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Survey Research & Evaluation Services

2008 Prevention Needs Assessment Survey Results

Report for:

**Babylon Junior Senior
High School**

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Introduction

2008 Prevention Needs Assessment Survey Profile Report for Babylon Junior Senior High School

This report summarizes the findings from the Prevention Needs Assessment (PNA) Survey that was conducted during 2008 in grades 6, 8, 10, and 12. The results are presented along with comparisons to National data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison 8-State database..

The survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors.

Table 1 contains the characteristics of the students who completed the survey from your community. When using the information in this report, please pay attention to the number and percentage of students who participated from your community. If 70% or more of the students participated, the report is a good

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indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 70% participated, a review of who participated should be completed prior to generalizing the results to the entire community.

Risk and Protective Factors

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Table 1. Characteristics of Participants

Total Students	Babylon Junior Senior High School	
	2008	
	Number	Percent
Grade		
7	276	36.8
10	245	32.7
12	228	30.4
Gender		
Male	363	48.9
Female	379	51.1
Ethnicity		
Native American	11	1.5
Asian	20	2.7
African American	19	2.6
Pacific Islander	4	0.5
Hispanic	92	12.4
White	545	73.7
Multi-racial or Other	48	6.5

Risk and Protective Factors

The Risk and Protective Factor Model of Substance Abuse Prevention (Continued)

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include social bonding to family, school, community and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior. Research on risk and protective factors has important implications for prevention efforts.

The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem.

By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart to the right shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Risk Factors	Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
1. Availability of Drugs	✓				✓
2. Availability of Firearms		✓			✓
3. Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓
4. Transitions and Mobility *	✓	✓		✓	
5. Low Neighborhood Attachment	✓	✓			✓
6. Community Disorganization	✓	✓			✓
7. Extreme Economic Deprivation *	✓	✓	✓	✓	✓
Family					
8. Family History of the Problem Behavior	✓	✓	✓	✓	✓
9. Family Management Problems	✓	✓	✓	✓	✓
10. Family Conflict	✓	✓	✓	✓	✓
11. Parental Attitudes Favorable Towards Drugs / Other Problem Behavior	✓	✓			✓
School					
12. Academic Failure	✓	✓	✓	✓	✓
13. Lack of Commitment to School	✓	✓	✓	✓	✓
Peer / Individual					
14. Early Initiation of Drug Use / Problem Behavior	✓	✓	✓	✓	✓
15. Rebelliousness	✓	✓		✓	
16. Friends Who Use Drugs / Engage in Other Problem Behavior	✓	✓	✓	✓	✓
17. Favorable Attitudes Toward Drug Use / Other Problem Behavior	✓	✓	✓	✓	
18. Perceived Risks of Drug Use	✓	✓		✓	
19. Peer Rewards for Drug Use	✓	✓		✓	
20. Depressive Symptoms	✓	✓		✓	

Building a Strategic Prevention Framework

The Prevention Needs Assessment Survey is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating a planned, data-driven, effective, and sustainable prevention program. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grants Request for Application.

Step 1: Profile Population Needs, Resources, and Readiness to Address the Problems and Gaps in Service Delivery

- **Community Needs Assessment:** The results of this survey (presented in this Profile Report and in results reported at the State level) will help you to identify needs for prevention. States should consider administering a survey such as the Prevention Needs Assessment Survey biannually to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as data from this survey.
- **Community Resource Assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community Readiness Assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or Build Capacity to Address Needs: Engagement of key stakeholders at the State and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a Comprehensive Strategic Plan: States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement Evidence-based Prevention Programs and Infrastructure Development Activities: By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor Process, Evaluate Effectiveness, Sustain Effective Programs/Activities, and Improve or Replace Those That Fail: Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

Tools for Assessment and Planning

School and Community Improvement Using Survey Data

Why Conduct the Prevention Needs Assessment Survey?

Data from the Prevention Needs Assessment Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your school and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
 - Which substances are your students using the most?
 - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - Which behaviors are your students exhibiting the most?
 - At which grades do you see unacceptable behavior levels?

How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the other?
- **Compare your data with statewide, and/or national data** – differences of 5% between local and other data are probably significant.
- **Determine the standards and values held within your community** – For example: Is it acceptable in your community for 40% of high school seniors to drink alcohol regularly even when the national percentage is 50%?

Use these data for planning.

- **Substance use and antisocial behavior data** – raise awareness about the problems and promote dialogue
- **Risk and protective factor data** – identify exactly where the community needs to take action
- **Promising approaches** – access resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

MEASURE

Risk Factors
Protective Factors
Substance Use
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

Practical Implications of the PNA

No Child Left Behind

The Safe and Drug Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and on-going parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the Prevention Needs Assessment Survey presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 above. The Risk and Protective Factor charts provide information related to Principle 4. Overall, using the Risk and Protective factors planning framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

How to Read the Charts: Substance Use, Antisocial Behavior, Risk, and Protection

There are four types of charts presented in this report: 1) substance use charts, 2) antisocial behavior and gambling charts, 3) risk factor charts, and 4) protective factor charts. All the charts show the results of the PNA Survey, and the actual percentages from the charts are presented in Tables 3 through 10. Table 11 contains youth perceptions of substance use, and Table 12 contains the information necessary to complete the Drug Free Communities Report.

Substance Use, Antisocial Behavior , and Gambling Charts

This report contains information about alcohol, tobacco and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The four sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Ever-used** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey) and use of **one-half a pack or more of cigarettes per day**.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance. For both ever-used and 30-day use, national rates from the Monitoring the Future survey for grades 8, 10, and 12 have been included to allow a comparison of your data to a national sample of students.
- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement** with the eight antisocial behaviors listed in the charts **during the past year**. In the charts, antisocial behavior will often be abbreviated as ASB.
- **Gambling behavior** is a measure of the percentage of students who engaged in 10 types of gambling as well as an overall measure of gambling in the past year.

How to Read the Charts: Continued

Risk and Protective Factor Charts

The risk and protective factor charts show the percentage of students at risk and with protection for each of the risk and protective factor scales. Along with the risk and protective factor scales, there are bars that show the percentage of High Risk Youth and percentage of High Protection Youth. High Risk Youth is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. For 6th grade students, it is the percentage of students who have 8 or more risk factors, for 8th grade it is 9 or more risk factors, and for 10th and 12th grades it is 10 or more risk factors. High Protection Youth is defined as the percentage of students in grade 6 who have 5 or more protective factors and the percentage of students in grades 8, 10, and 12 who have 6 or more protective factors operating in their lives.

There are two components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales and 2) the dashed lines that indicate a more “national” value.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. Since the PNA survey has recently been given to over 300,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for separating youth into the more at-risk and the less at-risk groups included

academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Monitoring the Future / 8-State

Levels of risk and protection in your community also can be compared to a more national sample. The black diamond on each of the charts represents the percentage of youth at risk or with protection for the eight states across the country upon which the cut-points were developed. On the ATOD charts, it is the national norm from the Monitoring the Future data.

