COMMUNITIES THAT CARE®

2001 Youth Survey Report

Fairfax County, Virginia

Revised September 25, 2001

A Needs Assessment Tool from
Developmental Research and Programs, Inc.

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Communities That Care®: Fairfax County Survey of Youth Risks and Assets

This report describes the administration and findings for the *Communities That Care® Youth Survey* in Fairfax County, Virginia. The survey effort was sponsored collaboratively by Fairfax County Board of Supervisors, Fairfax County Public Schools' School Board, Fairfax County Human Services Council and the Fairfax Partnership for Youth. Developmental Research and Programs, Inc. (DRP), of Seattle, Washington, was contracted to conduct the survey and deliver the final report of the findings. George Mason University provided administrative support for distribution and collection of the surveys. The survey data were collected in the winter of 2001.

The *Communities That Care® Youth Survey* was developed to provide scientifically sound information to communities. It assesses the current prevalence of problem behaviors in the community, and the degree to which risk and protective factors exist in the community, family, school, and individual-peer environments. This information is essential to support needs assessment, prevention planning, and intervention planning at the local level. Risk and protective factors are characteristics of the community, family, school, and peer environments, as well as individual characteristics of the students themselves, that are known to predict drug use, delinquency, and gang involvement (Hawkins, Catalano and Miller, 1992). The *Communities That Care® Youth Survey* measures a total of eighteen risk factors and nine protective factors. Risk and protective factors are measured by a grouping of survey items called a scale (see Appendix E). The survey, its uses, and its ongoing development, have been described in three recent articles (Pollard, Hawkins, Catalano, & Arthur, 1998; Pollard & Lofquist, 1998; Pollard, Arthur, Catalano, & Hawkins, 1998).

The Survey

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

- The prevalence and frequency of substance abuse.
- The prevalence and frequency of antisocial behaviors.
- The degree to which risk and protective factors exist that are predictive of alcohol, tobacco and other drug (ATOD) use, delinquency, gang involvement, and other problem behaviors in adolescents.

This survey instrument became the *Communities That Care® Youth Survey.* School survey data were collected in five states: Kansas, Maine, Oregon, South Carolina, and Washington. One

other state, Utah, participated in the *Communities That Care (*CTC) project, but school survey data were not collected in Utah. Over 72,000 students participated in these statewide surveys, and analysis of the collected data contributed to the development of the survey.

The Fairfax County survey included additional questions drawn from other standardized youth surveys. These questions related to safety, mental health, use of leisure time, and additional risk behaviors related to violence.

Survey Administration

Survey plans called for participation of a sample of 8th, 10th, and 12th grade students from Fairfax County.

Classes were randomly selected from 8th and 10th grade Physical Education courses and 12th grade Government courses. The target sample size represents approximately 40% of the student body in the grades sampled.

Because a sample of 8th, 10th, and 12th graders rather than all of the students in these grades were asked to participate, it is important to note that there is uncertainty associated with all data reported herein. To assess the generalizability of these reported data, the uncertainty has been quantified by calculating the specific error rate. However, given that such a large percentage of the enrollment was surveyed, the rate is quite low: conservatively all data here can be assumed to be accurate at ± 1.0%. Thus, all grade level data can be reported as having a margin of error of plus or minus 1%. This rate is estimated by calculating the 95% confidence interval around the highest (hardest to estimate) point in a binomial distribution (.5), and assuming a finite population.

It is also important to note that analysis by smaller sub-groups can be problematic. For instance, given that only 82 students self-identified as American Indian, it is difficult to generalize to the entire American Indian student population in Fairfax County. Consequently, analysis by ethnicity should be done carefully.

A passive consent procedure was used for this survey administration. That is, students were given the consent notification and asked to give it to their parents. It was then up to the parents to inform the school that their child was not to participate in the survey. If a parent declined to allow their child's participation, that child was given an alternate activity during the survey administration.

The survey was administered in classroom settings. The survey took approximately one class period to complete.

Each teacher was provided with an appropriate number of surveys and survey collection envelopes. Teachers reviewed the instructions and asked students to complete the survey.

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

Survey Validation

Three strategies are used to assess the validity of the surveys. The first two strategies eliminate students who appeared to exaggerate their substance use. The third strategy identifies students who repeatedly reported logically inconsistent patterns of substance use. Surveys are not eliminated as a result of clerical mistakes or actual response patterns.

- In the first strategy, surveys from students who reported the highest possible levels of use for every illicit drug (excluding marijuana) are eliminated from the survey data set. This strategy removes surveys that were not taken seriously—this type of exaggeration is one of the clearest ways to identify non-valid surveys.
- In the second strategy, students are asked whether they had used a fictitious drug, Derbisol, in the past 30 days or in their lifetimes, as well as how old the student was when they first used Derbisol. If the student reported the use of Derbisol on two of these three questions, their surveys were not included in the analysis of the findings.
- The third strategy is used to detect logical inconsistencies among responses to the drug questions. Students are identified as inconsistent responders in the following circumstances only: 1) they were inconsistent on two out of four of the following substances: alcohol, cigarettes, chewing tobacco and marijuana; or 2) if they were inconsistent on five or more of the nine remaining illicit substances. An example of an inconsistent response would be if a student reported that they had used alcohol 3 to 5 times in the past 30 days, but had never used alcohol in their lifetime.

Students in Fairfax County were cooperative and produced a high percentage of valid surveys. All but 320 students (2.7%) completed valid surveys (see Table 1). This level of cooperation is better than average for most school surveys using the *Communities That Care® Youth Survey*. Of the 320 surveys identified and eliminated by one or more of the three strategies described above, 153 exaggerated illicit drug use (strategy 1), 252 reported the use of Derbisol (strategy 2), and 163 were identified because of logical inconsistencies in their answers (strategy 3). The elimination total produced by these three strategies is more than 320 because some surveys were identified by more than one strategy.

Demographic Profile of Surveyed Youth

A total of 11,951 students participated in the survey. According to enrollment data, this represents just over 37% of the students in 8th, 10th, and 12th grades in Fairfax County.

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

Throughout this report, results are presented individually for each grade level, gender, and ethnicity. Also note that percentages may not equal 100% because not all students responded to all questions.

For Fairfax County, a slightly higher percentage of the respondents were male (48.8% male compared to 48.6% female). Table 1 also shows the ethnic breakdown of the surveyed population in Fairfax County. A majority of students identified themselves as White (52.5%). The largest minority population is Asian (13.1%), and close to 10% of students reported being African-American (9.3%) or Latino (9.2%). Note that while the "other" category listed on all tables includes students who selected "other" as their primary ethnicity, this category also includes those students who selected multiple ethnic backgrounds. Therefore, students who reported both African American and Latino ethnicity were classified in the "other" category for the purposes of this report.

Table 2 shows the selected characteristics of the home life of surveyed youth. These attributes include the primary language spoken at home, the "urbanicity" of primary residence (defined as the degree of population density in a student's neighborhood), and the average number of adults living in the household. Again, the results are broken down by grade, sex, and ethnicity. The primary language spoken at home refers to the primary language the student speaks at home rather than the parents. The "urbanicity" category includes "city, country, or farm." *Please note that "city" includes "city, town, or suburb."* The average number of adults living in the household includes parents, stepparents, foster parents, grandparents, uncles, aunts, and other adults.

Overall, it appears that a over three-quarters of students in Fairfax County speak English at home (77.4%) and live in the city (94.4%). Furthermore, the average number of adults in the households of students in Fairfax County is 2.0.

Grade and gender breakdowns reveal few differences in the home life of the surveyed youth from Fairfax County. Analysis of these data by ethnicity, however, reveals some interesting findings:

- 43.0% of the self-identified Asian population reported speaking a language other than English at home.
- 60.4% of self-identified Latino students reported that Spanish was the primary language spoken at home.
- 32.0% of students who reported being from an "other" ethnicity, or multiple ethnicities, reported speaking a language other than English at home
- A larger percentage of self-identified American Indian students reported living "in the country" (4.9%) or "on a farm" (8.5%).

Table 1. Selected demographic characteristics of surveyed youth.

	Fairfax County	
	Number of Students	**Percent of Students**
Overall		
Valid Cases	11,631	100.0%
Grade		
8th	4,047	34.8%
10th	3,832	32.9%
12th	3,453	29.7%
Did Not Respond	123	1.1%
Sex		
Female	5,651	48.6%
Male	5,678	48.8%
Did Not Respond	293	2.5%
Ethnicity		
White	6,109	52.5%
African American	1,080	9.3%
American Indian	82	0.7%
Latino	1,072	9.2%
Asian	1,529	13.1%
Other / Multiple	1,526	13.1%
Did Not Respond	233	2.0%
Ineligible		
Ineligible Students - Total	320	2.7%
Derbisol	252	2.1%
High Use	153	1.3%
Inconsistencies	163	1.4%

Notes: "Number of Students" represents the number of students that participated in the CTC Youth Survey, by grade, sex, and ethnic breakdown. "Percent of Students" indicates the percentage of the overall population represented by students in that category.

There are three strategies used to assess the validity of the surveys. The "Ineligible" section shows the percentage of students who were eliminated under each disqualifying criteria and the total number of students who were removed from the data analysis.

A total number of participating students can be obtained from adding "Overall Valid Cases" and "Ineligible Students-Total."

Table 2. Selected characteristics of the home life of surveyed youth, by grade, sex, and ethnicity.

Fairfax County

	Primary Language Spoken at Home			*Urbanicity of Primary Residence*			Average Number of Adults Living in Household
	English %	Spanish %	Other %	Farm %	Country %	City %	
Overall							
Valid Cases	77.4	7.2	10.1	1.0	1.9	94.4	2.0
Grade							
8th	76.5	8.8	9.5	0.8	2.7	93.7	2.0
10th	78.3	6.9	10.2	1.0	1.8	95.6	2.0
12th	80.6	5.6	10.5	0.7	1.0	97.5	1.9
Sex							
Female	78.8	7.5	9.6	0.5	1.7	96.5	2.0
Male	77.4	7.1	10.7	1.4	2.1	94.2	2.0
Ethnicity							
White	96.6	0.1	1.6	0.8	1.0	96.7	1.9
African American	88.8	0.1	6.5	0.5	2.7	95.2	1.8
American Indian	79.3	6.1	8.5	8.5	4.9	85.4	2.3
Latino	31.3	60.4	1.1	0.6	2.6	94.0	2.1
Asian	47.0	0.0	43.0	0.3	2.0	95.6	2.1
Other / Multiple	60.5	11.6	20.4	2.6	4.3	90.6	2.1

Note: In the Urbanicity of Primary Residence section, the "city" category includes "city, town or suburb."

Substance Use

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

Tables 5 to 21 show the use of alcohol, tobacco, and other drugs (ATODs) by students in Fairfax County; graphs 1 to 6 show some of these data graphically. There are two distinct types of tables that are used to depict student involvement. First, prevalence of use tables are used to illustrate the percentages of students who reported using a substance. These results are presented for two prevalence of use periods: lifetime (whether the student has ever used the substance), and past 30 days (whether the student has used the substance within the last month). The lifetime prevalence of use period is the best measure of experimentation occurring among students. The 30-day prevalence of use period is considered the best measure of current use. Table 5 is an example of a prevalence of use table (for alcohol). The second type of table used is a frequency table, which depicts the number of occasions that students reported using a specific substance. Table 6 is an example of a frequency table. Frequency tables show the percentage of students reporting use by the number of occasions that they reported using the substance. In addition, an "average number of uses" is calculated, which indicates the average number of occasions that a particular group reported using a specific drug. Please note that when less than 5% of students indicate participating in a behavior, this average is unreliable. A frequency table is generated for the most commonly used substances: alcohol, tobacco, inhalants and marijuana.

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

Table 3: Lifetime use of alcohol, tobacco, and other drugs for all Fairfax County students, compared to the Monitoring the Future study.

	Fairfax County			Monitoring The Future [1]		
	8th %	10th %	12th %	8th %	10th %	12th %
Alcohol	42.0	61.3	76.5	52.8	70.6	80.0
Cigarettes	27.1	43.3	60.1	44.1	57.6	64.6
Smokeless Tobacco	5.2	9.0	14.9	14.4	20.4	23.4
Marijuana	10.0	25.7	44.7	22.0	40.9	49.7
Inhalants	12.5	8.5	9.1	19.7	17.0	15.4
Amphetamines	1.2	3.3	6.8	--	--	--
Cocaine	1.8	3.0	6.7	4.7	7.7	9.8
Crack	1.9	1.7	2.0	3.1	4.0	4.6
Depressants	2.0	4.2	6.7	--	--	--
Hallucinogens (LSD)	2.0	4.6	12.2	4.8	9.7	13.7
Heroin	1.0	1.2	2.2	2.3	2.3	2.0
Steroids	1.9	1.9	1.8	2.7	2.7	2.9

(1) Johnston, O'Malley, & Bachman (2000).

Table 4: Thirty-day use of alcohol, tobacco, and other drugs for all Fairfax County students, compared to the Monitoring the Future study.

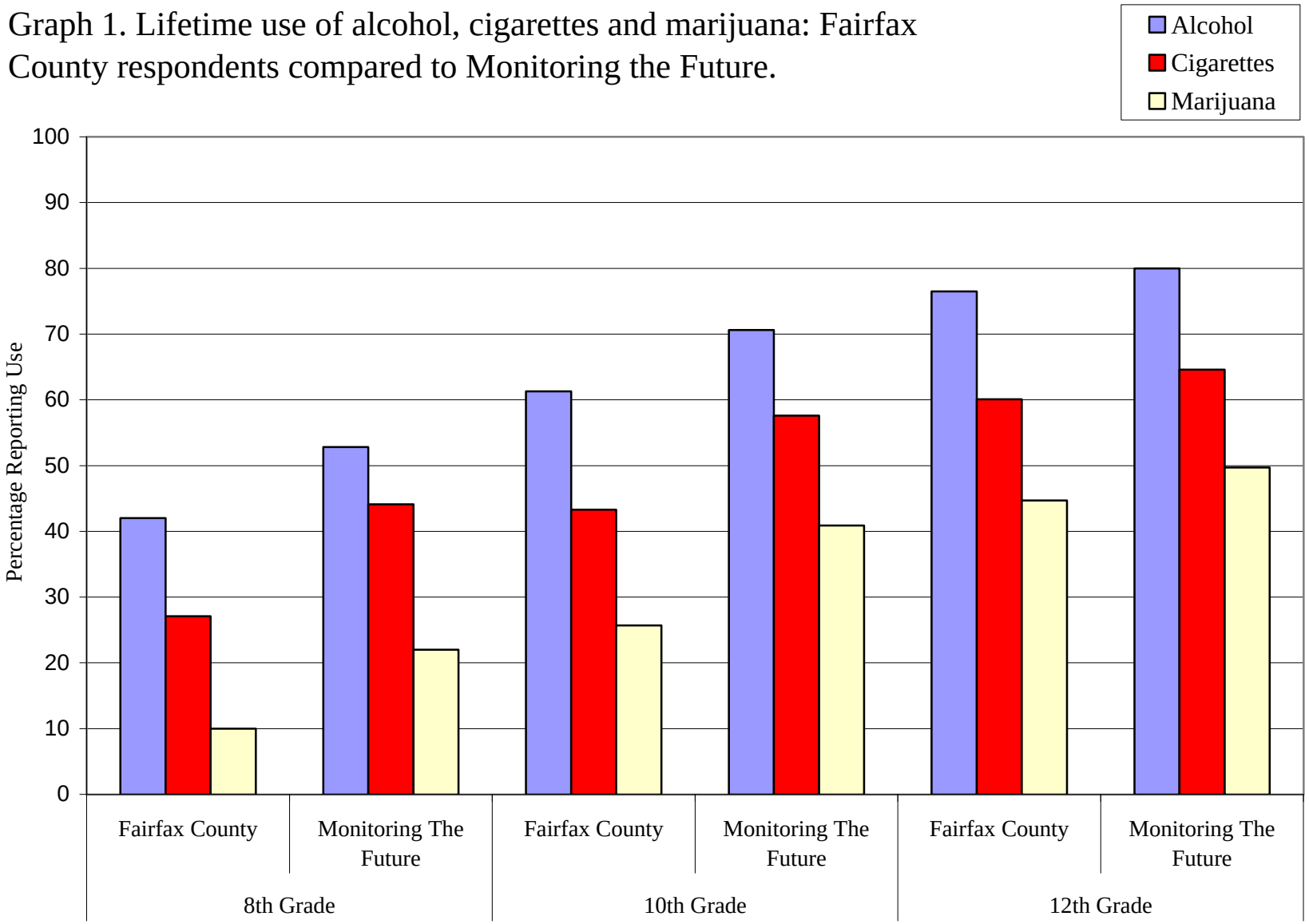
	Fairfax County			Monitoring The Future [1]		
	8th %	10th %	12th %	8th %	10th %	12th %
Alcohol	21.0	36.0	53.4	24.0	40.0	51.0
Binge Drinking	7.5	17.3	31.0	15.2	25.6	30.8
Cigarettes	9.3	15.4	29.6	17.5	25.7	34.6
Smokeless Tobacco	2.2	3.2	4.7	4.5	6.5	8.4
Marijuana	5.1	13.3	22.4	9.7	19.4	23.1
Inhalants	4.7	2.2	1.3	5.0	2.6	2.0
Amphetamines	0.6	1.3	2.1	--	--	--
Cocaine	0.8	0.9	1.8	1.3	1.8	2.6
Crack	0.8	0.5	0.5	0.8	0.8	1.1
Depressants	0.9	1.3	1.7	--	--	--
Hallucinogens (LSD)	0.8	1.9	4.4	1.3	2.9	3.5
Heroin	0.4	0.5	0.7	0.6	0.7	0.5
Steroids	0.6	0.8	0.6	0.7	0.9	0.9

