2005
Pennsylvania
Youth Survey Report

Erie County

Conducted by
Pennsylvania Commission on Crime and Delinquency

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Section 1
The Survey

Introduction

Since 1989, the Commonwealth of Pennsylvania has conducted a survey of secondary school students on their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence. The *Pennsylvania Youth Survey* (*PAYS*) of 6th, 8th, 10th and 12th grade public school students is conducted every two years. The findings from the 2005 *PAYS* build upon the data gathered during the two previous waves of the survey in 2001 and 2003, as well as the *Generation at Risk* survey, a biennial study of drug use prevalence rates that was conducted from 1989 through 1997.

This survey was sponsored by the Pennsylvania Commission on Crime and Delinquency (PCCD). The PCCD contracted with Westat, Inc., to conduct the survey, which was administered in November of 2005. This report was prepared by Rothenbach Research and Consulting, LLC.

The data gathered in the 2005 *PAYS* serve two primary needs. First, the survey results provide an important benchmark for alcohol, tobacco, and other drug (ATOD) use and delinquent behavior among young Pennsylvanians, and help indicate whether prevention and treatment programs are achieving their intended results. Second, the survey assesses risk factors that are related to these behaviors and the protective factors that guard against them. This information allows community leaders and school administrators to direct prevention resources to areas where they are likely to have the greatest impact.

The *Communities That Care Youth Survey (CTCYS)* was adopted as the basis for the 2005 *PAYS*. Based on the work of Dr. J. David Hawkins and Dr. Richard F. Catalano, the *CTCYS* is designed to identify the levels of risk factors related to problem behaviors such as ATOD use—and to identify the levels of protective factors that help guard against those behaviors. In addition to measuring risk and protective factors, the *CTCYS* also measures the actual prevalence of drug use, violence and other antisocial behaviors among surveyed students. Three articles (Pollard, Hawkins & Arthur, 1999; Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002; Glaser, Van Horn, Arthur, Hawkins & Catalano, 2005) describe the *CTCYS*, its uses and its ongoing development.

By administering the 2005 *PAYS*, Erie County has assessed the risk and protective factors its young people face. This report identifies the risk and protective factors most in need of attention in the community. This

information can be used to guide prevention efforts, to help address existing problems, and to promote healthy and positive youth development.

Of course, the survey would not have been possible without the support and cooperation of school superintendents, parents and students throughout the Commonwealth. The PCCD would like to take this opportunity to thank these individuals for supporting this valuable and worthwhile endeavor.

All together, 2,465 students in grades 6, 8, 10 and 12 participated in the survey.

Summary of Results

This report presents findings on a number of topics, including ATOD use, other antisocial behaviors, and risk and protective factors. A brief summary of the findings from each of these sections is presented here. A more detailed summary is presented at the start of each section, followed by an item-by-item discussion of the results.

Alcohol, Tobacco and Other Drug Use

Erie County students recorded the highest lifetime prevalence-of-use rates for alcohol (55.7%), cigarettes (26.1%) and marijuana (18.3%). Other lifetime prevalence rates ranged from 0.7% for heroin to 9.8% for smokeless tobacco. The rate of illicit drug use excluding marijuana is summarized by the indicator "any illicit drug (other than marijuana)," with 13.6% of surveyed students reporting use of these drugs in their lifetimes. Erie County students reported the highest past-30-day prevalence-of-use rates for alcohol (26.1%), cigarettes (12.4%) and marijuana (10.4%). Other past-30-day prevalence rates ranged from 0.2% for heroin to 3.7% for smokeless tobacco. Overall, 5.0% of Erie County students reported the use of any illicit drug (other than marijuana) in the past 30 days.

National data from the *Monitoring the Future* survey provide a valuable reference point for evaluating the severity of drug use behavior. Compared to their national counterparts, Erie County students reported a higher average level of lifetime alcohol use and lower average levels of lifetime marijuana and inhalant use. For past-30-day ATOD use, students reported higher average levels of alcohol, cigarette and marijuana use and binge drinking than their national counterparts.

Other Antisocial Behaviors

For the overall sample, the past-12-month prevalence rates recorded for the seven other problem, or antisocial, behaviors cover a broad range. In Erie County, 11.0% of students reported *Attacking Someone with Intent to Harm* in the past year, making it the most prevalent of the seven behaviors. *Being Drunk or High at School* is the second most prevalent antisocial behavior, with 10.5% of Erie County students reporting having been drunk or high at school in the past year. Students in Erie County reported very low levels of participation in the following antisocial behaviors: *Being Arrested*, *Attempting to Steal a Vehicle* and *Bringing a Weapon to School*.

Risk and Protective Factor Profile

For the overall sample of 6th, 8th, 10th and 12th graders in Erie County, percentile scores across the eight protective factor scales range from a low of 29 to a high of 59, with an average score of 47, which is three points lower than the normative average of 50. The three lowest overall scores were for the following protective factor scales: *Family Rewards for Prosocial Involvement* (29), *Family Attachment* (29) and *Community Rewards for Prosocial Involvement* (46). Erie County students reported the three highest overall scores for the following protective factor scales: *School Opportunities for Prosocial Involvement* (59), *Belief in the Moral Order* (59) and *Religiosity* (52).

Overall percentile scores across the 21 risk factor scales range from a low of 33 to a high of 70, with an average score of 46, which is four points lower than the normative average of 50. Erie County students reported the four highest overall scores for the following risk factor scales: *Poor Family Discipline* (70), *Personal Transitions and Mobility* (56), *Family History of Antisocial Behavior* (56) and *Parental Attitudes Favorable toward Antisocial Behavior* (56). The three lowest overall scores were for the following risk factor scales: *Perceived Availability of Drugs and Handguns* (33), *Low Perceived Risks of Drug Use* (34) and *Early Initiation (of Drug Use and Antisocial Behavior)* (37).

While policies that target any risk or protective factor could potentially be an important resource for students in Erie County, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with low risk or high protection represent strengths that Erie County can build on. These objective data, in conjunction with a review of community-specific issues and resources, can help direct prevention efforts for Erie County. It is important to keep in mind, however, that overall scores can mask problems within individual grades. Section 5 of this report provides grade-level results that will enable prevention planners to more precisely target opportunities for intervention.

Survey Methodology

The *CTCYS* was developed to provide scientifically sound information to communities. It measures a variety of risk and protective factors by using groups of survey items, which are called scales. Please note that some of the risk factors are measured with more than one scale.

The *CTCYS* was developed from research funded by the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. This research supported the development of a student survey to measure the following items:

- risk and protective factors that predict alcohol, tobacco and other drug (ATOD) use, delinquency and other problem behaviors in adolescents.

- the prevalence and frequency of drug use.

- the prevalence and frequency of antisocial behaviors.

This survey instrument became the *CTCYS*. The original research involved data collection in five states: Kansas, Maine, Oregon, South Carolina and Washington. Over 72,000 students participated in these statewide surveys, and analysis of the collected data contributed to the development of the *CTCYS*.

Administration

The survey was administered in the classroom and required approximately one class period to complete. Each teacher received an appropriate number of surveys and survey collection envelopes. The teachers reviewed the instructions with their students and asked the students to complete the survey. The instructions informed the students that there were no right or wrong answers. The instructions also explained the proper way to mark the answers. In some schools, some or all of the student respondents completed the survey in a computer lab using an internet-based survey administration system. A subcontractor, SmartTrack, managed the internet administration. Please see the statewide 2005 *PAYS* report for more information on this system.

Students were asked to complete the survey but were also told that participation is voluntary. Furthermore, students were told that they could skip any question that they were not comfortable answering. 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

Four strategies were used to assess the validity of the surveys. The first two strategies eliminated the surveys of students who appeared to exaggerate their drug use and other antisocial behavior. The third strategy eliminated students who reported use of a fictitious drug. The fourth strategy eliminated the surveys of students who repeatedly reported logically inconsistent patterns of drug use.

- In the first strategy, surveys from students who reported an average of four or more daily uses of the following drugs—inhalants, cocaine, hallucinogens, Ecstasy, methamphetamine and heroin—were eliminated from the survey data set. This strategy removes from the survey any student who did not take it seriously.

- The second strategy supplements the drug use exaggeration test by examining the frequency of four other antisocial behaviors: *Attacking Someone with Intent to Harm*, *Attempting to Steal a Vehicle*, *Being Arrested*, and *Getting Suspended*. Respondents who reported an unrealistically high frequency of these behaviors—more than 80 instances within the past year—were removed from the analysis.

- In the third strategy, students were asked if they had used a fictitious drug in the past 30 days or in their lifetimes. If students reported any use of the fictitious drug, their surveys were not included in the analysis of the findings.

- The fourth strategy was used to detect logical inconsistencies among responses to the drug-related questions. Students were identified as inconsistent responders in the following circumstances only: (1) if they were inconsistent on two or more of the following drugs: alcohol, cigarettes, smokeless tobacco and marijuana/hashish; or (2) if they were inconsistent on two or more of the remaining drugs. An example of an inconsistent response would be if a student reported that he or she had used alcohol three to five times in the past 30 days but had never used alcohol in his or her lifetime.

Erie County students were cooperative—all but 79 students (3.1%) completed valid surveys. Of the 79 surveys identified and eliminated by one or more of the four strategies described above, 42 exaggerated drug use (strategy 1), 35 exaggerated other antisocial behavior (strategy 2), 57 reported the use of the fictitious drug (strategy 3) and 28 responded in a logically inconsistent way (strategy 4). The elimination total produced by these four strategies equals more than 79 because some surveys were identified by more than one strategy.

Sample Analysis

When reviewing survey results people often ask, "What is the margin of error?" This is referred to as the "confidence interval," and it reflects the precision of a statistical estimate. For example, a confidence interval of ±3.0 points for a drug use prevalence rate of 50.0% means that there is a 95% chance that the true score is between 47.0% and 53.0%.

For school-based survey research, confidence intervals are determined by the size of the sample relative to the school's enrollment. The higher the percentage of a school's total enrollment that is included in the sample, the smaller the confidence interval and the more precise the results. Table 1 presents confidence intervals for both grade-level and overall estimates. Note that these confidence intervals are for prevalence rates of 50%. For less prevalent behaviors, such as heroin use and bringing a weapon to school, the confidence interval narrows substantially.

Table 1. Confidence Intervals for Sample

Grade	Enrollment		Sample			Confidence Interval
	Number	Percentage	Number	Percentage		
6th	3,296	23.9%	753	30.8%		±3.1%
7th	--	--	--	--		--
8th	3,344	24.2%	678	27.8%		±3.4%
9th	--	--	--	--		--
10th	3,778	27.4%	555	22.7%		±3.8%
11th	--	--	--	--		--
12th	3,395	24.6%	457	18.7%		±4.3%
Totals	13,813	100.0%	2,443	100.0%		±1.8%

Note: Rounding can produce totals that do not equal 100%. The total sample size in this table does not include respondents who did not report their grade level.

Demographic Profile of Surveyed Youth

The survey measures a variety of demographic characteristics. Table 2 shows selected characteristics of surveyed youth: sex, ethnicity and the primary language spoken at home. The primary language spoken at home refers to the primary language the student speaks at home (rather than what the parents speak at home).

A higher percentage of surveyed Erie County students were female (52.4% female versus 46.4% male). A majority of students identified themselves as White (82.1%). The largest minority group is African American (5.5%), followed by Latino (3.0%), Asian (1.5%) and American Indian (0.9%). Note that while the "Other/Multiple" category listed on all tables includes students who selected "Other" as their primary ethnicity, this category also includes those students who selected multiple ethnicities. Therefore, for example, students who reported both African American and Latino ethnicity would be classified in the "Other/Multiple" category for the purposes of this report.

Nearly all of the surveyed students (95.3%) reported English as the language they most often speak at home.

Table 2. Selected Demographic Characteristics of Surveyed Youth		
	Number of Students	*Percentage of Students*
Overall Valid Surveys	2,465	100.0%
Sex		
Male	1,143	46.4%
Female	1,292	52.4%
Did not respond	30	1.2%
Ethnicity		
White	2,024	82.1%
African American	135	5.5%
Latino	73	3.0%
American Indian	22	0.9%
Asian	37	1.5%
Other/Multiple	141	5.7%
Did not respond	33	1.3%
Primary Language Spoken at Home		
English	2,350	95.3%
Spanish	35	1.4%
Other Language	49	2.0%
Did not respond	31	1.3%

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

Section 2
Alcohol, Tobacco and Other Drug Use

Measurement

Alcohol, tobacco and other drug (ATOD) use is measured in the 2005 *PAYS* by a set of 36 questions. The questions are similar to those used in the *Monitoring the Future* study, a nationwide study of drug use by middle and high school students. Consequently, national data as well as data from other similar surveys can be easily compared to data from the 2005 *PAYS*.

Prevalence-of-use tables and graphs show the percentages of students who reported using ATODs. These results are presented for both lifetime and past-30-day prevalence of use periods. Lifetime prevalence of use (whether the student has ever used the drug) is a good measure of student experimentation. Past-30-day prevalence of use (whether the student has used the drug within the last month) is a good measure of current use. In addition to the standard lifetime and past-30-day prevalence rates for alcohol use, binge drinking behavior (defined as a report of five or more drinks in a row within the past two weeks) is also measured.

A multi-question indicator—"any illicit drug (other than marijuana)"—measures the use of one or more of the following drugs: inhalants, cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids. The purpose of this drug combination rate is to provide prevention planners with an overall gauge of so-called "hard" drug use (Johnston, O'Malley, Bachman & Schulenberg, 2005a).

This year's survey also includes 12 new questions designed to measure nonmedical use of prescription drugs. The questions cover four general categories of nonmedical prescription drug use: amphetamines, sedatives, tranquilizers and narcotics other than heroin. In addition to lifetime and past-30-day prevalence of use periods, a question about past-12-month use is included with each prescription drug category.

Results Summary

Overall Results

ATOD prevalence rates for the combined sample of 6th, 8th, 10th and 12th graders are presented in Graph 1, and in the overall results column of Tables 3 and 4. As these results show, Erie County students recorded the highest lifetime prevalence-of-use rates for alcohol (55.7%), cigarettes (26.1%) and marijuana (18.3%). Other lifetime prevalence rates ranged from 0.7% for heroin to 9.8% for smokeless tobacco. The

rate of illicit drug use excluding marijuana is summarized by the indicator "any illicit drug (other than marijuana)," with 13.6% of surveyed students reporting use of these drugs in their lifetimes.

Erie County students reported the highest past-30-day prevalence-of-use rates for alcohol (26.1%), cigarettes (12.4%) and marijuana (10.4%). Other past-30-day prevalence rates ranged from 0.2% for heroin to 3.7% for smokeless tobacco. Overall, 5.0% of Erie County students reported the use of any illicit drug (other than marijuana) in the past 30 days.

Graph 1. Overall Lifetime and Past-30-Day Prevalence of Alcohol, Tobacco and Other Drug Use

Category	30-Day	Lifetime
Alcohol	26	56
Binge Drinking	16	
Cigarettes	12	26
Smokeless Tobacco	4	10
Marijuana	10	18
Inhalants	3	9
Cocaine	1	3
Crack Cocaine	1	1
Heroin	0	1
Hallucinogens	2	4
Methamphetamine	1	1
Ecstasy	1	3
Steroids	1	1
Any Illicit Drug (Other than Marijuana)	5	14
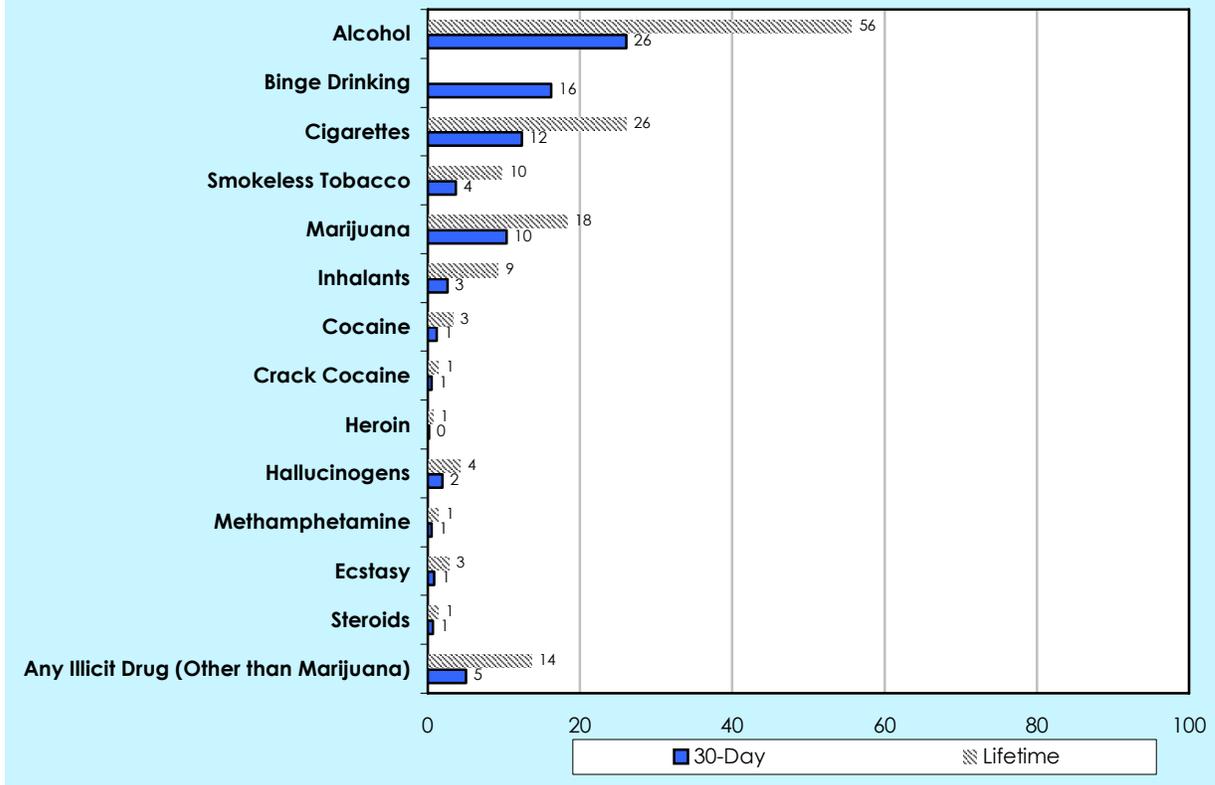
Grade-Level Results

ATOD prevalence rates for individual grade levels are presented in Graph 2 and Tables 3 and 4. Typically, prevalence rates for the use of most substances increase as students enter higher grades. In many communities, however, inhalant use provides an exception to this pattern, often peaking during the late middle school or early high school years. This may be because inhalants are relatively easy for younger students to obtain. Past-30-day alcohol use in Erie County ranges from a low of 3.9% among 6th graders to a high of 59.0% among 12th graders. Past-30-day marijuana use ranges from a low of 0.5% among 6th graders to a high of 25.9% among 12th graders. Past-30-day cigarette use ranges from a low of 0.9% among 6th graders to a high of 28.6% among 12th graders. Past-30-day inhalant use ranges from a low of 1.9% among 6th graders to a high of 3.6% among 8th graders.

