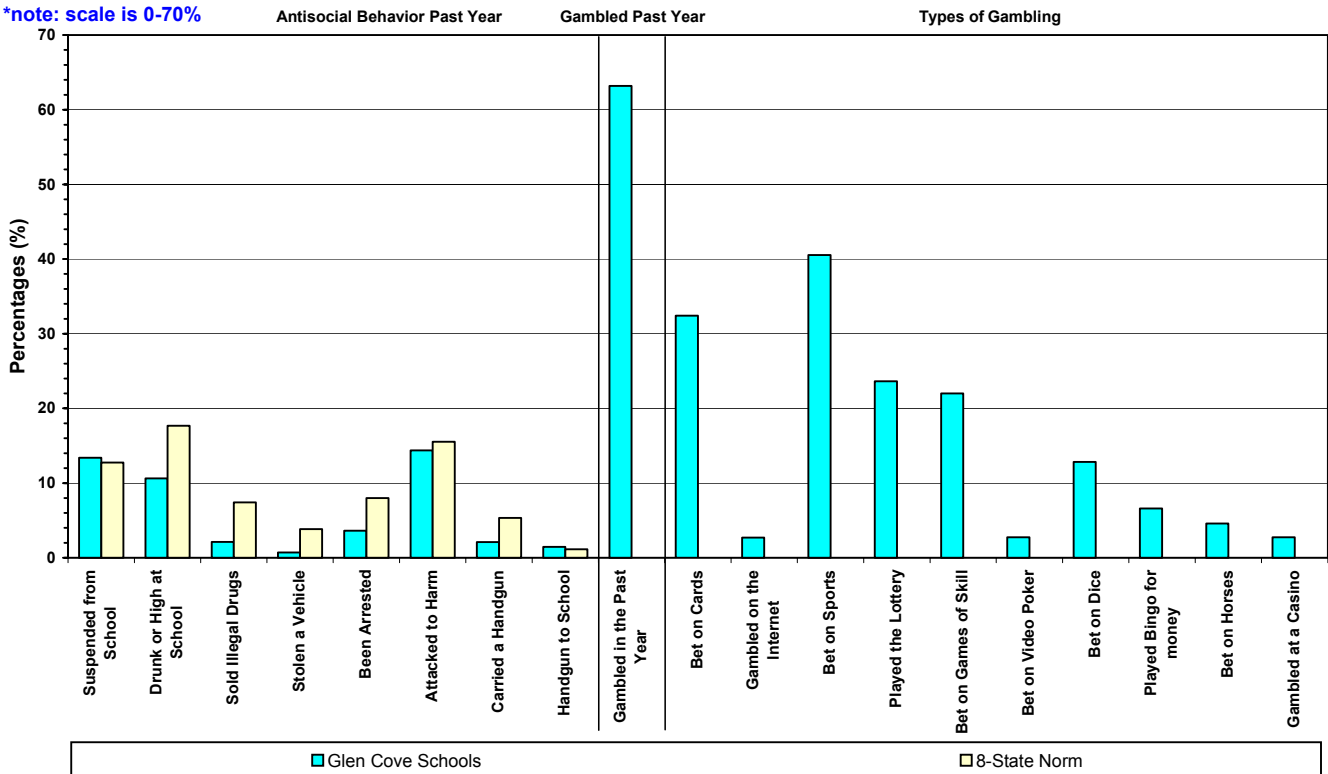
2008 Glen Cove Schools Student Survey, Grade 10



ANTISOCIAL BEHAVIOR AND GAMBLING PROFILE

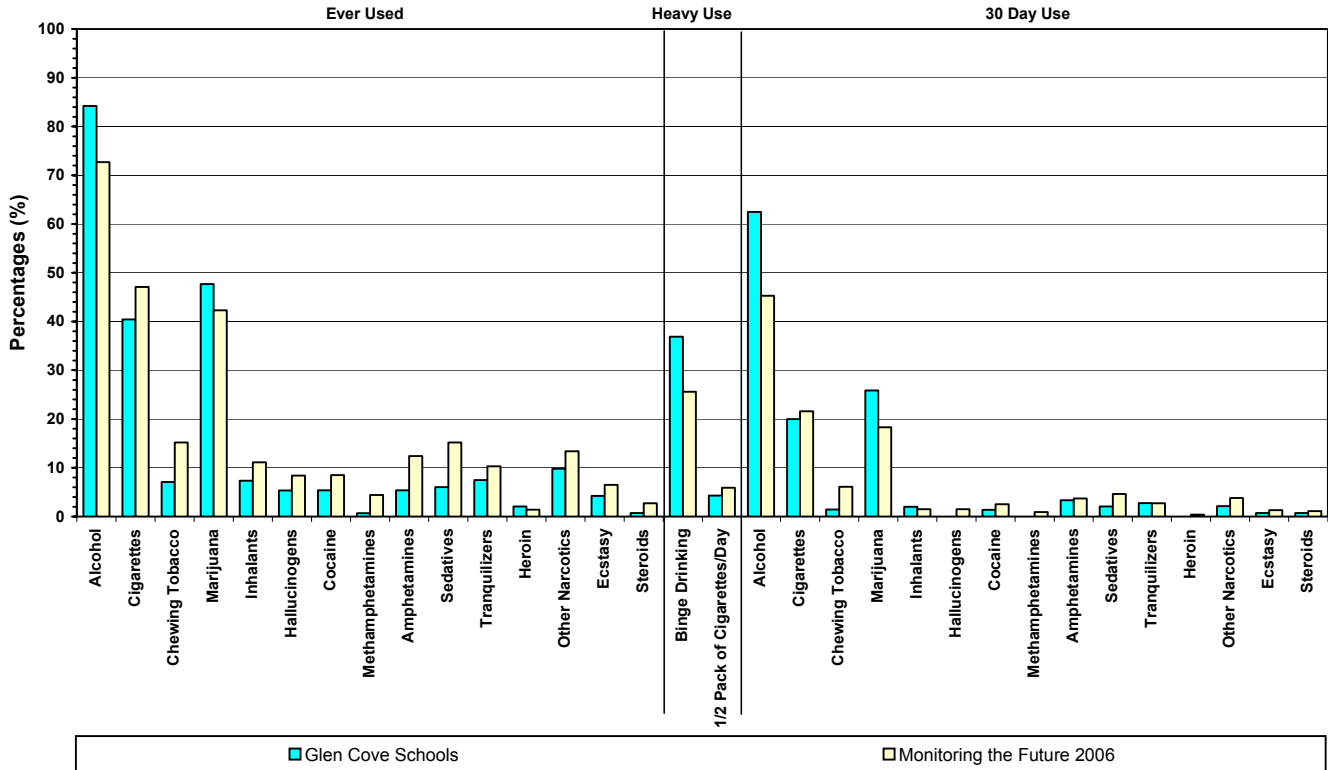
2008 Glen Cove Schools Student Survey, Grade 10