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

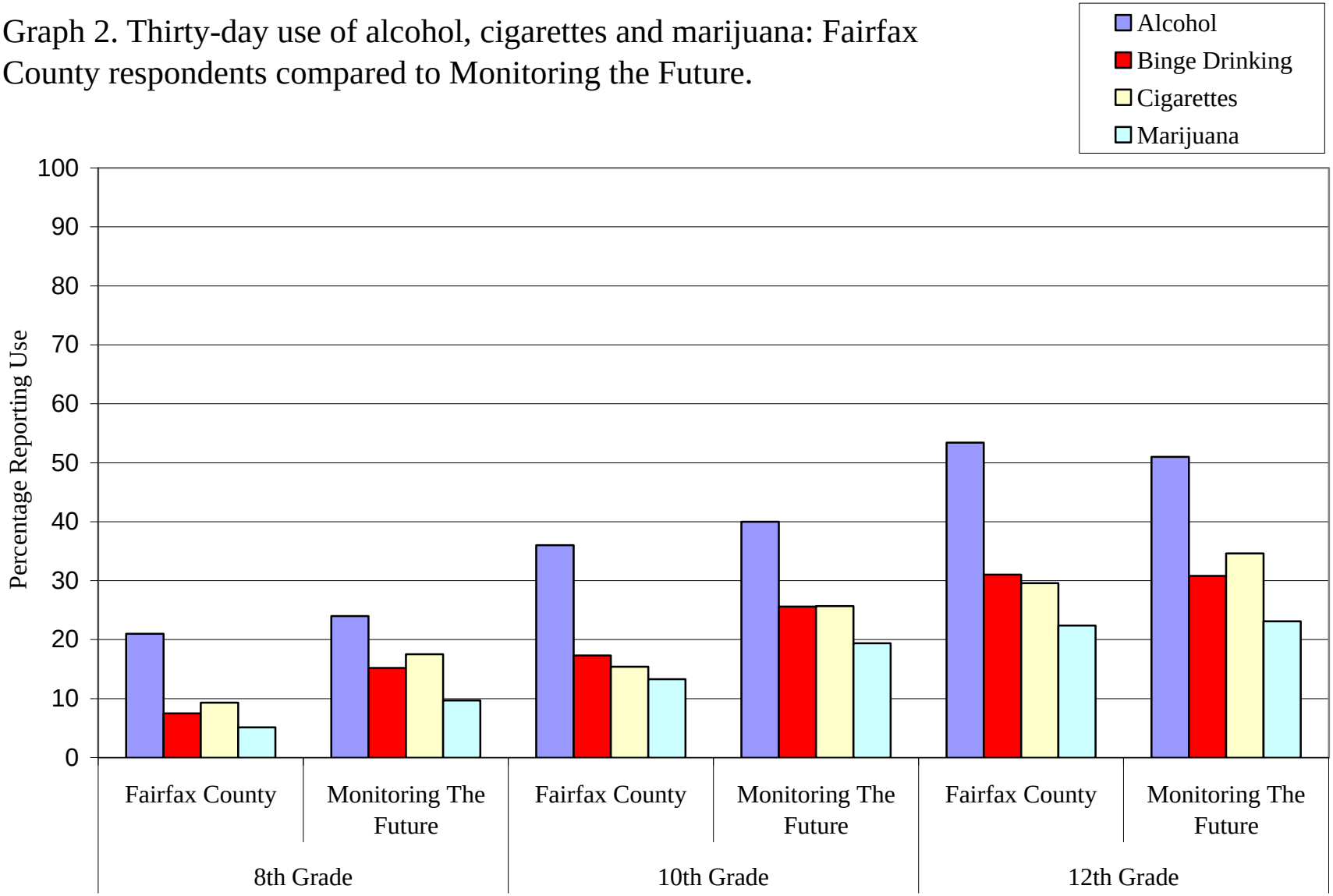
For odd grade level data (7th, 9th and 11th), one can use the midpoint of the even grade level findings as an estimate from which to assess the data. For instance, 11th grade students can be evaluated using the 10th and 12th grade Monitoring the Future findings.

(1) Johnston, O'Malley, & Bachman (2000).

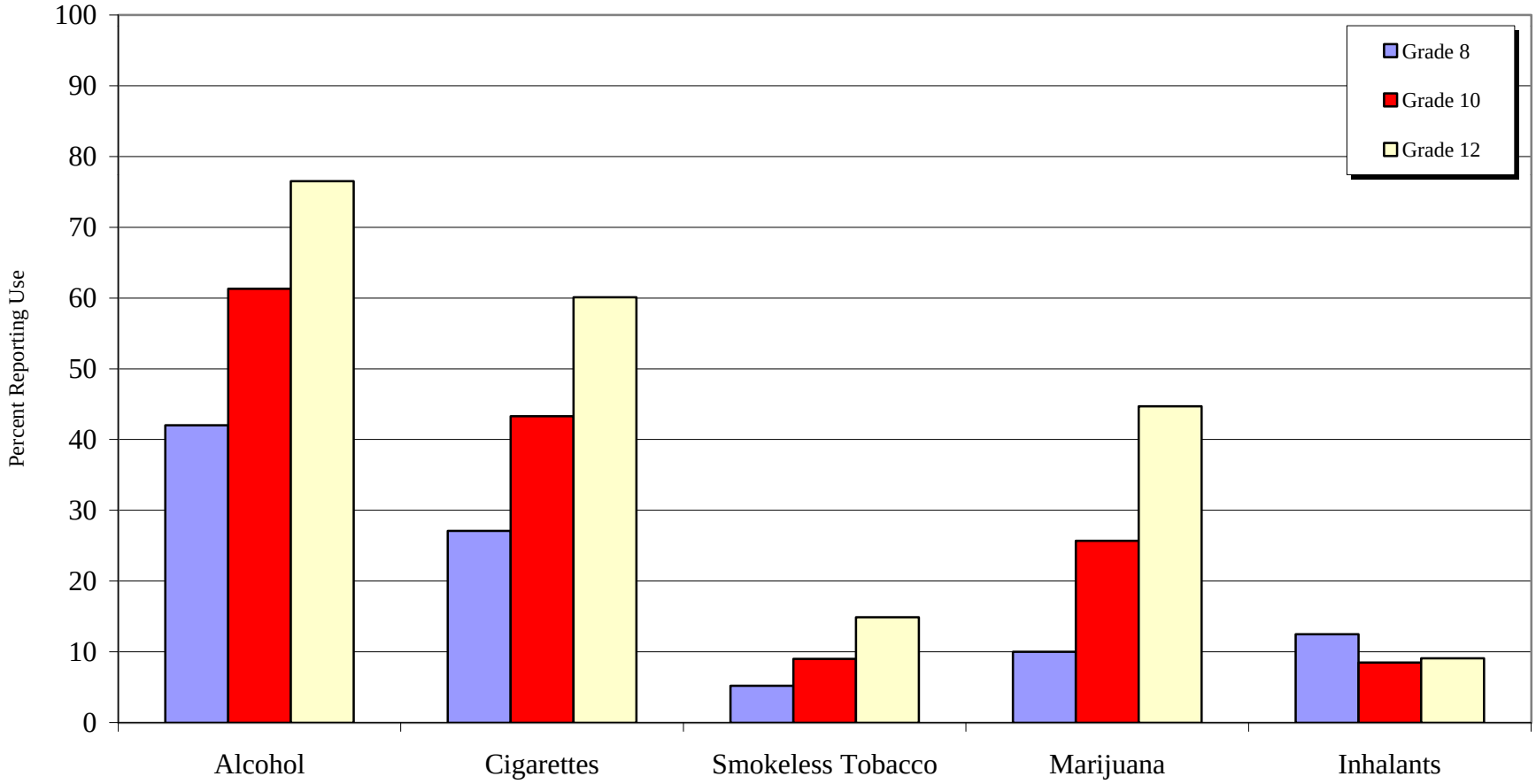
Graph 1. Lifetime use of alcohol, cigarettes and marijuana: Fairfax County respondents compared to Monitoring the Future.



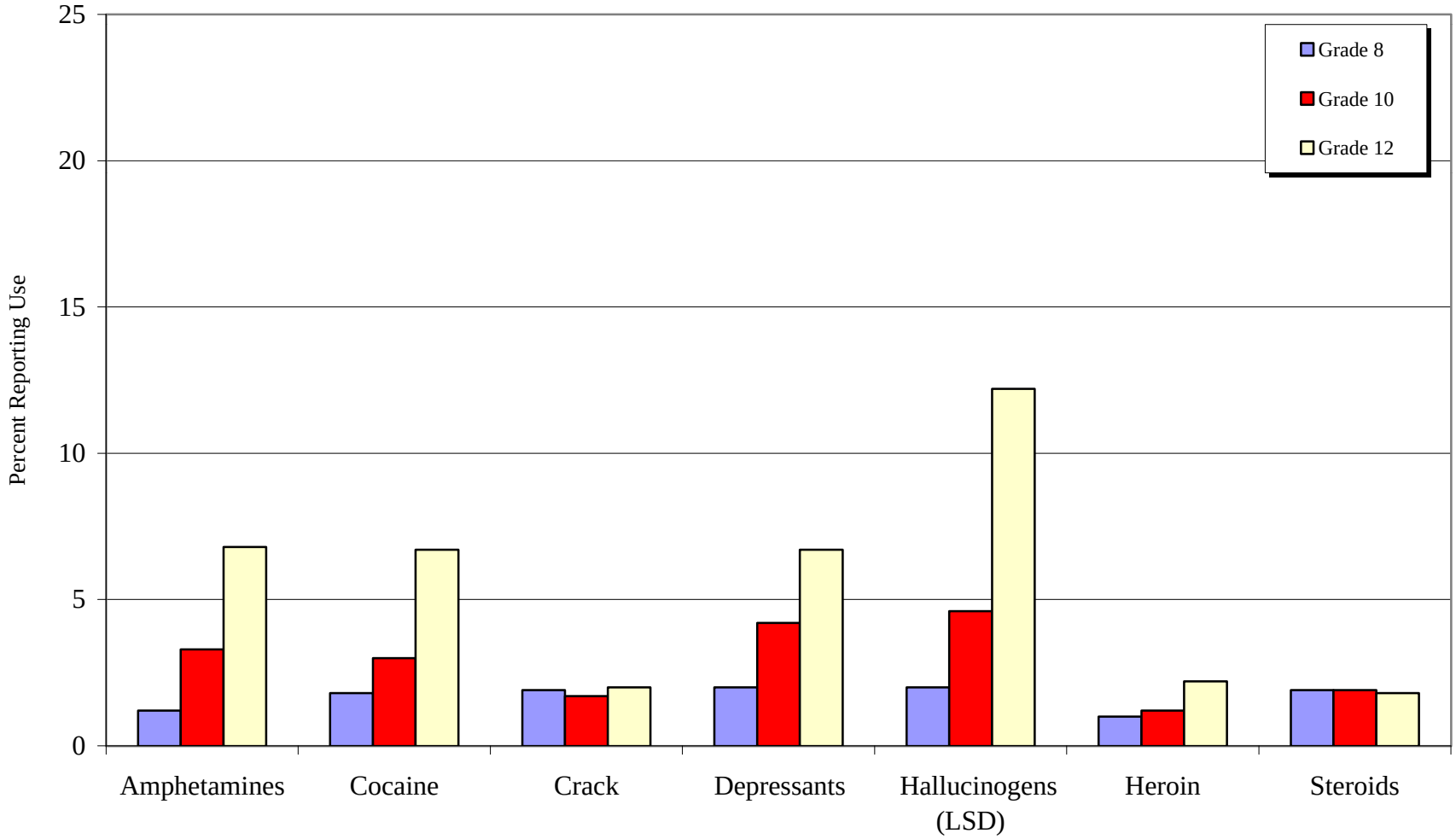
Graph 2. Thirty-day use of alcohol, cigarettes and marijuana: Fairfax County respondents compared to Monitoring the Future.



Graph 3. Lifetime prevalence of alcohol, tobacco, marijuana, and inhalants, for Fairfax County respondents.



Graph 4. Lifetime prevalence of other illicit drugs, for Fairfax County respondents, by grade.



Alcohol

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

Longitudinal findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In 2000, the percentages of 8th, 10th, and 12th grade students who reported using alcohol in the past month were 24%, 40%, and 51% respectively. A majority of 12th graders drink alcohol. For all three grade levels, these rates have held steady throughout the 1990s. Given the national trend, it is not surprising that alcohol is the most used drug in Fairfax County.

The lifetime prevalence of use rate for alcohol is a good measure of student experimentation. Over one-half (59.3%) of the surveyed students in Fairfax County have used alcohol sometime in their lifetimes (see Table 5). Lifetime prevalence of use for alcohol is 42.0%, 61.3%, and 76.5% for 8th, 10th, and 12th graders respectively. Compared to the findings from *Monitoring the Future* (see Table 3) that indicate national prevalence of lifetime alcohol use at 52.8%, 70.6%, and 80.0% for 8th, 10th, and 12th graders respectively, it appears that, for each of the three grade levels surveyed, students in Fairfax County have experimented with alcohol at a lower rate than the national average.

The 30-day prevalence of use rate is a good measure of current use of alcohol. Over a third (36.1%) of the students surveyed in Fairfax County reported using alcohol in the past 30 days (see Table 5). The 8th and 10th grade students in Fairfax County reported a rate for 30-day prevalence of alcohol use that is slightly lower than the results of the *Monitoring the Future* study (Table 4) for the year 2000 while the 12th grade students in Fairfax County indicated a rate for 30-day prevalence of use that is similar to the national results (Table 4).

The frequency of alcohol use is summarized on Table 6. This table shows the percentage of students who reported using alcohol in the past 30 days as well as the number of times that they reported using it. For instance, 8.3% of the 12th graders indicated that they had used alcohol from 6 to 9 times in the past month. Table 6 provides data about the frequency at which alcohol use is occurring. The table also shows the average number of uses of alcohol for those students who reported at least one use. As you can see, the average number of uses increases from the 8th grade to the 12th grade. That is, in the past month, the average 8th grader who used alcohol used it 4.0 times while the average 12th grader who used alcohol did so 6.0 times. It is noteworthy that males report more occasions than females. This is a finding that is consistent with current trends for alcohol use.

Findings on binge drinking (defined as a report of five or more drinks in a row within the past two weeks) are likely to be among the most important findings related to alcohol use (Johnston, O'Malley, & Bachman, 1999). Binge drinking should be considered extremely dangerous; several studies have shown that binge drinking is related to higher probabilities of drinking and driving as well as injury due to intoxication. Analysis of the survey results for Fairfax County reveal that 8th and 10th graders in Fairfax County are involved in binge drinking at a notably lower rate than students around the rest of the nation. However, 12th graders in Fairfax report a rate that is comparable to the national rate. As shown on Table 7, 18.3% of the students in Fairfax County reported at least one episode of binge drinking in the past two weeks. However, note that almost one-third (31.0%) of 12th graders reported at least one episode of binge drinking in the past two weeks.

There are a few notable sub-group differences within the findings on alcohol use. Typically, boys are more likely to experiment with alcohol than girls are. In Fairfax County, the prevalence of alcohol use is more consistent between the sexes. For instance, Table 5 illustrates a less than 2% difference in the rates of alcohol use between male and female students for both the lifetime and past 30-day prevalence of use periods. (60.0% for boys versus 58.9% for girls during their lifetimes and 36.8% versus 35.7% during the past 30 days). Findings are less similar for binge drinking, with slightly more boys reporting binge drinking as compared to girls (21.0% compared to 15.6%).