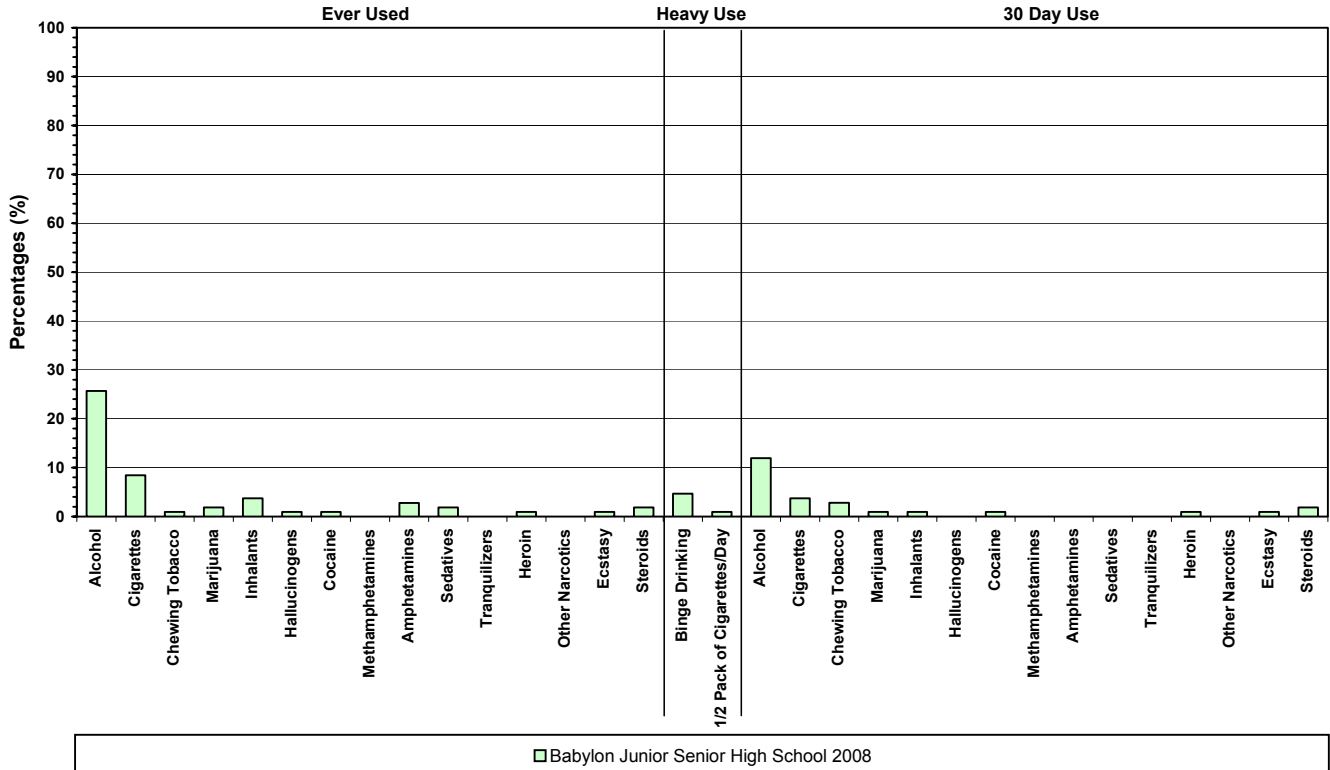
Brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

Youth Perception of Substance Use

Youth often overestimate the percentage of their peers who are using substances. Youth perceptions of the percentage of their peers who use cigarettes, alcohol, marijuana, and other illegal drugs is shown in Tables 13, 15 and 17.