Graph 2. Past-30-Day Use of Selected ATODs
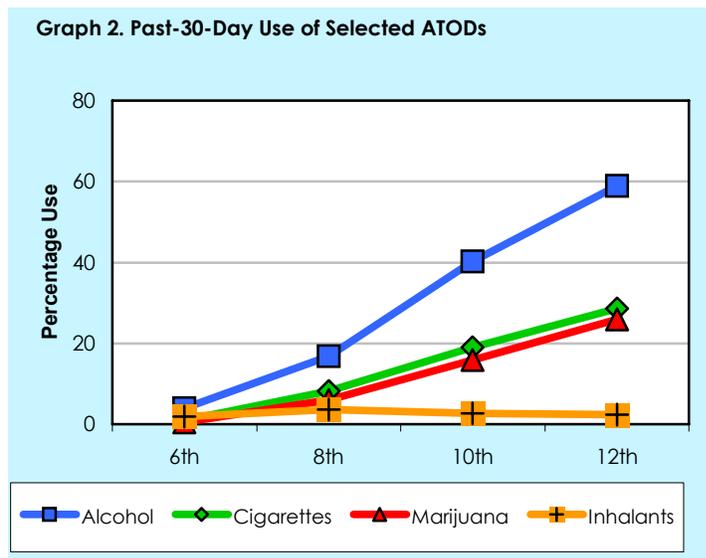
Comparisons to National Results

Comparing and contrasting findings from a county- or school-district-level survey to relevant data from a national survey provides a valuable perspective on local data. In this report, national comparisons for ATOD use will be made to the 2005 *Monitoring the Future* study. The *Monitoring the Future* survey project, which provides prevalence-of-use information for ATODs from a nationally representative sample of 8th, 10th and 12th graders, is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see www.monitoringthefuture.org). For a review of the methodology of this study, please see Johnston, O'Malley, Bachman & Schulenberg (2005a).

In addition to a complete report of prevalence-of-use rates for each surveyed grade, Tables 3 and 4 present national results from the *Monitoring the Future* study. Across the three comparison grades (8th, 10th and 12th), students in Erie County reported a higher average level of lifetime alcohol use than their national counterparts and lower average levels of lifetime marijuana and inhalant use. The largest grade-level differences in lifetime substance use were for marijuana in the 10th grade (26.1% versus 34.1% for *Monitoring the Future*) and alcohol in the 8th and 10th grades (54.7% and 73.2% versus 41.0% and 63.2% for *Monitoring the Future*).

For past-30-day ATOD use, students in Erie County reported higher average levels of alcohol, cigarette and marijuana use and binge drinking than their national counterparts. The largest grade-level differences in past-30-day substance use were for binge drinking in the 12th grade (41.5% versus 28.1% for *Monitoring the Future*) and alcohol in the 10th and 12th grades (40.2% and 59.0% versus 33.2% and 47.0% for *Monitoring the Future*).

Table 3. Lifetime Use of Alcohol, Tobacco and Other Drugs

	Erie County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Alcohol	26.8	--	54.7	--	73.2	--	82.9	55.7	41.0	63.2	75.1
Cigarettes	6.0	--	21.4	--	37.4	--	51.2	26.1	25.9	38.9	50.0
Smokeless Tobacco	1.9	--	4.6	--	16.2	--	21.1	9.8	10.1	14.5	17.5
Marijuana	0.9	--	12.7	--	26.1	--	45.2	18.3	16.5	34.1	44.8
Inhalants	6.2	--	12.2	--	10.1	--	9.3	9.3	17.1	13.1	11.4
Cocaine	0.1	--	1.0	--	3.5	--	11.5	3.3	3.7	5.2	8.0
Crack Cocaine	0.4	--	1.0	--	1.5	--	3.3	1.4	2.4	2.5	3.5
Heroin	0.0	--	0.2	--	0.7	--	2.4	0.7	1.5	1.5	1.5
Hallucinogens	0.3	--	2.3	--	5.9	--	11.9	4.3	3.8	5.8	8.8
Methamphetamine	0.1	--	0.6	--	2.4	--	3.5	1.4	3.1	4.1	4.5
Ecstasy	0.0	--	2.2	--	4.0	--	6.6	2.8	2.8	4.0	5.4
Steroids	0.8	--	1.5	--	1.5	--	1.5	1.3	1.7	2.0	2.6
Any Illicit Drug (Other than Marijuana)	7.1	--	14.5	--	15.5	--	20.6	13.6	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.
[1] Johnston, O'Malley, Bachman & Schulenberg (2005b).

Table 4. Past-30-Day Use of Alcohol, Tobacco and Other Drugs

	Erie County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Alcohol	3.9	--	16.8	--	40.2	--	59.0	26.1	17.1	33.2	47.0
Binge Drinking	1.5	--	8.1	--	25.1	--	41.5	16.2	10.5	21.0	28.1
Cigarettes	0.9	--	8.1	--	19.0	--	28.6	12.4	9.3	14.9	23.2
Smokeless Tobacco	0.5	--	1.9	--	6.9	--	7.3	3.7	3.3	5.6	7.6
Marijuana	0.5	--	5.9	--	15.9	--	25.9	10.4	6.6	15.2	19.8
Inhalants	1.9	--	3.6	--	2.7	--	2.4	2.6	4.2	2.2	2.0
Cocaine	0.0	--	0.6	--	1.1	--	4.0	1.2	1.0	1.5	2.3
Crack Cocaine	0.1	--	0.6	--	0.2	--	1.5	0.5	0.6	0.7	1.0
Heroin	0.0	--	0.0	--	0.2	--	1.1	0.2	0.5	0.5	0.5
Hallucinogens	0.0	--	0.4	--	3.1	--	5.8	1.9	1.1	1.5	1.9
Methamphetamine	0.0	--	0.3	--	0.9	--	0.9	0.5	0.7	1.1	0.9
Ecstasy	0.1	--	0.9	--	0.7	--	2.0	0.8	0.6	1.0	1.0
Steroids	0.3	--	0.4	--	1.1	--	1.1	0.7	0.5	0.6	0.9
Any Illicit Drug (Other than Marijuana)	2.3	--	4.3	--	6.3	--	9.2	5.0	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.
[1] Johnston et al. (2005b).

Comparisons to Pennsylvania Statewide Results

Additional context for evaluating the pattern of ATOD use reported by Erie County students is provided by a comparison to statewide results from the 2005 *PAYS*. This comparison—as well as other comparisons to statewide results throughout this report—focuses on results recorded for individual grade levels. Comparisons of overall results can be valuable as well, but consideration should be given to how differences in the composition of each sample across grade levels may impact the validity of the comparison. For example, overall results from a school district that only surveyed students in grades 6 and 8 are not directly comparable to overall results from a statewide survey that included students in grades 6, 8, 10 and 12.

Lifetime and past-30-day prevalence rates for surveyed students in Pennsylvania are presented in Tables 5 and 6. (Please note that throughout this report tables that include statewide results are shaded orange, while tables that include county or district results are shaded blue.) Across the four comparison grades (6th, 8th, 10th and 12th), students in Erie County reported average levels of lifetime substance use that are not markedly different than those of Pennsylvania statewide. The largest grade-level differences in lifetime substance use were for smokeless tobacco in the 12th grade (21.1% versus 25.3% for Pennsylvania statewide), marijuana in the 8th grade (12.7% versus 7.7% for Pennsylvania statewide), cigarettes in the 12th grade (51.2% versus 54.5% for Pennsylvania statewide) and alcohol in the 6th grade (26.8% versus 23.5% for Pennsylvania statewide).

For past-30-day ATOD use, students in Erie County reported higher average levels of alcohol and marijuana use and binge drinking than Pennsylvania statewide. The largest grade-level differences in past-30-day substance use were for binge drinking in the 10th and 12th grades (25.1% and 41.5% versus 19.6% and 33.7% for Pennsylvania statewide) and alcohol in the 12th grade (59.0% versus 53.7% for Pennsylvania statewide).

Table 5. Lifetime Use of Alcohol, Tobacco and Other Drugs, Pennsylvania Statewide								
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Alcohol	23.5	--	52.9	--	74.8	--	85.0	58.8
Cigarettes	6.3	--	20.4	--	38.8	--	54.5	29.6
Smokeless Tobacco	2.5	--	5.4	--	16.0	--	25.3	12.0
Marijuana	0.8	--	7.7	--	25.2	--	44.8	19.1
Inhalants	7.3	--	10.9	--	10.8	--	9.2	9.6
Cocaine	0.2	--	0.8	--	4.3	--	9.5	3.6
Crack Cocaine	0.2	--	1.0	--	2.7	--	3.1	1.7
Heroin	0.2	--	0.4	--	1.0	--	2.3	0.9
Hallucinogens	0.3	--	1.4	--	4.9	--	9.9	4.0
Methamphetamine	0.1	--	0.6	--	2.4	--	2.8	1.5
Ecstasy	0.2	--	1.3	--	4.5	--	6.6	3.1
Steroids	0.7	--	1.1	--	1.6	--	1.7	1.3
Any Illicit Drug (Other than Marijuana)	8.0	--	12.3	--	16.3	--	20.8	14.2

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Table 6. Past-30-Day Use of Alcohol, Tobacco and Other Drugs, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Alcohol	2.6	--	14.5	--	36.5	--	53.7	26.3
Binge Drinking	1.0	--	6.7	--	19.6	--	33.7	14.9
Cigarettes	1.0	--	6.4	--	18.4	--	28.5	13.3
Smokeless Tobacco	0.5	--	2.4	--	8.7	--	11.1	5.6
Marijuana	0.3	--	3.5	--	12.0	--	22.9	9.4
Inhalants	2.5	--	3.9	--	4.1	--	3.1	3.4
Cocaine	0.0	--	0.3	--	1.4	--	2.8	1.1
Crack Cocaine	0.0	--	0.5	--	0.8	--	0.5	0.5
Heroin	0.1	--	0.2	--	0.3	--	0.6	0.3
Hallucinogens	0.1	--	0.4	--	1.8	--	3.7	1.4
Methamphetamine	0.0	--	0.3	--	0.6	--	0.7	0.4
Ecstasy	0.0	--	0.5	--	0.8	--	1.1	0.6
Steroids	0.2	--	0.3	--	0.4	--	0.6	0.4
Any Illicit Drug (Other than Marijuana)	2.7	--	4.7	--	6.9	--	8.5	5.6

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Item-Level Results

Alcohol

Alcohol, including beer, wine and hard liquor, is the drug used most often by adolescents today. Findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In comparison, cigarette use (the second most pervasive category of ATOD use) is only about half as prevalent as alcohol use. Given the national pattern, it is not surprising that alcohol is the most used drug among students in Erie County.
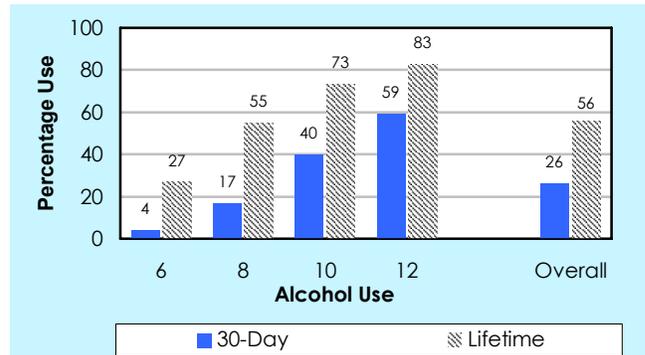

Lifetime Use:

- Lifetime prevalence of alcohol use ranges from a low of 26.8% for 6th graders to a high of 82.9% for 12th graders. Overall, 55.7% of Erie County students have used alcohol at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported higher rates of lifetime alcohol use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 6th graders, lower among 12th graders and similar among 8th and 10th graders.

Past-30-Day Use:

- Past-30-day prevalence of alcohol use ranges from a low of 3.9% for 6th graders to a high of 59.0% for 12th graders. Overall, 26.1% of Erie County students have used alcohol at least once in the last 30 days.
- Compared to national findings, 8th graders reported a similar rate of past-30-day alcohol use and 10th and 12th graders reported higher rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were higher among 8th, 10th and 12th graders and similar among 6th graders.

Binge drinking (defined as a report of five or more drinks in a row within the past two weeks) is 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. As with alcohol use in general, binge drinking tends to become more pervasive as students grow older.
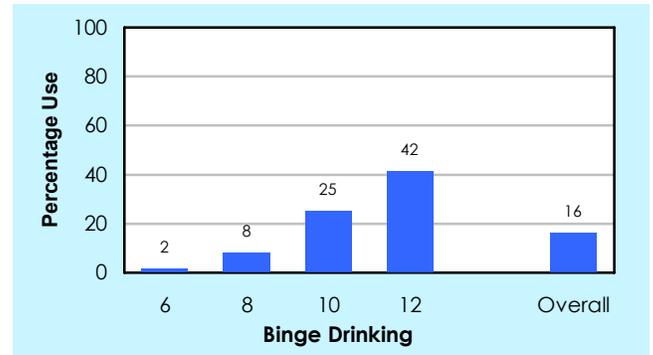

- Across grades, the prevalence rate of binge drinking ranges from a low of 1.5% for 6th graders to a high of 41.5% for 12th graders. Overall, 16.2% of Erie County students have reported at least one episode of binge drinking in the past two weeks.
- Compared to national findings, 8th graders reported a lower rate of binge drinking and 10th and 12th graders reported higher rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of use that were higher among 10th and 12th graders and similar among 6th and 8th graders.

Tobacco

After alcohol, tobacco (including cigarettes and smokeless tobacco) is the most commonly used drug among adolescents. Nationally, tobacco use (including both cigarettes and smokeless tobacco) has declined substantially since the late 1990s (Johnston et al., 2005b).

Lifetime Cigarette Use:

- Lifetime prevalence of cigarette use ranges from a low of 6.0% for 6th graders to a high of 51.2% for 12th graders. Overall, 26.1% of Erie County students have used cigarettes at least once in their lifetimes.
- Compared to national findings, 8th graders reported a lower rate of lifetime cigarette use and 10th and 12th graders reported similar rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were lower among 12th graders and similar among 6th, 8th and 10th graders.
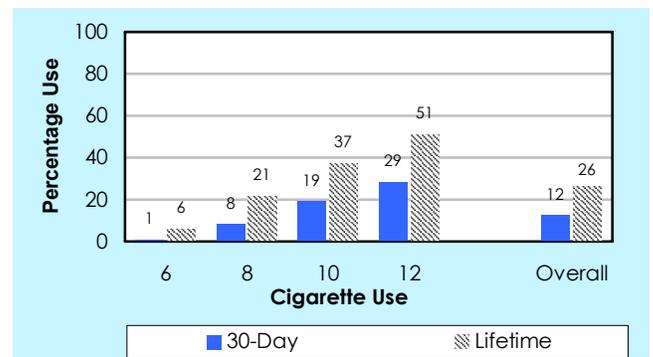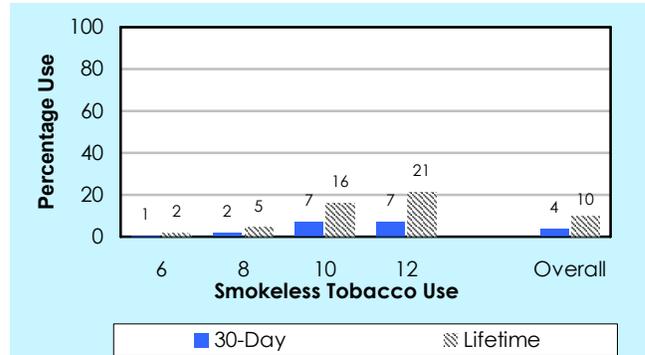
Past-30-Day Cigarette Use:

- Past-30-day prevalence of cigarette use ranges from a low of 0.9% for 6th graders to a high of 28.6% for 12th graders. Overall, 12.4% of Erie County students have used cigarettes at least once in the last 30 days.
- Compared to national findings, 8th graders reported a similar rate of past-30-day cigarette use and 10th and 12th graders reported higher rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Lifetime Smokeless Tobacco Use:

- Lifetime prevalence of smokeless tobacco use ranges from a low of 1.9% for 6th graders to a high of 21.1% for 12th graders. Overall, 9.8% of Erie County students have used smokeless tobacco at least once in their lifetimes.
- Compared to national findings, 8th graders reported a lower rate of lifetime smokeless tobacco use, 10th graders reported a similar rate and 12th graders reported a higher rate of use.

- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were lower among 12th graders and similar among 6th, 8th and 10th graders.

Past-30-Day Smokeless Tobacco Use:

- Past-30-day prevalence of smokeless tobacco use ranges from a low of 0.5% for 6th graders to a high of 7.3% for 12th graders. Overall, 3.7% of Erie County students have used smokeless tobacco at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day smokeless tobacco use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were lower among 12th graders, the same among 6th graders and similar among 8th and 10th graders.

Marijuana

During the 1990s, there were major changes in trends of marijuana use throughout the United States. Results from the *Monitoring the Future* study show dramatic increases in both lifetime and past-30-day prevalence rates through the early and mid 1990s (Johnston et al., 2005b). For 8th and 10th graders, the past-30-day rates more than doubled during this period. Since 1996 and 1997, when past-30-day marijuana use peaked, rates have declined.

Lifetime Use:

- Lifetime prevalence of marijuana use ranges from a low of 0.9% for 6th graders to a high of 45.2% for 12th graders. Overall, 18.3% of Erie County students have used marijuana at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime marijuana use and 12th graders reported a similar rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 8th graders and similar among 6th, 10th and 12th graders.
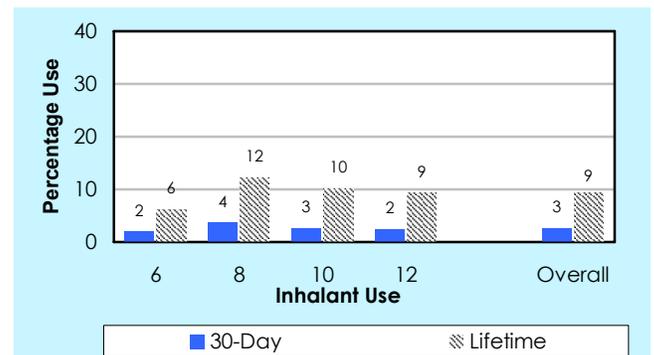
Past-30-Day Use:

- Past-30-day prevalence of marijuana use ranges from a low of 0.5% for 6th graders to a high of 25.9% for 12th graders. Overall, 10.4% of Erie County students have used marijuana at least once in the last 30 days.
- Compared to national findings, 8th and 10th graders reported similar rates of past-30-day marijuana use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were higher among 8th, 10th and 12th graders and similar among 6th graders.
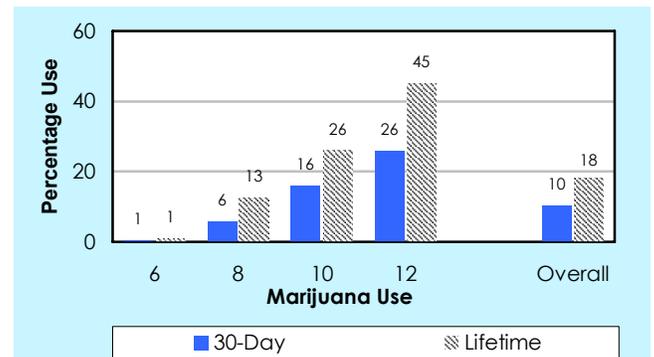
Inhalants

Inhalant use is more prevalent with younger students, perhaps because inhalants are often the easiest drugs for them to obtain. The health consequences of inhalant use can be substantial, including brain damage and heart failure. Inhalant use was measured by the survey question "On how many occasions (if any) have you used inhalants (whippets, butane, paint thinner, or glue to sniff, etc.)?" Comparisons with the *Monitoring the Future* study (national results) should be made carefully because there are differences in survey questions for this class of drugs.

Lifetime Use:

- Lifetime prevalence of inhalant use ranges from a low of 6.2% for 6th graders to a high of 12.2% for 8th graders. Overall, 9.3% of Erie County students have used inhalants at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported lower rates of lifetime inhalant use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of inhalant use ranges from a low of 1.9% for 6th graders to a high of 3.6% for 8th graders. Overall, 2.6% of Erie County students have used inhalants at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day inhalant use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Other Illicit Drugs

The 2005 *PAYS* also measures the prevalence of use for a variety of other drugs. This includes student use of the following: cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy, and steroids. The rates for prevalence of use of these other drugs are generally lower than the rates for alcohol, tobacco, marijuana and inhalants. Additionally, use of these other drugs tends to be concentrated in the upper grade levels.