*note: scale is 0-70%



ATOD USE PROFILE

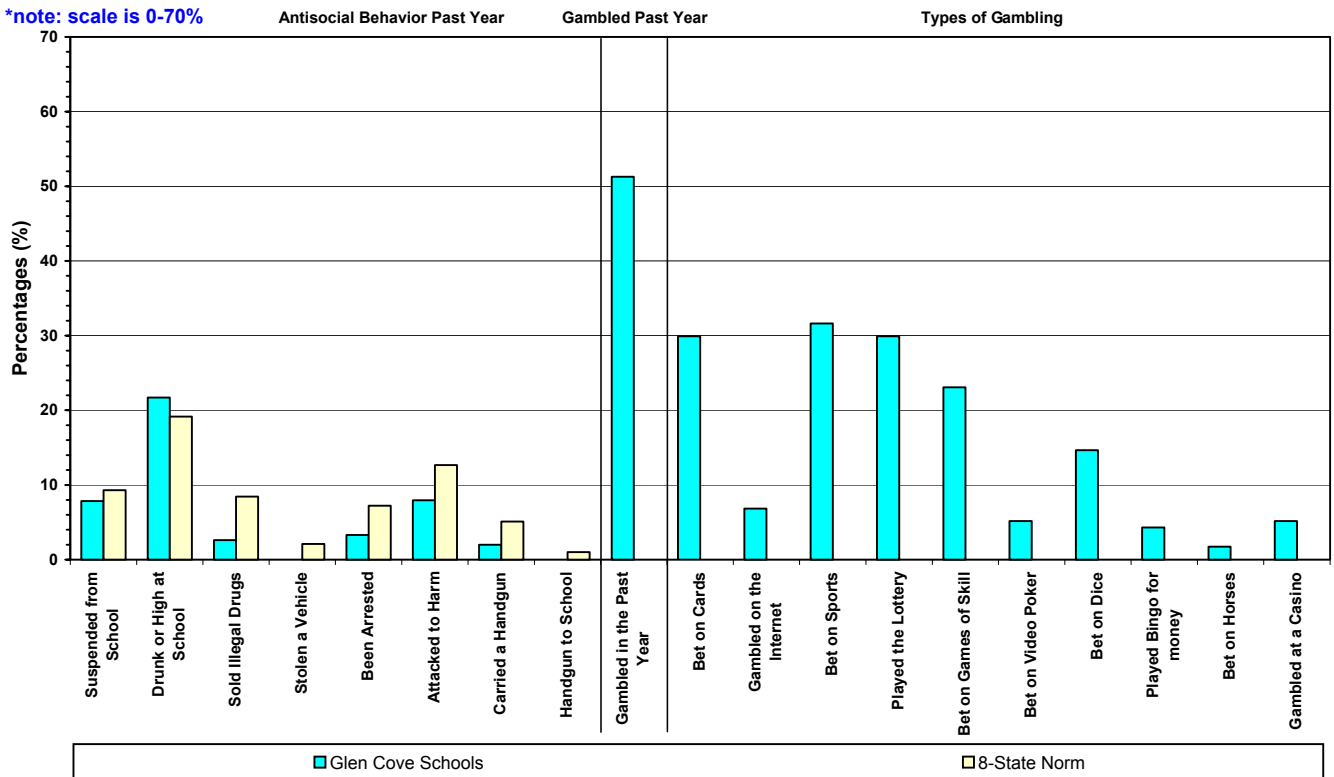
2008 Glen Cove Schools Student Survey, Grade 12



ANTISOCIAL BEHAVIOR AND GAMBLING PROFILE

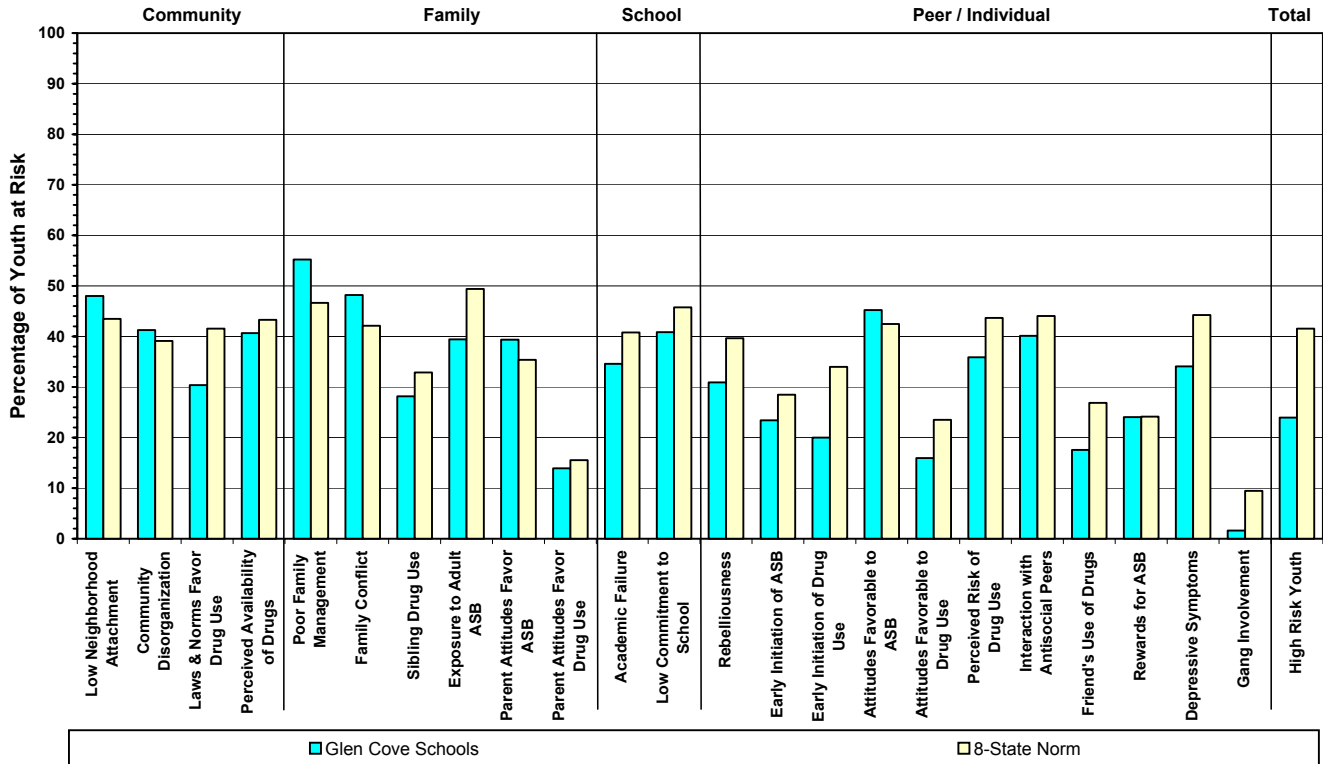
2008 Glen Cove Schools Student Survey, Grade 12

