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Pennsylvania Youth Survey (PAYS)

Sponsored by:

Pennsylvania Commission
on Crime and Delinquency

Pennsylvania Department
of Drug and Alcohol
Programs

Pennsylvania Department
of Education



State Report PAYS 2013

Pennsylvania Youth Survey

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Pennsylvania Commission on Crime and Delinquency
Pennsylvania Department of Drug and Alcohol Programs
Pennsylvania Department of Education

Conducted by:

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The Pennsylvania State University

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Additionally, a great deal of thanks for the leadership of this survey needs to go to the PCCD Resource Center Steering Committee, who provided guidance and oversight to this effort.

The administration of the survey would not have been a success without the contributions of the PAYS Advisory Group (PAYSAG), whose tireless efforts and ideas helped make this year’s PAYS the most widely administered survey since Pennsylvania has been administering the tool.

Lastly, the success of the 2013 PAYS could not have been achieved without the support and participation of school superintendents, administrators, principals, prevention coordinators, and teachers throughout the state. Finally, we extend our appreciation to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which they live and learn.

We hope schools and communities find this year’s data useful for their planning purposes. We invite ALL schools in Pennsylvania to participate in the 2015 survey. If interested, please contact Geoff Kolchin at the PCCD at (717) 265-8483.

Introduction

The Pennsylvania Youth Survey (PAYS) was designed to measure the need for prevention services among youth in grades 6, 8, 10, and 12 in the areas of substance abuse, delinquency, antisocial behavior, violence, and mental health issues. The questions on the survey ask youth about the factors that place them at risk for substance use and other problem behaviors along with the factors that offer them protection from problem behaviors. The survey also inquires about the use of alcohol, tobacco, and other drugs (ATODs), participation in various antisocial behaviors, school climate and safety issues, and thoughts regarding suicide and students' own mental health.

The 2013 Pennsylvania Youth Survey Project was funded by the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Drug and Alcohol Programs (DDAP), and the Pennsylvania Department of Education (PDE). The Pennsylvania State University and Bach Harrison L.L.C. oversaw the survey process and reporting. A total of 216,385 public and private school students (grades 6 through 12) throughout the state participated in the 2013 Pennsylvania Youth Survey. After invalid (i.e., odd-grade, unmarked grades, etc.) and dishonest surveys were removed, a total of 200,622 even-graded surveys were represented in final local-level reports. (Note: Three school districts chose to survey odd-grade students at an addition cost not funded by the State. Those surveys are not included in this final count.) The results featured in this report stem from the PAYS Statewide Sample, which was designed to gather data most representative of the Commonwealth.

A total of 216,385 public and private school students in grades 6, 8, 10, and 12 participated in the 2013 PAYS.

Pennsylvania 2013 Report Overview of Sections

This report is divided into six main sections. When coupled with the Executive Summary, each complete section and each subsection are designed to be able to be distributed as individual documents or reports on the topics covered.

The **Executive Summary** describes how the survey was conducted, who participated, and procedures that were used to ensure that valid information was collected. This section is designed to stand alone and can be removed from the report to provide a complete overview of the entire State Report.

Section 1, Survey Methods, describes how the survey was conducted, who participated, the design and success of the statewide sample, and procedures that were used to ensure that valid information was collected.

Section 2, Risk and Protective Factors for Substance Abuse and Other Youth Problems, provides a description of the Risk and Protective Factor Model of substance abuse prevention, including the four domains of risk and protection (community, family, school, and peer/individual), and risk and protective factor results for each of the four domains. Results are presented for each grade. Also presented is a description of the scale scores that are used to quantify levels of risk and protection and determine the percentage of youth at risk for problem behaviors.

Section 3, Substance Use Outcomes, describes ATOD use and antisocial behavior among Pennsylvania’s youth. This section presents results on the current use (use in the 30 days prior to the survey) and use during the youth’s lifetime of 16 different substances. Results are presented first for the gateway drugs – alcohol, tobacco, marijuana, and inhalants – and are then presented for prescription drugs and other illicit drugs. Results are compared to the results of a national survey, Monitoring The Future (MTF), when comparable data are available. The section includes analyses of data regarding ATOD use by gender. Additional analyses in this section include age of perceived harmfulness of drugs, and sources of obtaining ATODs.

Section 4, Antisocial Behaviors and School Safety Measures, provides information on student behaviors and attitudes regarding such topics as school-related violence and safety, gambling, other antisocial behaviors, dangerous driving behaviors, etc.

Section 5, Mental Health Topics, provides an overview of the wealth of mental health-related data that the PAYS gathers. Topics in Section 5 include depressive symptoms, trauma, suicide ideation, etc. As a segue into Section 6, this section will look at depressive symptoms in relation to reported ATOD use.

Section 6, Additional Data Relationships, provides examples of how risk factors and other measures actually relate to drug and alcohol use. By looking at how factors such as level of school achievement, family financial anxiety, degree of parental/peer acceptability of drug use, transitions and mobility, and family military deployment affect substance use, we can begin to understand how the risk and protective factor model of prevention works, and how it can be used to target the needs of schools and communities.

Executive Summary

Since 1989, the Commonwealth of Pennsylvania has conducted a biennial survey of youth in the 6th, 8th, 10th, and 12th grades to gather information about their knowledge, attitudes, and behaviors towards alcohol, tobacco, and other drug use.

The “Pennsylvania Youth Survey” or “PAYS” is conducted every other year, in the Fall of odd-numbered years. Beginning with the 2013 administration, PAYS was offered at no charge to any school or district (public, private, charter, and parochial) courtesy of funding provided by the Pennsylvania Department of Education (PDE), the Pennsylvania Department of Drug and Alcohol Programs (DDAP), and the Pennsylvania Commission on Crime and Delinquency (PCCD).

The 2013 PAYS was the twelfth biennial administration (1989-2013). Comparisons in this report were made between the results of the 2009, 2011, and 2013 surveys, as well as comparisons to youth nationwide. Readers who are interested in the results from earlier surveys can consult past reports. Please note that this report does not contain data from all survey questions. To access and analyze data from the entire survey dataset, please visit www.bach-harrison.com/PAYSWebTool.

Over the last several survey administrations, the PAYS has added additional questions about problem behaviors based on areas of interest to state and local leaders. These include questions around: illegal prescription drug use, gambling, depression/suicidal ideation, violence on school property, bullying (physical and online), Internet safety, gang involvement, and texting while driving. After each survey administration, Pennsylvania stakeholders review the survey instrument to determine if there are additional areas of importance that should be included in the next cycle or if some items have outlived their value and should be removed.

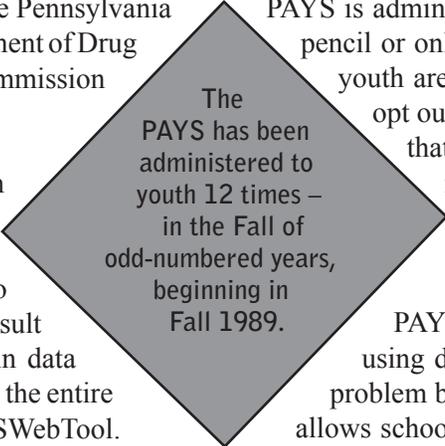
Questions are asked across four domains (community, school, family, and peer/individual) to help determine where the strengths of a community are that can be brought to bear to assist students. The questions also help determine where potential problems may exist outside of school that can have an impact on a student’s readiness to learn when they arrive at their school each morning. This includes questions on having enough food, parental incarceration, military deployment of a family member, or loss of a close family member or friend.

PAYS is administered in the individual school buildings, using either paper/pencil or online tool at the school’s discretion. The survey is voluntary – youth are able to skip any questions they do not wish to answer or to opt out of the survey entirely. Additionally, students are made aware that their responses will remain anonymous and confidential. No individual student-level data can be obtained from the data set, and the results are reported in aggregate at the local, county, and state levels.

PAYS is a primary tool in Pennsylvania’s prevention approach of using data to drive decision making. By looking not just at rates of problem behaviors but also at the root causes of those behaviors, PAYS allows schools and communities to address root causes (such as a lack of commitment to school) rather than only looking at the symptoms after the fact (like poor grades). This approach has been repeatedly shown in national research studies to be the most effective in helping youth develop into healthy, productive members of their society.

Participation by Pennsylvania Youth

An attempt was made to survey all of the students in grades 6, 8, 10, and 12 in Pennsylvania; and additional focus was devoted toward securing participation from school and grade combinations chosen for the Statewide



The PAYS has been administered to youth 12 times – in the Fall of odd-numbered years, beginning in Fall 1989.

Sample (the results of which are presented in this State Report). Offering the survey to the entire state in the form of a census is incredibly helpful for supplying community-level data. Program planning often requires knowledge of substance use, antisocial behavior, and risk and protective factors for various subpopulations, such as youth in a specific community, a grade in school, or from single-parent homes. Having a good sample of students throughout the state (in addition to participation secured through the State's sample) allows the State to have a hearty dataset in which to generate profile reports at the school district, county, and community levels.

A total of 216,385 public and private school students throughout the state participated in the Fall 2013 Pennsylvania Youth Survey. After invalid/dishonest surveys were removed, a total of 200,622 surveys were represented in final local-level reports. The results featured in this report stem from the PAYS Statewide Sample, which was designed to gather data most representative of the state. Community-level summary reports were issued to more than 400 school districts and counties.

There were 891 schools that chose to participate in the 2013 PAYS. 2012-2013 PDE enrollment figures show that there were a total of 288,632 public school students in grades 6, 8, 10, and 12 enrolled in these schools and eligible to participate in the survey. An attempt was made to survey all eligible Pennsylvania students, resulting in 200,622 valid participants in grades 6, 8, 10, and 12 (a participation rate of 69.5%), represented evenly across the state.

For the PAYS, there was nearly an equal number of males and females who took the survey in all grades (50.1% female, 49.9% male). The majority of respondents were White (75.8%) or Multi-Racial (11.1%), 6.2% were African American, and the other ethnic groups accounted for 6.9% of the respondents.

See Survey Methods section of this report for further information about analysis of data provided by survey participants.

The Risk and Protective Factor Framework

Pennsylvania has been using the Risk and Protective Framework to guide prevention efforts aimed at reducing 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 behaviors. 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.

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 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 the risk and protective factor model is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem behaviors. 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.

In order to make the results of the 2013 PAYS more usable, risk and protective summary profiles were developed that show the percentage of youth at risk and the percentage of youth with protection on each scale. Please note that the PAYS is only one source of data for prevention and that some of the risk and protective factors can be measured with data from other sources. Being able to gather risk and protective factor data from other sources is important as it allows the PAYS form to be as brief as possible and also allows room on the survey form for additional questions to be asked related to other prevention strategies/projects.

Table ES-1 displays levels of risk in the four domains. The best strategy for analyzing risk factor scale scores is to compare state values to the Bach Harrison Norm values, which are calculated to represent a national average (See Section 2 for more information on the BH Norm). For an overwhelming majority of risk factor scale values, Pennsylvania youth in all grades had lower levels of risk in comparison to the Bach Harrison Norm. The only risk factor scales in PA that were higher than the BH Norm in 2013 were the Parental Attitudes Favorable to Antisocial Behavior scale (1.5% to 9.1% higher than the BH Norm in each grade), Parental Attitudes Favorable to Drug Use (1.8% higher than the BH norm in the 12th grade), Depressive Symptoms scale (1.3% higher than the BH Norm in the 10th grade, 3.2% higher in the 12th grade), Peer Rewards for Antisocial Behavior scale (1.4% higher than the BH Norm in the 10th grade), Perceived Risk of Drug Use scale (4.9% higher than the BH Norm in the 12th grade), and Attitudes Favorable to Drug Use scale (1.9% higher than the BH Norm in the 12th grade).

Table ES-2 displays levels of protection for all four domains. Again, the best strategy for analyzing protective factor scale scores is to compare state values to the Bach Harrison Norm. In general, Pennsylvania protection tended to be higher than the BH Norm for most scales. Two scales in which the Pennsylvania protection scores were lower than the BH Norm were for Community Rewards for Prosocial Involvement (1.3% lower in the 10th grade and 1.6% lower in the 12th grade) and the Religiosity scale (3.4% lower in the 6th grade, 4.7% lower in the 8th grade, 6.4% lower in the 10th grade, and 5.5% lower in the 12th grade).

Additional risk and protective factor data can be seen in Tables ES-1 and ES-2. Further, Section 2 of the State Report has thorough data on levels of risk and protection.

Substance Use Rates

Throughout the 2013 Report, tables are also used to show data for lifetime and 30-day use. Examples of these tables are displayed in Tables ES-3 through ES-10 in this Executive Summary. Lifetime use is a measure of the percentage of students who tried the particular substance at least once in their life and is used to show the level of experience with a particular substance. Past-month (or 30-day) use is a measurement of any use in the past 30 days, and is used to demonstrate more regular substance use. When comparable, the results of the Pennsylvania survey are also compared to a national survey that is conducted each year by the University of Michigan called Monitoring the Future (MTF). MTF also only surveys students in the 8th, 10th, and 12th grades.

When looking at the Pennsylvania and MTF lifetime survey results, lifetime alcohol use was higher in Pennsylvania for the 8th grade (7.3% higher in Pennsylvania compared to the national MTF rates), 10th grade (9.4% higher in Pennsylvania compared to the nation), and 12th grade (6.0% higher in Pennsylvania). In regards to tobacco use, the rate of lifetime smokeless tobacco use in Pennsylvania was higher than the nation in the 12th grade (18.9% for Pennsylvania, 17.2% for MTF). For all other substances, state use rates were lower than, or equal to, the national rates.

PAYS data also show that rates of lifetime alcohol use decreased significantly in the 6th and 8th grades (a decrease of 1.6% in both grades) since the 2011 survey; lifetime cigarette use rate decreases of 1.8% to 7.9% occurred for all grades since 2011 (a 5.7% decrease for all grades combined); lifetime marijuana use decreased 1.5% in the 8th grade; and lifetime inhalant use rates decreased 1.3% to 3.6% in all grades since 2011 (a 2.5% decrease for all grades combined). The only areas that showed significant increases (i.e., increase of roughly 0.9% or more) since the 2011 survey were lifetime

marijuana use (0.9% increase in the 10th grade); lifetime alcohol use (8.3% increase in the 10th grade, 5.8% increase in the 12th grade, and 2.9% increase for all grades combined); and lifetime narcotic prescription drug use (1.0% increase for the 6th grade).

As with lifetime use, there are very few instances in which Pennsylvania 30-day use rates are higher than national MTF rates. The rate of past month alcohol use is higher for Pennsylvania 10th and 12th graders than for students in the same grades in the national sample (0.5% higher in the 10th grade,

1.4% higher in the 12th grade). Past-month cigarette use is also slightly higher for Pennsylvania 10th graders (0.8% higher) and 12th graders (0.7% higher). Pennsylvania 12th graders also indicated a past-month smokeless tobacco use rate that was 2.2% higher than the national rate.

While lifetime alcohol use rates showed an increase in high school grades, past-month alcohol use rates decreased 1.0% to 4.5% in all grades (3.0% for all grades combined). Past-month inhalant use rates also decreased 2.2% to 3.9% in each grade and 2.8% for all grades combined.

Table ES-1

Risk Factor Scales

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm																
Community																				
Low neighborhood attachment	38.3	39.8	36.2	41.9	31.0	30.5	29.4	34.0	41.7	37.1	39.6	41.5	44.5	43.0	43.3	45.9	39.2	37.5	37.3	40.7
Perceived availability of drugs	55.9	48.7	31.7	45.3	54.5	48.6	29.1	45.4	53.0	47.5	33.3	47.5	49.2	45.2	32.6	41.0	53.0	47.5	31.7	44.8
Perceived availability of handguns	31.1	28.6	13.8	26.3	43.0	41.5	25.1	36.7	49.5	46.6	33.7	45.0	49.4	50.2	39.7	50.4	43.8	42.1	29.0	40.7
Laws & norms favorable to drug use	52.6	48.7	37.7	49.0	43.8	36.6	29.6	38.3	49.3	46.5	42.3	43.0	48.9	48.6	40.8	40.8	48.6	45.0	37.8	42.4
Family																				
Family history of antisocial behavior	41.4	36.9	37.6	48	43.9	41.3	34.6	46.3	42.6	37.7	37.0	47.8	43.4	41.2	35.8	45.1	42.8	39.2	36.2	46.7
Poor family management	45.4	43.7	40.1	48.3	49.7	45.4	36.6	47.3	54.9	49.8	39.2	49.3	44.3	40.5	34.6	40.6	48.7	45.2	37.6	46.3
Parental attitudes favorable to drug use	9.0	8.7	11.6	11.4	22.8	18.1	23.9	23.7	38.0	35.5	39.9	39.7	40.3	39.2	42.1	40.3	28.4	25.8	30.2	29.8
Parental attitudes favorable to antisocial behavior	39.4	38.1	39.2	37.7	32.2	29.1	33.9	30.4	37.6	34.7	43.0	34.9	39.7	37.6	43.6	34.5	37.3	34.8	40.0	34.1
Family conflict	36.3	31.0	31.4	38.9	36.2	33.6	28.6	35.3	36.9	36.3	35.6	39.9	38.2	37.1	35.3	38.0	36.9	34.9	32.8	38.0
School																				
Academic failure	31.5	29.6	28.1	38.1	39.4	32.5	32.5	41.1	39.3	36.6	35.9	42.5	37.7	35.7	33.4	37.9	37.2	33.7	32.8	40.1
Low commitment to school	41.5	36.7	30.4	42.8	45.1	40.9	39.6	46.2	49.4	47.0	44.0	48.7	46.3	43.2	39.6	43.9	45.8	42.1	38.8	45.6
Peer And Individual																				
Rebelliousness	34.0	27.9	25.4	39.6	32.7	24.2	21.3	34.5	33.6	31.0	29.7	39.8	32.8	31.1	33.4	37.7	33.3	28.6	27.6	37.8
Perceived risk of drug use	37.8	44.0	42.2	44.5	35.9	34.3	30.0	37.9	42.6	41.1	42.1	40.1	49.5	50.1	52.3	47.4	41.7	42.3	41.7	42.2
Attitudes favorable to drug use	16.6	16.4	14.7	18.9	50.8	42.9	36.6	43.7	51.5	49.5	44.5	45.3	56.4	53.9	48.8	46.9	44.7	41.3	37.1	40.0
Attitudes favorable to ASB	37.0	34.5	28.9	40.0	33.0	28.8	26.7	34.7	40.5	39.8	38.5	41.0	42.5	37.4	38.6	39.0	38.4	35.2	33.5	38.5
Sensation seeking	47.1	41.5	32.1	43.3	41.4	38.1	30.6	44.7	42.7	41.8	34.5	46.0	39.5	41.0	31.8	42.5	42.6	40.6	32.3	44.2
Rewards for ASB	19.2	15.8	16.4	24.5	39.5	33.1	35.1	45.6	37.5	37.7	43.5	42.1	47.4	46.0	45.4	46.6	36.4	33.6	36.1	40.5
Friends use of drugs	15.0	15.0	8.9	19.7	47.9	41.1	29.4	47.9	45.4	42	35.4	48.1	47.7	45.2	37.8	44.7	39.7	36.3	28.9	41.7
Interaction with antisocial peers	19.2	21.3	18.1	33.6	34.5	30.3	22.8	44.8	39.7	36.8	28.2	45.5	42.5	38.6	32.3	43.7	34.5	32.0	25.8	42.6
Depressive symptoms	23.5	23.7	23.3	30.3	31.3	29.7	32.4	34.8	32.8	34.1	39.1	37.8	32.5	32.2	36.6	33.4	30.3	30.1	33.3	34.2
Total																				
Total Risk	49.1	40.3	32.1	n/a	56.3	46.4	39.1	n/a	48.3	42.8	41.9	n/a	48.9	46.4	45.0	n/a	50.6	44.0	39.7	n/a

Table ES-2

Protective Factor Scales

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm																
Community																				
Rewards for prosocial involvement	56.5	55.6	51.5	51.6	54.4	56.4	51.8	52.1	51.2	51.1	43.9	45.2	47.3	48.5	42.9	44.5	52.1	52.8	47.2	48.3
Family																				
Family attachment	68.0	67.7	69.5	58.2	58.4	61.2	67.1	54.8	57.1	60.4	66.5	57.1	55.8	57.6	64.4	57.9	59.9	61.2	66.8	56.9
Opportunities for prosocial involvement	66.5	66.4	65.3	59.6	63.4	66.4	69.7	62.5	56.3	58.8	60.6	56.2	52.7	55.4	57.3	56.2	59.8	61.1	63.0	58.5
Rewards for prosocial involvement	62.2	60.4	66.3	54.9	64.2	67.9	72.5	61.9	57.4	60.7	62.7	54.3	53.7	54.1	58.7	54.0	59.4	60.5	64.9	56.4
School																				
Opportunities for prosocial involvement	63.1	68.8	62.8	59.5	53.7	59.6	56.9	51.6	40.6	54.6	50.2	50.8	44.3	52.9	52.2	53.0	49.7	58.7	55.1	53.2
Rewards for prosocial involvement	60.7	68.3	66.1	56.9	59.1	65.8	59.2	52.8	45.7	61.7	49.4	49.0	48.5	61.2	53.9	52.4	53.0	64.1	56.6	52.5
Peer And Individual																				
Belief in the moral order	54.4	55.1	56.6	51.1	50.8	56.3	62.9	52.1	52.6	56.2	61.9	54.6	50.3	54.1	61.4	55.6	52.0	55.4	60.9	53.6
Religiosity	51.4	46.6	51.4	54.8	50.2	48.9	49.0	53.7	46.1	45.7	42.0	48.4	37.3	37.2	37.4	42.9	46.0	44.5	44.5	49.8
Total																				
Total Protection	57.3	49.3	60.6	n/a	50.3	50.3	66.4	n/a	42.9	51.8	59.6	n/a	38.4	44.9	59.7	n/a	46.8	49.1	61.6	n/a

Table ES-3

Alcohol Use: Lifetime, Past-Month, Binge Drinking

Grade	Alcohol (Lifetime Use)				Alcohol (30-Day Use)				Binge drinking			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	20.8	14.9	13.3	n/a	5.1	4.0	3.0	n/a	1.2	1.5	1.3	n/a
8th	45.0	36.7	35.1	27.8	17.2	14.1	9.6	10.2	7.5	5.1	3.1	5.1
10th	56.7	53.2	61.5	52.1	30.5	28.9	26.2	25.7	15.7	15.0	11.7	13.7
12th	70.0	68.4	74.2	68.2	46.0	44.2	40.6	39.2	27.6	26.9	21.8	22.1
All	49.3	44.0	46.9	n/a	25.5	23.3	20.3	n/a	13.6	12.4	9.7	n/a

Table ES-4

Tobacco Use: Lifetime and Past-Month Cigarette and Smokeless Tobacco Use

Grade	Cigarettes (Lifetime Use)				Cigarettes (30-Day Use)				Smokeless tobacco (Lifetime Use)				Smokeless tobacco (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	4.6	4.2	2.4	n/a	0.9	0.7	0.5	n/a	2.5	1.7	1.0	n/a	0.6	0.5	0.3	n/a
8th	20.6	15.6	10.2	14.8	6.7	5.3	3.9	4.5	8.8	6.5	4.6	7.9	4.7	3.1	1.9	2.8
10th	32.0	28.5	21.2	25.7	13.9	11.7	9.9	9.1	14.2	13.4	10.9	14.0	7.6	7.3	5.8	6.4
12th	44.3	43.1	35.2	38.1	20.8	19.4	17.0	16.3	21.4	23.6	18.9	17.2	10.9	11.4	10.3	8.1
All	26.3	23.3	17.6	n/a	11	9.5	8	n/a	12.1	11.5	9	n/a	6.2	5.7	4.7	n/a

Table ES-5

Marijuana Use: Lifetime and Past-Month

Grade	Marijuana (Lifetime Use)				Marijuana (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.6	0.7	0.8	n/a	0.3	0.5	0.4	n/a
8th	9.8	7.9	6.4	16.5	5.4	4.5	3.3	7.0
10th	25.1	24.9	25.8	35.8	14.2	14.9	14.4	18.0
12th	41.1	40.5	40.3	45.5	23.7	21.9	21.8	22.7
All	20.0	19.0	18.9	n/a	11.4	10.7	10.3	n/a

Table ES-6

Inhalant Use: Lifetime and Past-Month

Grade	Inhalants (Lifetime Use)				Inhalants (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	10.2	6.6	5.3	n/a	6.8	4.7	2.2	n/a
8th	13.9	10.5	6.9	10.8	8.2	6.4	2.5	2.3
10th	12.2	8.7	6.4	8.7	5.5	4.0	1.3	1.3
12th	9.7	8.6	5.9	6.9	3.3	3.2	1.0	1.0
All	11.5	8.6	6.1	n/a	5.9	4.5	1.7	n/a

Table ES-7

Prescription Drugs: Lifetime Use

Grade	Performance Enhancing Drugs (PEDs) & Steroids				Narcotic prescription drugs				Prescription tranquilizers				Prescription stimulants			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.6	0.4	0.4	n/a	1.6	1.1	2.1	n/a	0.2	0.1	0.2	n/a	0.4	0.2	0.2	n/a
8th	0.7	0.6	0.7	1.1	3.7	3.7	4.1	n/a	0.8	1.1	0.8	2.9	1.5	1.2	1.1	n/a
10th	1.1	0.8	1.2	1.3	8.3	8.1	8.3	n/a	3.0	3.1	2.7	5.5	4.3	4.4	3.9	n/a
12th	1.0	1.4	2.0	2.1	14.8	13.1	12.1	n/a	8.4	6.1	5.9	7.7	10.1	8.2	9.1	n/a
All	0.8	0.8	1.1	n/a	7.4	6.7	6.8	n/a	3.2	2.7	2.5	n/a	4.2	3.6	3.7	n/a

Table ES-8

Prescription Drugs: Past-Month Use

Grade	Performance Enhancing Drugs (PEDs) & Steroids				Narcotic prescription drugs				Prescription tranquilizers				Prescription stimulants			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.5	0.2	0.2	n/a	1.0	0.8	1.0	n/a	0.2	0.1	0.1	n/a	0.2	0.1	0.1	n/a
8th	0.3	0.6	0.2	0.3	3.6	3.3	1.5	n/a	0.8	0.9	0.2	0.9	1.2	1.1	0.4	n/a
10th	0.7	0.4	0.5	0.4	6.1	6	2.6	n/a	2.1	2.0	0.9	1.6	3.2	2.9	1.0	n/a
12th	0.8	0.9	0.5	1	8.7	7.9	3.0	n/a	4.2	3.2	1.4	2.0	6.0	4.9	2.8	n/a
All	0.6	0.5	0.4	n/a	5	4.6	2.1	n/a	1.9	1.6	0.7	n/a	2.8	2.3	1.1	n/a

Table ES-9 & ES-10 below

Other Illegal Drugs: Lifetime Use

Grade	Heroin				Hallucinogens				Ecstasy				Synthetic drugs				Cocaine				Crack				Methamphetamines			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.1	0.0	0.1	n/a	0.1	0.1	0.2	n/a	0.2	0.1	0.1	n/a	n/a	n/a	1.1	n/a	0.1	0.1	0.2	n/a	0.2	0.1	0.2	n/a	0.2	0.1	0.1	n/a
8th	0.2	0.2	0.3	1.0	1.0	0.9	0.9	2.5	0.7	0.7	0.6	1.8	n/a	n/a	1.5	n/a	0.5	0.5	0.6	1.7	0.4	0.5	0.4	1.2	0.2	0.3	0.4	1.4
10th	0.9	0.3	0.9	1.0	3.7	3.2	3.8	5.4	2.2	2.0	2.6	5.7	n/a	n/a	4.0	n/a	1.8	1.5	1.5	3.3	1.2	0.5	0.9	1.5	0.7	0.4	0.8	1.6
12th	1.4	1.0	1.4	1.0	8.0	6.1	7.6	7.6	4.8	5.5	5.7	7.1	n/a	n/a	6.9	n/a	4.8	4.0	3.1	4.5	1.1	1.2	1.3	1.8	1.1	1.1	1.2	1.5
All	0.7	0.4	0.7	n/a	3.3	2.5	3.2	n/a	2.1	2.1	2.3	n/a	n/a	n/a	3.4	n/a	1.9	1.6	1.4	n/a	0.8	0.6	0.7	n/a	0.6	0.5	0.7	n/a

Other Illegal Drugs: Past-Month Use

Grade	Heroin				Hallucinogens				Ecstasy				Synthetic drugs				Cocaine				Crack				Methamphetamines			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.0	0.0	0.0	n/a	0.1	0.0	0.1	n/a	0.0	0.1	0.0	n/a	n/a	n/a	0.4	n/a	0.1	0.0	0.1	n/a	0.0	0.1	0.1	n/a	0.0	0.1	0.1	n/a
8th	0.2	0.1	0.1	0.3	0.8	0.9	0.3	0.8	0.4	0.5	0.2	0.5	n/a	n/a	0.5	n/a	0.2	0.4	0.2	0.5	0.3	0.5	0.1	0.3	0.1	0.2	0.2	0.4
10th	0.2	0.1	0.3	0.3	2.3	1.7	1.0	1.1	1.4	0.8	0.7	1.2	n/a	n/a	0.9	n/a	0.6	0.8	0.4	0.8	0.4	0.2	0.3	0.4	0.5	0.3	0.3	0.4
12th	0.5	0.6	0.4	0.3	3.5	2.4	1.4	1.4	2.2	2.4	1.5	1.5	n/a	n/a	0.8	n/a	1.2	1.4	0.6	1.1	0.4	0.5	0.3	0.6	0.4	0.5	0.3	0.4
All	0.2	0.2	0.2	n/a	1.8	1.3	0.7	n/a	1.1	1.0	0.6	n/a	n/a	n/a	0.6	n/a	0.6	0.7	0.3	n/a	0.3	0.3	0.2	n/a	0.3	0.3	0.2	n/a

In the 2013 administration of the PAYS, 891 schools participated. The results featured in this report stem from the PAYS Statewide Sample, which was designed to gather data most representative of the Commonwealth. Findings for each of the report sections are summarized below:

Risk Factor Profiles

For an overwhelming majority of risk factor scale values, Pennsylvania youth in all grades had lower levels of risk in comparison to the Bach Harrison Norm. The only risk factor scales in Pennsylvania that were higher than the BH Norm in 2013 were the Parental Attitudes Favorable to Antisocial Behavior scale (1.5% to 9.1% higher than the BH Norm in each grade), Parental Attitudes Favorable to Drug Use (1.8% higher than the BH norm in the 12th grade), Depressive Symptoms scale (1.3% higher than the BH Norm in the 10th grade, 3.2% higher in the 12th grade), Peer Rewards for Antisocial Behavior scale (1.4% higher than the BH Norm in the 10th grade), Perceived Risk of Drug Use scale (4.9% higher than the BH Norm in the 12th grade), and Attitudes Favorable to Drug Use scale (1.9% higher than the BH Norm in the 12th grade).

Protective Factor Profiles

In general, Pennsylvania protection tended to be higher than the BH Norm for most scales. Two scales in which the Pennsylvania protection scores were lower than the BH Norm were for Community Rewards for Prosocial Involvement (1.3% lower in the 10th grade and 1.6% lower in the 12th grade) and the Religiosity scale (3.4% lower in the 6th grade, 4.7% lower in the 8th grade, 6.4% lower in the 10th grade, and 5.5% lower in the 12th grade).

Substance Use for Pennsylvania

When looking at the Pennsylvania and MTF lifetime survey results, lifetime alcohol use was higher in Pennsylvania for the 8th grade (7.3% higher in Pennsylvania compared to the national MTF rates), 10th grade (9.4% higher in Pennsylvania compared to the nation), and 12th grade (6.0% higher in Pennsylvania). In regards to tobacco use, the rate of lifetime smokeless tobacco use in Pennsylvania was higher than the nation in the 12th grade (18.9% for Pennsylvania, 17.2% for MTF). For all other substances, state use rates were lower than, or equal to, the national rates.

As with lifetime use, there are very few instances in which Pennsylvania 30-day use rates are higher than national MTF rates. The rate of past month alcohol use is higher

for Pennsylvania 10th and 12th graders than for students in the same grades in the national sample (0.5% higher in the 10th grade, 1.4% higher in the 12th grade). Past-month cigarette use is also slightly higher for Pennsylvania 10th graders (0.8% higher) and 12th graders (0.7% higher). Pennsylvania 12th graders also indicated a past-month smokeless tobacco use rate that was 2.2% higher than the national rate.

Substance Use by Gender

While being female is generally considered a protective factor for substance use, it can be seen that males and females are very similar in their use of most substances and generally have substance use rates that are less than three percent different from each other. One area in which males are significantly higher users is with smokeless tobacco use, in which males in all grades use much more smokeless tobacco — four times higher for all grades combined (14.6% lifetime use by males, 3.3% lifetime use by females). In contrast, females tend to have slightly higher lifetime inhalant use rates (particularly in grades 8 and 10), and females in the 6th, 8th, and 10th grades tend to also have slightly higher lifetime prescription drug use rates.

When it comes to past-month substance use, it is interesting to note differences in male/female use across the grades. In the 6th grade, substance use is quite similar across all substances for males and females, with males having equal or slightly higher use rates for 14 of the 16 substances. In the 8th grade, however, females become more dominant users; they indicate slightly higher use over males in 7 of the 16 substance categories and have higher use for alcohol, cigarettes, inhalants, prescription narcotics, prescription tranquilizers, prescription stimulants, and synthetic drugs. Although 8th grade use rates in these categories are still very similar for both genders, a higher percentage of females are using. When students enter high school, males reclaim status as higher users, and in the 10th and 12th grades, females indicate only slightly higher use rates for three substance use categories.

Perceived Harmfulness of ATODs:

Of the seven substance use categories, students perceived the greatest risk in smoking one or more packs of cigarettes per day (88.9% perceived moderate or great risk overall) and using prescription drugs not prescribed to them (85.9% perceived moderate or great risk overall). Of the seven categories, students perceived the least amount of risk in trying marijuana once or twice (52.5% of students perceived moderate or great risk) and smoking marijuana once or twice a week (61.8% of students perceived great or moderate risk).

Sources of Obtaining Alcohol, Cigarettes, and Drugs

While a majority of 6th graders (50.2%) indicated they got a substance from their parents in the past month, across all other grades, the most prominent substance sources for Pennsylvania students is in getting it from a friend (42.8% of 8th graders, 59.8% of 10th graders, and 63.0% of 12th graders marked this option). Of all students combined, 56.4% of students indicated getting a substance from a friend in the past month.

Antisocial Behavior by Grade and Gender

In comparison to the BH Norm (used to provide a comparison to a more national average), Pennsylvania youth indicate antisocial behavior rates that are lower than the BH Norm. Rates of attacking someone to seriously harm them are 1.2% to 4.2% lower in PA vs. the BH Norm in each grade, and 2.8% lower for all grades combined (8.5% in PA, 11.3% in the BH Norm). Rates of illegal drug selling are 0.5% to 2.6% lower in PA vs. the BH Norm in each grade, and 1.9% lower for all grades combined (3.3% in PA, 5.2% in the BH Norm). Rates of being drunk or high at school are 1.8% to 6.3% lower in PA vs. the BH Norm in each grade, and 5.2% lower for all grades combined (6.0% in PA, 11.2% in the BH Norm). Rates of being arrested are 1.1% to 2.8% lower in PA vs. the BH Norm in each grade, and 2.2% lower for all grades combined (2.7% in PA, 4.9% in the BH Norm). Rates of being suspended from school are 2.5% to 6.8% lower in PA vs. the BH Norm in each grade, and 4.0% lower for all grades combined (6.7% in PA, 10.7% in the BH Norm).

PAYS data show that males typically engage in these behaviors more than females. Some of the largest differences were in being suspended from school (8.9% for males compared to 4.4% for females) and being arrested (4.0% for males compared to 1.5% for females).

School-Related Violence and Drug Behaviors

2013 PAYS data show that 9.4% of students in all grades have been offered drugs at least one time in the past 12 months. Of all students surveyed, 18.8% indicate having been threatened at school at least once in the past year, and 3.4% indicated having been threatened with a weapon at school in the past year. In regard to actual attacks, 7.0% of all students indicated having been attacked at school, and 1.1% indicated having been attacked with a weapon at school. In the past month, 1.8% of students in the state's weighted sample indicated that they brought a weapon (such as a gun, knife, or club) to school at least one time.

Bullying and Internet Safety

While 92.8% of students in the state's weighted sample indicated that they think it's wrong or very wrong to bully someone, and 95.7% of students indicated their parents felt it was wrong or very wrong to bully, one in five students (20.9%) indicated they'd been bullied at school in the past year and 13.7% indicated they'd been electronically bullied in the past year. Rates of being bullied and being electronically bullied was highest in the 8th grade (27.4% of 8th graders reported having been bullied, 17.7% reported having been electronically bullied).

Gang Involvement

The PAYS gathers some basic data regarding youth gang involvement. In 2013, 4.4% of all students indicated that they had belonged to a gang at some point in their life — down from 5.7% of students in 2009.

Gambling

PAYS data show that 13.9% of Pennsylvania survey participants indicated that they had gambled in the past year. Past year participation in any gambling activity was highest in the 12th grade (19.4% in the past year). The individual activities most often participated in during the past year were betting on sports (15.5% of all students, a grade-level peak of 18.9% in the 10th grade), followed by playing the lottery (13.4% of all students, and a grade-level peak of 17.1% in the 12th grade), and playing cards/dice/dominos for money or prizes (9.7% of all students, and a grade-level peak of 11.9% in the 12th grade).

Dangerous Driving Behaviors

PAYS data show that 2.9% of students statewide reported driving after consuming alcohol (past year), though the rate within the 12th grade population was significantly higher at 8.7% of that grade. Of the total survey sample population, 4.1% of the total survey sample population, and 12.4% of 12th grade respondents reported driving after smoking marijuana in the past year (2013 PAYS data).

Mental Health and Suicide Indicators

As follows are some key findings from these mental health-related data:

- The survey data show that 31.7% of all students indicated (via responding “YES!” or “yes” to the statement) that they had felt depressed or sad most days in the past 12 months; 22.6% of all students indicated that they sometimes thought life is not worth it; 32.7% of all students indicated that “at times I think I am no good at all” and 17.4% indicated that they felt that they were a failure.
- For those depressive symptoms measures, there has been a general increase in the percent of students responding to those questions/statements in the affirmative. The percent of students indicating they have felt depressed for most days in the past year increased 0.6% since 2011, the percent indicating they often felt like life was not worth it increased 3.2% since 2011, the percent indicating that at times they thought they were no good at all increased 4.7% since 2011, and the percent that felt they were a failure increased 4.5% since 2011.
- 41.2% of students (all surveyed grades combined) indicated that they had experienced the death of a close family member or friend in the past year, 23.5% indicated that they had witnessed someone being seriously hurt or injured (as a result of a bad fight, shooting, or car accident), and 6.9% said they had personally been seriously hurt or injured (as a result of a bad fight, shooting, or car accident) in the past year.
- 15.6% of students in all grades combined indicated that they had considered suicide in their lifetime. The grade-level rates for this question were as follows: 6.9% of 6th graders, 14.7% of 8th graders, 20.4% of 10th graders, and 18.9% of 12th graders indicated they had considered suicide in their lifetime.
- 11.6% of students in all grades combined indicated that they had gone so far as to create a suicide plan at least once in their lifetime. The grade-level rates for this question were as follows: 4.7% of 6th graders, 10.9% of 8th graders, 15.7% of 10th graders, and 14.0% of 12th graders indicated they had created a suicide plan.
- In regard to those students who indicated they had attempted suicide in their lifetime, 4.2% of 6th graders, 7.6% of 8th graders, 9.6% of 10th graders, 8.5% of 12th graders, and 7.6% of all students indicated that they had attempted suicide at least one time in their lifetime.

Depressive Symptoms and Substance Use

PAYS data show a strong link between youth who report depressive symptoms and ATOD use. When compared to the non-depressed group, the youth with high depressive symptoms indicate 30-day alcohol use rates that are two times higher than non-depressed students. Depressed students indicate use rates that are nearly five times higher for past-month cigarette use and three times higher for past month marijuana use in comparison to non-depressed students.

Parents Rules and Expectations Regarding Substance Use

Of the students marking “YES!” or “yes” to the statement “My family has clear rules about alcohol and drug use,” 41.7% indicated they had used alcohol in their lifetime and 17.4% indicated they had used alcohol in the past month. In contrast, of students who marked “NO!” or “no” to that statement, 73.7% indicated they had used alcohol in their lifetime and 43.7% indicated they had used alcohol in the past month. These data reinforce the idea that parents must set clear rules and expectations regarding substance use.

Academic Performance and Substance Use

Of the youth who report getting better grades, fewer have tried ATODs and fewer are currently using ATODs than those who report poorer grades. Failing (D or F) youth indicate past month alcohol use rates that are two times higher than “A” students’ alcohol use rates, past month marijuana use rates that are five times higher than the “A” students’ use rates, and past month cigarette use rates that are ten times higher than the use rate of “A” students. Similar and more dramatic differences can be seen for individual drugs.

Family Financial Stress and Substance Use

PAYS data show a strong relationship between family financial stress and drug use, with more regular worry about food supplies corresponding with higher levels of youth drug use. For example, in Pennsylvania, of youth who said that they “never” worried about food at home, 9.2% had used marijuana in the past month. Of youth who indicated that they had worried about food before, but not in the past year, slightly more of those students indicated past-

month marijuana use (12.5%). Of youth who indicated they had worried about food less than once a month, past-month marijuana use increased to 14.3%. Of youth who indicated they worried about food once a month or more, 21.0% of those youth indicated regular marijuana use.

Perceived Parental Acceptability and Substance Use

A large majority of parents are perceived to disapprove of substance use. Of all students, 93.5% indicated their parents felt it was “Wrong” or “Very wrong” to use tobacco, 92.3% perceived parental disapproval of marijuana use, 91.1% perceived parental disapproval of having 1-2 drinks nearly every day use, and 95.7% perceived parental disapproval of prescription drug use. Relatively few students (11.1% lifetime, 4.7% 30-day) use marijuana when their parents think it is “Very Wrong” to use it. In contrast, when a student believes that their parents agree with use somewhat (i.e., the parent only believes that it is “Wrong,” not “Very Wrong”), use increases to 45.1% for lifetime use and 25.1% for 30-day use. Rates of use continue to increase as the perceived parental acceptability increases.

Perceived Peer Acceptability and Substance Use

As with perceived parental acceptability, the slightest perceived peer acceptability seriously increases the chance that a student will use ATODs. In this section, lifetime and 30-day marijuana use results are looked at in relation to what youth thought were their chances of being seen as cool if they used marijuana. When youth thought there was “No or very little chance” that they would be seen as cool if they used marijuana, only 8.9% had tried marijuana in their lifetime and only 4.2% had used it in the last month. However, when youth thought that there was even a “Little chance” that they would be seen as cool, marijuana use rates were over three times higher for lifetime use (31.4%) and over three times higher for past-month use (15.2%). Youth who thought that there was a “Very good chance” they would be seen as cool were seven times more likely to use marijuana in the past month than youth who perceive that marijuana use was not cool.