Cocaine

Cocaine is a powerfully addictive stimulant that directly affects the brain. Users may develop tolerance and need more and more of the drug to feel the same effects. Cocaine use can cause a variety of physical problems, including chest pain, strokes, seizures and abnormal heart rhythm.

Lifetime Use:

- Lifetime prevalence of cocaine use ranges from a low of 0.1% for 6th graders to a high of 11.5% for 12th graders. Overall, 3.3% of Erie County students have used cocaine at least once in their lifetimes.
- Compared to national findings, 8th graders reported a lower rate of lifetime cocaine use, 10th graders reported a similar rate and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 12th graders and similar among 6th, 8th and 10th graders.

Past-30-Day Use:

- Past-30-day prevalence of cocaine use ranges from a low of 0.0% for 6th graders to a high of 4.0% for 12th graders. Overall, 1.2% of Erie County students have used cocaine at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day cocaine use.

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- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Crack Cocaine

"Crack" is the street name given to the freebase form of cocaine, which has been processed into a less expensive, smokeable drug. Because crack is smoked, the user experiences a very quick, intense, but short-term high. Smoking large quantities of crack can cause acute problems, including cough, shortness of breath, and severe chest pains.

Lifetime Use:

- Lifetime prevalence of crack cocaine use ranges from a low of 0.4% for 6th graders to a high of 3.3% for 12th graders. Overall, 1.4% of Erie County students have used crack cocaine at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime crack cocaine use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were the same among 8th graders and similar among 6th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of crack cocaine use ranges from a low of 0.1% for 6th graders to a high of 1.5% for 12th graders. Overall, 0.5% of Erie County students have used crack cocaine at least once in the last 30 days.
- Compared to national findings, 8th graders reported the same rate of past-30-day crack cocaine use and 10th and 12th graders reported similar rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Heroin

Heroin is a highly addictive drug with rapid effects. Processed from morphine, heroin is usually injected, snorted or smoked. Physical dependence on the drug often develops among users. Long-term health problems caused by heroin use include collapsed veins, kidney or liver disease and bacterial infections.

Lifetime Use:

- Lifetime prevalence of heroin use ranges from a low of 0.0% for 6th graders to a high of 2.4% for 12th graders. Overall, 0.7% of Erie County students have used heroin at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime heroin use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of heroin use ranges from a low of 0.0% for 6th and 8th graders to a high of 1.1% for 12th graders. Overall, 0.2% of Erie County students have used heroin at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day heroin use.

- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Hallucinogens

Hallucinogenic drugs can have short- and long-term effects on perception and mood. For instance, users of LSD, the most potent mood- and perception-altering drug, may have unpredictable experiences (known as "trips") ranging from pleasant hallucinations to terrifying thoughts and feelings. LSD can also cause physical complications, including increased blood pressure and heart rate, dizziness, loss of appetite, nausea and numbness. For the purposes of the 2005 *PAYS*, hallucinogens were defined as "hallucinogens (acid, LSD, and 'shrooms)."

Lifetime Use:

- Lifetime prevalence of hallucinogen use ranges from a low of 0.3% for 6th graders to a high of 11.9% for 12th graders. Overall, 4.3% of Erie County students have used hallucinogens at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported similar rates of lifetime hallucinogen use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 12th graders, the same among 6th graders and similar among 8th and 10th graders.

Past-30-Day Use:

- Past-30-day prevalence of hallucinogen use ranges from a low of 0.0% for 6th graders to a high of 5.8% for 12th graders. Overall, 1.9% of Erie County students have used hallucinogens at least once in the last 30 days.
- Compared to national findings, 8th and 10th graders reported similar rates of past-30-day hallucinogen use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were higher among 12th graders, the same among 8th graders and similar among 6th and 10th graders.

Methamphetamine

Methamphetamine is a highly addictive stimulant with effects similar to cocaine. Use of methamphetamine can cause physical and psychological problems, such as rapid or irregular heart rate, increased blood pressure, anxiety and insomnia.

Lifetime Use:

- Lifetime prevalence of methamphetamine use ranges from a low of 0.1% for 6th graders to a high of 3.5% for 12th graders. Overall, 1.4% of Erie County students have used methamphetamine at least once in their lifetimes.
- Compared to national findings, 8th graders reported a lower rate of lifetime methamphetamine use and 10th and 12th graders reported similar rates of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were the same among 6th, 8th and 10th graders and similar among 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of methamphetamine use ranges from a low of 0.0% for 6th graders to a high of 0.9% for 10th and 12th graders. Overall, 0.5% of Erie County students have used methamphetamine at least once in the last 30 days.
- Compared to national findings, 8th and 10th graders reported similar rates of past-30-day methamphetamine use and 12th graders reported the same rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were the same among 6th and 8th graders and similar among 10th and 12th graders.

Ecstasy

Ecstasy (also known as MDMA) has both stimulant and hallucinogenic effects. After showing a rapid increase in use nationwide from 1998 to 2001, use of Ecstasy appears to have declined in recent years, while the proportion of young people perceiving it as dangerous has increased (Johnston et al., 2005b).

Lifetime Use:

- Lifetime prevalence of Ecstasy use ranges from a low of 0.0% for 6th graders to a high of 6.6% for 12th graders. Overall, 2.8% of Erie County students have used Ecstasy at least once in their lifetimes.
- Compared to national findings, 8th and 12th graders reported similar rates of lifetime Ecstasy use and 10th graders reported the same rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were the same among 12th graders and similar among 6th, 8th and 10th graders.

Past-30-Day Use:

- Past-30-day prevalence of Ecstasy use ranges from a low of 0.1% for 6th graders to a high of 2.0% for 12th graders. Overall, 0.8% of Erie County students have used Ecstasy at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day Ecstasy use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Steroids

The primary use for steroids in humans is to raise inadequate levels of testosterone. However, some athletes misuse the drug to "improve" their appearance or athletic performance. Improper use of steroids can prematurely stop the lengthening of bones as well as cause infertility and liver tumors.

Lifetime Use:

- Lifetime prevalence of steroid use ranges from a low of 0.8% for 6th graders to a high of 1.5% for 8th, 10th and 12th graders. Overall, 1.3% of Erie County students have used steroids at least once in their lifetimes.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of lifetime steroid use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were similar across all of the comparison grades.
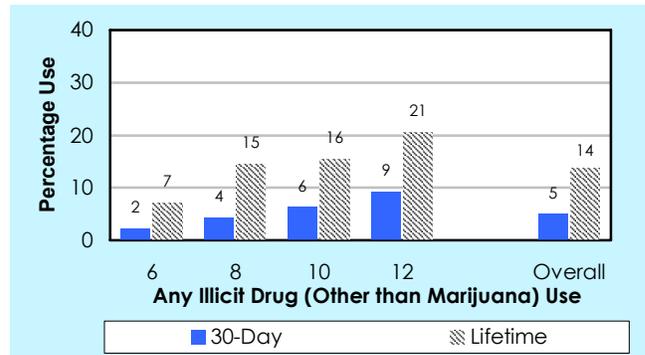
Past-30-Day Use:

- Past-30-day prevalence of steroid use ranges from a low of 0.3% for 6th graders to a high of 1.1% for 10th and 12th graders. Overall, 0.7% of Erie County students have used steroids at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day steroid use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Any Illicit Drug (Other than Marijuana)

The final ATOD indicator reports on the use of any illicit drug other than marijuana. This drug combination rate—which includes use of one or more of the following drugs: inhalants, cocaine, crack cocaine, heroin, hallucinogens, methamphetamine, Ecstasy and steroids— provides prevention planners with an overall indicator of so-called "hard" drug use. Marijuana use is excluded from this index because the higher prevalence of marijuana use tends to obscure the presence or absence of the other drugs. In other words, an indicator of

"Any Illicit Drug Use (*Including* Marijuana)" primarily measures marijuana use. Direct comparisons to *Monitoring the Future* results are not available for this measure.

Lifetime Use:

- Lifetime prevalence of any illicit drug (other than marijuana) use ranges from a low of 7.1% for 6th graders to a high of 20.6% for 12th graders. Overall, 13.6% of Erie County students have used any illicit drug (other than marijuana) at least once in their lifetimes.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 8th graders and similar among 6th, 10th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of any illicit drug (other than marijuana) use ranges from a low of 2.3% for 6th graders to a high of 9.2% for 12th graders. Overall, 5.0% of Erie County students have used any illicit drug (other than marijuana) at least once in the last 30 days.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Prescription Drugs

In recent years the nonmedical use of prescription drugs has emerged as a major public health issue. Both the *National Survey on Drug Use and Health* (Substance Abuse and Mental Health Services Administration, 2003) and the *Monitoring the Future* study (Johnston et al., 2005b), two major sources of youth drug abuse prevalence data, have reported increases in the unauthorized use of prescription drugs. This trend is particularly troubling given the adverse health consequences related to prescription drug abuse, which include addiction, physical dependence and the possibility of overdose.

Despite these concerns, the research community is still in the early stages of developing survey methods that can accurately measure the prevalence of prescription drug abuse. If anonymity is ensured, most students will honestly and accurately report their use of alcohol, tobacco, marijuana and other easily recognized categories of illicit drugs. The measurement of prescription drug use, however, is more complex. There are many prescription medicines that are subject to abuse, making it impossible to present an exhaustive list. Also, respondents may have difficulty identifying the names of prescription drugs they have used, and they may have difficulty distinguishing between prescription and over-the-counter medications.

With these challenges in mind, the 2005 *PAYS* included 12 questions designed to measure prevalence-of-use rates across four prescription drug categories: amphetamines, sedatives, tranquilizers, and narcotics other than heroin. Results for Erie County are presented in Tables 7, 8 and 9, and results for Pennsylvania statewide are presented in Tables 10, 11 and 12.

Amphetamines

Lifetime, past-12-month, and past-30-day prevalence of amphetamine use was measured using this survey question:

Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim®) or stay-awake pills (like No-Doz®), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own— that is, without a doctor telling you to take them?

Lifetime Use:

- Lifetime prevalence of amphetamine use ranges from a low of 2.4% for 6th graders to a high of 15.5% for 12th graders. Overall, 6.4% of Erie County students have used amphetamines at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported lower rates of lifetime amphetamine use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 12th graders, lower among 10th graders and similar among 6th and 8th graders.

Past-12-Month Use:

- Past-12-month prevalence of amphetamine use ranges from a low of 0.8% for 6th graders to a high of 10.9% for 12th graders. Overall, 4.4% of Erie County students have used amphetamines at least once in the last 12 months.
- Compared to national findings, 8th and 10th graders reported lower rates of past-12-month amphetamine use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-12-month use that were lower among 10th graders and similar among 6th, 8th and 12th graders.

Past-30-Day Use:

- Past-30-day prevalence of amphetamine use ranges from a low of 0.1% for 6th graders to a high of 6.5% for 12th graders. Overall, 2.3% of Erie County students have used amphetamines at least once in the last 30 days.

- Compared to national findings, 8th and 10th graders reported similar rates of past-30-day amphetamine use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were higher among 12th graders and similar among 6th, 8th and 10th graders.

Sedatives

Lifetime, past-12-month, and past-30-day prevalence of sedative use was measured using this survey question:

Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and include phenobarbital, Tuinal, Nembutal, and Seconal. On how many occasions (if any) have you taken sedatives on your own—that is, without a doctor telling you to take them?

Lifetime Use:

- Lifetime prevalence of sedative use ranges from a low of 2.4% for 6th graders to a high of 11.3% for 12th graders. Overall, 5.9% of Erie County students have used sedatives at least once in their lifetimes.
- Compared to national findings, 12th graders reported a similar rate of lifetime sedative use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were similar across all of the comparison grades.

Past-12-Month Use:

- Past-12-month prevalence of sedative use ranges from a low of 1.2% for 6th graders to a high of 9.6% for 12th graders. Overall, 4.1% of Erie County students have used sedatives at least once in the last 12 months.
- Compared to national findings, 12th graders reported a higher rate of past-12-month sedative use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-12-month use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of sedative use ranges from a low of 0.5% for 6th graders to a high of 6.0% for 12th graders. Overall, 2.4% of Erie County students have used sedatives at least once in the last 30 days.
- Compared to national findings, 12th graders reported a higher rate of past-30-day sedative use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Tranquilizers

Lifetime, past-12-month, and past-30-day prevalence of tranquilizer use was measured using this survey question:

Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to take them?

Lifetime Use:

- Lifetime prevalence of tranquilizer use ranges from a low of 0.5% for 6th graders to a high of 12.2% for 12th graders. Overall, 4.6% of Erie County students have used tranquilizers at least once in their lifetimes.
- Compared to national findings, 8th and 10th graders reported similar rates of lifetime tranquilizer use and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were similar across all of the comparison grades.

Past-12-Month Use:

- Past-12-month prevalence of tranquilizer use ranges from a low of 0.3% for 6th graders to a high of 8.9% for 12th graders. Overall, 3.2% of Erie County students have used tranquilizers at least once in the last 12 months.
- Compared to national findings, 8th graders reported a similar rate of past-12-month tranquilizer use, 10th graders reported the same rate and 12th graders reported a higher rate of use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-12-month use that were similar across all of the comparison grades.

Past-30-Day Use:

- Past-30-day prevalence of tranquilizer use ranges from a low of 0.0% for 6th graders to a high of 4.7% for 12th graders. Overall, 1.8% of Erie County students have used tranquilizers at least once in the last 30 days.
- Compared to national findings, 8th, 10th and 12th graders reported similar rates of past-30-day tranquilizer use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were similar across all of the comparison grades.

Narcotics Other Than Heroin

Lifetime, past-12-month, and past-30-day prevalence of use of narcotics other than heroin was measured using this survey question:

There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to take them?

Lifetime Use:

- Lifetime prevalence of other narcotic use ranges from a low of 0.3% for 6th graders to a high of 18.8% for 12th graders. Overall, 7.0% of Erie County students have used other narcotics at least once in their lifetimes.
- Compared to national findings, 12th graders reported a higher rate of lifetime other narcotic use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of lifetime use that were higher among 10th and 12th graders and similar among 6th and 8th graders.

Past-12-Month Use:

- Past-12-month prevalence of other narcotic use ranges from a low of 0.0% for 6th graders to a high of 14.3% for 12th graders. Overall, 5.3% of Erie County students have used other narcotics at least once in the last 12 months.
- Compared to national findings, 12th graders reported a higher rate of past-12-month other narcotic use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-12-month use that were higher among 10th and 12th graders and similar among 6th and 8th graders.

Past-30-Day Use:

- Past-30-day prevalence of other narcotic use ranges from a low of 0.1% for 6th graders to a high of 7.4% for 12th graders. Overall, 2.9% of Erie County students have used other narcotics at least once in the last 30 days.
- Compared to national findings, 12th graders reported a higher rate of past-30-day other narcotic use.
- Compared to Pennsylvania statewide, students in Erie County reported rates of past-30-day use that were higher among 12th graders, the same among 6th graders and similar among 8th and 10th graders.

Table 7. Lifetime Nonmedical Prescription Drug Use

	Erie County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Amphetamines	2.4	--	3.6	--	7.1	--	15.5	6.4	7.4	11.1	13.1
Sedatives	2.4	--	3.9	--	8.4	--	11.3	5.9	--	--	10.5
Tranquilizers	0.5	--	2.4	--	6.4	--	12.2	4.6	4.1	7.1	9.9
Other Narcotics	0.3	--	2.8	--	11.9	--	18.8	7.0	--	--	12.8

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data is only available for 8th, 10th and 12th graders.
[1] Johnston et al., (2005b).

Table 8. Past-12-Month Nonmedical Prescription Drug Use

	Erie County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Amphetamines	0.8	--	2.9	--	5.3	--	10.9	4.4	4.9	7.8	8.6
Sedatives	1.2	--	2.4	--	5.5	--	9.6	4.1	--	--	7.2
Tranquilizers	0.3	--	1.4	--	4.8	--	8.9	3.2	2.8	4.8	6.8
Other Narcotics	0.0	--	2.0	--	9.3	--	14.3	5.3	--	--	9.0

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.
[1] Johnston et al. (2005b).

Table 9. Past-30-Day Nonmedical Prescription Drug Use

	Erie County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Amphetamines	0.1	--	1.1	--	3.3	--	6.5	2.3	2.3	3.7	3.9
Sedatives	0.5	--	1.1	--	3.5	--	6.0	2.4	--	--	3.3
Tranquilizers	0.0	--	0.8	--	3.1	--	4.7	1.8	1.3	2.3	2.9
Other Narcotics	0.1	--	1.1	--	5.2	--	7.4	2.9	--	--	3.9

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data are only available for 8th, 10th and 12th graders.
[1] Johnston et al. (2005b).

Table 10. Lifetime Nonmedical Prescription Drug Use, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Amphetamines	1.6	--	3.5	--	10.8	--	13.3	7.3
Sedatives	1.9	--	4.8	--	9.2	--	12.0	7.0
Tranquilizers	1.1	--	2.0	--	6.9	--	11.2	5.3
Other Narcotics	0.5	--	1.7	--	9.0	--	16.6	6.8

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Table 11. Past-12-Month Nonmedical Prescription Drug Use, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Amphetamines	0.7	--	2.3	--	7.6	--	9.7	5.1
Sedatives	0.8	--	2.3	--	7.3	--	8.8	4.8
Tranquilizers	0.4	--	1.2	--	4.4	--	8.2	3.5
Other Narcotics	0.2	--	0.9	--	6.9	--	11.6	4.8

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Table 12. Past-30-Day Nonmedical Prescription Drug Use, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Amphetamines	0.3	--	1.0	--	4.4	--	4.4	2.5
Sedatives	0.4	--	1.3	--	4.2	--	4.2	2.6
Tranquilizers	0.2	--	0.4	--	2.4	--	3.7	1.7
Other Narcotics	0.1	--	0.4	--	3.5	--	5.4	2.3

Note: The symbol "--" indicates that data are not available because students were not surveyed.

Section 3
Other Antisocial Behaviors

Introduction

The 2005 *PAYS* also measures a series of seven other problem, or antisocial, behaviors—that is, behaviors that run counter to established norms of good behavior.

- Attacking Someone with Intent to Harm
- Attempting to Steal a Vehicle
- Being Arrested
- Being Drunk or High at School

- Getting Suspended
- Selling Drugs
- Bringing a Weapon (Such as a Gun, Knife or Club) to School

Measurement

As with alcohol, tobacco and other drug use, prevalence tables and graphs are employed to illustrate the percentages of students who reported other antisocial behaviors. For the first six other antisocial behaviors, prevalence rates are presented for the incidence of behavior over the past 12 months. For *Bringing a Weapon (Such as a Gun, Knife or Club) to School*, prevalence rates are reported for the past 30 days. In addition, frequency data for *Bringing a Weapon (Such as a Gun, Knife or Club) to School*, illustrating the number of occasions that students reported bringing a weapon to school within the past 30 days, are presented in Appendix A.

Results Summary

Overall Results

Other antisocial behavior prevalence rates for the combined sample of 6th, 8th, 10th and 12th graders are presented in Graph 3, and in the overall results column of Table 13. Across all grades, 11.0% of students reported *Attacking Someone with Intent to Harm* in the past year, making it the most prevalent of the seven behaviors in Erie County. *Being Drunk or High at School* is the second most prevalent antisocial behavior, with 10.5% of Erie County students reporting having been drunk or high at school in the past year.

Students in Erie County reported very low levels of participation in the following antisocial behaviors: *Being Arrested*, *Attempting to Steal a Vehicle* and *Bringing a Weapon to School*.