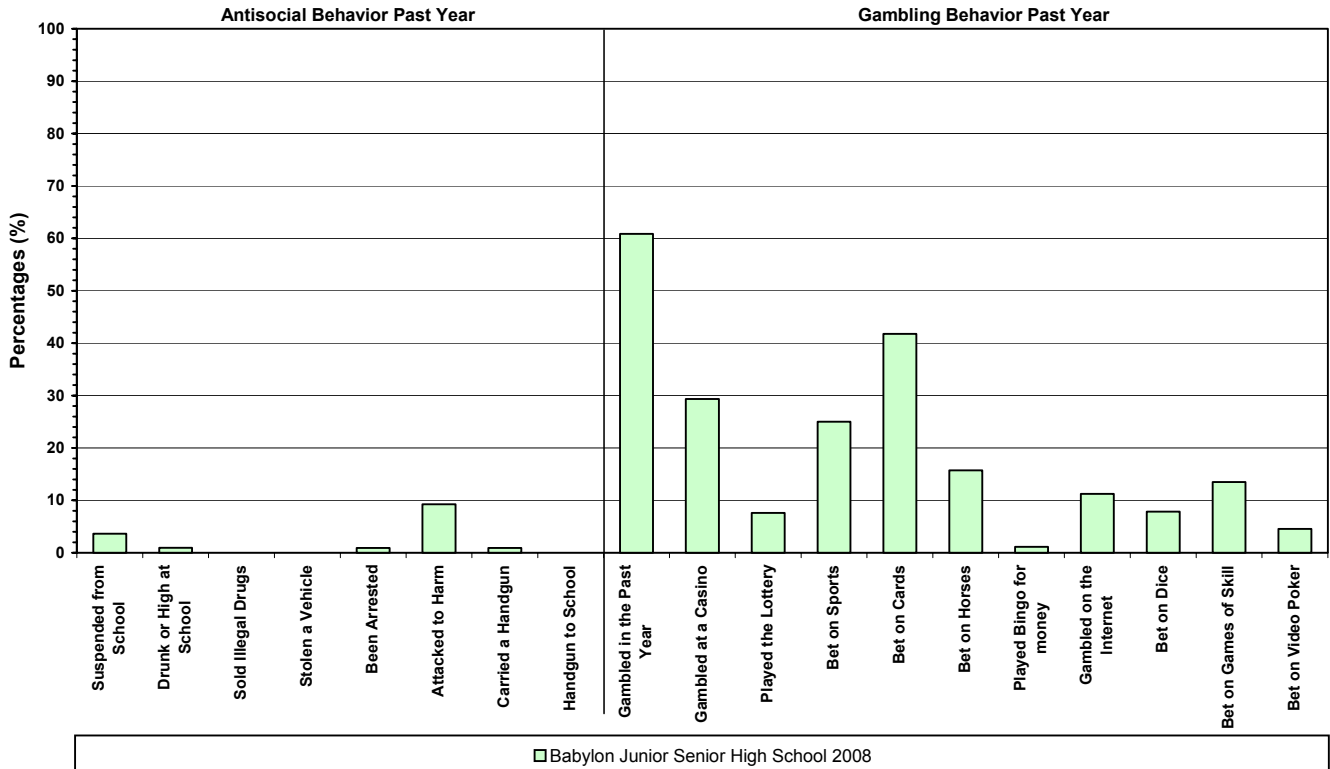
LIFETIME, 30 DAY & HEAVY ATOD USE

2008 Babylon Junior Senior High School Student Survey, Grade 7



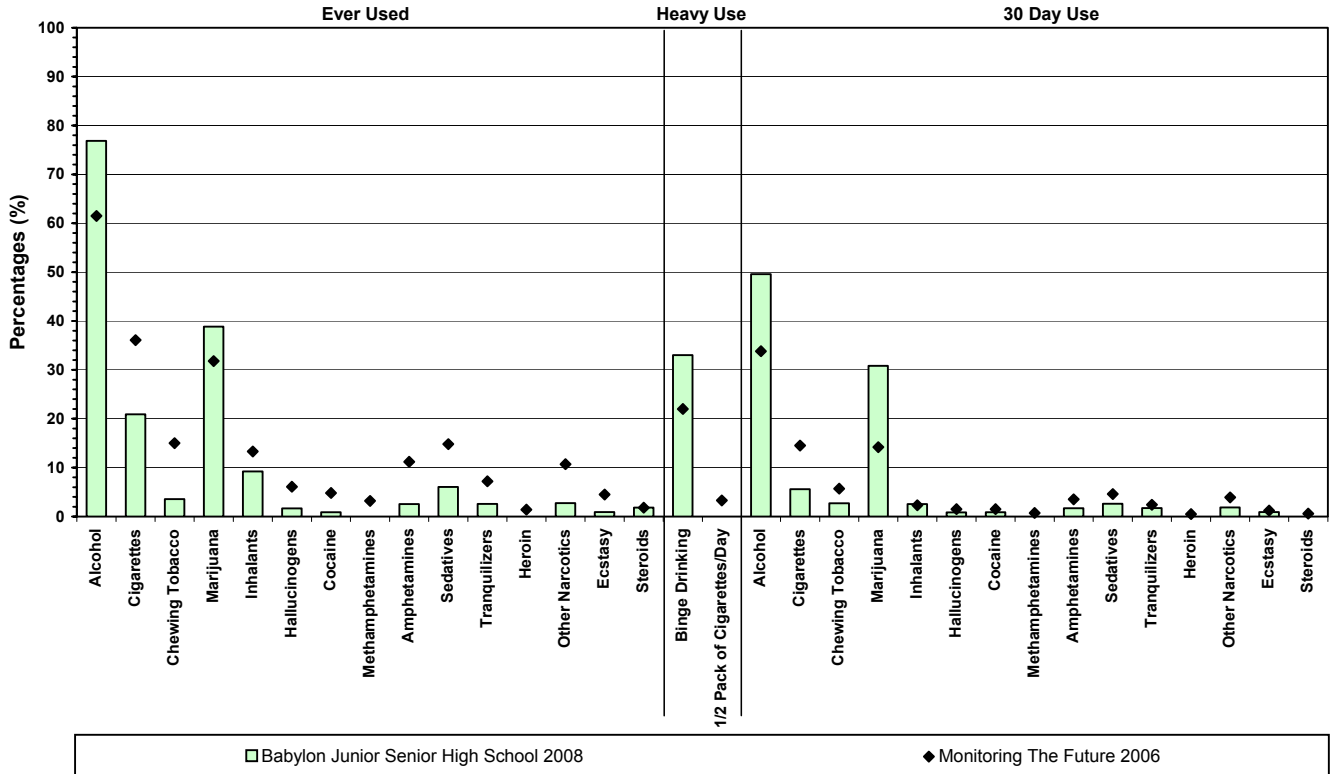
ANTISOCIAL BEHAVIOR AND GAMBLING

2008 Babylon Junior Senior High School Student Survey, Grade 7



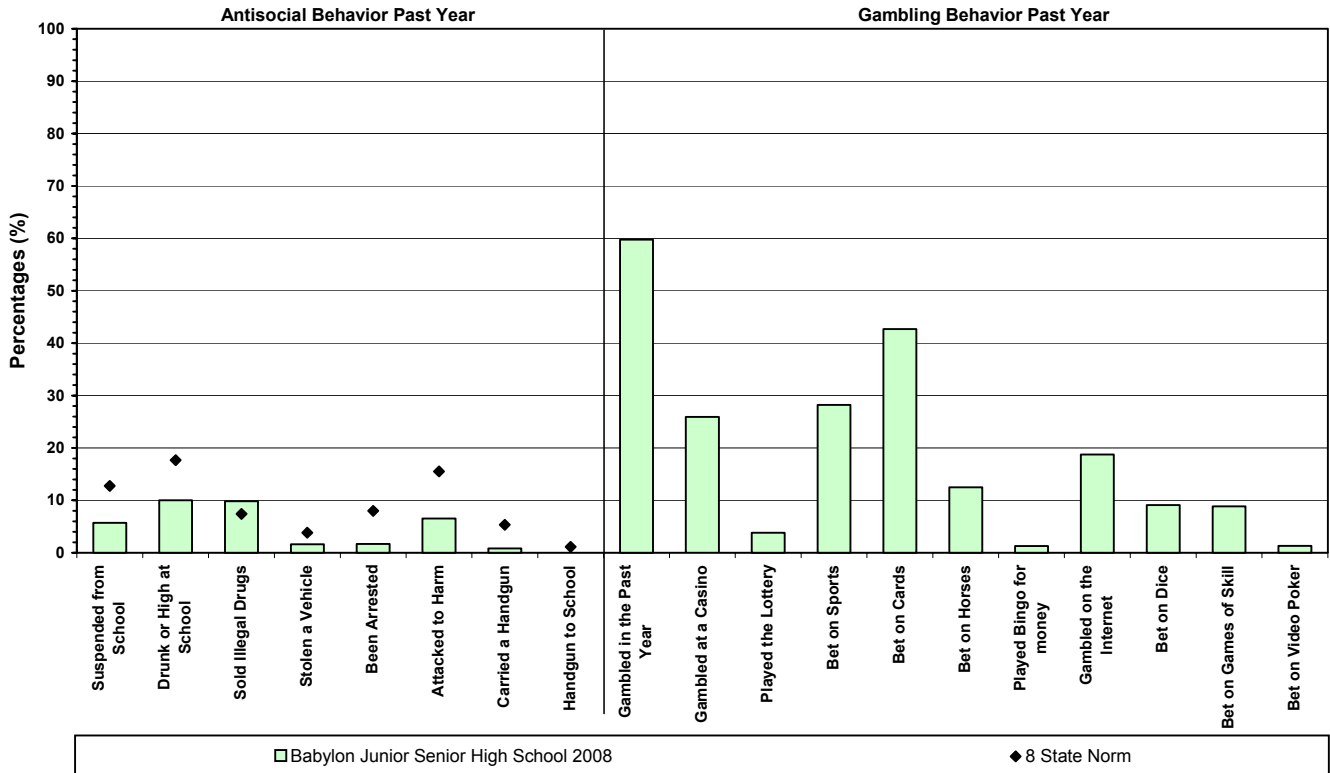
LIFETIME, 30 DAY & HEAVY ATOD USE

2008 Babylon Junior Senior High School Student Survey, Grade 10



