

# **Sarasota County High Schools Youth Survey Report**



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# Executive Summary

This report describes the administration and findings for the *Communities That Care*<sup>®</sup> *Youth Survey*. The survey was sponsored by the School Board of Sarasota County, Florida. The Channing Bete Company, Inc., prepared this report.

Based on the work of Dr. J. David Hawkins and Dr. Richard F. Catalano, the *Communities That Care*<sup>®</sup> *Youth Survey* is an extremely useful tool in identifying **risk factors** related to problem behaviors such as alcohol, tobacco and other drug use—and in identifying **protective factors** that help guard against those behaviors. (For a more detailed discussion, see the “Risk and Protective Factors” section of this report.) In addition to measuring risk and protective factors, the *Communities That Care*<sup>®</sup> *Youth Survey* also measures the actual prevalence of drug use, violence and other antisocial behaviors among surveyed students. The survey, its uses and its ongoing development have been described in two recent articles (Pollard, Hawkins and Arthur, 1999; Arthur, Hawkins, Pollard, Catalano and Baglioni, 2001).

By administering the *Communities That Care*<sup>®</sup> *Youth Survey*, the Sarasota County High Schools will be able to assess the risk and protective factors its young people face. It also can relate those risk and protective factors to actual alcohol, tobacco and other drug use rates. This will make it easier to identify the risk and protective factors most in need of attention in the effort to prevent adolescent drug use and other problem behaviors. Taken as a whole, this information will be used to help guide prevention efforts and to help address existing problems.

A sample of the students in grades 9 and 11 in the Sarasota County High Schools participated in the survey. Of the 4,674 students in those grades, 1,748 participated. The survey data were collected in January 2003.

# Key Survey Results

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## Strengths to Build On

- Overall, low rates of **methamphetamine, heroin** and **other club drug** use were reported by surveyed students in the Sarasota County High Schools.
- Surveyed students in the Sarasota County High Schools reported low levels of participation in the following antisocial behaviors: **attempting to steal a vehicle** and **taking a handgun to school**.
- Analyzing the **risk factor profile** as a whole, surveyed students in the Sarasota County High Schools have a high level of awareness of the risks of drug use.
- Regarding the **protective factor profile** as a whole, surveyed students in the Sarasota County High Schools reported a motivation to follow society's standards and expectations.

## Opportunities for Improvement

- Nearly three quarters (71.6%) of the Sarasota County High Schools' surveyed students have used **alcohol** in their lifetimes, and nearly one half (46.4%) have reported using alcohol in the past 30 days. Reported past-30-day use ranged from 41.0% for 9<sup>th</sup> graders to 53.3% for 11<sup>th</sup> graders.
- Nearly one half (46.2%) of surveyed students in these high schools have used **cigarettes** in their lifetimes.
- Overall, 16.4% of surveyed youth in the Sarasota County High Schools reported having **attacked someone with intent to harm** at least once during the past year. This rate peaks at 18.1% in the 9<sup>th</sup> grade.
- Overall, 18.1% of surveyed students in the Sarasota County High Schools reported **being drunk or high at school** during the past year. This rate peaks at 18.6% in the 11<sup>th</sup> grade.
- Several **risk factor scale scores** for surveyed students in the Sarasota County High Schools raise concern when compared with both the national findings and a "matched comparison" group (other young people similar in age, sex and ethnic background). These include *Personal Transitions and Mobility*, *Laws and Norms Favorable to Drug Use and Firearms* and *Poor Family Discipline*.

These key findings show that drug use and other problem behaviors in the Sarasota County High Schools present a complex picture. While some findings compare favorably to national data, young people in the Sarasota County High Schools are using alcohol and some other drugs at rates that cause concern and may have serious consequences.

Further analysis of the data will help to understand the risk and protective factors that work for—and against—drug use among the Sarasota County High Schools’ young people. Survey data can be used for prevention, intervention and treatment planning. For example, the high rates of alcohol use among the Sarasota County High Schools’ students signal a need to focus treatment and prevention efforts in this area. Likewise, prevention programs will need to address risk factors that are high and protective factors that are low.

# The Survey

The *Communities That Care*<sup>®</sup> *Youth Survey* was developed to provide scientifically sound information to communities. It measures a variety of risk and protective factors by using groups of survey items, which are called “scales” (see Appendix C). Please note that some of the risk factors are measured with more than one scale.

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

- the prevalence and frequency of drug use
- the prevalence and frequency of antisocial behaviors
- the degree to which risk and protective factors exist that can predict ATOD (alcohol, tobacco and other drug) use, delinquency, gang involvement and other problem behaviors in adolescents.

This survey instrument became the *Communities That Care*<sup>®</sup> *Youth Survey*. The original research involved data collection in five states: Kansas, Maine, Oregon, South Carolina and Washington. One other state, Utah, participated in the project. However, Utah school survey data were not collected in the same manner as in the other states. Over 72,000 students participated in these statewide surveys, and analysis of the collected data contributed to the development of the *Communities That Care*<sup>®</sup> *Youth Survey*.

## Survey Administration

The survey was administered in the classroom and required approximately one class period to complete. Each teacher received an appropriate number of surveys and survey collection envelopes. The teachers reviewed the instructions with their students and asked the students to complete the survey. The instructions informed the students that there were no right or wrong answers. The instructions also explained the proper way to mark the answers.

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

Permission for students to participate in the survey was obtained through an active consent procedure. This means that the parents of each student received a letter explaining the survey. The letter also required that the parents sign a form indicating that they grant permission for their child to participate. Surveys were only administered to students with signed permission forms. In contrast, it is common for surveys to use a passive consent procedure. This means that the parents of each student are asked to sign and return a form only if they refuse to allow their child to participate. Otherwise, permission is considered to be granted.

Compared to passive consent, active consent can impact survey participation in a number of ways:

- (1) The request for formal permission may heighten concerns parents have with the content of the survey. As a result, parents may be less likely to grant permission for participation in an active consent survey compared to an identical passive consent survey.
- (2) Parents with no opposition to their children participating in the survey may simply forget to sign and return the approval form.
- (3) Even if parents are ready to grant permission for survey participation, the approval form might not make it to and from the home. If the student is responsible for carrying the forms, the permission slip may get lost, either intentionally or unintentionally, in the jumble of notifications and information sheets students are routinely asked to deliver to their parents. If consent forms are delivered through the mail, families with new addresses may not receive the permission form in time.

Any of these effects can reduce the survey participation rate, which, in turn, reduces the precision of the statistical estimates. Of greater concern, however, is the possibility that active consent could result in participation bias. In other words, certain kinds of students may be less likely to participate in the study when active consent is used. For example, parents who suspect that their children are involved in delinquent behavior may refuse to grant permission. Alternatively, some parents may deny permission because they believe that exposure to materials discussing alcohol, tobacco and other drug use may be harmful to their children. In either case, the sample would yield population estimates that differ from those that would be obtained through passive consent. For this reason, caution should be exercised when analyzing findings compiled from active consent surveys.

## **Survey Validation**

Three strategies were used to assess the validity of the surveys. The first two strategies eliminated the surveys of students who appeared to exaggerate their drug use. The third strategy eliminated the surveys of students who repeatedly reported logically inconsistent patterns of drug use.

- In the first strategy, surveys from students who reported daily use of at least four of the following drugs—inhalants, cocaine, prescription drugs, LSD or other psychedelics, Ecstasy, methamphetamine, Rohypnol<sup>®</sup> and heroin—were eliminated from the survey data set. This strategy removes the survey of any student who did not take it seriously. The presence of this type of exaggeration is one of the clearest indicators of nonvalid surveys.
- In the second strategy, students were asked whether they had used a fictitious drug, Derbisol, in the past 30 days or in their lifetimes. If students reported any use of Derbisol, their surveys were not included in the analysis of the findings.
- The third strategy was used to detect logical inconsistencies among responses to the drug-related questions. Students were identified as inconsistent responders in the following circumstances only: (1) if they were inconsistent on two or more of the following drugs: alcohol, cigarettes, smokeless tobacco and marijuana/hashish; or (2) if they were inconsistent on two or more of the remaining drugs. An example of an inconsistent response would be if a student reported that he or she had used alcohol three to five times in the past 30 days but had never used alcohol in his or her lifetime.

All but 80 surveyed students (4.6%) in these high schools completed valid surveys. Of the 80 surveys identified and eliminated by one or more of the three strategies described above, 28 exaggerated drug use (strategy 1), 67 reported the use of Derbisol (strategy 2) and 30 responded in a logically inconsistent way (strategy 3). The elimination total produced by these three strategies equals more than 80 because some surveys were identified by more than one strategy.

## **Demographic Profile of Surveyed Youth**

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

In this report, results are often presented for each grade level, sex and ethnicity.

Among surveyed students in the Sarasota County High Schools, a higher percentage of the respondents were female (53.5% compared to 45.4% male). Table 1 also shows the ethnic breakdown of the surveyed population. A majority of students identified themselves as White (76.4%). The largest minority population is African American (8.1%), followed by Latino (6.2%), Asian (2.2%) and American Indian (0.6%). Note that while the “Other/Multiple” category listed on all tables includes students who selected “Other” as their primary ethnicity, this category also includes those students who selected multiple ethnicities. Therefore, for

example, students who reported both African American and Latino ethnicity were classified in the “Other/Multiple” category for the purposes of this report.

Table 2 shows the selected characteristics of the home lives of surveyed youth. These attributes include the primary language spoken at home, the “urbanicity” of primary residence (defined as the degree of population density in a student’s neighborhood) and the average number of adults living in the household. Again, the results are broken down by grade, sex and ethnicity. The primary language spoken at home refers to the primary language the student speaks at home (rather than what the parents speak at home). The “Urbanicity of Primary Residence” category includes: “city, town, suburb”; “country”; “farm.” The average number of adults living in the household includes the parents and all other adults living there, whether they are relatives or not.

Overall, it appears that a vast majority of surveyed students in the Sarasota County High Schools speak English at home (91.5%) and live in a “city, town, suburb” (90.2%). However, 70.5% of surveyed Latino students primarily speak Spanish at home. Furthermore, the average number of adults living in the households of the surveyed students in these high schools is 2.0.

**Table 1**  
*Selected Demographic Characteristics of Surveyed Youth*

**Sarasota County High Schools**

	<b>Number of Students</b>	<b>Percent of Students</b>
Overall Valid Surveys	1,668	100.0%
<b>Grade</b>		
9th	932	55.9%
11th	729	43.7%
Did Not Respond	7	0.4%
<b>Sex</b>		
Male	757	45.4%
Female	892	53.5%
Did Not Respond	19	1.1%
<b>Ethnicity</b>		
White	1,274	76.4%
African American	135	8.1%
Latino	103	6.2%
American Indian	10	0.6%
Asian	37	2.2%
Other/Multiple	91	5.5%
Did Not Respond	18	1.1%

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

Table 2

*Selected Characteristics of the Home Life of Surveyed Youth, by Grade, Sex and Ethnicity***Sarasota County High Schools**

	<i>Primary Language Spoken at Home</i>			<i>Urbanicity of Primary Residence</i>			<i>Average Number of Adults Living in Household</i>
	<b>English %</b>	<b>Spanish %</b>	<b>Other %</b>	<b>City, town, suburb %</b>	<b>Country %</b>	<b>Farm %</b>	
Overall	91.5	4.4	4.1	90.2	6.8	3.0	2.0
Grade							
9th	92.6	3.8	3.6	89.2	7.3	3.5	2.0
11th	90.3	5.1	4.7	91.4	6.2	2.4	1.9
Sex							
Male	90.4	4.4	5.1	89.6	6.6	3.8	2.0
Female	92.4	4.3	3.2	90.7	7.0	2.3	2.0
Ethnicity							
White	97.0	0.2	2.9	90.2	6.8	2.9	2.0
African American	97.0	0.0	3.0	85.4	9.7	4.9	1.9
Latino	27.4	70.5	2.1	92.2	5.6	2.2	2.0
American Indian	66.7	11.1	22.2	88.9	11.1	0.0	3.2
Asian	64.9	0.0	35.1	97.0	3.0	0.0	2.1
Other/Multiple	86.7	1.2	12.0	92.3	3.8	3.8	2.0

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

# Drug Use

Drug use is measured by a set of over 30 survey questions on the *Communities That Care*<sup>®</sup> *Youth Survey*. (Results for prescription drug use are not reported because this item is still under investigation.) The questions are generally the same as those used in the *Monitoring the Future* study, an annual study of drug use by middle and high school students. Consequently, national data as well as data from other similar surveys can be easily and accurately compared to data from the *Communities That Care*<sup>®</sup> *Youth Survey*. The *Monitoring the Future* survey is conducted annually by the Survey Research Center of the Institute for Social Research at the University of Michigan (see [www.monitoringthefuture.org](http://www.monitoringthefuture.org)). For a review of the methodology of this study, please see Johnston, O'Malley and Bachman (1999, 2000). The *Monitoring the Future* survey project provides national prevalence-of-use information for alcohol, tobacco and other drugs from a representative sample of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders. For many years the *Monitoring the Future* survey has served as the primary reference for determining the prevalence of alcohol, tobacco and other drug use among adolescents in the United States.

Tables 3 to 20 and Graphs 3 to 6 show the use of ATODs (alcohol, tobacco and other drugs) by surveyed students in the Sarasota County High Schools. There are two distinct types of tables that are used to depict student involvement. First, prevalence-of-use tables are used to illustrate the percentages of students who reported using a drug. These results are presented for two periods: lifetime (whether the student has ever used the drug) and past 30 days (whether the student has used the drug within the last month). Table 5 is an example of a prevalence-of-use table for alcohol. Next, frequency-of-use tables are used to illustrate the number of occasions that students reported using a specific drug. Table 6 is an example of a frequency-of-use table. For those who reported using the drug within the past 30 days, frequency-of-use tables show the number of occasions that they reported using it. Additionally, an "Average Number of Occasions" is calculated, which indicates the average number of occasions that a particular group reported using a specific drug. Please note that when fewer than 5% of students indicate participating in a behavior, this average is unreliable. A frequency-of-use table is generated for the most commonly used drugs: alcohol, tobacco, marijuana and inhalants.