Graph 3. Overall Prevalence of Other Antisocial Behaviors

Graph 3. Overall Prevalence of Other Antisocial Behaviors
- Attacking Someone with Intent to Harm: 11
- Attempting to Steal a Vehicle: 2
- Being Arrested: 4
- Being Drunk or High at School: 11
- Getting Suspended: 10
- Selling Drugs: 4
- Bringing a Weapon to School: 2
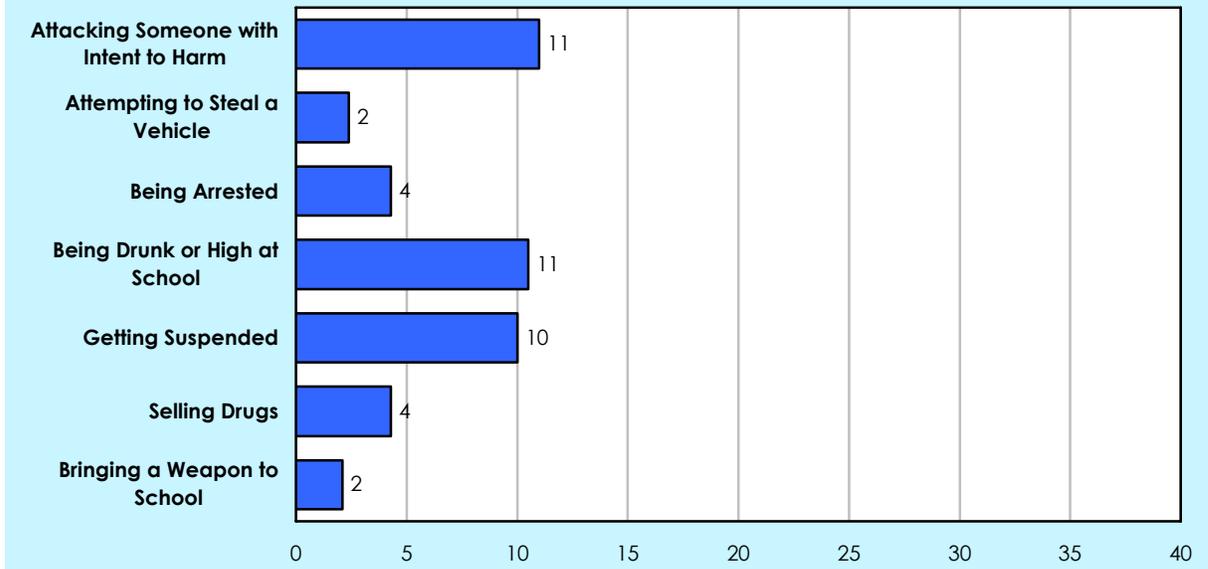
Grade-Level Results

Other antisocial behavior prevalence rates within individual grades are presented in Graph 4 and Table 13. In many communities, these behaviors reveal a complex pattern of changes across grades. Typically, reports of *Being Drunk or High at School* and *Selling Drugs* follow the ATOD model, with prevalence rates increasing through the upper grade levels. In contrast, reports of *Attacking Someone with Intent to Harm*, *Getting Suspended* and *Being Arrested* often peak in the late middle school or early high school years. Prevalence rates for *Attempting to Steal a Vehicle* and *Bringing a Weapon (Such as a Gun, Knife or Club) to School* are generally too low to allow meaningful comparisons across grade levels.

Graph 4. Prevalence of Selected Other Antisocial Behaviors, by Grade

Legend:
- Attacking with Intent to Harm
- Being Drunk or High at School
- Being Arrested
- Bringing a Weapon to School

Prevention planners in Erie County should review the other antisocial behavior profiles within individual grades, with special attention toward behaviors that show a marked deviation from these patterns.
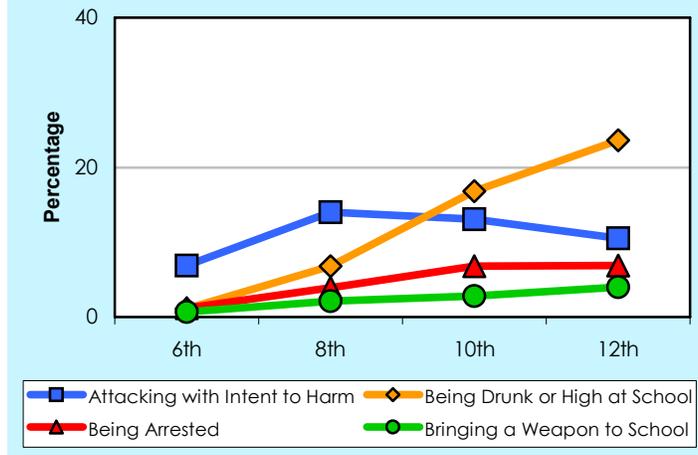
Table 13. Prevalence of Other Antisocial Behaviors, Erie County

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Attacking Someone with Intent to Harm	6.9	--	14.0	--	13.1	--	10.5	11.0
Attempting to Steal a Vehicle	0.3	--	2.2	--	4.6	--	3.1	2.4
Being Arrested	1.2	--	3.9	--	6.8	--	6.9	4.3
Being Drunk or High at School	1.1	--	6.8	--	16.8	--	23.6	10.5
Getting Suspended	8.1	--	14.8	--	8.4	--	7.3	10.0
Selling Drugs	0.3	--	2.1	--	8.4	--	9.3	4.3
Bringing a Weapon to School	0.7	--	2.1	--	2.8	--	4.0	2.1
Average	**2.7**	**--**	**6.6**	**--**	**8.7**	**--**	**9.2**	**6.4**

Comparisons to Pennsylvania Statewide

Additional context for evaluating the pattern of other antisocial behaviors reported by Erie County students is provided by a comparison to results from Pennsylvania statewide. Prevalence rates for surveyed students in Pennsylvania are presented in Table 14. Across the four comparison grades (6th, 8th, 10th and 12th), students in Erie County reported a higher average level of *Being Drunk or High at School* than Pennsylvania statewide. The largest grade-level differences in other antisocial behaviors were for *Getting Suspended* in the 8th and 12th grades (14.8% and 7.3% versus 11.1% and 12.4% for Pennsylvania statewide) and *Being Drunk or High at School* in the 10th grade (16.8% versus 12.6% for Pennsylvania statewide).

## Table 14. Prevalence of Other Antisocial Behaviors, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Attacking Someone with Intent to Harm	5.9	--	12.2	--	14.9	--	13.7	11.7
Attempting to Steal a Vehicle	0.5	--	1.7	--	3.2	--	2.8	2.1
Being Arrested	1.0	--	4.4	--	6.9	--	8.3	5.1
Being Drunk or High at School	0.8	--	4.5	--	12.6	--	20.1	9.3
Getting Suspended	5.3	--	11.1	--	9.7	--	12.4	9.6
Selling Drugs	0.3	--	2.3	--	8.3	--	11.2	5.5
Bringing a Weapon to School	0.5	--	2.3	--	3.4	--	3.3	2.4
Average	**2.0**	**--**	**5.5**	**--**	**8.4**	**--**	**10.3**	**6.5**

Item-Level Results

Attacking Someone with Intent to Harm

Attacking someone with intent to harm is measured 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.

**Attacking Someone with Intent to Harm**

- Prevalence rates for *Attacking Someone with Intent to Harm* range from a low of 6.9% among 6th graders to a high of 14.0% among 8th graders.

- Overall, 11.0% of Erie County students reported having attacked someone with intent to harm in the past year.

- Compared to Pennsylvania statewide, students in Erie County reported rates that were lower among 12th graders and similar among 6th, 8th and 10th graders.
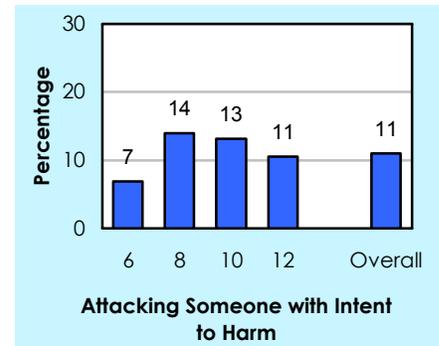
Attempting to Steal a Vehicle

Vehicle theft is measured 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?"


Attempting to Steal a Vehicle

- Prevalence rates for *Attempting to Steal a Vehicle* range from a low of 0.3% among 6th graders to a high of 4.6% among 10th graders.

- Overall, 2.4% of Erie County students reported having attempted to steal a vehicle in the past year.

- Compared to Pennsylvania statewide, students in Erie County reported rates that were similar across all of the comparison grades.
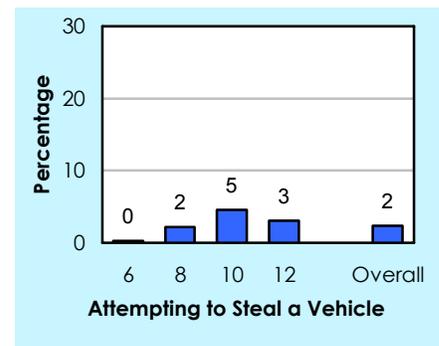
Being Arrested

Any student experience with being arrested is measured 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.

Being Arrested

- Prevalence rates for *Being Arrested* range from a low of 1.2% among 6th graders to a high of 6.9% among 12th graders.

- Overall, 4.3% of Erie County students reported having been arrested in the past year.
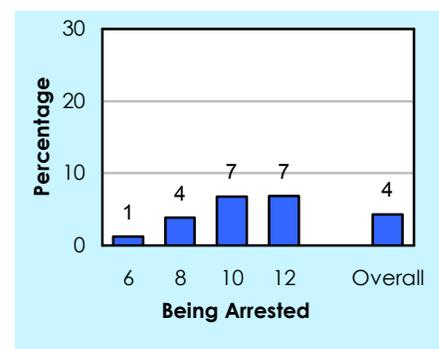
■ Compared to Pennsylvania statewide, students in Erie County reported rates that were similar across all of the comparison grades.

Being Drunk or High at School

Having been drunk or high at school is measured by the question "How many times in the past year (12 months) have you been drunk or high at school?"
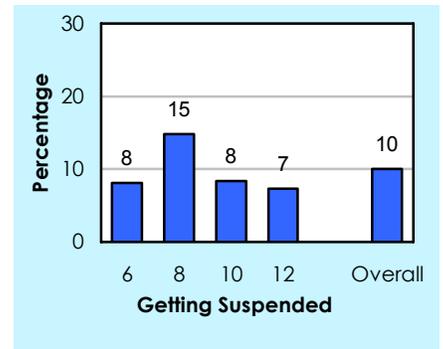
■ Prevalence rates for *Being Drunk or High at School* range from a low of 1.1% among 6th graders to a high of 23.6% among 12th graders.

■ Overall, 10.5% of Erie County students reported having been drunk or high at school in the past year.

Being Drunk or High at School

■ Compared to Pennsylvania statewide, students in Erie County reported rates that were higher among 8th, 10th and 12th graders and similar among 6th graders.
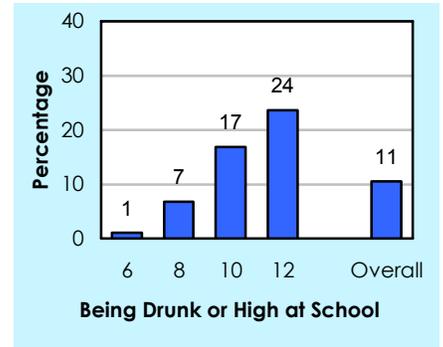
Getting Suspended

Suspension is measured 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. School suspension rates vary substantially from district to district. Therefore, these rates should be interpreted by someone knowledgeable about local school suspension policy.

■ Prevalence rates for *Getting Suspended* range from a low of 7.3% among 12th graders to a high of 14.8% among 8th graders.

Getting Suspended

■ Overall, 10.0% of Erie County students reported having been suspended in the past year.

■ Compared to Pennsylvania statewide, students in Erie County reported rates that were higher among 6th and 8th graders, lower among 12th graders and similar among 10th graders.

Selling Drugs

Selling drugs is measured by the question "How many times in the past year (12 months) have you sold illegal drugs?" Note that the question asks about, but does not define or specify, "illegal drugs."
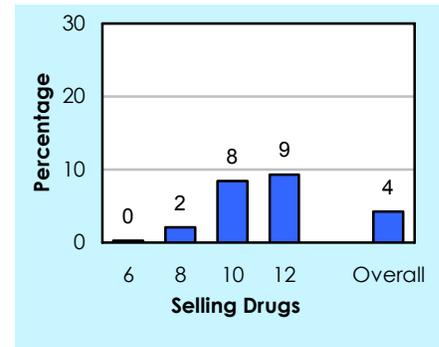
■ Prevalence rates for *Selling Drugs* range from a low of 0.3% among 6th graders to a high of 9.3% among 12th graders.

■ Overall, 4.3% of Erie County students reported having sold drugs in the past year.

■ Compared to Pennsylvania statewide, students in Erie County reported rates that were the same among 6th graders and similar among 8th, 10th and 12th graders.

Bringing a Weapon (Such as a Gun, Knife or Club) to School

Bringing a weapon (such as a gun, knife or club) to school is measured by the question "How many times in the past 30 days have you brought a weapon (such as a gun, knife or club) to school?"

■ Prevalence rates for *Bringing a Weapon to School* range from a low of 0.7% among 6th graders to a high of 4.0% among 12th graders.

■ Overall, 2.1% of Erie County students reported having brought a weapon to school in the past 30 days.

■ Compared to Pennsylvania statewide, students in Erie County reported rates that were similar across all of the comparison grades.
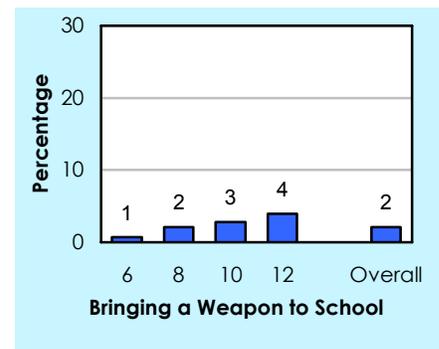
Section 4
Special Topics

Introduction

The 2005 *PAYS* included questions on the following special topics: age of onset of ATOD use and other antisocial behavior, driving under the influence of alcohol or marijuana, willingness to try or use ATODs, gambling, symptoms of depression, and the frequency of having been threatened or attacked at school.

Age of Onset of ATOD Use and Other Antisocial Behavior

Using age-of-initiation data to coordinate the timing of prevention efforts can be an important tool for maximizing program effectiveness. For example, programs delivered after the majority of potential drug users have already initiated the behavior may have limited impact. Alternatively, very early intervention might prove less effective because it is not close enough to the critical initiation period.

Erie County students were asked 10 questions about the age at which they first used ATODs and participated in other antisocial behaviors. The topics covered include: trying alcohol ("more than a sip or two"), drinking alcohol regularly ("at least once or twice a month"), smoking cigarettes, smoking marijuana, being suspended from school, being arrested, carrying a handgun, attacking someone with intent to harm, belonging to a gang, and gambling. The first eight of these questions form the risk factor scale *Early Initiation (of Drug Use and Antisocial Behavior)*. Results for Erie County students are presented in Table 15, and comparison data from the statewide survey are presented in Table 16.

While the average age of onset is typically lower in the earlier grades than it is in the later ones, this should not be interpreted as indicating that the younger cohorts are initiating substance use at an earlier age than the older cohorts did. Rather, the average age for each cohort increases as its members progress through school and more of them initiate experimentation with ATODs and engage in other antisocial behaviors. For this reason, the question "When do students first start using alcohol?" is best answered by examining the responses of students in the highest grade level surveyed because they can best reflect on their high school and/or middle school experiences and accurately report the age they first started using drugs or engaging in other antisocial behaviors.

Table 15. Average Age of Onset of ATOD Use and Other Antisocial Behaviors, Erie County

	6th	7th	8th	9th	10th	11th	12th	Overall
Trying Alcohol	10.4	--	11.6	--	13.2	--	13.9	12.7
Drinking Alcohol Regularly	10.9	--	12.4	--	14.4	--	15.4	14.5
Smoking Cigarettes	10.6	--	11.3	--	12.8	--	13.7	12.6
Smoking Marijuana	11.4	--	12.2	--	13.6	--	14.6	13.8
Being Suspended from School	10.6	--	11.7	--	13.1	--	13.5	12.2
Being Arrested	11.1	--	12.4	--	13.4	--	14.9	13.4
Carrying a Handgun	10.7	--	12.2	--	13.1	--	14.0	12.6
Attacking Someone with Intent to Harm	10.7	--	12.1	--	12.8	--	13.6	12.3
Belonging to a Gang	10.8	--	11.9	--	13.1	--	12.9	12.1
Gambling (betting money or something of value)	10.7	--	11.4	--	12.3	--	13.4	12.1

Table 16. Average Age of Onset of ATOD Use and Other Antisocial Behaviors, Pennsylvania Statewide

	6th	7th	8th	9th	10th	11th	12th	Overall
Trying Alcohol	10.5	--	11.6	--	12.8	--	13.9	12.8
Drinking Alcohol Regularly	10.9	--	12.4	--	13.9	--	15.4	14.5
Smoking Cigarettes	10.5	--	11.5	--	12.4	--	13.4	12.5
Smoking Marijuana	10.9	--	12.3	--	13.4	--	14.6	13.9
Being Suspended from School	10.6	--	11.6	--	12.8	--	13.8	12.6
Being Arrested	10.8	--	12.3	--	13.4	--	14.8	13.7
Carrying a Handgun	10.8	--	12.0	--	13.2	--	14.3	13.1
Attacking Someone with Intent to Harm	10.8	--	11.7	--	13.0	--	13.4	12.6
Belonging to a Gang	10.8	--	12.1	--	12.9	--	13.9	12.5
Gambling (betting money or something of value)	10.5	--	11.4	--	12.3	--	13.4	12.1

Driving After Alcohol or Marijuana Use

Driving a car requires clear thinking and good hand-eye coordination. Operating a vehicle after using alcohol or marijuana may impair driving skills, making the driver a hazard on any roadway. The impact of ATOD usage on automobile safety is assessed with two items: (1) "How often have you driven a car while or shortly after drinking?" and (2) "How often have you driven a car while or shortly after smoking pot?" Results for Erie County students are presented in Table 17, and comparison data from the statewide survey are presented in Table 18.

Table 17. Percentage of Youth Reporting Any Occasion of Driving Under the Influence, Erie County

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Driving after Alcohol Use	0.4	--	1.5	--	3.9	--	26.0	6.5
Driving after Marijuana Use	0.1	--	1.1	--	5.5	--	20.3	5.5

Table 18. Percentage of Youth Reporting Any Occasion of Driving Under the Influence, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Driving after Alcohol Use	0.4	--	1.5	--	4.8	--	23.9	7.2
Driving after Marijuana Use	0.1	--	1.1	--	4.5	--	22.9	6.8

Willingness to Try or Use ATODs

Along with perceptions of risk and level of disapproval (Bachman et al., 1988), willingness to try or use ATODs may be viewed as one of the attitudinal constructs that facilitates drug use. Pennsylvania students were questioned regarding their willingness to try or use alcohol, marijuana, cocaine, hallucinogens and inhalants. Results for Erie County students are presented in Table 19, and comparison data from the statewide survey are presented in Table 20.

Table 19. Percentage of Youth Reporting Willingness to Try Selected ATODs, Erie County

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Alcohol	15.7	--	36.7	--	62.6	--	72.8	46.5
Marijuana	1.6	--	11.7	--	24.0	--	37.0	18.2
Cocaine	1.2	--	3.0	--	5.9	--	8.7	4.6
Hallucinogens	0.6	--	3.8	--	9.1	--	14.9	6.8
Inhalants	1.0	--	4.0	--	5.9	--	6.6	4.3

Note: The percentages reported in this table represent the percentage of students who indicated "would use it any chance I got," "would like to try it or use it" or "not sure whether or not I would use it." Students who indicated "probably wouldn't use it" or "would never use it" were considered to be unwilling to try the substance.