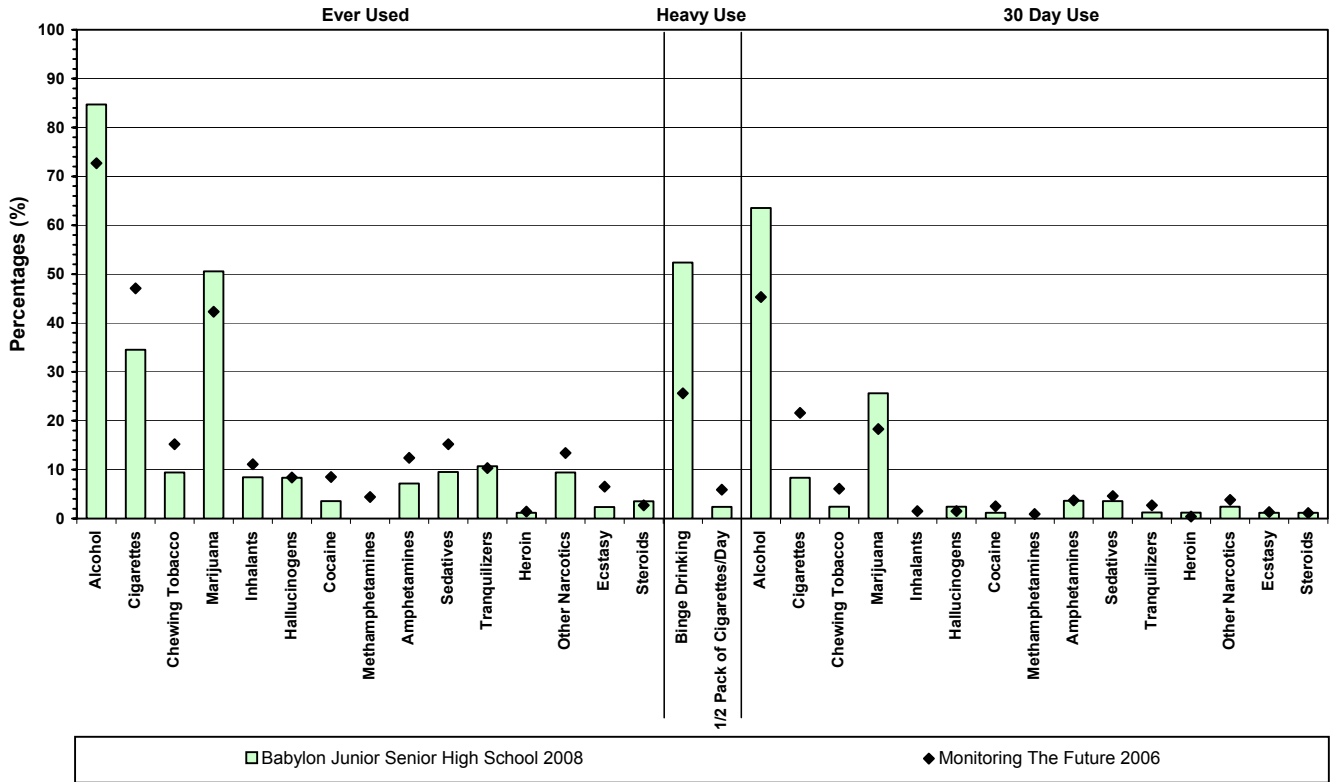
ANTISOCIAL BEHAVIOR AND GAMBLING

2008 Babylon Junior Senior High School Student Survey, Grade 10



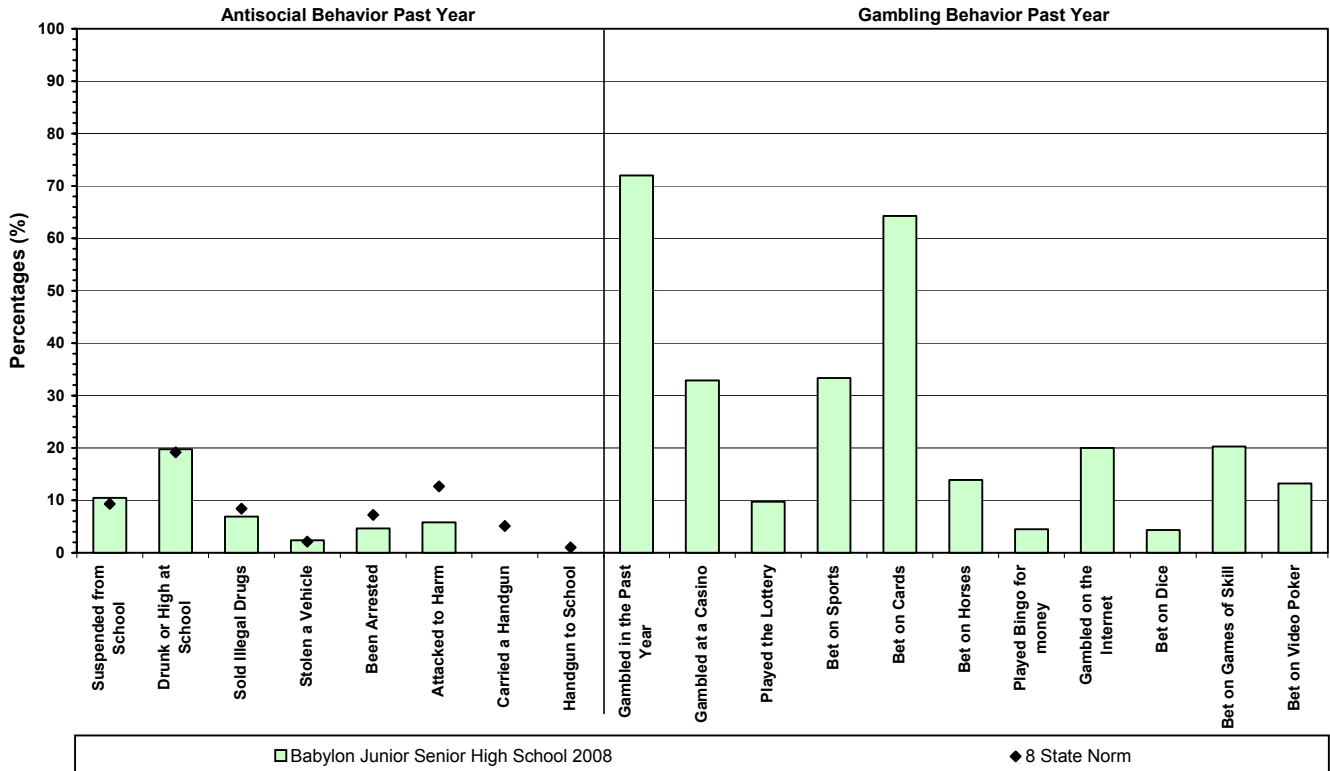
LIFETIME, 30 DAY & HEAVY ATOD USE

2008 Babylon Junior Senior High School Student Survey, Grade 12



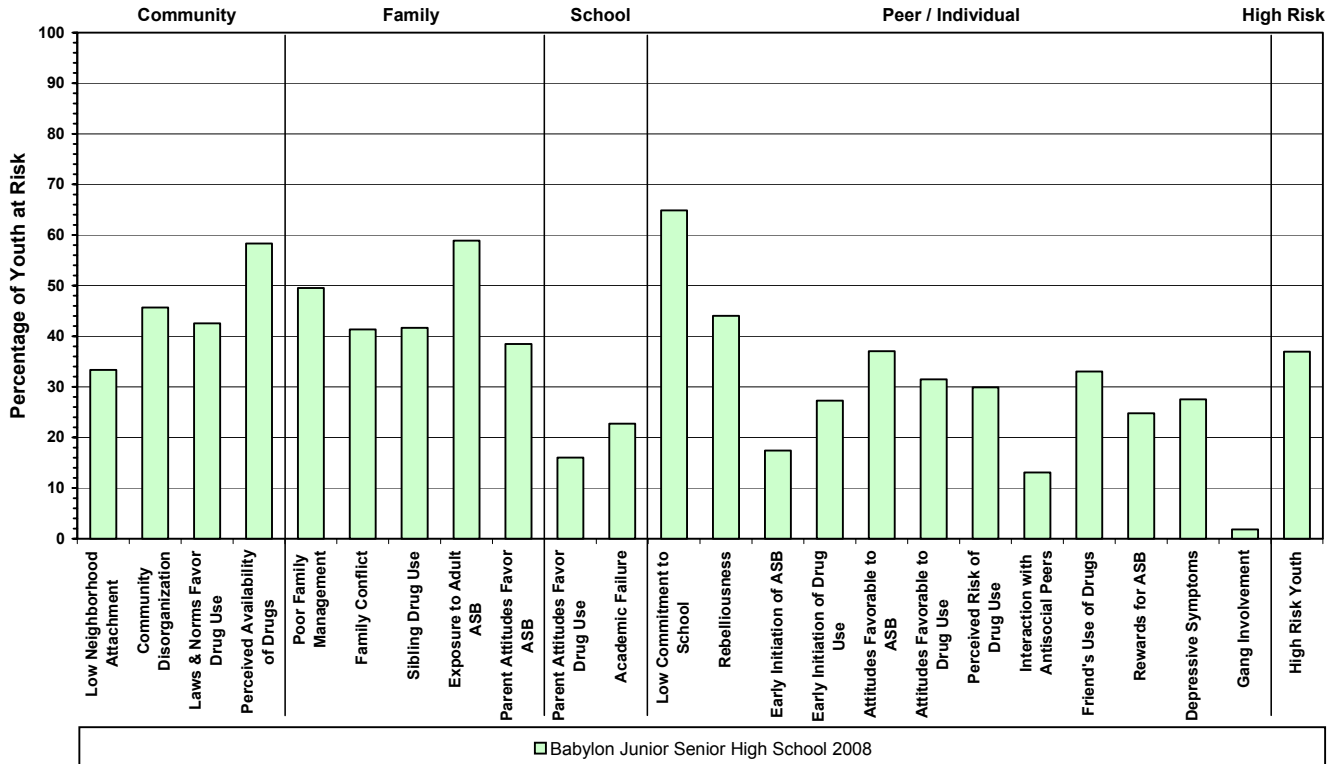
ANTISOCIAL BEHAVIOR AND GAMBLING