Family Deployment and Substance Use

The PAYS found that 8.5% of students currently had a family member deployed, 7.2% had a family member who had recently returned from deployment, and 2.8% had a family member who recently joined the military and had the possibility of being deployed in the next 6 months. 2013 PAYS data also show that youth who belonged to families in which family members were currently deployed, recently deployed, or could be potentially deployed indicated higher substance use rates than youth whose family members were not in a military or deployment situation. For example, of students who indicated that they had a family member who was currently deployed, 24.2% of them had used alcohol in the past month; whereas of the students whose family was not in a deployment situation, 20.3% had used alcohol in the past month. Similar trends are seen for lifetime and past month use of all substances, with use rates slightly higher for students with deployed family members. Although the differences are not as vast as some other relationships discussed in this section, the consistent trend indicates a need for services for youth with deployed family members to mitigate stress and strain.

Transitions/Mobility and Substance Use

The PAYS found that a majority of youth in the Commonwealth had not moved in the past year or two years. Of all students, 21.5% indicated having moved one or more times in the past year, and 27.5% indicated having moved one or more times in the past three years. PAYS data also indicate that higher numbers of moves are linked to higher substance use rates. For example, of students who indicated that they had not moved in the past three years, 17.4% of them had used marijuana in their lifetime; whereas of the students who indicated they had moved 5 or more times in the past three years, 33.0% had used marijuana in their lifetime. Similar trends are seen for lifetime and past month use of all substances, with use rates gradually increases upwards as the number of moves increases to 5 or more moves in the past three years.

Section 1: Survey Methods

This Survey Methods section discusses the survey questionnaire, how it was administered, the demographics of total survey participants, state sampling strategies and weighting, and validation measures.

Survey Questionnaire

The original risk and protective factor survey questionnaire was developed through the combined efforts of six states and the Social Development Research Group at the University of Washington. The collaborative survey development process was a Center for Substance Abuse Prevention (CSAP) project called the Six-State Consortium. The goal of the Consortium was to develop a survey that provided scientifically sound information about the levels of risk and protection in a community. The survey has been further refined through the Diffusion Consortium Project that involved seven states and was funded by four Federal Agencies: the National Institute of Drug Abuse (NIDA), Safe and Drug Free Schools Program, Office of Juvenile Justice and Delinquency Prevention, and CSAP. The PAYS questionnaire was created by The Pennsylvania State University (formatted and printed by Bach Harrison L.L.C.) to better meet the needs of Pennsylvania. See the PAYS Portal (www.pays.state.pa.us) to see a copy of the questionnaire.

Risk and protective factors are characteristics of a community that are reported by the youth who complete the survey. Besides measuring risk and protective factors, the survey also assesses the current prevalence of ATOD use. The substances that were measured by the survey include: 1) alcohol, 2) cigarettes, 3) smokeless tobacco, 4) marijuana, 5) inhalants, 6) heroin, 7) hallucinogens, 8) ecstasy, 9) synthetic drugs, 10) cocaine, 11)

crack, 12) methamphetamines, 13) Performance Enhancing Drugs (PEDs)/steroids, 14) prescription narcotics, 15) prescription tranquilizers, and 16) prescription stimulants. The questions that ask about substance use are similar to those used in the national survey, Monitoring the Future, in order that comparisons between the two surveys can be made easily.

There were a total of 20 risk factor scales and 8 protective factor scales that were measured by the 2013 survey. Appendix A provides a complete list of the risk and protective factors and the corresponding risk and protective factor scales within the Risk and Protective Factor Model.

The scales of the survey were originally developed between 1994 and 1997 through extensive testing with over 100,000 students. Work through the Diffusion Consortium Project has resulted in changes to several risk factor scales and the development of cut-points for each scale that can be used to classify a youth as being at-risk on risk factor scales or having protection on protective factor scales.

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. Because the risk and protective factor survey had been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one group 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 selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F”

Besides measuring risk and protective factors, the survey also assesses the current prevalence of alcohol, tobacco, and other drug use.

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). In an effort to keep the cut-points current, in 2014 researchers at Bach Harrison, L.L.C. recalculated the risk and protective factor cutpoints using data from 11 statewide surveys across the nation. The surveys were conducted in 2010-11, contained completed questionnaires from approximately 657,000 students in grades 6, 8, 10, and 12, and included data from the 2011 PAYS. These cut-points were used to calculate the percentages of youth at-risk and youth with-protection presented in this report.

The 2013 PAYS has 109 questions. However, many of the questions have multiple components so students actually responded to a total of 228 items. The questions were printed in a test booklet that was machine scoreable. See the PAYS Portal at <http://www.pays.state.pa.us/> for a complete copy of the questionnaire and an item dictionary.

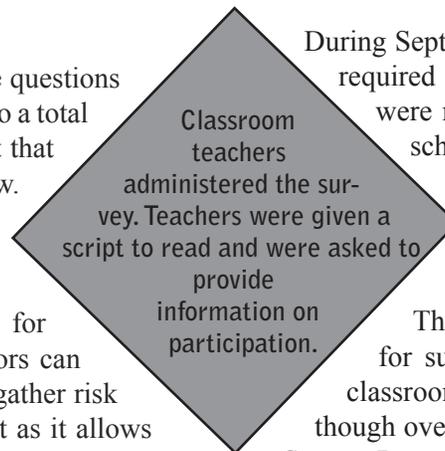
Please note that the PAYS is only one source of data for prevention and that some of the risk and protective factors can be measured with data from other sources. Being able to gather risk and protective factor data from other sources is important as it allows the PAYS form to be as brief as possible and also allows room on the survey form for additional questions to be asked related to other prevention strategies/projects.

Administration

Prior to recruitment, the 2013 PAYS State Sample was drawn at the school and grade levels (see State Sample subsection for more information). All districts, charter schools, and private schools with students in grades 6, 8, 10, and 12 in Pennsylvania were notified by mail the summer prior to the 2013-2014 school year that the survey was scheduled to be administered

in the fall of 2013 and they were given information about the survey and the advantages of having their students participate. Districts were given the opportunity to indicate whether they preferred to administer the survey in paper/pencil format or via an online survey platform, and were also asked to name one district/school-level survey coordinator with which Bach Harrison could work to coordinate the survey. Through this mailing, sampled districts/schools were also notified about their inclusion in the State’s sample.

Bach Harrison, survey contractor, followed up on this mailing with emails and phone calls to increase participation — particularly with sampled districts/schools.



During September and October, Bach Harrison, L.L.C. ensured that the required surveys, survey materials, and administration instructions were mailed to established survey contacts in school districts or schools. In the case of districts choosing an online administration, district-level contacts were emailed unique school-level URLs to be used for the survey administration as well as survey proctor instructions.

The period of early October to early December was established for survey administration. In most schools, the teachers in the classroom administered the survey via paper/pencil surveying, though over 20% of schools administered the survey online. Teachers/ Survey Proctors were given a script to read and also asked to provide information on how many students took the survey, how many were absent from school, and how many refused to take the survey.

Every effort was made to ensure the confidentiality of students’ responses. For online surveying, proctors were instructed to ensure that students kept their eyes on their computer and hit an end-of-survey “Submit” button prior to the next student taking the survey. In regard to paper/pencil surveying, when students completed their questionnaires, they placed them in an envelope that was passed around the classroom. The envelope was then sealed and a student and the teacher took the envelope to the school office

where it was placed with other class envelopes and mailed to the office of Bach Harrison L.L.C. The staff at Bach Harrison L.L.C. logged the completed paper surveys, scanned the questionnaires, prepared the final database of completed paper and online surveys for analysis, and created summary profile reports at the county and AUN (district, charter, or private school) levels.

PAYS Census-Effort Project Completion Rate

The survey goals for the 2013 PAYS were twofold — 1) to gather a valid statewide sample (the results of which are presented in this report), and 2) to offer the survey to districts and schools across the state (a census of students in grades 6, 8, 10, and 12) in order to administer enough surveys to provide local-level results. Efforts to gather a valid state sample were successful (see subsequent information regarding that sample), and while not all students participated in the PAYS census portion of the survey, the success of that effort exceeded expectations.

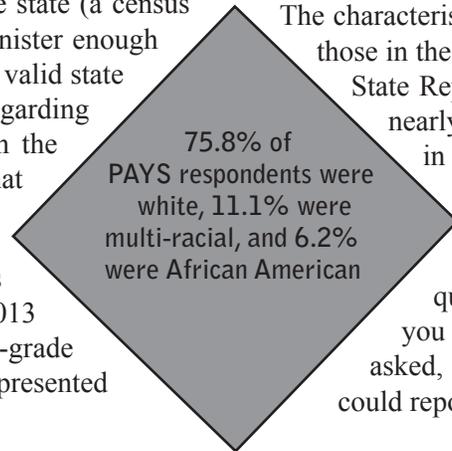
A total of 216,385 public and private school students throughout the state participated in the Fall 2013 Pennsylvania Youth Survey. After invalid/dishonest/odd-grade surveys were removed, a total of 200,622 surveys were represented in final local-level reports.

Enrollment figures from the 2012-2013 PDE Public School Enrollment Reports web site show that for the 2012-2013 school year (the most current enrollment available through project planning reporting) the total enrollment in grades 6, 8, 10, and 12 was 542,711. The enrollment in those grades for the school districts, charter schools, and private schools that signed on to administer the 2013 PAYS was 288,632. A total of 200,622 honest/valid student surveys from grades 6, 8, 10, and 12 were included in the final local-level analysis of the 2013 PAYS. A Statewide Sample was drawn to provide the data for this State Report and to use as a state-level comparison in local-level reports. There were 21,673 students surveyed within that Statewide Sample. Full discussion of that Statewide Sample is provided in this Survey Methods Section.

It should be noted that not all of the surveys gathered through the administration process contained valid information. Although 216,385 completed surveys were returned to Bach Harrison for processing, some were eliminated from the final analysis because students were deemed not truthful in their responses; belonged to a grade outside of grades 6, 8, 10, or 12; or did not complete most of the questions (see **Validity of the Data** section for the validity criteria). After invalid questionnaires were eliminated, there were a total of 200,622 valid surveys completed by students in grades 6, 8, 10, and 12.

Total PAYS Project Survey Participants

The characteristics of the youth who took the survey (all students, not just those in the State Sample) are presented in Table 1-2. The results in this State Report are completed for grades 6, 8, 10, and 12. There were nearly an equal number of males and females who took the survey in all grades (50.1% female, 49.9% male). The majority of respondents were White (75.8%), 11.1% were Multiracial, and 6.2% were African American. The other ethnic groups accounted for 6.9% of the respondents. In 2013, the ethnicity question was asked in two parts. The first question asked, “Are you Hispanic, Latino, or Spanish origin?” The second question asked, “What is your race? (Mark all that apply).” Thus students could report that they were Hispanic plus another race.



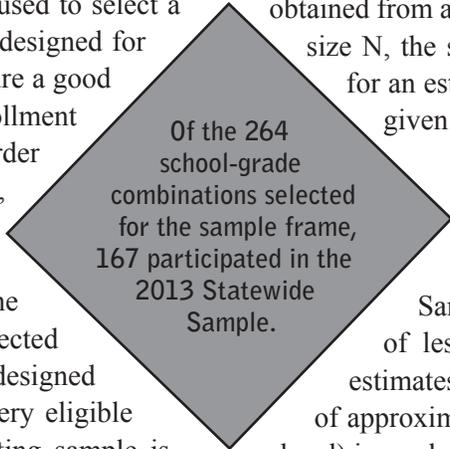
The Statewide Sample: Sample Design

The results contained in this State Report are provided from the State’s sample; state-level data provided in county-level reports and local-level reports also stem from the state’s sample. The following subsections will describe the PAYS Statewide sample design, strategy, and success.

The target population of the 2011 and 2013 PAYS statewide sample (the results of which are presented in this report) was 6th, 8th, 10th and 12th grade students enrolled in public schools across Pennsylvania. A single-stage design

was used, with stratification by grade level, and with the sampling unit defined as grade levels within schools. Schools selected for the statewide sample were instructed to survey all students in the selected grade level. The selection methodology for the 2013 statewide sample continued and improved upon the 2011 statewide sample to ensure continuity and a strong baseline as the project transitioned to a new survey contractor. Bach Harrison worked with the 2011 sample to update it based on current school availability and grade ranges, and also expanded upon it to include urban school districts previously eliminated in 2011.

In 2011, specialized sampling software, PCSample, was used to select a representative sample of public schools. The software is designed for stratified systematic sampling with random starts. To ensure a good distribution of schools by geographic location and enrollment size, schools were sorted by county and in descending order of grade enrollment before sampling. Within each stratum, schools were selected with probability proportional to size, with size being the grade enrollment of the school. While most selected schools were only asked to survey one grade level, a small set of schools had two grade levels selected for participation in the statewide sample. The sample is designed to yield a self-weighting sample within strata so that every eligible student has an equal chance of selection. A self-weighting sample is desirable because it tends to improve the precision of the estimates. Using this design, 253 school-grade combinations were selected from the sample frame for the 2011 survey. Bach Harrison reviewed the 2011 sample frame and adjusted it to account for schools that had either closed or changed the range of grades that were housed at the school; BH also expanded the sample frame to include urban districts previously removed due to traditional non-participation in PAYS. The result for 2013 was that there were 264 school-grade combinations for the 2013 sample frame. Of these combinations, 167 participated in the 2013 Statewide Sample.



Determining the Number of School-Grade Combinations to be Included in the Statewide Sample

Sample size depends on the distribution of the variables to be measured, the desired precision of the estimates, and the statistical confidence desired. The level of precision is conveyed by providing the survey estimate plus or minus its margin of error. The sample size also needs to be adjusted by a design effect to account for the stratified sample design of the Pennsylvania Youth Survey. The design effect is the ratio of the variance of the estimate obtained from a complex sample design to the variance of the estimate obtained from a simple random sample of the same size. For a population size N, the sample size needed to achieve a +/- d% margin of error for an estimated proportion p, given a design effect (deff) for p, is given by:

$$n = \frac{1}{\left(\frac{d}{1.96}\right)^2 \left(\frac{N-1}{p(1-p)N(deff)}\right) + \frac{1}{N}}$$

Sample sizes were computed to yield a margin of error of less than 3.9%, within each grade level, for prevalence estimates of 50.0%. Assuming a design effect of 5.0, a sample size of approximately 3,200 completed questionnaires per stratum (grade level) is needed to produce this level of statistical precision.

Given an average school-grade enrollment of about 160 students, and projected participation rates of 45.0% for schools and 70.0% for students, approximately 250 school-grade combinations would need to be selected to reach the final desired sample size.

Preparing to Draw the Sample Frame

Prior to drawing the 2011 sample frame that lies at the heart of the 2011/2013 administrations, a list of all Pennsylvania public schools with grade level enrollment data were provided by the Pennsylvania

Department of Education. These enrollment data were the starting point for the development of the sampling frame. The frame cleaning process involved the following tasks:

- All schools with no enrollment in grades 6, 8, 10, or 12 were removed.
- Special schools that were unable to participate in the survey administration process—such as cyber schools, distance learning schools, juvenile detention centers, adult education centers, special education, and alternative schools—were removed.
- School-grade combinations with enrollments of fewer than 50 students were removed. This was done to avoid recruitment and administration costs associated with surveying a large number of small schools. In addition, past recruitment efforts have shown that small schools are less likely to join the survey effort due to the special requirements of their academic programs.
- NOTE: In 2011, all schools from Allegheny County and the Philadelphia School District were removed from the frame. In 2013, these schools were reintegrated back into the sample.

The same weighting strategies that were used in previous PAYS administrations were applied to 2013 data to maintain consistency.

- Overall Participation: $63.3\% * 72.2\% = 45.7\%$.

Although this year’s school participation rate of 63.3% is only slightly higher than the rate of 63.2% achieved with the 2011 PAYS, we should note that the 2013 survey increased the number of students participating from 16,899 to 21,673 and increased the number of schools sampled from 156 to 167, and added urban districts (left out of the 2011 sample) into the sample frame. One reason that the participation rate was about the same as 2011 is that not many of the Allegheny County and Philadelphia School District schools participated, which lowered the overall participation rate because quite a few schools were added. In general, however, participation for the statewide sample was improved upon in comparison to 2011.

In regard to the demographics of the statewide sample (a total of 21,673 students), participation by gender was nearly equal (50.3% males, 49.7% females). White students made up 76.8% of the statewide sample, 10.3% of the sample indicated they were multi-racial, 6.2% indicated they were African American, 3.3% were Asian, 2.8% were Hispanic, and 0.6% were American Indian. See Table 1-2 for more information.

The Statewide Sample Participation

Previously in this Survey Methods section, total PAYS Project participation was discussed. In this subsection, Statewide Sample participation will be reviewed.

- School Participation: 264 school-grade combinations were included in the sample. Out of these, 167, or 63.3%, participated in the survey (nearly identical to the 63.2% participating in the 2011 administration).
- Student Participation: The 167 participating school-grade combinations had enrollments totaling 30,003 students. Out of these, 21,673, or 72.2%, returned usable survey responses for the appropriate grade levels.

Weighting the Statewide Sample

The same weighting strategies that were used in previous PAYS administrations were applied to 2013 data to maintain consistency. A weight has been associated with each response record to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of nonresponse. The weight used for estimation is given by:

$$W = W1 * f1 * f2 * f3$$

- **W1** = The inverse of the probability of selecting the school/grade combination.
- **f1** = A school-level nonresponse adjustment factor calculated by school size category (small, medium, large). The factor was calculated

- in terms of school enrollment instead of number of schools.
- f2** = A student-level nonresponse adjustment factor calculated by school.
- f3** = A post-stratification adjustment factor calculated by grade. With this factor applied, the distribution of the sample across grade levels matches the grade distribution in the statewide enrollment figures.

Statewide Sample Confidence Intervals

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

Table 1-1 below presents confidence intervals for both grade-level and overall estimates for this state data. Note that these confidence intervals are for prevalence rates of 50%. For less prevalent behaviors, such as heroin use and bringing a weapon to school, the confidence interval narrows substantially. These calculations include a finite population correction and a design effect of 2.0.

Validity of PAYS Data: Census Survey

The information presented in this report is based entirely on the truthfulness, recall, and comprehension of the youth who participated in the survey. Many studies have shown that most adolescents are truthful in their responses to the questions on similar surveys. For example, ATOD trends for repeated national and state surveys are very similar. Also, the changes reported by youth parallel the changes during the same period in adolescent admissions to treatment for substance abuse. Finally, the relationships between different kinds of behaviors and the problems adolescents report is very consistent over a wide range of studies. This

Table 1-1
Confidence Intervals for Sample

	Enrollment		Sample		Confidence Interval
	Number	Percent	Number	Percent	Number
Total Survey Respondents	432,039	100.0	21,673	100.0	$\pm 0.9\%$
Survey Respondents by Grade					
6	100,947	23.4%	5,707	26.3%	$\pm 1.8\%$
8	108,259	25.1%	6,572	30.3%	$\pm 1.7\%$
10	114,796	26.6%	5,010	23.1%	$\pm 1.9\%$
12	108,037	25.0%	4,384	20.2%	$\pm 2.1\%$

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

study was carefully designed to ensure honest responses from participants.

The confidentiality of the survey was stressed through the instructions and administration procedures. Participants were assured that the survey was voluntary, anonymous, and confidential. They were told that no one would see their answers and that there was no way that a survey could be traced back to an individual student. Because the survey was anonymous, most of the reasons to exaggerate or deny behaviors were eliminated. However, several checks were built into the analysis to minimize the impact of students who were not truthful in their responses. Students whose surveys were deemed not truthful were eliminated.

Of all PAYS respondents (includes ALL respondents, whether a part of the Statewide sample or not), there were a total of 216,385 survey questionnaires completed and returned to Bach Harrison for scanning analysis. However, not all of the questionnaires contained valid information for reporting in this State Report. Of these surveys, 59 forms were removed due to

administration of the survey after the survey window, and 5,479 (2.6%) were eliminated due to students not responding to enough questions to assess validity. Next, 5,282 (2.4%) were eliminated because respondents were determined to be dishonest. Surveys deemed to be dishonest were eliminated because of four predetermined dishonesty indicators – 1) the students indicated that they had used the non-existent drug nitrodones/Pink Pandora (4,162 surveys); 3) the students reported an impossibly high level of multiple drug use (2,886 surveys); 4) the students indicated past-month use rates that were higher than lifetime use rates (1,604 surveys); and 5) the students reported an age that was inconsistent with their grade or their school (1,160 surveys). These surveys were not included in the final analyses.

Because the results reported in this state report and in the profile reports focus on data from the 6th, 8th, 10th, and 12th grades, 4,659 additional students in the 7th, 9th, and 11th grades were also eliminated from these state level results. These 7th, 9th, and 11th graders took the survey because they were attending a class that was largely made up of students in the even grades or the school chose to survey students in the odd grades for a more complete description of their students. Further, 262 surveys were eliminated due to students not reporting a grade level, and 22 surveys were eliminated due to students marking multiple grades.

A total of 15,763 questionnaires were eliminated from most analyses. This is less than the sum of those eliminated according to the criteria cited above because many of those eliminated met more than one criteria for elimination.

The confidentiality of the survey was stressed – participants were assured that the survey was voluntary, anonymous, and confidential.

Other measures to reduce response bias included carefully pretesting the questionnaire to ensure that students understood the meaning of each question, using a well developed and tested administration protocol, and reading the same instructions to all students who participated in the survey.

Validity of PAYS Data: Statewide Sample Only

In regard to only the students who belong to the statewide sample, there were a total of 22,089 survey questionnaires completed within school-grade combinations in the sample frame. However, not all of the questionnaires contained valid information for reporting in this State Report. Of these surveys, 416 (1.9%) were eliminated because respondents were determined to be dishonest. Surveys deemed to be dishonest were eliminated because of four predetermined dishonesty indicators – 1) the students indicated that they had used the non-existent drug nitrodones/Pink Pandora (318 surveys); 3) the students reported an impossibly high level of multiple drug use (200 surveys); 4) the students indicated past-month use rates that were higher than lifetime use rates (130 surveys); and 5) the students reported an age that was inconsistent with their grade or their school (76 surveys). These surveys were not included in the final analyses. A total of 416 questionnaires were eliminated from state-sample analysis due to dishonesty. This is less than the sum of those eliminated according to the criteria cited above because many of those eliminated met more than one criteria for elimination. See Table 1-2 for information regarding the honest/valid surveys that represent the state-sample in this State report.

Table 1-2

Demographics

	Census-Level Participation						State Sample Participation 2013	
	State 2009		State 2011		State 2013			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Survey Respondents	127,951	100.0	141,088	100.0	200,622	100.0	21,673	100.0
Survey Respondents by Grade								
6	28,720	22.4	35,903	25.4	48,034	23.9	5,707	26.3
8	37,702	29.5	40,429	28.7	57,088	28.5	6,572	30.3
10	33,834	26.4	35,239	25.0	52,042	25.9	5,010	23.1
12	27,695	21.6	29,517	20.9	43,458	21.7	4,384	20.2
Survey Respondents by Gender								
Male	61,284	49.4	66,315	49.6	99,487	49.9	10,850	50.3
Female	62,656	50.6	67,508	50.4	100,045	50.1	10,713	49.7
Survey Respondents by Ethnicity								
African American	5,732	4.6	10,389	7.5	12,227	6.2	1,323	6.2
Asian	2,778	2.2	3,996	2.9	6,585	3.3	717	3.3
Hispanic	6,090	4.8	6,163	4.4	5,993	3.0	597	2.8
American Indian	872	0.7	1,179	0.9	1,162	0.6	123	0.6
White	97,987	78.0	105,460	76.1	150,092	75.8	16,450	76.8
Multi-racial	12,153	9.7	11,412	8.2	21,962	11.1	2,205	10.3

Figure 1-1

2013 PAYS State Sample Participants, by Gender

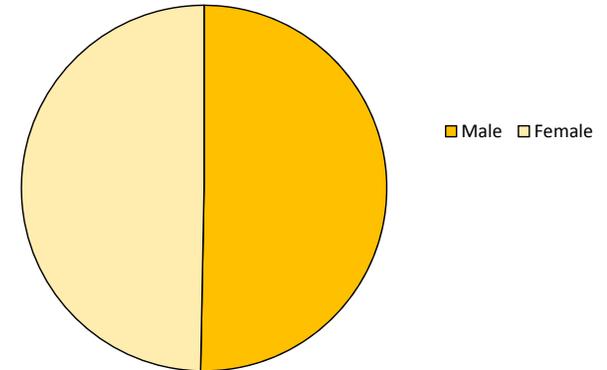
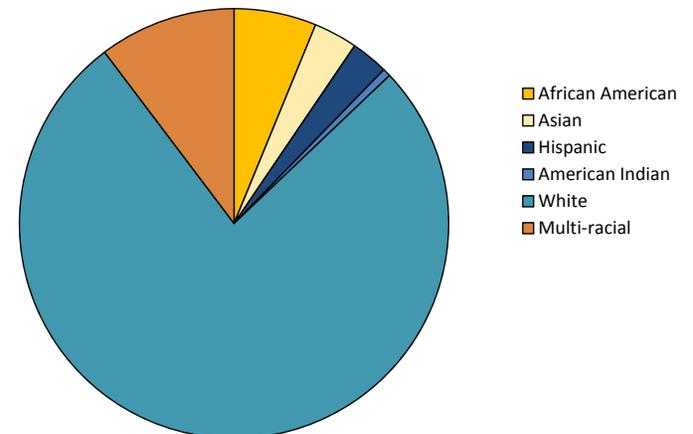


Figure 1-2

2013 PAYS State Sample Participants, by Race/Ethnicity

(Note: Final data presented in this report was weighted)



2

Section 2: Risk and Protective Factors for Substance Use and Other Problem Behaviors

The History and Importance of Risk and Protective Factors

The PAYS is based upon the Risk and Protective Factor Model of Substance Abuse Prevention. In medical research, risk factors have been found for heart disease and other health problems. Through media campaigns to inform the general public about the risk factors for heart disease, most people are now aware that behaviors such as eating high fat diets, smoking, high cholesterol, being overweight, and lack of exercise, place them at risk for heart disease. Just as medical research discovered the risk factors for heart disease, social scientists have defined a set of risk factors that place young people at risk for the problem behaviors of substance abuse, delinquency, violence, teen pregnancy, and school dropout. They have also identified a set of protective factors that help to buffer the harmful effects of risk.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington have reviewed more than 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for youth problem behaviors. They identified risk factors in important areas of daily life: 1) the **community**, 2) the **family**, 3) the **school**, and 4) within **individuals** themselves and their **peer** interactions. Many of the problem behaviors faced by youth – delinquency, substance

abuse, violence, school dropout, and teen pregnancy – share many common risk factors. Programs designed to reduce those common risk factors will have the benefit of reducing several problem behaviors.

Using the risk and protective factor model, Drs. Hawkins and Catalano and their colleagues developed an approach that communities can use to reduce youth problem behavior. An overview of the risk factors and protective factors that have been shown to be related to youth problem behavior and their link to the PAYS will be provided.

Just as medical research discovered the risk factors for heart disease, social scientists have defined risk factors that place youth at risk for problem behaviors.

The risk and protective factors have been organized into the four important areas of a young person's life – community, family, school, and peer/individual. The remainder of this section of the report is organized according to the four domains. For each domain, the definition of each risk factor is presented and then risk and protective results for Pennsylvania are provided by grade. Charts providing a comparison of levels of risk and protection for the past three administrations of PAYS are presented by grade in this section on pages 2-17 through 2-21. On the following page is more information about how to read and interpret the data in this section. This information provides instruction on how risk and protective factor scores were developed, and how to analyze the results.

How to Read the Risk and Protective Factor Data in This Section

It is important that the reader gain an understanding of the cut-points that are used to create the risk and protective factor scale scores presented in this section, and to understand how to interpret and analyze these results.

What are Cut-Points?

A cut-point helps to define the level of responses that are at or above a standard/normal level of risk, or conversely at or below a standard/normal level of protection. Rather than randomly determining whether a youth may be at risk or protected, a statistical analysis is completed that helps to determine at what point on any particular scale that the risk or protective factor is outside the normal range. In this way, when you are provided a percentage for a particular scale, you will know that this percentage represents the population of your youth who are either at greater risk or lower protection than the national cut-point level. Cut points also provide a standard for comparisons of risk and protection over time.

The PAYS questionnaire was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. However, before the percentage of youth at risk or with protection 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 group that was not at-risk. Because surveys measuring the risk and protective factors had been given to thousands of youth across the United States through federally funded research projects, 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 into their

appropriate group, more at-risk or less at-risk. The criteria for selecting 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); alcohol, tobacco, and other drug 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).

As was stated earlier in this report, in an effort to keep the cut-points current, researchers at Bach Harrison, L.L.C. recalculated the risk and protective factor cutpoints using data from 11 statewide surveys across the nation. The surveys were conducted in 2010-11, contained completed questionnaires from approximately 657,000 students in grades 6, 8, 10, and 12, and included data from the 2011 PAYS. These cut-points were used to calculate the percentages of youth at-risk and youth with-protection presented in this report.

How to use Cut-Points

The scale cut-points that were recently updated by Bach Harrison researchers to classify youth into more at-risk and less at-risk groups were used to produce the profiles in this report and will remain constant for future PAYS. Because the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on each of the risk and protective factor scales provides 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

How to Read the Risk and Protective Factor Data in This Section, Cont.

program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

How does using Cut-Points affect my data?

Risk and Protective Factor data from the 2009 and 2011 PAYS have been re-analyzed using the scale cut-points discussed above in order that the results from the past PAYS can be compared to the results from the 2013 PAYS. Instead of the percentile scores used previously, percentage of youth at-risk and with protection are presented in the 2013 report. For example:

- If your Community Laws and Norms Favorable toward Drug Use, Firearms, and Crime risk factor scale for 8th graders is at 35%, this means that 35% of 8th graders are at risk for engaging in problem behaviors due to Community Laws and Norms Favorable toward Drug Use, Firearms, and Crime.
- If your School Opportunities for Prosocial Involvement protective factor scale is at 60% for your 10th graders, the interpretation of this is that 60% of your 10th graders are protected against engaging in problem behaviors due to School Opportunities for Prosocial Involvement.

What is the Bach Harrison Norm and how do I use it?

The Bach Harrison Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk, protection, and antisocial measures with more national results. Survey participants from 11 statewide surveys were combined into a database of

approximately 657,000 students in grades 6, 8, 10, and 12. The results were weighted by state and grade to make each state's contribution more in line with the state's student population. Bach Harrison analysts then calculated rates for antisocial behavior and for students at risk and with protection. The results appear on the charts as BH Norm. In order to keep the Bach Harrison Norm relevant, it is updated approximately every two years as new data become available.

Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your community. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than the national sample.

The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors that your community should consider including in prevention planning programs. The Bach Harrison Norm is especially helpful when reviewing scales with a small percentage of youth at-risk such as the Rebelliousness scale. For example, even though a small percentage of youth are at-risk within this scale, if you notice that the percentage at risk on your Rebelliousness scale is higher than the Bach Harrison Norm, then that is probably an issue that should be considered for an intervention in your community. As you look through your data, we would encourage you to circle or mark risk scales that are higher than the BH Norm and protective factor scales that are lower than the BH Norm and add these items to your list of possible areas to tackle with prevention efforts.

Community Risk and Protective Factors

When looking at the community domain, it is important to consider other factors beyond how members of a community interact with the youth of the community. Youth benefit from living in an area where neighbors and community members show concern for them, offer them support, and give encouragement and praise. However, youth also benefit from living in a community that functions in a socially healthy manner. What is the community like? Are drugs and guns readily available? Is there an active presence of law enforcement officers in the community? Is the community lacking in economic resources? Do community members, businesses, or police turn a blind eye toward drug use and antisocial behaviors, or condone such behaviors? Is there a sense of community disorganization or do members of the community work together toward common goals?

All of these community issues, and more, play significant roles in shaping the behaviors of the youth who live within a particular community. By understanding how youth perceive their neighborhood, Pennsylvania communities can get a better sense of how they need to change in order to reduce the risk that youth will participate in problem behaviors.

Definitions of all community domain risk factors, as well as scale scores for the community domain are provided on the next pages. The table below shows the links between the community 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.

Table 2-1

YOUTH AT RISK	PROBLEM BEHAVIORS					
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community Risk Factors						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	

Perceived Availability of Drugs (Linked to Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in that community. Perceived availability of drugs is also associated with risk. For example, in schools where youth just *think* drugs are more available, a higher rate of drug use occurs.

Perceived Availability of Firearms (Linked to Delinquency and Violence)

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. Although a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

Laws and Norms Favorable Toward Drug Use, Firearms, and Crime (Linked to Substance Abuse, Delinquency, and Violence)

Community norms, the attitudes and policies a community holds about drug use and crime, are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other community members have of young people. When laws and community standards are favorable toward drug use or crime, or even if they are just *unclear*, youth are at higher risk.

Low Neighborhood Attachment and Community Disorganization (Linked to Substance Abuse, Delinquency, and Violence)

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods. The less homogeneous a community (in terms of race, class, religion, and even the mix of industrial to residential neighborhoods), the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their own lives. If the key players in the neighborhood – such as merchants, teachers, police, and human services personnel – live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

Community Risk Factor Scales

Risk Factor Scale Results

Table 2-2 contains the percentage of students at risk on each of the four 2013 PAYS risk factor scales in the community domain. The highest risk scale score for the 6th, 8th, and 10th grades was Laws and Norms Favorable to Drug Use (37.7% at risk in the 6th grade, 29.6% at risk in the 8th grade, 42.3% at risk in the 10th grade, and 40.8% at risk for all grades combined); and in the 12th grade, it was Low Neighborhood Attachment (43.3%). In comparison to the BH Norm, Pennsylvania youth in all grades were less at risk than the national norm. Twelfth grade PA and BH Norm scale scores for the Laws and Norms Favorable to Drug Use scale were identical (40.8%); all other scale scores within the community domain are significantly lower in Pennsylvania in comparison to the BH Norm.

Protective Factor Scale Results

The 2013 PAYS collected data for one community domain protective factor scale — Community Rewards for Prosocial Involvement. Protective factor scale scores ranged from as low as 42.9% for the 12th grade up to 51.5% for the 6th grade.

Comparisons to 2011 PAYS Data

Risk and protective factor data from three administrations are reported here for Pennsylvania. Data for 2009 and 2011 were recalculated so that they could be comparable to 2013 data. Since the 2011 survey, the scale scores for Laws and Norms Favorable to Drug Use, Perceived Availability of Drugs, and Perceived Availability of Handguns decreased in all grades. See charts on pages 2-17 through 2-21 for further multi-year risk and protective factor data.

To see risk and protective factor data at the county level, please visit the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 2-2

Community Domain Risk and Protective Factor Scales

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm
Community Risk Factor Scales																				
Low neighborhood attachment	38.3	39.8	36.2	41.9	31.0	30.5	29.4	34.0	41.7	37.1	39.6	41.5	44.5	43.0	43.3	45.9	39.2	37.5	37.3	40.7
Perceived availability of drugs	55.9	48.7	31.7	45.3	54.5	48.6	29.1	45.4	53.0	47.5	33.3	47.5	49.2	45.2	32.6	41.0	53.0	47.5	31.7	44.8
Perceived availability of handguns	31.1	28.6	13.8	26.3	43.0	41.5	25.1	36.7	49.5	46.6	33.7	45.0	49.4	50.2	39.7	50.4	43.8	42.1	29	40.7
Laws & norms favorable to drug use	52.6	48.7	37.7	49.0	43.8	36.6	29.6	38.3	49.3	46.5	42.3	43.0	48.9	48.6	40.8	40.8	48.6	45.0	37.8	42.4
Community Protective Factor Scales																				
Rewards for prosocial involvement	56.5	55.6	51.5	51.6	54.4	56.4	51.8	52.1	51.2	51.1	43.9	45.2	47.3	48.5	42.9	44.5	52.1	52.8	47.2	48.3

Family Risk and Protective Factors

For the family domain, one must consider more than parents' personal interaction with their children. Youth benefit from being bonded with their family, and from belonging to a family in which their parents offer support, encouragement, and praise. Other important factors that can contribute to youth problem behaviors are whether or not the youth's parents or siblings have used substances, approve of the use of substances, or have participated in antisocial behaviors. If a youth's living situation is full of conflict (fights and arguments) and disorganization (lack of family communication or parents' not knowing the whereabouts or doings of their children), the youth is also at risk for problem behaviors.

Definitions of all family domain risk factors, as well as scores for the family domain are provided on the following pages. The table below shows the links between the family 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.

Table 2-3

YOUTH AT RISK	PROBLEM BEHAVIORS					
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement In the Problem Behavior	✓	✓			✓	

Family History of the Problem Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, their risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves.

Poor Family Management (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Persistent, serious conflict between primary care givers or between care givers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary care giver, children raised in families high in conflict appear to be at risk for all of the problem behaviors.

Favorable Parental Attitudes and Involvement in the Behavior (Linked to Substance Abuse, Delinquency, and Violence)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior toward those outside or inside the family, there is an increase in the risk that a child will become violent. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug abusers in adolescence.

Family Risk Factor Scales

Risk Factor Scale Results

Table 2-4 contains the percentage of students at risk on each of the five risk factor scales in the family domain. In the 6th and 8th grades, the highest scaled score was Poor Family Management (40.1% at risk in the 6th grade, and 36.6% at risk in the 8th grade); and Parent Attitudes Favorable to Antisocial Behavior in the 10th and 12th grades (43.0% at risk in the 10th grade, 43.6% at risk in the 12th grade). In comparison to the BH Norm, Pennsylvania students in all grades indicated lower risk within the following scales: Family History of Antisocial Behavior (9.3% to 11.7% lower risk in each grade), Poor Family Management (6.0% to 10.7% lower risk in each grade), and Family Conflict (2.7% to 7.5% lower risk in each grade).

Protective Factor Scale Results

The 2013 PAYS collected data for the following family domain protective factor scales: Family Attachment, Family Opportunities for Prosocial Involvement, and Family Rewards for Prosocial Involvement. For the 6th and 8th grades, protection was highest for the Family Opportunities for Prosocial Involvement scale (59.6% with protection in the 6th grade, 62.5% with protection in the 8th

grade). For the 10th and 12th grades, protection was highest for the Family Attachment scale (57.1% with protection in the 10th grade, 57.9% with protection in the 12th grade). In comparison to the BH Norm, protection scale scores were higher for all grades in Pennsylvania for all three scales.

Comparisons to 2011 PAYS Data

Risk and protective factor data from three administrations are reported here for Pennsylvania. Data for 2009 and 2011 were recalculated so that they could be comparable to 2013 data. Since the 2011 survey, the scale scores for Poor Family Management decreased 3.6% to 10.6% in each grade; while scale scores for Parental Attitudes Favorable to Drug Use and Parental Attitudes Favorable to Antisocial Behavior increased 1.1% to 8.3% in each grade. In regard to protective factor scale scores, two scales showed significant increases since 2011 — Family Attachment (increases of 1.8% to 6.8% in each grade) and Family Rewards for Prosocial Involvement (increases of 2.0% to 5.9% in each grades). See charts on pages 2-17 through 2-21 for further multi-year risk and protective factor data.

To see risk and protective factor data at the county level, please visit the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 2-4 **Family Domain Risk and Protective Factor Scales**

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm
Family Risk Factor Scales																				
Family history of antisocial behavior	41.4	36.9	37.6	48	43.9	41.3	34.6	46.3	42.6	37.7	37	47.8	43.4	41.2	35.8	45.1	42.8	39.2	36.2	46.7
Poor family management	45.4	43.7	40.1	48.3	49.7	45.4	36.6	47.3	54.9	49.8	39.2	49.3	44.3	40.5	34.6	40.6	48.7	45.2	37.6	46.3
Parental attitudes favorable to drug use	9.0	8.7	11.6	11.4	22.8	18.1	23.9	23.7	38.0	35.5	39.9	39.7	40.3	39.2	42.1	40.3	28.4	25.8	30.2	29.8
Parental attitudes favorable to antisocial behavior	39.4	38.1	39.2	37.7	32.2	29.1	33.9	30.4	37.6	34.7	43.0	34.9	39.7	37.6	43.6	34.5	37.3	34.8	40.0	34.1
Family conflict	36.3	31	31.4	38.9	36.2	33.6	28.6	35.3	36.9	36.3	35.6	39.9	38.2	37.1	35.3	38	36.9	34.9	32.8	38.0
Family Protective Factor Scales																				
Family attachment	68.0	67.7	69.5	58.2	58.4	61.2	67.1	54.8	57.1	60.4	66.5	57.1	55.8	57.6	64.4	57.9	59.9	61.2	66.8	56.9
Opportunities for prosocial involvement	66.5	66.4	65.3	59.6	63.4	66.4	69.7	62.5	56.3	58.8	60.6	56.2	52.7	55.4	57.3	56.2	59.8	61.1	63.0	58.5
Rewards for prosocial involvement	62.2	60.4	66.3	54.9	64.2	67.9	72.5	61.9	57.4	60.7	62.7	54.3	53.7	54.1	58.7	54.0	59.4	60.5	64.9	56.4

School Risk and Protective Factors

In the school domain, the early years are important as far as creating or decreasing the level of risk for children. Academic failure in elementary school puts children at risk for substance use, delinquency, teen pregnancy, school drop out, and violence later in life. Further, a child with early and persistent antisocial behavior is at risk for substance use and other problems later in life.

These two factors (academic failure and early engagement in antisocial behavior) indicate that prevention programs should begin early in a student’s schooling. Programs that can effectively target the needs of the school population will help to decrease the level of risk, thereby decreasing problem behaviors later in school. The Pennsylvania data will be important for schools, in that it will help them target the problem behaviors and student populations which are at the greatest need for services.

As with the community and family domains, bonding at the school level also decreases risk and increases protection. When youth have healthy relationships with their teachers, when they feel as if they are able to play an active role in their classes and in their school, and when they receive encouragement and support, they are more bonded to their school and their commitment to school is less likely to falter.

Definitions of all school domain risk factors, as well as scores for the school domain are provided on the next pages. The table below shows the links between the school 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.

Academic Failure in Elementary School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. Youth fail for many reasons. It appears that *the experience of failure*, not necessarily the student’s ability, increases the risk of problem behaviors.

Lack of Commitment to School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Lack of commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for all five problem behaviors.

Table 2-5

YOUTH AT RISK	PROBLEM BEHAVIORS					
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	

School Risk and Protective Factor Scales

Risk Factor Scale Results

There are two risk factor scales for the school domain – Academic Failure and Low Commitment to School (see Table 2-6). Scale scores for Academic Failure ranged from 28.1% at risk in the 6th grade to 35.9% at risk in the 10th grade, while scale scores for Low Commitment to School ranged from 30.4% at risk in the 6th grade to 44.0% at risk in the 10th grade. In comparison to the BH Norm, fewer Pennsylvania youth in all grades are at risk within both scales.

