

CONNECTICUT SUBSTANCE ABUSE PREVENTION NEEDS ASSESSMENT

Student Survey Report

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Department of Community Medicine



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**1997 Substance Abuse Prevention
Needs Assessment**

Student Survey Report

**Prepared for the
Connecticut Department of Mental Health and Addiction Services**

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Center for Substance Abuse Prevention (Contract #277-95-1037)**

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EXECUTIVE SUMMARY

Introduction

Consistent with national trends, statewide surveys in 1989 and 1995 showed that overall substance use among youth in Connecticut increased during the decade of the 1990's (Hartwell, Ungemack, Babor, Stevens, & Del Boca, 1996). Over the first half of the decade there were significant increases in cigarettes, marijuana and inhalant use among younger students and evidence that Connecticut students were initiating drug use at younger ages. Although there had been a decrease in alcohol use among senior high school students, the rates of use alcohol, tobacco and other drugs among Connecticut students continued to exceed national prevalence rates. Further, the data suggested that approximately one-in-ten senior high school students were sufficiently involved with substance use to warrant an evaluation for substance abuse treatment. The results of these statewide surveys highlighted the need for additional data that could be used to inform and develop a statewide substance abuse prevention strategy to reduce alcohol, tobacco and other drug use among Connecticut youth.

In 1996, with support from the federal Center for Substance Abuse Prevention, the Department of Mental Health and Addiction Services (DMHAS) initiated a statewide substance abuse prevention needs assessment. A centerpiece of Connecticut's Substance Abuse Prevention Needs Assessment "family of studies" was the 1997 Substance Abuse Prevention Student Survey, conducted by researchers from the Department of Community Medicine and Health Care at the University of Connecticut Health Center. The survey was developed with the help and collaboration of the Substance Abuse Prevention Needs Assessment Advisory Committee, which included representatives from DMHAS, the Department of Children and Families, the State Department of Education, the Office of Policy and Management, the Department of Public Health, the Office of Alternative Sanctions, as well as representatives from the Regional Action Councils, Drugs Don't Work!, community prevention agencies and other stakeholders concerned with adolescent substance use.

The guiding conceptual framework of the 1997 School Survey was the risk and protective factor model of substance use (Hawkins, Catalano & Miller, 1992). This theoretical model is based on a large body of research that has shown that substance use among adolescents can be predicted by a variety of risk and protective factors. Risk factors are situations or characteristics that may increase the likelihood of a youth using or abusing alcohol, tobacco or other drug use, such as the availability of substances, having friends who use, and tolerant attitudes toward drug use. Protective factors that enhance resistance or resiliency to substance use among adolescents decrease the likelihood of substance use among youth. Protective factors for youth substance use include a close parent-child relationship, commitment to school, perceived harm of substance use, and community norms that discourage substance use among youth. The risk and protective factors occur in several domains within a youth's life, including individual, peer, family, school and community spheres of influence.

The specific objectives of the 1997 Student Survey were to:

- Estimate the prevalence of alcohol, tobacco and other drug use among Connecticut public school students.
- Assess trends in the incidence and prevalence of substance use.
- Identify differences in adolescent substance use patterns according to gender, age, racial/ethnic background, as well as community type and region.
- Examine the relationship between risk and protective factors and substance use.
- Examine differences in the levels of risk and protective factors according to gender, age and racial/ethnic background of students and community type.

Methodology

The self-report survey was administered in the 1996-97 and 1997-98 school years to a representative sample of 15,773 5th through 12th graders attending public schools in Connecticut at the time of the survey. For the first time since 1989, the statewide survey included 5th and 6th grade students because previous surveys had shown that many students initiate use while in elementary school. A multi-stage sampling procedure was used to assure proportional representation in terms of town and grade level. School superintendents were offered the opportunity to receive district-level data to support school and community-level prevention planning. Districts that requested a community-specific report were over-sampled to ensure there were enough students included to derive reliable estimates. Twenty-five of the 27 participating districts received district-level data. Because of problems obtaining sufficient school district participation in two Service Delivery Areas, regional analyses were not conducted for the state report. There was, however, good representation of different community types at the statewide level so the underrepresentation in these two service delivery areas did not adversely affect the representativeness of the statewide data.

Participation for all students was voluntary, and the questionnaire and procedures were designed to ensure the students' anonymity and confidentiality. Parental consents were solicited prior to the survey administration. Students answered questions pertaining to their use of tobacco, alcohol and other drugs, as well as their risk and protective factors for substance use. All reports and presentations are based on weighted analyses of aggregate data.

Selected Findings

Substance Use

Alcohol:

- Alcohol was the most widely used substance among Connecticut students across all age groups, with the rates of recent alcohol use for 8th, 10th and 12th grade students in Connecticut higher than those of students nationwide.
- While there were no significant changes in the rate of current alcohol use among senior high school students between 1995 and 1997, there was a significant drop among 7th-8th graders, from 35% in 1995 to 26% in 1997.
- Connecticut youth continued to report initiating alcohol use at ever younger ages, with one-in-five 5th graders reporting that they had tried alcohol.
- Racial/ethnic comparisons showed that Black and Hispanic children were more likely to report using alcohol in elementary school, although at the higher grade levels White students had the highest rates of use.
- Among high school students, 36% reported occasional alcohol use and 14% reported regular use. One-third of high school students reported that they had on average three or more drinks when they drank.

Cigarettes:

- The rates of cigarette use increased among students in Connecticut between 1995 and 1997, especially among older students.
- In 1997, 7% of 5th-6th graders, 22% of 7th-8th graders, 31% of 9th-10th graders and 37% of 11th-12th grade students reported recent cigarette use.
- The rates of recent cigarette use among students in Connecticut compared to students nationwide and in the Northeast region suggest that on average youth in this state begin using at earlier ages than their peers elsewhere. The age of first use among 8th grade smokers was 11.2 years in 1997.
- White junior and senior high school students had the highest rates of cigarette smoking, while Black students had the lowest levels of cigarette use after elementary school.
- Students in communities characterized by fewer socioeconomic advantages were more likely to report cigarette smoking at the lower grade levels.

Marijuana:

- In 1997, more than half of all students in Connecticut had tried marijuana by the time they were ready to graduate from high school. More than one-in-ten 7th-8th grade, one-in-four 9th-10th grade and one-in-three 11th-12th grade students reported use of marijuana in the past 30 days.
- The age of initiation of marijuana use continued to fall; on average, 8th grade marijuana users began experimenting when they were 12.1 years of age.

- The use of marijuana among Connecticut's students exceeded the rates of use of their peers nationwide at all grade levels.
- Marijuana use was more prevalent among boys at upper grade levels.
- Black and Hispanic youth reported the highest rates of use in the 7th-11th grades

Inhalants:

- Use of inhalants is primarily a problem of younger adolescents, with the highest rates of use reported by middle school students.
- Connecticut students in 1997 had higher rates of inhalants use than their peers nationwide.
- Recent inhalants use increased among students at all grade levels from 1995 to 1997, nearly doubling among 9th-10th graders.
- The mean age of initiation for 8th grade inhalants users fell from 11.6 years in 1995 to 11.2 years in 1997.
- Increases in reported use of inhalants were evident for both boys and girls and for all racial/ethnic groups.

Other Illicit Drugs:

- While the use of drugs such as cocaine, crack, hallucinogens, heroin, and PCP's was relatively rare among students, there were significant increases in recent use of all illicit substances from 1995 to 1997.
- The increases in use of illicit drugs occurred at all grade levels, for both boys and girls, among all racial/ethnic groups, and in all types of communities.

Risk Factors and Protective Factors

Individual/Peer Domain:

- Tolerance of substance use increased with age, with especially sharp increases in acceptance of alcohol, tobacco and marijuana use after students entered senior high school.
- Students in the wealthiest communities were the most tolerant of substance use, while those in the largest urban communities were the least accepting.
- Students were less concerned about the health consequences of marijuana use than about either tobacco or alcohol use.
- Positive attitudes toward behaviors such as cheating, destroying property, stealing, fighting and carrying weapons were linked with substance use.
- Approximately three-in-ten adolescents in junior high and high school were tolerant of fighting. Two-in-ten 7th-12th graders said it was no more than "a little bit" wrong to carry a knife, gun or other weapon, with one-in-ten apparently undisturbed about bringing a weapon to school.

- Students reported significantly more involvement in delinquent behaviors, such as academic dishonesty, stealing, aggressive behavior and property damage, as their level of drug use increased.
- Almost one-in-five junior and senior high students reported that they had carried a weapon such as a knife or gun in the past year.
- Twenty-one percent of 9th-10th graders and 27% of 11th-12th graders reported that they had bought illegal drugs in the past year.
- Twelve percent of 11th-12th graders admitted that they had sold drugs during the past year, and approximately one-in-three high school students said they had a close friend who had sold illegal drugs in the past year.
- More than half of senior high school students reported that they had close friends who used alcohol, cigarettes or marijuana.
- While a majority of Connecticut students in all grades expressed positive self-esteem, large numbers of students indicated that they think they are no good at all, that they feel lonely and that no one understands them.
- Approximately one-sixth of students at all grade levels reported that they feel sad most of the time, while 6% of middle school students indicated that they had a plan to kill themselves.
- Adolescents who had initiated substance use had higher levels of depression than those who did not use.

Family Domain:

- A majority of students at all grade levels felt close to their parents, communicated their thoughts and feelings with them and described their parents as actively involved and supportive of them.
- Most students reported that their parents monitored their activities, had clear expectations of behavior and followed through with negative consequences when rules were broken.
- One-in-six 7th-8th graders to one-in-four 11th-12th graders reported that their family did not have clear and consistent rules about alcohol or drug use.
- Attachment to parents, parental involvement in their child's school life and parental supervision of their children weakened as the students grew older.
- Youth who spent more time at home alone unsupervised were at higher risk of using alcohol and other drugs, including 17% of 5th-6th graders and 32% of 7th-8th graders who reported spending 3 or more hours after school alone.
- White students reported spending less time after school without an adult present compared to Black or Hispanic students.
- According to student reports, the vast majority of parents in Connecticut would not approve of their child using alcohol, tobacco or marijuana. However, this conviction seemed to weaken as their children grew older.
- According to the students' reports, use of alcohol and cigarettes are commonplace among their parents. More than half of all students reported that their parents drink alcohol. Forty percent of students at all grade levels reported that at least one of their parents smoked cigarettes.

- While friends were the most constant source for alcohol for adolescents, large percentages of youth reported that they got their alcohol from home. Fifty-two percent of 7th-8th grade drinkers got alcohol from home without their parents' permission, while 25% said they got it with their parents' permission.
- One-in-five senior high school students who smoked in 1997 claimed that their parent(s) knowingly provided them cigarettes.

School Domain:

- Nine-in-ten students indicated that they tried to do good work at school, valued getting good grades, and aspired to more education after high school.
- Bonding and commitment to school weakened after elementary school.
- Seven percent of all students reported that they were absent from school one or more times a week during the past year.
- Academic achievement level reported by students fell with the socio-economic level of the school district.
- Students who reported doing no homework after school, including 7% of 7th-8th graders, 11% of 9th-10th graders and 14% of 11th-12th graders, had the highest levels of substance use.
- Students in the wealthiest suburban communities reported that they spent an average of 6.3 hours on homework per week compared to 3.5 hours per week reported by students in the largest urban communities.
- Up to one-fifth of 7th-10th graders said that they did not feel safe at school.
- Most students reported that their school had rules against substance use on school grounds, yet many didn't know what would happen if a student was caught. For example, half of 9th-10th grade students said they "didn't know" what happens to a student caught drinking alcohol at school.

Community Domain:

- The majority of high school students reported that it would be easy for them to get alcohol and other drugs. Almost half (46%) of 11th-12th graders said it would be easy to get a drug like cocaine, heroin, LSD or amphetamines.
- One-third of senior high school drinkers said they purchased their alcohol from a store, bar or restaurant themselves.
- Access to cigarettes through retail outlets was a major source of cigarettes for all youth. More than one-third (37%) of junior high school smokers reported buying cigarettes from vending machines.
- Overall, students in Connecticut live in stable, cohesive neighborhoods that discourage use of drugs. Less than one-in-five students thought their neighborhood was unsafe, with 11-13% reporting that there were gangs in their neighborhood and 16-18% saying that a lot of people in their neighborhood carried weapons.
- Neighborhood disorganization was reported more frequently by African American and Hispanic students and those living in the most socio-economically deprived urban centers.

- Student reports of drug use in their neighborhood increased with age and were highest in poorer, urban communities.

Discussion

The 1997 Student Survey showed that adolescent alcohol, tobacco and other drug use continues to be a significant public health issue in Connecticut. While there was evidence that use of alcohol and marijuana was leveling off, there were increases in student use of tobacco and illicit drugs such as cocaine, heroin and amphetamines. Further, our children were initiating use at earlier ages than before. These patterns of adolescent substance use highlight the importance of having effective age-appropriate substance abuse prevention programs and policies in place in all communities.

The data regarding risk and protective factors point to avenues for developing those prevention programs. The data support the need for programs that focus on individual risk factors, including attitudes toward drugs and knowledge of the risks associated with substance use. There is an evident need for family-focused programming that strengthens parenting and communication skills and increases parental awareness of the extent and dangers of adolescent substance use and their own role in influencing their children's use of alcohol, tobacco and other drug use. Parents and communities also need to address the issue of youth who are at increased risk of alcohol and other drug use during the hours they often spend home alone or with friends after school without adult supervision. It is clear that Connecticut's youth are being exposed to prevention programming while in schools. However, there is evidence that the schools should consider implementing more comprehensive and developmentally appropriate research-based programs, as well as clearer anti-drug use messages to students throughout their entire school career. Environmental approaches that seek to affect change at a community level, including implementation and enforcement of laws, are needed to reduce the availability of alcohol, tobacco and other drugs to adolescents and their perceptions that use of these substances is acceptable. The 1997 School Survey results also provide support for funding and implementing prevention programs that address problem behavior in general, rather than focusing on substance use alone. Finally, the survey underscores the importance of implementing multiple strategies at state and community levels that address the diversity of prevention needs across the individual, family, school and community domains.

INTRODUCTION

Consistent with national trends, substance use among youth in Connecticut increased during the decade of the 1990's. An earlier report that compared data from the 1995 and 1989 statewide student surveys (Hartwell, Ungemack, Babor, Stevens, & Del Boca, 1996) revealed several specific trends in adolescent substance use during the first half of the 1990's. While on a positive note, there was a decline in alcohol use among senior high school students, the rates of use among both senior and junior high school students continued to exceed national prevalence rates. Of particular concern were significant increases in cigarettes, marijuana and inhalant use among younger students and evidence that Connecticut students were initiating drug use at younger ages. Further, the 1995 student survey (Hartwell et al., 1996) found that approximately one-in-ten senior high school students were sufficiently involved with substance use to warrant an evaluation for substance abuse treatment.

The 1995 Adolescent Alcohol and Drug Use School Survey, conducted as part of a statewide substance abuse treatment needs assessment for the Department of Mental Health and Addiction Services (DMHAS), was able to document the extent of the substance use problem among Connecticut youth. It pointed to the need to develop a coordinated and comprehensive statewide response to intervene in the upward trend in adolescent substance use. The 1995 student survey also highlighted the need for additional data that could be used to inform and develop a statewide substance abuse prevention strategy to reduce alcohol, tobacco and other drug use among Connecticut youth.

In 1996 DMHAS successfully competed for an award from the federal Center for Substance Abuse Prevention (CSAP) to conduct a statewide substance abuse prevention needs assessment. The 1997 School Survey, the subject of this report, was one component in the Connecticut Substance Abuse Prevention Needs Assessment "family of studies." In addition, the project included a study of adult substance use risk behavior, a community resource assessment pilot study, and an analysis of social indicators relevant to substance abuse prevention among youth. Each of these studies was designed to assess the need for substance abuse prevention services among Connecticut youth and adults.

Risk and protective factor model

The guiding conceptual framework of the 1997 School Survey is the risk and protective factor model of substance use (Hawkins, Catalano & Miller, 1992). This theoretical model is based on numerous studies published over the past thirty years that have shown that substance use/abuse in adolescents can be predicted by a variety of risk factors (e.g., Hawkins et al., 1992; Kandel, Simcha-Fagan, & Davies, 1986; Maddahian, Newcomb, & Bentler, 1986; Newcomb & Bentler, 1988; Simcha-Fagan, Gersten, & Langner, 1986). In the context of adolescent substance abuse prevention, risk factors are those situations or characteristics of the individual that may increase the likelihood of a youth using or abusing alcohol, tobacco or other drug use. The more risk factors there are in a youth's life, the greater the likelihood he or she will be involved with substance use or other related problems, such as teen pregnancy, delinquency, criminal activity, and school failure (Elliot et al., 1982; Catalano & Hawkins, 1995; Hawkins et al., 1992). These

risk factors can be mediated by protective factors that help develop resistance or resiliency to substance use among adolescents. Protective factors have a positive influence on youth development and decrease the likelihood of substance use and other problem behavior among youth.

The risk and protective factors that predict substance use exist in several domains, or spheres of influence, within a youth's life: individual/peer, family, school, and community domains (Hawkins et al., 1992). Individual factors include biological and psychological dispositions, attitudes, values, knowledge, skills and problem behaviors. For instance, risk-taking and involvement in criminal behavior are individual risk factors that have been associated with adolescent substance use, while the perception that substance use is harmful is a protective factor.

Norms, values and activities of an adolescent's peer group contribute to the individual/peer domain. Frequent use and abuse of drugs is more common among youth who engage in chronic delinquent behavior compared to other adolescents (Elliott et al., 1982; Hartstone & Hansen, 1984). One of the strongest predictors of adolescent drug use is the association with drug-using peers (Biglan, Duncan, Ary, & Smolkowski, 1995; Kandel & Adler, 1982; Kandel, 1982; Jessor & Jessor, 1977). Adolescents coordinate their choice of friends, values, and behaviors to maximize congruence in their friendships (Kandel & Andrews, 1987). Adolescents tend to increase their use of drugs due to the influence of friends and they also choose friends who reinforce their drug norms and behaviors.

The literature shows that there is a positive relationship between specific attitudes and beliefs regarding drugs and drug use initiation (Hawkins, Lishner, Jensen & Catalano, 1987). Experimentation with any substance tends to be preceded by values favorable to its use. Youth attitude toward drug use has been shown to be the one of the strongest correlates of adolescent drug use (Towberman & McDonald, 1993). As with youth antisocial behavior, positive attitudes toward antisocial behavior have been linked with substance use in youth (Wells, Morrison, Gillmore, Catalano, Iritani, & Hawkins, 1992). Youth who perceive antisocial behavior as acceptable are more likely to abuse substances as well as engage in antisocial behavior.

Some studies have indicated (Hicks, Hicks, & Bodle, 1992) that there is correlation between low self-esteem and drug use. Youth with low self-concept tend to use drugs in order to increase self-esteem. There is an association between depression, suicide and substance use in youth (Irvin & Maag, 1993), however, a clear temporal relationship between depression and drug use has not been established. Children affected by attention deficit hyper activity disorder have been found to be at a higher risk for substance use, especially if conduct problems are present as well (Gittleman, Maanuzza, Shenker, & Bonagura, 1985).

Within the family domain, risk and protective factors reflect family history of substance use (Buchele Sigda & Martin, 1996; Catalano, Haggerty, Gainey, & Hoppe, 1997), functioning, management practices, and parent-child bonding. For example, poor parenting skills, inadequate parental supervision of the child, and family conflict are associated with increased likelihood of adolescent drug use (Kandel & Andrews, 1987; Lazar, Darlington, Murray, Royce, & Snipper, 1982; Reilly, 1979). Conversely, a close parent-child relationship, clear rules about alcohol and

drug use, and parental involvement in the child's life are identified protective factors for adolescent substance use (Baumrind, 1993; Bernard, 1991; Tec, 1974).

The school domain encompasses the commitment to education, academic performance, the school climate and policies regarding substance use. Children who have high educational aspirations and who enjoy school are less likely to become drug involved (Johnson, O'Malley & Bachman, 1985; Kelley & Balch, 1971). On the other hand, youth who are truant or who drop out of school are at high risk of substance use and abuse (Jessor, 1976; Robins, 1980; Smith & Fogg, 1978). Schools which successfully enforce policies which discourage student substance use have been shown to have lower substance use prevalence rates (Moskowitz, 1983; Hawkins, Catalano, & Associates, 1992).

The community domain includes socioeconomic conditions, neighborhood cohesion, laws and norms regarding substance use, alcohol, tobacco and other drug (ATOD) availability, and community readiness and resources to address substance use issues. Community-level risk factors associated with high substance use prevalence rates include economic deprivation (Brook, Brook, Gordon, Whiteman, Chen, 1990; Robins & Ratcliff, 1979) and easy access to legal and illegal drugs (Maddahian, Newcomb & Bentler, 1988). Among the community protective factors are community norms which disapprove of youth ATOD use (Johnston, 1991), laws prohibiting the sale of tobacco and alcohol to minors (Alcohol Policy ref., 1995), and the availability of recreational and other alternative activities for youth (Bentler, 1992; Felner, Silverman & Adix, 1991).

The risk and protective factor approach to prevention is supported by intervention research that has shown that prevention strategies that reduce risk and enhance protection have been successful at preventing drug use (e.g., Bukoski, 1997; Tobler, 1993, Tobler, 1997). Specific prevention strategies have been identified which can be implemented to address one or more of the risk and protective factors. The greatest strength of this project is the linkage between the problem behavior, the intermediate factors that are associated with substance use, and the availability of model programs to address these issues.

Survey Objectives

The 1997 Substance Abuse Prevention Student Survey was conducted by researchers in the Department of Community Medicine and Health Care at the University of Connecticut Health Center (UCHC) for the Department of Mental Health and Addiction Services (DMHAS). The Substance Abuse Prevention Needs Assessment Project was developed with the help and collaboration of the Substance Abuse Prevention Needs Assessment Advisory Committee. The Advisory Committee included representatives of other state agencies involved with substance abuse prevention, including the Department of Children and Families (DCF), the State Department of Education (SDE), the Office of Policy and Management (OPM), the Department of Public Health (DPH), the Office of Alternative Sanctions, as well as representatives from the Regional Action Councils (RACs), Drugs Don't Work!, community prevention agencies and other stakeholders concerned with adolescent substance use.