2008 Babylon Junior Senior High School Student Survey, Grade 12



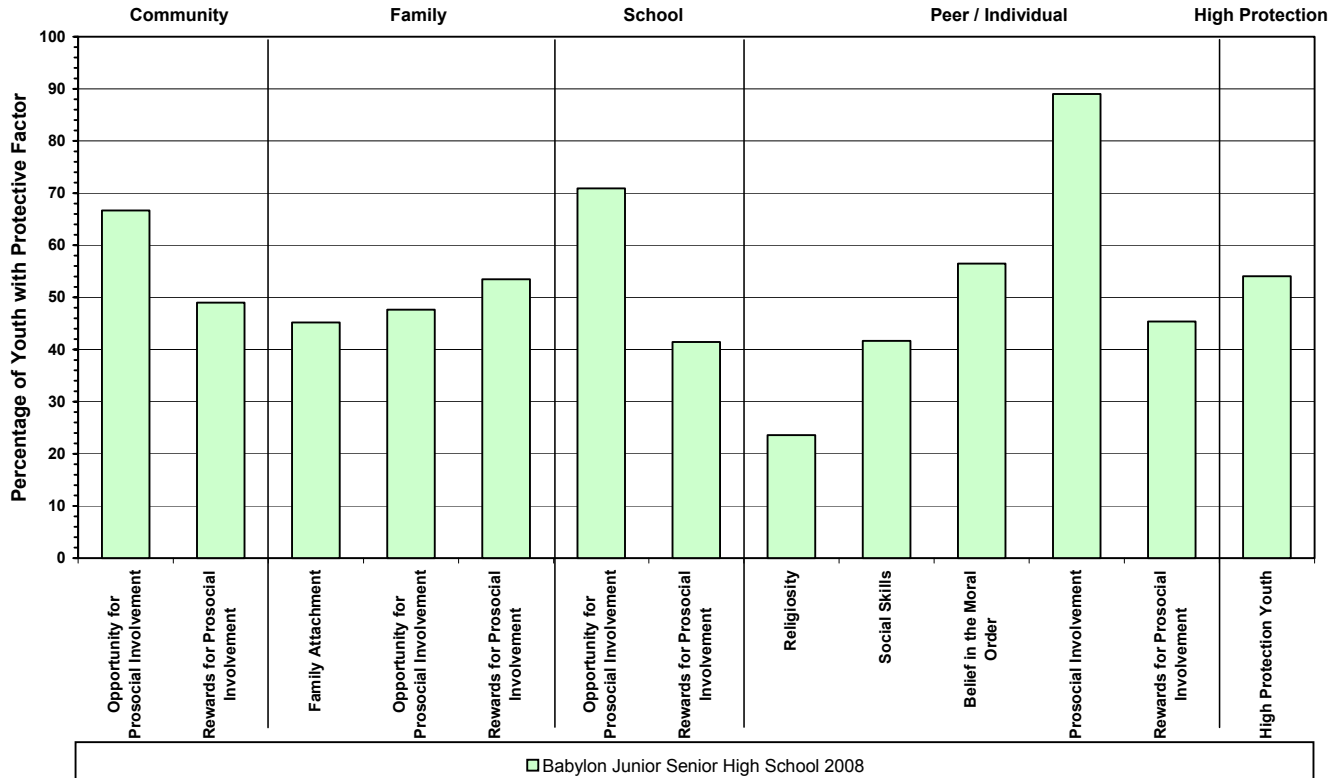
RISK PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 7



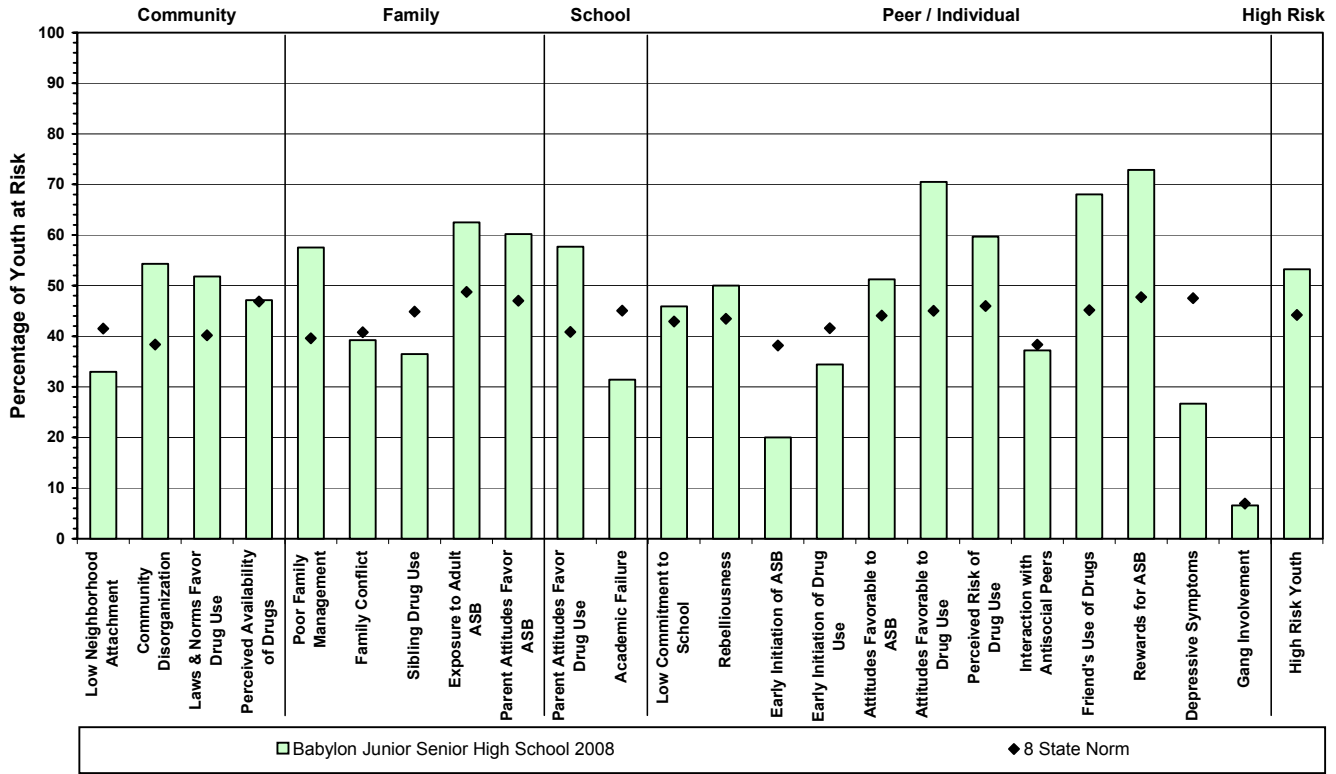
PROTECTIVE PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 7



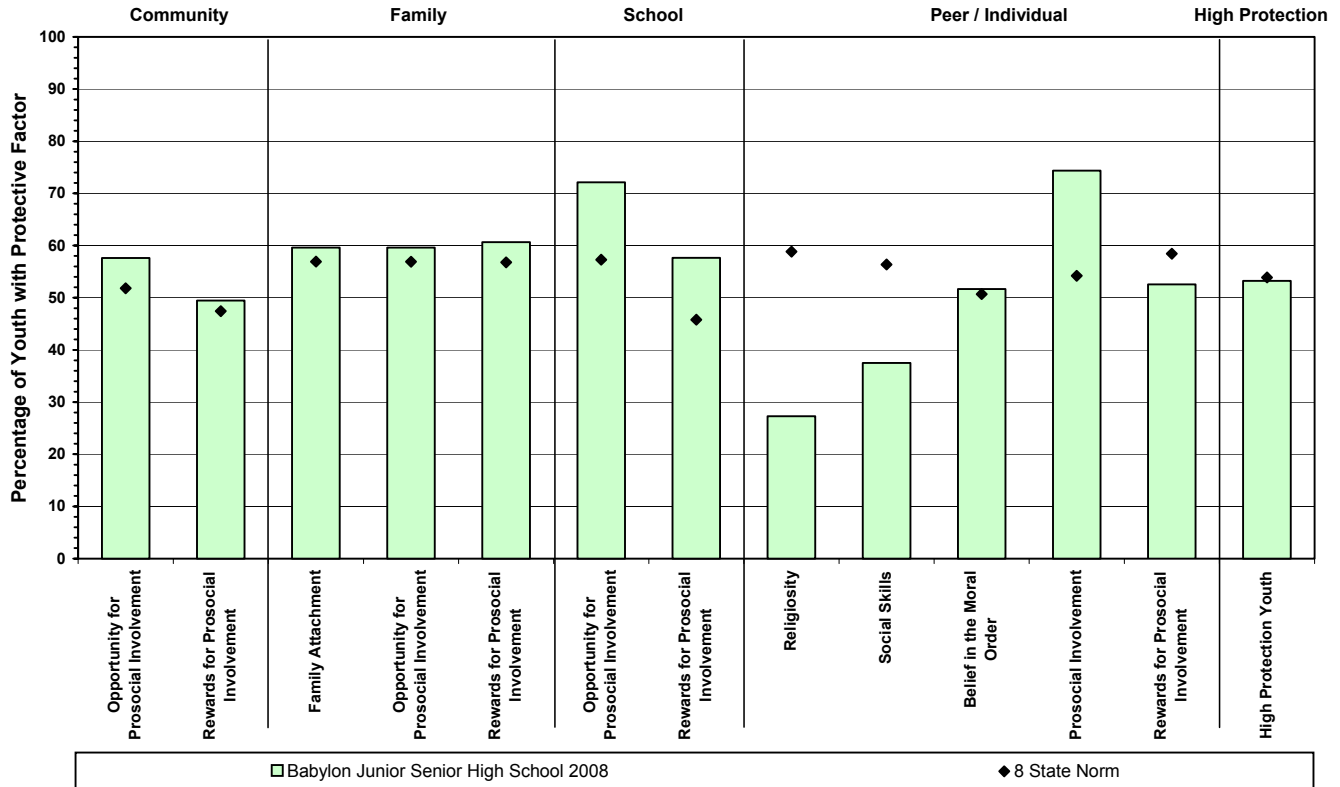
RISK PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 10