Analysis by ethnicity revealed that Asian students consistently report less prevalence of use and less frequency of use than other students both in terms of lifetime, thirty-day and binge drinking prevalence of use rates as well as frequency of use rates. Students who self-identify as White or Latino generally indicate higher levels of use than the other ethnic groups.

Table 5. Lifetime and thirty-day prevalence for alcohol by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,133	59.3%	11,143	36.1%
Grade				
8th	3,855	42.0%	3,854	21.0%
10th	3,706	61.3%	3,716	36.0%
12th	3,378	76.5%	3,379	53.4%
Sex				
Female	5,490	58.9%	5,501	35.7%
Male	5,440	60.0%	5,441	36.8%
Ethnicity				
White	5,972	63.4%	5,977	40.2%
African American	1,014	54.4%	1,012	27.9%
American Indian	77	59.7%	77	37.7%
Latino	1,030	68.8%	1,036	42.9%
Asian	1,471	47.2%	1,471	23.9%
Other / Multiple	1,440	52.2%	1,442	33.8%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 6. Frequency of alcohol use during the past thirty days, by selected demographic characteristics.

	Prevalence		*Number of Occasions*						*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-39 %*	*40+ %*	
Overall									
Valid Cases	63.9	36.1	19.1	8.0	4.4	2.8	0.8	1.0	5.0
Grade									
8th	79.0	21.0	13.9	3.7	1.7	0.9	0.3	0.5	4.0
10th	64.0	36.0	21.5	7.2	3.8	2.0	0.8	0.7	4.0
12th	46.6	53.4	22.8	13.9	8.3	5.6	1.2	1.6	6.0
Sex									
Female	64.3	35.7	20.0	8.4	3.9	2.1	0.7	0.6	4.0
Male	63.2	36.8	18.3	7.7	5.0	3.6	1.0	1.3	6.0
Ethnicity									
White	59.8	40.2	20.4	9.2	5.2	3.7	0.9	0.9	5.0
African American	72.1	27.9	16.3	6.4	2.8	1.3	0.7	0.4	4.0
American Indian	62.3	37.7	13.0	10.4	3.9	2.6	2.6	5.2	10.0
Latino	57.1	42.9	22.8	8.5	5.6	2.6	1.0	2.4	6.0
Asian	76.1	23.9	13.8	5.5	2.4	1.3	0.4	0.5	4.0
Other / Multiple	66.2	33.8	19.5	6.5	4.1	1.9	0.7	1.0	5.0

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 7. Frequency of binge drinking during the past two weeks, by selected demographic characteristics.

	Prevalence		*Number of Occasions*					*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20+ %*	
Overall								
Valid Cases	81.7	18.3	7.2	4.6	4.3	1.1	1.1	2.9
Grade								
8th	92.5	7.5	3.9	1.8	1.1	0.2	0.4	2.4
10th	82.7	17.3	7.8	4.3	3.6	0.8	0.7	2.6
12th	69.0	31.0	10.4	8.0	8.4	2.3	1.9	3.1
Sex								
Female	84.4	15.6	7.1	3.8	3.3	0.8	0.6	2.5
Male	79.0	21.0	7.4	5.3	5.3	1.4	1.6	3.1
Ethnicity								
White	78.2	21.8	8.3	5.5	5.4	1.3	1.2	2.9
African American	88.7	11.3	5.0	2.5	2.7	0.5	0.7	2.8
American Indian	73.0	27.0	10.8	4.1	6.8	2.7	2.7	3.5
Latino	78.5	21.5	9.3	6.0	3.4	1.3	1.6	2.8
Asian	90.2	9.8	4.3	2.2	2.5	0.5	0.4	2.7
Other / Multiple	84.9	15.1	5.9	3.8	3.3	0.8	1.2	3.0

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Tobacco

After alcohol, tobacco (including cigarettes and chewing tobacco) is usually the next most commonly used substance among adolescents. National trends in cigarette use have been generally stable over the last five years. This is despite the efforts of media campaigns designed to reduce the perception that smoking cigarettes is "cool," which have had little apparent impact. *Monitoring the Future* data (see Table 4) shows that 30-day prevalence of cigarette use has not changed substantially for 10th and 12th graders.

Table 8 presents the lifetime and 30-day prevalence of cigarette use for Fairfax County. Overall, 42.9% of students have used cigarettes sometime in their lifetimes and 17.8% reported using cigarettes in the past 30 days. Lifetime prevalence of cigarette use for Fairfax County students ranges from a low of 27.1% in the 8th grade to a high of 60.1% in the 12th grade. For 30-day prevalence of cigarette use, rates range from a low of 9.3% in the 8th grade to a high of 29.6% in the 12th grade. Compared to the *Monitoring the Future* study (see Table 3), rates of cigarette use by students in Fairfax County appear to be lower than those found at the national level both in their lifetimes and in the past 30 days; this is especially true for 8th graders.

Findings for cigarette use between males and females reveal almost no variation in their prevalence of use rates. That is, male and female students in Fairfax County are reporting similar rates for both lifetime (41.8% versus 44.1% for females and males, respectively) and past 30 day (17.6% versus 18.0 for females and males, respectively). See Table 8.

The frequency of cigarette use is summarized in Table 9. This table shows the percentage of students who reported using cigarettes in the past 30 days as well as the number of times that they reported using them. The prevalence of use rate is higher for 12th graders (29.6%) than for 8th graders (9.3%), and the average number of uses of cigarettes by 12th graders (5.7) is also higher than the average number of uses by 8th graders (3.5). This indicates that there are more smokers in the 12th grade than in the 8th grade and that 12th grade smokers smoke more often than 8th grade smokers.

Compared to cigarette use, relatively low use of smokeless (chewing) tobacco was reported (see Table 10). This is almost always true of school-age populations in non-rural areas. It follows that the lifetime rates of smokeless tobacco use in Fairfax County (94.4% of the students reported living in the city) fall well below the findings from the *Monitoring the Future* study (see Table 3). Similarly, 8th, 10th, and 12th graders in Fairfax County reported rates of past 30-day use of smokeless tobacco that were notably lower than the national findings (see Table 4).

Table 8. Lifetime and thirty-day prevalence for cigarettes by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,286	42.9%	11,260	17.8%
Grade				
8th	3,921	27.1%	3,915	9.3%
10th	3,763	43.3%	3,751	15.4%
12th	3,408	60.1%	3,399	29.6%
Sex				
Female	5,574	41.8%	5,566	17.6%
Male	5,507	44.1%	5,494	18.0%
Ethnicity				
White	6,032	42.9%	6,021	18.8%
African American	1,028	44.1%	1,027	13.8%
American Indian	76	42.1%	76	21.1%
Latino	1,047	55.8%	1,043	21.7%
Asian	1,498	33.8%	1,497	12.6%
Other / Multiple	1,468	42.9%	1,459	18.9%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 9. Frequency of cigarette use during the past thirty days, by selected demographic characteristics.

	Prevalence		*Number of Occasions*						*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-39 %*	*40+ %*	
Overall									
Valid Cases	82.2	17.8	8.2	5.3	2.5	1.2	0.3	0.3	5.1
Grade									
8th	90.7	9.3	6.1	2.3	0.5	0.1	0.1	0.1	3.5
10th	84.6	15.4	7.8	4.5	2.0	0.7	0.2	0.2	4.6
12th	70.4	29.6	11.0	9.5	5.1	3.0	0.6	0.4	5.7
Sex									
Female	82.4	17.6	8.3	5.8	2.0	1.2	0.3	0.1	4.6
Male	82.0	18.0	8.1	4.8	3.0	1.2	0.4	0.4	5.6
Ethnicity									
White	81.2	18.8	8.1	5.2	3.0	1.8	0.4	0.2	5.5
African American	86.2	13.8	7.5	4.3	1.2	0.5	0.2	0.2	4.2
American Indian	78.9	21.1	9.2	6.6	2.6	1.3	1.3	0.0	5.6
Latino	78.3	21.7	11.8	6.5	2.4	0.4	0.3	0.3	4.0
Asian	87.4	12.6	5.0	5.2	1.7	0.3	0.1	0.3	4.6
Other / Multiple	81.1	18.9	9.5	5.4	2.2	0.8	0.5	0.5	5.2

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 10. Lifetime and thirty-day prevalence for smokeless (chewing) tobacco by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,301	9.7%	11,275	3.2%
Grade				
8th	3,927	5.2%	3,922	2.1%
10th	3,769	9.0%	3,757	3.1%
12th	3,407	14.9%	3,399	4.6%
Sex				
Female	5,577	4.9%	5,571	1.7%
Male	5,518	14.5%	5,499	4.8%
Ethnicity				
White	6,037	11.1%	6,026	3.4%
African American	1,028	6.9%	1,025	2.5%
American Indian	78	11.5%	77	6.1%
Latino	1,050	10.2%	1,047	4.6%
Asian	1,501	6.1%	1,498	1.8%
Other / Multiple	1,468	9.0%	1,465	3.7%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Marijuana

During the 1990s, there were major changes in trends of marijuana use throughout the United States. After a dramatic increase in the early 1990s—when rates for 8th and 10th grade students doubled or nearly doubled—the lifetime and 30-day prevalence of marijuana use by students stabilized at that rate (Johnson, O'Malley & Bachman, 2000). In 1999, the 30-day national prevalence of use rates for marijuana were 9.7%, 19.4% and 23.1%, for the 8th, 10th, and 12th grades respectively (Johnstone, O'Malley, & Bachman, 2000). These rates have remained stable for the last five years.

The students from Fairfax County reported rates of marijuana use that are lower than, or comparable to, the rates from the national study. In their lifetimes, 26.2% of Fairfax County students have used marijuana or hashish. Lifetime prevalence of marijuana use was 10.0%, 25.7%, and 44.7% in the 8th, 10th, and 12th grades respectively (see Table 11). The rates for Fairfax County are consistently lower than the *Monitoring the Future* rates where use was indicated at 22.0%, 40.9%, and 49.7% for 8th, 10th, and 12th grades respectively. This difference is particularly notable in the 8th grade—where Fairfax students report a rate that was less than half the national rate.

For past 30-day use, the rates of marijuana use by 8th graders in Fairfax County are also below the national rate for 8th graders. The same is true of 10th grade students. However, 12th graders in Fairfax County indicated that they are currently using marijuana at a rate that is similar to the national findings for 12th graders (22.4% compared to 23.1%).

Table 12 summarizes the frequency of marijuana use in the past 30 days. It is notable that the frequency of use for marijuana has a tendency to increase substantially as students progress through school. Specifically, the average number of marijuana uses (by students who indicated at least one use) during the past month increases from 6.3 in the 8th grade to 11.0 in the 12th grade.

Analysis of these data by sub-group reveled a difference by sex—males reported a higher lifetime and thirty-day prevalence of use than females. One finding stood out when these data were analyzed by ethnicity—Asian students again reported the lower lifetime and 30-day prevalence rates as well as the lowest average number of uses of any ethnic group.

Table 11. Lifetime and thirty-day prevalence for marijuana by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,183	26.2%	11,169	13.4%
Grade				
8th	3,877	10.0%	3,867	5.1%
10th	3,726	25.7%	3,722	13.3%
12th	3,384	44.7%	3,384	22.4%
Sex				
Female	5,524	22.6%	5,515	11.1%
Male	5,454	30.0%	5,449	15.7%
Ethnicity				
White	5,994	28.4%	5,981	14.9%
African American	1,014	30.0%	1,016	15.4%
American Indian	77	32.5%	77	19.5%
Latino	1,037	30.0%	1,036	14.4%
Asian	1,481	14.8%	1,475	6.3%
Other / Multiple	1,449	23.8%	1,454	12.5%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 12. Frequency of marijuana use during the past thirty days, by selected demographic characteristics.

	Prevalence		*Number of Occasions*						*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-39 %*	*40+ %*	
Overall									
Valid Cases	86.6	13.4	5.7	2.4	1.5	1.7	1.0	1.1	9.5
Grade									
8th	94.9	5.1	2.7	0.9	0.7	0.4	0.1	0.2	6.3
10th	86.7	13.3	6.5	2.4	1.3	1.6	0.9	0.6	7.7
12th	77.6	22.4	8.3	4.1	2.5	3.1	2.0	2.4	11.0
Sex									
Female	88.9	11.1	5.3	2.1	1.2	1.4	0.6	0.5	7.4
Male	84.3	15.7	6.2	2.7	1.8	2.0	1.4	1.7	10.9
Ethnicity									
White	85.1	14.9	6.5	2.7	1.7	1.8	1.2	1.2	9.3
African American	84.6	15.4	6.1	2.8	1.6	2.0	1.1	1.9	10.9
American Indian	80.5	19.5	3.9	2.6	3.9	2.6	2.6	3.9	16.2
Latino	85.6	14.4	6.0	2.8	1.5	1.9	1.0	1.2	9.4
Asian	93.7	6.3	3.1	1.6	0.4	0.9	0.1	0.2	6.3
Other / Multiple	87.5	12.5	5.2	1.8	1.7	1.7	1.0	1.2	10.3

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Inhalants

Inhalant use often occurs in younger school-aged populations. It is more prevalent with younger students because it is often the easiest drug for them to obtain, and older students often view it as a "kiddie drug." The negative consequences of inhalant use can be substantial, one being that a high frequency of inhalant use is associated with other drug use later in life.

For the purposes of the *Communities That Care® Youth Survey*, inhalant use was measured by the survey question, "On how many occasions (if any) have you used inhalants (whippets, butane, paint thinner, or glue to sniff, etc.)?" In the *Monitoring the Future* study, inhalant use is more specifically broken down. Consequently, comparisons with the *Monitoring the Future* study should be made carefully as the differences in survey questions for this class of drugs increase the likelihood of inaccurate comparisons.

Inhalant use typically peaks in middle school years and decreases throughout high school. This can be seen in the lifetime and 30-day prevalence of use data from the *Monitoring the Future* study (see Tables 3, 4, and 13). In Fairfax County, both lifetime and 30-day prevalence of inhalant use peaks in the 8th grade. Compared to the *Monitoring the Future* study, the rates of lifetime inhalant use are lower in the Fairfax County, across all grades. The same is true for past 30-day prevalence. Fairfax County students in the 8th, 10th and 12th grades reported lower use as compared to the rates from the *Monitoring the Future* study.

Table 13. Lifetime and thirty-day prevalence for inhalants by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,181	10.2%	11,181	2.8%
Grade				
8th	3,879	12.5%	3,880	4.7%
10th	3,720	8.5%	3,720	2.2%
12th	3,387	9.1%	3,389	1.3%
Sex				
Female	5,525	10.3%	5,527	2.8%
Male	5,451	10.1%	5,451	2.8%
Ethnicity				
White	5,995	10.3%	5,996	2.3%
African American	1,019	9.2%	1,018	3.4%
American Indian	76	14.5%	76	5.3%
Latino	1,034	11.7%	1,034	4.4%
Asian	1,473	7.3%	1,474	2.2%
Other / Multiple	1,453	11.9%	1,453	4.3%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 14. Frequency of inhalant use during the past thirty days, by selected demographic characteristics.

	Prevalence		*Number of Occasions*						*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-39 %*	*40+ %*	
Overall									
Valid Cases	97.2	2.8	1.9	0.4	0.2	0.1	0.1	0.1	4.8
Grade									
8th	95.3	4.7	3.2	0.8	0.4	0.1	0.0	0.1	4.0
10th	97.8	2.2	1.6	0.2	0.1	0.1	0.0	0.1	4.5
12th	98.7	1.3	0.6	0.3	0.1	0.1	0.1	0.1	7.1
Sex									
Female	97.2	2.8	1.9	0.4	0.3	0.1	0.1	0.1	4.2
Male	97.2	2.8	1.8	0.5	0.1	0.2	0.1	0.1	5.3
Ethnicity									
White	97.7	2.3	1.7	0.3	0.1	0.1	0.1	0.1	4.0
African American	96.6	3.4	1.7	1.0	0.2	0.4	0.1	0.1	5.9
American Indian	94.7	5.3	2.6	2.6	0.0	0.0	0.0	0.0	2.8
Latino	95.6	4.4	2.7	0.8	0.5	0.2	0.1	0.1	4.7
Asian	97.8	2.2	1.6	0.2	0.1	0.2	0.0	0.1	4.5
Other / Multiple	95.7	4.3	2.5	0.8	0.3	0.2	0.1	0.3	6.6

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Other Substances

The *Communities That Care® Youth Survey* also measures the prevalence of use for a variety of other drugs. This includes student use of the following: methamphetamine, cocaine, crack, depressants, heroin, hallucinogens, and steroids.

The rates of use for these other illicit drugs are much lower than for alcohol, tobacco, marijuana, and inhalants. Lower levels of use (10% or less) for other illicit drugs are typical of adolescent populations. Illicit drug use tends to be concentrated in the upper grade levels.