The specific objectives of the 1997 Student Survey were to:

- Estimate the prevalence of alcohol, tobacco and other drug use among the Connecticut school population.
- Assess trends in the incidence and prevalence of substance use.
- Identify differences in substance use patterns for youth according to gender, age, racial/ethnic background, as well as community type and region.
- Examine the relationship between individual risk and protective factors and substance use.
- Examine differences in the levels of risk and protective factors according to gender, age, racial/ethnic background, and community type.

The self-report survey was administered in the 1996-97 and 1997-98 school years to a representative sample of 15,773 students in public schools in Connecticut. For the first time since 1989, the statewide survey was extended to include 5th and 6th grade students. The younger students were surveyed for two reasons. First, the 1995 Student Survey had documented relatively high levels of use of certain drugs, particularly alcohol and cigarettes, among junior high school students, and many of those students reported that they began using during their elementary school years. Second, prevention initiatives that are directed at preventing the onset of substance use focus on the risk and protective factor antecedents of adolescent use. Participation for all students was voluntary, and the questionnaire and procedures were designed to ensure the students' anonymity and confidentiality. Students answered questions pertaining to their use of tobacco, alcohol and other drugs, as well as their risk and protective factors for substance use.

The primary purpose of these data is to inform and support State and community efforts to prevent and reduce substance use among youth in Connecticut. A major venue for dissemination and application of these findings will be through the State Incentive Grant (SIG) Initiative. The SIG Initiative will specifically link Connecticut's needs assessment data to prevention programming that has been scientifically proven to be effective in preventing adolescent ATOD use.

METHODS

Survey Instrument

The 1997 Connecticut Substance Abuse Prevention Student Survey questionnaire was designed to measure lifetime (i.e., ever) and recent (i.e., in the past 30 days) use of alcohol, tobacco and other drugs, as well as the antecedent risk and protective factors for substance use among youth. A 60-item self-administered instrument was developed for 7th-12th grade students and a modified 49-item version was prepared for 5th-6th grade students. While the wording and arrangement of both versions was identical, items that dealt with specific types of drugs or behaviors that would either be too infrequent or not applicable to elementary school students (e.g., current use of heroin, drinking and driving behavior) were omitted from the 5th-6th grade instrument.

Prior statewide school surveys used in Connecticut in 1989 and 1995 (Babor & Del Boca, 1990; Hartwell et al., 1996) were used to model the development of the 1997 survey. Other surveys used in the development of the 1997 survey included the Six-State Consortium for Prevention Needs Assessment Student Survey (Arthur, Hawkins, Pollard, & Catalano, 1996), the Search Institute Profiles of Student Life (Search Institute, 1989), and the New Haven School Social and Health Assessment (Yale Child Study Center, 1996). To maintain the State's ability to monitor trends in adolescent drug use, lifetime and current ATOD use items which had been used in the previous 1989 and 1995 student surveys were repeated in the 1997 questionnaire. These substance use items were originally modeled after the Monitoring the Future Survey (e.g., Johnston, O'Malley and Bachman, 1988; 1995) and their inclusion permits comparisons to national data. The UCHC researchers worked collaboratively with members of the Substance Abuse Prevention Advisory Committee to select the scales and items used to measure the risk and protective factors. These measures were based on other student surveys that included substance abuse risk and protective factor measures with established reliability and validity.

The survey was designed to measure the following categories: demographic characteristics, lifetime and current use of alcohol, tobacco, inhalants, and illicit and prescription drugs, sources of cigarettes and alcohol, risk and protective factors in the family, school, community and individual domains, and exposure to and attitudes toward prevention services.

Risk and protective factor questions were organized according to the four conceptual domains. The family domain included items measuring family management practices, parent-child bonding, parental supervision, parental attitudes toward ATOD use and use of alcohol, tobacco and other drugs by family members. The school domain included measures of commitment to education, academic success, hours spent on homework, school absences and attitudes toward the Drug Awareness and Resistance Education (D.A.R.E.) program. The community domain measured perceived availability of ATOD, neighborhood cohesion, neighborhood drug use, and neighborhood environment. The individual/peer domain included the following: perceived harm of ATOD, attitude toward ATOD use, attitude toward anti-social behavior, peer use of ATOD, peer anti-social behavior, self-concept, depression and attention deficit/hyperactivity.

Students recorded their answers directly on the questionnaire. This “direct transcription” approach made the questionnaire easier and faster to complete for students at all grade levels and more convenient for staff to check and edit. All instructions and questions were written to produce an acceptable level of readability for students in 5th-12th grades. The Flesch Readability Formula (Flesch, 1948) was used to confirm a 4th grade reading level for both versions of the questionnaire.

The questionnaire was pretested with groups of elementary and high school students in suburban and urban communities. In addition, the 5th-6th grade survey instrument was independently assessed by a group of elementary school teachers for its readability and appropriateness for the younger students. Based on the pretest and focus group results, the instrument was modified as necessary. Spanish translations of the questionnaire and instructions were prepared for students more comfortable in that language.

Sampling Procedures

The 15,733 student respondents for the 1997 statewide school survey were sampled from the population of 5th through 12th graders enrolled in public schools in Connecticut at the time of the survey. The general features of the 1997 sample design followed the approach used in the previous statewide surveys in 1989 and 1995. A multi-stage sampling procedure was used to assure proportional representation in terms of town and grade level.

The 124 public school districts in Connecticut with a high school and the towns they serve were the initial sampling units for the study. To ensure representation of different types of communities, school districts were stratified into five Educational Reference Groups (ERG) levels and five regional service delivery areas (SDA). The sampling design was coordinated with the State Department of Education (SDE) that was at the same time conducting the 1997 Youth Risk Behavior Survey (YRBS). To avoid overburdening individual school districts and to avoid asking students to complete more than one survey, the school districts throughout the state were randomly selected to be eligible for either the SDE or DMHAS study. The number of school districts agreeing to participate in the Substance Abuse Prevention School Survey in the Spring administration fell short of the target number. To compensate, the survey was administered a second time during the Fall of 1997 in those few districts in the sample that had expressed willingness to participate at that time of year. A total of 27 districts participated in the survey, representing a 57% response rate for districts.

Unfortunately, there was insufficient representation of urban school districts in the Southwest and South Central Service Delivery Areas (SDA's) to derive a sufficiently representative sample of students in those regions. Because of this bias in the student samples for those regions, regional analyses were not conducted for the state report. This regional problem did not adversely affect the representativeness of the statewide data. Replacement sampling of districts according to community type permitted analyses of all other targeted subgroups, with the exception of the regional analyses.

After confirming district participation with the superintendent, a geographically and socioeconomically representative sample of schools was chosen within each district. English,

Health, and Social Studies classes or homeroom periods were the basic sampling units within schools because they are required of all students and they frequently permit stratification on the basis of academic achievement. A random selection of these classes was made within each grade. Sample size at the district level was determined by the superintendent's desire for a district-level report. Those districts that wanted a district-specific report were oversampled to ensure there were enough student respondents to derive reliable estimates for grade-level reporting. Twenty-five of the 27 participating districts requested district-level data.

Survey Administration

While the statewide Substance Abuse Prevention School Survey was conducted for DMHAS, the survey was jointly sponsored by several other state agencies with interests in adolescent substance abuse prevention. In addition to DMHAS, commissioners of the Departments of Education, Children and Families, and Public Health co-signed the letter inviting the participation of each sampled school district in the survey. This broad-based support was in recognition that the survey data has applications for a variety of state agency initiatives. Because these data could also inform local initiatives, school superintendents were offered the opportunity to receive district-level data to support school and community-level prevention planning.

To conduct the survey, it was necessary to secure permission from the school administrators, their respective school boards, and in some cases from parents. After approvals were obtained from participating school systems, UCHC field staff contacted the school principals to establish a liaison (most often a substance abuse program coordinator or guidance counselor) within each of the schools to help coordinate and implement the survey. Field staff worked with the liaison to schedule the survey and finalize the school sampling procedures.

The UCHC staff and the school liaison worked together to build support and cooperation from teachers and staff to administer the survey, answer questions about the survey arising from parents and other concerned parties, drop off and pick up the questionnaires from the schools, record any problems or peculiarities in the collected questionnaires, and work with the liaison to follow up with students absent from class on the day of the survey. In addition, the research and liaison established procedures to assure that parental permissions were obtained where required. Parents of students from the classes selected for the survey were sent permission forms. Any parent who did not want his or her child to participate in the survey was asked to return the form to the school. Each school notified teachers of the students who were exempted by their parents.

Packets of questionnaires and administration instructions (including a list of questions commonly asked by students) were delivered to each school. Each selected classroom received a packet of questionnaires for the teacher to administer. Prior to distributing the questionnaires, the purpose and potential uses of the survey were explained to students and a standard set of directions for completing the survey were read. Students were told that their participation in the survey was voluntary and anonymous.

Students were allowed the entire class period to complete the questionnaire. Most 7th-12th grade students completed the questionnaire within 20-35 minutes, while 5th-6th graders

needed between 30-45 minutes. Students deposited their completed questionnaires in a container that was sealed and signed by the survey administrator after all questionnaires were returned. The sealed containers were removed from the classroom by the liaison. The questionnaires, still in sealed containers, were picked up by UCHC field staff immediately following the survey administration at the school.

Nine percent of students in selected classrooms did not complete the questionnaire due to absence from school (Appendix A). Schools were asked to provide an opportunity for students absent during the day of administration to complete the questionnaire at another time.

Confidentiality

Several precautions were taken to ensure students' anonymity and confidentiality. Students were informed both orally and in writing that their participation in the survey was voluntary, anonymous and confidential. Teachers reported that four percent of students chose not to participate in the study (Appendix A). Students who did participate were instructed not to put their names or any other identifying information on the questionnaires. Numerical codes were used for individual questionnaires and for other variables that may provide identifying information regarding the sample strata (e.g., school). Completed forms were placed in sealed containers and removed quickly from school premises so that no one outside of the research staff could have access to raw data forms. Additionally, specific codes for class or school were not entered into the computer files. Finally, all reports and presentations are based on analyses of aggregate data.

Data Processing

Extensive data cleaning and verification procedures were employed to minimize error as the survey data were prepared for analysis. When the questionnaires were returned to the UCHC, they were subjected to preliminary error checking and data cleaning by the research staff. These initial data cleaning procedures resulted in two percent (n=341) of the questionnaires being excluded from the analysis. The reasons for exclusion included reporting unrealistic levels of substance abuse, inconsistent responses (especially in reported substances, such as the reporting of higher levels of substance use in the past month than in the past year), or indiscriminate marking of the same response to multiple and/or contradictory items (Appendix B). Because 566 students (3.5%) did not indicate their grade, gender, and/or race when completing the questionnaire, they had to be excluded from the weighted analyses of the data.

Students were asked at the end of the questionnaire if they had been honest in their responses. Five hundred and sixteen students (3.7%) who indicated that they were not honest, but responded consistently and credibly to the other parts of the survey were included in the analysis. Otherwise, they were excluded. As a means of checking the validity of the study, students were also asked if they had ever used "allovites," a fictitious drug. The small number of students who reported using allovites were excluded from the analysis.

Once preliminary data cleaning was completed, survey data were key entered into computer files by a commercial data processing firm. Approximately five percent of the

questionnaires were re-entered to check for accuracy. The data entry accuracy rate was 99.2%. Additional data cleaning procedures were used to check for logical consistencies across items.

Data Analysis

The characteristics of the student sample and the population of 5th through 12th grade students enrolled in public schools in Connecticut in 1996-97 were compared to determine how closely the sample represented the demographic composition of students in the state. Table 1 shows the distributions of the unweighted and weighted samples. The unweighted sample corresponds to the obtained sample of students, while the demographics of the weighted sample reflect the characteristics of the total student population. Overall, there were slight variations between the obtained sample and the total population of public school students with respect to the grade and gender. There were, however, some discrepancies in the racial/ethnic characteristics and the types of community represented in the sample. In particular, Black and Hispanic students and students from the urban communities (ERG's H and I) were underrepresented in the 1997 school statewide school sample. These discrepancies were corrected through statistical weighting procedures to reflect the grade, gender, and racial/ethnic distribution of students, as well as the different types of communities, in the state. The weighting corrected for the minor variations in these factors without distorting the findings.

The first set of substantive analyses focused on the prevalence of ATOD use in the student population, as well as trends in substance use since the last survey. In addition to alcohol and cigarettes, the survey measured use of marijuana, inhalants, cocaine, hallucinogens, heroin, PCP and MDMA. In some analyses, the illicit drugs other than marijuana were collapsed into a single category because of their low individual prevalence rates. Both lifetime and current use of drugs were examined, although most of the analyses focused on current use. *Lifetime use* counts those who report they have ever used a substance at least once. *Recent or current use* is defined as reported use of any substance in the last 30 days. The rates of use were compared to the 1995 data to identify trends in substance use. The statewide rates of use were also compared to national and regional data on student substance use as reported by the Monitoring the Future (Johnston, O'Malley and Bachman, 1998). Additional analyses of the substance use patterns examined the age of initiation, level of use, and sources of cigarettes and alcohol.

Group differences in substance use prevalence rates were examined by grade level, gender, racial/ethnic background and community type. Grade rather than age was used because of its utility for prevention programming. Depending upon the objectives of the analysis, students were grouped into one of two grade groupings. Most grade-based analyses use four grade categories: 5th-6th, 7th-8th, 9th-10th, and 11th-12th. Although the majority of Connecticut school districts separate students into K-5th, 6th-8th and 9th-12th, the developmental and substance use similarities of the four grade groupings used in the analysis support this categorization. Other multivariate analyses and trend analyses rely on a three-group categorization: 5th-6th, 7th-8th and 9th-12th. Three racial/ethnic categories, accounting for 95.6% of the students, were used: White, Black, and Hispanic. Too few students selected either Asian (2.4%), Native American (0.3%) or "Other" (2.1%) to conduct reliable analyses of those subgroups.

A community typology developed by the SDE, the Educational Reference Group (ERG) index, was used to categorize different types of communities. The ERG index organizes similar school districts according to socioeconomic indicators into nine categories ranging from the wealthiest suburban districts (e.g., ERG A includes districts like Westport and Woodbridge) to the largest urban centers (e.g., ERG I includes cities such as Hartford, Bridgeport and New Haven). For the purposes of the 1997 study, the nine ERG groups were collapsed into five categories comprised of ERGs A-B, C-E, F-G, H and I. A list of school districts grouped into their respective ERG category is found in Appendix C.

The risk and protective factors measured in the 1997 Student Survey, organized according to life domain, include the following:

Individual/Peer Domain

- Perceived harm of alcohol, tobacco and other drug use
- Attitude toward alcohol, tobacco and other drug use
- Involvement in anti-social behavior such as juvenile delinquency, violence, theft
- Attitude toward anti-social behavior
- Peer use of alcohol, tobacco and other drugs
- Peer anti-social behavior
- Positive self-concept
- Negative self-concept
- Depression
- Attention deficit/hyperactivity disorder

Family Domain

- Family management
- Parent-child bonding
- Parental or family use of alcohol, tobacco and other drugs
- Parental attitudes toward alcohol, tobacco and other drugs by youth
- Parental supervision

School Domain

- Commitment to education
- Academic achievement
- Hours spent doing homework
- School absences
- Attitude toward D.A.R.E.

Community Domain

- Perceived availability of alcohol, tobacco and other drugs
- Positive neighborhood environment
- Perceived neighborhood substance use
- Neighborhood cohesion

The selection of these variables was based on a review of the literature and the recommendations of the Substance Abuse Prevention Needs Assessment Advisory Committee.

The majority of these risk and protective factors were measured through established indexes or items that were developed specifically for the Connecticut survey. Four factors -- number of hours spent after school without an adult, grades, hours doing homework, and number of days absent from school -- were measured with a single question. The remaining majority of factors were measured through multiple questionnaire items which were compiled into a single cumulative index for each of the risk or protective factors. Factor analyses were used to confirm the underlying structure of the indexes and to refine the measures. Standardized Cronbach alphas (Cronbach, 1951) were used to assess the internal reliability of each index, that is, the degree to which each of the items in the index measure the same underlying construct. A minimal criterion of a .60 Cronbach's alpha for the total sample, reflecting a moderate level of reliability, was used to select indices for analysis. The internal reliability coefficients were examined for each of the gender, grade, and racial/ethnic groups to determine the reliability of these measures across groups (Appendix D). Cumulative indexes were then created for each of the multi-item constructs. All scale scores were standardized with a mean of 50 and standard deviation of 10. Thus, scale scores greater than 50 indicate a lower risk or higher protective levels than the state average. Conversely, scores lower than 50 indicate a higher level of risk or a lower protective level than the state average.

The first set of analyses used representative items from the indexes to examine the association between the risk factor or protective factor and substance use among youth. These analyses are presented in graphic form to illustrate the nature of the relationship between these variables. A subsequent set of analyses utilizes the indexes where available to assess statistical differences in the levels of risk and protective factors for the gender, grade, racial/ethnic and community type subgroups.

Due to the large sample size available for these analyses, nearly all differences are significant at the .01 level. Statistical significance in this study was determined applying a more conservative criteria of significance at the .001 level *and* the independent variable accounting for at least 1% of the variance in the dependent variable ($R^2 > .01$). Those findings are indicated by an asterisk (*) in the data tables.

PREVALENCE OF SUBSTANCE ABUSE

Alcohol

Alcohol was the most widely used substance among Connecticut students across all age groups. The proportion of youth using alcohol increases with age (Figure 1). In the 1997 survey, one-in-five 5th graders reported using alcohol in their lifetime. Among students in the 12th grade, 85% reported that they had ever used alcohol. With respect to recent use, 8% of 5th-6th grade students reported that they had used alcohol in the past month, compared to 26% of 7th-8th graders, 46% of 9th-10th graders and 59% of 11th-12th graders (Table 2). The rate of current drinking among students in the 11th-12th grades, it should be noted, was comparable to the rate of recent alcohol use (58.8%) reported by Connecticut adults 18 and older in the household survey conducted in 1995 and 1996 (Ungemack, Babor, Stevens, Del Boca, & Ferree, 1999).

A comparison of the trends in student substance use between 1995 and 1997 (Table 2) show that there were no significant changes in the rate of current alcohol use among senior high school students. There was, however, a significant drop in the level of alcohol use among 7th-8th graders; the rate of recent alcohol use decreased almost 9% over the two-year period, from 35% in 1995 to 26% in 1997. Despite this positive trend among younger students, the rates of recent alcohol use for 8th, 10th and 12th grade students in 1997 were between 6% and 11% higher for Connecticut students compared to the national averages (Table 3). The trend data also show that adolescents in Connecticut have been starting alcohol use at ever younger ages (Figure 2). For instance, the mean age of initiation for alcohol use among 8th grade students dropped appreciably from 12.6 years in 1989 to 11.2 years of age in 1997.

In general, there were no differences the rates of alcohol use between boys and girls (Table 4). From 1995 to 1997 senior high school girls reported slight increases in recent alcohol use while high school boys reported decreases, closing an earlier gap where boys reported more drinking than did girls.

The data in Table 5 show that the percentage of students reporting alcohol use increases steadily from elementary school to high school among all racial/ethnic groups. The data do, however, suggest that the patterns of initiation are somewhat different among each racial/ethnic group. It appears that Black and Hispanic 5th-6th graders were more likely to report using alcohol than their White elementary school peers in 1997 (12% and 10% compared to 7%). Yet among students in the higher grade levels, White students had the highest rates of use. Sixty-two percent of White students in grades 11 and 12 in 1997 reported recent use of beer, wine or liquor, while 52% of Black and 53% of Hispanic juniors and seniors reporting drinking in the past month.

The patterns in the trend data from 1995 to 1997 indicate that there was decreased use among younger students in all racial/ethnic groups, although it was especially pronounced among Black youth. There was also a common trend toward higher rates of use among the oldest students in all three groups.

In 1997, 5th-6th grade students in the most socioeconomically advantaged ERG communities were the least likely to use alcohol (Table 6). Six to seven percent of 5th-6th grade students in ERG groups A-B and C-E reported alcohol use compared to nine to ten percent in ERG groups F-I. However, these small differences soon disappeared. By 7th-8th grade, recent use was reported by one-fourth or more of the students in every type of community. Among older students, the most noteworthy difference was in the ERG I group. High school students in these urban centers, including Hartford, Bridgeport, New Haven, New Britain and New London, reported the lowest levels of use. In 1997, 50% of 11th-12th grade students in ERG I reported drinking in the past 30 days compared to 60% or more of their peers in all other types of communities. This pattern is consistent with the 1995 school survey results (Hartwell et al., 1996). The likely explanation for this difference lies in the higher drop-out and truancy rates in the urban communities, so that those students at highest risk for alcohol and other substance use are likely to be missing from the survey.

A comparison of the 1995-1997 ERG group trends was not included because of the possibility that the individual school districts participating in the two surveys would explain some differences rather than actual changes over time by community type.

Most students who recently used alcohol in 1997 were occasional drinkers, probably limiting their drinking mostly to weekends (Table 7). Twenty percent of 7th-8th grade students reported drinking alcohol between one-to-five days in the past month, while another five percent were regular drinkers (i.e., reporting use six or more days during the past month). Among high school students, 36% reported occasional alcohol use and 14% reported regular use.

The number of drinks adolescents reported on drinking days also increases with age (Table 7). Junior high school students who drank were more likely to report that they had only one or two drinks on average, compared to senior high school students who were more likely to have three or more drinks at a time. Among 9th-12th grade students, 18% reported drinking only one or two drinks, while 33% averaged three or more drinks when they drank.

The data in Table 8 indicate that the decrease in alcohol use among 7th-8th grade students from 1995 to 1997 occurred mostly among those students who drank the least. Junior high school students who limited their drinking to two or fewer drinks dropped from 26% in 1995 to 18% in 1997, but the percent who imbibed three or more drinks decreased only one percent (9% to 8%). For senior high school students, the trend data show that there was little change in the quantitative pattern of drinking.