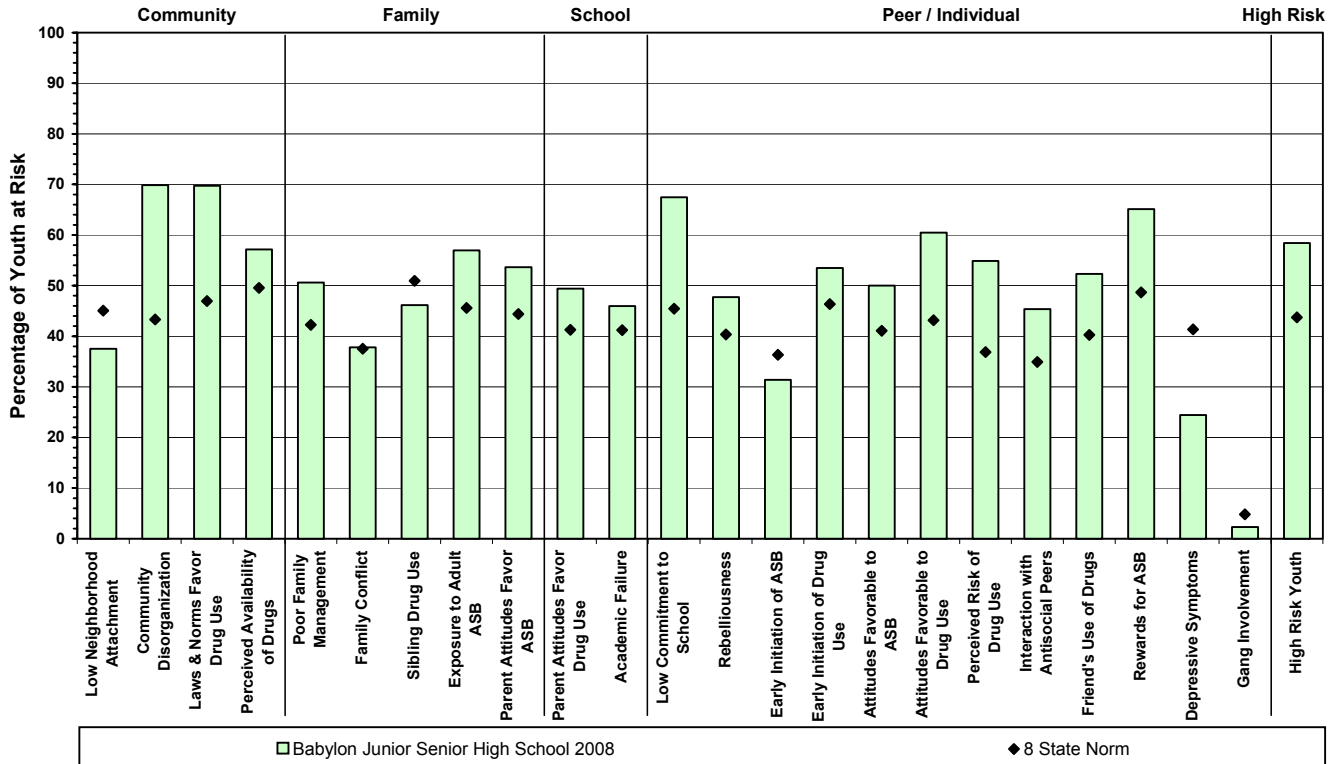
PROTECTIVE PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 10



RISK PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 12



PROTECTIVE PROFILE

2008 Babylon Junior Senior High School Student Survey, Grade 12

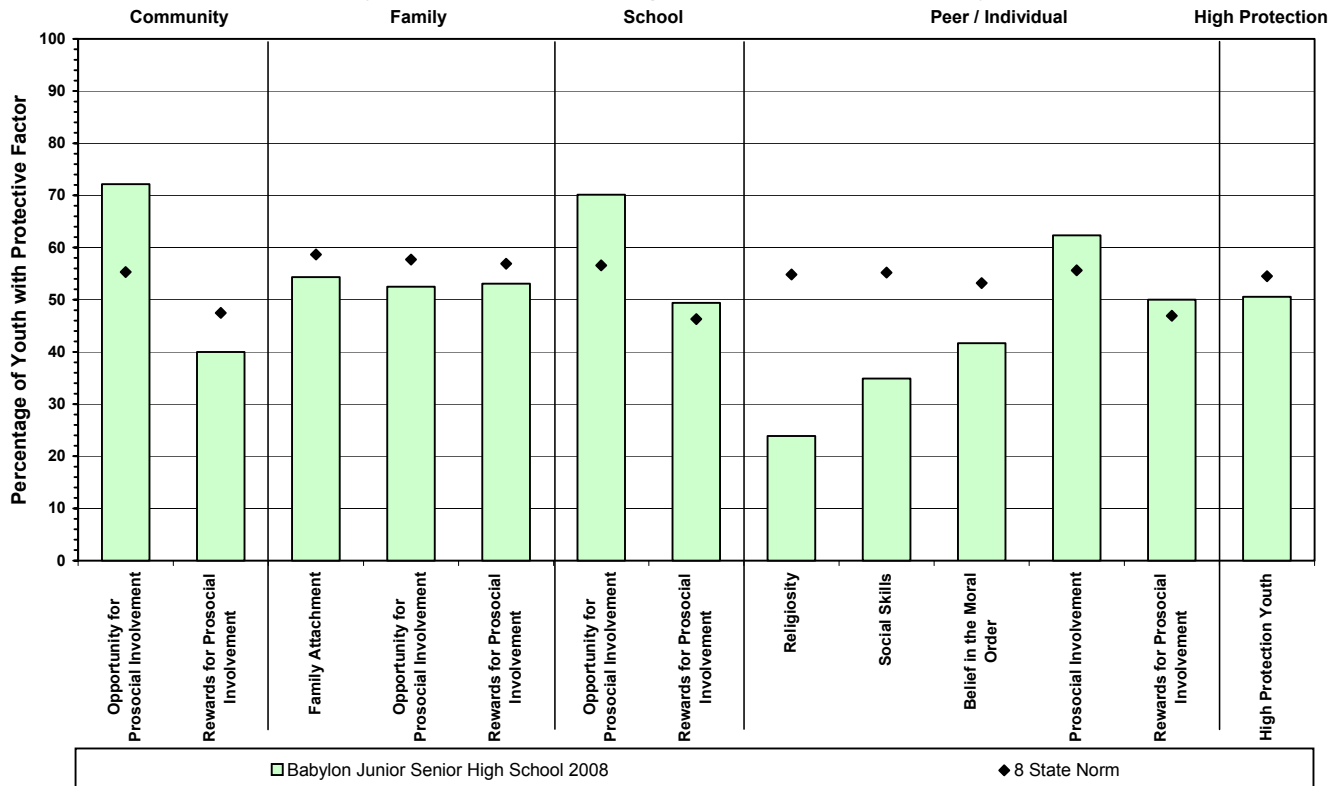


Table 2. Risk and Protective Factor Scale Definitions

<i>Community Domain Risk Factors</i>	
<i>Community Disorganization</i>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<i>Low Neighborhood Attachment</i>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i>Perceived Availability of Drugs</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Positive Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Positive Involvement</i>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Exposure to Adult Antisocial Behavior</i>	When children are raised in a family or are around adults with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Sibling Drug Use</i>	Youth who are raised in a family where their siblings use drugs are more likely to use drugs themselves.
<i>Family Conflict</i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i>Parental Attitudes Favorable Toward Antisocial Behavior & Drugs</i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Poor Family Management</i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i>Opportunities for Prosocial Involvement</i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<i>Low Commitment to School</i>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

Table 2. Risk and Protective Factor Scale Definitions (Continued)

<i>School Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors
<i>Peer-Individual Risk Factors</i>	
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<i>Friends' Use of Drugs</i>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Depressive Symptoms</i>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Religiosity</i>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<i>Social Skills</i>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who view working hard in school and the community as rewarding are less likely to engage in problem behavior.