Overall, the other illicit drug most frequently used by Fairfax County students was hallucinogens. For the purposes of the *Communities That Care® Youth Survey*, hallucinogens were defined as "LSD or other psychedelics." It is likely that club-drugs like Ecstasy are captured in this item. Overall, 6.1% of the students in Fairfax County reported using hallucinogens at least once in their lifetimes (see Table 20), while 2.3% of them reported that they had used hallucinogens in the past 30 days. As can be seen on Table 20, older students in Fairfax County are experimenting with hallucinogens at higher rates—more than one in ten 12th graders (12.2%) reported use of hallucinogens in their lifetimes.

Students in Fairfax County reported little use of the other illicit drugs that are measured in the survey. Specifically, no more than 5.0% of students indicated use of methamphetamine, cocaine, crack, depressants, heroin, and steroids, during their lifetimes.

Table 15. Lifetime and thirty-day prevalence for amphetamines by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,059	3.7%	11,053	1.3%
Grade				
8th	3,807	1.2%	3,810	0.6%
10th	3,693	3.3%	3,688	1.3%
12th	3,370	6.8%	3,366	2.1%
Sex				
Female	5,455	3.5%	5,452	1.2%
Male	5,401	3.9%	5,400	1.5%
Ethnicity				
White	5,939	4.7%	5,938	1.7%
African American	1,007	1.6%	1,006	0.8%
American Indian	75	9.3%	76	3.9%
Latino	1,021	3.4%	1,017	1.2%
Asian	1,459	1.3%	1,458	0.4%
Other / Multiple	1,432	3.3%	1,432	1.1%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 16. Lifetime and thirty-day prevalence for cocaine by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,147	3.8%	11,173	1.2%
Grade				
8th	3,864	1.8%	3,872	0.8%
10th	3,707	3.0%	3,728	0.9%
12th	3,386	6.7%	3,383	1.8%
Sex				
Female	5,512	3.4%	5,523	0.9%
Male	5,433	4.3%	5,448	1.5%
Ethnicity				
White	5,980	4.3%	5,995	1.3%
African American	1,014	1.3%	1,016	0.5%
American Indian	76	7.9%	77	2.6%
Latino	1,036	5.9%	1,035	1.3%
Asian	1,470	1.6%	1,477	0.2%
Other / Multiple	1,443	4.4%	1,444	1.9%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 17. Lifetime and thirty-day prevalence for crack by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,168	1.9%	11,123	0.6%
Grade				
8th	3,867	1.9%	3,854	0.8%
10th	3,725	1.7%	3,711	0.5%
12th	3,387	2.0%	3,370	0.5%
Sex				
Female	5,516	1.8%	5,495	0.6%
Male	5,448	2.0%	5,427	0.7%
Ethnicity				
White	5,992	2.0%	5,976	0.7%
African American	1,016	1.1%	1,013	0.3%
American Indian	76	5.3%	76	3.9%
Latino	1,035	2.7%	1,029	0.7%
Asian	1,477	1.0%	1,468	0.3%
Other / Multiple	1,442	2.6%	1,433	0.9%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 18. Lifetime and thirty-day prevalence for depressants by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,088	4.3%	11,070	1.3%
Grade				
8th	3,826	2.0%	3,823	0.9%
10th	3,701	4.2%	3,698	1.3%
12th	3,371	6.7%	3,361	1.7%
Sex				
Female	5,466	4.5%	5,465	1.4%
Male	5,420	4.2%	5,402	1.3%
Ethnicity				
White	5,960	5.3%	5,953	1.6%
African American	1,008	1.1%	1,004	0.6%
American Indian	77	5.2%	77	1.3%
Latino	1,026	6.1%	1,026	2.0%
Asian	1,461	1.0%	1,459	0.3%
Other / Multiple	1,430	4.5%	1,425	1.5%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 19. Lifetime and thirty-day prevalence for heroin by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,144	1.5%	11,122	0.5%
Grade				
8th	3,852	1.0%	3,853	0.4%
10th	3,719	1.2%	3,712	0.5%
12th	3,384	2.2%	3,371	0.7%
Sex				
Female	5,501	1.5%	5,490	0.4%
Male	5,441	1.5%	5,428	0.6%
Ethnicity				
White	5,982	1.7%	5,974	0.6%
African American	1,013	1.3%	1,010	0.4%
American Indian	77	3.9%	75	1.3%
Latino	1,033	1.2%	1,030	0.5%
Asian	1,471	1.0%	1,465	0.1%
Other / Multiple	1,439	1.5%	1,439	0.7%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 20. Lifetime and thirty-day prevalence for hallucinogens (LSD) by selected demographic characteristics.

	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,143	6.1%	11,124	2.3%
Grade				
8th	3,857	2.0%	3,851	0.8%
10th	3,713	4.6%	3,708	1.9%
12th	3,383	12.2%	3,376	4.4%
Sex				
Female	5,506	5.7%	5,497	2.0%
Male	5,433	6.7%	5,425	2.7%
Ethnicity				
White	5,981	7.7%	5,978	2.9%
African American	1,016	2.8%	1,015	1.1%
American Indian	76	13.2%	76	9.2%
Latino	1,030	5.1%	1,026	2.2%
Asian	1,467	3.1%	1,463	0.8%
Other / Multiple	1,446	5.6%	1,438	2.1%

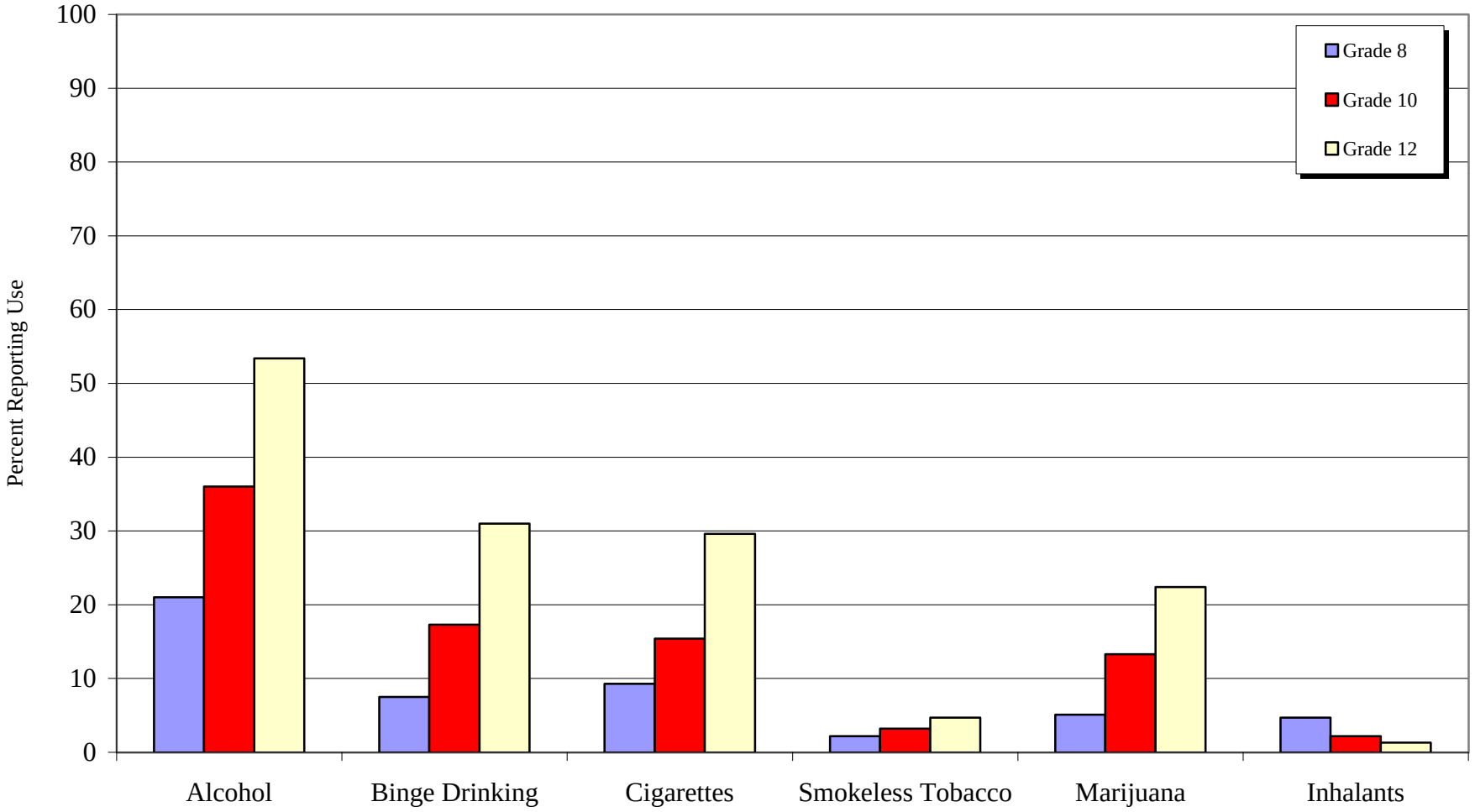
Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Table 21. Lifetime and thirty-day prevalence for steroids by selected demographic characteristics.

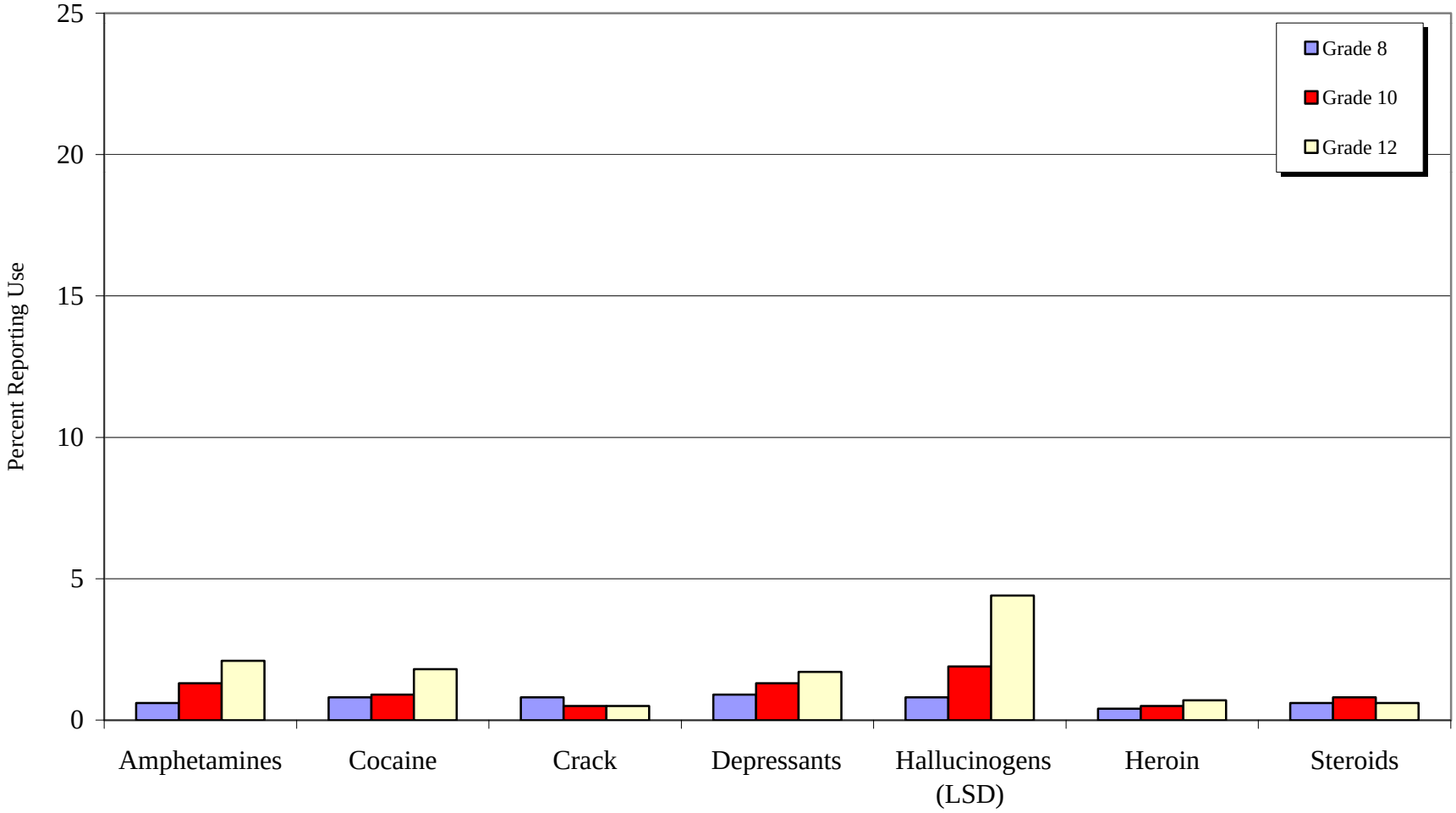
	Lifetime N	Lifetime %	30-Day N	30-Day %
Overall				
Valid Cases	11,165	1.9%	11,146	0.7%
Grade				
8th	3,867	1.9%	3,864	0.6%
10th	3,722	1.9%	3,719	0.8%
12th	3,388	1.8%	3,374	0.6%
Sex				
Female	5,514	1.5%	5,504	0.5%
Male	5,449	2.4%	5,438	0.9%
Ethnicity				
White	5,986	2.0%	5,977	0.7%
African American	1,018	1.8%	1,014	0.8%
American Indian	77	3.9%	77	1.3%
Latino	1,034	2.6%	1,035	1.1%
Asian	1,476	1.3%	1,471	0.3%
Other / Multiple	1,445	1.9%	1,443	0.8%

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported use.

Graph 5. Past 30-day prevalence of alcohol, tobacco, marijuana, and inhalants, for Fairfax County respondents, by grade.



Graph 6. Past 30-day prevalence of other illicit drugs, for Fairfax County respondents, by grade.



Antisocial Behaviors

The *Communities That Care® Youth Survey* also measures a series of eight other "antisocial behaviors." That is, behaviors that run counter to established norms of good behavior. Note that information on antisocial behavior is only collected for one prevalence of use occurrence period: the past 12 months. The antisocial behaviors measured on the survey include being suspended from school, stealing or attempting to steal a motor vehicle, being drunk or high at school, attacking someone with intent to harm them, carrying a handgun, taking a handgun to school, being arrested, and selling drugs. Each question is specifically described below. Note that for all eight questions, responses include: Never, 1 or 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 times, 20 to 29 times, 30 to 39 times, 40+ times.

See Tables 22-29 for specifics by grade, sex, and ethnicity as well as information on frequency of use. However, only a small proportion of the students in Fairfax County reported that they had engaged in the antisocial behaviors measured by the survey. Furthermore, given the small proportion of students that indicated an antisocial act, differences by grade, sex, and ethnicity are difficult to interpret. However, consistent differences between boys and girls were found; boys cite these behaviors more often than girls.

Attacking Someone with Intent to Harm

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

In Fairfax County, 11.5% of surveyed students reported having engaged in this behavior in the past year (Table 22). Involvement in this behavior also varies between the sexes. Male students reported having attacked someone with the intent to harm them at a rate that was more than twice that of female students (15.7% of boys versus 7.3% of girls).

Been Arrested

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

In Fairfax County, 4.2% of surveyed students reported having engaged in this behavior in the past year. Table 23 reveals rates that increase as students get older, with participation ranging from 3.1% in the 8th grade to 5.4% in the 12th grade. Again, males reported having been arrested at rates more than twice as high as females.

Carrying a Handgun

Carrying a handgun is surveyed by the question, "How many times in the past year (12 months) have you carried a handgun?" Note that the question does not specify, nor inquire about, the conditions under which the handgun was carried—supervised, unsupervised, with or without permission.

In Fairfax County, 2.9% of surveyed students reported having engaged in this behavior in the past year. Table 24 illustrates that an extremely small proportion of Fairfax County students—mostly males—indicated involvement in this behavior, across all grade levels.

Drunk or High at School

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

In Fairfax County, 12.1% of surveyed students reported having engaged in this behavior in the past year. Table 25 reveals a considerable increase in participation in this behavior, as students get older. Specifically, 6.1% of 8th graders indicated being drunk or high at school compared to almost one in five (17.9%) of 12th graders. This behavior is the most prevalent delinquent behavior for students in Fairfax County.

Selling Drugs

Selling drugs is surveyed by the question, "How many times in the past year (12 months) have you sold illegal drugs?" Note that the question asks about, but does not define nor specify, "illegal drugs."