Comparing and contrasting findings from a community- or school-district-level survey to relevant data from county, state or national surveys provides a valuable perspective on the local data. In this report, data for alcohol, tobacco and other drug involvement collected from 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade participants in the national *Monitoring the Future* study and from surveyed 9<sup>th</sup> and 11<sup>th</sup> graders in the Sarasota County High Schools are presented in Tables 3 and 4. Since 9<sup>th</sup> and 11<sup>th</sup> graders do not participate in the *Monitoring the Future* survey, the data collected from surveyed 9<sup>th</sup> and 11<sup>th</sup> graders in the Sarasota County High Schools cannot be compared to the national study. Therefore, Graphs 1 and 2 are not included in this report, since they illustrate grade-by-grade comparisons of drug use between surveyed groups. The category "other club

drugs” in this report includes Rohypnol<sup>®</sup>, GHB and ketamine. Data are collected on these drugs for the *Monitoring the Future* study. However, they are not reported as a single category and can’t be compared directly with the results in this report.

Table 3

*Lifetime Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the “Monitoring the Future” Study*

	Sarasota County High Schools							Monitoring the Future <sup>1</sup>						
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	6th %	7th %	8th %	9th %	10th %	11th %	12th %
Alcohol	--	--	--	65.7	--	79.0	--	--	--	50.5	--	70.1	--	79.7
Cigarettes	--	--	--	42.7	--	50.6	--	--	--	36.6	--	52.8	--	61.0
Smokeless Tobacco	--	--	--	11.5	--	15.6	--	--	--	11.7	--	19.5	--	19.7
Marijuana	--	--	--	30.3	--	42.9	--	--	--	20.4	--	40.1	--	49.0
Inhalants	--	--	--	14.4	--	8.7	--	--	--	17.1	--	15.2	--	13.0
Ecstasy	--	--	--	6.4	--	9.3	--	--	--	5.2	--	8.0	--	11.7
Other Club Drugs	--	--	--	1.9	--	1.8	--	--	--	--	--	--	--	--
Methamphetamine	--	--	--	2.5	--	2.9	--	--	--	4.4	--	6.4	--	6.9
Cocaine	--	--	--	5.2	--	7.3	--	--	--	4.3	--	5.7	--	8.2
LSD/Psychedelics	--	--	--	5.7	--	7.1	--	--	--	4.0	--	7.8	--	12.8
Heroin	--	--	--	1.7	--	2.1	--	--	--	1.7	--	1.7	--	1.8

Note: The symbol "--" indicates that data are not available because students were not surveyed or the drug was not included in the survey.

<sup>1</sup> Johnston, O'Malley, and Bachman (2002).

Table 4

*Past-30-Day Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the “Monitoring the Future” Study*

	Sarasota County High Schools							Monitoring the Future <sup>1</sup>						
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	6th %	7th %	8th %	9th %	10th %	11th %	12th %
Alcohol	--	--	--	41.0	--	53.3	--	--	--	21.5	--	39.0	--	49.8
Binge Drinking	--	--	--	24.1	--	31.0	--	--	--	13.2	--	24.9	--	29.7
Cigarettes	--	--	--	16.8	--	15.3	--	--	--	12.2	--	21.3	--	29.5
Smokeless Tobacco	--	--	--	4.2	--	6.2	--	--	--	4.0	--	6.9	--	7.8
Marijuana	--	--	--	17.5	--	23.1	--	--	--	9.2	--	19.8	--	22.4
Inhalants	--	--	--	3.3	--	1.8	--	--	--	4.0	--	2.4	--	1.7
Ecstasy	--	--	--	1.6	--	1.9	--	--	--	1.8	--	2.6	--	2.8
Other Club Drugs	--	--	--	0.8	--	0.4	--	--	--	--	--	--	--	--
Methamphetamine	--	--	--	0.9	--	0.6	--	--	--	1.3	--	1.5	--	1.5
Cocaine	--	--	--	2.3	--	1.8	--	--	--	1.2	--	1.3	--	2.1
LSD/Psychedelics	--	--	--	2.4	--	1.1	--	--	--	1.2	--	2.1	--	3.2
Heroin	--	--	--	1.0	--	0.8	--	--	--	0.6	--	0.3	--	0.4

Note: Binge drinking is defined as five or more drinks in a row in the past two weeks. The symbol “--” indicates that data are not available because students were not surveyed or the drug was not included in the survey.

<sup>1</sup> Johnston, O’Malley, and Bachman (2002).

## Alcohol

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Alcohol, including beer, wine and hard liquor, is the drug used most often by adolescents today. Longitudinal findings from the *Monitoring the Future* study highlight the pervasiveness of alcohol in middle and high schools today. In 2001, the percentages of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders who reported using alcohol in the past month were 21.5%, 39.0% and 49.8%, respectively. For all three of these grade levels, these rates held steady throughout the 1990s. Given the national trend, it is not surprising that alcohol is the most used drug among surveyed students in the Sarasota County High Schools. Table 5 presents the lifetime and past-30-day prevalence-of-use findings for these high schools.

The lifetime prevalence-of-use rate for alcohol is a good measure of student experimentation. Of the surveyed students in the Sarasota County High Schools, 71.6% have used alcohol at some time in their lifetimes (see Table 5). Lifetime prevalence of alcohol use ranges from a low of 65.7% for 9<sup>th</sup> graders to a high of 79.0% for 11<sup>th</sup> graders. The findings from the *Monitoring the Future* study (see Table 3) indicate a national lifetime prevalence of alcohol use that ranges from a low of 50.5% for 8<sup>th</sup> graders to a high of 79.7% for 12<sup>th</sup> graders (again, please note that there are no comparison data available from *Monitoring the Future* for the 9<sup>th</sup> and 11<sup>th</sup> grades).

The past-30-day prevalence-of-use rate is a good measure of current use of alcohol. Nearly one half (46.4%) of the students surveyed in the Sarasota County High Schools reported using alcohol in the past 30 days. The past-30-day prevalence of alcohol use ranges from a low of 41.0% for 9<sup>th</sup> graders to a high of 53.3% for 11<sup>th</sup> graders.

The frequency of alcohol use is presented in Table 6. This table shows the percentage of students who reported using alcohol in the past 30 days as well as the number of times that they reported using it. For instance, 7.7% of the 11<sup>th</sup> graders indicated that they had used alcohol from 6 to 9 times in the past month. Table 6 also shows the average frequency of alcohol use for those students who reported at least one use. Among users during the past month, 9<sup>th</sup> graders used alcohol an average of 5.6 times, while 11<sup>th</sup> graders used it an average of 5.7 times.

Findings on binge drinking (defined as a report of five or more drinks in a row within the past two weeks) are likely to be among the most important related to alcohol use (Johnston et al., 1999). Binge drinking should be considered extremely dangerous. Several studies have shown that binge drinking is related to higher probabilities of drinking and driving as well as injury due to intoxication. As with alcohol use in general, binge drinking tends to become more pervasive as students grow older. As shown in Table 7, 27.2% of the students in these high schools reported at least one episode of binge drinking in the past two weeks, while 31.0% of 11<sup>th</sup> graders reported at least one episode.

Often, there are differences between the sexes regarding the findings on alcohol use. This is not the case for surveyed students in these high schools. Surveyed male and female students in the Sarasota County High Schools reported similar percentages of lifetime alcohol use (71.0% for boys and 72.3% for girls), and involvement in binge drinking (26.9% and 27.3%, respectively).

**Table 5**  
*Lifetime and Past-30-Day Prevalence of Alcohol Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,653	71.6%	1,658	46.4%
<b>Grade</b>				
9th	923	65.7%	927	41.0%
11th	723	79.0%	724	53.3%
<b>Sex</b>				
Male	749	71.0%	751	45.4%
Female	885	72.3%	888	47.6%
<b>Ethnicity</b>				
White	1,261	72.4%	1,265	48.2%
African American	134	65.7%	135	31.9%
Latino	103	68.0%	103	47.6%
American Indian	*	*	*	*
Asian	37	64.9%	37	45.9%
Other/Multiple	91	72.5%	91	44.0%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

**Table 6**

*Frequency of Alcohol Use During the Past 30 Days, by Selected Demographic Characteristics*

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	53.6	46.4	23.5	11.5	5.4	3.6	1.0	1.5	5.7
Grade									
9th	59.0	41.0	21.9	10.0	3.6	3.0	1.3	1.2	5.6
11th	46.7	53.3	25.6	13.3	7.7	4.4	0.6	1.8	5.7
Sex									
Male	54.6	45.4	22.9	9.9	6.0	3.3	1.3	2.0	6.3
Female	52.4	47.6	24.3	12.8	4.8	3.9	0.7	1.0	5.1
Ethnicity									
White	51.8	48.2	24.0	12.3	5.5	3.8	1.2	1.5	5.7
African American	68.1	31.9	20.0	5.9	5.2	0.0	0.0	0.7	3.8
Latino	52.4	47.6	21.4	13.6	5.8	4.9	1.0	1.0	5.6
American Indian	*	*	*	*	*	*	*	*	*
Asian	54.1	45.9	24.3	13.5	2.7	5.4	0.0	0.0	4.1
Other/Multiple	56.0	44.0	28.6	5.5	4.4	2.2	0.0	3.3	6.0

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported use during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 7

*Frequency of Binge Drinking During the Past Two Weeks, by Selected Demographic Characteristics*

	<i>Prevalence</i>		<i>Number of Occasions</i>					<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1 %</i>	<i>2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10+ %</i>	
Overall	72.8	27.2	11.9	6.6	5.6	1.5	1.5	2.7
Grade								
9th	75.9	24.1	10.1	6.1	4.9	1.2	1.7	2.8
11th	69.0	31.0	14.2	7.2	6.6	1.8	1.1	2.6
Sex								
Male	73.1	26.9	11.1	7.1	4.9	2.0	1.9	2.9
Female	72.7	27.3	12.7	6.3	6.3	0.9	1.1	2.5
Ethnicity								
White	71.7	28.3	12.6	6.9	6.0	1.6	1.2	2.6
African American	82.2	17.8	8.1	6.7	0.7	0.7	1.5	2.5
Latino	69.9	30.1	14.6	5.8	5.8	1.9	1.9	2.8
American Indian	*	*	*	*	*	*	*	*
Asian	70.3	29.7	13.5	2.7	8.1	0.0	5.4	3.5
Other/Multiple	81.6	18.4	5.7	2.3	6.9	0.0	3.4	3.9

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The five “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported binge drinking during the past two weeks and includes only those who indicated at least one occasion of bingeing. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

## **Tobacco**

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After alcohol, tobacco (including cigarettes and smokeless tobacco) is the most commonly used drug among adolescents. Nationally, tobacco use (including both cigarettes and smokeless tobacco) has been slowly declining over the past five years (Johnston et al., 2001). Table 8 presents the lifetime and past-30-day prevalence-of-use findings for the Sarasota County High Schools.

Overall, 46.2% of surveyed students in the Sarasota County High Schools have used cigarettes at some time in their lifetimes and 16.1% reported using cigarettes in the past 30 days.

Lifetime prevalence of cigarette use for students in these high schools ranges from a low of 42.7% in the 9<sup>th</sup> grade to a high of 50.6% in the 11<sup>th</sup> grade.

For past-30-day use of cigarettes, the rates range from a low of 15.3% in the 11<sup>th</sup> grade to a high of 16.8% in the 9<sup>th</sup> grade.

The frequency of cigarette use in the past 30 days is presented in Table 9. This table also shows the past-30-day prevalence-of-use rate. Among surveyed students who smoke cigarettes, 11<sup>th</sup> graders reported an average of 5.3 cigarettes smoked daily and surveyed 9<sup>th</sup> graders reported an average of 5.4 cigarettes smoked daily.

Comparing findings for cigarette use between the sexes reveals some variation. Specifically, slightly higher percentages of female than male students in the Sarasota County High Schools reported using cigarettes in their lifetimes (47.6% of girls versus 44.6% of boys) and in the past 30 days (18.0% versus 13.9%, respectively).

Compared to cigarette use, surveyed students in the Sarasota County High Schools overall reported notably lower lifetime use of smokeless tobacco (13.4% for smokeless tobacco, 46.2% for cigarettes—see Tables 8 and 10).

**Table 8**  
*Lifetime and Past-30-Day Prevalence of Cigarette Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,659	46.2%	1,661	16.1%
<b>Grade</b>				
9th	927	42.7%	927	16.8%
11th	725	50.6%	727	15.3%
<b>Sex</b>				
Male	753	44.6%	754	13.9%
Female	887	47.6%	888	18.0%
<b>Ethnicity</b>				
White	1,266	47.6%	1,268	17.2%
African American	135	34.1%	135	8.9%
Latino	103	50.5%	103	13.6%
American Indian	*	*	*	*
Asian	37	29.7%	37	5.4%
Other/Multiple	90	45.6%	90	17.8%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 9

*Frequency of Cigarette Use During the Past 30 Days, by Selected Demographic Characteristics*

	<i>Prevalence</i>		<i>Reported Daily Frequency of Cigarette Use</i>						<i>Average Number of Cigarettes Daily</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>&lt; 1 %</i>	<i>1-5 %</i>	<i>10 %</i>	<i>20 %</i>	<i>30 %</i>	<i>40+ %</i>	
Overall	83.9	16.1	7.6	4.6	1.9	1.1	0.7	0.1	5.4
Grade									
9th	83.2	16.8	7.8	5.5	1.5	0.9	1.0	0.2	5.4
11th	84.7	15.3	7.4	3.4	2.5	1.5	0.4	0.0	5.3
Sex									
Male	86.1	13.9	7.6	4.1	1.1	0.8	0.4	0.0	3.9
Female	82.0	18.0	7.8	5.0	2.6	1.5	1.0	0.2	6.3
Ethnicity									
White	82.8	17.2	7.8	4.9	2.4	1.2	0.9	0.1	5.5
African American	91.1	8.9	5.9	2.2	0.0	0.0	0.0	0.7	4.4
Latino	86.4	13.6	9.7	2.9	0.0	0.0	1.0	0.0	3.1
American Indian	*	*	*	*	*	*	*	*	*
Asian	94.6	5.4	2.7	2.7	0.0	0.0	0.0	0.0	1.8
Other/Multiple	82.2	17.8	6.7	6.7	1.1	3.3	0.0	0.0	5.7

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six “Reported Daily Frequency” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Cigarettes Daily” column shows the average number of times per day that a group reported use during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 10

*Lifetime and Past-30-Day Prevalence of Smokeless Tobacco Use, by Selected Demographic Characteristics*

	Lifetime		30-Day	
	N	%	N	%
Overall	1,661	13.4%	1,656	5.1%
<b>Grade</b>				
9th	928	11.5%	926	4.2%
11th	726	15.6%	724	6.2%
<b>Sex</b>				
Male	754	20.4%	752	8.1%
Female	888	7.3%	887	2.6%
<b>Ethnicity</b>				
White	1,268	14.3%	1,266	5.1%
African American	135	8.9%	134	3.7%
Latino	103	8.7%	102	5.9%
American Indian	*	*	*	*
Asian	37	10.8%	37	5.4%
Other/Multiple	90	12.2%	90	6.7%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

## ***Marijuana***

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During the 1990s, there were major changes in trends of marijuana use throughout the United States. After a dramatic increase in the early 1990s—when rates for 8<sup>th</sup> and 10<sup>th</sup> graders doubled or nearly doubled—the lifetime and past-30-day prevalence-of-use rates stabilized (Johnston et al., 2001). In 2001, the national past-30-day prevalence-of-use rates were 9.2%, 19.8% and 22.4%, for the 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades, respectively (Johnston et al., 2001). These rates have remained stable for the last five years.