*note: scale is 0-70%



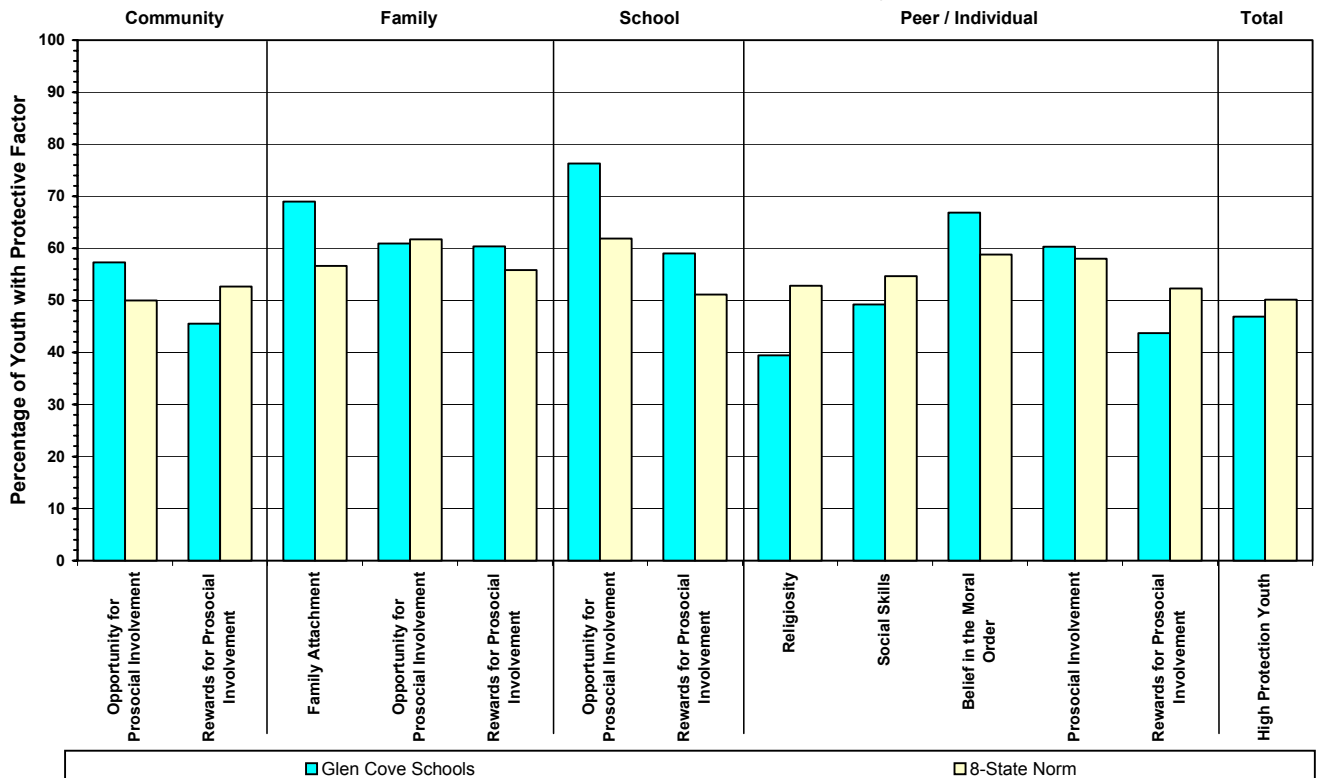
RISK PROFILE

2008 Glen Cove Schools Student Survey, Grade 6



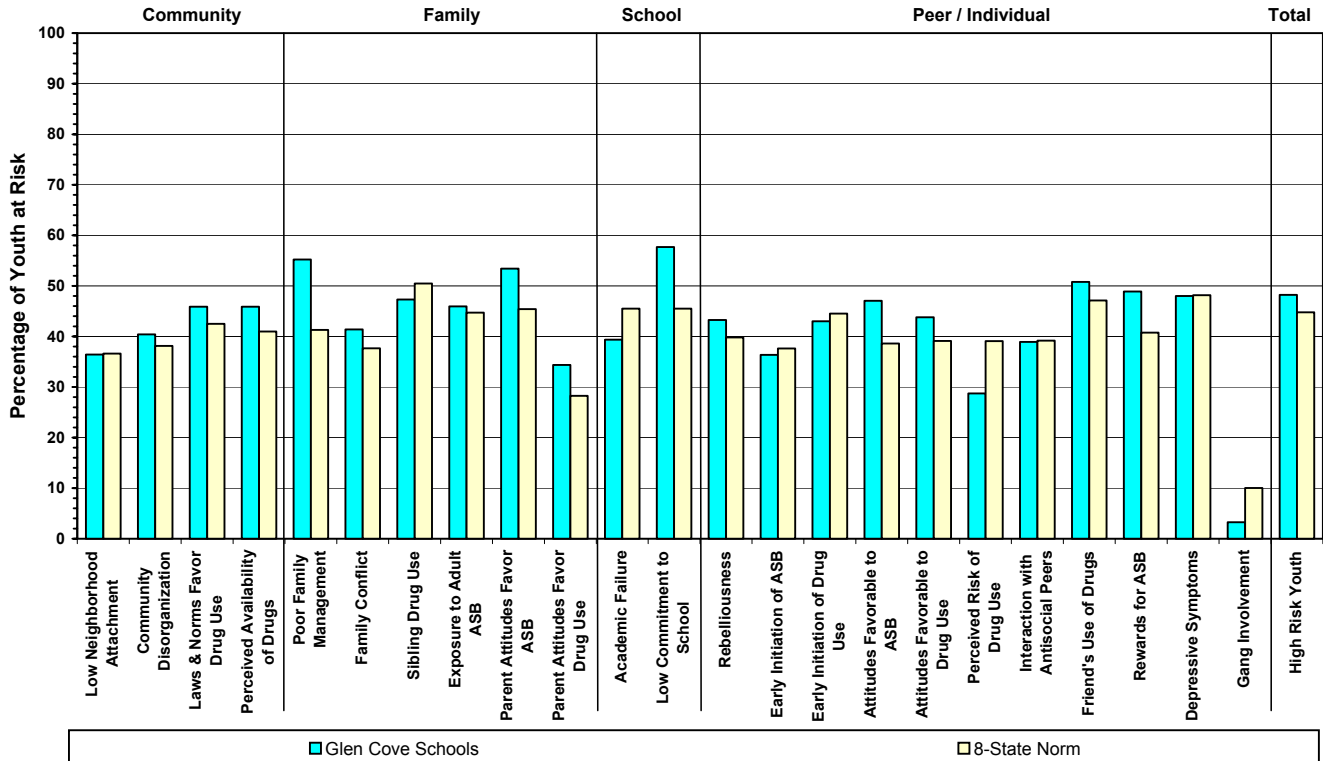
PROTECTIVE PROFILE

2008 Glen Cove Schools Student Survey, Grade 6



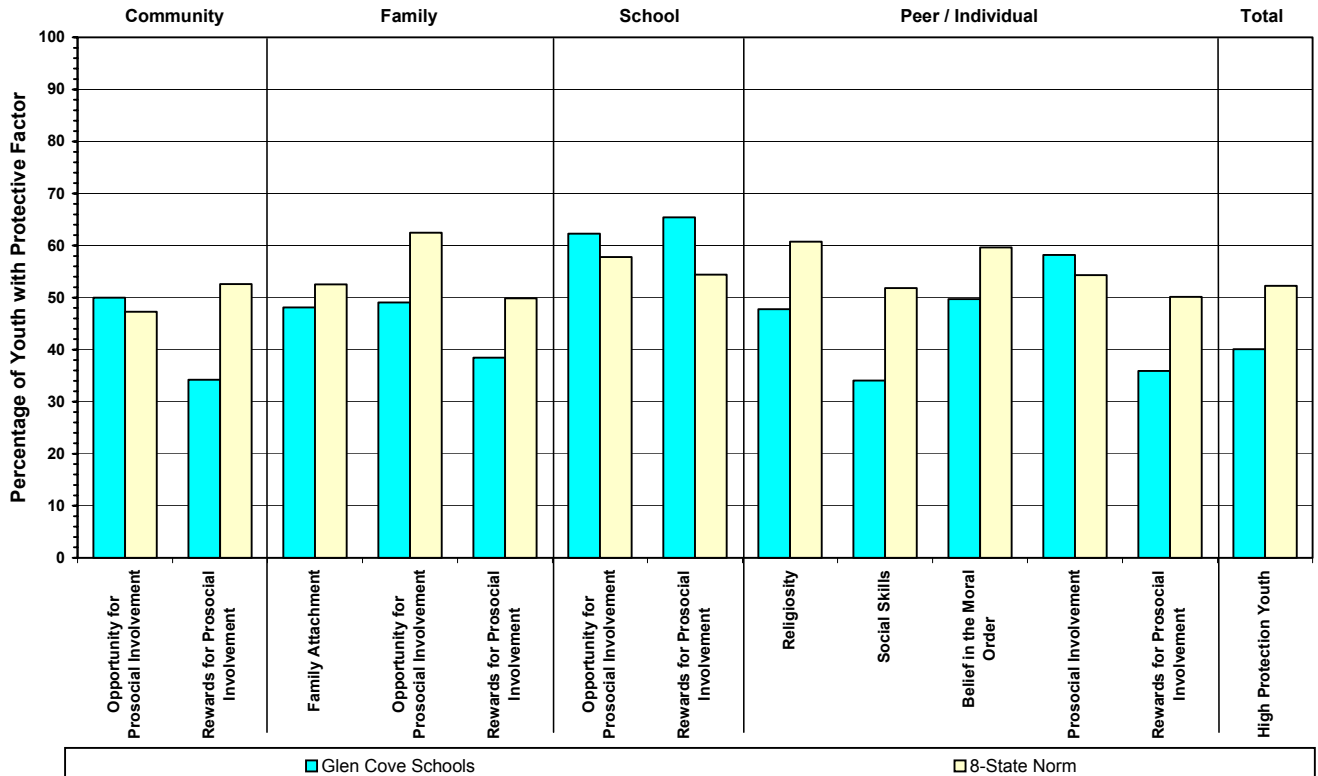
RISK PROFILE

2008 Glen Cove Schools Student Survey, Grade 8



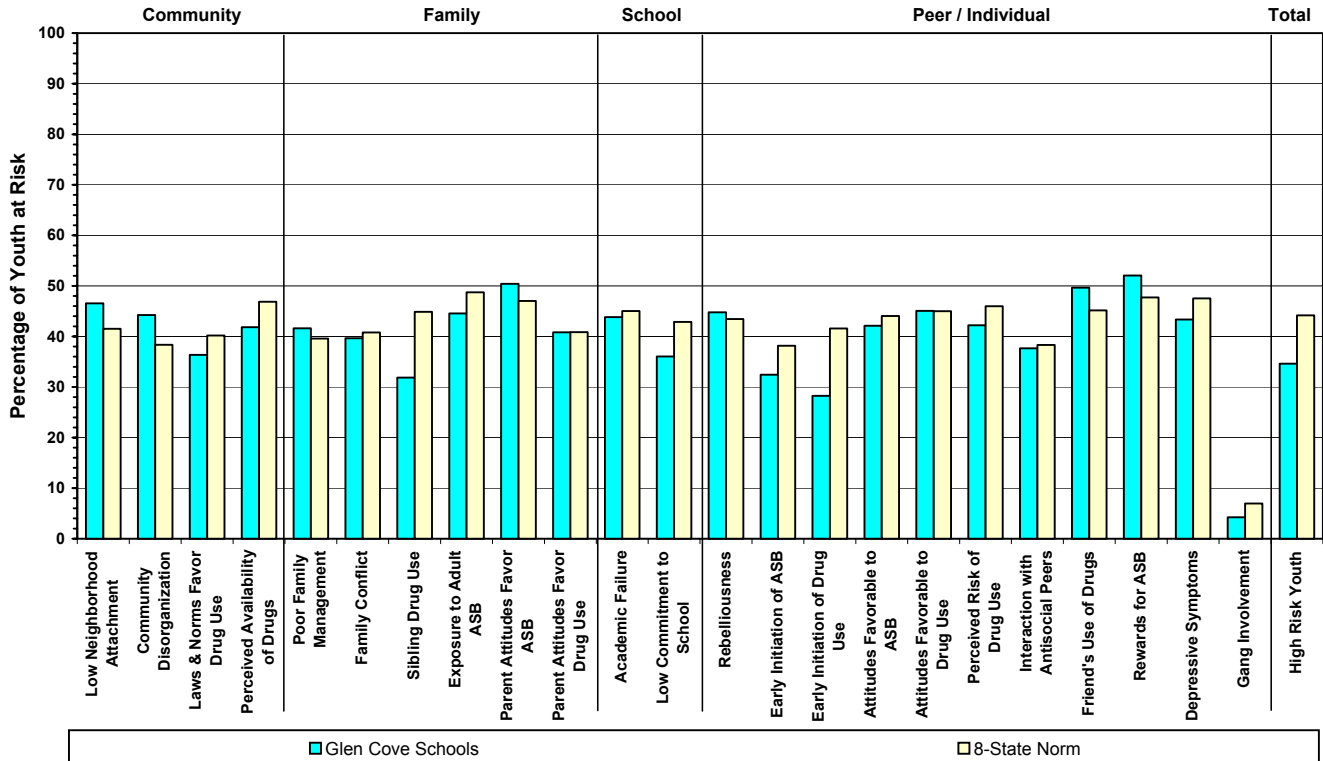
PROTECTIVE PROFILE

2008 Glen Cove Schools Student Survey, Grade 8



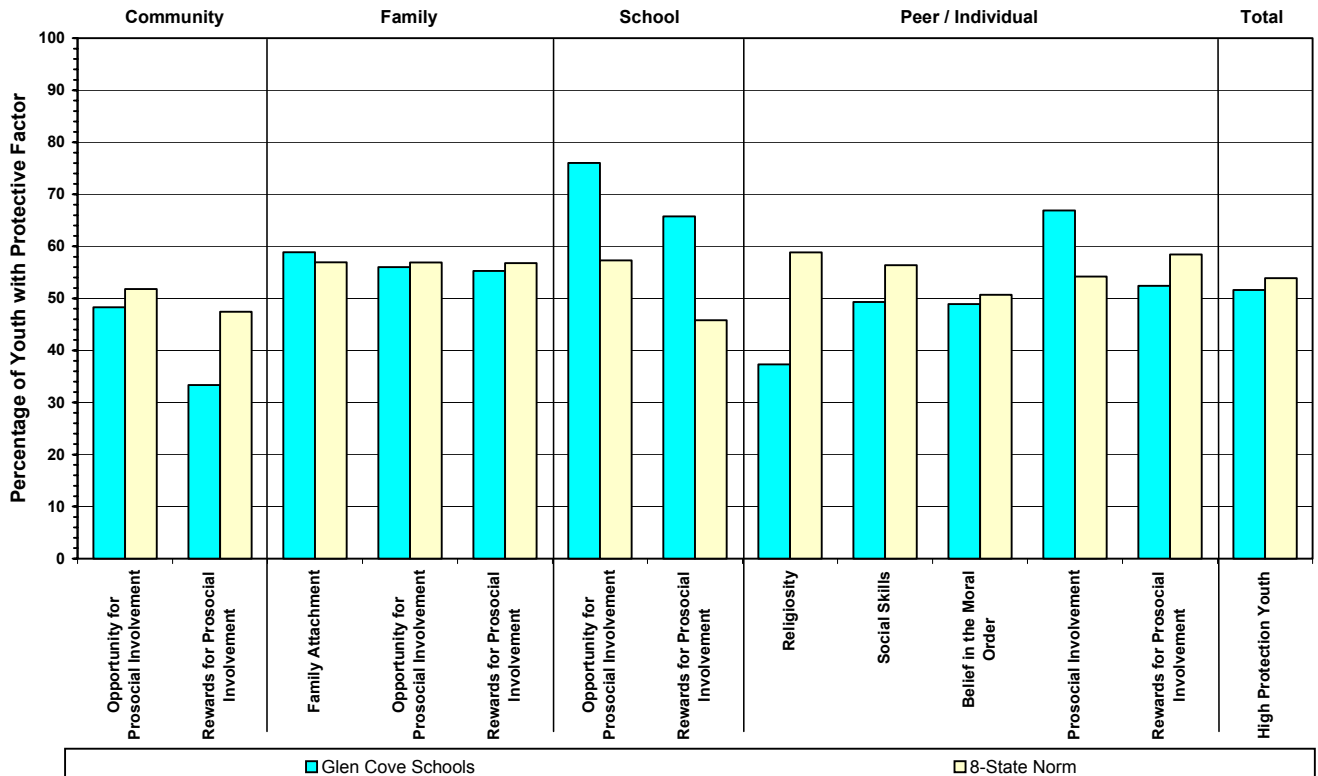
RISK PROFILE

2008 Glen Cove Schools Student Survey, Grade 10



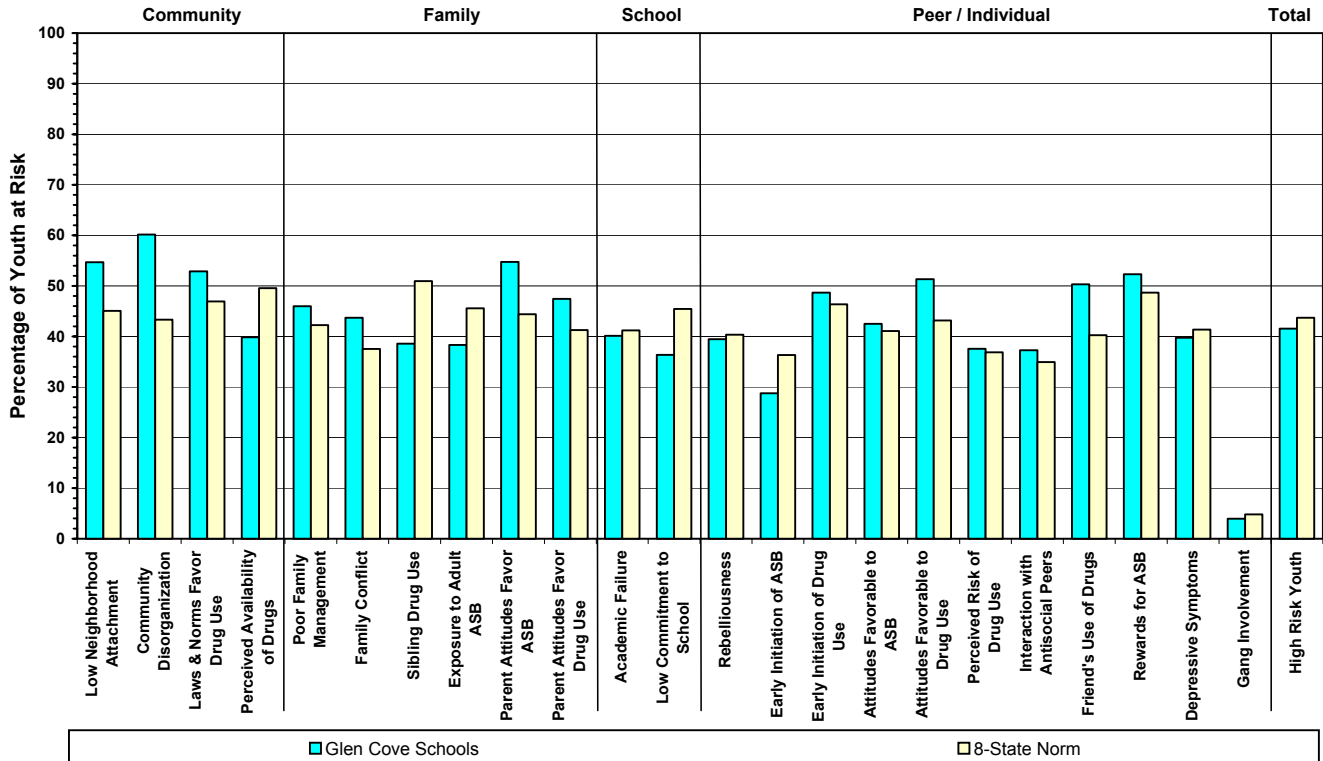
PROTECTIVE PROFILE

2008 Glen Cove Schools Student Survey, Grade 10



RISK PROFILE

2008 Glen Cove Schools Student Survey, Grade 12



PROTECTIVE PROFILE

2008 Glen Cove Schools Student Survey, Grade 12

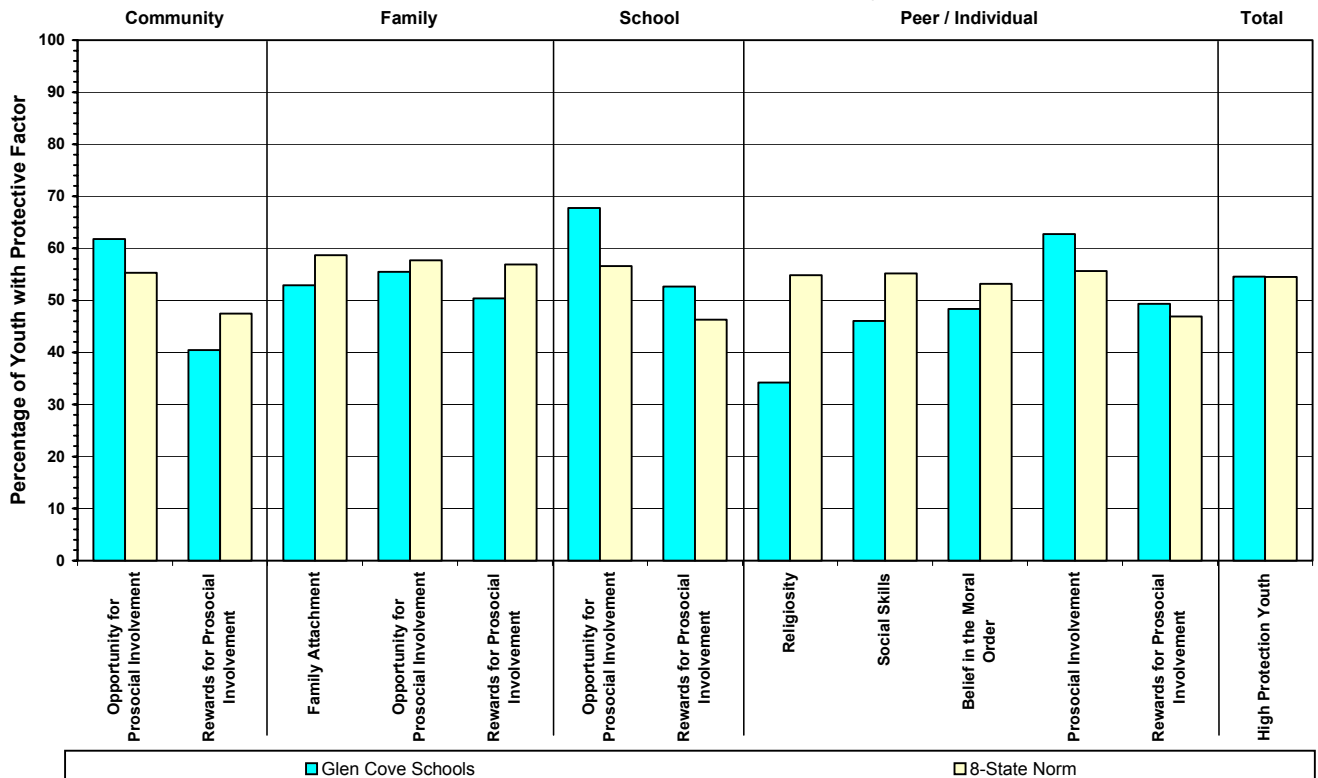


Table 2. Risk and Protective Factor Scale Definitions

Community Domain Risk Factors	
Community Disorganization	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.
Low Neighborhood Attachment	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
Laws and Norms Favorable Toward Drug Use	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.
Perceived Availability of Drugs	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
Community Domain Protective Factors	
Opportunities for Positive Involvement	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