Friends are the most constant source for alcohol for adolescents. The majority of both junior and senior high school students (67% and 86% respectively) who used alcohol in the past month in 1997 reported getting it from their friends (Table 9). The next most frequent source for junior high school students was home; 52% of 7th-8th grade drinkers got alcohol from home without their parents' permission, and 25% said they got it with their parents' permission. Junior high school drinkers also obtained their alcohol from older siblings (25%) or other people who bought alcohol for them (40%). Seventy percent of senior high school drinkers said other people bought alcohol for them, yet one-third (31%) purchased alcohol from a store, bar, or restaurant themselves. The most noteworthy trends in alcohol access between 1995 and 1997 occurred

among younger students. Junior high school students were less likely in 1997 to report that they got their alcohol from home without parents' permission, but they had increased access through retail sources, either by having others buy for them or by buying it themselves.

Cigarettes

Tobacco is the second most widely used substance among Connecticut students. In 1997, one-tenth of 5th grade students reported that they had tried cigarettes; by 12th grade the proportion of students who had ever smoked cigarettes increased to two-in-three students (Figure 1). Seven percent of 5th-6th graders, 22% of 7th-8th graders, 31% of 9th-10th graders and 37% of 11th-12th grade students reported in the 1997 survey that they had smoked in the past 30 days (Table 2). Overall, the data suggest that the rates of cigarette use were increasing among students in Connecticut between 1995 and 1997, especially among older students.

The rates of recent cigarette use among students in Connecticut compared to students nationwide and in the Northeast region suggest that youth in this state begin using at earlier ages than their peers elsewhere. The data in Table 3 show that the rate of recent cigarette use for 8th graders is six percent above the national average (25% compared to 19%) and three percent higher among 10th graders (33% compared to 30%). By the 12th grade, however, the difference disappears between Connecticut's smoking rate and the national rate, while the rate in the Northeast overall is higher. This pattern of earlier initiation appears to be holding stable; the age of first use among 8th grade smokers dropped slightly to 11.2 years in 1997 compared to 11.4 years of age in 1995 (Table 2).

As the data in Table 4 shows, recent cigarette use increased slightly for boys at all grade levels from 1995 to 1997. During the most recent survey, 23% of 7th-8th grade, 28% of 9th-10th grade and 37% of 11th-12th grade boys reported that they had smoked cigarettes in the past month. Among girls, the rate of recent cigarette use at the junior high school level dropped slightly from 25% to 21%. However, those gains for junior high school girls were offset by larger increases in smoking at the high school level. Thirty-four percent of 9th-10th grade and 37% of 11th-12th grade girls were current cigarette smokers, up seven percent and six percent respectively from the rates found two years earlier. Overall, boys and girls were equally likely to smoke cigarettes.

The data in Table 5 reveal that the rates and trends in smoking behavior of White, Black and Hispanic students varied. With the exception of the elementary school level, African American students were least likely of the racial/ethnic groups to report recent use of cigarettes. Among 5th-6th graders, 11% of African American students compared to 6% of Whites and 7% of Hispanics said they had smoked in the previous 30 days. By 7th-8th grade, however, Black students had the lowest rate of smoking (19% compared to 21% among Whites and 31% among Hispanics). The Hispanic students continued to have the highest rates of recent cigarette use until the junior and senior years of school when White students were most likely to be current cigarette smokers. Forty-two percent of White 11th-12th graders had smoked in the past month compared to 29% and 25% respectively of their Hispanic and African American peers. The trends in cigarette smoking by racial/ethnic group showed similar patterns for White and Black students. In both groups there were slight drops between 1995 and 1997 in the rates of smoking

among junior high students, but increases among older students. The rates of cigarette smoking increased among Hispanic students in 7th-10th grades, but were significantly lower among Hispanic students at the 11th-12th grade level.

Overall, the data in Table 6 show that students living in communities characterized by fewer socioeconomic advantages were more likely to report cigarette smoking at the lower grade levels. But, by the time students reached high school the differences had either equalized or reversed so that students in economically more advantaged communities had higher rates of smoking. For instance, two percent of 5th-6th graders in ERG A-B compared to nine percent of their peers in ERG I reported smoking in the past month. By the 11th-12th grade, however, the pattern had changed so that the rate of recent cigarette use among students was 43% in ERG A-B versus 30% in ERG I. Among all communities regardless of socioeconomic status, cigarette smoking increased with age until one-in-three or more of all graduating students were current smokers.

Approximately one-in-eight students at all grade levels reported that they had smoked cigarettes one to five days during the past month (Table 7). However, high school students were twice as likely as younger students to report smoking on a regular basis; 22% of 9th-12th graders were regular smokers compared to 9% of 7th-8th grade students. The percentage of senior high school students smoking, it should be noted, was up almost five percent from the 17.0% reported in 1995. The differences in the quantity of cigarettes that students said that they smoked on average changed only slightly during the two-year interval. Most students who smoked at all grade levels reported smoking one to five cigarettes a day on average; 16% of 7th-8th graders and 20% of 9th-12th graders in 1997 reported this level of cigarette use for the past month.

Friends are the primary source of cigarettes for all youth; 89% of junior high and 92% of senior high students reported that they got cigarettes from their friends (Table 10). Among junior high school students, home is the second most frequently cited source for cigarettes. Fifty-one percent of 7th-8th graders said that they got their cigarettes from home without their parents permission, while 12% reported that they did so with parental permission. Parental permissiveness about smoking increased with the student's age. One-in-five senior high school students who smoked in 1997 claimed that their parent(s) provided them cigarettes knowingly.

Access to cigarettes through retail outlets is another major source of cigarettes for all youth, especially among older students. For instance, more than one-third of the junior high school students who were current smokers said that they had bought cigarettes from vending machines (37%). The 38% of junior high smokers who reported that they had bought cigarettes themselves in stores is significantly lower than the 47% who reported buying from stores in 1995. It is likely that the statewide Synar initiative to restrict sales of tobacco to youth is in part responsible for this drop in direct purchase of cigarettes from retailers among the younger students. Unfortunately, the Synar initiative seems to have had no impact on older youth's access to cigarettes through retail outlets. Among senior high school students who were current smokers in 1997, seven-in-ten reported that they bought their cigarettes in stores themselves and one-in-three got their tobacco from vending machines.

Marijuana

In 1997, more than half of all students in Connecticut had tried marijuana by the time they were ready to graduate from high school (Figure 1). The trend data show that recent marijuana use among senior high school students increased by 3% from 1995 to 1997 (Table 2). More than one-in-ten 7th-8th grade, one-in-four 9th-10th grade and one-in-three 11th-12th grade students reported use of marijuana in the past 30 days. As with other drugs, Connecticut youth are initiating use of marijuana at younger ages than previously reported. The age of initiation for 8th grade marijuana users dropped from 13.5 years in 1989 to 12.5 in 1995 and to 12.1 years of age in 1997 (Figure 2). At all grade levels, the reported use of marijuana among Connecticut's students exceeded the rates of use of their peers nationwide as well as in the Northeast region (Table 3). For example, 31% of 10th grade students in Connecticut reported recent use of marijuana compared to 21% of 10th graders in the nation and 22% in the region.

Analyses of gender differences in recent marijuana use (Table 5) indicate that boys are more likely to report use at the higher grade levels. Consistent with the 1995 patterns of use, White students were less likely to report recent marijuana use compared to their Black and Hispanic peers in the 7th-10th grades (Table 5). However, these differences in recent marijuana use disappeared by the 11th and 12th grades; approximately one-third of all students were current users regardless of racial/ethnic background. Analyses of changes in reported marijuana use from 1995 to 1997 suggest that there were increases at the high school level for all three racial/ethnic subgroups, except for Hispanic 11th and 12th grade students for whom there was an 12% decrease in reported use.

There was a negative socioeconomic gradient in the likelihood of reporting recent marijuana use among junior high school students, with the lowest rates of use found in the wealthiest suburban communities (Table 6). However, this advantage disappeared among older students. By the 11th-12th grades, recent use of marijuana ranged from a high of 38% among students in ERG F-G to a low of 31% in ERG I.

Inhalants

Use of glue and other inhalants is primarily a problem of younger adolescents, more frequently reported than marijuana use by elementary school students (Figure 1). While 16% of students in the 8th grade said they had tried inhalants, their level of involvement in these substances was beginning to decline rather than increase. This pattern is evidenced by the data for recent use: 9% of 7th-8th graders said they had used glue or other inhalants in the past month, but the percentage of current users declined to 7% in the 9th-10th grades and 6% in the 11th-12th grades (Table 2).

Connecticut students in 1997 had higher rates of inhalant use than their peers nationwide (Table 3), and it appears that this substance problem may be increasing among the state's youth. Recent inhalant use increased among students in all grade levels from 1995 to 1997, nearly doubling among 9th-10th graders. Further, the mean age of initiation for 8th grade inhalants users

fell from 11.6 years in 1995 to 11.2 years in 1997, the same age that early initiators begin alcohol and cigarette use (Figure 2).

Increases in reported use of inhalants were evident for both boys and girls (Table 4) and for all racial/ethnic subgroups (Table 5). White students were most likely to report use of glue and other inhalants in the 30 days prior to the 1997 survey (e.g., 9% of White 7th-8th grade students compared to 7% of their Hispanic and 6% of their African American peers reported recent use). Consistent with the racial/ethnic patterns, students in the urban communities were least likely to report recent inhalants use (Table 6).

Other illicit drugs

While the use of other illicit drugs such as cocaine, crack, hallucinogens, heroin, and PCP's was relatively rare among students, there were significant increases in recent use of all illicit substances from 1995 to 1997 (Table 2). The absolute differences of one to three percent were small compared to the relative differences of up to six times the amount reported in 1995. These increases occurred at all grade levels.

Analyses of the 1995-1997 trend data by gender show that there was increased use of drugs like cocaine, heroin and hallucinogens at all grade levels for both boys and girls (Table 4), however, the increases were greater for boys. By the 11th-12th grades, 10% of boys compared to 6% of girls reported use of one or more of the harder drugs. Although boys continued to be at higher risk of using the harder drugs compared to girls. There were higher levels of use of illicit drugs such as cocaine, hallucinogens and heroin among all racial/ethnic groups, except for Hispanic students surveyed in senior high school (Table 5). After junior high school, Black students were less likely to report recent use of other illicit drugs compared to their White and Hispanic peers, a pattern found in 1995, as well.

The data suggest that use of illicit drugs is a problem in all types of communities in Connecticut (Table 6). By the end of their high school careers, however, it appears that 11th-12th grade students in ERG's C-E and F-G were at the highest risk of using illicit drugs other than marijuana (10% and 11% respectively).

RISK AND PROTECTIVE FACTORS

Individual/Peer Domain

Attitude toward alcohol, tobacco and other drug use

The data in Table 11 show how adolescents become more tolerant of substance use as they grow older, with an especially sharp increase in alcohol, tobacco and marijuana acceptance once students entered senior high school. At the 5th-6th grade level, the vast majority (more than nine-in-ten) boys and girls felt that use of alcohol, tobacco, marijuana and inhalants is wrong. At the junior and senior levels of high school, however, the balance changed so that most students said alcohol and tobacco use by someone their age was “only a little bit wrong” or “not at all wrong” (62% and 56% respectively). The approval levels for marijuana use were not as high as for alcohol and cigarettes. Fifteen percent of 7th-8th grade students said marijuana use by someone their age was at worst “a little bit wrong” compared to 36% of 9th-10th graders and 45% of 11th-12th graders. Acceptance of inhalant use was lowest of the four drugs measured in the 1997 survey. Five percent of 5th-6th graders felt it was not terribly wrong to inhale or sniff glue and other inhalants to get high; that percentage rose no higher than 14% of students in senior high school.

Analyses of the index based on the four items measuring attitudes toward ATOD use confirm the positive relationship between grade level and tolerance of drug use (Table 12). In addition, subgroup analyses of this index show that there are no statistically significant differences between boys and girls (Table 13) or Whites, Blacks, Hispanics and other racial/ethnic groups (Table 14). There were statistically significant differences by community type (Table 15). Students in the wealthiest communities (ERG A-B) were the most accepting of substance use, while students in the largest urban communities (ERG I) had the lowest levels of acceptance.

The correlation between attitudes toward substance use and level of drug use involvement is confirmed among Connecticut students (Tables 16 and 17). Students in both the junior high and senior high grade levels who had never use alcohol, tobacco and any other drugs were least likely to approve of drug use, while those who had moved beyond marijuana use to use of the other illicit drugs were most accepting of substance use.

Perceived harm of alcohol, tobacco and other drug use

Perceptions of harm vary with the frequency of use of any given drug. Regular use of cigarettes, alcohol or marijuana is considered harmful by 82% or more of students at all grade levels (Table 18). However, occasional use of any of these drugs is the subject of considerably less concern among students. Interestingly, there seems to be slightly less concern about the health consequences of marijuana use than there is about either tobacco or alcohol use, especially among older students. Thirteen percent of 11th-12th graders felt there was little or no harm associated with regular marijuana use compared to 6% for regular cigarettes use and 7% for regular alcohol use. Large minorities of senior high school students felt that drinking to

intoxication was not of concern; one-in-five 9th-10th graders and one-in-four of 11th-12th graders said that getting drunk occasionally caused very little or no harm.

The perceived harm of cigarettes, alcohol and marijuana did not vary significantly by grade, gender, ethnicity or community type (Tables 12-15). The data in Table 16 and Table 17 indicate that there is a negative relationship between perceived harm of drugs and drug use involvement. Students who reported that they had never used either a legal or illegal substance were most likely to view drug use as harmful. Conversely, students who had progressed to use of other illicit drugs such as cocaine, heroin and hallucinogens were least likely to view use of alcohol, tobacco and marijuana as harmful.

Attitude towards antisocial behavior

Positive attitudes toward antisocial behaviors such as cheating, destroying property, stealing, fighting and carrying weapons have been linked with substance use in youth (Wells et al., 1992). Youth who perceive antisocial behavior as acceptable are more likely to abuse substances as well as engage in antisocial behavior. The nature of the association between attitudes toward antisocial behaviors and drug use involvement is demonstrated in Tables 16 and 17. Connecticut youth who had never used alcohol, tobacco or any illicit drug were significantly more likely than those who reported alcohol or tobacco use to have negative attitudes toward other antisocial behaviors. Those who had limited their substance use to legal drugs were significantly less tolerant of antisocial behaviors compared to those who had progressed to marijuana use.

Permissive attitudes towards anti-social behavior increased significantly with age (Table 12). An examination of the data in Table 20 reveals how students at the different grade levels felt about each type of behavior in the attitudinal index. Students at all grade levels were most accepting of cheating on tests to the point that more than half of the students in the 9th-12th grades said that cheating was only “a little bit wrong” or “not at all wrong.” Aggressive behavior, such as picking a fight with someone, was the next most tolerated type of behavior. Approximately three out of ten adolescents in junior high and high school were accepting of fighting. Two-in-ten 7th-12th graders said it was no more than “a little bit” wrong to carry a knife, gun or other weapon, with one-in-ten apparently undisturbed about bringing a weapon to school. Surprisingly, junior and senior high school students appeared more tolerant of bringing a weapon to school or attacking someone with intent to harm than they were of drinking and driving behavior.

There were no statistically significant differences in students’ scores on the attitude toward antisocial behaviors index by gender, race/ethnicity or community type.

Anti-social behavior

The association between substance use and antisocial behaviors is clearly evident among Connecticut’s youth. The data in Tables 16 and 17 show that both junior and senior high school students reported significantly more involvement in antisocial behaviors as their level of drug use increased. Table 21 shows that the most frequently reported delinquent behaviors involved

academic dishonesty, stealing, aggressive behavior and property damage. Approximately half of Connecticut senior high school students reported that they had cheated on a test in the past year and almost a third reported that they had stolen something worth less than \$50. More than one-in-four students at all grade levels admitted that they had picked a fight with someone other than a family member in the past year. The percentage of students who reported that they had purposely damaged or destroyed property that did not belong to them ranged from 11% of 5th-6th graders to 25% of 9th-10th graders.

While picking fights was not uncommon, relatively few students (e.g., eight percent of 5th-6th graders to 15% of 9th-10th graders) reported attacking someone with the idea of seriously hurting them. While almost one-in-five students at the junior high and senior high school levels reported that they had carried a weapon such as a knife or gun in the past year, very few (six to eight percent) said they had brought a weapon to school. Drug trafficking activities, such as buying and selling illegal drugs, are the delinquent behaviors most strongly associated with substance use. More than one-in-five (21%) of 9th-10th graders and one-in-four (27%) of 11th-12th graders reported that they had bought illegal drugs in the past year. A smaller proportion of students – up to 12% of 11th-12th graders -- admitted that they had sold drugs during that time. Ten percent of senior high school students also reported that they had been arrested in the past year (Table 21).

When subgroup analyses were conducted using the 12-item antisocial behavior scale (Appendix E), the data showed that boys were significantly more likely to report engaging in antisocial behavior than girls and that antisocial behavior increased as students got older (Table 12).

Peer anti-social behavior

Peer behavior is a strong correlate of individual behavior, and according to the students' reports, delinquent behaviors among their friends are not uncommon. For instance, 25% of 5th-6th graders, 40% of 7th-8th graders, and 45% of 9th-12th graders reported that a close friend had been suspended from school (Table 22). Thirty-one percent of students in the 9th-10th grades and 39% in the 11th-12th grades reported that they had a close friend that had sold illegal drugs in the past year, an indication of the relatively easy access to drugs among youth in the high schools. The percentage of youth who said that one or more of their close friends carried a knife, gun or other weapon ranged from 11% of elementary school students to 24% of senior high school students.

The level of anti-social behavior among peers did not vary significantly by grade, gender, ethnicity or Educational Reference Group. However, the level of peer delinquent behavior was significantly related to the student's involvement in substance use (Tables 16 and 17); students more deeply involved in drug use were more likely to have peers who engaged in delinquent behaviors.

Peer use of ATOD

Alcohol was the most frequently reported substance used by students' peer groups. Seventy-one percent of 11th-12th graders and 54% of 9th-10th graders said that most or some of their close friends drink beer, wine, wine coolers or hard liquor (Table 23). Approximately half of all senior high school students reported that most or some of their close friends smoked cigarettes; the rates for marijuana use among close friends were comparable. Misuse of inhalants among friends was relatively infrequent; approximately one-in-ten junior and senior high school students said at least some of their friends used inhalants. Likewise, friends' use of drugs like cocaine, LSD, heroin or amphetamines were reported by a minority of students at the junior and senior high school level, although the percent who said that some or most of their close friends had tried these types of drugs doubled from 7th-8th grade to 11th-12th grade (8% to 16%).

The index measuring peers' use of alcohol, tobacco and other drug use did not vary significantly by gender, ethnicity or Educational Reference Group. Peer use did, however, increase by grade level (Table 12). Likewise, peer use of substances was associated with increased involvement in substance use among both junior high and senior high school students (Tables 16 and 17).

Positive Self-concept

A positive self-concept can be a strong individual resiliency factor protecting youth from substance abuse, while a poor self-attitude can put youth at risk of drug use and other problem behaviors. On the positive side, a majority (approximately seven-in-ten) of Connecticut students in all grades endorsed the statement "I like myself" and an even higher proportion agreed with the statement "I am glad I am me." Approximately three-quarters of all students indicated that they had a number of good qualities, and a majority of students agreed that they were "good at making friends," "good at making decisions" and "had a good sense of humor" (Table 24).

On the risk side, approximately three-tenths of students overall agreed that at times, they think they are no good at all, more than one-fourth indicated that they felt lonely and more than one-fifth felt no one understood them.

There were no statistical differences in self-concept related to the grade level, gender, racial/ethnic background or Educational Reference Group of students. The data from the 1997 School Survey also showed that students who were not involved with substance use had better attitudes about themselves than those who had initiated use of alcohol and other drugs (Tables 16 and 17).

Depression

Approximately one-in-six students at all grade levels reported that they feel sad most of the time. A smaller percentage of students, ranging from five percent of 11th-12th graders to eight percent of junior high school students, endorsed the statement "I wish I was dead." Middle school students were also slightly more likely to indicate that they had a plan to kill themselves

(six percent). There were no significant differences in level of depression by grade, gender, ethnicity or community type.

The data for both junior high and senior high school students (Tables 16 and 17) substantiate that depression is associated with substance use. Adolescents who had initiated substance use had higher levels of depression than those who did not use even cigarettes or alcohol. Further, those students who had progressed to marijuana and other illicit drugs scored higher in depression than those who limited their use to tobacco and alcohol.

Attention deficit hyperactivity disorder

On average, one-in-ten students reported one of more indicators suggestive of attention deficit hyperactivity disorder. More than one-in-four 5th-8th graders and half of 11th-12th graders reported that they have trouble concentrating or paying attention (Table 27). Likewise common among students were reports of trouble sitting still, daydreaming and acting without thinking. While responding affirmatively to these questions does not constitute an attention deficit disorder, those students who find it exceptionally difficult to sit still or concentrate may be at greater risk for substance use to relieve boredom.

Family Domain

Parental attachment and communication

Several studies have documented that positive parent-child interaction and communication is negatively correlated with substance use in youth (Hawkins et al., 1992; Kandel and Andrews, 1987; Patterson and Dishion, 1985). Overall, a strong bonding evidenced by closeness between parent and child and open communication between them protects the adolescent from becoming involved with substance use. The 1997 survey showed that a majority of students at all grade levels felt close to their parents, enjoyed spending time with them and communicated their thoughts and feelings with them. However, not surprisingly, there was evidence that this parental attachment weakened as the students grew older (Table 26). For instance, the percent of students who said they felt close to their parent or guardian ranged from 94% of 5th-6th graders to 77% of 11th-12th graders. Likewise, the percent who said that they shared their thoughts and feelings with their parent or guardian dropped from 76% of elementary school students to 53% of senior high school students.

There were no differences in parental attachment and communication evidenced for boys and girls or for students with different racial/ethnic backgrounds (Tables 13 and 14).