Table 20. Percentage of Youth Reporting Willingness to Try Selected ATODs, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Alcohol	15.6	--	35.7	--	63.6	--	77.5	48.6
Marijuana	1.3	--	9.8	--	25.1	--	35.7	18.2
Cocaine	0.8	--	2.2	--	6.0	--	8.0	4.3
Hallucinogens	0.6	--	2.9	--	8.2	--	13.3	6.3
Inhalants	1.0	--	3.7	--	5.4	--	4.0	3.6

Note: The percentages reported in this table represent the percentage of students who indicated "would use it any chance I got," "would like to try it or use it" or "not sure whether or not I would use it." Students who indicated "probably wouldn't use it" or "would never use it" were considered to be unwilling to try the substance.

Gambling

Starting in 2005, the *PAYS* asked students a series of five questions about their experiences with gambling. These include past-12-month prevalence measures for: gambling for "money or anything of value," "thinking about gambling or planning to gamble," spending "more than you meant to on gambling," and gambling leading to "lies to your family." A question about gambling for "money or anything of value" in the last 30 days is also asked. Results for Erie County students are presented in Table 21, and comparison data from the statewide survey are presented in Table 22.

Table 21. Percentage of Youth Reporting Gambling or Gambling-Related Problems, Erie County

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Gambled for money in past year	21.5	--	34.1	--	39.8	--	46.5	35.3
Gambled for money in last 30 days	10.9	--	17.5	--	18.2	--	27.3	18.4
Often thought about gambling in past year	14.2	--	18.6	--	21.3	--	25.2	19.8
Spent more than meant on gambling in past year	4.3	--	5.0	--	8.6	--	14.4	8.0
Gambling led to lies to your family in past year	1.8	--	2.8	--	4.6	--	5.0	3.7

Table 22. Percentage of Youth Reporting Gambling or Gambling-Related Problems, Pennsylvania Statewide

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Gambled for money in past year	21.4	--	31.7	--	43.0	--	44.5	35.7
Gambled for money in past 30 days	9.6	--	16.4	--	24.5	--	25.4	19.3
Often thought about gambling in past year	12.3	--	19.8	--	22.4	--	23.5	19.8
Spent more than meant on gambling in past year	4.6	--	6.0	--	10.0	--	12.5	8.4
Gambling led to lies to your family in past year	2.5	--	3.5	--	5.8	--	4.1	4.1

Symptoms of Depression

A number of scientific studies have identified a link between mental health problems, such as depression, and the use of alcohol, tobacco and other drugs during adolescence. The *PAYS* includes four questions that asks students about feelings—sadness, hopelessness and worthlessness—that can be symptoms of depression. Results for Erie County students are presented in Table 23, and comparison data from the statewide survey are presented in Table 24.

Table 23. Percentage of Youth Reporting Symptoms of Depression, Erie County

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
In the past year, felt depressed or sad most days	39.0	--	34.7	--	31.1	--	31.7	34.6
Sometimes I think that life is not worth it	17.1	--	24.6	--	21.7	--	23.5	21.5
At times I think I am no good at all	30.3	--	31.0	--	29.4	--	29.9	30.2
All in all, I am inclined to think that I am a failure	12.7	--	18.5	--	16.3	--	15.8	15.7

Note: The numbers reported in this table represent the percentage of students who answered either "yes" or "Yes!" to each question.

Table 24. Percentage of Youth Reporting Symptoms of Depression, Pennsylvania Statewide	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
In the past year, felt depressed or sad most days	31.8	--	33.1	--	37.4	--	33.9	34.1
Sometimes I think that life is not worth it	17.0	--	24.2	--	28.5	--	25.9	24.0
At times I think I am no good at all	28.7	--	29.9	--	35.7	--	31.7	31.5
All in all, I am inclined to think that I am a failure	11.8	--	13.4	--	18.5	--	16.4	15.1

Note: The numbers reported in this table represent the percentage of students who answered either "yes" or "Yes!" to each question.

Threatened or Attacked on School Property

Pennsylvania students were also surveyed regarding the frequency with which they have been threatened or attacked on school property within the past year. Results for Erie County students are presented in Table 25, and comparison data from the statewide survey are presented in Table 26.

Table 25. Percentage of Youth Reporting That They Have Been Threatened or Attacked on School Property in the Past Year, Erie County	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Threatened to Be Hit or Beaten Up	21.0	--	21.6	--	25.3	--	19.8	22.1
Attacked or Beaten Up	9.2	--	9.1	--	7.5	--	8.4	8.6
Threatened with a Weapon	4.1	--	5.8	--	9.0	--	5.2	6.3
Attacked with a Weapon	1.1	--	1.8	--	2.6	--	3.6	2.3

Table 26. Percentage of Youth Reporting That They Have Been Threatened or Attacked on School Property in the Past Year, Pennsylvania Statewide	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Threatened to Be Hit or Beaten Up	21.5	--	27.2	--	29.2	--	21.8	25.2
Attacked or Beaten Up	10.2	--	11.1	--	8.8	--	7.5	9.4
Threatened with a Weapon	3.7	--	6.0	--	5.2	--	4.4	4.9
Attacked with a Weapon	1.0	--	2.9	--	2.1	--	2.2	2.1

Section 5
Risk and Protective Factors

Introduction

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

Protective factors, also known as "assets," are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to risks. Protective factors identified through research include strong bonding to family, school, community and peers. These groups support the development of healthy behaviors for children by setting and communicating healthy beliefs and clear standards for children's behavior. Young people are more likely to follow the standards for behavior set by these groups if the bonds are strong. Strong bonds are encouraged by providing young people with opportunities to make meaningful contributions, by teaching them the skills they need to be successful in these new opportunities, and by recognizing their contributions.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout and/or violence. For example, children living in families with poor parental monitoring are more likely to become involved in these problems.

Research during the past 30 years supports the view that delinquency; alcohol, tobacco and other drug use; school achievement; and other important outcomes in adolescence are associated with specific characteristics in the student's community, school and family environments, as well as with characteristics of the individual (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).

There is a substantial amount of research showing that adolescents' exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon & Pandina, 1982; Newcomb, Maddahian & Skager, 1987; Newcomb & Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999).

The analysis of risk and protective factors is the most powerful tool available for understanding what promotes both positive and negative adolescent behavior and for helping design successful prevention programs for young people. To promote positive development and prevent problem behavior, it is necessary to address the factors that predict these outcomes. By measuring these risk and protective factors, specific factors that are elevated should be prioritized in the community. This process also helps in selecting targeted tested-effective prevention programming shown to address those elevated factors and consequently provide the greatest likelihood for success.

This system of risk and protective factors is organized into a strategy that families can use to help children develop healthy behaviors—the Social Development Strategy (Hawkins, Catalano & Associates, 1992). The Social Development Strategy is a theoretical framework that organizes risk and protective factors for adolescent problem behavior prevention.

Measurement

The *Communities That Care Youth Survey*, the survey upon which the 2005 *PAYS* was based, provides the most comprehensive measurement of risk and protective factors currently available for 6th to 12th graders. Risk and protective factors are measured by sets of survey items called scales. Because they are very broad, some risk factors are measured by multiple scales. For example, "Poor Family Management" is a single risk factor, but it is measured by two risk factor scales: "Poor Family Supervision" and "Poor Family Discipline." In total, 15 risk factors are measured by 21 risk factor scales, while each of the eight protective factors is measured by a single protective factor scale. Please note that the protective factor *Social Skills* was removed from this year's survey because the questions used to measure it were deemed too difficult for younger students. Also note that some school districts elected to administer a secondary version of the 2005 *PAYS* that excluded questions measuring risk and protective factors within the family. In these cases, scale scores for the Family Domain risk and protective factors are not available.

Risk and protective factor scales are scored against the *Communities That Care* normative database, which includes data from a larger pool of students in several states. A student's risk or protective factor scale score is expressed as a number ranging from 0 to 100. A score of 50, which matches the median for the normative database, indicates that 50% of the respondents in this comparative sample reported a higher score and 50% reported a lower score. Similarly, a score of 75 indicates that 25% of the comparative sample reported a higher score and 75% reported a lower score. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have higher protective factor scale scores, not lower.
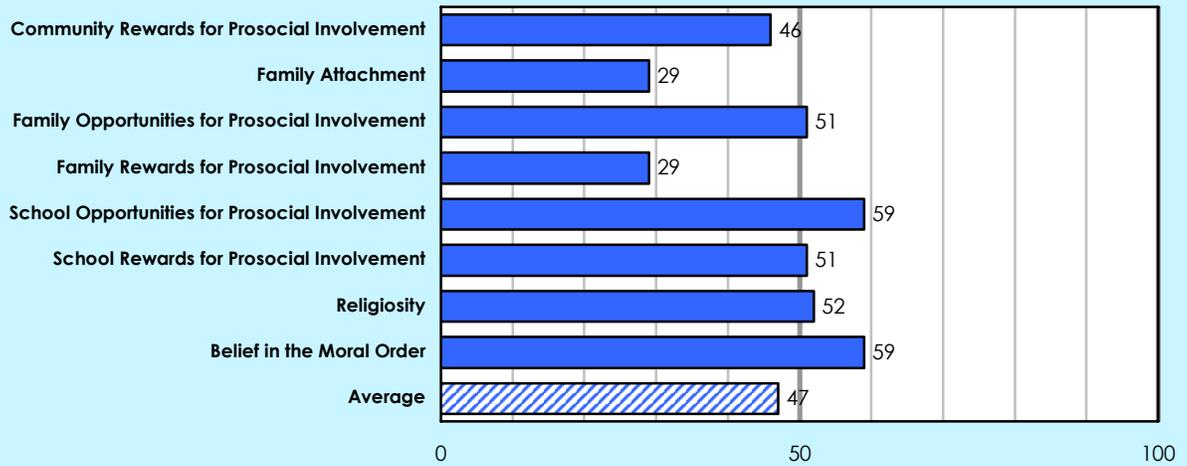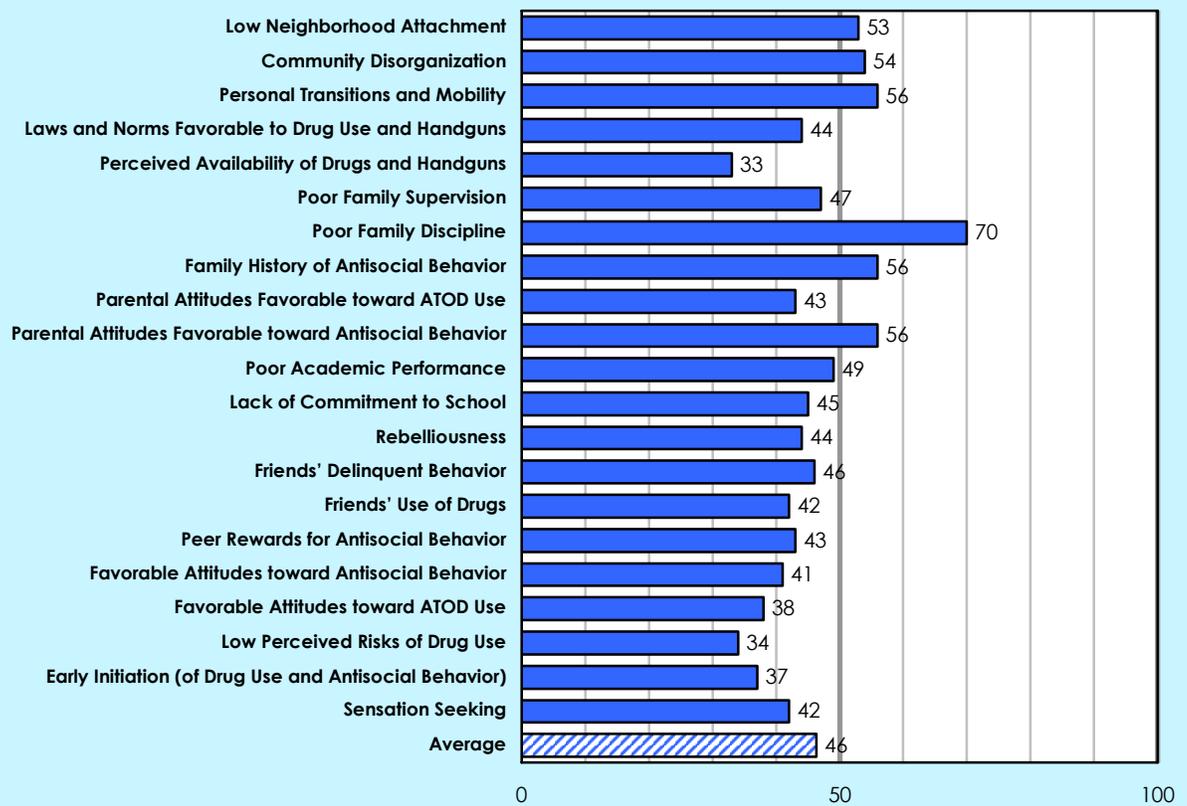
Results Summary

Overall Results

Overall risk and protective factor scale scores are presented in Graphs 5 and 6. These results provide a general description of the prevention needs of Erie County 6th, 8th, 10th and 12th graders as a whole.

As Graph 5 shows, overall percentile scores across the eight protective factor scales range from a low of 29 to a high of 59, with an average score of 47, which is three points lower than the normative average of 50. The three lowest overall scores were for the following protective factor scales: *Family Rewards for Prosocial Involvement* (29), *Family Attachment* (29) and *Community Rewards for Prosocial Involvement* (46). While policies that target any protective factor could potentially be an important resource for students in Erie County, focusing prevention planning in these areas could be especially beneficial. Erie County students reported the three highest overall scores for the following protective factor scales: *School Opportunities for Prosocial Involvement* (59), *Belief in the Moral Order* (59) and *Religiosity* (52). The higher scores reported by students in these areas represent strengths that Erie County can build on.

Graph 5. Overall Protective Factor Scale Scores

Factor	Score
Community Rewards for Prosocial Involvement	46
Family Attachment	29
Family Opportunities for Prosocial Involvement	51
Family Rewards for Prosocial Involvement	29
School Opportunities for Prosocial Involvement	59
School Rewards for Prosocial Involvement	51
Religiosity	52
Belief in the Moral Order	59
Average	47

Graph 6. Overall Risk Factor Scale Scores

Factor	Score
Low Neighborhood Attachment	53
Community Disorganization	54
Personal Transitions and Mobility	56
Laws and Norms Favorable to Drug Use and Handguns	44
Perceived Availability of Drugs and Handguns	33
Poor Family Supervision	47
Poor Family Discipline	70
Family History of Antisocial Behavior	56
Parental Attitudes Favorable toward ATOD Use	43
Parental Attitudes Favorable toward Antisocial Behavior	56
Poor Academic Performance	49
Lack of Commitment to School	45
Rebelliousness	44
Friends' Delinquent Behavior	46
Friends' Use of Drugs	42
Peer Rewards for Antisocial Behavior	43
Favorable Attitudes toward Antisocial Behavior	41
Favorable Attitudes toward ATOD Use	38
Low Perceived Risks of Drug Use	34
Early Initiation (of Drug Use and Antisocial Behavior)	37
Sensation Seeking	42
Average	46

As Graph 6 shows, overall scores across the 21 risk factor scales range from a low of 33 to a high of 70, with an average score of 46, which is four points lower than the normative average of 50. The four highest risk factor scales are *Poor Family Discipline* (70), *Personal Transitions and Mobility* (56), *Family History of Antisocial Behavior* (56) and *Parental Attitudes Favorable toward Antisocial Behavior* (56). Once again, while policies that target any risk factor could potentially be an important resource for students in Erie County, directing prevention programming in these areas is likely to be especially beneficial. The three lowest risk factor scales are *Perceived Availability of Drugs and Handguns* (33), *Low Perceived Risks of Drug Use* (34) and *Early Initiation (of Drug Use and Antisocial Behavior)* (37). The lower scores reported by students in these areas represent strengths that Erie County can build on.

Grade-Level Results

While overall scores provide a general picture of the risk and protective factor profile for Erie County, they can mask problems within individual grades. Tables 27 and 28 present individual-grade data for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot revealing which risk and protective factor scales are of greatest concern by grade. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action—and to target their prevention efforts as precisely as possible.

For example, younger students tend to report different factors than older students as being the most elevated or suppressed. Erie County 6th graders reported their six highest levels of risk for *Personal Transitions and Mobility* (67), *Poor Family Discipline* (64), *Community Disorganization* (56), *Low Neighborhood Attachment* (50), *Family History of Antisocial Behavior* (50) and *Parental Attitudes Favorable toward Antisocial Behavior* (50). Erie County 12th graders reported their five highest levels of risk for *Parental Attitudes Favorable toward Antisocial Behavior* (98), *Poor Family Supervision* (94), *Parental Attitudes Favorable toward ATOD Use* (78), *Poor Family Discipline* (72) and *Family History of Antisocial Behavior* (72).

Comparisons to Pennsylvania Statewide

Additional insight into the protective factor profile for Erie County can be gained through a comparison to results from Pennsylvania statewide. Table 29 presents protective factor scale scores for Pennsylvania statewide. The differences between profiles from Erie County and Pennsylvania statewide can be summarized by comparing the average protective factor scale score within each grade level. As the bottom rows of Tables 27 and 29 show, students in Erie County reported a lower average level of protection than students in Pennsylvania statewide as a whole. Across the eight protective factor scales, the most pronounced differences in average levels of protection were for the following three scales: *Family Rewards for Prosocial Involvement*, *Family Attachment* and *Family Opportunities for Prosocial Involvement*.

Table 30 presents grade-level risk factor scale scores for Pennsylvania statewide. Like the protective factors, the differences between Erie County and Pennsylvania statewide are best summarized by comparing the average risk factor scale score within each grade level. As the bottom rows of Tables 28 and 30 show, there is no clear pattern of grade-level differences in average risk between students in Erie County and students in Pennsylvania statewide as a whole. In the 6th and 8th grades, Erie County students reported average risk scores that were notably higher than their Pennsylvania statewide counterparts (38 and 47 for Erie County versus 32 and 41 for Pennsylvania statewide). Erie County students reported a notably lower average risk score in 10th grade (38 for Erie County versus 51 for Pennsylvania statewide). Across the 21 risk factor scales, the most pronounced differences in average levels of risk were for the following three scales: *Poor Family Discipline*, *Parental Attitudes Favorable toward ATOD Use* and *Low Neighborhood Attachment*.