Rewards for Positive Involvement	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
Family Domain Risk Factors	
Exposure to Adult Antisocial Behavior	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.
Sibling Drug Use	Youth who are raised in a family where their siblings use drugs are more likely to use drugs themselves.
Family Conflict	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.
Parental Attitudes Favorable Toward Antisocial Behavior & Drugs	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.
Poor Family Management	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
Family Domain Protective Factors	
Family Attachment	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.
Opportunities for Prosocial Involvement	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.
Rewards for Prosocial Involvement	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.
School Domain Risk Factors	
Academic Failure	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.
Low Commitment to School	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)	
<i>School Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	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.
<i>Rewards for Prosocial Involvement</i>	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
<i>Peer-Individual Risk Factors</i>	
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	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.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	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.
<i>Friends' Use of Drugs</i>	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.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Rebelliousness</i>	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.
<i>Depressive Symptoms</i>	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.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Social Skills</i>	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.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial</i>	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	Glen Cove Schools						
	6th	8th		10th		12th	
	District	District	MTF	District	MTF	District	MTF
	192	197	*	153	*	154	*

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

Drug Used	Glen Cove Schools						
	6th	8th		10th		12th	
	District	District	MTF	District	MTF	District	MTF
Alcohol	19.9	54.9	40.5	72.7	61.5	84.2	72.7
Cigarettes	2.8	17.5	24.6	28.3	36.1	40.4	47.1
Chewing Tobacco	1.4	1.8	10.2	2.3	15.0	7.1	15.2
Marijuana	0.6	6.3	15.7	17.4	31.8	47.7	42.3
Inhalants	5.4	12.4	16.1	4.6	13.3	7.3	11.1
Hallucinogens	0.0	0.0	3.4	2.3	6.1	5.3	8.4
Cocaine	0.0	1.2	3.4	0.8	4.8	5.4	8.5
Methamphetamines	0.0	1.2	2.7	0.8	3.2	0.7	4.4
Amphetamines	1.3	1.2	7.3	0.8	11.2	5.4	12.4
Sedatives	1.3	4.2	9.2	2.3	14.8	6.0	15.2