Family involvement

The evidence from the literature and the 1997 survey indicate that children whose parents are actively and positively involved in their lives have reduced risk of substance use. The 1997 School Survey data show that most parents are actively involved and supportive of their children (Table 27). The vast majority of students – 85% of senior high students to 95% of elementary

school students – confirmed that their parents give them help and support when they need it. Nine-in-ten 5th-6th graders reported that their parents provided many opportunities for enjoyable family activities, although by 11th-12th grade only two-in-three students felt they had lots of chances to do fun things with their parents and family. Parental involvement in their child's school life seemed to weaken as their children grew older. While 93% of 5th-6th grade students said that their parents ask if their homework is done, only 65% of 11th-12th graders reported that their parents were monitoring their homework. Likewise, more than half (56%) of elementary school students said that their parents participated in activities at their school, yet by high school only one-third of parents were so involved.

Family management

Alcohol, tobacco, and other drug use by youth tends to be higher among those involved in families that exhibit poor or inconsistent parental discipline skills (Hawkins, Catalano & Miller, 1992). The 1997 School Survey data show that most adolescents reported that their parents monitor their activities, have clear expectations of behavior and follow through with negative consequences when rules are broken. Again, there is also evidence that parental supervision and management erodes as adolescents get older (Table 28). According to their children, one-tenth of the parents of junior high students and almost one-fifth of parents of senior high school students did not know where their children were when they were away from home (Table 28). One-in-six 7th-8th graders to one-in-four 11th-12th graders reported that their family did not have clear and consistent rules about alcohol or drug use. Parental discipline, according to their children, was often not consistent. More than one-fifth (21%) of 5th-6th graders indicated that they might not get punished if they broke one of their parent's rules; by 11th-12th grade, this percentage had increased to almost half (47%).

While there was a significant decline in the level of parental management of their children as students grew older, there were no differences in this family factor according to gender, racial/ethnic background or community type. There was, however, a difference by racial/ethnic background in the number of hours a child spent alone after school; non-white youth said they spent more time alone than did white youth.

Lack of parental supervision has also been shown to be a strong predictor of alcohol, tobacco and other drug use in youth. Adolescents who spend time at home alone unsupervised are at higher risk of using alcohol and other substances. As shown in Tables 28 and 12, the likelihood that a child will be left without adult supervision increases with age. In the 1997 School Survey, Connecticut 5th-6th grade students reported spending an average of 1.3 hours per day after school without an adult present compared to 2 hours for 7th-8th graders, 2.5 hours for 9th-10th graders and 3 hours for 11th-12th graders (Table 12). According to the students' self-reports, in 1997 17% of 5th-6th graders and 32% of 7th-8th graders spent 3 or more hours after school without an adult present (Table 28). Overall, white students reported spending less time after school without an adult present (2.1 hours per day) compared to black (2.4 hours per day) or Hispanic (2.3 hours per day) students (Table 12). There were no differences in the amount of time adolescents were without adult supervision by gender and community type.

Parental attitudes toward alcohol, tobacco and other drug use

Permissive parental attitudes towards adolescent substance use have been shown to increase the risk of youth involvement in alcohol and other drugs (Hansen et al., 1987; Barnes and Welte, 1986). Clear messages from parents regarding substance use and modeling of appropriate behavior are protective factors for substance use among youth. According to students in the 1997 survey, the vast majority of parents in Connecticut would not approve of their child using alcohol, tobacco or marijuana. However, this conviction seemed to weaken, as the child grew older. For example, when asked “how wrong does your parent/guardian(s) feel it would be for you to drink beer, wine, wine coolers or hard liquor,” 10% of 5th-6th graders compared to 29% of 11th-12th graders answered “Not at all wrong” or “A little bit wrong” (Table 29). Although this effect was strongest for alcohol, it was also evident for cigarettes and marijuana. This trend by grade level was not statistically significant overall, and there were no differences in parental attitudes toward adolescent substance use according to gender, racial/ethnic background or community type.

Family modeling of substance use

According to the students’ own reports, use of alcohol and cigarettes are commonplace among their parents (Table 30). More than half of all students (53% of 5th-6th graders to 61% of 11th-12th graders) reported that their parents drink alcohol. The students’ reports of their parents’ use of alcohol are comparable to the 1995 Adult Household Survey in which showed that 58.8% of Connecticut adults were current drinkers (Ungemack et al, 1999). Forty percent of students at all grade levels reported that at least one of their parents smoked cigarettes. Approximately half of all senior high school students reported that someone in their family other than themselves had ever used marijuana.

School Domain

School commitment

Low levels of school commitment as indicated by poor attendance, failure to complete homework assignments, and lack of future educational plans is associated with substance use among adolescents (Friedman, 1983). Fortunately, low school commitment appears to describe very few students in Connecticut. Overall, nine-in-ten students at all grade levels in Connecticut indicated that they tried to do good work at school, felt it was important for them to get good grades, and aspired to more education after high school. A small minority -- between six to eight percent of students – described themselves as giving up on school (Table 31). This latter group represents those at greatest risk of dropping out and engaging in other problem behaviors such as drug use.

While there was a decrease in school bonding after elementary school (Table 12), there were no statistically significant subgroup differences observed in educational commitment according to gender, racial/ethnic background or ERG level.

Absences from school

Truancy and dropping out of school have been found to be highly correlated with substance use involvement among adolescents (Sabitino & Smith, 1989). Only a small proportion of students in Connecticut are absent on such a regular basis that it is likely to affect their school performance, as well as increase the likelihood that they will be substance-involved. Seven percent of Connecticut students across all grade levels reported that they were absent from school one or more times a week during the past year (Table 31). Approximately one-fifth (18%) of 7th-10th graders and one-fourth (26%) of 11th-12th graders reported that they were absent two or three times a month during the past year.

There were no statistically significant subgroup differences in school absences reported by students in the 1997 School Survey.

Academic performance

Academic achievement has been shown to be a protective factor for adolescent substance use (Hawkins et. al., 1988). The majority of students in all grade levels in Connecticut, ranging from 80% of 5th-6th graders to 64% of high school students, reported that they got mostly A's or B's in school. A small percentage of students (four percent of 5th-6th and 11th-12th graders to seven percent of 9th-10th graders) reported that they usually got D's and F's in school (Table 32). There were no significant differences in academic achievement levels by student characteristics such as age, gender or ethnicity. There were, however, significant differences according to ERG, with the academic achievement level reported by students dropping with the socio-economic level of the school district (Table 15).

Number of hours spent on homework

The likelihood of using alcohol, tobacco and other drugs has been negatively correlated with the amount of time adolescents spend doing homework (Hawkins et. al., 1988). Most 5th-12th grade students in Connecticut said they spent between one to five hours a week doing homework after school, with an average of 4.3 hours a week (Table 12). The group at greatest risk of substance use were those who reported doing no homework after school, including 7% of 7th-8th graders, 11% of 9th-10th graders and 14% of 11th-12th grade students (Table 33).

The average number of hours of homework reported by students varied only according to the Educational Reference Group of the students' school district. Students in the highest ERG categories (A-B) reported that they spent an average of 6.3 hours on homework per week compared to 3.5 hours per week reported by students in the ERG I communities (Table 15).

Attitude towards D.A.R.E.

Although recent research has provided little support for the effectiveness of Project DARE in ATOD prevention for youth (Ennett & Rosenbaum, 1994), the 1997 School Survey

results revealed that students who had a positive view of the DARE program had lower levels of reported substance use (Tables 16 and 17). Up to 70% of senior high school students and 83% of junior high school students indicated that they had participated in the DARE program (Table 34).

Overall, attitudes towards the DARE program were more favorable among younger students compared to older students (Table 34). For instance, almost four-in-ten 5th-6th graders said that it was “very true” that the DARE program had taught them skills to help them refuse drugs or alcohol and that the DARE program had helped them to make decisions to do alternative activities to drugs or alcohol. However, less than half that proportion of senior high school students so strongly endorsed these objectives of the DARE program. Favorable attitudes towards DARE were also inversely related to the socioeconomic status of the community; students in the ERG I had the most positive attitudes towards DARE while those from ERG A-B had the least favorable attitudes (Table 15). This could be due to the way the program is administered in particular school districts or represent an actual difference in the way DARE is perceived by students from differing socioeconomic environments.

School environment

The majority of students at all grade levels had positive attitudes about their school environment (Table 35). Most students, ranging from one-third of senior high school students to three-quarters of 5th-6th graders, felt that they could have one-on-one access to their teachers. Similar proportions of students said that their teacher(s) “notifies when I am doing a good job and lets me know about it.” While the majority of students feel safe at their school, up to one-fifth of 7th-10th graders did indicate that they did not feel entirely safe in that setting.

School policies regarding alcohol, tobacco and other drugs

Students who participated in the 1997 School Survey were asked a series of questions about whether their school had rules against tobacco use at school and what the consequences were for students caught using tobacco, alcohol or other drugs at school (Table 36). The vast majority of students at all grade levels (ranging from 80% of 5th-6th graders to 89% of 11th-12th graders) reported that their school had rules against tobacco use on school grounds. Suspension from school was the most frequently reported consequence for a student caught using any substance. Except for tobacco infringements among senior high school students, the majority of students reported that their parents would be called, as well. Despite this evidence that schools are imposing sanctions against substance use by students, it is noteworthy that a relatively large proportion of students didn't know what would happen if a student was caught using a substance. For instance, half of 9th-10th grade students said they “didn't know” what happens to a student caught drinking alcohol at school.

Community Domain

Perceived availability of alcohol, tobacco and other drugs

Research has shown that perceived availability of substances by youth is linked to the prevalence of adolescent substance use (e.g., Maddahian, Newcomb and Bentler, 1988).

Typically, older students were more likely to view alcohol, cigarettes, marijuana and other drugs as easily accessible compared to those younger (Table 12). For example, 21% of 5th-6th graders compared to 87% of 11th-12th graders reported that it would be easy for them to get alcohol (Table 37). One-fourth of 5th-6th graders compared to more than nine-tenths (92%) of 11th-12th graders reported that it would be easy for them to get cigarettes. When asked about the availability of marijuana, only nine percent of 5th-6th graders compared to 82% of 11th-12th graders reported that it would be easy for them to get marijuana. Disturbingly, almost half (46%) of high school juniors and seniors said it would be easy to get a drug like cocaine, heroin, LSD or amphetamines. Similarly, a large percentage of high school students (30% of 9th-10th graders and 35% of 11th-12th graders) indicated that it would be easy to get a gun.

Other than age, there were no subgroup differences in the perceived availability of alcohol and other drugs by students.

Perceived neighborhood environment

A neighborhood is cohesive insofar that it provides an environment that allows people to feel connected and involved with one another. The evidence suggests that youth who live in more cohesive and stable community environments are less likely to use alcohol and other drugs. Conversely, neighborhood disorganization as characterized by high population density, high residential mobility, physical deterioration, concerns for safety and low levels of attachment to the neighborhood, have been associated with delinquency and drug use by youth (Fagan, 1988).

Overall, students in Connecticut live in stable, cohesive neighborhoods. The 1997 School Survey showed that younger students had a more positive view their neighborhoods compared to older students (Table 12). For instance, 77% of 5th-6th graders compared to 55% of 11th-12th graders thought it true that people looked out for one another in their neighborhoods (Table 38). While 71% of 5th-6th graders thought that there were a lot of things for young people to do in their neighborhood, only 17% of 11th-12th graders thought so. Less than one-in-five students thought their neighborhood was not safe, with 11-13% reporting that there were gangs in their neighborhood and 16-18% indicating that a lot of people in their neighborhood carried weapons.

There other statistically significant subgroup differences in addition to the age differential in student perceptions of the neighborhood environment. Boys were more likely to report problems related to community disorganization compared to girls (Table 13). The data in Tables 14 and 15 indicate that the highest levels of neighborhood disorganization were reported by African American and Hispanic students and those living in the most socioeconomically deprived urban centers.

Perceived community drug use

Communities perceived to have higher levels of drug involvement are at increased risk of adolescent substance use. A minority of students at all grade levels felt that drug use is common in their neighborhood. However, perceptions of community substance use increase significantly with age (Tables 12 and 39). While 14% of 5th-6th grade students said that it was true that “a lot

of drugs are sold in my neighborhood,” twice as many 11th-12th grade students (27%) were of that opinion. The percentage of students who said that “a lot of kids I know in my neighborhood are into using marijuana and other drugs” likewise ranged from 12% of elementary school students to 47% of the oldest senior high school students.

Students from the lowest ERG districts in Connecticut tended to perceive more drug use in their neighborhoods than did students in the highest ERG districts (Table 15).

DISCUSSION

The 1997 Connecticut Substance Abuse Prevention Student Survey was the third statewide student survey conducted in Connecticut since 1989. The results of this most recent survey of 5th-12th grade public school students showed that adolescent alcohol, tobacco and other drug use continues to be a significant public health issue in this state. While there was evidence that use of alcohol and marijuana was leveling off, there were increases in student use of tobacco and illicit drugs such as cocaine, heroin and amphetamines. The evidence showed that our children were initiating use of gateway substances such as alcohol and cigarettes at younger ages than previously reported. At all grade levels, use of substances like alcohol, cigarettes and inhalants exceeded national prevalence rates of use.

The survey also documented important positive findings in substance use trends. It showed that the majority of Connecticut youth do not use drugs. There was particularly good news with regard to alcohol, the most widely used substance: there was a significant drop in the prevalence of drinking among junior high school students, from 35% of 7th-8th graders reporting current alcohol use in 1995 to 26% in 1997. This trend followed a pattern of decreased use among older students found in the prior surveys (Hartwell et al., 1996).

Analyses of substance use patterns by the students' age, gender, racial/ethnic background and type of community were conducted to better specify groups at risk for particular types of drugs, as well as their needs for special programming. One-in-five 5th graders in Connecticut reported that they had already experimented with alcohol use and one-in-ten had tried cigarette smoking, underscoring the importance of exposing youth to substance abuse prevention programming early in the elementary school years. The data showed that boys and girls were equally likely to drink alcohol and smoke cigarettes at all grade levels. As students grew older, however, boys were more likely to be users of marijuana and other illicit drugs, suggesting that prevention programming at the high school level should address the role of gender differences in the initiation and continuation of these types of substances.

There were differences in substance use patterns by the students' racial and ethnic backgrounds. While Black students were more likely to report alcohol and cigarette use at the elementary school level, at the higher grade levels their rates of use of all drugs except marijuana were lower than either White or Hispanic students. During the junior high school years, Hispanic students reported higher levels of all substances, except inhalants. White students, in contrast, tended to report the highest rates of substance use at the upper grade levels. From these data one could conclude that substance use is a problem for all groups of students, although critical points for prevention programming, as well as the cultural appropriateness of the approaches used for each group might vary.

An examination of the substance use patterns by community type, as measured by the Educational Reference Group (ERG) index, indicated that elementary school students living in the more socio-economically depressed and urban communities were more likely to report experimentation with alcohol and cigarettes, the initial gateway drugs, than their peers in more socio-economically advantaged communities. This finding suggests that youth in the more economically stressed communities were initiating use of drugs earlier. Yet, the 11th-12th grade

students in these same communities tended to report the lowest rates of licit and illicit substance use. The change in differential risk for use for students living in different communities occurred primarily during and following the transition from junior high school to high school. For instance, 3.8% of 7th-8th graders in ERG A-B admitted to use of drugs such as cocaine, heroin and amphetamines compared to 6.4% of their peers in ERG I. By 9th-10th grade, the relative standing in the prevalence of the use of these other drugs changed; 8.2% of 9th-10th grade students in ERG A-B reported recent use of these drugs versus 5.9% who used in ERG I.

In interpreting these data concerning subgroup differences in substance use patterns, as well as the levels of risk and protective factors measured by the survey, it is important to keep in mind that these data represent only those students who were in school on the day of the survey. While few students refused to participate, large numbers of youth in some school districts are routinely truant or have dropped out of school altogether. The profile of these out-of-school adolescents is significantly different from their in-school peers with respect to both substance use and the factors associated with that use. Out-of-school adolescents are more likely to use all types of psychoactive substances and their levels of risk factors are higher than those attending school (Ungemack et al., 1997). Statistics collected by the Connecticut State Department of Education show that boys, African American and Hispanic youth, and those living in urban and economically stressed communities are most likely to drop out of school (Zhou, 1999). The dropout rate increases after junior high school, and in some communities in ERG I, the largest urban centers, the cumulative dropout rate accounts for up to four-in-ten youth living in the community. Since the characteristics and experiences of these missing youth were not captured at all by the 1997 survey, the school survey data do not necessarily represent the profile and needs of youth living in the districts, particularly in those communities with high dropout and truancy rates. This limitation of school-based surveys should be considered in planning and developing prevention and other intervention services.

Despite such limitations, the statewide trends and patterns of student substance use do underscore the importance of developing and implementing effective age, gender and culturally appropriate substance abuse prevention programs in all communities throughout the state. A major strength of this project is that it utilized a theoretical model that links substance use behavior with intermediate factors associated with substance use. In doing so, it provides a basis for the selection of model programs to address the prevention needs of youth in this state. The guiding conceptual framework of the 1997 School Survey, the risk and protective factor model of substance use (Hawkins, Catalano and Miller, 1992), is based on an accumulated body of research that shows that substance use by adolescents can be predicted by a variety of risk and protective factors. The risk and protective factor approach to prevention is in turn supported by intervention research that has shown that prevention strategies that reduce risk and enhance protection can effectively prevent or reduce adolescent substance use (e.g., Bukoski, 1997; Tobler, 1993; Tobler, 1997). Thus, specific prevention strategies can be identified and implemented to address one or more of the risk and protective factors.

The 1997 School Survey results suggest that there are certain factors in the individual/peer domain that prevention programming in Connecticut should be targeting. The data support the need for programs that focus on attitudes toward drugs and knowledge of the risks associated with each type of substance. For instance, there is widespread acceptance of

adolescent use of alcohol and tobacco among Connecticut's students, increasing sharply as students grow older. By junior high school, the majority of students see little wrong with youth their age drinking or smoking. This suggests that prevention programs that focus on promoting appropriate attitudes towards substance use may have particular benefit. Effective model programs have been identified which increase knowledge of the negative effects of substance use and promote less favorable attitudes toward alcohol and other drug use (Brounstein, Zweig and Gardner, 1998). The most effective prevention education programs convey information about the harms of substance use while also fostering skills such as problem solving, communication and social skills. Examples of such programs include the Life Skills Training curriculum developed by Botvin and his colleagues (1995) and Project ALERT (Ellickson et al., 1993). Research also shows that interactive approaches that engage youth through cooperative learning and group activities are more effective than didactic approaches, and educational approaches that include peer-led components have advantages in preventing and reducing adolescent substance use (Brounstein et al., 1998).

Family-focused prevention programming, which has traditionally received less funding support and development as a prevention strategy in Connecticut than individually focused and informational approaches, deserves more attention. There is a need for programs that strengthen parenting skills, increase communication between parent and child, and increase parental awareness of the extent and dangers of adolescent substance use, as well as their own importance in modeling and otherwise influencing their children's use of alcohol, tobacco and other drug use. Examples of family-focused programs that have proven effective in enhancing these protective factors and reducing adolescent use include the Strengthening Families Program (Molgaard, Spoth and Redmond, 2000) and STARS for Families (Werch et al., 1998). Parental behavior and attitudes toward their own and their children's alcohol and tobacco use may represent major challenges to reducing underage drinking and smoking in this state. According to the students' reports, it appears that parents become more tolerant of their children's licit substance use as they reach the end of their secondary school years. Alcohol use in particular is a feature of adult life in Connecticut, with six-in-ten adults 18 and older reporting identifying themselves as current drinkers (Ungemack et al., 1999), approximately the same rate reported by students as they prepare to graduate from high school. Unless there is a concerted effort to increase parents' awareness of the link between their own behavior and their child's behavior, as well as their power to influence their child's behavior, alcohol use among youth is likely to continue to be a problem.

The 1997 School Survey revealed that up to one-third of middle school students are unsupervised by their parents or other adults for long periods of time after school. Given that this is a critical age for initiation of drug use, this apparent lack of supervision provides too many youth the opportunity to use alcohol and other drugs either in their own homes or that of their friends. The survey data clearly show that these youth are at increased risk to drink, smoke and use other illicit drugs. The amount of time students spend without adult supervision increases with age and is highest for minority students living in urban communities. This "latch-key" problem will require creative solutions in terms of childcare, work time scheduling for parents, and providing and engaging youth in alternative activities that will reduce their opportunities to use alcohol and other drugs.

It is apparent from their own reports that the vast majority of youth in Connecticut have been exposed to prevention programming in the schools. Likewise, the school districts have official policies that provide sanctions against use of alcohol, tobacco and other drug use by students. However, there appears to be room for improvement in communicating those school policies and perhaps in enforcing them. When as many as half the students are unaware of the consequences if they are caught drinking, one has to question if the stated policies are as effective as they might be. And, if students are unaware of the consequences, parents may be even less informed.

Given the widespread prevalence of drinking among Connecticut's youth, Connecticut may well consider the value of environmental approaches that target the general population. Research has shown that environmental approaches that decrease access to alcohol and provide sanctions against drinking behavior are very effective in reducing alcohol misuse (Edwards et al., 1995). Students themselves have pointed to environmental strategies to consider for this problem. When students were asked in the 1997 survey which strategies would be important in preventing youth from drinking, 57% of 11th-12th graders cited checking I.D.'s in stores and bars as very important and 51% cited getting arrested for drinking as very important (Delaronde, Ungemack and Cook, 1999). Clearly, youth will be affected by enforcement of the laws designed to restrict their access to alcohol and those that impose negative consequences on their use.

While too many youth continue to have access to cigarettes through retail outlets, the 38% of 7th-8th grade smokers who reported that they had bought cigarettes themselves in stores is significantly lower than the 47% who reported buying from stores in 1995. This reduction in younger adolescents' access to tobacco follows passage of the federal Synar Amendment and statewide implementation of "sting" operations to reduce the rates at which vendors sell tobacco products to minors. One might assume that this statewide initiative to enforce minimum age laws contributed to the drop in direct purchase of cigarettes from retailers among the younger smokers. Unfortunately, there was no apparent impact on older adolescents' access to cigarettes through retail outlets. Among senior high school students who were current smokers in 1997, seven-in-ten reported that they bought their cigarettes in stores themselves and one-in-three got their tobacco from vending machines. These results suggest that further enforcement of the laws against sale of tobacco to minors will help to decrease the prevalence of cigarette and other tobacco use among adolescents.