In Fairfax County, 5.9% of surveyed students reported having engaged in this behavior in the past year. As can be seen on Table 26, older students in Fairfax County are participating at elevated rates— 2.4% of 8th, 6.1% of 10th, and 9.3% of 12th graders indicated having sold drugs in the past 12 months.

Suspension

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

In Fairfax County, 7.7% of surveyed students reported having engaged in this behavior in the past year. Looking at Table 27, it appears that rates are fairly consistent across grade levels. However, findings for the sexes vary; males reported that they have been suspended from school at rates that were more than twice a high as females (10.4% versus 4.7%, respectively).

Taking a Handgun to School

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

In Fairfax County, 0.7% of surveyed students reported having engaged in this behavior in the past year. Rates of involvement are extremely low across all surveyed grades, with findings by grade level of 0.4% in the 8^{th} grade, 0.9% in the 10^{th} grade and 0.6% in the 12^{th} grade (see Table 28).

Vehicle Theft

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

In Fairfax County, 2.5% of surveyed students reported having engaged in this behavior in the past year (see Table 29). Findings are fairly low across all participating grades, with rates increasing slightly from 8^{th} to 10^{th} grades, and declining slightly in the 12^{th} grade.

Carried Other Weapons

The prevalence of weapons carrying—other than handguns—is also measured on the survey. Other weapon carrying is measured with the question, "How many times in the past year (12 months) have you carried a weapon other than a handgun such as a knife or club?"

In Fairfax County, 15.9% of surveyed students reported having engaged in this behavior in the past year (see Table 30). Findings are fairly high across all participating grades, with rates decreasing slightly from 8th to 10th grades, and then rising again in the 12th grade.

Taking Other Weapons to School

The prevalence of taking a weapon other than a handgun to school is also measured on the survey with the question, "How many times in the past year (12 months) have you taken a weapon other than a handgun such as a knife or club to school?"

In Fairfax County, 5.0% of surveyed students reported having engaged in this behavior (see Table 31). Findings are fairly low across all participating grades, with rates increasing from 8th to 10th grades, and then increasing again slightly in the 12th grade.

Table 22. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Attacking Someone with Intent to Harm

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	88.5	11.5	7.7	1.9	0.8	0.3	0.2	0.1	0.5	5.1
Grade										
8th	86.7	13.3	8.9	2.0	0.9	0.5	0.3	0.1	0.5	5.0
10th	88.9	11.1	7.5	2.0	0.6	0.3	0.2	0.1	0.6	5.2
12th	90.9	9.1	6.4	1.4	0.7	0.1	0.1	0.1	0.4	4.7
Sex										
Female	92.7	7.3	4.9	1.4	0.4	0.2	0.2	0.1	0.2	4.4
Male	84.3	15.7	10.5	2.3	1.1	0.5	0.2	0.2	0.8	5.4
Ethnicity										
White	90.4	9.6	6.6	1.5	0.6	0.3	0.1	0.1	0.4	4.8
African American	82.2	17.8	12.0	3.6	0.8	0.4	0.3	0.1	0.7	4.5
American Indian	82.5	17.5	7.5	5.0	3.8	0.0	0.0	0.0	1.3	6.3
Latino	86.3	13.7	8.7	1.3	1.8	0.8	0.5	0.1	0.6	5.9
Asian	90.2	9.8	7.4	1.4	0.3	0.1	0.3	0.1	0.3	4.4
Other / Multiple	84.9	15.1	9.2	2.7	1.1	0.7	0.3	0.2	0.9	6.2

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 23. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Been Arrested

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	95.8	4.2	3.4	0.4	0.1	0.1	0.0	0.0	0.2	4.0
Grade										
8th	96.9	3.1	2.3	0.4	0.2	0.1	0.0	0.0	0.2	5.0
10th	96.2	3.8	3.1	0.4	0.1	0.1	0.0	0.0	0.2	4.0
12th	94.6	5.4	4.6	0.6	0.1	0.1	0.0	0.0	0.1	2.8
Sex										
Female	97.6	2.4	2.1	0.2	0.1	0.0	0.0	0.0	0.0	2.5
Male	94.0	6.0	4.8	0.7	0.1	0.1	0.0	0.0	0.3	4.5
Ethnicity										
White	95.9	4.1	3.4	0.4	0.1	0.0	0.0	0.0	0.2	3.6
African American	95.5	4.5	3.8	0.5	0.2	0.0	0.0	0.0	0.1	2.8
American Indian	95.0	5.0	2.5	1.3	0.0	0.0	0.0	0.0	1.3	11.8
Latino	94.8	5.2	4.1	0.6	0.2	0.1	0.1	0.0	0.2	4.0
Asian	97.3	2.7	2.4	0.2	0.0	0.0	0.0	0.1	0.1	3.4
Other / Multiple	94.7	5.3	3.8	0.7	0.2	0.1	0.1	0.0	0.5	6.0

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 24. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Carrying a Handgun

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	97.1	2.9	1.5	0.4	0.2	0.2	0.1	0.0	0.5	10.4
Grade										
8th	97.1	2.9	1.7	0.3	0.2	0.1	0.0	0.0	0.4	9.2
10th	97.2	2.8	1.5	0.4	0.1	0.2	0.1	0.0	0.5	10.9
12th	97.5	2.5	1.2	0.4	0.1	0.3	0.1	0.1	0.4	10.8
Sex										
Female	99.2	0.8	0.6	0.1	0.0	0.0	0.0	0.0	0.1	5.1
Male	95.1	4.9	2.4	0.8	0.3	0.4	0.1	0.1	0.8	11.0
Ethnicity										
White	97.5	2.5	1.4	0.4	0.1	0.2	0.0	0.0	0.3	8.4
African American	96.3	3.7	1.9	0.3	0.2	0.2	0.0	0.1	1.0	14.4
American Indian	92.4	7.6	2.5	1.3	0.0	0.0	1.3	0.0	2.5	18.6
Latino	97.2	2.8	1.4	0.5	0.2	0.3	0.1	0.0	0.4	9.5
Asian	98.7	1.3	0.9	0.1	0.1	0.1	0.1	0.1	0.1	7.9
Other / Multiple	94.9	5.1	2.5	0.9	0.3	0.2	0.1	0.1	1.1	11.5

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 25. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Drunk or High at School

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	87.9	12.1	6.2	2.0	0.9	1.0	0.3	0.3	1.3	9.1
Grade										
8th	93.9	6.1	4.0	0.9	0.4	0.4	0.0	0.1	0.3	5.6
10th	87.8	12.2	6.7	2.3	0.8	1.1	0.3	0.3	0.8	7.3
12th	82.1	17.9	8.2	2.8	1.6	1.6	0.6	0.4	2.8	11.1
Sex										
Female	89.6	10.4	6.3	1.8	0.7	0.7	0.2	0.2	0.5	6.2
Male	86.3	13.7	6.1	2.1	1.1	1.4	0.5	0.4	2.1	11.3
Ethnicity										
White	87.2	12.8	6.5	2.1	0.8	1.3	0.4	0.3	1.4	9.4
African American	87.5	12.5	6.2	1.9	1.5	0.8	0.3	0.3	1.5	9.4
American Indian	81.3	18.8	7.5	2.5	0.0	6.3	0.0	0.0	2.5	11.3
Latino	84.0	16.0	8.5	3.0	1.7	0.9	0.4	0.3	1.3	7.6
Asian	95.0	5.0	3.2	0.9	0.4	0.0	0.0	0.1	0.5	6.8
Other / Multiple	87.1	12.9	6.9	1.8	1.1	1.1	0.3	0.3	1.5	9.2

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 26. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Selling Drugs

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	94.1	5.9	2.5	0.9	0.6	0.5	0.3	0.2	0.9	11.6
Grade										
8th	97.6	2.4	1.3	0.4	0.2	0.1	0.1	0.1	0.3	9.9
10th	93.9	6.1	2.9	0.9	0.6	0.6	0.3	0.2	0.8	10.8
12th	90.7	9.3	3.7	1.5	1.1	0.6	0.6	0.2	1.6	12.2
Sex										
Female	96.6	3.4	1.9	0.6	0.3	0.1	0.1	0.1	0.2	7.0
Male	91.5	8.5	3.1	1.3	0.9	0.8	0.5	0.2	1.6	13.3
Ethnicity										
White	93.3	6.7	2.7	1.2	0.7	0.5	0.4	0.1	1.0	11.5
African American	94.4	5.6	2.3	0.6	0.6	0.7	0.2	0.3	1.0	13.5
American Indian	87.5	12.5	3.8	1.3	0.0	2.5	1.3	0.0	3.8	18.2
Latino	93.8	6.2	3.3	1.0	0.7	0.3	0.1	0.1	0.7	8.2
Asian	97.3	2.7	1.3	0.4	0.4	0.3	0.0	0.1	0.2	8.8
Other / Multiple	94.1	5.9	2.7	0.5	0.5	0.3	0.2	0.3	1.3	14.0

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 27. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Suspension

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	92.3	7.7	6.1	0.9	0.2	0.1	0.0	0.0	0.2	3.5
Grade										
8th	92.3	7.7	5.7	1.1	0.4	0.2	0.0	0.0	0.2	3.6
10th	93.0	7.0	5.9	0.6	0.1	0.1	0.0	0.0	0.2	3.0
12th	92.5	7.5	6.3	0.7	0.1	0.1	0.0	0.0	0.2	3.2
Sex										
Female	95.3	4.7	3.9	0.6	0.2	0.1	0.0	0.0	0.0	2.6
Male	89.6	10.4	8.2	1.3	0.3	0.2	0.0	0.0	0.4	3.9
Ethnicity										
White	94.4	5.6	4.6	0.5	0.1	0.1	0.0	0.0	0.2	3.5
African American	86.5	13.5	10.5	2.2	0.6	0.2	0.0	0.0	0.0	2.3
American Indian	87.5	12.5	10.0	1.3	0.0	0.0	0.0	0.0	1.3	5.6
Latino	89.0	11.0	8.8	1.5	0.4	0.1	0.0	0.0	0.3	3.1
Asian	94.9	5.1	4.6	0.3	0.0	0.1	0.0	0.1	0.1	2.8
Other / Multiple	88.3	11.7	8.4	1.9	0.3	0.2	0.0	0.1	0.8	5.1

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 28. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Taking a Handgun to School

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	99.3	0.7	0.2	0.1	0.0	0.0	0.0	0.0	0.3	20.4
Grade										
8th	99.6	0.4	0.1	0.1	0.0	0.0	0.0	0.1	0.2	22.7
10th	99.1	0.9	0.4	0.1	0.0	0.0	0.0	0.0	0.3	16.3
12th	99.4	0.6	0.1	0.0	0.1	0.0	0.0	0.0	0.3	24.9
Sex										
Female	99.8	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.1	15.0
Male	98.9	1.1	0.3	0.2	0.1	0.0	0.0	0.1	0.5	21.2
Ethnicity										
White	99.6	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.2	22.9
African American	98.8	1.2	0.5	0.2	0.0	0.0	0.0	0.1	0.5	19.2
American Indian	97.5	2.5	0.0	0.0	0.0	0.0	0.0	0.0	2.5	40.0
Latino	99.5	0.5	0.1	0.0	0.0	0.0	0.0	0.0	0.4	32.3
Asian	99.5	0.5	0.3	0.0	0.1	0.0	0.0	0.1	0.1	12.6
Other / Multiple	98.5	1.5	0.5	0.3	0.1	0.0	0.0	0.0	0.5	16.3

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 29. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Vehicle Theft

	Prevalence		*Number of Occasions*							*Average Number of Occasions*
	Never %	*Any Occasion %*	*1-2 %*	*3-5 %*	*6-9 %*	*10-19 %*	*20-29 %*	*30-39 %*	*40+ %*	
Overall										
Valid Cases	97.5	2.5	1.5	0.3	0.2	0.1	0.1	0.0	0.3	7.8
Grade										
8th	97.9	2.1	1.3	0.3	0.1	0.1	0.0	0.0	0.3	8.2
10th	96.9	3.1	1.7	0.5	0.4	0.2	0.1	0.0	0.2	6.7
12th	98.0	2.0	1.4	0.1	0.1	0.1	0.1	0.0	0.1	7.2
Sex										
Female	98.5	1.5	1.1	0.3	0.1	0.0	0.0	0.0	0.0	3.5
Male	96.6	3.4	1.9	0.4	0.3	0.3	0.1	0.1	0.4	9.4
Ethnicity										
White	98.0	2.0	1.2	0.3	0.2	0.1	0.0	0.0	0.2	7.3
African American	97.0	3.0	2.0	0.3	0.2	0.2	0.0	0.0	0.4	7.7
American Indian	95.0	5.0	2.5	0.0	0.0	1.3	0.0	0.0	1.3	14.4
Latino	96.0	4.0	2.7	0.4	0.3	0.3	0.0	0.0	0.3	5.8
Asian	98.7	1.3	0.7	0.2	0.1	0.1	0.1	0.1	0.1	8.5
Other / Multiple	96.0	4.0	2.5	0.5	0.2	0.2	0.1	0.1	0.5	8.4

Notes: 'N' represents the valid number of cases, by category, for a given survey item and "%" represents the percentage of valid cases who reported involvement. The two prevalence categories ("Never" and "Any Occasion") sum to 100% and represent the total number of valid cases for the survey question. The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (*) in a data row indicates that the data were masked to protect student anonymity.

Table 30. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Carried Other Weapon

	Prevalence		*Number of Occasions*						
	Never %	***Any Occasion %***	***1-2 %***	***3-5 %***	***6-9 %***	***10-19 %***	***20-29 %***	***30-39 %***	***40+ %***
Overall									
Valid Cases	84.1	15.9	5.7	2.6	1.5	1.2	0.9	0.4	3.6
Grade									
8th	82.8	17.2	6.9	3.4	1.8	1.3	0.9	0.2	2.7
10th	86.1	13.9	4.6	2.2	1.3	1.0	0.9	0.4	3.6
12th	84.1	15.9	5.3	2.1	1.1	1.1	0.9	0.6	4.7
Sex									
Female	93.9	6.1	3.0	1.0	0.5	0.4	0.3	0.1	0.9
Male	74.2	25.8	8.4	4.2	2.4	2.0	1.5	0.7	6.4
Ethnicity									
White	83.4	16.6	5.8	2.6	1.6	1.3	1.0	0.4	3.9
African American	85.1	14.9	5.0	2.5	1.1	1.4	0.9	0.3	3.7
Latino	84.0	16.0	7.2	2.4	1.7	0.8	0.9	0.7	2.5
American Indian	76.3	23.7	7.5	3.8	1.3	1.3	1.3	1.3	7.5
Asian	88.0	12.0	4.6	2.3	1.1	1.2	0.3	0.4	2.1
Other / Multiple	82.3	17.7	5.7	3.2	1.8	0.9	1.0	0.5	4.6

Notes: "%" indicates the percentage of students reporting involvement. The two Prevalence catagories ("Never" and "Any Occasion") sum to less than 100% if there were students who did not answer all of the revevant question(s). The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" category shows the average number of times that a group reported involvement during the past 12 months and includes only those who participated in the behavior at least once. Also, when less than 5% of students indicate prevalence of a behavior, this average is unreliable. An asterix (*) in a data row indicates that the data were masked to protect student anonymity.

Table 31. Frequency of involvement in the delinquent behavior during the past twelve months, by selected demographic characteristics.

Carried Other Weapons to School

	Prevalence		*Number of Occasions*						
	Never %	***Any Occasion %***	***1-2 %***	***3-5 %***	***6-9 %***	***10-19 %***	***20-29 %***	***30-39 %***	***40+ %***
Overall									
Valid Cases	95.0	5.0	2.3	0.7	0.3	0.3	0.3	0.1	1.0
Grade									
8th	96.0	4.0	2.3	0.4	0.4	0.2	0.1	0.0	0.5
10th	94.9	5.1	2.1	0.6	0.5	0.3	0.3	0.2	1.0
12th	94.2	5.8	2.5	1.0	0.1	0.4	0.2	0.1	1.4
Sex									
Female	98.0	2.0	1.1	0.2	0.1	0.2	0.1	0.1	0.3
Male	92.1	7.9	3.6	1.2	0.6	0.4	0.4	0.2	1.6
Ethnicity									
White	95.3	4.7	2.3	0.6	0.2	0.2	0.2	0.1	0.9
African American	93.6	6.4	2.7	0.7	0.4	0.5	0.6	0.2	1.4
Latino	94.6	5.4	2.5	0.9	0.5	0.4	0.4	0.3	0.6
American Indian	87.5	12.5	3.8	1.3	2.5	0.0	0.0	1.3	3.8
Asian	96.3	3.7	2.0	0.5	0.3	0.3	0.0	0.1	0.6
Other / Multiple	94.1	5.9	2.2	1.0	0.5	0.2	0.3	0.2	1.5

Notes: "%" indicates the percentage of students reporting involvement. The two Prevalence catagories ("Never" and "Any Occasion") sum to less than 100% if there were students who did not answer all of the revevant question(s). The seven "Number of Occasions" categories sum to the "Any Occasion" category. The "Average Number of Occasions" category shows the average number of times that a group reported involvement during the past 12 months and includes only those who participated in the behavior at least once. Also, when less than 5% of students indicate prevalence of a behavior, this average is unreliable. An asterix (*) in a data row indicates that the data were masked to protect student anonymity.