Overall, 35.9% of surveyed students in the Sarasota County High Schools have used marijuana at some time in their lifetimes and 19.9% reported using marijuana in the past 30 days.

Lifetime prevalence of marijuana use for students in these high schools ranges from a low of 30.3% in the 9<sup>th</sup> grade to a high of 42.9% in the 11<sup>th</sup> grade (see Table 11).

In these high schools, 17.5% of surveyed 9<sup>th</sup> graders and 23.1% of surveyed 11<sup>th</sup> graders reported past-30-day marijuana use.

Comparing findings for marijuana use between the sexes reveals some variation. Specifically, slightly higher percentages of surveyed male than female students in the Sarasota County High Schools reported using marijuana in their lifetimes (37.5% of boys versus 34.5% of girls) and in the past 30 days (21.4% versus 18.8%, respectively).

Table 12 presents the frequency of marijuana use in the past 30 days. Frequency of use for marijuana has a tendency to increase substantially as students progress in school. This is not the case for surveyed students in these high schools. Specifically, the average number of uses during the past month among students who reported marijuana use increases from 10.4 times in the 11<sup>th</sup> grade to 12.5 times in the 9<sup>th</sup> grade.

**Table 11**  
*Lifetime and Past-30-Day Prevalence of Marijuana Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,654	35.9%	1,652	19.9%
<b>Grade</b>				
9th	922	30.3%	922	17.5%
11th	725	42.9%	723	23.1%
<b>Sex</b>				
Male	751	37.5%	751	21.4%
Female	885	34.5%	883	18.8%
<b>Ethnicity</b>				
White	1,264	37.0%	1,262	20.7%
African American	134	31.3%	133	15.0%
Latino	103	30.1%	103	19.4%
American Indian	*	*	*	*
Asian	37	24.3%	37	13.5%
Other/Multiple	88	36.4%	89	18.0%

Note: “N” represents the number of responses for a given survey item, and “%” represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 12

*Frequency of Marijuana Use During the Past 30 Days, by Selected Demographic Characteristics*

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	80.1	19.9	7.8	3.8	1.7	2.5	1.5	2.7	11.4
Grade									
9th	82.5	17.5	6.5	3.4	1.6	1.7	1.1	3.1	12.5
11th	76.9	23.1	9.5	4.1	1.8	3.5	1.9	2.2	10.4
Sex									
Male	78.6	21.4	7.5	2.9	1.7	3.6	2.0	3.7	13.8
Female	81.2	18.8	8.3	4.3	1.7	1.6	1.0	1.9	9.2
Ethnicity									
White	79.3	20.7	8.2	3.7	2.0	2.4	1.4	3.0	11.6
African American	85.0	15.0	6.8	2.3	0.8	3.0	0.8	1.5	10.0
Latino	80.6	19.4	4.9	7.8	1.0	2.9	1.0	1.9	10.0
American Indian	*	*	*	*	*	*	*	*	*
Asian	86.5	13.5	5.4	2.7	0.0	2.7	0.0	2.7	12.3
Other/Multiple	82.0	18.0	9.0	1.1	0.0	2.2	3.4	2.2	13.3

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported use during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

## ***Inhalants***

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

Overall, 11.9% of surveyed students in the Sarasota County High Schools have used inhalants at some time in their lifetimes and 2.6% reported using inhalants in the past 30 days (see Table 13).

Inhalant use typically peaks in middle school years and decreases throughout high school. This can be seen in the lifetime and past-30-day prevalence-of-use data from the *Monitoring the Future* study (see Tables 3 and 4). In the Sarasota County High Schools, lifetime and past-30-day prevalence of inhalant use are highest among surveyed 9<sup>th</sup> graders.

Comparing findings for inhalant use between the sexes in the Sarasota County High Schools reveals little variation. Specifically, 12.0% of surveyed male students and 12.0% of surveyed female students reported lifetime inhalant use. Similar percentages of surveyed male and female students reported using inhalants in the past 30 days (2.7% and 2.6%, respectively).

**Table 13**  
*Lifetime and Past-30-Day Prevalence of Inhalant Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,653	11.9%	1,653	2.6%
<b>Grade</b>				
9th	924	14.4%	923	3.3%
11th	722	8.7%	724	1.8%
<b>Sex</b>				
Male	750	12.0%	752	2.7%
Female	885	12.0%	883	2.6%
<b>Ethnicity</b>				
White	1,263	11.9%	1,262	2.7%
African American	135	8.1%	134	2.2%
Latino	103	7.8%	103	1.9%
American Indian	*	*	*	*
Asian	37	8.1%	37	2.7%
Other/Multiple	88	21.6%	89	1.1%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 14

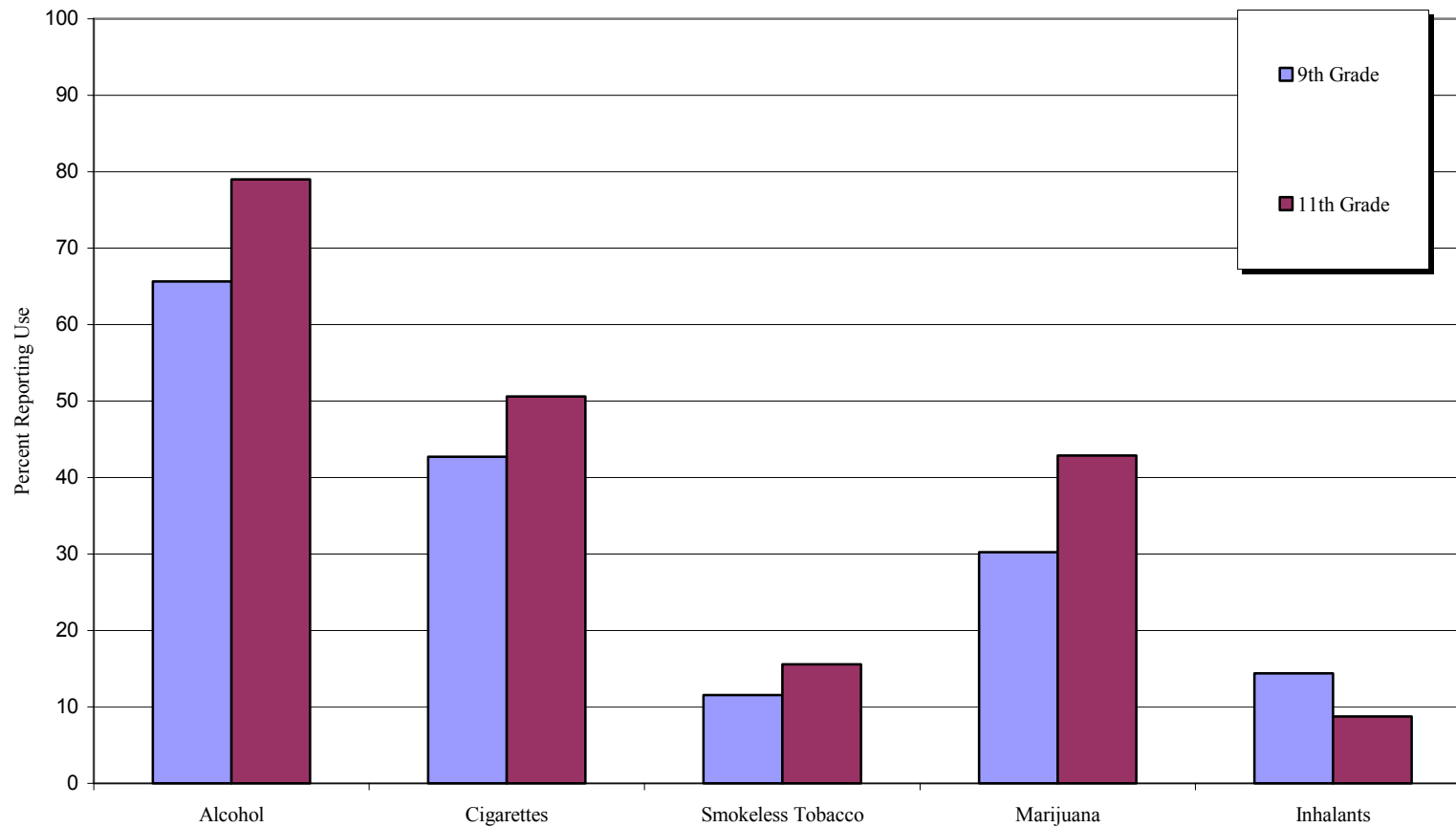
*Frequency of Inhalant Use During the Past 30 Days, by Selected Demographic Characteristics*

	<i>Prevalence</i>		<i>Number of Occasions</i>						<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-39 %</i>	<i>40+ %</i>	
Overall	97.4	2.6	1.3	0.5	0.2	0.3	0.1	0.1	6.3
Grade									
9th	96.7	3.3	1.7	0.5	0.3	0.4	0.1	0.1	6.5
11th	98.2	1.8	0.8	0.6	0.1	0.1	0.1	0.0	5.9
Sex									
Male	97.3	2.7	1.5	0.7	0.0	0.3	0.1	0.1	6.8
Female	97.4	2.6	1.2	0.5	0.5	0.3	0.1	0.0	5.9
Ethnicity									
White	97.3	2.7	1.6	0.5	0.2	0.3	0.1	0.0	4.8
African American	97.8	2.2	0.7	0.7	0.0	0.0	0.7	0.0	11.7
Latino	98.1	1.9	0.0	1.0	0.0	0.0	0.0	1.0	22.0
American Indian	*	*	*	*	*	*	*	*	*
Asian	97.3	2.7	0.0	2.7	0.0	0.0	0.0	0.0	4.0
Other/Multiple	98.9	1.1	0.0	0.0	0.0	1.1	0.0	0.0	14.5

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The six “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported use during the past 30 days and includes only those who indicated at least one occasion of use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

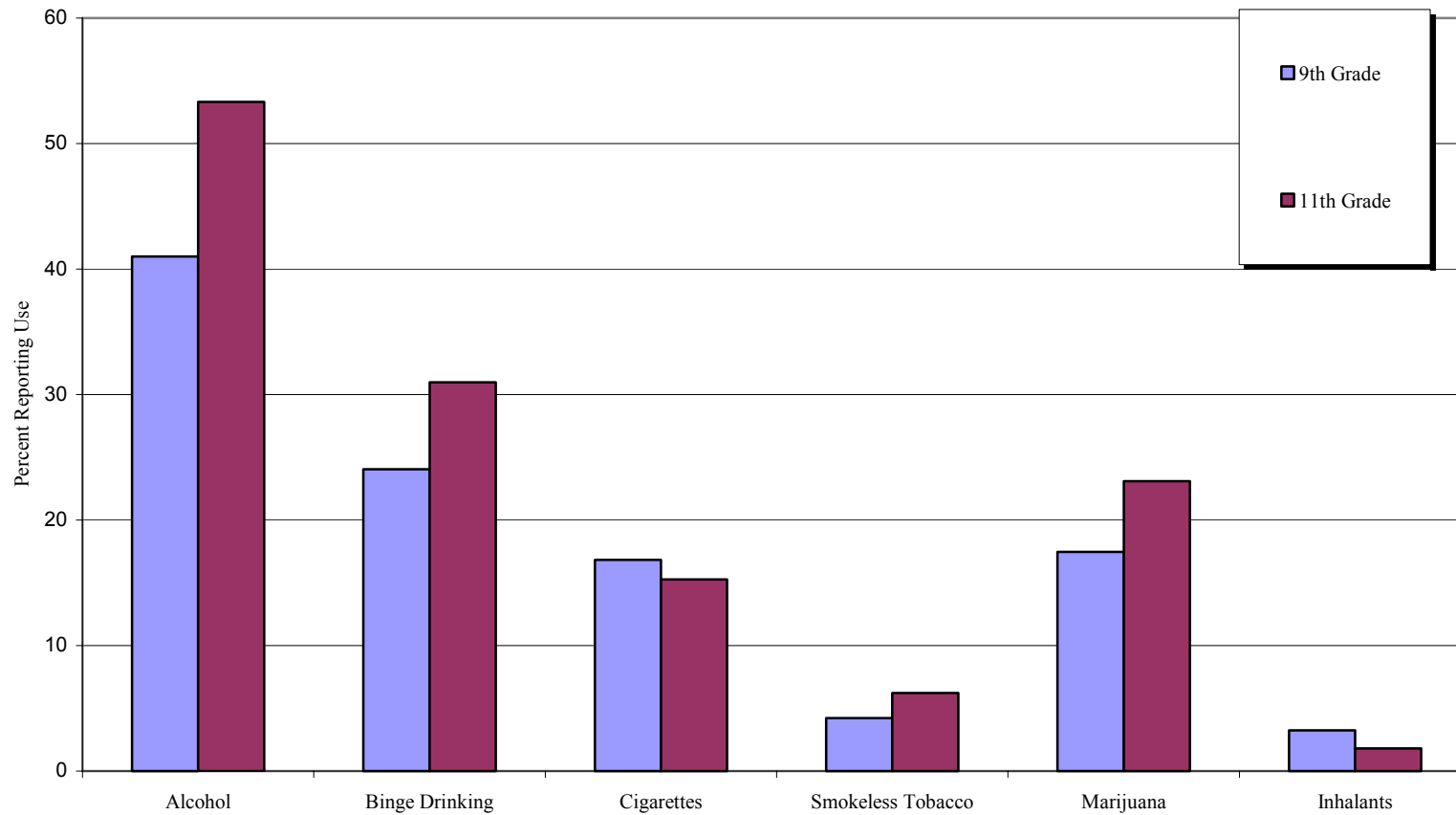
### Graph 3

*Lifetime Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Surveyed Students in the Sarasota County High Schools*



### Graph 4

*Past-30-Day Prevalence of Alcohol, Tobacco, Marijuana and Inhalant Use for Surveyed Students in the Sarasota County High Schools*



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

## **Club Drugs**

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The category “club drugs” includes illicit drugs that are classified together because their use started at dance clubs and “raves,” not because they are of a similar class (like amphetamines). The *Communities That Care*<sup>®</sup> *Youth Survey* measures the use of Ecstasy and the use of “other club drugs” (including GHB, ketamine and Rohypnol<sup>®</sup>). Note that this list is not meant to be exclusive, as other drugs are used at clubs and raves. Ecstasy (MDMA) now ranks among the most popular illicit drugs used by American youth today (Johnston et al., 2001).