Increasing the excise taxes for both alcohol and cigarettes is another environmental approach that has been shown to decrease adolescents' access to these substances and effectively reduce use of these substances among underage youth. An additional potential benefit rests with the excess funds generated by increasing the substance-related taxes that then could be used to support other media, community, and school-based prevention initiatives in the state. Connecticut need look no further than its sister New England state, Massachusetts, to provide a model of a state that has implemented a comprehensive statewide tobacco prevention and control program with funding from tobacco excise taxes (Centers for Disease Control and Prevention, 1996).

Research has shown that adolescent “problem behaviors” can co-occur (Jessor & Jessor, 1977) and that behaviors such as substance use, juvenile delinquency, school failure and drop out, youth violence and teen pregnancy are often associated with the same antecedent factors (Hawkins et al., 1992). The strong association between adolescent substance use and other risk behaviors measured by Connecticut’s 1997 School Survey, such as delinquency and violence, is consistent with this research and lends support for funding and implementing prevention programs that address problem behavior in general, rather than focusing on substance use alone. The majority of prevention services in Connecticut, as in other states, are not focused on substance abuse prevention, even though their strategic approaches may have a common foundation in risk and resiliency theory that gives them the capacity to address substance use as well as other problem behaviors. Categorical federal and state funding too often perpetuates the “single problem” approach contributing to an unnecessarily fragmented state prevention system. A comprehensive, inter-agency approach that recognizes the common basis and tools for prevention across various problem behaviors would improve the cost-efficiency and effectiveness of prevention efforts.

Overall, comprehensive approaches that incorporate a variety of individually and family focused strategies with proven effectiveness (e.g., in-school curricula, after-school mentoring programs, drug-free alternative activities, parenting programs and community service opportunities) in conjunction with environmental approaches (e.g., information dissemination and laws and policies governing access to substances) are likely to have the greatest impacts on preventing and reducing adolescent substance use. Such comprehensive and multi-faceted strategies require cooperation and collaboration by a variety of stakeholders in the community, including parents, schools, religious organizations, social and recreational agencies, police and other criminal justice entities such as the courts and juvenile detention centers, as well as prevention providers and youth themselves.

All communities are already served by a variety of agencies and other community resources engaged in prevention activities and programs, including school-based programs such as Student Assistant Teams, DARE and Looking at You 2000 programs, Local Prevention Councils, recreational programs operated by the municipalities, Boys and Girls Clubs, and YMCA’s and other prevention programs targeting high risk youth offered by prevention specialists. To enhance their existing programs, communities can turn to number of regional and statewide resources available to support substance abuse prevention planning efforts. The DMHAS-supported Regional Action Councils can assist with local substance abuse prevention planning efforts. The Connecticut Clearinghouse is another component in the state infrastructure that can be used to access information about strategies and model programs that can be implemented to prevent adolescent substance use. The Governor’s Prevention Partnership provides comprehensive training and technical assistance to educators, policy makers and youth agencies to develop prevention skills and resources in such areas as underage drinking, conflict resolution, mentoring, peer mediation and student assistance teams. The Connecticut Institute for Literacy and Cultural Wellness is a source of information and training for ensuring that prevention programs and interventions are gender, age and culturally sensitive to their target populations. The Connecticut Coalition to Stop Underage Drinking provides information and technical assistance in devising environmental strategies to address alcohol use among youth.

Likewise, the Mobilization Against Tobacco for Children's Health (MATCH) Coalition is a resource for information and support for community-wide tobacco prevention efforts.

A major venue for dissemination and application of these student survey findings will be through the Governor's Prevention Initiative for Youth (GPIY), funded by the Center for Substance Abuse Prevention through that federal agency's State Incentive Grant program. For the first time in the state, there will be a coordinated effort among the Governor's Office and eight state agencies responsible for various substance abuse prevention activities – the Departments of Mental Health and Addiction Services, Children and Families, Public Health, Education, Social Services and Transportation, the Office of Policy and Management, and the Judicial Branch – to develop a comprehensive strategic plan to prevent and reduce substance use among Connecticut's youth. Together, the agencies will work to coordinate resources to address gaps in services and to minimize duplication of programming, as well as promote the application of science-based prevention programming throughout the substance abuse prevention system. Under the GPIY, Connecticut's statewide and community-level needs assessment data will be utilized to develop and implement targeted prevention programs and strategies that research has shown to be effective in preventing and/or reducing adolescent substance use.

On a final note, while the data from the 1997 School Survey are a valuable resource for informing current prevention initiatives, they also provide a baseline for assessing the effectiveness of those efforts. These data can be integrated into a statewide outcomes monitoring and performance system that can track changes in the prevalence of substance use and the levels of risk and protective factors of youth in Connecticut if the survey is repeated on a routine basis (e.g., every two or three years). An enhancement to that information system would be the use of common community-based and program-specific measures of substance use and other problem behavior and intermediate outcomes associated with those behaviors. Through implementation of a prevention-oriented outcomes monitoring system, the state will be better able to determine evolving needs for services, how well various youth populations in need of services are being reached, gaps in services, and the effectiveness of prevention strategies. To date, Connecticut has relied on federal funding initiatives to conduct statewide student surveys and does not yet have its own monitoring system in place. This reliance on categorical and special funding opportunities to support the statewide surveys too often has resulted in disparate measures across time and across agencies, limiting the potential reach of the data. A more cost-effective approach over time would be the implementation of a common core survey that generates both needs assessment and outcomes data that can be used by a wide variety of state agencies and community-based organizations in planning and developing prevention services for Connecticut's youth. Such an outcomes monitoring system would be an integral part of a comprehensive state plan for prevention.

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APPENDICES

APPENDIX A
Student non-participation rates

	5-6 th	7-8 th	9-12 th	Total
Percent of students absent	6.9	7.0	13.4	9.3
Percent of students who refused to participate	4.5	6.4	2.7	4.3
Total percent who did not participate	11.4	13.4	16.1	13.6

APPENDIX B
Questionnaires excluded from the sample

Grade	Total	Inappropriate questionnaires removed		Other questionnaires removed ^a		Adjusted
	n	%	n	%	n	n
5 th	2513	0.5	12	2.5	64	2501
6 th	2306	1.0	22	1.9	43	2284
7 th	2338	2.8	65	4.8	113	2273
8 th	2200	2.2	49	6.1	134	2151
9 th	1818	2.5	46	3.5	64	1772
10 th	1590	3.5	55	2.8	44	1535
11 th	1722	3.1	53	3.3	56	1669
12 th	1587	2.5	39	1.1	18	1548
Grade not reported	30	0.0	0	100	30	-
TOTAL	16074	2.1	341	3.5	566	15167

^a Gender, race or grade not reported

APPENDIX C

Connecticut Cities and Towns by Educational Reference Group

A listing of the Connecticut cities and towns that comprise the Connecticut Department of Education's (Prowda & Thompson, 1996) Educational Reference Group (ERG) classification of school districts. ERG is a classification system in which school districts that have public school students with similar socioeconomic status and need are grouped together for district level comparisons.

ERGs A-B

Avon	Glastonbury	New Fairfield	West Hartford
Bethel	Granby	Newtown	Weston
Brookfield	Greenwich	Orange	Westport
Cheshire	Guilford	Redding	Wilton
Darien	Madison	Ridgefield	Woodbridge
Easton	Marlborough	Simsbury	Region 5
Fairfield	Monroe	South Windsor	Region 9
Farmington	New Canaan	Trumbull	

ERGs C-E

Ashford	East Granby	Norfolk	Watertown
Andover	East Haddam	North Branford	Westbrook
Barkhamstead	East Hampton	North Haven	Wethersfield
Berlin	East Lyme	North Stonington	Willington
Bethany	Eastford	Old Saybrook	Windsor
Bolton	Ellington	Oxford	Woodstock
Bozrah	Essex	Pomfret	Woodstock Acad.
Branford	Franklin	Portland	Region 1
Brooklyn	Hamden	Preston	Region 4
Canaan	Hampton	Rocky Hill	Region 6
Canterbury	Hartland	Salem	Region 7
Canton	Hebron	Salisbury	Region 8
Chester	Kent	Scotland	Region 10
Clinton	Ledyard	Sharon	Region 11
Colchester	Lebanon	Shelton	Region 12
Colebrook	Lisbon	Sherman	Region 13
Columbia	Litchfield	Somers	Region 14
Cornwall	Mansfield	Southington	Region 15
Coventry	New Hartford	Suffield	Region 16
Cromwell	New Milford	Tolland	Region 17
Deep River	Newington	Union	Region 18
			Region 19

ERGs F-G

Bloomfield	Milford	Sprague	Vernon
Chaplin	Montville	Stafford	Voluntown
East Haven	Naugatuck	Sterling	Wallingford
East Windsor	North Canaan	Stonington	Waterford
Enfield	Plainfield	Stratford	Winchester
Griswold	Plainville	Thomaston	Windsor Locks
Groton	Plymouth	Thompson	Wolcott
Manchester	Seymour	Torrington	Gilbert Academy

ERG H

Ansonia	East Hartford	Norwalk	Norwich Free Acad.
Bristol	Killingly	Norwich	Stamford
Danbury	Meriden	Putnam	West Haven
Derby	Middletown		

ERG I

Bridgeport	New Britain	New London	Windham
Hartford	New Haven	Waterbury	

APPENDIX D
Reliability analysis for risk and protective factor scales

Scale	# of items	α	Cronbach's alpha									
			Grade				Gender		Race			
			5-6 ¹	7-8	9-10	11-12	Male	Female	White	Black	Hispanic	Other
Individual/Peer Domain												
Attitude toward ATOD use	4	0.88	0.85	0.89	0.86	0.84	0.89	0.88	0.89	0.86	0.87	0.88
Perceived harm of ATOD	7	0.89	NA	0.90	0.89	0.88	0.91	0.87	0.88	0.90	0.92	0.90
Attitude towards antisocial behavior	8	0.90	NA	0.91	0.90	0.89	0.91	0.89	0.90	0.90	0.93	0.90
Anti-social behavior	12	0.82	NA	0.82	0.83	0.81	0.83	0.79	0.81	0.85	0.84	0.74
Peer use of ATOD	5	0.85	NA	0.88	0.84	0.81	0.85	0.84	0.86	0.80	0.83	0.87
Peer anti-social behavior	6	0.82	NA	0.78	0.83	0.82	0.81	0.82	0.80	0.82	0.85	0.77
Positive self-concept	6	0.80	0.79	0.80	0.78	0.82	0.80	0.79	0.80	0.80	0.77	0.76
Depression	9	0.75	0.71	0.77	0.75	0.77	0.73	0.77	0.76	0.69	0.75	0.76
Attention deficit hyperactivity	9	0.81	0.74	0.84	0.81	0.81	0.83	0.80	0.82	0.80	0.81	0.81
Family Domain												
Family management	4	0.68	0.55	0.64	0.65	0.66	0.68	0.68	0.68	0.70	0.67	0.62
Parental bonding	5	0.87	0.81	0.86	0.86	0.88	0.86	0.88	0.87	0.87	0.86	0.87
Parental attitudes toward ATOD	3	0.83	0.89	0.82	0.78	0.78	0.83	0.82	0.81	0.86	0.84	0.84
School Domain												
School Commitment	4	0.68	0.57	0.68	0.71	0.74	0.69	0.66	0.71	0.64	0.61	0.64
Attitude towards D.A.R.E.	4	0.97	NA	0.97	0.97	0.97	0.98	0.98	0.97	0.98	0.98	0.97
Community Domain												
Perceived availability of ATOD	4	0.89	0.80	0.84	0.85	0.81	0.89	0.89	0.89	0.90	0.91	0.89
Positive neighborhood environment	3	0.60	0.56	0.55	0.52	0.50	0.59	0.62	0.62	0.55	0.57	0.59
Perceived neighborhood disorganization	6	0.83	0.80	0.84	0.84	0.85	0.83	0.83	0.81	0.81	0.85	0.81
Perceived neighborhood drug use	3	0.84	0.74	0.83	0.86	0.86	0.83	0.84	0.84	0.78	0.85	0.75

¹ Note: NA = Not asked

APPENDIX E
Questionnaire items within each risk or protective factor scale

Individual/Peer Domain

Attitude toward ATOD use

How wrong do you think it is for someone your age to:

Drink beer, wine, wine coolers or hard liquor?

Smoke cigarettes?

Use marijuana?

Use inhalants (things you sniff or inhale, like glue, paint, aerosol sprays, whippets, or snappers)?

Perceived harm of ATOD

How much do you think people harm themselves if they:

1. Use tobacco occasionally?

2. Use tobacco regularly?

3. Use alcohol occasionally?

4. Use alcohol regularly?

5. Get drunk occasionally?

6. Use marijuana occasionally?

7. Use marijuana regularly?

Attitude towards antisocial behavior

1. How wrong do you think it is for someone your age to:

2. Bring a knife, gun, or other weapon to school?

3. Attack someone with the idea of seriously hurting them?

4. Carry a knife, gun, or other weapon?

5. Purposely damage or destroy property that does not belong to them?

6. Steal something worth less than \$50?

7. Drink and drive?

8. Pick a fight with someone (not including a family member)?

9. Cheat on a test?

Anti-social behavior

In the past year did you:

1. Steal something worth less than \$50?
2. Get suspended or expelled from school?
3. Get into trouble with the police?
4. Pick a fight with someone (not including a family member)?
5. Attack someone with the idea of seriously hurting them?
6. Cheat on a test in school?
7. Sell illegal drugs?
8. Buy illegal drugs?
9. Purposely damage or destroy property that did not belong to you?
10. Carry a knife, gun, or other weapon?
11. Bring a knife, gun, or other weapon to school?
12. Get arrested?

Peer use of ATOD

How many of your close friends:

1. Smoke cigarettes?
2. Drink beer, wine, wine coolers, or hard liquor?
3. Use marijuana?
4. Use inhalants?
5. Tried a drug like cocaine, LSD, heroin, or amphetamines?

Peer anti-social behavior

In the past year, did any of your close friends:

1. Get suspended or expelled from school?
2. Sell illegal drugs?
3. Carry a knife, gun, or other weapon?
4. Steal or try to steal a motor vehicle?
5. Drop out of school?
6. Get arrested?

Positive Self-concept

How much do you disagree or agree with the following:

1. I am glad I am me.
2. I think I have a good sense of humor.
3. On the whole I like myself.
4. I am good at making decisions.
5. I am good at making friends.
6. I have a number of good qualities.

Depression

How much do you disagree or agree with the following?

1. I have so much energy, I don't know what to do with it.
2. I have less energy than I think I should.
3. I wish I were dead.
4. I have a plan to kill myself.
5. I often have trouble sleeping.
6. I feel sad most of the time.
7. I feel lonely.
8. I am restless and can't sit still.
9. I have trouble concentrating.

Attention deficit hyperactivity

How true are the following?

1. I act too young for my age.
2. I have trouble concentrating or paying attention.
3. I have trouble sitting still.
4. I feel confused or in a fog.
5. I daydream a lot.
6. I act without stopping to think.
7. I am nervous or tense.
8. My school work is poor.
9. I am poorly coordinated or clumsy.

Family Domain

Family management

1. When I am away from home, my parent/guardian(s) knows where I am and who I am with.
2. If I break my parent/guardian(s)' rules, I usually get punished.
3. My family has clear rules about alcohol and drug use.
4. My parent/guardian(s) asks if I've gotten my work homework done.

Parental bonding

Please check how true the following statements are for you.

1. I feel very close to my parent/guardian(s).
2. I enjoy spending time with my parent/guardian(s).
3. I share my thoughts or feelings with my parent/guardian(s).
4. My parent/guardian(s) give me help and support when I need it.
5. My parent/guardian(s) give me lots of chances to do fun things with them.

Parental attitudes toward ATOD

How wrong do your parent(s) or guardian(s) feel it would be for you to:

1. Drink beer, wine, wine coolers, or hard liquor (besides a few sips)?
2. Smoke cigarettes?
3. Use marijuana?

Hours spent after school without an adult

On a regular day, how many hours do you usually spend after school without an adult present?

School Domain

School commitment

Please check how true the following statements are for you:

1. I try hard to do good work at school.
2. I want very much to get more education after high school.
3. It is important to me to get good grades.
4. I have given up on school.

Attitude towards DARE

How true are the following statements about DARE?

1. The DARE program has taught me skills that have helped me refuse drugs or alcohol when they have been offered to me.
2. The DARE program has helped me make decisions to do other activities rather than use drugs or alcohol.
3. The DARE program has given me very good reasons not to use drugs or alcohol.
4. The DARE program has helped me to have a positive view of police officers in my community.

Academic performance

What kind of grades do you usually get?

Number of hours doing homework

How many hours a week do you usually spend doing homework?

Number of days absent from school

During the past year, how many days did you miss school?

Community Domain

Perceived availability of ATOD

If you wanted to, how easy would it be for you to get:

1. Beer, wine, wine coolers, or hard liquor?
2. Cigarettes?
3. Marijuana?
4. A drug like cocaine, heroin, LSD, or amphetamines?

Positive neighborhood environment

Please check how true the following statements are about your neighborhood.

1. People in my neighborhood look out for each other.
2. People in my neighborhood are trying to keep kids off drugs.
3. There are a lot of things for young people to do in my neighborhood.

Perceived neighborhood disorganization

Please check how true the following statements are about your neighborhood.

1. You've got to be tough to get along in my neighborhood.
2. There are a lot of gangs in my neighborhood.
3. It's hard to stay out of trouble growing up in my neighborhood.
4. A lot of people in my neighborhood carry a knife, gun, or other weapon.
5. My neighborhood is a safe place.
6. People in my neighborhood do other things that get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others.

Perceived neighborhood drug use

Please check how true the following statements are about your neighborhood.

1. A lot of people use drugs in my neighborhood.
2. A lot of kids I know in my neighborhood are into using marijuana and other drugs.
3. A lot of drugs are sold in my neighborhood.

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Figures

Figure 1

Lifetime Use of alcohol, cigarettes, marijuana, and inhalants by grade

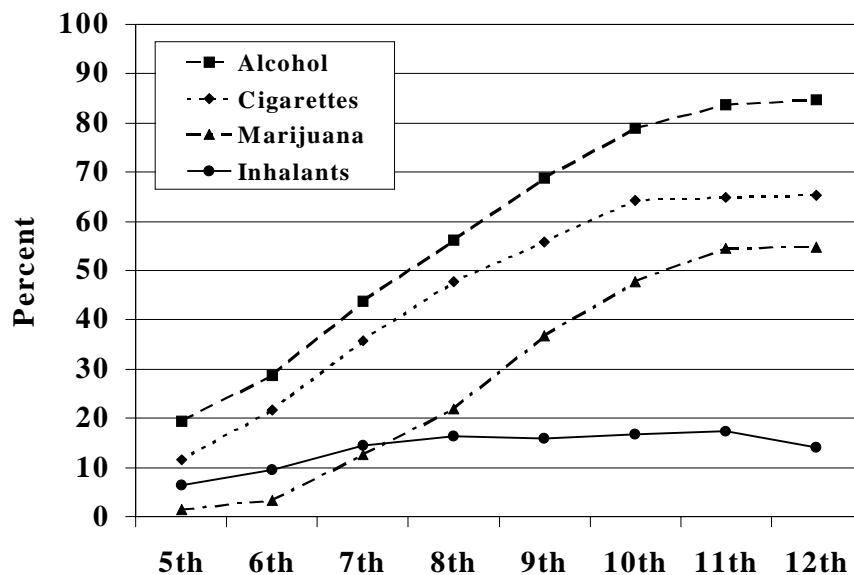
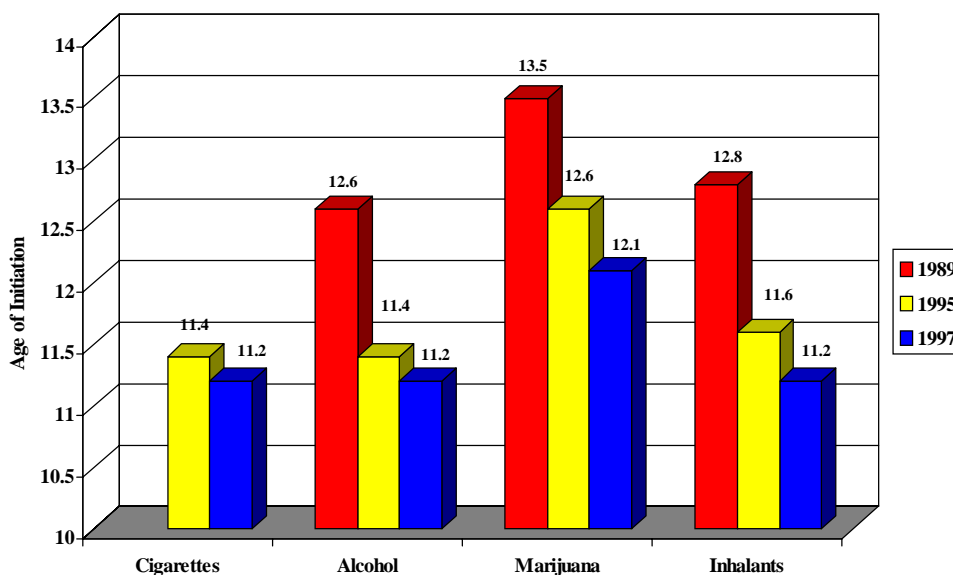


Figure 2

Age of initiation* among users of cigarettes, alcohol, marijuana and inhalants:
1989, 1995, and 1997
Grade 8



* Age of initiation of cigarettes was not asked in 1989.