Table 27. Protective Factor Scale Scores, Erie County

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	Community Rewards for Prosocial Involvement	52	--	47	--	44	--	38	46
Family Domain	Family Attachment	35	--	22	--	--	--	31	29
	Family Opportunities for Prosocial Involvement	58	--	40	--	--	--	34	51
	Family Rewards for Prosocial Involvement	34	--	24	--	--	--	8	29
School Domain	School Opportunities for Prosocial Involvement	65	--	61	--	57	--	51	59
	School Rewards for Prosocial Involvement	63	--	53	--	42	--	39	51
Peer and Individual Domain	Religiosity	52	--	53	--	54	--	49	52
	Belief in the Moral Order	73	--	59	--	51	--	48	59
Average		54	--	45	--	50	--	37	47

Table 28. Risk Factor Scale Scores, Erie County

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	Low Neighborhood Attachment	50	--	54	--	53	--	59	53
	Community Disorganization	56	--	56	--	52	--	49	54
	Personal Transitions and Mobility	67	--	55	--	52	--	50	56
	Laws and Norms Favorable to Drug Use and Handguns	25	--	40	--	56	--	62	44
	Perceived Availability of Drugs and Handguns	16	--	26	--	44	--	55	33
Family Domain	Poor Family Supervision	38	--	59	--	--	--	94	47
	Poor Family Discipline	64	--	77	--	--	--	72	70
	Family History of Antisocial Behavior	50	--	65	--	--	--	72	56
	Parental Attitudes Favorable toward ATOD Use	36	--	52	--	--	--	78	43
	Parental Attitudes Favorable toward Antisocial Behavior	50	--	63	--	--	--	98	56
School Domain	Poor Academic Performance	45	--	49	--	52	--	50	49
	Lack of Commitment to School	31	--	43	--	54	--	61	45
Peer and Individual Domain	Rebelliousness	32	--	46	--	53	--	53	44
	Friends' Delinquent Behavior	40	--	47	--	50	--	47	46
	Friends' Use of Drugs	23	--	36	--	57	--	65	42
	Peer Rewards for Antisocial Behavior	30	--	39	--	54	--	56	43
	Favorable Attitudes toward Antisocial Behavior	30	--	41	--	49	--	49	41
	Favorable Attitudes toward ATOD Use	23	--	34	--	48	--	57	38
	Low Perceived Risks of Drug Use	27	--	29	--	40	--	44	34
	Early Initiation (of Drug Use and Antisocial Behavior)	26	--	38	--	44	--	47	37
	Sensation Seeking	32	--	40	--	49	--	54	42
Average		38	--	47	--	50	--	61	46

Table 29. Protective Factor Scale Scores, Pennsylvania Statewide

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	**Community Rewards for Prosocial Involvement**	59	--	50	--	44	--	40	48
Family Domain	**Family Attachment**	67	--	56	--	45	--	47	55
	Family Opportunities for Prosocial Involvement	68	--	56	--	46	--	46	55
	Family Rewards for Prosocial Involvement	69	--	59	--	48	--	46	56
School Domain	**School Opportunities for Prosocial Involvement**	63	--	58	--	55	--	50	57
	School Rewards for Prosocial Involvement	64	--	52	--	43	--	40	50
Peer and Individual Domain	**Religiosity**	55	--	53	--	49	--	47	51
	Belief in the Moral Order	75	--	61	--	50	--	46	58
Average		**65**	**--**	**56**	**--**	**48**	**--**	**45**	**54**

Table 30. Risk Factor Scale Scores, Pennsylvania Statewide

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	**Low Neighborhood Attachment**	38	--	46	--	53	--	59	49
	Community Disorganization	47	--	55	--	60	--	60	55
	Personal Transitions and Mobility	61	--	52	--	51	--	49	53
	Laws and Norms Favorable to Drug Use and Handguns	27	--	43	--	61	--	68	50
	Perceived Availability of Drugs and Handguns	16	--	29	--	45	--	58	37
Family Domain	**Poor Family Supervision**	29	--	41	--	54	--	59	46
	Poor Family Discipline	27	--	36	--	49	--	59	42
	Family History of Antisocial Behavior	27	--	39	--	50	--	56	42
	Parental Attitudes Favorable toward ATOD Use	35	--	41	--	53	--	62	47
	Parental Attitudes Favorable toward Antisocial Behavior	40	--	48	--	54	--	55	49
School Domain	**Poor Academic Performance**	44	--	47	--	50	--	50	48
	Lack of Commitment to School	32	--	43	--	52	--	60	47
Peer and Individual Domain	**Rebelliousness**	31	--	45	--	53	--	56	46
	Friends' Delinquent Behavior	40	--	47	--	49	--	54	47
	Friends' Use of Drugs	22	--	34	--	53	--	66	44
	Peer Rewards for Antisocial Behavior	30	--	42	--	56	--	58	47
	Favorable Attitudes toward Antisocial Behavior	29	--	42	--	51	--	56	44
	Favorable Attitudes toward ATOD Use	22	--	33	--	50	--	61	41
	Low Perceived Risks of Drug Use	28	--	28	--	38	--	46	35
	Early Initiation (of Drug Use and Antisocial Behavior)	25	--	37	--	47	--	50	40
	Sensation Seeking	31	--	41	--	51	--	56	45
Average		**32**	**--**	**41**	**--**	**51**	**--**	**57**	**45**

Protective Factors

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

The Social Development Strategy organizes the research on protective factors. Protective factors can buffer young people from risks and promote positive youth development. To develop these healthy positive behaviors, young people must be immersed in environments that consistently communicate healthy beliefs and clear standards for behavior; that foster the development of strong bonds to members of their family, school and community; and that recognize the individual characteristics of each young person.

The 2005 *PAYS* measures a variety of protective factor scales across four domains: Community Domain, Family Domain, School Domain, and Peer and Individual Domain. Unlike some risk factors, each of the protective factors is measured using a single protective factor scale. Below, each protective factor scale is described and the results for Erie County are reported.

Community Rewards for Prosocial Involvement

Students who feel recognized and rewarded by members of their community are less likely to engage in negative behaviors, because that recognition helps increase a student's self-esteem and the feeling of being bonded to that community. This protective factor is measured using the *Community Rewards for Prosocial Involvement* scale.

The protective factor **Community Rewards for Prosocial Involvement** is measured by a single scale using survey items such as "There are people in my neighborhood who are proud of me when I do something well."
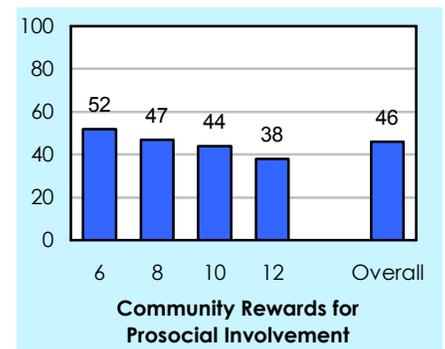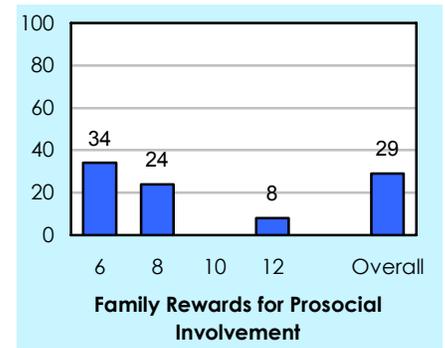

Community Rewards for Prosocial Involvement

- Overall, Erie County students received a percentile score of 46 on the *Community Rewards for Prosocial Involvement* scale, four points lower than the normative average of 50.

- Across grade levels, percentile scores for *Community Rewards for Prosocial Involvement* range from a low of 38 among 12th graders to a high of 52 among 6th graders.

- Overall, Erie County students received a percentile score of 46 on the *Community Rewards for Prosocial Involvement* scale, two points lower than the statewide score of 48.

Family Attachment

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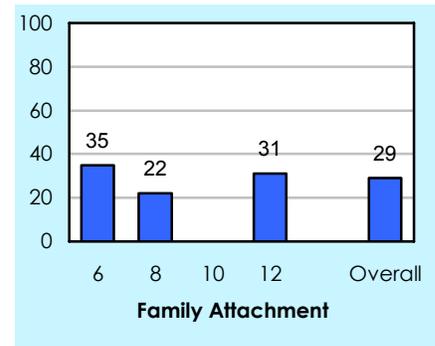
Family Attachment

The protective factor **Family Attachment** is measured by a single scale using survey items such as "Do you share your thoughts and feelings with your mother?"

- Overall, Erie County students received a percentile score of 29 on the *Family Attachment* scale, 21 points lower than the normative average of 50.

- Across grade levels, percentile scores for *Family Attachment* range from a low of 22 among 8th graders to a high of 35 among 6th graders.

- Overall, Erie County students received a percentile score of 29 on the *Family Attachment* scale, 26 points lower than the statewide score of 55.

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 that they are an integral part of their families. These strong bonds allow students to adopt the family norms, which 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.

Family Opportunities for Prosocial Involvement
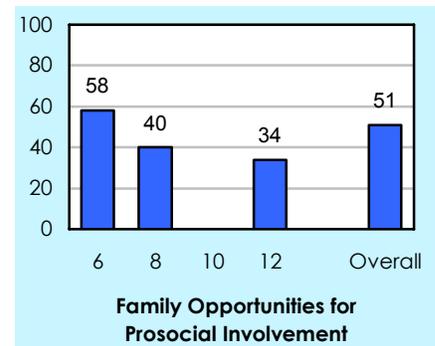
The protective factor **Family Opportunities for Prosocial Involvement** is measured by a single scale using survey items such as "My parents ask me what I think before most family decisions affecting me are made."

- Overall, Erie County students received a percentile score of 51 on the *Family Opportunities for Prosocial Involvement* scale, one point higher than the normative average of 50.

- Across grade levels, percentile scores for *Family Opportunities for Prosocial Involvement* range from a low of 34 among 12th graders to a high of 58 among 6th graders.

- Overall, Erie County students received a percentile score of 51 on the *Family Opportunities for Prosocial Involvement* scale, four points lower than the statewide score of 55.
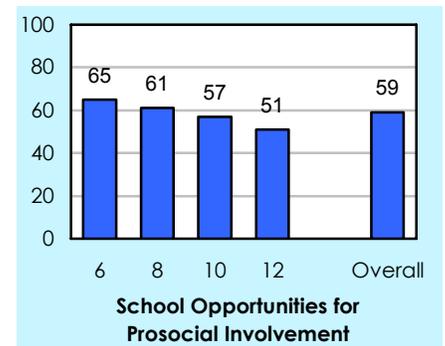
Family Rewards for Prosocial Involvement

When family members reward their children for positive participation in activities, it helps children feel motivated to contribute and stay involved with the family, thus reducing their risk for problem behaviors. When families promote clear standards for behavior, and when young people consequently develop strong bonds of attachment and commitment to their families, young people's behavior becomes consistent with those standards.

The protective factor **Family Rewards for Prosocial Involvement** is measured by a single scale using survey items such as "How often do your parents tell you they're proud of you for something you've done?"

Family Rewards for Prosocial Involvement

- Overall, Erie County students received a percentile score of 29 on the *Family Rewards for Prosocial Involvement* scale, 21 points lower than the normative average of 50.

- Across grade levels, percentile scores for *Family Rewards for Prosocial Involvement* range from a low of 8 among 12th graders to a high of 34 among 6th graders.

- Overall, Erie County students received a percentile score of 29 on the *Family Rewards for Prosocial Involvement* scale, 27 points lower than the statewide score of 56.

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 opportunities to be involved are more likely to contribute to school activity. This bond can protect a student from engaging in behaviors that violate socially accepted standards.

The protective factor **School Opportunities for Prosocial Involvement** is measured by a single scale using survey items such as "In my school, students have lots of chances to help decide things like class activities and rules."

School Opportunities for Prosocial Involvement

- Overall, Erie County students received a percentile score of 59 on the *School Opportunities for Prosocial Involvement* scale, nine points higher than the normative average of 50.

- Across grade levels, percentile scores for *School Opportunities for Prosocial Involvement* range from a low of 51 among 12th graders to a high of 65 among 6th graders.

- Overall, Erie County students received a percentile score of 59 on the *School Opportunities for Prosocial Involvement* scale, two points higher than the statewide score of 57.

School Rewards for Prosocial Involvement

Making students feel appreciated and rewarded for their involvement at school helps reduce the likelihood of their involvement in drug use and other problem behaviors. This is because students who feel appreciated for their activity at school bond to their school.

The protective factor **School Rewards for Prosocial Involvement** is measured by a single scale using survey items such as "The school lets my parents know when I have done something well."

School Rewards for Prosocial Involvement

- Overall, Erie County students received a percentile score of 51 on the *School Rewards for Prosocial Involvement* scale, one point higher than the normative average of 50.

- Across grade levels, percentile scores for *School Rewards for Prosocial Involvement* range from a low of 39 among 12th graders to a high of 63 among 6th graders.

- Overall, Erie County students received a percentile score of 51 on the *School Rewards for Prosocial Involvement* scale, one point higher than the statewide score of 50.
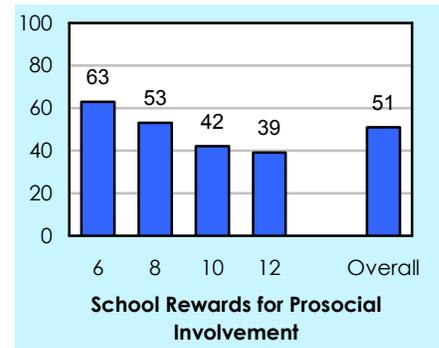
Religiosity

Religious institutions can help students develop firm prosocial beliefs. Students who have high levels of religious connection are less vulnerable to becoming involved in antisocial behaviors, because they have already adopted a social norm against those activities.

The protective factor **Religiosity** is measured by a single scale using the survey item "How often do you attend religious services or activities?"

Religiosity

- Overall, Erie County students received a percentile score of 52 on the *Religiosity* scale, two points higher than the normative average of 50.

- Across grade levels, percentile scores for *Religiosity* range from a low of 49 among 12th graders to a high of 54 among 10th graders.

- Overall, Erie County students received a percentile score of 52 on the *Religiosity* scale, one point higher than the statewide score of 51.
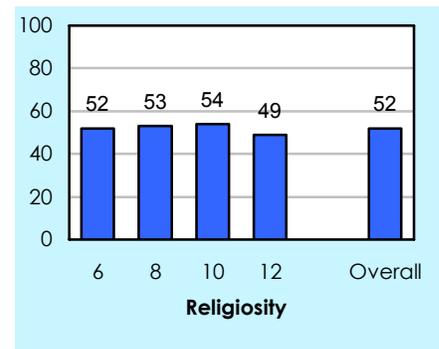
## Belief in the Moral Order

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 drug 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 are likely to be protected against peer influences to use drugs.

The protective factor **Belief in the Moral Order** is measured by a single scale using survey items such as "It is all right to beat up people if they start the fight."
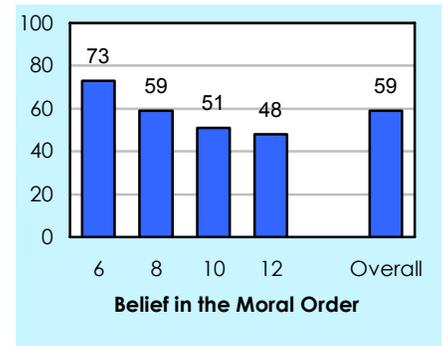
Belief in the Moral Order

- Overall, Erie County students received a percentile score of 59 on the *Belief in the Moral Order* scale, nine points higher than the normative average of 50.

- Across grade levels, percentile scores for *Belief in the Moral Order* range from a low of 48 among 12th graders to a high of 73 among 6th graders.

- Overall, Erie County students received a percentile score of 59 on the *Belief in the Moral Order* scale, one point higher than the statewide score of 58.

Risk Factors

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

The 2005 *PAYS* measures a variety of risk factor scales across four major domains. On the following pages, each of the risk factor scales measured in the Community, Family, School, and Peer and Individual Domains is described and the results for Erie County are reported.

Low Neighborhood Attachment

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

Low Neighborhood Attachment
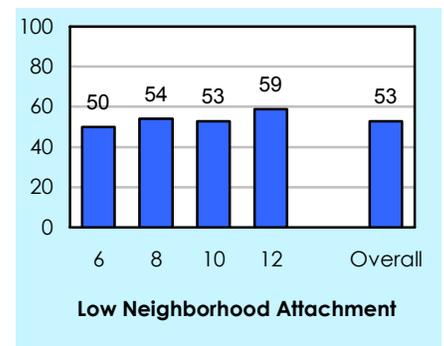
The *Low Neighborhood Attachment* scale was developed to measure a component of the risk factor **Low Neighborhood Attachment and Community Disorganization**. This scale is measured by survey items

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."

- ■ Overall, Erie County students received a percentile score of 53 on the *Low Neighborhood Attachment* scale, three points higher than the normative average of 50.

- ■ Across grade levels, percentile scores for *Low Neighborhood Attachment* range from a low of 50 among 6th graders to a high of 59 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 53 on the *Low Neighborhood Attachment* scale, four points higher than the statewide score of 49.

Community Disorganization

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

The *Community Disorganization* scale was developed to measure a component of the risk factor **Low Neighborhood Attachment and Community Disorganization**. This scale is measured by several survey items that would indicate a neighborhood in disarray (e.g., the existence of graffiti, abandoned buildings, fighting and drug selling) as well as the item "I feel safe in my neighborhood."
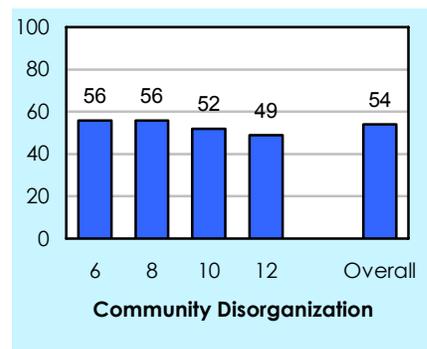
Community Disorganization

- ■ Overall, Erie County students received a percentile score of 54 on the *Community Disorganization* scale, four points higher than the normative average of 50.

- ■ Across grade levels, percentile scores for *Community Disorganization* range from a low of 49 among 12th graders to a high of 56 among 6th and 8th graders.

- ■ Overall, Erie County students received a percentile score of 54 on the *Community Disorganization* scale, one point lower than the statewide score of 55.

Personal Transitions and Mobility

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

Personal Transitions and Mobility

The *Personal Transitions and Mobility* scale was developed to measure a component of the risk factor **Transitions and Mobility**. This scale is measured by survey items such as "How many times have you changed schools since kindergarten?" and "How many times have you changed homes since kindergarten?"
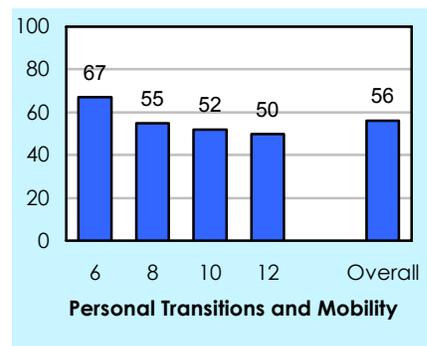
- ■ Overall, Erie County students received a percentile score of 56 on the *Personal Transitions and Mobility* scale, six points higher than the normative average of 50.

- ■ Across grade levels, percentile scores for *Personal Transitions and Mobility* range from a low of 50 among 12th graders to a high of 67 among 6th graders.

- ■ Overall, Erie County students received a percentile score of 56 on the *Personal Transitions and Mobility* scale, three points higher than the statewide score of 53.

Laws and Norms Favorable to Drug Use and Handguns

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

Laws and Norms Favorable to Drug Use and Handguns
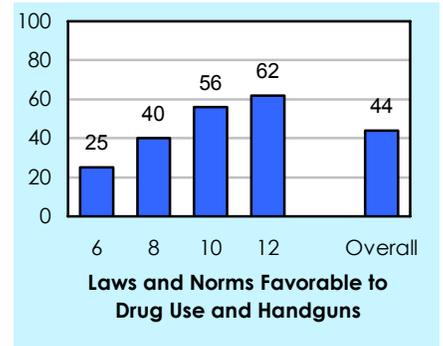
An example of conflicting messages about drug use can be found in the acceptance of alcohol use as a social activity within the community. The beer gardens popular at street fairs and community festivals are in contrast to the "just say no" messages that schools and parents may be promoting. These conflicting and ambiguous messages are problematic in that they do not have the positive impact on preventing alcohol and other drug use that a clear community-level anti-drug message can have.

The *Laws and Norms Favorable to Drug Use and Handguns* scale was developed to measure a component of the risk factor **Community Laws and Norms Favorable toward Drug Use, Firearms and Crime**. This scale is measured by survey items such as "How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?" and "If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?"

- ■ Overall, Erie County students received a percentile score of 44 on the *Laws and Norms Favorable to Drug Use and Handguns* scale, six points lower than the normative average of 50.

- ■ Across grade levels, percentile scores for *Laws and Norms Favorable to Drug Use and Handguns* range from a low of 25 among 6th graders to a high of 62 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 44 on the *Laws and Norms Favorable to Drug Use and Handguns* scale, six points lower than the statewide score of 50.

Perceived Availability of Drugs and Handguns

The perceived availability of alcohol, other drugs and handguns in a community is directly related to the incidence of delinquent behavior. For example, in schools where children believe that drugs are more available, a higher rate of drug use occurs.