In the Sarasota County High Schools, the overall lifetime prevalence rate for Ecstasy is 7.7% and the overall past-30-day prevalence rate is 1.8%.

Table 15 summarizes the lifetime and past-30-day prevalence rates of Ecstasy use. The lifetime prevalence rate for Ecstasy use ranges from 6.4% in the 9<sup>th</sup> grade to 9.3% in the 11<sup>th</sup> grade. The past-30-day prevalence of Ecstasy use ranges from 1.6% in the 9<sup>th</sup> grade to 1.9% in the 11<sup>th</sup> grade.

A slightly higher percentage of females than males reported lifetime (9.4% of girls versus 5.8% of boys) use of Ecstasy, and similar percentages of males and females reported past-30-day use of Ecstasy (1.6% of boys and 1.9% of girls).

Table 16 summarizes the lifetime and past-30-day prevalence rates of other club drugs. In these high schools, the overall lifetime prevalence rate for other club drugs is 1.8% and the overall past-30-day prevalence rate is 0.6%. Given this low baseline, few differences are meaningful.

**Table 15**  
*Lifetime and Past-30-Day Prevalence of Ecstasy Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,643	7.7%	1,642	1.8%
<b>Grade</b>				
9th	918	6.4%	915	1.6%
11th	719	9.3%	721	1.9%
<b>Sex</b>				
Male	745	5.8%	746	1.6%
Female	882	9.4%	880	1.9%
<b>Ethnicity</b>				
White	1,253	7.9%	1,253	1.3%
African American	134	4.5%	134	3.0%
Latino	103	5.8%	102	3.9%
American Indian	*	*	*	*
Asian	37	5.4%	37	0.0%
Other/Multiple	88	12.5%	88	4.5%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

**Table 16**  
*Lifetime and Past-30-Day Prevalence of Other Club Drug Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,641	1.8%	1,639	0.6%
<b>Grade</b>				
9th	916	1.9%	916	0.8%
11th	719	1.8%	718	0.4%
<b>Sex</b>				
Male	745	1.9%	743	0.7%
Female	879	1.8%	880	0.6%
<b>Ethnicity</b>				
White	1,251	1.8%	1,253	0.6%
African American	135	1.5%	134	0.0%
Latino	103	3.9%	102	1.0%
American Indian	*	*	*	*
Asian	37	0.0%	37	0.0%
Other/Multiple	87	2.3%	85	2.4%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

## Other Drugs

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The *Communities That Care*<sup>®</sup> *Youth Survey* also measures the prevalence of use for a variety of other drugs. This includes student use of the following: methamphetamine, cocaine, LSD/Psychedelics and heroin (see Tables 17-20). The rates for prevalence of use of these other drugs are generally lower than the rates for alcohol, tobacco, marijuana, inhalants and club drugs. Additionally, use of these other drugs tends to be concentrated in the upper grade levels.

Students in the Sarasota County High Schools reported relatively little use of the other drugs that are measured by the survey. Specifically, no more than 6.3% of students indicated use of methamphetamine, cocaine, LSD/Psychedelics or heroin during their lifetimes.

- For the purposes of the *Communities That Care*<sup>®</sup> *Youth Survey*, methamphetamine was defined as “meth, crystal meth, crank.” The overall lifetime prevalence rate for methamphetamine is 2.7% (see Table 17). The lifetime prevalence rate ranges from a low of 2.5% in the 9<sup>th</sup> grade to a high of 2.9% in the 11<sup>th</sup> grade.
- The overall lifetime prevalence rate for cocaine is 6.1% (see Table 18). The lifetime prevalence rate ranges from a low of 5.2% in the 9<sup>th</sup> grade to a high of 7.3% in the 11<sup>th</sup> grade.
- The overall lifetime prevalence rate for LSD/Psychedelics is 6.3% (see Table 19). The lifetime prevalence rate ranges from a low of 5.7% in the 9<sup>th</sup> grade to a high of 7.1% in the 11<sup>th</sup> grade.
- The overall lifetime prevalence rate for heroin is 1.9% (see Table 20). The lifetime prevalence rate ranges from a low of 1.7% in the 9<sup>th</sup> grade to a high of 2.1% in the 11<sup>th</sup> grade.

**Table 17**  
*Lifetime and Past-30-Day Prevalence of Methamphetamine Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,638	2.7%	1,633	0.7%
<b>Grade</b>				
9th	914	2.5%	914	0.9%
11th	718	2.9%	714	0.6%
<b>Sex</b>				
Male	742	1.5%	739	0.7%
Female	880	3.8%	878	0.8%
<b>Ethnicity</b>				
White	1,251	3.1%	1,248	0.7%
African American	134	1.5%	132	0.8%
Latino	102	0.0%	103	0.0%
American Indian	*	*	*	*
Asian	37	2.7%	37	2.7%
Other/Multiple	87	2.3%	85	1.2%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

**Table 18**  
*Lifetime and Past-30-Day Prevalence of Cocaine Use, by Selected Demographic Characteristics*

	<b>Lifetime</b>		<b>30-Day</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Overall	1,655	6.1%	1,653	2.1%
<b>Grade</b>				
9th	925	5.2%	923	2.3%
11th	725	7.3%	725	1.8%
<b>Sex</b>				
Male	753	4.6%	752	1.6%
Female	885	7.5%	884	2.5%
<b>Ethnicity</b>				
White	1,265	6.4%	1,263	2.0%
African American	134	2.2%	133	0.8%
Latino	103	7.8%	103	4.9%
American Indian	*	*	*	*
Asian	37	0.0%	37	0.0%
Other/Multiple	90	7.8%	90	3.3%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 19

*Lifetime and Past-30-Day Prevalence of LSD/Psychedelic Use, by Selected Demographic Characteristics*

	Lifetime		30-Day	
	N	%	N	%
Overall	1,650	6.3%	1,643	1.8%
<b>Grade</b>				
9th	923	5.7%	919	2.4%
11th	720	7.1%	718	1.1%
<b>Sex</b>				
Male	747	6.6%	745	1.7%
Female	885	6.2%	882	1.9%
<b>Ethnicity</b>				
White	1,262	7.3%	1,256	2.0%
African American	135	1.5%	133	0.8%
Latino	103	3.9%	103	0.0%
American Indian	*	*	*	*
Asian	37	2.7%	37	2.7%
Other/Multiple	86	4.7%	87	2.3%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 20

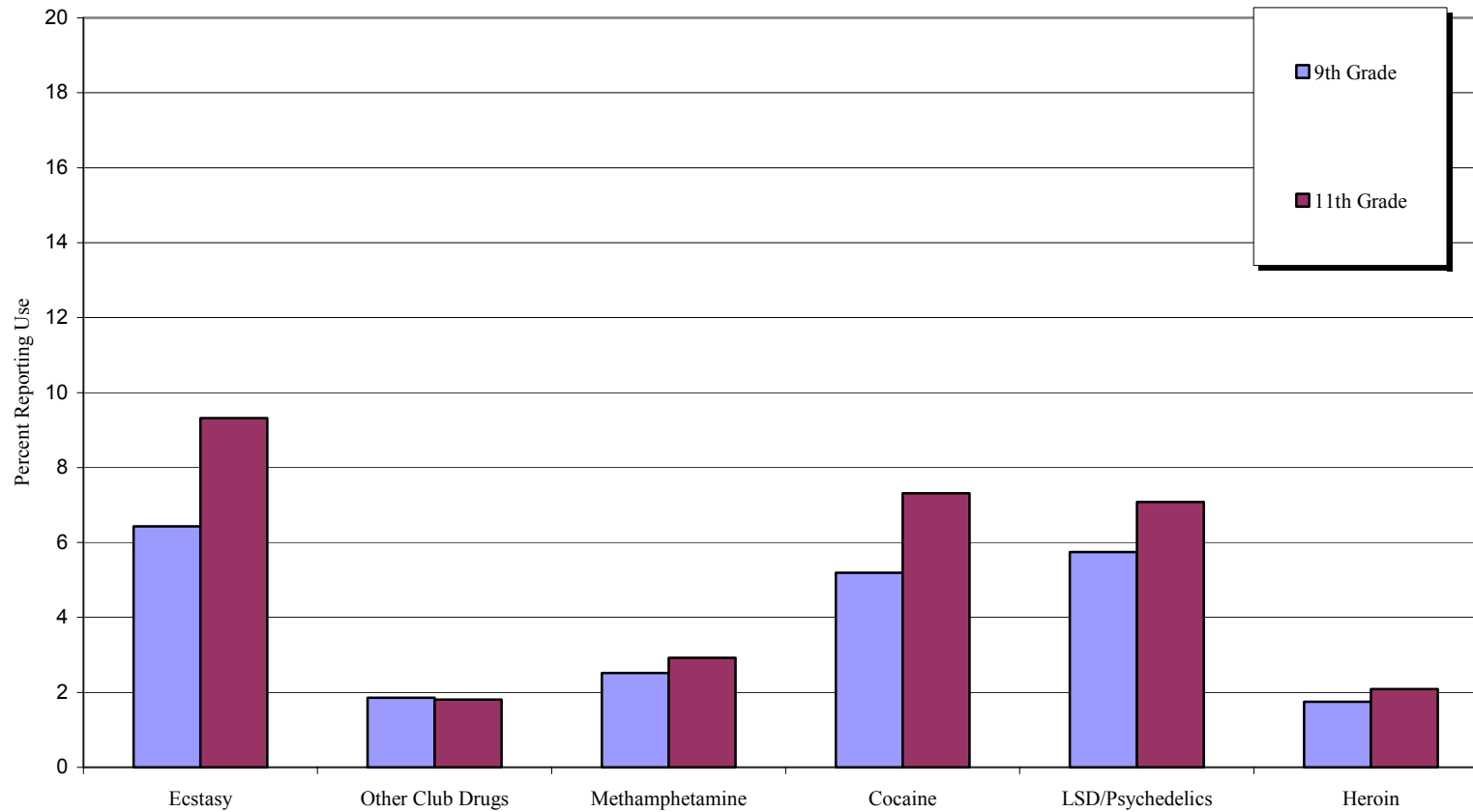
*Lifetime and Past-30-Day Prevalence of Heroin Use, by Selected Demographic Characteristics*

	Lifetime		30-Day	
	N	%	N	%
Overall	1,638	1.9%	1,638	0.9%
<b>Grade</b>				
9th	915	1.7%	916	1.0%
11th	718	2.1%	717	0.8%
<b>Sex</b>				
Male	742	1.6%	746	0.9%
Female	880	2.0%	876	0.8%
<b>Ethnicity</b>				
White	1,248	1.8%	1,250	0.8%
African American	134	1.5%	133	0.8%
Latino	103	1.9%	103	1.9%
American Indian	*	*	*	*
Asian	37	2.7%	37	0.0%
Other/Multiple	88	3.4%	87	2.3%

Note: "N" represents the number of responses for a given survey item, and "%" represents the percentage of respondents reporting use. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