Tables

Table 1

1997 Substance Abuse Prevention Survey Sample

	Sample N	Weighted N	%	W%
Grade				
5	2501	2288	15.9	14.7
6	2284	2007	14.5	12.9
7	2273	1992	14.4	12.8
8	2151	1990	13.7	12.7
9	1772	2185	11.3	14.0
10	1535	1886	9.8	12.1
11	1669	1645	10.6	10.5
12	1548	1617	9.8	10.4
Missing Cases	30	-	-	-
Total	15763	15610	-	-

Sex

Male	7462	7800	48.5	50.0
Female	7921	7809	51.5	50.0
Missing Cases	380	-	-	-
Total	15763	15610	-	-

Ethnicity

White	12850	10553	82.5	67.6
Black/African American	878	2377	5.6	15.2
Hispanic/Latino	1043	1928	6.7	12.4
Asian/Pacific Islander	361	378	2.3	2.4
Native American	145	47	.9	.3
Other	304	326	2.0	2.1
Missing Cases	182	-	-	-
Total	15763	15610	-	-

Service Delivery Area

Southwest	2702	1814	17.1	>11.6
South Central	1862	1954	11.8	=12.5
Eastern	5037	4846	32.0	=31.0
North Central	3155	3569	20.0	=22.9
Northwest	2538	3082	16.1	<19.7
Voc-Tech Schools	469	344	3.0	2.2
Total	15763	15610	100.0	100.0

Educational Reference Group

A-B	3360	2920	21.3	>18.7
C-E	4959	3352	31.5	>21.5
F-G	3489	2687	22.1	>17.2
H	1263	2477	8.0	<15.9
I	2223	3829	14.1	<24.5
Voc-Tech	469	344	3.0	=2.2
Total	15763	15610	-	-

Table 2
Recent substance use: A comparison of 5th-12th grade students in 1995¹ and 1997

Substance	Grade												
	5 th -6 th		7 th -8 th			9 th -10 th				11 th -12 th			
	1997 ²	1995	1997	Change	Sig. ³	1995	1997	Change	Sig.	1995	1997	Change	Sig.
Alcohol	8.4	34.9	26.0	-8.9	*	46.2	45.0	-1.2		56.7	58.6	+1.9	
Cigarettes	6.7	22.4	21.9	-0.5		26.2	30.7	+4.5	*	34.1	37.2	+3.1	*
Marijuana	-	11.1	10.5	-0.6		23.9	26.9	+3.0	*	30.4	33.6	+3.2	*
Inhalants	-	6.2	8.6	+2.4		3.8	7.3	+3.5	*	4.4	6.0	+1.6	*
Cocaine	-	0.6	1.5	+0.9	*	1.1	1.4	+0.3	*	1.0	2.3	+1.3	*
Crack	-	0.3	1.2	+0.9	*	0.5	1.2	+0.7	*	0.3	1.1	+0.8	*
Hallucinogens	-	1.3	3.0	+1.7	*	3.4	4.9	+1.5	*	3.6	6.1	+2.5	*
Heroin	-	0.2	1.2	+1.0	*	0.8	0.8	0.0	*	0.6	1.3	+0.7	*
PCP	-	0.5	2.2	+1.7	*	0.6	1.3	+0.7	*	0.7	1.6	+0.9	*
MDMA ⁴	-	-	1.9	-		-	2.3	-		-	2.5	-	

¹ Survey does not include 5th-6th grade students

² Recent use of marijuana, inhalants, cocaine, crack, hallucinogens, heroin, PCP, and MDMA was not asked of 5th-6th grade students

³ Significance level, * = p < .001 and R² > .01

⁴ Not asked in 1995 survey

Table 3

**1997 recent 30-day use of alcohol, cigarettes, marijuana and inhalants:
A comparison of 8th, 10th, and 12th grade students in Connecticut, the Northeast and the U.S.¹**

Substance	Grade								
	8 th			10 th			12 th		
	Connecticut	Northeast	United States	Connecticut	Northeast	United States	Connecticut	Northeast	United States
Alcohol	30.1	24.8	24.5	50.6	41.1	40.1	60.1	56.7	52.7
Cigarettes	25.0	18.0	19.4	33.0	29.3	29.8	37.2	40.6	36.5
Marijuana	13.1	9.0	10.2	31.4	21.6	20.5	33.8	27.0	23.7
Inhalants	8.8	5.8	5.6	7.4	2.9	3.0	4.7	3.6	2.5

¹ Source: Johnson et al, 1998

Table 4

**Recent 30-day use of alcohol, cigarettes, marijuana and other drugs by gender:
A comparison of 5th-12th grade students in 1995¹ and 1997**

Substance	Grade										
	5 th -6 th		7 th -8 th			9 th -10 th			11 th -12 th		
	1997 ²	1995	1997	Change	1995	1997	Change	1995	1997	Change	
Alcohol											
Male	9.5	35.0	26.2	-8.8	48.6	45.6	-3.0	60.0	59.7	-0.3	
Female	7.4	34.8	25.9	-8.9	43.8	44.3	+0.5	53.4	57.6	+4.2	
Cigarettes											
Male	6.6	20.2	22.5	+2.3	25.8	27.7	+1.9	36.6	37.2	+0.6	
Female	6.8	24.7	21.4	-3.3	26.7	33.7	+7.0	31.6	37.2	+5.6	
Marijuana											
Male	-	10.9	10.9	0.0	26.7	29.9	+3.2	36.2	36.8	+0.6	
Female	-	11.3	10.1	-1.2	21.0	23.9	+2.9	24.8	30.8	+6.0	
Inhalants											
Male	-	5.0	8.0	+3.0	4.7	7.2	+2.5	5.5	7.6	+2.1	
Female	-	7.5	9.0	+1.5	2.8	6.8	+4.0	3.4	4.3	+0.9	
Other Drugs ³											
Male	-	1.8	5.2	+3.4	5.5	7.9	+2.4	4.6	9.5	+4.9	
Female	-	2.8	3.7	+0.9	3.0	4.1	+1.1	3.8	5.5	+1.7	

¹ Survey does not include 5th-6th grade students

² Recent use of marijuana, inhalants, cocaine, crack, hallucinogens, heroin, PCP, and MDMA was not asked of 5th-6th grade students

³ Other drugs includes cocaine, crack, hallucinogens, heroin, and PCP

Table 5

**Recent 30-day use of alcohol, cigarettes, marijuana, inhalant and other drugs by race:
A comparison of 5th-12th grade students in 1995¹ and 1997**

Substance	Grade									
	5 th -6 th 1997 ²	1995	7 th -8 th 1997	Change	1995	9 th -10 th 1997	Change	1995	11 th -12 th 1997	Change
Alcohol										
White	7.4	34.1	25.4	-8.7	47.2	47.1	-0.1	60.1	61.5	+1.4
Black	12.4	39.4	24.4	-15.0	42.2	40.7	-1.5	42.1	51.7	+9.6
Hispanic	9.5	34.2	31.5	-2.7	46.4	45.6	-0.8	47.7	52.5	+4.8
Cigarettes										
White	5.7	23.1	20.7	-2.4	28.1	31.4	+3.3	36.3	41.5	+5.2
Black	11.0	20.1	18.9	-1.2	17.4	25.0	+7.6	18.7	24.5	+5.8
Hispanic	7.1	18.8	30.8	+12.0	29.7	36.5	+6.8	38.8	28.9	-9.9
Marijuana										
White	-	9.9	9.5	-0.4	23.4	25.4	+2.0	29.8	34.1	+4.3
Black	-	13.9	12.7	-1.2	26.3	31.5	+5.2	24.8	32.2	+7.4
Hispanic	-	14.5	14.0	-0.5	29.4	34.2	+4.8	44.5	33.0	-11.5
Inhalants										
White	-	7.1	9.1	+2.0	4.5	9.0	+4.5	5.2	6.8	+1.6
Black	-	1.7	5.7	+4.0	0.0	0.6	+0.6	0.7	4.5	+3.8
Hispanic	-	5.7	7.2	+1.5	5.1	6.6	+1.5	1.4	3.3	+1.9
Other Drugs ³										
White	-	2.6	3.6	+1.0	4.5	6.9	+2.4	4.7	8.1	+3.4
Black	-	0.0	5.6	+5.6	1.3	2.6	+1.3	0.0	4.7	+4.7
Hispanic	-	2.4	7.5	+5.1	8.5	6.5	-2.0	6.8	6.4	-0.4

¹ Survey does not include 5th-6th grade students

² Recent use of marijuana, inhalants, cocaine, crack, hallucinogens, heroin, PCP, and MDMA was not asked of 5th-6th grade students

³ Other drugs includes cocaine, crack, hallucinogens, heroin, and PCP.

Table 6

**Recent 30-day use of alcohol, cigarettes, marijuana, inhalants and other drug use by Educational Reference Group (ERG)¹:
A comparison of 5th-12th grade students in 1995² and 1997**

Substance	Grade									
	5 th -6 th 1997 ³	7 th -8 th			9 th -10 th			11 th -12 th		
	1995	1997	Change	1995	1997	Change	1995	1997	Change	
Alcohol										
ERG A-B	5.5	28.5	25.9	-2.6	41.9	42.3	+0.4	64.8	63.5	-1.3
ERG C-E	7.1	38.3	24.8	-13.5	48.7	49.7	+1.0	55.1	61.5	+6.4
ERG F-G	9.4	35.7	25.9	-9.8	49.0	50.7	+1.7	61.9	60.0	-1.9
ERG H	9.7	32.5	29.8	-2.7	44.9	45.9	+1.0	66.1	61.5	-4.6
ERG I	9.9	36.5	25.6	-10.9	43.7	37.8	-5.9	40.5	49.8	+9.3
Cigarettes										
ERG A-B	2.1	15.4	17.5	+2.1	32.5	23.6	-8.9	45.1	42.8	-2.3
ERG C-E	5.2	18.4	20.4	+2.0	27.5	32.6	+5.1	35.0	35.6	+0.6
ERG F-G	6.8	26.8	25.2	-1.6	26.9	34.2	+7.3	33.6	38.9	+5.3
ERG H	10.6	22.1	22.3	+0.2	31.9	30.9	-1.0	43.4	39.8	-3.6
ERG I	8.6	16.7	24.5	+7.8	17.4	32.8	+15.4	19.3	29.7	+10.4
Marijuana										
ERG A-B	-	4.2	8.1	+3.9	19.6	24.9	+5.3	34.7	32.1	-2.6
ERG C-E	-	8.2	9.7	+1.5	22.3	29.7	+7.4	25.9	33.7	+7.8
ERG F-G	-	13.0	12.6	-0.4	26.4	28.5	+2.1	33.2	37.5	+4.3
ERG H	-	10.2	10.9	+0.7	24.3	22.9	-1.4	40.4	35.9	-4.5
ERG I	-	10.7	11.8	+1.1	24.5	28.1	+3.6	24.3	30.7	+6.4
Inhalants										
ERG A-B	-	0.0	9.6	+9.6	3.2	6.3	+3.1	3.6	5.6	+2.0
ERG C-E	-	12.5	9.8	-2.7	6.7	10.5	+3.8	4.8	9.2	+4.4
ERG F-G	-	8.7	10.5	+1.8	5.0	8.0	+3.0	6.4	7.8	+1.4
ERG H	-	2.8	5.6	+2.8	2.7	7.3	+4.6	5.0	5.3	+0.3
ERG I	-	4.0	6.5	+2.5	0.3	5.2	+4.9	1.0	3.7	+2.7
Other Drugs⁴										
ERG A-B	-	1.5	3.4	+1.9	1.2	8.2	+7.0	2.5	7.0	+4.5
ERG C-E	-	1.9	3.8	+1.9	5.3	6.3	+1.0	2.5	9.7	+7.2
ERG F-G	-	3.1	5.5	+2.4	5.6	5.9	+0.3	6.1	10.6	+4.5
ERG H	-	1.5	2.8	+1.3	3.7	3.9	+0.2	6.6	5.7	-0.9
ERG I	-	1.7	6.4	+4.7	3.2	4.9	+1.7	3.6	5.6	+2.0

¹ See Appendix B for a listing of the 169 Connecticut cities and towns by ERG

² Survey does not include 5th-6th grade students

³ Recent use of marijuana, inhalants, cocaine, crack, hallucinogens, heroin, PCP, and MDMA was not asked of 5th-6th grade students

⁴ Other drugs include cocaine, crack, hallucinogens, heroin, and PCP

Table 7

**Frequency of use of cigarettes and alcohol in the past month:
A comparison of 7th-8th and 9th-12th grade students in 1995 and 1997**

Substance and Use	Grade					
	7 th -8 th			9 th -12 th		
	1995	1997	Change	1995	1997	Change
Cigarettes						
1-5 days	13.9	12.6	-1.3	10.8	12.1	+1.3
6 or more days	9.3	9.4	+0.1	17	21.5	+4.5
Alcohol						
1-5 days	NA	20.4	-	NA	35.5	-
6 or more days	NA	4.5	-	NA	14.2	-

Table 8

**Recent amount of cigarettes and alcohol use in the past month:
A comparison of 7th-8th and 9th-12th grade students in 1995 and 1997**

Substance and Amount	Grade					
	7 th -8 th			9 th -12 th		
	1995	1997	Change	1995	1997	Change
Cigarettes						
Less than 1 to 5	17.4	16.4	-1.0	17.8	20.0	+2.2
About 1/2 pack or more	3.6	3.8	+0.2	11.2	12.2	+1.0
Alcohol						
1-2 drinks	25.5	17.7	-7.8	20.4	18.4	-2.0
3 or more drinks	9.4	8.4	-1.0	30.5	32.6	+2.1

Table 9

Sources of alcohol¹:
A comparison 7th-8th and 9th-12th grade students in 1995 and 1997

Source of Alcohol	Grade					
	7 th -8 th			9 th -12 th		
	1995	1997	Change	1995	1997	Change
From home, with parents' permission	24.4	24.8	+0.4	24.3	22.8	-1.5
From home, without parents' permission	57.4	51.8	-5.6	44.6	47.8	+3.2
From friends	71.1	67.4	-3.7	84.9	85.7	+0.8
From brothers or sisters	22.4	24.9	+2.5	28.3	30.6	+2.3
From other people who buy it	35.0	39.6	+4.6	68.2	70.4	+2.2
From a store, bar or restaurant (you buy it)	8.8	13.1	+4.3	33.0	31.4	-1.6

¹ Percentages are based on those students who currently drink and who indicated that they obtain alcohol "sometimes" or "often" from these sources

Table 10

**Sources of cigarettes¹ among students under the age of 18:
A comparison 7th-8th and 9th-12th grade students in 1995 and 1997**

Source of Cigarettes	Grade						Sig. ²
	7 th -8 th			9 th -12 th			
	1995	1997	Change	1995	1997	Change	
From home, with parents' permission	9.6	11.7	+2.1	19.3	18.6	-0.7	
From home, without parents' permission	47.4	50.5	+3.1	27.5	40.0	+12.5	
From friends	93.1	89.0	-4.1	87.4	91.8	+4.4	*
From brothers or sisters	28.7	32.9	+3.6	29.4	32.8	+3.4	
From stores (you buy them)	47.4	38.1	-9.3	68.7	70.0	+1.3	
From machines (you buy them)	35.7	37.1	1.4	30.7	33.9	+3.2	

¹ Percentages are based on those students who currently smoke and who indicated that they obtain cigarettes "sometimes" or "often" from these sources

² Significance Level, * The differences in the changes between the 7th-8th and 9th-12th graders was reliably different; p < .001 & R² > .005

Table 11

Attitude toward alcohol, tobacco, and other drug use

Question and responses	Grade			
	5-6 %	7-8 %	9-10 %	11-12 %
How wrong do you think it is for someone your age to:				
Drink beer, wine, wine coolers, or hard liquor				
Very Wrong	76.7	47.3	24.9	17.4
Wrong	13.7	25.1	23.6	20.7
A little bit wrong	7.3	21.1	37.0	39.7
Not at all wrong	2.4	6.5	14.5	22.2
Smoke cigarettes				
Very Wrong	78.2	48.0	27.1	20.3
Wrong	13.5	25.7	26.2	24.0
A little bit wrong	5.3	18.6	29.8	30.0
Not at all wrong	2.9	7.7	17.0	25.6
Use marijuana				
Very Wrong	90.4	68.3	39.9	30.6
Wrong	5.9	17.2	23.8	24.0
A little bit wrong	2.0	9.3	23.4	27.1
Not at all wrong	1.7	5.2	12.9	18.3

Table 12

Mean risk and protective factor scores by grade

Scale	Range	Mean ¹	SD ²	Grades				Sig. ⁴
				5-6 ³	7-8	9-10	11-12	
Individual/Peer Domain								
Attitude toward ATOD use	24-59	50	10	56.30	51.54	46.36	44.28	*
Perceived harm of ATOD	15-63	50	10	NA	51.84	49.43	48.44	
Attitude toward antisocial behavior	15-60	50	10	53.66	49.56	47.51	48.62	*
Anti-social behavior	10-58	50	10	53.68	49.76	47.59	48.48	*
Peer use of ATOD	23-59	50	10	56.01	51.72	46.94	44.03	*
Peer anti-social behavior	23-57	50	10	53.77	50.76	47.73	46.61	
Positive self-concept	10-65	50	10	50.41	49.24	50.14	50.25	
Depression	10-67	50	10	51.17	49.98	49.20	49.28	
Attention deficit hyperactivity	11-61	50	10	51.33	49.94	48.64	49.93	
Family Domain								
Family management	15-63	50	10	54.76	51.44	48.06	44.61	*
Parental bonding	20-62	50	10	54.50	50.09	47.80	46.70	*
Parental attitudes toward ATOD	15-57	50	10	52.92	51.22	48.60	46.25	
Hours spent after school w/o adult	0-5	2.16	1.68	1.34	2.02	2.50	2.98	*
School Domain								
School Commitment	1-78	50	10	52.07	49.82	48.75	49.09	*
Number of days absent	0-50	11.63	12.44	10.48	11.36	11.65	13.42	
Grades	17-63	50	10	52.40	50.44	48.31	48.46	
Hours doing homework	0-20	4.33	4.39	3.86	4.49	4.74	4.23	
Attitude towards D.A.R.E.	37-64	50	10	NA	53.54	48.20	47.27	*
Community Domain								
Perceived availability of ATOD	35-63	50	10	58.60	51.90	45.24	42.42	*
Positive neighborhood environment	29-68	50	10	55.75	50.74	47.11	45.17	*
Perceived neighborhood disorganization	16-60	50	10	50.42	49.49	50.01	50.30	
Perceived neighborhood drug use	26-60	50	10	53.92	50.87	47.65	46.65	*

¹ Mean = 50, unless otherwise noted

² Standard deviation = 10, unless otherwise noted

³ NA = Not asked

⁴ Significance level, *p < .001 & R² > .01

Table 13**Mean risk and protective factor scores by gender**

Scale	Range	Mean ¹	SD ²	Gender		Sig. ³
				Male	Female	
Individual/Peer Domain						
Attitude toward ATOD use	24-59	50	10	49.90	50.10	
Perceived harm of ATOD	15-63	50	10	48.85	51.04	
Attitude toward antisocial behavior	15-60	50	10	48.73	51.22	
Anti-social behavior	10-58	50	10	48.14	51.88	*
Peer use of ATOD	23-59	50	10	49.93	50.19	
Peer anti-social behavior	23-57	50	10	49.10	50.80	
Positive self-concept	10-65	50	10	50.38	49.65	
Depression	10-67	50	10	50.51	49.43	
Attention deficit hyperactivity	11-61	50	10	49.86	50.13	
Family Domain						
Family management	15-63	50	10	49.38	50.71	
Parental bonding	20-62	50	10	49.60	50.39	
Parental attitudes toward ATOD	15-57	50	10	49.46	50.47	
Hours spent after school w/o adult	0-5	2.16	1.68	2.27	2.05	
School Domain						
School Commitment	1-78	50	10	48.38	51.62	
Number of days absent	0-50	11.63	12.44	11.03	12.22	
Grades	17-63	50	10	48.62	51.39	
Hours doing homework	0-20	4.33	4.39	3.92	4.73	
Attitude towards D.A.R.E.	37-64	50	10	49.91	50.10	
Community Domain						
Perceived availability of ATOD	35-63	50	10	49.59	50.45	
Positive neighborhood environment	29-68	50	10	50.11	49.89	
Perceived neighborhood disorganization	16-60	50	10	48.92	51.18	*
Perceived neighborhood drug use	26-60	50	10	49.68	50.29	

¹ Mean = 50, unless otherwise noted

² Standard deviation = 10, unless otherwise noted

³ Significance level, * $p < .001$ & $R^2 > .01$

Table 14

Mean risk and protective factor scores by race

Scale	Range	Mean ¹	SD ²	Race				Sig. ³
				White	Black	Hispanic	Other	
Individual/Peer Domain								
Attitude toward ATOD use	24-59	50	10	49.57	51.43	50.76	50.09	
Perceived harm of ATOD	15-63	50	10	49.60	50.73	50.85	51.02	
Attitude toward antisocial behavior	15-60	50	10	49.97	50.06	50.03	49.95	
Anti-social behavior	10-58	50	10	50.57	48.42	48.99	49.80	
Peer use of ATOD	23-59	50	10	50.12	50.23	49.51	50.04	
Peer anti-social behavior	23-57	50	10	51.08	47.36	46.76	49.75	
Positive self-concept	10-65	50	10	50.08	50.86	48.66	49.77	
Depression	10-67	50	10	50.17	50.18	49.10	48.51	
Attention deficit hyperactivity	11-61	50	10	50.12	50.07	49.25	49.81	
Family Domain								
Family management	15-63	50	10	50.25	49.76	49.83	48.69	
Parental bonding	20-62	50	10	50.23	49.61	49.91	48.11	
Parental attitudes toward ATOD	15-57	50	10	50.20	49.43	49.12	50.53	
Hours spent after school w/o adult	0-5	2.16	1.68	2.07	2.41	2.25	2.38	*
School Domain								
School Commitment	1-78	50	10	49.99	49.92	49.92	50.67	
Number of days absent	0-50	11.63	12.44	10.65	13.83	14.35	11.51	
Grades	17-63	50	10	51.30	46.60	46.81	50.84	
Hours doing homework	0-20	4.33	4.39	4.75	3.10	3.20	5.19	
Attitude towards D.A.R.E.	37-64	50	10	49.21	52.76	52.11	50.16	
Community Domain								
Perceived availability of ATOD	35-63	50	10	50.18	49.10	50.28	49.99	
Positive neighborhood environment	29-68	50	10	50.55	48.53	49.17	49.03	
Perceived neighborhood disorganization	16-60	50	10	51.95	45.72	45.29	49.21	*
Perceived neighborhood drug use	26-60	50	10	51.28	46.51	47.08	50.10	