The *Perceived Availability of Drugs and Handguns* scale on the survey is designed to assess students' feelings about how easily they can get alcohol, other drugs, or handguns. This scale represents a combination of two risk factors: **Availability of Drugs** and **Availability of Handguns**. This scale is measured by survey items such as "If you wanted to get some marijuana, how easy would it be for you to get some?"

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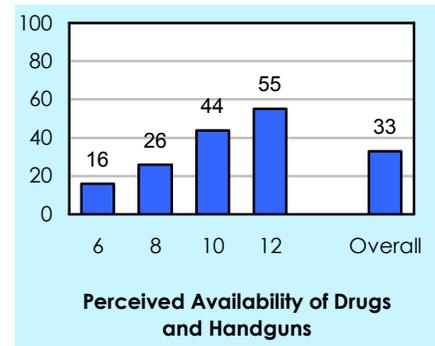
Elevation of this risk factor scale score may indicate the need to make alcohol, tobacco and other drugs more difficult for students to acquire. For instance, a number of policy changes have been shown to reduce the availability of alcohol and cigarettes. Minimum-age requirements, taxation and responsible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

■ Overall, Erie County students received a percentile score of 33 on the *Perceived Availability of Drugs and Handguns* scale, 17 points lower than the normative average of 50.

■ Across grade levels, percentile scores for *Perceived Availability of Drugs and Handguns* range from a low of 16 among 6th graders to a high of 55 among 12th graders.

■ Overall, Erie County students received a percentile score of 33 on the *Perceived Availability of Drugs and Handguns* scale, four points lower than the statewide score of 37.

Poor Family Supervision

Poor family supervision is defined as parents failing to supervise and monitor their children (knowing where they are and whom they're with). Children who experience poor family supervision are at higher risk of developing problems with drug use, delinquency, violence and school dropout.

The *Poor Family Supervision* scale was developed to measure a component of the risk factor **Family Management Problems**. This scale is measured by survey items such as "Would your parents know if you did not come home on time?" and "My family has clear rules about alcohol and drug use."
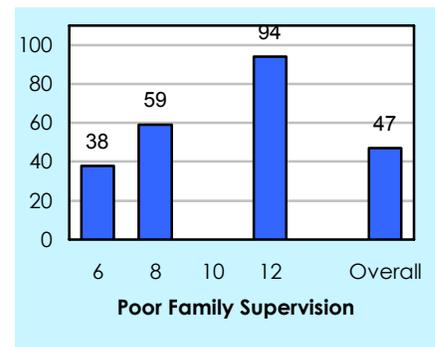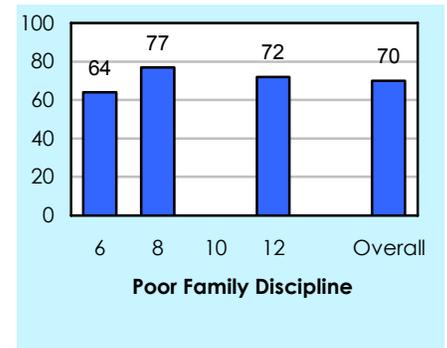

Poor Family Supervision

■ Overall, Erie County students received a percentile score of 47 on the *Poor Family Supervision* scale, three points lower than the normative average of 50.

■ Across grade levels, percentile scores for *Poor Family Supervision* range from a low of 38 among 6th graders to a high of 94 among 12th graders.

■ Overall, Erie County students received a percentile score of 47 on the *Poor Family Supervision* scale, one point higher than the statewide score of 46.

Poor Family Discipline

Poor family discipline is defined as parents failing to communicate clear expectations for behavior and giving excessively severe, harsh or inconsistent punishment. Children exposed to poor family disciplinary practices are at higher risk of developing problems with drug use, delinquency, violence and school dropout.
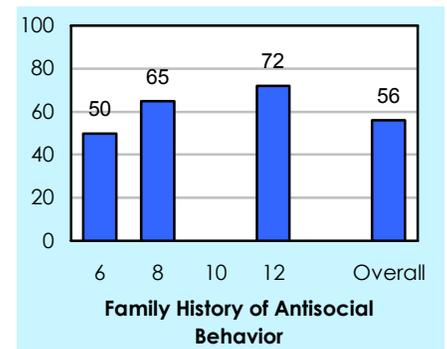
The *Poor Family Discipline* scale was developed to measure a component of the risk factor **Family Management Problems**. This scale is measured by survey items such as "If you skipped school, would you be caught by your parents?"

Poor Family Discipline

- ■ Overall, Erie County students received a percentile score of 70 on the *Poor Family Discipline* scale, 20 points higher than the normative average of 50.

- ■ Across grade levels, percentile scores for *Poor Family Discipline* range from a low of 64 among 6th graders to a high of 77 among 8th graders.

- ■ Overall, Erie County students received a percentile score of 70 on the *Poor Family Discipline* scale, 28 points higher than the statewide score of 42.

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 is present, their risk for delinquency increases. Similarly, children who are born to teenage mothers are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior themselves. Students' perceptions of their families' behavior and standards regarding drug use and other antisocial behaviors are measured by the survey.


Family History of Antisocial Behavior

The *Family History of Antisocial Behavior* scale was developed to measure a component of the risk factor **Family History of the Problem Behavior**. This scale is measured by survey items such as "Has anyone in your family ever had a severe alcohol or drug problem?"

- ■ Overall, Erie County students received a percentile score of 56 on the *Family History of Antisocial Behavior* scale, six points higher than the normative average of 50.

- ■ Across grade levels, percentile scores for *Family History of Antisocial Behavior* range from a low of 50 among 6th graders to a high of 72 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 56 on the *Family History of Antisocial Behavior* scale, 14 points higher than the statewide score of 42.

Parental Attitudes Favorable toward ATOD Use

Students' perceptions of their parents' opinions about alcohol, tobacco and other drug use are 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 users in adolescence.

The *Parental Attitudes Favorable toward ATOD Use* scale was developed to measure a component of the risk factor **Favorable Parental Attitudes and Involvement in the Problem Behavior**. This scale is measured by survey items such as "How wrong do your parents feel it would be for you to smoke marijuana?"
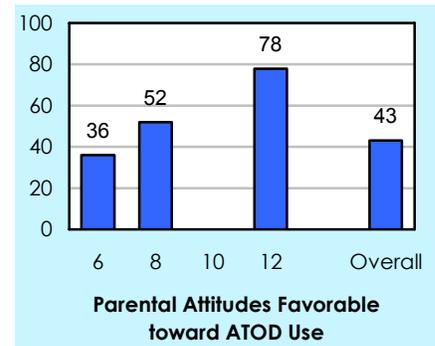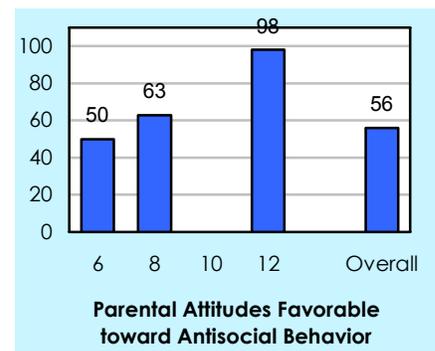
Parental Attitudes Favorable toward ATOD Use

- Overall, Erie County students received a percentile score of 43 on the *Parental Attitudes Favorable toward ATOD Use* scale, seven points lower than the normative average of 50.

- Across grade levels, percentile scores for *Parental Attitudes Favorable toward ATOD Use* range from a low of 36 among 6th graders to a high of 78 among 12th graders.

- Overall, Erie County students received a percentile score of 43 on the *Parental Attitudes Favorable toward ATOD Use* scale, four points lower than the statewide score of 47.

Parental Attitudes Favorable toward Antisocial Behavior

Students' perceptions of their parents' opinions about antisocial behavior are also an important risk factor. Parental attitudes and behavior regarding crime and violence influence the attitudes and behavior of children. If parents approve of or excuse their children for breaking the law, then the children are more likely to develop problems with juvenile delinquency.

The *Parental Attitudes Favorable toward Antisocial Behavior* scale was developed to measure a component of the risk factor **Favorable Parental Attitudes and Involvement in the Problem Behavior**. This scale is measured by survey items such as "How wrong do your parents feel it would be for you to pick a fight with someone?"

**Parental Attitudes Favorable toward Antisocial Behavior**

- Overall, Erie County students received a percentile score of 56 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale, six points higher than the normative average of 50.

- Across grade levels, percentile scores for *Parental Attitudes Favorable toward Antisocial Behavior* range from a low of 50 among 6th graders to a high of 98 among 12th graders.

- Overall, Erie County students received a percentile score of 56 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale, seven points higher than the statewide score of 49.

Poor Academic Performance

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

The *Poor Academic Performance* scale was developed to measure a component of the risk factor **Academic Failure Beginning in Late Elementary School**. This scale is measured by the survey items "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 scale suggest that not only do students believe that they have lower grades than they might expect to get, but also that they perceive that compared to their peers they have below-average grades.
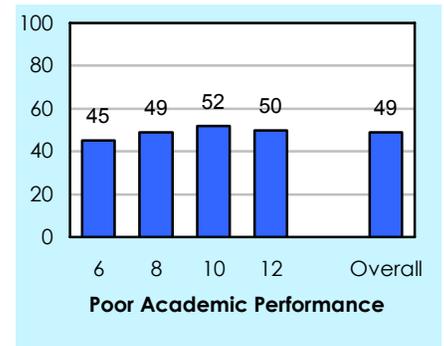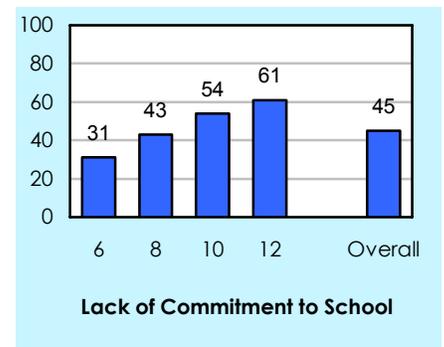

Poor Academic Performance

- Overall, Erie County students received a percentile score of 49 on the *Poor Academic Performance* scale, one point lower than the normative average of 50.

- Across grade levels, percentile scores for *Poor Academic Performance* range from a low of 45 among 6th graders to a high of 52 among 10th graders.

- Overall, Erie County students received a percentile score of 49 on the *Poor Academic Performance* scale, one point higher than the statewide score of 48.

Lack of Commitment to School

Lack of Commitment to School assesses a student's general feelings about his or her schooling. Elevated findings for this risk factor scale can suggest that students feel less attached to, or connected with, their classes and school environment. Lack of commitment to school means the child has ceased to see the role of student as a positive one. Young people who have lost this commitment to school are at higher risk for a variety of problem behaviors.

Lack of Commitment to School

The risk factor **Lack of Commitment to School** is measured by a single scale using survey items such as "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?"

- Overall, Erie County students received a percentile score of 45 on the *Lack of Commitment to School* scale, five points lower than the normative average of 50.

- Across grade levels, percentile scores for *Lack of Commitment to School* range from a low of 31 among 6th graders to a high of 61 among 12th graders.

- Overall, Erie County students received a percentile score of 45 on the *Lack of Commitment to School* scale, two points lower than the statewide score of 47.

Rebelliousness

The survey also determines the number of young people who feel they are not part of society, who feel they are not bound by rules, and who don't believe in trying to be successful or responsible. These students are at higher risk of drug use, delinquency and school dropout.

The risk factor **Rebelliousness** is measured by a single scale using survey items such as "I ignore the rules that get in my way."

Rebelliousness

- Overall, Erie County students received a percentile score of 44 on the *Rebelliousness* scale, six points lower than the normative average of 50.

- Across grade levels, percentile scores for *Rebelliousness* range from a low of 32 among 6th graders to a high of 53 among 10th and 12th graders.

- Overall, Erie County students received a percentile score of 44 on the *Rebelliousness* scale, two points lower than the statewide score of 46.
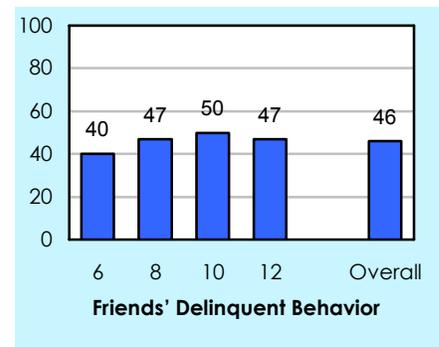
Friends' Delinquent Behavior

Young people who associate with peers who engage in delinquent behavior are much more likely to engage in delinquent behavior themselves. 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 delinquent behavior greatly increases the risk of their becoming involved in delinquent behavior.

Friends' Delinquent Behavior

The *Friends' Delinquent Behavior* scale was developed to measure a component of the risk factor **Friends Who Engage in the Problem Behavior**. This scale is measured by survey items such as "In the past year, how many of your four best friends have been suspended from school?" Elevated scores can indicate that students are interacting with more antisocial peers than average. Low scores can suggest that students' delinquent behavior is not strongly influenced by their peers.

- Overall, Erie County students received a percentile score of 46 on the *Friends' Delinquent Behavior* scale, four points lower than the normative average of 50.

- Across grade levels, percentile scores for *Friends' Delinquent Behavior* range from a low of 40 among 6th graders to a high of 50 among 10th graders.

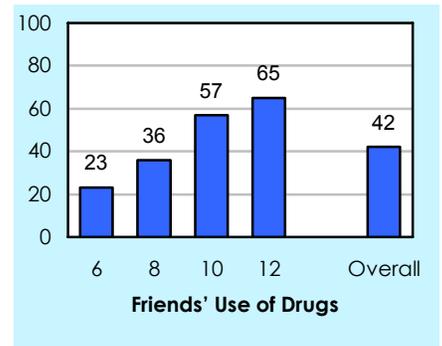- Overall, Erie County students received a percentile score of 46 on the *Friends' Delinquent Behavior* scale, one point lower than the statewide score of 47.

Friends' Use of Drugs

Young people who associate with peers who engage in substance use are much more likely to engage in it themselves. 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 use drugs greatly increases a youth's risk of becoming involved in such behavior.

The *Friends' Use of Drugs* scale was developed to measure a component of the risk factor **Friends Who Engage in the Problem Behavior**. This scale is measured by survey items such as "In the past year, how many of your best friends have used marijuana?"
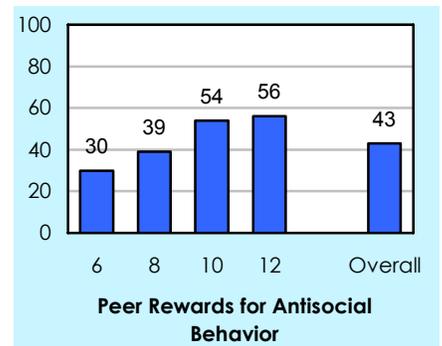

Friends' Use of Drugs

- ■ Overall, Erie County students received a percentile score of 42 on the *Friends' Use of Drugs* scale, eight points lower than the normative average of 50.

- ■ Across grade levels, percentile scores for *Friends' Use of Drugs* range from a low of 23 among 6th graders to a high of 65 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 42 on the *Friends' Use of Drugs* scale, two points lower than the statewide score of 44.

Peer Rewards for Antisocial Behavior

Students' perceptions of their peer groups' social norms are also an important predictor of involvement in problem behavior. When students feel that they get positive feedback from their peers for using alcohol, tobacco or other drugs, or getting involved in delinquent behaviors, they are more likely to engage in these behaviors. When young people believe that their peer groups are involved in antisocial behaviors, they are more likely to become involved in antisocial behaviors themselves.

Peer Rewards for Antisocial Behavior

The *Peer Rewards for Antisocial Behavior* scale was developed to measure a component of the risk factor **Friends Who Engage in the Problem Behavior**. This scale is measured by survey items such as "What are the chances you would be seen as cool if you smoked marijuana?"

- ■ Overall, Erie County students received a percentile score of 43 on the *Peer Rewards for Antisocial Behavior* scale, seven points lower than the normative average of 50.

- ■ Across grade levels, percentile scores for *Peer Rewards for Antisocial Behavior* range from a low of 30 among 6th graders to a high of 56 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 43 on the *Peer Rewards for Antisocial Behavior* scale, four points lower than the statewide score of 47.

Favorable Attitudes toward Antisocial Behavior

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

The *Favorable Attitudes toward Antisocial Behavior* scale was developed to measure a component of the risk factor **Favorable Attitudes toward the Problem Behavior**. This scale is measured by survey items such as "How wrong do you think it is for someone your age to pick a fight with someone?"

Favorable Attitudes toward Antisocial Behavior

- Overall, Erie County students received a percentile score of 41 on the *Favorable Attitudes toward Antisocial Behavior* scale, nine points lower than the normative average of 50.

- Across grade levels, percentile scores for *Favorable Attitudes toward Antisocial Behavior* range from a low of 30 among 6th graders to a high of 49 among 10th and 12th graders.

- Overall, Erie County students received a percentile score of 41 on the *Favorable Attitudes toward Antisocial Behavior* scale, three points lower than the statewide score of 44.
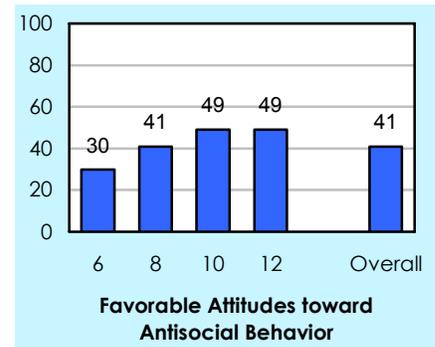
Favorable Attitudes toward ATOD Use

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 begin to participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk. The risk factor scale *Favorable Attitudes toward ATOD Use* assesses risk by asking young people how wrong they think it is for someone their age to use drugs.

Favorable Attitudes toward ATOD Use

The *Favorable Attitudes toward ATOD Use* scale was developed to measure a component of the risk factor **Favorable Attitudes toward the Problem Behavior**. This scale is measured by survey items such as "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.

- Overall, Erie County students received a percentile score of 38 on the *Favorable Attitudes toward ATOD Use* scale, 12 points lower than the normative average of 50.

- Across grade levels, percentile scores for *Favorable Attitudes toward ATOD Use* range from a low of 23 among 6th graders to a high of 57 among 12th graders.
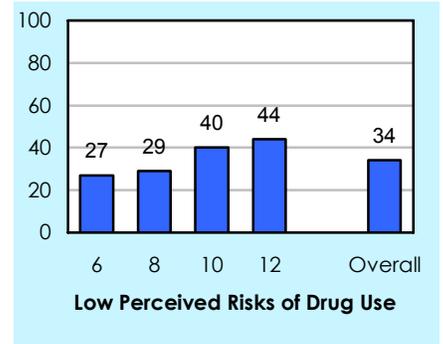
- Overall, Erie County students received a percentile score of 38 on the *Favorable Attitudes toward ATOD Use* scale, three points lower than the statewide score of 41.
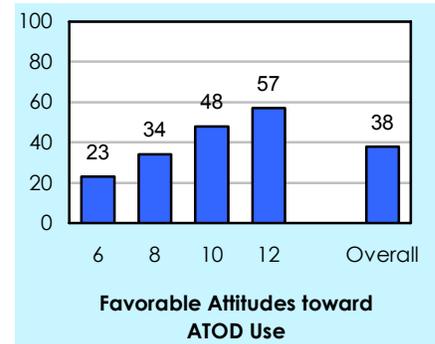
Low Perceived Risks of Drug Use

The perception of harm from drug use is related to both experimentation and regular use. The less harm that an adolescent perceives as the result of drug use, the more likely it is that he or she will use drugs.