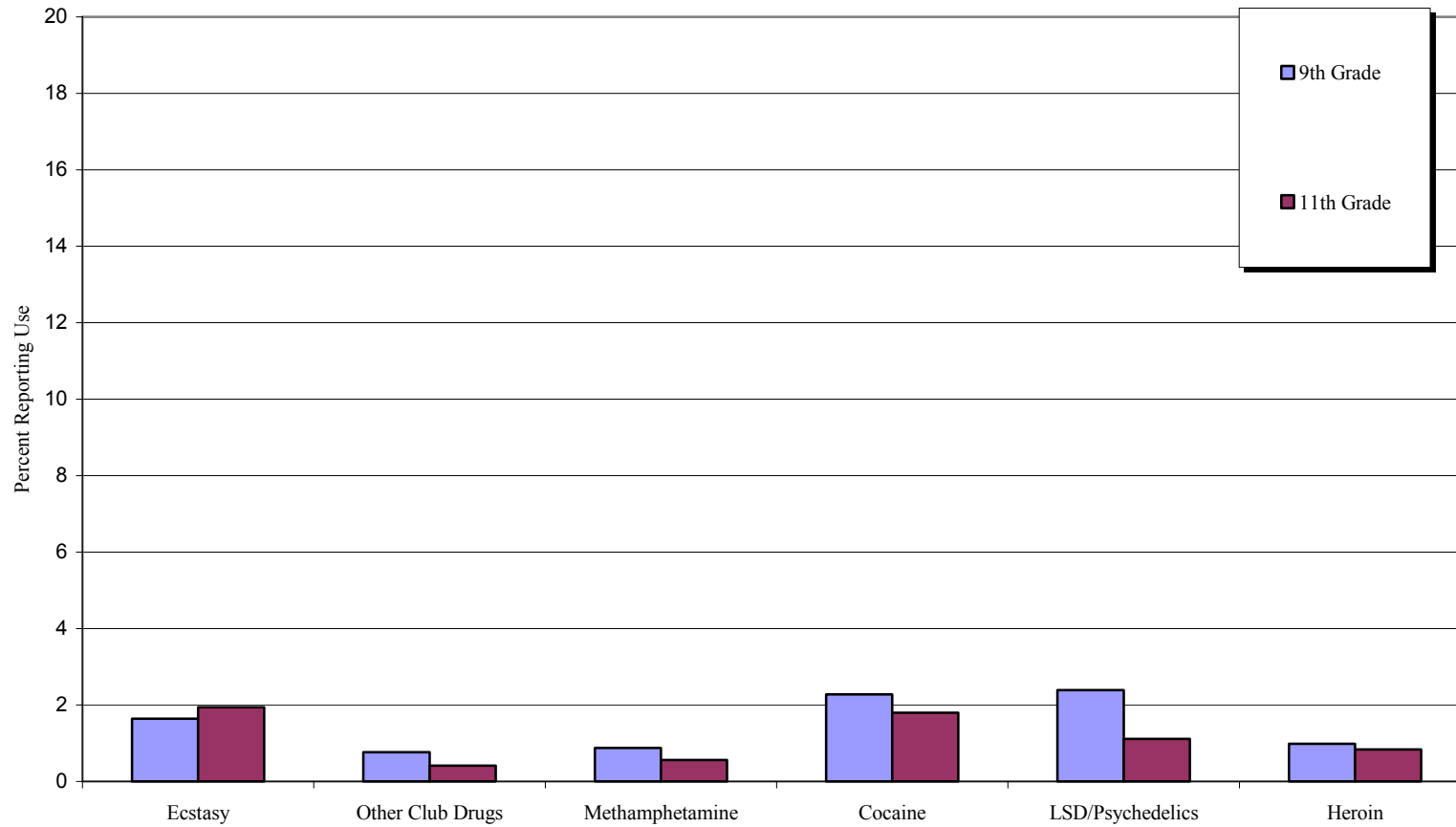
Graph 5

*Lifetime Prevalence of Other Drug Use for Surveyed Students in the Sarasota County High Schools*



### Graph 6

*Past-30-Day Prevalence of Other Drug Use for Surveyed Students in the Sarasota County High Schools*



## Other Antisocial Behaviors

The *Communities That Care*<sup>®</sup> *Youth Survey* also measures a series of eight other problem, or antisocial, behaviors—that is, behaviors that run counter to established norms of good behavior. Note that information on antisocial behavior is collected only for the past 12 months. The antisocial behaviors measured on the survey include the following:

- Attacking Someone with Intent to Harm
- Attempting to Steal a Vehicle
- Being Arrested
- Being Drunk or High at School
- Carrying a Handgun
- Getting Suspended
- Selling Drugs
- Taking a Handgun to School

Each question is specifically described below. Note that for all eight questions, responses include: Never, 1 or 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 times, 20 to 29 times, 30 to 39 times and 40+ times.

See Tables 21-28 for specifics by grade, sex and ethnicity, as well as for information on frequency of student involvement in these behaviors. Aside from **attacking someone with intent to harm, being drunk or high at school** and **getting suspended**, a relatively small proportion of surveyed students in the Sarasota County High Schools reported that they had engaged in the antisocial behaviors measured by the survey. Given the relatively small proportion of students who indicated an antisocial act, differences by grade, sex and ethnicity are difficult to interpret. However, some important differences between boys and girls were found.

### ***Attacking Someone with Intent to Harm***

---

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

In the Sarasota County High Schools, 16.4% of surveyed students reported having attacked someone with intent to cause harm in the past year (see Table 21). A slightly higher percentage of 9<sup>th</sup> graders reported participation in this behavior than 11<sup>th</sup> graders (18.1% versus 14.2%,

respectively). A slightly higher percentage of males than females reported this behavior (18.6% of boys versus 14.6% of girls).

## ***Attempting to Steal a Vehicle***

---

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

In the Sarasota County High Schools, 3.9% of surveyed students reported having stolen, or attempted to steal, a motor vehicle in the past year (see Table 22). Similar percentages of surveyed 9<sup>th</sup> and 11<sup>th</sup> graders reported participation in this behavior (4.7% and 2.8%, respectively).

## ***Being Arrested***

---

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

In the Sarasota County High Schools, 6.5% of surveyed students reported having been arrested in the past year. Table 23 reveals that a slightly higher percentage of surveyed 9<sup>th</sup> graders reported being arrested than surveyed 11<sup>th</sup> graders (7.6% versus 5.0%, respectively).

## ***Being Drunk or High at School***

---

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

In the Sarasota County High Schools, 18.1% of surveyed students reported having been drunk or high at school in the past year. Table 24 reveals a slight increase in participation in this behavior as students get older. Specifically, 17.7% of 9<sup>th</sup> graders indicated being drunk or high at school compared to 18.6% of 11<sup>th</sup> graders. And, overall, it is the most prevalent antisocial behavior among surveyed students in these high schools.

## ***Carrying a Handgun***

---

Carrying a handgun is surveyed by the question “How many times in the past year (12 months) have you carried a handgun?”

In the Sarasota County High Schools, 4.6% of surveyed students reported having carried a handgun in the past year. Table 25 illustrates that reported involvement in this behavior is highest among surveyed 9<sup>th</sup> graders (5.2%).

## ***Getting Suspended***

---

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

In the Sarasota County High Schools, 12.8% of surveyed students reported having been suspended in the past year. Looking at Table 26, it appears that 9<sup>th</sup> graders reported the highest suspension rate (15.0%). The reported rate of suspension is higher for males than for females (15.9% versus 10.1%, respectively).

## ***Selling Drugs***

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Selling drugs is surveyed by the question “How many times in the past year (12 months) have you sold illegal drugs?” Note that the question asks about, but does not define or specify, “illegal drugs.”

In the Sarasota County High Schools, 9.8% of surveyed students reported having sold drugs in the past year. As can be seen in Table 27, older students in these high schools are participating at elevated rates—11.4% of 11<sup>th</sup> graders indicated having sold drugs in the past 12 months. Reported involvement in this behavior is higher among males than among females (12.9% versus 7.2%, respectively).

## ***Taking a Handgun to School***

---

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

In the Sarasota County High Schools, 1.0% of surveyed students reported having taken a handgun to school in the past year. Reported involvement in this behavior is very low (see Table 28).

Table 21

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Attacking Someone with Intent to Harm**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	83.6	16.4	10.8	2.7	1.5	0.4	0.2	0.1	0.7	4.9
Grade										
9th	81.9	18.1	11.9	2.7	1.7	0.3	0.4	0.2	0.9	5.4
11th	85.8	14.2	9.5	2.6	1.1	0.6	0.0	0.0	0.4	4.1
Sex										
Male	81.4	18.6	12.2	3.1	1.7	0.7	0.1	0.0	0.8	4.8
Female	85.4	14.6	9.7	2.4	1.1	0.2	0.3	0.2	0.6	5.1
Ethnicity										
White	84.3	15.7	10.9	2.3	1.3	0.5	0.2	0.1	0.3	4.1
African American	79.3	20.7	12.6	5.2	0.7	0.7	0.7	0.0	0.7	5.0
Latino	86.4	13.6	5.8	1.9	2.9	0.0	0.0	1.0	1.9	11.0
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	83.8	16.2	8.1	2.7	2.7	0.0	0.0	0.0	2.7	9.3
Other/Multiple	79.5	20.5	11.4	4.5	2.3	0.0	0.0	0.0	2.3	7.0

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 22

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Attempting to Steal a Vehicle**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	96.1	3.9	2.4	0.5	0.3	0.3	0.0	0.0	0.3	6.3
Grade										
9th	95.3	4.7	2.9	0.6	0.2	0.4	0.0	0.0	0.5	7.7
11th	97.2	2.8	1.8	0.4	0.4	0.1	0.0	0.0	0.0	3.4
Sex										
Male	95.7	4.3	2.3	0.5	0.5	0.5	0.0	0.0	0.4	7.8
Female	96.5	3.5	2.6	0.5	0.1	0.1	0.0	0.0	0.2	4.9
Ethnicity										
White	97.0	3.0	2.2	0.3	0.1	0.2	0.0	0.0	0.2	5.6
African American	91.9	8.1	3.0	2.2	1.5	0.7	0.0	0.0	0.7	8.0
Latino	95.1	4.9	2.9	1.0	1.0	0.0	0.0	0.0	0.0	3.2
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	94.6	5.4	2.7	0.0	2.7	0.0	0.0	0.0	0.0	4.5
Other/Multiple	94.4	5.6	2.2	1.1	0.0	1.1	0.0	0.0	1.1	12.3

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 23

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Being Arrested**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	93.5	6.5	5.2	1.0	0.1	0.1	0.1	0.0	0.1	2.8
Grade										
9th	92.4	7.6	6.1	1.1	0.1	0.1	0.1	0.0	0.1	3.0
11th	95.0	5.0	3.9	1.0	0.0	0.1	0.0	0.0	0.0	2.3
Sex										
Male	92.8	7.2	5.6	1.5	0.0	0.0	0.0	0.0	0.1	2.7
Female	94.1	5.9	4.8	0.7	0.1	0.2	0.1	0.0	0.0	2.8
Ethnicity										
White	94.4	5.6	4.5	0.9	0.1	0.2	0.0	0.0	0.0	2.4
African American	86.6	13.4	9.7	2.2	0.0	0.0	0.7	0.0	0.7	5.3
Latino	92.0	8.0	6.0	2.0	0.0	0.0	0.0	0.0	0.0	2.1
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other/Multiple	88.1	11.9	10.7	1.2	0.0	0.0	0.0	0.0	0.0	1.8

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 24

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Being Drunk or High at School**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	81.9	18.1	8.7	3.3	1.3	1.3	1.1	0.4	2.1	9.8
Grade										
9th	82.3	17.7	8.3	3.8	1.3	1.1	1.2	0.2	1.8	9.2
11th	81.4	18.6	9.3	2.8	1.2	1.5	1.0	0.6	2.3	10.3
Sex										
Male	81.3	18.8	8.2	2.9	1.7	1.7	1.1	0.3	2.8	11.1
Female	82.3	17.7	9.2	3.7	0.9	0.9	1.1	0.4	1.3	8.2
Ethnicity										
White	81.2	18.8	9.2	3.4	1.4	1.3	1.0	0.5	2.0	9.5
African American	88.1	11.9	6.7	1.5	0.7	0.7	0.0	0.0	2.2	10.2
Latino	84.5	15.5	7.8	3.9	0.0	1.0	1.9	0.0	1.0	8.2
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	89.2	10.8	2.7	0.0	5.4	2.7	0.0	0.0	0.0	7.8
Other/Multiple	79.8	20.2	6.7	4.5	0.0	1.1	2.2	0.0	5.6	16.0

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 25

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Carrying a Handgun**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	95.4	4.6	2.7	0.7	0.4	0.2	0.1	0.1	0.5	7.8
Grade										
9th	94.8	5.2	3.0	0.5	0.4	0.3	0.1	0.1	0.7	9.1
11th	96.1	3.9	2.2	1.0	0.3	0.1	0.0	0.0	0.3	5.8
Sex										
Male	92.3	7.7	4.4	1.3	0.5	0.4	0.0	0.0	1.1	8.3
Female	98.1	1.9	1.2	0.2	0.2	0.0	0.1	0.1	0.0	5.8
Ethnicity										
White	96.3	3.7	2.0	0.6	0.3	0.3	0.0	0.1	0.5	9.1
African American	93.3	6.7	3.7	1.5	0.0	0.0	0.7	0.0	0.7	8.9
Latino	91.2	8.8	6.9	0.0	2.0	0.0	0.0	0.0	0.0	2.8
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	91.9	8.1	5.4	2.7	0.0	0.0	0.0	0.0	0.0	2.3
Other/Multiple	94.3	5.7	3.4	1.1	0.0	0.0	0.0	0.0	1.1	9.7

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 26

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Getting Suspended**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	87.2	12.8	10.0	1.9	0.3	0.4	0.1	0.1	0.1	3.1
Grade										
9th	85.0	15.0	11.5	2.4	0.5	0.3	0.0	0.0	0.2	2.9
11th	89.9	10.1	8.0	1.2	0.0	0.6	0.1	0.1	0.0	3.3
Sex										
Male	84.1	15.9	12.6	2.4	0.1	0.7	0.0	0.0	0.1	2.8
Female	89.9	10.1	7.8	1.3	0.4	0.2	0.1	0.1	0.1	3.4
Ethnicity										
White	89.1	10.9	8.7	1.6	0.1	0.5	0.0	0.1	0.0	2.7
African American	74.8	25.2	19.3	3.7	1.5	0.0	0.0	0.0	0.7	3.4
Latino	84.5	15.5	10.7	3.9	1.0	0.0	0.0	0.0	0.0	2.5
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	94.6	5.4	2.7	2.7	0.0	0.0	0.0	0.0	0.0	2.8
Other/Multiple	78.7	21.3	16.9	1.1	1.1	0.0	1.1	0.0	1.1	5.2

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 27

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Selling Drugs**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	90.2	9.8	4.3	2.0	0.9	0.6	0.6	0.4	1.1	10.3
Grade										
9th	91.4	8.6	3.7	2.0	0.8	0.7	0.5	0.1	0.9	9.4
11th	88.6	11.4	5.0	2.1	1.0	0.6	0.7	0.7	1.4	11.2
Sex										
Male	87.1	12.9	5.0	2.4	1.1	1.1	0.8	0.7	1.9	12.3
Female	92.8	7.2	3.7	1.7	0.7	0.2	0.5	0.1	0.3	6.8
Ethnicity										
White	90.0	10.0	4.3	2.1	1.0	0.5	0.6	0.5	1.0	9.9
African American	91.1	8.9	3.0	0.7	0.0	2.2	0.0	0.0	3.0	17.8
Latino	90.3	9.7	4.9	1.9	0.0	0.0	1.9	0.0	1.0	10.5
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	89.2	10.8	2.7	5.4	0.0	2.7	0.0	0.0	0.0	6.0
Other/Multiple	89.8	10.2	5.7	1.1	1.1	0.0	1.1	0.0	1.1	9.3

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

Table 28

*Frequency of Involvement in the Antisocial Behavior During the Past 12 Months, by Selected Demographic Characteristics*

**Taking a Handgun to School**

	<i>Prevalence</i>		<i>Number of Occasions</i>							<i>Average Number of Occasions</i>
	<i>Never %</i>	<i>Any Occasion %</i>	<i>1-2 %</i>	<i>3-5 %</i>	<i>6-9 %</i>	<i>10-19 %</i>	<i>20-29 %</i>	<i>30-39 %</i>	<i>40+ %</i>	
Overall	99.0	1.0	0.6	0.1	0.1	0.1	0.0	0.1	0.1	7.7
Grade										
9th	99.0	1.0	0.4	0.0	0.2	0.1	0.0	0.1	0.1	12.2
11th	99.0	1.0	0.8	0.1	0.0	0.0	0.0	0.0	0.0	1.9
Sex										
Male	98.5	1.5	0.9	0.1	0.1	0.0	0.0	0.1	0.1	8.8
Female	99.4	0.6	0.3	0.0	0.1	0.1	0.0	0.0	0.0	5.3
Ethnicity										
White	99.4	0.6	0.4	0.0	0.2	0.0	0.0	0.1	0.0	7.1
African American	96.3	3.7	1.5	0.7	0.0	0.7	0.0	0.0	0.7	12.3
Latino	98.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5
American Indian	*	*	*	*	*	*	*	*	*	*
Asian	97.3	2.7	2.7	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Other/Multiple	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Note: The two prevalence categories (“Never” and “Any Occasion”) generally sum to 100% and represent the total number of valid cases for the survey question. However, rounding can produce totals that do not equal 100%. The seven “Number of Occasions” categories generally sum to the “Any Occasion” category. However, again, rounding can produce slightly different sums. The “Average Number of Occasions” column shows the average number of times that a group reported involvement during the past 12 months and includes only those who indicated at least one occasion of the behavior. An asterisk (\*) in a data row indicates that the data were masked to protect student anonymity.