¹ Mean = 50, unless otherwise noted

² Standard deviation = 10, unless otherwise noted

³ Significance level, *p < .001 & R² > .01

Table 15

Mean risk and protective factor scores by Educational Reference Group (ERG)¹

Scale or Item	Range	Mean ²	SD ³	ERG					Sig. ⁴	
				A-B	C-E	F-G	H	I		
Individual/Peer Domain										
Attitude toward ATOD use	24-59	50	10	48.64	50.49	49.75	49.54	51.66		*
Perceived harm of ATOD	15-63	50	10	49.24	50.15	49.63	50.21	50.83		
Attitude toward antisocial behavior	15-60	50	10	50.17	49.91	49.52	49.69	50.89		
Anti-social behavior	10-58	50	10	51.13	50.82	49.36	49.56	49.72		
Peer use of ATOD	23-59	50	10	50.17	51.43	49.37	49.09	50.41		
Peer anti-social behavior	23-57	50	10	51.99	51.63	49.70	49.57	47.82		
Positive self-concept	10-65	50	10	51.12	50.60	49.36	49.92	49.34		
Depression	10-67	50	10	50.93	50.70	49.46	49.44	49.46		
Attention deficit hyperactivity	11-61	50	10	50.75	50.64	49.00	49.13	50.22		
Family Domain										
Family management	15-63	50	10	50.12	51.15	49.91	49.07	50.33		
Parental bonding	20-62	50	10	50.47	50.63	49.90	49.40	49.92		
Parental attitudes toward ATOD	15-57	50	10	49.82	51.03	50.22	49.74	49.59		
Hours spent after school w/o adult	0-5	2.16	1.68	2.09	1.98	2.08	2.37	2.20		
School Domain										
School Commitment	1-78	50	10	51.08	50.27	49.74	48.57	50.76		
Number of days absent	0-50	11.63	12.44	9.30	10.24	11.77	12.67	13.59		
Grades	17-63	50	10	52.42	51.37	51.00	48.51	47.77		*
Hours doing homework	0-20	4.33	4.39	6.30	4.67	4.00	3.54	3.45		*
Attitude towards D.A.R.E.	37-64	50	10	47.10	50.40	49.41	50.29	53.35		*
Community Domain										
Perceived availability of ATOD	35-63	50	10	49.70	51.59	50.06	48.09	50.72		
Positive neighborhood environment	29-68	50	10	51.35	51.64	50.06	48.18	49.00		*
Perceived neighborhood disorganization	16-60	50	10	54.38	52.33	49.93	49.35	45.61		*
Perceived neighborhood drug use	26-60	50	10	52.25	52.29	49.61	49.21	47.40		*

¹ See Appendix B for a listing of the 169 Connecticut towns by Educational Reference Group (ERG)

² Mean = 50, unless otherwise noted

³ Standard deviation = 10, unless otherwise noted

⁴ Significance level, *p <.001 & R² > .01

Table 16

Mean risk and protective factor scores by level of substance abuse involvement for 7th-8th grade students

Scale or Item	Range	Mean	SD ¹	Mean 7 th - 8 th			
				No Use Ever ²	Alcohol and/or cigarettes ³	Marijuana ⁴	Other illicit drugs ⁵
Individual/Peer Domain							
Attitude toward ATOD use	24-59	50	10	56.38*	50.40*	43.65*	40.95
Perceived harm of ATOD	15-63	50	10	54.74*	52.03*	46.40	43.11
Attitude toward antisocial behavior	15-60	50	10	53.87*	48.81*	42.48	38.73
Anti-social behavior	10-58	50	10	55.00*	49.29*	40.97*	35.10
Peer use of ATOD	23-59	50	10	56.27*	51.00*	43.75*	41.59
Peer anti-social behavior	23-57	50	10	54.70*	50.64*	43.42*	40.07
Positive self-concept	10-65	50	10	50.76*	48.82	47.91	44.67
Depression	10-67	50	10	52.71*	49.23*	46.49	43.04
Attention deficit hyperactivity	11-61	50	10	52.61*	49.11	46.64	43.46
Family Domain							
Family management	15-63	50	10	54.97*	50.32*	46.78*	44.47
Parental bonding	20-62	50	10	53.19*	49.15*	46.25*	43.33
Parental attitudes toward ATOD	15-57	50	10	54.58*	50.72*	45.78	43.82
Hours spent after school w/o adult	0-5			1.61*	2.15	2.66	2.64
School Domain							
School Commitment	1-78	50	10	52.61*	49.16*	45.97	44.11
Attitude towards D.A.R.E.	37-64	50	10	56.59*	53.37*	47.53	45.02
Grades	17-63	50	10	53.60*	49.98*	45.51	44.44
Hours doing homework	0-20	4.33	4.39	5.72*	3.95*	3.22	2.91
Number of days absent	0-50	11.63	12.44	8.80*	11.44*	14.95	17.45
Community Domain							
Perceived availability of ATOD	35-63	50	10	56.33*	50.76*	44.55	43.64
Positive neighborhood environment	29-68	50	10	53.57*	49.55	47.37	46.39
Perceived neighborhood drug use	26-60	50	10	54.17*	51.03*	44.28	42.75
Perceived neighborhood disorganization	16-60	50	10	52.55*	49.30	44.99	42.14

¹ Standard deviation

² Students never used drugs compared to any ATOD use, Significance level, *p < .001 & R² > .01

³ Students alcohol or cigarette use compared to marijuana and illicit drug use, Significance level, *p < .001 & R² > .01

⁴ Students marijuana use compared to illicit drug use, Significance level, *p < .001 & R² > .01

⁵ Cocaine, crack, heroin, hallucinogens, and PCP

Table 17

Mean risk and protective factor scores by level of substance abuse involvement for 9th-12th grade students

Scale or Item	Range	Mean	SD ¹	Mean 9 th - 12 th				
				No Use Ever ²	Alcohol and/or cigarettes ³	Marijuana ⁴	Other illicit drugs ⁵	
Individual/Peer Domain								
Attitude toward ATOD use	24-59	50	10	53.89*	47.90*	42.06*	37.23	
Perceived harm of ATOD	15-63	50	10	53.70*	50.89*	47.29	43.05	
Attitude toward antisocial behavior	15-60	50	10	53.03*	49.54*	46.53	41.80	
Anti-social behavior	10-58	50	10	54.85*	51.44*	45.69*	37.29	
Peer use of ATOD	23-59	50	10	53.01*	48.59*	42.88*	36.49	
Peer anti-social behavior	23-57	50	10	53.36*	50.75*	44.01*	39.24	
Positive self-concept	10-65	50	10	51.01*	50.52	50.21	48.54	
Depression	10-67	50	10	52.16*	49.69*	48.94	45.57	
Attention deficit hyperactivity	11-61	50	10	52.04*	49.83	48.89	45.13	
Family Domain								
Family management	15-63	50	10	52.02*	48.25*	44.83*	40.77	
Parental bonding	20-62	50	10	51.35*	48.27*	46.43*	42.84	
Parental attitudes toward ATOD	15-57	50	10	52.95*	49.90*	45.63	40.91	
Hours spent after school w/o adult	0-5	2.16	1.68	2.08*	2.48	2.98	3.34	
School Domain								
School Commitment	1-78	50	10	53.00*	50.71*	47.49	43.89	
Attitude towards D.A.R.E.	37-64	50	10	52.20*	48.96*	46.29	42.74	
Grades	17-63	50	10	52.44*	50.51*	46.13	44.26	
Hours doing homework	0-20	4.33	4.39	6.73*	5.30*	3.45	2.80	
Number of days absent	0-50	11.63	12.44	9.03*	9.86*	14.84	16.66	
Community Domain								
Perceived availability of ATOD	35-63	50	10	49.89*	45.79*	41.30	39.18	
Positive neighborhood environment	29-68	50	10	49.13*	47.10	45.00	43.95	
Perceived neighborhood drug use	26-60	50	10	51.46*	49.37*	45.11	42.20	
Perceived neighborhood disorganization	16-60	50	10	52.05*	51.19	49.30	47.66	

¹ Standard deviation

² Students never used drugs compared to any ATOD use, Significance level, * $p < .001$ & $R^2 > .01$

³ Students alcohol or cigarette use compared to marijuana and illicit drug use, Significance level, * $p < .001$ & $R^2 > .01$

⁴ Students marijuana use compared to illicit drug use, Significance level, * $p < .001$ & $R^2 > .01$

⁵ Cocaine, crack, heroin, hallucinogens, and PCP

Table 18

Perceived harm of tobacco or alcohol use

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you think people harm themselves if they:				
Use tobacco occasionally				
No harm	NA	6.1	7.9	7.9
Very little harm	NA	19.5	24.2	24.8
Some harm	NA	45.7	46.2	49.1
A lot of harm	NA	21.1	15.6	14.3
I don't know	NA	7.6	6.0	3.8
Use tobacco regularly				
No harm	NA	3.4	2.8	3.3
Very little harm	NA	3.3	3.6	2.7
Some harm	NA	18.9	21.9	22.5
A lot of harm	NA	67.5	66.2	67.8
I don't know	NA	6.9	5.4	3.7
Use alcohol occasionally				
No harm	NA	9.3	10.2	10.9
Very little harm	NA	24.8	29.2	31.3
Some harm	NA	38.0	40.0	39.3
A lot of harm	NA	21.2	15.5	14.7
I don't know	NA	6.7	5.0	3.7
Use alcohol regularly				
No harm	NA	3.3	2.1	3.4
Very little harm	NA	4.4	5.5	4.0
Some harm	NA	21.7	25.0	25.1
A lot of harm	NA	64.1	62.8	64.3
I don't know	NA	6.5	4.7	3.2
Get drunk occasionally				
No harm	NA	4.6	5.1	6.9
Very little harm	NA	8.1	13.5	18.9
Some harm	NA	32.6	40.4	40.7
A lot of harm	NA	47.6	35.7	29.8
I don't know	NA	7.0	5.3	3.7

Note. NA = not asked

Table 19

Perceived harm of marijuana use

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you think people harm themselves if they:				
Use marijuana occasionally				
No harm	NA	5.3	8.9	10.6
Very little harm	NA	7.5	17.6	21.5
Some harm	NA	28.5	36.4	37.7
A lot of harm	NA	50.9	32.0	25.7
I don't know	NA	7.8	5.1	4.6
Use marijuana regularly				
No harm	NA	3.9	4.8	6.0
Very little harm	NA	2.6	6.1	7.2
Some harm	NA	8.8	18.3	21.4
A lot of harm	NA	76.7	65.1	60.8
I don't know	NA	7.9	5.7	4.4

Note. NA = not asked

Table 20

Attitudes towards antisocial behavior

Question and responses	Grade			
	5-6 %	7-8 %	9-10 %	11-12 %
Purposely damage or destroy property that does not belong to them				
Very Wrong	75.4	59.6	50.9	58.5
Wrong	17.6	25.9	33.6	29.0
A little bit wrong	4.8	10.3	10.3	8.5
Not at all wrong	2.1	4.2	5.2	4.0
Carry a knife, gun or other weapon				
Very Wrong	78.9	61.3	53.0	56.6
Wrong	10.6	19.0	24.1	24.0
A little bit wrong	6.4	11.5	13.8	12.2
Not at all wrong	4.1	8.3	9.1	7.2
Bring a knife, gun or other weapon to school				
Very Wrong	88.4	71.3	62.5	68.2
Wrong	7.6	18.9	23.4	21.0
A little bit wrong	2.2	5.7	7.8	6.1
Not at all wrong	1.9	4.1	6.2	4.7
How wrong do you think it is for someone your age to:				
Steal something worth less than \$50				
Very wrong	74.2	51.9	42.6	47.6
Wrong	17.1	28.2	34.0	33.8
A little bit wrong	5.3	14.6	17.4	14.6
Not at all wrong	3.5	5.3	6.1	4.0
Pick a fight with someone (not including a family member)				
Very wrong	57.8	40.4	33.1	37.8
Wrong	24.9	28.3	34.3	34.1
A little bit wrong	12.3	22.2	23.3	22.0
Not at all wrong	5.0	9.1	9.3	6.1
Attack someone with the idea of seriously hurting them				
Very wrong	81.8	65.4	56.9	59.6
Wrong	11.3	21.6	26.9	25.0
A little bit wrong	4.5	7.8	10.9	11.1
Not at all wrong	2.4	5.1	5.4	4.3

Table 20 (Continued)

Attitude towards antisocial behavior

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
Use inhalants (things you inhale or sniff to get high like glue, paint, etc.)				
Very wrong	85.6	72.1	63.3	63.5
Wrong	8.9	17.1	22.2	23.4
A little bit wrong	3.2	6.7	9.6	8.5
Not at all wrong	2.2	4.2	4.9	4.5
Cheat on a test				
Very wrong	54.5	30.5	19.5	18.4
Wrong	30.1	28.3	25.6	26.0
A little bit wrong	10.7	30.3	38.5	40.2
Not at all wrong	4.7	11.0	16.4	15.4
Drink and drive				
Very wrong	NA	82.0	77.3	76.8
Wrong	NA	11.7	14.7	14.5
A little bit wrong	NA	3.3	4.8	5.8
Not at all wrong	NA	3.0	3.2	2.9

Note. NA = not asked

Table 21**Antisocial behavior**

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
In the past year, I have:				
Stolen something worth less than \$50.	12.5	30.5	34.4	29.2
Gotten suspended or expelled from school.	7.4	12.6	17.1	14.4
Gotten into trouble with the police.	8.4	13.5	18.7	17.7
Picked a fight with someone (not including a family member).	25.8	32.5	29.4	23.9
Attacked someone with the idea of seriously hurting them.	8.1	12.2	14.8	13.3
Cheated on a test.	14.8	41.9	55.6	52.8
Sold illegal drugs.	1.0	4.0	10.4	11.5
Bought illegal drugs.	1.3	7.7	20.8	27.2
Purposely damaged or destroyed property that did not belong to me.	10.6	22.5	25.1	19.8
Carried a knife, gun, or other weapon.	8.9	18.8	19.9	16.4
Brought a knife, gun, or other weapon to school.	3.0	6.3	8.3	6.9
Gotten arrested.	NA	6.8	10.4	9.3

Table 22**Peer antisocial behavior**

Question and responses	Grade			
	5-6	7-8	9-10	11-12
In the past year, my close friends have:				
Gotten suspended from school.	24.8	40.4	45.2	45.0
Sold illegal drugs.	2.7	13.0	30.6	38.9
Carried a knife, gun, or other weapon.	10.9	21.1	24.4	23.7
Tried to steal a motor vehicle.	NA	9.5	16.2	14.0
Dropped out of school.	3.9	7.7	19.3	28.0
Gotten arrested.	8.1	20.6	29.8	35.3

Note. NA = not asked

Table 23

Friends' use of alcohol, tobacco, or other drugs

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How many of your close friends smoke cigarettes?				
Most	4.7	12.3	21.3	27.9
Some	4.2	16.6	24.9	29.2
A few	12.7	23.4	23.9	22.6
None	78.5	47.7	29.8	20.3
How many of your close friends drink beer, wine, wine coolers, or hard liquor?				
Most	3.6	12.1	30.0	45.9
Some	3.9	15.6	24.3	24.8
A few	9.0	20.9	22.4	18.6
None	83.4	51.5	23.4	10.7
How many of your close friends use marijuana?				
Most	3.1	9.8	22.3	29.6
Some	1.6	9.3	19.5	25.0
A few	3.5	14.4	22.4	21.0
None	91.8	66.6	35.8	24.4
How many of your close friends use inhalants?				
Most	NA	5.4	5.1	5.7
Some	NA	4.9	5.3	5.4
A few	NA	10.1	11.3	13.7
None	NA	79.5	78.2	75.3
How many of your close friends tried a drug like cocaine, LSD, heroin, or amphetamines?				
Most	NA	4.7	5.6	7.6
Some	NA	3.6	7.1	8.3
A few	NA	11.0	15.8	20.9
None	NA	80.6	71.5	63.3

Note. NA = not asked

Table 24

Self-concept

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you disagree or agree with the following:				
I am good at making friends				
Strongly disagree	2.9	3.3	2.3	2.4
Disagree	3.7	3.4	3.3	3.9
Not sure	19.2	18.1	15.4	15.1
Agree	39.3	45.5	49.5	50.0
Strongly agree	34.8	29.7	29.5	28.7
I feel no one understands me				
Strongly disagree	30.7	23.1	18.7	15.9
Disagree	26.2	29.0	32.6	34.9
Not sure	22.8	26.3	25.4	27.4
Agree	12.1	14.1	15.5	14.1
Strongly agree	8.2	7.5	7.7	7.7
At times, I think I am no good at all				
Strongly disagree	31.9	28.9	27.3	26.4
Disagree	18.8	22.0	24.9	26.6
Not sure	15.8	20.0	17.8	17.7
Agree	21.4	20.1	22.4	22.8
Strongly agree	12.0	8.9	7.6	6.5
I feel lonely				
Strongly disagree	35.6	32.9	27.2	22.0
Disagree	21.9	27.0	28.6	29.8
Not sure	14.9	16.6	19.6	20.0
Agree	18.4	16.1	18.0	21.6
Strongly agree	9.2	7.4	6.6	6.6
I am good at making decisions				
Strongly disagree	7.1	4.9	3.1	2.9
Disagree	7.1	6.4	6.7	6.4
Not sure	21.4	21.5	20.6	19.5
Agree	35.8	42.9	48.5	48.9
Strongly agree	28.6	24.2	21.1	22.2

Table 24 (Continued)

Self-concept

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you disagree or agree with the following:				
I feel that no one really cares about me				
Strongly disagree	54.5	47.0	40.5	37.9
Disagree	19.6	25.0	30.9	34.2
Not sure	11.7	14.1	16.6	15.5
Agree	7.6	8.4	8.2	8.9
Strongly agree	6.5	5.6	3.9	3.5
I feel I do not have much to be proud of				
Strongly disagree	53.2	45.5	38.3	37.5
Disagree	19.6	24.9	29.6	31.8
Not sure	10.1	12.4	13.3	13.3
Agree	10.0	10.0	12.9	11.9
Strongly agree	7.0	7.2	5.9	5.5
I think I have a good sense of humor				
Strongly disagree	6.1	5.0	2.0	3.0
Disagree	6.1	4.9	4.3	3.4
Not sure	18.9	18.9	16.6	13.7
Agree	31.6	40.2	45.4	48.5
Strongly agree	37.3	31.1	31.7	31.3
I often have trouble sleeping				
Strongly disagree	33.3	28.3	25.2	24.2
Disagree	22.2	26.8	30.3	30.9
Not sure	12.6	14.6	13.6	13.7
Agree	19.6	19.3	21.4	22.5
Strongly agree	12.3	11.0	9.5	8.7
I feel sad most of the time				
Strongly disagree	45.8	39.7	34.0	30.3
Disagree	25.8	29.0	32.6	35.5
Not sure	11.8	14.5	16.6	16.0
Agree	9.9	10.9	11.6	14.2
Strongly agree	6.6	5.8	5.3	4.0

Table 24 (Continued)

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you disagree or agree with the following:				
On the whole, I like myself				
Strongly disagree	6.4	6.2	4.0	3.5
Disagree	4.7	6.0	5.8	6.6
Not sure	16.6	18.2	18.5	17.3
Agree	28.5	38.6	42.8	45.0
Strongly agree	43.8	31.0	28.8	27.6
I have so much energy, I don't know what to do with it				
Strongly disagree	18.2	13.4	10.9	12.6
Disagree	19.3	25.0	29.8	34.1
Not sure	22.9	25.4	26.5	25.2
Agree	19.2	20.2	21.4	19.9
Strongly agree	20.4	16.0	11.3	8.2
I have less energy than I think I should have				
Strongly disagree	46.9	35.9	26.6	20.1
Disagree	23.9	29.0	29.0	29.0
Not sure	16.0	20.6	21.7	20.9
Agree	7.7	10.0	17.7	23.5
Strongly agree	5.5	4.5	5.0	6.4
I have a number of good qualities				
Strongly disagree	5.0	5.1	2.2	2.7
Disagree	4.0	4.9	3.3	4.2
Not sure	17.9	16.7	17.1	14.9
Agree	30.8	40.8	47.6	48.3
Strongly agree	42.2	32.5	29.7	29.9
All in all, I am glad I am me				
Strongly disagree	5.2	5.9	4.6	4.4
Disagree	3.7	5.2	4.5	4.0
Not sure	11.0	13.5	13.3	13.6
Agree	27.9	38.1	42.3	42.4
Strongly agree	52.2	37.3	35.3	35.5

Table 24 (Continued)

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How much do you disagree or agree with the following:				
I wish I was dead				
Strongly disagree	72.6	65.6	66.5	67.5
Disagree	11.1	14.8	16.3	16.7
Not sure	9.4	11.4	10.9	10.7
Agree	4.3	5.0	4.1	2.8
Strongly agree	2.6	3.2	2.2	2.3
I have a plan to kill myself				
Strongly disagree	83.2	74.8	77.1	78.3
Disagree	7.4	11.4	11.3	11.0
Not sure	5.7	7.5	6.4	6.5
Agree	1.9	4.2	2.9	2.5
Strongly agree	1.8	2.1	2.2	1.6
I am restless and can't sit still				
Strongly disagree	52.6	46.3	42.3	45.6
Disagree	17.7	19.9	23.4	23.4
Not sure	12.8	15.3	14.8	13.1
Agree	9.7	12.4	15.3	14.4
Strongly agree	7.2	6.0	4.2	3.5
I have trouble concentrating				
Strongly disagree	50.3	41.9	34.9	35.9
Disagree	16.9	21.7	20.7	24.1
Not sure	14.3	16.2	17.9	16.6
Agree	11.4	14.3	19.9	18.7
Strongly agree	7.1	5.9	6.7	4.6