Health, Mental Health, and Safety

One question on the survey asked if they remembered any AIDS/HIV education that had taken place in the school. A vast majority of students indicated that they had received AIDS/HIV education in school: 91.4% of all students indicated that they had been taught about HIV/AIDS, 3.9% indicated that they hadn't, and 4.7% were unsure or did not respond.

Table 32 shows student responses on four health behaviors: riding a bicycle without a helmet, riding in a car without a seatbelt, riding with a driver who's been drinking, and driving a car after drinking alcohol.

Interestingly, in terms of helmet use when bicycle riding, students fall basically into two categories: those who never wear a helmet and those that who wear a helmet. Almost one-half of the students (47.3%) indicated that they either had never, or at least not in the past year, ridden a bicycle without a helmet. Conversely, 29.7% indicated that they ride without a helmet once a week or more.

In terms of seatbelt use, 41.4% of students indicated that they have never, or at least not in the past year, ridden in a car without a seatbelt, while 36.9% of students indicated that they ride in a care without a seatbelt two or more times a month.

Both the experience of riding in a car with a driver who has been drinking and that of oneself drinking and driving were reported by few students. In fact, 66.0% of students indicated that they had never ridden with a drinking driver. This rate increases to 79.0% of students if students who indicated that they had had ridden with a drinking driver, but not in the past year are included. In terms of drinking and driving, 86.3% of students indicated that they had never driven after drinking. As would be expected, these data do vary by grade: 95.0%, 91.5%, 70.8% of 8th, 10th, and 12th graders, respectively, reported that they had never driven after drinking.

Three questions assessed students' suicidal thoughts, ideation and behavior.

The first question was "During the past 12 months, did you ever feel so sad or hopeless almost every day for weeks or more in a row that you stopped doing some usual activities?" Among Fairfax county students, 34.9% indicated that they had, 65.1% indicated that they had not. This rate did not vary greatly by grade: 32.4%, 34.5%, and 37.5% of 8th, 10th and 12th graders, respectively, reported those feelings.

The second question assessed suicidal ideation, “During the past 12 months, did you ever seriously consider attempting suicide?” Among Fairfax county students, 18.5 % indicated that they had, 81.5% indicated that they had not. This rate varied little by grade.

The final question asked, “During the past 12 months, how many times did you actually attempt suicide?” Based on the replies of the surveyed students, 91.8% had never attempted suicide, 3.6% percent indicated one attempt, and 4.6% percent indicated more than once. Once again, this rate varied little by grade.

Table 32. Frequency of four health behaviors.

	Occasions					
	Never	***Yes, but not in past year***	***Less than once a month***	***About once a month***	***2 or 3 times a month***	***Once a week or more***
	%	*%*	*%*	*%*	*%*	*%*
Ridden a bicycle without a helmet	12.4	34.9	8.8	5.8	8.3	29.7
Ridden in a car without a seatbelt	26.4	15.0	14.8	6.8	10.7	26.2
Ridden in a car driven by someone who's been drinking	66.0	13.0	10.0	4.4	3.7	3.0
Driven a car when you had been drinking	86.3	4.0	5.0	1.7	1.7	1.4

Use of Time

A series of questions were asked regarding how much time students spend on certain activities after school. Specifically, the question asked, "How do you spend your time on weekdays after school? About how often do you spend time: watching TV or playing video games; doing homework, studying or reading; helping out around the house; working at a paid job; spending time with friends; spending time at home without any adults present." Table 33 shows students' responses to these items. Notable findings include:

- The surveyed students indicated that 28.2 % of them worked at a paying job, and a majority (52.2%) of 12th graders indicated that they worked at a paying job on weekdays after school.
- The surveyed students indicated that 25.4% of them spent three or more hours per week doing homework, studying, or reading on weekdays after school while only slightly more students, 27.7%, indicated three or more hours per week watching TV or playing video games on weekdays after school.

There were also a series of questions that asked students to indicate how often they had: done things for fun with family members; been involved in religious activities; hung out at a local mall, or parking lot; spent time at a friends house without any parents home. Students were asked to respond on a scale ranging from "never" to "once a week or more." Table 34 summarizes the students' responses to these questions. Findings of note include the following:

- Over half of all students (51.9%) indicated that they do fun things with family members (other than watching television) at least 2 or 3 times per month.
- The surveyed students indicated that 42.8% of them attended religious services at least once per month.
- Over half of all students (52.1%) indicated that they had participated in extra-curricular activities (in school or out-of-school) at least 2 or 3 times per month.
- However, 34.0% of students indicated that they spend some time at friends' houses, without parental supervision, every week.

Table 33. Use of time: Hours spent in various after-school activities.

	Hours					
	None	***Less than 1***	***1 to 2***	***3 to 4***	***5 to 6***	***7 or more***
	%	***%***	***%***	***%***	***%***	***%***
Watching TV or playing video games	7.6	25.9	38.8	19.3	5.2	3.2
Doing homework, studying or reading	4.5	25.2	45.0	19.7	4.5	1.2
Helping out around the house	10.2	52.0	26.6	7.4	2.1	1.6
Working at a paid job	71.8	3.6	4.5	9.5	7.8	2.7
Spending time with friends	19.8	25.9	26.8	17.0	6.4	4.1
Spending time at home without any adults present	15.9	27.0	25.6	20.0	6.7	4.6

Table 34. Use of time: Frequency of various activities.

	Occasions					
	Never	***Yes, but not in past year***	***Less than once a month***	***About once a month***	***2 or 3 times a month***	***Once a week or more***
	%	*%*	*%*	*%*	*%*	*%*
Participated in extra-curricular activities	23.0	12.1	6.4	6.4	9.0	43.1
Done things for fun with family members	6.8	6.3	15.6	19.3	25.7	26.2
Been involved in religious activities	23.4	19.7	14.1	10.6	11.2	21.0
Hung out at a mall or parking lot	10.6	7.8	15.8	16.2	27.1	22.6
Spent time at a friends house without parents	10.0	8.8	12.2	12.3	22.7	34.0

Experience of Aggression

A series of questions were asked regarding the perpetration of violence. Specifically, the question asked, "How many times in the past year (12 months) have you: carried a weapon other than a handgun such as a knife or club; taken a weapon other than a handgun such as a knife or club to school; bullied, taunted, ridiculed, or teased someone; said something bad about someone's race or culture?" Table 35 shows students' responses to these items. Findings of note include:

- A majority of students (54.6%) indicated at least one instance where they bullied, taunted, ridiculed, or teased someone, and 18.8% indicated 10 or more occasions.
- Over a third of the surveyed students (34.7%) reported that they had said something bad about someone's race or culture, and 10.4% reported doing so on more than 10 occasions.

A series of questions were asked regarding experiences of victimization. Specifically, the question asked, "How many times in the past year (12 months) has anyone done any of the following to you: attacking you with the idea of seriously hurting you; threatened or injured you with a weapon, such as a gun, knife, or club; bullied, taunted, ridiculed, or teased you; said something bad about your race or culture; sexually harassed you?" Table 35 also shows students' responses to these items. Findings of note include:

- The most often sited type of victimization included being bullied, taunted, ridiculed, or teased. 46.0% of students indicated at least one such experience, and 11.8% indicated 10 or more such experiences.
- Of these experiences, Fairfax County students reported being threatened or injured with a weapon, such as a gun, knife, or club least often: 8.8% of students indicated at least one such experience.
- Experiences of cultural bias or sexual harassment were reported by 31.4% and 22.6% of students, respectively.

Table 35. Experiences of aggression.

	Occasions							
	Never	***1-2***	***3-5***	***6-9***	***10-19***	***20-29***	***30-39***	***40+***
	%	***%***	***%***	***%***	***%***	***%***	***%***	***%***
How many times has anyone done any of the following to you…								
Attacking you with the idea of seriously hurting you	83.5	11.7	2.2	1.0	0.5	0.3	0.1	0.7
Threatened or injured you with a weapon, such as a gun, knife, or club	91.2	6.0	1.1	0.6	0.4	0.1	0.1	0.5
Bullied, taunted, ridiculed, or teased you	54.0	22.3	7.9	4.2	3.6	2.1	0.9	5.2
Said something bad about your race or culture	68.6	16.1	5.8	2.7	2.1	1.2	0.5	3.0
Sexually harassed you	77.4	10.9	3.9	1.9	1.4	1.0	0.5	3.1
How many times have you…								
Bullied, taunted, ridiculed, or teased someone	45.4	22.1	8.3	5.4	5.1	3.0	1.4	9.3
Said something bad about someone's race or culture	65.3	16.2	5.4	2.7	2.8	1.7	1.0	4.9

Risk and Protective Factors

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

Risk factors are conditions that increase the likelihood of young people becoming involved in substance abuse, delinquency, teen pregnancy, school dropout, and/or violence.

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

Research during the past 30 years supports the view that delinquency, alcohol, tobacco, and other drug use, along with school achievement and other important outcomes in adolescence are associated with specific characteristics in the student's community, school, and family environments, as well as individual characteristics (Hawkins, Catalano & Miller, 1992). In fact, these characteristics have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum, et al, 2000). Further, a substantial amount of research shows that exposure to a greater number of risk factors is associated with more substance use and delinquency among adolescents, and other evidence suggests that exposure to a number of protective factors is associated with a lower prevalence of these problem behaviors (Bry, McKeon, & Pandina, 1982; Newcomb, Maddahian, & Skager, 1987; Newcomb & Felix-Ortiz, 1992; Newcomb, 1995; Pollard, et al, 1998; Pollard & Lofquist, 1998).

The analysis of risk and protective factors is the most powerful paradigm available to understand what promotes both positive and negative adolescent behavioral outcomes, and how to design the most successful prevention programs for adolescents. The Social Development Strategy (Hawkins, Catalano, et al, 1992) is a theoretical framework that informs and organizes the risk and protective factor framework for preventing problem behavior among adolescents.

The Social Development Model organizes this system of risk and protective factors into a strategy that families can use to help children develop healthy behaviors (Hawkins, Catalano, et al, 1992); see Appendix D. Parents support the development of healthy behaviors for their children by setting and communicating healthy beliefs and clear standards for their children's behavior. Their children are more likely to follow the standards if the family bonds are strong. It is because of these strong family bonds that children care about the standards their parents set for their behavior. To keep these bonds strong, parents can provide children with opportunities to make meaningful contributions to the family, teach them the skills they need to be successful

with these new opportunities, and give them recognition for their contributions. Individual characteristics may make it easier for some children to take advantage of opportunities for involvement, learn skills necessary for success, and attract positive recognition from adults.

Identifying the protective factors that are most prominent in Fairfax County is also an important step in a sound prevention-planning process. While many prevention programs target specific risk factors, protective factors are much more broadly defined and can have wide ranging impact in a community. A community that increases the levels of protection that are experienced by its young people will find that this buffers the impact of risk factors across all domains. Consequently, it is critical to understand how protective factors are functioning in your community. Understanding and prioritizing the risk and protective factors in your community will allow prevention programming to be specifically targeted and consequently provide the greatest chance of being successful.

Risk and protective factor scale scores are measured relative to the CTC National Comparison database. A student's risk or protective factor scale score is expressed as an average score ranging from 0 to 100. A score of 50 indicates the average for the national normative population, with scores higher than 50 indicating above average scores, and scores below 50 indicating below average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower scores, not higher. Conversely, because protective factors are associated with better student outcomes, it is better to have protective factor scores with high values.

Because risk and protective factors are sensitive to age, sex, and ethnicity, it is important to have relevant data with which to compare. For the purposes of this report, a matched comparison sample was drawn from data on students who participated in the CTC Six-State Study and whose demographic characteristics match Fairfax County students exactly in terms of their age, ethnicity, and gender. This may be an especially important consideration for Fairfax County because the existence of an exact demographic match allows comparisons to be made with more confidence. Throughout the next section, the CTC matched comparison for Fairfax County will provide a strong reference point with which to evaluate their risk and protective factor profile.

Risk Factors

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

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

Community Domain

Low Neighborhood Attachment

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

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

In Fairfax County, students had a score of 58 on the *Low Neighborhood Attachment* scale. This level falls above the national average and the matched comparison score both of which are 50.

Community Disorganization

The *Community Disorganization* scale pertains to students' perceptions of their communities' appearance; this scale assesses students' feelings and perceptions about their neighborhoods' external attributes.

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

In Fairfax County, students had a score of 45 on the *Community Disorganization* scale. This level is below both the national average of 50 and the matched comparison score of 49.

Transitions and Mobility

Even normal school transitions are associated with an increase in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school drop out, and antisocial behavior may occur. This is thought to occur because by making a transition to a new environment, students no longer have the bonds they had in their old environment. Consequently, students may be less likely to become attached to their neighborhoods and develop the bonds that protect them from getting involved in problem behaviors.

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

In Fairfax County, students had a score of 54 on the *Personal Transitions and Mobility* scale and a score of 54 on the *Community Transitions and Mobility* scale. The *Personal Transitions and Mobility* level is slightly higher than both the national average and the matched comparison score. For *Community Transitions and Mobility*, the finding is slightly higher than the national average and matched comparison score, both of which are 50.

Laws and Norms Favorable to Drug Use

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

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

This risk factor is measured by six items on the survey such as, "How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?" In this case, responses include Very Wrong, Wrong, a Little Bit Wrong, and Not Wrong at All. Other items include, "If a kid smoked marijuana in your neighborhood would he or she be caught by the police?" Responses include YES!, yes, no, and NO!

In Fairfax County, students had a score of 50 on the *Laws and Norms Favorable to Drug Use* scale. This level is equal to the national average of 50 and slightly lower than the matched comparison score of 52.

Perceived Availability of Drugs

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

The *Perceived Availability of Drugs* scale on the survey is designed to assess students' feelings about how easily they can obtain alcohol and other illicit substances. Four items on the survey measure this risk factor. An example item is, "If you wanted to get some marijuana, how easy would it be for you to get some?" Possible responses included Very Hard, Sort of Hard, Sort of Easy, and Very Easy.

Elevation of this risk factor may indicate the need to make alcohol, tobacco, and other illicit substances more difficult for students to acquire. For instance, a number of policy changes have been shown to reduce the availability of alcohol and cigarettes; minimum age requirements, taxation, and responsible beverage services have all been shown to have an impact on the perception of availability of alcohol

In Fairfax County, students had a score of 42 on the *Perceived Availability of Drugs* scale. This level is lower than the national average of 50 and substantially lower than the matched comparison score of 52.

Family Domain

Poor Family Management

Poor family management practices are defined as parents failing to communicate clear expectations for behavior, parents failing to supervise and monitor their children (knowing where they are and whom they're with), and parents giving excessively severe, harsh, or inconsistent punishment. *Poor Family Discipline*, for instance, assesses the students' perception of the

likelihood that their parents will catch them if they become involved in drug use and other antisocial behaviors. Children exposed to poor family management practices are at higher risk of developing problems with substance abuse, delinquency, violence, and school dropout.

The survey was designed to measure each of these aspects of this risk factor. Two scales were developed to summarize students' feeling about their families' management practices: *Poor Family Discipline* and *Poor Family Supervision.* Sample items used to survey poor family management include, "Would your parents know if you did not come home on time?" and, "My family has clear rules about alcohol and drug use."

In Fairfax County, students had a score of 55 on the *Poor Family Supervision* scale and a score of 57 on the *Poor Family Discipline* scale. The Fairfax County *Poor Family Supervision* score is above both the national average and the matched comparison score of 51. Furthermore, the *Poor Family Discipline* score is above the national average and the matched comparison score of 51.

Family History of Antisocial Behavior

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

In Fairfax County, students had a score of 46 on the *Family History of the Antisocial Behavior sc*ale. This level is slightly lower than the national average and the matched comparison score both of which are 50.

Parental Attitudes Favorable Toward ATOD Use

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

This risk factor is measured by items such as, "How wrong do your parents feel it would be for you to smoke marijuana?" Looking at this risk factor along with the *Laws and Norms Favorable to Drug Use* in the community domain in tandem can indicate whether or not the youth in your community report strong anti-drug messages from adults (both parents and local adults).

In Fairfax County, students had a score of 50 on the *Parental Attitudes Favorable to ATOD (Alcohol, Tobacco, and Other Drug) Use* scale. This level is equal to both the national average and the matched comparison score of 50.