# Risk and Protective Factors

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

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

**Risk factors** are conditions that increase the likelihood of a young person's becoming involved in drug use, delinquency, school dropout and/or violence.

Research during the past 30 years supports the view that delinquency; alcohol, tobacco and other drug use; school achievement; and other important outcomes in adolescence are associated with specific characteristics in the student's community, school and family environments. The research also shows that such behaviors and outcomes are associated with individual characteristics, too (Hawkins et al., 1992). In fact, these characteristics have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum et al., 2000).

The Social Development Strategy (Hawkins et al., 1992) is a theoretical framework that informs and organizes the risk and protective factor framework of adolescent problem behavior prevention. There is a substantial amount of research showing that adolescents' exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon and Pandina, 1982; Newcomb, Maddahian and Skager, 1987; Newcomb and Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999; Pollard and Lofquist, 1998).

The analysis of risk and protective factors is the most powerful paradigm available for understanding what promotes both positive and negative adolescent behavioral outcomes and for helping design successful prevention programs for young people.

This system of risk and protective factors is organized into a strategy that families can use to help children develop healthy behaviors—the Social Development Strategy (Hawkins et al.,

1992); see Appendix B. Parents support the development of healthy behaviors for their children by setting and communicating healthy beliefs and clear standards for children’s behavior. Children are more likely to follow the standards if the bonds to their family are strong. Strong family bonds are the reason children care about the standards parents set for their behavior. Parents can keep family bonds strong by providing children with opportunities to make meaningful contributions to the family, by teaching them the skills they need to be successful in these new opportunities, and by giving them recognition for their contributions.

Risk and protective factor scale scores are measured relative to the *Communities That Care*<sup>®</sup> national comparison database. A student’s risk or protective factor scale score is expressed as a number ranging from 0 to 100. A score of 50 indicates the average for the normative population, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

Several risk and protective factors are measured by the *Communities That Care*<sup>®</sup> Youth Survey. Some of the risk factors are so broad that they can’t be measured and reported adequately by themselves. As a result, they are measured and reported using groups of questions called “scales.” Each scale addresses some aspect of the broader risk factor. Appendix C provides a complete list of the risk and protective factors, the corresponding risk factor and protective factor scales in the survey, and selected survey items associated with the factors.

Identifying the protective factors that are most prominent in the Sarasota County High Schools is also an important step in a sound prevention-planning process. While many prevention programs target specific risk factors, protective factors are much more broadly defined and can have wide-ranging impact in a community. A community that increases the levels of protection that its young people experience will find that the impact of risk factors—across domains—is buffered. Consequently, it is critical to understand how protective factors are functioning in the community. Understanding and prioritizing the risk and protective factors in the community will help target prevention programming and consequently provide the greatest chance for success.

Because risk and protective factors are sensitive to age, sex and ethnicity, it is important to have relevant data with which to compare. For the purposes of this report, a matched comparison sample was drawn from data on students who participated in the *Communities That Care*<sup>®</sup> Six-State Study and whose demographic characteristics match the Sarasota County High Schools students’ exactly in terms of age, sex and ethnicity. This is an especially important consideration for the Sarasota County High Schools because the existence of an exact demographic match allows comparisons to be made with more confidence. Throughout the next section, the

*Communities That Care*<sup>®</sup> matched comparison for the Sarasota County High Schools will be helpful in evaluating the Sarasota County High Schools' risk and protective factor profile.

## ***Protective Factors***

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

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

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

### **Community Domain**

#### *Community Rewards for Prosocial Involvement*

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

In the Sarasota County High Schools, surveyed students reported a score of 37 on the *Community Rewards for Prosocial Involvement* scale. This score is notably lower than both the national average of 50 and the matched comparison score of 47.

## Family Domain

### *Family Attachment*

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

In the Sarasota County High Schools, surveyed students reported a score of 46 on the *Family Attachment* scale. This score is slightly lower than the national average of 50 and the same as the matched comparison score of 46.

### *Family Opportunities for Prosocial Involvement*

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

In the Sarasota County High Schools, surveyed students reported a score of 47 on the *Family Opportunities for Prosocial Involvement* scale. This score is slightly lower than the national average of 50 and slightly higher than the matched comparison score of 46.

### *Family Rewards for Prosocial Involvement*

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

In the Sarasota County High Schools, surveyed students reported a score of 47 on the *Family Rewards for Prosocial Involvement* scale. This score is slightly lower than the national average of 50 and the same as the matched comparison score of 47.

## **School Domain**

### *School Opportunities for Prosocial Involvement*

Giving students opportunities to participate in important activities at school helps to reduce the likelihood that they will become involved in problem behaviors. Students who feel they have a personal investment in their school bond to that school and thus adopt the school's standards of behavior. This bond can protect a student from engaging in behaviors that violate socially accepted standards. This protective factor scale is measured by survey items such as "In my school, students have lots of chances to help decide things like class activities and rules."

In the Sarasota County High Schools, surveyed students reported a score of 45 on the *School Opportunities for Prosocial Involvement* scale. This score is lower than the national average of 50 and slightly lower than the matched comparison score of 48.

### *School Rewards for Prosocial Involvement*

Making students feel appreciated and rewarded for their involvement at school helps reduce the likelihood of their involvement in drug use and other problem behaviors. This is because students who feel acknowledged for their activity at school bond to their school. This protective factor scale is measured by such statements as "The school lets my parents know when I have done something well."

In the Sarasota County High Schools, surveyed students reported a score of 36 on the *School Rewards for Prosocial Involvement* scale. This score is notably lower than both the national average of 50 and the matched comparison score of 46.

## **Peer and Individual Domain**

### *Religiosity*

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

In the Sarasota County High Schools, surveyed students reported a score of 47 on the *Religiosity* scale. This score is slightly lower than both the national average of 50 and the matched comparison score of 49.

### *Social Skills*

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

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

In the Sarasota County High Schools, surveyed students reported a score of 47 on the *Social Skills* scale. This score is slightly lower than the national average of 50 and slightly higher than the matched comparison score of 45.

### *Belief in the Moral Order*

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

In the Sarasota County High Schools, surveyed students reported a score of 50 on the *Belief in the Moral Order* scale. This score is the same as the national average of 50 and higher than the matched comparison score of 44.

## **Risk Factors**

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

The *Communities That Care*<sup>®</sup> *Youth Survey* measures a variety of risk factors across four major domains. Below, each of the risk factors in the Community, Family, School, and Peer and Individual Domains is described and the results for the Sarasota County High Schools are reported. Tables and graphs for all domains are presented at the end of this discussion.

### **Community Domain**

#### *Low Neighborhood Attachment*

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

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

In the Sarasota County High Schools, surveyed students reported a score of 58 on the *Low Neighborhood Attachment* scale. This score is higher than both the national average of 50 and the matched comparison score of 52.

## *Community Disorganization*

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

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

In the Sarasota County High Schools, surveyed students reported a score of 53 on the *Community Disorganization* scale. This score is slightly higher than both the national average of 50 and the matched comparison score of 51.

## *Personal Transitions and Mobility*

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

*Personal Transitions and Mobility* measures how often the student has changed homes or schools in the past year and since kindergarten. This risk factor scale is measured with items such as "How many times have you changed schools since kindergarten?" and "How many times have you changed homes since kindergarten?"

In the Sarasota County High Schools, surveyed students reported a score of 68 on the *Personal Transitions and Mobility* scale. The *Personal Transitions and Mobility* score is notably higher than both the national average of 50 and the matched comparison score of 49.

## *Laws and Norms Favorable to Drug Use and Firearms*

Students' perceptions of the rules and regulations concerning alcohol, tobacco and other drug use that exist in their neighborhoods are also associated with problem behaviors in adolescence. Community norms—the attitudes and policies a community holds in relation to drug use and other antisocial behaviors—are communicated in a variety of ways: through laws and written policies, through informal social practices and through the expectations parents and other

members of the community have of young people. When laws and community standards are favorable toward drug use, violence and/or other crime, or even when they are just unclear, young people are more likely to engage in negative behaviors (Bracht and Kingsbury, 1990).

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

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

In the Sarasota County High Schools, surveyed students reported a score of 59 on the *Laws and Norms Favorable to Drug Use and Firearms* scale. This score is higher than the national average of 50 and slightly higher than the matched comparison score of 58.

### *Perceived Availability of Drugs and Firearms*

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

The *Perceived Availability of Drugs and Firearms* scale on the survey is designed to assess students’ feelings about how easily they can get alcohol, other drugs, or firearms. Four items on the survey measure this risk factor scale. An example item is “If you wanted to get some marijuana, how easy would it be for you to get some?” Possible responses include Very Hard, Sort of Hard, Sort of Easy and Very Easy.

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

In the Sarasota County High Schools, surveyed students reported a score of 46 on the *Perceived Availability of Drugs and Firearms* scale. This score is slightly lower than the national average of 50 and notably lower than the matched comparison score of 62.

## **Family Domain**

### *Poor Family Management*

Poor family management practices are defined as parents failing to communicate clear expectations for behavior, parents failing to supervise and monitor their children (knowing where they are and whom they're with) and parents giving excessively severe, harsh or inconsistent punishment. Children exposed to poor family management practices are at higher risk of developing problems with drug use, delinquency, violence and school dropout.

Two scales were developed to summarize students' feelings about their families' management practices: *Poor Family Supervision* and *Poor Family Discipline*. Sample items used to survey *Poor Family Management* are "Would your parents know if you did not come home on time?" and "My family has clear rules about alcohol and drug use."

In the Sarasota County High Schools, surveyed students reported a score of 57 on the *Poor Family Supervision* scale and a score of 59 on the *Poor Family Discipline* scale. The *Poor Family Supervision* score is higher than the national average of 50 and slightly higher than the matched comparison score of 54. The *Poor Family Discipline* score is higher than the national average of 50 and slightly higher than the matched comparison score of 56.

### *Family History of Antisocial Behavior*

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

In the Sarasota County High Schools, surveyed students reported a score of 54 on the *Family History of Antisocial Behavior* scale. This score is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 55.

### *Parental Attitudes Favorable toward ATOD Use and Antisocial Behavior*

Students' perceptions of their parents' opinions about alcohol, tobacco and other drug use and antisocial behavior are also an important risk factor. In families where parents use illegal drugs, are heavy users of alcohol or are tolerant of use by their children, children are more likely to become drug users in adolescence. Likewise, parental attitudes and behavior regarding crime and violence influence the attitudes and behavior of children. If parents approve of, or excuse, their children for breaking the law, then the children are more likely to develop problems with juvenile delinquency.

Two scales were developed to summarize students' feelings about their parents' attitudes toward ATOD use and antisocial behavior: *Parental Attitudes Favorable toward ATOD Use* and *Parental Attitudes Favorable toward Antisocial Behavior*. Sample items used to survey these scales include "How wrong do your parents feel it would be for you to smoke marijuana?" and "How wrong do your parents feel it would be for you to pick a fight with someone?"

In the Sarasota County High Schools, surveyed students reported a score of 54 on the *Parental Attitudes Favorable toward ATOD Use* scale and a score of 53 on the *Parental Attitudes Favorable toward Antisocial Behavior* scale. The *Parental Attitudes Favorable toward ATOD Use* score is slightly higher than the national average of 50 and the same as the matched comparison score of 54. The *Parental Attitudes Favorable toward Antisocial Behavior* score is slightly higher than both the national average of 50 and the matched comparison score of 52.

## **School Domain**

### *Poor Academic Performance*

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

*Poor Academic Performance*—students' feelings about their performance at school—is measured with two questions on the survey, "Putting them all together, what were your grades like last year?" and "Are your school grades better than the grades of most students in your class?" Elevated findings for this risk factor scale suggest that not only do students believe that they

have lower grades than they might expect to get, but also that they perceive that compared to their peers they have below-average grades.

In the Sarasota County High Schools, surveyed students reported a score of 50 on the *Poor Academic Performance* scale. This score is the same as the national average of 50 and slightly lower than the matched comparison score of 51.

### *Low School Commitment*

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

In the Sarasota County High Schools, surveyed students reported a score of 54 on the *Low School Commitment* scale. This score is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 58.