Table 25

Attention deficit indicators

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How true are the following:				
I act too young for my age				
Not true	74.7	73.0	72.8	78.3
Somewhat true	20.6	22.7	23.2	18.5
Very true	4.6	4.3	4.0	3.2
I have trouble concentrating or paying attention				
Not true	59.3	54.8	45.2	50.6
Somewhat true	30.4	33.3	40.6	38.6
Very true	10.3	11.9	14.2	10.8
I have trouble sitting still				
Not true	71.4	60.2	56.2	60.6
Somewhat true	26.6	26.1	30.4	29.6
Very true	2.0	13.7	13.4	9.8
I feel confused or in a fog				
Not true	77.2	75.5	71.3	72.7
Somewhat true	17.3	18.7	23.1	22.5
Very true	5.4	5.8	5.6	4.9
I daydream a lot				
Not true	52.8	47.4	36.8	38.9
Somewhat true	31.2	33.5	43.4	43.8
Very true	16.0	19.1	19.8	17.3
I act without stopping to think				
Not true	52.4	50.8	48.4	54.6
Somewhat true	34.9	35.5	39.6	36.7
Very true	12.7	13.6	12.0	8.7
I am nervous or tense				
Not true	68.8	65.6	63.1	60.1
Somewhat true	30.0	26.1	28.7	31.5
Very true	1.1	8.4	8.2	8.4

Table 25 (Continued)

Attention deficit indicators

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How true are the following:				
My school work is poor				
Not true	77.8	73.2	65.2	69.2
Somewhat true	17.3	20.3	26.4	24.6
Very true	4.9	6.5	8.4	6.1
I am poorly coordinated or clumsy				
Not true	80.8	81.0	77.8	81.2
Somewhat true	14.8	13.7	17.6	15.1
Very true	4.4	5.3	4.6	3.7

Table 26**Parental attachment and communication**

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
I feel very close to my parent/guardian(s).				
Definitely not true	2.3	4.8	6.6	8.2
Mostly not true	3.3	8.3	12.9	14.5
Mostly true	16.7	29.1	34.1	35.0
Definitely true	77.7	57.8	46.4	42.3
I enjoy spending time with my parent/guardian(s).				
Definitely not true	2.0	6.3	7.8	8.0
Mostly not true	5.2	12.5	17.6	20.5
Mostly true	26.7	40.4	45.1	43.4
Definitely true	66.1	40.8	29.5	28.0
I share my thoughts and feelings with my parent/guardian(s).				
Definitely not true	8.8	16.2	17.7	16.7
Mostly not true	15.2	26.2	29.7	30.7
Mostly true	42.9	36.2	34.8	34.7
Definitely true	33.1	21.5	17.8	17.9

Table 27

Positive family involvement

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
My parent/guardian(s) gives me lots of chances to do fun things with them and my family.				
Definitely not true	3.7	5.6	7.6	9.7
Mostly not true	7.1	12.5	16.3	22.8
Mostly true	29.7	40.0	47.1	45.0
Definitely true	59.5	41.9	29.0	22.5
My parent/guardian(s) gives me help and support when I need it.				
Definitely not true	1.8	3.7	3.9	4.9
Mostly not true	3.1	6.3	9.2	11.6
Mostly true	20.5	29.2	34.0	35.1
Definitely true	74.6	60.8	52.9	48.5
My parent/guardian asks if my homework is done.				
Definitely not true	2.9	5.4	9.6	15.1
Mostly not true	4.5	8.5	15.0	20.4
Mostly true	17.7	27.6	32.7	34.6
Definitely true	75.0	58.5	42.7	29.9
My parent/guardian(s) participates in activities at my school.				
Definitely not true	19.8	30.9	37.5	37.4
Mostly not true	23.8	29.9	30.1	28.6
Mostly true	38.0	26.8	21.7	23.7
Definitely true	18.3	12.4	10.7	10.3

Table 28

Family management

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
On a regular day, how many hours do you usually spend after school without an adult present?				
None	33.6	16.2	12.8	10.4
One hour or less	32.5	29.9	19.4	13.4
2 hours	17.3	22.3	22.1	17.0
3-4 hours	11.1	20.5	28.3	30.0
5 hours or more	5.5	11.1	17.4	29.2
My parent/guardian knows my whereabouts when I am away from home.				
Definitely not true	2.2	3.3	3.3	6.2
Mostly not true	3.7	7.2	10.2	14.8
Mostly true	23.0	37.5	48.9	50.4
Definitely true	71.1	52.0	37.6	28.6
If I break one of my parents/guardian(s)' rules, I usually get punished.				
Definitely not true	7.0	7.4	11.0	15.6
Mostly not true	14.8	19.0	26.4	31.0
Mostly true	43.4	43.8	40.0	37.4
Definitely true	34.9	29.8	22.7	16.0
My family has clear rules about alcohol/drugs.				
Definitely not true	3.3	5.2	6.0	7.2
Mostly not true	3.9	8.9	12.3	17.3
Mostly true	11.1	19.3	25.6	29.9
Definitely true	81.7	66.6	56.1	45.6

Table 29

Unfavorable parental attitudes towards alcohol, tobacco, and marijuana

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How wrong does your parent/guardian(s) feel it would be for you to drink beer, wine, wine coolers, or hard liquor (besides a few sips)?				
Not at all wrong	4.5	4.1	4.6	7.3
A little bit wrong	5.7	9.5	16.4	21.7
Wrong	14.3	24.3	30.3	32.8
Very wrong	75.4	62.1	48.8	38.3
How wrong does your parent/guardian(s) feel it would be for you to smoke cigarettes?				
Not at all wrong	4.8	3.7	6.1	8.2
A little bit wrong	2.5	6.0	10.7	14.9
Wrong	9.7	19.0	25.5	29.4
Very wrong	83.0	71.3	57.7	47.5
How wrong does your parent/guardian(s) feel it would be for you to use marijuana?				
Not at all wrong	4.2	3.9	4.4	5.6
A little bit wrong	0.5	2.3	4.9	6.9
Wrong	4.1	8.9	14.2	17.7
Very wrong	91.2	84.9	76.5	69.7

Table 30**Family history of alcohol, tobacco, or marijuana use**

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
Parents/guardians smoke cigarettes.	40.1	39.7	42.9	41.0
Parents/guardians drink beer, wine, wine coolers, or hard liquor.	52.9	57.0	61.0	61.4
Has anyone in your family (not including you) ever used marijuana?				
No	61.3	43.3	27.0	23.8
Yes	9.6	26.1	46.1	52.9
I don't know	29.1	30.6	26.8	23.4

Table 31

Commitment to school

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
I have given up on school.				
Definitely not true	86.3	80.2	78.6	73.2
Mostly not true	7.7	12.2	15.4	18.5
Mostly true	3.3	4.5	4.2	5.8
Definitely true	2.7	3.0	1.8	2.5
I try hard to do good work at school.				
Definitely not true	0.7	1.3	1.8	2.6
Mostly not true	3.8	7.2	9.4	10.0
Mostly true	38.7	48.5	53.3	53.5
Definitely true	56.7	43.0	35.5	33.9
I want very much to get more education after high school.				
Definitely not true	3.0	3.0	2.8	2.2
Mostly not true	5.0	6.4	7.9	5.9
Mostly true	26.7	27.4	23.9	22.8
Definitely true	65.3	63.2	65.4	69.1
It is important to me to get good grades.				
Definitely not true	2.1	3.4	2.2	3.0
Mostly not true	2.2	4.9	7.0	8.1
Mostly true	17.5	29.8	35.5	36.5
Definitely true	78.2	61.8	55.2	52.4
During the past year, how many days did you miss school?				
Never	18.7	13.2	12.6	9.3
Less than once a month	48.2	48.2	45.3	39.3
Once a month	11.0	13.8	17.2	18.8
Two or three times a month	15.3	18.3	18.2	25.6
One or more times a week	6.8	6.4	6.7	7.0

Table 32

Academic performance

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
What kind of grades do you usually get?				
Mostly A's	35.3	27.9	19.3	16.2
Mostly B's	44.5	43.7	44.3	47.5
Mostly C's	16.1	23.1	29.5	32.3
Mostly D's and F's	4.1	5.4	6.9	3.9

Table 33

How students report spending time after school

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How many hours a week do you usually spend:				
Doing homework				
None	4.2	7.0	10.7	13.8
1-2 hours	48.9	41.8	36.5	37.9
3-5 hours	25.9	24.0	22.8	24.4
6-10 hours	15.8	18.1	19.1	14.6
11 or more hours	5.2	9.1	11.0	9.3
In clubs or sports				
None	22.9	22.6	26.8	31.7
1-2 hours	26.2	22.0	16.6	18.7
3-5 hours	27.5	25.8	20.0	17.7
6-10 hours	15.4	17.0	15.8	14.5
11 or more hours	8.1	12.6	20.9	17.3
Watching TV				
None	4.0	4.2	5.7	7.5
1-2 hours	30.6	27.6	28.4	32.5
3-5 hours	31.3	32.2	30.6	31.1
6-10 hours	19.1	19.3	20.5	17.0
11 or more hours	15.0	16.7	14.8	11.9
Reading books, magazines, or newspapers				
None	15.5	18.6	18.9	14.9
1-2 hours	45.7	48.2	51.3	54.9
3-5 hours	24.0	20.8	20.1	19.2
6-10 hours	8.9	8.2	6.7	7.4
11 or more hours	5.9	4.2	3.1	3.6
Hanging out with friends at your or their home				
None	11.6	8.6	7.2	7.8
1-2 hours	26.3	21.9	18.9	19.1
3-5 hours	34.4	30.4	29.8	28.2
6-10 hours	17.5	21.8	23.6	23.1
11 or more hours	10.2	17.4	20.5	21.9

Table 33 (Continued)

How students report spending time after school

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How many hours a week do you usually spend:				
Hanging out with friends at malls, public areas, etc.				
None	38.3	21.8	14.2	11.4
1-2 hours	30.4	29.4	28.0	30.9
3-5 hours	20.0	28.8	32.9	29.6
6-10 hours	7.2	12.6	15.9	17.3
11 or more hours	4.1	7.4	9.0	10.8
Working for money outside of your house (e.g. baby-sitting, paper route, working in a store, etc.)				
None	58.6	43.9	37.8	22.0
1-2 hours	21.4	22.1	16.6	7.0
3-5 hours	13.9	19.9	17.5	11.6
6-10 hours	4.3	10.2	13.3	15.5
11 or more hours	1.8	4.0	14.8	43.9
Working or doing chores around the house				
None	10.2	11.9	11.2	13.9
1-2 hours	55.0	52.5	49.8	51.5
3-5 hours	24.7	24.6	27.7	25.3
6-10 hours	6.9	7.3	7.1	6.4
11 or more hours	3.3	3.6	4.2	2.9
Doing volunteer work				
None	52.6	61.4	66.2	64.4
1-2 hours	32.3	27.6	22.3	22.7
3-5 hours	11.5	7.5	7.5	7.9
6-10 hours	2.5	2.2	2.4	3.3
11 or more hours	1.1	1.3	1.6	1.7
In a band, orchestra, or playing an instrument				
None	48.0	56.1	71.5	75.0
1-2 hours	31.0	22.8	8.3	8.3
3-5 hours	15.1	15.0	10.5	7.8
6-10 hours	4.1	4.2	6.4	5.5
11 or more hours	1.9	1.1	3.3	3.3

Table 33 (Continued)

How students report spending time after school

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
How many hours a week do you usually spend:				
Attending religious services, groups or programs at a church, synagogue, or temple				
None	42.2	46.4	52.6	60.8
1-2 hours	40.5	38.9	33.9	29.2
3-5 hours	13.1	12.0	8.7	7.0
6-10 hours	3.4	2.1	3.4	2.1
11 or more hours	0.8	0.7	1.4	0.9
Playing on the computer or video games				
None	17.0	24.2	33.9	46.2
1-2 hours	45.8	41.9	35.8	33.8
3-5 hours	23.1	18.9	17.8	12.7
6-10 hours	8.4	9.3	6.8	4.6
11 or more hours	5.7	5.6	5.7	2.7
Talking on the telephone				
None	21.4	13.7	10.3	9.2
1-2 hours	47.3	37.2	36.1	35.4
3-5 hours	16.7	22.2	24.4	27.8
6-10 hours	7.8	13.7	14.7	15.9
11 or more hours	6.8	13.3	14.5	11.7
Listening to music				
None	8.4	5.7	2.8	2.9
1-2 hours	39.0	27.6	20.8	18.5
3-5 hours	26.0	26.4	24.2	26.8
6-10 hours	12.7	16.7	20.9	20.8
11 or more hours	13.8	23.6	31.4	31.1

Table 34

Student perceptions of the D.A.R.E. program by students who had D.A.R.E.

Question and Responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
The D.A.R.E. program has taught me skills that have helped me to refuse drugs or alcohol when they have been offered to me.				
Very true	NA	46.4	25.4	20.7
Somewhat true	NA	30.3	35.1	37.6
Not true	NA	23.3	39.5	41.7
The D.A.R.E. program has helped me to make decisions to do other activities rather than use drugs or alcohol.				
Very true	NA	47.4	24.8	20.8
Somewhat true	NA	27.5	32.0	32.3
Not true	NA	25.2	43.2	46.9
The D.A.R.E. program has given me very good reasons not to use drugs or alcohol.				
Very true	NA	53.6	27.9	24.2
Somewhat true	NA	25.7	33.9	33.7
Not true	NA	20.7	38.2	42.1
The D.A.R.E. program has helped me to have a positive view of police officers in my community.				
Very true	NA	45.2	25.3	21.7
Somewhat true	NA	30.1	30.6	31.1
Not true	NA	24.7	44.1	47.2

Note. NA = not asked

Table 35

School environment

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
There are lots of chances for students in my school to talk with teachers one-on-one.				
Definitely not true	7.7	9.5	9.8	9.2
Mostly not true	15.0	20.0	23.3	22.6
Mostly true	45.2	45.8	49.0	50.3
Definitely true	32.1	24.7	18.0	17.9
My teacher(s) notices when I am doing a good job and lets me know about it.				
Definitely not true	5.8	10.3	12.2	11.3
Mostly not true	11.3	20.1	26.0	26.0
Mostly true	44.3	46.2	46.5	47.9
Definitely true	38.5	23.5	15.3	14.8
I feel safe at my school.				
Definitely not true	5.6	8.9	7.6	6.0
Mostly not true	8.9	10.9	12.2	9.5
Mostly true	35.3	47.1	51.0	48.5
Definitely true	50.2	33.1	29.2	36.0

Table 36

School policies toward alcohol, tobacco and other drugs

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
Does your school have rules against tobacco use on school grounds?				
No	4.1	4.4	6.5	7.4
Yes	80.0	84.4	84.8	89.1
I don't know	15.9	11.2	8.6	3.4
What happens to a student who is caught smoking cigarettes at school? (Check all that apply)				
Nothing	1.7	2.4	9.1	13.4
Sent to principal's office	38.5	44.0	37.6	40.8
Detention	25.7	24.0	25.7	29.8
Suspension	48.5	61.2	54.8	56.4
Expulsion	32.3	26.0	7.1	5.7
I don't know	36.2	30.9	30.7	24.2
If a student were caught smoking cigarettes at school, would his/her parents be called?				
No	1.6	2.1	9.2	12.7
Yes	83.7	79.0	47.7	44.6
I don't know	14.7	18.9	43.1	42.7
What happens to a student who is caught drinking alcohol at school? (Check all that apply)				
Nothing	1.8	1.5	2.0	2.5
Sent to principal's office	38.2	39.8	25.0	29.3
Detention	26.3	21.4	12.5	13.8
Suspension	45.7	52.1	45.7	50.9
Expulsion	32.7	30.2	17.8	23.1
I don't know	38.7	39.0	50.1	42.9
If a student were caught drinking alcohol at school, would his/her parents be called?				
No	2.5	1.7	1.6	2.4
Yes	94.8	78.8	59.6	66.2
I don't know	2.7	19.5	38.8	31.4
If a student were caught drinking alcohol at school, would the police be called?				
No	NA	9.5	7.5	7.5
Yes	NA	22.3	23.2	28.6
I don't know	NA	68.3	69.3	63.9

Note. NA = not asked

Table 36 (Continued)

School policies toward alcohol, tobacco and other drugs

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
What happens to a student who is caught using drugs (not including alcohol or cigarettes) at school? (Check all that apply)				
Nothing	NA	1.7	1.8	2.4
Sent to the principal's office	NA	40.3	28.9	32.3
Detention	NA	20.4	11.9	11.8
Suspension	NA	43.0	40.4	43.7
Expulsion	NA	53.0	46.9	48.9
I don't know	NA	33.0	37.4	33.3
If a student were caught using drugs at school, would his or her parents be called?				
No	NA	1.5	1.2	1.7
Yes	NA	82.8	73.1	75.7
I don't know	NA	15.7	25.7	22.6
If a student were caught using drugs at school, would the police be called?				
No	NA	3.0	2.2	2.4
Yes	NA	58.0	61.1	65.9
I don't know	NA	39.0	36.7	31.7

Note. NA = not asked

Table 37

Perceived availability of alcohol, tobacco, marijuana, and guns

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
If you wanted to, how easy would it be for you to get:				
Beer, wine, wine coolers, or hard liquor				
Very easy	10.5	29.1	46.8	60.6
Sort of easy	10.5	24.1	30.4	26.8
Sort of hard	17.9	20.0	13.6	7.1
Very hard	61.1	26.9	9.2	5.5
Cigarettes				
Very easy	14.4	37.2	64.5	79.9
Sort of easy	10.7	19.3	18.9	12.1
Sort of hard	16.0	16.9	8.3	4.1
Very hard	58.9	26.6	8.3	3.9
Marijuana				
Very easy	4.7	19.4	47.2	58.5
Sort of easy	3.8	13.8	21.4	23.8
Sort of hard	6.7	16.2	13.7	9.2
Very hard	84.8	50.6	17.7	8.6
A drug like cocaine, heroin, LSD, or amphetamines				
Very easy	3.5	8.4	17.9	25.2
Sort of easy	2.0	8.5	17.3	21.3
Sort of hard	4.9	15.3	24.1	24.0
Very hard	89.5	67.8	40.7	29.4
A gun				
Very easy	7.2	10.6	14.8	15.9
Sort of easy	5.0	9.9	15.4	19.0
Sort of hard	9.7	17.7	26.1	28.9
Very hard	78.1	61.8	43.7	36.1

Table 38

Perception of neighborhood environment

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
There are a lot of things for young people to do in my neighborhood.				
Definitely not true	12.5	24.7	41.0	52.1
Mostly not true	16.2	26.3	30.3	30.8
Mostly true	37.5	32.5	21.5	13.3
Definitely true	33.9	16.5	7.2	3.8
You've got to be tough to get along in my neighborhood.				
Definitely not true	55.9	52.4	57.6	60.0
Mostly not true	22.5	28.4	29.4	28.3
Mostly true	11.9	11.3	8.4	9.0
Definitely true	9.6	8.0	4.6	2.7
There are a lot of gangs in my neighborhood.				
Definitely not true	73.2	70.3	71.6	70.3
Mostly not true	14.6	17.2	18.0	18.3
Mostly true	6.0	6.8	6.7	7.5
Definitely true	6.2	5.7	3.8	3.8
My neighborhood is a safe place.				
Definitely not true	8.0	8.8	7.3	6.6
Mostly not true	10.8	11.4	11.7	12.6
Mostly true	33.0	40.8	41.7	43.1
Definitely true	48.1	39.0	39.3	37.6
People in my neighborhood look out for one another.				
Definitely not true	9.0	12.8	14.2	15.4
Mostly not true	13.7	21.7	24.3	29.2
Mostly true	40.8	41.4	43.9	41.2
Definitely true	36.5	24.2	17.6	14.2
It's hard to stay out of trouble growing up in my neighborhood.				
Definitely not true	59.0	55.7	53.5	56.6
Mostly not true	18.3	25.9	28.8	28.0
Mostly true	11.6	10.3	12.1	9.9
Definitely true	36.5	8.1	5.7	5.5

Table 38 (Continued)

Perception of neighborhood environment

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
A lot of people in my neighborhood carry a knife, gun, or other weapon.				
Definitely not true	66.0	57.0	53.4	56.1
Mostly not true	18.0	25.3	29.8	27.2
Mostly true	8.8	10.2	11.0	10.9
Definitely true	7.2	7.5	5.9	5.7
People in my neighborhood do other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others.				
Definitely not true	60.9	50.4	45.4	45.5
Mostly not true	17.7	23.9	29.2	29.0
Mostly true	10.4	13.2	15.1	16.4
Definitely true	11.1	12.5	10.3	9.2

Table 39**Perceived Community Drug Use**

Question and responses	Grade			
	5-6	7-8	9-10	11-12
	%	%	%	%
A lot of drugs are sold in my neighborhood.				
Definitely not true	73.2	60.1	47.0	44.1
Mostly not true	13.1	21.0	27.4	28.6
Mostly true	6.6	10.5	12.6	15.1
Definitely true	7.1	8.4	13.0	12.2
A lot of people use drugs in my neighborhood.				
Definitely not true	60.6	49.4	38.0	33.2
Mostly not true	23.2	29.2	33.6	35.0
Mostly true	9.5	12.5	17.0	20.2
Definitely true	6.7	9.0	11.4	11.6
A lot of kids I know in my neighborhood are into using marijuana and other drugs.				
Definitely not true	76.8	52.4	31.9	24.9
Mostly not true	11.4	22.1	26.5	28.2
Mostly true	5.0	13.4	24.0	25.7
Definitely true	6.9	12.1	17.6	21.2
People in my neighborhood are trying to keep kids off drugs.				
Definitely not true	11.0	14.5	18.2	19.0
Mostly not true	11.8	21.3	27.6	30.6
Mostly true	28.1	34.0	36.0	35.0
Definitely true	49.1	30.1	18.2	15.4