Protective Factor Scale Results

There are also two protective factor scales for the school domain – School Opportunities for Prosocial Involvement and School Rewards for Prosocial Involvement (see Table 2-6). School Opportunities for Prosocial Involvement ranged from 50.2% with protection in the 10th grade to 62.8% with protection

in the 6th grade, and School Rewards for Prosocial Involvement ranged from 49.4% with protection in the 10th grade to 66.1% with protection in the 6th grade.

Comparisons to 2011 PAYS Data

Risk and protective factor data from three administrations are reported here for Pennsylvania. Data for 2009 and 2011 were recalculated so that they could be comparable to 2013 data. Since the 2011 survey, the scale scores for Low Commitment to School decreased 1.3% to 6.3% in each grade; while scale scores for Academic Failure decreased 1.5% for the 6th grade, 0.7% for the 10th grade, and 2.3% for the 12th grade. In contrast, protection within the school domain has seen decreases for all grades for both scales. See charts on pages 2-17 through 2-21 for further multi-year risk and protective factor data.

To see risk and protective factor data at the county level, please visit the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 2-6
School Domain Risk and Protective Factor Scales

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm																
School Risk Factor Scales																				
Academic failure	31.5	29.6	28.1	38.1	39.4	32.5	32.5	41.1	39.3	36.6	35.9	42.5	37.7	35.7	33.4	37.9	37.2	33.7	32.8	40.1
Low commitment to school	41.5	36.7	30.4	42.8	45.1	40.9	39.6	46.2	49.4	47.0	44.0	48.7	46.3	43.2	39.6	43.9	45.8	42.1	38.8	45.6
School Protective Factor Scales																				
Opportunities for prosocial involvement	63.1	68.8	62.8	59.5	53.7	59.6	56.9	51.6	40.6	54.6	50.2	50.8	44.3	52.9	52.2	53	49.7	58.7	55.1	53.2
Rewards for prosocial involvement	60.7	68.3	66.1	56.9	59.1	65.8	59.2	52.8	45.7	61.7	49.4	49.0	48.5	61.2	53.9	52.4	53.0	64.1	56.6	52.5

Peer/Individual Risk and Protective Factors

The final domain of a student’s life — peer/individual — consists of much more than mere peer pressure. Although youth are at risk for problem behaviors when they have friends who are engaging in unfavorable behaviors; or their friends have favorable attitudes toward the behaviors (i.e., it is seen as “cool”); the peer/individual domain also consists of several factors which spring from the individual. For example, youth who are depressed, rebellious, or who feel alienation are more likely to use drugs and show antisocial behavior. Other constitutional factors also play a part in whether or not a student is at risk for ATOD use or antisocial behaviors.

Definitions of all peer/individual domain risk and protective factors, as well as a description of individual characteristics, bonding, and healthy beliefs and clear standards, are presented in this section. Also in this discussion of peer/individual risk factors, scores for the scales in this domain are provided in the form of tables and charts. The table below shows the links between the peer/individual 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.

Table 2-7

YOUTH AT RISK	PROBLEM BEHAVIORS					
	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Individual/Peer Risk Factors						
Rebelliousness	✓	✓	✓	✓	✓	
Friends Who Engage in a Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

Alienation, Rebelliousness, and Lack of Bonding to Society (Rebelliousness Scale: Linked to Substance Abuse, Delinquency, and School Dropout)

Young people who feel they are not 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 drug abuse, delinquency, and school dropout.

Friends Who Engage in the Problem Behavior (Interaction with Antisocial Peers Scale, Rewards for Antisocial Behavior Scale, Friends Use of Drugs Scale — Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Youth who associate with peers who engage in problem behaviors are much more likely to engage in the same problem behaviors. This is one of the most consistent predictors of youth problem behaviors that the research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with those who engage in problem behaviors greatly increases their risks. However, young people who experience a low number of risk factors are less likely to associate with those who are involved in problem behaviors.

Favorable Attitudes Toward the Problem Behavior (Attitudes Favorable to Drug Use Scale, Attitudes Favorable to Antisocial Behavior Scale, Perceived Risk of Drug Use Scale — Linked to Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

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

Depressive Symptoms (Linked to Substance Abuse and Delinquency)

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. Because they are depressed, these individuals have difficulty in identifying and engaging in pro-social activities. They consequently do not gain recognition for demonstrating positive behaviors or develop attachments to their schools or communities. On this Pennsylvania survey, youth who scored highest on the items measuring depressive symptoms also scored significantly higher on all of the drug use questions.

Constitutional Factors (Sensation Seeking Scale — Linked to Substance Abuse, Delinquency, and Violence)

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

Some young people who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, teen parents, or school dropouts. Balancing the risk factors are protective factors, those aspects of people's lives that counter risk factors or provide buffers against them. They protect by either reducing the impact of the risks or by changing the way a person responds to the risks. A key strategy to counter risk factors is to enhance protective factors that promote positive behavior, health, well-being, and personal success. Research indicates that protective factors fall into three basic categories: Individual Characteristics, Bonding, and Healthy Beliefs and Clear Standards.

Protective Factors

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

Individual Characteristics

Research has identified four individual characteristics as protective factors. These attributes are considered to be inherent in the youngster and are difficult, if not impossible, to change. They consist of:

Gender. Given equal exposure to risks, girls are less likely to develop health and behavior problems in adolescence than are boys.

A Resilient Temperament. Young people who have the ability to quickly adjust to or recover from misfortune or changes are at reduced risk.

A Positive Social Orientation. Young people who are good natured, enjoy social interactions, and elicit positive attention from others are at reduced risk.

Intelligence. Bright children are less likely to become delinquent or drop out of school. However, *intelligence does not protect against substance abuse.*

Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers, or other significant adults, and/or pro-social friends. Children who are *attached* to positive families, friends, schools, and their community, and

who are *committed* to achieving the goals valued by these groups, are less likely to develop problems in adolescence. Children who are bonded to others who hold healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes, or drop out of school. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things of which their parents strongly disapprove. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a care giver can keep children from getting into trouble. Positive bonding makes up for many disadvantages caused by risk factors or environmental characteristics.

Healthy Beliefs and Clear Standards

Bonding is only part of the protective equation. Research indicates that another group of protective factors falls into the category of healthy beliefs and clear standards. The people with whom children are bonded need to have *clear, positive standards for behavior*. The content of these standards is what protects young people. For example, being opposed to youth alcohol and drug use is a standard that has been shown to protect young people from the damaging effects of substance abuse risk factors. Children whose parents have high expectations for their school success and achievement are less likely to drop out of school. Clear standards against criminal activity and early, unprotected sexual activity have a similar protective effect.

The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach young people healthy beliefs and set clear standards for their behavior. Examples of healthy beliefs include believing it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing clear no drug and alcohol family rules, establishing the expectation that a youngster does well in school, and having consistent family rules against problem behaviors.

Peer/Individual Risk and Protective Factor Scales

Risk Factor Scale Results

The 2013 PAYS gathers data for nine risk factor scales in the Peer/Individual Domain. Risk factor results are presented in Table 2-8.

The highest risk score for youth in the 6th and 12th grades was Perceived Risk of Drug Use (42.2% at risk in the 6th grade, 52.3% at risk in the 12th grade); while the highest risk score for youth in the 8th and 10th grades was Attitudes Favorable to Drug Use (36.6% at risk for the 8th grade, 44.5% at risk for the 10th grade). In comparison to the BH Norm, for an overwhelming majority of scales and grades, Pennsylvania youth indicated lower risk levels in comparison to the BH Norm. However, Pennsylvania high school youth (grades 10 and 12) indicated higher risk for the following two scales: Perceived Risk of Drug Use (2.0% higher than the BH Norm for the 10th grade, 4.9% higher for the 12th grade) and the Depressive Symptoms risk scale (1.3% higher than the BH Norm for the 10th grade, 3.2% higher for the 12th grade). In contrast, the following are Peer/Individual domain scales in which a lower percentage of Pennsylvania youth in all grades (in comparison to the BH Norm) were at risk: Rebelliousness, Attitudes Favorable to Antisocial Behavior, Sensation Seeking, Friends' Use of Drugs, and Interaction with Antisocial Peers.

Protective Factor Scale Results

There are two protective factor scales for the peer/individual domain. Protective factor results for this domain are presented in Table 2-8. For the Belief in the Moral Order scale, protection ranged from 56.6% with protection in the 6th grade up to 62.9% with protection in the 8th grade. Protective factor scale scores for Religiosity ranged from 37.4% with protection in the 12th grade up to 51.4% with protection for this scale in the 6th grade. In comparison to the BH Norm, a greater percentage of Pennsylvania youth in all grades indicated protection within the Belief in the Moral Order scale (5.5% to 10.8% higher in each grade), while a lower percentage of PA youth in all grades indicated protection within the Rewards for Prosocial Involvement scale (3.4% to 6.4% lower protection in each grade).

Comparisons to 2011 PAYS Data

Risk and protective factor data from three administrations are reported here for Pennsylvania. Data for 2009 and 2011 were recalculated so that they could be comparable to 2013 data. Since the 2011 survey, the scale scores for Belief in the Moral Order increased 1.5% to 7.3% in each grade. See charts on pages 2-17 through 2-21 for further multi-year risk and protective factor data.

To see risk and protective factor data at the county level, please visit the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 2-8

Peer Domain Risk and Protective Factor Scales

	6th				8th				10th				12th				All			
	State 2009	State 2011	State 2013	BH Norm																
Peer And Individual Risk Factor Scales																				
Rebelliousness	34.0	27.9	25.4	39.6	32.7	24.2	21.3	34.5	33.6	31.0	29.7	39.8	32.8	31.1	33.4	37.7	33.3	28.6	27.6	37.8
Perceived risk of drug use	37.8	44	42.2	44.5	35.9	34.3	30.0	37.9	42.6	41.1	42.1	40.1	49.5	50.1	52.3	47.4	41.7	42.3	41.7	42.2
Attitudes favorable to drug use	16.6	16.4	14.7	18.9	50.8	42.9	36.6	43.7	51.5	49.5	44.5	45.3	56.4	53.9	48.8	46.9	44.7	41.3	37.1	40.0
Attitudes favorable to ASB	37.0	34.5	28.9	40.0	33.0	28.8	26.7	34.7	40.5	39.8	38.5	41.0	42.5	37.4	38.6	39.0	38.4	35.2	33.5	38.5
Sensation seeking	47.1	41.5	32.1	43.3	41.4	38.1	30.6	44.7	42.7	41.8	34.5	46.0	39.5	41.0	31.8	42.5	42.6	40.6	32.3	44.2
Rewards for ASB	19.2	15.8	16.4	24.5	39.5	33.1	35.1	45.6	37.5	37.7	43.5	42.1	47.4	46	45.4	46.6	36.4	33.6	36.1	40.5
Friends use of drugs	15.0	15.0	8.9	19.7	47.9	41.1	29.4	47.9	45.4	42.0	35.4	48.1	47.7	45.2	37.8	44.7	39.7	36.3	28.9	41.7
Interaction with antisocial peers	19.2	21.3	18.1	33.6	34.5	30.3	22.8	44.8	39.7	36.8	28.2	45.5	42.5	38.6	32.3	43.7	34.5	32.0	25.8	42.6
Depressive symptoms	23.5	23.7	23.3	30.3	31.3	29.7	32.4	34.8	32.8	34.1	39.1	37.8	32.5	32.2	36.6	33.4	30.3	30.1	33.3	34.2
Peer And Individual Protective Factor Scales																				
Belief in the moral order	54.4	55.1	56.6	51.1	50.8	56.3	62.9	52.1	52.6	56.2	61.9	54.6	50.3	54.1	61.4	55.6	52.0	55.4	60.9	53.6
Religiosity	51.4	46.6	51.4	54.8	50.2	48.9	49.0	53.7	46.1	45.7	42.0	48.4	37.3	37.2	37.4	42.9	46.0	44.5	44.5	49.8

Risk and Protective Factor Scales: 6th Grade

Chart 2-1

Risk factor scales, 6th grade, Statewide Sample 2013 PAYS

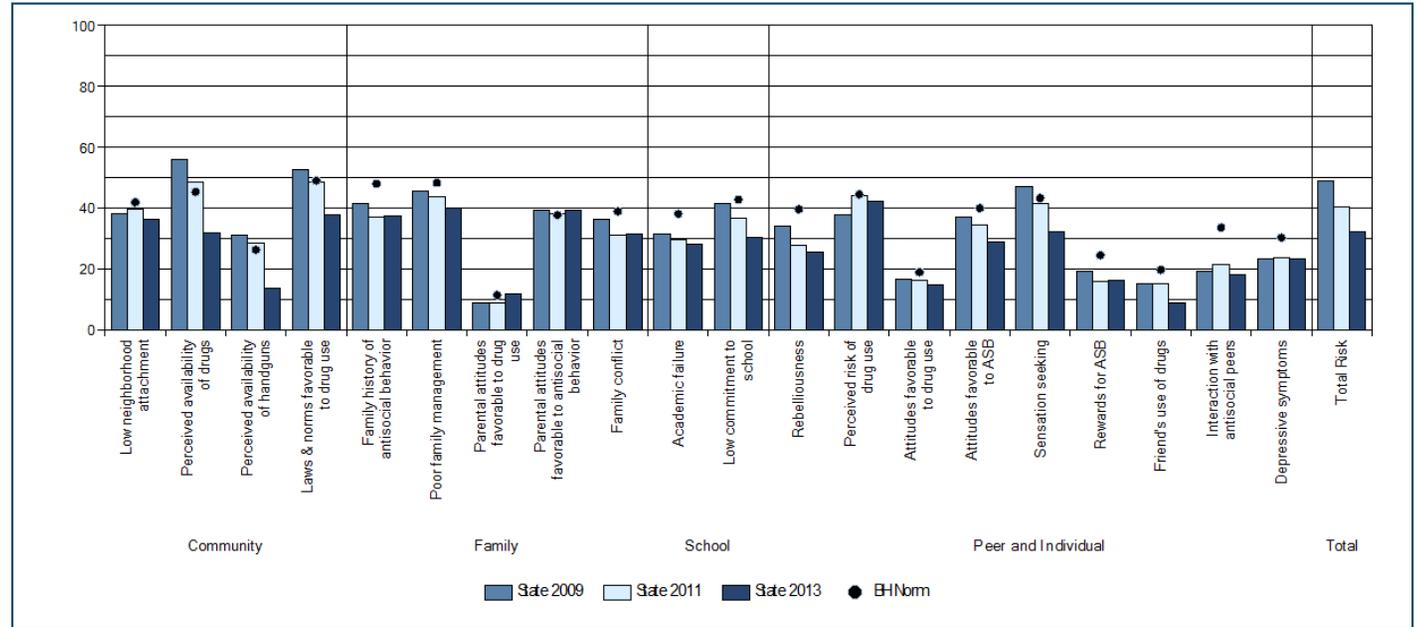
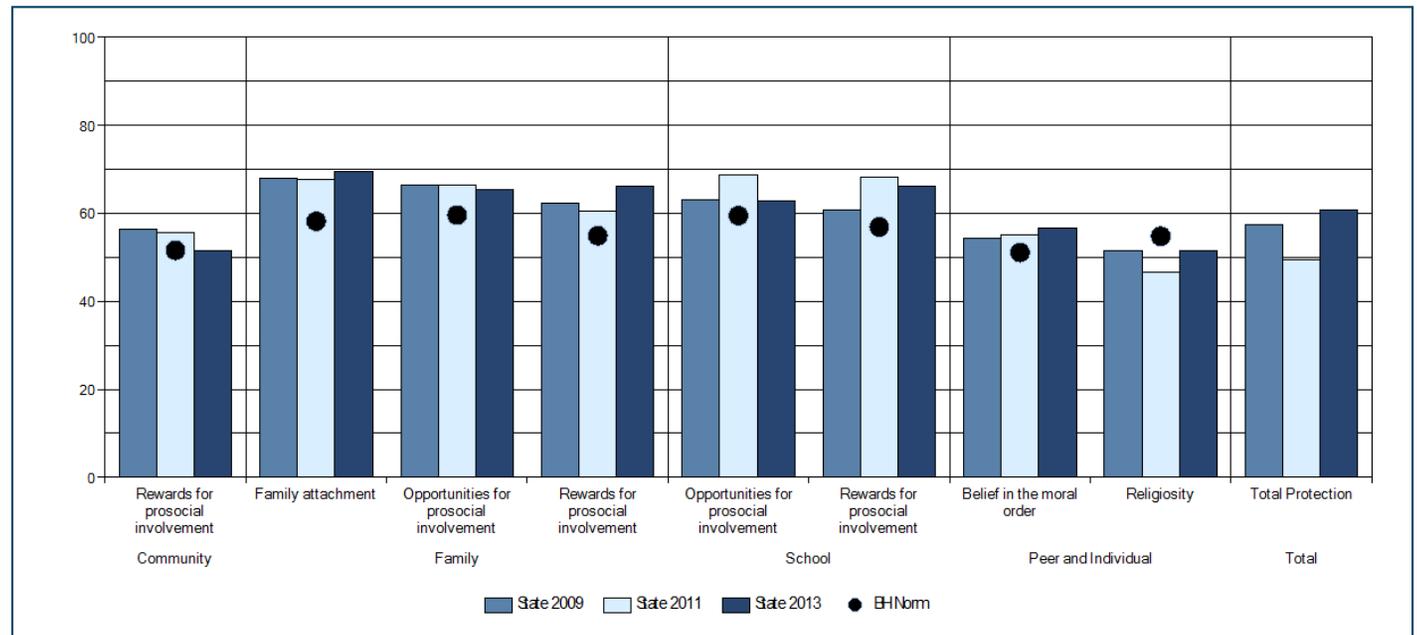


Chart 2-2

Protective factor scales, 6th grade, Statewide Sample 2013 PAYS



NOTE:

"Total Risk" is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th and 8th grades: 5 or more risk factors, 10th and 12th grades: 7 or more risk factors).

"Total protection" is defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th, 8th, 10th, and 12th grades: 3 or more protective factors.)

Risk and Protective Factor Scales: 8th Grade

Chart 2-3

Risk factor scales, 8th grade, Statewide Sample 2013 PAYS

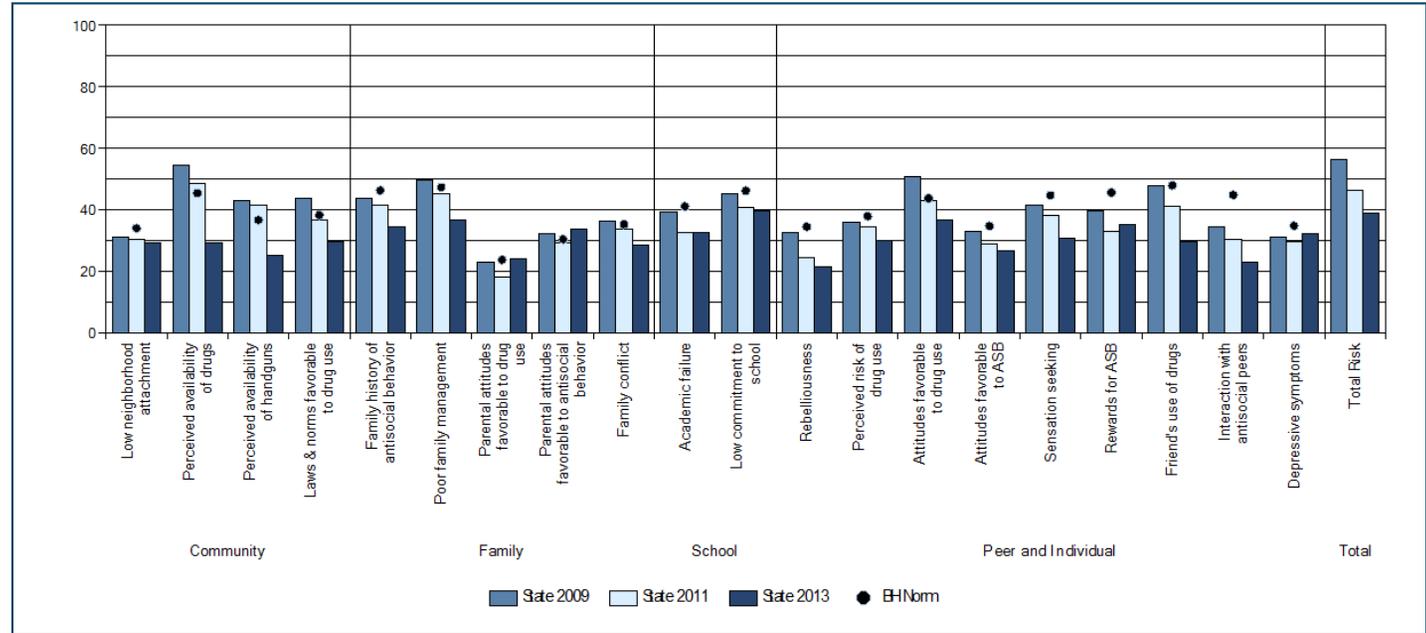
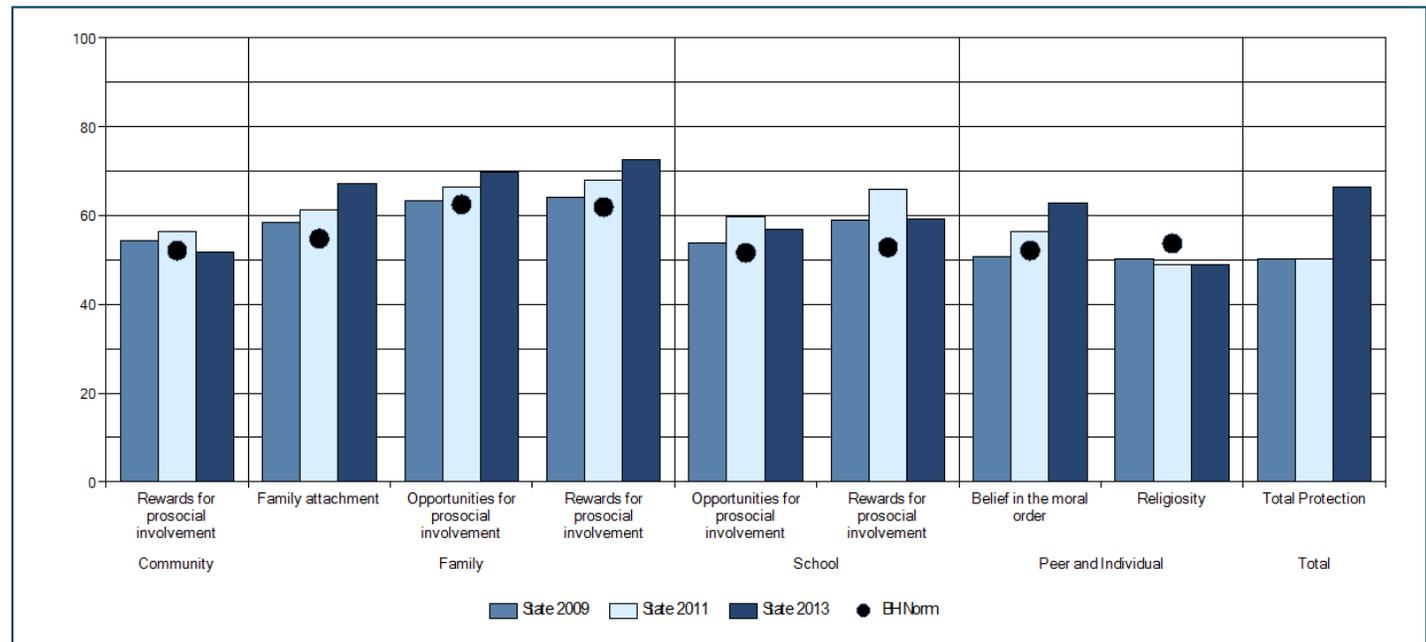


Chart 2-4

Protective factor scales, 8th grade, Statewide Sample 2013 PAYS



NOTE:

"Total Risk" is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th and 8th grades: 5 or more risk factors, 10th and 12th grades: 7 or more risk factors.)

"Total protection" is defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th, 8th, 10th, and 12th grades: 3 or more protective factors.)

Risk and Protective Factor Scales: 10th Grade

Chart 2-5

Risk factor scales, 10th grade, Statewide Sample 2013 PAYS

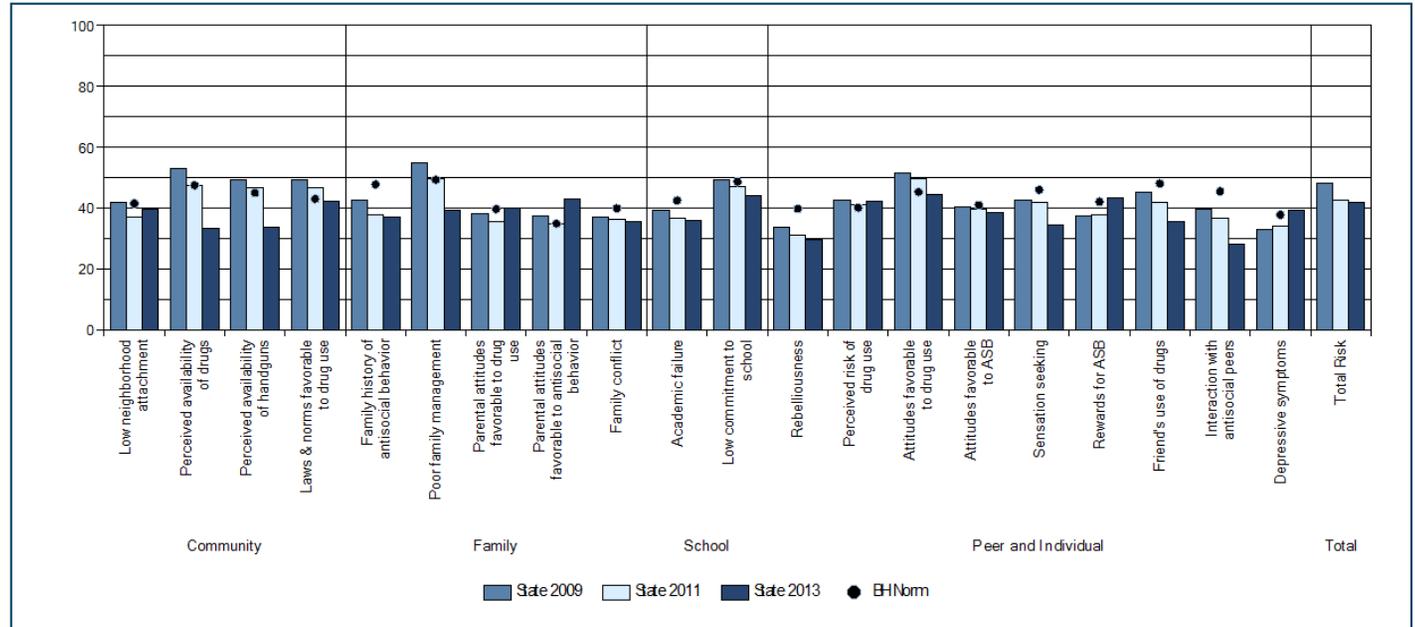
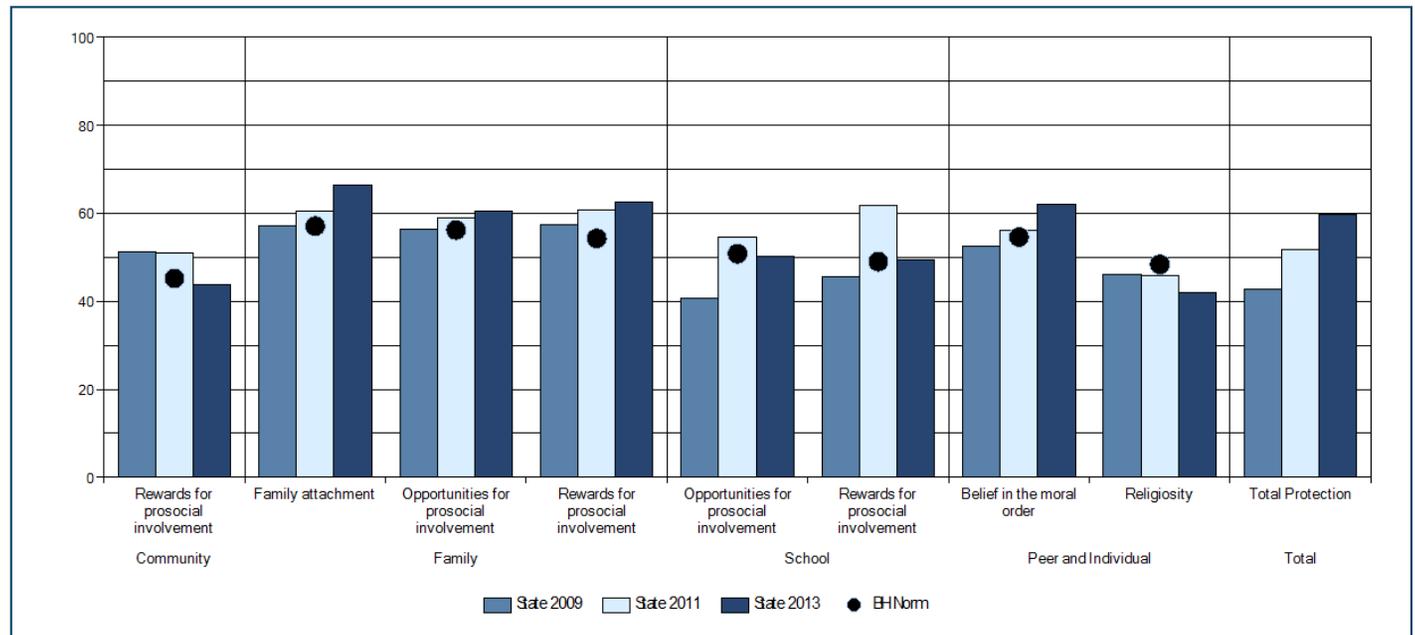


Chart 2-6

Protective factor scales, 10th grade, Statewide Sample 2013 PAYS



NOTE:

"Total Risk" is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th and 8th grades: 5 or more risk factors, 10th and 12th grades: 7 or more risk factors.)

"Total protection" is defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th, 8th, 10th, and 12th grades: 3 or more protective factors.)

Risk and Protective Factor Scales: 12th Grade

Chart 2-7
Risk factor scales, 12th grade, Statewide Sample 2013 PAYS

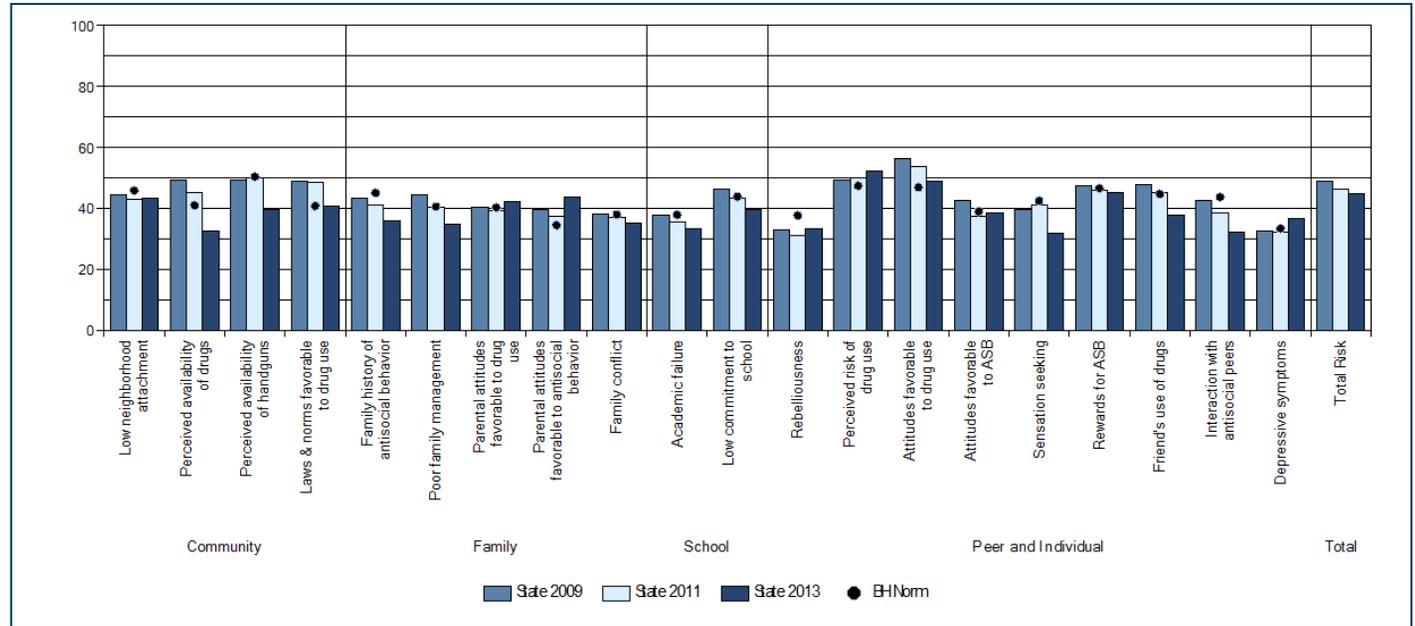
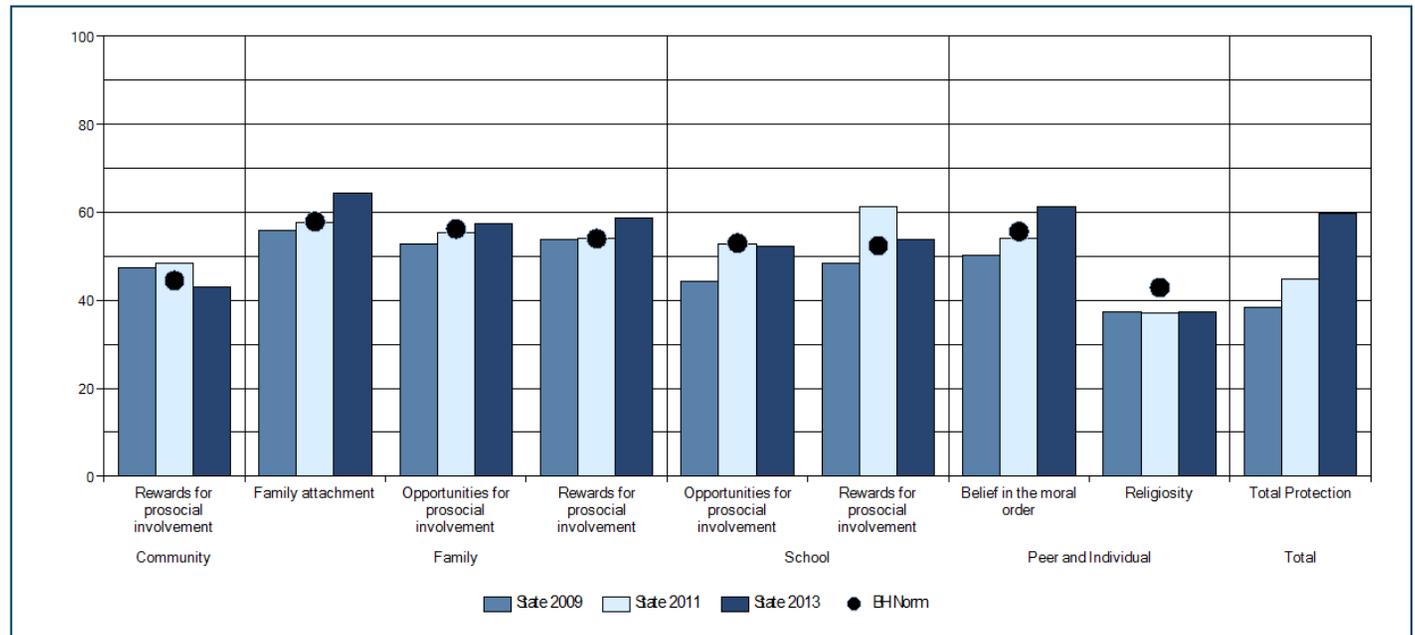


Chart 2-8
Protective factor scales, 12th grade, Statewide Sample 2013 PAYS



NOTE:

"Total Risk" is defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (6th and 8th grades: 5 or more risk factors, 10th and 12th grades: 7 or more risk factors.)

"Total protection" is defined as the percentage of students who have more than a specified number of protective factors operating in their lives. (6th, 8th, 10th, and 12th grades: 3 or more protective factors.)

Risk and Protective Factor Scales: All Grades Combined

Chart 2-9
Risk factor scales, All Grades Combined, Statewide Sample 2013 PAYS

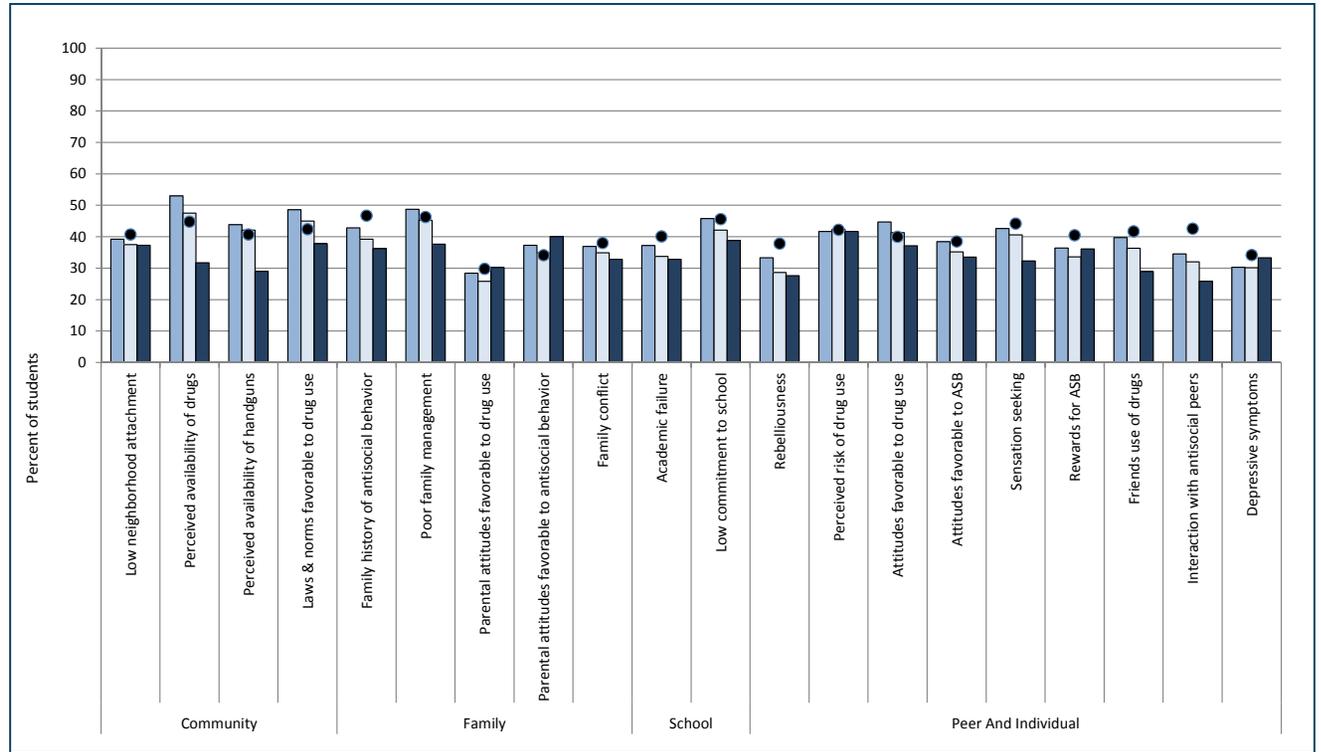
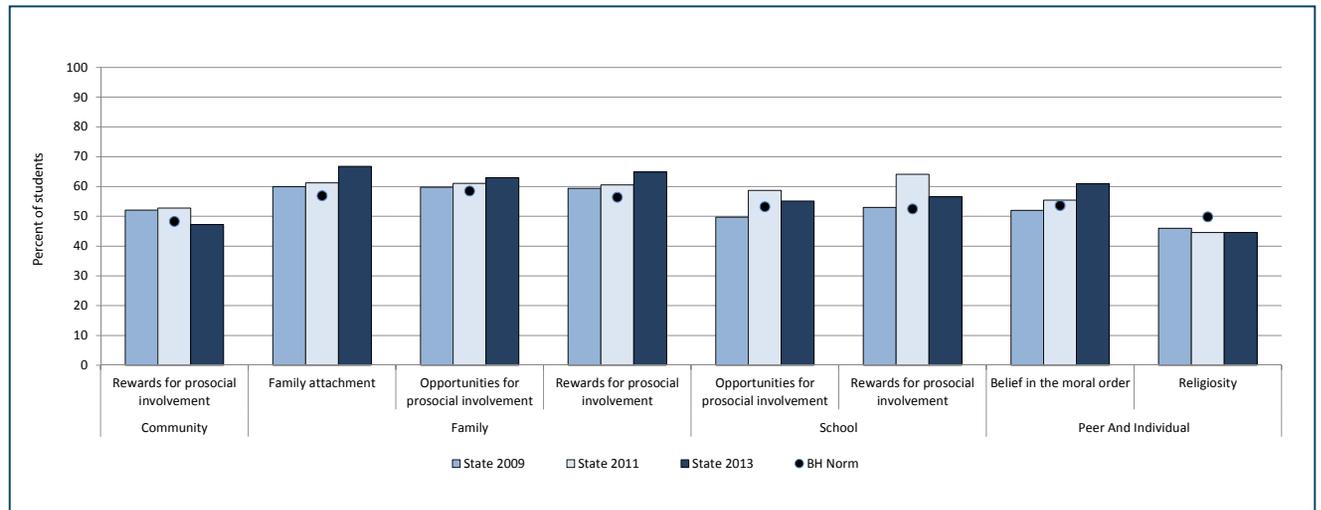


Chart 2-10
Protective factor scales, All Grades Combined, Statewide Sample 2013 PAYS



Section 3: Substance Use Outcomes and Topics

Section 3: Substance Use Outcomes, describes ATOD use and other substance-use related measures (such as perceived risks and sources of obtaining ATODs) among Pennsylvania's youth. This section presents results on the current use (use in the 30 days prior to the survey) and use during the youth's lifetime of 16 different substances. These results are compared to the results of a national survey, Monitoring The Future (MTF), when comparable data are available. Use is presented by grade and gender. Results are presented

first for the gateway drugs – alcohol, tobacco, marijuana, and inhalants – and are then presented for prescription drugs, and other illicit drugs. Additional analyses in this section include substance use by gender, perceived harmfulness, and sources of obtaining alcohol

When accompanied by a copy of the 2013 PAYS State Report Executive Summary, each subsection found in Section 3, can be considered a self-standing piece that can be distributed to researchers, prevention specialists, and other interested parties.

3.1 Lifetime and 30-Day Gateway Drug Use: Alcohol

In the 2013 PAYS, Pennsylvania youth were asked to report if they had used alcohol in their lifetime or in the past 30-days. They were also asked to report if they had consumed five or more drinks in a row in the past two weeks. Results of students reporting that they drank alcohol at least once in the previously mentioned time frames (lifetime, past month, and binge drinking in the past two weeks) are reported in this section.