Tranquilizers	2.0	2.4	4.3	2.3	7.2	7.5	10.3
Heroin	0.0	0.0	1.4	0.8	1.4	2.0	1.4
Other Narcotics	0.0	0.6	4.5	1.6	10.7	9.8	13.4
Ecstasy	0.0	0.0	2.5	0.0	4.5	4.2	6.5
Steroids	0.7	1.2	1.6	1.6	1.8	0.7	2.7
Any Drug	8.3	17.8	30.1	20.3	41.5	50.0	47.7

* See the Monitoring The Future website (www.monitoringthefuture.org)

Table 5. Percentage of Students With Heavy Use of Alcohol and Cigarettes

Drug Used	Glen Cove Schools						
	6th	8th		10th		12th	
	District	District	MTF	District	MTF	District	MTF
Binge Drinking	2.8	21.6	10.9	27.0	22.0	36.9	25.6
1/2 Pack of Cigarettes/Day	0.0	1.8	1.5	1.6	3.3	4.3	5.9

Table 6. Percentage of Students Who Used ATODs During the Past 30 Days

Drug Used	Glen Cove Schools						
	6th	8th		10th		12th	
	District	District	MTF	District	MTF	District	MTF
Alcohol	5.3	31.4	17.2	41.2	33.8	62.5	45.3
Cigarettes	0.0	4.2	8.7	11.8	14.5	20.0	21.6
Chewing Tobacco	0.0	1.8	3.7	2.4	5.7	1.4	6.1
Marijuana	0.0	3.0	6.5	10.8	14.2	25.9	18.3
Inhalants	2.4	6.5	4.1	1.5	2.3	2.0	1.5
Hallucinogens	0.0	0.0	0.9	1.5	1.5	0.0	1.5
Cocaine	0.0	0.6	1.0	0.0	1.5	1.3	2.5
Methamphetamines	0.0	1.2	0.6	0.0	0.7	0.0	0.9
Amphetamines	0.0	0.6	2.1	0.8	3.5	3.4	3.7
Sedatives	0.6	1.2	3.0	0.8	4.6	2.0	4.6
Tranquilizers	0.7	0.6	1.3	1.6	2.4	2.7	2.7
Heroin	0.0	0.0	0.3	0.8	0.5	0.0	0.4
Other Narcotics	0.0	0.0	1.1	0.0	3.9	2.1	3.8
Ecstasy	0.0	0.0	0.7	0.0	1.2	0.7	1.3
Steroids	0.0	1.2	0.5	0.8	0.6	0.7	1.1
Any Drug	3.1	10.2	11.4	12.4	18.3	27.3	21.2