The *Low Perceived Risks of Drug Use* scale was developed to measure a component of the risk factor **Favorable Attitudes toward the Problem Behavior**. This scale is measured by 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.
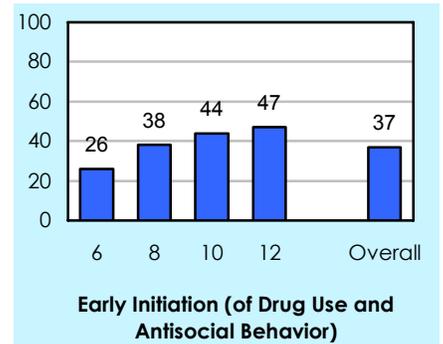

Low Perceived Risks of Drug Use

- ■ Overall, Erie County students received a percentile score of 34 on the *Low Perceived Risks of Drug Use* scale, 16 points lower than the normative average of 50.

- ■ Across grade levels, percentile scores for *Low Perceived Risks of Drug Use* range from a low of 27 among 6th graders to a high of 44 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 34 on the *Low Perceived Risks of Drug Use* scale, one point lower than the statewide score of 35.

Early Initiation (of Drug Use and Antisocial Behavior)

This risk factor scale measures early initiation of antisocial behavior (both drug use and involvement in other delinquent behaviors) in early adolescence, such as misbehaving in school, experimenting with cigarettes, and getting into fights with other children. The earlier young people commit crimes, the greater the likelihood that they will have chronic problems with similar behaviors later in life.

Early Initiation (of Drug Use and Antisocial Behavior)

The risk factor scale *Early Initiation (of Drug Use and Antisocial Behavior)* was developed to measure a component of the risk factor **Early Initiation of the Problem Behavior**. This scale is measured by survey items that ask when drug use and other antisocial behaviors began. The earlier that drug experimentation begins, the more likely it is that experimentation will become consistent, regular use. The delinquent behaviors that are measured on the survey include getting suspended from school, getting arrested, carrying a handgun and attacking somebody with the intent to harm.

- ■ Overall, Erie County students received a percentile score of 37 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale, 13 points lower than the normative average of 50.

- ■ Across grade levels, percentile scores for *Early Initiation (of Drug Use and Antisocial Behavior)* range from a low of 26 among 6th graders to a high of 47 among 12th graders.

- ■ Overall, Erie County students received a percentile score of 37 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale, three points lower than the statewide score of 40.

Sensation Seeking

Individual characteristics that may have a biological or physiological basis are sometimes referred to as "constitutional factors." *Sensation Seeking* is among those constitutional factors that appear to increase the likelihood of a young person's using drugs, engaging in delinquent behavior and/or committing violent acts.

Sensation Seeking is assessed by asking how often students participate in behaviors to experience thrills or a particular feeling or emotion.

Sensation Seeking

The *Sensation Seeking* scale was developed to measure a component of the risk factor **Constitutional Factors**. This scale is measured by survey items such as "How many times have you done crazy things even if they are a little dangerous?"

- Overall, Erie County students received a percentile score of 42 on the *Sensation Seeking* scale, eight points lower than the normative average of 50.

- Across grade levels, percentile scores for *Sensation Seeking* range from a low of 32 among 6th graders to a high of 54 among 12th graders.

- Overall, Erie County students received a percentile score of 42 on the *Sensation Seeking* scale, three points lower than the statewide score of 45.
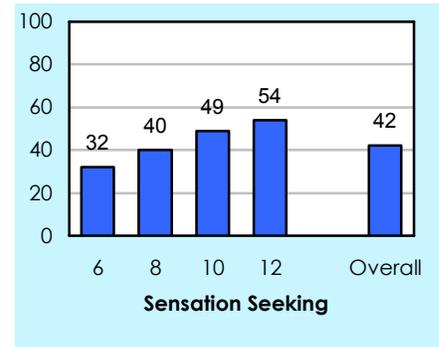
Appendix A
Additional Prevention Planning Data

Introduction

The following section presents detailed response data for survey items that may be of particular interest to prevention planners. Some of this information has already been presented earlier in this report in the form of several of the risk factor scale scores (see Section 5). These detailed response data have been provided to help communities form a more complete picture of the attitudes and behaviors held by the youth who were surveyed. It is important, however, to view this information within the context of the risk and protective factor framework covered earlier in this report.

Risk of Harm

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco or other drugs (Bachman, Johnston, O'Malley & Humphrey, 1988). Data analysis across a range of *Communities That Care Youth Survey* communities shows a consistent negative correlation between perception of risk and the level of reported ATOD use. That is, generally when the perceived risk of harm is high, reported frequency of use is low. Evidence also suggests that perceptions of the risks and benefits associated with drug use sometimes serve as a leading indicator of future drug use patterns in a community (Bachman, Johnston, O'Malley & Humphrey, 1986). Table 31 presents prevalence rates for surveyed youth assigning "great risk" of harm to four drug use behaviors: regular use of alcohol (one or two drinks nearly every day), regular use of cigarettes (a pack or more daily), trying marijuana once or twice, and regular use of marijuana. These four survey items form the risk factor scale *Low Perceived Risks of Drug Use*.

Table 31. Percentage of Youth Who Reported Perception of "Great Risk" of Harm								
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Drinking Alcohol Regularly	50.8	--	48.1	--	37.4	--	38.0	44.5
Smoking Cigarettes Regularly	76.8	--	75.2	--	67.5	--	69.7	72.8
Trying Marijuana Once or Twice	46.1	--	46.9	--	26.9	--	20.3	37.0
Smoking Marijuana Regularly	82.3	--	75.9	--	60.9	--	51.6	69.7

Disapproval of Drug Use

Personal approval or disapproval is another key attitudinal construct that influences drug use behavior (Bachman et al., 1988). Like risk of harm, disapproval is negatively correlated with the level of reported ATOD use across a range of *Communities That Care Youth Survey* communities. Personal disapproval was measured by asking surveyed youth how wrong it would be for someone their age to drink alcohol regularly, smoke cigarettes, smoke marijuana, or use other illicit drugs ("LSD, cocaine, amphetamines or another illegal drug"). The rates presented in Table 32 represent the percentages of surveyed youth who thought it would be "wrong" or "very wrong" to use each drug. These four survey items form the risk factor scale *Favorable Attitudes toward ATOD Use*.

Table 32. Percentage of Youth Who Indicated Personal Disapproval of Drug Use	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Drinking Alcohol Regularly	96.0	--	83.0	--	62.8	--	52.4	76.6
Smoking Cigarettes	97.0	--	89.7	--	77.0	--	65.6	84.5
Smoking Marijuana	98.9	--	90.6	--	79.8	--	69.5	86.7
Using Other Illicit Drugs	99.9	--	97.5	--	93.7	--	91.0	96.1

Social Norms

In addition to students' own attitudes, social norms—the written and unwritten rules and expectations about what constitutes desirable behavior—shape drug use choices. Since drug-related attitudes and behaviors are often acquired through peer group interactions, expectations of how one's peer group might react have an especially strong impact on whether or not young people choose to use drugs. The data presented in Table 33 show the percentage of surveyed youth who said that there is a "pretty good" or "very good" chance that they would be seen as cool if they smoked cigarettes, drank alcohol regularly (once or twice a month) or smoked marijuana. These three survey items form part of the risk factor scale *Peer Rewards for Antisocial Behavior*.

Table 33. Percentage of Youth Who Indicated Peer Approval of Drug Use	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Drinking Alcohol Regularly	1.8	--	5.4	--	24.9	--	26.0	12.8
Smoking Cigarettes	1.9	--	3.0	--	6.9	--	6.2	4.2
Smoking Marijuana	1.2	--	6.0	--	12.2	--	11.9	7.2

In addition to peer attitudes, social norms toward drug use were measured by asking how most neighborhood adults would view student alcohol, cigarette and marijuana use. Table 34 presents the percentage of surveyed youth who thought other adults would feel it was "wrong" or "very wrong" to use each drug. These three survey items form part of the risk factor scale *Laws and Norms Favorable to Drug Use and Handguns*.

Table 34. Percentage of Youth Who Indicated "Other Adults" Disapprove of Drug Use

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Drinking Alcohol	94.3	--	86.9	--	78.6	--	74.7	84.8
Smoking Cigarettes	95.5	--	87.8	--	79.4	--	68.4	84.3
Smoking Marijuana	97.3	--	93.8	--	91.5	--	88.9	93.3

Frequency of Drug Use

While the prevalence rates presented in Section 2 are useful for determining how many kids are currently using or have experimented with a drug, they give no indication of the frequency or intensity of use. A respondent who reports 1 or 2 occasions of use in the past 30 days is counted the same as one who reports 40 or more occasions of use, even though the level of use is drastically different. Tables 35-38 present the past-30-day frequency of use reported by surveyed youth for the following drugs: alcohol, cigarettes, marijuana or hashish, and inhalants.

Table 35. Past-30-Day Frequency of Alcohol Use

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
0 occasions	96.1	--	83.2	--	59.8	--	41.0	73.9
1 or 2 occasions	2.9	--	10.6	--	20.2	--	21.1	12.4
3 to 5 occasions	0.4	--	3.7	--	9.2	--	14.1	5.8
6 to 9 occasions	0.1	--	1.2	--	5.7	--	10.8	3.7
10 to 19 occasions	0.3	--	0.7	--	3.5	--	8.1	2.7
20 to 39 occasions	0.1	--	0.3	--	1.1	--	2.2	0.8
40 or more occasions	0.0	--	0.1	--	0.6	--	2.6	0.7

Note: Rounding on the above table can produce totals that do not equal 100%.

Table 36. Past-30-Day Frequency of Cigarette Use

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Not at all	99.1	--	91.9	--	81.0	--	71.4	87.6
Less than one cigarette per day	0.7	--	4.5	--	8.9	--	11.4	5.7
One to five cigarettes per day	0.1	--	3.1	--	5.4	--	7.7	3.6
About one-half pack per day	0.1	--	0.3	--	2.7	--	5.7	1.8
About one pack per day	0.0	--	0.0	--	1.6	--	3.1	1.0
About one and one-half packs per day	0.0	--	0.1	--	0.2	--	0.2	0.1
Two packs or more per day	0.0	--	0.0	--	0.2	--	0.4	0.1

Note: Rounding on the above table can produce totals that do not equal 100%.

Table 37. Past-30-Day Frequency of Marijuana or Hashish Use

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
0 occasions	99.5	--	94.1	--	84.1	--	74.1	89.6
1 or 2 occasions	0.3	--	3.2	--	6.6	--	9.8	4.3
3 to 5 occasions	0.1	--	1.1	--	3.5	--	3.3	1.7
6 to 9 occasions	0.0	--	0.5	--	1.7	--	3.3	1.2
10 to 19 occasions	0.0	--	0.3	--	1.7	--	3.3	1.1
20 to 39 occasions	0.0	--	0.0	--	1.1	--	3.3	0.9
40 or more occasions	0.1	--	0.9	--	1.3	--	2.7	1.2

Note: Rounding on the above table can produce totals that do not equal 100%.

Table 38. Past-30-Day Frequency of Inhalant Use

	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
0 occasions	98.1	--	96.4	--	97.3	--	97.6	97.4
1 or 2 occasions	1.3	--	2.7	--	1.6	--	1.3	1.8
3 to 5 occasions	0.3	--	0.6	--	0.5	--	0.4	0.5
6 to 9 occasions	0.3	--	0.1	--	0.4	--	0.4	0.3
10 to 19 occasions	0.0	--	0.0	--	0.2	--	0.0	0.0
20 to 39 occasions	0.0	--	0.1	--	0.0	--	0.2	0.1
40 or more occasions	0.0	--	0.0	--	0.0	--	0.0	0.0

Note: Rounding on the above table can produce totals that do not equal 100%.

Frequency of Bringing a Weapon (Such as a Gun, Knife or Club) to School

Table 39 presents the past-30-day frequency of bringing a weapon (such as a gun, knife or club) to school, reported by surveyed youth.

Table 39. Past-30-Day Frequency of Bringing a Weapon to School	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Never	99.3	--	97.9	--	97.2	--	96.0	97.9
1 or 2 times	0.7	--	1.3	--	1.3	--	1.3	1.1
3 to 5 times	0.0	--	0.3	--	0.4	--	0.4	0.2
6 to 9 times	0.0	--	0.0	--	0.0	--	0.9	0.2
10 to 19 times	0.0	--	0.3	--	0.2	--	0.0	0.1
20 to 29 times	0.0	--	0.0	--	0.6	--	0.0	0.1
30 to 39 times	0.0	--	0.0	--	0.0	--	0.2	0.0
40+ times	0.0	--	0.1	--	0.4	--	1.1	0.3

Note: Rounding on the above table can produce totals that do not equal 100%.

Gang Involvement

Gangs have long been associated with crime, violence and other antisocial behaviors. Evidence suggests that gangs contribute to antisocial behavior beyond simple association with delinquent peers. Table 40 presents the percentage of surveyed youth indicating gang involvement.

Table 40. Percentage of Youth Who Indicated Gang Involvement	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %
Ever Belonged to a Gang	4.5	--	7.3	--	7.8	--	5.6	6.3
Belonged to a Gang with a Name	2.7	--	5.4	--	6.3	--	3.4	4.5

Appendix B
New Risk and Protective Factor Scoring

Introduction

Starting in 2007, the *PAYS* will adopt a new risk and protective factor measurement and scoring model. While this new model uses the same survey data as the current model, it introduces a number of enhancements to the percentile scoring process. These enhancements create a more complete risk and protective factor profile for communities, allowing planners to more accurately identify problem areas in need of prevention intervention.

Tables 42 and 43 in this appendix present 2005 risk and protective factor results for Erie County using the new scoring model. This enables communities to review the new methodology prior to its formal introduction in 2007. It also provides an opportunity to compare differences between the old and new models. This is important because scores generated with the new measurement and scoring model are not directly comparable to scores generated with the previous model. To address lack of comparability, future *PAYS* reports will recalculate historical risk and protective factor data with the new scoring model so communities can track changes over time.

The enhancements incorporated into the new risk and protective factor measurement and scoring model fall into three categories: (1) updates to several risk and protective factor scales, (2) the introduction of a new normative database, and (3) changes to grade-level scoring.

New Risk and Protective Factor Scales

1. The risk factor scale *Perceived Availability of Drugs and Handguns* has been divided into two independent scales: *Perceived Availability of Drugs* and *Perceived Availability of Handguns*. This change improves the utility of prevention data by creating separate measures for two distinct risk factors.

2. The risk factor scale *Laws and Norms Favorable to Drug Use and Handguns* has also been divided into two independent scales: *Laws and Norms Favorable to Drug Use* and *Laws and Norms Favorable to Handguns*. This change improves the utility of prevention data by creating separate measures for two distinct risk factors.

3. The other antisocial behavior components of the risk factor scale *Early Initiation (of Drug Use and Antisocial Behavior)* have been removed, and the scale has been renamed *Early Initiation of Drug Use*. This change improves both the reliability of the measure and its utility for prevention planning.

4. The risk factor scales *Poor Family Supervision* and *Poor Family Discipline* have been combined into a single scale called *Poor Family Management*. Analysis of *Communities That Care Youth Survey* data showed that the items that constitute the two scales are highly correlated across scales. This indicates that the items are more effective at representing a single dimension of family life.

5. The risk factor scale *Personal Transitions and Mobility* has been renamed *Transitions and Mobility*. The survey items constituting this scale remain unchanged.

6. The risk factor scale *Family Conflict* has been added.

7. The protective factor scale *Community Opportunities for Prosocial Involvement* has been added.

New Normative Data

As discussed in Section 5 of this report, percentile scores for each risk and protective factor scale are calculated by comparing survey responses to data in the *Communities That Care* normative database. The new scoring model utilizes the updated the *Communities That Care* normative database. This enhanced normative archive, which contains survey responses from over 280,000 students in grades 6 through 12, was compiled by combining the results of selected *Communities That Care Youth Survey* efforts conducted in 2000, 2001 and 2002. To enhance representativeness, statistical weights were applied to adjust the sample to exactly match the population of U.S. public school students on four key demographic variables: ethnicity, sex, socioeconomic status and urbanicity. Information on the U.S. public school student population was obtained from the Common Core of Data program at the U.S. Department of Education's National Center for Education Statistics.

Grade-Level Scoring

In previous *PAYS* efforts, risk and protective factor scale scores were calculated by comparing all respondents against a combined normative sample of students in grades 6, 8, 10, and 12. Because it contains a large number of respondents within each grade level, the new *Communities That Care* normative database allows the comparisons to be done on a grade-by-grade basis. This means that 6th graders who take the *PAYS* will only be compared with 6th grade responses in the normative database, 8th graders will only be compared with 8th grade responses, and so on. Grade-level comparisons improve the accuracy of norm-referenced scores.

Overall percentile scores for risk and protective factor scales are created by weighting the *Communities That Care* normative database to match the grade-level distribution of each survey sample.

Table 42. New Protective Factor Scale Scores, Erie County 2005

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	Community Opportunities for Prosocial Involvement	44	--	51	--	60	--	58	52
	Community Rewards for Prosocial Involvement	45	--	50	--	52	--	46	48
Family Domain	Family Attachment	19	--	17	--	--	--	37	18
	Family Opportunities for Prosocial Involvement	42	--	34	--	--	--	43	39
	Family Rewards for Prosocial Involvement	9	--	12	--	--	--	11	11
School Domain	School Opportunities for Prosocial Involvement	59	--	61	--	60	--	50	58
	School Rewards for Prosocial Involvement	57	--	60	--	54	--	46	55
Peer and Individual Domain	Religiosity	45	--	48	--	53	--	51	49
	Belief in the Moral Order	59	--	63	--	60	--	55	59
Average		42	--	44	--	57	--	44	43

Table 43. New Risk Factor Scale Scores, Erie County 2005

		6th	7th	8th	9th	10th	11th	12th	Overall
Community Domain	Low Neighborhood Attachment	56	--	52	--	46	--	47	51
	Community Disorganization	58	--	49	--	44	--	42	49
	Transitions and Mobility	64	--	57	--	48	--	50	55
	Laws and Norms Favorable to Drug Use	43	--	42	--	45	--	43	43
	Laws and Norms Favorable to Handguns	41	--	40	--	46	--	46	43
	Perceived Availability of Drugs	43	--	39	--	45	--	47	43
	Perceived Availability of Handguns	46	--	45	--	45	--	45	45
Family Domain	Poor Family Management	96	--	97	--	--	--	83	96
	Family Conflict	39	--	28	--	--	--	83	34
	Family History of Antisocial Behavior	89	--	83	--	--	--	63	86
	Parental Attitudes Favorable toward ATOD Use	48	--	62	--	--	--	55	57
	Parental Attitudes Favorable toward Antisocial Behavior	58	--	69	--	--	--	100	64
School Domain	Poor Academic Performance	45	--	45	--	46	--	46	45
	Lack of Commitment to School	45	--	42	--	47	--	54	46
Peer and Individual Domain	Rebelliousness	39	--	44	--	51	--	50	45
	Friends' Delinquent Behavior	43	--	44	--	45	--	44	44
	Friends' Use of Drugs	44	--	41	--	49	--	49	46
	Peer Rewards for Antisocial Behavior	42	--	40	--	52	--	55	47
	Favorable Attitudes toward Antisocial Behavior	36	--	36	--	41	--	41	38
	Favorable Attitudes toward ATOD Use	41	--	40	--	41	--	41	41
	Low Perceived Risks of Drug Use	45	--	42	--	49	--	49	46
	Early Initiation of Drug Use	39	--	41	--	41	--	45	41
	Sensation Seeking	42	--	40	--	42	--	45	42
Average		50	--	49	--	46	--	53	50

Appendix C
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

Social Development Research Group http://depts.washington.edu/sdrg

Prevention Program Guides

Center for Substance Abuse Prevention, Western Center for the Application of Prevention Technologies. (2004). *Building a successful prevention program: list of all practices.* [Data file]. Available at the University of Nevada Reno's Web site, http://casat.unr.edu/bestpractices/alpha-list.php.

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Prevention Planning

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