Lifetime Alcohol Use

The 2013 PAYS results presented in Table 3.1-1 show that 46.9% of students in grades 6, 8, 10, and 12 have used alcohol at least once in their lifetime. By grade, 13.3% of 6th graders, 35.1% of 8th graders, 61.5% of 10th graders, and 74.2% of 12th graders have used alcohol in their lifetime.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.1-1), Pennsylvania youth in the all grades indicated higher lifetime alcohol use rates than youth in same grades in the national sample. Pennsylvania rates were 7.3% higher than national rates in the 8th grade (35.1% in Pennsylvania, compared to 27.8% in the national sample), 9.4% higher than national rates in the 10th grade (61.5% in Pennsylvania, compared to 52.1% in the national sample), and 6.0% higher than national rates in the 12th grade (74.2% in Pennsylvania and 68.2% in the national sample).

Since the 2011 survey, lifetime alcohol use decreased 1.6% for both the 6th and 8th grades, but increased 8.3% in the 10th grade and 5.8% in the 12th grade. For all students combined, lifetime alcohol use increased from 44.0% in 2011 to 46.9% in 2013.

Past Month Alcohol Use

The 2013 PAYS results presented in Table 3.1-1 and Figure 3.1-1 show that 20.3% of students in grades 6, 8, 10, and 12 have used alcohol at least once in the past 30 days. In looking at past month use rates by grade level, 3.0% of 6th graders, 9.6% of 8th graders, 26.2% of 10th graders, and 40.6% of 12th graders in Pennsylvania have used alcohol in the past 30 days.

In comparison to data gathered through the national MTF Survey (see Figure 3.1-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated past month alcohol use rates that were similar to those of youth in same grades in the national sample. Pennsylvania rates were 0.6% lower than national rates in the 8th grade (9.6% in Pennsylvania, compared to 10.2% in the national sample), 0.5% higher than national rates in the 10th grade (26.2% in Pennsylvania, compared to 25.7% in the national sample), and 1.4% higher in the 12th grade (40.6% in Pennsylvania, compared to 39.2% in the national sample).

Since the 2011 survey, past month alcohol use decreased significantly in grades 8, 10, and 12 — a decrease of 2.0% in the 8th grade, a decrease of 3.3% in the 10th grade, a decrease of 5.1% in the 12th grade, and a decrease of 2.7% for all grades combined.

Binge Drinking

The 2013 PAYS results presented in Table 3.1-1 and Figure 3.1-1 show the percent of students in each grade reporting that they binge drank (consumed five or more drinks in a row) at least once in the past two weeks. The 2013 PAYS found that 9.7% of students in the 6th, 8th, 10th and 12th grades reported binge drinking at least once in the past two weeks. By grade level, 1.3% of 6th graders, 3.1% of 8th graders, 11.7% of 10th graders, and 21.8% of 12th graders reported binge drinking.

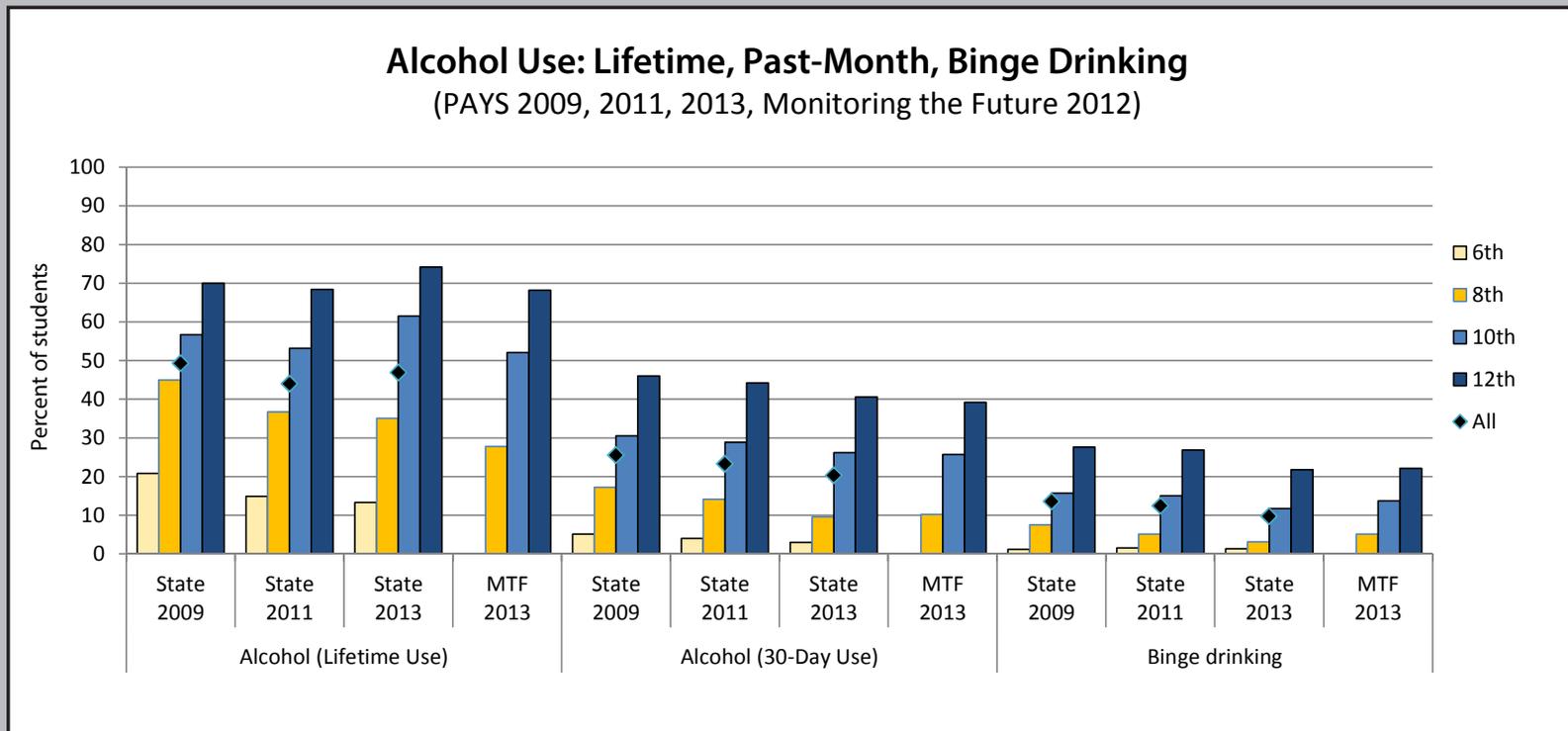
Binge drinking rates have been gradually decreasing since 2009. For all grades combined, binge drinking has decreased 3.9% since 2009 (13.6% in 2009, 12.4% in 2011, 9.7% in 2013). In the past two years, 8th grade binge drinking decreased 2.0% (from 5.1% in 2011 to 3.1% in 2013), 10th grade binge drinking decreased 3.3% (from 15.0% in 2011 to 11.7% in 2013), 12th grade binge drinking decreased 5.1% (from 26.9% in 2011 to 21.8% in 2013).

For data regarding lifetime alcohol use, 30-day alcohol use, and binge drinking by county and grade, please visit the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.1-1
Alcohol Use: Lifetime, Past-Month, Binge Drinking

Grade	Alcohol (Lifetime Use)				Alcohol (30-Day Use)				Binge drinking			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	20.8	14.9	13.3	n/a	5.1	4.0	3.0	n/a	1.2	1.5	1.3	n/a
8th	45.0	36.7	35.1	27.8	17.2	14.1	9.6	10.2	7.5	5.1	3.1	5.1
10th	56.7	53.2	61.5	52.1	30.5	28.9	26.2	25.7	15.7	15.0	11.7	13.7
12th	70.0	68.4	74.2	68.2	46.0	44.2	40.6	39.2	27.6	26.9	21.8	22.1
All	49.3	44.0	46.9	n/a	25.5	23.3	20.3	n/a	13.6	12.4	9.7	n/a

Figure 3.1-1



3.2 Lifetime and 30-Day Gateway Drug Use: Tobacco

In the 2013 PAYS, Pennsylvania youth were asked to report if they had ever used cigarettes or smokeless tobacco and how frequently/heavily (if ever) they used both tobacco products. Results of students reporting that they smoked cigarettes or used smokeless tobacco at least once in their lifetime, or at least once in the past month, are reported in this section.

Lifetime Tobacco Use

The 2013 PAYS results presented in Table 3.2-1 show that 17.6% of students in grades 6, 8, 10, and 12 have used cigarettes at least once in their lifetime, and 9.0% of students in the four grades have used smokeless tobacco in their lifetime.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.2-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated lower lifetime cigarette use rates than youth in same grades in the national sample. For lifetime cigarette use, Pennsylvania rates were 4.6% lower in the 8th grade than national 8th grade rates, 4.5% lower in the 10th grade than national 10th grade rates, and 2.9% lower in the 12th grade than national 12th grade rates. For lifetime smokeless tobacco use, Pennsylvania rates were 3.3% lower in the 8th grade, 3.1% lower in the 10th grade, and 1.7% higher in the 12th grade in comparison to national rates.

Since the 2011 survey, lifetime cigarette use decreased significantly in each grade, with a decrease of 1.8% in the 6th grade, 5.4% in the 8th grade, 7.3% in the 10th grade, 7.9% in the 12th grade, and 5.7% overall. Since the 2011 survey, smokeless tobacco lifetime use rates decreased 0.7% to 4.7% in each grade.

Past Month Tobacco Use

The 2013 PAYS results presented in Table 3.2-1 and Figure 3.2-1 show that 8.0% of students in grades 6, 8, 10, and 12 have used cigarettes at least once in the past 30 days, and 4.7% of students in the same grades have used smokeless tobacco. In looking at past month cigarette use rates by grade level, 0.5% of 6th graders, 3.9% of 8th graders, 9.9% of 10th graders, and 17.0% of 12th graders in Pennsylvania have used cigarettes in the past 30 days; while 0.3% of 6th graders, 1.9% of 8th graders, 5.8% of 10th graders, and 10.3% of 12th graders have used smokeless tobacco in the past month.

In comparison to data gathered through the national MTF Survey (see Figure 3.2-1), Pennsylvania youth in all grades indicated very similar use rates to national rates; PA and MTF rates were within 0.6% to 0.8% of each other for cigarette use. Pennsylvania youth in the 12th grade indicated a past month smokeless tobacco use rate that was 2.2% higher than the national use rate for the same grade.

Since the 2011 survey, past month cigarette use decreased 0.2% in the 6th grade, 1.4% in the 8th grade, 1.8% in the 10th grade, 2.4% in the 12th grade, and 1.5% for all grades combined. Past-month smokeless tobacco use decreased 1.1% to 1.5% in grades 8, 10, and 12 since the 2011 survey.

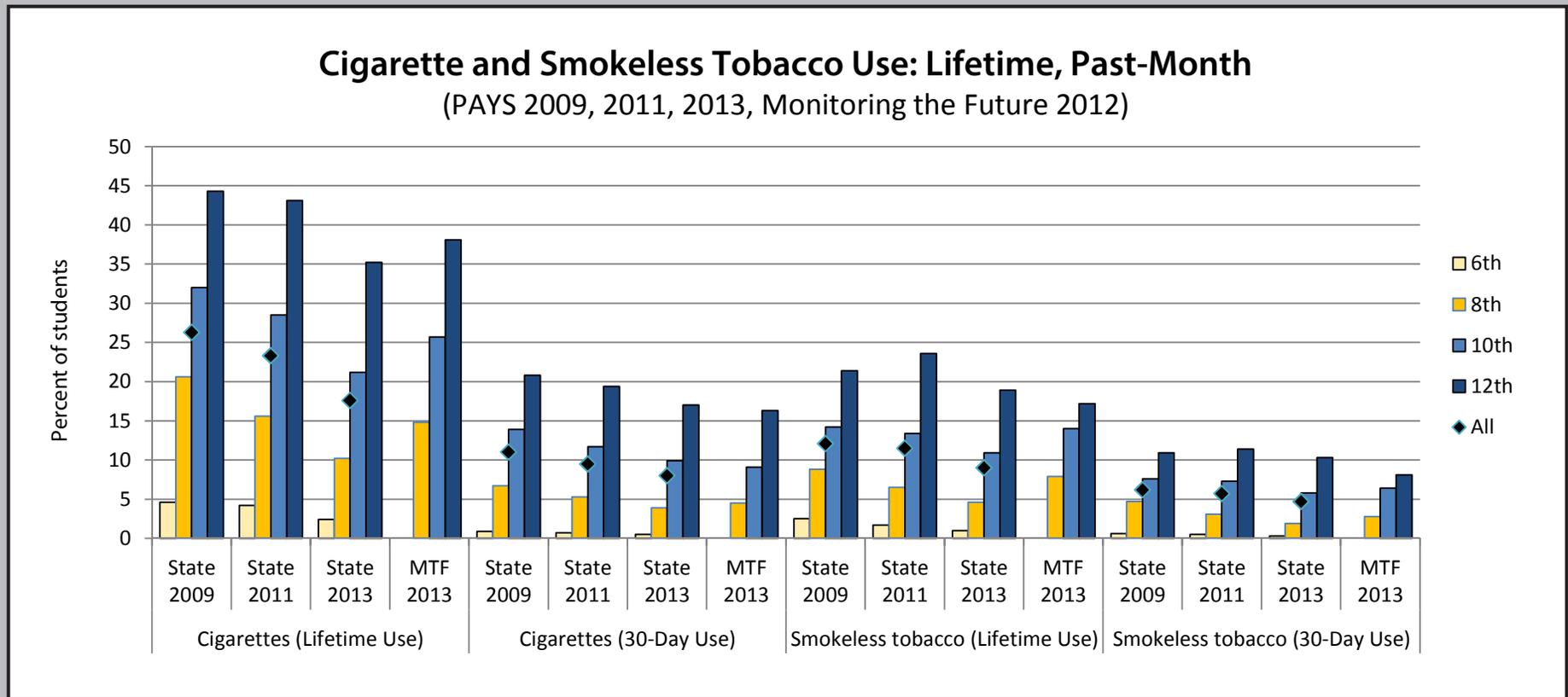
For data regarding lifetime tobacco use and 30-day tobacco use by county and grade, please refer to the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.2-2

Tobacco Use: Lifetime and Past-Month Cigarette and Smokeless Tobacco Use

Grade	Cigarettes (Lifetime Use)				Cigarettes (30-Day Use)				Smokeless tobacco (Lifetime Use)				Smokeless tobacco (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	4.6	4.2	2.4	n/a	0.9	0.7	0.5	n/a	2.5	1.7	1.0	n/a	0.6	0.5	0.3	n/a
8th	20.6	15.6	10.2	14.8	6.7	5.3	3.9	4.5	8.8	6.5	4.6	7.9	4.7	3.1	1.9	2.8
10th	32.0	28.5	21.2	25.7	13.9	11.7	9.9	9.1	14.2	13.4	10.9	14.0	7.6	7.3	5.8	6.4
12th	44.3	43.1	35.2	38.1	20.8	19.4	17.0	16.3	21.4	23.6	18.9	17.2	10.9	11.4	10.3	8.1
All	26.3	23.3	17.6	n/a	11	9.5	8	n/a	12.1	11.5	9	n/a	6.2	5.7	4.7	n/a

Figure 3.2-1



3.3 Lifetime and 30-Day Gateway Drug Use: Marijuana

In the 2013 PAYS, Pennsylvania youth were asked to report if they had used marijuana in their lifetime or in the past 30-days. Results of students reporting that they used marijuana at least once in their lifetime or in the past month are reported in this section.

Lifetime Marijuana Use

The 2013 PAYS results presented in Table 3.3-1 show that 18.9% of students in grades 6, 8, 10, and 12 have used marijuana at least once in their lifetime. By grade, 0.8% of 6th graders, 6.4% of 8th graders, 25.8% of 10th graders, and 40.3% of 12th graders have used marijuana in their lifetime.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.3-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated significantly lower lifetime marijuana use rates than youth in the same grades in the national sample. Pennsylvania rates were 10.1% lower than national rates in the 8th grade (6.4% in Pennsylvania, compared to 16.5% in the national sample), 10.0% lower than national rates in the 10th grade (25.8% in Pennsylvania, compared to 35.8% in the national sample), and 5.2% lower than national rates in the 12th grade (40.3% in Pennsylvania compared to 45.5% in the national sample). Since the 2011 survey, lifetime use did not significantly increase for all grades combined, but did slightly increase in the 10th grade (from 24.9% in 2011 to 25.8% in 2013).

Past Month Marijuana Use

The 2013 PAYS results presented in Table 3.3-1 and Figure 3.3-1 show that 10.3% of students in grades 6, 8, 10, and 12 have used marijuana at least once in the past 30 days. In looking at past month use rates by grade level, 0.4% of 6th graders, 3.3% of 8th graders, 14.4% of 10th graders, and 21.8% of 12th graders in Pennsylvania have used marijuana in the past 30 days.

As with lifetime marijuana use, in comparison to data gathered through the national MTF Survey (see Figure 3.3-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated lower past month marijuana use rates than youth in same grades in the national sample. Pennsylvania rates were 3.7% lower than national rates in the 8th grade (3.3% in Pennsylvania, compared to 7.0% in the national sample), 3.6% lower than national rates in the 10th grade (14.4% in Pennsylvania, compared to 18.0% in the national sample), and 0.9% lower than national rates in the 12th grade (21.8% in Pennsylvania compared to 22.7% in the national sample).

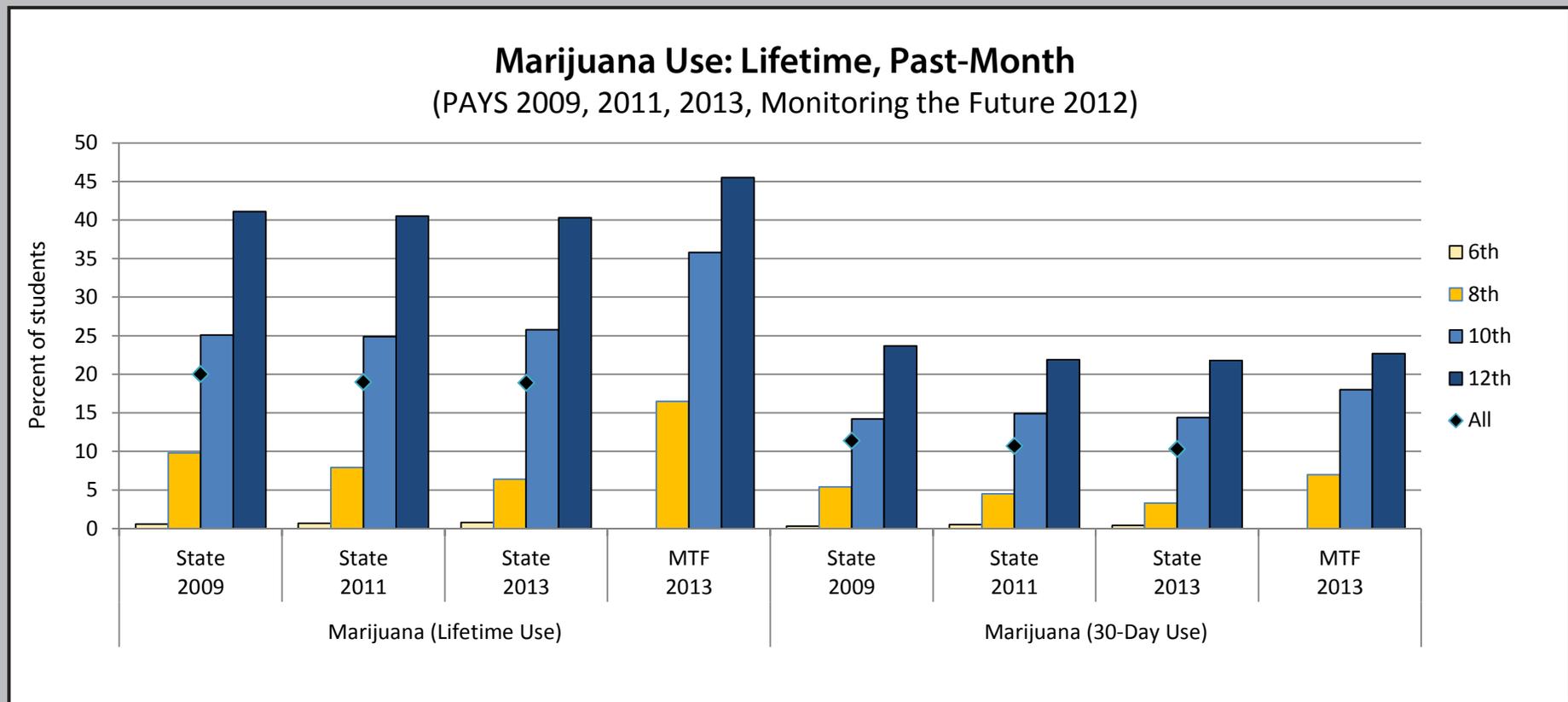
For data regarding lifetime and 30-day marijuana use by county and grade, please refer to the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.3-1

Marijuana Use: Lifetime and Past-Month

Grade	Marijuana (Lifetime Use)				Marijuana (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.6	0.7	0.8	n/a	0.3	0.5	0.4	n/a
8th	9.8	7.9	6.4	16.5	5.4	4.5	3.3	7.0
10th	25.1	24.9	25.8	35.8	14.2	14.9	14.4	18.0
12th	41.1	40.5	40.3	45.5	23.7	21.9	21.8	22.7
All	20.0	19.0	18.9	n/a	11.4	10.7	10.3	n/a

Figure 3.3-1



3.4 Lifetime and 30-Day Gateway Drug Use: Inhalants

In the 2013 PAYS, Pennsylvania youth were asked to report if they had used inhalants in their lifetime or in the past 30-days. Results of students reporting that they used inhalants at least once in their lifetime or in the past month are reported in this section.

Lifetime Inhalant Use

The 2013 PAYS results presented in Table 3.4-1 show that 6.1% of students in grades 6, 8, 10, and 12 have used inhalants at least once in their lifetime. When looking at lifetime use rates by grade, we see that reported lifetime use peaks in the 8th grade, with 5.3% of 6th graders, 6.9% of 8th graders, 6.4% of 10th graders, and 5.9% of 12th graders have used inhalants in their lifetime.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.4-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated significantly lower lifetime inhalant use rates than youth in same grades in the national sample. Pennsylvania rates were 3.9% lower than national rates in the 8th grade (6.9% in Pennsylvania, compared to 10.8% in the national sample), 2.3% lower than national rates in the 10th grade (6.4% in Pennsylvania, compared to 8.7% in the national sample), and 1.0% lower than national rates in the 12th grade (5.9% in Pennsylvania compared to 6.9% in the national sample).

Since the 2011 survey, lifetime inhalant use in all grades decreased significantly (1.3% to 3.6% decreases in each grade).

Past Month Inhalant Use

The 2013 PAYS results presented in Table 3.4-1 and Figure 3.4-1 show that 1.7% of students in grades 6, 8, 10, and 12 have used inhalants at least once in the past 30 days. In looking at past month use rates by grade level, we see that, unlike most substances, inhalant use in the past month peaks in the 8th grade, rather than in the 12th grade, with 2.2% of 6th graders, 2.5% of 8th graders, 1.3% of 10th graders, and 1.0% of 12th graders in Pennsylvania have used inhalants in the past 30 days.

While lifetime inhalant use in Pennsylvania was significantly less than lifetime inhalant use in the national MTF sample, 30-day inhalant use rates are nearly identical for Pennsylvania and national youth with no significant difference in use to report for any grade.

Since the 2011 survey, past month inhalant use significantly decreased 2.2% to 3.9% in each grade.

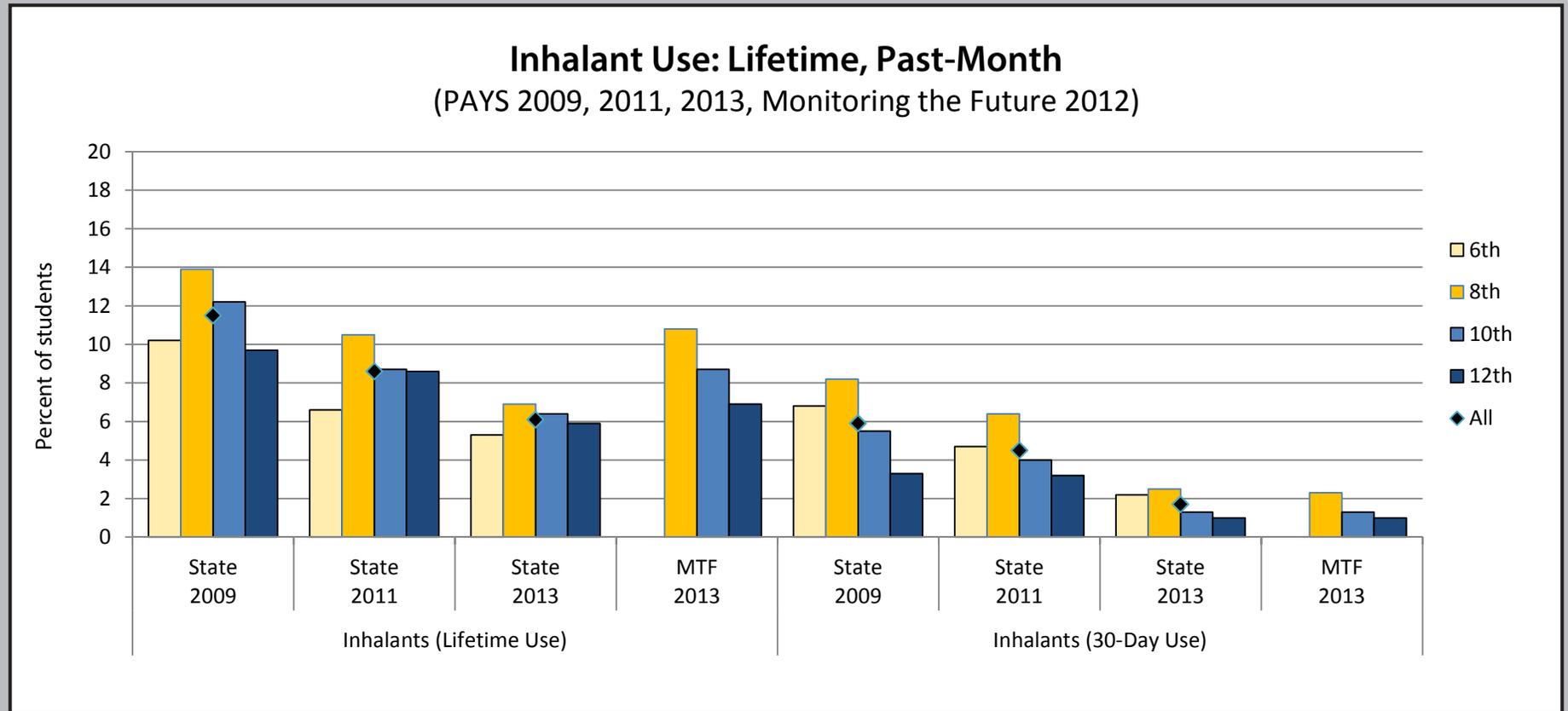
For data regarding lifetime and 30-day inhalant use by county and grade, please refer to the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.4-1

Inhalant Use: Lifetime and Past-Month

Grade	Inhalants (Lifetime Use)				Inhalants (30-Day Use)			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	10.2	6.6	5.3	n/a	6.8	4.7	2.2	n/a
8th	13.9	10.5	6.9	10.8	8.2	6.4	2.5	2.3
10th	12.2	8.7	6.4	8.7	5.5	4.0	1.3	1.3
12th	9.7	8.6	5.9	6.9	3.3	3.2	1.0	1.0
All	11.5	8.6	6.1	n/a	5.9	4.5	1.7	n/a

Figure 3.4-1



3.5 Lifetime and 30-Day Prescription Drug Use

In the 2013 PAYS, Pennsylvania youth were asked to report if they had used prescription drugs such as Performance Enhancing Drugs (PEDs)/Steroids, narcotic prescription drugs, prescription tranquilizers, or prescription stimulants without a doctor's orders in their lifetime or in the past 30-days. Results of students reporting that they used any of these prescription drugs at least once in their lifetime or in the past month (without a doctor's orders) are reported in this section.

Lifetime (non-prescribed) Prescription Drug Use

The 2013 PAYS results presented in Table 3.5-1 show that 1.1% of students in grades 6, 8, 10, and 12 have used PEDs or Steroids at least once in their lifetime, 6.8% have used prescription narcotics in their lifetime, 2.5% have used prescription tranquilizers in their lifetime, and 3.7% have used prescription stimulants in their lifetime (all use is without a doctor's orders).

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.5-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated lower lifetime PED/Steroid and Prescription tranquilizer use rates than youth in same grades in the national sample. (Note: Comparable MTF data are not available for prescription narcotics or prescription stimulants.)

Since the 2011 survey, lifetime prescription drug use rates were relatively unchanged, though prescription narcotics use among 6th graders increased 1.0%

(from 1.1% in 2011 to 2.1% in 2013) and prescription narcotics use among 12th graders decreased 1.0% (from 13.1% in 2011 to 12.1% in 2013). Prescription stimulant use among 12th graders increased by 0.9% (from 8.2% in 2011 to 9.1% in 2013). Other lifetime use increases or decreases since 2011 were small — a 0.6% increase or decrease or less.

Past Month (non-prescribed) Prescription Drug Use

The 2013 PAYS results presented in Table 3.5-2 and Figure 3.5-2 show that 0.4% of students in grades 6, 8, 10, and 12 have illegally (i.e., without a doctor's permission) used PEDs/Steroids at least once in the past 30 days, 2.1% have used prescription narcotics, 0.7% used prescription tranquilizers, and 1.1% used prescription stimulants. For all of these substances, use increases with increased grade level. For example, for past-month prescription narcotics use, 1.0% of 6th graders indicated use, 1.5% of 8th graders indicated use, 2.6% of 10th graders indicated use, and 3.0% of 12th graders indicated use.

All Pennsylvania and MTF rates for 30-day use were either identical or very similar, differing only by 0.1% to 0.8% in each grade.

For data regarding lifetime and 30-day prescription drug use by county and grade, please refer to the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.5-1

Prescription Drugs: Lifetime Use

Grade	PEDs & Steroids				Narcotic prescription drugs				Prescription tranquilizers				Prescription stimulants			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.6	0.4	0.4	n/a	1.6	1.1	2.1	n/a	0.2	0.1	0.2	n/a	0.4	0.2	0.2	n/a
8th	0.7	0.6	0.7	1.1	3.7	3.7	4.1	n/a	0.8	1.1	0.8	2.9	1.5	1.2	1.1	n/a
10th	1.1	0.8	1.2	1.3	8.3	8.1	8.3	n/a	3.0	3.1	2.7	5.5	4.3	4.4	3.9	n/a
12th	1.0	1.4	2.0	2.1	14.8	13.1	12.1	n/a	8.4	6.1	5.9	7.7	10.1	8.2	9.1	n/a
All	0.8	0.8	1.1	n/a	7.4	6.7	6.8	n/a	3.2	2.7	2.5	n/a	4.2	3.6	3.7	n/a

Figure 3.5-1

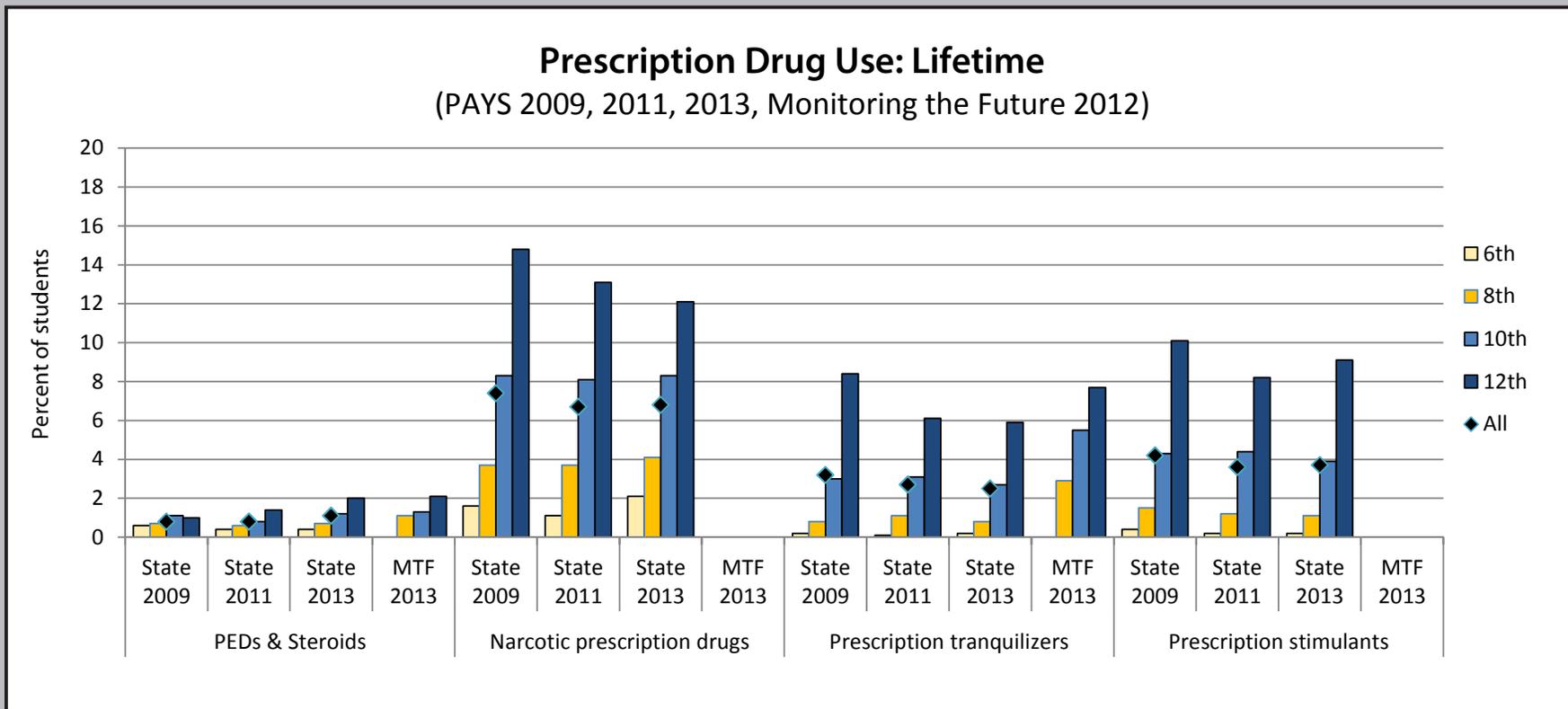
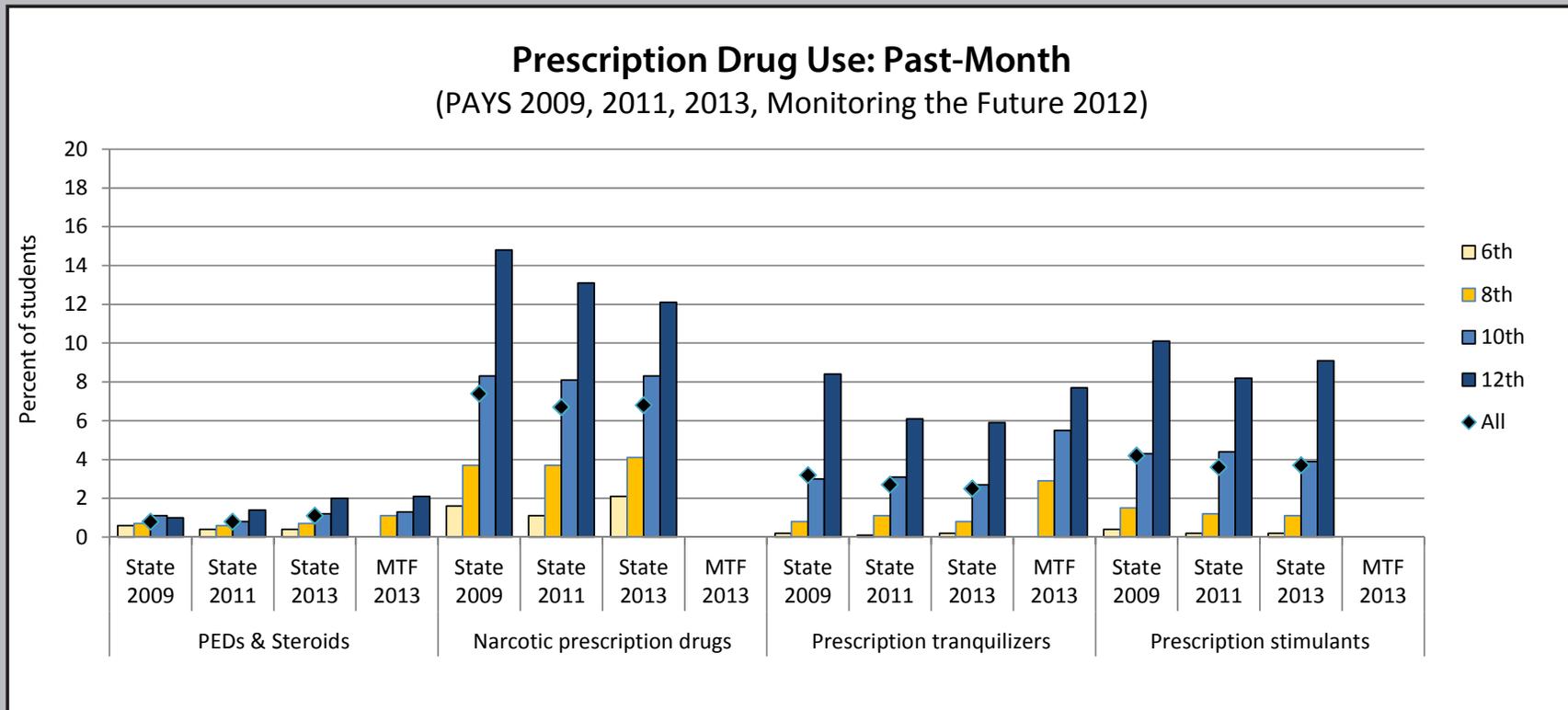


Table 3.5-2

Prescription Drugs: Past-Month Use

Grade	PEDs & Steroids				Narcotic prescription drugs				Prescription tranquilizers				Prescription stimulants			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.5	0.2	0.2	n/a	1.0	0.8	1.0	n/a	0.2	0.1	0.1	n/a	0.2	0.1	0.1	n/a
8th	0.3	0.6	0.2	0.3	3.6	3.3	1.5	n/a	0.8	0.9	0.2	0.9	1.2	1.1	0.4	n/a
10th	0.7	0.4	0.5	0.4	6.1	6.0	2.6	n/a	2.1	2.0	0.9	1.6	3.2	2.9	1.0	n/a
12th	0.8	0.9	0.5	1.0	8.7	7.9	3	n/a	4.2	3.2	1.4	2.0	6.0	4.9	2.8	n/a
All	0.6	0.5	0.4	n/a	5	4.6	2.1	n/a	1.9	1.6	0.7	n/a	2.8	2.3	1.1	n/a

Figure 3.5-2



3.6 Lifetime and 30-Day Other Illicit Drug Use

In the 2013 PAYS, Pennsylvania youth were asked to report if they had used other illicit drugs such as heroin, hallucinogens, ecstasy, synthetic drugs, cocaine, crack, or methamphetamines in their lifetime or in the past 30-days. Results of students reporting that they used any of these illicit drugs at least once in their lifetime or in the past month are reported in this section.

Lifetime Other Illicit Drug Use

The 2013 PAYS results presented in Table 3.6-1 show that 0.7% of students in grades 6, 8, 10, and 12 have used heroin at least once in their lifetime, 3.2% have used hallucinogens in their lifetime, 3.4% have used synthetic drugs, 2.3% have used ecstasy in their lifetime, 1.4% have used cocaine in their lifetime, 0.7% have used crack, and 0.7% have used other methamphetamines in their lifetime.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.6-1), Pennsylvania youth in the 8th, 10th, and 12th grades indicated lower lifetime use rates in comparison to youth represented by the MTF Survey. In comparison to MTF use rates for grades 8, 10, and 12, Pennsylvania lifetime ecstasy use rates were 1.2% to 3.1% lower for all comparable grades, lifetime cocaine use rates were 1.1% to 1.8% lower for all comparable grades; lifetime crack use rates were 0.5% to 0.8% lower for all comparable grades; and lifetime methamphetamine use rates were 0.3% to 1.0% lower for all comparable grades.

Since the 2011 survey, lifetime illicit drug use rates were relatively unchanged, though lifetime hallucinogen use increased 1.5% for 12th graders (from 6.1% in

2011 to 7.6% in 2013), and 12th grade cocaine use decreased 0.9% (from 4.0% in 2011 to 3.1% in 2013). Other changes across other grades and drug categories were 0.6% or less.

Past Month Other Illicit Drug Use

The 2013 PAYS results presented in Table 3.6-2 and Figure 3.6-2 show that 0.2% of students in grades 6, 8, 10, and 12 have used heroin at least once in the past 30 days. Past month use rates for the other illicit drug substances were as follows: hallucinogens - 0.7%, ecstasy - 0.6%, synthetic drugs, 0.6%, cocaine - 0.3%, crack - 0.2%, and methamphetamines - 0.2%.

In comparison to data gathered through the national Monitoring the Future (MTF) Survey (see Figure 3.6-2), Pennsylvania youth in the 8th, 10th, and 12th grades indicated similar use rates (0.5% or less difference) in comparison to youth represented by the MTF Survey.

Since the 2011 survey, past-month illicit drug use rates were largely unchanged, and a majority of significant changes were found among high school aged students. Changes greater than 0.6% from 2011 to 2013 are as follows: 10th grade hallucinogen use decreased 0.7%, 12th grade hallucinogen use decreased 1.0%, 12th grade ecstasy use decreased 0.9%, and 12th grade cocaine use decreased 0.8%.

For data regarding lifetime and 30-day other illicit drug use by county and grade, please refer to the PAYS Portal at www.PAYS.state.pa.us or the PAYS Web Tool at www.bach-harrison.com/PAYSWebTool.