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

Behavior	Glen Cove Schools							
	6th		8th		10th		12th	
	District	8-State	District	8-State	District	8-State	District	8-State
Suspended from School	7.4	13.0	18.4	17.5	13.4	12.8	7.8	9.3
Drunk or High at School	0.0	2.8	4.4	10.3	10.6	17.7	21.7	19.2
Sold Illegal Drugs	0.0	0.6	1.6	3.6	2.1	7.4	2.6	8.4
Stolen a Vehicle	0.0	1.9	1.1	3.7	0.7	3.8	0.0	2.1
Been Arrested	0.0	2.9	3.3	7.1	3.6	8.0	3.3	7.2
Attacked to Harm	12.2	13.0	13.2	16.7	14.4	15.5	7.9	12.7
Carried a Handgun	2.1	4.5	3.2	5.9	2.1	5.3	2.0	5.1
Handgun to School	0.5	0.4	0.0	0.9	1.4	1.1	0.0	1.0

Table 8. Percentage of Students Gambling in the Past Year

Behavior	Glen Cove Schools							
	6th		8th		10th		12th	
	District	8-State	District	8-State	District	8-State	District	8-State
Gambled in the Past Year	45.5	n/a	56.3	n/a	63.2	n/a	51.3	n/a
Bet on Cards	5.9	n/a	19.6	n/a	32.4	n/a	29.9	n/a
Gambled on the Internet	5.9	n/a	11.9	n/a	2.7	n/a	6.8	n/a
Bet on Sports	29.9	n/a	35.6	n/a	40.5	n/a	31.6	n/a
Played the Lottery	24.2	n/a	31.2	n/a	23.6	n/a	29.9	n/a
Bet on Games of Skill	14.7	n/a	23.9	n/a	22.0	n/a	23.1	n/a
Bet on Video Poker	4.5	n/a	16.4	n/a	2.7	n/a	5.2	n/a
Bet on Dice	6.0	n/a	18.7	n/a	12.8	n/a	14.7	n/a
Played Bingo for money	9.2	n/a	21.3	n/a	6.6	n/a	4.3	n/a
Bet on Horses	4.6	n/a	19.3	n/a	4.6	n/a	1.7	n/a
Gambled at a Casino	1.5	n/a	18.8	n/a	2.8	n/a	5.2	n/a

Table 9. Percentage of Students Reporting Protection

Protective Factors	Glen Cove Schools							
	6th		8th		10th		12th	
	District	8-State	District	8-State	District	8-State	District	8-State
Community Domain								
Opportunity for Prosocial Involvement	57.3	50.0	50.0	47.3	48.3	51.8	61.8	55.3
Rewards for Prosocial Involvement	45.5	52.7	34.2	52.6	33.3	47.4	40.5	47.5
Family Domain								
Family Attachment	69.0	56.6	48.1	52.5	58.9	56.9	52.9	58.7
Opportunity for Prosocial Involvement	60.9	61.7	49.1	62.5	56.0	56.9	55.5	57.7
Rewards for Prosocial Involvement	60.4	55.8	38.5	49.9	55.3	56.8	50.4	56.9
School Domain								
Opportunity for Prosocial Involvement	76.3	61.9	62.3	57.8	76.0	57.3	67.8	56.6
Rewards for Prosocial Involvement	59.0	51.1	65.4	54.4	65.8	45.8	52.7	46.3
Peer-Individual Domain								
Religiosity	39.4	52.8	47.8	60.7	37.3	58.8	34.2	54.8
Social Skills	49.2	54.7	34.1	51.8	49.3	56.4	46.1	55.2
Belief in the Moral Order	66.9	58.8	49.7	59.7	48.9	50.7	48.3	53.2
Prosocial Involvement	60.3	58.0	58.2	54.3	66.9	54.2	62.7	55.6
Rewards for Prosocial Involvement	43.7	52.3	35.9	50.1	52.4	58.4	49.3	46.9
High Protection Youth	46.9	50.1	40.1	52.2	51.6	53.9	54.5	54.5

Table 10. Percentage of Students Reporting Risk

Risk Factors	Glen Cove Schools							
	6th		8th		10th		12th	
	District	8-State	District	8-State	District	8-State	District	8-State
Community Domain								
Low Neighborhood Attachment	48.0	43.5	36.4	36.6	46.6	41.5	54.7	45.1
Community Disorganization	41.3	39.1	40.4	38.2	44.2	38.4	60.2	43.3
Laws & Norms Favor Drug Use	30.4	41.5	45.9	42.5	36.4	40.2	52.9	46.9
Perceived Availability of Drugs	40.7	43.3	45.9	41.0	41.8	46.9	39.8	49.6
Family Domain								
Poor Family Management	55.2	46.6	55.2	41.3	41.6	39.6	46.0	42.3
Family Conflict	48.2	42.1	41.4	37.7	39.7	40.8	43.7	37.5
Sibling Drug Use	28.2	32.9	47.3	50.5	31.9	44.9	38.6	50.9
Exposure to Adult ASB	39.4	49.4	45.9	44.7	44.5	48.7	38.3	45.6
Parent Attitudes Favor ASB	39.3	35.4	53.4	45.4	50.4	47.0	54.7	44.4
Parent Attitudes Favor Drug Use	13.9	15.5	34.4	28.3	40.8	40.8	47.4	41.3
School Domain								
Academic Failure	34.6	40.8	39.3	45.5	43.8	45.0	40.1	41.2
Low Commitment to School	40.9	45.8	57.7	45.5	36.1	42.9	36.4	45.4
Peer-Individual Domain								
Rebelliousness	30.9	39.7	43.3	39.8	44.8	43.5	39.5	40.4
Early Initiation of ASB	23.4	28.5	36.4	37.6	32.4	38.2	28.8	36.3
Early Initiation of Drug Use	20.0	34.0	43.0	44.5	28.3	41.6	48.7	46.4
Attitudes Favorable to ASB	45.2	42.5	47.1	38.6	42.1	44.1	42.5	41.1
Attitudes Favorable to Drug Use	16.0	23.5	43.8	39.1	45.1	45.0	51.3	43.2
Perceived Risk of Drug Use	35.9	43.7	28.8	39.1	42.2	46.0	37.6	36.9
Interaction with Antisocial Peers	40.1	44.1	38.9	39.2	37.7	38.3	37.3	34.9
Friend's Use of Drugs	17.6	26.9	50.8	47.1	49.7	45.2	50.3	40.3
Rewards for ASB	24.0	24.1	48.9	40.7	52.1	47.7	52.3	48.7
Depressive Symptoms	34.1	44.3	48.0	48.2	43.4	47.5	39.7	41.3
Gang Involvement	1.6	9.4	3.3	10.0	4.2	7.0	4.0	4.8
High Risk Youth	24.0	41.6	48.2	44.8	34.6	44.2	41.6	43.7