Table 3. Number of Students Who Completed the Survey

Number of Youth	Grade 7	Grade 10		Grade 12	
	2008	2008	MTF 2006	2008	MTF 2006
	276	245	†	228	†

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

In your lifetime, on how many occasions (if any) have you (One or more occasions)		Grade 7	Grade 10		Grade 12	
		2008	2008	MTF 2006	2008	MTF 2006
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	25.7	76.9	61.5	84.7	72.7
Cigarettes	smoked cigarettes?	8.4	20.9	36.1	34.5	47.1
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	0.9	3.6	15.0	9.4	15.2
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	1.9	38.8	31.8	50.6	42.3
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	3.7	9.2	13.3	8.4	11.1
Hallucinogens	used LSD or other hallucinogens?	0.9	1.7	6.1	8.3	8.4
Cocaine	used cocaine or crack?	0.9	0.8	4.8	3.6	8.5
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.0	0.0	3.2	0.0	4.4
Amphetamines	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	2.8	2.5	11.2	7.1	12.4
Sedatives	used sedatives (barbiturates, sleeping pills, or downers such as phenobarbital or Tuinal) without a doctor telling you to take them?	1.9	6.0	14.8	9.5	15.2
Tranquilizers	used tranquilizers (such as Librium, Valium, or Xanax) without a doctor telling you to take them?	0.0	2.6	7.2	10.7	
Heroin	used heroin or other opiates?	0.9	0.0	1.4	1.2	1.4
Other Narcotics	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	0.0	2.7	10.7	9.4	13.4
Ecstasy	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	0.9	0.9	4.5	2.4	6.5
Steroids	used MDMA ('X', 'E', or ecstasy)?	1.8	1.8	1.8	3.5	2.7

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

Table 5. Percentage of Students Who Used ATODs During The Past 30 Days

In the past 30 days, on how many occasions (if any) have you (One or more occasions)		Grade 7	Grade 10		Grade 12	
		2008	2008	MTF 2006	2008	MTF 2006
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	11.9	49.6	33.8	63.5	45.3
Cigarettes	smoked cigarettes?	3.7	5.6	14.5	8.3	21.6
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	2.8	2.7	5.7	2.4	6.1
Marijuana	used marijuana (grass, pot) or hashish (hash, hash oil)?	0.9	30.8	14.2	25.6	18.3
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	0.9	2.5	2.3	0.0	1.5
Hallucinogens	used LSD or other hallucinogens?	0.0	0.8	1.5	2.4	1.5
Cocaine	used cocaine or crack?	0.9	0.9	1.5	1.2	2.5
Methamphetamines	used methamphetamines (meth, speed, crank, crystal meth)?	0.0	0.0	0.7	0.0	0.9
Amphetamines	used stimulants, other than methamphetamines (such as amphetamines, Ritalin, Dexedrine) without a doctor telling you to take them?	0.0	1.7	3.5	3.6	3.7
Sedatives	used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	0.0	2.6	4.6	3.6	4.6
Tranquilizers	used tranquilizers (such as Librium, Valium, or Xanax) without a doctor telling you to take them?	0.0	1.7	2.4	1.2	
Heroin	used heroin or other opiates?	0.9	0.0	0.5	1.2	0.4
Other Narcotics	used narcotic prescription drugs (such as OxyContin, methadone, morphine, codine, Demerol, Vicodin, Percocet) without a doctor telling you to take them?	0.0	1.8	3.9	2.4	3.8
Ecstasy	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	0.9	0.9	1.2	1.2	1.3
Steroids	used MDMA ('X', 'E', or ecstasy)?	1.9	0.0	0.6	1.2	1.1

Table 6. Percentage of Students With Heavy ATOD Use

		Grade 7	Grade 10		Grade 12	
		2008	2008	MTF 2006	2008	MTF 2006
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks?	4.7	33.0	22.0	52.4	25.6
1/2 Pack of Cigarettes/Day	During the past 30 days, have you smoked 1/2 Pack of cigarettes a day or more?	0.9	0.0	3.3	2.4	5.9

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

How many times in the past year (12 months) have you: (One or more times)	Grade 7	Grade 10		Grade 12	
	2008	2008	8 State Norm	2008	8 State Norm
Been Suspended from School	3.6	5.7	12.8	10.5	9.3
Been Drunk or High at School	0.9	10.0	17.7	19.8	19.2
Sold Illegal Drugs	0.0	9.8	7.4	6.9	8.4
Stolen or Tried to Steal a Motor Vehicle	0.0	1.6	3.8	2.4	2.1
Been Arrested	0.9	1.7	8.0	4.7	7.2
Attacked Someone with the Idea of Seriously Hurting Them	9.3	6.6	15.5	5.8	12.7
Carried a Handgun	0.9	0.8	5.3	0.0	5.1
Carried a Handgun to School	0.0	0.0	1.1	0.0	1.0

* Table 8. Percentage of Students Gambling in the Past Year

How many times in the past year (12 months) have you: (<i>'A few times' or more</i>)	Grade 7	Grade 10		Grade 12	
	2008	2008	8 State Norm	2008	8 State Norm
Gambled in the Past Year	60.9	59.8	n/a	72.0	n/a
Gambled at a Casino	29.3	25.9	n/a	32.9	n/a
Played the Lottery	7.6	3.8	n/a	9.7	n/a
Bet on Sports	25.0	28.2	n/a	33.3	n/a
Bet on Cards	41.8	42.7	n/a	64.3	n/a
Bet on Horses	15.7	12.5	n/a	13.9	n/a
Played Bingo for money	1.1	1.3	n/a	4.5	n/a
Gambled on the Internet	11.2	18.8	n/a	20.0	n/a
Bet on Dice	7.9	9.1	n/a	4.3	n/a
Bet on Games of Skill	13.5	8.9	n/a	20.3	n/a
Bet on Video Poker	4.5	1.3	n/a	13.2	n/a

Table 9. Percentage of Students Reporting Protection

Protective Factors	Grade 7	Grade 10		Grade 12	
	2008	2008	8 State Norm	2008	8 State Norm
Community Domain					
Opportunity for Prosocial Involvement	66.7	57.6	51.8	72.2	55.3
Rewards for Prosocial Involvement	49.0	49.5	47.4	40.0	47.5
Family Domain					
Family Attachment	45.2	59.6	56.9	54.3	58.7
Opportunity for Prosocial Involvement	47.6	59.6	56.9	52.5	57.7
Rewards for Prosocial Involvement	53.5	60.6	56.8	53.1	56.9
School Domain					
Opportunity for Prosocial Involvement	70.9	72.1	57.3	70.1	56.6
Rewards for Prosocial Involvement	41.4	57.6	45.8	49.4	46.3
Peer-Individual Domain					
Religiosity	23.6	27.3	58.8	23.9	54.8
Social Skills	41.7	37.5	56.4	34.9	55.2
Belief in the Moral Order	56.5	51.7	50.7	41.7	53.2
Prosocial Involvement	89.0	74.4	54.2	62.4	55.6
Rewards for Prosocial Involvement	45.4	52.5	58.4	50.0	46.9
High Protection					
High Protection Youth	54.1	53.2	53.9	50.6	54.5

* Becasu not all of the 8 State Surveys had Gambling Behavior questions, no combined value is available