Table 3.6-1

Other Illegal Drugs: Lifetime Use

Grade	Heroin				Hallucinogens				Ecstasy				Synthetic drugs				Cocaine				Crack				Methamphetamines			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.1	0.0	0.1	n/a	0.1	0.1	0.2	n/a	0.2	0.1	0.1	n/a	n/a	n/a	1.1	n/a	0.1	0.1	0.2	n/a	0.2	0.1	0.2	n/a	0.2	0.1	0.1	n/a
8th	0.2	0.2	0.3	1.0	1.0	0.9	0.9	2.5	0.7	0.7	0.6	1.8	n/a	n/a	1.5	n/a	0.5	0.5	0.6	1.7	0.4	0.5	0.4	1.2	0.2	0.3	0.4	1.4
10th	0.9	0.3	0.9	1.0	3.7	3.2	3.8	5.4	2.2	2.0	2.6	5.7	n/a	n/a	4.0	n/a	1.8	1.5	1.5	3.3	1.2	0.5	0.9	1.5	0.7	0.4	0.8	1.6
12th	1.4	1.0	1.4	1.0	8.0	6.1	7.6	7.6	4.8	5.5	5.7	7.1	n/a	n/a	6.9	n/a	4.8	4.0	3.1	4.5	1.1	1.2	1.3	1.8	1.1	1.1	1.2	1.5
All	0.7	0.4	0.7	n/a	3.3	2.5	3.2	n/a	2.1	2.1	2.3	n/a	n/a	3.4	n/a	1.9	1.6	1.4	n/a	0.8	0.6	0.7	n/a	0.6	0.5	0.7	n/a	

Figure 3.6-1

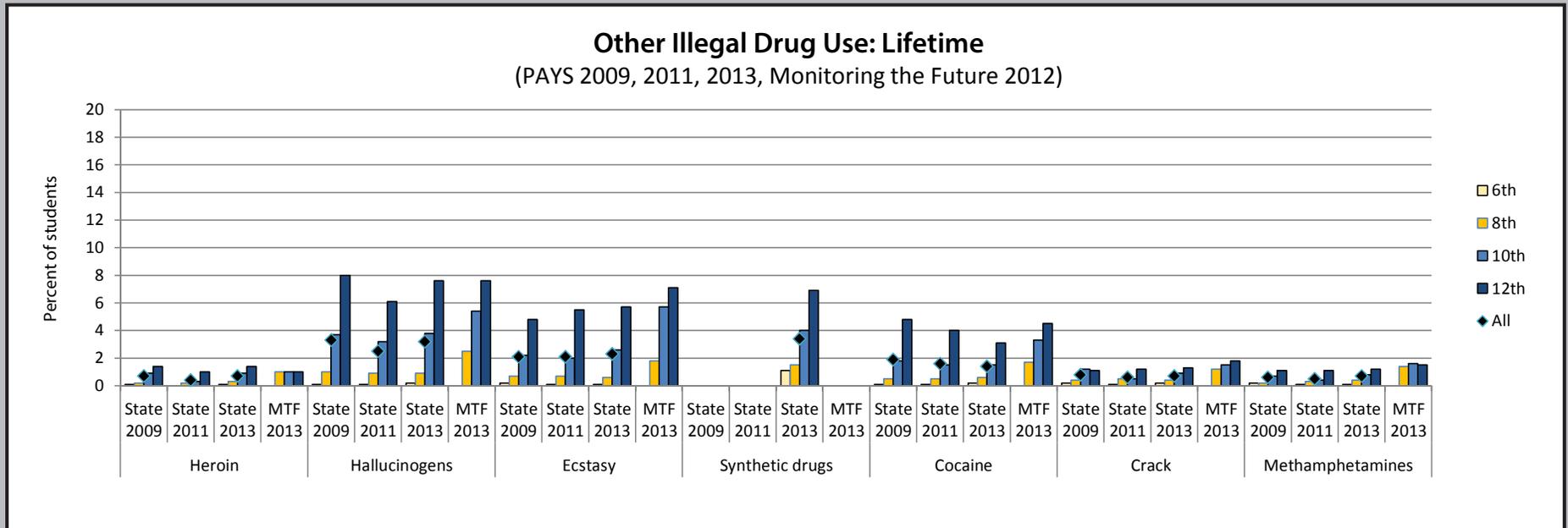
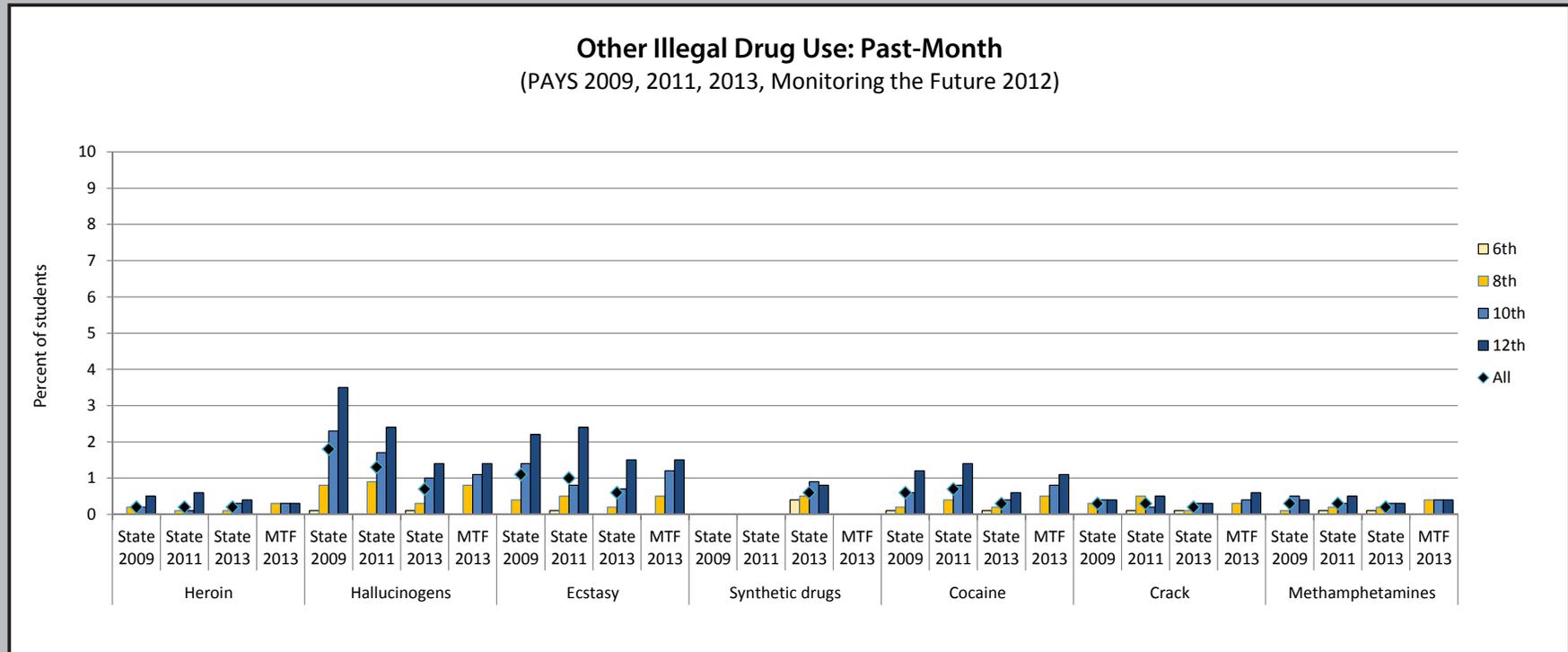


Table 3.6-2

Other Illegal Drugs: Past-Month Use

Grade	Heroin				Hallucinogens				Ecstasy				Synthetic drugs				Cocaine				Crack				Methamphetamines			
	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013	State 2009	State 2011	State 2013	MTF 2013
6th	0.0	0.0	0.0	n/a	0.1	0.0	0.1	n/a	0.0	0.1	0.0	n/a	n/a	n/a	0.4	n/a	0.1	0	0.1	n/a	0	0.1	0.1	n/a	0	0.1	0.1	n/a
8th	0.2	0.1	0.1	0.3	0.8	0.9	0.3	0.8	0.4	0.5	0.2	0.5	n/a	n/a	0.5	n/a	0.2	0.4	0.2	0.5	0.3	0.5	0.1	0.3	0.1	0.2	0.2	0.4
10th	0.2	0.1	0.3	0.3	2.3	1.7	1.0	1.1	1.4	0.8	0.7	1.2	n/a	n/a	0.9	n/a	0.6	0.8	0.4	0.8	0.4	0.2	0.3	0.4	0.5	0.3	0.3	0.4
12th	0.5	0.6	0.4	0.3	3.5	2.4	1.4	1.4	2.2	2.4	1.5	1.5	n/a	n/a	0.8	n/a	1.2	1.4	0.6	1.1	0.4	0.5	0.3	0.6	0.4	0.5	0.3	0.4
All	0.2	0.2	0.2	n/a	1.8	1.3	0.7	n/a	1.1	1.0	0.6	n/a	n/a	n/a	0.6	n/a	0.6	0.7	0.3	n/a	0.3	0.3	0.2	n/a	0.3	0.3	0.2	n/a

Figure 3.6-2



3.7 Lifetime ATOD Use by Gender

Tables 3.7-1 and 3.7-2 below show the percentage of lifetime ATOD use for males and for females. Lifetime use is a measure of the experience that young people have had with the various substances. Although being female is generally considered a protective factor for substance use, it can be seen that males and females are very similar in their use of most substances and generally have substance use rates that are less than three percent of each other. One area

in which males are significantly higher users is with smokeless tobacco use, in which males in all grades use much more smokeless tobacco — four times higher for all grades combined (14.6% lifetime use by males, 3.3% lifetime use by females). In contrast, females tend to have slightly higher lifetime inhalant use rates (particularly in grades 8 and 10), and females in the 6th, 8th, and 10th grades tend to also have slightly higher lifetime prescription drug use rates.

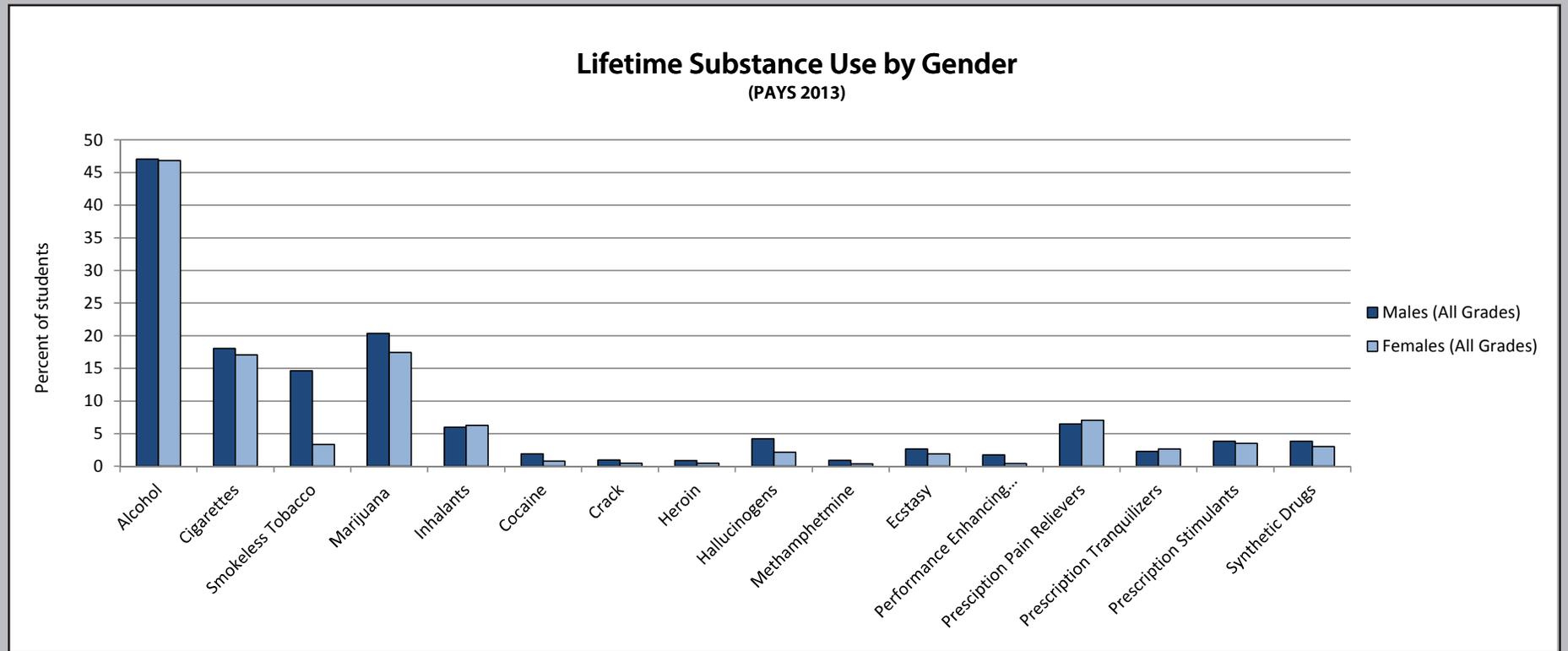
Table 3.7-1 **Lifetime Substance Use by Gender: Males**

Grade	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Inhalants	Cocaine	Crack	Heroin	Hallucinogens	Meth-amphetamine	Ecstasy	Performance Enhancing Drugs	Prescription pain Relievers	Prescription Tranquilizers	Prescription Stimulants	Synthetic Drugs
6th	15.3	2.5	1.8	1.0	6.0	0.2	0.4	0.2	0.2	0.3	0.1	0.4	2.0	0.2	0.3	0.8
8th	34.7	10.2	7.1	7.2	5.7	0.6	0.4	0.3	1.1	0.5	0.7	0.8	3.1	0.6	1.0	1.4
10th	60.8	21.6	18.3	28.1	5.9	2.5	1.3	1.3	4.9	1.4	3.2	2.1	7.6	2.3	3.9	4.7
12th	74.8	36.9	30.3	43.1	6.4	4.2	1.8	1.6	10.3	1.5	6.3	3.5	12.8	5.9	9.9	8.2
All Grades	47.1	18.1	14.6	20.3	6.0	1.9	1.0	0.9	4.2	0.9	2.6	1.7	6.5	2.3	3.8	3.8

Table 3.7-2 **Lifetime Substance Use by Gender: Females**

Grade	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Inhalants	Cocaine	Crack	Heroin	Hallucinogens	Meth-amphetamine	Ecstasy	Performance Enhancing Drugs	Prescription pain Relievers	Prescription Tranquilizers	Prescription Stimulants	Synthetic Drugs
6th	11.1	2.3	0.2	0.6	4.7	0.1	0.1	0.0	0.1	0.0	0.0	0.3	2.3	0.2	0.2	1.5
8th	35.5	10.0	2.0	5.5	8.0	0.5	0.5	0.3	0.6	0.3	0.5	0.5	5.1	1.0	1.2	1.5
10th	62.3	20.8	3.6	23.6	7.0	0.6	0.5	0.5	2.7	0.3	1.9	0.4	8.9	3.2	4.0	3.3
12th	73.7	33.4	7.3	37.5	5.3	1.9	0.9	1.1	4.8	0.9	4.9	0.6	11.2	5.9	8.2	5.6
All Grades	46.9	17.1	3.3	17.4	6.3	0.8	0.5	0.5	2.1	0.4	1.9	0.4	7.1	2.6	3.5	3.0

Figure 3.7-1



3.8 30-Day ATOD Use by Gender

Tables 3.8-1 and 3.8-2 below show the percentage of 30-day ATOD use for males and for females. Again, although being female is generally considered a protective factor for substance use, it can be seen that males and females are very similar in their use of most substances and generally have substance use rates that are less than two percent different from each other. The only substances that are consistently higher in all grades for males compared to females are smokeless tobacco (0.5% to 8.8% higher for males in each grade), and marijuana (0.2% to 5.1% higher for males in each grade).

When it comes to past-month substance use, it is interesting to note differences in male/female use across the grades. In the 6th grade, substance use is quite similar across all substances for males and females, with males having equal or slightly higher use rates for 14 of the 16 substances. In the 8th grade,

however, females become more dominant users; they indicate slightly higher use over males in 7 of the 16 substance categories and have higher use for alcohol, cigarettes, inhalants, prescription narcotics, prescription tranquilizers, prescription stimulants, and synthetic drugs. While 8th grade use rates in these categories are still very similar for both genders, a higher percentage of females are using. When students enter high school, males reclaim status as higher users, and in the 10th and 12th grades, females indicate only slightly higher use rates for three substance use categories.

Such findings indicate then prevention planning focused on the demographic of gender should not automatically assume higher use by males. The PAYS Web Tool (www.bach-harrison.com/PAYSWebTool) will allow individuals to search state and county-level data by grade and gender. We would encourage all to keep this in mind while diving into the data at that level.

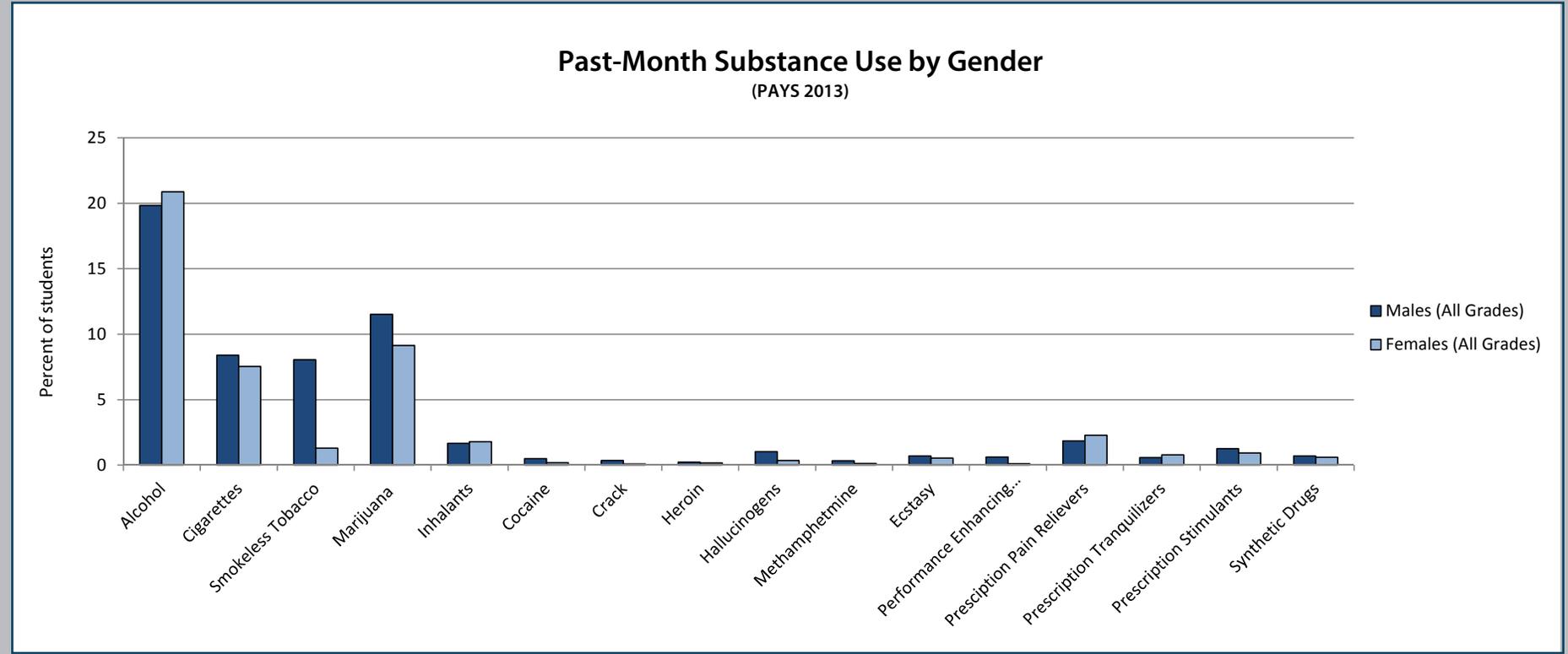
Table 3.8-1 **Past Month Substance Use by Gender: Males**

Grade	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Inhalants	Cocaine	Crack	Heroin	Hallucinogens	Meth-amphetamine	Ecstasy	Performance Enhancing Drugs	Prescription pain Relievers	Prescription Tranquilizers	Prescription Stimulants	Synthetic Drugs
6th	3.7	0.5	0.5	0.5	2.4	0.2	0.3	0.0	0.1	0.2	0.0	0.3	1.0	0.0	0.1	0.2
8th	8.5	3.7	3.1	3.5	1.9	0.2	0.1	0.1	0.3	0.2	0.3	0.3	1.0	0.0	0.3	0.4
10th	25.2	9.9	10.3	16.5	1.3	0.7	0.5	0.4	1.3	0.7	0.8	0.8	2.1	0.8	1.1	1.0
12th	40.5	18.9	17.8	24.3	1.2	0.8	0.5	0.4	2.3	0.2	1.6	1.1	3.2	1.4	3.4	1.0
All Grades	19.8	8.4	8.0	11.5	1.7	0.5	0.3	0.2	1.0	0.3	0.7	0.6	1.9	0.6	1.3	0.7

Table 3.8-2 **Past Month Substance Use by Gender: Females**

Grade	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Inhalants	Cocaine	Crack	Heroin	Hallucinogens	Meth-amphetamine	Ecstasy	Performance Enhancing Drugs	Prescription pain Relievers	Prescription Tranquilizers	Prescription Stimulants	Synthetic Drugs
6th	2.4	0.4	0.0	0.3	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	1.0	0.1	0.1	0.5
8th	10.6	4.0	0.7	3.1	3.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	1.9	0.4	0.4	0.6
10th	27.3	9.9	1.5	12.5	1.3	0.1	0.1	0.2	0.6	0.0	0.5	0.2	3.2	1.0	0.9	0.7
12th	40.7	15.0	2.8	19.2	0.8	0.4	0.1	0.4	0.5	0.3	1.4	0.0	2.8	1.5	2.2	0.6
All Grades	20.9	7.5	1.3	9.1	1.8	0.2	0.1	0.2	0.3	0.1	0.5	0.1	2.3	0.8	0.9	0.6

Figure 3.8-1



3.9 Perceived Harmfulness of ATODs

When youth perceive that a substance is harmful, they are less likely to use it. The PAYS asked youth, “How much do you think people risk harming themselves (physically or in other ways) if they” smoked cigarettes heavily, binge drank regularly, used alcohol regularly, tried marijuana once or twice, smoked marijuana “regularly,” smoked marijuana once or twice a week, or used prescription drugs not prescribed to them. Response categories were that the previously named substance categories placed them at “Moderate Risk” or “Great Risk.” Results are reported in Table 3.9-1 and Figure 3.9-1.

Of the seven substance use categories, students perceived the greatest risk in smoking one or more packs of cigarettes per day (88.9% perceived moderate or great risk overall) and using prescription drugs not prescribed to them (85.9% perceived moderate or great risk overall). Of the seven categories, students perceived the least amount of risk in trying marijuana once or twice (52.5% of students perceived moderate or great risk) and smoking marijuana once or twice a week (61.8% of students perceived great or moderate risk).

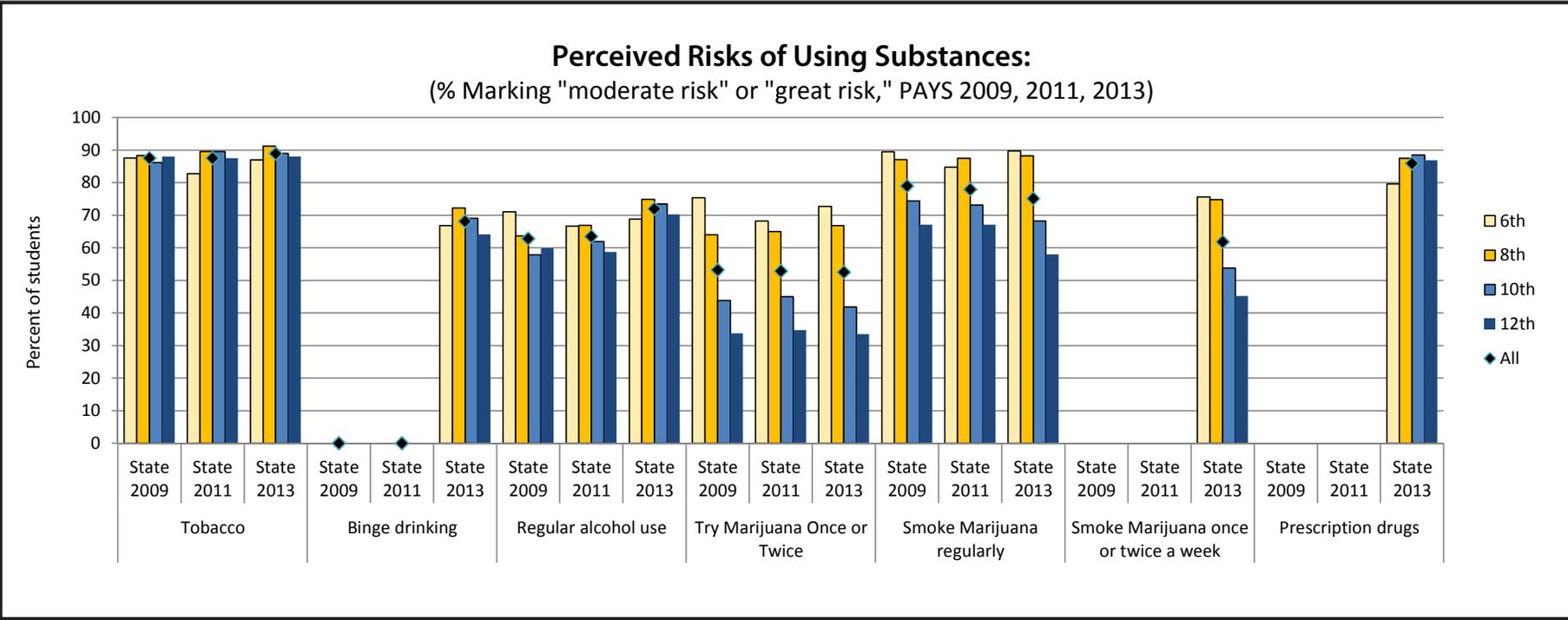
Perceptions of risks for most categories tended to peak in the 8th or 10th grades. Eighth graders indicated the highest perceived risk of heavy cigarette use, regular alcohol use, and regular binge drinking; while 10th graders indicated the highest perceived risk of using prescription drugs. In regard to all three perceived risks of marijuana use questions, 6th graders indicated the highest perceived risks, with perceived risk gradually decreasing as students aged. For example, 72.8% of 6th graders perceived moderate or great risk in trying marijuana once or twice. By the 12th grade, 52.5% of students perceived a risk in experimenting with marijuana use.

In comparing the 2011 and 2013 survey data, perceived harmfulness of heavy cigarette use increased 4.2% in the 6th grade, 1.6% in the 8th grade, and 1.4% for all grades combined. Perceived harmfulness of drinking alcohol regularly increased 2.1% to 11.6% in each grade, and 8.5% for all grades combined (from 63.5% in 2011 to 72.0% in 2013). There is only one year of data for perceived weekly binge drinking, regular marijuana use, and use of prescription drugs.

Table 3.9-1
Perception of Risk (% Marking "moderate risk" or "great risk")

Grade	Tobacco			Binge drinking			Regular alcohol use			Try Marijuana Once or Twice			Smoke Marijuana regularly			Smoke Marijuana once or twice a week			Prescription drugs		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	87.6	82.8	87	n/a	n/a	66.8	71.1	66.7	68.8	75.4	68.3	72.8	89.5	84.8	89.7	n/a	n/a	75.6	n/a	n/a	79.6
8th	88.3	89.6	91.2	n/a	n/a	72.2	63.7	66.9	74.9	64.0	65.0	66.8	87.1	87.5	88.3	n/a	n/a	74.8	n/a	n/a	87.5
10th	86.2	89.6	89	n/a	n/a	69.1	57.9	61.9	73.5	43.8	45.0	41.8	74.4	73.1	68.3	n/a	n/a	53.8	n/a	n/a	88.5
12th	88	87.5	88	n/a	n/a	64.1	59.9	58.7	70.3	33.7	34.7	33.5	67.1	67.1	58.0	n/a	n/a	45.2	n/a	n/a	86.9
All	87.5	87.5	88.9	n/a	n/a	68.1	62.8	63.5	72.0	53.2	52.8	52.5	79.0	77.9	75.1	n/a	n/a	61.8	n/a	n/a	85.9

Figure 3.9-1



3.10 Sources of Obtaining Alcohol, Cigarettes, and Drugs

Table 3.10-1 and Figure 3.10-1 contain data on where students obtained alcohol, cigarettes, or other drugs (if they used) in the past month. When examining sources of ATOD data, it is important to note that the percentages reported in Table 3.10-1 reflect the percent of students who marked each option. The percent of students who marked “Did not use any in the last 30 days” is not reported. Further, it must be noted that the categories are not mutually exclusive, and students were instructed to mark all of the sources from which they obtained substances. For example, students could mark that they obtained substances from both a “Parent” and that they “Bought it.” Accordingly, total percentages will not sum to 100% within grade, as selection of multiple options is evident.

While a majority of 6th graders (50.2%) indicated they got a substance from their parents in the past month, across all other grades, the most prominent

substance sources for Pennsylvania students is in getting it from a friend (42.8% of 8th graders, 59.8% of 10th graders, and 63.0% of 12th graders marked this option). Of all students combined, 56.4% of students indicated getting a substance from a friend in the past month.

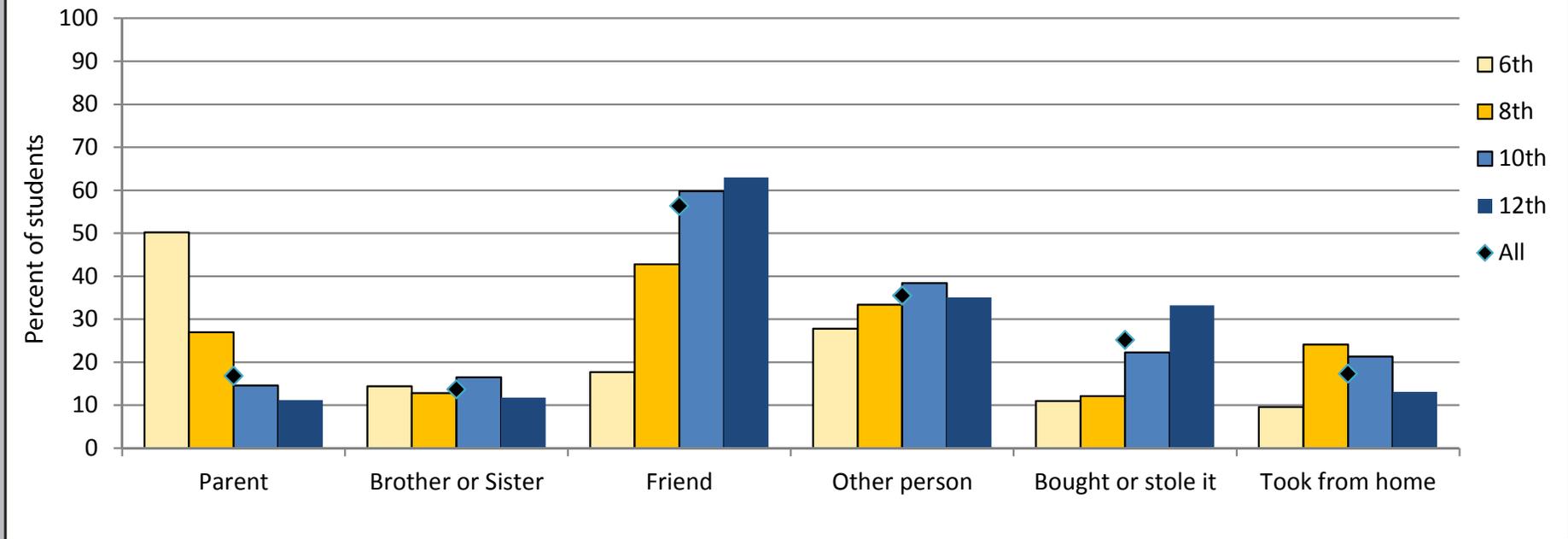
As stated previously, 6th graders were most likely to get a substance from their parents (50.2%). Tenth graders indicated the highest percentage of obtaining a substance from a brother or sister (16.5%), 12th graders indicated the highest likelihood of getting alcohol from a friend (63.0%), 10th graders were most likely to obtain a substance from another person (38.4%), 12th graders were most likely to buy or steal it (33.2%), and 8th graders were most likely to take it from home (24.1%).

Table 3.10-1

Sources of Alcohol, Cigarettes, and Drugs <i>(Past month; Students could mark all options that applied)</i>						
	Parent	Brother or Sister	Friend	Other person	Bought or stole it	Took from home
Grade	State 2013					
6th	50.2	14.4	17.7	27.8	11.0	9.6
8th	27.0	12.8	42.8	33.4	12.1	24.1
10th	14.6	16.5	59.8	38.4	22.3	21.3
12th	11.2	11.8	63.0	35.1	33.2	13.1
All	16.8	13.7	56.4	35.5	25.2	17.3

Figure 3.10-1

Past-Month Sources of Alcohol, Cigarettes, and Drugs (PAYS 2013)



Section 4: Antisocial Behavior and School Safety Measures

The charts and tables that follow present the rates of a variety of antisocial behaviors (ASB) and school safety measures.

Antisocial behavior may be outwardly directed, involving aggression against adults or peers, or might be behavior destructive to property, self, and others. Less overt antisocial behavior includes addictive behavior (such as gambling), and high-risk activities (such as texting and driving).

Over the last 15 years, many youth surveys, including PAYS, have moved to incorporate risk and protective factor data alongside more traditional health behavior assessments. As this approach has evolved, school climate and safety have emerged as focal points for prevention programming and policy planning.

Creating safe supportive schools is essential to ensuring students' academic and social success. There are multiple elements to establishing environments

in which youth feel safe, connected, valued, and responsible for their behavior and learning. School climate and safety are measured in two ways: violence (actual and threatened) and bullying.

This section, **Antisocial Behaviors and School Safety Measures**, provides information on antisocial behaviors that have been traditionally observed by risk and protective factor survey instruments (such as school suspension, illegal drug sells, attacking someone with the intent of harming them, etc.), student/school-related antisocial behaviors, bullying and internet safety, gambling, and dangerous driving behaviors. Data will be discussed by grade and (for some measures) by gender.

When accompanied by a copy of the State Report Executive Summary, each subsection found in Section 4, can be considered a self-standing piece that can be distributed to researchers, prevention specialists, and other interested parties.

4.1 Antisocial Behavior Outcomes by Grade

There are several antisocial behavior measures that have been long-standing components of risk and protective factor youth surveys such as the PAYS. These past-year antisocial behaviors include: student reports of attacking someone with the intent of seriously hurting them, selling illegal drugs, being drunk or high at school, being arrested, and being suspended from school. Table 4.1-1 and Figure 4.1-1 in this section display that information (along with a comparison to the BH Norm) by grade.

Table 4.1-1, which contains rates of several antisocial behavior outcomes, shows that unlike substance use, antisocial behavior doesn't always increase by increased grade level. The reported rate of youth being suspended from school was highest in the 10th grade at 7.3% and the reported rate of attacking someone with the intent of seriously harming them also was highest in the 10th grade at 10.5%. Reported rates of arrest, being drunk or high at school, and selling illegal drugs was highest in the 12th grade.

In comparison to the BH Norm (used to provide a comparison to a more national average), Pennsylvania youth indicate antisocial behavior rates that are lower than the BH Norm. Rates of attacking someone to seriously harm them are 1.2% to 4.2% lower in Pennsylvania vs. the BH Norm in

each grade, and 2.8% lower for all grades combined (8.5% in Pennsylvania, 11.3% in the BH Norm). Rates of illegal drug selling are 0.5% to 2.6% lower in Pennsylvania vs. the BH Norm in each grade, and 1.9% lower for all grades combined (3.3% in Pennsylvania, 5.2% in the BH Norm). Rates of being drunk or high at school are 1.8% to 6.3% lower in Pennsylvania vs. the BH Norm in each grade, and 5.2% lower for all grades combined (6.0% in Pennsylvania, 11.2% in the BH Norm). Rates of being arrested are 1.1% to 2.8% lower in Pennsylvania vs. the BH Norm in each grade, and 2.2% lower for all grades combined (2.7% in Pennsylvania, 4.9% in the BH Norm). Rates of being suspended from school are 2.5% to 6.8% lower in PA vs. the BH Norm in each grade, and 4.0% lower for all grades combined (6.7% in Pennsylvania, 10.7% in the BH Norm).

Since the 2011 survey, reported rates of being drunk or high at school saw the biggest decreases in all grades (0.5% decrease in the 6th grade, 2.1% decrease in the 8th grade, 3.1% decrease in the 10th grade, 4.2% decrease in the 12th grade).

For data regarding antisocial behaviors by county and grade, please refer to the reports provided on the PAYS Portal at www.PAYS.state.pa.us.

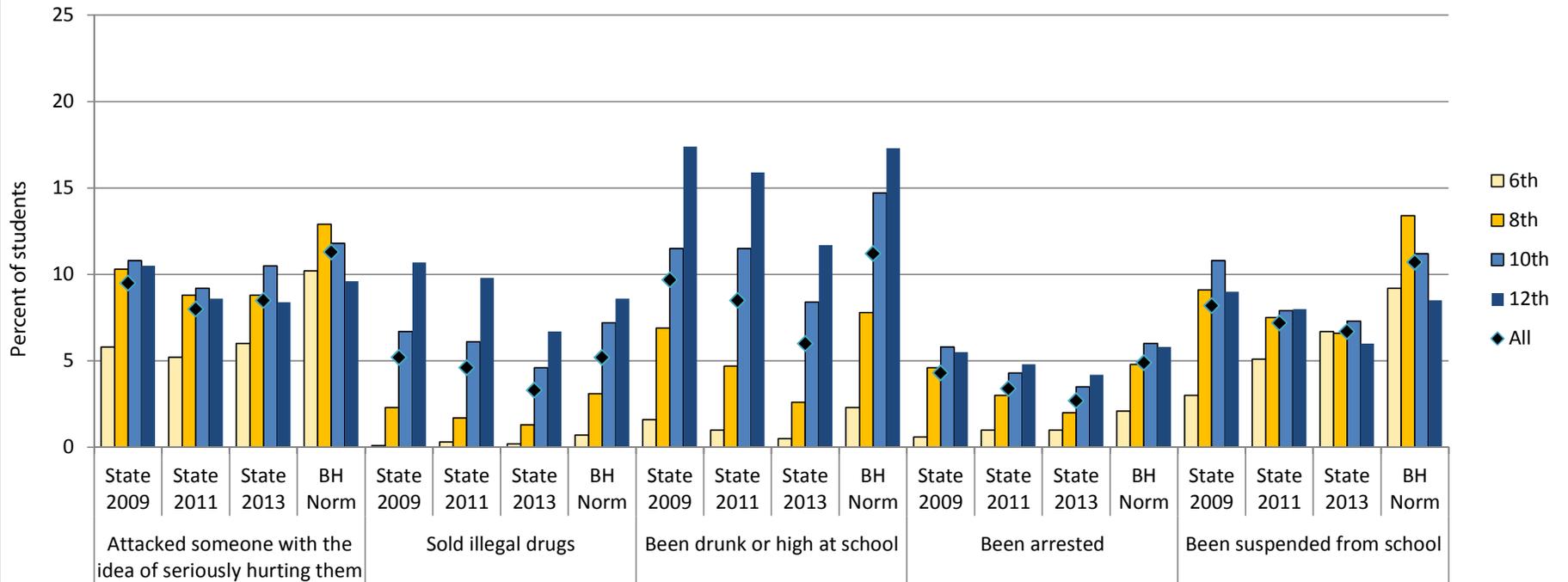
Table 4.1-1

Antisocial Behaviors (Past year)

Grade	Attacked someone with the idea of seriously hurting them				Sold illegal drugs				Been drunk or high at school				Been arrested				Been suspended from school			
	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm	State 2009	State 2011	State 2013	BH Norm
6th	5.8	5.2	6.0	10.2	0.1	0.3	0.2	0.7	1.6	1.0	0.5	2.3	0.6	1.0	1.0	2.1	3.0	5.1	6.7	9.2
8th	10.3	8.8	8.8	12.9	2.3	1.7	1.3	3.1	6.9	4.7	2.6	7.8	4.6	3.0	2.0	4.8	9.1	7.5	6.6	13.4
10th	10.8	9.2	10.5	11.8	6.7	6.1	4.6	7.2	11.5	11.5	8.4	14.7	5.8	4.3	3.5	6.0	10.8	7.9	7.3	11.2
12th	10.5	8.6	8.4	9.6	10.7	9.8	6.7	8.6	17.4	15.9	11.7	17.3	5.5	4.8	4.2	5.8	9.0	8.0	6.0	8.5
All	9.5	8.0	8.5	11.3	5.2	4.6	3.3	5.2	9.7	8.5	6.0	11.2	4.3	3.4	2.7	4.9	8.2	7.2	6.7	10.7

Figure 4.1-1

Antisocial Behavior: (PAYS 2009, 2011, 2013)



4.2 Antisocial Behavior Outcomes by Gender

Table 4.2-1, Table 4.2-2, and Figure 4.2-1 in this section display a selection of antisocial behavior measures from the 2013 PAYS questionnaire by both grade and gender.

Although the data gathered from the 2013 PAYS indicate that male and female substance use rates are typically quite similar, male-female differences are more marked when looking at antisocial behaviors such as those highlighted in this section — heavy cigarette use, binge drinking, school suspension, illegal drug sales, reported arrest, attacking someone with the intent of harming them, being drunk or high at school, driving a vehicle after drinking, and driving a vehicle after smoking marijuana.

Table 4.2-1 and Table 4.2-2 show that males typically engage in these behaviors more than females. Some of the largest differences were in being suspended from school (8.9% for males compared to 4.4% for females) and being arrested (4.0% for males compared to 1.5% for females).