Parental Attitudes Favorable Toward Antisocial Behavior

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

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

In Fairfax County, students had a score of 51 on the *Parental Attitudes Favorable to Antisocial Behaviors* scale. This level is slightly above the national average of 50 and equal to the matched comparison score of 51.

School Domain

Poor Academic Performance

Beginning in the late elementary grades, poor academic performance increases the risk of drug abuse, delinquency, violence, teen pregnancy and school drop out. Children fail for many reasons, but it appears that the experience of failure itself increases the risk of these problem behaviors.

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

In Fairfax County, students had a score of 54 on the *Poor Academic Performance* scale. This level is slightly higher than the national average of 50 and higher than the matched comparison score of 49.

Low School Commitment

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

In Fairfax County, students had a score of 58 on the *Low School Commitment* scale. This level is slightly above the national average of 50 and the matched comparison score of 55.

Peer-Individual Domain

Rebelliousness

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

In Fairfax County, students had a score of 53 on the *Rebelliousness* scale. This level is slightly higher than both the national average of 50 and the matched comparison score of 51.

Friends' Delinquent Behavior

The *Friends' Delinquent Behavior* scale measures antisocial behaviors acted out within the past year by the four best friends of the student. Six items survey this risk factor, such as, "In the past year, how many of your four best friends have been suspended from school?" An elevated score for this risk factor can suggest that students' involvement in antisocial behaviors is heavily influenced by their peers. A low score can suggest that students' delinquent behavior is not strongly influenced by their peers.

Young people who associate with peers who engage in a problem behavior—delinquency, substance abuse, violent activity, sexual activity, or dropping out of school—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who engage in problem behaviors greatly increases the risk of their becoming involved in problems behaviors.

In Fairfax County, students had a score of 50 on the *Friends' Delinquent Behavior* scale. This level is equal to the national average and the matched comparison score of 50.

Friends' Use of Drugs

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

In Fairfax County, students had a score of 53 on the *Friends' Use of Drugs* scale. This level is similar to both the national average of 50 and the matched comparison score of 52.

Peer Rewards for Antisocial Behavior

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

In Fairfax County, students had a score of 47 on the *Peer Rewards for Antisocial Behavior* scale. This level is similar to both the national average of 50 the matched comparison score of 51.

Favorable Attitudes Toward Antisocial Behavior

During the elementary school years, children usually express anti-crime and prosocial attitudes and have difficulty imagining why people commit crimes or drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk for these antisocial behaviors.

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

In Fairfax County, students had a score of 60 on the *Favorable Attitudes Toward Antisocial Behavior* scale. This level is substantially higher than both the national average and the matched comparison score of 50.

Favorable Attitudes Toward ATOD Use

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

In Fairfax County, students had a score of 54 on the *Favorable Attitudes Towards ATOD (Alcohol, Tobacco, and Other Drug)Use* scale. This level is similar to both the national average of 50 and the matched comparison score of 52.

Low Perceived Risks of Drug Use

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

In Fairfax County, students had a score of 38 on the *Low Perceived Risks of Drug Use* scale. This level is notably below both the national average of 50 and the matched comparison score of 46.

Early Initiation (of Drug Use and Antisocial Behavior)

This risk factor measures persistent antisocial behavior (both drug use and involvement in delinquent behaviors) in early adolescence, such as misbehaving in school, experimenting with

cigarettes, and getting into fights with other children. Both girls and boys who engage in these behaviors in early adolescence are at increased risk. The earlier young people drop out of school or commit crimes, the greater the likelihood that they will have chronic problems with these behaviors later in life.

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

In Fairfax County, students had a score of 47 on the *Early Initiation* scale. This level is below both the national average and the matched comparison scores of 50.

Constitutional Factors—Impulsiveness and Sensation Seeking

Constitutional factors are individual characteristics that may have a biological or physiological basis. Constitutional factors are often seen in young people with behaviors such as sensation seeking, low harm-avoidance, and lack of impulse control. They appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

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

In Fairfax County, students had a score of 56 on the *Impulsiveness* scale and a 55 on the *Sensation Seeking* scale. These levels are above both the national average of 50 and the matched comparison scores of 50 and 51, respectively.

Protective Factors

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

The *Communities That Care® Youth Survey* measures a variety of protective factors across four major domains: Community Domain, Family Domain, School Domain, and Peer-Individual Domain. The protective factors can also be divided into three categories, or opportunities, for success, based on the *Social Development Model:* Bonding, Opportunities and Rewards for Prosocial Involvement, and Healthy Beliefs and Clear Standards. The Bonding category consists of the Family Attachment scale. The Opportunities and Rewards for Prosocial Involvement category consists of *Community Rewards for Prosocial Involvement, Family Opportunities for Prosocial Involvement, Family Rewards for Prosocial Involvement, School Rewards for Prosocial Involvement, School Opportunities for Prosocial Involvement*. The Healthy Beliefs and Clear Standards category is the same as the Peer-Individual Domain, consisting of *Religiosity, Social Skills,* and *Belief in the Moral Order.*

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

Community Domain

Community Rewards for Prosocial Involvement

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

In Fairfax County, students had a score of 44 on the *Community Rewards for Prosocial Involvement* scale. This level is below the national average and matched comparison scores of 50.

Family Domain

Family Attachment

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

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

In Fairfax County, students had a score of 47 on the *Family Attachment* scale. This level is just below the national average score and the matched comparison score, both of which are 50.

Family Opportunities for Prosocial Involvement

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

In Fairfax County, students had a score of 46 on the *Family Opportunities for Prosocial Involvement* scale. This level is similar to the national average and matched comparison scores, both of which are 50.

Family Rewards for Prosocial Involvement

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

In Fairfax County, students had a score of 44 on the *Family Rewards for Prosocial Involvement* scale. This level is just below the national average of 50 and the matched comparison score of 49.

School Domain

School Opportunities for Prosocial Involvement

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviors. Students who feel they have a personal investment in their school, bond to that school and thus adopt the school’s standards of

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

In Fairfax County, students had a score of 51 on the *School Opportunities for Prosocial Involvement* scale. This level is similar to the national average of 50 and the matched comparison score of 48.

School Rewards for Prosocial Involvement

Making students feel appreciated and rewarded for their involvement at school helps reduce the likelihood of their involvement in substance use and other problem behaviors. This is because students who feel acknowledged for their activity at school bond to their school. This protective factor is measured by such statements as, "I feel safe at my school."

In Fairfax County, students had a score of 47 on the *School Rewards for Prosocial Involvement* scale. This level is similar to the national average of 50 and the matched comparison score of 48.

Peer-Individual Domain

Religiosity

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

In Fairfax County, students had a score of 48 on the *Religiosity* scale. This level is slightly below both the national average and the matched comparison score, both of which are 50.

Social Skills

Society helps to clearly define what behavior is acceptable or unacceptable. If these standards are not clear, it can be especially confusing for children and youth. This is particularly true with regard to alcohol and other drug use. Students who have positive and healthy interpersonal relationships and who understand how their society works are less likely to engage in problem behaviors.

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

In Fairfax County, students had a score of 50 on the *Social Skills* scale. This level is equal to the national average of 50 and similar to the matched comparison score of 49.

Belief in the Moral Order

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

In Fairfax County, students had a score of 49 on the Belief in the Moral Order scale. This level is similar to the national average of 50 and equal to the matched comparison score of 49.

Behavior Outcomes

Table 36c displays the results for three behavioral indexes measuring current ATOD (alcohol, tobacco, and other drug) use, current antisocial behavior, and gang involvement. These scales are formed by calculating average scores for all of the items that contribute to the measurement of the behaviors. Because risk factors are associated with increased levels of ATOD use, it is desirable for these indexes to be as low as possible.

The first index, Current ATOD Use, is based on average scores from survey items pertaining to alcohol, tobacco, and other drug use (both lifetime and past 30-day questions.) In Fairfax County, the Current ATOD Use score is 51. This score is similar to the national average of 50 and equal to the matched comparison score of 51.

The second outcome behavior index is Current Antisocial Behavior. This index is constructed from survey questions involving antisocial behaviors, such as "How many times in the past year have you carried a handgun?" and, "How wrong do you think it is for someone your age to pick a

fight with someone?" Surveyed students in Fairfax County had a score of 48. This level is lower than both the national average and the matched comparison score both of which are 50.

Gang Involvement, the third behavior index, is formed from students' responses to four questions:

1. "Have you ever belonged to a gang?"
2. "If you ever belonged to a gang, did that gang have a name?"
3. "How old were you when your first belonged to a gang?"
4. "Think of your four best friends: In the past year, how many of your best friends have been members of a gang?"

In Fairfax County, students had a score of 47 on the Gang Involvement scale. This score is similar to both the national average of 50 and matched comparison score of 49.

Table 36a. Protective Factor Scores.

Protective Factor Scores	Fairfax County	CTC Matched Comparison
Community Domain		
Community Rewards for Prosocial Involvement	44	50
Family Domain		
Family Attachment	47	50
Community Opportunities for Prosocial Involvement	46	50
Community Rewards for Prosocial Involvement	44	49
School Domain		
School Opportunities for Prosocial Involvement	51	48
School Rewards for Prosocial Involvement	47	48
Individual-Peer Domain		
Religiosity	48	50
Social Skills	50	49
Belief in the Moral Order	49	49

Notes. The protective factor scale Community Opportunities for Prosocial Involvement is currently under revision.

A score of 50 indicates the average for the normative population, with scores higher than 50 indicating above average scores, and scores below 50 indicating below average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower scores, not higher. Conversely, because protective factors are associated with better student outcomes, it is better to have protective factor scores with high values.

Table 36b. Risk Factor Scores.

Risk Factor Scores	Fairfax County	CTC Matched Comparison
Community Domain		
Low Neighborhood Attachment	58	50
Community Disorganization	45	49
Personal Transitions and Mobility	54	49
Community Transitions and Mobility	54	50
Laws and Norms Favorable to Use	50	52
Perceived Availability of Drugs	42	52
Family Domain		
Poor Family Supervision	55	51
Poor Family Discipline	57	51
Family History of Antisocial Behavior	46	50
Parental Attitudes Favorable to ATOD Use	50	50
Parental Attitudes Favorable to Antisocial Behavior	51	51
School Domain		
Poor Academic Performance	54	49
Low School Commitment	58	55
Individual-Peer Domain		
Rebelliousness	53	51
Friends' Delinquent Behavior	50	50
Friends' Use of Drugs	53	52
Peer Rewards for Antisocial Behavior	47	51
Favorable Attitudes Towards Antisocial Behavior	60	50
Favorable Attitudes Towards ATOD Use	54	52
Low Perceived Risks of Drug Use	38	46
Early Initiation	47	50
Impulsiveness	56	50
Sensation Seeking	55	51

Notes. The risk factor scale Family Conflict is currently under revision.

A score of 50 indicates the average for the normative population, with scores higher than 50 indicating above average scores, and scores below 50 indicating below average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower scores, not higher. Conversely, because protective factors are associated with better student outcomes, it is better to have protective factor scores with high values.

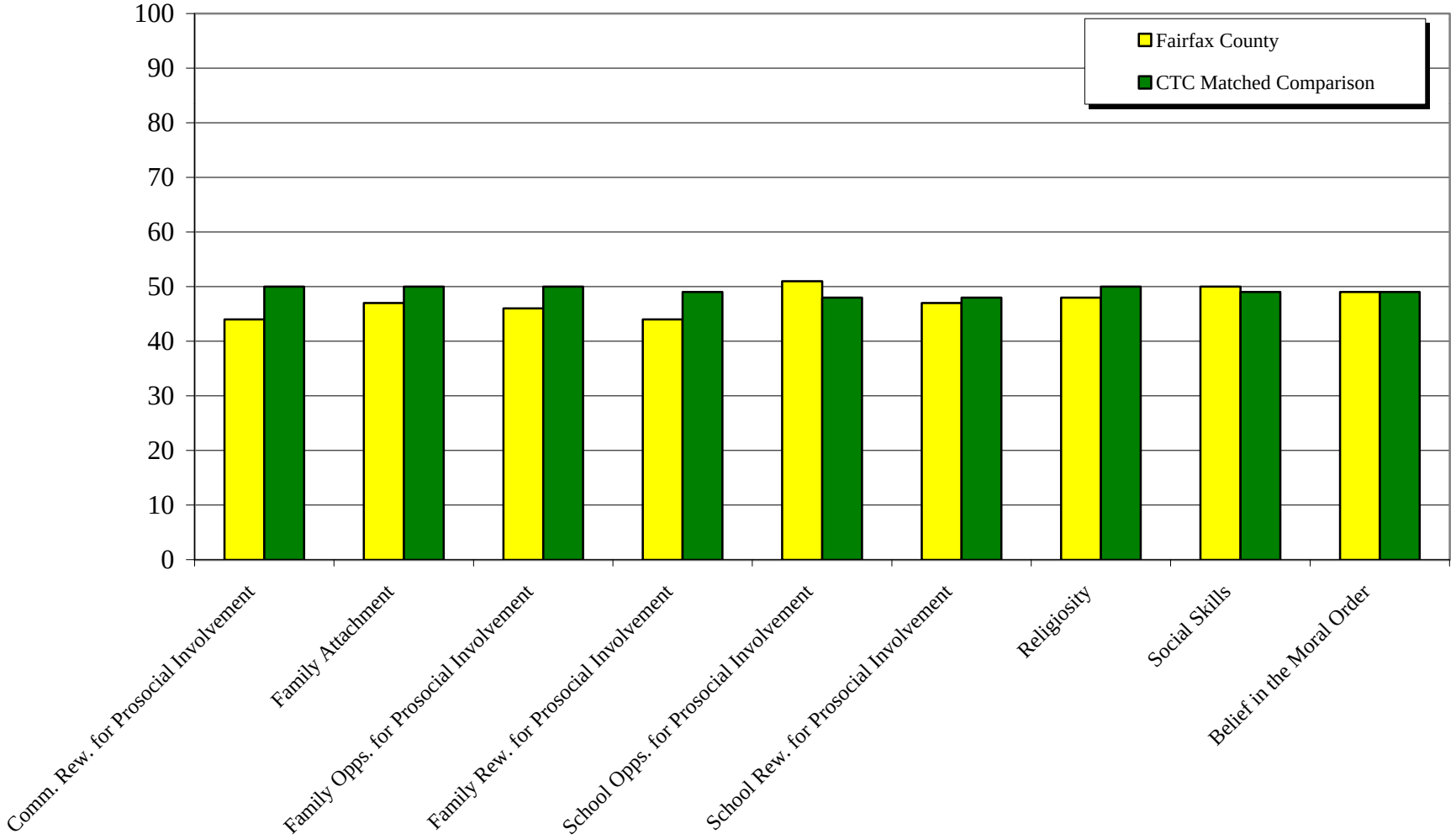
Table 36c. Outcome Behavioral Scores.