## **Peer and Individual Domain**

### *Rebelliousness*

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

In the Sarasota County High Schools, surveyed students reported a score of 49 on the *Rebelliousness* scale. This score is slightly lower than the national average of 50 and lower than the matched comparison score of 55.

### *Friends’ Delinquent Behavior and Use of Drugs*

Young people who associate with peers who engage in a problem behavior—delinquency, substance use, violent activity, or dropping out of school—are much more likely to engage in the

same problem behavior. This is one of the most consistent predictors identified by research. Even when young people come from well-managed families and do not experience other risk factors, spending time with peers who engage in problem behaviors greatly increases the risk of their becoming involved in problem behaviors.

Two scales were developed to summarize students' feelings about their peers' involvement in antisocial behavior and drug use over the past year: *Friends' Delinquent Behavior* and *Friends' Use of Drugs*. Sample items used to survey these scales include "In the past year, how many of your four best friends have been suspended from school?" and "In the past year, how many of your best friends have used marijuana?" Elevated scores can indicate that students are interacting with more antisocial peers than average. Low scores can suggest that students' delinquent behavior is not strongly influenced by their peers.

In the Sarasota County High Schools, surveyed students reported a score of 55 on the *Friends' Delinquent Behavior* scale and a score of 58 on the *Friends' Use of Drugs* scale. The *Friends' Delinquent Behavior* score is higher than the national average of 50 and slightly higher than the matched comparison score of 53. The *Friends' Use of Drugs* score is higher than the national average of 50 and slightly lower than the matched comparison score of 60.

### *Peer Rewards for Antisocial Behavior*

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

In the Sarasota County High Schools, surveyed students reported a score of 53 on the *Peer Rewards for Antisocial Behavior* scale. This score is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 56.

### *Favorable Attitudes toward Antisocial Behavior*

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

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

In the Sarasota County High Schools, surveyed students reported a score of 56 on the *Favorable Attitudes toward Antisocial Behavior* scale. This score is higher than the national average of 50 and slightly higher than the matched comparison score of 54.

### *Favorable Attitudes toward ATOD Use*

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

In the Sarasota County High Schools, surveyed students reported a score of 52 on the *Favorable Attitudes toward ATOD Use* scale. This score is slightly higher than the national average of 50 and lower than the matched comparison score of 59.

### *Low Perceived Risks of Drug Use*

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

In the Sarasota County High Schools, surveyed students reported a score of 44 on the *Low Perceived Risks of Drug Use* scale. This score is lower than the national average of 50 and notably lower than the matched comparison score of 55.

### *Early Initiation (of Drug Use and Antisocial Behavior)*

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

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

In the Sarasota County High Schools, surveyed students reported a score of 52 on the *Early Initiation (of Drug Use and Antisocial Behavior)* scale. This score is slightly higher than the national average of 50 and slightly lower than the matched comparison score of 55.

### *Sensation Seeking*

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

*Sensation Seeking* is assessed by asking how often students participate in behaviors to experience a particular feeling or emotion. *Sensation Seeking* is measured with three survey items, including “How many times have you done crazy things even if they are a little dangerous?”

In the Sarasota County High Schools, surveyed students reported a score of 51 on the *Sensation Seeking* scale. The *Sensation Seeking* score is slightly higher than the national average of 50 and lower than the matched comparison score of 56.

## *Gang Involvement*

This risk factor scale measures individual and peer participation in gangs. Gangs have long been associated with crime, violence and other antisocial behaviors. *Gang Involvement* is measured with four survey items, including “Have you ever belonged to a gang?” and “Think of your four best friends: In the past year, how many of your best friends have been members of a gang?”

In the Sarasota County High Schools, surveyed students reported a score of 46 on the *Gang Involvement* scale. The *Gang Involvement* score is slightly lower than both the national average of 50 and the matched comparison score of 48.

Table 29a  
*Protective Factor Scale Scores*

Scale	Sarasota County High Schools	CTC Matched Comparison
<b>Community Domain</b>		
Community Opportunities for Prosocial Involvement	*	*
Community Rewards for Prosocial Involvement	37	47
<b>Family Domain</b>		
Family Attachment	46	46
Family Opportunities for Prosocial Involvement	47	46
Family Rewards for Prosocial Involvement	47	47
<b>School Domain</b>		
School Opportunities for Prosocial Involvement	45	48
School Rewards for Prosocial Involvement	36	46
<b>Peer and Individual Domain</b>		
Religiosity	47	49
Social Skills	47	45
Belief in the Moral Order	50	44

\* This scale is currently under revision.

Note: A score of 50 matches the national average, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

**Table 29b**  
*Risk Factor Scale Scores*

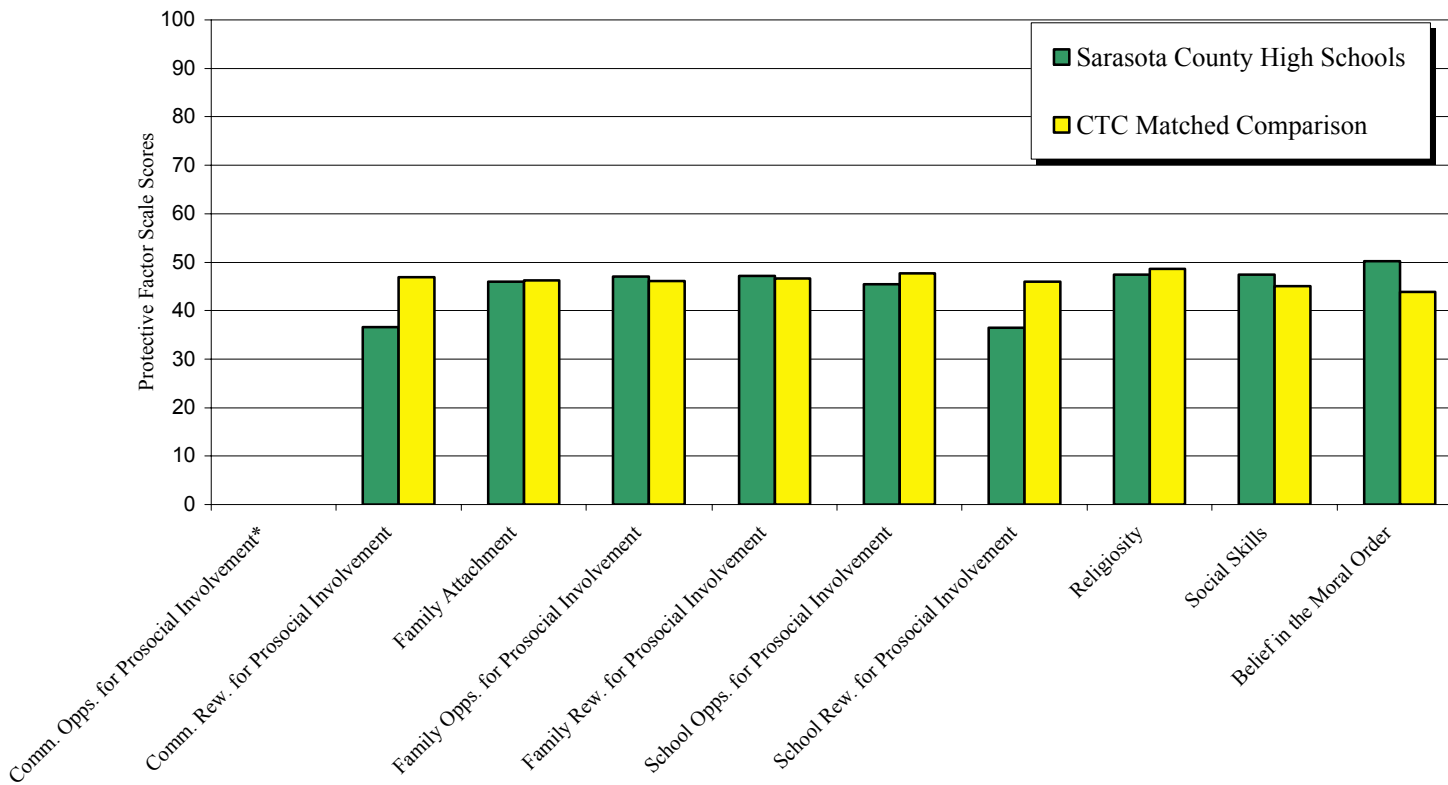
<b>Scale</b>	<b>Sarasota County High Schools</b>	<b>CTC Matched Comparison</b>
<b>Community Domain</b>		
Low Neighborhood Attachment	58	52
Community Disorganization	53	51
Personal Transitions and Mobility	68	49
Laws and Norms Favorable to Drug Use and Firearms	59	58
Perceived Availability of Drugs and Firearms	46	62
<b>Family Domain</b>		
Poor Family Supervision	57	54
Poor Family Discipline	59	56
Family Conflict	*	*
Family History of Antisocial Behavior	54	55
Parental Attitudes Favorable toward ATOD Use	54	54
Parental Attitudes Favorable toward Antisocial Behavior	53	52
<b>School Domain</b>		
Poor Academic Performance	50	51
Low School Commitment	54	58
<b>Peer and Individual Domain</b>		
Rebelliousness	49	55
Friends' Delinquent Behavior	55	53
Friends' Use of Drugs	58	60
Peer Rewards for Antisocial Behavior	53	56
Favorable Attitudes toward Antisocial Behavior	56	54
Favorable Attitudes toward ATOD Use	52	59
Low Perceived Risks of Drug Use	44	55
Early Initiation (of Drug Use and Antisocial Behavior)	52	55
Sensation Seeking	51	56
Gang Involvement	46	48

\* This scale is currently under revision.

Note: A score of 50 matches the national average, with scores higher than 50 indicating above-average scores, and scores below 50 indicating below-average scores. Because risk is associated with negative behavioral outcomes, it is better to have lower risk factor scale scores, not higher. Conversely, because protective factors are associated with better behavioral outcomes, it is better to have protective factor scale scores with high values.

## Graph 7

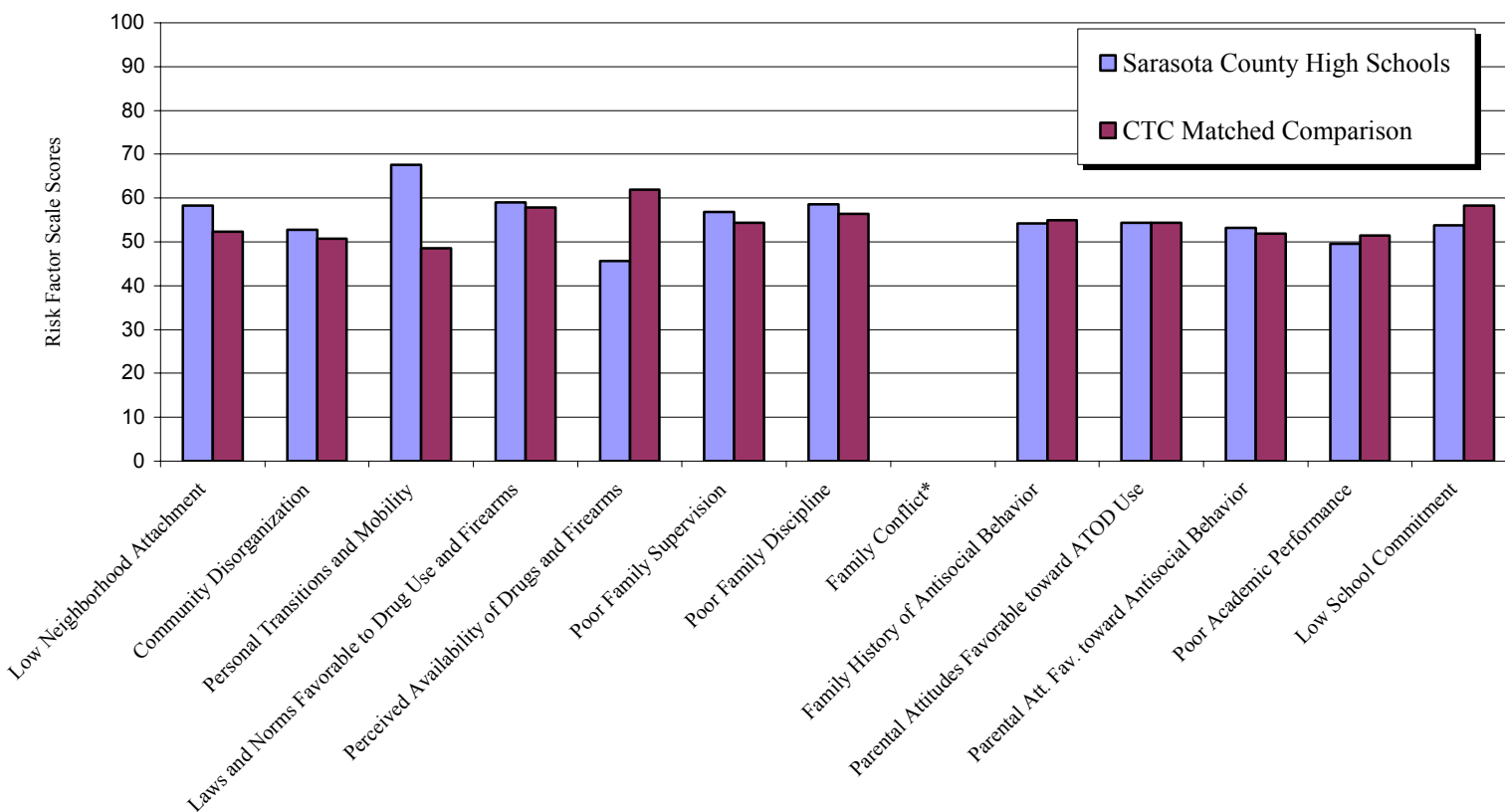
### *Protective Factor Scale Scores for Surveyed Students in the Sarasota County High Schools Compared to the CTC Matched Comparison*



\* This scale is currently under revision.