Table 4.2-1

Antisocial Behavior (Past-Year) by Gender: Males

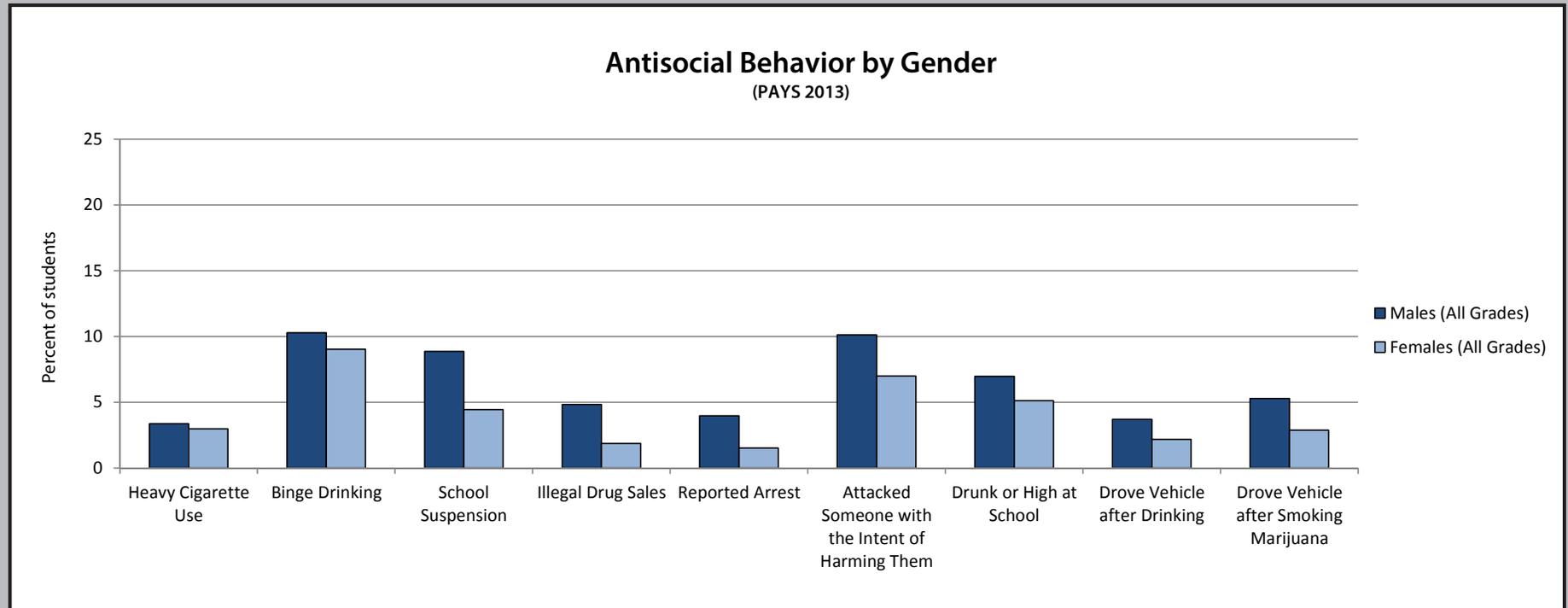
Grade	Heavy Cigarette Use	Binge Drinking	School Suspension	Illegal Drug Sales	Reported Arrest	Attacked Someone with the Intent of Harming Them	Drunk or High at School	Drove Vehicle after Drinking	Drove Vehicle after Smoking Marijuana
6th	0.1	1.6	9.0	0.3	1.5	7.5	0.4	0.3	0.1
8th	0.8	2.7	8.9	1.9	2.5	9.4	2.8	0.4	0.4
10th	3.8	12.1	9.2	6.6	5.2	12.1	9.6	2.6	3.7
12th	8.5	24.2	8.3	9.9	6.4	11.0	14.1	10.7	15.7
All Grades	3.4	10.3	8.9	4.8	4.0	10.1	7.0	3.7	5.3

Table 4.2-2

Antisocial Behavior (Past-Year) by Gender: Females

Grade	Heavy Cigarette Use	Binge Drinking	School Suspension	Illegal Drug Sales	Reported Arrest	Attacked Someone with the Intent of Harming Them	Drunk or High at School	Drove Vehicle after Drinking	Drove Vehicle after Smoking Marijuana
6th	0.1	1.0	4.2	0.2	0.5	4.6	0.5	0.1	0.0
8th	0.9	3.4	4.2	0.8	1.5	8.0	2.4	0.4	0.3
10th	3.5	11.4	5.4	2.7	1.8	9.0	7.4	1.0	1.2
12th	7.1	19.4	3.8	3.6	2.0	5.8	9.2	6.7	9.2
All Grades	3.0	9.0	4.4	1.9	1.5	7.0	5.1	2.2	2.9

Figure 4.2-1



4.3 School-Related Violence and Drug Behaviors

Violence on school property is widely held to have become a serious problem in recent decades, especially where weapons such as guns or knives are involved. The presence of drugs on school property is also an area of concern.

Pennsylvania students were surveyed regarding the frequency with which they have been threatened or attacked on school property within the past year, and whether they were offered, given, or sold illegal drugs on school property within the past year.

Data in Table 4.3-1 and Figure 4.3-1 show that 9.4% of students in all grades have been offered drugs at least one time in the past 12 months. Of all students surveyed, 18.8% indicate having been threatened at school at least once in the past year, and 3.4% indicated having been threatened with a weapon at school in the past year. In regard to actual attacks, 7.0% of all students indicated having been attacked at school, and 1.1% indicated

having been attacked with a weapon at school. In the past month, 1.8% of students in the state sample indicated that they brought a weapon (such as a gun, knife, or club) to school at least one time.

The 12th grade saw the highest rates of past-year reports of being offered drugs at school, of attacking someone with a weapon at school, and of bringing a weapon to school. However, 6th graders indicated the highest rates of being attacked at school in the past year (9.7%), and 8th graders indicated the highest rates of being threatened at school in the past year (23.7%) and being threatened with a weapon at school in the past year (3.9%).

Since the 2011 survey, reports of being threatened at school decreased 1.0% for Pennsylvania 12th graders (12.9% in 2011, 11.9% in 2013), but increased 4.8% in the 6th grade (16.0% to 20.8%), 2.1% in the 8th grade (21.6% in 2011 to 23.7% in 2013), and 1.6% in the 10th grade (17.5% in 2011 and 19.1%).

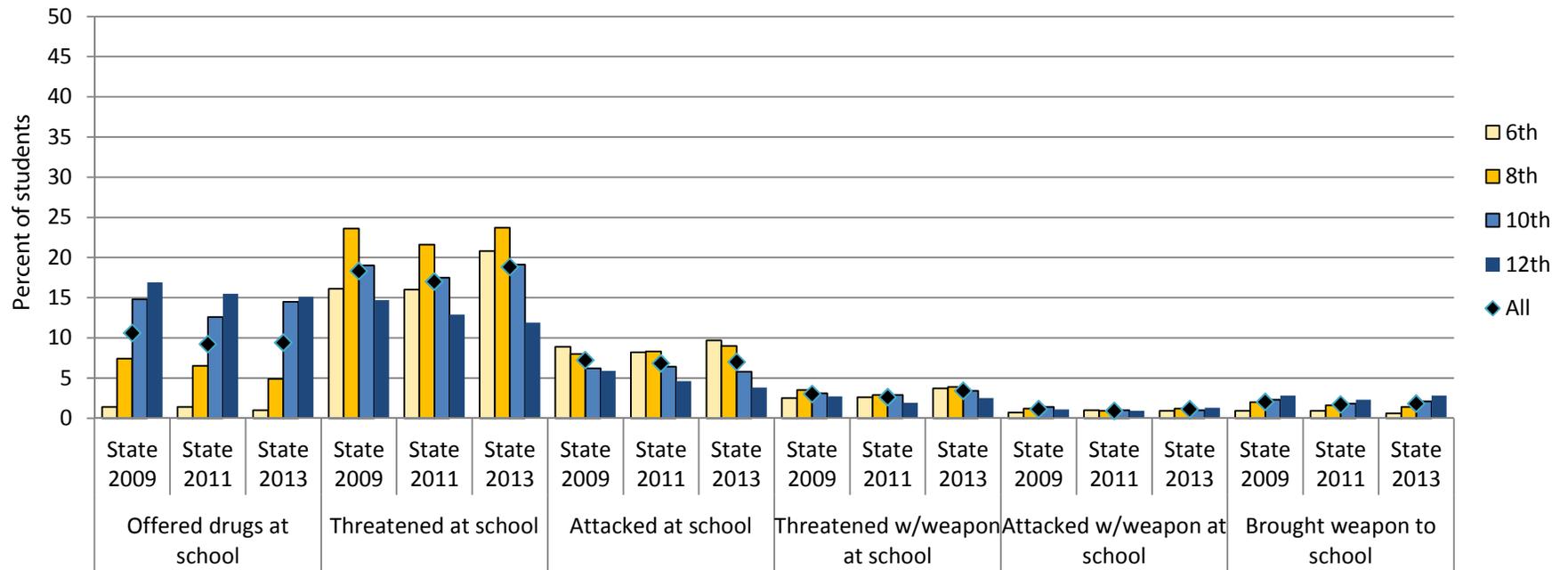
Table 4.3-1

Violence and Drugs on School Property *(Percent of students marking 1 or more times)*

Grade	Offered drugs at school			Threatened at school			Attacked at school			Threatened w/weapon at school			Attacked w/weapon at school			Brought weapon to school		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	1.4	1.4	1.0	16.1	16.0	20.8	8.9	8.2	9.7	2.5	2.6	3.7	0.7	1.0	0.9	0.9	0.9	0.6
8th	7.4	6.5	4.9	23.6	21.6	23.7	8.0	8.3	9.0	3.5	2.9	3.9	1.2	0.9	1.2	2.0	1.6	1.4
10th	14.8	12.6	14.5	19.0	17.5	19.1	6.2	6.4	5.8	3.1	2.9	3.4	1.4	1.0	1.0	2.3	1.8	2.1
12th	16.9	15.5	15.1	14.7	12.9	11.9	5.9	4.6	3.8	2.7	1.9	2.5	1.1	0.9	1.3	2.8	2.3	2.8
All	10.6	9.2	9.4	18.3	17.0	18.8	7.2	6.8	7.0	3.0	2.6	3.4	1.1	0.9	1.1	2.0	1.7	1.8

Figure 4.3-1

Violence and Drugs on School Property: (PAYS 2009, 2011, 2013)



4.4 Bullying and Internet Safety

Even though bullying is not a new phenomenon, the growing awareness that bullying has serious consequences for both schools and students is new. Bullies who operate electronically (that is, via text message, social media, or the Internet) can remain virtually anonymous, freeing them from normative and social constraints on their behavior.

Bullying behavior contributes to lower attendance rates, lower student achievement, low self-esteem, and depression, as well as higher rates of both juvenile and adult crime. Although the problem of bullying is receiving increased public attention, actual incidences of bullying often go undetected by teachers and parents. The most effective way to address bullying is through comprehensive, school-wide programs.

Increased public awareness of electronic or “cyber” bullying is due in part to high profile suicides linked to malicious use of social media services Twitter and Facebook. The modern teen’s social sphere is deeply intertwined with texting, social media, and the Internet. Invaded by bullying behavior, the harassment can feel inescapable, and traditional places of refuge such as the

home no longer apply. The resulting isolation from simply “turning off the phone” has the unfortunate effect of further punishing the victim.

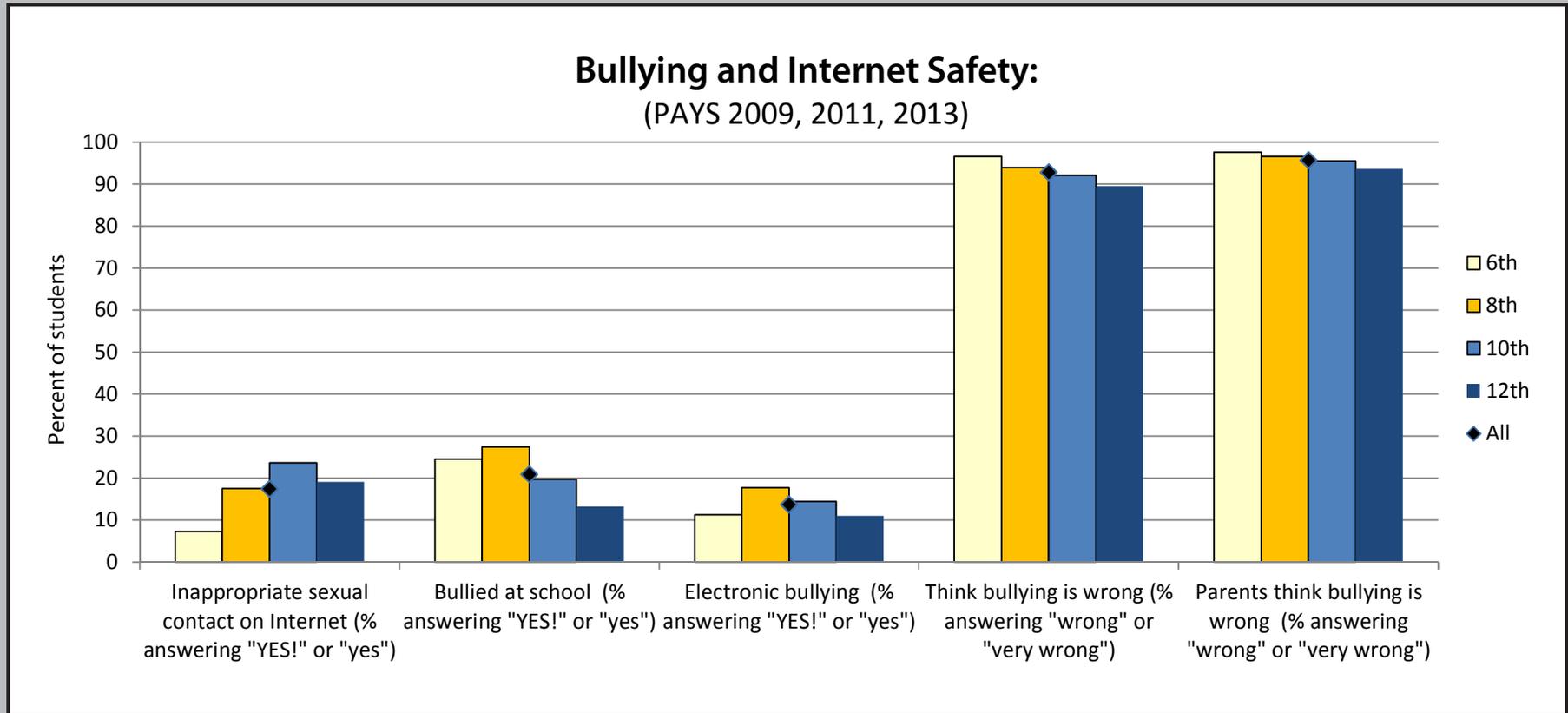
Table 4.4-1 and Figure 4.4-1 display the bullying/internet safety data gathered via the PAYS 2013 questionnaire. While 92.8% of students in the state sample indicated that they think it is wrong or very wrong to bully someone, and 95.7% of students indicated their parents felt it was wrong or very wrong to bully, one in five students (20.9%) indicated they’d been bullied at school in the past year and 13.7% indicated they’d been electronically bullied in the past year. Rates of being bullied and being electronically bullied was highest in the 8th grade (27.4% of 8th graders reported having been bullied, 17.7% reported having been electronically bullied).

Students were also asked “In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?” Of all students, 17.4% marked “yes” to this question and 10th graders reported the highest response to this question (23.6% marked “yes”).

Table 4.4-1
Bullying and Internet Safety

	Inappropriate sexual contact on Internet (% answering "YES!" or "yes")	Bullied at school (% answering "YES!" or "yes")	Electronic bullying (% answering "YES!" or "yes")	Think bullying is wrong (% answering "wrong" or "very wrong")	Parents think bullying is wrong (% answering "wrong" or "very wrong")
Grade	State 2013				
6th	7.3	24.5	11.3	96.6	97.6
8th	17.5	27.4	17.7	93.9	96.6
10th	23.6	19.7	14.4	92.1	95.5
12th	19.1	13.2	11.0	89.5	93.6
All	17.4	20.9	13.7	92.8	95.7

Figure 4.4-1



4.5 Gang Involvement

Gangs often serve as a sanctuary for troubled youth from troubled families. They can provide social structure where family, school, and community fail.

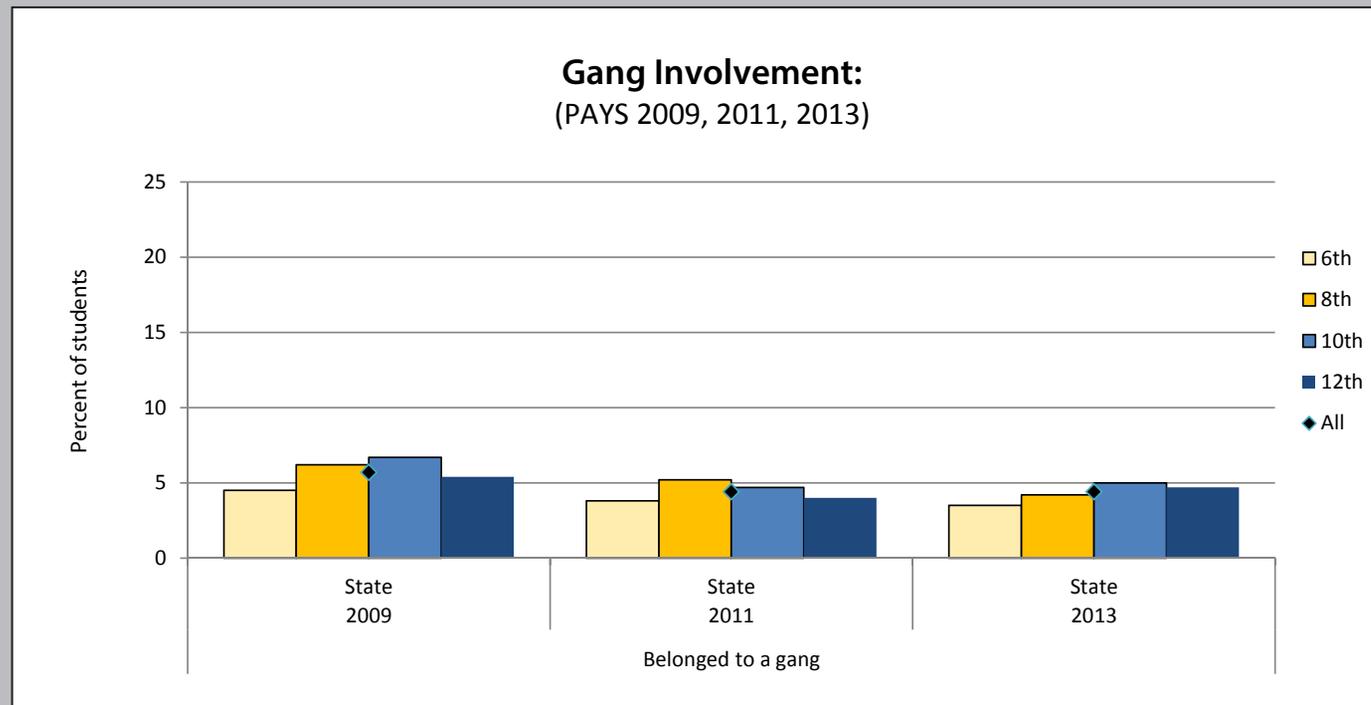
Gangs tend to cluster in high-crime, socially disorganized neighborhoods, where many youth are in trouble, feel unsafe, and are less attached to others in the community and where firearms are readily available.

Some of the gang-related data gathered through the 2013 PAYS are provided in Table 4.5-1 and Figure 4.5-1. In 2013, 4.4% of all students indicated that they had belonged to a gang at some point in their life — down from 5.7% of students in 2009.

**Table 4.5-1
Gang Involvement (Lifetime)**

Grade	Belonged to a gang		
	State 2009	State 2011	State 2013
6th	4.5	3.8	3.5
8th	6.2	5.2	4.2
10th	6.7	4.7	5.0
12th	5.4	4.0	4.7
All	5.7	4.4	4.4

Figure 4.5-1



4.6 Gambling

Even though gambling activities are legally restricted to adults, there is clear evidence that underage youth actively participate in gambling. Despite being promoted as a harmless form of entertainment, gambling operates on the same reward pathways and the same neurotransmitters as ATOD addiction. Youth gambling is associated with alcohol and drug use, truancy, low grades, and risk-taking behavior.

Students were asked in the Pennsylvania Youth Survey to report whether or not they had participated in various gambling activities in the past year. In subsequent questions, students were also asked about compulsive urges to gamble and whether they had ever lied about gambling habits.

As can be seen in Table 4.6-1 and Figure 4.6-1 (see following page), 13.9% of Pennsylvania survey participants indicated that they had gambled in the past year. Past year participation in any gambling activity was highest in the 12th grade (19.4% in the past year).

The individual activities most often participated in during the past year were betting on sports (15.5% of all students, a grade-level peak of 18.9%

in the 10th grade), followed by playing the lottery (13.4% of all students, and a grade-level peak of 17.1% in the 12th grade), and playing cards/dice/dominoes for money or prizes (9.7% of all students, and a grade-level peak of 11.9% in the 12th grade).

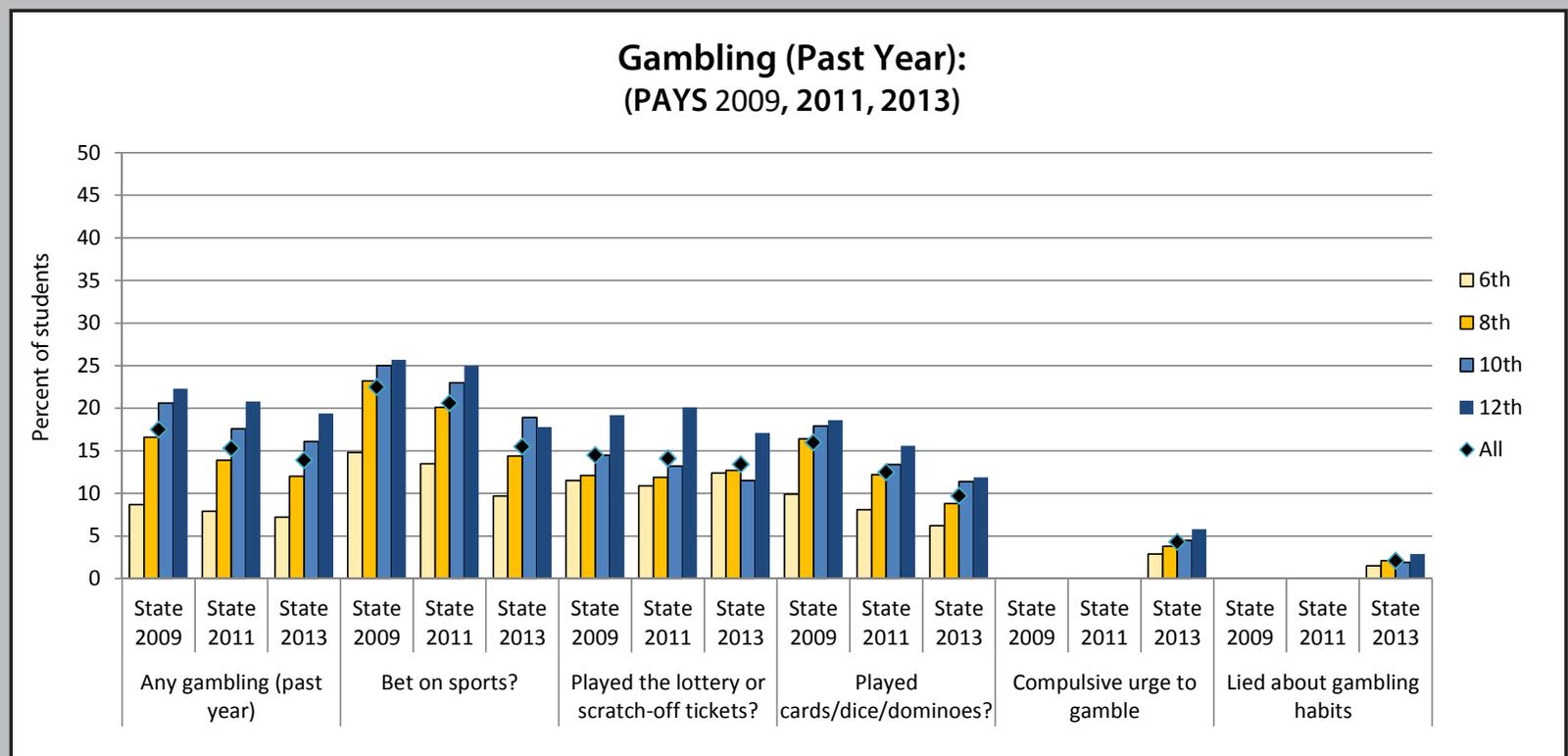
In comparing 2013 gambling data to data gathered in 2011, 2013 data show that reports of gambling are decreasing. Any past-year gambling is down 1.4% for all grades combined (15.3% in 2011, 13.9% in 2013), betting on sports is down 5.1% (20.6% in 2011, 15.5% in 2013), reports of playing the lottery decreased 0.7% (14.1% in 2011, 13.4% in 2013), and reports of playing cards/dice/dominoes for money decreased 2.8% (12.5% in 2011, 9.7% in 2013).

In response to the question “Have you ever felt the need to bet more and more money?” 4.3% of students marked “Yes.” In response to the question “Have you ever felt the need to lie to important people (e.g., family/friends) about how much you gamble?” 2.1% of students responded in the affirmative.

Table 4.6-1 **Gambling (Past Year)**

Grade	Any gambling (% responding to specific past-year question.)			Bet on sports?			Played the lottery or scratch-off tickets?			Played cards/dice/dominos?			Compulsive urge to gamble			Lied about gambling habits		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	8.7	7.9	7.2	14.8	13.5	9.7	11.5	10.9	12.4	9.9	8.1	6.2	n/a	n/a	2.9	n/a	n/a	1.5
8th	16.6	13.9	12.0	23.2	20.1	14.4	12.1	11.9	12.7	16.4	12.2	8.8	n/a	n/a	3.8	n/a	n/a	2.1
10th	20.6	17.6	16.1	25.0	23.0	18.9	14.5	13.2	11.5	17.9	13.4	11.4	n/a	n/a	4.5	n/a	n/a	1.9
12th	22.3	20.8	19.4	25.7	25.0	17.8	19.2	20.1	17.1	18.6	15.6	11.9	n/a	n/a	5.8	n/a	n/a	2.9
All	17.5	15.3	13.9	22.5	20.6	15.5	14.5	14.1	13.4	16.0	12.5	9.7	n/a	n/a	4.3	n/a	n/a	2.1

Figure 4.6-1



4.7 Dangerous Driving Behaviors

Table 4.7-1 and Figure 4.7-1 display PAYS data gathered regarding dangerous driving behaviors involving texting while driving, driving after drinking, and driving after the use of marijuana.

According to a study completed by the Pew Internet and American Life Project, most teens own a cell phone, and teens age 14-17 send about 100 texts every single day. Today's multi-tasking teens can be found texting in combination with all sorts of other tasks, even driving. PAYS data show that 25.3% of the state sample indicated having texted while driving at least one time in the past two months, and 66.4% indicated they had ridden with a driver that had been texting the past two months.

Driving under the influence of drugs and alcohol endangers everyone on the roadway. Alcohol and marijuana impair clear thinking and hand-eye coordination; and, according to the Centers for Disease Control, alcohol-impaired drivers are involved in about 1 in 3 crash deaths, resulting in nearly 10,000 deaths nationwide in 2011.

PAYS data show that 2.9% of students statewide reported driving after consuming alcohol (past year), though the rate within the 12th grade population was significantly higher at 8.7% of that grade. More students reported driving after smoking marijuana in the past year (4.1% of the total survey sample population, and 12.4% of 12th grade respondents).

Three years of data are available for driving after drinking and driving after smoking marijuana. 2013 PAYS data show that the percent of Pennsylvania students reporting driving after drinking has decreased 1.0% since 2009 (3.9% in 2009, 3.4% in 2011, 2.9% in 2013) and the percent of students reporting driving after consuming marijuana has decreased 0.7% (4.8% in 2009, 4.5% in 2011, 4.1% in 2013). Although 12th grade rates for these two items are quite high, the rates are significantly less than in previous administrations. The 12th grade rate of drinking then driving is down 2.8% since 2009, and the rate of driving after smoking marijuana is down 2.2% since 2009.

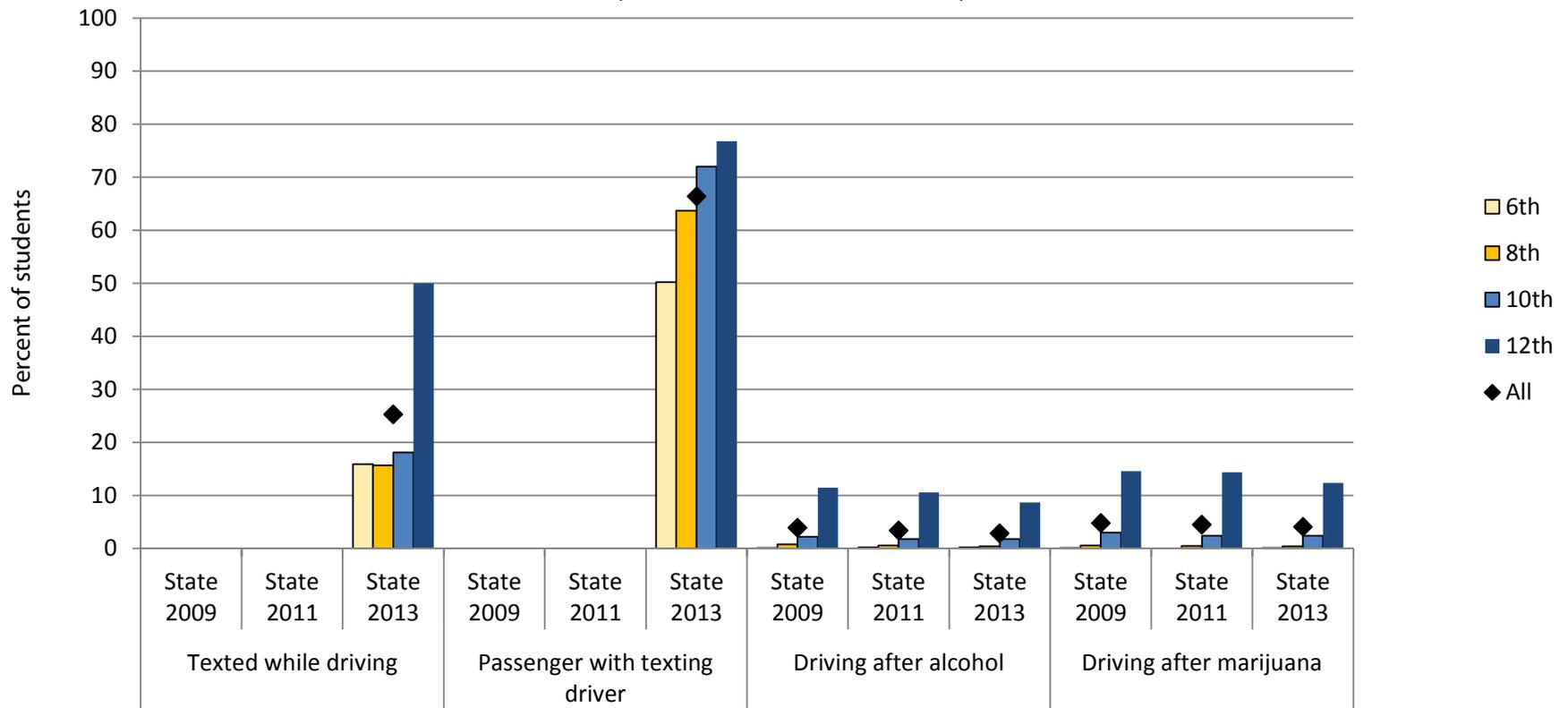
Table 4.7-1

Dangerous Driving Behavior: Texting While Driving and Driving After Consuming Alcohol Or Marijuana

Grade	Texted while driving (Past 2 months)			Passenger with texting driver (Past 2 months)			Driving after alcohol (Past year)			Driving after marijuana (Past year)		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	n/a	n/a	15.9	n/a	n/a	50.2	0.1	0.2	0.2	0.1	0.0	0.1
8th	n/a	n/a	15.7	n/a	n/a	63.7	0.8	0.6	0.4	0.6	0.5	0.4
10th	n/a	n/a	18.1	n/a	n/a	72.0	2.2	1.8	1.8	3.0	2.4	2.4
12th	n/a	n/a	50.0	n/a	n/a	76.8	11.5	10.6	8.7	14.6	14.4	12.4
All	n/a	n/a	25.3	n/a	n/a	66.4	3.9	3.4	2.9	4.8	4.5	4.1

Figure 4.7-1

Dangerous Driving Behavior: (PAYS 2009, 2011, 2013)



Section 5: Mental Health Data

This fifth section, **Mental Health Data**, provides information on student mental health data related to depression, trauma, and suicide ideation. Stress, anxiety, loneliness, and frustration are all emotions that can negatively impact student health, and outcomes such as suicide underscore the necessity of tracking student emotional health.

Mental Health

Important mental health habits—including coping, resilience, and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. Although mood swings are common during adolescence, approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or “acting out” conditions that can include extremely defiant behavior. Friends and family can watch for warning signs of social and emotional distress and urge young people to get help. Effective treatments may include a combination of therapy and medication. Unfortunately, less than half of adolescents who need mental health services receive them.

When accompanied by a copy of the State Report Executive Summary, each subsection found in Section 5, can be considered a self-standing piece that can be distributed to researchers, prevention specialists, and other interested parties.

Mental Health Disorders

Nationwide, approximately one out of five adolescents has a diagnosable mental health disorder, and one in four shows at least mild symptoms of depression. Warning signs are not always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Ongoing stigmas regarding mental health disorders inhibit some adolescents and their families from seeking help.

Positive Mental Health: Resilience

“Resilient” adolescents are those who have managed to cope effectively, even in the face of stress and other difficult circumstances, and are poised to enter adulthood with a good chance of positive mental health. A number of factors promote resilience in adolescents—among the most important are caring relationships with adults and an easy-going disposition. Adolescents themselves can use a number of strategies, including exercising regularly, to reduce stress and promote resilience. Schools and communities are also recognizing the importance of “emotional intelligence” in adolescents’ lives—a growing number of courses and community programs focus on adolescents’ social-emotional learning and coping skills.

5.1 Mental Health and Suicide Indicators

The PAYS questionnaire has gathered data on depressive symptoms in past survey administrations. Additionally, the 2013 PAYS also provided questions regarding suicide ideation and student traumas. The results in Tables 5.1-1 through 5.1-3, Figures 5.1-1 through 5.1-3 show findings of these questions.

A series of “Depressive Symptoms” questions are included in the survey which not only provide data for the calculation of the Depressive Symptoms risk factor scale, but which also aid in the calculation of depressive symptom ranges (for those with no/low depressive symptoms, moderate depressive symptoms, or high depressive symptoms). Those questions are as follows: “In the past 12 months, have you felt depressed or sad MOST days, even if you feel OK sometimes?” “Sometimes I think life is not worth it,” “At times I think I am no good at all,” and “All in all, I am inclined to think I’m a failure.” These questions could be answered NO! (Definitely Not True), no (Mostly Not True), yes (Mostly True), or YES! (Definitely True).

In addition to depressive symptoms questions, the percentage of participants who indicated having experienced a trauma (i.e., having a close family or friend die, having witnessed a serious injury, having personally gotten seriously hurt) are asked as well as a series of questions about suicide. These questions provide information about suicidal ideation and attempts of suicide (e.g., “Have you ever considered attempting suicide?” and “Have you ever attempted suicide?”).

As follows are some key findings from these mental health-related data:

- The survey data show that 31.7% of all students indicated (via responding “YES!” or “yes” to the statement) that they had felt depressed or sad most days in the past 12 months; 22.6% of all students indicated that they sometimes thought life is not worth it; 32.7% of all students indicated that “at times I think I am no good at all” and 17.4% indicated that they felt that they were a failure.
- For those depressive symptoms measures, there has been a general increase in the percent of students responding to those questions/statements in the affirmative. The percent of students indicating they have felt depressed for most days in the past year increased 0.6% since 2011, the percent indicating they often felt like life was not worth it increased 3.2% since 2011, the percent indicating that at times they though they were no good at all increased 4.7% since 2011, and the percent that felt they were a failure increased 4.5% since 2011.
- 41.2% of students (all surveyed grades combined) indicated that they had experienced the death of a close family member or friend in the past year, 23.5% indicated that they had witnessed someone being seriously hurt or injured (as a result of a bad fight, shooting, or car accident), and 6.9% said they had personally been seriously hurt or injured (as a result of a bad fight, shooting, or car accident) in the past year.
- 15.6% of students in all grades combined indicated that they had considered suicide in their lifetime. The grade-level rates for this question were as follows: 6.9% of 6th graders, 14.7% of 8th graders, 20.4% of 10th graders, and 18.9% of 12th graders indicated they had considered suicide in their lifetime.
- 11.6% of students in all grades combined indicated that they had gone so far as to create a suicide plan at least once in their lifetime. The grade-level rates for this question were as follows: 4.7% of 6th graders, 10.9% of 8th graders, 15.7% of 10th graders, and 14.0% of 12th graders indicating they had created a suicide plan.
- In regard to those students who indicated they had attempted suicide in their lifetime, 4.2% of 6th graders, 7.6% of 8th graders, 9.6% of 10th graders, 8.5% of 12th graders, and 7.6% of all students indicated that they had attempted suicide at least one time in their lifetime.

See Tables 5.1-1, 5.1-2, and 5.1-3; and Figures 5.1-1, 5.1-2, and 5.1-3 for full data.

Table 5.1-1 **Symptoms of Depression** (Percent of students marking "YES!" or "yes" to the following depressive symptoms statements.)

Grade	Felt depressed or sad MOST days in the past 12 months			Sometimes I think that life is not worth it			At times I think I am no good at all			All in all, I am inclined to think that I am a failure		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	26.8	27.6	26.4	14.7	15	14.7	23.6	23.0	24.7	10.6	10.2	12.3
8th	32.1	30.1	30.9	23.0	20.2	23.2	29.1	27.3	31.8	13.6	13.0	17.9
10th	33.2	32.8	36.0	22.9	21.7	26.9	29.0	31.2	37.7	14.9	14.1	20.7
12th	33.2	33.4	32.6	21.0	20.4	24.4	28.9	29.6	35.2	15.2	13.7	17.9
All	31.6	31.1	31.7	20.6	19.4	22.6	27.8	28	32.7	13.7	12.9	17.4

Table 5.1-2 **Trauma and Grief** (Past year percent of students marking "yes" to the questions regarding past-year incidence.)

Grade	Death of friend/family	Seen someone seriously hurt	Personally was seriously hurt
	State 2013		
6th	47.2	26.1	8.9
8th	43.7	23.3	6.4
10th	38.4	23.8	6.1
12th	36.7	21.3	6.6
All	41.2	23.5	6.9

Table 5.1-3 **Suicide Risk**

Grade	Very sad or hopeless for at least 2 weeks during past year (% marking "YES!" or "yes")	Considered suicide in past year (% marking "YES!" or "yes")	Planned suicide in past year (% marking "YES!" or "yes")	Attempted suicide in past year (% marking 1 or more times)	Needed medical treatment for suicide attempt (% marking "Yes" to this question)
	State 2013				
6th	16.8	6.9	4.7	4.2	1.0
8th	22.3	14.7	10.9	7.6	1.9
10th	27.3	20.4	15.7	9.6	2.4
12th	26.1	18.9	14	8.5	1.4
All	23.4	15.6	11.6	7.6	1.7

Figure 5.1-1

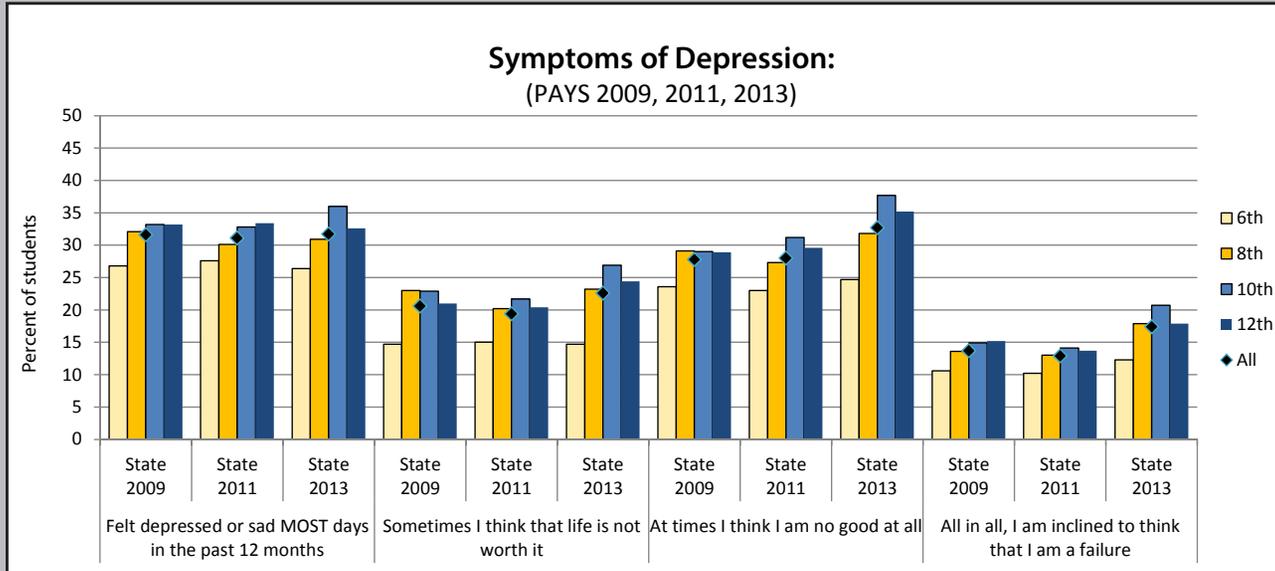


Figure 5.1-2

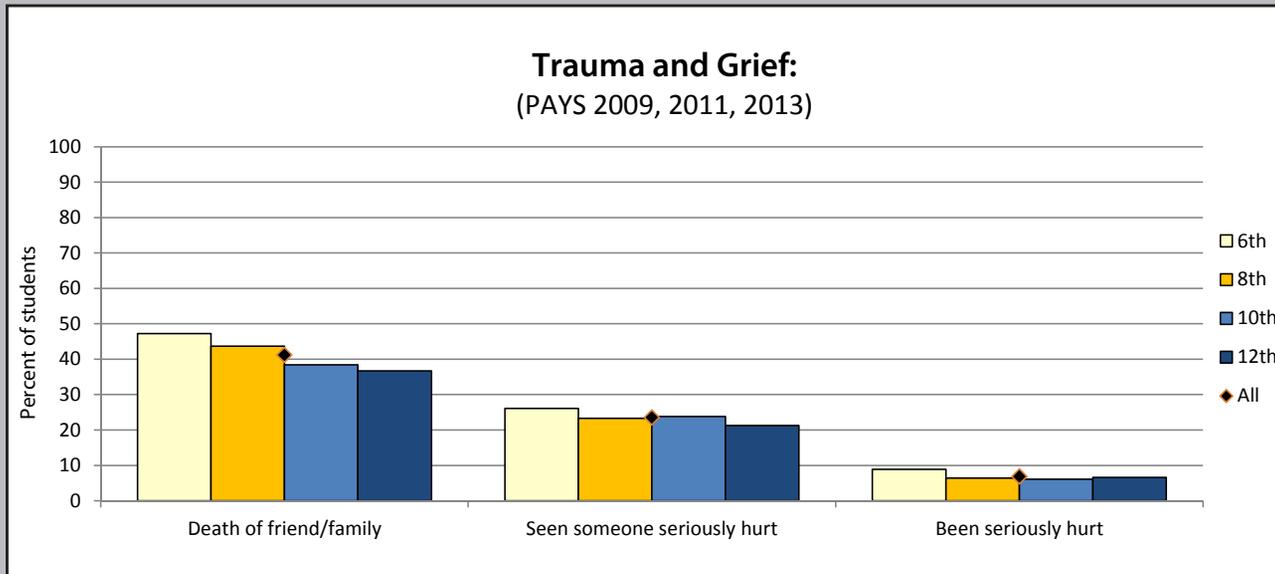
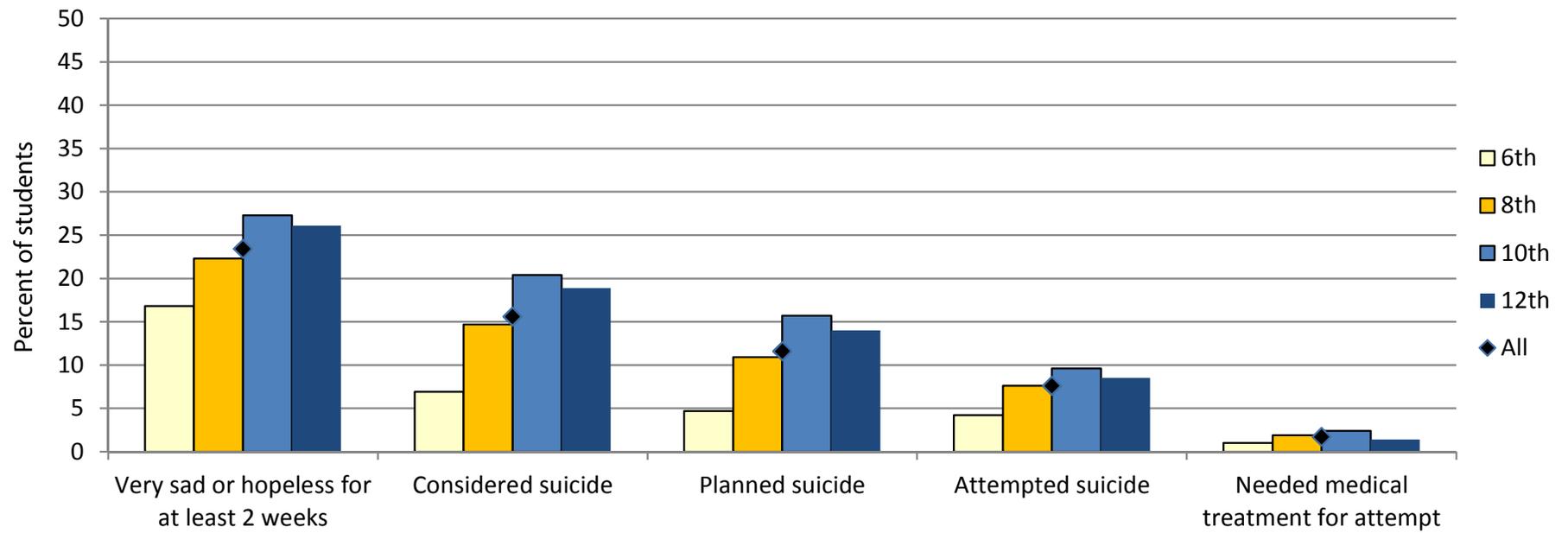


Figure 5.1-3

Suicide Risk: (PAYS 2009, 2011, 2013)



5.2 Depressive Symptoms and Substance Use

The substance use rate of youth who reported depressive symptoms is much greater than those who have a much more positive outlook on life. The four depressive symptoms that were asked on the survey questionnaire were: 1) Sometimes I think that life is not worth it, 2) At times I think I am no good at all, 3) All in all, I am inclined to think that I am a failure, and 4) In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes? Results for these individual questions were featured in the previous subsection. The following pages take a look at that data from a different perspective — one that uses those questions to calculate the estimated percentage of students who have no/low depressive symptoms, moderate depressive symptoms, or high depressive symptoms. The questions were scored on a scale of 1 to 4 (NO!, no, yes, YES!). The survey respondents were divided into three groups. The first group was the depressed group who scored at least a mean of 3.75 on the depressive symptoms. This meant that those individuals marked “YES!” to all four items or marked “yes” to one item and “YES!” to three. The second group was the non-depressed group who marked “NO!” to all four of the items, and the third group was a middle group who comprised the remaining respondents. Of the statewide sample, 33.2% of students scored no/low on this calculated scale; 61.8% scored moderate on this scale; and 5.0% scored high. The results of the substance use among the three groups is shown in Table 5.2-1.