Behavioral Outcomes	Fairfax County	CTC Matched Comparison
Current ATOD Use	51	51
Current Antisocial Behavior	48	50
Gang Involvement	47	49

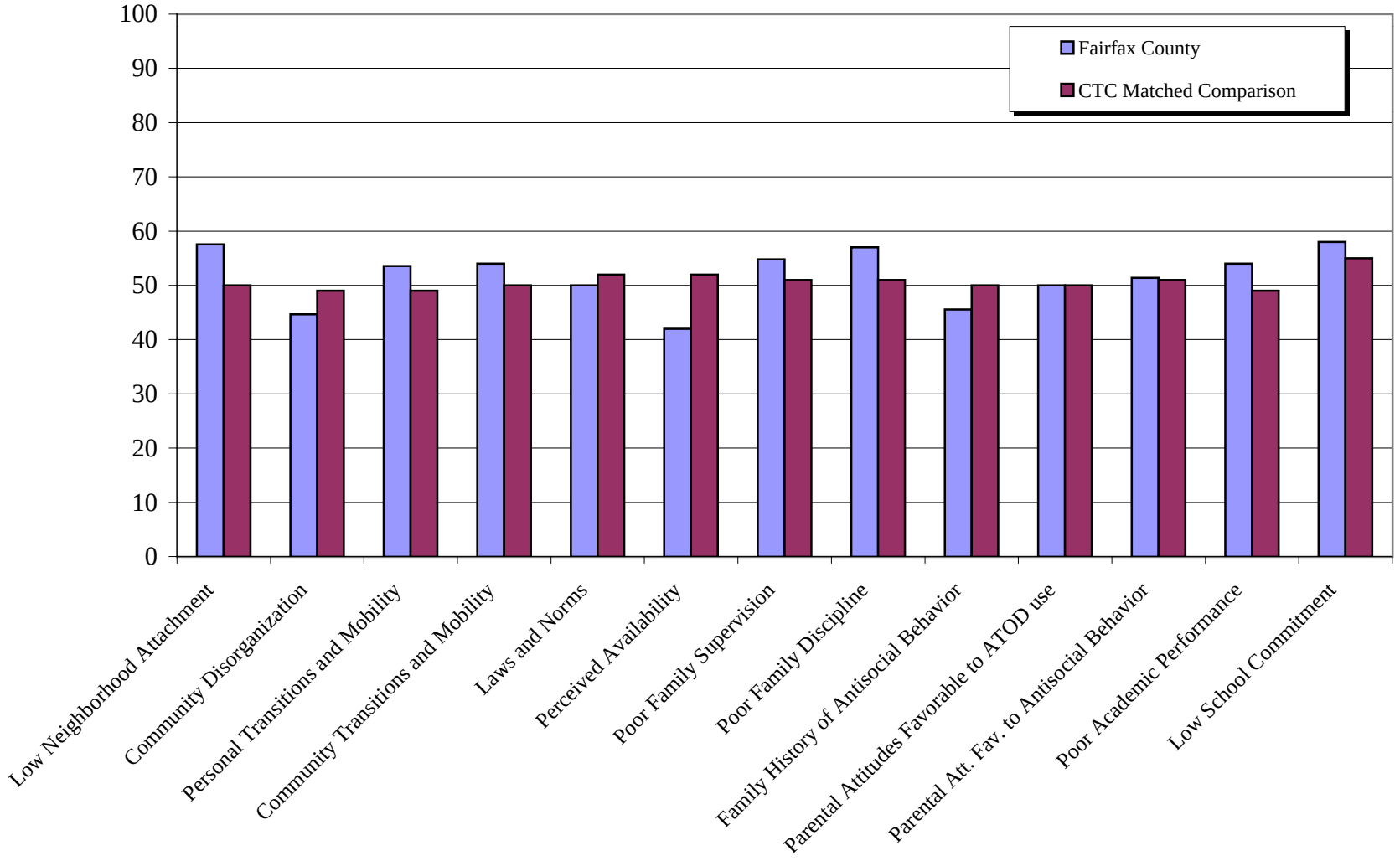
Notes. The protective factor scale Community Opportunities for Prosocial Involvement is currently under revision.

A score of 50 indicates the average for the normative population, with scores higher than 50 indicating above average scores, and scores below 50 indicating below average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower scores, not higher. Conversely, because protective factors are associated with better student outcomes, it is better to have protective factor scores with high values.

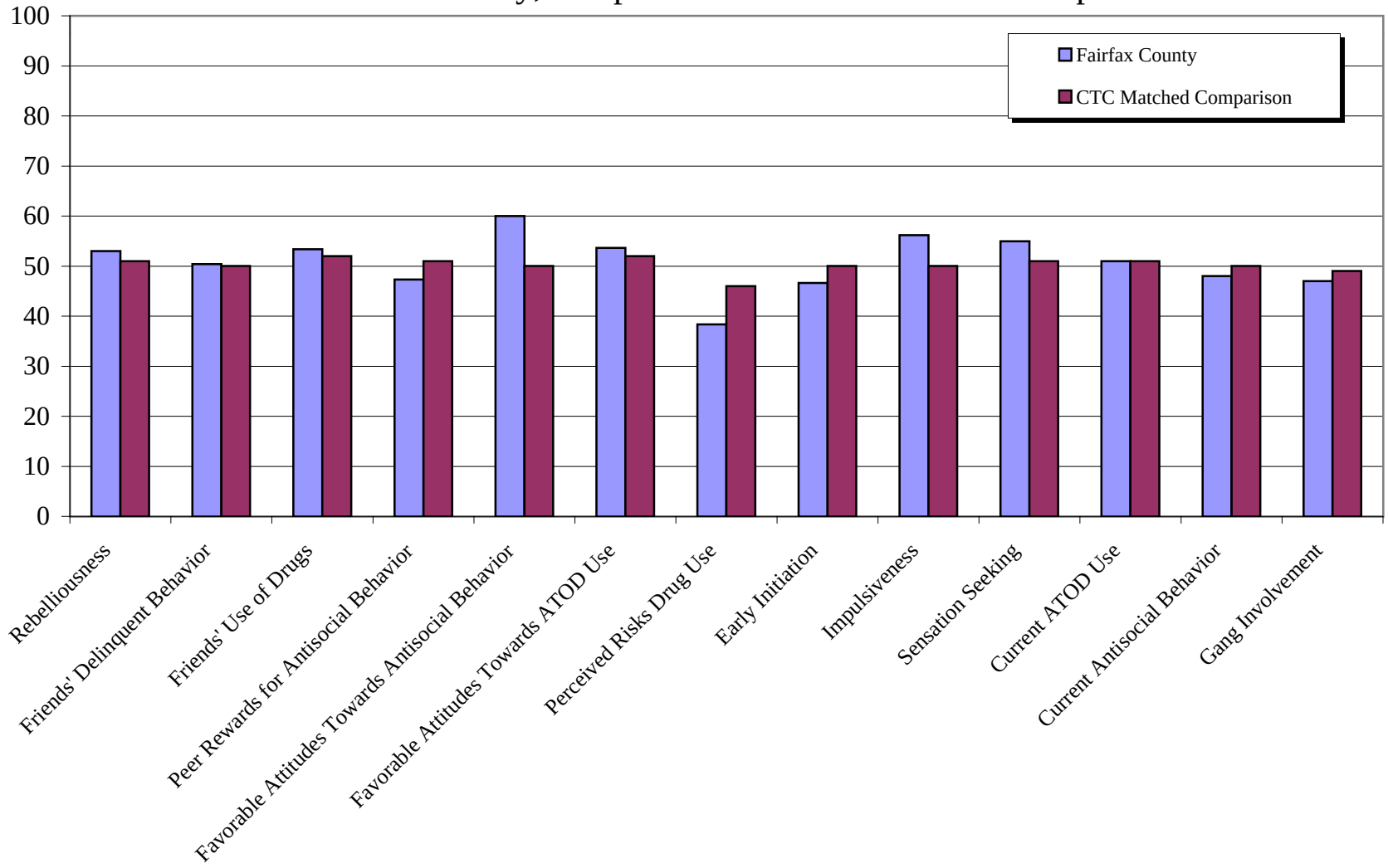
Graph 7. Protective Factor Scores for Fairfax County, compared to the CTC Matched Comparison.



Graph 8. Community, Family, and School Domain Risk Factor Scores for Fairfax County, compared to the CTC Matched Comparison.



Graph 9. Peer-Individual Domain Risk Factor Scores and Outcome Behavior Indexes for Fairfax County, compared to the CTC Matched Comparison.



Risk and Protective Factor Profile

Looking at the overall risk and protective factor profile for Fairfax County reveals several important findings. First, elevated risk factor scores are found in all four domains: Community, Family, School, and Peer-Individual. Both risk factor scores for the School Domain are higher than both comparison groups, while the other three domains include measures that fall above and below the comparison data.

In Fairfax County, the five highest risk factor scores are *Low Neighborhood Attachment, Poor Family Discipline, Low School Commitment, Favorable Attitudes toward Antisocial Behavior,* and *Impulsiveness*. The two primary strengths, in terms of protective factors, are found in the school and individual-peer domains—*School Opportunities for Prosocial Involvement* and *Social Skills.*

While sharing many of the characteristics of young people around the rest of the United States, students in Fairfax County also report some rather unique information. The real power of this data will be harnessed when it is used for prevention, intervention, and treatment planning at the local level. One of the primary benefits of conducting the CTC Youth Survey is that the data can be used as the baseline from which future prevention and intervention efforts can be assessed.

At the dawning of a new millennium, we now have the knowledge and tools to restructure our communities as protective environments for the positive development of all children—so that children grow up free from the scourge of violence and substance abuse. It is now possible to promote the development of communities that care enough to ensure that all children are bonded to family, school, and community and are committed to the highest standards and healthy values for their own futures, free from the threat of violence and drug abuse. Findings from the CTC youth survey, in conjunction with a careful needs assessment process, can reveal those risk and protective factors that are most critical to alter. However, the survey and this report are only tools—the real work is ahead.

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Appendix B. Other Resources

Web Sites

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

Prevention Program Guides

Communities That Care, Prevention Strategies: A Research Guide to What Works. Developmental Research and Programs, Inc. (2000).
Sloboda, Z., David, S. L. Preventing Drug Use Among Children and Adolescents. A Research-Based Guide. National Institute on Drug Abuse, National Institutes of Health.
CSAP Model Programs www2.samhsa.gov/centers/csap/modelprograms
Blueprint Programs www.colorado.edu/cspv/blueprints

Prevention Planning

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Protective Factor

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

Protective Factor

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

Protective Factor

	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
School Domain	**Early Initiation of the Problem Behavior**	Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	prenatal-10
		Family Therapy	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		After-School Recreation Programs	✓	✓	✓	✓	✓	6-10
		Mentoring with Contingent Reinforcement	✓		✓		✓	11-18
	Poor Academic Performance	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-10
		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	prenatal-10
		Organizational Change in Schools	✓	✓	✓	✓	✓	6-18

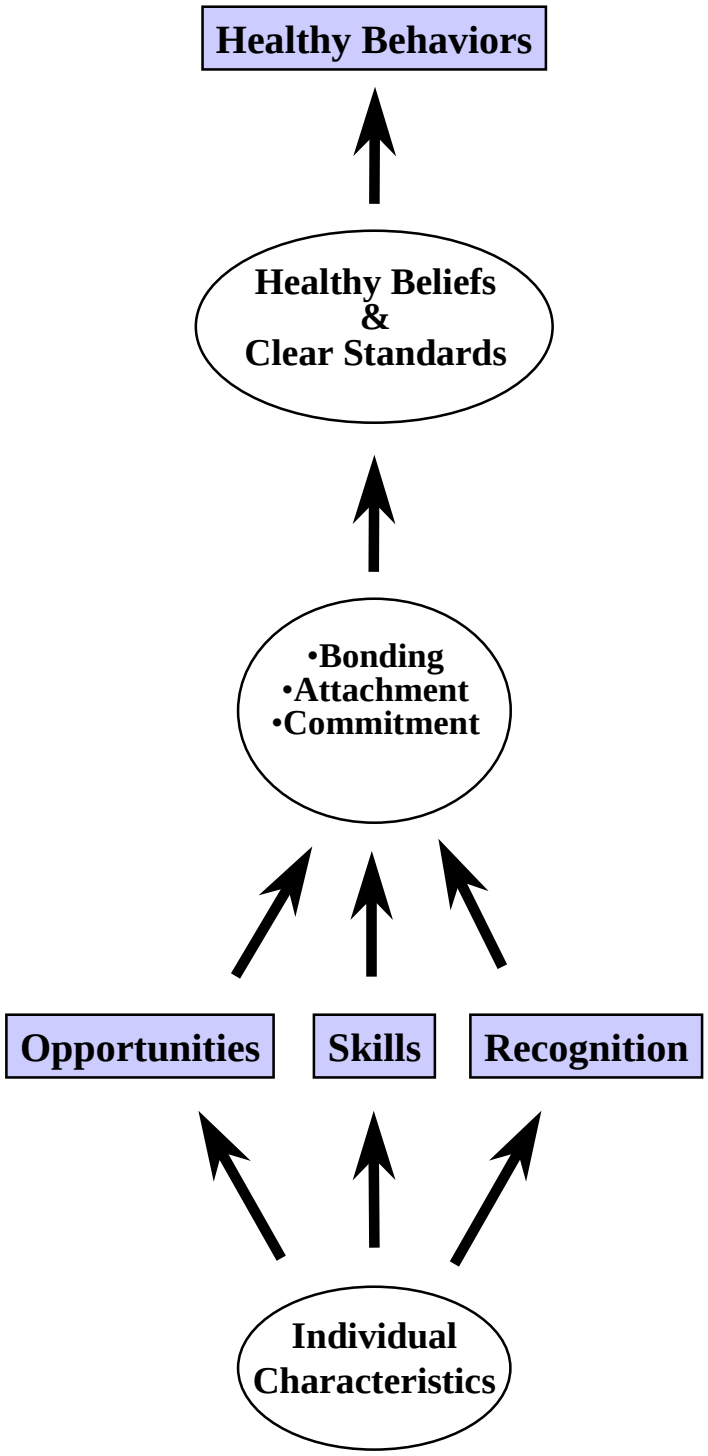
Protective Factor

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

Protective Factor

	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Peer-Individual Domain	**Rebelliousness**	Family Therapy	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓		6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		After-School Recreation	✓	✓	✓	✓	✓	6-10
		Mentoring	✓		✓		✓	11-18
		Youth Employment with Education	✓	✓	✓	✓	✓	15-18
	Friends Who Engage in the Problem Behavior	Parent Training	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		After-School Recreation	✓	✓	✓	✓	✓	6-14
		Mentoring	✓		✓		✓	11-18
	Favorable Attitudes toward the Problem Behavior	Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		Community/School Policies						
	Early Initiation of the Problem Behavior	Parent Training	✓	✓	✓	✓	✓	6-14
		Classroom Organization, Management, and Instructional Strategies	✓	✓	✓	✓	✓	6-10
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		Community/School Policies	✓					all
	Constitutional Factors	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	prenatal-2

Appendix D. The Social Development Strategy



Appendix E. Risk & Protective Factors and Selected Survey Items

Domain	Scale	Selected survey items
Community Domain Protective Factors	Community Opportunities for Prosocial Involvement	Which of the following activities for people your age are available in your community? Sports teams, scouting, boys and girls clubs, 4-H clubs, service clubs.
	Community Rewards for Prosocial Involvement	My neighbors notice when I am doing a good job and let me know.
Community Domain Risk Factors	Low Neighborhood Attachment and Community Disorganization	If I had to move, I would miss the neighborhood I now live in. I feel safe in my neighborhood.
	Personal Transitions & Mobility Community Transitions & Mobility	How many times have you changed homes since kindergarten? People move in and out of my neighborhood a lot.
	Laws and Norms Favorable to Drug Use, Firearms, and Crime	If a kid drank some beer, wine or hard liquor in your neighborhood, would he or she be caught by the police? About how many adults have you known personally who in the past year have gotten drunk or high?
	Perceived Availability (of Drugs and Firearms)	If you wanted to get some beer, wine or hard liquor, how easy would it be for you to get some?
Family Domain Protective Factors	Family Attachment	Do you share your thoughts and feelings with your mother? Do you share your thoughts and feelings with your father?

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

Domain	Scale	Selected survey items
Family Domain Protective Factors	Family Opportunities for Prosocial Involvement	My parents give me lots of chances to do fun things with them.
	Family Rewards for Prosocial Involvement	How often do your parents tell you they're proud of you for something you've done?
Family Domain Risk Factors	Poor Family Discipline Poor Family Supervision	If you skipped school, would you be caught by your parents? My parents ask if I've gotten my homework done.
	Family History of Antisocial Behavior	Has anyone in your family ever had a severe alcohol or drug problem?
	Parental Attitudes Favorable to Alcohol, Tobacco, and Other Drug Use	How wrong do your parents feel it would be for <u>you</u> to drink beer, wine or hard liquor?
School Domain Protective Factors	School Opportunity for Prosocial Involvement	There are lots of chances for students in my school to talk with a teacher one-on-one.
	School Rewards for Prosocial Involvement	My teachers praise me when I work hard in school.
School Domain Risk Factors	Poor Academic Performance	Putting them all together, what were your grades like last year?
	Low School Commitment	How interesting are most of your courses to you?
	Early Initiation (of Antisocial Behavior)	How old were you when you first smoked marijuana?

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

Domain	Scale	Selected survey items
Peer-Individual Protective Factors	Religiosity	How often do you attend religious services or activities?
	Social Skills	Vignette about what the youth would do if she or he were handed an alcoholic beverage at a party.
	Belief in the Moral Order	It is important to be honest with your parents, even if they become upset or you get punished.
Peer-Individual Risk Factors	Rebelliousness	I ignore rules that get in my way.
	Friends' Delinquent Behavior	Think of your four best friends. In the past year, how many of your best friends have dropped out of school?
	Friends' Use of Drugs	Think of your four best friends. In the past year, how many of your best friends have smoked cigarettes?
	Peer Rewards for Antisocial Behavior	What are the chances you would be seen as cool if you carried a handgun?
	Favorable Attitudes Toward Antisocial Behavior	How wrong do you think it is for someone your age to smoke marijuana?
Peer-Individual Risk Factors	Early Initiation (of ATOD Use)	How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?
	Sensation Seeking Impulsiveness	How many times have you done something dangerous because someone dared you to do it?