## Graph 8

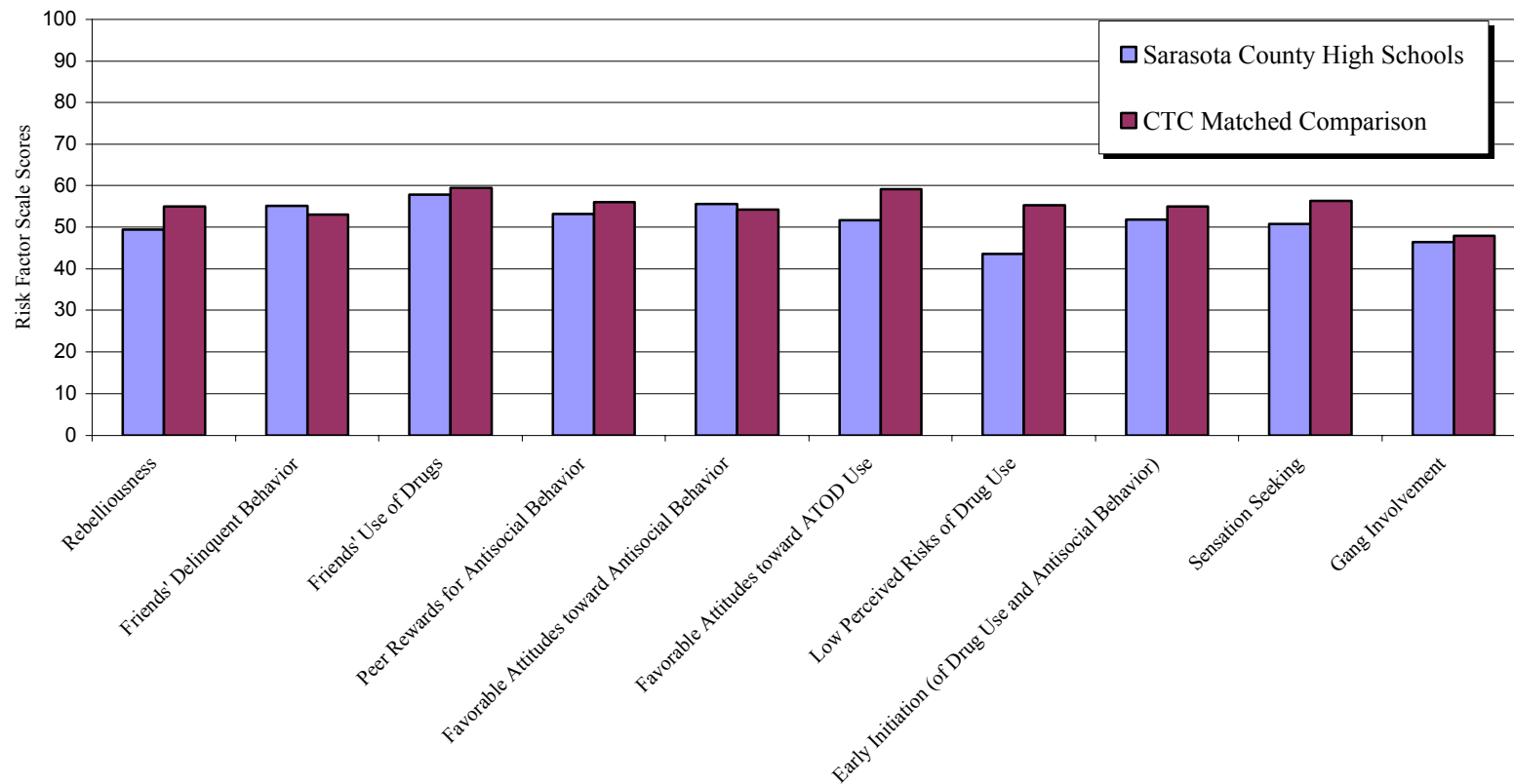
### *Community, Family and School Domain Risk Factor Scale Scores for Surveyed Students in the Sarasota County High Schools Compared to the CTC Matched Comparison*



\* This scale is currently under revision.

## Graph 9

### *Peer and Individual Domain Risk Factor Scale Scores for Surveyed Students in the Sarasota County High Schools Compared to the CTC Matched Comparison*



## ***Risk and Protective Factor Profile***

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Looking at the Sarasota County High Schools' overall risk and protective factor scale scores reveals several important findings. First, elevated risk factor scale scores are found in all four domains: Community, Family, School and Peer and Individual. Risk factor scale scores in the Community Domain are the most elevated.

In the Sarasota County High Schools, the three highest risk factor scale scores are *Personal Transitions and Mobility*, *Laws and Norms Favorable to Drug Use and Firearms* and *Poor Family Discipline*. The two most suppressed protective factor scale scores are *Community Rewards for Prosocial Involvement* and *School Rewards for Prosocial Involvement*.

While sharing many of the characteristics of youth around the rest of the United States, the Sarasota County High Schools' youth also report some rather unique information. The real power of these data will be harnessed when they are used for prevention, intervention and treatment planning at the local level.

It is possible to promote the development of communities that care enough to ensure that all children are bonded to family, school and community and are committed to the highest standards and healthy values for their own futures. Findings from the *Communities That Care<sup>®</sup> Youth Survey*, in conjunction with a careful needs assessment process, can reveal those risk and protective factors that are most critical. However, the survey and this report are but tools. The real work is ahead. This work includes meeting challenges and putting opportunities into action. This report helps illustrate where the work is needed. The next step is to design and implement programs that will effectively address the most critical risk and protective factors—as well as the most critical problem behaviors—identified in this report.

# Appendix A: Other Resources

## *Web Sites*

Office of National Drug Control Policy [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov).  
National Clearinghouse for Alcohol and Drug Information [www.health.org/index.htm](http://www.health.org/index.htm).  
Substance Abuse and Mental Health Services Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov).  
Monitoring the Future [www.monitoringthefuture.org](http://www.monitoringthefuture.org).  
National Institute on Drug Abuse (NIDA) [www.nida.nih.gov](http://www.nida.nih.gov) and [www.drugabuse.gov](http://www.drugabuse.gov).  
National Institute on Alcohol Abuse and Alcoholism (NIAAA) [www.niaaa.nih.gov](http://www.niaaa.nih.gov).  
Social Development Research Group <http://depts.washington.edu/sdrg>.

## *Prevention Program Guides*

Communities That Care<sup>®</sup> *prevention strategies: A research guide to what works* (2000). Seattle, WA: Developmental Research and Programs, Inc.

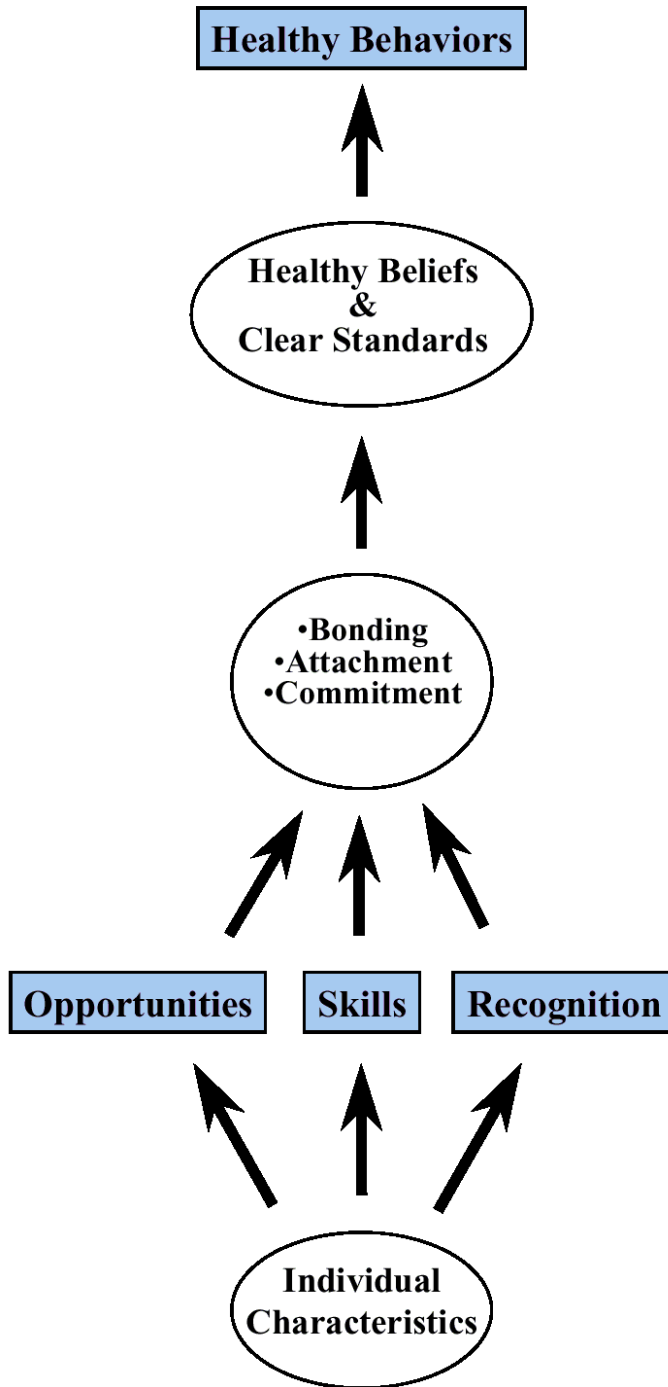
Sloboda, Z., & David, S. L. (1997). Preventing drug use among children and adolescents: A research-based guide (NIH Publication No. 97-4212). Rockville, MD: National Clearinghouse for Alcohol and Drug Information. (ERIC Document Reproduction Service No. ED 424525).

Blueprint Programs [www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints).

## *Prevention Planning*

Hawkins, J. D., Catalano, R. F., & Associates (1992). *Communities That Care<sup>®</sup>: Action for drug abuse prevention* (1<sup>st</sup> ed.). San Francisco: Jossey-Bass.

## Appendix B: The Social Development Strategy



## Appendix C: Risk and Protective Factors and Sample Survey Item(s)

<b>Community Domain</b>		
<b>Protective Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Community Rewards for Prosocial Involvement	Community Rewards for Prosocial Involvement	My neighbors notice when I am doing a good job and let me know.
<b>Risk Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Low Neighborhood Attachment	Low Neighborhood Attachment	If I had to move, I would miss the neighborhood I now live in.
Community Disorganization	Community Disorganization	I feel safe in my neighborhood.
Transitions and Mobility	Personal Transitions and Mobility	How many times have you changed homes since kindergarten?
Laws and Norms Favorable to Drug Use and Firearms	Laws and Norms Favorable to Drug Use and Firearms	If a kid drank some beer, wine or hard liquor in your neighborhood, would he or she be caught by the police?  How wrong would most adults in your neighborhood think it was for kids your age to drink alcohol?
Perceived Availability of Drugs and Firearms	Perceived Availability of Drugs and Firearms	If you wanted to get some beer, wine or hard liquor, how easy would it be for you to get some?

**Appendix C: Risk and Protective Factors and Sample Survey Item(s) (cont.)**

<b>Family Domain</b>		
<b>Protective Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Family Attachment	Family Attachment	Do you share your thoughts and feelings with your mother?  Do you share your thoughts and feelings with your father?
Family Opportunities for Prosocial Involvement	Family Opportunities for Prosocial Involvement	My parents give me lots of chances to do fun things with them.
Family Rewards for Prosocial Involvement	Family Rewards for Prosocial Involvement	How often do your parents tell you they're proud of you for something you've done?
<b>Risk Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Poor Family Management	Poor Family Supervision	My parents ask if I've gotten my homework done.
	Poor Family Discipline	If you skipped school, would you be caught by your parents?
Family History of Antisocial Behavior	Family History of Antisocial Behavior	Has anyone in your family ever had a severe alcohol or drug problem?
Parental Attitudes Favorable toward ATOD Use and Antisocial Behavior	Parental Attitudes Favorable toward ATOD Use	How wrong do your parents feel it would be for <u>you</u> to smoke cigarettes?
	Parental Attitudes Favorable toward Antisocial Behavior	How wrong do your parents feel it would be for <u>you</u> to steal anything worth more than \$5?

**Appendix C: Risk and Protective Factors and Sample Survey Item(s) (cont.)**

<b>School Domain</b>		
<b>Protective Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
School Opportunities for Prosocial Involvement	School Opportunities for Prosocial Involvement	There are lots of chances for students in my school to talk with a teacher one-on-one.
School Rewards for Prosocial Involvement	School Rewards for Prosocial Involvement	My teachers praise me when I work hard in school.
<b>Risk Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Poor Academic Performance	Poor Academic Performance	Putting them all together, what were your grades like last year?
Low School Commitment	Low School Commitment	How interesting are most of your courses to you?

**Appendix C: Risk and Protective Factors and Sample Survey Item(s) (cont.)**

<b>Peer and Individual Domain</b>		
<b>Protective Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Religiosity	Religiosity	How often do you attend religious services or activities?
Social Skills	Social Skills	Vignette about what the youth would do if he or she were handed an alcoholic beverage at a party.
Belief in the Moral Order	Belief in the Moral Order	It is important to be honest with your parents, even if they become upset or you get punished.
<b>Risk Factor</b>	<b>Scale</b>	<b>Sample Survey Item(s)</b>
Rebelliousness	Rebelliousness	I ignore rules that get in my way.
Friends' Delinquent Behavior and Use of Drugs	Friends' Delinquent Behavior	Think of your <u>four best friends</u> . In the past year, how many of your best friends have dropped out of school?
	Friends' Use of Drugs	Think of your <u>four best friends</u> . In the past year, how many of your best friends have smoked cigarettes?
Peer Rewards for Antisocial Behavior	Peer Rewards for Antisocial Behavior	What are the chances you would be seen as cool if you carried a handgun?
Favorable Attitudes toward Antisocial Behavior	Favorable Attitudes toward Antisocial Behavior	How wrong do you think it is for someone your age to pick a fight with someone?
Favorable Attitudes toward ATOD Use	Favorable Attitudes toward ATOD Use	How wrong do you think it is for someone your age to smoke cigarettes?
Low Perceived Risks of Drug Use	Low Perceived Risks of Drug Use	How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
Early Initiation (of Drug Use and Antisocial Behavior)	Early Initiation (of Drug Use and Antisocial Behavior)	How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?
Sensation Seeking	Sensation Seeking	How many times have you done something dangerous because someone dared you to do it?
Gang Involvement	Gang Involvement	Have you ever been involved in a gang?

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