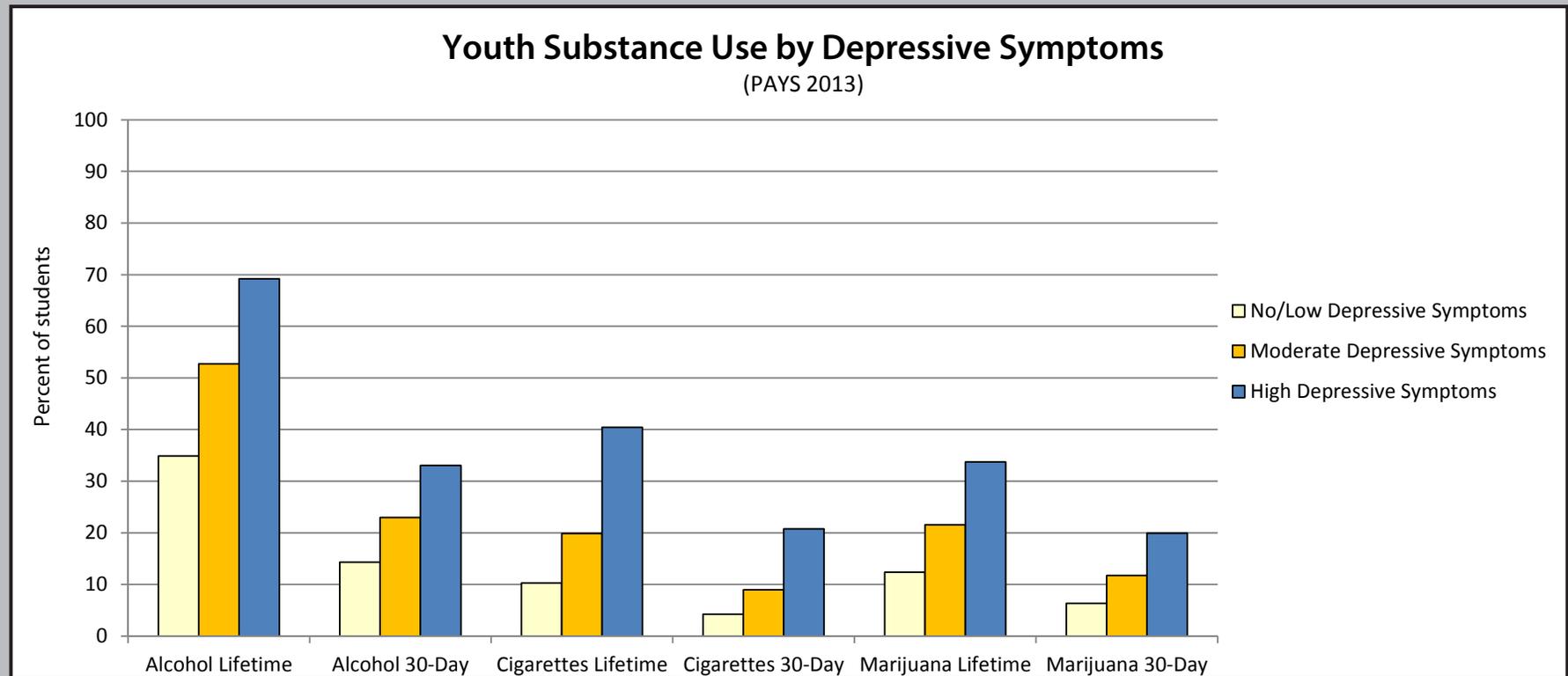
The results in Table 5.2-1 and Figure 5.2-1 show a strong link between youth who report depressive symptoms and ATOD use. When compared to the non-depressed group, the youth with high depressive symptoms indicate 30-day alcohol use rates that are two times higher than non-depressed students. Depressed students indicate use rates that are nearly five times higher for past-month cigarette use and three times higher for past month marijuana use in comparison to non-depressed students.

The ATOD use rates of the middle depressive symptoms group, that was comprised of most Pennsylvania youth, were closer to the rates of the non-depressed group than they were to the depressed. For the three substances in Table 5.2-1, the past month usage rates for the middle depressive symptoms group were anywhere from 4.7% to 17.8% higher than that of the non-depressed rate; while the past month use rates for the middle depressive symptoms group were anywhere from 8.2% to 20.6% lower than the depressed group. Thus, individuals with a positive outlook on life (even with some depressive symptoms) tend to use fewer substances than peers with a high level of depressive symptoms.

Table 5.2-1

Depressive Symptoms and Youth Substance Use			
	No/Low Depressive Symptoms	Moderate Depressive Symptoms	High Depressive Symptoms
% of students within each category	33.2	61.8	5.0
Alcohol Lifetime	34.9	52.7	69.2
Alcohol 30-Day	14.3	23.0	33.1
Cigarettes Lifetime	10.3	19.9	40.4
Cigarettes 30-Day	4.3	9.0	20.8
Marijuana Lifetime	12.3	21.6	33.7
Marijuana 30-Day	6.3	11.7	19.9

Figure 5.2-1



Section 6: Additional Data Relationships

This final section, **Additional Data Relationships**, provides examples of how risk factors actually relate to drug and alcohol use. By looking at how factors such as level of school achievement, degree of parental acceptability of drug use, transitions and mobility, degree of peer acceptability of drug use, and perceived use by peers effect substance use, we can begin to understand how the risk and protective factor model of prevention works, and how it can be used to target the needs of schools and communities.

When accompanied by a copy of the State Report Executive Summary, each subsection found in Section 6, can be considered a self-standing piece that can be distributed to researchers, prevention specialists, and other interested parties.

6.1 Parents Rules and Expectations Regarding Substance Use

The PAYS provided students with the following statement “My family has clear rules about alcohol and drug use,” and asked them to respond with either “NO!” “no,” “yes,” or “YES!”. The results of the question presented in Table 6.1-1 and Figure 6.1-1 display the data from that question in relation to lifetime and past-month alcohol use.

Of the students marking “YES!” or “yes” to the statement “My family has clear rules about alcohol and drug use,” 41.7% indicated they had used alcohol in their lifetime and 17.4% indicated they had used alcohol in the past month. In contrast, of students who marked “NO!” or “no” to that statement, 73.7% indicated they had used alcohol in their lifetime and 43.7% indicated they had used alcohol in the past month. These data reinforce the idea that parents must set clear rules and expectations regarding substance use.

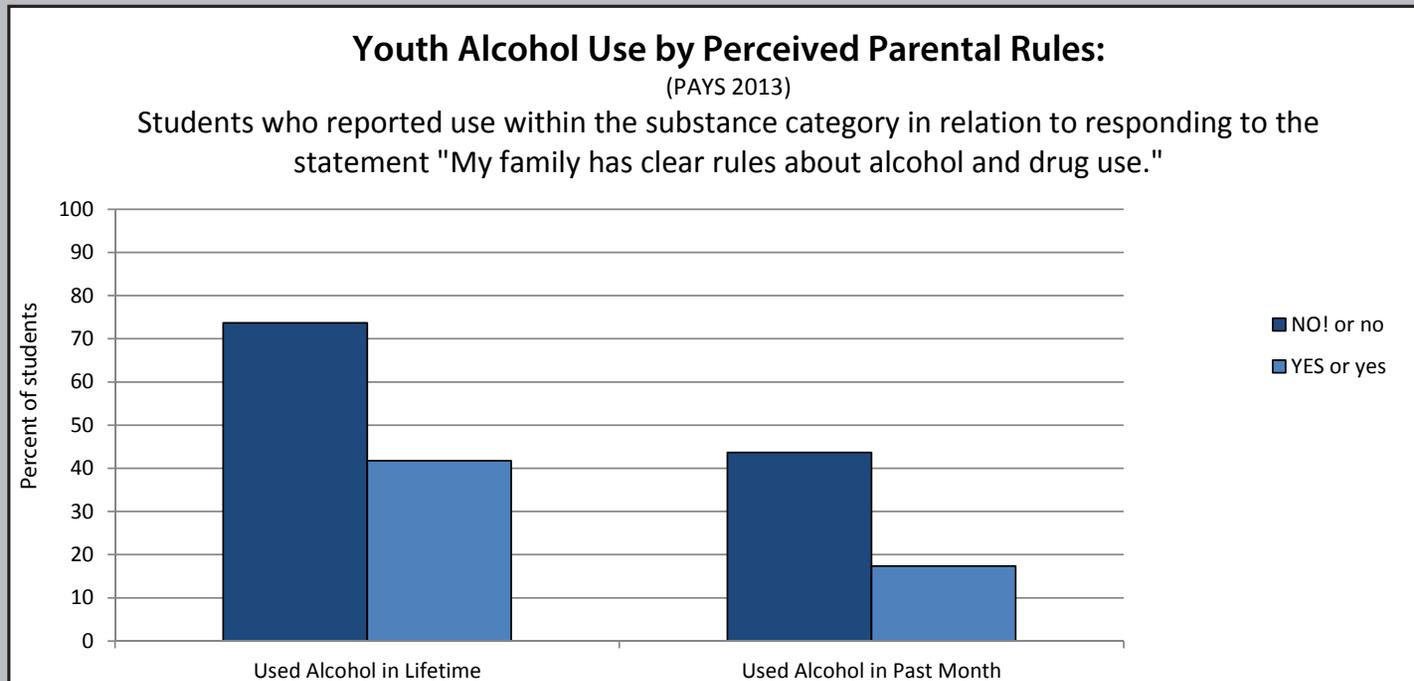
Table 6.1-1

Alcohol Use and Parental Rules:

% of students marking either NO!/no or YES!/yes to the statement "My family has clear rules about alcohol and drug use" who ALSO indicated using alcohol.

	Used Alcohol in Lifetime	Used Alcohol in Past Month
NO! or no	73.7	43.7
YES or yes	41.7	17.4

Figure 6.1-1



6.2 Academic Performance and Substance Use

Table 6.2-1 and Figure 6.2-1 show a clear relationship between substance use and academic performance. Of the youth who report getting better grades, fewer have tried ATODs and fewer are currently using ATODs than those who report poorer grades. Failing (D or F) youth indicate past month alcohol use rates that are two times higher than “A” students’ alcohol use rates, past month marijuana use rates that are five times higher than the “A” students’ use rates, and past month cigarette use rates that are ten times higher than the use rate of “A” students. Similar and more dramatic differences can be seen for individual drugs.

Obviously, the youth getting A’s are more invested in the education process and more bonded to school. The challenge of prevention programs is to develop methods of keeping all youth interested in learning and feeling attached to school. A survey of 1,000 youth on probation in Utah found that even though the probationers received poor grades and were often suspended from school, they still believed that education was important. Thus, many youth with lower grades have not given up on school and the education process, but are not able to succeed in a traditional school setting.

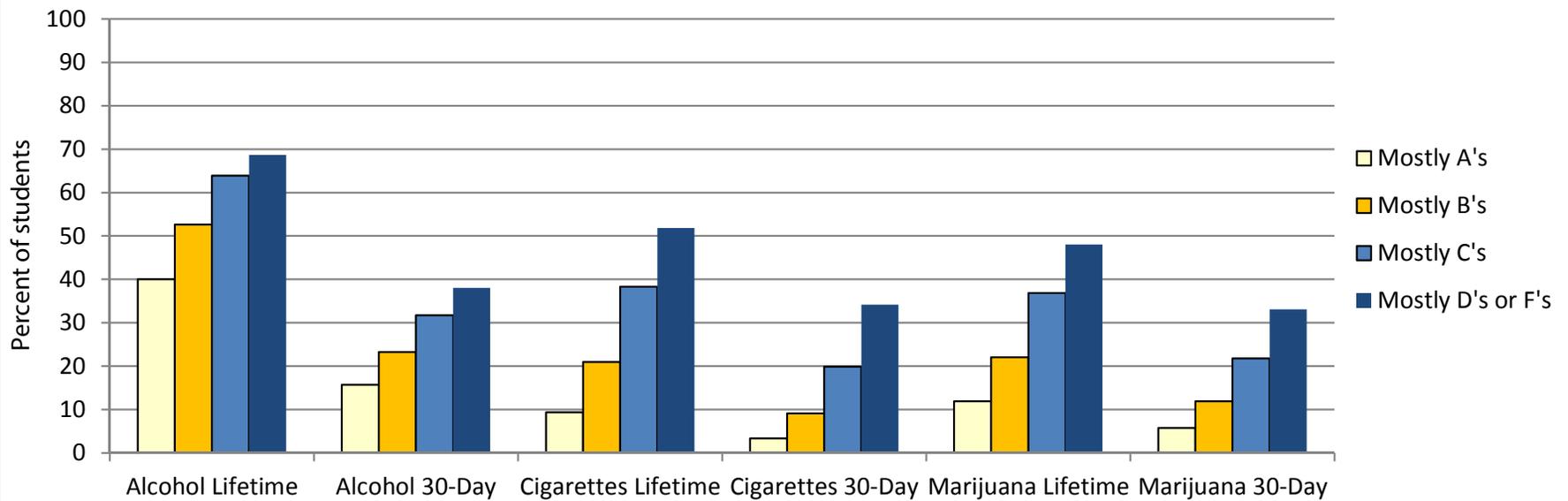
Table 6.2-1

Academic Grades and Youth Substance Use: Percent of students within each grade category that reported use

	Mostly A's	Mostly B's	Mostly C's	Mostly D's or F's
Alcohol Lifetime	40.0	52.6	63.9	68.7
Alcohol 30-Day	15.7	23.3	31.8	38.0
Cigarettes Lifetime	9.4	21.0	38.3	51.8
Cigarettes 30-Day	3.4	9.1	19.9	34.1
Marijuana Lifetime	11.9	22.0	36.8	48.0
Marijuana 30-Day	5.8	11.9	21.8	33.1

Figure 6.2-1

Youth Substance Use by Academic Grades: (PAYS 2013)



6.3 Family Financial Stress and Substance Use

The 2013 PAYS questions asked students “How often do you worry that food at home will run out before your family gets money to buy more?” This question sheds light on the stressors that youth take on in situations of family financial distress. Looking at the responses to this question in relation to youth substance use shows a strong relationship between family financial stress and drug use, with more regular worry about food supplies corresponding with higher levels of youth drug use. For example, in Pennsylvania, of youth who said that they “never” worried about food at home, 9.2% had used marijuana in the past month. Of youth who indicated that they had worried about food before, but not in the past year, slightly more of those students indicated past-month marijuana use (12.5%). Of youth who indicated they had worried about food less than once a month, past-month marijuana use increased to 14.3%. Of youth who indicated they worried about food once a month or more, 21.0% of those youth indicated regular marijuana use. Such a trend can be seen for each substance category in Table/Figure 6.3-1.

Table 6.3-1

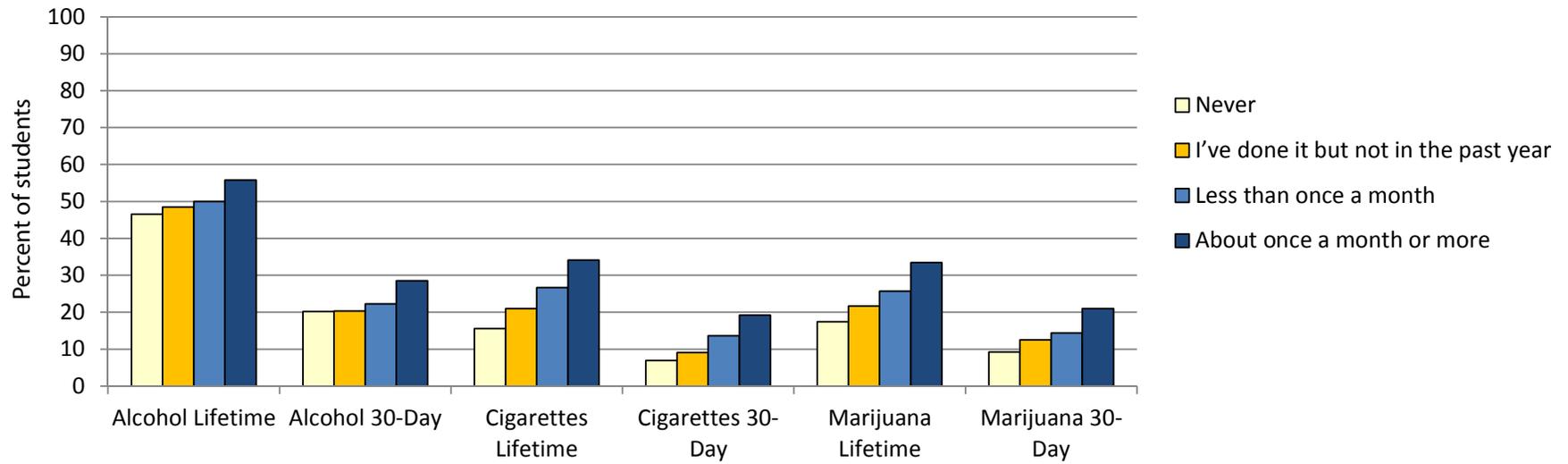
Family Financial Stress and Youth Substance Use:

Use in relation to students responding to the question "How often do you worry that food at home will run out before your family gets money to buy more?"

	Never	I've done it but not in the past year	Less than once a month	About once a month or more
Alcohol Lifetime	46.5	48.5	50.0	55.8
Alcohol 30-Day	20.2	20.3	22.2	28.5
Cigarettes Lifetime	15.5	21.0	26.6	34.1
Cigarettes 30-Day	6.9	9.1	13.6	19.2
Marijuana Lifetime	17.4	21.6	25.7	33.4
Marijuana 30-Day	9.2	12.5	14.3	21.0

Figure 6.3-1

Youth Substance Use by Student-Reported Worry about Running out of Food: (PAYS 2013)



6.4 Perceived Parental Acceptability and Substance Use

When parents have favorable attitudes toward drugs, they influence the attitudes and behavior of their children. For example, parental approval of young people’s moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent’s cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug abusers in adolescence.

Table 6.4-1 and Figure 6.4-1 illustrate that a large majority of students perceive parental disapproval of substance use. Of all students, 93.5% indicated their parents felt it was “Wrong” or “Very wrong” to use tobacco, 92.3% perceived parental disapproval of marijuana use, 91.1% perceived parental disapproval of having 1-2 drinks nearly every day use, and 95.7% perceived parental disapproval of prescription drug use.

Table 6.4-2 and Figure 6.4-2 illustrate how even a small amount of perceived parental acceptability can lead to substance use. In the PAYS, students were asked how wrong their parents felt it was to use different ATODs. The table to the right displays the percentage of students who have used marijuana in their lifetime and in the past 30 days in relation to their responses about their parents’ acceptance of marijuana use.

As can be seen, relatively few students (11.1% lifetime, 4.7% 30-day) use marijuana when their parents think it is “Very Wrong” to use it. In contrast, when a student believes that their parents agree with use somewhat (i.e., the parent only believes that it is “Wrong,” not “Very Wrong”), use increases to 45.1% for lifetime use and 25.1% for 30-day use. Rates of use continue to increase as the perceived parental acceptability increases.

These results make a strong argument for the importance of parents having strong and clear standards and rules when it comes to ATOD use.

Table 6.4-1
Perception of Parental Disapproval:
Percent marking parents would feel it was “wrong” or “very wrong” to use the substance category

Grade	Tobacco			Marijuana			Alcohol			Prescription drugs		
	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013	State 2009	State 2011	State 2013
6th	98.7	98.9	97.5	99.1	99.1	98	n/a	n/a	94.2	n/a	n/a	95.2
8th	96.8	97.2	96.4	97.2	97.3	95.9	n/a	n/a	94.1	n/a	n/a	96.6
10th	93.1	93.2	93.9	94.1	93.2	90.5	n/a	n/a	90.8	n/a	n/a	96.2
12th	85.5	86.5	86.9	89	89.1	85.7	n/a	n/a	85.6	n/a	n/a	94.6
All	93.3	93.8	93.5	94.7	94.6	92.3	n/a	n/a	91.1	n/a	n/a	95.7

Table 6.4-2
Parental Acceptability and Youth Substance Use:
Use in relation to students responding to the question “How wrong do your parents feel it would be for you to smoke marijuana?”

Response	Marijuana Lifetime Use		Marijuana Past 30-Day Use	
	Did not use in lifetime	Has used in lifetime	Did not use in lifetime	Has used in lifetime
Not Wrong at All	40.1	59.9	51.3	48.7
A Little Bit Wrong	24.5	75.5	46.7	53.3
Wrong	54.9	45.1	74.9	25.1
Very wrong	88.9	11.1	95.3	4.7

Figure 6.4-1

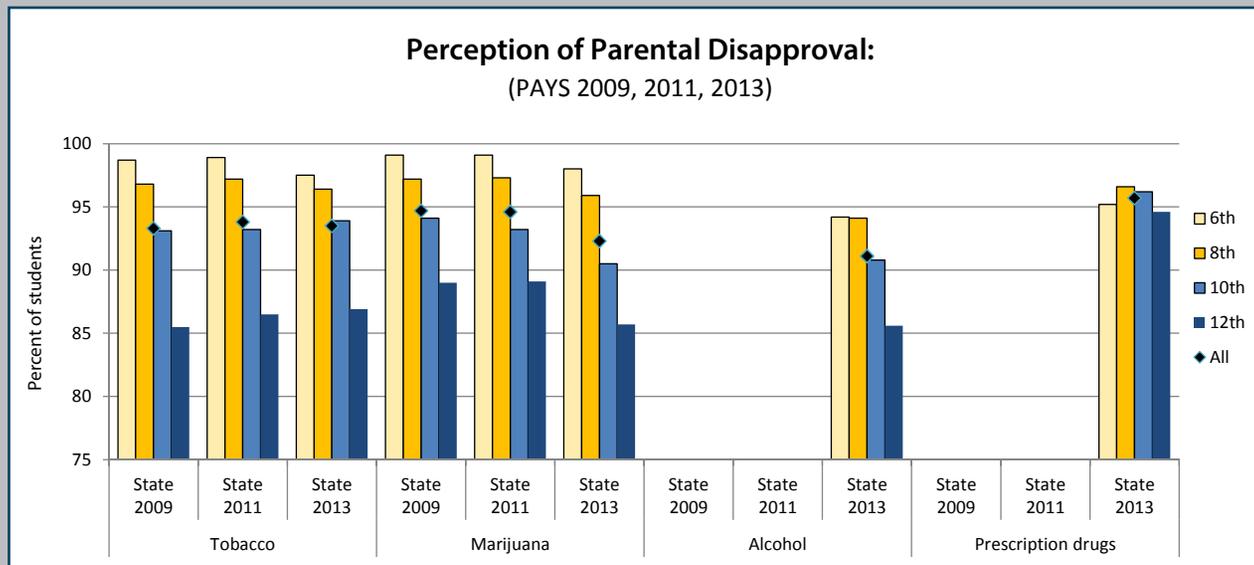
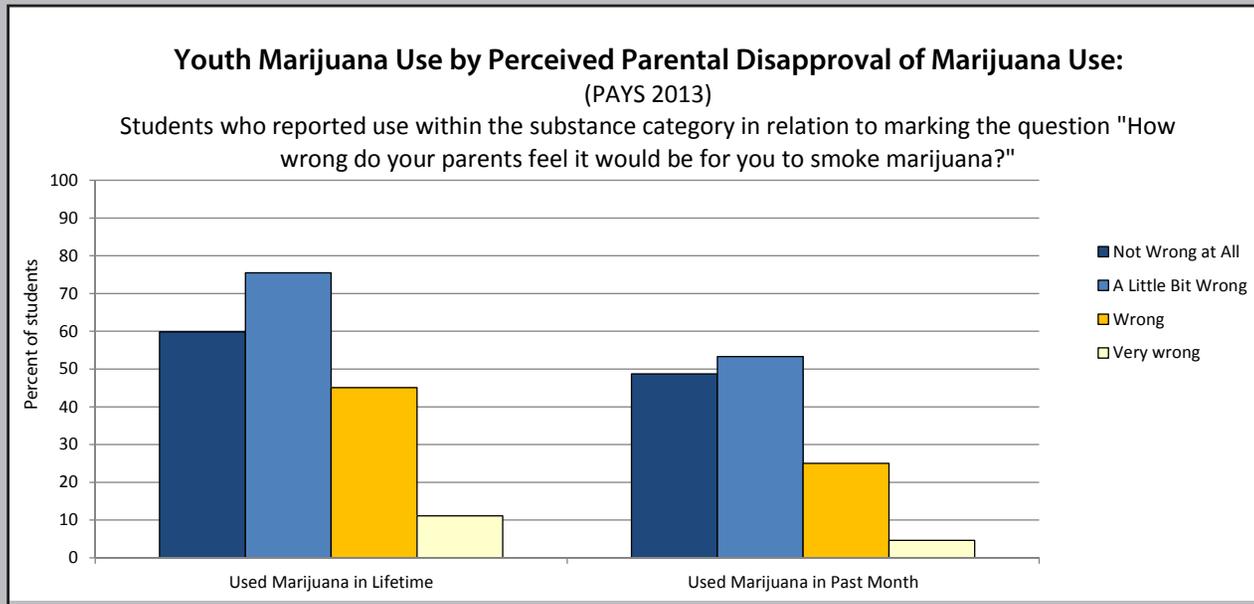


Figure 6.4-2



6.5 Perceived Peer Acceptability and Substance Use

During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This places youth at higher risk. The results provided in the following table and figure illustrate the relation between peer acceptability and individual drug use.

As with perceived parental acceptability, the slightest perceived peer acceptability seriously increases the chance that a student will use ATODs. In this section, lifetime and 30-day marijuana use results are looked at in relation to what youth thought were their chances of being seen as cool if they used marijuana. Table 6.5-1 and Figure 6.5-1 display the results.

When youth thought there was “No or very little chance” that they would be seen as cool if they used marijuana, only 8.9% had tried marijuana in their lifetime and only 4.2% had used it in the last month. However, when youth thought that there was even a “Little chance” that they would be seen as cool, marijuana use rates were over three times higher for lifetime use (31.4%) and over three times higher for past-month use (15.2%). Youth who thought that there was a “Very good chance” they would be seen as cool were seven times more likely to use marijuana in the past month than youth who perceive that marijuana use was not cool.

These results better illustrate how peer acceptability puts youth at risk for ATOD use, and suggests that a good way to decrease use is to get youth to decrease acceptability of drugs.

Table 6.5-1

Peer Acceptability and Youth Substance Use:

Use in relation to students responding to the question "What are the chances you would be seen as cool if you smoked marijuana?"

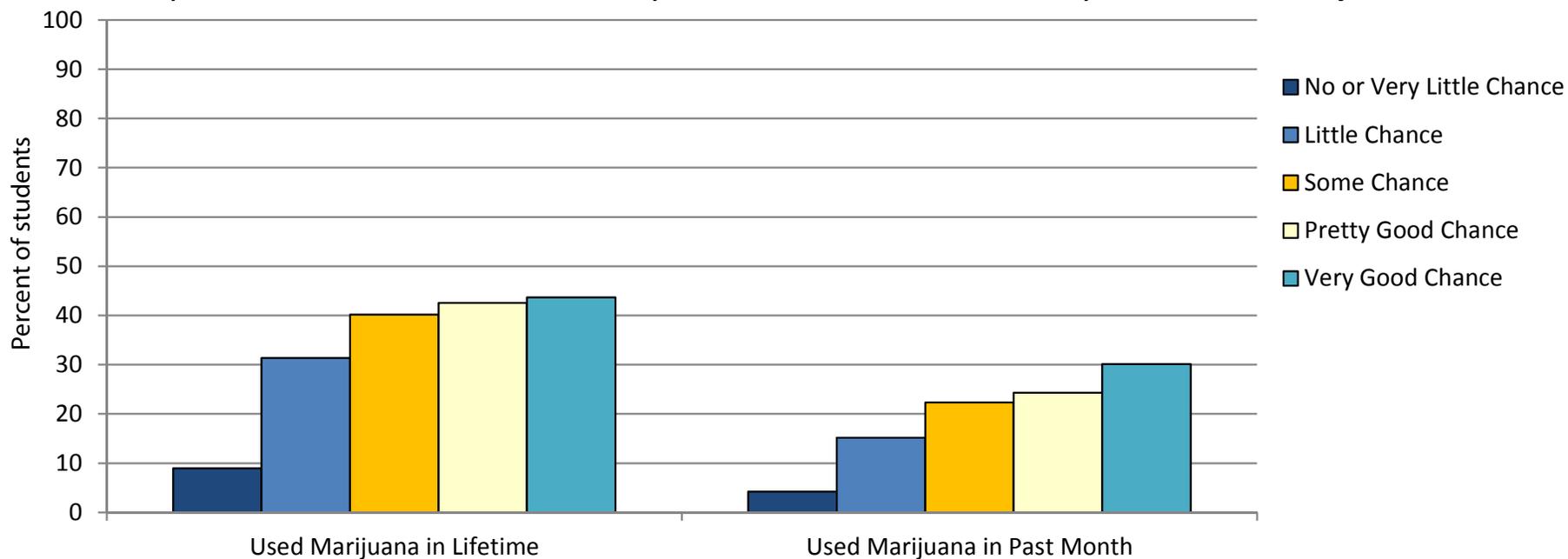
	Used Marijuana in Lifetime	Used Marijuana in Past Month
No or Very Little Chance	8.9	4.2
Little Chance	31.4	15.2
Some Chance	40.2	22.3
Pretty Good Chance	42.5	24.3
Very Good Chance	43.6	30.1

Figure 6.5-1

Youth Marijuana Use by Perceived Peer Approval of Marijuana Use:

(PAYS 2013)

Students who reported use within the substance category in relation to marking the question "What are the chances you would be seen as cool if you smoked marijuana?"



6.6 Family Deployment and Substance Use

For Pennsylvania students with family members in the military, stress and strain is an everyday occurrence. PAYS focuses on the stress of the long term deployment of a close family member and asked students a number of questions designed to gather valuable data to meet the needs of these students.

Having a close family member be deployed far away under potentially life threatening circumstances, returning from deployment, or just the stress of possible deployment can affect students. Even with the availability of email and video chat, the division of the family places enormous stress on familial bonds.

This section takes a look at the relationship between the deployment situation and its possible affect on whether or not a student uses alcohol, cigarettes, or marijuana. (See Table 6.6-1 and Figure 6.6-2.)

The PAYS found that 8.5% of students currently had a family member deployed, 7.2% had a family member that had recently returned from deployment, and 2.8% had a family member that recently joined the military and had the possibility of being deployed in the next 6 months.

Table 6.6-1 shows students responses to deployment situation in relation to lifetime and past month substance use. The results indicate that youth who belonged to families in which family members were currently deployed, recently deployed, or could be potentially deployed indicated higher substance use rates than youth whose family members were not in a military or deployment situation. For example, of students who indicated that they had a family member who was currently deployed, 24.2% of them had used alcohol in the past month; whereas of the students whose family were not in a deployment situation, 20.3% had used alcohol in the past month. Similar trends are seen for lifetime and past month use of all substances, with use rates slightly higher for students with deployed family members. Although the differences are not as vast as some other relationships discussed in this section, the consistent trend indicates a need for services for youth with deployed family members to mitigate stress and strain.

Table 6.6-1

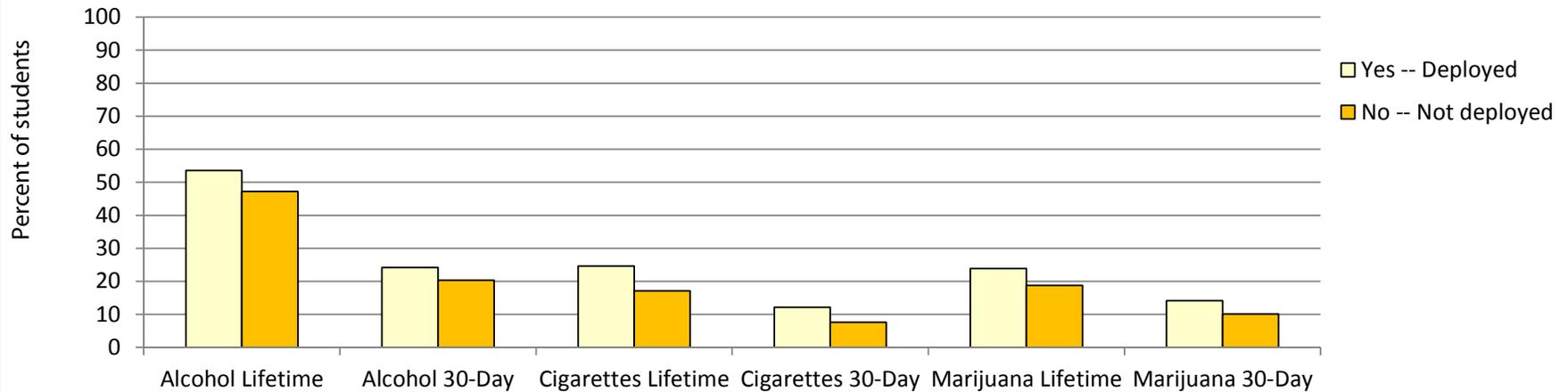
Family Military Deployment and Youth Substance Use: Use in relation to students responding to the questions regarding whether or not a family member was (or will be) deployed in the past 6 months.

	Family members deployed to serve 6 months or more away from home (past year), who ALSO reported use within the substance category		Family members returned from deployment after serving 6 months or more away from home (past year), who ALSO reported use within the substance category		Family members joined the military and may be deployed for 6 months or more away from home (past year), who ALSO reported use within the substance category	
	Yes	No	Yes	No	Yes	No
Alcohol Lifetime	53.5	47.2	52.3	47.5	52.6	47.3
Alcohol 30-Day	24.2	20.3	23.3	20.5	25.1	20.2
Cigarettes Lifetime	24.6	17.1	22.9	17.4	23.3	17.2
Cigarettes 30-Day	12.2	7.6	11.3	7.8	11.3	7.7
Marijuana Lifetime	23.9	18.7	22.2	19.0	23.1	18.8
Marijuana 30-Day	14.1	10.1	12.5	10.3	13.2	10.2

Figure 6.6-1

Youth Substance Use by Recent Family Deployment:

Students who reported use within the substance category in relation to marking the question "In the past 12 months, have any of your family members close to you been deployed to serve 6 months or more away from home (in another state or country)?" (PAYS 2013)



6.7 Transitions/Mobility and Substance Use

The 2013 PAYS asked students to report the number of times they changed homes in the past year and in the past three years. Changing homes often means losing one's friends and learning the way around a new neighborhood or school. Neighborhoods with high rates of migration are also less cohesive and stable.

The PAYS found that a majority of youth in the State had not moved in the past year or two years. Of all students, 21.5% indicated having moved one or more times in the past year, and 27.5% indicated having moved one or more times in the past three years.

Table 6.7-1 shows students' responses to how many times they've moved in the past three years in relation to lifetime and past month substance use. The results indicate that higher numbers of moves are linked to lower substance use rates. For example, of students who indicated that they had not moved in the past three years, 17.4% of them had used marijuana in their lifetime; whereas of the students who indicated they had moved 5 or more times in the past three years, 33.0% had used marijuana in their lifetime. Similar trends are seen for lifetime and past month use of all substances, with use rates gradually increases upwards as the number of moves increases to 5 or more moves in the past three years.

Table 6.7-1

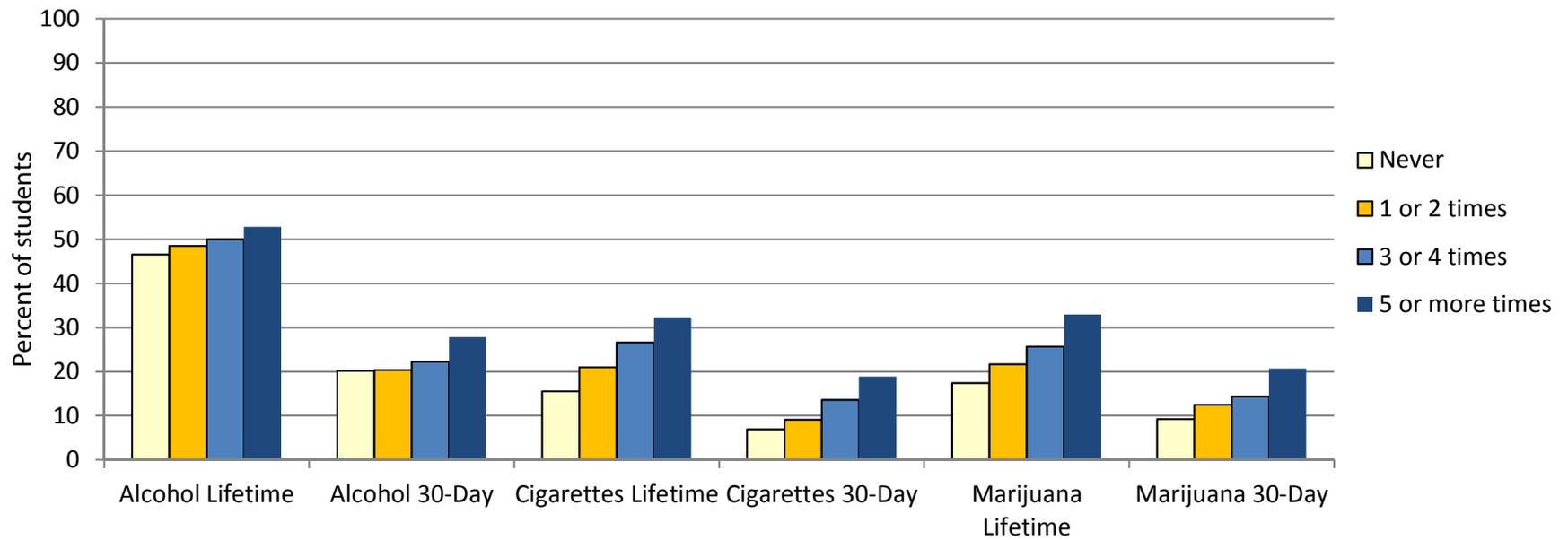
Changing Homes and Youth Substance Use:

Percent of students reporting changing homes in the past three years in relation to substance use

	Never	1 or 2 times	3 or 4 times	5 or more times
Alcohol Lifetime	46.5	48.5	50.0	52.8
Alcohol 30-Day	20.2	20.3	22.2	27.8
Cigarettes Lifetime	15.5	21.0	26.6	32.3
Cigarettes 30-Day	6.9	9.1	13.6	18.9
Marijuana Lifetime	17.4	21.6	25.7	33.0
Marijuana 30-Day	9.2	12.5	14.3	20.7

Figure 6.7-1

Youth Substance Use by Number of Home Changes in the Past 3 Years: (PAYS 2013)



Appendix A: Risk and Protective Factors and Their Associated Scales*

*Please note that not all of the scales listed here are covered through the PAYS form. This Appendix represents all of the scales that are referenced through Risk and Protective Factor prevention science. The PAYS is only one source of data for prevention and that some of the risk and protective factors can be measured with data from other sources. Being able to gather risk and protective factor data from other sources is important as it allows the PAYS form to be as brief as possible and also allows room on the survey form for additional questions to be asked related to other prevention strategies/projects.