Table 10. Percentage of Students Reporting Risk

Risk Factors	Grade 7	Grade 10		Grade 12	
	2008	2008	8 State Norm	2008	8 State Norm
Community Domain					
Low Neighborhood Attachment	33.3	33.0	41.5	37.5	45.1
Community Disorganization	45.7	54.3	38.4	69.9	43.3
Laws & Norms Favor Drug Use	42.6	51.8	40.2	69.7	46.9
Perceived Availability of Drugs	58.3	47.1	46.9	57.1	49.6
Family Domain					
Poor Family Management	49.5	57.5	39.6	50.6	42.3
Family Conflict	41.3	39.2	40.8	37.8	37.5
Sibling Drug Use	41.7	36.5	44.9	46.2	50.9
Exposure to Adult ASB	58.9	62.5	48.7	56.9	45.6
Parent Attitudes Favor ASB	38.5	60.2	47.0	53.7	44.4
Parent Attitudes Favor Drug Use	16.0	57.7	40.8	49.4	41.3
School Domain					
Academic Failure	22.7	31.4	45.0	46.0	41.2
Low Commitment to School	64.9	45.9	42.9	67.4	45.4
Peer-Individual Domain					
Rebelliousness	44.0	50.0	43.5	47.7	40.4
Early Initiation of ASB	17.4	20.0	38.2	31.4	36.3
Early Initiation of Drug Use	27.3	34.4	41.6	53.5	46.4
Attitudes Favorable to ASB	37.0	51.2	44.1	50.0	41.1
Attitudes Favorable to Drug Use	31.5	70.5	45.0	60.5	43.2
Perceived Risk of Drug Use	29.9	59.7	46.0	54.9	36.9
Interaction with Antisocial Peers	13.1	37.2	38.3	45.3	34.9
Friend's Use of Drugs	33.0	68.0	45.2	52.3	40.3
Rewards for ASB	24.8	72.9	47.7	65.1	48.7
Depressive Symptoms	27.5	26.7	47.5	24.4	41.3
Gang Involvement	1.8	6.6	7.0	2.3	4.8
High Risk					
High Risk Youth	36.9	53.2	44.2	58.4	43.7

Table 11. Drug Free Communities Report *

Outcomes	Definition	Substance	Babylon Junior Senior High School 2008													
			Grade 7		Grade 10		Grade 12		Total †		Male		Female		Total ††	
			Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Perception of Risk <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	drink 1 or two drinks nearly every day	Alcohol	82.2	107	77.3	119	65.1	83	75.7	309	72.9	155	77.9	149	75.3	304
	smoke 1 or more packs or cigarettes per day	Cigarettes	88.8	107	96.6	119	91.7	84	92.6	310	89.7	155	95.3	149	92.4	304
	smoke marijuana regularly	Marijuana	94.4	107	77.1	118	61.0	82	78.8	307	72.5	153	84.6	149	78.5	302
Perception of Parent Disapproval <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	96.1	103	77.5	102	60.5	81	79.4	286	71.8	142	87.1	139	79.4	281
	smoke cigarettes	Cigarettes	100.0	106	93.3	104	94.0	84	95.9	294	94.0	149	97.9	141	95.9	290
	smoke marijuana	Marijuana	99.0	105	92.3	104	90.4	83	94.2	292	91.1	146	97.2	141	94.1	287
Perception of Peer Disapproval <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	90.8	109	32.0	122	33.7	86	52.7	317	48.4	161	56.3	151	52.2	312
	smoke cigarettes	Cigarettes	94.4	108	81.1	122	67.8	87	82.0	317	79.9	159	84.2	152	82.0	311
	smoke marijuana	Marijuana	97.2	107	59.0	122	57.1	84	71.6	313	66.2	157	76.2	151	71.1	308
Past 30-Day Use	at least one use in the Past 30 Days	Alcohol	11.9	109	49.6	119	63.5	85	40.3	313	45.2	157	35.1	151	40.3	308
		Cigarettes	3.7	107	5.6	107	8.3	84	5.7	298	6.8	147	4.1	146	5.5	293
		Marijuana	0.9	107	30.8	120	25.6	82	19.1	309	27.5	153	10.7	150	19.1	303
			Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number	Age	Number
Average Age of Onset **	average age	Alcohol	11.4	30	13.9	92	14.2	75	13.7	197	13.6	108	13.8	86	13.7	194
		Cigarettes	11.6	8	13.8	33	14.2	31	13.7	72	14.0	40	13.3	30	13.7	70
		Marijuana	11.5	2	14.6	47	15.3	43	14.8	92	14.8	57	14.9	34	14.8	91

*The "Number" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as specified.

**For Average Age of Onset, "Number" represents the number of youth who reported any age of first use for the specified substance other than "Never Used."

†The "Total" column represents responses from students in all grades surveyed.

††The "Total" column represents responses from students marking both grade AND gender.

Table 12. Youth Perceptions of Substance Use

Now think about all the students in your grade at school. How many of them do you think:	Substance	Babylon Junior Senior High School 2008							
		Grade 7		Grade 10		Grade 12		Total	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
a. smoke one or more cigarettes a day?	None (0%)	31	28.4	3	2.5	0	0.0	34	10.7
	Few (1-10%)	58	53.2	51	41.8	19	21.8	128	40.3
	Some (11-30%)	11	10.1	33	27.0	38	43.7	82	25.8
	Half or less (31-50%)	6	5.5	15	12.3	16	18.4	37	11.6
	Half or more (51-70%)	2	1.8	9	7.4	14	16.1	25	7.9
	Most (71-90%)	0	0.0	9	7.4	0	0.0	9	2.8
	Almost All (91-100%)	1	0.9	2	1.6	0	0.0	3	0.9
b. drank alcohol sometime in the past month?	None (0%)	18	16.4	2	1.7	1	1.1	21	6.6
	Few (1-10%)	52	47.3	0	0.0	2	2.3	54	17.0
	Some (11-30%)	21	19.1	2	1.7	1	1.1	24	7.6
	Half or less (31-50%)	6	5.5	12	10.0	1	1.1	19	6.0
	Half or more (51-70%)	7	6.4	22	18.3	10	11.5	39	12.3
	Most (71-90%)	5	4.5	48	40.0	36	41.4	89	28.1
	Almost All (91-100%)	1	0.9	34	28.3	36	41.4	71	22.4
c. used marijuana sometime in the past month?	None (0%)	53	48.2	4	3.3	1	1.2	58	18.3
	Few (1-10%)	46	41.8	6	5.0	4	4.7	56	17.7
	Some (11-30%)	6	5.5	12	9.9	3	3.5	21	6.6
	Half or less (31-50%)	4	3.6	23	19.0	18	20.9	45	14.2
	Half or more (51-70%)	1	0.9	24	19.8	18	20.9	43	13.6
	Most (71-90%)	0	0.0	36	29.8	31	36.0	67	21.1
	Almost All (91-100%)	0	0.0	16	13.2	11	12.8	27	8.5
d. used an illegal drug in the past month (not including marijuana)?	None (0%)	62	56.4	11	9.0	2	2.4	75	23.7
	Few (1-10%)	40	36.4	53	43.4	26	30.6	119	37.5
	Some (11-30%)	5	4.5	27	22.1	34	40.0	66	20.8
	Half or less (31-50%)	1	0.9	13	10.7	9	10.6	23	7.3
	Half or more (51-70%)	1	0.9	11	9.0	9	10.6	21	6.6
	Most (71-90%)	1	0.9	7	5.7	3	3.5	11	3.5
	Almost All (91-100%)	0	0.0	0	0.0	2	2.4	2	0.6

Contacts for Prevention

NATIONAL RESOURCES

United States Department of Health and Human Services (USDHHS)
Substance Abuse and Mental Health Service Administration (SAMHSA)
1 Choke Cherry Rd., Rm. 8-1054
Rockville, Maryland 20857
240-276-2000

info@samhsa.hhs.org

www.samhsa.gov

(From this web-site, the programs and services provided by the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services can be accessed)

Center for Substance Abuse Prevention (CSAP)

1 Choke Cherry Rd., Ste 4-1057
Rockville, Maryland 20857
240-276-2420

info@samhsa.hhs.org

<http://prevention.samhsa.gov/>

CSAP's Centers for the Advancement of Prevention Technologies (all five CSAP Centers can be accessed through this web site)

<http://captus.samhsa.gov/home.cfm>

National Institutes of Health (NIH)
National Institute on Drug Abuse (NIDA)
6001 Executive Blvd., Rm. 5213
Bethesda, Maryland 20892-9561
301-443-1124

Information@lists.nida.nih.gov

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

STATE RESOURCES

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

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