Table 11. Drug Free Communities Report *

Outcomes	Definition	Substance	Glen Cove Schools															
			Grade 6		Grade 8		Grade 10		Grade 12		Total †		Male		Female		Total ††	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk (People are at Moderate or Great Risk of harming themselves if they...)	drink 1 or two drinks nearly every day	Alcohol	77.5	169	74.8	163	73.9	134	81.8	148	77.0	614	71.8	291	82.6	310	77.4	601
	smoke 1 or more packs or cigarettes per day	Cigarettes	84.8	171	89.4	170	89.9	138	93.3	149	89.2	628	86.2	298	91.8	316	89.1	614
	smoke marijuana regularly	Marijuana	83.5	170	87.8	164	81.8	132	70.7	150	81.2	616	75.5	294	86.4	309	81.1	603
Perception of Parent Disapproval (Parents feel it would be Wrong or Very Wrong to...)	drink beer, wine, or hard liquor regularly	Alcohol	95.0	121	85.6	160	83.2	119	71.5	137	83.6	537	81.8	253	84.6	272	83.2	525
	smoke cigarettes	Cigarettes	98.4	122	97.5	160	96.6	119	88.2	136	95.2	537	95.3	254	95.2	272	95.2	526
	smoke marijuana	Marijuana	98.3	120	98.7	155	98.3	118	93.4	137	97.2	530	96.4	249	97.8	269	97.1	518
Perception of Peer Disapproval (I think it is Wrong or Very Wrong for someone my age to...)	drink beer, wine, or hard liquor regularly	Alcohol	97.3	188	72.0	189	59.0	144	47.4	152	70.7	673	71.1	329	70.3	327	70.7	656
	smoke cigarettes	Cigarettes	98.9	188	89.2	186	77.5	142	68.0	153	84.6	669	86.0	328	83.3	324	84.7	652
	smoke marijuana	Marijuana	100	187	92.4	185	85.2	142	63.4	153	86.4	667	84.4	327	88.5	323	86.5	650
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	5.3	169	31.4	172	41.2	131	62.5	152	34.0	624	32.9	301	34.6	309	33.8	610
		Cigarettes	0.0	141	4.2	166	11.8	127	20.0	140	8.7	574	8.5	272	9.0	290	8.7	562
		Marijuana	0.0	167	3.0	169	10.8	130	25.9	147	9.3	613	9.8	295	8.9	305	9.3	600
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Nuuber	Age	Number	Age	Number
Average Age of Onset** (How old were you when you first...)	average age	Alcohol	10.6	37	11.6	111	13.5	106	13.9	123	12.8	377	12.4	185	13.1	183	12.8	368
		Cigarettes	11.0	6	11.5	36	13.7	41	14.0	76	13.2	159	13.1	78	13.4	78	13.2	156
		Marijuana	.	0	12.3	9	13.9	26	14.9	75	14.5	110	14.1	52	14.9	55	14.5	107

*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."

†The "Total" column represents responses from students in all grades surveyed. (In order to report individual grades accurately, the grade must have a minimum of twenty students reporting data. The "Total" sample may contain additional data from grades that did not make the sample cutoff, and so may exceed the sum of the individual grade columns displayed.)

††The "Total" column represents the total students who are in a grade AND have marked a gender

Table 12. Youth Perceptions of Substance Use

Now think about all the students in your grade at school. How many of them do you think:	Substance	Glen Cove Schools									
		Grade 6		Grade 8		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
a. smoke one or more cigarettes a day?	None (0%)	129	68.3	40	21.3	9	6.4	1	0.7	179	26.7
	Few (1-10%)	45	23.8	63	33.5	11	7.8	5	3.3	124	18.5
	Some (11-30%)	6	3.2	47	25.0	21	14.9	18	11.8	92	13.7
	Half or less (31-50%)	2	1.1	17	9.0	38	27.0	34	22.2	91	13.6
	Half or more (51-70%)	5	2.6	14	7.4	28	19.9	46	30.1	93	13.9
	Most (71-90%)	2	1.1	5	2.7	24	17.0	31	20.3	62	9.2
	Almost All (91-100%)	0	0.0	2	1.1	10	7.1	18	11.8	30	4.5
b. drank alcohol sometime in the past month?	None (0%)	92	48.7	31	16.4	3	2.1	1	0.7	127	18.9
	Few (1-10%)	62	32.8	34	18.0	7	5.0	1	0.7	104	15.5
	Some (11-30%)	16	8.5	27	14.3	9	6.4	2	1.3	54	8.0
	Half or less (31-50%)	12	6.3	29	15.3	10	7.1	12	7.8	63	9.4
	Half or more (51-70%)	5	2.6	28	14.8	26	18.6	28	18.3	87	13.0
	Most (71-90%)	1	0.5	27	14.3	50	35.7	63	41.2	141	21.0
	Almost All (91-100%)	1	0.5	13	6.9	35	25.0	46	30.1	95	14.2
c. used marijuana sometime in the past month?	None (0%)	154	81.5	63	33.3	15	10.7	1	0.7	233	34.8
	Few (1-10%)	24	12.7	69	36.5	18	12.9	8	5.3	119	17.8
	Some (11-30%)	5	2.6	33	17.5	27	19.3	21	13.8	86	12.8
	Half or less (31-50%)	2	1.1	9	4.8	22	15.7	24	15.8	57	8.5
	Half or more (51-70%)	3	1.6	8	4.2	25	17.9	42	27.6	78	11.6
	Most (71-90%)	1	0.5	6	3.2	23	16.4	32	21.1	62	9.3
	Almost All (91-100%)	0	0.0	1	0.5	10	7.1	24	15.8	35	5.2
d. used an illegal drug in the past month (not including marijuana)?	None (0%)	152	80.9	91	48.4	24	17.1	5	3.3	272	40.8
	Few (1-10%)	26	13.8	61	32.4	52	37.1	56	37.1	195	29.2
	Some (11-30%)	5	2.7	16	8.5	28	20.0	33	21.9	82	12.3
	Half or less (31-50%)	2	1.1	8	4.3	13	9.3	25	16.6	48	7.2
	Half or more (51-70%)	2	1.1	6	3.2	8	5.7	10	6.6	26	3.9
	Most (71-90%)	1	0.5	5	2.7	7	5.0	17	11.3	30	4.5
	Almost All (91-100%)	0	0.0	1	0.5	8	5.7	5	3.3	14	2.1

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

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

<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

<http://www.nida.nih.gov/>

STATE RESOURCES

New York State
Office of Alcoholism and Substance Abuse Services (OASAS),
Division of Prevention and Treatment
prevention@oasas.state.ny.us
www.oasas.state.ny.us

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