<i>Community Domain Protective Factors</i>	<u>Protective Factor</u>	<u>Associated Scales</u>
	Community Opportunities for Prosocial Involvement	No Scale
	Community Rewards for Prosocial Involvement	Community Rewards for Prosocial Involvement
<i>Community Domain Risk Factors</i>	<u>Risk Factor</u>	<u>Associated Scales</u>
	Low Neighborhood Attachment and Community Disorganization	Low Neighborhood Attachment Community Disorganization
	Transitions & Mobility	No Scale
	Laws and Norms Favorable to Drug Use, Firearms, and Crime	Laws and Norms Favorable to Drug Use
	Availability of Drugs and Firearms	Perceived Availability of Drugs Perceived Availability of Handguns
	Media Portrayals of Violence	No Scale
	Extreme Economic Deprivation	No Scale
<i>Family Domain Protective Factors</i>	<u>Protective Factor</u>	<u>Associated Scales</u>
	Family Attachment	Family Attachment
	Family Opportunities for Positive Involvement	Family Opportunities for Positive Involvement
	Family Rewards for Positive Involvement	Family Rewards for Positive Involvement

Appendix A (Cont.): Risk and Protective Factors and Their Associated Scales

Family Domain Risk Factors

Risk Factor

Associated Scales

Family Management Problems

Poor Family Management

Family Conflict

Family Conflict

Family Involvement in the Problem Behavior

Family History of Antisocial Behavior

Favorable Parental Attitudes Towards The Problem Behavior

Parental Attitudes Favorable to Antisocial Behavior
Parental Attitudes Favorable to Drug Use

School Domain Protective Factors

Protective Factor

Associated Scales

School Opportunities for Prosocial Involvement

School Opportunities for Prosocial Involvement

School Rewards for Prosocial Involvement

School Rewards for Prosocial Involvement

School Domain Risk Factors

Risk Factor

Associated Scales

Academic Failure Beginning in Late Elementary School

Academic Failure

Lack of Commitment to School

Low School Commitment

Appendix A (Cont.): Risk and Protective Factors and Their Associated Scales

Individual-Peer Protective Factors

Protective Factor

Associated Scales

Religiosity

Religiosity

Social Skills

No Scale

Belief in the Moral Order

Belief in the Moral Order

Prosocial Involvement

Prosocial Involvement

Rewards for Prosocial Involvement

Rewards for Prosocial Involvement

Interaction with Prosocial Peers

Interaction with Prosocial Peers

Individual-Peer Risk Factors

Risk Factor

Associated Scales

Rebelliousness

Rebelliousness

Early and Persistent Antisocial Behavior

Early Initiation of Drug Use
Early Initiation of Antisocial Behavior

Friends Who Engage in the Problem Behavior

Interaction with Antisocial Peers
Friends' Use of Drugs
Rewards for Antisocial Behavior

Favorable Attitudes Towards the Problem Behavior

Attitudes Favorable Towards Antisocial Behavior
Attitudes Favorable Towards Drug Use
Perceived Risks of Drug Use
Intention to Use

Early Initiative of the Problem Behavior

Early Initiative of Drug Use
Early Initiative of Antisocial Behavior

Gang Involvement

Gang Involvement

Constitutional Factors

Sensation Seeking
Depressive Symptoms

Appendix B: PAYS Results, Frequency and Percentage for Each Response Category

Question	Response	%
<p>NOTE: X1 to X5 are questions designed to gather demographic data. Please see the Survey Methods section (particularly Table 1-2) for unweighted demographics data.</p>		
X6A How many times have you changed homes in the last year?	Never	78.5
	1 or 2 times	17.1
	3 or 4 times	2.9
	5 or 6 times	0.8
	7 or more times	0.7
X6B How many times have you changed homes in the last three years?	Never	72.5
	1 or 2 times	19.8
	3 or 4 times	5.7
	5 or 6 times	1.1
	7 or more times	0.9

Question	Response	%
X7 Think of where you live most of the time. Which of the following people live there with you?(Mark all that apply)	Mother	89.9
	Stepmother	4.4
	Foster Mother	0.5
	Grandmother	8.2
	Aunt	2.8
	Father	70.0
	Stepfather	11.0
	Foster Father	0.4
	Grandfather	4.7
	Uncle	2.7
	Other Adults	3.0
	Older sister(s)	24.6
	Younger sister(s)	29.4
	Older stepsister(s)	1.7
	Younger stepsister(s)	1.9
	Older brother(s)	26.3
Younger brother(s)	29.7	
Older stepbrother(s)	1.8	
Younger stepbrother(s)	1.9	
Other children	3.7	
X8 What is the language you use most often at home?	English	94.2
	Spanish	3.0
	Another language	2.9
X9A How often do you worry that food at home will run out before your family gets money to buy more?	Never	84.3
	I've done it but not in the past year	6.2
	Less than once a month	3.6
	About once a month	2.8
	2-3 times a month	1.7
Once or more a week	1.4	

Question	Response	%
X9B How often do you skip a meal because your family didn't have enough money to buy food?	Never	92.3
	I've done it but not in the past year	3.3
	Less than once a month	1.6
	About once a month	0.8
	2-3 times a month	1.0
	Once or more a week	1.0
X10A How willing are you to try alcohol (beer, wine, coolers, hard liquor)?	I would never use it	45.0
	I probably wouldn't use it	16.4
	I'm not sure whether or not I would use it	14.6
	I would like to try it or use it	17.1
	I would use it any chance I got	7.0
X10B How willing are you to try marijuana (pot, hash, hemp, weed)?	I would never use it	73.0
	I probably wouldn't use it	8.7
	I'm not sure whether or not I would use it	5.8
	I would like to try it or use it	6.3
	I would use it any chance I got	6.2
X11 Have you ever smoked cigarettes?	Never	82.4
	Once or twice	8.3
	Once in a while but not regularly	4.5
	Regularly in the past	1.8
	Regularly now	2.9
X12 How frequently have you smoked cigarettes during the past 30 days?	Never	92.0
	Once or twice	3.5
	Once or twice per week	1.3
	About once a day	0.7
	More than once a day	2.5
X13 Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?	Never	91.0
	Once or twice	4.1
	Once in a while but not regularly	2.1
	Regularly in the past	0.9
	Regularly now	1.9

Question	Response	%
X14 How frequently have you used smokeless tobacco during the past 30 days?	Never	95.3
	Once or twice	2.0
	Once or twice per week	0.7
	About once a day	0.5
	More than once a day	1.5
X15 If you wanted to get prescription drugs, how easy would it be?	Very hard	57.2
	Sort of hard	18.5
	Sort of easy	14.8
	Very easy	9.5
X16 Last 2 weeks, how many times have you had 5 + alcoholic drinks in a row?	None	90.3
	Once	4.8
	Twice	2.6
	3-5 times	1.3
	6-9 times	0.3
	10 or more times	0.7
X17A How do you feel about someone having 1-2 drinks nearly every day?	Strongly disapprove	60.1
	Somewhat disapprove	14.0
	Neither approve or disapprove	16.5
	Approve	3.2
	Don't know/ Can't say	6.1
X17B How do you feel about someone smoking 1 + packs of cigarettes a day?	Strongly disapprove	79.8
	Somewhat disapprove	7.7
	Neither approve or disapprove	7.8
	Approve	1.0
	Don't know/ Can't say	3.7
X17C How do you feel about someone using marijuana once a month or more?	Strongly disapprove	62.9
	Somewhat disapprove	8.8
	Neither approve or disapprove	14.6
	Approve	9.2
	Don't know/ Can't say	4.4

Question	Response	%
X17D How do you feel about someone using prescription drugs not prescribed to them?	Strongly disapprove	78.1
	Somewhat disapprove	9.5
	Neither approve or disapprove	6.9
	Approve	0.8
	Don't know/ Can't say	4.7
X18. How much do you think people risk harming themselves(physically or in other ways) if they:		
X18A Take five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week?	No risk	8.9
	Slight risk	23.0
	Moderate risk	34.2
	Great risk	33.9
X18B Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	No risk	9.5
	Slight risk	18.6
	Moderate risk	27.6
	Great risk	44.4
X18C Smoke marijuana once or twice a week?	No risk	19.5
	Slight risk	18.7
	Moderate risk	22.4
	Great risk	39.4
X18D Use prescription drugs not prescribed to them?	No risk	5.9
	Slight risk	8.2
	Moderate risk	20.7
	Great risk	65.2
X19. How wrong do your parents feel it would be for you to:		
X19A Have one or two drinks of an alcoholic beverage(beer, wine, liquor) nearly every day?	Not Wrong at All	2.9
	A Little Bit Wrong	6.0
	Wrong	14.9
	Very wrong	76.2

Question	Response	%
X19B Use prescription drugs not prescribed to you?	Not Wrong at All	2.2
	A Little Bit Wrong	2.1
	Wrong	8.2
	Very wrong	87.5
X20A How many times in your lifetime have you had beer, wine, or hard liquor?	0 Occasions	53.1
	1-2 Occasions	15.4
	3-5 Occasions	9.4
	6-9 Occasions	5.5
	10-19 Occasions	6.7
	20-39 Occasions	4.2
	40+ Occasions	5.8
X20B How many times in your lifetime have you used marijuana?	0 Occasions	81.1
	1-2 Occasions	4.3
	3-5 Occasions	2.8
	6-9 Occasions	1.7
	10-19 Occasions	2.3
	20-39 Occasions	1.8
	40+ Occasions	5.8
X20C How many times in your lifetime have you used inhalants?	0 Occasions	93.9
	1-2 Occasions	3.6
	3-5 Occasions	1.2
	6-9 Occasions	0.5
	10-19 Occasions	0.4
	20-39 Occasions	0.2
	40+ Occasions	0.4
X20D How many times in your lifetime have you used cocaine?	0 Occasions	98.6
	1-2 Occasions	0.8
	3-5 Occasions	0.2
	6-9 Occasions	0.1
	10-19 Occasions	0.1
	20-39 Occasions	0.0
	40+ Occasions	0.2

Question	Response	%
X20E How many times in your lifetime have you used crack?	0 Occasions	99.3
	1-2 Occasions	0.3
	3-5 Occasions	0.1
	6-9 Occasions	0.1
	10-19 Occasions	0.0
	20-39 Occasions	0.0
	40+ Occasions	0.1
X20F How many times in your lifetime have you used heroin?	0 Occasions	99.3
	1-2 Occasions	0.3
	3-5 Occasions	0.1
	6-9 Occasions	0.1
	10-19 Occasions	0.0
	20-39 Occasions	0.1
	40+ Occasions	0.1
X20G How many times in your lifetime have you used hallucinogens(acid, LSD, shrooms)?	0 Occasions	96.8
	1-2 Occasions	1.8
	3-5 Occasions	0.6
	6-9 Occasions	0.4
	10-19 Occasions	0.2
	20-39 Occasions	0.1
	40+ Occasions	0.2
X20H How many times in your lifetime have you used methamphetamine(meth, crystal meth, crank)?	0 Occasions	99.3
	1-2 Occasions	0.3
	3-5 Occasions	0.1
	6-9 Occasions	0.1
	10-19 Occasions	0.0
	20-39 Occasions	0.0
	40+ Occasions	0.1
X20I How many times in your lifetime have you used Ecstasy?	0 Occasions	97.7
	1-2 Occasions	1.4
	3-5 Occasions	0.5
	6-9 Occasions	0.2
	10-19 Occasions	0.1
	20-39 Occasions	0.0
	40+ Occasions	0.1

Question	Response	%
X20J How many times in your lifetime have you taken performance enhancing drugs without a doctors orders?	0 Occasions	98.9
	1-2 Occasions	0.6
	3-5 Occasions	0.1
	6-9 Occasions	0.1
	10-19 Occasions	0.1
	20-39 Occasions	0.1
	40+ Occasions	0.1
X20K How many times in your lifetime have you used prescription pain relievers without a doctors orders?	0 Occasions	93.2
	1-2 Occasions	3.1
	3-5 Occasions	1.5
	6-9 Occasions	0.7
	10-19 Occasions	0.6
	20-39 Occasions	0.4
	40+ Occasions	0.4
X20L How many times in your lifetime have you used prescription tranquilizers without a doctors orders?	0 Occasions	97.5
	1-2 Occasions	1.1
	3-5 Occasions	0.6
	6-9 Occasions	0.2
	10-19 Occasions	0.3
	20-39 Occasions	0.1
	40+ Occasions	0.2
X20M How many times in your lifetime have you used prescription stimulants without a doctors orders?	0 Occasions	96.3
	1-2 Occasions	1.7
	3-5 Occasions	0.8
	6-9 Occasions	0.3
	10-19 Occasions	0.3
	20-39 Occasions	0.2
	40+ Occasions	0.3
X20N How many times in your lifetime have you used synthetic drugs?	0 Occasions	96.6
	1-2 Occasions	1.8
	3-5 Occasions	0.7
	6-9 Occasions	0.3
	10-19 Occasions	0.3
	20-39 Occasions	0.2
	40+ Occasions	0.2

Question	Response	%
X200 How many times in your lifetime have you used nitrodones?	0 Occasions	100.0
X21A How many times in the past 30 days have you had beer, wine, or hard liquor?	0 Occasions	79.7
	1-2 Occasions	11.6
	3-5 Occasions	5.2
	6-9 Occasions	1.9
	10-19 Occasions	1.1
	20-39 Occasions	0.3
	40+ Occasions	0.3
X21B How many times in the past 30 days have you used marijuana?	0 Occasions	89.7
	1-2 Occasions	3.7
	3-5 Occasions	1.9
	6-9 Occasions	1.2
	10-19 Occasions	1.2
	20-39 Occasions	0.9
X21C How many times in the past 30 days have you used inhalants?	0 Occasions	98.3
	1-2 Occasions	1.2
	3-5 Occasions	0.3
	6-9 Occasions	0.2
	10-19 Occasions	0.1
	20-39 Occasions	0.0
X21D How many times in the past 30 days have you used cocaine?	0 Occasions	99.7
	1-2 Occasions	0.2
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
	40+ Occasions	0.0

Question	Response	%
X21E How many times in the past 30 days have you used crack?	0 Occasions	99.8
	1-2 Occasions	0.1
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
X21F How many times in the past 30 days have you used heroin?	0 Occasions	99.8
	1-2 Occasions	0.1
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
X21G How many times in the past 30 days have you used hallucinogens(acid, LSD, shrooms)?	0 Occasions	99.3
	1-2 Occasions	0.5
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
X21H How many times in the past 30 days have you used methamphetamines(meth, crystal meth, crank)?	0 Occasions	99.8
	1-2 Occasions	0.1
	3-5 Occasions	0.0
	6-9 Occasions	0.0
	20-39 Occasions	0.0
X21I How many times in the past 30 days have you used Ecstasy?	0 Occasions	99.4
	1-2 Occasions	0.4
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
	20-39 Occasions	0.0
	40+ Occasions	0.0

Question	Response	%
X21J How many times in the past 30 days have you taken performance enhancing drugs without a doctors orders?	0 Occasions	99.6
	1-2 Occasions	0.2
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
	20-39 Occasions	0.0
X21K How many times in the past 30 days have you used prescription pain relievers without a doctors orders?	0 Occasions	97.9
	1-2 Occasions	1.3
	3-5 Occasions	0.5
	6-9 Occasions	0.1
	10-19 Occasions	0.1
	20-39 Occasions	0.0
X21L How many times in the past 30 days have you used prescription tranquilizers without a doctors orders?	0 Occasions	99.3
	1-2 Occasions	0.4
	3-5 Occasions	0.1
	6-9 Occasions	0.1
	10-19 Occasions	0.0
	20-39 Occasions	0.0
X21M How many times in the past 30 days have you used prescription stimulants without a doctors orders?	0 Occasions	98.9
	1-2 Occasions	0.7
	3-5 Occasions	0.2
	6-9 Occasions	0.1
	10-19 Occasions	0.1
	20-39 Occasions	0.0
X21N How many times in the past 30 days have you used synthetic drugs?	0 Occasions	99.4
	1-2 Occasions	0.4
	3-5 Occasions	0.1
	6-9 Occasions	0.0
	10-19 Occasions	0.0
	20-39 Occasions	0.0
	40+ Occasions	0.0

Question	Response	%
X21O How many times in the past 30 days have you used nitrodones?	0 Occasions	100.0
A1A In the past year have you gambled for money or anything of value?	Yes	13.9
	No	86.1
A1B In the past year have you bet money or anything of value on sports(includes participation in sports pools)?	Yes	15.5
	No	84.5
A1C In the past year have you bought lottery tickets?	Yes	13.4
	No	86.6
A1D In the past year have you bet money or anything of value on table games or card games?	Yes	9.7
	No	90.3
A2A In the past 30 days have you gambled for money or anything of value?	Yes	7.6
	No	92.4
A3 How old were you the first time you gambled for money?	Never have	69.2
	10 or younger	11.0
	11	4.3
	12	4.3
	13	3.7
	14	2.7
15	2.0	
	16	1.3
	17 or Older	1.7
A4A Have you ever felt the need to bet more and more money?	Yes	4.3
	No	95.7
A4B Have you ever felt the need to lie to important people about how much you gamble?	Yes	2.1
	No	97.9

Question	Response	%
A5A Have you ever belonged to a gang?	Yes	4.4
	No	95.6
A5B If you have ever belonged to a gang, did that gang have a name?	Yes	3.7
	No	5.6
	I have never belonged to a gang	90.7
A6 How old were you when you first belonged to a gang?	Never have	95.5
	10 or younger	1.4
	11	0.7
	12	0.6
	13	0.6
	14	0.4
	15	0.4
	16	0.2
	17 or Older	0.2
A7 Putting them all together, what were your grades like last year?	Mostly A's	51.5
	Mostly B's	35.0
	Mostly C's	10.8
	Mostly D's	2.0
	Mostly F's	0.7
A8 During the last 4 weeks, how many whole days of school did you skip or 'cut'?	None	83.1
	1 day	8.6
	2 days	3.7
	3 days	2.0
	4 to 5 days	1.5
	6 to 10 days	0.6
11 or more days	0.5	
A9 How important do you think the things you are learning in school are going to be for your later life?	Very important	40.6
	Quite important	25.0
	Fairly important	19.9
	Slightly important	10.9
	Not at all important	3.5

Question	Response	%
A10 How interesting are most of your courses to you?	Very interesting and stimulating	17.6
	Quite interesting	31.7
	Fairly interesting	30.4
	Slightly Dull	13.1
	Very Dull	7.2
A11 Teachers ask me to work on special classroom projects.	NO!	13.6
	no	37.5
	yes	36.7
	YES!	12.2
A12 There are lots of chances for students in my school to talk one-on-one with a teacher.	NO!	6.5
	no	15.5
	yes	46.8
	YES!	31.2
A13 I have lots of chances to be part of class discussions or activities.	NO!	3.8
	no	8.4
	yes	49.9
	YES!	37.9
A14 In my school, students have lots of chances to help decide things like class activities and rules.	NO!	12.6
	no	32.4
	yes	38.5
	YES!	16.6
A15 There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	NO!	3.0
	no	4.3
	yes	35.8
	YES!	57.0
A16 My teacher(s) notices when I am doing a good job and lets me know about it.	NO!	6.6
	no	21.1
	yes	49.0
	YES!	23.3

Question	Response	%
A17 I feel safe at my school.	NO!	4.8
	no	8.7
	yes	49.6
	YES!	36.8
A18 The school lets my parents know when I have done something well.	NO!	18.2
	no	40.3
	yes	28.0
	YES!	13.4
A19 My teachers praise me when I work hard in school.	NO!	11.4
	no	32.5
	yes	40.3
	YES!	15.7
A20 I like my neighborhood.	NO!	6.6
	no	11.2
	yes	44.2
	YES!	38.0
A21 I'd like to get out of my neighborhood.	NO!	39.1
	no	34.1
	yes	16.2
	YES!	10.6
A22 How often do you feel that the school work you are assigned is meaningful and important?	Never	9.0
	Seldom	14.0
	Sometimes	32.5
	Often	25.3
	Almost Always	19.1
A23. In the past year, how often did you:		
A23A Enjoy being in school?	Never	9.6
	Seldom	12.4
	Sometimes	32.2
	Often	28.9
	Almost Always	16.8

Question	Response	%
A23B Hate being in school?	Never	15.3
	Seldom	25.1
	Sometimes	32.9
	Often	16.3
	Almost Always	10.5
A23C Try to do your best work in school?	Never	2.2
	Seldom	2.9
	Sometimes	12.1
	Often	28.9
	Almost Always	53.9
A24 Are your school grades better than the grades of most students in your class?	NO!	5.1
	no	25.0
	yes	51.5
	YES!	18.3
A25 There are lots of adults in my neighborhood I could talk to about something important.	NO!	18.1
	no	34.8
	yes	32.1
	YES!	14.9
A26 My neighbors notice when I am doing a good job and let me know.	NO!	32.1
	no	42.4
	yes	18.7
	YES!	6.7
A27 There are people in my neighborhood who are proud of me when I do something well.	NO!	25.1
	no	32.2
	yes	32.0
	YES!	10.7
A28 There are people in my neighborhood who encourage me to do my best.	NO!	22.3
	no	28.4
	yes	35.5
	YES!	13.8

Question	Response	%
A29 If a kid drank some beer, wine, or hard liquor (for example: vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	NO!	16.0
	no	40.8
	yes	26.8
	YES!	16.4
A30 If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	NO!	15.6
	no	36.5
	yes	27.6
	YES!	20.2
A31 If I had to move, I would miss the neighborhood I now live in.	NO!	10.0
	no	17.2
	yes	36.0
	YES!	36.8
A32. Are these activities available in your community?		
A32A Sports Teams and recreation.	Yes	88.9
	No	11.1
A32B Scouts, Camp Fire, 4-H Clubs, or other service clubs.	Yes	78.2
	No	21.8
A32C Boys and Girls Club, YMCA, or other activity clubs.	Yes	74.2
	No	25.8
A32D After school activities programs.	Yes	87.6
	No	12.4
A33 How wrong would adults (over 21) in your neighborhood think it was for kids your age:		
A33A To drink alcohol?	Not Wrong at All	4.8
	A Little Bit Wrong	17.1
	Wrong	31.9
	Very wrong	46.2

Question	Response	%
A33B To smoke cigarettes?	Not Wrong at All	5.4
	A Little Bit Wrong	11.5
	Wrong	27.7
	Very wrong	55.4
A33C To use marijuana?	Not Wrong at All	5.2
	A Little Bit Wrong	9.0
	Wrong	22.0
	Very wrong	63.8
A34A How easy is it to get beer, wine, or hard liquor?	Very hard	37.3
	Sort of hard	17.7
	Sort of easy	22.7
	Very easy	22.4
A34B How easy is it to get cigarettes?	Very hard	47.6
	Sort of hard	14.3
	Sort of easy	14.7
	Very easy	23.4
A34C How easy is it to get a handgun?	Very hard	71.0
	Sort of hard	14.4
	Sort of easy	7.3
	Very easy	7.4
A34D How easy is it to get a drug like cocaine, LSD, or amphetamines?	Very hard	76.8
	Sort of hard	12.3
	Sort of easy	6.2
	Very easy	4.7
A34E How easy is it to get marijuana?	Very hard	54.0
	Sort of hard	10.0
	Sort of easy	12.4
	Very easy	23.6

Question	Response	%
B1. In the past year, how often have you:		
B1A Been threatened to be hit or beaten up on school property?	Never	81.2
	Once	9.8
	2 or 3 times	5.2
	4 or 5 times	1.5
	6 to 9 times	0.6
	10 times or more	1.8
B1B Been attacked and hit by someone or beaten up on school property?	Never	93.0
	Once	4.2
	2 or 3 times	1.5
	4 or 5 times	0.4
	6 to 9 times	0.2
	10 times or more	0.6
B1C Been threatened by someone with a weapon on school property?	Never	96.6
	Once	2.2
	2 or 3 times	0.6
	4 or 5 times	0.2
	6 to 9 times	0.1
	10 times or more	0.3
B1D Been attacked by someone with a weapon on school property?	Never	98.9
	Once	0.6
	2 or 3 times	0.2
	4 or 5 times	0.0
	6 to 9 times	0.1
	10 times or more	0.2
B2A Do you feel very close to your mother?	NO!	3.8
	no	7.3
	yes	27.8
	YES!	61.2

Question	Response	%
B2B Do you feel very close to your father?	NO!	9.7
	no	12.3
	yes	29.4
	YES!	48.5
B3A Do you share your thoughts and feelings with your mother?	NO!	8.0
	no	18.3
	yes	37.2
	YES!	36.5
B3B Do you share your thoughts and feelings with your father?	NO!	15.9
	no	25.7
	yes	34.8
	YES!	23.7
B4A Do you enjoy spending time with your mother?	NO!	3.3
	no	5.7
	yes	36.0
	YES!	54.9
B4B Do you enjoy spending time with your father?	NO!	7.5
	no	7.3
	yes	34.2
	YES!	51.0
B5 My parents notice when I am doing a good job and let me know about it.	Never or Almost Never	6.8
	Sometimes	24.3
	Often	30.7
	All the time	38.2
B6 How often do your parents tell you they're proud of you for something you've done?	Never or Almost Never	7.7
	Sometimes	22.3
	Often	30.9
	All the time	39.0

Question	Response	%
B7. How many times in the past year have you:		
B7A Attacked someone with the idea of seriously hurting them?	Never	91.5
	1 or 2 Times	6.2
	3 to 5 Times	1.2
	6 to 9 Times	0.5
	10 to 19 Times	0.2
	20 to 29 Times	0.1
	30 to 39 Times	0.4
B7B Been arrested?	Never	97.3
	1 or 2 Times	2.1
	3 to 5 Times	0.2
	6 to 9 Times	0.1
	10 to 19 Times	0.0
	20 to 29 Times	0.0
	30 to 39 Times	0.2
B7C Been drunk or high at school?	Never	94.0
	1 or 2 Times	2.7
	3 to 5 Times	1.0
	6 to 9 Times	0.6
	10 to 19 Times	0.5
	20 to 29 Times	0.4
	30 to 39 Times	0.7
B7D Been suspended from school?	Never	93.3
	1 or 2 Times	4.8
	3 to 5 Times	1.0
	6 to 9 Times	0.4
	10 to 19 Times	0.2
	20 to 29 Times	0.1
	30 to 39 Times	0.2

Question	Response	%
B7E Sold illegal drugs?	Never	96.7
	1 or 2 Times	1.3
	3 to 5 Times	0.5
	6 to 9 Times	0.3
	10 to 19 Times	0.3
	20 to 29 Times	0.3
	30 to 39 Times	0.6
B8A In the past 30 days, have you brought a weapon (such as a gun, knife, or club) to school?	Never	98.2
	1 or 2 Times	1.0
	3 to 5 Times	0.2
	6 to 9 Times	0.1
	10 to 19 Times	0.1
	20 to 29 Times	0.1
	30 to 39 Times	0.2
B9. In the past year, have any of the family members close to you:		
B9A Been deployed to serve 6 months or more away from home(in another state or country)?	Yes	8.5
	No	91.5
B9B Returned from deployment after serving 6 months or more away from home?	Yes	7.2
	No	92.8
B9C Joined the military and may be deployed for 6 months or more away from home?	Yes	9.4
	No	90.6
B10. How wrong do your parents feel it would be for you to:		
B10A Pick a fight with someone?	Not Wrong at All	3.3
	A Little Bit Wrong	14.8
	Wrong	33.1
	Very wrong	48.8

Question	Response	%
B10B Steal anything worth more than \$5?	Not Wrong at All	1.9
	A Little Bit Wrong	3.5
	Wrong	20.7
	Very wrong	74.0
B10C Draw graffiti on buildings or other property(without the owner's permission)?	Not Wrong at All	2.4
	A Little Bit Wrong	3.8
	Wrong	18.5
	Very wrong	75.3
B10D Drink beer, wine, or hard liquor regularly?	Not Wrong at All	2.7
	A Little Bit Wrong	8.0
	Wrong	17.1
	Very wrong	72.2
B10E Smoke cigarettes?	Not Wrong at All	2.8
	A Little Bit Wrong	3.7
	Wrong	12.1
	Very wrong	81.4
B10F Smoke marijuana?	Not Wrong at All	3.3
	A Little Bit Wrong	4.4
	Wrong	10.5
	Very wrong	81.7
B11 My family has clear rules about alcohol and drug use.	NO!	2.9
	no	10.9
	yes	27.9
	YES!	58.4
B12 People in my family often insult or yell at each other.	NO!	26.3
	no	40.9
	yes	22.3
	YES!	10.5
B13 We argue about the same things in my family over and over.	NO!	25.3
	no	36.8
	yes	26.8
	YES!	11.1

Question	Response	%
B14 People in my family have serious arguments.	NO!	34.4
	no	40.1
	yes	16.8
	YES!	8.8
B15. How many of your brothers or sisters ever:		
B15A Drank beer, wine, or hard liquor?	I don't have any siblings	11.4
	None	50.6
	1	19.6
	2	9.9
	3 or 4	4.6
	5 or more	3.9
B15B Smoked cigarettes?	I don't have any siblings	12.1
	None	65.2
	1	13.7
	2	4.8
	3 or 4	2.0
	5 or more	2.3
B15C Smoked marijuana?	I don't have any siblings	12.4
	None	68.1
	1	11.3
	2	4.8
	3 or 4	1.7
	5 or more	1.7
B15D Took a handgun to school?	I don't have any siblings	13.4
	None	85.9
	1	0.4
	2	0.1
	3 or 4	0.1
	5 or more	0.1

Question	Response	%
B15E Been suspended or expelled from school?	I don't have any siblings	12.1
	None	71.3
	1	11.7
	2	3.1
	3 or 4	1.2
	5 or more	0.7
B16 Would your parents know if you did not come home on time?	NO!	3.5
	no	14.3
	yes	40.9
	YES!	41.4
B17 If you skipped school, would you be caught by your parents?	NO!	3.3
	no	10.2
	yes	34.4
	YES!	52.0
B18 If you carried a handgun without your parent's permission, would you be caught by them?	NO!	3.3
	no	9.4
	yes	24.2
	YES!	63.2
B19 When I am not at home, one of my parents knows where I am and who I am with.	NO!	2.8
	no	8.8
	yes	37.1
	YES!	51.2
B20 The rules in my family are clear.	NO!	2.1
	no	7.8
	yes	38.7
	YES!	51.4
B21 My parents ask if I've gotten my homework done.	NO!	4.6
	no	12.2
	yes	33.5
	YES!	49.7

Question	Response	%
B22 If you drank some alcohol without your parent's permission, would you be caught by them?	NO!	7.8
	no	25.4
	yes	22.5
	YES!	44.2
B23. About how many adults (over 21) have you known personally who in the past year have:		
B23A Gotten drunk or high?	None	41.9
	1	14.3
	2	11.3
	3 or 4	10.8
	5 or more	21.8
B23B Used marijuana, crack, cocaine, or other drugs?	None	76.3
	1	8.2
	2	5.4
	3 or 4	4.1
	5 or more	6.0
B23C Sold or dealt drugs?	None	86.4
	1	5.2
	2	3.0
	3 or 4	2.1
	5 or more	3.3
B23D Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	None	85.0
	1	6.5
	2	3.1
	3 or 4	2.1
	5 or more	3.3
B24 Has anyone in your family ever had a severe alcohol or drug problem?	Yes	27.6
	No	72.4

Question	Response	%
B25. In the past year:		
B25A Have any of your friends or family members close to you died?	Yes	41.2
	No	58.8
B25B Have you seen someone get seriously hurt in a fight, a shooting, a car accident, etc?	Yes	23.5
	No	76.5
B25C Have you yourself been seriously hurt?	Yes	6.9
	No	93.1
B26 In the past 12 months, did anyone on the Internet ever try to get you to talk online about sex, look at sexual pictures, or do something else sexual?	Yes	17.4
	No	82.6
B27 My parents ask me what I think before most family decisions affecting me are made.	NO!	8.7
	no	23.5
	yes	44.4
	YES!	23.5
B28 If I had a personal problem, I could ask my mom or dad for help.	NO!	5.9
	no	10.6
	yes	41.1
	YES!	42.4
B29 My parents give me lots of chances to do fun things with them.	NO!	5.0
	no	16.2
	yes	41.5
	YES!	37.3
B30A In the past year have you been bullied at school?	NO!	50.2
	no	28.9
	yes	14.3
	YES!	6.6

Question	Response	%
B30B In the past year, have you ever been electronically bullied?	NO!	58.6
	no	27.7
	yes	9.1
	YES!	4.6
B30C How wrong do you think it is for someone your age to bully another student or peer?	Not Wrong at All	2.2
	A Little Bit Wrong	5.0
	Wrong	23.6
	Very wrong	69.2
B30D How wrong do your parents feel it would be for you to bully another student or peer?	Not Wrong at All	1.7
	A Little Bit Wrong	2.6
	Wrong	15.7
	Very wrong	80.0
B31A How often have you driven a car while or shortly after drinking?	I don't drive	66.7
	Never	29.1
	Before, but not in the past year	1.2
	About once or twice a year	2.0
	About once or twice a month	0.5
	About once or twice a week	0.2
Almost every day	0.3	
B31B How often have you driven a car while or shortly after smoking pot?	I don't drive	66.7
	Never	28.1
	Before, but not in the past year	1.1
	About once or twice a year	1.7
	About once or twice a month	1.0
	About once or twice a week	0.7
Almost every day	0.8	
B32 How often in the past year, have you been offered, given, or sold an illegal drug at school?	Never	90.6
	1 or 2 times	5.8
	3 to 5 times	1.7
	6 to 9 times	0.6
	10 times or more	1.4

Question	Response	%
C1A In the past year, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	NO!	49.0
	no	27.6
	yes	16.5
	YES!	6.9
C1B In the past year, did you ever seriously consider attempting suicide?	NO!	65.3
	no	19.1
	yes	10.8
	YES!	4.8
C1C In the past year, did you make a plan about how you would attempt suicide?	NO!	69.3
	no	19.0
	yes	8.0
	YES!	3.7
C1D In the past year, how many times did you actually attempt suicide?	0 times	92.4
	1 time	3.9
	2 or 3 times	2.5
	4 or 5 times	0.6
	6 or more times	0.6
C1E In the past year, if you attempted suicide, did it result in being treated by a doctor?	I did not attempt suicide in the past year	83.1
	Yes	1.7
	No	15.2
C2 In the past 12 months have you felt depressed or sad MOST days, even if you feel OK sometimes?	NO!	42.6
	no	25.7
	yes	21.9
	YES!	9.8
C3 Sometimes I think that life is not worth it.	NO!	56.4
	no	20.9
	yes	16.0
	YES!	6.6
C4 At times I think I am no good at all.	NO!	45.3
	no	22.0
	yes	23.3
	YES!	9.4

Question	Response	%	
C5 All in all, I am inclined to think that I am a failure.	NO!	56.3	
	no	26.2	
	yes	11.4	
	YES!	6.0	
C6. How wrong do your friends feel it would be for you to:			
	C6A Have one or two drinks nearly every day?	Not Wrong at All	13.0
		A Little Bit Wrong	17.5
		Wrong	23.5
		Very wrong	46.0
C6B Smoke tobacco?			
		Not Wrong at All	13.0
		A Little Bit Wrong	12.2
		Wrong	20.7
		Very wrong	54.1
C6C Smoke marijuana?			
		Not Wrong at All	18.2
		A Little Bit Wrong	12.2
		Wrong	14.9
		Very wrong	54.7
C6D Use prescription drugs not prescribed to you?			
		Not Wrong at All	6.5
		A Little Bit Wrong	8.1
		Wrong	19.0
		Very wrong	66.5
C7A In the last 2 months, have you been the passenger and saw the driver text?			
		None	33.6
		Once	12.9
		Twice	11.6
		3-5 times	15.1
		6-9 times	6.2
	10 or more times	20.6	

Question	Response	%
C7B In the last 2 months, have you texted while driving?	None	74.7
	Once	5.3
	Twice	4.1
	3-5 times	5.3
	6-9 times	2.2
	10 or more times	8.4
C8A In the past year, was a parent or parent figure deployed to a war zone?	Yes	2.8
	No	97.2
C8B In the past year, was a parent or parent figure in jail or prison for more than one week?	Yes	4.8
	No	95.2
C8C If YES, did you ever go more than 3 months without seeing them?	My parent or parent figure was not in jail or prison	82.3
	Yes	4.5
	No	13.2
C9. How wrong do you think it is for someone your age to:		
C9A Stay away from school all day when their parents think they are at school?	Not Wrong at All	4.5
	A Little Bit Wrong	14.4
	Wrong	30.6
	Very wrong	50.4
C9B Take a handgun to school?	Not Wrong at All	1.3
	A Little Bit Wrong	1.0
	Wrong	5.6
	Very wrong	92.0
C9C Steal anything worth more than \$5?	Not Wrong at All	2.6
	A Little Bit Wrong	8.2
	Wrong	28.3
	Very wrong	60.9

Question	Response	%
C9D Pick a fight with someone?	Not Wrong at All	4.9
	A Little Bit Wrong	16.0
	Wrong	32.6
	Very wrong	46.5
C9E Attack someone with the idea of seriously hurting them?	Not Wrong at All	2.3
	A Little Bit Wrong	5.1
	Wrong	19.0
C9F Drink beer, wine, or hard liquor regularly?	Very wrong	73.5
	Not Wrong at All	5.7
	A Little Bit Wrong	13.4
C9G Smoke cigarettes?	Wrong	20.6
	Very wrong	60.3
	Not Wrong at All	6.8
C9H Use LSD, cocaine, amphetamines or another illegal drug?	A Little Bit Wrong	9.8
	Wrong	18.0
	Very wrong	65.4
C9I Smoke marijuana?	Not Wrong at All	2.5
	A Little Bit Wrong	3.6
	Wrong	10.5
	Very wrong	83.4

Question	Response	%
C10. How much do you think people risk harming themselves (physically or in other ways) if they:		
C10A Smoke one or more packs of cigarettes per day?	No risk	4.4
	Slight risk	6.7
	Moderate risk	18.9
	Great risk	70.1
C10B Try marijuana once or twice?	No risk	24.9
	Slight risk	22.6
	Moderate risk	21.5
	Great risk	31.0
C10C Smoke marijuana regularly?	No risk	12.1
	Slight risk	12.7
	Moderate risk	17.4
	Great risk	57.7
C11 I like to see how much I can get away with.	Very false	49.2
	Somewhat false	24.2
	Somewhat true	20.8
	Very true	5.8
C12 I ignore the rules that get in my way.	Very false	55.8
	Somewhat false	25.2
	Somewhat true	14.6
	Very true	4.4
		100.0
C13 I do the opposite of what people tell me, just to get them mad.	Very false	63.9
	Somewhat false	21.7
	Somewhat true	11.1
	Very true	3.3

Question	Response	%
C14A In the last 30 days, how did you get any alcohol, cigarettes or drugs you may have used?(Mark all that apply)	Parent	3.4
	Brother or Sister	3.0
	Friend	12.6
	Other person	7.8
	Bought it	5.7
	Stole it	1.0
	Took it from home	3.7
	Did not use	74.6
C15 How often do you attend religious services or activities?	Never	26.9
	Rarely	28.5
	1-2 times a month	15.1
	About once a week or more	29.4
C16. What are the chances you would be seen as cool if you:		
C16A Carried a handgun?	No or Very Little Chance	81.6
	Little Chance	10.0
	Some Chance	4.3
	Pretty Good Chance	1.8
	Very Good Chance	2.4
C16B Began drinking alcoholic beverages once or twice a month?	No or Very Little Chance	62.2
	Little Chance	15.5
	Some Chance	11.6
	Pretty Good Chance	6.9
	Very Good Chance	3.8
C16C Smoked cigarettes?	No or Very Little Chance	73.1
	Little Chance	14.2
	Some Chance	6.9
	Pretty Good Chance	3.0
	Very Good Chance	2.8

Question	Response	%
C16D Smoked marijuana?	No or Very Little Chance	64.6
	Little Chance	12.0
	Some Chance	10.3
	Pretty Good Chance	7.0
	Very Good Chance	6.1
C17A How many times have you done what feels good no matter what?	Never	54.5
	I've done it, but not in the past year	12.0
	Less than once a month	10.1
	About once a month	7.2
	2 or 3 times a month	6.3
C17B How many times have you done something dangerous because someone dared you to do it?	Never	65.0
	I've done it, but not in the past year	16.2
	Less than once a month	9.4
	About once a month	4.5
	2 or 3 times a month	2.8
C17C How many times have you done crazy things even if they are a little dangerous?	Never	50.6
	I've done it, but not in the past year	19.8
	Less than once a month	12.8
	About once a month	7.0
	2 or 3 times a month	5.3
C18 In the past year, how many of your four best friends have:	Once a week or more	4.5
	0 Friends	92.5
	1 Friend	4.3
	2 Friends	1.5
	3 Friends	0.6
C18A Been arrested?	4 Friends	1.1

Question	Response	%
C18B Dropped out of school?	0 Friends	95.5
	1 Friend	3.2
	2 Friends	0.7
	3 Friends	0.3
	4 Friends	0.4
C18C Stolen or tried to steal a motor vehicle?	0 Friends	97.2
	1 Friend	1.8
	2 Friends	0.4
	3 Friends	0.2
	4 Friends	0.4
C18D Been suspended from school?	0 Friends	82.8
	1 Friend	10.2
	2 Friends	4.0
	3 Friends	1.3
	4 Friends	1.8
C18E Carried a handgun?	0 Friends	97.0
	1 Friend	1.7
	2 Friends	0.5
	3 Friends	0.2
	4 Friends	0.5
C18F Tried beer, wine, or hard liquor when their parents don't know about it?	0 Friends	61.0
	1 Friend	10.6
	2 Friends	9.1
	3 Friends	4.7
	4 Friends	14.6
C18G Smoked cigarettes?	0 Friends	76.2
	1 Friend	10.2
	2 Friends	5.8
	3 Friends	2.7
	4 Friends	5.1

Question	Response	%
C18H Sold illegal drugs?	0 Friends	90.4
	1 Friend	5.0
	2 Friends	2.2
	3 Friends	0.9
	4 Friends	1.5
C18I Used LSD, cocaine, amphetamines or another illegal drug?	0 Friends	94.1
	1 Friend	3.1
	2 Friends	1.4
	3 Friends	0.5
	4 Friends	1.0
C18J Used marijuana?	0 Friends	70.5
	1 Friend	9.0
	2 Friends	6.7
	3 Friends	3.9
	4 Friends	9.9
C19 I think it is okay to take something without asking as long as you get away with it.	NO!	63.0
	no	31.6
	yes	4.3
	YES!	1.1

Question	Response	%
C20 It is all right to beat up people if they start the fight.	NO!	37.1
	no	23.7
	yes	25.1
	YES!	14.1
C21 I think sometimes it is okay to cheat at school.	NO!	50.5
	no	31.6
	yes	15.4
	YES!	2.6
C22 It is important to be honest with your parents, even if they become upset or you get punished.	NO!	100.0
	no	8.1
	yes	9.7
	YES!	38.0
		44.2